

Rec. Fee 10.00
Doc Stmp Fee 350.00
Intang Tax —
Total 360.00

Customer File
2594016

THIS INSTRUMENT PREPARED BY AND RETURN TO:

INGER McRAE

U.S. TITLE

2622-B2 NW 43rd Street

Gainesville, FL 32606

Inst: 201612004991 Date: 3/24/2016 Time: 10:13 AM
Doc Stamp Deed: 350.00
DC, P. DeWitt Cason, Columbia County Page 1 of 1 B: 1311 P: 2272

Property Appraisers Parcel Identification (Folio) Numbers: 276s16-03951-128

SPACE ABOVE THIS LINE FOR RECORDING DATA

WARRANTY DEED

THIS WARRANTY DEED, made the 23rd day of March, 2016 by NORTH FLORIDA TIMBERLAND, INC., a Florida Corporation herein called the grantor, to PATRICIA E. PUTNEL and RUSSELL T. WHITAKER, joint tenants with rights of survivorship whose post office address is 370 SW THOMPSONS LOOP, LAKE CITY, FL 32025 hereinafter called the Grantees:

(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 corporations)

WITNESSETH: That the grantor, for and in consideration of the sum of TEN AND 00/100'S (\$10.00) Dollars 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, State of Florida, viz.:

Lot 28, Foxwood, Phase Two, according to the Plat thereof, recorded in Plat Book 8, Pages 92 through 96, of the Public Records of Columbia County, Florida.

Subject to easements, restrictions and reservations of record and taxes for the year 2016 and thereafter.

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 grantees 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, and hereby 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, 2015.

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

Signed, sealed and delivered in the presence of:

**NORTH FLORIDA TIMBERLAND, INC.,
A FLORIDA CORPORATION**

By: Ernest R Vargas
ERNEST R VARGAS, President

Witness #1 Signature

Inger McRae
Witness #1 Printed Name

Witness #2 Signature

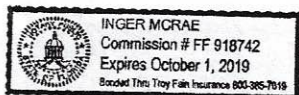
Beth Godwin
Witness #2 Printed Name

**STATE OF FLORIDA
COUNTY OF ALACHUA**

The foregoing instrument was acknowledged before me this 23rd day of March, 2016 by Ernest R Vargas of North Florida Timberland, Inc. on behalf of the corporation. He/She is personally known to me or has produced _____ as identification.

SEAL

My Commission Expires:



Notary Signature

Inger McRae
Printed Notary Signature

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR Greg Lollie PHONE 850-209-2033

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 REQUIRED 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 <u>Bonds Electrical + AC</u> License #: <u>EC 000 2892</u>	Signature <u>[Signature]</u> Phone #: <u>850-545-8664</u>
Qualifier Form Attached <input type="checkbox"/>		
MECHANICAL/ A/C _____	Print Name <u>Bonds Electrical + AC</u> License #: <u>CAC 1816143</u>	Signature <u>[Signature]</u> Phone #: <u>850-545-8664</u>
Qualifier Form Attached <input type="checkbox"/>		

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.



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM

PERMIT #: 12-SC-2138513
APPLICATION #: AP1552173
DATE PAID: 8/17/20
FEE PAID: 310.00
RECEIPT #: _____
DOCUMENT #: PR1393481

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: Russell**20-0669 Whitaker
PROPERTY ADDRESS: SW Evelo Ct Fort White, FL 32038
LOT: 28 BLOCK: _____ SUBDIVISION: FOXWOOD PH 2
PROPERTY ID #: 03951128 [SECTION, TOWNSHIP, RANGE, PARCEL NUMBER]
[OR TAX ID NUMBER]

SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF SECTION 381.0065, F.S., AND CHAPTER 64E-6, F.A.C. DEPARTMENT APPROVAL OF SYSTEM DOES NOT GUARANTEE SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN MATERIAL FACTS, WHICH SERVED AS A BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT TO MODIFY THE PERMIT APPLICATION. SUCH MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE NULL AND VOID. ISSUANCE OF THIS PERMIT DOES NOT EXEMPT THE APPLICANT FROM COMPLIANCE WITH OTHER FEDERAL, STATE, OR LOCAL PERMITTING REQUIRED FOR DEVELOPMENT OF THIS PROPERTY.

SYSTEM DESIGN AND SPECIFICATIONS

T [1,050] GALLONS / GPD New Multi-Chambered Septic CAPACITY
A [] GALLONS / GPD N/A CAPACITY
N [] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK:1250 GALLONS]
K [] GALLONS DOSING TANK CAPACITY [] GALLONS @ [] DOSES PER 24 HRS #Pumps []

D [500] SQUARE FEET Drainfield SYSTEM
R [] SQUARE FEET N/A SYSTEM

A TYPE SYSTEM: [X] STANDARD [] FILLED [] MOUND []
I CONFIGURATION: [X] TRENCH [] BED []

N

F LOCATION OF BENCHMARK: Nail in 24" oak tree west of system site

I ELEVATION OF PROPOSED SYSTEM SITE [24.00] [INCHES] FT [] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [46.00] [INCHES] FT [] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

L

D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [] INCHES

O

The system is sized for 4 bedrooms with a maximum occupancy of 8 persons (2 per bedroom), for a total estimated flow of 400 gpd.

T

H

E

R

SPECIFICATIONS BY: PAUL LLOYD TITLE: PSE

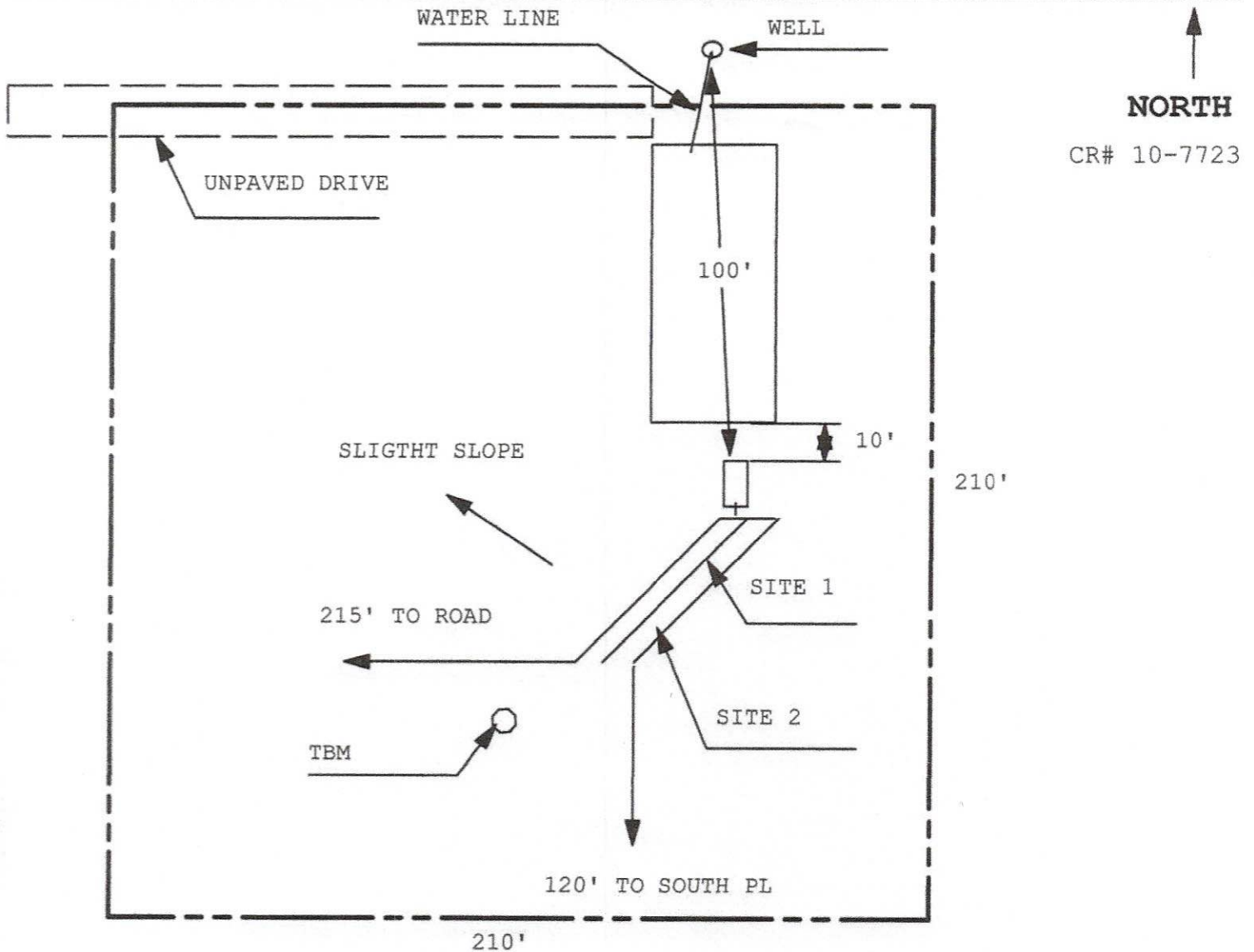
APPROVED BY: Sean P. Havens TITLE: Environmental Specialist I Columbia CHD

DATE ISSUED: 08/18/2020 EXPIRATION DATE: 02/18/2022

DH 4016, 08/09 (Obsoletes all previous editions which may not be used)
Incorporated: 64E-6.003, FAC

Application for Onsite Sewage Disposal System
Construction Permit. Part II Site Plan
Permit Application Number: 20-0669

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT



NO WELLS WITHIN 100'

1 INCH = 40 FEET

Site Plan Submitted By Paul Kelly Date 8/17/20
Plan Approved Not Approved Date 8/18/20
By Sam Jones Columbia CPHU

Notes:



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM

APPLICATION FOR CONSTRUCTION PERMIT

CR# 10-7723

PERMIT NO. 20-0669
DATE PAID: 8/17/20
FEE PAID: 310.00
RECEIPT #: AP1552173

APPLICATION FOR:

☒ New System ☐ Existing System ☐ Holding Tank ☐ Innovative
☐ Repair ☐ Abandonment ☐ Temporary ☐

APPLICANT: RUSSELL WHITAKER

AGENT: PAUL LLOYD

TELEPHONE: (386) 288-6379

MAILING ADDRESS: 370 SW THOMPSONS LOOP

LAKE CITY

FL 32025

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: 28 BLOCK: N/A SUBDIVISION: FOXWOOD PH2 PLATTED: _____

PROPERTY ID #: 27-6S-16-03951-128 ZONING: AG I/M OR EQUIVALENT: ☐ NO ☐

PROPERTY SIZE: 5.180 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ NO ☐ DISTANCE TO SEWER: N/A FT

PROPERTY ADDRESS: SW EVELO CT. FT. WHITE

DIRECTIONS TO PROPERTY: TAKE SR 47 SOUTH. TURN LEFT ON VIXION ST. (LAST LEFT BEFORE HIGH SCHOOL) GO TO END. TURN RIGHT ON EVELO, SITE ON LEFT.

BUILDING INFORMATION ☒ RESIDENTIAL ☐ COMMERCIAL

Unit No.	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	<u>MOBILE HOME</u>	<u>4</u>	<u>1760</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Paul Lloyd

DATE: 8/17/20

Jeanie's Permit

License Number: IH / 1025161 / 1 Name: GREGORY W. LOLLIE

Order #: 4580	Label #: 74029	Manufacturer:	(Check Size of Home)
Homeowner: Patricia Whitaker	Year Model:	Single	_____
Address: Vargas Way	Length & Width:	Double	_____
City/State/Zip: Fort White, FL	Type Longitudinal System:	Triple	_____
Phone #:	Type Lateral Arm System:	HUD Label #:	_____
Date Installed:	New Home: _____ Used Home: _____	Soil Bearing / PSF:	_____
Installed Wind Zone:	Data Plate Wind Zone:	Torque Probe / in-lbs:	_____
Note:		Permit #:	_____

STATE OF FLORIDA INSTALLATION CERTIFICATION LABEL

74029

LABEL #

DATE OF INSTALLATION

GREGORY W. LOLLIE

NAME

IH / 1025161 / 1

4580

LICENSE #

ORDER #

CERTIFIES THAT THE INSTALLATION OF THIS MOBILE HOME IS
IN ACCORDANCE WITH FLORIDA STATUTES 320.8249, 320.8325
AND RULES OF THE HIGHWAY SAFETY AND MOTOR VEHICLES.

INSTRUCTIONS

PLEASE WRITE DATE OF
INSTALLATION AND AFFIX
LABEL NEXT TO HUD LABEL.
USE PERMANENT INK PEN
OR MARKER ONLY.
COMPLETE INFORMATION
ABOVE AND KEEP ON FILE
FOR A MINIMUM OF 2 YEARS.
YOU ARE REQUIRED TO
PROVIDE COPIES WHEN
REQUESTED.



COLUMBIA COUNTY

911 ADDRESSING / GIS DEPARTMENT

P. O. Box 1787, Lake City, FL 32056-1787
263 NW Lake City Ave., Lake City, FL 32055
Telephone: (386) 758-1125 * Fax: (386) 758-1365 * Email: gis@columbiacountyfla.com



Application for 9-1-1 Address Assignment Form

NOTE: ADDRESS ASSIGNMENT MAY REQUIRE UP TO 10 WORKING DAYS.
IF THE ADDRESSING DEPARTMENT NEEDS TO CONDUCT ON SITE GPS LOCATION IDENTIFICATION OR OTHER ACTIONS, ADDITIONAL TIME MAY BE REQUIRED.

Date of Request: 8/27/20

REQUESTER Last Name: Benton

First Name: Jeanie

Contact Telephone Number: 850-212-2577

(Cell Phone Number if Provided): 850-212-2577

Requested for Self: ☐ or Requested for Company: ☒

If Address is Requested by a Company, Provide Name of Requesting Company:

Southeastern Home Center, LLC

Parcel Identification Number: 27-65-16-03951 - 128

If in Subdivision, Provide Name Of Subdivision:

Foxwood S/D Phase 2

Phase or Unit Number (if any): _____ Block Number (if any): _____

Lot Number: 28

Attach Site Plan or you may use page 2 of Application Form for Site Plan:

Requirements for Site Plan Are Listed on page 2 of Application Form:

(NOTE: Site Plan Does NOT have to be a survey or to scale; FURTHER a Environmental Health Dept. Site Plan showing only a 210 by 210 cutout of a property will NOT suffice for Addressing Application Requirements.)

Addressing / GIS Department Use Only:

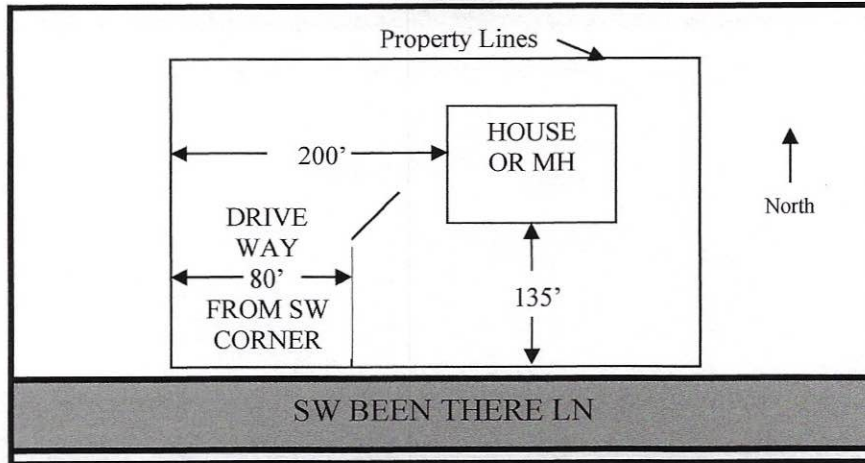
Date Received: _____

Received by: Walk in: _____ Fax: _____ Email: _____ Other: _____

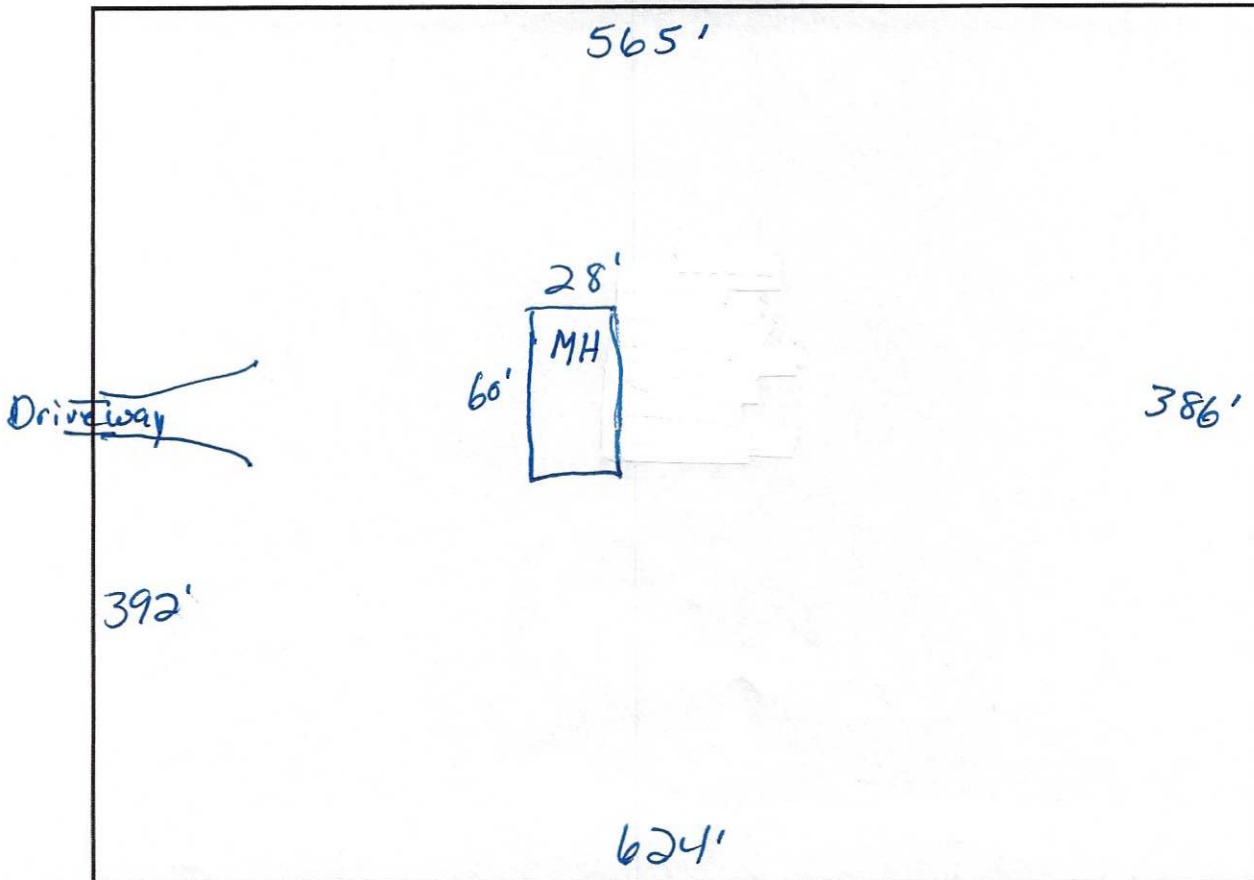
Page 2, Site Plan for 9-1-1 Address Application From

1. A PLAT, PLAN, OR DRAWING SHOWING THE PROPERTY LINES OF THE PARCEL.
2. LOCATION OF PLANNED RESIDENT OR BUSINESS STRUCTURE ON THE PROPERTY WITH DISTANCES FROM AT LEAST TWO OF THE PROPERTY LINES TO THE STRUCTURE (SEE SAMPLE BELOW).
3. LOCATION OF THE ACCESS POINT (DRIVEWAY, ETC.) ON THE ROADWAY FROM WHICH LOCATION IS TO BE ADDRESSED WITH A DISTANCE FROM A PARALLEL PROPERTY LINE AND OR PROPERTY CORNER (SEE SAMPLE BELOW).
4. TRAVEL OF THE DRIVEWAY FROM THE ACCESS POINT TO THE STRUCTURE (SEE SAMPLE BELOW).

SAMPLE:



SITE PLAN BOX:



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: **8/28/2020 4:38:27 PM**

Address: **173 SW EVELIO Ct**

City: **FORT WHITE**

State: **FL**

Zip Code **32038**

Parcel ID **03951-128**

REMARKS: Address for proposed structure on parcel.

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

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only

(Revised 7-1-15)

Zoning Official _____ Building Official _____

AP# _____ Date Received _____ By _____ Permit # _____

Flood Zone _____ Development Permit _____ Zoning _____ Land Use Plan Map Category _____

Comments _____

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

☐ Recorded Deed or ☐ Property Appraiser PO ☐ Site Plan ☐ EH # _____ ☐ Well letter OR

☐ Existing well ☐ Land Owner Affidavit ☐ Installer Authorization ☐ FW Comp. letter ☐ App Fee Paid

☐ DOT Approval ☐ Parent Parcel # _____ ☐ STUP-MH _____ ☐ 911 App

☐ Ellisville Water Sys ☐ Assessment _____ ☐ Out County ☐ In County ☐ Sub VF Form

Property ID # 27-6S-16-03951-128 Subdivision Foxwood S/b Phase 2 Lot# 28

▪ New Mobile Home _____ Used Mobile Home ☒ MH Size 28x16 Year 2014

▪ Applicant Patricia Whitaker Phone # 386-292-2649

▪ Address 370 SW Thompkins Loop Lake City, Fla. 32025

▪ Name of Property Owner Patricia & Russell Whitaker Phone# 386-292-2649

▪ 911 Address 173 SW Evelio Ct Ft. White Fl. 32038

▪ Circle the correct power company - FL Power & Light - Clay Electric

(Circle One) - Suwannee Valley Electric - Duke Energy

▪ Name of Owner of Mobile Home Patricia and Russell Whitaker Phone # 386-292-2649

Address 173 SW Evelio Ct. Ft. White, Fl. 32038

▪ Relationship to Property Owner Same

▪ Current Number of Dwellings on Property 0

▪ Lot Size 5.180 Acres Total Acreage 5.180 ACRES

▪ Do you : Have Existing Drive or Private Drive or need Culvert Permit or Culvert Waiver (Circle one)
(Currently using) (Blue Road Sign) (Putting in a Culvert) (Not existing but do not need a Culvert)

▪ Is this Mobile Home Replacing an Existing Mobile Home No

▪ Driving Directions to the Property I 75 - take Exit 423 to State Rd 475, go right. Take 47 to Fort White approx 14 miles. Left onto Viven Glen at Stop go right onto Evelio Ct. Last Driveway on left before Culdesac.

▪ Name of Licensed Dealer/Installer Southeastern Home Center LLC Phone # 850-526-2708

▪ Installers Address 1961 Porter Ave Grand Ridge, Fl. 32442 / 2310 Hwy 71

▪ License Number TH/1025161 Installation Decal # 74029

Marianna
Fla.
32448

**CODE ENFORCEMENT DEPARTMENT
COLUMBIA COUNTY, FLORIDA
OUT OF COUNTY MOBILE HOME INSPECTION REPORT**

COUNTY THE MOBILE HOME IS BEING MOVED FROM Jackson
OWNERS NAME Patricia Whitaker PHONE 386-292-2649 CELL owner
INSTALLER Greg Lollie Russell Whitaker PHONE 386-288-6379 CELL owner
INSTALLERS ADDRESS 1961 Porter Ave Grand Ridge, FL 32442
phone: 850-209-2033 installer's #

MOBILE HOME INFORMATION

MAKE Destiny YEAR 2014 SIZE 28 X 64
COLOR White SERIAL No. DESH05699GAAB
WIND ZONE II SMOKE DETECTOR yes

INTERIOR:
FLOORS OSB- floor decking Carpet + Vinyl
DOORS Standard - Doors
WALLS Wall Boards
CABINETS Wood

ELECTRICAL (FIXTURES/OUTLETS) yes

EXTERIOR:
WALLS / SIDING Vinyl Siding

WINDOWS Double pan

DOORS Metal with Storm door on front / Back door metal w/ Cottage Style

INSTALLER: APPROVED _____ NOT APPROVED _____

INSTALLER OR INSPECTORS PRINTED NAME Greg Lollie

Installer/Inspector Signature [Signature] License No. 14/1025161 Date 9/1/20

NOTES: _____

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 386-758-1008 TO SET UP THIS INSPECTION. NO PERMIT WILL BE ISSUED BEFORE THIS IS DONE.

Code Enforcement Approval Signature _____ Date _____

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED _____ BY _____ IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? No Not yet ^{waiting on Permits}
OWNERS NAME Russell + Patricia Whiteaker PHONE 386 288 6379 CELL 386 292 2649
ADDRESS 173 SW Vargas Ct Ft. White Fl. 32038
MOBILE HOME PARK No (Private Property) SUBDIVISION Foxwood S/D Phase 2
DRIVING DIRECTIONS TO MOBILE HOME I 10 to I 75 take exit 423 to State Rd 47 S, go Right. Take 47 to Fort White approx 14 miles. Left on Viven Gln. At Stop go right on Evelio Ct. Last driveway on left before cul-de-sac
MOBILE HOME INSTALLER Greg Lollie PHONE 850-209-2033 CELL _____

MOBILE HOME INFORMATION

MAKE Destiny YEAR 2014 SIZE 28 X 60 COLOR Gray
SERIAL No. DISH05699GA4B
WIND ZONE 2 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 / SIDING () 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 _____ DATE _____

APPLICATION AGENT AUTHORIZATION FORM

TO: Columbia County Zoning Department
135 NE Hernando Avenue
Lake City, FL 32055

Authority to Act as Agent

On my/our behalf, I appoint Greg Lollie,
(Name of Person to Act as my Agent)

Southeastern Home Center, LLC 2310 Hwy. 71 Marianna, Fl. 32448 850-212-2577
for _____
(Company Name for the Agent, if applicable)

to act as my/our agent in the preparation and submittal of this application
for All Zoning Permitting Requirements / All Building Permitting Requirements
(Type of Application)

I acknowledge that all responsibility for complying with the terms and conditions for approval of this application, still resides with me as the Applicant/Owner.

Applicant/Owner's Name: Patricia Whitaker or Russell Whitaker

Applicant/Owner's Title: Owner's

On Behalf of: Southeastern Home Center, LLC
(Company Name, if applicable)

Telephone: 386-292-2649 Date: 8-7-20

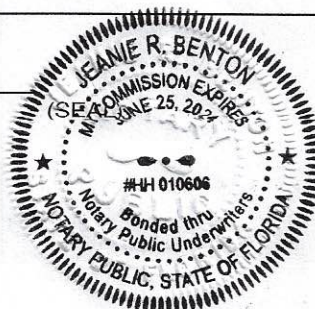
Applicant/Owner's Signature: Patricia Whitaker

Print Name: Patricia Whitaker

STATE OF FLORIDA
COUNTY OF Jackson

The Foregoing instrument was acknowledged before me this 7th day of August, 20 20, by Patricia Whitaker,
whom is personally known by me ☐ OR produced identification ☐.
Type of Identification Produced _____

Jeanie R. Benton
(Notary Signature)



APPLICATION AGENT AUTHORIZATION FORM

TO: Columbia County Zoning Department
135 NE Hernando Avenue
Lake City, FL 32055

Authority to Act as Agent

On my/our behalf, I appoint Jeanie Benton
(Name of Person to Act as my Agent)
for Southeastern Home Center, LLC 2310 Hwy. 71 Marianna, FL 32448 850-212-2577
(Company Name for the Agent, if applicable)

to act as my/our agent in the preparation and submittal of this application
for All Zoning Permitting Requirements / All Building Permitting Requirements
(Type of Application)

I acknowledge that all responsibility for complying with the terms and conditions for approval of this application, still resides with me as the Applicant/Owner.

Applicant/Owner's Name: Patricia Whitaker or Russell Whitaker

Applicant/Owner's Title: Owners

On Behalf of: Southeastern Home Center, LLC
(Company Name, if applicable)

Telephone: 850-526-2708 Date: 8-7-20

Applicant/Owner's Signature: [Signature]

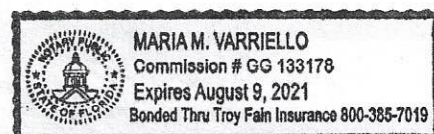
Print Name: Russell Whitaker

STATE OF FLORIDA
COUNTY OF Jackson

The Foregoing instrument was acknowledged before me this 7th day of August, 20 20, by Patricia Whitaker,
whom is personally known by me ☒ OR produced identification ☐.
Type of Identification Produced _____

[Signature]
(Notary Signature)

(SEAL)





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

I, Greg Lollie, give this authority for the job address show below
Installer License Holder Name

only, Jeanie Benton, and I do certify that
Job Address

the below referenced person(s) listed on this form is/are under my direct supervision and control and is/are authorized to purchase permits, call for inspections and sign on my behalf.

Printed Name of Authorized Person	Signature of Authorized Person	Authorized Person is... (Check one)
Jeanie Benton	Jeanie Benton	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and I am fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances.

I understand that the State Licensing Board has the power and authority to discipline a license holder for violations committed by him/her or by his/her authorized person(s) through this document and that I have full responsibility for compliance granted by issuance of such permits.

[Signature]
License Holders Signature (Notarized)

14/1025161
License Number

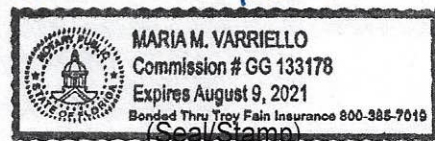
9/1/20
Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Jackson

The above license holder, whose name is Greg Lollie, personally appeared before me and is known by me or has produced identification (type of I.D.) personally known on this 1st day of September, 20 20.

[Signature]
NOTARY'S SIGNATURE

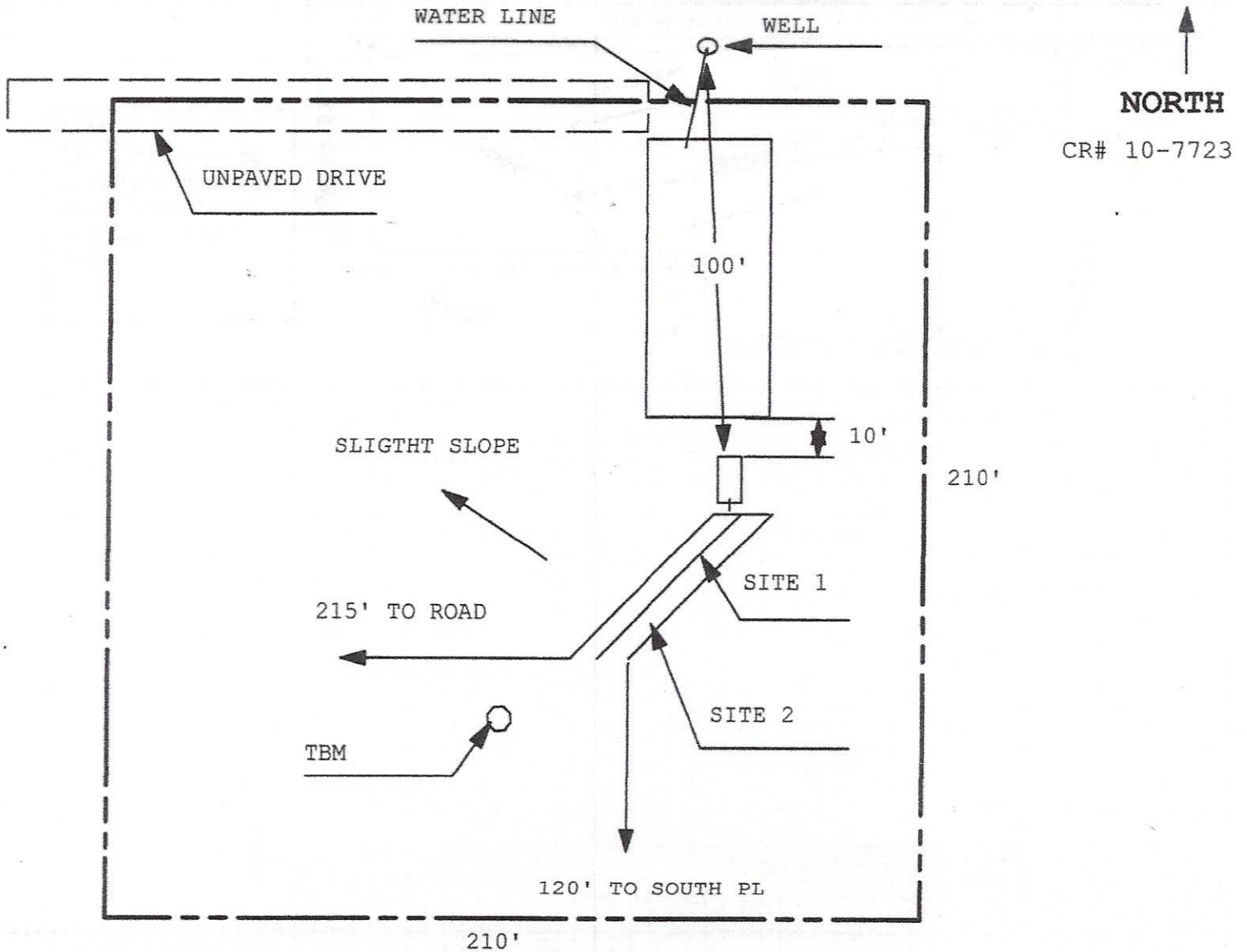


SITE PLAN CHECKLIST

- ✓ 1) Property Dimensions
- ✓ 2) Footprint of proposed and existing structures (including decks), label these with existing addresses
- ✓ 3) Distance from structures to all property lines
- N/A 4) Location and size of easements
- ✓ 5) Driveway path and distance at the entrance to the nearest property line
- N/A 6) Location and distance from any waters; sink holes; wetlands; and etc.
- ✓ 7) Show slopes and or drainage paths
- ✓ 8) Arrow showing North direction

SITE PLAN EXAMPLE

Revised 7/1/15



NO WELLS WITHIN 100'

1 INCH = 40 FEET

Site Plan Submitted By Paul Lloyd Date 8/17/20
 Plan Approved ✓ Not Approved _____ Date 8/18/20
 By Sam Jones Columbia CPHU

Notes: _____

Date:

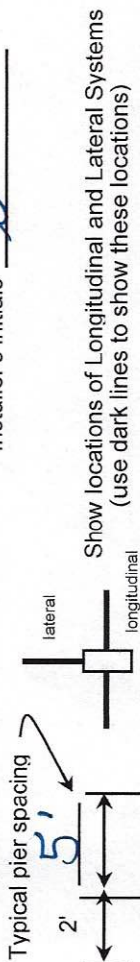
Installer: Greg Lollie License # TH/1025161

Address of home
being installed 173 SW Evelio Ct.
Ft. White Fl. 32038

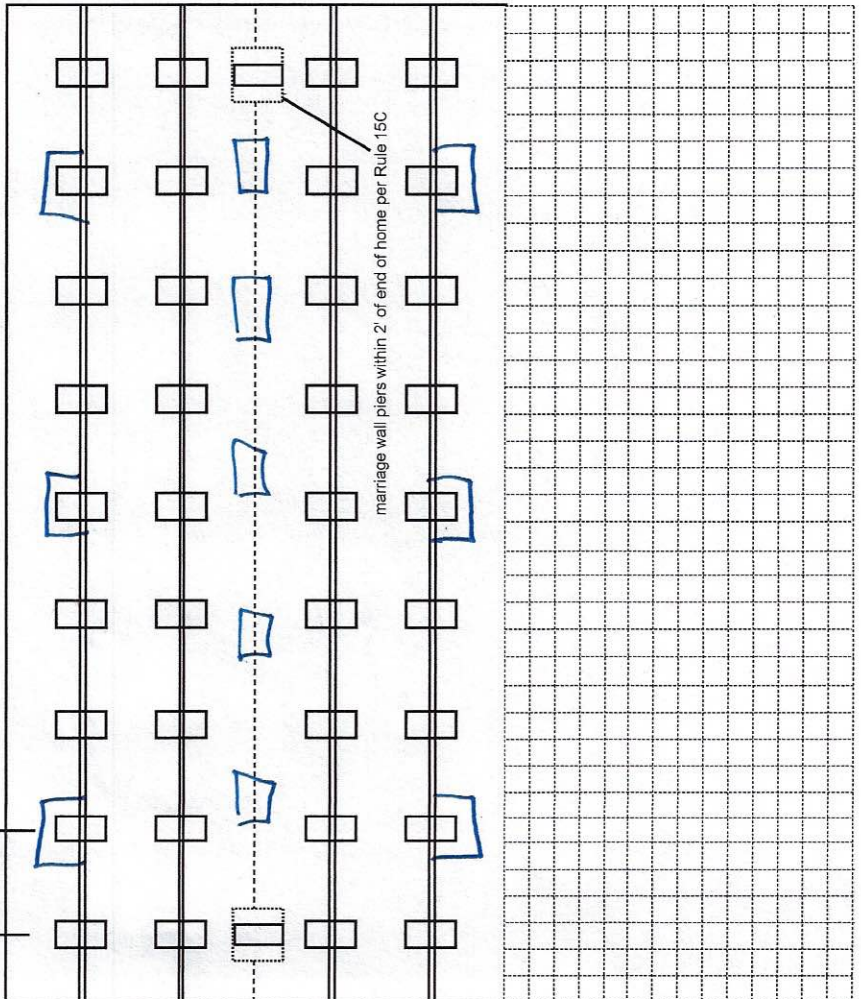
Manufacturer Destiny Length x width 28X64

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*

Installer's initials



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



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

25x25

Perimeter pier pad size

 16×18

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.

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 5'

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)

Manufacturer **Oliver**

Longitudinal Stabilizing Device w/ Lateral Arms

OTHER TIES

Number

Sidewall

Longitudinal

Marriage wall

Mobile Home Permit Worksheet

POCKET PENETROMETER TEST

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

2000 x 2000 x 2000

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.

2000 x 2000 x 2000

TORQUE PROBE TEST

The results of the torque probe test is 270 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 require anchors with 4000 lb holding capacity.

Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Greg Lollie

Date Tested

8/25/20

Electrical

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between multi-wide units. Pg. yes

Plumbing

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

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

Application Number: _____

Date: _____

Site Preparation

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

Fastening multi wide units

Floor: Type Fastener: 8" Length: _____ Spacing: _____
Walls: Type Fastener: lag 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, mildew 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 SL

Type gasket factory
Pg. _____

Installed:

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 Greg Lollie

Date 8/25/20