

DATE 09/23/2009

Columbia County Building Permit

This Permit Must Be Prominently Posted on Premises During Construction

PERMIT

000028094

APPLICANT ROBERT MINNELLA PHONE 352 472-6010
ADDRESS 5743 SW 22ND PLACE NEWBERRY FL 32669
OWNER NOEL & CLAUDE BURMEISTER PHONE 352 226-1811
ADDRESS 351 SW RACCOON RD FT. WHITE FL 32038
CONTRACTOR ERNEST JOHNSON PHONE 352 494-8099
LOCATION OF PROPERTY 47S, TL SR 27, TL CR 138, TR RACCOON, 4TH 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 A-3 MAX. HEIGHT
Minimum Set Back Requirments: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00
NO. EX.D.U. 0 FLOOD ZONE X DEVELOPMENT PERMIT NO.

PARCEL ID 30-7S-17-10068-041 SUBDIVISION SASSAFRAS ACRES
LOT 41 BLOCK PHASE UNIT TOTAL ACRES 3.40

000001762 IH0000359
Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor
WAIVER 09-484 CS WR Y
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: ONE FOOT ABOVE THE ROAD

Check # or Cash 4958 -

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 \$ 250.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 6.42 WASTE FEE \$ 16.75
FLOOD DEVELOPMENT FEE \$ FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$ TOTAL FEE 348.17
INSPECTORS OFFICE CLERKS OFFICE

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.

CK#4957 4958

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-10-08) Zoning Official CSB 9/17/09 Building Official W 9/16/09

AP# 0909-26 Date Received 9/15/09 By CH Permit # 1762/28094

Flood Zone X Development Permit — Zoning A-3 Land Use Plan Map Category A-3

Comments _____

FEMA Map# _____ Elevation ✓ Finished Floor _____ River _____ In Floodway _____

☒ Site Plan with Setbacks Shown ☒ EH # _____ ☐ EH Release ☒ Well letter ☐ Existing well

☒ Recorded Deed or Affidavit from land owner ☒ Letter of Auth. from Installer ☒ State Road Access

☐ Parent Parcel # _____ ☐ STUP-MH _____ ☐ F W Comp. letter

IMPACT FEES: EMS _____ Fire _____ Corr _____ Road/Code _____

School _____ = TOTAL 0

Property ID # 30-75-17-10068-041 Subdivision Sassafras Acres Lot 41 S/D

▪ New Mobile Home ☒ Used Mobile Home _____ MH Size 14x64 Year 2009

▪ Applicant Robert Minnella Phone # (352) 472-6010

▪ Address 25743 SW 22 PL, Newberry, FL 32669

▪ Name of Property Owner Burmeister, Noel & Claude Phone # (352) 226-1811

▪ 911 Address 351 SW Racoon Rd, Ft. White, FL 32038

▪ Circle the correct power company - FL Power & Light - Clay Electric

(Circle One) - Suwannee Valley Electric - Progress Energy

▪ Name of Owner of Mobile Home Burmeister, Noel & Claude Phone # (352) 226-1811

Address P.O. Box 764, High Springs, FL 32655

▪ Relationship to Property Owner Same

▪ Current Number of Dwellings on Property 0

▪ Lot Size 495x329x415x365 Total Acreage 3.4

▪ 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 no (over)

▪ Driving Directions to the Property 47 South to SR 27 (TL) to Racoon (TR)

Property is on right just before 90° turn to left.

▪ Name of Licensed Dealer/Installer Ernest S. Johnson Phone # (352) 494-8099

▪ Installers Address 22204 SE 45 Hwy 301, Hawthorne, FL 32640

▪ License Number TH0000359 Installation Decal # 294012

left message
9/17/09

TAX DEED

State of Florida

County of Columbia

File No. 1819 of 1997

Parcel No. 30-7S- [REDACTED]

The following Tax Certificate numbered **1819** issued on **May 28, 1997** was filed in the office of the Tax Collector of this County and application made for the issuance of a Tax Deed, the applicant having paid or redeemed all other taxes or tax certificates on the land described as required by law to be paid or redeemed, and the costs and expenses of this sale, and due notice of sale having been published as required by law, and no person entitled to do so having appeared to redeem said land; such land was on the **10th** day of **May, 2004**, offered for sale as required by law for cash to the highest bidder and was sold to **Claude or Noel Burmeister**, whose address is **P.O. Box 764 High Springs, FL 32655**, being the highest bidder and having paid the sum of his bid as required by the Laws of Florida.

NOW, on this **10th** day of **May, 2004**, in the County of Columbia, State of Florida, in consideration of the sum of (\$12,200.00) **Twelve thousand two hundred dollars and no cents**, being the amount paid pursuant to the Laws of Florida, does hereby sell the following lands situated in the County and State aforesaid and described as follows:

Lot 41 Sassafras Acres S/D ORB 532-372, 766-779.

P. DeWitt Cason

Clerk of the Circuit Court
Columbia County, Florida

Witness:

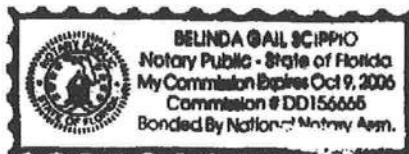
Belinda Gail Scipio
[Signature]

State of Florida

County of Columbia

On this 10 day of **May, 2004**, before me personally appeared **P. DeWitt Cason**, Clerk of Circuit Court in and for Columbia County Florida, known to me to be the person described in, and who executed the foregoing instrument, and acknowledged the execution of this instrument to be his own free act and deed for the use and purposes therein mentioned. Witness my hand and official seal date aforesaid.

Belinda Gail Scipio
NOTARY PUBLIC



Inst: 2004010658 Date: 05/10/2004 Time: 15:55

Doc Stamp-Deed : 85.40

[Signature] DC, P. DeWitt Cason, Columbia County B: 1014 P: 2363

Robert Stofel Well Drilling Lic. # 2901

Andrews Site Prep, Inc.

8230 SW State Rd. 121

Lake Butler, Fl. 32054

386-867-0323

September 14, 2009

To Columbia County Environmental Health:

We will be drilling a well for Noel Bemeister on Racoon Rd in Ft. White, Florida. The well should go approximately 80 feet with a casing depth of 65 feet. We will install a 1hp aermotor pump and a 33 gallon challenger tank.

Thank You,

Robert Stofel



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, Ernest Scott Johnson, give this authority for the job address show below
Installer License Holder Name

only, Raccoon Rd. Ft. White, FL, 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)
Robert Minnelli	<i>Robert Minnelli</i>	☒ Agent ☐ Officer ☐ Property Owner
		☐ Agent ☐ Officer ☐ Property Owner
		☐ Agent ☐ Officer ☐ 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.

Ernest S. Johnson FF0000359 9-14-09
 License Holders Signature (Notarized) License Number Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Ernest S. Johnson, personally appeared before me and is known by me or has produced identification (type of I.D.) _____ on this 14 day of Sept, 2009.

Nancy S. Phelps
 NOTARY'S SIGNATURE

(Seal/Stamp)
 NANCY S. PHELPS
 NOTARY PUBLIC - STATE OF FLORIDA
 COMMISSION # DD666995
 EXPIRES 5/10/2011
 BONDED THRU 1-888-NOTARY1



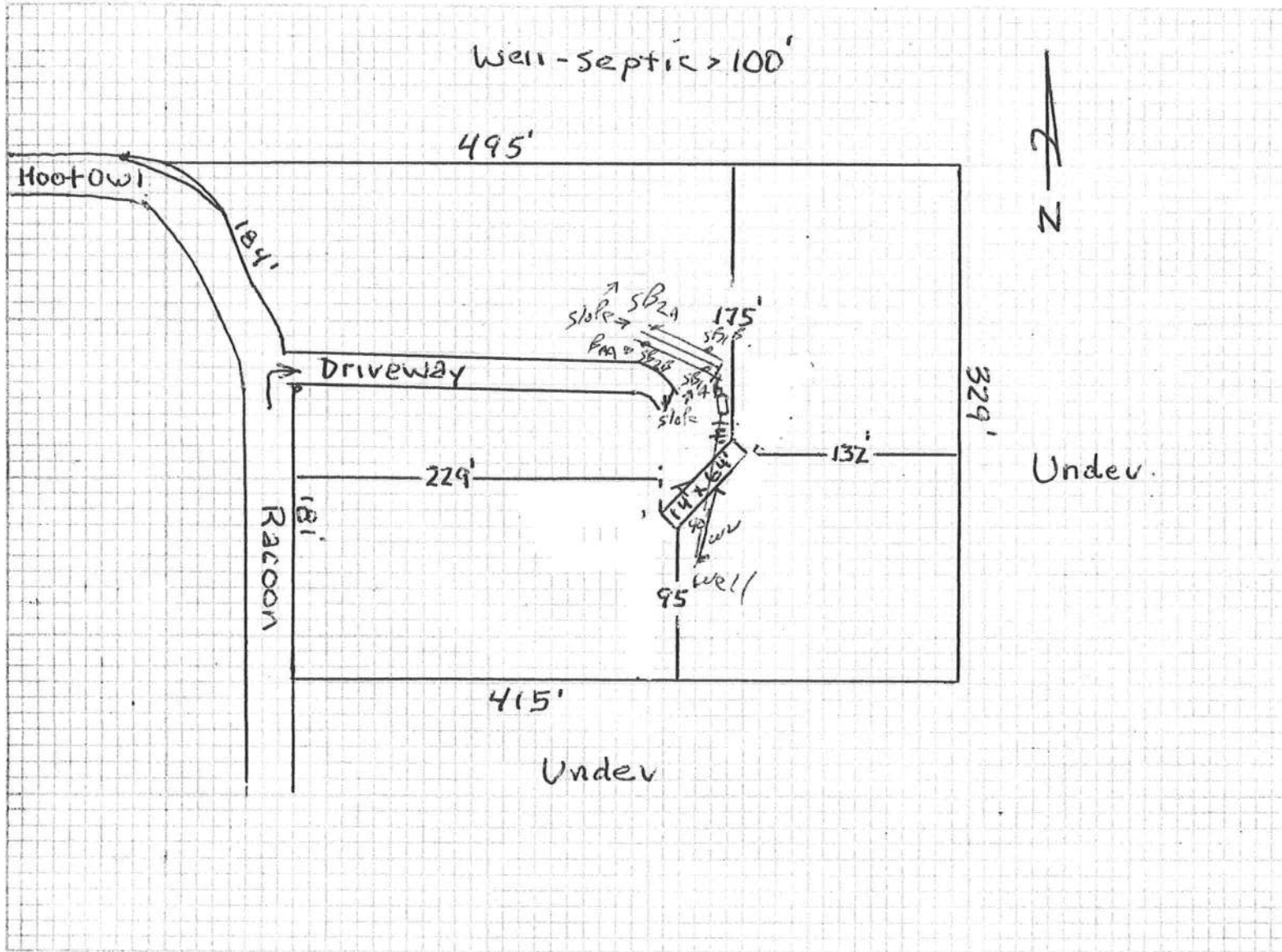
STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number

