

~~TH~~ BOND
LIABILITY # 05884

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-11) Zoning Official BLK 27 March 2012 Building Official T.C. 3-26-12
AP# 1203-38 Date Received 3-14-12 By LH Permit # 030052
Flood Zone X Development Permit N/A Zoning A-3 Land Use Plan Map Category A-3
Comments Replacing Existing MH
FEMA Map# N/A Elevation N/A Finished Floor 1st floor River N/A In Floodway N/A
☒ Site Plan with Setbacks Shown ☐ EH # 12-0154-M ☐ EH Release ☒ Well letter ☐ Existing well
☒ Recorded Deed or Affidavit from land owner ☒ Installer Authorization ☒ State Road Access ☐ 911 Sheet
☐ Parent Parcel # ☐ STUP-MH ☐ F W Comp. letter ☒ VF Form Electrical only
IMPACT FEES: EMS _____ Fire _____ Corr _____ ☒ Out County ☐ In County
Road/Code _____ School _____ = TOTAL _____ Impact Fees Suspended March 2009 App fee paid

Property ID # 25-75-16-04321-042 Subdivision Rum Island Ranches
▪ New Mobile Home _____ Used Mobile Home ☒ MH Size 28x70 Year 1997
▪ Applicant Robert Minnella Phone # (352) 472-6010
▪ Address 25743 SW 22 PL Newberry, FL 32669
▪ Name of Property Owner Ashley Audette Phone # (352) 375-8100
✓ 911 Address 1930 SW CR 138 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 Ashley Audette Phone # (352) 375-8100
Address 1930 SW CR 138 Ft White FL 32038
▪ Relationship to Property Owner Same
▪ Current Number of Dwellings on Property 1
▪ Lot Size 340x1281 Total Acreage 10
▪ 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
▪ Driving Directions to the Property 47 Spast I 75 to Hwy 27 in Ft White (TL) Go to C-138 (TR) Go 1.2 miles to prop on left. Address 1930 - Stay to right. 3 properties before Rum Island Rd turn (D) then (D) on 1st Drive
1725 ▪ Name of Licensed Dealer/Installer Ernest S. Johnson Phone # (352) 494-8099
▪ Installers Address 22204 SE US Hwy 301 Hawthorne, FL 32640
▪ License Number IH1025249 Installation Decal # 8652

Spoke to Nancy on 3-14-12
Left a message on 3-27-12

Spoke w/ Rob 4/31
Ref. Ernest Johnson

next to wood fence

COLUMBIA COUNTY PERMIT WORKSHEET

page 1 of 2

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

Installer Ernest S. Johnson License # IH-1025249

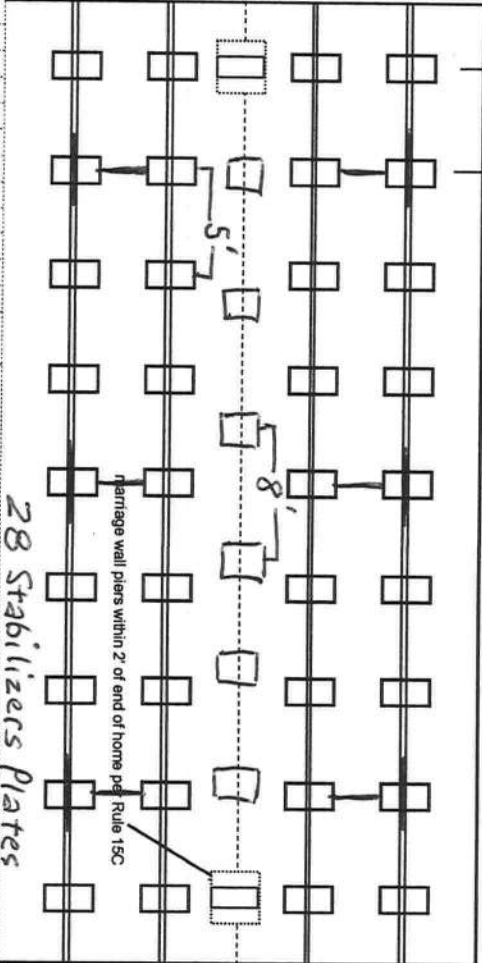
911 Address where home is being installed. 1930 SW CR 138
Ft. White, FL 32038

Manufacturer Fleetwood Length x width 70' x 28'

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 Y



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 # 8652

Triple/Quad ☐ Serial # GAFLV05B26579CW21-A/B

446 provided

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'	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 17 1/2 x 25 1/2

Perimeter pier pad size N/A

Other pier pad sizes (required by the mfg.) Doors

Draw the approximate locations of marriage wall openings 4 foot or greater. Use this symbol to show the piers.

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

List all marriage wall openings greater than 4 foot and their pier pad sizes below.

Opening Pier pad size

All 17 1/2 x 25 1/2

ANCHORS

4 ft ☒ 5 ft ☒

FRAME TIES

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

TIEDOWN COMPONENTS

OTHER TIES

Longitudinal Stabilizing Device (LSD) Number 28

Manufacturer N/A

Longitudinal Stabilizing Device w/ Lateral Arms N/A

Manufacturer Oliver 1101V

Sidewall Marriage wall Shearwall N/A

POCKET PENETROMETER TEST

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

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.

Assume
1000 lb.

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. 1 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 require anchors with 4000 lb holding capacity.

Assume
1000 lb.

4 Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name _____

Date Tested _____

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

Plumbing

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

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

Site Preparation

Debris and organic material removed ☒ Swale ☒ Pad ☒ Other _____

Fastening multi wide units

Floor: Type Fastener: lag 3/8x5" Length: 5' Spacing: 2'
Walls: Type Fastener: 30 gauge Length: 2' Spacing: 4'
Roof: Type Fastener: 1/4" x 3" galv Length: 2' Spacing: 4'
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 4

Type gasket Foam

Installed: Between Floors Yes ☒
Between Walls Yes ☒
Bottom of ridgebeam Yes ☒

Weatherproofing

The bottomboard will be repaired and/or taped. Yes ☒ Pg. 15C
Siding on units is installed to manufacturer's specifications. Yes ☒
Fireplace chimney installed so as not to allow intrusion of rain water. Yes ☒ APPL.

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 Crest 80 gman Date 3-8-12

Columbia County Property Appraiser

DB Last Updated: 3/12/2012

2011 Tax Year

Tax Collector

Tax Estimator

Property Card

Parcel List Generator

Interactive GIS Map

Print

Parcel: 25-7S-16-04321-042

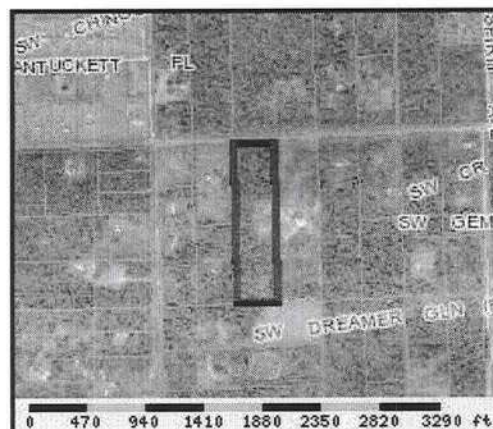
<< Next Lower Parcel

Next Higher Parcel >>

Owner & Property Info

Search Result: 1 of 1

Owner's Name	AUDETTE ASHLEY		
Mailing Address	1930 SW CR 138 FT WHITE, FL 32038		
Site Address	1930 SW COUNTY ROAD 138		
Use Desc. (code)	MOBILE HOM (000200)		
Tax District	3 (County)	Neighborhood	25716
Land Area	10.000 ACRES	Market Area	02
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction.		
W1/2 OF E1/2 OF SW1/4 OF NW1/4 EX RD R/W. (AKA LOT 22 RUM ISLAND RANCHES UNREC) ORB 476-574, 871-757,			

**Property & Assessment Values**

2011 Certified Values		
Mkt Land Value	cnt: (0)	\$48,747.00
Ag Land Value	cnt: (2)	\$0.00
Building Value	cnt: (1)	\$4,753.00
XFOB Value	cnt: (2)	\$2,520.00
Total Appraised Value		\$56,020.00
Just Value		\$56,020.00
Class Value		\$0.00
Assessed Value		\$47,792.00
Exempt Value	(code: HX)	\$25,000.00
Total Taxable Value	Cnty: \$22,792 Other: \$22,792 Schl: \$22,792	

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
11/12/1998	871/757	WD	V	Q		\$30,000.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	MOBILE HME (000800)	1989	BELOW AVG. (03)	644	708	\$4,421.00
Note: All S.F. calculations are based on exterior building dimensions.						

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0040	BARN,POLE	2000	\$1,080.00	0000432.000	18 x 24 x 0	(000.00)
0296	SHED METAL	2000	\$1,440.00	0000288.000	12 x 24 x 0	(000.00)

Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
000200	MBL HM (MKT)	10 AC	1.00/1.00/1.00/1.00	\$4,207.25	\$42,072.00

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

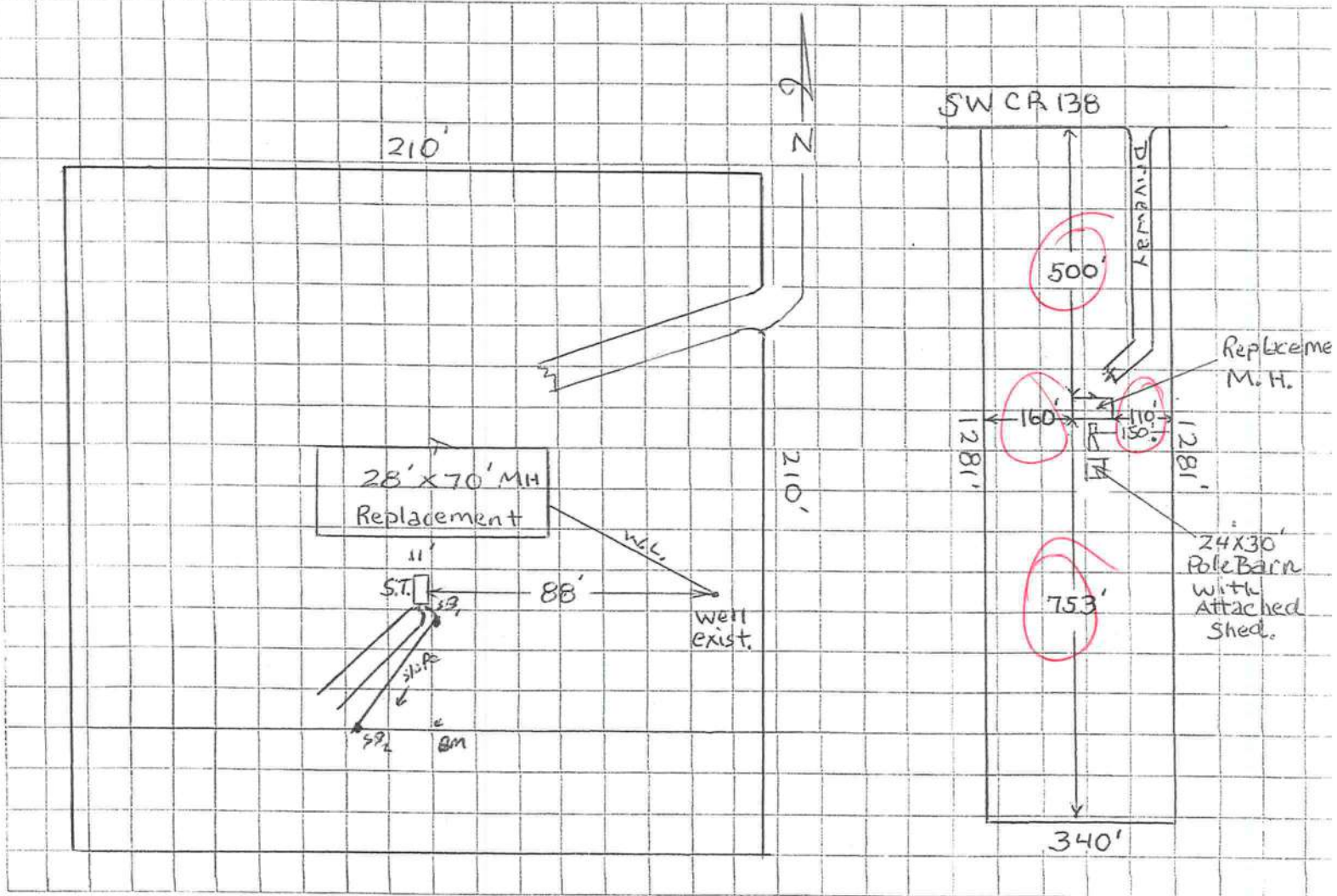
Permit Application Number _____

Ashley Audette

PART II - SITEPLAN 25-07-16-04321-042

50

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



Notes: New home to be placed over footprint of old 14' x 46' single-wide
No pertinent offsite features.

Site Plan submitted by: Robert Minnello 03-08-12

Agent

Plan Approved _____ Not Approved _____

Date

By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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: 3/9/2012 DATE ISSUED: 3/9/2012

ENHANCED 9-1-1 ADDRESS:

1930 SW COUNTY ROAD 138

FORT WHITE FL 32038

PROPERTY APPRAISER PARCEL NUMBER:

25-7S-16-04321-042

Remarks:

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

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.

Record 10.50
Doc. Stamps 210.00
Int. Tax
Total 220.50

LINDA D AUDETTE
Deed Son's Property

Prepared by and return to:

Philip A. DeLaney
Attorney at Law
Scruggs & Carmichael, P.A.
3426 N.W. 43rd Street, Suite B
Gainesville, Florida 32606
352-374-4120
File No.: 98-2056

98-20258

FILED AND RECORDED IN PUBLIC
RECORDS OF COLUMBIA COUNTY, FL.

1998 DEC 18 AM 9:49

RECORD VERIFIED

NOTARIAL PUBLIC
COLUMBIA COUNTY, FLORIDA
MCK

[Space Above This Line For Recording Data]

Warranty Deed

This Warranty Deed made this 12th day of November, 1998 between

David M. Kulas, conveying his non-homestead unimproved property
whose Social Security/FEIN Number is: 049-44-1396
whose post office address is
40 Fairview Street, Windsor Locks, Connecticut 06096
grantor, and

Documentary Stamp

Intangible Tax

P. DeWitt Cason

Clerk of Court

By MCK D.C.

\$210.00
6

Ashley S. Audette, an unmarried person
whose Social Security/FEIN Number(s) are: 591-72-2356
whose post office address is
Rt 2 Box 570, High Springs, Florida 32643
grantee;

BK 0871 PG 0757

OFFICIAL RECORDS

(Whenever used herein the terms "grantor" and "grantee" include all the parties to this instrument and the heirs, legal representatives, and assigns of individuals, and the successors and assigns of corporations, trusts and trustees)

WITNESSETH, that said grantor, for and in consideration of the sum of TEN AND NO/100 DOLLARS (\$10.00) and other good and valuable considerations to said grantor in hand paid by said grantee, the receipt whereof is hereby acknowledged, has granted, bargained, and sold to the said grantee, and grantee's heirs and assigns forever, the following described land, situate, lying and being in **Columbia County, Florida** to-wit:

The West 1/2 of the East 1/2 of the Southwest 1/4 of the Northwest 1/4, Section 25,
Township 7, Range 16 East, Columbia County, Florida, less utility easements and road
right-of-way, also known as Tract 22 Rum Island Ranches, Columbia County, Florida

Parcel Identification Number: 25-7S-16-9900-04321-042

Subject to taxes for 1998 and subsequent years; covenants, conditions, restrictions, easements, reservations and limitations of record, if any.

TOGETHER with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

TO HAVE AND TO HOLD, the same in fee simple forever.

AND the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances, except taxes accruing subsequent to December 31, 1997.

CK 0871 PG0758

IN WITNESS WHEREOF, grantor has hereunto set grantor's hand and seal the day and year first above written.

OFFICIAL RECORDS

Signed, sealed and delivered in our presence:

Witness Name:

Paul W. Smith

David M. Kulas

(Seal)

Witness Name:

Gillian Bateman

STATE OF Connecticut

COUNTY OF HARTFORD

The foregoing instrument was acknowledged before me this 28th day of November, 1998 by David M. Kulas, who is personally known to me or has produced a Driver's License as identification.

[Notary Seal]

Notary Public

Printed Name:

My Commission Expires:

Paul W. Smith
Comm Sup. Ct.

T# 654664297

B# 450004

Identification Number GAFLV05A26579CW21	Year 1997	Make FORD	Body HS	WT-L-BHP 70	Vessel Regs. No.	Title Number 72946807
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Registered Owner:

13TH STREET HOME SALES LLC
12426 NW US HWY 441
ALACHUA, FL 32615

Date of Issue 02/24/2011

Lien Release
Interest in the described vehicle is hereby released
By _____
Title _____
Date _____

IMPORTANT INFORMATION

1. When ownership of the vehicle described herein is transferred, the seller MUST complete in full the Transfer of Title by Seller section at the bottom of the certificate of title.
2. Upon sale of this vehicle, the seller must complete the notice of sale on the reverse side of this form.
3. Remove your license plate from the vehicle.
4. See the web address below for more information and the appropriate forms required for the purchaser to title and register this vehicle, mobile home or vessel: <http://www.hsmv.state.fl.us/him/titint.htm>

Mail To:

13TH STREET HOME SALES LLC
12426 NW US HWY 441
ALACHUA, FL 32615

LIEN SATISFACTION

CERTIFICATE OF TITLE

Identification Number GAFLV05A26579CW21	Year 1997	Make FORD	Body HS	WT-L-BHP 70	Vessel Regs. No.	Title Number 72946807
Prev. State FL	Color UNK	Primary Brand	Secondary Brand	No. of Brands	Use PRIVATE	Title Regs. Date 02/15/2011
Owner's Signature or Vessel Manufacturer's CH Use				Post Address	Prop	Date of Issue 02/24/2011

Registered Owner:

13TH STREET HOME SALES LLC
12426 NW US HWY 441
ALACHUA, FL 32615

1st Lienholder
NONE

DIVISION OF MOTOR VEHICLES

TALLAHASSEE

FLORIDA

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

Carl A. Ford
Carl A. Ford
Director

Julie L. Jones
Julie L. Jones
Executive Director

Control Number 095270466
31 71 95270466

TRANSFER OF TITLE BY SELLER (This section must be completed at the time of sale.)

Federal and/or state law require that the seller complete the following purchaser's name, selling price and date sold in conjunction with the transfer of ownership. Failure to complete this providing a false statement may result in fines and/or imprisonment. This title is warranted to be free from any liens except as noted on the face of this certificate and the motor vehicle or vessel described is hereby transferred to:

Seller Must Enter Purchaser's Name _____	Address _____
Seller Must Enter Selling Price _____	Seller Must Enter Date Sold _____
UNW states that this <input type="checkbox"/> is or <input type="checkbox"/> is a light motor vehicle now used <input type="checkbox"/> as a <input type="checkbox"/> (No further title), also read _____ and I hereby certify that to the best of my knowledge the odometer reading is correct.	1. IN EXCESS OF ITS MECHANICAL LIMITS <input type="checkbox"/> 2. IN EXCESS OF ITS MECHANICAL LIMITS <input type="checkbox"/> 3. IS NOT THE ACTUAL MILEAGE <input type="checkbox"/>
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.	
SELLER Must Sign Here _____ Print Name _____ Selling Dealer's License Number _____ Auction Name _____ License Number _____	CO-SELLER Must Sign Here _____ Print Name _____ CO-PURCHASER Must Sign Here _____ Print Name _____

NOTICE: PENALTY IS REQUIRED BY LAW IF NOT SUBMITTED FOR TRANSFER WITHIN 30 DAYS AFTER DATE OF PURCHASE.

HSMV 82250 (R.V. 01/08)

STATE OF FLORIDA

VOID IF ALTERED

Identification Number GAFLV05B26579CW21	Year 1997	Make CHAD	Body HS	WT-L-BHP 70'	Vessel Regs. No.	Title Number 72946809
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Registered Owner:

13TH STREET HOME SALES LLC
12426 NW US HWY 441
ALACHUA, FL 32615

Date of Issue

02/24/2011

Lien Release

Interest in the described vehicle is hereby released

By

Title

Date

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- Upon sale of this vehicle, the seller must complete the notice of sale on the reverse side of this form.
- Remove your license plate from the vehicle.
- See the web address below for more information and the appropriate forms required for the purchaser to title and register the vehicle, mobile home or vessel: <http://www.hsmv.state.fl.us/tlm/titurl.html>

Mail To:

13TH STREET HOME SALES LLC
12426 NW US HWY 441
ALACHUA, FL 32615

CERTIFICATE OF TITLE

Identification Number GAFLV05B26579CW21	Year 1997	Make CHAD	Body HS	WT-L-BHP 70'	Vessel Regs. No.	Title Number 72946809
Prev. State FL	Color UNK	Primary Brand	Secondary Brand	No. of Brands	Use PRIVATE	Prev Issue Date 02/15/2011
Odometer Reading or Vessel Manufacturer's or OR Year				Mileage	Prev Date of Issue 02/24/2011	Date

Registered Owner

13TH STREET HOME SALES LLC
12426 NW US HWY 441
ALACHUA, FL 32615

1st Lienholder

NONE

DIVISION OF MOTOR VEHICLES

TALLAHASSEE

FLORIDA

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

Carl A. Ford
Director

Control Number 095270467

31 / 1 95270467

Julie Jones
Executive Director

TRANSFER OF TITLE BY SELLER (This section must be completed at the time of sale.)

Federal and/or state law require that the seller state the mileage, purchaser's name, selling price and date sold in connection with the transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment. This title is warranted to be free from any liens except as noted on the face of the certificate and the motor vehicle or vessel described is hereby transferred to:

Seller Must Print Purchaser's Name:

Address:

Seller Must Enter Selling Price:

Seller Must Enter Date Sold:

I/We state that this: ☐ 5 or ☐ 6 digit odometer now reads:☐ (no tens) miles, date read:

and I hereby certify that to the best of my knowledge the odometer reading:

☐ reflects ACTUAL MILEAGE☐ 2.5 IN EXCESS OF ITS MECHANICAL LIMITS☐ I am NOT THE ACTUAL MILEAGE

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

SELLER Must

CO-SELLER Must

Sign Here:

Sign Here:

Print Here:

Print Here:

Selling Dealer's License Number:

Tax No.:

Tax Collected:

Auction Name:

License Number:

PURCHASER Must

CO-PURCHASER Must

Sign Here:

Sign Here:

Print Here:

Print Here:

NOTE: PENALTY IS REQUIRED BY LAW IF NOT SUBMITTED FOR TRANSFER WITHIN 30 DAYS AFTER DATE OF PURCHASE.

HSMV 82740 (REV 04-00)

STATE OF FLORIDA

VOID IF ALTERED

1203-38

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

COUNTY THE MOBILE HOME IS BEING MOVED FROM 13th St mobile homes 12426 NW US Hwy 441
OWNERS NAME Ashley Audette PHONE (352) 375-8100 CELL Linda Alachua, FL 32615
INSTALLER Ernest S. Johnson PHONE (352) 494-8099 CELL _____
INSTALLERS ADDRESS 22204 SE US Hwy 301, Hawthorne, FL 32640

MOBILE HOME INFORMATION

MAKE Fleetwood YEAR 1997 SIZE 28 x 74
COLOR GRAY SERIAL No. GAFLV05B26579-CW21
WIND ZONE II SMOKE DETECTOR yes ☒

INTERIOR: Plywood / Crest shape
FLOORS

DOORS GOOD

WALLS GOOD

CABINETS GOOD

ELECTRICAL (FIXTURES/OUTLETS) GOOD

EXTERIOR: GOOD
WALLS / SIDING

WINDOWS GOOD

DOORS GOOD

INSTALLER: APPROVED ☒ NOT APPROVED _____

INSTALLER OR INSPECTORS PRINTED NAME Ernest S. Johnson

Installer/Inspector Signature (X) Ernest S. Johnson License No. TH1025249 Date 3-6-12

NOTES: _____

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 386-758-1008 TO SET UP THIS INSPECTION. NO PERMIT WILL BE ISSUED BEFORE THIS IS DONE.

Code Enforcement Approval Signature Jay C

Date 3-15-12

Left a message for Nancy & Rob on 3-20-12

fax: 352-472-0104

Received 3-14-12 ↓

001502

BUILDING DEPARTMENT
COLUMBIA COUNTY FLORIDA
135 NE HERNANDO AVENUE • PHONE 386-758-1008
LAKE CITY, FLORIDA 32055

DATE 3-14 20 12

RECEIVED FROM: Robert Minnella

(Ashley Audette)

DOLLARS \$ 65.00

Application ☒ No: 1203-38

Cash or Check 5853

Pre-Inspection ☒

BOARD OF COUNTY COMMISSIONERS

Service Charge ☐

Re-Inspection ☐

BY: L. Hodson

① Env. Health ② Installer Authorization form
③ Subcontractor Verification form ④ In County Pre-Inspection
 and Electrical 3-29-12
 DONE 3-29-12

Received 3-22-12 ↓

001513

BUILDING DEPARTMENT
COLUMBIA COUNTY FLORIDA
135 NE HERNANDO AVENUE • PHONE 386-758-1008
LAKE CITY, FLORIDA 32055

DATE 3-22 20 12

RECEIVED FROM: Robert Minnella

(Mary Sherman)

DOLLARS \$ 15.00

Application ☒ No: 1203-53

Cash or Check 5861

Pre-Inspection ☐

BOARD OF COUNTY COMMISSIONERS

Service Charge ☐

Re-Inspection ☐

BY: L. Hodson

① Env. Health ② Installer Authorization
③ Sub Contractor Verification form

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER

1203-38

CONTRACTOR

Ernest S Johnson

PHONE

(352)494-8099

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 _____	Signature _____
	License #: _____	Phone #: _____
MECHANICAL/ A/C	Print Name <u>Robert Grant</u>	Signature <u>[Signature]</u>
	License #: <u>CAC1814931</u>	Phone #: <u>800 809 3708</u>
PLUMBING/ GAS	Print Name <u>Ernest S. Johnson</u>	Signature <u>[Signature]</u>
	License #: <u>EH1025249</u>	Phone #: <u>(352)494-8099</u>

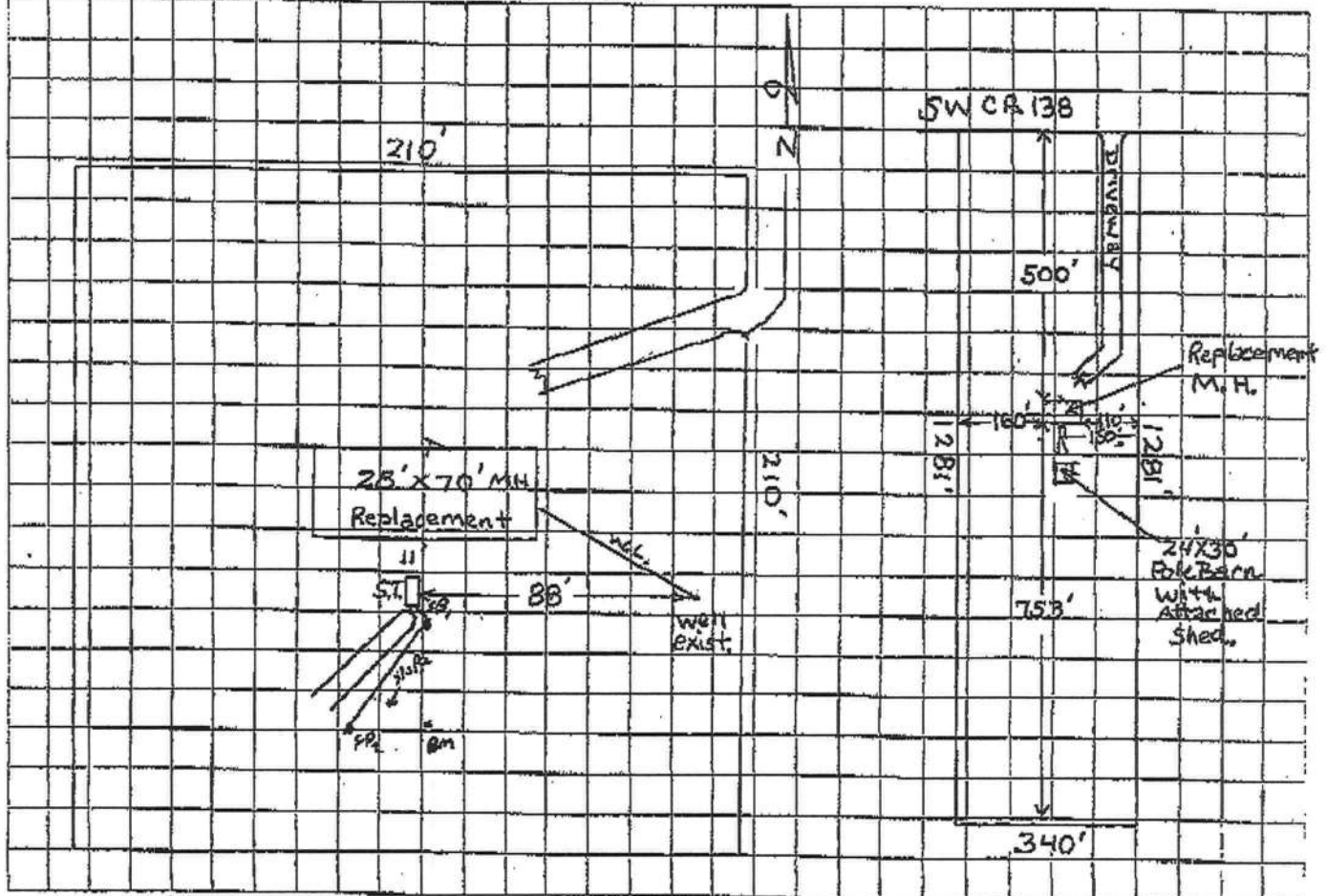
Specialty License	License Number	Sub-Contractor Printed Name	Sub-Contractor Signature
MASON			
CONCRETE FINISHER			

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.

Subcontractor Permit Subcontractor Form 1/01

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

12-0154MAshley AudettePART II - SITEPLAN 25-07-16-04321-042Scale: Each block represents 10 feet and 1 inch = ⁵⁰~~40~~ feet.

Notes: New home to be placed over footprint of old 14' x 46' single-wide
No pertinent offsite features.

Site Plan submitted by: Robert Minnella 03-08-12Plan Approved X Not ApprovedBy Salhi Ford Env Health Director - Columbia CHD

Agent

Date 3-27-12

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

OH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated; 64E-6.001, FAC
 (Stock Number: 5744-002-4015-8)

Page 2 of 2

**CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT**

DATE RECEIVED 3-28-12 BY LH 1203-38 IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? Yes

OWNERS NAME Ashley Audette PHONE 352-375-8110 CELL _____

ADDRESS 1930 SW CR 138 Fort White FL 32038

MOBILE HOME PARK _____ SUBDIVISION _____

DRIVING DIRECTIONS TO MOBILE HOME 47 S, (L) CR 138, 2nd drive
on (R) After Run Island Rd then 1st drive on
right to m/h (next to wood board fence)

MOBILE HOME INSTALLER Ernest Johnson PHONE _____ CELL 352-494-8099

MOBILE HOME INFORMATION

MAKE Fleetwood YEAR 97 SIZE 28 X 74 COLOR Gray

SERIAL No. GAFLV05B26579-CW21

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

P SMOKE DETECTOR () OPERATIONAL () MISSING

Date of Payment: 3-14-12

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

Paid By: Minnella

P DOORS () OPERABLE () DAMAGED

Notes: Rec # 1502

P WALLS () SOLID () STRUCTURALLY UNSOUND

P WINDOWS () OPERABLE () INOPERABLE

P PLUMBING FIXTURES () OPERABLE () INOPERABLE () MISSING

P CEILING () SOLID () HOLES () LEAKS APPARENT

P ELECTRICAL (FIXTURES/OUTLETS) () OPERABLE () EXPOSED WIRING () OUTLET COVERS MISSING () LIGHT
FIXTURES MISSING

EXTERIOR:

P WALLS / SIDING () LOOSE SIDING () STRUCTURALLY UNSOUND () NOT WEATHERTIGHT () NEEDS CLEANING

P WINDOWS () CRACKED/ BROKEN GLASS () SCREENS MISSING () WEATHERTIGHT

P ROOF () APPEARS SOLID () DAMAGED

STATUS

APPROVED ✓ WITH CONDITIONS: _____

NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE Jay Ann ID NUMBER 304 DATE 3-29-12

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 120338CONTRACTOR Ernest S. JohnsonPHONE (352) 494-8099

Audette

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✓ ELECTRICAL 684	Print Name <u>Wayne Platon</u>	Signature <u>Wayne Platon</u>
	License # <u>EC0007157</u>	Phone # <u>352-937-3002</u>
✓ MECHANICAL/ A/C 701	Print Name <u>Robert Grant</u>	Signature <u>R Grant</u>
	License # <u>CAC1814931</u>	Phone # <u>800 859 3708</u>
✓ PLUMBING/ GAS 715	Print Name <u>Ernest S. Johnson</u>	Signature <u>Ernest S Johnson</u>
	License # <u>IH1025249</u>	Phone # <u>352 494-8099</u>

Specialty License	License Number	Subcontractor Name	Subcontractor Phone
MASON			
CONCRETE FINISHER			

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Adoption for Electronic Subcontractor Verification 1/14