

DATE 05/20/2004

Columbia County Building Permit

PERMIT

This Permit Expires One Year From the Date of Issue

000021889

APPLICANT ROBERTA OLESKY PHONE 352 542-9924
ADDRESS HC4 BX 965 OLD TOWN FL 32680
OWNER SANDRA DEWITT PHONE 307 231-1051
ADDRESS 120 SE JOINER COURT LAKE CITY FL 32055
CONTRACTOR ROBERTA OLESKY PHONE _____
LOCATION OF PROPERTY 100E, TL ON BOY ST, TL ON ANDREW PARK DR., TR ON JOINER CT,
2ND ON RIGHT
TYPE DEVELOPMENT MH, UTILITY ESTIMATED COST OF CONSTRUCTION .00
HEATED FLOOR AREA _____ TOTAL AREA _____ HEIGHT .00 STORIES _____
FOUNDATION _____ WALLS _____ ROOF PITCH _____ FLOOR _____
LAND USE & ZONING I MAX. HEIGHT _____
Minimum Set Back Requirments: STREET-FRONT 20.00 REAR 15.00 SIDE 15.00
NO. EX.D.U. 0 FLOOD ZONE X DEVELOPMENT PERMIT NO. _____

PARCEL ID 34-3S-17-07040-000 SUBDIVISION ANDREWS PARK MHP
LOT 4 BLOCK 2 PHASE _____ UNIT _____ TOTAL ACRES 1.26

IH0000457
Culvert Permit No. _____ Culvert Waiver _____ Contractor's License Number _____ Applicant/Owner/Contractor Roberta Olesky
EXISTING 04-0538-E BK HD
Driveway Connection _____ Septic Tank Number _____ LU & Zoning checked by _____ Approved for Issuance _____ New Resident _____

COMMENTS: ONE FOOT ABOVE THE ROAD

Check # or Cash 1008

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 \$.00 CERTIFICATION FEE \$.00 SURCHARGE FEE \$.00
MISC. FEES \$ 200.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ _____ WASTE FEE \$ _____
FLOOD ZONE DEVELOPMENT FEE \$ _____ CULVERT FEE \$ _____ TOTAL FEE 250.00

INSPECTORS OFFICE [Signature] 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 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.

CHK 1008 left message 5/18/04

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

| | | | |
|--|-------------------------------|---|-------------------------------------|
| For Office Use Only | | Zoning Official <u>BLK 17.05.04</u> | Building Official <u>HD 5-18-04</u> |
| AP# <u>0405-33</u> | Date Received <u>5/10/04</u> | By <u>GT</u> | Permit # <u>21889</u> |
| Flood Zone <u>X</u> | Development Permit <u>N/A</u> | Zoning <u>I</u> | Land Use Plan Map Category <u>I</u> |
| Comments <u>Mobile Home replacement in existing Non-Conform mobile Home Park</u> | | | |
| <u>Needs Decal NO.</u> | | | |
| <input checked="" type="checkbox"/> Site Plan with Setbacks shown <u>N/A</u> | | <input checked="" type="checkbox"/> Environmental Health Signed Site Plan <u>need</u> | |
| <input checked="" type="checkbox"/> Need a Culvert Permit <u>N/A</u> | | <input checked="" type="checkbox"/> Existing Well | |

- Property ID 34-35-17-07040-000 Must have a copy of the property deed
- New Mobile Home _____ Used Mobile Home ☒ Year 1994
- Subdivision Information Andrews Park, Lot 4, Blk 2
- Applicant Sandra DeWitt Favor Corp Phone # 307 231-1051
- Address Po Box 116 Branford, CT 32008
- Name of Property Owner FAVOR Corp. Phone# _____
- 911 Address 120 SE Joiner Court, L.C. 32055
- Name of Owner of Mobile Home Favor Corp. Phone # 935-0064
- Address _____
- Relationship to Property Owner N/A
- Current Number of Dwellings on Property 9
- Lot Size _____ Total Acreage 1.26 acres
- Explain the current driveway gravel existing
- Driving Directions Hwy 100 E to Boy St turn left (just before Ken's BBQ proceed (E) to Andrew Park DR turn (N) left go 1/8 mile to park on right Joiner Ct street name
- Is this Mobile Home Replacing an Existing Mobile Home yes
- Name of Licensed Dealer/Installer ROBERTA OLESKY Phone # 352-542-9924
- Installers Address HC4 Box 965 OLD TOWN, FL.
- License Number ITH0000457 Installation Decal # _____

PERMIT NUMBER

Installer Robert Olesky License # TH0000457

Address of home being installed ADDRESS UNKNOWN
LAKE CITY, PA.

Manufacturer Liberty Length x width 14 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 ROO



marriage wall piers within 2' of end of home per Rule 15C

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 # _____

Triple/Quad ☐ Serial # 914207

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' | 6' | 7' | 8' |
| 1500 psf | 4'6" | | 6' | 7' | 8' | 8' | 8' |
| 2000 psf | 6' | | 8' | 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

18 1/2 x 18 1/2

Perimeter pier pad size

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.

| 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 |
| 26 x 26 | 676 |

POPULAR PAD SIZES

List all marriage wall openings greater than 4 foot and their pier pad sizes below.

Opening N/A Pier pad size N/A

ANCHORS

4 ft ☒ 5 ft

FRAME TIES

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

TIEDOWN COMPONENTS

OTHER TIES

Number 24

Longitudinal Stabilizing Device (LSD)
Manufacturer TIE DOWN CO.
Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer N/A

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 1500 X 1500 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 1500 X 1500 X 1500

TORQUE PROBE TEST

The results of the torque probe test is 476 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 the points where the torque test reading is 275 or less and where the mobile home manufacturer may requires anchors with 4000lb holding capacity.

Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Robert A Olesky

Date Tested

5/01/04

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. 277

Plumbing

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

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

Site Preparation

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

Fastening multi wide units

Floor: Type Fastener: 2x4 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 _____

NA

Installed:

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

Weatherproofing

The bottomboard will be repaired and/or taped. Yes ☒ Pg. 277
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

manufacturer's installation instructions and or Rule 15C-1 & 2,

Installer Signature

Robert A Olesky

Date

5/01/04

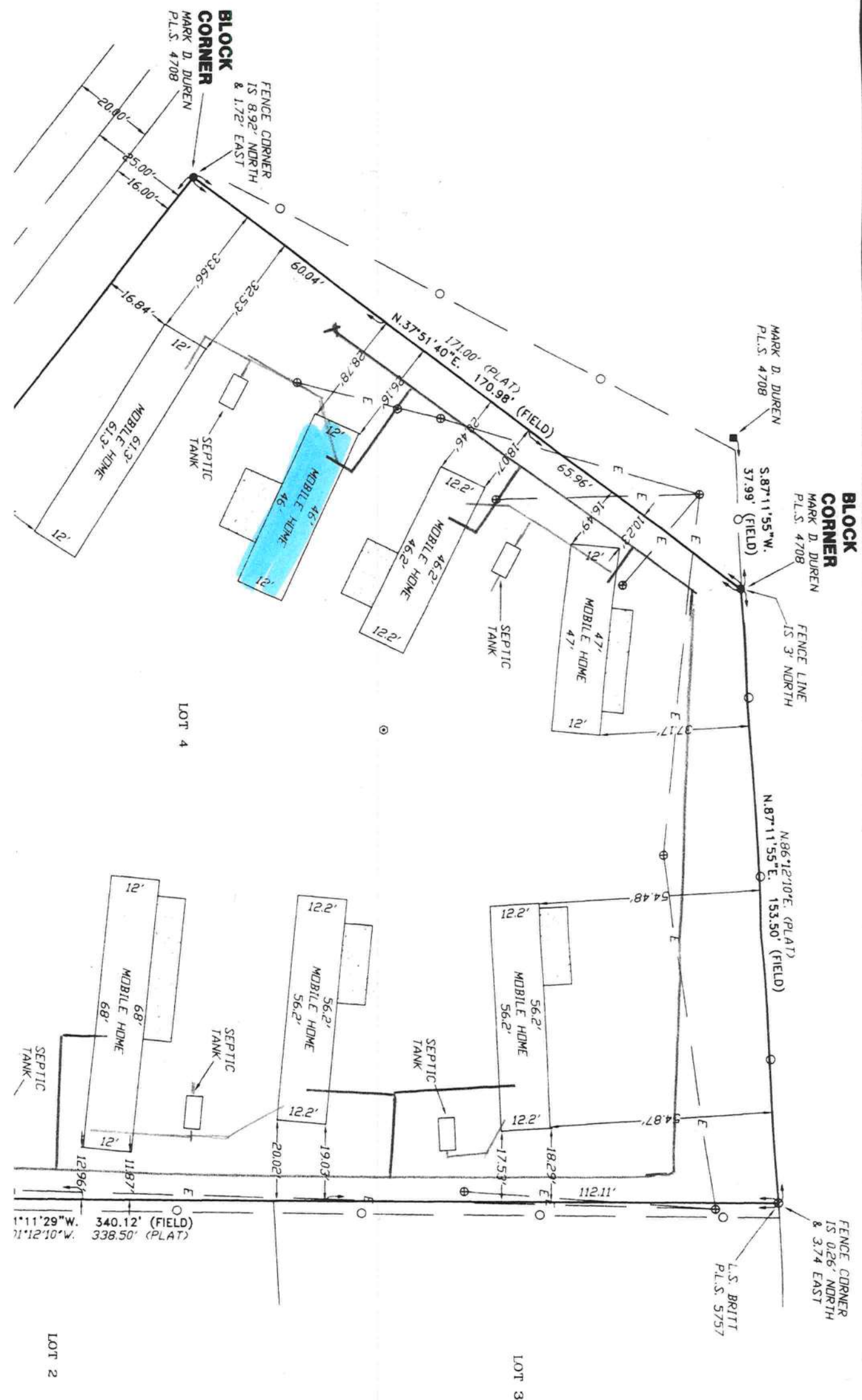
CAM112M01 S CamaUSA Appraisal System
5/10/2004 13:37 Legal Description Maintenance
Year T Property Sel
2004 R 34-3S-17-07040-000
MOBILE HOME PARK
FAVOR CORP

Columbia County
13860 Land 001 *
AG 000
83467 Bldg 009 *
39800 Xfea 003 *
137127 TOTAL C

| | | | |
|----|---------------------------------|-----------------------------------|----|
| 1 | LOT 4 BLOCK 2 ANDREWS PARK S/D | ORB 502-633,, 639-148 THRU 157,, | 2 |
| 3 | 693-561,, 745-1498,, 777-2239,, | 846-2387,, 881-2003,, 1012-2094,, | 4 |
| 5 | | | 6 |
| 7 | | | 8 |
| 9 | | | 10 |
| 11 | | | 12 |
| 13 | | | 14 |
| 15 | | | 16 |
| 17 | | | 18 |
| 19 | | | 20 |
| 21 | | | 22 |
| 23 | | | 24 |
| 25 | | | 26 |
| 27 | | | 28 |

Mnt 4/21/2004 JEFF

F1=Task F3=Exit F4=Prompt F10=GoTo PGUP/PGDN F24=MoreKeys





STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 04-0538E

PART II - SITE PLAN

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

Notes: Replace mH (H) 2nd mH on left side (N) of
property
See Attached -

Site Plan submitted by: X Lawrence E. Quatt V.P. FAVOR Corp.
Signature

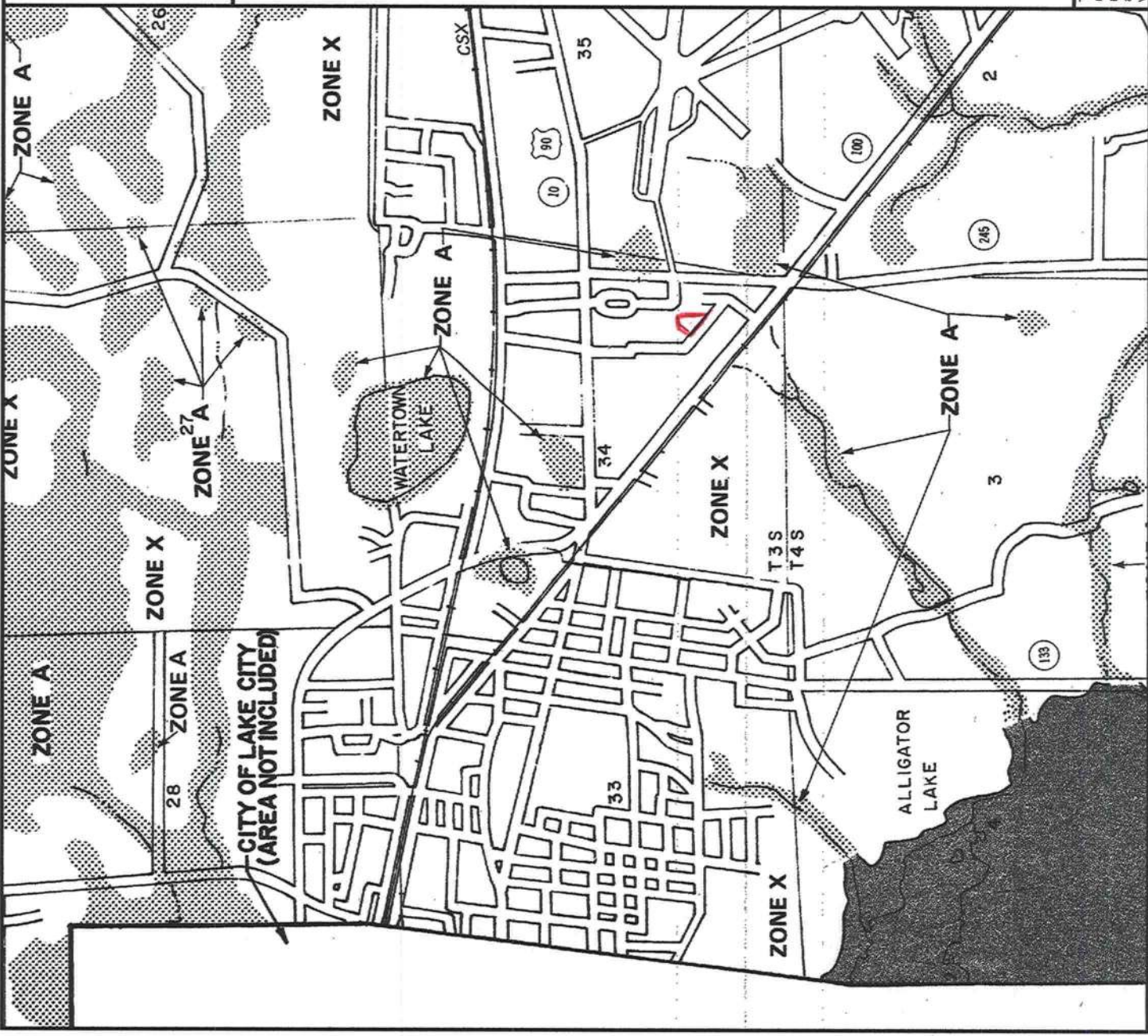
Plan Approved ☒ Not Approved ☐ Date 5/7/04
Title

By [Signature] Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT ⁵

0405-33

0405-33



APPROXIMATE SCALE IN FEET
2000 0 2000

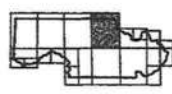
NATIONAL FLOOD INSURANCE PROGRAM

FIRM
FLOOD INSURANCE RATE MAP

COLUMBIA
COUNTY,
FLORIDA
(UNINCORPORATED AREAS)

PANEL 200 OF 300

PANEL LOCATION



COMMUNITY-PANEL NUMBER
120070 0200 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/mifbtd.

Print Date: 5/17/2004 (printed at scale and type A)



DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
OGDEN UT 84201-0023

*Mailed name
correction 4-4/04*

Favor

FAVOR CORP
MICHAEL DEWITT PRES
PO BOX 116
BRANFORD FL 32008

Date of this notice: 04-01-2004

Employer Identification Number:
90-0153453

Form: SS-4

Number of this notice: CP 575 A

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 90-0153453. This EIN will identify your business account, tax returns, and documents even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label IRS provided. If that isn't possible, you should use your EIN and complete name and address shown above on all federal tax forms, payments and related correspondence. If this information isn't correct, please correct it using the tear off stub from this notice. Return it to us so we can correct your account. If you use any variation of your name or EIN, it may cause a delay in processing and may result in incorrect information in your account. It also could cause you to be assigned more than one EIN.

Based on the information from you or your representative, you must file the following form(s) by the date shown next to it.

Form 1120

03/15/2005

If you have questions about the form(s) or the due date(s) shown, you can call us at 1-800-829-4933 or write to us at the address at the top of the first page of this letter. If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a determination of your tax classification, you may seek a private letter ruling from the IRS under the procedures set forth in Revenue Procedure 98-01, 1998-1 I.R.B.7 (or the superceding revenue procedure for the year at issue).

DATE

5-7-04

- Billy -

INSPECTION TAKEN BY

JW

BUILDING PERMIT #

CULVERT / WAIVER PERMIT #

WAIVER APPROVED

WAIVER NOT APPROVED

PARCEL ID #

ZONING

SETBACKS: FRONT

REAR

SIDE

HEIGHT

FLOOD ZONE

SEPTIC

NO. EXISTING D.U.

TYPE OF DEVELOPMENT

- PRE-M/H -

SUBDIVISION (Lot/Block/Unit/Phase)

OWNER

SANDY DELUIT

PHONE

ADDRESS

CONTRACTOR

PHONE

LOCATION

SR 100 TO ANDREWS PARK ROAD (L) GO A FEW
100' TO HIDEAWAY MHP... ON THE RIGHT - (LOT H IS THE END LOT
ON LEFT.)

COMMENTS:

SHE WILL CALL BEFORE 9:30, IF M/H HAS NOT MADE
it into COUNTY

INSPECTION(S) REQUESTED:

INSPECTION DATE:

5-10-04 Monday

Temp Power

Foundation

Set backs

Monolithic Slab

Under slab rough-in plumbing

Slab

Framing

Rough-in plumbing above slab and below wood floor

Other

Electrical 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

POWER CO.

INSPECTORS COMMENTS: