I IIIS FEL		y Building P Year From the Date		PERMIT
APPLICANT H.A. BUIE,SR.	mit Expires One	PHONE	386.752.2783	000023430
ADDRESS 2222 SW TUSTENUGG	EEE AVENUE	LAKE CITY		FL 32024
OWNER LOLA BROOKS		PHONE	386.454.1552	
ADDRESS 974 SW HORSESHOE	LOOP	FT. WHITE	***************************************	FL 32038
CONTRACTOR DALE HOUSTON		PHONE	386.752.7814	
LOCATION OF PROPERTY 47-S THE	RU FT. WHITE, TO C	-138 TL. GO 1 MILE TR	ON HORSESHOE	
LOOP, A	ND IT'S THE 3RD DE	RIVEWAY (BLACK BOA	RD FENCE)	
TYPE DEVELOPMENT M/H & UTILITY	/ I	ESTIMATED COST OF C	ONSTRUCTION	.00
HEATED FLOOR AREA	TOTAL A	REA	HEIGHT _	.00 STORIES
FOUNDATION WAI		ROOF PITCH	FL	OOR
LAND USE & ZONING A-3		MA	X. HEIGHT	
Minimum Set Back Requirments: STREET	-FRONT 30.0	00 REAR	25.00	SIDE 25.00
NO. EX.D.U. 0 FLOOD ZONE	<u>X</u>	DEVELOPMENT PER	RMIT NO.	
PARCEL ID 21-7S-17-04281-004	SUBDIVISI	ION		
LOT BLOCK PHASE	UNIT	тот	`AL ACRES 1.	00
	**********	1/1/1	1	/
Culvert Permit No. Culvert Waiver (IH0000040 Contractor's License Nu	1 /4/4	Den !	W
EXISTING 05-0740-N	BLK	,	Applicant/Owner/ HD	Contractor
Driveway Connection Septic Tank Number	Ti-	 -	proved for Issuance	e New Resident
COMMENTS: SECTION 14.9 SPECIAL FAM	ILY LOT PERMIT.	270		
1				
			Check # or Ca	ash 1102
FOR BL	JILDING & ZONI	ING DEPARTMENT	ONLY	
FOR BU	JILDING & ZONI Foundation	ING DEPARTMENT		(footer/Slab)
		date/app. by		(footer/Slab) date/app. by
Temporary Power	Foundation	date/app. by	Monolithic	date/app. by
Temporary Power date/app. by Under slab rough-in plumbing date/ap	Foundation Slab	£	Monolithic	date/app. by
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"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.

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

	THE REPORT OF THE PROPERTY OF
1 -	For Office Use Only (Revised 6-23-05) Zoning Official 31 27,07.65 Building Official HD 6-200
	AP# 0.506-55 Date Received 6/16/05 By 67/44 Permit # 23430
	Flood Zone Development Permit N/A Zoning A-3 Land Use Plan Map Category A-3. Comments Section 14.9 Special Family Let Permit
_	•
	•
F	EMA 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
	· Proposed # Rarent tract 21-75-16-04281-002
•	Property ID # 21-75 =16 -04 28/- 504) Must have a copy of the property deed
•	New Mobile Home Year_ 98
	Applicant H.A. Buie, SR Phone # , 752-2783
	Address ZZZZ SW Tustenugger Ave Lake City fc 32025
•	Name of Property Owner Alice Walker (NOM) Phone#_
	911 Address 974 Sw Horseshoe Loop fortwhite fc 32038
	Circle the correct power company - FL Power & Light - Clay Electric
	(Circle One) - Suwannee Valley Electric - Progress Energy
	1 (when)
•	Name of Owner of Mobile Home Lola Brush (Dursh Phone # 386. 454/572
	Address 4.0. Put 185 High Springs, 41. 32655
•	Relationship to Property Owner
•	Current Number of Dwellings on Property 974
•	Lot Size New Deeded Total Acreage # 5
•	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
	Driving Directions to the Property Hwa 47 through Font White
	to St. P.J. 138 tuen lest. Go Inch tun Reight
	on Horse Woo. (so to 3 Drive way (Black Board Lance)
	DI 1/1.
•	Name of Licensed Dealer/Installer Age Housto Phone # 386-782-7814
	License Number THO000040 Installation Decal # 2443/2
	License Number THO00040 Installation Decal # 2443/2
	- CEAT MESSIGE - with Circles - 1103

	marriage wall piers within 2 of end of home per Rule 15C	Show locations of Longitudinal and Lateral Systems (Use dark lines to show these locations)	Manufacturer Red MAN Length x width 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 px used) where the sidewall ties exceed 5 ft 4 in. Installer's initials	These worksheets must be completed and signed by the installer. Submit the originals with the packet. Installer 911 Address where 44 55 Mar a Marrier home is being installed.
Opening Pier pad size 4 ft 5 ft FRAME TIES within 2' of end of home spaced at 5' 4" oc TIEDOWN COMPONENTS Longitudinal Stabilizing Device (LSD) Manufacturer Longitudinal Stabilizing Device w/ Lateral Arms Manufacturer Sidewall Longitudinal Stabilizing Device w/ Lateral Arms Shearwall	Pad Size Sq In 16 x 16 256 16 x 18 288 2	Load Footer Footer 16" x 16" 18 1/2" x 18 1/2" 20" x 20" 22" 24" x 24" 26" x 26" capacity (sq in) 256 (342) (400) (484)" (576)" (676) 1000 psf 3' 4'6" 6' 7' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8'	ble de	KSHEET Illed to the Ma

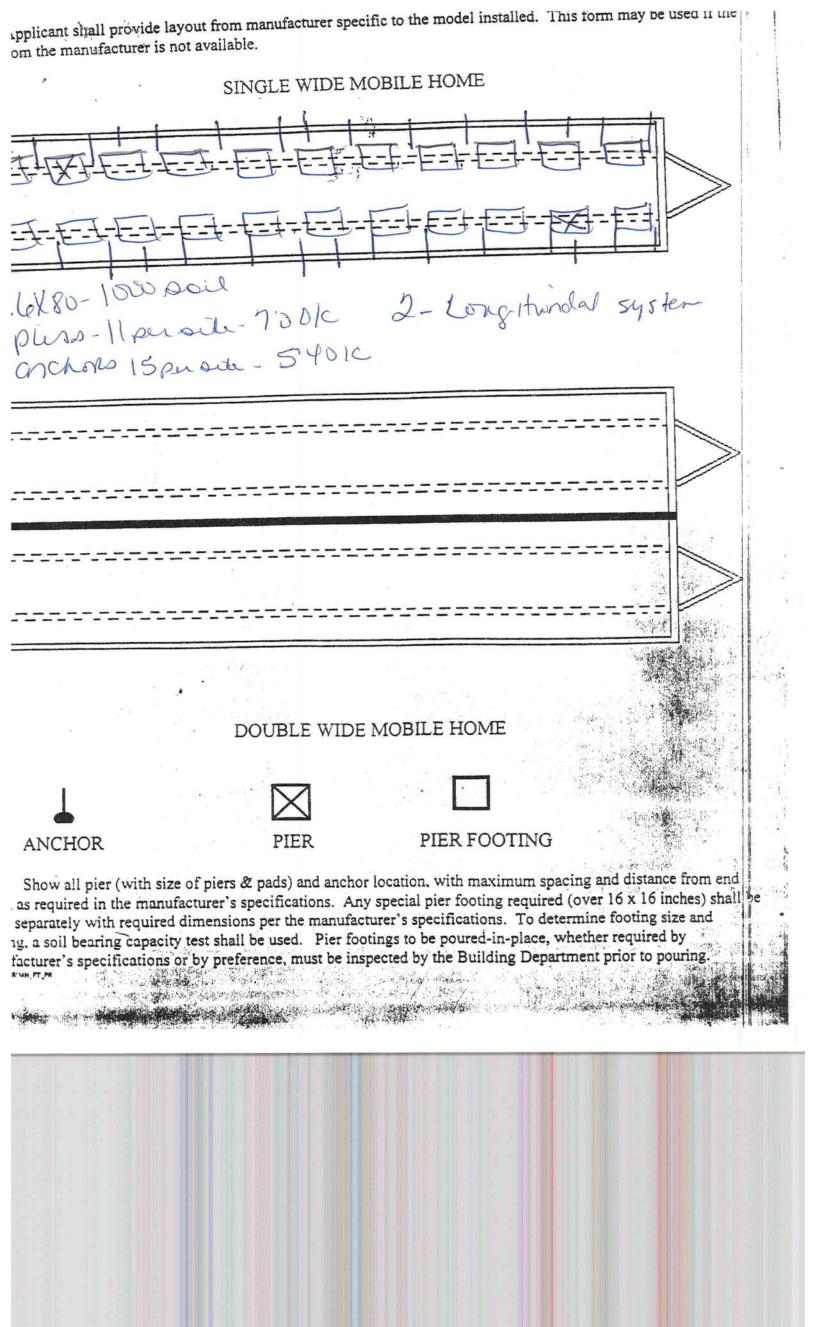
	Plumbing	Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between multi-wide units. Pg.	Electrical	Date Tested (0/14/W	ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER	Note: A state approved lateral and system a state approved lateral and system and state and 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	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 5 foot anchors.	TORQUE PROBE TEST	×	Using 500 lb. increments, take the lowest reading and round down to that increment.	Take the reading at the depth of the footer.	Test the perimeter of the home at 6 locations.	X X X X X X X X X X X X X X X X X X X	or check here to declare 1000 in. soil	NETRON	A DESCRIPTION OF THE PROPERTY
manufacturer's installation instructions and or Rule 15C-1 & 2	is accurate and true based on the	Installer verifies all information given with this permit worksheet		Skirling to be installed. Yes Dryer vent installed outside of skirling. Yes Range downflow vent installed outside of skirling. Yes Drain lines supported at 4 foot intervals. Yes Electrical crossovers protected. Yes	Miscellaneous	The bottomboard will be repaired and/or taped. (Yes) Siding on units is installed to manufacturer's specifications. Yes V).A Fireplace chimney installed so as not to allow intrusion of rain water. Yes	Pg. Between Walls Yes Bottom of ridgebeam Yes	e gasket Installed:	a result of a poorly installed or no gasket being installed. I understand a strip of tape will not serve as a gasket.	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	Gasket tweatherproofing recuirement)	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" of center on both sides of the centerline.	Type Fastener: Length: Type Fastener: Length:	Fastening mailti wide units	Debris and organic material removed Water drainage: Natural Swale Pad Other	AL D

マナ

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

Installer Signature

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



Dale's Mobile Home Set-Up Rt 27 Box 1489 Lake City, Fl. 32024 386-752-7814

I hereby give permission to	it for HABUK SA as my representative to
Yr 1998 Make Redman Serial # FLA 146 13257	Model 5/w 16'x80' Title# 80463284
Dale Houston, Owner	

My Committee Experts Q(1/2007)

7/25/2005 Assessment Maintenance LAND 17101 2005 R 21-7S-16-04281-002 . I IMPR 49755 BROOKS LOLA E	@ HG255 00 CamaUSA App:	raisal System Columbi	ia Coun
2005 R 21-7S-16-04281-002	7/25/2005 Assessment 1	Maintenance	LAND 17101
### ### ### ### ### ### ### ### ### ##		I	IMPR 49755
TAXABLE A10 PRESENT	BROOKS LOLA E	A:	SSESSED 66856 *
USE 0100 SINGLE FAMILY EX CODE EXEMPT VALUE % TAX CODE TAX UNITS TYPE NEW CONST #1 HX 25000 #1 #2			EXEMPT 25000
USE 0100 SINGLE FAMILY EX CODE EXEMPT VALUE % TAX CODE TAX UNITS TYPE NEW CONST #1 HX 25000 #1 #2 #3 #3 #3 ACREAGE 5.00 #4 #4 #4 BLDG UNITS 2086 #5 #5 #5 Retain Cap? Y HX Appl YY #0wners #Claims ANNEXATION 0 LAND VALUE 17101 XFOB VALUE 4178 BACKTAX YR 00000 AG/CONS VAL 0 BLDG VALUE 4178 BACKTAX YR 00000 AG/CONS VAL 0 BLDG VALUE 45577 JUST VALUE 99896 MKT AG/CONS 0 INCM VALUE 0 CLASS VALUE 99896 YEAR LAND XFOB BLDG ASSESSED * EXEMPT TAXABLE		9 9	FAXABLE 41856
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#1 HX	EX CODE EXEMPT VALUE % TAX	CODE TAX UNITS TYPE '	NEW CONST
#2 #3 #3 #3 #4 #4 #4 #4 #5577 #5.000 #3 #4 #4 #4 #5 #5 #5 Retain Cap? Y HX Appl YY #Owners #Claims ANNEXATION 0 LAND VALUE 17101 XFOB VALUE 4178 BACKTAX YR 00000 AG/CONS VAL 0 BLDG VALUE 45577 JUST VALUE 99896 MKT AG/CONS 0 INCM VALUE 0 CLASS VALUE 0 SOH DIFF 33040 YEAR LAND XFOB BLDG ASSESSED * EXEMPT TAXABLE			DEMOLITION '''''
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#4 #4 #4 BLDG UNITS 2'0'8'6 #5 #5 #5 BLDG YY/EXW 1979 1'9 Retain Cap? Y HX Appl YY #Owners #Claims ANNEXATION 0 LAND VALUE 17101 XFOB VALUE 4178 BACKTAX YR 0'0'0'0 AG/CONS VAL 0 BLDG VALUE 45577 JUST VALUE 9'9'8'9'6 MKT AG/CONS 0 INCM VALUE 0 CLASS VALUE 0 SOH DIFF 3'30'4'0 YEAR LAND XFOB BLDG ASSESSED * EXEMPT TAXABLE			
#5 Retain Cap? Y HX Appl YY HOwners #Claims ANNEXATION 0 LAND VALUE 17101 XFOB VALUE 4178 BACKTAX YR 00000 AG/CONS VAL 0 BLDG VALUE 45577 JUST VALUE 99896 MKT AG/CONS 0 INCM VALUE 0 SOH DIFF 33040 YEAR LAND XFOB BLDG ASSESSED * EXEMPT TAXABLE		J	BLDG UNITS ''' '2'0'8'6'
Retain Cap? Y HX Appl YY #Owners #Claims ANNEXATION 0 LAND VALUE 17101 XFOB VALUE 4178 BACKTAX YR '0'0'0'0 AG/CONS VAL 0' BLDG VALUE '4'5'5'7' JUST VALUE 9'9'8'9'6' MKT AG/CONS 0' INCM VALUE 0' CLASS VALUE 0' SOH DIFF 3'3'0'40' YEAR LAND XFOB BLDG ASSESSED * EXEMPT TAXABLE		J	BLDG YY/EXW 1979''' 19'
LAND VALUE 17101 XFOB VALUE 4178 BACKTAX YR 00000 AG/CONS VAL 0 BLDG VALUE 45577 JUST VALUE 99896 MKT AG/CONS 0 INCM VALUE 0 CLASS VALUE 0 SOH DIFF 33040 YEAR LAND XFOB BLDG ASSESSED * EXEMPT TAXABLE	** = ** ** ** ** ** ** ** ** ** ** ** **	#Owners #Claims I	ANNEXATION '''' 'O'
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MKT AG/CONS 0 INCM VALUE 0 CLASS VALUE 0 SOH DIFF 33040 YEAR LAND XFOB BLDG ASSESSED * EXEMPT TAXABLE			
YEAR LAND XFOB BLDG ASSESSED * EXEMPT TAXABLE		50% (50% TO 1970) - 그 1970 (1970) 10 TO 10 T	
		- Carrier - Alexander - Carrier - Ca	
	YEAR LAND XFOB	BLDG ASSESSED *	EXEMPT TAXABLE
	2'0'0'4' ' ' '1'6'6'9'4' ' ' '3'9'6'8' '		25000 339909
2003 16648 3915 43006 63569 Y 25000 38569			
F2=Ex/Tx F3=Exit F4=Prompt F9=SOH F12=Cancel F20=Notes F22=Print F24=AsReCalc			
ENTER PARCEL NUMBER AND ACTION JEFF 20041108			





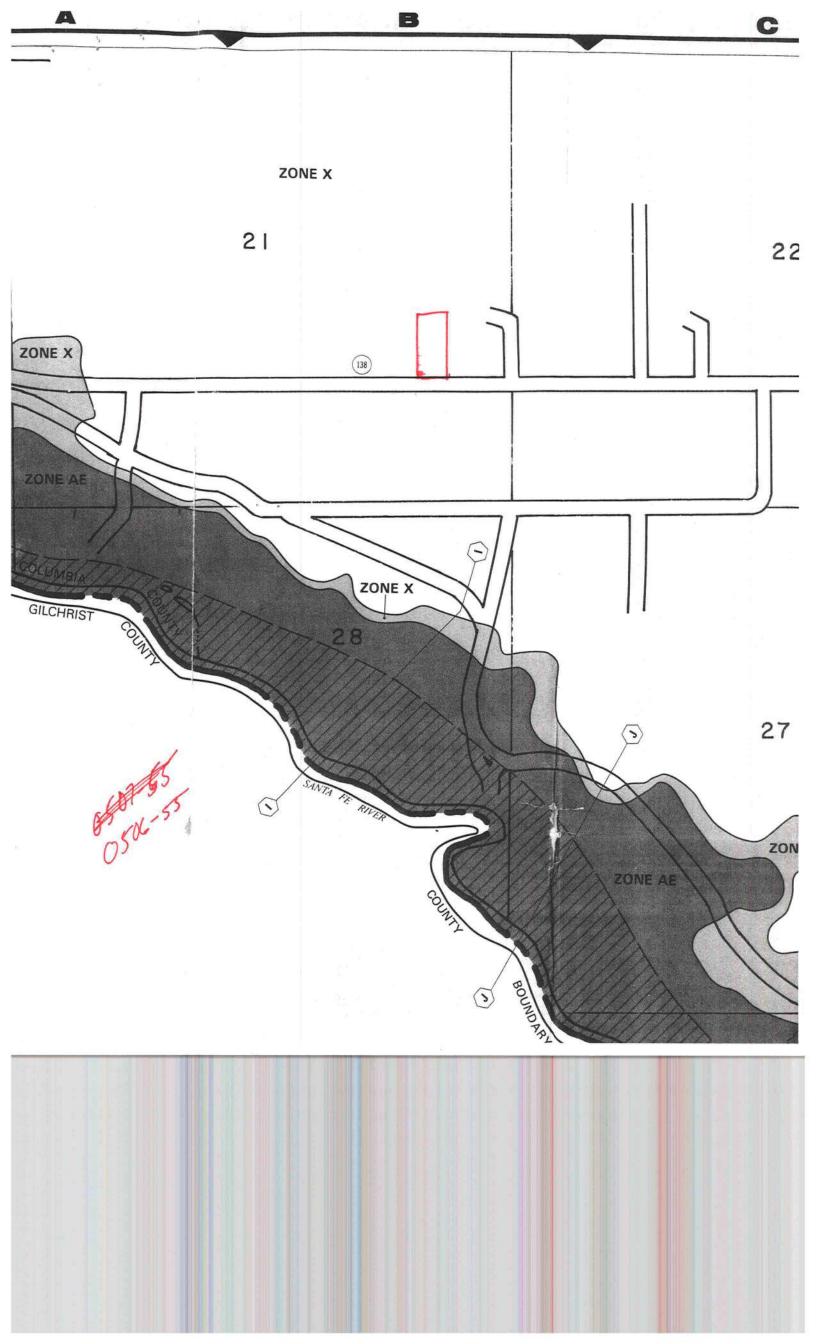
STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number ---- PART II - SITE PLAN---cale: Each block represents 5 feet and 1 inch = 50 feet. MAN SKITA lotes: lite Plan submitted by: Signature lan Approved_ Not Approved _ Date County Health Department ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

14015, 10/96 (Replaces HRS-H Form 4015 which may be used) lock Number: 5744-002-4015-6)

Page 2 of 3



CODE ENFORCEMENT
COLUMBIA COUNTY, FLORIDA

PRELIMINARY MOBILE HOME INSPECTION REPORT	
DATE RECEIVED 07/25/05 BY LH IS THE M/H ON THE PROPERTY WHERE THE	PERMIT WILL BE ISSUED? YES
OWNERS NAME HA Buic, Lola Brooks, AliceWalter	CELL
ADDRESS 974 SW Horse shoe loop, ft. White, fc 32038	
MOBILE HOME PARKSUBDIVISION	
Driveway on the Left Black Board fence	
MOBILE HOME INSTALLER Dele Houston PHONE 752-	7814 CELL
MOBILE HOME INFORMATION	
MAKE Redman YEAR 98 SIZE 16 x 80	COLOR Almond Color
SERIAL NO. FLA 14613257	
WIND ZONE Must be wind zone II or higher NO WIND	ZONE I ALLOWED
INTERIOR: INSPECTION STANDARDS	
(P or F) P= PASS F= FAILED	
SMOKE DETECTOR () OPERATIONAL () MISSING	
FLOORS () SOLID () WEAK () HOLES DAMAGED LOCATION	9°0
DOORS () OPERABLE () DAMAGED	
WALLS () SOLID () STRUCTURALLY UNSOUND	
WINDOWS () OPERABLE () INOPERABLE	
PLUMBING FIXTURES () OPERABLE () INOPERABLE () MISSING	
CEILING () SOLID () HOLES () LEAKS APPARENT	
ELECTRICAL (FIXTURES/OUTLETS) () OPERABLE () EXPOSED WIRING () OUTLET CO	VERS MISSING () LIGHT FIXTURES MISSING
EXTERIOR: WALLS / SIDDING () LOOSE SIDING () STRUCTURALLY UNSOUND () NOT WEATHERTI	IGHT () NEEDS CLEANING
WINDOWS () CRACKED/ BROKEN GLASS () SCREENS MISSING () WEATHERTIGHT	
ROOF () APPEARS SOLID () DAMAGED	
STATUS: APPROVED WITH CONDITIONS:	*
NOT APPROVED NEED REINSPECTION FOR FOLLOWING CONDITIONS	e ¹
COMPANY NAME LIC	CENSE #
SIGNATURE DWY PRINT NAME	ID NUMBER 306 DATE 7-26-05
ONLY THE ACTUAL LICENSE HOLDER OR A BUILDING INSPECT	TOR CAN SIGN THIS FORM