

DATE 12/20/2010

## Columbia County Building Permit

PERMIT

This Permit Must Be Prominently Posted on Premises During Construction

000029081

APPLICANT MARY SAPP PHONE 386-209-1940

ADDRESS 137 NW SAMOSEY GLEN LAKE CITY FL 32055

OWNER MARY SAPP PHONE 386-209-1940

ADDRESS 137 NW SAMOSEY GLEN LAKE CITY FL 32055

CONTRACTOR DONALD TODD PHONE 386-963-3433

LOCATION OF PROPERTY 90 W, R TURNER RD, R SAMOSET, 1ST LEFT (LOT ON CORNER)

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 RSF/MH-2 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 22-3S-16-02262-000 SUBDIVISION LEON MCCALL S/D UNREC.

LOT 21 BLOCK            PHASE            UNIT            TOTAL ACRES 0.50

IH1025234 x Mary Sapp

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

EXISTNG 10-0528 BK TC N

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

COMMENTS: FLOOR ONE FOOT ABOVE THE ROADCheck # or Cash CASH

## FOR BUILDING &amp; 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                     

Permanent power                      C.O. Final                      Culvert                     

                     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 \$ 50.00 FIRE FEE \$ 64.20 WASTE FEE \$ 167.50

FLOOD DEVELOPMENT FEE \$            FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$            **TOTAL FEE** 606.70

INSPECTORS OFFICE  CLERKS OFFICE 

NOTICE: IN ADDITION TO THE REQUIREMENTS OF THIS PERMIT, THERE MAY BE ADDITIONAL RESTRICTIONS APPLICABLE TO THIS PROPERTY THAT MAY BE FOUND IN THE PUBLIC RECORDS OF THIS COUNTY. AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.

"WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT."

EVERY PERMIT ISSUED SHALL BECOME INVALID UNLESS THE WORK AUTHORIZED BY SUCH PERMIT IS COMMENCED WITHIN 180 DAYS AFTER ITS ISSUANCE, OR IF THE WORK AUTHORIZED BY SUCH PERMIT IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AFTER THE TIME THE WORK IS COMMENCED. A VALID PERMIT RECIEVES AN APPROVED INSPECTION EVERY 180 DAYS. WORK SHALL BE CONSIDERED NOT SUSPENDED, ABANDONED OR INVALID WHEN THE PERMIT HAS RECIEVED AN APPROVED INSPECTION WITHIN 180 DAYS OT THE PREVIOUS INSPECTION.

**The Issuance of this Permit Does Not Waive Compliance by Permittee with Deed Restrictions.**



**PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION**

**For Office Use Only**

(Revised 1-10-08)

Zoning Official BLK 16.12.10

Building Official 1.C. 12-15-10

AP# 1012-17

Date Received 12-13-10

By LH

Permit # 29081

Flood Zone X

Development Permit N/A

Zoning RSF/MH-2

Land Use Plan Map Category RES. Low Den

Comments \_\_\_\_\_

FEMA Map# N/A

Elevation N/A

Finished Floor 1' above

River N/A

In Floodway N/A

☒ Site Plan with Setbacks Shown

☒ EH # 10-0528

☐ EH Release

☐ Well letter

☒ Existing well only water

☒ Recorded Deed or Affidavit from land owner

☒ Letter of Auth. from installer

☐ State Road Access

☐ Parent Parcel # \_\_\_\_\_

☐ STUP-MH \_\_\_\_\_

☐ F W Comp. letter

☒ Blocking Dig

IMPACT FEES: EMS \_\_\_\_\_

Fire \_\_\_\_\_

Corr \_\_\_\_\_

Road/Code VF form

School \_\_\_\_\_

= TOTAL N/A Suspended

☒ Out of County

☒ In County paid

☒ IC PRE. N/A

Property ID # 22-35-16-02262-000

Subdivision Leon McCall s/o unrec. lot 21

☐ New Mobile Home

☒ Used Mobile Home

MH Size 28x44

Year 87

☒ Applicant Mary Sapp

Phone # 386-209-1940

☒ Address 137 NW Samoset Gln, Lake City FL 32055

☒ Name of Property Owner Mary Sapp

Phone# 386-209-1940

☒ 911 Address 137 NW Samoset Gln, Lake City, FL 32055

☐ Circle the correct power company -

FL Power & Light

Clay Electric

(Circle One) -

Suwannee Valley Electric

Progress Energy

☐ Name of Owner of Mobile Home Mary Sapp

Phone # 386-209-1940

Address 202 9th Ave Wellborn FL 32094

☐ Relationship to Property Owner same

☐ Current Number of Dwellings on Property 0

☐ Lot Size 136.17 x 142.58

Total Acreage 1/2 acre lot

☐ 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 to Turner Rd turn (R) go to Samoset turn (R) property on (L) (vacant lot @ this time (on the corner))

☒ Name of Licensed Dealer/Installer Donald Todd

Phone # 963-3433 33041

☒ Installers Address 13021 39th Place Wellborn FL 32094

☐ License Number 1H0000316 (Matches Dealer)

1H 1025234

Installation Decal # 305900

Spoke to Mary 12-16-10

\$606.70

Lic Info

Radh



# PERMIT WORKSHEET

page 1 of 2

Installer Tom Todd License # TH 0000316

Manufacturer \_\_\_\_\_ Length x Width 28' x 44'

Name of Owner of this Mobile Home MARY SAPP

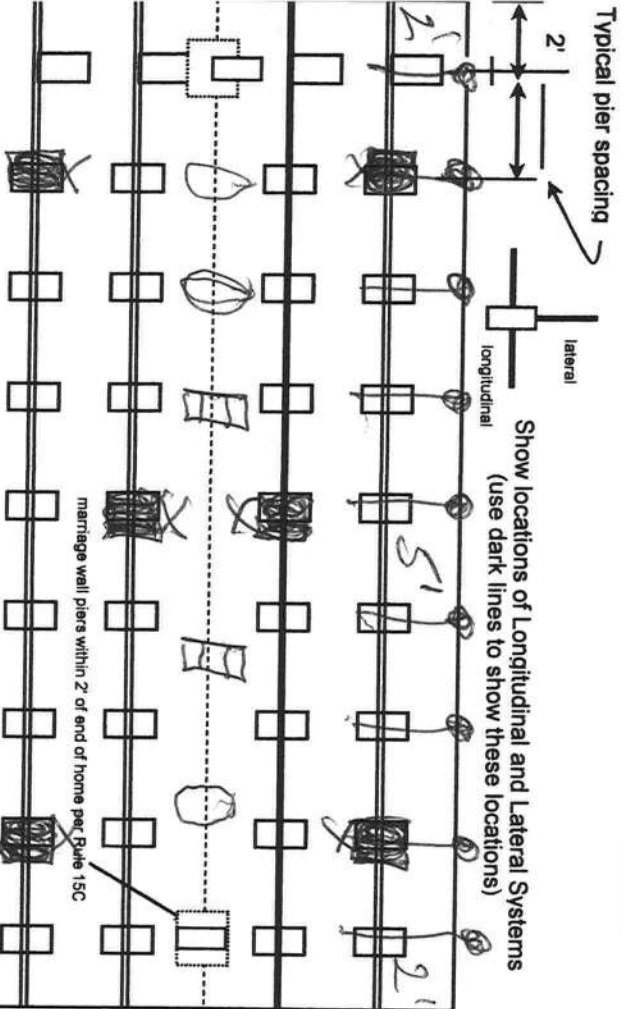
Phone \_\_\_\_\_

Address \_\_\_\_\_

**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 \_\_\_\_\_



Grid area for sketching the remainder of the home for triple or quad wide installations.

New Home ☐ Used Home ☒ Year 1987

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 # 305900

Triple/Quad ☐ Serial # \_\_\_\_\_

## PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	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'	8'
1500 psf	4'	5'	6'	7'	8'	8'	8'
2000 psf	6'	8'	8'	8'	8'	8'	8'
2500 psf	7' 6"	8'	8'	8'	8'	8'	8'
3000 psf	8'	8'	8'	8'	8'	8'	8'
3500 psf	8'	8'	8'	8'	8'	8'	8'

\* Interpolated from Rule 15C-1 pier spacing table.

### PIER PAD SIZES

I-beam pier pad size 17-22

Perimeter pier pad size 16 x 16

Other pier pad sizes (required by the mfg.) 24 x 24

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 \_\_\_\_\_

### ANCHORS

4 ft 5 ft

### FRAME TIES

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

### TIEDOWN COMPONENTS

### OTHER TIES

Longitudinal Stabilizing Device (LSD)  
Manufacturer 210058  
Longitudinal Stabilizing Device w/ Lateral Arms  
Manufacturer \_\_\_\_\_

Sidewall Longitudinal Marriage wall Shearwall  
Number 18

314  
54 in

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 2000 psf or check here to declare 1000 lb. soil without testing.

X 2000 X 2000 X 2000

POCKET PENETROMETER TESTING METHOD

1. Test the perimeter of the home at 6 locations.
2. Take the reading at the depth of the footer.
3. Using 500 lb. increments, take the lowest reading and round down to that increment.

X 2000 X 2000 X 2000

TORQUE PROBE TEST

The results of the torque probe test is 300 inch pounds or check here if you are declaring 5' anchors without testing. A test showing 275 inch pounds or less will require 4 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.

DMT Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Date Tested

DMT ALD Todd  
12-10-10

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. \_\_\_\_\_

Site Preparation

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

Fastening multi wide units

Floor: Type Fastener: lag Length: 2" Spacing: 24"  
Walls: Type Fastener: lag Length: 4" Spacing: 24"  
Roof: Type Fastener: lag Length: 4" Spacing: 24"  
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 DMT

Type gasket Red + Foam 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

Todd Date 12-13-10





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, Donald W. BDD, 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
Mary Sapp	Mary Sapp	Owner
Emmit Sapp	Emmit Sapp	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.

Donald W. BDD License Holders Signature (Notarized) TH000316 License Number 12-14-10 Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is \_\_\_\_\_  
personally appeared before me and is known by me or has produced identification  
(type of I.D.) \_\_\_\_\_ on this 14 day of December, 20 10.

L. H. H.  
NOTARY'S SIGNATURE

(Seal/Stamp)

- I spoke w/ Mr. Todd 12.13.11 to have  
Emmit Sapp sign off on my N Installers Agent.  
Jule Ann.

# SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER \_\_\_\_\_ CONTRACTOR \_\_\_\_\_ PHONE \_\_\_\_\_

**THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT**

In Columbia County one permit will cover all trades doing work at the permitted site. It is **REQUIRED** that we have records of the subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and Ordinance 89-6, a contractor shall require all subcontractors to provide evidence of workers' compensation or exemption, general liability insurance and a valid Certificate of Competency license in Columbia County.

***Any changes, the permitted contractor is responsible for the corrected form being submitted to this office prior to the start of that subcontractor beginning any work. Violations will result in stop work orders and/or fines.***

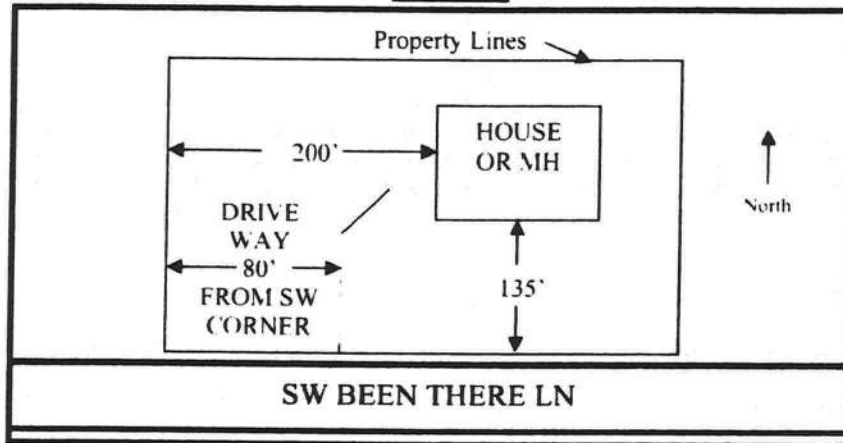
<b>ELECTRICAL</b>	Print Name <u>Emmit SAPP</u>	Signature <u><i>Emmit Sapp</i></u>	Phone #:
	License #:		
<b>MECHANICAL/ A/C</b>	Print Name <u>Emmit Sapp</u>	Signature <u><i>Emmit Sapp</i></u>	Phone #:
	License #:		
<b>PLUMBING/ GAS</b>	Print Name <u>Emmit SAPP</u>	Signature <u><i>Emmit Sapp</i></u>	Phone #:
	License #:		
<b>ROOFING</b>	Print Name _____	Signature _____	Phone #:
	License #:		
<b>SHEET METAL</b>	Print Name _____	Signature _____	Phone #:
	License #:		
<b>FIRE SYSTEM/ SPRINKLER</b>	Print Name _____	Signature _____	Phone #:
	License #:		
<b>SOLAR</b>	Print Name _____	Signature _____	Phone #:
	License #:		

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			

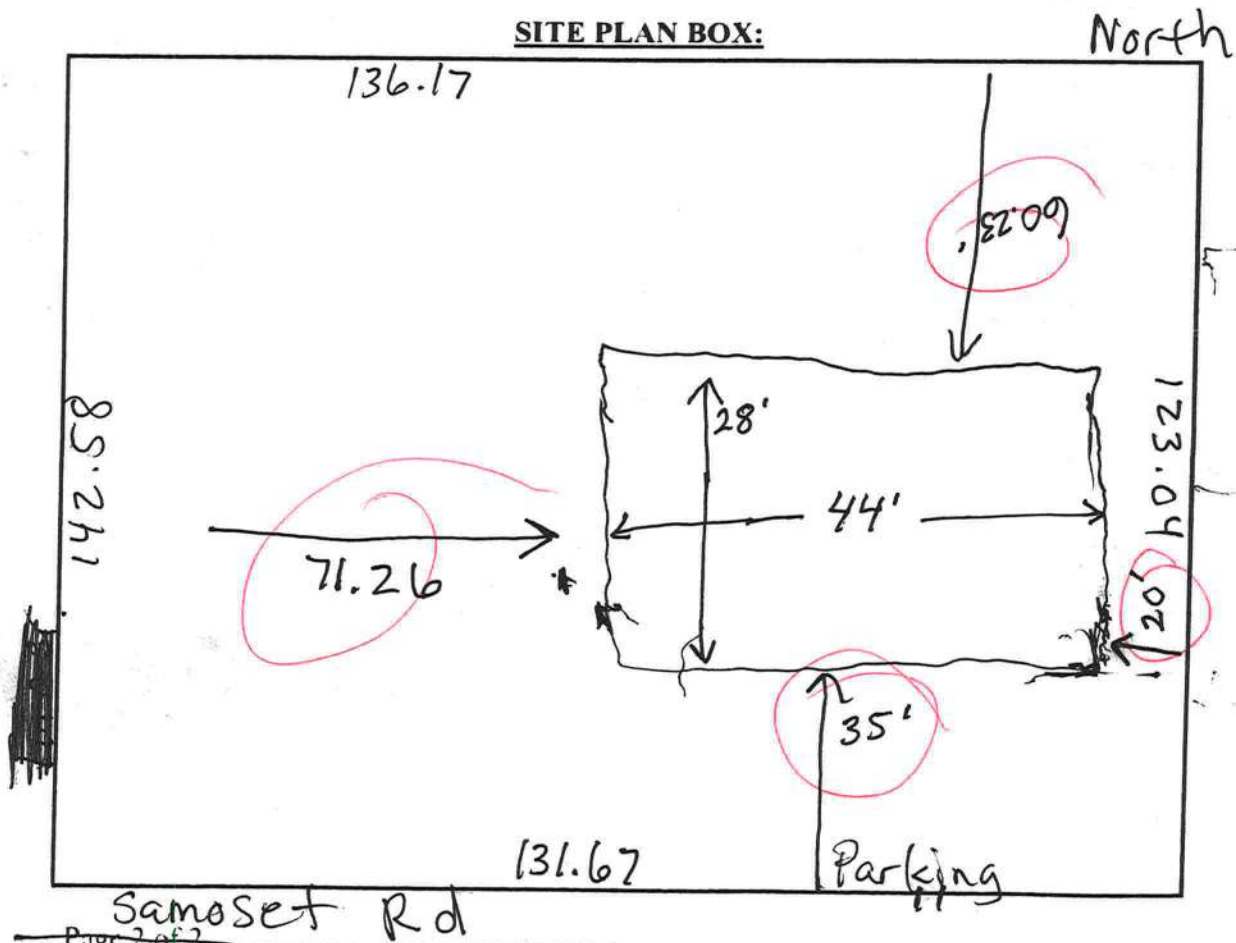
**F. S. 440.103 Building permits; identification of minimum premium policy.**--Every employer shall, as a condition to applying for and receiving a building permit, show proof and certify to the permit issuer that it has secured compensation for its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each time the employer applies for a building permit.

1. A PLAT, PLAN, OR DRAWING SHOWING THE PROPERTY LINES OF THE PARCEL.
2. LOCATION OF PLANNED RESIDENT OR BUSINESS STRUCTURE ON THE PROPERTY WITH DISTANCES FROM AT LEAST TWO OF THE PROPERTY LINES TO THE STRUCTURE (SEE SAMPLE BELOW).
3. LOCATION OF THE ACCESS POINT (DRIVEWAY, ETC.) ON THE ROADWAY FROM WHICH LOCATION IS TO BE ADDRESSED WITH A DISTANCE FROM A PARALLEL PROPERTY LINE AND/OR PROPERTY CORNER (SEE SAMPLE BELOW).
4. TRAVEL OF THE DRIVEWAY FROM THE ACCESS POINT TO THE STRUCTURE (SEE SAMPLE BELOW).

**SAMPLE:**



**SITE PLAN BOX:**







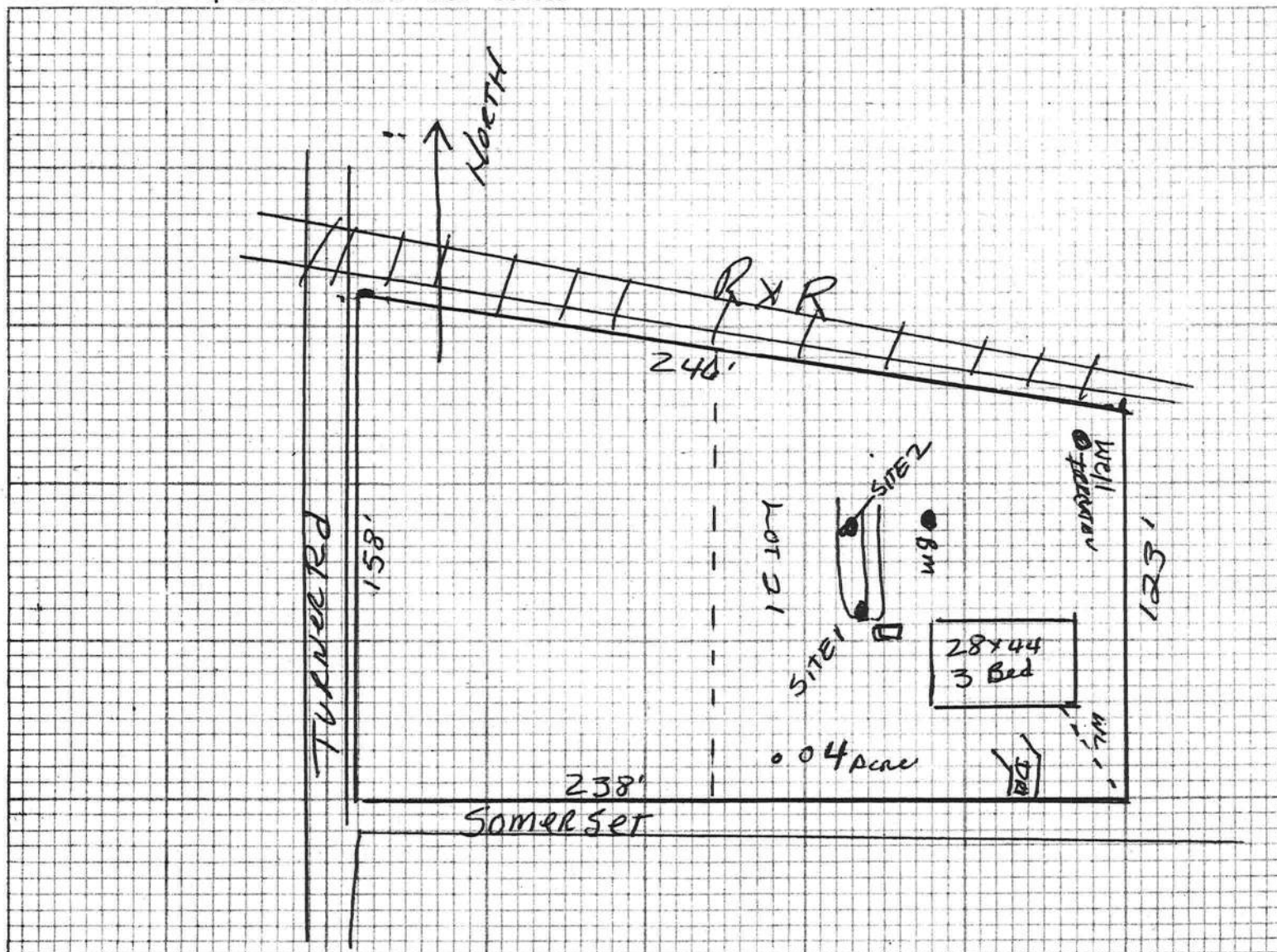
STATE OF FLORIDA  
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 10-0528

PART II - SITE PLAN

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



Notes: Sherryl Yost (Mary Sapp)

Lot 21 Leon Mcalls

0.04 Acres

22-35-16-02262-000

Site Plan submitted by: Robert W. [Signature]

Signature

Ajua  
Title

Plan Approved X

Not Approved \_\_\_\_\_

Date 12/10/10

By [Signature]

Columbia CHD

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

SF



THIS INSTRUMENT WAS PREPARED BY:

TERRY McDAVID  
POST OFFICE BOX 1328  
LAKE CITY, FL 32056-1328

Recording Fee \$27.00  
Documentary Stamp \$112.00  
Consideration \$16,000.00

RETURN TO:

TERRY McDAVID  
POST OFFICE BOX 1328  
LAKE CITY, FL 32056-1328

Inst: 201012015180 Date: 9/21/2010 Time: 3:53 PM

Doc Stamp-Deed: 112.00

DC, P. DeWitt Cason, Columbia County Page 1 of 3 B: 1201 P: 1870

File No. 10-178

Property Appraiser's  
Parcel Identification No.  
R02262-000

### WARRANTY DEED

THIS INDENTURE, made this 16<sup>th</sup> day of Sept. 2010, BETWEEN  
SHERRYL J. YOST, who does not reside on the property described below, whose post office  
address is P.O. Box 543, Cicero, IN 46034, grantor\*, and MARY ELIZABETH SAPP, a married  
woman, whose post office address is 202 9<sup>th</sup> Avenue, Wellborn, FL 32094, grantee\*.

WITNESSETH: that said grantor, for and in consideration of the sum of Ten Dollars  
(\$10.00), 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 said grantee,  
and grantee's heirs and assigns forever, the following described land, situate, lying and being in  
Columbia County, Florida, to-wit:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

SUBJECT TO: Restrictions, easements and outstanding mineral rights of record, if any, and taxes  
for the current year.

N.B. The land described herein is not the homestead of the grantor, and neither the grantor nor  
the grantor's spouse, nor anyone for whose support the grantor is responsible, resides on or  
adjacent to said land.

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.

\*\*Grantor" and "grantee" are used for singular or plural, as context requires.

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

Signed, sealed and delivered  
in our presence:

Jessie Edwards  
(First Witness)  
Jessie Edwards  
Printed Name

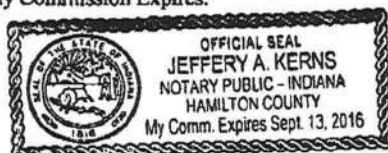
Dawn Wright  
(Second Witness)  
Dawn Wright  
Printed Name

Sherryl J. Yost (SEAL)  
SHERRYL J. YOST  
FDL # Y290-770-53-808-0  
Exp. 08/28/2014

STATE OF INDIANA  
COUNTY OF Hamilton

The foregoing instrument was acknowledged before me this 16<sup>th</sup> day of September  
2010, by SHERRYL J. YOST, who is personally known to me or who has produced  
Florida Driver's License as identification and who did not take an oath.  
Y290-770-53-808-0

My Commission Expires:



Jeffery A. Kerns  
Notary Public  
Printed, typed, or stamped name:



EXHIBIT "A"

PART OF THE SOUTH  $\frac{1}{2}$  OF THE SOUTHWEST  $\frac{1}{4}$  OF SECTION 22, TOWNSHIP 3 SOUTH, RANGE 16 EAST, COLUMBIA COUNTY, FLORIDA, BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS: FOR POINT OF REFERENCE COMMENCE AT THE SOUTHWEST CORNER OF SAID SECTION 22, THENCE RUN NORTH 88°53'00" EAST ALONG THE SOUTH LINE OF SAID SECTION 22, A DISTANCE OF 25.00 FEET TO THE EAST RIGHT-OF-WAY LINE OF TURNER ROAD; THENCE RUN NORTH 02°11'00" WEST ALONG SAID EAST RIGHT-OF-WAY LINE, A DISTANCE OF 209.10 FEET TO THE POINT OF BEGINNING; THENCE CONTINUE NORTH 02°11'00" WEST, A DISTANCE OF 158.35 FEET TO THE SOUTHERLY RIGHT-OF-WAY LINE OF THE SEABOARD COAST LINE RAILROAD; THENCE RUN SOUTH 74°50'00" EAST ALONG SAID SOUTH RIGHT-OF-WAY LINE, A DISTANCE OF 109.96 FEET; THENCE RUN SOUTH 02°11'33" EAST, A DISTANCE OF 142.58 FEET TO THE NORTH RIGHT-OF-WAY LINE OF A 50.00 FOOT ROAD; THENCE RUN NORTH 82°58'31" WEST ALONG SAID NORTH RIGHT-OF-WAY LINE, A DISTANCE OF 106.35 FEET TO THE POINT OF BEGINNING. ALSO KNOWN AS LOT 20, LEON MCCALL'S SUBDIVISION, UNRECORDED.

AND

PART OF THE SOUTH  $\frac{1}{2}$  OF THE SOUTHWEST  $\frac{1}{4}$  OF SECTION 22, TOWNSHIP 3 SOUTH, RANGE 16 EAST, COLUMBIA COUNTY, FLORIDA, BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS: FOR POINT OF REFERENCE COMMENCE AT THE SOUTHWEST CORNER OF SAID SECTION 22, THENCE RUN NORTH 88°53'00" EAST ALONG THE SOUTH LINE OF SAID SECTION 22, A DISTANCE OF 25.00 FEET TO THE EAST RIGHT-OF-WAY LINE OF TURNER ROAD; THENCE RUN NORTH 02°11'00" WEST ALONG SAID EAST RIGHT-OF-WAY LINE, A DISTANCE OF 367.45 FEET TO THE SOUTHERLY RIGHT-OF-WAY LINE OF THE SEABOARD COAST LINE RAILROAD; THENCE RUN SOUTH 74°50'00" EAST ALONG SAID SOUTH RIGHT-OF-WAY LINE, A DISTANCE OF 109.96 FEET TO THE POINT OF BEGINNING; THENCE CONTINUE SOUTH 74°50'00" EAST ALONG SAID SOUTH RIGHT-OF-WAY LINE, A DISTANCE OF 136.17 FEET; THENCE RUN SOUTH 02°11'36" EAST, A DISTANCE OF 123.04 FEET TO THE NORTH RIGHT-OF-WAY LINE OF A 50.00 FOOT ROAD; THENCE RUN NORTH 82°58'31" WEST ALONG SAID NORTH RIGHT-OF-WAY LINE, A DISTANCE OF 131.67 FEET; THENCE RUN NORTH 02°11'33" WEST, A DISTANCE OF 142.58 FEET TO THE POINT OF BEGINNING. ALSO KNOWN AS LOT 21, LEON MCCALL'S SUBDIVISION, UNRECORDED.

# 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: 11/12/2010      DATE ISSUED: 11/18/2010

### ENHANCED 9-1-1 ADDRESS:

137      NW      SAMOSET      GLN

LAKE CITY      FL      32055

### PROPERTY APPRAISER PARCEL NUMBER:

22-3S-16-02262-000

### Remarks:

Address Issued By: \_\_\_\_\_

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.**



Windows Live™ Hotmail (4) Messenger Office Photos MSN

## Hotmail

New Reply Reply all Forward Delete Junk Sweep ▼ Mark as ▼ Move to ▼

## Inbox (4)

## Folders

Junk (23)

Drafts (2)

Sent

Deleted

Laura (288)

## Quick views

Flagged

Photos (85)

Office docs (1)

Shipping updates

## Messenger

Home

Contacts

Calendar



send messages from other email services right from your Hotmail inbox.

## Data Sheet and Production Report

Thorson, Karen

12/01/10

To: mary-sapp@hotmail.com

Thorson, Karen (KarenThorson@flhsmv.gov)

Wed 12/01/10 3:11 PM

mary-sapp@hotmail.com

2 attachments (total 1703.2 KB)

Hotmail

Mrs. Sapp,

Attached you will find the Data Sheet for FLA334551 & FLA334552 that you requested. I have also attached the Production Report so that you can read your HUD label numbers and Identification number clearly.

The microfilm is blurry and you cannot read some of the information. But you can clearly read the Wind Zone is 2.

Here is the information on your home:

Florida HUD Label Numbers FLA334551 & FLA334552

Identification Number FBICO42280A/B

1986 Brigadier Homes in Ocala, Florida

Wind Zone II or 2



Size of home 14x48 side A and 14x48 side B Built on  
8-14-1986

I hope that these documents will help you, sorry that  
the microfilm was so bad.

Thanks,

**Karen G. Thorson**

Highway Safety Specialist  
Bureau of Mobile Home & RV Construction  
Florida Department of Highway Safety  
& Motor Vehicles  
(850) 617-2808  
karenthorson@flhsmv.gov

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through Excellence in Service, Education and Enforcement.**

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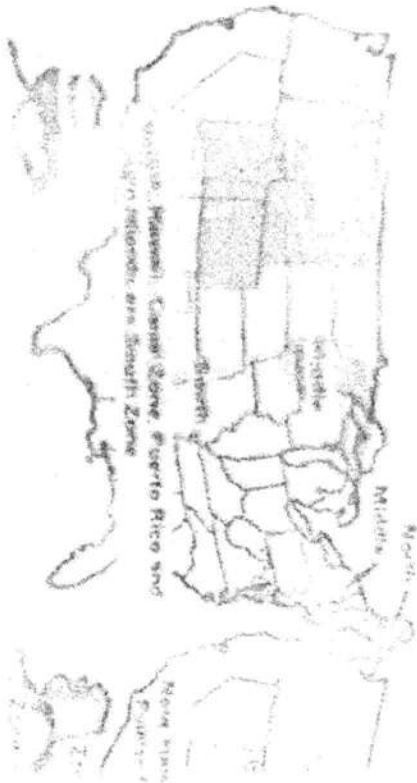
The Department of Highway Safety and Motor Vehicles is  
committed to Service, Integrity, Courtesy, Professionalism,  
Innovation and Excellence in all we do. Please let us know how  
we are doing via our online customer service survey at

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1. Project Name  
 2. Location  
 3. Date

# STRUCTURAL DESIGN



Sheet 1 of 1

Wind 100

1. Project Name  
 2. Location  
 3. Date

## Structural Model Description

## Foundation and Soil Description

1. Project Name  
 2. Location  
 3. Date

1. Project Name  
 2. Location  
 3. Date

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 2. Location  
 3. Date

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 2. Location  
 3. Date



IDENTIFICATION NUMBER <b>FB1C042280B</b>	YR <b>1987</b>	MAKE <b>TEMP</b>	MODEL	BODY <b>HS</b>	WT-L-BHP <b>48'</b>	VESSEL REGIS. NO.	TITLE NUMBER <b>43498844</b>
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REGISTERED OWNER

**EMMIT DARYLE SAPP AND  
MARY ELIZABETH SAPP  
12874 SE 86TH DR  
WHITE SPRINGS FL 32096-2316**

DATE OF ISSUE

**11/08/2000**

LIEN RELEASE

INTEREST IN THE ABOVE DESCRIBED VEHICLE IS  
HEREBY RELEASED

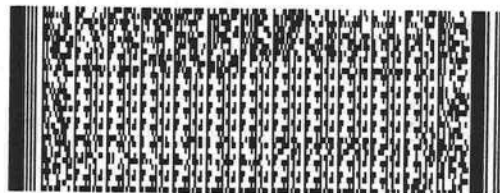
BY \_\_\_\_\_

MAIL TO:

**EMMIT DARYLE SAPP  
12874 SE 86TH DR  
WHITE SPRINGS FL 32096-2316**

TITLE

DATE



## CERTIFICATE OF TITLE

SATISFACTORY PROOF OF OWNERSHIP HAVING BEEN SUBMITTED UNDER SECTION 319.23/329.03, FLORIDA STATUTES, TITLE TO THE MOTOR VEHICLE  
OR VESSEL DESCRIBED BELOW IS VESTED IN THE OWNER(S) NAMED HEREIN. THIS OFFICIAL CERTIFICATE OF TITLE IS ISSUED  
FOR SAID MOTOR VEHICLE OR VESSEL

IDENTIFICATION NUMBER <b>FB1C042280B</b>		YR <b>1987</b>	MAKE <b>TEMP</b>	MODEL	BODY <b>HS</b>	WT-L-BHP <b>48'</b>	VESSEL REGIS. NO.	TITLE NUMBER <b>43498844</b>
PREV STATE <b>FL</b>	COLOR <b>UNK</b>	PRIMARY BRAND		SECONDARY BRAND	NO OF BRANDS		USE <b>PVT</b>	PREV ISSUE DATE <b>04/20/1993</b>
ODOMETER STATUS OR VESSEL MANUFACTURER					HULL MATERIAL		PROP	DATE OF ISSUE <b>11/08/2000</b>

REGISTERED OWNER

**EMMIT DARYLE SAPP AND  
MARY ELIZABETH SAPP  
12874 SE 86TH DR  
WHITE SPRINGS FL 32096-2316**

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INTEREST IN THE ABOVE DESCRIBED VEHICLE IS  
HEREBY RELEASED

BY \_\_\_\_\_

TITLE

DATE

1ST LIENHOLDER

**NONE**

DIVISION OF MOTOR VEHICLES

TALLAHASSEE

FLORIDA

*William T. Joyce*



Control Number

**46835310**

WILLIAM T. JOYCE  
DIRECTOR

DEPARTMENT OF HIGHWAY SAFETY  
AND MOTOR VEHICLES

*Fred O. Dickinson III*

FRED O. DICKINSON, III  
EXECUTIVE DIRECTOR

### TRANSFER OF TITLE BY SELLER

ODOMETER CERTIFICATION - Federal and state law require that you state the mileage 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 and certified to be free from any liens except as noted on the face of this certificate and the motor vehicle or vessel described is hereby transferred to:

Purchaser: \_\_\_\_\_

Address: \_\_\_\_\_

I/We state that this ☐ 5 or ☐ 6 digit odometer now reads           (no tenths)

miles, date read \_\_\_\_\_ and to the best of my knowledge  
that it reflects the actual mileage of the vehicle described herein, unless  
one of the odometer statement blocks is checked.

CAUTION:  
DO NOT CHECK ☐  
BOX IF ACTUAL  
MILEAGE ☐

Selling Price: \$ \_\_\_\_\_ Date Sold: \_\_\_\_\_

1. I hereby certify that to the best of my knowledge the odometer reading reflects the  
amount of mileage in excess of its mechanical limits.  
2. I hereby certify that the odometer reading is not the actual mileage.  
WARNING - ODOMETER DISCREPANCY.

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

Signature of \_\_\_\_\_  
Purchaser: \_\_\_\_\_  
Signature of \_\_\_\_\_  
Co-Purchaser: \_\_\_\_\_  
Signature of \_\_\_\_\_  
Seller: \_\_\_\_\_  
Signature of \_\_\_\_\_  
Co-Seller: \_\_\_\_\_  
(When Applicable)  
Selling Dealer's License Number: \_\_\_\_\_

Printed Name of \_\_\_\_\_  
Purchaser: \_\_\_\_\_  
Printed Name of \_\_\_\_\_  
Co-Purchaser: \_\_\_\_\_  
Printed Name of \_\_\_\_\_  
Seller: \_\_\_\_\_  
Printed Name of \_\_\_\_\_  
Co-Seller: \_\_\_\_\_

Tax No. \_\_\_\_\_

Tax Collected: \$ \_\_\_\_\_

Auction Name \_\_\_\_\_

License Number: \_\_\_\_\_



IDENTIFICATION NUMBER <b>FB1C042280A</b>	YR <b>1987</b>	MAKE <b>TEMP</b>	MODEL	BODY <b>HS</b>	WT-L-BHP <b>48'</b>	VESSEL REGIS. NO.	TITLE NUMBER <b>43494801</b>
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REGISTERED OWNER

DATE OF ISSUE

**11/08/2000**

**EMMIT DARYLE SAPP AND  
MARY ELIZABETH SAPP  
12874 SE 86TH DR  
WHITE SPRINGS FL 32096-2316**

LIEN RELEASE

INTEREST IN THE ABOVE DESCRIBED VEHICLE IS  
HEREBY RELEASED

BY \_\_\_\_\_

MAIL TO:

**EMMIT DARYLE SAPP  
12874 SE 86TH DR  
WHITE SPRINGS FL 32096-2316**

TITLE \_\_\_\_\_ DATE \_\_\_\_\_



## CERTIFICATE OF TITLE

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FOR SAID MOTOR VEHICLE OR VESSEL

IDENTIFICATION NUMBER <b>FB1C042280A</b>		YR. <b>1987</b>	MAKE <b>TEMP</b>	MODEL	BODY <b>HS</b>	WT-L-BHP <b>48'</b>	VESSEL REGIS. NO.	TITLE NUMBER <b>43494801</b>
PREV STATE <b>FL</b>	COLOR <b>UNK</b>	PRIMARY BRAND		SECONDARY BRAND	NO OF BRANDS		USE <b>PVT</b>	PREV ISSUE DATE <b>04/20/1993</b>
ODOMETER STATUS OR VESSEL MANUFACTURER					HULL MATERIAL		PROP	DATE OF ISSUE <b>11/08/2000</b>

REGISTERED OWNER

**EMMIT DARYLE SAPP AND  
MARY ELIZABETH SAPP  
12874 SE 86TH DR  
WHITE SPRINGS FL 32096-2316**

LIEN RELEASE

INTEREST IN THE ABOVE DESCRIBED VEHICLE IS  
HEREBY RELEASED

BY \_\_\_\_\_

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

1ST LIENHOLDER

**NONE**

DIVISION OF MOTOR VEHICLES

TALLAHASSEE

FLORIDA

*William T. Joyce*



WILLIAM T. JOYCE  
DIRECTOR

Control Number **46835309**

DEPARTMENT OF HIGHWAY SAFETY  
AND MOTOR VEHICLES

*Fred O. Dickinson, III*

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EXECUTIVE DIRECTOR

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This title is warranted and certified to be free from any liens except as noted on the face of this certificate and the motor vehicle or vessel described is hereby transferred to:

Purchaser: \_\_\_\_\_ Address: \_\_\_\_\_

I/We state that this ☐ 5 or ☐ 6 digit odometer now reads ☐☐☐☐☐☐☒ (no tenths)

miles, date read \_\_\_\_\_ and to the best of my knowledge  
that it reflects the actual mileage of the vehicle described herein, unless  
one of the odometer statement blocks is checked.

CAUTION:  
DO NOT CHECK ☐ 1.  
BOX IF ACTUAL ☐ 2.  
MILEAGE

Selling Price: \$ \_\_\_\_\_ Date Sold: \_\_\_\_\_

1. I hereby certify that to the best of my knowledge the odometer reading reflects the  
amount of mileage in excess of its mechanical limits.  
2. I hereby certify that the odometer reading is not the actual mileage.  
WARNING - ODOMETER DISCREPANCY.

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

Signature of  
Purchaser: \_\_\_\_\_  
Signature of  
Co-Purchaser: \_\_\_\_\_  
Signature of  
Seller: \_\_\_\_\_  
Signature of  
Co-Seller: \_\_\_\_\_

Printed Name of  
Purchaser: \_\_\_\_\_  
Printed Name of  
Co-Purchaser: \_\_\_\_\_  
Printed Name of  
Seller: \_\_\_\_\_  
Printed Name of  
Co-Seller: \_\_\_\_\_

(When Applicable)

Selling Dealer's License Number: \_\_\_\_\_ Tax No. \_\_\_\_\_ Tax Collected: \$ \_\_\_\_\_

Auction Name \_\_\_\_\_ License Number: \_\_\_\_\_

Installer

Application # 1012-17  
CODE ENFORCEMENT DEPARTMENT  
COLUMBIA COUNTY, FLORIDA

fax: 386-758-2160

OUT OF COUNTY MOBILE HOME INSPECTION REPORT

COUNTY THE MOBILE HOME IS BEING MOVED FROM Columbia Co  
OWNERS NAME MARY SAPP PHONE 269 1940 CELL Some  
INSTALLER DONALD Todd PHONE 386-963-3435 CELL 330 411  
INSTALLERS ADDRESS 13021 39th WILBORN FL 32094

MOBILE HOME INFORMATION

MAKE Temp YEAR 87 SIZE 28x44x  
COLOR \_\_\_\_\_ SERIAL No. 2B1C04225095B  
WIND ZONE II (Confirmation sheet given) SMOKE DETECTOR NO  
INTERIOR: OK  
FLOORS \_\_\_\_\_  
DOORS all OK Best one  
WALLS Dry wall has some cracks in it (Customer will fix)  
CABINETS OK  
ELECTRICAL (FIXTURES/OUTLETS) Need Ground Fast Recept in Bath - KID  
EXTERIOR:  
WALLS / SIDING Replace Siding on End  
WINDOWS 3 Broken Customer will fix  
DOORS one to be fixed

STATUS:  
APPROVED \_\_\_\_\_ NOT APPROVED \_\_\_\_\_

NOTES: Customer will take care of problems  
INSTALLER OR INSPECTORS PRINTED NAME DONALD Todd  
Installer/Inspector Signature Donald Todd License No. IT0000316 Date 12-14-10

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 386-719-2038 TO SET UP THIS INSPECTION. NO PERMIT WILL BE ISSUED BEFORE THIS IS DONE.

Code Enforcement Approval Signature Art D. Paul Date 12-15-10

CODE ENFORCEMENT  
PRELIMINARY MOBILE HOME INSPECTION REPORT

# 1012-17

DATE RECEIVED 12/16/10 BY TH IS THE MH ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? Y

OWNERS NAME MARY LIPP PHONE C CELL 386 109-1940

ADDRESS 137 NW SAMOSET GIN, LOT 71 CROSS

MOBILE HOME PARK LEON McCall - LOT 21

DRIVING DIRECTIONS TO MOBILE HOME 90° W TO TURN - R. 1/2 MI TO SAMOSET TR

PROPERTY ON L CORNER

MOBILE HOME INSTALLER Don Todd PHONE 963-3433 CELL

MOBILE HOME INFORMATION

MAKE TEMP YEAR 1987 SIZE 28 x 44 COLOR ? UNK See title

SERIAL No. FB1C0422801

WIND ZONE II Must be wind zone II or higher N > WIND ZONE I ALLOWED

INSPECTION STANDARDS

INTERIOR:

(P or F) P=PASS F=FAILED

☒ SMOKE DETECTOR ( ) OPERATIONAL ( ) MISSING

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

☒ DOORS ( ) OPERABLE ( ) DAMAGED

☒ WALLS ( ) SOLID ( ) STRUCTURALLY UNSOUND

☒ WINDOWS ( ) OPERABLE ( ) INOPERABLE

☒ PLUMBING FIXTURES ( ) OPERABLE ( ) INOPERABLE ( ) MISSING

☒ CEILING ( ) SOLID ( ) HOLES ( ) LEAKS APPARENT

☒ ELECTRICAL (FIXTURES/OUTLETS) ( ) OPERABLE ( ) EXPOSED WIRING ( ) OUTLET COVERS MISSING ( ) LIGHT FIXTURES MISSING

EXTERIOR:

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

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

☒ ROOF ( ) APPEARS SOLID ( ) DAMAGED

STATUS

APPROVED ☒ WITH CONDITIONS: Repair Broken windows in front

NOT APPROVED ☐ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS

SIGNATURE Att. S. Ruhl ID NUMBER 402 DATE 12-17-10

Call Mary She is  
and needs  
to meet you  
there



\$50.00

Date of Payment: 12.13.10

Paid By: MARY LIPP

Notes: BROKEN WINDOWS

DOORS NEED TO BE REFINISHED  
Siding to be replaced on  
END