

PERMIT
000030849

The Issuance of this Permit Does Not Waive Compliance by Permittee with Deed Restrictions.

\$577.79

1559

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-11) Zoning Official BK 08 Jan. 2013 Building Official 1C. 1-8-13
AP# 1301-05 Date Received 1-2-13 By LH Permit # 30849
Flood Zone X Development Permit N/A Zoning A-3 Land Use Plan Map Category A-3
Comments _____
FEMA Map# N/A Elevation N/A Finished Floor 1 above RL River N/A In Floodway N/A
☒ Site Plan with Setbacks Shown ☒ EH # 13-0025 ☐ EH Release ☐ Well letter ☒ Existing well
☒ Recorded Deed or Affidavit from land owner ☒ Installer Authorization ☒ State Road Access ☒ 911 Sheet
☐ Parent Parcel # _____ ☐ STUP-MH _____ ☒ W Comp. letter ☒ VF Form
IMPACT FEES: EMS _____ Fire _____ Corr _____ ☒ Out County ☒ In County with Conditions
Road/Code _____ School _____ = TOTAL _____ Impact Fees Suspended March 2009 _____

Property ID # 02-65-16 R03766-159 Subdivision Appalachian Trace Lot 59
▪ New Mobile Home _____ Used Mobile Home ☒ MH Size 28x48 Year 1998
▪ Applicant Gayle Eddy / Wilbert Austin Phone # 386.622.5037
▪ Address 199 NE Eureka Dr Lake City FL 32055
▪ Name of Property Owner Evaragin Amparo Phone# 386-365-4495
▪ 911 Address 3773 SW Herlong Rd Fort White FL 32038
▪ Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Progress Energy
▪ Name of Owner of Mobile Home Evaragin Amparo Phone # 368-4995
Address 3773 SW Herlong Rd Ft. White FL 32038
▪ Relationship to Property Owner Owner
▪ Current Number of Dwellings on Property 1
▪ Lot Size 10.01 Acre Total Acreage 10.01
▪ Do you : Have Existing Drive or Private Drive or need Culvert Permit or Culvert Waiver (Circle one)
(Currently using) (Blue Road Sign) (Putting in a Culvert) (Not existing but do not need a Culvert)
▪ Is this Mobile Home Replacing an Existing Mobile Home No
▪ Driving Directions to the Property 47 to Lt on Herlong
3/4 mile on Lt. 3rd lot past Roanoke Terr on (2)
▪ Name of Licensed Dealer/Installer Gayle Eddy Phone # 3524942326
▪ Installers Address 10237 SW 40TH Terr Lake Butler FL 32054
▪ License Number 3H025939 Installation Decal # 10895

Jo spoke w/ Gayle 1.9.13
Wilbert came in on 3-14-13

16180
per
Gayle
4-25-13

Left a message that we needed to see Shirley. a. b. c. d. e. f. g. h. i. j. k. l. m. n. o. p. q. r. s. t. u. v. w. x. y. z.

COLUMBIA COUNTY PERMIT WORKSHEET

page 1 of 2

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

Installer Bake Kelly License # FA1025339

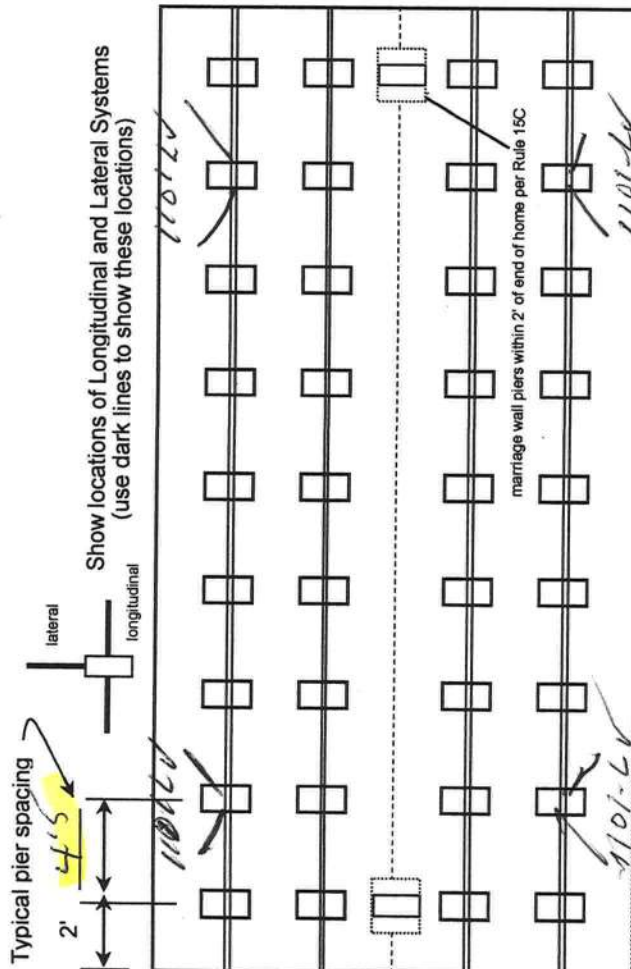
911 Address where home is being installed. 3773 SW Beckley Rd.

Manufacturer F.T.W.D. Length x width 28' x 48'

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 BK



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 # 10895
Triple/Quad ☐ Serial # FLW34A 279260525

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 18 x 18

Perimeter pier pad size 16 x 16

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

18 x 18

4 ft 5 ft

FRAME TIES

within 2' of end of home spaced at 5' 4" oc 15

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)

Manufacturer

Longitudinal Stabilizing Device w/ Lateral Arms

Manufacturer Oliver

OTHER TIES

Number

Sidewall

Longitudinal

Marriage wall

Shearwall

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 1500 psf
or check here to declare 1000 lb. soil without testing.

x 1500 x 1500 x 1500

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 1500 x 1500 x 1500

TORQUE PROBE TEST

The results of the torque probe test is 290 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 4000 lb holding capacity.

Installer's initials _____

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Burke Eddy

Date Tested 12/27/12

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. 15

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 15
Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 15

Site Preparation

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

Fastening multi wide units

Floor: Type Fastener: 6x8 Length: 6" Spacing: 12"
Walls: Type Fastener: 6x8 Length: 6" Spacing: 6"
Roof: Type Fastener: 6x8 Length: 6" Spacing: 15"
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 15' Installed: Between Floors Yes ✓
Between Walls Yes ✓
Bottom of ridgebeam Yes ✓

Weatherproofing

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

Miscellaneous

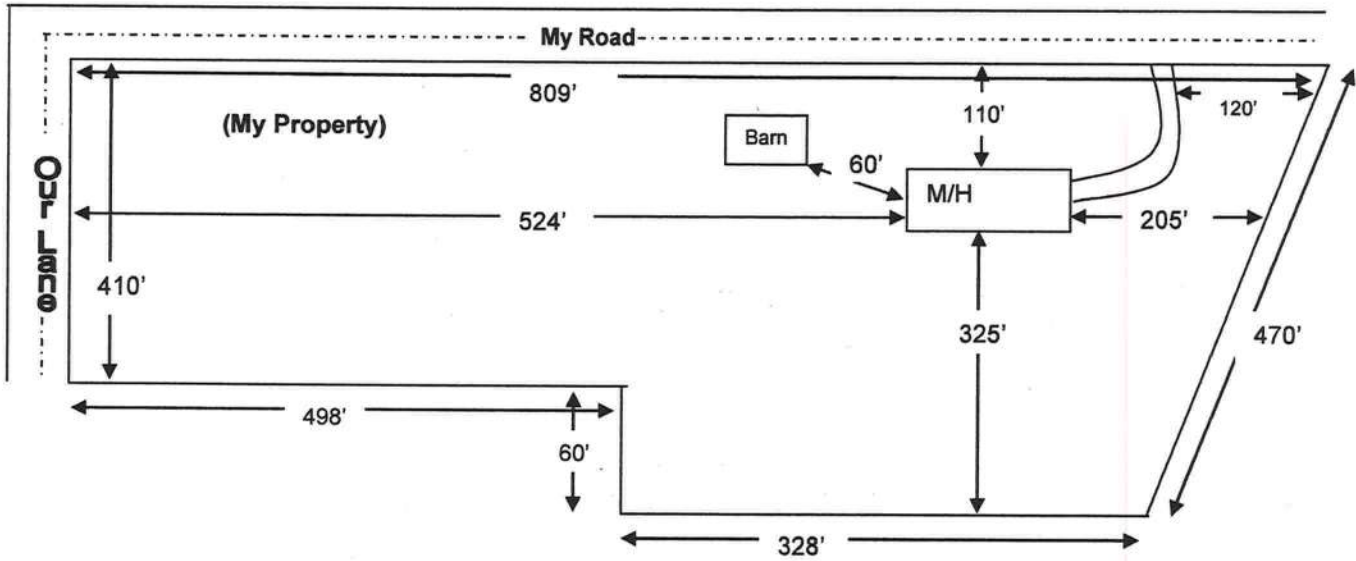
Skirting to be installed. Yes ✓ No _____
Dryer vent installed outside of skirting. Yes ✓ N/A _____
Range downflow vent installed outside of skirting. Yes ✓ N/A _____
Drain lines supported at 4 foot intervals. Yes ✓ N/A _____
Electrical crossovers protected. Yes ✓ N/A _____
Other: _____

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

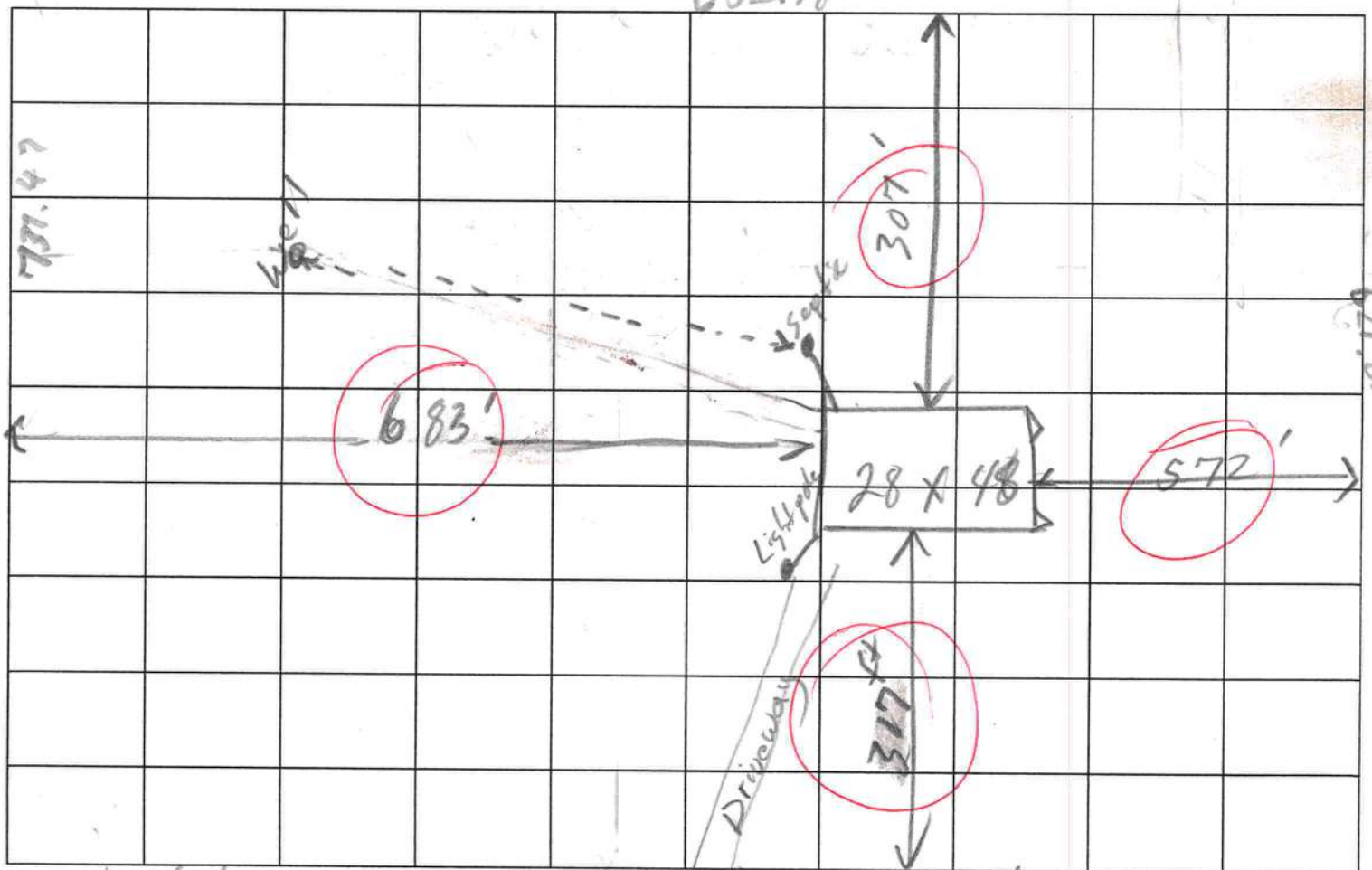
Installer Signature Burke Eddy

Date 12/27/12

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.



SW Herlong

414.98

SW Herlong St

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1301-05 CONTRACTOR Gayle Eddy PHONE 3524912326

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 <u>Euvargain Amparo</u> License #:	Signature <u>[Signature]</u> Phone #: <u>386-365-4995</u>
MECHANICAL/ A/C	Print Name <u>Euvargain Amparo</u> License #:	Signature <u>[Signature]</u> Phone #: <u>386-365-4995</u>
PLUMBING/ GAS	Print Name <u>Euvargain Amparo</u> License #:	Signature <u>[Signature]</u> Phone #: <u>386-365-4995</u>

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.

Contractor Forms: Subcontractor form: 1/11

Columbia County Property Appraiser

CAMA updated: 12/19/2012

2012 Tax Year

Parcel: 02-6S-16-03766-159

<< Next Lower Parcel Next Higher Parcel >>

Tax Collector

Tax Estimator

Property Card

Parcel List Generator

