

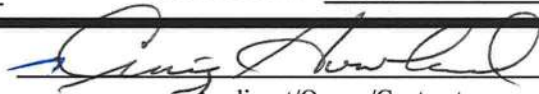
DATE 03/10/2009

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

PERMIT
000027675

APPLICANT CRAIG HOWLAND PHONE 386.867.0444
ADDRESS 4190 154TH TERRACE WELLBORN FL 32094
OWNER LAWRENCE VULGAMOTT PHONE 419.303.1152
ADDRESS 386 SE SETH NETTLES DRIVE LAKE CITY FL 32025
CONTRACTOR RONNIE NORRIS PHONE 386.752.3871
LOCATION OF PROPERTY 90-E TO COUNTRY CLUB RD,TR TO ALFRED MARKHAM,TL TO MAYHALL,
TR,TO SETH NETTLES,TL & SETH NETTLES TR, 3RD LOT ON R.
TYPE DEVELOPMENT M/H/UTILITY ESTIMATED COST OF CONSTRUCTION 0.00
HEATED FLOOR AREA TOTAL AREA HEIGHT STORIES
FOUNDATION WALLS ROOF PITCH FLOOR
LAND USE & ZONING A-3 MAX. HEIGHT
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 35-4S-17-09030-109 SUBDIVISION HOPEFUL CIRCLE
LOT 9 BLOCK PHASE UNIT TOTAL ACRES 1.00

IH0000049
Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor 
EXISTING 09-0123-E CFS WR N
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

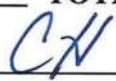
COMMENTS: 1 FOOT ABOVE ROAD.

 Check # or Cash 2115

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 \$ 300.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 0.00 WASTE FEE \$
FLOOD DEVELOPMENT FEE \$ FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$ TOTAL FEE 375.00
INSPECTORS OFFICE  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

For Office Use Only (Revised 9-22-06)

Zoning Official ofs 3/4/09

Building Official (ur) 3/4/09

AP# 0903-04

Date Received 3/2

By JW

Permit # 27675

Flood Zone X

Development Permit ---

Zoning A-3

Land Use Plan Map Category A-3

Comments _____

FEMA Map# _____ Elevation _____ Finished Floor _____ River _____ In Floodway _____

☒ Site Plan with Setbacks Shown ☒ EH Signed Site Plan ☒ EH Release ☒ Well letter ☒ Existing well

☒ Copy of Recorded Deed or Affidavit from land owner ☒ Letter of Authorization from installer

☐ State Road Access ☐ Parent Parcel # _____ ☐ STUP-MH _____

Property ID # 35-4S-17-09030-109

Subdivision Hopeful Circle Lot 9

▪ New Mobile Home Town Home Used Mobile Home _____ Year 2009

▪ Applicant Craig Howland Phone # 386-867-0444

▪ Address 4190 154th Terr, Wellborn, Florida 32094

▪ Name of Property Owner Lawrence Vulgamott Phone# 419-303-1152

▪ 911 Address 386 SE Seth Nettles Dr, Lake City, Florida 32025

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

▪ Name of Owner of Mobile Home Lawrence Vulgamott Phone # 419-303-1152

Address 185 SW Arrowhead Terr, Lake City, Florida 32024

▪ Relationship to Property Owner Same

▪ Current Number of Dwellings on Property None

▪ Lot Size 115.98'x378.87'x116.09'x378.86' Total Acreage 1.00

▪ 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 Yes (pd)

▪ Driving Directions to the Property US 90 (E) to Country Club Rd. Turn (R) Country Club Rd to
Alfred Markham St. Turn (L) Alfred Markham St to Mayhall Terr turn (R) Mayhall Terr to Seth Nettles Dr Turn (L)
Seth Nettles Dr turns (R) Third lot on (R) Driveway flagged

▪ Name of Licensed Dealer/Installer Ronnie Norris Phone # 386-752-3871

▪ Installers Address 1004 SW Charles Terr, Lake City, Florida 32024

▪ License Number IH0000049 Installation Decal # 301955

CFS advised Craig of appl. req. 4. 2009

CR# 219

Connie spoke
to Craig
3/4/09

Longitudinal Stabilizing Device (LSD)
Manufacturer

Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer

PERMIT NUMBER

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 150 psf or check here to declare 1000 lb. soil without testing.

x150 x1500

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.

x150 x1500

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. 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.

Installer's initials R

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Timothy J. Miller

Date Tested 2-29-08

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 ☒ Pad ☒ Other ☐
Water drainage: Natural Swale

Fastening multi wide units

Floor: Type Fastener 6 Length: 6 Spacing: 24
Walls: Type Fastener 6 Length: 6 Spacing: 24
Roof: Type Fastener 6 Length: 6 Spacing: 24
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 R

Type gasket Pg

Installed:
Between Floors Yes
Between Walls Yes
Bottom of ridgebeam Yes

Weatherproofing

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

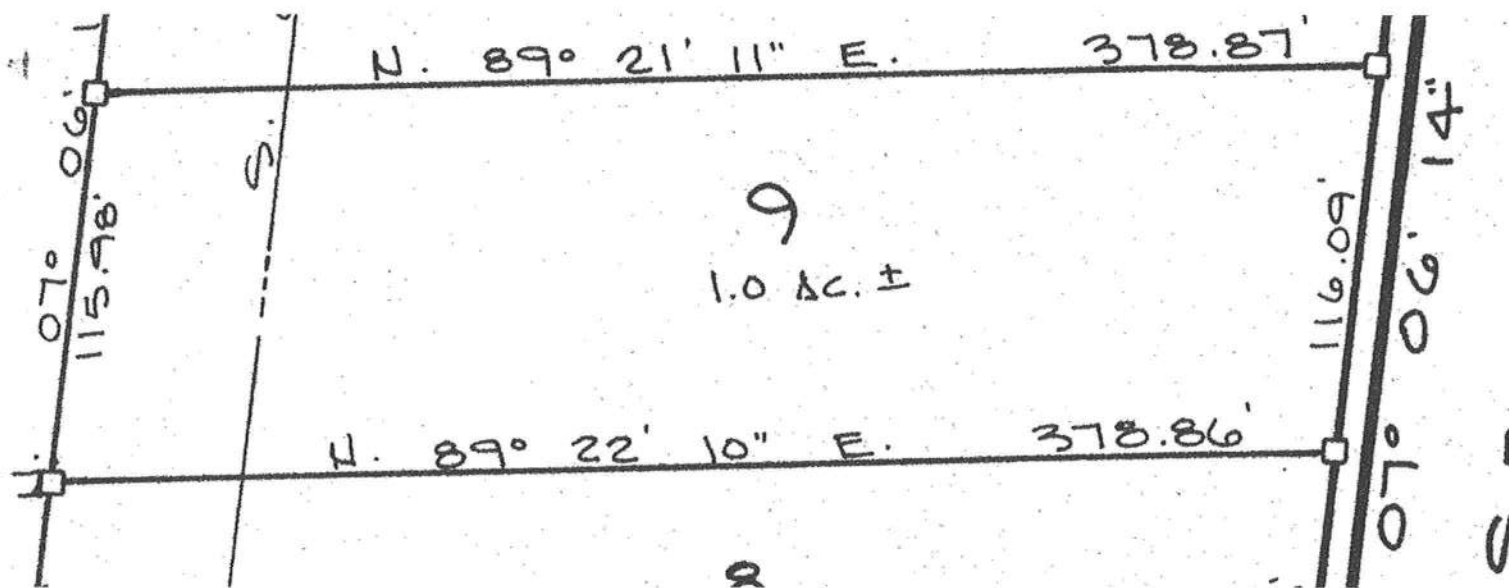
Miscellaneous

Skirting to be installed. Yes No
Dryer vent installed outside of skirting. Yes N/A
Range downflow vent installed outside of skirting. Yes
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 Timothy J. Miller

Date 3-1-08



When recorded, mail to:

Name: Lawrence Vulgamott

Address: 185 SW Arrowhead Terrace
#606

City/State/Zip Code: Lake City FL 32024

Inst:200912003034 Date:2/25/2009 Time:1:56 PM

Doc Stamp-Deed:196.00

DC,P.DeWitt Cason,Columbia County Page 1 of 2 B:1168 P:175

Space above this line for Recorder's use

QUITCLAIM DEED

KNOW ALL MEN BY THESE PRESENTS:

That I(we), Ronnie Norris,
the undersigned, for the consideration of Ten Dollars (\$10.00), and other valuable considerations, do
hereby release, remise, and forever quitclaim unto LAWRENCE F. VULGAMOTT

all right, title and interest in that certain Property situated in Columbia County,
State of FLA, and described as follows:

Lot 9, Hopeful Circle Subdivision, a recorded subdivision situated in Section 35, Township 4 South, Range
17 East, according to the plat thereof, as recorded in Plat Book 6, Page 58, of the Public Records of
Columbia County, Florida.

The above described property does not constitute the homestead property of the Grantor described herein.

Subject to taxes for the current year, covenants, restrictions and easements of record, if any.

