CORBETT'S LIABILITY

# APP # 1206-16

-	PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION
	For Office Use Only (Revised 1-11) Zoning Official 15 JUNE 2012 Building Official 26. 6-13-12
-	AP# 1206-16 Date Received 6/12 By J/e) Permit # 30260
	Flood Zone X Development Permit N/A Zoning A-3 Land Use Plan Map Category A-3
	Comments Section 2.3.   Replacing easting mut
.	
	FEMA Map# NA Elevation NA Finished Floor And River NA In Floodway NA
	Site Plan with Setbacks Shown DEH# 12-0316M M EH Release M Well letter DExisting well
	Recorded Deed or Affidavit from land owner Installer Authorization I State Road Access 1911 Sheet
١	□ Parent Parcel # □ STUP-MH □ FW Comp. letter VF Form
1	MDACT EEEC, PMG
	Road/Code School = TOTAL _impact Fees Suspended March 2009
	HX H3 DX
P	roperty ID # 35-49-17-09033-161 Subdivision Breat Heights Lot 1 Block D
R	
20.00	A TOUR TOUR TOUR TOUR TOUR TOUR TOUR TOUR
n	Applicant Quen Walken or TREEA tooke Phone # 386-362-4948 4
	Address 10314 U.S Hay 90 E LIVE OAK 76. 32060
	Name of Property Owner 155he Sheppard Phone# 386-344-4978
	Add Address O.D. S. S. S. W.O.
-	Circle the correct course to the correct cou
	100
	(Circle One) - Suwannee Valley Electric - Progress Energy
	Name of Owner of Mobile Home Nigsha Sheepard Phone # 384-438-5322
	Address 270 SE Britt Place 1 ake City 7e 32005
-	Relationship to Property Owner
	Current Number of Dwellings on Property
	Lot Size 144 x 175 x 124 Total Acreage 0,530
	Do you : Have Existing Drive of Private Drive or need Culvert Permit (Blue Road Sign) Or Culvert Waiver (Circle One) (Not existing but do not need a Culvert)
	Is this Mobile Home Replacing an Existing Mobile Home 185 (pd.)
	Driving Directions to the Bound Al-Mars To Co. 12 4 -1
	The AND L'S Q the Corner of BATT & PFACALK TARRACE
	DAIL & PEACHER TERLICE.
	Name of Looperd Declarity II.
•	Name of Licensed Dealer/Installer Terry Corbett Phone #396-362-4948
	Installers Address 10314 US Hay QUE Live Oak 7C 32060
E	Installers Address 10314 US How 90 E. Live Oak 7C 32060  License Number 1 H-1025368 Installation Decal # 8705
	Installers Address 10314 US How 90 E. Live Oak 7C 32060  License Number 1 H-1025368 Installation Decal # 8705
	Installers Address 10314 US Hay QUE Live Oak 7C 32060

Plumbing Connect all sewer drains to an existing sewer tap or septic tank. Pg. Connect all potable water supply plping to an existing water meter, water tap, or other independent water supply systems. Pg.	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.	Date Tested Hannel G-8-13	reading is 275 or less and where the points where the torque test requires anchors with 4000 to handling capacity.  ALL TESTS MUST BE PERFORMED BY A LICENSED INSTAULED.	The results of the torque probe test is 20 inch pounds or check showing 275 inch pounds or less will require 5 foot anchors.  Note: A state approved lateral arm system is being used and 4 ft.	x 1700 x 1700 x/600	1. Test the perimeter of the home at 8 locations. 2. Take the reading at the depth of the footer. 3. Using 500 lb. increments, take the inwest.	POCKET PENETROMETER TEST  The pocket penetrometer tests are rounded down to 1500 psf or check here to declare 1000 lb. soil without testing.  x 1000 x 10000 x 100
installer verifies all information given with this permit worksheet is accurate and true based on the manufacturer's installation instructions and of Rule 15C-1 & 2 installer Signature	Electrical crossovers protected. Yes Other:	ellaneous  NA  Yes NA  NA  Skirling 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	Type gasket Izam Gask Installer's Initials Pg Gasket Izam Gask Installed: Pg Between Floors Yes Between Walls Yes Bottom of ridgebeam Yes	I understand 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 lape will not serve as a gasket.	Walls: Type Fastener: Length: Spacing: Spacing: Type Fastener: Length: Spacing: Spac	Debris and organic material removed Water drainage: Natural Swale Pad Other Fastening multi wide units

Typical pier spacing Manufacturer being installed Address of home PERMIT NUMBER WOTE: I understand Lateral Arm Systems cannot be used on any home (new or used) where the sidewall ties exceed & ft 4 in. Installer If home is a single wide All out one half of the blocking plan If home is a triple or quad wide sketch in remainder of home Torray Line Dec Hood w location of Longitus (use dark nes to show age wall pleas within 2' of end of home Installer's initials Length x width 32025 Place these locat Pull 150 ijons) PEKMIT WORKSHEET Longitudinei Stabilizing Device w/ Lateral Arms Manufacturer OLIVE / CM Longitudinal Stabilizing Device (LSD) List all marriage wall openings greater than 4 foot and their pier pad sizes below. Other pler pad sizes (required by the mfg.) Perimeter pler pad size bearing Capacity interpolated from Rule 15C-1 pier specing table. beam plar pad size Opening Triple/Quad Double wide Single wide Home is installed in accordance with Rule 15-C Home installed to the Manufacturer's installation Manual New Home 000 psf . Draw the approximate locations of marriage wall openings 4 foot or greater. Use this symbol to show the piers. (sq in) Footer TIEDOWN COMPONENTS PIER PAD SIZES 16" x 16" PIER SPACING TABLE FOR USED HOMES (256)なななが Pier pad size Serial # Installation Decal # Wind Zone II 18-1/2" x 18 Used Home 1/2" (342) provides 20" x 20" (400) Q Marriage wall within 2" of end of home spaced at 5" 4" oc Sidewall 9705 22" x 22" Wind Zone III [484] POPULAR PAD SIZES OTHER TIES 3/16 x 25 P FRAME TIES ANCHORS 24" X 24" Ch ⇒ (576) 8 KL# page 1 of 2 26" x 26" (876) ÿ.

### AFFIDAVIT

I certify that the following described mobile home being placed on the referenced parcel is not a Wind Zone 1 mobile home.

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PAGE 07/13

**JERRYCORBETTS** 

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06/12/2012 11:33

# 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.

	E 180 18	
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do hereby state that the installation of the	, license number IH_	025368
do hereby state that the installation of the mar	ufactured home for 🛠	eisha Shann
	DO S.E. BUH A	oplicant
will be done under my supervision.	911 Addres	Trace Lake Coly
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Jerry Cerleil	8	
Signature		x.
Sum		
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	and bring.	<u> </u>
Notary Public Of h	<b>O</b> /	1093301
Signature	*	
My Commission Expires:	and the second	
Date	WY OGNEN H	WALKER NA OD WEGGE
Annual Control	The state of the s	AN S OO MARKA IS

PAGE 06/13

# MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1206-16 CONTRA	TOR_ JERRY CORBETT	PHONE 386. 596.0440
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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.

Print Name isha Sheppard	_ Signature State
License #: One Quinen	Phone #: 386 - 344 - 4975
License #: CAC 181 1031	Signature ** 384 - 867 - 00 23
Print Name Klasha Shappard License #: Hom Quinc	Phone #34 - 344 4975
	Print Name Robert Grant License #: CACIBI 4931 Print Name NESHA Shappard

Specialty License	License Number	Sub-Contractors Printed Name	
MASON	,	2 colors / nited warne	Sub-Contractors Signature
CONCRETE FINISHER	<del>                                     </del>		

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.

Inst:201212004975 Date:3/30/2012 Time:4:09 PM
D6/ Stamp-Deed:0.70
DC,P.DeWitt Cason,Columbia County Page 1 of 2 B:1232 P:949

	Space above reserved for use by Recorder's Office
When recorded, mail to:	Document prepared by:
Name:	Name
Address:	
City/State/Zip:	
Property Tax Parcel/Account Number:	
- 19	
Ouit	drim Dood
Quite	claim Deed
This Quitclaim Deed is made on March	1 26 2012 , between
Linda C. Sheppard,	Grantor, of 15183 N.W 150th Apt 2021
	, State of Florida
and Kiesha Loshawn Sheppoire	d, Grantee, of 881 NW Catabu Ave
, City of Lake City	d, Grantee, of 881 NW Catabu Ave , State of Florida
2	
For valuable consideration, the Grantor hereby	quitclaims and transfers all right, title, and interest hele
the Grantor in the following described real esta	ate and improvements to the Grantee, and his or her hei
	at 270 SE Brith Place
and assigns, to have and hold forever, located a	
	, State of Florida

Subject to all easements, rights of way, protective covenants, and mineral reservations of record, if any. Taxes for the tax year of 2012 shall be prorated between the Grantor and Grantee as of the date of

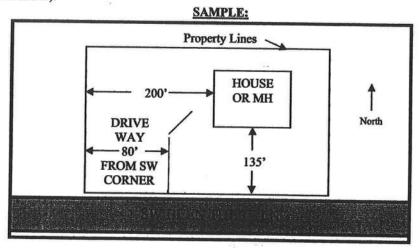
recording of this deed.

NOVA Quitclaim Deed Pg.1 (07-09)

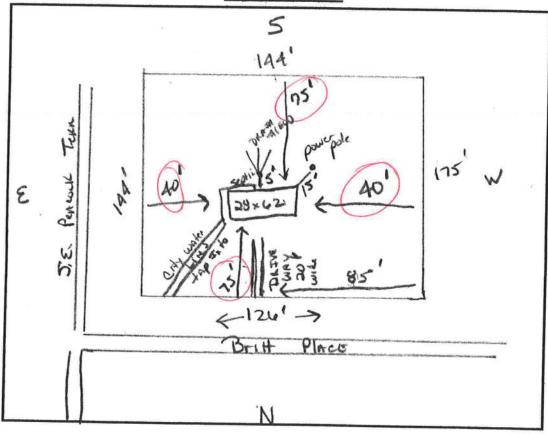
Dated: March 26, 2012
Linita C. Mepperal Signature of Grantor
Linda C. Sheppard Name of Grantor
Signature of Witness #1  Kristy Blackwell  Printed Name of Witness #1
Signature of Witness #2  Angela Cox  Printed Name of Witness #2
State of Florida County of Columbia On March 26, 2012, the Grantor, Linda C Sheppard,
personally came before me and, being duly sworn, did state and prove that he/she is the person described in the above document and that he/she signed the above document in my presence.
Origela Cop
Notary Signature
Notary Public,
In and for the County of Columbia State of Florida
My commission expires: 08-03-2013  FL DL Produced as ID.  ANGELA COX MY COMMISSION # DD 911648 EXPIRES: August 3, 2013 Bonde of Thru Notary Public Underwriters
Send all tax statements to Grantee.

NOVA Quitclaim Deed Pg.2 (07-09)

- 1. A PLAT, PLAN, OR DRAWING SHOWING THE PROPERTY LINES OF THE PARCEL.
- 2. LOCATION OF PLANNED RESIDENT OR BUSINESS STRUCTURE ON THE PROPERTY WITH DISTANCES FROM AT LEAST TWO OF THE PROPERTY LINES TO THE STRUCTURE (SEE SAMPLE BELOW).
- 3. LOCATION OF THE ACCESS POINT (DRIVEWAY, ETC.) ON THE ROADWAY FROM WHICH LOCATION IS TO BE ADDRESSED WITH A DISTANCE FROM A PARALLEL PROPERTY LINE AND OR PROPERTY CORNER (SEE SAMPLE BELOW).
- 4. TRAVEL OF THE DRIVEWAY FROM THE ACCESS POINT TO THE STRUCTURE (SEE SAMPLE BELOW).



### **SITE PLAN BOX:**



Page 2 of 2



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

WORITE HO	ME INSTALLERS AGENT AUT	HORIZATION
1, Jerry Corbett	(90)	and I do certify that the below
referenced person(s) listed on t	this form is/are under my direct su	pervision and control and
	ermits, call for inspections and sig	
Printed Name of Authorized Person	Signature of Authorized Person	Agents Company Name
Guren Walker	Steen hally	Jerry Corbutto-My
TREER FOSKA	Suea Jos	Jerry Corbetts MH
under my license and I am fully Local Ordinances.	I am responsible for all permits presponsible for compliance with a	Florida Statutes, Codes, and
holder for violations committed b	nsing Board has the power and au ny him/her or by his/her authorized	person(s) through this
document and that I have full res	sponsibility for compliance granted	by issuance of such permits.
License Holders Signature (Nota	leff 1025 rized) License Nur	5368 10-8-12 Tiber Date
NOTARY INFORMATION: STATE OF: Florida	_COUNTY OF: Sugarne	
The above license holder, whose	name is Jerry Corbett	ad identification
NOTARY'S SIGNATURE	(Se	al/Stamp)

GWEN H, WALKER MY COMMISSION 6 DD 929542 EXPIRES: December 26, 2013 Bondad Triu Nobey Public Underwites

6261498988 06/12/2012 11:33

# CODE ENFORCEMENT DEPARTMENT COLUMBIA COUNTY, FLORIDA OUT OF COUNTY MOBILE HOME INSPECTION REPORT /206-16

COUNTY THE MOBILE HOME IS BEING MOVED FROM
OWNERS NAME, Juan Harris & Kelstin Shappard PHONESSIGASS-5322 CELL 384-344-1840
INSTALLER TETTY BY HE PHONE 36 342 4948 CELL 386 590-0400
INSTALLERS ADDRESS 10314 U.S. Huy 90 E. LIN OOK TO 32060
MOBILE HOME INFORMATION
MAKE Therford YEAR 1998 SIZE DE X 62
COLOR White SERIAL NO. GATLY35 A B 13555 H H 21
WIND ZONE TT SMOKE DETECTOR
INTERIOR: 4 1206-16
DOORS and
WALLS good
CABINETS Cood
ELECTRICAL (FIXTURES/OUTLETS)
EXTERIOR: UMALLS/SIDDING OFFICE
WINDOWS
DOORS CONTRACTOR OF THE PROPERTY OF THE PROPER
INSTALLER: APPROVED NOT APPROVED
INSTALLER OR INSPECTORS PRINTED NAME TO CONSENT
Installer/Inspector Signature X Average Con Sect License No. 14-1025368 Date 48/12
NOTES:
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 386-758-1008 TO SET UP THIS INSPECTION, NO PERMIT WILL BE ISSUED BEFORE THIS IS DONE.
They Space by Jany 6.13.12 To MOVE
Javy Space by Jamy 6.13.12 To more

**L∀GE** 08\13

### **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:

6/11/2012

DATE ISSUED:

6/13/2012

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

270

SE BRITT

PL

LAKE CITY

FL 32025

PROPERTY APPRAISER PARCEL NUMBER:

35-4S-17-09033-161

Remarks:

RE-ISSUE OF EXISTING ADDRESS FOR NEW STRUCTURE ON PARCEL.

Address Issued By: SIGNED: / 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.

# CODE ENFORCEMENT PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 6/12 BY JW IS THE MIH ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? 45
OWNERS NAME KIESHA SHEPPARD PHONE CELL 386.344.4975
ADDRESS 270 SE BRITI PL, L.C. +L 32025
MOBILE HOME PARKSUBDIVISION
DRIVING DIRECTIONS TO MOBILE HOME 41/441.5 TO C-133-CITL TO AFRICACE TL AND :+5
Q The COLNER BRITT & PEACOCK TERRACE.
MOBILE HOME INSTALLER JERRY CORBETT PHONE 386.362.4948CELL 590.0470
MOBILE HOME INFORMATION
MAKE SIETWOOD YEAR 1998 SIZE 28 x 62 COLOR WHITE
SERIAL NO. GAFLV 35 A/B 13555 HH21
WIND ZONE Must be wind zone II or higher NO WIND ZONE I ALLOWED
INSPECTION STANDARDS INTERIOR:
(P or F) - P= PASS F= FAILED \$50.00
SMOKE DETECTOR () OPERATIONAL () MISSING  Date of Payment: 6.12.12
FLOORS () SOLID () WEAK () HOLES DAMAGED LOCATION _ Paid By: CORBETT'S MANCE
DOORS () OPERABLE () DAMAGED  Notes: 1206-16
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 / SIDDING ( ) 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 Ser Crew 10 MINERED 3/1/2
SIGNATURE Stey Cur ID NUMBER 364 DATE 6-2012

Page 1 of 4

# SSO 74286125 SIBK 647



Incorporated 64E-6.001, FAC

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

PERMIT NO.	12-03/6M
DATE PAID:	6122112
FEE PAID:	320.06
RECEIPT #:	1898379
DAD IN OF	2014

APPLICATION FOR:  [] New System [
344-1890 344-4975
AGENT: Guen Walker on TREGA Foster Forg White TELEPHONE: 362-362-4948
MAILING ADDRESS: 10314 US Hay 90 E. Lik Oak 71. 30060
TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3)(m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.
PROPERTY INFORMATION
LOT: BLOCK: D_ SUBDIVISION: Breat Heights PLATTED:
PROPERTY ID #: 35-45-17-09033-161 ZONING: I/M OR EQUIVALENT: [ Y / N ]
PROPERTY SIZE: 0.530 ACRES WATER SUPPLY:   PRIVATE PUBLIC [ ] <= 2000GPD [ ] > 2000GPD IS SEWER AVAILABLE AS PER 381.0065 FS2 [ Y / N ] DISTANCE TO SEWER.
IS SEWER AVAILABLE AS PER 381,0065 FS? [ Y / N ] DISTANCE TO SEWERET
PROPERTY ADDRESS: 270 S.E. Britt Pl. Lake City, 71. 32025
DIRECTIONS TO PROPERTY: I-155 toward Alachun go to exit 423 take SR 47 Nex
toward L.C. turn left onto SR ATN, turn RH CR 2424/SW Superior & then go Turn 1
Onto S. US Hoy AA/A/ then Turn Left onto Alfred St then Left onto SE. Br the 1st RH onto Brit Blud. go O. 2 m.le "270 SE, Br. H R. ! BUILDING INFORMATION [X RESIDENTIAL [] COMMERCIAL
Unit Type of No. of Building Commercial/Institutional System Design No Establishment Bedrooms Area Sqft Table 1, Chapter 64E-6, FAC
1 Mobile Home 4 1736 Residence ORIGINAL ATTACHED
2
3
4
[ ] Floor/Equipment Drains [ ] Other (Specify)
SIGNATURE: (a) 12/12
DH 4015, 08/09 (Obsoletes previous editions which may not be used)

# STATE OF FLORIDA DEPARTMENT OF HEALTH APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 12-

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# **COLUMBIA COUNTY, FLORIDA**

# epartment of Building and Zoning

and premises at the below named location, and certifies that the work has been completed in accordance with the Columbia County Building Code. This Certificate of Occupancy is issued to the below named permit holder for the building

Building permit No. 000030260

Parcel Number 35-4S-17-09033-161

Permit Holder

JERRY CORBETT

Owner of Building KIESHA SHEPPARD

Location: 270 SE BRITT PLACE, LAKE CITY, FL 32025

Date: 08/03/2012

E COMPANIED CONTO

**Building Inspector** 

POST IN A CONSPICUOUS PLACE (Business Places Only)