

DATE 01/15/2013

Columbia County Building Permit
This Permit Must Be Prominently Posted on Premises During Construction

PERMIT
000030719

APPLICANT BRUCE PEASE PHONE 386.497.2017
ADDRESS 3124 SW ELIM CHURCH ROAD FT. WHITE FL 32038
OWNER BRUCE PEASE PHONE 386.497.2017
ADDRESS 3124 SW ELIM CHURCH ROAD FT. WHITE FL 32038
CONTRACTOR BERNIE THRIFT PHONE 386.497.2017
LOCATION OF PROPERTY 47-S TO ELIM CHURCH RD, TL TO 1ST DRIVE ON R PAST PIERSON
WAY TO(1ST. PLACE ON R)
TYPE DEVELOPMENT M/H/UTILITY ESTIMATED COST OF CONSTRUCTION 0.00
HEATED FLOOR AREA TOTAL AREA HEIGHT 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. 1 FLOOD ZONE X DEVELOPMENT PERMIT NO.

PARCEL ID 26-6S-16-03943-002 SUBDIVISION
LOT BLOCK PHASE UNIT TOTAL ACRES 10.00

IH1025155
Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor Bruce Pease
EXISTING 12-0576-E BLK TC N
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: REPLACING EXISTING MH. 30 DAYS TO REMOVE EXISTING MH.
1 FOOT ABOVE ROAD. 1 UNIT CHARGED FOR ASSESSMENTS.

Check # or Cash CASH REC'D.

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 \$ 300.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 0.00 WASTE FEE \$
FLOOD DEVELOPMENT FEE \$ FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$ **TOTAL FEE** 375.00
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.

NOTICE: ALL OTHER APPLICABLE STATE OR FEDERAL PERMITS SHALL BE OBTAINED BEFORE COMMENCEMENT OF THIS PERMITTED DEVELOPMENT.

"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.

\$ 375.00

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-11) Zoning Official BLK 04 JAN 2013 Building Official 7.1.1-3-13
AP# 1212-46 Date Received 12-27-12 By LH Permit # 30719
Flood Zone X Development Permit N/A Zoning A-3 Land Use Plan Map Category A-3
Comments Replacing existing MH, 30 days to Remove Existing MH
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 # 12-0576-F ☐ EH Release ☒ Well letter ☐ Existing well
☒ Recorded Deed or Affidavit from land owner ☒ Installer Authorization ☒ State Road Access ☒ 911 Sheet
☐ Parent Parcel # ☐ STUP-MH ☒ F W Comp. letter ☒ VF Form
IMPACT FEES: EMS ☐ Fire ☐ Corr ☐ Out County ☒ In County
Road/Code ☐ School ☐ = TOTAL ☐ Impact Fees Suspended March 2009 ☐

Property ID # 26-65-16-03943-002 Subdivision
▪ New Mobile Home ☐ Used Mobile Home ☒ MH Size 28x60 Year 1990
▪ Applicant Bruce Pease Phone # 386-497-2017
▪ Address 3124 S.W. Elin Church Rd Ft White FL 32038
▪ Name of Property Owner Bruce Pease Phone # 386-497-2017
▪ 911 Address 3124 SW Elin Church Rd, Ft White, FL 32038
▪ Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Progress Energy
▪ Name of Owner of Mobile Home Bruce Pease Phone # 386-497-2017
Address 3124 S.W. Elin Church Rd Ft
▪ Relationship to Property Owner Owner
▪ Current Number of Dwellings on Property 1 (2 Storage M/H's)
▪ Lot Size 10 Acres Total Acreage 10 Acres
▪ 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 pd
▪ Driving Directions to the Property 47 South, @ Elin Church Rd,
1st drive on @ past Pierson Way to 1st on @
▪ Name of Licensed Dealer/Installer Bernie Thrift Phone # 752-9561
▪ Installers Address 5557 NW Falling creek rd white springs FL 32096
▪ License Number IH 1025155 Installation Decal # 111602

Mr Pease came into office 1-7-13
asked EH. NEEDED. 1.9.13

Spoke to Brother 1-7-13 (LH)

COLUMBIA COUNTY PERMIT WORKSHEET

page 1 of 2

These worksheets must be completed and signed by the installer.
Submit the originals with the packet.

Installer Bernie Thrift License # TH1025155

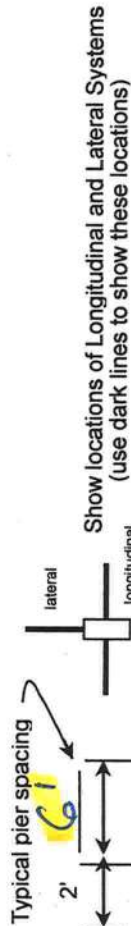
911 Address where home is being installed. _____

Manufacturer Fleetwood Length x width 60 x 28

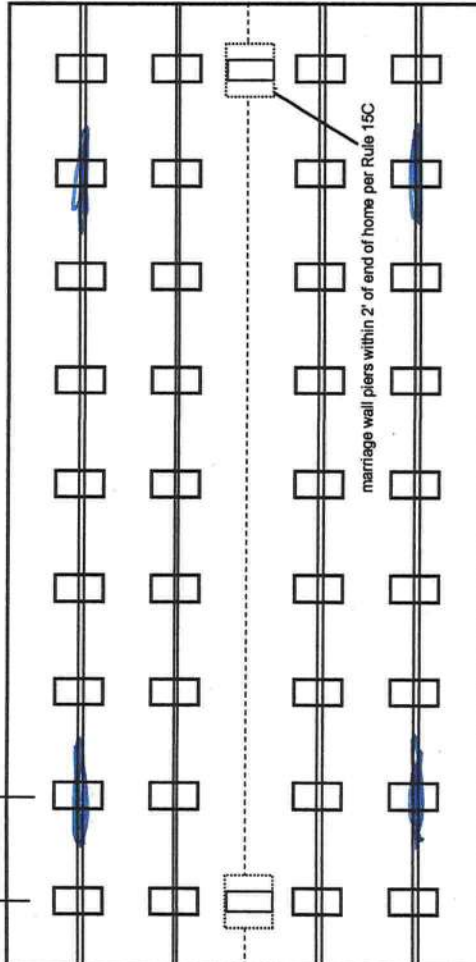
NOTE: if home is a single wide fill out one half of the blocking plan
if home is a triple or quad wide sketch in remainder of home

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 BT



Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)



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 # 111602

Triple/Quad ☐

Serial # 64FLK54A16 00726 CW00046030

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 dsf	3'	4'	5'	6'	7'	8'	8'
1500 dsf	4' 6"	6'	7'	8'	8'	8'	8'
2000 dsf	6'	8'	8'	8'	8'	8'	8'
2500 dsf	7' 6"	8'	8'	8'	8'	8'	8'
3000 dsf	8'	8'	8'	8'	8'	8'	8'
3500 dsf	8'	8'	8'	8'	8'	8'	8'

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

PIER PAD SIZES

I-beam pier pad size 17 x 22

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 12' Pier pad size 17 x 25

ANCHORS

4 ft 5 ft

FRAME TIES

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

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)

Manufacturer _____

Longitudinal Stabilizing Device w/ Lateral Arms

Manufacturer Model 1101

OTHER TIES

Number

Sidewall 2

Longitudinal 4

Marriage wall 2

Shearwall 2

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 2000 psf or check here to declare 1000 lb. soil _____ without testing.

X 2000 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 2500 X 2500 X 2000

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 5 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.

BT Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Bernie Thrift

Date Tested 12-26-12

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. 5

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 5

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 5

Site Preparation

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

Fastening multi wide units

Floor: Type Fastener: 3/8" Lag Length: 5" Spacing: 24"
Walls: Type Fastener: Flashin Length: 10" Spacing: 8"
Roof: Type Fastener: 10" Flash Length: 60" Spacing: 60"
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 Seam Seal

Installed:

Between Floors Yes _____
Between Walls Yes _____
Bottom of ridgebeam Yes _____

Weatherproofing

The bottomboard will be repaired and/or taped. Yes _____ Pg. 15
Siding on units is installed to manufacturer's specifications. Yes _____
Fireplace chimney installed so as not to allow intrusion of rain water. Yes NA

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 Bernie Thrift

Date 12-26-12

Columbia County Property Appraiser

CAMA updated: 12/19/2012

2012 Tax Year

Tax Collector

Tax Estimator

Property Card

Parcel List Generator

Parcel: 26-6S-16-03943-002

<< Next Lower Parcel

Next Higher Parcel >>

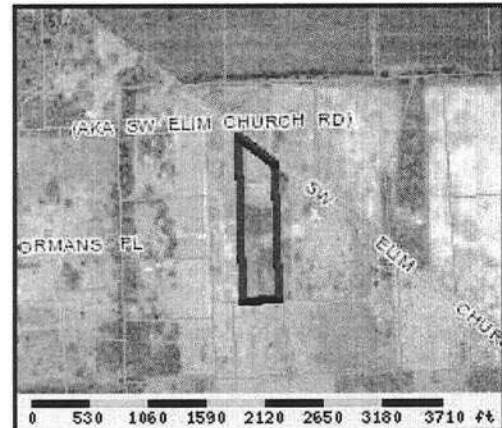
Interactive GIS Map

Print

Owner & Property Info

Search Result: 1 of 1

Owner's Name	PEASE BRUCE A		
Mailing Address	3124 SW ELIM CHURCH RD FT WHITE, FL 32038		
Site Address	3124 SW ELIM CHURCH RD		
Use Desc. (code)	MOBILE HOM (000200)		
Tax District	3 (County)	Neighborhood	26616
Land Area	10.000 ACRES	Market Area	02
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction. COMM NW COR OF SEC, RUN S 408.33 FT TO SWRLY R/W OF CR-238, RUN S 51 DEG E ALONG R/W 125.86 FT FOR POB, CONT SE 414.36 FT, S 1213.87 FT, W 324.28 FT, N 1471.82 FT TO POB ORB 848-895.		



Property & Assessment Values

2012 Certified Values		
Mkt Land Value	cnt: (0)	\$44,822.00
Ag Land Value	cnt: (3)	\$0.00
Building Value	cnt: (1)	\$4,633.00
XFOB Value	cnt: (3)	\$850.00
Total Appraised Value		\$50,305.00
Just Value		\$50,305.00
Class Value		\$0.00
Assessed Value		\$46,179.00
Exempt Value	(code: HX H3)	\$25,000.00
Total Taxable Value	Cnty: \$21,179 Other: \$21,179 Schl: \$21,179	

2013 Working Values

NOTE:
2013 Working Values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

Show Working Values

Sales History

Show Similar Sales within 1/2 mile

Sale Date	OR Book/Page	OR Code	Vacant / Improved	Qualified Sale	Sale RCode	Sale Price
11/3/1997	848/895	WD	I	Q		\$40,000.00
12/1/1986	609/59	AD	V	U	01	\$27,000.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	MOBILE HME (000800)	1974	BELOW AVG. (03)	1288	1288	\$4,633.00
Note: All S.F. calculations are based on <u>exterior</u> building dimensions.						

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0296	SHED METAL	1993	\$300.00	0000001.000	0 x 0 x 0	(000.00)
0285	SALVAGE	1993	\$500.00	0000001.000	0 x 0 x 0	(000.00)
0169	FENCE/WOOD	2010	\$50.00	0000001.000	0 x 0 x 0	(000.00)

This Warranty Deed Made the 3rd day of November A.D. 1997 by
BRYAN K. HAYES AND WIFE CHERYL D. HAYES

hereinafter called the grantor, to

BRUCE A. PEASE

whose postoffice address is RT. 3, BOX 5585
hereinafter called the grantee:

FORT WHITE, FL 32038

(Wherever used herein the terms "grantor" and "grantee" include all the parties in this instrument and
the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporations)

Witnesseth: That the grantor, for and in consideration of the sum of \$ 10.00 and other valuable
considerations, receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliens, remises, releases, con-
veys and confirms unto the grantee, all that certain land situate in COLUMBIA
County, Florida, viz: R03943-002 & R03949-003

SEE EXHIBIT 'A' ATTACHED HERETO AND BY REFERENCE MADE A PART
HEREOF.

Documentary Tax

Intangible Tax

P. DeWitt Cas.

Clerk of Court

By

\$ 280.00

97-16105

FILED AND RECORDED IN BOOK
RECORDED IN BOOK

1997 NOV -5 AM 11:52

REC'D
CLERK OF COURTS
COLUMBIA COUNTY, FLORIDA
BY MK

Together with all the tenements, hereditaments and appurtenances thereto, belonging or in anywise
appertaining.

To Have and to Hold, the same in fee simple forever.

And the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in
fee simple; that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby
fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and
that said land is free of all encumbrances, except taxes accruing subsequent to December 31, 1996

In Witness Whereof, the said grantor has signed and sealed these presents the day and year
first above written.

Signed, sealed and delivered in our presence:

Katherine Raymond
KATHERINE RAYMOND
STATE OF FLORIDA

COUNTY OF COLUMBIA

Bryan K. Hayes
BRYAN K. HAYES
Cheryl D. Hayes
CHERYL D. HAYES
RT. 5, BOX 7888
STARKE, FL 32091

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the
County aforesaid to take acknowledgements, personally appeared
BRYAN K. HAYES AND WIFE CHERYL D. HAYES

to me known to be the person described in and who executed the foregoing instrument and
THEY acknowledged before me that THEY executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this 3rd day
of November A.D. 1997

MICHAEL H. HARRELL
ABSTRACT & TITLE SERVICES, INC.
420 WEST BAY AVENUE
LAKE CITY, FL 32025
PURSUANT TO ISSUANCE OF TITLE INSURANCE



JOY C. NAPIER
COMMISSION # CC 659658
EXPIRES JUL 30, 2001
BONDED \$10,000
NOTARY PUBLIC

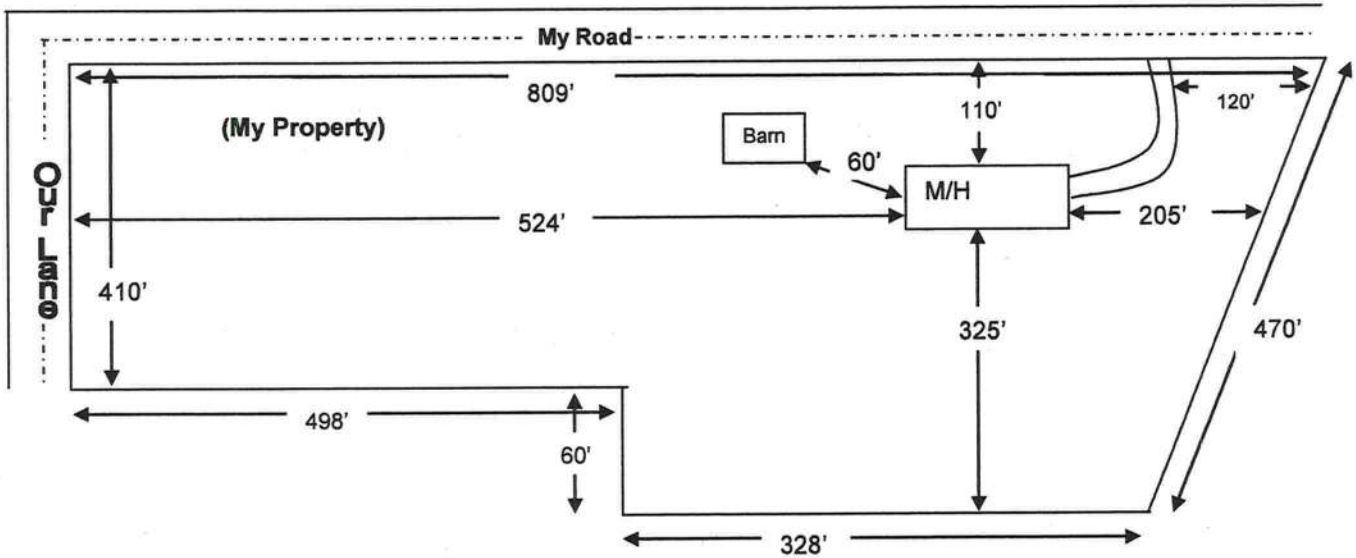
Joy C. Napier
NOTARY PUBLIC
PERSONALLY KNOWN TO ME
PRODUCED IDENTIFICATION
FLORIDA DRIVER'S LICENSE

Exhibit "A"

BK 0848 PG 0896

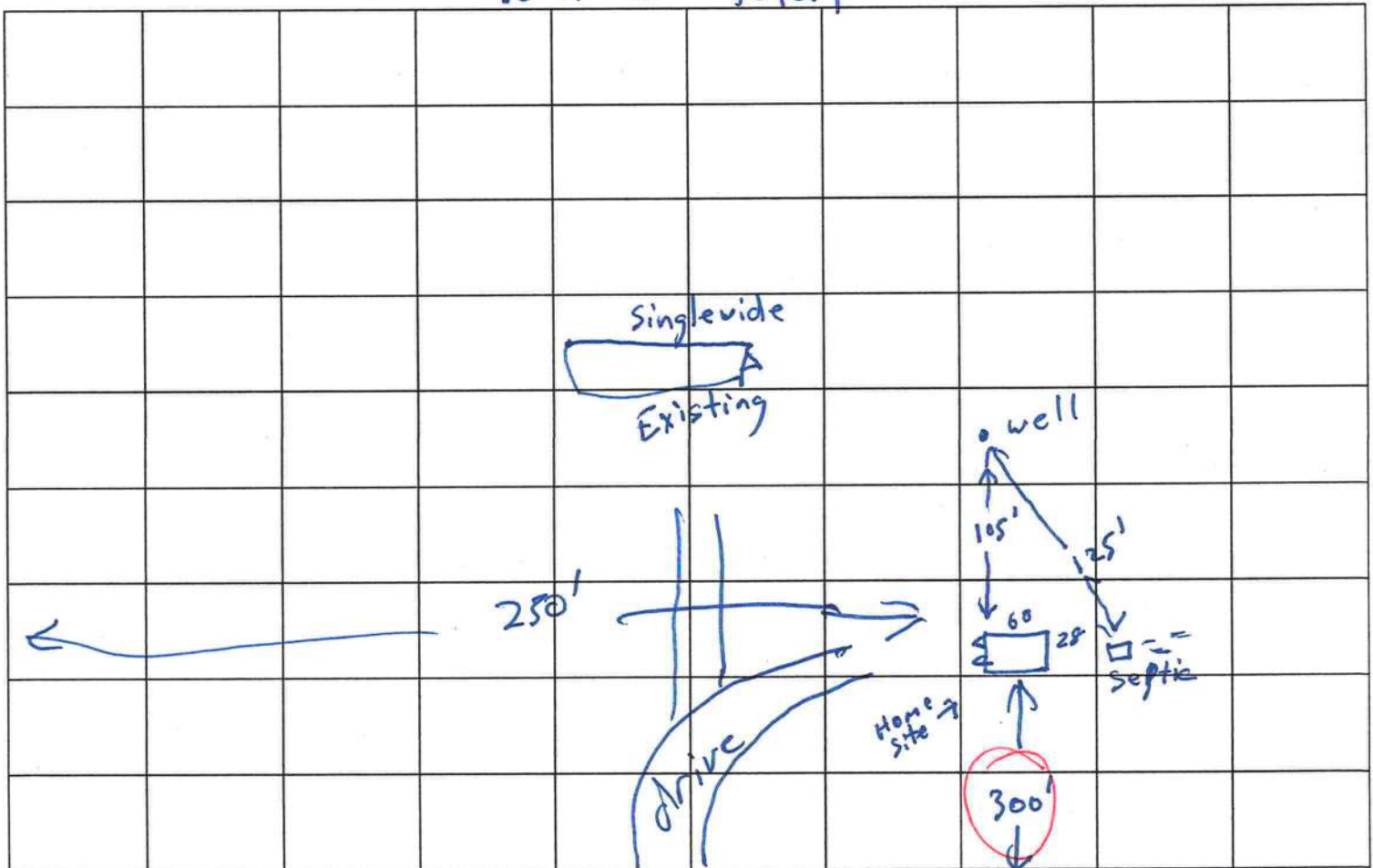
TOWNSHIP 6 SOUTH, RANGE 16 EAST, SECTION 26: Commence at the NW corner of Section 26, Township 6 South, Range 16 East, Columbia County, Florida and run thence S 0°12'29" E along the West line of said Section 26, 408.33 feet to the Southwesterly right of way line of County Road C238, thence S 51°44'50" E along said right of way line, 125.86 feet to the POINT OF BEGINNING; thence continue S 51°44'50" E along said right of way line, 274.75 feet to the Point of Curve; thence Southeasterly along said curve concave to the right having a radius of 34,337.47 feet along a chord bearing S 51°37'50" E, 139.61 feet; thence S 0°12'29" E, 1213.87 feet; thence S 89°47'31" W, 324.28 feet; thence N 0°12'29" W, 1471.82 feet to the POINT OF BEGINNING.

SITE PLAN EXAMPLE / WORKSHEET



Use this example to draw your own site plan. Show all existing buildings and any other homes on this property and show the distances between them. Also show where the roads or roads are around the property. This site plan can also be used for the 911 Addressing department if you include the distance from the driveway to the nearest property line.

10 acres total



CR 138

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____

CONTRACTOR

Bernie ThriftPHONE 386 623 0046

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.

ELECTRICAL	Print Name <u>Bruce Pease</u> License #: <u>Owner</u>	Signature <u>Bruce Pease</u> Phone #:
MECHANICAL/ A/C	Print Name <u>Bruce Pease</u> License #: <u>Owner</u>	Signature <u>Bruce Pease</u> Phone #:
PLUMBING/ GAS	Print Name <u>Bernie Thrift</u> License #: <u>IH 1025155</u>	Signature <u>Bernie Thrift</u> Phone #: <u>386 623 0046</u>

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.

Contractor Forms: Subcontractor form: 1/11

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

1212-46
DATE RECEIVED 12-27-12 BY LA IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? NO
OWNERS NAME Bruce Peace PHONE 497-2017 CELL _____
ADDRESS 3124 S.W. Elim Church Rd, Ft. White, FL 32038
MOBILE HOME PARK _____ SUBDIVISION _____
DRIVING DIRECTIONS TO MOBILE HOME Showcase Homes See Jamie

MOBILE HOME INSTALLER Bernie Thrift PHONE 752-9561 CELL _____

MOBILE HOME INFORMATION

MAKE Fleetwood YEAR 90 SIZE 28 X 60 COLOR White
SERIAL No. GAFLK34B00726CW---4603B
GAFLK34A00726CW---4603B

WIND ZONE II Must be wind zone II or higher NO WIND ZONE I ALLOWED ✓

INSPECTION STANDARDS

INTERIOR:

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

\$50.00

Date of Payment: 12-27-12

Paid By: Bruce Peace

Notes: _____

- ✓ 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

Elec. Panel needs work

APPROVED ✓ WITH CONDITIONS: _____

NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE [Signature] ID NUMBER _____ DATE 12/28/12

MOBILE HOME INSTALLERS AGENT AUTHORIZATION

I, Bernard Thiel Installer's Name give this authority and I do certify that the below referenced person(s) listed on this form is/are under my direct supervision and control and is/are authorized to purchase permits, call for inspections and sign on my behalf.

Printed Name of Authorized Person	Signature of Authorized Person	Agents Company Name
Bruce Pease	Bruce Pease	Owner

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and I am fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances.

I understand that the State Licensing Board has the power and authority to discipline a license holder for violations committed by him/her or by his/her authorized person(s) through this document and that I have full responsibility for compliance granted by issuance of such permits.

Bernard Thiel License Holders Signature (Notarized) TH1025157/1 License Number 12-29-12 Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is _____ personally appeared before me and is known by me or has produced identification (type of I.D.) _____ on this _____ day of _____, 20____.

Kent Gardner
NOTARY'S SIGNATURE



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: 12/31/2013 DATE ISSUED: 1/8/2013

ENHANCED 9-1-1 ADDRESS:

3124 SW ELIM CHURCH RD

FORT WHITE FL 32038

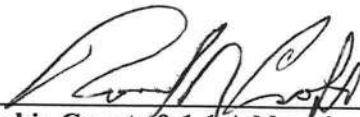
PROPERTY APPRAISER PARCEL NUMBER:

26-6S-16-03943-002

Remarks:

RE-ISSUE OF EXISTING ADDRESS FOR REPLACEMENT STRUCTURE.

Address Issued By:


Columbia County 9-1-1 Addressing / GIS Department

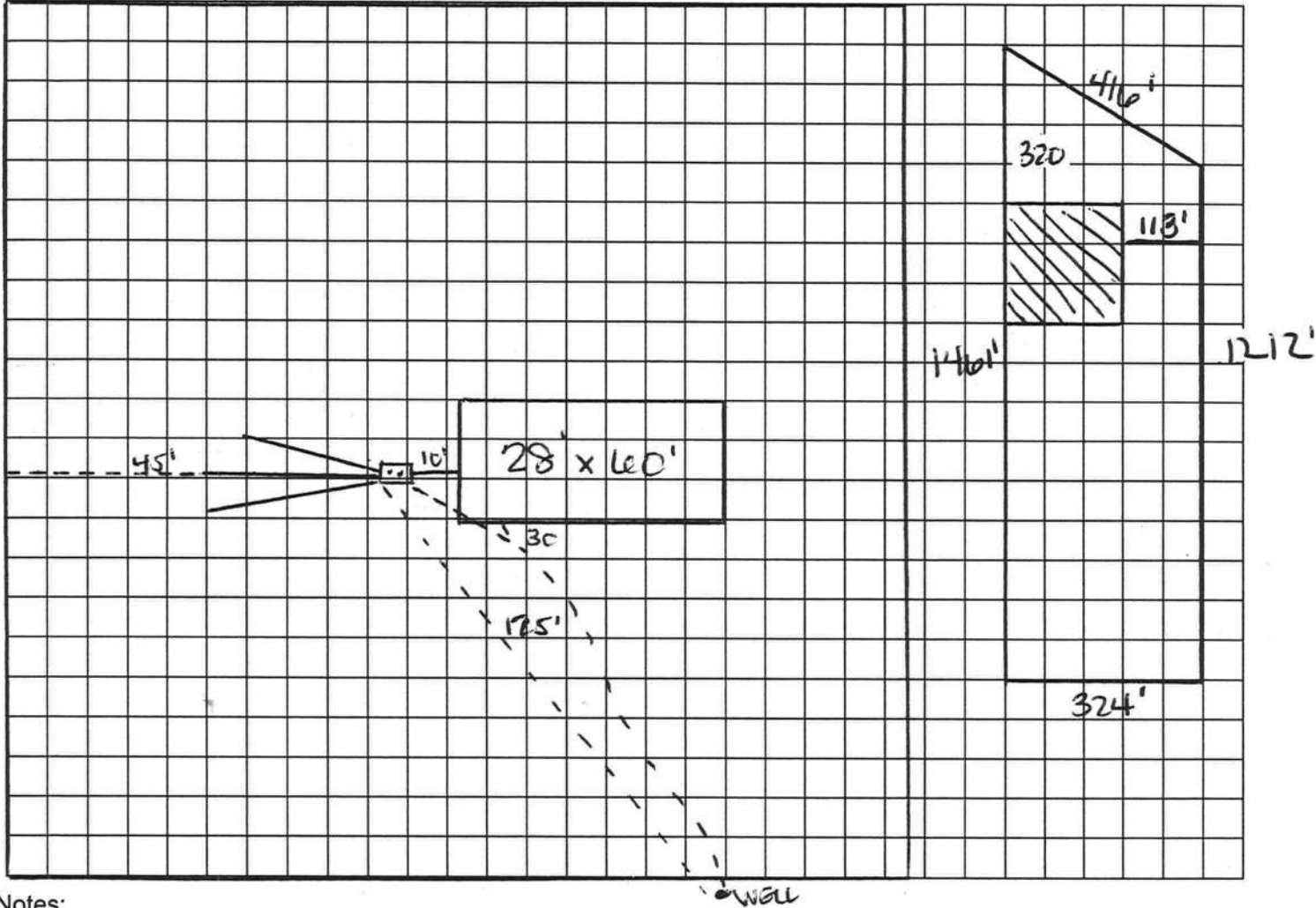
NOTICE: THIS ADDRESS WAS ISSUED BASED ON LOCATION INFORMATION RECEIVED FROM THE REQUESTER. SHOULD, AT A LATER DATE, THE LOCATION INFORMATION BE FOUND TO BE IN ERROR, THIS ADDRESS IS SUBJECT TO CHANGE.

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 12-0576

----- PART II - SITEPLAN -----

Scale: Each block represents 10 feet and 1 inch = 40 feet.



Notes: _____

Site Plan submitted by: Bruce Kase owner
Plan Approved [Signature] Not Approved _____ Date 11/10/13
By [Signature] Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



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

PERMIT NO. 12-0576E
DATE PAID: 12-28-12
FEE PAID: 125.00
RECEIPT # 1092552

APPLICATION FOR:

☐ New System ☒ Existing System ☐ Holding Tank ☐ Innovative
☐ Repair ☐ Abandonment ☐ Temporary ☐

APPLICANT: Bruce Pease

AGENT: _____

TELEPHONE: _____

MAILING ADDRESS: 93124 SW Elmch Rd Ft White FL 32038

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: _____ SUBDIVISION: N/A PLATTED: _____

PROPERTY ID #: 26-65-16-83943-882 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 10 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 3124 SW Elmch Rd Ft White FL 32038

DIRECTIONS TO PROPERTY: 47.5 To 238 / Elmch Rd Turn Left Go 1 mi 1/2 on Right

BUILDING INFORMATION

☐ RESIDENTIAL

☐ COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
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1	<u>MOBILE HOME</u>	<u>3</u>	<u>1580</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Bruce Pease

DATE: 12/26/12