

DATE 02/23/2005

Columbia County Building Permit

PERMIT

This Permit Expires One Year From the Date of Issue

000022838

APPLICANT MICHAEL TRAIL PHONE 352-317-0347
ADDRESS 219 SW FIELDING WAY FORT WHITE FL 32038
OWNER MICHAEL TRAIL PHONE 352-317-0347
ADDRESS 1224 SW CENTRAL TERR FORT WHITE FL 32038
CONTRACTOR JOE CHATMAN PHONE 497-2277
LOCATION OF PROPERTY 47 S, R WILSON SPRINGS RD, R NEWAEK, L CENTRAL, 1/4 MILE
ON THE 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 A-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 25-6S-15-00947-000 SUBDIVISION THREE RIVERS ESTATES
LOT 23 BLOCK PHASE UNIT 17 TOTAL ACRES .91

IH0000240

Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor
EXISTING 04-1221-N BK HD N
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: FLOOR 1 FOOT ABOVE THE ROAD

LETTER OF AUTHORIZATION GIVEN TO OWNER

Check # or Cash 238

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 \$ 39.69 WASTE FEE \$ 85.75
FLOOD ZONE DEVELOPMENT FEE \$ CULVERT FEE \$ TOTAL FEE 375.44

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."

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 <u>RE</u>	Building Official <u>NO</u> 2-22-05
AP# <u>0502-48</u>	Date Received <u>2-16-05</u>	By <u>LH</u>	Permit # <u>22838</u>
Flood Zone <u>X</u>	Development Permit <u>N/A</u>	Zoning <u>A-3</u>	Land Use Plan Map Category <u>A-3</u>
Comments _____			
FEMA Map # _____ Elevation _____ Finished Floor _____ River _____ In Floodway _____			
<input checked="" type="checkbox"/> Site Plan with Setbacks shown <input checked="" type="checkbox"/> Environmental Health Signed Site Plan <input type="checkbox"/> Env. Health Release <input checked="" type="checkbox"/> Well letter provided <input checked="" type="checkbox"/> Existing Well			
Revised 9-23-04			

- Property ID 00-00-00 00947-000 Must have a copy of the property deed
- New Mobile Home _____ Used Mobile Home ☒ Year 1996
- Subdivision Information Three Rivers Estates, Lot 23, Unit 17
- Applicant Michael TRAIL Phone # 352-317-0342
- Address 219 SW Fielding Way Fort White FL 32038
- Name of Property Owner Michael D Trail Phone# 352-317-0347 ^{cell}
- 911 Address None Recorded 1224 SW Central Ter Fort White FL 32038
- Circle the correct power company - FL Power & Light - Clay Electric
 (Circle One) - Suwannee Valley Electric - Progressive Energy
- Name of Owner of Mobile Home Mike Trail Phone # 352-317-0342
- Address 219 SW Fielding Way Fort White FL 32038
- Relationship to Property Owner Self
- Current Number of Dwellings on Property None
- Lot Size (100.026) (399.72 Long) Total Acreage .91 Acres
- Do you : Have an Existing Drive or need a Culvert Permit or a Culvert Waiver Permit
- Driving Directions 47 South to Fort White Right on Wilson Spring Road to first stop sign Right on Newark 1/2 mile Left on Copperhead Slight Right on Central 1/4 mile Landon Left
- Is this Mobile Home Replacing an Existing Mobile Home NO
- Name of Licensed Dealer/Installer JOSEPH A. CHATMAN Phone # 386-497-2277
- Installers Address 9241 SW US Hwy 27 FT. White FL 32038
- License Number IH-0000240 Installation Decal # 229786

PERMIT WORKSHEET

page 1 of 2

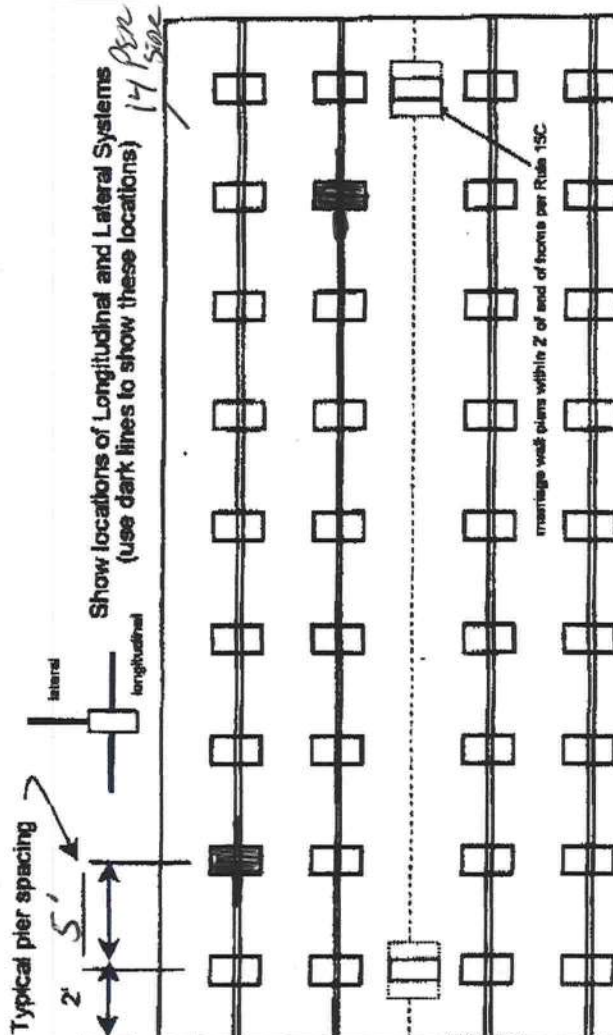
PERMIT NUMBER

Installer Joseph A. CHRYMSTIN License # IH-00002490

Address of home being installed _____

Manufacturer _____ Length x width 12' x 70'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 JAC

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 # 22-9786

Triple/Quad ☐ Serial # 5MHA 232957286

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 psi	3'	4'	4'	5'	6'	7'	8'
1500 psi	4'	5'	5'	6'	7'	8'	9'
2000 psi	5'	6'	6'	7'	8'	9'	10'
2500 psi	6'	7'	7'	8'	9'	10'	11'
3000 psi	7'	8'	8'	9'	10'	11'	12'
3500 psi	8'	9'	9'	10'	11'	12'	13'

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

PIER PAD SIZES

I-beam pier pad size 20x20Perimeter pier pad size NPOther pier pad sizes (required by the mfg.) NP

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 ft 5 ft

FRAME TIES

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

TIEDOWN COMPONENTS

OTHER TIES

Number

Sidewall
Longitudinal
Marriage wall
Shearwall

Longitudinal Stabilizing Device (LSD)

Manufacturer OLIVER TECH 1101 LV

Longitudinal Stabilizing Device w/ Lateral Arms

Manufacturer

PERMIT NUMBER

01/03/2005 23:06 3867582160

BLDG AND ZONING

PAGE 06

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 240 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.

JPZ Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Joseph A-C Hoffman
Date Tested 1-4-05

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. _____

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: 1/4" Length: 1 1/2" Spacing: 12"
Walls: Type Fastener: 1/4" Length: 1 1/2" Spacing: 12"
Roof: Type Fastener: 1/4" Length: 1 1/2" Spacing: 12"
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. Single

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 JPZ
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 ☒
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

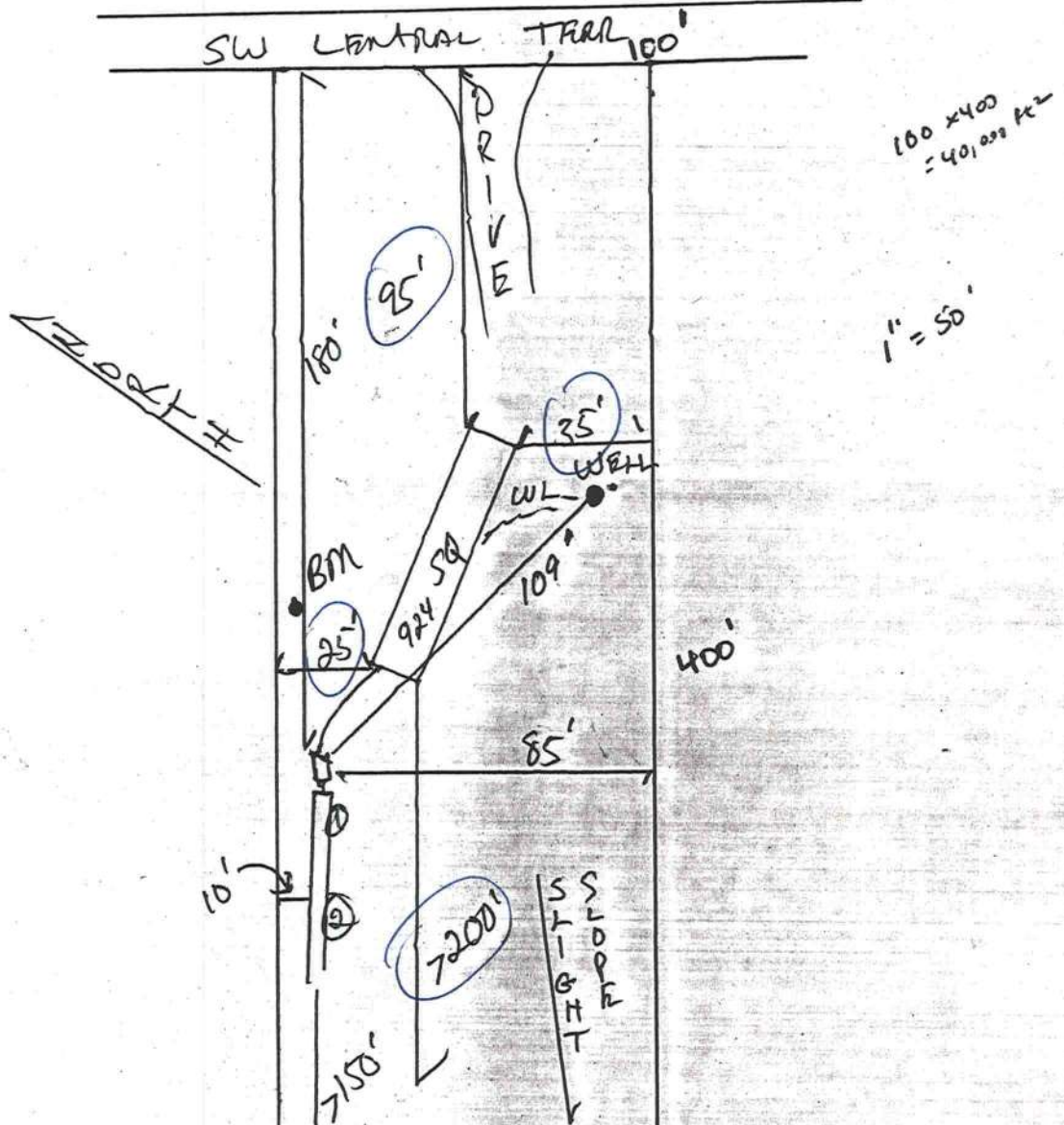
Installer Signature Joseph A-C Hoffman Date 1-4-05

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

Permit Application Number 04-1221N

-----PART II - SITEPLAN-----

Scale: 1 inch = 50 feet.



Notes: _____

Site Plan submitted by: Rocky D. [Signature]
Plan Approved ☒ Not Approved ☒
By [Signature] Columbia County Health Department
Date 12-20-01

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Prepared by and return to:
Elaine R. Davis

Home Town Title of North Florida
2744 US Highway 90 West
Lake City, FL 32055
386-754-7175
File Number: 2004-510
Will Call No.:

Inst:2004018803 Date:08/16/2004 Time:15:40
Doc Stamp-Deed : 44.10
mk DC, P. Dewitt Cason, Columbia County B:1023 P:1709

Parcel Identification No. 00947-000

[Space Above This Line For Recording Data]

Warranty Deed

(STATUTORY FORM - SECTION 689.02, F.S.)

This Indenture made this 12th day of August, 2004 between Susan Bynum, a married woman, non homestead whose post office address is 2714 SW Santa Fe Drive, Fort White, FL 32038 of the County of Columbia, State of Florida, grantor*, and Michael D. Trail, whose post office address is 219 SW Feilding Way, Fort White, FL 32038 of the County of Columbia, State of Florida, grantee*,

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:

Lot 23, of Unit 17, THREE RIVERS ESTATES, according to the Plat thereof as recorded in Plat Book 6, Page 11 of the Public Records of Columbia County, Florida.

Parcel # 00947-000

Grantor warrants that at the time of this conveyance, the subject property is not the Grantor's homestead within the meaning set forth in the constitution of the state of Florida, nor is it contiguous to or a part of homestead property. Grantor's residence and homestead address is: 2714 SW Santa Fe Drive, Fort White, Florida 32038

and said grantor does hereby fully warrant the title to said land, and will defend the same against lawful claims of all persons whomsoever.

* "Grantor" and "Grantee" are used for singular or plural, as context requires.

In Witness Whereof, grantor has hereunto set grantor's hand and seal the day and year first above written.

DoubleTime®

Signed, sealed and delivered in our presence:

Elaine R. Davis

ELAINE R. DAVIS

Witness Name:

Dena S Melgaard

Witness Name:

Tina S Melgaard

Susan Bynum

Susan Bynum

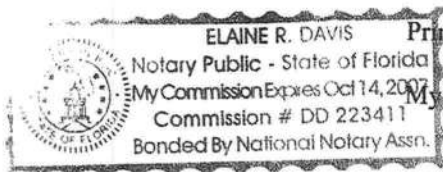
State of Florida
County of Columbia

The foregoing instrument was acknowledged before me this 12th day of August, 2004 by Susan Bynum, who ☐ is personally known or ☒ has produced a driver's license as identification.

[Notary Seal]

Elaine R. Davis

Notary Public



Printed Name:

Elaine R. Davis

My Commission Expires:

October 14, 2007

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 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. Said license shall be renewed annually, and each licensee shall pay a fee of \$150.

I JOSEPH A. CHATMAN license number PH-0000240 do hereby state that the
Please Print
installation of the manufactured home at _____ will be done under my
911 Address
supervision.

Joseph A. Chatman
Signature

Sworn to and subscribed before me this 10th day of FEBRUARY A. D. 2005

Notary Public Sandra J. Chavez My commission expires.

Signature



Sandra J. Chavez
Commission # DD298602
Expires March 9, 2008
Bonded Troy Fain - Insurance, Inc. 800-985-7019

LIMITED POWER OF ATTORNEY

I, Joseph A. CHADMAN, license # IH-0000240 hereby
authorize Michael Trail to be my representative and act on my behalf
in all aspects of applying for a mobile home permit to be placed on the following
described property located in Suwannee County, Florida.

Property owner: Michael Trail

Sec _____ Twp. _____ S Rge _____ E

Tax Parcel No. _____

Joseph A. Chadman
Mobile Home Installer

12-29-04
(Date)

Sworn to and subscribed before me this 29 day of December, 20 04.

Sandra J. Chavez
Notary Public

My Commission expires: _____
Commission No. _____
Personally known: _____
Produced ID (Type) _____



Sandra J. Chavez
Commission # DD298602
Expires March 9, 2008
Bonded Troy Fain - Insurance, Inc. 903-888-7919

DEPARTMENT OF
CODE ENFORCEMENT
COLUMBIA COUNTY, FLORIDA

PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 1/14/05 BY JW

IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? YES

OWNERS NAME MICHAEL TERIL PHONE 352.617.0342 CELL

911 ADDRESS UNK

MOBILE HOME PARK SUBDIVISION L-23-4-17 3-RIVERS EST

DRIVING DIRECTIONS TO MOBILE HOME 475 TO US 27 TO 3 RIVERS EST (L)
TO UTAH (L) to 2nd dirt to R. (POWER LINE) 1/2 CROSS
to a 3-way stop, ILLINOIS - KEEP STRAIGHT it's on the right

CONTRACTOR JOE CHATMAN PHONE 497.2277 CELL 386.288.5449

MOBILE HOME INFORMATION

MAKE UNK (GHEEWOOD?) YEAR 1996 SIZE 14 X 70

COLOR BLUE/WHITE SERIAL No. UNK

WIND ZONE II SMOKE DETECTOR YES

INTERIOR:

FLOORS Missing several vent covers

DOORS ✓

WALLS ✓

CABINETS ✓

ELECTRICAL (FIXTURES/OUTLETS) missing several outlet covers

EXTERIOR:

WALLS / SIDING ✓

WINDOWS ✓

DOORS ✓

STATUS:

APPROVED ✓ WITH CONDITIONS:

must fix above before final

NOT APPROVED NEED REINSPECTION

INSPECTOR SIGNATURE Dany R NUMBER 306