DATE - 02/13/2004 Columbia County	Building Permit PERMIT
This Permit Expires One Yes	ar From the Date of Issue 000022312
APPLICANT KEN LAKE  ADDRESS POB 684	PHONE 352.620.8889
OWNER KEVIN HETHERINGTON	SPARR FL 32192
ADDRESS 840 SW ILLINOIS STREET	PHONE 386.454.1490
CONTRACTOR KENNETH LAKE	FT. WHITE FL 32038
	PHONE 352.620.8889
10 00 11. 10 00 11. 11.	HEN BEAR R, ON WILSON SPRINGS, @ ILLINOIS, TURN R, IST. DRIVE ON R.
	MATED COST OF CONSTRUCTION .00
	AHEIGHT00 STORIES
	OOF PITCH FLOOR
LAND USE & ZONING ESA-2	MAX. HEIGHT
Minimum Set Back Requirments: STREET-FRONT 30.00	REAR 25.00 SIDE 25.00
NO. EX.D.U. 1 FLOOD ZONE AE	DEVELOPMENT PERMIT NO. 04-043
PARCEL ID 25-6S-15-01297-002 SUBDIVISION	N 3 RIVERS ESTATES
LOT 1 BLOCK PHASE UNIT 2	TOTAL ACRES 1.00
IH0000436	1 12 2/1
Culvert Permit No. Culvert Waiver Contractor's License Num	ber Applicant/Owner/Contractor
EXISTING 04-0850-N BLK	RK N
Driveway Connection Septic Tank Number LU & Zoning	
COMMENTS:	
NEED FINISHED FLOOR ELEVATION CERTIFICATE.	
REPLACEMENT. ASSESSMENTS BILLED.	Check # or Cash 10061
FOR BUILDING & ZONIN	G DEPARTMENT ONLY (footer/Slab)
Temporary Power Foundation	Monolithic
date/app. by	date/app, by date/app, by
	Sheathing/Nailing
date/app. by Framing Rough-in plumbing abo	date/app. by date/app. by over slab and below wood floor
date/app, by	date/app. by
Electrical rough-in Heat & Air Duct	Peri, beam (Lintel)
date/app. by	date/app. by date/app. by
Permanent power C <sub>2</sub> O <sub>3</sub> Final date/app. by	Culvert
M/H tie downs, blocking, electricity and plumbing	ate/app. by date/app. by Pool
date/app. Reconnection Pump pole	by date/app. by Utility Pole
date/app. by date/a	app. by date/app. by
M/H Pole Travel Trailer date/app. by	Re-roofdate/app. by
BUILDING PERMIT FEE \$ .00 CERTIFICATION FEE	S .00 SURCHARGE FEE S .00
MISC. FEES \$ 200.00 ZONING CERT. FEE \$ 50.00	
CHANGE TO A CONTROL OF THE CONTROL O	
FLOOD ZONE DEVELOPMENT FEE \$ 50.00 CULVERT FE	
INSPECTORS OFFICE	

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."

This Permit Must Be Prominently Posted on Premises During Construction
PLEASE NOTIFY THE COLUMBIA COUNTY BUILDING DEPARTMENT AT LEAST 24 HOURS IN ADVANCE OF EACH INSPECTION, IN ORDER
THAT IT MAY BE MADE WITHOUT DELAY OR INCONVIENCE, PHONE 758-1008. THIS PERMIT IS NOT VALID UNLESS THE WORK
AUTHORIZED BY IT IS COMMENCED WITHIN 6 MONTHS AFTER ISSUANCE.

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

### FEDERAL EMERGENCY MANAGEMENT AGENCY

O.M.B. No. 3067-0077 Expires December 31, 2005

NATIONAL FLOOD INSURANCE PROGRAM **ELEVATION CERTIFICATE** Important: Read the instructions on pages 4. 7

			ad the instructions on pag		
BUILDING OWNER'S N	AME	SECTION A	PROPERTY OWNER INFO	DRMATION	For Insurance Company Use:
	KEVI	N JAMES HETHER	RINGTON		Policy Number
BUILDING STREET ADD	ORESS (Including	Apt., Unit, Suite, and/or E V ILLINOIS STREET	Bidg. No.) OR P.O. ROUTE A	ND BOX NO.	Company NAIC Number
CITY	FTWH	lite	STATE		CODE
PROPERTY DESCRIPTI	ON (Lot and Block	Numbers, Tax Parcel N	FL umber, Legal Description, etc	3200	36
BUILDING USE (e.g., Re	sidential, Non-resi	1 & 2, THREE RIVERS dential, Addition, Accessor	ESTATES, , UNIT 21, PLAT I	BOOK 6, PAGE 15	
	IVEOIL	DENTIAL		ea, ii fiecessary.)	
LATITUDE/LONGITUDE (##°-##'-##.##" or ##	(OPTIONAL) :.##### <sup>0</sup> ) 	HORIZON NAD 1927	TAL DATUM: NAD 1983	SOURCE: GPS (	Type): Quad Map
	S	ECTION B - FLOOD IN	SURANCE RATE MAP (FIF	RM) INFORMATION	
B1. NFIP COMMUNITY NAME	& COMMUNITY NUM		. COUNTY NAME		B3. STATE
	OUNTY 120070		COLUMBIA		FLORIDA
B4. MAP AND PANEL NUMBER 120070 0255	B5. SUFFIX B	B6. FIRM INDEX DATE 01/06/88	B7. FIRM PANEL EFFECTIVE/REVISED DATI 01/06/88	E B8. FLOOD ZONE(S	, , , , , , , , , , , , , , , , , , , ,
B11. Indicate the elevation date		on (BFE) data or base floor Community Determ E in B9: NGVD 1929 sources System (CBRS) al	d depth entered in B9. nined	Describe): 1988	35.0  Designation Date
C1. Building elevations are bas	SEC	I ION C - BUILDING EL	<b>EVATION INFORMATION (</b>	SURVEY REQUIRED)	
*A new Elevation Certificat C2. Building Diagram Number accurately represents the It C3. Elevations – Zones A1-A3( Complete Items C3a-i be Section B, convert the datu. Section D or Section G, as Datum NGVD'29 Convers	the will be required with the building provide a single provide a single provide as single provide as single provide as single provide as single propriate, to door single propriate, to door single propriate, to door single provide provide provided provide	then construction of the building diagram most similar to the ketch or photograph.)  FE), VE, V1-V30, V (with Bilding diagram specified the BFE. Show field measurument the datum conversional elevation reference mark usor enclosure)  Inter (V zones only)  Interior (V zones only)  Interior area)	te building for which this certificate  FE), AR, AR/A, AR/AE, AR/A1-/ in Item C2. State the datum use ements and datum conversion of  n.  Sed appear on the FIRM?  38. 6 ft.(m)  NAft.(m)  NAft.(m)  NAft.(m)  35. 3 ft.(m)  34. 9 ft.(m)  35. 3 ft.(m)  35. 3 ft.(m)	A30, AR/AH, AR/AO ad. If the datum is different fro alculation. Use the space pr	
	The second second			T OFFICIAL ATION	
r corary and are inivituation	ned and sealed by in Sections A, B, a statement may be	/ a land surveyor, engine and C on this certificate n	ENGINEER, OR ARCHITECT or architect authorized by expresents my best efforts to introduce the prisonment under 18 U.S. Conception of the Company Name of the Company N	law to certify elevation info nterpret the data available. de, Section 1001. LICENSE NUMBER	prmahan. 
	9701 SE 1ST AVEN	NUE ROAD	CITY SUMME	STATE FL TELEPI	34491
$\backslash /$	•	•		7	

APORTANT: In these spaces, copy the	corresponding information from Section	on A	For Insurance Company Use:
UILDING STREET ADDRESS (Including Apt., Unit, S 840 SW ILLINOIS ST	Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO	D.	Policy Number
TY FT WHITE	STATE FL	ZIP CODE 32036	Company NAIC Number
SECTION	D - SURVEYOR, ENGINEER, OR ARCHI	TECT CERTIFICATION (CON	TINUED)
	1) community official, (2) insurance agent/compa		
DMMENTS			
LOT LIES IN ZONES "C, A &	AE"; ALL IMPROVEMENTS LIE IN ZONE "AE" NG BUILDING IS AN AIR CONDITIONER		
C3E - MACHINERY SERVICI	MR BOILDING IS AN AIK CONDITIONEL		
			Check here if attachments
SECTION E - BUILDING ELEV	VATION INFORMATION (SURVEY NOT F	REQUIRED) FOR ZONE AO A	AND ZONE A (WITHOUT BFE)
Zone AO and Zone A (without BFE), comple	te Items E1 through E4. If the Elevation Certifica	ite is intended for use as supporting	g information for a LOMA or LOMR-F,
ction C must be completed.	ling diagram most similar to the building for which	this certificate is being completed	- see pages 6 and 7. If no diagram accurately
represents the building provide a sketch or	nhotograph )		
The top of the bottom floor (including basem)	ent or enclosure) of the building isft.(m)i	n.(cm) above or below (c	heck one) the highest adjacent grade. (Use
natural grade, if available)			
For Building Diagrams 6-8 with openings (se	ee page 7), the next higher floor or elevated floor	(elevation b) of the building is	π.(m)in.(cm) above the nighest adjacent
grade. Complete items C3.h and C3.i on fro	ont of form. equipment servicing the building isft.(m)i	in.(cm) above or below (c	heck one) the highest adjacent grade. (Use
natural grade, if available)			
For Zone AO only: If no flood depth number	r is available, is the top of the bottom floor elevate	ed in accordance with the commun	ity's floodplain management ordinance?
Yes No Unknown. The loca	al official must certify this information in Section G	S	
SECTION	F - PROPERTY OWNER (OR OWNER'S	S REPRESENTATIVE) CERT	Zone A (without a FEMA-issued or community-
The property owner or owner's authorized replaced in the property owner or owner's authorized replaced in the property of the property owner or owner's authorized replaced in the property of the property owner or owner's authorized replaced in the property of the pro	resentative who completes Sections A, B, C (Iter estatements in Sections A, B, C, and E are corre	ns co.n and co.nonly), and E lor z ct to the best of mv knowledge.	ONE A (Williout a LEVIA-195000 of Contributing)
SSUED BEE) OF ZONE AO MUST SIGN HERE. THE PROPERTY OWNER'S OR OWNER'S AUT		or to the book of the	
PROPERTY OWNERS OR OWNERS AND			STATE ZIP CODE
ADDRESS	(	CITY	
SIGNATURE		DATE	TELEPHONE
COMMENTS			
W. 78			Check here if attachments
1,475-11 1044,774,5	SECTION G - COMMUNITY INFO	ORMATION (OPTIONAL)	
he local official who is authorized by law or or	dinance to administer the community's floodplain	management ordinance can com	plete Sections A, B, C (or E), and G of this Elevat
ortificate Complete the applicable item(s) an	d sian below.		
1 The information in Section C was take	n from other documentation that has been signer	d and embossed by a licensed sur	veyor, engineer, or architect who is authorized by
or local law to certify elevation informa	ation. (Indicate the source and date of the elevati n E for a building located in Zone A (without a FE	ion data in the Community-issued f	ow.) BFE) or Zone AO.
52. A community official completed Section 7.3. The following information (Items G4-G	9) is provided for community floodplain manager	ment purposes.	<b>,</b>
G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED		TE OF COMPLIANCE/OCCUPANCY ISSUED
G7. This permit has been issued for: New	Construction Substantial Improvement	ė.	(m) Datum:
G8. Elevation of as-built lowest floor (including	basement) of the building is:	f	
G9. BFE or (in Zone AO) depth of flooding at t	he building site is:		i.(iii)
LOCAL OFFICIAL'S NAME		TITLE	
COMMUNITY NAME		TELEPHONE	
SIGNATURE		DATE	
COMMENTS			
			Colorada bassa if allockerson
			Check here if attachmen

### **Columbia County Building Department Flood Development Permit**

### Development Permit F 023- 04-043

DATE 09/16/2004 BUILDING PERMI	T NUMBER 000022312	
APPLICANT KEN LAKE	PHONE <u>352.620.8889</u>	
ADDRESS POB 684	SPARR FL	32192
OWNER KEVIN HETHERINGTON	PHONE 386.454.1490	
ADDRESS 840 SW ILLINOIS STREET	FT. WHITE FL	32038
CONTRACTOR KENNETH LAKE	PHONE 352.620.8889	
ADDRESS POB 684	SPARR FL	<u>IH0000436</u>
SUBDIVISION 3 RIVERS ESTATES	Lot 1 Block Unit _	Phase
TYPE OF DEVELOPMENT M/H & UTILITY	PARCEL ID NO. 25-6	S-15-01297-002
FLOOD ZONE AE BY BLK 1-6-88	FIRM COMMUNITY #. 120070 -	panel #. <u>025</u> 5
- 1	PLAN INCLUDED YE	
REQUIRED LOWEST HABITABLE FLOOR ELEVA	TION 35.0 /	
IN THE REGULATORY FLOODWAY YES or NO	RIVER SANTA	Fe
SURVEYOR (ENGINEER) NAME M, CHAEL W.		
ONE FOOT RISE CERTIFICATION INCI	LUDED	
ZERO RISE CERTIFICATION INCLUDE	CD.	
ZERO RISE CERTIFICATION INCLUDE	:D	
SRWMD PERMIT NUMBER		
(INCLUDING THE ONE FOOT RISE CE	RTIFICATION)	
(INCLUDING THE ONE FOOT RISE CE	,	
·	,	
·	FICATE WAS PROVIDE <u>D</u>	
DATE THE FINISHED FLOOR ELEVATION CERTIFIED INSPECTED DATE	FICATE WAS PROVIDE <u>D</u>	

135 NE Hernando Ave., Suite B-21 Lake City, Florida 32055

Phone: 386-758-1008 Fax: 386-758-2160



September 9, 2004

RE: Kevin James Heatherington Homesite

Columbia County, Florida

To Whom It May Concern:

This letter is to certify that the proposed 32' x 80' homesite as shown on the June 30, 2004 survey (Revision 1, September 3, 2004) of Lots 1 & 2, Three Rivers Estates, Unit #21 by Thomas M. Sheehan, PSM will not cause a one (1) foot rise in the base flood elevation.

Certified by:

Michael W. Radcliffe, P.E.

Fla. Reg. Eng. #31170

Date:

X:\MyFiles\Tom Sheehan Cert Letter.wpd

### Flood Zone Information Sheet

- **Zone A** Requires the floor of the structure to be set 1 foot above the paved road or 2 feet above the graded road.
- **Zone X-500** Requires the floor of the structure to be set at <u>or</u> above the elevation given by the FEMA Flood Maps.
- **Zone AE** A One Foot Rise Letter is required before the development and structure permits will be issued. Then an (Finished Floor) Elevation Certificate is required before the power and/or Certificate of Occupancy will be released.
- Zone AE Floodway A Zero Rise Letter is required before the development and structure permits will be issued. Then an Elevation Certificate is required before the power and/or Certificate of Occupancy will be released.

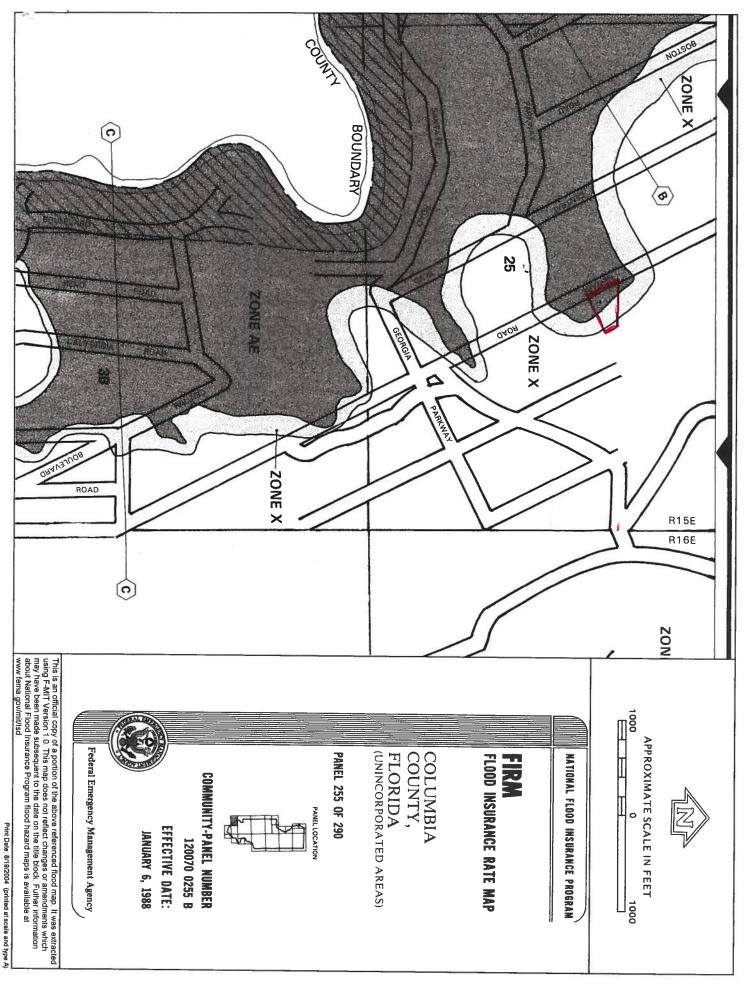
### NOTE:

- 1. The One Foot Rise Letter and The Zero Rise Letter are given by an Engineer.
- 2. The (Finished Floor) Elevation Certificate is given by a Surveyor.

### **OWNER INFORMATION**

Owners Name KEVIN HETNELING TO, Permit #	22312
Your flood zone is AE	
You have turned in 1 FOOT RISE LETTER	Date 9 - 16 - 02
You need a One Foot Rise Letter.	
Zero Rise Letter.  (Finished Floor) Elevation Certificate.  Before power will be issued.	
Before power will be issued.	

Columbia County Building & Zoning Department 135 NE Hernando Ave., Suite B-21 Lake City, FL 32055 PH: 386-758-1008 ~ FAX: 386-758-2160



6E-80h0

For Office U	se Only	Zoning Offici	ai	Rı	uilding Official	9-16-86
AP#	×408-39	Zoning Offici	11/04 By	JW P	ermit # 223/2	. 70
Comme	ents NEED	1' Rise Bed. Cication	<u></u> 20111119	g L SF- L Lain	u Ose Pian Map Cat	egory <u>ESA</u>
100		34' Minimum	Set	of 35	"	
- Attach	ED SUIVEY -		AMBIE DE SERVICE DE LA COMPANION DE LA COMPANI	- 17 700	-	
Site Plan	n with Setbacks	shown   Environme	ental Health Sig	ِ gned Site Pla	an □ Env. Health	ı Release
24		A Need a Waiver Pern	/-			
Proper	ty ID 4 4/29	7-001 :002		Must hav	o a copy of the	roporty doc
Subdiv	vision Informa	tion These Riv	ERS EN	Intoe	10 de 1 3 2	11:12
oubu.,		THE NO		HIE J	_ XD   J	[MMJ]
Applica	ant <u>Kenn</u>	eth W. LAKE		_ Phone #	352-620-	8389
Addres	s P.d. A	Bex 684 SPA	RR, FL.	32147		
Managa	of Duramanton O	wner KEUIN J.	Van Haar	16.1 0	1	אנו ונים
		S.W. Illin	• 100	· · ·		
FILAU	uress <u>/////</u>	S.W. JUIN		11 wi	1116,76. 320	000
Name o	of Owner of M	lobile Home <i>St</i>	ME		Phone #	
	s				2	
Relatio	nship to Prop	perty Owner	NIA			
Current	t Number of D	Owellings on Propert	ty/	CLOT 2		
		R			•	
Explain	the current o	driveway <i>.</i> E <u>y/57</u>	LING			
Driving	Directions _	47 5 TO 27	TR TO	CullEN	TL THEN !	PARE
		Wilson Spa				
		LINDIS TR 13				
Is this	Mobile Home	Replacing an Existir	ng Mobile He	ome 4	65)	
						120000
Mame	if Licensed D	paler/installer $\mathcal{K}$ FA	UNIFIL I	AVE	PHONE (4/-	
Installe	of Licensed Do	ealer/Installer <u>K<i>ER</i></u> 1.0. Bux 684	SPARR F	<u>ake</u> [. 3219	Prione # <u>352-7</u> 2	020-000 /

~352.843.0566 \_

### **PERMIT NUMBER**

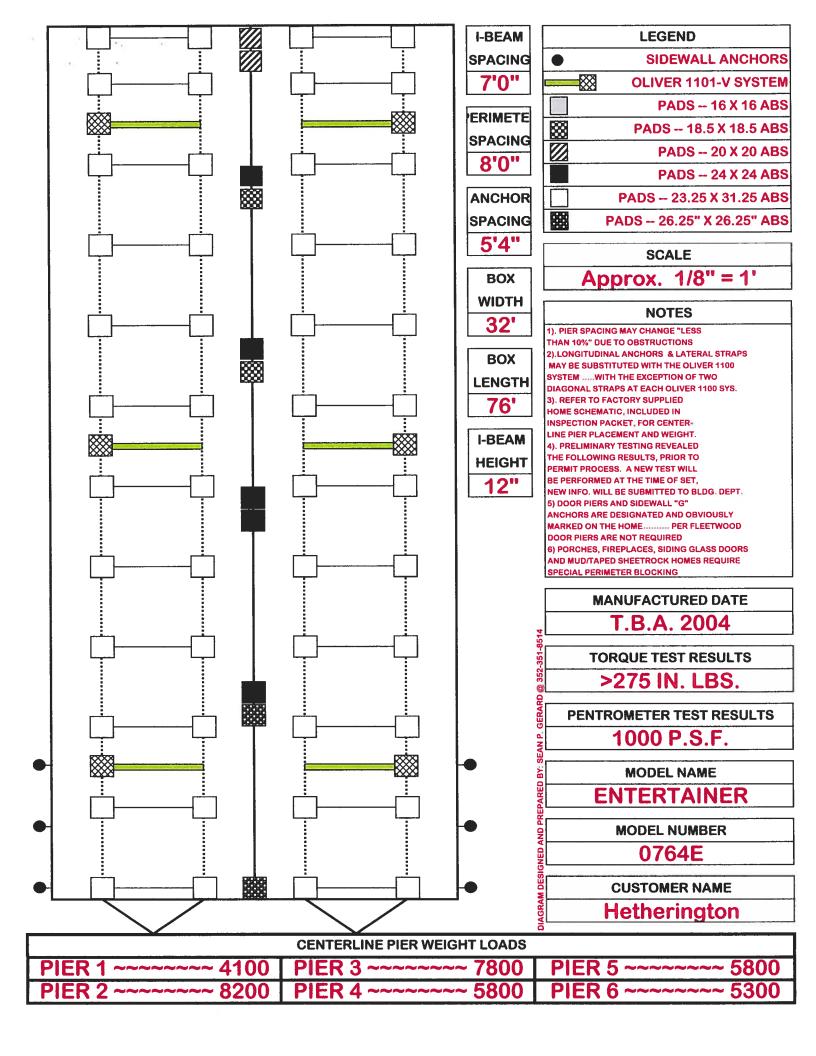
	Plumbing
Installer verifies all information given with this permit workshe	Connect electrical conductors between multi-wide units, but not to the dain power source. This includes the bonding wire between mult-wide units. Pg/
	Electrical
Other:	
Range downflow vent installed outside of skirting. Yes N/A Drain lines supported at 4 foot intervals. Yes Electrical crossovers protected. Yes	Date Tested 8-10-04
Skirting to be installed. Yes No  Dryer vent installed outside of skirting. Yes N/A	Installer Name KENNETh V. LIKE
Miscellaneous	ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER
The bottomboard will be repaired and/or taped. Yes Pg. Siding on units is installed to manufacturer's specifications. Yes 1. Fireplace chimney installed so as not to allow intrusion of rain water.	reading is 275 or less and where the mobile home manufacturer may requires anchors with 4000 lb holding capacity.  Installer's initials
Weatherproofing	Note: A state approved lateral arm system is being used and 4 ft.  anchors are allowed at the sidewall locations. I understand 5 ft
Type gasket 1-074 M 7 Installed: Pg. 40 Between Floors Yes 1 Between Walls Yes 1 Bottom of ridgebearn Yes 1	TORQUE PROBE TEST  The results of the torque probe test is 290 inch pounds or check here if you are declaring 5' anchors without testing A test showing 275 inch pounds or less will require 4 foot anchors.
a result of a poorly installed or no gasket being installed. I understand a strip of tape will not serve as a gasket.	x x
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	3. Using 500 lb. increments, take the lowest reading and round down to that increment.
Gasket (weatherproofing requirement)	
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.	
Type Fastener: 1465 Length: 3/416" Spacing Type Fastener: 1465 Length: 3/416" Spacing	POCKET PENETROMETER TESTING METHOD
Floor Type Fastener 1985   Length 3616   Spacing	×
Water drainage: Natural Swale Pad Other	The pocket penetrometer tests are rounded down to psf or check here to declare 1000 lb. soil without testing.
Ochricand agencia makerial site Preparation	POCKET PENETROMETER TEST

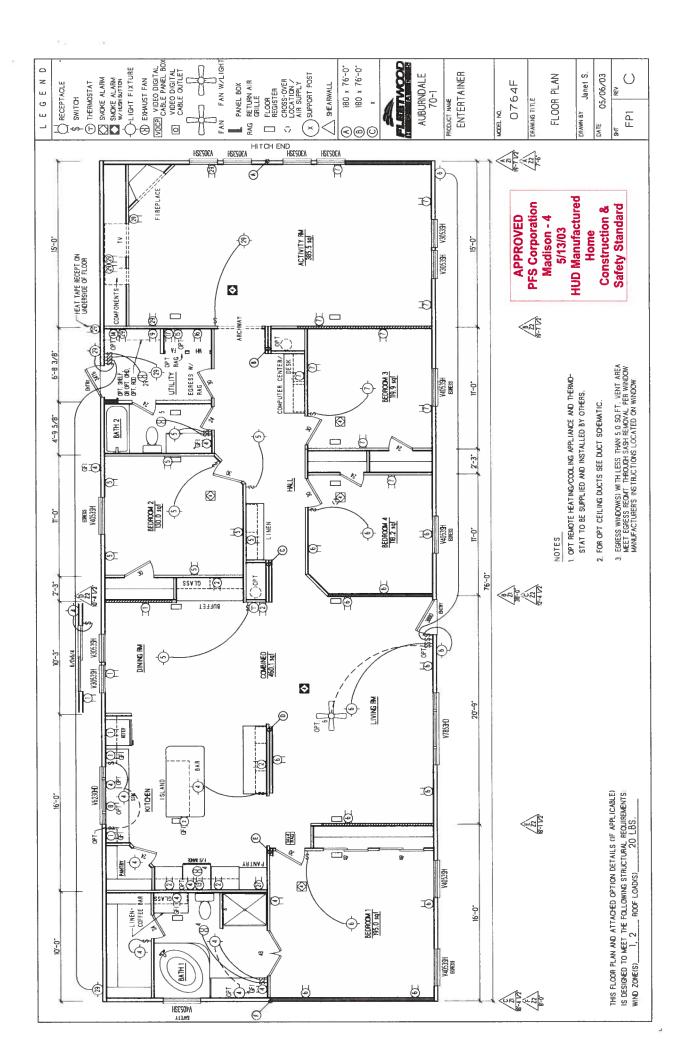
Installer Signature Kennell Land Date 8-11-04	manufacturer's installation instructions and or Rule 15C-1 & 2	is accurate and true based on the	Installer verifies all information given with this permit worksheet

医生态性衰竭的 医斯克斯特勒 计划 经产品

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pa. 7

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





10%	H END		MATE	40	40	80	40	82	В	В	9	Ф	~	<	<	<	<	<	<	<	<
LOCATION	HITC		UNIT	<	<	<	<b>«</b>	<	∢	<	<	<	10	83	60	<b>6</b>	60	60	60	ďΩ	8
PLICE	ARE FROM	20 LBS	10	1 1 .	138.	22 -6	33 - 8	42 -4	. 1-,05	60 -3	66'-2"	10-,02	1-01	13 -8	22 -0	33 - 8	42 -4"	. 2 05	. 6 09	66 -2	78 '-0
ALLOWED TJ!	DIMENSIONS	LIVE LOAD	F HOM -	-, 0	8 - 11	20 - 4	31 -7 -	38 -5 -	47 - 4	52 -8 -	0-, +9	74'-6'	- , 0	8 1 1	20 4 -	31 7 -	39 5 .	47 -4 -	52 -6 -	84 -0 -	74'-8'-

OVERHANGS (F/R) 12 / 12 WIND ZONE 1 1 2 / 12 WIND ZONE 1 1 1 W NA																		
VE BHANGS (F LOCATION B-11 1/8 51'-4 5/8' 78'-0' ND ZONE 3 ND ZONE 3 ND ZONE 3 ND ZONE 3 11.78' 12.11 1/8' 13.11 1/8' 13.	\		STRAP	x 26		6-2	x 28		2 /		STRAP	G-2	G-2	G-2		Ιŧί	G-2	G-2
NO ZONE  1.00 ZONE  1.	/H)		LNU	A & B	A&B	-4	941		/#J		UNIT	A&B	A&B	A&B	A&B	A&B	A&B	AAB
		1	LOCATION		/1 11-,	15 4-11	. 0		ı	ND ZONE	OCAT		1. 11-1	2 :-	8 -4 7	14 5/8	2 5 5,	0- B

200	V   V							
IVE L	LOAD: 20 LBS							
LABEL	LOCATION	LIND	POST	LOAD HEIGHT BE	BEARING PC	POST P	PIER LOAD B	BEAM
<		<	1553	. 801	1 75	32	3200	17
<		60	1553	. 801	1 75	32		IF1
æ	1811 1/8.	<	4855	108	1.75	1	9400	131
eO.	18 -11 1/8	60	4655	108	1.75	_		171
U	38'-4 7/8"	<	4010	108	1 75		8100	-5-
o	36 -4 7/8	60	4010	. 801	1 75	9		1J.
٥	51'-4 1/2'	<	2590	. 801	1 75	+	5200	-5
۵	51'-4 1/2'	80	2590	108	1 75	4		15.1
w	825 5/8	<	3184	108	1 75	'n	6400	131
ш	62 -5 578	8	3184	. 801	1 75	2		171
L.	.082	<	1353	. 801	1.75	32	2800	17.1
u.	.082	9	1353	108	1 75	32		TJI
* EMPTY	PIER LOAD	5	COMBINED IN	NUMBER	ABOVE			

		TRIB **	7:-8 1/4*	203	143.	.1-,11	. 9 BI	1410 1/2		
		NOTE	3 x 26 ga STRAP	2 JOISTS & 3 LAGS	I JOISTS & 2 LAGS	2 JOISTS & 3 LAGS	1 JOISTS & 3 LAGS	3 x 28 ga STRAP	AGGRESSIVE FASTENING PATTERN	IN NUMBER ABOVE
		LENGTH	92	110.	.06	.08	100	14'-8"	AGGRESS	I S COMBINED I
		TYPE	E	s	s	S	S	ш	JI RES	SCON
		PANEL	1 SG	28G	25G	2.5G	25G	- 86	IN NOTE FIELD REQUIRES	1
DATA	2	WALL	-	_	-	-	-	_	FIE	B18
WALL	ZONE	UNIT	60	В	В	<	60	60	NOTE	EMPTY TRIB FIELD
SHEAR WALL DATA	Z QNIM	LABEL	<	40	U	۵	ш	L.	=	. EN

CEILING THICKNESS
CEILING MATERIAL
FRONT EAVE O'HANG
REAR EAVE O'HANG
FRONT GABLE O'HG
REAR GABLE O'HG

90° 2×4 V|NYL LAP

SIDEWALL HGT.

EXT WALL SIZE

EXT SIDING MATL

19.2 2 x B SYP

0 H Z

WALL

39.

DRAWBAR LENGTH
DRAWBAR ANGLE

0 H 0

FLOOR

JOIST SIZE JOIST MATERIAL JOIST SPACING

OFN

CHASS M.R SPACING

OHV

CE | L | NG / ROOF

RAP  LAGS  RAP  RAP  RAP  RAP  RAP  RAP  RAP  RA	SHEAR WALL	WALL	DATA					
NOTE   WALL   PANE   TYPE   ENGTH   NOTE		ZONE	_				•	
	LABEL		$\overline{}$	_	TYPE	-	TE.	TRIB
6   1   25G   S   9 ' O ' 2   JOISTS & 3   LAGS	<	49	_	186	В	. 3	26 98	200
1   15G   E   14'-6'  3   26 ga STRAP   TRIB   1   15G   E   14'-6'  3   2   2   2   2   2   2   2   2   2	en	0	-	25G	s	2 -0	3	435
DONE   3   1   1   1   1   1   1   1   1   1	ပ	-	-	186	ш	. 9	28 ga	388
NOTE   NAME   TYPE   LENGTH   NOTE   TRIB		ZONE						
A A I 15G E 7'-6'3 x 26 ga STRAP 6'-1 2 x 26 ga STR	LABEL	UNIT	$\overline{}$		TYPE	-	7E	TRIB **
A   B   1   1SG   E   7 * 6 * 13 * 26 * 6 * 5 TRAP   B   B   B   D   D   D   D   D   D   D	<b>«</b>	<	_	18G	3	8.3	26 94	1
0   0   1   25G   S   11 -0   1   10  15TS & 3   LAGS   1   10   10   15TS & 3   LAGS   10 -0   1   10  15TS & 3   LAGS   10 -0   1   10  15TS & 3   LAGS   10   10   10   15TS & 3   LAGS   10   10   10   10   10   10   10   1	<	8	-	1.5G	w	m	28 94	١,
	eD.	Ф	-	25G	s	-	£ 3	1610
C B 1 25G S 9 -0 2 JOISTS 4 2 LAGS D A 1 2 LL S 6 -0 -2 JOISTS 4 4 LAGS I S 10 -0 -2 JOISTS 4 4 LAGS 1 1 15G E 11 15G E 1 1 -0 -0 3 2 6 9 STRAP 12 -4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	60	<	-	286	s		8 3	153
	O	8	-	25G	s	.0-,	e6	881
	۵	<	_	3 T L	s	0. 5	6.4	128
F B I ISG E 14'-0'] 3 20 ga STRAP   12'-4 IN NOTE FIELD REQUIRES AGGRESSIVE FASTENING PATTERN	ш	9	-	2LL	s	1 1		222
IN NOTE FIELD REQUIRES AGGRESSIVE	ц.	8	-	15G	ш		26 93	12:-4 1/8
		NOT	E F 1 E	LO REQU	JIRES		ASTENING PATTERN	
TARGET A TRUE TO THE CONTRACT OF THE PROPERTY ABOUT		25.00	0 - 0	4	000	10 10 C L 11 C L	L'1001 010	

**HUD Manufactured** 

Home

Safety Standard

Construction &

**PFS Corporation** 

Madison - 4 5/13/03

**APPROVED** 



ENTERTAINER PRODUCT NAVE

MODEL NO.

0764F

SPEC DRMG

PASS PASS PASS

DRAWING TITLE

DRAWN BY Janet S. 05/06/03

⋖ SPECI

	VENT	4 80	5 98	3.88
	GLAZ	7 80	11.98	B B3
	DESCRIPTION	H DBL-END SLIDER	SGL HUNG WINDOW	SGL HUNG WINDOW
DULE	SIZE	82 x 30	40 x 53	30 + 53
W SCHEDULE	BOL	무	SH	HS

18 27

VENT

GLAZ

| S1ZE | DESCRIPTION | 34 x 76 | BLANK | 38 x 80 | BLANK-INSWING | 8/0 x 8/4 | SGD - SAFETY

N SCHE	SCHEDULE			
BOL	SIZE	DESCRIPTION	GLAZ	VENT
무	82 x 30	H DBL-END SLIDER	7 80	4 80
SH	40 x 53	SGL HUNG WINDOW	11.98	5.98
SH	30 x 53	SGL HUNG WINDOW	B B3	3.88
	0 4	010		

	DIFF	428 52	423.81
	ACTUAL	201 43	201.43
	MAX NOM	629 95	625.04
	RESULT	PASS	PASS
RESULTS	DUCT TYPE	INSULATED	INSULATED
NO-	WINDOW U	0.53	0 53
CULA	FLOOR	Ξ	=
CAL	WALL	=	=
MAL	CEIL	21	21
H H	WZ	-	8
-	17	-	-



ALL PANELS ON THE JOB SITE, SHALL BE SECURED EITHER BY: SCREWS, CRIMPS, OR THE DESIGINATED LOCKING

STRIP OF THE SKIRTING ITSELF, AT THE TOP AS WELL AS THE BOTTOM

THE MANUFATURER'S INSTRUCTIONS & DESIGNERS DO NOT SUGGEST PLACING SCREWS AT THE TOP & BOTTOM OF

EACH PANEL .... BUT, CIRCLE B OF OCALA, INC., SHALL COMPLY WITH THE DESIGNATED COUNTY CODES.

ALL PANELS OF THIS SKIRTING TYPE ARE REMOVABLE , THUS NO SPECIAL ACCES PANEL SHALL BE INCORPORATED INTO THE SKIRTING JOB, WHEREAS EACH PANEL CAN BE REMOVED RATHER EASILY

THE MANUFACTURER OF THIS SKIRTING (STYLECREST), INTEGRATES VENTING INTO EACH INDVIDUAL PANEL TO BE INSTALLED ..... (( VENTING IS EQUIVILENT TO 6.3 SQUARE INCHES PER SQUARE FOOT OF PANEL ))

TOP RAIL BACKER IS SECURED TO THE HOME USING 1" - 1/4" HEX HEAD SCREWS, EVERY 16" O.C.

**VERTICAL VINYL** 

SKIRTING

TOP RAIL FRONTAL COVER IS SECURED TO THE TOP RAIL BACKER USING AN INTEGRATED SNAP LOCK

COUNTY REQUIREMENTS.... IF PANELS EXCEED 36" OF VISIBLE EXPOSED HEIGHT, THE MAUFACTURER RECOMMENDS VINYL PANELS ARE SECURED BY THE BOTTOM TRACK & TOP RAIL FRONTAL COVER, AS WELL AS ANY SPECIAL FRAMING BEHIND, BUT DOES NOT REQUIRE IT .... WILL BE DONE IF REQUIRED BY COUNTY CODE BOTTOM TRACK IS SECURED TO THE GROUND USING 8" METAL SPIKES ..... INSTALL APPROXIMATELY EVERY 24" O.C.

VENTING REQUIRED ..... AND MAKE ANY CORRECTIONS USING VINYL, SCREEN BACKED LOUVERED VENTING TO THIS IS AN ESTIMATED SKIRTING PACKAGE, WITH ESIMATED VENTING ..... THE SKIRTING CONTRACTOR WILL AKE ACCURATE MEASUREMENTS UPON DOING THE JOB, AND WILL CALCULATE THE PROPER AMOUNT OF MEET STATE OF FLORIDA, AS WELL AS MANUFACTURER'S, CODES

AVEARGE HEIGHT OF HOME FROME GROUNG TO FINISH FLOOR ELEVATION IS 36"

### WALL SECTION

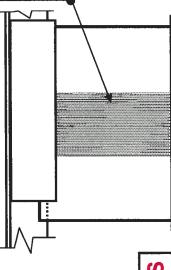
**7** 

## **VENTING CALCULATIONS**

MOBILE HOME WIDTH (Lin. Ft.)	37
MOBILE HOME LENGTH (Lin. Ft.)	1
SET-UP HEIGHT (Lin. Ft.)	3.0

,	3.00	648.00	q. Ft.) 4.32	162.00	y. Ft.) 28.35
MOBILE HOME LENGTH (Lin. Ft.)	SET-UP HEIGHT (Lin. Ft.)	SQUARE FT. OF SKIRTING	VENTING AREA REQUIRED (Sq. Ft.)	NO. OF 16" PANELS	VENTING AREA PROVIDED (Sq. Ft.) 28.35

CONTRACTOR IS NOT CONTRACTUALLY OBLIGATED TO DO THE SKIRTING ..... CUSTOMER IS ASSUMING THE LIABILITY OF THIS PART OF THE PERMIT.



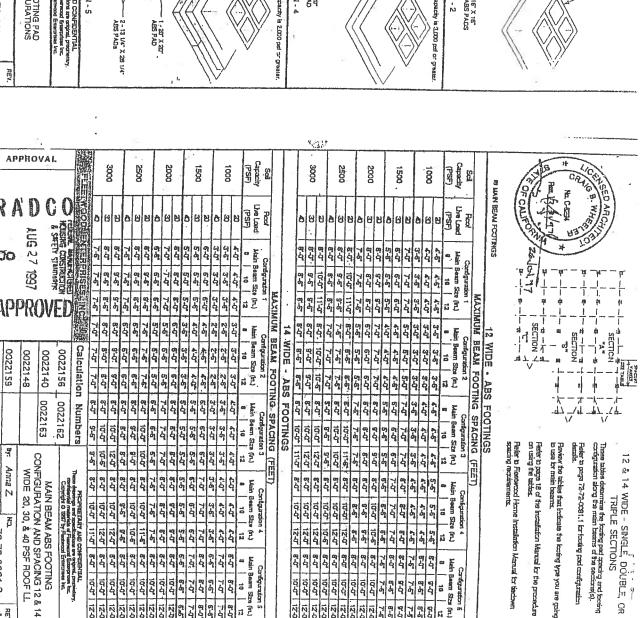
### **CUSTOMER NAME**

# HETHERINGTON, KEVIN JAMES

PERMIT NUMBER

### ELEVATION

10am 6-20-97 / /27/2-0001.1 A	1912200		
Jack W. No.	AP 0022159	A	
CONFIGURATIONS	0022158		1
0022163 mr.E	0022140	C	
0022162 Company of 1997 by Feetman Engineers Inc. Company of 1997 by Feetman Inc.	0022158		
St.	Calculation Numbers	FLEETWOOD ENTERPRISES	
ABS PAGS 27 IVE X 29 IVE	WARNING: If ABS pads deflect more than 5/8", pier spacing must be reduced because soil bearing capacity is less than adequate.	7. WARNING: If ABS spacing must be resisted in a dequal in the spacing must be resisted in the spacing must be resisted in the spacing must be	
	For soil values greater than 3,000 pst, use the tables for 3,000 psf soil.	6. For soil values grea 3,000 ps/ soil.	
IS X EST.	Pad installation and configuration to meet applicable local codes.	5. Pad installation and local codes.	
	For values greater than 1000 psi soil bearing capacity, use a pocket penetrumeter or other approved testing equipment to determine actual soil capacity.		
	Pler spacing to be per applicable loads.	3. Pler spacing to be p	
VERSITON	ABS pacts to be installed, assembled, planed and glued .  per manufacturer's installation installation.	2. ABS pads to be ins	
DOUBLE BLOCK	ABS pads to be manufactured by Manufactured Housing Foundation Systems, Inc.	ABS pads to be ma     Foundation System	
Only the double block who have the	rsn.	NOTES:	127
CONFIGURATION . 4	ABS PAD CONFIGURATION - 3	(	1
E X 6.7 IL. CONCRETE  ACTUAL PROPERTY OF THE P		E' X E' X IE' CONCRETE SLOCK	
Use only the double block version when the soil capacity is \$1,000 pd or greater.	VENSION US	DOUBL TENDO	
CONFIGURATION - 2	CONFIGURATION - 1		
	I W. X 25 14.	[]	
EXEX IS		ELCCX ELCCX CONCUETS CAX & X 16	
VERSION ( )	-	91	
	75-101-57	THE WAR	
ALLATION MANUAL	CO. SERVICES TO THE INSTALL ATTOM MANUAL	HAZO *	



Main Been Size

0022161

6/20/97

72-72-0081.2

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### APPROVED ANCHOR MANUFACTURER'S LISTING (Anchor and Components)

MOBILE HOME SAFETY PRODUCTS dba OLIVER TECHNOLOGIES, INC.
P.O. Box 58/467 Swan Avenue
Hohenwald, Tennessee 38462

MODEL#	DENTIFICATION	DESCRIPTION
1055-18 L	Longitudinal Stabilizing System	20" Galvanized Steel Pad Beam Clip for longitudinal bracing system w/square tubing in a cross "X" pattern
1101 L	All Steel Foundation System	Longitudinal Stabilizing System
1011	All Steel Foundation System	Lateral and Longitudinal System
V 1011	All Steel Foundation System	Longitudinal Stabilizing & Lateral Bracing System
1055-11	Adjustable Outrigger	Bracket, Pipe and Screw Adjustment
OT607B	Auger Anchor (use with approved strapping & split bolt)	34" x 60" rod w/single 7.50" disc, thickness 0.171" galvanized steel with dbl bolt head
OT1100CA	OT1100CA J-Hook Concrete Anchor	7"x 0.646" galvanized steel with dbl bolt head
OTMSP-1	Metal Ground Stabilizer Plate	18"x 13 ½"
OT2001 ,	Swivel Frame Clamp	3/16 x 2" Galvanized upper and lower jaws for L-Beam Clamp
OT2002	Sidewall Strap Connector	G-40 Galvanized 7 gauge steel

APPROVED
ANCHOR MANUFACTURER'S LISTING
(Anchor and Components)

MOBILE HOME SAFETY PRODUCTS dba OLIVER TECHNOLOGIES, INC. P.O. Box 58/467 Swan Avenue Hohenwald, Tennessee 38462

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	C) som Smeo	I leing three (2)	Using three (3	(Fyramid Foote	Tau De	Dod Do		D	S	Tanimar.	Zumbara		1 1055-7		2 4148-4		MODEL #	
NO LE: installer is responsible for determining soil-bearing canacity	C3.7 X C.7.1 (C) 23.00 Suns	0.22 % 0.14	Using three (3) 17 0" v 22 0"	(Fyramid Footer Configuration)	rad Description		101 P 101	Double Pier	Single Pier	Concrete Blocks	MAXIMUMI	T and I all and I	Diagric Dad		Plastic Pad		IDENTIFIC ATION	, were
sible for determining	6.0	0.0		(Sa. Ft.)	Pad Area		2,000	1,000	1 000	Soil Bes	MAXIMUM PIER LOADS IN POUNDS						16" x 26" Pad Configuration – Pyramid FTC A TION	SUNTRACORDIANO
soll-bearing canacity	6,000	5,000	1000	50:	1000 lb		2,000 lbs /sq. ft.	1,000 ibs/sq. it	The same	Soil Bearing Value	POUNDS	20" x 20" x 7%" on top	2	131/4 X 201/4" X 3/4" as base	12" 26	DESCR	Ĭ	CNI
	12,000	10,000	1100		2000 lb		9,600 lbs.	4,800 lbs.	LIVERY WILLIAMS FORD	May Allan		7/8" on top	:	x 3/4" as base	=	DESCRIPTION		
	N/A	N/A	1105	2000	41 0001		lbs.	) lbs.	PROLE LORG	21.1								

	NOTE: Installer is responsible for determining soil-bearing capacity	ning soll-bearing capacity
MODEL #	IDENTIFICATION	DESCRIPTION
1055-19	Plastic Stabilizer Post	9.95" x 24" x .742" at top
1055-19	Flex Free ABS Plastic Pad	17.5" x 22.5"
1055-20	Flex Free ABS Plastic Pad	23.25" x 31.25" (4.698 sq. ft.)
1055-22	Flex Free Rounded ABS Plastic Pad	21.13" x 29.13" (4 sq. ft.)
1055-23	Flex Free Rounded ABS Plastic Pad	16" x 18.5" (2 sq. ft.)
2410	OTI ABS Plastic Wedge 3.5'	3.5"x 6.0"x 0.946"
OT486A	Auger Anchor 5/8", 0.16	58"x 48" rod w/single 6" disc/thickness 0.164" galvanized steel, dbl bolt head
OT486B	Auger Anchor 3/4">	3/4"x 48" rod w/single 6" disc/thickness 0.169" galvanized steel, dbl bolt head

Continued

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(Revised 01/03)

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CY CY

(Revised 01/03)



### HIGHWAY SAFETY AND MOTOR VEHICLES DEPARTMENT OF State of Florida

TALLAHASSEE, FLORDIA 32399-0500

FRED O. DICKINSON, III

June 14, 2002

MEMORANDUM

FROM:

TO:

All Anchor and Component Manufacturers

Bureau of Mobile Home and Recreational Vehicle Construction Philip R. Bergelt, Program Manager

SUBJECT Lateral Amı Stabilizer Systems

uniform standards will be the clarification of installation procedures for installers and for county and city inspectors performing field oversight to create uniform installation standards for these systems. A secondary benefit of met in the installation of Lateral Arm Stabilizing Systems, it is necessary for us To ensure consumer protection and to ensure that minimum standards are

include the following prescriptive number of systems; Effective immediately all Florida lateral arm stabilizing instructions will

Six (6) systems from 52 to 80 feet Four (4) systems up to 52 feet

lateral arm stabilizing systems, unless a greater number is specified by your engineering: Five (5) 12 pitch roofs will require a minimum of the following number of

Eight (8) systems from 52 to 80 feet Six (6) systems up to 52 feet

Your instructions should contain the following three (3) notes:

Note: 1) The use of this system requires sidewall vertical ties at no greater than 5'4'' on center and allows for the use of 4' auchors.

Note: 2) 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.

Note: 3) Each system is required to have a frame tie and stabilizer attached at each lateral arm stabilizing location.

DIVISIONS/FLORDA INGRIWAY PATROL • DRIVER LICENSES • MOTOR VEHICLES • ADMINISTRATIVE SERVICES:
Neil Kirkman Building, Thilahauses, Florda 12:199.0500

MODEL 1101 "V" SERIES ALL SIEEL FOUNDATION SYSTEM MODEL 1101"V" (STEPS 1-16) OLIVER TECHNOLOGIES, INC.
FLORIDA INSTALLATION INSTRUCTIONS FOR THE MODEL 1101-L"Y" LONGITUDINAL ONLY:

FOR ADDING LATERAL ARM: Follow Steps 10-15

CHOINEERS STAMP

### INSTALLATION OF GROUND PAN

- SPECIAL CIRCUMSTANCES: If the following conditions occur STOP! Contact Oliver Technologies at 1-800-284-7417
   Pier height exceeds 48"
   Length of home exceeds 76°c) Roof eaves exceed 16°d) Sidewall height exceed 96°c) Location is within 1500 feet of coast
- Remove weeds and debris in an approximate two foot square to expose firm soil for each ground pan (C)
   Place ground pan (C) directly below chassis i-beam. Press or drive pan firmly into soil until flush with or below soil to piers, complete steps 4 through 9 below. other pier. It is recommended that after leveling piers, and one-half inch (1/2") before home is lowered completely on SPECIAL NOTE: The longitudinal "V" brace system serves as a pier under the home and should be loaded as any

INSTALLATION OF LONGITUDINAL "V" BRACE SYSTEM

NOTE: WHEN INSTALLING THE MODEL # 1101-1"V" LONGITUDINAL SYSTEM, A MINIMUM OF 2 SYSTEMS PER FLOOR SECTION IS REQUIRED. FOUR FOOT (#) GROUND ANCHOR MAY BE USED EXCEPT WHERE THE HOME MANUFACTURER SPECIFIES DIFFERENT. USE GROUND ANCHORS WITH DIAGONAL TIES AND STABILIZER PLATES EVERY 54". VERTICAL TIES ARE ALSO REQUIRED ON HOMES SUPPLIED WITH VERTICAL TIE CONNECTION POINTS (PER FLORIDA REG.).

4. Select the correct square tube brace (E) length for set - up (pler) height at support location. (The 18" tube is always used as the bottom part of the longitudinal arm). Note: Either tube can be used by itself, cut and drilled to length as long as a constant. 40 to 45 degree angle is maintained

(Approx. 45 degrees Max.) PIER HEIGHT 24 3/4" to 32 1/4" 7 3/4" to 25" 1.25" ADJUSTABLE Tube Length X X 1.50" ADJUSTABLE Tube Length 큠

큡

nstall (2) of the 1.50" square tubes (E (18 adjustment.	
=	33" to 41" 40" to 48"
Install (2) of the 1.50" square tubes (E [18" tube] ) into the "U" bracket (J), insert carriage bolt and leave nut loose for adjustment.	44" 18" 54" 18"

33" to 41"

- .7 .6 final

œ

- Place I-beam connector (F) loosley on the bottom flange of the I-beam.
  Slide the selected 1.25" tube (E) Into a 1.50" tube (E) and attach to I-beam connectors (F) and fasten loosely with bolt and nut.
  Repeat steps 6 through 7 to create the "V" pattern of the square tubes loosely in place. The angle is not to exceed 45
- 9. After all bolts are tightened, secure 1.25" and 1.50" tubes using four(4) 1/4"-14 x 3/4" self tapping screws in pre-drilled holes

### THE MODEL 1101 "V" (LONGITUDINAL & LATERAL PROTECTION) ELIMINATES THE NEED FOR MOST STABILIZER PLATES & FRAME TIES INSTALLATION OF LATERAL TELESCOPING TRANSVERSE ARM SYSTEM

- 10. Install remaining vertical tie-down straps and 4' ground anchors per home manufacturer's instructions, NOTE: Centerline anchors to be sized according to soil torque condition. Any manufacturer's specifications for sidewall anchor loads in excess of
- NOTE: Each system is required to have a frame tie and stabilizer attached at each lateral arm stabilizing location.
   Select the correct square tube brace (H) length for sel-up lateral transverse at support location. The lengths come in either 60° or 72" lengths. (With the 1.50" tube as the bottom tube, and the 1.25" tube as the inserted tube.)
- install the 1.50 transverse brace (H) to the ground pan connector (D) with bolt and nut.
   Slide 1.25" transverse brace into the 1.50" brace and attach to adjacent t-beam connector (1) with bolt and nut.
- 15. Secure 1.50" transverse arm to 1.25" transverse arm using four (4) 1/4" 14 x 3/4" self-tapping screws in pre-drilled holes



MANUFACTURED HOUSING FOUNDATION SYSTEMS A DIVISION OF OLIVER TECHNOLOGIES, INC. 1-800-284-7437

Telephone 931-796-4555 Fax 931-796-8811

### ABS FAD FOOTING EQUIVALENTS

ABS pads as manufactured by MANUFACTURED HOUSING FOUNDATION SYSTEMS, INC. may be used to replace many of the concrete and wood pads used with concrete block piers which are shown on Page 15 of the Home Installation Manual. Use the table of equivalent pad below to determine the proper ABS pad configuration to use for Labeled Perimeter Piers, piers the proper ABS pad configuration to see for Labeled Perimeter Piers, piers Manual) and for piers used for Parimeter Footings (as shown on Pages 20, 22, 24, 26, 28, and 30 of the Home Installation Manual).

To select the appropriate ABS pad configuration, find the required arrangement of single, double, or thiple concrete or wood pads required for the appropriate soil bearing capacity from the tables in the Home Installation Manual. Using the table of equivalent ABS pads below, find the appropriate ABS pad substitution.

	1000	3	Ÿ,	Г	┰		_	7		_	_	_	_
	0.4000	2000 TO 4000 2000 TO 4000			1900	100	600	- 000	1000	= -	Capacity	Sol	
3 (0	חחחפרד	SINGLE	0201	BUBUB	SINGLE		DOUBLE	SINGLE	CINC	Pad	Concrete	ַם א ק	6
*0	OT.	2	,	N/A			'n	2	,	Configuration	Ann	Equivalent	I ABLE OF FO
	FIPLE	BOOG	1 111	19191	STENOO	100	100	BUBUS		Bar Bard		D* v 12*	ABLE OF FOOTING PAD EQUIVALENTS
(et.)	4	N	+		ro =	4		N	Tings in Sixton	AES Pad	Herry		BUNALENTS
	FIBNOC	SINGLE	PUBLE		T GNS	POUBLE		SINGLE			2×12×24		0
	(J	1 OR 3	N/A	000	200	cn		ORA	Configuration	ABS Pad	Equivalent		

	TIE OF CAUSE	STELLE SAN SELEN	Constitution	CENS & WHER	So Page 1
1					



### SUPPLEMENT TO THE INSTALLATION MANUAL

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Addendum to page 10 of the Fieetwood Home Installation Manual

Many local building jurisdictions have soil bearing values available in pounds per square fool (psf). It is important that this information be obtained in order to determine that the home

fooling sizes and plets are adequate to support the home.

However, if (1) Soils investigation and analysis of the site, (2) Compliance with the local housdong code and (3) Competent opinion by a local registered professional engineer or building code and (3) Competent opinion by a local registered professional engineer or building official are unavailable, use the procedure shown below to determine the soil bearing capacity.

- ۶ If all of the following requirements are met for all of the pads under the home, the soil bearing capacity may be assumed to be 2000 psf minimum:
- All organic material must be removed from under all of the footing pads, and
- 0) the top three inches of natural soil must be removed from under all of the pads, and
- ω the soils under all of the pads must be reasonably level
- œ If any of these requirements are not met for any of the pads, the soil bearing capacity shall be assumed to be 1000 psf or as determined by other methods outlined in the Fieetwood Home Installation Manual.



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F	RA		(	; (	NE SERVICE DE LA COMPANSION DE LA COMPAN
	>> \P	MAY C7 1995 PR		FOR CONSTRUCTION LA	
					Calculation Numbers
Date: 5-5-96	BY: Jack W. NO.	170	ADDENDUM	1	PROPRIETARY
12-12-0100 A		2000	ADDENDUM TO PAGE 10 OF THE	Coopright O 1008 by Fluenwood Enterprises Inc.	PROPRIETARY AND CONFIDENTIAL These drawings and specifications are original proprietary.

APPROVAL

C STATE OF THE PRISES NO.

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ABS FOOTING PAD EQUIVALENTS

Calculation Numbers

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72-72-0051.5

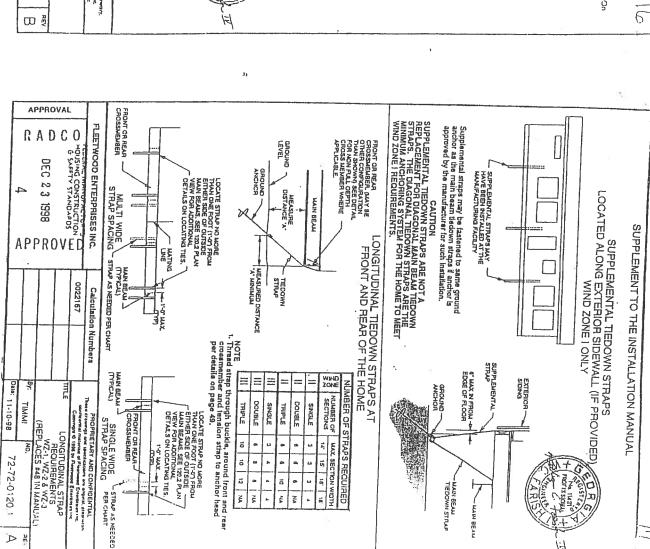
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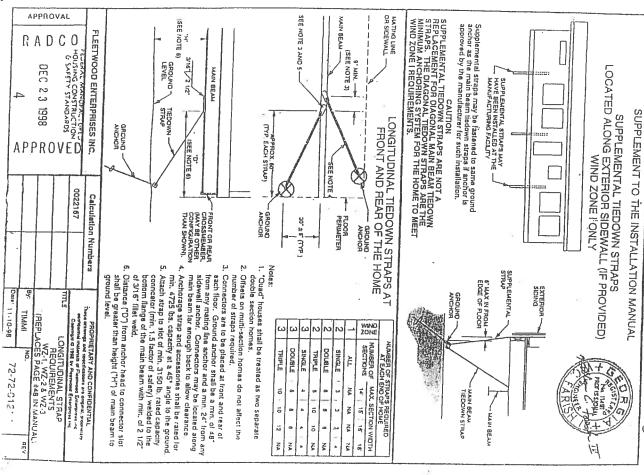
APPROVAL GROUND ANCHORS

The support system must also resist the litting, silding and overturning lorez resulting from side winds. A method used is to install ground anchors and flectown straps in addition to the piers:

Tiedowns as described are the minimum necessary if the home is to withstand its design wind load without dislocation. On multi section homes, sections must be fastened together and level before tledown straps are installed. <u>e</u> ප ජ බ බ **ම** GROUND ANCHOR INSTALLATION BEFORE GROUND ANCHOR INSTALLATION, DETERMINE THAT THE ANCHOR LOCATIONS AROUND THE HOME WILL NOT BE CLOSE TO ANY UNDERGROUND ELECTRICAL CABLES, WATER LINES OR SEWER PIPING. FAILURE TO DETERMINE THE LOCATION OF UNDERGROUND ELECTRICAL CABLES MAY RESULT IN SERIOUS PERSONAL INJURY AND EVEN DEATH. The type of ground anchors shown are typical. Other types of anchors may be used provided the manufacturer's installation instructions meet the specifications as outlined on page 5. INSTALLING A SUPPORT SYSTEM WITHOUT TIEDOWNS DOES NOT MEET THE FEDERAL INSTALLATION GUIDELINES. Continue to drive anchor until anchor head is in full contact with the top of the stabilizer plate. Drive stabilizer into the ground, using oversize hammer, until top of stabilizer is ground level or below. Place stabilizer plate between anchor and metal frame of home. Locate the stabilizer channel over the Orive anchor into ground approx 18\*. Anchor may be at a vertical or angle position. Pour a concrete cylinder collar around the anchor shaft approx. 10' in clamater and a minimum of 18" deep. Should be installed to their full depth.
Stabilizer plates should be installed to provide added Should be at least 12 inches above the water table. If this method is not appropriate, methods 2 and 3 are acceptable alternates after the section(s) is in postion. Refer to the manufacturer's instructions for the type soil in FLEETWOOD ENTERPRISES INC. anchor bar as a guide. Anchor may be at a vertical or engle position level and fasteried together. into its final position. This location may require anchors to be installed at the site location prior to moving the home section(s). diagonal strap that will be installed around the main beam. which the anchor is to be installed Should be installed below the frost line. resistance to overturning or sliding forces. The anchor and anchor head location should be in line with the HOUST CONSTITUTED A SAFETY AND SC INC 00 METHOD 3 METHOD 2 METHOD 1 SUPPLEMENT TO THE INSTALLATION MANUAL Calculation Numbers FINAL POSITION OF HOME ST HAX. METHOD 2 E MAX GROUND ANCHOR Jack W. PROPRETARY AND CONFIDENTIAL STABILIZER PLATE METHOD 1 WELHOD 3 GROUND ANCHORS 72-72-0103 6

7-25-97





Prepared by: Carol Wright, an employee of Associated Land Title Group, Inc., 300 North Marion Street Lake City, Florida 32055 904-752-3561

File Number: 0238471

Inst:2002001144 Date:01/15/2002 Time:15:09:08
Doc Stamp-Deed: 112.00
DC,P. DeWitt Cason, Columbia County B:944 P:838

### **Warranty Deed**

Made this January 15, 2002 A.D. By J. L. Dicks, a married man not residing on the property, whose address is: Rt. 3, Box 355, Lake City, FL 32025, hereinafter called the grantor, to Kevin J. Hetherington, whose post office address is: 1010 SW 23rd Avenue, High Springs, FL 32643, hereinafter called the grantee:

(Whenever used herein the term "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 Ten Dollars, (\$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, Florida, viz:

Lots 1 and 2, THREE RIVERS ESTATES, UNIT NO. 21, a subdivision, as per plat thereof recorded in Plat Book 6, page 15 of the Public Records of Columbia County, Florida.

Parcel ID Number: R01297-001 & R01297-002

**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; 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, 2001

Inst:2002001144 Date:01/15/2002 Time:15:09:08

Doc Stamp-Deed : 112.00

DC, P. DeWitt Cason, Columbia County 8:944 P:839

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

Signed and Sealed in Our Presence:

CAROL H. WRIGHT

Witness Print Name:

State of Florida

County of Columbia

SWORN TO, SUBSCRIBED AND ACKNOWLEDGED before me this January 15, 2002, by J. L. Dicks, a married man not residing on the property who is/are personally known to me or has/have produced a valid driver's license as identification

Notary Public

My Commission Expires:

CAROL H. WRIGHT

My Comm Exp. 4/9/2002 No. CC 726236

[] Personally Known 1] Other LD.

### DIRECT MOBILE CONNECTIONS, Inc.

5.				
PAGE 2	CUSTOMER KEVIN	Heatheanstal	DATE	7-26-04
	772			
		PACKAGE CONSISTIN	G OF FOLLOWING	ITEMS:
	ER, BLACK STEEL CASED WE			
		42 GAL. EQUIVALENT PRE-CHAI	RGED TANK WITH CONTROL	L VALVE.
	N CONCRETE SEPTIC TANK -			
		OME SIZE/BEDROOMS BASED		
		Overhead [] Underground (	wood - concrete)	
	CUIT TO MOBILE HOME UP T			
	VOLT CIRCUIT TO PUMP UP			
		IN 15 FEET OF MOBILE HOME		
		100 FEET WITH ½" GATE VALV		
PERMITS F	OR PLACEMENT, PLUMBING,	ELECTRICAL, SEPTIC AND WE	LL	11.00
			PRICE FOR ABOVE PACK	AGE \$ 3650
	L	PGRADES AND ADDIT	TIONAL WORK	
UPGRADI				
		HP WITH TANK	·	•
UPGRADE	SEPTIC SYSTEM TO 1050	HP WITH TANK	AINFIELD	\$ <u>350</u> 00
UPGRADE	WATERLINE TO "	SCH AWG WIRE FOR VOLTAGE		<b>S</b>
OTHER		_ AWG WIRE FOR VOLTAG	E DROP	\$
				s
	<del></del>			s
Pi	RICE FOR PACKAGE, UPGR	ADES AND ADDITIONAL W	ORK (LESS EXTRA'S).	
NOTES*				·
* EXTRA \ * EXTRA I	WELL DEPTH WILL BE BILI DRAINFIELD WILL BE BILL	ED AT \$ 14/9 PER FO	OOT UARE FOOT	
* EXTRA N	M/H CIRCUIT OVER 75' WII	L BE BILLED AT \$	PER FOOT.	
* EXTRA \	WATER LINE OVER 100' WI	WILL BE BILLED AT \$ LL BE BILLED AT \$ UCED UPON OBTAINING SF	PER FOOT.	THE HEALTH DEPARTMENT
SPECI	AL INSTRUCTIONS			
	E/			
		PAYMENT	S	
WE PROPO	SE TO FURNISH MATERIA			DES / AME
PLUS COU	NTY IMPACT FEE OF \$	L AND LABOR AS STATED WITH	PAYMENTS AS FOLLOV	VS:
DEPOSIT T	TO BE PAID BY OWNER \$_	BALANCE	DUE ON COMPLETION	18 6000
		TERMS AND CON	DITIONS	
		by customer, therefore custome		
set backs, si	te improvements and zoning re	quirements. Location of all impr	ovements on site plan are g	general locations and subject to and agrees to have their electrical
		npany or will assume responsibil		
flood- prone	e, environmental sensitive or de	lineated areas are not included in	n this package. Direct Mob	ile Connections, Inc. (DMC) can
		water obtained nor the depth o land (including ruts and sinkhole		
equipment o	n job site. Customer will be re-	ponsible for re-inspection fees of	aused by rejected items no	t included in this proposal and
		r. Charges for additional or extra try service lateral (if needed) are		
		icated on this proposal, after 10		
carrying cha	rge. If it becomes necessary to	enforce this contract, customer	agrees to pay all cost for c	ollection including a reasonable
		n any legal proceeding arising or ands he or she is contracting dir		
until paid in	full. All work includes one (1)	year parts and labor warranty. A	Il agreements and understa	andings are contained herein and
	verbal agreement or representations	ation not herein contained. By si	gning below, the customer	accepts the above prices,
•				
Customer	Kerif Hertoff		Date	•
Calamiri A	To. Lah		-	



### STATE OF FLORIDA DEPARTMENT OF HEALTH

### APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

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

	PART II - SITE PLAN	
Scale: Each block represents 5 feet and 1 inc	ch = 50 feet.	
TALINOIS	PARLIE Y 446	
	283	
ADSCL.	1,00	
otes: / = 100 '		
	- 500	
ite Plan submitted by:	Signature	Title
lan Approved	Not Approved	Date 8-6-04
'y		County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

### THOMAS M. SHEEHAN

P.S.M., No. 5862, STATE OF FLORIDA 14701 S.E. 1st Ave. Rd., SUMMERFIELD, FL 34491 TELEPHONE (352) 245-4393







### DESCRIPTION:

LOTS 1 AND 2, THREE RIVERS ESTATES, UNIT NO. 21 AS PER PLAT THEREOF RECORDED IN PLAT BOOK 6, PAGE 15, OF THE PUBLIC RECORDS OF COLUMBIA COUNTY, FLORIDA.

I HEREBY CERTIFY TO THE FOLLOWING, THAT THIS SURVEY WAS MADE UNDER MY DIRECTION AND MEETS THE MINIMUM TECHNICAL STANDARDS AS SET FORTH BY THE FLORIDA BOARD OF PROFESSIONAL LAND SURVEYORS IN CHAPTER 61G17-6, FLORIDA ADMINISTRATIVE CODE, PURSUANT TO SECTION 472.027, FLORIDA STATUTES.

- KEVIN JAMES HETHERINGTON
  LAKE CREEK FINANCIAL
  ADVANCE HOMESTEAD TITLE, INC.
  STEWART TITLE GUARANTY COMPANY (or)
  ALLIANCE TITLE OF AMERICA, INC.

STATE OF

### NOTES:

- EARINGS ARE ASSUMED.
  SURVEY BASED ON EXISTING MONUMENTATION.
  UNDERGROUND UTILITIES, IF ANY, NOT LOCATED ON THIS SURVEY.
  HOUSE TIES ARE PERPENDICULAR TO PROPERTY LINE OR RADIAL.
  THIS LOT LIES IN A ZONE "AAAEACC" BFE—35' LARE AS PER (F.I.R.M.)
  FLOOD INSURANCE RATE MAP, COMMUNITY PANEL NO. 120070 0255
- FLOOD INSURANCE RATE MAP, COMMUNITY PANEL NO. 120070 02 B. 1/06/88. REPRODUCTIONS OF THIS SKETCH NOT VALID UNLESS EMBOSSED WITH THE SURVEYORS SEAL AND CERTIFICATION LIMITED TO PERSON OR PERSONS NAMED HEREON. SUBJECT TO ALL SETBACKS, EASEMENTS, AND RESTRICTIONS OF DECORD.

- SUBJECT TO ALL SETBACKS, EASEMENTS, AND RESTRICTIONS OF 8. RECORD.
  THIS SURVEY IS SUBJECT TO ANY FACTS THAT MAY BE DISCLOSED BY A 9. FULL AND ACCURATE TITLE SEARCH.
  THIS SURVEY IS NOT INTENDED TO DEPICT LEGAL OWNERSHIP, BUT DOES DEFINE AND LOCATE BOUNDARIES AS PER INFORMATION EITHER FURNISHED BY CLIENT OR THROUGH RESEARCH DATA FROM PUBLIC RECORDS.
  THE SURVEY DEPICTED HEREON IS NOT COVERED BY PROFESSIONAL 11. LIABILITY INSURANCE.
  SURVEY WAS BASED ON INFORMATION FURNISHED BY CLIENT.

KEVIN JAMES HETHERINGTON

THREE RIVERS ESTATES SECTION 25, TOWNSHIP 06 SOUTH, RANGE 15 EAST COLUMBIA COUNTY, FLORIDA

BOUNDARY JUNE 30, 2004 FILE NUMBER: 040329



### DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 04-0850 N

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ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



# 

## COLUMBIA COUNTY, FLORIDA

# epartment 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
25-6S-15-01297-002
Building permit

No. 000022312

Permit Holder KENNETH LAKE

Owner of Building KEVIN HETHERINGTON

Location: 840 SW ILLINOIS STREET, FT. WHITE, FL 32038

Date: 11/15/2004

 $\rho$  Building Inspector

POST IN A CONSPICUOUS PLACE (Business Places Only)