PERMIT WORKSHEET

PERMIT NUMBER

Installer Robert Sheppard License # IH1025386

Address of home being installed 219 SW Archie Gln Lake City FL

Manufacturer Fleetwood Length x width 28x52

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 RS

425 provided

New Home ☐ Used Home ☑

Home installed to the Manufacturer's Installation Manual ☑

Home is installed in accordance with Rule 15-C ☐

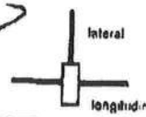
Single wide ☐ Wind Zone II ☑ Wind Zone III ☐

Double wide ☑ Installation Decal # 6528

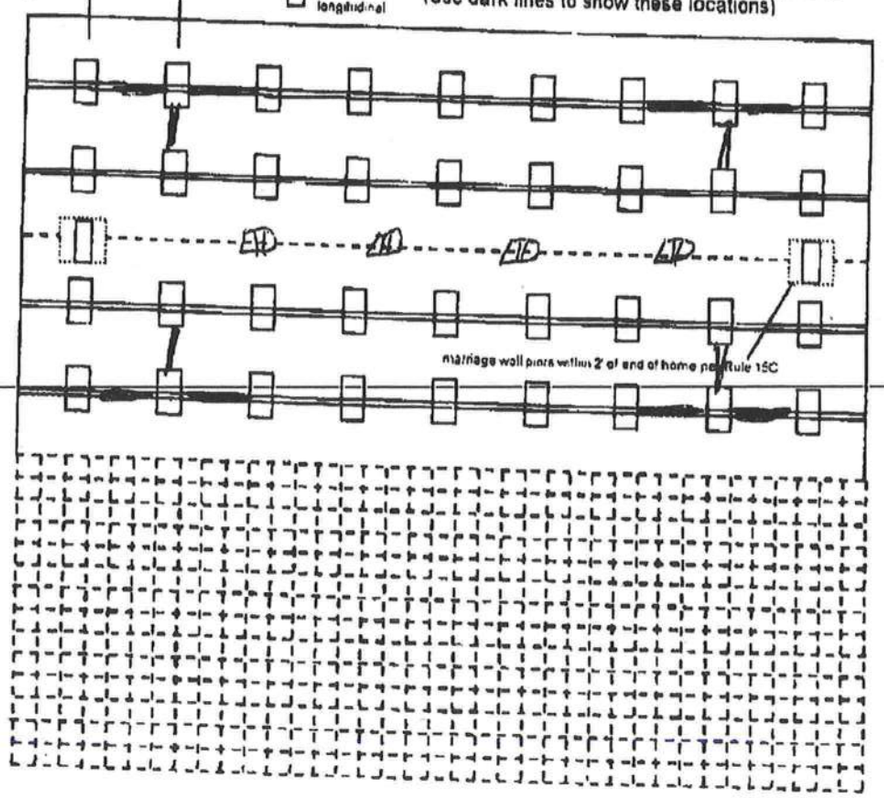
Triple/Quad ☐ Serial # GAFL239AB17217F 201

Typical pier spacing

2' 6'0



Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)



PIER SPACING TABLE FOR USED HOMES

Load bearing capacity	Footer size (sq in)	16" x 16" (256)	18 1/2" x 18 1/2" (342)	20" x 20" (400)	22" x 22" (484)*	24" X 24" (576)*	26" x 26" (676)
1000 psf		3'	4'	5'	6'	7'	8'
1500 psf		4' 6"	6'	7'	8'	8'	8'
2000 psf		6'	8'	8'	8'	8'	8'
2500 psf		7' 6"	8'	8'	8'	8'	8'
3000 psf		8'	8'	8'	8'	8'	8'
3500 psf		8'	8'	8'	8'	8'	8'

* interpolated from Rule 15C-1 pier spacing table.

PIER PAD SIZES

I-beam pier pad size 17x25

Perimeter pier pad size 17x25

Other pier pad sizes (required by the mfg.) 17x25

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

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

Opening	Pier pad size

POPULAR PAD SIZES

Pad Size	Sq In
16 x 16	256
16 x 18	288
18.5 x 18.5	342
16 x 22.5	360
17 x 22	374
13 1/4 x 26 1/4	348
20 x 20	400
17 3/16 x 25 3/16	441
17 1/2 x 25 1/2	446
24 x 24	576
26 x 26	676

ANCHORS

4 ft ✓ 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 Diversified

OTHER TIES

	Number
Sidewall	24
Longitudinal	4
Marriage wall	6
Shearwall	4

COLUMBIA COUNTY PERMIT WORKSHEET

POCKET PENETROMETER TEST

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

x 1700 x 1600 x 1800

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 1700 x 1700 x 1700

TORQUE PROBE TEST

The results of the torque probe test is 295 inch pounds or check here if you are declaring 5' anchors without testing _____. A test showing 275 inch pounds or less will require 5 foot anchors.

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

RS Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Robert Shepherd

Date Tested 8-7-11

Electrical

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between mult-wide units. Pg. 22

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 28

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 28

Site Preparation

Debris and organic material removed ✓

Water drainage: Natural ✓ Swale _____ Pad ✓ Other _____

Fastening multi wide units

Floor:	Type Fastener: lags	Length: 5"	Spacing: 16
Walls:	Type Fastener: screws	Length: 4"	Spacing: 16
Roof:	Type Fastener: lags	Length: 6"	Spacing: 16

For used homes a min. 30 gauge, 8" wide, galvanized metal strip will be centered over the peak of the roof and fastened with galv. roofing nails at 2" on center on both sides of the centerline.

Gasket (weatherproofing requirement)

I understand a properly installed gasket is a requirement of all new and used homes and that condensation, mold, meldew and buckled marriage walls are a result of a poorly installed or no gasket being installed. I understand a strip of tape will not serve as a gasket.

Installer's initials RS

Type gasket Foam Pg. 28

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

Weatherproofing

The bottomboard will be repaired and/or taped. Yes ✓ Pg. ✓

Siding on units is installed to manufacturer's specifications. Yes ✓

Fireplace chimney installed so as not to allow intrusion of rain water. Yes ✓

Miscellaneous

Skirting to be installed. Yes ✓ No _____

Dryer vent installed outside of skirting. Yes _____ N/A ✓

Range downflow vent installed outside of skirting. Yes _____ N/A ✓

Drain lines supported at 4 foot intervals. Yes ✓

Electrical crossovers protected. Yes ✓

Other : _____

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

Installer Signature Robert Shepherd Date 8-7-11

MOBILE HOME INSTALLER AFFIDAVIT

As per Florida Statues 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

I, Robert Sheppard, license number IH10253586

state that the installation of the manufactured home for owner

Terrence Sneed / Valerie Brown at

911 Address: 219 SW Archie Gln City Lake City

will be done under my supervision.

Signed: Robert Sheppard
Mobile Home Installer

Sworn to and described before me this 7 day of September 20 11

Shirley M Bennett
Notary public

Shirley M Bennett
Notary Name

Personally known ✓

DL ID_____

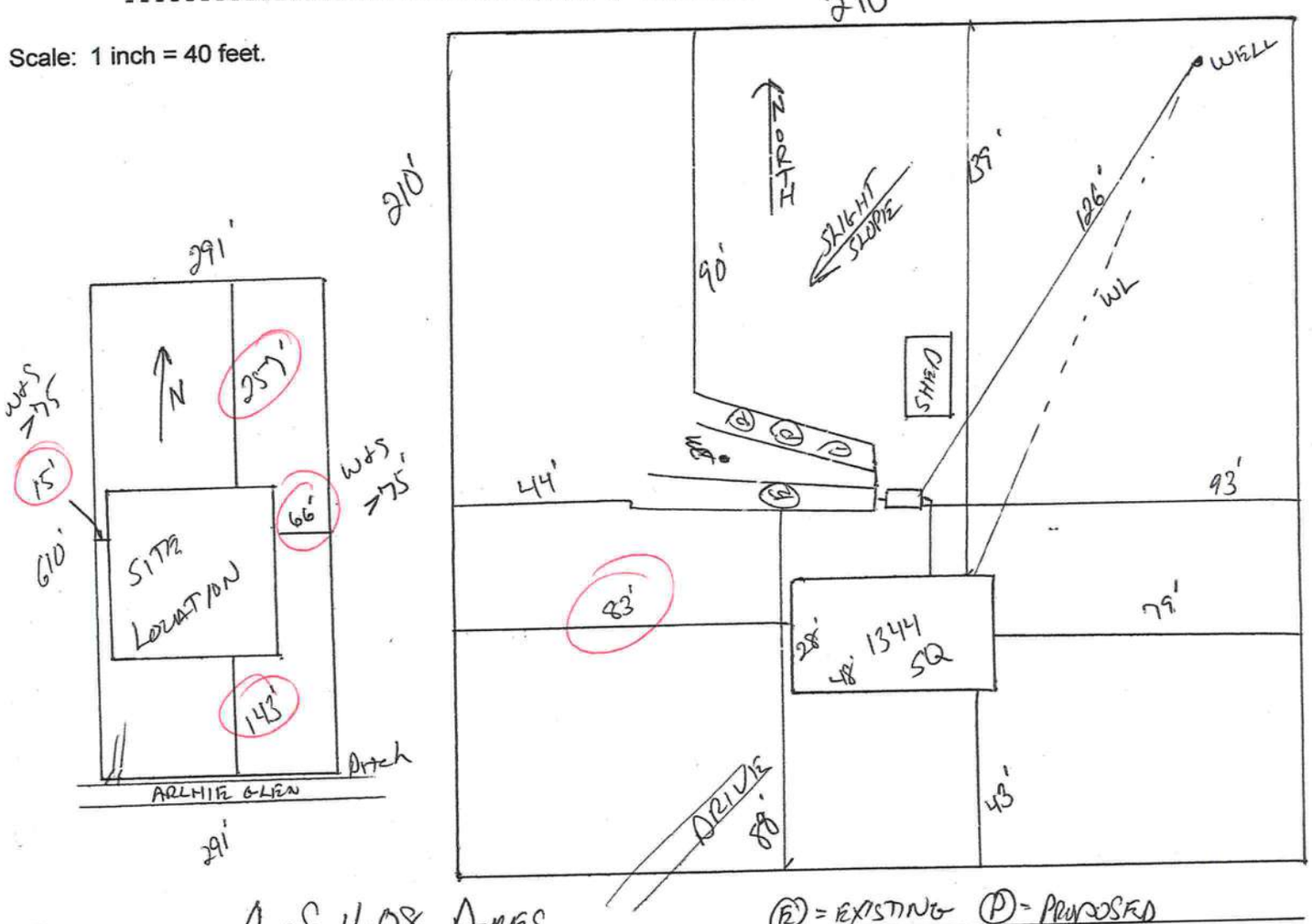
SHIRLEY M. BENNETT
MY COMMISSION # DD804429
EXPIRES July 08, 2012
(407) 398-0153 FloridaNotaryService.com

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

Permit Application Number_____

SKETCH ---------- PART II - SITEPLAN ----------

Scale: 1 inch = 40 feet.



Notes: 1 of 4.08 Acres (E) = EXISTING (P) = PROPOSED

Site Plan submitted by: Rocky D 7—0

MASTER CONTRACTOR

Plan Approved_____ Not Approved_____ Date_____

By_____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated: 64E-6.001, FAC
(Stock Number: 5744-002-4015-6)

>> Print as PDF <<

LOT 3 CEDAR HILLS S/D.
ORB 705-178, 790-333, 790-810, 808-1184, 817-2372, 857-672, 873-463, 891-1131, WD 1156-103

DEAS-BULLARD PROPERTIES LLP 26-3S-15-00270-103
672 EAST DUVAL STREET
LAKE CITY, FL 32055

Columbia County 2011 R
CARD 001 of 001
PRINTED 6/20/2011 12:51 BY JEFF
APPR 3/21/2006 DF

BUSE 000800 MOBILE HME AE? Y
MOD 2 MOBILE HME BATH 2.00
EXW 26 ALM SIDING FIXT
% N/A BDRM 2
RSTR 01 FLAT RMS
RCVR 01 MINIMUM UNTS
% N/A C-W% 1.0
INTW 05 DRYWALL HGHT
% N/A PMTR
FLOR 14 CARPET STYS
10% 08 SHT VINYL ECON
HTTP 04 AIR DUCTED FUNC
A/C 02 WINDOW SPCD
QUAL 03 03 DEPR 09
FNDN N/A UD-1 N/A
SIZE N/A UD-2 N/A
CEIL N/A UD-3 N/A
ARCH N/A UD-4 N/A
FRME 01 NONE UD-5 N/A
KTCH 01 01 UD-6 N/A
WNDO N/A UD-7 N/A
CLAS N/A UD-8 N/A
OCC N/A UD-9 N/A
COND 03 03 % N/A

SUB	A-AREA	%	E-AREA	SUB VALUE
BAS99	720	100	720	3037
TOTAL	720		720	3037

720 HTD AREA 91.710 INDEX 26315.01 CEDAR HILL PUSE 000200 MOBILE HOME
720 EFF AREA 21.093 E-RATE 100.000 INDX STR 26- 3S- 15
15187 RCN 1978 AYB MKT AREA 01
20.00 %GOOD 3,037 B BLDG VAL 1978 EYB (PUD1

FIELD CK:
LOC: 219 ARCHIE GLN SW LAKE CITY

IBAS1999	60	I
1		1
2		2

AC
NTCD
APPR CD
CNDO
SUBD
BLK
LOT
MAP#
TXDT 003

3,037	BLDG
400	XFOB
27,920	LAND
0	CLAS
0	MKTUSE
31,357	JUST
31,357	APPR
0	SOHD
0	ASSD
0	EXPT
0	COTXBL

BLDG TRAVERSE
BAS1999=W60 S12 E60 N12$.

PERMITS

NUMBER	DESC	AMT	ISSUED
19501	M H	125	5/02/2002

SALE

BOOK	PAGE	DATE		PRICE
1206	1706	12/01/2010	U I	100
GRANTOR CLERK OF COURT (SOMERS)				
GRANTEE DEAS-BULLARD PROPERTIES LLP				
1206	1278	12/01/2010	U I	100
GRANTOR CLERK OF COURT (SOMERS)				
GRANTEE DEAS-BULLARD PROPERTIES LLP				

EXTRA FEATURES

AE	BN	CODE	DESC	LEN	WID	HGHT	QTY	QL	YR	FIELD CK: ADJ	UNITS	UT	PRICE	ADJ UT PR	SPCD %	%GOOD	XFOB VALUE
Y		0296	SHED METAL				1		0000	1.00	1.000	UT	400.000	400.000		100.00	400

AE	LAND CODE	DESC	ZONE	TOPO	ROAD	UTIL	UD1	UD2	UD3	UD4	FRONT	BACK	DEPTH	DT	FIELD CK: ADJUSTMENTS	UNITS	UT	PRICE	ADJ UT PR	LAND VALUE
Y	000200	MBL HM	A-1	0002	0008	0	0003								1.00 1.00 1.00 1.00	1.000	LT	25920.000	25920.00	25,920
Y	009945	WELL/SEPT	00												1.00 1.00 1.00 1.00	1.000	UT	2000.000	2000.00	2,000

L001 - W,S,E 7/12/90 DB (4.08 AC.)

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1169-16 CONTRACTOR Robert Sheppard PHONE 386-623-2203

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 210 ✓	Print Name John Cearley License #: E.R. 0012038	Signature Phone #: 386 752 - 3775
MECHANICAL/ A/C ____	Print Name License #:	Signature Phone #:
PLUMBING/ GAS	Print Name Robert Sheppard License #: IH1025386	Signature Robert Sheppard Phone #: 386-623-2203

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1109-16 CONTRACTOR Robert Skipper PHONE 386-623-2203

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 _____ License #: _____	Signature _____ Phone #: _____
MECHANICAL/ A/C 61 ✓	Print Name Robert Grant License #: CAC1814931	Signature _____ Phone #: 8008593708
PLUMBING/ GAS 678 ✓	Print Name Robert Skipper License #: I# 1025386	Signature _____ Phone #: 386-623-2203

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 Permit Subcontractor Form: 1/13

1109-16

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

COUNTY THE MOBILE HOME IS BEING MOVED FROM Suwannee

OWNERS NAME Terrence Sneed + Valerie Brown PHONE _____ CELL 386-466-9656

INSTALLER Robert Sheppard PHONE _____ CELL 386-623-2203

INSTALLERS ADDRESS 6355 NE CR 245 Lake City FL 32025

MOBILE HOME INFORMATION

MAKE Fleetwood YEAR 2023 SIZE 28 x 48

COLOR White SERIAL No GAFL239A/B17217E221

WIND ZONE II SMOKE DETECTOR good

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

EXTERIOR:
WALLS / SIDDING good
WINDOWS good
DOORS good

INSTALLER:
APPROVED ✓ NOT APPROVED _____

NOTES: _____

INSTALLER OR INSPECTORS PRINTED NAME Robert Sheppard

Installer/Inspector Signature Robert Sheppard License No. IH0025386 Date 9-6-11

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

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

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

ONCE MOVED INTO COLUMBIA COUNTY AN INSPECTOR MUST COMPLETE A PRELIMINARY INSPECTION ON THE MOBILE HOME. CALL 386-719-2038 TO SET UP THIS INSPECTION. NO PERMIT WILL BE ISSUED BEFORE THIS IS DONE.

Code Enforcement Approval Signature _____ Date 9-15-11

Sent

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 9/15 BY JL IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? Yes

OWNERS NAME Terrence Sneed/Valerie Brown PHONE _____ CELL 386-466-6052

ADDRESS 219 SW Archie Gln Lake City FL 32024

MOBILE HOME PARK NA SUBDIVISION Cedar Hills Lot 3

DRIVING DIRECTIONS TO MOBILE HOME 90 W to Roosville Rd turn L to SW Archie Gln turn L to 3rd lot on L

MOBILE HOME INSTALLER Robert Sheppard PHONE _____ CELL 386-623-2203

MOBILE HOME INFORMATION

MAKE Fleetwood YEAR 03 SIZE 2 x 52 COLOR White

SERIAL No. GAFL234AB/B17217E221

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

INSPECTION STANDARDS

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

P SMOKE DETECTOR ( ) OPERATIONAL ( ) MISSING

P FLOORS ( ) SOLID ( ) WEAK ( ) HOLES DAMAGED LOCATION _____

P DOORS ( ) OPERABLE ( ) DAMAGED

P WALLS ( ) SOLID ( ) STRUCTURALLY UNSOUND

P WINDOWS ( ) OPERABLE ( ) INOPERABLE

P PLUMBING FIXTURES ( ) OPERABLE ( ) INOPERABLE ( ) MISSING

P CEILING ( ) SOLID ( ) HOLES ( ) LEAKS APPARENT

P ELECTRICAL (FIXTURES/OUTLETS) ( ) OPERABLE ( ) EXPOSED WIRING ( ) OUTLET COVERS MISSING ( ) LIGHT FIXTURES MISSING

EXTERIOR:

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

P WINDOWS ( ) CRACKED/ BROKEN GLASS ( ) SCREENS MISSING ( ) NOT WEATHERTIGHT

P ROOF ( ) APPEARS SOLID ( ) DAMAGED

MOBILE HOME WAS NOT MOVED HERE PRIOR TO YOUR APPROVAL
You just did this as of 9.15.11

STATUS

APPROVED P WITH CONDITIONS: _____

NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE [signature] ID NUMBER 402 DATE 9-15-11

App # 1109-16

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: 9/12/2011 **DATE ISSUED:** 9/20/2011

ENHANCED 9-1-1 ADDRESS:

219 SW ARCHIE GLN

LAKE CITY FL 32024

PROPERTY APPRAISER PARCEL NUMBER:

26-3S-15-00270-103

Remarks:

ADDRESS FOR PROPOSED NEW 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.

2082

App#1109-16

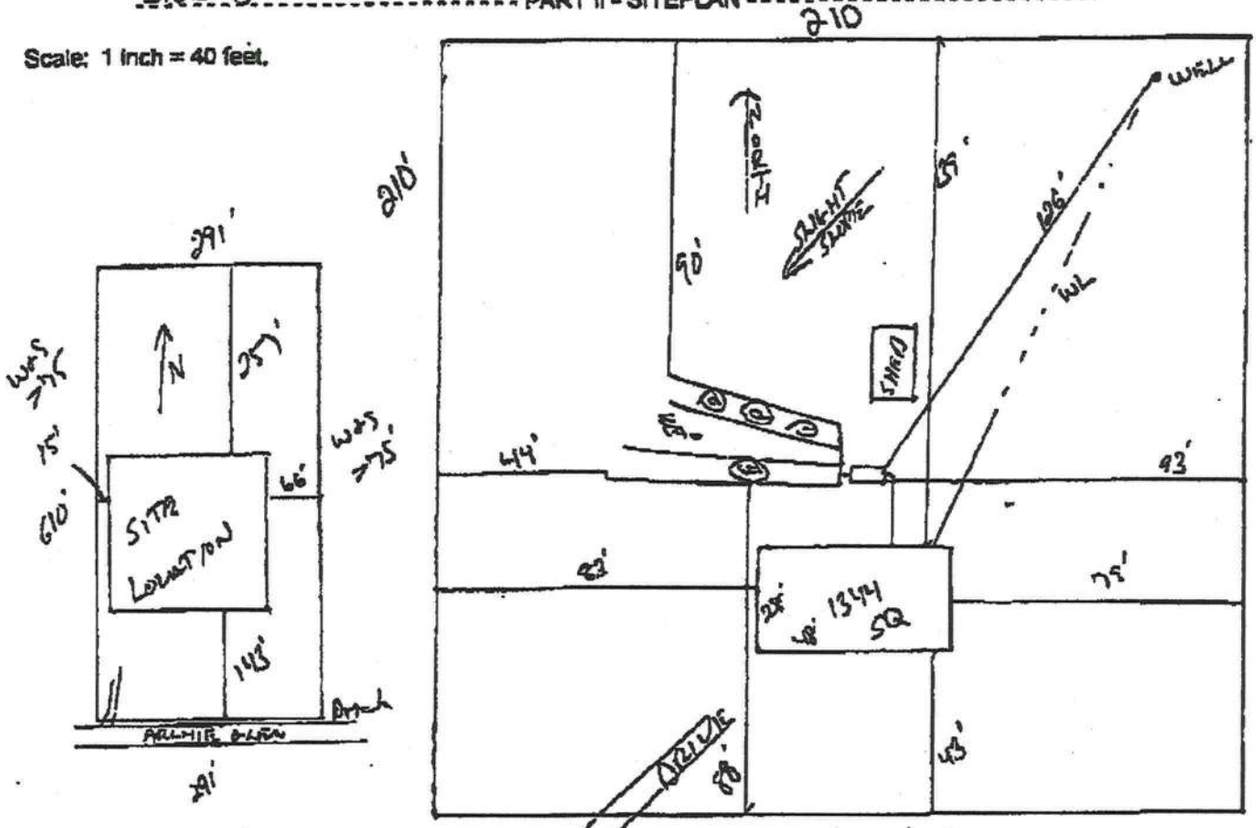
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 11-0387M

SIGNED

PART II - SITEPLAN

Scale: 1 inch = 40 feet.



Notes: 1 of 4.08 Acres (E) = EXISTING (P) = PROPOSED

Site Plan submitted by: Rocky D Ford Wendy Grennell 9/20/11
MASTER CONTRACTOR

Plan Approved ✓ Not Approved ____ Date 9-21-11

By Sallie Ford · Env. Health Director · Columbia CHD
County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DH 4015, 08/99 (Obsoletes previous editions which may not be used) Incorporates: 64E-6.001, FAC
(Stock Number: 5744-002-4015-6)

CERTIFICATE OF

M/H OCCUPANCY

COLUMBIA COUNTY, FLORIDA

Department of Building and Zoning Inspection

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

Parcel Number 26-3S-15-00270-103 **Building permit No.** 000029698

Permit Holder ROBERT SHEPPARD

Owner of Building DEAS-BULLARD/SNEED/BROWN

Location: 291 SW ARCHIE GLEN, LAKE CITY, FL 32024

Date: 09/28/2011

Building Inspector

POST IN A CONSPICUOUS PLACE
(Business Places Only)

DATE 09/26/2011

Columbia County Building Permit

This Permit Must Be Prominently Posted on Premises During Construction

PERMIT
000029698

APPLICANT WENDY GRENNELL PHONE 288-2428

ADDRESS 3104 SW OLD WIRE RD FORT WHITE FL 32038

OWNER DEAS-BULLARD/SNEED/BROWN PHONE 752-4339

ADDRESS 219 SW ARCHIE GLN LAKE CITY FL 32024

CONTRACTOR ROBERT SHEPPARD PHONE 623-2203

LOCATION OF PROPERTY 90 W, L KOONVILLE RD, L ARCHIE GLN, 3RD LOT ON LEFT

TYPE DEVELOPMENT MH, UTILITY ESTIMATED COST OF CONSTRUCTION 0.00

HEATED FLOOR AREA TOTAL AREA HEIGHT STORIES

FOUNDATION WALLS ROOF PITCH FLOOR

LAND USE & ZONING AG-3 MAX. HEIGHT 35

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

NO. EX.D.U. 0 FLOOD ZONE X DEVELOPMENT PERMIT NO.

PARCEL ID 26-3S-15-00270-103 SUBDIVISION CEDAR HILLS

LOT 3 BLOCK PHASE UNIT TOTAL ACRES 4.08

Culvert Permit No.	Culvert Waiver	Contractor's License Number	Applicant/Owner/Contractor
		IH1025386	F Wendy Grennell

Driveway Connection	Septic Tank Number	LU & Zoning checked by	Approved for Issuance	New Resident
EXISTING	11-387-M	BK	TC	N

COMMENTS: REPLACIG EXISTNG MH

FLOOR ONE FOOT ABOVE THE ROAD

Check # or Cash CASH

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

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

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

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

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

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

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

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

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

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

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

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

INSPECTORS OFFICE L. H CLERKS OFFICE CH

NOTICE: IN ADDITION TO THE REQUIREMENTS OF THIS PERMIT, THERE MAY BE ADDITIONAL RESTRICTIONS APPLICABLE TO THIS PROPERTY THAT MAY BE FOUND IN THE PUBLIC RECORDS OF THIS COUNTY. AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.

"WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT."

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

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

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF COLUMBIA

This is to certify that I, (We). Deas Bullard Properties owner of the below described property:

Tax Parcel No. 26-35-15-00270-103

Subdivision (name, lot, block, phase) Lot 3 Cedar Hills

Give my permission to Terrence Sneed + Valerie Brazen to place a mobile home/travel trailer/single family home (circle one) on the above mentioned property.

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

Sue D Lane
Owner

Deas Bullard Properties Owner

SWORN AND SUBSCRIBED before me this 9 day of Sept, 20 11. This (these) person(s) are personally known to me or produced ID _____.

HOLLY C. HANOVER
Commission # DD 953514
Expires May 18, 2014
Bonded Thru Troy Fain Insurance 800-385-7019

Holly C Hanover
Notary Signature

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-11) Zoning Official BLK 14 SEPT. 2011 Building Official J.C. 9-14-11

AP# 1109-16 Date Received 9-12-11 By LH Permit # 29698

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

Comments Replacing Existing MH

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

☑ Site Plan with Setbacks Shown ☑ EH # 11-0387-M ☐ EH Release ☐ Well letter ☑ Existing well

☑ Recorded Deed or Affidavit from land owner ☑ Installer Authorization on file ☑ State Road Access ☐ 911 Sheet

☐ Parent Parcel # _____ ☐ STUP-MH _____ ☑ F W Comp. letter ☐ VF Form

IMPACT FEES: EMS _____ Fire _____ Corr _____ ☑ Out County ☐ In County

Road/Code _____ School _____ = TOTAL _ Impact Fees Suspended March 2009_ faxed 9/14/11

Property ID # 26-35-15-00270-103 Subdivision Cedar Hills Lot 3

- New Mobile Home _____ Used Mobile Home ✓ MH Size 28x52 Year 2003
- Applicant Wendy Grennell Phone # 386-288-2428
- Address 3104 SW Old Wire Rd Ft White FL 32038
- Name of Property Owner Deas-Bullard Phone# 386-752-4339
- 911 Address 219 SW Archie Gln Lake City FL 32024
- Circle the correct power company - (FL Power & Light) - Clay Electric
  (Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home Terrence Sneed & Valerie Brown Phone # 386-466-9656
  Address 219 SW Archie Gln Lake City FL 32024
- Relationship to Property Owner purchaser by Contract for Deed
- Current Number of Dwellings on Property 0
- Lot Size _____ Total Acreage 4.08
- Do you : Have (Existing Drive (Currently using)) or Private Drive (Blue Road Sign) or need Culvert Permit (Putting in a Culvert) or Culvert Waiver (Not existing but do not need a Culvert) (Circle one)
- Is this Mobile Home Replacing an Existing Mobile Home Yes
- Driving Directions to the Property 90 West to Koonville Rd turn L to SW Archie Gln turn L to lot #3 on L 3rd lot
- Name of Licensed Dealer/Installer Robert Sheppard Phone # 386-623-2203
- Installers Address 6355 NE CR 245 Lake City FL 32025
  - License Number IH1025386 Installation Decal # 6528

Spoke to Wendy 9-14-11 LH

Left Message 9-21-11 LH

cash