

629.87-Nor. IN SPOKE GIVEN 11.14.12

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-11) Zoning Official BK 7/Nov/2012 Building Official 2.C. 10-31-12
AP# 1210-69 Date Received 10/26 By lu Permit # 30603
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 1st floor River N/A In Floodway N/A
☒ Site Plan with Setbacks Shown ☒ EH # 12-0492 ☒ EH Release ☒ Well letter ☒ Existing well
☐ Recorded Deed or Affidavit from land owner ☐ Installer Authorization ☐ State Rd Access ☒ 911 Sheet
☐ Parent Parcel # _____ ☐ STUP-MH _____ ☐ F W Comp. letter ☒ App Fee Pd ☒ VF Form
IMPACT FEES: EMS _____ Fire _____ Corr _____ ☒ Out County ☐ In County
Road/Code _____ School _____ = TOTAL _____ Suspended March 2009 ☐ Ellisville Water Sys

Property ID # 14-75-16-04211-012 Subdivision Sandy Pines Lot 12

- New Mobile Home _____ Used Mobile Home ☒ MH Size 24x52 Year 1992
- Applicant Fahen Haire Phone # 352 538 3585
- Address 2718 SW 170th Newberry FL 32669
- Name of Property Owner GLEN HAIRE & Summer Springs Phone # 352 538 3585
- 911 Address 432 SW Randolph Ct 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 Glen Haire Phone # 352-538-3585
Address 2718 SW 170th St Newberry FL 32669
- Relationship to Property Owner Same
- Current Number of Dwellings on Property 352-538-3585
- Lot Size _____ Total Acreage 4
- 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 H

Name of Licensed Dealer/Installer Vic & Jennifer Phone # 352 283 1510
Installers Address P.O. Box 32666 High Springs, FL 32655
License Number TH 1025 1851 Installation Decal # 13056
145-27 T.L. Turn right onto Sw Shiloh St (Destination will be on the LEFT)
Turn right onto Randolph st 432 Randolph Ct Fort white, FL 32038

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 J.C. Schneider License # EH10251851

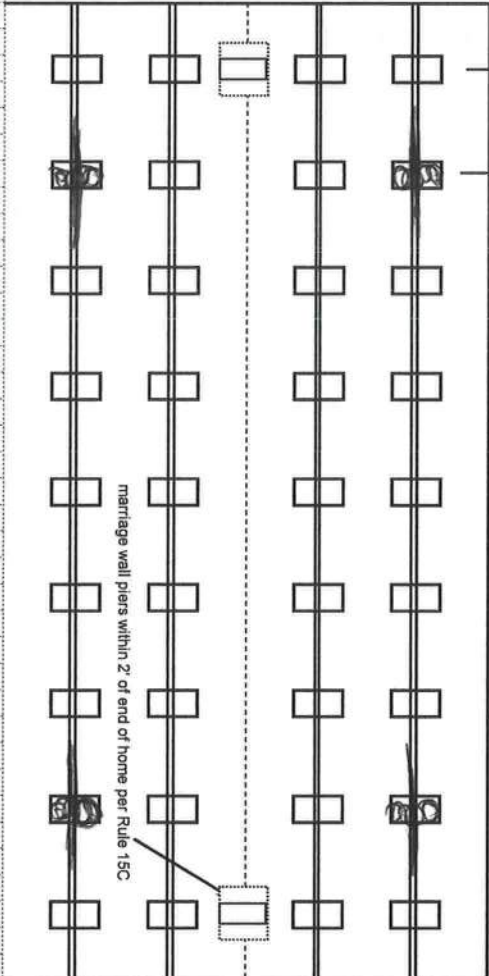
911 Address where home is being installed. 432 SW Randolph Ct, Fort White FL 32038

Manufacturer Redman Length x width 24x52

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 JSC



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 # 13056

Triple/Quad ☐ Serial # FC 146 W 6993

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	Footer size (256)	18 1/2" x 18 (342)	20" x 20" (400)	22" x 22" (484)*	24" X 24" (576)*	26" x 26" (676)
1000 dsf	3'	4'	5'	6'	7'	8'
1500 dsf	4' 6"	6'	7'	8'	8'	8'
2000 dsf	6'	8'	8'	8'	8'	8'
2500 dsf	7' 6"	8'	8'	8'	8'	8'
3000 dsf	8'	8'	8'	8'	8'	8'
3500 dsf	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

N/A

Other pier pad sizes (required by the mfg.)

16x16

Draw the approximate locations of marriage wall openings 4 foot or greater. Use this symbol to show the piers.

List all marriage wall openings greater than 4 foot and their pier pad sizes below.

Opening

Pier pad size

Linear Room 32x16

4 ft

5 ft

FRAME TIES

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

TIEDOWN COMPONENTS

OTHER TIES

Longitudinal Stabilizing Device (LSD)
Manufacturer OLIVER TRAC
Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer

Sidewall
Longitudinal Marriage wall
Shearwall
Number
16
4
2

POCKET PENETROMETER TEST

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

X 1000 X _____ X _____

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 _____ X _____ X _____

TORQUE PROBE TEST

The results of the torque probe test is 200 inch pounds or check here if you are declaring 5' anchors without testing 5'. 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 require anchors with 4000 lb holding capacity.

XXX Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Vic Shrevedas

Date Tested

10-20-12

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. _____

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 yes
Water drainage: Natural _____ Swale _____ Pad ✓ Other _____

Fastening multi wide units

Floor: Type Fastener: 6" LINA Length: 6" Spacing: 2'
Walls: Type Fastener: 1" Length: 4" Spacing: 1'
Roof: Type Fastener: 1" Length: 1" Spacing: 1'
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

XXX

Installed:

Type gasket Rolled
Pg. footing
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: _____

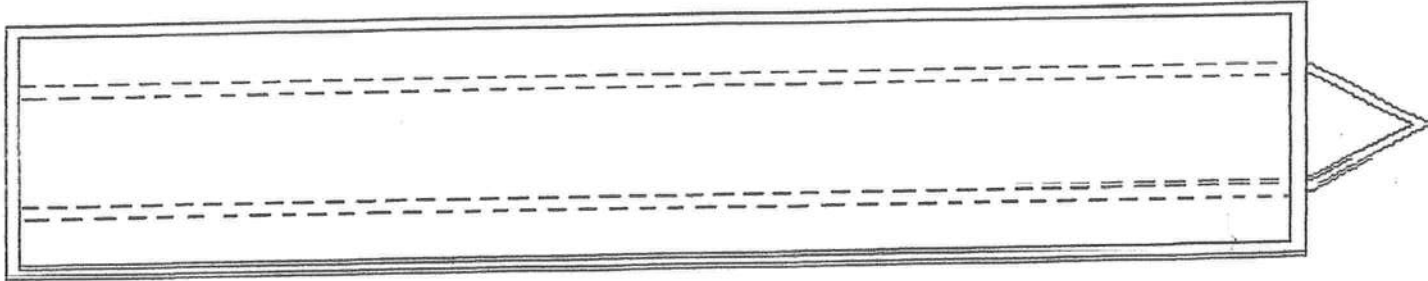
Installer verifies all information given with this permit worksheet is accurate and true based on the

