

DATE 03/19/2004

Columbia County Building Permit

PERMIT

This Permit Expires One Year From the Date of Issue

000021642

APPLICANT MELVA NORRIS PHONE 961-6419
 ADDRESS _____ FL _____
 OWNER STEPANIE HORNE PHONE 755-0994
 ADDRESS 1089 SW NEWARK DR FORT WHITE FL 32038
 CONTRACTOR RONNIE NORRIS PHONE 961-6419
 LOCATION OF PROPERTY 47 TO FT WHITE, R WILSON SPRINGS RD, L NEWARK GO 2 MILES
ON THE RIGHT LOT # 36

TYPE DEVELOPMENT MH, UTILITY ESTIMATED COST OF CONSTRUCTION .00
 HEATED FLOOR AREA _____ TOTAL AREA _____ HEIGHT .00 STORIES _____
 FOUNDATION _____ WALLS _____ ROOF PITCH _____ FLOOR _____
 LAND USE & ZONING A-3 MAX. HEIGHT 35
 Minimum Set Back Requirements: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00
 NO. EX.D.U. 0 FLOOD ZONE X DEVELOPMENT PERMIT NO. _____

PARCEL ID 25-6S-15-01408-001 SUBDIVISION THREE RIVERS ESTATES
 LOT 36 BLOCK _____ PHASE _____ UNIT 22 TOTAL ACRES 1.00

IH0000049
 Culvert Permit No. _____ Culvert Waiver _____ Contractor's License Number _____ Applicant/Owner/Contractor _____
 EXISTING _____ 03-0982-N BK RK N
 Driveway Connection _____ Septic Tank Number _____ LU & Zoning checked by _____ Approved for Issuance _____ New Resident _____

COMMENTS: FLOOR 1 FOOT ABOVE THE ROAD

Check # or Cash 3049

FOR BUILDING & ZONING DEPARTMENT ONLY

Temporary Power _____ Foundation _____ Monolithic _____ (footer/Slab)
 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 _____ Rough-in plumbing above slab and below wood floor _____
 date/app. by _____ date/app. by _____
 Electrical rough-in _____ Heat & Air Duct _____ Peri. beam (Lintel) _____
 date/app. by _____ date/app. by _____ date/app. by _____
 Permanent power _____ C.O. Final _____ Culvert _____
 date/app. by _____ date/app. by _____ date/app. by _____
 M/H tie downs, blocking, electricity and plumbing _____ Pool _____
 date/app. by _____ date/app. by _____
 Reconnection _____ Pump pole _____ Utility Pole _____
 date/app. by _____ date/app. by _____ date/app. by _____
 M/H Pole _____ Travel Trailer _____ Re-roof _____
 date/app. by _____ date/app. by _____ date/app. by _____

BUILDING PERMIT FEE \$.00 CERTIFICATION FEE \$.00 SURCHARGE FEE \$.00
 MISC. FEES \$ 200.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 39.69 WASTE FEE \$ 85.75
 FLOOD ZONE DEVELOPMENT FEE \$ _____ CULVERT FEE \$ _____ **TOTAL FEE** 375.44

INSPECTORS OFFICE J. H. L. 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 INCONVENIENCE, 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.

*** The well affidavit, from the well driller, is required before the permit can be issued.***

***This application must be ,completely, filled out to be accepted. Incomplete applications will not be accepted.

Called Ronnie 3-18-04
Zoning Official BLK Building Official CK 3-18-04

For Office Use Only

AP# 0401-21 Date Received 1/12/04 By JW Permit # 21642

Flood Zone X Development Permit N/A Zoning A-3 Land Use Plan Map Category A-3

Comments _____

* Property ID # 00-00-00-01408-001 *(Must have a copy of the property d

* New Mobile Home _____ Used Mobile Home Weston Year 85

* Applicant Ronnie Jarvis Phone # 961-6419

* Address Box 9507

* Name of Property Owner Stephanie Horne Phone# 5-0994

* Address 691 SW Sisters Welcome Rd.

* Name of Owner of Mobile Home Stephanie Horne Phone # 5-0994

* Address 691 SW Sisters Welcome Rd.

* Relationship to Property Owner Self

* Current Number of Dwellings on Property -0-

* Lot Size LOT#36 / UNIT 22 Total Acreage 1 ACRE

* Current Driveway connection is EXISTING

* Is this Mobile Home Replacing an Existing Mobile Home N/A

* Name of Licensed Dealer/Installer Ronnie Jarvis Phone # 961-6419

* Installers Address Box 9507

* License Number I#-0000049 Installation Decal # 216354

The Permit Worksheet (2 pages) must be submitted with this application.

***Must be returned when submitted**

NUMBER 1011

Home Owner

License # TH-0000049

LOT # 36 / UNIT 22

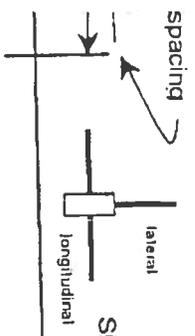
Home THREE RIVERS ESTATES

Length x width 14x60

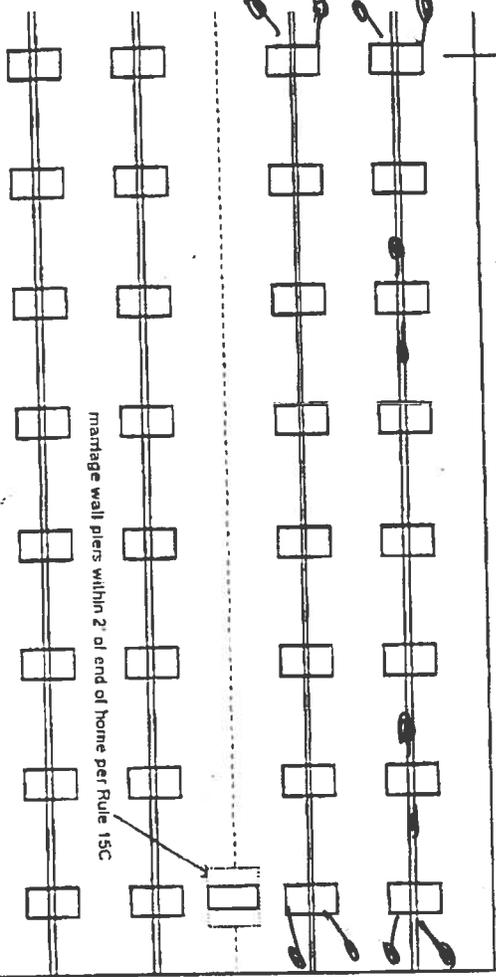
if home is a single wide fill out one half of the blocking plan if home is a tripla or quad wide skotch in remainder of home

nd Lateral Arm Systems cannot be used on any home (new or used) sidewall ties exceed 5 ft 4 in

Installer's initials [Signature]



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 # 216354

Tripla/Quad Serial # 69789

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	Footer size (1256)	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 _____

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 _____

ANCHORS

4 ft _____ 5 ft _____

FRAME TIES

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

OTHER TIES

Longitudinal Stabilizing Device (LSD) _____
 Manufacturer _____
 Longitudinal Stabilizing Device w/ Lateral Arms _____

TIEDOWN COMPONENTS

Sidewall _____
 Longitudinal _____
 Marriage wall _____
 Shearwall _____

Number 2

PERMIT NUMBER

POCKET PENETROMETER TEST

POCKET PENETROMETER tests are rounded down to the next whole number without testing. psf

1500 x 1500 x 1500

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

160 x 150 x 1500

TORQUE PROBE TEST

Results of the torque probe test is 300 inch pounds or check you are declaring 5' anchors without testing. A test 275 inch pounds or less will require 4 foot anchors.

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. Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Name: James Adams, Address: 11-141-03

Electrical

Electrical conductors between multi-wide units, but not to the main power panel includes the bonding wire between multi-wide units. Pg

Plumbing

Plumbing: All sewer drains to an existing sewer tap or septic tank. Pg

Water: All potable water supply piping to an existing water meter, water tap, or other

Site Preparation

Debris and organic material removed: [checked]
Water drainage: Natural [checked] Swale [] Pad [] Other []

Fastening multi wide units

Floor: Type Fastener: SW Length: Spacing:
Walls: Type Fastener: SW Length: Spacing:
Roof: Type Fastener: SW 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: [Signature]

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 N/A
Electrical crossovers protected. Yes

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: James Adams, Date: 1-15-03

WELL COMPLETION REPORT (Please complete in black ink or type.)

PERMIT # 84414 CUP# _____ DID # _____

If permit is for multiple wells indicate the number of wells drilled _____
 Indicate remaining wells to be cancelled _____

WATER WELL CONTRACTOR'S SIGNATURE Stephane Gaudford License # 2050

I certify that the information provided in this report is accurate and true.

Grout	No. of Bags	From (Ft.)	To (Ft.)
Neat Cement:			
Bentonite:			

WELL LOCATION: County Columbia
S2 1/4 of NE 1/4 of Section 25 Twp. 16-S Rge. 15-E

Latitude _____ Longitude _____

DATE STAMP _____
 Official Use Only _____

Sketch of well location on property N
well 1m4 (NS)

CHEMICAL ANALYSIS WHEN REQUIRED
 Iron: _____ ppm Sulfate: _____ ppm
 Chloride: _____ ppm

Lab Test Field Test Kit
 Pump Type Bounds LS
 Centrifugal Jet Submersible Turbine
 Horsepower _____ Capacity _____ G.P.M. 18
 Pump Depth 42 Ft. Intake Depth 42 Ft.

Form 40B-3-3 Rev. 1295

OWNER'S NAME Stephane Gaudford

COMPLETION DATE 12-22-03 Florida Unique I.D. _____

WELL USE: DEPR/public _____ Irrigation _____ Domestic Monitor _____
 HRS Limited _____ 62-524 _____ Other _____

DRILL METHOD Rotary Cable Tool Combination
 Jet Auger Other _____

Measured Static Water Level 35' Measured Pumping Water Level _____
 After _____ Hours at _____ G.P.M. Measuring Pt. (describe): _____
 Which is _____ Ft. Above Below Land Surface
 Casing: Black Steel Galv. PVC Other _____

Casing Diameter & Depth (Ft.)	Depth (Ft.)		DRILL CUTTINGS LOG Examine cuttings every 20 ft. or at formation changes. Note cavities, depth to producing zones. Color Grain Size Type of Material
	From	To	
Diameter 4" From 0 To 30	0	30	Brndust
From 30 To 40	30	40	brn dirt
From 40 To 60	40	60	whit sand whit rock & water
Diameter From To	60	61	whit rock & water
Under <input type="checkbox"/> or Casing <input type="checkbox"/> Diameter From To			

Driller's Name: Stephane Gaudford
 (print or type)

^ DSI Enterprise, Inc.

691 SW Sisters Welcome Road
P.O. Box 1671
Lake City, Florida 32056
386-755-0994
Fax: 386-755-6193

Parties: Stephanie M. Hyde
Stephanie J. Horne

The parties hereby agree that Seller Stephanie Hyde shall sell and Buyer Stephanie Horne shall buy the following Real Property and Personal Property pursuant to the terms and conditions of this Contract for Sale and Purchase.

Description: Lot 36 Unit 22 Three Rivers Estates, Inc., a subdivision according the plat thereof recorded in Plat Book 6, page 10, public records of Columbia County, Florida.
Subject to: terms, provisions, restrictive covenants, conditions, reservation and easement contained in Declaration recorded in O.R. Book 129, page 90 and O.R. Book 733, page 144, public records of Columbia County, Florida. Subject to: Mineral Rights as recorded in O.R. Book 185, page 241, public records of Columbia County, Florida.

Deposit paid by Stephanie Horne (Buyer) in the amount of: \$200.00

Time for acceptance of offer:

Deposit to be refunded in the event of cancellation by Seller or Buyer. If this offer is not executed by and delivered to all parties communicated in writing between parties on or before July 18, 2003 the deposits will be returned and this offer withdrawn.

Signed, sealed and delivered in the presence of:

Stephanie M. Hyde

Address: 525 Montrose Ave. Lake City, Fl. 32055

Signature: Stephanie M. Hyde

Stephanie J. Horne

Address: PO Box 1671 Lake City, Florida 32056

Signature: S. Horne

Witness: Dawn Zyr Russel Rami

Ramona F Hyde and Stephanie M Hyde
first party, to Stephanie M Hyde

whose post office address is 2740 East St. Johns St. Lake City Fla. 32055

second party:

(Wherever used herein the terms "first party" and "second party" shall include singular and plural, heirs, legal representatives, and assigns of individuals, and the successors and assigns of corporations, wherever the context so admits or requires.)

Witnesseth, That the said first party, for and in consideration of the sum of \$ 10.00 in hand paid by the said second party, the receipt whereof is hereby acknowledged, does hereby remise, release and quit-claim unto the said second party forever, all the right, title, interest, claim and demand which the said first party has in and to the following described lot, piece or parcel of land, situate, lying and being in the County of Columbia, State of Florida, to-wit:

Lot 36 Unit 22 Three Rivers Estates, Inc., a subdivision according to the plat thereof recorded in Plat Book 6, page 10, public records of Columbia County, Florida.

Subject to: terms, provisions, restrictive covenants, conditions, reservations and easement contained in Declaration recorded in O.R. Book 129, page 90 and O.R. Book 733, page 144, public records of Columbia County, Florida.

Subject to: Mineral Rights as recorded in O.R. Book 185, page 241, public records of Columbia County, Florida.

Documentary Stamp .70
Intangible Tax 5
P. DeWitt Cason
Clerk of Court
By YCK D.C.

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, lien, equity and claim whatsoever of the said first party, either in law or equity, to the only proper use, benefit and behoof of the said second party forever.

In Witness Whereof, The said first party has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in the presence of:

Delores Brooks
Witness Signature (as to first Grantor)

Delores Brooks
Printed Name

Thomas J Duncan
Witness Signature (as to first Grantor)

Thomas J Duncan
Printed Name

Thomas J Duncan
Witness Signature (as to Co-Grantor, if any)

Thomas J Duncan
Printed Name

Dwayne Romine
Witness Signature (as to Co-Grantor, if any)

Dwayne Romine
Printed Name

STATE OF Florida

COUNTY OF Columbia

Ramona F. Hyde
Grantor Signature U.S.

Ramona F. Hyde
Printed Name

Post Office Address

PO BOX 454

Fort White, FL. 32038

Stephanie M. Hyde
Co-Grantor Signature, if any U.S.

Stephanie M. Hyde
Printed Name

2601 SE. Nassau St. Smith
Post Office Address

Lake City, FL. 32055

I hereby Certify that on this day, before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared

known to me to be the person S described in and who executed the foregoing instrument, who acknowledged before me that They executed the same, that I relied upon the following form of identification of the above-named person: _____ and that an oath (was)(was not) taken.

NOTARY RUBBER STAMP SEAL

THOMAS J. DUNCAN
Notary Public, State of Florida
My comm. expires Mar. 12, 2003
Comm. No. CC 914054

Witness my hand and official seal in the County and State last aforesaid this 6 day of October, A.D. 19 99.
Thomas J Duncan
Notary Signature
Thomas J Duncan



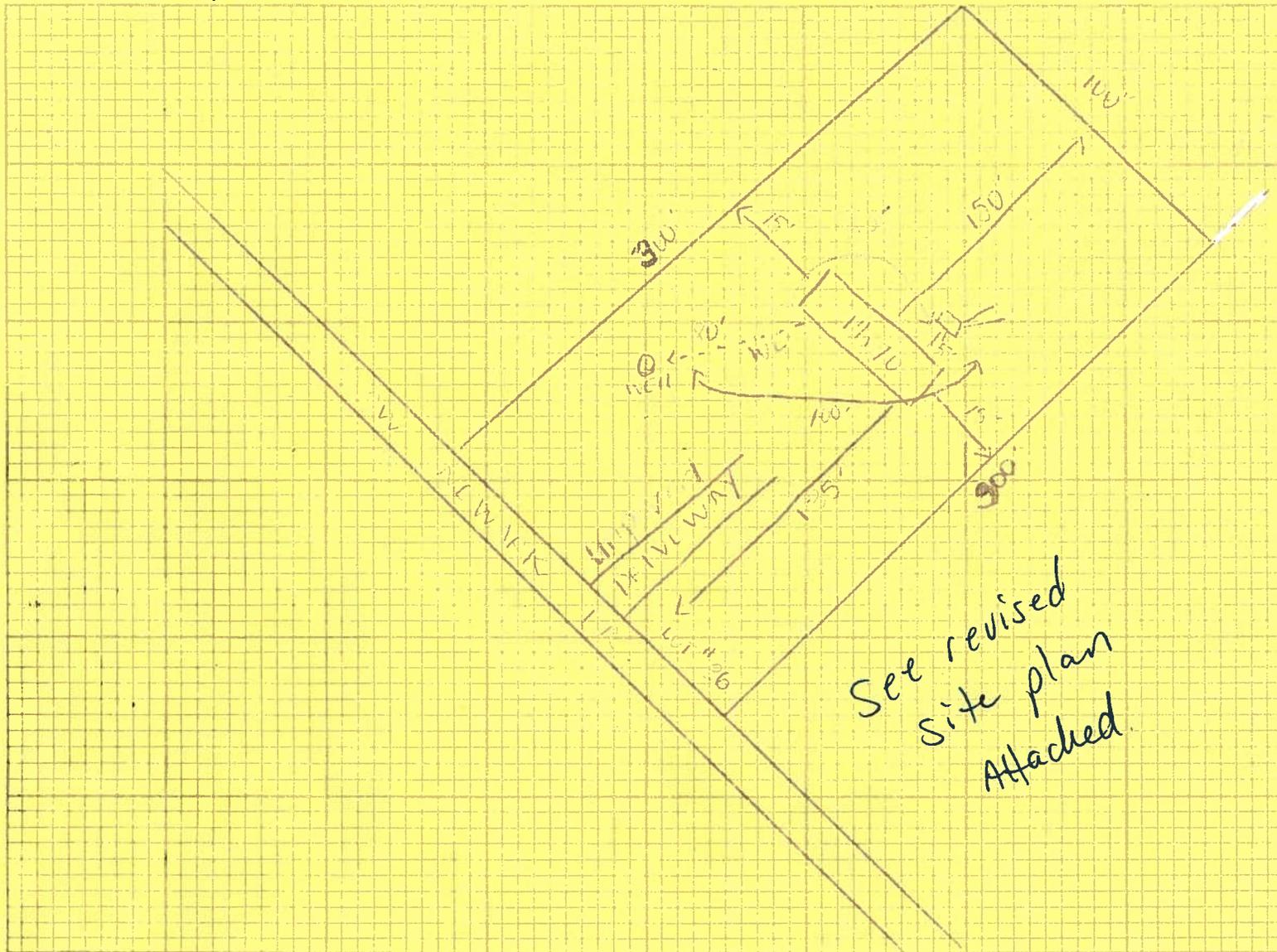
STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 03-0982N

----- PART II - SITE PLAN -----

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



Notes: 47 S go to Wilson Springs Rd. / Property on SW Newark Dr. / LOT #36 in Three River Estates, Property on (R) 2 miles on (R)

Site Plan submitted by: [Signature] Signature _____ Title _____

Plan Approved Not Approved _____ Date 10/2/03

By SILVIA A. [Signature] County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

COLUMBIA COUNTY INSPECTION SHEET

DATE 1-15-04 INSPECTION TAKEN BY JW

BUILDING PERMIT # _____ CULVERT / WAIVER PERMIT # _____

WAIVER APPROVED _____ WAIVER NOT APPROVED _____

PARCEL ID # _____ ZONING _____

SETBACKS: FRONT _____ REAR _____ SIDE _____ HEIGHT _____

FLOOD ZONE _____ SEPTIC _____ NO. EXISTING D.U. _____

TYPE OF DEVELOPMENT PREFAB

SUBDIVISION (Lot/Block/Unit/Phase) _____

OWNER STEPHANIE HORNE PHONE _____

ADDRESS _____

CONTRACTOR KONNIE MORRIS PHONE _____

LOCATION 47-5 to Wilson Springs Rd, Property on SW NGWAM Dr. Lot #34 in Tract

COMMENTS: 12.6 ac Estate Property on R. ... 2 miles on Rt 116

INSPECTION(S) REQUESTED: _____ INSPECTION DATE: 1-16-04

- Temp Power Foundation Set backs Monolithic Slab
- Under slab rough-in plumbing Slab Framing
- Rough-in plumbing above slab and below wood floor Other _____
- Electrical Rough-in Heat and Air duct Perimeter Beam (Lintel)
- Permanent Power CO Final Culvert Pool Reconnection
- M/H tie downs, blocking, electricity and plumbing Utility pole
- Travel Trailer Re-roof Service Change Spot check/Re-check

INSPECTORS:
APPROVED NOT APPROVED _____ BY FOP POWER CO. _____

INSPECTORS COMMENTS: _____

COLUMBIA COUNTY 9-1-1 ADDRESSING

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

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 ISSUED: January 26, 2004

ENHANCED 9-1-1 ADDRESS:

1089 SW NEWARD DR (FORT WHITE, FL 32038)

Addressed Location 911 Phone Number: NOT AVAIL.

OCCUPANT NAME: NOT AVAIL.

OCCUPANT CURRENT MAILING ADDRESS: _____

PROPERTY APPRAISER MAP SHEET NUMBER: _____

PROPERTY APPRAISER PARCEL NUMBER: 00-00-00-01408-001

Other Contact Phone Number (if any): _____

Building Permit Number (if known): _____

Remarks: LOT 36

Address Issued By: *Sally A. Measner*
Columbia County 9-1-1 Addressing Department

Norme

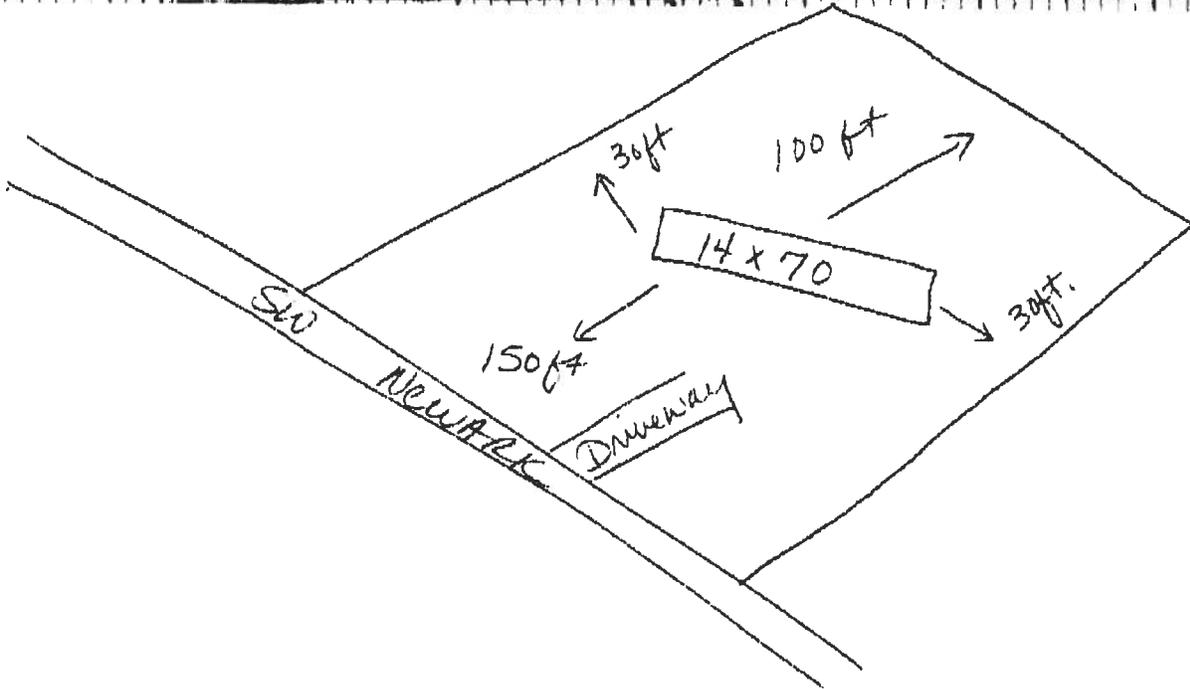
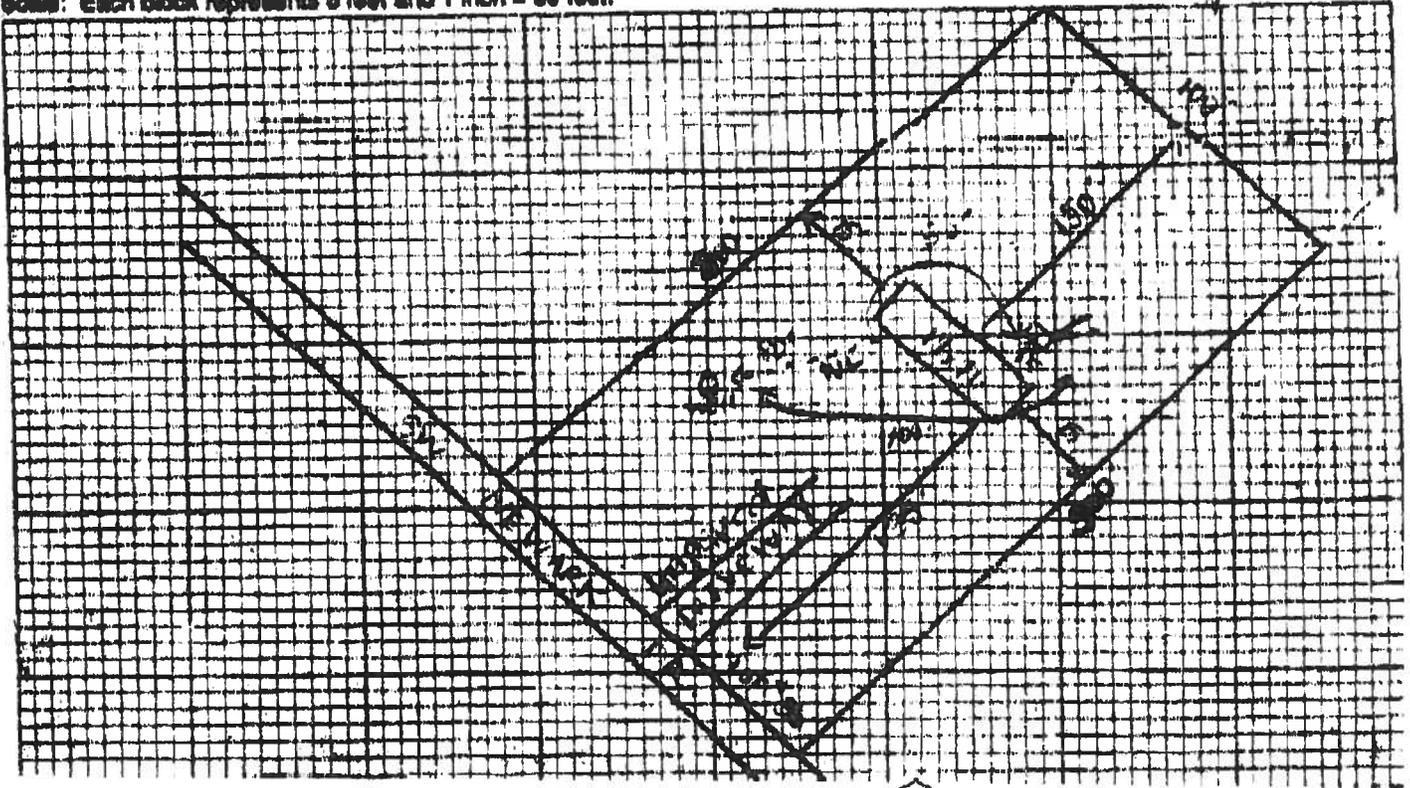
STATE OF FLORIDA
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PART II - SITE PLAN

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



FAX COVER SHEET

DSS Enterprise, Inc.

691 SW Sisters Welcome Road
Lake City, Florida 32025
386-755-0994 Fax: 386-755-6193

<i>Send to: Building Dept.</i>	<i>From: Stephanie Horne</i>
<i>Attention: Janice</i>	<i>Date: March 16, 2004</i>
<i>Office location: Lake City</i>	<i>Office location: Lake City</i>
<i>Fax number: 758-2160</i>	<i>Phone number: 386- 755-0994 Fax: 755-6193</i>

- Urgent*
 Reply ASAP
 Please comment
 Please review
 For your information

Total pages, including cover: 2

Comments:

Janice THANKS for everything. If this is not sufficient please let me know. You can call the office or my direct cell 623-0624.

Thanks again,

Stephanie

Gaylord Pump & Irrigation Inc.

P.O. Box 548

Branford, Fl. 32008

386-935-0932 Fax 386-935-0778

4" Steel Casing (schedule 40)
1-Hp Submersible pump 18 gpm
1-1/4" Galvanize pipe
PC-244 Challenger Diaphragm Tank (81 gallon tank with 21.9 gallons of draw down)

This equipment meets or exceeds state code of March 2002

3/18/04

David Spivey