DATE = 02/0	06/2008	This Permit							000026721
APPLICANT	SALLY B					PHONE	365-3895		
ADDRESS	1143	NE FRANK	JAMES RD		WHITE	SPRINGS		— FL	32096
OWNER		ISHOP/WLLIA			-	PHONE	334 569-18	_ — 75	
ADDRESS	492	NE COLVIN			LAKE (— FL	32055
CONTRACTO		CREAMER			-	PHONE	623-9384		
LOCATION O			IN, TR ON TAI	MMY LANE,	TR ON COL	VIN, 3RD LO	OT ON		
			GHT						
TYPE DEVEL	OPMENT	MH,UTIL	ITY	E:	STIMATED	COST OF CO	NSTRUCTIO	N	0.00
HEATED FLC	OR AREA			TOTAL AR	REA		HEIGHT		STORIES
		-			**************************************		11270111		
FOUNDATIO	N		WALLS		ROOF PITC		-	FLOOR	
LAND USE &	ZONING	RSFMH2	2			MAX	. HEIGHT		
Minimum Set	Back Requir	ments: ST	REET-FRONT	25.00	0	REAR	15.00	SIDE	10.00
NO. EX.D.U.	0	FLOOD 2	ZONE X		DEVELO	PMENT PERI	MIT NO.		
DARCEL ID	17.26.17	04067.022	AND THE RES. D.L.	emponnien	ON CAD	ACRES			AND DESCRIPTION OF THE PERSON
PARCEL ID	17-38-17-	04967-023		SUBDIVISIO	ON S&B	ACRES			
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FLOOD DEVELOPMENT FEE \$ FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$ TOTAL FEE 510.36

INSPECTORS OFFICE SLERKS OFFICE MSS

ZONING CERT. FEE \$

50.00 FIRE FEE \$ 51.36

WASTE FEE \$ 134.00

250.00

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 TO BE IN ACTIVE PROGESS WHEN THE PERMIT HAS RECIEVED AN APPROVED INSPECTION WITHIN 180 DAYS.

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPL For Office Use Only (Revised 11-30-07) Zoning Official Building Official 0 Date Received 18/08 AP# Permit # Zoning SF-Naha Use Plan Map Category KL **Development Permit** Comments Pre Jusp Approved **FEMA Map#** Elevation Finished Floor River In Floodway Site Plan with Setbacks Shown EH# _□ EH Release 🏂 Well letter 🗗 Existing well ☐ Copy of Recorded Deed or Affidavit from land owner ☐ Letter of Authorization from installer □ State Road Access Parent Parcel #0496 7-0 ≥3 □ Unincorporated area □ Incorporated area □ Town of Fort White □ Town of Fort White Compliance letter Lot 1, S&B ACRE Property ID# 17-35.17-04967-023 Subdivision Five New Mobile Home Used Mobile Home Applicant SALLY ANN RISHOP Phone # Address 1143 NE FRANK JAMES RO Name of Property Owner SALLY ANN DEES BIShow Phone# 386. COLVIN 911 Address Circle the correct power company -FL Power & Light Clay Electric (Circle One) -Suwannee Valley Electric **Progress Energy** Name of Owner of Mobile Home William Lyndsen Phone # 1-334,569 JAMES RO White SPRIND, 70 Relationship to Property Owner Son Current Number of Dwellings on Property Lot Size Total Acreage Do you : Have Existing Drive or Private Drive or need Culvert Permit or Culvert Waiver (Circle one) (Blue Road Sign) (Putting in a Culvert) (Not existing but do not need a Culvert) Is this Mobile Home Replacing an Existing Mobile Home Driving Directions to the Property 441 N OF TAMMY Phone # 386.673.93 Name of Licensed Dealer/Installer P.R. eamer ASPEN GIN Installers Address /X License Number 4000 Installation Decal # 29/55/

		marriage wall piers within 2 of end of home per Rule 15C			Typical pier spacing 2' 8' Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)	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	Manufacturer	Lake City, Fla	Installer Ben Creamer License # IH 000344	
Longitudinal Stabilizing Device (LSD) Manufacturer Longitudinal Stabilizing Device w/ Lateral Arms Manufacturer O/IVer Tech Manufacturer O/IVer Tech Mariage wall Shearwall Shearwall Flacame 22	Opening Pier pad size 4 ft 5 ft FRAME TIES within 2' of end of home spaced at 5' 4" oc y cs	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. 13 1/4 x 26 1/4 348 20 x 20 400 4	5 6 6	psf 8'	bearing capacity size (256) 16" x 16" 18 1/2" x 18 1/2" 20" x 20" 22" x 22" 24" X 24" 26" x 26" 1000 psf (342) (400) (484)* (576)* (676) 1500 psf 4' 6" 6' 7' 8	PIER SPACING TABLE FOR USED HOMES	Double wide Installation Decal # 29)55 Triple/Quad Serial # らみどがつみえりたのいよ	Home is installed in accordance with Rule 15-C Single wide	New Home Used Home X	page 1 of 2

POCKET PENETROMETER TEST

or check here to declare 1000 lb. soil The pocket penetrometer tests are rounded down to 1800 without testing

psi

x 1800

× 1800

× 1800

POCKET PENETROMETER TESTING METHOD

- Test the perimeter of the home at 6 locations.
- N Take the reading at the depth of the footer
- ω Using 500 lb. increments, take the lowest reading and round down to that increment

x 1800

× 1800

x 1800

TORQUE PROBE TEST

The results of the torque probe test is 32^{5} here if you are declaring 5' anchors without testing showing 275 inch pounds or less will require 5 foot anchors. inch pounds or check A lesi

Note: A state approved lateral arm system is being used and 4 ft. anchors are required at all centerline tie points where the torque test anchors are allowed at the sidewall locations. I understand 5 ft 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

ひでス CEAMER

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

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

Consect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. $9 \in S$

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Debris and organic material removed
Water drainage: Natural Swal Swale yes

Pad Other

Fastening multi wide units

Type Fastener; Type Fastener: Type Fastener: Length

Walls:

Roof:

Floor:

Length: Length:

Spacing: Spacing: Spacing

will be centered over the peak of the roof and fastened with galv For used homes a min. 30 gauge, 8" wide, galvanized metal strip roofing nails at 2" on center on both sides of the centerline

Gasket (weatherproofing requirement)

of tape will not serve as a gasket a result of a poorly installed or no gasket being installed. I understand a strip homes and that condensation, mold, meldew and buckled marriage walls are I understand a properly installed gasket is a requirement of all new and used

nstaller's initials

Type gasket

Between Walls Yes Between Floors

Bottom of ridgebeam Yes

Weatherproofing

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

Miscellaneous

Skirting to be installed. Yes No
Dryer vent installed outside of skirting. Yes
Range downflow vent installed outside of skirting.
Prain lines supported at 4 foot intervals. Other: Electrical crossovers protected Skirting to be installed. Yes Yes



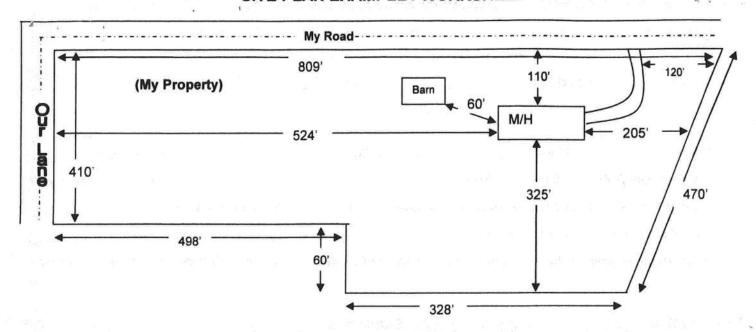
Installer verifies all information given with this permit worksheet is accurate and true based on the

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

Installer Signature_

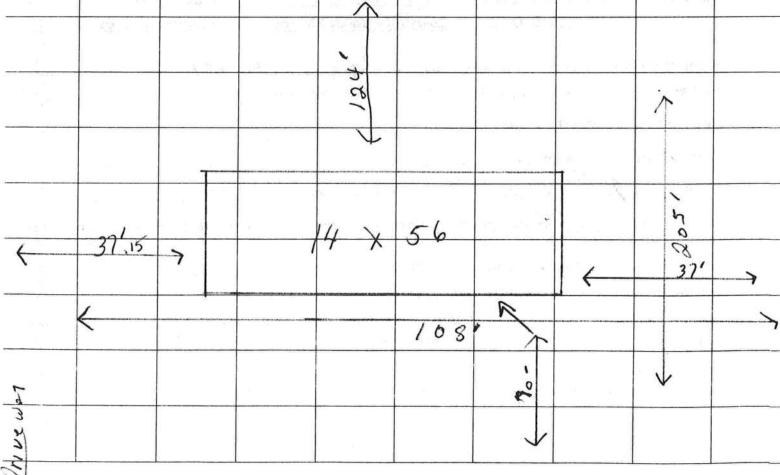
roomer Date

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.





