

DATE 02/10/2012

Columbia County Building Permit
This Permit Must Be Prominently Posted on Premises During Construction**PERMIT**
000029927

APPLICANT JOSEPH REDD PHONE 386-867-0457
ADDRESS 359 SW WALNUT PLACE FORT WHITE FL 32038
OWNER JOSEPH REDD PHONE 386-867-0457
ADDRESS 325 SW WALNUT PLACE FORT WHITE FL 32038
CONTRACTOR DALE HOUSTON PHONE 623-6522
LOCATION OF PROPERTY 247 S, L 240, R ITCHETUCKNEE, R CURTAIN, L SPRUCE,
R WALNUT, BE THE 5TH ON R (ON HILL)
TYPE DEVELOPMENT MH, UILITY ESTIMATED COST OF CONSTRUCTION 0.00
HEATED FLOOR AREA TOTAL AREA HEIGHT STORIES
FOUNDATION WALLS ROOF PITCH FLOOR
LAND USE & ZONING AG-3 MAX. HEIGHT 35
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 36-5S-15-00488-047 SUBDIVISION SPRING HILLS
LOT 22 BLOCK B PHASE UNIT 0 TOTAL ACRES 1.01

IH1025142
Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor
EXISTING 12-0067-M BK TC N
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: FLOOR ONE FOOT ABOVE THE ROAD

SECTION 2.3.1, REPLACING EXISTING MH

Check # or Cash CASH**FOR BUILDING & ZONING DEPARTMENT ONLY**

(footer/Slab)

Temporary Power date/app. by Foundation date/app. by Monolithic 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 \$ 0.00 WASTE FEE \$
FLOOD DEVELOPMENT FEE \$ FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$ **TOTAL FEE** 375.00
INSPECTORS OFFICE L.H. 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 <u>BK 26 JAN 2012</u>	Building Official <u>T.C. 1-24-12</u>
AP# <u>1201-33</u>	Date Received <u>1-20-12</u>	By <u>LH</u>	Permit # <u>29927</u>
Flood Zone <u>X</u>	Development Permit <u>N/A</u>	Zoning <u>A-3</u>	Land Use Plan Map Category <u>A-3</u>
Comments <u>Section 2.3.1 Replacing Existing MH</u>			
FEMA Map# <u>N/A</u>	Elevation <u>N/A</u>	Finished Floor <u>1st floor</u>	River <u>N/A</u> In Floodway <u>N/A</u>
<input checked="" type="checkbox"/> Site Plan with Setbacks Shown	<input checked="" type="checkbox"/> EH # <u>12-0067M</u>	<input checked="" type="checkbox"/> EH Release	<input checked="" type="checkbox"/> Well letter <input checked="" type="checkbox"/> Existing well
<input checked="" type="checkbox"/> Recorded Deed or Affidavit from land owner	<input checked="" type="checkbox"/> Installer Authorization	<input checked="" type="checkbox"/> State Road Access	<input checked="" type="checkbox"/> 911 Sheet
<input type="checkbox"/> Parent Parcel # _____	<input type="checkbox"/> STUP-MH _____	<input type="checkbox"/> F W Comp. letter	<input checked="" type="checkbox"/> VF Form
IMPACT FEES: EMS _____ Fire _____ Corr _____		<input checked="" type="checkbox"/> Out County <input checked="" type="checkbox"/> In County <u>done</u>	
Road/Code _____ School _____		= TOTAL Impact Fees Suspended March 2009 _____	

Property ID # 36-55-15 R00488-047 Subdivision Spring Hills Lot 22 Bk B

- New Mobile Home _____ Used Mobile Home ☒ MH Size 24x52 Year 1985
- Applicant Joseph S. Redd II Phone # (866) 867-0457
- Address 359 SW Walnut St. # White, AL 32038
- Name of Property Owner Joseph S. Redd II Phone # (866) 867-0457
- 911 Address 325 SW Walnut Pl. # White, AL 32038
- Circle the correct power company - FL Power & Light - Clay Electric
 (Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home Joseph S. Redd II Phone # (866) 867-0457
 Address 359 SW Walnut St. # White, AL 32038
- Relationship to Property Owner SELF
- Current Number of Dwellings on Property 1
- Lot Size 162 By 287 Total Acreage 1.01
- 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 (Paid)
- Driving Directions to the Property Hwy 47 To Columbia City to 240 (R) To Ichetawnee 8 miles to curtain (GOTO) stop sign (R) To Walnut (R) 5 place on (R) 359 SW Walnut St
- Name of Licensed Dealer/Installer Dale Houston Phone # (866) 823 6522
- Installers Address 136 SW Bears Gln / Lake City, AL 32047
 - License Number IA 1025142 Installation Decal # 6052

Itu spoke w/ Joseph 1-20-12

\$ 375.00

Cash

COLUMBIA COUNTY PERMIT WORKSHEET

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

Installer Dave Houston License # TH1025142

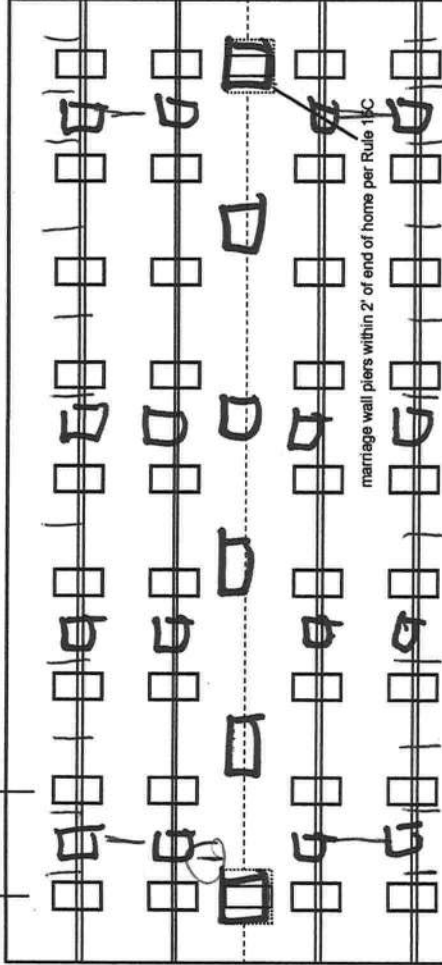
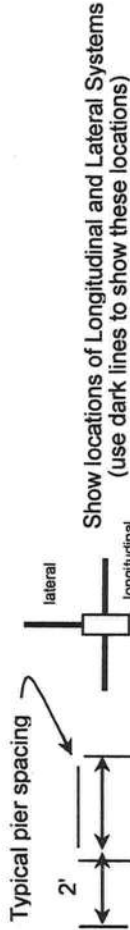
911 Address where home is being installed. 325 SW Walnut, Mobile AL 36688

Manufacturer Fleetwood Length x width 52x24

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 DH



1000 Soil - 24x52 - 18 1/2 x 18 1/2

Piers - 13 piers - 4'0 x 16

anchors - 10 piers - 5'4 x 16

4 Longitudinal System

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 # 6052

Triple/Quad ☐ Serial # CAF12BE5343361

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 dsf	3'	4'	4'	5'	6'	7'	8'
1500 dsf	4'6"	6'	6'	7'	8'	8'	8'
2000 dsf	6'	8'	8'	8'	8'	8'	8'
2500 dsf	7'6"	8'	8'	8'	8'	8'	8'
3000 dsf	8'	8'	8'	8'	8'	8'	8'
3500 dsf	8'	8'	8'	8'	8'	8'	8'

* 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 Pier pad size

- ① 16x16 17x22
- ② 16x16 16x16
- ③ 17x22 16x16

ANCHORS

4 ft 5 ft

FRAME TIES

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

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)

Manufacturer

Longitudinal Stabilizing Device w/ Lateral Arms

Manufacturer

OTHER TIES

Number

Sidewall

Longitudinal

Marriage wall

Shearwall

POCKET PENETROMETER TEST

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

X _____ X 1000

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 _____ X _____ X _____

TORQUE PROBE TEST

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

Note: A state approved lateral arm system is being used and 4 ft. anchors are allowed at the sidewall locations. I understand 5 ft anchors are required at all centerline tie points where the torque test reading is 275 or less and where the mobile home manufacturer may requires anchors with 4000 lb holding capacity.

Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Date Tested

Dale Davidson
1/19/12

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. 15

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 18

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 18

Site Preparation

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

Fastening multi wide units

Floor: Type Fastener: Lns Length: 5/16" Spacing: 24"
Walls: Type Fastener: Ch Length: 5/16" Spacing: 24"
Roof: Type Fastener: Lh Length: 5/16" 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 DD

Type gasket

Pg. 14

Installed:

Between Floors Yes ✓

Between Walls Yes ✓

Bottom of ridgebeam Yes ✓

Weatherproofing

The bottomboard will be repaired and/or taped. Yes ✓ Pg. 14
Siding on units is installed to manufacturer's specifications. Yes ✓
Fireplace chimney installed so as not to allow intrusion of rain water. Yes N/A

Miscellaneous

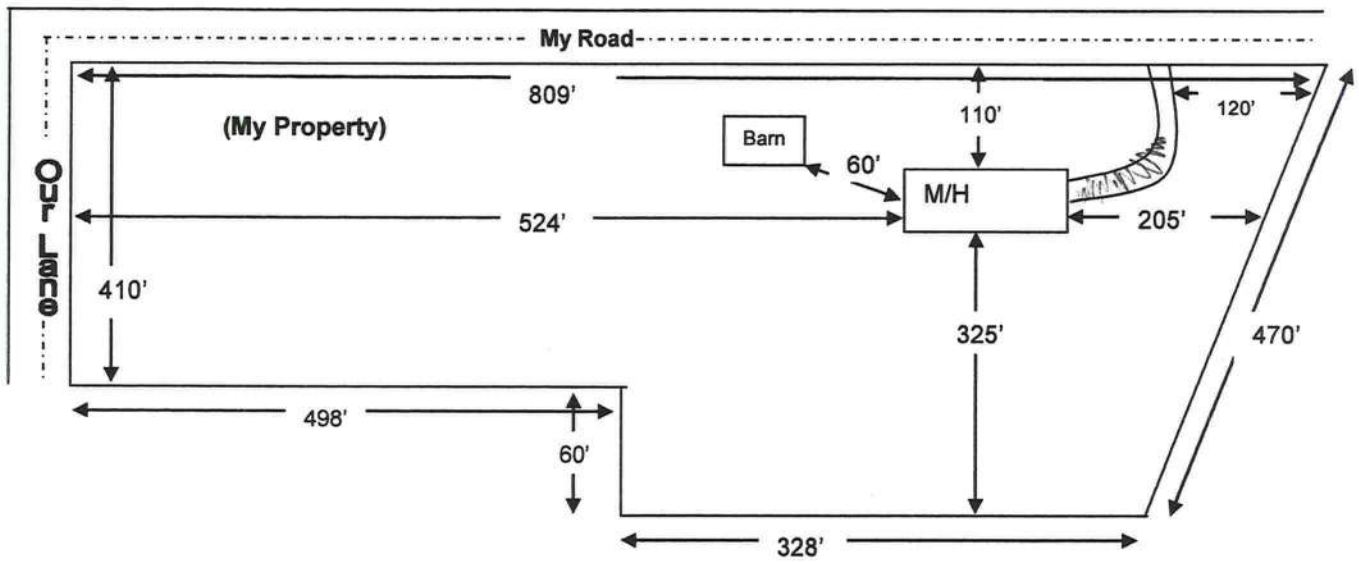
Skirting to be installed. Yes ✓ No ✓
Dryer vent installed outside of skirting. Yes ✓ No N/A
Range downflow vent installed outside of skirting. Yes ✓ No N/A
Drain lines supported at 4 foot intervals. Yes ✓
Electrical crossovers protected. Yes ✓
Other: _____

Installer verifies all information given with this permit worksheet is accurate and true based on the

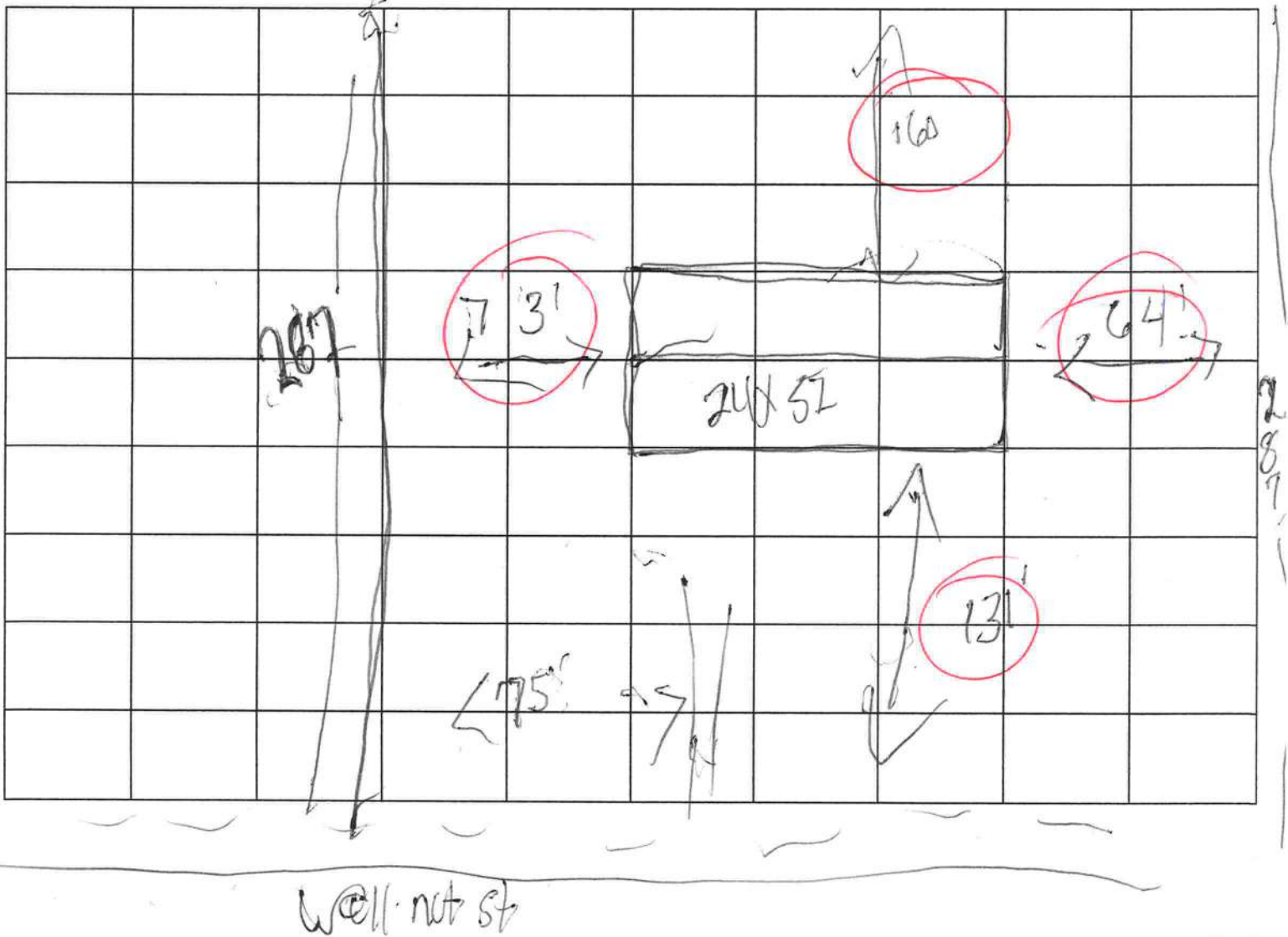
Installer Signature Dale Davidson

Date 1-19-12

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.



Columbia County Property Appraiser

DB Last Updated: 1/17/2012

2011 Tax Year**Parcel:** 36-5S-15-00488-047

<< Next Lower Parcel Next Higher Parcel >>

Tax Collector

Tax Estimator

Property Card

Parcel List Generator

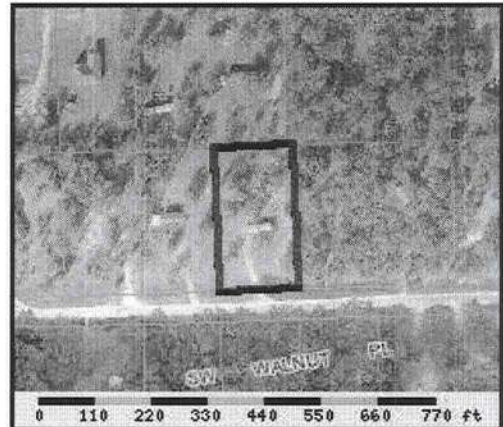
Interactive GIS Map

Print

Owner & Property Info

Search Result: 1 of 1

Owner's Name	REDD JOSEPH STANLEY		
Mailing Address	3331 E US 90 LAKE CITY, FL 32055		
Site Address	325 SW WALNUT PL		
Use Desc. (code)	MOBILE HOM (000200)		
Tax District	3 (County)	Neighborhood	36515
Land Area	1.014 ACRES	Market Area	02
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction. LOT 22 BLOCK B SPRING HILLS S/D. ORB 742-500, TD 1025-2303, QCD 1027-399, SWD 1027-400, WD 1055-755, QC 1086-999, QCD 1100-1029		

**Property & Assessment Values**

2011 Certified Values		
Mkt Land Value	cnt: (0)	\$15,770.00
Ag Land Value	cnt: (2)	\$0.00
Building Value	cnt: (1)	\$2,974.00
XFOB Value	cnt: (0)	\$0.00
Total Appraised Value		\$18,744.00
Just Value		\$18,744.00
Class Value		\$0.00
Assessed Value		\$18,744.00
Exempt Value		\$0.00
Total Taxable Value	Cnty: \$18,744 Other: \$18,744 Schl: \$18,744	

2012 Working Values**NOTE:**

2012 Working Values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

[Show Working Values](#)**Sales History**[Show Similar Sales within 1/2 mile](#)

Sale Date	OR Book/Page	OR Code	Vacant / Improved	Qualified Sale	Sale RCode	Sale Price
10/27/2006	1100/1029	QC	V	U	01	\$5,000.00
6/1/2006	1086/999	QC	V	U	01	\$100.00
11/2/2004	1055/755	WD	V	U	01	\$7,500.00
10/4/2004	1027/400	WD	V	U	01	\$3,800.00
9/25/2004	1027/399	QC	V	U	01	\$100.00
9/13/2004	1025/2303	TD	V	U	01	\$2,450.00
2/13/1991	742/500	WD	V	U	02	\$0.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	MOBILE HME (000800)	1978	AL SIDING (26)	672	672	\$2,974.00
Note: All S.F. calculations are based on exterior building dimensions.						

Extra Features & Out Buildings

Return to: (enclose self-addressed stamped envelope)

Name: DONALD W. COOK SR.
 Address: 1800 SW NEWARK DR.
FORT WHITE, FL 32038

This Instrument Prepared by:

Name: Sam & As Above

Address:

Property Appraiser's Parcel Identification

Folio Number(s) 36-55-15-00-488-047

Grantee(s) S.S. & (s)

Inst:2006025615 Date:10/27/2006 Time:12:11

Doc Stamp-Deed : 35.00

DC, P. Dewitt Cason, Columbia County B:1100 P:1029

SPACE ABOVE THIS LINE FOR PROCESSING DATA

This Quit Claim Deed, Executed the 27th day of October 2006, by
Donald W. Cook Sr. And Betty D. Cook
 first party, to Joseph Stanley Redd II
 whose post office address is 3331 E. U.S. Hwy 90 LAKE CITY FL 32055
 second party.

(Wherever used herein the terms "first party" and "second party" include all the parties to this instrument and the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporations, wherever the context so admits or requires.)

Witnesseth, That the first party, for and in consideration of the sum of \$ 10.00
 in hand paid by the said second party, the receipt whereof is hereby acknowledged, does hereby remise, release,
 and quit claim unto the second party forever, all the right, title, interest, claim and demand which the said first
 party has in and to the following described lot, piece or parcel of land, situate, lying and being in the County of
Columbia State of Florida to-wit:

LOT 22 BLK B, Springhill Subdivision in Section 36,
Township 5 South, Range 15 EAST According to the PLAT
thereof As Recorded in PLAT Book 3, Pages 33 and 33A
of the Public Records of Columbia County, Florida

To Have and to Hold The same together with all and singular the appurtenances thereunto belonging
 or in anywise appertaining, and all the estate, right, title, interest, lien, equity and claim whatsoever of the said
 first party, either in law or equity to the only proper use, benefit and behoof of the said second party forever.

In Witness Whereof, the said first party has signed and sealed these presents the day and year first
 above written.

Signed, sealed and delivered in the presence of:

Amber Broshar

Witness Signature (as to first Grantor)

Printed Name

Amanda Christensen

Witness Signature (as to first Grantor)

Printed Name

Amber Broshar

Witness Signature (as to Co-Grantor, if any)

Printed Name

Amanda Christensen

Witness Signature (as to Co-Grantor, if any)

Printed Name

STATE OF FloridaCOUNTY OF ColumbiaDonald W. Cook Sr.

Grantor Signature

Printed Name

1800 SW Newark DrivePost Office Address Fort White FL 32038Betty D. Cook-Clemons

Co-Grantor Signature, (if any)

Printed Name

1800 SW Newark Dr.Post Office Address Fort White, FL 32038I hereby Certify that on this day, before me, an officer duly authorized
to administer oaths and take acknowledgments, personally appeared

known to me to be the person _____ described in and who executed the foregoing instrument, who acknowledged before me that _____
 executed the same, and an oath was not taken. (Check one) ☐ Said person(s) is/are personally known to me. ☐ Said person(s) provided the
 following type of identification: Drivers License

NOTARY RUBBER STAMP SEAL



Witness my hand and official seal in the County and State last aforesaid

this 27th day of October 2006Lisa Martin

Notary Signature

Printed Name

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1201-33 CONTRACTOR Dale Houston PHONE 623-6523

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 <u>Joseph S. Reddick</u> Signature <u>[Signature]</u> License #: _____ Phone #: <u>(386) 867-0457</u>
MECHANICAL/ A/C _____	Print Name _____ Signature _____ License #: _____ Phone #: _____
PLUMBING/ GAS _____	Print Name _____ Signature _____ License #: _____ Phone #: _____

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.

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 1/18 BY Sh IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? NO
OWNERS NAME Joseph Redd, II. PHONE _____ CELL 867-0457
ADDRESS _____

MOBILE HOME PARK _____ SUBDIVISION _____

DRIVING DIRECTIONS TO MOBILE HOME 90-W TO VR. 247, TL TO QUAIL RIDGE, TN
2ND TO LAST ON RIGHT (N/GREEN METAL ROOF)

MOBILE HOME INSTALLER Jale Houston PHONE _____ CELL 623-6522

MOBILE HOME INFORMATION

MAKE Fleetwood YEAR 1985 SIZE 24 X 52 COLOR Yellow
SERIAL No. GAF12Be5343361

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

F SMOKE DETECTOR () OPERATIONAL (✓) MISSING
✓ FLOORS (✓) SOLID () WEAK () HOLES DAMAGED LOCATION _____
✓ DOORS (✓) OPERABLE () DAMAGED
F WALLS () SOLID () STRUCTURALLY UNSOUND
P WINDOWS () OPERABLE () INOPERABLE
P PLUMBING FIXTURES () OPERABLE () INOPERABLE () MISSING
P CEILING () SOLID () HOLES () LEAKS APPARENT
F ELECTRICAL (FIXTURES/OUTLETS) () OPERABLE () EXPOSED WIRING (✓) OUTLET COVERS MISSING () LIGHT
FIXTURES MISSING

\$50.00

Date of Payment: 1/18/12

Paid By: Joseph Redd, II.

Notes: No Spill Ref'd

TEL: (Few HOLES NOTED)
He'll be fixing few repairs
that's UNDER \$4000.00.

EXTERIOR:

P WALLS / SIDING () LOOSE SIDING () STRUCTURALLY UNSOUND () NOT WEATHERTIGHT () NEEDS CLEANING
F WINDOWS (✓) CRACKED/ BROKEN GLASS () SCREENS MISSING () WEATHERTIGHT
P ✓ ROOF (✓) APPEARS SOLID () DAMAGED

Holes in walls
plastic on bottom side

STATUS

APPROVED ✓ WITH CONDITIONS: Fix Any Windows, Elec. Plates, Smoke Detector

NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE

Jay Green

ID NUMBER

304

DATE

1-19-12

P. O. Box 1787, Lake City, FL 32056-1787
PHONE: (386) 758-1125 * FAX: (386) 758-1365 * Email: ron_croft@columbiacountyfla.com

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.

RE-ISSUE OF EXISTING ADDRESS FOR NEW STRUCTURE ON PARCEL.

2170



COLUMBIA COUNTY BUILDING DEPARTMENT
135 NE Hernando Ave, Suite B-21, Lake City, FL 32055
Phone: 386-758-1008 Fax: 386-758-2160

MOBILE HOME INSTALLERS LETTER OF AUTHORIZATION

I, DALE HOUSTON, give this authority for the job address show below
Installer License Holder Name

only, 1325 SW WALNUT STREET, # WHITE, FL 32038, and I do certify that
Job Address

the below referenced person(s) listed on this form is/are under my direct supervision and control and is/are authorized to purchase permits, call for inspections and sign on my behalf.

Printed Name of Authorized Person	Signature of Authorized Person	Authorized Person is... (Check one)
<u>JOSEPH REDDY II</u>	<u>[Signature]</u>	<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input checked="" type="checkbox"/> Property Owner
		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and I am fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances.

I understand that the State Licensing Board has the power and authority to discipline a license holder for violations committed by him/her or by his/her authorized person(s) through this document and that I have full responsibility for compliance granted by issuance of such permits.

Dale Houston

License Holders Signature (Notarized)

1H1025142

License Number

1-30-12

Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: COLUMBIA

The above license holder, whose name is DALE HOUSTON, personally appeared before me and is known by me or has produced identification (type of I.D.) DR on this 30th day of JANUARY, 20 12.

Laurie Hodson
NOTARY'S SIGNATURE





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

PERMIT NO. 12-0067M
DATE PAID: 2/16/12
FEE PAID: 295.00
RECEIPT #: 1811955
Ap# 1060901

APPLICATION FOR:

☐ New System ☐ Existing System ☐ Holding Tank ☐ Innovative
☐ Repair ☐ Abandonment ☐ Temporary ☒ Modification

APPLICANT: Joseph Stanley Redd II

AGENT: Joseph Stanley Redd II

TELEPHONE: (386) 867 0457

MAILING ADDRESS: 355 SW Wallnut place

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3) (m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION

LOT: 22 BLOCK: B SUBDIVISION: Spring Hill S/O PLATTED: no

3655-15
PROPERTY ID #: R000488-047 ZONING: Res I/M OR EQUIVALENT: ☐ Y ☒ N

PROPERTY SIZE: 1.01 ACRES WATER SUPPLY: ☒ PRIVATE ☐ PUBLIC ☐ <=2000GPD ☐ >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y ☐ N DISTANCE TO SEWER: 6 FT

PROPERTY ADDRESS: 359 SW Wallnut St h-c FLA

DIRECTIONS TO PROPERTY: 47 South To 240 (R) To Ichotree (R) 6 miles

To Curtin (R) to Spruce (R) To Wallnut (R) 5th on (R) 355
SW Wallnut St

BUILDING INFORMATION

☒ RESIDENTIAL ☐ COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	<u>Mobile Home</u>	<u>3</u>	<u>1248</u>	
2				
3				
4				

☒ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Joseph Redd II

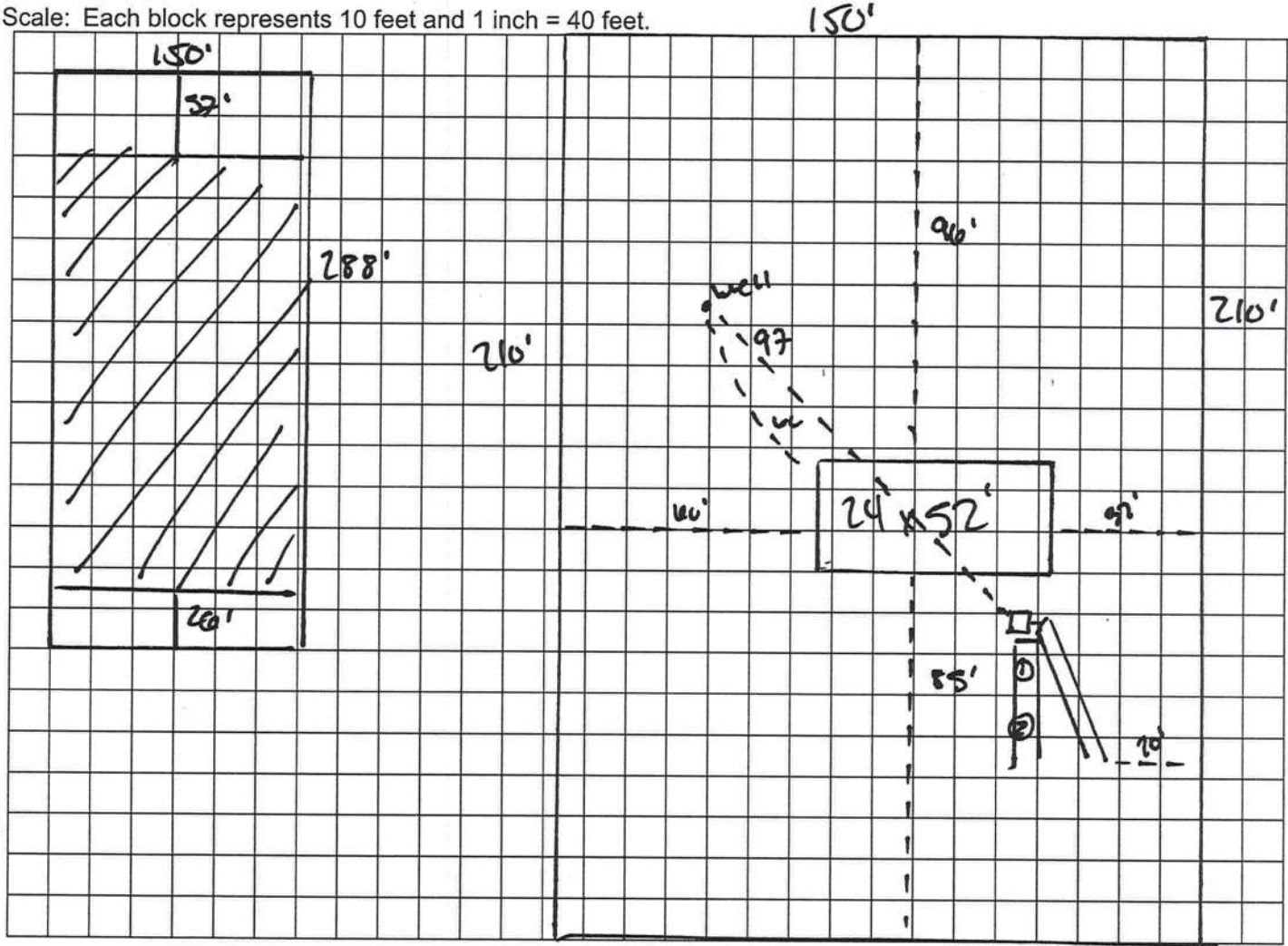
DATE: 2/2/12

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 12-0067M

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

Scale: Each block represents 10 feet and 1 inch = 40 feet.



Notes: _____

Site Plan submitted by: _____
Plan Approved ☒ Not Approved _____
By _____ Date 2/10/12
County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT