DATE 07/15/2011

Columbia County Building Permit

This Permit Must Be Prominently Posted on Premises During Construction

PERMIT
000029552

APPLICANT ROBERT MIMM,SR. PHONE 386.755.5700

ADDRESS 990 SW DREW FEAGLE AVENUE FT. WHITE FL 32038

OWNER DEAS-BULLARD PROPERTIES(R. MIMM M/H) PHONE 386.755.5700

ADDRESS 990 SW DREW FEAGLE AVENUE FT. WHITE FL 32038

CONTRACTOR BERNIE THRIFT PHONE 386.623.0046

LOCATION OF PROPERTY 47-S TO WATSON,TR TO DREW FEAGLE AVENUE,TL AND PROPERTY ON R AFTER SHARP CURVE.

TYPE DEVELOPMENT M/H/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. 1 FLOOD ZONE X DEVELOPMENT PERMIT NO. _____

PARCEL ID 31-5S-16-03744-204 SUBDIVISION PINE HILL ...UNREC.

LOT 4 BLOCK ____ PHASE ____ UNIT ____ TOTAL ACRES 10.60

Culvert Permit No.	Culvert Waiver	Contractor's License Number	Applicant/Owner/Contractor
		IH1025155	

Driveway Connection	Septic Tank Number	LU & Zoning checked by	Approved for Issuance	New Resident
EXISTING	10-0128	BLK	TC	N

COMMENTS: REPLACING M/H ALRERADY REMOVED.... 1 UNIT CHARGED. 1 FOOT ABOVE ROAD.

Check # or Cash CASH

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 $ 300.00 ZONING CERT. FEE $ 50.00 FIRE FEE $ 0.00 WASTE FEE $ _____

FLOOD DEVELOPMENT FEE $ _____ FLOOD ZONE FEE $ 25.00 CULVERT FEE $ _____ **TOTAL FEE** 375.00

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.

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-11) Zoning Official BK 15 July 2011 Building Official J.C. 7-12-11

AP# 1107-12 Date Received 7-7-11 By LH Permit # 29552

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

Comments Replacing MH already removed

FEMA Map# N/A Elevation N/A Finished Floor 1 foot Rd River N/A In Floodway N/A

☑ Site Plan with Setbacks Shown ☑ EH # 16-0128 ☐ EH Release ☑ Well letter ☐ Existing well

☑ Recorded Deed or Affidavit from land owner ☑ Installer Authorization ☐ State Road Access ☑ 911 Sheet

☐ Parent Parcel # ☐ STUP-MH ☐ F W Comp. letter ☑ VF Form

IMPACT FEES: EMS Fire Corr ☐ Out County ☑ In County faxed 7/7/11

Road/Code School = TOTAL _ Impact Fees Suspended March 2009_

Property ID # 31-55-16-03744-204 Subdivision PINE HILL Lot 4

- New Mobile Home Used Mobile Home ✓ MH Size 28x80 Year 1998
- Applicant ROBERT MIMM SR Phone # (386) 755-5700 -OR- (386) 438-9224
- Address 990 SW DREW FEAGLE FT WHITE, FL 32038
- Name of Property Owner ROBERT MIMM SR / DEAS BULLARD Phone# (386) 755-5700
- 911 Address 990 SW DREW FEAGLE AVE 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 SAME AS ABOVE Phone #
  Address
- Relationship to Property Owner SELF
- Current Number of Dwellings on Property 1
- Lot Size 10.600 Total Acreage 10.600
- Do you : Have **Existing Drive** (Currently using) or Private Drive (Blue Road Sign) or need Culvert Permit (Putting in a Culvert) or Culvert Waiver (Not existing but do not need a Culvert) (Circle one)
- Is this Mobile Home Replacing an Existing Mobile Home YES (one Remaining) 2d
- Driving Directions to the Property HWY 47 S TO WATSON, T/R. FOLLOW TO DREW FEAGLE, T/L. PROPERTY ON (R) AFTER SHARP CURVE
- Name of Licensed Dealer/Installer Bernie Thrift Phone # 386 623 0046
- Installers Address 5557 NW Falling creek rd whiteSprings FL 32096
- License Number IH 10251551 Installation Decal # 5594

