

DATE 02/05/2004

Columbia County Building Permit**PERMIT**

This Permit Expires One Year From the Date of Issue

000021482

APPLICANT SAM OOSTERHOUDT PHONE 758-8624
 ADDRESS RT 16 BOX 606 LAKE CITY FL 32055
 OWNER BILL HALEY PHONE 752-3213
 ADDRESS NW OOSTERHOUDT LANE LAKE CITY FL 32055
 CONTRACTOR BERNIE THRIFT PHONE _____
 LOCATION OF PROPERTY 41N, TL ON OOSTERHOUDT LANE, TL ON 2ND CURVE

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 A-3 MAX. HEIGHT _____
 Minimum Set Back Requirements: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00
 NO. EX.D.U. 0 FLOOD ZONE X DEVELOPMENT PERMIT NO. _____

PARCEL ID 02-3S-16-01923-000 SUBDIVISION _____
 LOT _____ BLOCK _____ PHASE _____ UNIT _____ TOTAL ACRES 9.38

IH0000075
 Culvert Permit No. _____ Culvert Waiver _____ Contractor's License Number BK Applicant/Owner/Contractor HD Y
 EXISTING 04-0078-N BK _____ HD _____ Y _____
 Driveway Connection _____ Septic Tank Number _____ LU & Zoning checked by _____ Approved for Issuance _____ New Resident _____

COMMENTS: ONE FOOT ABOVE THE ROADCheck # or Cash 496**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 _____ 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 _____
 Permanent power _____ date/app. by _____ C.O. Final _____ date/app. by _____ Culvert _____ date/app. by _____
 M/H tie downs, blocking, electricity and plumbing _____ date/app. by _____ Pool _____ date/app. by _____
 Reconnection _____ date/app. by _____ Pump pole _____ date/app. by _____ Utility Pole _____ date/app. by _____
 M/H Pole _____ date/app. by _____ Travel Trailer _____ date/app. by _____ Re-roof _____ date/app. by _____

BUILDING PERMIT FEE \$.00 CERTIFICATION FEE \$.00 SURCHARGE FEE \$.00
 MISC. FEES \$ 200.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 45.36 WASTE FEE \$ 98.00
 FLOOD ZONE DEVELOPMENT FEE \$ _____ CULVERT FEE \$ _____ **TOTAL FEE** 393.36

INSPECTORS OFFICE L. Haley 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.

*** The well affidavit, from the well driller, is required before the permit can be issued.

This application must be completely filled out to be accepted. Incomplete applications will not be accepted.

For Office Use Only		Zoning Official <u>BZK</u>	Building Official <u>HO 2-5-04</u>
AP# <u>0401-51</u>	Date Received <u>1/23/04</u>	By <u>G</u>	Permit # <u>21482</u>
Flood Zone <u>X</u>	Development Permit <u>N/A</u>	Zoning <u>A-3</u>	Land Use Plan Map Category <u>A-3</u>
Comments _____			

- Property ID # Sec 2 35-16 01923-000 *(Must have a copy of the property de
- New Mobile Home _____ Used Mobile Home merit Year 1995
- Applicant Sam Osterlund Phone # 758 8624
- Address Rt 16 Box 606 L.C. 32055
- Name of Property Owner Bill Haley Phone # 752-3213
- Address 10 N Hamilton 32055
- Name of Owner of Mobile Home Gerri Osterlund Phone # 758 8624
- Address Rt 16 Box 606 LC 32055
- Relationship to Property Owner Husband
- Current Number of Dwellings on Property 1
- Lot Size 9.38 ACRES Total Acreage _____
- Current Driveway connection is Osterlund Rd (Existing)
- Is this Mobile Home Replacing an Existing Mobile Home NO
- Name of Licensed Dealer/Installer Bernie Thrift Phone # 752 9561
- Installers Address Rt 16 box 715
- License Number TH000000 75 Installation Decal # 202384

The Permit Worksheet (2 pages) must be submitted with this application.

Installers Affidavit and Letter of Authorization must be notarized when submitted.

IT NUMBER

8 Day

PERMIT INFORMATION

Bernie Thrift

License #

IT 0000025

of home
called

latter

Merit

Length x width

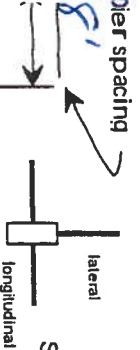
28x56

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

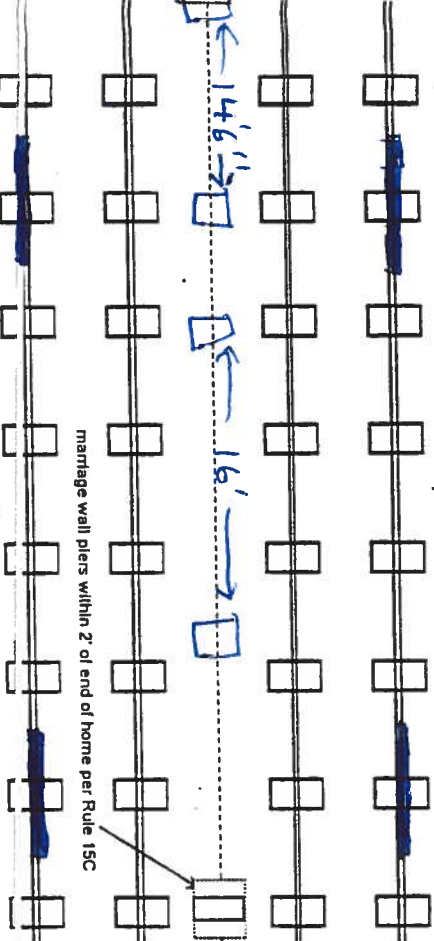
stand Lateral Arm Systems cannot be used on any home (new or used)
the sidewall lies exceed 5 ft 4 in.

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 #

202384

Triple/Quad

Serial #

26574413

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	Footer size (256)	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'	8'
1500 psf	4'6"	6'	7'	8'	9'	10'	10'
2000 psf	6'	8'	9'	10'	11'	12'	12'
2500 psf	7'6"	9'	10'	11'	12'	13'	13'
3000 psf	8'	10'	11'	12'	13'	14'	14'
3500 psf	8'	10'	11'	12'	13'	14'	14'

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

PIER PAD SIZES

I-beam pier pad size

17'x22"

Perimeter pier pad size

17'x22"

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

17'x22"

FRAME TIES

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

BT

LONGITUDINAL STABILIZING DEVICES

Longitudinal Stabilizing Device (LSD)

Manufacturer

Oliver

Longitudinal Stabilizing Device w/ Lateral Arms

Manufacturer

Sidewall

Longitudinal Marriage wall

Shear wall

Number

22

4

NA

LIMITED POWER OF ATTORNEY

I, Bernie J. H., license # IH00000075 hereby
authorize Sam Ostachoudt to be my representative and act on my behalf
in all aspects of applying for a mobile home permit to be placed on the following
described property located in Columbia County ~~Sumner County~~, Florida.

Property owner: _____

Sec 2 Twp. _____ S Rge _____ E

Tax Parcel No. _____

Bernie J. H.
Mobile Home Installer

1-6-04
(Date)

Sworn to and subscribed before me this _____ day of _____, 20____.

Notary Public

My Commission expires: _____

Commission No. _____

Personally known: _____

Produced ID (Type) _____

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.

I, Bernard Thrift, license number IH 0000075
Please Print

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

_____ at _____
911 Address

will be done under my supervision.

Bernard Thrift
Signature

Sworn to and subscribed before me this _____ day of _____,
20____.

Notary Public: _____
Signature

My Commission Expires: _____
Date

N 09°36'08"W. 14.02'

S.09°36'00" W. 14.02'

14.02' FIELD
WEST LINE OF PART OF LANDS DESCRIBED IN

14.02' FIELD
WEST LINE OF PART OF LANDS DESCRIBED IN

LOT 1
2.31 Acres, ±

NOT A PART

NOT A PART

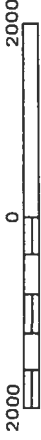
RECORDS IN THE POSSESSION OF THIS OFFICE.
THE IMPROVEMENTS, IF ANY, INDICATED ON THIS SURVEY DATA
IS LOCATED ON DATE OF FIELD SURVEY AS SHOWN HEREON.
IF THEY EXIST, NO UNDERGROUND ENCROACHMENTS AND/OR
WERE LOCATED FOR THIS SURVEY EXCEPT AS SHOWN HEREON.
NOT VALID WITHOUT THE SIGNATURE AND THE ORIGINAL RA
OF A FLORIDA LICENSED SURVEYOR AND MAPPER."
CLOSURE OF FIELD SURVEY IS 1/23,304.
CERTIFIED TO:
JAM OOSTERHOUDT

S.77°53'38"W. 241.00' FIELD
CRIBED IN ORB 831 PAGE 1746 (FIFTH PARCEL)

0401-51



APPROXIMATE SCALE IN FEET



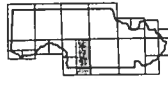
NATIONAL FLOOD INSURANCE PROGRAM

FIRM
FLOOD INSURANCE RATE MAP

COLUMBIA
COUNTY,
FLORIDA
(UNINCORPORATED AREAS)

