

DATE 12/07/2010

Columbia County Building Permit
This Permit Must Be Prominently Posted on Premises During Construction**PERMIT**
000029048

APPLICANT TARA HOWELL PHONE 386-984-7976
ADDRESS 8383 150TH STREET LIVE OAK FL 32060
OWNER MARSHA & GEORGE BYERS PHONE 386-315-0082
ADDRESS 1079 SW KNETUCKY ST FORT WHITE FL 32038
CONTRACTOR TERRY THRIFT PHONE 386-623-0115
LOCATION OF PROPERTY 47 S, R 27, L RIVERSIDE, L UTAH, R NEWARK, LEFT
ON KENTUCKY, THEN 2ND HOME ON LEFT
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 AG-3 MAX. HEIGHT 35
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 24-6S-15-01434-052 SUBDIVISION THREE RIVERS ESTATES
LOT 52 BLOCK 1 PHASE UNIT 23 TOTAL ACRES 1.00

IH1025139
Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor
EXISTING 10-0522 BK TC N
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: FLOOR ONE FOOT ABOVE THE ROAD
SECTION 2.3.1 NON-CONFORMING LOT, REPLACING UNIT

Check # or Cash CASH**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 \$ 250.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 0.00 WASTE FEE \$
FLOOD DEVELOPMENT FEE \$ FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$ **TOTAL FEE** 325.00
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

WIND ZONE ISSUE
RESOLVED
II

For Office Use Only (Revised 1-10-08) Zoning Official BLK 24.11.10 Building Official TC 11-24-10
 AP# 1011-36 Date Received 11/22 By JW Permit # 29048
 Flood Zone X Development Permit N/A Zoning A-3 Land Use Plan Map Category A-3
 Comments Section 2.3.1 Non-conforming Lot

FEMA Map# N/A Elevation N/A Finished Floor 1' above River N/A In Floodway N/A

☒ Site Plan with Setbacks Shown ☐ EH # N/A ☒ EH Release ☒ Well letter ☐ Existing well

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

☐ Parent Parcel # N/A ☐ STUP-MH N/A ☐ F W Comp. letter

IMPACT FEES: EMS N/A Fire N/A Corr N/A Road/Code N/A

☒ School N/A = TOTAL Impact Fees Suspended March 2009 IC ☒

Property ID # R01434-052 Subdivision LOT 52 BLK I UNIT 23 3 RIVERS ESTATES

☐ New Mobile Home ☒ Used Mobile Home George M. McNeal MH Size 14x52 Year 1983

Applicant Marsha Byers Phone # (386) 315-0082

Address 1079 SW Kentucky St. Ft. White, FL 32038 Phone # (954) 338-9941

Name of Property Owner George M. McNeal Phone # (386) 315-0082

911 Address 1079 SW Kentucky St. 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 Marsha Byers Phone # (386) 315-0082

Address 1079 SW Kentucky St. Ft. White, FL 3

Relationship to Property Owner OWNERS

Current Number of Dwellings on Property REMOVED

Lot Size 0.92 Total Acreage almost 1 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 - WIND ASSESSMENT

Driving Directions to the Property CR 247 - CR 137 turn (D) to US 27
turn (D) - to Riverside turn (R) - to Utah turn (L) - to
SW network turn (R) - slight left on SW Kentucky - property
on (R)

Name of Licensed Dealer/Installer Terry L. Thrift Phone # (386) 623-0115

Installers Address 448 NW Nye Henton DR Lake City, FL 32055

License Number TH-1025139 Installation Decal # 305129

ask \$ 325.00

It's Spoke 4 Jan 11.11.10

8383 15045 St Lumber

COLUMBIA COUNTY PERMIT WORKSHEET

page 2 of 2

POCKET PENETROMETER TEST

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

X 1500 X 1500 X 1500
285 285 285

POCKET PENETROMETER TESTING METHOD

1. Test the perimeter of the home at 8 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
285 285 285

TORQUE PROBE TEST

The results of the torque probe test is 285 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

Date Tested

Electrical

Plumbing

inspect electrical conductors between multi-wide units, but not to the main power pole. This includes the bonding wire between multi-wide units. Pg. 2

inspect all sewer drains to an existing sewer tap or septic tank. Pg. 2
inspect all potable water supply piping to an existing water meter, water tap, or other dependent water supply systems. Pg. 2

Site Preparation

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

Feathering multi wide units

Floor: Type Fastener: Length: Spacing:
Walls: Type Fastener: Length: Spacing:
Roof: Type Fastener: Length: Spacing:
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 TL

Type gasket
Pg. 2

Installed:

Between Floors Yes
Between Walls Yes
Bottom of ridgebeam Yes

Weatherproofing

The bottomboard will be repaired and/or taped. Yes Pg. 2
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

Date

11/15/10

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

License # TH 1025129

11 Address where home is being installed. 1079 SW Kentucky St.

FT. WHITE, FL 32038

Manufacturer

Castalia

Length x width

52' 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.

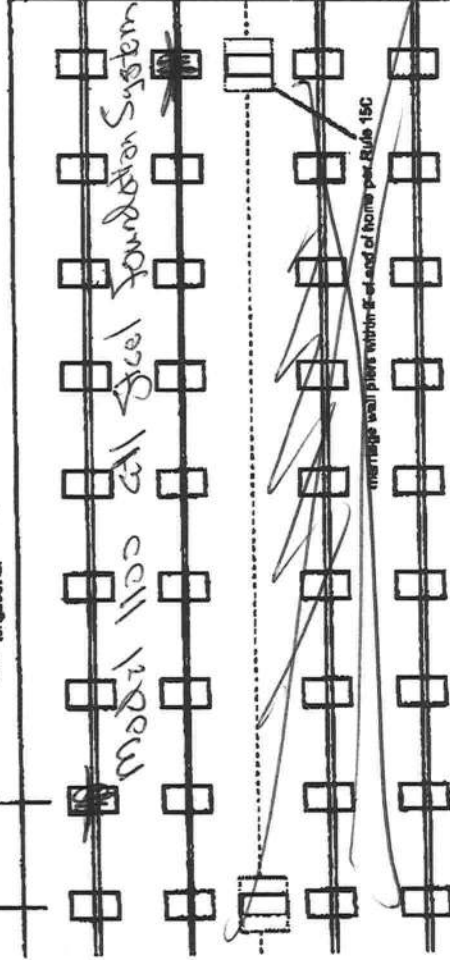
Installer's Initials

TH

typical pier spacing



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



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 # 305129

Triple/Quad ☐ Serial # 2381

PIER SPACING TABLE FOR USED HOMES

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

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

PIER PAD SIZES 17 1/2" x 25 1/2"

I-beam pier pad size

Perimeter pier pad size

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.



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

Opening

Pier pad size

4 ft 5 ft

FRAME TIES

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

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)

Manufacturer

Longitudinal Stabilizing Device w/ Lateral Arms

Manufacturer

Oliver Tech

OTHER TIES

Sidewall

Longitudinal

Marriage wall

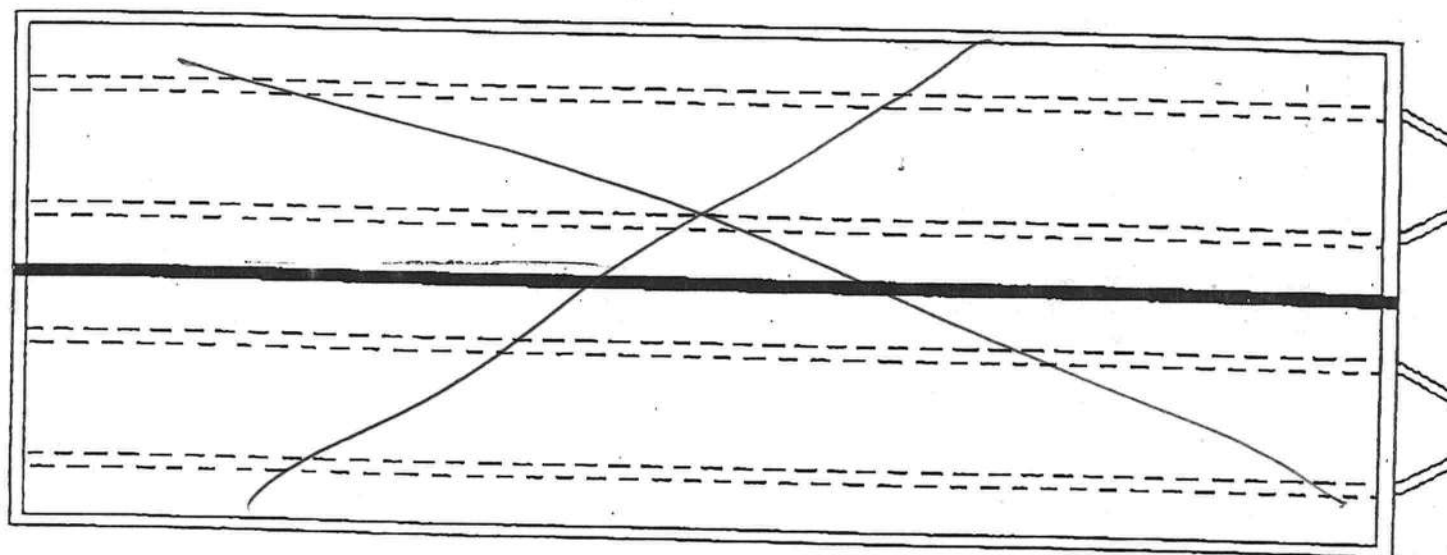
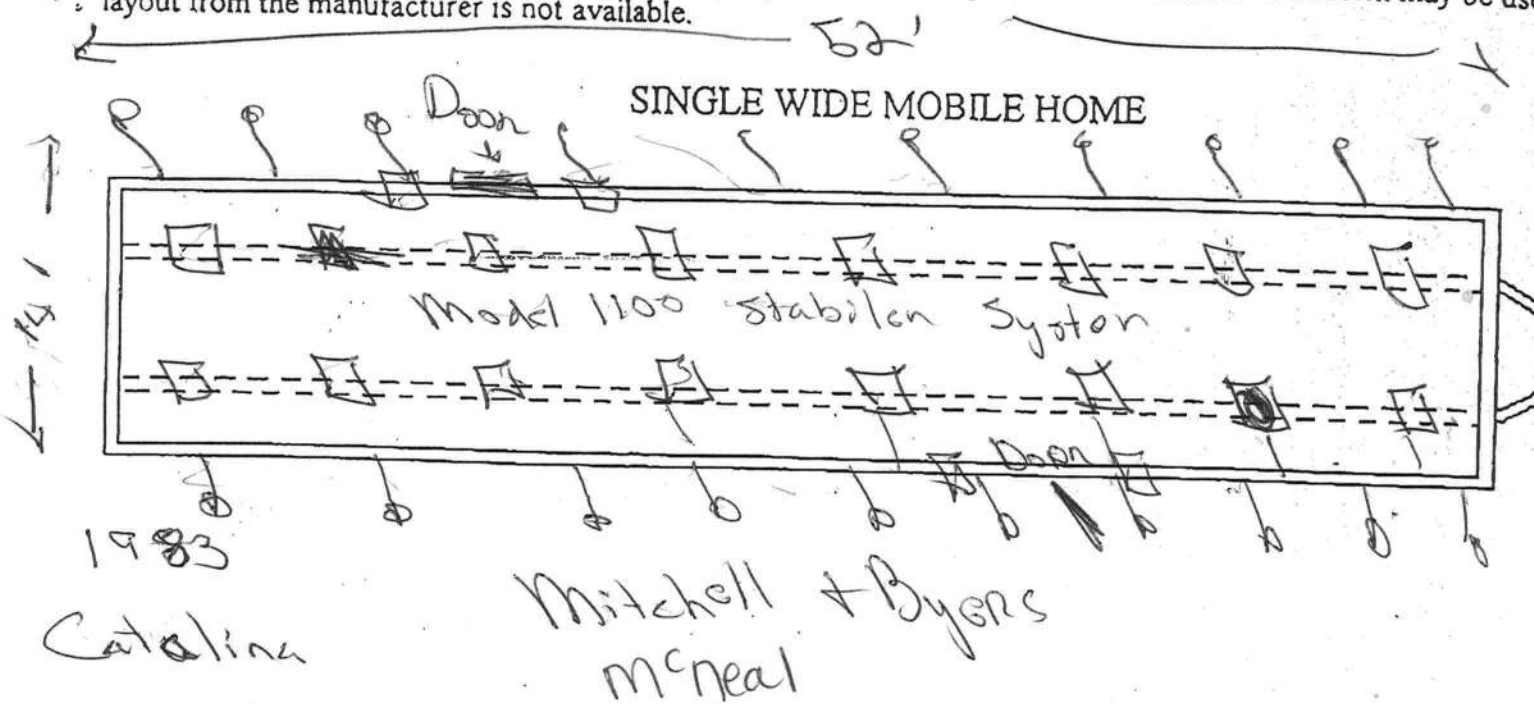
Shearwall

Number

22

ANCHORS

Applicant shall provide layout from manufacturer specific to the model installed. This form may be used if layout from the manufacturer is not available.

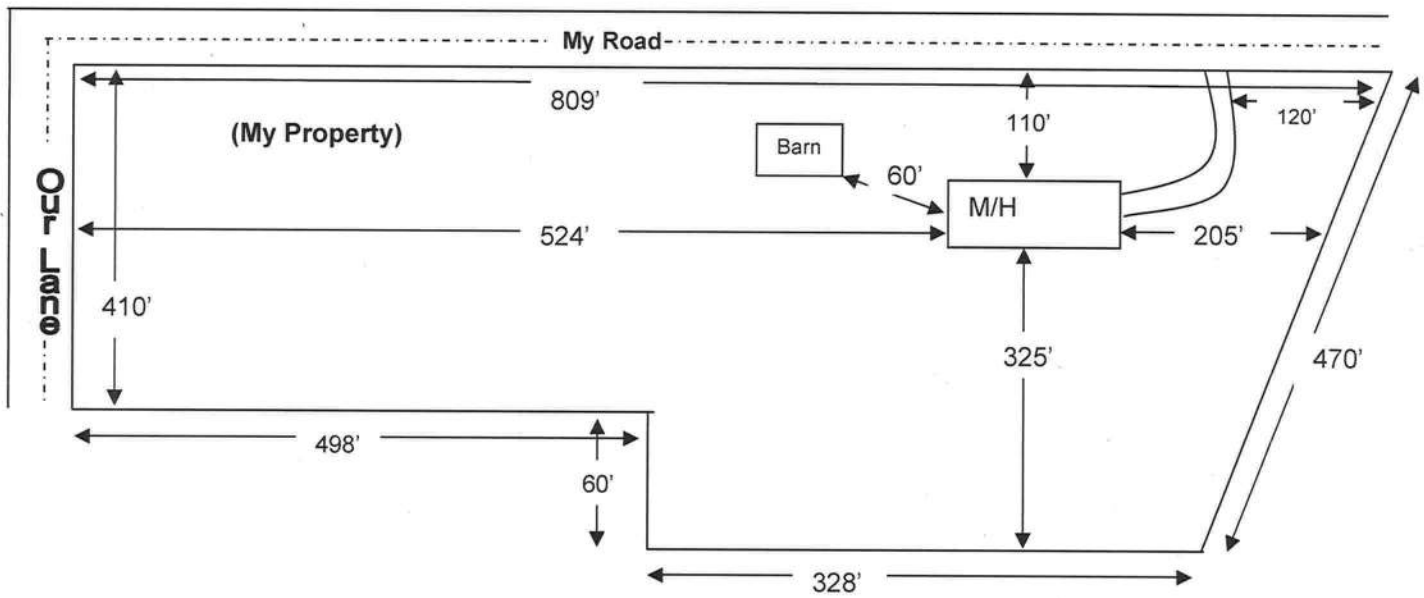


DOUBLE WIDE MOBILE HOME

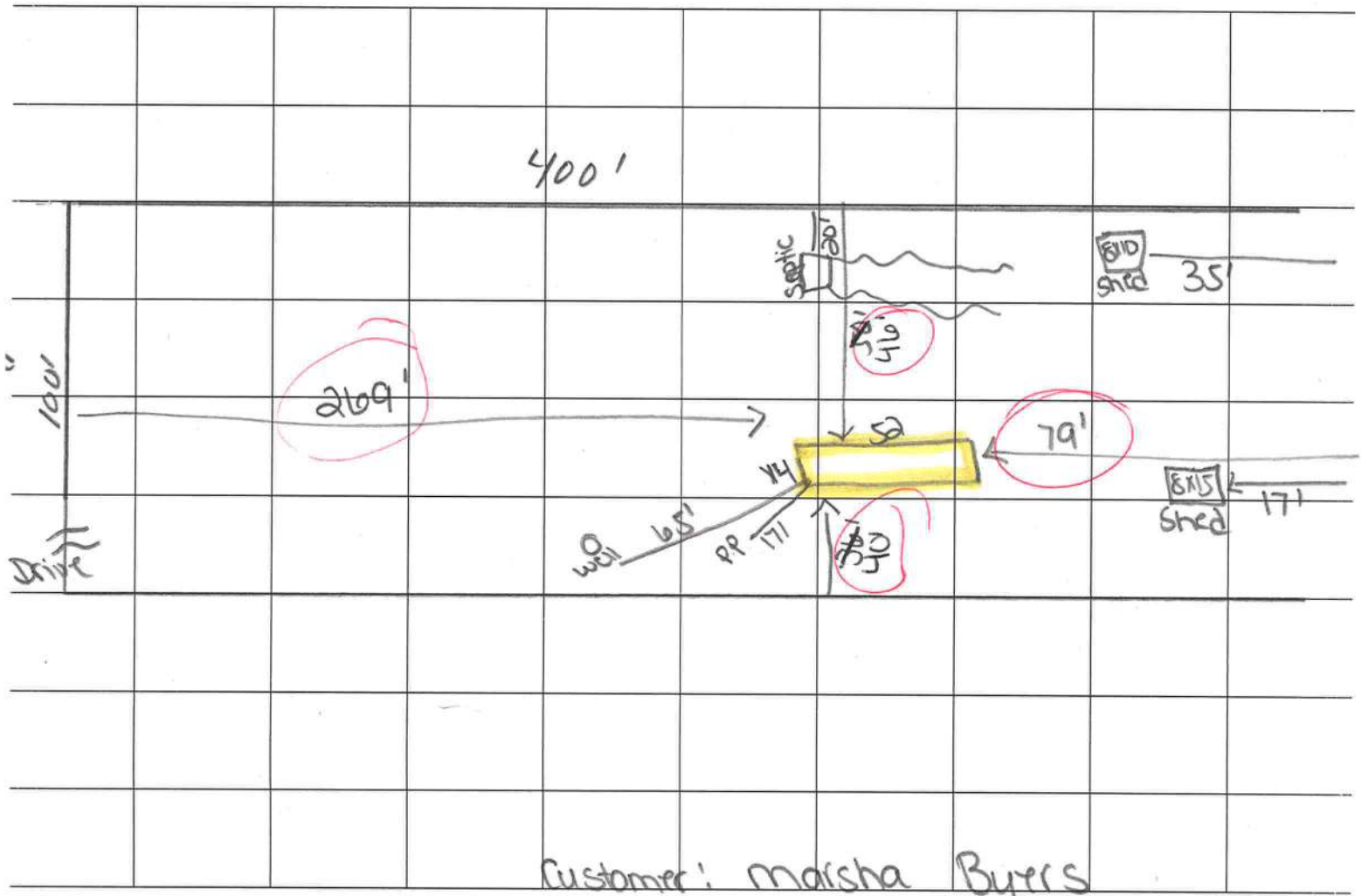


Show each pier and anchor location, with maximum spacing and distance from end walls, as required in the manufacturer's specifications. Any special pier footing required (over 16 x 16 inches) shall be noted separately with required dimensions per the manufacturer's specifications. To determine footing size and spacing, a soil bearing capacity test shall be used. Pier footings to be poured-in-place, whether required by manufacturer's specification by preference, must be inspected by the Building Department prior to pouring.

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.



AFFIDAVIT

I certify that the following described mobile home being placed on the referenced parcel is not a Wind Zone 1 mobile home.

Customer's Name: marsha Byers. George mcNeal
Property ID: Sec: _____ Twp: _____ Rge: _____ Tax Parcel No: R01434-052
Lot: 52 Block: 1 Subdivision: 3 Rivers Estates
Mobile Home Year/Make: 1983 catalina 14x52 Size: 14x52

[Signature]
Signature of Mobile Home Installer

① Bedroom home

Sworn to and subscribed before me this 15th day of November, 20 10
by _____

Jamey Howell
Notary's name printed/typed



J. HOWELL
MY COMMISSION # DD 750213
EXPIRES: January 17, 2012
Bonded Thru Budget Notary Services

[Signature]
Notary Public, State of Florida
Commission No. 750213
Personally Known: ✓
Produced ID (type) _____

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR Terry Thrift PHONE (386) 623-0115
 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>Marsha Byers</u> License #: <u>homeowner</u>	Signature <u>Marsha Byers</u> Phone #: <u>(386) 315-0082</u>
MECHANICAL/ A/C	Print Name <u>_____</u> License #: <u>_____</u>	Signature <u>_____</u> Phone #: <u>_____</u>
PLUMBING/ GAS	Print Name <u>Terry J. Thrift</u> License #: <u>IH-1025139</u>	Signature <u>Terry J. Thrift</u> Phone #: <u>(386) 623-0115</u>
ROOFING	Print Name <u>_____</u> License #: <u>_____</u>	Signature <u>_____</u> Phone #: <u>_____</u>
SHEET METAL	Print Name <u>_____</u> License #: <u>_____</u>	Signature <u>_____</u> Phone #: <u>_____</u>
FIRE SYSTEM/ SPRINKLER	Print Name <u>_____</u> License #: <u>_____</u>	Signature <u>_____</u> Phone #: <u>_____</u>
SOLAR	Print Name <u>_____</u> License #: <u>_____</u>	Signature <u>_____</u> Phone #: <u>_____</u>

Specialty License	License Number	Sub Contractors Printed Name	Sub Contractors Signature
MASON			
CONCRETE FINISHER			
FRAMING			
INSULATION			
STUCCO			
DRYWALL			
PLASTER			
CABINET INSTALLER			
PAINTING			
ACOUSTICAL CEILING			
GLASS			
CERAMIC TILE			
FLOOR COVERING			
ALUM/VINYL SIDING			
GARAGE DOOR			
METAL BLDG ERECTOR			

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

MOBILE HOME INSTALLERS AGENT AUTHORIZATION

I, Terry L 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
MARSHA BYERS	Marsha Byers	Homeowner
Tara E Howell	Tara E Howell	

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.

Terry L Thrift
License Holders Signature (Notarized)

1025139
License Number

11/15/10
Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Terry L. Thrift,
personally appeared before me and is known by me or has produced identification
(type of I.D.) D.L. on this 15 day of Nov, 20 10.

J. Howell
NOTARY'S SIGNATURE

(Seal/Stamp)



J. HOWELL
MY COMMISSION # DD 750213
EXPIRES: January 17, 2012
Bonded Thru Budget Notary Services

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 11-16-10 BY UH ^(NO Application) IS THE MH ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? NO

OWNERS NAME Marsha Byers PHONE 315-6082 CELL 954-338-9941

ADDRESS 1079 SW Kentucky Ft White FL 32038

MOBILE HOME PARK _____ SUB VISION Three Rivers Estate

DRIVING DIRECTIONS TO MOBILE HOME Calg lot on Deputy Jeff Davis Rd.

MOBILE HOME INSTALLER Terry L Thoft PHONE 813-623-015 CELL _____

MOBILE HOME INFORMATION

MAKE Catalina YEAR 83 SIZE 14 x 52 COLOR white

SERIAL No. 2381

WIND ZONE II Must be wind zone II or higher NC WIND ZONE I ALLOWED

INSPECTION STANDARDS

INTERIOR:

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

\$50.00

☒ SMOKE DETECTOR () OPERATIONAL () MISSING

Date of Payment: 11-16-10

☒ FLOORS () SOLID () WEAK () HOLES DAMAGED LOCATION _____

Paid By: Tara Howell

☒ DOORS () OPERABLE () DAMAGED

Notes: Rec# 648673

☒ 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

EXTERIOR:

☒ WALLS/SIDING () LOOSE SIDING () STRUCTURALLY UNSTAND () NOT WEATHERTIGHT () NEEDS CLEANING

☒ WINDOWS () CRACKED/BROKEN GLASS () SCREENS MISSING () WEATHERTIGHT

☒ ROOF () APPEARS SOLID () DAMAGED

STATUS

APPROVED X WITH CONDITIONS: _____

NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS

Wind Zone II

SIGNATURE

[Signature]

ID NUMBER

402

DATE

11-19-10

Certified to be a true
and correct copy of
the original.

Parcel I.D. No.: _____ [Space Above This Line for Recording Data]

WARRANTY DEED

This Indenture made this 10th day of November, 2010 between LIMITED ACCESS PROPERTIES, INC., A FLORIDA CORPORATION, and DT13 PROPERTIES, LLC., A FLORIDA LIMITED LIABILITY CO., GRANTOR*, whose post office address is 498 S.W. MANATEE TERRACE, FT. WHITE, FL 32038 AND 7842 N.W. 44TH STREET, GAINESVILLE, FLORIDA 32653, and MARSHA BYERS, A WIDOW, and GEORGE MITCHELL MCNEAL, A SINGLE MAN, GRANTEE*, whose post office address is 1079 S.W. KENTUCKY STREET, FT. WHITE, FL 32038.

WITNESSETH, That said Grantor, for and in consideration of the sum of TEN AND 00/100'S (\$10.00) Dollars and other good and valuable considerations to said grantor in hand paid by said grantee, the receipt whereof is hereby acknowledged, has granted, bargained and sold to the grantee and grantee's heirs forever the following described land located in the County of COLUMBIA, State of Florida, to-wit:

SUBJECT TO covenants, restrictions and easements, if any.

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

*Singular and plural are interchangeable as context requires.

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

WITNESSES

Typed Name: Beth Godwin

Typed Name: _____

COUNTY OF Alachua
STATE OF FLORIDA

LIMITED ACCESS PROPERTIES, INC.

BY: PAUL P. BARCIA
its DIRECTOR

DT13 PROPERTIES, LLC.

BY: DONNIE N. THOMAS
its MANAGER

THE FOREGOING INSTRUMENT was acknowledged before me on 10th day of November, 2010, by LIMITED ACCESS PROPERTIES, INC. A FLORIDA CORPORATION, BY PAUL P. BARCIA, DIRECTOR AND DT13 PROPERTIES, A FLORIDA LIMITED LIABILITY CO., BY DONNIE N. THOMAS, MANAGER of who is/are personally known to me or have produced their Driver's Licenses as identification.

[Seal]



BETH GODWIN
Commission DD 634551
Expires March 10, 2011
Suspended Title Trust Fidelity Insurance 900-365-7619

NOTARY PUBLIC, STATE OF FL AT LARGE
Name: Beth Godwin
COMMISSION EXPIRATION:

THIS INSTRUMENT WAS PREPARED BY: Inger McRae, an employee of U.S. TITLE, 2622-A1 NW 43rd Street, Gainesville, FL 32606, as a necessary incident to fulfill the requirements of a Title Insurance Binder issued by it. UG-13942.



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

PERMIT NO. 985825
DATE PAID: 11/29/10
FEE PAID: 25.00
RECEIPT #: 1538751

18-2522

APPLICATION FOR:

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

APPLICANT: Marsha Byers

AGENT: Tara Howell

TELEPHONE: 386-484-7976

MAILING ADDRESS: 1079 SW Kentucky St. Ft. White, FL

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

PROPERTY INFORMATION

LOT: 52 BLOCK: 1 SUBDIVISION: 3 Rivers Estates PLATTED: U-28

PROPERTY ID #: 00-00-00-01434-052 ZONING: I/M OR EQUIVALENT: ☒ Y ☐ N

PROPERTY SIZE: .918 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y ☐ N DISTANCE TO SEWER: FT

PROPERTY ADDRESS: 1079 SW Kentucky St. Ft. White, FL.

DIRECTIONS TO PROPERTY: Branford Hwy 247 to CR 137 turn (L) - to
US 27 turn (L) - to Riverside turn (R) - to Utah turn (L) - to
SW Newark turn (R) - slight (L) on SW Kentucky prop. on (L)

BUILDING INFORMATION

☒ RESIDENTIAL ☐ COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1,
1	<u>mobile Home</u>	<u>1</u>	<u>(228) M152</u>	<u>ORIGINAL ATTACHED</u>
2				<u>zone X,</u>
3				<u>(SF)</u>
4				

☐ Floor/Equipment Drains ☐ Other (Specify)

SIGNATURE: Tara E Howell

DATE: 11-24-10



STATE OF FLORIDA
DEPARTMENT OF HEALTH

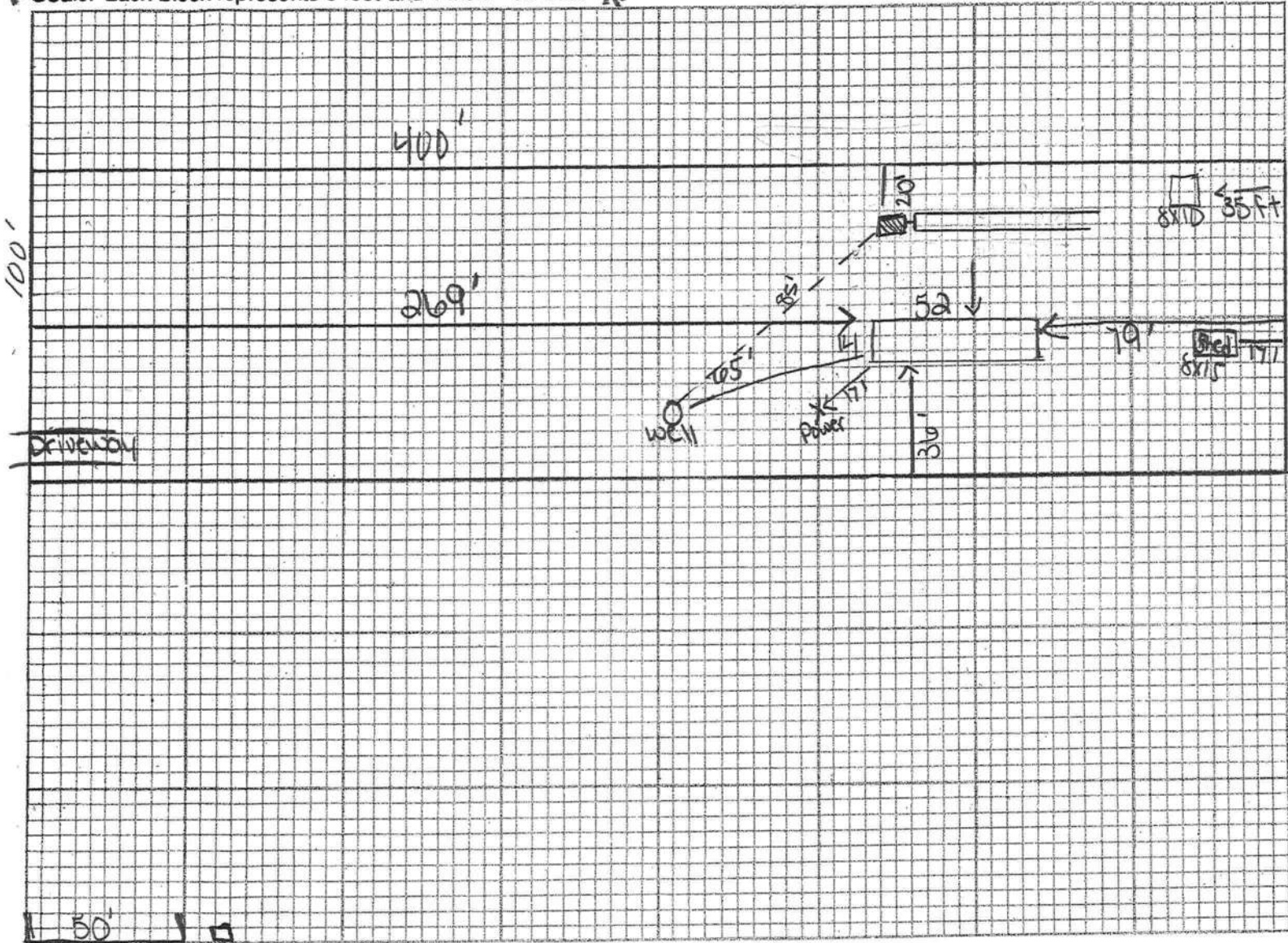
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number

10-0522

PART II - SITE PLAN

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



Notes:

Site Plan submitted by:

Lana C Howell

Signature

Agent

Title

Plan Approved

X

Not Approved

Date

By

Columbia CHD

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT