

DATE 05/08/2006

Columbia County Building Permit

PERMIT

This Permit Expires One Year From the Date of Issue

000024477

APPLICANT ALICE P. KINSEY PHONE 386.752.2751
ADDRESS 375 SE GRASSLAND TERRACE LAKE CITY FL 32024
OWNER IDELL V. PONDS HOLTON PHONE 386.752.6878
ADDRESS 184 SE GRASSLAND TERRACE LAKE CITY FL 32024
CONTRACTOR JACKIE GIBBS PHONE 386.755.2349
LOCATION OF PROPERTY 441-S TO C-18,TURN EAST TO GRASSLAND TERRACE,,TR AND IT'S
THE 1ST. DRIVE 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. 4 FLOOD ZONE X DEVELOPMENT PERMIT NO.

PARCEL ID 23-6S-17-09758-000 SUBDIVISION
LOT BLOCK PHASE UNIT TOTAL ACRES 157.00

IH0000214
Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor
EXISTING 06-0426-N BLK JTH N
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident
COMMENTS: 1 FOOT ABOVE ROAD.PRE M/H APPROVED AS PER F.D. PRITCHARD.

Check # or Cash 2694

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 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
Permanent power date/app. by C.O. Final date/app. by Culvert date/app. by
M/H tie downs, blocking, electricity and plumbing date/app. by Pool date/app. by
Reconnection date/app. by Pump pole date/app. by Utility Pole date/app. by
M/H Pole date/app. by Travel Trailer date/app. by Re-roof date/app. by

BUILDING PERMIT FEE \$ 0.00 CERTIFICATION FEE \$ 0.00 SURCHARGE FEE \$ 0.00
MISC. FEES \$ 200.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 41.30 WASTE FEE \$ 61.25
FLOOD DEVELOPMENT FEE \$ FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$ TOTAL FEE 377.55
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."

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.

Prepared by: **Theodore M. Burt, P.A.**
Post Office Box 308
Trenton, Florida 32693

**DURABLE POWER OF ATTORNEY
AND DESIGNATION OF HEALTH CARE SURROGATE**

Under §709.08 and 765, Florida Statutes

KNOW ALL MEN BY THESE PRESENTS:

THAT I, **IDELL VINZANT PONDS HOLTON**, of 374 SE Grassland Terrace, Lake City, Florida 32024, referred to herein as PRINCIPAL, designate my daughter, **ALICE P. KINSEY**, of 375 SE Grassland Terrace, Lake City, Florida 32024, to be my attorney in fact and agent (hereinafter called "AGENT"); in the event that my daughter for any reason shall fail to act or continue as my attorney in fact, I constitute and appoint granddaughter, **RENAE LAYFIELD**, of 517 SW 5th Avenue, Trenton, Florida 32693, to act as my attorney in fact and agent.

1. General Grant of Power. I hereby grant to my agent full power and authority to exercise or perform any act, power, duty, right or obligation whatsoever that I now have or may hereafter acquire, relating to any person, matter, transaction or any interest in property owned by me, including, without limitation, my interest in all real property, including homestead real property; all personal property, tangible or intangible, all property held in any type of joint tenancy, including a tenancy in common, joint tenancy with right of survivorship, or a tenancy by the entirety; all property over which I hold a general, limited or special power of appointment; causes in action; and all other contractual or statutory rights or elections, including, but not limited to, any rights or elections in any probate or similar proceeding to which I am or may become entitled; all as to such property now owned or hereafter acquired by me.

Except as otherwise limited by applicable law, or by this durable power of attorney, my agent has full power and authority to perform, without prior court approval, everything necessary in exercising any of the powers herein granted as fully as I might or could do if personally present, with full power of substitution or revocation, and even though my attorney in fact may also be acting individually or on behalf of any other person or entity interested in the same matters. I hereby ratify and confirm that my agent shall lawfully have, by virtue of this durable power of attorney, the powers herein granted, including, but not limited to, the following:

a. To forgive, request, demand, sue for, recover, collect, receive, hold all such sums of money, debts, dues, commercial paper, checks, drafts, accounts, deposits, legacies, bequests, devises, notes, interests, stock certificates, bonds, dividends, certificates of deposit, annuities, pensions, profit sharing, retirement, social security, insurance and other contractual benefits and proceeds, all intangible and tangible property and property rights, and demands whatsoever, liquidated or unliquidated, now or hereafter owned by me, or due, owing, payable or belonging to me or in which I have or may hereafter acquire an interest.

b. To have, use, and take all lawful means and equitable and legal remedies and proceedings in my name for the collection and recovery of any property now or hereafter owned by me, and to adjust, sell, compromise, and agree for the same, and to execute and deliver for me, on my behalf, and in my name, all endorsements, releases, receipts, or other sufficient discharges for the same.

c. To acquire, purchase, invest, reinvest, exchange, grant options to sell, and sell and convey personal property, tangible or intangible, or interests therein, for such price and on such terms and conditions as my agent shall deem proper including, without limitation, stocks, bonds, warrants, debentures, commodities, precious metals, futures, currencies, and in domestic and foreign markets or investment funds, including common trust funds.

d. To execute stock powers or similar documents and to delegate to a transfer agent or similar person the authority to register any stocks, bonds, or other securities either into or out of my name or nominee's name.

e. To redeem bonds issued by the United States Government or any of its agencies or any other bonds; and to purchase bonds issued by the United States Government that can be redeemed at par in payment of federal estate taxes.

f. To acquire, purchase, exchange, grant options to sell, and sell and convey any and all of my real estate, lands, tenements, leases, leaseholds or other property partaking of the nature of real estate or any part or parcel thereof, which I now own or may hereafter acquire, or interests therein, including my homestead real property, at public or private sale, for such price and on such terms and conditions as my agent shall deem proper; to execute any and all documents necessary to effectuate same including, but not limited to, contracts, deeds, affidavits, bills of sale, assignments and closing statements; provided, however, that if I am married, my agent may not convey or dispose of my homestead property without joinder of my spouse or my spouse's legal guardian. Joinder by my spouse may be accomplished by the exercise of authority in a durable power of attorney executed by my joining spouse, and either my spouse or I may appoint the other as attorney in fact and agent.

g. To maintain, repair, improve, invest, manage, partition, insure, rent, lease, encumber, and in any manner deal with any real or personal property, tangible or intangible, or any interest therein, that I now own or may hereafter acquire, in my name and for my benefit, upon such terms and conditions as my agent shall deem proper; and to execute, acknowledge and deliver all instruments necessary to effectuate the foregoing.

h. To open and maintain savings, checking, money market and other accounts in my name or otherwise in any bank or financial institution or with any insurance or brokerage firm; to make, receive and endorse checks, drafts, or other commercial or mercantile instruments, deposit and withdraw funds, specifically including withdrawals from any savings account or savings and loan deposits; to acquire and redeem certificates of deposit and to utilize and manage such accounts; to deal generally in my behalf with any instrument for the payment of money in which I may have an interest; and to execute or release such deeds of trust or other security agreements as may be necessary or proper in the exercise of the rights and powers herein granted.

i. To borrow from time to time such sums of money upon such terms as my agent shall deem appropriate for, or in relation to, any of the purposes or objects described herein, upon the security of any of my property whether real or personal, or otherwise, and for such purposes to give, execute, deliver and acknowledge mortgages with such powers and provisions as my agent may think proper, and also such notes, bonds, or other instruments as may be necessary or proper in connection therewith; provided, however, that if I am married, my agent may not mortgage my homestead property without joinder of my spouse or my spouse's legal guardian. Joinder by my spouse may be accomplished by the exercise of authority in a durable power of attorney executed by my joining spouse, and either my spouse or I may appoint the other as attorney in fact and agent.

j. To apply for a Certificate of Title upon, and endorse and transfer title thereto, for any automobile, truck, pickup, van, motorcycle or other motor vehicle, and to represent in such transfer assignment that the title to said motor vehicle is free and clear of all liens and encumbrances except those specifically set forth in such transfer assignment.

k. To conduct or participate in any lawful business of whatever nature for me and in my name; execute partnership agreements and amendments thereto; incorporate, reorganize, merge, consolidate, recapitalize, sell, liquidate or dissolve any business; enter into voting trusts and other agreements or subscriptions; elect or employ officers, directors and agents; carry out the provisions of any agreement for the sale of any business interest or stock therein; and exercise voting rights with respect to stock, either in person or by proxy, and exercise stock options.

l. To make gifts to charitable organizations or in trust for any descendant of mine in connection with estate, gift, generation-skipping transfer, income or other tax planning for me or to qualify me for any government assistance program. Gifts may include gifts to my attorney-in-fact.

m. To consent to any gift and to utilize any gift-splitting provision or tax election; and to pay gift taxes, but only if in furtherance of my estate plan or of my desire to minimize taxes.

n. To transfer any or all assets of mine to any revocable trust created by me as to which trust I am, during my lifetime, a primary income or principal beneficiary.

o. To withdraw from any trust, whether revocable or irrevocable, in which I have a current beneficial interest, such amounts of the principal or accrued or collected but undistributed income of such trusts as I would be permitted to receive or withdraw, pursuant to any right of receipt or withdrawal contained in such trusts.

p. To make, execute and file any and all declarations, joint or separate returns, waivers, consents, claims and other instruments or forms (including, without limitation, IRS Form 2848 Power of Attorney and Petition of Appeal to the United States Tax Court) relating to Federal, State, municipal and other taxes or assessments, including income, transfer, property, excise and other taxes of whatever nature and whether imposed or required by any domestic or by any foreign authority, and in connection with any such taxes or assessments due or claimed or believed to be due from me or in respect of any property or rights which I may own or in which I may have any interest.

q. To represent me before any office of the Internal Revenue Service, state agency, or any other governmental or municipal body or authority of whatever nature, domestic or foreign, and to conduct and transact any case, claim or matter whatsoever in connection therewith; to receive confidential information regarding tax matters for all periods, whether before or after the execution of this instrument; and to make tax elections.

r. To have access at any time or times to any safe deposit box rented by me, wheresoever located, and to remove all or any part of the contents thereof, and to surrender or relinquish said safe deposit box, and any institution in which any such safe deposit box may be located shall not incur any liability to me or my estate as a result of permitting my agent to exercise this power.

s. To exercise any statutory rights or elections, including, but not limited to, any rights or elections in any probate or similar proceeding to which I am or may become entitled; to renounce or disclaim any interest otherwise passing to me by testate or intestate succession or by inter vivos transfer.

t. To employ as investment counsel, custodians, brokers, accountants, appraisers, attorneys at law or other agents, such persons, firms or organizations, including my said agent and any firm of which my said agent may be a member or employee, as deemed necessary or desirable; to pay such persons, firms or organizations such compensation as is deemed reasonable; and to determine whether or not to act upon the advice of any such agent without liability for acting or failing to act thereon.

2. Health Care Surrogate Provisions. In the event that I have been determined to be incapacitated to provide informed consent for medical treatment and surgical and diagnostic procedures, I designate as my Health Care Surrogate for health care decisions, the attorney in fact and agent named herein, **ALICE P. KINSEY**, whose telephone number is 386-752-2751. Upon the death, failure or inability of my daughter to act as my Health Care Surrogate, then I appoint my granddaughter, **RENAE LAYFIELD**, whose telephone number is 352-463-7298, to act as successor Health Care Surrogate. This designation revokes any prior Health Care Surrogate designation which I may have made. This designation is not being made as a condition of treatment or admission to a health care facility. I fully understand that this designation will permit my surrogate to make health care decisions and to provide, withhold, or withdraw consent on my behalf; to apply for public benefits to defray the cost of health care; and to authorize my admission to or transfer from a health care facility.

I hereby grant to my Health Care Surrogate full power and authority to do everything necessary in exercising the powers herein granted as fully as I might or could do if I were personally able to make health care treatment decisions on my behalf, and I hereby grant the following specific powers to my Health Care Surrogate, without limiting any other rights and authority:

a. To contract in my name and on my behalf for all health care services, including, without limitation, medical, hospital and nursing care, which, in the opinion of my Health Care Surrogate, I may require.

b. To grant releases to medical personnel.

c. To employ and discharge medical personnel.

d. To have access to and to disclose medical records and other personal information of mine.

e. To terminate the services of any health care institution and arrange for my transfer to another health care institution.

f. To act as a party, whether as a Plaintiff or a Defendant or otherwise, in a court action in the event it is necessary to enforce my rights under this instrument.

g. To expend or withhold funds necessary to carry out my medical treatment.

h. To consent to the performance of an autopsy.

i. My Health Care Surrogate shall specifically be excepted from making those decisions as may be subject to a Living Will which I may have executed; if no such Living Will is found, I delegate to my Health Care Surrogate the authority to consent to any withholding or withdrawing of life-prolonging procedures as may be described in Part III of Chapter 765 of the Florida Statutes, as the same may be amended from time to time.

My Health Care Surrogate shall not be liable or responsible for any costs or expenses of my medical treatment or care except as expressly stated by Statute. I confirm that I will be and remain liable to pay for such health care services provided me at the direction of my Health Care Surrogate and confirm that my Health Care Surrogate shall have no liability to pay for any health care services contracted for on my behalf.

3. Interpretation and Governing Law. This instrument is to be construed and interpreted as a general durable power of attorney as provided for in Florida Statute §709.08, and as a Health Care Surrogate as provided for in Florida Statute §765. The enumeration of specific powers herein is not intended to, nor does it, limit or restrict the general powers herein granted to my agent. This instrument is executed and delivered in the State of Florida, and the laws of the State of Florida shall govern all questions as to the validity of this power and the construction of its provisions. However, it is my intention that this power of attorney shall be exercisable in any other state or jurisdiction where I may have any property or interests in property.

4. Third-Party Reliance. Third parties may rely upon the representations of my agent as to all matters relating to any power granted to my agent in this durable power of attorney, and no person who may act in reliance upon the representations of my agent shall incur any liability to me or to my estate, beneficiaries, or joint owners as a result of permitting my agent to exercise any power prior to receipt of written notice of revocation, suspension, notice of a petition to determine incapacity, partial or complete termination, or my death. Any third party may rely on a duly executed counterpart of this instrument, or a copy certified by my agent to be a true copy of the original hereof, as fully and completely as if such third party had received the original of this instrument.

5. Disability of Principal. **THIS DURABLE POWER OF ATTORNEY SHALL NOT BE AFFECTED BY MY SUBSEQUENT INCAPACITY, EXCEPT AS PROVIDED IN §709.08, FLORIDA STATUTES, OR ANY SUCCESSOR PROVISION OF LAW.**

IN WITNESS WHEREOF, I have hereunto set my hand and seal the
22 day of January, 2006.

9/22/07/68
IDELL VINZANT PONDS HOLTON

SEALED AND DELIVERED
IN THE PRESENCE OF:

Irene V Parrish
Signature of Witness

Print: Irene V. Parrish

Shani King
Signature of Witness

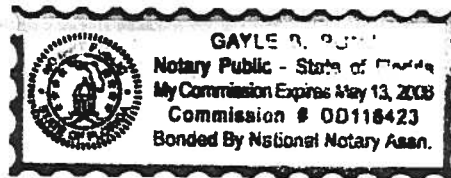
Print: Shani King

STATE OF FLORIDA
COUNTY OF

The foregoing Durable Power of Attorney and Designation of Health Care Surrogate was acknowledged before me this 22 day of January, 2006, by **IDELL VINZANT PONDS HOLTON**, who is personally known to me or who has produced a driver's license as identification.

Gayle B. Pons
NOTARY PUBLIC
My Commission Expires:

10910-002st



PE APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only

(Revised 6-23-05)

Zoning Official BLK 27.04.06

Building Official OK JTH 427-06

AP# 0604-79

Date Received 4/26/06

By LH

Permit # 24477

Flood Zone X

Development Permit N/A

Zoning A-3

Land Use Plan Map Category A-3

Comments

FEMA Map#

Elevation

Finished Floor

River

In Floodway

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

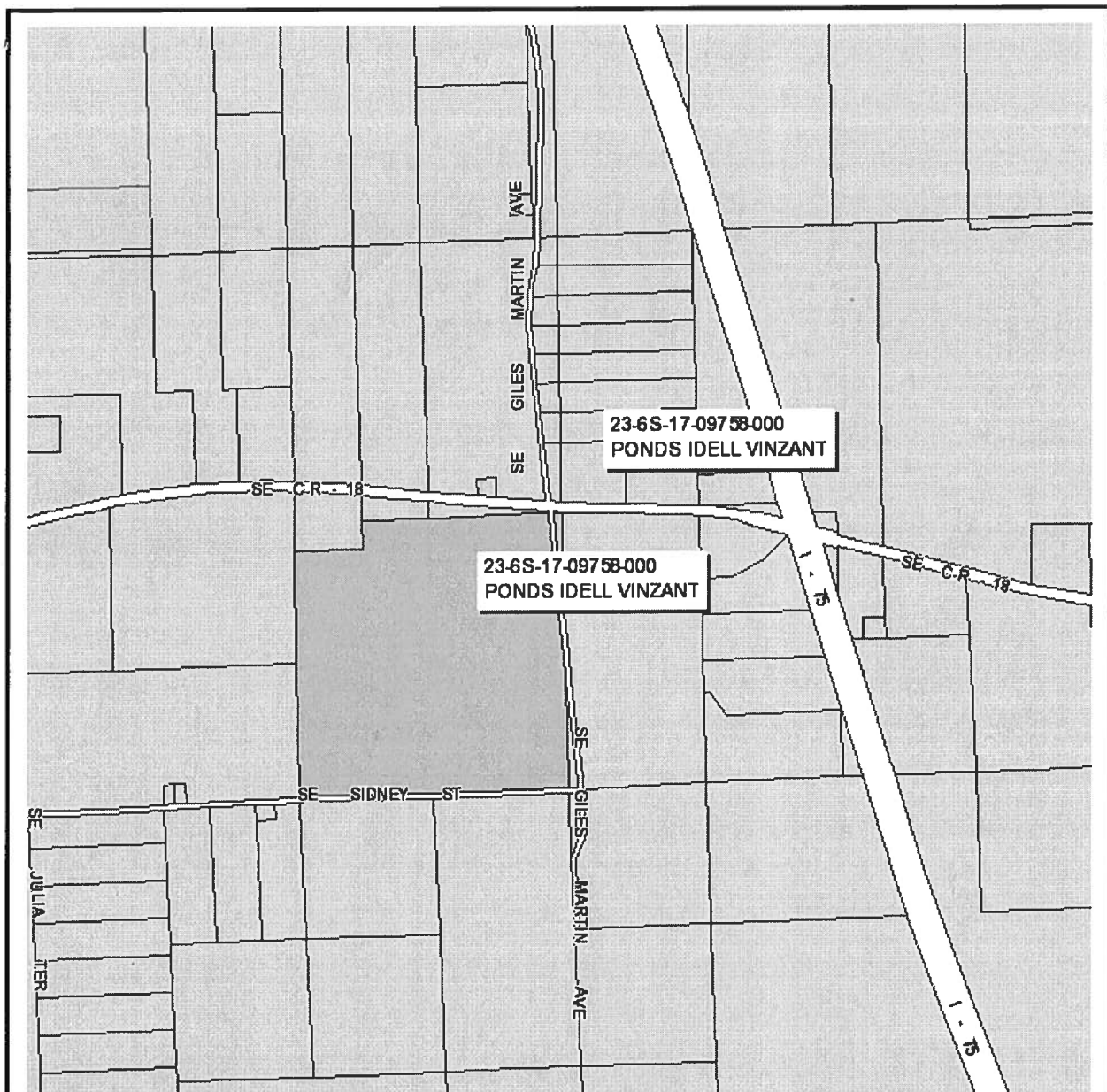
☒ Copy of Recorded Deed or Affidavit from land owner ☒ Letter of Authorization from installer

PA office Computer

(Power of Attorney Attached)

- Property ID # 23-65-17-09758-000 Must have a copy of the property deed
- New Mobile Home _____ Used Mobile Home ☒ Year 1978
- Applicant Alice P. Kinsey Phone # 386-752-2751 cell # 386-365-2565
- Address 375 SE GRASSLAND TERR - LAKE CITY FL. 32024 365-2565
- Name of Property Owner Idell V Ponds Holton Phone# 386-752-6878
- 911 Address 374 SE GRASSLAND TERR - LAKE CITY FL. 32024 184
- Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home Alice P. Kinsey Phone # 386-752-2751
Address 375 SE GRASSLAND TERR - LAKE CITY FL. 32024
- Relationship to Property Owner DAUGHTER
- Current Number of Dwellings on Property - 4 -
- Lot Size 2-3 ACRES Total Acreage 157 acres
- Do you : Have an Existing Drive or need a Culvert Permit or a Culvert Waiver (Circle one)
- Is this Mobile Home Replacing an Existing Mobile Home NO
- Driving Directions to the Property SOUTH 441 TO CITY RD 18 EAST TO
WORTHINGTON SPRINGS ~ 1ST GRADE TO RIGHT ON GRASSLAND
TERR. (OLD WIRE RD) 1ST DRIVE TO RIGHT
- Name of Licensed Dealer/Installer Jackie Gibbs Phone # 386-755-2349
- Installers Address 1664 SW. SEBASTIAN CR. L.C.
- License Number TH0000214 Installation Decal # 253274

\$377.55



Columbia County Property Appraiser

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

PARCEL: 23-6S-17-09758-000 HX WX - IMPROVED A (005000)

SE1/4, EX 4 AC IN NW COR.

Name: PONDS IDELL VINZANT	LandVal	\$26,679.00
Site: GRASSLAND	BldgVal	\$44,911.00
Mail: 374 SE GRASSLAND TER	ApprVal	\$101,473.00
LAKE CITY, FL 32024	JustVal	\$511,385.00
Sales	Assd	\$60,319.00
Info	Exmpt	\$25,500.00
	Taxable	\$34,819.00

0 0.1 0.2 0.3 mi



This information, GIS Map Updated: 4/6/2006, was derived from data which was compiled by the Columbia County Property Appraiser Office solely for the governmental purpose of property assessment. This information should not be relied upon by anyone as a determination of the ownership of property or market value. No warranties, expressed or implied, are provided for the accuracy of the data herein, it's use, or it's interpretation. Although it is periodically updated, this information may not reflect the data currently on file in the Property Appraiser's office. The assessed values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

Lake City

441

High Springs

Mike'sville

Ellisville

18 E

Phillippi Church

2-3 Acres

1320 ft

Trailer

500 FT

ON RIGHT

MASTON GRAVE

Trailer

TRER

Trailer

HOLTON

374

SE GRASSLAND TERR

375

KINSEY HOUSE

WORTHINGTON SPRINGS

157 ACRES



APPROXIMATE SCALE IN FEET
2000 0 2000

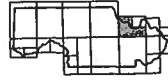
NATIONAL FLOOD INSURANCE PROGRAM

FIRM
FLOOD INSURANCE RATE MAP

COLUMBIA
COUNTY,
FLORIDA
(UNINCORPORATED AREAS)

PANEL 250 OF 290

PANEL LOCATION



COMMUNITY-PANEL NUMBER
120070 0250 B
EFFECTIVE DATE:
JANUARY 6, 1988



Federal Emergency Management Agency

This is an official copy of a portion of the above referenced flood map. It was extracted using F-MIT Version 1.0. This map does not reflect changes or amendments which may have been made subsequent to the date on the title block. Further information about National Flood Insurance Program flood hazard maps is available at www.fema.gov/mif/bd



PERMIT NUMBER

Installer Active G.S.H.S License # IA 0000814

Address of home _____
being installed _____

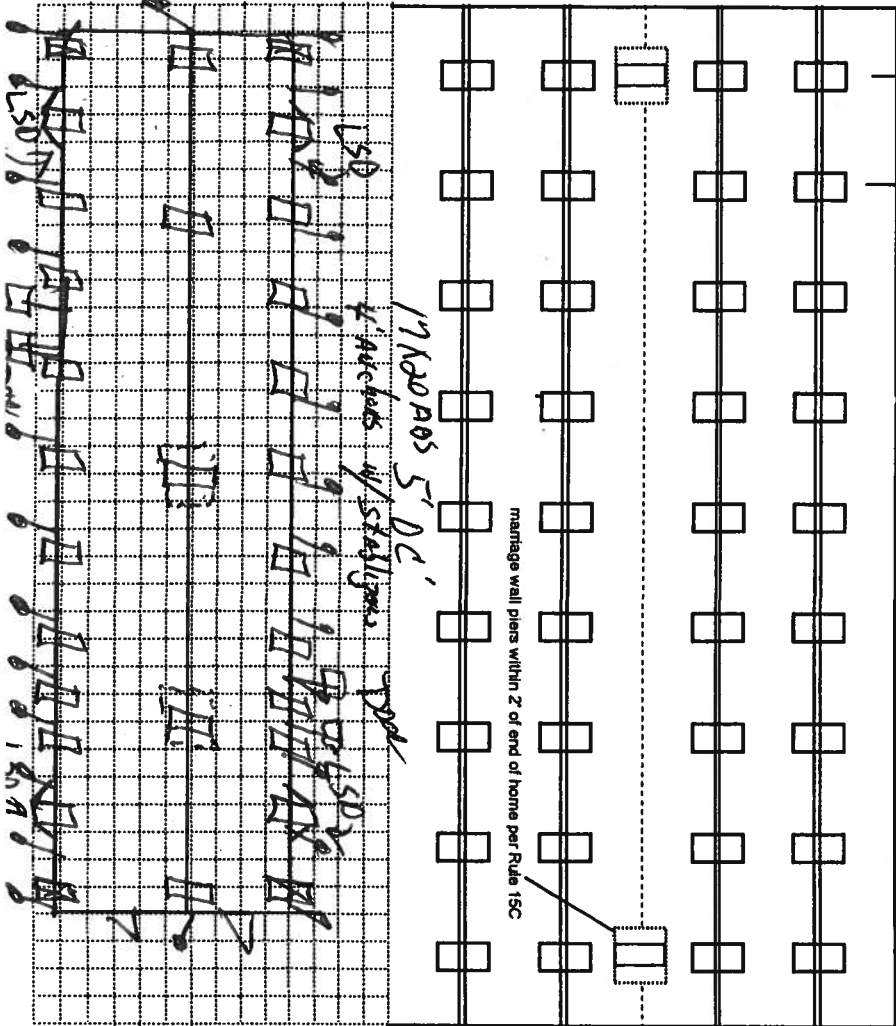
Manufacturer Colquest Length x width 24x20

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

[Handwritten Signature]



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 # 253274

Triple/Quad ☐ Serial # 6104990-ATB

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (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

17x20

Perimeter pier pad size

16x16

Other pier pad sizes (required by the mfg.)

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

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

Opening 15' Pier pad size 26x26

15'

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

5 ft

FRAME TIES

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

TIEDOWN COMPONENTS

OTHER TIES

Longitudinal Stabilizing Device (LSD)
Manufacturer Oliver
Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer

Sidewall Longitudinal Marriage wall Shearwall
Number 130' 5' d
2' per floor

POCKET PENETROMETER TEST

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

X 1500 X 1500 X 1500

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 1500 X 1500 X 1500

TORQUE PROBE TEST

The results of the torque probe test is 280 inch pounds or check here if you are declaring 5" anchors without testing. A test showing 275 inch pounds or less will require 4 foot anchors.

Note: A state approved lateral arm system is being used and 4 ft. anchors are allowed at the sidewall locations. 1 understand 5 ft anchors are required at all centerline 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.

ALB Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Richard Gibbs

Date Tested

4/17/06

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 ☒ Swale ☒ Pad ☐ Other ☐

Fastening multi wide units

Floor: Type Fastener: L4's Length: 6" Spacing: 12" oc
 Walls: Type Fastener: L4's Length: 6" Spacing: 12" oc
 Roof: Type Fastener: L4's Length: 6" Spacing: 12" oc
 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

ALB

Type gasket

Form

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

manufacturer's installation instructions and or Rule 15C-1 & 2

Installer Signature

Richard Gibbs

Date 4/17/06

Permit Me Services

3104 S W Old Wire Rd

Ft White, FL 32038

Wendy Grennell Owner

Constance Murphy Associate

386-288-2428 Cell

386-466-1866 Office / Fax

MOBILE HOME INSTALLER LIMIT POWER OF ATTORNEY

I/We, Jackie Gibbs, license number IHO000214 authorize Alice Kinsey to be my representative and act on my behalf in all aspects of applying for a mobile home permit to be placed on the following described property. Property located in Columbia County, State of Florida.

Mobile Home Owner Name: Alice P. Kinsey

Property Owner Name: Idell V Ponds HOLTON

911 Address: 184 SE GRASSLAND TERR City Lake City FL 32024

Sec: _____ Twp: _____ Rge; _____ Tax Parcel # 23-65-17-09758-000

Signed: Jackie Gibbs
Mobile Home Installer

Sworn to and described before me this 21st day of April 2006

Susan Todd
Notary public

Susan Todd Personally known ✓

Notary Name

DL ID _____



Susan Todd

Commission # DD449132

Expires July 10, 2009

Bonded Troy Fair - Insurance, Inc. 800-385-7019

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: 4/19/2006 DATE ISSUED: 4/25/2006

ENHANCED 9-1-1 ADDRESS:

184 SE GRASSLAND TER
LAKE CITY FL 32024

PROPERTY APPRAISER PARCEL NUMBER:

23-6S-17-09758-000

Remarks:

Address Issued By:


Columbia County 9-1-1 Addressing / GIS Department

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

184

COLUMBIA COUNTY
9-1-1 ADDRESSING
APPROVED

CODE ENFORCEMENT I
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED _____ BY _____ IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? yes
OWNERS NAME Alice P Kinsey PHONE 386-365-2565 CELL _____
ADDRESS 870

MOBILE HOME PARK _____ SUBDIVISION _____

DRIVING DIRECTIONS TO MOBILE HOME SOUTH 441 To CTY RD 18 EAST TO Worthington Spn
1ST GRADE ON RIGHT ON GRASSLAND TERRACE - 1ST ^{ROAD DRIVE} GRADE ON RIGHT

MOBILE HOME INSTALLER Jackie Gibbs PHONE 386-755-2349 CELL _____

MOBILE HOME INFORMATION

MAKE Conquest YEAR 1978 SIZE 24 x 60 COLOR Wood

SERIAL No. G104990-A+B

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

INTERIOR:

INSPECTION STANDARDS

(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 () WEATHERTIGHT
P ROOF (✓) APPEARS SOLID () DAMAGED

STATUS:

APPROVED _____ WITH CONDITIONS: _____

NOT APPROVED _____ NEED REINSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE

Jackie Gibbs

ID NUMBER

IN0000214

DATE

4/22/06

FOR ALICE

404-656-3687
Data Plate Info

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

NEED HUD label #
call & add to
my info -
+ MANUFACTURER Co.

COUNTY THE MOBILE HOME IS BEING MOVED FROM GILCHRIST
OWNERS NAME SIDNEY HODGE PHONE _____ CELL _____
INSTALLER _____ PHONE _____ CELL _____
INSTALLERS ADDRESS _____

MOBILE HOME INFORMATION

MAKE CONQUEST YEAR 1978 SIZE 24 X 60
COLOR NATURAL WOOD SIDING SERIAL No. _____
OWNER IN POSSESSION OF TITLE w/SERIAL #3

WIND ZONE UNKNOWN SMOKE DETECTOR NONE SEEN

ALL POSSIBLE LOCATIONS FOR WIND ZONE DOCUMENTS HAVE BEEN REMOVED

INTERIOR: INTERIOR HAS BEEN EXTENSIVELY MODIFIED
FLOORS NOT ORIGINAL -

DOORS " "

WALLS WOOD PANELING

CABINETS KITCHEN & MASTER BATH NOT ORIGINAL

ELECTRICAL (FIXTURES/OUTLETS) ORIGINAL

EXTERIOR:
WALLS / SIDING ORIGINAL WOOD LAP

WINDOWS ORIGINAL OK

DOORS NOT ORIGINAL - OK

STATUS:
APPROVED _____ NOT APPROVED _____

NOTES: MASTER BATH EXTERIOR WALL MODIFIED FOR EXTERNALLY MOUNTED SHOWER STALL

INSTALLER OR INSPECTORS PRINTED NAME BOB ZERBE

Installer/Inspector Signature Bob Zerbe License No. GLBD Date 2-3-06

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.



February 21, 2006

Alice Kinsey

Subject: Verification for HUD Label Numbers GEO016880 and GEO016881

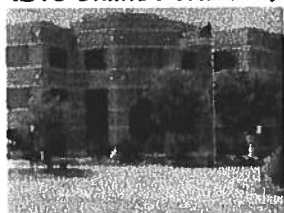
The Following information is provided pursuant to authorization by HUD. According to our records, the subject HUD label numbers were attached to a home built by Porta-Build, Washington, GA, completed 8/18/77 with serial number 10499A/B and shipped to Mobile Home Brokers, Brandon, FL.

This letter is not issued by the FHA mortgage insurance program for manufactured housing. If you are interested in learning more about FHA's mortgage insurance requirements for manufactured housing using this certification rather than a HUD label, you should contact your regional Processing and Underwriting Center at the HUD Home Ownership Center (HOC) administering the FHA mortgage insurance program in your area, or at www.hud.gov.

Pam Brillhart
Label Department Team Leader
IBTS
Contractor to HUD
(703) 481-2010 (direct)
(703) 437-6894 (fax)


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LABEL VERIFICATION REQUEST

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Your order has been received.

Your credit card will be charged \$50 to IBTS to cover the cost of the research

Please print this page for your records

Thank-you for your order

To place another Label Verification order, [click here](#)

Name of Requestor	Alice	Kinsey
	First Name	Last Name
Company		
Mailing Address	375 Se Grassland Terr	
Address Line 2		
	Lake City	FI 32024
	City	State Zip Code
(Area Code) Phone	386-752-2751	
(Area Code) Fax		
email address	Akins1045@aol.com	
Home Manufacturer	Conquest	
Manufacturer Plant Address		
	City	State Zip Code
Date of Manufacture	Month	Day Year 1978
Complete Serial Number	G10499A—G10499B	
HUD Certification Label Number*	16923012—16923013	
Address of Property	N W 10th Street	
Address Line 2		
	Bell	FI 32619
	City	State Zip Code
Settlement date (if known)	Month	Day Year
Delivery method	<input type="checkbox"/> by Fax <input type="checkbox"/> by US Mail	
Name on Credit Card	Alice P	Kinsey
	First Name	Last Name
Billing Address	PO Box 121	
Address Line 2		
	Trenton	FI 32693

	City	State	Zip Code
Visa <input checked="" type="checkbox"/>	Mastercard <input type="checkbox"/>		
Card Number	4356430064180749		

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505 Huntmar Park Drive, Suite 250, Herndon, VA 20170
703-481-2000 | Fax 703.437.6894

0604-79

CLYATT WELL DRILLING, INC.

Post Office Box 180
Worthington Springs, FL 32697
Phone (386)496-2488 FAX (386)496-4640

WELL DESCRIPTION

DESCRIPTION DATE
4/27/2006

CUSTOMER NAME AND ADDRESS	DESCRIPTION OF WORK
	4" Well and Pump

DESCRIPTION
4" Well 1 HP Submersible Pump 1-1/4" Galvanized Drop Pipe 14/3 Submersible Pump Wire 81 Gallon Captive Air Tank 4 X 1-1/4 Well Seal Pressure Relief Valve Controls, Wire and Fittings

THANK YOU FOR YOUR BUSINESS! This document is provided to give a description of the well to be constructed on your behalf. All materials remain the property of Clyatt Well Drilling, Inc., until paid for in full. Clyatt Well Drilling, Inc., does not agree to find or develop water, nor does it represent, warrant or guarantee the quality or kind of water which may be encountered. If it is necessary to install water filters, the owner agrees it is his/her responsibility to pay the cost. Right to repossess is granted if payment for well is not made.

