

DATE 12/27/2010

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

PERMIT
000029095

APPLICANT ROBERT MINNELLA PHONE 352-472-6010
ADDRESS 25743 SW 22ND PLACE NEWBERRY FL 32669
OWNER JUDY & VICTOR HALE PHONE 941-504-0436
ADDRESS 164 SW ALABAMA GLEN FORT WHITE FL 32038
CONTRACTOR DALE HOUSTON PHONE 752-7814
LOCATION OF PROPERTY 47 S, R WILSON SPRINGS RD, R NEWARK DR, R ALABAMA GLEN,
3RD LOT 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 X DEVELOPMENT PERMIT NO.

PARCEL ID 31-6S-16-04006-018 SUBDIVISION THREE RIVERS ESTATES
LOT 18 BLOCK PHASE UNIT 24 TOTAL ACRES 1.00

IH1025142
Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor
EXISTING 10-0551-M BK TC N
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: FLOOR ONE FOOT ABOVE THE PAVED ROAD OR TWO FEET ABOVE THE DIRT ROAD
REPLACING EXISTING MH

Check # or Cash 5387

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

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

BUILDING PERMIT FEE \$ 0.00 CERTIFICATION FEE \$ 0.00 SURCHARGE FEE \$ 0.00
MISC. FEES \$ 300.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 0.00 WASTE FEE \$
FLOOD DEVELOPMENT FEE \$ FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$ TOTAL FEE 375.00
INSPECTORS OFFICE CLERKS OFFICE

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

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

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

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

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-10-08) Zoning Official BLK 21.12.10 Building Official J.C. 12-12-10

AP# 1012-26 Date Received 12/16 By JW Permit # 29095

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

Comments _____

FEMA Map# N/A Elevation N/A Finished Floor 1st floor River N/A In Floodway N/A

☐ Site Plan with Setbacks Shown ☒ EH # 10-0551-N/A EH Release N/A Well letter ☐ Existing well ☒

☒ Recorded Deed or Affidavit from land owner ☒ Letter of Auth. from installer ON SITE ☐ State Road Access

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

IMPACT FEES: EMS _____ Fire _____ Corr _____ Road/Code _____

School _____ = TOTAL 0

RECEIPT taken 12-16-10

CL# 5387

Property ID # 31-65-16-04006-018 Subdivision Three Rivers Est Unit 24 Lot 18

- New Mobile Home ☒ Used Mobile Home _____ MH Size 28x44 Year 2011
- Applicant Mr Robert Minnella Phone # (352) 472-6010
- Address 25743 SW 22 PL, Newberry, FL 32669
- Name of Property Owner Judy + Victor Hale Phone # (941) 504-0436
- 911 Address 164 SW Alabama Glen, Ft. White, FL 32028
- Circle the correct power company - FL Power & Light - Clay Electric
 (Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home Judy + Victor Hale Phone # (941) 504-0436
 Address 164 SW Alabama Glen, Ft White, FL 32028
- Relationship to Property Owner Same
- Current Number of Dwellings on Property 1 to be replaced
- Lot Size 132 x 330 Total Acreage 1 acre
- Do you : Have Existing Drive or Private Drive or need Culvert Permit or Culvert Waiver (Circle one)
 (Currently using) (Blue Road Sign) (Putting in a Culvert) (Not existing but do not need a Culvert)
- Is this Mobile Home Replacing an Existing Mobile Home Yes Paid
- Driving Directions to the Property SR 47 S to Wilson Springs Rd in Ft White (TR) Go 2.4 miles to end @ SW Newark Dr (TR) to SW Alabama Rd (TR) 3rd lot on R.
- Name of Licensed Dealer/Installer Dale Houston Phone # (386) 752-7814
- Installers Address 136 SW Barrs Glen, Lake City, FL 32024
- License Number IA 1025142 Installation Decal # 1626

- JW spoke w/ Robert 12.21.10 -

PERMIT WORKSHEET

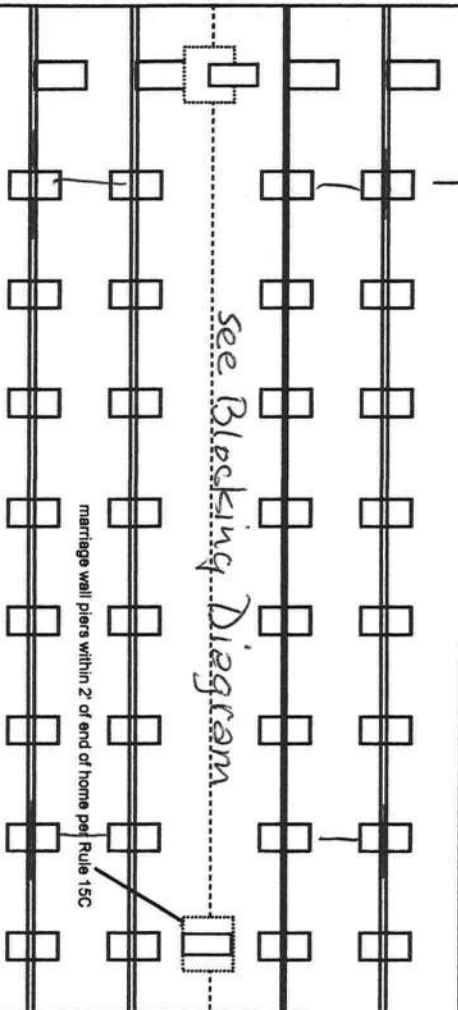
page 1 of 2

Installer Dale Houston License # EH1025142
 Manufacturer Live Oak Length x Width 28 X 44
 Name of Owner of this Mobile Home Judy + Victor Hale
 Phone (941) 504-0436
 Address 164 Sw Alabama Blvd, Ft White, FL 32028

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

¹ 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 DA



New Home ☒ Used Home ☐ Year 2011
 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 # 1626
 Triple/Quad ☐ Serial # Ordered

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity	Footer size (sq in)	18 1/2" x 18 (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 23" x 31"

Perimeter pier pad size 16x16 bolts

Other pier pad sizes (required by the mfg.) 16x16 bolts

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

See Pier Load Diag.

POPULAR PAD SIZES

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

ANCHORS

4 ft 5 ft

FRAME TIES

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

OTHER TIES

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
 Manufacturer Oliver 1101V

Sidewall Longitudinal Marriage wall Shearwall
 Number 16
14
14
14

PERMIT NUMBER

PERMIT WORKSHEET

page 2 of 2

POCKET PENETROMETER TEST

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

X _____ X _____ X _____

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 _____ X _____ X _____

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.

By _____ Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Assume 1000 LB

Installer Name _____

Date Tested _____

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. 44-47

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 42

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 44

Site Preparation

Debris and organic material removed _____
 Water drainage: Natural ☒ Swale _____ Pad ☒ Other _____

Fastening multi wide units

Floor: Type Fastener: Leg Length: 3/8x6" Spacing: 2'
 Walls: Type Fastener: 6" Length: 6" Spacing: 2'
 Roof: Type Fastener: 6" Length: 6" 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) results

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 DL

Type gasket FOAM
 Pg. Not available

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

Weatherproofing

The bottomboard will be repaired and/or taped. Yes ☒ Pg. 41
 Siding on units is installed to manufacturer's specifications. Yes ☒
 Fireplace chimney installed so as not to allow intrusion of rain water. Yes ☒

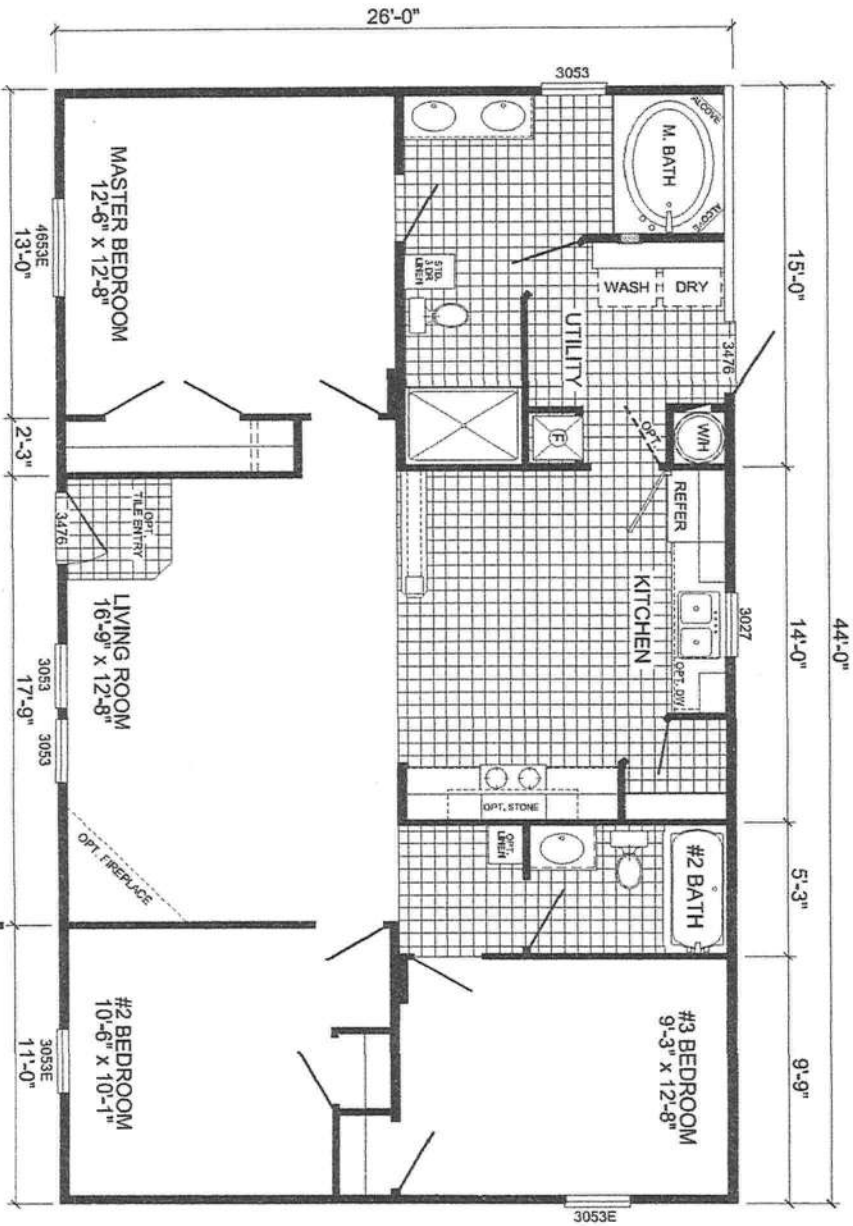
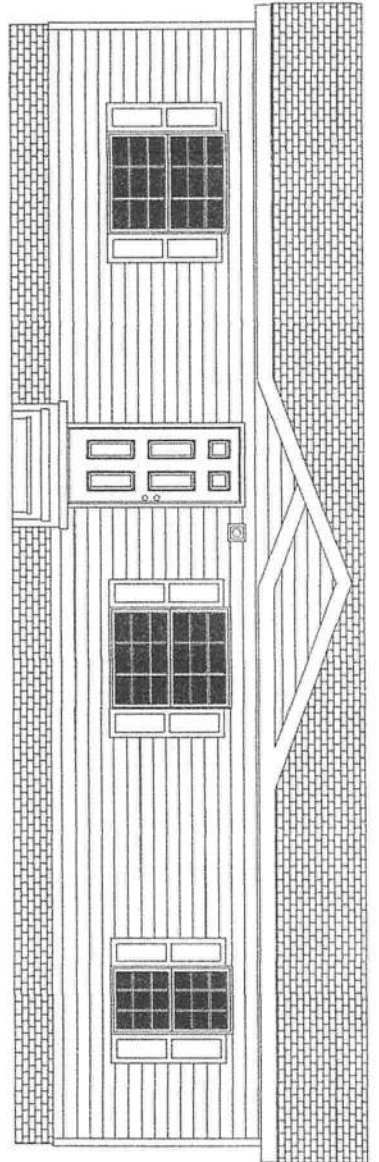
Miscellaneous

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

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

Installer Signature Roh Nandy Date 12-14-10





S-2443A

3-BEDROOM / 2-BATH

28 x 48 - Approx. 1446 Sq. Ft.

Date: 1-22-08

* All room dimensions and square footage figures are approximate.



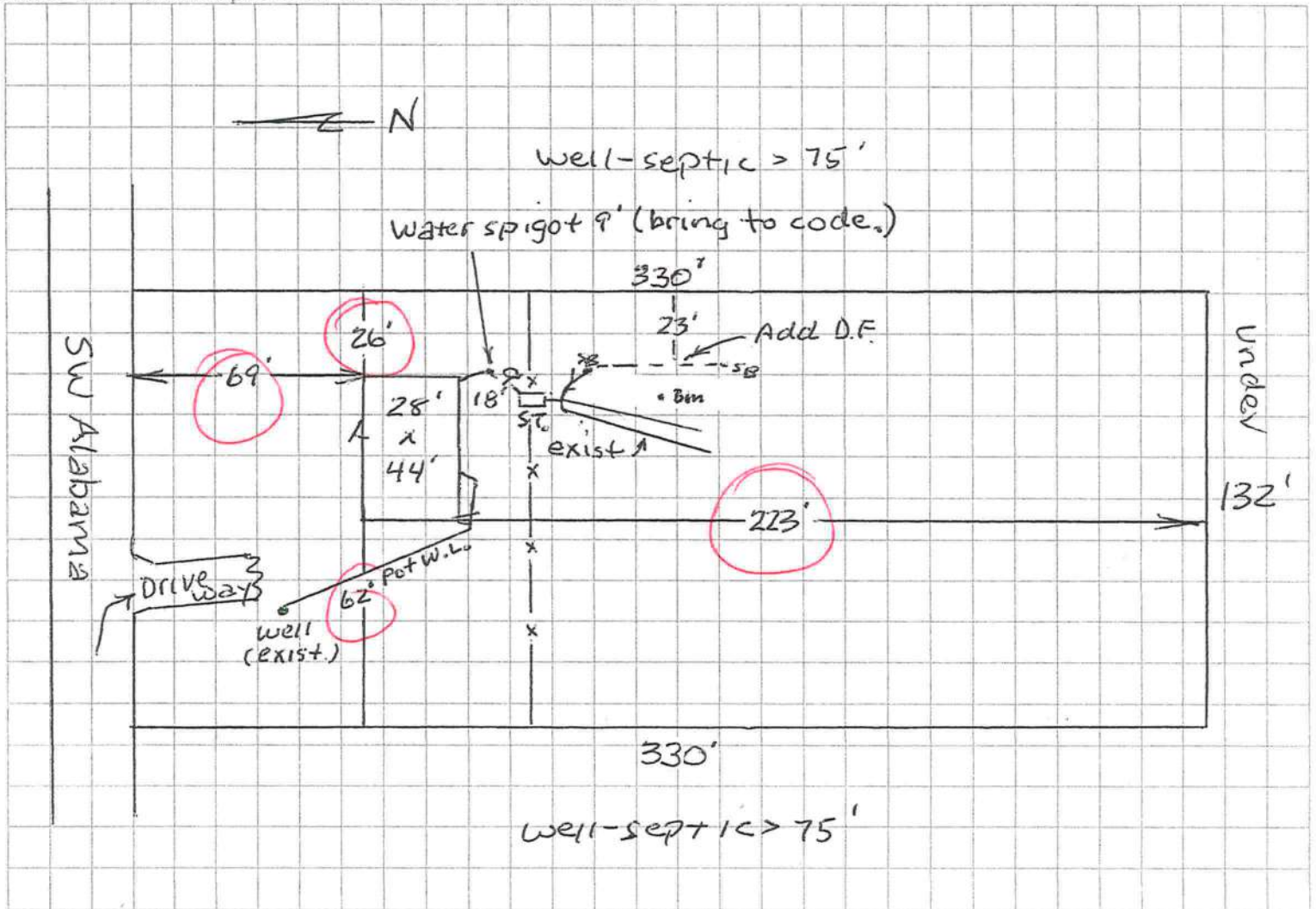
STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number _____

Judy Hale ----- PART II - SITEPLAN -----

Scale: Each block represents 10 feet and 1 inch = 40 feet.



Notes: well to septic = 94'

Site Plan submitted by: Judy Hale Agent 12-14-10
Plan Approved _____ Signature _____ Title _____
By _____ Date _____
County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

THIS INSTRUMENT WAS PREPARED BY:

William C. Reaves
2029 NW 21st Lane
Gainesville, FL 32605

RECORD & RETURN TO:
William C. Reaves
2029 NW 21st Lane
Gainesville, FL 32605

WARRANTY DEED

THIS WARRANTY DEED made the 29th day of June, 2000, by **WILLIAM C. REAVES**, whose address is 2029 NW 21st Lane, Gainesville, Florida 32605, hereinafter called the grantor, and **VICTOR D. HALE** and **JUDY L. HALE**, his wife, hereinafter called the grantee, whose address is 2325 Floyd Street, Sarasota, Florida, 34239-2419, whose social security number is _____

(Wherever used herein, the terms "grantor" and "grantee" include all the parties to this instrument and the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporations.)

WITNESSETH: That the grantor, for and in consideration of the sum of \$10.00 and other valuable considerations, receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliens, remises, releases, conveys and confirms unto the grantee, all that certain land situate in Columbia County, Florida, viz:

Lot 18 of **THREE RIVERS ESTATES SUBDIVISION, UNIT 24**, a subdivision as per the plat thereof filed at Plat Book 4, page 119 of the Public Records of Columbia County, Florida.

TOGETHER with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

TO HAVE AND TO HOLD, the same in fee simple forever.

AND the grantor hereby covenants with said grantee that it is lawfully seized of said land in fee simple; that it has good right and lawful authority to sell and convey said land; that it hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever except for taxes accruing subsequent to December 31, 1999, and all restrictions, reservations, outstanding mineral rights, easements and limitations of record common to the subdivision or as shown on the plat thereof. Grantee has made a personal inspection of the property and accepts the property "as is," without warranty except as specifically set forth herein.

IN WITNESS WHEREOF, the said grantor has signed and sealed these presents the day and year first above written by its proper officers duly authorized.

Signed, sealed and delivered in
our presence as witnesses:

Madelyn B. Hayes
Madelyn B. Hayes

Linda F. McDavid
Linda F. McDavid

BY: William C. Reaves
WILLIAM C. REAVES

STATE OF FLORIDA
COUNTY OF ALACHUA

The foregoing instrument was acknowledged before me this 29th day of June, 2000, by **WILLIAM C. REAVES**. He is personally known to me.

Madelyn B. Hayes
Madelyn B. Hayes
Notary Public, State of Florida.
Commission #622469
My Commission Expires: 04/25/01

Documentary Stamp

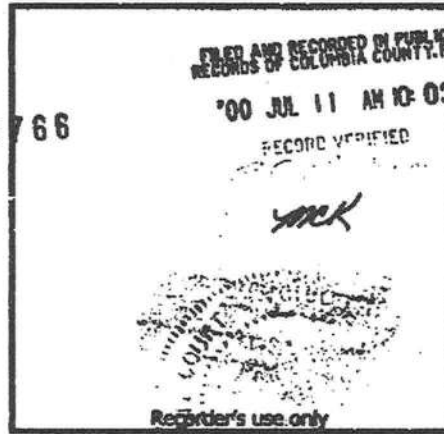
Intangible Tax

P. DeWitt Cason

Clerk of Court

By mk D.C.

MADELYN B. HAYES
NOTARY PUBLIC, STATE OF FLORIDA
MY COMM. EXP. APR. 25, 2001
COMM. # 622469
Bonded By Old Republic Surety Company



SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR Dale Houston PHONE (386) 752-7814
 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 1074 ✓	Print Name <u>Glenn Whittington</u> License #: <u>EC13002957</u>	Signature <u>[Signature]</u> Phone #: <u>(386)684-41601</u>
MECHANICAL/ A/C	Print Name <u>Robert Grant</u> License #: <u>See attached</u>	Signature _____ Phone #: _____
PLUMBING/ GAS 673 ✓	Print Name <u>Dale Houston</u> License #: <u>TH1025142</u>	Signature <u>[Signature]</u> Phone #: <u>(386)752-7814</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 Dale HoustonPHONE (386) 752-7814

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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 <u>701</u>	Print Name <u>Robert Grant</u> License #: <u>CAC1814931</u>	Signature <u>[Signature]</u> Phone #: <u>800.859.3708</u>
PLUMBING/ GAS	Print Name _____ License #: _____	Signature _____ Phone #: _____
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-Contractors Printed Name	Sub-Contractors 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.

12-21-10;02:45PM;

ROB AND NANCY :386 758-2187

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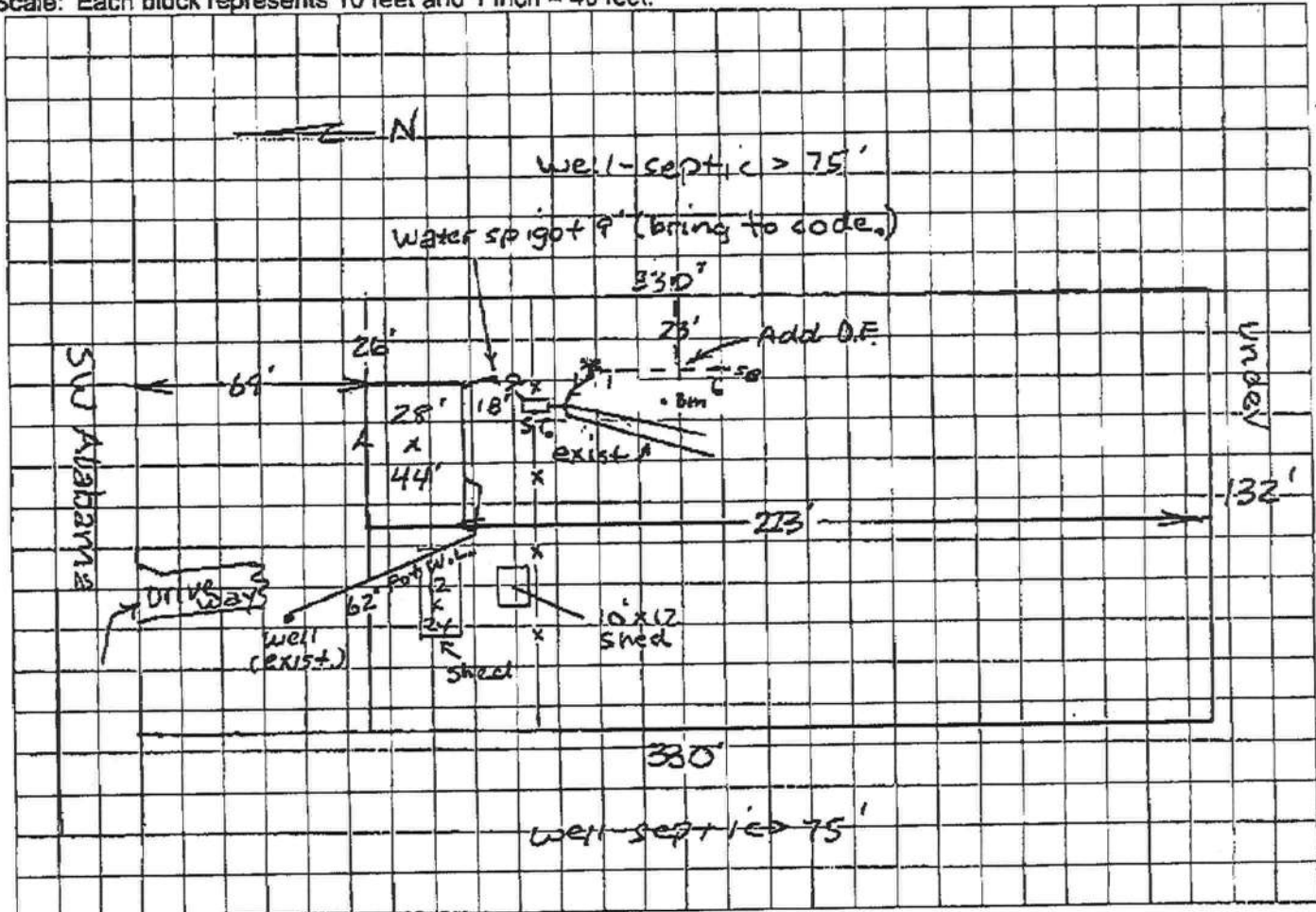
From: Nancy APP.# 1012-26
 Rob & Nancy
 STATE OF FLORIDA
 DEPARTMENT OF HEALTH
 APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number

10-0551M

Judy Hole ----- PART II - SITEPLAN -----

Scale: Each block represents 10 feet and 1 inch = 40 feet.



Notes: well to septic = 94'

Site Plan submitted by:

[Signature] 12-14-10

Agent

Plan Approved ☒

Signature

Not Approved

Date 12-21-10

By

[Signature] Sallie Ford - EHD Director

Columbia CHD

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

COLUMBIA COUNTY, FLORIDA

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 31-6S-16-04006-018

Building permit No. 000029095

Permit Holder DALE HOUSTON

Owner of Building JUDY & VICTOR HALE

Location: 164 SW ALABAMA GLEN, FORT WHITE, FL 32038

Date: 12/30/2010

Joy Chen

Building Inspector

POST IN A CONSPICUOUS PLACE
(Business Places Only)

