PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

	TERMIT ALT EIGATION / MARKET ACTORED HOME INCTALEATION ALT EIGATION
E	For Office Use Only (Revised 7-1-15) Zoning Official Building Official 10/9/17
A	P# 1710-15 Date Received 10/5 By Jtv Permit # 35-952
F	lood Zone <u>X</u> Development Permit Zoning <u>A3</u> Land Use Plan Map Category <u>A</u>
C	Comments
	EMA Map# Elevation Finished Floor Labore River In Floodway
c	Recorded Deed or □ Property Appraiser PO Site Plan (2EH # 17 - 065 2 Well letter OR
-	Existing well Land Owner Affidavit Installer Authorization FW Comp. letter App Fee Paid
	DOT Approval Parent Parcel # STUP-MH STUP-MH
	DOT Approval Parent Parcel # STUP-MH STUP-MH Sub VF Form Southers
Pro	perty ID# 09-75-17-09958-00#4 Subdivision N/A Lot# N/A
=	New Mobile Home Used Mobile Home MH Size 32/76 Year 2018
•	Applicant Pau BARNEY Phone # 386-209-0906
•	Address 466 SW DEP. J. DAVIS LN, LAKE CITY. FL 32024
	Name of Property Owner SMITH, ANTHONY & KELLY Phone# 386-454-0361
	911 Address 596 S.W. VIKING COURT, HIGH SPRINGS FL 32643
	Circle the correct power company - FL Power & Light - Clay Electric
	(Circle One) - Suwannee Valley Electric - Duke Energy
	Name of Owner of Mobile Home
	Address P.O. Box 2378, HIGH SPRINGS, F-L
•	Relationship to Property Owner 5ELF
•	Current Number of Dwellings on Property
	Lot Size 330 X 660 Total Acreage 5.02
_	Do you - Have Evicting Drivolor Brivate Drive or need Culvert Bermit or Culvert Weiner (Circle and
=	Do you : Have Existing Drive or Private Drive (Blue Road Sign) Or need Culvert Permit (Putting in a Culvert) Or Culvert Waiver (Circle one) (Not existing but do not need a Culvert)
•	Is this Mobile Home Replacing an Existing Mobile Home
	Driving Directions to the Property 15-90 TO T-75 South TO EXIT 414 TO 441 South
	. PO CR 778 TREE TO VIXING CT TIR TO RUSTY BLUE GATE ON RIGHT
	FOLLOW ROAD BACK TO 3 NE.
	Name of Licensed Dealer/Installer PAUL E. ALBRIGHT Phone # 386 -365-5314
	Installers Address 199 5W THOMAS TERR., LAKE CITY, FL. 32-24 License Number 1 H / 02 5 2 3 9 Installation Decal # 4 3 6 81
-	The sent En to PAUL 10.1117

