BERNIES LIAB & W.C ☐ BOND ☑ SIGNATURE NEEDED on VF for PLUMBING

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-11) Zoning Official BLK 21 Oct. 2011 Building Official J.C. 10-18-11

AP# 1110-21 Date Received 10/17 By JW Permit # 29779

Flood Zone X Development Permit N/A Zoning RSF/MH-2 Land Use Plan Map Category RES. Low DEN.

Comments Section 2.3.4 Non Conforming Characteristics of Use Replacing Existing MH going in same place as existing MH Section 23.3

FEMA Map# N/A Elevation N/A Finished Floor 1ft above rd River N/A In Floodway N/A

☐ Site Plan with Setbacks Shown ☑ EH # 11-0462-E ☐ EH Release N/A ☐ Well letter ☐ Existing well

☑ Recorded Deed or Affidavit from land owner ☐ Installer Authorization Attached ☐ State Road Access ☐ 911 Sheet

☐ Parent Parcel # ☐ STUP-MH ☐ F W Comp. letter ☐ VF Form

IMPACT FEES: EMS Fire Corr ☐ Out County ☐ In County

Road/Code School = TOTAL Impact Fees Suspended March 2009

20-3S-17

Property ID # 05293-000 Subdivision Pine Needles ESTATES LOT 47

- New Mobile Home Used Mobile Home ✓ MH Size 24X52 Year 1994
- Applicant AARON Christie Phone # 386-623-6073
- Address 124 NE Audie Terrace, L.C, FL 32055

Verified R.C 10-17-11

- Name of Property Owner SAME Phone# 386-623-6073
- 911 Address SAME 124 NE Audie Terrace L.C, FL 32055
- Circle the correct power company - (FL Power & Light) - Clay Electric
  (Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home AARON Christie Phone # 386-623-6073
  Address 124 NE Audie Ln. L C, FL 32055
- Relationship to Property Owner SAME
- Current Number of Dwellings on Property 1
- Lot Size 50' X 150' Total Acreage Less than one
- Do you : Have (Existing Drive (Currently using)) or Private Drive (Blue Road Sign) or need Culvert Permit (Putting in a Culvert) or Culvert Waiver (Not existing but do not need a Culvert) (Circle one)
- Is this Mobile Home Replacing an Existing Mobile Home Yes (pd)
- Driving Directions to the Property N-on US 441 1000 FT past DOT Scales to Meeks St Turn R. go To 1ST Rd To L. Audie Ln. Lot on L. AT intersection of Meeks St & Audie Ln.
- Name of Licensed Dealer/Installer Bernard Thrift Phone # 623 0046
- Installers Address 5557 NW Falling creek rd, Lake City FL 32055
  - License Number IH 1025155/1 Installation Decal # 5601

JW Left msg for AARON 10.24.11

dc# 3847

COLUMBIA COUNTY PERMIT WORKSHEET

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

Installer Bernie Thrift License # IH 1025155/1

911 Address where home is being installed. _____

Manufacturer Sky line Length x width 24X52

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 BT

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 # 5601

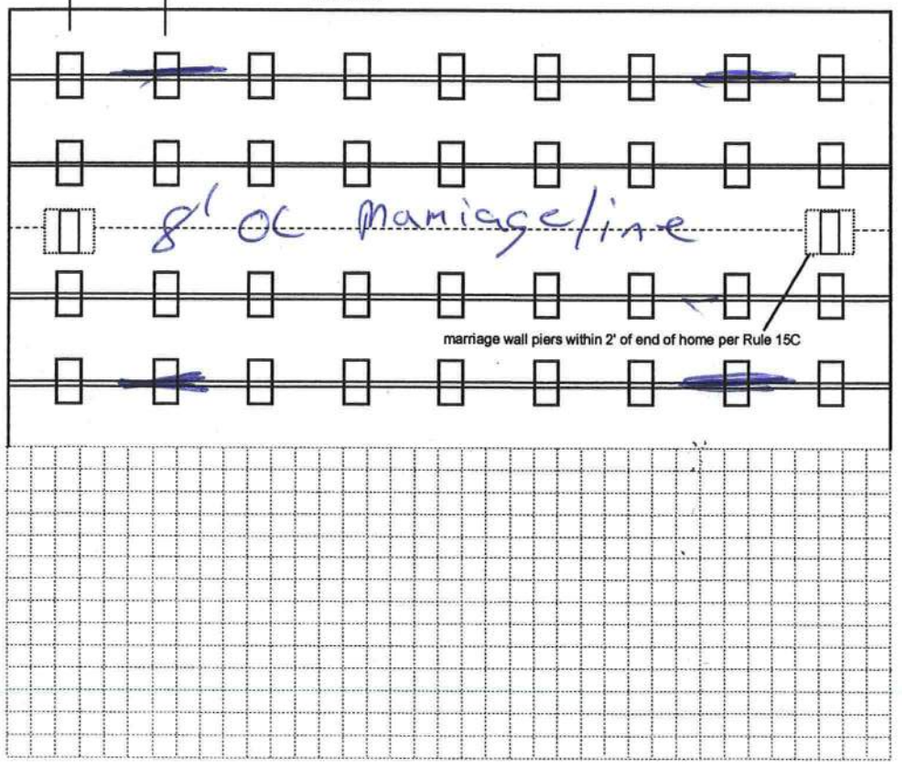
Triple/Quad ☐ Serial # ©249 A&B

Typical pier spacing 2' 6'

lateral

longitudinal

Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)



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 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 17X22

Perimeter pier pad size 16X16

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

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
10'	17X25

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

ANCHORS

4 ft ✓ 5 ft _____

FRAME TIES

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

OTHER TIES

	Number
Sidewall	28
Longitudinal	4
Marriage wall	2
Shearwall	2

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer _____

Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer Model 1101 V Oliver Systems

COLUMBIA COUNTY PERMIT WORKSHEET

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 2000 psf or check here to declare 1000 lb. soil _____ without testing.

x 2000 x 2500 x 2000

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 2000 x 3000 x 2500

TORQUE PROBE TEST

The results of the torque probe test is 2904 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. 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 10-8-11

Electrical

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between mult-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:	3/8 Lags	Length:	5"	Spacing: 24"
Walls:	Type Fastener:	Screws	Length:	5"	Spacing: 24"
Roof:	Type Fastener:	10" Flashing	Length:	5'	Spacing: 5'

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, 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.

Installer's initials BT

Type gasket Sean Seal
Pg. 11

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 ____

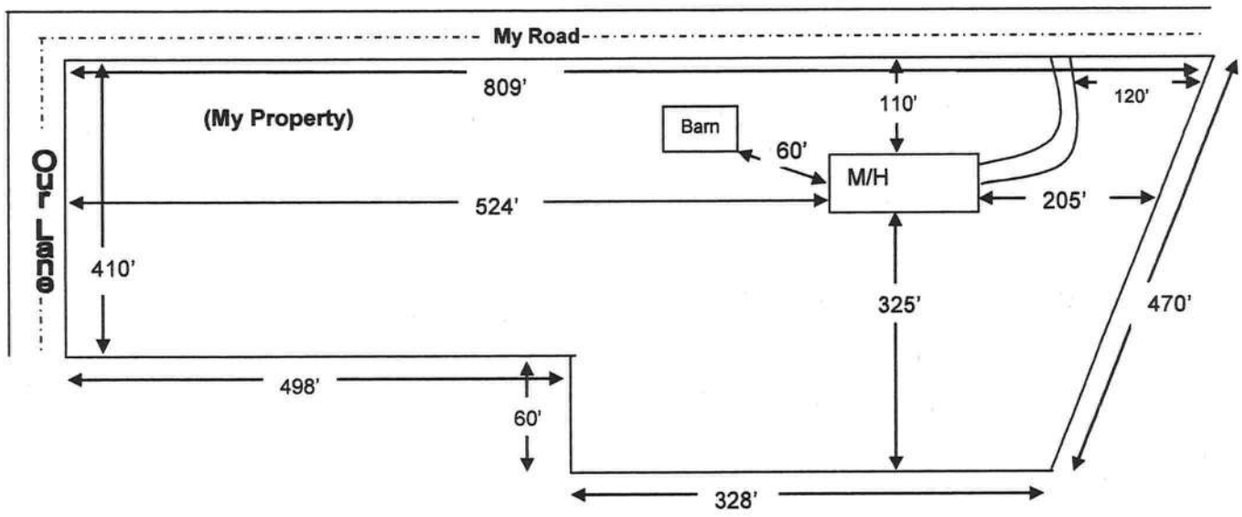
Miscellaneous

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 :

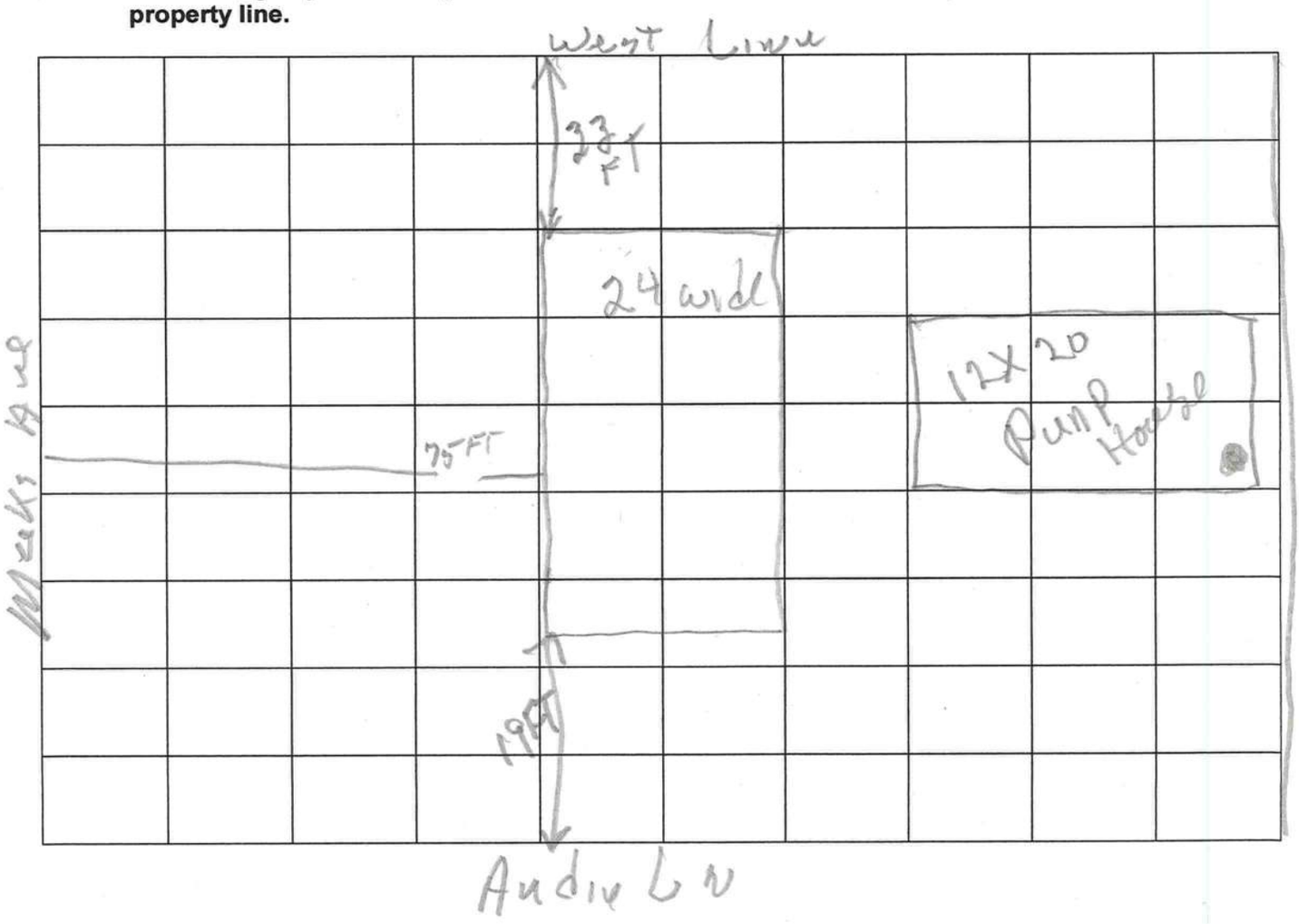
Installer verifies all information given with this permit worksheet is accurate and true based on the

Installer Signature Bernie Thrift **Date** 10-8-11

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 roads or roads are around the property. This site plan can also be used for the 911 Addressing department if you include the distance from the driveway to the nearest property line.



Columbia County Property Appraiser

DB Last Updated: 10/3/2011

2010 Tax Year

Tax Collector | Tax Estimator | Property Card | Parcel List Generator | Interactive GIS Map | Print

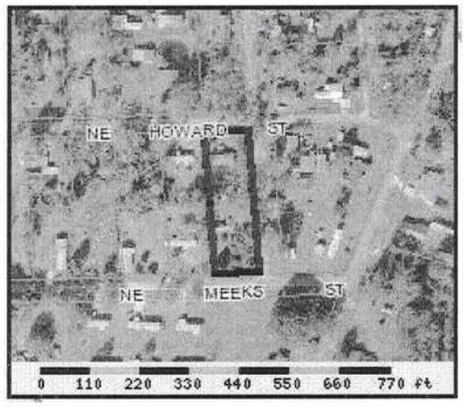
Parcel: 20-3S-17-05293-000

<< Next Lower Parcel | Next Higher Parcel >>

Search Result: 1 of 1

Owner & Property Info

Owner's Name	CHRISTIE CONNIE TYRE & AARON		
Mailing Address	K CHRISTIE (JTWRS) P O BOX 1312 LAKE CITY, FL 32056-1312		
Site Address	290 NE HOWARD ST		
Use Desc. (code)	MOBILE HOM (000200)		
Tax District	2 (County)	**Neighborhood**	20317
Land Area	0.718 ACRES	**Market Area**	06
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction.		
LOT 47 PINE NEEDLES ESTATES S/D. ORB 285-730, 885-755, 909-1250 & WD 1106-1065			



Property & Assessment Values

2010 Certified Values		
Mkt Land Value	cnt: (0)	$16,084.00
Ag Land Value	cnt: (3)	$0.00
Building Value	cnt: (1)	$19,984.00
XFOB Value	cnt: (2)	$1,400.00
Total Appraised Value		$37,468.00
Just Value		$37,468.00
Class Value		$0.00
Assessed Value		$37,468.00
Exempt Value	(code: HX)	$25,000.00
Total Taxable Value		Cnty: $12,468 Other: $12,468 | Schl: $12,468

2011 Working Values

NOTE:
2011 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
12/5/2006	1106/1065	WD	I	U	06	$100.00
8/25/2000	909/1250	WD	I	Q		$25,000.00

Building Characteristics

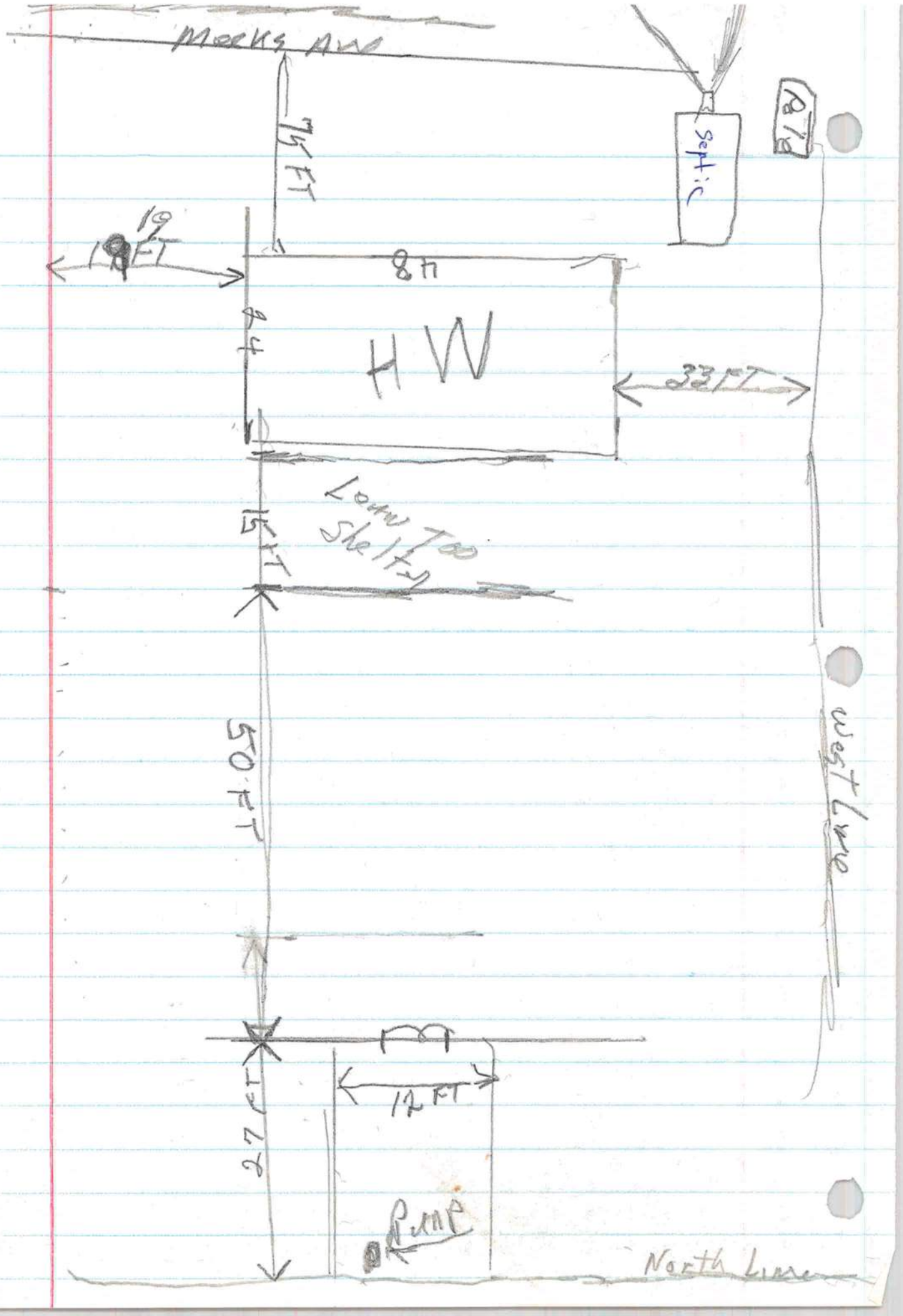
Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
2	MOBILE HME (000800)	1994	(31)	1152	1280	$18,754.00
	Note: All S.F. calculations are based on exterior building dimensions.					

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0011	BARN,BLK A	0	$600.00	0000001.000	12 x 26 x 0	(000.00)
0120	CLFENCE 4	1993	$800.00	0000001.000	0 x 0 x 0	(000.00)

Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value


Meeks Ave
75 FT
19 FT
8 ft
8 ft
HW
septic
Bldg
33 FT
Lower Tool Shelf
5 FT
50 FT
west Line
27 FT
12 FT
Pump
North Line

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1110-21 CONTRACTOR BERNIE HALEY PHONE 623-0046

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 Elwood Tyre	Signature Elwood Tyre
	License #: owner	Phone #:
MECHANICAL/ A/C ____	Print Name Elwood Tyre	Signature
	License #: owner	Phone #: 397 0871
PLUMBING/ GAS 672	Print Name	Signature
	License #:	Phone #:

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors 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.

MOBILE HOME INSTALLERS AGENT AUTHORIZATION

I, Bernard Thrift, give this authority and I do certify that the below
Installers Name

referenced person(s) listed on this form is/are under my direct supervision and control and is/are authorized to purchase permits, call for inspections and sign on my behalf.

Printed Name of Authorized Person	Signature of Authorized Person	Agents Company Name
Elwood Tyre	Elwood Tyre	Owner
AARON K. CHRISTIE	Aaron K. Christie	OWNER

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and I am fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances.

I understand that the State Licensing Board has the power and authority to discipline a license holder for violations committed by him/her or by his/her authorized person(s) through this document and that I have full responsibility for compliance granted by issuance of such permits.

Bernard Thrift — IH 1025155/1 — 10-14-11

License Holders Signature (Notarized) | License Number | Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Bernard Thrift, personally appeared before me and is known by me or has produced identification (type of I.D.) _____ on this 14th day of October, 2011.

NOTARY'S SIGNATURE

(Seal/Stamp)

DEBRA PARRISH DEES
Commission DD 741100
Expires March 10, 2012
Bonded Thru Troy Fain Insurance 800-385-7019

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 10/17 BY JW IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? NO

OWNERS NAME AARON CHESTIE PHONE ______ CELL 623-6073

ADDRESS ______

MOBILE HOME PARK ______ SUBDIVISION ______

DRIVING DIRECTIONS TO MOBILE HOME 441-41 S - TO C-252, TL Pigeon, TR TO Water Flinn, TR - go down & hang a left (1/4 mile to long drive on (R) (1st after M/H & Hou) (328 SE Water Flinn)

MOBILE HOME INSTALLER Bernie Ache PHONE ______ CELL 623-0096

MOBILE HOME INFORMATION

MAKE "Skyline" (Pine) YEAR 1994 SIZE 24 x 52 COLOR (Brown)

SERIAL No. 47620249 GA & GB

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

✓ 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

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

$50.00

Date of Payment: 10.17.11

Paid By: Elwood Tyre

Notes: * CALL AARON IF YOU CAN'T Find

1110-21

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 RE-INSPECTION FOR FOLLOWING CONDITIONS ______

SIGNATURE [signature] ID NUMBER 402 DATE 10-18-11

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1110-21 CONTRACTOR BERNIE THRIFT PHONE 623-0046

THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

FAX BACK 758-2160

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 Elwood Tyre	Signature Elwood Tyre
	License #: OWNER	Phone #:
MECHANICAL/ A/C _____	Print Name Elwood Tyre	Signature
	License #: OWNER	Phone #: 397 0871
PLUMBING/ GAS	Print Name Bernie Thrift	Signature Bernie Thrift
	License #: IH 1025155/1	Phone #: 623 0046

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors 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.

CERTIFICATE OF TITLE

SATISFACTORY PROOF OF OWNERSHIP HAVING BEEN SUBMITTED UNDER SECTION 319.23/328.03, FLORIDA STATUTES, TITLE TO THE MOTOR VEHICLE OR VESSEL DESCRIBED BELOW IS VESTED IN THE OWNER(S) NAMED HEREIN, THIS OFFICIAL CERTIFICATE OF TITLE IS ISSUED FOR SAID MOTOR VEHICLE OR VESSEL

IDENTIFICATION NUMBER	YR.	MAKE	MODEL	BODY	WT-L-BHP	VESSEL REGIS NO.	TITLE NUMBER
47620249GA	1994	PINE		HS	48'		65707899

PREV STATE	COLOR	PRIMARY BRAND	SECONDARY BRAND	NO OF BRANDS	USE	PREV ISSUE DATE
FL	UNK				PVT	01/12/1999

ODOMETER STATUS OR VESSEL MANUFACTURER OR OH USE	HULL MATERIAL	PROP	DATE OF ISSUE
			06/23/2006

REGISTERED OWNER
DAVID MICHAEL FESTA OR
THERESE MARIE FESTA
328 SE WALTER FLINN LN
LAKE CITY FL 32025

LIEN RELEASE
INTEREST IN THE ABOVE DESCRIBED VEHICLE IS HEREBY RELEASED
BY _____
TITLE _____ DATE _____

1ST LIENHOLDER

NONE

DIVISION OF MOTOR VEHICLES TALLAHASSEE FLORIDA

CARL A. FORD
DIRECTOR

Control Number 79041590

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

FRED O. DICKINSON, III
EXECUTIVE DIRECTOR

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

ODOMETER CERTIFICATION - Federal and state law require that you state the mileage 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 and certified 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:

Purchaser: _____ Address _____

I/We state that this ☐ 5 or ☐ 6 digit odometer now reads ☐☐☐,☐☐☐.xx (no tenths) miles, date read _____ and to the best of my knowledge that it reflects the actual mileage of the vehicle described herein, unless one of the odometer statement blocks is checked.

Selling Price: $ 3500 Date Sold: 9-29-11

CAUTION: DO NOT CHECK BOX IF ACTUAL MILEAGE

☐ 1. I hereby certify that to the best of my knowledge the odometer reading reflects the amount of mileage in excess of its mechanical limits.

☐ 2. I hereby certify that the odometer reading is not the actual mileage. WARNING - ODOMETER DISCREPANCY.

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

Signature of Purchaser: Elwood Tyre
Printed Name of Purchaser: Elwood Tyre
Signature of Co-Purchaser: _____
Printed Name of Co-Purchaser: _____
Signature of Seller: David Michael Festa
Printed Name of Seller: David Michael Festa
Signature of Co-Seller: Therese Marie Festa
Printed Name of Co-Seller: Therese Marie Festa
(When Applicable)

Selling Dealer's License Number: _____ Tax No. _____ Tax Collected: $ _____

Auction Name _____ License Number: _____

VOID IF ALTERED

HSMV 82250 (REV. 12/05) STATE OF FLORIDA

CERTIFICATE OF TITLE

SATISFACTORY PROOF OF OWNERSHIP HAVING BEEN SUBMITTED UNDER SECTION 319.23/328.03, FLORIDA STATUTES, TITLE TO THE MOTOR VEHICLE OR VESSEL DESCRIBED BELOW IS VESTED IN THE OWNER(S) NAMED HEREIN, THIS OFFICIAL CERTIFICATE OF TITLE IS ISSUED FOR SAID MOTOR VEHICLE OR VESSEL

IDENTIFICATION NUMBER	YR.	MAKE	MODEL	BODY	WT-L-BHP	VESSEL REGIS NO.	TITLE NUMBER
47620249GB	1994	PINE		HS	48'		65707900

PREV STATE	COLOR	PRIMARY BRAND	SECONDARY BRAND	NO OF BRANDS	USE	PREV ISSUE DATE
FL	UNK				PVT	01/12/1999

ODOMETER STATUS OR VESSEL MANUFACTURER OR OH USE	HULL MATERIAL	PROP	DATE OF ISSUE
			06/23/2006

REGISTERED OWNER
DAVID MICHAEL FESTA OR
THERESE MARIE FESTA
328 SE WALTER FLINN LN
LAKE CITY FL 32025

LIEN RELEASE
INTEREST IN THE ABOVE DESCRIBED VEHICLE IS HEREBY RELEASED
BY _____
TITLE _____ DATE _____

1ST LIENHOLDER
NONE

DIVISION OF MOTOR VEHICLES TALLAHASSEE FLORIDA

CARL A. FORD
DIRECTOR

Control Number 79041591

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

FRED O. DICKINSON, III
EXECUTIVE DIRECTOR

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

ODOMETER CERTIFICATION - Federal and state law require that you state the mileage 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 and certified 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

Purchaser: _____ Address _____

I/We state that this ☐ 5 or ☐ 6 digit odometer now reads ☐☐☐·☐☐☐ xx (no tenths) Selling Price: $ 3500 Date Sold: 7-19-11

miles, date read _____ and to the best of my knowledge that it reflects the actual mileage of the vehicle described herein, unless one of the odometer statement blocks is checked.

CAUTION: DO NOT CHECK BOX IF ACTUAL MILEAGE

☐ 1. I hereby certify that to the best of my knowledge the odometer reading reflects the amount of mileage in excess of its mechanical limits.

☐ 2. I hereby certify that the odometer reading is not the actual mileage. WARNING - ODOMETER DISCREPANCY.

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

Signature of Purchaser: Elwood Tyre
Printed Name of Purchaser: Elwood Tyre
Signature of Co-Purchaser: _____
Printed Name of Co-Purchaser: _____
Signature of Seller: Festa
Printed Name of Seller: David Michael Festa
Signature of Co-Seller: Therese Marie Festa
Printed Name of Co-Seller: Therese Marie Festa
(When Applicable)

Selling Dealer's License Number: _____ Tax No. _____ Tax Collected: $ _____

Auction Name _____ License Number: _____

HSMV 82250 (REV. 12/05) STATE OF FLORIDA

VOID IF ALTERED

VOID IF ALTERED

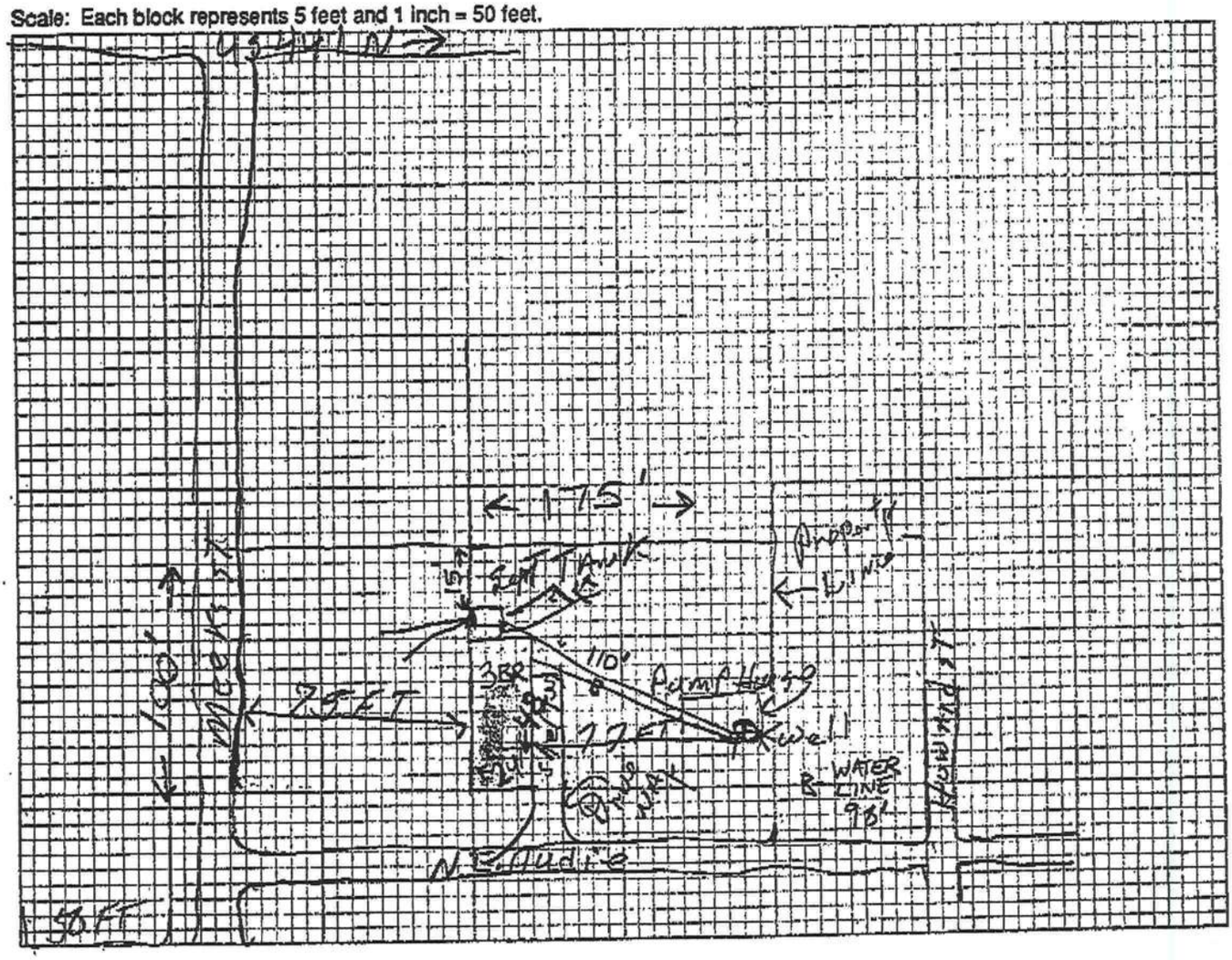
STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 11-0462-E

PART II - SITE PLAN

Scale: Each block represents 5 feet and 1 inch = 50 feet.



Notes: _____

Site Plan submitted by: Elwood Tire
Signature

Agent
Title

Date 10-26-11

Plan Approved X Not Approved _____

By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DH 4015, 10/96 (Replaces HRS-H Form 4015 which may be used)
(Stock Number: 6744-002-4015-8)

11-0462-E

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

PERMIT NO. AP1052400
DATE PAID: 11/10/11
FEE PAID: 125.00
RECEIPT #: (2-210-192564

APPLICATION FOR:
[ ] New System [✓] Existing System [ ] Holding Tank [ ] Innovative
[ ] Repair [ ] Abandonment [ ] Temporary [ ] _____

APPLICANT: Aaron Christie

AGENT: Elwood Tyre TELEPHOME: 752-1277

MAILING ADDRESS: PO Box 1312 Lake City 32056

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3)(m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION

LOT: ✓ BLOCK: ____ SUBDIVISION: Pine Needle Est. PLATTED: 1963

PROPERTY ID #: 20-3S-17-05293-000 ZONING: ____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: .70 ACRES WATER SUPPLY: [✓] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTANCE TO SEWER: ____ FT

PROPERTY ADDRESS: 124 NE Audie

DIRECTIONS TO PROPERTY: N. From D.O.T. Sealer on US 441 To NE Meeks Ln Apr 1000 ft. To R. on Meeks go To 1st ST To L. Lot on Left Corner of Meeks & Audie

BUILDING INFORMATION [✓] RESIDENTIAL [ ] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	M/H	3	1,150	
2				
3				
4				

[ ] Floor/Equipment Drains [ ] Other (Specify) _____

SIGNATURE: Elwood Tyre DATE: 11-10-11

DH 4015, 08/09 (Obsoletes previous editions which may not be used)
Incorporated 64E-6.001, FAC

ENTERED 11/10

RECEIVED 11/10

DATE 11/21/2011

Columbia County Building Permit

This Permit Must Be Prominently Posted on Premises During Construction

PERMIT
000029779

APPLICANT ELWOOD TYRE PHONE 386-397-0871

ADDRESS 124 NE AUDIE TERR LAKE CITY FL 32055

OWNER CONNIE TYRE CHRISTIE & AARON CHRISTIE PHONE 623-6073

ADDRESS 124 NE AUDIE TERR LAKE CITY FL 32055

CONTRACTOR BERNARD THRIFT PHONE 623-0046

LOCATION OF PROPERTY N 441, R MEEKS, L AUDIE, 1ST DRIVE ON LEFT

TYPE DEVELOPMENT MH, UTILITY ESTIMATED COST OF CONSTRUCTION 0.00

HEATED FLOOR AREA _____ TOTAL AREA _____ HEIGHT ____ STORIES ____

FOUNDATION _____ WALLS _____ ROOF PITCH _____ FLOOR _____

LAND USE & ZONING RSF/MH-2 MAX. HEIGHT 35

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

NO. EX.D.U. 1 FLOOD ZONE X DEVELOPMENT PERMIT NO. _____

PARCEL ID 20-3S-17-05293-000 SUBDIVISION PINE NEEDLES EST

LOT 47 BLOCK ____ PHASE ____ UNIT 0 TOTAL ACRES _____

Culvert Permit No.	Culvert Waiver	Contractor's License Number	Applicant/Owner/Contractor
	____	IH1025155	E Elwood Tyre

Driveway Connection	Septic Tank Number	LU & Zoning checked by	Approved for Issuance	New Resident
EXISTING	11-0462-E	BK	TC	N

COMMENTS: SECTION 2.3.4 NON CONFORMING CHARACTERISTICS OF USE REPLACING EXISTING MH GOING IN SAME PLACE AS EXISTING MH SECTION 2.3.3

FLOOR ONE FOOT ABOVE THE ROAD Check # or Cash 3847

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 Insulation _____ 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 Pool _____ date/app. by

Permanent power _____ date/app. by C.O. Final _____ date/app. by Culvert _____ date/app. by

Pump pole _____ date/app. by Utility Pole _____ date/app. by M/H tie downs, blocking, electricity and plumbing _____ date/app. by

Reconnection _____ date/app. by RV _____ date/app. by Re-roof _____ date/app. by

BUILDING PERMIT FEE $ 0.00 CERTIFICATION FEE $ 0.00 SURCHARGE FEE $ 0.00

MISC. FEES $ 300.00 ZONING CERT. FEE $ 50.00 FIRE FEE $ 0.00 WASTE FEE $ _____

FLOOD DEVELOPMENT FEE $ ____ FLOOD ZONE FEE $ 25.00 CULVERT FEE $ ____ **TOTAL FEE** 375.00

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."

EVERY PERMIT ISSUED SHALL BECOME INVALID UNLESS THE WORK AUTHORIZED BY SUCH PERMIT IS COMMENCED WITHIN 180 DAYS AFTER ITS ISSUANCE, OR IF THE WORK AUTHORIZED BY SUCH PERMIT IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AFTER THE TIME THE WORK IS COMMENCED. A VALID PERMIT RECIEVES AN APPROVED INSPECTION EVERY 180 DAYS. WORK SHALL BE CONSIDERED NOT SUSPENDED, ABANDONED OR INVALID WHEN THE PERMIT HAS RECIEVED AN APPROVED INSPECTION WITHIN 180 DAYS OT THE PREVIOUS INSPECTION.

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