DATE 02/23/2007

Columbia County Building Permit

This Permit Expires One Year From the Date of Issue

PERMIT
000025567

APPLICANT SANDRA REDD PHONE 386.755.9183

ADDRESS 3331 E. US HWY 90 LAKE CITY FL 32025

OWNER JOSEPH S. & SANDRA REDD PHONE 386.755.9183

ADDRESS 1787 SW CENTRAL TERRACE FT. WHITE FL 32038

CONTRACTOR DALE HOUSTON PHONE 386.752.7814

LOCATION OF PROPERTY 47-S TO NEWARK,TR TO COPPERHAD,TR AND IT TURNS INTO CENTRAL, 2ND LOT ON R.

TYPE DEVELOPMENT M/H/UTILITY ESTIMATED COST OF CONSTRUCTION 0.00

HEATED FLOOR AREA _____ TOTAL AREA _____ HEIGHT ____ STORIES ____

FOUNDATION _____ WALLS _____ ROOF PITCH _____ FLOOR _____

LAND USE & ZONING A-3 MAX. HEIGHT _____

Minimum Set Back Requirments: STREET-FRONT _____ REAR _____ SIDE _____

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

PARCEL ID 25-6S-15-01250-000 SUBDIVISION 3 RIVERS ESTATES

LOT 21 BLOCK ____ PHASE ____ UNIT 20 TOTAL ACRES 1.00

		IH0000040		
Culvert Permit No.	Culvert Waiver	Contractor's License Number	Applicant/Owner/Contractor	
EXISTING	07-00064N	CFS	JTH	N
Driveway Connection	Septic Tank Number	LU & Zoning checked by	Approved for Issuance	New Resident

COMMENTS: 1 FOOT ABOVE ROAD.

Check # or Cash 4404

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 $ ~~178.64~~ 91.64 WASTE FEE $ 134.00

FLOOD DEVELOPMENT FEE $ _____ FLOOD ZONE FEE $ 25.00 CULVERT FEE $ _____ **TOTAL FEE** 453.64

INSPECTORS OFFICE _____ CLERKS OFFICE CH

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

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

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.

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 6-23-05) Zoning Official CFO 1/18/07 Building Official OK JTH 1-17-07

AP# 0701-63 Date Received 1/17 By JW Permit # 25567

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 ☑ EH Signed Site Plan ☑ EH Release ☐ NA ☐ Well letter ☑ Existing well

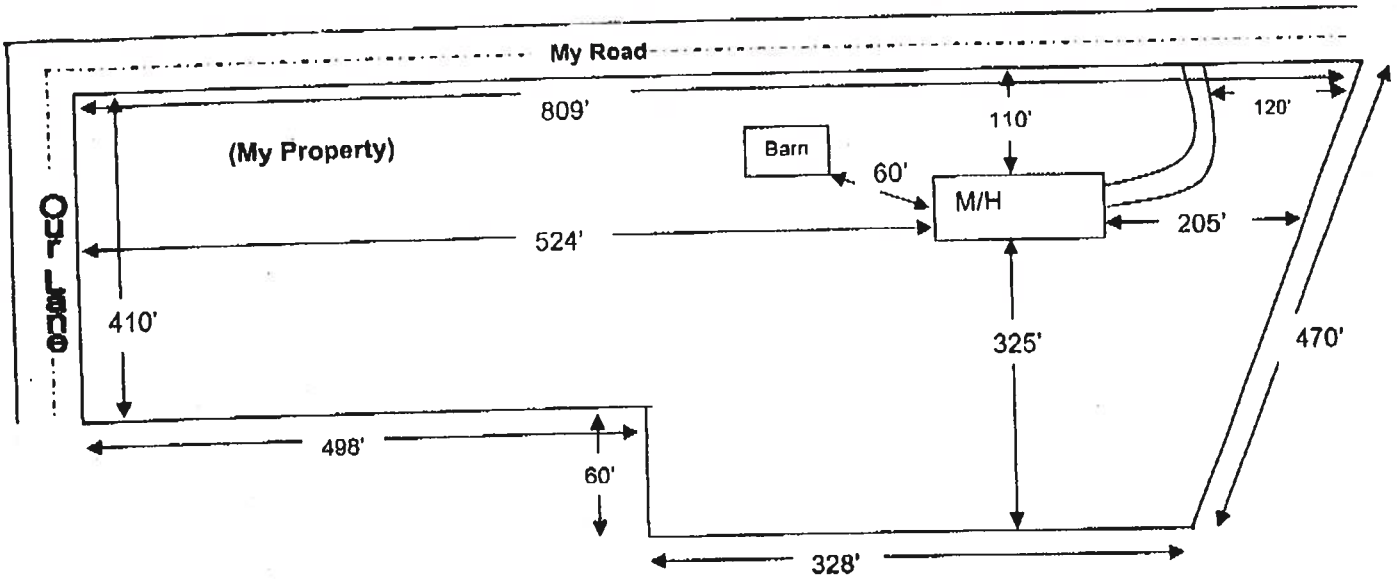
☑ Copy of Recorded Deed or Affidavit from land owner ☑ Letter of Authorization from Installer

LOT 21 unit 20 3 RIVERS ESTATES.

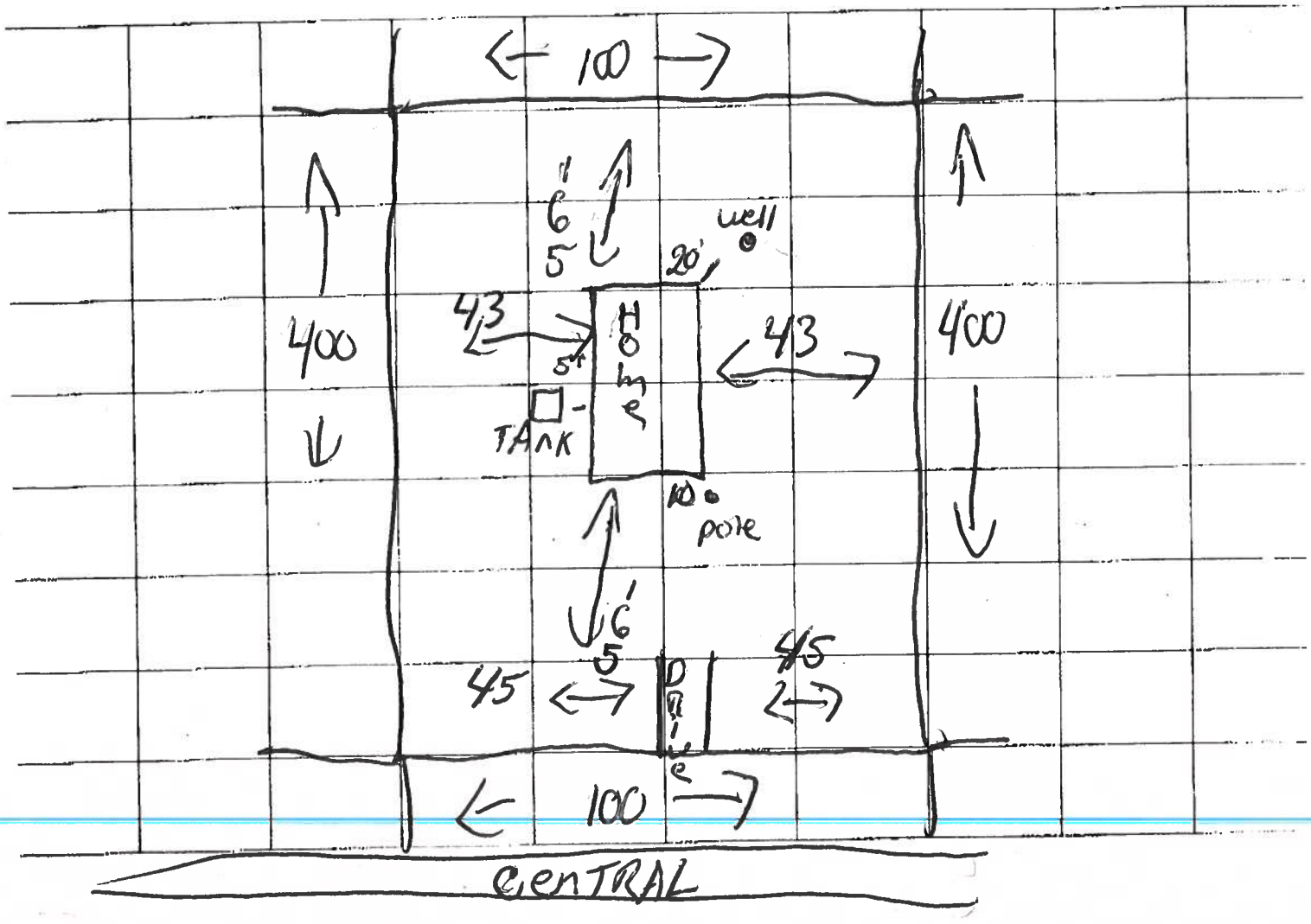
- Property ID # 00-00-00-01250-000 Must have a copy of the property deed
- New Mobile Home _____ Used Mobile Home Peach State Oval Ridge Year 1990
- Applicant Sandra Redd Phone # 755-9183
- Address 3331 E US Hwy 90, Lake City, FL 32025
- Name of Property Owner Joseph & Sandra Redd Phone# 755-9183
- 911 Address 1787 SW Central Terrace Fortwhite FLA 32038
- Circle the correct power company - FL Power & Light - Clay Electric
  (Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home Joseph & Sandra Redd Phone # 755-9183
  Address 3331 E US Hwy 90
- Relationship to Property Owner NA
- Current Number of Dwellings on Property None
- Lot Size 100 X 400 Total Acreage 1 acre
- 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 DOUBLE
- Driving Directions to the Property Branford Hwy to 137 (S) to Stop Sign go Left. Go to 3 rivers on right. Take Rewards to Copperhead Rd go Right & Turns into Central Second lot on Right TERRACE.
- Name of Licensed Dealer/Installer Dale Houston Phone # 386752-7814
- Installers Address 136 S.W Barrs Glen Lake City FL 32024
- License Number IH0000034 Installation Decal # 252683

JW called 1.18.07 + Left message.

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. <u>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.</u>



PERMIT WORKSHEET

PERMIT NUMBER _____

Installer Dale Houston License # I H0002470

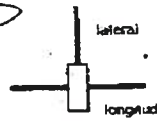
Address of home being installed 1787 SW Central Fortunate FL 32008

Manufacturer Peach State Length x width 72X14

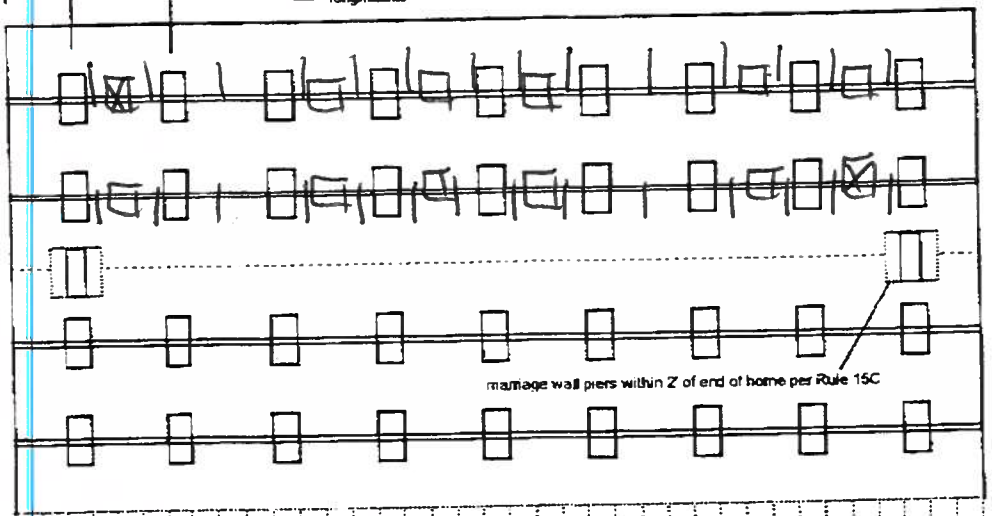
NOTE: ***if home is a single wide fill out one half of the blocking plan***
if home is a triple or quad wide sketch in remainder of home

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 DH

Typical pier spacing 2'



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



14X72 - 1000 psf - 17x25
piers 15 per side - 5'00 oc
Anchors 14 per side 5'4 oc
2- Longitudinal System

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 # 252683

Triple/Quad ☐ Serial # RSHGA 8008 1407

PIER SPACING TABLE FOR USED HOMES

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

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

PIER PAD SIZES

I-beam pier pad size 17X25

Perimeter pier pad size 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	Pier pad size

POPULAR PAD SIZES

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

ANCHORS

4 ft 5 ft

FRAME TIES

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

OTHER TIES

	Number
Sidewall	
Longitudinal	2
Marriage wall	
Shearwall	

TIEDOWN COMPONENTS

✗ ***Longitudinal Stabilizing Device (LSD)*** Manufacturer

' ***Longitudinal Stabilizing Device w/ Lateral Arms*** Manufacturer

PERMIT WORKSHEET

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____ 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 requires anchors with 4000 lb holding capacity.

DH Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Dale Houston

Date Tested 1/15/07

Electrical

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

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. N/A

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply syste.ns. Pg. N/A

Site Preparation

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

Fastening multi wide units

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

Gasket (weatherproofing requirement)

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

Installer's initials

Type gasket
Pg.

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

Weatherproofing

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

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 Dale Houston **Date** 1/15/07

MOBILE HOME INSTALLER AFFIDAVIT

As per Florida Statutes Section 320.8249 Mobile Home Installers License:

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

I, Dale Housh, license number IH 0000040
Please Print

Do hereby state that the installation of the manufactured home for:
Sanders Redd at 1787 SW Central Ft White FL 32038
Applicant 911 Address

will be done under my supervision.

Dale Housh
Signature

Sworn to and subscribed before me this 16th day of January, 2007.

Notary Public: Danny W. Herring
Signature

My Commission Expires: 8/04/07
Date

DANNY W HERRING
MY COMMISSION #DD238154
EXPIRES: AUG 04, 2007
Bonded through Advantage Notary

AFFIDAVIT

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

Customer Name: Sandra Redd

Property ID: Sec:_____ Twp:_____ Rge:_____ Tax Parcel No: 00-00-00 01250 000

Lot: 21 Block_____ Subdivision: Three River

Moible Home Year/Make: 1990 Lovinal ridge Size: 14X72

Dale Houston
Signature of Mobile Home Installer

Sworn to and subscribed before me this 16th day of January, 2007

By Dale Houston.

Danny W. Herring
Notary's name printed/typed

Danny W. Herring
Notary Public, State of Florida
Commission No. DD238154
Personally Known: X Y
Id Produced (type)_____

DANNY W HERRING
MY COMMISSION #DD238154
EXPIRES: AUG 04, 2007
Bonded through Advantage Notary

LETTER OF AUTHORIZATION TO PULL PERMITS

I, Dale Houston, DO HEREBY GRANT

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

Dale Houston
Signature

THIS FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 16th DAY OF January, 2007, BY Dale Houston, WHO IS PERSONALLY KNOWN TO ME.

STATE OF FLORIDA
COUNTY OF Columbia

Danny W. Herring
NOTARY PUBLIC

(STAMP)
DANNY W HERRING
MY COMMISSION #DD238154
EXPIRES: AUG 04, 2007
Bonded through Advantage Notary

@ CAM112M01 S CamaUSA Appraisal System Columbia County
1/17/2007 13:26 **Legal Description Maintenance** 15300 **Land** 001
Year T Property Sel **AG** 000
2007 R 00-00-00-01250-000 **Bldg** 000
Xfea 000

REDD JOSEPH STANLEY & SANDRA L 15300 **TOTAL** **B**

1	LOT 21 UNIT 20 THREE RIVERS	ESTATES. ORB 475-393,	2
3	ORB 771-2250 TRUSTEE,	WD 1038-2906, WD 1052-2404.	4
5			6
7			8
9			10
11			12
13			14
15			16
17			18
19			20
21			22
23			24
25			26
27			28

Mnt **8/11/2005 KYLIE**

F1=Task F3=Exit F4=Prompt F10=GoTo PgUp/PgDn F24=More

PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 1-3-07 BY LH IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? NO

OWNERS NAME Joe & Sandy Redd PHONE 867-1377 CELL

ADDRESS

MOBILE HOME PARK SUBDIVISION

DRIVING DIRECTIONS TO MOBILE HOME 247 S, 1st Rd before 240 on the (R) Quail then 1/2 mile MH is on the left on 2nd curve

MOBILE HOME INSTALLER ? Dale Houston PHONE CELL

MOBILE HOME INFORMATION

Single wide

MAKE Peach state YEAR 90 SIZE X COLOR Light blue with porch w/ Lattace

SERIAL No. RSHGA80081407

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

INSPECTION STANDARDS

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

(Key in tongue)

✓ SMOKE DETECTOR ( ) OPERATIONAL ( ) MISSING

F FLOORS ( ) SOLID (X) WEAK ( ) HOLES DAMAGED LOCATION #2 Bedroom / Living room

✓ DOORS ( ) OPERABLE ( ) DAMAGED

✓ WALLS ( ) SOLID ( ) STRUCTURALLY UNSOUND

✓ WINDOWS ( ) OPERABLE ( ) INOPERABLE

✓ PLUMBING FIXTURES ( ) OPERABLE ( ) INOPERABLE ( ) MISSING

✓ CEILING ( ) SOLID ( ) HOLES ( ) LEAKS APPARENT

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

EXTERIOR:

F WALLS / SIDDING (X) LOOSE SIDING ( ) STRUCTURALLY UNSOUND ( ) NOT WEATHERTIGHT ( ) NEEDS CLEANING

✓ WINDOWS ( ) CRACKED/ BROKEN GLASS ( ) SCREENS MISSING ( ) WEATHERTIGHT

✓ ROOF ( ) APPEARS SOLID ( ) DAMAGED

* Call to get let in to the m/H before going.

STATUS:
APPROVED ✓ WITH CONDITIONS: Must Fix weak spots in Floor / Front door / outside siding

NOT APPROVED NEED REINSPECTION FOR FOLLOWING CONDITIONS

SIGNATURE Day Pk ID NUMBER 306 DATE 1-11-07

STATE OF FLORIDA
DEPARTMENT OF HEALTH

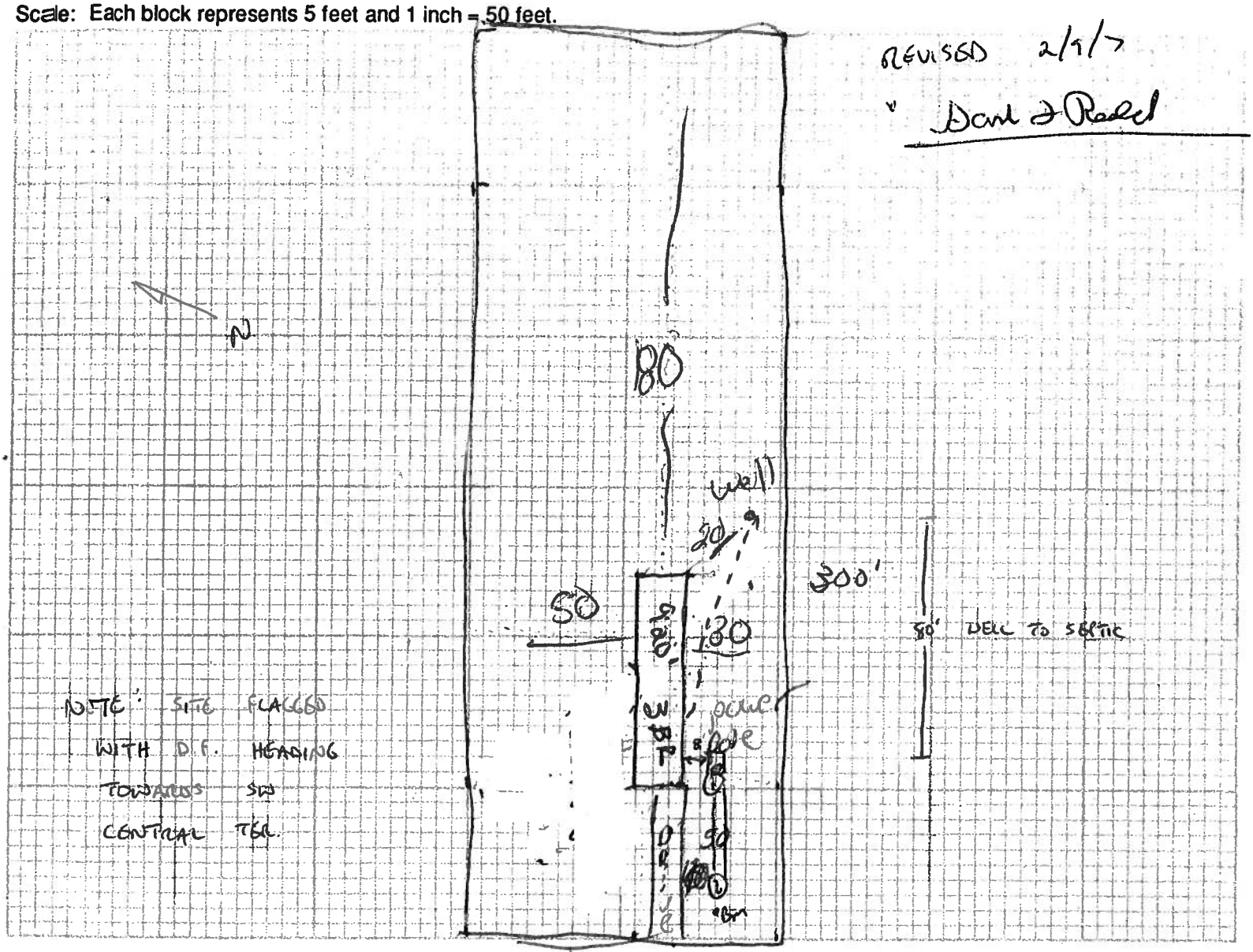
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 07-000674

Redd

PART II - SITE PLAN

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



Notes: 85 Feet well to TAnk 45 feet TAnk To Home Home to TANK 5 feet 50 feet from prodey Line to Home FR 50 Line to side Home (R) 30 Home to Home (R) 180 to Home

Site Plan submitted by: Dan & Reed and Beck (Signature) Owner (Title)

Plan Approved X APPROVED Not Approved Date 2/9/7

By [signature] Columbia CHD County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DH 4015, 10/96 (Replaces HRS-H Form 4015 which may be used)
(Stock Number: 5744-002-4015-6)

Redd 25567

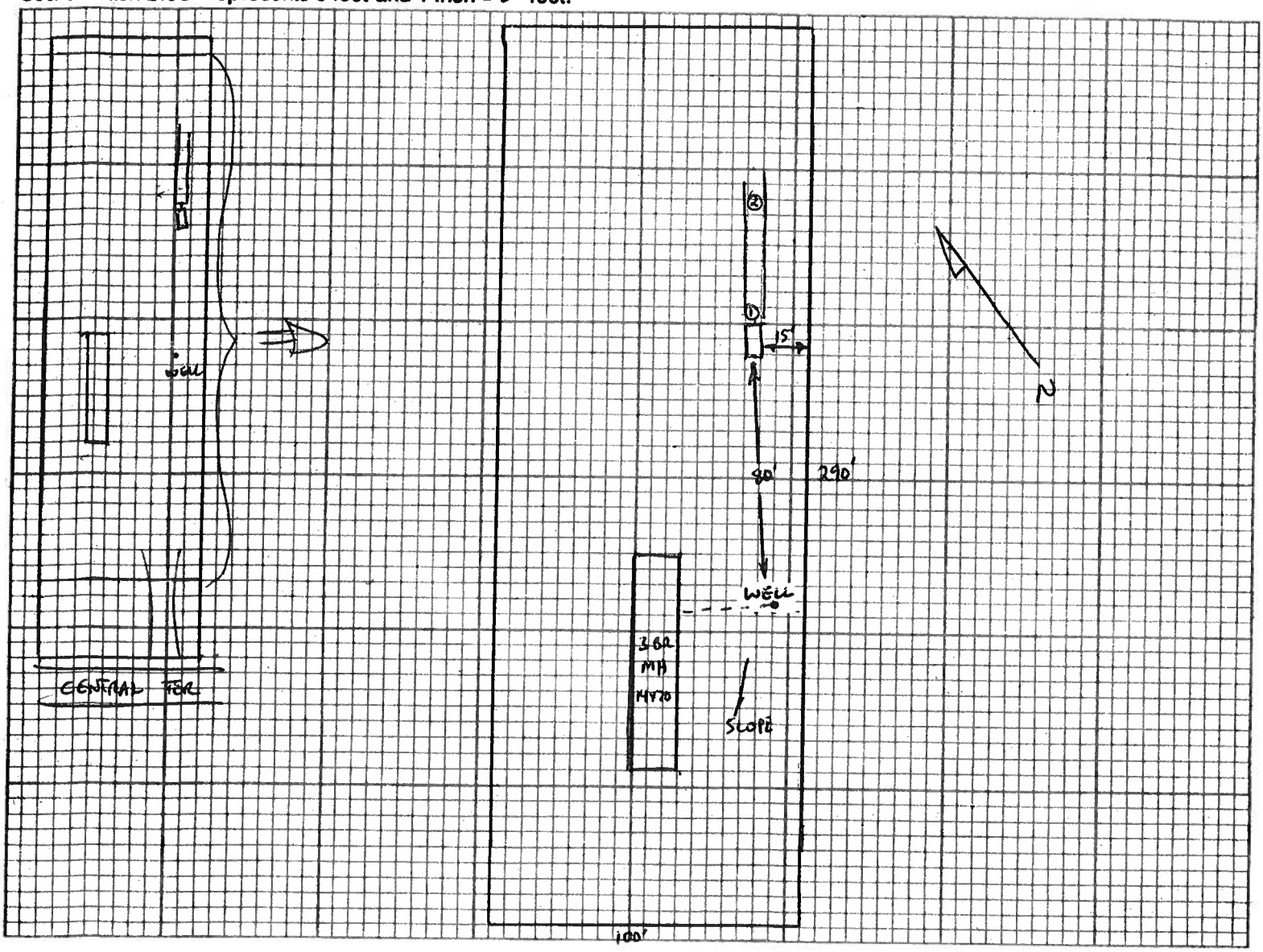
STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 07-0064-N

PART II - SITE PLAN

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



Notes: _____

Site Plan submitted by: Dan & Redd (Signature) OWNER (Title)

Plan Approved X APPROVED Not Approved _____ Date 4/10/7

By _____ Columbia CHD County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT