DATE 01/31/2005

Columbia County Building Permit

This Permit Expires One Year From the Date of Issue

PERMIT
000022749

APPLICANT CURTIS JONES PHONE 386.754.0656

ADDRESS 222 SW CROSS POINTE CT LAKE CITY FL 32024

OWNER CURTIS JONES PHONE 754.0656

ADDRESS SW LEGION DRIVE LAKE CITY FL 32024

CONTRACTOR PHONE

LOCATION OF PROPERTY SR-247-S TO TAMMARACK LOOP,TR, GO TO SW LEGION DR.,TL IT;S @ TOP OF HILL, R @ SW 559 LEGION PL.

TYPE DEVELOPMENT M/H & UTILITY ESTIMATED COST OF CONSTRUCTION .00

HEATED FLOOR AREA TOTAL AREA HEIGHT .00 STORIES

FOUNDATION WALLS ROOF PITCH FLOOR

LAND USE & ZONING RR MAX. HEIGHT

Minimum Set Back Requirments: STREET-FRONT 25.00 REAR 15.00 SIDE 10.00

NO. EX.D.U. 1 FLOOD ZONE X DEVELOPMENT PERMIT NO.

PARCEL ID 16-4S-16-03032-000 SUBDIVISION

LOT BLOCK PHASE UNIT TOTAL ACRES 3.89

Culvert Permit No. | Culvert Waiver | Contractor's License Number | Applicant/Owner/Contractor

EXISTING | 05-0055-N | BLK | HD | Y

Driveway Connection | Septic Tank Number | LU & Zoning checked by | Approved for Issuance | New Resident

COMMENTS: 1 FOOT ABOVE ROAD.
ACRE DESIGNATED FOR 2ND M/H.

Check # or Cash 796

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 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 INCONVIENCE, 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.

754-4116- 754-4116 - FAX COPY 911 Address

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only Zoning Official BLK 28.01.05 Building Official HD 1-28-05

AP# 0501.42 Date Received 1-18-05 By GT Permit # 22749

Flood Zone X Development Permit N/A Zoning RR Land Use Plan Map Category RES. L.D.EN

Comments 1 ACRE Designated for 2nd MH. Preliminary Approved

waiting on 911 ADDRESS:

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

☑ Site Plan with Setbacks shown (NEED) ☐ Environmental Health Signed Site Plan (N/A) ☑ Env. Health Release

☑ Well letter provided ☑ Existing Well Revised 9-23-04

- Property ID 16-45-16-03032-000 Must have a copy of the property deed
- New Mobile Home _____ Used Mobile Home ✓ HOMES OF MERIT Year 1997
  SER# 6692
- Subdivision Information _____
- Applicant CURTIS K JONES Phone # 754-0656
- Address ~~S.W. LEGION~~ DR. 222 S.W. CROSS POINTE CT. LAKE CITY, FL
- Name of Property Owner CURTIS + LYNETTE JONES Phone# 754-0656
- 911 Address 559 S.W. LEGION DR. LAKE CITY, FL
- Circle the correct power company – FL Power & Light – (Clay Electric)
  (Circle One) – Suwannee Valley Electric – Progressive Energy
- Name of Owner of Mobile Home GAIL FENCER (CURTIS JONES) Phone # 754-0656
- Address ~~559~~ 561 S.W. LEGION DR. (911 2nd unit)
- Relationship to Property Owner MOTHER-IN-LAW
- Current Number of Dwellings on Property 1
- Lot Size 3.89 AC. Total Acreage —
- Do you : Have an (Existing Drive) or need a Culvert Permit or a Culvert Waiver Permit
- Driving Directions SOUTH ON RT-247 RT ON TAMARACK LOOP. LEFT ON S.W. LEGION DR. TOP OF HILL RT AT 559 S.W. LEGION DRIVE ON MAILBOX
- Is this Mobile Home Replacing an Existing Mobile Home NO
- Name of Licensed Dealer/Installer CORBETT'S MOBILE HOME CENTER Phone # 364-1340
- Installers Address 1125 E. HOWARD ST LIVE OAK, FL 32064
- License Number DHI 000017 Installation Decal # 231233

PERMIT WORKSHEET

P.01/03

JAN-12-2005 18:19 CORBETT'S M.H. LIVE OAK

PERMIT NUMBER

Installer Corbetts M.H.C. License # OH0000117

Address of home being installed

Manufacturer Homes of Merit Length x width 48x24

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 RC

New Home ☐ Used Home ☑

Home installed to the Manufacturer's Installation Manual ☐

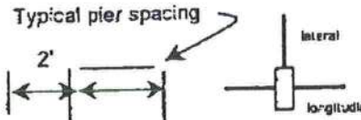
Home is installed in accordance with Rule 15-C ☑

Single wide ☐ Wind Zone II ☑ Wind Zone III ☐

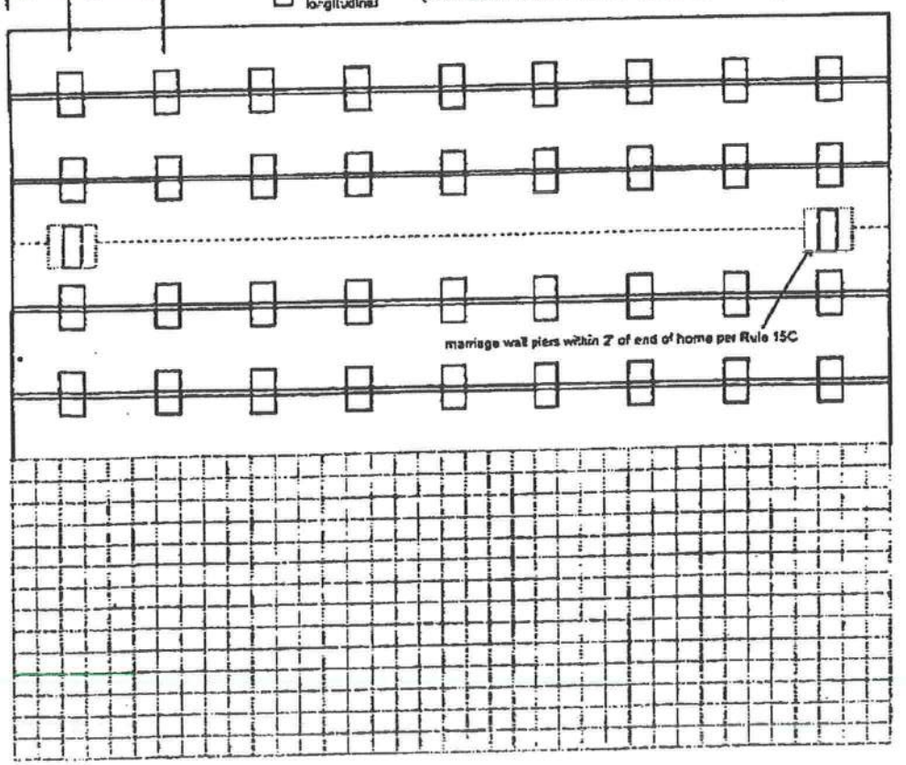
Double wide ☑ Installation Decal # 231223

Triple/Quad ☐ Serial # 6692

Typical pier spacing



Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)



PIER SPACING TABLE FOR USED HOMES

Load bearing capacity	Footer size (sq in)	15" x 15" (255)	18 1/2" x 18 1/2" (342)	20" x 20" (400)	22" x 22" (484)*	24" X 24" (576)*	26" x 2 (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 17.5x17.5x1

Perimeter pier pad size 17.5x17.5x1

Other pier pad sizes (required by the mfg.)

POPULAR PAD SIZES

Pad Size	Sq I
16 x 16	25
16 x 18	28
18.5 x 18.5	342
16 x 22.5	36
17 x 22	37
13 1/4 x 26 1/4	34
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	67

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
14'	3=17.5x17.5x1 Stacked

ANCHORS

4 ft ____ 5 ft ✓

FRAME TIES

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

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer T.D. Down Eng.
Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer ____

OTHER TIES

	Number
Sidewall	16
Longitudinal	LSD
Marriage wall	6
Shearwall	4

PERMIT WORKS

PERMIT NUMBER

P.02/03

CORBETT'S M.H. LIVE OAK

JAN-12-2005 18:20

POCKET PENETROMETER TEST

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

X 250 X 1000 X 1000

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 1000 X 1000 X 1000

TORQUE PROBE TEST

The results of the torque probe test is 264 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.

RC Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Corbett's Mobile Home Center

Date Tested 1-13-05

Electrical

nect electrical conductors between multi-wide units, but not to the main power rce. This includes the bonding wire between mult-wide units. Pg. 15

Plumbing

nect all sewer drains to an existing sewer tap or septic tank. Pg. 15

nect all potable water supply piping to an existing water meter, water tap, or other ependent water supply systems. Pg. 16

Site Preparation

Deb organic material removed YES.
Wat age: Natural ✓ Swale _____ Pad _____ Other _____.

Fastening multi wide units

Floo pe Fastener: 3/8 Log Length: 5" Spacing: 16 oc
Wall pe Fastener: 3/8 Log Length: 3" Spacing: 24 oc
Roo pe Fastener: 3/8 Log Length: 5" Spacing: 16 oc
r used homes a min. 30 gauge, 8" wide, galvanized metal strip be centered over the peak of the roof and fastened with galv. fing nails at 2" on center on both sides of the centerline.

Gasket (weatherproofing requirement)

Fun a properly installed gasket is a requirement of all new and used hom at condensation, mold, meldew and buckled marriage walls are a re poorly installed or no gasket being installed. I understand a strip of ta l serve as a gasket.

Installer's initials RC

Type Foam
Pg. 5

Installed:
Between Floors Yes ✓
Between Walls Yes ✓
Bottom of ridgebeam Yes ✓

Weatherproofing

The ard will be repaired and/or taped. Yes ✓. Pg. 7
Sidi s is installed to manufacturer's specifications. Yes ✓
Fire ney installed so as not to allow intrusion of rain water. Yes N/A

Miscellaneous

Skirt installed. Yes ✓ No _____
Drye talled outside of skirting. Yes _____ N/A ✓
Rang ow vent installed outside of skirting. Yes _____ N/A ✓
Drai pported at 4 foot intervals. Yes ✓
Elect sovers protected. Yes ✓
Othe

In erifies all information given with this permit worksheet is accurate and true based on the cturer's installation instructions and or Rule 15C-1 & 2

Ir Signature Robert Corbett Date 1-14-05

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, Robert Corbett, license number IH 0740017
(Please Print)
do hereby state that the installation of the manufactured home for Curtis Jones (Applicant) at _____ (911 Address) will be done under my supervision.

Robert Corbett
Signature

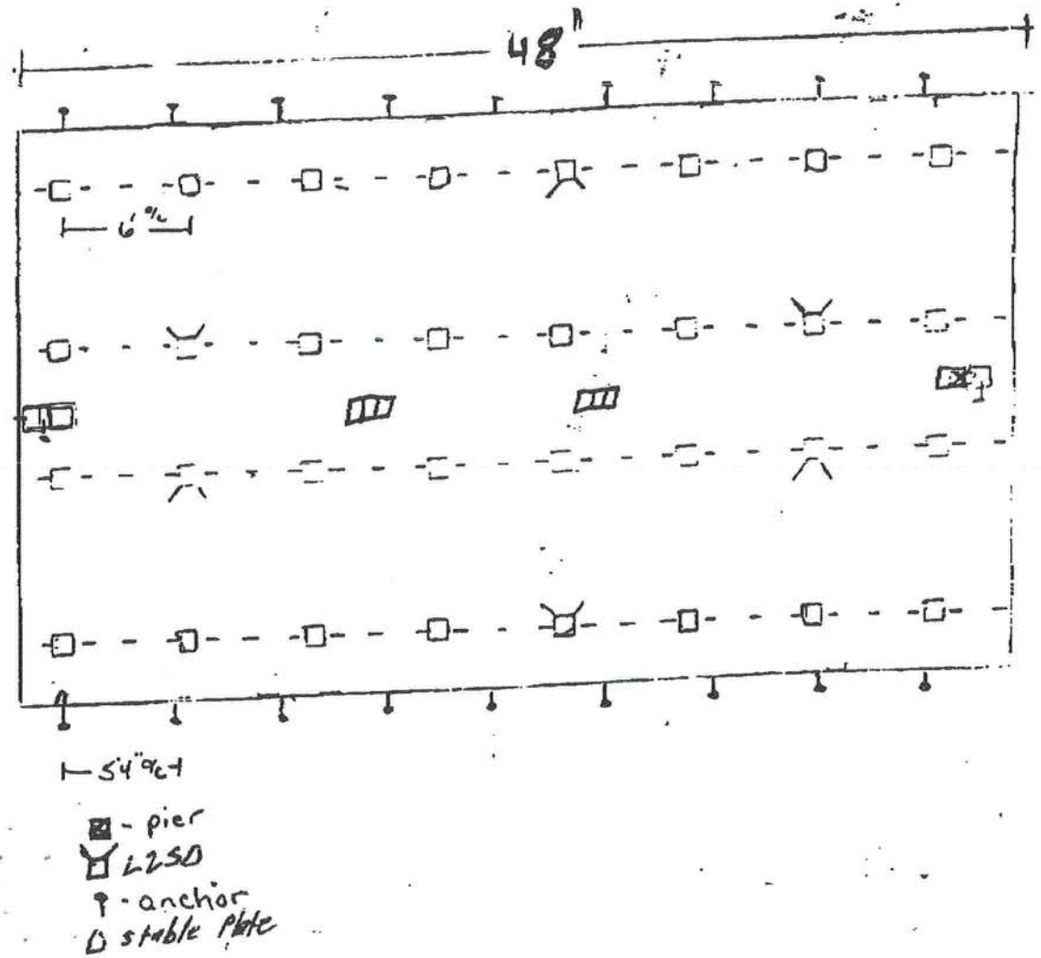
Sworn to and subscribed before me this 14 day of Jan, 2005.

Notary Public: E. Delores Imler
Signature

My Commission Expires: 11-24-06
Date

E. DELORES IMLER
Notary Public, State of Florida
My comm. exp. Nov. 24, 2006
Comm. No. DD 167333

TOTAL P.03



2000 PSF

268 # Torque
5' Anchor Requi

Block sets 6' O/C
ANCHORS 5'4" O,
Centerline PIER PADS 17x25.

NOTE: All homes with 20
are set at 6' O/C
state or manufactu

Perimeter sets as i
at their proxima

ATS# 14184

Prepared by:
Teresa P. Baker
Abstract & Title Services, Inc.
382 SW Baya Dr.
Lake City, FL 32025

Warranty Deed

Individual to Individual

THIS WARRANTY DEED made the 17th day of May, 2004 by

Elaine K. Tolar a single woman
hereinafter called the grantor, to

Curtis Jones, and his wife, Lynette Jones
whose post office address is: 589 SW Legion Lane, Lake City, FL 32055
hereinafter called the grantee:

(Wherever used herein the terms "grantor" and "grantee" include all the parties to this instrument and the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporation)

Witnesseth: That the grantor, for and in consideration of the sum of $10.00 and other valuable considerations, receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliens, remises, releases, conveys, and confirms unto the grantee, all that certain land situate in COLUMBIA County, FLORIDA, viz: Parcel ID# R03032-000

See Exhibit "A" Attached Hereto And By This Reference Made A Part Thereof.

TOGETHER with all tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

TO HAVE AND TO HOLD, the same in fee simple forever.

AND the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances, except taxes accruing subsequent to December 31, 2003.

IN WITNESS WHEREOF, the said grantor has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in our presence:

Joyce Y. Oliver
Witness Joyce Y. Oliver

Elaine K. Tolar
Elaine K. Tolar

Witness

STATE OF FLORIDA
COUNTY OF COLUMBIA

The foregoing instrument was acknowledged before me this 17th day of May, 2004 by Elaine K. Tolar a single woman personally known to me or, if not personally known to me, who produced Driver's License No._____ for indentification and who did not take an oath.

(SEAL)

Joyce Y. Oliver
Notary Public

JOYCE Y. OLIVER
Commission # DD0084220
Expires 1/20/2006
Bonded through
Florida Notary Assn., Inc.

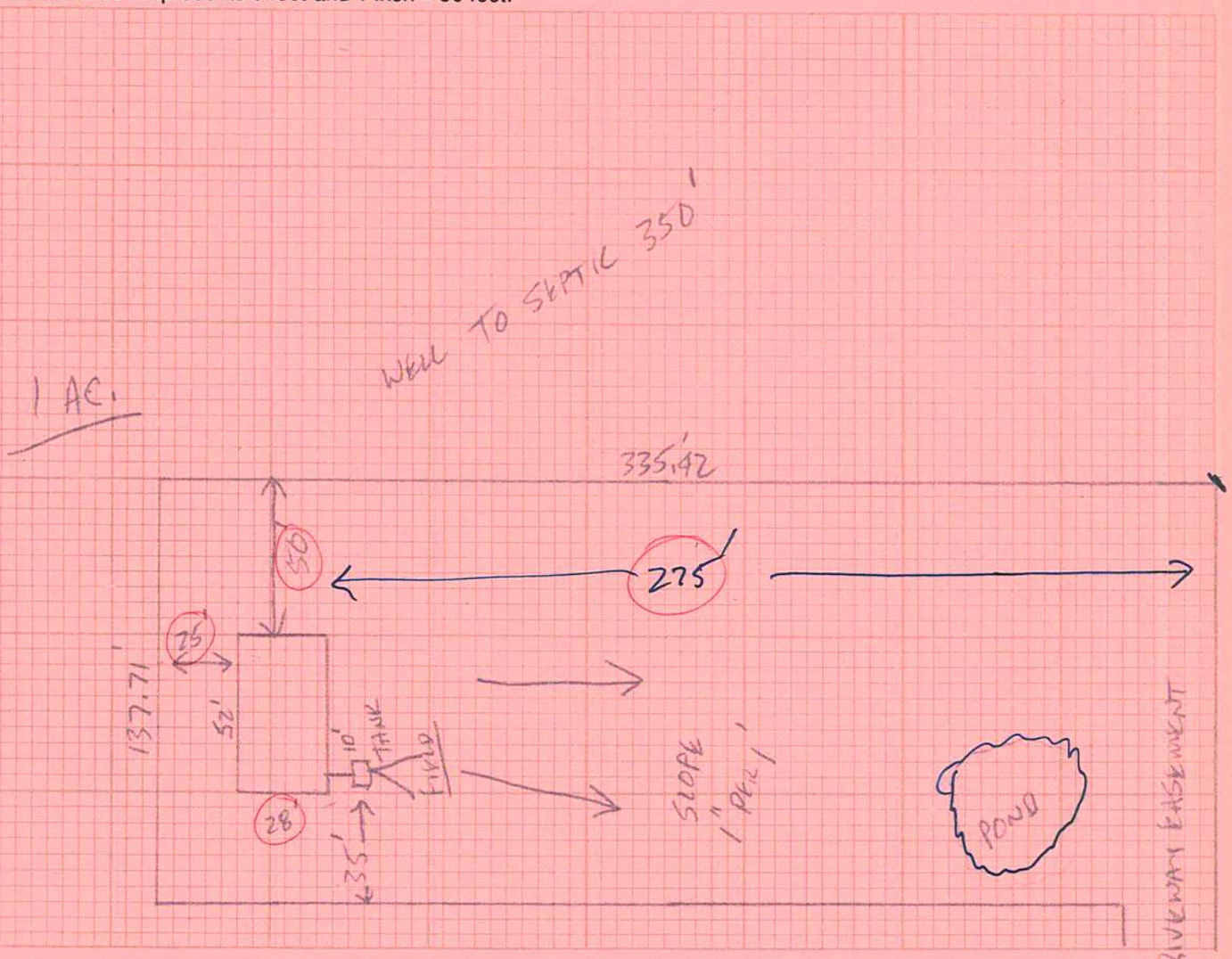
STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number _____

PART II - SITE PLAN

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



Notes: _____

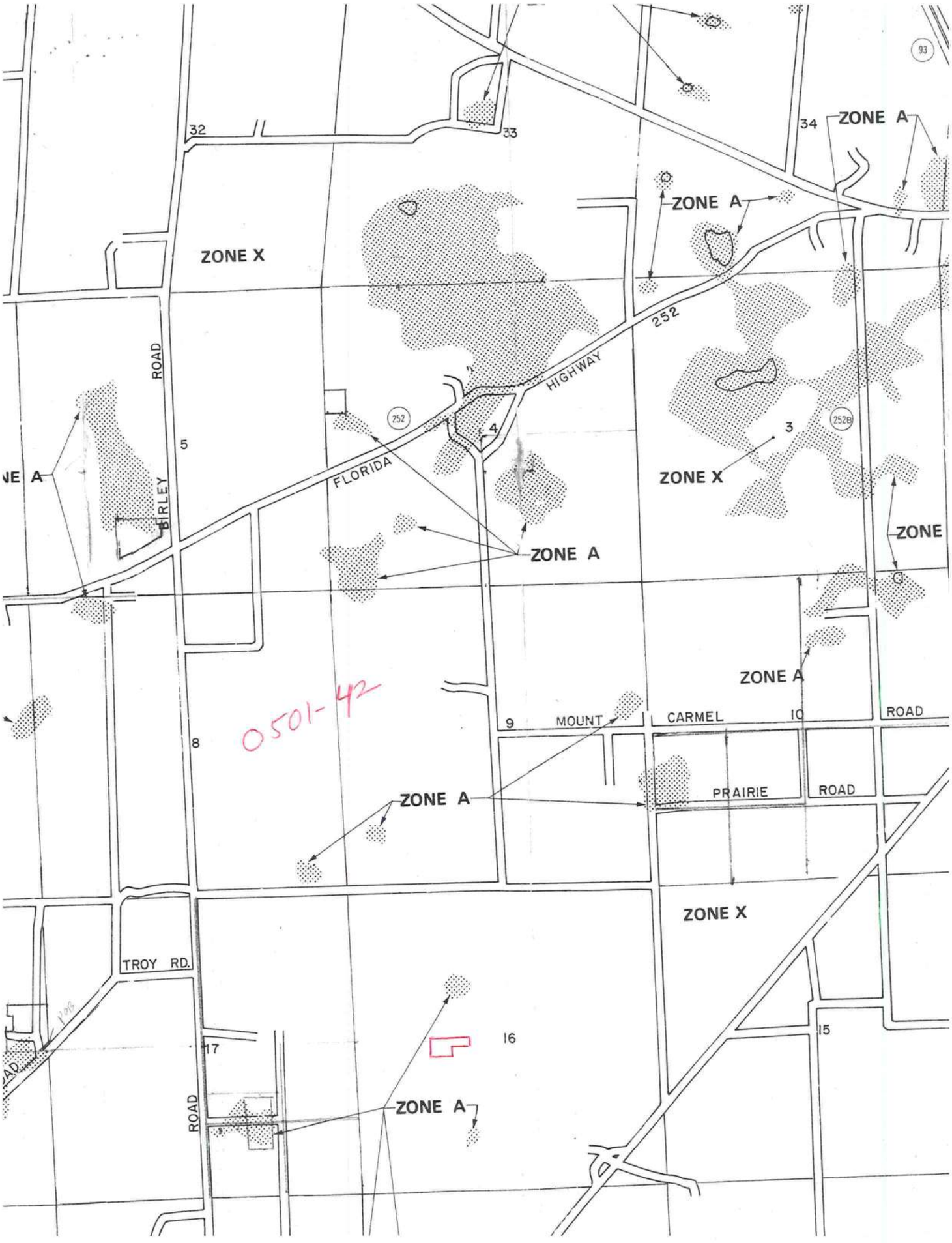
Site Plan submitted by: _____ OWNER
Signature Title

Plan Approved _____ Not Approved _____ Date 1/18/05

By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

H 4015, 10/96 (Replaces HRS-H Form 4015 which may be used)
Stock Number: 5744-002-4015-6)


ZONE A
ZONE X
ZONE A
ZONE A
ZONE X
ZONE A
ZONE A
ZONE A
ZONE X
ZONE A
32
33
34
5
4
3
8
9
10
16
17
15
252
252B
93
HIGHWAY
FLORIDA
BIRLEY ROAD
MOUNT CARMEL ROAD
PRAIRIE ROAD
TROY RD.
ROAD
0501-42

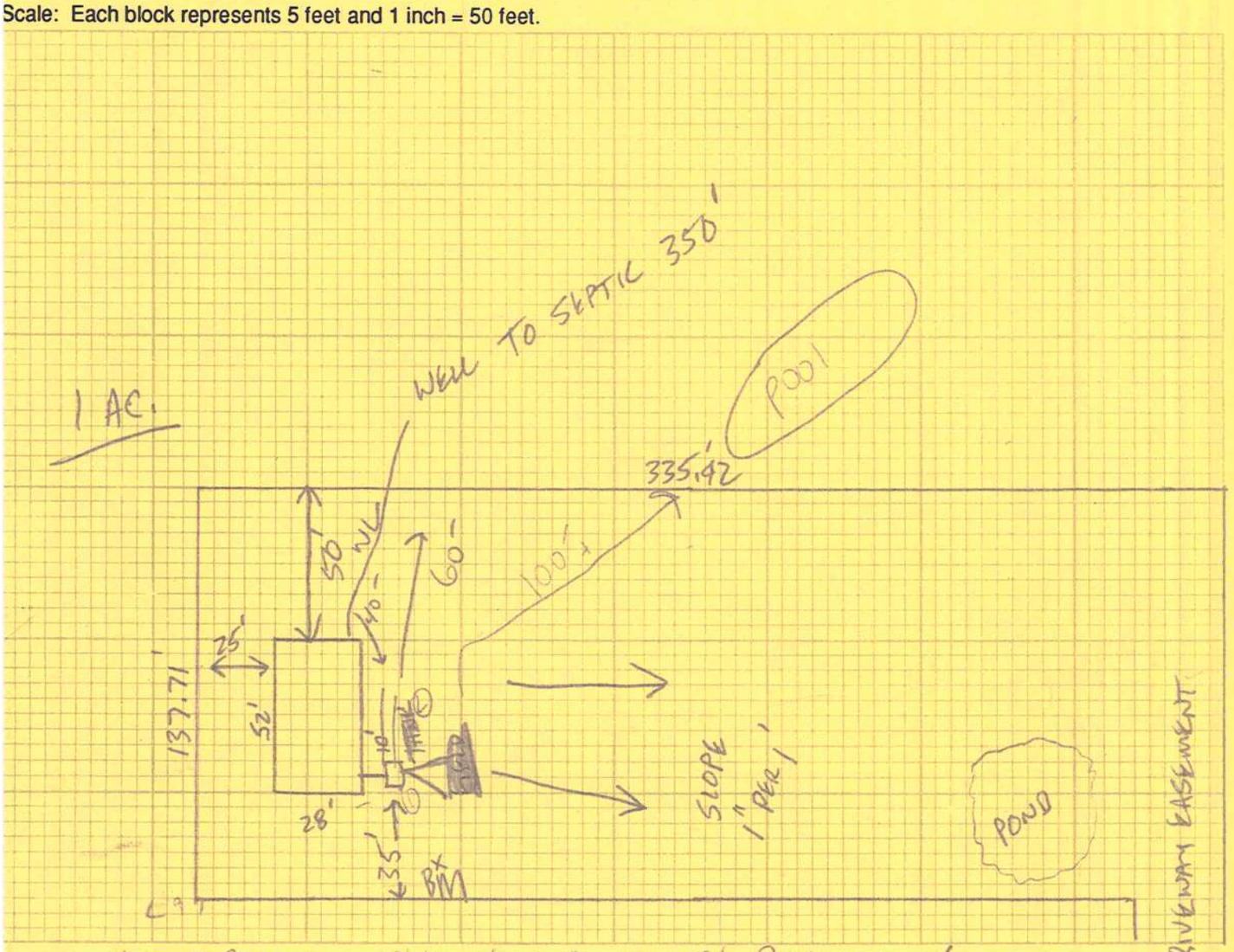
STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 05-0055

PART II - SITE PLAN

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



Notes: DF DIRECTION CHANGED WITH PERMISSION FROM MR. CURTIS VIA PHONE 1-25-05 SH

Site Plan submitted by: [signature] OWNER
Signature Title

Plan Approved X Not Approved _____ Date 1/18/05

By Sallie Gradby - ESI - COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DEPARTMENT OF
CODE ENFORCEMENT
COLUMBIA COUNTY, FLORIDA

Please call when 4:00 to 4:30. The MH will be there Friday

PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 1-18-05 BY G

IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? Yes

OWNERS NAME Curtis Jones PHONE 754-0656 CELL (239)571-0499

911 ADDRESS 559 SW LeGion Dr. L.C. 32055

MOBILE HOME PARK N/A SUBDIVISION —

DRIVING DIRECTIONS TO MOBILE HOME S 247, TR on Tamarack Loop, TL on LeGion DR, Top of hill on right, 559 SW LeGion Drive on mailbox

CONTRACTOR Corbetts PHONE 364-1340 CELL

MOBILE HOME INFORMATION

MAKE Homes of Merit YEAR 1997 SIZE 28 X 52

COLOR TAN/Red Trim SERIAL No. 6692

WIND ZONE II SMOKE DETECTOR Yes

INTERIOR:
FLOORS /

DOORS /

WALLS /

CABINETS /

ELECTRICAL (FIXTURES/OUTLETS)

EXTERIOR:
WALLS / SIDDING /

WINDOWS /

DOORS /

STATUS: /
APPROVED _____ WITH CONDITIONS:

NOT APPROVED _____ NEED REINSPECTION

INSPECTOR SIGNATURE [signature] NUMBER 306

2ND UNIT

STATE OF FLORIDA
DEPARTMENT OF HEALTH

758-2160

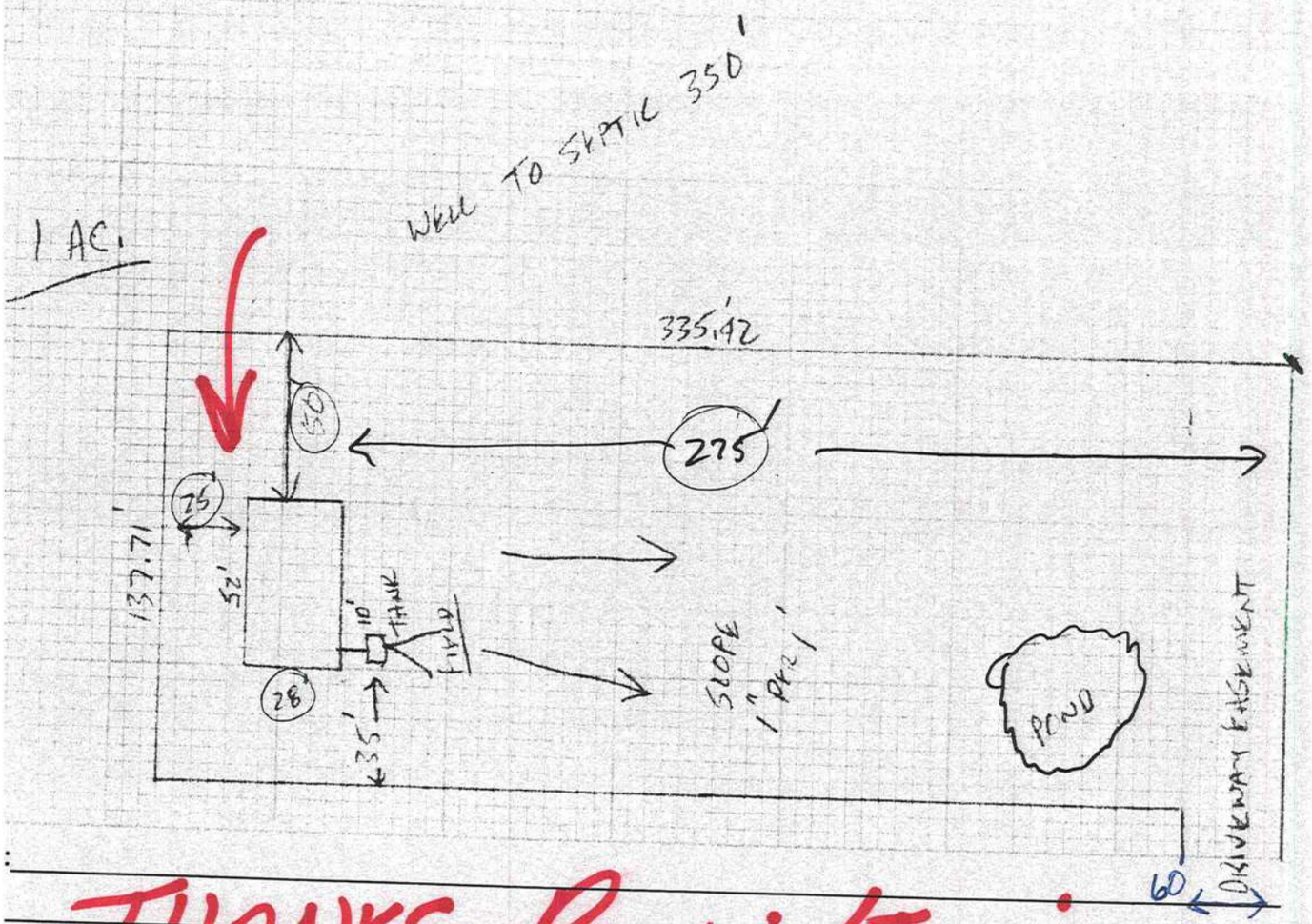
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number _____

PART II - SITE PLAN

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

16-45-16-03032-000



THANKS RON :/ JANICE .

Plan submitted by: _____ Signature _____ OWNER Title

Approved _____ Not Approved _____ Date 1/18/05

_____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

'96 (Replaces HRS-H Form 4015 which may be used)
er: 5744-002-4015-6)

COLUMBIA COUNTY 9-1-1 ADDRESSING

263 NW Lake City Ave. * P. O. Box 2949 * Lake City, FL 32056-2949
PHONE: (386) 752-8787 * 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 ISSUED: February 1, 2005

ENHANCED 9-1-1 ADDRESS:

561 SW LEGION DR (LAKE CITY, FL 32024)

Addressed Location 911 Phone Number: NOT AVAIL.

OCCUPANT NAME: NOT AVAIL.

OCCUPANT CURRENT MAILING ADDRESS:

PROPERTY APPRAISER MAP SHEET NUMBER: 46B

PROPERTY APPRAISER PARCEL NUMBER: 16-4S-16-03032-000

Other Contact Phone Number (If any):

Building Permit Number (If known):

Remarks:

Address Issued By:
Columbia County 9-1-1 Addressing Department

COLUMBIA COUNTY
9-1-1 ADDRESSING
APPROVED