DATE 05/17/2004

Columbia County Building Permit

This Permit Expires One Year From the Date of Issue

PERMIT 000021873

APPLICANT E.P. COOK PHONE 386.454.1530

ADDRESS 22617 NW 202 STREET HIGH SPRINGS FL 32643

OWNER E.P. COOK PHONE 386.454.1530

ADDRESS 370 SE ROBINHOOD HIGH SPRINGS FL 32643

CONTRACTOR VIC ETHERIDGE PHONE

LOCATION OF PROPERTY 441-S TO ROBINHOOD PLACE L, 3RD OR 4TH CLEARED LOT ON RIGHT , FLAGGED OUT.

TYPE DEVELOPMENT M/H & 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 Requirments: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00

NO. EX.D.U. FLOOD ZONE X DEVELOPMENT PERMIT NO.

PARCEL ID 10-7S-17-09973-026 SUBDIVISION SHERWOOD FOREST

LOT 26 BLOCK PHASE UNIT 1 TOTAL ACRES 1.00

Culvert Permit No.	Culvert Waiver	Contractor's License Number	Applicant/Owner/Contractor
		IH0000144	E.P. Cook

Driveway Connection	Septic Tank Number	LU & Zoning checked by	Approved for Issuance	New Resident
EXISTING	04-0526-N	BLK	HD	N

COMMENTS: 1 FOOT ABOVE ROAD

Check # or Cash 4611

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

Temporary Power date/app. by Foundation date/app. by Monolithic date/app. by

Under slab rough-in plumbing date/app. by Slab date/app. by Sheathing/Nailing date/app. by

Framing date/app. by Rough-in plumbing above slab and below wood floor date/app. by

Electrical rough-in date/app. by Heat & Air Duct date/app. by Peri. beam (Lintel) date/app. by

Permanent power date/app. by C.O. Final date/app. by Culvert date/app. by

M/H tie downs, blocking, electricity and plumbing date/app. by Pool date/app. by

Reconnection date/app. by Pump pole date/app. by Utility Pole date/app. by

M/H Pole date/app. by Travel Trailer date/app. by Re-roof date/app. by

BUILDING PERMIT FEE $ .00 CERTIFICATION FEE $ .00 SURCHARGE FEE $ .00

MISC. FEES $ 200.00 ZONING CERT. FEE $ 50.00 FIRE FEE $ 28.35 WASTE FEE $ 61.25

FLOOD ZONE DEVELOPMENT FEE $ CULVERT FEE $ **TOTAL FEE** 339.60

INSPECTORS OFFICE CLERKS OFFICE CH

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 INCONVIENCE, 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.

*** 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.

COMPLETE FOR ISSUANCE

For Office Use Only Zoning Official BLK 12.05.04 Building Official AD 5-13-04

AP# 0405-18 Date Received 5/5/04 By G Permit # 21873

Flood Zone X Development Permit N/A Zoning A-3 Land Use Plan Map Category A-3

Comments

- Property ID # 10-7S-17-00997-026 *(Must have a copy of the property dee
  Sherwood Forest, Lot 26, Unit 1
- New Mobile Home ____ Used Mobile Home ✓ Year 1985
- Applicant E.P. Jack Cook Phone # 386 454-1530
- Address 22617 NW 202 St. High Springs FL 32655
- Name of Property Owner E.P. Cook Phone# 386-454-1530
- Address 22617 N.W. 202 St High Springs FL
  911 Address: 370 SE Robinhood Jr. High Springs
- Name of Owner of Mobile Home Jack & Sue Cook Phone # 386 454-1530
- Address 22617 N.W. 202 st. High Springs, FL 32655
- Relationship to Property Owner
- Current Number of Dwellings on Property one
- Lot Size 220' x 220' Total Acreage 1 Ac.
- Current Driveway connection is ~~on Robinhood~~ Culvert WAIVER
- Is this Mobile Home Replacing an Existing Mobile Home No

- Name of Licensed Dealer/Installer Vic Ethridge Phone # 3864627554
- Installers Address PO Box 3266 High Springs, FL
- License Number IH0000144 Installation Decal # 218534

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

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

PERMIT WORKSHEET

PERMIT NUMBER _____

POCKET PENETROMETER TEST

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

X 1500 (200) X 1000 (175) X 1500

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 1000 X 1500 X 1500

TORQUE PROBE TEST

The results of the torque probe test is 125 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

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Vic Cathcart

Date Tested 5-02-08

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. _____

Plumbing

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. _____

Site Preparation

Debris and organic material removed ✓.
Water drainage: Natural ___ Swale ✓ Pad _____ Other _____.

Fastening multi wide units

Floor: Type Fastener: N/A 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, 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 _____

Type gasket N/A
Pg. _____

Installed:
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 N/A

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 N/A
Drain lines supported at 4 foot intervals. Yes ✓
Electrical crossovers protected. Yes N/A
Other : _____

Installer verifies all information given with this permit worksheet is accurate and true based on the manufacturer's installation instructions and or Rule 15C-1 & 2

Installer Signature _____ **Date** 5-03-08

PERMIT WORKSHEET

PERMIT NUMBER

Installer Vic Ethridge License # IH0000144

Address of home being installed

Manufacturer Liberty Length x width 14x48

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 VE

New Home ☐ Used Home ☑

Home installed to the Manufacturer's Installation Manual ☐

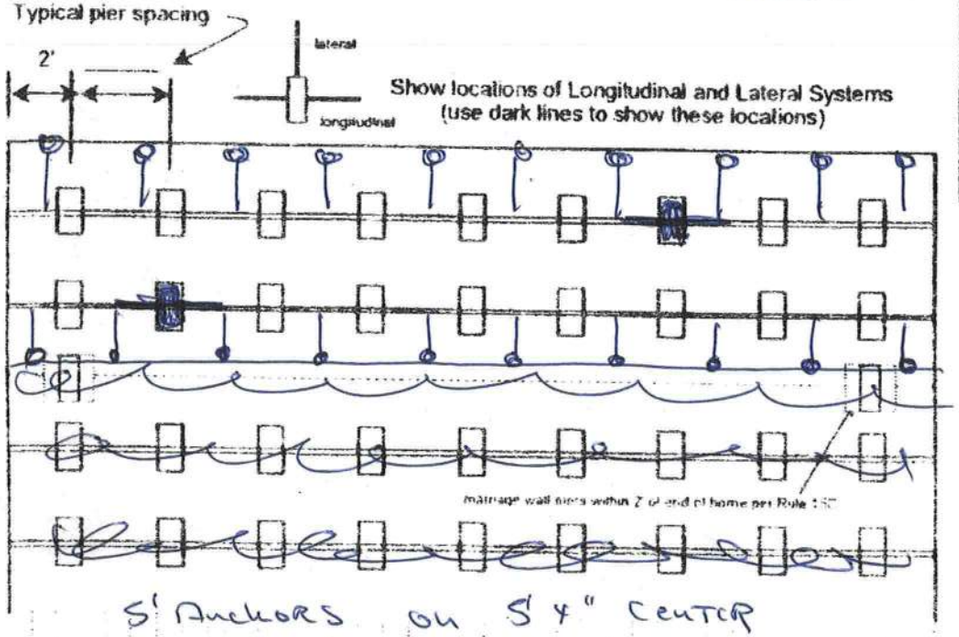
Home is installed in accordance with Rule 15-C ☑

Single wide ☑ Wind Zone II ☑ Wind Zone III ☐

Double wide ☐ Installation Decal # 218534

Triple/Quad ☐ Serial # 10-L.18467

Typical pier spacing



5' Anchors on 5'4" center

Blocks on 5'1" center on 17x25 ABS pads

oliver longitudinal stabilizer devices

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

* interpolated from Rule 15C-1 pier spacing table

PIER PAD SIZES

I-beam pier pad size 17x25

Perimeter pier pad size N/A

Other pier pad sizes (required by the mfg) N/A

☐ 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
	N/A

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer Oliver

Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer

POPULAR PAD SIZES

Pad Size	Sq In
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
25 x 26	676

ANCHORS

4 ft 5 ft ✓

FRAME TIES

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

OTHER TIES

	Number
Sidewall	20
Longitudinal	N/A
Marriage wall	N/A
Shearwall	N/A

AAA
MOBILE HOME TRANSPORT

Phone (352) 372-1366
Home (386) 462-7554
Mobile (352) 316-0953
State Lic# IH0000144
Vic Etheridge Owner/Operator

DATE 5-03-04

NAME OF LICENSE HOLDER Vic Etheridge

LICENSE CERTIFICATE # IH0000144

THE FOLLOWING PERSON(S) ARE AUTHORIZED TO SIGN FOR PERMITS FOR THE ABOVE REFERENCED LICENSE HOLDER.

NAME(S) : PLEASE PRINT	SIGNATURE(S):	RELATIONSHIP
JACK COOK	Jack Cook	Customer

Authorization forms are good 12 months of dated form. (Unless otherwise specified if less than 12 months _____)

The foregoing instrument was acknowledged before me this 3 day of May,

by John Etheridge, who is personally known to me or has produced

identification Type of Identification FLDL # E363-478-43-260-0

Signature of License Holder Vic Etheridge Vic Etheridge

Signature of Notary Tia M. Bonnell

Commission # & Seal/Stamp

TIA M. BONNELL
Notary Public, State of Florida
My comm. exp. Apr. 17, 2008
Comm. No. DD 286093

PLION AUTHFORM
REV 05/20/02 - LMF

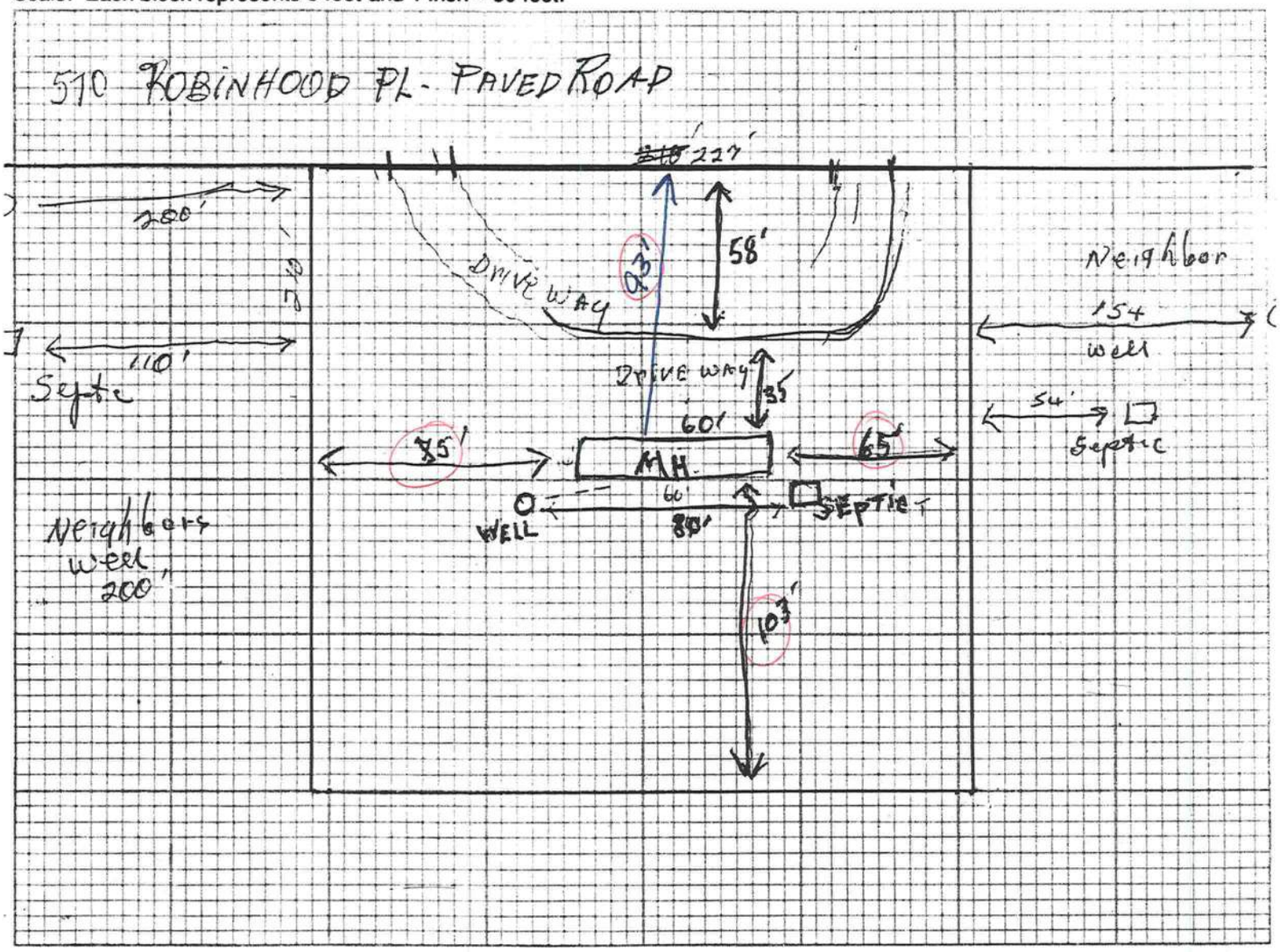
STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 04-0526N

PART II - SITE PLAN

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



Notes: 570 Sherwood Forest UNIT 1 Plat Book 4 Page 13A
Sec. 10 Township. 7. S. Range 17 E #Lot 26

Site Plan submitted by: E.P Cook (Signature) Owner (Title)

Plan Approved _____ Not Approved _____ Date 5-4-04

By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH 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: **2004-108**

Inst:2004004873 Date:03/04/2004 Time:12:45
Doc Stamp-Deed : 66.50
MCK DC,P.DeWitt Cason,Columbia County B:1008 P:2355

Sec. 10 Township. 7S. Range 17E

Parcel Identification No. **R09973-026**

[Space Above This Line For Recording Data]

Warranty Deed

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

This Indenture made this **5th** day of **March, 2004** between **C. Allan Roloson and Rosene Roloson, husband and wife** whose post office address is **18 Market Street, Paris, ON N3L3A** grantor*, and **E. P. Cook and Sue Cook, husband and wife** whose post office address is **Post Office Box 371, High Springs, FL 32655** of the County of **Alachua**, 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:

Lot 26, SHERWOOD FOREST, UNIT 1, according to the Plat thereof recorded in Plat Book 4, Page 13 A, of the Public Records of Columbia County, Florida.

Grantor warrants that at the time of this conveyance, the subject property is not the Grantor's homestead within the meaning set forth in the constitution of the state of Florida, nor is it contiguous to or a part of homestead property. Grantor's residence and homestead address is: **18 Market Street, Paris Ontario Canada N3L3A.**

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:

Leigh Ann Mills
Witness Name: Leigh Ann Mills

Elaine R. Davis
Witness Name: ELAINE R. DAVIS

C Allan Roloson (Seal)
C. Allan Roloson

Rosene Roloson (Seal)
Rosene Roloson

State of Florida

DoubleTime®

Inst:2004004873 Date:03/04/2004 Time:12:45
Doc Stamp-Deed : 66.50
DC,P.DeWitt Cason,Columbia County B:1008 P:2356

State of Florida
County of Columbia

The foregoing instrument was acknowledged before me this 5th day of March, 2004 by C. Allan Roloson and Rosene Roloson, who [_] are personally known or [X] have produced a driver's license as identification.

[Notary Seal]

Elaine R. Davis
Notary Public

Printed Name: ELAINE R. DAVIS

My Commission Expires:

ELAINE R. DAVIS
Notary Public - State of Florida
My Commission Expires Oct 14, 2007
Commission # DD 223411
Bonded By National Notary Assn.

Affordable Well & Pump Service

P.O. Box 153

High Springs, Fl. 32655

(386) 454-7236

April 28,2004

Customer:

Jack Cook
Robin hood lane
High Springs Fl. 32655

1800
~~$ 1975.00~~
$ 50.00
~~$ 2020.00~~
1850.00 xx

(1) 4'' Well w/1hp submersible pump & Tank
Well Permit

Total Due

Deposit - 170. Down

Well Depth 70 ft
Casing 50 ft
Water table 32 ft

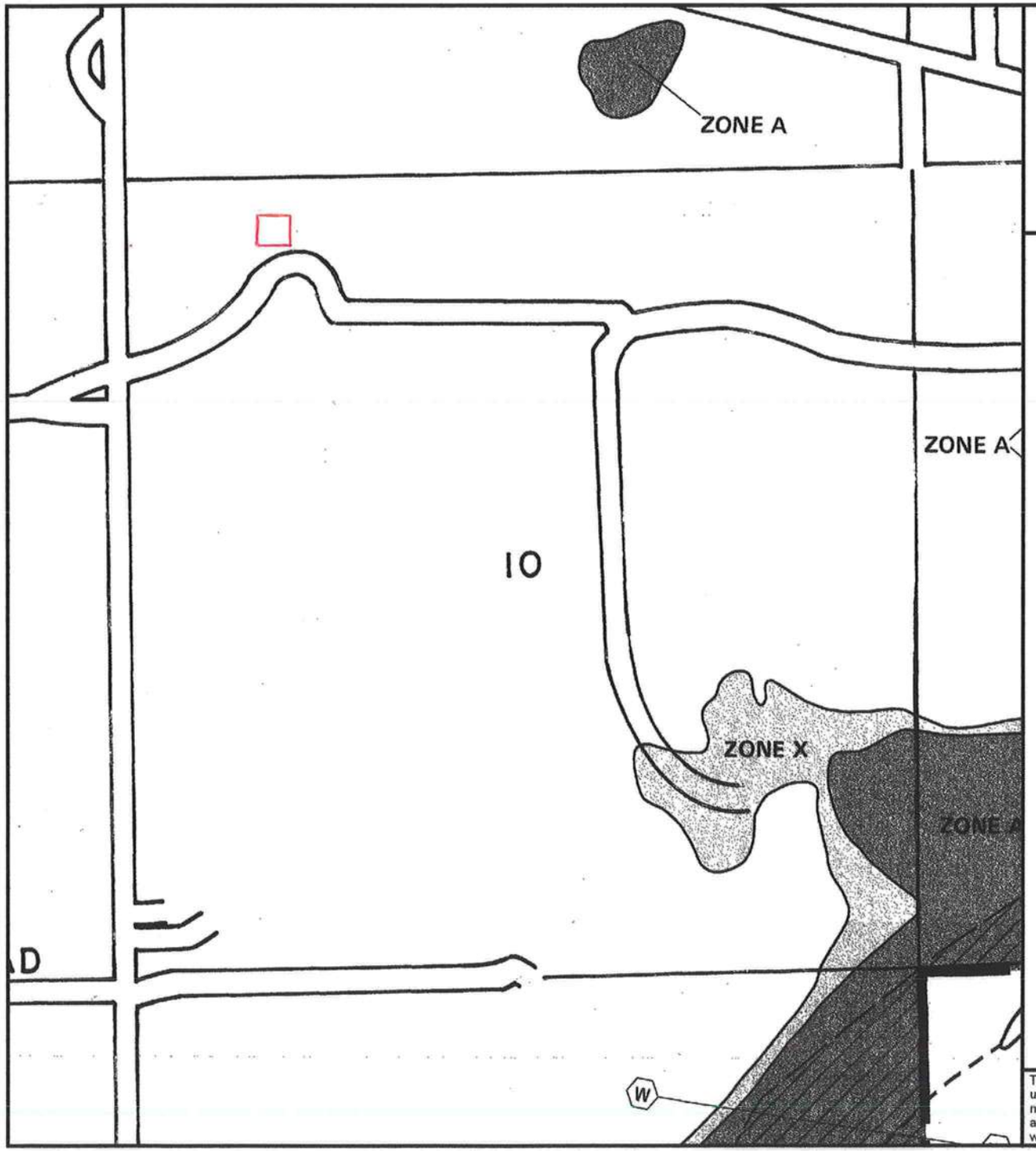
1 year warranty
We thank-you very much for your business.
Please make Checks payable to: Kris Khan
Copy of Well permit attached

Total Due

~~$ 2020.00~~ 00
1850. 00 xx
+ 170
2020.00

CK 4588

0405-18



N

APPROXIMATE SCALE IN FEET

1000 0 1000

NATIONAL FLOOD INSURANCE PROGRAM

FIRM

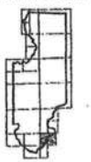
FLOOD INSURANCE RATE MAP

COLUMBIA COUNTY, FLORIDA

(UNINCORPORATED AREAS)

PANEL 280 OF 290

PANEL LOCATION



COMMUNITY-PANEL NUMBER

120070 0280 B

EFFECTIVE DATE:

JANUARY 6, 1988

Federal Emergency Management Agency

Print Date: 5/12/2004 (printed at scale and type A)

DATE: 5-11-04 INSPECTION TAKEN BY JW

BUILDING PERMIT # _____ CULVERT / WAIVER PERMIT # _____

WAIVER APPROVED _____ WAIVER NOT APPROVED _____

PARCEL ID # 10-7S-17-09973-026 ZONING _____

SETBACKS: FRONT _____ REAR _____ SIDE _____ HEIGHT _____

FLOOD ZONE _____ SEPTIC _____ NO. EXISTING D.U. _____

TYPE OF DEVELOPMENT PRE-M/H

SUBDIVISION (Lot/Block/Unit/Phase) SHERWOOD FOREST - S/D LOT 26 UNIT I.

OWNER _____ PHONE 386.454.1530

ADDRESS 330 Robinhood PLACE High SPRINGS, _____

CONTRACTOR _____ PHONE _____

LOCATION - 441-S to Robinhood PLACE: (L) 3rd or 4th CLEARED Lot on Right.. FLAGGED OUT...

COMMENTS: EP COOK

INSPECTION(S) REQUESTED: **INSPECTION DATE:** 05-12-04 - WED.

_____ Temp Power _____ Foundation _____ Set backs _____ Monolithic Slab

_____ Under slab rough-in plumbing _____ Slab _____ Framing

_____ Rough-in plumbing above slab and below wood floor _____ Other _____

_____ Elecrtical Rough-in _____ Heat and Air duct _____ Perimeter Beam (Lintel)

_____ Permanent Power _____ CO Final _____ Culvert _____ Pool _____ Reconnection

_____ M/H tie downs, blocking, electricity and plumbing _____ Utility pole

_____ Travel Trailer _____ Re-roof _____ Service Change _____ Spot check/Re-check

INSPECTORS:

APPROVED ✓ NOT APPROVED _____ BY FOP POWER CO. _____

INSPECTORS COMMENTS: _____

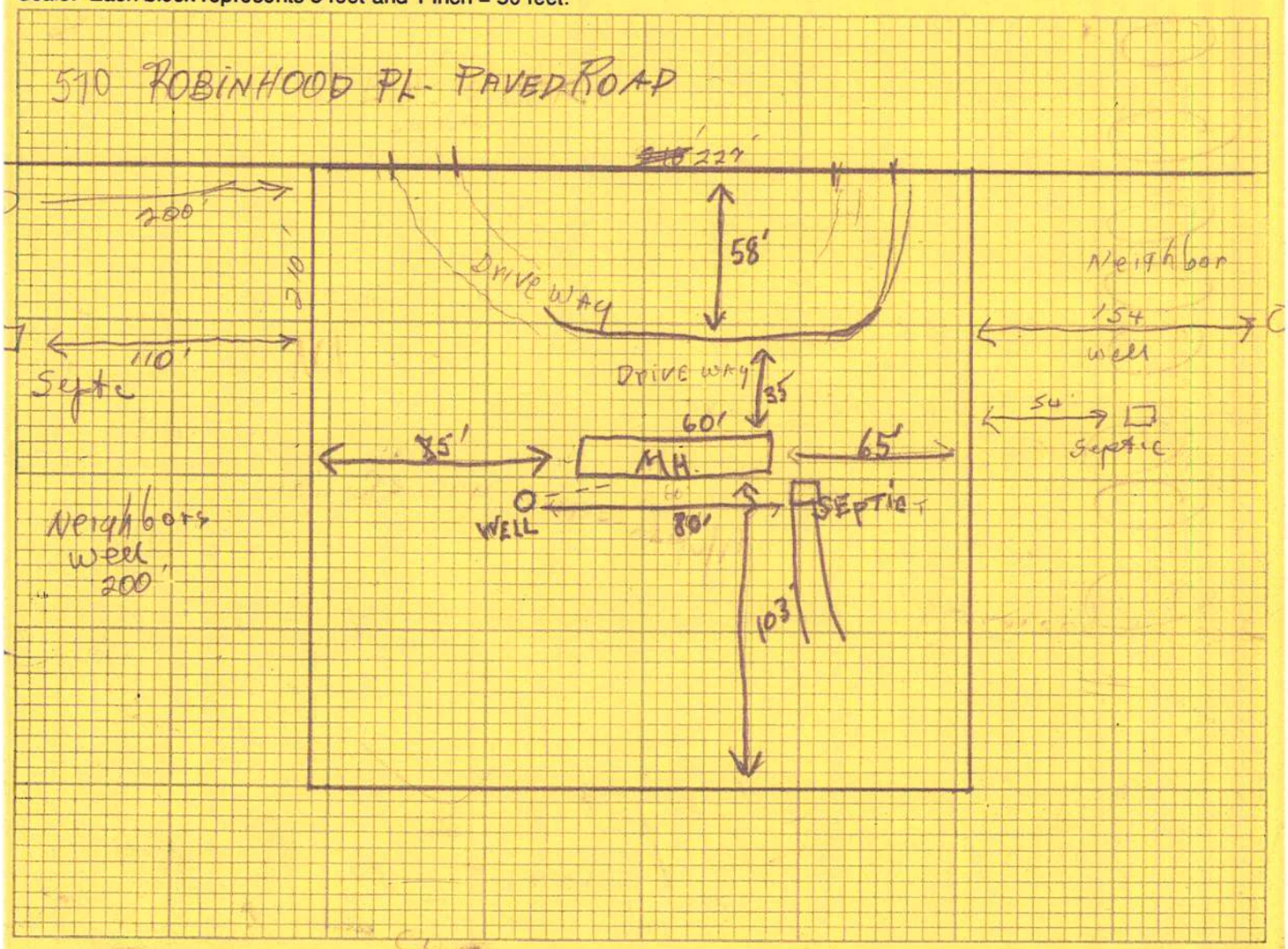
STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 04-0526N

PART II - SITE PLAN

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



Notes: 570 Sherwood Forest Unit 1 Plat Book 4 Page 13A
Sec. 10 Township 7. S. Range 17 E #Lot 26

Site Plan submitted by: E.P Cook (Signature) Owner (Title)

Plan Approved ✓ Not Approved _____ Date 5-4-04

By Sallie A. Graddy - ESI - Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DH 4015, 10/96 (Replaces HRS-H Form 4015 which may be used)
(Stock Number: 5744-002-4015-6)