PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-11) Zoning Official BLK 14 FEB 2012 Building Official

AP# 1202-15 Date Received 2/8 By JW Permit # 29949

Flood Zone X Development Permit N/A Zoning A-3 Land Use Plan Map Category A-3

Comments Meets density requirements

FEMA Map# N/A Elevation N/A Finished Floor 1' above Rd River N/A In Floodway N/A

☐ Site Plan with Setbacks Shown ☑ EH # 12-0072 ☐ EH Release ☑ Well letter ☐ Existing well

☑ → ☑ Affidavit from land owner ☐ Installer Authorization ☐ State Road Access ☑ 911 Sheet

☐ Parent Parcel # ☐ STUP-MH ☐ F W Comp. letter ☑ VF Form

IMPACT FEES: EMS Fire Corr ☐ Out County ☐ In County

Road/Code School = TOTAL Impact Fees Suspended March 2009

Property ID # 12-7s-16-04188-001 Subdivision

- New Mobile Home ✓ Used Mobile Home MH Size 32x52 Year 2012
- Applicant Jeff Hardee Phone # 352-949-0582
- Address 6450 NW 72 Ln Chiefland FL 32626
- Name of Property Owner Johnie Cason, JR (Coy Long) Phone# 352-262-6517
- 911 Address TBA 3327 SW CR 778, Ft. White, FL 32038
- Circle the correct power company - FL Power & Light - (Clay Electric)
  (Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home Coy Long Phone # 538-4291
  Address 22647 NW 210 Ave High Springs FL 32643
- Relationship to Property Owner daughter
- Current Number of Dwellings on Property one
- Lot Size Scattered Total Acreage 1br 9S
- Do you : Have (Existing Drive) (Currently using) or Private Drive (Blue Road Sign) or need Culvert Permit (Putting in a Culvert) or Culvert Waiver (Not existing but do not need a Culvert) (Circle one)
- Is this Mobile Home Replacing an Existing Mobile Home NO
- Driving Directions to the Property 47 S to Ft White T/C SR27 T/C CR778 ~ ¼ mile on left
- Name of Licensed Dealer/Installer Rusty L. Knowles Phone # 386-755-6441
- Installers Address 5801 SW SR47 Lake City FL 32024
- License Number IH-1038219 Installation Decal # 8967

dck# 3713

Left message on 2-15-12

Lobo. 76

COLUMBIA COUNTY PERMIT WORKSHEET

These worksheets must be completed and signed by the installer.
Submit the originals with the packet.

Installer Rusty L. Knowles License # IH-1038219

911 Address where home is being installed. CR 778

Manufacturer Live OAK Length x width 32x52

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 RK

New Home ☑ Used Home ☐

Home installed to the Manufacturer's Installation Manual ☑

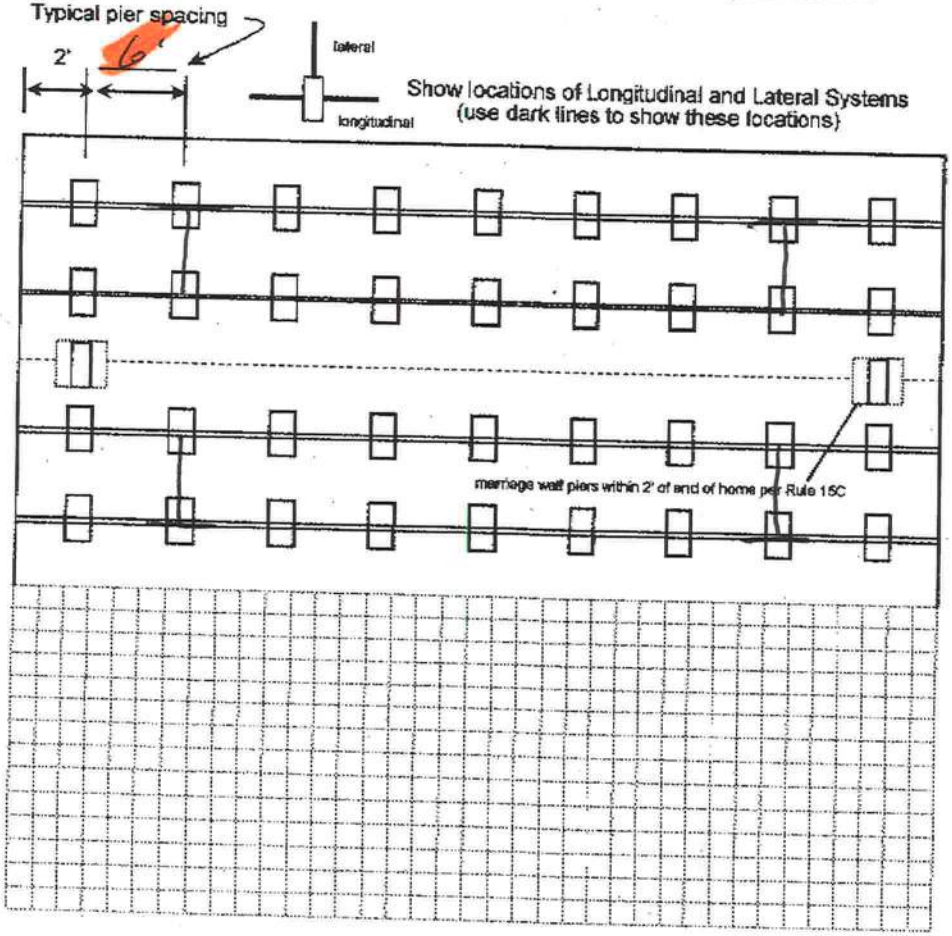
Home is installed in accordance with Rule 15-C ☐

Single wide ☐ Wind Zone II ☑ Wind Zone III ☐

Double wide ☑ Installation Decal # 8967

Triple/Quad ☐ Serial # ordered

Typical pier spacing



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 12½x25½

Perimeter pier pad size n/a

Other pier pad sizes (required by the mfg.) 16x16

Draw the approximate locations of marriage wall openings 4 foot or greater. Use this symbol to show the piers.

List all marriage wall openings greater than 4 foot and their pier pad sizes below.

Opening	Pier pad size
17	23¼x31¼

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 ____

Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer oliver technologies

OTHER TIES

	Number
Sidewall	20
Longitudinal	4
Marriage wall	2min
Shearwall	2min

COLUMBIA COUNTY PERMIT WORKSHEET

POCKET PENETROMETER TEST

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

X 1.0 X 1.0 X 1.0

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 1.0 X 1.0 X 1.0

TORQUE PROBE TEST

The results of the torque probe test is Unreadable 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 Rusty Knowles

Date Tested 2-3-12

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. 15C-1

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 15C-1

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 15C-1

Site Preparation

Debris and organic material removed ✓

Water drainage: Natural _____ Swale _____ Pad ✓ Other _____

Fastening multi wide units

Floor:	Type Fastener: LAGS	Length: 6"	Spacing: 20"
Walls:	Type Fastener: Screws	Length: 4"	Spacing: 24"
Roof:	Type Fastener: Staples	Length: 1 3/4 NAIL	Spacing: 48"

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 Factory Installed Installed:
Pg. 15C-1

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

Weatherproofing

The bottomboard will be repaired and/or taped. Yes ✓ Pg. 15C-1
Siding on units is installed to manufacturer's specifications. Yes ✓
Fireplace chimney installed so as not to allow intrusion of rain water. Yes ✓

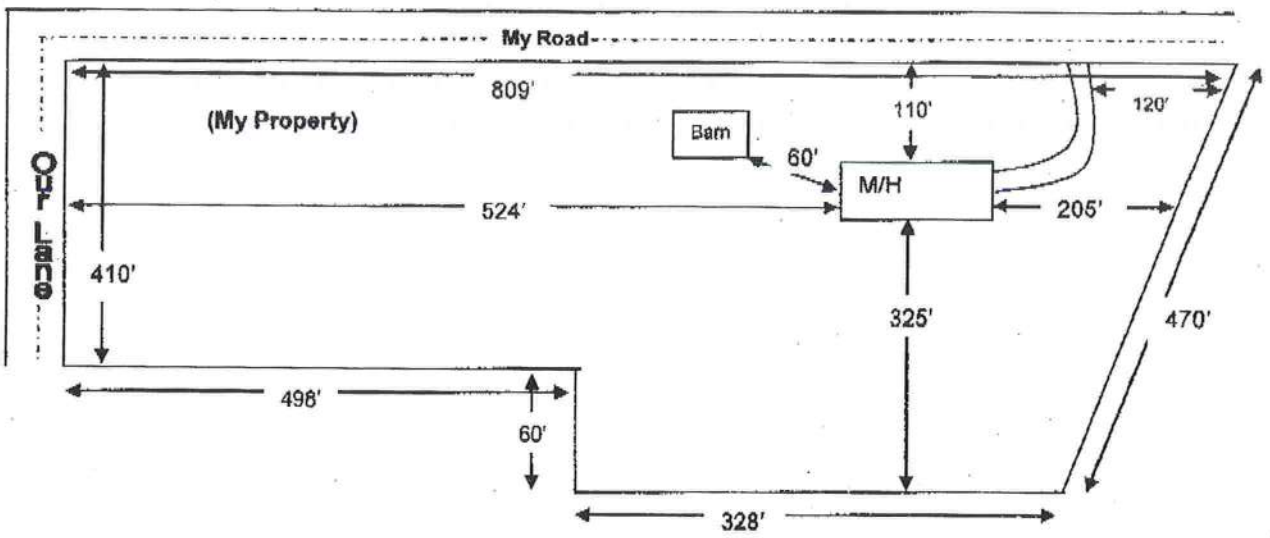
Miscellaneous

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 : 15C-1 may or may not have page #'s on set up manual

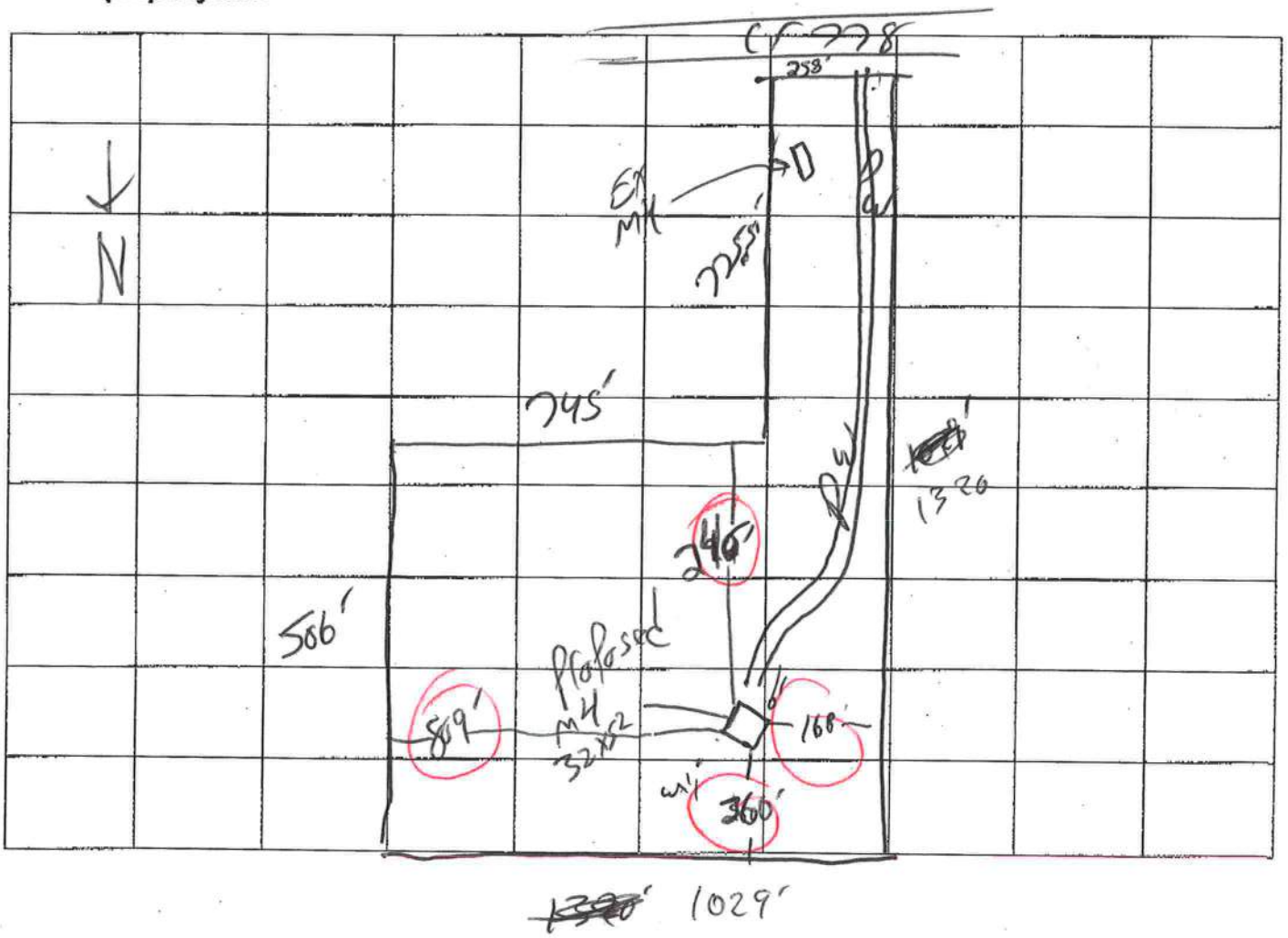
Installer verifies all information given with this permit worksheet is accurate and true based on the

Installer Signature _____ Date 2-3-12

SITE PLAN EXAMPLE / WORKSHEET



Use this example to draw your own site plan. Show all existing buildings and any other homes on this property and show the distances between them, Also show where the roads or roads are around the property. This site plan can also be used for the 911 Addressing department if you include the distance from the driveway to the nearest property line.



MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1202-15 CONTRACTOR Rusty Knowles PHONE 755-6441

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 Coy Long License #: MH Owner	Signature Phone #: 352-538-4291
MECHANICAL/ A/C 701 ✓	Print Name Robert E Grant License #: CAC1814931	Signature Robert E Grant Phone #:
PLUMBING/ GAS 676 ✓	Print Name Rusty L. Knowles License #: IH-1038219	Signature Phone #: 386-755-6441

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.

Name: Norwest Financial Florida, Inc
Address: 1424 S First St
Lake City, Fl, 32025

This instrument Prepared by: Jackie Alford
Address: Rt 1 Box 3660
Ft White, Fl. 32038

Property Appraiser Parcel Identification (Folio number(s)):
17-7S-16-04188-000
12-7S-16-04188-00

OFFICIAL RECORDS

QUIT CLAIM DEED

FORM NO. 8

BK 0814 PG 1086

95-15698

1995 DEC -5 PM 2:17

P. DeWITT CASON
CLERK OF COURTS
COLUMBIA COUNTY, FLORIDA
BY _____ D.C.

SPACE ABOVE THIS LINE FOR RECORDING DATA

This Quit Claim Deed, *Executed the* 14 *day of* Nov , 19 95 , *by*
Jackie Alford a married person & Johnnie Harold Cason,Jr, a married person

first party, to Johnnie Harold Cason,Jr, a married person
whose post office address is

second party.

(Wherever used herein the terms "first party," and "second party" include all the parties to this instrument and the heirs, legal representatives, and assigns of individuals, and the successors and assigns of corporations, whatever the context so admits or requires.)

Witnesseth, *That the first party, for and in consideration of the sum of* $ 10.00 , *in hand paid by the said second party, the receipt whereof is hereby acknowledged, does hereby remise, release, and quit-claim unto the second party forever, all the right, title, interest, claim and demand which the said first party has in and to the following described lot, piece or parcel of land, situate, lying and being in the County of* Columbia *State of* Florida *to-wit:*

Parcel "A"
Begin at the Northwest corner of the SE 1/4 of the SE 1/4, Section 12, Township 7 South, Range 16 East, Columbia County, Florida and run thence S 01°46'02" E along the West line of said SE 1/4 of SE 1/4, 1306.35 feet to the North right-of-way line of County Road No. C-778 and to a point on a curve, thence Easterly along said North right-of-way line along said curve concave to the Right have a radius of 5769.578 feet along a chord bearing N 87°05'09" E, 258.37 feet, thence N 00°36'13" W, 775.51 feet, thence North 86°37'41" E, 745.77 feet, thence N 0°36'15" W, 506.52 feet to the North line of said SE 1/4 of SE 1/4, thence S 88°09'05" W along said North line, 1029.82 feet to the Point of Beginning. Containing 16.95 acres, more or less

DOCUMENTARY STAMP $ 70
INTANGIBLE TAX $ -0-
P. DeWITT CASON, CLERK OF COURTS, COLUMBIA COUNTY
BY _____ D.C.

To Have and to Hold, *The same together with all and singular the appurtenances thereunto belonging or in anywise appertaining, and all the estate, right, title, interest, lien, equity and claim whatsoever of the said first party, either in law or equity, to the only proper use, benefit and behoof of the said second party forever.*

In Witness Whereof, *the said first party has signed and sealed these presents the day and year first above written.*

Signed, sealed and delivered in the presence of:

Witness Signature (up to two Witnesses)
Sandra T. Jones
Printed Name
Joanna R. Dukes
Witness Signature (up to two Witnesses)
Joanna R. Dukes
Printed Name

Witness Signature (up to Co-Grantor, if any)
Printed Name
Witness Signature (up to Co-Grantor, if any)
Printed Name

Jackie Alford
Grantor Signature
Jackie Alford
Printed Name
Rt 1 Box 3660 Ft White, Fl, 32038
Post Office Address
Johnnie Harold Cason Jr
Co-Grantor Signature (if any)
Johnnie Harold Cason, Jr
Printed Name
10006 NW 12th Lane Gainesville FL 32606
Post Office Address

STATE OF Florida)
COUNTY OF Columbia)

I hereby Certify that on this day, before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared Jackie Alford and Johnnie Harold Cason, Jr known to me to be the person S described in and who executed the foregoing instrument, who acknowledged before me that ____ executed the same, and an oath was not taken. (Check one) Said person(s) is/are personally known to me. Said person(s) provided the following type of identification: _____