PART II - SITE PLAN

Scale: Each block represents 5 feet and 1 inch = 50 feet.



Notes: Well to septic = 90'

Site Plan submitted by: Rosetta M. Murrell 09-10-09
Signature: Jella Hester

Plan Approved _____ Not Approved _____

Agent _____
Title _____
Date _____

By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

PERMIT WORKSHEET

PERMIT NUMBER

Installer Ernest S. Johnson License # TH0000359
 Address of home being installed Raccoon Rd
Ft. White, TX
 Manufacturer Live Oak Length x width 64 X 14

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 EF



See Pier load diagram

Marriage wall piers within 2' of end of home per Rule 15C

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 # 294012
 Triple/Quad ☐ Serial # ordered

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 bsf	3'	4'	4'	5'	6'	7'	8'
1500 bsf	4' 6"	6'	6'	7'	8'	8'	8'
2000 bsf	6'	8'	8'	8'	8'	8'	8'
2500 bsf	7' 6"	8'	8'	8'	8'	8'	8'
3000 bsf	8'	8'	8'	8'	8'	8'	8'
3500 bsf	8'	8'	8'	8'	8'	8'	8'

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

PIER PAD SIZES

I-beam pier pad size 17'12x25'12
 Perimeter pier pad size NA
 Other pier pad sizes (required by the mfg.) NA

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 Single Wide Pier pad size 4 ft

ANCHORS

5 ft

FRAME TIES

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

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
 Manufacturer Oliver
 Longitudinal Stabilizing Device w/ Lateral Arms
 Manufacturer Oliver

OTHER TIES

Number 20
 Sidewall NA
 Longitudinal NA
 Marriage wall NA
 Shearwall NA

PERMIT WORKSHEET

POCKET PENETROMETER TEST

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

X _____ X _____ X _____

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.

X _____ X _____ X _____

TORQUE PROBE TEST

The results of the torque probe test is _____ 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.

Ex _____ Installer's initials
1000 lb _____

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name _____

Date Tested _____

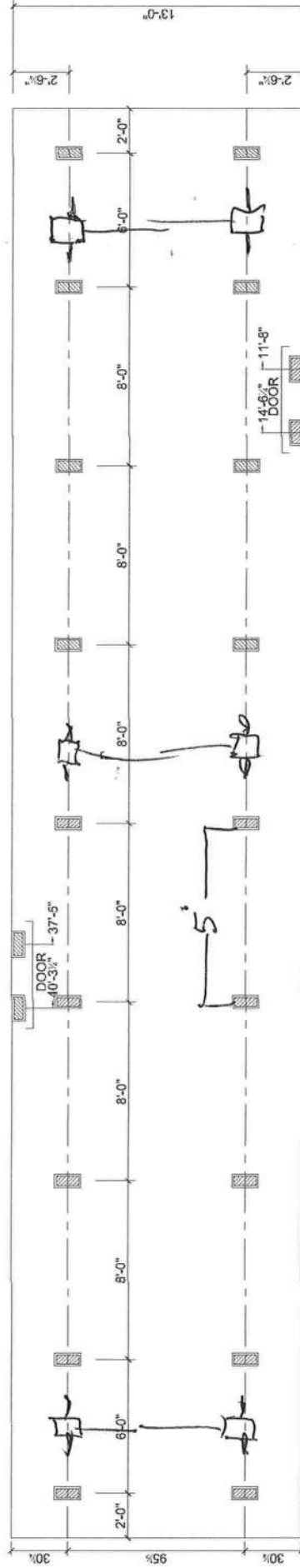
Site Preparation	
Debris and organic material removed	
Water drainage: Natural ☒ Swale	Other ☐ Pad ☒
Fastening multi wide units	
Floor:	Type Fastener: LAG
Walls:	Type Fastener: Length: 3/8x5"
Roof:	Type Fastener: Length: 2'
	Type Fastener: Length: 2'
For used homes a min. 30 gauge, 8" wide, galvanized 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.	
Type gasket Foam	Installer's initials G
Pg. NA	Installed:
	Between Floors Yes
	Between Walls Yes
	Bottom of ridgebeam Yes
Weatherproofing	
The bottomboard will be repaired and/or taped. Yes	
Siding on units is installed to manufacturer's specifications. Yes	
Fireplace chimney installed so as not to allow intrusion of rain water. Yes	
Miscellaneous	
Skirting to be installed. Yes	
Dryer vent installed outside of skirting. Yes	
Range downflow vent installed outside of skirting. Yes	
Drain lines supported at 4 foot intervals. Yes	
Electrical crossovers protected. Yes NA	
Other: NA	

Installer verifies all information given with this permit worksheet is accurate and true based on the manufacturer's installation instructions and or Rule 15C-1 & 2

Installer Signature Ernest S. Guma Date 9/1/09

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. 5045-47

Plumbing
Connect all sewer drains to an existing sewer tap or septic tank. Pg. 5042-47
Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 504



Oliver 1101V

4/23/09

SUPPORT PIER/TYP

FOUNDATION NOTES:

- THIS DRAWING IS DESIGNED FOR THE STANDARD WIND ZONE AND IS TO BE USED IN CONJUNCTION WITH THE INSTALLATION MANUAL AND ITS SUPPLEMENTS.

- FOOTINGS ARE SHOWN FOR EXAMPLE ONLY QUANTITY AND SPACING MAY VARY BASED ON PAD TYPE, SOIL CONDITION, ETC.

Live Oak Homes
MODEL: L-4642A - 14 X68
2-BEDROOM / 1-BATH

S-4642B



State of Florida
**DEPARTMENT OF
HIGHWAY SAFETY AND MOTOR VEHICLES**

TALLAHASSEE, FLORIDA 32399-0500

MEMORANDUM

FRED A. DICKINSON, III
Executive Director

June 14, 2002

TO: All Anchor and Component Manufacturers

FROM: Philip R. Bergalt, Program Manager *PB*
Bureau of Mobile Home and Recreational Vehicle Construction

SUBJECT: Lateral Arm Stabilizer Systems

To ensure consumer protection and to ensure that minimum standards are met in the installation of Lateral Arm Stabilizing Systems, it is necessary for us to create uniform installation standards for these systems. A secondary benefit of uniform standards will be the clarification of installation procedures for installers and for county and city inspectors performing field oversight.

Effective immediately all Florida lateral arm stabilizing instructions will include the following prescriptive number of systems:

Four (4) systems up to 52 feet
Six (6) systems from 52 to 80 feet

Five (5) 12 pitch roofs will require a minimum of the following number of lateral arm stabilizing systems, unless a greater number is specified by your engineering:

Six (6) systems up to 52 feet
Eight (8) systems from 52 to 80 feet

Your instructions should contain the following three (3) notes:

Note: 1) The use of this system requires sidewall vertical tie at no greater than 5'4" on center and allows for the use of 4' anchors.

Note: 2) Centerline anchors to be sized according to soil torque condition. Any manufacturer's specifications for sidewall anchor loads in excess of 4,000 lbs. require a 5' anchor.

Note: 3) Each system is required to have a frame tie and stabilizer attached at each lateral arm stabilizing location.

DIVISIONS: FLORIDA HIGHWAY PATROL • DRIVER LICENSES • MOTOR VEHICLES • ADMINISTRATIVE SERVICES
Neil Kirkman Building, Tallahassee, Florida 32399-0500

OLIVER TECHNOLOGIES, INC.
FLORIDA INSTALLATION INSTRUCTIONS FOR THE
MODEL 1101 "V" SERIES ALL STEEL FOUNDATION SYSTEM
MODEL 1101 "V" (STEPS 1-15)
MODEL 1101-L "V" LONGITUDINAL ONLY:
FOLLOW STEPS 1-9
FOR ADDING LATERAL ARM:
Follow Steps 10-15

ENGINEERS STAMP

ENGINEERS STAMP

1. **SPECIAL CIRCUMSTANCES:** If the following conditions occur - **STOP!** Contact Oliver Technologies at 1-800-284-7437 :
a) Pier height exceeds 48" b) Length of home exceeds 76' c) Roof eaves exceed 16" d) Sidewall height exceed 96"
e) Location is within 1500 feet of coast

INSTALLATION OF GROUND PAN

2. Remove weeds and debris in an approximate two foot square to expose firm soil for each ground pan (C) .
3. Place ground pan (C) directly below chassis I-beam . Press or drive pan firmly into soil until flush with or below soil.
SPECIAL NOTE: The longitudinal "V" brace system serves as a pier under the home and should be loaded as any other pier. It is recommended that after leveling piers, and one-half inch (1/2") before home is lowered completely on to piers, complete steps 4 through 9 below.

INSTALLATION OF LONGITUDINAL "V" BRACE SYSTEM

NOTE: WHEN INSTALLING THE MODEL 1101-L "V" LONGITUDINAL SYSTEM ONLY, A MINIMUM OF 2 SYSTEMS PER FLOOR SECTION IS REQUIRED. SOIL TEST PROBE SHOULD BE USED TO DETERMINE CORRECT TYPE OF ANCHOR PER SOIL CLASSIFICATION. IF PROBE TEST READINGS ARE BETWEEN 175 & 275 A 5 FOOT ANCHOR MUST BE USED. IF PROBE TEST READINGS ARE BETWEEN 275 & 385 A 4 FOOT ANCHOR MAY BE USED. USE GROUND ANCHORS WITH DIAGONAL TIES AND STABILIZER PLATES EVERY 5'4" . VERTICAL TIES ARE ALSO REQUIRED ON HOMES SUPPLIED WITH VERTICAL TIE CONNECTION POINTS (PER FLORIDA REG.) .

4. Select the correct square tube brace (E) length for set - up (pier) height at support location. (The 18" tube is always used as the bottom part of the longitudinal arm). Note: Either tube can be used by itself, cut and drilled to length as long as a 40 to 45 degree angle is maintained.

PIER HEIGHT (Approx. 45 degrees Max.)	1.25" ADJUSTABLE Tube Length	1.50" ADJUSTABLE Tube Length
24 3/4" to 32 1/4"	32"	18"
40" to 48"	54"	18"

5. Install (2) of the 1.50" square tubes (E {18" tube}) into the "U" bracket (J), insert carriage bolt and leave nut loose for final adjustment.
6. Place I-beam connector (F) loosely on the bottom flange of the I-beam.
7. Slide the selected 1.25" tube (E) into a 1.50" tube (E) and attach to I-beam connectors (F) and fasten loosely with bolt and nut.
8. Repeat steps 6 through 7 to create the "V" pattern of the square tubes loosely in place. The angle is not to exceed 45 degree and not below 40 degrees.
9. After all bolts are tightened, secure 1.25" and 1.50" tubes using four(4) 1/4"-14 x 3/4" self-tapping screws in pre-drilled holes.

INSTALLATION OF LATERAL TELESCOPING TRANSVERSE ARM SYSTEM

THE MODEL 1101 "V" (LONGITUDINAL & LATERAL PROTECTION) ELIMINATES THE NEED FOR MOST STABILIZER PLATES & FRAME TIES.
NOTE: THE USE OF THIS SYSTEM REQUIRES VERTICAL TIES SPACED AT 5'4" .

FOUR FOOT (4') GROUND ANCHOR MAY BE USED EXCEPT WHERE THE HOME MANUFACTURER SPECIFIES DIFFERENT.

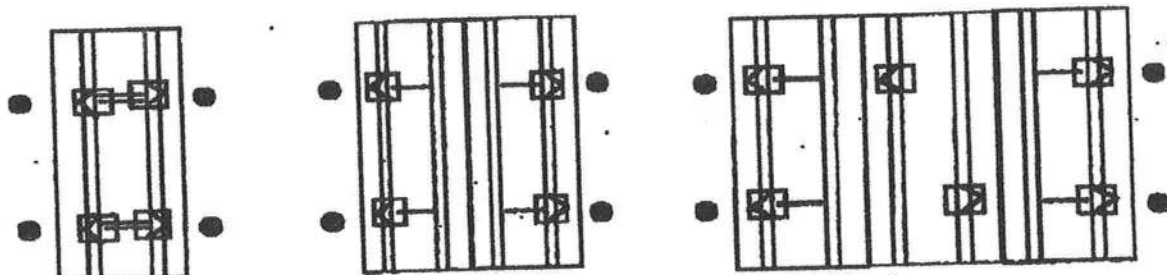
10. Install remaining vertical tie-down straps and 4' ground anchors per home manufacturer's instructions. **NOTE:** Centerline anchors to be sized according to soil torque condition. Any manufacturer's specifications for sidewall anchor loads in excess of 4,000 lbs. require a 5' anchor.
11. **NOTE:** Each system is required to have a frame tie and stabilizer attached at each lateral arm stabilizing location. This frame tie & stabilizer plate needs to be located within 18" from of center ground pan.
12. Select the correct square tube brace (H) length for set-up lateral transverse at support location. The lengths come in either 60" or 72" lengths. (With the 1.50" tube as the bottom tube, and the 1.25" tube as the inserted tube.)
13. Install the 1.50 transverse brace (H) to the ground pan connector (D) with bolt and nut.
14. Slide 1.25" transverse brace into the 1.50" brace and attach to adjacent I-beam connector (I) with bolt and nut.
15. Secure 1.50" transverse arm to 1.25" transverse arm using four (4) 1/4" - 14 x 3/4" self-tapping screws in pre-drilled holes.

MANUFACTURED HOUSING FOUNDATION SYSTEMS
A DIVISION OF OLIVER TECHNOLOGIES, INC.
1-800-284-7437

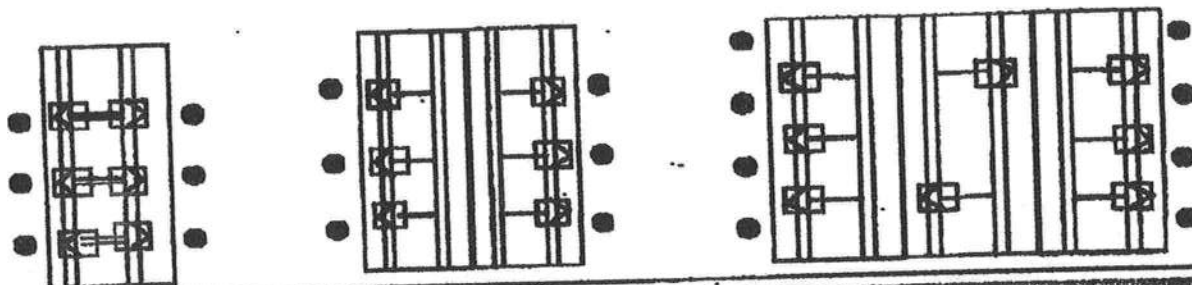
Telephone: 981-798-4555
Fax: 931-798-8811
www.olivertechnologies.com

REQUIRED NUMBER AND LOCATION OF MODEL 1101 "V" BRACES FOR UP TO 4/12 ROOF PITCH

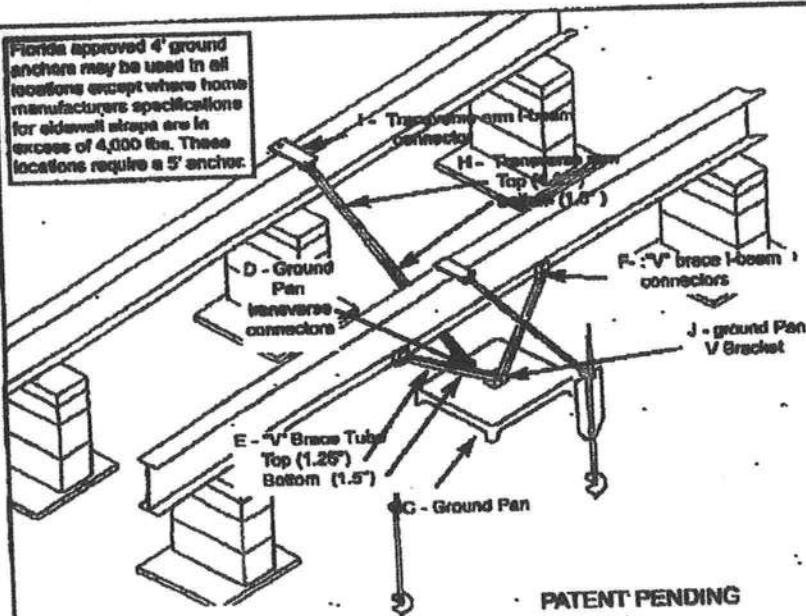
ALL WIDTHS; AND LENGTHS UP TO 52'



ALL WIDTHS; AND LENGTHS OVER 52' TO 80'



Florida approved 4" ground anchors may be used in all locations except where home manufacturers specifications for sidewall straps are in excess of 4,000 lbs. These locations require a 5" anchor.



PATENT PENDING

- C = GROUND PAN
- D = GROUND PAN CONNECTOR U BRACKETS
- E = TELESOPING V BRACE TUBE ASSEMBLY W 1.5 BOTTOM TUBE AND 1.25 TUBE INSERT
- F = "V" BRACE I-BEAM CONNECTOR ASSEMBLY
- H = TELESOPING TRANSVERSE ARM ASSEMBLY
- I = TRANSVERSE ARM I-BEAM CONNECTOR
- J = V PAN BRACKET

REVISED INSTRUCTIONS 4/23/03

NOTES:

1. LENGTH OF HOUSE IS THE ACTUAL BOX SIZE
2. ● = STABILIZER PLATE AND FRAME TIE LOCATION (needs to be located within 18" from center of ground pan)
3. □ = LOCATION OF ASF MODEL 1101 "V" (LATERAL & LONGITUDINAL BRACING).
4. □ = LOCATION OF MODEL 1101-L "V" (LONGITUDINAL BRACING ONLY).

MANUFACTURED HOUSING FOUNDATION SYSTEMS
A DIVISION OF OLIVER TECHNOLOGIES, INC.
1-800-284-7437

Telephone: 931-798-4555
Fax: 931-798-8811
www.olivertechnologies.com

COLUMBIA COUNTY 9-1-1 ADDRESSING

P. O. Box 1787, Lake City, FL 32056-1787

PHONE: (386) 758-1125 • FAX: (386) 758-1365 • Email: ron_croft@columbiacountyfla.com

Addressing Maintenance

To maintain the Countywide Addressing Policy you must make application for a 9-1-1 Address at the time you apply for a building permit. The established standards for assigning and posting numbers to all principal buildings, dwellings, businesses and industries are contained in Columbia County Ordinance 2001-9. The addressing system is to enable Emergency Service Agencies to locate you in an emergency, and to assist the United States Postal Service and the public in the timely and efficient provision of services to residents and businesses of Columbia County.

DATE REQUESTED: 9/10/2009 DATE ISSUED: 9/15/2009

ENHANCED 9-1-1 ADDRESS:351 SW RACCOON WAY
FORT WHITE FL 32038**PROPERTY APPRAISER PARCEL NUMBER:**

30-7S-17-10068-041

Remarks:

LOT 41 SASSAFRAS ACRES S/D

Address Issued By: 

Columbia County 9-1-1 Addressing / GIS Department

NOTICE: THIS ADDRESS WAS ISSUED BASED ON LOCATION INFORMATION RECEIVED FROM THE REQUESTER. SHOULD, AT A LATER DATE, THE LOCATION INFORMATION BE FOUND TO BE IN ERROR, THIS ADDRESS IS SUBJECT TO CHANGE.

1524

Attn: The GGie

**Columbia County Building Department
Culvert Waiver**

**Culvert Waiver No.
000001762**

DATE: 09/23/2009

BUILDING PERMIT NO. 28094

APPLICANT ROBERT MINNELLA

PHONE 352 472-6010

ADDRESS 25743 SW 22ND PLACE

NEWBERRY

FL 32669

OWNER NOEL & CLAUDE BURMEISTER

PHONE 352 226-1811

ADDRESS 351 SW RACoon RD

FT. WHITE

FL 32038

CONTRACTOR ERNEST JOHNSON

PHONE 352 494-8099

LOCATION OF PROPERTY 47S, TL SR 27, TR ON CR 138, TR RACoon, 4TH LOT ON

RIGHT

SUBDIVISION/LOT/BLOCK/PHASE/UNIT SASSAFRAS ACRES

41

PARCEL ID # 30-7S-17-10068-041

I HEREBY CERTIFY THAT I UNDERSTAND AND WILL FULLY COMPLY WITH THE DECISION OF THE COLUMBIA COUNTY PUBLIC WORKS DEPARTMENT IN CONNECTION WITH THE HEREIN PROPOSED APPLICATION.

SIGNATURE: Robert Minnella

A SEPARATE CHECK IS REQUIRED
MAKE CHECKS PAYABLE TO BCC

Amount Paid 50.00

PUBLIC WORKS DEPARTMENT USE ONLY

I HEREBY CERTIFY THAT I HAVE EXAMINED THIS APPLICATION AND DETERMINED THAT THE CULVERT WAIVER IS:

APPROVED

NOT APPROVED - NEEDS A CULVERT PERMIT

COMMENTS: Does not need a culvert

SIGNED: James Thomas

DATE: 9-29-09

ANY QUESTIONS PLEASE CONTACT THE PUBLIC WORKS DEPARTMENT AT 386-752-5955.

