

DATE 04/23/2010

**Columbia County Building Permit**  
This Permit Must Be Prominently Posted on Premises During Construction

**PERMIT**  
**000028503**

APPLICANT RONALD FRAZIER,SR. PHONE 386.454.3475  
ADDRESS 437 SW COLGATE LOOP FT. WHITE FL 32038  
OWNER RONALD FRAZIER,SR. PHONE 386.454.3475  
ADDRESS 593 SW COLGATE LOOP FT. WHITE FL 32038  
CONTRACTOR ROBERT CORBETT/CORBETT'S MHC PHONE 386.364.1340  
LOCATION OF PROPERTY 47-S TO US 27,TL TO COLGATE LOOP,TL AND IT'S THE 5TH  
LOT ON L @ SECOND CURVE.  
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 A-3 MAX. HEIGHT                       
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 12-7S-16-04190-023 SUBDIVISION GOLDEN FARMETTES  
LOT 23 BLOCK              PHASE              UNIT              TOTAL ACRES 2.50

DIH000017  
Culvert Permit No.              Culvert Waiver              Contractor's License Number              Applicant/Owner/Contractor               
EXISTING 10-0167 BLK HD N  
Driveway Connection              Septic Tank Number              LU & Zoning checked by              Approved for Issuance              New Resident             

COMMENTS: 1 FOOT ABOVE ROAD.SECTION 2.3.1.

Check # or Cash 4606

**FOR BUILDING & ZONING DEPARTMENT ONLY**

(footer/Slab)

Temporary Power                      Foundation                      Monolithic                       
                    date/app. by                     date/app. by                     date/app. by  
Under slab rough-in plumbing                      Slab                      Sheathing/Nailing                       
                    date/app. by                     date/app. by                     date/app. by  
Framing                      Insulation                       
                    date/app. by                     date/app. by  
Rough-in plumbing above slab and below wood floor                      Electrical rough-in                       
                    date/app. by                     date/app. by  
Heat & Air Duct                      Peri. beam (Lintel)                      Pool                       
                    date/app. by                     date/app. by                     date/app. by  
Permanent power                      C.O. Final                      Culvert                       
                    date/app. by                     date/app. by                     date/app. by  
Pump pole                      Utility Pole                      M/H tie downs, blocking, electricity and plumbing                       
                    date/app. by                     date/app. by                     date/app. by  
Reconnection                      RV                      Re-roof                       
                    date/app. by                     date/app. by                     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 \$ 38.52 WASTE FEE \$ 100.50  
FLOOD DEVELOPMENT FEE \$              FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$              **TOTAL FEE** 464.02  
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."

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**

**LIABILITY UPDATE NEEDED (EXPIRED)**

**Robert Corbett's License updated**

**For Office Use Only** (Revised 1-10-08) Zoning Official BLK 09.04.10 Building Official HD 4-8-10  
AP# 1004-01 Date Received 4/5/10 By JW Permit # 28503  
Flood Zone X Development Permit N/A Zoning A-3 Land Use Plan Map Category A-3  
Comments Section 2.3.1

FEMA Map# N/A Elevation N/A Finished Floor 1st floor River N/A In Floodway N/A  
☒ Site Plan with Setbacks Shown ☒ EH # 10-01607 ☒ EH Release ☒ Well letter ☒ Existing well  
☒ Recorded Deed or Affidavit from land owner ☒ Letter of Auth. from installer ☐ State Road Access  
☐ Parent Parcel # ☐ STUP-MH ☐ F W Comp. letter ☒ OUT 3 County  
IMPACT FEES: EMS ☐ Fire ☐ Corr ☐ Road/Code ☒ IN County Traffic  
School ☐ = TOTAL ☐ Impact Fees Suspended March 2009 ☒ V F

Property ID # 12-75-16-04190-023 Subdivision Golden Farmettes - lot 23

- New Mobile Home ☐ Used Mobile Home ☒ MH Size 16x66 Year 98
- Applicant Ronald R Frasier SR Phone # 386-454-3475
- Address 437 SW Colgate Loop Ft White FL 32038
- Name of Property Owner Ronald R Frasier SR Phone# 386-454-3475
- 911 Address 593 SW Colgate Loop, Ft White 32038
- Circle the correct power company - FL Power & Light - Clay Electric  
(Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home Ronald R Frasier Phone # 386-454-3475  
Address 437 SW Colgate Loop Ft White FL 32038
- Relationship to Property Owner Same
- Current Number of Dwellings on Property 0
- Lot Size 2.5 Acres Total Acreage 2.5
- Do you : Have Existing Drive or Private Drive or need Culvert Permit or Culvert Waiver (Circle one)  
(Currently using) (Blue Road Sign) (Putting in a Culvert) (Not existing but do not need a Culvert)
- Is this Mobile Home Replacing an Existing Mobile Home NO (OWES)
- Driving Directions to the Property 47 to Ft White turn (L) on 27 go 4.1 miles turn (D) on Colgate Loop. go to 5th house on (D).
- Name of Licensed Dealer/Installer Corbett's Mobile Home Phone # 386-364-1340
- Installers Address 1126 Havens St. E. Live Oak FL 32064
- License Number DIH 000017 Installation Decal # 304691  
Fax # 386-364-5747

JW left message

4/17/10

PERMIT NUMBER

Installer Corbett's Mobile Home Center License # DIH000017

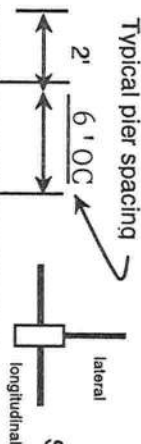
Address of home 437 SW Colegate Loop  
being installed 41 White Fl

Manufacturer Prestwood Length x width 66 x 16

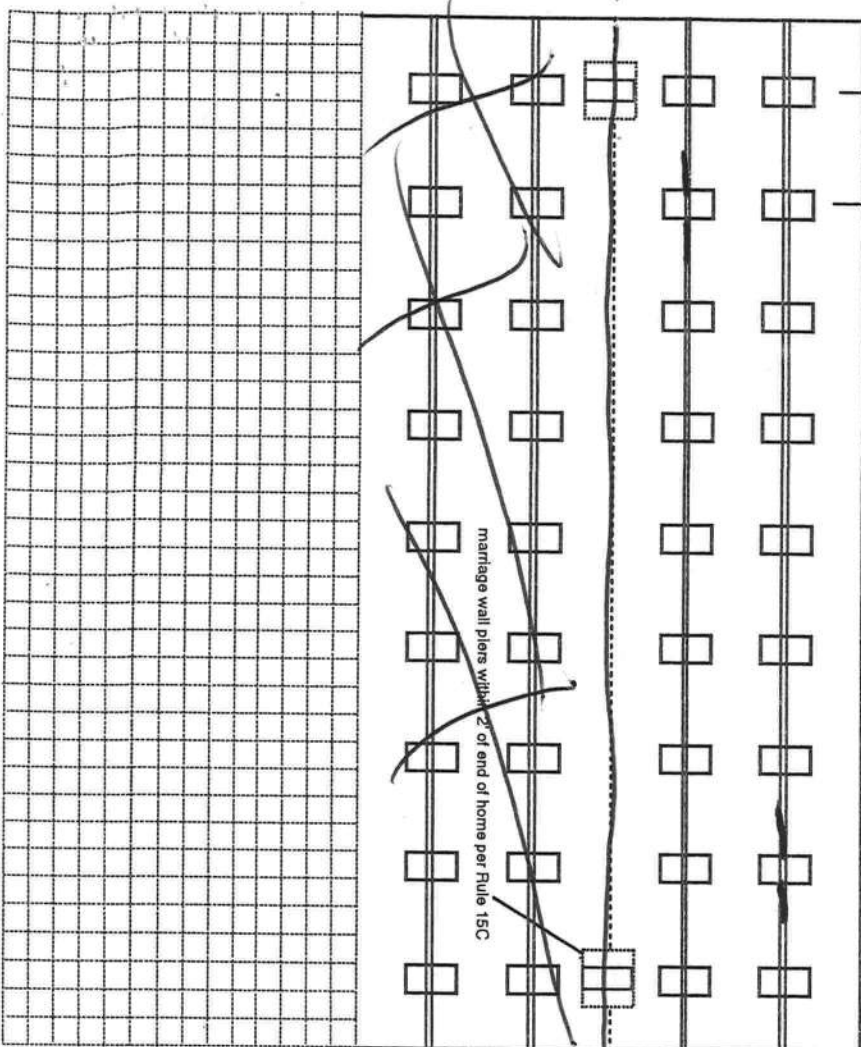
NOTE: If home is a single wide fill out one half of the blocking plan  
If home is a triple or quad wide sketch in remainder of home

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 RE



XI System by Tie Down Eng  
(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, ☒

Double wide ☐ Installation Decal # 304697

Triple/Quad ☐ Serial # 5486

Roof System: ☒ Typical ☐ Hinged

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	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'	8'
1500 psf	4' 6"	6'	7'	8'	9'	10'	10'
2000 psf	6'	8'	9'	10'	11'	12'	12'
2500 psf	7' 6"	9'	10'	11'	12'	13'	13'
3000 psf	8'	10'	11'	12'	13'	14'	14'
3500 psf	8'	10'	11'	12'	13'	14'	14'

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

PIER PAD SIZES

17 x 25 x 1

I-beam pier pad size

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 NA Pier pad size NA

FRAME TIES

4 ft ☒ 5 ft ☐

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)

Manufacturer Tie Down Eng

Longitudinal Stabilizing Device w/ Lateral Arms

Manufacturer Tie Down Eng

OTHER TIES

Number 24

Sidewall

Longitudinal

Marriage wall

Shearwall

AT 5134



# PERMIT NUMBER

## 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 2000 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 2000 X 2000

### TORQUE PROBE TEST

The results of the torque probe test is 781 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.

PC Installer's initials

### ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Corbetta Mobile Home Center

Date Tested

3-29-10

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. NA

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 16

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 16

### Site Preparation

Debris and organic material removed Yes Swale Pad X Other

### Fastening multi wide units

Floor: Type Fastener: NA Length: NA Spacing: NA  
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 NA

Type gasket

Installed:

Pg. Between Floors Yes NA  
Between Walls Yes  
Bottom of ridgebeam Yes

### Weatherproofing

The bottomboard will be repaired and/or taped. Yes X Pg. 22  
Siding on units is installed to manufacturer's specifications. Yes X NA  
Fireplace chimney installed so as not to allow intrusion of rain water. Yes

### Miscellaneous

Skirting to be installed. Yes X No  
Dryer vent installed outside of skirting. Yes X N/A  
Range downflow vent installed outside of skirting. Yes X N/A  
Drain lines supported at 4 foot intervals. Yes X NA  
Electrical crossovers protected. Yes NA  
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

Robert Corbetta

Date 4-1-10

## SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER

1004-01

CONTRACTOR

Corbetta's Mobile Home Center

PHONE

386-364-1340

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.

<b>ELECTRICAL</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____
<b>MECHANICAL/ A/C</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____
<b>PLUMBING/ GAS</b>	Print Name <u>Corbetta's Mobile Home Center</u> License #: <u>DI4000017</u>	Signature <u>Robert Corbett</u> Phone #: <u>386-364-1340</u>
<b>ROOFING</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____
<b>SHEET METAL</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____
<b>FIRE SYSTEM/ SPRINKLER</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____
<b>SOLAR</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			
FRAMING			
INSULATION			
STUCCO			
DRYWALL			
PLASTER			
CABINET INSTALLER			
PAINTING			
ACOUSTICAL CEILING			
GLASS			
CERAMIC TILE			
FLOOR COVERING			
ALUM/VINYL SIDING			
GARAGE DOOR			
METAL BLDG ERECTOR			

**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.

Contractor Forms: Subcontractor form: 6/09



## 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 installer's 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.

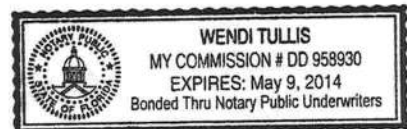
I, Robert Corbett, license number IH000017  
Please Print  
do hereby state that the installation of the manufactured home for Ronald  
and Suzan Frazier at 437 SW Colegate Loop  
911 Address Ft. White  
will be done under my supervision.

Robert Corbett  
Signature

Sworn to and subscribed before me this 1<sup>st</sup> day of April,  
2010.

Notary Public: Wendi Tullis  
Signature

My Commission Expires: 5/9/2014  
Date



## AFFIDAVIT

I certify that the following described mobile home being placed on the referenced parcel is not a Wind Zone 1 mobile home.

Customer's Name: Ronald & Susan Frazier  
Property ID: Sec: 12 Twp: 75 Rge: 12E Tax Parcel No: 04190 023  
Lot: 23 Block: \_\_\_\_\_ Subdivision: Golden Fountains  
Mobile Home Year/Make: 96 FU Size: 16X66

[Signature]  
Signature of Mobile Home Installer

Sworn to and subscribed before me this 1<sup>st</sup> day of April, 2010  
by Robert Corbett.

Wendi Tullis  
Notary's name printed/typed

Wendi Tullis  
Notary Public, State of Florida  
Commission No. 00958930  
Personally Known: ✓  
Produced ID (type) \_\_\_\_\_





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, Robert Corbett, give this authority for the job address show below  
Installer License Holder Name

only, 1126 E. Howard St Live Oak FL 32064 and I do certify that  
Job Address

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)
<u>Ronald Frazier</u>	<u>[Signature]</u>	<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input checked="" type="checkbox"/> Property Owner
		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> 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.

[Signature]  
License Holders Signature (Notarized)

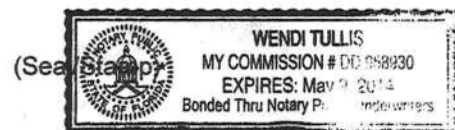
DTH000017 4-1-10  
License Number Date

## NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Suwannee

The above license holder, whose name is Robert Corbett, personally appeared before me and is known by me or has produced identification (type of I.D.) 1st on this 1st day of April, 2010.

[Signature]  
NOTARY'S SIGNATURE





# Columbia County Property Appraiser

DB Last Updated: 3/29/2010

## 2009 Tax Roll Year

Parcel: 12-7S-16-04190-023

[<< Next Lower Parcel](#)
[Next Higher Parcel >>](#)
[Tax Collector](#)
[Tax Estimator](#)
[Property Card](#)
[Parcel List Generator](#)
[Interactive GIS Map](#)
[Print](#)

Search Result: 1 of 1

### Owner & Property Info

<b>Owner's Name</b>	FRAZIER RONALD R & SUSAN ANN		
<b>Mailing Address</b>	437 S W COLGATE LOOP FORT WHITE, FL 32038		
<b>Site Address</b>	LT 23 GOLDEN FARMETT		
<b>Use Desc. (code)</b>	VACANT (000000)		
<b>Tax District</b>	3 (County)	<b>Neighborhood</b>	12716
<b>Land Area</b>	2.220 ACRES	<b>Market Area</b>	02
<b>Description</b>	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction. LOT 23 GOLDEN FARMETTES S/D. ORB 431-93, 820-2177		



### Property & Assessment Values

2009 Certified Values		
<b>Mkt Land Value</b>	cnt: (0)	\$26,304.00
<b>Ag Land Value</b>	cnt: (2)	\$0.00
<b>Building Value</b>	cnt: (0)	\$0.00
<b>XFOB Value</b>	cnt: (0)	\$0.00
<b>Total Appraised Value</b>		\$26,304.00
<b>Just Value</b>		\$26,304.00
<b>Class Value</b>		\$0.00
<b>Assessed Value</b>		\$26,304.00
<b>Exempt Value</b>		\$0.00
<b>Total Taxable Value</b>	Cnty: \$26,304 Other: \$26,304   Schl: \$26,304	

### 2010 Working Values

**NOTE:**  
2010 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
4/16/1996	820/2177	WD	V	Q		\$9,300.00

### Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
NONE						

### Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
NONE						

### Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
000000	VAC RES (MKT)	2.22 AC	1.00/1.00/1.00/1.00	\$10,157.40	\$22,549.00
009946	WELL (MKT)	1 UT - (0000000.000AC)	1.00/1.00/1.00/1.00	\$1,250.00	\$1,250.00

Columbia County Property Appraiser

DB Last Updated: 3/29/2010

WARRANTY DEED

0820 052177

THIS INSTRUMENT, made this 10th day of April

, 1996, RECORDS

Charles E. Mickel, a married person

Social Security # [REDACTED]

Social Security # [REDACTED]

of the County of Trenton

, State of

New Jersey

, grantor and

Ronald R. Frazier, a married person and Susan Ann Frazier, his wife

Social Security # [REDACTED]

Social Security # [REDACTED]

Whose mailing address is Rt. 1 Box 3820, Fort White, Florida 3203

of the County of Columbia

, State of

Florida

, grantee

WITNESSETH: This said grantor, for and in consideration of the sum of TEN AND NO/100'S--Dollars, to him in hand paid by the grantee(s), the receipt whereof is hereby acknowledged, has/have granted, bargained, and sold to said grantee(s), his heirs and assigns forever, the following described land, situate, lying and being in Columbia County, Florida, to wit:

Lot No. 23 of GOLDEN FARMETTES, a subdivision according to Plat thereof recorded in Plat Book 4, Page 17, public records of Columbia County, Florida, situate in Section 12, Township 7 South, Range 16 East.

Subject to terms, provisions, restrictive covenants, conditions and reservations as contained in Declaration recorded in O.R. Book 356, Page 163 and O.R. Book 366, Page 651, public records of Columbia County, Florida.

The above described land is not the homestead of the grantor.

Tax Parcel Number: 12-7S-10-04190-023

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

IN WITNESS WHEREOF, Grantor(s) has hereunto set grantor's hand and seal the day and year first above written.

Signed, sealed and delivered in our presence:

TODD M. PRICE  
Witness

[Signature]  
PRINTED NAME OF WITNESS

[Signature]  
Witness

ROBERT J. LAURICELLO 05646  
PRINTED NAME OF WITNESS

STATE OF ~~FLORIDA~~ NEW JERSEY  
COUNTY OF Trenton

CHARLES E. MICKEL

Charles E. Mickel

[Signature]

[Signature]

[Signature]

[Signature]

I hereby certify, that on this day before me, an officer duly qualified to take acknowledgments, personally appeared Charles E. Mickel known to me to be the person(s) described in and who executed the foregoing instrument, who acknowledged before me that he executed the same, that I relied upon the following form(s) of identification of the above-named person(s): Driver's license

Witness by hand and official seal in the County, and State last aforesaid this 10th day of April, 1996.

ADMINISTRATIVE STAMP 6510

STANDARD FEE

A. DOWD (C.A.N. CLERK OF

COLUMBIA COUNTY

2222

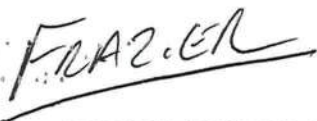
[Signature]  
Notary Signature

V. P. H. HODGINS  
Printed name of Notary

My Commission Expires: [REDACTED]

Prepared by and return to: Regional Title Company  
2015 South First Street  
Lake City, Florida 32055  
Martha Bryan By: DH



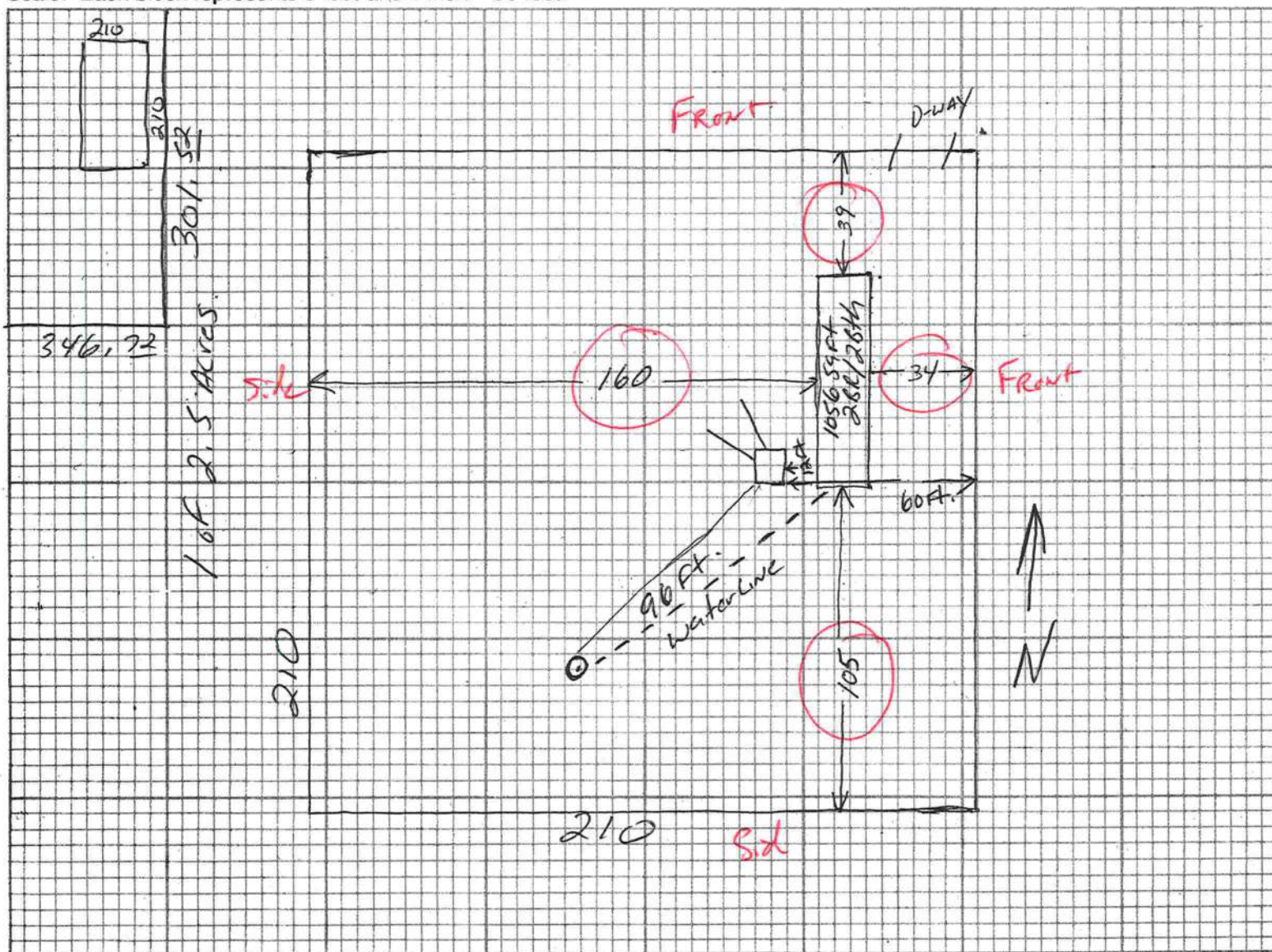


# APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number \_\_\_\_\_

**PART II - SITE PLAN-**

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



Notes: \_\_\_\_\_

Site Plan submitted by: Appendix D, The City Signature

Dwyer  
Title

Plan Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

Date \_\_\_\_\_

By \_\_\_\_\_ County Health Department

**ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT**

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

SENT 4.7.10  
COUNTY THE MOBILE HOME IS BEING MOVED FROM Sumner  
OWNERS NAME Ronald Frazier HOME 454 3475 CELL 352 514 9215  
INSTALLER Corbetti's Mobile Home Center PNC 386-3644340 CELL 386 362-4001  
INSTALLERS ADDRESS 1126 E. Howard St Live Oak FL 37064

MOBILE HOME INFORMATION

MAKE Fleetman YEAR 96 SIZE 16 x 66  
COLOR Brown 154 SERIAL NO. GAF-507A 35486 B M 2  
WIND ZONE 11 SMOKE DETECTOR good 11

INTERIOR:  
FLOORS good

DOORS good

WALLS good

CABINETS good

ELECTRICAL (FIXTURES/OUTLETS) good

EXTERIOR:  
WALLS / SIDING good

WINDOWS good

DOORS good

INSTALLER:  
APPROVED ✓ NOT APPROVED \_\_\_\_\_

NOTES: like new

INSTALLER OR INSPECTOR PRINTED NAME Robert Corbett

Installer/Inspector Signature Robert Corbett License No. ADH00017 Date 4-8-10

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 386-719-3030 TO SET UP THIS INSPECTION. NO PERMIT WILL BE ISSUED BEFORE THIS IS DONE.

Code Enforcement Approval Signature John S. Paul Date 4-8-10



**CO DE ENFORCEMENT  
PRELIMINARY MOBILE HOME INSPECTION REPORT**

DATE RECEIVED 4/15/10 BY AK IS THE MH IN THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? Yes  
 OWNERS NAME Ronald Frazier PHONE 454-3475 CELL \_\_\_\_\_  
 ADDRESS Colgate Loop

MOBILE HOME PARK \_\_\_\_\_ SUBDIVISION \_\_\_\_\_  
 DRIVING DIRECTIONS TO MOBILE HOME 475 TL 27 TL Colgate Loop  
5th lot on left on second curve

MOBILE HOME INSTALLER Corbett PHONE 386-344-1340 CELL \_\_\_\_\_

MOBILE HOME INFORMATION  
 MAKE Fleetwood YEAR 91 SIZE 11x66 COLOR Brownish  
 SERIAL No. ~~EAFHS07A35486BM2~~ EAFHS07A35486BM2  
 WIND ZONE TL Must be wind zone 1 or higher NO WIND ZONE 1 ALLOWED