PANEL 125 OF 290

PANEL LOCATION

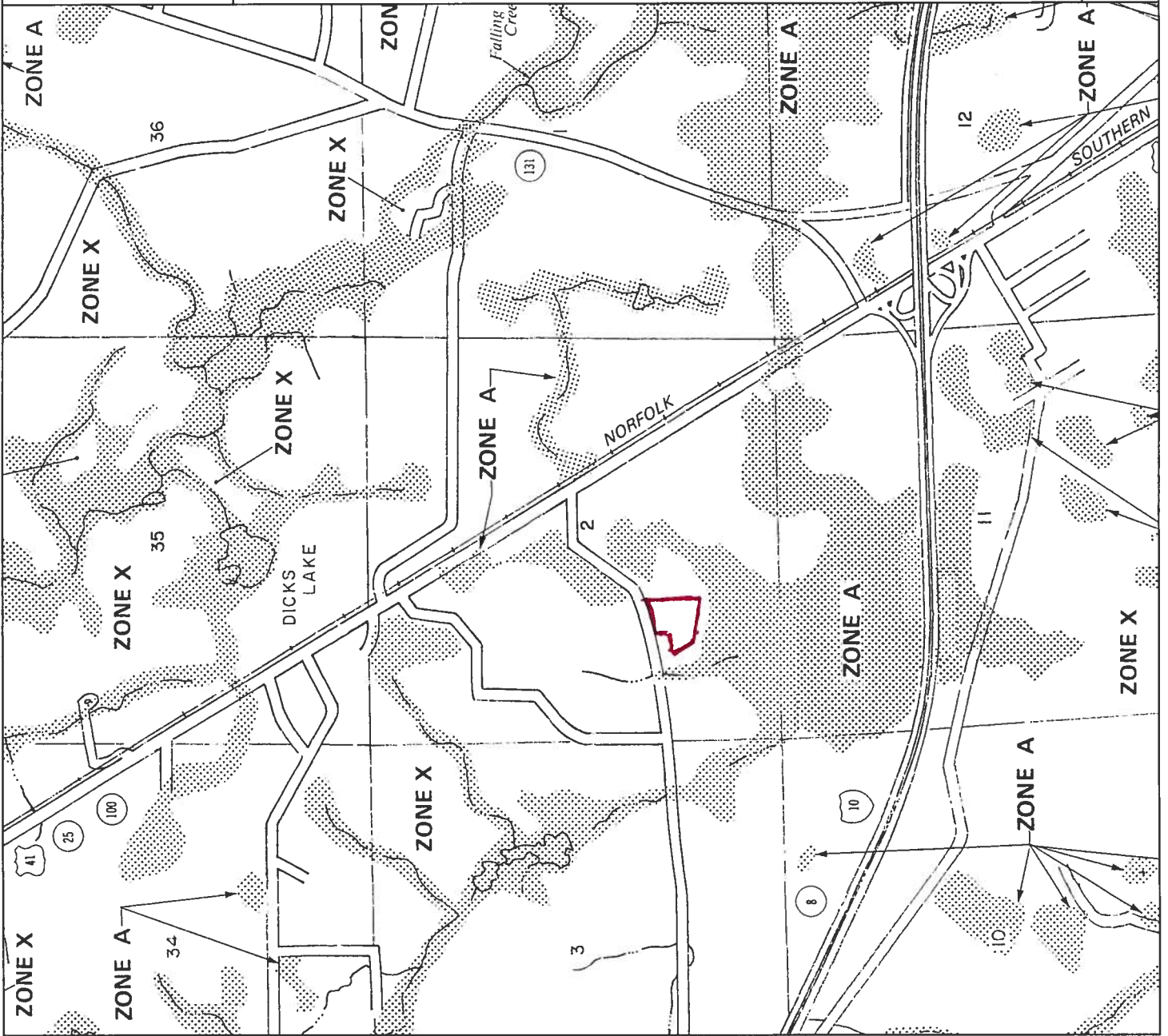


COMMUNITY-PANEL NUMBER
120070 0125 B
EFFECTIVE DATE:
JANUARY 6, 1988



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/nflisid



William J. Haley
PO Box 1385 - Lake City, FL 32056
(386) 752-3213

TELECOPIER TRANSMITTAL

DATE OF TRANSMITTAL January 27, 2004

PLEASE DELIVER THESE TELECOPIED PAGES IMMEDIATELY TO:

INDIVIDUAL Brian Kepner

FIRM OR COMPANY Board of County Commissioners

TELEPHONE: _____ FAX: 758-2160

FROM: William J. Haley

RE: Property of William J. Haley LEDGER 88802.1

TOTAL NUMBER OF PAGES INCLUDING TRANSMITTAL COVER SHEET 2

TO RESPOND BY FAX, TRANSMIT TO: (386) 755-4524

IF ANY OF THE PAGES ARE NOT CLEARLY RECEIVED, PLEASE CALL ME IMMEDIATELY AT
(386) 752-3213.

SENDER'S NAME: Robin Sumner

COMMENTS: Attached please find my letter to you dated this date. Thank you.

The information contained in this facsimile message is confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution, or copy of this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone at (386) 752-3213. Thank you.

William J. Haley
PO Box 1385 - Lake City, FL 32056
(386) 752-3213

January 27, 2004

VIA FACSIMILE ONLY TO 758-2160

Mr. Brian Kepner
County Planner
Board of County Commissioners
Lake City, Florida 32055

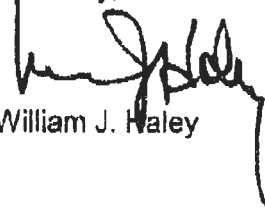
RE: Property of William J. Haley

Dear Brian,

This letter will confirm our telephone conversation wherein I advised you that I have given F.S. Oosterhoudt, III full authority to act on my behalf on the lands that I own in Section 2, Township 3 South, Range 16 East along the west of US 41. I will be dividing this land between myself and my children, and plan to get building permits on the parcels.

If there is anything further I can assist you with, or if you have any questions, please do not hesitate to contact me.

Sincerely,



William J. Haley

WJH/rds



STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 04-0078-N

PART II - SITE PLAN

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

Diagram area showing a grid for the site plan. A horizontal line is drawn across the top of the grid. The word "Drive" is written vertically on the right side of the grid. The words "SEE" and "Attached" are written in the center of the grid.

Notes: See Attached

Site Plan submitted by: [Signature]

Signature

AGENT

Title

Plan Approved ☒ Not Approved ☐

Date 1-28-04

By Sally Ann Gaddy, ESI-COLUMBIA

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



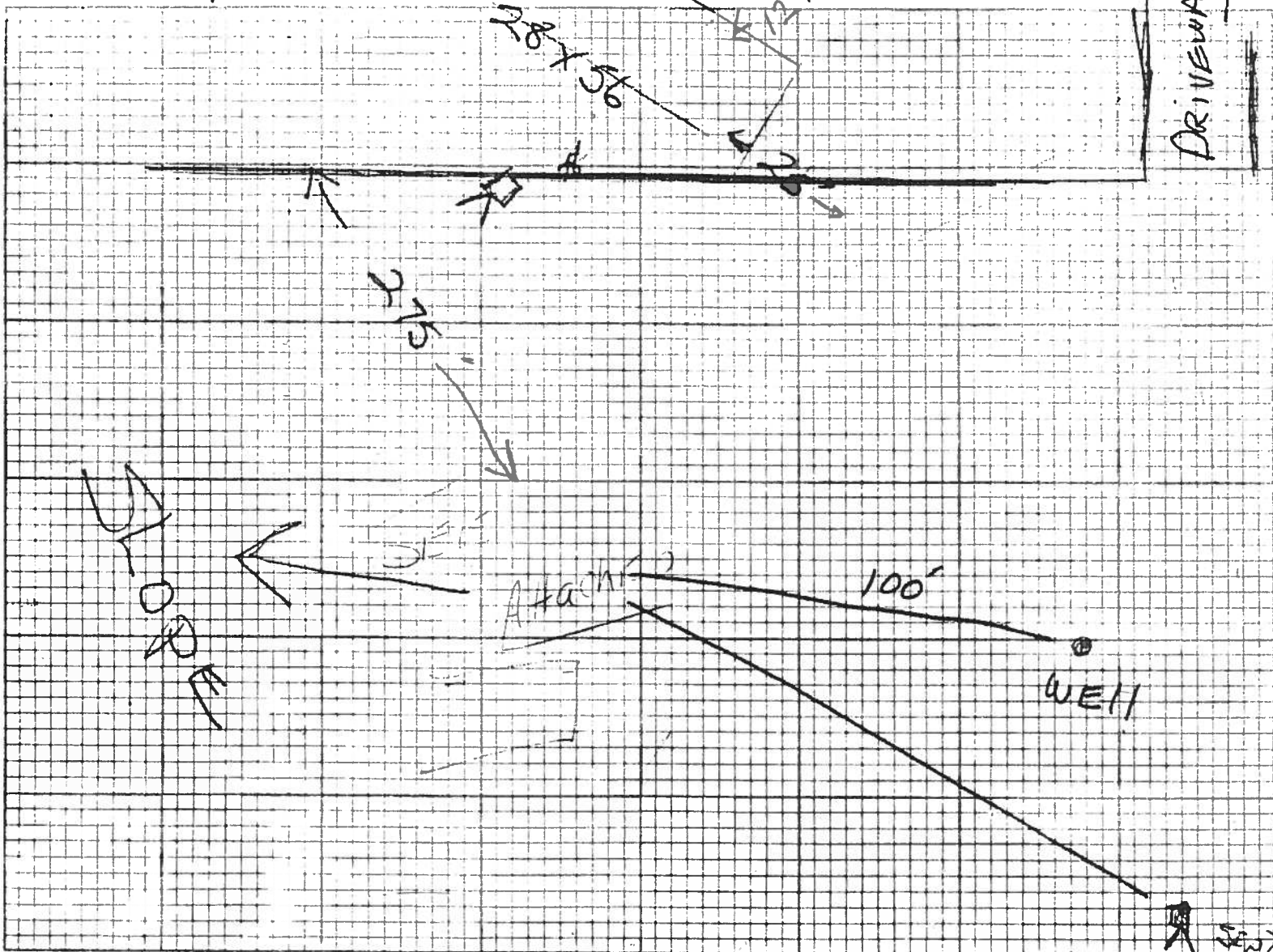
STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 04-0078-N

PART II - SITE PLAN

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



Notes: See Attached

Site Plan submitted by:

[Signature]

Signature

Title

Plan Approved 1

Not Approved

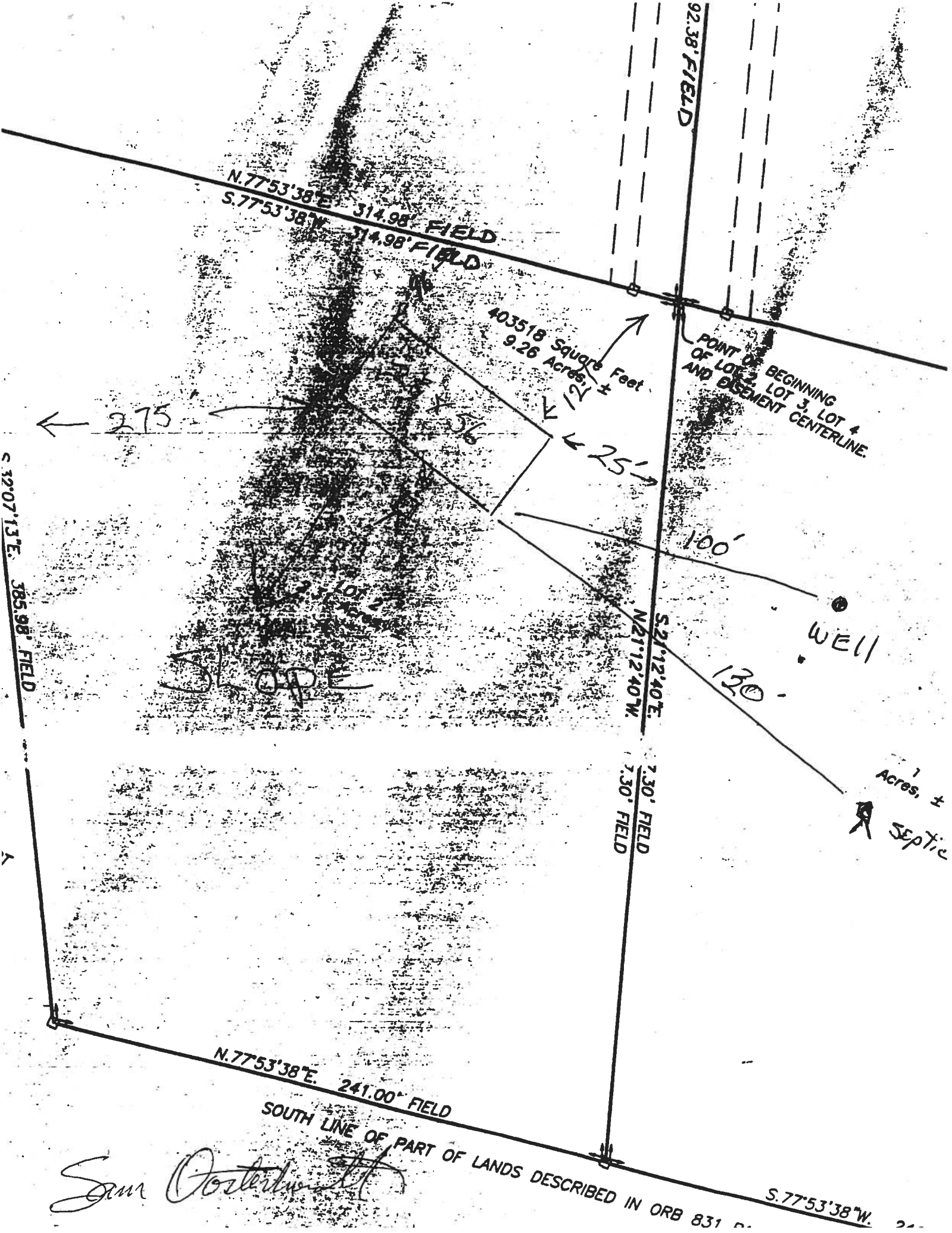
Date

By

[Signature]

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



Sam Osterlin

SOUTH LINE OF PART OF LANDS DESCRIBED IN ORB 831