			I understand Late where the sidewal Typical pier spacing	Installer:
			understand Lateral Arm Systems can where the sidewall ties exceed 5 ft 4 in pical pier spacing	Mobile RU 1000 The 596 The
	Bok M		ed 5 ft 4 in. lateral Show local longitudinal (use	Home Permit W Lice Sal Viz Ki W Length THE wide fill out one half
	Manage wall piers within 2" of end of home per		understand Lateral Arm Systems cannot be used on any home (new prused where the sidewall ties exceed 5 ft 4 in. Installer's initials 2' Show locations of Longitudinal and Lateral (use dark lines to show these location)	orks
	t end of home per Jule 15C		annot be used on any home (new or used) 4 in. Installer's initials Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)	heet IHIC2 52. OUT T OUT T An 32X Blocking plan Index of home
		*	TTTT:	39 App
Opening 2 7 7 7 7 8 7 8 9 10 10 10 10 10 10 10 10	Perimeter pier pad size Other pier pad sizes (required by the mfg.) Draw the approximate wall openings 4 foot or symbol to show the pier pad sizes below and their pier pad sizes below	3000 psf 3000 psf 3500 psf interpolated from F	ooter ize q in)	Application Number: New Home Home installed to Home is installed Single wide Double wide Triple/Quad
Pier pad siz 23 13 77 13 TIEDOWN COMPONENTS Stabilizing Devide (LSD) Stabilizing Devide w/ Lav	ter pier pad size ier pad sizes ad by the mfg.) Draw the approximate locations of marriac wall openings 4 foot or greater. Use this symbol to show the piers. marriage wall openings greater than 4 foot ir pier pad sizes below	1월 2 1 1	PIER SPACING TAB 16" x 16"	Used Home o the Manufacturer's Ir d in accordance with R Mind Zone II Installation D Serial #
Pier pad size 23 \ 3 \ 27 \ 7 \ 35 \ EDOWN COMPONENTS tabilizing Devide (LSD) tabilizing Devide w/ Lateral Arms	ter pier pad size ier pad sizes id by the mfg.) Draw the approximate locations of marriage wall openings 4 foot or greater. Use this symbol to show the piers. marriage wall openings greater than 4 foot ir pier pad sizes below	B' B	20°	New Home Used Home Home Home Home installed to the Manufacturer's Installation Manual Home is installed in accordance with Rule 15-C Single wide Wind Zone Wind Double wide Installation Decal # 44.77 Triple/Quad Serial # 47.77
4 ft within 2 spaced Sidewal Longitus Marriage Shearway	16 x 18 18.5 x 18.5 16 x 22.5 17 x 22 13 1/4 x 26 1/4 20 x 20 17 3/16 x 25 3/16 17 1/2 x 25 1/2 24 x 24 26 x 26	8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8	24" (5	Date:
FRAME TIES of end of home at 5' 4" oc of the ries of t	8.5 8.5 2 2 5 1/4 5 3/16 5 1/2	PAD	5)*	

Mobile Home Permit Worksheet

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between multi-wide units. Pg.	Flortina	Date Tested	ALL TESTS MUST BE PERPORMED BY A LICENSED INSTALLER Installer Name Company Compan	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 boding capacity. Installer's initials	TORQUE PROBE TEST The results of the torque probe test is without testing the pounds or check here if you are declaring 5' anchors without testing the pounds or less will require 5 foot anchors.	× 1500 × 1500 × 1500	1	 Test the perimeter of the home at 6 locations. Take the reading at the depth of the footer. 	POCKET PENETROMETER TESTING METHOD	The pocket penetrometer tests are rounded down to 1500 psf or check here to declare 1000 lb. soil without testing. x 1500 x 1500 x 1500	הססעבד הבעבדהסטובדבה דבפד
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Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg.

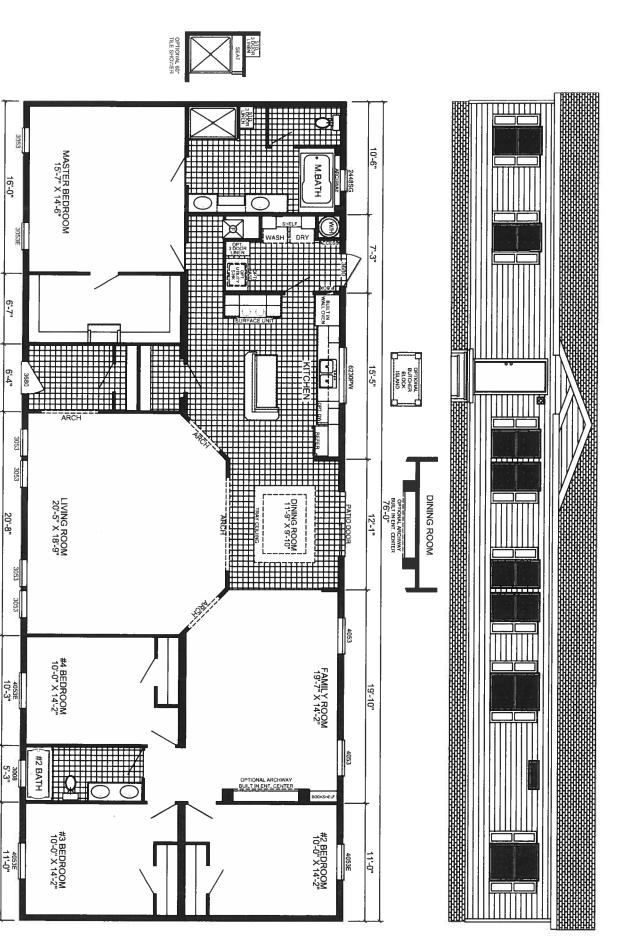
Page 2 of 2

Installer Signature

Date

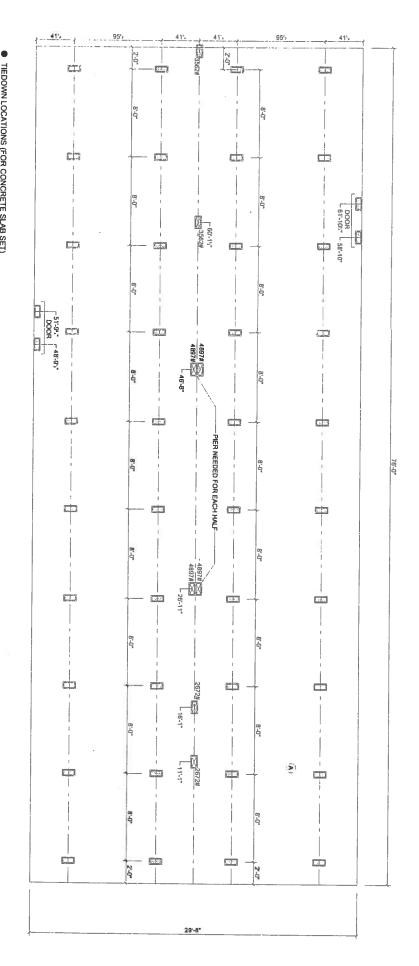
Connect all sewer drains to an existing sewer tap or septic tank. Pg.

Debris and organic material removed Water drainage: Natural Swale Fastening multi wide units Fastener: 4.49 Length: Spacing: 744 Walls: Type Fastener: 4.49 Length: Spacing: 744 For used homes a fini. 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 (washterproofing requirement) Lunderstand 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 Installer's initials Weatherproofing Weatherproofing Type gasket Weatherproofing The bottomboard will be repaired and/or taped. Yes Between Walls Yes Bottom of ridgebearn Yes Between Walls Yes Bottom of ridgebearn Yes Wiscellaneous Miscellaneous Skirting to be installed. Yes Range downflow vert installed outside of skirting. Yes Between this permit worksheet is accurate and true based on the manufacturer's installed. Yes accurate and true based on the manufacturer's installed on installed on instructions and or Rule 15C-1 & 2



32 X 80 - Approx. 2254 Sq. Ft. 4-BEDROOM / 2-BATH P-3764J

All room dimensions include closets and square footage figures are approximate.
 Transom windows are available on optional 9-0* sidewall houses only.
 Skriting shown is optional.
 Skriting shown is optional only



■ TIEDOWN LOCATIONS (FOR CONCRETE SLAB SET)
STANDARRIAGE LINE OPENING SUPPORT PIERITYP.
SUPPORT PIERITYP
FOUNDATION MOTES.

- THIS DRAWING IS DESIGNED FOR THE STANDARD WIND ZONE AND IS TO BE USED IN CONJUNCTION WITH THE INSTALLATION MANUAL AND IT'S SUPPLEMENTS. FOOTINGS ARE SHOWN FOR EXAMPLE ONLY QUANTITY AND SPACING MAY WARY BASED ON PAD TYPE, SOIL CONDITION, ETC. FOOTINGS ARE REQUIRED AT SUPPORT POSTS, SEE INSTALLATION MANUAL FOR REQUIREMENTS.
- MODEL: P-3764J 32 X 80 Live Oak Homes

- (a) MAIN ELECTRICAL
 (b) ELECTRICAL CROSSOVER
 (c) WATER INLET
 (d) EAST INLET
 (d) WATER CROSSOVER (IF ANY)
 (e) GAS INLET (IF ANY)
 (f) GAS INLET (IF ANY)
 (g) GAS INLET (IF ANY)

4-BEDROOM / 2-BATH

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HNNHANY & NFLLY SINTH 5-17-09958-004 PAUL BARASSY, SCALE 1"= 10	660,11		
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1 407/ 0 # AI		130 x 11 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	— 175 ¹ ————————————————————————————————————
AITE. DOTE:			C.

> <--

SMITH



COLUMBIA COUNTY 911 ADDRESSING / GIS DEPARTMENT

263 NW Lake City Ave., Lake City, FL 32055

Telephone: (386) 758-1125 x 1 * Fax: (386) 758-1385 * Email: gls@columbiacountyfla.com



Address Assignment and Maintenance Document

To maintain the county wide 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 addressing 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 Services 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/Time Issued:	10/6/2017 2:11:49 PM			.11
Address:	596 SW VIKING Ct			
City:	HIGH SPRINGS			
State:	FL			
Zip Code	32643	8	#H	
Pracel ID	09958-004			

REMARKS: Reissue of existing address for new structure on parcel.

Address Issued By:

Signed:/ Ronal N. Croft

Columbia County GIS/911 Addressing Department

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



COLUMBIA COUNTY BUILDING DEPARTMENT 135 NE Hernando Ave, Suite B-21, Lake City, FL 32055 Phone: 386-758-1008 Fax: 386-758-2160

MOBILE HOME INSTALLERS AGENT ALITHOPIZATION

MODILE HON	VIE INSTALLERS A	JENI AUIE	IORIZATION	
1, PAUL E ALBR	give th	is authority a	nd I do certify	that the below
Installers Name				
referenced person(s) listed on t	his form is/are under	my direct sup	ervision and o	control and
is/are authorized to purchase p	ermits, call for inspec	tions and sigr	ı on my behali	f.
Printed Name of Authorized Person	Signature of Author Person	rized	Agents Com	npany Name
PAUL BARNEY	Vanl a Ba	rney	FREEDOM	Homes
¥0		9		
				W-7 - 5-1
I, the license holder, realize that	I am responsible for	all permits pu	ırchased, and	all work done
under my license and I am fully	-			
Local Ordinances.		indirect With Ci	rionda Otatu	tes, Oodes, and
I understand that the State Lice	nsing Board has the p	ower and au	thority to disci	pline a license
holder for violations committed I	by him/her or by his/h	er authorized	person(s) thre	ough this
document and that I have full re				
Land of Alland	* }	41/102 0	- 2 3 0	2-7-17
License Holders Signature (Not	arized)	License Nu	mber	3-2-17 Date
and the state of t	anzou)	LICENSE MUI	iib e i	Date
NOTARY INFORMATION:		/		
STATE OF: Florida	COUNTY OF:	CLWANNE	€	
The above license holder, whos	a nama ia Pa	12 F	ALBR	1641
personally appeared before me				 '
(type of I.D.)	on this	day o	MARCH	on , 20 1 7.
Hand alla.		LOTHRY P	PAUL A BAF	
NOTARY'S SIGNATURE	ney_	The old	EXPIRES: Octobe	er 19, 2020
	/	(3)	יסו <i>יס ממדויוף) יייטאשניי</i>	Initial A Del Alfres

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER	17015	CONTRACTOR TAUL	Albereat	PHONE 386, 365 53/4
			13	

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 <u>REQUIRED</u> 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 1072	Print Name WHITTING TON ELECTRIC Signature Wenn Whittington License #: £C 1300 2 957 Phone #: 386 972 1700 Qualifier Form Attached
MECHANICAL/	Print Name Style CREST Signature License #: Phone #: Qualifier Form Attached

Qualifier Forms cannot be submitted for any Specialty License.

