Contact Person: Cindy Craig 352-514-0222 112

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-11) Zoning Official BK 13 Nov 2013 Building Official TM 11/8/13

AP# 1311-17 Date Received 11/8 By LW Permit # 31609

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

Comments Life Estate Replacing Existing MH
Grandfathered Special Family Lot

FEMA Map# N/A Elevation N/A Finished Floor Above River N/A In Floodway N/A

☑ Site Plan with Setbacks Shown ☑ EH # 13-057-E ☐ EH-Release ☐ Well letter ☑ Existing well

☑ Recorded Deed or Affidavit from land owner ☑ Installer Authorization ☐ State Rd Access ☑ 911 Sheet

☐ Parent Parcel # ☐ STUP-MH ☐ F W Comp. letter ☑ App Fee Pd ☑ VF Form

IMPACT FEES: EMS Fire Corr ☐ Out County ☐ In County

Road/Code School = TOTAL Suspended March 2009 ☐ Ellisville Water Sys

Property ID # 03-75-17-09879-004 Subdivision

- New Mobile Home V Used Mobile Home MH Size 28x56 Year 2014
- Applicant Leisha A. Rommel Phone # 386-454-5009
- Address 350 SE Old Bellamy Rd High Springs, FL 32643
- Name of Property Owner Leisha A Rommel Phone# 386-454-5009
- 911 Address 350 SE Old Bellamy Rd High Springs, FL 32643
- Circle the correct power company - FL Power & Light - (Clay Electric)
  (Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home Noble E. Craig Phone # 386-462-0477
  Address 17007 171st Pl, Alachua, FL 32615
- Relationship to Property Owner Father
- Current Number of Dwellings on Property One (To be replaced)
- Lot Size 43,567.6 Sq ft Total Acreage One
- Do you : Have (Existing Drive) (Currently using) or Private Drive (Blue Road Sign) or need Culvert Permit (Putting in a Culvert) or Culvert Waiver (Not existing but do not need a Culvert) (Circle one)
- Is this Mobile Home Replacing an Existing Mobile Home Yes
- Driving Directions to the Property I-75 exit 414 South on U.S. 441 past O'leno State Park, East on SE Old Bellamy Rd. 1 3/10 mile on right.
- √ Name of Licensed Dealer/Installer Rusty's Knowles Phone # 386-755-6441
- Installers Address 5801 SW SR 47 Lake City, FL 32024
  - License Number IH1038219 Installation Decal # 386-623-9642

$ 375.00 - AS PER LISA: TAX OFF - Billed 11.8.13

Sold to Cindy Craig 11/12/13

COLUMBIA COUNTY PERMIT WORKSHEET

These worksheets must be completed and signed by the installer.
Submit the originals with the packet.

Installer Rusty L. Knowles License # IH-1038219

911 Address where home is being installed.

Manufacturer Live Oak Length x width 28x58

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 RLK

New Home ☑ Used Home ☐

Home installed to the Manufacturer's Installation Manual ☑

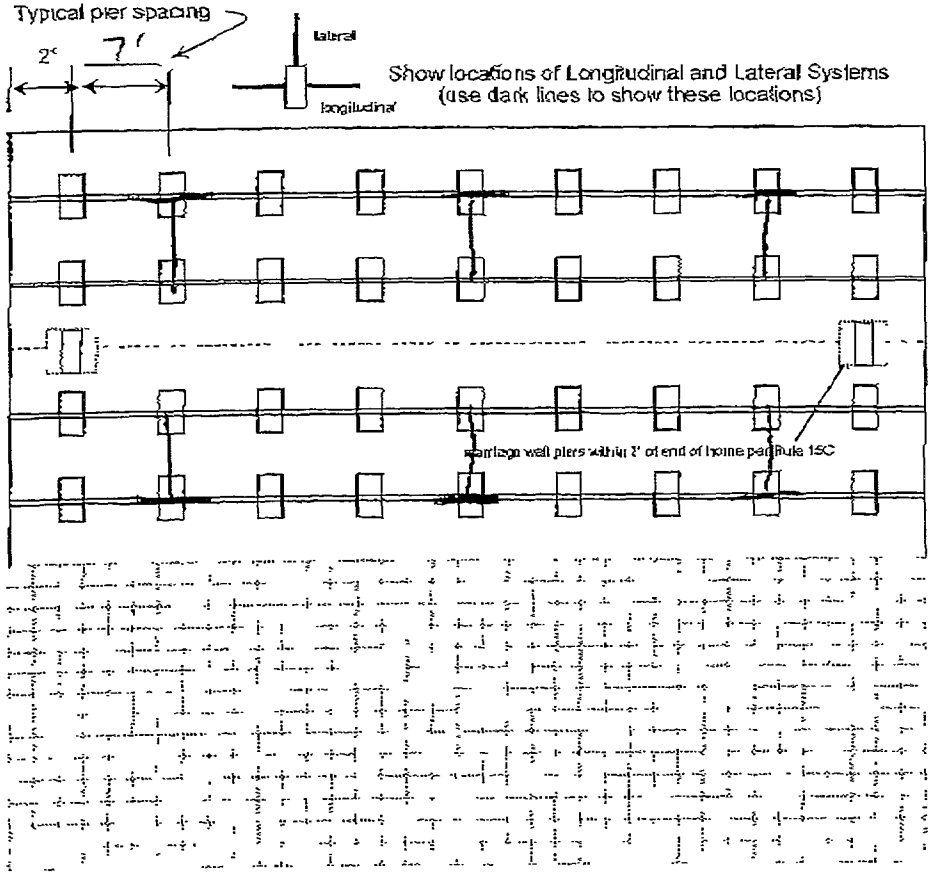
Home is installed in accordance with Rule 15-C ☐

Single wide ☐ Wind Zone II ☑ Wind Zone III ☐

Double wide ☑ Installation Decal # 18179

Triple/Quad ☐ Serial # oliver cool

Typical pier spacing



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 23¼x3

Perimeter pier pad size NA

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

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
20'	2-23¼x3¼

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	20
Longitudinal	4
Marriage wall	2 end
Shearwall	2 end

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer

Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer Oliver Technology, LLC

COLUMBIA COUNTY PERMIT WORKSHEET

POCKET PENETROMETER TEST

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

x 1.0 x 1.0 x 1.0

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 1.0 x 1.0 x 1.0

TORQUE PROBE TEST

The results of the torque probe test is 1/4 45 / 1101 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.

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 4000lb holding capacity.

RLK Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Rusty L. Knowles

Date Tested 10-25-13

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 15c-1

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 15c-1

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 15c-1

Site Preparation

Debris and organic material removed ✓

Water drainage: Natural _____ Swale _____ Pad ✓ Other _____

Fastening multi wide units

Floor: Type Fastener: Lags Length: 6" Spacing: 20"
Walls: Type Fastener: Screws Length: 4" Spacing: 24"
Roof: Type Fastener: Staples Length: 1 3/4" Spacing: 48"

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

Installer's initials RLK

Type gasket Factory
Pg 15c-1

Installed:
Between Floors Yes ✓
Between Walls Yes ✓
Bottom of ridgebeam Yes ✓

Weatherproofing

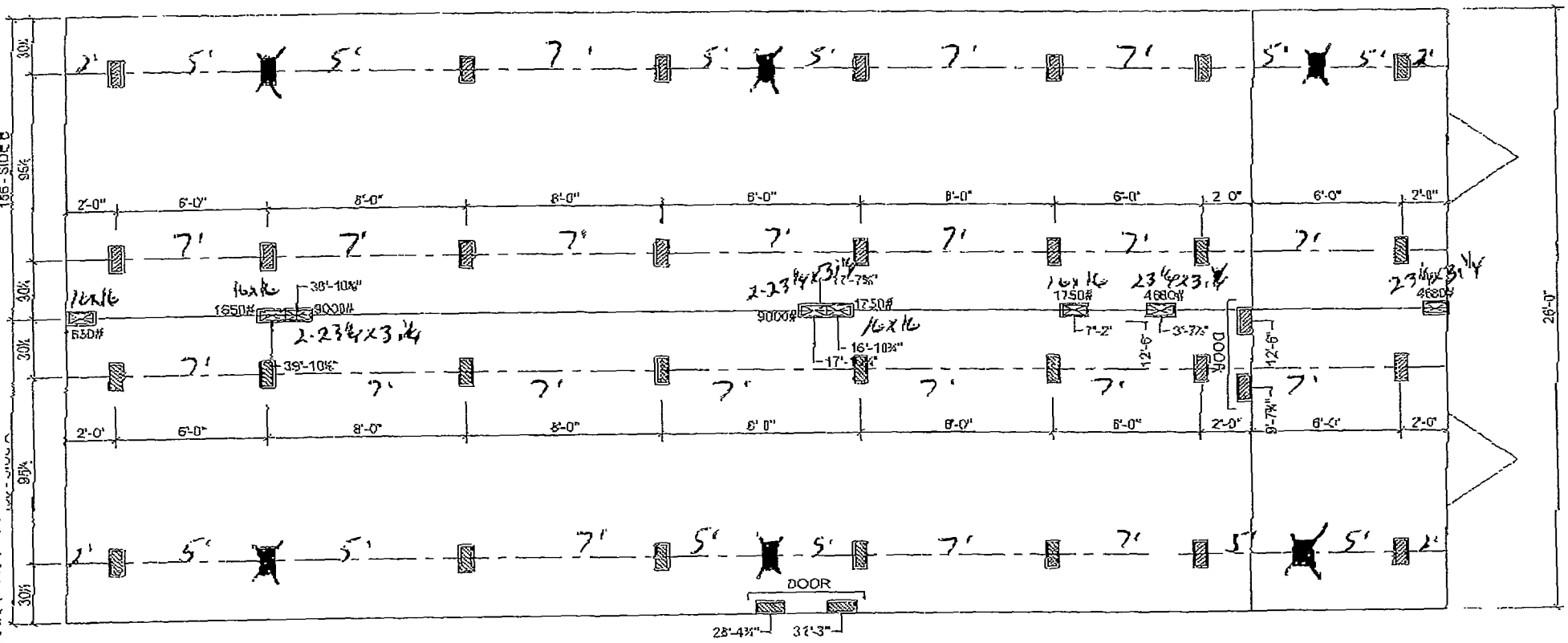
The bottomboard will be repaired and/or taped Yes ✓ Pg 15c-1
Siding on units is installed to manufacturer's specifications Yes ✓
Fireplace chimney installed so as not to allow intrusion of rain water Yes ✓

Miscellaneous

Skirting to be installed Yes ✓ No _____
Dryer vent installed outside of skirting Yes _____ 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 _____

Installer verifies all information given with this permit worksheet is accurate and true based on the

Installer Signature _____ Date 10-28-13



MARRIAGE LINE OPENING SUPPORT PIER/TYP

SUPPORT PIER/TYP 7' oc. using 23¼x3¼ 46s pads

5-7-2013

FOUNDATION NOTES:

- THIS DRAWING IS DESIGNED FOR THE STANDARD WIND ZONE AND IS TO BE USED IN CONJUNCTION WITH THE INSTALLATION MANUAL AND ITS SUPPLEMENTS.
- FOOTINGS ARE SHOWN FOR EXAMPLE ONLY QUANTITY AND SPACING MAY VARY BASED ON PAD TYPE, SOIL CONDITION, ETC
- FOOTINGS ARE REQUIRED AT SUPPORT POSTS, SEE INSTALLATION MANUAL FOR REQUIREMENTS

Live Oak Homes
MODEL: P-2483E W/ FULL PORCH - 28 X 48
3-BEDROOM / 2-BATH

- (A) MAIN ELECTRICAL
- (B) ELECTRICAL CROSSOVER
- (C) WATER INLET
- (D) WATER CROSSOVER (IF ANY)
- (E) GAS INLET (IF ANY)
- (F) GAS CROSSOVER (IF ANY)
- (G) DUCT CROSSOVER
- (H) SEWER DROPS
- (I) RETURN AIR (W/OPT HEAT PUMP OH DUCT)
- (J) SUPPLY AIR (W/OPT HEAT PUMP OH DUCT)

P-2483E WITH FULL PORCH

Columbia County Property Appraiser

DB Last Updated 9/23/2013

2013 Tax Roll Year

Tax Collector | Tax Estimator | Property Card | Parcel List Generator | Interactive GIS Map | Print

Parcel: 03-7S-17-09879-004

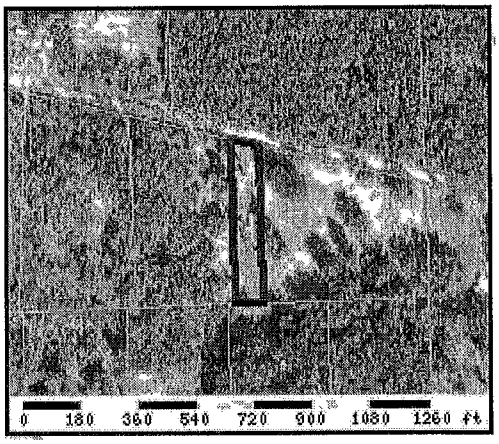
<< Next Lower Parcel | Next Higher Parcel >>

Search Result 1 of 1

Owner & Property Info

Owner's Name	ROMMEL LEISHA A		
Mailing Address	350 SE OLD BELLAMY RD HIGH SPRINGS, FL 32643		
Site Address	350 SE OLD BELLAMY RD		
Use Desc. (code)	MOBILE HOM (000200)		
Tax District	3 (County)	**Neighborhood**	3717
Land Area	1 000 ACRES	**Market Area**	02
Description	NOTE This description is not to be used as the Legal Description for this parcel in any legal transaction		

COMM SW COR RUN E 100 FT TO E R/W US-441 RUN N 2120.58 FT TO C/L OF OLD BELLAMY RD RUN SE ALONG C/L 1333 93 FT FOR POB CONT SE 88.42 FT S 498 9 FT W 85.41 FT N 521.30 FT TO POB ORB 771 1644, 781 137 BAD LEGL ON WD 937-2271 WD 954-1098 CORR DEED 978-661 JTWRS 978-664 WD 1111 70(JTWRS WD 1162-947 (LIFE EST)



Property & Assessment Values

2013 Certified Values		
Mkt Land Value	cnt (0)	$13,408.00
Ag Land Value	cnt. (2)	$0.00
Building Value	cnt: (1)	$17,515.00
XFOB Value	cnt (3)	$4,000.00
Total Appraised Value		$34,923.00
Just Value		$34,923.00
Class Value		$0.00
Assessed Value		$34,923.00
Exempt Value	(code HX H3 WX DX)	$26,000.00
Total Taxable Value	Other: $8,923	Cnty: $8,923 | Schl: $8,923

2014 Working Values

NOTE:
2014 Working Values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes

Show Working Values

Sales History

Show Similar Sales within 1/2 mile

Sale Date	OR Book/Page	OR Code	Vacant / Improved	Qualified Sale	Sale RCode	Sale Price
11/18/2008	1162/947	WD	I	U	01	$100.00
2/14/2007	1111/70	WD	I	Q		$68,900.00
3/14/2003	978/661	QC	V	U	01	$100.00
3/14/2003	978/664	WD	I	Q		$28,500.00
5/4/2002	954/1098	WD	V	U	01	$100.00
7/22/1998	937/2271	AG	V	U	01	$100.00
8/5/1993	781/137	QC	V	U	01	$0.00
2/26/1993	771/1644	WD	V	U	03	$0.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	SFR MANUF (000200)	1993	AL SIDING (26)	924	1068	$17,515.00
	Note: All S F calculations are based on exterior building dimensions.					

COLUMBIA COUNTY 9-1-1 ADDRESSING

P O Box 1787, Lake City, FL 32056-1787
PHONE (386) 758-1125 * FAX (386) 758-1365 * Email ron_croft@columbiacountyfla com

Addressing Maintenance

To maintain the Countywide Addressing Policy you must make application for a 9-1-1 Address at the time you apply for a building permit. The established standards for assigning and posting numbers to all principal buildings, dwellings, businesses and industries are contained in Columbia County Ordinance 2001-9. The addressing system is to enable Emergency Service Agencies to locate you in an emergency, and to assist the United States Postal Service and the public in the timely and efficient provision of services to residents and businesses of Columbia County.

DATE REQUESTED: 11/8/2013 **DATE ISSUED:** 11/15/2013

ENHANCED 9-1-1 ADDRESS:

350 SE OLD BELLAMY RD

HIGH SPRINGS FL 32643

PROPERTY APPRAISER PARCEL NUMBER:

03-7S-17-09879-004

Remarks:

RE-ISSUE OF EXISTING ADDRESS FOR REPLACEMENT STRUCTURE ON PARCEL.

Address Issued By: SIGNED:/ RONAL N. CROFT

Columbia County 9-1-1 Addressing / GIS Department

NOTICE: THIS ADDRESS WAS ISSUED BASED ON LOCATION INFORMATION RECEIVED FROM THE REQUESTER. SHOULD, AT A LATER DATE, THE LOCATION INFORMATION BE FOUND TO BE IN ERROR, THIS ADDRESS IS SUBJECT TO CHANGE.

2692

Grantees tax identification number: _____
Property folio number: R09879-004

Inst.200812020869 Date 11/19/2008 Time 2 14 PM
Doc Stamp-Deed 0 70
DC P DeWitt Cason,Columbia County Page 1 of 1 B 1162 P 947

Warranty Deed

This Indenture, Made this 18th day of November, 2008 between **Leisha A. Rommel, a single woman, and Cynthia S. Craig-Crawford, a married woman,** grantor*, and to Leisha A. Rommel, a single woman, For Life, and to Cynthia S. Craig-Crawford, a married woman, as Remainderwoman, grantee*, whose post office address is .

*"grantor" and "grantee" are used for singular or plural, as context requires

WITNESSETH: That said grantor, for and in consideration of the sum of TEN AND NO/100 DOLLARS ($10.00) and other valuable considerations to said grantor in hand paid by said grantee, the receipt whereof is hereby acknowledged, has granted, bargained and sold, to the said grantee, and grantee's heirs and assigns forever, the following described land, situate, lying and being in Columbia County, Florida, wit:

A TRACT OF LAND SITUATED IN SECTION 3, TOWNSHIP 7 SOUTH, RANGE 17 EAST, COLUMBIA COUNTY, FLORIDA, SAID TRACT OF LAND BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:

COMMENCE AT A 100D NAIL AT THE SOUTHWEST CORNER OF THE AFOREMENTIONED SECTION 3, TOWNSHIP 7 SOUTH, RANGE 17 EAST FOR THE POINT OF REFERENCE AND RUN NORTH 88 DEG. 20 MIN. 08 SEC. EAST ALONG THE SOUTH LINE OF SAID SECTION 3, A DISTANCE OF 100.00 FEET TO THE EAST RIGHT OF WAY LINE OF U. S. HIGHWAY NO. 441; THENCE RUN NORTH 01 DEG. 53 MIN. 11 SEC. WEST ALONG SAID RIGHT OF WAY LINE, A DISTANCE OF 2120.58 FEET TO A STEEL ROD AND CAP IN THE CENTERLINE OF THE OLD BELLAMY ROAD; THENCE RUN SOUTH 76 DEG. 52 MIN. 11 SEC. EAST ALONG SAID CENTERLINE, A DISTANCE OF 1333.93 FEET TO THE TRUE POINT OF BEGINNING; THENCE CONTINUE SOUTH 76 DEG. 52 MIN. 11 SEC. EAST ALONG SAID CENTERLINE, A DISTANCE OF 88.42 FEET TO A STEEL ROD AND CAP; THENCE RUN SOUTH 01 DEG. 52 MIN. 06 SEC. EAST, A DISTANCE OF 498.90 FEET TO A STEEL ROD AND CAP; THENCE RUN SOUTH 88 DEG. 27 MIN. 11 SEC. WEST, A DISTANCE OF 85.41 FEET; THENCE RUN NORTH 01 DEG. 52 MIN. 06 SEC. WEST, A DISTANCE OF 521.30 FEET TO THE TRUE POINT OF BEGINNING. TOGETHER WITH A 1993 RICH MOBILE HOME, ID NO. N1-4849.

Grantor, Cynthia S. Craig-Crawford, hereby warrants and represents that the subject property is not and has never been her Constitutional Homestead, nor of her spouse, nor is it contiguous thereto.

SUBJECT TO RESTRICTIONS, RESERVATIONS AND LIMITATION OF RECORD, IF ANY, AND TAXES FOR THE YEAR 2008 AND SUBSEQUENT YEARS.

and said grantor does hereby fully warrant the title to said land, and will defend the same against the lawful claims of all persons whomsoever.

IN WITNESS WHEREOF, grantor has hereunto set grantor's hand and seal the day and year first above written.

Witnesses:

Frederic D. Kaufman
Print Name Frederic D. Kaufman

Jane N. Kaufman
Print Name Jane N. Kaufman

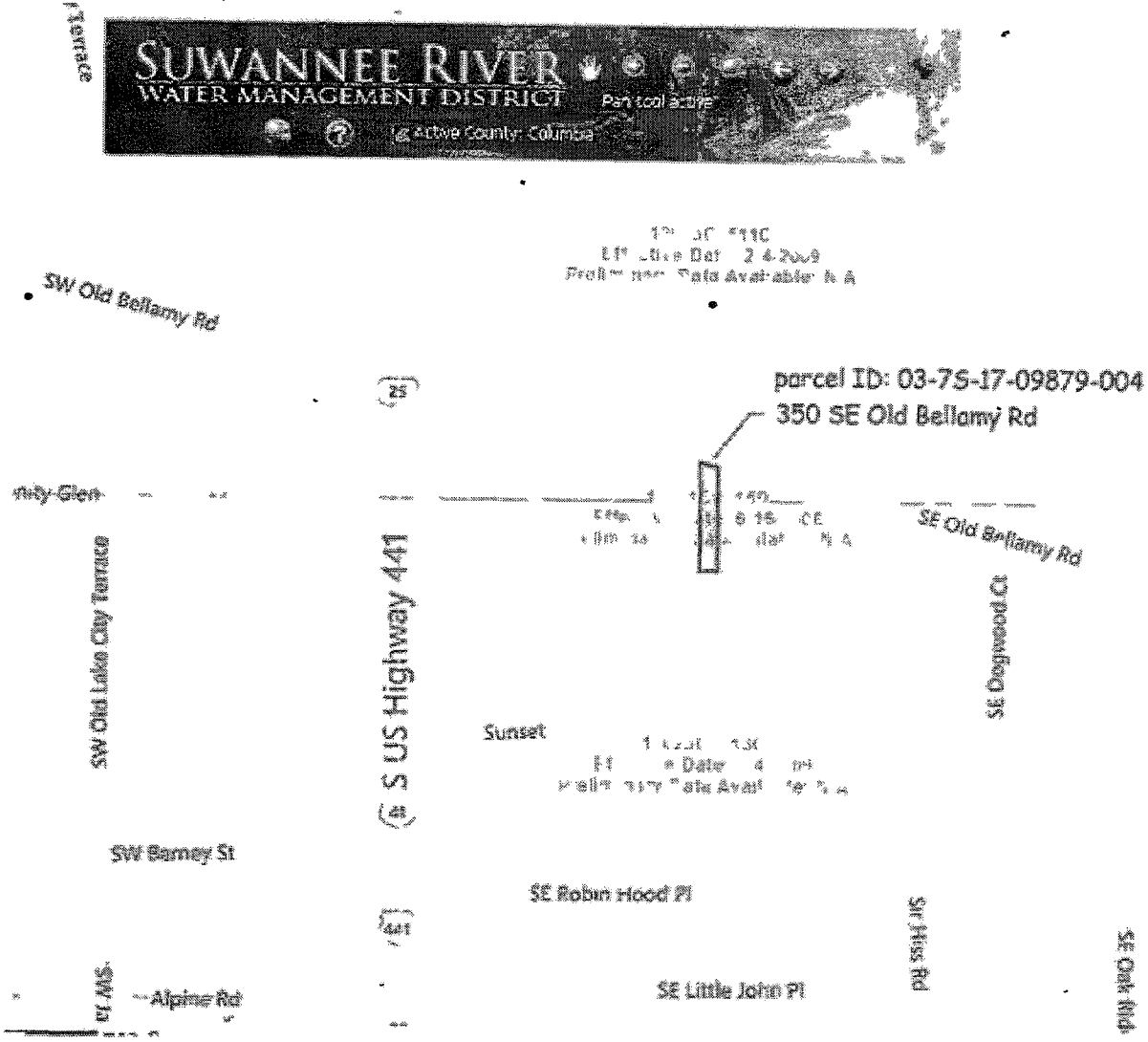
Leisha A. Rommel
Leisha A. Rommel
350 SE Old Bellamy
High Springs, FL 32643

Cynthia S. Craig-Crawford
Cynthia S. Craig-Crawford

STATE OF FLORIDA
COUNTY OF ALACHUA

The foregoing instrument was acknowledged before me this 18th day of November, 2008 by Leisha A. Rommel and Cynthia S. Craig-Crawford, who is/are personally known to me or who has/have produced FL ID and FL Drivers Licenses as identification.

Frederic D. Kaufman
Notary Public



LOCATION

Date: 10-28-2013

Parcel: 03-7S-17-09879-004

County: Columbia

STR: S003 T07 R17

Columbia Flood Hazard Areas Status: Effective: 02/04/2009

FLOOD INFORMATION

FIRM Panel(s): 12023C0015D,12023C0513C,12023C0511C

Parcel In Special Flood Hazard Area? (SFHA): No

Flood Zone(s):

1% Annual Chance Flood Elev (BFE): Not Applicable

Floodway: No

10% Annual Chance Flood Elev: Not Applicable

50% Annual Chance Flood Elev: Not Applicable

Note: Elevations are based on NAVD88

COLUMBIA COUNTY BUILDING DEPARTMENT
135 NE Hernando Ave, Suite B-21, Lake City, FL 32055
Phone: 386-758-1008 Fax: 386-758-2160

MOBILE HOME INSTALLERS LETTER OF AUTHORIZATION

I, Rusty L. Knowles, give this authority for the job address show below
Installer License Holder Name

only, 350 SE Old Bellamy Road, and I do certify that
Job Address

the below referenced person(s) listed on this form is/are under my direct supervision and control and is/are authorized to purchase permits, call for inspections and sign on my behalf.

Printed Name of Authorized Person	Signature of Authorized Person	Authorized Person is (Check one)
LEISNA A. ROMMEL	Leisna Rommel	___ Agent ___ Officer ✓ Property Owner
NOBLE E CRAIG		✓ Agent ___ Officer ___ Property Owner
		___ Agent ___ Officer ___ Property Owner

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and I am fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances.

I understand that the State Licensing Board has the power and authority to discipline a license holder for violations committed by him/her or by his/her authorized person(s) through this document and that I have full responsibility for compliance granted by issuance of such permits

License Holders Signature (Notarized) | License Number: IH-1038219 | Date: 10.28.13

NOTARY INFORMATION:
STATE OF Florida COUNTY OF Columbia

The above license holder, whose name is Rusty Knowles, personally appeared before me and is known by me or has produced identification (type of I.D.) personally known on this 28th day of Oct, 2013.

NOTARY'S SIGNATURE (Seal/Stamp)

SHERI HANSEN
NOTARY PUBLIC
STATE OF FLORIDA
Comm# DD990366
Expires 5/10/2014

352-14-0222

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1311-17 CONTRACTOR Rusty Knowles PHONE 755.6441

THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

In Columbia County one permit will cover all trades doing work at the permitted site. It is REQUIRED that we have records of the subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and Ordinance 89-6, a contractor shall require all subcontractors to provide evidence of workers' compensation or exemption, general liability insurance and a valid Certificate of Competency license in Columbia County

Any changes, the permitted contractor is responsible for the corrected form being submitted to this office prior to the start of that subcontractor beginning any work. Violations will result in stop work orders and/or fines.

ELECTRICAL L/WC 554	Print Name Jack Evans License #: EC0001565	Signature [signature] Phone #: 352-222-6512
MECHANICAL/ A/C ____	Print Name Noble Fi Corp License #:	Signature [signature] Phone #: 386-963-0477
PLUMBING/ GAS	Print Name Rusty L Knowles License #: IH-1038219	Signature [signature] Phone #: 386-755-6441

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			

F. S. 440.103 Building permits; identification of minimum premium policy.--Every employer shall, as a condition to applying for and receiving a building permit, show proof and certify to the permit issuer that it has secured compensation for its employees under this chapter as provided in ss. 440 10 and 440.38, and shall be presented each time the employer applies for a building permit

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1311-17 CONTRACTOR R Crowell PHONE 755-6041

THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

In Columbia County one permit will cover all trades doing work at the permitted site. It is REQUIRED that we have records of the subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and Ordinance 89-6, a contractor shall require all subcontractors to provide evidence of workers' compensation or exemption, general liability insurance and a valid Certificate of Competency license in Columbia County.

Any changes, the permitted contractor is responsible for the corrected form being submitted to this office prior to the start of that subcontractor beginning any work. Violations will result in stop work orders and/or fines.

ELECTRICAL	Print Name Noble E. Craig (homeowner) License #:	Signature Noble E. Craig Phone #: 386-462-8477
MECHANICAL/ A/C _____	Print Name License #:	Signature Phone #:
PLUMBING/ GAS	Print Name License #.	Signature Phone #:

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			

F. S. 440.103 Building permits; identification of minimum premium policy.--Every employer shall, as a condition to applying for and receiving a building permit, show proof and certify to the permit issuer that it has secured compensation for its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each time the employer applies for a building permit.

INVOICE NO.

JOB PHONE	DATE OF ORDER
JOB NAME/LOCATION	

Sheffield's, Inc.
For All Your Water Well Needs
Ph:386-454-WELL Cell:352-215-WELL
P.O.Box 2662 High Springs, FL 32655

sheffieldwells@windstream.net

Noble E. Craig — 6/8/12

350 SE Old Bellamy Rd — PHONE

Pump @ 50' Water @ 30' — ORDER TAKEN BY

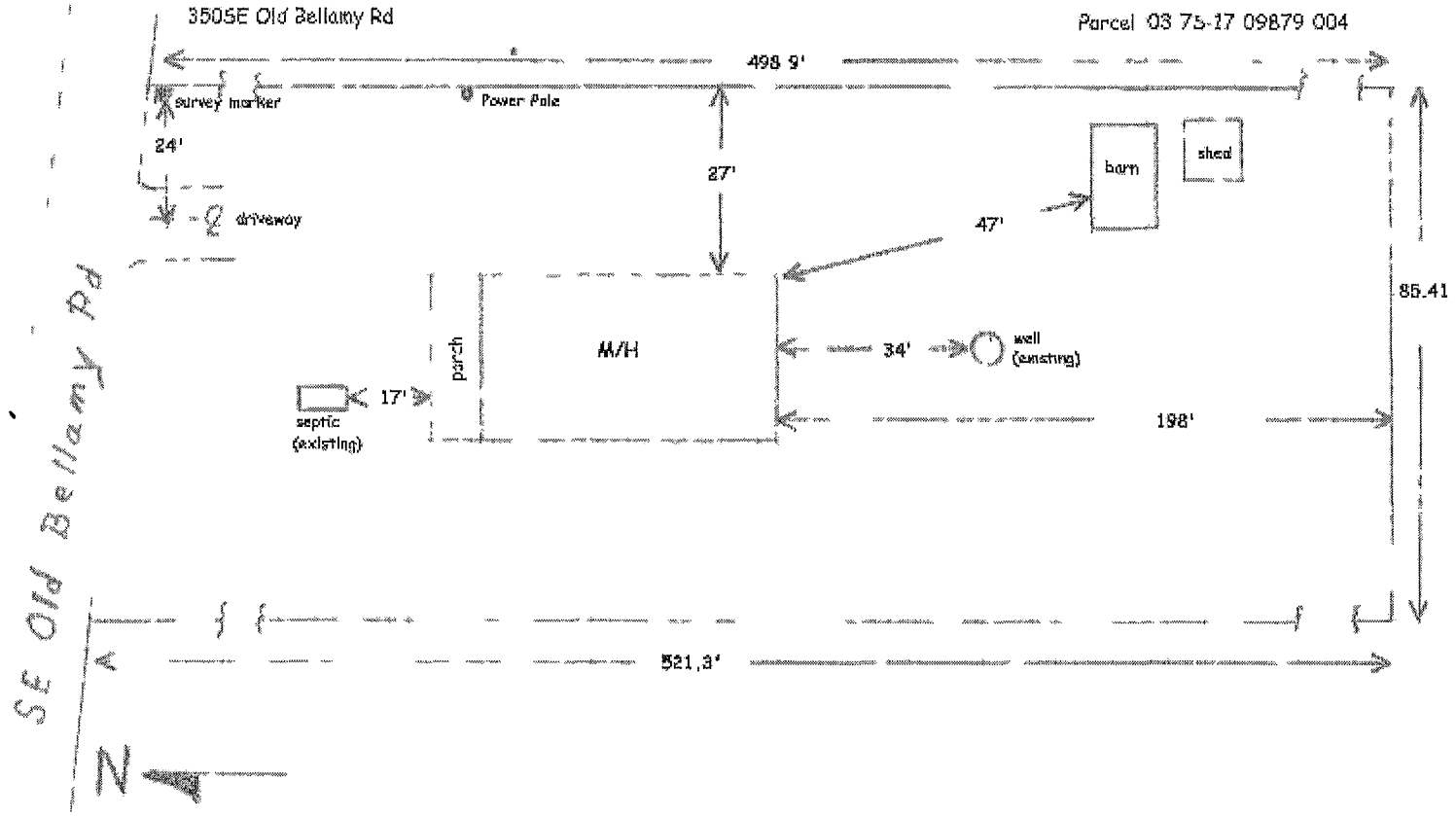
TERMS

DESCRIPTION OF WORK		AMOUNT
1 Hp Franklin motor + Box + pump		1050 00
20' pipe	2.00' 40.00	N/C
2" ele kit + tape	15.00	N/C
PSI gauge	10.00	N/C
	T 115.00	
Paid Check # 2149		
Thank's Chester		

LABOR	HOURS	RATE	AMOUNT	TOTAL MATERIAL		
				TOTAL LABOR		
WORK ORDERED BY		DATE COMPLETED		TAX		
SIGNATURE (I hereby acknowledge the satisfactory completion of the above described work.)				Thank You! PAY THIS AMOUNT →	1050	00

Site Plan

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.

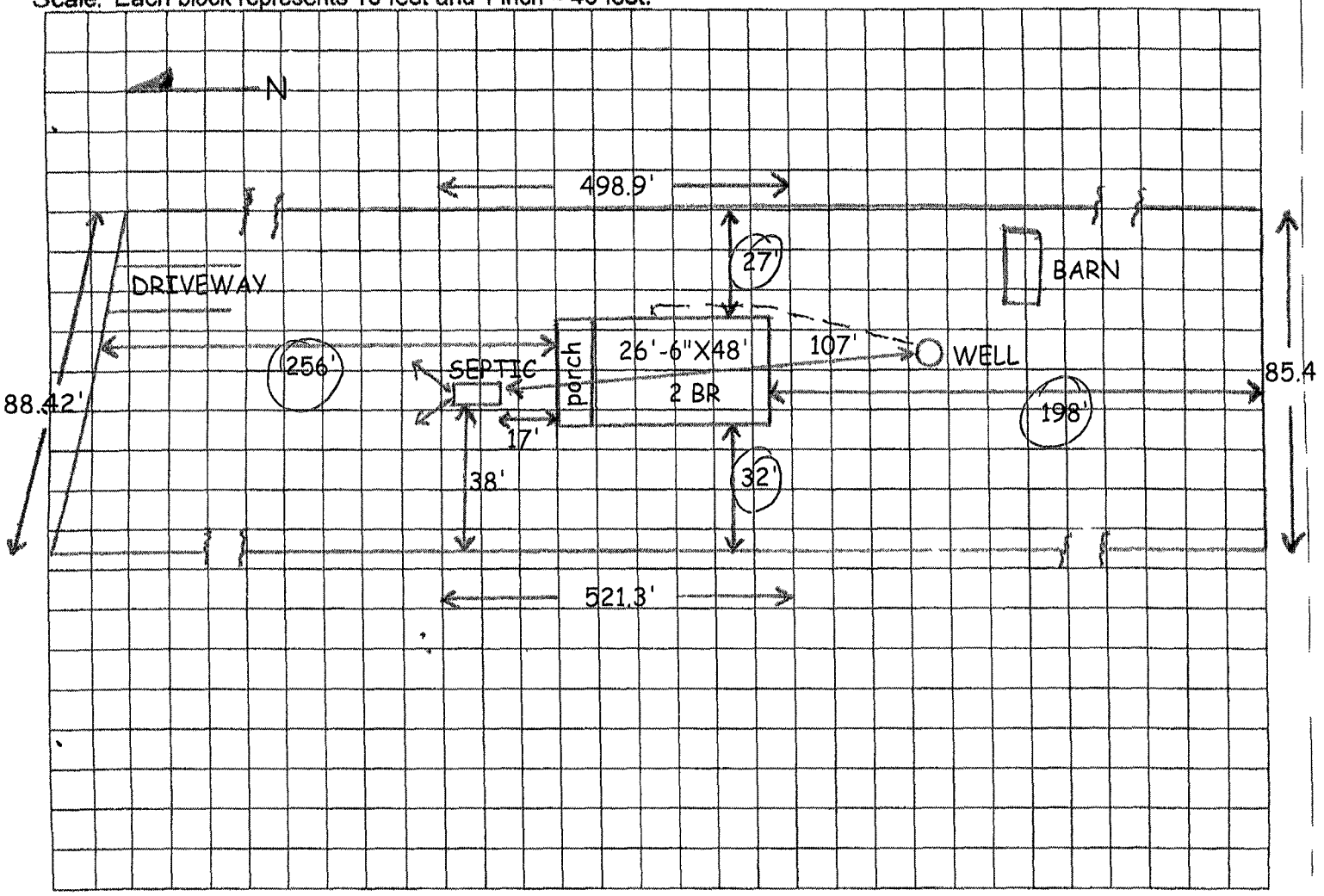


STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 13-0571E

---------- PART II - SITEPLAN ----------

Scale: Each block represents 10 feet and 1 inch = 40 feet.



Notes: _____

Site Plan submitted by: Leesha A. Rommel 11/1/13

Plan Approved ✓ Not Approved Columbia CHD Date 11/5/13

By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. 13-0570E
DATE PAID: 11/1/13
FEE PAID: 60.00
RECEIPT #: 1125171

APPLICATION FOR:
[ ] New System [✓] Existing System [ ] Holding Tank [ ] Innovative
[ ] Repair [ ] Abandonment [ ] Temporary [ ] _____

APPLICANT: Leisha A. Rommel

AGENT: _____ TELEPHONE: 386-454-3009

MAILING ADDRESS: 350 SE Old Bellamy Rd, High Springs, FL 32643

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3)(m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION

LOT: _____ BLOCK: _____ SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: 03-7S-17-09879-004 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 1 ACRES WATER SUPPLY: [✓] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / (N)] DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: 350 SE Old Bellamy Rd, High Springs, FL 32643

DIRECTIONS TO PROPERTY: South on U.S. 441 past O'Kean State Park, 1st road past O'Kean turn left (East) (Old Bellamy Rd). 3/10 mile on right.

BUILDING INFORMATION [✓] RESIDENTIAL [ ] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	existing mobile home	3	924	
2	New mobile home	2	1,272	
3				
4				

[ ] Floor/Equipment Drains [ ] Other (Specify) _____

SIGNATURE: Leisha A. Rommel DATE: 11-1-13