APPLICANT CAROLYN PARLATO PHONE 963-1373 ADDRESS 7161 152ND ST WELBORN FL 320 OWNER LORA L. SPRINGER PHONE 497-3306	3672
OUD IED TO A COLUMN TO THE COL	
OWNER LORA L. SPRINGER PHONE 497-3306)94
ADDRESS 1643 SW NEWARK DR FORT WHITE FL 320)38
CONTRACTOR MICHAEL PARLATO PHONE 963-1373	
LOCATION OF PROPERTY 47 S, R WILSON SPRINGS RD, R NEWARK, 1 MILE ON THE RIGHT JUST BEFORE "1595"	
TYPE DEVELOPMENT MH,UTILITY ESTIMATED COST OF CONSTRUCTION	
HEATED FLOOR AREA TOTAL AREA HEIGHT00 STOR	RIES
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	00
NO. EX.D.U. 0 FLOOD ZONE X DEVELOPMENT PERMIT NO.	_
PARCEL ID 25-6S-15-01306-000 SUBDIVISION THREE RIVERS ESTATES	
LOT 12 BLOCK PHASE UNIT 21 TOTAL ACRES 1.00	
IH0000336 G-6	
Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor	
EXISTING 05-0982-N BK	
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Res	sident
COMMENTS: FLOOR 1 FOOT ABOVE THE ROAD	
Check # or Cash 5956	
FOR BUILDING & ZONING DEPARTMENT ONLY	(01.1)
FOR BUILDING & ZONING DEPARTMENT ONLY (footer.	/Slab)
FOR BUILDING & ZONING DEPARTMENT ONLY (footer,	**************************************
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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.

* Need He-inspect on home @ treadom Mobile Home PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION Zoning Official BLK 04.08.05 Building Official OK JTH 7-26-05 For Office Use Only AP# 0507-12 Date Received 7/26/05 By Ju Permit # 2 3672 Comments +75-MH NEEDED FEMA Map # Elevation Finished Floor River In Floodway Site Plan with Setbacks shown Environmental Health Signed Site Plan 🙀 Env. Health Release ek# 5956 Well letter provided M Existing Well Must have a copy of the property deed Used Mobile Home Year 1982 New Mobile Home_ Subdivision Information Lot 12 Unit 21 Three Kivers Estates Phone # 963-1373 delload, Address 7 \\w\ Name of Property Owner Loca L. Spring ex Phone# 386-497-3306 911 Address 1643 512 NEWORK Dive - Clay Electric Circle the correct power company -FL Power & Light Suwannee Valley Electric (Circle One) -**Progressive Energy** _. Doinel Phone #386-497-3301 Name of Owner of Mobile Home _\max\ Address 1595 500 Newark Drive Relationship to Property Owner Same Current Number of Dwellings on Property Total Acreage_ Lot Size 100 X 400 Do you : Have an Existing Drive or need a Culvert Permit or a Culvert Waiver Permit Driving Directions 47 Sauth to St. White - go across 27 two blocks to "wilson springsld" Turn (R) co to "Newark!" co I mile to site on Is this Mobile Home Replacing an Existing Mobile Home NO Name of Licensed Dealer/Installer Michael J. Torda Phone # 963-1373 Installers Address 716 152nd Wellbony, FI License Number <u>TH000033</u> Installation Decal # 254910 LEFT MESSISE Con 8.5.05 - Révander JW

PERMIT WORKSHEET

PERMIT NUMBER

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	0	5	
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pse The pocket penetrometer tests are rounded down to SDD or check here to declare 1000 lb. soil without testing.

X Jool

X 2000

X 2000

POCKET PENETROMETER TESTING METHOD

- Test the perimeter of the home at 6 locations.
- 2. Take the reading at the depth of the footer.
- Using 500 lb. increments, take the lowest reading and round down to that increment.

