

DATE 12/30/2010

# Columbia County Building Permit

PERMIT

This Permit Must Be Prominently Posted on Premises During Construction

000029104

APPLICANT WENDY GRENELL PHONE 386-288-2428  
 ADDRESS 3104 SW OLD WIRE RD FORT WHITE FL 32038  
 OWNER CAROLYN SIMMONS (KRYSTAL SCHRECEGOST) PHONE 386-266-9009  
 ADDRESS 1396 SE ADAMS STREET HIGH SPRINGS FL 32643  
 CONTRACTOR ERNEST SCOTT JOHNSON PHONE 352-494-8099  
 LOCATION OF PROPERTY 441-S, L ADAMS ST, TO END LAST ON RIGHT

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. 1 FLOOD ZONE FL X DEVELOPMENT PERMIT NO. \_\_\_\_\_

PARCEL ID 11-7S-17-09983-009 SUBDIVISION BICENTENNIAL ACRES  
 LOT 16 BLOCK \_\_\_\_\_ PHASE \_\_\_\_\_ UNIT 1 TOTAL ACRES 5.00

IH10252491 Signature on file  
 Culvert Permit No. \_\_\_\_\_ Culvert Waiver \_\_\_\_\_ Contractor's License Number \_\_\_\_\_ Applicant/Owner/Contractor \_\_\_\_\_  
 EXISTING 10-0523 BK TC N  
 Driveway Connection \_\_\_\_\_ Septic Tank Number \_\_\_\_\_ LU & Zoning checked by \_\_\_\_\_ Approved for Issuance \_\_\_\_\_ New Resident \_\_\_\_\_

COMMENTS: MINIMUM FLOOR ELEVATION SET @ 52.5'-NEED ELEVATION CONFIRMATION LETTER  
BEFORE POWER  
STUP-10-16 FOR 5 YEAR PERMIT FOR DAUGHTER 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 \$ 64.20 WASTE FEE \$ 167.50  
 FLOOD DEVELOPMENT FEE \$ \_\_\_\_\_ FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$ \_\_\_\_\_ **TOTAL FEE** 606.70

INSPECTORS OFFICE L. Hol CLERKS OFFICE CN

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."

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PERMIT 000029104

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ADDRESS 3104 SW OLD WIRE RD FORT WHITE FL 32038
OWNER CAROLYN SIMMONS (KRYSTAL SCHRECEGOST) PHONE 386-266-9009
ADDRESS 1396 SE ADAMS STREET HIGH SPRINGS FL 32643
CONTRACTOR ERNEST SCOTT JOHNSON PHONE 352-494-8099
LOCATION OF PROPERTY 441-S, L ADAMS ST, TO END LAST ON RIGHT

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. 1 FLOOD ZONE FL X DEVELOPMENT PERMIT NO.

PARCEL ID 11-7S-17-09983-009 SUBDIVISION BICENTENNIAL ACRES
LOT 16 BLOCK PHASE UNIT 1 TOTAL ACRES 5.00

IH10252491
Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor
EXISTING 10-0523 BK TC N
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: MINIMUM FLOOR ELEVATION SET @ 52.5'-NEED ELEVATION CONFIRMATION LETTER
BEFORE POWER
STUP-10-16 FOR 5 YEAR PERMIT FOR DAUGHTER Check # or Cash CASH

FOR BUILDING & ZONING DEPARTMENT ONLY

Temporary Power Foundation Monolithic
Under slab rough-in plumbing Slab Sheathing/Nailing
Framing Insulation
Rough-in plumbing above slab and below wood floor Electrical rough-in
Heat & Air Duct Peri. beam (Lintel) Pool
Permanent power C.O. Final Culvert
Pump pole Utility Pole M/H tie downs, blocking, electricity and plumbing
Reconnection RV Re-roof

BUILDING PERMIT FEE \$ 0.00 CERTIFICATION FEE \$ 0.00 SURCHARGE FEE \$ 0.00
MISC. FEES \$ 300.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 64.20 WASTE FEE \$ 167.50
FLOOD DEVELOPMENT FEE \$ FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$ TOTAL FEE 606.70

INSPECTORS OFFICE CLERKS OFFICE

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DATE 12/02/2010

# Columbia County Building Permit

# PERMIT

This Permit Must Be Prominently Posted on Premises During Construction

000029041

APPLICANT WENDY GRENNELL PHONE 386-288-2428  
 ADDRESS 3104 SW OLD WIRE RD FORT WHITE FL 32038  
 OWNER CAROLYN SIMMONS (KRYSTAL SCHRECEGOST) PHONE 386-266-9009  
 ADDRESS 1396 SE ADAMS STREET HIGH SPRINGS FL 32643  
 CONTRACTOR ~~TERRY THRIFT~~ Ernest Scott Johnson PHONE 386-623-0115 352-994-7099  
 LOCATION OF PROPERTY 441 S, L ADAMS ST, TO END LAST ON RIGHT

TYPE DEVELOPMENT MH, UTILITY ESTIMATED COST OF CONSTRUCTION 0.00  
 HEATED FLOOR AREA \_\_\_\_\_ TOTAL AREA \_\_\_\_\_ HEIGHT \_\_\_\_\_ STORIES \_\_\_\_\_  
 FOUNDATION \_\_\_\_\_ WALLS \_\_\_\_\_ ROOF PITCH \_\_\_\_\_ FLOOR \_\_\_\_\_  
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JH1025139 IH0000359 Wendy Grennell  
 Culvert Permit No. \_\_\_\_\_ Culvert Waiver \_\_\_\_\_ Contractor's License Number \_\_\_\_\_ Applicant/Owner/Contractor \_\_\_\_\_  
 EXISTING \_\_\_\_\_ 10-0523 \_\_\_\_\_ BK \_\_\_\_\_ TC \_\_\_\_\_ N \_\_\_\_\_  
 Driveway Connection \_\_\_\_\_ Septic Tank Number \_\_\_\_\_ LU & Zoning checked by \_\_\_\_\_ Approved for Issuance \_\_\_\_\_ New Resident \_\_\_\_\_

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(footer/Slab)

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 Heat & Air Duct \_\_\_\_\_ Peri. beam (Lintel) \_\_\_\_\_ Pool \_\_\_\_\_  
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For Office Use Only

(Revised 1-10-08)

Zoning Official

HK 29-12-10

Building Official

1.0 12-29-10

AP# 1012-51

Date Received 12/29/10

By EH

Permit # 29104

Flood Zone

Flowable

Development Permit

N/A

Zoning A-3

Land Use Plan Map Category A-3

Comments Elevation Confirmation Letter required

FEMA Map# 0514

Elevation 52.5'

Finished Floor 52.5'

River Santa Fe

In Floodway N/A

Site Plan with Setbacks Shown  EH # 10-0523  EH Release  Well letter  Existing well

Recorded Deed or Affidavit from land owner  Letter of Auth. from installer  State Road Access

Parent Parcel #  STUP-MH 10-16  F W Comp. letter

IMPACT FEES: EMS \_\_\_\_\_ Fire \_\_\_\_\_ Corr \_\_\_\_\_ Road/Code \_\_\_\_\_

School \_\_\_\_\_ = TOTAL \_\_\_\_\_

Property ID # 11-75-17-09983-009 Subdivision Bicentennial Acres Lot 16

▪ New Mobile Home  Used Mobile Home \_\_\_\_\_ MH Size 28x52 Year 2011

▪ Applicant Wendy Grennell Phone # 386-288-2428

▪ Address 3104 SW Old Wire Rd Ft Whik FL 32038

▪ Name of Property Owner Carolyn Schrecengost Simms Phone# 386-266-9009

▪ 911 Address 1396 SE Adams St. High Springs FL 32643

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

▪ Name of Owner of Mobile Home Krystal Schrecengost Phone # 386-454-1969

Address 1448 SE Adam St. High Springs FL 32643

▪ Relationship to Property Owner daughter

▪ Current Number of Dwellings on Property 1

▪ Lot Size \_\_\_\_\_ Total Acreage 5

▪ Do you : Have Existing Drive or Private Drive or need Culvert Permit or Culvert Waiver (Circle one)  
(Currently using) (Blue Road Sign) (Putting in a Culvert) (Not existing but do not need a Culvert)

▪ Is this Mobile Home Replacing an Existing Mobile Home No

▪ Driving Directions to the Property 441 South, TL on Adams St, to end, last property on R

▪ Name of Licensed Dealer/Installer Ernest Scott Johnson Phone # 352-494-8099

▪ Installers Address 22204 SE US Hwy 301 Hawthorne, FL 32640

▪ License Number I4-0000359 (To Deal #) Installation Decal # 3415  
IIT 1025249

Application Re-Submitted from 1011-45 - owners changed Dealers and MH Installer. See attached letters. Permit 29044 VOIDED - all fees paid by Wendy Grennell - Ack - Transferred to this application and the new permit. See L.P.

PERMIT WORKSHEET

page 1 of 2

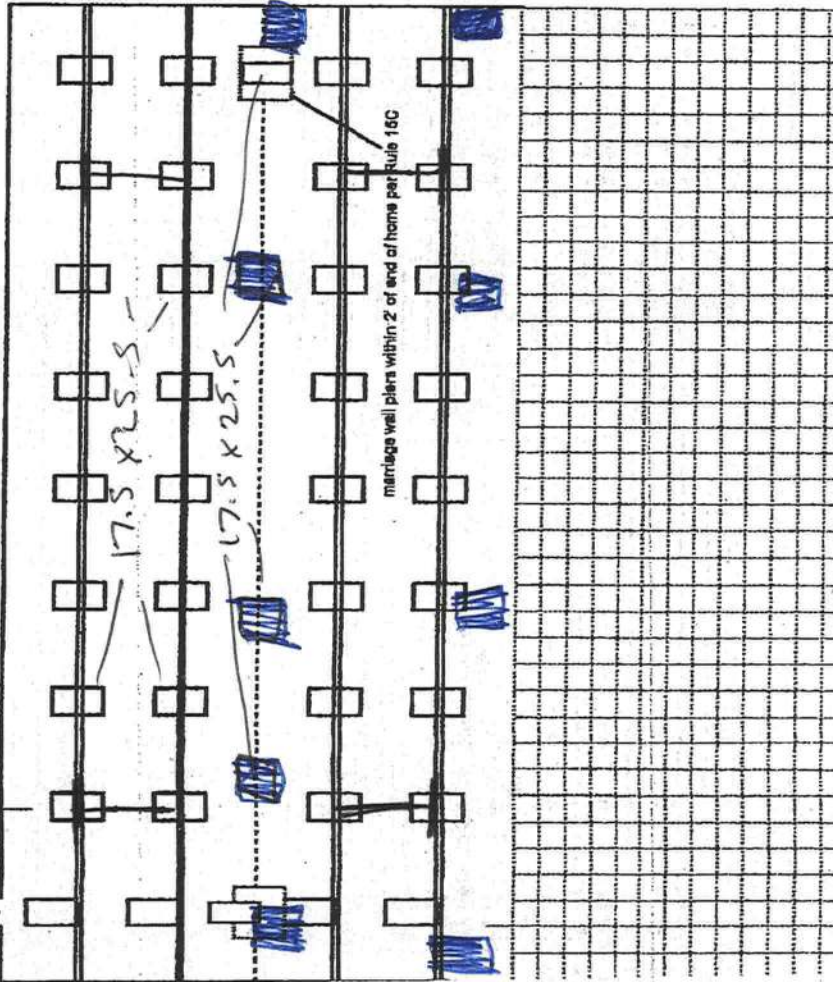
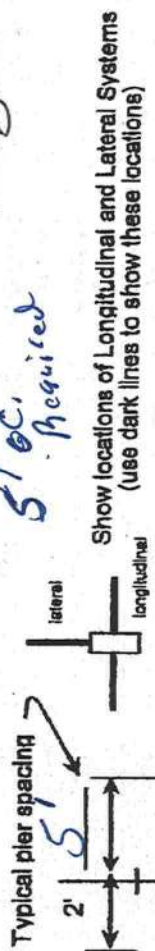
Installer Ernest Johnson License # IH-000359  
 Manufacturer Home Length x Width 28x  
 Name of Owner of this Mobile Home Krystal Schreengost  
 Phone 386-266-9009  
 Address 1396 SE Adams Street

New Home  Used Home  Year \_\_\_\_\_  
 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 # 3415  
 Triple/Quad  Serial # ordered

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 ESD  
5/oc. Required



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'	7'	8'	8'	8'
2000 psf	6'	8'	8'	8'	8'	8'
2500 psf	7'	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 17.5 X 25.5  
 Perimeter pier pad size 17.5 X 25.5  
 Other pier pad sizes (required by the mfg.) \_\_\_\_\_

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	448
24 x 24	576
26 x 26	676

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 \_\_\_\_\_  
 ANCHORS  
 4 ft 5 ft  
 FRAME TIES  
 within 2' of end of home spaced at 5' 4" oc  
 OTHER TIES  
 Number 2  
 Sidewall Longitudinal 4  
 Marriage wall

TIEDOWN COMPONENTS  
 Longitudinal Stabilizing Device (LSD)  
 Longitudinal Stabilizing Device w/ Lateral Arms

PERMIT WORKSHEET

page 2 of 2

PERMIT NUMBER

POCKET PENETROMETER TEST

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

X 1000 X 1000 X 1000

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 1000 X 1000 X 1000

TORQUE PROBE TEST

The results of the torque probe test is \_\_\_\_\_ 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

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Ernest Johnson

Date Tested Assumed

01/10/11 Vth

Electrical

Plumbing

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

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

Site Preparation

Debris and organic material removed \_\_\_\_\_  
Water drainage: Natural \_\_\_\_\_ Swale \_\_\_\_\_ Pad \_\_\_\_\_ Other \_\_\_\_\_

Fastening multi wide units

Floor: Type Fastener: 5 Lags Length: 5/16" Spacing: 2  
 Walls: Type Fastener: metal Length: 1/2" Spacing: 2  
 Roof: Type Fastener: 5 Lags Length: 3/4" Spacing: 2  
 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 EJ

Type gasket Yes

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

Weatherproofing

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

Miscellaneous

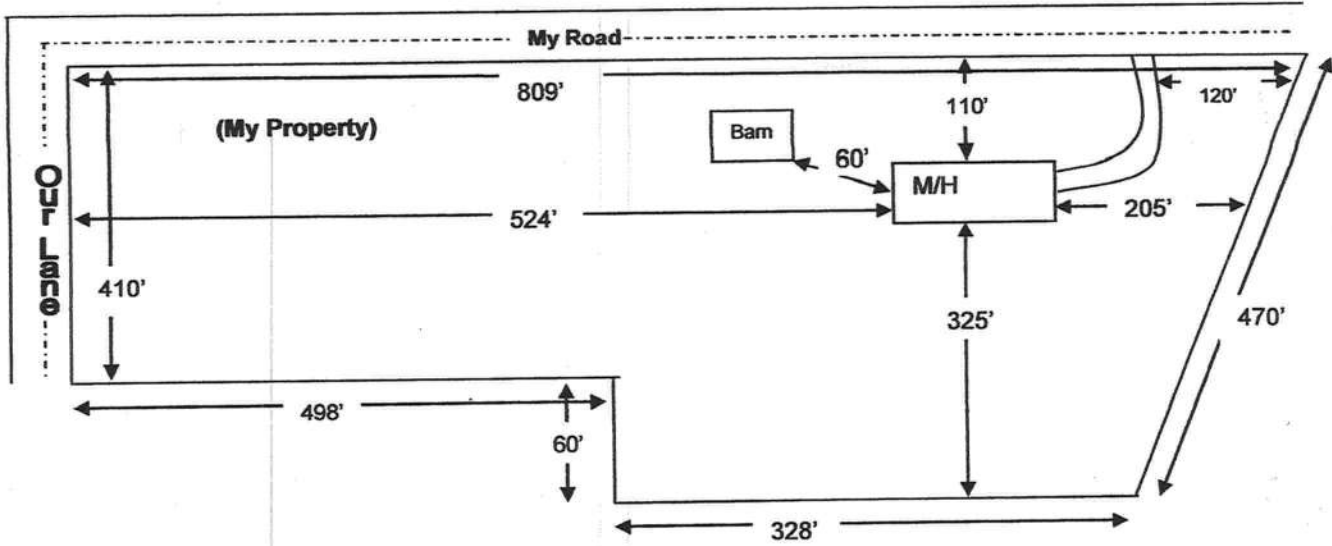
Skirting to be installed. Yes No  
 Dryer vent installed outside of skirting. Yes N/A  
 Range downflow vent installed outside of skirting. Yes  
 Drain lines supported at 4 foot intervals. Yes  
 Electrical crossovers protected. Yes  
 Other:

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

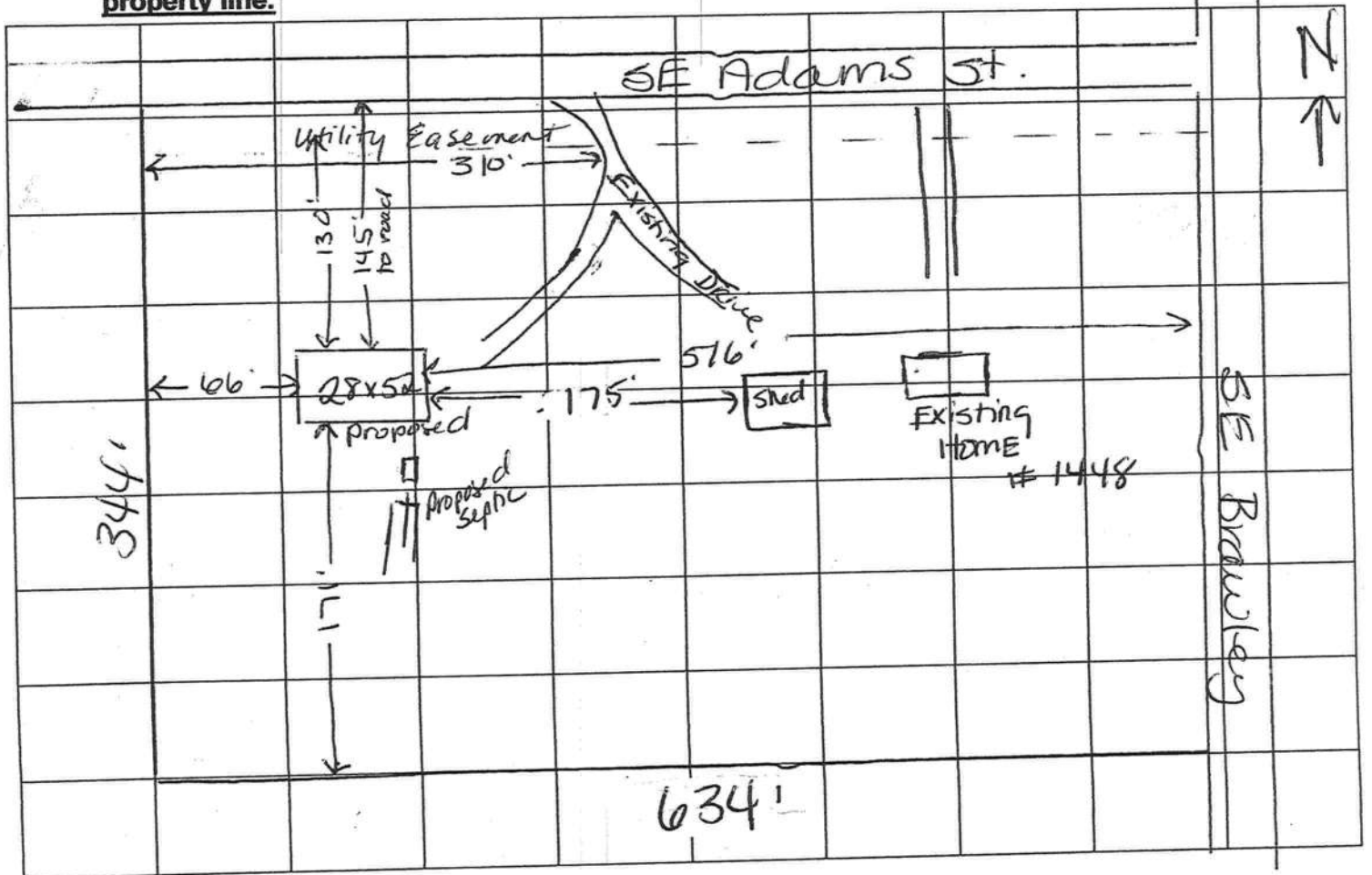
Installer Signature Ernest Johnson Date

# Schrecengost 2<sup>nd</sup> residence

## SITE PLAN EXAMPLE / WORKSHEET



Use this example to draw your own site plan. Show all existing buildings and any other homes on this property and show the distances between them, Also show where the roads or roads are around the property. This site plan can also be used for the 911 Addressing department if you include the distance from the driveway to the nearest property line.



**I-BEAM BLOCKING**  
SEE SOIL BEARING CAPACITY CHARTS FOR SPACING

**COLUMN BLOCKING**  
SEE SOIL BEARING CAPACITY CHARTS FOR PAD SIZE

**SHEARWALL BLOCKING**

**SHEARWALL FRAME TIE**

**LONGITUDINAL TIES**

**VERTICAL TIE**  
MAX. SPACING 5'-0" CENTER TO CENTER ZONE 2  
MAX. SPACING 4'-0" CENTER TO CENTER ZONE 3

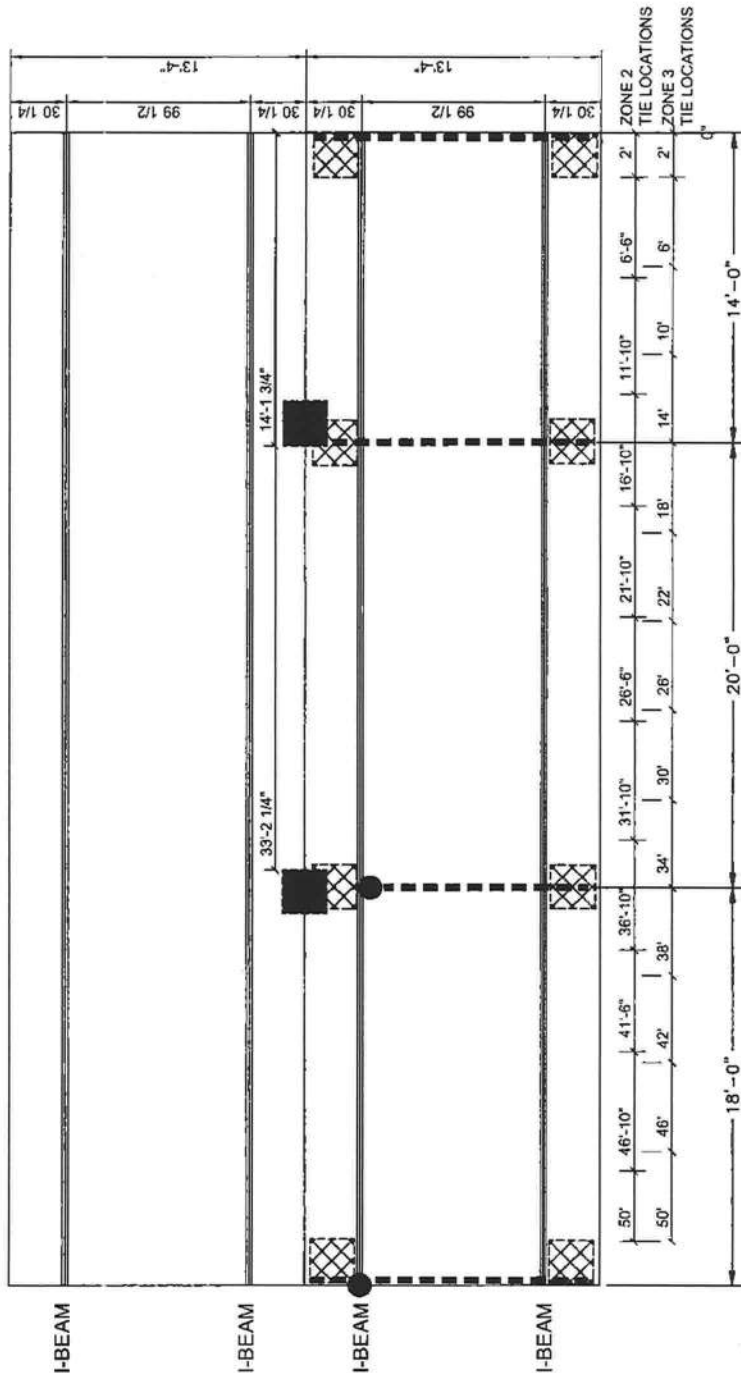
- 1) ALL EXTERIOR DOORS, BAY WINDOWS, RECESSED SIDEWALLS AND EXTERIOR WALL OPENINGS 48" OR GREATER, WILL REQUIRE BLOCKING ON EACH SIDE.
- 2) 32" WIDE HOMES REQUIRED TO BE BLOCKED MIN 8'-0" ON CENTER BETWEEN COLUMNS.
- 3) HOMES OF MERIT IS REQUIRING PERIMETER BLOCKING AT 8'-0" ON CENTER.

**PIER NOTES**

20 PSF ROOF LOAD MAX.	30 PSF ROOF LOAD MAX.
2000 PSF SOIL MIN.	2000 PSF SOIL MIN.
8'-0" O.C. SPACING MAX.	8'-0" O.C. SPACING MAX.
14' 7/8" WIDE - 20" x 20" x 48" FOOTING	14' 7/8" WIDE - 21" x 21" x 6" FOOTING
16' 1/2" WIDE - 20" x 20" x 48" FOOTING	16' 1/2" WIDE - 22" x 22" x 7" FOOTING

NOTE: FOR ALL OTHER INFORMATION SEE CHAMPION HOMES SET-UP MANUAL.

**PIER LEGEND**



96" SIDEWALLS  
SW# 1 ZONE 1 12'-6" (91 PLF)  
SW# 3 ZONE 2 12'-6" (237 PLF)  
SW# 4 ZONE 3 12'-6" (135 PLF)

88" SIDEWALLS  
SW# 1 ZONE 1 12'-6" (126 PLF)  
SW# 2 ZONE 2 12'-6" (124 PLF)  
SW# 3 ZONE 3 12'-6" (268 PLF)

96" SIDEWALLS  
SW# 1 ZONE 1 12'-6" (94 PLF)  
SW# 3 ZONE 2 12'-6" (105 PLF)  
SW# 4 ZONE 3 12'-6" (105 PLF)

**HOMES OF MERIT, INC.**

100 EAST LAKE CITY, FL 32056

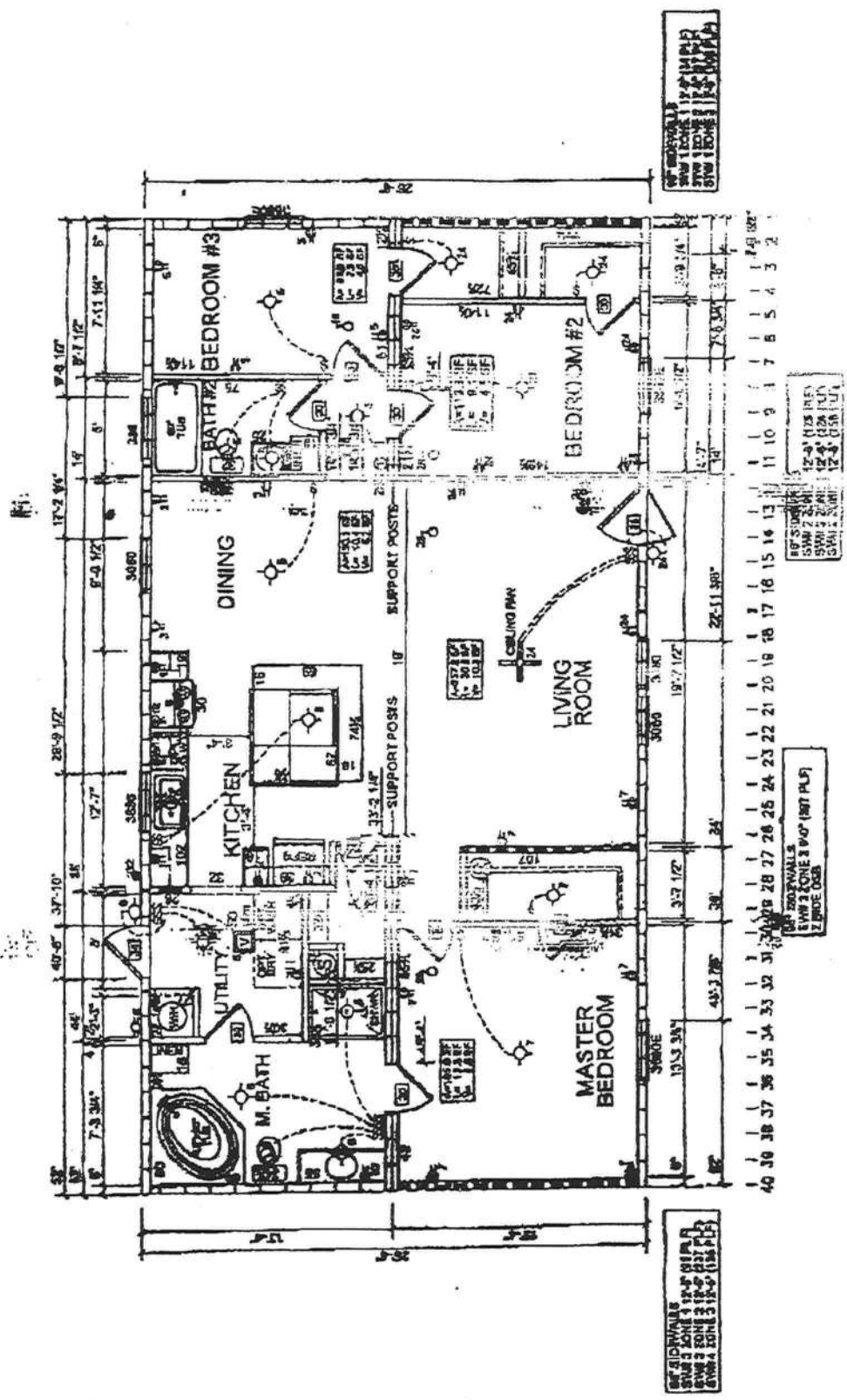
P.O. BOX 2097

DAPIA SEAL	MODIFICATIONS	MODEL: 261-LC0066 3 BEDROOM 2BATH	SHEET:
PROPRIETARY AND CONFIDENTIAL THESE DRAWINGS ARE THE SOLE CONFIDENTIAL MATERIALS OF CHAMPION PROPERTY 347-61976-2007 BY CHAMPION		TITLE: PIER FOUNDATION	F-101
DRAWN BY: ROD		DATE: 05-02-08	
SCALE: 1/8" = 1'-0"			





Schreengost Deal



<b>CHAMPION</b>		P.O. BOX 2097 HWY 100 EAST LAKE CITY, FL 32056	
DARIA SEAL		MODIFICATIONS	
PROPRIETARY AND CONFIDENTIAL THESE DRAWINGS AND ANY INFORMATION CONTAINED HEREIN ARE THE SOLE PROPERTY OF CHAMPION		MC MODEL: 51-LC0066 OPT. BAR 1 BEDROOM 2 BATH	
12'-0" (128 IN) 11'-0" (132 IN) 10'-0" (120 IN) 9'-0" (108 IN)		TITLE: FLOOR PLAN DRAWN BY: ROO DATE: 10-5-10 SCALE: 1/8" = 1'-0"	
40 39 38 37 36 35 34 33 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2		WHICH: S-1	

Schreengost  
APP # 101145

# COLUMBIA COUNTY 9-1-1 ADDRESSING

P. O. Box 1787, Lake City, FL 32056-1787  
PHONE: (386) 758-1125 \* FAX: (386) 758-1365 \* Email: ron\_croft@columbiacountyfla.com

## Addressing Maintenance

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

DATE REQUESTED: 11/18/2010      DATE ISSUED: 11/24/2010

### ENHANCED 9-1-1 ADDRESS:

1396      SE      ADAMS      ST

HIGH SPRINGS      FL      32643

### PROPERTY APPRAISER PARCEL NUMBER:

11-7S-17-09983-009

### Remarks:

2ND LOCATION ON PARCEL

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.**

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

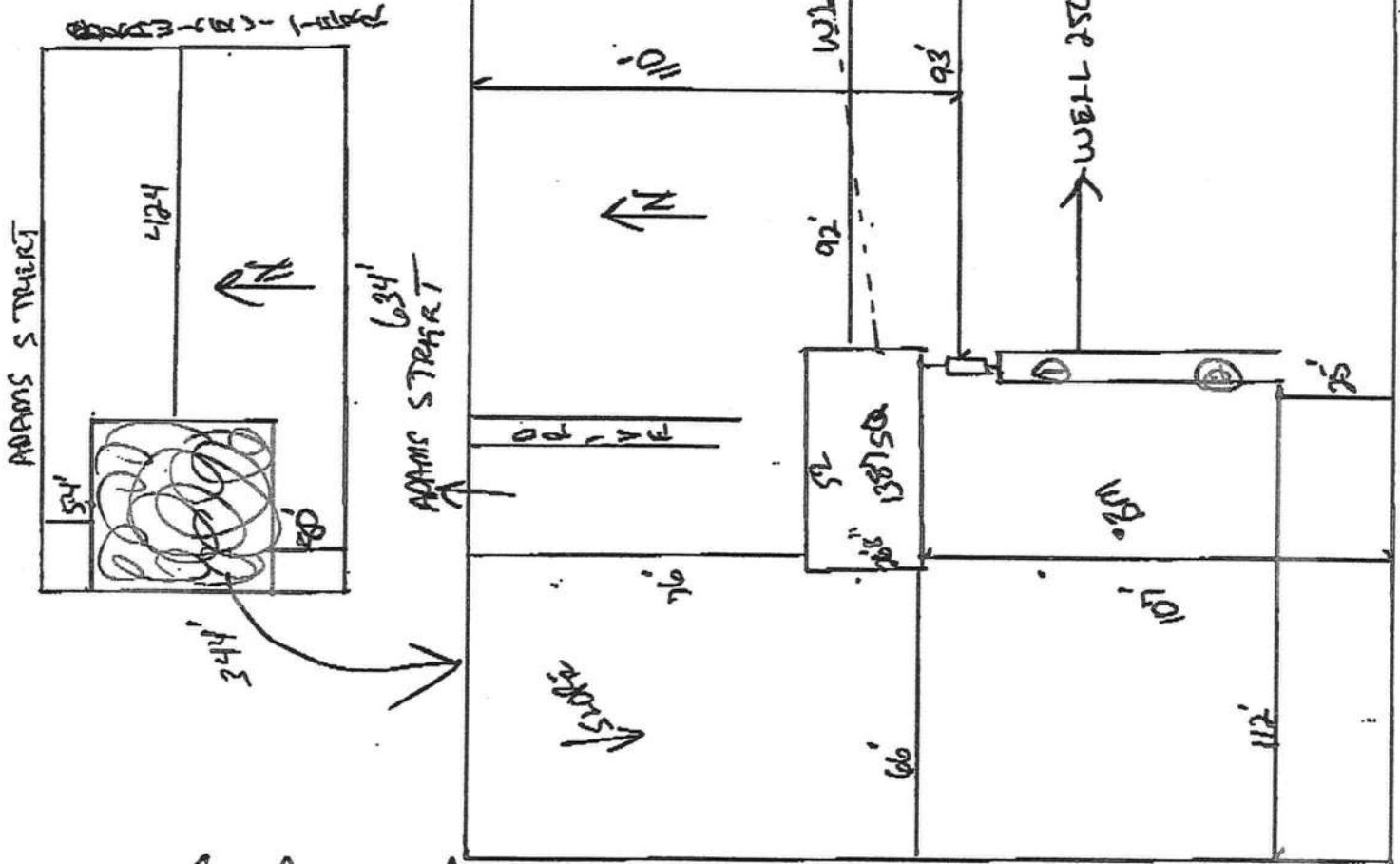
App# 1011-45

Permit Application Number 10-0523

Sch. McEngast

PART II - SITEPLAN

Scale: 1 inch = 40 feet.



Notes: 1 of 5 Acres

Site Plan submitted by: Rocky D Ford

Plan Approved  Not Approved

By Sally Ford, PHD Director, Columbia CHD

MASTER CONTRACTOR

Date 11.30.10

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER \_\_\_\_\_ CONTRACTOR Ernest Scott Johnson PHONE 352-494-8099  
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	Print Name <u>X Robert Grant</u> License #: <u>CAC1814931</u>	Signature <u>[Signature]</u> Phone #: <u>800 859 3708</u>
PLUMBING/ GAS	Print Name <u>Ernest Scott Johnson</u> License #: <u>JH-0000359</u>	Signature <u>[Signature]</u> Phone #: <u>352 494 8099</u>
ROOFING	Print Name _____ License #: _____	Signature _____ Phone #: _____
SHEET METAL	Print Name _____ License #: _____	Signature _____ Phone #: _____
FIRE SYSTEM/ SPRINKLER	Print Name _____ License #: _____	Signature _____ Phone #: _____
SOLAR	Print Name _____ License #: _____	Signature _____ Phone #: _____

Specialty License	License Number	Sub-Contractor's Printed Name	Sub-Contractor's Signature
MASON			
CONCRETE FINISHER			
FRAMING			
INSULATION			
STUCCO			
DRYWALL			
PLASTER			
CABINET INSTALLER			
PAINTING			
ACOUSTICAL CEILING			
GLASS			
CERAMIC TILE			
FLOOR COVERING			
ALUM/VINYL SIDING			
GARAGE DOOR			
METAL BLDG ERECTOR			

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.

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER \_\_\_\_\_

CONTRACTOR Ernst Scott Johnson PHONE 352-494-8099

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 Ordinance 09-6, 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 performing any work to which that will result in stop work orders and/or fines

<input checked="" type="checkbox"/> ELECTRICAL 684	Print Name: <u>Ernst Scott Johnson</u> License #: <u>E.C. 0000357</u>	Signature: <u>[Signature]</u> Phone #: <u>352-494-8099</u>	PHC/DNA
<input type="checkbox"/> MECHANICAL A/C	Print Name: _____ License #: _____	Signature: _____ Phone #: _____	
<input checked="" type="checkbox"/> PLUMBING/ GAS	Print Name: <u>Ernst Scott Johnson</u> License #: <u>I.H. 0000357</u>	Signature: <u>[Signature]</u> Phone #: <u>352-494-8099</u>	
<input type="checkbox"/> ROOFING	Print Name: _____ License #: _____	Signature: _____ Phone #: _____	
<input type="checkbox"/> SHEET METAL	Print Name: _____ License #: _____	Signature: _____ Phone #: _____	
<input type="checkbox"/> FIRE SYSTEMS/ SPRINKLER	Print Name: _____ License #: _____	Signature: _____ Phone #: _____	
<input type="checkbox"/> SOLAR	Print Name: _____ License #: _____	Signature: _____ Phone #: _____	

<input type="checkbox"/> MASON			
<input type="checkbox"/> CONCRETE FINISHER			
<input type="checkbox"/> FRAMING			
<input type="checkbox"/> INSULATION			
<input type="checkbox"/> STUDEO			
<input type="checkbox"/> DRYWALL			
<input type="checkbox"/> PLASTER			
<input type="checkbox"/> CABINET INSTALLER			
<input type="checkbox"/> PAINTING			
<input type="checkbox"/> ACOUSTICAL CEILING			
<input type="checkbox"/> GLASS			
<input type="checkbox"/> CERAMIC TILE			
<input type="checkbox"/> FLOOR COVERING			
<input type="checkbox"/> ALUM/VINYL SIDING			
<input type="checkbox"/> GARAGE DOOR			
<input type="checkbox"/> METAL BLDG ERECTOR			

F. S. 440.109 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.

To: Columbia County Building Department

I, Carolyn Schrecengost Simmons, owner of parcel # 11-7S-17-09983-009 Lot 16 Bicentennial Acres will not be purchasing the home permitted on permit # 29041 from C&G Homes and furthermore will not be having Mobile Home Installer Terry Thrift setting a home on my property for my daughter Krystal Schrecengost. I have instead purchased a home from Westgate Homes and will be having Mobile Home Installer Ernest Scott Johnson set the new home on my property for my daughter Krystal Schrecengost.

Carolyn Schrecengost Simmons  
Carolyn Schrecengost Simmons

12/20/10  
Date

Krystal Schrecengost  
Krystal Schrecengost

12/20/10  
Date

Subscribed and sworn to before me this 20 day of December, 2010  
By Carolyn Simmons (owner) and Krystal Schrecengost  
(Daughter) who has produced FL DL as identification

Shirley M. Bennett  
Notary Public



To: Columbia County Building Department

I, Wendy Grennell, permit agent am requesting cancellation of permit #29041 because my customers Carolyn Schrecengost Simmons and Krystal Schrecengost have backed out of the deal with C&G Homes and are purchasing a home from Westgate Homes to be placed on the same property and will do a new permit.

Wendy Grennell  
Wendy Grennell

12-21-2010  
Date

Subscribed and sworn to before me this 21 day of December, 2010  
By Wendy Grennell who is personally known to me or who has  
produced \_\_\_\_\_ as identification

Shirley M. Bennett  
Notary Public





**COLUMBIA COUNTY BUILDING DEPARTMENT  
 LETTER OF AUTHORIZATION TO SIGN FOR PERMITS  
 135 NE Hernando Ave, Suite B-21, Lake City, FL 32055  
 Phone: 386-758-1008 Fax: 386-758-2160**

I, Ernest Scott Johnson (license holder name), licensed qualifier for Dependable mobile Home (company name), do certify that the below referenced person(s) listed on this form is/are employed by me directly or through an employee leasing arrangement; or, is an officer of the corporation; or, partner as defined in Florida Statutes Chapter 468, and the said person(s) is/are under my direct supervision and control and is/are authorized to purchase permits, call for inspections, and sign on my behalf.

Printed Name of Person Authorized	Signature of Authorized Person
1. Wendy Grennell	1. Wendy Grennell
2.	2.
3.	3.
4.	4.
5.	5.

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances. I understand that the State and County Licensing Boards have the power and authority to discipline a license holder for violations committed by him/her, his/her agents, officers, or employees and that I have full responsibility for compliance with all statutes, codes and ordinances inherent in the privilege granted by issuance of such permits.

If at any time the person(s) you have authorized is/are no longer employee(s), or officer(s), you must notify this department in writing of the changes and submit a new letter of authorization form, which will supersede all previous lists. Failure to do so may allow unauthorized persons to use your name and/or license number to obtain permits.

Ernest S Johnson      TH-000359      12-10-10  
 License Holders Signature (Notarized)      License Number      Date

NOTARY INFORMATION:  
 STATE OF: Florida      COUNTY OF: Columbia

The above license holder, whose name is Ernest Scott Johnson, personally appeared before me and is known by me or has produced identification (type of I.D.) FL DL on this 10 day of December, 2010.

Shirley M Bennett  
 NOTARY'S SIGNATURE





THIS WARRANTY DEED WAS PREPARED BY  
*Carol Wright*  
 TITLE OFFICER OF  
 HERSCHELD LAND TITLE GROUP, INC.  
 300 N. MARSH ST. LAKE CT., FL.  
 IN CONNECTION WITH TITLE INSURANCE

Property Appraisal Parcel Identification (PAP) Number:  
 11-78-17-09983-009

WARRANTY DEED  
 IMPROVED TO RECORD

RECORDED BY  
 Doc. 6,00  
 Ac. 68.75

8-11190

NOV 21 PM 2:15

DOCUMENTARY STAMP 68.75  
 INTANGIBLE TAX  
 MARY M. PERRY, CLERK OF  
 COURTS, COLUMBIA COUNTY  
 BY *Mrs. Meigs, Jr.*

**This Warranty Deed** Made the 21st day of NOVEMBER A. D. 19 88 by  
 NANCY G. MOOT, also known as NANCY G. MOOT and WILLIAM W. MOOT, HER HUSBAND,  
 hereinafter called the grantor, to  
 CAROLYN SCHNECKENROST, whose Social Security No. is: \_\_\_\_\_

whose postoffice address is Rt. 2, Box 615 High Springs, FL 32643  
 hereinafter called the grantee:

**Witnesseth:** That the grantor for and in consideration of the sum of \$10.00 and other  
 valuable considerations, recited hereof to hereby acknowledged, hereby grants, bargains, sells, alien, re-  
 leases, releases, conveys and confirms unto the grantee all that certain land situate in COLUMBIA  
 County, Florida, etc:

POINT OF REFERENCE is the SW Corner of the SE 1/4 of the NW 1/4 of Section 11,  
 Township 7 South, Range 17 East, Columbia County, Florida, thence run N 02°35'58" W  
 along West line of the SE 1/4 of the NW 1/4 of Section 11 a distance of 298.33 feet  
 to POINT OF BEGINNING; thence continue N 02°35'58" W along said quarter-quarter line  
 a distance of 344.00 feet to the South line of a 60 foot county graded road; thence  
 N 87°45'33" E along South line of said road a distance of 534.48 feet to the West line  
 of a 60 foot county graded road; thence S 02°33'54" E along West line of said road a  
 distance of 344.00 feet; thence S 87°45'33" W parallel to South line of said road a  
 distance of 534.30 feet to POINT OF BEGINNING. All the above described lands also  
 known as LOT 16, OF EIGHTENTHIAL ACRES.

SUBJECT TO: RESTRICTIONS recorded Sept. 30, 1976 in OR BOOK 368, PAGES 386-388,  
 Public Records, Columbia County, Florida.

**Together** with all the tenements, hereditaments and appurtenances thereto belonging or in any-  
 wise 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, 1988.

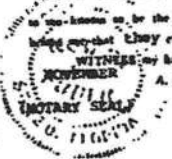
**In Witness Whereof,** the said grantor has signed and sealed these presents the day and year  
 first above written.

Signed, sealed and delivered in our presence:  
*Lisa Hye*  
*Carol A. Wright*  
 NANCY G. MOOT  
 WILLIAM W. MOOT

STATE OF FLORIDA  
 COUNTY OF COLUMBIA

I HEREBY CERTIFY that on this day, before me, as  
 officer duly authorized in the State aforesaid and in the County aforesaid, to take acknowledgment, personally appeared  
 NANCY G. MOOT, also known as NANCY G. MOOT and WILLIAM W. MOOT, her husband,  
 to me known to be the persons described in and who executed the foregoing instrument and they acknowledged  
 before me that they executed the same.

WITNESSE my hand and official seal in the County and State last aforesaid this 21st day of  
 NOVEMBER A. D. 19 88.



*Carol A. Wright*  
 NOTARY PUBLIC  
 My Commission Expires March 27, 1990  
 Bonded thru a net's

EX 0668 60197  
 OFFICIAL RECORDS

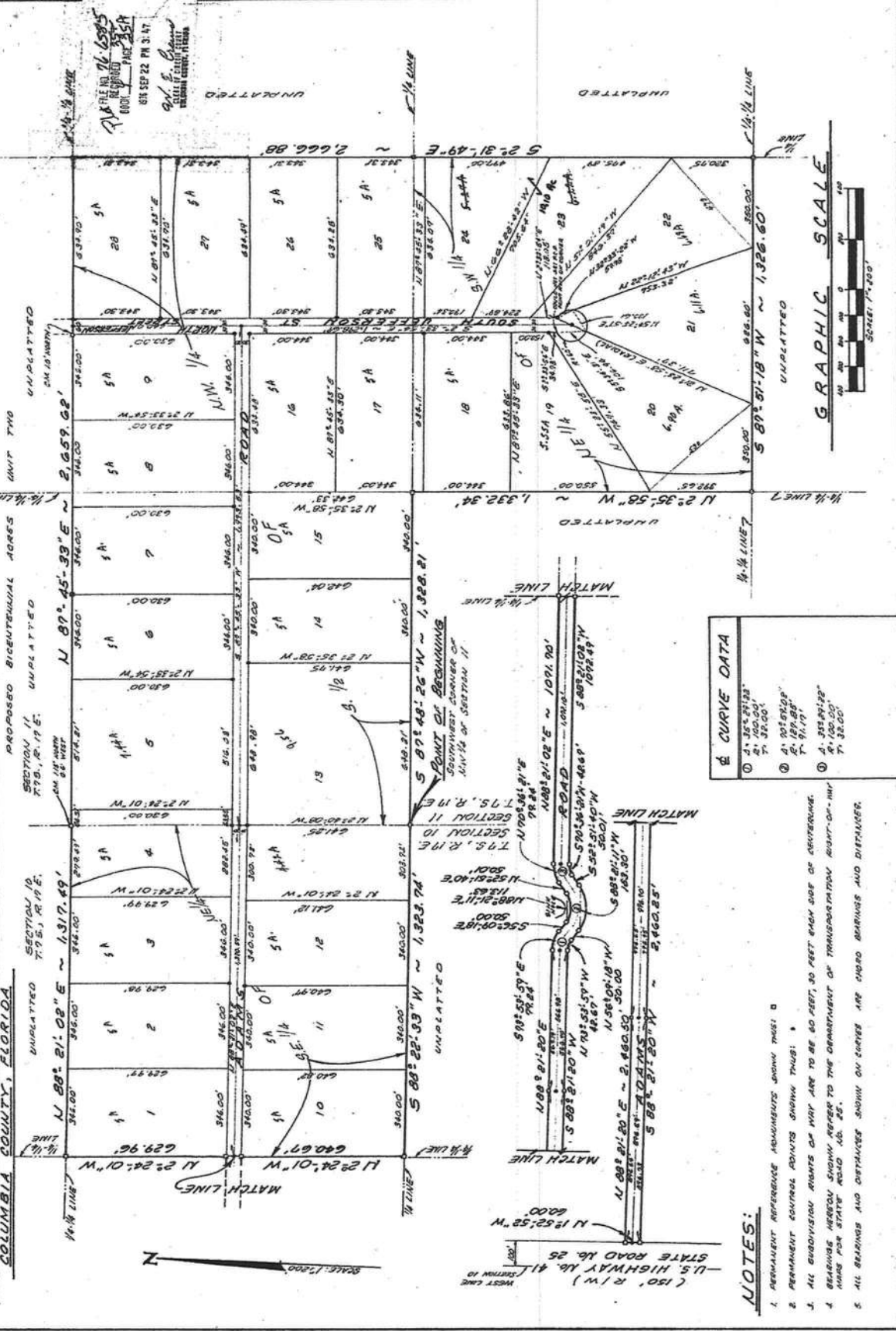
# Bicentennial Access - Unit One

COLUMBIA COUNTY, FLORIDA

PLAT BOOK 4 PAGE 35A

SHEET 2 OF 2 SHEETS

82



**CURVE DATA**

1	A. 375.3123'
	B. 100.00'
	T. 32.00'
2	A. 105.1228'
	B. 100.00'
	T. 31.17'
3	A. 355.8132'
	B. 100.00'
	T. 32.00'

- NOTES:**
1. PERMANENT REFERENCE ADJUSTMENTS SHOWN THIS: 0
  2. PERMANENT CONTROL ADJUSTMENTS SHOWN THIS: 1
  3. ALL SUBDIVISION RIGHTS OF WAY ARE TO BE 60 FEET, 30 FEET FROM SHIP OF CENTERLINE.
  4. BEARINGS HERETOON SHOWN REFER TO THE DEPARTMENT OF TRANSPORTATION RIGHT-OF-WAY MARKS FOR STATE ROAD NO. 25.
  5. ALL BEARINGS AND DISTANCES SHOWN ON CURVES ARE SHOWN BEARINGS AND DISTANCES.

APPROVED FOR RECORD  
 6/15/2005  
 8:15 SEP 22 PM 3:47  
 M. E. Blanton  
 SURVEYOR  
 COLUMBIA COUNTY, FLORIDA





~~1011-95~~ <sup>VOLD</sup> 1012-51

COLUMBIA COUNTY, FLORIDA  
LAND DEVELOPMENT REGULATION ADMINISTRATOR  
SPECIAL PERMIT FOR TEMPORARY USE  
APPLICATION

Permit No. STUP - 10-16

Date 12-2-10

Fee 450.00

Receipt No. 4119

Building Permit No. VOID 29041/

Name of Title Holder(s) Carolyn Schrecengost Simmons

Address 1448 S. E Adams St City High Springs

Zip Code 32643

Phone (386) 266-9009 386-454-1969

**NOTE:** If the title holder(s) of the subject property are appointing an agent to represent them, a letter from the title holder(s) addressed to the Land Development Regulation Administrator **MUST** be attached to this application at the time of submittal stating such appointment.

Title Holder(s) Representative Agent(s) Wendy Grennell

Address 3104 SW Old Wire Road City  Ft White

Zip Code 32038

Phone (386) 288-2428

Paragraph Number Applying for 7

Proposed Temporary Use of Property residential

Proposed Duration of Temporary Use 5

Tax Parcel ID# 11-75-17-09983-009

Size of Property 5 acres

Present Land Use Classification Res

Present Zoning District Ag-3

Certain uses are of short duration and do not create excessive incompatibility during the course of the use. Therefore, the Land Development Regulation Administrator is authorized to issue temporary use permits for the following activities, after a showing that any nuisance or hazardous feature involved is suitably separated from adjacent uses; excessive vehicular traffic will not be generated on minor residential streets; and a vehicular parking problem will not be created:

1. In any zoning district: special events operated by non-profit, eleemosynary organizations.
2. In any zoning district: Christmas tree sales lots operated by non-profit, eleemosynary organizations.
3. In any zoning district: other uses which are similar to (1) and (2) above and which are of a temporary nature where the period of use will not extend beyond thirty (30) days.
4. In any zoning district: mobile homes or travel trailers used for temporary purposes by any agency of municipal, County, State, or Federal government; provided such uses shall not be or include a residential use.
5. In any zoning district: mobile homes or travel trailers used as a residence, temporary office, security shelter, or shelter for materials of goods incident to construction on or development of the premises upon which the mobile home or travel trailer is located. Such use shall be strictly limited to the time construction or development is actively underway. In no event shall the use continue more than twelve (12) months without the approval of the Board of County Commissioners and the Board of County Commissioners shall give such approval only upon finding that actual construction is continuing.
6. In agricultural, commercial, and industrial districts: temporary religious or revival activities in tents.
7. In agricultural districts: In addition to the principal residential dwelling, two (2) additional mobile homes may be used as an accessory residence, provided that such mobile homes are occupied by persons related by the grandparent, parent, step-parent, adopted parent, sibling, child, stepchild, adopted child or grandchild of the family occupying the principal residential use. Such mobile homes are exempt from lot area requirements. A temporary use permit for such mobile homes may be granted for a time period up to five (5) years. The permit is valid for occupancy of the specified family member as indicated on Family Relationship Affidavit and Agreement which shall be recorded in the Clerk of the Courts by the applicant.

The Family Relationship Affidavit and Agreement shall include but not be limited to:

- a. Specify the family member to reside in the additional mobile home;
- b. Length of time permit is valid;

- c. Site location of mobile home on property and compliance with all other conditions not conflicting with this section for permitting as set forth in these land development regulations. Mobile homes shall not be located within required yard setback areas and shall not be located within twenty (20) feet of any other building;
- d. Responsibility for non ad-valorem assessments;
- e. Inspection with right of entry onto the property by the County to verify compliance with this section. The Land Development Regulation Administrator, and other authorized representatives are hereby authorized to make such inspections and take such actions as may be required to enforce the provisions of this Section and;
- f. Shall be hooked up to appropriate electrical service, potable well and sanitary sewer facilities (bathroom and septic tank) that have been installed pursuant to permits issued by the Health Department and County Building and Zoning Department, where required.
- g. Recreational vehicles (RV's) as defined by these land development regulations are not allowed under this provision (see Section 14.10.2#10).
- h. Requirements upon expiration of permit. Unless extended as herein provided, once a permit expires the mobile home shall be removed from the property within six (6) months of the date of expiration.

The property owner may apply for one or more extensions for up to two (2) years by submitting a new application, appropriate fees and family relationship residence affidavit agreement to be approved by the Land Development Regulations Administrator.

Previously approved temporary use permits would be eligible for extensions as amended in this section.

- 8. In shopping centers within Commercial Intensive districts only: mobile recycling collection units. These units shall operate only between the hours of 7:30 a.m. and 8:30 p.m. and shall be subject to the review of the Land Development Regulation Administrator. Application for permits shall include written confirmation of the permission of the shopping center owner and a site plan which includes distances from buildings, roads, and property lines. No permit shall be valid for more than thirty (30) days within a twelve (12) month period, and the mobile unit must not remain on site more than seven (7) consecutive days. Once the unit is moved off-site, it must be off-site for six (6) consecutive days.
- 9. In agriculture and environmentally sensitive area districts: a single recreational vehicle as described on permit for living, sleeping, or housekeeping purposes for one-hundred eighty (180) consecutive days from date that permit is issued, subject to the following conditions:
  - a. Demonstrate a permanent residence in another location.
  - b. Meet setback requirements.

- c. Shall be hooked up to or have access to appropriate electrical service, potable well and sanitary sewer facilities (bathroom and septic tank) that have been installed pursuant to permits issued by the Health Department and County Building and Zoning Department, where required.

Upon expiration of the permit the recreational vehicle shall not remain on property parked or stored and shall be removed from the property for 180 consecutive days.

Temporary RV permits are renewable only after one (1) year from issuance date of any prior temporary permit.

Temporary RV permits existing at the effective date of this amendment may be renewed for one (1) additional temporary permit in compliance with these land development regulations, as amended. Recreational vehicles as permitted in this section are not to include RV parks.

Appropriate conditions and safeguards may include, but are not limited to, reasonable time limits within which the action for which temporary use permit is requested shall be begun or completed, or both. Violation of such conditions and safeguards, when made a part of the terms under which the special permit is granted, shall be deemed a violation of these land development regulations and punishable as provided in Article 15 of these land development regulations.

---

I (we) hereby certify that all of the above statements and the statements contained in any papers or plans submitted herewith are true and correct to the best of my (our) knowledge and belief.

Krysta Schrecengost  
Applicants Name (Print or Type)

DAUGHTER

Krysta Schrecengost  
Applicant Signature

11/12/10  
Date

---

**OFFICIAL USE**

Approved

Denied

Reason for Denial \_\_\_\_\_

Conditions (if any) \_\_\_\_\_



**COLUMBIA COUNTY, FLORIDA  
LAND DEVELOPMENT REGULATION ADMINISTRATOR  
SPECIAL PERMIT FOR TEMPORARY USE  
AUTHORIZATION**

The undersigned, Carolyn (Schrecongost) Simmons, (herein "Property Owners"), whose physical 911 address is 1448 S. E Adams St High Springs Fl 32643, hereby understand and agree to the conditions set forth by the issuance of a Special Temporary Use Permit in accordance with the Columbia County Land Development Regulations (LDR's). I hereby further authorize Wendy Grennell to act on by behalf concerning the application for such Special Temporary Use Permit on Tax Parcel ID # 11 - 75 - 17 - 09983 - 009.

Dated this 19 Day of November, 20 10.

✓ Carolyn Simmons  
Property Owner (signature)

**STATE OF FLORIDA  
COUNTY OF COLUMBIA**

The foregoing instrument was acknowledged before me this 19 Day of November, 20 10, by Carolyn Simmons Who is personally known to me or who has produced a FL DL Driver's license as identification.

**(NOTARIAL  
SEAL)**



Shirley M. Bennett  
Notary Public, State of Florida

My Commission Expires:

**AFFIDAVIT AND AGREEMENT OF SPECIAL  
TEMPORARY USE FOR IMMEDIATE  
FAMILY MEMBERS FOR  
PRIMARY RESIDENCE**

**STATE OF FLORIDA  
COUNTY OF COLUMBIA**

Inst. 201012020104 Date: 12/17/2010 Time: 11:46 AM  
DC, P. DeWitt Cason, Columbia County Page 1 of 2 B:1206 P:1783

BEFORE ME the undersigned Notary Public personally appeared.

Cardyn Schrecengost, Simmons, the Owner of the parcel which is being used to place an additional dwelling (mobile home) as a primary residence for a family member of the Owner, and Krystal Schrecengost, the Family Member of the Owner, who intends to place a mobile home as the family member's primary residence as a temporarily use. The Family Member is related to the Owner as Daughter, and both individuals being first duly sworn according to law, depose and say:

1. Family member is defined as parent, grandparent, step-parent, adopted parent, sibling, child, step-child, adopted child or grandchild.
2. Both the Owner and the Family Member have personal knowledge of all matters set forth in this Affidavit and Agreement.
3. The Owner holds fee simple title to certain real property situated in Columbia County, and more particularly described by reference with the Columbia County Property Appraiser Tax Parcel No. 11-75-17-09983-009.
4. No person or entity other than the Owner claims or is presently entitled to the right of possession or is in possession of the property, and there are no tenancies, leases or other occupancies that affect the Property.
5. This Affidavit and Agreement is made for the specific purpose of inducing Columbia County to issue a Special Temporary Use Permit for a Family Member on the parcel per the Columbia County Land Development Regulations. This Special Temporary Use Permit is valid for 5 year(s) as of date of issuance of the mobile home move-on permit, then the Family Member shall comply with the Columbia County Land Development Regulations as amended.
6. This Special Temporary Use Permit on Parcel No. 11-75-17-09983-009 is a "one time only" provision and becomes null and void if used by any other family member or person other than the named Family Member listed above. The Special Temporary Use Permit is to allow the named Family Member above to place a mobile home on the property for his primary residence only. In addition, if the Family Member listed above moves away, the mobile home shall be removed from the property within 60 days of the Family Member departure or the mobile home is found to be in violation of the Columbia County Land Development Regulations.
7. The site location of mobile home on property and compliance with all other conditions not conflicting with this section for permitting as set forth in these land development regulations. Mobile homes shall not be located within required yard setback areas and shall not be located within twenty (20) feet of any other building.
8. The parent parcel owner shall be responsible for non ad-valorem assessments.

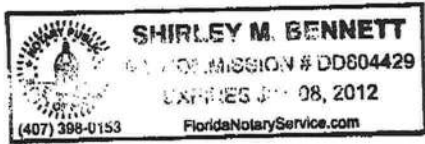
9. Inspection with right of entry onto the property, but not into the mobile home by the County to verify compliance with this section shall be permitted by owner and family member. The Land Development Regulation Administrator, and other authorized representatives are hereby authorized to make such inspections and take such actions as may be required to enforce the provisions of this Section.
10. The mobile home shall be hooked up to appropriate electrical service, potable well and sanitary sewer facilities (bathroom and septic tank) that have been installed pursuant to permits issued by the Health Department and County Building and Zoning Department, where required.
11. Recreational vehicles (RV's) as defined by these land development regulations are not allowed under this provision (see Section 14.10.2#10).
12. Upon expiration of permit, the mobile home shall be removed from the property within six (6) months of the date of expiration, unless extended as herein provided by Section 14.10.2 (#7).
13. This Affidavit and Agreement is made and given by Affiants with full knowledge that the facts contained herein are accurate and complete, and with full knowledge that the penalties under Florida law for perjury include conviction of a felony of the third degree.

We Hereby Certify that the facts represented by us in this Affidavit are true and correct and we accept the terms of the Agreement and agree to comply with it.

✓ Carolyn Simmons Owner  
 ✓ Krystal Schrecengost Family Member  
Carolyn Schrecengost Simmons Typed or Printed Name  
Krystal Schrecengost Typed or Printed Name

Subscribed and sworn to (or affirmed) before me this 19 day of November, 2010, by Carolyn Schrecengost Simmons (Owner) who is personally known to me or has produced FL DL as identification.

Shirley M. Bennett  
Notary Public



Subscribed and sworn to (or affirmed) before me this 19 day of November, 2010, by Krystal Schrecengost (Family Member) who is personally known to me or has produced FL DL as identification.

Shirley M. Bennett  
Notary Public



COLUMBIA COUNTY, FLORIDA

By: Brian L. Kepner  
Name: BRIAN L. KEPNER  
Title: LAND DEVELOPMENT REGULATION ADMINISTRATOR

# ELEVATION CERTIFICATE

29104

OMB No. 1660-0008  
Expires March 31, 2012

Important: Read the instructions on pages 1-9.

<b>SECTION A - PROPERTY INFORMATION</b>		For Insurance Company Use:	
A1. Building Owner's Name CAROLYN SCHRECENGOST		Policy Number	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1448 SE ADAMS STREET		Company NAIC Number	
City HIGH SPRINGS State FL ZIP Code 32643			
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 16 BICENTENNIAL ACRES UNIT 1, PLAT BOOK 4, PAGES 35-35A. TAX PARCEL NO. 11-7S-17-09983-009, COLUMBIA COUNTY, FLORIDA.			
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)		RESIDENTIAL	
A5. Latitude/Longitude: Lat. <u>N29D53'46.8"</u> Long. <u>W082D35'16.4"</u>		Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983	
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.			
A7. Building Diagram Number <u>5</u>			
A8. For a building with a crawlspace or enclosure(s):		A9. For a building with an attached garage:	
a) Square footage of crawlspace or enclosure(s)	<u>NA</u> sq ft	a) Square footage of attached garage	<u>NA</u> sq ft
b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade	<u>NA</u>	b) No. of permanent flood openings in the attached garage within 1.0 foot above adjacent grade	<u>NA</u>
c) Total net area of flood openings in A8.b	<u>NA</u> sq in	c) Total net area of flood openings in A9.b	<u>NA</u> sq in
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

## SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number COLUMBIA COUNTY, FL 120070		B2. County Name COLUMBIA		B3. State FLORIDA	
B4. Map/Panel Number 12023C0514	B5. Suffix C	B6. FIRM Index Date 1/6/1988	B7. FIRM Panel Effective/Revised Date 2/4/2009	B8. Flood Zone(s) X, SHADED X	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 52.6
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9. <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe) <u>□□□□□</u>					
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe) <u>□□□□□</u>					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date <u>□□□□□</u> <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

## SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on:  Construction Drawings\*  Building Under Construction\*  Finished Construction  
\*A new Elevation Certificate will be required when construction of the building is complete.

C2. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-h below according to the building diagram specified in Item A7. Use the same datum as the BFE.  
Benchmark Utilized FL DOT TBM 15 Vertical Datum NGVD 1929  
Conversion/Comments SUBTRACTED 0.77' FROM NGVD 1929 TO OBTAIN NAVD 1988 DATUM.


Check the measurement used.

a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	<u>59.0</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
b) Top of the next higher floor	<u>NA.□□□□□</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>NA.□□□□□</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
d) Attached garage (top of slab)	<u>NA.□□□□□</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	<u>55.7</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
f) Lowest adjacent (finished) grade next to building (LAG)	<u>55.5</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
g) Highest adjacent (finished) grade next to building (HAG)	<u>55.8</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	<u>55.3</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)

## SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.  Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by a

licensed land surveyor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Certifier's Name Mark D. Duren	License Number Ls 4708
Title Surveyor and Mapper	Company Name Mark D. Duren and Associates, Inc.
Address 120 NW Burk Avenue, Suite 103	City Lake City State FL ZIP Code 32055

  
 LS4708  
 SEAL  
 11/18/2011  
 10-295

# Building Photographs

See Instructions for Item A6.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1448 SE ADAMS STREET	For Insurance Company Use: Policy Number
City HIGH SPRINGS State FL ZIP Code 32643	Company NAIC Number

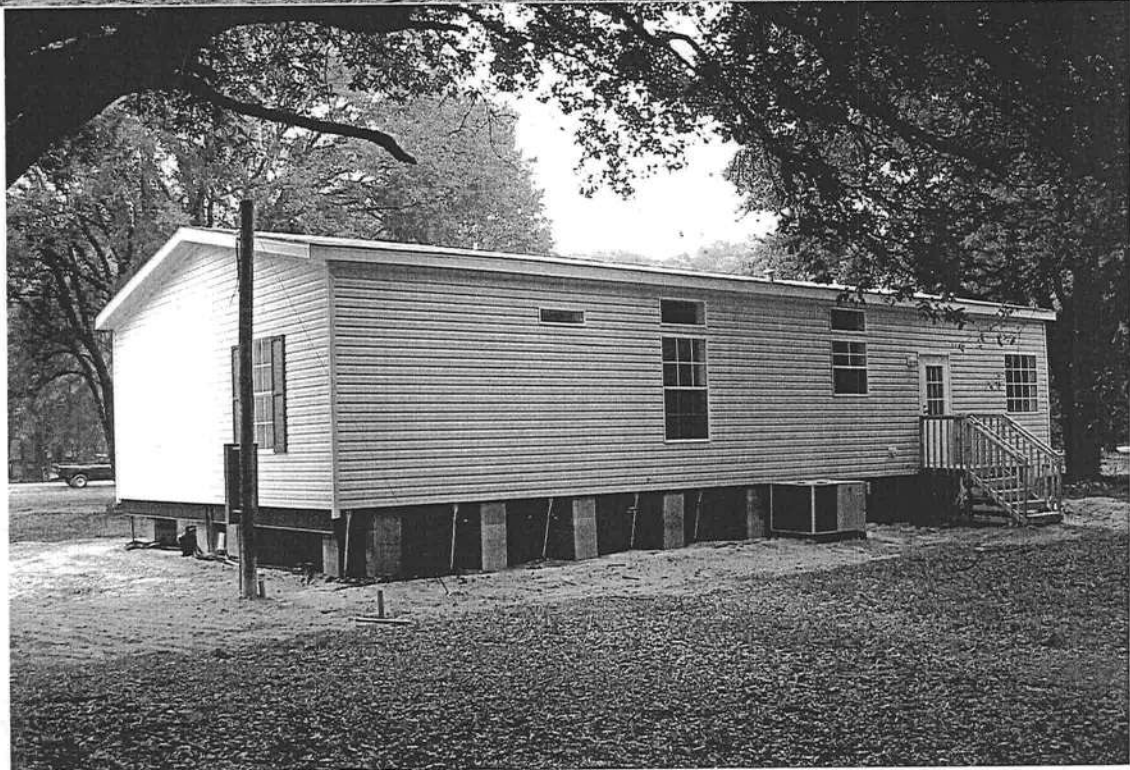
If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two building photographs below according to the instructions for Item A6. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." If submitting more photographs than will fit on this page, use the Continuation Page, following.

FRONT (NORTH) VIEW  
AND LEFT SIDE (EAST)  
VIEW  
1/18/2011



BACK (SOUTH) VIEW  
AND RIGHT SIDE (WEST)  
VIEW.

1/18/2011



**CERTIFICATE OF OCCUPANCY**

**M/H O C C U P A N C Y**

**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 11-7S-17-09983-009

Building permit No. 000029104

Permit Holder ERNEST SCOTT JOHNSON

Owner of Building CAROLYN SIMMONS (KRYSTAL SCHRECEGOST)

Location: 1396 SE ADAMS ST, HIGH SPRINGS, FL 32643

Date: 01/18/2011

*Fary Dicko*

Building Inspector

**POST IN A CONSPICUOUS PLACE  
(Business Places Only)**



**SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION**

Signature [Signature] Date 1/18/2011 Telephone 386-758-9831

**IMPORTANT: In these spaces, copy the corresponding information from Section A.**

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.

1448 SE ADAMS STREET

City HIGH SPRINGS State FL ZIP Code 32643

For Insurance Company Use:

Policy Number

Company NAIC Number

**SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)**

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments MOBILE HOME, STANDARD SETUP IN FLOOD ZONE "SHADED X". BFE SHOWN IS FOR ADJACENT FLOOD ZONE "AE" FOR REFERENCE INFO. NO SKIRTING WAS INSTALLED AT TIME OF SURVEY. EQUIPMENT REFERENCED IS A/C SLAB.

Signature [Signature] Date 1/18/2011

Check here if attachments

**SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)**

For Zones AO and A (without BFE), complete Items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).

a) Top of bottom floor (including basement, crawlspace, or enclosure) is 3.2  feet  meters  above or  below the HAG.

b) Top of bottom floor (including basement, crawlspace, or enclosure) is 3.5  feet  meters  above or  below the LAG.

E2. For Building Diagrams 6-9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 8-9 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is NA  feet  meters  above or  below the HAG.

E3. Attached garage (top of slab) is NA.0  feet  meters  above or  below the HAG.

E4. Top of platform of machinery and/or equipment servicing the building is 0.1  feet  meters  above or  below the HAG.

E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance?  Yes  No  Unknown. The local official must certify this information in Section G.

**SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION**

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. *The statements in Sections A, B, and E are correct to the best of my knowledge.*

Property Owner's or Owner's Authorized Representative's Name

Mark D. Duren

Address 120 NW Burk Avenue, Suite 103

City Lake City

State FL

ZIP Code 32055

Signature [Signature]

Date 1/18/2011

Telephone 386-758-9831

Comments SEE COMMENTS IN SECTION "D".

Check here if attachments

**SECTION G - COMMUNITY INFORMATION (OPTIONAL)**

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8 and G9.

G1.  The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)

G2.  A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.

G3.  The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. Permit Number

□□□□□

G5. Date Permit Issued

□□□□□

G6. Date Certificate Of Compliance/Occupancy Issued

□□□□□

G7. This permit has been issued for:  New Construction  Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building: □□□□.□□□□  feet  meters (PR) Datum □□□□□

G9. BFE or (in Zone AO) depth of flooding at the building site: □□□□.□□□□  feet  meters (PR) Datum □□□□□

G10. Community's design flood elevation □□□□.□□□□  feet  meters (PR) Datum □□□□□

Local Official's Name □□□□□

Title □□□□□

Community Name □□□□□

Telephone □□□□□

Signature □□□□□

Date □□□□□