

DATE 10/07/2009

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

PERMIT
000028126

APPLICANT DEWITT LAW PHONE 961-0103
ADDRESS 984 SW MARY TERR LAKE CITY FL 32024
OWNER ROBERT TAYLOR/BILLY RAY LAW PHONE 904 652-8282
ADDRESS 914 SW MARY TERR. LAKE CITY FL 32024
CONTRACTOR JAMES NEWMANS PHONE 904 259-3763
LOCATION OF PROPERTY 90W, TL ON 247S, TL ON CR 240, TL MARY TERR, 2ND LOT
ON RIGHT FROM THE END...TAKE EASEMENT TO BACK
TYPE DEVELOPMENT MH,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. 0 FLOOD ZONE X DEVELOPMENT PERMIT NO.

PARCEL ID 14-5S-15-00460-001 SUBDIVISION
LOT BLOCK PHASE UNIT TOTAL ACRES 11.65

IH0000741
Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor
EXISTING 09-488 CB WR Y
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: ONE FOOT ABOVE THE ROAD, 5 ACRES DEDICATED

Check # or Cash 292

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 Insulation 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 Pool date/app. by
Permanent power date/app. by C.O. Final date/app. by Culvert date/app. by
Pump pole date/app. by Utility Pole date/app. by M/H tie downs, blocking, electricity and plumbing date/app. by
Reconnection date/app. by RV date/app. by Re-roof date/app. by

BUILDING PERMIT FEE \$ 0.00 CERTIFICATION FEE \$ 0.00 SURCHARGE FEE \$ 0.00
MISC. FEES \$ 250.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 77.00 WASTE FEE \$ 201.00
FLOOD DEVELOPMENT FEE \$ FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$ TOTAL FEE 603.00

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. 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."

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.

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

CK# 292

For Office Use Only (Revised 1-10-08) Zoning Official CSB 10/1/09 Building Official WR 10/7/09

AP# 0910-16 (45) Date Received 10/5/09 By [Signature] Permit # 28126

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

Comments 5 acres dedicated

FEMA Map# _____ Elevation _____ Finished Floor _____ River _____ In Floodway _____

☒ Site Plan with Setbacks Shown ☒ EH # _____ ☐ EH Release ☐ Well letter ☒ Existing well Share

☒ Recorded Deed or Affidavit from land owner DI Letter of Auth. from installer ☐ State Road Access

☐ Parent Parcel # _____ ☐ STUP-MH _____ ☐ F W Comp. letter

IMPACT FEES: EMS _____ Fire _____ Corr _____ Road/Code _____

School _____ = TOTAL _____ ☒ Pre-Inspection Sent 10/5/09

Property ID # 14-55-15-00460-001 Subdivision _____

- New Mobile Home _____ Used Mobile Home 14996 MH Size 16x76 Year 1998
- Applicant Dewitt Law Phone # 961-0103
- Address 984 SW Mary Terr, L.C. 32024
- Name of Property Owner Robert Taylor Phone# 386-623-7081
- ~~911~~ Address 916 SW Mary Terr LAKE CITY FL 32024
- Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Progress Energy

Name of Owner of Mobile Home Billy Ray Law Phone # 904-652-8282

911 Address 914 SW Mary Terr, Lake City, FL 32024

Relationship to Property Owner Brother

- Current Number of Dwellings on Property 1
- Lot Size 5 acres designated Total Acreage 11.65 Ac
- 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 NO (uues)

Driving Directions to the Property HWY 247 SOUTH FROM LAKE CITY TO CR 240 GO EAST TO MARY TERR TO 916 SW MARY TERR ON RIGHT LONG DRIVE 2nd lot on right turn

- Name of Licensed Dealer/Installer James E. Neumanns Phone # (904) 259-3763
- Installers Address 6560 Keith Griffin Cir Macclenny FL 32063
- License Number IH0000741 Installation Decal # 298770

Spoke to Robert 10/7/09

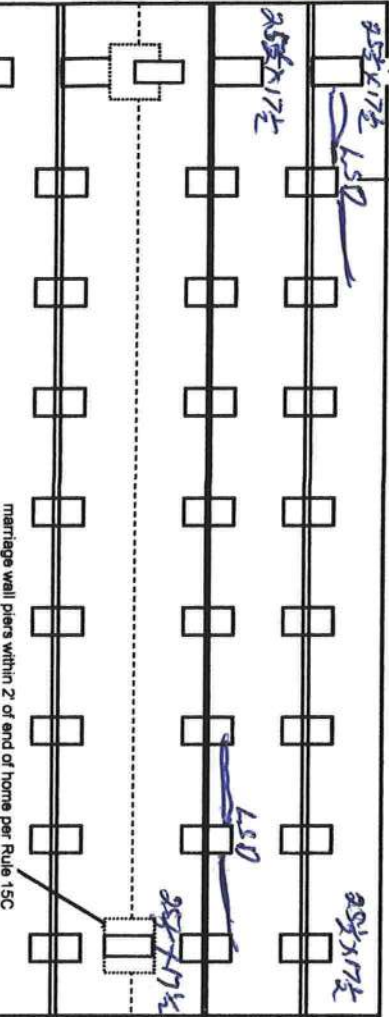
PERMIT WORKSHEET

Installer James E. Newman License # TH0000741
 Manufacturer Home Of Merit Length x Width 16x76
 Name of Owner of this Mobile Home Robert Taylor
 Phone _____
 Address _____

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 JB



New Home ☐ Used Home ☐ Year _____
 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 # 298770
 Triple/Quad ☐ Serial # FLHML381A11-19051

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	Footer size (sq in)	16" x 16" (256)	18 1/2" x 18 (342)	20" x 20" (400)	22" x 22" (484)*	24" x 24" (576)*	26" x 26" (676)
1000 psf	3'	4'	5'	6'	7'	8'	8'
1500 psf	4' 6"	6'	7'	8'	9'	10'	11'
2000 psf	6'	8'	9'	10'	11'	12'	13'
2500 psf	7' 6"	9'	10'	11'	12'	13'	14'
3000 psf	8'	10'	11'	12'	13'	14'	15'
3500 psf	8'	10'	11'	12'	13'	14'	15'

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

PIER PAD SIZES

I-beam pier pad size 17 1/2" x 25 1/2"
 Perimeter pier pad size 16x16

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 _____ Pier pad size _____

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 _____

OTHER TIES

Sidewall _____
 Longitudinal _____
 Marriage wall _____
 Shearwall _____

POCKET PENETROMETER TEST

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

X _____ X _____ X _____

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 _____ X _____ X _____

TORQUE PROBE TEST

The results of the torque probe test is _____ 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 _____

Date Tested _____

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. _____

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: _____ 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, 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 _____

Type gasket _____ Installed: _____
Pg. _____ 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 _____

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 _____

Date 10-5-09

2009-10 Mobile Home Installer License

James E. Newman

Licensee:

1H0000741

License Number:

Effective Date

10-1-09

Expiration Date

9-30-10

State of Florida - Department of Highway Safety and Motor Vehicles - Division of Motor Vehicle

ACORD - CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/27/2009

PRODUCER

Preferred Service Insurance
485 So Wideman Ave
Branford, Florida 32008
386 225 6600

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED

James Newman DBA
James MX Service
6580 Keith Griffie Circle
McClennay, FL 32063

INSURERS AFFORDING COVERAGE

NAIC#

INSURER A: **WELLS FARGO**

INSURER B:

INSURER C:

INSURER D:

INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

NEW POL LTS	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	163B007946	06/23/09	06/23/10	EACH OCCURRENCE \$ 300,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				INJURY TO RENTED PREMISES (EA. OCCURRENCE) \$ 100,000
	<input type="checkbox"/> CLAIMMADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 100,000
					PERSONAL & ADV INJURY \$ 300,000
	GEN'L AGGREGATE LIMIT APPLIES PER				GENERAL AGGREGATE \$ 300,000
	POLICY <input type="checkbox"/> PRO <input type="checkbox"/> LOC				PRODUCTS - COMPOUND AGG \$ Xng
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (EA. ACCIDENT) \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per insured) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per insured) \$
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA. ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN SAAGG \$
					AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMMADE				AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WORKERS COMPENSATION - EA. EMPLOYEE \$
	ANY PROPRIETARY/INTERMEDIATE OPERATIONS EXCLUDED				ILL. DISEASE - EA. EMPLOYEE \$
	THIS CERTIFICATE UNDER SPECIAL PROVISIONS NAME				ILL. DISEASE - POLICY LIMIT \$
	OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER

DMSRV
2900 APALACHEE PARKWAY, MS66
TALLAHASSEE, FLORIDA 32309

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

ACORD 25 (10/01/05)

© ACORD CORPORATION 1998

CONTINUATION NOTICE

DATE: July 28, 2009

AGENT: Nielson & Company, Inc.
4380 St. Johns Pkwy, Ste. 110
Sanford, Florida 32771
407-330-3990

BOND: 104369915

PRINCIPAL: James E. Newmans
6580 Keith Griffis Circle
Macclenny, FL 32063

OBLIGEE: State of Florida
Department of Highway Safety and Motor Vehicles
2900 Apalachee Parkway, Neil Kirkman Bldg, MS 66
Tallahassee, FL 32399-0640

BOND AMOUNT: \$5,000

CONTINUATION EFFECTIVE DATES:

FROM: 10/01/09
TO: 09/30/10

CONTINUATION CERTIFICATE

It is hereby agreed that the above captioned Bond is continued in force in the above amount for the period of the continued term stated above and is subject to all the covenants and conditions of said Bond.

This continuation shall be deemed a part of the original Bond, and not a new obligation, no matter how long the Bond has been in force or how many premiums are paid for the Bond, unless otherwise provided for by statute or ordinance applicable.

In witness whereof Travelers Casualty & Surety Company of America has caused its corporate seal to hereunto be affixed this 25th day of July, 2009.

Travelers Casualty & Surety Company of America
2420 Lakemont Ave, 4th Floor, Orlando, FL 32814

BY: 

Laura D. Mosholder, Attorney-In-Fact & Florida Resident Agent



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 LETTER OF AUTHORIZATION

I, James E. Newmans, give this authority for the job address show below
Installer License Holder Name

only, 916 SW May Ter, Lake City FL 32024, and I do certify that
Job Address

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	Authorized Person is... (Check one)
Robert TAYLOR		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input checked="" type="checkbox"/> Property Owner
		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property 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.

License Holders Signature (Notarized)

IH0000741
License Number

10-5-09
Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: COLUMBIA

The above license holder, whose name is JAMES E. NEWMANS, personally appeared before me and (is known by me) or has produced identification (type of I.D.) _____ on this 5th day of OCT., 2009.

NOTARY'S SIGNATURE



STATE OF FLORIDA
COUNTY OF COLUMBIA

Tax Parcel No. 14-55-15-00460-001

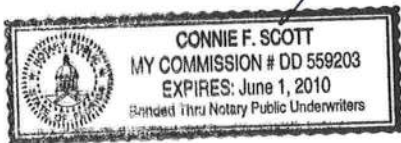
Give my permission to Billy Ray Law (Brother) to place a mobile home/travel trailer/single family home (circle one) on the above mentioned property.

Robert J. Payne
Owner

X Deborah L. Taylor
Owner

SWORN AND SUBSCRIBED before me this 5th day of Oct.,
2009. This (these) person(s) are personally known to me or produced
ID FL DHS.


Notary Signature



Columbia County Property Appraiser

DB Last Updated: 7/22/2009

2009 Preliminary Values

Tax Record

Property Card

Interactive GIS Map

Print

Parcel: 14-5S-15-00460-001

Owner & Property Info

Search Result: 1 of 6

Next >>

Owner's Name	TAYLOR DEBORAH &		
Site Address	MARY		
Mailing Address	ROBERT TAYLOR 6859 SE 55 ST TRENTON, FL 32693		
Use Desc. (code)	IMPROVED A (005000)		
Neighborhood	014515.00	Tax District	3
UD Codes	MKTA02	Market Area	02
Total Land Area	11.650 ACRES		
Description	COMM NW COR OF SW1/4 OF SW1/4, RUN E 2388.46 FT FOR POB, RUN S 592 FT, E 773.56 FT, N 271.58 FT, E 792.55 FT TO W R/W MARY RD, N 60 FT, W 792.55 FT, N 271.58 FT, W 768.32 FT TO POB. ORB 730-288, 806-1898 THRU 806-1900, QC 1072-484, QC 1074-2415 CORR WD 1100-1980		

GIS Aerial



Property & Assessment Values

Mkt Land Value	cnt: (2)	\$11,234.00
Ag Land Value	cnt: (1)	\$1,930.00
Building Value	cnt: (1)	\$13,629.00
XFOB Value	cnt: (2)	\$400.00
Total Appraised Value		\$27,193.00

Just Value	\$69,817.00
Class Value	\$27,193.00
Assessed Value	\$27,193.00
Exemptions	\$0.00
Total Taxable Value	County: \$27,193.00 City: \$27,193.00 Other: \$27,193.00 School: \$27,193.00

Sales History

Sale Date	Book/Page	Inst. Type	Sale VImp	Sale Qual	Sale RCode	Sale Price
12/23/2005	1072/484	QC	V	U	01	\$100.00
2/19/1990	730/288	AG	V	Q		\$25,000.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	MOBILE HME (000800)	1990	Below Avg. (03)	1064	1288	\$13,629.00
Note: All S.F. calculations are based on exterior building dimensions.						

Extra Features & Out Buildings

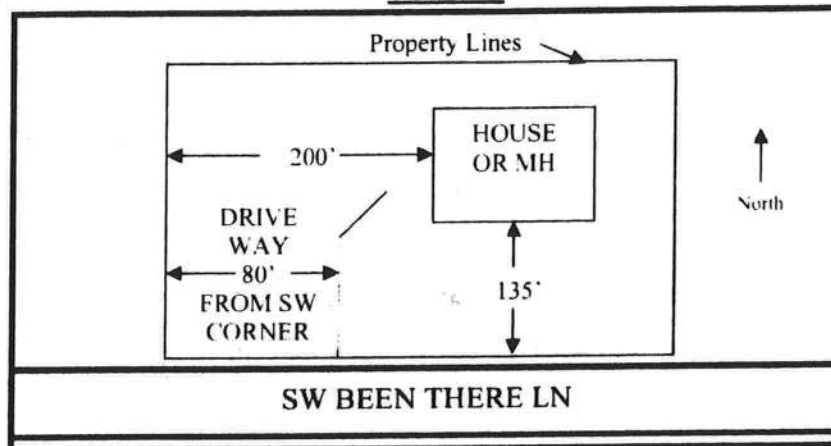
Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0296	SHED METAL	0	\$300.00	0000001.000	0 x 0 x 0	(000.00)
0040	BARN,POLE	2005	\$100.00	0000001.000	0 x 0 x 0	(000.00)

Land Breakdown

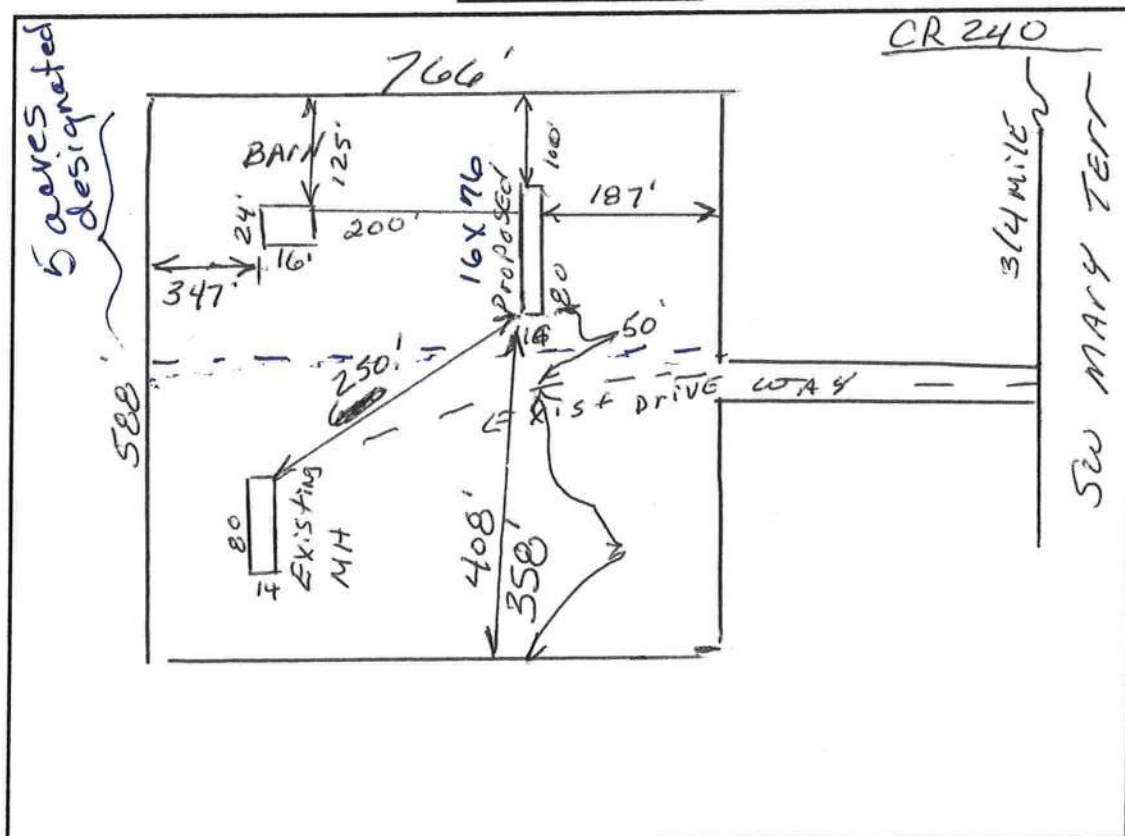
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1. A PLAT, PLAN, OR DRAWING SHOWING THE PROPERTY LINES OF THE PARCEL.
2. LOCATION OF PLANNED RESIDENT OR BUSINESS STRUCTURE ON THE PROPERTY WITH DISTANCES FROM AT LEAST TWO OF THE PROPERTY LINES TO THE STRUCTURE (SEE SAMPLE BELOW).
3. LOCATION OF THE 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).

SAMPLE:



SITE PLAN BOX:





STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE DISPOSAL SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT
Authority: Chapter 381, FS & Chapter 10D-6, FAC

09-0488
PERMIT # 936860
DATE PAID 9/22/09
FEE PAID \$ 1310.80
RECEIPT # 1185263

APPLICATION FOR:

☒ New System ☐ Existing System ☐ Holding Tank ☐ Temporary/Experimental
☐ Repair ☐ Abandonment ☐ Other (Specify)

APPLICANT: Deborah Taylor

TELEPHONE: 755-6372

AGENT: Robert Ford NEST inc.

MAILING ADDRESS: 580 NW Guerdon Rd Lake City FL 32055

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. ATTACH BUILDING PLAN AND TO-SCALE SITE PLAN SHOWING PERTINENT FEATURES REQUIRED BY CHAPTER 10D-6, FLORIDA ADMINISTRATIVE CODE.

PROPERTY INFORMATION [IF LOT IS NOT IN A RECORDED SUBDIVISION, ATTACH LEGAL DESCRIPTION OR DEED]

LOT: 1 BLOCK: 1 SUBDIVISION: meets & bounds DATE OF SUBDIVISION: Res.
PROPERTY ID #: 14-55-15-00460-001 [Section/Township/Range/Parcel No.] ZONING: Res.
PROPERTY SIZE: 11.650 ACRES [Sqft/43560] PROPERTY WATER SUPPLY: ☒ PRIVATE ☐ PUBLIC

PROPERTY STREET ADDRESS: Mary Rd

DIRECTIONS TO PROPERTY: Hwy 42 South to 240 Turn Right
Go to Mary Rd TL Go to Easement on Right
Follow Back to Property

BUILDING INFORMATION

☒ RESIDENTIAL

☐ COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	# Persons Served	Business Activity For Commercial Only
1	m/H	2	16x80 (1280)	2	
2					
3					
4					

☐ Garbage Grinders/Disposals
☐ Ultra-low Volume Flush Toilets

☐ Spas/Hot Tubs
☐ Other (Specify)

☐ Floor/Equipment Drains

APPLICANT'S SIGNATURE: Robert W. Ford

DATE: 9/22/09



28126

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 LETTER OF AUTHORIZATION

I, JAMES E. NEWMANS, give this authority for the job address show below
Installer License Holder Name

only, 916 SW MARY TERR., LAKE CITY, FL. 32024, and I do certify that
Job Address

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	Authorized Person is... (Check one)
DEWITT LAW	<i>Dewitt Law</i>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property 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.

James E. Newmans
 License Holders Signature (Notarized)

TH0000741
 License Number

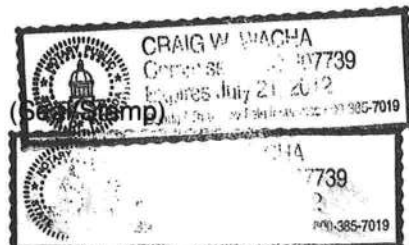
10-8-2009
 Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: COLUMBIA

The above license holder, whose name is JAMES E. NEWMANS, personally appeared before me and is known by me or has produced identification (type of I.D.) D.L. on this 8 day of OCTOBER, 2009.

Craig W. Wacha
 NOTARY'S SIGNATURE





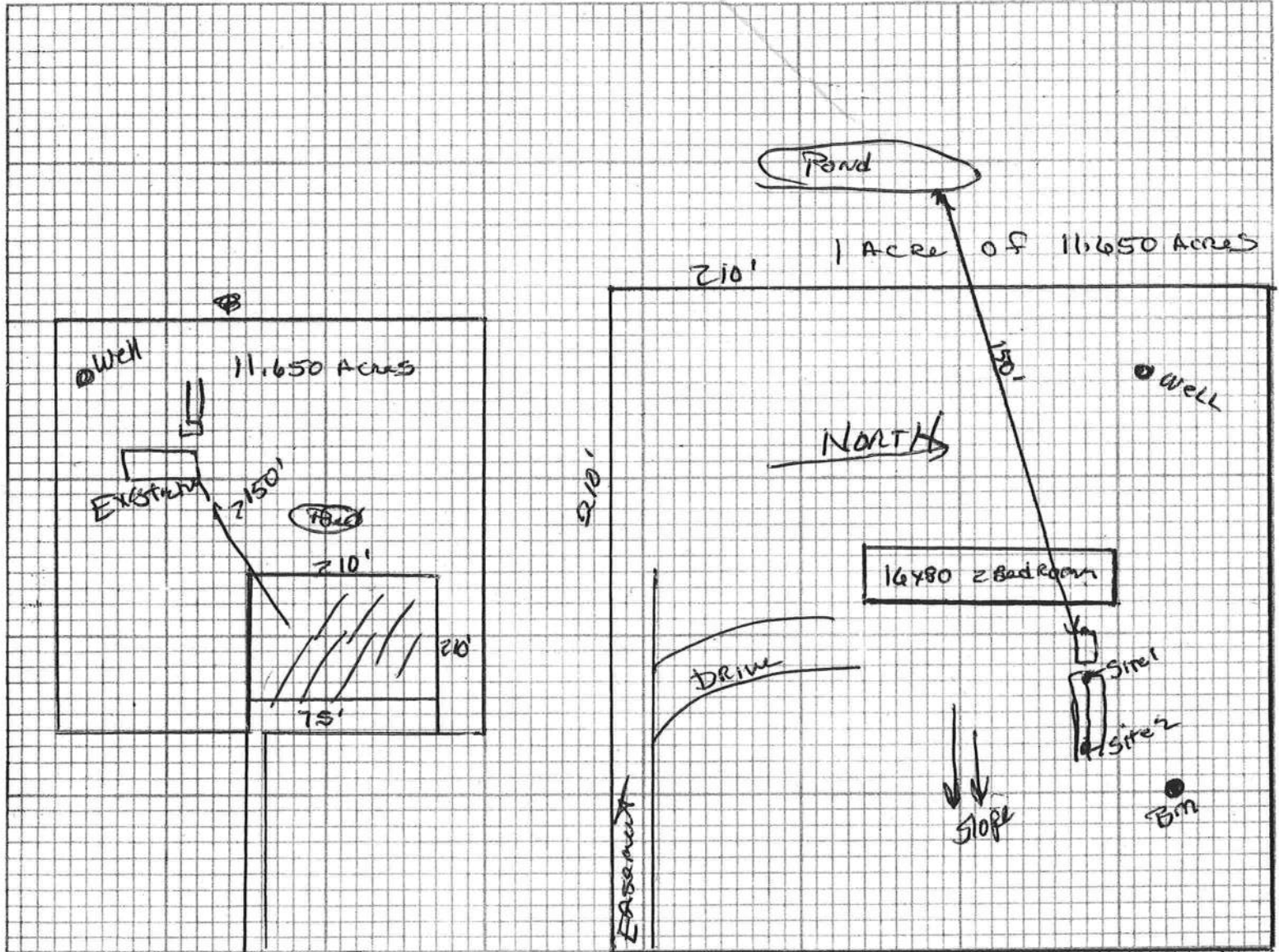
STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 09-0488

PART II - SITE PLAN

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



Notes: Mary Rd.
Dorrah Taylor
11.650 ACRES 14-55-15-00460-001

Site Plan submitted by: Robert W. Ford Signature
Plan Approved X Not Approved _____
By Salie Ford EH Director - Columbia Title
Date 9-25-09 Date
County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT