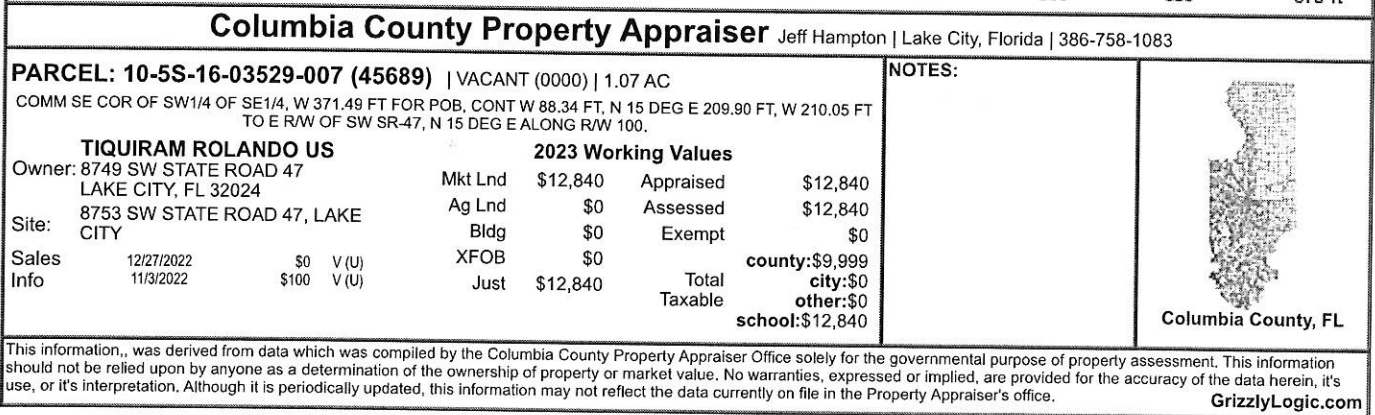


PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

<u>For Office Use Only</u> (Revised 7-1-15)		Zoning Official _____	Building Official _____
AP# _____	Date Received _____	By _____	Permit # _____
Flood Zone _____	Development Permit _____	Zoning _____	Land Use Plan Map Category _____
Comments _____			
FEMA Map# _____ Elevation _____ Finished Floor _____ River _____ In Floodway _____			
☐ Recorded Deed or ☐ Property Appraiser PO ☐ Site Plan ☐ EH # _____ ☐ Well letter OR ☐ Existing well ☐ Land Owner Affidavit ☐ Installer Authorization ☐ FW Comp. letter ☐ App Fee Paid ☐ DOT Approval ☐ Parent Parcel # _____ ☐ STUP-MH _____ ☐ 911 App ☐ Ellisville Water Sys ☐ Assessment _____ ☐ Out County ☐ In County ☐ Sub VF Form			

Property ID # 10-55-16-03529-007 Subdivision _____ Lot# _____

- New Mobile Home _____ Used Mobile Home X MH Size 28x52 Year _____
- Applicant TREEA Foster Phone # 386-590-4207
- Address 16314 US Hwy 90 E Live Oak, FL 32060
- Name of Property Owner Tiguiram, Rolando Phone# 386-965-2848
- 911 Address 8753 SW State Rd 47 Lake City, FL 32024
- Circle the correct power company - FL Power & Light - Clay Electric
 (Circle One) - Suwannee Valley Electric - Duke Energy
- Name of Owner of Mobile Home Tiguiram, Rolando Phone # 386-965-2848
 Address 8749 SW State Rd 47 Lake City, FL
- Relationship to Property Owner OWNER
- Current Number of Dwellings on Property 1
- Lot Size _____ Total Acreage 2.01
- 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
- Driving Directions to the Property Take 441 N 8.6 miles on 441
Property on (L)
- _____
- Email Address for Applicant: _____
- Name of Licensed Dealer/Installer JAME Foley Phone # 386-249-3994
- Installers Address 7862 173rd Rd Live Oak, FL 32060
- License Number IH 1078536 Installation Decal # _____



CODE ENFORCEMENT DEPARTMENT
COLUMBIA COUNTY, FLORIDA
OUT OF COUNTY MOBILE HOME INSPECTION REPORT

COUNTY THE MOBILE HOME IS BEING MOVED FROM Taylor
OWNERS NAME Tiguizam, Rolando PHONE _____ CELL 386-965-2848
INSTALLER James Foley PHONE _____ CELL 386-249-3994
INSTALLERS ADDRESS 7862 173rd Rd Live Oak, FL

MOBILE HOME INFORMATION

MAKE Live Oak YEAR 2011 SIZE 28 x 44
COLOR _____ SERIAL No. LOHGA 11112598AB
WIND ZONE II SMOKE DETECTOR ☒

INTERIOR:

FLOORS good
DOORS good
WALLS good
CABINETS good
ELECTRICAL (FIXTURES/OUTLETS) good

EXTERIOR:

WALLS / SIDING good
WINDOWS good
DOORS good

INSTALLER: APPROVED ☒ NOT APPROVED _____

INSTALLER OR INSPECTORS PRINTED NAME JAMES FOLEY

Installer/Inspector Signature [Signature] License No. TH 1078536 Date 1/9/22

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.

Code Enforcement Approval Signature _____ Date _____

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED _____ BY _____ IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? _____

OWNERS NAME TIGUIRAM, Rolando PHONE 386-965-2848 CELL _____

ADDRESS 8753 SW STATE Rd 47 Lake City, FL

MOBILE HOME PARK _____ SUBDIVISION _____

DRIVING DIRECTIONS TO MOBILE HOME head North on NE Hernado Ave
turn (L) onto Madison St turn (R) onto US 441 N Marion Ave
8.6 miles on 441 N Property on (L)

MOBILE HOME INSTALLER JAMES Foley PHONE _____ CELL 386-249-3994

MOBILE HOME INFORMATION

MAKE Live Oak YEAR _____ SIZE 28 x 44 COLOR _____

SERIAL No. LOHGA 11112598 AB

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

_____ 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

APPROVED _____ WITH CONDITIONS: _____

NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE _____ ID NUMBER _____ DATE _____

Poland, Tiquin

PERMIT NUMBER

PERMIT WORKSHEET

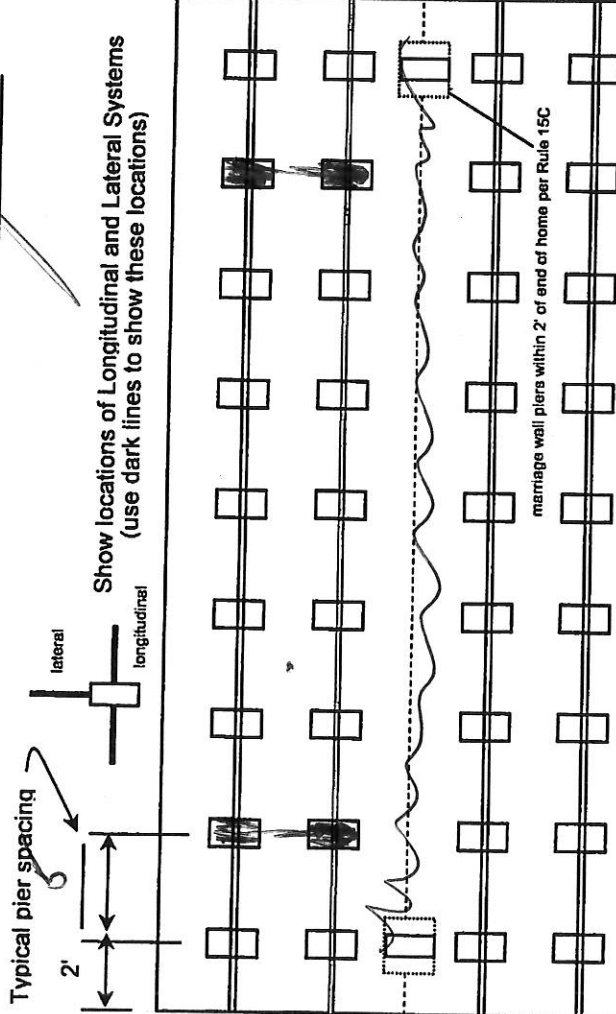
page 1 of 2

Installer James Foley License # PH1078536
Installer Mobile Phone # 386-245-3594
Address of home being installed 52 47

Manufacturer Livestock Home Length x width 28 x 52
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



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 # 90807
Triple/Quad ☐ Serial # 12598AB

Roof System: Typical Hinged

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'	4'	5'	6'	7'	8'
1500 dsf	4'	6'	6'	7'	8'	8'	8'
2000 dsf	6'	8'	8'	8'	8'	8'	8'
2500 dsf	7'	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 12 1/2 x 22 1/2
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 Pier pad size

1 76 x 31

ANCHORS

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
Number

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 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 67 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.

Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Jones, Robert

Date Tested Jan 6, 2023

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. 2

Plumbing
Connect all sewer drains to an existing sewer tap or septic tank. Pg. 2

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 2

PERMIT WORKSHEET

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
Pg. 1
Installed:
Between Floors Yes
Between Walls Yes
Bottom of ridgebeam Yes

Weatherproofing

The bottomboard will be repaired and/or taped. Yes
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

Date 1-6-23

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.

As per Suwannee County Land Development Regulations, Section 14.8:

It shall be deemed a violation of these land development regulations for any person, firm, corporation, or other entity to place or erect any mobile home on any lot or parcel of land within any area subject to these land development regulations for private use without **FIRST** having secured a mobile home move-on (building) permit from the Land Development Regulation Administrator (Building Department). Such permit shall be deemed to authorize placement, erection, and use of the mobile home only at the location specified in the permit. **The responsibility of securing a mobile home move-on (building) permit shall be that of the person causing the mobile home to be moved.** The move-on (building) permit shall be posted prominently on the mobile home before such mobile home is moved onto the site.

I, James Foster, license number IH 1078586
Please Print

do hereby state that the installation of the manufactured home for _____

Rolando Tiquiram at 5247 Lake City Dr
Applicant Job Address

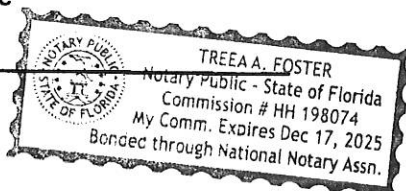
will be done under my supervision.

Mobile Home Installer's Signature
Mobile Phone # 352-2483994

Sworn to and subscribed before me this 9 day of January, 2023.

Notary Public: [Signature]
Signature

My Commission Expires: _____



20367952
12-23

20367952
12-23

FLORIDA

LORIDA MOBILE HOME REGISTRATION

ECAL 20367952

Expires Midnight Sun 12/31/2023

CO/AGY 29 / 1

T# 1755877295
B# 1481669

RMK 2011/LIOH BODY HS
IN LOHGA11112598B
ENGTH 44' LOCATION 29 00

TITLE 109597921

Reg. Tax	42.60	Class Code	51
Init. Reg.		Tax Months	
County Fee	3.00	Back Tax Mos	12
Mail Fee		Credit Class	
Sales Tax		Credit Months	
Voluntary Fees			
Grand Total	45.60		

Date Issued 1/11/2023

ROLANDO US TIQUIRAM
8753 SW SR 47
LAKE CITY, FL 32024

IMPORTANT INFORMATION

1. Your registration must be updated to your new address within 30 days of moving.
2. Registration renewals are the responsibility of the registrant and shall occur during the 30-day period prior to the expiration date shown on this registration. Renewal notices are provided as a courtesy and are not required for renewal purposes.



COLUMBIA COUNTY

911 ADDRESSING / GIS DEPARTMENT

P. O. Box 1787, Lake City, FL 32056-1787
263 NW Lake City Ave., Lake City, FL 32055
Telephone: (386) 758-1125 * Fax: (386) 758-1365 * Email: gis@columbiacountyfla.com



Application for 9-1-1 Address Assignment Form

NOTE: ADDRESS ASSIGNMENT MAY REQUIRE UP TO 10 WORKING DAYS.
IF THE ADDRESSING DEPARTMENT NEEDS TO CONDUCT ON SITE GPS LOCATION
IDENTIFICATION OR OTHER ACTIONS, ADDITIONAL TIME MAY BE REQUIRED.

Date of Request: 1/9/23

REQUESTER Last Name: Tiquiram, Rolando

First Name: Rolando

Contact Telephone Number: 386-590-4207

(Cell Phone Number if Provided): _____

Requested for Self: ☐ or Requested for Company: ☒
(check one)

If Address is Requested by a Company, Provide Name of Requesting Company:

JERRY Corbetts Home Center

Parcel Identification Number: 10-55-16-03529-007

If in Subdivision, Provide Name Of Subdivision:

Phase or Unit Number (if any): _____ Block Number (if any): _____

Lot Number: _____

Attach Site Plan or you may use page 2 of Application Form for Site Plan:
Requirements for Site Plan Are Listed on page 2 of Application Form:
(NOTE: Site Plan Does NOT have to be a survey or to scale; FURTHER a
Environmental Health Dept. Site Plan showing only a 210 by 210 cutout of a
property will NOT suffice for Addressing Application Requirements.)

Addressing / GIS Department Use Only:

Date Received: _____

Received by: Walk in: _____ Fax: _____ Email: _____ Other: _____

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR _____ PHONE _____

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>Richard H. SAPP</u> License #: <u>EC13006007</u> Qualifier Form Attached ☐	Signature <u>[Signature]</u> Phone #: <u>386-362-4048</u>
MECHANICAL/ A/C _____	Print Name <u>Ronald E Bonds Sr</u> License #: <u>CAC1817658</u> Qualifier Form Attached ☐	Signature <u>[Signature]</u> Phone #: <u>850-872-8339</u>

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.

License Number: IH / 1078536 / 1 Name: JAMES FOLEY

Order #: 5418 Label #: 90807

Homeowner: *Rolando Tiguian*
Address: *5047*

City/State/Zip: *Lake City*

Phone #:

Date Installed:

Installed Wind Zone:

Note:

Manufacturer: *Live Oak*
Year Model: *2011*
Length & Width: *44 x 28*
Type Longitudinal System:
Type Lateral Arm System:
New Home: _____ Used Home: _____
Data Plate Wind Zone:
(Check Size of Home)
Single _____
Double ☒ *X*
Triple _____
HUD Label #:
Soil Bearing / PSF:
Torque Probe / in-lbs:
Permit #:

STATE OF FLORIDA INSTALLATION CERTIFICATION LABEL

90807

LABEL # DATE OF INSTALLATION

JAMES FOLEY

NAME

IH / 1078536 / 1

5418

ORDER #

CERTIFIES THAT THE INSTALLATION OF THIS MOBILE HOME IS
IN ACCORDANCE WITH FLORIDA STATUTES 320.8249, 320.8325
AND RULES OF THE HIGHWAY SAFETY AND MOTOR VEHICLES.

INSTRUCTIONS

PLEASE WRITE DATE OF
INSTALLATION AND AFFIX
LABEL NEXT TO HUD LABEL.
USE PERMANENT INK PEN
OR MARKER ONLY.
COMPLETE INFORMATION
ABOVE AND KEEP ON FILE
FOR A MINIMUM OF 2 YEARS.
YOU ARE REQUIRED TO
PROVIDE COPIES WHEN
REQUESTED.

PREPARED BY AND RETURN TO:

Name: Rob Stewart, of
Sky Title, LLC

Address: 426 SW Commerce Drive, Ste 145
Lake City, FL 32025

Document prepared without the benefit of a title search or title
insurance. Information provided by Grantor.

Inst: 202212024395 Date: 12/27/2022 Time: 9:14AM
Page 1 of 2 B: 1481 P: 2299, James M Swisher Jr, Clerk of Court
Columbia, County, By: OA
Deputy Clerk

Parcel No.: 10-5S-16-03529-007

(Space Above This Line For Recording Data)

CORRECTIVE DEED

THIS QUIT-CLAIM DEED is made as of this 27 day of December, 2022, by Manuel US Tojin, a Married Man ("**Grantor**"), whose post office address is 8749 SW State Road 47, Lake City, FL 32024, given to second party, Rolando US Tiquiram, a Single Man, whose post office address is 8749 SW State Road 47, Lake City, FL 32024 ("**Grantee**").

WITNESSETH:

For good and valuable consideration to Grantor, the receipt whereof is hereby acknowledged, Grantor does hereby quit-claim, grant, bargain, sell, alien, remise, release and convey unto Grantee, its successors and assigns all of Grantor's right, title and interest in and to that certain property interest (the "Property") in Columbia County, Florida, as more particularly described as follows:

PART OF THE SW 1/4 OF THE SE 1/4 OF SECTION 10, TOWNSHIP 5 SOUTH, RANGE 16 EAST, COLUMBIA COUNTY, FLORIDA, AND BEING PART OF THOSE LANDS DESCRIBED IN OFFICIAL RECORDS BOOK 1451, PAGE 1587 OF THE OFFICIAL RECORDS OF COLUMBIA COUNTY, FLORIDA, MORE PARTICULARLY DESCRIBED AS FOLLOWS:

COMMENCE AT A CONCRETE MONUMENT, LS 1079, MARKING THE SE CORNER OF THE SW 1/4 OF THE SE 1/4 OF SECTION 10, TOWNSHIP 5 SOUTH, RANGE 16 EAST, COLUMBIA COUNTY, FLORIDA, AND THENCE S.89 DEGREES 39'54"W., ALONG THE SOUTH LINE OF SAID SW 1/4 OF THE SE 1/4, A DISTANCE OF 371.49 FEET TO A 5/8" IRON ROD, LS 4708, MARKING THE POINT OF BEGINNING OF THE HEREIN DESCRIBED LANDS; THENCE CONTINUE S.89 DEGREES 39'54"W., 88.34 FEET TO A CONCRETE MONUMENT, LS 1079, MARKING THE SE CORNER OF LANDS DESCRIBED IN OFFICIAL RECORDS BOOK (ORB) 1347, PAGE 1332 OF THE OFFICIAL RECORDS OF COLUMBIA COUNTY, FLORIDA; THENCE N.15 DEGREES 28'00"E., 209.90 FEET TO A CONCRETE MONUMENT, LS 1079, MARKING THE NE CORNER OF SAID LANDS DESCRIBED IN ORB 1347, PAGE 1332; THENCE S.89 DEGREES 40'00"W., 210.05 FEET TO A CONCRETE MONUMENT, LS 1079, MARKING THE NW CORNER OF SAID LANDS DESCRIBED IN ORB 1347, PAGE 1332, AND BEING ON THE EAST RIGHT-OF-WAY LINE OF SW STATE ROAD NO. 47, A PUBLIC RIGHT-OF-WAY; THENCE N.15 DEGREES 32'23"E., ALONG SAID RIGHT-OF-WAY LINE, 100.26 FEET TO A CONCRETE MONUMENT MARKING THE NW CORNER OF LANDS DESCRIBED IN ORB 1451, PAGE 1587 OF SAID OFFICIAL RECORDS; THENCE N.89 DEGREES 42'13"E., ALONG THE MONUMENTED NORTH LINE OF SAID LANDS DESCRIBED IN ORB 1451, PAGE 1587 A DISTANCE OF 298.20 FEET TO A 5/8" IRON ROD, LS 4708; THENCE S.15 DEGREES 28'00"W., 309.93 FEET TO THE POINT OF BEGINNING.

SUBJECT TO AN EASEMENT FOR INGRESS AND EGRESS RESERVED UNTO THE GRANTORS, THEIR HEIRS AND ASSIGNS, OVER AND ACROSS THE NORTH 30 FEET OF THE ABOVE DESCRIBED LANDS.

This Corrective Deed is made for the purpose of correcting the legal description in that certain Quit Claim Deed dated and recorded November 3, 2022, in Official Records Book 1478 Page 1871, of the Public Records of Columbia County, Florida.

SAID PROPERTY is not the homestead of the Grantor under the laws and constitution of the State of Florida in that neither Grantor nor any member of the household of Grantor reside thereon.

SUBJECT to taxes for 2022 and subsequent years, not yet due and payable; covenants, restrictions, easements, reservations and limitations of record, if any, without intention of creation or reimposing same.

IN WITNESS WHEREOF, the Grantor has caused this Quit-Claim Deed to be executed and delivered the day and year first above written.

Signed, sealed and delivered
in the presence of:

Rolando US Tiquiram

WITNESS

PRINT NAME: [Signature]

Manuel US Tojin
Manuel US Tojin

Francisco US Tiquiram

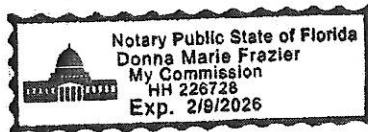
WITNESS

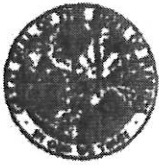
PRINT NAME: Francisco US Tiquiram

STATE OF FLORIDA
COUNTY OF COLUMBIA

The foregoing instrument was acknowledged before me by means of () physical presence or () online notarization this 27 day of December, 2022, by Manuel US Tojin, who is personally known to me or has produced Resident Card as identification.

Donna Marie Frazier
Signature of Notary Public





STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM (OSTDS)

CR # 20-00058

PERMIT NO. 22-0959
DATE PAID: 11/29/22
FEE PAID: \$310.00
RECEIPT #: AP1913332

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: TIQUIRAM U.S ROLANDO

AGENT: PAUL LLOYD / Howard Septic TELEPHONE: (386) 628-2222

MAILING ADDRESS: 8753 SW STATE ROAD 47 LAKE CITY FL

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: N/A BLOCK: N/A SUBDIVISION: METES AND BOUNDS PLATTED: _____

PROPERTY ID #: 10-55-16-03529-007 ZONING: RES I/M OR EQUIVALENT: ☐ NO ☐

PROPERTY SIZE: 1.010 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ $\leq 2000 \text{ GPD}$ ☐ $> 2000 \text{ GPD}$

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ NO ☐ DISTANCE TO SEWER: N/A FT

PROPERTY ADDRESS: 8753 SW STATE ROAD 47 LAKE CITY

DIRECTIONS TO PROPERTY: TAKE STATE ROAD 47 SOUTH PAST COLUMBIA CITY. SITE ON LEFT.

BUILDING INFORMATION ☒ RESIDENTIAL ☐ COMMERCIAL

Unit No.	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 62-6, FAC
1	<u>MOBILE HOME</u>	<u>3</u>	<u>1,152</u>	
2				
3				
4				

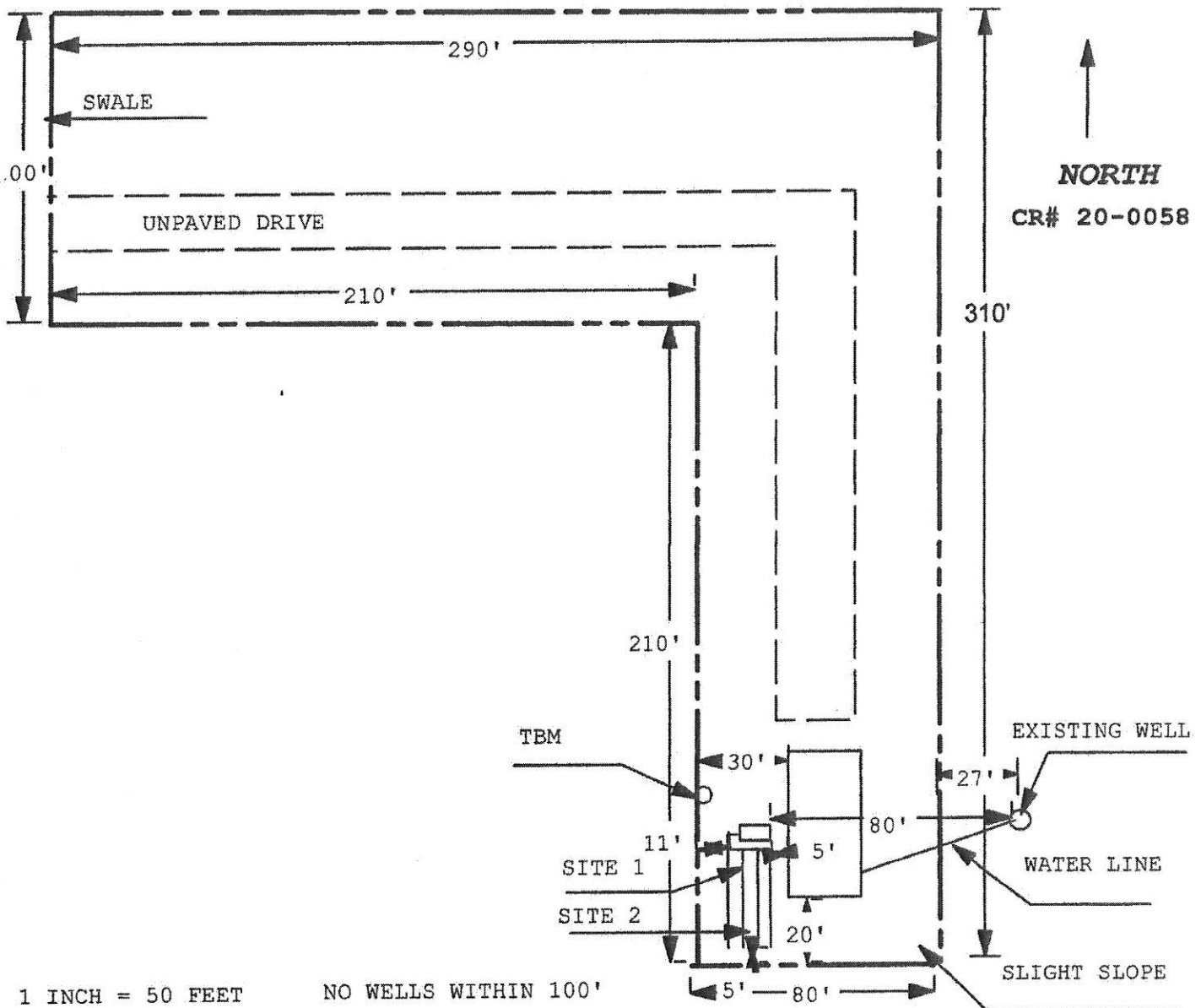
☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Paul Lloyd DATE: 11/28/22

Rec'd 12-7-22

Application for Onsite Sewage Disposal System
Construction Permit. Part II Site Plan
Permit Application Number: 22-0959

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT



Site Plan Submitted By Paul P. Galt Date 11/19/22
Plan Approved ☒ Not Approved ☐ Date 11/30/22

By Cassandra Bonds Columbia CPHU

Notes: _____