DATE 05/31/2011

Columbia County Building Permit

This Permit Must Be Prominently Posted on Premises During Construction

PERMIT
000029440

APPLICANT CINDY HOUSTON PHONE 752-7814

ADDRESS 136 SW BARRS GLEN LAKE CITY FL 32024

OWNER DALE HOUSTON/JAMES HOUSTON PHONE 752-7814

ADDRESS 945 SW NORRIS AVE LAKE CITY FL 32024

CONTRACTOR DALE HOUSTON PHONE 752-7814

LOCATION OF PROPERTY 247, 8 MILES TO NORRIS AVE TURN LEFT, ON THE CORNER OF COSMIC GLEN & NORRIS AVE 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 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 06-5S-16-03480-006 SUBDIVISION _____

LOT ____ BLOCK ____ PHASE ____ UNIT 0 TOTAL ACRES 5.00

_____	____	IH1025142	*Cindy Houston	
Culvert Permit No.	Culvert Waiver	Contractor's License Number	Applicant/Owner/Contractor	
EXISTING	11-0246-E	BK	TC	N
Driveway Connection	Septic Tank Number	LU & Zoning checked by	Approved for Issuance	New Resident

COMMENTS: FLOOR ONE FOOT ABOVE THE ROAD

REPLACING EXISTING MH

Check # or Cash 1446

FOR BUILDING & ZONING DEPARTMENT ONLY

Temporary Power _____ date/app. by

Foundation _____ date/app. by (footer/Slab)

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 Z. H CLERKS OFFICE OR H

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.

☑ HOULTON LIABILITY

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-11) Zoning Official BLK 24 MAY 2011 Building Official JC 5-19-11

AP# 1105-32 Date Received 5/13/11 By LH Permit # 29440

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

Comments

FEMA Map# N/A Elevation N/A Finished Floor Unknown River N/A In Floodway N/A

☑ Site Plan with Setbacks Shown ☑ EH # 11-0246-E ☐ EH Release ☐ Well letter ☑ Existing well

☑ Recorded Deed or Affidavit from land owner ☑ Installer Authorization N/A ☐ State Road Access ☑ 911 Sheet Emailed to Jeff

☐ Parent Parcel # ☐ STUP-MH ☐ F W Comp. letter ☑ VF Form

IMPACT FEES: EMS Fire Corr ☐ Out County ☑ In County

Road/Code School = TOTAL _ Impact Fees Suspended March 2009_

06-5S-16

Property ID # R03480-006 Subdivision N/A

- New Mobile Home ____ Used Mobile Home X MH Size 28x52 Year 1994
- Applicant Cynthia Houston Phone # 386-752-7814
- Address 945 SW Norris Ave. Lake City FL 32024
- Name of Property Owner Dale + Cynthia Houston Phone# 386-752-7814
- 911 Address 945 S W Norris Avenue Lake City FL 32024
- Circle the correct power company - FL Power & Light - (Clay Electric)
  (Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home James Houston Phone # 386-752-7814
  Address 915 SW Norris Avenue Lake City FL 32024
- Relationship to Property Owner Son
- Current Number of Dwellings on Property 1
- Lot Size ____ Total Acreage 5AC
- Do you : Have (Existing Drive) (Currently using) or Private Drive (Blue Road Sign) or need Culvert Permit (Putting in a Culvert) or Culvert Waiver (Not existing but do not need a Culvert) (Circle one)
- Is this Mobile Home Replacing an Existing Mobile Home Yes (Paid)
- Driving Directions to the Property 247- to Norris Avenue turn left go to 945 SW Norris Avenue 1 mile on Left
- Name of Licensed Dealer/Installer Dale Houston Phone # 386-752-7814
- Installers Address 136 SW Bimini Glen Lake City FL 32024
  - License Number IH1025142 Installation Decal # 3633

$375.00

Left message 5/24/11 LH

ck# 1446

COLUMBIA COUNTY PERMIT WORKSHEET

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

Installer Dale Housth License # IH1525142

911 Address where home is being installed. 945 SW Norris Avenue, Lake City FL 32024

Manufacturer Homes of Merit Length x width 52x28

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

New Home ☐ Used Home ☒

Home installed to the Manufacturer's Installation Manual ☐

Home is installed in accordance with Rule 15-C ☒

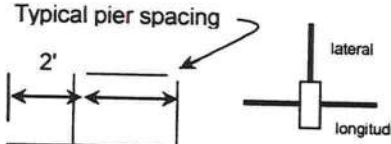
Single wide ☐ Wind Zone II ☒ Wind Zone III ☐

Double wide ☒ Installation Decal # 3633

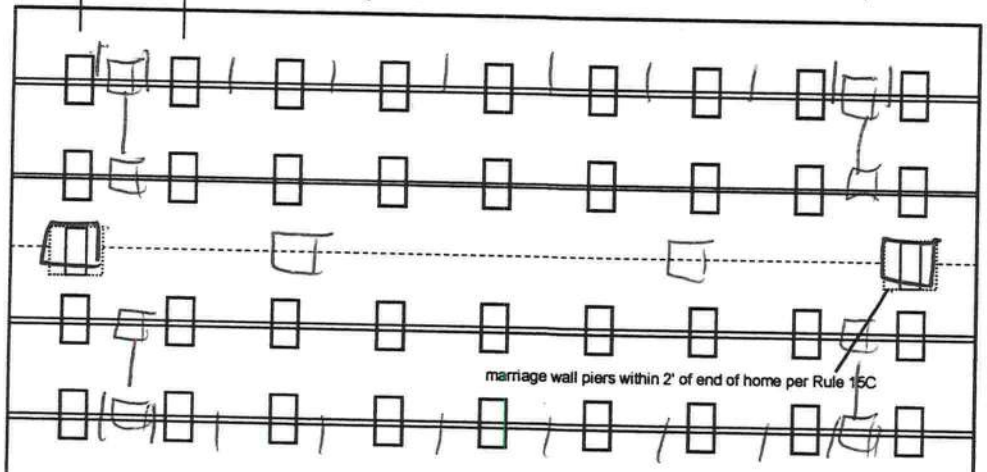
Triple/Quad ☐ Serial # FLHML2F7091084AB

425 provided

Typical pier spacing



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



28X52 1500psf 17x25
Pier II psi = 5'0" oc
Anchor 10 per side 5'4" oc
4- Longitudinal

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

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

PIER PAD SIZES

I-beam pier pad size 17x25

Perimeter pier pad size 16x16

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
4	17x25

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

ANCHORS

4 ft X 5 ft

FRAME TIES

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

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer

Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer Oliver Technologies

OTHER TIES

	Number
Sidewall	20
Longitudinal	4
Marriage wall	4
Shearwall	—

COLUMBIA COUNTY PERMIT WORKSHEET

POCKET PENETROMETER TEST

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

X___ X___ 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 _____ 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.

DH Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Dale Houston

Date Tested 5/9/11

Electrical

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between mult-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 ✓

Water drainage: Natural _____ Swale _____ Pad ✓ Other _____.

Fastening multi wide units

Floor:	Type Fastener: LAG	Length: 5/8 x 6'	Spacing: 2'
Walls:	Type Fastener: LAG	Length: 5/8 x 6'	Spacing: 2'
Roof:	Type Fastener: LAG	Length: 5/8 x 6'	Spacing: 2'

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, meldew 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 DH

Type gasket foam

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 ✓ N/A _____

Range downflow vent installed outside of skirting. Yes ✓ 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 Houston **Date** 5/09/11

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER James Houston CONTRACTOR Dale Houston PHONE 386 752-781

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 Dale Houston License #: EH1025142	Signature Dale Houston Phone #: 386-752-7814
MECHANICAL/ A/C Window Unit	Print Name Window Unit License #:	Signature Phone #:
PLUMBING/ GAS	Print Name Dale Houston License #: EH1025142	Signature Dale Houston Phone #: 386-752-7814

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.

Columbia County Property Appraiser

DB Last Updated: 5/3/2011

2010 Tax Year

Tax Collector | Tax Estimator | Property Card | Parcel List Generator | Interactive GIS Map | Print

Parcel: 06-5S-16-03480-006

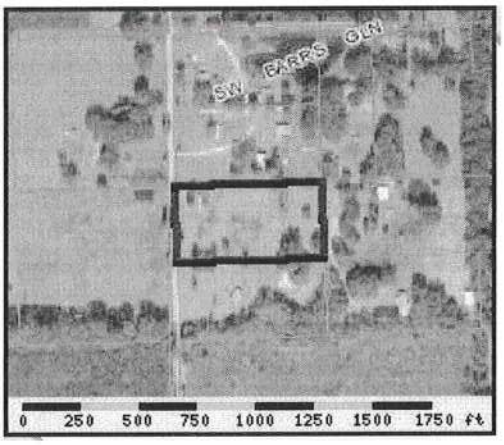
<< Next Lower Parcel | Next Higher Parcel >>

Search Result: 1 of 1

Owner & Property Info

Owner's Name	HOUSTON DALE & CYNTHIA L		
Mailing Address	136 SW BARRS GLN LAKE CITY, FL 32024		
Site Address	276 SW COSMIC GLN		
Use Desc. (code)	MOBILE HOM (000200)		
Tax District	3 (County)	**Neighborhood**	6516
Land Area	5.000 ACRES	**Market Area**	02
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction.		

N1/2 OF SW1/4 OF SE1/4 OF NW1/4, EX RD R/W. ORB 549-662, 712-896, 956-1541 WD 1046-1973, WD 1056-2422.



Property & Assessment Values

2010 Certified Values		
Mkt Land Value	cnt: (0)	$35,877.00
Ag Land Value	cnt: (2)	$0.00
Building Value	cnt: (1)	$14,777.00
XFOB Value	cnt: (1)	$100.00
Total Appraised Value		$50,754.00
Just Value		$50,754.00
Class Value		$0.00
Assessed Value		$50,754.00
Exempt Value		$0.00
Total Taxable Value		Cnty: $50,754 Other: $50,754 | Schl: $50,754

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
8/17/2005	1056/2422	WD	V	U	01	$100.00
4/29/2005	1046/1973	WD	V	Q		$39,900.00
6/13/2002	956/1541	WD	V	Q		$24,000.00
3/4/1990	712/896	WD	V	Q		$18,000.00

Building Characteristics

Replacing this MH

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	MOBILE HME (000800)	1992	AL SIDING (26)	1008	1008	$13,758.00
	Note: All S.F. calculations are based on exterior building dimensions.					

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0296	SHED METAL	2006	$100.00	0000001.000	0 x 0 x 0	(000.00)

Land Breakdown

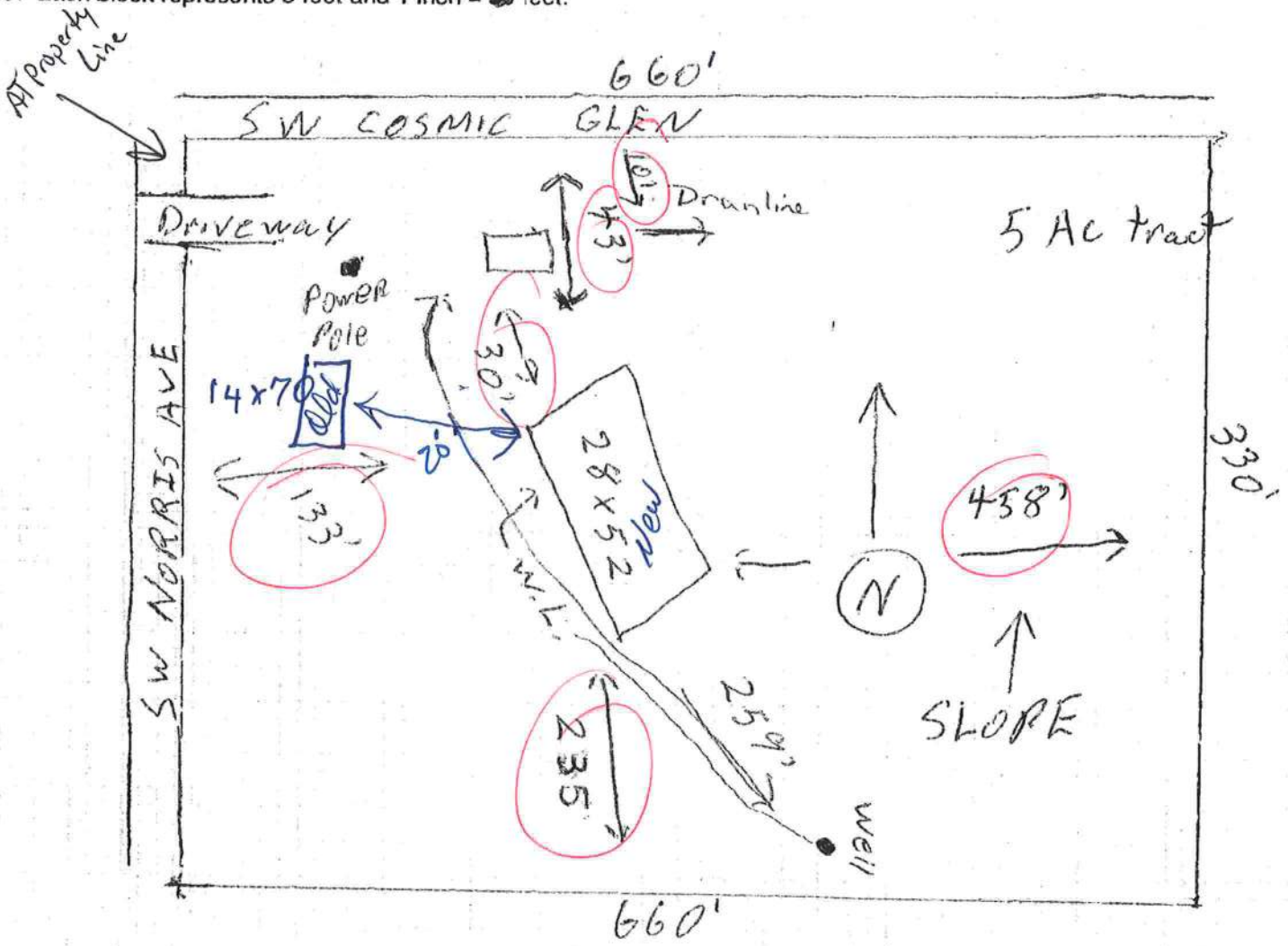
STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number _____

PART II - SITE PLAN

Scale: Each block represents 5 feet and 1 inch = 100 feet.



Notes: Old Septic # 05-0945

PON
Address Always had is - 945 SW Norris Ave Lake City, FL 32024
Address On PA site - 276 SW Cosmic GLN - (Never had this Address)

Site Plan submitted by: _____ _____
Signature Title

Plan Approved _____ Not Approved _____ Date _____

By _____ County Health Departmen

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DH 4015, 10/96 (Replaces HRS-H Form 4015 which may be used)
Stock Number: 5744-002-4015-6)

CODE ENFO CEMENT
PRELIMINARY MOBILE HOM INSPECTION REPORT

DATE RECEIVED 5/5/11 BY LH IS THE M/H ON THE PR PERTY WHERE THE PERMIT WILL BE ISSUED? No

OWNERS NAME James Houston PHONE 752-7814 CELL 623-6522

ADDRESS _____

MOBILE HOME PARK _____ SUB IVISION _____

DRIVING DIRECTIONS TO MOBILE HOME 247 - Norris Ave turn Left 845 SW Norris Avenue on Left.

MOBILE HOME INSTALLER Dale Houston PHONE 752-7814 CELL 623-6522

MOBILE HOME INFORMATION

MAKE Homes of Merit YEAR 1994 SIZE 28 X 52 COLOR Blue

SERIAL No. _____

WIND ZONE II Must be wind zone II or higher M WIND ZONE I ALLOWED

INSPECTION STANDARDS

INTERIOR:

(P or F) - P= PASS F= FAILED

__P__ SMOKE DETECTOR ( ) OPERATIONAL ( ) MISSING

__P__ FLOORS ( ) SOLID ( ) WEAK ( ) HOLES DAMAGED LO ATION _____

__P__ DOORS ( ) OPERABLE ( ) DAMAGED

__P__ WALLS ( ) SOLID ( ) STRUCTURALLY UNSOUND

__P__ WINDOWS ( ) OPERABLE ( ) INOPERABLE

__P__ PLUMBING FIXTURES ( ) OPERABLE ( ) INOPERABLE ( ) I SSING

__P__ CEILING ( ) SOLID ( ) HOLES ( ) LEAKS APPARENT

__P__ ELECTRICAL (FIXTURES/OUTLETS) ( ) OPERABLE ( ) EXPO ED WIRING ( ) OUTLET COVERS MISSING ( ) LIGHT FIXTURES MISSING

$50.00

Date of Payment: 5/5/11

Paid By: Cindy Houston

Notes: * Call 623-6522 * DOGS *

Out of County on file

EXTERIOR:

__P__ WALLS / SIDDING ( ) LOOSE SIDING ( ) STRUCTURALLY UNSO JND ( ) NOT WEATHERTIGHT ( ) NEEDS CLEANING

__P__ WINDOWS ( ) CRACKED/ BROKEN GLASS ( ) SCREENS MIS ING ( ) WEATHERTIGHT

__P__ ROOF ( ) APPEARS SOLID ( ) DAMAGED

STATUS

APPROVED __/__ WITH CONDITIONS: _____

NOT APPROVED ____ NEED RE-INSPECTION FOR FOLLOWING CONDITIO IS _____

SIGNATURE Matt S. Powell ID NUMBER 902 DATE 5-6-11

S

NO APPL RECD ATD

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

COUNTY THE MOBILE HOME IS BEING MOVED FROM Baker

OWNERS NAME James Houston PHONE 752 7214 CELL

INSTALLER Dale Houston PHONE 752 7814 CELL 623 6522

INSTALLERS ADDRESS 1365W Barrs Glen Lake City FL 32024

MOBILE HOME INFORMATION

MAKE Homes of Merit YEAR 1994 SIZE 28 x 52

COLOR Blue SERIAL No FLHML 2F 709184 4AB

WIND ZONE II SMOKE DETECTOR Yes

INTERIOR:
FLOORS good
DOORS good
WALLS good
CABINETS good
ELECTRICAL (FIXTURES/OUTLETS) good

EXTERIOR:
WALLS / SIDDING good
WINDOWS good
DOORS good

STATUS:
APPROVED X NOT APPROVED

NOTES:

INSTALLER OR INSPECTORS PRINTED NAME Dale Houston

Installer/Inspector Signature Dale Houston License No. IH 0257192 Date 4-22-11

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

NO WIND ZONE ONE MOBILE HOMES WILL BE PERMITTED MOBILE HOMES PRIOR TO 1977 ARE PRE-HUD AND THE WIND 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 386-719-2038 TO SET UP THIS INSPECTION. NO PERMIT WILL BE ISSUED BEFORE THIS IS DONE

Code Enforcement Approval Signature [signature] Date 4-25-11

Laurie Hodson

From: Ron Croft
Sent: Monday, May 16, 2011 9:58 AM
To: Laurie Hodson
Subject: RE: Address Verification

276 SW Cosmic Gln is the max number to the private roadway "SW Cosmic Gln". I will notify Larry.
945 SW Norris Ave is the address to the structure on parcel number 06-5S-16-03480-006.

Ron

Ronal N. Croft
Columbia County 911 Addressing / GIS Department
P.O. Box 1787
Lake City, FL 32056-1787
Phone: 386-758-1125
Fax: 386-758-1365
E-Mail: ron_croft@columbiacountyfla.com

From: Laurie Hodson
Sent: Monday, May 16, 2011 9:02 AM
To: Ron Croft
Subject: Address Verification

Ron,
See attached request.

Thanks

11-0246E

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

PERMIT NO. 1236084
DATE PAID: 5/16/11
FEE PAID: 125.00
RECEIPT #: 761181

APPLICATION FOR:
[ ] New System [X] Existing System [ ] Holding Tank [ ] Innovative
[ ] Repair [ ] Abandonment [ ] Temporary [ ] _____

APPLICANT: Dale and Cynthia Houston

AGENT: _____ TELEPHONE: 386-752-7814

MAILING ADDRESS: 136 SW Barrs Glen Lake City FL 32024

==========

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: _____ BLOCK: _____ SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: R03480-006 ZONING: Ag I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 5 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTANCE TO SEWER: _____FT

PROPERTY ADDRESS: 945 SW Norris Avenue Lake City, FL 32024

DIRECTIONS TO PROPERTY: 247 to Norris Avenue turn Left to 945 SW Norris Avenue

BUILDING INFORMATION [X] RESIDENTIAL [ ] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	Mobile home	3	1456	ORIGINAL ATTACHED
2				
3				
4				

[ ] Floor/Equipment Drains [ ] Other (Specify) _____

SIGNATURE: Dale Houston DATE: 5-10-11

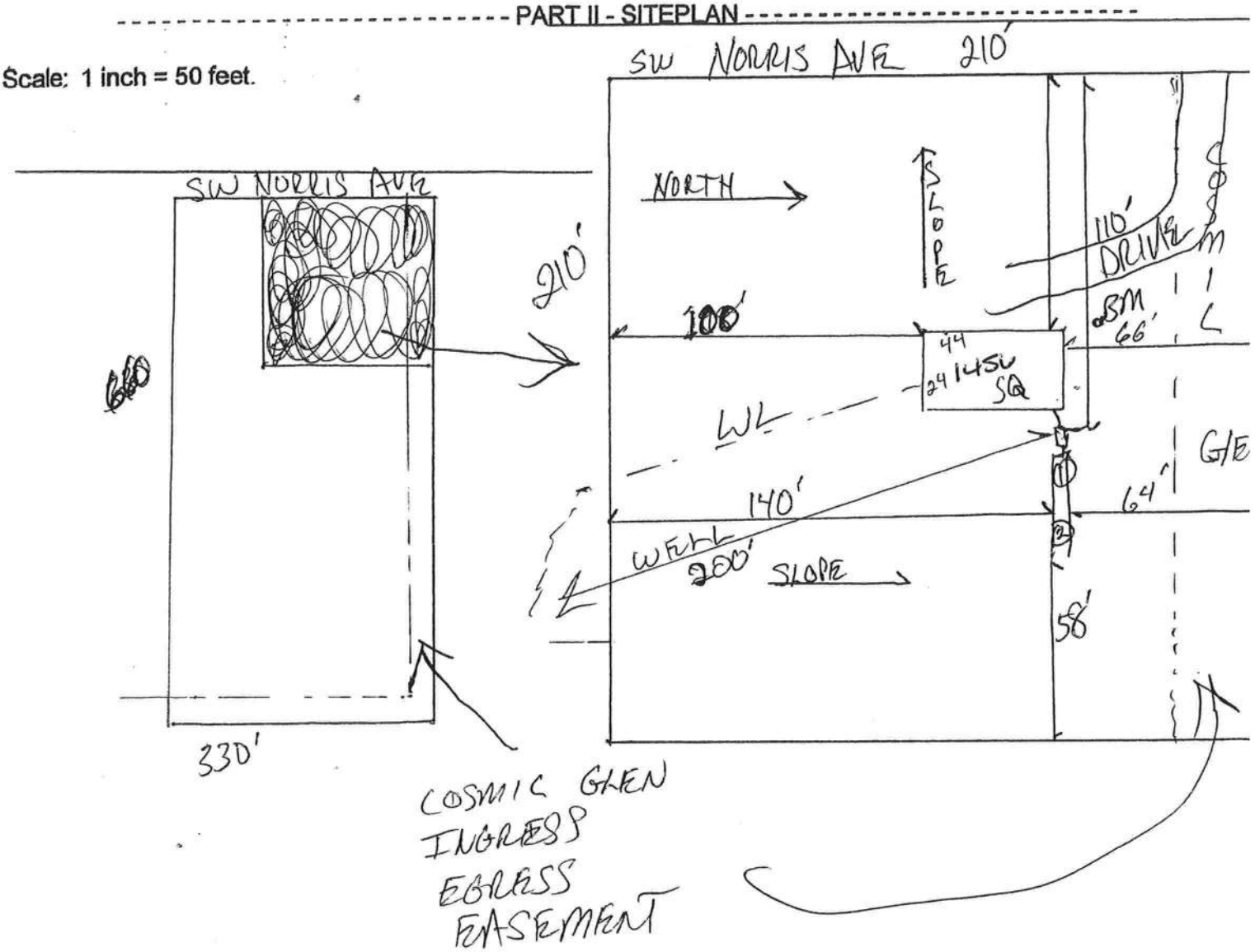
DH 4015, 08/09 (Obsoletes previous editions which may not be used)
Incorporated 64E-6.001, FAC

APPLICATION FOR ONSITE [illegible]

Permit Application Number 11-0240E

PART II - SITEPLAN

Scale: 1 inch = 50 feet.



Notes: _____

Site Plan submitted by: Dale Horton owner

Plan Approved ✓ Not Approved ____ Date 5/6/11

By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DH 4015, 10/96 (Replaces HRS-H Form 4016 which may be used)
(Stock Number: 5744-002-4015-8)