

APPLICANTJANET BROWN

PHONE386.752.7951

ADDRESS136SE ST. JOHNS STREET

LAKE CITYFL32025

OWNERCHARLES B. BROWN,III.

PHONE752.7951

ADDRESS183SW ASCENA TERRACE

LAKE CITYFL32024

CONTRACTORBEN CREAMER

PHONE386.623.9384

LOCATION OF PROPERTYSR-247-S TO TROY ROAD,TR TO ASCENA ROAD,TL AND PROPERTY ON L.

TYPE DEVELOPMENTM/H/UTILITY

ESTIMATED COST OF CONSTRUCTION0.00

HEATED FLOOR AREA

TOTAL AREA

HEIGHT

STORIES

FOUNDATION

WALLS

ROOF PITCH

FLOOR

LAND USE & ZONINGRLD

MAX. HEIGHT35

Minimum Set Back Requirments:

STREET-FRONT25.00

REAR15.00

SIDE10.00

NO. EX.D.U.1

FLOOD ZONEX

DEVELOPMENT PERMIT NO.

PARCEL ID10-4S-16-02868-002

SUBDIVISION

LOT

BLOCK

PHASE

UNIT

TOTAL ACRES1.00

IH0000344

Culvert Permit No.

Culvert Waiver

Contractor's License Number

Applicant/Owner/Contractor

EXISTING05-1222MD

BLK

JTH

N

Driveway Connection

Septic Tank Number

LU & Zoning checked by

Approved for Issuance

New Resident

COMMENTS:ONE FOOT ABOVE ROAD.SECTION 4.2.15 & 4.7.2 #6

Check # or Cash19650

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

Rough-in plumbing above slab and below wood floor

date/app. by

date/app. by

Electrical rough-in

Heat & Air Duct

Peri. beam (Lintel)

date/app. by

date/app. by

date/app. by

Permanent power

C.O. Final

Culvert

date/app. by

date/app. by

date/app. by

M/H tie downs, blocking, electricity and plumbing

Pool

date/app. by

date/app. by

Reconnection

Pump pole

Utility Pole

date/app. by

date/app. by

date/app. by

M/H Pole

Travel Trailer

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 \$200.00

ZONING CERT. FEE \$50.00

FIRE FEE \$0.00

WASTE FEE \$

FLOOD DEVELOPMENT FEE \$

FLOOD ZONE FEE \$25.00

CULVERT FEE \$

TOTAL FEE275.00

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."

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 BLK 17.11.05 Building Official OK JTH 11/7/05

AP# 0511-55 Date Received 11/16/05 By JIN Permit # 23982

Flood Zone X Development Permit N/A Zoning RSE-2 Land Use Plan Map Category RES. Land Dev.

Comments PRE-APPROVAL Section 4.2.15 + 4.7.2#6
Delayed per loan 12.21.05
Need En Xkey/H Site Plan

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

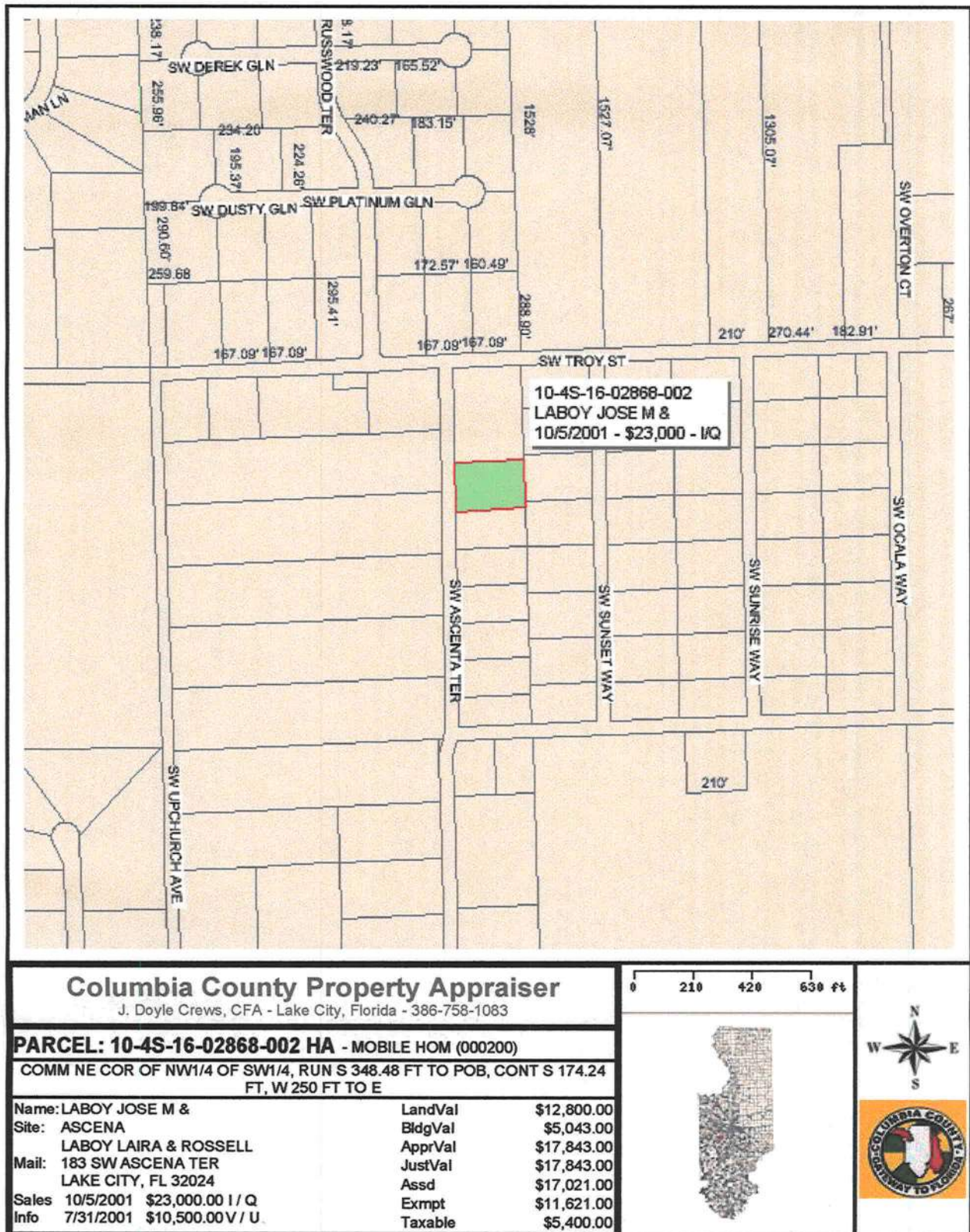
☒ Site Plan with Setbacks Shown ☒ EH Signed Site Plan ☒ EH Release ☒ Well letter ☒ Existing well

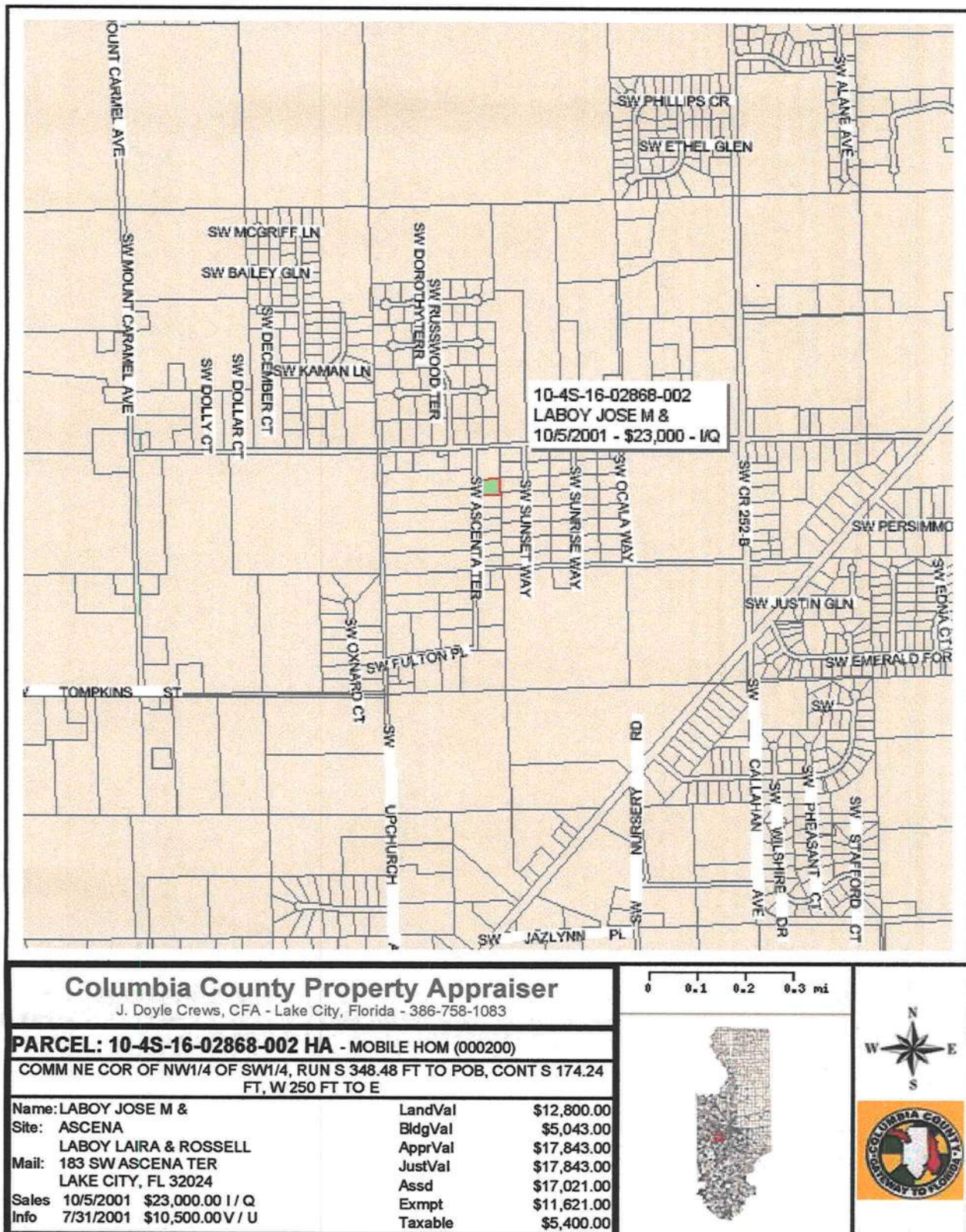
☒ Copy of Recorded Deed or Affidavit from land owner ☒ Letter of Authorization from installer

- Property ID # 10-45-16-02868-002 Must have a copy of the property deed
- New Mobile Home _____ Used Mobile Home Horton Dynasty Year 1999
- Applicant Charles B. Brown III Phone # (386) 752-7951
- Address 136 SE St. Johns St., Lake City, FL 32025
- Name of Property Owner Charles B. Brown III Phone# _____
- 911 Address 183 SW Ascena Terr., Lake City, FL 32024
- Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home Charles B. Brown III Phone # (386) 752-7951
Address 136 SE St. Johns St., Lake City, FL 32025
- Relationship to Property Owner Self
- Current Number of Dwellings on Property 0
- Lot Size 174' X 250' Total Acreage 1
- 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 Yes (paid)
- Driving Directions to the Property Branford Hwy South to Troy Rd turn right to Ascena turn left to property on left.
- Name of Licensed Dealer/Installer Ben Creamer Phone # (386) 623-9384
- Installers Address 187 SW Aspen Gln., Lake City, FL 32024
- License Number IH 0000344 Installation Decal # 258400

-- LEFT MESSAGE WITH JERRIS - 11.22.05

275.00





This information, GIS Map Updated: 8/3/2005, was derived from data which was compiled by the Columbia County Property Appraiser Office solely for the governmental purpose of property assessment. This information should not be relied upon by anyone as a determination of the ownership of property or market value. No warranties, expressed or implied, are provided for the accuracy of the data herein, it's use, or it's interpretation. Although it is periodically updated, this information may not reflect the data currently on file in the Property Appraiser's office. The assessed values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.



APPROXIMATE SCALE IN FEET



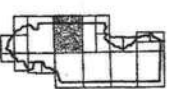
NATIONAL FLOOD INSURANCE PROGRAM

FIRM
FLOOD INSURANCE RATE MAP

COLUMBIA
COUNTY,
FLORIDA
(UNINCORPORATED AREAS)

PANEL 175 OF 290

PANEL LOCATION



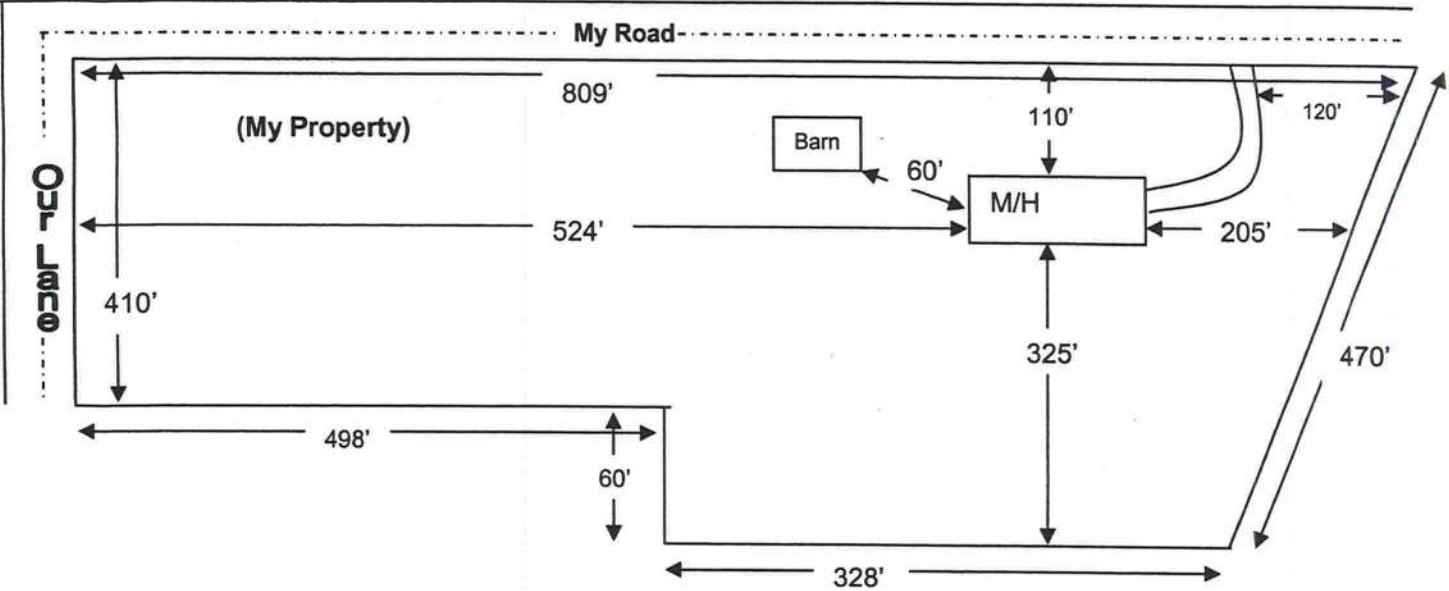
COMMUNITY-PANEL NUMBER
120070 0175 B
EFFECTIVE DATE:
JANUARY 6, 1988



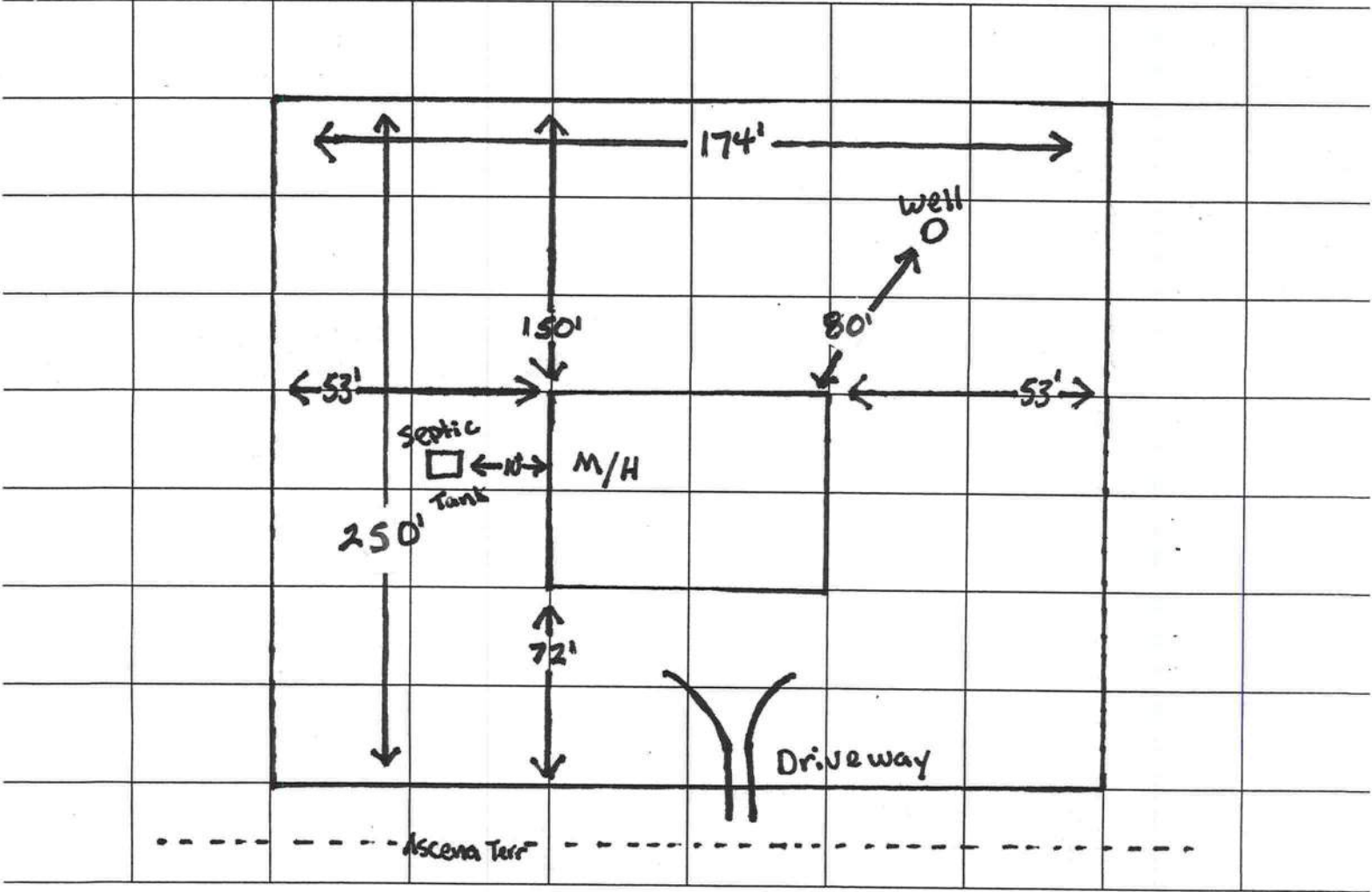
Federal Emergency Management Agency

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

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.



WARRANTY DEED

THIS INDENTURE, Made this 29 day of June, 2005, between LAIRA LABOY, the unmarried widow of ROSSELL LABOY, deceased, whose address is 183 SW Ascena Terr., Lake City, FL 32024, Grantor, and CHARLES B. BROWN, III and WILLIAM E. FRAZIER, as joint tenants with right of survivorship, whose address is 208 SE Hernando Avenue, Lake City, Florida 32025, Grantees,

W I T N E S S E T H:

That Grantor, for and in consideration of the sum of TEN AND NO/100 (\$10.00) DOLLARS, and other good and valuable consideration to Grantor in hand paid by Grantees, the receipt whereof is hereby acknowledged, have granted, bargained and sold to Grantees, and Grantees' heirs, successors and assigns forever, all of Grantor's undivided interest in the following described land, situate, lying and being in COLUMBIA County, Florida, to-wit:

SEE SCHEDULE A ATTACHED HERETO.
(Tax parcel number R02868-002)

SUBJECT TO: Taxes for 2005 and subsequent years; restrictions and easements of record; easements shown by the plat of said property, and mortgage recorded at OR Book 937, page 888, Columbia County, Florida.

Said Grantor does hereby fully warrant the title to said land and will defend the same against the lawful claims of all persons whomever.

N.B. Grantor was married continuously, without interruption, to Rossell Laboy from 4-3-98 up to Rossell Laboy's death on 11-25-04.

IN WITNESS WHEREOF, Grantor has hereunto set her hand and seal the day and year first above written.

Signed, sealed and delivered
in the presence of:

Teri Bedenbaugh
Print Name: Teri Bedenbaugh

Janet S. Brown
Print Name: Janet S. Brown
Witnesses as to Grantor

Laira Laboy
LAIRA LABOY

STATE OF FLORIDA
COUNTY OF COLUMBIA

The foregoing instrument was acknowledged before me this 29th day of June, 2005, by LAIRA LABOY. She is personally known to me or she produced N/A as identification.

(Notarial Seal)

Janet S. Brown
Notary Public

My Commission Expires:



Janet S. Brown
MY COMMISSION # DD270000 EXPIRES
January 11, 2008
BONDED THRU TROY FAIR INSURANCE, INC.

PERMIT NUMBER

Installer Ben Creamer License # IH0000344

Address of home being installed 183 SW Ascena Terr.
Lake City, FL 32024

Manufacturer Horton Length x width 68' 7" x 28'

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 BC

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 # 258400

Triple/Quad ☐ Serial # _____

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'						
1500 psf	4'6"						
2000 psf	6'						
2500 psf	7'6"						
3000 psf	8'						
3500 psf	8'						

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

PIER PAD SIZES

I-beam pier pad size 23 x 31

Perimeter pier pad size 16 x 16

Other pier pad sizes (required by the mfg.) N/A

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

Opening 14 ft

Pier pad size Livingroom 24ft. 23x31

5 ft

FRAME TIES

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

OTHER TIES

Number 30

Sidewall 0

Longitudinal 7

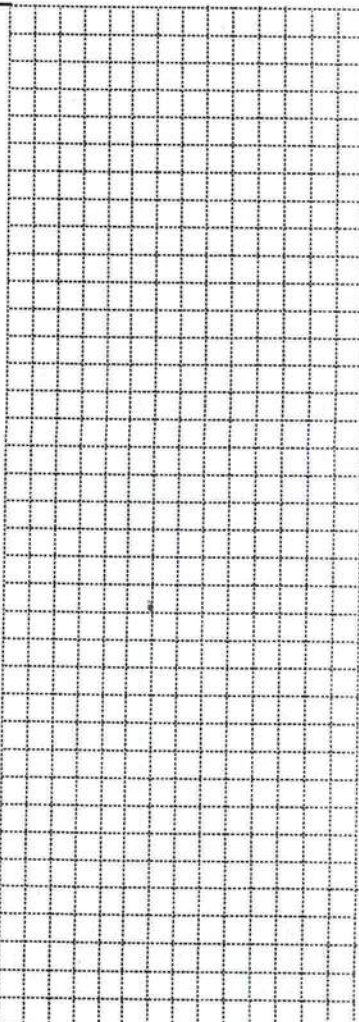
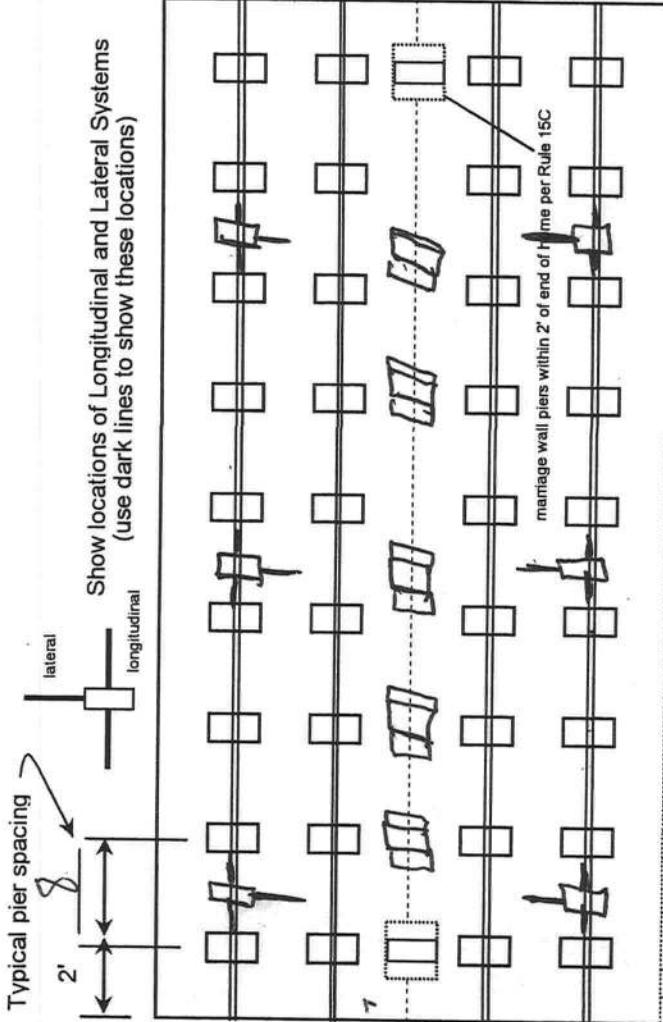
Marriage wall 0

Shearwall 0

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer _____

Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer Oliver Tech



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 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 X X

TORQUE PROBE TEST

The results of the torque probe test is 350 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.

BC Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Ben Creamer

Date Tested 11/7/05

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. Yes

Plumbing

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

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

Site Preparation

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

Fastening multi wide units

Floor: Type Fastener: LAG Length: 5' Spacing: 24"
Walls: Type Fastener: Screw Length: 4' Spacing: 24"
Roof: Type Fastener: LAG Length: 5' Spacing: 24"
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

Type gasket foam

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 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 Ben Creamer Date 11/7/05

LETTER OF AUTHORIZATION

Date: 11-15-05

Columbia County Building Department
P.O. Box 1529
Lake City, FL 32056

I Ben Creamer, License No. I40000344 do hereby
Authorize Charles B. Brown III ^{JANET BROWN} to pull and sign permits on my
behalf.

Sincerely,

Ben Creamer

Sworn to and subscribed before me this 15th day of December, 2005

Notary Public:

My commission expires



Janet S. Brown
MY COMMISSION # DD270009 EXPIRES
January 11, 2008
BONDED THRU TROY FAIR INSURANCE, INC.

Personally Known ✓

Produced Valid Identification: _____

Asena
terrace

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

COUNTY THE MOBILE HOME IS BEING MOVED FROM Leon
OWNERS NAME Charles B. Brown, III PHONE (386) 867-0048
INSTALLER Ben Creamer PHONE (386) 623-9384
INSTALLERS ADDRESS 187 SW Aspen Glen, Lake City, Florida 32024

MOBILE HOME INFORMATION

MAKE Dynasty, Horton YEAR 1999 SIZE 27' x 68'
COLOR _____ SERIAL No. H813317GR & H813317GL
WIND ZONE II SMOKE DETECTOR _____

INTERIOR:

FLOORS Carpet / Vinyl Good condition
DOORS yes House Type Good condition
WALLS Sheet rock Good condition
CABINETS good condition
ELECTRICAL (FIXTURES/OUTLETS) yes installed Good condition

EXTERIOR:

WALLS / SIDING Vinyl siding Good condition
WINDOWS Good condition
DOORS Good condition

STATUS:

APPROVED ☒ NOT APPROVED _____

NOTES: _____

INSTALLER OR INSPECTORS PRINTED NAME Ben Creamer

Installer/Inspector Signature Ben Creamer License No. JH0000344 Date 11/30/05

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

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

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

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

CODE ENFORCEMENT DEPARTMENT

COLUMBIA COUNTY, FLORIDA

OUT OF COUNTY MOBILE HOME INSPECTION REPORT

COUNTY THE MOBILE HOME IS BEING MOVED FROM

Leon

OWNERS NAME

Charles B. Brown, III

PHONE

(386)

CELL

867-0048

INSTALLER

Ben Creamer

PHONE

(386)

CELL

623-9384

INSTALLERS ADDRESS

187 SW Aspen Glen, Lake City, Florida 32024

MOBILE HOME INFORMATION

MAKE

Dynasty, Horton

YEAR

1999

SIZE

27' x 68'

COLOR

SERIAL No.

H813317GR & H813317GL

WIND ZONE

II

SMOKE DETECTOR

Se 247 TO TROY ID TR, TO ASCENA/TL TROPIC

INTERIOR:

FLOORS

Carpet / Vinyl Good condition

DOORS

YES House Type Good condition

WALLS

Sheet rock Good condition

CABINETS

good condition

ELECTRICAL (FIXTURES/OUTLETS)

yes installed Good condition

EXTERIOR:

WALLS / SIDING

Vinyl siding Good condition

WINDOWS

Good condition

DOORS

Good condition

STATUS:

APPROVED

☒

NOT APPROVED

NOTES:

INSTALLER OR INSPECTORS PRINTED NAME

Ben Creamer

Installer/Inspector Signature

Ben Creamer

License No.

JH0000344

Date

11/30/05

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CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED _____ BY _____ IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? Y/25
OWNERS NAME Charles B Brown PHONE _____ CELL 386-867-0048
ADDRESS _____

MOBILE HOME PARK _____ SUBDIVISION _____
DRIVING DIRECTIONS TO MOBILE HOME SR 247 / TRAY RD / 76 ACRES / 3rd on left

MOBILE HOME INSTALLER Ben Creamer PHONE 623-9384 CELL _____

MOBILE HOME INFORMATION

MAKE _____ YEAR 99 SIZE 27' X 68' COLOR _____

SERIAL No. H 8133176R16L

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

INTERIOR:

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

INSPECTION STANDARDS

/ SMOKE DETECTOR () OPERATIONAL () MISSING
/ FLOORS () SOLID () WEAK () HOLES DAMAGED LOCATION _____
/ 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:

/ WALLS / SIDING () LOOSE SIDING () STRUCTURALLY UNSOUND () NOT WEATHERTIGHT () NEEDS CLEANING
/ WINDOWS () CRACKED/ BROKEN GLASS () SCREENS MISSING () WEATHERTIGHT
/ ROOF () APPEARS SOLID () DAMAGED

STATUS:

APPROVED / WITH CONDITIONS: _____

NOT APPROVED _____ NEED REINSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE Day AK ID NUMBER 316 DATE 12-21-05



STATE OF FLORIDA
DEPARTMENT OF HEALTH

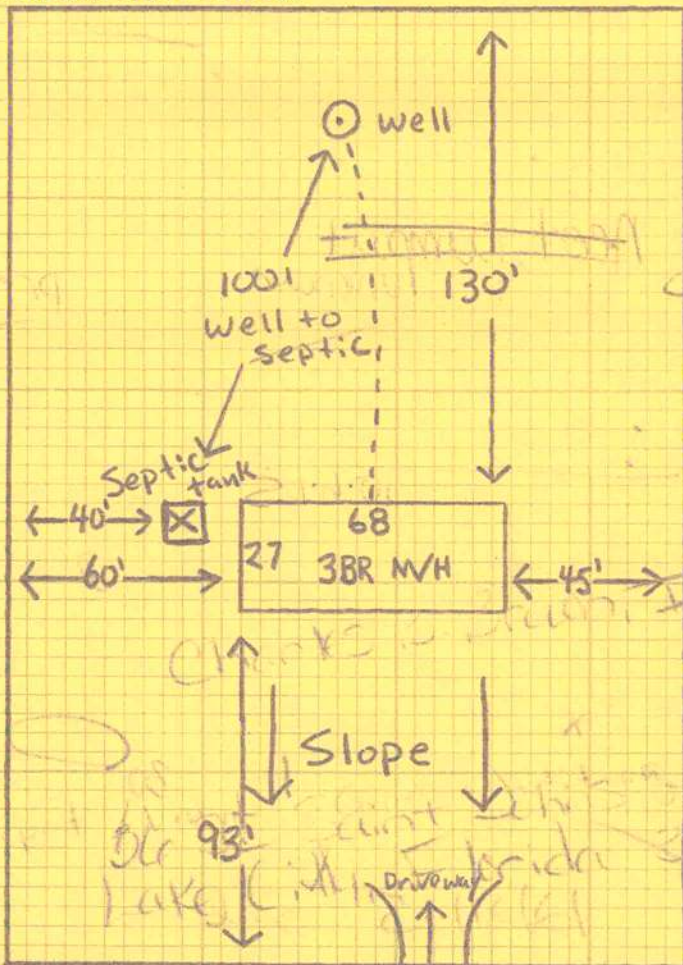
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number

05-12228

PART II - SITE PLAN

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



Notes:

Site Plan submitted by: [Signature]

Signature

owner

Title

Plan Approved [Signature]

Not Approved

Date

6-21-05

By [Signature] County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT