PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

| E | For Office Use Only (Revised 7-1-15) Zoning Official Building Official Building Official |
|-----|---|
| | P# 18(167 Date Received 18 By 10 Permit # 36264 |
| | lood Zone X Development Permit Zoning H3 Land Use Plan Map Category |
| C | Comments |
| FI | EMA Map# Elevation Finished Floor River In Floodway |
| 1 | Recorded Deed or Property Appraiser PO 1816 Plan FEH#18-0039 Well letter OR |
| X | Existing well Land Owner Affidavit Installer Authorization FW Comp. letter App Fee Paid |
| | DOT Approval Parent Parcel # STUP-MH STUP-MH |
| W | Ellisville Water Sys Assessment Paid on Property Out County In County Sub VF Form |
| | Elisable vales dys E Assessment and on Floperty E out country Elisabeth Form |
| | |
| Pro | perty ID # 02-6S-15-00504-113 Subdivision Southland Trails unr Lot# 13 |
| • | New Mobile Home X Used Mobile Home MH Size 28 x 48 Year 2018 |
| | Applicant Dale Burd or Rocky Ford or Kimberly Koon Phone # 386-497-2311 |
| | Address 546 SW Dortch Street, Fort White, FL, 32038 |
| _ | Name of Property Owner Curt Lux Phone# 727-808-5051 |
| • | 911 Address 727 Sw Maryann fin fort white for 32038 |
| | Circle the correct power company - FL Power & Light - (Clay Electric) |
| | (Circle One) - Suwannee Valley Electric - Duke Energy |
| | |
| • | Name of Owner of Mobile Home Same Phone # Same |
| | Address1946 SW Loncala Loop, FW, FL, 32038 |
| | Relationship to Property Owner Same |
| | Current Number of Dwellings on Property 0 |
| | 004 000 |
| • | |
| • | Do you : Have Existing Drive (Currently using) or Private Drive or need Culvert Permit (Putting in a Culvert) or Culvert Waiver (Circle one) (Not existing but do not need a Culvert) |
| | Is this Mobile Home Replacing an Existing Mobile Home No |
| | Driving Directions to the Property 47 South, TR CR 240, TL CR 238 (Ichetucknee Ave), TR |
| | Elim Church Road, Bare right Old Spanish Road, TR Kinsey Springs Terr, TL Mary Ann |
| | Glen, To end on left |
| | |
| | Name of Licensed Dealer/Installer Brent Strickland Phone # 386-365-7043 |
| | Installers Address 1294 Hamp Farmer Road, Lake City, FL, 32055 |
| • | License Number IH-1104218 Installation Decal # 43504 |

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

| | Home is installed in accordance with Rule 15-C | Single wide | Serial # 33 | PIER SPACING TABLE FOR USED HOMES | der 16" x 16" 18 1/2" x 18 20" x 20" 22" ze (256) 1/2" (342) (400) (4 | | P. S. G. | POPULAR PAD SI | ze /6/16 16×16 | Other pier pad sizes 2427 18.5 342 (required by the mfg.) 2427 18.5 350 17.722 374 | 20 × 20 112 × 25 172 | List all marriage wall openings greater than 4 foot 26 26 676 and their pier pad sizes below. | Opening Pier pad size | within 2' of end of home spaced at 5' 4" oc | Longitudinal Stabilizing Device (LSD) Longitudinal Stabilizing Device (LSD) Longitudinal Stabilizing Device w' Leferal Arms Marriage wall Manufacturer Longitudinal Stabilizing Device w' Leferal Arms Marriage wall |
|--|--|---|---|--|--|---|--|----------------|----------------|--|--|---|-----------------------|---|--|
| Installer Boot Skickland License # 141104218 | 911 Address where | Manufacturer Tour Hove Length xwidth 28 X48 | f home is a single wide fill our on I home is a triple or quad wide sl | I understand Lateral Arm Systems cannot be used on any home (new or used) where the sidewall ties exceed 5 ft 4 in | Typical pier spacing > Installer's initials | Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations) | | | | | marriage well piers withing 2 cand or home pay Rolle 15C | | | MODULINA All Steel System | 20 5 77 C |

| Debris and organic material removed Water drainage: Natural Swale Fastenting multi wide units Floor: Type Fastener: \$\frac{4}{2} \frac{5}{2} \frac{1}{2} \frac | i understand a property 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 poorty installed or no gasket being installed. I understand a strip of tape will not serve as a gasket. Installed: Eletween Floors Yes Between Walls Yes Between 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 | Skirting to be installed Yes No Dryer vent installed outside of skirting. Yes N/A Range downflow vent installed outside of skirting. Yes Drain lines supported at 4 foot intervals. Yes Electrical crossovers protected. Yes |
|---|---|---|--|
| The pocket penetrometer tests are rounded down to psf or check here to declare 1000 lb. soil without testing. | X / 2 o x X / S | 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 the points where the torque test reading is 275 or less and where the mobile home manufacturer may requires anchors with 4000 lb polding capacity. Installer's initials ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER | Installer Name Date Tested LOT - 18 |

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

Date

D

Installer Signature

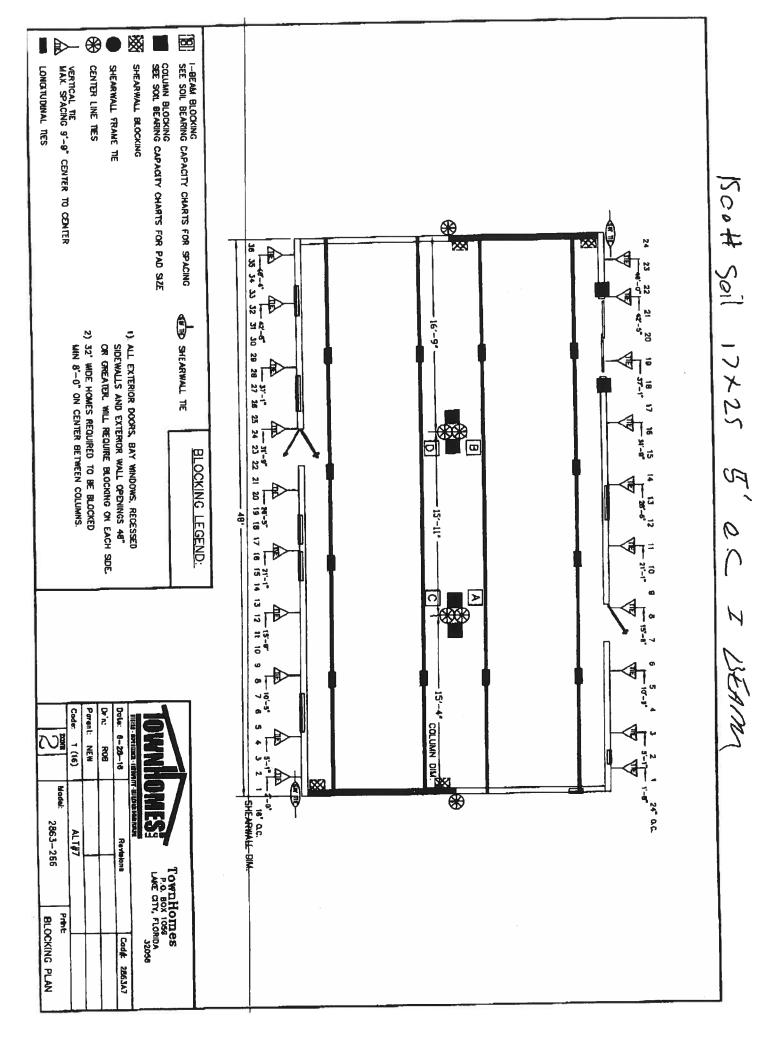
Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg.

