DATE 05/21/		This Peri		•	ear From	the Dat	e of Issue		PERMIT 000023297
	ED BROWN	DEL LOWG W			_	PHON	E 454-162	-	1,0000000000000000000000000000000000000
ADDRESS OWNER	313 SW EDWARD & ET	BELLOWS W			FT. WHI	mana San		FL FL	32038
						PHON	E 454-162		-
CONTRACTOR		BELLOWS W.	АΥ		FT. WHI	2,5-216		<u>FL</u>	32038
		HATMAN	221.02.22			PHON	_	7	
LOCATION OF	PROPERTY	-	-	IN FRONT	WS WAY, TO	END ON	RIGHT,		
TYPE DEVELO	PMENT M	H,UTILITY	<u> </u>			COST OF	CONSTRUCT	ΓΙΟΝ	.00
HEATED FLOO	OR AREA			TOTAL AR			HEIGH		STORIES
FOUNDATION		WAL	LLS		ROOF PITC	H	_	FLOOR	
LAND USE & Z	ZONING A	 \-3	7				AX. HEIGHT		W
Minimum Set Ba	ack Requirments:	STREET-	-FRONT	30.00	)	REAR	25.00	SIDI	E 25.00
NO. EX.D.U.	<u>0</u> F	LOOD ZONE	X				ERMIT NO.		
PARCEL ID	13-7S-16-04202-	015	S	SUBDIVISIO	ON				
LOT	BLOCK	PHASE		UNIT		TC	TAL ACRES	3.00	
COMMENTS: 9	ONE FOOT ABO	VE THE ROA	D				Check #	or Cash	CASH
		FOR BU	ILDING	& ZONIN	IG DEPA	RTMEN	T ONLY		(F4/CL-1)
Temporary Power			Founda	ation			Monolith	ic	(footer/Slab)
	date/a	ipp. by		\\ \ <u></u>	date/app. b	у			date/app. by
Under slab rough-	in plumbing	1191		Slab			Sheat	hing/Nailing	
Framing		date/app	100		date/ap				date/app. by
	date/app. by		Rough-in	plumbing ab	ove slab and	below wo	od floor		
Electrical rough-in	n		Heat & A	ir Duct					date/app. by
27	date/ap	p. by		_	date/app.	by	Peri. beam (	Lintel)	date/app. by
Permanent power	dete/ess 1		C.O. Fin				Culvert		
M/H tie downs, blo	date/app. b			d	ate/app, by		Pool	da	te/app. by
Reconnection				date/app.	. by	DOTES OF		date	/app. by
	date/app.	by	Pump p		app. by	Utility Po	date/ap	p. by	
M/H Pole date/ap	pp. by	Trav	el Trailer		ite/app. by	_	Re-roof		pp. by
BUILDING PERM	IT FEE ¢	.00	CERTIFIC	ATION PER					
MISC. FEES \$	200.00			ATION FEE \$ 50.00				RGE FEE \$	
FLOOD ZONE DE		_		LVERT FE				ASTE FEE \$	0.100
	A				E S		TOTAL	7 1 7 1 7 1 7 1 7 1 7 1	
NAPEL HIDGING	EICE A	V. I-	11				TOTALI	FEE250	0.00
NSPECTORS OFF NOTICE: IN ADDI	TICE THE REC	We /80	ld	-	CLERKS		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.

# PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

THE REPORT OF THE PROPERTY OF
For Office Use Only Zoning Official RIX 14 0/2 05 P. III.
AP# 0506 -15 Date Received 6-7-05 By 1 H Danie 222 67
Development Permit Zoning A-3 Land Use Plan Man Category
-# 250.00 ·
FEMA Map # Elevation Finished Floor River In Floodway
Site Plan with Setheral In Floodway
Site Plan with Setbacks shown Environmental Health Signed Site Plan Env. Health Release
□ Well letter provided ☑ Existing Well ☐ Env. Health Release ☐ Revised 9-23-
Property ID AVI260 015
New Mobile Home Used Mobile Home Year1981
Subdivision information W/A
Applicant Ed Brown Jr Phone # 386-454-1628  Address 313 SW Bellows Way Fort White FL 32038
* Address 313 SW Bellows Way Fort White FL 32038
Name of Property Owner Edward + Ethe / A Brown Jr Phone# 386-454-162
- Period Day Lact III Co 71 33
(Circle One) - Suwannee Valley Flectric
Name of Owner of Mobile Home Educard Round Is
Address 313 Sto Bellows Way Fort White FL 32038
Relationship to Property Owner
-Current Number of Dwellings on Property
-Lot SizeTotal Acreage3 Acres
Do you : Have an <u>Existing Drive</u> or need a <u>Culvert Permit</u> or a <u>Culvert Waiver Permit</u>
Briving Directions Take How of Fast
Turn Right on Sw Byllows Way go to Dead End Trailer
on light with old fire Truck in front yard
Is this Mobile Home Replacing an Existing Mobile Home No CASSESSMENTS WAY
Name of Licensed Dealer/Installer
Name of Licensed Dealer/Installer 5056ph A. CHATMPhone # 180-497-22 Installers Address 9241 5w hs #wy 27 FT.
License Number FH - 40002 Wa
License Number <u>FH-0000240</u> Installation Decal # <u>244641</u> : ADVISED ON 6-14-05 (Tw)
51 (1705 (JW)

	Connect all sewer drains to an existing sewer tap or septic tank. Pg.	Plumbing	Connect electrical conductors between multi-wide units, but not to the main power-source. This includes the bonding wire between mult-wide units. Pg	Electrical	Installer Name Joseph B. CHan man	ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER	ay st	TORQUE PROBE TEST  The results of the torque probe test is 2.75 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.	1 1	3. Using 500 lb. increments, take the lowest	POCKET PENETROMETER TESTING METHOD  1. Test the perimeter of the home at 6 locations.  2. Take the reading at the depth of the footer.	×	POCKET PENETROMETER TEST  The pocket penetrometer tests are rounded down to psf or check here to declare 1000 lb. soil without testing.	TEXIMIT NOMBEX
Installer Signature And Date 5 11-25	manufacturer's installation instructions and or Rule 15C-1 & 2	is accurate and true hased on the	Installer verifies all information/given with/this power; workshoot	Other:	Skirting to be installed. YesNoN/AN/AN/AN/AN/AN/AN/AN/AN/AN/AN/AN/AN/AN/AN/A	Miscellaneous	Weatherproofing  The bottomboard will be repaired and/or taped. Yes Pg. Pg. Siding on units is installed to manufacturer's specifications. Yes Fireplace chimney installed so as not to allow intrusion of rain water. Yes	Type gasket Installed: Pg Between Floors Yes Between Walls Yes Bottom of ridgebeam Yes	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.	Gasket (weatherproofing requirement)	Type Fastener. 7 Type Fastener. 7 Type Fastener. 7 For used homes will be centered o	Fastening multi wide units  Floor: Type Fastener:   length: Spacing:	Site Preparation  Debris and organic material removed  Water drainage: NaturalSwalePadOther	

Site Preparation
vater drainage: Natural Swale Pad Other
Fastening multi wide units
loor: Type Fastener: Length: Spacing: Valls: Type Fastener: Length: Spacing: Spacing: Length: Spacing: Spacing: Length: Spacing: Spacing: Spacing: Length: Spacing: S
Gasket (weatherproofing requirement)
understand a properly installed gasket is a requirement of all new and used omes and that condensation, mold, meldew and buckled marriage walls are result of a poorly installed or no gasket being installed. I understand a strip tape will not serve as a gasket.
Installer's initials The C
Installed: Between Floors Yes Between Walls Yes Bottom of ridgebeam Yes
Weatherproofing
ne bottomboard will be repaired and/or taped. Yes Pg
Miscellaneous
virting to be installed. YesNoN/AN/AN/AN/A

Date 5 -11-25

# LIMITED POWER OF ATTORNEY

1, 305 Eph A- CHOTM, Ticense # IH-0000 240 hereby
authorize Edward Brown Tr to be my representative and act on my behalf
in all aspects of applying for a mobile home pormit to the
described property located in Suwannee County, Florida.
Property owner: Edward + Ethel A Brown To
Sec 13 Twp. 7-5 S Rge 16 E
Tax Parcel No
Mobile Home Installer
// who sho Home installer
(Date)
Sworn to and subscribed before me this 1112 day of may, 20 05.
Soudand Chave
Wotary Public
My Commission expires:  Commission No.  Personally known:  Sandra J. Chavez  Commission # DD298602  Expires March 9, 2008  Bonded Troy Fain - Insurance, Inc. 800-488-7019
Produced ID (Type) DL#C 355- 481-60-011-0

### MOBILE HOME INSTALLER AFFIDAVIT

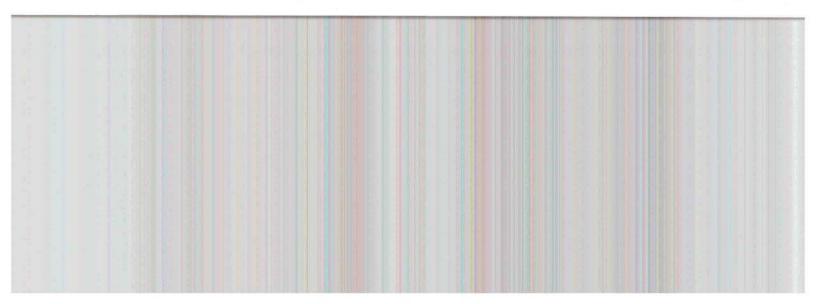
As per Florida Statutes Section 320.8249 Mobile Home Installers License:

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.

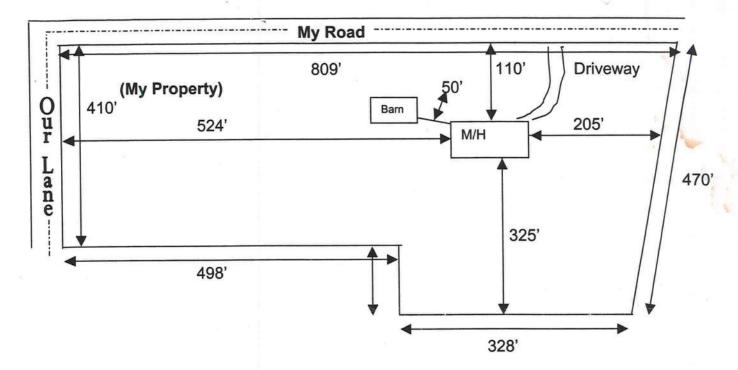
_ 1				
	_, license r	number IH_00	000 240	
do hereby state that the installation of the man	ufactured	home for Edi	rard Brown	25
		Applic	cant	
	12 201	911 Address	Fortwhite Fl	-32038
will be done under my supervision.				
Signature W				
Sworn to and subscribed before me this	_day of	may	,	
2005.	/		ā.	
Notary Public: Sandy Charge	_			
My Commission Expires:  Sandra J. Cha Commission # DD2 Expires March 9, 20			×	
Bonded Troy Fain - Insurance, Inc. 8	00-385-7019			

Year T Property Sel 2005 R 13-7S-16-04202-015 5	AG 0 54490 Bldg 0	County 003 000 001 *
1 COMM NE COR OF SE1/4 OF NW1/4, RUN S 321.70 FT, W 415.0 3 FOR POB, RUN S 339.29 FT, W 420 FT, N 339.06 FT, E 4 5 FT TO POB. ORB 455-126, 652-092, ORB 1039-1184 7 9 11 13 15 17 19 21 23 25 27	4'2'0'.'2'2' 4 6 8 10 12 14 16 18 20 22 24 26	

Mnt 3/25/2005 LARRY F1=Task F3=Exit F4=Prompt F10=GoTo PgUp/PgDn F24=More



#### 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 road or roads are around your property.



### **COLUMBIA COUNTY 9-1-1 ADDRESSING**

263 NW Lake City Ave. \* 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.

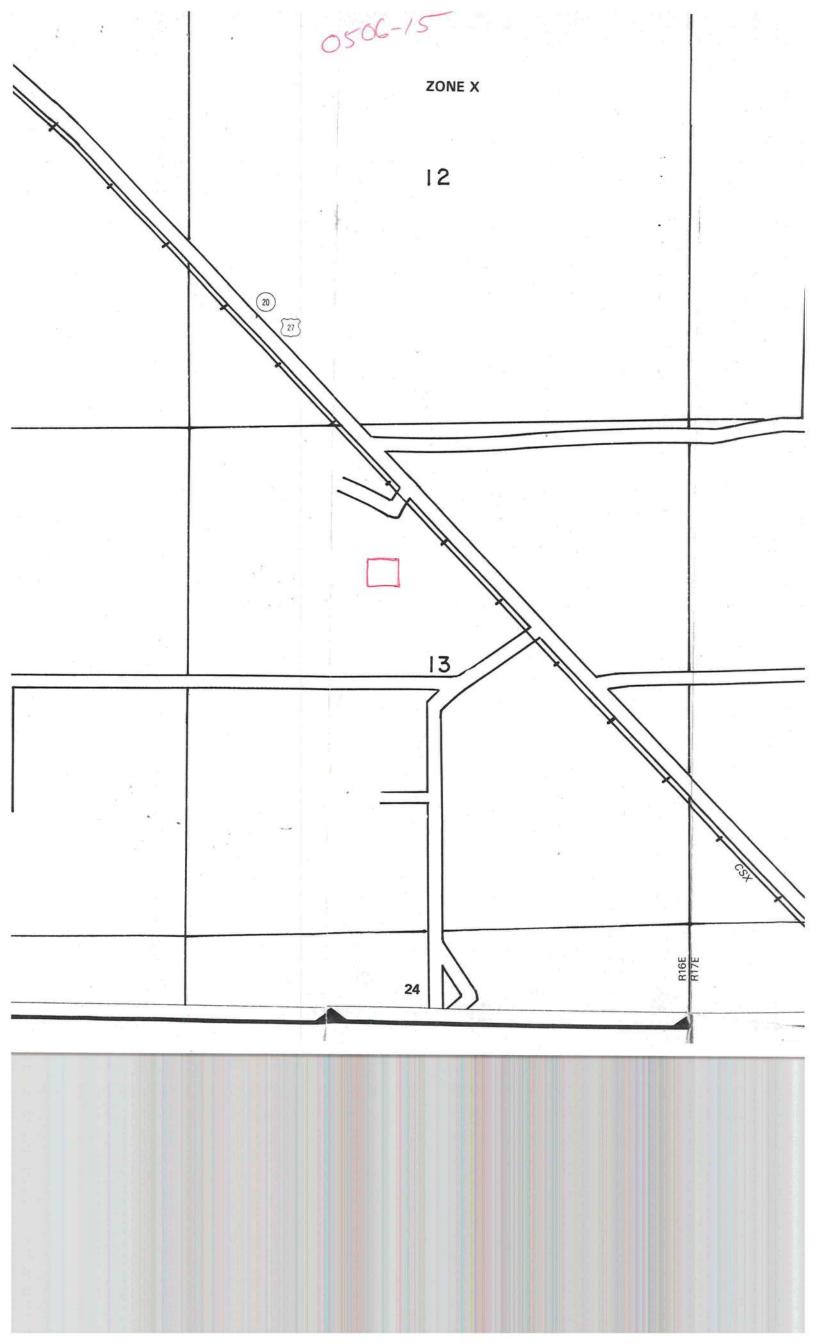
DATE ISSUED: June 6, 2005
ENHANCED 9-1-1 ADDRESS:
321 SW BELLOWS WAY (FORT WHITE, FL 32038)
Addressed Location 911 Phone Number: NOT AVAIL.
OCCUPANT NAME: NOT AVAIL.
OCCUPANT CURRENT MAILING ADDRESS:
PROPERTY APPRAISER MAP SHEET NUMBER: 80
PROPERTY APPRAISER PARCEL NUMBER: 13-7S-16-04202-015
Other Contact Phone Number (If any):
Building Permit Number (If known):
Remarks:
Address Issued By:
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.

9-1-1 ADDRESSING APPROVED

## STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT 05-02841 Permit Application Numbe --- PART II - SITEPLAN - --001: icale: 1 inch = 50 feet. M-DOLW, 329 420 Site Plan submitted by Not Approved 3-21-05 Date (かーからへ 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: 5744-002-4015-6) Page 2 of 4



# DEPARTMENT OF CODE ENFORCEMENT COLUMBIA COUNTY, FLORIDA

### PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 6-7-05 BY LIH
IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED?
OWNERS NAME Ed Brown Jr PHONE 454-1628 CELL
911 ADDRESS 321 SW Bellows Way, Ft. White Fe 32038
MOBILE HOME PARKSUBDIVISION
DRIVING DIRECTIONS TO MOBILE HOME 475, L 27, R SW Bellows Way
go to dead end, mH on (R) with fire Truck
in the yard
CONTRACTOR Joe Charling PHONE 497-2277 CELL
MOBILE HOME INFORMATION
MAKE Homes of Merit YEAR 81 SIZE 14 x 61
COLORSERIAL No 5- 265-10708
WIND ZONE SMOKE DETECTOR
INTERIOR: FLOORS
DOORS
WALLS
CABINETS
ELECTRICAL (FIXTURES/OUTLETS)
EXTERIOR: WALLS / SIDDING
WINDOWS
DOORS
STATUS: APPROVED WITH CONDITIONS:
NOT APPROVED NEED REINSPECTION
INSPECTOR SIGNATURE Day A NUMBER 306