Installer Signature

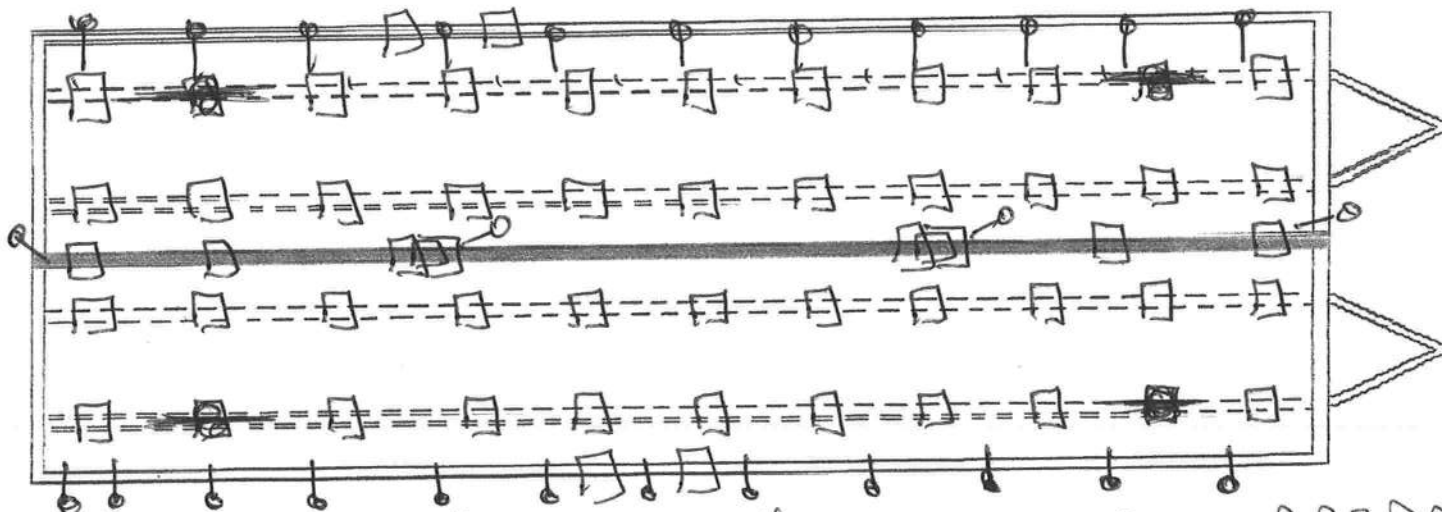
Vic Shrevedas Date 10-20-12

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




SINGLE WIDE MOBILE HOME



DOUBLE WIDE MOBILE HOME



1000lb soil - Piers on 5' centers on 20x20 ABS pads
5' Anchors on 5' 4" centers

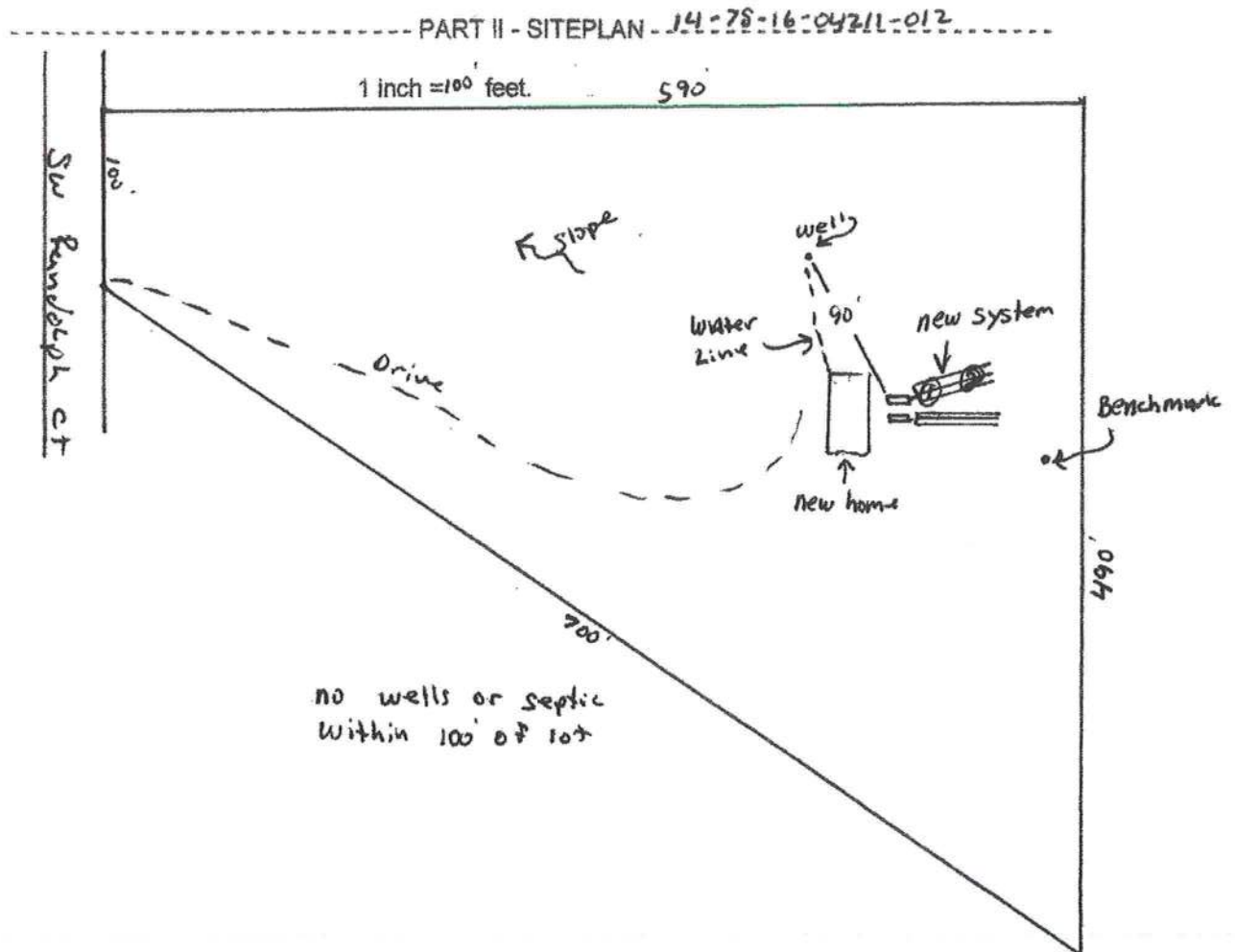
 Anchor
 Pier
 Pier Footing

Show all pier (with size of piers & pads) 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.

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

12-0492



Notes:

Site Plan submitted by: Ron Moore

M. S. T. C.

Plan Approved X

Not Approved _____

Date 11-14-12

By Sallie Ford Env Health Director Columbia

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER

1210-64

CONTRACTOR

Vic Ethendage
AAA Mobile Home

PHONE

352 2831510

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>Glen Haire II</u>	Signature <u>Glen Haire</u>	Phone #: <u>352 538 3585</u>
	License #:		
MECHANICAL/ A/C	Print Name <u>Glen Haire II</u>	Signature <u>Glen Haire</u>	Phone #: <u>352-538-3585</u>
	License #:		
PLUMBING/ GAS	Print Name <u>Vic Ethendage</u>	Signature <u>Vic Ethendage</u>	Phone #: <u>352 2831510</u>
	License #: <u>TH 1025 1851</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

10.00
350.00
50,000.00

This Instrument Prepared by & return to:

Name: **TRISH LANG, an employee of
NORTH CENTRAL FLORIDA TITLE,
LLC**
Address: **343 NW COLE TERRACE, SUITE 101
LAKE CITY, FLORIDA 32055
File No. 12Y-05022TL**

Inst: 201212008096 Date: 5/25/2012 Time: 1:24 PM

Stamp-Deed: 350.00

DC, P. DeWitt Cason, Columbia County Page 1 of 1 B: 1235 P: 1336

Parcel I.D. #: **14-7S-16-04211-012**

SPACE ABOVE THIS LINE FOR PROCESSING DATA

SPACE ABOVE THIS LINE FOR RECORDING DATA

THIS WARRANTY DEED Made the 21st day of May, A.D. 2012, by **H.A. BUIE, SR., A SINGLE PERSON**, hereinafter called the grantor, to **GLEN L. HAIRE, IV and SUMMER C. SCAGGS, JOINTT TENANTS WITH RIGHT OF SUVIVORSHIP**, whose post office address is **2718 SW 170TH STREET, NEWBERRY, FLORIDA 32669**, hereinafter called the grantees:

(Wherever used herein the terms "grantor" and "grantees" include all the parties to this instrument, singular and plural, 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 consideration, receipt whereof is hereby acknowledged, does hereby grant, bargain, sell, alien, remise, release, convey and confirm unto the grantees all that certain land situate in **Columbia County, State of Florida**, viz:

Lot 12, Sandy Pines, according to the plat thereof, recorded in Plat Book 5, Page 32, of the Public Records of Columbia County, Florida.

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 grantees that he is lawfully seized of said land in fee simple; that he has good right and lawful authority to sell and convey said land, and 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, 2012.

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
PATRICIA LANG

Printed Name


Witness Signature

Printed Name


H.A. BUIE, SR. L.S.

Address:

P.O. BOX 541, LAKE CITY, FLORIDA 32056

STATE OF FLORIDA
COUNTY OF COLUMBIA

... this 21st day of May, 2012, by H.A. BUIE, SR. who is



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, Victor Etheridge, give this authority for the job address show below
Installer License Holder Name
only, Lot 12 Sandy Pine 5 432 SW Randolph Ct, and I do certify that
Job Address Lake City FL

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>Ghenn E Rey</u>	<u>Ghenn E Rey</u>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Officer <input checked="" 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.

[Signature]
License Holders Signature (Notarized)

JA 1025-185-1
License Number Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Union

The above license holder, whose name is John Victor Etheridge,
personally appeared before me and is known by me or has produced identification
(type of I.D.) Drivers Lic E363-478-43-2600 on this 25th day of October, 20 12.

[Signature]
NOTARY'S SIGNATURE

(Seal/Stamp)

NOTARY PUBLIC-STATE OF FLORIDA
Helen Renae Edenfield
Commission # DD896218
Expires: JUNE 03, 2013
BONDED THRU ATLANTIC BONDING CO., INC.



Columbia County Property Appraiser

J. Doyle Crews - Lake City, Florida 32055 | 386-758-1083

PARCEL: 14-7S-16-04211-012 - VACANT (000000)

LOT 12 SANDY PINES S/D. ORB 773-1416, 889-1652, QC 1040-1891, WD 1046-2514, WD 1108-656 & WD 1235-1336

Name: HAIRE GLEN L IV & SUMMER C

Site: 432 SW RANDOLPH CT

SCAGGS (JTWRS)

Mail: 2718 SW 170TH ST

NEWBERRY, FL 32669

Sales 5/21/2012

\$50,000.00 V / Q

Info 1/10/2007

\$57,000.00 V / Q

2012 Certified Values

Land \$27,534.00

Bldg \$0.00

Assd \$27,534.00

Exmpt \$0.00

Cnty: \$27,534

Taxbl Other: \$27,534 | Schl: \$27,534

NOTES:



This information, updated: 10/15/2012, was derived from data which was compiled by the Columbia County Property Appraiser Office solely for the governmental purpose of property assessment. This information should not be relied upon by anyone as a determination of the ownership of property or market value. No warranties, expressed or implied, are provided for the accuracy of the data herein, its use, or its interpretation. Although it is periodically updated, this information may not reflect the data currently on file in the Property Appraiser's office. The assessed values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

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

COUNTY THE MOBILE HOME IS BEING MOVED FROM Alachua
OWNERS NAME Len Haire PHONE _____ CELL 352 538 358
INSTALLER Vic Etheridge PHONE _____ CELL ~~352 538 358~~
INSTALLERS ADDRESS P.O. Box 3266 High Springs, FL 352 283 1510
32655

MOBILE HOME INFORMATION

MAKE Redman YEAR 1992 SIZE 24 x 52
COLOR Grey SERIAL No. FL 146W 6993
WIND ZONE II SMOKE DETECTOR Yes

INTERIOR:
FLOORS Good
DOORS Good
WALLS Good
CABINETS Good
ELECTRICAL (FIXTURES/OUTLETS) Good

EXTERIOR:
WALLS / SIDING Good
WINDOWS Good
DOORS Good

INSTALLER: APPROVED ✓ NOT APPROVED _____

INSTALLER OR INSPECTORS PRINTED NAME Vic Etheridge

Installer/Inspector Signature [Signature] License No. TH1025185 Date 10-20-12

NOTES: _____

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 386-758-1008 TO SET UP THIS INSPECTION. NO PERMIT WILL BE ISSUED BEFORE THIS IS DONE.

Code Enforcement Approval Signature [Signature] Date 10-26-12

- JW - Spoke Mr. VIC on 10.26.12

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 10-20-12 BY QJS 1210-64 IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? YE

OWNERS NAME Glen Haire PHONE _____ CELL 352 538 3585

ADDRESS 432 SW Randolph Ct Fort white FL 32038

MOBILE HOME PARK _____ SUBDIVISION Lot 12 Sandy Pines

DRIVING DIRECTIONS TO MOBILE HOME 47-5 TO US 27, 12 TO Skilton, TR To RANDOLPH TR
AND 1/2 2ND 455 PROPERTY ON L - BEFORE THE END OF
CUL-DE-SAC.

MOBILE HOME INSTALLER Vic Ethier: dqe PHONE 352 283 1510 CELL _____

MOBILE HOME INFORMATION

MAKE Redman YEAR 1992 SIZE 24 x 52 COLOR Grey

SERIAL No. RC 146M 6993

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

1210-64

INSPECTION STANDARDS

INTERIOR:

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

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

★ Key is hanging on back
of Right side Post.

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 RE-INSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE _____

ID NUMBER 304

DATE 10-31-12

TO Whom it may Concern,

I Summer C. Scaggs
am aware that
Glen L. Haire IV is setting
up a mobil home on our
property.

Summer C. Scaggs
Su Scaggs
11/13/2012

COLUMBIA COUNTY 9-1-1 ADDRESSING

P. O. Box 1787, Lake City, FL 32056-1787

PHONE: (386) 758-1125 * FAX: (386) 758-1365 * Email: ron_croft@columbiacountyfla.com

Addressing Maintenance

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

DATE REQUESTED: 11/2/2012 DATE ISSUED: 11/5/2012

ENHANCED 9-1-1 ADDRESS:

432 SW RANDOLPH CT

FORT WHITE FL 32038

PROPERTY APPRAISER PARCEL NUMBER:

14-7S-16-04211-012

Remarks:

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

Address Issued By: SIGNED: / RONAL N. CROFT
Columbia County 9-1-1 Addressing / GIS Department

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



STATE OF FLORIDA *Fax to myer's*
 DEPARTMENT OF HEALTH *352-376-8166*
 ONSITE SEWAGE TREATMENT AND DISPOSAL
 SYSTEM
 APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. *12-0492*
 DATE PAID: *11/7/12*
 FEE PAID: *310.00*
 RECEIPT #: *10881104*

APPLICATION FOR:

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

APPLICANT: *Glen Haire*AGENT: *Ronnie Moore*TELEPHONE: *352-246-3997*MAILING ADDRESS: *PO BOX 158 FT White FL 32038*

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: *12* BLOCK: _____ SUBDIVISION: *Sandy Pines* PLATTED: *1999*

PROPERTY ID #: *14-7S-16-04211-012* ZONING: *AG* I/M OR EQUIVALENT: ☒ Y / ☐ N

PROPERTY SIZE: *4.00* ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y / ☐ N

DISTANCE TO SEWER: *N/A* FT

PROPERTY ADDRESS: *432 SW Randolph Ct High Springs FL*

DIRECTIONS TO PROPERTY: *441 South to 47 T/R Follow to Ft White T/L
 on 27 Follow to Shiloh Rd T/R to SW Randolph Ct T/R to
 # 432 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	<i>Single Family</i>	<i>3</i>	<i>1152</i>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: *Tom Moore*DATE: *11/6/12*

DH 4015, 08/09 (Obsoletes previous editions which may not be used)
 Incorporated 64E-6.001, FAC