DATE 11/16/2004

Columbia County Building Permit

This Permit Expires One Year From the Date of Issue

PERMIT
000022502

APPLICANT DAVID RUTHERFORD PHONE 719-9943

ADDRESS 1729 NE VOSS ROAD LAKE CITY FL 32055

OWNER DAVID RUTHERFORD PHONE 719-9703

ADDRESS 1729 NE VOSS ROAD LAKE CITY FL 32055

CONTRACTOR BERNIE THRIFT PHONE 623-0046

LOCATION OF PROPERTY 441 NORTH, TL ON 250, TR ON VOSS ROAD, 3RD PLACE ON LEFT

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 RR MAX. HEIGHT _____

Minimum Set Back Requirments: STREET-FRONT 25.00 REAR 15.00 SIDE 10.00

NO. EX.D.U. 0 FLOOD ZONE X DEVELOPMENT PERMIT NO. _____

PARCEL ID 20-3S-17-05381-004 SUBDIVISION _____

LOT _____ BLOCK _____ PHASE _____ UNIT _____ TOTAL ACRES 1.00

_____	_____	IH0000075	Donald M. Rutherford	
Culvert Permit No.	Culvert Waiver	Contractor's License Number	Applicant/Owner/Contractor	
_____	04-1057-N	BK	RK	Y
Driveway Connection	Septic Tank Number	LU & Zoning checked by	Approved for Issuance	New Resident

COMMENTS: ONE FOOT ABOVE THE ROAD

FPL

Check # or Cash 6328

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

Temporary Power _____ date/app. by

Foundation _____ date/app. by

Monolithic _____ date/app. by

Under slab rough-in plumbing _____ date/app. by

Slab _____ date/app. by

Sheathing/Nailing _____ date/app. by

Framing _____ date/app. by

Rough-in plumbing above slab and below wood floor _____ date/app. by

Electrical rough-in _____ date/app. by

Heat & Air Duct _____ date/app. by

Peri. beam (Lintel) _____ date/app. by

Permanent power _____ date/app. by

C.O. Final _____ date/app. by

Culvert _____ date/app. by

M/H tie downs, blocking, electricity and plumbing _____ date/app. by

Pool _____ date/app. by

Reconnection _____ date/app. by

Pump pole _____ date/app. by

Utility Pole _____ date/app. by

M/H Pole _____ date/app. by

Travel Trailer _____ date/app. by

Re-roof _____ date/app. by

BUILDING PERMIT FEE $ .00 CERTIFICATION FEE $ .00 SURCHARGE FEE $ .00

MISC. FEES $ 200.00 ZONING CERT. FEE $ 50.00 FIRE FEE $ 62.37 WASTE FEE $ 134.75

FLOOD ZONE DEVELOPMENT FEE $ _____ CULVERT FEE $ _____ **TOTAL FEE** 447.12

INSPECTORS OFFICE _____ CLERKS OFFICE CH

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."

This Permit Must Be Prominently Posted on Premises During Construction

PLEASE NOTIFY THE COLUMBIA COUNTY BUILDING DEPARTMENT AT LEAST 24 HOURS IN ADVANCE OF EACH INSPECTION, IN ORDER THAT IT MAY BE MADE WITHOUT DELAY OR INCONVIENCE, PHONE 758-1008. THIS PERMIT IS NOT VALID UNLESS THE WORK AUTHORIZED BY IT IS COMMENCED WITHIN 6 MONTHS AFTER ISSUANCE.

The Issuance of this Permit Does Not Waive Compliance by Permittee with Deed Restrictions.

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only Zoning Official BLK 10.11.04 Building Official RK 11-16-04

AP# 0411-19 Date Received 11-6-04 By G Permit # 22502

Flood Zone X Development Permit N/A Zoning RR Land Use Plan Map Category Res. V.L. Dev.

Comments need well letter

FEMA Map #_____ Elevation _____ Finished Floor _____ River _____ In Floodway _____

☑ Site Plan with Setbacks shown ☑ Environmental Health Signed Site Plan ☐ Env. Health Release

☐ Well letter provided ☐ Existing Well Culvert #421 Pd Revised 9-23-04

- Property ID 20-35-17-05381-004 Must have a copy of the property deed
- New Mobile Home ✓ Used Mobile Home _____ Year 2005
- Subdivision Information _____
- Applicant DAVID RUTHERFORD (cell 719-9703) Phone # 719-9943
- Address 1729 NE VOSS Rd LAKE CITY, FL 32055
- Name of Property Owner SAME AS ABOVE Phone# _____
- 911 Address 1729 NE VOSS Rd LAKE CITY, FL 32055
- Circle the correct power company – (FL Power & Light) – Clay Electric
  (Circle One) – Suwannee Valley Electric – Progressive Energy
- Name of Owner of Mobile Home SAME AS ABOVE Phone # _____
- Address _____
- Relationship to Property Owner self
- Current Number of Dwellings on Property 0
- Lot Size 124.7 x 385.6 Total Acreage 1 acres
- Do you : Have an (Existing Drive) or need a Culvert Permit or a Culvert Waiver Permit
- Driving Directions GO US 90, TURN 441 NORTH (TO (L)) GO TO CR 250 (Cum Swamp Road) TURN (R) - 1st Road to (R) VOSS Rd — 3rd place on (L)
- Is this Mobile Home Replacing an Existing Mobile Home NO
- Name of Licensed Dealer/Installer Bernie Thrift Phone # 386-623-0046
- Installers Address 212 NW Whitehunter Dr. Lake City FL 32055
- License Number IH0000075 Installation Decal # 222641

PERMIT WORKSHEET

PERMIT NUMBER _____

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.

X___ X___ X___

TORQUE PROBE TEST

The results of the torque probe test is 250 inch pounds or check here if you are declaring 5' anchors without testing _____. A test showing 275 inch pounds or less will require 4 foot anchors.

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

BT Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Bernie Thrift

Date Tested 10-18-04

Electrical

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between mull-wide units. Pg. 5

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 5

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 5

Site Preparation

Debris and organic material removed ✓
Water drainage: Natural ✓ Swale _____ Pad _____ Other _____

Fastening multi wide units

Floor:	Type Fastener:	3/4X5"	Length:	Lags	Spacing: 24" oc.
Walls:	Type Fastener:	Straps	Length:	10"	Spacing: 32" oc
Roof:	Type Fastener:	Flashing	Length:	7"	Spacing: 10'

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 BT

Type gasket Factory Installed Pg. _____

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

Weatherproofing

The bottomboard will be repaired and/or taped. Yes ✓ Pg. _____
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 _____ 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 manufacturer's installation instructions and or Rule 15C-1 & 2

Installer Signature Bernie Thrift Date 10-18-04

BLOCKING LEGEND
FLORIDA
HOMES OF MERIT, INC.
BLOCKING PLAN
Model Oliver Skytech

_____/____

_____

_____-_____2003

RE: BUILDING PERMIT

To Whom it May Concern:

I, BERNARDTHRIFT, owner of THRIFT MOBILE HOME SERVICES, give my permission for David A. Rutherford to use my License number IH-0000075-EXP. 09/30/04, to pull the permit for their new home, SN# FLHML3F17102868 7-AB - Property # 20-3S-17-05381-004

DATE: 11-4-04

SIGNED: Bernard Thrift
BERNARD THRIFT

State of Florida
County of Columbia

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgements, personallyappeared to me to be the person described in and who executed the foregoing instrument and the person acknowledged before me that person executed the same.

WITNESS my hand and Official seal in the County and State last aforesaid this 4 *day of* November *A.D. 2004*

Melinda G. Thomas

MELINDA G. THOMAS
NOTARY COMMISSION # DD 347481
EXPIRES: August 17, 2008
Bonded Thru Notary Public Underwriters

08-17-08
Commision Expires

Vacant

STATE OF FLORIDA
DEPARTMENT OF HEALTH

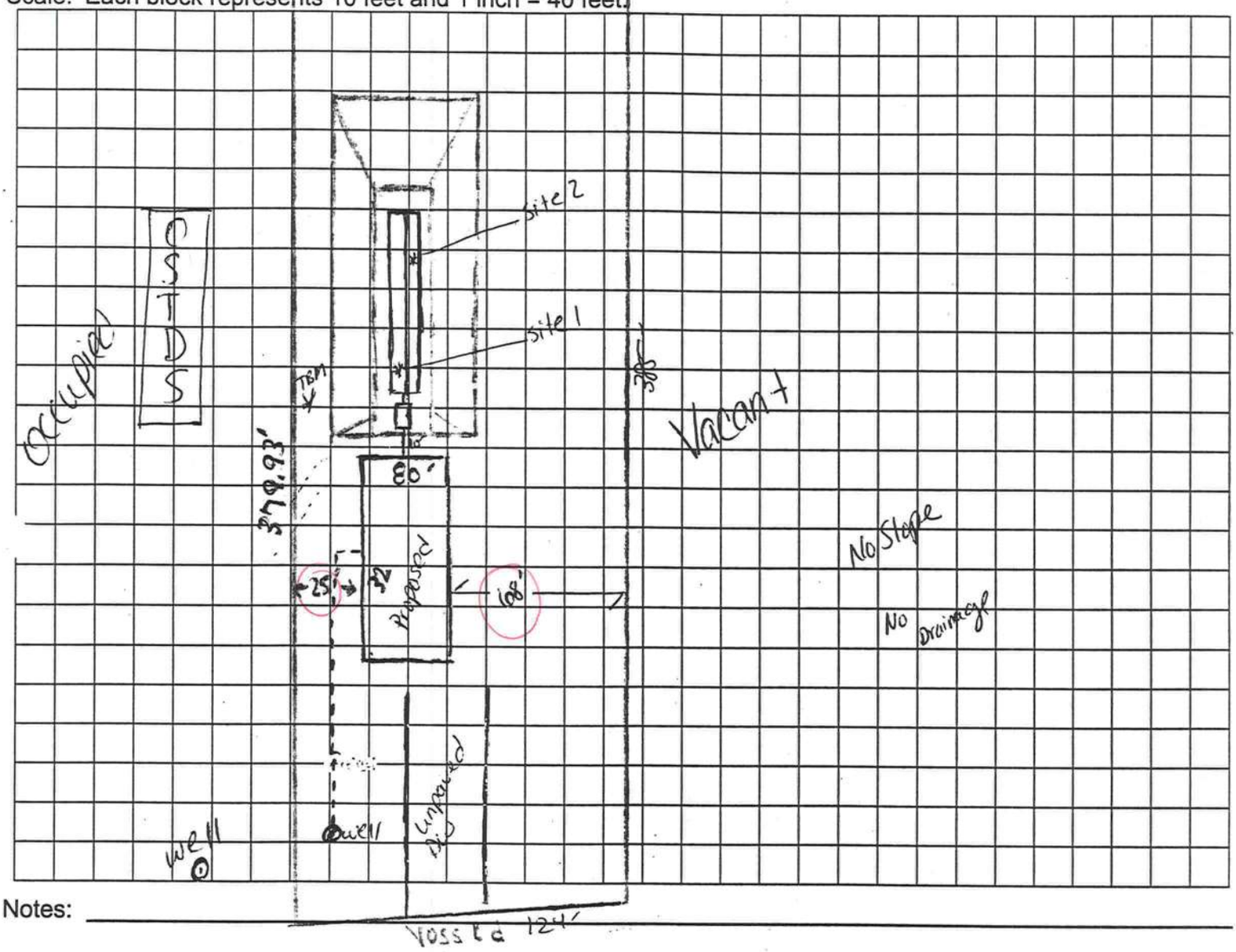
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Water Permit Application Number 04-1057-N

131.19'

PART II - SITEPLAN

Scale: Each block represents 10 feet and 1 inch = ~~40~~ 60 feet.



Notes: _____

Site Plan submitted by: _____

Plan Approved ✓ Not Approved ___ Date 11-1-04

By _____ Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

MOBILE HOME INSTALLER AFFIDAVIT

As per Florida Statutes Section 320.8249 Mobile Home Installers License:

Any person who engages in mobile home installation shall obtain a mobile home installer's license from 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 licensee shall pay a fee of $150.

I, Bernie Thrift (Please Print), license number IH 0000075 do hereby state that the installation of the manufactured home for David Rutherford (Applicant) at 1729 NE Voss Rd (911 Address) will be done under my supervision.

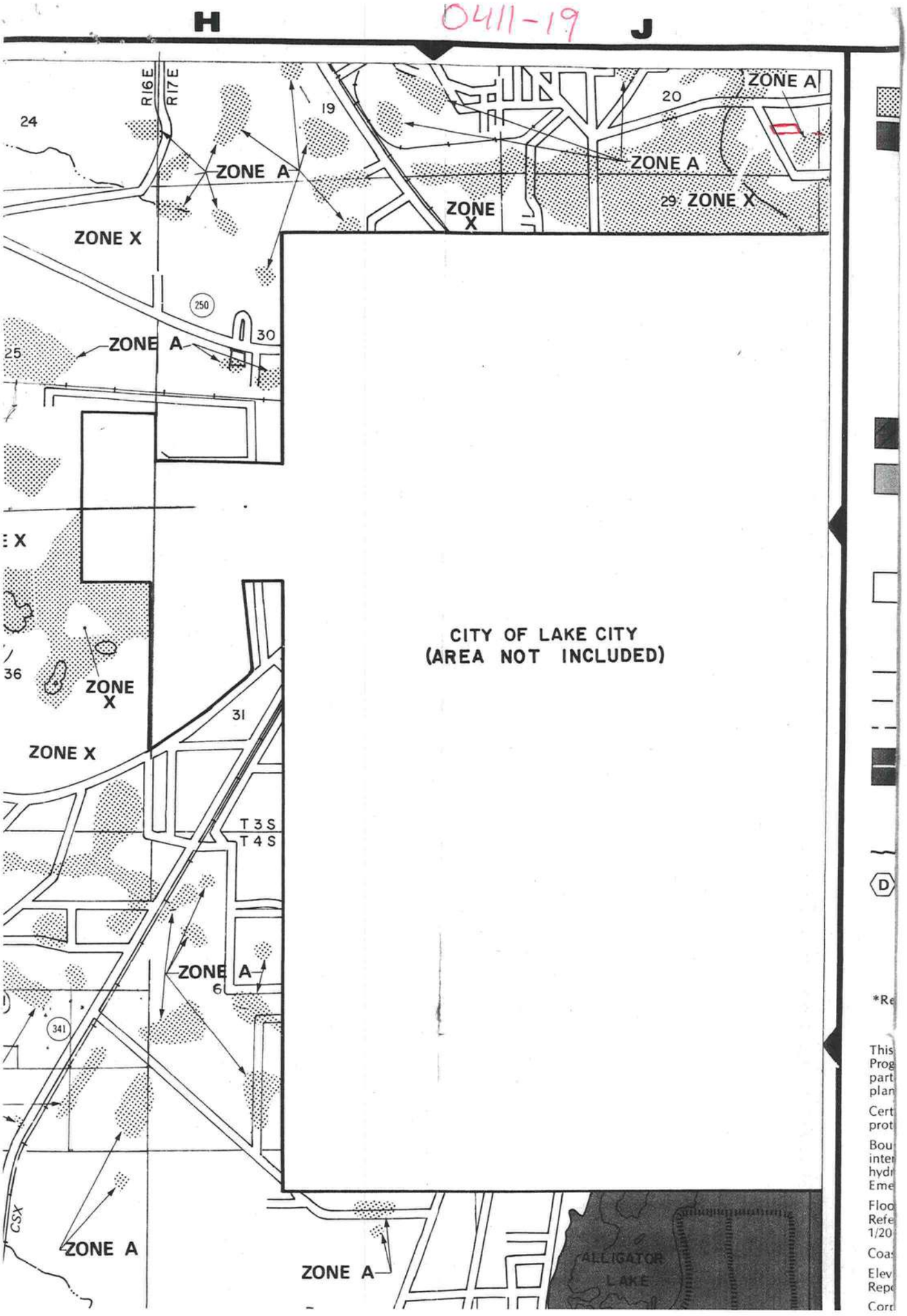
Bernie Thrift (Signature)

Sworn to and subscribed before me this 4 day of NN 2004.

Notary Public: Melinda G Thomas (Signature)

My Commission Expires: 08-17-08 (Date)

MELINDA G. THOMAS
MY COMMISSION # DD 347481
EXPIRES: August 17, 2008
Bonded Thru Notary Public Underwriters


H
0411-19
J
R16E
R17E
24
19
20
ZONE A
ZONE A
ZONE A
ZONE X
ZONE X
29
ZONE X
250
30
ZONE A
25
X
36
ZONE X
CITY OF LAKE CITY
(AREA NOT INCLUDED)
31
ZONE X
T3S
T4S
ZONE A
6
341
CSX
ZONE A
ZONE A
ALLIGATOR LAKE
D

RON E. BIAS
WELL DRILLING

317 SW Brecken Ridge • Fort White, FL 32038
(386) 497-1045 • *Mobile:* (386) 364-9233 • *Fax:* (386) 497-1045

No. _____

Date: 11-16-04

Name: David Puckford

Address: Voss Rd off
Gum Swamp

Phone: _____

DESCRIPTION:

4" deep well down to 100'
1 hp pump 20 gpm
82 gal tank plus cycle stop
1¼ drop pipe
check flow preventer
1¼ gate valve
SRWMD permit

Total: _____

Deposit: _____

Balance: _____

Date Wanted: _____

Authorized By: Ron Bias

Received By: _____

WELL COMPLETION REPORT (Please complete in black ink or type.)

PERMIT # 86934 CUP/WUP # _____ DID # _____

If permit is for multiple wells indicate the number of wells drilled _____

Indicate remaining wells to be cancelled _____

WATER WELL CONTRACTOR'S SIGNATURE Ron E Bias License # 1930

I certify that the information provided in this report is accurate and true.

Grout	No. of Bags	From (Ft.)	To (Ft.)
Neat Cement:	56	Bottom	Top
Bentonite:			

WELL LOCATION: County Col.

NW 1/4 of NE 1/4 of Section 13 Twp: 3 Rge: 16

Latitude _____ Longitude _____

DATE STAMP

OCT 1 3 2004

Official Use Only

Sketch of well location on property

Give distances from septic tank and house or other reference points

CHEMICAL ANALYSIS WHEN REQUIRED

Iron: ____ ppm Sulfate: ____ ppm

Chloride: ____ ppm

[ ] Lab Test [ ] Field Test Kit

Pump Type

[ ] Centrifugal [ ] Jet [✓] Submersible [ ] Turbine

Horsepower 1 Capacity 20 G.P.M. 20

Pump Depth 120 Ft. Intake Depth 120 Ft.

Form 40B-3-3 Rev. 12/95

OWNER'S NAME _____

COMPLETION DATE 9-17-04 Florida Unique I.D. _____

WELL USE: DEP/Public ___ Irrigation ___ Domestic ___ Monitor ___

HRS Limited ___ 62-524 ___ Other _____

DRILL METHOD [ ] Rotary [ ] Cable Tool [✓] Combination

[ ] Jet [ ] Auger Other _____

Measured Static Water Level 103 Measured Pumping Water Level 120

After 1 Hours at 20 G.P.M. Measuring Pt. (Describe): _____

Which is 103 Ft. [ ] Above [✓] Below Land Surface

Casing: [ ] Black Steel [ ] Galv. [✓] PVC Other _____

[✓] Open Hole [ ] Screen

Casing Diameter & Depth (Ft.)	Depth (Ft.) From	To	DRILL CUTTINGS LOG Examine cuttings every 20 ft. or at formation changes. Note cavities, depth to producing zones. Color / Grain Size / Type of Material
Diameter 4"	0	20	SAND
From 0	20	40	SAND
To 111	40	60	SAND
	60	80	SAND clay / rock
Diameter ___	80	100	Rock
From ___	100	120	Rock
To ___	120	140	Rock
	140	160	Rock
Liner [✓] or Casing [ ]	160	180	Rock
Diameter 8"	180	190	Rock
From 0			
To 40			Sand pump
			David white was present

Driller's Name: (print or type) WILLIAM BIAS 10-26-04

at Patty m.