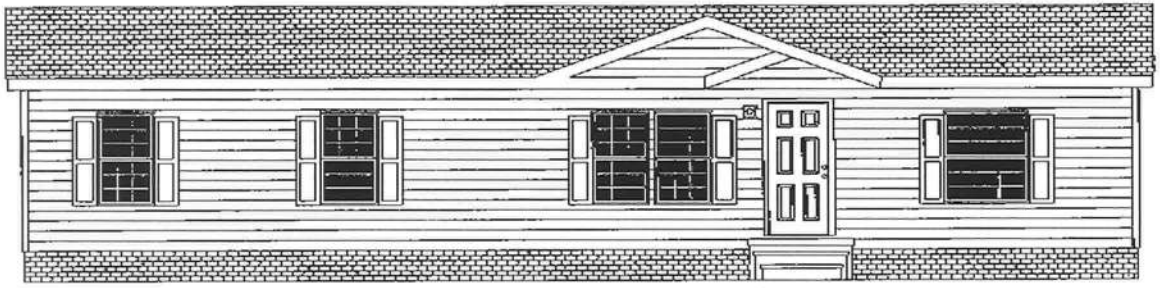
NOTARY RUBBER STAMP SEAL

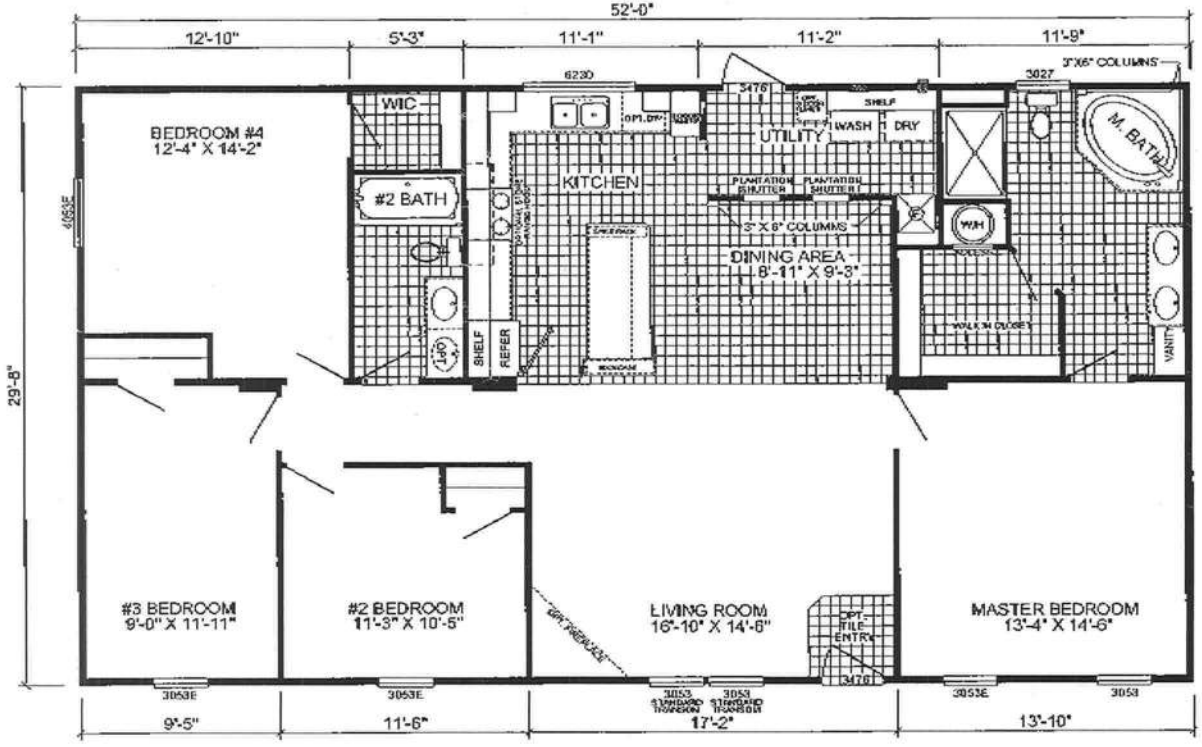
BETSY J. CHANDLER
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC245515
MY COMMISSION EXP. DEC 10 1998

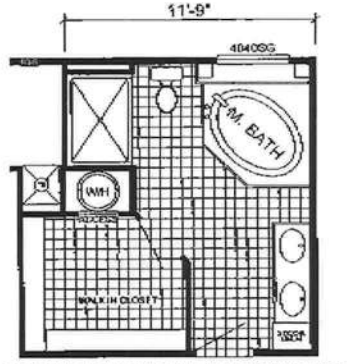
Witness my hand and official seal in the County and State last aforesaid this 3 day of December A.D. 19 95

Betsy J. Chandler
Notary Signature
Betsy J. Chandler
Printed Notary Signature

GRIN MANOR







OPTIONAL MASTER BATH

S-3524A

4-BEDROOM / 2-BATH

32 X 56 - Approx. 1525 Sq. Ft.

Date: 1-29-08

* All room dimensions include closets and square footage figures are approximate.
* Transom windows are available on optional 9'-0" sidewall houses only.

CLYATT WELL DRILLING, INC.

(Established in 1971)
Post Office Box 180
Worthington Springs, FL 32697
*Phone (386)496-2488 *** FAX (386)496-4640*

WELL DESCRIPTION

DESCRIPTION DATE
2/17/2012

CUSTOMER NAME AND ADDRESS
Columbia County Building & Zoning Dept. Post Office Box 1529 Lake City, Florida 32056-1529 FAX #386-758-2160

DESCRIPTION OF WORK
Well Description For Columbia County Fl.

DESCRIPTION
Feet 4" Well 1 HP Submersible Pump Feet 1-1/4" Drop Pipe Feet 14/3 Submersible Pump Wire 81 Gallon Pressure Tank 4 X 1-1/4 Well Seal Pressure Relief Valve Controls and Fittings Water Management District Permit Fee

The above description is provided to give a brief description of the water well to be constructed by Clyatt Well Drilling, Inc.

Limited Power of Attorney

I , Rusty L. Knowles # IH/1038219/1 hereby authorize Jess Harder to be my representative and act on my behalf of applying for mobile home permits to be placed on the following property located in Columbia County , Florida

Property Owner : Johnnie Cason
911 address : TBA
Parcel ID # : 12-7s-16-04188-001
Sect : 12 **Town :** 7S **Range :** 16

Mobile Home Installer Signature — Date: 2-3-12

Sworn and Subscribe to me this 3rd day of Febuary, ~~2008~~ 2012
Personally known _____
Produced Identification DL

Notary Public

CHRISTOPHER PASCHALL
MY COMMISSION EXPIRES
January 30, 2015
#EE 59574
Bonded thru Notary Public Underwriters
NOTARY PUBLIC, STATE OF FLORIDA

Wayne Frier Super Center

2125 NW 11th Drive
Chiefland, FL 32626
352-490-6100 Fax 352-490-7017

Date of Birth Buyer
Co-Buyer

Drivers License Buyer
Co-Buyer

BUYER(S) Coy Long PHONE 352-538-4291 DATE:

MAILING ADDRESS: 22647 NW 210th Ave High Springs, FL 32643

DELIVERY ADDRESS:

MAKE & MODEL	YEAR	BEDROOMS	FLOOR SIZE	HITCH SIZE	STOCK NUMBER
Live Oak S-3524A	2009	4	L 52 W 32	L 56 W 32	

SERIAL NUMBER	COLOR	PROPOSED DELIVERY DATE	SALES PERSON
LOHGA10810805AB ☑ NEW ☐ USED			Chris

LOCATION	R-VALUE	THICKNESS	TYPE OF INSULATION
CEILING	21		
EXTERIOR	11		
FLOORS	11		

THIS INSULATION INFORMATION WAS FURNISHED BY THE MANUFACTURER AND IS DISCLOSED IN COMPLIANCE WITH THE FEDERAL TRADE COMMISSION RULE 16CRF SECTION 460.16.

OPTIONAL EQUIPMENT, LABOR & ACCESSORIES

Delivered & Set-Up	included
Tied Down	included
Connect water & sewer up to edge of home only	included
Furnished ☐ No warranty on furniture or décor pkgs. / Unfurnished ☑	unfurnished
Customer responsible for any tractor / dozier fees incurred during set-up of new home and / or removal of trade	agree
Wheels & axles deleted from sale price of home. Will lend for a local move.	agree
Customer responsible for any gas or electrical hookups to home. (Dealer not licensed)	agree
Customer responsible for releveling of home after initial setup. Can not be responsible for settling of land. We will re-level home, but there will be a charge.	agree
Options include extra: (List)	
A/C, standard skirting, two sets of wood code steps	
BALANCE CARRIED TO OPTIONAL EQUIPMENT	$ -

NOTE: WARRANTY, EXCLUSIONS AND LIMITATIONS OF DAMAGES ON THE REVERSE SIDE

DESCRIPTION OF TRADE-IN	YEAR	SIZE
NA		
MAKE	MODEL	BEDROOMS
TITLE NO.	SERIAL	COLOR
AMOUNT OWING TO WHOM		NO

ANY DEBT BUYER OWES ON THE TRADE-IN IS TO BE PAID BY ☐ DEALER ☐ BUYER

BASE PRICE OF UNIT		$ 66,901.00
OPTIONAL EQUIPMENT		$ -
PROCESSING FEE		$ -
SUB-TOTAL		$ 66,901.00
		$ -
SALES TAX		$ 4,014.06
COUNTY SUR TAX		$ 50.00
ESTIMATED TAG & TITLE FEES		$ 514.72
VARIOUS FEES & INSURANCE		$ 1,113.79
ESCROW DEPOSIT		$ 185.63
PROCESSING FEE		$ 499.00
1. CASH PURCHASE PRICE		$ 73,278.20
TRADE-IN ALLOWANCE	$ -	
LESS BAL DUE ON ABOVE	$ -	
NET ALLOWANCE	$ -	
CASH DOWN PAYMENT	$ 14,500.00	
CASH AS AGREED SEE REMARKS	$ -	
2. LESS TOTAL CREDITS		$ 14,500.00
SUB TOTAL		$ 58,778.20
PREPAID PROCESSING FEE		$ (499.00)
3. Unpaid Balance of Cash Sale Price		$ 58,279.20

REMARKS:
NO VERBAL AGREEMENTS WILL BE HONORED.
Initial: CHL

Liquidated Damages are agreed to be $ _____ or 10% of the cash price, whichever is greater

REFER TO PARAGRAPH #6 ON THE REVERSE SIDE OF THIS CONTRACT

THIS AGREEMENT CONTAINS THE ENTIRE UNDERSTANDING BETWEEN DEALER AND BUYER AND NO OTHER REPRESENTATION OR INDUCEMENT, VERBAL OR WRITTEN, HAS BEEN MADE WHICH IS NOT CONTAINED IN THIS CONTRACT. Dealer and Buyer certify that the additional terms and conditions printed on the other side of this contract are agreed to as part of this agreement, the same as if printed above the signatures. Buyer is purchasing the above described trailer, manufactured home or vehicle, the optional equipment and accessories, the insurance as described has been voluntary, that Buyer's trade-in is free from all claims whatsoever, except as noted. *BUYER ACKNOWLEDGES RECEIPT OF A COPY OF THIS ORDER AND THAT BUYER HAS READ AND UNDERSTANDS THE BACK OF THIS AGREEMENT*

Wayne Frier Super Center DEALER
Not Valid Unless Signed and Accepted by an Officer of the Company or an Authorized Agent

By _____ Approved

SIGNED X _____ BUYER
SOCIAL SECURITY NO. _____

SIGNED X _____ BUYER
SOCIAL SECURITY NO. _____

COLUMBIA COUNTY 9-1-1 ADDRESSING

P. O. Box 1787, Lake City, FL 32056-1787
PHONE: (386) 758-1125 * 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 REQUESTED: 2/6/2012 **DATE ISSUED:** 2/7/2012

ENHANCED 9-1-1 ADDRESS:

3327 SW COUNTY ROAD 778

FORT WHITE FL 32038

PROPERTY APPRAISER PARCEL NUMBER:

12-7S-16-04188-001

Remarks:

ADDRESS FOR PROPOSED NEW STRUCTURE O PARCEL. 2ND LOCATION ON PARCEL

Address Issued By: SIGNED: / RONAL N. CROFT

Columbia County 9-1-1 Addressing / GIS Department

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

2185

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF COLUMBIA

This is to certify that I, (We), Johnnie H. Cason owner of the below described property:

Tax Parcel No. 12-7S-16-04188-001

Subdivision (name, lot, block, phase) _____

Give my permission to Coy Long to place a mobile home/travel trailer/single family home (circle one) on the above mentioned property.

I (We) understand that this could result in an assessment for solid waste and fire protection services levied on this property.

Owner _____ Owner _____

SWORN AND SUBSCRIBED before me this 21 day of Febuary, 2012. This (these) person(s) are personally known to me or produced ID DL.

Notary Signature

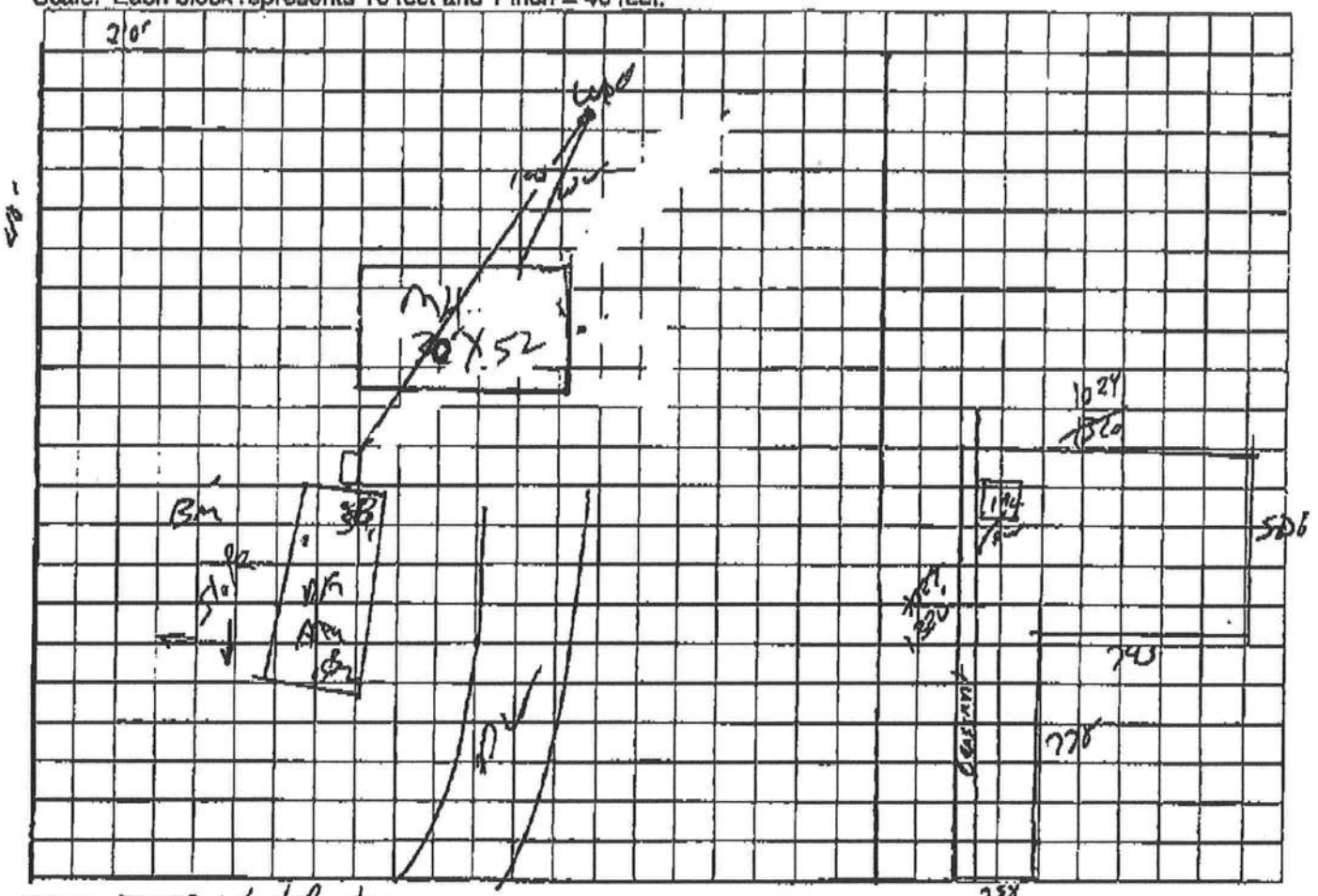
CHRISTOPHER PASCHALL
MY COMMISSION EXPIRES
January 30, 2015
#EE 59574
Bonded thru Notary Public Underwriters
NOTARY PUBLIC, STATE OF FLORIDA

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

Permit Application Number 12-0072

---------- PART II - SITEPLAN ----------

Scale: Each block represents 10 feet and 1 inch = 40 feet.



Notes: 32x52 w/ drip edge

Site Plan submitted by: [signature] Agent
Signature Title

Plan Approved ✓ Not Approved ____ Date 2-21-12

By Sallie Fred Env Health Director Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

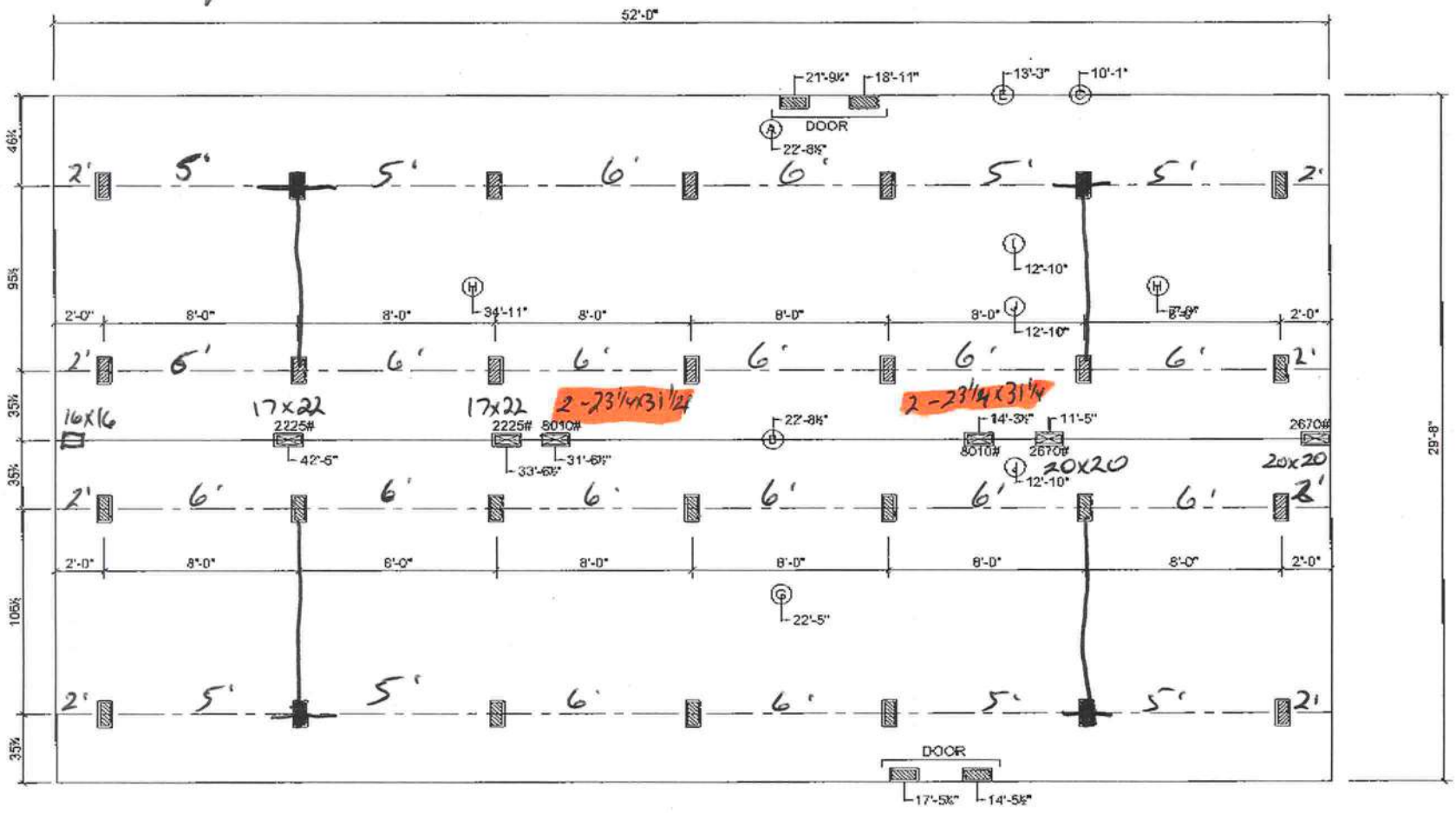
DH 4015, 10/96 (Replaces HRS-H Form 4016 which may be used)
(Stock Number: 5744-002-4015-6)

Johnie Cason

T - 4 110lb All Steel Foundations [illegible] Technology

I - I Beam pier 6' O.C. using 17½x25½ Abs pads

29949



MARRIAGE LINE OPENING SUPPORT PIER/TYP.
SUPPORT PIER/TYP

2/18/08

FOUNDATION NOTES:
- THIS DRAWING IS DESIGNED FOR THE STANDARD WIND ZONE AND IS TO BE USED IN CONJUNCTION WITH THE INSTALLATION MANUAL AND IT'S SUPPLEMENTS.
- FOOTINGS ARE SHOWN FOR EXAMPLE ONLY QUANTITY AND SPACING MAY VARY BASED ON PAD TYPE, SOIL CONDITION, ETC.
- FOOTINGS ARE REQUIRED AT SUPPORT POSTS, SEE INSTALLATION MANUAL FOR REQUIREMENTS.

Live Oak Homes
MODEL: S-3524A - 32 X 52
4-BEDROOM / 2-BATH

(A) MAIN ELECTRICAL
(B) ELECTRICAL CROSSOVER
(C) WATER INLET
(D) WATER CROSSOVER (IF ANY)
(E) GAS INLET (IF ANY)
(F) GAS CROSSOVER (IF ANY)
(G) DUCT CROSSOVER
(H) SEWER DROPS
(I) RETURN AIR (W/OPT. HEAT PUMP OH DUCT)
(J) SUPPLY AIR (W/OPT. HEAT PUMP OH DUCT)

S-3524A

CERTIFICATE OF

M/H OCCUPANCY

COLUMBIA COUNTY, FLORIDA

Department of Building and Zoning Inspection

This Certificate of Occupancy is issued to the below named permit holder for the building and premises at the below named location, and certifies that the work has been completed in accordance with the Columbia County Building Code.

Parcel Number 12-7S-16-04188-001 Building permit No. 000029949

Permit Holder RUSTY KNOWLES

Owner of Building JOHN CASON/CODY LONG

Location: 3327 SW CR 778, FT. WHITE, FL 32038

Date: 03/05/2012

Building Inspector

POST IN A CONSPICUOUS PLACE
(Business Places Only)