PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION ()

TERMIN AT EIGHTION THIANGI ACTORED HOME INSTALLATION APPLICATION DECLAR	-4
For Office Use Only (Revised 7-1-15) Zoning Official Building Official	
AP# 1901-10 Date Received 4/3 By STD Permit # 38009 /2793)
Flood Zone Development Permit Zoning Land Use Plan Map Category	
Comments	
FEMA Map# Elevation Finished Floor River In Floodway	
Recorded Deed or the Property Appraiser PO is Site Plan FH # 19-0280 Well letter OR	
□ Existing well □ Land Owner Affidavit □ Installer Authorization □ FW Comp. letter □ App Fee Paid	
□ DOT Approval □ Parent Parcel # □ STUP-MH □ STUP-MH	
□ Ellisville Water Sys □ Assessment □ □ Out County □ In County □ Sub VF Form	
7 10 10 10 10 3000 30m Bio 5 a Col las	1
Property ID # 22-48-110-03090-30/esubdivision Blacing Estates Lot#4	•
■ New Mobile Home MH Size 28 x 54 Year 2019	
• Applicant Linda Craft Phone # 843-517-5701	
· Address 3311 Sw State Road 247 Lake City FT 32024	
Name of Property Owner Chad Gayheart Phone# 386-867-3211	
= 911 Address 194 Mason Lane Cake Cty F1 32024	
■ Circle the correct power company - FL Power & Light - Clay Electric	
(Circle One) - <u>Suwannee Valley Electric</u> - <u>Duke Energy</u>	
Abod Garbon 301 CVT 3211	
Name of Owner of Mobile Home Chad Gayheart Phone #386-867-3211 Address 196 Mason Care Lake City F1 32024	
■ Relationship to Property Owner <u>Same</u>	
Current Number of Dwellings on Property	
■ Lot Size 192 × Z25 Total Acreage 1.0/	
■ Do you : Have Existing Drive (Currently using) or Private Drive (Blue Road Sign) or need Culvert Permit (Putting in a Culvert) or Culvert Waiver (Circle one) (Not existing but do not need a Culvert)	
■ Is this Mobile Home Replacing an Existing Mobile Home NO	
 Driving Directions to the Property US 90 E (P) on J47 S (U) onto CR 24 	2
(L) onto Sw Friendship way, (R) onto Sw Buchanan Dr.	
(R) onto Sw mason lane property on	
Name of Licensed Dealer/Installer Romie Norris Phone # 623-7716	
 Name of Licensed Dealer/Installer Romale Norris Phone # 623-7714 Installers Address 1004 Sw Charles Terr (ally City FI 32024 	
License Number <u>IHI025/45</u> Installation Decal # <u>585/3</u>	
606,49 with 1- 1975 Culo	h
CH-Emunted Songer 4-18-19 Culo	i

					marriage wall piers within 2' of end of home per Aule 15C				Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)	ypical pier spacing lateral	understand Lateral Arm Systems cannot be used on any home (new or used) where the sidewall ties exceed 5 ft 4 in	home is a single wide fill out one half of the block	SAMIGNA	on lane	nstaller: Love Volks License # 7 Hb25/45/1	Mobile Home Permit Worksheet
Longitudinal Stabilizing Device (LSD) Manufacturer Longitudinal Stabilizing Device w/ Lateral Arms Marriage wall Manufacturer Shearwall	TIEDOWN COMPONENTS OTHER TIES Number	within 2' of end of home spaced at 5' 4" oc	THE PAUSIZE (41) 5 11 3 11 5 11 3 11 5 11 3 11 5 11 3 11 5 11 3 11 5 11 3 11 5 11 3 11 5 11 3 11 5 11 3 11 5 11 3 11 5 11 5 11 3 11 5 11	ge wall openings greater than 4 foot 26 x 26 pad sizes below. Districted size	wall openings 4 foot or greater. Use this symbol to show the piers.	8.5 × 18.5 16 × 22.5 17 × 22	PIER PAD SIZES POPULAR PAD SIZES POPULAR PAD SIZES	& & &	1000 psf 3' 4' 5' 6' 7' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8'	ooter 16" x 16" 18 1/2" x 18 20" (256) 1/2" (342) (4	PIER SPACING TABLE FOR USED HOMES	Triple/Quad Serial #	Installation Decal #	Home is installed in accordance with Rule 15-C Single wide Wind Zone II Wind Zone III	New Home Used Home Used Home	Application Number: Date:

Mobile Home Permit Worksheet

POCKET PENETROMETER TEST

or check here to declare 1000 lb. soil The pocket penetrometer tests are rounded down to 1500 or check here to declare 1000 lb. soil without testing. psf

x/50





POCKET PENETROMETER TESTING METHOD

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





TORQUE PROBE TEST

The results of the torque probe test is A here if you are declaring 5' anchors without testing showing 275 inch pounds or less will require 5 foot anothers inchipounds or check A test

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 reading is 275 or less and where the mobile home manufacturer may anchors are allowed at the sidewall locations. I understand 5 ft requires anchors with 4000 holding capacity.

Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

なんとのか

Installer Name

Date Tested



Electrical

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

Plumbing

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

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

Application Number:

Site Preparation

Date:

Debris and organic material removed Water drainage: Natural

Swale

Pad Other

Fastening multi wide units

Type Fastener: 4

Floor:

Roof Walls:

Length6

Spacing 2

Type Fastener: Length: Spacing: 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)

of tape will not serve as a gasket. a result of a poorly installed or no gasket being installed. 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 Installer's initials I understand a strip

Type gasket Pg.

Between Floors Bottom of ridgebears Between Walls Yes Installed Yes

Weatherproofing

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

Miscellaneous

Skirting to be installed. Yes Skirting to be installed. Yes

Dryer vent installed outside of skirting. Yes

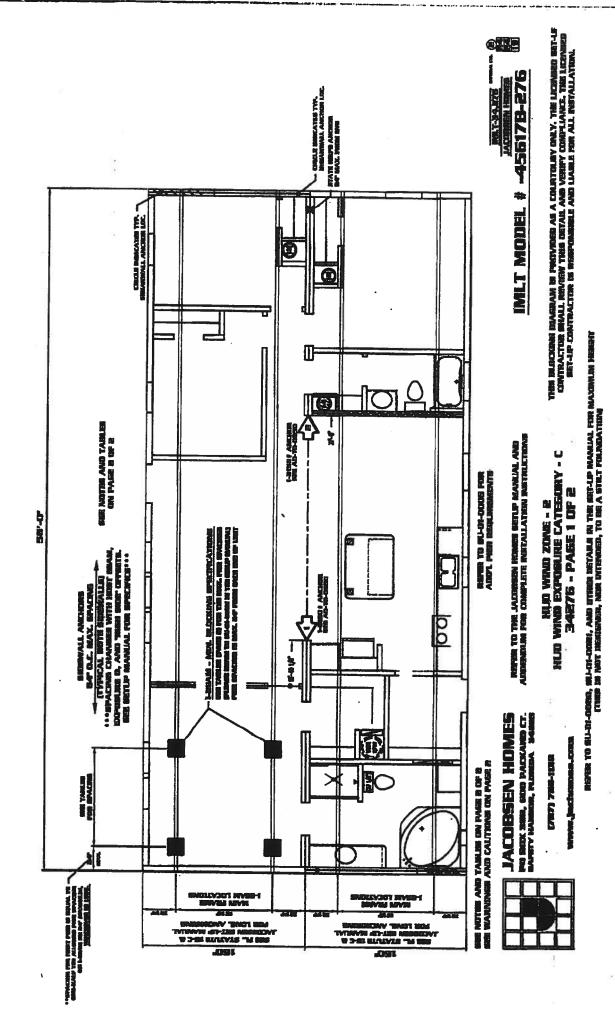
Range downflow vent installed outside of skirting. Drain lines supported at 4 foot intervals. Yes

S

Electrical crossovers protected.
Other: Yes

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

Installer Signature



NIO = SEE NOTE 10. REPER TO BU-01-0005 FOR DITIONAL PIER REQUIREMENTS. REFER TO AD-TD-0250 THROUGH AD-TD-0254 FOR COLLARY ANCHOR SIZES COPYRIGHT COL NUM 6 3 (m ŋ (E) P) COLUMN INFO. TABLE SIZE (sq.in.) PIER PAD 0 MINIMUM 432.875 sq. 342.25 sq. in. 676 sq. in. 576 sq. 400 sq. .bs 96E 256 sq. 18'-9" 187-9 q STAN Q q 2013, JACOBSEN HOMES, SAFETY HARBOR, FLORIDA, ALL RIGHTS RESERVED ą Q q Q Q 5 5 5 5 LOAD 5215 5215 0 5 ٥ 0 0 PO BOX 368, 600 PACKARD CT. SAFETY HARBOR, FLORIDA 34695 **JACOBSEN HOMES** 87 1/2 49 14 74 Y 1000 å ä å 100 8 3 7 www.jachomes.com 0 COLUMN PAD - MIN. SIZES (aq. in.) 78 16 77 1/2 18 18 150 8 1 G R 1500 (727) 726-1138 I-BEAM PIER SPACING 0 501 501 0 0 0 0 0 0 107 1/2 1000 105 1/2· 26 26 30 1/E a B 116° 375 375 ۰ 100 1 2 15 1500 1 6 OOE 8 90E ٥ ۰ 0 2000 2 100 3000 90C š 3 900 0 0 0 ٥ 1500 005E 10 30 3 6 a B 1 2 3 8 300 3500 900 00E 14 101 8 0 0 0 0 96 HLD WIND EXPOSURE CATEGORY - C 8 8 96 8 ē Ų NOTES: CONTRACTOR SHALL INSURE/REQUIRE THAT SAFE AND PROPER TECHNIQUES ARE UTILIZED INITIATIVES, PROGRAMS, POLICIES, AND/OR PROCEDURES THAT MAY BE MANDATED BY OSHA A STATE LICENSED SETUP CONTRACTOR IS REQUIRED TO BE RESPONSIBLE FOR ALL SAFETY MANUFACTURED BUILDINGS/STRUCTURES CAN WEIGH SEVERAL TONS. IT IS VERY IMPORTANT THAT ALL PERSONNEL, ON THE JOB SITE, BE QUALIFIED AND PROPERLY/ADEQUATELY TRAINED. AND/OR ANY OTHER LOCAL, STATE, AND/OR FEDERAL CODES AND/OR REQUIREMENTS. IF YOU ARE NOT QUALIFIED AND/OR DO NOT HAVE THE PROPER TOOLS AND/OR EQUIPMENT IN EXTENSIVE/COSTLY DAMAGE TO THE BUILDING/STRUCTURE. NEVER ATTEMPT INSTALLATION IN ADDITION TO THE DANGER TO PERSONNEL, IMPROPER SETUP/INSTALLATION COULD RESULT MATING LINE PIER SPACING IMPROPER PROCEDURES AND/OR TECHNIQUES COULD RESULT IN SERIOUS INJURY OR DEATH QUALIFIED PERSONNEL SHOULD ATTEMPT TO INSTALL A MANUFACTURED STRUCTURE/BUILDING WARNING: Installing a manufactured structure/building can be <u>extremely dangeroub</u> **CAUTION:** 1500 Max. Per spachs on 2" 1-25am is 55". Max. Pries spachs on 10" or 12" 1-25am is 180". See Nute 4 on Pages sligh-dogs theoligh sligh-dogs. 8 8 REQUIRE CLOSEN INSTALLATION, REFER TO THE JACO ALL EXS FLOOM SYSTEMS WIDER THAN 144° REQUISE PERSMETER AND MATING LINE SLOCKING 8 96 CONTRACTION OR IS DESIGNED AND CONSTRUCTED TO BE BELF SUPPORTINIS, THESE ADDITIONAL PERS AND ANCHORS ARE NOT REQUIRED. ALL 184' WIDE FLOOR SYSTEMS REQUIRE PERIMETER AND MATING LINE BLOCKING. BE LDCATED WITHIN 8" OF ETHER BIDE OF THE COLLINN. ADDITIONAL PIENS MAY BE REQUIRED 96 ALDING THE MATING LINE, SEE THE SETUP MAINLIAL FOR SPECIFICS. 8 96 NEFER TO AD-TO-100 FOR SHEARWALL APPLICATIONS AND THE-DOWNS. REFER TO THE APPROVED FLOOR PLAN FOR EHEARWALL LOCATIONS AND LOADS. REPER TO \$1.-01-0005 FOR ADDITIONAL PIER REQUIREMENTS. ROTEN TO THE JACOBSEN HOMES SETUP MANIAL AND ADDENDIN FOR COMPLETE INSTALLATION INSTRLICTIONS, PIERS CAN BE SELGKATED ANDOS SPANE SYCREASED PER THE SETUP MANIAL. MERKA TO THE MODEL AFFROVAL FOR PLAN SPECIFIC INFORMATION. 2000 86 9 8 8 8 96 9 9 8 8 96 9 9 3000 9 96 8 8 96 9 ED. WHEN THE ATTACHED STRUCTURE HAS FOURTH WALL 8 96 8 96 8 8 1000 8 9 86 8 96 8 PERIMETER PIER SPACING 1500 HEN HOMES BETUP MANUAL FOR BPECIFIC 35509 - PAGE 2 96 96 96 9 96 96 1000 8 8 8 8 8 H 88 98 9 96 96 96 96 8 1000 1000 86 8 8 8 8 8 8 9 N 8 8 8 ONL

REFER TO SU-01-0020, SU-01-0021, AND OTHER DETAILS IN THE SET-UP MANUAL FOR MAXIMUM HEIGHT (THIS IS NOT DESIGNED, NOR INTENDED, TO BE A STILT FOUNDATION)



COLUMBIA COUNTY BUILDING DEPARTMENT 135 NE Hernando Ave, Suite B-21, Lake City, FL 32055 Phone: 386-758-1008 Fax: 386-758-2160

MOBILE HOME INSTALLERS LETTER OF AUTHORIZATION

Installer License Holder Na	,give this authority f	or the job address show below
only, 196 Mason L	ane lake Cty, FT	33034, and I do certify that
the below referenced person(s)	listed on this form is/are under m	y direct supervision and control
and is/are authorized to purcha	se permits, call for inspections an	d sign on my behalf.
Printed Name of Authorized Person	Signature of Authorized Person	Authorized Person is (Check one)
Sonya Crews	Sonip Crews	Agent Officer Property Owner
Sonya Crews Linda Craft	Sonia Craft	Agent Officer Property Owner
	Ь	Agent Officer Property Owner
under my license and I am fully Local Ordinances.	t I am responsible for all permits presponsible for compliance with a	all Florida Statutes, Codes, and
holder for violations committed	nsing Board has the power and a by him/her or by his/her authorize esponsibility for compliance grante	d person(s) through this
License Holders Signature (Not	arized) License No	<u>3-280/9</u> umber Date
STATE OF: Florida The above license holder, whose	country of: Columb se name is Rounce of has produ and is known by me or has produ on this 1 day	Jorn) iced identification

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

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 <u>REQUIRED</u> 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 Glan Whithington Signature Mem Whithington License #: EC 13002951 Phone #: 386-972-1701 Qualifier Form Attached
MECHANICAL/	Print Name Signature License #: Phone #: Qualifier Form Attached

Qualifier Forms cannot be submitted for any Specialty License.

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			

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.

Revised 10/30/2015

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

		MODILE HOM	EIMSIALLAI	TON SODEON IN	ACTOR VERNIN			
APPLICATION NUM	MBER	904-10	CON	NTRACTOR 12	DANLE	Norris	_ PHONE U	3.7714
		THIS FORM ML	IST BE SUBN	MITTED PRIOR TO	THE ISSUANC	CE OF A PERMIT		
records of the s Ordinance 89-6	subcontract 6, a contract	ors who actually or shall require	did the tr all subcon	rade specific v tractors to pro	ork <mark>under</mark> t ovide evider	ed site. It is <u>REQU</u> the permit. Per F nce of workers' c cense in Columbi	lorida Statute ompensation	440 and
	•		-	_	_	being submitted work orders and		prior to the
ELECTRICAL	Print Name				Signature_			
	 License #:				Phone #:			
	Licerise III.	 		——— Form Attached				
MECHANICAL/ A/C		MUNAU CACISITTI	9	<i>Qncl</i> Form Attached	Phone #:	1114 (352) 274	- 93X ₀	
Qualifier Form	ms cannot l	be submitted fo	or any Spe	ecialty Licens	e .			
Specialty L	icense	License Numbe	r Su	b-Contractors	Printed Nam	e Sub	-Contractors S	ignature
MASON								
CONCRETE FI	NISHER							
applying for an compensation	nd receiving for its empl	a building perm	it, show p	roof and certi	fy to the pe	-Every employer rmit issuer that i and 440.38, and	t has secured	

Revised 10/30/2015



Hall's Pump and Well Services, Inc.

904 NW Main Blvd. Lake City, FL 32055

hallspumpandwell@bellsouth.net

Contractor #

4/4/2019

1503 Submitted By

Benjamin D. Dicks

Well Letter of Compliance

Contractor: Property Owners: Chad Gayheart

Columbia County

Parcel ID 22-4S-16-03090-306

- Please be advised that due to the building codes our minimum well size will be 4° in diameter
- Pump size 1 hp, 230 volt, single ph, pump and motor
- Drop pipe size, 1-1/4" inch
- 4 Inch black steel well casing, 235mm wall thickness
- Tank sized, PC 244, 81 gallon, will supply a 23.9 gal. draw down at 40/60 pressure setting.
- All wells will have a pump and tank combination that will be sufficient enough for each situation.

If you have any questions please call our office @ 386-752-1854

Thanks,

Benjamin Dicks,
Office Coordinator,
Hall's Pump and Well Services, Inc.
904 NW Main Blvd.
Lake City, FL 32055

(P): (386)752-1854





Columbia County Property Appraiser Jeff Hampton | Lake City, Florida | 386-758-1083

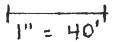
PARCEL: 22-4S-16-03090-306 | VACANT (000000) | 1.01 AC LOT 6 BLAINE ESTATES PHASE 3. WD 1378-2061,

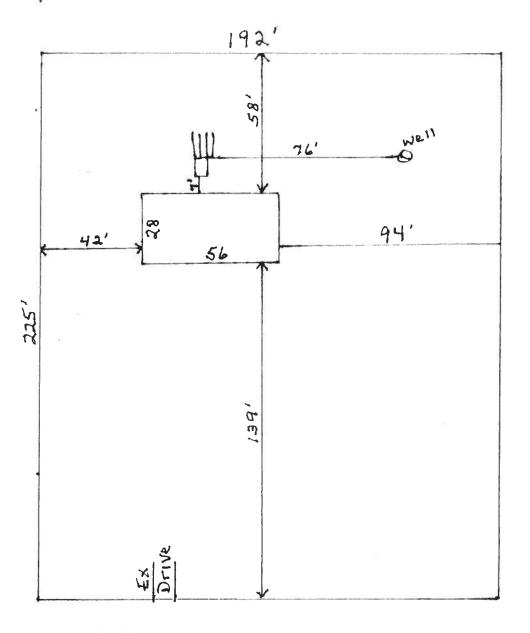
	GAYHEART	CHAD ANTI	IONY		2018 Cert	ified Values	}
Owner	195 SW ROUN	DHOUSE CT		Mkt Lnd	\$15,850	Appraised	\$15,850
	FORT WHITE,	FL 32038		Ag Lnd	\$0	Assessed	\$15,850
Site:	196 MASON LN	I, LAKE CITY		Bldg	\$0	Exempt	\$0
Sales	2/15/2019	\$17,000	V (Q)	XFOB	\$0		county:\$15,850
Info			. (-/	Just	\$15,850	Total	city:\$15,850
						Taxable	other:\$15,850
l							school:\$15,850



This information was derived from data which was compiled by the Columbia County Property Appraiser Office solely for the governmental purpose of property assessment. This information should not be relied upon by anyone as a determination of the ownership of property or market value. No warranties, expressed or implied, are provided for the accuracy of the data herein, it's use or it's interpretation. Although it is periodically updated this information may not reflect the data currently on file in the Property Appraiser's office.

GrizzlyLogic.com



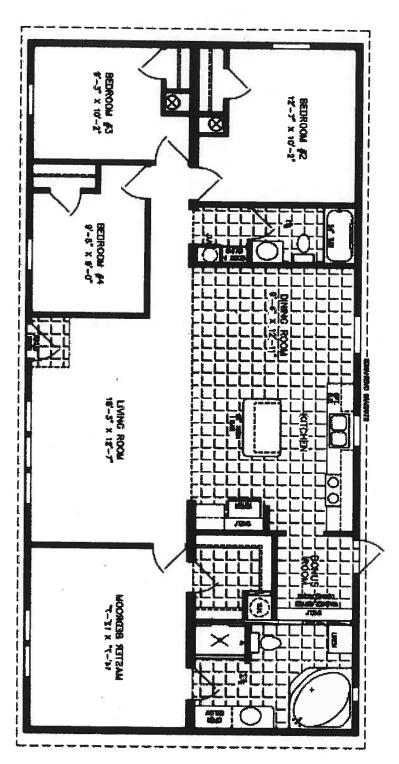


72

196 MASON LANE

GAYHEART

The Imperial Limited





600 Packard Court = Safety Harbar, Florida 34695 = Telephone (727) 726-1138

WWW.jachomes.com/Floor-Plans

28. X 56.

1,493 SQUARE FEET

Model IMLT-45617B

(ALL SIZES ARE APPROX.)