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





STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

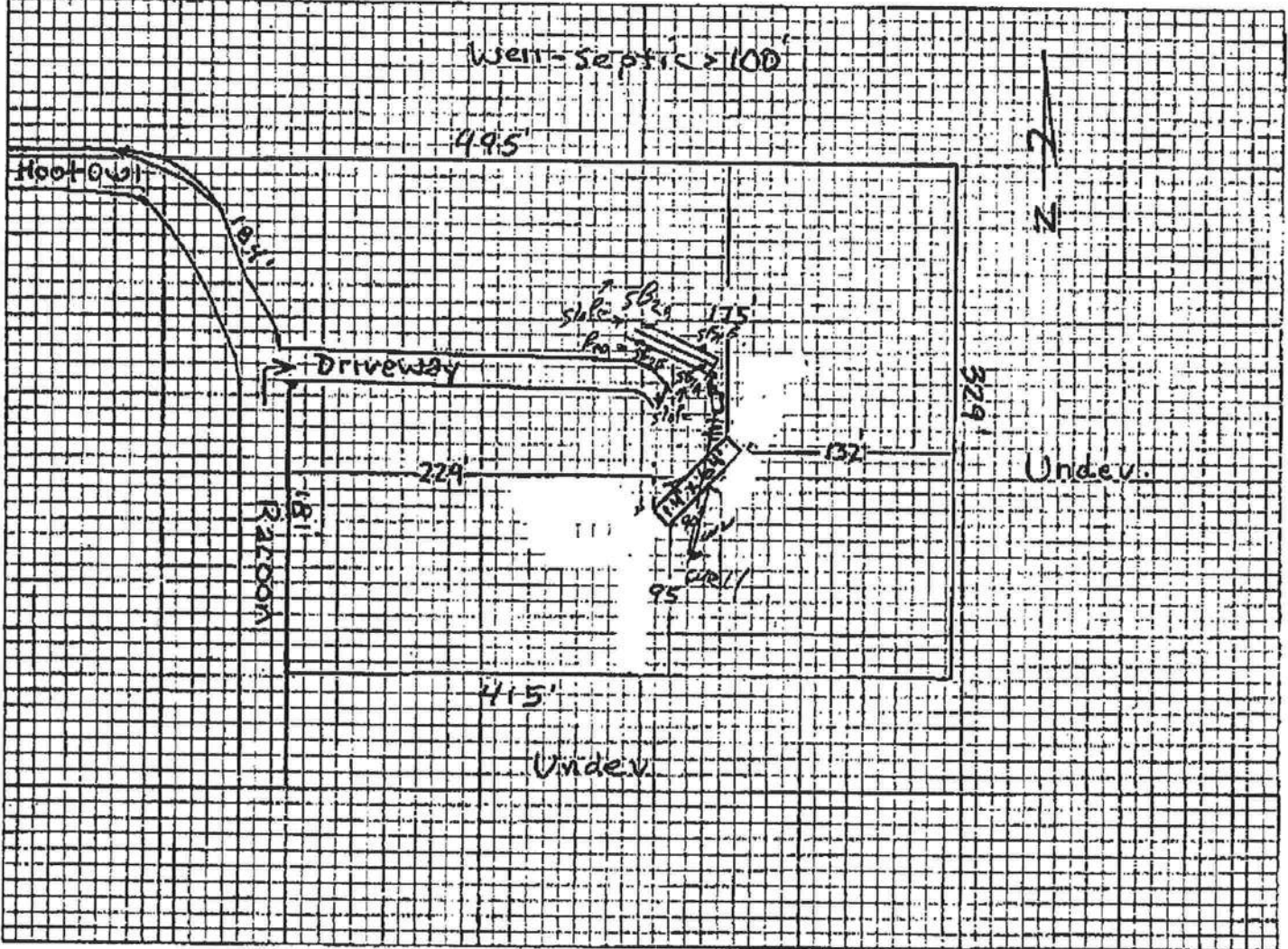
Permit Application Number

09-0484

Burmeister Noel

PART II - SITE PLAN

Scale: Each block represents 5 feet and 1 inch = 50 feet.



Notes: Well to septic = 100'

Site Plan submitted by:

Renee M. M... 09-10-09
Signature

Plan Approved

X

Not Approved

By

Salhi Ford Director Columbia

Agent

Date

9-22-09

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

CERTIFICATE OF AVALANCHE

M/H OCCUPANCY

COLUMBIA COUNTY, FLORIDA

Department of Building and Zoning Inspection

This Certificate of Occupancy is issued to the below named permit holder for the building and premises at the below named location, and certifies that the work has been completed in accordance with the Columbia County Building Code.

Parcel Number 30-7S-17-10068-041

Building permit No. 000028094

Permit Holder ERNEST JOHNSON

Owner of Building NOEL & CLAUDE BURMEISTER

Location: 351 SW RACCOON RD. FT. WHITE, FL 32038

Date: 10/23/2009



Wagner Burns
Building Inspector

POST IN A CONSPICUOUS PLACE
(Business Places Only)