

DATE 01/26/2012

Columbia County Building Permit
This Permit Must Be Prominently Posted on Premises During Construction

PERMIT
000029901

APPLICANT MARY SHERRER PHONE 758-1794
ADDRESS 271 SE SHARON LN LAKE CITY FL 32025
OWNER MARY SHERRER PHONE 758-1794
ADDRESS 271 SE SHARON LN LAKE CITY FL 32025
CONTRACTOR BERNIE THRIFT PHONE 623-0046
LOCATION OF PROPERTY EAST BAYA AVE, R 100, R 245, R SHARON LN, 6TH ON RIGHT

TYPE DEVELOPMENT MH, UTILITY ESTIMATED COST OF CONSTRUCTION 0.00
HEATED FLOOR AREA TOTAL AREA HEIGHT STORIES
FOUNDATION WALLS ROOF PITCH FLOOR
LAND USE & ZONING RR MAX. HEIGHT 35
Minimum Set Back Requirments: STREET-FRONT 25.00 REAR 15.00 SIDE 10.00
NO. EX.D.U. 1 FLOOD ZONE X DEVELOPMENT PERMIT NO.

PARCEL ID 15-4S-17-08355-106 SUBDIVISION PERRY PLACE S/D
LOT 6 BLOCK A PHASE UNIT TOTAL ACRES 1.00

IH1021511
Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor
EXISTING 12-0016 BK TC N
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: BURNT MH - NO FEES FOR PERMIT
FLOOR ONE FOOT ABOVE THE ROAD

Check # or Cash NO CHARGE

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

Temporary Power date/app. by Foundation date/app. by Monolithic date/app. by
Under slab rough-in plumbing date/app. by Slab date/app. by Sheathing/Nailing date/app. by
Framing date/app. by Insulation date/app. by
Rough-in plumbing above slab and below wood floor date/app. by Electrical rough-in date/app. by
Heat & Air Duct date/app. by Peri. beam (Lintel) date/app. by Pool date/app. by
Permanent power date/app. by C.O. Final date/app. by Culvert date/app. by
Pump pole date/app. by Utility Pole date/app. by M/H tie downs, blocking, electricity and plumbing date/app. by
Reconnection date/app. by RV date/app. by Re-roof date/app. by

BUILDING PERMIT FEE \$ 0.00 CERTIFICATION FEE \$ 0.00 SURCHARGE FEE \$ 0.00
MISC. FEES \$ 0.00 ZONING CERT. FEE \$ FIRE FEE \$ 0.00 WASTE FEE \$
FLOOD DEVELOPMENT FEE \$ FLOOD ZONE FEE \$ CULVERT FEE \$ TOTAL FEE 0.00
INSPECTORS OFFICE L. H. CLERKS OFFICE CH

NOTICE: IN ADDITION TO THE REQUIREMENTS OF THIS PERMIT, THERE MAY BE ADDITIONAL RESTRICTIONS APPLICABLE TO THIS PROPERTY THAT MAY BE FOUND IN THE PUBLIC RECORDS OF THIS COUNTY. AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.

"WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT."

EVERY PERMIT ISSUED SHALL BECOME INVALID UNLESS THE WORK AUTHORIZED BY SUCH PERMIT IS COMMENCED WITHIN 180 DAYS AFTER ITS ISSUANCE, OR IF THE WORK AUTHORIZED BY SUCH PERMIT IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AFTER THE TIME THE WORK IS COMMENCED. A VALID PERMIT RECIEVES AN APPROVED INSPECTION EVERY 180 DAYS. WORK SHALL BE CONSIDERED NOT SUSPENDED, ABANDONED OR INVALID WHEN THE PERMIT HAS RECIEVED AN APPROVED INSPECTION WITHIN 180 DAYS OT THE PREVIOUS INSPECTION.

The Issuance of this Permit Does Not Waive Compliance by Permittee with Deed Restrictions.

☒ Copy of fire Report

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-11)		Zoning Official <u>BK</u>	Building Official <u>J.C. 1-6-12</u>
AP# <u>1201-07</u>	Date Received <u>1-5-12</u>	By <u>LH</u>	Permit # <u>29901</u>
Flood Zone <u>X</u>	Development Permit <u>N/A</u>	Zoning <u>RR</u>	Land Use Plan Map Category <u>Res U.L. 020</u>
Comments <u>Burnt - NO charge</u>			
FEMA Map# <u>N/A</u>	Elevation <u>N/A</u>	Finished Floor <u>1st floor</u>	River <u>N/A</u> In Floodway <u>N/A</u>
<input checked="" type="checkbox"/> Site Plan with Setbacks Shown	<input checked="" type="checkbox"/> EH # <u>12-0016</u>	<input type="checkbox"/> EH Release	<input checked="" type="checkbox"/> Well letter <input checked="" type="checkbox"/> Existing well
<input checked="" type="checkbox"/> Recorded Deed or Affidavit from land owner	<input checked="" type="checkbox"/> Installer Authorization	<input checked="" type="checkbox"/> State Road Access	<input checked="" type="checkbox"/> 911 Sheet
<input type="checkbox"/> Parent Parcel #	<input type="checkbox"/> STUP-MH	<input type="checkbox"/> F W Comp. letter	<input checked="" type="checkbox"/> VF Form
IMPACT FEES: EMS		Fire	Corr
Road/Code		School	= TOTAL
		Impact Fees Suspended March 2009	

Property ID # 15-45-17-08355-106 Subdivision Block A Perry Place S/D 6+6

- New Mobile Home ☐ Used Mobile Home ☒ MH Size 24x40 Year 00
- Applicant Mary Shenen Phone # 758-1794 Cell 466-2678
- Address 271 S.E. Sharon Ln. Lake City, Fla. 32025
- Name of Property Owner MARY Shenen Phone # 758-1794
- 911 Address 271 S.E. Sharon Ln. Lake City FL 32025
- Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home Same Phone # _____
Address _____
- Relationship to Property Owner Owner
- Current Number of Dwellings on Property 1 (Burnt MH)
- Lot Size 1.00 Total Acreage 1.00
- Do you : Have Existing Drive or Private Drive or need Culvert Permit or Culvert Waiver (Circle one)
(Currently using) (Blue Road Sign) (Putting in a Culvert) (Not existing but do not need a Culvert)
- Is this Mobile Home Replacing an Existing Mobile Home Yes
- Driving Directions to the Property East Baya Ave, (R) 100, (R) 245, (R) Sharon LN, 16th on Right
- Name of Licensed Dealer/Installer Bernie Thrift Phone # 623 0046
- Installers Address 5557 NW Fallingcreek rd White Springs FL 32096
 - License Number IH 1025155 Installation Decal # 8511

☒ BK Needs to check the site for height requirement.
NO Exemption
JW LEFT MSG for Mary 1.20.12
Spoke to Mary on 1-20-12

COLUMBIA COUNTY PERMIT WORKSHEET

These worksheets must be completed and signed by the installer.
Submit the originals with the packet.

