DATE 08/22/2011

Columbia County Building Permit

This Permit Must Be Prominently Posted on Premises During Construction

PERMIT
000029647

APPLICANT JOE SHELDON,SR. PHONE 386.623.7934

ADDRESS 460 NW WILKS LANE LAKE CITY FL 32055

OWNER JAMES WILKS, (JOE SHELDON,JR.(MH) PHONE 386.623.7934

ADDRESS 380 NW WILKS LANE LAKE CITY FL 32055

CONTRACTOR JACK FLOWERS PHONE 386.362.1171

LOCATION OF PROPERTY 90-W TO LAKE CITY AVENUE,TR TO STOP SIGN,TL TO WILKS LANE.(CORNER OF WILKS LANE ON L @ END).

TYPE DEVELOPMENT M/H/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 _____

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 27-3S-16-02321-001 SUBDIVISION _____

LOT ____ BLOCK ____ PHASE ____ UNIT ____ TOTAL ACRES 9.00

		DIH1016037		
Culvert Permit No.	Culvert Waiver	Contractor's License Number		Applicant/Owner/Contractor
EXISTING	11-0351-E	BLK	TC	N
Driveway Connection	Septic Tank Number	LU & Zoning checked by	Approved for Issuance	New Resident

COMMENTS: 1 FOOT ABOVE ROAD.

Check # or Cash CASH REC'D.

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 $ 250.00 ZONING CERT. FEE $ 50.00 FIRE FEE $ 0.00 WASTE FEE $ _____

FLOOD DEVELOPMENT FEE $ ____ FLOOD ZONE FEE $ 25.00 CULVERT FEE $ ____ **TOTAL FEE** 325.00

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.

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION $325.00

For Office Use Only (Revised 1-11) Zoning Official BLK 17 Aug. 2011 Building Official T.C. 8-16-11

AP# 1108-26 Date Received 8-15-11 By CH Permit # 29647

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

Comments

FEMA Map# N/A Elevation N/A Finished Floor 1' above Rd River N/A In Floodway N/A

☑ Site Plan with Setbacks Shown ☑ EH # 11-0351-C ☑ EH Release N/A ☑ Well letter ☑ Existing well

☑ Recorded Deed or Affidavit from land owner ☑ Installer Authorization N/A 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 ☑ App fee

Property ID # 27-3S-16-02321-001 Subdivision

- New Mobile Home Used Mobile Home ✓ MH Size 14x66 Year 1981
- Applicant JOE SHELDON, SR. Phone # 623.7934
- Address 460 NW WILKS, L.C. FL 32055
- Name of Property Owner JAMES WILKS (JOE SHELDON, JR.) Phone# 755-0807
- 911 Address 380 NW WILKS LN, LC FL 32055. (2nd)
- Circle the correct power company - FL Power & Light - Clay Electric
  (Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home JOE SHELDON, JR. Phone # 623-7934 (JOE, SR.)
  Address 460 NW WILKS LN, L.C, FL 32055
- Relationship to Property Owner GRANDSON
- Current Number of Dwellings on Property 1
- Lot Size Total Acreage 9.00
- 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 No (EXEMPT)
- Driving Directions to the Property 90W TO L.C. AVENUE, JR, TO WILKS LN, TL TO WILKS LN, (CORNER OF WILKS & L.).
- Name of Licensed Dealer/Installer JACK FLOWERS Phone # 386.362.1171 (cell #) (8324)
- Installers Address 7434 CR 795, LIVE OAK, FL 32060
- License Number IH0160037 Installation Decal # 5649

JW/CN spoke w/ JOE in person 8.16.11 Refi. items needed

COLUMBIA COUNTY PERMIT WORKSHEET

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

Installer JACK FLOWERS License # LIH1016037

911 Address where home is being installed. NW WILKS LN
L.C. FL 32055

Manufacturer SOUTHERN MANOR Length x width 14x66

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 JR4

New Home ☐ Used Home ☑

Home installed to the Manufacturer's Installation Manual ☐

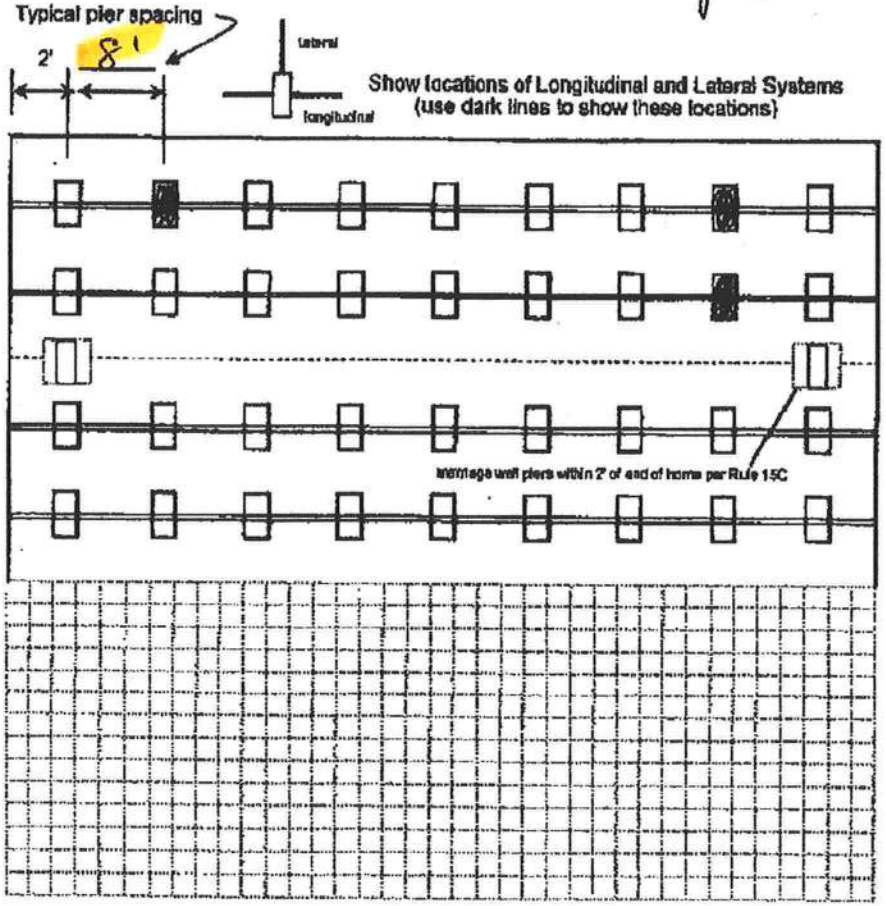
Home is installed in accordance with Rule 15-C ☑

Single wide ☑ Wind Zone II ☑ Wind Zone III ☐

Double wide ☐ Installation Decal # 5644

Triple/Quad ☐ Serial # 53071012B

Typical pier spacing



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.

676
7/3
provided

PIER PAD SIZES

I-beam pier pad size 23x31

Perimeter pier pad size

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

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 ✓

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer OLIVER TECHNOLOGIES
Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer

OTHER TIES

	Number
Sidewall	3
Longitudinal	3
Marriage wall	
Shearwall	18

COLUMBIA COUNTY PERMIT WORKSHEET

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 300 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.

JRT Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Jack R Howell

Date Tested 08-12-11

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. N/A

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:		Length: _____	Spacing: _____
Walls:	Type Fastener:	NA	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 JRT

Type gasket NA

Pg. _____

Installed:

Between Floors Yes _____

Between Walls Yes NA

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 NA

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 N/A

Other: _____

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

Installer Signature Jack R Howell Date 08-12-11

Site Plan

Columbia County Property Appraiser

J. Doyle Crews - Lake City, Florida 32055 | 386-758-1083

PARCEL: 27-3S-16-02321-001 - SINGLE FAM (000100)

BEG NW COR OF NW1/4 OF SW1/4, RUN E 263.86 FT, S 165.09 FT, E 263.86 FT, S 1154.38 FT, W 527.72 FT, N 165.09 FT, E 395.79 FT, N 495.27 FT, W 131.93 FT

NOTES:

Name:	WILKS JAMES E & BARBARA	**2010 Certified Values**	
Site:	442 NW WILKS LN	Land	$56,095.00
Mail:	442 NW WILKS LN LAKE CITY, FL 32055	Bldg	$73,245.00
		Assd	$96,184.00
Sales Info	NONE	Exmpt	$55,000.00
		Taxbl	Cnty: $41,184 Other: $41,184 | Schl: $66,184

COLUMBIA COUNTY BUILDING DEPARTMENT
135 NE Hernando Ave, Suite B-21, Lake City, FL 32055
Phone: 386-758-1008 Fax: 386-758-2160

MOBILE HOME INSTALLERS LETTER OF AUTHORIZATION

I, JACK FLOWERS (Installer License Holder Name), give this authority for the job address show below only. 380 NW WILES LN (Job Address), and I do certify that the below 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	Authorized Person is... (Check one)
Joe Sheldon, Sr.	Joe Sheldon Sr.	✓ Agent ___ Officer ___ Property Owner
		___ Agent ___ Officer ___ Property Owner
		___ Agent ___ Officer ___ Property 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.

Jack R. Flowers — License Holders Signature (Notarized)
DIH1016037 — License Number
Aug 15, 2011 — Date

NOTARY INFORMATION:
STATE OF: Florida COUNTY OF: Suwannee

The above license holder, whose name is JACK R FLOWERS, personally appeared before me and is known by me or has produced identification (type of I.D.) _____ on this 15 day of August, 2011.

Linda Rouse
NOTARY'S SIGNATURE

(Seal/Stamp)

LINDA J. ROUSE
MY COMMISSION # DD878543
EXPIRES April 07, 2013
(407) 398-0153 FloridaNotaryService.com

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF COLUMBIA

This is to certify that I, (We), JAMES WILKS
owner of the below described property:

Tax Parcel No. 27-3S-16-02321-001

Subdivision (name, lot, block, phase) _____

Give my permission to JO & Sheldon, JR. to place a mobile home/travel trailer/single family home (circle one) on the above mentioned property.

I (We) understand that this could result in an assessment for solid waste and fire protection services levied on this property.

James E. Wilks
Owner

Barbara Wilks
Owner

SWORN AND SUBSCRIBED before me this 15 day of August, 20 11. This (these) person(s) are personally known to me or produced ID —.

Marcia K. Bullard
Notary Signature MARCIA K. BULLARD

MARCIA K. BULLARD
Commission # DD 886951
Expires August 9, 2013
Bonded Thru Troy Fain Insurance 800-385-7019

Columbia County Property Appraiser

DB Last Updated: 6/22/2011

2010 Tax Year

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

Parcel: 27-3S-16-02321-001

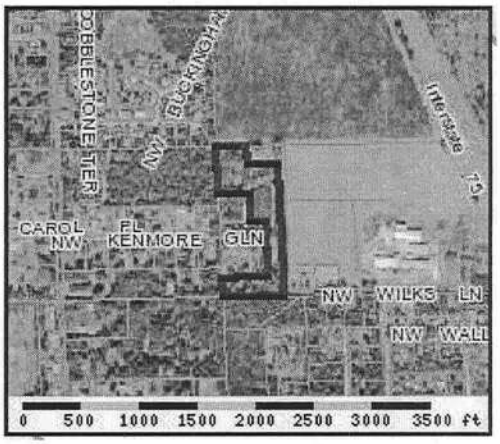
<< Next Lower Parcel | Next Higher Parcel >>

<< Prev Search Result: 6 of 8 Next >>

Owner & Property Info

Owner's Name	WILKS JAMES E & BARBARA		
Mailing Address	442 NW WILKS LN LAKE CITY, FL 32055		
Site Address	442 NW WILKS LN		
Use Desc. (code)	SINGLE FAM (000100)		
Tax District	2 (County)	**Neighborhood**	27316
Land Area	9.000 ACRES	**Market Area**	06
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction.		

