

DATE 2/27/2004**Columbia County Building Permit**

This Permit Expires One Year From the Date of Issue

PERMIT**000021563**APPLICANT LAURA RHODESPHONE 752-9104ADDRESS P.O. BOX 589LAKE CITYFL32056OWNER EVELYN BEARDSLEYPHONE 752-8481ADDRESS 429 SW COZY GLENLAKE CITYFL32024CONTRACTOR BERNIE THRIFT

PHONE _____

LOCATION OF PROPERTY 90W. TL ON KOONVILLE ROAD, TR ON COZY GLENN, TO THE END ON
RIGHTTYPE DEVELOPMENT MH, UTILITY

ESTIMATED COST OF CONSTRUCTION

00

HEATED FLOOR AREA _____

TOTAL AREA _____

HEIGHT .00

STORIES _____

FOUNDATION _____

WALLS _____

ROOF PITCH _____

FLOOR _____

LAND USE & ZONING A-3

MAX. HEIGHT _____

Minimum Set Back Requirements:

STREET-FRONT

30.00

REAR

25.00

SIDE

25.00NO. EX.D.U. 0FLOOD ZONE X

DEVELOPMENT PERMIT NO. _____

PARCEL ID 26-3S-15-00229-013

SUBDIVISION _____

LOT _____

BLOCK _____

PHASE _____

UNIT _____

TOTAL ACRES 2.30

IH0000075

Culvert Permit No. _____

Culvert Waiver _____

Contractor's License Number _____

Applicant/Owner/Contractor

PRIVATE _____

04-0180-N

BK

RK

Driveway Connection _____

Septic Tank Number _____

LU & Zoning checked by _____

Approved for Issuance _____

New Resident _____

COMMENTS: ONE FOOT ABOVE ROAD.Check # or Cash 4295**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 \$.00CERTIFICATION FEE \$.00SURCHARGE FEE \$.00MISC. FEES \$ 200.00ZONING CERT. FEE \$ 50.00FIRE FEE \$ 45.36WASTE FEE \$ 98.00

FLOOD ZONE DEVELOPMENT FEE \$ _____

CULVERT FEE \$ _____

TOTAL FEE 393.36

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 INCONVENIENCE. 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

*** The well affidavit, from the well driller, is required before the permit can be issued.***

This application must be completely filled out to be accepted. Incomplete applications will not be accepted.

| | | | |
|----------------------|-------------------------------|----------------------------|---------------------------------------|
| For Office Use Only | | Zoning Official <u>BLK</u> | Building Official <u>RK 2-24-04</u> |
| AP# <u>0402-42</u> | Date Received <u>2/17</u> | By <u>JW</u> | Permit # <u>21563</u> |
| Flood Zone <u>X</u> | Development Permit <u>N/A</u> | Zoning <u>A-3</u> | Land Use Plan Map Category <u>A-3</u> |
| Comments <u>Good</u> | | | |

Property ID # 26-36-15-00229-010 ³ (Must have a copy of the property deed)

- New Mobile Home X Used Mobile Home _____ Year 2004
- Applicant LAURA T. NODS Evelyn Beardsley Phone # 386-752-9104
- Address PO Box 632 lake city, TN 37056
- Name of Property Owner Evelyn Beardsley Phone # 386-752-8481
- Address PO Box 632 lake city TN 37056
- Name of Owner of Mobile Home Evelyn Beardsley Phone # 386-752-8481
- Address PO Box 632 lake city TN 37056
- Relationship to Property Owner Daughter
- Current Number of Dwellings on Property None
- Lot Size 2.3 Total Acreage 2.3
- Current Driveway connection is Private
- Is this Mobile Home Replacing an Existing Mobile Home NO
- Name of Licensed Dealer/Installer Bernie Thrift Phone # 752-9561
- Installers Address 212 NW Nye Hunter Dr
- License Number TH 0000075 Installation Decal # 214591

The Permit Worksheet (2 pages) must be submitted with this application.

Installers Affidavit and Letter of Authorization must be notarized when submitted.

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, Bernie Thrift, license number IH 0000075
Please Print
do hereby state that the installation of the manufactured home for Evelyn Beardsley
Applicant

_____ at _____
911 Address
will be done under my supervision.

Bernie Thrift
Signature

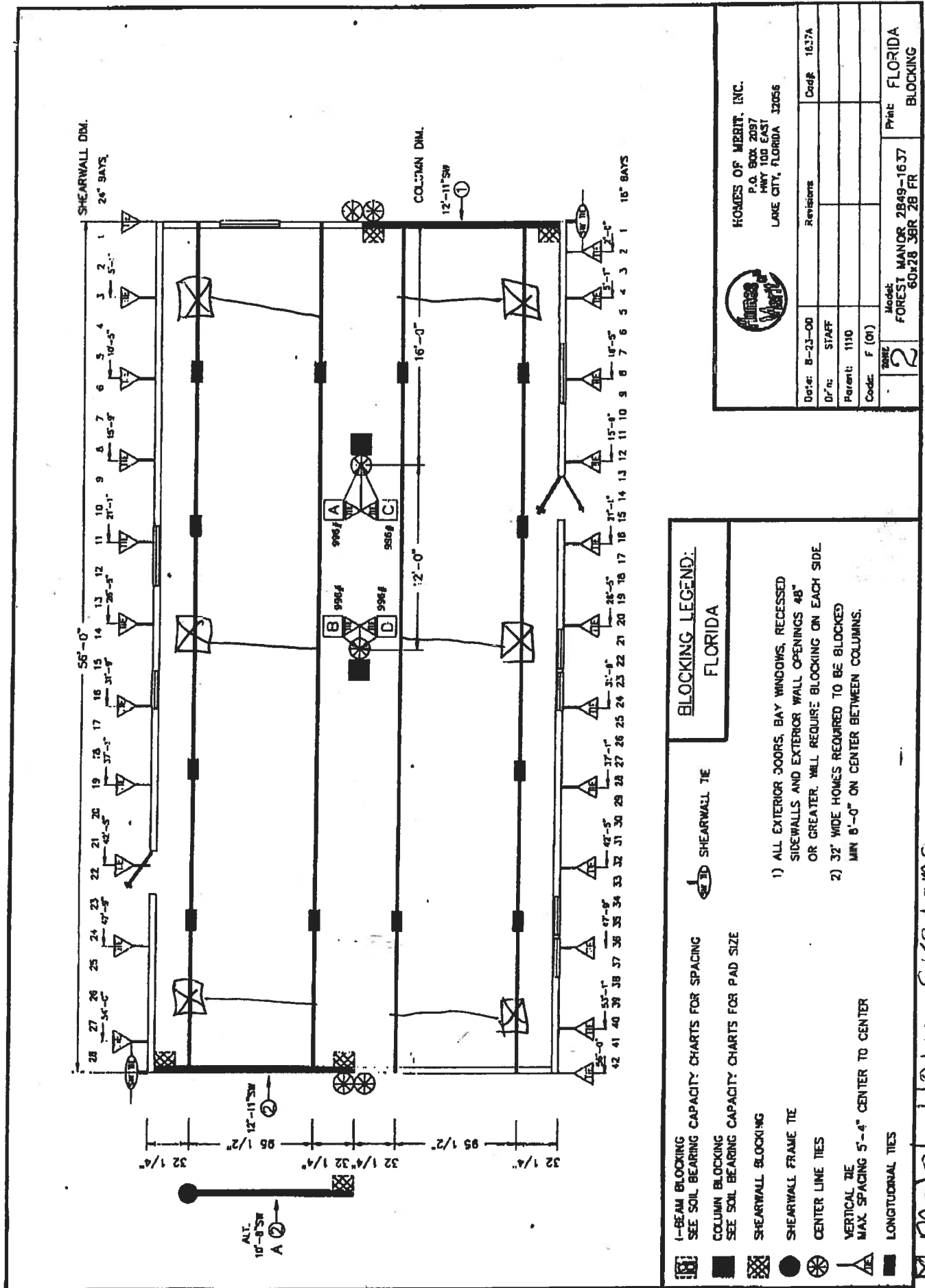
Sworn to and subscribed before me this 6 day of February,
2004

Notary Public: Kellie Williams
Signature



Kellie Williams
MY COMMISSION # DD170553 EXPIRES
February 4, 2007
BONDED THRU TROY FAIR INSURANCE, INC.

My Commission Expires: _____
Date



HOMES OF MERIT, INC.
P.O. BOX 2087
MAY 100 EAST
LAKE CITY, FLORIDA 32056



| | | |
|--|----------------------------|-------------|
| Order: B-23-00 | Revisions | Code: 1637A |
| Dr'g: STAFF | | |
| Percent: 1110 | | |
| Code: F (01) | | |
| Model: FOREST MANOR 2849-1637 60x28 36R 28 FR | Print: FLORIDA BLOCKING | |

BLOCKING LEGEND: FLORIDA

- 1) ALL EXTERIOR DOORS, BAY WINDOWS, RECESSED SIDEWALLS AND EXTERIOR WALL OPENINGS 48" OR GREATER, WILL REQUIRE BLOCKING ON EACH SIDE.
- 2) 32" WIDE HOMES REQUIRED TO BE BLOCKED MIN 8'-0" ON CENTER BETWEEN COLUMNS.

- 1-BEAM BLOCKING SEE SOIL BEARING CAPACITY CHARTS FOR SPACING
- COLUMN BLOCKING SEE SOIL BEARING CAPACITY CHARTS FOR PAD SIZE
- SHEARWALL BLOCKING
- SHEARWALL FRAME TIE
- CENTER LINE TIES
- VERTICAL TIE MAX SPACING 5'-4" CENTER TO CENTER
- LONGITUDINAL TIES



PERMIT NUMBER

PERMIT WORKSHEET

Installer Bernie Thrift License # 1H0000675

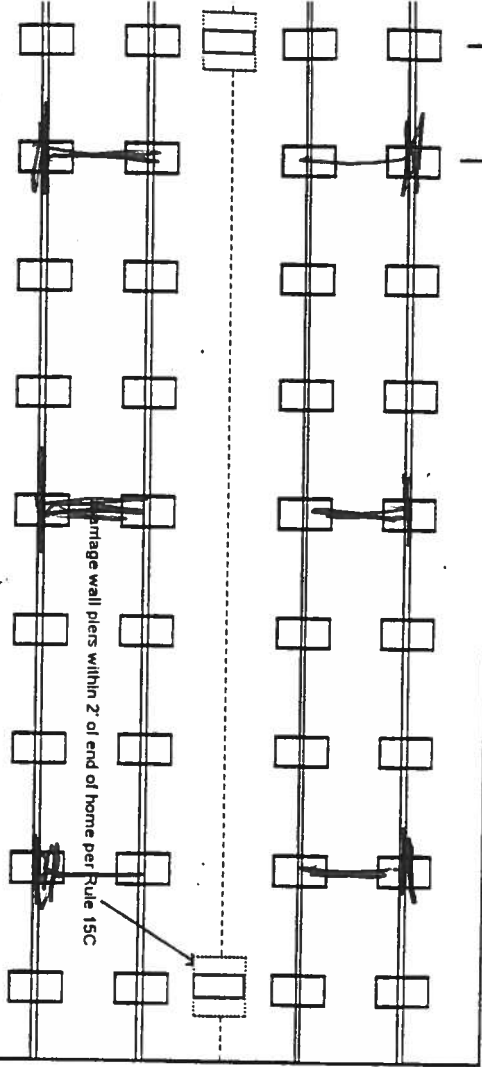
Address of home _____
Being installed _____

Manufacturer Homes of Merit Length x width 28 X 56

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 BDT



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 # 214591

Triple/Quad ☐ Serial # 21959

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' | 4' | 5' | 6' | 7' | 8' |
| 1500 psf | 4'6" | 6' | 6' | 7' | 8' | 8' | 8' |
| 2000 psf | 6' | 8' | 8' | 8' | 8' | 8' | 8' |
| 2500 psf | 7'6" | 8' | 8' | 8' | 8' | 8' | 8' |
| 3000 psf | 8' | 8' | 8' | 8' | 8' | 8' | 8' |
| 3500 psf | 8' | 8' | 8' | 8' | 8' | 8' | 8' |

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

PIER PAD SIZES

I-beam pier pad size 17X22
Perimeter pier pad size 16X16
Other pier pad sizes 17X22
(required by the mfg.)

POPULAR PAD SIZES

| Pad Size | Sq ft |
|-------------------|-------|
| 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 |

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.

ANCHORS

Opening 12' Pier pad size 17X22

FRAME TIES

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

TIEDOWN COMPONENTS

OTHER TIES

Longitudinal Stabilizing Device (LSD) Manufacturer 312 CV Number 23
Longitudinal Stabilizing Device w/ Lateral Arms Manufacturer Shearwall Number 4

POCKET PENETROMETER TEST

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

x 2500 x 2500 x 2000

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 2000 x 2000 x 2500

TORQUE PROBE TEST

The results of the torque probe test is 290 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 slate 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.

BT Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Gene J. J. J.

Date Tested

1-28-04

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 1, 2

Plumbing

connect all sewer drains to an existing sewer tap or septic tank. Pg 1, 2
connect all potable water supply piping to an existing water meter, water tap, or other dependent water supply systems. Pg.

Site Preparation

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

Fastening multi wide units

Floor: Type Fastener: 3/8" Length: 5'11" Spacing: 24" oc
Walls: Type Fastener: 3/8" Length: 12" Spacing: 32" oc
Roof: Type Fastener: Flashing Length: 5'6" Spacing: 32" oc
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

BT

Type gasket

Pg 11

Installed:

Between Floors ☒
Between Walls ☒
Bottom of ridgebeam ☒

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 ☒ N/A ☒
Electrical crossovers protected Yes ☒

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

manufacturer's installation instructions and code 15C-1 & 2

Installer Signature

Barney J. J. J.

Date 1-29-04

LYNCH WELL DRILLING, INC.

RT. 6 BOX 464
LAKE CITY, FL 32025
PHONE (386) 752-6677
FAX (386) 752-1477

RESIDENTIAL WATER WELL BUILDING PERMIT INFORMATION

Building Permit # _____ Owners Name Enelyn Beardsley

Well Depth _____ Ft. Casing Depth _____ Ft. Water Level _____ Ft.

Casing Size 4 PVC _____ Steel X

Pump Installation: Submersible X Deep Well Jet _____ Shallow Well _____

Pump Make Aermotor Pump Model # S20-150 Hp 1 1/2

System Pressure (PSI) _____ On 30 Off 50 Avg. Pressure 50
(PSI)

Pumping System GPM at average pressure and pumping level 20 (GPM)

Tank Installation: Precharged (Baldder) X Atmospheric (Galvanized) _____

Make Challenger Model PC 244 Size 81

Tank Draw-down per cycle at system pressure 25.1 Gallons

I HEREBY CERTIFY THAT THIS WATER WELL SYSTEM HAS BEEN
INSTALLED AS PER ABOVE INFORMATION.

Lynch Well Drilling Linda Newcomb
Signature Print Name

2609
License Number

2/17/04
Date



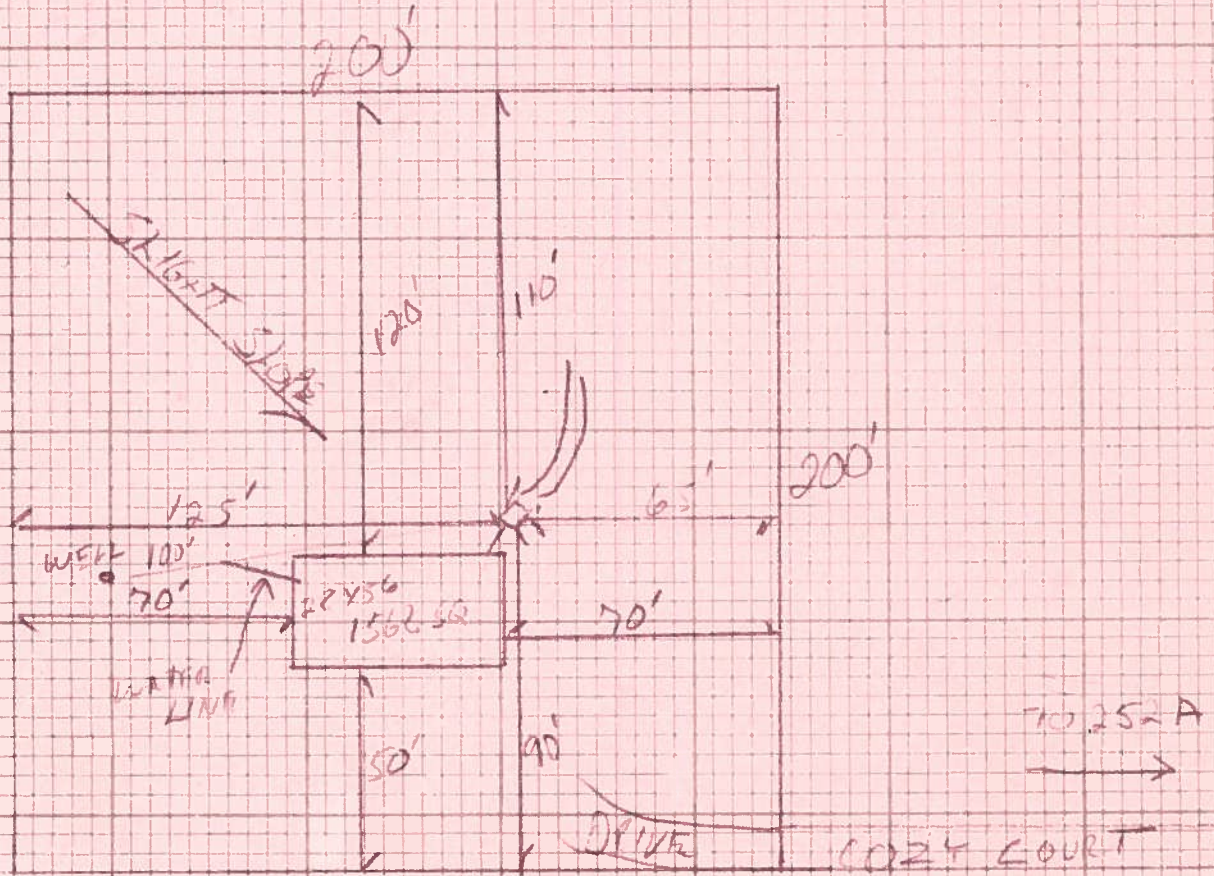
STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 24-0180N

PART II - SITE PLAN

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



Notes: .9 of 10 ACRES

Site Plan submitted by:

Rocky D Fido

Signature

Title

Plan Approved ☒

Not Approved ☐

Date 2-13-11

By [Signature]

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

COLUMBIA COUNTY 9-1-1 ADDRESSING

263 NW Lake City Ave. * P. O. Box 2949 * Lake City, FL 32056-2949

PHONE: (386) 752-8787 * 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 ISSUED: 2-20-04

ENHANCED 9-1-1 ADDRESS:

429 SW Cozy Gln. (Lake City, FL. 32024)

Addressed Location 911 Phone Number: NIA

OCCUPANT NAME: Laura Rhodes

OCCUPANT CURRENT MAILING ADDRESS: NIA

PROPERTY APPRAISER MAP SHEET NUMBER: 6

PROPERTY APPRAISER PARCEL NUMBER: 26-35-15-00229-010

Other Contact Phone Number (If any): _____

Building Permit Number (If known): _____

Remarks: _____

Address Issued By: 

Columbia County 9-1-1 Addressing Department

Prepared by and return to:
Elaine R. Davis

Home Town Title of North Florida
2744 US Highway 90 West
Lake City, FL 32055
386-754-7175
File Number: 2004-059

Inst: 2004001260 Date: 01/21/2004 Time: 14:56
Doc Stamp-Deed : 344.40

mk DC, P. DeWitt Cason, Columbia County B: 1004 P: 2845

Parcel Identification No. R00229-010

[Space Above This Line For Recording Data]

Warranty Deed

(STATUTORY FORM - SECTION 689.02, F.S.)

This Indenture made this 16th day of January, 2004 between Debra H. Campbell and Paul C. Campbell, husband and wife whose post office address is Route 17 Box 1886, Lake City, FL 32055 of the County of Columbia, State of Florida, grantor*, and William S. Beardsley and Christine A. Beardsley, husband and wife whose post office address is Route 12 Box 928, Lake City, FL 32025 of the County of Columbia, State of Florida, grantee*,

Witnesseth that said grantor, for and in consideration of the sum of TEN AND NO/100 DOLLARS (\$10.00) and other good and valuable considerations to said grantor in hand paid by said grantee, the receipt whereof is hereby acknowledged, has granted, bargained, and sold to the said grantee, and grantee's heirs and assigns forever, the following described land, situate, lying and being in Columbia County, Florida, to-wit:

SEE SCHEDULE "A" ATTACHED HERETO AND MADE A PART OF

and said grantor does hereby fully warrant the title to said land, and will defend the same against lawful claims of all persons whomsoever.

* "Grantor" and "Grantee" are used for singular or plural, as context requires.

In Witness Whereof, grantor has hereunto set grantor's hand and seal the day and year first above written.

Signed, sealed and delivered in our presence:

Elaine R. Davis
Witness Name: ELAINE R. DAVIS

Paul C. Campbell (Seal)
Paul C. Campbell

Una S. Melgaard
Witness Name: Una S. Melgaard

Debra H. Campbell
Debra H. Campbell

State of Florida
County of Columbia

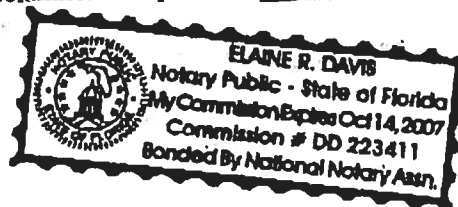
The foregoing instrument was acknowledged before me this 16TH day of January, 2004, by Paul C. Campbell and Debra H. Campbell, who are personally known or have produced as identification.

Drivers Licenses

Elaine R. Davis

Printed Name: ELAINE R. DAVIS

My Commission Expires: _____



Inst:2004001260 Date:01/21/2004 Time:14:56
Doc Stamp-Deed : 344.40
DC,P.DeWitt Cason,Columbia County B:1004 P:2846

Schedule A

COMMENCE AT THE NORTHWEST CORNER OF THE SOUTHWEST 1/4 OF THE NORTHWEST 1/4 OF SECTION 26, TOWNSHIP 3 SOUTH, RANGE 15 EAST, COLUMBIA COUNTY, FLORIDA, AND RUN THENCE NORTH 88 DEG. 10 MIN. 34 SEC. EAST, 285.85 FEET TO THE POINT OF BEGINNING; THENCE RUN NORTH 88 DEG. 12 MIN. 27 SEC. EAST, 644.88 FEET; SOUTH 00 DEG. 53 MIN. 29 SEC. EAST, 664.74 FEET; THENCE SOUTH 88 DEG. 11 MIN. 02 SEC. WEST, 644.94 FEET; THENCE NORTH 00 DEG. 53 MIN. 29 SEC. WEST, 665.00 FEET TO THE POINT OF BEGINNING.

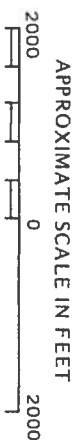
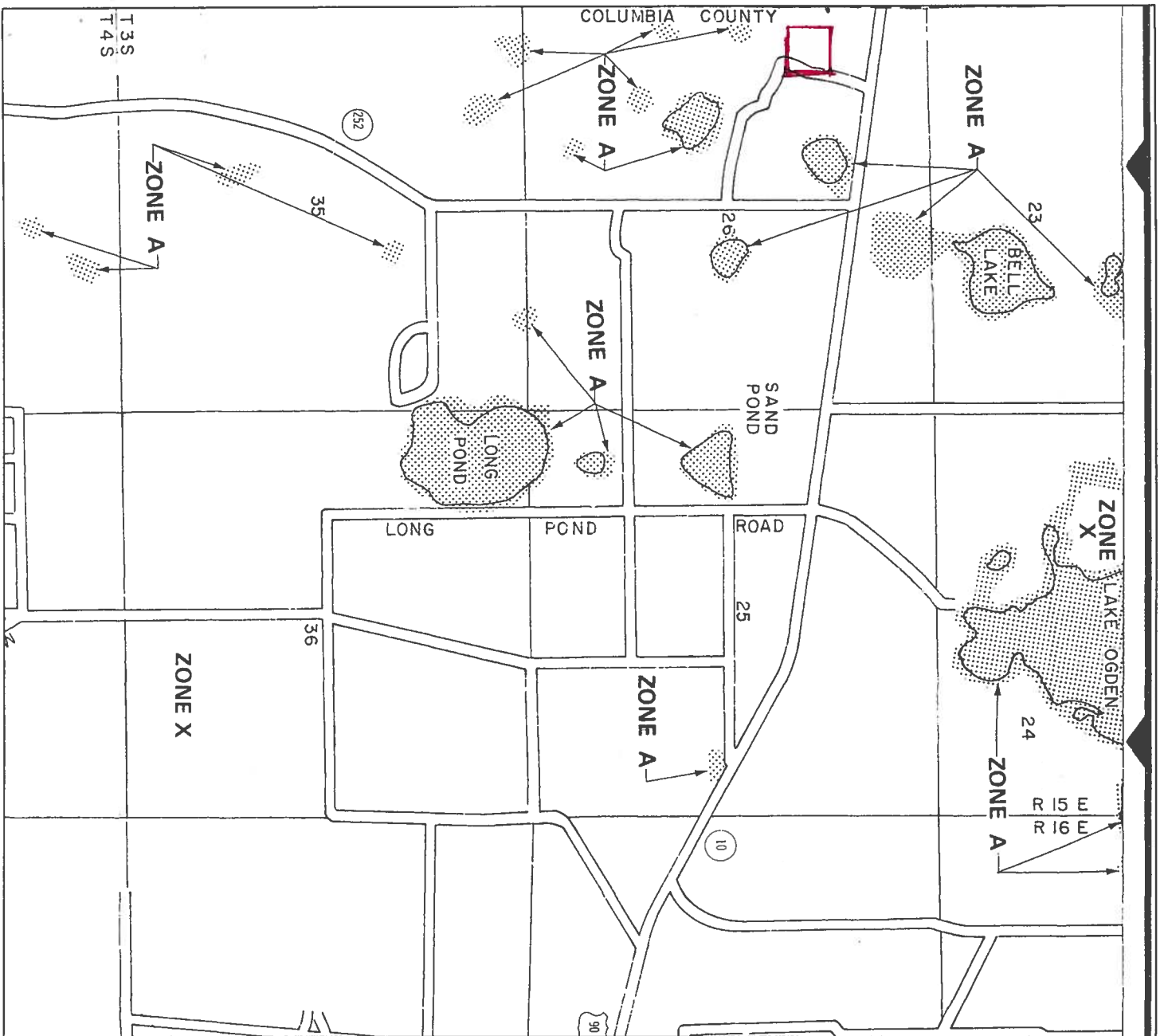
TOGETHER WITH AND SUBJECT TO AN EASEMENT FOR INGRESS AND EGRESS OVER AND ACROSS THE SOUTH 30 FEET OF THE NORTH 1/2 OF THE SOUTH 1/2 OF THE NORTHWEST 1/4 OF SECTION 26, TOWNSHIP 3 SOUTH, RANGE 15 EAST, COLUMBIA COUNTY, FLORIDA.

Inst: 2004001260 Date: 01/21/2004 Time: 14:56

Doc Stamp-Deed : 344.40

DC, P. DeWitt Cason, Columbia County B: 1004 P: 2847

0402-42



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/nflisid

LIMITED POWER OF ATTORNEY

I, BERNARD THRIFT, LICENSE # IH-0000075 EXPIRING 9-30-2004 DO HEREBY
AUTHORIZE Laura Rhodes TO BE MY REPRESENTATIVE AND
ACT ON MY BEHALF IN ALL ASPECTS OF APPLYING FOR A MOBILE HOME MOVE
ON PERMIT TO BE INSTALLED IN Columbia COUNTY, FLORIDA.


BERNARD THRIFT

DATE

SWORN TO AND SUBSCRIBED BEFORE ME THIS 27 DAY OF February
2004.


NOTARY PUBLIC



Kellie Williams
MY COMMISSION # DD170553 EXPIRES
February 4, 2007
BONDED THRU TROY FAIN INSURANCE, INC.

PERSONALLY KNOWN: X
PRODUCED ID: _____