

DATE 08/02/2004

Columbia County Building Permit

PERMIT

This Permit Expires One Year From the Date of Issue

000022152

APPLICANT JESSE GOODMAN PHONE 454-7864

ADDRESS 449 SE HAPPY VALLEY ROAD HIGH SPRINGS FL 32643

OWNER JESSE GOODMAN PHONE 454-7864

ADDRESS 696 SW BOBCAT DRIVE FT. WHITE FL 32038

CONTRACTOR VIC ETHERIDGE PHONE

LOCATION OF PROPERTY 47S, TL ON 27, TR ON BOBCAT DRIVE, ON RIGHT AFTER 3RD CURVE
SGN WITH LOT 104

TYPE DEVELOPMENT MH,UTILITY ESTIMATED COST OF CONSTRUCTION .00

HEATED FLOOR AREA TOTAL AREA HEIGHT .00 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. 0 FLOOD ZONE X DEVELOPMENT PERMIT NO.

PARCEL ID 19-7S-17-10024-104 SUBDIVISION SASSAFRAS ACRES

LOT 104 BLOCK PHASE UNIT TOTAL ACRES 1.09

IH0000144

Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor

EXISTING 04-0727-N BK RK Y

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

COMMENTS: ONE FOOT ABOVE THE ROAD

Check # or Cash 1919

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

Temporary Power Foundation Monolithic

Under slab rough-in plumbing Slab Sheathing/Nailing

Framing Rough-in plumbing above slab and below wood floor

Electrical rough-in Heat & Air Duct Peri. beam (Lintel)

Permanent power C.O. Final Culvert

M/H tie downs, blocking, electricity and plumbing Pool

Reconnection Pump pole Utility Pole

M/H Pole Travel Trailer Re-roof

BUILDING PERMIT FEE \$.00 CERTIFICATION FEE \$.00 SURCHARGE FEE \$.00

MISC. FEES \$ 200.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 11.34 WASTE FEE \$ 24.50

FLOOD ZONE DEVELOPMENT FEE \$ CULVERT FEE \$ TOTAL FEE 285.84

INSPECTORS OFFICE CLERKS OFFICE

NOTICE: IN ADDITION TO THE REQUIREMENTS OF THIS PERMIT, THERE MAY BE ADDITIONAL RESTRICTIONS APPLICABLE TO THIS PROPERTY THAT MAY BE FOUND IN THE PUBLIC RECORDS OF THIS COUNTY. AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.

"WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT."

This Permit Must Be Prominently Posted on Premises During Construction

PLEASE NOTIFY THE COLUMBIA COUNTY BUILDING DEPARTMENT AT LEAST 24 HOURS IN ADVANCE OF EACH INSPECTION. IN ORDER THAT IT MAY BE MADE WITHOUT DELAY OR INCONVIENCE, PHONE 758-1008. THIS PERMIT IS NOT VALID UNLESS THE WORK AUTHORIZED BY IT IS COMMENCED WITHIN 6 MONTHS AFTER ISSUANCE.

The Issuance of this Permit Does Not Waive Compliance by Permittee with Deed Restrictions.

The well affidavit, from the well driller, is required before the permit can be issued.

This application must be completely filled out to be accepted. Incomplete applications will not be accepted.

left message - 7/26/04 GT
23.07.04

For Office Use Only

Zoning Official BLK Building Official RK 7-26-04

AP# 0407-51 Date Received 7/17/04 By JW Permit # 22152

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

Comments

NEED POE-MNH
dp/ok via phone
*BENE, NTP Plan Attached.

Property ID # 19-75-17-10024-104 *(Must have a copy of the property deed)

Lot 104 SASSAFRAS ACRES

New Mobile Home _____ Used Mobile Home ✓ Year 91

Applicant Jesse Goodman Phone # 386-454-7844

Address 449 SE HAPPY Valley Rd. High Springs FL 32643

Name of Property Owner Jesse Goodman Phone# 386-454-7844

Address 449 SE HAPPY Valley Rd High Springs FL 32643

911-ADDRESS: 696 SW BOBCAT DR, Fort White FL 32038

Name of Owner of Mobile Home Jesse Goodman Phone # 386-457-7844

Address 449 SE HAPPY Valley Rd. High Springs FL 32643

Relationship to Property Owner Self

Current Number of Dwellings on Property None

Lot Size 273' x 125' Total Acreage 1.09

Current Driveway connection is Bob Cat Drive, Fort White FL 32038

Is this Mobile Home Replacing an Existing Mobile Home no (Owe SA)

Name of Licensed Dealer/Installer Vic Edwards Phone # 386-462-2554

Installers Address PO Box 3266 High Springs, FL 32655

License Number FL 144 Installation Decal # 218528

The Permit Worksheet (2 pages) must be submitted with this application.

Installers Affidavit and Letter of Authorization must be notarized when submitted.

475, TL on 27, TR on Bobcat DR, on right after

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 700 psi or check here to declare 1000 lb. soil without testing.

X 1000 X 800 X

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 700 X X

TORQUE PROBE TEST

The results of the torque probe test is 100 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 slate 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

Vic Estrada

Date Tested

7-9-04

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 141A

Plumbing

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

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

Site Preparation

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

Fastening multi wide units

Floor: Type Fastener: 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: Installed:
Pg Between Floors Yes
Between Walls Yes
Bottom of ridgebeam Yes

Weatherproofing

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

Miscellaneous

Skirting to be installed. Yes No
Dryer vent installed outside of skirting. Yes N/A
Range downflow vent installed outside of skirting. Yes N/A
Drain lines supported at 4 foot intervals. Yes
Electrical crossovers protected. Yes N/A
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

Date 7-15-04

PERMIT NUMBER

PERMIT WORKSHEET

Installer McShane License # 11000114

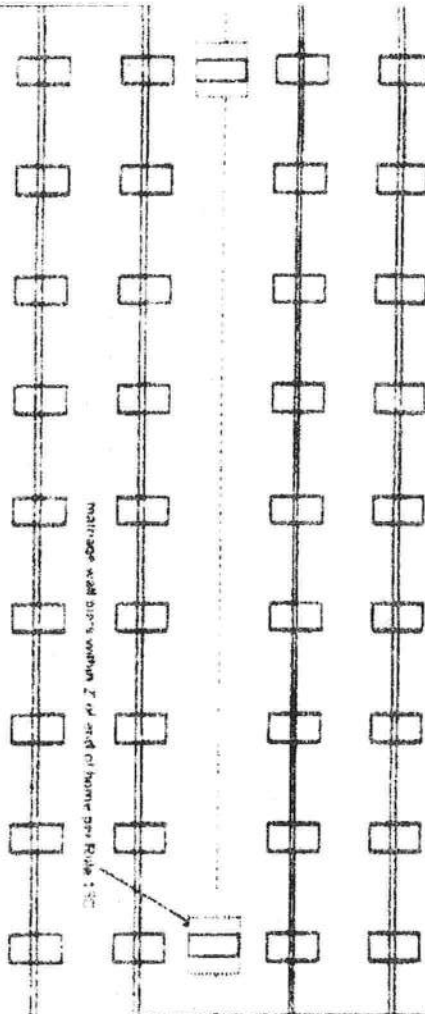
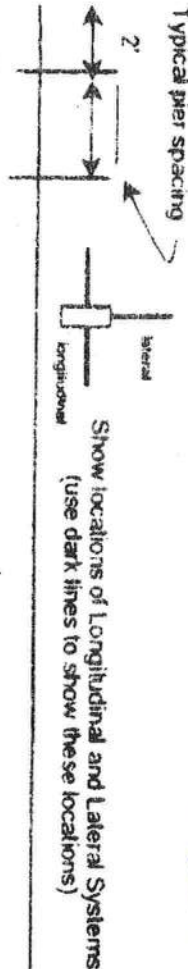
Address of home being installed _____

Manufacturer _____ Length x width 14x70

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 DS



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 # 218528

Triple/Quad ☐ Serial # _____

PIER SPACING TABLE FOR USED HOMES

| Load bearing capacity (sq ft) | 16' x 16' (256) | 16 1/2' x 16 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

POPULAR PAD SIZES

| | | | |
|--|--------------|-------------------|-------|
| I-beam pier pad size | <u>12x25</u> | Pad Size | Sq ft |
| Perimeter pier pad size | <u>41A</u> | 16 x 16 | 256 |
| Other pier pad sizes (required by the mfg) | <u>16x16</u> | 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 |

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

ANCHORS

Opening _____ Pier pad size _____

4 ft _____ 5 ft ☒

TIEDOWN COMPONENTS

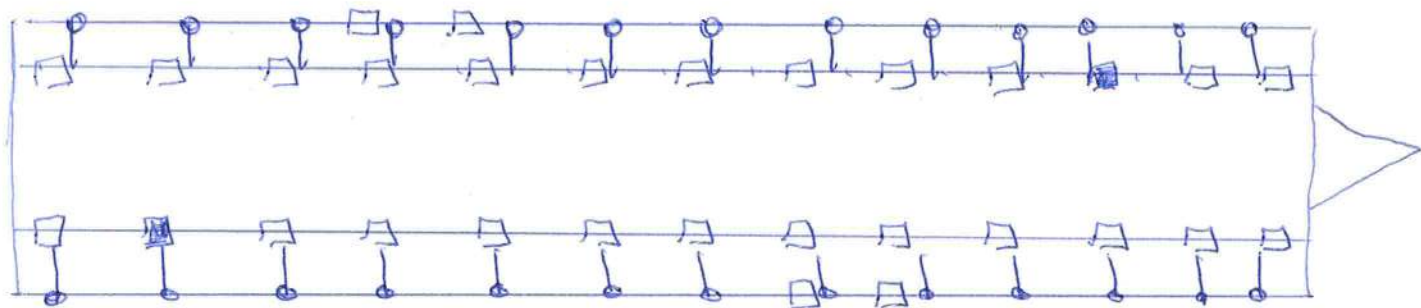
OTHER TIES

Longitudinal Stabilizing Device (LSD) OLIVER STRAP


Manufacturer OLIVER STRAP

Longitudinal Stabilizing Device w/ Lateral Arms STRAP

Manufacturer STRAP



Piers on 17x25 ABS Piers on 5' 1" center
 5' Anchors on 5' 4" center

 OLIVER Tech longitudinal Stabilizer
 Devices

AAA
MOBILE HOME TRANSPORT

Phone (352) 372-1366

Home (386) 462-7554

Mobile (352) 316-0953

State Lic# IH0000144

Vic Etheridge

Owner/Operator

DATE 7-16-09

NAME OF LICENSE HOLDER Vic Etheridge

LICENSE CERTIFICATE # 7110000 144

THE FOLLOWING PERSON(S) ARE AUTHORIZED TO SIGN FOR PERMITS FOR THE ABOVE REFERENCED LICENSE HOLDER.

NAME(S) : PLEASE PRINT

SIGNATURE(S)

RELATIONSHIP

| | | |
|---------------|---------------|----------|
| Jesse Goodman | Jesse Goodman | Customer |
| | | |
| | | |
| | | |
| | | |
| | | |

Authorization forms are good 12 months of dated form. (Unless otherwise specified if less than 12 months _____)

The foregoing instrument was acknowledged before me this _____ day of _____

by _____ who is personally known to me or has produced

identification Type of Identification _____ # _____

Signature of License Holder _____

Signature of Notary _____

Commission # & Seal/Stamp:

MOBILE HOME INSTALLER AFFIDAVIT

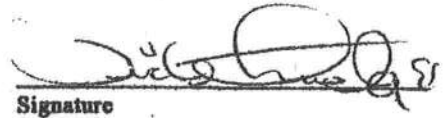
As per Florida Statutes Section 320.8249 Mobile Home Installers License:

Any person who engages in mobile home installation shall obtain a mobile home installers license from the bureau of Mobile Home and Recreational Vehicle Construction of the Department of Highway Safety and Motor Vehicles pursuant to this section. Said license shall be renewed annually, and each licensee shall pay a fee of \$150.

I V.C. Ethendare license number T11000144 do hereby state that the
(Please Print)

installation of the manufactured home at 696 Saw. BOB CAT LN
Fort White, FL will be done under my
(911 Address) 32038

supervision.


Signature

Sworn to and subscribed before me this 12 day of July A. D. 2004

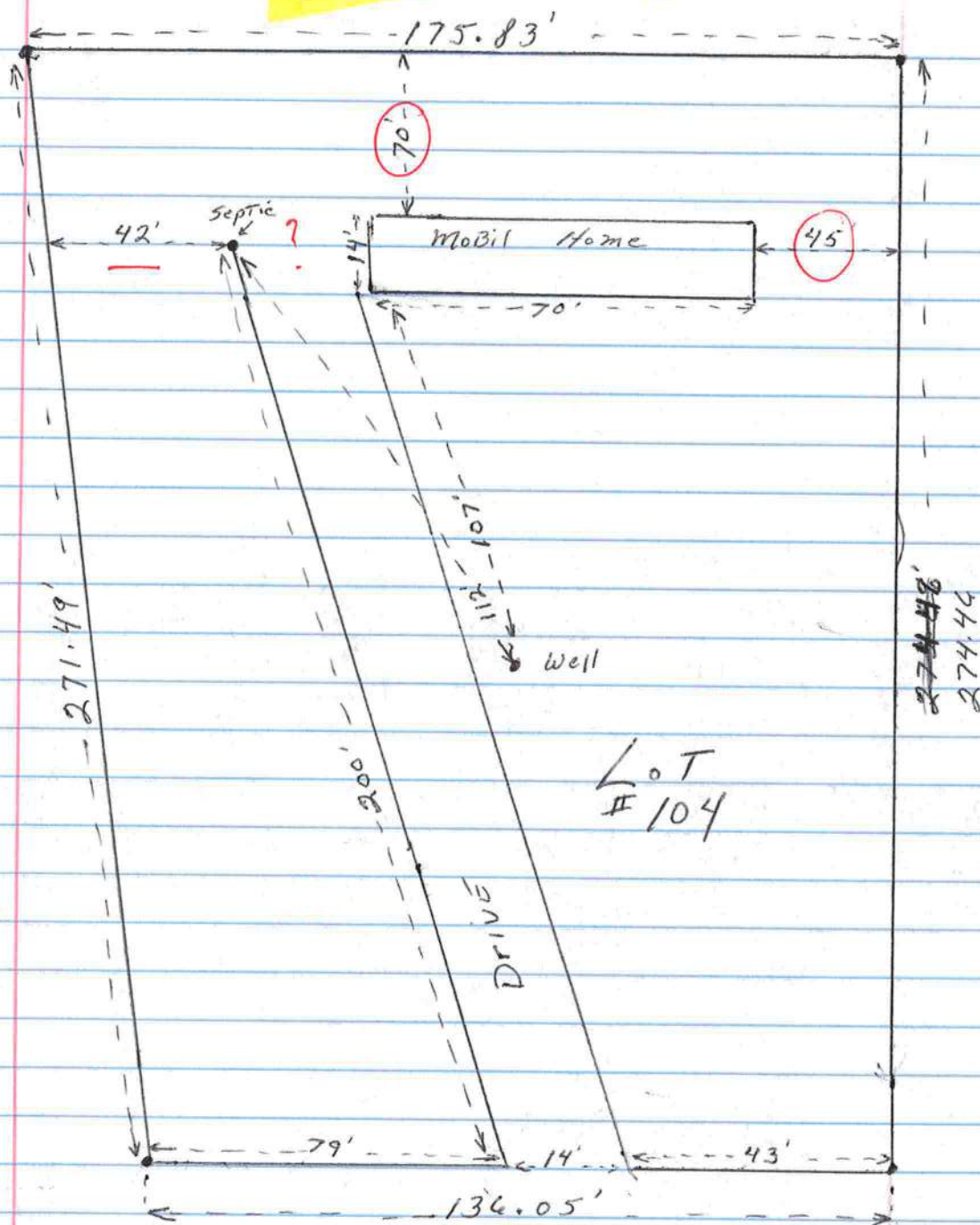
Notary Public Tia M. Bonnell My commission expires: 4/17/08
Signature Date

TIA M. BONNELL
Notary Public, State of Florida
My comm. exp. Apr. 17, 2008
Comm. No. DD 286093

Please Allow Lesse or Sally Goodwin
to pour a permit to install a mobile
home in Columbia County AT 696 BOB CAT LN
Fort White, FL 32038

I understand

V.C. Ethendare



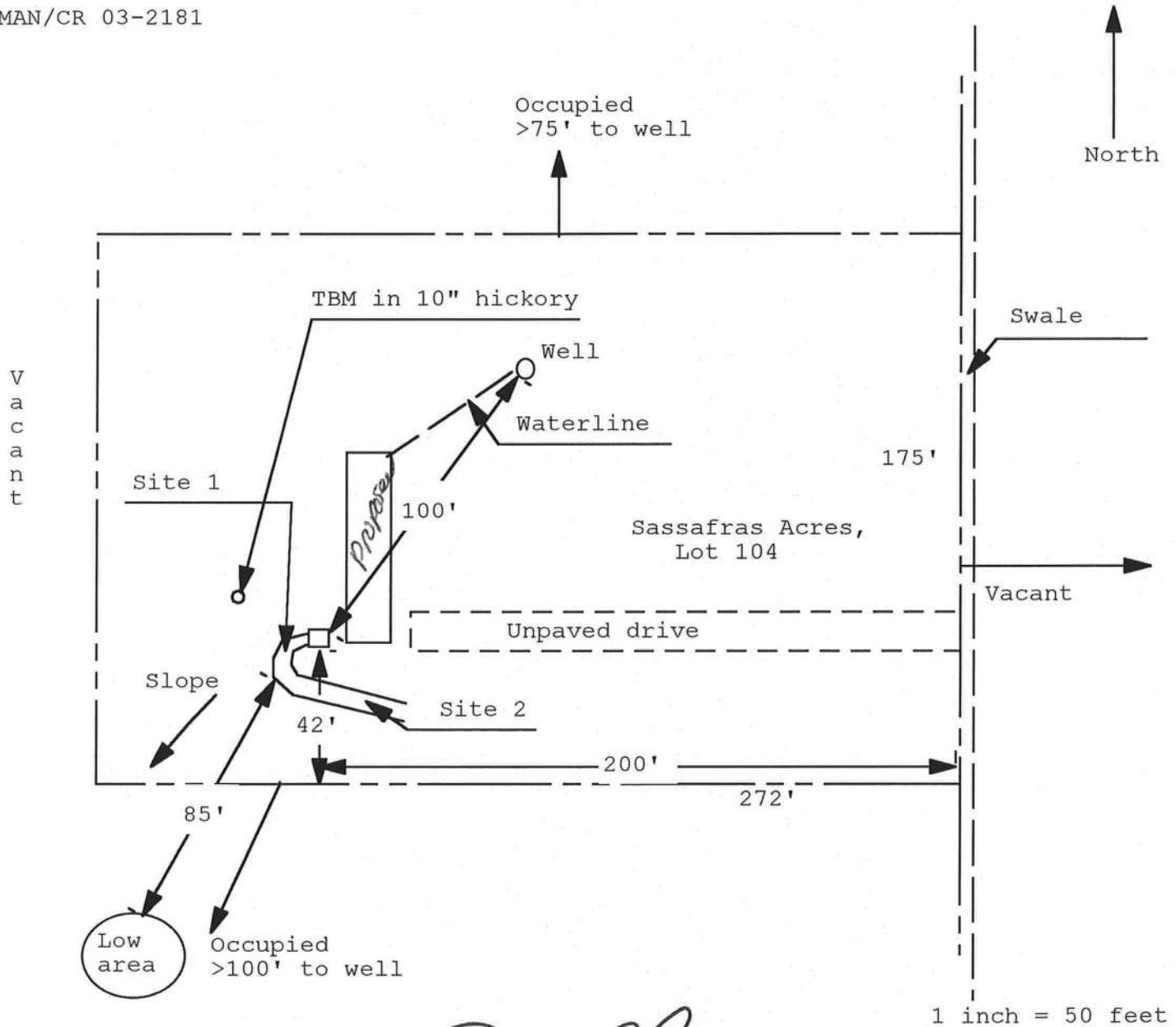
← Bob CAT Drive →

696 S.W. Bob CAT Drive
Fort White, FL.
32038

**Application for Onsite Sewage Disposal System
Construction Permit. Part II Site Plan**
Permit Application Number: 04-0727N

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT

GOODMAN/CR 03-2181



Site Plan Submitted By Paul Lloyd Date 6/28/04
Plan Approved Paul Lloyd Not Approved Debrah Loh C Date 6/28/04
By Paul Lloyd CPHU 7-2-04

Notes: _____

AV0000887
H. RAY WALKER
COLUMBIA COUNTY TAX COLLECTOR

2000 REAL ESTATE
NOTICE OF AD VALOREM TAXES AND NON-AD VALOREM ASSESSMENTS

01259740000

| ACCOUNT NUMBER | ESCROW CD | ASSESSED VALUE | EXEMPTIONS | TAXABLE VALUE | MILLAGE CODE |
|----------------|-----------|----------------|------------|---------------|--------------|
| R10024-104 | | 4,905 | 0 | 4,905 | 003 |

R

0000887 01 AV 0.243 **AUTO T4 0 0810 32038-1



GOODMAN JESSE & SALLY J
RT 1 BX 3215
FORT WHITE FL 32038-9533

99638
534

5570037627

19-7S-17 0000/ 1.09 Acres
LOT 104 SASSAFRAS ACRES S/D.
ORB 529-277, 645-646, 813-1872
894-1399,

AD VALOREM TAXES

| TAXING AUTHORITY | MILLAGE RATE (DOLLARS PER \$1,000 OF TAXABLE VALUE) | TAXES LEVIED |
|------------------------------------|---|--------------|
| C001 BOARD OF COUNTY COMMISSIONERS | 8.7260 | 42.80 |
| S002 COLUMBIA COUNTY SCHOOL BOARD | | |
| DISCRETIONARY | .7600 | 3.73 |
| LOCAL | 5.9450 | 29.16 |
| CAPITAL OUTLAY | 2.0000 | 9.81 |
| W SR SUWANNEE RIVER WATER MGT DIST | .4914 | 2.41 |
| HLSH LAKE SHORE HOSPITAL AUTHORITY | 1.5000 | 7.36 |
| IDA INDUSTRIAL DEVELOPEMENT AUTH | .1380 | .68 |

Paul March 28-2001

TOTAL MILLAGE 19.5604

AD VALOREM TAXES

\$95.95

NON-AD VALOREM ASSESSMENTS

| LEVYING AUTHORITY | RATE | AMOUNT |
|----------------------------|------|--------|
| NON-AD VALOREM ASSESSMENTS | | \$.00 |

AC60996385534

RETAIN
THIS
PORTION
FOR
YOUR
RECORDS

COMBINED TAXES AND ASSESSMENTS

\$95.95

PAY ONLY
ONE AMOUNT

See reverse side for
important information.

| IF PAID BY PLEASE PAY | Nov 30 92.11 | Dec 31 93.07 | Jan 31 94.03 | Feb 28 94.99 | Mar 31 95.95 |
|--------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|
|--------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|

IF PAID
BY

0407-51



APPROXIMATE SCALE IN FEET



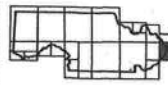
NATIONAL FLOOD INSURANCE PROGRAM

FIRM
FLOOD INSURANCE RATE MAP

COLUMBIA
COUNTY,
FLORIDA
(UNINCORPORATED AREAS)

PANEL 270 OF 290

PANEL LOCATION



COMMUNITY-PANEL NUMBER
120070 0270 B

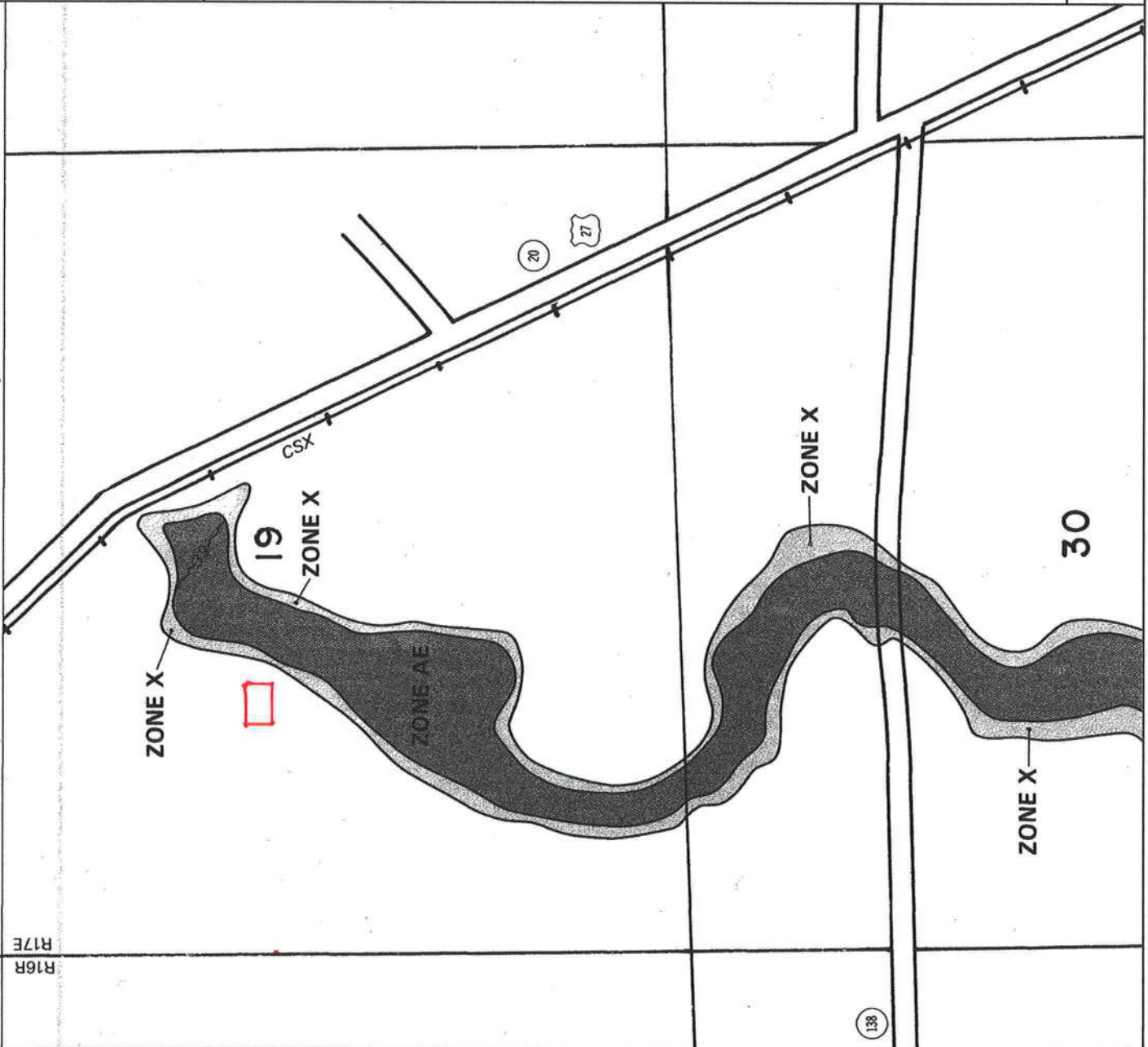
EFFECTIVE DATE:
JANUARY 6, 1988



Federal Emergency Management Agency

This is an official copy of a portion of the above referenced flood map. It was extracted using F-MIT Version 1.0. This map does not reflect changes or amendments which may have been made subsequent to the date on the title block. Further information about National Flood Insurance Program flood hazard maps is available at www.fema.gov/mit/tsd.

Print Date: 7/23/2004 (printed at scale and type A)



COLUMBIA COUNTY INSPECTION SHEET

DATE 7/26/04 INSPECTION TAKEN BY GT

BUILDING PERMIT # _____ CULVERT / WAIVER PERMIT # _____

WAIVER APPROVED _____ WAIVER NOT APPROVED _____

PARCEL ID # _____ ZONING _____

SETBACKS: FRONT _____ REAR _____ SIDE _____ HEIGHT _____

FLOOD ZONE _____ SEPTIC _____ NO. EXISTING D.U. _____

TYPE OF DEVELOPMENT Pre-Inspection

SUBDIVISION (Lot/Block/Unit/Phase) _____

OWNER Jesse Goodman PHONE 454-7864

ADDRESS 696 SW Bobcat Dr. Ft. White 32038

CONTRACTOR _____ PHONE _____

LOCATION 475, TL on 27, TR Bobcat Dr, on right after 3rd curve - Sign Lot 104

COMMENTS: Call before going

INSPECTION(S) REQUESTED: _____ INSPECTION DATE: _____

☐ Temp Power ☐ Foundation ☐ Set backs ☐ Monolithic Slab
☐ Under slab rough-in plumbing ☐ Slab ☐ Framing
☐ Rough-in plumbing above slab and below wood floor ☐ Other _____
☐ Electrical Rough-in ☐ Heat and Air duct ☐ Perimeter Beam (Lintel)
☐ Permanent Power ☐ CO Final ☐ Culvert ☐ Pool ☐ Reconnection
Pre- ☐ M/H tie downs, blocking, electricity and plumbing ☐ Utility pole
☐ Travel Trailer ☐ Re-roof ☐ Service Change ☐ Spot check/Re-check

INSPECTORS: _____
 APPROVED ☒ NOT APPROVED _____ BY [Signature] POWER CO. _____

INSPECTORS COMMENTS: _____

**NORTH FLORIDA WATER SYSTEMS, INC.**11814 NW 202 STREET
ALACHUA, FLORIDA 32615**(386) 462-PUMP (7867)****(386) 454-PUMP (7867)**

PHONE

454-7864

DATE

7/13/04

NAME

Jesse Goodman

ADDRESS

SASSAPARASS AVE #104 (Bobcat Lane)

High Springs 32643

| QTY. | DESCRIPTION | PRICE | AMOUNT |
|-------------|------------------------------|-------|---------|
| | well 60' | | |
| | Casing 55' | | |
| | Water level 25' | | |
| | pump setting 50' | | |
| 1 | 4" well, the stainless pump, | | |
| | 90 gallon well-mate tank | 2300 | 00 |
| 1 | SRS system | | 350 00 |
| | 12 month full warranty | | |
| | on system, 5yr on tank, | | |
| | Excludes Freeze & AHTS | | |
| | Thank you call anytime | | |
| | 454-7867 (pump) | | |
| | | TAX | |
| RECEIVED BY | Pd CASH 7/13/04 | TOTAL | 2650 00 |

5% INTEREST WILL BE CHARGED
AFTER 30 DAYS.**THANK YOU**