OESHOWED FOR ZONES 8 & H

8108

© 01-29-11



Jacobsen Homes of Lake City

PURCHASE AGREEMENT

Locally Owned and Operated

3973 W. U.S. Hwy. 90 Lake City, Florida 32055

Ph. 386-438-8458 • Fax: 386-438-8472

SOLD TO Charl Gayheart	-	PHO	NE 986 867	3211 DAT	TE 3/1/19
ADDRESS 195 SW Han Roundhouse			VTY Columbia		
Subject to the Terms and Conditions Stated on Both Sides of this Agreemen	t Seller Agreemen	t Seller Agree	s to Sell and the Purchaser Ap	grees to Purchase the Following	Described Property:
YEAR MAKE MODEL			B. ROC	MS FLOOR SIZE	HITCH SIZE
2019 Occobsen 1 M	J-4	1561	78A 3	56 28	- W
SERIAL NUMBER		USED	COLOR	PROPOSED DELIVERY DATE	
OPTIONAL EQUIPMENT, LABOR AND ACCES	SORIES			PRICE OF UNIT	\$
Del & Set up			OPTIONAL EQUIPM	ENT	80,700=
Ac/ Hest from			COST OF SET-UP PA	ARTS	
2 sets of stops				SUB-TOTAL	
Std Strking wh	ye.		SALES TAX		4,842=
			NO	N-TAXABLE ITEMS	
			VARIOUS FEES I. CASH PRICE		450
	 		TRADE-IN	s	Particular in States and
	-	10.50	ALLOWANCE LESS BAL. DUE ON ABOVE	s	
			NET ALLOWANCE		
			CASH DOWN PAYMENT		
			2. LESS TOTAL CRED	TS	
Estimated IMP	oven.	wte		OF CASH SALE PRICE	\$85,992 -
			Title to said equipm	nent shall remain in the	Seller until the agreed or by the execution of a
elast in	1.44	84	Retail Installment Cor	ntract, or a Security Agree	ment and its acceptance
77002073	/	C1	passes to the buyer	as of the date of either	ne within described unit full cash payment or on
Hookups House pad Permits	1,60	0 =	the signing of said or delivery may not be	edit instruments even th made until a later date.	ough the actual physical
fermits	1,20	50=	IT IS MUTUALLY UNDI	ERSTOOD THAT THIS AGE	
<u> </u>			IN NET PAYOFF ON TRA	NONS, AND ADJUSTMENTS NDE-IN TO BE MADE AT THE	TIME OF SETTLEMENT.
	0		Purchaser represents able for his/her partic	s he/she examined the pro- cular needs, and that it	oduct and found it suit- is of acceptable quality
			and that purchaser n making this determin	elied upon his/her judge	ment and inspection in
			There is no assura	nce a mobile home c	an remain level when
				urface other than of bla	
Seller is not permitted to make plumbing or electrical connections, or connect	ling of parties -	abuml as a	hereof has been	ly that the matter present to the read and agreed to	o as a part of this
or propane appliances where state or local ordinances require a licensed plu	mber or electri	cian so to	agreement the s	ame as though It what buyers are of sta	vere printed above
do. Special building ordinances or laws requiring plumbing, electrical or consther responsibility of Seller or the manufacturer. Seller is not responsible for obtaining the responsibility of Seller or the manufacturer.	aining health or	sanitation	or have been legal	ly emancipated; that	the within described
permits, nor for local, county or state permits involving restrictive zoning. Cos compliance must be borne by Buyer. It is solely the Buyers responsibility to assu	st of changes n	eeded for	and, insurance if i	ptional equipment and nciuded, has been vo	d accessories thereon Diuntarily purchased.
is acceptable for home placement without violation of any local, state, or feder	al guidelines.		The property being	g traded in is free fro t as noted above. Pu	m all encumbrances
Seller is not responsible or liable for any delays caused by the manufacturer, acc of God or any other cause beyond Seller's control.	idents, strikes,	fires, Acts	paragraph and pro	ovision of this contract fone portion thereof is	ct on both front and
TRADE-IN DEBT TO BE PAID BY DEALER DU	STOMER		portion shall, never	theless, remain in full	force and effect.
				0	
Jacobsen Homes of Lake City		I OR WE	HEBERY ACKNOWI	EDGE RECEIPT OF A C	CORV OF THIS ORDER
Net Valid Unless Signed and Accepted by an officer of the Comp			4.4	. 1 1	OF I OF THIS UNDER
diameter and a second	,	SIGNE	ED X //	Ihm I	PURCHASER
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Ву	_			-	
Approved, Subject to acceptance of financing by bank or finance col	mpany.	SIGNE	D X		PURCHASER
					ł

District No. 1 - Ronald Williams District No. 2 - Rocky Ford District No. 3 - Bucky Nash District No. 4 - Toby Witt District No. 5 - Tim Murphy



BOARD OF COUNTY COMMISSIONERS • COLUMBIA COUNTY

Address Assignment and Maintenance Document

To maintain the county wide 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 addressing 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 Services 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/Time Issued:

4/4/2019 3:13:38 PM

Address:

196 SW MASON Ln

City:

LAKE CITY

State:

FL

Zip Code

32024

Parcel ID

03090-306

REMARKS: Address Verification.

NOTICE: THIS ADDRESS WAS ISSUED BASED ON LOCATION AND ACCESS INFORMATION RECEIVED FROM THE REQUESTER. SHOULD, AT A LATER DATE, THE LOCATION AND/OR ACCESS INFORMATION BE FOUND TO BE IN ERROR OR CHANGED, THIS ADDRESS IS SUBJECT TO CHANGE.

Address Issued By:

Signed:/ Matt Crews

Columbia County GIS/911 Addressing Coordinator

COLUMBIA COUNTY
911 ADDRESSING / GIS DEPARTMENT

263 NW Lake City Ave., Lake City, FL 32055 Telephone: (386) 758-1125 Email: gis@columbiacountyfla.com

230 094904789



STATE OF FLORIDA DEPARTMENT OF HEALTH ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM APPLICATION FOR CONSTRUCTION PERMIT

	mar D
PERMIT NO./	THOU XS
DATE PAID:	41448
FEE PAID:	425 10
RECEIPT #:	111
	1 89077

Page 1 of 4

APPLICATION FOR: [X] New System [] Existing System [] Holding Tank [] Innovative [] Repair [] Abandonment [] Temporary []
APPLICANT: Chad Gayheart
AGENT: Sonya Crews/Lenda Craft TELEPHONE: 863-517-5701
MAILING ADDRESS: 194 Mason Lane Lake City FT 32024
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: 6 BLOCK: SUBDIVISION: Blaine Estates P-3 PLATTED:
PROPERTY ID #: $22-45-16-0300-304$ zoning: I/M OR EQUIVALENT: [Y/N]]
PROPERTY SIZE: /. O/ ACRES WATER SUPPLY: [X] PRIVATE PUBLIC []<=2000GPD []>2000GPD
IS SEWER AVAILABLE AS PER 381.0065, FS? [Y /N] DISTANCE TO SEWER:FT
PROPERTY ADDRESS: 194 Mason Lane Lake City FT 32024
DIRECTIONS TO PROPERTY: US 90 E. R on 2475 COnto CR 242
Donto Sw Friendship Way @ onto Sw Buchaman Dr.
(B) onto Sw Mason Lane property on
BUILDING INFORMATION [X] RESIDENTIAL [] COMMERCIAL
Unit Type of No. of Building Commercial/Institutional System Design No Establishment Bedrooms Area Sqft Table 1, Chapter 64E-6, FAC
1 Mobile Home 4 1493
2
3
4
[] Floor/Equipment Drains [] Other (Specify)
SIGNATURE: Song Crews Linds Craft DATE: 4/2/19
DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated 64E-6.001, FAC

STATE OF FLORIDA **DEPARTMENT OF HEALTH** APPLICATION FOR CONSTRUCTION PERMIT

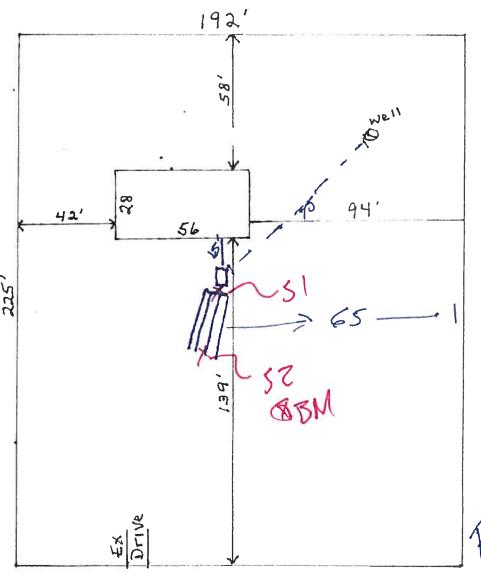
Permit Application Number 19-828

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