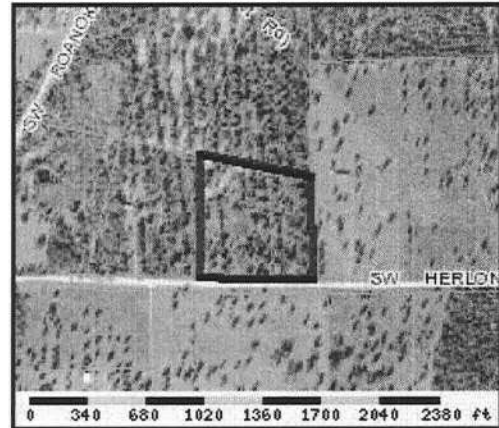
Interactive GIS Map

Print

Owner & Property Info

Search Result: 1 of 1

Owner's Name	AMPARO EUVARGAIN		
Mailing Address	292 SW SHERRI CIR LAKE CITY, FL 32024		
Site Address	SHERRI CIR		
Use Desc. (code)	PASTURELAN (006200)		
Tax District	3 (County)	Neighborhood	3616
Land Area	10.010 ACRES	Market Area	02
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction.		
LOT 59 APPALACHIE TRACE UNR: COMM SE COR OF SW1/4, RUN N 72.35 FT TO N R/W HERLONG RD FPR POB, RUN W ALONG R/W 648 FT, N 731.47 FT, SE 79 DEG 652.38 FT, S 621.03 FT FOR POB. ORB 894-1134, PROB 1178- 622, DC 1242- 2577(PIXLEY ABRAHAMS SR)			

**Property & Assessment Values**

2012 Certified Values		
Mkt Land Value	cnt: (1)	\$0.00
Ag Land Value	cnt: (0)	\$2,002.00
Building Value	cnt: (0)	\$0.00
XFOB Value	cnt: (0)	\$0.00
Total Appraised Value		\$2,002.00
Just Value		\$42,042.00
Class Value		\$2,002.00
Assessed Value		\$2,002.00
Exempt Value		\$0.00
Total Taxable Value	Cnty: \$2,002 Other: \$2,002 Schl: \$2,002	

2013 Working Values**NOTE:**

2013 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
7/30/2009	1178/632	WD	V	C	02	\$43,000.00
12/1/1999	894/1134	WD	V	Q		\$25,000.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
			NONE			

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
						NONE

Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
006200	PASTURE 3 (AG)	10.01 AC	1.00/1.00/1.00/1.00	\$200.00	\$2,002.00



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, Gayle Eddy, give this authority for the job address show below
Installer License Holder Name

only, 3773 SW Herlong Rd Lake City, and I do certify that
Job Address
Julio Amparo
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)
<u>Wilbert Austin</u>	<u>Wilbert Austin</u>	☒ Agent ☐ Officer ☐ Property Owner
		☐ 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.

Gayle Eddy
License Holders Signature (Notarized)

TH1025339 12/21/11
License Number Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Gayle Eddy,
personally appeared before me and is known by me or has produced identification
(type of I.D.) E300-227-64-789-6 on this 19 day of January, 2012.

Julia Elaine Risner
NOTARY'S SIGNATURE
expires - 1-14-2014



T# 730080149

B# 1683497

Identification Number FL34A27926CE23	Year 1998	Make FTWD	Body HS	WT-L-BHP 48'	Vessel Regis. No.	Title Number 76000353
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Registered Owner:

Date of Issue

11/06/2012

GREEN TREE SERVICING LLC
9119 CORPORATE LAKE DR STE 175
TAMPA, FL 33634

Lien Release
Interest in the described vehicle is hereby released
By _____
Title _____
Date _____

IMPORTANT INFORMATION

1. When ownership of the vehicle described herein is transferred, the seller MUST complete in full the Transfer of Title by Seller section at the bottom of the certificate of title.
2. Upon sale of this vehicle, the seller must complete the notice of sale on the reverse side of this form.
3. Remove your license plate from the vehicle.
4. See the web address below for more information and the appropriate forms required for the purchaser to title and register the vehicle, mobile home or vessel: <http://www.hsmv.state.fl.us/html/titinf.html>

Mail To:

GREEN TREE SERVICING LLC
9119 CORPORATE LAKE DR STE 175
TAMPA, FL 33634

CERTIFICATE OF TITLE

Identification Number FL34A27926CE23	Year 1998	Make FTWD	Body HS	WT-L-BHP 48'	Vessel Regis. No.	Title Number 76000353
Registered Owner GREEN TREE SERVICING LLC 9119 CORPORATE LAKE DR STE 175 TAMPA, FL 33634	Transfer of Title by Seller PRIVATE	Previous Date 08/31/2000	Date of Issue 11/06/2012	Lien Release Interest in the described vehicle is hereby released By _____ Title _____ Date _____		

Registered Owner
GREEN TREE SERVICING LLC
9119 CORPORATE LAKE DR STE 175
TAMPA, FL 33634

1st Lienholder
NONE

DIVISION OF MOTORIST SERVICES

TALLAHASSEE

FLORIDA

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

Boyd Warden
Director

Julie Jones
Executive Director

Control Number
109074469
3 / 8 109074469

TRANSFER OF TITLE BY SELLER (This section must be completed at the time of sale.)

Federal and/or state law require that the seller state the mileage, purchaser's name, selling price and date sold in connection with the transfer of ownership. Failing to complete or providing a false statement may result in fines and/or imprisonment. This title is guaranteed to be free from any liens except as noted on the face of the certificate and the motor vehicle or vessel described is hereby transferred to:

Seller Must Enter Purchaser's Name

Address

Seller Must Enter Selling Price

Seller Must Enter Date Sold

I/we state that this ☐ 3 or ☐ 6 digit odometer now reads (no zeros) miles, date read and I hereby certify that to the best of my knowledge the odometer reading reflects ACTUAL MILEAGE ☐ IN EXCESS OF ITS MECHANICAL LIMITS ☐ IS NOT THE ACTUAL MILEAGE

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE

SELLER Must
Sign Here

CO-SELLER Must
Sign Here

Print Here

Print Here

Selling Dealers License Number

Sales Tax No.

Tax Collected

Document Name

License Number

CO-SELLER Must

CO-SELLER Must

Sign Here

Sign Here

Print Here

Print Here

NOTICE: PENALTY IS REQUIRED BY LAW FOR SELLER WHO TRANSFERS TITLE IN 30 DAYS AFTER DATE OF PURCHASE

STATE OF FLORIDA

15/1/02-10 (REV. 04/02)

STATE OF FLORIDA

LIEN SATISFACTION

VOID IF ALTERED

VOID IF ALTERED

T# 730080264

B# 1683497

Identification Number FLW34B27926CE23	Year 1998	Make FTWD	Body HS	WT-L-BHP 48'	Vessel Regis. No.	Title Number 76000354
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Registered Owner:

GREEN TREE SERVICING LLC
9119 CORPORATE LAKE DR STE 175
TAMPA, FL 33634

Date of Issue 11/06/2012

Lien Release
Interest in the described vehicle is hereby released
By _____
Title _____
Date _____

IMPORTANT INFORMATION

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Mail To:

GREEN TREE SERVICING LLC
9119 CORPORATE LAKE DR STE 175
TAMPA, FL 33634

CERTIFICATE OF TITLE

Identification Number FLW34B27926CE23	Year 1998	Make FTWD	Body HS	WT-L-BHP 48'	Vessel Regis. No.	Title Number 76000354
State FL	Color NONE	Previous Brand NONE	Current Brand NONE	Model NONE	Previous Date 08/31/2009	By PRIVATE
Odometer Status or Vessel Manufacturer of Use				Hull Material	Prop	Date of Issue 11/06/2012

Registered Owner:

GREEN TREE SERVICING LLC
9119 CORPORATE LAKE DR STE 175
TAMPA, FL 33634

1st Lienholder
NONE

DIVISION OF MOTORIST SERVICES

TALLAHASSEE

FLORIDA

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

Boyd Walden
DirectorJulie Jones
Executive DirectorControl Number 109074470
3 / 8 109074470

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Seller Must Enter Purchaser's Name

Address

Seller Must Enter Selling Price

Seller Must Enter Date Sold

We state that this ☐ is a ☐ digit odometer now reads ☐ (no tens) miles, date read

and I hereby certify that to the best of my knowledge the odometer reading

☐ reflects ACTUAL MILEAGE☐ 2. IN EXCESS OF ITS MECHANICAL LIMITS☐ IS NOT THE ACTUAL MILEAGE

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE

SELLER MUST

CO-SELLER MUST

Sign Here

Sign Here

Print Here

Print Here

Selling Dealer's License Number

Tax No.

Tax Exempt

County Name

License Number

Occupant

CO-SELLER SIGN

Sign Here

Sign Here

Print Here

Print Here

Selling Dealer's License Number

Tax No.

Tax Exempt

County Name

License Number

Occupant

CO-SELLER SIGN

Sign Here

Sign Here

Print Here

Print Here

Selling Dealer's License Number

Tax No.

Tax Exempt

County Name

License Number

Occupant

CO-SELLER SIGN

Sign Here

Sign Here

Print Here

Print Here

Selling Dealer's License Number

Tax No.

Tax Exempt

County Name

License Number

Occupant

CO-SELLER SIGN

Sign Here

Sign Here

Print Here

Print Here

STATE OF FLORIDA

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: 12/13/2012 DATE ISSUED: 12/18/2012

ENHANCED 9-1-1 ADDRESS:

3773 SW HERLONG ST

FORT WHITE FL 32038

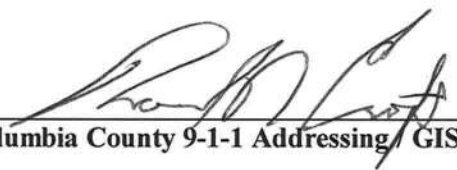
PROPERTY APPRAISER PARCEL NUMBER:

02-6S-16-03766-159

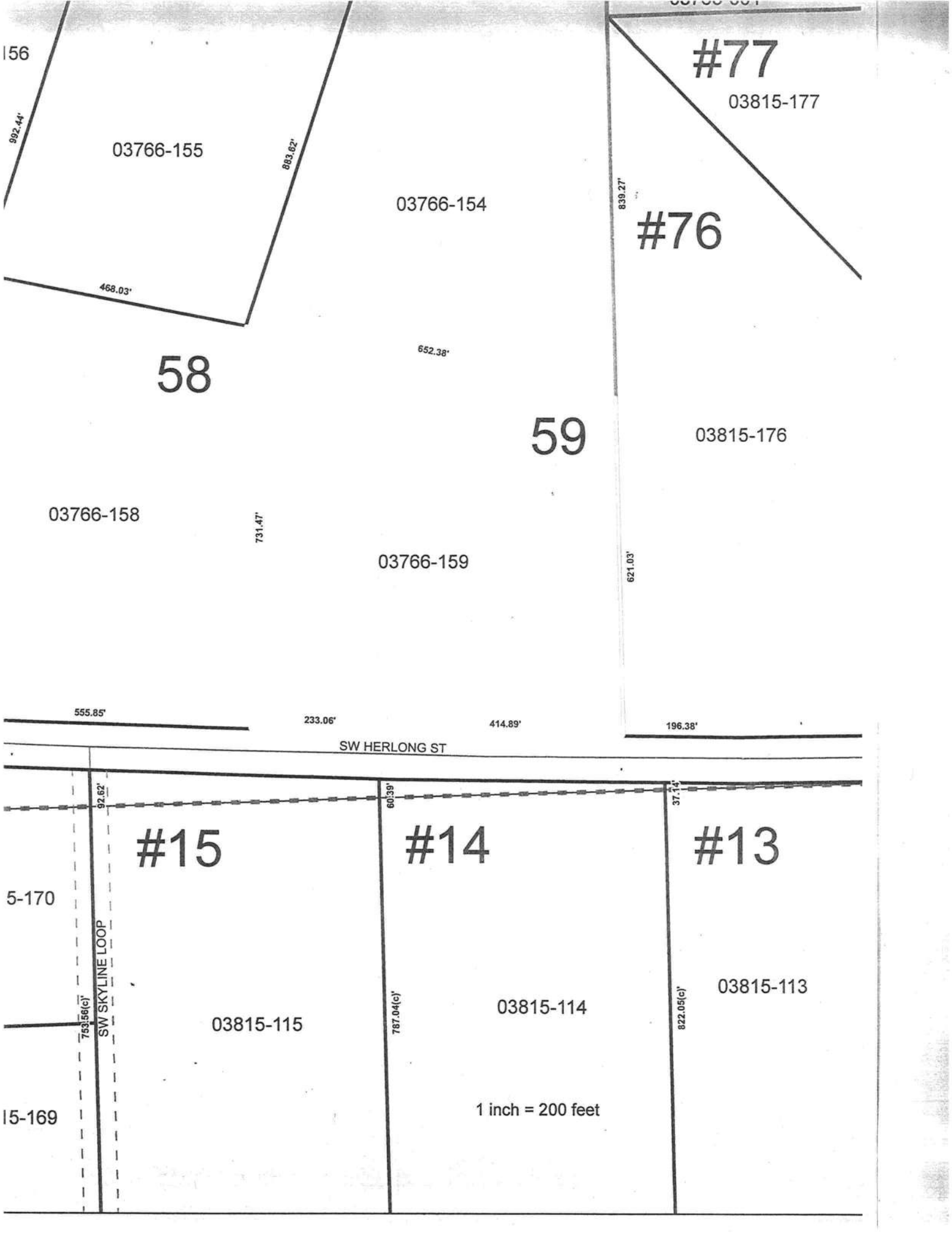
Remarks:

ADDRESS FOR PROPOSED STRUCTURE ON PARCEL.

Address Issued By: _____


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.



156

992.44'

03766-155

883.62'

03766-154

468.03'

58

652.38'

59

03766-158

731.47'

03766-159

#77

03815-177

#76

839.27'

03815-176

621.03'

555.85'

233.06'

414.89'

196.38'

SW HERLONG ST

5-170

15-169

SW SKYLINE LOOP

#15

03815-115

#14

03815-114

#13

03815-113

1 inch = 200 feet

92.62'

60.39'

37.14'

753.56(c)'

787.04(c)'

822.05(c)'

CODE ENFORCEMENT
COLUMBIA COUNTY, FLORIDA
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 1-2-13 BY CH IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? No

OWNERS NAME Julio Amparo PHONE 386-365-4995 CELL

ADDRESS 3773 SW Herlong Rd Lake City

MOBILE HOME PARK SUBDIVISION R03866-159

DRIVING DIRECTIONS TO MOBILE HOME 90 to 941 S. to 47, Hwy to Herlong Rd on Lt. 3/4 mile on Lt.

MOBILE HOME INSTALLER CRISTIAN SERVICE/GAYLE EDDY PHONE 386 496 3187 CELL (352) 494-2326
2927

MOBILE HOME INFORMATION

MAKE Fleetwood YEAR 1998 SIZE 28 x 48 COLOR White/Burgandy

SERIAL No. FLW34 AIB 27926 CE 23

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

COMPANY NAME GAYLE EDDY LICENSE # IT1025339

SIGNATURE Gayle Eddy PRINT NAME Gayle Eddy ID NUMBER DATE 12/27/12

ONLY THE ACTUAL LICENSE HOLDER OR A BUILDING INSPECTOR CAN SIGN THIS FORM

TC 1-2-13

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

1301-05

DATE RECEIVED 1-2-13 BY UH IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? Yes

OWNERS NAME Euvargain Amparo PHONE _____ CELL 365-365-4995

ADDRESS 3773 SW Herlong Rd Fort White FL 32038

MOBILE HOME PARK _____ SUBDIVISION _____

DRIVING DIRECTIONS TO MOBILE HOME 47 South, @ Herlong, 3rd on @
past Roanoke Terr.

MOBILE HOME INSTALLER Gayle Eddy PHONE _____ CELL 352-494-2326

MOBILE HOME INFORMATION

MAKE Fleetwood YEAR 98 SIZE 28 x 48 COLOR white/Burgandy

SERIAL No. FLW344B 27926 CE 23

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

INSPECTION STANDARDS

INTERIOR:

(P or F) - P= PASS F= FAILED

F SMOKE DETECTOR () OPERATIONAL (☒) MISSING \$50.00
P FLOORS () SOLID () WEAK () HOLES DAMAGED LOCATION _____ Date of Payment: 1-2-13
P DOORS () OPERABLE () DAMAGED Paid By: Wilbert Austin
P WALLS () SOLID () STRUCTURALLY UNSOUND Notes: Out of Country
P WINDOWS () OPERABLE () INOPERABLE Turned in
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: Door needs to be opened up on back

NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE

Ray Crew

ID NUMBER 306

DATE 1-3-13



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

PERMIT NO. 13-0025
DATE PAID: 1/15/13
FEE PAID: 310.00
RECEIPT #: 1094201

APPLICATION FOR:

☒ New System ☐ Existing System ☐ Holding Tank ☐ Innovative
☐ Repair ☐ Abandonment ☐ Temporary ☐

APPLICANT: EUVAGEN Amparo

AGENT: Robert W Ford Jr TELEPHONE: 755-6372

MAILING ADDRESS: 580 NW Guendon Rd Lake City FL 32055

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: 59 BLOCK: C SUBDIVISION: Appalachian Trace PLATTED: 1997

PROPERTY ID #: 02-65-16-03766-159 ZONING: PST-L I/M OR EQUIVALENT: ☒ Y ☐ N

PROPERTY SIZE: 10.010 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ☐ ≤2000GPD ☐ >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y ☐ N DISTANCE TO SEWER: NA FT

PROPERTY ADDRESS: SW Heebing Rd

DIRECTIONS TO PROPERTY: Hwy 47 SOUTH TURN Left on
Heebing Go to property on left

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	<u>m/H</u>	<u>3</u>	<u>28x48</u> <u>1344</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Robert W Ford Jr DATE: 1-15-13

Permit Application Number

13-0025

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

1 Acre of 10.010 Acres



Heeling Rd

Site Plan submitted by: Robert W. Jael N 1-15-13

Agent

Plan Approved X , 0 Not Approved

Date 1-22-13

By Sally Fox Env Health Director Columbia

County Health Department

DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated: 64E-6.001, FAC
(Stock Number: 5744-002-4015-6)