Coolx

A Jose

X Jood

TORQUE PROBE TEST

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. 0360 The results of the torque probe test is _

reading is 275 or less and where the mobile home manufacturer may anchors are required at all centerline tie points where the torque test A state approved lateral arm system is being used and 4 ft. anchors are allowed at the sidewall locations. I understand 5 ft Installer's initials requires anchors with 4000 lp halding capacity. Note:

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Michael

Date Tested

7-22-05

Electrical

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

Plumbing

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

Connect all potable water supply piping to an existing water meter, water tap, or other

700		
		,
	ons and organic material removed	

Type Fastener: Screen Length: 3" Spacing: 24" Type Fastener: Co. Length: 3 No. Spacing: 20" 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.

Spacing:

Length: 38 xla

Type Fastener: Screw

Walls: Roof:

Gasket (weatherproofing requirement)

a result of a poorly installed or no gasket being installed. I understand a strip homes and that condensation, mold, meldew and buckled marriage walls are understand a properly installed gasket is a requirement of all new and used of tape will not serve as a gasket.

Installer's initials (NN) Type glasket algorin

Installed:

7 Between Walls Yes Bottom of ridgebeam Yes Between Floors Yes

Weatherproofing

ording on units is installed to the initial allow intrusion of rain water. Yes \sim Fireplace chimney installed so as not to allow intrusion of rain water. Yes \sim Pg . Ed Siding on units is installed to manufacturer's specifications. Yes The bottomboard will be repaired and/or taped. Yes

Miscellaneous

Range downflow vent installed outside of skirting. Yes Drain lines supported at 4 foot intervals. Yes Skirting to be installed. Yes No Dryer vent installed outside of skirting. Yes. Electrical crossovers protected. Yes Installer verifies all information given with this permit worksheet manufacturer's installation instructions and or Rule 15C-1 & 2 is accurate and true based on the

Installer Signature

Date 7 - 92-0

HALL'S PUMP & WELL SERVICE, INC.

SPECIALIZING IN 4"-8" WELLS



DONALD AND MARY HALL OWNERS

PHONE (904) 752-1854 FAX (904) 755-7022 IORNOSHIM RIPRIGUIRESTX LAKE CITY, FLORIDA 32056 904 NW Main Blvd.

June 12, 2002

NOTICE TO ALL CONTRACTORS

Please be advised that due to the new building codes we will use a large capacity diaphram tank on all new weils. This will insure a minimum of one (1) minute draw down or one (1) minute refill. If a smaller diaphram tank is used then we will install a cycle stop valve which will produce the same results.

If you have any questions please feel free to call our office anytime.

Thank, you,

Donald D. Hall

DDH/jk

To: Caroline

COLUMBIA COUNTY 9-1-1 ADDRESSING

263 NW Lake City Ave. * P. O. Box 2949 * Lake City, FL 32056-2949
PHONE: (386) 752-8787 * FAX: (386) 758-1365 * Email: ron_croft@columbiacountyfla.com

ADDRESS CORRECTION

The Columbia County Board of County Commissioners has passed Ordinance 2001-9, which provides for a uniform numbering system. A copy of this ordinance is available in the Clerk of Court records, located in the courthouse. This new numbering system will increase the efficiency of POLICE, FIRE AND EMERGENCY MEDICAL vehicles responding to calls within Columbia County by immediately identifying the location of the caller.

Your Existing Address

1635 SW NEWARK DR FORT WHITE, FL 32038

Your New Address

1643 SW NEWARK DR FORT WHITE, FL 32038

(Location on Parcel# 00-00-00-01306-000, LOT 12 UNIT 21 THREE RIVERS ESTATES SUBDIVISION)

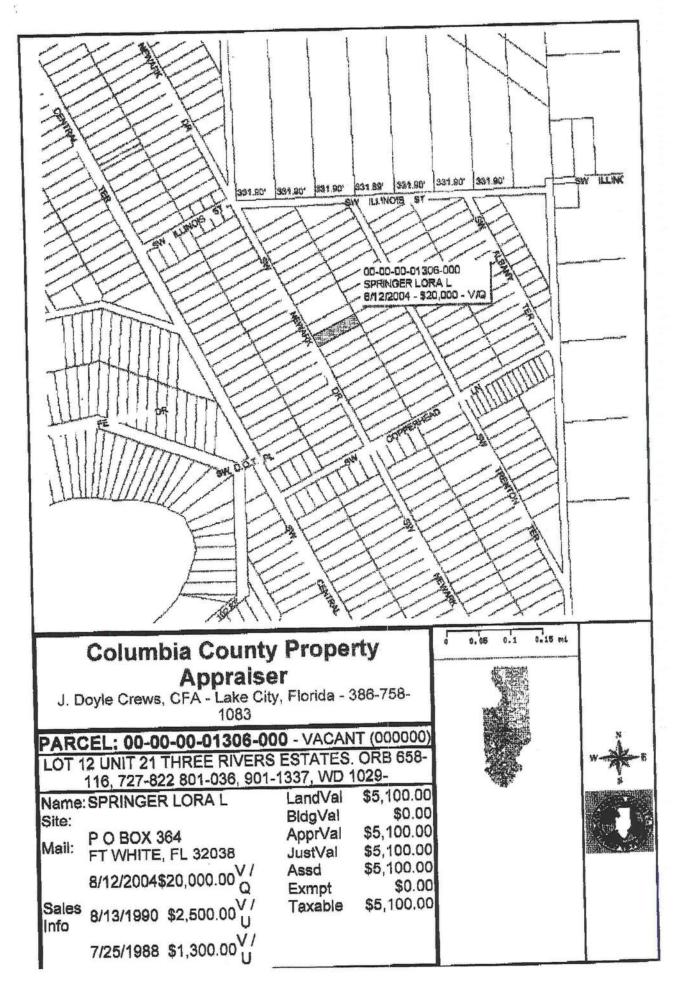
All residences, businesses, industries, schools, churches, organizations and public buildings are covered by this system. You are required to affix your new address numbers permanently on your house or the principal building where they can be seen easily. Also, if your house or the principal building at this address is not clearly visible from the public or private roadway, you are required to erect a post at your driveway entrance. Place your new number on it facing the road so emergency response personnel coming in either direction can easily see the numbers. To help emergency responding personnel, it will be the responsibility of each property owner, trustee, leasee, agent and occupant of each residence, apartment building, business or industry to purchase, post and maintain address numbers. The address number for residences, townhouses and in town businesses shall be made up of numbers, which are not less than three (3) inches in height and one and one half (1 1/2) inches in width. All industrial and commercial structures located in low density development areas (areas in which small residential style address numbers are not visible from the road) shall display address numbers not less than ten (10) inches in height. All Apartment buildings and high rises shall display address numbers above or to the side of the primary entrance to the building and shall be displayed not less than six (6) inches in height. Apartment numbers for individual units within the complex shall be displayed on, above or to the side of the doorway of each unit.

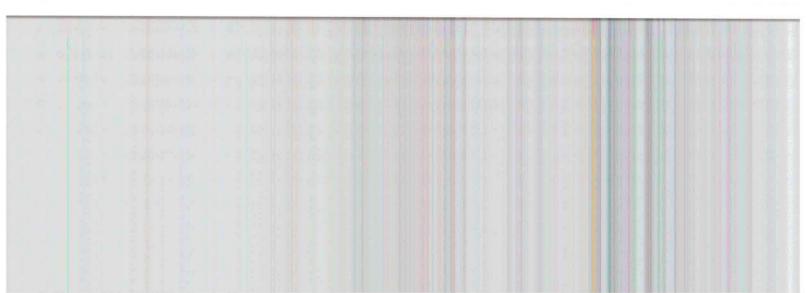
All numbers shall contrast in color with the background on which affixed, and shall be visible day or night from the street. When possible, the number shall be displayed beside or over the main entrances of the structure. Any old address numbers shall be removed from the structure, mail box or access point.

It is your responsibility to advise all persons and businesses, with which you correspond, of your change of address (unless your receive your mail in a Post Office Box). Your mail will be delivered to your old rural route box number address for a period of one (1) year.

We are counting on the cooperation of all citizens to help make the Enhanced 9-1-1 Emergency Telephone System a success. If you have any questions please call (386) 752-8787 between 8:00 AM and 5:00 PM Monday through Friday.

COLUMBIA COUNTY 9-1-1 ADDRESSING APPROVED





This Instrument Prepared by & return to:

Name: NANCY AMY MURPHY, an emploj_Inst: 2004024636 Date: 11/03/2004 Time: 11:48

TITLE OFFICES, LLC

Address:

1089 SW MAIN BLVD. LAKE CITY, FLORIDA 32025

140.00 Doc Stamp-Deed: 140.00 ____DC,P.DeWitt Cason,Columbia County B:1029 P:2031

File No. 04Y-08044NM

Parcel I.D. #: 253083880301384008,01305-000, and 01306-000

SPACE ABOVE THIS LINE FOR PROCESSING DATA

SPACE ABOVE THIS LINE FOR RECORDING DATA

THIS WARRANTY DEED Made the 12th day of August, A.D. 2004, by WALBURGA H. HICKEY, Individually and as Ttrustee of THE WALBURGA H. HICKEY LIVING TRUST AGREEMENT DATED SEPTEMBER 28, 1994, A/K/A THE HELINA HICKEY LIVING TRUST AGREEMENT DATED SEPTEMBER 28, 1994, A/K/A THE WALBURGA H. HICKEY (LEHNEN) LIVING TRUST AGREEMENT DATED SEPTEMBER 28, 1994, A/K/A THE WALBURGA H. LEHNEN HICKEY LIVING TRUST AGREEMENT DATED SEPTEMBER 28, 1994 , hereinafter called the grantor, to LORA L. SPRINGER whose post office address is PO BOX 364, FT WHITE, FL. 32038, hereinafter called the grantees: sungle,

(Wharever used herein the terms "grantor" and "grantees" include all the parties to this instrument, singular and plural, the hetrs, legal representatives and assigns of individuals, and the successors and assigns of corporations, wherever the context so admits or requires,)

Witnesseth: That the grantor, for and in consideration of the sum of \$10.00 and other valuable consideration, receipt whereof is hereby acknowledged, does hereby grant, bargain, sell, alien, remise, release, convey and confirm unto the grantees all that certain land situate in Columbia County, State of FLORIDA, viz:

Lots 11 & 12, THREE RIVERS ESTATES, Unit 21, according to the map or plat thereof as recorded in Plat Book 6, Page 15, of the Public Records of Columbia County, FLORIDA.

THE ABOVE DESCRIBED PROPERTY IS NOT THE HOMESTEAD PROPERTY OF THE GRANTOR.

appertulingther with all the tenements hereditements and appurtenances thereto belonging or in anywise and appurtenances thereto belonging or in anywise

To Have and to Hold the same in fee simple forever.

And the grantor hereby covenants with said grantees that she is lawfully seized of said land in fee simple; that she has good right and lawful authority to sell and convey said land, and 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, 2003.

In Witness Whereof, the said grantor has signed and sealed these presents, the day and year first above

Signed, sealed grai deli

Witness Signature

Witness Signatur

Printed Name

WALBURGA H. HICKEY

Address:

11322 61ST STREET NORTH, WEST PALM BEACH, FL 33412

COUNTY OF FLORIDA BEACH

2004, by WALBURGA H. The foregoing instrument was acknowledged before me this 12 as identification. HICKEY, who is known to me or who has produced

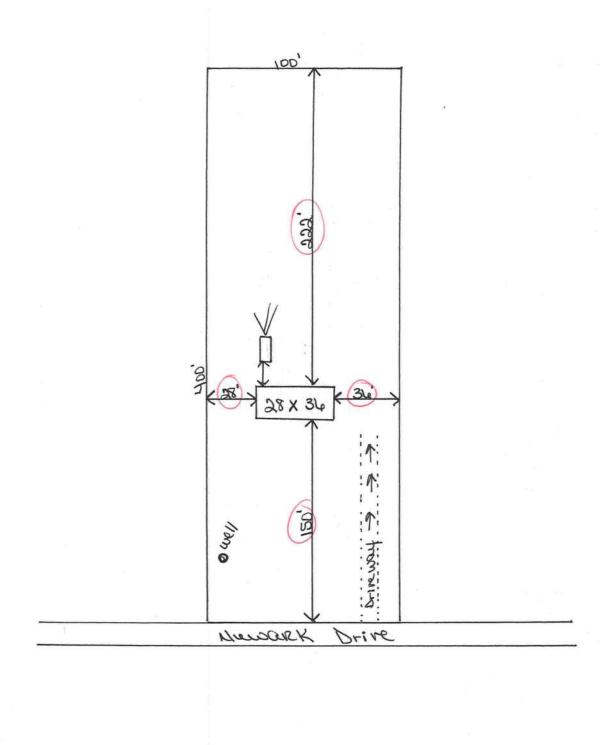
FAIT 2H L 14 CONSISSION FOR FOUR COOPER SELVER SERVICES Bests for the Constitution of the

AND THE ALL PROPERTY.

