

DATE 04/21/2010

Columbia County Building Permit

PERMIT

This Permit Must Be Prominently Posted on Premises During Construction

000028500

APPLICANT DALE BURD PHONE 386.497.2311
ADDRESS POB 39 FT. WHITE FL 32038
OWNER CHARLES HICKMAN PHONE 386.344.3238
ADDRESS 604 SW NEBRASKA TERRACE FT. WHITE FL 32038
CONTRACTOR JESSIE L. KNOWLES PHONE 386.755.6441
LOCATION OF PROPERTY 47-S TO US27, TR TO RIVERSIDE DR, TL TO UTAH, TL TO WASHINGTON
TR TO NEBRASKA, TL & IT'S 3/10 OF A MILE ON R.
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 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 FX DEVELOPMENT PERMIT NO.

PARCEL ID 23-6S-15-01135-000 SUBDIVISION 3 RIVERS ESTATES
LOT 157 BLOCK PHASE UNIT 18 TOTAL ACRES 2.75

IH1025283

Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor
EXISTING 10-0183 BLK HD N
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: ELEVATION CONFIRMATION LETTER REQUIRED FOR FINISH FLOOR & EQUIPMENT
PRIOR TO PERM. POWER. MFE @ 33'88". REPLACING EXISTING UNIT.

Check # or Cash 6358

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 \$ 300.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 0.00 WASTE FEE \$
FLOOD DEVELOPMENT FEE \$ FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$ TOTAL FEE 375.00
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

For Office Use Only (Revised 1-10-08) Zoning Official BLK 15.04-10 Building Official ND 4-16-10

AP# 1004-18 Date Received 4/13/10 By G Permit # 28500

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

Comments Elevation confirmation letter required for finish floor + equipment prior to p.p.

FEMA Map# 0485 Elevation 33' Finished Floor 33' 88" River SANTA FE In Floodway N/A

☒ Site Plan with Setbacks Shown ☒ EH # 10-0183 ☐ EH Release ☐ Well letter ☒ Existing well

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

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

IMPACT FEES: EMS _____ Fire _____ Corr _____ Road/Code _____

School _____ = TOTAL _____ Impact Fees Suspended March 2009 ☒ UF

Replacing existing ducting

26-65-15

Property ID # 0000-00-01135-000 Subdivision 3 RIVERS ESTATES, Lot 157, UNIT 18

▪ New Mobile Home X Used Mobile Home _____ MH Size 28x51 Year 2010

▪ Applicant Dale Bud or Rocky Ford Phone # 386-497-2311

▪ Address PO Box 39, Fort White, FL, 32038

▪ Name of Property Owner Charles Hickman Phone# 386-344-3238

▪ 911 Address 604 SW NEBRASKA, Fort 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 SAME Phone # SAME

Address SAME

▪ Relationship to Property Owner SAME

▪ Current Number of Dwellings on Property 1 to be removed

▪ Lot Size 300 x 400 Total Acreage 2.75

▪ 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 YES (pd)

▪ Driving Directions to the Property 47 South, TR on US 27, TL on RIVERSIDE DRIVE (3 RIVERS), TL on UTAH, TR on WASHINGTON, TL on NEBRASKA, 3/10 THS on RIGHT

▪ Name of Licensed Dealer/Installer Jessia L "Christina" Kwanlis Phone # 755-6441

▪ Installers Address 5801 SW SR 47 LAKE CITY, FL, 32024

▪ License Number IH1025283/1 Installation Decal # 306704

Spoke to Dale
4/16/10

PERMIT WORKSHEET

PERMIT NUMBER

Installer Essie L. Chester Knowles License # IH1025283/1

Address of home being installed 604 SW Nebraska Trail

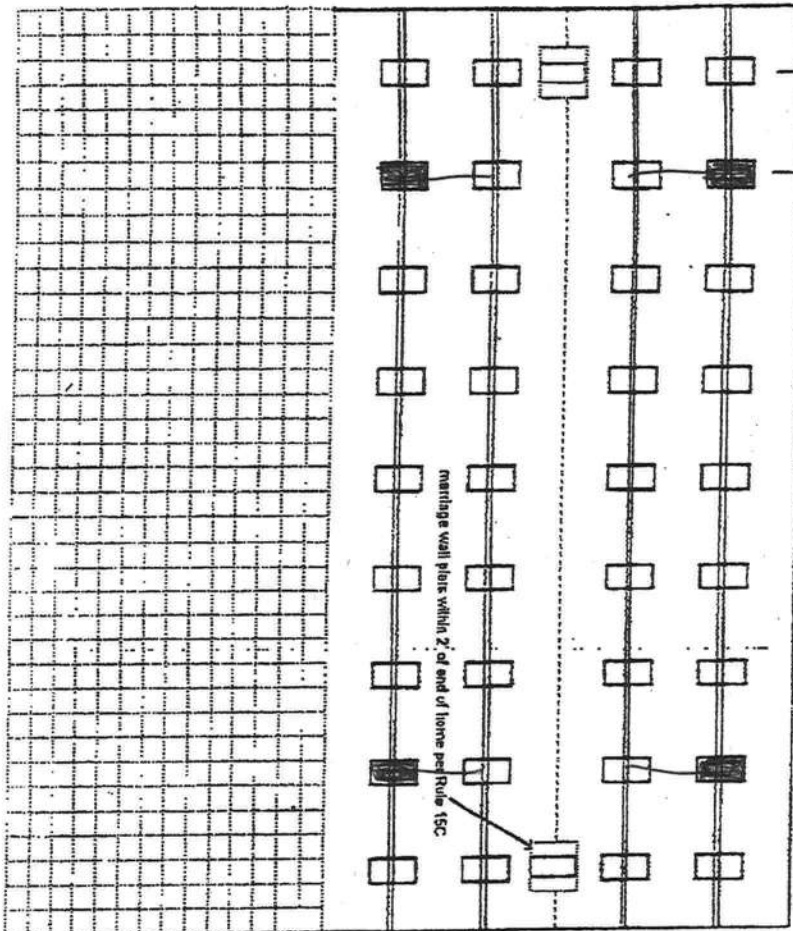
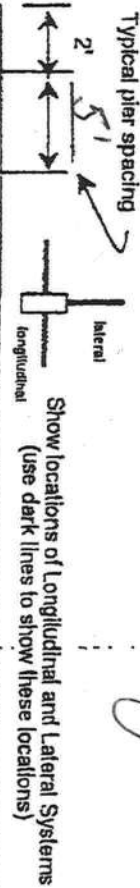
Manufacturer Scotbilt Length x width 28x51

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 lies exceed 6 ft 4 in.

Installer's initials

[Signature]



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 # 366264

Triple/Quad ☐ Serial # N/A

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq ft)	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'	5'	6'	7'	8'	9'
2000 psf	5'	6'	7'	8'	9'	10'
2500 psf	6'	7'	8'	9'	10'	11'
3000 psf	7'	8'	9'	10'	11'	12'
3500 psf	8'	9'	10'	11'	12'	13'

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

PIER PAD SIZES

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.

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

Opening 12' Pier pad size 24x24

POPULAR PAD SIZES

Pad Size	Sq in
10 x 16	256
16 x 18	288
18.5 x 18.5	342
18 x 22.5	380
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	448
24 x 24	576
26 x 26	676

ANCHORS

4 in ☒ 5 in ☒ 6 in ☒

FRAME TIES

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

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)

Manufacturer Delta Technology

OTHER TIES

Number 16

Longitudinal Marriage wall Shearwall 1010

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

$$\begin{array}{r} \times 1.5 \\ \hline \end{array}$$

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.

57x 57x 57x

The results of the torque probe test is N/A using 1/2" x 1/2" Sys-Tem
here if you are declaring 5" anchors without testing
showing 275 inch pounds or less will require 4 foot
anchors. A test 5" anchors

Note: A state approved lateral arm system is being used and 4 ft. anchors are allowed at the sidewall locations. 1 undersland 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.

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Jessie L. Claster
Date Tested 4-6-11

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. 155-1

Plumbing

4. Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 156-7

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

Fastforward multi wide unice

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

Type gasket 201 FIDAM
Pg. 15007

Installed:

Between Floors Yes ☒
Between Walls Yes ☒
Bottom of ridgebeam Yes ☒

Weatherproofing

The bottomboard will be repaired and/or taped. Yes ☒ Pg. 15C-1
Siding on units is installed to manufacturer's specifications. Yes ☒
Fireplace chimney installed so as not to allow intrusion of rain water. Yes ☒ 114

Microsoft

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: 65-1 W.A. or M.A. NOT IN No. 4-11-00

Installer verifies all information given with this permit worksheet is accurate and true based on the manufacturer's installation instructions and or Data Plate.

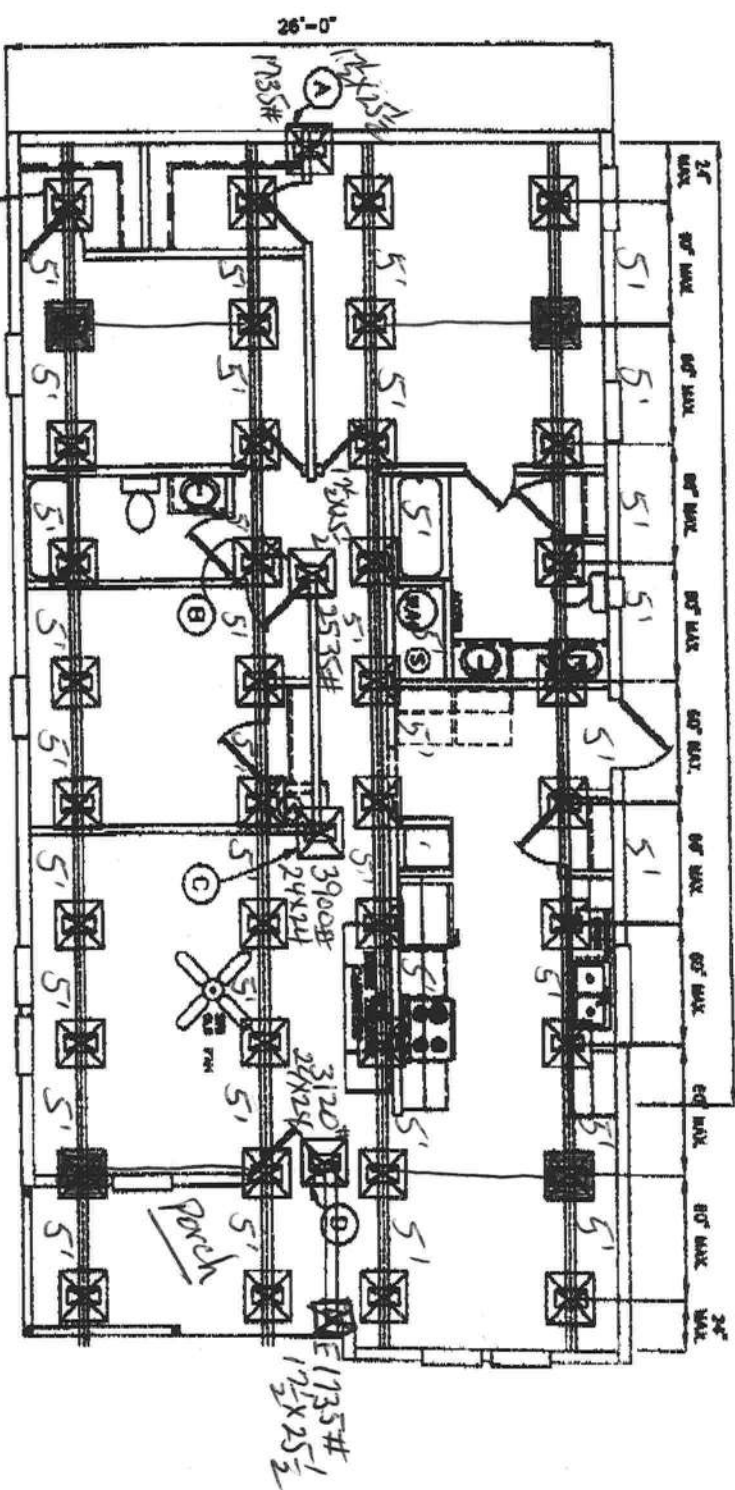
Installer Signature David F. Weathermon Date 4-6-10
Installer Phone #: 366-755-6441

For A/C man

FLORIDA MULTI-WIDE PIER BLOCKING DIAGRAM

INTENDED FOR USE WITH 2000 PSI SOIL PRESSURE

40'-0"



PIER	PIER LOAD (LBS)
A	1735
B	2535
C	3900
D	3120

AND POWER ON FORCE AND
18" OVERLAP ON ENDWALL
9" OVERLAP STANDARD

ORLEANS	
BOOKING	2000 PSI
DATE	08/07/08
LAST BOOKING DATE	08/07/08
DATE	08/07/08

MOBILE HOME INSTALLER 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.

As per Suwannee County Land Development Regulations, Section 14.8:

It shall be deemed a violation of these land development regulations for any person, firm, corporation, or other entity to place or erect any mobile home on any lot or parcel of land within any area subject to these land development regulations for private use without **FIRST** having secured a mobile home move-on (building) permit from the Land Development Regulation Administrator (Building Department). Such permit shall be deemed to authorize placement, erection, and use of the mobile home only at the location specified in the permit. **The responsibility of securing a mobile home move-on (building) permit shall be that of the person causing the mobile home to be moved.** The move-on (building) permit shall be posted prominently on the mobile home before such mobile home is moved onto the site.

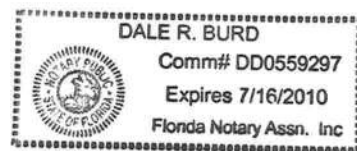
I, Jessie L. "Chester" Knowles, license number IH 0000509
Please Print
do hereby state that the installation of the manufactured home for DALE BURD ON
Ruby Ford Applicant
at 604 SW Naberska
911 Address
will be done under my supervision.

Jessie L. "Chester" Knowles
Signature

Sworn to and subscribed before me this 12 day of April,
2010.

Notary Public: [Signature]
Signature

My Commission Expires: _____
Date

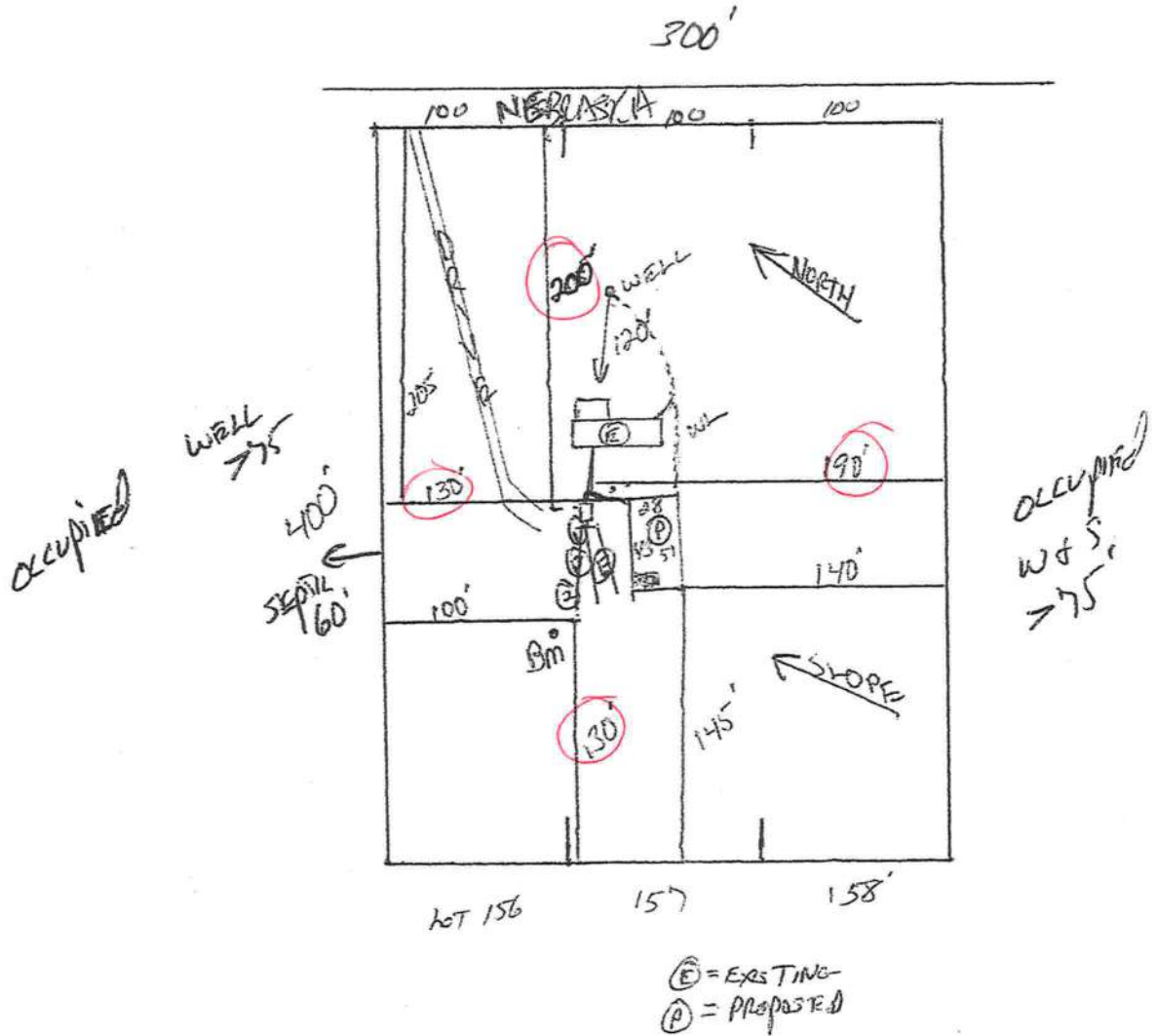


**STATE OF FLORIDA
DEPARTMENT OF HEALTH**
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number _____

----- PART II - SITEPLAN -----

Scale: 1 inch = ^{100'}~~50~~ feet.



Notes: ALL IMPROVEMENTS ON LOT 157

Site Plan submitted by: Reed 07-0 MASTER CONTRACTOR
 Plan Approved _____ Date _____
 By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Recording Fees: \$ 0859 PG2399
Documentary Stamps: \$
Total: \$

Prepared By And Return To:

SOUTHEAST TITLE GROUP, LLP

Address: 2015 So. First Street

Lake City, FL 32066

SE File #98Y-04133TJ/TERRY E. TRAIL

Property Appraiser's Parcel I.D. Number(s):

01135-000 AND 01136-000

Grantee(s) S.S.#(s):

██████████

OFFICIAL RECORDS

98-08899

FILED AND RECORDED IN PUBLIC
RECORDS OF COLUMBIA COUNTY, FL

1998 JUN -4 PM 2:34

RECEIVED
CLERK OF COURTS
COLUMBIA COUNTY, FLORIDA
BY *[Signature]* D.C.

WARRANTY DEED

THIS WARRANTY DEED made and executed the 20th day of May, 1998 by GRANT D. GROVES and DEBRA ANN GROVES, HIS WIFE, hereinafter called the Grantor, to CHARLES H. HICKMAN, A SINGLE PERSON, whose post office address is: 3326 11TH STREET NORTH, ST. PETERSBURG, FL 33704, hereinafter called the Grantee:

(Wherever used herein the terms "Grantor" and "Grantee" shall include singular and plural, heirs, legal representatives, and assigns of individuals, and the successors and assigns of corporations, wherever the context so admits or requires.)

WITNESSETH: That the Grantor, for and in consideration of the sum of TEN DOLLARS (\$10.00) and other valuable considerations, receipt whereof is hereby acknowledged, by these presents does grant, bargain, sell, alien, remise, release, convey and confirm unto the Grantee all that certain land situate, lying and being in COLUMBIA County, State of Florida, viz:

LOTS 156, 157 AND 158, UNIT 18, THREE RIVERS ESTATES, INC. A SUBDIVISION AS RECORDED IN PLAT BOOK 6, PAGE 12, PUBLIC RECORDS OF COLUMBIA COUNTY, FLORIDA.

THE ABOVE DESCRIBED PROPERTY IS NOT THE HOMESTEAD PROPERTY OF THE GRANTORS

TOGETHER with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

TO HAVE AND TO HOLD the same in fee simple forever.

AND the Grantor hereby covenants with said Grantee that the Grantor is lawfully seized of said land in fee simple; that the Grantor has good right and lawful authority to sell and convey said land, and hereby warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances, except easements, restrictions and reservations of record, if any, and taxes accruing subsequent to December 31, 1997.

IN WITNESS WHEREOF, the said Grantor has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered
in the presence of:

Witness: BARRY HEFNER

Witness: ROSEMARY HARTAGE

Witness: _____

Witness: _____

STATE OF FLORIDA
COUNTY OF Columbia

I hereby certify that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgements, personally appeared GRANT D. GROVES and DEBRA ANN GROVES, H/W, who produced the identification described below, and who acknowledged before me that they executed the foregoing instrument.

Witness my hand and official seal in the county and state aforesaid this 20th day of May, 1998.



TINA A. STEWART
MY COMMISSION # 0048113 EXPIRES
March 15, 2000
ISSUED BY THE FLORIDA BAR, INC.

Notary Public:

Identification Examined:

FL Drivers License

GRANT D. GROVES
Address: 2240 BLACK BEAR LANE

WINTER GARDEN, FL 34787

DEBRA ANN GROVES

Address: 2240 BLACK BEAR LANE

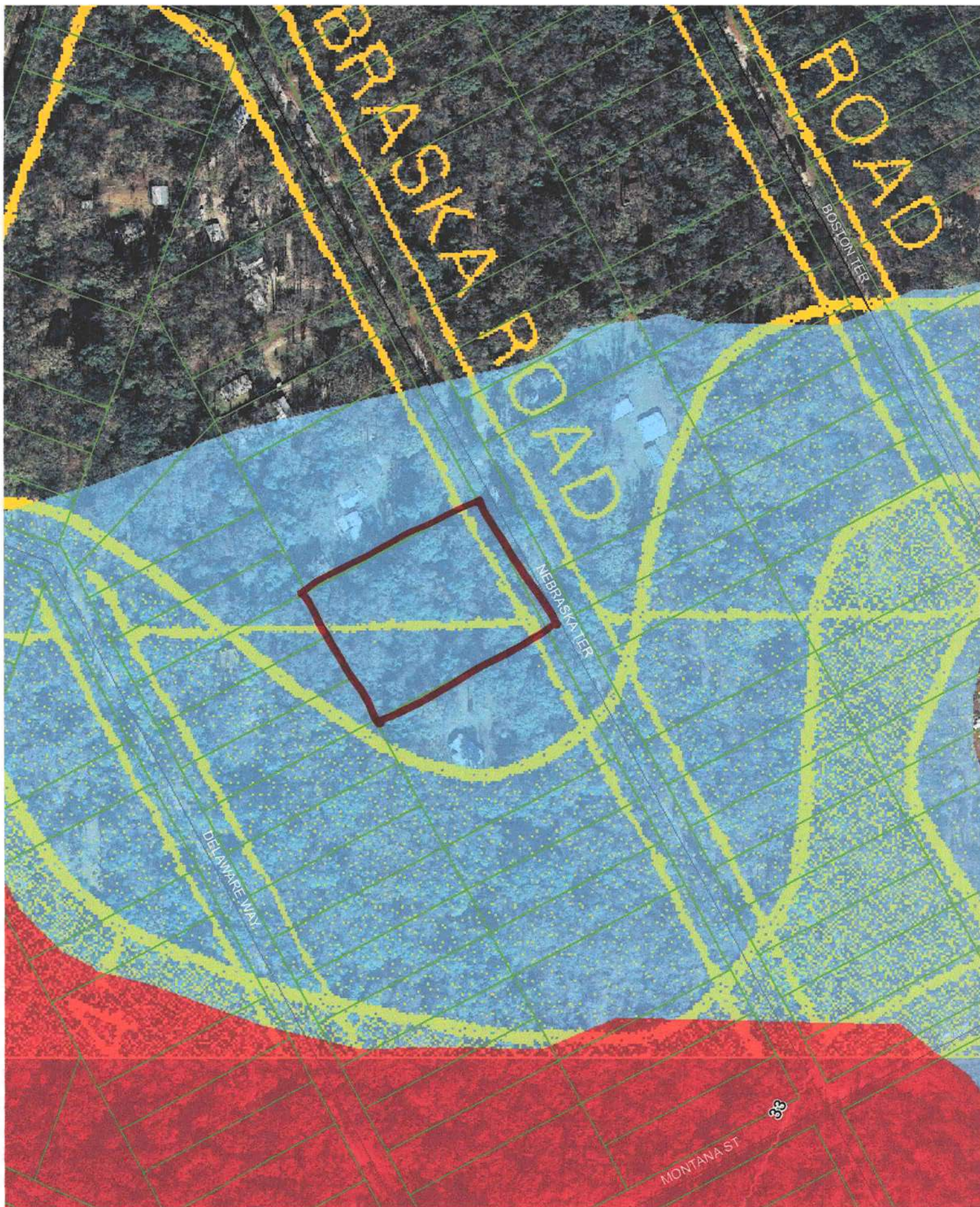
WINTER GARDEN, FL 34787

Intangible Tax

County Clerk

of Court

D.C.



1004-18

1004-18

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____

CONTRACTOR JESSIE L. CHETTER KNOWLES PHONE 755-6441

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 OK 234	Print Name: <u>Michael Carter</u> License #: <u>ER 13013192</u>	Signature: <u>[Signature]</u> Phone #: <u>886-32-0909</u>
MECHANICAL/A/C OK 718	Print Name: <u>MOBILE HOME ELEC-AIR</u> License #: <u>CAC 635587</u>	Signature: <u>[Signature]</u> Phone #: <u>1800-225-9070</u>
PLUMBING/GAS OK 614	Print Name: <u>JESSIE L. CHETTER KNOWLES</u> License #: <u>IH 1025283/1</u>	Signature: <u>[Signature]</u> Phone #: <u>755-6441</u>
ROOFING	Print Name: _____ License #: _____	Signature: _____ Phone #: _____
SHEET METAL	Print Name: _____ License #: _____	Signature: _____ Phone #: _____
FIRE SYSTEM/SPRINKLER	Print Name: _____ License #: _____	Signature: _____ Phone #: _____
SOLAR	Print Name: _____ License #: _____	Signature: _____ Phone #: _____

Specialty License	License Number	Sub-Contractor Print Name	Sub-Contractor Phone Number
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.

Contractor Form: Subcontractor Form 6/00

1004-18

SUBCONTRACTOR VERIFICATION FORM

HICKMAN

APPLICATION NUMBER

CONTRACTOR JESSIE L. CHARLES KNOWLESPHONE 755-6441

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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>Michael L. CARVER</u> License #: <u>ER 13013192</u>	Signature <u>Michael L. Carver</u> Phone #: <u>586-372-0909</u>
MECHANICAL/ A/C	Print Name <u>MOBILE HOME ELAC-AIR</u> License #: <u>CAC 635587</u>	Signature _____ Phone #: <u>1800-225-9070</u>
PLUMBING/ GAS	Print Name <u>JESSIE L. CHARLES KNOWLES</u> License #: <u>IH 1025283/1</u>	Signature <u>Jessie L. Charles Knowles</u> Phone #: <u>755-6441</u>
ROOFING	Print Name _____ License #: _____	Signature _____ Phone #: _____
SHEET METAL	Print Name _____ License #: _____	Signature _____ Phone #: _____
FIRE SYSTEM/ SPRINKLER	Print Name _____ License #: _____	Signature _____ Phone #: _____
SOLAR	Print Name _____ License #: _____	Signature _____ Phone #: _____

Subcontractor License	License Number	Subcontractor Print Name	Subcontractor 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.

Contractor Payor: subcontractor form 8/09

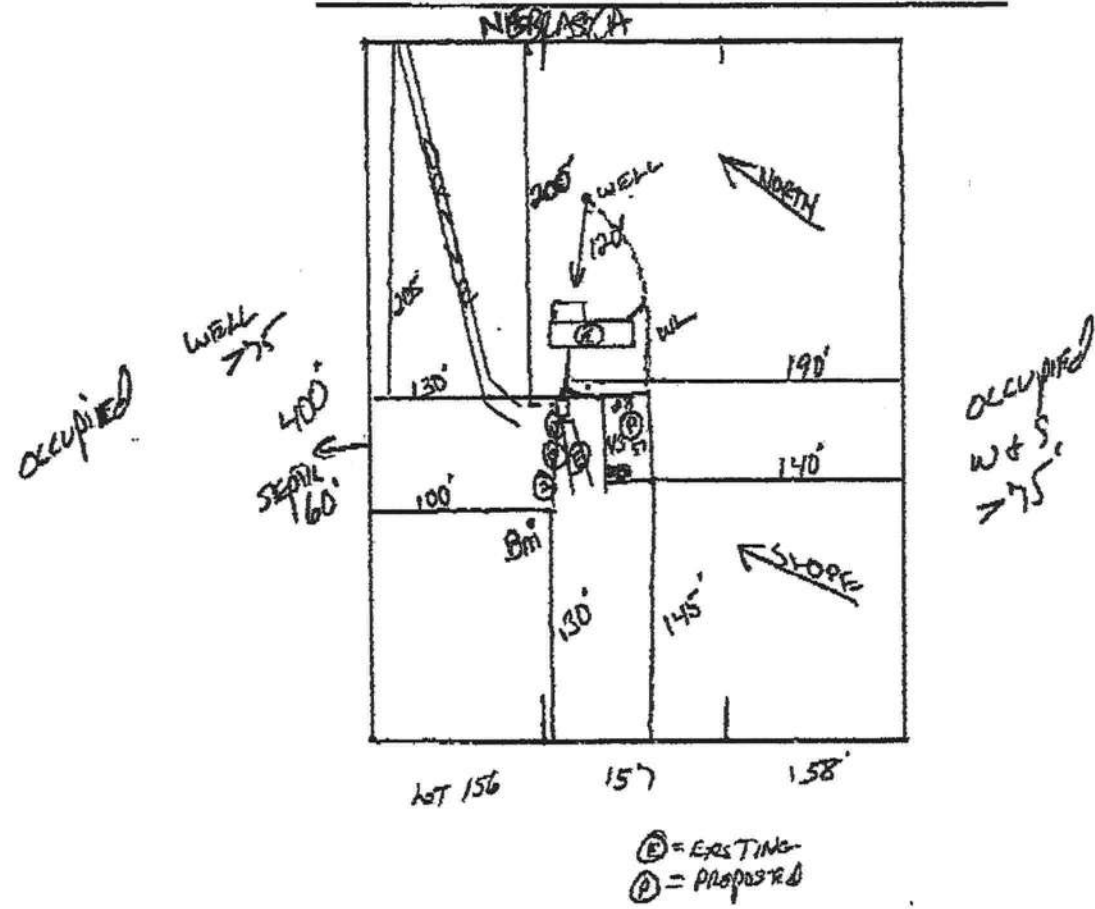
1004-18

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

Permit Application Number 10-0183 M

----- PART II - SITEPLAN -----

Scale: 1 inch = ^{100'}~~50~~ feet.



Notes: ALL IMPROVEMENTS ON LOT 157

Site Plan submitted by: Rock 77-0
Plan Approved K Not Approved Columbia CHD
By Jillie Land FH Director MASTER CONTRACTOR Date 4-21-10
County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 000028300 CONTRACTOR Chester Knowles PHONE _____

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ELECTRICAL	Print Name <u>James Branson</u> License #: <u>ES0000068</u>	Signature <u>[Signature]</u> Phone #: <u>352 625 5100</u>
MECHANICAL/ A/C	Print Name _____ License #: _____	Signature _____ Phone #: _____
PLUMBING/ GAS	Print Name _____ License #: _____	Signature _____ Phone #: _____
ROOFING	Print Name _____ License #: _____	Signature _____ Phone #: _____
SHEET METAL	Print Name _____ License #: _____	Signature _____ Phone #: _____
FIRE SYSTEM/ SPRINKLER	Print Name _____ License #: _____	Signature _____ Phone #: _____
SOLAR	Print Name _____ License #: _____	Signature _____ Phone #: _____

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, FLORIDA

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 23-6S-15-01135-000

Building permit No. 000028500

Permit Holder JESSIE L. KNOWLES

Owner of Building CHARLES HICKMAN

Location: 604 SW NEBRASKA TERR., FT. WHITE, FL



Date: 06/28/2010

Tany Dicks

Building Inspector

POST IN A CONSPICUOUS PLACE
(Business Places Only)



Land Surveyors
and Mappers

BRITT SURVEYING & ASSOCIATES

830 West Duval Street • Lake City, FL 32055
Phone (386) 752-7163 • Fax (386) 752-5573

Hickman
28500
OK
BLK
25.06.10

06/26/10

L-20463

To Whom It May Concern:

C/o: A & B Construction

Re: Lot 157 in Unit 18 of Three Rivers Estates

The elevation of the mobile home's finished floor is 42.07 feet. The property falls in the 2% flood hazard and the adjacent 100-year flood elevation is 33.00 feet per Suwannee River Water Management District flood report. The adjacent highest grade is 39.1 feet. The adjacent lowest grade is 38.0 feet. The datum shown hereon is NAVD 88 datum

L. Scott Britt
PLS #5757