**INSPECTION STANDARDS**

**INTERIOR:**

(P or F) - P= PASS F= FAILED

\$50.00

☒ SMOKE DETECTOR ( ) OPERATIONAL ( ) MISSING Date of Payment: \_\_\_\_\_  
☒ FLOORS ( ) SOLID ( ) WEAK ( ) HOLES DAMAGED LOCATION \_\_\_\_\_ Paid By: \_\_\_\_\_  
☒ DOORS ( ) OPERABLE ( ) DAMAGED Notes: \_\_\_\_\_  
☒ WALLS ( ) SOLID ( ) STRUCTURALLY UNSOUND \_\_\_\_\_  
☒ WINDOWS ( ) OPERABLE ( ) INOPERABLE \_\_\_\_\_  
☒ PLUMBING FIXTURES ( ) OPERABLE ( ) INOPERABLE ( ) MISSING \_\_\_\_\_  
☒ CEILING ( ) SOLID ( ) HOLES ( ) LEAKS AT JOINT \_\_\_\_\_  
☒ ELECTRICAL (FIXTURES/OUTLETS) ( ) OPERABLE ( ) EXPOSED WIRING ( ) OUTLET COVERS MISSING ( ) LIGHT  
 FIXTURES MISSING

**EXTERIOR:**

☒ WALLS / SIDING ( ) 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 4-16-10





*FRAZER*

STATE OF FLORIDA  
DEPARTMENT OF HEALTH

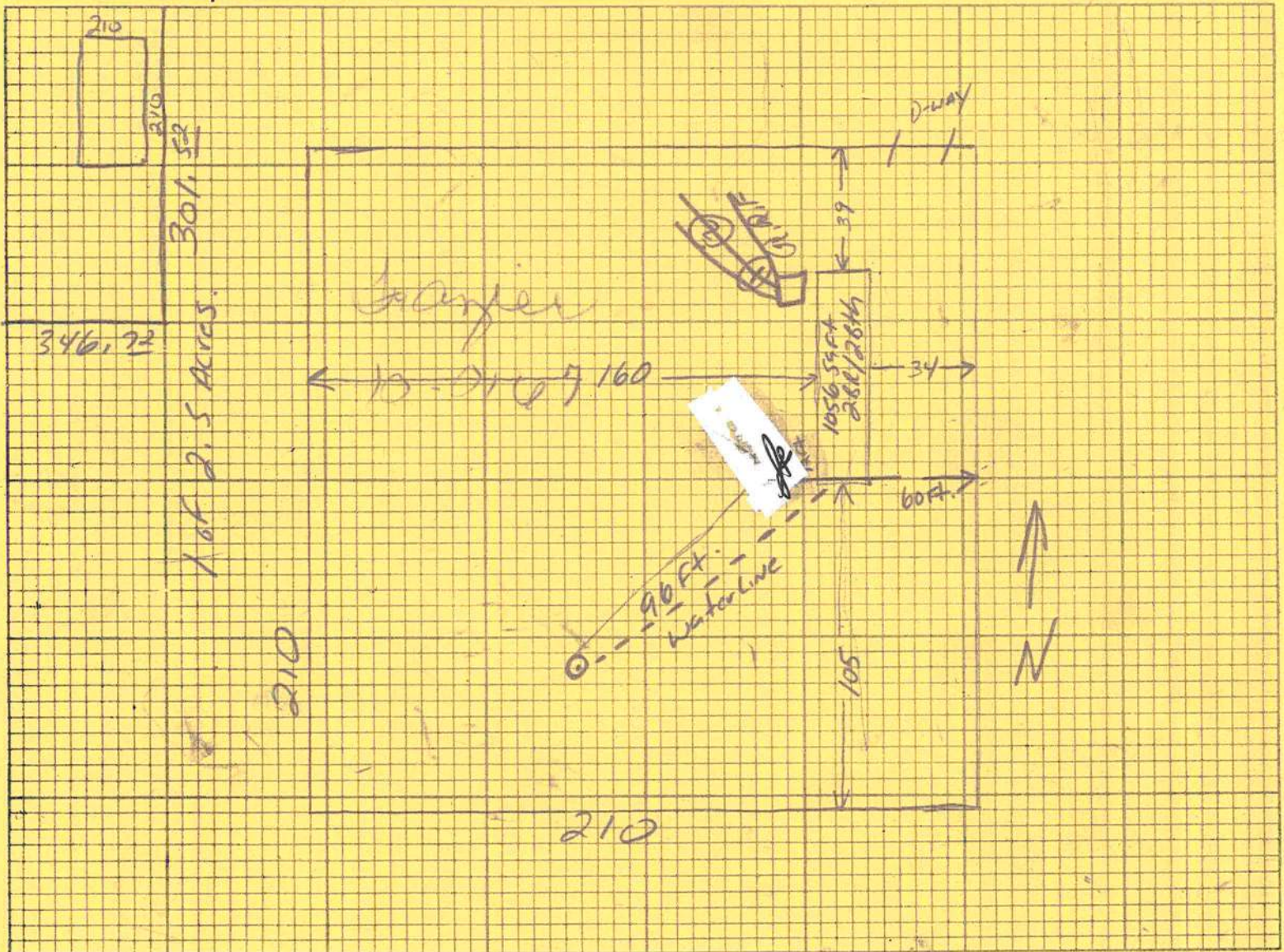
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number

*10-0167*

PART II - SITE PLAN

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



Notes:

Site Plan submitted by:

*Randall A. Freeman*  
Signature

*Dwight*  
Title

Plan Approved ☒

Not Approved ☐

Date *4-22-10*

By

*Salie Ford - Director - (dumbia)*

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



## SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER

1004-01

CONTRACTOR

Cobalt's Mobile Home Center

PHONE

386-364-1340

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 89-5, 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.

<b>ELECTRICAL</b>	Print Name <u>Cason Electric, Inc</u>	Signature <u>[Signature]</u>	Phone #: <u>386-719-4474</u>
<b>MECHANICAL</b>	Print Name <u>Robert Grant</u>	Signature <u>[Signature]</u>	Phone #: <u>800-859-3708</u>
<b>A/C</b>	License #: <u>CAC 1814931</u>		
<b>PLUMBING/GAS</b>	Print Name <u>Cobalt's Mobile Home Center</u>	Signature <u>[Signature]</u>	Phone #: <u>386-364-1340</u>
	License #: <u>DIH000017</u>		
<b>ROOFING</b>	Print Name _____	Signature _____	Phone #: _____
	License #: _____		
<b>SHEET METAL</b>	Print Name _____	Signature _____	Phone #: _____
	License #: _____		
<b>FIRE SYSTEM/SPRINKLER</b>	Print Name _____	Signature _____	Phone #: _____
	License #: _____		
<b>SOLAR</b>	Print Name _____	Signature _____	Phone #: _____
	License #: _____		

Specialty license	License Number	Sub-Contractor Printed Name	Sub-Contractor Signature
MASON			
CONCRETE FINISHER			
FRAMING			
INSULATION			
STUCCO			
DRYWALL			
PLASTER			
CABINET INSTALLER			
PAINTING			
ACOUSTICAL CEILING			
GLASS			
CERAMIC TILE			
FLOOR COVERING			
ALUM/VINYL SIDING			
GARAGE DOOR			
METAL BLDG ERECTOR			

**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.

Contractor Form: Subcontractor Form: 6/08

# 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: 4/5/2010 DATE ISSUED: 4/8/2010

### ENHANCED 9-1-1 ADDRESS:


593 SW COLGATE LOOP  
FORT WHITE FL 32038

### PROPERTY APPRAISER PARCEL NUMBER:

12-7S-16-04190-023

### Remarks:

LOT 23 GOLDEN FARMETTES S/D

Address Issued By: 

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.**



**COLUMBIA COUNTY**  
**FLORIDA**

**M/H OCCUPANCY**

**COLUMBIA COUNTY, FLORIDA**

**Department of Building and Zoning Inspection**

*This Certificate of Occupancy is issued to the below named permit holder for the building and premises at the below named location, and certifies that the work has been completed in accordance with the Columbia County Building Code.*

Parcel Number 12-7S-16-04190-023

Building permit No. 000028503

Permit Holder ROBERT CORBETT/CORBETT'S MHC

Owner of Building RONALD FRAZIER, SR.

Location: 593 SW COLGATE LOOP, FT. WHITE, FL

Date: 05/05/2010



*Harry Becker*

Building Inspector

**POST IN A CONSPICUOUS PLACE**  
*(Business Places Only)*