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER		1	

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.

Revised 10/30/2015

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1710-16 CC	ONTRACTOR TAUL	Albright	PHONE_	386, 365. 5314
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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 <u>REQUIRED</u> 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.

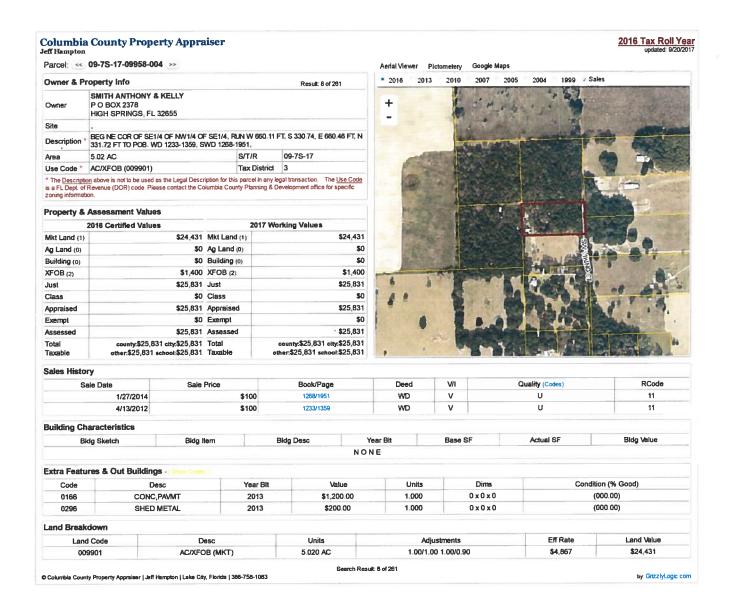
ELECTRICAL	Print NameSignature
	License #: Phone #:
	Qualifier Form Attached
MECHANICAL/	Print Name AK2 Mechanical UC Signature Ithing O. Sith
A/C 935	License #: CMC 1249830 Phone #: 352 - 1672-7145
	Qualifier Form Attached

Qualifier Forms cannot be submitted for any Specialty License.

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			

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.

Revised 10/30/2015



1 of 1 9/28/2017 1:13 PM

LIMITED POWER OF ATTORNEY

I, ANTHONY O. SMITH, do hereby authorize Paul Barney to be
my representative and act on my behalf in all aspects of applying for a MOBILE HOME
permit to be placed on my property described as: Sec
Rge 17 Tax Parcel No. 09958 - 005 in Cocumbia
County, Florida.
Moleculary O. Soll (Owner Signature)
May 10 TH 2017 (Date)
Sworn to and subscribed before me this 10 to day of may, 20 17. Notary Public
My commission expires: Inn. 15, 2018 Commission No. FF 83 108 Personally known: Produced ID (Type) Drivers lisconse

Inst. Number: 201412001111 Book: 1268 Page: 1951 Date: 1/27/2014 Time: 1:13:29 PM Page 1 of 2 Doc Deed: 0.70 P.DeWitt Cason Clerk of Courts, Columbia County, Florida

Prepared by and when recorded return to:
Jonathan A. Goldberg, Esquire
GOLDBERG LAW OFFICE
1013 SW 2nd Avenue
Gainesville, FL 32601

Inst:201412001111 Date:1/27/2014 Time:1:13 PM

| Doc Stamp-Deed 0.70 | DC,P,DeWitt Cason,Columbia County Page 1 of 2 B:1268 P:1951 |
| Space above this line reserved for recording office use only)

SPECIAL WARRANTY DEED

1. IDENTIFICATION OF GRANTOR

Grantor's name and address is:

Wayne Cook and Carol Cook, as husband and wife

P. O. Box 2522

High Springs, FL 32655

The word "I" or "me" as hereafter used means the Grantor.

2. IDENTIFICATION OF GRANTEE

Grantee's name and address is:

Anthony Smith and Kelly Smith, as husband and wife

P. O. Box 2378

High Springs, FL 32655

The word "you" as hereafter used means the Grantee.

3. MEANINGS OF TERMS

The terms "I," "me," or "you," shall be non-gender specific ((I) masculine, (ii) feminine, or (iiI) neuter, such as corporations, partnerships or trusts), singular or plural, as the context permits or requires, and include heirs, personal representatives, successors or assigns where applicable and permitted.

4. DESCRIPTION OF REAL PROPERTY CONVEYED

Property hereby conveyed (the "Real Property") is described as follows:

A PART OF THE SE 1/4 OF THE NW 1/4 OF THE SE 1/4 OF SECTION 9, TOWNSHIP 7 SOUTH, RANGE 17 EAST, COLUMBIA COUNTY, FLORIDA BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:

BEGIN THE NE CORNER OF SAID SE 1/4 OF THE NW 1/4 OF THE SE 1/4 AND RUN S.88°08'43"W., ALONG THE NORTH LINE THEREOF, 660.11 FEET TO THE NW CORNER OF SAID SE 1/4 OF THE NW 1/4 OF THE SE 1/4; THENCE S.01°45'27"E., ALONG THE WEST LINE THEREOF, 330.74 FEET; THENCE N.88°13'47"E., 660.46 FEET TO THE EAST LINE OF SAID SE 1/4 OF THE NW 1/4 OF THE SE 1/4; THENCE N.01°49'07"W., ALONG SAID EAST LINE, 331.72 FEET TO THE POINT OF BEGINNING. CONTAINING 5.02 ACRES, MORE OR LESS.

SUBJECT TO AND TOGETHER WITH AND RESERVING UNTO THE GRANTORS, THEIR SUCCESSORS AND/OR ASSIGNS AN EASEMENT FOR INGRESS, EGRESS AND PUBLIC UTILITIES OVER, UNDER AND ACROSS THE FOLLOWING DESCRIBED LANDS: THE WEST 30.00 FEET OF THE SOUTH 1452.00 FEET OF THE EAST ½ OF THE SE 1/4 AND

ALSO THE EAST 30.00 FEET AND THE NORTH 15.00 FEET OF THE SE 1/4 OF THE NW 1/4 OF THE SE 1/4, AND ALSO THE SOUTH 15.00 FEET OF THE NE 1/4 OF THE NW 1/4 OF THE SE 1/4, AND ALSO THE SOUTH 15.00 FEET OF THE NE 1/4 OF THE NW 1/4 OF THE SE 1/4, AND ALSO THE EAST 30.00 FEET OF THE NORTH 15.00 FEET OF THE SW 1/4 OF THE NW 1/4 OF THE SE 1/4, ALL IN SECTION 9, TOWNSHIP 7 SOUTH, RANGE 17 EAST, COLUMBIA COUNTY, FLORIDA.

ALSO:

SUBJECT TO AN EASEMENT FOR PUBLIC UTILITIES OVER, UNDER AND ACROSS THE WEST 10.00 FEET OF THE EAST 40.00 FEET, LESS THE NORTH 15.00 FEET THEREOF, OF THE SE 1/4 OF THE NW 1/4 OF THE SE 1/4 OF SECTION 9, TOWNSHIP 7 SOUTH, RANGE 17 EAST, COLUMBIA COUNTY, FLORIDA.

The Property Appraiser's Parcel Identification Number is: a portion of R09958-001.

5. CONSIDERATION

Good and valuable consideration plus the sum of Ten Dollars (\$10.00) received by me from you.

6. CONVEYANCE OF REAL PROPERTY

EXPIRES: September 17, 2015

Bonded Thru Notary Public Underwriters

For the consideration described in Paragraph 5, I have granted, bargained and sold to you the Real Property to have and to hold in fee simple (estate in property unlimited as to duration, disposition and descendability) forever.

7. SPECIAL WARRANTY

i do hereby warrant title to the Real Property and will defend the same against the lawful claims of all persons claiming by, through or under me except for covenants.

record.	venants, reservations, restrictions and easements of
Executed on this and day of Cunuan day of Cunuan Wayne Cook P. O. Box 2522 High Springs, FL 32655	Carol Cook P. O. Box 2522 High Springs, FL 32655
Signed in the presence of:	Signed in the presence of:
Witness Signature (Date) Meagan Cottest Print Name of Witness	Witness Signature (Store 1/27/2014 Witness Signature (Date) Meagen Cortese Print Name of Witness
STATE OF FLORIDA COUNTY OF PIOCHUA	
Acknowledged and subscribed before me by the personally known to me or who have produced sworn to and subscribed before me by the witnesses, personally known to me or who has produced who is personally known to me identification, and subscribed by me in the presence of the angle of the personal day of January, 2014.	Meagan Cortese who is as Identification, and
DEBORAH MORRISON MY COMMISSION # EE 113394	Notary Public (Affix notarial seal) My Commission Expires: 9-17-15

My Commission number is: EE113384

	Label #: 43681	Manufacturer: Live OAK	(Check Size of Home)
Homeowner: 5m?	th	Year Model: 2018	Single
Address:		Length & Width: 27 1/CT	Double
2405	W Vicking	Court 35 X8C	Triple
Address: 596 5 City/State/Zip: High	Spring &	Type Longitudinal System:	HUD Label #:
Phone #:		Type Lateral Arm System:	Soil Bearing / PSF: 1500
Date Installed:		New Home: Used Home:	Torque Probe / in-lbs:
nstalled Wind Zone:	7	Data Plate Wind Zone:	Permit #:

STATE OF FLORIDA INSTALLATION CERTIFICATION LABEL 43681

LABEL#

DATE OF INSTALLATION

PAUL E. ALBRIGHT

NAME

IH / 1025239 / 1

2859

LICENSE # ORDER #
CERTIFIES THAT THE INSTALLATION OF THIS MOBILE HOME IS
IN ACCORDANCE WITH FLORIDA STATUTES 320.8249, 320.8325
AND RULES OF THE HIGHWAY SAFETY AND MOTOR VEHICLES.

TIGN AND AFFIX YT TO HUD LABFL. ENT INK PEN

ATION

0.1

PAT LYNCH LYNCH DRILLING CORP P O Box 934 Branford, FL 32008 (386)935-1076

DATE 10-13-17

CUSTOMER Anthony Smith

596 SW Viking Ct LOCATION High Springs, FL 32643 ID#09-75-17-09958-004

WE WILL CONSTRUCT A 4" WATER WELL COMPLETE WITH 4" WATER WELL STEEL CASING, 144 SUBMERSIBLE PUMP WITH 1 1/4" DROP PIPE, AND AN 25 GALLON CAPTIVE AIR TANK (21.9 GALLON DRAWDOWN).

WELL WILL BE COMPLETE AT THE WELL SITE, WE DO NOT INCLUDE ELECTRICAL NOR PLUMBING CONNECTIONS FROM THE WELL TO THE HOME AND/OR POWER POLE.

ANY VARIATIONS OF THE ABOVE ARE SUBJECT TO APPROVAL FROM THE CUSTOMER AND OR CONTRACTOR PRIOR TO COMMENSMENT OF THE INDIVIDUAL JOB.

THANK YOU

NOT RESPONSIBLE FOR THE QUALITY OF WATER



Columbia County, Florida Building & Zoning Department

TO: PAUL BARNEY	From: B. Z DEAT.
1710-15-AUTHONY SMITH	
Phone: 386.454. 0361 Fax: 386.752. 4757	Phone: <u>386-758-1008</u> Fax: <u>386-758-2160</u>

	Remarks: Urgent For review ASAP Dease comment
	THE FOLLOWING IS NEGOTO PRIOR to PERMIT ISSUM
	IS WELL EXISTING ?? I IT NOT INEED WELLETER
M	911 AddRESS + Approved Vigned Site Plan: Ev. HEATHI
M	All Lindres Lothony suith til 6086
	MINS, 1 HY LICENSE, FULLORKER'S LIME
E.	

Confidentiality Notice: This facsimile transmission is confidential and is intended only for the review of the party to whom it is addressed. It may contain proprietary and/or privileged information protected by law. If you are not the intended recipient, you may not use, copy or distribute this facsimile message or its attachments. If you have received this transmission in error, please immediately telephone the sender above to arrange for its return.

P.002/002

p.1

PAT LYNCH LYNCH DRILLING CORP P O Box 934 Branford, FL 32008 (386)935-1076

DATE 10-13-17

CUSTOMER Anthony Smith

596 SW Viking C+ LOCATION High Springs, € 132643 ID #09-75-17-09958-004

WE WILL CONSTRUCT A 4" WATER WELL COMPLETE WITH 4" WATER WELL STEEL CASING, 1 1 SUBMERSIBLE PUMP WITH 1 1/4" DROP PIPE, AND AN 25 GALLON CAPTIVE AIR TANK (21.9 GALLON DRAWDOWN).

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ANY VARIATIONS OF THE ABOVE ARE SUBJECT TO APPROVAL FROM THE CUSTOMER AND, OR CONTRACTOR PRIOR TO COMMENSMENT OF THE INDIVIDUAL JOB.

THANK YOU

NOT RESPONSIBLE FOR THE QUALITY OF WATER



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

APPLICATION FOR:	TOTAL CONSTRUCTION I	ERMIT!	13058
[V] New System [] [] Repair [] APPLICANT: ANTON	Smith	Holding Tank Temporary	[]
AGENT: Robert W For	I ale Moon -		301
AGENT: Robert W For	E STATE Rd	DO LC FIA	ZEPHONE: 755-6372 32025
TO BE COMPLETED BY APPLICADE APPLICANT'S RESPONSIBILITY PLATTED (MM/DD/YY) IF REQUIPMOPERTY INFORMATION	NT OR APPLICANT'S AUTHOR	IZED AGENT. SYSTE	EMS MUST BE CONSTRUCTION
PROPERTY INFORMATION			PROVISIONS.
"· V-1-1/-]	SUBDIVISION: MCC.	Λ	_
TO NOTES	WATER SUPPLY: [V] PRT	VAPP Pro-	EQUIVALENT: [Y /N
	01.0065, FS? [Y /	The Postic []	<=2000GPD []>2000GPD
PROPERTY ADDRESS: 590 6	BW Vikim Pai	DISTANCE	E TO SEWER: N FT
DIRECTIONS TO PROPERTY:	wy 441 5004	in to 7	Springs Fl 18 Pa Follow
to vicking ct	TR Follow	to site of	1-0110th
BUILDING INFORMATION	[/] RESIDENTIAL	[] COMMERCIAL	
Unit Type of No Establishment	No C		
1 Cuarla Carri	Bedrooms Area Sqft T	ommercial/Institut able 1, Chapter 64	tional System Design
2 Olinge tamily	4 2254		7) 430
3			
4			
[] Floor/Equipment Drains	[] Other (Specify)		
SIGNATURE: Robert W 3	arel h		10/11/12
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G.OOI, FAC			Page 1 of 4

STATE OF FLORIDA DEPARTMENT OF HEALTH APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 17-0653	
Permit Application Number 17-0652 PART II - SITEPLAN ANTHONY Smith Scale: Each block represents 10 feet and 1 inch = 40 feet. LACROF 5.0 ZO ACROS	
Scale: Each block represents 10 feet and 1 inch = 40 feet. LACROS 5.030.011	
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Sallie Find Env Health Director, Olymbia County Health Director	
County Health Department	
ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT	

4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated: 64E-6.001, FAC ick Number: 5744-002-4015-6)

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