

DATE 08/02/2004

Columbia County Building Permit

PERMIT

This Permit Expires One Year From the Date of Issue

000022152

APPLICANT JESSE GOODMAN PHONE 454-7864

ADDRESS 449 SE HAPPY VALLEY ROAD HIGH SPRINGS FL 32643

OWNER JESSE GOODMAN PHONE 454-7864

ADDRESS 696 SW BOBCAT DRIVE FT. WHITE FL 32038

CONTRACTOR VIC ETHERIDGE PHONE _____

LOCATION OF PROPERTY 47S, TL ON 27, TR ON BOBCAT DRIVE, ON RIGHT AFTER 3RD CURVE
SGN WITH LOT 104

TYPE DEVELOPMENT MH, UTILITY ESTIMATED COST OF CONSTRUCTION .00

HEATED FLOOR AREA _____ TOTAL AREA _____ HEIGHT .00 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. 0 FLOOD ZONE X DEVELOPMENT PERMIT NO. _____

PARCEL ID 19-7S-17-10024-104 SUBDIVISION SASSAFRAS ACRES

LOT 104 BLOCK _____ PHASE _____ UNIT _____ TOTAL ACRES 1.09

Culvert Permit No. _____ Culvert Waiver _____ Contractor's License Number IH0000144 Applicant/Owner/Contractor Jesse Goodman

EXISTING _____ 04-0727-N _____ BK _____ RK _____ Y _____

Driveway Connection _____ Septic Tank Number _____ LU & Zoning checked by _____ Approved for Issuance _____ New Resident _____

COMMENTS: ONE FOOT ABOVE THE ROAD

Check # or Cash 1919

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 \$.00 CERTIFICATION FEE \$.00 SURCHARGE FEE \$.00

MISC. FEES \$ 200.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 11.34 WASTE FEE \$ 24.50

FLOOD ZONE DEVELOPMENT FEE \$ _____ CULVERT FEE \$ _____ TOTAL FEE 285.84

AP# 0407-51 Date Received 7/17/04 BY JCU Permit # 22152

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

Comments

NEED POE-MNH *BSE THE PLAN ATTACHED.
dp/ok via phone

Property ID # 19-75-17-10024-104 * (Must have a copy of the property dee
Lot 104 SASSAFRAS ACRES

New Mobile Home _____ Used Mobile Home ✓ Year 91

Applicant Gene Hoshman Phone # 386-454-7824

Address 449 SE HAPPY Valley Rd. High Springs FL 32643

Name of Property Owner Gene Hoshman Phone# 386-454-7824

Address 449 SE HAPPY Valley Rd. High Springs FL 32643

911-ADDRESS: 696 SW 505CAT Dr, Ft. White FL 32038

Name of Owner of Mobile Home Gene Hoshman Phone # 386-457-7044

Address 449 SE HAPPY Valley Rd. High Springs FL 32643

Relationship to Property Owner SELF

Current Number of Dwellings on Property above

Lot Size 273' x 175' Total Acreage 1.09

Current Driveway connection is 696 SW EXISTING Dr + WHITE FL 32038
Bob Cat Drive

Is this Mobile Home Replacing an Existing Mobile Home NO (ONE SA)

Name of Licensed Dealer/Installer Vic Skowidze Phone # 386-462-2554

Installers Address P.O. Box 3266 White Springs, FL 32085

License Number FL 144 Installation Decal # 218528

PERMIT WORKSHEET

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

Fastening multi-wide units
 For used homes a min 30 gauge, 8" wide, galvanized roofing nails at 2" on center on both sides of the cent

Floor:	Type Fastener:	Length:	Spaci
Walls:	Type Fastener:	Length:	Spaci
Roof:	Type Fastener:	Length:	Spaci

Gasket (weatherproofing requirement)
 I understand a properly installed gasket is a requirement of all r
 homes and that condensation, mold, mildew and buckled main
 a result of a poorly installed or no gasket being installed. I unde
 of tape will not serve as a gasket.
 Installed: Pg H/A
 Type gasket: H/A
 Installer's initials: _____

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 w

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

Installer verifies all information given with this perm
 is accurate and true based on the
 manufacturer's installation instructions and or Ru
 Installer Signature: _____

POCKET PENETROMETER TEST
 Penetrometer tests are rounded down to 700 psi without testing.
 to declare 1000 lb. soil

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.

1000	X
800	X
700	X

TORQUE PROBE TEST
 The torque probe test is 100 inch pounds or check
 declaring 5 anchors without testing. A test
 inch pounds or less will require 4 foot anchors.
 approved lateral arm system is being used and 4 ft.
 s are allowed at the sidewall locations. I understand 5 ft
 s are required at all centerline tie points where the torque test
 g is 275 or less and where the mobile home manufacturer may
 is anchors with 4000 lb holding capacity.
 Installer's initials: _____

TS MUST BE PERFORMED BY A LICENSED INSTALLER
V.C. Schunke
7-6-04

Electrical
 Conductors between multi-wide units, but not to the main power
 es the bonding wire between multi-wide units. Pg H/A

Plumbing
 rains to an existing sewer tap or septic tank. Pg _____
 water supply piping to an existing water meter, water tap, or other
 supply systems. Pg _____

PERMIT WORKSHEET

page

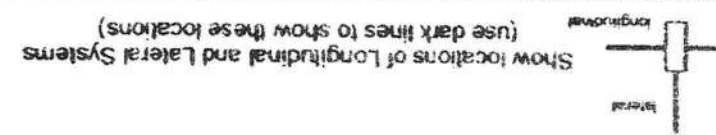
License # 214000114

Length x width 14x20

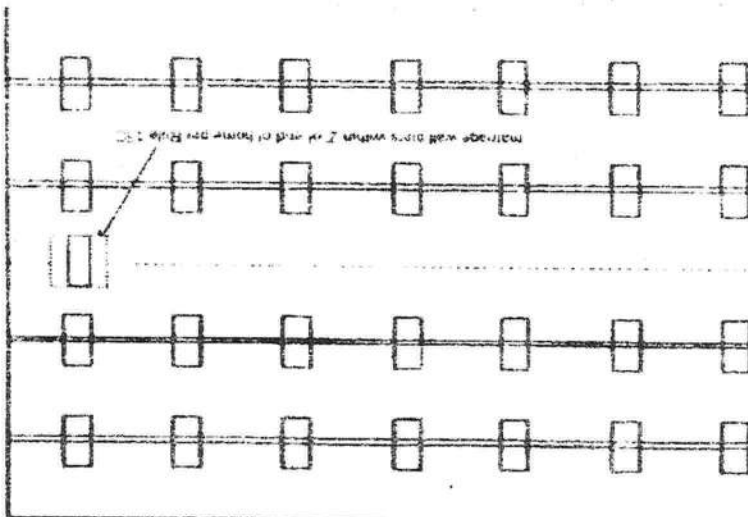
a single wide fill out one half of the blocking plan a triple or quad wide sketch in remainder of home

arm Systems cannot be used on any home (new or used) exceed 5 ft 4 in

Installer's initials RLC



Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)



Home installed to the Manufacturer's Installation Manual New Home Used Home

Home is installed in accordance with Rule 15-C

Single wide Wind Zone II Wind Zone III

Double wide Installation Decal # 218521

Triple/Quad Serial # _____

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	Footprint size	16' x 16'	18 1/2' x 18 1/2'	20' x 20'	24' x 24'
1000 psi	3	3	4	5	7
1500 psi	4'6"	6'	6'	7'	8'
2000 psi	6'	6'	8'	8'	8'
2500 psi	7'6"	8'	8'	8'	8'
3000 psi	8'	8'	8'	8'	8'
3500 psi	8'	8'	8'	8'	8'

Interpolated from Rule 15-C-1 pier spacing table

PIER PAD SIZES

I-beam pier pad size 12x25

Perimeter pier pad size 4x4

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

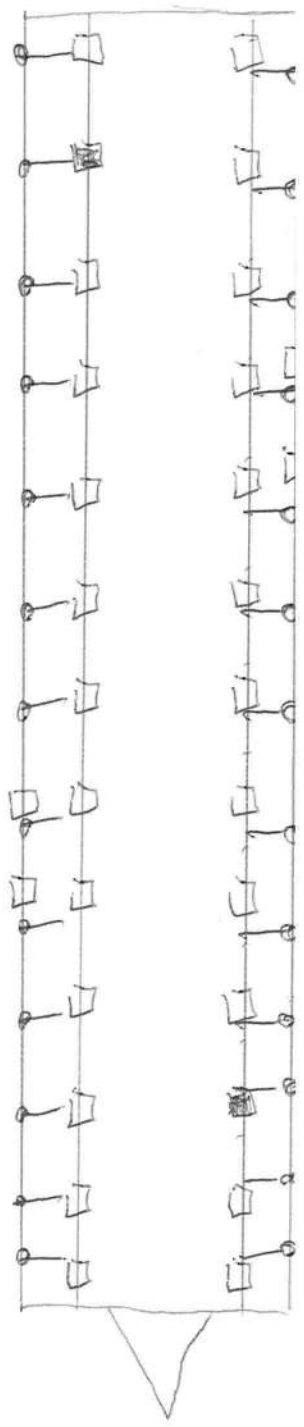
POPULAR P.I.

Pad Size	16 x 16
16 x 18	
18.5 x 18.5	
16 x 22.5	
17 x 22	
13 1/4 x 26 1/4	
20 x 20	
17 3/16 x 25 3/16	
17 1/2 x 25 1/2	
24 x 24	
26 x 26	

Opening Pier pad size 4x4


OTHER COMMENTS

Longitudinal Stabilizing Device (LSD) Manufacturer: GLS/VER
 Longitudinal Stabilizing Device w/ Lateral Arms Manufacturer: Shearwall



Piers on 17425 NBS Pans on S' 1" Center

S' Anchors on S' 4" Center


 Oliver — Tea Kawai, Jotai S' 10 Biliber
 Devices

Home (386) 462-7554
Mobile (352) 316-0953
State Lic# JH0000144

Vic Etheridge Owner/Operator

DATE 7-16-09

NAME OF LICENSE HOLDER Vic Etheridge

LICENSE CERTIFICATE # JH0000144

THE FOLLOWING PERSON(S) ARE AUTHORIZED TO SIGN FOR PERMITS FOR THE ABOVE REFERENCED LICENSE HOLDER

NAME(S) PLEASE PRINT	SIGNATURE	RELATIONSHIP
Jesse Traddum	<i>Jesse Traddum</i>	Custome R

Authorization forms are good 12 months of dated form. (Unless otherwise specified if less than 12 months)

The foregoing instrument was acknowledged before me this _____ day of _____

by _____ who is personally known to me or has produced

identification Type of Identification _____ # _____

Signature of License Holder _____

Signature of Notary _____

Commission # & Seal/Stamp:

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 license shall pay a fee of \$150.

I Vic Shneider license number T11000144 do hereby state that the
(Please Print)

installation of the manufactured home at 696 So. Bobcat Ln will be done under my
(911 Address) 32038

supervision.

[Signature]
Signature

Sworn to and subscribed before me this 12 day of July A. D. 2004

Notary Public TIA M. BONNELL My commission expires: 4/17/08
Signature Date

TIA M. BONNELL
Notary Public, State of Florida
My comm. exp. Apr. 17, 2008
Comm. No. DD 286093

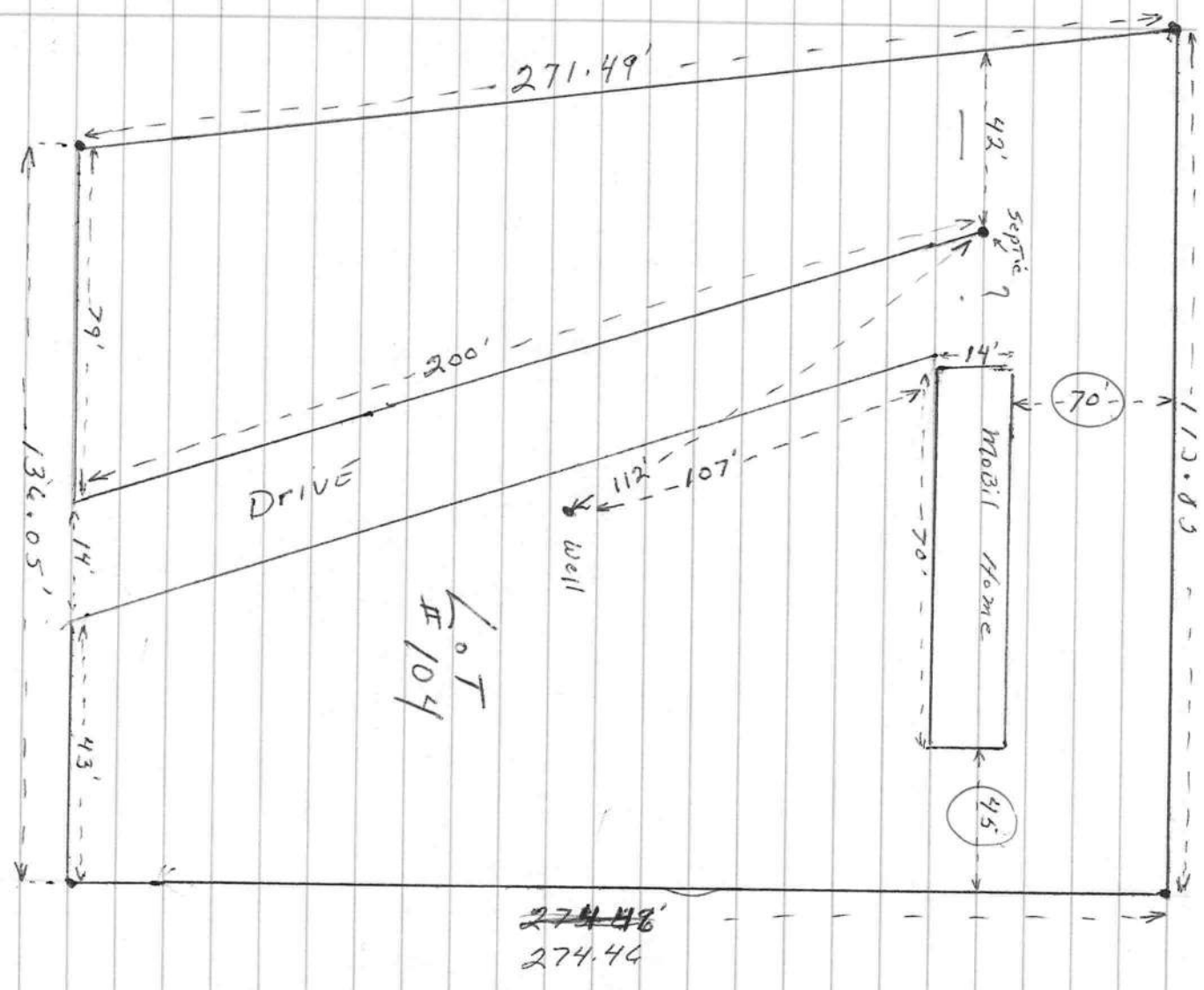
Please Allow Please or Sally Goodwin

To For A Permit To install A Mobile Home in Columbia County AT 696 Bobcat Ln West side, Box 32038

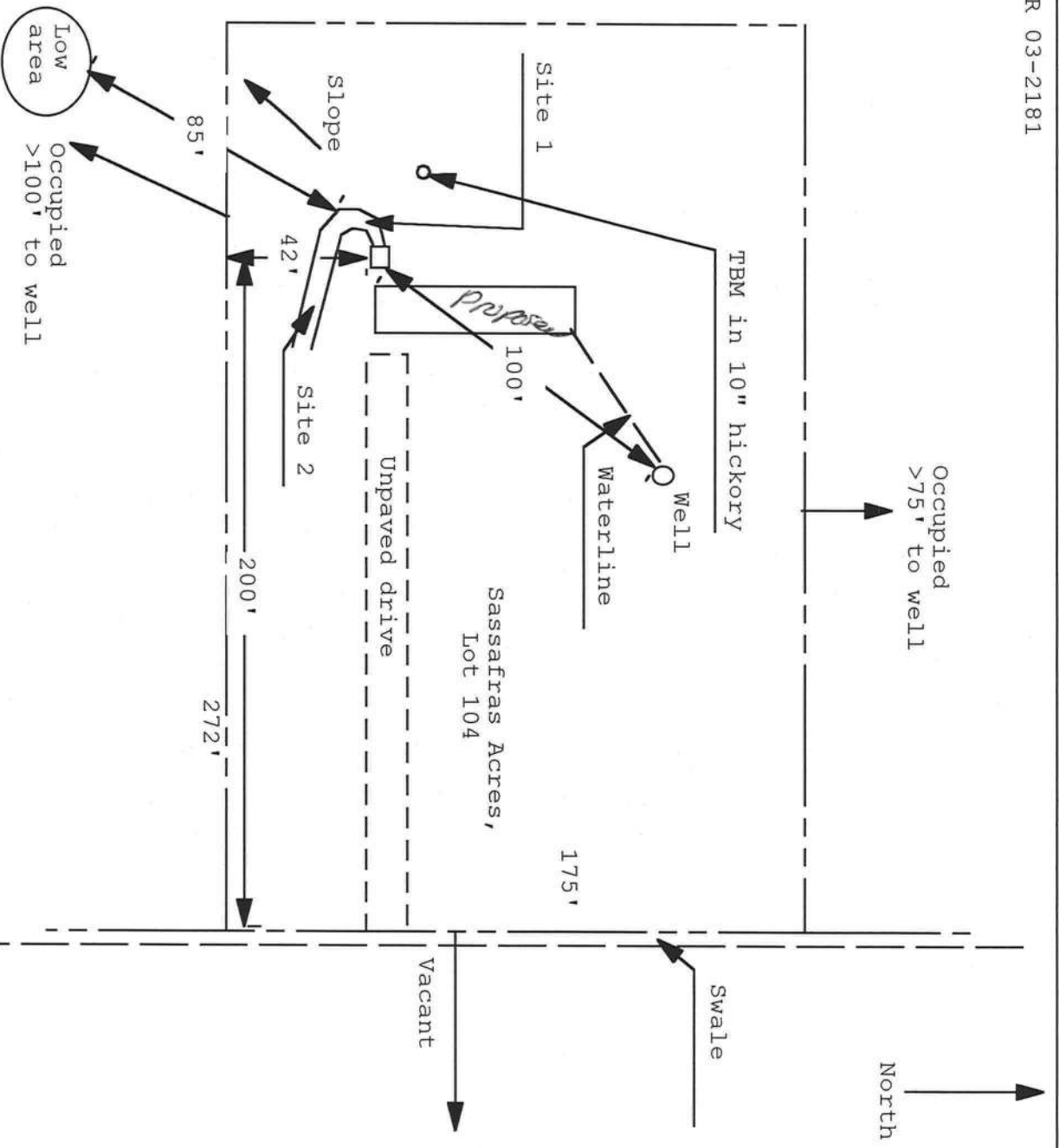
1 witness;
Gic Shneider

← Bob CAT DRIVE →

696 S. 1st. Bob CAT Drive



V
a
c
c
a
n
t



1 inch = 50 feet

Site Plan Submitted By Paul Boyd Date 6/28/04

Plan Approved Paul Boyd Not Approved _____ Date _____

By Paul Boyd Alana Bok CPHU 7-2-04

RT 1 BX 3215
FORT WHITE FL 32038-9533

5590039627

19-79-17 0000/
LOT 104 SASSAFRAS ACRES S/D
ORB 529-277, 645-646, 813-1872
894-1399,



TAXING AUTHORITY MILEAGE RATE - POLICIES PER \$1,000 OF TAXABLE VALUE TAXES ELI WIED

	AD VALOREM TAXES	TAXES ELI WIED
C001 BOARD OF COUNTY COMMISSIONERS	8.7260	42.80
S002 COLUMBIA COUNTY SCHOOL BOARD DISCRETIONARY	.7600	3.73
LOCAL	5.9450	29.16
CAPITAL OUTLAY	2.0000	9.81
W SR SUWANNEE RIVER WATER MGT DIST	.4914	2.41
HLSH LAKE SHORE HOSPITAL AUTHORITY	1.5000	7.36
IDA INDUSTRIAL DEVELOPMENT AUTH	.1380	.68

Paul M... 28-2001

TOTAL MILLAGE 19.5604 AD VALOREM TAXES \$95.95

LEVYING AUTHORITY NON-AD VALOREM ASSESSMENTS RATE AMOUNT

ACC 0996 385534

NON-AD VALOREM ASSESSMENTS \$.00

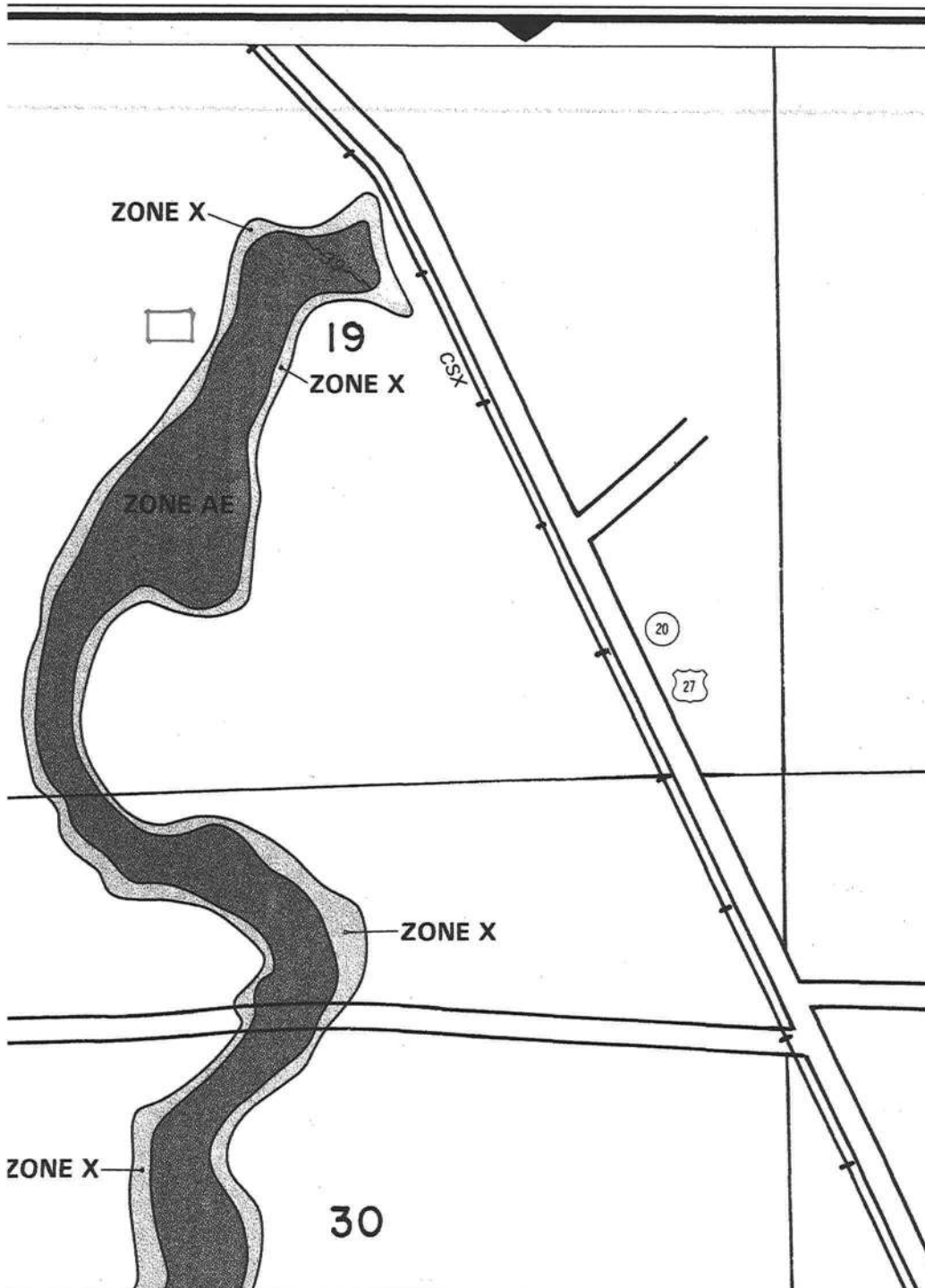
COMBINED TAXES AND ASSESSMENTS \$95.95

IF PAID BY	PLEASE PAY	NOV 30 92.11	DEC 31 93.07	JAN 31 94.03	FEB 28 94.99	MAR 31 95.95

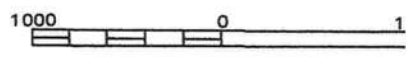
IF PAID BY

RETAIN THIS PORTION FOR YOUR RECORDS

See reverse side for important information.



APPROXIMATE SCALE IN FEET



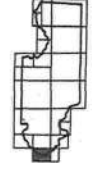
NATIONAL FLOOD INSURANCE PROGRAM

FIRM
FLOOD INSURANCE RATE MAP

COLUMBIA
COUNTY,
FLORIDA
(UNINCORPORATED AREAS)

PANEL 270 OF 290

PANEL LOCATION



COMMUNITY-PANEL NUMBER
120070 0270 1

EFFECTIVE DATE
JANUARY 6, 1984



Federal Emergency Management Agency

This is an official copy of a portion of the above referenced flood map using F-MIT Version 1.0. This map does not reflect changes or amendments that may have been made subsequent to the date on the title block. For more information about National Flood Insurance Program flood hazard maps is available at www.fema.gov/mit/tsd.

Print Date: 7/23/2004 (print)

W.AIVER APPROVED _____ W.AIVER NOT APPROVED _____

PARCEL ID # _____ ZONING _____

SETBACKS: FRONT _____ REAR _____ SIDE _____ HEIGHT _____

FLOOD ZONE _____ SEPTIC _____ NO. EXISTING D.U. _____

TYPE OF DEVELOPMENT Pre-Inspection

SUBDIVISION (Lot/Block/Unit/Phase) _____

OWNER Jesse Goodman PHONE 454-7864

ADDRESS 996 SW Bobcat Dr. Ft. White 32038

CONTRACTOR _____ PHONE _____

LOCATION 475 TL on 27, TR Bobcat Dr, on right after 3rd curve - sign lot 104

COMMENTS: _____

Call before going

INSPECTION(S) REQUESTED: _____ INSPECTION DATE: _____

Temp Power _____ Foundation _____ Set backs _____ Monolithic Slab _____

Under slab rough-in plumbing _____ Slab _____ Framing _____

Rough-in plumbing above slab and below wood floor _____ Other _____

Electrical Rough-in _____ Heat and Air duct _____ Perimeter Beam (Lintel) _____

Permanent Power _____ CO Final _____ Culvert _____ Pool _____ Reconnection _____

Pre- M/H tie downs, blocking, electricity and plumbing _____ Utility pole _____

Travel Trailer _____ Re-roof _____ Service Change _____ Spot check/Re-check _____

INSPECTOR: _____



NORTH FLORIDA WATER SYSTEMS, INC.

11814 NW 202 STREET
ALACHUA, FLORIDA 32615

(386) 462-PUMP (7867)
(386) 454-PUMP (7867)

PHONE

454-7864

DATE

7/13/04

NAME

Jesse Goodman

ADDRESS

Sassafras Ave #104 (Robert Lane)

High School 32643

QTY.	DESCRIPTION	PRICE	AMOUNT
	well	60'	
	CASING	55'	
	WATER LEVEL	25'	
	pump setting	50'	
1	4" well, 1hp stainless pump,		
	90 GALLON WELL-MATE TANK		2300 00
1	SRS System		350 00
	12 MONTH FULL WARRANTY		
	ON SYSTEM, SRS ON TANK,		
	EXCLUDES FROZE & ANTS		
	THANK YOU CALL ANYTIME		
	454-7867 (PUMP)		
		TAX	
		TOTAL	2650 00

RECEIVED BY

PS CASH 7/13/04

5% INTEREST WILL BE CHARGED
AFTER 30 DAYS.