DATE 09/27/2006

Columbia County Building Permit

This Permit Expires One Year From the Date of Issue

PERMIT
000025032

APPLICANT SANDRA FINK PHONE 755-2544

ADDRESS 179 SW SUNRISE WAY LAKE CITY FL 32024

OWNER SANDRA FINK PHONE 755-2544

ADDRESS 214 SW SUNRISE WAY LAKE CITY FL 32024

CONTRACTOR JERRY CORBETT PHONE 386-362-4948

LOCATION OF PROPERTY 90 W, TAKE 252B R ON TROY, R SUNRISE WAY
4TH ON RIGHT

TYPE DEVELOPMENT MH,UTILITY ESTIMATED COST OF CONSTRUCTION 0.00

HEATED FLOOR AREA _____ TOTAL AREA _____ HEIGHT ____ STORIES ____

FOUNDATION _____ WALLS _____ ROOF PITCH _____ FLOOR _____

LAND USE & ZONING RR MAX. HEIGHT 35

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 10-4S-16-02897-005 SUBDIVISION TROY PNES ADDITION

LOT 1 BLOCK D PHASE ____ UNIT ____ TOTAL ACRES 1.00

		IH0000790	Sandra J Fink	
Culvert Permit No.	Culvert Waiver	Contractor's License Number	Applicant/Owner/Contractor	
EXISTING	06-0831-E	CS	JH	N
Driveway Connection	Septic Tank Number	LU & Zoning checked by	Approved for Issuance	New Resident

COMMENTS: FLOOR ONE FOOT ABOVE THE ROA, REPLACING EXISTING MH

Check # or Cash CASH

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 $ 0.00 CERTIFICATION FEE $ 0.00 SURCHARGE FEE $ 0.00

MISC. FEES $ 200.00 ZONING CERT. FEE $ 50.00 FIRE FEE $ 0.00 WASTE FEE $ _____

FLOOD DEVELOPMENT FEE $ ____ FLOOD ZONE FEE $ 25.00 CULVERT FEE $ ____ **TOTAL FEE** 275.00

INSPECTORS OFFICE L. H 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.

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 6-23-05) Zoning Official JLS 9/18/06 Building Official OK JTH 9-15-06

AP# 0609-42 Date Received 9/15 By JW Permit # 25032

Flood Zone X Development Permit N/A Zoning RR Land Use Plan Map Category RLD

Comments Septic 175

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

☐ Site Plan with Setbacks Shown ☑ EH Signed Site Plan N/A ☐ EH Release ☑ Well letter ☐ Existing well

☑ Copy of Recorded Deed or Affidavit from land owner ☐ Letter of Authorization from installer

- Property ID # [redacted]-02897-005 (10-4S-16) Must have a copy of the property deed
- New Mobile Home _____ Used Mobile Home 1999 - General Year 1999
- Applicant Sandra Fink Phone # 755-2544
- Address 179 S.W. Sunrise Way Lake City, FL 32024
- Name of Property Owner Same Phone# Same
- 911 Address 214 S.W. Sunriseway, L.C., FL 32024
- Circle the correct power company - (Circle One) - FL Power & Light - Clay Electric - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home Sandra Fink Phone # 755-2544
  Address 179. S.W. Sunrise Way Lake City, FL 32024
- Relationship to Property Owner Same
- Current Number of Dwellings on Property Replacement
- Lot Size _____ Total Acreage 1
- Do you : Have an Existing Drive or need a Culvert Permit or a Culvert Waiver (Circle one)
- Is this Mobile Home Replacing an Existing Mobile Home YES (Pd)
- Driving Directions to the Property 90 W to 252 B to Troy Rd Turn (R) go to Sunrise Way on (R) 4th place on (L)

- Name of Licensed Dealer/Installer Jerry Corbett Phone # 386-362-4948
- Installers Address 10314 US Hwy 90 E Live Oak, FL 32060
- License Number IH0000190 Installation Decal # 272631

JERRY CORBETT'S
Affordable
MOBILE HOME SALES

10314 U.S. Hwy 90 East • Live Oak, FL 32060
(904) 362-4948 • FAX (904) 364-1979

Jerry Corbett's Affordable Mobile Home Sales Gives

Customer Name Sondra Fink

Permission to pull the mobile home permit for us on the following

Make GENERAL

Year 1999

Size 16X76

Serial Number 22627

Jerry Corbett

9-14-06
Date

Notary Treea A-Foster

Sworn Before me this 14 day of Sept 2006

County of Suwannee

Seal

TREEA A. FOSTER
Notary Public - State of Florida
My Commission Expires Dec 1, 2009
Commission # DD495981
Bonded By National Notary Assn.

"Friends Helping Friends Buy A Home"

Prepared by:
BRIDGETT SUTPHIN
American Heritage Title Company
846 North Cocoa Boulevard, Suite C
Cocoa, Florida 32922

File Number: 06-1272

RECORD AND RETURN TO

DAVID R. ELLSPERMANN, CLERK OF COURT MARION COUNTY
DATE: 06/30/2006 02:44:42 PM
FILE #: 2006105803 OR BK 04488 PG 0844
RECORDING FEES 10.00

Inst:2006017381 Date:07/24/2006 Time:09:15
Doc Stamp-Deed : 0.00
DC,P.DeWitt Cason,Columbia County B:1090 P:1245

DEED DOC TAX 319.20

General Warranty Deed

Made this June 29, 2006 A.D. By **JAMES GREGORY DARVILLE, SR. and SONIA M. DARVILLE, husband and wife,** whose address is: 4070 North Cocoa Blvd., Cocoa, FL 32927, hereinafter called the grantor, to **SANDRA J. FINK, an unmarried woman,** whose post office address is: 179 SW Sunrise Way, Lake City, FL 32024, hereinafter called the grantee:

(Whenever used herein the term "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 corporations)

Witnesseth, that the grantor, for and in consideration of the sum of Ten Dollars, ($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:

Lot 1, Block D, TROY PINES ADDITION, according to the plat thereof, recorded in Plat Book 3, Page 90, of the Public Records of Columbia County, Florida, together with 1969 Magn mobile Home, ID#FLHEHDMN5279, Title #370675995.

Parcel ID Number: **10-4S-16-02897-005**

Together with all the 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, 2005.

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:

Witness Printed Name Beatriz Lapisarda

Witness Printed Name Bridgett Sutphin

James Gregory Darville Sr (Seal)
JAMES GREGORY DARVILLE, SR.
Address: 4070 North Cocoa Blvd., Cocoa, FL 32927

Sonia M. Darville (Seal)
SONIA M. DARVILLE
Address: 4070 North Cocoa Blvd., Cocoa, FL 32927

State of FLORIDA
County of BREVARD

The foregoing instrument was acknowledged before me this 29th day of June, 2006, by JAMES GREGORY DARVILLE, SR. and SONIA M. DARVILLE, husband and wife, who is/are personally known to me or who has produced valid photo ID as identification.

Notary Public
Print Name:
My Commission Expires:

Bridgett Sutphin
Commission # DD041479
Expires August 25, 2008

*THIS DEED IS BEING RE-RECORDED TO PLACE IT IN THE PROPER COUNTY, FLORIDA DOCUMENTARY STAMPS HAVE PREVIOUSLY BEEN PAID**

DEED Individual Warranty Deed - Legal on Face
Closers' Choice

PERMIT WORKSHEET Sandra Fink

PERMIT NUMBER _____

Installer Jerry Corbett License # 000790

Address of home being installed _____

Manufacturer General Length x width 16x76

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 JC

New Home ☐ Used Home ☑

Home installed to the Manufacturer's Installation Manual ☐

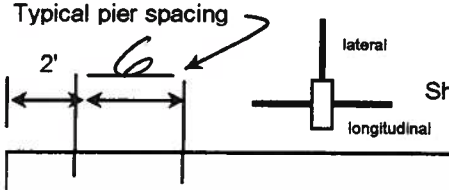
Home is installed in accordance with Rule 15-C ☑

Single wide ☑ Wind Zone II ☑ Wind Zone III ☐

Double wide ☐ Installation Decal # 272631

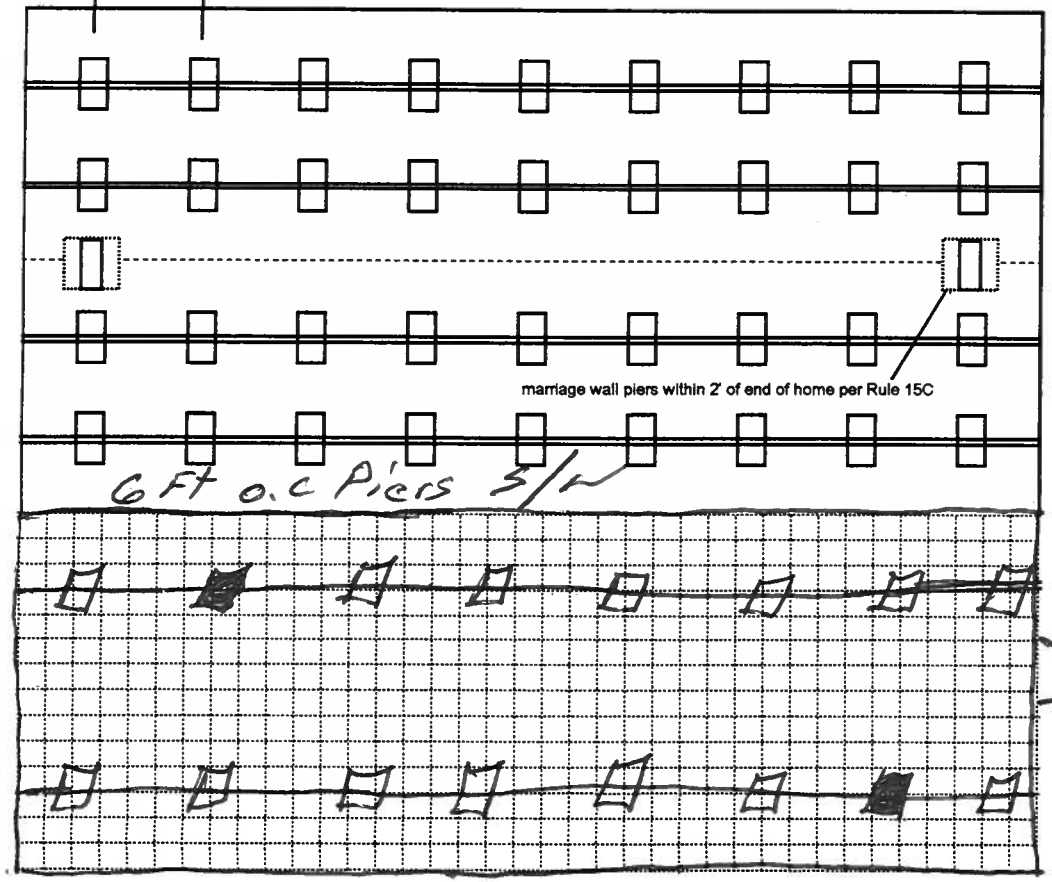
Triple/Quad ☐ Serial # 22627

Typical pier spacing



Anchors 5'4 o.c.

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)	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 18½X18½X1

Perimeter pier pad size 16X16X1

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
S/W	

POPULAR PAD SIZES

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

ANCHORS

(4 ft) 5 ft

FRAME TIES

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

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer Olive Tech

Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer

OTHER TIES

	Number
Sidewall	30
Longitudinal	2
Marriage wall	
Shearwall	

PERMIT WORKSHEET

PERMIT NUMBER _____

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 1600 x 1600

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 1600 x 1600

TORQUE PROBE TEST

The results of the torque probe test is _____ 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 Jerry Corbett

Date Tested 9/14/06

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

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

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

Site Preparation

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

Fastening multi wide units

Floor: Type Fastener: S 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, meldew 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 S/L Installed:
Pg. Between Floors Yes
Between Walls Yes
Bottom of ridgebeam Yes

Weatherproofing

The bottomboard will be repaired and/or taped. Yes . Pg.
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 Jerry Corbett **Date** 9/14/06

AFFIDAVIT

I certify that the following described mobile home being placed on the referenced parcel ~~is not a Wind Zone 1 mobile home.~~

Customer's Name: Sandra Fink

Property ID: Sec: 10 Twp: 4 Rge: 16 Tax Parcel No: 02897-025

Lot: 1 Block: D Subdivision: Troy Pines Addition

Mobile Home Year/Make: 1999 General Size: 16x76

Signature of Mobile Home Installer

Sworn to and subscribed before me this 14 day of Sept., 2000

by Jerry Corbett.

TREEA A. FOSTER
Notary Public - State of Florida
My Commission Expires Dec 1, 2009
Commission # DD495981
Bonded By National Notary Assn.

Notary's name printed/typed

Notary Public, State of Florida
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, Jerry Corbett, license number IH 0000790
Please Print

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

Sandra Fink at 214 SW Sunrise Way
911 Address

will be done under my supervision.

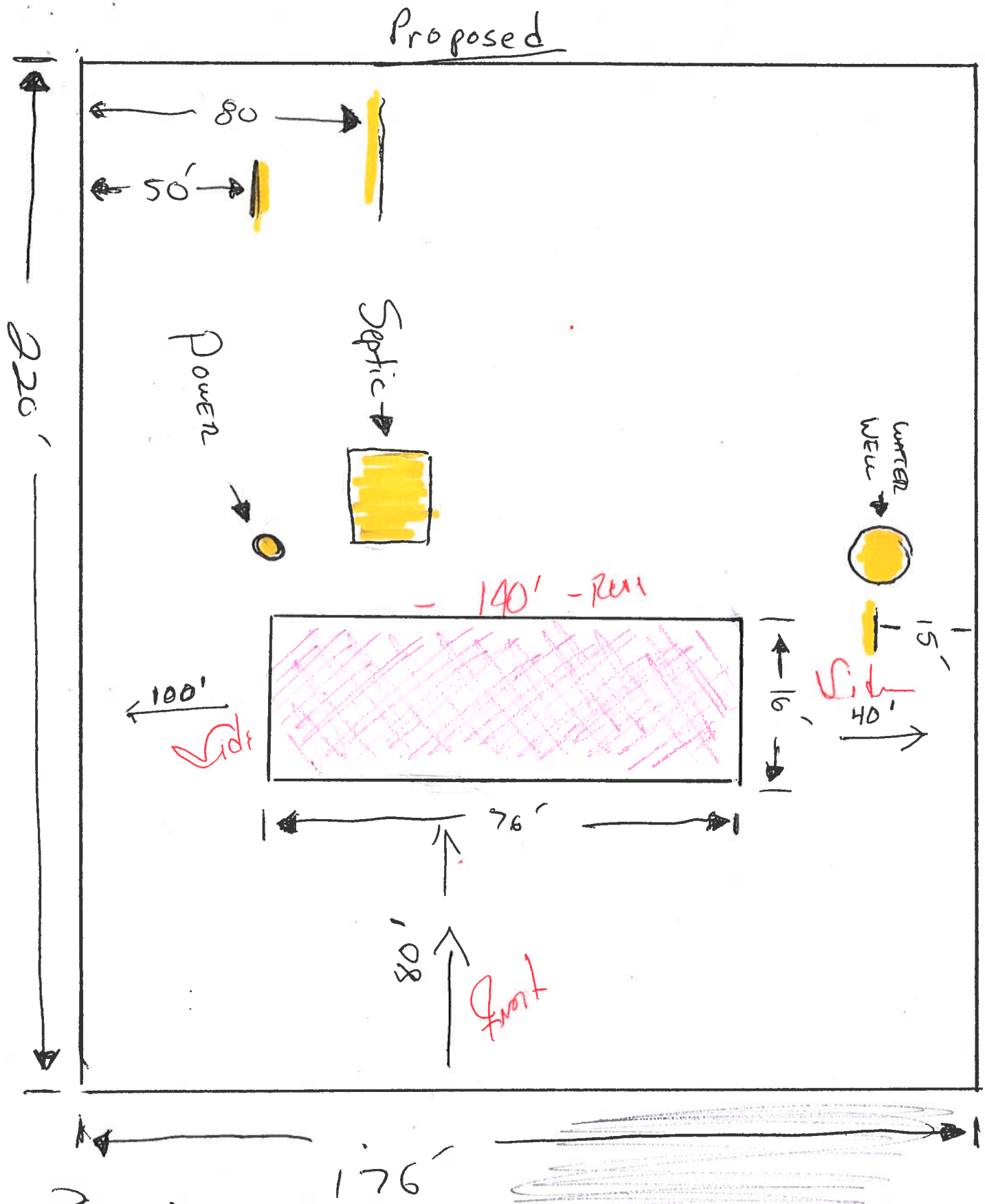
Jerry Corbett
Signature

Sworn to and subscribed before me this 14 day of Sept.,
2006.

Notary Public: Treea A. Foster
Signature

My Commission Expires:

TREEA A. FOSTER
Notary Public - State of Florida
My Commission Expires Dec 1, 2009
Commission # DD495981
Bonded By National Notary Assn.


Proposed
80
50'
220'
Power
Septic
Water Well
140' - Rear
100'
Side
16'
15'
Side
40'
76'
80'
Front
176'
Sunrise Way

CODE ENFORCEMENT DEPARTMENT

COLUMBIA COUNTY, FLORIDA

OUT OF COUNTY MOBILE HOME INSPECTION REPORT

COUNTY THE MOBILE HOME IS BEING MOVED FROM Suwannee

OWNERS NAME Sandra Fink PHONE 755-2544 CELL

INSTALLER Jerry Corbett PHONE 362-4948 CELL 590-0470

INSTALLERS ADDRESS 10314 US Hwy 90 E Live Oak, Fl 32060

MOBILE HOME INFORMATION

MAKE General YEAR 1999 SIZE 16 x 76

COLOR Yellow SERIAL No. 22627

WIND ZONE II SMOKE DETECTOR yes

INTERIOR:

FLOORS plywood - good

DOORS good

WALLS good

CABINETS good

ELECTRICAL (FIXTURES/OUTLETS) good all working

EXTERIOR:

WALLS / SIDDING Vinyl siding

WINDOWS all working good

DOORS good

STATUS:

APPROVED ✓ NOT APPROVED

NOTES: 307

INSTALLER OR INSPECTORS PRINTED NAME

Installer/Inspector Signature Jerry Corbett License No. 0000790 Date 9/14/06

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 386-719-2038 TO SET UP THIS INSPECTION. NO PERMIT WILL BE ISSUED BEFORE THIS IS DONE.

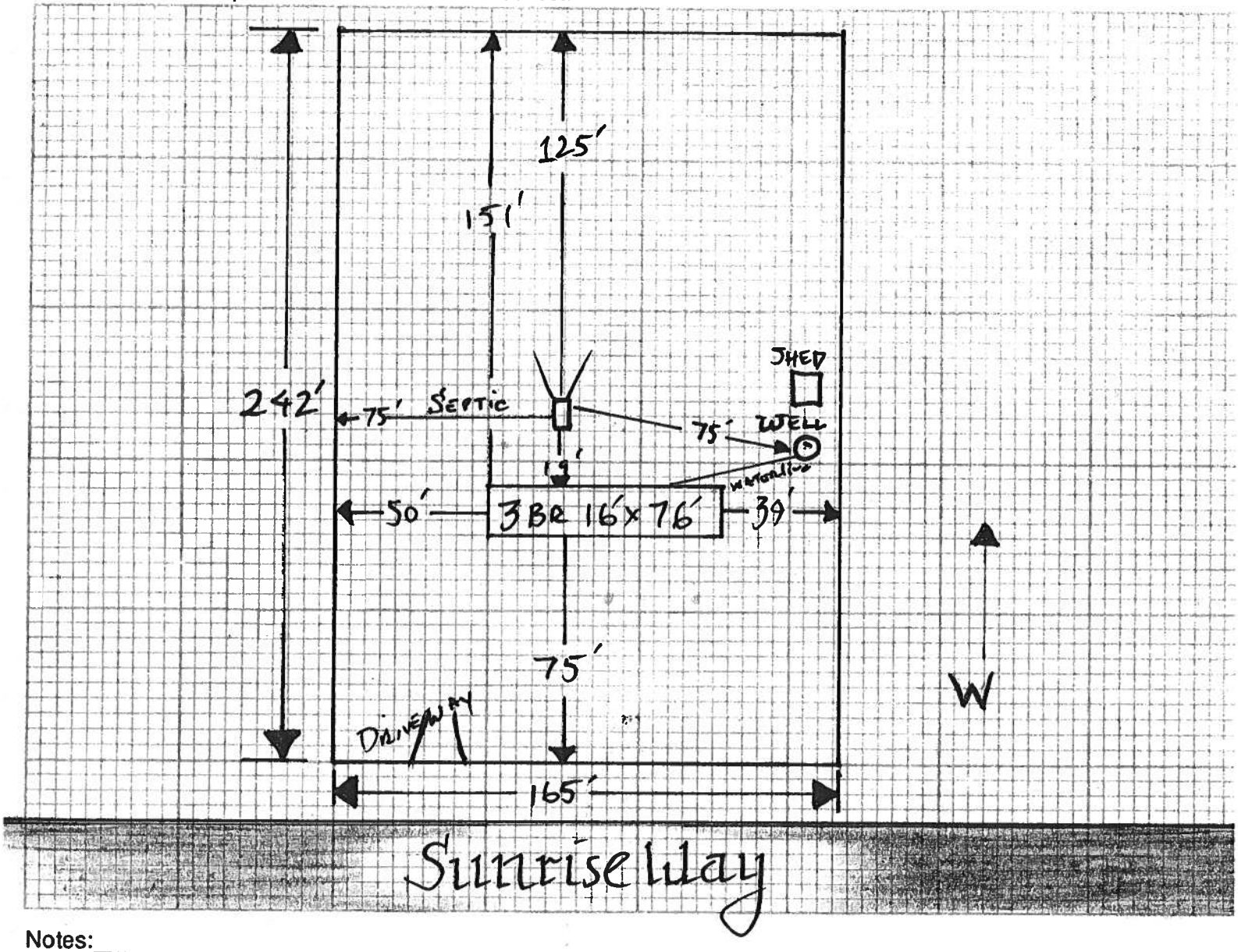
STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 06-0831E

PART II - SITE PLAN

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



Notes: _____

Site Plan submitted by: X _____ Owner
Signature Title

Plan Approved K Not Approved _____ Date 9.19.06

By Sallie Gradey EHS Columbia CHD County Health Departmen

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DH 4015, 10/96 (Replaces HRS-H Form 4015 which may be used)

CODE ENFORCEMENT

PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 9/27/06 BY JW IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? Yes

OWNERS NAME Sandra Fink PHONE 755-2544 CELL

ADDRESS - 214 SW Sunrise Way, Lc FL 32024

MOBILE HOME PARK - SUBDIVISION

DRIVING DIRECTIONS TO MOBILE HOME 90-A TO C-252-B TO Troy Rd, TR TO Sunrise Way, TR 4th Place on R

MOBILE HOME INSTALLER Jerry Corbett PHONE 386.362.4948 CELL

MOBILE HOME INFORMATION

MAKE Genesis YEAR 1999 SIZE 16 x 76 COLOR Yellow

SERIAL No. 22627

WIND ZONE II Must be wind zone II or higher NO WIND ZONE I ALLOWED

INTERIOR: **INSPECTION STANDARDS**

(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 REINSPECTION FOR FOLLOWING CONDITIONS

SIGNATURE [signature] ID NUMBER 357 DATE 9-28-07