Colvin AVE

Prepared by and Return to: Dale C. Ferguson Attorney at Law P.O. Box 111 Lake City, Florida 32056-0111

WARRANTY DEED

THIS INDENTURE, Made this The day of August, 2007, BETWEEN
WILLIAM F. LINDSEY, a married man, party of the first part, and SALLY
ANN DEES, a married woman, , whose address is 1143 N.E. Frank James
Road, White Springs, FL 32096, party of the second part.

WITNESSETH, That the party of the first part, for and in consideration of the sum of Ten and No/100 (\$10.00) Dollars, to them in hand paid by the said party of the second part, the receipt whereof is hereby acknowledged, has granted, bargained, and sold to the said party of the second part, their heirs and assigns forever, the following described land, situate, and being in the County of Columbia.

Lots 23, 26 and 27 of FIVE POINTS ACRES, a recorded subdivision.

And the said party of the first part does hereby fully warrant the title to said land, and will defend the same against the lawful claims of all persons whomsoever.

IN WITNESS WHEREOF, The said party of the first part has hereunto set his hand and seal the day and year first above written.

Signed, sealed and delivered in the presence of:

Fachary D. Matthews

Printed Name

Kerin Correher Printed Name

"Witnesses"

WILLIAM F. LINDSEY (SEAL)

174 Gardina Circle Lexington, NC 27295

COUNTY OF THINK

The foregoing instrument was acknowledged before me this 17th day of August, 2007, by WILLIAM F. LINDSEY, a married man, who is personally known to me or who has produced NCDL as identification and who did not take an oath.

(Notarial Seal)

Motory Public
My commission expires: 2/3/2010

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:

8/27/2007

DATE ISSUED:

8/29/2007

ENHANCED 9-1-1 ADDRESS:

492

NE COLVIN

AVE

LAKE CITY

FL 32055

PROPERTY APPRAISER PARCEL NUMBER:

17-3S-17-04967-023

Remarks:

PARENT PARCEL

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.

Approved Address

AIIG 2 9 7007

911Addressing/GIS Dept

935

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F1=Task F3=Exit F4=Prompt F10=GoTo PgUp/PgDn F24=More

MH Being put our

P.DeWitt Cason

Clerk of the Circuit Court **Columbia County**

PO Drawer 2069 Lake City, FL 32056-20

Official Records Receipt

Receipt #:

35140

Receipt Date:

1/29/08 12:08

Cashier:

sfeagle

Payee Name:

SALLY ANN DEES

Instrument(s):

200812001785

Details

Receipt Total:	\$35.00
PRMTF JULY 1	\$1.90
plat recording trust	\$1.00
Plat recording	\$30.00
FACC JULY 1	\$0.10
CTY COMM JULY 1	\$2.00

Receipt Total:

Cash:

\$0.00

Checks:

\$35.00 Check Number(s): 1548

Credit Card:

\$0.00 Order Number(s):

Billed Amount:

\$0.00

EFT:

0.00

Escrow:

\$0.00

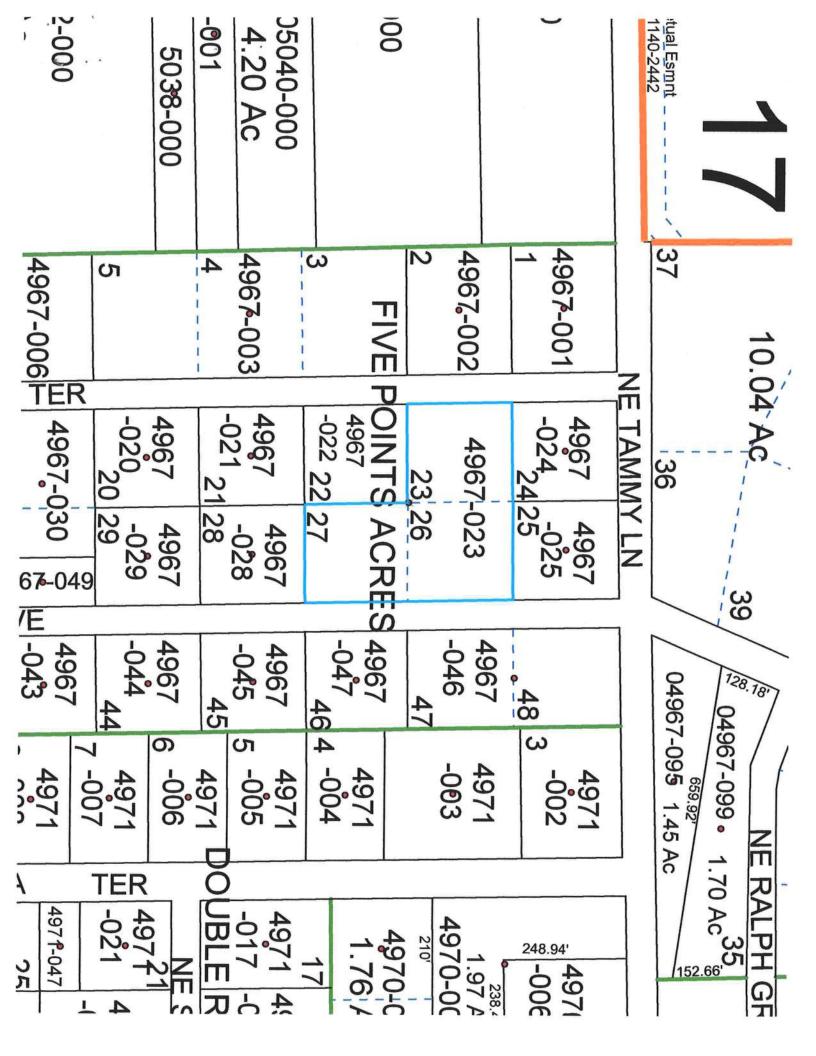
Amount Tendered:

\$35.00

Overage:

\$0.00

3005 W



@ CAM112M01 S CamaUSA Appraisal Syst 1/29/2008 13:16 Legal Description Main Year T Property 2008 R 17-3S-17-04967-023 DEES SALLY ANN	sel 28750	AG 000 Bldg 000 Xfea 000
1 LOTS 23, 26 & 27 FIVE POINTS ACR 3 714-197, 881-781, WD 1063-793. & W 5 7 9 11 13 15 17 19 21 23 25 27 F1=Task F3=Exit F4=Prompt F10=GoTo P	Mnt 9/14/2007 LAR	4 6 8 10 12 14 16 18 20 22 24 26 28

CODE ENFORCEMENT PRELIMINARY MOBILE HOME INSPECTION REPORT

L'AND THE PROPERTY OF REPORT
OWNERS NAME SOLLY BISHEMIN ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED?
ADDRESS 492 / E COLL PHONE 75-6065 CELL
MORESS 492 11 E COLUMN PUE
TOME PARK
SR VING DIRECTIONS TO MCBILE HOME . LONG TO
THE MAN THE MA
Heren Let old will fish the tright of the
MOBILE HOME INSTALLER BEA CLEANER PHONE 623-4334 CENTRE ALL DES
MUBILE HOME INFORMATION
MAKE Fleetwood
SERIAL NO. CALARA 24 76 0W2 VEAR 92 SEE 14 x 52 COLOR 61:4
WIND ZONE 1
WIND ZONE Wind zone II or higher NO WIND ZONE I ALLOWED
(Por) P=PASS F= FAILED
SMOKE DETECTOR (! OPERATIONAL) MISSING
POORE (SOLID () WEAR () HOLES DAMAGED LOCATION
OPENABLE ()DAMAGED
WALLS () BOLIE (STRUCTURALLY UNBOUNE
WINDOWS () OPERABLE ! INOPERABLE
PLUMBING FIXTURES () OPERABLE () MISSING
CEILING (, SOLID () HOLES () LEAKS APPARENT
ELECTRICAL IFIXTURESIGNATION
ELECTRICAL (FIXTURESIOUTLETS) () OPERABLE () EXPOSED WIRING () OUTLET COVERS MISSING (LIGHT EXTERIOR.
EXTERIOR WALLS (SIDDING) LIGHT
WALLS / SIDDING / LODGE SIDING () STRUCTURALLY UNSOUND () NOT WEATHERTIG T /) NEEDS CLEANING
WINDOWS () GRACKED BROKEN GLASS : SCREENS MISSING : WEATHERTIGHT
1 . TAMM/350
STATES
NOT APPROVED
NOT ASPROVED NEED RE-INSPECTION FOR FOLLOWING
NOT APPROVED NEED RE-INSPECTION FOR FOLLOWING CONDITIONS
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- ALE / 3/ 108
The Middle Color Program for the second

CODE ENFORCEMENT PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED YO BY CHE IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? 10
OWNERS NAME Sally Bishoup PHONE 755-6065 CELL
ADDRESS 492 NE Colvin Ave
MOBILE HOME PARKSUBDIVISION / CS
right Go To Colvin Ave Turn right-302 Lot ON R
MOBILE HOME INSTALLER Ben Creamer PHONE 623-9384 CELL
MOBILE HOME INFORMATION
MAKE Fleetwood YEAR 92 SIZE 14 x .52 COLOR Grey
SERIAL NO. GALADA 24 760WZ
WIND ZONE 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 / SIDDING () 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 NATE



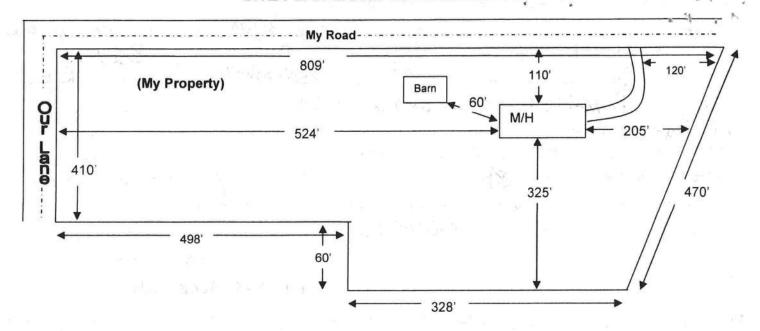
STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

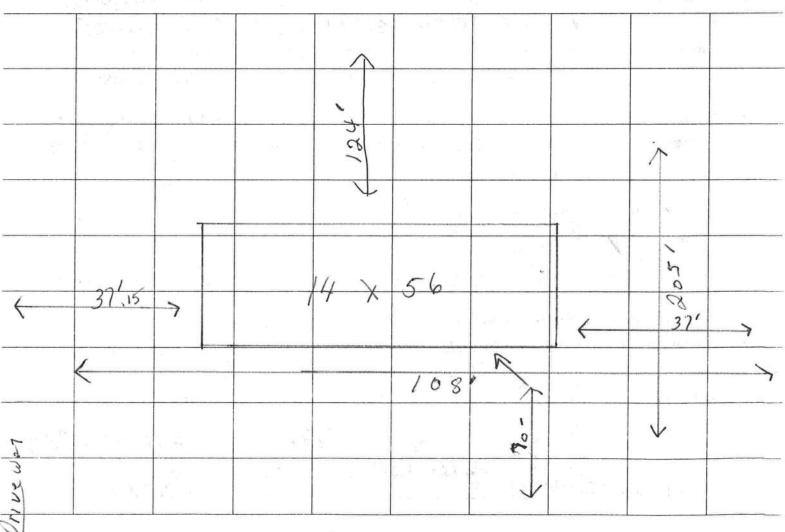
- PART II - SITE PLAN-Scale: Each block represents 5 feet and 1 inch = 50 feet. SUGHT Notes: Site Plan submitted by: Signature Columbia CHD **County Health Department**

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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.



Colvin AVE

Mrs Sally Bishoup

To Whom it may This is a Letter

Given Her permission To pick-up

Permit on my Betalf Ben Creamer

IH0000344 if you Have any Question

Call 386-623-9384

Thank's Ben Creamer

anylang

AMY LANG
Notary Public, State of Florida
My comm. exp. Feb. 9, 2010
Comm. No. DD 516680