

06/04/2007

Columbia County Building Permit

PERMIT
000025879

This Permit Expires One Year From the Date of Issue

APPLICANT J.R. ROANE, II. PHONE _____

ADDRESS 210 SW RIVER OAK COURT FT. WHITE FL 32038

OWNER J.R. ROANE, II. PHONE _____

ADDRESS 210 SW RIVER OAK COURT FT. WHITE FL 32038

CONTRACTOR JACKIE GIBBS PHONE 386.755.2349

LOCATION OF PROPERTY 47-S TO WILSON SPRINGS, TL TO RIVER OAK CT, TL TO DEAD END AND IT'S TH 1ST. DRIVE ON R.

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 A-3 MAX. HEIGHT _____

Minimum Set Back Requirments: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00

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

PARCEL ID 05-7S-16-04137-004 SUBDIVISION PART OF LOTS 15-17 RIVER OAK EST. UNREC

LOT _____ BLOCK _____ PHASE _____ UNIT _____ TOTAL ACRES 4.00

ih0000214

Culvert Permit No. _____ Culvert Waiver _____ Contractor's License Number ih0000214 Applicant/Owner/Contractor J.R. Roane

EXISTING 07-0359-E CFS _____ JTH _____ N _____

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

COMMENTS: EXISTING M/H TO BE REMOVED. 2.31 LEGAL NON-CONFORMIG LOT OF RECORD.

Check # or Cash CASH REC'D.

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

Temporary Power _____ Foundation _____ Monolithic _____
date/app. by _____ date/app. by _____ date/app. by _____

Under slab rough-in plumbing _____ Slab _____ Sheathing/Nailing _____
date/app. by _____ date/app. by _____ date/app. by _____

Framing _____ Rough-in plumbing above slab and below wood floor _____
date/app. by _____ date/app. by _____

Electrical rough-in _____ Heat & Air Duct _____ Peri. beam (Lintel) _____
date/app. by _____ date/app. by _____ date/app. by _____

Permanent power _____ C.O. Final _____ Culvert _____
date/app. by _____ date/app. by _____ date/app. by _____

M/H tie downs, blocking, electricity and plumbing _____ Pool _____
date/app. by _____ date/app. by _____

Reconnection _____ Pump pole _____ Utility Pole _____
date/app. by _____ date/app. by _____ date/app. by _____

M/H Pole _____ Travel Trailer _____ Re-roof _____
date/app. by _____ date/app. by _____ 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 [Signature] CLERKS OFFICE [Signature]

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 INCONVENIENCE. 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.

275.00 left message - w/ Jackie

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 9-22-06) Zoning Official afs 5/30/07 Building Official OK JTH 5-22-07

AP# 0705-51 Date Received 5/22/07 By LH Permit # 25879

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

Comments panel 255 Existing MH to be removed
2-31 legal non-conforming lot of record

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

Site Plan with Setbacks Shown EH Signed Site Plan EH Release Well letter Existing well

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

State Road Access Parent Parcel # _____ STUP-MH _____

Property ID # 05-75-16-04137-004 Subdivision Part of lots 15, 16 & 17 River Dales East. Unrec.

New Mobile Home _____ Used Mobile Home Year 95

Applicant J R ROANE Phone # _____

Address 210 SW RIVER OAK CT FORT WHITE FL 32038

Name of Property Owner AS ABOVE Phone # _____

911 Address _____

Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Progress Energy

Name of Owner of Mobile Home AS ABOVE Phone # _____

Address _____

Relationship to Property Owner Owner

Current Number of Dwellings on Property One

Lot Size _____ Total Acreage 4

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 YES

Driving Directions to the Property 47 S, (R) Wilson Springs, (U) River Dale
ct at dead end, 1st Drive on (R)

Name of Licensed Dealer/Installer Jackie Gibbs Phone # 386-755-2349

Installers Address 1664 SW. Sebastian Co.

License Number IH 0000 214 Installation Decal # 281720

321 155



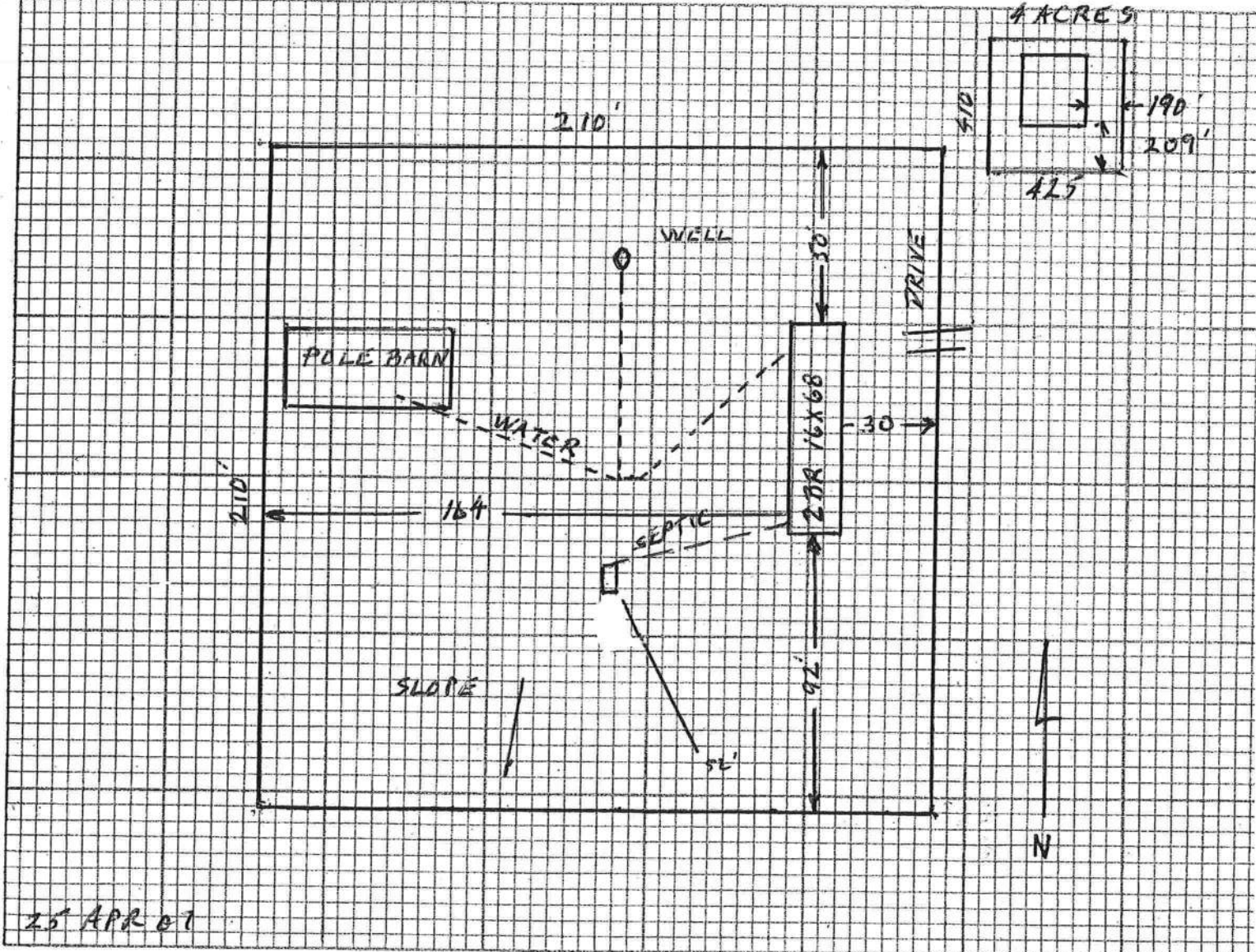
STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 07-0359-F

PART II - SITE PLAN

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



25 APR 07

Notes: PREVIOUS DWELLING TO BE REMOVED AFTER NEW DWELLING APPROVED.
NEW DWELLING TO BE CONNECTED TO EXISTING SEPTIC SYSTEM.

Unable to locate original permit

Site Plan submitted by: *[Signature]*

Signature

Plan Approved *[Signature]*

Not Approved

Title
Date 5/17/07

By *[Signature]* **APPROVED** **Columbia CHD**

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Columbia County Property Appraiser

DB Last Updated: 5/11/2007

2007 Proposed Values

Parcel: 05-7S-16-04137-004 HX

Owner & Property Info

Search Result: 1 of 1

Owner's Name	ROANE JOHN R II		
Site Address	SW RIVER OAK COURT		
Mailing Address	210 SW RIVER OAK COURT FT WHITE, FL 32038		
Use Desc. (code)	MOBILE HOM (000200)		
Neighborhood	5716.01	Tax District	3
UD Codes	MKTA02	Market Area	02
Total Land Area	4.010 ACRES		
Description	E 444.68 FT OF N1/2 OF N1/2 OF S1/2 OF NW1/4 OF NE1/4, EX E 25 FT & E1/2 OF NE1/4 OF NW1/4 OF NE1/4, EX N 396 FT & EX E 25 FT & E 114 68 FT OF W1/2 OF NE1/4 OF NW1/4 OF NE1/4, EX N 396 FT. (AKA PART OF LOTS 15, 16 & 17 RIVER OAKS ESTATES UNR S/D) ORB 731-737, 823-162		

GIS Aerial



Property & Assessment Values

Mkt Land Value	cnt: (2)	\$43,071.00
Ag Land Value	cnt: (0)	\$0.00
Building Value	cnt: (1)	\$5,944.00
XFOB Value	cnt: (1)	\$600.00
Total Appraised Value		\$49,615.00

Just Value	\$49,615.00
Class Value	\$0.00
Assessed Value	\$26,495.00
Exempt Value	(code: HX) \$25,000.00
Total Taxable Value	\$1,495.00

Sales History

Sale Date	Book/Page	Inst. Type	Sale VImp	Sale Qual	Sale RCode	Sale Price
6/5/1996	823/162	WD	I	Q		\$30,000.00
9/18/1990	731/737	WD	V	Q		\$8,500.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	MOBILE HME (000800)	1976	Alum Siding (26)	952	1052	\$5,944.00
Note: All S.F. calculations are based on exterior building dimensions.						

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0294	SHED WOOD/	1996	\$600.00	1.000	12 x 12 x 0	(.00)

Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
000200	MBL HM (MKT)	4.010 AC	1.00/1.00/1.00/1.00	\$10,242.32	\$41,071.00
009945	WELL/SEPT (MKT)	1.000 UT - (.000AC)	1.00/1.00/1.00/1.00	\$2,000.00	\$2,000.00

MOBILE HOME INSTALLER LIMIT POWER OF ATTORNEY

I, Jackie Gibbs, license number IH0000214 authorize John Roane
to be my representative and act on my behalf in all aspects of applying for a mobile
home permit to be placed on the following described property. Property located in
Columbia County, State of Florida.

Mobile Home Owner Name: J R Roane Jr

Property Owner Name: J R Roane Jr

911 Address: 210 SW RIVER OAK CT City FORT WORTH

Sec: _____ Twp: _____ Rge: _____ Tax Parcel # _____

Signed: Jackie Gibbs
Mobile Home Installer

Sworn to and described before me this 28 day of MARCH 2007

Susan Todd
Notary public

Susan Todd Personally known

Notary Name

DL ID _____



Susan Todd
Commission # DD449132
Expires July 10, 2009
Bonded Troy Fair - Insurance, Inc. 800-385-7019

PERM NUMBER

Installer Jacks Gibbs License # TH000214

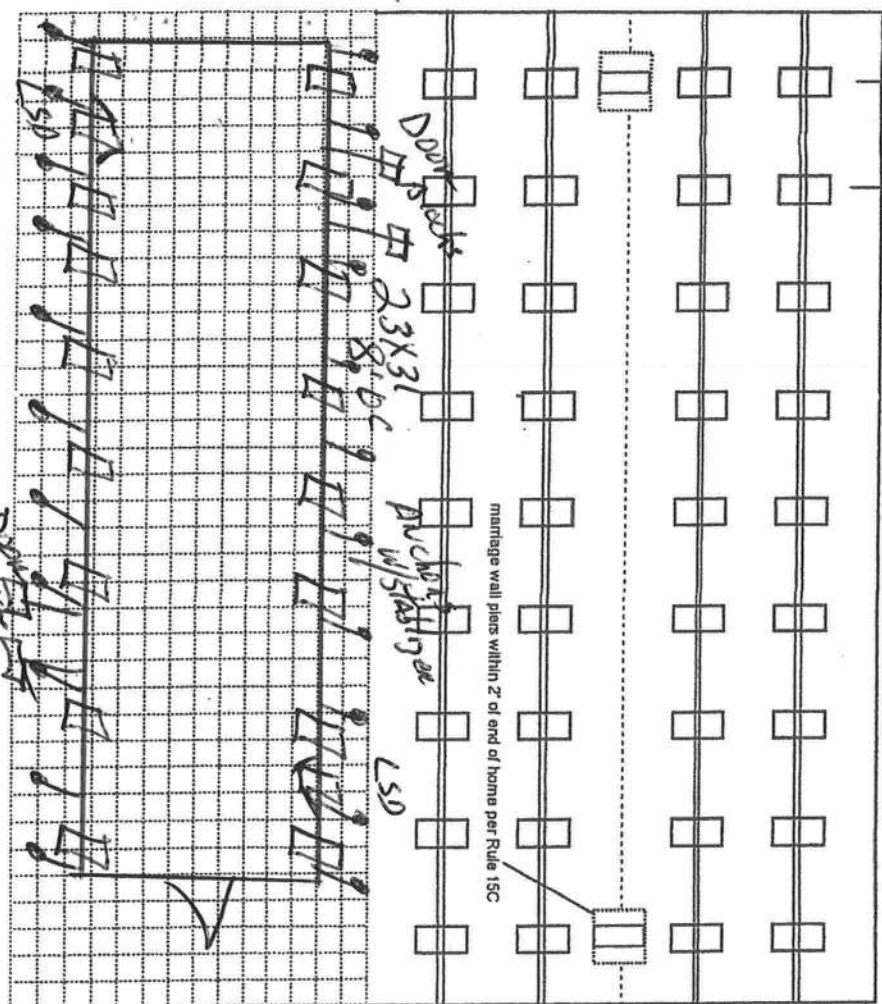
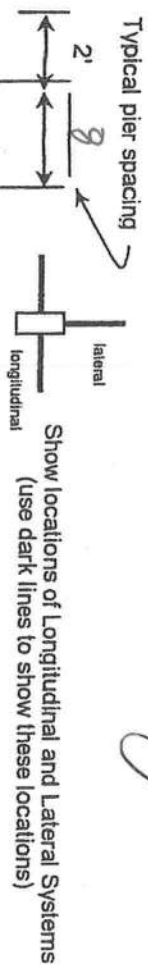
Address of home being installed _____

Manufacturer Alex Steel Length x width 16x68

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 [Signature]



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 # 281720

Triple/Quad Serial # 1062446

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	Footer size (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'

PIER PAD SIZES

I-beam pier pad size 23x31

Perimeter pier pad size 16x16 Doors

Other pier pad sizes (required by the mfg.) _____

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

Opening _____ Pier pad size _____

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 Diya Tech
 Longitudinal Stabilizing Device w/ Lateral Arms
 Manufacturer _____

OTHER TIES

Number _____
 Sidewall _____
 Longitudinal _____
 Marriage wall _____
 Shearwall _____
Open Eaves

POCKET PENETROMETER TEST

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

X 1000 X 1000 X 1000

POCKET PENETROMETER TESTING METHOD

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

X 1000 X 1000 X 1000

TORQUE PROBE TEST

The results of the torque probe test is 280 inch pounds or check here if you are declaring 5" anchors without testing. A test showing 275 inch pounds or less will require 4 foot anchors.

Note: A state approved lateral arm system is being used and 4 ft. anchors are allowed at the sidewall locations. I understand 5 ft anchors are required at all centerline tie points where the torque test reading is 275 or less and where the mobile home manufacturer may requires anchors with 4000 lb holding capacity.

Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Jackie Gibbs

Date Tested

3/28/07

Electrical

Plumbing

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

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 Swale Pad Other

Fastening multi wide units

Floor: Type Fastener: _____ 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, 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

Type gasket 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

Jackie Gibbs

Date 3/29/07

ELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 4-18-07 BY G IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? Yes

OWNERS NAME JR ROANE PHONE _____ CELL _____

ADDRESS 210 SW River Oak, Ft. White 32038

MOBILE HOME PARK N/A SUBDIVISION _____

DRIVING DIRECTIONS TO MOBILE HOME 475 TR Wilson Springs, TN
River Oak, 1st gate on left

MOBILE HOME INSTALLER Jackie Gibbs PHONE 755-2349 CELL _____

MOBILE HOME INFORMATION

MAKE WEXF YEAR 1995 SIZE 16 x 68 COLOR Green

SERIAL No. 10L2446

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/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 REINSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE [Signature] ID NUMBER 306 DATE 4-25-07

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

COUNTY THE MOBILE HOME IS BEING MOVED FROM Alaucha
OWNERS NAME John Roane PHONE ³⁸⁶ 497-3985 CELL 352-316-4645
INSTALLER Jackie Gibbs PHONE 755-2349 CELL 365-8964
INSTALLERS ADDRESS 1664 S.W. Sebastian Cr. L.C.

MOBILE HOME INFORMATION

MAKE Wexford YEAR 1995 SIZE 16 x 68
COLOR TAN SERIAL No. 10L 2446
WIND ZONE 11 SMOKE DETECTOR yes

INTERIOR:
FLOORS good
DOORS Rear back door good
WALLS good
CABINETS good
ELECTRICAL (FIXTURES/OUTLETS) good

EXTERIOR:
WALLS / SIDING good
WINDOWS good
DOORS Rear back door

STATUS:
APPROVED NOT APPROVED

NOTES: ok to move into Columbia County FSP

INSTALLER OR INSPECTORS PRINTED NAME _____

Installer/Inspector Signature Jackie Gibbs License No. IHO000214 Date 3/28/07

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.

fax - 8-2160

