	ota County I of Expires One Year			PERMIT 000023146
ADDRESS 520 SW BEAUFORD PI	ACE	LAKE CITY	132-3332	FL 32024
OWNER RICHARD & ANNE TUCKER		PHONE	752-3332	
ADDRESS 520 SW BEAUFORD PI	LACE	LAKE CITY		FL 32024
CONTRACTOR BRUCE GOODSON		PHONE	755-1783	
LOCATION OF PROPERTY 47 S, L CA	TES RD, R FANTASIA	, L BEAUFORD, THE	N 1ST DRIVE	
TO THE R	IGHT			
TYPE DEVELOPMENT MH,UTILITY	EST	IMATED COST OF C	ONSTRUCTION	.00
HEATED FLOOR AREA	TOTAL AREA	Α	HEIGHT _	.00 STORIES
FOUNDATION WALL	LS RO	OOF PITCH	FL	LOOR
LAND USE & ZONING A-3		MA	X. HEIGHT 3	35
Minimum Set Back Requirments: STREET-	FRONT 30.00	REAR	25.00	SIDE
NO. EX.D.U. 1 FLOOD ZONE	<u>X</u>	DEVELOPMENT PER	MIT NO.	
PARCEL ID 14-5S-16-03613-000	SUBDIVISION	1		
LOT BLOCK PHASE	UNIT _	тот	AL ACRES 13	.04
	1110000702			
Culvert Permit No. Culvert Waiver C	IH0000702 ontractor's License Numb		Applicant/Owper/	Contractor
EXISTING 05-0430MD	BK	561	Applicantowner	N
Driveway Connection Septic Tank Number	LU & Zoning	g checked by Ap	proved for Issuanc	e New Resident
COMMENTS: REPLACING MH OF PREVIOU	JS OWNER			
FLOOR 1 FOOT ABOVE THE ROAD			122A D NA 122	
LETTER OF AUTHORIZATION GIVEN			Check # or Ca	ash <u>2419</u>
FOR BU	ILDING & ZONING	G DEPARTMENT	ONLY	(footer/Slab)
Temporary Power	Foundation	* · · · ·	_ Monolithic _	
date/app. by	CI.1	date/app. by		date/app. by
Under slab rough-in plumbing date/app	Slab	date/app. by	Sheathing/l	Nailing date/app. by
Framing	Rough-in plumbing abo		d floor	date app. oy
date/app. by				date/app. by
Electrical rough-in	Heat & Air Duct		Peri. beam (Lintel	1)
date/app. by		date/app. by		date/app. by
Permanent power date/app. by	C.O. Final	te/app. by	Culvert	date/app. by
M/H tie downs, blocking, electricity and plumbing	date/app. l	T1.07 T1	Pool	
Reconnection	Pump pole	Utility Po		date/app. by
date/app. by M/H Pole Tray	date/ap	pp. by	date/app. by Re-roof	
date/app. by		e/app. by	KC-1001	date/app. by
BUILDING PERMIT FEE \$.00	CERTIFICATION FEE	\$.00	SURCHARGE	FEE \$.00
MISC. FEES \$ 200.00 ZONING	CERT. FEE \$ 50.00	FIRE FEE \$	WASTI	E FEE \$
FLOOD ZONE DEVELOPMENT FEE \$				
	CULVERT FEI		TOTAL FEE	
INSPECTORS OFFICE L	CULVERT FE		TOTAL FEE	

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.

QUALITY
MOBILE HOME SET-UP AND SERVICE
1505 SW CR 252B
LAKE CITY, FL 32024
(386) 755-1783

JUNE 14, 2005

COLUMBIA COUNTY BUILDING AND ZONING DEPT.
COLUMBIA COUNTY COURTHOUSE
LAKE CITY, FL. 32056

TO WHOM IT MAY CONCERN:

BRUCE B. GOODSON

THIS LETTER IS TO INFORM YOU THAT BRUCE GOODSON, LICENSE NUMBER IH-0 \times 000702, IS NO IONGER INSTALLING THE MOBILE HOME FOR RICHARD AND ANNE TUCKER IOCATE) AT 520 SW BEAUFORD PLACE, LAKE CITY, FL. 32024.

IF YOU SHOULD HAVE ANY QUESTIONS, PLEASE FEEL FREE TO CALL.

* 231 Ub

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION Zoning Official K 13.05.05 Building Official 6/ 57 H 5-10-05 For Office Use Only AP# 0505-36 _ Date Received 5/9/05 By Ø Permit # 23/46 Development Permit V/A Zoning A-3 Land Use Plan Map Category A-3 Flood Zone Comments FEMA Map #_____ Elevation Finished Floor _____ River ____ In Floodway Site Plan with Setbacks shown 🗹 Environmental Health Signed Site Plan 🗆 Env. Health Release Well letter provided 🛛 Existing Well Revised 9-23-04 Property ID 14-55-16-03613-000HX Must have a copy of the property deed Used Mobile Home Flee two Springs Year 1994 Subdivision Information N.W. COUNT OF S.W 4 Phone # Address 520 Name of Property Owner BrichAR OF ANNE TICKEY 911 Address 520 S.W Beauford Circle the correct power company -FL Power & Light Clay Electric (Circle One) Suwannee Valley Electric Name of Owner of Mobile Home Kichard or ANNE Address 520 SW Beautory Relationship to Property Owner Same Current Number of Dwellings on Property | BATA Lot Size 13.04 ACRES ___ Total Acreage Do you : Have an Existing Drive or need a Culvert Permit or a Culvert Waiver Permit Driving Directions 47 504 Is this Mobile Home Replacing an Existing Mobile Home Name of Licensed Dealer/Installer Druce Installers Address 1505 5W CR 70 - Installation Decal # License Number 623-4308

- 1
7
Q
$ \exists $
뫼
쒿
Ш
굶
0
≤
Ш
回
1~!
副
S
T
П
ΙI

or check here to declare 1000 lb. soil The pocket penetrometer tests are rounded down to without testing

X

x 1000

× 1000

Floor: Walls:

POCKET PENETROMETER TESTING METHOD

- 1. Test the perimeter of the home at 6 locations
- N Take the reading at the depth of the footer.
- ω Using 500 lb. increments, take the lowest reading and round down to that increment

× 1000

X

8

TORQUE PROBE TEST

showing 275 inch pounds or less will require 5 foot anchors. The results of the torque probe test is 2% inch pounds or check here if you are declaring 5' anchors without testing A test

Note: A state approved lateral arm system is being used and 4 ft anchors are required at all centerline tie points where the torque test anchors are allowed at the sidewall locations. I understand 5 ft requires anchors with 4009 to folding capacity reading is 275 or less and where the mobile home manufacturer may Installer's initials

ALL TESTS MUST BÉ PERFORMED BY A LICENSED INSTALLER

Installer Name

Date Tested

Electrical

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

Plumbing

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

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

Site Preparation

Debris and organic material removed Water drainage: Natural Swale

Pad

Other

astening multi wide units

JOHOC

Type Fastener: 8' Use Length: Spacing: 7' Congress Spacing: Spacin 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)

of tape will not serve as a gasket a result of a poorly installed or no gasket being installed. I understand a strip homes and that condensation, mold, meldew and buckled marriage walls are I understand a properly installed gasket is a requirement of all new and used

nstaller's initials

Type gasket Pg. V 000

installed:

Between Floors Yes
Between Walls Yes Bottom of ridgebeam Yes

Weatherproofing

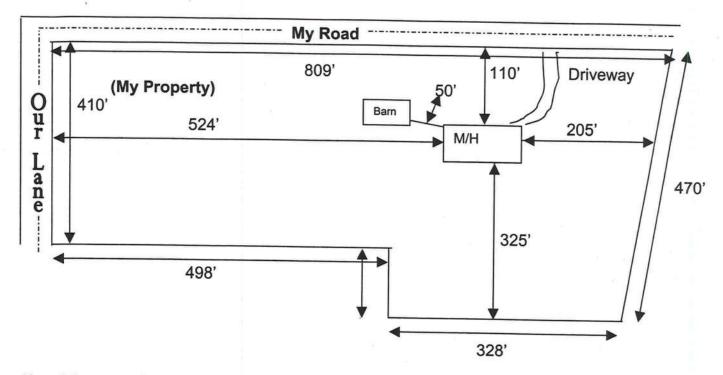
Fireplace chimney installed so as not to allow intrusion of rain water. Yes Siding on units is installed to manufacturer's specifications. Yes The bottomboard will be repaired and/or taped. Yes

Miscellaneous

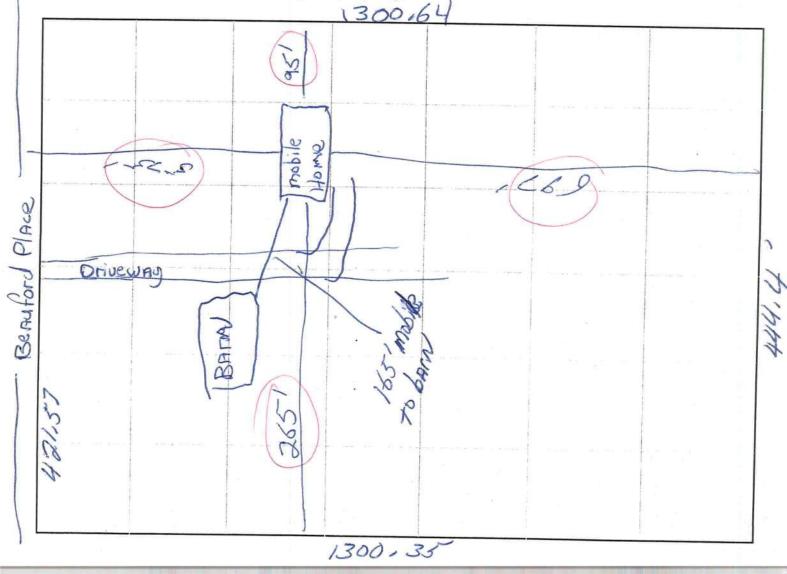
Skirting to be installed. Yes Range downflow vent installed outside of skirting. Electrical crossovers protected. Drain lines supported at 4 foot intervals. Dryer vent installed outside of skirting. Yes Yes ö NA

Installer verifies all information given with this permit worksheet Installer Signature Hunca manufacturer's installation instructions and or Rule 15C-1 & 2 is accurate and true based on the

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 road or roads are around your property.



ЮT 475. Kicher Jusher

LETTER OF AUTHORIZATION

Date: 5/9/05
Columbia County Building Department
P.O. Box 1529
Lake City, FL 32056
I Druce Goods, License No. 74-00002 do hereby
Authorize Kichard or Anne Tucker to pull and sign permits on my
behalf.
Sincerety, #DD235355 #DD235355 Annoad this Sprain house, State Office of the control of the co
Sworn to and subscribed before me this day of May 2004.
Notary Public: Robin 10 K; Hus
My commission expires: 09-07-07
Personally Known
Produced Valid Identification:



STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 05-0

- PART II - SITE PLAN-Scale: Each block represents 5 feet and 1 inch = 50 feet. 13.04 BAN 210 Bath CHIN 20 SIK 28170 OUN! Luc Site Plan submitted by: Signature Date 4-16-05 Not Approved Plan Approved County Health Department ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT Page 2 of 3 DH 4015, 19/98 (Replaces HRS-H (Stock Number: 5744-002-4015-6) 10 3949 TUCKER TRANSPORT 8048619003 1Z:20 S00Z/8Z/b0

DEPARTMENT OF CODE ENFORCEMENT COLUMBIA COUNTY, FLORIDA

PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED	BY
	Y WHERE THE PERMIT WILL BE ISSUED?
	Thill PHONE 752-3332 CELL_
911 ADDRESS 520 รม	searford pl.
MOBILE HOME PARK	SUBDIVISION
DRIVING DIRECTIONS TO MOB	ILE HOME 5 47 Rt 238 Lt Juncting
about 2 miles on	Milt 2256 Jungtion Rd
CONTRACTOR Bruit (PHONECELL
MOBILE HOME INFORMATION	
MAKE Fleetwood	YEAR 9
COLOR Beige	SERIAL NO. GAP R34 B1888 SH 34 AVA
WIND ZONE	SMOKE DETECTOR
INTERIOR: FLOORS	
DOORS	
WALLS	
CABINETS	
ELECTRICAL (FIXTURES/OUTLE	ETS)
EXTERIOR: WALLS / SIDDING	
WINDOWS	
DOORS	
STATUS: APPROVED WITH CON	IDITIONS:
	× 3
NOT APPROVED NEED	REINSPECTION
INSPECTOR SIGNATURE	Dargy B) NUMBER 306

	9/2	20 P 1	05 rc 4	5 op - 5	e S B	r - E	ty 16	4 9 Y 5 - J'E	0.70	3 R	6 D	e 1	9 3 P	a:	L) () I	s	C	r	i) K	E E	t:	ic C:	I'I	Γ̈́Υ	M				te	21	ıa el		C	е											1	.9	6		0		I I I	amb Lan AG Bld Kfe FOT	d g a	Cour 002 000 001 001	*
1	C	MC	TVT	7.	TTAT	6 5	~) E	5	^	ים		CI	TAT -	1	11	E	0	c		G.	.	7	,	1			D	TTI	NT	(2	2	5		ביי	יד	п	7	Ý	C	1	ο,	W'	ri i	\cap	7	Ζ\		C	\circ				2		
3	GI																								Ξ,	′,																									F'	T'	- 6		4		
5	N:																1	•		-	+	• ;	٦,	٠,	Э.																										1				6		
7	8.																4	'1	'n	'מ'	2	_'	1'3	2'	7'5	2'			1	٠,		,	,		,	-	-,'	r		·	-	,	,	, -	.,			,		Ē.			٦,		8		
9	, ,	,		,	.'		٥,	,		, -	. – .	٠,	Ξ,	',						٠,	٠,	ř	Τ,	,	, .	٠,	3	i s	e x	70	e		g :	i Ti	1	Ŧ	10	ij.	63	1	()	H	Œ	ĸ.): x	. () 1	()	£ 10	()	£	6		10		
11		1	٠				*	٠	0							•	į.	ı						i	1	à	1		9	1	ï		1		ì	1	ï	ï	60	1	1 19	O.	\bar{x}	ŧ	¥5 - ¥	- 6		9 0	x = 0		0 0	1	E		12		
13	1 1			9											•	ř	ŗ.		,					ŧ	٠	9	j						9				1		6					¥				4	4 3		i Y	E	1		14		
15	2. 2	82.5	e e e		8 3			95	r.						,	ì	i,		. ;	,		1	1	í	•	1		,	1		ŕ								•		1			ř	, ,		1	1				1			16		
17	96 Y	× (0.00	a :	4		*	у.	KI.					(8)	ė	į.	900	•			(8)	8		£	(14)	2.	9				9	i					v.	ï	1.	1				1	, ,		v.								18		
19	ж х	10		9	× 3		×		6					ж)	X.	65		, ,	-	. 30	- 9.		£	T.	e r	10	6 3	0 0	1	0	107				9	20	10	9.10	1		18	25	10			r	1				1	í		20		
21	x x	Y5 1		S .	w 1		×	è				0		×	,	ÿ.	0							r	i.	1	30		6 30				1	()	- 3	ж	ĸ	×	6.0		()	Э	36	x		: 10	107		9 2		: 2:		. 90		22		
		ř.		,									,		í	ř	e		. 5		1	ï	Y	ě	ı	4	9		6 7	1	i.	ř.	1	i a	1	00	ij	T.	000	t.	(()	- 36	ŧ	æ			(1	1		90		. 6		24		
23										r			i	ï		į.	Ċ	1					ı	,		,					ï	r.	,		,	1	ï	ř	•	í.	1 10	¥	\tilde{a}	10		i.	1.	1			()(: E		26		
25																																																							28		
27	2.2	1: 1	0.16		9 3	9 19		8	į.,	600	. ,	,	,			i	į.	•		1		i	î	í	i.			, ,			i	i.	1	1		4	vr-	n'+	í		1	1	n's	= /	'2 '	0'	7'5		Ή.	'Δ'	RI	D'	v		20		
m1 m-		_							_		17	Л		n-							ㅁ	1	^	_,	٦,		10			ъ.	~1	T-	. /	D	~							٠		or			J -	,	-	11.	ICI		-				
F1=Ta	ıSı		1	. 3	=	Ľ.	х.	T	-		r.	*	=.	۲.	. (ונ	ıĿ	Ü			r	Т	U:	=(3(Гc	.0			2	y	ıΈ	,,	P	y.	וט	II		Ľ	4	I	-1	MC	71	=								85				

