TAX CHECK WAIVED

INDIGENT: FIRE & GATE ☑

961.4029

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION ☑ DECAL

For Office Use Only (Revised 1-11) Zoning Official BLK 4/17/12 Building Official J.C. 4-17-12

AP# 1204-125 Date Received 4/16 By W Permit # 30100

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

Comments Replacing MH permitted use as being grandfathered.

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

☑ Site Plan with Setbacks Shown ☑ EH # 12-0187 ☐ EH Release N/A ☑ 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 Signature

IMPACT FEES: EMS Fire Corr ☐ Out County ☑ In County

Road/Code School = TOTAL Impact Fees Suspended March 2009

Property ID # 34-3S-17-06903-000 Subdivision E ½ S ½ of LOT 15 EAST COAST LUMBER CO S.

- New Mobile Home ____ Used Mobile Home ✓ MH Size 14x66 Year 2006
- Applicant DARRELL ANTHONY Phone # 386.867.9344
- Address % 150 NE BAMBOO TERRACE, L.C, FL 32055
- Name of Property Owner DARRELL ANTHONY Phone# 867-9344
- 911 Address 161 NE VICEROY GLN. L.C. FL 32055
- Circle the correct power company - (Circle One) - FL Power & Light - Clay Electric - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home DARRELL ANTHONY Phone # 386.867.9344
  Address 150 NE BAMBOO TERRACE, L.C, FL 32055
- Relationship to Property Owner SELF
- Current Number of Dwellings on Property 1
- Lot Size 52' X 110' Total Acreage .25
- 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 (REPLACES 1970) "OWES"
- Driving Directions to the Property 90-E TO BAMBOO TERRACE, TL TO VICEROY GLN, TL AND IT'S the 3rd PLACE ON R.
- Name of Licensed Dealer/Installer ROBERT SHEPPARD Phone # 386.623.2203
- Installers Address 6355 SE CR 245, L.C, FL 32025
- License Number IH1025386 Installation Decal # 8687

-$325.00 CK #

Spoken Michael 4.17.12

– DARRELL ANTHONY –

COLUMBIA COUNTY PERMIT WORKSHEET

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

Installer ROBERT [illegible] License # IH0025386

911 Address where home is being installed. 161 NE VICEROY GLN LAKE CITY, FL 32055

Manufacturer REDMAN Length x width 66 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 RS

New Home ☐ Used Home ☑

Home installed to the Manufacturer's Installation Manual ☑

Home is installed in accordance with Rule 15-C ☐

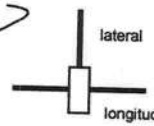
Single wide ☑ Wind Zone II ☑ Wind Zone III ☐

Double wide ☐ Installation Decal # 8687

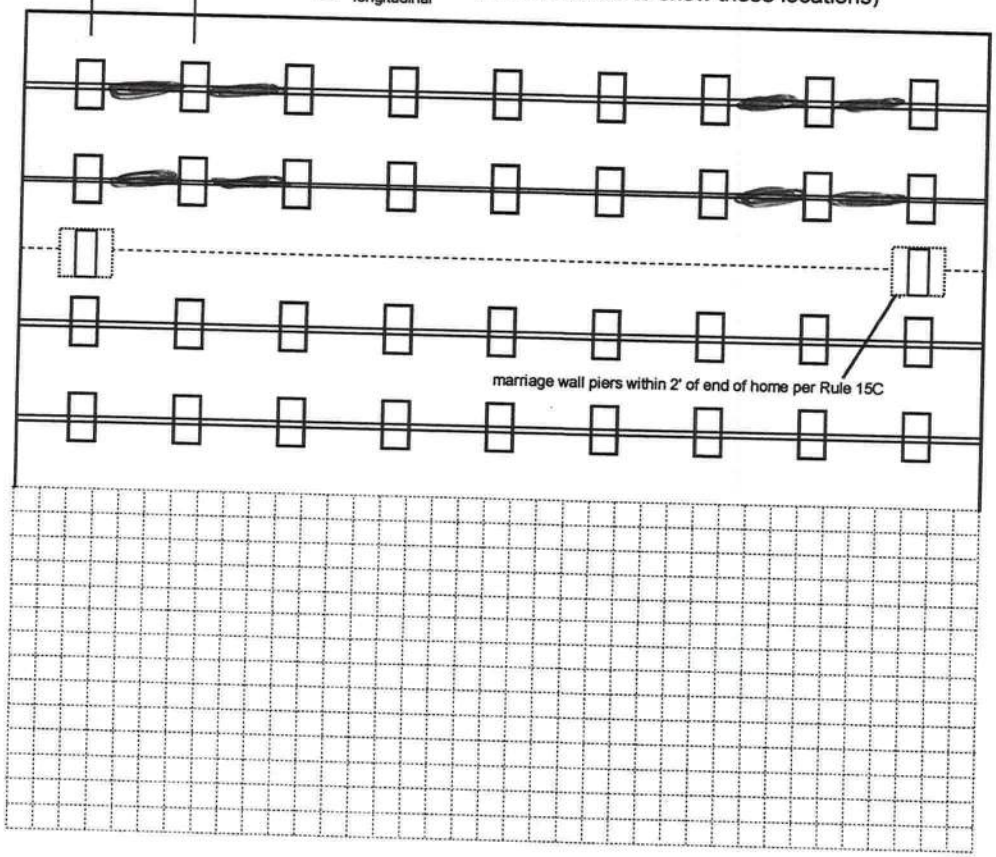
Triple/Quad ☐ Serial # 11435996

425

Typical pier spacing 2' 6'0



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 17x25

Perimeter pier pad size 17x25

Other pier pad sizes (required by the mfg.) 17x25

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

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 ☐

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 1101V

OTHER TIES

	Number
Sidewall	24
Longitudinal	4
Marriage wall	
Shearwall	4

COLUMBIA COUNTY PERMIT WORKSHEET

POCKET PENETROMETER TEST

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

x 1800 x 1800 x 1800

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 1700 x 1800 x 1800

TORQUE PROBE TEST

The results of the torque probe test is 295 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.

RS Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Robert Sheppard

Date Tested 3-24-12

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. 27

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 28

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 28

Site Preparation

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

Fastening 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, 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 _____

Type gasket _____
Pg. _____

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

Weatherproofing

The bottomboard will be repaired and/or taped. Yes ✓. Pg. _____
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 Robert Sheppard **Date** 3-27-12

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1204-35 CONTRACTOR ROBERT SHEPPARD PHONE 623-2203

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 Darrell Anthony License #: OWNER	Signature Darrell E Anthony Phone #: 867.9344
MECHANICAL/ A/C _____	Print Name N/A ROOM T. UNIT - License #:	Signature N/A Phone #:
PLUMBING/ GAS	Print Name Darrell Anthony License #: OWNER	Signature Darrell E Anthony Phone #: 867.9344

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 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, Robert Shepard (Installer License Holder Name), give this authority for the job address show below only, 161 NE Victory Glen L.C, FL 32055 (Job Address), and I do certify that 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)
Darrell Anthony	Darrell Anthony	___ 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.

Robert Shepard
License Holders Signature (Notarized)

IH0125386
License Number

3.23.12
Date

NOTARY INFORMATION:
STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Robert Shepard, personally appeared before me and (is known by me) or has produced identification (type of I.D.) _____ on this 23rd day of March, 20 12.

Laurie Hodson
NOTARY'S SIGNATURE

(Seal/Stamp)

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

34-35-17-06903-000

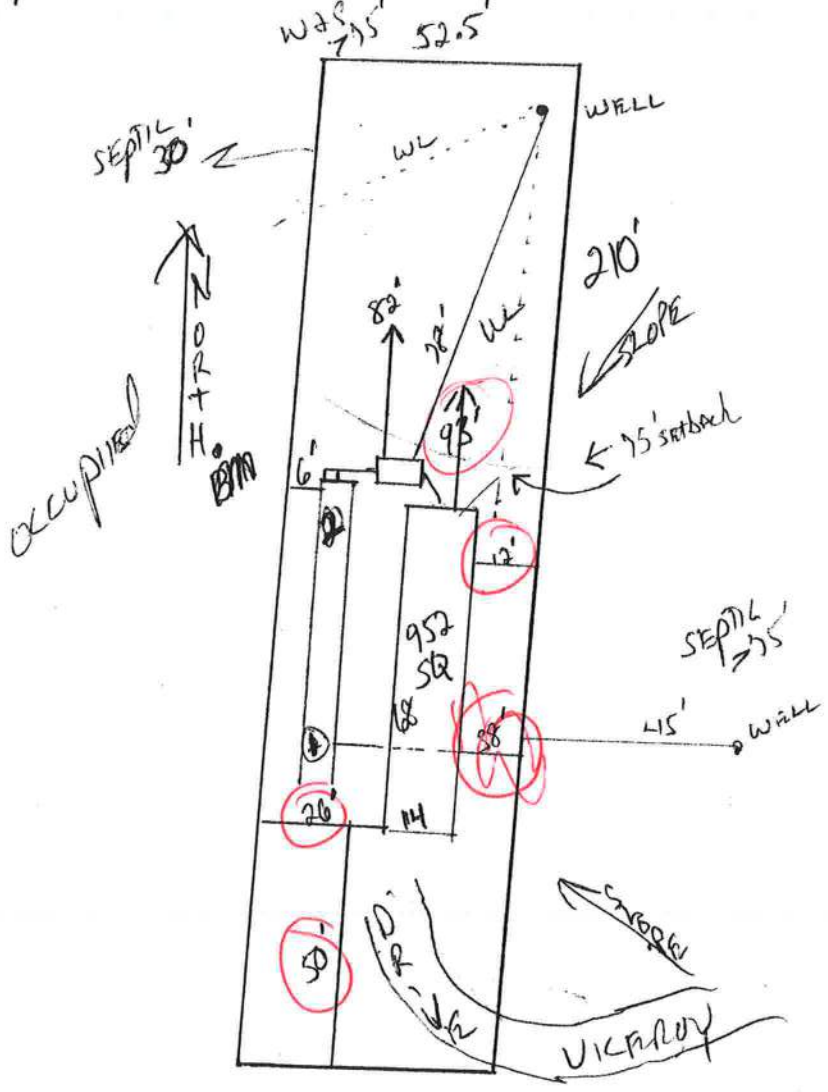
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number_____

Anthony

PART II - SITEPLAN

Scale: 1 inch = 40 feet.



Notes: _____

Site Plan submitted by: Rocky D Tyler MASTER CONTRACTOR

Plan Approved_____ Not Approved_____ Date_____

By_____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Recording prepared by:

and when recorded, please return this deed and tax statements to:

Inst 201112004994 Date 4/4/2011 Time 12:05 PM
Doc Stamp-Deed: 0.70
DC,P DeWitt Cason,Columbia County Page 1 of 2 B:1212 P:1143

Above reserved for official use only

Grantee's SS No:

Property Appraiser's Parcel ID #

GENERAL WARRANTY DEED

KNOW ALL MEN BY THESE PRESENTS THAT:

FOR A VALUABLE CONSIDERATION, in the amount of TEN AND NO/100 DOLLARS ($10.00) in hand and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the undersigned, Linda Maria Harris, a married woman ("Grantor"), has GRANTED, SOLD and CONVEYED and by these presents does GRANT, BARGAIN, SELL and CONVEY to Darrell Anthony, never married ("Grantee"), all right, title, interest and claim to the following real property in the City of Lake City, County of Columbia, State of Florida with the following legal description:

East ½ of the South ½ of Lot 15 of East Coast Lumber Company Sub-Division of SE ¼ of NW ¼ of Section 34, Township 3 South, Range 17 East, and running 52.5' East and West and 210' North and South.

