

DATE 2008

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

PERMIT  
000026808

APPLICANT PETER WAWRZYCKI PHONE 727 546-3398  
ADDRESS 7901 47TH STREET N PINELLAS PARK FL 33781  
OWNER PETER WAWRZYCKI PHONE 727 546-3398  
ADDRESS 459 SW DRAKE PLACE FT. WHITE FL 32038  
CONTRACTOR VIC ETHERIDGE PHONE 386 462-7554  
LOCATION OF PROPERTY 47S, TR ON 27, TL ON UTAH, TL ON ONTARIO, TL ON DRAKE,  
3RD 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 A-3 MAX. HEIGHT  
Minimum Set Back Requirments: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00  
NO. EX.D.U. FLOOD ZONE X DEVELOPMENT PERMIT NO.

PARCEL ID 24-6S-15-01438-331 SUBDIVISION THREE RIVERS EST  
LOT 31 BLOCK 6 PHASE UNIT 23 TOTAL ACRES

IH0000144  
Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor  
EXISTING 08-169 CS JH Y  
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: ONE FOOT ABOVE THE ROAD, RV MUST BE REMOVED

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 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  
Permanent power date/app. by C.O. Final date/app. by Culvert date/app. by  
M/H tie downs, blocking, electricity and plumbing date/app. by Pool date/app. by  
Reconnection date/app. by Pump pole date/app. by Utility Pole date/app. by  
M/H Pole date/app. by Travel Trailer date/app. by Re-roof date/app. by

BUILDING PERMIT FEE \$ 0.00 CERTIFICATION FEE \$ 0.00 SURCHARGE FEE \$ 0.00  
MISC. FEES \$ 250.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 51.36 WASTE FEE \$ 134.00  
FLOOD DEVELOPMENT FEE \$ FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$ TOTAL FEE 510.36  
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.



# 510.36

**PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION**

**For Office Use Only** (Revised 11-30-07) Zoning Official af 2/4/08 Building Official OK JH 1-24-08

AP# 0801-144 Date Received 1/29 By JW Permit # 26808

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

Comments RV to be removed

FEMA Map# \_\_\_\_\_ Elevation \_\_\_\_\_ Finished Floor \_\_\_\_\_ River \_\_\_\_\_ In Floodway \_\_\_\_\_

☒ Site Plan with Setbacks Shown ☒ DEH # 08-069-E ☒ DEH Release ☐ Well letter ☐ Existing well

☒ Copy of Recorded Deed or Affidavit from land owner ☒ Letter of Authorization from installer

☐ State Road Access ☐ Parent Parcel # \_\_\_\_\_ ☐ STUP-MH \_\_\_\_\_

☐ Unincorporated area ☐ Incorporated area ☐ Town of Fort White ☐ Town of Fort White Compliance letter

Lot 31 BIK6 Unit 23

Property ID # 24-65-15-01438-331 Subdivision THREE RIVERS EST

- New Mobile Home \_\_\_\_\_ Used Mobile Home ☒ Year 1995
- Applicant Peter WAWRZYCKI Phone # 727-546-3398
- Address 7901 47TH ST N PIVELLAS PARK FL 33781
- Name of Property Owner Peter WAWRZYCKI Phone# 727-546-3398
- 911 Address 459 SW DRAKE PL, FT 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 Peter WAWRZYCKI Phone # 727-546-3398  
Address 7901 47TH ST N PIVELLAS PARK FL 33781
- Relationship to Property Owner Peter WAWRZYCKI
- Current Number of Dwellings on Property 1 RV
- Lot Size 90 Total Acreage 90
- Do you : Have Existing Drive or Private Drive or need Culvert Permit or Culvert Waiver (Circle one)  
(Currently using) (Blue Road Sign) (Putting in a Culvert) (Not existing but do not need a Culvert)
- Is this Mobile Home Replacing an Existing Mobile Home NO (owes)
- Driving Directions to the Property 475 TR ON 27 TL ON UTAH TL ON ONTARIO, TL ON DRAKE,  
3RD LOT ON LEFT
- Name of Licensed Dealer/Installer Vic Ethewidge Phone # 386 4627554
- Installers Address PO Box 3266 High Springs, FL 32655
- License Number TH000144 Installation Decal # 290303

352.283.1510

left message 2/4/08



# PERMIT NUMBER

Installer Vic Culveridge License # IA000144

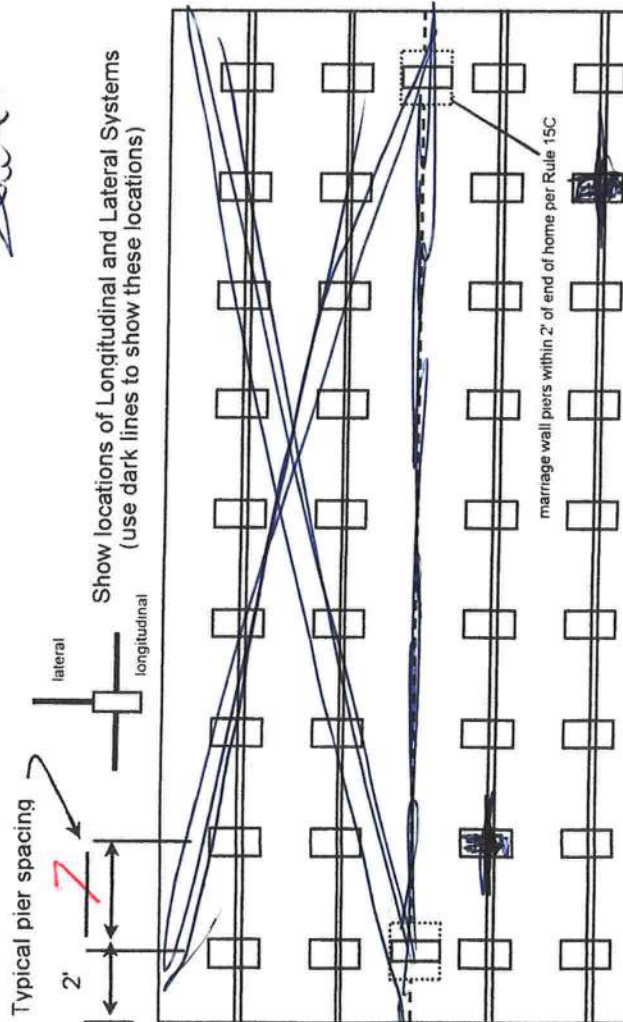
Address of home being installed \_\_\_\_\_

Manufacturer General Length x width 14 x 60

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 [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 # 290303

Triple/Quad ☐ Serial # EM EA 228943079

S-1260

## 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'	6'	7'	8'	8'	8'
2000 psf	6'	8'	8'	8'	8'	8'	8'
2500 psf	7' 6"	8'	8'	8'	8'	8'	8'
3000 psf	8'	8'	8'	8'	8'	8'	8'
3500 psf	8'	8'	8'	8'	8'	8'	8'

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

## PIER PAD SIZES

I-beam pier pad size 24x24

Perimeter pier pad size N/A

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

N/A

4 ft

## FRAME TIES

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

## TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)  
Manufacturer OC-R-TECH INC  
Longitudinal Stabilizing Device w/ Lateral Arms  
Manufacturer \_\_\_\_\_

## OTHER TIES

Number 3  
Sidewall \_\_\_\_\_  
Longitudinal \_\_\_\_\_  
Marriage wall N/A  
Shearwall \_\_\_\_\_

## ANCHORS

5 ft



POCKET PENETROMETER TEST

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

X 1000

X 1000

X

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 180 inch pounds or check here if you are declaring 5' anchors without testing. A test showing 275 inch pounds or less will require 4 foot anchors.

**Note:** A state approved lateral arm system is being used and 4 ft anchors are allowed at the sidewall locations. I understand 5 ft anchors are required at all centerline 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.

Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

V.C. Schneider

Date Tested

1-27-08

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.

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

Natural

Swale

Pad

Other

Fastening multi wide units

Floor:

Type Fastener:

4/12

Length:

Spacing:

Walls:

Type Fastener:

Length:

Spacing:

Roof:

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

Installed:

Type gasket

4/12

Between Floors Yes  
Between Walls Yes  
Bottom of ridgebeam Yes

Weatherproofing

The bottomboard will be repaired and/or taped. Yes  
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  
Dryer vent installed outside of skirting Yes  
Range downflow vent installed outside of skirting Yes  
Drain lines supported at 4 foot intervals Yes  
Electrical crossovers protected. Yes  
Other: N/A

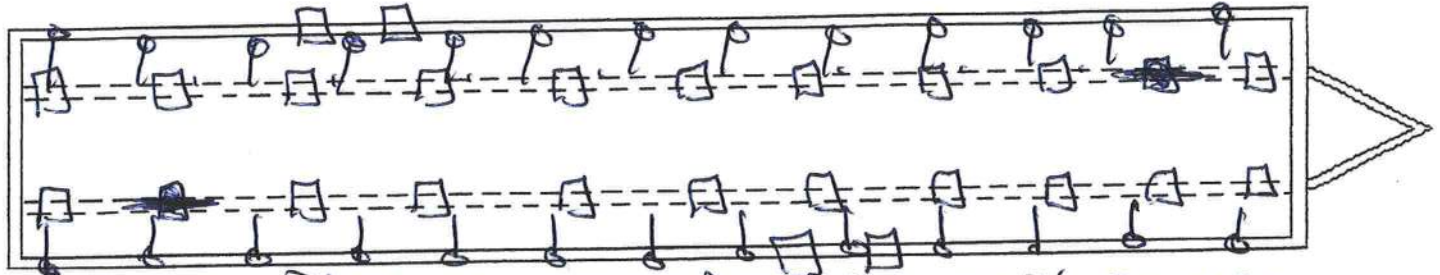
Installer verifies all information given with this permit worksheet is accurate and true based on the

Installer Signature

V.C. Schneider Date 1-28-08

Applicant shall provide layout from manufacturer specific to the model installed. This form may be used if the layout from the manufacturer is not available.

### SINGLE WIDE MOBILE HOME



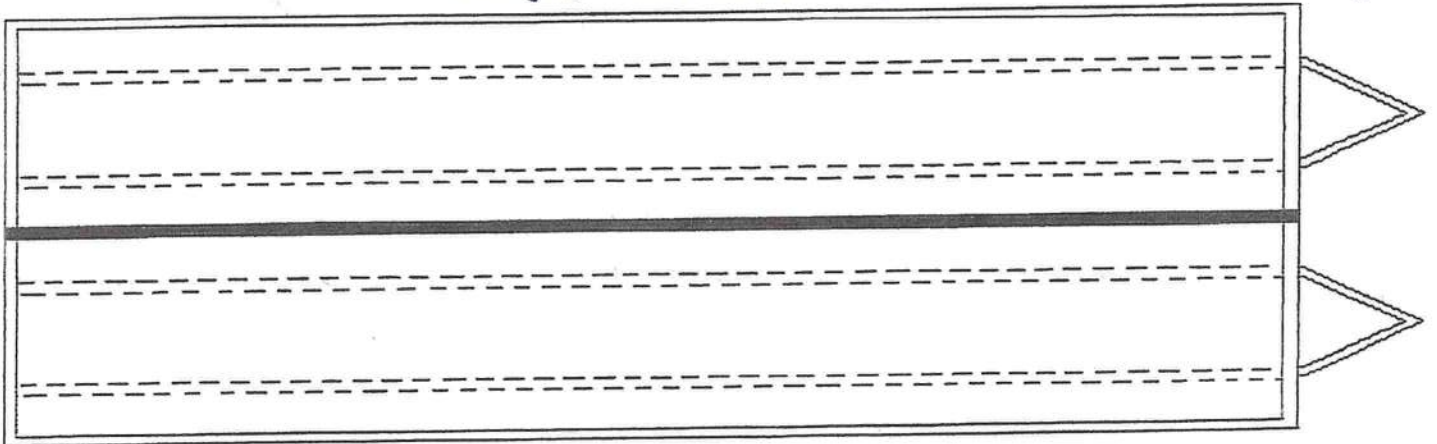
1000 165022 Piers on 24x24 ABS PADS on 7' Centers

5' Anchors on 5'9" Centers

☒ Longitudinal

### DOUBLE WIDE MOBILE HOME

Stabilizer Devices By Oliver Technology



ANCHOR



PIER

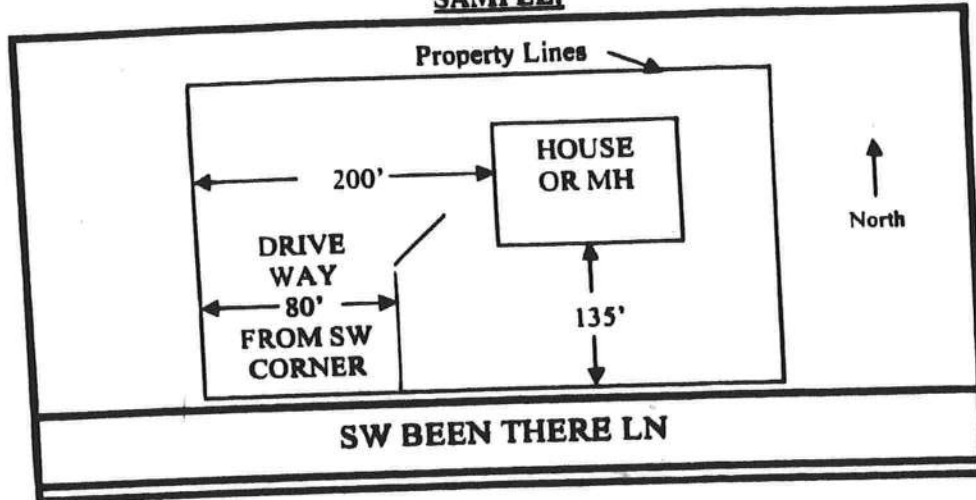


PIER FOOTING

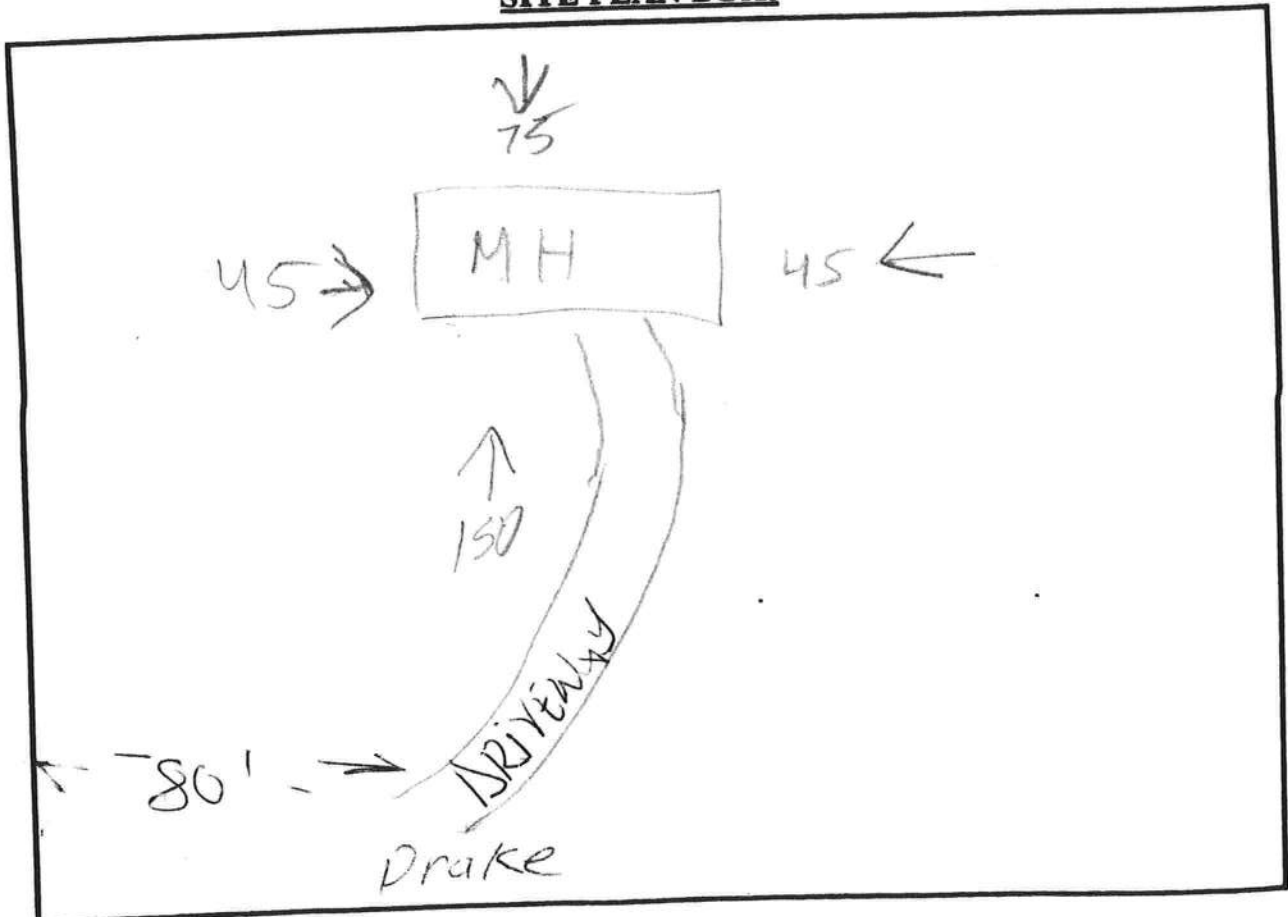
Show all pier (with size of piers & pads) and anchor location, with maximum spacing and distance from end walls, as required in the manufacturer's specifications. Any special pier footing required (over 16 x 16 inches) shall be noted separately with required dimensions per the manufacturer's specifications. To determine footing size and spacing, a soil bearing capacity test shall be used. Pier footings to be poured-in-place, whether required by manufacturer's specifications or by preference, must be inspected by the Building Department prior to pouring.

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

**SAMPLE:**



**SITE PLAN BOX:**





LETTER OF AGENT AUTHORIZATION

This is to certify that I personally authorize Peter WAWCZYK  
Hardee to apply and obtain permits pertaining to the  
placement of mobile home on THREE RIVERS EST  
property which property ID # is 01438-331

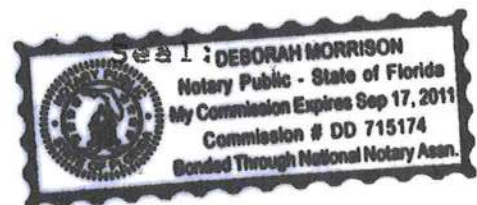
Authorized signature: [Signature]  
Company Name: AAA Mobile Home Transport  
License Number: TH0000 140  
Date: 1-28-08

State of Florida

County of Alachua

Sworn to and subscribed before me this 28<sup>th</sup> day of January  
2008 by Vic Fhendge. Personally known to me  
or have produced identification \_\_\_\_\_. Type of identification \_\_\_\_\_

Deborah Morrison  
Notary of the Public



@ CAM112M01 S CamaUSA Appraisal System  
1/28/2008 13:44 Legal Description Maintenance  
Year T Property Sel  
2008 R 00-00-00-01438-331 ...

	Columbia	County
23000	Land	002 *
	AG	000
	Bldg	000
	Xfea	000
23000	TOTAL	B*

THREE RIVERS ESTATES  
WAWRZYCKI PETER & (JTWS)

1	LOT 31 BLOCK 6 UNIT 23 THREE	RIVERS ESTATES.	2
3	ORB 840-2284, WD 1004-1031,	WD 1005-2218.	4
5			6
7			8
9			10
11			12
13			14
15			16
17			18
19			20
21			22
23			24
25			26
27			28

Mnt 2/05/2004 KYLIE

F1=Task F3=Exit F4=Prompt F10=GoTo PgUp/PgDn F24=More



# 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: 1/29/2008 DATE ISSUED: 2/1/2008

### ENHANCED 9-1-1 ADDRESS:

459 SW DRAKE PL

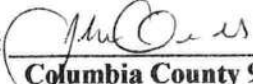
FORT WHITE FL 32038

### PROPERTY APPRAISER PARCEL NUMBER:

00-00-00-01438-331

### Remarks:

LOT 31 BLOCK 6 UNIT 23 THREE RIVERS ESTATES

Address Issued By:   
Columbia County 9-1-1 Addressing / GIS Department

**NOTICE: THIS ADDRESS WAS ISSUED BASED ON LOCATION INFORMATION RECEIVED FROM THE REQUESTER. SHOULD, AT A LATER DATE, THE LOCATION INFORMATION BE FOUND TO BE IN ERROR, THIS ADDRESS IS SUBJECT TO CHANGE.**

Approved Address

FEB 01 2008

911Addressing/GIS Dept

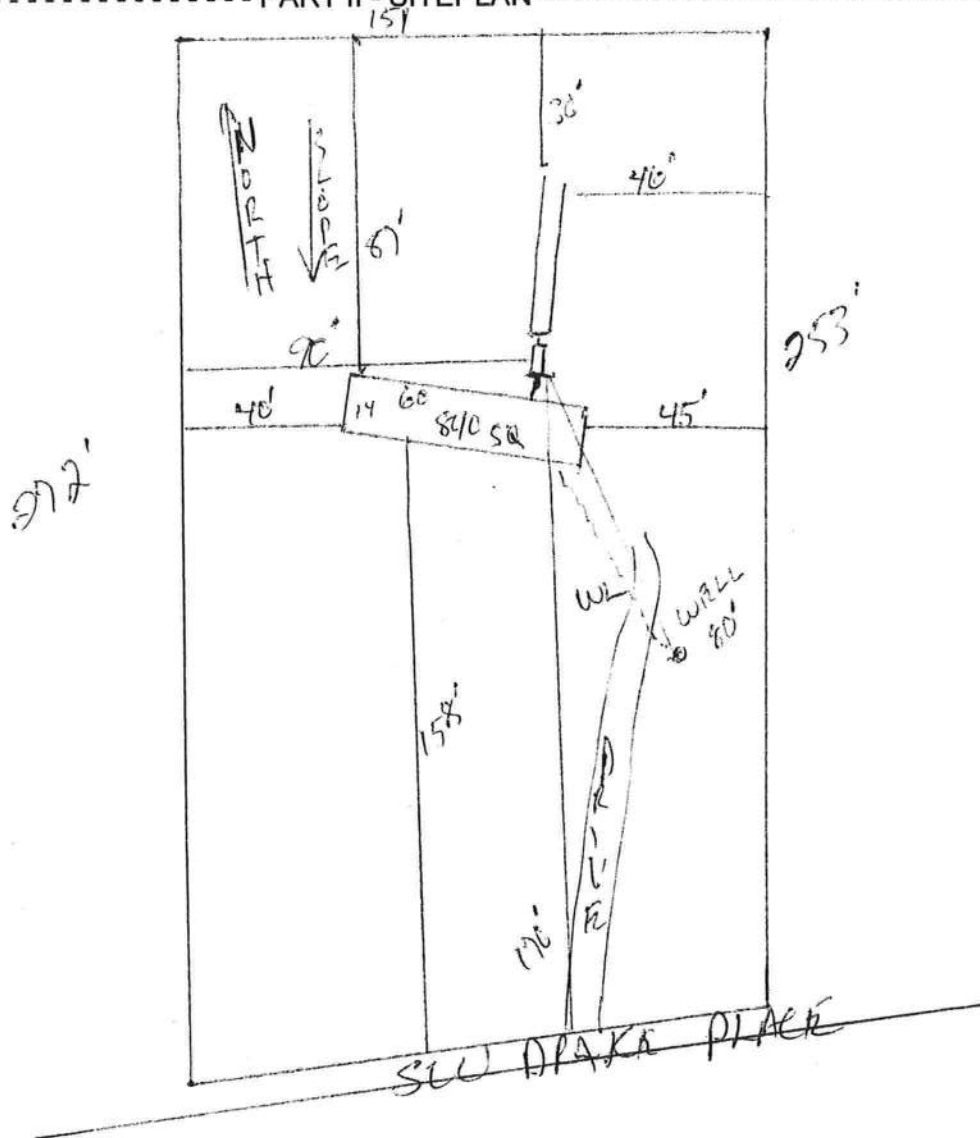
1132

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

Permit Application Number 08-01109E

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

Scale: 1 inch = 50 feet.



Notes: \_\_\_\_\_

Site Plan submitted by: Rock D 7-0

MASTER CONTRACTOR

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

Date 2-17-08

By 72 Chick County Health Department

**ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT**



CODE ENFORCEMENT DEPARTMENT  
COLUMBIA COUNTY, FLORIDA  
OUT OF COUNTY MOBILE HOME INSPECTION REPORT

COUNTY THE MOBILE HOME IS BEING MOVED FROM Fla. 649  
OWNERS NAME PETER WHITNEY PHONE 221-516-3786  
INSTALLER Vic E. Everside PHONE 386-462-2550  
INSTALLERS ADDRESS P.O. Box 3266 High Springs, FL 32655

MOBILE HOME INFORMATION

MAKE Freemont YEAR 1995 SIZE 14 x 60  
COLOR White SERIAL No. 2289 Y3079 S-1200  
LAND ZONE II SMOKE DETECTOR Yes

INTERIOR:

FLOORS Good Shape  
WALLS Good Shape  
ROOF Good  
CARPETS Good  
ELECTRICAL (FIXTURES/OUTLETS) Good

EXTERIOR:

PAINT SIDING Good  
WINDOWS Good  
DOORS Good

STATUS:

APPROVED Yes NOT APPROVED \_\_\_\_\_

NOTES Home is in Good Shape

INSTALLER OR INSPECTORS PRINTED NAME Vic Everside

Installer/Inspector Signature [Signature] License No. 111000144 Date 2-14-08

**ONLY THE ACTUAL LICENSE HOLDER OR A BUILDING INSPECTOR CAN SIGN THIS FORM.**

LAND ZONE ONE MOBILE HOMES WILL BE PERMITTED. MOBILE HOMES PRIOR TO 1977 ARE PRE-HUD AND THE LAND ZONE MUST BE PROVEN TO BE PERMITTED

BEFORE THE MOBILE HOME CAN BE MOVED INTO COLUMBIA COUNTY THIS FORM MUST BE COMPLETED AND RETURNED TO THE COLUMBIA COUNTY BUILDING DEPARTMENT.

ONCE MOVED INTO COLUMBIA COUNTY AN INSPECTOR MUST COMPLETE A PRELIMINARY INSPECTION ON THE MOBILE HOME. CALL 386-718-2038 TO SET UP THIS INSPECTION. NO PERMIT WILL BE ISSUED BEFORE THIS IS DONE

Code Enforcement Approval Signature [Signature] Date 2-14-08

JW called Vic on 2.15.08 to move

FEB 28 2008 02:46 PM

FAX NO. 1386-753-2160

FEB 28 2008 10:40 AM

CODE ENFORCEMENT  
PRELIMINARY MOBILE HOME INSPECTION REPORT

"RUSH"

DATE RECEIVED 2/27-4/1 BY IN IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? NOOWNERS NAME TETER WAWRZYCKI PHONE 727.596.3594 CELL 727.596.3594ADDRESS 459 SW DRAKE PL. ZILWILE 37038MOBILE HOME PARK 3 RIVERS EST. LOT 51 SUBDIVISION UNIT 23

DRIVING DIRECTIONS TO MOBILE HOME

475 TO US 27, TR TO UTAH TL TO ONTARIO, TL TO DRAKE.  
TL AND 115 TO 3RD LOT ON LEFT.MOBILE HOME INSTALLER VIC EHELORE PHONE 346.42.1234 CELL 352.83.1911

## MOBILE HOME INFORMATION

MAKE GENERAL YEAR 1995 SIZE 14 60 COLOR UNKSERIAL NO. GM 6A 228943079 . 51260WIND 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

DangID NUMBER 401 DATE 2-28-08- THANKS -  
X

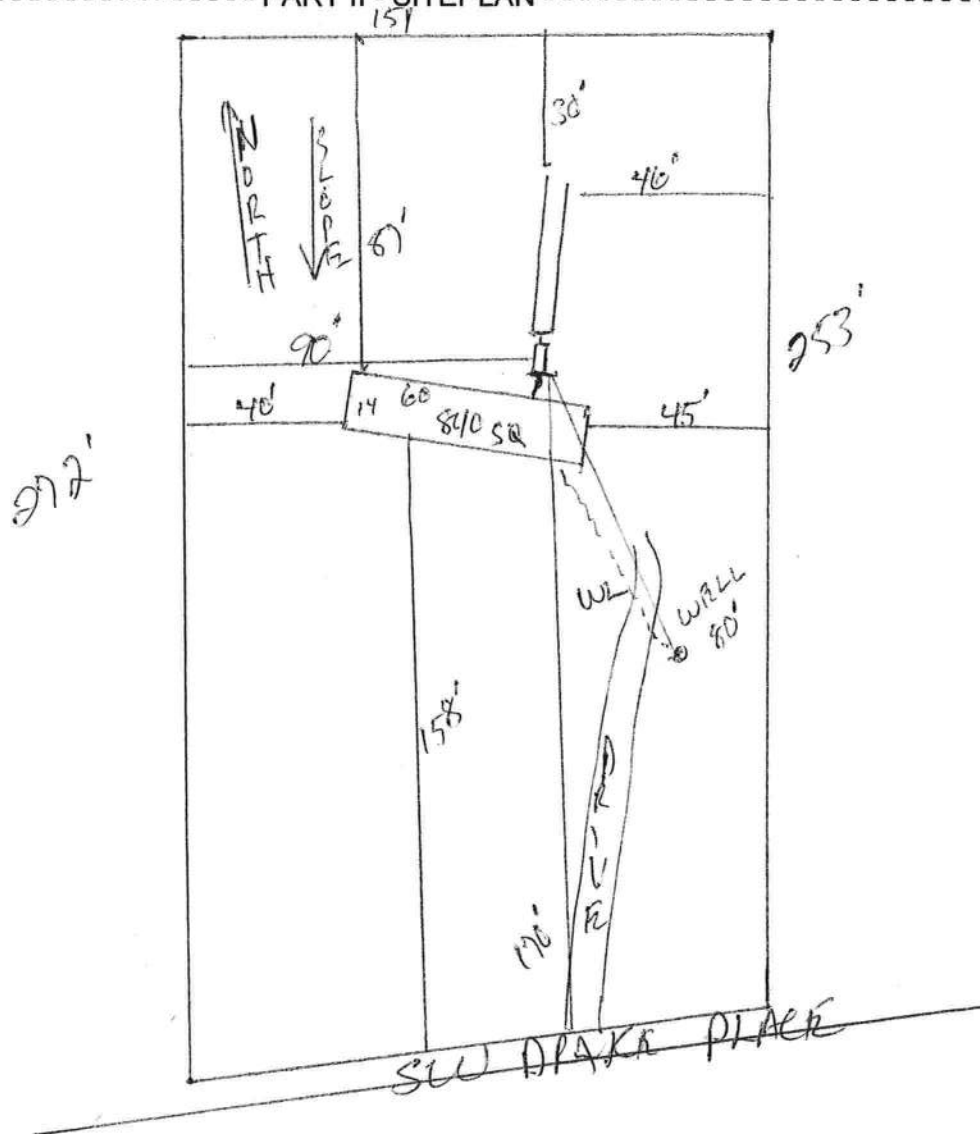


STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 08-01209E

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

Scale: 1 inch = 50 feet.



Notes: \_\_\_\_\_

Site Plan submitted by: Rock D 7-0

MASTER CONTRACTOR

Plan Approved 72 Not Approved \_\_\_\_\_

Date 2-14-08

By Chick County Health Department

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