

DATE 09/11/2006

Columbia County Building Permit

PERMIT

This Permit Expires One Year From the Date of Issue

000024960

APPLICANT STEVEN LEE PHONE 755-0268
ADDRESS 261 NW SEAN COURT LAKE CITY FL 32056
OWNER BILLIE JOE LEE (STEVEN LEE M.H.) PHONE 755-0268
ADDRESS 263 NW SEAN COURT LAKE CITY FL 32055
CONTRACTOR DALE HOUSTON PHONE 755-6441
LOCATION OF PROPERTY 41N, TR ON HOLTON COURT, CROSS OVER TRACKS, TL ON SEAN COURT, STRAIGHT AHEAD TO A BEIGE D/W W/PORCH.

TYPE DEVELOPMENT M/H & SEPTIC 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. 2 FLOOD ZONE X DEVELOPMENT PERMIT NO.

PARCEL ID 27-2S-16-01768-007 SUBDIVISION
LOT BLOCK PHASE UNIT TOTAL ACRES 10.00

386.752.74
Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor
EXISTING 06-0338-N BLK JTH N
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: STUP 0609-41 M.H..TEMP 1 YEAR
1 FOOT ABOVE ROAD. 3RD UNIT ON PROPERTY.

Check # or Cash 688

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 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 \$ 0.00 CERTIFICATION FEE \$ 0.00 SURCHARGE FEE \$ 0.00
MISC. FEES \$ 200.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 8.26 WASTE FEE \$ 12.25
FLOOD DEVELOPMENT FEE \$ FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$ TOTAL FEE 295.51
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 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.

OFFICE of VITAL STATISTICS

CERTIFIED COPY
FLORIDA CERTIFICATE OF DEATH

LOCAL FILE NO.

1. DECEASED'S NAME (First, Middle, Last, Suffix) CHARLES LENTON LEE		2. SEX MALE	
3. DATE OF BIRTH (Month, Day, Year) SEPTEMBER 21, 1946		4. AGE-Last Birthday (Years) 58	
5. SOCIAL SECURITY NUMBER 262-76-9218		6. COUNTY OF BIRTH COLUMBIA COUNTY, FLORIDA	
7. BIRTHPLACE (City and State or Foreign Country) COLUMBIA		8. COUNTY OF DEATH COLUMBIA	
9. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead at Home <input checked="" type="checkbox"/> Deceased at Home <input type="checkbox"/> Other (Specify) 261 NORTHWEST SEAN COURT		10. DATE OF DEATH (Month, Day, Year) SEPTEMBER 19, 2005	
11. FACILITY NAME (If not institution, give street address) 261 NORTHWEST SEAN COURT		12. MARITAL STATUS (Specify) <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married but Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married	
13. RESIDENCE - STATE FLORIDA		14. COUNTY COLUMBIA	
15. STREET ADDRESS 261 NORTHWEST SEAN COURT		16. CITY, TOWN, OR LOCATION OF DEATH LAKE CITY	
17. APT. NO. 12055		18. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. DECEASED'S USUAL OCCUPATION (Indicate type of work done during most of working life) FIRST CLASS MECHANIC		20. KIND OF BUSINESS/INDUSTRY P.C.S. PHOSPHATE	
21. DECEASED'S RACE (Specify the race or races to indicate what decedent considered himself or herself to be. More than one race may be specified.) <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native (Specify tribe) <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Is. (Specify)			
22. DECEASED OF HISPANIC OR HAITIAN ORIGIN? (Specify if decedent was of Hispanic or Haitian Origin.) <input checked="" type="checkbox"/> Yes (If Yes, specify) <input type="checkbox"/> No Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Central/South American <input type="checkbox"/> Haitian			
23. DECEASED'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.) <input type="checkbox"/> 8th Grade <input checked="" type="checkbox"/> High school diploma <input type="checkbox"/> High school diploma or GED <input type="checkbox"/> College but no degree <input type="checkbox"/> College degree (Specify) <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate			
24. WAS DECEASED EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
25. FATHER'S NAME (First, Middle, Last, Suffix) LENTON LABORN LEE		26. MOTHER'S NAME (First, Middle, Maiden Surname) DORETHA TOMLINSON	
27. INFORMANT'S NAME BILLIE JO LEE		28. RELATIONSHIP TO DECEASED SPOUSE	
29. CITY OR TOWN LAKE CITY		30. STREET ADDRESS 261 NORTHWEST SEAN COURT	
31. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) RIVERSIDE CEMETERY		32. LOCATION - STATE FLORIDA	
33. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)		34. LOCATION - CITY OR TOWN WHITE SPRINGS	
35. IF CREMATION, DONATION OR BURIAL AT SEA, WAS MEDICAL EXAMINER APPROVAL GRANTED? <input type="checkbox"/> Yes <input type="checkbox"/> No		36. LICENSE NUMBER (of Licensee) 4654	
37. NAME OF FUNERAL FACILITY SHERILL-QUERRY FUNERAL HOME		38. FACILITY'S MAILING - STATE FLORIDA	
39. CITY OR TOWN LAKE CITY		40. STREET ADDRESS 458 SOUTH MARION AVENUE	
41. ZIP CODE 32025		42. DATE FILED BY REGISTRAR (Mo., Day, Yr.) October 6, 2005	
43. CERTIFIER <input checked="" type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) and manner stated. (Check one) <input type="checkbox"/> Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, due to the cause(s) and manner stated.			
44. SIGNATURE AND Title of Certifier ERNEST P. DE LEON, M.D., P.A.		45. DATE SIGNED (mm/dd/yyyy) 10/5/05	
46. LICENSE NUMBER (of Certifier) NC 0001412		47. TIME OF DEATH (24 hr.) 0825	
48. NAME OF ATTENDING PHYSICIAN (If other than Certifier)		49. MEDICAL EXAMINER'S CASE NUMBER	
50. CERTIFIER'S STATE - 36b. CITY OR TOWN FLORIDA LAKE CITY		51. STREET ADDRESS 6719 NORTHWEST AMERICAN LANE	
52. ZIP CODE 32055		53. LOCAL REGISTRAR - Signature William Dean May	
54. SUBREGISTRAR - Signature and Date		55. DATE FILED BY REGISTRAR (Mo., Day, Yr.) October 6, 2005	
56. PROBABLE MANNER OF DEATH - The following are under the jurisdiction of the medical examiner: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined			
57. CAUSE OF DEATH - PART I (See instructions on back) Enter the chain of events - diseases, injuries, or complications - that directly caused the death. Enter only one cause or list DO NOT enter terminal event such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the history. CARDIOVASCULAR ARREST			
58. IMMEDIATE CAUSE (Final disease or condition resulting in death) MYOCARDIAL INFARCTION			
59. UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST MYOCARDIAL INFARCTION			
60. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.			
61. IF SURGERY MENTIONED IN PART I OR II, ENTER REASON FOR SURGERY		62. DATE OF SURGERY (Mo., Day, Yr.)	
63. IF FEMALE, WAS SHE PREGNANT WITHIN THE PAST YEAR? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		64. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	
65. DATE OF INJURY (Month, Day, Year)		66. TIME OF INJURY (24 hr.)	
67. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No		68. LOCATION OF INJURY - STATE	
69. CITY OR TOWN		70. STREET ADDRESS	
71. APT. NO.		72. ZIP CODE	
73. DESCRIBE HOW INJURY OCCURRED			
74. TRANSPORTATION INJURY: 75a. Status of Decedent: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) 75b. Type of Vehicle <input type="checkbox"/> Car/Minivan <input type="checkbox"/> S.U.V. <input type="checkbox"/> Motorcycle <input type="checkbox"/> Pickup Truck/Cargo Van <input type="checkbox"/> Bus <input type="checkbox"/> Heavy Transport <input type="checkbox"/> Other (Specify)			

WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK. THE DOCUMENT PAGE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

DH FORM 1947 (08/04)

C1980110

CERTIFICATION OF VITAL RECORD

FLORIDA DEPARTMENT OF
HEALTH

VOID IF ALTERED OR ERASED

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only

(Revised 6-23-05)

Zoning Official 7/26/06

Building Official HD 7-26-06

AP# 060765 Date Received 7/26/06 By JW Permit # 24960

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

Comments - 2nd unit on property - need completed affidavit

3rd unit on property, letter is needed from owner: J. Smith 3rd unit: cert.

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

- Property ID # 27-26-16-01768-007 Must have a copy of the property deed
- New Mobile Home Used Mobile Home yes Year 1991
- Applicant Steven Lee Phone # (386) 365-8934
- (911) Address 261 NW Sean Ct. Lake City, FL 32055
- Name of Property Owner Billie Jo Lee Phone # (386) 755-0268
- (261) 911 Address 263 NW Sean Ct. Lake City, FL 32055
- Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home Steven Lee Phone # (386) 365-8934
- Address 212 NW Sean Ct, LC FL 32055
- Relationship to Property Owner Son
- Current Number of Dwellings on Property 2
- Lot Size 10 acres Total Acreage 10 acres
- Do you : Have an Existing Drive or need a Culvert Permit or a Culvert Walver (Circle one)
- Is this Mobile Home Replacing an Existing Mobile Home NO (owes)
- Driving Directions to the Property 41 N, 3 miles pass I-10, Horton Ct on (B) (across from S.V. Fire Dept.) follow to Sean Ct the goes straight until beige DW w/ porch.
- Name of Licensed Dealer/Installer DALE Houston Phone # 386-752-7814
- Installers Address 136 SW Barrs Glen Lake City, FL 32024
- License Number IHO000000 Installation Decal # 269238

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 X

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 X X

TORQUE PROBE TEST

The results of the torque probe test is 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 require anchors with 4000 lb. holding capacity.

 Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

DATE HOUSE

Date Tested

7-10-06

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. N/A

Plumbing

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

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

Site Preparation

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

Fastening multi wide units

Floor: Type Fastener: Spacing:
Walls: Type Fastener: Spacing:
Roof: Type Fastener: 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

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. N/A
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 No
Range downflow vent installed outside of skirting. Yes No
Drain lines supported at 4 foot intervals. Yes No
Electrical crossovers protected. Yes No
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

Date 7-10-06

PERMIT NUMBER

Installer DATE Housh License # 14000004

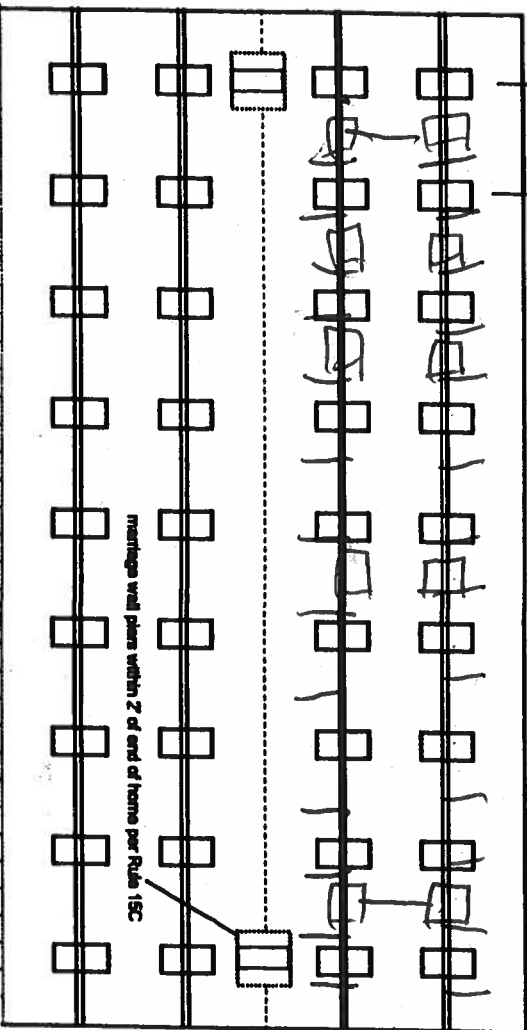
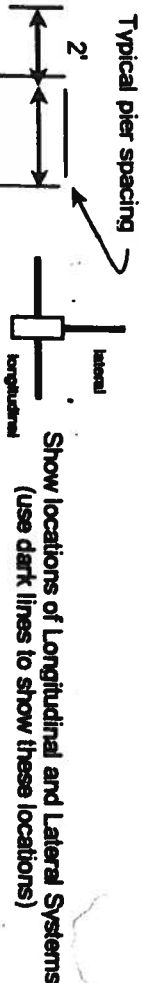
Address of home being installed 263 N.W. SEAN CT
LAKE CITY FL 32025

Manufacturer _____ Length x width 70x14

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 lies exceed 5 ft 4 in.

Installer's initials DA



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 # 269238

Triple/Quad ☐ Serial # _____

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq ft)	Foeder size (256)	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'	8'	8'	8'
2000 psf	6'	8'	8'	8'	8'	8'	8'
2500 psf	7'6"	8'	8'	8'	8'	8'	8'
3000 psf	8'	8'	8'	8'	8'	8'	8'
3500 psf	8'	8'	8'	8'	8'	8'	8'

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

PER PAD SIZES

I-beam pier pad size 17x25

Perimeter pier pad size 16x16

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, _____

POPULAR PAD SIZES

Pad Size	Sq ft
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

FRAME TIES

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

OTHER TIES

Number _____

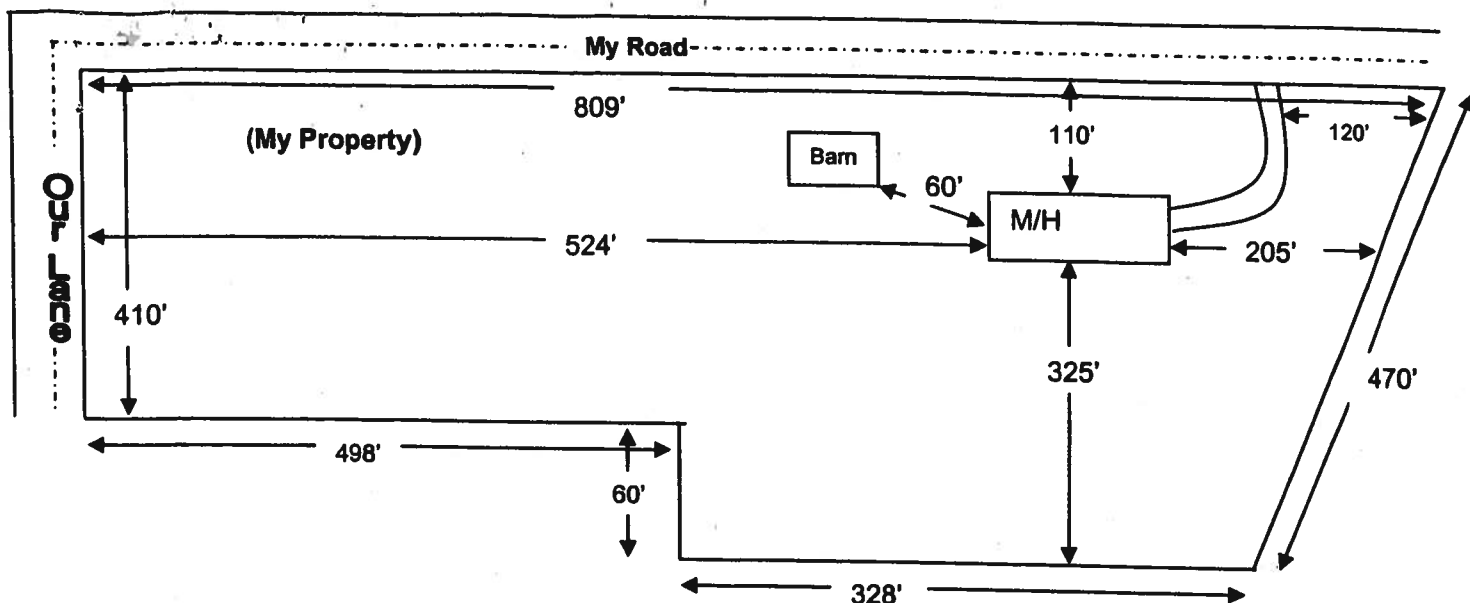
TIEDOWN COMPONENTS

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

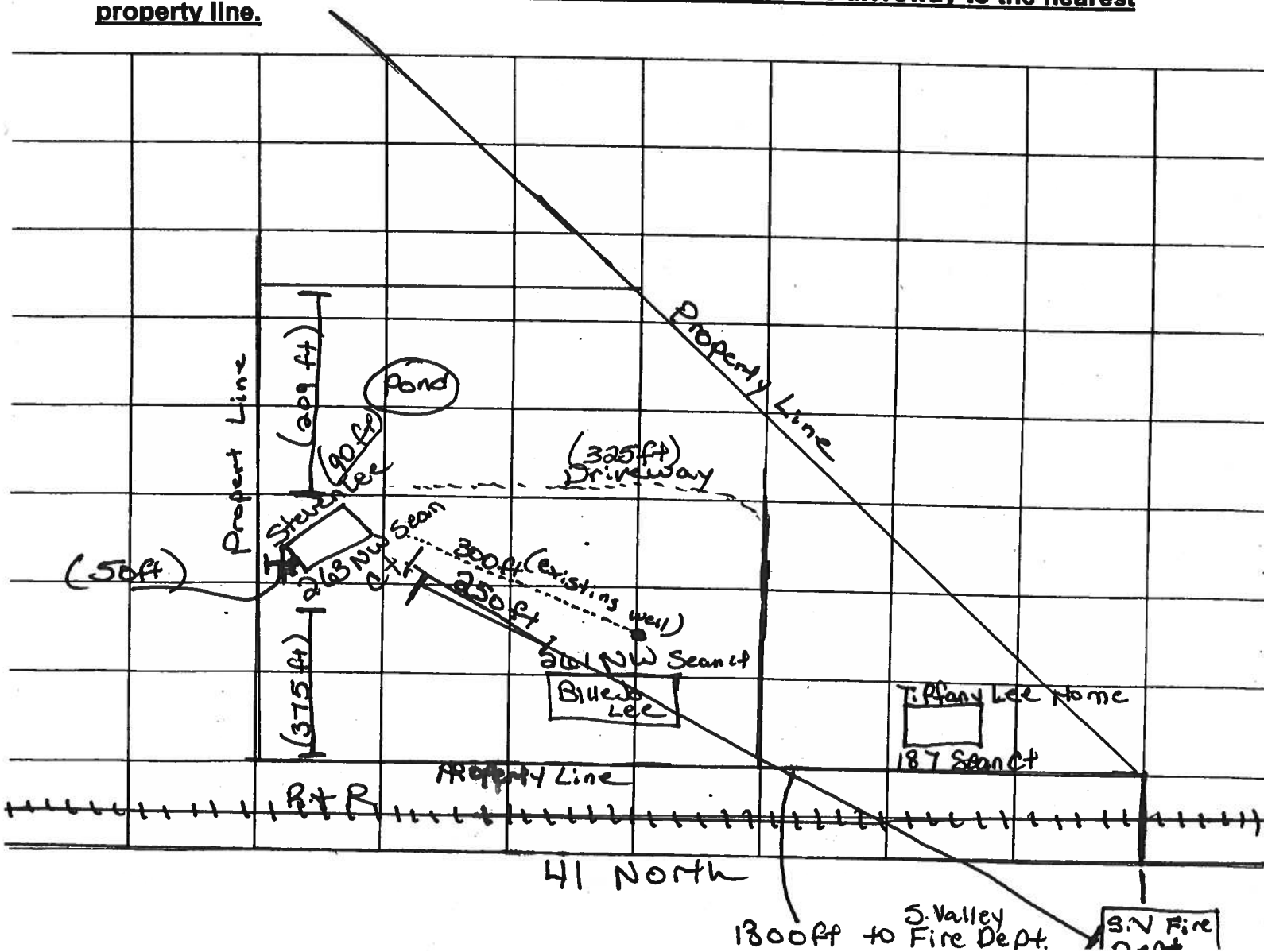
Sidewall _____
Longitudinal _____
Marriage wall _____
Shearwall 2

Division Technical Services

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. 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.



@ CAM112M01	S	CamaUSA Appraisal System		Columbia	County
7/26/2006	8:49	Legal Description Maintenance		9150	Land 002
Year T	Property	Sel		1620	AG 001
2006	R 27-2S-16-01768-007			32431	Bldg 001 *
	158 HOLTON CT NW LAKE CITY			1327	Xfea 003 *
HX	LEE CHARLES & BILLIE JOE			44528	TOTAL B*

1	ALL OF SW1/4 OF SE1/4 AS LIES E OF RR R/W, EX THE N 177 FT.	2
3	ORB 358-207,, 730-628	4
5		6
7		8
9		10
11		12
13		14
15		16
17		18
19		20
21		22
23		24
25		26
27		28

Mnt 6/04/1996 TERR

F1=Task F3=Exit F4=Prompt F10=GoTo PgUp/PgDn F24=More

Assignment of Authority

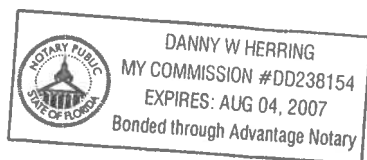
I, Dale Houston, License # IH0000040 do hereby authorize Steven Lee
to act on my behalf in all aspects of pulling a move on permit.

Sworn and Subscribed before me this 17 day of July,
2006. County of Columbia, State of Florida.

Signature Dale Huh

Date 7/17/06

Notary Danny W. Herring Commission Expires 8/04/07



22

ZONE A

BARBARA
LAKE

ZONE X

RAILWAY

27

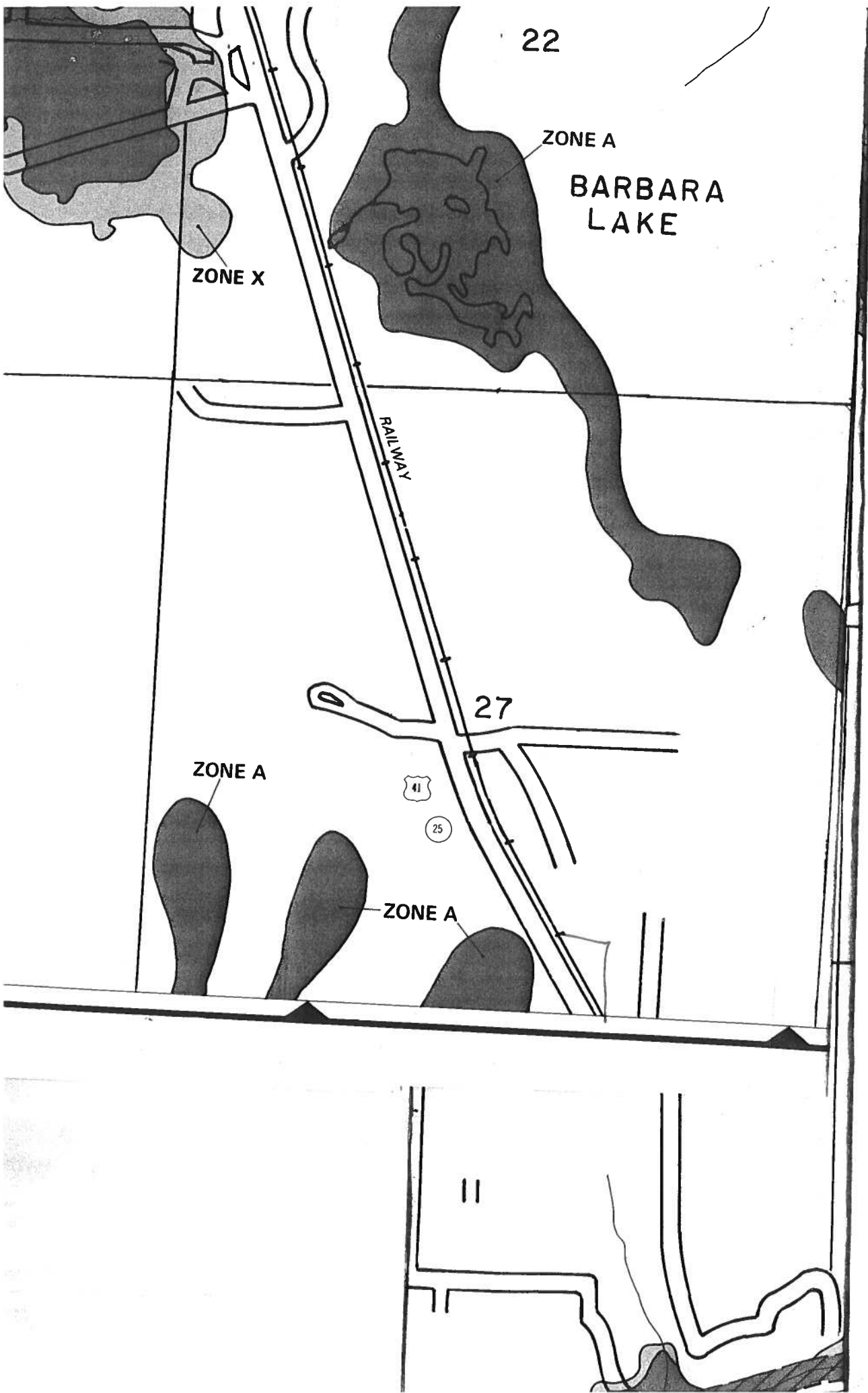
ZONE A

41

25

ZONE A

11



**CODE ENFORCEMENT I
PRELIMINARY MOBILE HOME INSPECTION REPORT**

DATE RECEIVED 6-8-06 BY LT IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? No
OWNERS NAME Steven Lee PHONE _____ CELL 365-8934

ADDRESS _____

MOBILE HOME PARK _____ SUBDIVISION _____

DRIVING DIRECTIONS TO MOBILE HOME Branford, TL Norris, to end, TL
on Daig, TR Mangum, ~~to end~~ - to the end on right

MOBILE HOME INSTALLER Dale Houston PHONE _____ CELL _____

MOBILE HOME INFORMATION

MAKE Redmon YEAR 1992 SIZE 14 x 20 COLOR Blue & Gray
SERIAL No. ?

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

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

INSPECTION STANDARDS

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 / SIDING () 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 _____

SIGNATURE DP ID NUMBER _____ DATE 6/8/06

Columbia County Property Appraiser

DB Last Updated: 8/1/2006

2006 Proposed Values

Parcel: 27-2S-16-01768-007 HX

Tax Record

Property Card

Interactive GIS Map

Print

Owner & Property Info

Search Result: 1 of 1

Owner's Name	LEE CHARLES & BILLIE JOE
Site Address	HOLTON
Mailing Address	261 NW SEAN CT LAKE CITY, FL 32055
Description	ALL OF SW1/4 OF SE1/4 AS LIES E OF RR R/W, EX THE N 177 FT. ORB 358-207, 730-628

Use Desc. (code)	IMPROVED A (005000)
Neighborhood	27216.00
Tax District	3
UD Codes	MKTA03
Market Area	03
Total Land Area	10.000 ACRES

Property & Assessment Values

Mkt Land Value	cnt: (2)	\$9,150.00
Ag Land Value	cnt: (1)	\$1,620.00
Building Value	cnt: (1)	\$32,431.00
XFOB Value	cnt: (3)	\$1,327.00
Total Appraised Value		\$44,528.00

Just Value	\$87,908.00
Class Value	\$44,528.00
Assessed Value	\$28,494.00
Exempt Value	(code: HX) \$25,000.00
Total Taxable Value	\$3,494.00

Sales History

Sale Date	Book/Page	Inst. Type	Sale VImp	Sale Qual	Sale RCode	Sale Price
NONE						

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	MOBILE HME (000800)	1988	Alum Siding (26)	1782	2070	\$32,431.00
Note: All S.F. calculations are based on exterior building dimensions.						

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0294	SHED WOOD/	0	\$220.00	1.000	0 x 0 x 0	(.00)
0166	CONC,PAVMT	1993	\$907.00	648.000	27 x 27 x 0	AP (30.00)
0296	SHED METAL	1993	\$200.00	80.000	8 x 10 x 0	AP (50.00)

Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
000102	SFR/MH (MKT)	1.000 AC	1.00/1.00/1.00/1.00	\$7,150.00	\$7,150.00
006200	PASTURE 3 (AG)	9.000 AC	1.00/1.00/1.00/1.00	\$180.00	\$1,620.00
009910	MKT.VAL.AG (MKT)	9.000 AC	1.00/1.00/1.00/1.00	\$0.00	\$45,000.00
009945	WELL/SEPT (MKT)	1.000 UT - (.000AC)	1.00/1.00/1.00/1.00	\$2,000.00	\$2,000.00

Columbia County Property Appraiser

DB Last Updated: 8/1/2006

1 of 1

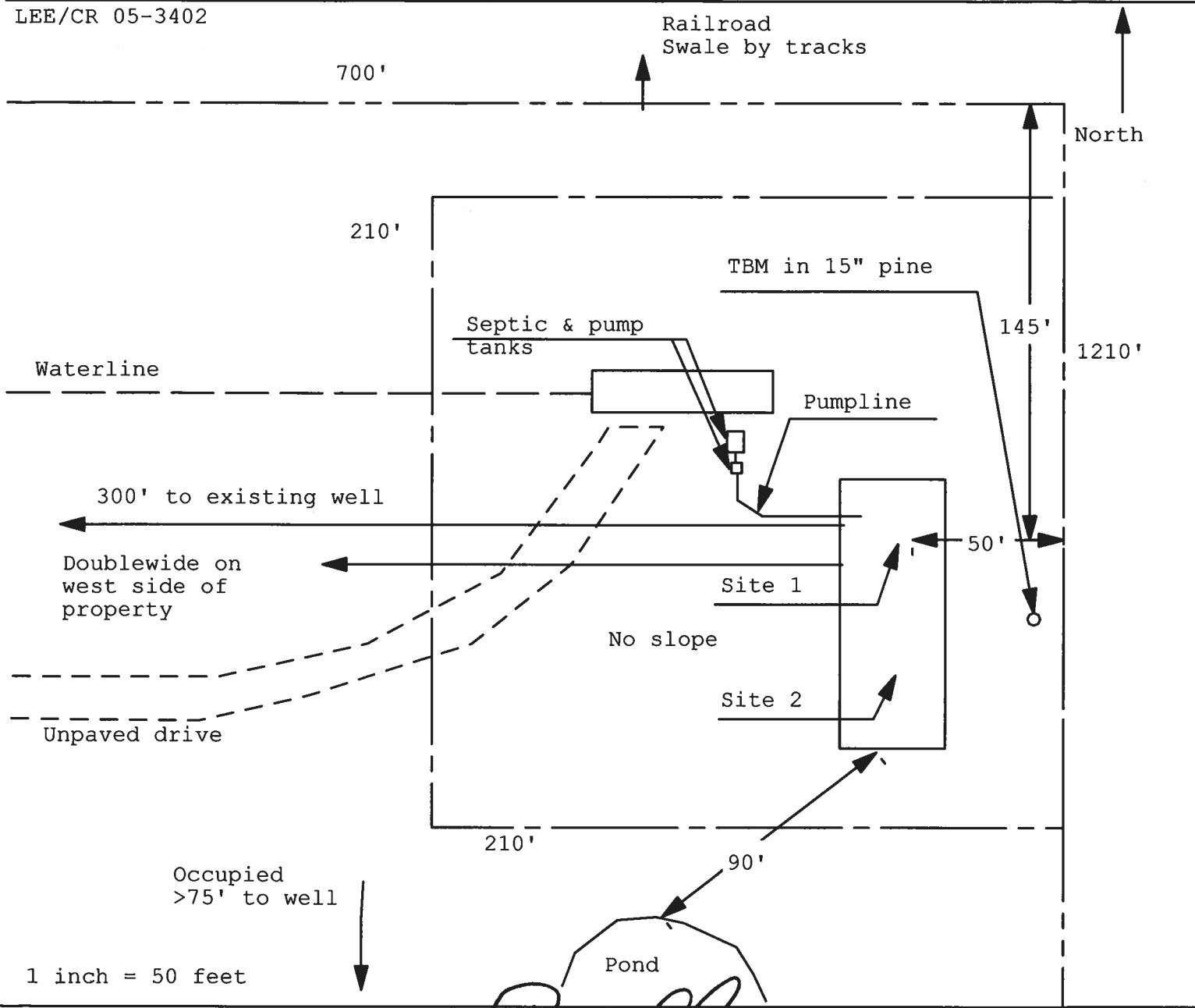


Application for Onsite Sewage Disposal System Construction Permit. Part II Site Plan

Permit Application Number: 06-0338 N

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT

LEE/CR 05-3402



Site Plan Submitted By Paul Hays Date 3/6/06
Plan Approved ☒ Not Approved ☐ Date 9/26/06
By My In Columbia CPHU

Notes: _____

STATE OF FLORIDA
COUNTY OF FLORIDA

AFFIDAVIT

This is to certify that I, (We), Billie Jo Lee, as the
Property/Landowner, of the below described property:

Tax Parcel No. 27-23-16-01768-007

Subdivision (Name, lot, block, phase) meets & bounds

Give my permission for Mobile Home Steven Lee to place a
(Mobile Home/ Travel Trailer/ Single Family Home)

I (We) understand that this could result in an assessment for solid waste and fire
protection services levied on this property.

Billie Jo Lee
(1) Property/Landowner

(2) Property/Landowner

Sworn to and subscribed before me this 27th day of July, 2006. This

(These) person (s) are personally known to me or produced ID personally known.
(Type)

Sharon Y. Blackmon
Notary Public Signature
State of Florida
My commission expires:

SHARON Y. BLACKMON
Notary Printed Name



**COLUMBIA COUNTY, FLORIDA
LAND DEVELOPMENT REGULATION ADMINISTRATOR
SPECIAL PERMIT FOR TEMPORARY USE
APPLICATION**

Permit No. 0609-41

Date 9-11-06

Fee 100.00

Receipt No. 3491

Certain uses are of short duration and do not create excessive incompatibility during the course of the use. Therefore, the Land Development Regulation Administrator is authorized to issue temporary use permits for the following activities, after a showing that any nuisance or hazardous feature involved is suitably separated from adjacent uses; excessive vehicular traffic will not be generated on minor residential streets; and a vehicular parking problem will not be created:

1. In any zoning district: special events operated by non-profit, eleemosynary organizations.
2. In any zoning district: Christmas tree sales lots operated by non-profit, eleemosynary organizations.
3. In any zoning district: other uses which are similar to (1) and (2) above and which are of a temporary nature where the period of use will not extend beyond thirty (30) days.
4. In any zoning district: mobile homes or travel trailers used for temporary purposes by any agency of municipal, County, State, or Federal government; provided such uses shall not be or include a residential use.
5. In any zoning district: mobile homes or travel trailers used as a residence, temporary office, security shelter, or shelter for materials of goods incident to construction on or development of the premises upon which the mobile home or travel trailer is located. Such use shall be strictly limited to the time construction or development is actively underway. In no event shall the use continue more than twelve (12) months without the approval of the Board of County Commissioners and the Board of County Commissioners shall give such approval only upon finding that actual construction is continuing.
6. In agricultural, commercial, and industrial districts: temporary religious or revival activities in tents.

7. In agricultural districts: In addition to the principal residential dwelling, one (1) additional mobile homes may be used as an accessory residence, provided that such mobile homes are occupied by persons related by the grandparent, parent, step-parent, adopted parent, sibling, child, stepchild, adopted child or grandchild of the family occupying the principal residential use. Such mobile homes are exempt from lot area requirements, and shall not be located within required yard areas. Such mobile homes shall not be located within twenty (20) feet of any building. A temporary use permit for such mobile homes may be granted for a time period up to one (1) year. When the temporary use permit expires, the applicant may invoke the provisions of Section 14.9, entitled Special Family Lot Permits.
8. In shopping centers within Commercial Intensive districts only: mobile recycling collection units. These units shall operate only between the hours of 7:30 a.m. and 8:30 p.m. and shall be subject to the review of the Land Development Regulation Administrator. Application for permits shall include written confirmation of the permission of the shopping center owner and a site plan which includes distances from buildings, roads, and property lines. No permit shall be valid for more than thirty (30) days within a twelve (12) month period, and the mobile unit must not remain on site more than seven (7) consecutive days. Once the unit is moved off-site, it must be off-site for six (6) consecutive days.
9. In any zoning district: A temporary business, as defined within these Land Development Regulations. At least sixty (60) days prior to the commencement date of the temporary permit, the applicant shall submit an application to the County, which shall include the following information.

 - a. the name and permanent address or headquarters of the person applying for the permit;
 - b. if the applicant is not an individual, the names and addresses of the business;
 - c. the names and addresses of the person or persons which will be in direct charge of conducting the temporary business;
 - d. the dates and time within which the temporary business will be operated;
 - e. the legal description and street address where the temporary business will be located;
 - f. the name of the owner or owners of the property upon which the temporary business will be located;
 - g. a written agreement containing the permission from the owner of the property for its use for a temporary business must be attached to and made a part of the application for the permit;

- h. a site plan showing display areas, plans for access and egress of vehicular traffic, any moveable interim structures, tents, sign and banner location and legal description of the property must accompany the application for the temporary use permit; and**
- i. a public liability insurance policy, written by a company authorized to do business in the State of Florida, insuring the applicant for the temporary permit against any and all claims and demands made by persons for injuries or damages received by reason of or arising out of operating the temporary business. The insurance policy shall provide for coverage of not less than one million dollars (\$1,000,000.00) for damages incurred or claims by more than one person for bodily injury and not less than two million dollars (\$2,000,000.00) for damages incurred or claims by more than one person for bodily injury and fifty thousand dollars (\$50,000.00) for damages to property for one person and one hundred thousand dollars (\$100,000.00) for damages to property claimed by more than one person. The original or duplicate of such policy, fully executed by the insurer, shall be attached to the application for the temporary permit, together with adequate evidence that the premiums have been paid.**

The sales permitted for a temporary business, as defined with these land development regulations, including, but not limited to, promotional sales such as characterized by the so-called "sidewalk "sale", "vehicle sale", or "tent sale", shall not exceed three (3) consecutive calendar days.

There must be located upon the site upon which the temporary business shall be conducted public toilet facilities which comply with the State of Florida code, potable drinking water for the public, approved containers for disposing of waste and garbage and adequate light to illuminate the site at night time to avoid theft and vandalism.

If the application is for the sale of automobiles or vehicles, the applicant shall provide with the application a copy of a valid Florida Department of Motor Vehicle Dealers license and Department of Motor Vehicle permit to conduct an "offsite" sale. If any new vehicles are to be displayed on the site, a copy of the factory authorization to do so will be required to be filed with the application.

No activities, such as rides, entertainment, food, or beverage services shall be permitted on the site in conjunction with the operation of the temporary business.

Not more than one (1) sign shall be located within or upon the property for which the temporary permits is issued, and shall not exceed sixteen (16) square feet in surface area. No additional signs, flags, banners, balloons or other forms of visual advertising shall be permitted. The official name of the applicant and its permanent location and street address, together with its

permanent telephone number, must be posted on the site of the property for which the temporary permit is issued and shall be clearly visible to the public.

Any applicant granted a temporary permit under these provisions shall also comply with and abide by all other applicable federal, State of Florida, and County laws, rules and regulations.

Only one (1) tent, not to exceed three hundred fifty (350) square feet in size shall be permitted to be placed on the site of the temporary business and such tent, if any, shall be properly and adequately anchored and secured to the ground or to the floor of the tent.

No person or entity shall be issued more than one (1) temporary permit during each calendar year.

The temporary permit requested by an applicant shall be issued or denied within sixty (60) days following the date of the application therefor is filed with the Land Development Regulation Administrator.

10. In agriculture and environmentally sensitive area districts: a single recreational vehicle as described on permit for living, sleeping, or housekeeping purposes for one-hundred eighty (180) consecutive days from date that permit is issued, subject to the following conditions:
 - a. Demonstrate a permanent residence in another location.
 - b. Meet setback requirements.
 - c. Shall be hooked up to or have access 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.
 - d. Upon expiration of the permit the recreational vehicle shall not remain on property parked or stored and shall be removed from the property for 180 consecutive days.
 - e. Temporary RV permits are renewable only after one (1) year from issuance date of any prior temporary permit.

Temporary RV permits existing at the effective date of this amendment may be renewed for one (1) additional temporary permit in compliance with these land development regulations, as amended. Recreational vehicles as permitted in this section are not to include RV parks.

Appropriate conditions and safeguards may include, but are not limited to, reasonable time limits within which the action for which temporary use permit is requested shall be begun or completed, or both. Violation of such conditions and safeguards, when made a part of the terms under which the special permit is granted, shall be deemed a violation of these land development regulations and punishable as provided in Article 15 of these land development regulations.

1. Name of Title Holder(s) Billie Jo Lee

Address 261 NW Sean Ct City Lake City Zip Code 32055

Phone 886 755-0268

NOTE: If the title holder(s) of the subject property are appointing an agent to represent them, a letter from the title holder(s) addressed to the Land Development Regulation Administrator **MUST** be attached to this application at the time of submittal stating such appointment.

Title Holder(s) Representative Agent(s) _____

Address _____ City _____ Zip Code _____

Phone () _____

2. Size of Property 10 acres

3. Tax Parcel ID# 27-25-16-01768-007 HX

4. Present Land Use Classification Agriculture

5. Present Zoning District # 3

6. Proposed Temporary Use of Property paragraph 7

(Include the paragraph number the use applies under listed on Page 1 and 2)

7. Proposed Duration of Temporary Use 12 months

8. Attach Copy of Deed of Property.

I (we) hereby certify that all of the above statements and the statements contained in any papers or plans submitted herewith are true and correct to the best of my (our) knowledge and belief.

Steven Lee
Applicants Name (Print or Type)

[Signature]
Applicant Signature

9-10-06
Date

OFFICIAL USE

Approved ✓ dfe 9-11-06

Denied _____

Reason for Denial _____

Conditions (if any) _____

Columbia County Property Appraiser

DB Last Updated: 8/1/2006

2006 Proposed Values

Parcel: 27-2S-16-01768-007 HX

Tax Record

Property Card

Interactive GIS Map

Print

Owner & Property Info

Search Result: 1 of 1

Owner's Name	LEE CHARLES & BILLIE JOE
Site Address	HOLTON
Mailing Address	261 NW SEAN CT LAKE CITY, FL 32055
Description	ALL OF SW1/4 OF SE1/4 AS LIES E OF RR R/W, EX THE N 177 FT. ORB 358-207, 730-628

Use Desc. (code)	IMPROVED A (005000)
Neighborhood	27216.00
Tax District	3
UD Codes	MKTA03
Market Area	03
Total Land Area	10.000 ACRES

Property & Assessment Values

Mkt Land Value	cnt: (2)	\$9,150.00
Ag Land Value	cnt: (1)	\$1,620.00
Building Value	cnt: (1)	\$32,431.00
XFOB Value	cnt: (3)	\$1,327.00
Total Appraised Value		\$44,528.00

Just Value	\$87,908.00
Class Value	\$44,528.00
Assessed Value	\$28,494.00
Exempt Value	(code: HX) \$25,000.00
Total Taxable Value	\$3,494.00

Sales History

Sale Date	Book/Page	Inst. Type	Sale VImp	Sale Qual	Sale RCode	Sale Price
NONE						

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	MOBILE HME (000800)	1988	Alum Siding (26)	1782	2070	\$32,431.00
Note: All S.F. calculations are based on exterior building dimensions.						

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0294	SHED WOOD/	0	\$220.00	1.000	0 x 0 x 0	(.00)
0166	CONC,PAVMT	1993	\$907.00	648.000	27 x 27 x 0	AP (30.00)
0296	SHED METAL	1993	\$200.00	80.000	8 x 10 x 0	AP (50.00)

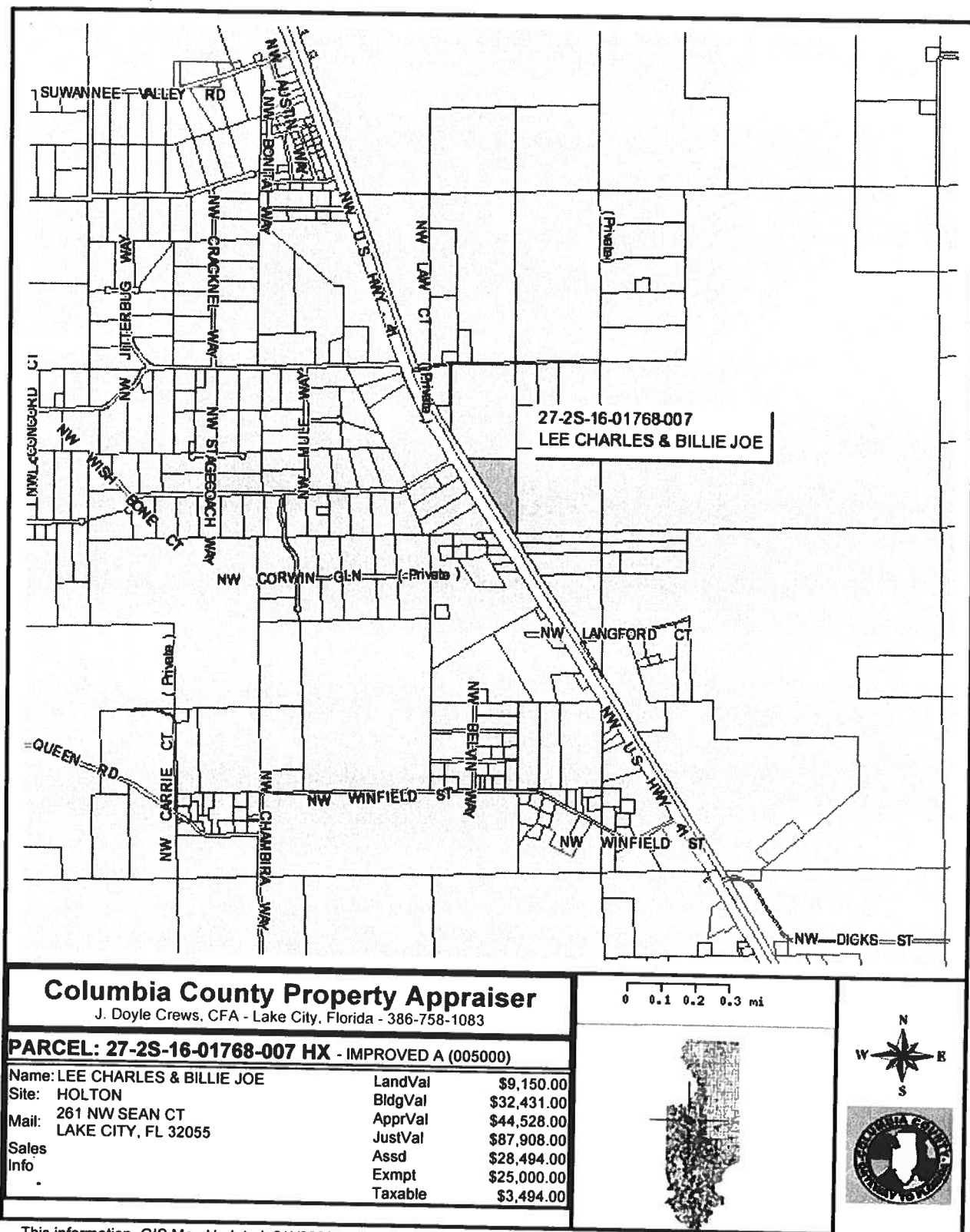
Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
000102	SFR/MH (MKT)	1.000 AC	1.00/1.00/1.00/1.00	\$7,150.00	\$7,150.00
006200	PASTURE 3 (AG)	9.000 AC	1.00/1.00/1.00/1.00	\$180.00	\$1,620.00
009910	MKT.VAL.AG (MKT)	9.000 AC	1.00/1.00/1.00/1.00	\$0.00	\$45,000.00
009945	WELL/SEPT (MKT)	1.000 UT - (.000AC)	1.00/1.00/1.00/1.00	\$2,000.00	\$2,000.00

Columbia County Property Appraiser

DB Last Updated: 8/1/2006

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This information, GIS Map Updated: 9/1/2006, was derived from data which was compiled by the Columbia County Property Appraiser Office solely for the governmental purpose of property assessment. This information should not be relied upon by anyone as a determination of the ownership of property or market value. No warranties, expressed or implied, are provided for the accuracy of the data herein, it's use, or it's interpretation. Although it is periodically updated, this information may not reflect the data currently on file in the Property Appraiser's office. The assessed values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.