Parcel Identification Number: 35-4S-17-09030-109

IN WITNESS WHEREOF, I(we) have hereunto set my(our) hand(s) and seal this 25 day of

FEB 2009

Ronnie Norris

Printed Name of Releasor

Ronnie Norris

Signature of Releasor

Printed Name of Releasor

Signature of Releasor

Bonnie Phunny

Printed Name of Witness (If required by State Law)

Bonnie Phunny

Signature of Witness (If required by State Law)

LETTER OF AUTHORIZATION TO PULL PERMITS

I, Ronnie Norris, DO HEREBY GRANT

Craig Howland, AUTHORIZATION TO PULL THE NECESSARY
PERMITS REQUIRED FOR THE DELIVERY AND SET OF A MANUFACTURED
HOME IN Columbia COUNTY, FLORIDA.

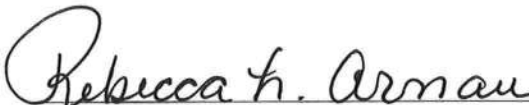

Signature

THIS FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS

2 DAY OF March, 2009, BY _____

Ronnie Norris, WHO IS PERSONALLY KNOWN TO ME.

STATE OF FLORIDA
COUNTY OF Columbia


NOTARY PUBLIC



(STAMP)

MOBILE HOME INSTALLER AFFIDAVIT

As per Florida Statutes Section 320.8249 Mobile Home Installers License:

Any person who engages in mobile home installation shall obtain a mobile home Installer's license from the Bureau of Mobile Home and Recreational Vehicle Construction of the Department of Highway Safety and Motor Vehicles pursuant to this section. Said license shall be renewed annually, and each licensee shall pay a fee of \$150.00.

I, Ronnie Norris, license number IH 0000049

Please Print

Do hereby state that the installation of the manufactured home for:

Lawrence Vulgamott

Applicant

at 386 Seth Nettles Dr Lake City FL

911 Address

will be done under my supervision.

Ronnie Norris

Signature

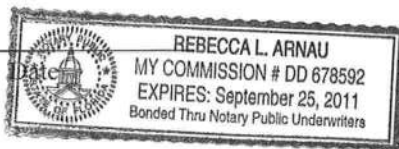
Sworn to and subscribed before me this 2 day of March,
2009.

Notary Public.

Rebecca L. Arnau

Signature

My Commission Expires:



AFFIDAVIT

I certify that the following described mobile home being placed on the referenced parcel is not a Wind Zone 1 mobile home.

Customer Name: Lawrence Vulgamott

Property ID: Sec: 35 Twp: 4 South Rge: 17 East Tax Parcel No: 09030-109

Lot: 9 Block _____ Subdivision: Hopeful Circle

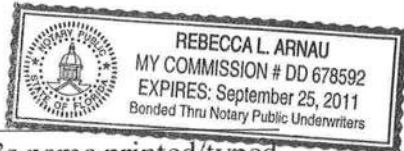
Moible Home Year/Make: 2009 Town Home Size: 52' X 28'



Signature of Mobile Home Installer

Sworn to and subscribed before me this 0 day of March, 2009

By Ronnie Norris



Notary's name printed/typed



Notary Public, State of Florida

Commission No. _____

Personally Known: ✓

Id Produced (type) _____

OWNER IMPACT FEE OCCUPANCY AFFIDAVIT

**STATE OF FLORIDA
COUNTY OF COLUMBIA**

BEFORE ME, the undersigned authority, personally appeared Lawrence Vulgamott ("Owner"), who, after being duly sworn, deposes and says:

1. Except as otherwise stated herein, Affiant has personal knowledge of the facts and matters set forth in this affidavit.
2. Affiant is the owner of the following described real property located in Columbia County, Florida. (herein "the property"):
 - (a) Parcel No.: 35-45-17-09030-109
 - (b) Legal description (may be attached): _____

3. Affiant has or will apply to the Columbia County Building Department for a building permit for the replacement of a building or dwelling unit on the property where no additional square footage or dwelling units will be created and will be located on the same property.

4. Either based upon Affiant's personal knowledge or the attached signed written statement of another person, a certificate of occupancy has been issued for the replacement building or dwelling on the property within seven (7) years of the date the previous building or dwelling unit was previously occupied. The building or dwelling unit was last occupied on Aug 10, 2008

5. This affidavit is given for the purpose of obtaining an exemption pursuant to Article VIII, Section 8.01, Columbia County Comprehensive Impact Fee Ordinance No. 2007-40, adopted October 18, 2007, as may be amended.

Further Affiant sayeth naught.

Lawrence F. Vulgamott

Print: Lawrence Vulgamott

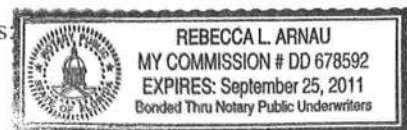
Address: _____

SWORN TO AND SUBSCRIBED before me this 2 day of March, 2008, by Lawrence Vulgamott who is personally known to me or who has produced _____ as identification.

Rebecca L. Arnaud
Notary Public, State of Florida

(NOTARIES SEAL)

My Commission Expires:





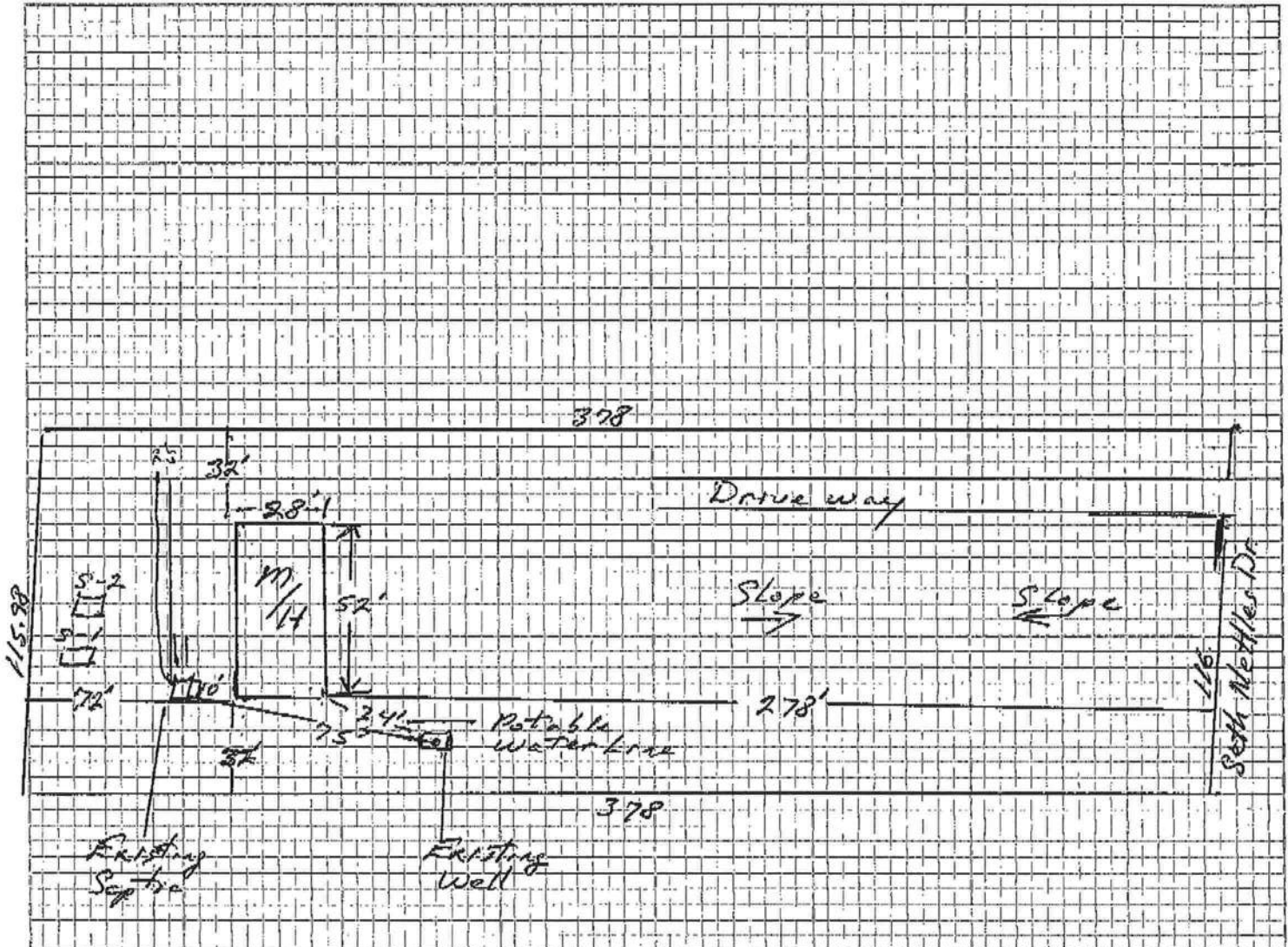
STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 09-0123E

PART II - SITE PLAN

Scale: Each block represents 5 feet and 1 inch = 50 feet.



Notes: S-1 = Shed 10'x12' S-2 = Shed 6'x12'

Existing Well, Septic, Water line. New home going on same footprint as previous home

Site Plan submitted by:

Graig Hancock
Signature

Plan Approved

APPROVED

Not Approved

By

[Signature]

Columbia CHD

Agent
Title

Date 3/4/9

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT