

DATE 12/30/2010

Columbia County Building Permit
This Permit Must Be Prominently Posted on Premises During Construction**PERMIT**
000029103

APPLICANT MIKE COX PHONE 386-752-5355
ADDRESS 466 SW DEPUTY J DAVIS LN LAKE CITY FL 32025
OWNER CYNTHIA HALE PHONE 386-344-8297
ADDRESS 387 SE LEROY COURT LAKE CITY FL 32025
CONTRACTOR CHESTER KNOWLES PHONE 755-6441
LOCATION OF PROPERTY 441 S, L 349, L LEROY CT, 3 TENTHS MILE TO LEFT TAKE DRIVE

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 AG-3 MAX. HEIGHT 35
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 26-5S-17-09392-003 SUBDIVISION
LOT BLOCK PHASE UNIT TOTAL ACRES 5.00

IH10252831
Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor
EXISTING 10-0555-E BK RJ N
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: FLOOR ONE FOOT ABOVE THE PAVED ROAD OR TWO FEET ABOVE THE DIRT ROAD
PER THE SITE PLAN HOME IS SET OUTSIDE THE FLOOD ZONE A

Check # or Cash 31355**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 \$ 64.20 WASTE FEE \$ 167.50
FLOOD DEVELOPMENT FEE \$ FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$ **TOTAL FEE** 606.70
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 SLC 12-29-10

Building Official 12-29-10

AP# 1012-46

Date Received 12-27-10

By LH

Permit # 29103

Flood Zone X

Development Permit N/A

Zoning A-3

Land Use Plan Map Category A-3

Comments must be set according to Site Plan or set 2 feet above the dirt road - per Flood Zone A on property

FEMA Map# N/A

Elevation N/A

Finished Floor 1 above RL

River N/A

In Floodway N/A

☒ Site Plan with Setbacks Shown ☒ EH # 10-0555-E ☐ 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 _____

☒ Vt form
☒ Pre Insp (faxed)
☒ 911 form

Property ID # 26-55-17-09392-003 Subdivision N/A

- New Mobile Home _____ Used Mobile Home X MH Size 28x60 Year 1997
- Applicant Freedom Homes Mike Cox Phone # 386-752-5355 752-4757 fax
- Address 466 SW Deputy J. Davis Ln, Lake City, FL 32024
- Name of Property Owner Cynthia Hale Phone# 386-344-8297
- 911 Address 387 SE Leroy Court Lake City FLA 32025
- Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home Cynthia Hale Phone # 386-344-8297
Address 387 SE Leroy Court, Lake City, FL 32025
- Relationship to Property Owner Sister
- Current Number of Dwellings on Property 0
- Lot Size N/A Total Acreage 5 Acres
- 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, They Had Lost one
- Driving Directions to the Property Hy 441 South About 8 miles To County Road 349 TURN Left, Go 200 yards To Leroy Court on Left Hand Side of Road. Go 0.3 tenth mile To Drive See Freedom Sign At Drive on Left Hand Side
- Name of Licensed Dealer/Installer Chester Knowles Phone # 386-755-6441
- Installers Address 5801 S.W. State Rd 47 Lake City, FL 32024
- License Number IH 102528311 Installation Decal # 1344

Spoke to Mike 10/29/10 LH

PERMIT NUMBER

PERMIT WORKSHEET

page 1 of 2

Installer Isaac h. Chester License # IK/1025283/1

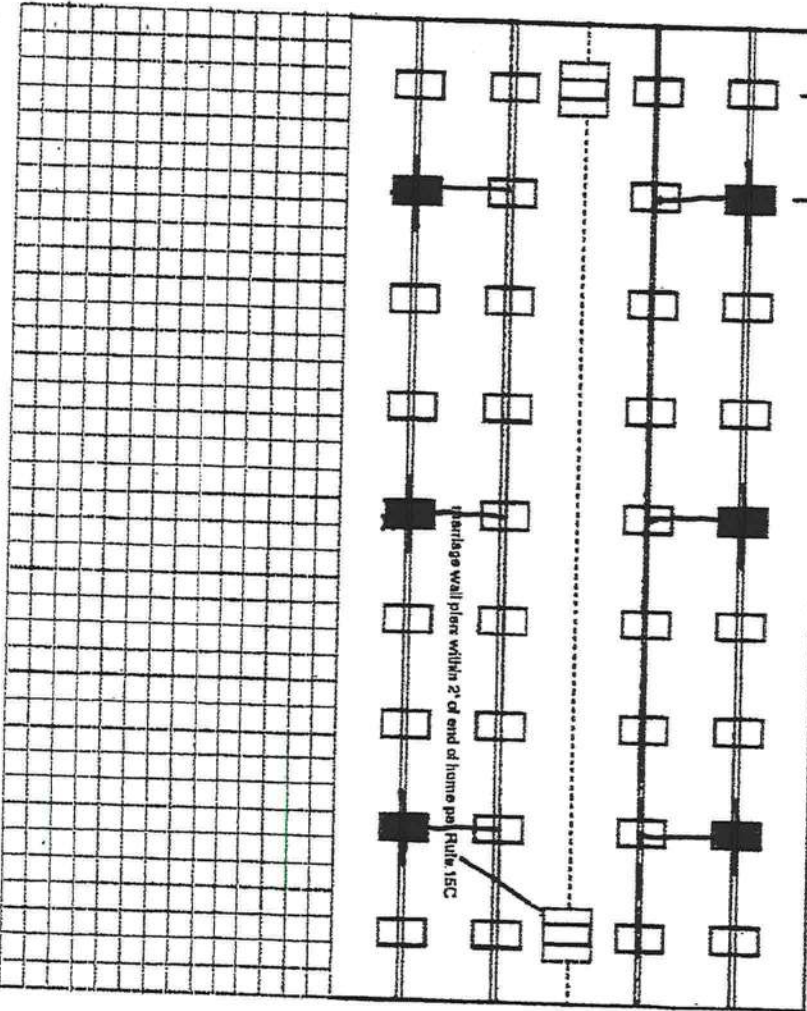
Address of home being installed _____

Manufacturer Fleetwood Length x width 28 x 36 Box

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 AK



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 # 1344

Triple/Quad ☐ Serial # 3125

Roof System: ☒ Typical ☐ R-tinged

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (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'	5'	6'	7'	8'
1500 psf	4' 6"	6'	7'	8'	9'	10'
2000 psf	6'	8'	9'	10'	11'	12'
2500 psf	7' 6"	9'	10'	11'	12'	13'
3000 psf	8'	10'	11'	12'	13'	14'
3500 psf	8'	10'	11'	12'	13'	14'

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

PIER PAD SIZES 726 sq in

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 234 x 31 1/4

Perimeter pier pad size N/A

Other pier pad sizes (required by the mfg.) 16 x 16

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 15' Pier pad size 24 x 24

ANCHORS

FRAME TIES

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

TIEDOWN COMPONENTS

OTHER TIES

Longitudinal Stabilizing Device (LSD)

Slidewall

Manufacturer Oliver Technology

Longitudinal Marriage wall

Manufacturer Oliver Technology

Slidewall

POCKET PENETROMETER TEST

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

x 1.0 x 1.0 x 1.0

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 1.0 x 1.0 x 1.0

TORQUE PROBE TEST

The result of the torque probe test is NA using 110 lb system 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 require anchors with 4000 lb. holding capacity.

Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Jessie L. Vester, Jr.
Date Tested 12.20.10

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. 15C-1

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 15C-1

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 15C-1

Site Preparation

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

Fastening multi wide units

Floor: Type Fastener: 4x2 Length: 6' Spacing: 20"
Walls: Type Fastener: 4x4 Length: 4' Spacing: 48"
Roof: Type Fastener: 4x4 Length: 14' 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

Type gasket Roll Foam
Pg. 15C

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 ☒

Miscellaneous

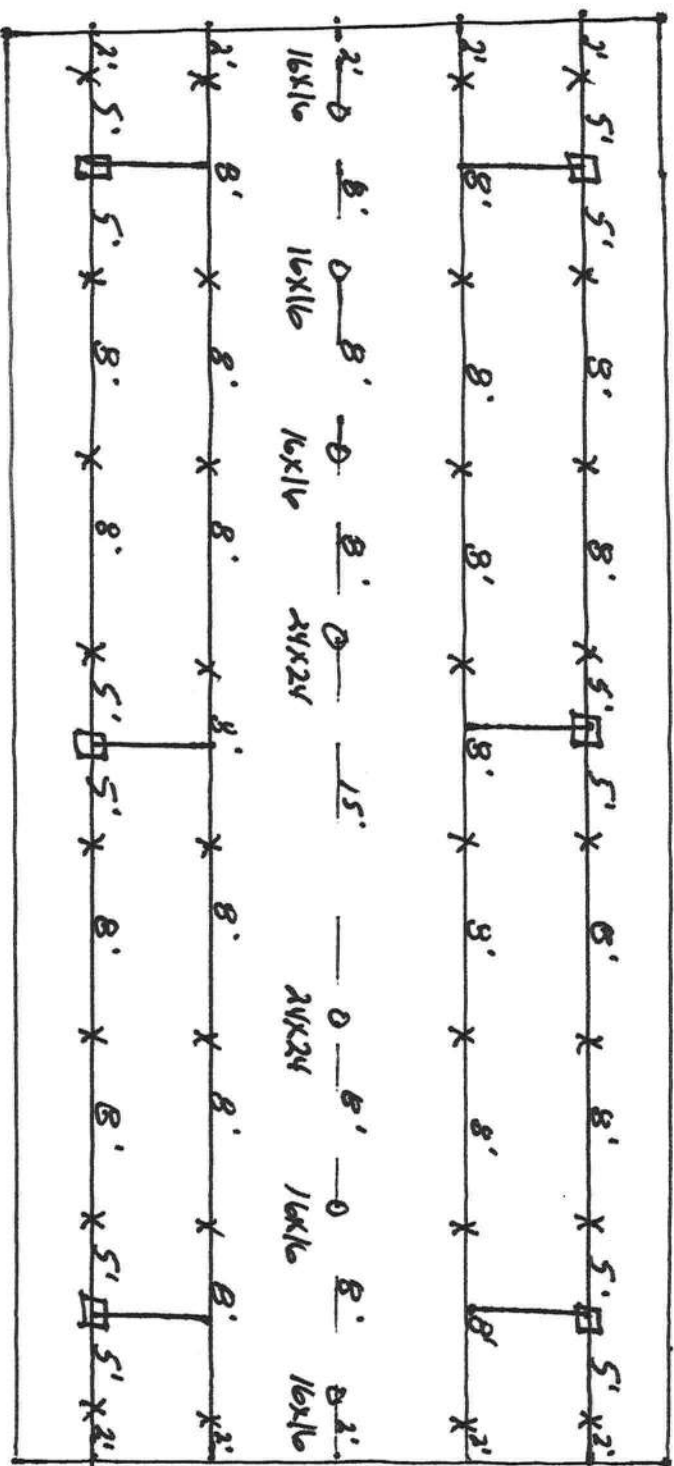
Skirting to be installed. Yes ☒ No ☐
Dryer vent installed outside of skirting. Yes ☐ No ☒
Range downflow vent installed outside of skirting. Yes ☐ No ☒
Drain lines supported at 4 foot intervals. Yes ☐ No ☒
Electrical crossovers protected. Yes ☒
Other: ☐

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

Jessie L. Vester, Jr. Date 12.20.10

28x60 Fleet wood



- - 6-1101V All steel foundation from older technology
- X - I Beam pier 8' O.C. using 23 1/4 x 31 1/4 lbs pads
- O - center line pier 8' O.C. using 16x16 Abs pads (except on openings 15' or greater)

PERMIT NUMBER: _____

TORQUE TEST AFFIDAVIT

I, Jessie L. Chester Kwonles, Have personally performed the Torque Test at the following property location:

387- SE Leroy Ct. LAKE City, FL 32025
911 or legal description

Cynthia Kay Hale
Property Owner

I have made the following determination as follows:

Torque Value: NA Inch pounds 4' FT. Anchors

Jessie L. Chester Kwonles, FL/1025283/1, 12-20-10
Signature License Number Date

PENETROMETER TEST AFFIDAVIT

I, Jessie L. Chester Kwonles, Have personally performed the penetrometer test at the following property location:

387 SE Leroy Ct. LAKE City, FL 32025
911 or legal description

Cynthia Kay Hale
Property Owner

I have made the following determination:

Soil load bearing capacity: _____, Or assumed 1000 PSF. ☒

Jessie L. Chester Kwonles, FL/1025283/1, 12-20-10
Signature License Number Date

Limited Power of Attorney

I, Jessie L "Chester" Knowles License # IH/1025283/1 hereby authorize Mike Cox to be my representative and act on my behalf of applying for mobile home permits to be placed on the following property located in Columbia County, Florida

Property Owner : CYNTHIA HALE
911 address : 387 SE Leroy Ct. Luke City
Parcel ID # : 26-55-17-09392-003
Sect : 26 Town : 55 Range : 17

Jessie L. Chester Knowles
Mobile Home Installer Signature

12-20-10
Date

Sworn and Subscribe to me this 20 day of DECEMBER, 2008¹⁰

Personally known ☒

Produced Identification _____

April D. Clark
Notary Public



MOBILE HOME INSTALLERS AFFIDAVIT

Florida Statue Section 320.8249 Requires Mobile Home Installers to be Licensed:

Any person who engages in mobile home installation shall obtain a mobile home installers license from the Bureau of Mobile Home and Recreational Vehicle construction of the Department of Highway Safety and Motor Vehicles Pursuant to this section.

I, Jessie L. Chester Knowles, License No., IH 1025283 / 1
Please Type or Print

do herby state that the installation of the manufactured home at:

387 SE Leroy Ct. LAKE CITY, FL 32025
911 Address of the Job site

Will be done under my supervision.

Jessie L. Chester Knowles
Signature

Sworn to and subscribed before me this 20 day of DECEMBER 20 10.

Notary public: April D. Clark, My commission Expires: 4/15/13
Signature Date

Personnally Known: ✓

Produce Valid Identification: _____

Stamp or seal _____



(13445 97' mt Permit)

Columbia County Property Appraiser

DB Last Updated: 11/4/2010

2010 Tax Year

Parcel: 26-5S-17-09392-003

<< Next Lower Parcel Next Higher Parcel >>

Tax Collector

Tax Estimator

Property Card

Parcel List Generator

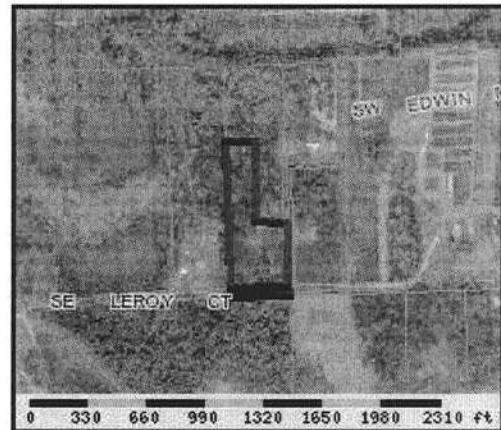
Interactive GIS Map

Print

Owner & Property Info

Search Result: 1 of 1

Owner's Name	HALE CYNTHIA K		
Mailing Address	194 SW WALL TER LAKE CITY, FL 32025-5086		
Site Address	387 SE LEROY CT		
Use Desc. (code)	VACANT (000000)		
Tax District	3 (County)	Neighborhood	26517
Land Area	5.010 ACRES	Market Area	02
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction.		
E1/2 OF W1/2 OF NW1/4 OF NW1/4 EX 5 AC DESC IN QC 1069-2241. ORB 841-508,QCD 1071-2338.			



Property & Assessment Values

2010 Certified Values		
Mkt Land Value	cnt: (0)	\$34,653.00
Ag Land Value	cnt: (2)	\$0.00
Building Value	cnt: (0)	\$0.00
XFOB Value	cnt: (0)	\$0.00
Total Appraised Value		\$34,653.00
Just Value		\$34,653.00
Class Value		\$0.00
Assessed Value		\$34,653.00
Exempt Value		\$0.00
Total Taxable Value	Cnty: \$34,653 Other: \$34,653 Schl: \$34,653	

2011 Working Values

NOTE:

2011 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
10/25/2005	1071/2338	QC	I	U	01	\$0.00
6/19/1997	841/508	WD	V	Q		\$20,000.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
NONE						

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
NONE						

Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
000000	VAC RES (MKT)	5.01 AC	1.00/1.00/1.00/0.70	\$6,517.56	\$32,653.00
009945	WELL/SEPT (MKT)	1 UT - (0000000.000AC)	1.00/1.00/1.00/1.00	\$2,000.00	\$2,000.00

QUIT CLAIM DEED

RAMCO FORM 8

Mail to: (enclose self-addressed stamped envelope)

Name:

Address:

This instrument Prepared by:

Name:

Address:

Deputy Appraisers Panel Identification

Folio Number(s):

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

Inst:2008001664 Date:01/24/2006 Time:09:36

Doc Stamp-Deed : 0.00

J.P. PG,P.Dewitt Cason,Columbia County B:1071 P:2330

SPACE ABOVE THIS LINE FOR PROCESSING DATA

SPACE ABOVE THIS LINE FOR RECORDING DATA

This Quit Claim Deed, Executed the 25 day of Oct 05, by

first party, to Lynn M. Hale 612 SW Amberwood Loop Apt 101 L.L. 32025,
whose post office address is
second party, Cynthia K. Hale 1945 N Wall Terr. L.L. 32025

(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 \$ 6,000.00
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:

THE E $\frac{1}{2}$ W $\frac{1}{2}$, NW $\frac{1}{4}$, NW $\frac{1}{4}$ of Section 26,
TOWNSHIP 5 South, Range 17 East,
Columbia County Florida.
Containing 10.01 Acres \pm Subject to road
usage on South side there

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:

Kelly Dufosse
Witness Signature (as to First Party)

Kelly Dufosse
Printed Name

Jessica Bedenbaugh
Witness Signature (as to First Party)

Jessica Bedenbaugh
Printed Name

Kelly Dufosse
Witness Signature (as to Co-Grantee, if any)

Kelly Dufosse
Printed Name

Jessica Bedenbaugh
Witness Signature (as to Co-Grantee, if any)

Jessica Bedenbaugh
Printed Name

Jessica Bedenbaugh
Printed Name

STATE OF Florida

COUNTY OF Columbia

Lynn M. Hale & Cynthia K Hale

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: DR FL H00053550900 DR FL H00011595120

Lynn M. Hale
Co-Grantee Signature (if any)

Lynn M Hale
Printed Name

612 SW Amberwood Loop Apt 101
Post Office Address

Cynthia K Hale
Co-Grantee Signature (if any)

Cynthia K Hale
Printed Name

1945 N Wall Terr
Post Office Address

I 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: DR FL H00053550900 DR FL H00011595120

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

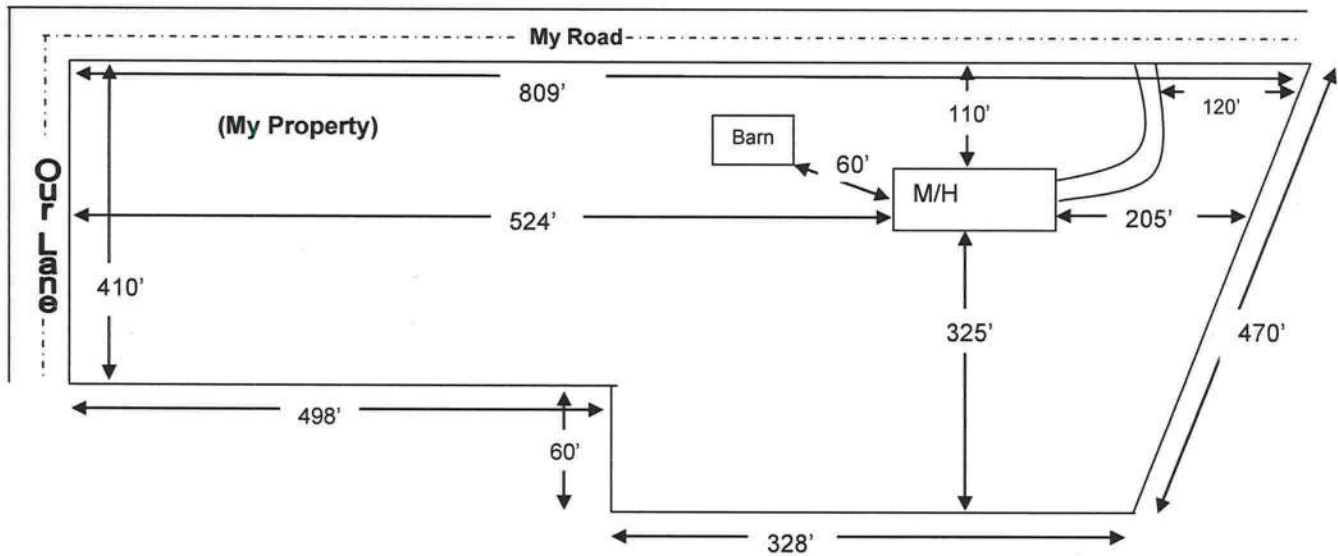
this 25 day of October 2005

Rebecca Steedley
Notary Signature

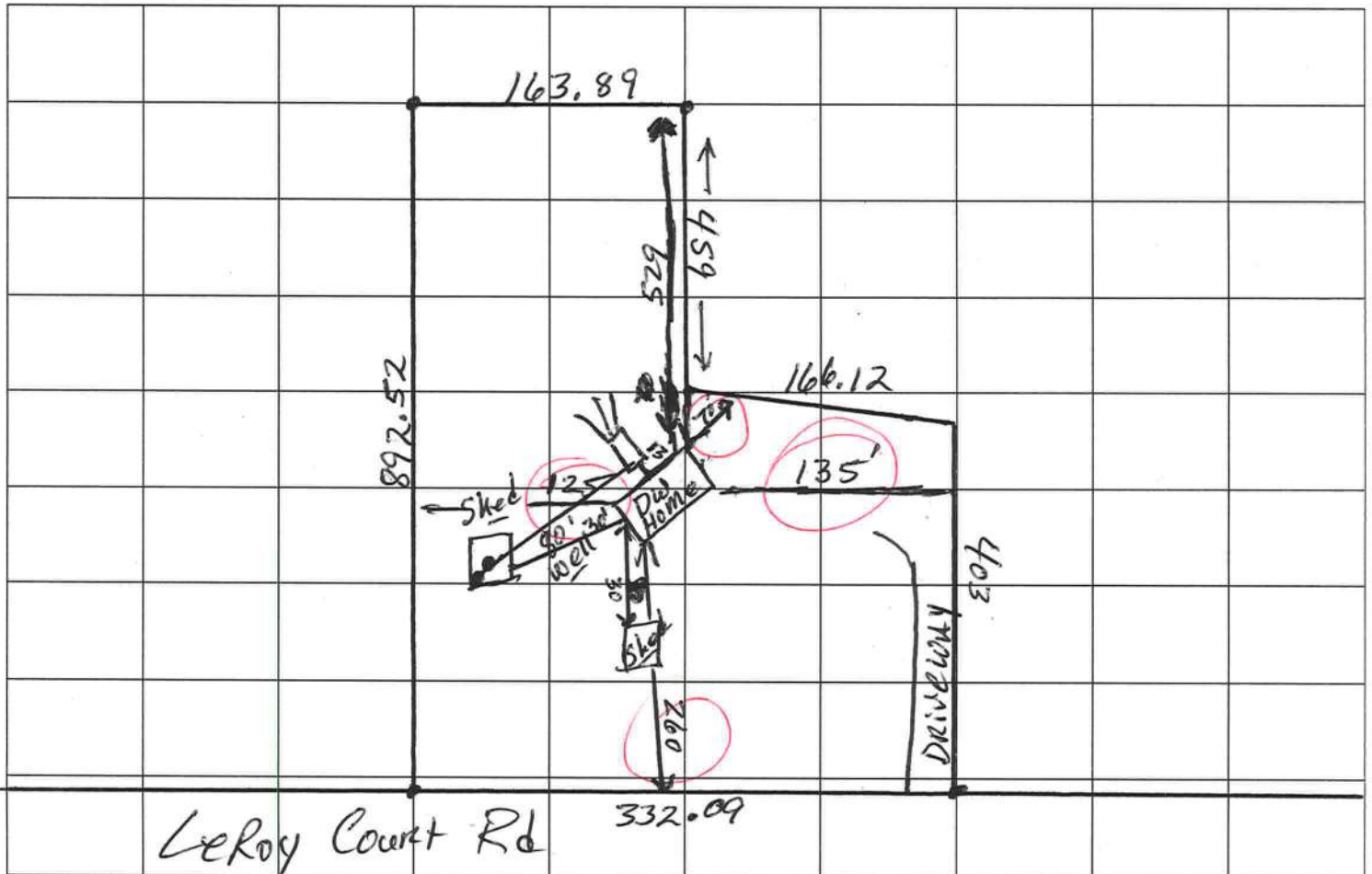
Rebecca Steedley
Printed Name



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.





1012-46

FIELD BOOK: SEE PAGE(S): FILE

STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT10-05555
PERMIT NO. 9878103
DATE PAID: 12/20/10
FEE PAID: 125.88
RECEIPT #: 1541844APPLICATION FOR:
☐ New System ☒ Existing System ☐ Holding Tank ☐ Innovative
☐ Repair ☐ Abandonment ☐ Temporary ☐ _____
APPLICANT: Cynthia Hale
AGENT: Robert Ford NFST inc TELEPHONE: 755-6372
MAILING ADDRESS: 580 NW Guerdon Rd Le Fl. 32055

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.108(3) (a) 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: _____ BLOCK: _____ SUBDIVISION: Meets & Bounds PLATTED: _____
PROPERTY ID #: 26-55-H-09392-003 ZONING: Res. I/M OR EQUIVALENT: ☐ Y ☒ N
PROPERTY SIZE: 5.010 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD
IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ Y ☒ N DISTANCE TO SEWER: NA FT
PROPERTY ADDRESS: 387 SE Leroy Ct
DIRECTIONS TO PROPERTY: Hwy 41 South to 349 TL
TL on Leroy Ct 1/2 mile on left

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>M/N</u>	<u>3</u>	<u>1568</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____SIGNATURE: Robert W. Ford DATE: 12/20/10



STATE OF FLORIDA
DEPARTMENT OF HEALTH

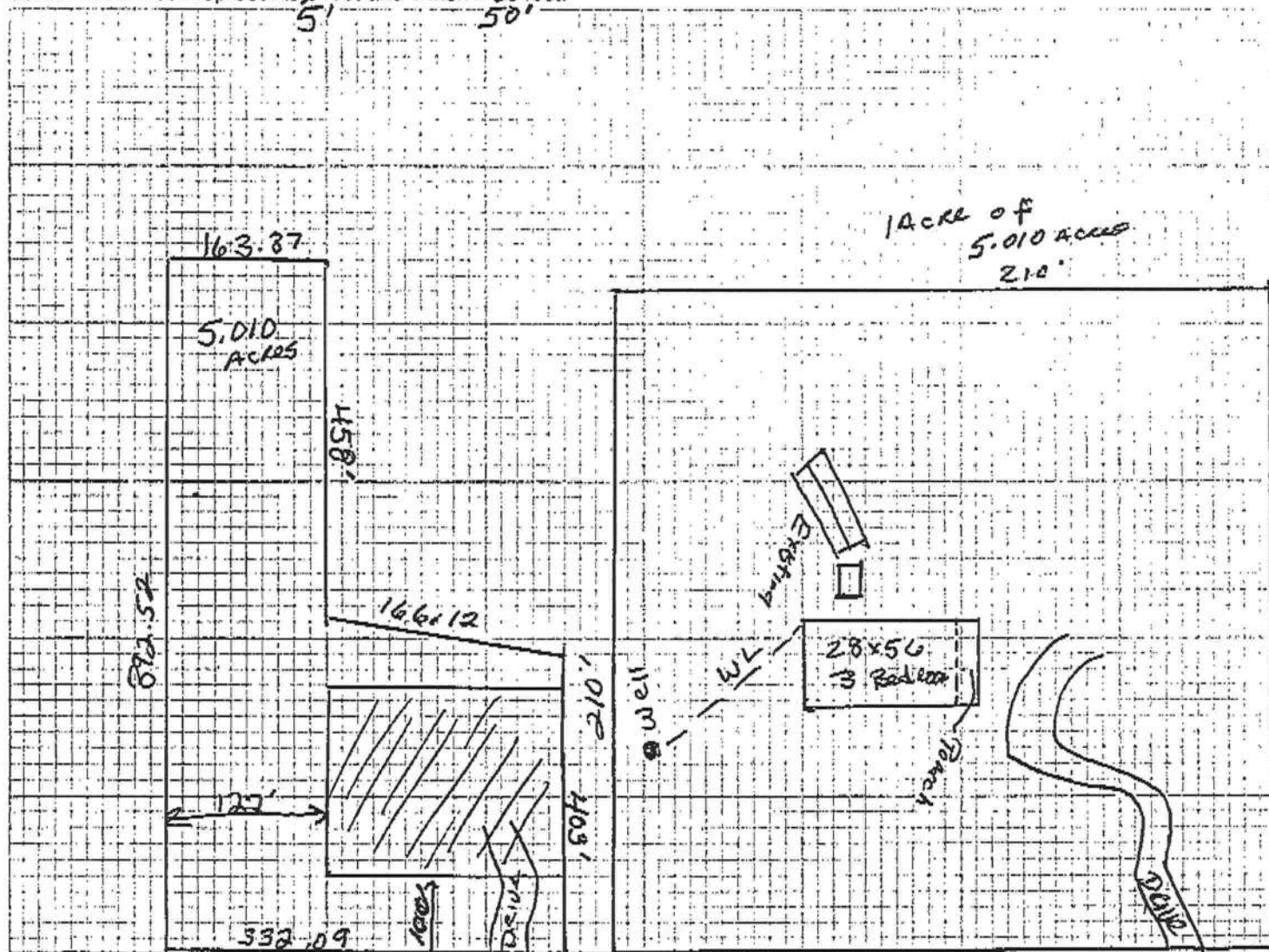
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number

10-8535E

PART II - SITE PLAN

Scale: Each block represents $\frac{1}{2}$ feet and 1 inch = 50 feet.



Notes: 387 SE LeRoy ct

Cynthia Hale

26-55-17-09392-003

5.010 ACRES

Site Plan submitted by:

Robert W. Ford Jr.

Signature

Agent

Title

Plan Approved

Not Approved

Date 12-21-10

By

Sallie Ford - E.H. Director

Columbia CHD

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Dec 27 10 02:28p

p.2

DEL-27-2010(MUN) 12:02

FREEDOM MOBILE HOMES

(FAX)386 752 4757

P.002/002

12/27/2018 12:03

3857582168

BUILDING AND ZONING

PAGE 01/01

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER

CONTRACTOR

PHONE

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>Cynthia Hale</u>	Signature <u>Cynthia Hale</u>	Phone #: <u>386-758-2283</u>
MECHANICAL/ A/C <u>B</u>	Print Name <u>MICHAEL A. BLAND</u>	Signature <u>M. A. Bland</u>	Phone #: <u>950-576-5113</u>
PLUMBING/ GAS	Print Name <u>Jessie L. Chester Knowles</u>	Signature <u>Jessie L. Chester Knowles</u>	Phone #: <u>386-755-6441</u>
ROOFING	Print Name _____	Signature _____	Phone #: _____
SHEET METAL	Print Name _____	Signature _____	Phone #: _____
FIRE SYSTEM/ SPRINKLER	Print Name _____	Signature _____	Phone #: _____
SOLAR	Print Name _____	Signature _____	Phone #: _____

1-1-11

Specialty License	License Number	Sub Contractor Printed Name	Sub Contractor 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.

**CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT**

DATE RECEIVED 12-27-10 BY CH IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? Yes

OWNERS NAME Cynthia Hale PHONE 386-344-8297 CELL _____

ADDRESS 387 SE Leroy Court, Lake City, FL 32024

MOBILE HOME PARK _____ SUBDIVISION _____

DRIVING DIRECTIONS TO MOBILE HOME 441 South, (L) or 349, (L) SE Leroy Ct,
4th property on left (.3 tenths of a mile on left)

MOBILE HOME INSTALLER Chester Knowles PHONE 755-6441 CELL _____

MOBILE HOME INFORMATION

MAKE Flectwood YEAR 97 SIZE 28 X 56 COLOR White

SERIAL No. 3125

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

\$50.00

_____ SMOKE DETECTOR () OPERATIONAL () MISSING

Date of Payment: 12-27-10

_____ FLOORS () SOLID () WEAK () HOLES DAMAGED LOCATION _____

Paid By: Freedom Homes

_____ DOORS () OPERABLE () DAMAGED

Notes: Application #

_____ WALLS () SOLID () STRUCTURALLY UNSOUND

1012-46

_____ 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 Randy Jones ID NUMBER _____ DATE 12-29-10

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: 12/28/2010 DATE ISSUED: 12/29/2010

ENHANCED 9-1-1 ADDRESS:

387 SE LEROY

CT

LAKE CITY FL 32025

PROPERTY APPRAISER PARCEL NUMBER:

25-5S-17-09392-003

Remarks:

REPLACEMENT OF EXISTING LOCATION. NO CHANGE OF EXISTING ADDRESS

Address Issued By: signed / Ronal N. Croft
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.