DATE 03/04/2010

# Columbia County Building Permit

**This Permit Must Be Prominently Posted on Premises During Construction**

**PERMIT**
**000028399**

APPLICANT ROBERT MINNELLA PHONE 352-472-6010

ADDRESS 25743 SW 22ND PLACE NEWBERRY FL 32669

OWNER WALLACE CAIN/CRYSTAL NORTON PHONE 386-853-5013

ADDRESS 712 SW SHILOH STREET FORT WHITE FL 32038

CONTRACTOR STEVEN COX PHONE 352-472-6562

LOCATION OF PROPERTY 47 S, L 27, R SHILOH ST, JUST PAST POLARIS RD ON LEFT

TYPE DEVELOPMENT MH,UTILITY ESTIMATED COST OF CONSTRUCTION 0.00

HEATED FLOOR AREA _____ TOTAL AREA _____ HEIGHT ____ STORIES ____

FOUNDATION _____ WALLS _____ ROOF PITCH _____ FLOOR _____

LAND USE & ZONING AG-3 MAX. HEIGHT 35

Minimum Set Back Requirments: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00

NO. EX.D.U. 1 FLOOD ZONE X DEVELOPMENT PERMIT NO. _____

PARCEL ID 13-7S-16-04203-017 SUBDIVISION _____

LOT ____ BLOCK ____ PHASE ____ UNIT ____ TOTAL ACRES 5.21

| | | IH0000875 | | |
|---|---|---|---|---|
| Culvert Permit No. | Culvert Waiver | Contractor's License Number | Applicant/Owner/Contractor | |
| EXISTING | 10-0089-E | BK | HD | Y |
| Driveway Connection | Septic Tank Number | LU & Zoning checked by | Approved for Issuance | New Resident |

COMMENTS: FLOOR ONE FOOT ABOVE THE ROAD

REPLACING EXISTING MH, VERIFY ONLY THIS MH ON PEROPERTY AT INSPECTION

AFFIDAVIT FROM PROPERTY OWNER ALLOWING MH OWNER TO PLACE MH Check # or Cash 5110

## FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

Temporary Power _____ date/app. by Foundation _____ date/app. by Monolithic _____ date/app. by

Under slab rough-in plumbing _____ date/app. by Slab _____ date/app. by Sheathing/Nailing _____ date/app. by

Framing _____ date/app. by Insulation _____ date/app. by

Rough-in plumbing above slab and below wood floor _____ date/app. by Electrical rough-in _____ date/app. by

Heat & Air Duct _____ date/app. by Peri. beam (Lintel) _____ date/app. by Pool _____ date/app. by

Permanent power _____ date/app. by C.O. Final _____ date/app. by Culvert _____ date/app. by

Pump pole _____ date/app. by Utility Pole _____ date/app. by M/H tie downs, blocking, electricity and plumbing _____ date/app. by

Reconnection _____ date/app. by RV _____ date/app. by Re-roof _____ date/app. by

BUILDING PERMIT FEE $ 0.00 CERTIFICATION FEE $ 0.00 SURCHARGE FEE $ 0.00

MISC. FEES $ 300.00 ZONING CERT. FEE $ 50.00 FIRE FEE $ 0.00 WASTE FEE $ _____

FLOOD DEVELOPMENT FEE $ _____ FLOOD ZONE FEE $ 25.00 CULVERT FEE $ _____ **TOTAL FEE** 375.00

INSPECTORS OFFICE L. Hodson 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."

EVERY PERMIT ISSUED SHALL BECOME INVALID UNLESS THE WORK AUTHORIZED BY SUCH PERMIT IS COMMENCED WITHIN 180 DAYS AFTER ITS ISSUANCE, OR IF THE WORK AUTHORIZED BY SUCH PERMIT IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AFTER THE TIME THE WORK IS COMMENCED. A VALID PERMIT RECIEVES AN APPROVED INSPECTION EVERY 180 DAYS. WORK SHALL BE CONSIDERED NOT SUSPENDED, ABANDONED OR INVALID WHEN THE PERMIT HAS RECIEVED AN APPROVED INSPECTION WITHIN 180 DAYS OT THE PREVIOUS INSPECTION.

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

# AFFIDAVIT

**STATE OF FLORIDA**
**COUNTY OF COLUMBIA**

This is to certify that I, (We), WALLACE R. CAIN owner of the below described property:

Tax Parcel No. 13-75-16-04203-017

Subdivision (name, lot, block, phase) _____

Give my permission to Justin Curran & Crystal Norton to place a mobile home/travel trailer/single family home (circle one) on the above mentioned property.

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

Wallace R. Cain
Owner

_____
Owner

SWORN AND SUBSCRIBED before me this 15th day of February, 20 10. This (these) person(s) are personally known to me or produced ID _____.

Jannette S. Boyd
Notary Signature

JANNETTE S. BOYD
MY COMMISSION EXPIRES
August 7, 2011
#DD 689288
Bonded thru Notary Public Underwriters
NOTARY PUBLIC, STATE OF FLORIDA

# PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

clk#5110

*For Office Use Only* (Revised 1-10-08) Zoning Official BK 23.02.10 Building Official HD 2-22-10

AP# 1002-32 Date Received 2/19/10 By LH Permit # 28399

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

Comments Verify 0 dwellings on property

Replacing ex. MH that has previously been removed

FEMA Map# N/A Elevation N/A Finished Floor 1ft above River ____ In Floodway N/A

☑ Site Plan with Setbacks Shown ☑ EH # 10-0089E ☐ EH Release ☐ Well letter ☒ Existing well

☑ Recorded Deed or Affidavit from land owner ☑ Letter of Auth. from installer ☒ State Road Access

☐ Parent Parcel # ____ ☐ STUP-MH ____ ☒ F W Comp. letter

IMPACT FEES: EMS ____ Fire ____ Corr ____ Road/Code ____

School ____ = TOTAL ____ Impact Fees Suspended March 2009 ☒ App. Fee Paid

☒ Out of County Form ok GP Sent 3/2 – ☒ In County Pre-Insp. (Paid) ok GP

Property ID # 13-7S-16-04203-017 Subdivision ____

- New Mobile Home ____ Used Mobile Home ✓ MH Size 28X40 Year 2007
- Applicant Robert Minnelk Phone # (352) 472-6010
- Address 25743 SW 22 Pl, Newberry, FL 32669
- Name of Property Owner Wallace Cain Phone# (352) 317-7204
- 911 Address 712 SW Shiloh St Ft. 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 Crystal Norton Phone # (386) 853-5013
  Address 170 SW Rum Island Terr, Ft. White, FL 32038
- Relationship to Property Owner friend
- Current Number of Dwellings on Property 0 - was removed
- Lot Size 383 X 594 Total Acreage 5.21
- 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) (Paid)
- Driving Directions to the Property 47 South to Hwy 27 (TL) to Shiloh (TR) Go past Polaris 10 ft to driveway on left
- Name of Licensed Dealer/Installer Steven Cox Phone # 352 472 6562
- Installers Address 600 SE 43rd Ave Trenton FL
- License Number IH0000825 Installation Decal # 307023

Spoke to Nancy on 3-3-10 LH

Spoke to Nancy 2/23/10

# STATE OF FLORIDA
# DEPARTMENT OF HEALTH
## APPLICATION F0R ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

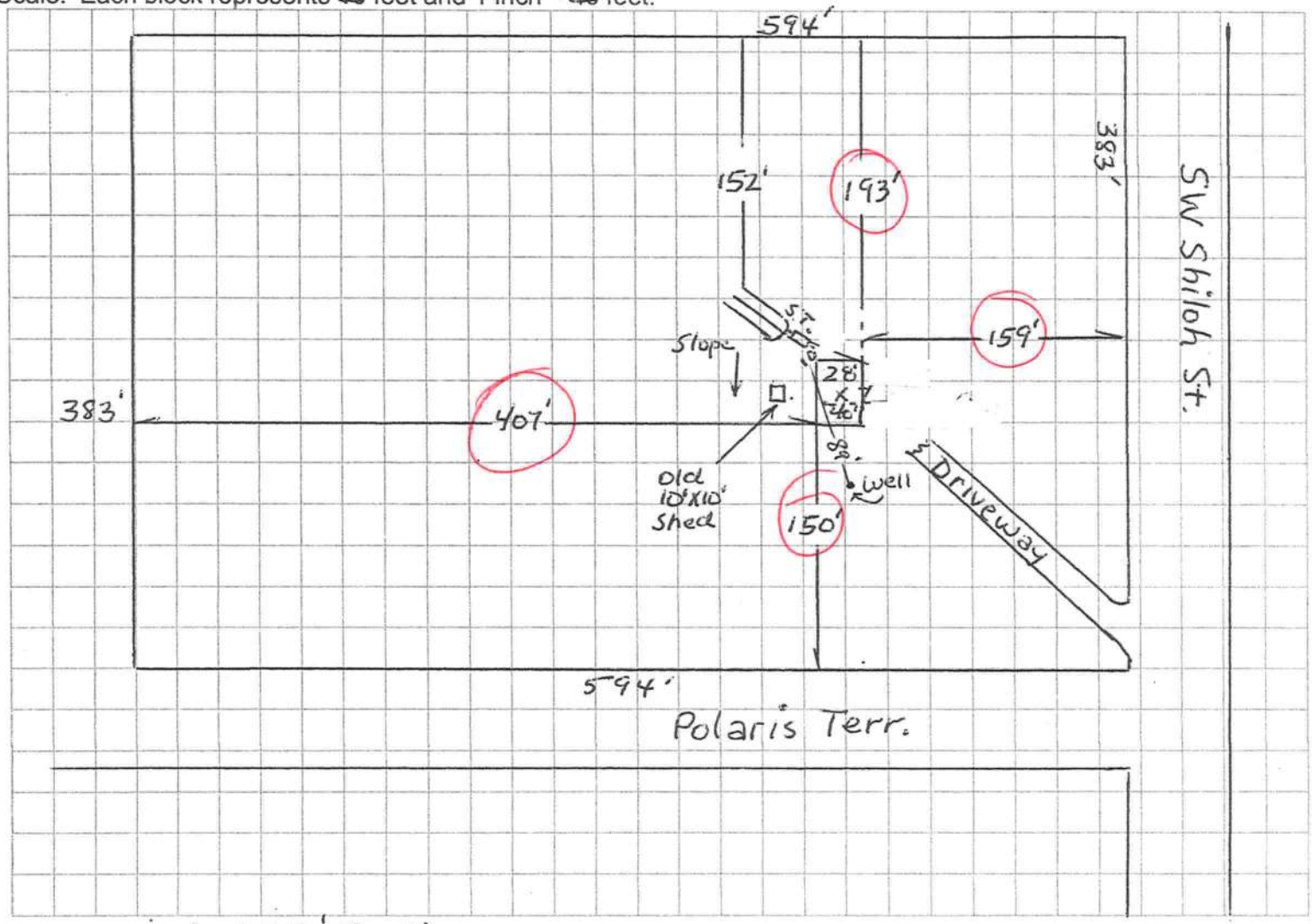
Permit Application Number_____

Crystal Norton

PART II - SITEPLAN

25' 100'

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




Notes: Existing Well & Septic.

Site Plan submitted by: Robert A Mirabella 2-17-10
Signature

Agent
Title

Plan Approved_____ Not Approved_____ Date_____

By_____ County Health Department

**ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT**

We'll be sending New Authorization on our form. (New form in file Drawer) 1002-32

# Cox Mobile Home Moving and Set-up

600 S.E. 43 rd Ave.
Trenton, Fla 32693
Phone (352)472-6562
Fax (352)472-6598
coxmhmoving@aol.com

*February 8, 2010*

*To Whom It May Concern:*

*I, Steven Cox license no.IH0000875, give* Robert Minnella *permission to pull permits under my license.*

*Thanks,*

*Steven Cox*

PAULINE PARHAM
MY COMMISSION # DD 638161
EXPIRES: February 8, 2011
Bonded Thru Notary Public Underwriters

For: Crystal Norton

**SUBCONTRACTOR VERIFICATION FORM**

APPLICATION NUMBER _____ CONTRACTOR Steve Cox PHONE (352)472-6562

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.

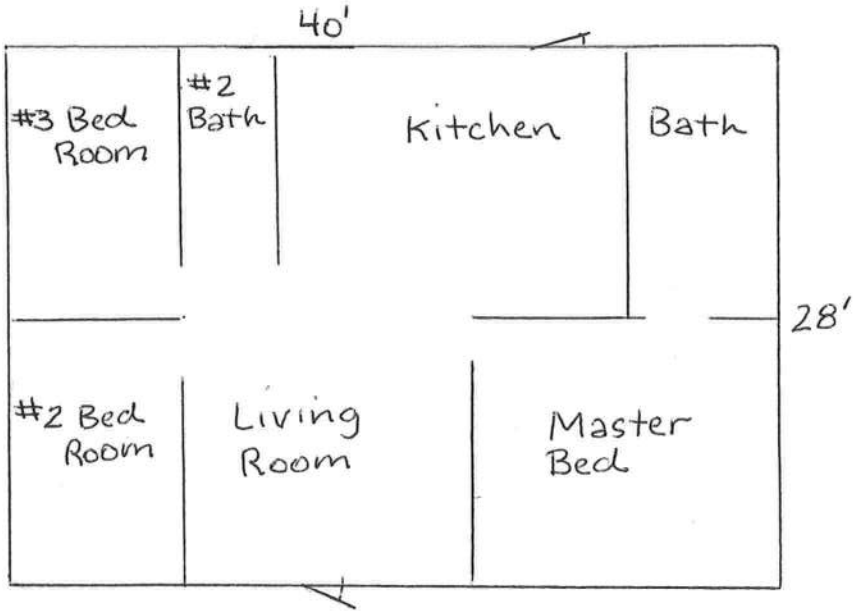
***Any changes, the permitted contractor is responsible for the corrected form being submitted to this office prior to the start of that subcontractor beginning any work. Violations will result in stop work orders and/or fines.***

| | | |
|---|---|---|
| ELECTRICAL | Print Name Chad White | Signature Chad White |
| 543 OK | License #: EC13002222 | Phone #: 352-538-5544 |
| MECHANICAL/ AC & H | Print Name David W Cartwright | Signature David W Cartwright |
| 722 OK | License #: CAC 1813717 | Phone #: 386-362-3251 |
| PLUMBING/ GAS | Print Name Steven Cox | Signature |
| 694 OK | License #: IH0000875 | Phone #: 352 472 6562 |
| ROOFING | Print Name | Signature |
| | License #: | Phone #: |
| SHEET METAL | Print Name | Signature |
| | License #: | Phone #: |
| FIRE SYSTEM/ SPRINKLER | Print Name | Signature |
| | License #: | Phone #: |
| SOLAR | Print Name | Signature |
| | License #: | Phone #: |

| TRADE CLASS | LICENSE NUMBER | SUB-CONTRACTOR PRINTED NAME | SUB-CONTRACTOR SIGNATURE |
|---|---|---|---|
| MASON | | | |
| CONCRETE FINISHER | | | |
| FRAMING | | | |
| INSULATION | | | |
| STUCCO | | | |
| DRYWALL | | | |
| PLASTER | | | |
| CABINET INSTALLER | | | |
| PAINTING | | | |
| ACOUSTICAL CEILING | | | |
| GLASS | | | |
| CERAMIC TILE | | | |
| FLOOR COVERING | | | |
| ALUM/VINYL SIDING | | | |
| GARAGE DOOR | | | |
| METAL BLDG ERECTOR | | | |

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 prepared each time the employer applies for a building permit.

2007 FLEETWOOD
1120 SQUARE FEET
3 Bedroom 2 Bath
28' x 40'



# WILSON MOBILE HOME SALES, INC

2-5-10
Date

1208 East Wade Street
Trenton, Florida 32693
Phone (352) 463-2068
Fax (352) 463-6920

## Purchase Agreement

Crystal L. Norton
Purchaser

Susten L Curran

170 SW Rum Island Terr
Street Address

Ft White 32038
City State Zip Code

386-853-5013
Residence Phone Business Phone

Cell Phone e-mail

MARC Wilson
Sales Representative

Work 386-454-5760

His Cell - 352-672-2951

Please enter my purchase for the following: New ____ Used X

Size 28x40 Year 2007 Model Fleetwood Make ET

Serial Number: GAFL775AEB78964EP21

| | | |
|---|---|---|
| Base Price | $29,000 | - |
| A/C Rehook | Included | - |
| New skirting | Included | - |
| New Steps | Included | - |
| Setup | Included | - |
| | | |
| | | |
| Non Taxable | | |
| pump out septic, | | |
| Hook up power to pole | | |
| Hook up water - Sewer | | |
| permits Columbia | $ 3,670 | - |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Sub Total | 32,670 | - |
| State Sales Tax | 1,790 | - |
| Admin. Fee | 475 | - |
| Grand Total | 34,935 | - |

Year ____ Make ____

Series ____ Size ____

Serial No. ____

| | | |
|---|---|---|
| Trade-In Allowance | $ | |
| Bal. Owed on Trade | | |
| Net Allowance | $ | |
| Cash Deposit | | |
| Total Credit | $ | |

ACCEPTANCE: Buyer(s) agree to purchase the above-described merchandise at the price stated, to accept delivery thereof and to make payment in full upon delivery. If payment is not made in full upon delivery, seller has the right to charge buyer(s) a fee of $ ____ per day until paid. The buyer(s) hereby deposit the sum of $ 5,000.00 with the seller, which shall be applied against the purchase price of said merchandise. If the buyer(s) fail to accept delivery of or pay for same, seller reserves the right to keep all or part of fee for costs incurred. Any cost for litigation, arbitration, legal fees or other expenses incurred while seeking to enforce this Agreement shall be awarded to seller if seller prevails.

THIS ORDER SHALL NOT BECOME BINDING UNTIL ACCEPTED BY DEALER OR HIS AUTHORIZED REPRESENTATIVE.

Susten Curran 02/06/2010
Purchaser Date

Accepted By: _____
President/Vice President

Crystal L. Norton 02/06/2010
Purchaser Date

Inst. Number: 201012002308 Book: 1189 Page: 460 Date: 2/16/2010 Time: 2:52:21 PM Page 1 of 2

WARRANTY DEED
$1850 / 143.50

Wallace R. Cain
P.O. Box 100
Alachua, FL 32616

This Instrument Prepared by:
Name: Wallace R. Cain
Address: P.O. Box 100
Alachua, FL 32616

USH-4158

Inst: 2005020319

Inst. 201012002308 Date: 2/16/2010 Time: 2:52 PM
Clerk Stamp-Fund: 143.50
DC, P.DeWitt Cason, Columbia County Page 1 of 2 B:1189 P:460

SPACE ABOVE THIS LINE FOR RECORDING DATA

**This Warranty Deed**, Made the 15th day of January, 2010, by Vahis Musa, an unremarried widower of Susan Musa

hereinafter called the Grantor, to Wallace R. Cain

whose post office address is P.O. Box 100, Alachua, FL 32616

hereinafter called the Grantee

(Wherever used herein the terms "Grantor" and "Grantee" include all the parties to this instrument and the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporations, wherever the context so admits or requires.)

**Witnesseth**, That the Grantor, for and in consideration of the sum of $ 10.00 and other valuable considerations, receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliens, remises, releases, conveys and confirms unto the Grantee all that certain land, situate in Columbia County, State of Florida, viz:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

THIS DEED IS GIVEN IN LIEU OF FORECLOSURE
R:1055 P:2202

THIS IS NOT THE HOMESTEAD OF THE GRANTOR

**Together**, with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining. **To Have and to Hold**, the same in fee simple forever.

**And** the Grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land, and hereby warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances, except taxes accruing subsequent to December 31.

**In Witness Whereof**, the said Grantor has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in the presence of:

Witness Signature: Sheslene Sanderson
Printed Name: Sheslene Sanderson

Witness Signature: Glenn Allegstro
Printed Name: Glenn Allegstro

Witness Signature (as to Co-Grantor, if any)
Printed Name

Witness Signature (as to Co-Grantor, if any)
Printed Name

Grantor Signature: Vahis Musa (L.S.)
Printed Name: Vahis Musa
Post Office Address: P.O. Box 18921, West Palm Beach, FL

Co-Grantor Signature, (if any) (L.S.)
Printed Name
Post Office Address

STATE OF Florida
COUNTY OF Palm Beach

I hereby Certify that on this day, before me, an officer duly authorized to administer oaths and take acknowledgements, personally appeared VAHIS MUSA known to me to be the person described in and who executed the foregoing instrument, who acknowledged before me that he executed the same, and an oath was not taken, (Check one:) ☐ Said person(s) is/are personally known to me. ☐ Said person(s) provided the following type of identification: FL Lic. M200 916 54 107 0

NOTARY RUBBER STAMP SEAL

NOTARY PUBLIC-STATE OF FLORIDA
Glenn T. Allegstro
Commission #DD755405
Expires: FEB. 09, 2013
BONDED THRU ATLANTIC BONDING CO. INC.

Witness my hand and official seal in the County and State last aforesaid this 15th day of January A.D. 2010

Notary Signature: Glenn Allegstro
Printed Name: Glenn Allegstro

# "EXHIBIT "A"
## Legal Description

LOT 4B

A part of the Northwest ¼ of the SW ¼ of Section 13, Township 7 South, Range 16 East, being more particularly described as follows:

Commence at the Northwest corner of the NW ¼ of said SW ¼ and run North 88° 14' 05" East, along the North line thereof, 382.10 feet for a Point of Beginning; thence continue North 88° 14' 05" East, along said North line 382.98 feet; thence South 1° 36' 19" East, 593.33 feet; thence South 88° 11' 59" West, 382.11 feet; thence North 1° 41' 22" West, 593.57 feet to the Point of Beginning, lying and being in Columbia County, Florida.
Containing 5.21 acres, more or less.

Subject to ingress and egress easement over and across the North 30 feet thereof.

Subject to ingress and egress easement over and across the East 12.80 feet thereof.

Together with Easement for ingress and egress over and across a part of the NW ¼ of the SW ¼ of Section 13, Township 7 South, Range 16 East, more particularly described as follows:
Begin at the Northwest corner of NW ¼ of the SW ¼ and run North 88° 14' 05" East, along the North line thereof, 765.08 feet; thence South 1° 36' 19" East, 30.00 feet; thence South 88° 14' 05" West, 765.03 feet to a point on the West line of the NW ¼ of said SW ¼; thence North 1° 41' 22" West, along the West line thereof, 30.00 feet to the Point of Beginning, lying and begin in Columbia County, 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:** 2/8/2010 **DATE ISSUED:** 2/12/2010

**ENHANCED 9-1-1 ADDRESS:**

712 SW SHILOH ST

FORT WHITE FL 32038

**PROPERTY APPRAISER PARCEL NUMBER:**

13-7S-16-04203-017

**Remarks:**

**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.***

1638

# COLUMBIA COUNTY PERMIT WORKSHEET

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

Installer Steven Cox License # IH0000875

911 Address where home is being installed [redacted] 712 SW Shiloh St, Ft. White, FL 32038

Manufacturer Fleetwood Length x width 28x40

***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 [signature]

New Home ☐ Used Home ☐

Home installed to the Manufacturer's Installation Manual ☐

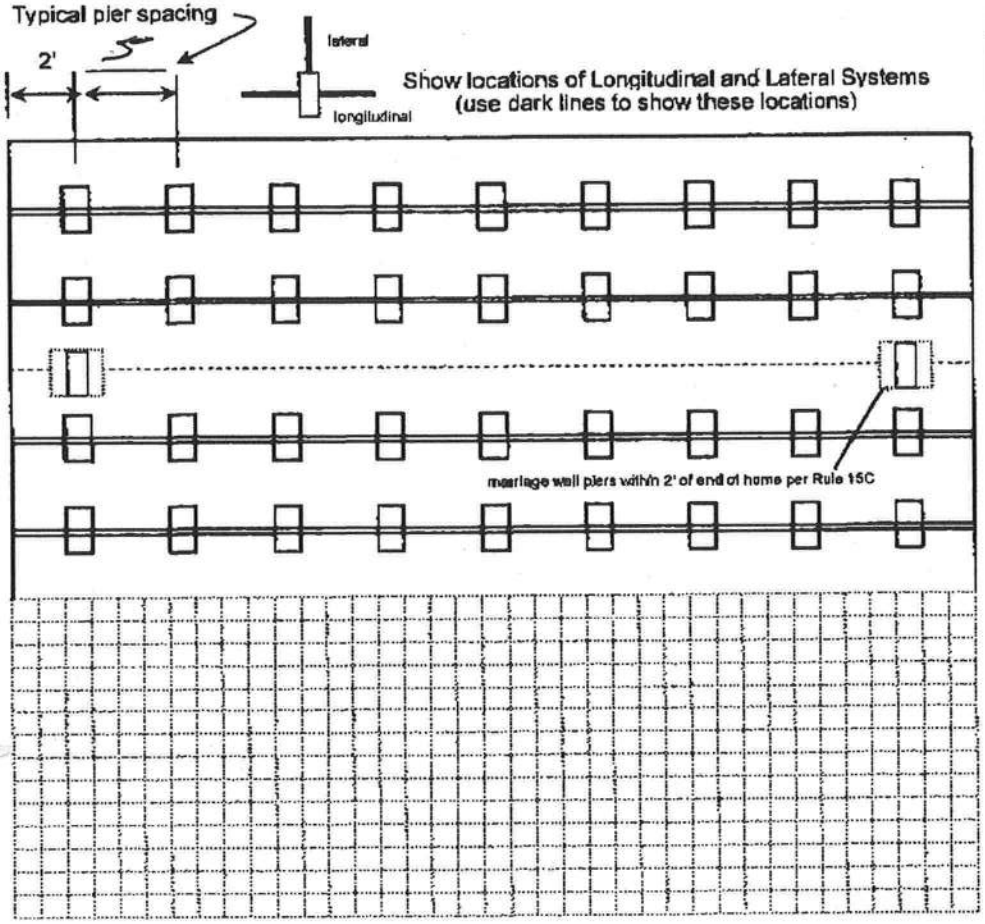
Home is installed in accordance with Rule 15-C ☑

Single wide ☐ Wind Zone II ☒ Wind Zone III ☐

Double wide ☒ Installation Decal # 307027

Triple/Quad ☐ Serial # GAFL775A13 TR964EF21

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 20x20

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 In |
|---|---|
| 16 x 16 | 256 |
| 18 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 X 5 ft _____

**FRAME TIES**

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

**OTHER TIES**

| | Number |
|---|---|
| Sidewall | per Sub |
| Longitudinal | 6 |
| Marriage wall | on Set |
| Shearwall | per Sub |

**TIEDOWN COMPONENTS**

***Longitudinal Stabilizing Device (LSD)***
Manufacturer _____

***Longitudinal Stabilizing Device w/ Lateral Arms***
Manufacturer MMG

# COLUMBIA COUNTY PERMIT WORKSHEET



## POCKET PENETROMETER TEST

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

x1000 x1000 x1000

### 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.

x1000 x1000 x1000

## TORQUE PROBE TEST

The results of the torque probe test is _____ inch pounds or check here if you are declaring 5' anchors without testing 276 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

Date Tested 2-8-10

## Electrical

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between mult-wide units. Pg. 15A

## Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 15B

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

## Site Preparation

Debris and organic material removed Yes

Water drainage: Natural X Swale _____ Pad _____ Other _____.

## Fastening multi wide units

| | | | | | |
|---|---|---|---|---|---|
| Floor: | Type Fastener: 3/8 x 5 | Length: 6 | Spacing: 18 to 24 |
| Walls: | Type Fastener: 1600 | Length: 3 | Spacing: 11 |
| Roof: | Type Fastener: 3/8 x 5 | Length: 6 | Spacing: 11 |

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

Type gasket Seal Seal

Pg. 15D

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 _____

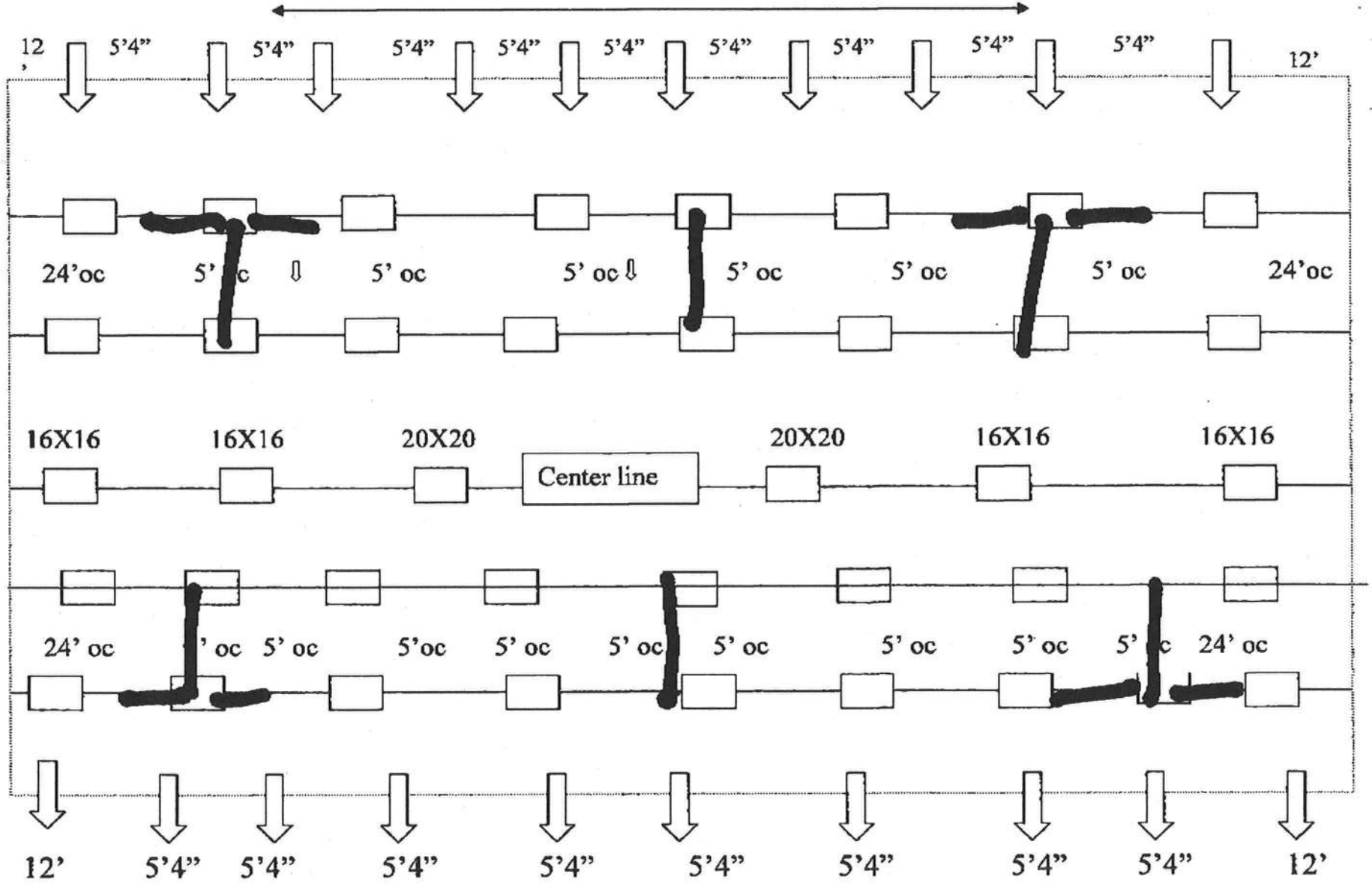
Drain lines supported at 4 foot intervals. Yes ✓

Electrical crossovers protected. Yes ✓

Other : _____

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

Installer Signature _____ Date 2-8-10




28x40

Double wide 28 x 40

Anchors

Piers

Mmls longitudinal line

Patent Pending
May 2002

# Minute Man anchors, Inc.

## Installation Instructions for Model LLBS Longitudinal and Lateral Bracing System Approved for Florida

Revised: 6/17/02

**Note:** Your set must be designed by a Registered Professional Engineer if all or one of the following conditions occur:

Location is within 1,500 feet of Coast
Pier Height exceeds 48"
Sidewall height exceeds 96"
Roof eaves exceeds 16"
Main beam spacing exceeds 98.5"

1. Refer to the Home Manufacturer Installation Instructions for pier locations. 6" Disc anchors 48" long with vertical ties are required at maximum 5'-4" center along both sidewalls starting a maximum of 2'-0" in from each end of the home. Vertical ties must be used at all connection points furnished by the home manufacturer. Centerline anchors to be sized according to soil torque condition. Any manufacturer's specifications for sidewall anchor loads in excess of 4,000 lbs require a 5' anchor.

2. Refer to the Foundation Plans for the location of Longitudinal Lateral Bracing System.. (See Attached). Each system is required to have a frame tie and stabilizer attached at each lateral arm stabilizing location.

3. Remove turf to expose firm soil at each SD3 pad location.

4. Attach tube clip to SD3 pier pads (see Detail Assembly Drawing) center pad under beam, level pad. Angle Drive Pins may be driven vertically through four (4) slots in SD3 pier pad now or after home is totally set. Angle drive pins may be driven up to ten degrees (10) off of vertical. If you choose to drive pins after home is set, do not cover slots in pier pad.

5. Level home on concrete blocks or deluxe steel pier by Minute Man.

6. Install Longitudinal and Lateral Bracing in accordance with Foundation Plan and Detail Assembly Drawing.

7. Install vertical anchors , frame ties and stabilizers at each lateral arm system location..

Thank you for using Minute Man Products, Inc. If you have any questions, please call Toll Free at (800) 438-7277.

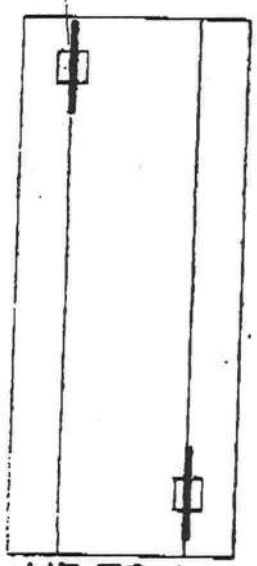
305 West King St. East Flat Rock, North Carolina 28726

# LONGITUDINAL BRACING SYSTEMS PLACEMENT FOR FLORIDA

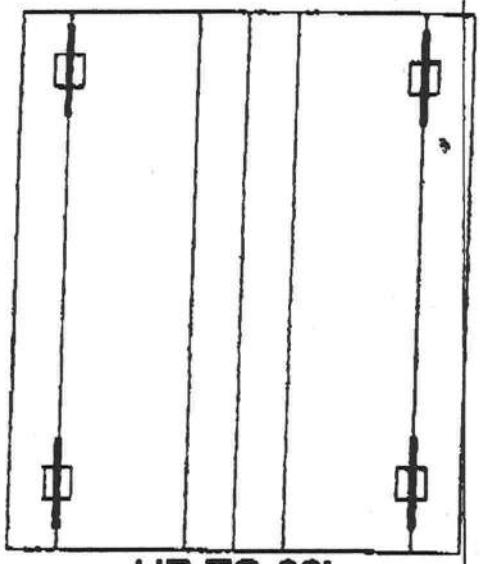
Use 650 anchors and 180 square inch stabilizers with frame ties and vertical ties at maximum 5' -4" centers. Vertical ties must be used at all connection points furnished by the home manufacturer. Marriage wall anchors must be used in accordance with the home manufacturers instructions.

*For Roof slopes up to 5/12 pitch*

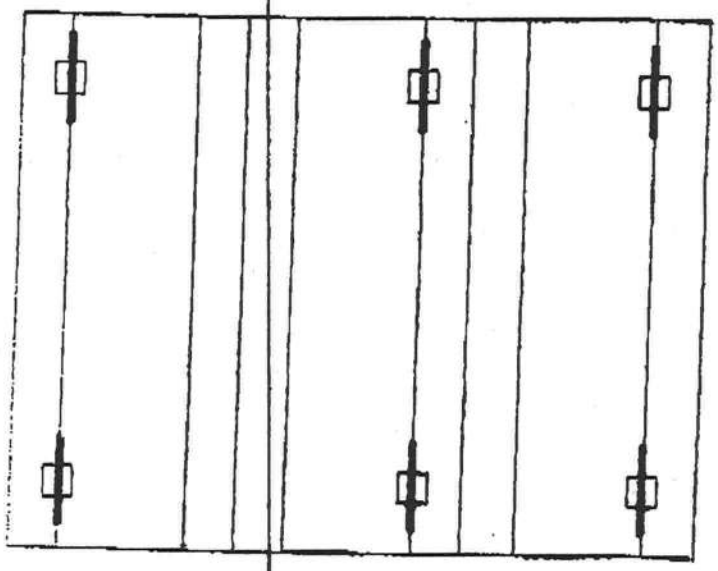
Systems must be placed no more than 16' from end of home



UP TO 16'
SINGLE WIDE



UP TO 32'
DOUBLE WIDE



UP TO 48' TRIPLE WIDE
OR DOUBLE WIDE WITH TAG

*See Longitudinal and Lateral Bracing System detail assembly drawing.*

# FLORIDA ZONE II AND III LONGITUDINAL AND LATERAL BRACING SYSTEMS PLACEMENT

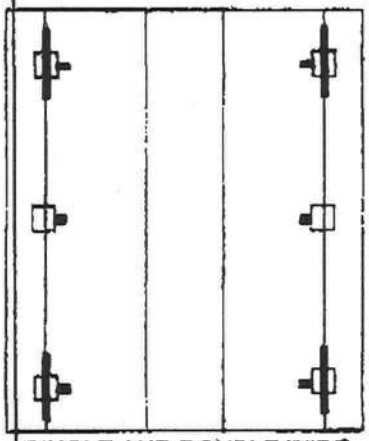
*For 5/12 Roof Pitch*

*Each system is required to have a frame tie and stabilizer attached at each lateral arm stabilizing location. Systems must be as evenly spaced as possible.*

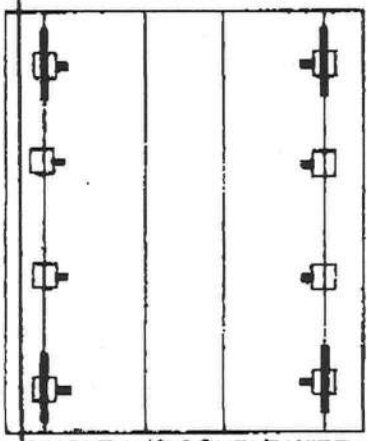
Revised: 6/17/2002

HOME DIMENSIONS REPRESENT BOX SIZE

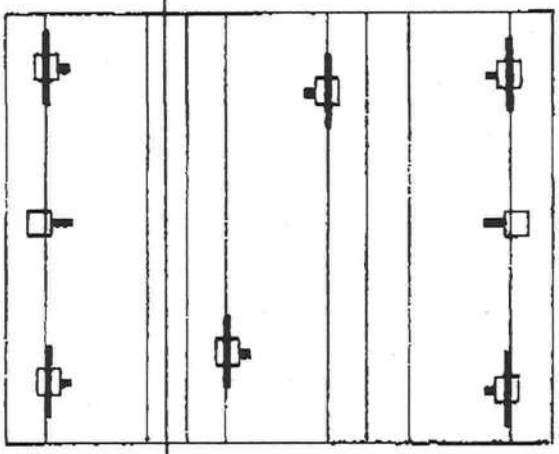
*LEGEND* — Longitudinal Bracing System only; Longitudinal and Lateral Bracing System; Lateral Bracing System only



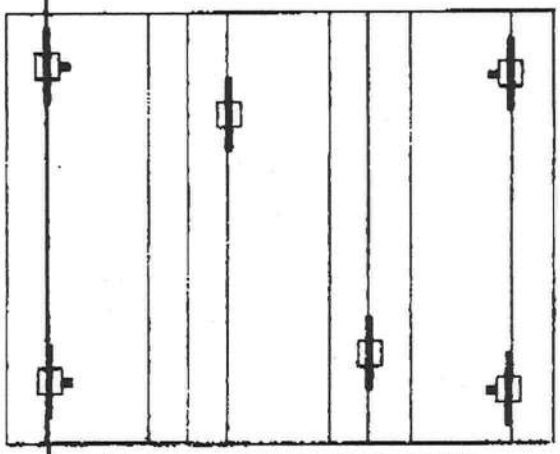
SINGLE AND DOUBLE WIDE
UP TO 32' WIDE AND 52'LONG
6 SYSTEMS
56' INCLUDING HITCH



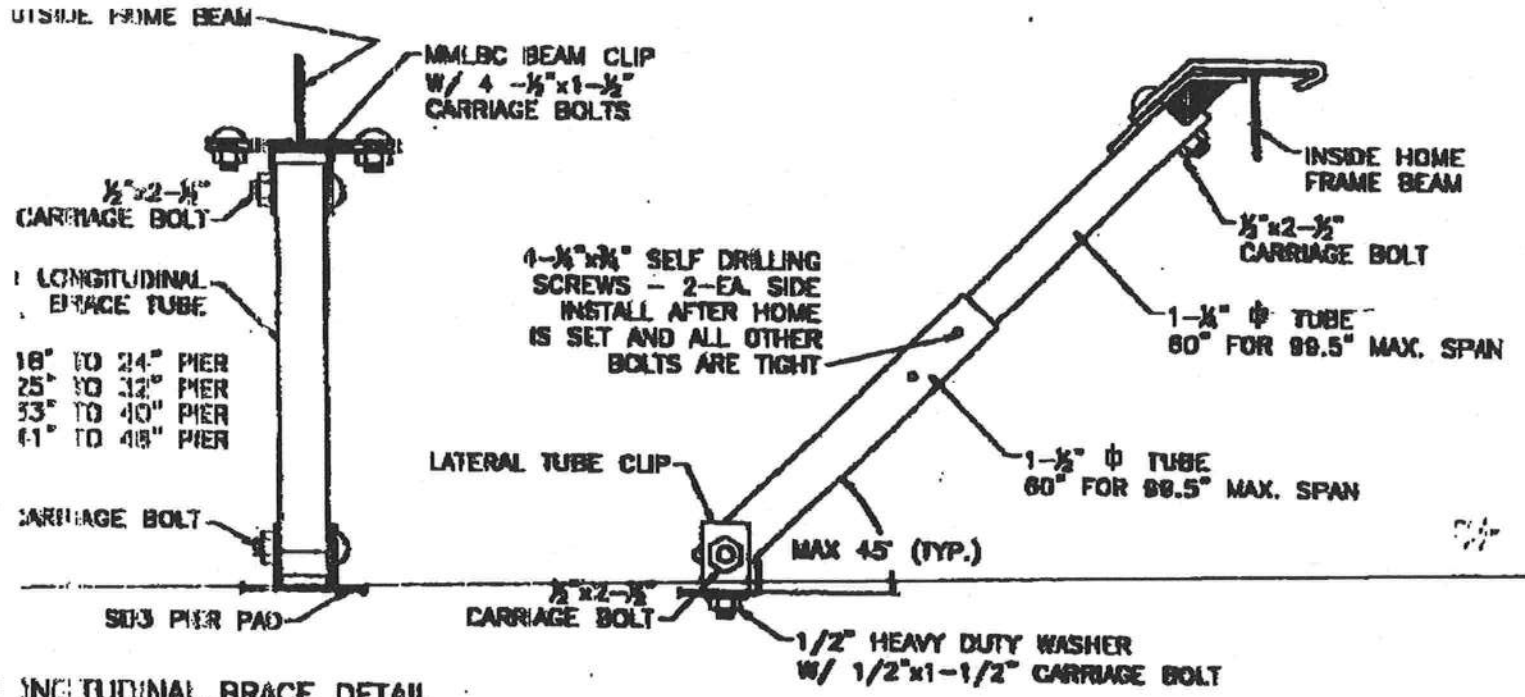
SINGLE AND DOUBLE WIDE
UP TO 32' WIDE AND 76' LONG
8 SYSTEMS
80' INCLUDING HITCH



FOR TRIPLE WIDE OR TAG UNITS-
8 SYSTEMS OVER 52' BOX/ 56' INCLUDING HITCH



FOR TRIPLE WIDE OR TAG UNITS-
6 SYSTEMS- UP TO
52' BOX/ 56'INCLUDING HITCH




LONGITUDINAL BRACE DETAIL

LATERAL BRACE DETAIL

LONGITUDINAL & LATERAL BRACING SYSTEM

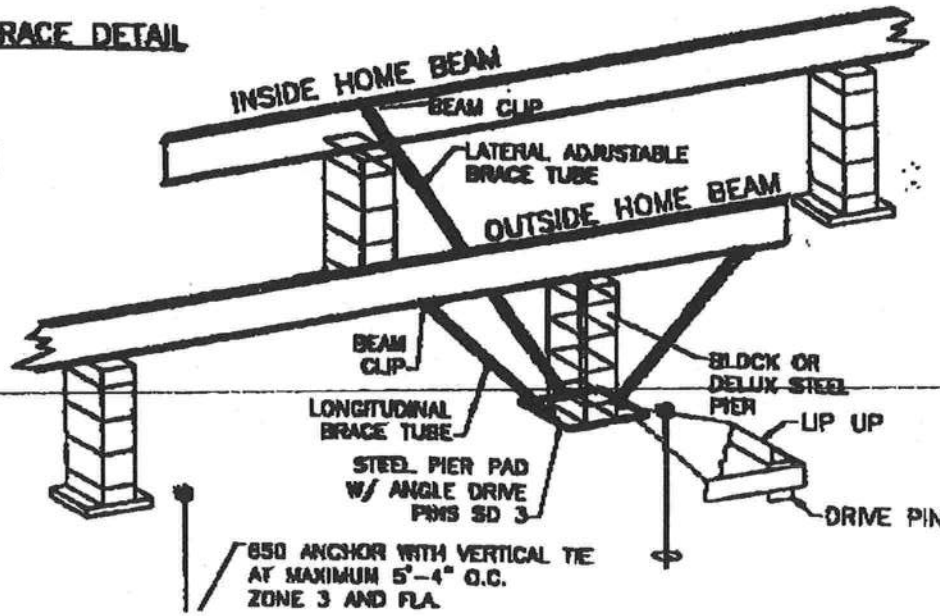
DETAIL ASSEMBLY DRAWING

QTY 1/2" BOLTS ARE GRADE 5

MIN EMBEDMENTS

10 D/

02 3, /02



1002-32

**CODE ENFORCEMENT DEPARTMENT**
**COLUMBIA COUNTY, FLORIDA**
**OUT OF COUNTY MOBILE HOME INSPECTION REPORT**

352-472-6010
CH-called Nancy on 2-22-10

COUNTY THIS MOBILE HOME IS BEING MOVED FROM Gilchrist

OWNERS NAME Crystal L. Marion PHONE 386-454-5360 CELL 352-472-6951

INSTALLER Steve Cox PHONE 352 222-1859 CELL

INSTALLERS ADDRESS 600 Se US Ave Trenton FL 32693

**MOBILE HOME INFORMATION**

MAKE Fleetwood YEAR 2007 SIZE 28 x 40

COLOR Cream SERIAL No. GAFL 775A18 78960 FLA1

WIND ZONE II SMOKE DETECTOR yes.

INTERIOR:
FLOORS Carpet and Vinyl

DOORS All mock pnl.

WALLS No pnls.

CABINETS Look's new

ELECTRICAL (FIXTURES/OUTLETS) All look new

EXTERIOR:
WALLS / SIDING Vinyl lap

WINDOWS None Broken

DOORS None Broken

INSTALLER:
APPROVED yes. NOT APPROVED

NOTES: Home looks like it was never used in.

INSTALLER OR INSPECTORS PRINTED NAME Steven Cox

Installer/Inspector Signature [signature] License No. IH0000275 Date 2-8-10

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

NO WIND ZONE ONE MOBILE HOMES WILL BE PERMITTED. MOBILE HOMES PRIOR TO 1977 ARE PRE-HUD AND THE WIND ZONE MUST BE PROVEN TO BE PERMITTED.

*BEFORE THE MOBILE HOME CAN BE MOVED INTO COLUMBIA COUNTY THIS FORM MUST BE COMPLETED AND RETURNED TO THE COLUMBIA COUNTY BUILDING DEPARTMENT.*

*ONCE MOVED INTO COLUMBIA COUNTY AN INSPECTOR MUST COMPLETE A PRELIMINARY INSPECTION ON THE MOBILE HOME. CALL 386-719-1936 TO SET UP THIS INSPECTION. NO PERMIT WILL BE ISSUED BEFORE THIS IS DONE.*

Code Enforcement Approval Signature [signature] Date 2-22-10

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

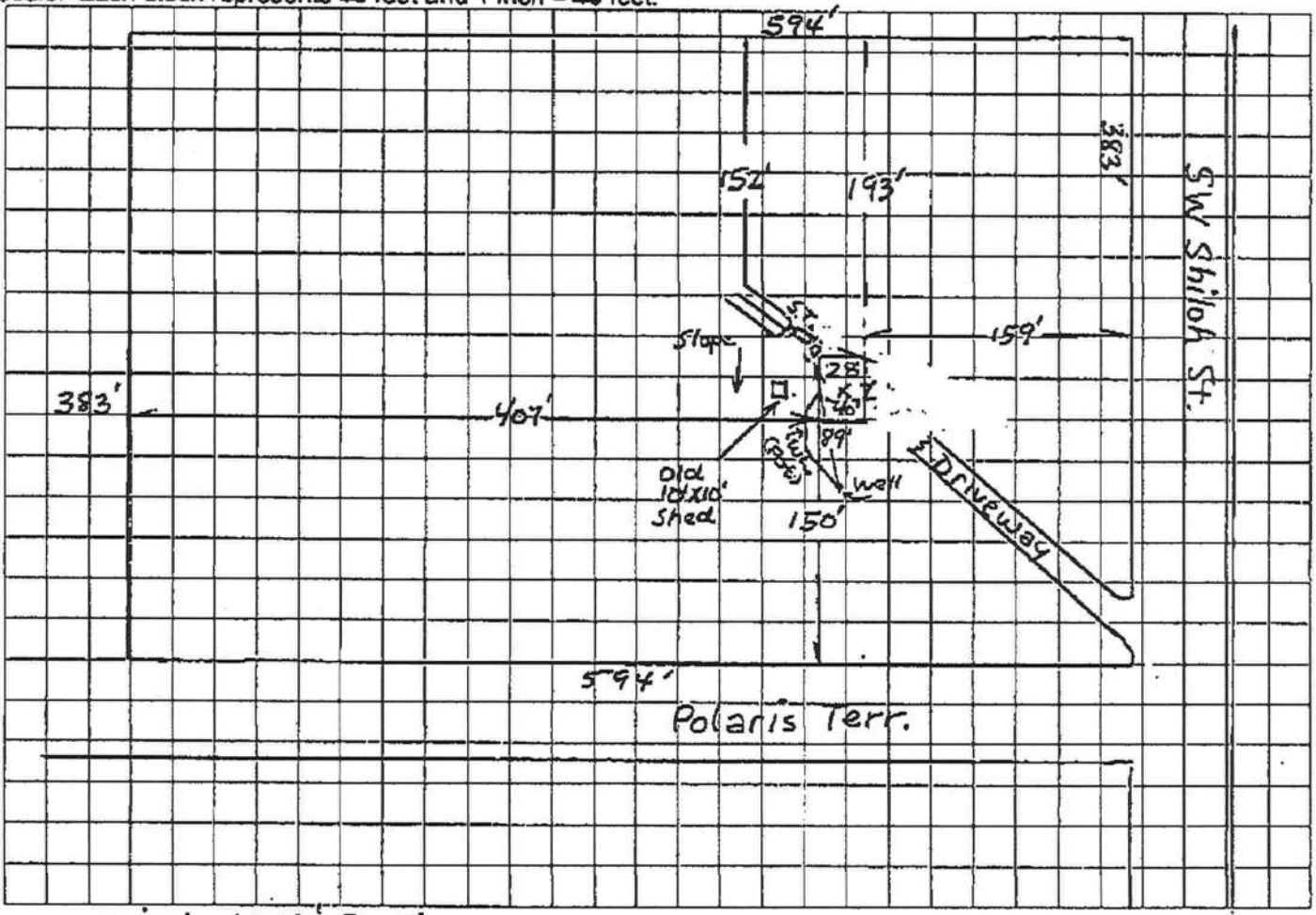
App # 1002-32

Permit Application Number 10-0089E

Crystal Norton

PART II - SITEPLAN

Scale: Each block represents ~~10~~ 25 feet and 1 inch = ~~40~~ 100 feet.




Notes: Existing Well & Septic.

Site Plan submitted by: [signature] 2-17-10
Signature

Agent
Title

Plan Approved ✓ Not Approved ____

Date 2-25-10

By Sallie Ford, EH Director

Columbia CHD
County Health Department

**ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT**

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, Steven Cox, give this authority for the job address show below
Installer License Holder Name

only, 712 SW Shiloh Street, 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) |
|---|---|---|
| Robert Minnella | Robert Minnella | ✓ 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.

X _____ EH0000875 2-19-10
License Holders Signature (Notarized) License Number Date

**NOTARY INFORMATION:**
STATE OF: Florida COUNTY OF: Gilchrist

The above license holder, whose name is Steven Cox, personally appeared before me and is known by me or has produced identification (type of I.D.) DL on this 19 day of Feb, 2010.

_____
NOTARY'S SIGNATURE

(Seal/Stamp)

PAULINE FARHAM
MY COMMISSION # DD 638161
EXPIRES: February 8, 2011
Bonded Thru Notary Public Underwriters

1002-32

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

DATE RECEIVED 3/2/10 BY G IS THE MH ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? Yes

OWNERS NAME Crystal Norton PHONE 386 853-5013 CELL

ADDRESS 712 SW Shiloh St. Ft. White, FL

MOBILE HOME PARK N/A SUBDIVISION

DRIVING DIRECTIONS TO MOBILE HOME 475, TL SR 27, TR Shiloh, Go past Polaris 10ft to drive on left.

MOBILE HOME INSTALLER Steven Cox PHONE 352 472-6568 CELL

## MOBILE HOME INFORMATION

MAKE Fleetwood YEAR 2007 SIZE 28x40 COLOR Cream

SERIAL No. GAFL 773 A&B ~~7896~~ 78964 A·B

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

$50.00

Date of Payment: 2-19-10

Paid By: Robert Minnella

Notes:

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 / SIDDING ( ) LOOSE SIDING ( ) STRUCTURALLY UNSOUND ( ) NOT WEATHERTIGHT ( ) NEEDS CLEANING

P WINDOWS ( ) CRACKED/ BROKEN GLASS ( ) SCREENS MISSING ( ) WEATHERTIGHT

P ROOF ( ) APPEARS SOLID ( ) DAMAGED

## STATUS

APPROVED P WITH CONDITIONS:

NOT APPROVED ____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS

SIGNATURE [signature] ID NUMBER 402 DATE 3-2-10

# Cox Mobile Home Moving and Set-up

July 8, 2009

To Whom It May Concern:

My wife usually does the paperwork for my business. Last week she was in the hospital so I was l doing the permit application. Somehow, I switched up on the installation decal for two homes I did ove in your county. Permit #000028399 should have 307023 decal wrote down and permit#000028369 should have 307027. Sorry for the inconvenience and if you have any questions please call.

Thanks.

Steven Cox

Cox Mobile Home Moving and Set-up
600 S.E. 43 rd Ave.
Tremon, Fla 32693
Phone (352)472-6562
Fax (352)472-6598
coxmhmoving@aol.com

July 8, 2009

To Whom It May Concern:

My wife usually does the paperwork for my business. Last week she was in the hospital so I was le doing the permit application. Somehow, I switched up on the installation decal for two homes I did ove in your county. Permit #000028399 should have 307023 decal wrote down and permit#000028369 should have 307027. Sorry for the inconvenience and if you have any questions please call.

Thanks,

Steven Cox

# CERTIFICATE OF

# M/H OCCUPANCY

## COLUMBIA COUNTY, FLORIDA

## Department of Building and Zoning Inspection

***This Certificate of Occupancy is issued to the below named permit holder for the building and premises at the below named location, and certifies that the work has been completed in accordance with the Columbia County Building Code.***

**Parcel Number** 13-7S-16-04203-017 **Building permit No.** 000028399

**Permit Holder** STEVEN COX

**Owner of Building** WALLACE CAIN/CRYSTAL NORTON

**Location:** 712 SW SHILOH STREET, FT. WHITE, FL 32038

**Date:** 03/17/2010

**Building Inspector**

**POST IN A CONSPICUOUS PLACE**
***(Business Places Only)***