COLUMBIA COUNTY PERMIT WORKSHEET

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

Installer Bernie Thrift License # 1025155/1

911 Address where home is being installed 990 SW DREW FEAGLE AVE FT WHITE FL

Manufacturer FLEETWOOD Length x width 28x80

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

676 Req. 713 Provided

New Home ☐ Used Home ☒

Home installed to the Manufacturer's Installation Manual ☐

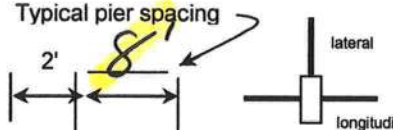
Home is installed in accordance with Rule 15-C ☒

Single wide ☐ Wind Zone II ☐ Wind Zone III ☐

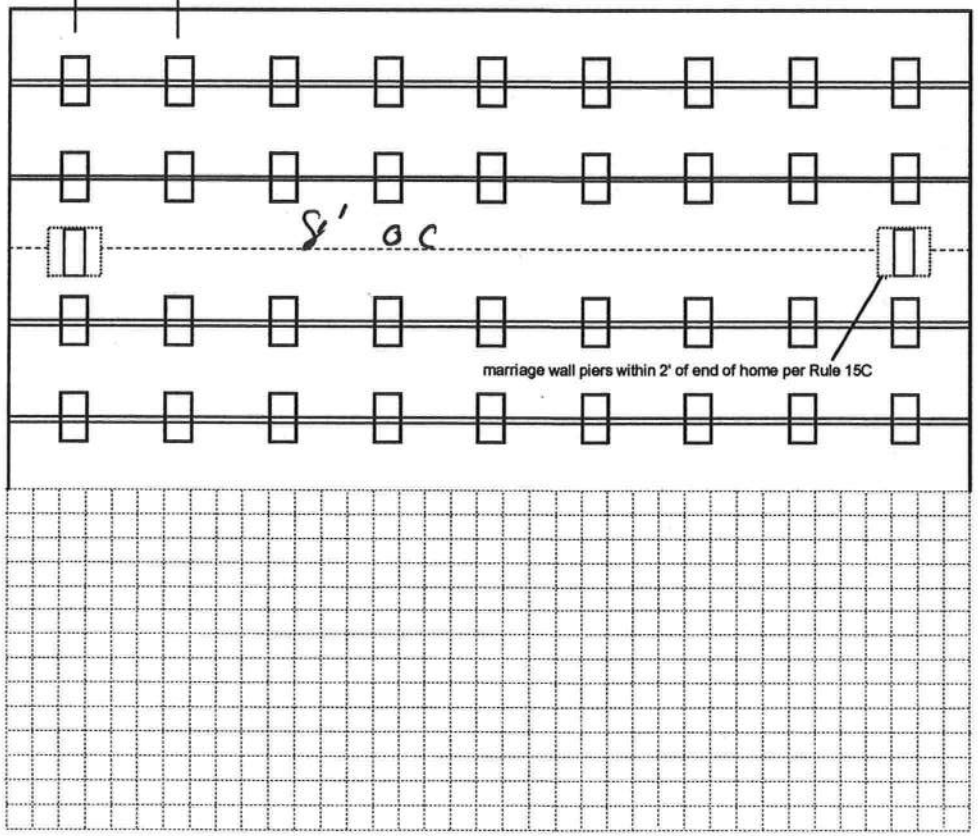
Double wide ☒ Installation Decal # 5594

Triple/Quad ☐ Serial # GAFLW35A&B14662-HL21

Typical pier spacing



Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)



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

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

PIER PAD SIZES

I-beam pier pad size 23 X 31

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	Pier pad size
20'	24 X 24

POPULAR PAD SIZES

Pad Size	Sq In
16 x 16	256
16 x 18	288
18.5 x 18.5	342
16 x 22.5	360
17 x 22	374
13 1/4 x 26 1/4	348
20 x 20	400
17 3/16 x 25 3/16	441
17 1/2 x 25 1/2	446
24 x 24	576
26 x 26	676

ANCHORS

4 ft ~~5 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 Olivcr Model 1101L

OTHER TIES

	Number
Sidewall	35
Longitudinal	6
Marriage wall	4
Shearwall	4

COLUMBIA COUNTY PERMIT WORKSHEET

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 2006 psf or check here to declare 1000 lb. soil _____ without testing.

x 2000 x 2500 x 2500

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 2000 x 2000 x 2500

TORQUE PROBE TEST

The results of the torque probe test is 290+ 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.

BT Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Bernie Thrift

Date Tested _____

Electrical

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between mult-wide units. Pg. 5

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

Site Preparation

Debris and organic material removed ✓. Water drainage: Natural _____ Swale _____ Pad ✓ Other _____.

Fastening multi wide units

Floor: Type Fastener: 7/8 Lags Length: 5 Spacing: 24"
Walls: Type Fastener: #8 Length: Screws Spacing: 18"
Roof: Type Fastener: Flashing Length: 76' Spacing: 76'
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, meldew 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 Sealm Seal
Pg. 5

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

Weatherproofing

The bottomboard will be repaired and/or taped. Yes ✓. Pg. 6
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 _____ 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** 7-6-11

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR _____ PHONE_____

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 Robert D. Minn, Sr License #: Owner	Signature _____ Phone #: 386-755-5700
MECHANICAL/ A/C _____	Print Name Robert D. Minn, Sr License #: Owner	Signature _____ Phone #: 386-755-5700
PLUMBING/ GAS	Print Name Robert D. Minn, Sr License #: Owner	Signature _____ Phone #: 386-755-5700

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.

Columbia County Property Appraiser

DB Last Updated: 6/22/2011

2010 Tax Year

Tax Collector | Tax Estimator | Property Card | Parcel List Generator | Interactive GIS Map | Print

Parcel: 31-5S-16-03744-204

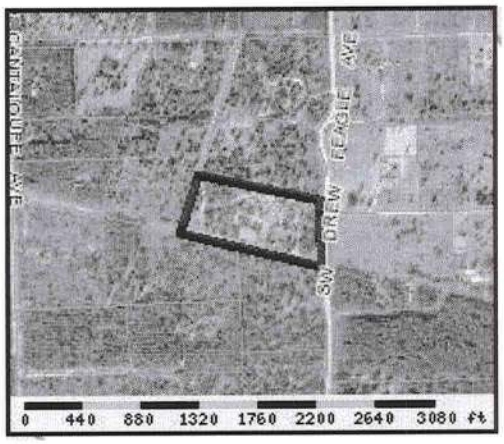
<< Next Lower Parcel | Next Higher Parcel >>

Search Result: 1 of 1

Owner & Property Info

Owner's Name	DEAS-BULLARD PROPERTIES		
Mailing Address	672 E DUVAL ST LAKE CITY, FL 32055		
Site Address	990 SW DREW FEAGLE AVE		
Use Desc. (code)	VACANT (000000)		
Tax District	3 (County)	**Neighborhood**	31516
Land Area	10.600 ACRES	**Market Area**	02
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction.		

(AKA LOT 4 PINE HILL UNREC) COMM NE COR RUN W 685.72 FT, S 695.05 FT, S 17 DEG W 1075.16 FT FOR POB, CONT S 17 DEG W 463.35 FT, S 75 DEG E 1075.38 FT, N 391.53 FT, N 6 DEG E 87.18 FT, N 75 DEG W 930.57 FT TO POB.



Property & Assessment Values

2010 Certified Values		
Mkt Land Value	cnt: (0)	$57,057.00
Ag Land Value	cnt: (2)	$0.00
Building Value	cnt: (0)	$0.00
XFOB Value	cnt: (0)	$0.00
Total Appraised Value		$57,057.00
Just Value		$57,057.00
Class Value		$0.00
Assessed Value		$57,057.00
Exempt Value		$0.00
Total Taxable Value		Cnty: $18,841 Other: $18,841 | Schl: $57,057

2011 Working Values

NOTE:
2011 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
NONE						

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
NONE						

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
NONE						

Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
000000	VAC RES (MKT)	10.6 AC	1.00/1.00/1.00/1.00	$4,674.72	$49,552.00

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF COLUMBIA

This is to certify that I, (We), Deas Bullard Properties owner of the below described property:

Tax Parcel No. 31-5S-16-03744-204

Subdivision (name, lot, block, phase) Pine Hill Unrec. Lot 4

Give my permission to Robert Mimm to place a mobile home/travel trailer/single family home (circle one) on the above mentioned property.

I (We) understand that this could result in an assessment for solid waste and fire protection services levied on this property.

Sue D Lane
Owner Deas Bullard Properties

Owner

SWORN AND SUBSCRIBED before me this 7 day of July, 20 11. This (these) person(s) are personally known to me or produced ID _____.

Holly C Hanover
Notary Signature

HOLLY C. HANOVER
Commission # DD 953514
Expires May 18, 2014
Bonded Thru Troy Fain Insurance 800-385-7019

JAV

10-0128

STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE DISPOSAL SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT
Authority: Chapter 381, FS & Chapter 10D-6, FAC

PERMIT # 256094
DATE PAID 3/11/10
FEE PAID $ 310.00
RECEIPT # D43632

APPLICATION FOR:
[X] New System [ ] Existing System [ ] Holding Tank [ ] Temporary/Experimental
[ ] Repair [ ] Abandonment [ ] Other(Specify)

APPLICANT: Deas Bullard Properties (Mimm's) TELEPHONE: 755-6572

AGENT: Robert W ford Sr. HFST inc

MAILING ADDRESS: 580 NW Guerdon Rd LC Fla 32055

==========

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. ATTACH BUILDING PLAN AND TO-SCALE SITE PLAN SHOWING PERTINENT FEATURES REQUIRED BY CHAPTER 10D-6, FLORIDA ADMINISTRATIVE CODE.

==========

PROPERTY INFORMATION [IF LOT IS NOT IN A RECORDED SUBDIVISION, ATTACH LEGAL DESCRIPTION OR DEED]

LOT: 4 BLOCK: — SUBDIVISION: Pine Hill DATE OF SUBDIVISION: Unrec

PROPERTY ID #: 31-55-16-03744-204 [Section/Township/Range/Parcel No.] ZONING: Ag.

PROPERTY SIZE: 10.600 ACRES [Sqft/43560] PROPERTY WATER SUPPLY: [X] PRIVATE [ ] PUBLIC

PROPERTY STREET ADDRESS: 992 SW Drew Feagle Ave, Fort White

DIRECTIONS TO PROPERTY: Hwy 47 South to ~~240~~ WATSON TR follow to Drew Feagle TL Property on Right After sharp curve

BUILDING INFORMATION [X] RESIDENTIAL [ ] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	# Persons Served	Business Activity For Commercial Only
1	M/H	4	2240	4	
2					
3					
4					

[ ] Garbage Grinders/Disposals [ ] Spas/Hot Tubs [ ] Floor/Equipment Drains
[ ] Ultra-low Volume Flush Toilets [ ] Other (Specify)

APPLICANT'S SIGNATURE: Robert W Ford Sr DATE: 3/11/10

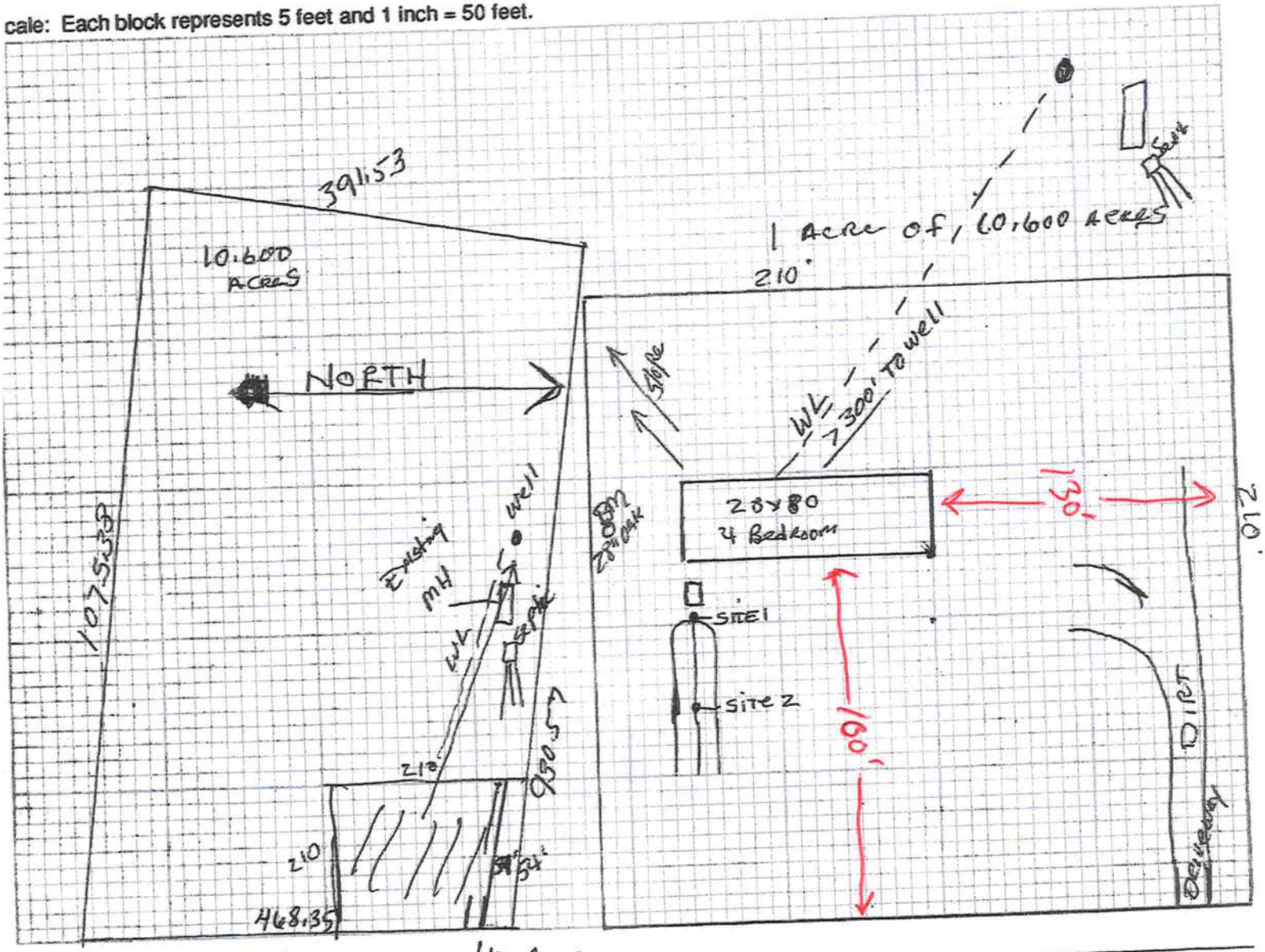
STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 10-0128

PART II - SITE PLAN

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



Notes: 998 Drew Feagle Ave

Dean's Bullard Properties (Robert Mimms)
10.600 Acree Lot 4 Pine Hill — 31-SS-16-03744-204

Site Plan submitted by: Robert W Ford Jr
Signature

Agent
Title

Date 3-15-10

Plan Approved ✓ Not Approved ____

By Sallie Ford - EH Director Columbia CHD County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DH 4015, 10/98 (Replaces HRS-H Form 4015 which may be used)
(Stock Number: 5744-002-4015-8)

COLUMBIA COUNTY
911 ADDRESSING / GIS DEPARTMENT

P. O. Box 1787, Lake City, FL 32056-1787
Telephone: (386) 758-1125 * Fax: (386) 758-1365 * Email: ron_croft@columbiacountyfla.com

ADDRESS ASSIGNMENT DATA

The Columbia County Board of County Commissioners has passed Ordinance 2001-9, which provides for a uniform numbering system. A copy of this ordinance is available in the Clerk of Court records, located in the courthouse. This new numbering system will increase the efficiency of POLICE, FIRE AND EMERGENCY MEDICAL vehicles responding to calls within Columbia County by immediately identifying the location of the caller.

A Residential or Other Structure(s) on Parcel Number:
31-5S-16-03744-204 (AKA LOT 4 PINE HILL UNREC)

Address Assignment(s):
990 SW DREW FEAGLE AVE, FORT WHITE, FL, 32038

992 SW DREW FEAGLE AVE, FORT WHITE, FL, 32038

*** MH @ 990 SW Drew Feagle Ave being replaced, no new address assignment necessary***

Any questions concerning this information should be referred to the Columbia County 911 Addressing / GIS Department at the address or telephone number above.

COLUMBIA COUNTY
9-1-1 ADDRESSING
APPROVED

Manufactured Housing HUD Label Record

HUD label #	0001104878	***Serial #***	FLWD3514662	***Unit***	1
Status Code	S	***To Dealer Date***	5/28/1998		
Plant Name	Fleetwood Homes #35	***Plant Code***	35		
Dealer Name	CIRCLE B			***last_update_date:***	
City	OCALA	***State***	FL		11-Apr-06

HUD label #	0001104879	***Serial #***	FLWD3514662	***Unit***	2
Status Code	S	***To Dealer Date***	5/28/1998		
Plant Name	Fleetwood Homes #35	***Plant Code***	35		
Dealer Name	CIRCLE B			***last_update_date:***	
City	OCALA	***State***	FL		11-Apr-06

MANUFACTURED HOME

Fleetwood Homes Of Georgia, Inc.
Post Office Box 810/Ambrose Hwy.
Broxton, Georgia 31519

Plant Number 35

Date of Manufacture	HUD Label No.(s)
5-28-98	GEO 1104878/1104879

Manufacturer's Serial Number and Model Unit Designation
GAFLW35A14662-HL21/GAFLW35B14662-HL21 4764A

Design Approval by (D.A.P.I.A.) RADCO

This manufactured home is designed to comply with the federal manufactured home construction and safety standards in force at time of manufacture. (For additional information, consult owner's manual.)

The factory installed equipment includes:

Equipment	Manufacturer	Model Designation
For heating	Coleman	FC15B
For air cooling		
For cooking	Maytag	MER4110AAW
Refrigerator	Maytag	MSD2142ABW
Water Heater	Rheem	71-52D
Washer		
Clothes Dryer		
Dishwasher	Maytag	PDB1100AWE
Garbage Disposal		
Fireplace	Coleman	36BCMII
Stereo		
Smoke Detector	Lifesaver	1275

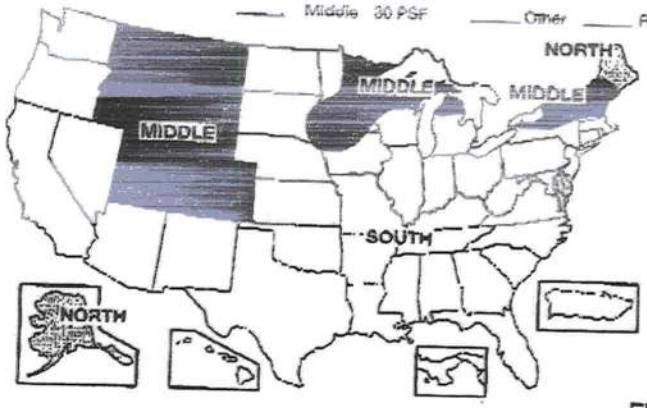
HOME CONSTRUCTED FOR [X] Zone I [X] Zone II [ ] Zone III

This home has not been designed for the higher wind pressure and anchoring provisions required for ocean/coastal areas and should not be located within 1500' of the coastline in Wind Zones II and III, unless the home and its anchoring and foundation system have been designed for the increased requirements specified for Exposure D in ANSI/ASCE 7-88.

This home has X has not been equipped with storm shutters or other protective coverings for windows and exterior door openings. For homes designed to be located in Wind Zones II and III, which have not been provided with shutters of equivalent covering devices, it is strongly recommended that the home be made ready to be equipped with these devices in accordance with the method recommended in manufacturers printed instructions.

BASIC WIND ZONE MAP

DESIGN ROOF LOAD ZONE MAP — North 40 PSF — Middle 30 PSF — [X] South 20 PSF — Other ___ PSF



COMFORT HEATING

This manufactured home has been thermally insulated to conform with the requirements of the federal manufactured home construction and safety standards for all locations within U/O value zone 1.

Heating equipment manufacturer and model (see list at left).

The above heating equipment has the capacity to maintain an average 70° F temperature in this home at outdoor temperatures of 13 °F.

To maximize furnace operating economy, and to conserve energy, it is recommended that this home be installed where the outdoor winter design temperature (97 1/2%) is not higher than 33 degrees Fahrenheit.

The above information has been calculated assuming a maximum wind velocity of 15 mph at standard atmospheric pressure.

COMFORT COOLING

[ ] Air conditioner provided at factory (Alternate I)

Air conditioner manufacturer and model (see list at left).

Certified capacity _____ B.T.U./hour in accordance with the appropriate air conditioning and refrigeration institute standards.

The central air conditioning system provided in this home has been sized assuming an orientation of the front (hitch end) of the home facing _____. On this basis the system is designed to maintain an indoor temperature of 75° F when outdoor temperatures are _____ F dry bulb and _____ F wet bulb.

The temperature to which this home can be cooled will change depending upon the amount of exposure of the windows of this home to the sun's radiant heat. Therefore, the home's heat gains will vary dependent upon its orientation to the sun and any permanent shading provided. Information concerning the calculation of cooling loads at various locations, window exposures and shadings are provided in Chapter 22 of the 1989 edition of the ASHRAE Handbook of Fundamentals.

Information necessary to calculate cooling loads at various locations and orientations is provided in the special comfort cooling information provided with this home.

[X] Air conditioner not provided at factory (Alternate II)

The air distribution system of this home is suitable for the installation of central air conditioning.

The supply air distribution system installed in this home is sized for a manufactured home central air conditioning system of up to 79,800 B.T.U./hr. rated capacity which are certified in accordance with the appropriate air conditioning and refrigeration institute standards, when the air circulators of such air conditioners are rated at 0.3 inch water column static pressure or greater for the cooling air delivered to the manufactured home supply air duct system.

Information necessary to calculate cooling loads at various locations and orientations is provided in the special comfort cooling information provided with this manufactured home.

[ ] Air conditioning not recommended (Alternate III)

The air distribution system of this home has not been designed in anticipation of its use with a central air conditioning system.

To determine the required capacity of equipment to cool a home efficiently and economically, a cooling load (heat gain) calculation is required. The cooling load is dependent on the orientation, location and the structure of the home. Central air conditioners operate most efficiently and provide the greatest comfort when their capacity closely approximates the calculated cooling load. Each home's air conditioner should be sized in accordance with Chapter 22 of the American Society of Heating, Refrigerating and Air Conditioning Engineers (ASHRAE) Handbook of Fundamentals 1989 edition, once the location and orientation are known.

INFORMATION PROVIDED BY THE MANUFACTURER NECESSARY TO CALCULATE SENSIBLE HEAT GAIN

Walls (without windows and doors) U	.09
Ceilings and roofs of light color U	.06
Ceilings and roofs of dark color U	.06
Floors U	.07
Air ducts in floor U	.14
Air ducts in ceiling U	N/A
Air ducts installed outside the home U	.23

The following are the duct areas in this home:

Air ducts in floor	147.0 sq. ft.
Air ducts in ceiling	N/A sq. ft.
Air ducts outside the home	56.5 sq. ft.

U/O VALUE ZONE MAP

FILE COPY

LYNCH WELL DRILLING, INC.

173 SW Tustenuggee Ave
Lake City, FL. 32025
Phone 386-752-6677
Fax 386-752-1477

Building Permit # _____ Owner's Name Robert Mimm

Well Depth 106 Ft. Casing Depth 90 Ft. Water Level 38 Ft.

Casing Size 4 inch Steel Pump Installation: Deep Well Submersible

Pump Make Ha Pac Pump Model S18K11 HP 1

System Pressure (PSI) _____ On 30 Off 50 Average Pressure 40

Pumping System GPM at average pressure and pumping level _____(GPM)

Tank Installation: Bladder/Galvanized Make Dixie
Model _____ Size 82

Tank Draw-down per cycle at system pressure _____gallons

I HEREBY VERTIFY THAT THIS WATER WELL SYSTEM HAS BEEN INSTALLED AS PER THE ABOVE INFORMATION.

Linda Newcomb
Signature

Linda Newcomb
Print Name

2609
License Number

6/27/11
Date

This well was drilled in 12/2/96. At that time galvanized tanks where used and they did not have to have the draw down like we do now.

LN

MOBILE HOME INSTALLERS AGENT AUTHORIZATION

I, Bernard Thrift, give this authority and I do certify that the below
Installers Name

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	Agents Company Name
Bob Mimm		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 — IH0000075 — 7-6-11

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 14 day of July, 20 11.

L. H

NOTARY'S SIGNATURE

(Seal/Stamp)

LAURIE HODSON
MY COMMISSION # DD 805657
EXPIRES: July 14, 2012
Bonded Thru Notary Public Underwriters

CODE ENFOR EMENT
PRELIMINARY MOBILE HOME NSPECTION REPORT

DATE RECEIVED 7-7-11 BY CH IS THE M/H ON THE PRO ERTY WHERE THE PERMIT WILL BE ISSUED? Yes 1107-12

OWNERS NAME Robert Minn PHONE 755-5700 CELL 386-438-9224

ADDRESS 992 SW Drew Feagle Ave Fort White FL 32038

MOBILE HOME PARK _____ SUBD VISION Pine Hill Lot 4

DRIVING DIRECTIONS TO MOBILE HOME 47 S, @ Wilton, (L) Drew Feagle property on (R) after Sharp Curve.

MOBILE HOME INSTALLER Bernie Thrift PHONE _____ CELL 386-623-0046

MOBILE HOME INFORMATION

MAKE Fleetwood YEAR 98 SIZE 28 x 80 COLOR White

SERIAL No. GAFL635A&B 14662-HL21

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

__✓__ 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

$50.00
Date of Payment: 7-7-11
Paid By: Robert Minn
Notes: 1107-12

EXTERIOR:
__✓__ WALLS / SIDDING ( ) 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 [signature] ID NUMBER 402 DATE 7-8-11

Columbia County Property Appraiser

J. Doyle Crews - Lake City, Florida 32055 | 386-758-1083

PARCEL: 31-5S-16-03744-204 - VACANT (000000)

(AKA LOT 4 PINE HILL UNREC) COMM NE COR RUN W 685.72 FT, S 695.05 FT, S 17 DEG W 1075.16 FT FOR POB, CONT S 17 DEG W 463.35 FT, S 75 DEG E 1075.38 FT,

Name: DEAS-BULLARD PROPERTIES
Site: 990 SW DREW FEAGLE AVE
Mail: 672 E DUVAL ST
LAKE CITY, FL 32055
Sales Info: NONE

2010 Certified Values

Land	$57,057.00
Bldg	$0.00
Assd	$57,057.00
Exmpt	$0.00
Taxbl	Cnty: $18,841
	Other: $18,841 | Schl: $57,057

NOTES: