DATE 12/15/2011

Columbia County Building Permit

This Permit Must Be Prominently Posted on Premises During Construction

PERMIT
000029819

APPLICANT WENDY GRENNELL PHONE 386.288.2428

ADDRESS 3104 SW OLD WIRE ROAD LAKE CITY FL 32024

OWNER R. LAMAR MOSELEY(BRITTANY MOSELEY MH) PHONE 386.588.4060

ADDRESS 872 SW CR 18 HIGH SPRINGS FL 32643

CONTRACTOR RONNIE NORRIS PHONE 386.623.7716

LOCATION OF PROPERTY 441-S TO C-18,TR TO DRIVE ON L ON TOP OF HILL
JUST PAST OLD LAKE CITY TERRACE.

TYPE DEVELOPMENT M/H/UTILITY ESTIMATED COST OF CONSTRUCTION 0.00

HEATED FLOOR AREA _____ TOTAL AREA _____ HEIGHT ____ STORIES ____

FOUNDATION _____ WALLS _____ ROOF PITCH _____ FLOOR _____

LAND USE & ZONING A-3 MAX. HEIGHT _____

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 28-6S-17-09800-000 SUBDIVISION _____

LOT ____ BLOCK ____ PHASE ____ UNIT ____ TOTAL ACRES 80.00

Culvert Permit No.	Culvert Waiver	Contractor's License Number	Applicant/Owner/Contractor	
		IH1025145	Wendy Grennell	
EXISTING	1111-30	BLK	TC	N
Driveway Connection	Septic Tank Number	LU & Zoning checked by	Approved for Issuance	New Resident

COMMENTS: DESIGNATING 5 ACRES FOR THIS M/H. MEETS DENSITY REQUIREMNTS FOR ZONING
1 FOOT ABOVE ROAD.

Check # or Cash CASH REC'D

FOR BUILDING & ZONING DEPARTMENT ONLY

Temporary Power _____ date/app. by

Foundation _____ date/app. by

Monolithic (footer/Slab) _____ date/app. by

Under slab rough-in plumbing _____ date/app. by

Slab _____ date/app. by

Sheathing/Nailing _____ date/app. by

Framing _____ date/app. by

Insulation _____ date/app. by

Rough-in plumbing above slab and below wood floor _____ date/app. by

Electrical rough-in _____ date/app. by

Heat & Air Duct _____ date/app. by

Peri. beam (Lintel) _____ date/app. by

Pool _____ date/app. by

Permanent power _____ date/app. by

C.O. Final _____ date/app. by

Culvert _____ date/app. by

Pump pole _____ date/app. by

Utility Pole _____ date/app. by

M/H tie downs, blocking, electricity and plumbing _____ date/app. by

Reconnection _____ date/app. by

RV _____ date/app. by

Re-roof _____ 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 $ 123.00 WASTE FEE $ 167.50

FLOOD DEVELOPMENT FEE $ ____ FLOOD ZONE FEE $ 25.00 CULVERT FEE $ ____ **TOTAL FEE** 665.50

INSPECTORS OFFICE _____ CLERKS OFFICE CH

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 1-11) Zoning Official BLK 22 Nov 2011 Building Official T.C. 11-21-11

AP# 1111 - 30 Date Received 11/21/11 By LL Permit # 29819

Flood Zone X Development Permit N/A Zoning A-3 Land Use Plan Map Category A-3

Comments Designating 5 acres for this MH, meet density requirements for zoning

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

☑ Site Plan with Setbacks Shown ☑ EH # 1111-30 ☑ EH Release ☑ Well letter ☐ Existing well

☑ Addifavit of owner

☑ Recorded Deed or Affidavit from land owner ☑ Installer Authorization ☐ State Road Access ☑ 911 Sheet

☐ Parent Parcel # ☐ STUP-MH ☐ F W Comp. letter ☑ VF Form ☑ A/C

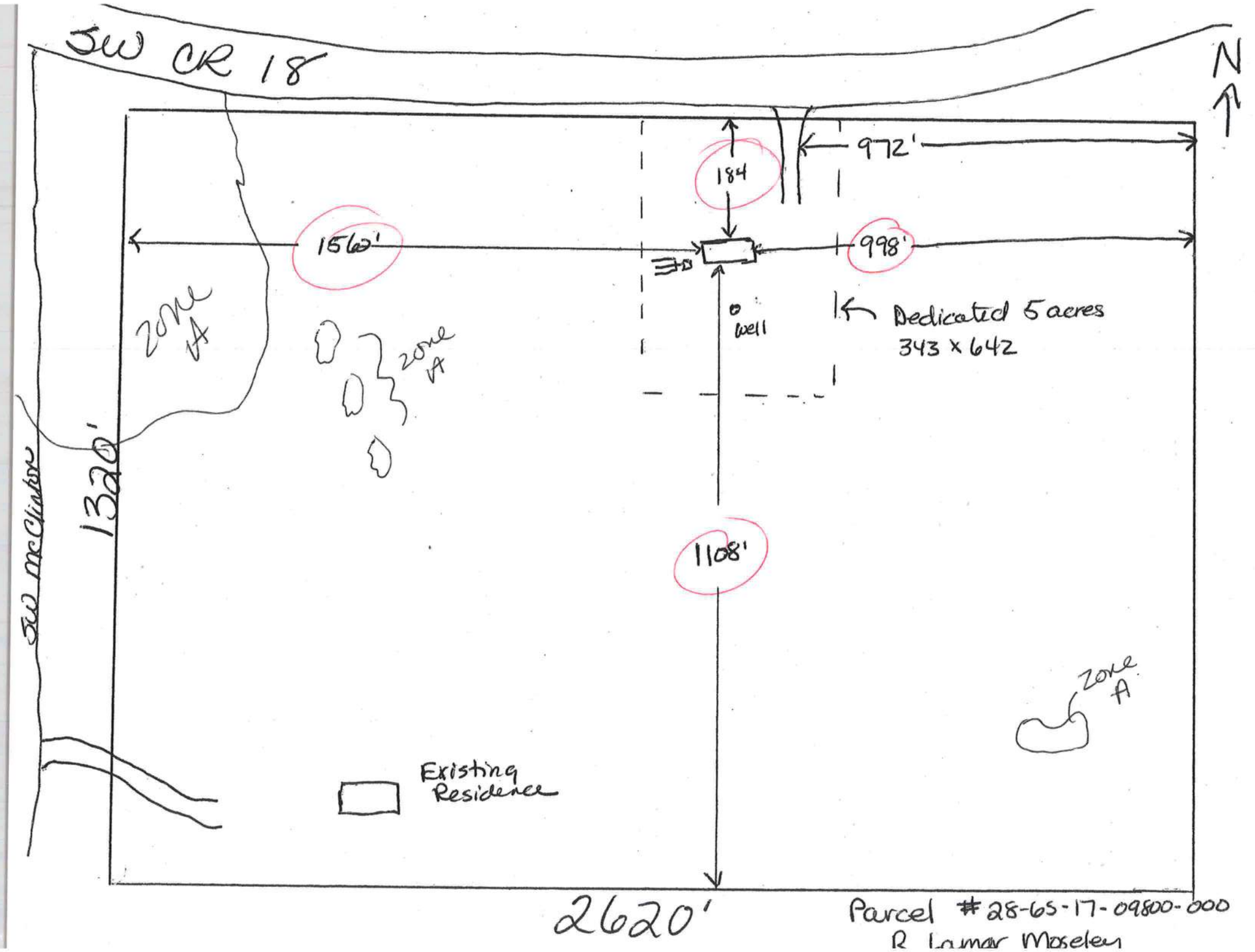
IMPACT FEES: EMS Fire Corr ☐ Out County ☐ In County

Road/Code School = TOTAL Impact Fees Suspended March 2009

Property ID # 28-6S-17-09800-000 Subdivision NA

- New Mobile Home ✓ Used Mobile Home MH Size 28x60 Year 2012
- Applicant Wendy Grennell Phone # 386-288-2428
- Address 3104 SW Old Wire Rd Ft White FL 32038
- Name of Property Owner R. Lamar Moseley Phone# 386-697-3861
- 911 Address 872 SW CR 18, High Springs, FL 32643
- Circle the correct power company - FL Power & Light - (Clay Electric)
  (Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home Brittany Moseley & Michael Hudson (Deeding 5 Acres) Phone # 386-588-4060
  Address 363 SW McClinton Dr Ft White FL 32038
- Relationship to Property Owner grand-daughter & future grandson in law
- Current Number of Dwellings on Property 1
- Lot Size Total Acreage 80
- 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 No (owes)
- Driving Directions to the Property 441 South TR on CR 18 to drive on L on top of hill just past Old Lake City Terrace
- Name of Licensed Dealer/Installer Ronnie Norris Phone # 386-623-7716
- Installers Address 1004 SW Charles Terrace Lake City FL 32024
- License Number IH 1025145 Installation Decal # 8865

Spoke to Wendy 11-23-11


SW CR 18
N
184
972'
1560'
998'
zone A
zone A
well
Dedicated 5 acres
343 x 642
SW McClinton
1320'
1108'
zone A
Existing Residence
2620'
Parcel # 28-65-17-09800-000
R Lamar Moseley

COLUMBIA COUNTY PERMIT WORKSHEET

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

Installer Ronnie Norris License # IH0251474

911 Address where home is being installed. SW CR 18 Ft White FL 32038

Manufacturer Live oak Length x width 28X60

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 KR

New Home ☑ Used Home ☐

Home Installed to the Manufacturer's Installation Manual ☑

Home is Installed in accordance with Rule 15-C ☐

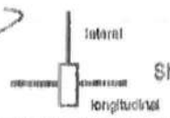
Single wide ☐ Wind Zone II ☑ Wind Zone III ☐

Double wide ☒ Installation Decal # 8865

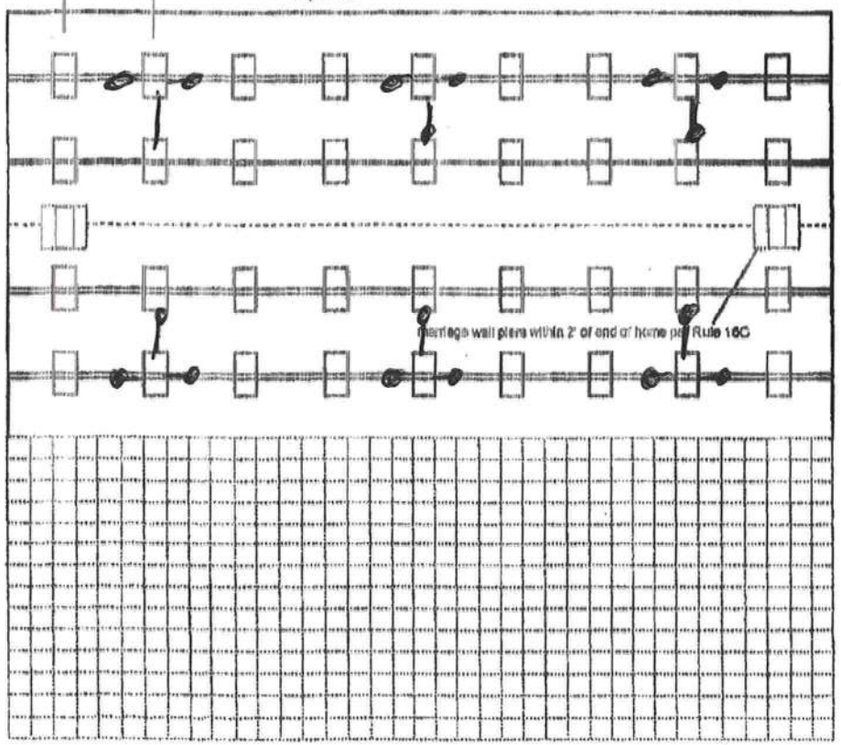
Triple/Quad ☐ Serial # LOHGA1111309GA/B

(425)

Typical pier spacing 2' 6'



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' 8"	8'	7'	8'	8'	8'
2000 psf		8'	8'	8'	8'	8'	8'
2500 psf		7' 8"	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 NA

Other pier pad sizes (required by the mfg.) 16X16

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
8	23X31
4	17X25
4	17X25.

POPULAR PAD SIZES

Pad Size	Sq In
16 x 16	256
16 x 18	288
18.5 x 18.5	342
15 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 (4) 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 ____

OTHER TIES

	Number
Sidewall	22
Longitudinal	4
Marriage wall	4
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 1500 x 1500 x 1500

POCKET PENETROMETER TESTING METHOD

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

x 1500 x 1500 x 1500

TORQUE PROBE TEST

The results of the torque probe test is 285 inch pounds or check here if you are declaring 5' anchors without testing 4. 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 [signature]

Date Tested 11-16-011

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 _____

Fastening multi wide units

Floor:	Type Fastener:	Lag	Length: 6	Spacing: 24
Walls:	Type Fastener:	Screw	Length: 6	Spacing: 16
Roof	Type Fastener:	Screw	Length: 6	Spacing: 16

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 material)

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.

Type gasket [signature] Installer's initials [signature]

Pg. _____

Installed:
Between Floors Yes _____
Between Walls Yes _____
Bottom of ridgebeam Yes [signature]

Weatherproofing

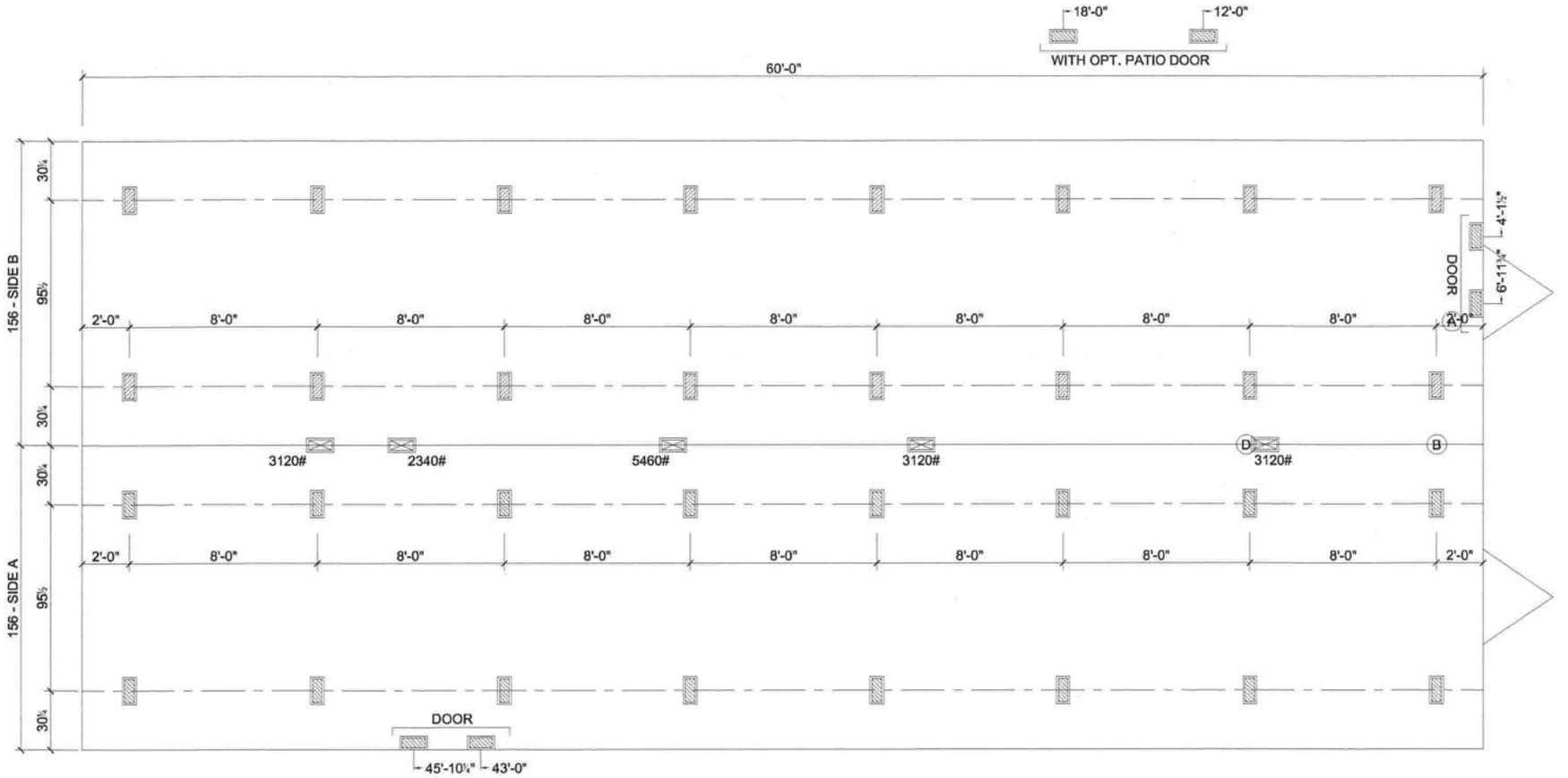
The beltomboard will be repaired and/or taped. Yes _____, Pg. _____
Siding on units is installed to manufacturer's specifications. Yes _____
Fireplace chimney installed so as not to allow intrusion of rain water. Yes ___

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 [signature] Date 11-16-011



MARRIAGE LINE OPENING SUPPORT PIER/TYP.
SUPPORT PIER/TYP

10-6-08

FOUNDATION NOTES:

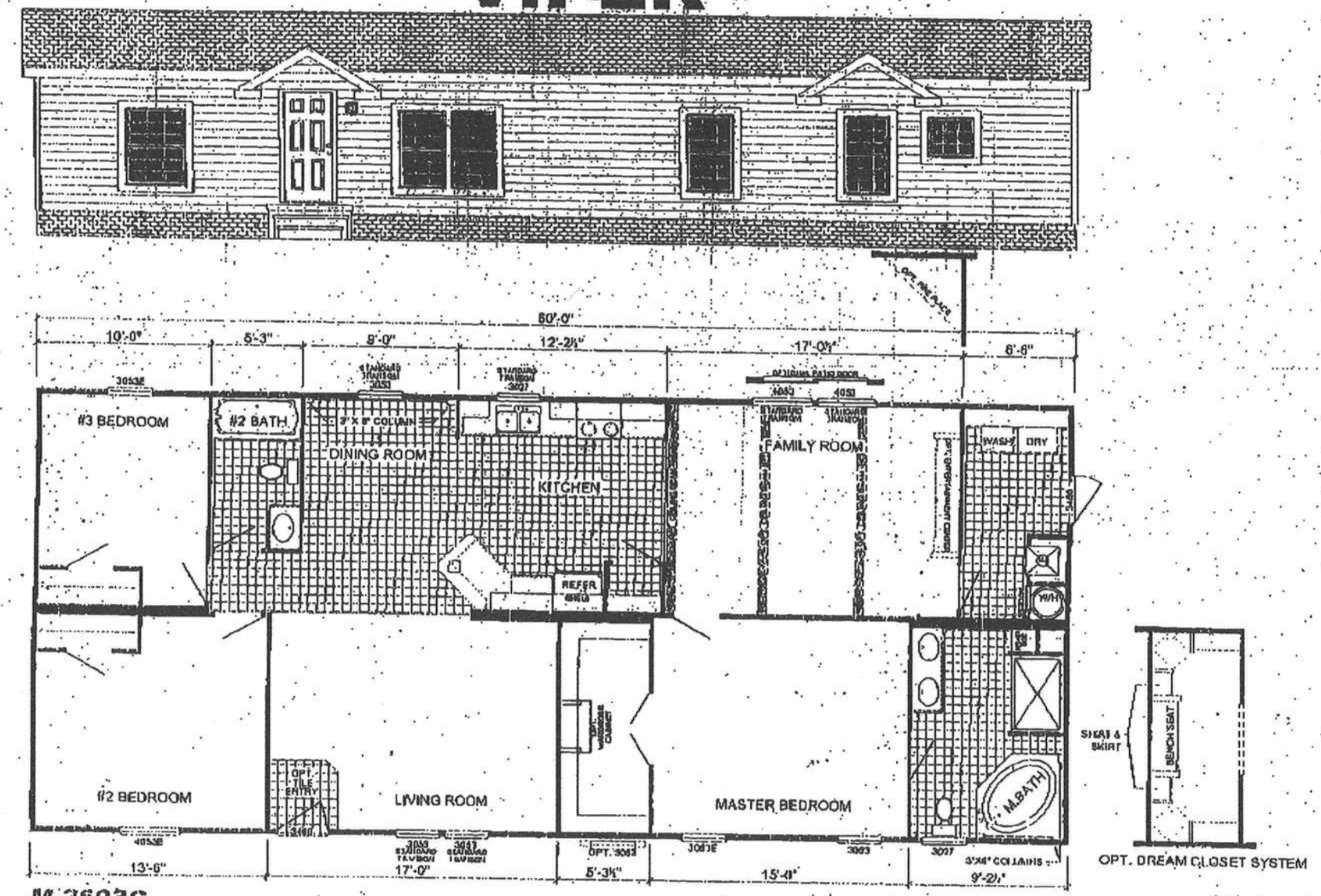
- THIS DRAWING IS DESIGNED FOR THE STANDARD WIND ZONE AND IS TO BE USED IN CONJUNCTION WITH THE INSTALLATION MANUAL AND IT'S SUPPLEMENTS.
- FOOTINGS ARE SHOWN FOR EXAMPLE ONLY QUANTITY AND SPACING MAY VARY BASED ON PAD TYPE, SOIL CONDITION, ETC.
- FOOTINGS ARE REQUIRED AT SUPPORT POSTS, SEE INSTALLATION MANUAL FOR REQUIREMENTS.

Live Oak Homes
MODEL: M-2603C - 28 X 60
3-BEDROOM / 2-BATH

(A) MAIN ELECTRICAL
(B) ELECTRICAL CROSSOVER
(C) WATER INLET
(D) WATER CROSSOVER (IF ANY)
(E) GAS INLET (IF ANY)
(F) GAS CROSSOVER (IF ANY)
(G) DUCT CROSSOVER
(H) SEWER DROPS
(I) RETURN AIR (W/OPT. HEAT PUMP OH DUCT)
(J) SUPPLY AIR (W/OPT. HEAT PUMP OH DUCT)

M-2603C

VIPER



M-2603C

3-BEDROOM / 2-BATH

28 X 64 - Approx. 1560 Sq. Ft.

GC1C0719

* All room dimensions include closets and square footage figures are approximate.
* Transom windows are available on optional 9'-0" sidewall houses only.

>> Print as PDF <<

S1/2 OF SW1/4.

MOSELEY R LAMAR
1038 SW CR 18
FT WHITE, FL 32038

28-6S-17-09800-000

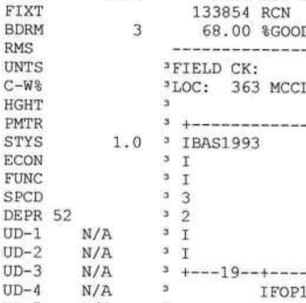
Columbia County 2012 R
CARD 001 of 001
BY JEFF

PRINTED 11/15/2011 14:44
APPR 7/20/2005 TW

BUSE 000100 SINGLE FAM AE? Y 2112 HTD AREA 108.288 INDEX 28617.00 DIST 3 PUSE 005000 IMPROVED AG
MOD 1 SFR BATH 2.00 2630 EFF AREA 50.895 E-RATE 100.000 INDX STR 28- 6S- 17
EXW 19 COMMON BRK FIXT 133854 RCN 1979 AYB MKT AREA 02 91,020 BLDG
% 0000000000 BDRM 3 68.00 %GOOD 91,020 B BLDG VAL 1979 EYB (PUD1 4,363 XFOB
RSTR 03 GABLE/HIP RMS AC 80.000 11,252 LAND
RCVR 03 COMP SHNGL UNTS NTCD 15,800 CLAS
% N/A C-W% APPR CD 186,594 MKTUSE
INTW 05 DRYWALL HGHT CNDO 293,229 JUST
% N/A PMTR SUBD 122,435 APPR
FLOR 14 CARPET STYS 1.0 BLK
10% 08 SHT VINYL ECON LOT 0 SOHD
HTTP 04 AIR DUCTED FUNC MAP# 0 ASSD
A/C 03 CENTRAL SPCD HX 0 EXPT
QUAL 05 05 DEPR 52 TXDT 003 0 COTXBL
FNDN N/A UD-1 N/A
SIZE 03 RECTANGLE UD-2 N/A
CEIL N/A UD-3 N/A
ARCH N/A UD-4 N/A
FRME 01 NONE UD-5 N/A
KTCH 01 01 UD-6 N/A
WNDO N/A UD-7 N/A
CLAS N/A UD-8 N/A
OCC N/A UD-9 N/A
COND 03 03 % N/A

SUB	A-AREA	%	E-AREA	SUB VALUE
BAS93	2112	100	2112	73093
FOP93	320	30	96	3322
FGR93	768	55	422	14605

FIELD CK:
LOC: 363 MCCLINTON DR SW FT WHITE



BLDG TRAVERSE
BAS1993=W66 S32 E19 FOP1993= S10 E32 N10
W32$ E47 FGR1993= E24 N32W24 S32$ N32$.

PERMITS

NUMBER	DESC	AMT	ISSUED
12814	M H	125	7/24/1997

SALE

BOOK	PAGE	DATE	PRICE

GRANTOR
GRANTEE

GRANTOR
GRANTEE

TOTAL 3200 2630 91020

EXTRA FEATURES

AE	BN	CODE	DESC	LEN	WID	HGHT	QTY	QL	YR	ADJ	UNITS	UT	PRICE	ADJ UT PR	SPCD %	%GOOD	XFOB VALUE
Y	1	0190	FPLC PF				1		0000	1.00	1.000	UT	1200.000	1200.000		100.00	1,200
Y		0166	CONC,PAVMT				1		0000	1.00	1.000	UT	200.000	200.000		100.00	200
N		0040	BARN,POLE	36	52		1		0000	1.00	1.000	UT	1123.000	1123.000		100.00	1,123
N		0030	BARN,MT	32	20		1		0000	1.00	1.000	UT	640.000	640.000		100.00	640
N		0030	BARN,MT	30	20		1		0000	1.00	1.000	UT	720.000	720.000		100.00	720
N		0040	BARN,POLE	40	20		1		0000	1.00	1.000	UT	480.000	480.000		100.00	480

AE	LAND CODE	DESC	ZONE	TOPO	ROAD	UTIL	UD1	UD2	UD3	UD4	FRONT	BACK	DEPTH	DT	ADJUSTMENTS	UNITS	UT	PRICE	ADJ UT PR	LAND VALUE
Y	000100	SFR	A-1	0002	0003	0003					1.00	1.00	1.00	1.00		1.000	AC	9252.590	9252.59	9,252
N	005200	CROPLAND 2	A-1	0002	0003	0003					1.00	1.00	1.00	1.00		54.000	AC	200.000	200.00	10,800AG
N	006200	PASTURE 3	A-1	0002	0003	0003					1.00	1.00	1.00	1.00		25.000	AC	200.000	200.00	5,000AG
N	009910	MKT.VAL.AG	A-1	0002	0003	0003					1.00	1.00	1.00	1.00		79.000	AC	2361.960	2361.96	186,594MK
Y	009945	WELL/SEPT	00	0002	0003	0003					1.00	1.00	1.00	1.00		1.000	UT	2000.000	2000.00	2,000

L001 - JOINS 33-6S-17-09835-000

A&B Well Drilling, Inc.

5673 NW Lake Jeffery Road
Lake City, FL 32055
Telephone: (386) 758-3409
Cell: (386) 623-3151
Fax: (386) 758-3410
Owner: Bruce Park

November 19, 2011

To: Columbia County Building Department

Description of Well to be installed for Customer Brittany Moseley

Located @ Address: SW CR 18 Ft White

1 HP 15 GPM submersible pump, 1 ¼" drop pipe, 86 gallon captive tank, and backflow prevention. With SRWMD permit.

Bruce N Park

Sincerely,
Bruce N. Park
President

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR Ronnie Norris PHONE 623-7716

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 Michael Conner License #: ER13013192	Signature Michael S Conner Phone #: 386-758-2233
MECHANICAL/ A/C _____	Print Name _____ License #:	Signature _____ Phone #:
PLUMBING/ GAS	Print Name Ronnie Norris License #: IH1025145	Signature _____ Phone #: 386-623-7716

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.

AFFIDAVIT

As per Florida Statutes Section 320.8249 Mobile Home Installers License:

Any person who engages in mobile home installation shall obtain a mobile home installer's license from the Bureau of Mobile Home and Recreational Vehicle Construction of the Department of Highway Safety and Motor Vehicles pursuant to this section. Said license shall be renewed annually, and each licensee shall pay a fee of $150.

I, Joanie Norris, license number IH IH/0231451/
Please Print

do hereby state that the installation of the manufactured home for Brittany
Applicant

Moseley + Michael Hudson at SW CR 218
911 Address

will be done under my supervision.

Signature

Sworn to and subscribed before me this 16 day of November 20 11.

Signature: Shirley M Bennett

My Commission Expires: 7-8-12
Date

SHIRLEY M. BENNETT
MY COMMISSION # DD804429
EXPIRES July 08, 2012
(407) 398-0153 FloridaNotaryService.com

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1111-30 CONTRACTOR Ronnie Norris PHONE 623-7716

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 Michael Conner License #: ER13013192	Signature Michael L Conner Phone #: 386-758-2233
MECHANICAL/ A/C ____	Print Name Robert Grant License #: CAC1814931	Signature Phone #: 8008693708
PLUMBING/ GAS	Print Name Ronnie Norris License #: IH10251145	Signature Phone #: 386-623-7716

Specialty License	License Number	Sub-Contractor's Printed Name	Sub Contractor's 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.

Contractor Forms: Subcontractor form 1/11

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: 11/9/2011 **DATE ISSUED:** 11/22/2011

ENHANCED 9-1-1 ADDRESS:

872 SW COUNTY ROAD 18
HIGH SPRINGS FL 32643

PROPERTY APPRAISER PARCEL NUMBER:

28-6S-17-09800-000

Remarks:

ADDRESS FOR PROPOSED NEW STRUCTURE ON PARCEL. 2ND LOCATION 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.

2115

App # 1111-30
Moseley

[redacted]

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF COLUMBIA

This is to certify that I, (We). R. Lamar Moseley
owner of the below described property:

Tax Parcel No. 28-65-17-09800-000

Subdivision (name, lot, block, phase) NA

Give my permission to Michael Hudson + Brittany Moseley to place a mobile home/travel trailer/single family home (circle one) on the above mentioned property.

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

R. Lamar Moseley
Owner

Owner

SWORN AND SUBSCRIBED before me this 21 day of November.
20 11. This (these) person(s) are personally known to me or produced
ID Personally Known.

Paula F Ammons
Notary Signature

PAULA F. AMMONS
Commission DD 835653
Expires November 9, 2012

App # 1111-30

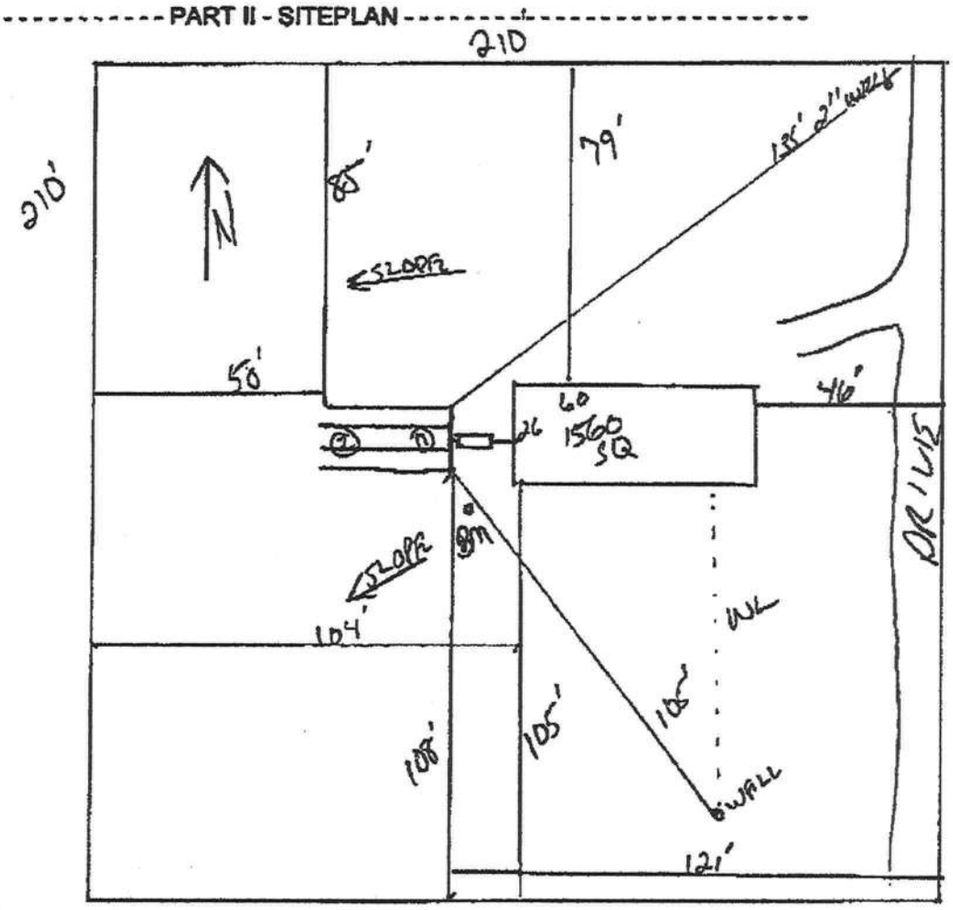
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 11-0486

Mosley

PART II - SITEPLAN

Scale: 1 inch = 40 feet.



SEE ATTACHED

Notes: 1 of 80 Acres

Site Plan submitted by: Rocky D 7-0

Plan Approved X Not Approved

By Columbia County Health Department

MASTER CONTRACTOR

Date 12/6/11

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

SP

CERTIFICATE OF

M/H OCCUPANCY

COLUMBIA COUNTY, FLORIDA

Department of Building and Zoning Inspection

This Certificate of Occupancy is issued to the below named permit holder for the building and premises at the below named location, and certifies that the work has been completed in accordance with the Columbia County Building Code.

Parcel Number 28-6S-17-09800-000 **Building permit No.** 000029819

Permit Holder RONNIE NORRIS

Owner of Building R. LAMAR MOSELEY(BRITTANY MOSELEY MH)

Location: 872 SW CR 18, HIGH SPRINGS, FL 32643

Date: 12/22/2011

COLUMBIA COUNTY GATEWAY TO FLORIDA

Building Inspector

POST IN A CONSPICUOUS PLACE
(Business Places Only)