BEG NW COR OF NW1/4 OF SW1/4, RUN E 263.86 FT, S 165.09 FT, E 263.86 FT, S 1154.38 FT, W 527.72 FT, N 165.09 FT, E 395.79 FT, N 495.27 FT, W 131.93 FT, N 246.90 FT, W 263.86 FT, N 412.31 FT TO POB ORB 350-520, 364-520, 873-249- 251, 812-1913, 870-1599-1602, 863-1723, 913-2429, 921-1765, PROB # 98-81-CP



Property & Assessment Values

2010 Certified Values		
Mkt Land Value	cnt: (0)	$56,095.00
Ag Land Value	cnt: (2)	$0.00
Building Value	cnt: (1)	$73,245.00
XFOB Value	cnt: (4)	$2,450.00
Total Appraised Value		$131,790.00
Just Value		$131,790.00
Class Value		$0.00
Assessed Value		$96,184.00
Exempt Value	(code: HX VX)	$55,000.00
Total Taxable Value		Cnty: $41,184 Other: $41,184 | Schl: $66,184

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
NONE						

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	SINGLE FAM (000100)	1976	COMMON BRK (19)	1668	2456	$69,059.00
	Note: All S.F. calculations are based on exterior building dimensions.					

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0166	CONC,PAVMT	0	$50.00	0000001.000	0 x 0 x 0	(000.00)
0021	BARN,FR AE	0	$300.00	0000001.000	0 x 0 x 0	(000.00)
0190	FPLC PF	1993	$1,200.00	0000001.000	0 x 0 x 0	(000.00)
0040	BARN,POLE	1993	$900.00	0000360.000	15 x 24 x 0	(000.00)

Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1108-26 CONTRACTOR JACK FLOWERS PHONE 386.362.1171

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 JOE Sheldon, Sr. Signature License #: — Phone #: 623-7934	
MECHANICAL/ A/C _____	Print Name JOE SHELDON Signature License #: Phone #:	
PLUMBING/ GAS	Print Name JOE Shelton, Sr. 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.

Columbia County, Florida
Building & Zoning Department

Number of pages including cover sheet: 5

Date: 8.12.11

To:	From:
From: JACK FLOWERS	To: Building - Zoning Dept
Phone: 386.362.1171	Phone: 386.758.1008
Fax: 386.362.1172	Fax: 386-758-2160
Ref: JOE SHELDON,	

Remarks: ☑ Urgent ☐ For review ☑ ASAP ☐ Please comment

EMERGENCY "HARDSHIP" - WE'RE trying ELDERLY "AS PER OWNER'S REQUEST"

PLEASE HAVE ALL DOCUMENTS FILLED OUT COMPLETELY.

THANKS, JANICE & LAURIE

cell# 386-362-8324

Sent to Glen "Rush"

CODE ENFORCEMENT DEPARTMENT
COLUMBIA COUNTY, FLORIDA
OUT OF COUNTY MOBILE HOME INSPECTION REPORT

COUNTY THE MOBILE HOME IS BEING MOVED FROM Suwannee

OWNERS NAME Jos Sheldon, Jr. PHONE _____ CELL 623-7934

INSTALLER Jack Flowers PHONE 386-362-1171 CELL _____

INSTALLERS ADDRESS 7424 Co 795, Live Oak, FL 32060

MOBILE HOME INFORMATION

MAKE Southern Manor YEAR 1981 SIZE 14 x 66

COLOR Yellow/Brown SERIAL No. 53071028

WIND ZONE II SMOKE DETECTOR _____

INTERIOR:
FLOORS Good

DOORS Good

WALLS Good

CABINETS Good

ELECTRICAL (FIXTURES/OUTLETS) Good

EXTERIOR:
WALLS / SIDDING Good

WINDOWS Good

DOORS Good

STATUS:
APPROVED ✓ NOT APPROVED _____

NOTES: _____

INSTALLER OR INSPECTORS PRINTED NAME Jack D. Flowers

Installer/Inspector Signature Jack D. Flowers License No. IH1016037 Date 08-12-11

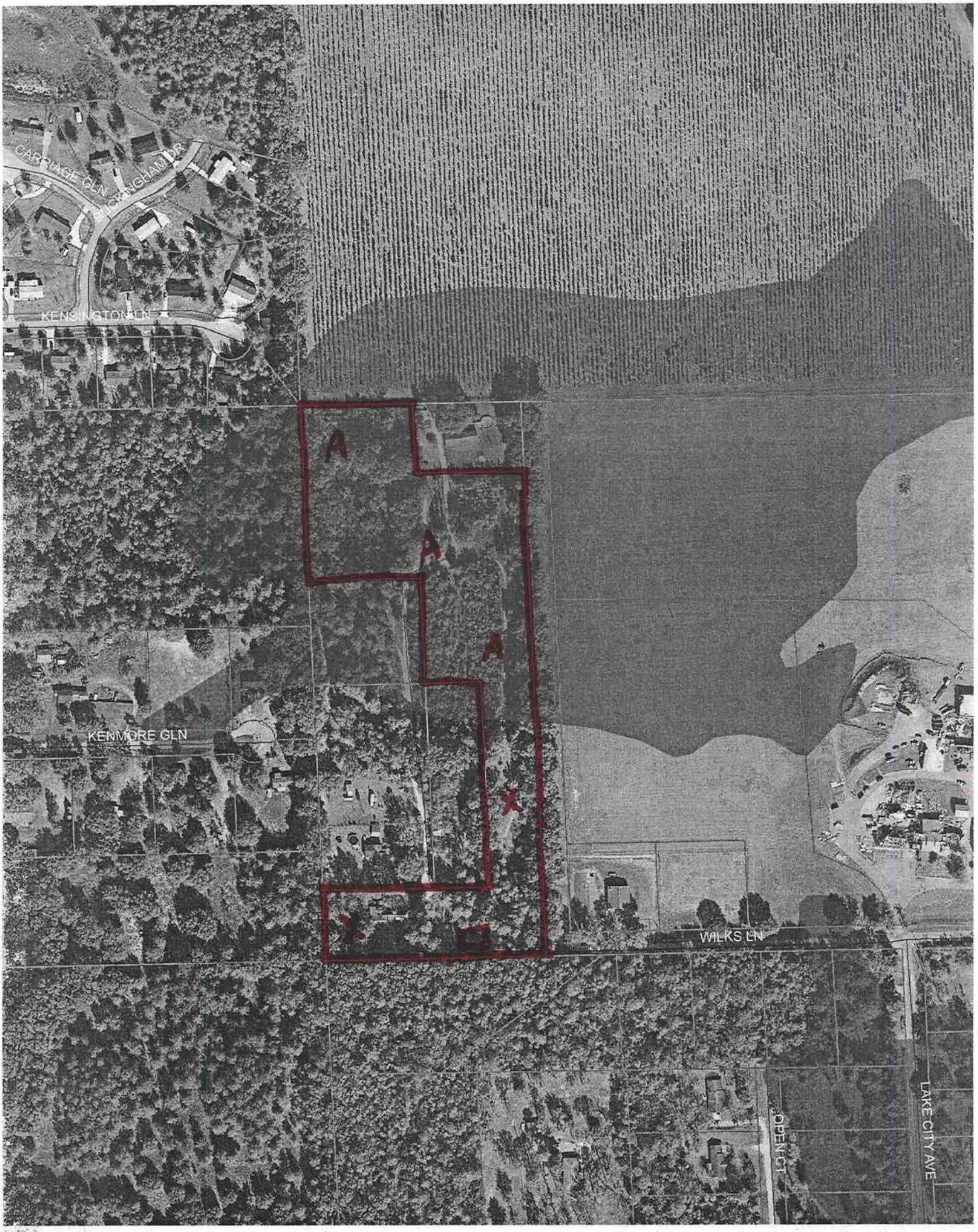
ONLY THE ACTUAL LICENSE HOLDER OR A BUILDING INSPECTOR CAN SIGN THIS FORM.

NO WIND ZONE ONE MOBILE HOMES WILL BE PERMITTED. MOBILE HOMES PRIOR TO 1977 ARE PRE-HUD AND THE WIND ZONE MUST BE PROVEN TO BE PERMITTED.

BEFORE THE MOBILE HOME CAN BE MOVED INTO COLUMBIA COUNTY THIS FORM MUST BE COMPLETED AND RETURNED TO THE COLUMBIA COUNTY BUILDING DEPARTMENT.

ONCE MOVED INTO COLUMBIA COUNTY AN INSPECTOR MUST COMPLETE A PRELIMINARY INSPECTION ON THE MOBILE HOME. CALL 386-719-2638 TO SET UP THIS INSPECTION. NO PERMIT WILL BE ISSUED BEFORE THIS IS DONE.

Code Enforcement Approval Signature _____ Date 8-16-11


CARRIAGE GLN
KENSINGTON LN
A
A
A
X
X
KENMORE GLN
WILKS LN
OPEN CT
LAKE CITY AVE

1148-06

CODE ENFOR :EMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT "Rush"

Sent:
DATE RECEIVED 8.18.11 BY JW IS THE MH ON THE PRO ERTY WHERE THE PERMIT WILL BE ISSUED? Yes

OWNERS NAME Joe Sheldon, Jr. PHONE ______ CELL 623.7934 (Joe Sr.)

ADDRESS —

MOBILE HOME PARK — SUBI VISION

DRIVING DIRECTIONS TO MOBILE HOME 90 W to L.C. Avenue, TR to Stop Bon, TL on Wilks Ln. (corner of Wilks & L.)

MOBILE HOME INSTALLER Jack Flowers PHONE 386 362.1171 CELL

MOBILE HOME INFORMATION

MAKE Southern Manor YEAR 1981 SIZE 14 x 66 COLOR Yellow/Brown

SERIAL No. 5307101 2B

WIND ZONE II Must be wind zone II or higher NC WIND ZONE I ALLOWED

INSPECTION STANDARDS
INTERIOR:
(P or F) - P= PASS F= FAILED

✓ SMOKE DETECTOR ( ) OPERATIONAL ( ) MISSING — Pd 8.16.11

✓ FLOORS ( ) SOLID ( ) WEAK ( ) HOLES DAMAGED LO :ATION — $50.00

✓ DOORS ( ) OPERABLE ( ) DAMAGED — "RUSH"

✓ WALLS ( ) SOLID ( ) STRUCTURALLY UNSOUND

✓ WINDOWS ( ) OPERABLE ( ) INOPERABLE

✓ PLUMBING FIXTURES ( ) OPERABLE ( ) INOPERABLE ( ) IISSING

✓ CEILING ( ) SOLID ( ) HOLES ( ) LEAKS APPARENT

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

EXTERIOR:

✓ WALLS / SIDDING ( ) LOOSE SIDING ( ) STRUCTURALLY UNS JUND ( ) NOT WEATHERTIGHT ( ) NEEDS CLEANING

✓ WINDOWS ( ) CRACKED/ BROKEN GLASS ( ) SCREENS MI SING ( ) WEATHERTIGHT

✓ ROOF ( ) APPEARS SOLID ( ) DAMAGED

STATUS

APPROVED ✓ WITH CONDITIONS: ______

NOT APPROVED ____ NEED RE-INSPECTION FOR FOLLOWING CONDIT ONS ______

SIGNATURE [signature] ID NUMBER 402 DATE 8-19-11

COLUMBIA COUNTY 9-1-1 ADDRESSING

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 REQUESTED: 8/16/2011 **DATE ISSUED:** 8/22/2011

ENHANCED 9-1-1 ADDRESS:

380 NW WILKS LN

LAKE CITY FL 32055

PROPERTY APPRAISER PARCEL NUMBER:

27-3S-16-02321-001

Remarks:

ADDRESS FOR PROPOSED NEW STRUCTURE ON PARCEL.

Address Issued By: SIGNED: / RONAL N. CROFT

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.

2052

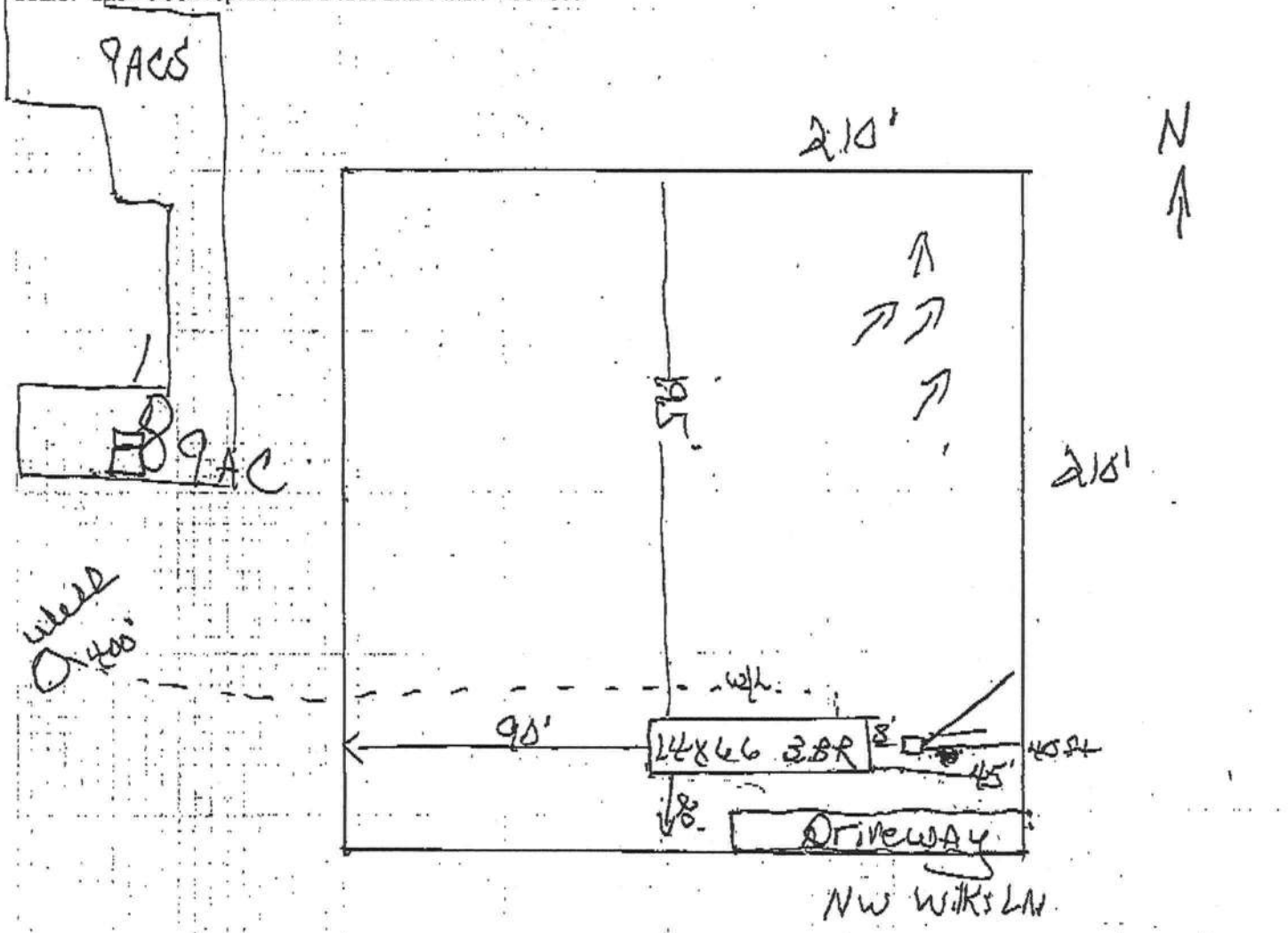
STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 11-0351E

PART II - SITE PLAN

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



Notes: _____

Site Plan submitted by: Joe Sheldon (Signature) Agent (Title)

Plan Approved ✓ Not Approved _____ Date 8/22/11

By _____ Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

11-0351E

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

PERMIT NO. 1044982
DATE PAID: 8/15/11
FEE PAID: 125.00
RECEIPT #: 1129245

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

APPLICANT: James Wilks

AGENT: Joe Sheldon TELEPHONE: (386) 288-6868

MAILING ADDRESS: 460 NW Wilks Ln 32055

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: _____ PLATTED: _____

PROPERTY ID #: 22-3S-16-02321-001 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 9. ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD

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

PROPERTY ADDRESS: Wilks Lane

DIRECTIONS TO PROPERTY: ~~SET~~ US 90 west To Lake City AVL Turn Right go To Stop Turn Left go To 200' From End Lot will Be on Left.

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	924	ORIGINAL ATTACHED
2				
3				
4				

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

SIGNATURE: Joe Sheldon DATE: 8/15/11

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