Installer Bernie Thrift License # TH1025153/1

911 Address where home is being installed. _____

Manufacturer General Length x width 24 X 40

NOTE: if home is a single wide fill out one half of the blocking plan
if home is a triple or quad wide sketch in remainder of home

I understand Lateral Arm Systems cannot be used on any home (new or used)
where the sidewall ties exceed 5 ft 4 in.

Installer's initials BT

New Home ☐ Used Home ☒
Home installed to the Manufacturer's Installation Manual ☐
Home is installed in accordance with Rule 15-C ☒
Single wide ☐ Wind Zone II ☒ Wind Zone III ☐
Double wide ☒ Installation Decal # 8511
Triple/Quad ☐ Serial # GMHGA1080026505A
342 OK

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity	Footer size (sq in)	16" x 16" (256)	18 1/2" x 18 1/2" (342)	20" x 20" (400)	22" x 22" (484)*	24" x 24" (576)*	26" x 26" (676)
1000 dsf	3'	4'	4'	5'	6'	7'	8'
1500 dsf	4' 6"	6'	6'	7'	8'	8'	8'
2000 dsf	6'	8'	8'	8'	8'	8'	8'
2500 dsf	7' 6"	8'	8'	8'	8'	8'	8'
3000 dsf	8'	8'	8'	8'	8'	8'	8'
3500 dsf	8'	8'	8'	8'	8'	8'	8'

* interpolated from Rule 15C-1 pier spacing table.

PIER PAD SIZES

I-beam pier pad size 16 X 18 X 5
Perimeter pier pad size 16 X 16
Other pier pad sizes (required by the mfg.) _____

Draw the approximate locations of marriage wall openings 4 foot or greater. Use this symbol to show the piers.

List all marriage wall openings greater than 4 foot and their pier pad sizes below.

Opening 8' Pier pad size 17 X 25

ANCHORS

4 ft 5 ft

FRAME TIES

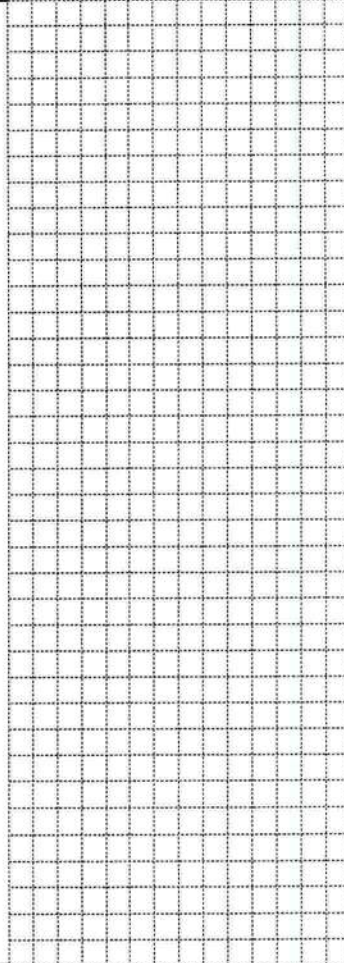
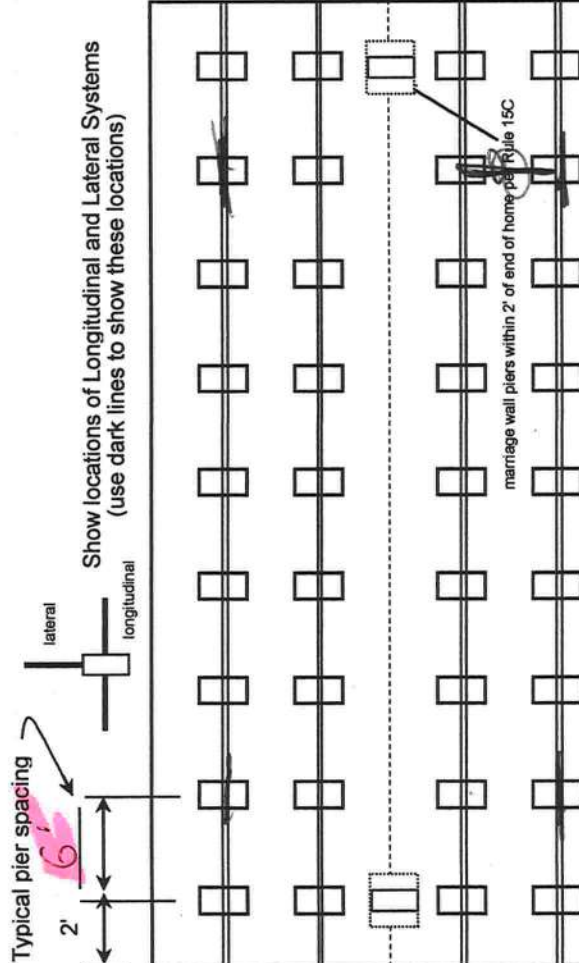
within 2' of end of home spaced at 5' 4" oc

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer _____
Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer Model 110K
Oliver

OTHER TIES

Number
Sidewall 4
Longitudinal 2
Marriage wall 2
Shearwall 2



POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 2000 psf or check here to declare 1000 lb. soil without testing.

