

## CCCPANC

## 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 18-3S-16-02177-111

Building permit No. 000028308

Permit Holder ROBERT PUCKETT

Owner of Building JAMES & SHWN PARKER(BRADLEY PARKER M/H)

Location: 1013 NW WOODLANDS TERR., LAKE CITY, FL

Date: 01/13/2010

Vaye M. Rues

**Building Inspector** 

POST IN A CONSPICUOUS PLACE (Business Places Only)

- 9. Inspection with right of entry onto the property, but not into the mobile home by the County to verify compliance with this section shall be permitted by owner and family member. The Land Development Regulation Administrator, and other authorized representatives are hereby authorized to make such inspections and take such actions as may be required to enforce the provisions of this Section.
- 10. The mobile home shall be hooked up to appropriate electrical service, potable well and sanitary sewer facilities (bathroom and septic tank) that have been installed pursuant to permits issued by the Health Department and County Building and Zoning Department, where required.
- 11. Recreational vehicles (RV's) as defined by these land development regulations are not allowed under this provision (see Section 14.10.2#10).
- 12. Upon expiration of permit, the mobile home shall be removed from the property within six (6) months of the date of expiration, unless extended as herein provided by Section 14.10.2 (#7).
- 13. This Affidavit and Agreement is made and given by Affiants with full knowledge that the facts contained herein are accurate and complete, and with full knowledge that the penalties under Florida law for perjury include conviction of a felony of the third degree.

rtify that the facts represented by us in this Affidavit are true and correct and we accept the

We Hereby Certify that the lands represented	
terms of the Agreement and agree to comply	with it.
If I Shown for	der boos
Owner /	Family Member
JAMAS W PALKAR	BRADIET M PARKEL
Typed or Printed Name	Typed or Printed Name
Subscribed and sworn to (or affirmed) before	e me this /4 day of Ofic , 20 0 9, by
JAMES PARKE / Show Hold Owne	r) who is personally known to me or has produced
CI-DL	
as identification.	DALE R. BURD
as identification.	Comm# DD0559297
	Expires 7/16/2010
	Flonda Notary Assn. Linc
Notary Public	nn: 50000 000 nnp6445460 000 540 000 000 000 000 000 000 000 00
	e me this /4 day of
Subscribed and sworn to (or affirmed) before	// I a series in manager in manag
11/2	(Family Member) who is personany
known to me or has produced FL	- 1/4
as identification. DALE R. BURD	1
Comm# DD0	
Notary Public Flonda Notary	40/
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## STATE OF FLORIDA

DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT Permit Application Number\_ App#0912.20 Parker -----PART II - SITEPLAN -----Scale: 1 inch = 50 feet. 0 · E 787 Het 11 5.98 Areas Notes: MASTER CONTRACTOR Site Plan submitted by Plan Approved Not Approved

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DH 4015, 10/96 (Replaces HRS-H Form 4016 which may be used) (Stock Number: 5744-002-4015-5) Page 2 of 4

County Health Department