

DATE 07/26/2007

Columbia County Building Permit

PERMIT

This Permit Expires One Year From the Date of Issue

000026065

APPLICANT CORBIN HALL PHONE 754-7492
ADDRESS 175 NW MADELIENE TERR LAKE CITY FL 32055
OWNER CORBIN HALL PHONE 754-7492
ADDRESS 175 NW MADELIENE TERR LAKE CITY FL 32055
CONTRACTOR BRUCE GOODSON PHONE 755-1783
LOCATION OF PROPERTY 90W, TR ON TURNER AVE, TL ON CAROL PLACE, TL ON MADELIENE, 2ND LOT ON LEFT

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 RSFMH2 MAX. HEIGHT
Minimum Set Back Requirments: STREET-FRONT 25.00 REAR 15.00 SIDE 10.00
NO. EX.D.U. 1 FLOOD ZONE X DEVELOPMENT PERMIT NO.

PARCEL ID 28-3S-16-02366-017 SUBDIVISION PARCEL 17
LOT BLOCK PHASE UNIT TOTAL ACRES

IH0000702
Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor
EXISTING 07-466-M BK JH N
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: ONE FOOT ABOVE THE ROAD

Check # or Cash 1011

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

Temporary Power date/app. by Foundation date/app. by Monolithic date/app. by
Under slab rough-in plumbing date/app. by Slab date/app. by Sheathing/Nailing date/app. by
Framing date/app. by Rough-in plumbing above slab and below wood floor date/app. by
Electrical rough-in date/app. by Heat & Air Duct date/app. by Peri. beam (Lintel) date/app. by
Permanent power date/app. by C.O. Final date/app. by Culvert date/app. by
M/H tie downs, blocking, electricity and plumbing date/app. by Pool date/app. by
Reconnection date/app. by Pump pole date/app. by Utility Pole date/app. by
M/H Pole date/app. by Travel Trailer date/app. by Re-roof 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 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.

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only

(Revised 6-23-05)

Zoning Official _____

Building Official OK JTH 8-14-07

AP# 0706-46

Date Received 6/13

By JW

Permit # 26065

Flood Zone _____

Development Permit _____

Zoning _____

Land Use Plan Map Category _____

Comments PRE.MH

Existing MH to be removed

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

- Property ID # 28-35-16-D366-017 Must have a copy of the property deed
- New Mobile Home _____ Used Mobile Home ☒ Year 1981
- Applicant Corbin Hall Phone # 754-7492
- Address 175 NW Madeline Terrace LC FL
- Name of Property Owner Corbin Hall Phone# 754-7492
- 911 Address 175 NW Madeline Terrace LC FL
- Circle the correct power company:
(Circle One) - FL Power & Light - Clay Electric
Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home Same as above Phone # _____
Address _____
- Relationship to Property Owner Same
- Current Number of Dwellings on Property 1
- Lot Size _____ Total Acreage 1.26
- Do you : Have an Existing Drive or need a Culvert Permit or a Culvert Waiver (Circle one)
- Is this Mobile Home Replacing an Existing Mobile Home Yes
- Driving Directions to the Property 90 to Turner Road
turn on Turner follow to (C) on Canal
Place follow to stop sign, turn (C) on
Madeline - Lot 1st on (C)
- Name of Licensed Dealer/Installer Bruce Goodson Phone # 755-1783
- Installers Address 15035W CR 252B LC FL 32024
- License Number TH-2000702 Installation Decal # 287423

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 000 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 274 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 JS

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Steve Jackson

Date Tested

6/12/07

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.

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 ☒ Swale ☒ Pad ☐ Other ☐

Fastening multi wide units

Floor: Type Fastener: L209 Length: 6" Spacing: 24"
Walls: Type Fastener: N/A Length: N/A Spacing: 24"
Roof: Type Fastener: 2x4 Length: 24" Spacing: 24"
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 JS

Type gasket Pg.

Joan

Installed:

Between Floors ☒ Yes
Between Walls ☒ Yes
Bottom of ridgebeams ☒ 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

Steve Jackson

Date

6/13/07

PERMIT NUMBER

Installer Bruce Goodson License # 740000702

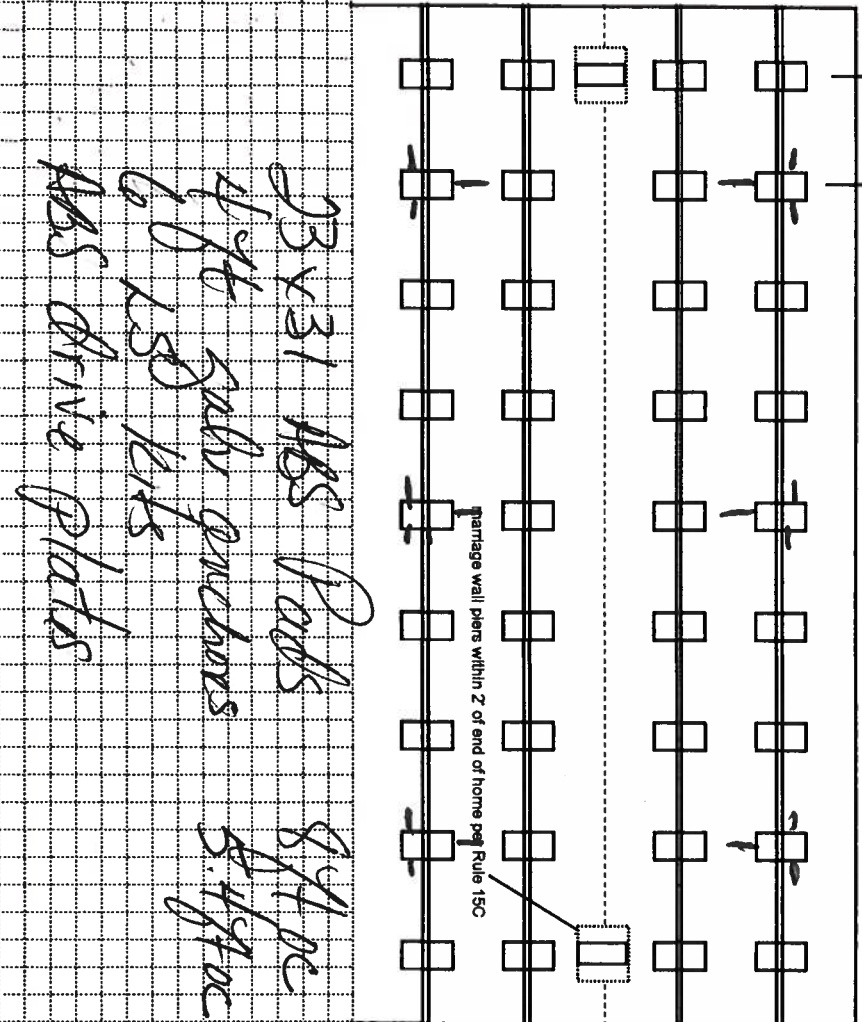
Address of home being installed 175 NW Maplehurst Terrace

Manufacturer High Length x width 28x70

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 BS



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 # ☐

Triple/Quad ☐ Serial # 3062 A/B

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	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 23x31

Perimeter pier pad size N/A

Other pier pad sizes (required by the mfg.) N/A

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 20' Pier pad size 23x31

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

OTHER TIES

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD) Manufacturer QUICKTECH

Sidewall Longitudinal Marriage wall Shearwall Number NA



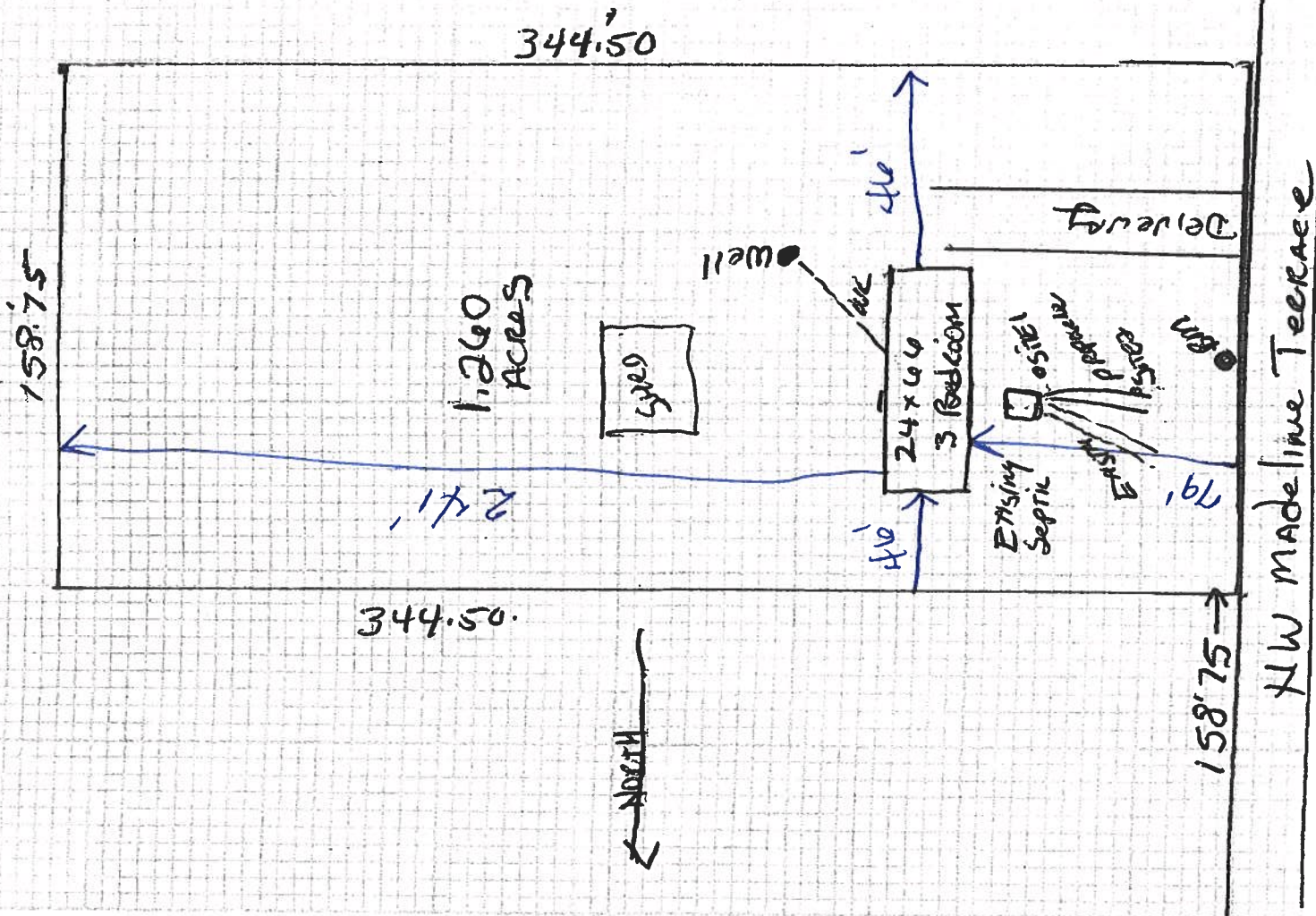
STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 07-0446-M

PART II - SITE PLAN

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



Notes: Coele Hall

175 HW Madeline Terrace

28-35-16-02366-017

Site Plan submitted by: Robert W. Joel
Signature

Plan Approved ☒ Not Approved ☐

Agust
Title
Date 6/7/07

MM & M Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

MORTGAGORS AFFIDAVIT
(INDIVIDUAL)

THIS IS AN AFFIDAVIT MADE UNDER OATH. THE MAKING OF A FALSE STATEMENT WILL SUBJECT THE AFFIANT TO SEVERE CRIMINAL PENALTIES.

BEFORE ME, the undersigned authority, personally appeared Affiant(s), Corbin W. Hall, III who being by me first duly sworn on oath, depose(s) and say(s):

1. Affiant(s) is/are the owner(s) of the following described property:

Commence at the Southwest Corner of the NE 1/4 of SE 1/4, Section 28, Township 3 South, Range 16 East, Columbia County, Florida, and run thence S 89 deg. 17'10" E, along the South line of said NE 1/4 of SE 1/4, 396.18 feet to the East Right of Way of Madeliene Street continue N 0 deg. 30' W, along said East line 158.75 feet; thence S 89 deg. 17'10" E, 344.50 feet; thence S 0 deg. 30' E, 158.75 feet; thence N 89 deg. 17'10" W, 344.50 feet to the Point of Beginning. LESS AND EXCEPT 10 foot easement for utility purposes, also known as Lot 17, of an unrecorded subdivision.

2. Affiant(s) is/are in exclusive, full, complete and undisputed possession of the above described property and any personal property included therewith; there are no leases, options, claims, unpaid taxes, assessments or interest of any kind held thereon; title has not been transferred; and said property is free and clear of all liens, taxes, encumbrances, and claims of every kind, nature and description, except for real property taxes for the current year, and except as shown in Title Commitment Number 07-0177.
3. There have been no improvements, alterations, or repairs to the above described property for which costs thereof remain unpaid; there are no claims for labor, material or services furnished or performed for repairing or improving the same which remain unpaid; there are no mechanics', materialman's or laborers' liens against the above described property; and no labor has been performed within the last 90 days which has not been paid in full in regards to said premises or personal property.
4. No judgments or decrees have been entered in any Court of this State or of the United States of America against Affiant which remain unsatisfied or unpaid; there exist no funds due to the Internal Revenue Service which remain unpaid which may result in a lien against the above described real property; and Affiant is not a nonresident alien for United States Income Tax purposes and Affiant's Federal Tax Payer I.D. Number (SS#) is as shown as below.
5. This affidavit is made for the purpose of inducing Peoples State Bank to accept the mortgage loan being given to refinance the above described property, and inducing Ticor Title Insurance hereinafter, "Underwriter", to authorize Sierra Title, LLC hereinafter "Policy Issuing Agent", to issue Underwriter's Policy of Title Insurance insuring the lien of mortgage.

6. Affiant(s) agree(s) to indemnify and hold Policy Issuing Agent and Underwriter harmless of and from all loss, cost, damage and expense of every kind, including attorneys' fees, which Policy Issuing Agent and Underwriter shall sustain or become liable for under It's policy of title insurance now to be issued on account of or in reliance upon any statements made herein, including but not limited to, any matters that may be recorded between the effective date of the Commitment referenced above and the time of the recording the instrument described in said Commitment.
7. Affiant(s) is/are familiar with the nature of an oath and with the penalties as provided by the laws of the State of Florida for falsely swearing to statements in an instrument of this nature. Affiant(s) affirm(s) he has read the foregoing affidavit and fully understands the facts contained herein. For the purposes of this affidavit. The use of the word "he" is intended and understood to mean all persons executing this affidavit be it "he", "she" or "they", and singular shall include plural, when indicated.


Further, Affiant Sayeth naught.


Corbin W. Hall, III - Borrower

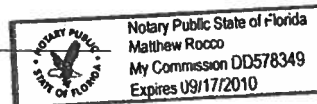
Social Security Numbers, respectively:

State of: Florida
County of: Columbia

Sworn to and subscribed before me on May 17, 2007 by Corbin W. Hall, III who is/are personally known to me or who has/have produced APC as identification and who did take an oath.


Notary Public Signature
Print Notary Public Name: _____

My Commission expires: _____
Notary Seal



29	I	LYV	2133
AUDIT #			



STATE OF FLORIDA
APPLICATION FOR VEHICLE/VESSEL
CERTIFICATE OF TITLE

L# 834051
T# 492676065
B# 469206

TITLE NUMBER	VEHICLE/VESSEL IDENTIFICATION #	YR. MAKE	MAKE or MANUFACTURER	BODY TYPE	VEHICLE COLOR	WT/LENGTH	GVW/LOC	
19390184	GAFL2AA51053662	1981	HIGH	HS	UNK	66'		
DATE OF ISSUE MO. DAY YEAR	TRANS CODE	VEHICLE USE	HULL MATERIAL	PROPULSION	FUEL	VESSEL TYPE	WATER	FL NUMBER
04 10 07	TRT	PRIVATE						

Applicant/Owner's Name & Address
CORBIN WILLIAM HALL III AND MARY LEANN HALL
175 NW MADELINE TER
LAKE CITY, FL 32055

BIRTHDATE				RESIDENT		CNTY	
SEX	MO.	DAY	YEAR	Y	N	ALIEN	RES.#
M	01	31	69	X			29

1st OWNER FL/DL# OR F.E.I.D.# 2nd OWNER FL/DL# OR UNIT #

H400119690310

H400592767580

VOLUNTARY CONTRIBUTIONS

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AGENCY FEE	TITLE FEE	SALES TAX	GRAND TOTAL
4.75	25.00	0.00	29.75

Action Requested: TRANSFER TITLE

Brands:

PREV. STATE	DATE ACQUIRED	NEW	USED	ODOMETER / VESSEL MANUFACTURER	ODOMETER DECLARATION CERTIFICATION
FL	04/09/2007		XX		<input type="checkbox"/>

LIEN INFORMATION	DATE OF LIEN	RECEIVED DATE	FEID # OR FL / DL AND SEX AND DATE OF BIRTH	DMV ACCOUNT #
NAME OF FIRST LIENHOLDER:				
ADDRESS				
			SALVAGE TYPE	

SELLER INFORMATION	
NAME OF SELLER, FLORIDA DEALER, OR OTHER PREVIOUS OWNER	
ADDRESS	
DEALER LICENSE NO.	
CONSUMER OR SALES TAX EXEMPTION #	

SALES TAX AND USE REPORT	INDICATE TOTAL PURCHASE PRICE, INCLUDING ANY UNPAID BALANCE DUE SELLER, BANK OR OTHERS	\$
TRANSFER OF TITLE <input type="checkbox"/> PURCHASER HOLDS VALID IS EXEMPT FROM EXEMPTION CERTIFICATE		
FLORIDA SALES OR <input type="checkbox"/> VEHICLE / VESSEL WILL BE USED EXCLUSIVELY FOR RENTAL	INDICATE SALES OR USE TAX DUE AS PROVIDED BY CHAPTER 212, FLORIDA STATUTES	\$ 0.00
REASON(S) CHECKED <input checked="" type="checkbox"/> OTHER OTHER	<input type="checkbox"/> SELLING PRICE VERIFIED	

APPLICANT CERTIFICATION

I/WE HEREBY CERTIFY THAT THE VEHICLE/VESSEL TO BE TITLED WILL NOT BE OPERATED UPON THE PUBLIC HIGHWAYS/WATERWAYS OF THIS STATE.

I CERTIFY THAT THE CERTIFICATE OF TITLE IS LOST OR DESTROYED.

I CERTIFY THAT THIS MOTOR VEHICLE/VESSEL WAS REPOSSESSED UPON DEFAULT OF THE LIEN INSTRUMENT AND IS NOW IN MY POSSESSION.

I/WE HEREBY CERTIFY THAT I/WE LAWFULLY OWN THE ABOVE DESCRIBED VEHICLE/VESSEL, AND MAKE APPLICATION FOR TITLE. IF LIEN IS BEING RECORDED NOTICE IS HEREBY GIVEN THAT THERE IS AN EXISTING WRITTEN LIEN INSTRUMENT INVOLVING THE VEHICLE/VESSEL DESCRIBED ABOVE AND HELD BY LIENHOLDER SHOWN ABOVE. I/WE FURTHER AGREE TO DEFEND THE TITLE AGAINST ALL CLAIMS.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

Signature of Applicant/Owner

Signature of Applicant/Co-Owner

29	1	LYW	2133
AUDIT #			



**STATE OF FLORIDA
APPLICATION FOR VEHICLE/VESSEL
CERTIFICATE OF TITLE**

L# 834048
T# 492675726
B# 469206

TITLE NUMBER	VEHICLE/VESSEL IDENTIFICATION #	YR. MAKE	MAKE or MANUFACTURER	BODY TYPE	VEHICLE COLOR	WT/LENGTH	GVW/LOC	
19390185	GAFL2BA51053662	1981	HIGH	HS	UNK	66'		
DATE OF ISSUE MO. DAY YEAR	TRANS CODE	VEHICLE USE	HULL MATERIAL	PROPULSION	FUEL	VESSEL TYPE	WATER	FL NUMBER
04 10 07	TRT	PRIVATE						

Applicant/Owner's Name & Address CORBIN WILLIAM HALL III AND MARY LEANN HALL 175 NW MADELINE TER LAKE CITY, FL 32055				BIRTHDATE SEX MO. DAY YEAR M 01 31 69		RESIDENT Y N ALIEN X		CNTY RES.# 29
				1st OWNER FL/DL# OR F.E.I.D.# H400119690310		2nd OWNER FL/DL# OR UNIT # H400592767580		

VOLUNTARY CONTRIBUTIONS			

AGENCY FEE	TITLE FEE	SALES TAX	GRAND TOTAL
4.75	25.00	70.00	99.75

Action Requested: TRANSFER TITLE Brands:

PREV. STATE FL	DATE ACQUIRED	NEW	USED	ODOMETER / VESSEL MANUFACTURER	ODOMETER DECLARATION CERTIFICATION
FL	04/09/2007		XX		<input type="checkbox"/>

LIEN INFORMATION	DATE OF LIEN	RECEIVED DATE	FEID # OR FL / DL AND SEX AND DATE OF BIRTH	DMV ACCOUNT #
NAME OF FIRST LIENHOLDER:				
ADDRESS	SALVAGE TYPE			

SELLER INFORMATION	CONSUMER OR SALES TAX EXEMPTION #
NAME OF SELLER, FLORIDA DEALER, OR OTHER PREVIOUS OWNER	
ADDRESS	
DEALER LICENSE NO.	

SALES TAX AND USE REPORT	INDICATE TOTAL PURCHASE PRICE, INCLUDING ANY UNPAID BALANCE DUE SELLER, BANK OR OTHERS	\$	1,000.00
TRANSFER OF TITLE <input type="checkbox"/> PURCHASER HOLDS VALID IS EXEMPT FROM EXEMPTION CERTIFICATE	INDICATE SALES OR USE TAX DUE AS PROVIDED BY CHAPTER 212, FLORIDA STATUTES	\$	70.00
FLORIDA SALES OR <input type="checkbox"/> VEHICLE / VESSEL WILL BE USED EXCLUSIVELY FOR RENTAL			
USE TAX FOR THE REASON(S) CHECKED <input type="checkbox"/> OTHER			
	<input checked="" type="checkbox"/> SELLING PRICE VERIFIED		

APPLICANT CERTIFICATION
I/WE HEREBY CERTIFY THAT THE VEHICLE/VESSEL TO BE TITLED WILL NOT BE OPERATED UPON THE PUBLIC HIGHWAYS/WATERWAYS OF THIS STATE. <input type="checkbox"/> I CERTIFY THAT THE CERTIFICATE OF TITLE IS LOST OR DESTROYED. <input type="checkbox"/> I CERTIFY THAT THIS MOTOR VEHICLE/VESSEL WAS REPOSSESSED UPON DEFAULT OF THE LIEN INSTRUMENT AND IS NOW IN MY POSSESSION. I/WE HEREBY CERTIFY THAT I/WE LAWFULLY OWN THE ABOVE DESCRIBED VEHICLE/VESSEL, AND MAKE APPLICATION FOR TITLE. IF LIEN IS BEING RECORDED NOTICE IS HEREBY GIVEN THAT THERE IS AN EXISTING WRITTEN LIEN INSTRUMENT INVOLVING THE VEHICLE/VESSEL DESCRIBED ABOVE AND HELD BY LIENHOLDER SHOWN ABOVE. I/WE FURTHER AGREE TO DEFEND THE TITLE AGAINST ALL CLAIMS. UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.
Signature of Applicant/Owner _____ Signature of Applicant/Co-Owner _____

LETTER OF AUTHORIZATION

Date: 6/13/07

Columbia County Building Department
P.O. Box 1529
Lake City, FL 32056

I Druce Gooden, License No. TH 00000000 do hereby
Authorize Carlin or Mrs Hall to pull and sign permits on my
behalf.

Sincerely,

Druce Gooden

Sworn to and subscribed before me this _____ day of _____, 2006

Notary Public: Susan M. Villegas

My commission expires: 12/15/07

Personally Known ☒

Produced Valid Identification: _____



Susan M. Villegas
My Commission DD267894
Expires December 15, 2007



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

Authority: Chapter 381, FS & Chapter 10D-6, FAC

07-0466-M
PERMIT # AP 222,656
DATE PAID 6/6/07
FEE PAID \$ 216.00
RECEIPT # 12-PID-189346

CONSTRUCTION PERMIT FOR:

[] New System [] Existing System [] Holding Tank [] Temporary/Experimental
[] Repair [] Abandonment [☒] Other (Specify) Modification

APPLICANT: Corbin Hall

AGENT: Robert Ford NFST

PROPERTY STREET ADDRESS: 175 NW Modeliene Terrace Lake City, FL 32055

LOT: / BLOCK: / SUBDIVISION: AKA Parcel 17

PROPERTY ID #: 28-35-16-02366-017 [SECTION/TOWNSHIP/RANGE/PARCEL NUMBER]
[OR TAX ID NUMBER]

SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF CHAPTER 10D-6, FAC. REPAIR PERMITS AND HOLDING TANK PERMITS EXPIRE 90 DAYS FROM THE DATE OF ISSUE. ALL OTHER PERMITS EXPIRE ONE YEAR FROM THE DATE OF ISSUE. DEPARTMENT OF HEALTH 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.

SYSTEM DESIGN AND SPECIFICATIONS

T [900] EXISTING [GALLONS / GPD] SEPTIC TANK/AEROBIC UNIT CAPACITY MULTI-CHAMBERED IN SERIES: []
A [] [GALLONS / GPD] CAPACITY MULTI-CHAMBERED IN SERIES: []
N [] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK: 1250 GALLONS]
K [] GALLONS PER DOSE DOSING TANK CAPACITY DOSE RATE [] PER 24 HRS NO. OF PUMPS: []

D [184] SQUARE FEET PRIMARY DRAINFIELD SYSTEM
R [] SQUARE FEET SYSTEM

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

N
F LOCATION OF BENCHMARK: 24" Cedar West of Site

I ELEVATION OF PROPOSED SYSTEM SITE [24] [INCHES/FT] [ABOVE/BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [51] [INCHES/FT] [ABOVE/BELOW] BENCHMARK/REFERENCE POINT

L
D FILL REQUIRED: [☒] INCHES EXCAVATION REQUIRED: [☒] INCHES

O 1) Add outlet filter to tank

T
H 2) Add 184 ft^2 to existing 150 ft^2 . Bring total to 334 ft^2

E
R

SPECIFICATIONS BY: Robert W. Inel

TITLE: MASTER 5M0890475

APPROVED BY: M. A. Landin

TITLE: Env. Manager Columbia CHD

DATE ISSUED: 6/7/07

EXPIRATION DATE: 12/7/07

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 9-22-06) Zoning Official aps 7/24/07 Building Official OKSM 726/07

AP# 0706-46 Date Received 6/13/07 By JV/LH Permit # 26065

Flood Zone X Development Permit --- Zoning RSFM#2 Land Use Plan Map Category RLD

Comments Panel 175 Existing Mth to be removed
(Pre Insp. Ok) Blocking Diagram

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 # 28-35-16-02366-017 Subdivision AKA: PARCEL 17

▪ New Mobile Home _____ Used Mobile Home ☒ Year 1981

▪ Applicant Corbin Hall Phone # _____

▪ Address _____

▪ Name of Property Owner Corbin William Hall III Phone# 386-344-0834 386-697-5764

▪ 911 Address 175 NW Madeliene Terr. Lake City FL 32055

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

▪ Name of Owner of Mobile Home Same Phone # _____

Address _____

▪ Relationship to Property Owner Owner

▪ Current Number of Dwellings on Property 1 (To be removed)

▪ Lot Size 1.26 Total Acreage 1.26

▪ 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 (Paid)

▪ Driving Directions to the Property 90 West (R) Turner Ave. (L) Carol PL,
(L) Madeliene then 2nd on Left

▪ Name of Licensed Dealer/Installer Bruce Goodson Phone # 755-1783

▪ Installers Address 1505 SW CR 252B Lake City FL 32024

▪ License Number IF 0000702 Installation Decal # 287423

FROM : COLUMBIA CO BUILDING + ZONING FAX NO. : 386-758-2160 Jul. 26 2007 08:46AM P1

PERMIT WORKSHEET

page 1 of 2

PERMIT NUMBER

Installer Brian B. Coonan License # TH0000702

Address of home being installed 175 NW Madeleine Terrace

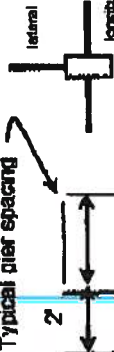
Manufacturer LAKE CITY FL 32055 Length x width 28x70

NOTE: If home is a single wide fill out one half of the blocking plan. If home is a triple or quad write sketch in remainder of home.

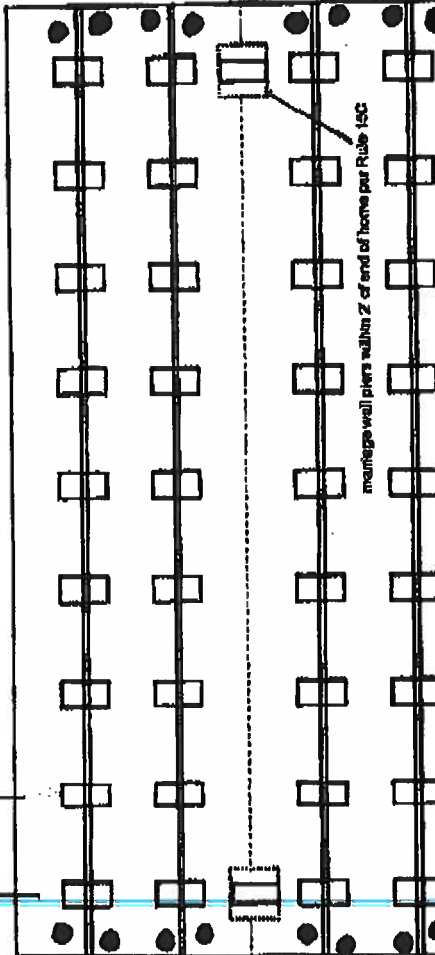
I understand Lateral Arm Systems cannot be used on any home (new or used) where the sidewall has exceed 5 ft 4 in.

Installer's Initials [Signature]

Typical pier spacing



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



marriage wall piers within 2' of end of home per Rule 15C

- 1) 17x2 x 25 1/2 ABS piers \$100
- 2) 4 gal anchors \$14.00
- 3) ABS base plates
- 4) Lat/Long anchors

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 Decat # 287423
 Triple/Quad ☐ Serial # CAFLZAAS105-302

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq ft)	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'	5'	6'	7'	8'	9'
2000 psf	5'	6'	7'	8'	9'	10'
2500 psf	6'	7'	8'	9'	10'	11'
3000 psf	7'	8'	9'	10'	11'	12'
3500 psf	8'	9'	10'	11'	12'	13'

* Interpolated from Rule 15C-1 pier spacing table.

PIER PAD SIZES

I-beam pier pad size 17x2x25 1/2

Perimeter pier pad size N/A

Other pier pad sizes (required by the mfg.) N/A

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 20 Pier pad size 17x2x25 1/2

ANCHORS 4 ft 6 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

OTHER TIES

Number 16
 Sidewall Longitudinal Marriage wall Shearwall

FROM : COLUMBIA CO BUILDING + ZONING FAX NO. : 386-758-2160

Jul. 26 2007 08:46AM P2

PERMIT WORKSHEET

page 2 of 2

PERMIT NUMBER

POCKET PENETROMETER TEST

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

X X 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 X X

TORQUE PROBE TEST

The results of the torque probe test is inch pounds or check here if you are declaring 5' anchors without testing 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 4 foot minimum holding capacity.

 Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Douglas B. Carlson

Date Tested 11/06/07

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.

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 ☒ Swale ☐ Pad ☐ Other ☐

Fastening multi-wide units

Floor: Type Fastener: Lag Length: 6 Spacing:
 Walls: Type Fastener: N/A Length: Spacing:
 Roof: Type Fastener: Length: Spacing:
 For used homes a min. #0 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 requirements)

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 foam

Installed:

Between Floors Yes
 Between Walls Yes
 Bottom of ridge beam Yes

Weatherproofing

The bottomboard will be repaired and/or taped. Yes
 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 N/A
 Dryer vent installed outside of skirting. Yes
 Range downflow vent installed outside of skirting. Yes
 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 Douglas B. Carlson Date 7/26/07

LETTER OF AUTHORIZATION

Date: 7/26/07

Columbia County Building Department
P.O. Drawer 1529
Lake City, FL 32056

I Bruce B Goodson, License No. 1H000002 do hereby
Authorize Cotan Hall to pull and sign permits on my
behalf.

Sincerely,
Dana Alishia Cusick

Sworn to and subscribed before me this 26 day of July, 2007

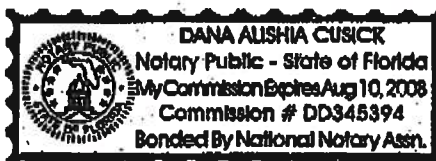
Notary Public: Dana Alishia Cusick

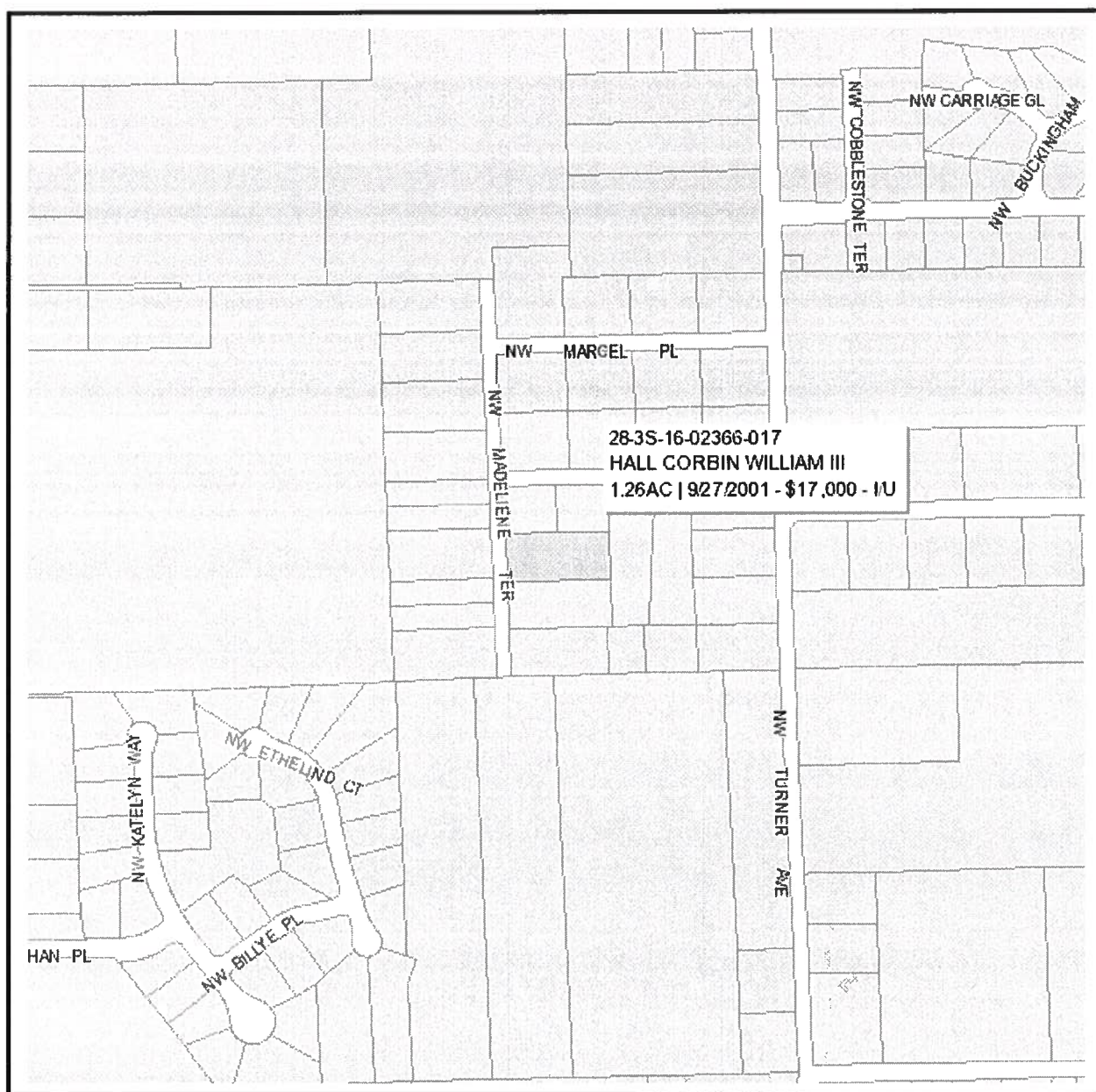
My commission expires: Aug 19 2008

Personally Known ✓

Produced Valid Identification: _____

Revised: 3/2006





Columbia County Property Appraiser

J. Doyle Crews, CFA - Lake City, Florida - 386-758-1083

PARCEL: 28-3S-16-02366-017 - MOBILE HOM (000200)

Name:	HALL CORBIN WILLIAM III	LandVal	\$23,228.00
Site:	MADELIENE	BldgVal	\$7,187.00
Mail:	175 NW MADELIENE TERRACE	ApprVal	\$35,515.00
	LAKE CITY, FL 32055	JustVal	\$35,515.00
Sales	9/27/2001 \$17,000.00 I / U	Assd	\$35,515.00
Info	9/17/2001 \$100.00 I / U	Exmpt	\$0.00
	9/11/1995 \$27,500.00 I / Q	Taxable	\$35,515.00

0 220 440 660 ft



This information, GIS Map Updated: 5/11/2007, 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, its use, or its interpretation. Although it is periodically updated, this information may not reflect the data currently on file in the Property Appraiser's office. The assessed values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.



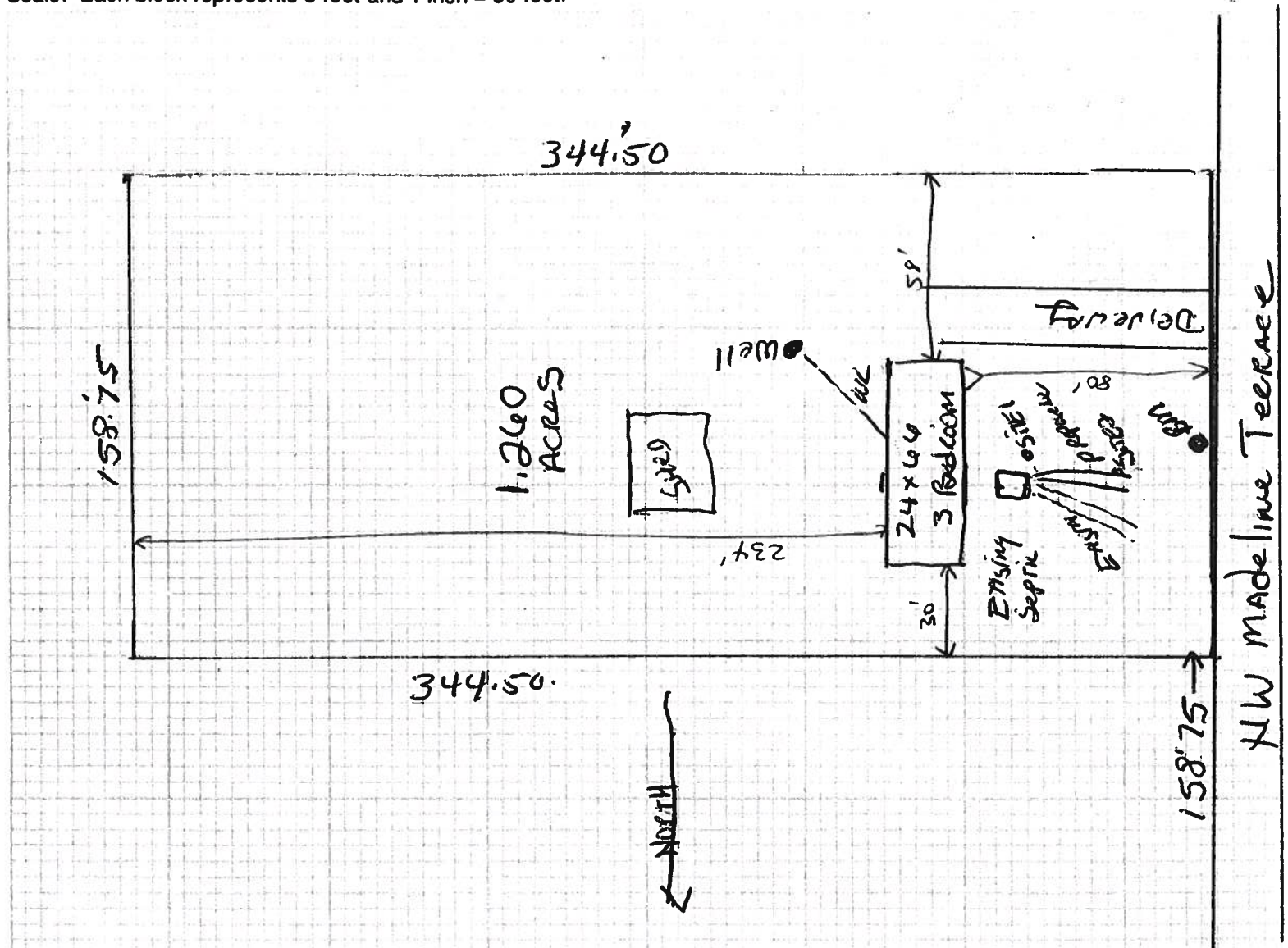
STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 07-0446-M

PART II - SITE PLAN

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



Notes: Coegin Hall
175 HW Madeleine Terrace
28-35-16-02366-017

Site Plan submitted by: Robert W. Joel
Signature

Agua
Title

Plan Approved ☒ Not Approved ☐

Date 6/7/07

By M. S. M. Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 6/13 BY JW IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? NO
 OWNERS NAME CORBIN HALL PHONE 754.7492 CELL _____

ADDRESS _____

MOBILE HOME PARK _____ SUBDIVISION _____

DRIVING DIRECTIONS TO MOBILE HOME FIVE ASH. (OLD NEAR W.H.)
90-W to Brown, TR TO FIVE ASH ON R. (ONLY) DOWN THE

MOBILE HOME INSTALLER Bruce Goodson PHONE 755-1783 CELL _____

MOBILE HOME INFORMATION

MAKE HIGH- YEAR 1981 SIZE 28 X 70 COLOR Brown

SERIAL No. 3662 ALB

WIND ZONE II Must be wind zone II or higher NO WIND ZONE I ALLOWED

INTERIOR:

(P or F) - P = PASS F = FAILED

INSPECTION STANDARDS

CALL A DAY AHEAD -
TO BE UNLOCKED. LEAVE MESSAGE

☒ 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 6/15/07

PERMIT NUMBER

PERMIT WORKSHEET

Installer _____ License # _____

Address of home being installed _____

Manufacturer _____ Length x width _____

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 _____



marriage wall piers within 2' of end of home per Rule 15C

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 # _____

Triple/Quad ☐ Serial # _____

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'

* interpolated from Rule 15C-1 pier spacing table.

PIER PAD SIZES

I-beam pier pad size _____

Perimeter pier pad size _____

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.

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 _____

Longitudinal Stabilizing Device w/ Lateral Arms _____

Manufacturer _____

OTHER TIES

Sidewall _____

Longitudinal _____

Shearwall _____

Number _____

POCKET PENETROMETER TEST

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

X _____ X _____ 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 _____ X _____ X _____

TORQUE PROBE TEST

The results of the torque probe test is _____ 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 _____

Date Tested _____

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. _____

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

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

**CERTIFICATE OF
OCCUPANCY**

M/H O C C U P A N C Y

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 28-3S-16-02366-017

Building permit No. 000026065

Permit Holder BRUCE GOODSON

Owner of Building CORBIN HALL

Location: 175 NW MADELINE TERRACE

Date: 08/17/2007



Sandy Davis By [Signature]

Building Inspector

POST IN A CONSPICUOUS PLACE
(Business Places Only)