X 2000 X 2500 X 2000

POCKET PENETROMETER TESTING METHOD

1. Test the perimeter of the home at 6 locations.

2. Take the reading at the depth of the footer.

3. Using 500 lb. increments, take the lowest reading and round down to that increment.

TORQUE PROBE TEST

The results of the torque probe test is 290 ft inch pounds or check here if you are declaring 5' anchors without testing. A test showing 275 inch pounds or less will require 5 foot anchors.

Note: A state approved lateral arm system is being used and 4 ft. anchors are allowed at the sidewall locations. I understand 5 ft anchors are required at all centerline tie points where the torque test reading is 275 or less and where the mobile home manufacturer may requires anchors with 4000 lb holding capacity.

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Bernie Thrift

Date Tested 1-2-12

BT Installer's initials

Site Preparation

Debris and organic material removed Swale Pad Other

Fastening multi wide units

Floor: Type Fastener: 2x4s Length: 5" Spacing: 24"

Walls: Type Fastener: 2x4s Length: 5" Spacing: 24"

Roof: Type Fastener: Flashing Length: 10" Spacing: 40"

For used homes a min. 30 gauge, 8" wide, galvanized metal strip will be centered over the peak of the roof and fastened with galv. roofing nails at 2" on center on both sides of the centerline.

Gasket (weatherproofing requirement)

I understand a properly installed gasket is a requirement of all new and used homes and that condensation, mold, mildew and buckled marriage walls are a result of a poorly installed or no gasket being installed. I understand a strip of tape will not serve as a gasket.

Installer's initials BT

Type gasket Seal Seal

Installed: Between Floors Yes Between Walls Yes Bottom of ridgebeam Yes

Weatherproofing

The bottomboard will be repaired and/or taped. Yes Pg. 15

Siding on units is installed to manufacturer's specifications. Yes

Fireplace chimney installed so as not to allow intrusion of rain water. Yes NA

Miscellaneous

Skirting to be installed. Yes No

Dryer vent installed outside of skirting. Yes N/A

Range downflow vent installed outside of skirting. Yes N/A

Drain lines supported at 4 foot intervals. Yes

Electrical crossovers protected. Yes

Other:

Installer verifies all information given with this permit worksheet is accurate and true based on the

Installer Signature Bernie Thrift Date 1-2-12

Electrical

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between multi-wide units. Pg.

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 5

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 5

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR Bernie Thrift PHONE 623 0046

THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

In Columbia County one permit will cover all trades doing work at the permitted site. It is **REQUIRED** that we have records of the subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and Ordinance 89-6, a contractor shall require all subcontractors to provide evidence of workers' compensation or exemption, general liability insurance and a valid Certificate of Competency license in Columbia County.

Any changes, the permitted contractor is responsible for the corrected form being submitted to this office prior to the start of that subcontractor beginning any work. Violations will result in stop work orders and/or fines.

ELECTRICAL	Print Name <u>Mary Sheeler</u> License #: <u>Owner</u>	Signature <u>Mary Sheeler</u> Phone #: _____
MECHANICAL/ A/C	Print Name <u>MARY Sheeler</u> License #: <u>Owner</u>	Signature <u>Mary Sheeler</u> Phone #: _____
PLUMBING/ GAS	Print Name <u>Bernie Thrift</u> License #: <u>I H 102 5155/1</u>	Signature <u>Bernie Thrift</u> Phone #: <u>623 0046</u>

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			

F. S. 440.103 Building permits; identification of minimum premium policy.--Every employer shall, as a condition to applying for and receiving a building permit, show proof and certify to the permit issuer that it has secured compensation for its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each time the employer applies for a building permit.

Contractor Forms: Subcontractor form: 1/11

**Columbia County Property
Appraiser**

DB Last Updated: 11/15/2011

2011 Tax Year**Parcel: 15-4S-17-08355-106**

<< Next Lower Parcel Next Higher Parcel >>

Tax Collector

Tax Estimator

Property Card

Parcel List Generator

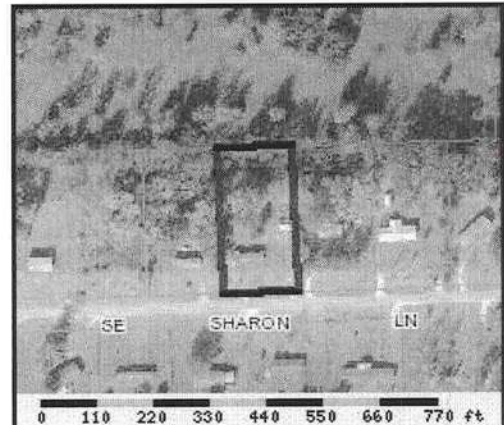
Interactive GIS Map

Print

Owner & Property Info

Search Result: 1 of 1

Owner's Name	SHERRER MARY		
Mailing Address	271 SE SHARON LN LAKE CITY, FL 32024		
Site Address	271 SE SHARON LN		
Use Desc. (code)	MOBILE HOM (000200)		
Tax District	2 (County)	Neighborhood	15417
Land Area	1.000 ACRES	Market Area	06
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction. LOT 6 BLOCK A PERRY PLACE S/D. ORB 771-1124, WD 1011-1766. CWD 1177-456, WD 1177-458		

**Property & Assessment Values**

2011 Certified Values		
Mkt Land Value	cnt: (0)	\$16,050.00
Ag Land Value	cnt: (2)	\$0.00
Building Value	cnt: (1)	\$31,731.00
XFOB Value	cnt: (2)	\$1,500.00
Total Appraised Value		\$49,281.00
Just Value		\$49,281.00
Class Value		\$0.00
Assessed Value		\$49,281.00
Exempt Value	(code: HX)	\$25,000.00
Total Taxable Value	Cnty: \$24,281 Other: \$24,281 Schl: \$24,281	

2012 Working Values**NOTE:**

2012 Working Values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

Show Working Values

Sales History

Show Similar Sales within 1/2 mile

Sale Date	OR Book/Page	OR Code	Vacant / Improved	Qualified Sale	Sale RCode	Sale Price
7/10/2009	1177/458	WD	I	Q	01	\$47,500.00
6/29/2009	1177/456	WD	I	U	11	\$0.00
4/1/2004	1011/1766	WD	V	Q		\$17,000.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	SFR MANUF (000200)	1998	(31)	1440	1470	\$30,445.00
Note: All S.F. calculations are based on exterior building dimensions.						

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0190	FPLC PF	2008	\$1,200.00	0000001.000	0 x 0 x 0	(000.00)
0040	BARN,POLE	2008	\$300.00	0000001.000	0 x 0 x 0	(000.00)

Land Breakdown

THIS INSTRUMENT WAS PREPARED BY:

TERRY McDAVID
POST OFFICE BOX 1328
LAKE CITY, FL 32056-1328

Recording Fee \$ 18.50
Documentary Stamp \$ 142.50
Consideration \$ 47,500.00

RETURN TO:

TERRY McDAVID
POST OFFICE BOX 1328
LAKE CITY, FL 32056-1328

File No. 09-148

Property Appraiser's
Parcel Identification No.
R08355-106

Inst:200912011796 Date:7/16/2009 Time:8:56 AM
Doc Stamp-Deed:332.50
DC,P.DeWitt Cason,Columbia County Page 1 of 2 B:1177 P:458

WARRANTY DEED

THIS INDENTURE, made this 10th day of July 2009, BETWEEN JOSEPH N. PERSONS, who does not reside on the property described herein, whose post office address is 801 SW Seminole Terrace, Lake City, FL 32024, of the County of Columbia, State of Florida, grantor*, and MARY SHERRER, whose post office address is 271 SE Sharon Lane, Lake City, Florida 32024, of the County of Columbia, State of Florida, grantee*.

WITNESSETH: that said grantor, for and in consideration of the sum of Ten Dollars (\$10.00), and other good and valuable considerations to said grantor in hand paid by said grantee, the receipt whereof is hereby acknowledged, has granted, bargained and sold to the said grantee, and grantee's heirs and assigns forever, the following described land, situate, lying and being in Columbia County, Florida, to-wit:

Lot 6, Block A, "PERRY PLACE", a subdivision as recorded in Plat Book 6, Page 195, of the public records of Columbia County, Florida.

TOGETHER with 1998 BELL Doublewide Mobile Home ID # GBHML30970A & GBHML30970B, which is attached to and is a part of the above-described real property.

SUBJECT TO: Restrictions, easements and outstanding mineral rights of record, if any, and taxes for the current year.


N.B. Neither the Grantor nor any member of his family reside on the property described herein or any property adjacent thereto.

and said grantor does hereby fully warrant the title to said land, and will defend the same against the lawful claims of all persons whomsoever.


*"Grantor" and "grantee" are used for singular or plural, as context requires.

IN WITNESS WHEREOF, grantor has hereunto set grantor's hand and seal the day and year first above written.

Signed, sealed and delivered
in our presence:


(First Witness)
Terry McDavid
Printed Name

 (SEAL)
JOSEPH N. PERSONS

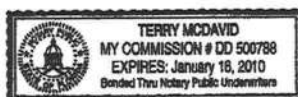

(Second Witness)
DeEtte F. Brown
Printed Name

STATE OF FLORIDA
COUNTY OF COLUMBIA

The foregoing instrument was acknowledged before me this 10th day of July 2009, by
JOSEPH N. PERSONS, who is personally known to me or who has produced
_____ as identification and who did not take an oath.

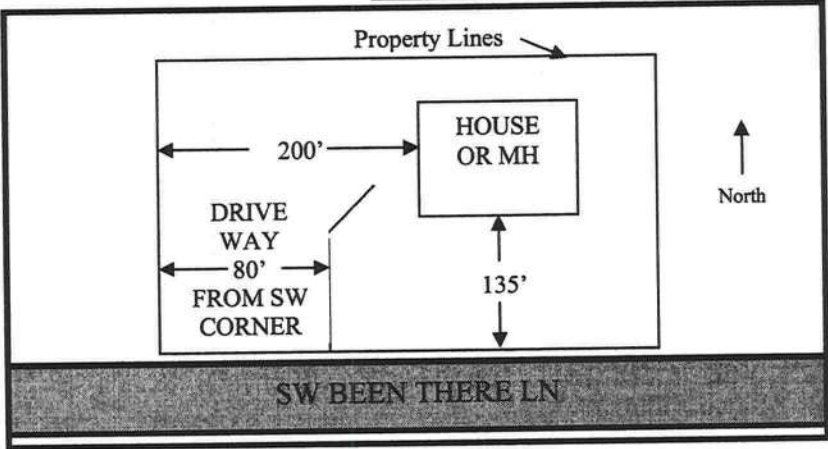
My Commission Expires:


Notary Public

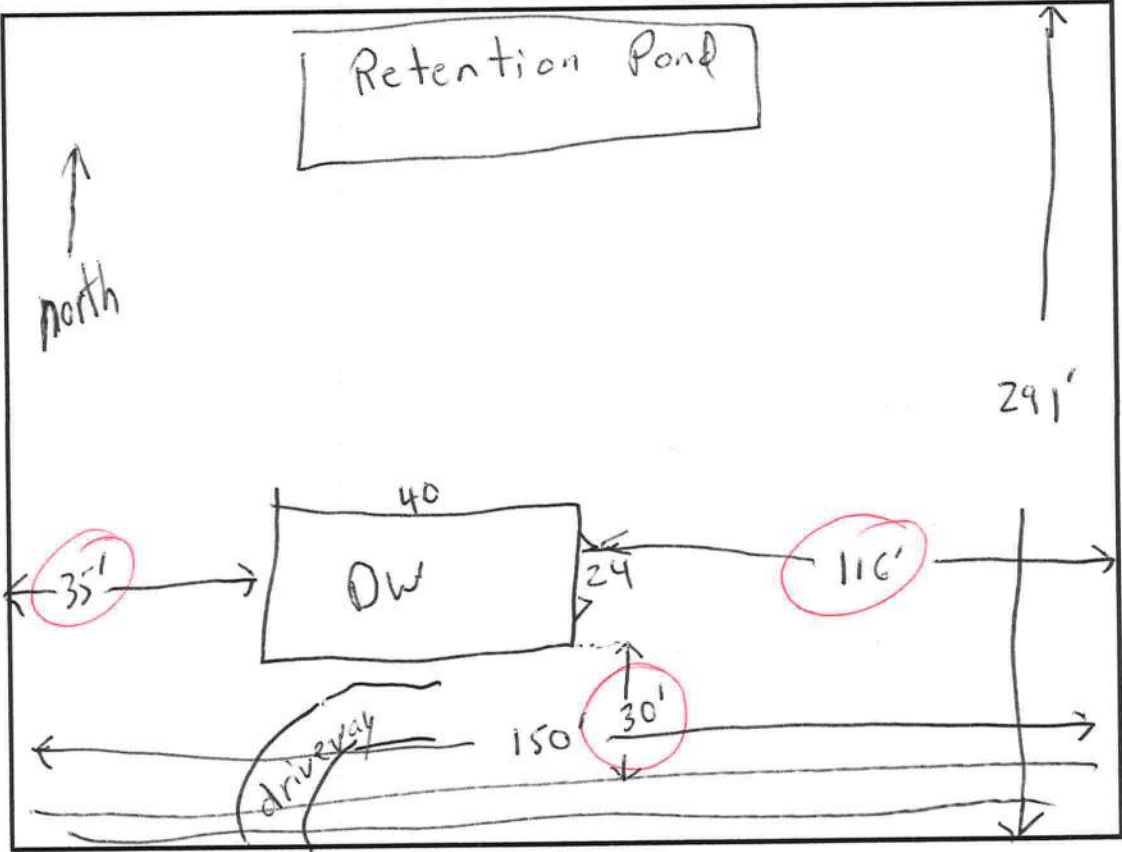


- 1. A PLAT, PLAN, OR DRAWING SHOWING THE PROPERTY LINES OF THE PARCEL.
- 2. LOCATION OF PLANNED RESIDENT OR BUSINESS STRUCTURE ON THE PROPERTY WITH DISTANCES FROM AT LEAST TWO OF THE PROPERTY LINES TO THE STRUCTURE (SEE SAMPLE BELOW).
- 3. LOCATION OF THE ACCESS POINT (DRIVEWAY, ETC.) ON THE ROADWAY FROM WHICH LOCATION IS TO BE ADDRESSED WITH A DISTANCE FROM A PARALLEL PROPERTY LINE AND OR PROPERTY CORNER (SEE SAMPLE BELOW).
- 4. TRAVEL OF THE DRIVEWAY FROM THE ACCESS POINT TO THE STRUCTURE (SEE SAMPLE BELOW).

SAMPLE:



SITE PLAN BOX:





COLUMBIA COUNTY BUILDING DEPARTMENT
135 NE Hernando Ave, Suite B-21, Lake City, FL 32055
Phone: 386-758-1008 Fax: 386-758-2160

MOBILE HOME INSTALLERS LETTER OF AUTHORIZATION

I, Bernard Thrift, give this authority for the job address show below
Installer License Holder Name

only, _____, and I do certify that
Job Address

the below referenced person(s) listed on this form is/are under my direct supervision and control
and is/are authorized to purchase permits, call for inspections and sign on my behalf.

Printed Name of Authorized Person	Signature of Authorized Person	Authorized Person is... (Check one)
MARY SHEEKER	Mary Sheeker	<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input checked="" type="checkbox"/> Property Owner
		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner

I, the license holder, realize that I am responsible for all permits purchased, and all work done
under my license and I am fully responsible for compliance with all Florida Statutes, Codes, and
Local Ordinances.

I understand that the State Licensing Board has the power and authority to discipline a license
holder for violations committed by him/her or by his/her authorized person(s) through this
document and that I have full responsibility for compliance granted by issuance of such permits.

Bernard Thrift TH1025155/1 1-2-12
License Holders Signature (Notarized) License Number Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Bernard Thrift,
personally appeared before me and is known by me or has produced identification
(type of I.D.) _____ on this 2 day of JAN, 20 12.

Kent Gardner
NOTARY'S SIGNATURE



COLUMBIA COUNTY
BUILDING PERMIT / APPLICATION
This Permit Expires One Year From Date of Issue

Permit

No 16369

DATE 12-6-99

NEW RESIDENT

APPLICANT'S NAME & ADDRESS peter szturmay P.O. BOX 3398 L.C. PHONE 755-1704

OWNER'S NAME & ADDRESS SAME PHONE

CONTRACTOR'S NAME PHONE

LOCATION OF PROPERTY BAYE TO 100 E R ON 245 ABOUT 5 OR 6 MILES TO PERRY PLACE
TO SHARON LANE TURN RIGHT 6TH LOT ON RIGHT.

TYPE DEVELOPMENT MOBILE HOME SEPTIC UTILITY ESTIMATED COST OF CONSTRUCTION \$

FLOOR AREA HEIGHT STORIES WALLS

FOUNDATION ROOF (type & pitch) FLOOR

LAND USE & ZONING RR MAX. HEIGHT

MINIMUM SET BACK: STREET - FRONT / SIDE 25 REAR 15 SIDE 10

NO. EX. D. U. FLOOD ZONE OUT CERT. DATE NA DEV. PERMIT NA

LEGAL DESCRIPTION (acres)
15-4S-17-08355-106 1 ACRE

I certify that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction and that all the foregoing information is accurate and all work will be done in compliance with all applicable laws regulating construction and zoning.

Contractor's License Number

Applicant / Owner / Contractor

99-0995-N

MM

RK MM

Septic Tank Number

LU & Zoning checked by

Approved for issuance by

FOR BUILDING & ZONING DEPARTMENT ONLY

(Footer / Slab)

Temporary Power Foundation Monolithic date / app. by date / app. by date / app. by

Under slab rough-in plumbing slab framing date / app. by date / app. by date / app. by

Rough-in plumbing above slab and below wood floor

Electrical rough-in Heat and Air Duct Peri. beam date / app. by date / app. by date / app. by

Permanent power Final Pool date / app. by date / app. by date / app. by

COMMENTS: ASMTS TO BE BILLED BY TAX OFFICE. (NIKKI SPOKE WITH ZANNIE)

OTHER TYPES OF INSPECTIONS

Culvert EXISTING M / H tie downs, blocking, electricity and plumbing date / app. by date / app. by

Utility Pole Pump pole Reconnection date / app. by date / app. by date / app. by

BUILDING PERMIT FEE \$ 100.00 CASH ZONING CERT. FEE \$ 25.00 OTHER \$

CODE ENFORCEMENT DEPARTMENT
COLUMBIA COUNTY, FLORIDA
OUT OF COUNTY MOBILE HOME INSPECTION REPORT

COUNTY THE MOBILE HOME IS BEING MOVED FROM 1201-07 Osceola
OWNERS NAME Mary Sherrer PHONE 758-1794 CELL 466-2678
INSTALLER Bernie Thrift PHONE _____ CELL 623-0046
INSTALLERS ADDRESS 5557 NW Falling Creek Rd, White Springs, FL 32096

MOBILE HOME INFORMATION

MAKE General YEAR 2000 SIZE 24 x 40
COLOR Cream SERIAL No. _____
WIND ZONE 11 SMOKE DETECTOR ☒

INTERIOR: ok
FLOORS _____

DOORS ☒ ok

WALLS ok

CABINETS ok

ELECTRICAL (FIXTURES/OUTLETS) _____

EXTERIOR: OK
WALLS / SIDING _____

WINDOWS ok

DOORS ok

INSTALLER: APPROVED ☒ NOT APPROVED _____

INSTALLER OR INSPECTORS PRINTED NAME Bernie Thrift

Installer/Inspector Signature Bernie Thrift License No. TH1025155 Date 1-2-12

NOTES: _____

ONLY THE ACTUAL LICENSE HOLDER OR A BUILDING INSPECTOR CAN SIGN THIS FORM.

NO WIND ZONE ONE MOBILE HOMES WILL BE PERMITTED. MOBILE HOMES PRIOR TO 1977 ARE PRE-HUD AND THE WIND ZONE MUST BE PROVEN TO BE PERMITTED.

BEFORE THE MOBILE HOME CAN BE MOVED INTO COLUMBIA COUNTY THIS FORM MUST BE COMPLETED AND RETURNED TO THE COLUMBIA COUNTY BUILDING DEPARTMENT.

ONCE MOVED INTO COLUMBIA COUNTY AN INSPECTOR MUST COMPLETE A PRELIMINARY INSPECTION ON THE MOBILE HOME. CALL 386-758-1008 TO SET UP THIS INSPECTION. NO PERMIT WILL BE ISSUED BEFORE THIS IS DONE.

Code Enforcement Approval Signature [Signature] Date 1/18/12

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 1-5-12 BY LH ¹²⁰¹⁻⁰⁷ IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? Yes
OWNERS NAME Mary Sherrer PHONE 758-1794 CELL 466-2678
ADDRESS 271 SE Sharon LN, Lacey City, FL 32025
MOBILE HOME PARK _____ SUBDIVISION Block A Perry Place 5/6 Lot 6
DRIVING DIRECTIONS TO MOBILE HOME East Baya, (R) 100, (R) 245, (R) Sharon then 6th lot on (R)

MOBILE HOME INSTALLER Bernie Thrift PHONE _____ CELL 623-0046

MOBILE HOME INFORMATION

MAKE General YEAR 00 SIZE 24 X 40 COLOR

SERIAL No. G M HGA 108 0026505-A

WIND ZONE II Must be wind zone II or higher NO WIND ZONE I ALLOWED

INSPECTION STANDARDS

INTERIOR:

(P or F) - P= PASS F= FAILED

\$50.00

- ☒ SMOKE DETECTOR () OPERATIONAL () MISSING
☒ FLOORS () SOLID () WEAK () HOLES DAMAGED LOCATION
☒ DOORS () OPERABLE () DAMAGED
☒ WALLS () SOLID () STRUCTURALLY UNSOUND
☒ WINDOWS () OPERABLE () INOPERABLE
☒ PLUMBING FIXTURES () OPERABLE () INOPERABLE () MISSING
☒ CEILING () SOLID () HOLES () LEAKS APPARENT
☒ ELECTRICAL (FIXTURES/OUTLETS) () OPERABLE () EXPOSED WIRING () OUTLET COVERS MISSING () LIGHT FIXTURES MISSING

Date of Payment: No Charge

Paid By: Burn + M/H

Notes: _____

*out of County
faxed with this
form.*

EXTERIOR:

- ☒ WALLS / SIDING () LOOSE SIDING () STRUCTURALLY UNSOUND () NOT WEATHERTIGHT () NEEDS CLEANING
☒ WINDOWS () CRACKED/ BROKEN GLASS () SCREENS MISSING () WEATHERTIGHT
☒ ROOF () APPEARS SOLID () DAMAGED

STATUS

APPROVED ☒ WITH CONDITIONS: _____

NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE T. Crow ID NUMBER 304 DATE 1-19-12

K1

Person/Entity Involved

Local Option

Mary

Mr., Mr., Mrs. First Name

Sherrer

MI Last Name

Suffix

271

Number

SE

Prefix

Sharon

Street or Highway

LN

Street Type

Suffix

Post Office Box

FL

32025

-

State Zip Code

Apt./Suite/Room

City

Lake City

City

386

-

466

-

2678

Area Code Phone Number

☒

Check this box if same address as incident location. Then skip the three duplicate address lines.

☐

More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary

K2

Owner

Local Option

Joe

Mr., Mr., Mrs. First Name

Persons

MI Last Name

Suffix

801

Number

SW

Prefix

Seminole

Street or Highway

TER

Street Type

Suffix

Post Office Box

FL

32024

-

State Zip Code

Apt./Suite/Room

City

Lake City

City

386

-

344

-

0664

Area Code Phone Number

☐

Same as person involved? Then check this box and skip the rest of this section.

☐

Check this box if same address as incident location. Then skip the three duplicate address lines.

L

Remarks

Local Option

We were dispatched to a reported structure fire. Upon our arrival there was nothing found showing from the exterior of a double wide mobile home. Upon entering the strcture we found significant smoke and heat damage that had occurred prior to us being called. No hot spots were found using thermal camera and heat was contained to the living room/kitchen area. Occupant of the home stated she left the home on Thursday, September 1st and returned to find the home in its current condition. After speaking with the occupant and investigating possible sources, the Florida State Fire Marshal was called. Fire appeared to be suspicious due to no power sources being near the point of origin and areas of heaviest origin. We assisted Detective Loftin with origin and cause. Scene was turned over to State Fire Marshal's office. We completed assignment and returned to station.

Authorization

0017

Cassady, Gregory

LT

09

06

2011

Officer in charge ID Signature Position or rank Assignment Month Day Year

☒

0017

Cassady, Gregory

LT

09

06

2011

Officer Member making report ID Signature Position or rank Assignment Month Day Year

29091

FL

09

03

2011

48

11-0007811

000

Delete

Change

No Activity

NFIRS -2
Fire

B1

0001

☐ Not Residential

Estimated Number of residential living units in building of origin whether or not all units became involved

B2

001

☐ Buildings not involved

Number of buildings involved

B3

☒ None

Acres burned (exterior fires)

☐ Less than one acre

C

On-Site Materials or Products

☐ None

Complete if there were any significant amounts of commercial, industrial, energy or agricultural products or materials on the Property, whether or not they became involved

Enter up to three codes. Check one or more boxes for each code entered.

On-site material (1)

On-site material (2)

On-site material (3)

1

☐ Bulk storage or warehousing

2

☐ Processing or manufacturing

3

☐ Packaged goods for sale

4

☐ Repair or service

1

☐ Bulk storage or warehousing

2

☐ Processing or manufacturing

3

☐ Packaged goods for sale

4

☐ Repair or service

1

☐ Bulk storage or warehousing

2

☐ Processing or manufacturing

3

☐ Packaged goods for sale

4

☐ Repair or service

D

Ignition

D1

14

Common room, den,

Area of fire origin

D2

UU

Undetermined

Heat source

D3

21

Upholstered sofa,

Item first ignited

1

☐ Check Box if fire spread was confined to object of origin

D4

UU

Undetermined

Type of material first ignited

Required only if item first ignited code is 00 or <70

E1

Cause of Ignition

☐ Check box if this is an exposure report. Skip to section G

1

☐ Intentional

2

☐ Unintentional

3

☐ Failure of equipment or heat source

4

☐ Act of nature

5

☒ Cause under investigation

U

☐ Cause undetermined after investigation

E2

Factors Contributing To Ignition

UU

Undetermined

☒ None

Factor Contributing To Ignition (1)

Factor Contributing To Ignition (2)

E3

Human Factors Contributing To Ignition

Check all applicable boxes

1

☐ Asleep

☒ None

2

☐ Possibly impaired by alcohol or drugs

3

☐ Unattended person

4

☐ Possibly mental disabled

5

☐ Physically Disabled

6

☐ Multiple persons involved

7

☐ Age was a factor

Estimated age of person involved

1

☐ Male

2

☐ Female

F1

Equipment Involved In Ignition

☐ None If Equipment was not involved, Skip to Section G

Equipment Involved

Brand

Model

Serial #

Year

F2

Equipment Power

Equipment Power Source

F3

Equipment Portability

1

☐ Portable

2

☐ Stationary

Portable equipment normally can be moved by one person, is designed to be use in multiple locations, and requires no tools to install.

G

Fire Suppression Factors

Enter up to three codes.

☐ None

Fire suppression factor (1)

Fire suppression factor (2)

Fire suppression factor (3)

H1

Mobile Property Involved

☐ None

☐ Not involved in ignition, but burned

☐ Involved in ignition, but did not burn

☐ Involved in ignition and burned

Mobile property model

License Plate Number

State

VIN Number

H2

Mobile Property Type & Make

Mobile property type

Mobile property make

Year

Local Use

☐ Pre-Fire Plan Available

Some of the information presented in this report may be based upon reports from other Agencies

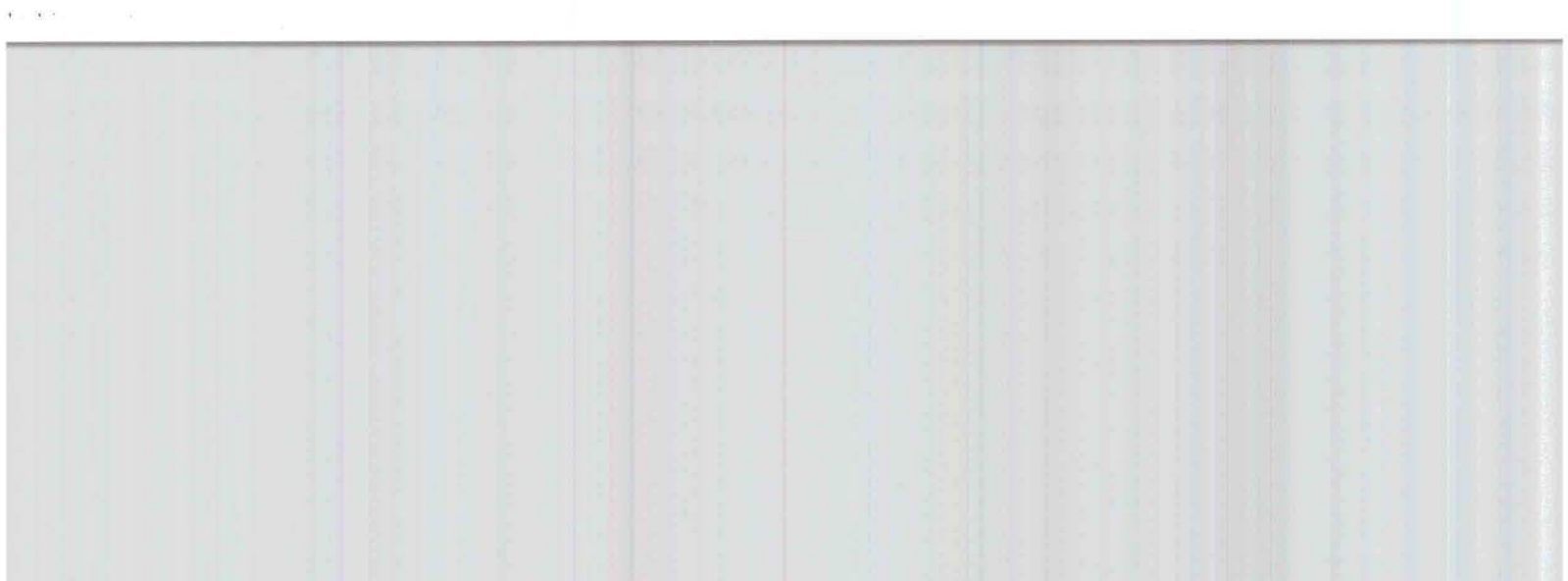
☐ Arson report attached

☐ Police report attached

☐ Coroner report attached

☐ Other reports attached

NFIRS-2 Revision 01/19/99



09091 / 09/03/2011 11-0007411



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. 12-0016
DATE PAID: 1-10-12
FEE PAID: 425.00
RECEIPT #: 180320

APPLICATION FOR:

☒ New System ☐ Existing System ☐ Holding Tank ☐ Innovative
☐ Repair ☐ Abandonment ☐ Temporary ☐

APPLICANT: Mary Shewer

AGENT:

TELEPHONE: 758-1794

MAILING ADDRESS: 271 S.E. Sharon Ln
Lake City, Fla. 32025

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3)(m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION

LOT: 6 BLOCK: SUBDIVISION: Perry Place PLATTED: 1998

PROPERTY ID #: 15-45-17-08255-186 ZONING: I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 1 ACRES WATER SUPPLY: [] PRIVATE PUBLIC [☒] <=2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTANCE TO SEWER: 10 FT

PROPERTY ADDRESS: 271 SE. Sharon Ln. Lake City, Fla. 32025

DIRECTIONS TO PROPERTY: DO E. to Price Creek turn Right go down to Sharon Ln. turn right onto Sharon Ln. Lot is on the right.

BUILDING INFORMATION

☒ RESIDENTIAL ☐ COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	<u>MH</u>	<u>3</u>	<u>864</u>	<u>Out of use ORIGINAL ATTACHED over 40 days</u>
2				
3				
4				

☒ Floor/Equipment Drains ☐ Other (Specify)

SIGNATURE: Mary Shewer

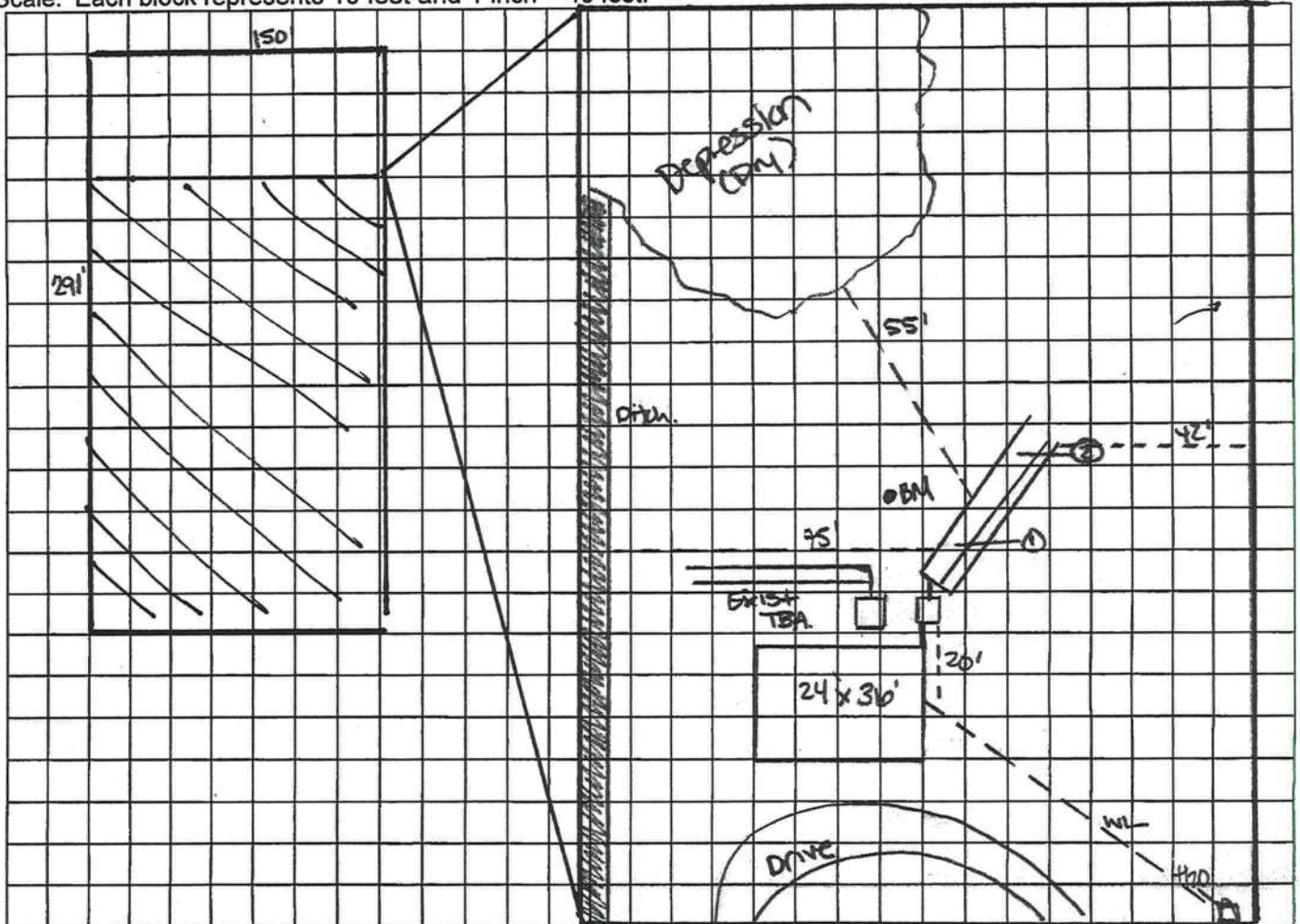
DATE: 1/9/12

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 12-0016

----- PART II - SITEPLAN -----

Scale: Each block represents 10 feet and 1 inch = 40 feet.



Notes: _____

Site Plan submitted by: Manoj Sarker

Plan Approved ☒ Not Approved ☐

By [Signature] Columbia

Date 1/25/12

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT