

DATE 11/04/2010

Columbia County Building Permit

PERMIT

This Permit Must Be Prominently Posted on Premises During Construction

000028979

APPLICANT GLEN WILLIAMS PHONE 386.623.1912  
ADDRESS 619 SE COUNTRY CLUB ROAD LAKE CITY FL 32055  
OWNER RANDALL HORTON PHONE 365-7997  
ADDRESS 220 NE CRAIG AVENUE LAKE CITY FL 32055  
CONTRACTOR GLEN WILLIAMS PHONE 386.623.1912  
LOCATION OF PROPERTY 90-E, L CRAIG ST, TO END ON CORNER OF OLD JAX HWY ON LEFT

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 CI MAX. HEIGHT 35  
Minimum Set Back Requirments: STREET-FRONT 20.00 REAR 15.00 SIDE 5.00  
NO. EX.D.U. 1 FLOOD ZONE X DEVELOPMENT PERMIT NO.                     

PARCEL ID 33-3S-17-06500-000 SUBDIVISION HIGHLAND ESTATES LOTS 1-16  
LOT                      BLOCK 2 PHASE                      UNIT                      TOTAL ACRES 3.00

IH0000972 X [Signature]  
Culvert Permit No.                      Culvert Waiver                      Contractor's License Number                      Applicant/Owner/Contractor                       
EXISTING 10-473-E BK TC N  
Driveway Connection                      Septic Tank Number                      LU & Zoning checked by                      Approved for Issuance                      New Resident                     

COMMENTS: FLOOR ONE FOOT ABOVE THE ROAD

SECTION 2.3.8 ON EXISTING PAD

Check # or Cash 13500

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 \$ 250.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 0.00 WASTE FEE \$                       
FLOOD DEVELOPMENT FEE \$                      FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$                      TOTAL FEE 325.00  
INSPECTORS OFFICE [Signature] CLERKS OFFICE [Signature]

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

DLK 01/11/10

Building Official

T.C. 10-19-10

AP#

10-10-29

Date Received

10/18

By

JW

Permit #

28979

Flood Zone

X

Development Permit

N/A

Zoning

CI

Land Use Plan Map Category

Comm.

Comments

Section 2.3.8 on existing pad

FEMA Map#

N/A

Elevation

N/A

Finished Floor

1' above Rd

River

N/A

In Floodway

N/A

Site Plan with Setbacks Shown

☒ EH #

10-473-E

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

☐ F W Comp. letter

IMPACT FEES: EMS

Fire

Corr

Road/Code

School

= TOTAL

25,500.00

IC

OC

pd

911

11

Lots 1-16

Property ID #

33-35-17-06500-000

Subdivision

Hightland

ESTATES BLK 2

New Mobile Home

Used Mobile Home

☒

MH Size

14x48

Year

87

Applicant

Glen Williams

Phone #

623 1912

Address

619 SE County Club Rd Lake City FL 32025

Name of Property Owner

Randy Horton

Phone#

365 7997

911 Address

220 NE CRAIG AVENUE, L.C. #1 32055

Circle the correct power company -

FL Power & Light

Clay Electric

(Circle One) -

Suwannee Valley Electric

Progress Energy

Name of Owner of Mobile Home

Randy Horton

Phone #

365 7997

Address

116<sup>th</sup> NW Lakeway Way Lake City FL 32055

Relationship to Property Owner

Owner

Current Number of Dwellings on Property

9

Lot Size

2.985

Total Acreage

3 AC

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

Partial

Driving Directions to the Property

Hwy 90 East 2 mi L&R on Craig St - lot on end

Name of Licensed Dealer/Installer

Glen Williams

Phone #

623 1912

Installers Address

619 SE County Club Rd Lake City FL 32025

License Number

TH 000972

Installation Decal #

3096

Spoke to Glen 11-1-10



# PERMIT WORKSHEET

page 1 of 2

Installer Glenn Williams License # 3H000972  
 Manufacturer Blackwood Length x Width 14 x 48  
 Name of Owner of this Mobile Home Randy Barton  
 Phone 365 7997  
 Address 116th NW Leakey Way Lake City FL 32055

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 EW

New Home ☐ Used Home ☒ Year 87  
 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 # 3036  
 Triple/Quad ☐ Serial # ALL WEA 6347500977

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	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'	8'
1500 psf	4'6"	6'	7'	8'	9'	10'	11'
2000 psf	6'	8'	9'	10'	11'	12'	13'
2500 psf	7'6"	9'	10'	11'	12'	13'	14'
3000 psf	8'	10'	11'	12'	13'	14'	15'
3500 psf	8'	10'	11'	12'	13'	14'	15'

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

PIER PAD SIZES

I-beam pier pad size 20" x 18 1/2"  
 Perimeter pier pad size 16 x 16

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

ANCHORS

FRAME TIES

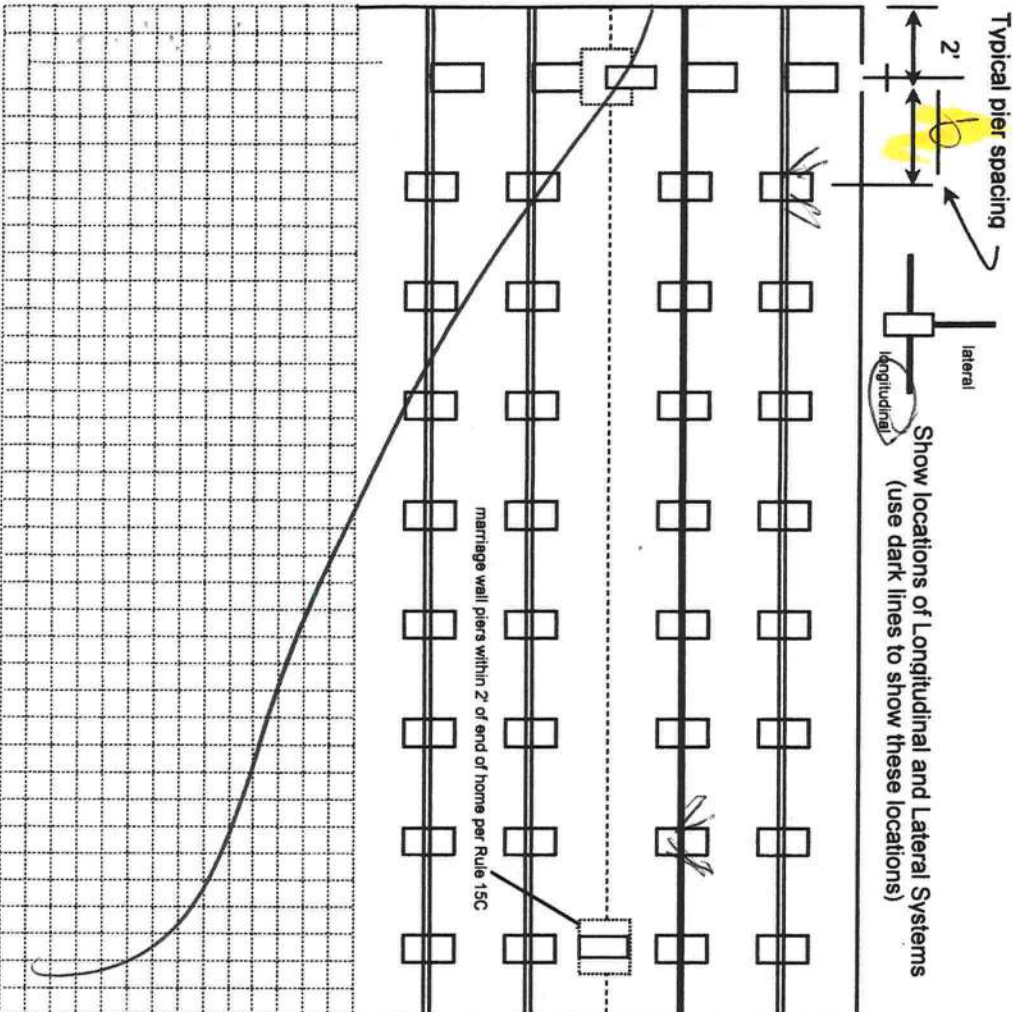
within 2' of end of home spaced at 5' 4" oc

OTHER TIES

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD) Oliver  
 Manufacturer Longitudinal Stabilizing Device w/ Lateral Arms  
 Manufacturer

Sidewall Number  
 Longitudinal b  
 Marriage wall  
 Shearwall



PERMIT NUMBER \_\_\_\_\_

PERMIT WORKSHEET

page 2 of 2

**POCKET PENETROMETER TEST**

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

x 1700 x 1700 x 1700

**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 1700 x 1700 x 1700

**TORQUE PROBE TEST**

The results of the torque probe test is 395 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.

Installer's initials EW

**ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER**

Installer Name

Blair Williams

Date Tested

10-14-10

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. \_\_\_\_\_

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 15C

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

**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, 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 \_\_\_\_\_ Installed: \_\_\_\_\_  
Pg. \_\_\_\_\_ 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 \_\_\_\_\_

**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

Blair Williams

Date

10-14-10



NE TOMLIN DR

06285  
-000

REESE

06283  
-000

06283  
-000

NE SEYMORE WAY

06281  
-000

NE JACKSONVILLE LOOP

06515  
-000

06514  
-000

06513  
-000

06517  
-000

06518  
-000

06519  
-000

06522  
-000

06523  
-000

NE JAMES AVE

06500  
-000

HIGHLAND ESTATES

NE CRAIG AVE

06502  
-000

06503  
-000

06504  
-000

06506  
-000

06507  
-000

06508  
-000

06505  
-000

06510  
-000

E DUVAL ST

HIGHLAND ESTATES

06526  
-000

06525  
-000

SE CRAIG AVE

SE JAMES AVE



06524  
-000

Aerials taken 01/2010

1 in = 100 ft

CAMILIZMUI		CamaUSA Appraisal System		Columbia County	
10/18/2010	14:16	<b>Legal Description</b>	<b>Maintenance</b>	<b>154350</b>	<b>Land 002 *</b>
Year T	Property	Sel			<b>AG 000</b>
2010 R	33-3S-17-06500-000			<b>95861</b>	<b>Bldg 011 *</b>
	1721 DUVAL ST E			<b>59830</b>	<b>Xfea 007 *</b>
	HORTON RANDOLPH J			<b>310041</b>	<b>TOTAL B*</b>

1	LOTS 1, 2, 3, 4, 5, 6, 7, 8,	9, 10, 11, 12, 13, 14, 15 & 16	2
3	BLOCK 2 HIGHLAND ESTATES S/D.	ORB 411-212, 631-765, 650-835,	4
5	JTWRS 921-2609, PROB#03-54-CP	JAMES A REGISTER 975-2337	6
7	THRU 2344, WD 1042-79.		8
9			10
11			12
13			14
15			16
17			18
19			20
21			22
23			24
25			26
27			28

Mnt 4/12/2005 KYLIE

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

## SUBCONTRACTOR VERIFICATION FORM

 APPLICATION NUMBER 10.18.10 CONTRACTOR GLEN WILLIAMS PHONE 365-7997

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.**

<b>ELECTRICAL</b>	Print Name <u>Randy Horton</u> License #:	Signature <u>Randy Horton</u> Phone #: <u>365-7997</u>
<b>MECHANICAL/ A/C</b>	Print Name <u>Randy Horton</u> License #:	Signature <u>Randy Horton</u> Phone #: <u>365-7997</u>
<b>PLUMBING/ GAS</b>	Print Name <u>Randy Horton</u> License #:	Signature <u>Randy Horton</u> Phone #: <u>382 365-7997</u>
<b>ROOFING</b>	Print Name _____ License #:	Signature _____ Phone #:
<b>SHEET METAL</b>	Print Name _____ License #:	Signature _____ Phone #:
<b>FIRE SYSTEM/ SPRINKLER</b>	Print Name _____ License #:	Signature _____ Phone #:
<b>SOLAR</b>	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.







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

SEM  
10.18.10

COUNTY THE MOBILE HOME IS BEING MOVED FROM Baker Co  
OWNERS NAME Randy Horton PHONE \_\_\_\_\_ CELL 385 7997  
INSTALLER Glen Williams PHONE 623-1912 CELL \_\_\_\_\_  
INSTALLERS ADDRESS 619 SE County Club Rd Lak City FL 32025

**MOBILE HOME INFORMATION**

MAKE West YEAR 87 SIZE 14 x 48  
COLOR Brown & Whit SERIAL NO. ALWNE1AG34750447  
WIND ZONE II SMOKE DETECTOR ☒

INTERIOR:  
FLOORS Good  
DOORS Good  
WALLS Good  
CABINETS Good  
ELECTRICAL (FIXTURES/OUTLETS) Good  
EXTERIOR:  
WALLS / SIDING Good  
WINDOWS Good  
DOORS Good  
STATUS:  
APPROVED ☒ NOT APPROVED \_\_\_\_\_

NOTES \_\_\_\_\_  
INSTALLER OR INSPECTORS PRINTED NAME Glen Williams  
Installer/Inspector Signature Glen Williams License No. 24420972 Date 10-19-10

**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 386-712-2038 TO SET UP THIS INSPECTION. NO PERMIT WILL BE ISSUED BEFORE THIS IS DONE.**

Code Enforcement Approval Signature Art D. Ruel Date 10-19-10

CODE ENFORCEMENT  
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 10/27 BY JW IS THE MH ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? Y

OWNERS NAME Randy Norton PHONE \_\_\_\_\_ CELL 365-7997

ADDRESS \_\_\_\_\_

MOBILE HOME PARK ✓ SUB DIVISION Nishland Estates

DRIVING DIRECTIONS TO MOBILE HOME 90-E TO CIA 3 Street, TL Lot on the way  
End

MOBILE HOME INSTALLER Glen Williams PHONE \_\_\_\_\_ CELL 623-1912

MOBILE HOME INFORMATION

MAKE WEST YEAR 1987 SIZE 14 x 40 COLOR BROWN

SERIAL No. AFLWEIAG34750477

WIND ZONE II Must be wind zone II or higher N WIND ZONE I ALLOWED

INSPECTION STANDARDS

INTERIOR:

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

✓ 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 RE-INSPECTION FOR FOLLOWING CONDITIONS: \_\_\_\_\_

SIGNATURE [Signature] ID NUMBER 402 DATE 10-28-10





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

10-423E  
PERMIT NO. 982021  
DATE PAID: 10/19/10  
FEE PAID: 125.00  
RECEIPT #: 1523189

APPLICATION FOR:

[ ] New System [X] Existing System [ ] Holding Tank [ ] Innovative  
[ ] Repair [ ] Abandonment [ ] Temporary [ ]

APPLICANT: RJ Mobile Home Home Park Randolph Norton

AGENT: Glen Williams TELEPHONE: 623-1912

MAILING ADDRESS: 619 SE County Club Rd Lake city FL 32025

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3)(a) OR 489.552, FLORIDA STATUTES.

PROPERTY INFORMATION

LOT: 1 BLOCK: 2 SUBDIVISION: Highland Cst PLATTED: 7-9-47

PROPERTY ID #: 33-35-17-0650-000 ZONING: RSF I/M OR EQUIVALENT: [ Y / N ]

PROPERTY SIZE: 3 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [ ] <=2000GPD [ ] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [ Y / N ] DISTANCE TO SEWER: NA FT

PROPERTY ADDRESS: 2815 E Duval St Lake city FL 32085

DIRECTIONS TO PROPERTY: 880 Hwy 90 East 2 mi to Craig St  
Lt left at End on Lt

BUILDING INFORMATION

[X] RESIDENTIAL [ ] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	<u>Mobile Home</u>	<u>2</u>	<u>340</u>	ORIGINAL ATTACHED
2				
3				
4				

[ ] Floor/Equipment Drains [ ] Other (Specify) \_\_\_\_\_

SIGNATURE: Glen Williams DATE: 10-14-10



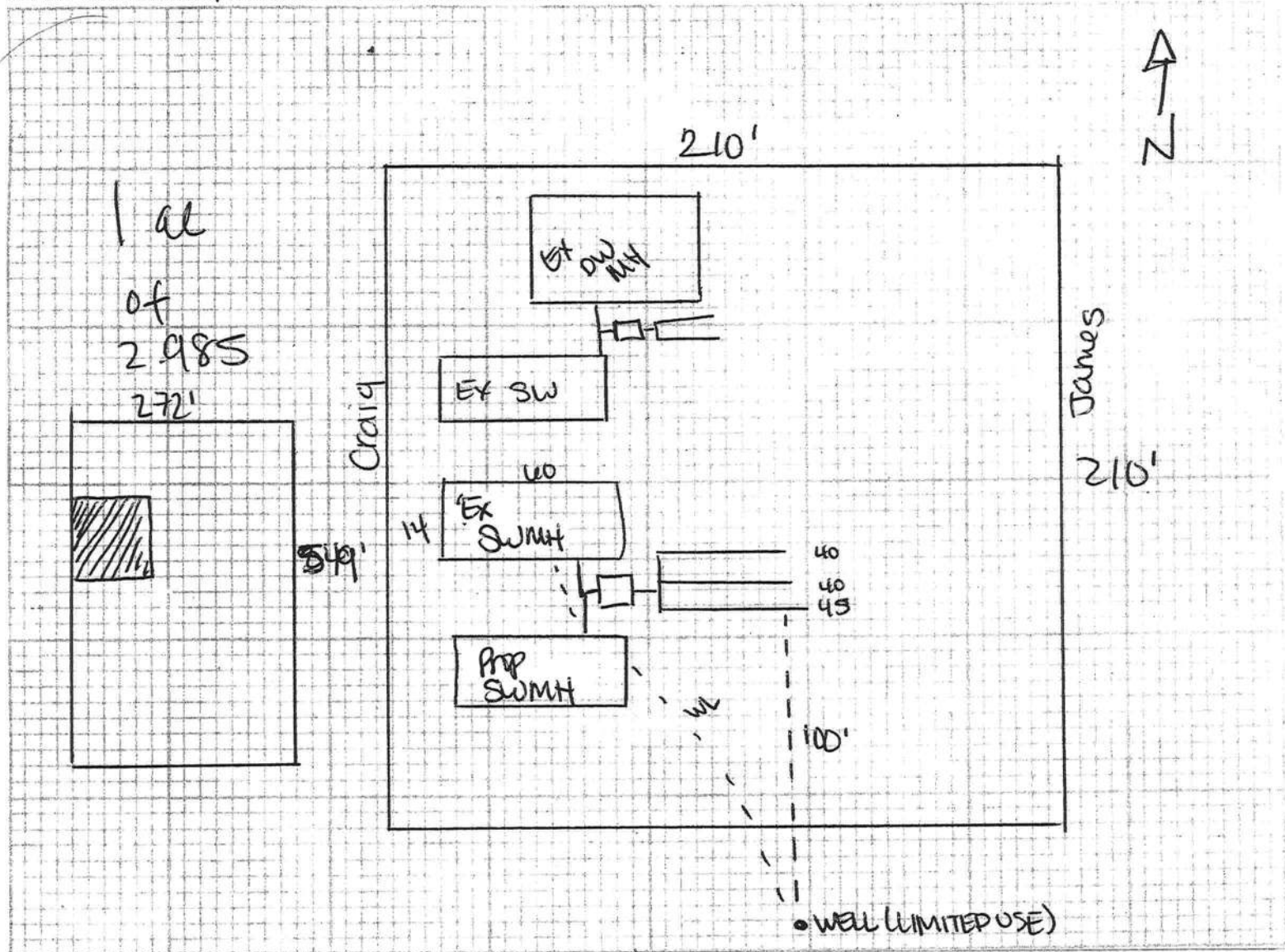
STATE OF FLORIDA  
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 10-473E

PART II - SITE PLAN

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



Notes: \_\_\_\_\_

Site Plan submitted by: \_\_\_\_\_  
Signature

Plan Approved ✓

Not Approved \_\_\_\_\_

Title \_\_\_\_\_  
Date 11/2/10

By: \_\_\_\_\_  
ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

**Columbia CHD**

County Health Department



## 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: 11/2/2010      DATE ISSUED: 11/4/2010

**ENHANCED 9-1-1 ADDRESS:**

220      NE      CRAIG      AVE

LAKE CITY      FL      32055

**PROPERTY APPRAISER PARCEL NUMBER:**

33-3S-17-0650-000

**Remarks:**

MHP LOCATION

Address Issued By: S/ RONAL N. CROFT  
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.**