

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

SCANNED

Renewed Permit # 31143

For Office Use Only (Revised 1-11) Zoning Official BLK 21 Arac Building Official J.C. 8-16-12

AP# 1208-31 Date Received 8/10/12 By JW Permit # 30482

Flood Zone X Development Permit N/A Zoning RR Land Use Plan Map Category Res. U.L. Dev.

Comments Plat requires MFE of 126 feet elevation confirmation letter required before permanent power

FEMA Map# N/A Elevation N/A Finished Floor 126' River N/A In Floodway N/A

☒ Site Plan with Setbacks Shown ☒ EH # 12-0167 ☒ EH Release ☒ Well letter ☒ Existing well WATER SYSTEM

☒ Recorded Deed or Affidavit from land owner ☒ Installer Authorization ☒ State Rd Access ☒ 911 Sheet

☐ Parent Parcel # _____ ☐ STUP-MH _____ ☐ F W Comp. letter ☐ App Fee Pd ☐ VF Form

IMPACT FEES: EMS _____ Fire _____ Corr _____ ☒ Out County ☒ In County

Road/Code _____ School _____ = TOTAL _____ Suspended March 2009 _____ Ellisville Water Sys

Property ID # 15-48-17-08355414 Subdivision EAGLES RIDGE LOT 14 These

☐ New Mobile Home ☒ Used Mobile Home MH Size 24-58 Year 1996

Applicant LAWIE - 11/11/11 Wilberg Austin Phone # 352-494-2326

Address 149 NE EMPIRE DRIVE Lake City FL 320

Name of Property Owner JANEASHA TAYLOR Phone # 386-292-2275

911 Address 289 SE Cheddar Ct, 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 JANEASHA TAYLOR Phone # 386-292-2275
Address 3373 172nd St Lake City FL 32025

Relationship to Property Owner Owner

Current Number of Dwellings on Property 0

Lot Size _____ Total Acreage 1.00 Acre

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

Driving Directions to the Property 90 East to Peace Creek Rd To approx 1 1/2 mile to Sharon Ln turn Rt Hidders Acre go to Bonnie Ln Lt go to Bonnie Rt go to Cheddar Cour

Name of Licensed Dealer/Installer Gayle Eddy Phone # 3524942326

Installers Address 10237 SW 40th Terr Lake Butler FL 32054

License Number IH1025339 Installation Decal # 10897

TR, 500 ft down on the L.

Spoke to Gayle 9-6-12
Spoke to Gayle 8-21-12

#398.17

DATE 06/14/2013

Columbia County Building Permit

This Permit Must Be Prominently Posted on Premises During Construction

PERMIT**000031143**

APPLICANT FRANKIE GAINES PHONE 386-292-3786

ADDRESS 289 SE CHEDDAR CRT LAKE CITY FL 32025

OWNER JANEASHIA TAYLOR PHONE 386.292.3786

ADDRESS 289 SE CHEDDAR COURT LAKE CITY FL 32025

CONTRACTOR GAYLE EDDY PHONE 352.494.2326

LOCATION OF PROPERTY PRICE CREEK TO SR 100,TR TO SHARON LN,TR TO HIDDEN ACRES TO

BONNE.TL TO BENNIE,TR TO CHEDDAR,TR AND IT'S 500' ON L.

TYPE DEVELOPMENT RENEW EXPIRED 30482 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. 0 FLOOD ZONE X DEVELOPMENT PERMIT NO.

PARCEL ID 15-4S-17-08355-414 SUBDIVISION EAGLES RIDGE

LOT 14 BLOCK PHASE 1 UNIT TOTAL ACRES 1.00

IH1025339

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

EXISTING 12-0167 BK TC N

Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: PLAT REQUIRES MFE 126', ELEVATION CONFIRMATION LETTER REQUIRED

BEFORE PERMANENT POWER RELEASED.

REPLACES EXPIRED PERMIT 30482 Check # or Cash CASH REC'D

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 Sheathing/Nailing

date/app. by date/app. by date/app. by

Framing Insulation

date/app. by date/app. by

Rough-in plumbing above slab and below wood floor Electrical rough-in

date/app. by date/app. by

Heat & Air Duct Peri. beam (Lintel) Pool

date/app. by date/app. by date/app. by

Permanent power C.O. Final Culvert

date/app. by date/app. by date/app. by

Pump pole Utility Pole M/H tie downs, blocking, electricity and plumbing

date/app. by date/app. by date/app. by

Reconnection RV Re-roof

date/app. by date/app. by date/app. by

BUILDING PERMIT FEE \$ 0.00 CERTIFICATION FEE \$ 0.00 SURCHARGE FEE \$ 0.00

MISC. FEES \$ 300.00 ZONING CERT. FEE \$ FIRE FEE \$ 0.00 WASTE FEE \$

COLUMBIA COUNTY PERMIT WORKSHEET

page 1 of 2

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

Installer Gayle Eddy License # IC1025339

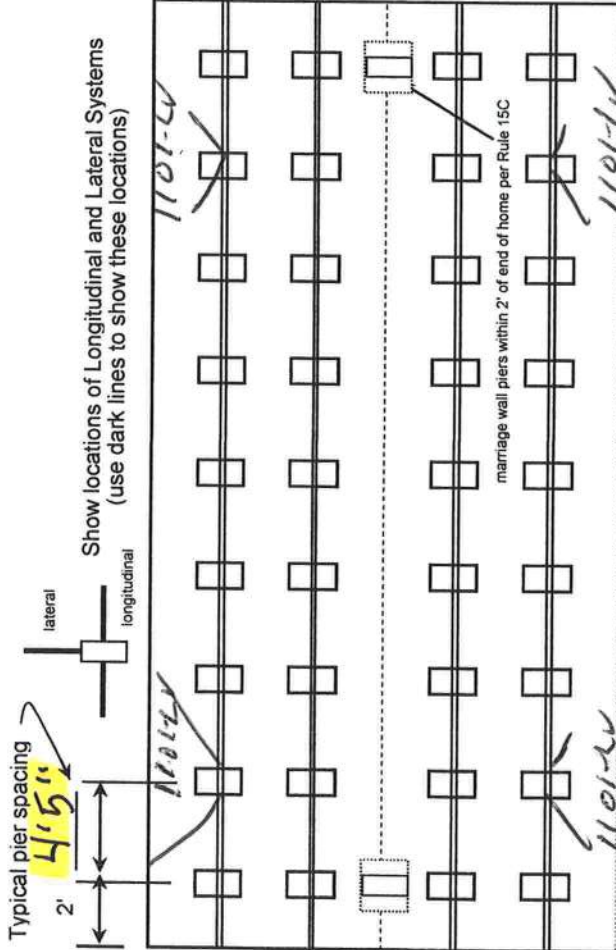
911 Address where home is being installed. 289 SE Chandler Ct, Lake City, FL 32085

Manufacturer Mobility Length x width 28x52

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 GE



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'	3'	4'	5'	6'	7'	8'
1500 dsf	4' 6"	4' 6"	6'	7'	8'	8'	8'
2000 dsf	6'	6'	8'	8'	8'	8'	8'
2500 dsf	7' 6"	7' 6"	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 18x18 1/2

Perimeter pier pad size 16x16

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 10

Pier pad size 18x18 1/2

4 ft 5 ft

ANCHORS

FRAME TIES

OTHER TIES

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)

Manufacturer Divot Inc

Longitudinal Stabilizing Device w/ Lateral Arms

Manufacturer

Sidewall

Longitudinal

Marriage wall

Shearwall

Number

1101-LV

1101-LV

1101-LV

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 1500 psf or check here to declare 1000 lb. soil without testing.

x 1500 x 1500 x 1500

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 1500 x 1500 x 1500

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 require anchors with 4000 lb holding capacity.

Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Gayle Eddy

Date Tested 7/18/12

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. _____

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 152

Site Preparation

Debris and organic material removed Yes
Water drainage: Natural Swale Pad Other

Fastening multi wide units

Floor: Type Fastener: Lags Length: 6" Spacing: 12"
Walls: Type Fastener: sidew Length: 3" Spacing: 12"
Roof: Type Fastener: Lags Length: 6" Spacing: 12"
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 GE

Type gasket Room
Pg. 152
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 Pg. 152
Fireplace chimney installed so as not to allow intrusion of rain water. Yes

Miscellaneous

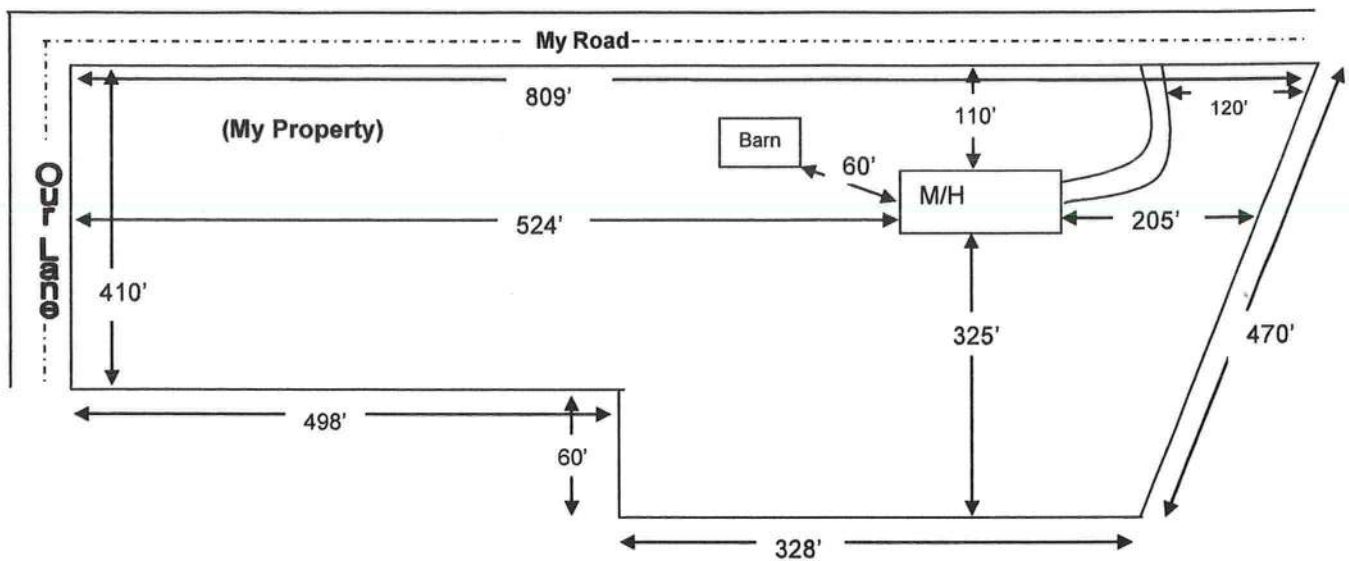
Skirting to be installed. Yes No
Dryer vent installed outside of skirting. Yes No
Range downflow vent installed outside of skirting. Yes No
Drain lines supported at 4 foot intervals. Yes No
Electrical crossovers protected. Yes No
Other:

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

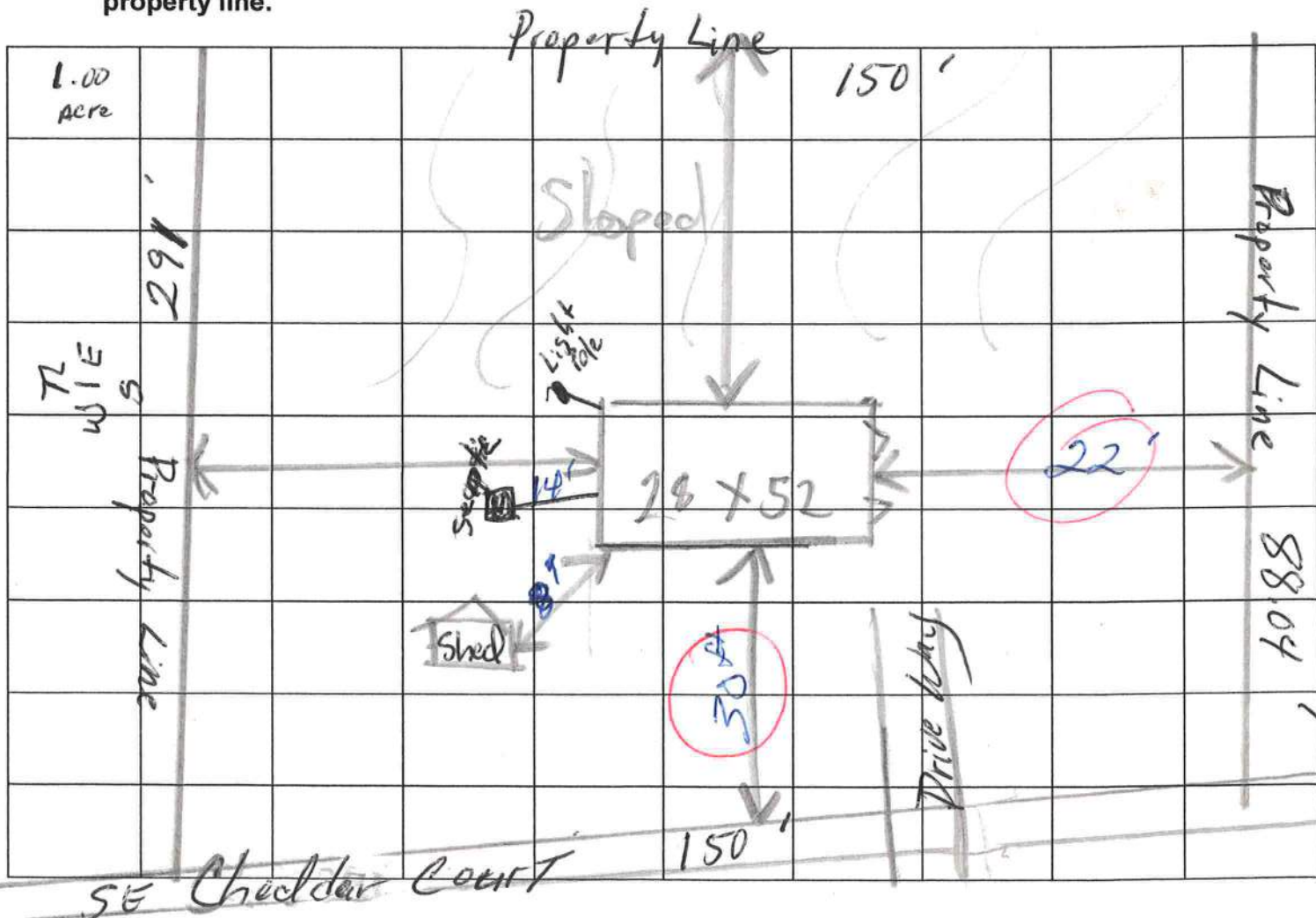
Installer Signature Gayle Eddy

Date 8/10/12

SITE PLAN EXAMPLE / WORKSHEET



Use this example to draw your own site plan. Show all existing buildings and any other homes on this property and show the distances between them, Also show where the roads or roads are around the property. This site plan can also be used for the 911 Addressing department if you include the distance from the driveway to the nearest property line.



MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1208-31 CONTRACTOR Gayle Eddy PHONE 352 494 232

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>Janeasha Taylor</u> License #:	Signature <u>Janeasha Taylor</u> Phone #: <u>386-292-2275</u>
☒ MECHANICAL/ A/C	Print Name <u>Janeasha Taylor</u> License #:	Signature <u>Janeasha Taylor</u> Phone #: <u>386-292-2275</u>
☒ PLUMBING/ GAS	Print Name <u>Janeasha Taylor</u> License #:	Signature <u>Janeasha Taylor</u> Phone #: <u>386-292-2275</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.

Columbia County Property Appraiser

CAMA updated: 6/7/2012

2011 Tax Year

Parcel: 15-4S-17-08355-414

<< Next Lower Parcel Next Higher Parcel >>

Tax Collector

Tax Estimator

Property Card

Parcel List Generator

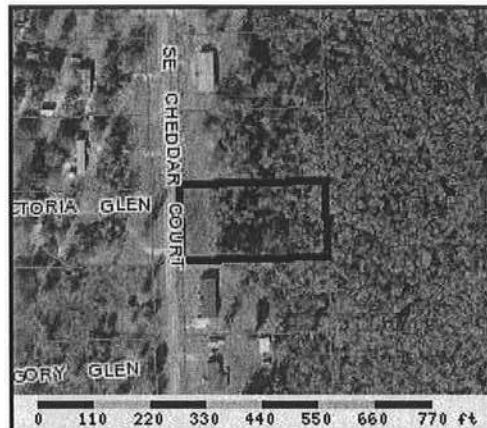
Interactive GIS Map

Print

Search Result: 1 of 1

Owner & Property Info

Owner's Name	SUBRANDY LIMITED PARTNERSHIP		
Mailing Address	P O BOX 513 LAKE CITY, FL 32056		
Site Address	289 SE CHEDDAR CT		
Use Desc. (code)	VACANT (000000)		
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 14 EAGLES RIDGE S/D PHASE 1. AFD 1054-1160, QC 1204-2103			



Property & Assessment Values

2011 Certified Values		
Mkt Land Value	cnt: (0)	\$18,000.00
Ag Land Value	cnt: (1)	\$0.00
Building Value	cnt: (0)	\$0.00
XFOB Value	cnt: (0)	\$0.00
Total Appraised Value		\$18,000.00
Just Value		\$18,000.00
Class Value		\$0.00
Assessed Value		\$18,000.00
Exempt Value		\$0.00
Total Taxable Value	Cnty: \$18,000 Other: \$18,000 Schl: \$18,000	

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
11/1/2010	1204/2103	QC	V	U	12	\$100.00
2/22/2005	1054/1160	AG	V	U	01	\$17,000.00

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)	1 LT	1.00/1.00/1.00/1.00	\$14,400.00	\$14,400.00

Columbia County Property Appraiser

CAMA updated: 6/7/2012

John & Mary

15' UTILITY
EASEMENT
TYP.

20' UTILITY
EASEMENT

SE CHEDDAR COURT

105' W. 896.95'

N 02° 01' 50" W. 300.00'

Jane & Sharon Taylor

1.00 Acres, ±

Beverly Mabon

Arlene Burton

Beverly Mabon

Carol

15' UTILITY
EASEMENT

John & Mary

1.00 Acres, ±

Freddie

15' UTILITY
EASEMENT

John & Mary

1.00 Acres, ±

Jennings

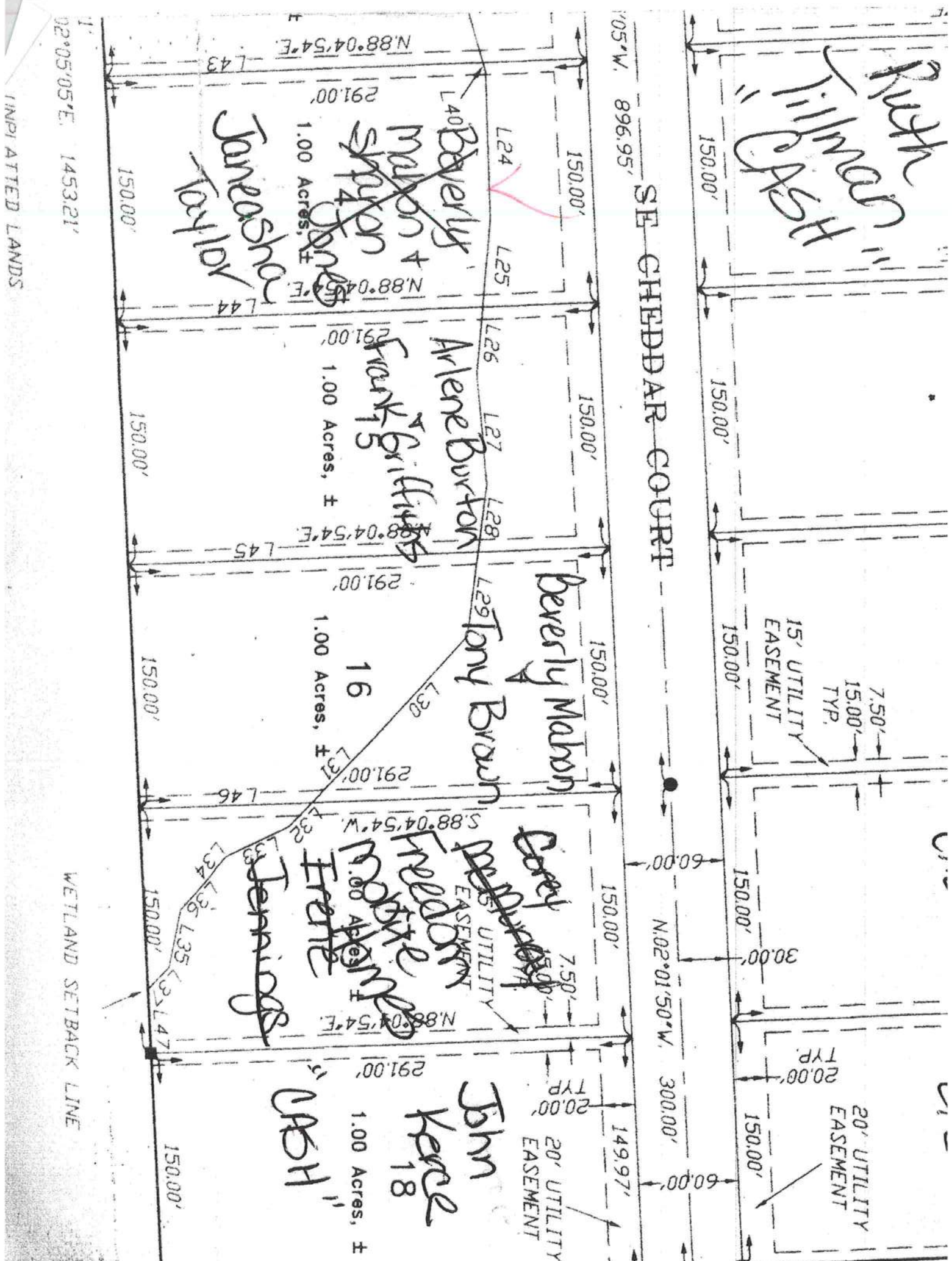
John & Mary

1.00 Acres, ±

UNPLATTED LANDS

02° 05' 05" E. 1453.21'

WETLAND SETBACK LINE



T# 716243125
B# 1646707

Identification Number N87225B	Year 1996	Make KING	Body HS	WT-L-BHP 52	Vessel Regis. No.	Title Number 72427605
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Registered Owner:

Date of Issue **07/13/2012**

GREEN TREE SERVICING LLC
9119 CORPORATE LAKE DR STE 175
TAMPA, FL 33634

Lien Release
Interest in the described vehicle is hereby released
By _____
Title _____
Date _____

IMPORTANT INFORMATION

- When ownership of the vehicle described herein is transferred, the seller **MUST** complete in full the Transfer of Title by Seller section at the bottom of the certificate of title.
- Upon sale of this vehicle, the seller must complete the notice of sale on the reverse side of this form.
- Remove your license plate from the vehicle.
- See the web address below for more information and the appropriate forms required for the purchaser to title and register the vehicle, mobile home or vessel: <http://www.hsmv.state.fl.us/html/titinf.html>

Mail To:

GREEN TREE SERVICING LLC
9119 CORPORATE LAKE DR STE 175
TAMPA, FL 33634

CERTIFICATE OF TITLE

Identification Number N87225B	Year 1996	Make KING	Body HS	WT-L-BHP 52	Vessel Regis. No.	Title Number 72427605
Pro State FL	Color UNK	Primary Brand	Secondary Brand	Motor Brand	Prop	Private PRIVATE
Odometer Status of Vessel Manufacturer or OH use				Hull Material	Prop	Date of Issue 07/13/2012

Registered Owner:

GREEN TREE SERVICING LLC
9119 CORPORATE LAKE DR STE 175
TAMPA, FL 33634

1st Lienholder
NONE

DIVISION OF MOTORIST SERVICES

TALLAHASSEE

FLORIDA

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

Boyd Walton
Director

Julia L. Jones
Executive Director

Control Number **107512714**
3 / 8 107512714

TRANSFER OF TITLE BY SELLER (This section must be completed at the time of sale.)

Federal and/or state law require that the seller state the mileage, purchase name, selling price and date sold in connection with the transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment. This title is warranted to be free from any liens except as noted on the face of the certificate, and the motor vehicle or vessel described is hereby transferred to:

Seller Must Enter Purchaser's Name _____		Address _____	
Seller Must Enter Selling Price _____		Seller Must Enter Date Sold _____	
If we state this: ☐ 5 or ☐ 6 digit odometer (new/used) ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 (no tenths) miles, date read _____ and I hereby certify that to the best of my knowledge the odometer reading is correct.			
☐ 1 reflects ACTUAL MILEAGE ☐ 2 is IN EXCESS OF ITS MECHANICAL LIMITS ☐ 3 is NOT THE ACTUAL MILEAGE			
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE			
SELLER Must Sign Here _____		CO-SELLER Must Sign Here _____	
Print Here _____		Print Here _____	
Selling Dealer's License Number _____		Tax No. _____ Tax Collected _____	
Auction Name _____		License Number _____	
PURCHASER Must Sign Here _____		CO-PURCHASER Must Sign Here _____	
Print Here _____		Print Here _____	

NOTICE: PENALTY IS REQUIRED BY LAW IF NOT SUBMITTED FOR TRANSFER WITHIN 30 DAYS AFTER DATE OF PURCHASE.

STATE OF FLORIDA

T# 716242982

B# 1646707

Identification Number N87225A	Year 1996	Make KING	Body HS	WT-L-BHP 52'	Vessel Regis. No.	Title Number 72427604
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Registered Owner:

Date of Issue

07/13/2012

GREEN TREE SERVICING LLC
9119 CORPORATE LAKE DR STE 175
TAMPA, FL 33634

Lien Release
Interest in the described vehicle is hereby released
By _____
Title _____
Date _____

IMPORTANT INFORMATION

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4. See the web address below for more information and the appropriate forms required for the purchaser to title and register the vehicle, mobile home or vessel: <http://www.hsmv.state.fl.us/tm/titinf.html>

Mail To:

GREEN TREE SERVICING LLC
9119 CORPORATE LAKE DR STE 175
TAMPA, FL 33634

CERTIFICATE OF TITLE

Identification Number N87225A	Year 1996	Make KING	Body HS	WT-L-BHP 52'	Vessel Regis. No.	Title Number 72427604
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Prev State FL	Color UNK	Primary Brand	Secondary Brand	No of Brands	Use PRIVATE	Prev Issue Date 04/27/1999
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Odometer Status or Vessel Manufacturer's Use	Hull Material	Prop	Date of Issue 07/13/2012
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Registered Owner

GREEN TREE SERVICING LLC
9119 CORPORATE LAKE DR STE 175
TAMPA, FL 33634

1st Lienholder
NONE

DIVISION OF MOTORIST SERVICES

TALLAHASSEE

FLORIDA

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

Boyd Walden
Director

Julie Jones
Executive Director

Control Number 107512713
3 / 8 107512713

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Seller Must Enter Purchaser's Name

Address

Seller Must Enter Selling Price

Seller Must Enter Date Sold

If we state that this ☐ 5 or ☐ 6 digit odometer now reads ☐ (no tenths) miles, date read

and I hereby certify that to the best of my knowledge the odometer reading

☐ 1. reflects ACTUAL MILEAGE☐ 2. is IN EXCESS OF ITS MECHANICAL LIMITS☐ 3. is NOT THE ACTUAL MILEAGE

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE

SELLER Must

CO-SELLER Must

Sign Here

Sign Here

Print Here

Print Here

Selling Dealer's License Number

Tax No.

Tax Collected

Auction Name

License Number

PURCHASER Must

CO-PURCHASER Must

Sign Here

Sign Here

Print Here

Print Here

NOTICE: PENALTY IS REQUIRED BY LAW IF NOT SUBMITTED FOR TRANSFER WITHIN 30 DAYS AFTER DATE OF PURCHASE

5/13/04 Thomas

STATE OF FLORIDA



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, Gayle Eddy, give this authority for the job address show below
Installer License Holder Name
only, 3371 172ND ST. Lake ~~City~~ ^{City}, 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)
<u>Wilbert Austin</u>	<u>Wilbert Austin</u>	☐ 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.

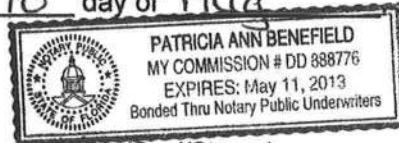
Gayle Eddy TH1025339 8-10-12
License Holders Signature (Notarized) License Number Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Union

The above license holder, whose name is Gayle Eddy, personally appeared before me and is known by me or has produced identification (type of I.D.) personally known on this 10 day of Aug, 2012.

Patricia Benefield
NOTARY'S SIGNATURE



(Seal/Stamp)

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

1208-31

COUNTY THE MOBILE HOME IS BEING MOVED FROM SWANSEE
OWNERS NAME Janeasha Taylor PHONE 386-292-2276 CELL
INSTALLER Gayle Eddy PHONE 352-494-2326 CELL
INSTALLERS ADDRESS 10237 SW 40TH Terr Lake Butler FL 32054

MOBILE HOME INFORMATION

MAKE Mobility YEAR 1996 SIZE 28 X 52
COLOR Grey SERIAL No. D87225-A&B
WIND ZONE 2 SMOKE DETECTOR

INTERIOR:
FLOORS Good
DOORS Good
WALLS Good
CABINETS Good
ELECTRICAL (FIXTURES/OUTLETS) Good

EXTERIOR:
WALLS / SIDING Good
WINDOWS Good
DOORS Good

INSTALLER: APPROVED ☒ NOT APPROVED ☐

INSTALLER OR INSPECTORS PRINTED NAME

Installer/Inspector Signature Gayle Eddy License No. TH1025339 Date 8/18/12

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 Angie Allen Date 8-10-12



1208-31

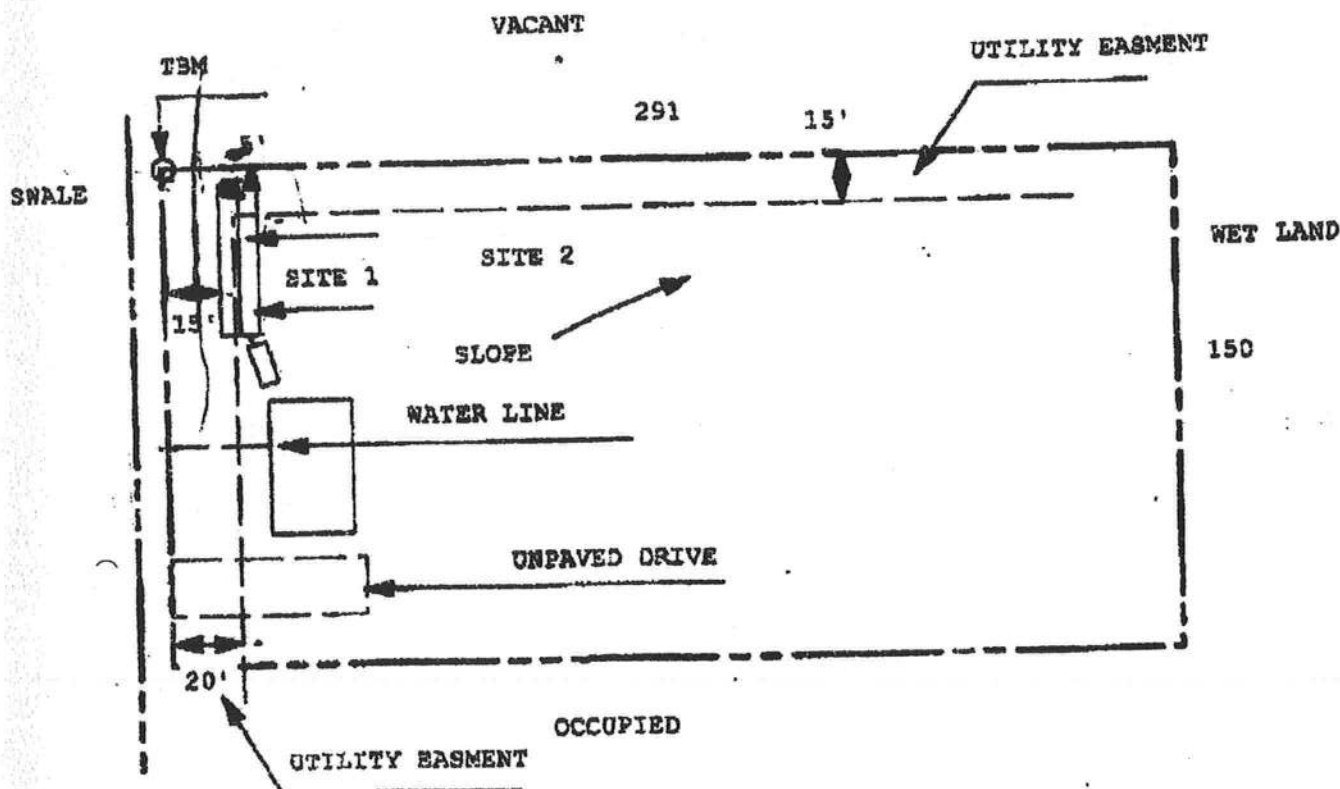
Application for Onsite Sewage Disposal System Construction Permit. Part II Site Plan

Permit Application Number: 12-0167

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT

CR# 10-5403

NORTH ↑



1 inch = 50 feet

Site Plan Submitted By Paul Kelly Date 2/29/12
 Plan Approved ☒ Not Approved ☐ Date _____
 By Sallie Ford Env Health Director CPHU
 Notes: Columbia



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM

APPLICATION FOR CONSTRUCTION PERMIT

CR # 10-5403

PERMIT NO. 12-0167
DATE PAID: 3/20/12
FEE PAID: 3500
RECEIPT #: 153898

APPLICATION FOR:

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

APPLICANT: JANEASHA TAYLOR & FRANKIE GAINES

AGENT: PAUL LLOYD

TELEPHONE: _____

MAILING ADDRESS: 380 DOUBLE RUN RD.

LAKE CITY

FL 32055

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3) (a) 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: 14 BLOCK: N/A SUBDIVISION: EAGLES RIDGE UNIT 1

PLATTED: 2/14/12

PROPERTY ID #: 15-45-17-08366-414

ZONING: RES I/M OR EQUIVALENT: [NO]

PROPERTY SIZE: 1.000 ACRES WATER SUPPLY: [] PRIVATE PUBLIC [] <=2000GPD [X] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [NO]

DISTANCE TO SEWER: N/A FT

PROPERTY ADDRESS: 289 SE CHEDDAR CT. LAKE CITY

DIRECTIONS TO PROPERTY:

90 EAST TURN RIGHT ON HWY 100, TURN RIGHT ON PRICE CREEK RD., TURN RIGHT ON SHARON LN., TURN LEFT ON BONNIE RD., TURN RIGHT ON BENNIE LN., TURN LEFT ON CHEDDAR CT. LOT ON LEFT.

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	MOBILE HOME	3	960	Held for signed site plan Rec'd 3-29-12
2				
3				
4				

[] Floor/Equipment Drains [] Other (Specify) _____

SIGNATURE: Paul LloydDATE: 3/20/12

1208-31

AFFIDAVIT

**STATE OF FLORIDA
COUNTY OF COLUMBIA**

This is to certify that I, (We), Subrandy Limited Partnership
owner of the below described property:

Tax Parcel No. R08355 - 414

Subdivision (name, lot, block, phase) LOT 14, Eagles Ridge Ph. 1

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

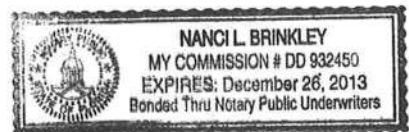
I (We) understand that this could result in an assessment for solid waste and fire
protection services levied on this property.

Bradley N. Dick
Owner

Owner

SWORN AND SUBSCRIBED before me this 22nd day of August,
20 12. This (these) person(s) are personally known to me or produced
ID _____

Nanci Brinkley
Notary Signature



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: 8/22/2012 DATE ISSUED: 9/5/2012

ENHANCED 9-1-1 ADDRESS:

289 SE CHEDDAR CT
LAKE CITY FL 32025

PROPERTY APPRAISER PARCEL NUMBER:

15-4S-17-08355-414

Remarks:

ADDRESS FOR PROPOSED STRUCTURE ON PARCEL.

Address Issued By: SIGNED: / RONAL N. CROFT
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.**

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 8-6-12 BY UH 1208-46 IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? No
OWNERS NAME Janeasha Taylor PHONE 386-292-2275 CELL
ADDRESS 3373 172nd L/O Luella Thomas Lake City, FL 32085
MOBILE HOME PARK _____ SUBDIVISION Eagles Ridge
DRIVING DIRECTIONS TO MOBILE HOME GO 90 E to 700 To Price Creek Rd Lt
2 miles to Rt on Sharon to Bonnie Lt
To Bonnie Rt to Cheddar Lt this 1st on (2)
MOBILE HOME INSTALLER Gayle Eddy PHONE 352-494-2326 CELL 21
MOBILE HOME INFORMATION
MAKE Mobility Homes YEAR 1996 SIZE 28 x 52 COLOR GREY
SERIAL No. 7187225 AEB
WIND ZONE 2 Must be wind zone II or higher NO WIND ZONE I ALLOWED

INSPECTION STANDARDS

INTERIOR:

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

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

EXTERIOR:

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

STATUS

APPROVED ✓ WITH CONDITIONS: _____

NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE Jay C... ID NUMBER 304 DATE 9-10-12