DATE 09/15/2005

Columbia County Building Permit

This Permit Expires One Year From the Date of Issue

PERMIT 000023619

APPLICANT JOHN CASON PHONE 352 333-7826

ADDRESS 14209 NW 15TH LANE GAINESVILLE FL 32606

OWNER JOHN CASON PHONE 352 333-7826

ADDRESS 3325 SE CR 778 FT. WHITE FL 32038

CONTRACTOR VIC ETHRIDGE PHONE 386 462-7554

LOCATION OF PROPERTY 47S, TL ON 27, TL ON 778, 1/4 MILE ON LEFT, ADDRESS ON MAILBOX

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 _____

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-16-04188-001 SUBDIVISION _____

LOT _____ BLOCK _____ PHASE _____ UNIT _____ TOTAL ACRES _____

		IH0000144	John Cason	
Culvert Permit No.	Culvert Waiver	Contractor's License Number	Applicant/Owner/Contractor	
EXISTING	05-0917-E	BK	HD	Y
Driveway Connection	Septic Tank Number	LU & Zoning checked by	Approved for Issuance	New Resident

COMMENTS: ONE FOOT ABOVE THE ROAD

Check # or Cash CASH

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. Finall _____ 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 $ 50.00 FIRE FEE $ _____ WASTE FEE $ _____

FLOOD ZONE DEVELOPMENT FEE $ _____ CULVERT FEE $ _____ **TOTAL FEE** 250.00

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."

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.

~~LEFT~~ left message 9/9/05

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 6-23-05) Zoning Official BLK 09.07.05 Building Official HD 9-7-05

AP# 0508-102 Date Received 8-25-05 By LH Permit # 23619

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

Comments Preliminary ?

FEMA Map# _____ Elevation _____ Finished Floor _____ River _____ In Floodway _____

☑ Site Plan with Setbacks Shown ☑ EH Signed Site Plan ☐ EH Release ☐ Well letter ☑ Existing well

☑ Copy of Recorded Deed or Affidavit from land owner ☑ Letter of Authorization from installer

EH

- 04188-001 R04188-001

- Property ID # 12-7S-16- _____ Must have a copy of the property deed
- New Mobile Home _____ Used Mobile Home Fiesta Year 1983
- Applicant John H. CASON Phone # 352-333-7826
- Address 14209 NW 15th ~~Lane~~ Gainesville FL 32606
- Name of Property Owner John H. CASON Phone# 352-333-7826
- 911 Address 3325 SW CR 778 Ft. White FL 32038
- Circle the correct power company - FL Power & Light - Clay Electric
  (Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home John CASON Phone # _____
  Address P.O. Box 964 High Springs 32655
- Relationship to Property Owner Business Partner / Friend
- Current Number of Dwellings on Property Ø
- Lot Size _____ Total Acreage 16.95
- Do you : Have an Existing Drive or need a Culvert Permit or a Culvert Waiver (Circle one)
- Is this Mobile Home Replacing an Existing Mobile Home ~~No~~ Yes (1808 1) old permit
- Driving Directions to the Property 475, L 27, L 778, Property on the L ¼ mile see mailbox on (R) with 3325 SW CR 778 on it.

- Name of Licensed Dealer/Installer Vic Ethridge Phone # 386 462 7554
- Installers Address PO Box 3266 High Springs FL 32655
- License Number IH0000144 Installation Decal # 226455

01-028-N

PERMIT WORKSHEET

PERMIT NUMBER _____

Installer Vic Etheridge License # TH0000144

Address of home being installed _____

Manufacturer Fiesta Length x width 14x60

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 VE

New Home ☐ Used Home ☑

Home installed to the Manufacturer's Installation Manual ☐

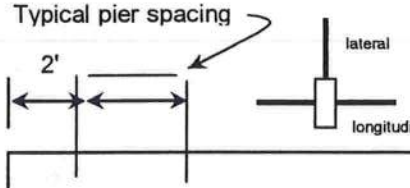
Home is installed in accordance with Rule 15-C ☑

Single wide ☑ Wind Zone II ☑ Wind Zone III ☐

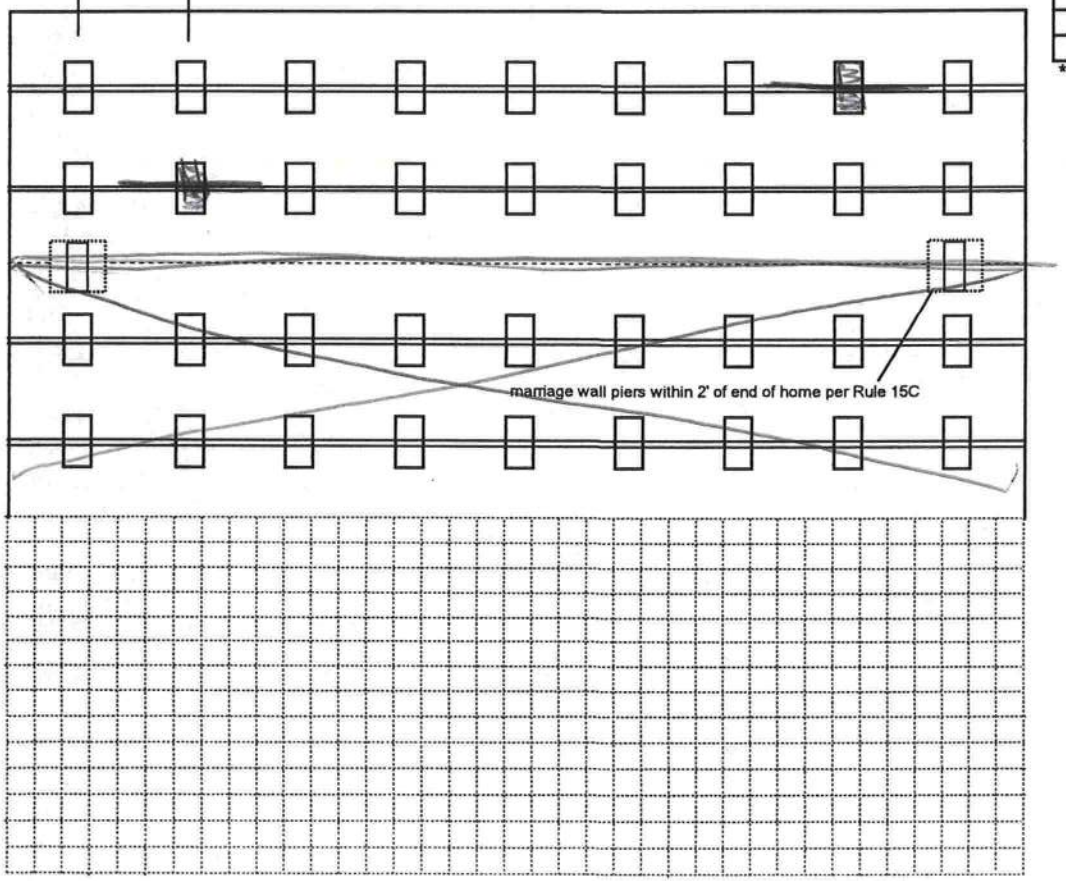
Double wide ☐ Installation Decal # 226455

Triple/Quad ☐ Serial # FDGAN2715

Typical pier spacing



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



PIER SPACING TABLE FOR USED HOMES

Load bearing capacity	Footer size (sq in)	16" x 16" (256)	18 1/2" x 18 1/2" (342)	20" x 20" (400)	22" x 22" (484)*	24" X 24" (576)*	26" x 26" (676)
1000 psf		3'	4'	5'	6'	7'	8'
1500 psf		4' 6"	6'	7'	8'	8'	8'
2000 psf		6'	8'	8'	8'	8'	8'
2500 psf		7' 6"	8'	8'	8'	8'	8'
3000 psf		8'	8'	8'	8'	8'	8'
3500 psf		8'	8'	8'	8'	8'	8'

* interpolated from Rule 15C-1 pier spacing table.

PIER PAD SIZES

I-beam pier pad size 18½ x 18½

Perimeter pier pad size HH

Other pier pad sizes (required by the mfg.) 16x16 Doors

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
	HH

POPULAR PAD SIZES

Pad Size	Sq In
16 x 16	256
16 x 18	288
18.5 x 18.5	342
16 x 22.5	360
17 x 22	374
13 1/4 x 26 1/4	348
20 x 20	400
17 3/16 x 25 3/16	441
17 1/2 x 25 1/2	446
24 x 24	576
26 x 26	676

ANCHORS

4 ft 5 ft

FRAME TIES

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

OTHER TIES

	Number
Sidewall	22
Longitudinal	
Marriage wall	
Shearwall	/

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer OLIVER Tech

Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer

PERMIT WORKSHEET

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 1500 x 2000 x 3000

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 1500 x 2000 x 2500

TORQUE PROBE TEST

The results of the torque probe test is 320 inch pounds or check here if you are declaring 5' anchors without testing _____. 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 requires anchors with 4000 lb holding capacity.

_____ Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Vic Ethridge

Date Tested 8-23-05

Electrical

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between mult-wide units. Pg.

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:	Length:	Spacing: N/A
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, meldew and buckled marriage walls are a result of a poorly installed or no gasket being installed. I understand a strip of tape will not serve as a gasket. N/A.

Installer's initials

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 N/A

Miscellaneous

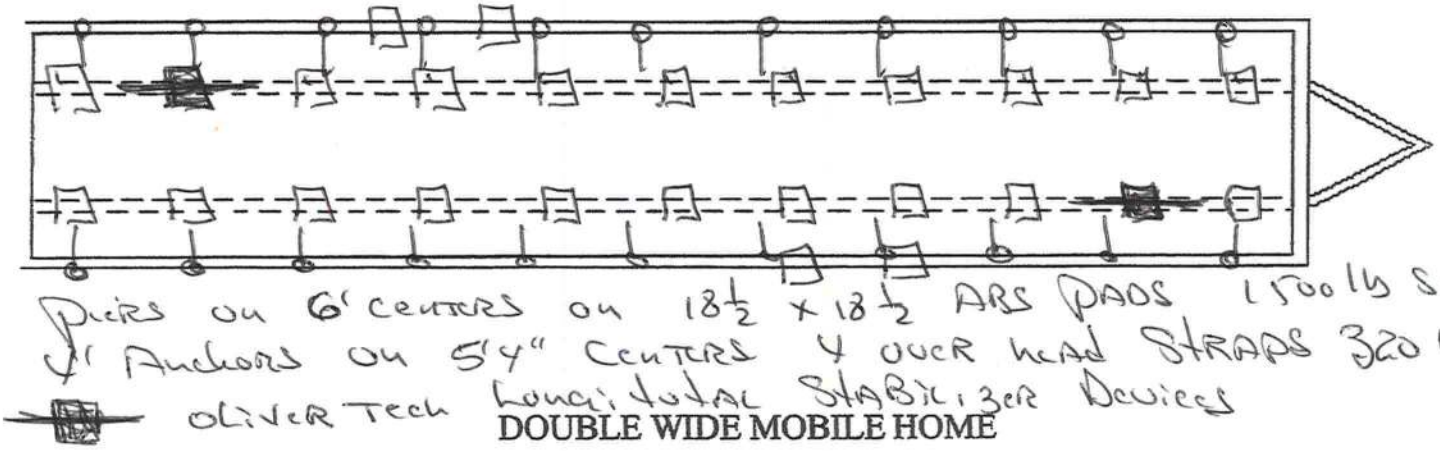
Skirting to be installed. Yes No
Dryer vent installed outside of skirting. Yes ✓ N/A
Range downflow vent installed outside of skirting. Yes ✓ N/A
Drain lines supported at 4 foot intervals. Yes ✓
Electrical crossovers protected. Yes
Other : N/A

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

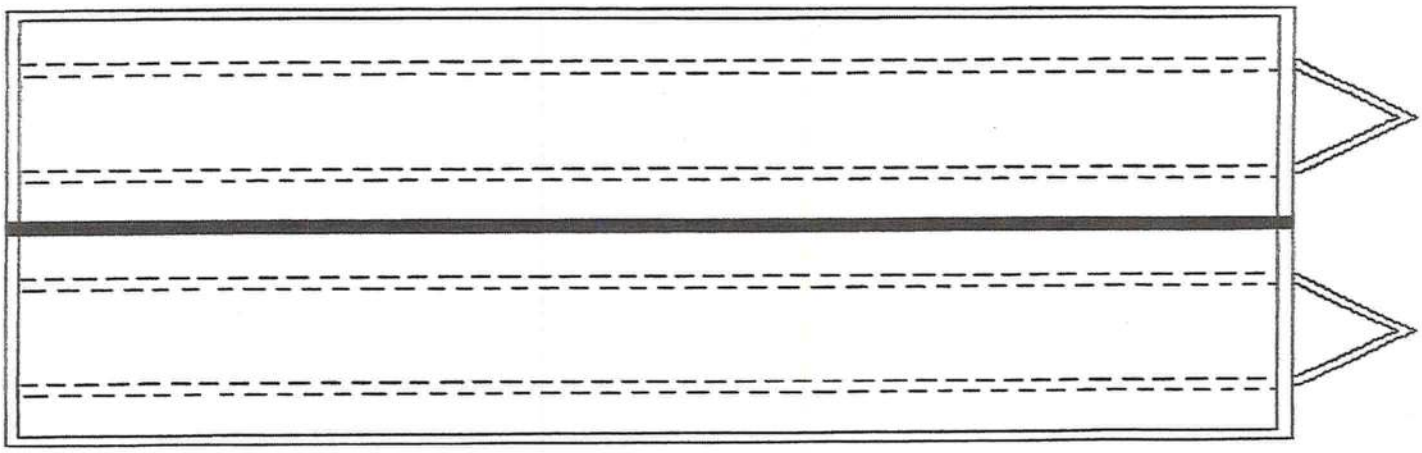
Installer Signature _____ **Date** 8-25-05

Applicant shall provide layout from manufacturer specific to the model installed. This form may be used if the layout from the manufacturer is not available.

SINGLE WIDE MOBILE HOME



DOUBLE WIDE MOBILE HOME



ANCHOR PIER PIER FOOTING

Show all pier (with size of piers & pads) and anchor location, with maximum spacing and distance from end walls, as required in the manufacturer's specifications. Any special pier footing required (over 16 x 16 inches) shall be noted separately with required dimensions per the manufacturer's specifications. To determine footing size and spacing, a soil bearing capacity test shall be used. Pier footings to be poured-in-place, whether required by manufacturer's specifications or by preference, must be inspected by the Building Department prior to pouring.

AAA
MOBILE HOME TRANSPORT

Phone (352) 372-1366
Home (386) 462-7554
Mobile (352) 316-0953
State Lic# IH0000144
Vic Etheridge Owner/Operator

DATE 8-25-05

NAME OF LICENSE HOLDER Vic Etheridge

LICENSE CERTIFICATE. # IH0000144

THE FOLLOWING PERSON(S) ARE AUTHORIZED TO SIGN FOR PERMITS FOR THE ABOVE REFERENCED LICENSE HOLDER

NAME(S) : PLEASE PRINT	SIGNATURE(S)	RELATIONSHIP
John H Cason		Customer
1 Time Permit only		

Authorization forms are good 12 months of dated form. (Unless otherwise specified if less than 12 months _____ *)*

The foregoing instrument was acknowledged before me this 25th day of Aug, 2005

by _____ who is personally known to me or has produced

identification Type of Identification _____ # _____

Signature of License Holder _____

Signature of Notary: Deborah G Morrison

Commission # & Seal/Stamp: DD 171205

DEBORAH G. MORRISON
Notary Public, State of Florida
My comm. exp. Jan. 24, 2007
Comm. No. DD 171205

PLSCN AUTHFORM
REV 05-20-02 - LMF

AAA

MOBILE HOME TRANSPORT

Phone (352) 372-1366
Home (386) 462-7554
Mobile (352) 316-0953
State Lic# IH0000144

Vic Etheridge Owner/Operator

DATE ____________

NAME OF LICENSE HOLDER ____________________________

LICENSE CERTIFICATE # ____________________________

THE FOLLOWING PERSON(S) ARE AUTHORIZED TO SIGN FOR PERMITS FOR THE ABOVE REFERENCED LICENSE HOLDER.

NAMES - PLEASE PRINT	SIGNATURE	RELATIONSHIP

Authorization forms are good 12 months of dated form. (Unless otherwise specified if less than 12 months ____________)

The foregoing instrument was acknowledged before me this ______ day of ______________

by ____________________________ who is personally known to me or has produced

identification. Type of identification ________________ # ________________

Signature of License Holder ____________________________

Signature of Notary ____________________________

Commission # & Seal Stamp: ____________

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@ CAM112M01     S  CamaUSA Appraisal System                        Columbia County
 8/29/2005 15:02  Legal Description Maintenance          50816  Land  002   *
Year T Property                          Sel                      AG    000
2005 R 12-7S-16-04188-001                 ...                     Bldg  000
                                                                  Xfea  000
       CASON JOHNNIE HAROLD JR                                    50816 TOTAL     B*

  1  BEG NW COR OF SE1/4 OF SE1/4,   RUN S 1306.35 FT TO N R/W          2
  3  CR-778, RUN E 258.37 FT, N      775.51 FT, E 745.77 FT, N          4
  5  N 506.52 FT, W 1029.82 FT TO    POB. (AKA PARCEL A)                6
  7  ORB 814-1086,                                                      8
  9                                                                    10
 11                                                                    12
 13                                                                    14
 15                                                                    16
 17                                                                    18
 19                                                                    20
 21                                                                    22
 23                                                                    24
 25                                                                    26
 27                                                                    28
                                                  Mnt  9/11/1997 TERR
F1=Task  F3=Exit  F4=Prompt  F10=GoTo  PgUp/PgDn  F24=More
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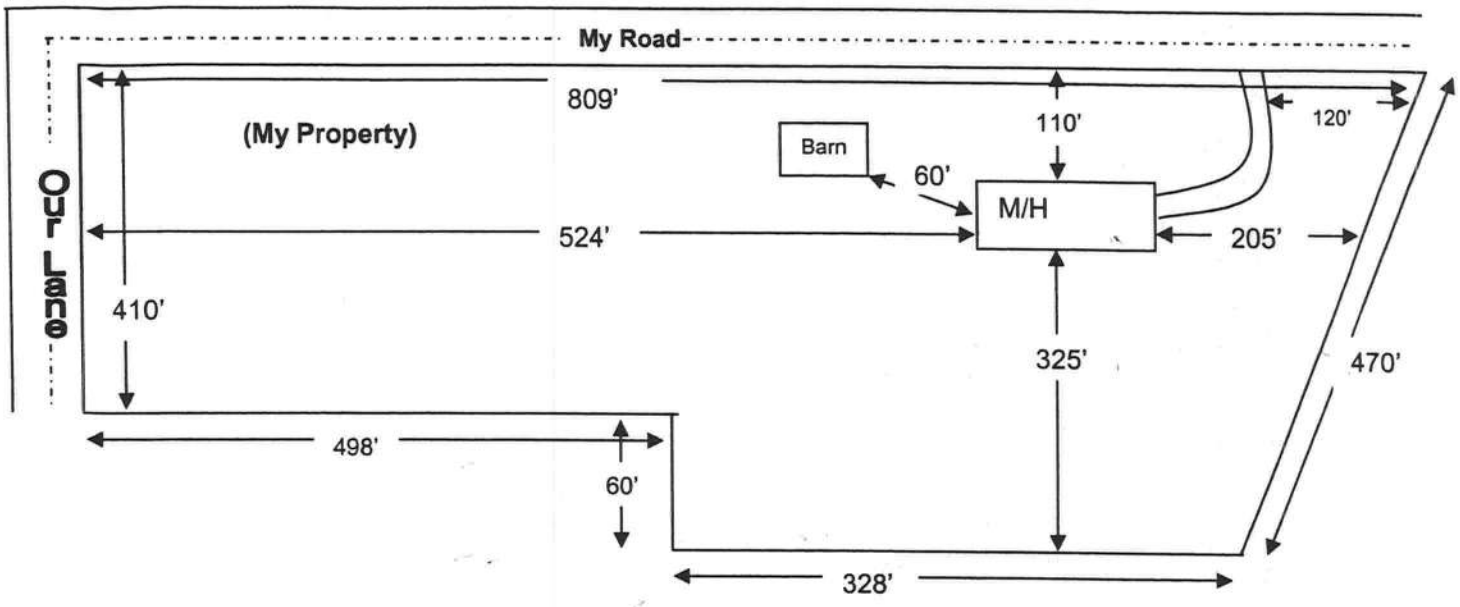
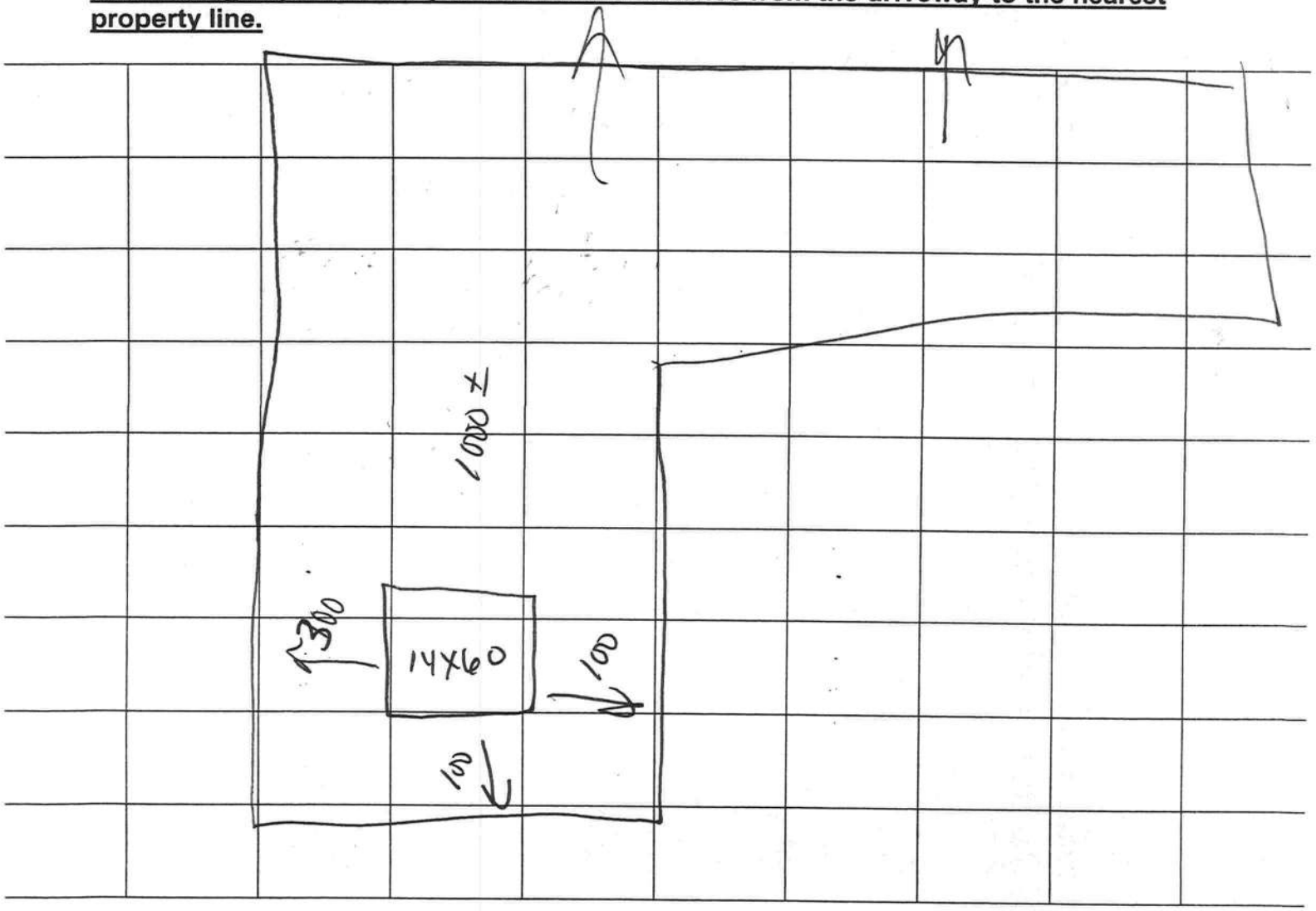
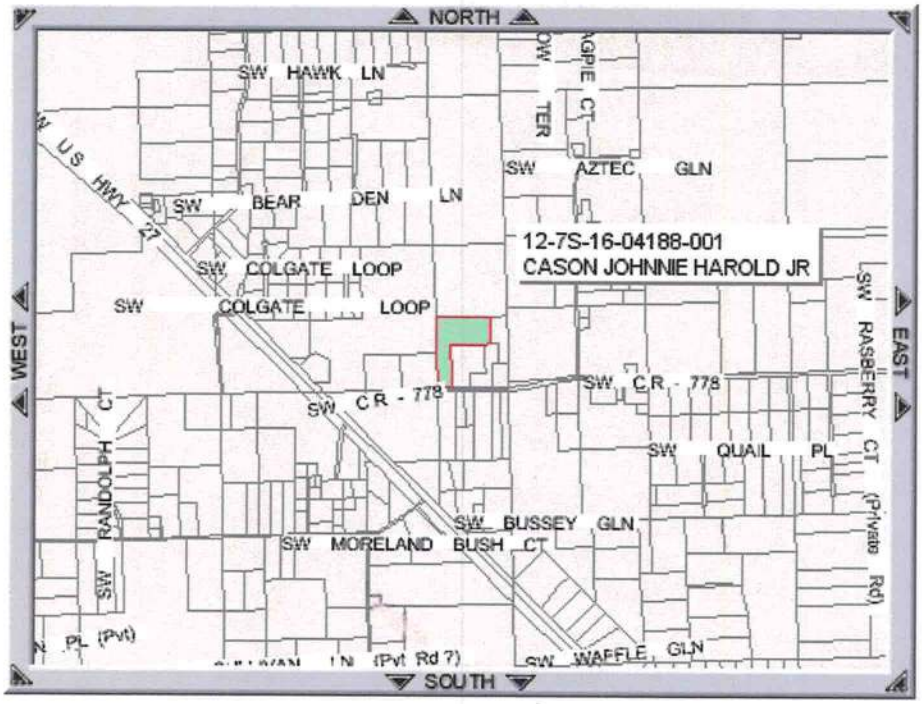
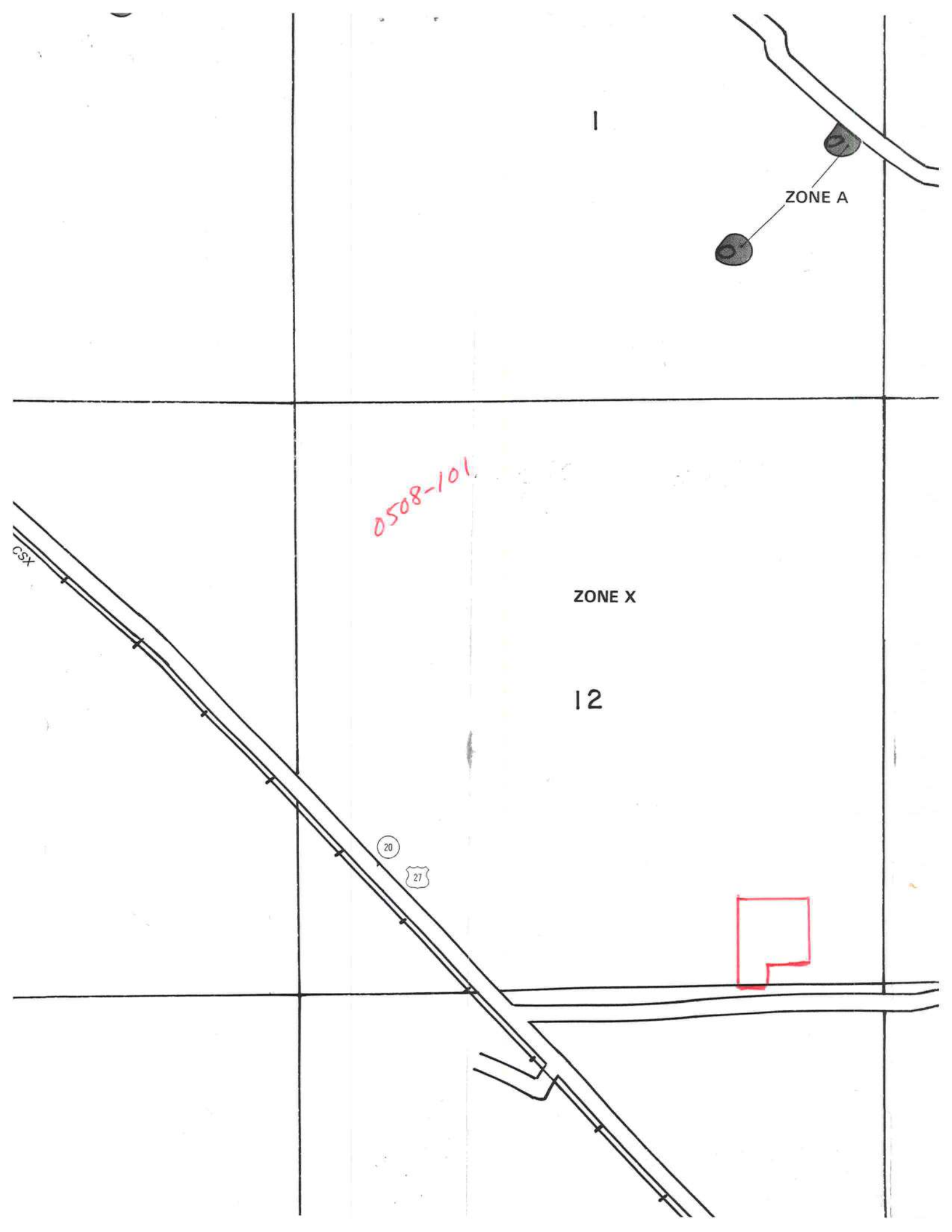
SITE PLAN EXAMPLE / WORKSHEET



Use this example to draw your own site plan. Show all existing buildings and any other homes on this property and show the distances between them, Also show where the roads or roads are around the property. <u>This site plan can also be used for the 911 Addressing department if you include the distance from the driveway to the nearest property line.</u>




NORTH
SOUTH
WEST
EAST
SW HAWK LN
US HWY 27
SW BEAR DEN LN
SW COLGATE LOOP
SW COLGATE LOOP
12-7S-16-04188-001
CASON JOHNNIE HAROLD JR
SW C.R. - 778
SW C.R. - 778
SW AZTEC GLN
SW RASBERRY CT (Private Rd)
SW QUAIL PL
SW BUSSEY GLN
SW MORELAND BUSH CT
SW RANDOLPH CT
PL (Pvt)
(Pvt Rd 7)
SW WAFFLE GLN


1
ZONE A
0508-101
CSX
ZONE X
12
20
27

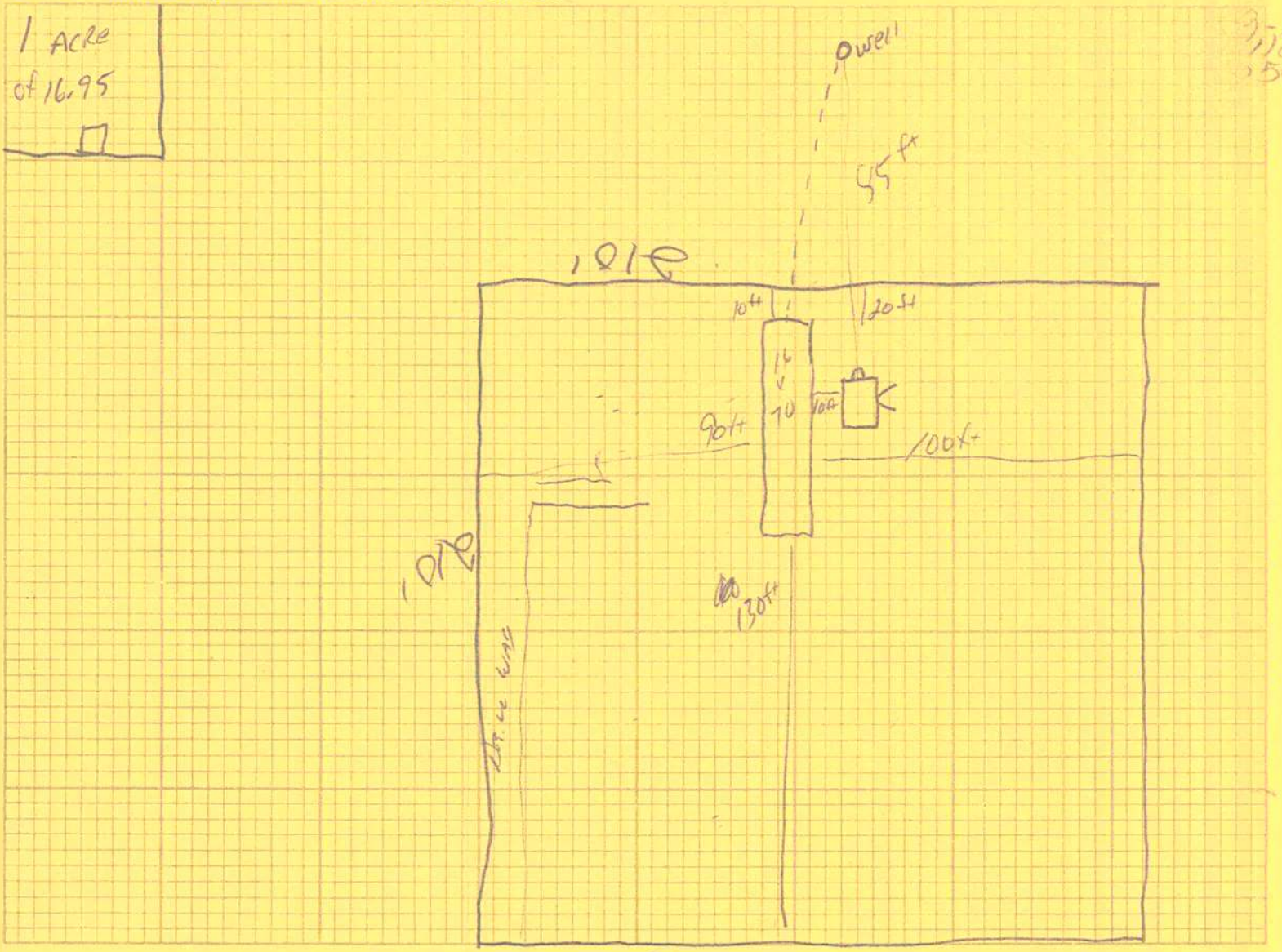
STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 05-0917E

PART II - SITE PLAN

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



Notes: _____

Site Plan submitted by: _____ Owner
Signature Title

Plan Approved ✓ Not Approved _____ Date 9-6-05

By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

CODE ENFORCEMENT

COLUMBIA COUNTY, FLORIDA

PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 9-8-05 BY ___ IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? NO

OWNERS NAME JOHN CASON PHONE 352-333-7826 cell 352-262

ADDRESS 14209 NW 15th lane, Gainesville 32606

MOBILE HOME PARK NONE SUBDIVISION Private property

DRIVING DIRECTIONS TO MOBILE HOME From Lake City - 441 South pass Ellisville to CR 778 - Turn Right - approx. 3 miles on right address - 3325 SW CR 778

MOBILE HOME INSTALLER Vic Etheridge PHONE 386 962 5504 CELL 352 283 1510

IN 0000144

MOBILE HOME INFORMATION

MAKE Fleetwood YEAR 1983 SIZE 14 x 56 COLOR Brn & Brn

SERIAL No. FLFLH29A 2715 FL

WIND ZONE II Must be wind zone II or higher NO WIND ZONE I ALLOWED

INSPECTION STANDARDS

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

P SMOKE DETECTOR (✓) OPERATIONAL ( ) MISSING

P FLOORS (✓) SOLID ( ) WEAK ( ) HOLES DAMAGED LOCATION ___

P DOORS (✓) OPERABLE ( ) DAMAGED

P WALLS (✓) SOLID ( ) STRUCTURALLY UNSOUND

P WINDOWS (✓) OPERABLE ( ) INOPERABLE

P PLUMBING FIXTURES (✓) OPERABLE ( ) INOPERABLE ( ) MISSING

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

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

EXTERIOR:

P WALLS / SIDDING ( ) LOOSE SIDING ( ) STRUCTURALLY UNSOUND ( ) NOT WEATHERTIGHT ( ) NEEDS CLEANING

P WINDOWS ( ) CRACKED/ BROKEN GLASS ( ) SCREENS MISSING ( ) WEATHERTIGHT

P ROOF (✓) APPEARS SOLID ( ) DAMAGED

STATUS:

APPROVED ___ WITH CONDITIONS: ___

NOT APPROVED ___ NEED REINSPECTION FOR FOLLOWING CONDITIONS ___

COMPANY NAME ___ LICENSE # ___

SIGNATURE ___ PRINT NAME ___ ID NUMBER ___ DATE ___

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

CODE ENFORCEMENT

COLUMBIA COUNTY, FLORIDA

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MOBILE HOME INSTALLER Vic Etheridge PHONE 386 752 7554 CELL 352 283 1510

IH0000144

MOBILE HOME INFORMATION

MAKE Fleetwood YEAR 1982 SIZE 14 x 56 COLOR Brn & Brn

SERIAL No. FLFL28A27215FL

WIND ZONE II Must be wind zone II or higher NO WIND ZONE I ALLOWED

INTERIOR: **INSPECTION STANDARDS**

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

P SMOKE DETECTOR (✓) OPERATIONAL ( ) MISSING

P FLOORS (✓) SOLID ( ) WEAK ( ) HOLES DAMAGED LOCATION ____

P DOORS (✓) OPERABLE ( ) DAMAGED

P WALLS (✓) SOLID ( ) STRUCTURALLY UNSOUND

P WINDOWS (✓) OPERABLE ( ) INOPERABLE

P PLUMBING FIXTURES (✓) OPERABLE ( ) INOPERABLE ( ) MISSING

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

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

EXTERIOR:

P WALLS / SIDDING ( ) LOOSE SIDING ( ) STRUCTURALLY UNSOUND ( ) NOT WEATHERTIGHT ( ) NEEDS CLEANING

P WINDOWS ( ) CRACKED/ BROKEN GLASS ( ) SCREENS MISSING ( ) WEATHERTIGHT

P ROOF (✓) APPEARS SOLID ( ) DAMAGED

STATUS:

APPROVED ____ WITH CONDITIONS: ____

NOT APPROVED ____ NEED REINSPECTION FOR FOLLOWING CONDITIONS ____

COMPANY NAME A&A Mobile Home Repair LICENSE # IH0000144

SIGNATURE ____ PRINT NAME Vic Etheridge REID NUMBER ____ DATE 9-11-05

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