

DATE 04/28/2005

Columbia County Building Permit

PERMIT

This Permit Expires One Year From the Date of Issue

000023080

APPLICANT JOYANN SHIPP PHONE 755.8758
 ADDRESS 355 NE LAVERNE STREET LAKE CITY FL 32055
 OWNER CAROLYN GRAY PHONE 497.1574
 ADDRESS 114 GARTH STREET LAKE CITY FL 32055
 CONTRACTOR JOHN ANDY SHIPP PHONE 497.1574
 LOCATION OF PROPERTY 47-S TO US 27 TL GO TO GARTH,TR, DRIVE ON L, BESIDE STOP SIGN.

TYPE DEVELOPMENT M/H & UTILITY ESTIMATED COST OF CONSTRUCTION .00
 HEATED FLOOR AREA _____ TOTAL AREA _____ HEIGHT .00 STORIES _____

FOUNDATION _____ WALLS _____ ROOF PITCH _____ FLOOR _____

LAND USE & ZONING _____ MAX. HEIGHT _____

Minimum Set Back Requirments: STREET-FRONT _____ REAR _____ SIDE _____

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

PARCEL ID 33-6S-16-14480-000 SUBDIVISION TOWN OF FT. WHITE

LOT 124 BLOCK _____ PHASE _____ UNIT _____ TOTAL ACRES 1.01

Culvert Permit No. _____ Culvert Waiver _____ Contractor's License Number IH0000334 Applicant/Owner/Contractor John Shipp
 FW-EXISTING 04-0773-N _____ N _____
 Driveway Connection _____ Septic Tank Number _____ LU & Zoning checked by _____ Approved for Issuance _____ New Resident _____

COMMENTS: TOWN OF FT. WHITE
 LETTER ON FILE.

Check # or Cash 5946

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 \$ _____ FIRE FEE \$ 28.35 WASTE FEE \$ _____
 FLOOD ZONE DEVELOPMENT FEE \$ _____ CULVERT FEE \$ _____ TOTAL FEE 228.35

INSPECTORS OFFICE [Signature] 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.

Installer John Shipp License # EH0000334

Address of home being installed 114 GAETH ST. FOOT WHITE 32038

Manufacturer Plectwood Length x width 14x70

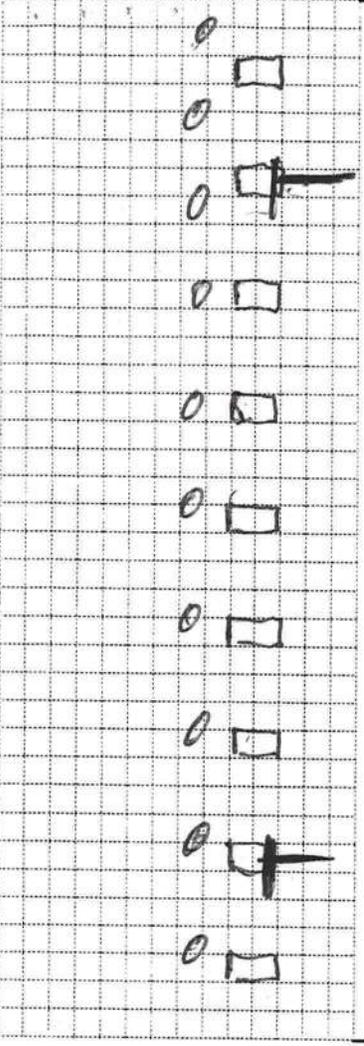
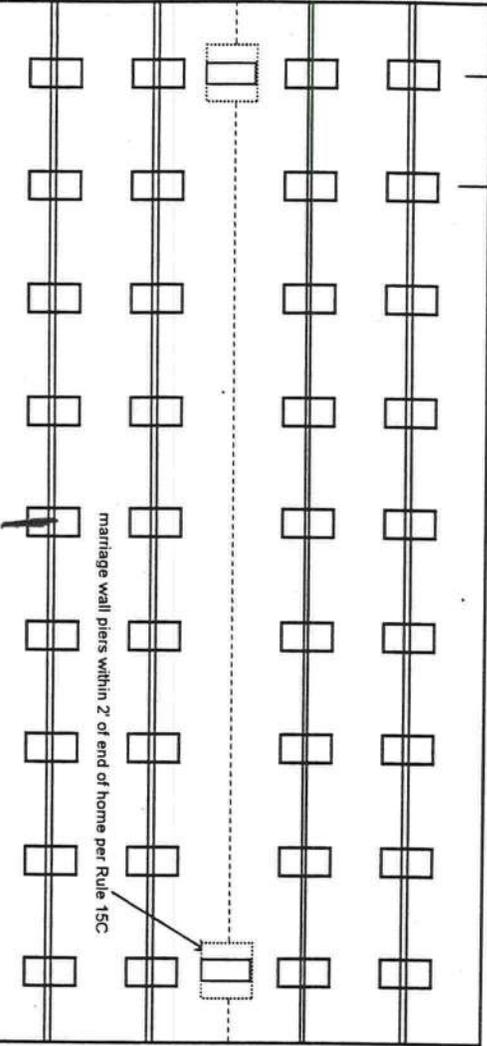
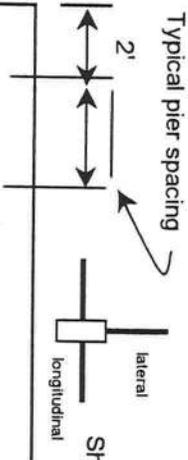
NOTE: If home is a single wide fill out one half of the blocking plan if home is a triple or quad wide sketch in remainder of home

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

JS

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



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 # 242379

Triple/Quad Serial # A26AP1AD264502244

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	Footer size (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 22 x 22

Perimeter pier pad size 16 x 16

Other pier pad sizes (required by the mfg.) 17 x 17

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 2 1/2 Pier pad size

2 1/2

2 1/2

2 1/2

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD) Manufacturer Oliver Truss

Longitudinal Stabilizing Device w/ Lateral Arms Manufacturer Oliver Truss

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

Sidewall Longitudinal Marriage wall Shearwall

Number 15

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 280 inch pounds or check here if you are declaring 5' anchors without testing 5. 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 require anchors with 4000 lb holding capacity.

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name _____

Date Tested _____

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. 2/18

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: PH Length: 5/8 Spacing: 5/4
 Walls: Type Fastener: _____ Length: _____ Spacing: _____
 Roof: Type Fastener: _____ Length: _____ Spacing: _____
 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 SS

Type gasket _____ 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 _____

Date 4/13/08

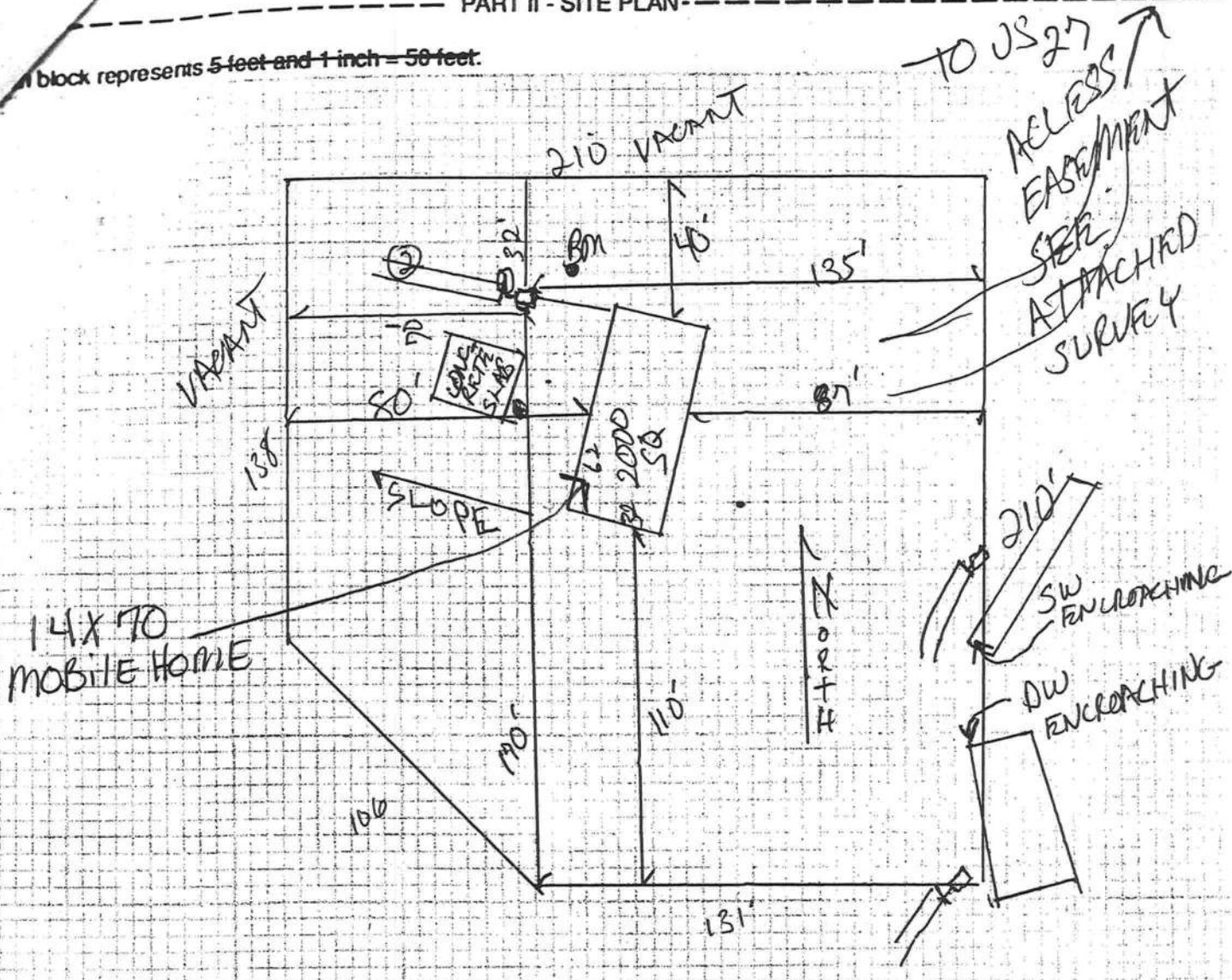
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 04-0773N

PART II - SITE PLAN

1 block represents 5 feet and 1 inch = 50 feet.



Notes:

Site Plan submitted by:

Rocky D. F...

Signature

Plan Approved

Not Approved

MUSTER CONTRACT

Title

Date 7.16.04

By

Sallie A. Gaddy - ESI-COLUMBIA

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

06 SW 40 Highway 41
rt White, FL 32038

QUIT-CLAIM DEED

THIS INDENTURE, made this 24th day of May, 2004, by and between Barbara Martin (legal guardian of Tena Bartholomew who is the legal heir of Donald Arthur Bartholomew), hereinafter referred to as the party of the first part and Carolyn E. Gray, hereinafter referred to as the party of the second part.

WITNESSETH, that the said party of the first part, for and in consideration of One Dollar (\$1.00) in hand paid by the said party of the second part, and for other good and valuable consideration, the receipt whereof is hereby acknowledged, has remised, released and Quit-claimed and by these presents does remise, release and quit-claim unto the said party of the second part, and its heirs and assigns, forever, all the right, title, interest, claim and demand which the said party of the first part has in and to the following described lot, piece or parcel of land to wit:

All of Block 124, and fractional Block 125 North of Railroad, and in the Town of Fort White, Florida. Recorded in Official Record Book 735, Pages 879-880, and public records of Columbia County, Florida.

TO HAVE AND TO HOLD THE SAME, together with all and singular, the Appurtenances thereunto belonging or in anywise appertaining, and all the estate, right, title, interest and claim whatsoever of the said party of the first part, either in law or equity, to the only proper use, benefit and belief of the said party of the second part its heirs and assigns, forever.

IN WITNESS WHEREOF, the said party of the first part has hereunto set its hand the day and year first above written.

Barbara A Martin
Barbara Martin

STATE OF OKLAHOMA COUNTY OF ADAIR

The forgoing instrument was acknowledged before me this 24th day of May, 2004, by Barbara Martin (legal guardian of Tena Marie Bartholomew who is the legal heir of Donald Arthur Bartholomew who died April 20, 1995).

Sue Hensley
Notary Public

My Commission Expires

NOTARY SEAL
SUE HENSLEY
ADAIR COUNTY
Commission #01009306
Commission Expires 6-16-05

Town of Fort White

Post Office Box 129 ♦ Fort White, Florida 32038-0129 ♦ 386-497-2321 ♦ FAX 386-497-4996

CERTIFICATE OF COMPLIANCE & REQUEST FOR ISSUANCE OF BUILDING PERMIT

The undersigned hereby certify the following property is in compliance with the Town of Fort
White's Comprehensive Plan and Land Development Regulations for the stated development purposes

OWNER'S NAME: GEORGE GRAY

ADDRESS: 114 GARTH ST. FORT WHITE, FL 32038

PROPERTY DESCRIPTION: LOT 124, LOT 125 (partial)
(parcel number if possible)

DEVELOPMENT RSF

You are hereby authorized to issue the appropriate building permits.

4-15-05
DATE

Janice E. Revels (J.E.)
LAND DEVELOPMENT REGULATION
ADMINISTRATOR
TOWN OF FORT WHITE

Contact them before going @ 497-2216 Carolyn

DEPARTMENT OF
CODE ENFORCEMENT
COLUMBIA COUNTY, FLORIDA

PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 4-8-05 BY LH

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

OWNERS NAME George Gray PHONE 497-1574 CELL _____

911 ADDRESS 114 Garth St. Fort White FL 32038

MOBILE HOME PARK NO SUBDIVISION NO

DRIVING DIRECTIONS TO MOBILE HOME 47, 27, on (R) Behind ACE Heating and air, across from the Dollar Store Behind the Grey MH

CONTRACTOR _____ PHONE _____ CELL _____

MOBILE HOME INFORMATION

MAKE Fleetwood YEAR 89 SIZE 14 X 70

COLOR Grey/White SERIAL No. AFL0P1A426Y502244

WIND ZONE II SMOKE DETECTOR /

INTERIOR: FLOORS /

DOORS /

WALLS /

CABINETS /

ELECTRICAL (FIXTURES/OUTLETS) /

EXTERIOR: WALLS / SIDING /

WINDOWS /

DOORS /

STATUS: APPROVED / WITH CONDITIONS: _____

NOT APPROVED _____ NEED REINSPECTION _____

INSPECTOR SIGNATURE [Signature] NUMBER 306