

DATE 09/09/2008

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

PERMIT
000027327

APPLICANT WENDY GRENNELL PHONE 288-2428
ADDRESS 3104 SW OLD WIRE RD FT. WHITE FL 32038
OWNER MARC VANN, JR PHONE 752-3420
ADDRESS 160 NE JAMES AVE LAKE CITY FL 32024
CONTRACTOR ROBERT SHEPPARD PHONE 623-2203
LOCATION OF PROPERTY 90E, TL ON JAMES AVE, 2ND LOT ON LEFT

TYPE DEVELOPMENT MH, UTILITY ESTIMATED COST OF CONSTRUCTION 0.00
HEATED FLOOR AREA TOTAL AREA HEIGHT STORIES
FOUNDATION WALLS ROOF PITCH FLOOR
LAND USE & ZONING CI MAX. HEIGHT
Minimum Set Back Requirments: STREET-FRONT 20.00 REAR 15.00 SIDE 5.00
NO. EX.D.U. 1 FLOOD ZONE X DEVELOPMENT PERMIT NO.

PARCEL ID 33-3S-17-06519-000 SUBDIVISION HIGHLANDS ESTATES
LOT 7 BLOCK 3 PHASE UNIT TOTAL ACRES 0.23

IH0000833
Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor
EXISTING 08-599 BK WR N
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: ONE FOOT ABOVE THE ROAD, 2.3.1 LEGAL NON-CONFORMING USE
FIRE BURN-OUT, NO CHARGE

Check # or Cash

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

Temporary Power Foundation Monolithic
date/app. by date/app. by date/app. by
Under slab rough-in plumbing Slab Sheathing/Nailing
date/app. by date/app. by date/app. by
Framing Rough-in plumbing above slab and below wood floor
date/app. by date/app. by
Electrical rough-in Heat & Air Duct Peri. beam (Lintel)
date/app. by date/app. by date/app. by
Permanent power C.O. Final Culvert
date/app. by date/app. by date/app. by
M/H tie downs, blocking, electricity and plumbing Pool
date/app. by date/app. by
Reconnection Pump pole Utility Pole
date/app. by date/app. by date/app. by
M/H Pole Travel Trailer 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 \$ 0.00 ZONING CERT. FEE \$ FIRE FEE \$ 0.00 WASTE FEE \$
FLOOD DEVELOPMENT FEE \$ FLOOD ZONE FEE \$ CULVERT FEE \$ TOTAL FEE 0.00
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 TO BE IN ACTIVE PROGRESS WHEN THE PERMIT HAS RECIEVED AN APPROVED INSPECTION WITHIN 180 DAYS.

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

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

- NO CHARGE -

For Office Use Only (Revised 1-10-08) Zoning Official aps 9/1/08 Building Official UND 9/2/8

AP# 0808-54 Date Received 8/29 By NW Permit # 27327

Flood Zone X Development Permit --- Zoning CI Land Use Plan Map Category C

Comments 2.31 legal non-conforming use

FEMA Map# _____ Elevation _____ Finished Floor _____ River _____ In Floodway _____

☒ Site Plan with Setbacks Shown ☐ EH # _____ ☒ 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 _____ ☒ PRE MH

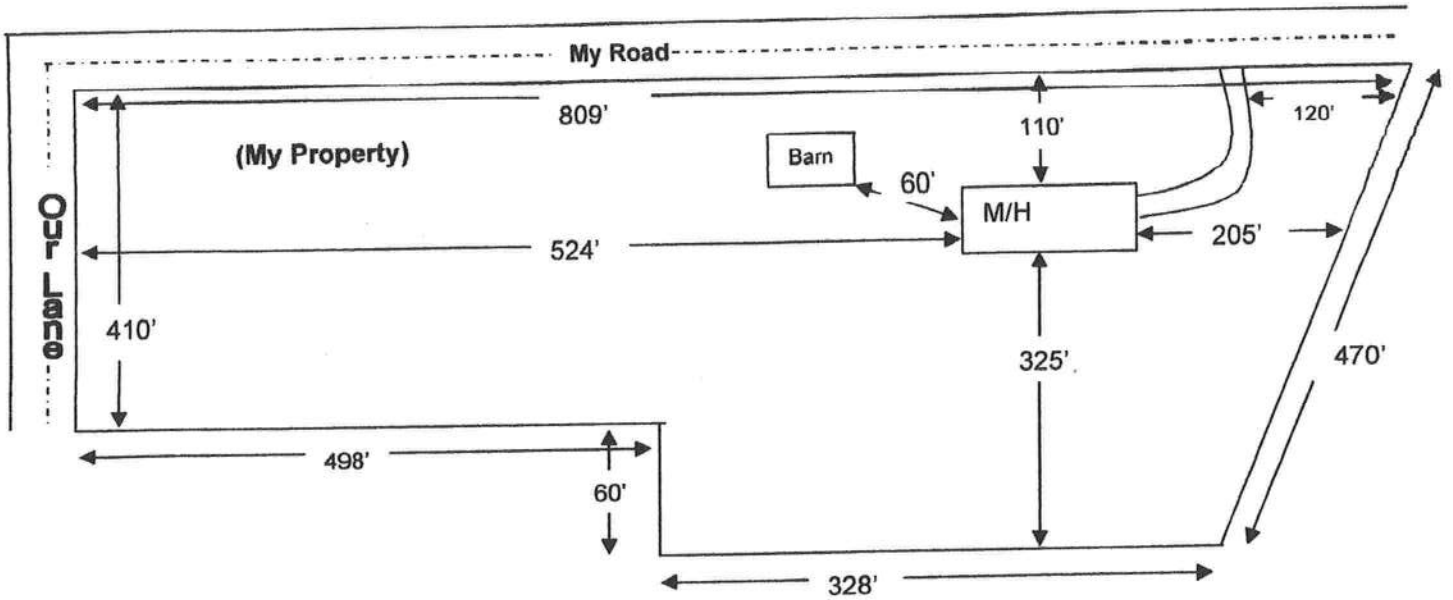
BIK-3

Property ID # 33-35-17-06519-000 Subdivision Highlands Estates Lot 7

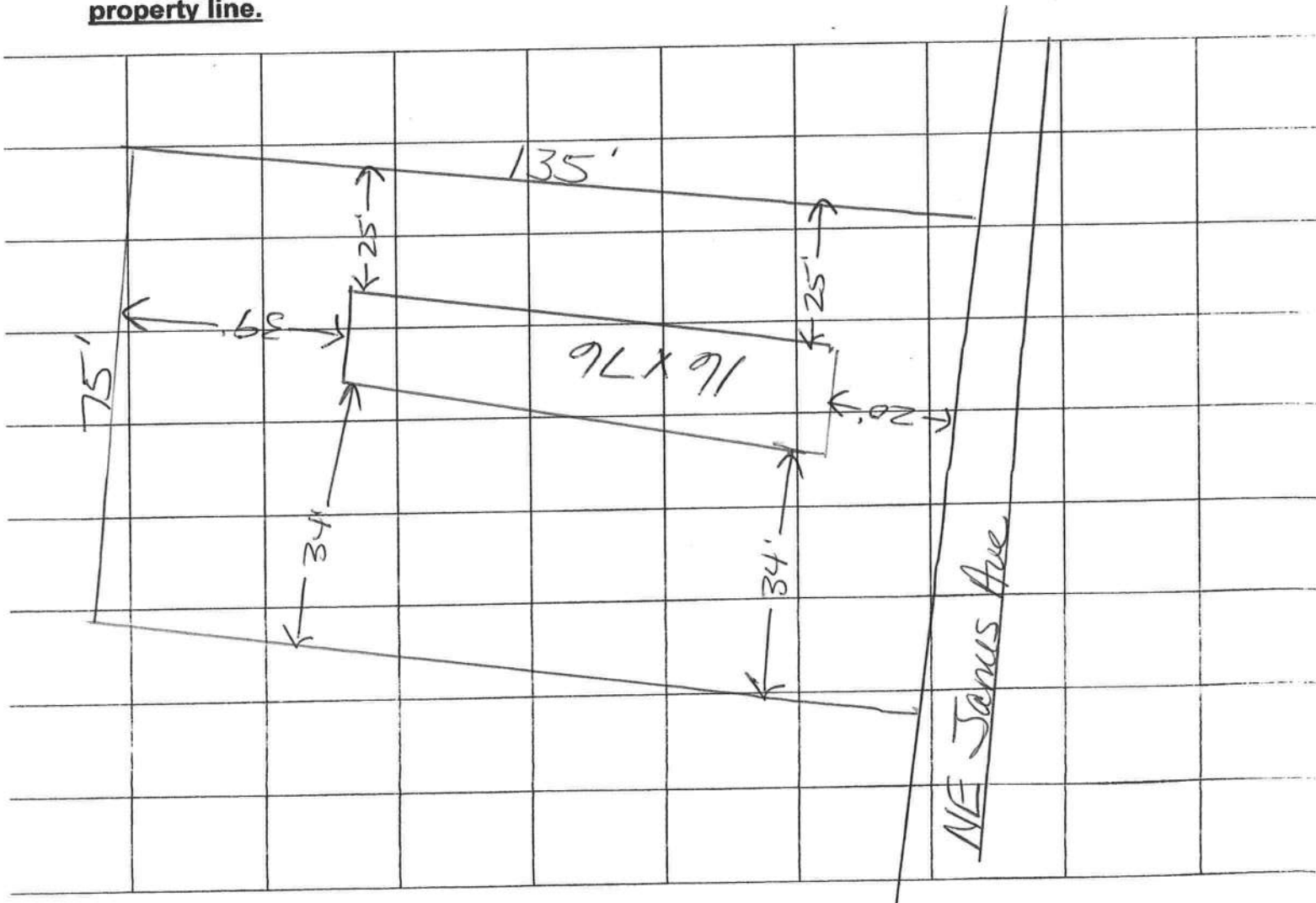
- New Mobile Home _____ Used Mobile Home ☒ MH Size 16x76 Year 1994
- Applicant Wendy Grennell Phone # 386-288-2428
- Address 3104 SW Old Wire Rd Fort White FL 32038
- Name of Property Owner Marc Vann, Jr. Phone# 386-752-3420
- 911 Address 160 NE James Ave Lake City FL 32055
- Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home Marc Vann, Jr. Phone # 386-752-3420
- Address 482 SW Gerald Connor Drive Lake City FL 32024
- Relationship to Property Owner Same
- Current Number of Dwellings on Property 0 - burnout
- Lot Size _____ Total Acreage .232
- 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 replacing burnout SFR
- Driving Directions to the Property US Hwy 90 East approx 1-1/2 miles to NE James Ave turn (L) 2nd lot on (L)
- Name of Licensed Dealer/Installer Robert Sheppard Phone # 386-623-2203
- Installers Address 6355 SE CR 245 Lake City FL 32055
- License Number IH0000833 Installation Decal # 278549

JW Spoke with Linda 9.2.08

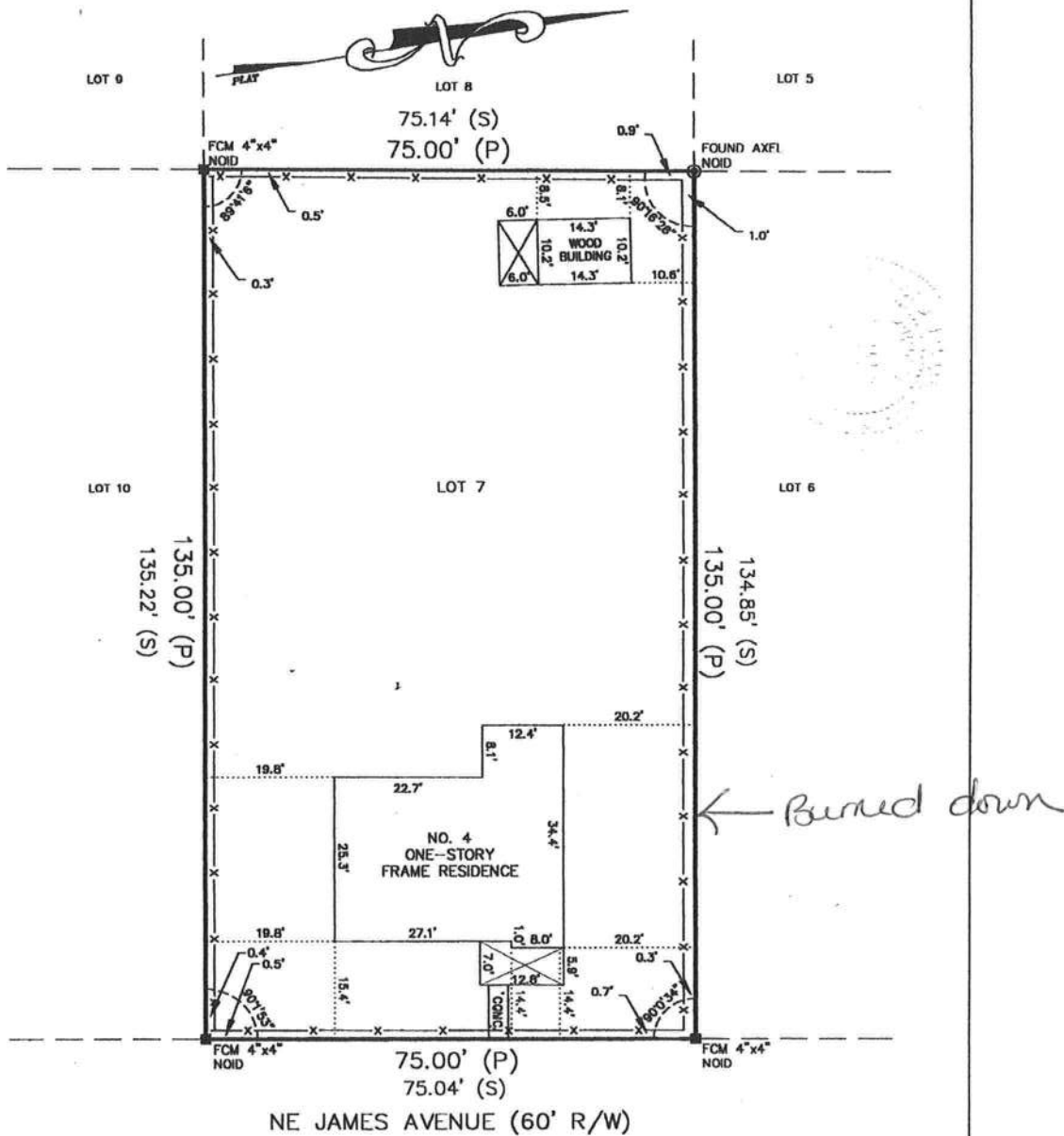
SITE PLAN EXAMPLE / WORKSHEET



Use this example to draw your own site plan. Show all existing buildings and any other homes on this property and show the distances between them. Also show where the roads or roads are around the property. This site plan can also be used for the 911 Addressing department if you include the distance from the driveway to the nearest property line.



MAP OF BOUNDARY SURVEY



SURVEYORS NOTES

1. ANGLES BASED ON FIELD MEASUREMENTS.
2. THIS SURVEY BASED ON LEGAL DESCRIPTION FURNISHED, THE PUBLIC RECORDS, WERE NOT SEARCHED BY THIS SURVEYOR FOR EASEMENTS, TITLE, COVENANTS, RESTRICTIONS, CLOSURES, TAKINGS OR ORDINANCES, ETC., THERE COULD BE OTHER MATTER OF RECORD THAT EFFECT THIS PARCEL.

I HEREBY CERTIFY THIS SURVEY WAS DONE UNDER MY DIRECT SUPERVISION AND IT MEETS THE MINIMUM TECHNICAL STANDARDS FOR LAND SURVEYING PURSUANT TO CHAPTER 61G17-6, FLORIDA ADMINISTRATION CODE, CHAPTER 472, FLORIDA STATUTES.

WILLIAM N. KITCHEN PSM 5490

William N. Kitchen
4-14-2006

SHOWING LOT 7 OF BLOCK 3 OF HIGHLANDS ESTATES, A SUBDIVISION BEING A REPLAT OF GOLF CLUB HEIGHTS AS RECORDED IN THE PUBLIC RECORDS OF COLUMBIA COUNTY, FLORIDA, IN PLAT BOOK 1, PAGE 25, SAID PLAT OF HIGHLAND ESTATES BEING RECORDED IN PLAT BOOK 2, PAGE 114, PUBLIC RECORDS OF SAID COUNTY.

CERTIFIED TO:
MARC A. VANN, JR.
PEOPLES STATE BANK
TITLE OFFICES, LLC
TICOR TITLE INSURANCE COMPANY

NOT VALID WITHOUT THE SIGNATURE AND THE ORIGINAL RAISED SEAL OF A FLORIDA LICENSED SURVEYOR AND MAPPER.

| | | | | | | | |
|---|--|-----------------------------|--|-------------------|--|--|--|
| REV: | | | | | | LEGEND | |
| WILLIAM N. KITCHEN PROFESSIONAL SURVEYOR AND MAPPER 152 N MARION AVENUE LAKE CITY, FLORIDA 32055 PHONE (386) 755-7786 | | DRAWN BY: RI | | FIELD BOOK: 06177 | | (P) = PLAT (S) = SURVEY MEASUREMENT NOID = NO SURVEYORS IDENTIFICATION LS = LAND SURVEYOR FCM = FOUND CONCRETE MONUMENT R/W = RIGHT OF WAY OHE = OVER HEAD ELECTRIC CONC = CONCRETE | |
| | | SCALE: 1" = 20' | | | | | |
| | | SURVEY DATE: APRIL 11, 2006 | | | | | |
| | | JOB NUMBER | | SHEET | | | |
| CLIENT: MARC A. VANN, JR. | | 06177 | | 1 OF 1 | | ⊕ = WOOD POWER POLE X --- X = CHAINLINK FENCE | |

Columbia County Property Appraiser

DB Last Updated: 8/5/2008

2008 Proposed Values

Tax Record

Property Card

Interactive GIS Map

Print

Parcel: 33-3S-17-06519-000

Owner & Property Info

| | | | |
|-------------------------|---|---------------------|----|
| Owner's Name | VANN MARC A JR | | |
| Site Address | JAMES | | |
| Mailing Address | 482 SW GERALD CONNER DR LAKE CITY, FL 32024 | | |
| Use Desc. (code) | SINGLE FAM (000100) | | |
| Neighborhood | 33317.09 | Tax District | 2 |
| UD Codes | MKTA03 | Market Area | 06 |
| Total Land Area | 0.232 ACRES | | |
| Description | LOT 7 BLOCK 3 HIGHLAND ESTATES S/D. ORB 385-666 PROB#02-195-CP 965-2072 THRU 2092 1/8 INT EACH, DC MILLAGE STALVEY 978-1538. 978-1540 THRU 1546. WD 1082-1251. | | |

<< Prev

Search Result: 8 of 34

Next >>

GIS Aerial



Property & Assessment Values

| | | |
|------------------------------|----------|-------------|
| Mkt Land Value | cnt: (1) | \$10,000.00 |
| Ag Land Value | cnt: (0) | \$0.00 |
| Building Value | cnt: (1) | \$40,749.00 |
| XFOB Value | cnt: (2) | \$900.00 |
| Total Appraised Value | | \$51,649.00 |

| | |
|----------------------------|-------------|
| Just Value | \$51,649.00 |
| Class Value | \$0.00 |
| Assessed Value | \$51,649.00 |
| Exempt Value | \$0.00 |
| Total Taxable Value | \$51,649.00 |

Sales History

| Sale Date | Book/Page | Inst. Type | Sale VImp | Sale Qual | Sale RCode | Sale Price |
|-----------|-----------|------------|-----------|-----------|------------|-------------|
| 4/28/2006 | 1082/1251 | WD | I | Q | | \$55,000.00 |
| 3/21/2003 | 978/1547 | WD | I | Q | | \$26,800.00 |
| 2/28/2003 | 978/1540 | QC | I | U | 06 | \$100.00 |

Building Characteristics

| Bldg Item | Bldg Desc | Year Blt | Ext. Walls | Heated S.F. | Actual S.F. | Bldg Value |
|--|---------------------|----------|------------------|-------------|-------------|-------------|
| 1 | SINGLE FAM (000100) | 1955 | Alum Siding (26) | 875 | 1055 | \$40,749.00 |
| Note: All S.F. calculations are based on <u>exterior</u> building dimensions. | | | | | | |

Extra Features & Out Buildings

| Code | Desc | Year Blt | Value | Units | Dims | Condition (% Good) |
|------|------------|----------|----------|-------|-------------|--------------------|
| 0130 | CLFENCE 5 | 1993 | \$400.00 | 1.000 | 0 x 0 x 0 | (.00) |
| 0294 | SHED WOOD/ | 1993 | \$500.00 | 1.000 | 10 x 20 x 0 | (.00) |

Land Breakdown

| Lnd Code | Desc | Units | Adjustments | Eff Rate | Lnd Value |
|----------|-----------|---------------------|---------------------|-------------|-------------|
| 000100 | SFR (MKT) | 1.000 LT - (.232AC) | 1.00/1.00/1.00/1.00 | \$10,000.00 | \$10,000.00 |

Complete Permit Services

3104 S W Old Wire Rd

Ft White, FL 32038

Wendy Grennell Owner

386-288-2428 Cell

386-466-0840 Office

386-466-1866 Fax

MOBILE HOME INSTALLER LIMIT POWER OF ATTORNEY

I, Robert D. Shepard, license number IH 0000833 authorize Wendy Grennell, Rhoda Ingram or Shirley Bennett to be my representative and act on my behalf in all aspects of applying for and obtaining a mobile home permit, along with any license registration necessary, to be placed on the following described property. Property located in Columbia County, State of Florida.

Mobile Home Owner Name: Marc Vann

Property Owner Name: Marc Vann

911 Address: 160 NE James Ave City Lake City

Sec: 33 Twp: 3S Rge: 17 Tax Parcel # 06519-000

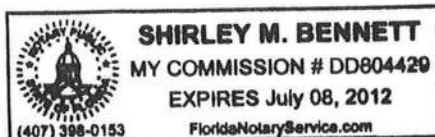
Signed: Robert Shepard
Mobile Home Installer

Sworn to and described before me this 21 day of August 2008

Shirley M. Bennett
Notary public

Shirley M. Bennett Personally known ✓
Notary Name

DL ID _____



PERMIT NUMBER

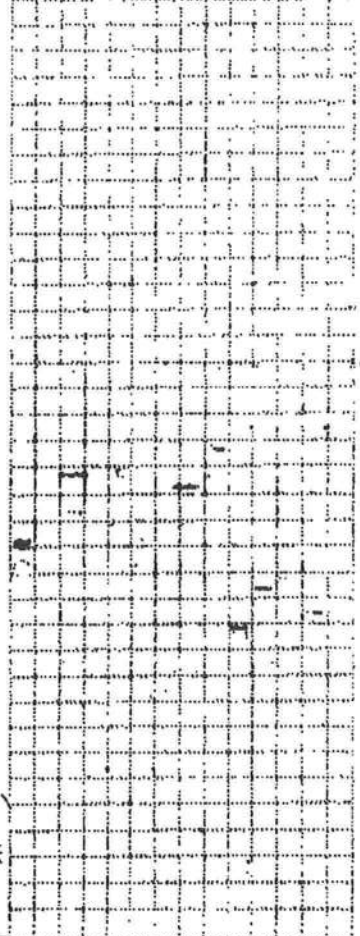
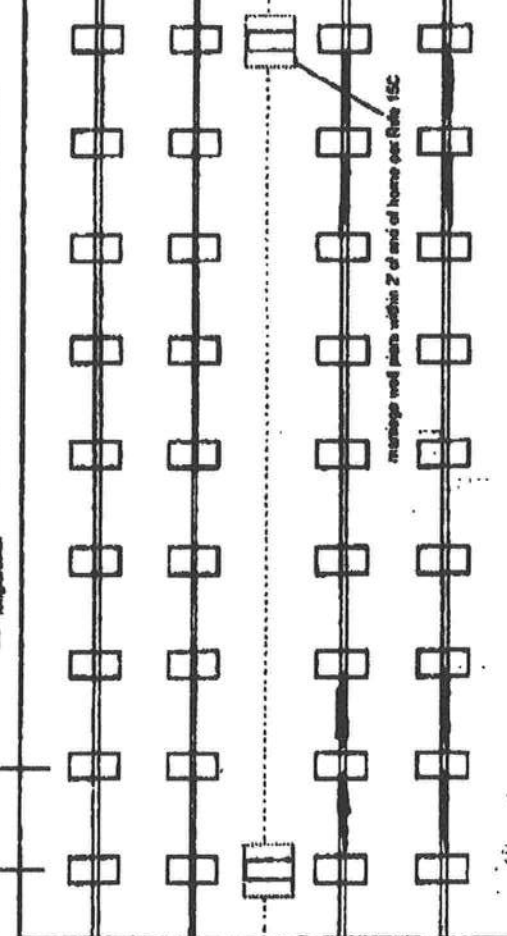
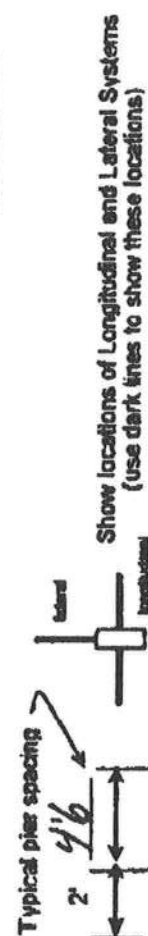
Installer Robert Sheppard License # EH0000833

Address of home being installed 160 NE James Street Ave

City Lake City FL 320

Manufacturer Liberty Length x width 16x80

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



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 # 278549

Triple/Quad ☐ Serial # _____

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' | 4' | 5' | 6' | 7' | 8' |
| 1500 psf | 4' | 6' | 6' | 7' | 8' | 8' | 8' |
| 2000 psf | 6' | 8' | 8' | 8' | 8' | 8' | 8' |
| 2500 psf | 7' | 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.

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 |

I-beam pier pad size 17x22

Perimeter pier pad size 17x22

Other pier pad sizes (required by the mfg.) 17x22

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 ☒

OTHER TIES _____

TIEDOWN COMPONENTS _____

Longitudinal Stabilizing Device (LSD) _____

Manufacturer _____

Longitudinal Stabilizing Device w/ Lateral Arms _____

Manufacturer Oliver 1101V

Sidewall _____ Number 28

Longitudinal _____

Marriage wall _____

Shearwall _____

PERMIT WORKSHEET

page 2 of 2

PERMIT NUMBER

POCKET PENETROMETER TEST

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

1800 x 1700 x 1700

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.

1900 x 1800 x 1700

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 cantilever the points where the torque test reading is 275 or less and where the mobile home manufacturer may requires anchors with 4000 lb. holding capacity.

25 Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Robert Shepard

Date Tested

8-20-08

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. 29

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. 29

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 centeline.

Gasket (weatherstripping)

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

Installed:

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

Weatherstripping

The bottomboard will be repaired and/or taped. Yes ☒ No
 Siding on units is installed to manufacturer's specifications. Yes ☒ No
 Fireplace chimney installed so as not to allow intrusion of rain water. Yes ☒ No

Miscellaneous

Skirting to be installed. Yes ☒ No
 Dryer vent installed outside of skirting. Yes ☒ No
 Range downflow vent installed outside of skirting. Yes ☒ No
 Drain lines supported at 4 foot intervals. Yes ☒ No
 Electrical crossovers protected. Yes ☒ No
 Other: _____

Installer verifies all information given with this permit worksheet

is accurate and true based on the

manufacturer's installation instructions and or Rule 15C-1 & 2

Installer Signature

Robert Shepard

Date

8-20-08

| | | | | | |
|--|--|---|---|---|--|
| A FDID <u>29091</u> * State <u>FL</u> * Incident Date <u>06</u> <u>20</u> <u>2008</u> * Station <u>40</u> Incident Number <u>08-0002414</u> * Exposure <u>000</u> * | | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity | | NFIRS -2 Fire | |
| B Property Details B1 <u>0001</u> <input type="checkbox"/> Not Residential Estimated Number of residential living units in building of origin whether or not all units became involved B2 <u>001</u> <input type="checkbox"/> Buildings not involved Number of buildings involved B3 <u> </u> <input checked="" type="checkbox"/> None Acres burned (outside fires) <input type="checkbox"/> Less than one acre | | | C On-Site Materials <input type="checkbox"/> None or Products Complete if there were any significant amounts of commercial, industrial, energy or agricultural products or materials on the Property, whether or not they became involved Enter up to three codes. Check one or more boxes for each code entered. <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> On-site material (1) <u> </u> On-site material (2) <u> </u> On-site material (3) <u> </u> </div> <div style="width: 35%;"> 1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service 1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service 1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service </div> </div> | | |
| D Ignition D1 <u>24</u> <u>Cooking area, kitchen</u> Area of fire origin * D2 <u>UU</u> <u>Undetermined</u> Heat source * D3 <u>UU</u> <u>Undetermined</u> Item first ignited * 1 <input type="checkbox"/> Check Box if fire spread was confined to object of origin D4 <u> </u> <u> </u> Type of material first ignited Required only if item first ignited code is 00 or <70 | | E1 Cause of Ignition <input type="checkbox"/> Check box if this is an exposure report. Skip to section G 1 <input type="checkbox"/> Intentional 2 <input type="checkbox"/> Unintentional 3 <input type="checkbox"/> Failure of equipment or heat source 4 <input type="checkbox"/> Act of nature 5 <input type="checkbox"/> Cause under investigation U <input checked="" type="checkbox"/> Cause undetermined after investigation E2 Factors Contributing To Ignition <u>UU</u> <u>Undetermined</u> <input checked="" type="checkbox"/> None Factor Contributing To Ignition (1) <u> </u> <u> </u> Factor Contributing To Ignition (2) | | E3 Human Factors Contributing To Ignition Check all applicable boxes 1 <input type="checkbox"/> Asleep <input checked="" type="checkbox"/> None 2 <input type="checkbox"/> Possibly impaired by alcohol or drugs 3 <input type="checkbox"/> Unattended person 4 <input type="checkbox"/> Possibly mental disabled 5 <input type="checkbox"/> Physically Disabled 6 <input type="checkbox"/> Multiple persons involved 7 <input type="checkbox"/> Age was a factor Estimated age of person involved <u> </u> 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female | |
| F1 Equipment Involved In Ignition <input type="checkbox"/> None If Equipment was not involved, Skip to Section G <u> </u> <u> </u> Equipment Involved Brand <u> </u> Model <u> </u> Serial # <u> </u> Year <u> </u> | | F2 Equipment Power <u> </u> <u> </u> Equipment Power Source F3 Equipment Portability 1 <input type="checkbox"/> Portable 2 <input type="checkbox"/> Stationary Portable equipment normally can be moved by one person, is designed to be use in multiple locations, and requires no tools to install. | | G Fire Suppression Factors Enter up to three codes. <input type="checkbox"/> None <u> </u> <u> </u> Fire suppression factor (1) <u> </u> <u> </u> Fire suppression factor (2) <u> </u> <u> </u> Fire suppression factor (3) | |
| H1 Mobile Property Involved <input type="checkbox"/> None 1 <input type="checkbox"/> Not involved in ignition, but burned 2 <input type="checkbox"/> Involved in ignition, but did not burn 3 <input type="checkbox"/> Involved in ignition and burned | | H2 Mobile Property Type & Make <u> </u> <u> </u> Mobile property type <u> </u> <u> </u> Mobile property make <u> </u> <u> </u> Mobile property model Year <u> </u> <u> </u> License Plate Number State VIN Number | | Local Use <input type="checkbox"/> Pre-Fire Plan Available Some of the information presented in this report may be based upon reports from other Agencies <input type="checkbox"/> Arson report attached <input type="checkbox"/> Police report attached <input type="checkbox"/> Coroner report attached <input type="checkbox"/> Other reports attached | |

NFIRS-2 Revision 01/19/99

IMPACT FEE OCCUPANCY AFFIDAVIT

This affidavit is given for the purpose of obtaining an exemption pursuant to Article VIII, Section 8.01, Columbia County Comprehensive Impact Fee Ordinance No. 2007-40, adopted October 18, 2007, as may be amended.

**STATE OF FLORIDA
COUNTY OF COLUMBIA**

BEFORE ME, the undersigned authority, personally appeared MARC Vann who, after being duly sworn, deposes and says:

1. Except as otherwise stated herein, Affiant has personal knowledge of the facts and matters set forth in this affidavit regarding property identified below as:

(a) Parcel No.: 33-35-17-06519-000

(b) Legal description (may be attached):

Lot 7 Highland Estates

2. Based upon Affiant's personal knowledge, a non-residential building or a residential dwelling has existed on the above referenced property. Said building or dwelling unit was last occupied on 6/08 (date.)

3. This Affidavit is made and given by Affiant with full knowledge that the facts contained herein are accurate and complete, and with full knowledge that the penalties under Florida law for perjury include conviction of a felony of the third degree.

Further Affiant sayeth naught.

Print: MARC VANN JR.

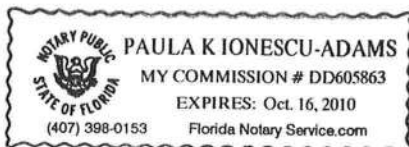
Address: 482 SW Gerald Conner
Lake City FL 32024

SWORN TO AND SUBSCRIBED before me this 2nd day of September, 2008 by Marc Vann Jr who is personally known to me or who has produced Drivers license as identification.

Paula K. Ionescu-Adams
Notary Public, State of Florida

(NOTARY SEAL)

My Commission Expires: 10/16/2010



FROM : COLUMBIA CO BUILDING + PLANNING FAX NO. : 386-758-2160

a. 29 2008 09:35AM P1

**CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT**

DATE RECEIVED 9/29 BY JW IS THE MH ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? No
OWNERS NAME MARC VANN PHONE 386 752-3422 CELL 386-288-2428
ADDRESS 482 SW Gerald Conner Dr Lake City FL 32024
MOBILE HOME PARK NA SUBDIVISION Highland Estates Lot 7
DRIVING DIRECTIONS TO MOBILE HOME US Hwy 90 West to Ironwood Homes
@ 4109 US 90 West turn (R) into lot see Jeff or
Larry
MOBILE HOME INSTALLER Robert Sheppard PHONE _____ CELL 386-623-2203

MOBILE HOME INFORMATION

MAKE Liberty YEAR 1994 SIZE 16 x 76 COLOR _____
SERIAL No. 10L24074
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

☒ 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: _____
NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS: _____

SIGNATURE [Signature] ID NUMBER 401 DATE 9-2-08



STATE OF FLORIDA
DEPARTMENT OF HEALTH

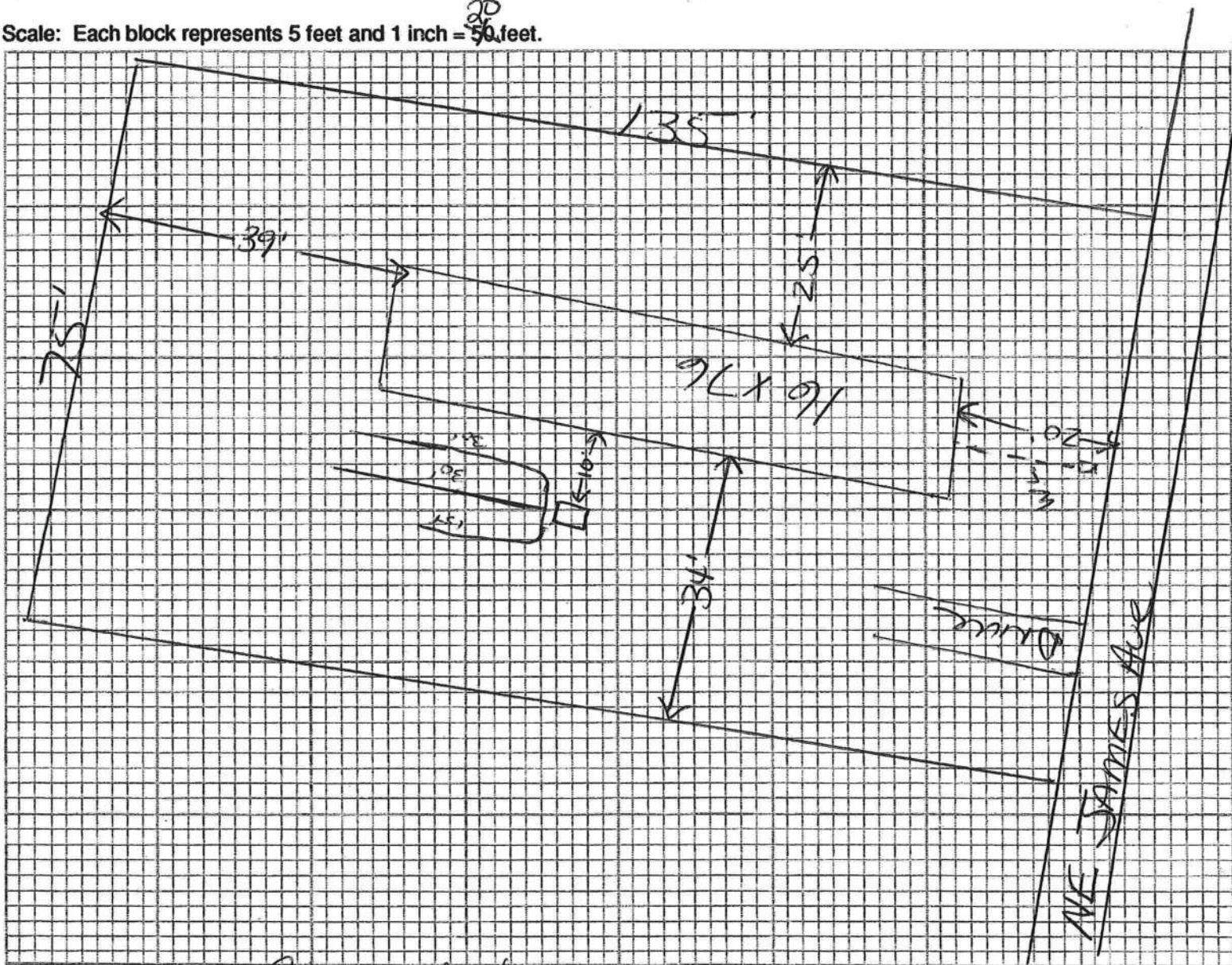
App # 0808-54

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 08-0599E

PART II - SITE PLAN -

Scale: Each block represents 5 feet and 1 inch = ²⁰/₅₀ feet.



Notes: * City Water * Burnout-replace

Site Plan submitted by:

Wendy Sherrill
Signature

8/28/08
Date

Agent
Title

Plan Approved ☒

Not Approved ☐

Date 9/4/08

By

Mr. S. Z...

Columbia

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

COLUMBIA AVENUE 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 33-3S-17-06519-000

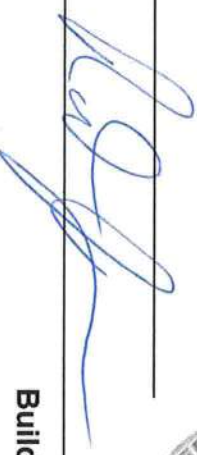
Building permit No. 000027327

Permit Holder ROBERT SHEPPARD

Owner of Building MARC VANN, JR

Location: 160 NE JAMES AVE., LAKE CITY, FL

Date: 10/15/2008



Building Inspector



POST IN A CONSPICUOUS PLACE
(Business Places Only)