This Permit Expires One Ye	Building Permit PERMIT ear From the Date of Issue 000026088
APPLICANT WENDY GRENNELL	PHONE 386-961-3226
ADDRESS 3401 SW OLD WIRE RD	FORT WHITE FL 32038
OWNER DONALD PURVIS	PHONE 961-3226
ADDRESS <u>16034</u> <u>SW SR 47</u>	FORT WHITE FL 32038
CONTRACTOR JOSEPH CHATMAN	PHONE 497-2277
LOCATION OF PROPERTY 47 S, R ON THE 1ST DRIVE BEI	FORE YOU GET TO CR 238
TYPE DEVELOPMENT MH,UTILITY ES	FIMATED COST OF CONSTRUCTION 0.00
HEATED FLOOR AREA TOTAL ARE	EA HEIGHT STORIES
FOUNDATION WALLS F	ROOF PITCH FLOOR
LAND USE & ZONING A-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 21-6S-16-03900-002 SUBDIVISIO	N
LOT BLOCK PHASE UNIT	TOTAL ACRES 20.00
IH0000240	Windy Sternell
Culvert Permit No. Culvert Waiver Contractor's License Num	<i>U</i>
EXISTING DOT 07-0610 CS Driveway Connection Septic Tank Number LU & Zonir	JH N ng checked by Approved for Issuance New Resident
·	S encourable, a spirit a second
COMMENTS: FLOOR ONE FOOT ABOVE THE ROAD, EXISTING REMOVED	MIN DAMAGED BY STORM TO BE
TOTAL	
	Check # or Cash NO CHARGE
FOR BUILDING & ZONIN	IC DEPARTMENT ONLY
FOR BUILDING & ZONIN Temporary Power Foundation	
	IG DEPARTMENT ONLY (footer/Slab)
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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.

"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.

ADDRESS 480 S ELM CHURCH RD	DATE <u>08/26/2009</u>	COlumbia Count This Permit Must Be Prominently I	y Building Permit Posted on Premises During Co		000028038
DONALD PURVIS	APPLICANT DONAL	D PURVIS	PHONE	497-2839	
ADDRESS 16034 SW SR 47 FORT WHITE FL 32038	ADDRESS 4801	S ELM CHURCH RD	FORT WHITE		FL 32038
CONTRACTOR JOSEPH CHATMAN	OWNER DONAL	D PURVIS	PHONE	497-2839	
LOCATION OF PROPERTY 47 S, R ON THE IST DRIVE BEFORE YOU GET TO CR 238 TYPE DEVELOPMENT MH RENEWAL PERMIT 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 SEB 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 21-6S-16-03909-002 SUBDIVISION LOT BLOCK PHASE UNIT 0 TOTAL ACRES 20.00 LOT BLOCK PHASE UNIT 0 TOTAL ACRES 20.00 Culvert Permit No. Culvert Waiver Continuator Sciences Number EXISTING 09-0447-E CS DRIVEWBY Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident COMMENTS: THIS PERMIT IS RE-ISSUED FOR EXPIRED PERMIT #20088, NO CHARGE FOR PERMIT-ORIGIONAL PERMIT WAS STORM DAMAGE NO CHARGE, AUTHORIZATION PEPROVED FOR RENEWAL PERMIT, FLOOR ONE FOOT ABOVE THE ROAD Check # or Cash NO CHARGE FOR BUILDING & ZONING DEPARTMENT ONLY Temporary Power date/app. by date/app. by Monolithic date/app. by Gate/app. by Ga	ADDRESS 16034	SW SR 47	FORT WHITE		FL 32038
TYPE DEVELOPMENT	CONTRACTOR JO	SEPH CHATMAN	PHONE	497-2277	
NO. EX.D.U. FLOOD ZONE SUBDIVISION FLOOR SIDE 25.00	LOCATION OF PROPE	RTY 47 S, R ON THE 1ST DRIV	VE BEFORE YOU GET TO CI	R 238	
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NSPECTORS OFFICE CLERKS OFFICE	FLOOD DEVELOPMEN				
		T FEE \$ FLOOD ZONE FEE	\$ CULVERT FEE \$	TOT	AL FEE 0.00

DEDMIT

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."

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.

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION For Office Use Only Building Official (Revised 9-22-06) Zoning Official 0706-57 B, LH Date Received 6/18 AP# Permit # 26088 Flood Zone **Development Permit** Zoning Land Use Plan Map Category Comments FEMA Map# Elevation Finished Floor In Floodway Site Plan with Setbacks Shown EH Signed Site Plan DEH Release Well letter Existing well Copy of Recorded Deed or Affidavit from land owner Letter of Authorization from installer ta State Road Access □ Parent Parcel # Amabe - No CharGe OFNANO 21-65-16-03900-002 Subdivision Property ID # **New Mobile Home Used Mobile Home** Applicant 7 Phone # 396- 96/- 3226 Name of Property Owner Phone# 386 - 961 -3226 CVIS 911 Address 16034 SW SR 47 fort white Circle the correct power company -**FL Power & Light** Clay Electric (Circle One) -**Suwannee Valley Electric** -**Progress Energy** Name of Owner of Mobile Home ______ Phone #_____ Address Duner Relationship to Property Owner Current Number of Dwellings on Property Lot Size 20 Total Acreage 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 **Driving Directions to the Property** south Drive Name of Licensed Dealer/Installer JOSEPH A. CHATMAN Phone #386-497-12-77 9241 SW 45 Hmy 27 Installers Address

52.125

Installation Decal # 28/893

License Number IH-0000 240

or check here to declare 1000 lb. soil The pocket penetrometer tests are rounded down to iл ယ POCKET PENETROMETER TESTING METHOD Using 500 lb. increments, take the lowest Take the reading at the depth of the footer Test the perimeter of the home at 6 locations. reading and round down to that increment POCKET PENETROMETER TEST × without testing × ß

TORQUE PROBE TES

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

Note: A state approved lateral arm system is being used and 4 ft. anchors are required at all centerline tie points where the torque test anchors are allowed at the sidewall locations. I understand 5 ft reading is 275 or less and where the mobile home manufacturer may requires anchors with 4000 to holding capacity Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

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Installer Name

Date Tested

40

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. This includes the bonding wire between mult-wide units.

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

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

Installer's initials Type gasket Installed: Between Floors Yes Between Walls Yes Bottom of ridgebeam Yes	Usesket (weatherproofing requirement) understand a properly installed gasket is a requirement of all new and used nomes and that condensation, mold, meldew and buckled marriage walls are result of a poorly installed or no gasket being installed. I understand a strip	Floor: Type Fastener: Valls: Type Fastener: Roof: Type Fastener: 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 rails at 2" on center on both sides of the centerline.	Fastening multi wide units	Debris and organic material removed Water drainage: Natural Swale Pad Other	Site Preparation	
--	---	---	----------------------------	---	------------------	--

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

Weatherproofing

Miscellaneous

Other: Electrical crossovers protected. Drain lines supported at 4 foot intervals. Yes Dryer vent installed outside of skirting. Yes Range downflow vent installed outside of skirting. Skirting to be installed. Z X X X

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

Installer Signature manufacturer's installation tractions/and/or Rule 15C-1 & 2 Date 6-6-0

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:

6/7/2007

DATE ISSUED:

6/15/2007

ENHANCED 9-1-1 ADDRESS:

16034

SW

STATE ROAD 47

FORT WHITE

FL 32038

PROPERTY APPRAISER PARCEL NUMBER:

21-6S-16-03900-002

Remarks:

Address Issued By:

Columbia County 9-1-1 Addressing / GIS Department

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

805

Approved Address

JUN 1 5 7007

MOBILE HOME INSTALLER AFFIDAVIT

As per Florida Statutes Section 320.8249 Mobile Home Installers License:

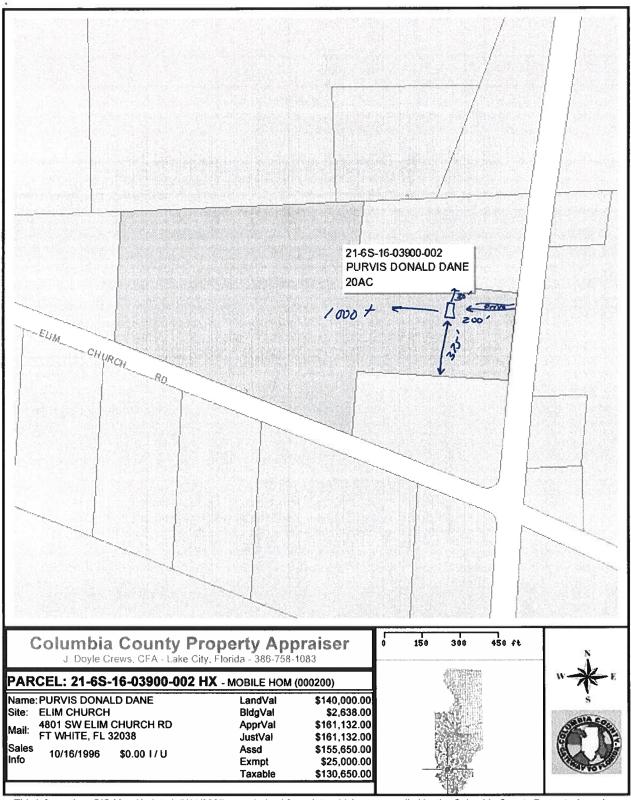
Any person who engages in mobile home installation shall obtain a mobile home installer's license from the Bureau of Mobile Home and Recreational Vehicle Construction of the Department of Highway Safety and Motor Vehicles pursuant to this section. Said license shall be renewed annually, and each licensee shall pay a fee of \$150.

I, JESEPH AL CHOT MAN, license number IH 0000 240
do hereby state that the installation of the manufactured home for while D
at H801 SW FLIAM CAURCA
will be done under my supervision. 911 Address
Months All Signature
Sworn to and subscribed before me this 6 day of Thre (June), 2007.
Notary Public: Signature hours
My Commission Expires: Sandra J. Chavez My Commission # DD298602

LIMITED POWER OF ATTORNEY

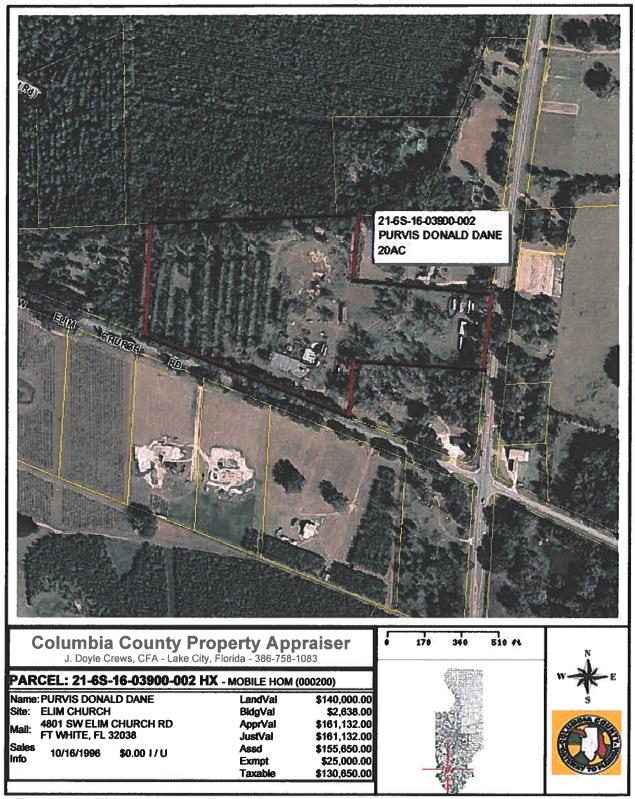
1, JOSEPH A. CHATMAN, license # IH-0000240 hereby
authorize Mald P Pulvisto be my representative and act on my behalf
in all aspects of applying for a mobile home permit to be placed on the following
described property located in Columbia County, Florida.
Property owner: <u>NONALO PPURUS</u>
Sec TwpS RgeE
Tax Parcel No
<u>06-06-07</u> (Date)
Sworn to and subscribed before me this6_ day of, 20_07
Sandie Many
Notary Public Sandra J. Chavez
My Commission expires: Commission # DD298602 My Commission expires: Expires Marci 9 2008 Commission No. Bonded Troy Fain - Insurance, Inc. 800-385-7015
Personally known: Produced ID (Type) PL#6755-481-60 -011-0
PIDOLICEO ID CIVOET 1/277 21335 7/31560 "VII V

@ CAN 6/18 Year 2007	3/: T	20 P 2	07 rc) -6	1: e: S	rt - 1 EI	2 16 1	6 _ M	0:	1 3 9 CH	ė	g 0 R	a] -(CI	1 0 0 H) 2 R	e E	s	CI	ri	p	ti	Lc	n	H:	Ma	ii:	nt	te S		1		e										2	2 21	6 4	3 8 2 2 6 0	3	1	umbia Land AG Bldg Xfea TOTAL	Cou 003 000 001 008	*
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valorem assessment purposes.

PP LINARY MOBILE HOME INSPECTION REPORT

ATE RECEIVED 5-15-07 BY LH IS THE M/H ON THE	
WHERS HAME <u>Porald</u> Purvis	PHONE 96-3226 CELL_
DDRESS (719-8893) Richard Mor	ne
AOBILE HOME PARKSUBDIVIS	
Drive on C gee red cor	
MOBILE HOME INSTALLER	PHONECELL
MOBILE HOME INFORMATION	•
MAKE Springfield YEAR 90 SIZE	46 x 14 COLOR Tan & Brown
SERIAL NO. CLF LOITED	
WIND ZONE 7 1/ Must be wind zone II	or higher NO WIND ZONE I ALLOWED
INTERIOR: INSPECTION STANDARDS (P or F) - P# PASS F= FAILED	
SMOKE DETECTOR () OPERATIONAL () MISSING	
FLOORS () SOLID () WEAK () HOLES DAMAGED LOCA	ATION
DOORS () OPERABLE () DAMAGED	
WALLS () SOLID () STRUCTURALLY UNSOUND	
WINDOWS () OPERABLE () INOPERABLE	
PLUMBING FIXTURES () OPERABLE () INOPERABLE () MI	SSING
CEILING () SOLID () HOLES () LEAKS APPARENT	
	WIRING () OUTLET COVERS MISSING () LIGHT FIXTURES MISSING
EXTERIOR: WALLS / SIDDING () LOOSE SIDING () STRUCTURALLY UNSO	
	*
WINDOWS () CRACKED/ BROKEN GLASS () SCREENS MISS	ING () WEATHERTIGHT
ROOF () APPEARS SOLID () DAMAGED	•
STATUS: APPROVED WITH CONDITIONS:	•
NOT APPROVED NEED REINSPECTION FOR FOLLOWING CONDITION	ds
	11 19
,	
SIGNATURE Day K	ID NUMBER 306 DATE 5-21-09

LIMITED POWER OF ATTORNEY

1, Joseph A. CHOTMIN, license # FH-0000240 hereby
authorize Wendy Grennell to be my representative and act on my behalf
in all aspects of applying for a mobile home permit to be placed on the following
described property located in Columbia County, Florida.
Property owner: Donald Purvis
Sec 2/ Twp. 6 S Rge 6
Tax Parcel No. <u>03960-002H</u>
Specialized Mobile Home & RV Transport, Joseph Chatman 9241 SW. US Highway 27 Ft. White, FL 32038
Sworn to and subscribed before me this 10 May of Thu, 20 07
Notary Public Chavas
My Commission expires: Commission No. Sandra J. Chavez Personally known: Expires March 9, 2008 Produced ID (Type) Bonded Troy Fein - Institution, Inc. 800-388-7019



STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number

PART II - SITE PLAN									
Scale: Each block represents 5 feet and									
lotes: / and shous	nt 01 20								
500 + feet to well sheet attacked									
Site Plan submitted by: Well Signature Plan Approved Not Approved Date 8.2.07									
Sy Sallie Ford ESII COUMDIA CHD County Health Department									