TO HAVE AND TO HOLD all of Grantor's right, title and interest in and to the above described property unto the said Grantee, Grantee's heirs, administrators, executors, successors and/or assigns forever IN FEE SIMPLE; so that neither Grantor nor Grantor's heirs, administrators, executors, successors and/or assigns shall have, claim or demand any right or title to the aforesaid property, premises or appurtenances or any part thereof.

Grantor further WARRANTS and agrees to FOREVER DEFEND all and singular the said property unto the said Grantee, Grantee's heirs, executors, administrators, successors and/or assigns, against every person whomsoever claiming or to claim the same or any part thereof.

EXECUTED this day of April 3, 2011

Linda M Harris

(Signature of Grantor)

Grantee's Address:

150 N E Bamboo Terrace

Lake City, Florida 32055

Grantors Address:

8066 Fawnridge Circle

Tampa, Florida 33610

Signed in our presence:

(Witness Signature)

Print Name: SHONTRICE JOHNSON

(Witness Signature)

Print Name: Maurice Jackson

State of FLORIDA)
)
County of ORANGE) ss

The foregoing instrument was acknowledged before me on April 3, 2011 by Linda MARIA HARRIS who is/~~are personally known by me~~ or who has/have produced: _____ as identification ~~and who did not take an~~ oath.

Signature of Notary Public

Chelsea Hollinger JACKSON

Printed Name of Notary

My commission expires:

CHELSEA HOLLINGER JACKSON
Notary Public - State of Florida
My Commission Expires Nov 27, 2011
Commission # DD 737288
Bonded Through National Notary Assn.

Columbia County Property Appraiser

DB Last Updated: 3/12/2012

2011 Tax Year

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

Parcel: 34-3S-17-06903-000

<< Next Lower Parcel | Next Higher Parcel >>

Search Result: 1 of 1

Owner & Property Info

Owner's Name	ANTHONY DARRELL		
Mailing Address	150 NE BAMBOO TER LAKE CITY, FL 32055		
Site Address	BAMBOO TER		
Use Desc. (code)	AC/XFOB (009901)		
Tax District	2 (County)	**Neighborhood**	34317
Land Area	0.000 ACRES	**Market Area**	06
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction.		

E1/2 OF S1/2 OF LOT 15 OF EAST COAST LUMBER CO S/D OF SE1/4 OF NW1/4. (PROP BEING 52.5 FT E & W BY 210 FT N & S). WD 1157-1364,WD 1175-1087, WD 1212-1143

Property & Assessment Values

2011 Certified Values		
Mkt Land Value	cnt: (0)	$1,200.00
Ag Land Value	cnt: (1)	$0.00
Building Value	cnt: (0)	$0.00
XFOB Value	cnt: (1)	$1,000.00
Total Appraised Value		$2,200.00
Just Value		$2,200.00
Class Value		$0.00
Assessed Value		$2,200.00
Exempt Value		$0.00
Total Taxable Value		Cnty: $2,200 Other: $2,200 | Schl: $2,200

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
4/3/2011	1212/1143	WD	I	U	11	$100.00
12/6/2008	1175/1087	WD	I	U	01	$100.00
8/28/2008	1157/1364	WD	I	U	01	$100.00

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)
0285	SALVAGE	0	$1,000.00	0000001.000	0 x 0 x 0	(000.00)

Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
009901	AC/XFOB (MKT)	1 UT - (0000000.000AC)	1.00/1.00/1.00/1.00	$1,200.00	$1,200.00

ONCE A "FED" - * REPLACING MH DW: 375 w/assessment ? - SETBACK 14X70 = 3.16.12 14X66 NOW

Columbia County Property Appraiser

DB Last Updated: 2/17/2011

2010 Tax Year

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

Parcel: 34-3S-17-06903-000

<< Next Lower Parcel | Next Higher Parcel >>

<< Prev Search Result: 39 of 88 Next >>

Owner & Property Info

Owner's Name	HARRIS LINDA MARIA		
Mailing Address	8066 FAWNRIDGE CIR TAMPA, FL 33610		
Site Address	FAWNRIDGE CIR		
Use Desc. (code)	AC/XFOB (009901)		
Tax District	2 (County)	**Neighborhood**	34317
Land Area	0.000 ACRES	**Market Area**	06
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction.		

E1/2 OF S1/2 OF LOT 15 OF EAST COAST LUMBER CO S/D OF SE1/4 OF NW1/4. (PROP BEING 52.5 FT E & W BY 210 FT N & S). WD 1157-1364,WD 1175-1087

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Total Appraised Value		$2,200.00
Just Value		$2,200.00
Class Value		$0.00
Assessed Value		$2,200.00
Exempt Value		$0.00
Total Taxable Value		Cnty: $2,200 Other: $2,200 | Schl: $2,200

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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)
0285	SALVAGE	0	$1,000.00	0000001.000	0 x 0 x 0	(000.00)

Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
009901	AC/XFOB (MKT)	1 UT - (0000000.000AC)	1.00/1.00/1.00/1.00	$1,200.00	$1,200.00

Columbia County Property Appraiser DB Last Updated: 2/17/2011

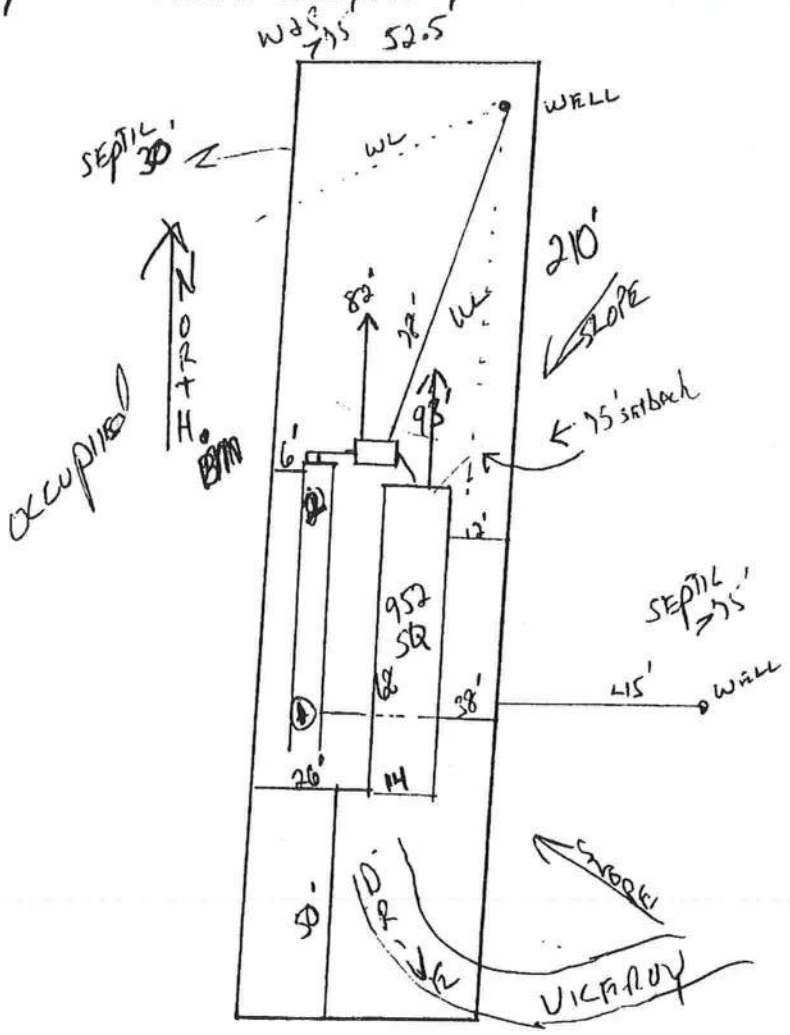
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 12-0187

Anthony

PART II - SITEPLAN

Scale: 1 inch = 40 feet.



Notes: _____

Site Plan submitted by: Rocky D Tyler Columbia CHD MASTER CONTRACTOR

Plan Approved X Not Approved ____ Date 4-12-12

By Sallie Ford Env Health Director. County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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

PERMIT NO. 2-0187
DATE PAID: 3/30/12
FEE PAID: $600
RECEIPT #: 1855867

APPLICATION FOR:
[X] New System [ ] Existing System [ ] Holding Tank [ ] Innovative
[ ] Repair [ ] Abandonment [ ] Temporary [ ]

APPLICANT: Darrell Anthony

AGENT: ROCKY FORD, A & B CONSTRUCTION TELEPHONE: 386-497-2311

MAILING ADDRESS: P.O. BOX 39 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 PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION

Lots split into 2 .25 pieces in 2008

LOT: 15 BLOCK: na SUB: East Coast Lumber Co S/D PLATTED:

PROPERTY ID #: 34-3S-17-06903-000 ZONING: RES- I/M OR EQUIVALENT: [Y / (N)]

PROPERTY SIZE: .25 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / (N)] DISTANCE TO SEWER: ____ FT

PROPERTY ADDRESS: 161 NE Viceroy Glen, Lake City, FL, 32055

DIRECTIONS TO PROPERTY: 90 East, TL on Bamboo Terr (Just past Spires food mart), At end TL on Viceroy, 3rd lot on right

BUILDING INFORMATION [X] RESIDENTIAL [ ] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	SF Residential	3	952	Utility easement obtained to bind two .25A pieces to make .5A. Rec'd 4/11/12
2				
3				

[N] Floor/Equipment Drains [N] Other (Specify) Owner is deceased, signed by executor

SIGNATURE: Rocky D Ford DATE: 3/29/2012

DH 4015, 08/09 (Obsoletes previous editions which may not be used)
Incorporated 64E-6.001, FAC

FAXED
AHB

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

PERMIT #: 12-SC-1401939
APPLICATION #: AP1067443
DATE PAID: 3-30-12
FEE PAID: 310.00
RECEIPT #: B32884
DOCUMENT #: PR872691

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: DARRELL**12-0187 ANTHONY

PROPERTY ADDRESS: NE VICEROY Gln Lake City, FL 32055

LOT: 15 BLOCK: SUBDIVISION: EAST COAST LBR CO

PROPERTY ID #: 06903-000 [SECTION, TOWNSHIP, RANGE, PARCEL NUMBER] [OR TAX ID NUMBER]

SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF SECTION 381.0065, F.S., AND CHAPTER 64E-6, F.A.C. DEPARTMENT APPROVAL OF SYSTEM DOES NOT GUARANTEE SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN MATERIAL FACTS, WHICH SERVED AS A BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT TO MODIFY THE PERMIT APPLICATION. SUCH MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE NULL AND VOID. ISSUANCE OF THIS PERMIT DOES NOT EXEMPT THE APPLICANT FROM COMPLIANCE WITH OTHER FEDERAL, STATE, OR LOCAL PERMITTING REQUIRED FOR DEVELOPMENT OF THIS PROPERTY.

SYSTEM DESIGN AND SPECIFICATIONS

T [900] GALLONS / GPD Septic CAPACITY
A [ ] GALLONS / GPD N/A CAPACITY
N [ ] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK:1250 GALLONS]
K [ ] GALLONS DOSING TANK CAPACITY [ ]GALLONS @[ ]DOSES PER 24 HRS #Pumps [ ]

D [375] SQUARE FEET drainfield SYSTEM
R [ ] SQUARE FEET N/A SYSTEM
A TYPE SYSTEM: [x] STANDARD [ ] FILLED [ ] MOUND [ ]
I CONFIGURATION: [x] TRENCH [ ] BED [ ]
N
F LOCATION OF BENCHMARK: nail in large oak NW of system site
I ELEVATION OF PROPOSED SYSTEM SITE [12.00][INCHES / FT][ABOVE / BELOW]BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [27.00][INCHES / FT][ABOVE / BELOW]BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED: [3.00] INCHES EXCAVATION REQUIRED: [0.00] INCHES

O
T
H
E
R

SPECIFICATIONS BY: Rocky Ford TITLE: M Contractor

APPROVED BY: Sallie A Ford TITLE: Environmental Health Director Columbia CHD
Sallie A Ford

DATE ISSUED: 04/12/2012 EXPIRATION DATE: 10/12/2013

DH 4016, 08/09 (Obsoletes all previous editions which may not be used)
Incorporated: 64E-6.003, FAC

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: 4/2/2012 **DATE ISSUED:** 4/4/2012

ENHANCED 9-1-1 ADDRESS:

161 NE VICEROY GLN

LAKE CITY FL 32055

PROPERTY APPRAISER PARCEL NUMBER:

34-3S-17-06903-000

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.

2248

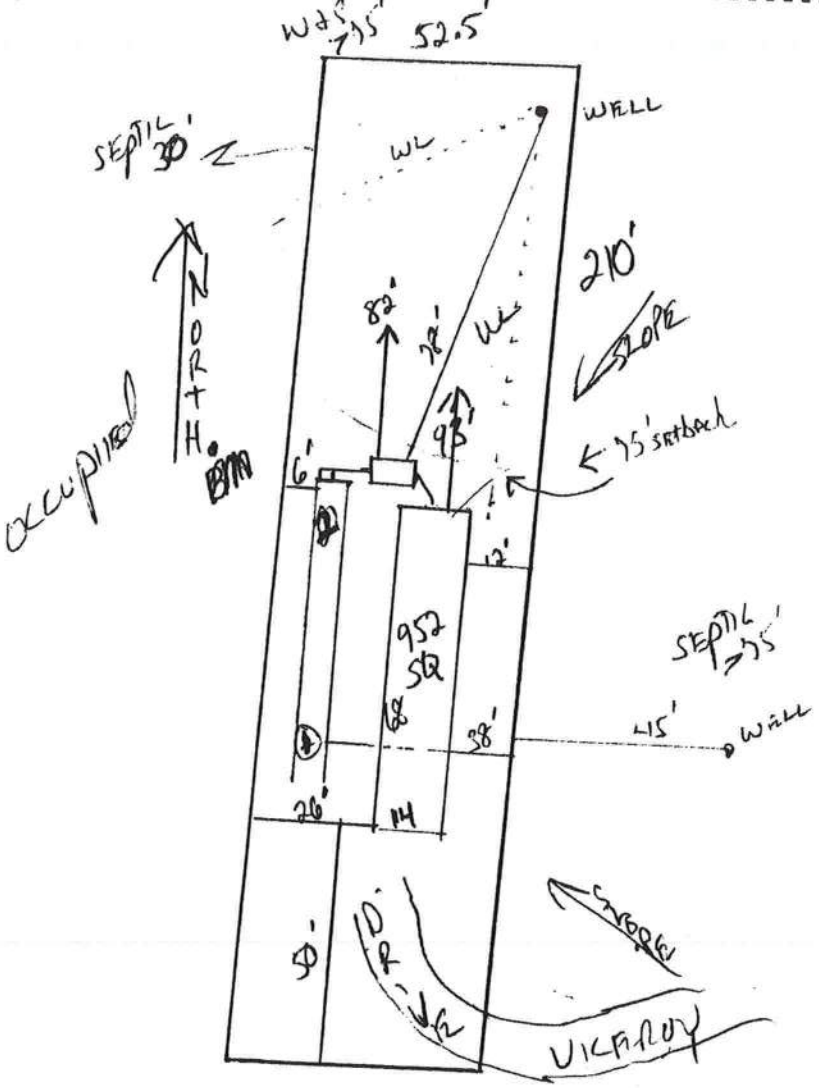
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number_____

Anthony

PART II - SITEPLAN

Scale: 1 inch = 40 feet.



Notes: _____

Site Plan submitted by: Rocky D Tyler MASTER CONTRACTOR

Plan Approved_____ Not Approved_____ Date_____

By_____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

CODE ENFORCEMENT

PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 4/16 BY [illegible] IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? Yes

OWNERS NAME DARRELL ANTHONY PHONE _____ CELL 867-9344

ADDRESS _____

MOBILE HOME PARK _____ SUBDIVISION _____

DRIVING DIRECTIONS TO MOBILE HOME N.E. CR 245 @ ROBERTS PROPERTY "STEPS" 2nd Road to ACCESS

MOBILE HOME INSTALLER ROBERT WHEELAND PHONE 623-2203 CELL 623-2203

MOBILE HOME INFORMATION

MAKE REDMAN YEAR 2000 SIZE 14 x 66 COLOR WHITE

SERIAL No. 1143596

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

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

$50.00

Date of Payment: _____

Paid By: _____

Notes: _____

EXTERIOR:

P WALLS / SIDDING ( ) 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: Broken Window by Front Door

NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE [signature] ID NUMBER 306 DATE 4-16-12

COLUMBIA COUNTY FLORIDA
BOARD OF COUNTY COMMISSIONERS & CITY OF LAKE CITY

INDIGENT STATUS WORKSHEET
NON-AD VALOREM PROGRAM

PLEASE COMPLETE FORM, **ATTACH PROOF OF INCOME** AND RETURN TO:
RONNIE BRANNON, Tax Collector ◆ 135 NE Hernando Ave., Ste 125 ◆ Lake City, FL 32055

COUNTY ☐ **CITY** ☐

ACCOUNT NO.: R06908-000	**TAX YEAR** ~~2011~~ 2011 Tax Year is Vacant	**PHONE NO.**

NAME & ADDRESS

PLEASE NOTE: PROOF OF INCOME MUST BE ATTACHED OR APPLICATION WILL BE RETURNED.

Darrell Anthony
150 NE Bamboo Ter
LC 32055

HOUSEHOLD FAMILY MEMBERS

	NAME	AGE	RELATIONSHIP	AT HOME
1.	Darrell	42	Self	
2.	Ayanna Anthony	8	child	
3.	Nadya Charles	12	child	
4.				
5.				
6.				
7.				
8.				
9.				
10.				

TOTAL ELIGIBLE FAMILY MEMBERS.....

GROSS ANNUAL INCOME OF ALL FAMILY MEMBERS:

	NAME	TYPE OF INCOME	MONTHLY AMOUNT	ANNUAL INCOME
1.	Darrell	Wages	961.00	11,532.00
2.				
3.				
4.				

TOTAL HOUSEHOLD INCOME..... $

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THE INFORMATION IN THIS APPLICATION AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE, CORRECT AND COMPLETE.

APPLICANT _____ **DATE** _____

CO-APPLICANT _____ **DATE** _____

		SOCIAL SECURITY NO.	HOME DEPT.	REG. RATE	O.T. RATE	PREM. RATE	PER. END DATE
DARRELL ANTHONY		XXX-XX-1485	110	9.50	14.25	4.75	04/07/12

EARNINGS AND BENEFITS B# 807

HRS./PCS.	RATE	AMOUNT
40.00	9.50	380.00

DEDUCTIONS AND BENEFITS

DESC.	AMOUNT	YEAR-TO-DATE
CATCH	14.00	14.00
CATCH	8.03	8.03
Denta	8.03	8.03
Healt	14.00	14.00
Suppo	2.00	34.00
CHILD	49.85	697.90

TAXES

TYPE	AMOUNT	YEAR-TO-DATE
Fede	24.86	214.50
FICA	14.11	152.09
Medi	4.87	52.52
Flor		.00

TOTAL TAXES	43.84

East Employee Leasing, Inc. FEIN 59-3744258
U.S. HWY. 19 North
ay, FL 34691

CHECK DATE	CHECK NO.
04/13/12	1117460

INGS	380.00	TOTAL DEDUCTIONS	95.91
-TO-DATE	3620.58	TOTAL BENEFITS	44.06

CHECK AMOUNT: 240.25

Town Homes, LLC

To: Amy:

weekly

AR-06903-000

Father of two (8 & 12 yrs old)

Total of 3 in Household.