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

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

Electrical

Plumbing



MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

| APPLICATION NUMBER _ | 1801-67 | CONTRACTOR | Brent Stickland | PHONE 386-365-7043 |
|----------------------|------------------|-----------------|---|--------------------|
| | THIS FORM MUST B | E SUBMITTED PRI | OR TO THE ISSUANCE OF A PERMIT | Lux |
| · | • | | k at the permitted site. It is <u>KE</u> ific work under the permit. Per | |

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

Ordinance 89-6, a contractor shall require all subcontractors to provide evidence of workers' compensation or

start of that subcontractor beginning any work. Violations will result in stop work orders and/or fines.

| ELECTRICAL | Print Name Micheal Reader / Madison Services Signature | | | | |
|--|--|-----------------------|--|--------|-----------------------|
| 1330 | License #: <u>EC13002315</u> | Phone #: 850-973-0111 | | | |
| 1528 | Qualifier Form Attached | X | | | |
| MECHANICAL/ Print Name Michael Boland / Ace A/C of Ocala Signature | | | | | |
| | | | | A/c950 | License #: CAC1817716 |
| | Qualifier Form Attached X | | | | |

Qualifier Forms cannot be submitted for any Specialty License.

| 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.

Revised 10/30/2015



COLUMBIA COUNTY BUILDING DEPARTMENT 135 NE Hemando Ave. Suite B-21. Lake City. FL 32055

Phone: 386-758-1008 Fax: 386-758-2160

| LICENSED QUALIFII | ER AUTHORIZATION | | | | |
|--|--|--|--|--|--|
| 1. MyhARIA LOLAND | (license holder name). licensed qualifier | | | | |
| for 1 CE FIL DOCKE | (company name), do certify that | | | | |
| the below referenced person(s) listed on this for holder, or is/are employed by me directly or throughout officer of the corporation; or, partner as defined person(s) is/are under my direct supervision and sign permits, call for inspections and sign subcompany. | ough an employee leasing arrangement; or, is an in Florida Statutes Chapter 468, and the said discontrol and is/are authorized to purchase and | | | | |
| Printed Name of Person Authorized | Signature of Authorized Person | | | | |
| 1. DALE BAN | 1.47 | | | | |
| 2. Kally Dishap | 2. Kelly Bishop | | | | |
| 3. Love, take | 3. feelight -/ cl | | | | |
| 4. | 4. | | | | |
| 5. | 5. | | | | |
| under my license and fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances. I understand that the State and County Licensing Boards have the power and authority to discipline a license holder for violations committed by him/her, his/her agents, officers, or employees and that I have full responsibility for compliance with all statutes, codes and ordinances inherent in the privilege granted by issuance of such permits. If at any time the person(s) you have authorized is/are no longer agents, employee(s), or officer(s), you must notify this department in writing of the changes and submit a new letter of authorization form, which will supersede all previous lists. Failure to do so may allow unauthorized persons to use your name and/or license number to obtain permits. | | | | | |
| Licensed Qualiflers Signature (Notarized) | License Number Date 117/15 | | | | |
| NOTARY INFORMATION STATE OF VICE COUNTY OF MILES | | | | | |
| The above license holder, whose name is McCocc A. Portion personally appeared before me and is known by me or has produced identification (type of ID) on this day of | | | | | |
| NOTARY'S SIGNATURE | (Seal/Stamp) | | | | |
| | AMANDA FLOOD MY COMMISSION # FF 106012 EXPIRES April 5, 2018 Bondad Thru Notary Public Underwrers | | | | |



COLUMBIA COUNTY BUILDING DEPARTMENT

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

| TOUR | | | | | |
|---|--|--|--|--|--|
| UCENSED QUALIFIE | ER AUTHORIZATION | | | | |
| 1. MichARI CARLER | (license holder name), licensed qualifier | | | | |
| for MACHEM FENCES LLC | (company name), do certify that | | | | |
| the below referenced person(s) listed on this for holder, or is/are employed by me directly or thro officer of the corporation; or, partner as defined person(s) is/are under my direct supervision and sign permits; call for inspections and sign subco | ugh an employee leasing arrangement, or, is an in Florida Statutes Chapter 468, and the said I control and is/are authorized to purchase and | | | | |
| Printed Name of Person Authorized | Signature of Authorized Person | | | | |
| 1. Rock) Form | 1. Books D. Fol | | | | |
| 2. DALERSING | 2. | | | | |
| 3. | 3. | | | | |
| 4. | 4. | | | | |
| 5. | 5. | | | | |
| I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances. I understand that the State and County Licensing Boards have the power and authority to discipline a license holder for violations committed by him/her, his/her agents, officers, or employees and that I have full responsibility for compliance with all statutes, codes and ordinances inherent in the privilege granted by issuance of such permits. | | | | | |
| If at any time the person(s) you have authorized officer(s), you must notify this department in write authorization form, which will supersede all prevunauthorized persons to use your name and/or | rious lists. Failure to do so may allow | | | | |
| Licensed Qualifiers Signature (Notarized) | License Number Date | | | | |
| NOTARY INFORMATION: STATE OF: COUNTY OF | : Columbia | | | | |
| The above license holder, whose name is personally appeared before me and is known by (type of I.D.) | y me or has produced identification this 2 day of ///// , 20/5 | | | | |
| Helly Bishop | (Seal/Stamp) | | | | |

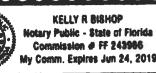
KELLY R BISH

Notary Public - State of Florida Commission & FF 243966 My Comm. Expires Jun 24, 2019



COLUMBIA COUNTY BUILDING DEPARTMENT 135 NE Hernando Ave, Suite B-21, Lake City, FL 32055

| Phon | e: 386-758-1008 Fax: 386-758-2 | 2160 | | | |
|--|---|--|--|--|--|
| MOBILE HON | ME,INSTALLERS AGENT AUTH | IORIZATION | | | |
| 1. Size TSTRICK IAN Installers Name | give this authority a | nd I do certify that the below | | | |
| referenced person(s) listed on t | his form is/are under my direct sup | pervision and control and | | | |
| is/are authorized to purchase po | ermits, call for inspections and sign | n on my behalf. | | | |
| Printed Name of Authorized Person | Signature of Authorized Person | Agents Company Name | | | |
| Poch Ford | lock, D7 | ADB CONST | | | |
| Poch Ford DALE Bird | and the second | Adblonsi | | | |
| | | | | | |
| I, the license holder, realize that under my license and I am fully | t I am responsible for all permits presponsible for compliance with a | urchased, and all work done Il Florida Statutes, Codes, and | | | |
| Local Ordinances. | | | | | |
| I understand that the State Lice | ensing Board has the power and a | uthority to discipline a license | | | |
| | by him/her or by his/her authorize | | | | |
| document and that I have full responsibility for compliance granted by issuance of such permits. | | | | | |
| | | | | | |
| Sout from | THIO License N | 4/14/16 | | | |
| License Holders Signature (Notarized) License Number Date | | | | | |
| NOTARY INFORMATION: STATE OF: Florida COUNTY OF: Columbia | | | | | |
| The above license holder, whose name is <u>FREST STRUCK</u> And personally appeared before me and is known by me or has produced identification (type of I.D.) <u>F</u> on this <u>/4</u> day of <u>ADM</u> , 20/ <u>B</u> . | | | | | |
| NOTARY SIGNATURE (Seal/Stamp) | | | | | |
| 777 | • | | | | |



Prepared by:

Harings Title Services of North Florida, Inc. 201 Parabley Storet S.W. Live Cak, Florida 32064

Pile Number: 17-0409

Inst: 2020/2000/22 Sate: 01/02/0000 Time: 30/02/01 Page I of 2 St: 2350 Pr 2000, P.Dewert Cross, Clerk of Court Colombia, County, Spr. PT Pagesty Chapither Stepse-Pagin 9/70

Burry A. Baker Clerk, Summinee County Clerk of the Circuit Court FileR2017198005 OR: 2023 PG: 469 Pagett: 1 of 2 WD Rec: 12/28/2017 11:27 AM Doc. D \$246.60

General Warranty Deed

Made this December 27, 2017 A.D. By John R. Devine, and Maryanne Devine, husband and wife, whose post office address is: 3372 SW 179th Avenue, Miramac, Horida 33029, hereinsfire called the guarant, to Caut M. Lor, and Kndrless M. Lor, husband and wife, whose post office address is: 1946 SW Loncals Loop, Port Walts, Florida 32038, hereinsfire called the guarant.

(Whenever total herein the new "genera" and "genera" lockeds of the parties to this instrument and the John, lagal expenses total analysis of individuals, and the succession and entires of conjugately and the succession and entires of conjugately.

Wifmesseth, that the gramm, for and in consideration of the som of Ten Dollars, (\$10.00) and other valuable considerations, receipt whereof is harsby solchowindged, hersby grants, beguins, tells, allient, remises, releases, conveys and confiness that other curvain land situate in Columbia County, Florida, vis:

LOT 13 OF SOUTHLAND TRAILS, AN UNRECORDED SUBDIVISION: A PARCEL OF LAND LYING IN SECTION 2. TOWNSHIP 6 SOUTH, RANGE 15 BAST. COLUMBIA COUNTY, FLORIDA, BEING MORE PARTICULARLY DESCRIBED AS POLLOWS:

COMMINCE AT THE NORTHEAST CORNER OF THE WEST HALF OF SAID SECTION 2; THENCE RUN SOUTH 01°05'04" EAST FOR A DISTANCE OF 3318.62 FEET TO A SET 1/2" IRON ROD, STAMPED LB 6894; THENCE RUN SOUTH 88°31'14" WEST FOR A DISTANCE OF 1988.84 FEET TO A SET 1/2" IRON ROD, STAMPED LB 6894 AND THE POINT OF BEGINNING; THENCE RUN SOUTH 01°05'11" BAST FOR A DISTANCE OF 664.86 FEET TO A SET 1/2" IRON ROD, STAMPED LB 6894; THENCE RUN SOUTH 88°38'49" WEST FOR A DISTANCE OF 663.99 FEET TO A CONCRETE MONUMENT, STAMPED LB 2392; THENCE RUN NORTH 01°01'25" WEST FOR A DISTANCE OF 663.40 FEET TO A SET 1/2" IRON ROD, STAMPED LB 6894; THENCE RUN NORTH 88°31'14" EAST FOR A DISTANCE OF 662.87 FEET TO THE POINT OF BEGENNING.

SUBJECT TO AND TOGETHER WITH AN EASEMENT FOR INGRESS AND EGRESS AND PUBLIC UTILITIES BEING MORE PARTICULAR DESCRIBED AS FOLLOWS:

COMMENCE AT THE NORTHEAST CORNER OF THE WEST HALF OF SAID SECTION 2; THENCE SOUTH 01°05'06" EAST FOR A DISTANCE OF 1988.43 FEET TO A CONCRETE MONUMENT, STAMPED LB 2392; THENCE SOUTH 88°39'46" WEST FOR A DISTANCE OF 1322.79 FEET TO A CONCRETE MONUMENT, STAMPED LB 2392 AND THE POINT OF BEGINNING; THENCE SOUTH 88°54'49" WEST FOR A DISTANCE OF 30.00 FEET; THENCE NORTH 01°05'11" WEST FOR A DISTANCE OF 636.12 FEET; THENCE SOUTH 88°31'14" WEST FOR A DISTANCE OF 636.06 FEET: THENCE NORTH 01°05'11" WEST FOR A DISTANCE OF 60.00 FEET; THENCE NORTH 88°31'14" EAST FOR A DISTANCE OF 636.06 FEET; THENCE NORTH 01°05'11" WEST FOR A DISTANCE OF 1266.35 FEBT; THENCE SOUTH 88°31'14" WEST FOR A DISTANCE OF 636.06 FEBT; THENCE NORTH 01°05'11" WEST FOR A DISTANCE OF 60.00 FEET; THENCE NORTH 88°31'14" HAST FOR A DISTANCE OF 1327.48 FEET; THENCE SOUTH 01°05'11" EAST FOR A DISTANCE OF 60.00 FEET; THENCE SOUTH 88°31'14" WEST FOR A DISTANCE OF 631.43 FEET; THENCE SOUTH 01°05'11" BAST FOR A DISTANCE OF 1266.35 FEBT; THENCE NORTH 88°31'14" BAST FOR A DISTANCE OF 631.43 FEET; THENCE SOUTH 01°05'11" EAST FOR A DISTANCE OF 60.00 FEET; THENCE SOUTH 88°31'14" WEST FOR A DISTANCE OF 631.43 FEET; THENCE SOUTH 01°05'11" BAST FOR A DISTANCE OF 606.40 FEET; THENCE NORTH 88°39'46" EAST FOR A DISTANCE OF 30.00 FEET; THENCE SOUTH 01°04'52" EAST FOR A DISTANCE OF 1337.83 FEET TO THE NORTH RIGHT-CF-WAY LINE OF OLD BELLAMY ROAD (60 R/W); THENCE ALONG SAID RIGHT-OF-WAY LINE SOUTH 87"54"25" WEST FOR A DISTANCE OF 59.86 FEET; THENCE NORTH 01°05'16" WEST FOR A DISTANCE OF 1308.62 FEBT TO THE POINT OF BEGINNING.

DRED Inchidual Warranty Deed With Mon-Housesteed-Legal on Pare

Dependable Well Drilling

2139 NW 50TH ST BELL, FL 32619

(C) 352-225-1618

(F) 386-935-0087

1/18/2018

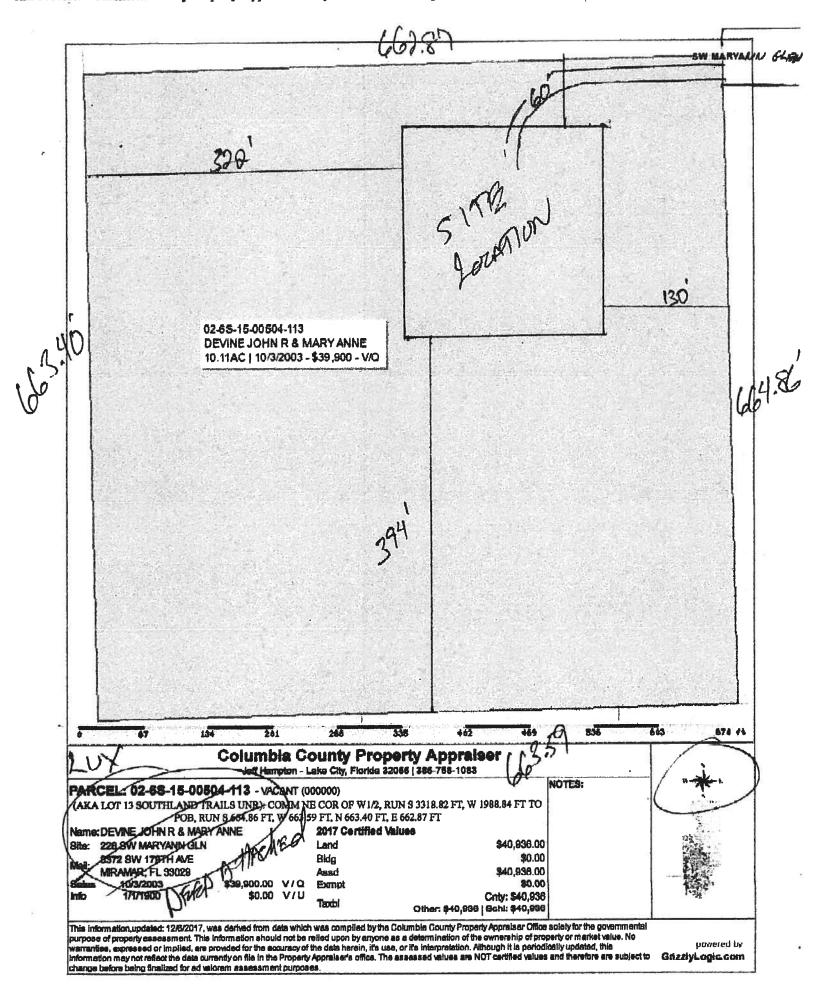
| To: Columbia County Building Department | | | | | | |
|--|---|--|--|--|--|--|
| Description of well to be installed for Customer: Located at Address: MACY AND OFFICE LOCATED TO SERVICE AND OFFICE AN | | | | | | |
| | 1 hp 15 GPM Submersible Pump, 1 ¼" drop pipe, 86 gallon captive tank and back | | | | | |
| flow prevention, With | SRWMD permit. | | | | | |
| Much | mit | | | | | |
| Sincerely | | | | | | |
| Randy Smith | | | | | | |

STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

| | Permit Ap | Permit Application Number | | | | |
|--------------------------|--|---------------------------|--|--|--|--|
| Ly | PART II - SITEPLAN/ | | | | | |
| Scale: 1 inch = 40 feet. | DRIME | 100 WH | | | | |
| | 123 | पर्व 60 | | | | |
| | [4,7] | 96'8" | | | | |
| et e | Single Si | 8m 18 30' | | | | |
| Notes: 1 of 10.1 | 1 Acres SER ATTA | chred | | | | |
| NO PERTINENT AMP | CONSIDER WITHIN 75 OF | - SEOPENA LINES | | | | |
| Site Plan submitted by: | Not Approved | MASTER CONTRACTOR Date | | | | |
| Ву | | County Health Department | | | | |

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



District No. 1 - Ronald Williams District No. 2 - Rusty DePratter District No. 3 - Bucky Nash District No. 4 - Everett Phillips District No. 5 - Tim Murphy



Address Assignment and Maintenance Document

To maintain the county wide 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 addressing 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 Services 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/Time Issued:

1/23/2018 9:54:37 AM

Address:

222 SW MARYANN Gln

City:

FORT WHITE

State:

FL

Zip Code

32038

Parcel ID

00504-113

REMARKS: Address for proposed structure on parcel.

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

Address Issued By:

Signed:/ Matt Crews

Columbia County GIS/911 Addressing Coordinator

COLUMBIA COUNTY 911 ADDRESSING / GIS DEPARTMENT

263 NW Lake City Ave., Lake City, FL 32055 Email: gis@columbiacountyfla.com

Telephone: (386) 758-1125

By_

STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT Permit Application Number_ - PART II - SITEPLAN -Scale: 1 inch = 40 feet. 114 60 123 147 מיז צ Notes: MASTER CONTRACTOR Site Plan submitted by Not Approved Plan Approve County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



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

| PERMIT NO. | 18-0039 |
|------------|--------------|
| DATE PAID: | - IIICALLE ' |
| FEE PAID: | 1314.00 |
| RECEIPT #: | 1753911 |

| APPLICATION FOR: [X] New System [] Ex [] Repair [] Ab | isting System | | Holding Tank Temporary | [] Innovati | .ve |
|---|----------------------------------|----------|---------------------------|-----------------|--------|
| APPLICANT: Curt Lux | | 1000000 | | | |
| AGENT: ROCKY FORD, A & B CONSTRUCTION TELEPHONE: 386-497-2311 | | | | | |
| MAILING ADDRESS: 546 SW Dortch Street, FT. WHITE, FL, 32038 | | | | | |
| 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 FLATTED (DM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS. | | | | | |
| PROPERTY INFORMATION | | | | | |
| LOT: 13 BLOCK: na 8 | | | | | |
| PROPERTY ID #: 02-068-15-00504-113 ZONING: AT 1/M OR EQUIVALENT: [Y N] | | | | | |
| PROPERTY SIZE: 10.11 ACRES WATER SUPPLY: (X) PRIVATE PUBLIC []<=2000GFD []>2000GFD | | | | | |
| IS SEWER AVAILABLE AS PER 381.0065, FS? [Y/N] DISTANCE TO SEWER:FT | | | | | |
| PROPERTY ADDRESS: 226 SW Maryann Glen, Fort White, FL, 32038 | | | | | |
| DIRECTIONS TO PROPERTY: 47 South, TR CR 240, TL CR 238 (Ichatucknee AVe, TR Elim | | | | | |
| Church Road, Bare right Old Spanish Road, TR Kinsey Springs Terr, TL Maryann Glan | | | | | |
| To end on left | | | | | |
| BUILDING INFORMATION | [X] RESIDENTIAL | | [] COMMERCI | AL | |
| Unit Type of No Establishment | No. of Buildi Bedrooms Area S | | | | Design |
| SF Residential | 31280 | | | | |
| 3 | | | | | 6 Az - |
| [] Floor/Equipment Drains | Other (Sp | ecify) _ | | 444.4 | |
| SIGNATURE: Koch | 1-5 | | | DATE: 1/15/2018 | |
| DR 4015, 08/09 (Obsolutes pro | vious editions wh | ich may | not be used) | | |

DH 4015, 08/01

Incorporated 64E-6.001, FAC