nders

Notary Public

My commission expires

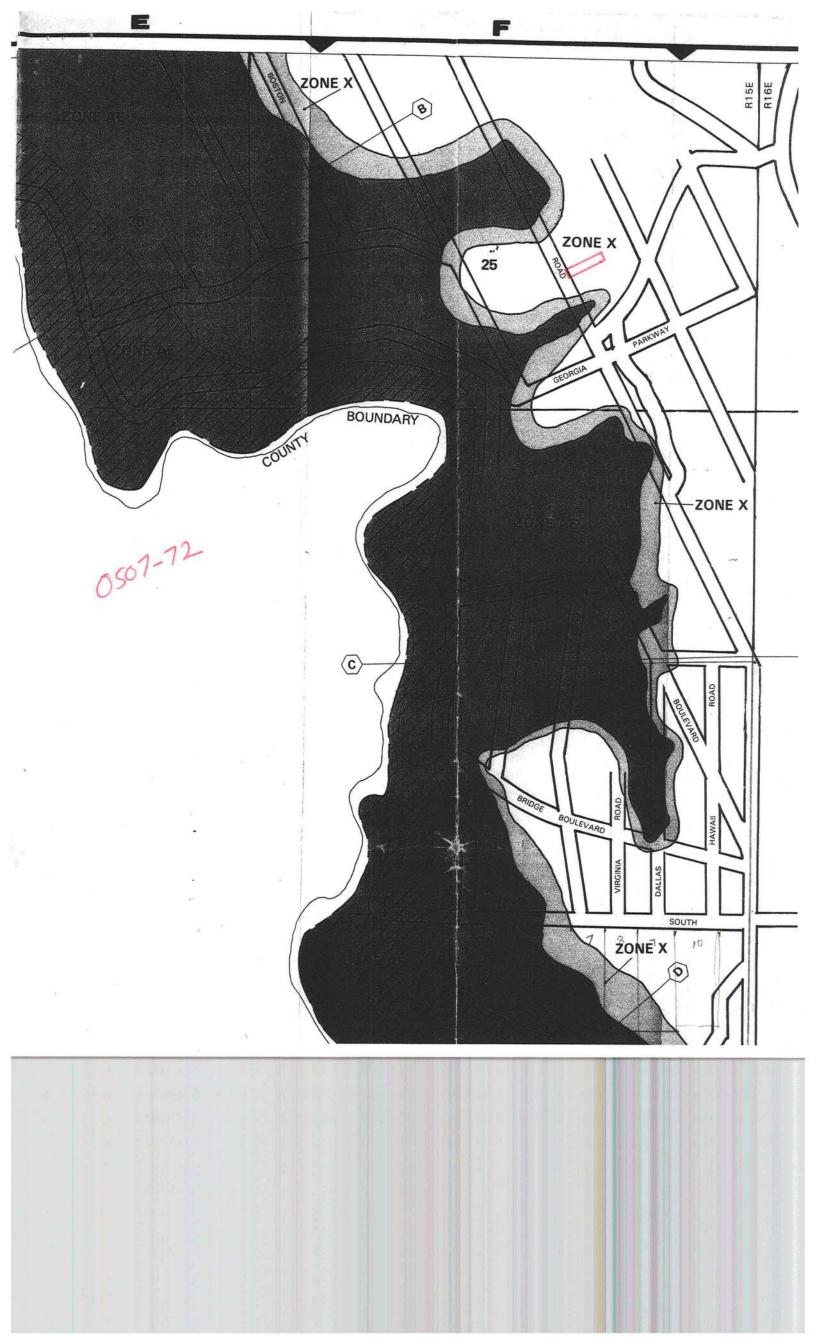


CODE ENFORCEMENT

COLUMBIA COUNTY, FLORIDA
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 7/25/05 BY IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED?
OWNERS NAME 1619 SPEINSY PHONE 152-5355 CELL -
ADDRESS ALEEDOM NAH CUIES
MOBILE HOME PARKSUBDIVISION
DRIVING DIRECTIONS TO MOBILE HOME 6252 7 TREEDOM MAY SOLE C
VEE CINCHON STEVE TO INSPECT
A 44 0 .
MOBILE HOME INSTALLER COM Corcep S PHONE 963-1373 CELL_
MOBILE HOME INFORMATION [199]
MAKE SLENC YEAR 1982 SIZE 28 x 40 COLOR BYOULD MASONITE
SERIAL NO. CO3513 ALB
WIND ZONE Must be wind zone II or higher NO WIND ZONE I ALLOWED
INTERIOR: INSPECTION STANDARDS (P or F) P PASS F FAILED
SMOKE DETECTOR () OPERATIONAL () MISSING
FLOORS () SOLID () WEAK () HOLES DAMAGED LOCATION
DOORS () OPERABLE () DAMAGED
WALLS () SOLID () STRUCTURALLY UNSOUND
WINDOWS () OPERABLE () INOPERABLE
PLUMBING FIXTURES () OPERABLE () INOPERABLE () MISSING
CEILING () SOLID () HOLES () LEAKS APPARENT
P
ELECTRICAL (FIXTURES/OUTLETS) () OPERABLE () EXPOSED WIRING () OUTLET COVERS MISSING () LIGHT FIXTURES MISSING EXTERIOR:
WALLS / SIDDING () LOOSE SIDING () STRUCTURALLY UNSOUND () NOT WEATHERTIGHT () NEEDS CLEANING
WINDOWS () CRACKED/ BROKEN GLASS () SCREENS MISSING () WEATHERTIGHT
ROOF () APPEARS SOLID () DAMAGED
STATUS: APPROVED WITH CONDITIONS:
NOT APPROVED NEED REINSPECTION FOR FOLLOWING CONDITIONS
COURTNAME
COMPANY NAME LICENSE #
SIGNATURE

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



STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 05-0982N

		Permit Application Number	05-0982N
*************	PART II - SIT	EPLAN	
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Scale: 1 inch = 50 feet		ZOAD DIT	TZH
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Site Plan submitted by:	7 7	MAS.	TER CONTRACTOR
Plan Approved	Not Approve		ate
By	Not Approve		
		Count	t y Health Department
ALL CHANGES MUST	BE APPROVED BY	THE COUNTY HEALTH DEPART	TMENT
DH 4015, 10/96 (Replaces HRS-H Form 4016 which i	1. 1		Page 2 of 4
(Stock Number: 5744-002-4015-6)	, , , , , , , , , , , , , , , , , , , ,		rage a or v
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