

DATE 01/03/2011

**Columbia County Building Permit**  
This Permit Must Be Prominently Posted on Premises During Construction**PERMIT**  
**000029108**

APPLICANT JAMIE HOWELL PHONE 386-984-7976  
ADDRESS 8383 150TH STREET LIVE OAK FL 32060  
OWNER SUSAN JOLLEY PHONE 386-984-6215  
ADDRESS 375 NW HONEYSUCKLE WAY LAKE CITY FL 32055  
CONTRACTOR TERRY THRIFT PHONE 623-0115  
LOCATION OF PROPERTY 90 E, R LAKE JEFFERY RD, R HONEYSUCKLE WAY, 5TH ON RIGHT

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 10-3S-16-02055-011 SUBDIVISION PARNELL HILLS  
LOT 11 BLOCK                      PHASE                      UNIT 1 TOTAL ACRES 1.48

IH10251391  
Culvert Permit No.                      Culvert Waiver                      Contractor's License Number                      Applicant/Owner/Contractor Jamie Howell  
EXISTING 10-0552-N BK TC N  
Driveway Connection                      Septic Tank Number                      LU & Zoning checked by                      Approved for Issuance                      New Resident                     

COMMENTS: FLOOR ONE FOOT ABOVE HONEYSUCKLE ROAD, 2.3.1 LEGAL LOT OF RECORDREPLACING EXISTING MH, 45 DAYS AFTER FINAL INSPECTION OLD MH MUSTBE REMOVED FROM PROPERTY Check # or Cash CASH**FOR BUILDING & ZONING DEPARTMENT ONLY**

(footer/Slab)

Temporary Power                      Foundation                      Monolithic                       
                    date/app. by                      date/app. by                      date/app. by  
Under slab rough-in plumbing                      Slab                      Sheathing/Nailing                       
                    date/app. by                      date/app. by                      date/app. by  
Framing                      Insulation                       
                    date/app. by                      date/app. by  
Rough-in plumbing above slab and below wood floor                      Electrical rough-in                       
                    date/app. by                      date/app. by  
Heat & Air Duct                      Peri. beam (Lintel)                      Pool                       
                    date/app. by                      date/app. by                      date/app. by  
Permanent power                      C.O. Final                      Culvert                       
                    date/app. by                      date/app. by                      date/app. by  
Pump pole                      Utility Pole                      M/H tie downs, blocking, electricity and plumbing                       
                    date/app. by                      date/app. by                      date/app. by  
Reconnection                      RV                      Re-roof                       
                    date/app. by                      date/app. by                      date/app. by

BUILDING PERMIT FEE \$ 0.00 CERTIFICATION FEE \$ 0.00 SURCHARGE FEE \$ 0.00  
MISC. FEES \$ 250.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 0.00 WASTE FEE \$                       
FLOOD DEVELOPMENT FEE \$                      FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$                      **TOTAL FEE** 325.00  
INSPECTORS OFFICE                      CLERKS OFFICE                     

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.**



**PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION**

<b>For Office Use Only</b> (Revised 1-10-08)		Zoning Official <u>BK 28-12-10</u>		Building Official <u>J.C. 12-27-10</u>	
AP# <u>1012-39</u>	Date Received <u>12-20-10</u>	By <u>LH</u>	Permit # <u>29108</u>		
Flood Zone <u>X</u>	Development Permit <u>N/A</u>	Zoning <u>A-3</u>	Land Use Plan Map Category <u>A-3</u>		
Comments <u>Section 2.3.1 Reg'd Lot of Record Replacing existing MH</u> <u>45 day to remove existing MH after final inspection</u>					
FEMA Map# <u>N/A</u>	Elevation <u>N/A</u>	Finished Floor <u>1' above BL</u>	River <u>N/A</u>	In Floodway <u>N/A</u>	
<input checked="" type="checkbox"/> Site Plan with Setbacks Shown	<input checked="" type="checkbox"/> EH # <u>10-0552-N</u>	<input type="checkbox"/> EH Release	<input type="checkbox"/> Well letter	<input checked="" type="checkbox"/> Existing well	
<input checked="" type="checkbox"/> Recorded Deed or Affidavit from land owner	<input type="checkbox"/> Letter of Auth. from installer	<input type="checkbox"/> State Road Access			
<input type="checkbox"/> Parent Parcel #	<input type="checkbox"/> STUP-MH	<input type="checkbox"/> F W Comp. letter			
IMPACT FEES: EMS		Fire	Corr	Road/Code	
School		= TOTAL <u>See Replacing Existing Dwelling</u>		<input checked="" type="checkbox"/> Pre Inspection	<input checked="" type="checkbox"/> V/F form

Property ID # 10-38-16-02055-011 Subdivision Parnell Hills - Lot 11 Unit 1

▪ New Mobile Home \_\_\_\_\_ Used Mobile Home ☒ MH Size 14x66 Year 1988

▪ Applicant Tara Howell Phone # 386-984-7976

▪ Address 8383 150th St. Live Oak, FL 32060

▪ Name of Property Owner Susan Jolley Phone # 386-984-6215

▪ 911 Address 375 N.W. Honey Suckle Way Lake City, FL 32055

▪ Circle the correct power company - FL Power & Light - Clay Electric  
(Circle One) - Suwannee Valley Electric - Progress Energy

▪ Name of Owner of Mobile Home Susan Jolley Phone # 386-984-6215

Address 375 N.W. Honey Suckle Way Lake City, FL

▪ Relationship to Property Owner Self

▪ Current Number of Dwellings on Property 1

▪ Lot Size \_\_\_\_\_ Total Acreage 1.480 acres

▪ Do you : Have Existing Drive or Private Drive or need Culvert Permit or Culvert Walver (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 YES

▪ Driving Directions to the Property US 90E to Lake Jeffrey Rd (L)  
go approx. 5.3 miles turn (R) on Honey Suckle Way  
5th home on right.

▪ Name of Licensed Dealer/Installer TERRY L. Thrift Phone # (386) 623-0115

▪ Installers Address 448 NW Nye Hunter Dr Lake City, FL 32055

▪ License Number IH-1025139 Installation Decal # 638

4#5 ?

Spoke to Tara 12-28-10



## PERMIT WORKSHEET

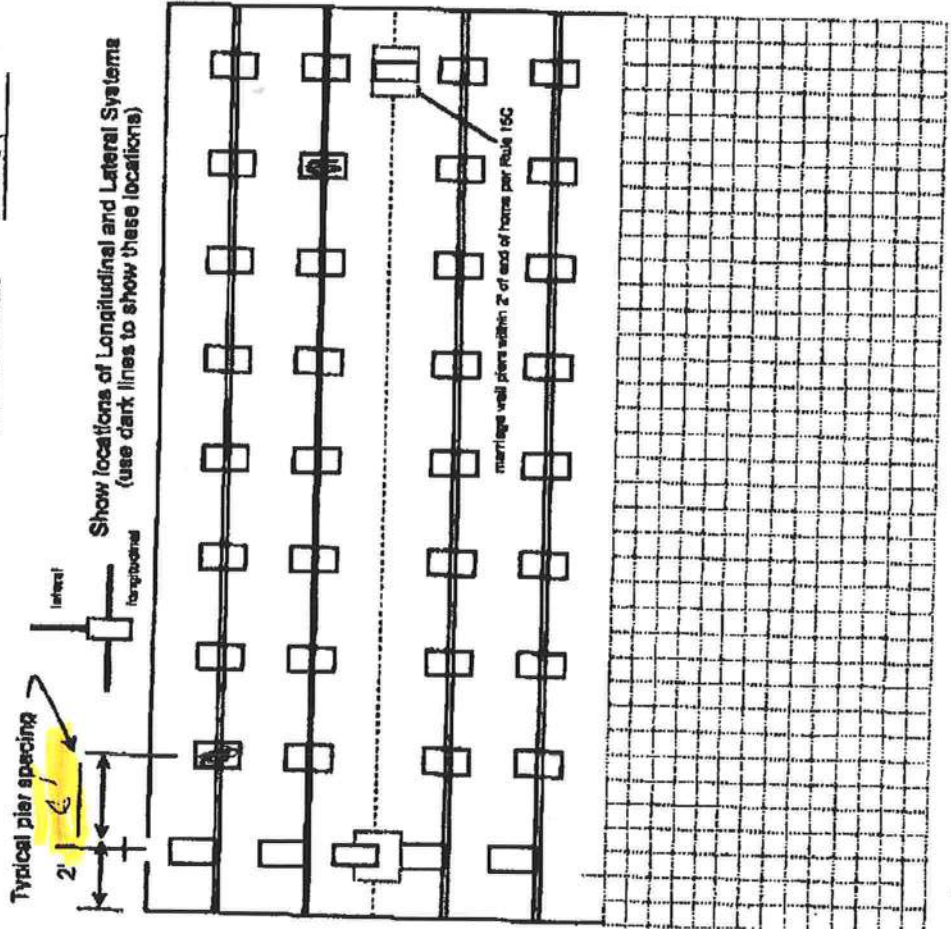
page 1 of 2

Installer Terry L. Treis License # JA-1025139  
 Manufacturer Steel-wood Length x Width 20' x 14'  
 Name of Owner of this Mobile Home \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Address \_\_\_\_\_

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 TLT



New Home ☒ Used Home ☒ Year 1989  
 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 # 638  
 Triple/Quad ☐ Serial # \_\_\_\_\_

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity	Footer size (sq in)	18" x 18" (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'	4'	5'	6'	7'	8'
1500 psf	4'	5'	6'	7'	8'	9'	10'
2000 psf	5'	6'	7'	8'	9'	10'	11'
2500 psf	6'	7'	8'	9'	10'	11'	12'
3000 psf	7'	8'	9'	10'	11'	12'	13'
3500 psf	8'	9'	10'	11'	12'	13'	14'

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

PIER PAD SIZES

I-beam pier pad size 18 1/2" x 18 1/2"  
 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

ANCHORS

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 \_\_\_\_\_

OTHER TIES

Sidewall \_\_\_\_\_  
 Longitudinal \_\_\_\_\_  
 Marriage wall \_\_\_\_\_  
 Shearwall \_\_\_\_\_

Number

22

2

342  
 Req.  
 342  
 provided

# PERMIT NUMBER

# PERMIT WORKSHEET

page 2 of 2

## POCKET PENETROMETER TEST

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

$\begin{array}{r} \times 1500 \\ 285 \end{array}$   $\begin{array}{r} \times 1500 \\ 285 \end{array}$   $\begin{array}{r} \times 1500 \\ 285 \end{array}$

## 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.

$\begin{array}{r} \times 1500 \\ 285 \end{array}$   $\begin{array}{r} \times 1500 \\ 285 \end{array}$   $\begin{array}{r} \times 1500 \\ 285 \end{array}$

## TORQUE PROBE TEST

The results of the torque probe test is 285 inch pounds or check here if you are declaring 5' anchors without testing. A test showing 275 inch pounds or less will require 4 foot anchors.

Note: A state approved lateral arm system is being used and 4 ft anchors are allowed at the sidewall locations. 1 understand 5 ft anchors are required at all centerline the points where the torque test reading is 275 or less and where the mobile home manufacturer may require anchors with 4000 lb holding capacity.

Installer's initials

## ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

TERRY 2. THIEL

Date Tested

12/15/10

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.

Plumbing

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

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

## Site Preparation

Debris and organic material removed ☒ Natural ☒ Swale ☐ Pad ☐ Other

## Fastening multi wide units

Floor: Type Fastener: Length: Spacing: N/A  
Walls: Type Fastener: Length: Spacing: N/A  
Roof: Type Fastener: Length: Spacing: N/A  
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 (weatherstripping, sealant)

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

Installed: N/A  
Between Floors: Yes  
Between Walls: Yes  
Bottom of ridgebeam: Yes

## Weatherproofing

The bottomboard will be repaired and/or taped. Yes ☒ No ☐  
Siding on units is installed to manufacturer's specifications. Yes ☒ No ☐  
Fireplace chimney installed so as not to allow intrusion of rain water. Yes ☒ No ☐

## Miscellaneous

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

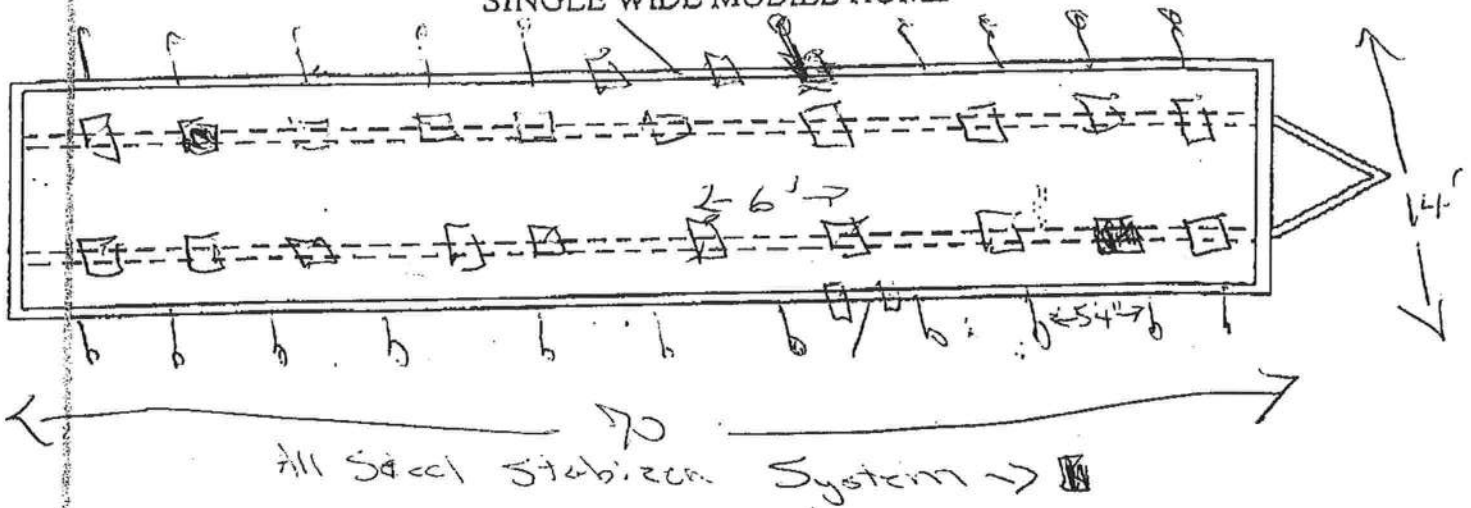
Installer verifies all information given with this permit worksheet is accurate and true based on the

Installer Signature

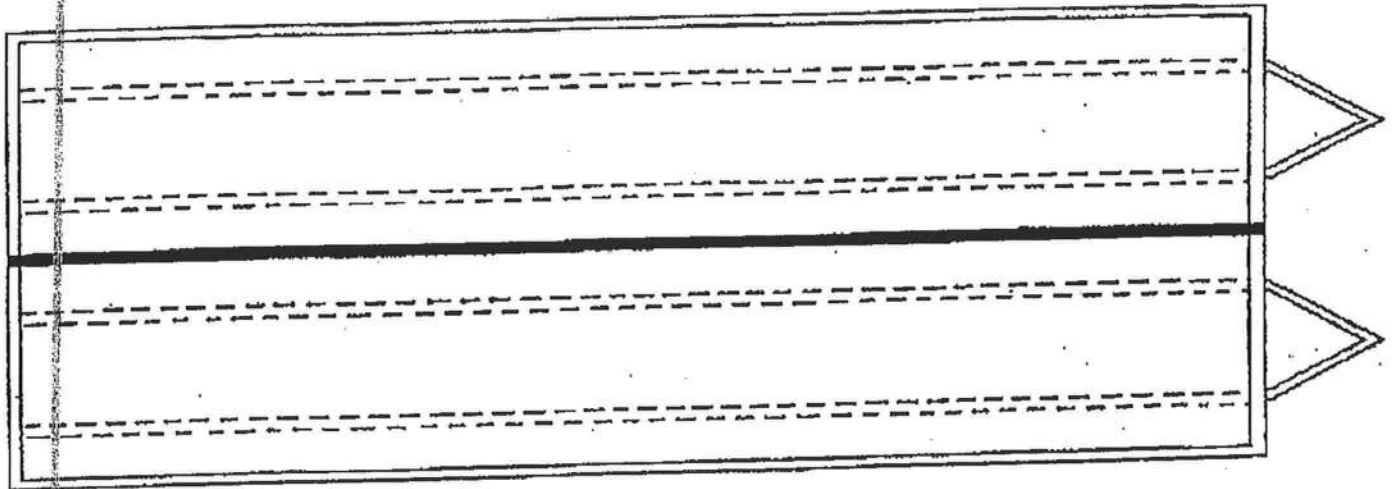
Date 12/15/10

Applicant shall provide layout from manufacturer specific to the model installed. This form may be used if the layout from the manufacturer is not available.

1998 Fleetwood  
SINGLE WIDE MOBILE HOME



All Steel Stabilizer System →



DOUBLE WIDE MOBILE HOME



Show each pier and anchor location, with maximum spacing and distance from end walls, as required in the manufacturer's specifications. Any special pier footing required (over 16 x 16 inches) shall be noted separately with required dimensions per the manufacturer's specifications. To determine footing size and spacing, a soil bearing capacity test shall be used. Pier footings to be poured-in-place, whether required by manufacturer's specifications or by preference, must be inspected by the Building Department prior to pouring.



WARRANTY DEED  
INDIVID. TO INDIVID

**This Warranty Deed** Made the first day of January A. D. 1995 by  
LENVIL H. DICKS, a married man not residing on the property described herein.

hereinafter called the grantor, to JAMES C. JOLLEY AND SUSAN D. JOLLEY, his wife

whose postoffice address is Rt. 8, Box 378 E, Lake City, Fla. 32055

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)

**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, releases, conveys and confirms unto the grantee all that certain land situate in Columbia County, Florida, viz:

LOT 11, PARNELL HILLS, UNIT I, a subdivision as recorded in Plat Book 4, Pages 16 and 16-A, Public Records of Columbia County, Florida, subject to Power Line Easements and Restrictions of Record.

This conveyance includes the Doublewide mobile home now permanently affixed to the real estate described above, Serial #'s GDWVGA 17793507 A, and GDWVGA 17793507 B, which is considered to be real property. Mobile home manufacturer is: CAMELOT

N.B. This conveyance is in accordance with the terms and conditions of that certain Unrecorded Agreement for Deed between the parties hereto, dated May 27, 1994, under authority of which the Grantee herein is presently occupying the above described property.

BK 0801 PG 0597

OFFICIAL RECORDS

**Together** with all the tenements, hereditaments and appurtenances thereto belonging or in any-wise 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; that the grantor hereby fully 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, 1993.

DOCUMENTARY STAMP \$126.00  
INTANGIBLE TAX  
DEWITT CASON, CLERK OF  
COURTS, COLUMBIA COUNTY  
BY *Martha*

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

Signed, sealed and delivered in our presence:

Witness Eva E. Timmons

Witness Johnny M. Hamm

STATE OF Florida  
COUNTY OF Columbia

LENVIL H. DICKS

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared LENVIL H. DICKS

/PERSONALLY  
to me known to be the person described in and who executed the foregoing instrument and he acknowledged before me that he executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this 1st day of

January, A. D. 1995  
NOTARY PUBLIC

SPACE BELOW FOR RECORDERS USE

FILED  
RECORDED  
1995 FEB - 1 AM 1

T# 646217568

B# 699715

Identification Number 33610722X	Year 1988	Make BAYS	Body HS	WT-L-BHP 66'	Vessel Regs. No.	Title Number 46206449
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Registered Owner:

FIRST ASSEMBLY OF GOD  
1571 E DUVAL ST  
LAKE CITY, FL 32055-3647

Date of Issue 12/16/2010

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/titlinfo.html>

Mail To:

FIRST ASSEMBLY OF GOD  
1571 E DUVAL ST  
LAKE CITY, FL 32055-3647

## CERTIFICATE OF TITLE

Identification Number 33610722X	Year 1988	Make BAYS	Body HS	WT-L-BHP 66'	Vessel Regs. No.	Title Number 46206449
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Lien Release Interest in the described vehicle is hereby released

Prev State FL	Color UNK	Primary Brand	Secondary Brand	No of Brands	Use PRIVATE	Prev Issue Date 04/09/2009
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By \_\_\_\_\_ Title \_\_\_\_\_

Odometer Status or Vessel Manufacturer or OH use	Hull Material	Prop	Date of Issue 12/16/2010	Date
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Date \_\_\_\_\_

Registered Owner

FIRST ASSEMBLY OF GOD  
1571 E DUVAL ST  
LAKE CITY, FL 32055-3647

DUPLICATE

1st Lienholder  
NONE

DIVISION OF MOTOR VEHICLES

TALLAHASSEE



FLORIDA

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

Carl A. Ford  
Director

Control Number 093902519  
29 / 1 93902519

Julie L. Jones  
Executive Director

## 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.  
Failure to complete or providing a false statement may result in fines and/or imprisonment.  
This title is warranted 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: Susan Jolly

Address: \_\_\_\_\_

Seller Must Enter Selling Price: 500.00Seller Must Enter Date Sold: 12/17/10

I/We state that this ☐ 5 or ☐ 6 digit odometer now reads \_\_\_\_\_ and I hereby certify that to the best of my knowledge the odometer reading ☐ 1, reflects ACTUAL MILEAGE; ☐ 2, is IN EXCESS OF ITS MECHANICAL LIMITS; ☐ 3, 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: Rev. Freda M. Kramer

CO SELLER Must Sign Here: \_\_\_\_\_

Print Here: Rev. Freda M. Kramer

Print Here: \_\_\_\_\_

Selling Dealer's License Number: \_\_\_\_\_

Tax No: \_\_\_\_\_

Tax Collected: \_\_\_\_\_

Auction Name: \_\_\_\_\_

License Number: \_\_\_\_\_

PURCHASER Must Sign Here: \_\_\_\_\_

CO PURCHASER Must Sign Here: \_\_\_\_\_

Print Here: \_\_\_\_\_

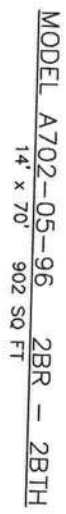
Print Here: \_\_\_\_\_

NOTICE: PENALTY IS REQUIRED BY LAW IF NOT SUBMITTED FOR TRANSFER WITHIN 30 DAYS AFTER DATE OF PURCHASE.

HSMV 82250 (REV. 04/08)

STATE OF FLORIDA

VOID IF ALTERED



14' x 70' 902 SQ FT



# PROPERTY LOCATOR ORDER FORM

CUSTOMER NAME: Susan Jolly DATE OF SALE: \_\_\_\_\_  
ADDRESS: 375 N.W. Honey Suckle way Lake city FL 32055  
PHONE NUMBER: 386 9846215 SALESPERSON: \_\_\_\_\_  
MAKE OF HOME: \_\_\_\_\_ MODEL: \_\_\_\_\_ SIZE: 14 x 70  
SERIAL NUMBER: \_\_\_\_\_ 1989 Going on property  
SKIRTING: (TYPE) \_\_\_\_\_ PO#: \_\_\_\_\_  
STEPS: (TYPE) \_\_\_\_\_ PO#: \_\_\_\_\_  
A/C: (TYPE) \_\_\_\_\_ PO#: \_\_\_\_\_

1969-1970

## DIRECTIONS TO HOME

This is where the new Home is 1571 Duval St next to boat place  
U.S. 90 East to Journey Fellowship Church.  
Home behind Church.

U.S. 90 East to Lake Jeffrey Rd take left  
Go approx miles to Honey Suckle Rd turn Right  
5th on Home on Right

Jamey at C & G  
386 755-8885

where Home is going

24440 1969 to 1970

on spot now

1989 14x70 26 26  
going on property



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, Terry L. Thrift, give this authority for the job address show below  
Installer License Holder Name

only, 375 NW Honeysuckle Way, 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)
<u>Tara Howell</u>	<u>Tara C. Howell</u>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> 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.

Terry L. Thrift  
License Holders Signature (Notarized)

LA-1025139 12/15/10  
License Number Date

#### NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Terry L. Thrift  
personally appeared before me and is known by me or has produced identification  
(type of I.D.) Driver License on this 21 day of December, 20 10.

J. Howell  
NOTARY'S SIGNATURE

(Seal/Stamp)



J. HOWELL  
MY COMMISSION # DD 750218  
EXPIRES: January 17, 2012  
Bonded Thru Budget Notary Services



CODE ENFORCEMENT  
PRELIMINARY MOBILE HOME INSPECTION REPORT

1012-3  
DATE RECEIVED 12-20-10 BY LH IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? NO

OWNERS NAME Susan Jolley PHONE 914-6215 CELL \_\_\_\_\_

ADDRESS \_\_\_\_\_

MOBILE HOME PARK \_\_\_\_\_ SUBC VISION \_\_\_\_\_

DRIVING DIRECTIONS TO MOBILE HOME East 90th beside Greene's Marine, home  
is behind the Journey Fellowship Church.

MOBILE HOME INSTALLER Terry Thrift PHONE 623-0115 CELL \_\_\_\_\_

MOBILE HOME INFORMATION

MAKE Fleetwood YEAR 88 SIZE 14 x 66 COLOR ★

SERIAL No. 33610722X

WIND ZONE II Must be wind zone II or higher NK WIND ZONE I ALLOWED

INSPECTION STANDARDS

INTERIOR:

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

☒ SMOKE DETECTOR ( ) OPERATIONAL ( ) MISSING

☒ FLOORS ( ) SOLID ( ) WEAK ( ) HOLES DAMAGED LOCATION \_\_\_\_\_

☒ 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 COVERS MISSING ( ) LIGHT  
FIXTURES MISSING

EXTERIOR:

☒ WALLS / SIDING ( ) LOOSE SIDING ( ) STRUCTURALLY UNSOUND ( ) NOT WEATHERTIGHT ( ) NEEDS CLEANING

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

☒ ROOF ( ) APPEARS SOLID ( ) DAMAGED

STATUS

APPROVED ☒ WITH CONDITIONS: \_\_\_\_\_

NOT APPROVED \_\_\_\_\_ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS \_\_\_\_\_

SIGNATURE [Signature] ID NUMBER 402 DATE 12-21-10

Call Janice at  
984-7976 (Tara)  
755-8885

\$50.00

Date of Payment: 12-20-10

Paid By: Tara Howell

Notes: Cash

↓ to  
be  
let  
inside  
Home

**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: 12/22/2010 DATE ISSUED: 12/22/2010

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

375 NW HONEYSUCKLE WAY

LAKE CITY FL 32055

**PROPERTY APPRAISER PARCEL NUMBER:**

10-3S-16-02055-011

**Remarks:**

LOT 11 PARNELL HILLS UNIT 1 S/D (REPLACEMENT OF EXISTING LOCATION)

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.**



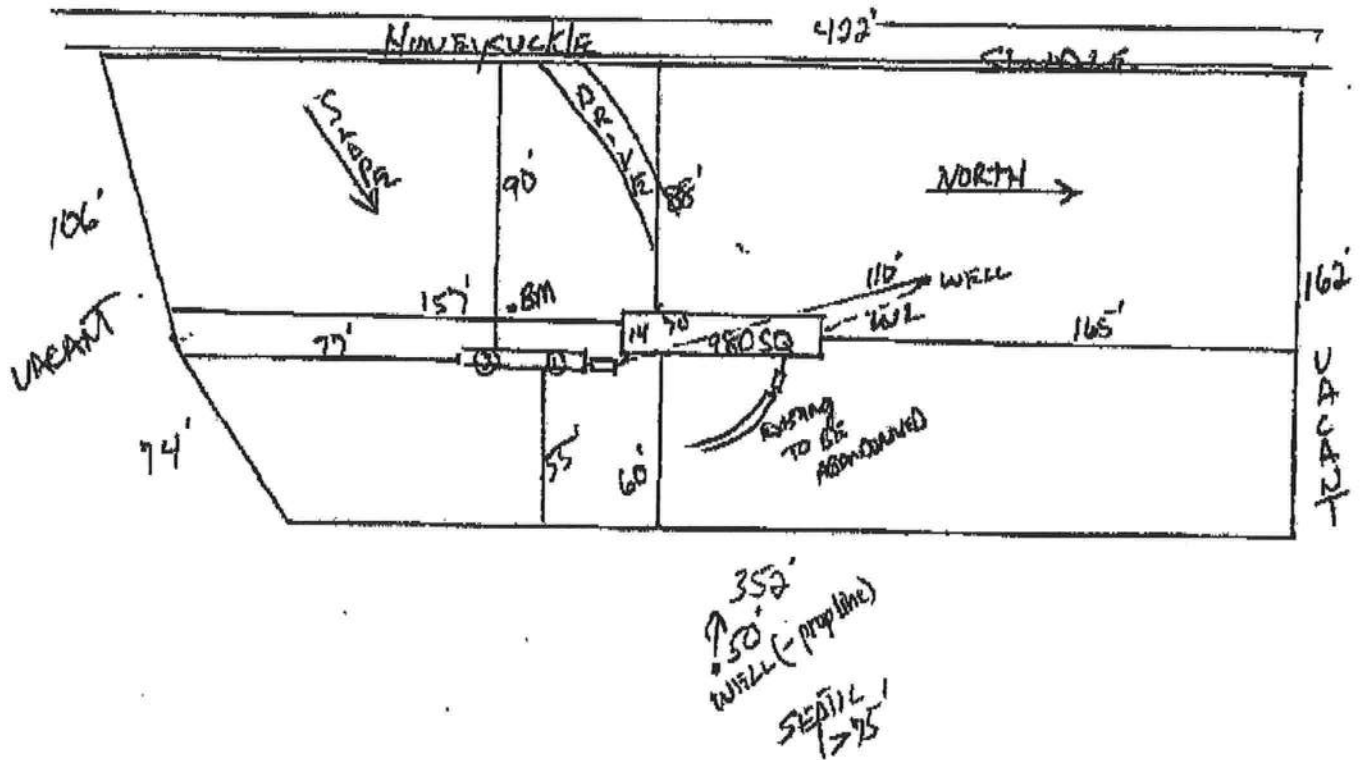
STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 10-0552-N

Folley

## PART II - SITEPLAN

Scale: 1 inch = ~~40~~ 80 feet.



Notes: REPLACEMENT HOME GOING IN SAME FOOTPRINT AS EXISTING

Site Plan submitted by:

**Plan Approved**

3y.

**Not Approved**

**MASTER CONTRACTOR**

Date 12-21-10

County Health Department

~~Columbia CHD~~

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

HM 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated: 64E-6.001, FAC  
Stock Number: 5744-002-4015-8)

Page 2 of 4

Attn: Mrs. Lori

From: TACA

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1012-39 CONTRACTOR \_\_\_\_\_ PHONE \_\_\_\_\_

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.*

<b>ELECTRICAL</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____
<b>MECHANICAL/ A/C</b>	Print Name <u>DAVID HALL INC</u> License #: <u>CACO 57424</u>	Signature <u>[Signature]</u> Phone #: <u>386-755-9792</u>
<b>PLUMBING/ GAS</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____
<b>ROOFING</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____
<b>SHEET METAL</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____
<b>FIRE SYSTEM/ SPRINKLER</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____
<b>SOLAR</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____

Specialty License	License Number	Subcontractor's Printed Name	Subcontractor's 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 presented each time the employer applies for a building permit.



12/27/2010 03:07 3867522053  
 12/27/2010 13:20 3867802150

1-800-833-5783  
 CBS MAN. HOME  
 BUILDING AND ZONING

T-303 P001/002 F-062

PAGE 01/01  
 PAGE 01/01

## SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1012-39

CONTRACTOR

PHONE

THIS FORM MUST BE SUBMITTED WITH THE PERMIT OF A PERMIT

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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.

ok ELECTRICAL 234	Print Name: <u>Michael S. Conner</u> License #: <u>ER13013152</u>	Signature: <u>Michael S. Conner</u> Phone #: <u>386-337-0909</u>
ok MECHANICAL A/C	Print Name: <u>Robert Grant</u> License #: <u>CAE1814931</u>	Signature: <u>Robert Grant</u> Phone #: <u>863-665-3700</u>
ok PLUMBING GAS	Print Name: <u>Terry E. Hult</u> License #: <u>TH-1025139/1</u>	Signature: <u>Terry E. Hult</u> Phone #: <u>386-623-0115</u>
ROOFING	Print Name: _____ License #: _____	Signature: _____ Phone #: _____
Sheet Metal	Print Name: _____ License #: _____	Signature: _____ Phone #: _____
FIRE SYSTEM/ SPRINKLER	Print Name: _____ License #: _____	Signature: _____ Phone #: _____
SOLAR	Print Name: _____ License #: _____	Signature: _____ Phone #: _____

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		

§ 440.108 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.

Revised by the Department of Building



**GERMANIC COMPANY**  
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 10-3S-16-02055-011

Building permit No. 000029108

Permit Holder TERRY THRIFT

Owner of Building SUSAN JOLLEY

Location: 375 NW HONEYSUCKLE WAY, LAKE CITY, FL 32055

Date: 01/11/2011

*Joy Ann*

Building Inspector

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



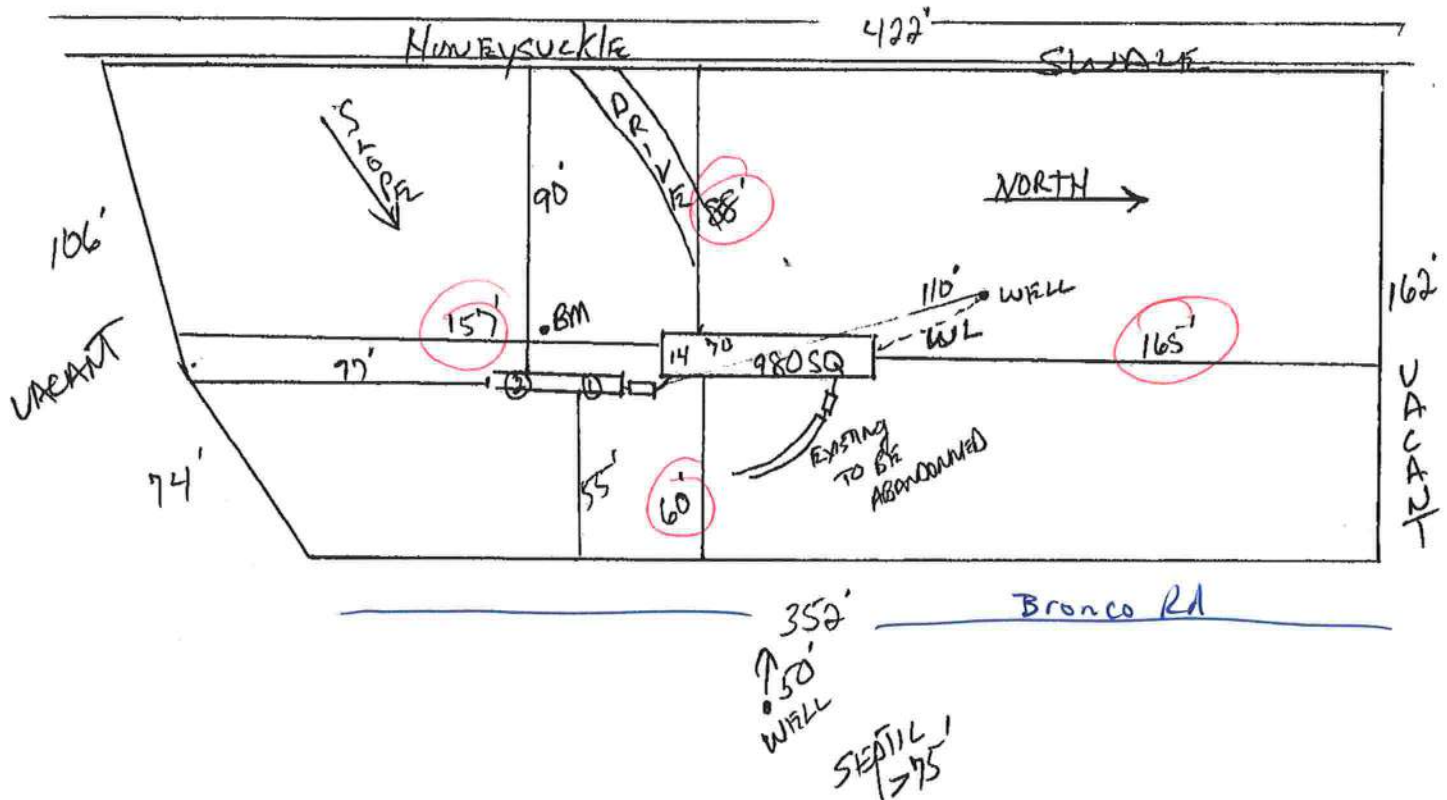
STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number \_\_\_\_\_

Folley

## PART II - SITEPLAN

Scale: 1 inch = ~~40~~ feet.



Notes: REPLACEMENT HOME GOING IN SAME FOOTPRINT AS EXISTING

Site Plan submitted by: Rocky D. F.

Plan Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

By \_\_\_\_\_ County Health Department

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