	3/2004	Columb	oia County	building Pe	1 11111	PERMIT
APPLICANT	DALE BURI		nit Expires One Ye	ear From the Date of PHONE	f Issue 497-2311	000021725
ADDRESS	-	PO BOX 39		FORT WHITE	497-2311	FL 32038
OWNER		NDA PEARCE		PHONE	386-961-8339	
ADDRESS	2517 \$	SE CR 252		LAKE CITY		FL 32025
CONTRACTO	R CHEST	TER KNOWLES		PHONE	755-6441	
LOCATION O	F PROPERTY	441 SOUT	H, LEFT ON CR 252, C	CROSS COUNTRY CLUI	B, 1/3 MILE ON	
		LEFT				
TYPE DEVEL	OPMENT	MH,UTILITY	EST	TIMATED COST OF CO	NSTRUCTION	.00
HEATED FLO	OR AREA		TOTAL ARE	EA	HEIGHT .	00 STORIES
FOUNDATION	1	WALI	LS R	ROOF PITCH	FL	OOR
LAND USE &	ZONING	A-3		MAX	HEIGHT 3	5
Minimum Set E			FRONT 30.00	REAR	25.00	SIDE 25.00
			-	2/25-X2046X19-40A02	Control of the Contro	25.00
NO. EX.D.U.		FLOOD ZONE	<u>X</u>	DEVELOPMENT PERM	IIT NO	
PARCEL ID	22-4S-17-086	71-006	SUBDIVISION	Ν		
LOT	BLOCK _	PHASE	UNIT	TOTA	L ACRES 2.5	55
						7
Culvert Permit N		 ulvert Waiver Co	IH0000509		11 110 11	
EXISTING		-0412-N	ontractor's License Num BK	RI-	.pplicant/Owner/0	Contractor
Driveway Conne	ection Se	ptic Tank Number			oved for Issuance	New Resident
COMMENTS:	FLOOR 1 FO	OT ABOVE THE R	2011/12/2014 2011/11/2014 2011/11/2014			
PROPERTY IS I	Transconding to the Control of the C					
			9		Check # or Ca	sh 8851
		FOR BUI	I DING & ZONIN	G DEPARTMENT (
Temporary Powe	er	TORBO	Foundation	O DEFARTMENT	Monolithic	(footer/Slab)
		ate/app. by		date/app. by	Monontine	date/app. by
Under slab rough	in nlumbing			All the properties of the state		
	i-in prumonig		Slab		Sheathing/N	000000 0000
	i-iii piuilioing	date/app		date/app. by	Sheathing/N	000000 0000
Framing	77 (77)	date/app	. by	date/app. by		date/app. by
Framing	date/app. by	date/app	. by Rough-in plumbing abo	date/app. by	floor	date/app. by
//	date/app. by	date/app	. by	date/app. by ove slab and below wood i		date/app. by date/app. by
//	date/app. by indat	date/app	. by Rough-in plumbing abo	date/app. by	floor	date/app. by
Electrical rough	date/app. by -in	date/app y e/app. by pp. by	. by Rough-in plumbing abo Heat & Air Duct C.O. Final	date/app. by ove slab and below wood i	floor eri. beam (Lintel)	date/app. by date/app. by
Electrical rough	date/app. by -in	date/app	. by Rough-in plumbing abo Heat & Air Duct C.O. Final	date/app. by ove slab and below wood to date/app. by date/app. by te/app. by	floor eri. beam (Lintel)	date/app. by date/app. by date/app. by date/app. by
Electrical rough	date/app. by in dat date/ap	e/app. by pp. by icity and plumbing	. by Rough-in plumbing abo Heat & Air Duct C.O. Final da date/app. Pump pole	date/app. by ove slab and below wood to date/app. by date/app. by te/app. by Utility Pole	floor eri. beam (Lintel) Culvert Pool	date/app. by date/app. by date/app. by
Electrical rough- Permanent power M/H tie downs, b Reconnection	date/app. by in date/ap date/ap date/ap date/ap	date/app y e/app. by pp. by icity and plumbing app. by	. by Rough-in plumbing abo Heat & Air Duct C.O. Final date/app. Pump pole date/ap	date/app. by ove slab and below wood if date/app. by date/app. by te/app. by Utility Pole pp. by	floor eri. beam (Lintel) Culvert Pool	date/app. by date/app. by date/app. by date/app. by
Electrical rough- Permanent power M/H tie downs, b Reconnection	date/app. by in dat date/ap	date/app y e/app. by pp. by icity and plumbing app. by	. by Rough-in plumbing abo Heat & Air Duct C.O. Final date/app. Pump pole date/ap	date/app. by ove slab and below wood to date/app. by date/app. by te/app. by Utility Pole	eri. beam (Lintel) Culvert Pool date/app. by	date/app. by date/app. by date/app. by date/app. by
Electrical rough- Permanent power M/H tie downs, b Reconnection	date/app. by date/ap date/ap date/ap date/app. by	date/app ge/app. by pp. by icity and plumbing app. by Trave	. by Rough-in plumbing abo Heat & Air Duct C.O. Final date/app. Pump pole date/ap	date/app. by ove slab and below wood if date/app. by date/app. by te/app. by te/app. by	eri. beam (Lintel) Culvert Pool date/app. by	date/app. by
Electrical rough- Permanent power M/H tie downs, b Reconnection M/H Pole date	date/app. by date/ap date/ap date/ap date/app. by	date/app y e/app. by pp. by icity and plumbing app. by Trave	. by Rough-in plumbing abo Heat & Air Duct C.O. Final date/app. Pump pole date/ap el Trailer date	date/app. by ove slab and below wood in position and bel	Pool date/app. by Re-roof SURCHARGE I	date/app. by
Permanent power M/H tie downs, b Reconnection M/H Pole date	date/app. by date/applocking, electrical date/app. by MIT FEE \$ 200.00	date/app y e/app. by pp. by icity and plumbing app. by Trave	CERTIFICATION FEE	date/app. by ove slab and below wood in date/app. by date/app. by te/app. by Utility Pole pp. by se/app. by FIRE FEE \$ 34.02	Pool date/app. by Re-roof SURCHARGE I	date/app. by date/app. by date/app. by date/app. by date/app. by date/app. by FEE \$.00 FEE \$ 73.50
Electrical rough- Permanent power M/H tie downs, b Reconnection M/H Pole date. BUILDING PERI MISC. FEES \$ FLOOD ZONE D	date/app. by date/app. date/app. date/app. by MIT FEE \$ 200.00 EVELOPMEN	date/app y e/app. by pp. by icity and plumbing app. by Trave	CERTIFICATION FEE SERT. FEE \$ 50.00	date/app. by ove slab and below wood to date/app. by date/app. by Utility Pole pp. by se/app. by FIRE FEE \$ 34.02 E \$	Pool date/app. by Re-roof SURCHARGE I	date/app. by date/app. by date/app. by date/app. by date/app. by date/app. by FEE \$.00 FEE \$ 73.50
Electrical rough- Permanent power M/H tie downs, b Reconnection M/H Pole date BUILDING PERI MISC. FEES \$ FLOOD ZONE D	date/app. by date/app. date/app. date/app. by MIT FEE \$ 200.00 EVELOPMEN	date/app y e/app. by pp. by icity and plumbing app. by Trave	Rough-in plumbing abo Heat & Air Duct C.O. Final date/app. Pump pole date/a cl Trailer CERTIFICATION FEE: CULVERT FEE CULVERT FEE	date/app. by ove slab and below wood in date/app. by date/app. by Utility Pole pp. by se/app. by FIRE FEE \$ 34.02 E \$	Pool date/app. by Re-roof WASTE	date/app. by date/app. by date/app. by date/app. by date/app. by date/app. by FEE \$.00 FEE \$ 73.50 357.52
Electrical rough- Permanent power M/H tie downs, b Reconnection M/H Pole date BUILDING PERI MISC. FEES \$ FLOOD ZONE D INSPECTORS OF THE PROPERTY THE PROMOTHER OF THE PROPERTY THE PROMOTHER OF	date/app. by in date/app. date/app. date/app. by MIT FEE \$ 200.00 EVELOPMEN FFICE DITION TO THE AT MAY BE FOR GOVERNMENT.	date/app y e/app. by pp. by icity and plumbing app. by Trave	Rough-in plumbing abo Heat & Air Duct C.O. Final date/app. Pump pole date/ap el Trailer CERTIFICATION FEE: CERT. FEE \$ 50.00 CULVERT FEE F THIS PERMIT, THERE M RECORDS OF THIS COUNTY AS WATER MANAGEMEN	date/app. by ove slab and below wood in date/app. by date/app. by Utility Pole pp. by se/app. by se/app. by CLERKS OFFICE MAY BE ADDITIONAL RESTANTY. AND THERE MAY BE IT DISTRICTS, STATE AGE!	Pool date/app. by Re-roof SURCHARGE H WASTE TOTAL FEE CADDITIONAL PEINCIES, OR FEDER	date/app. by FEE \$.00 FEE \$ 73.50 357.52

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. 15.

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

FΩ	r Office Use Only Zoning Official BK 4-9-04 Building Official KK 4-12-2
	AP# 0404-23 Date Received 4-6-04 By LH Permit # 21725
F	lood ZoneX Development Permit Zoning A-3 Land Use Plan Map Category A-
	Comments
	200
	(Lotof Record)
	Site Plan with Setbacks shown Denvironmental Health Signed Site Plan Env. Health Release Need a Culvert Permit Well letter provided Existing Well
	Property ID 22-45-/7-0867/-006 Must have a copy of the property d
	New Mobile Home Used Mobile Home Year Year
	Subdivision Information ///A
	Applicant DA/E Burd on Pocky Ford Phone #381-497-2311
	Address PO Bop 39, FT White, FL, 32038
	Address
	Name of Property Owner IMMY & LINDA PEARCE Phone#386 96 / 83
	911 Address 2511 SE CR 252 LAKE CAY FC 32025
	Name of Owner of Mobile Home Phone #386 96/83
•	Address
	Relationship to Property Owner
9	Current Number of Dwellings on Property
•	Lot Size 285×406 Total Acreage 2.55
	Explain the current driveway <u>EXISTING</u>
50	Driving Directions 441 SOUTH, LEFT ON CR 252, CROSS COUNTRY CLUB RD, 1/3 MILE ON LES
	CRUSS COUNTY CLUB ICO, 1/3 MILE ON LES
	Is this Mobile Home Replacing an Existing Mobile Home
	1.5
li)	Name of Licensed Dealer/Installer Jessie C. Chester Know Phone # 386-755-644
I.	Installers Address Po Box 328 IAKe City FC 37056
ı	License Number <u>T# 0000 509</u> Installation Decal # <u>218194</u>
2	
0	

Floor: Walls:

Type Fastener: LA95 Length: 4'1 Spacing: 24'

Type Fastener: SCALLA Length: 4'1 Spacing: 24'

Type Fastener: LA95 Length: 4'1 Spacing: 24'1

For used homes a min. 30 gauge, 8" wide, galvanized metal strip

Fastening multi wide units

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)

Water drainage: Natural

Swale

Pad

Other

Site Preparation

Debris and organic material removed

		-04	7	Date Tested
	Unules	e L. Chester KND	me Jess	Installer Name
	NSED INSTALLER	ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER	TESTS MUST BE	ALL
-	ons. I understand 5 tt ooints where the torque test bile home manufacturer may bacity. Installer's initials	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 4600 lb holding capacity. Installer's initials	nchors are allowed nchors are require ading is 275 or lea quires anchors wi	re an
	sed and 4 ft.	A state approved lateral arm system is being used and 4 ft.	state approved la	Note: A
	hounds or check hors. A test	The results of the torque probe test is M/k www.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.	ts of the torque pr u are declaring 5' 275 inch pounds o	The result here if you showing 2
1		TORQUE PROBE TEST		
l ———	0.7 ×	x_ <i>1.0</i>	× 1,0	
	owest rement.	Using 500 lb. increments, take the lowest reading and round down to that increment	3. Using 50 reading	2
	footer.	2. Take the reading at the depth of the footer	2. Take the	
	locations.	1. Test the perimeter of the home at 6 locations	1. Test the	
	G METHOD	POCKET PENETROMETER TESTING METHOD	POCKET	
	× 1.0	×	x 10 1	
	psf testing.	The pocket penetrometer tests are rounded down to without testing	The pocket penetrometer tests are ro or check here to declare 1000 lb. soil	The pock or check
	TEST	POCKET PENETROMETER TEST	PC	

of tape will not serve as a gasket

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

Installer's initials

Installed:

Inst	Skirting Dryer von Range of Drain lin Electric Other:	
Installer verifies all information given with this permit worksheet	Skirting to be installed. YesNo Dryer vent installed outside of skirting. YesN/AN/A Range downflow vent installed outside of skirting. YesN/AN/AN/AN/A	Miscellaneous

The bottomboard will be repaired and/or taped. Yes Pg. Siding on units is installed to manufacturer's specifications. Yes L

Weatherproofing

Between Floors Yes
Between Walls Yes

C
Bottom of ridgebeam Yes

Fireplace chimney installed so as not to allow intrusion of rain water. Yes

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

Installer Signature

manufacturer's installation instructions and or Rule 15C-1 & 2

is accurate and true based on the

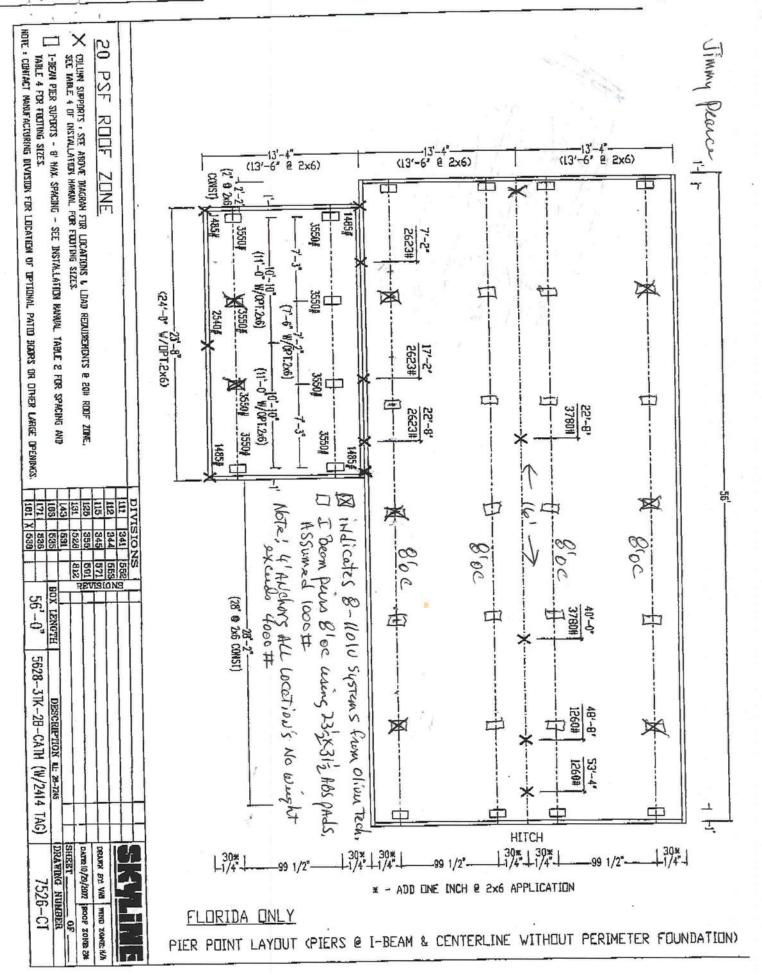
Connect all sewer drains to an existing sewer tap or septic tank. Pg. 15c-

source.

Connect electrical conductors between multi-wide units, but not to the main power

This includes the bonding wire between mult-wide units. Pg. 15C -

Plumbing



~~~ (#AA FA

¢ ₩7₩20 ←

SKILINE PDE

TOUROUGE OV: NO PAR 574 522 6911

# Parcel ID: 22-4S-17-08671-006

Columbia County Property Appraiser

#### **Owner & Property Info**

| Owner's Name       | PEARCE JIMMIE H JR & LINDA L                                                                    |  |  |
|--------------------|-------------------------------------------------------------------------------------------------|--|--|
| Site Address       |                                                                                                 |  |  |
| Mailing<br>Address | 1177 SE INGLEWOOD AVE<br>LAKE CITY, FL 32025                                                    |  |  |
| Brief Legal        | COMM NE COR OF NW1/4 OF NE1/4, RUN W<br>1086.60 FT FOR POB, RUN S 476.07 FT, NW<br>285.11 FT, N |  |  |

# Show: Tax Info | GIS Map | Property Card

| Use Desc. (code)   | NO AG ACRE (009900) |
|--------------------|---------------------|
| Neighborhood       | 22417.00            |
| Tax District       | 3                   |
| UD Codes           |                     |
| Market Area        | 01                  |
| Total Land<br>Area | 2.550 ACRES         |

### **Property & Assessment Values**

| Mkt Land Value              | cnt: (1) | \$14,025.00 |
|-----------------------------|----------|-------------|
| Ag Land Value               | cnt: (0) | \$0.00      |
| Building Value              | cnt: (0) | \$0.00      |
| XFOB Value                  | cnt: (0) | \$0.00      |
| Total<br>Appraised<br>Value |          | \$14,025.00 |

| Just Value             | \$14,025.00 |
|------------------------|-------------|
| Class Value            | \$0.00      |
| Assessed<br>Value      | \$14,025.00 |
| Exempt Value           | \$0.00      |
| Total Taxable<br>Value | \$14,025.00 |

#### **Sales History**

| Sale Date | Book/Page | Inst. Type | Sale VImp | Sale Qual | Sale RCode | Sale Price  |
|-----------|-----------|------------|-----------|-----------|------------|-------------|
| 2/9/2004  | 1007/84   | WD         | V         | Q         |            | \$25,000.00 |

#### **Building Characteristics**

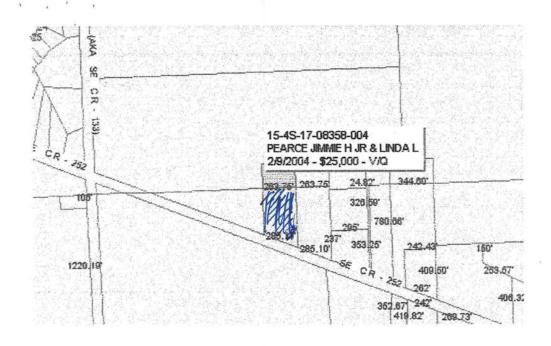
| Bldg Item | Bldg Desc | Year Blt | Ext. Walls | Heated S.F. | Actual S.F. | Bldg Value |  |
|-----------|-----------|----------|------------|-------------|-------------|------------|--|
| NONE      |           |          |            |             |             |            |  |

#### Extra Features & Out Buildings

| Code | Desc | Year Blt | Value | Units | Dims | Condition (% Good) |
|------|------|----------|-------|-------|------|--------------------|
| -    |      |          |       | NONE  |      |                    |

#### Land Breakdown

| Lnd Code | Desc            | Units    | Adjustments         | Eff Rate   | Lnd Value   |
|----------|-----------------|----------|---------------------|------------|-------------|
| 009900   | AC NON-AG (MKT) | 2.550 AC | 1.00/1.00/1.00/1.00 | \$5,500.00 | \$14,025.00 |



 $http://columbia.floridapa.com/dual Xeon\_tmp/COLUMBIA 10811985643592.gif$ 

4/5/2004



# STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT Permit Application Number \_\_\_ ---- PART II - SITE PLAN---Scale: Each block represents 5 feet and 1 inch = 50 feet. 108 7200 Walt Votes:

Site Plan submitted by:\_

Plan Approved \_\_\_

Ву\_\_

Signature

Not Approved \_

Title

Date

\_ County Health Departmen

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

APL 511 5883 13.40 2001255000

# 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 installer's 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.

|   | 1, Jessie L. Chester KNowles , license number 14 0000 509                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|   | do hereby state that the installation of the manufactured home for DAIR LURE OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|   | O 1. C Applicant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|   | Carry Ford at #50 CR 252 , 32028                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|   | will be done under my supervision.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| / | Lesse Letusto Knowles                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|   | Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|   | Sworn, to and subscribed before me this 2nd day of April .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|   | 2004.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|   | Notary Public: King Holin D. King Holin D. King Holin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|   | Signature Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|   | My Commission Expires: Sept. 1, 2007                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|   | Date #DD235355 **                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|   | A Jack Onded thru                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|   | OLC STATE OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|   | The state of the s |

4-1-04

I Jessie Lichester Knowles gives permission for Dala Dunda Dunda Rocky Food To pull More on permits for Jimmy Peace 42x56 Home (Skylive) under my License.

#DD235355

#DD235355

#DD235355

NOTARY Goba D. Kithum

Jessie & Chesta Knowles I H0000509

# **COLUMBIA COUNTY 9-1-1 ADDRESSING**

263 NW Lake City Ave. \* P. O. Box 2949 \* Lake City, FL 32056-2949
PHONE: (386) 752-8787 \* FAX: (386) 758-1365 \* Email: ron\_croft@columbiacountyfia.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 ISSUED: March 31, 2004           |                        |
|---------------------------------------|------------------------|
| ENHANCED 9-1-1 ADDRESS:               |                        |
| 2517 SE COUNTY ROAD 252               | (LAKE CITY, FL 32025)  |
| Addressed Location 911 Phone Number   | : NOT AVAIL.           |
| OCCUPANT NAME: NOT AV                 | AIL.                   |
| OCCUPANT CURRENT MAILING AI           | DDRESS:                |
|                                       |                        |
| PROPERTY APPRAISER MAP SHEE           |                        |
| Other Contact Phone Number (If any):_ | _ q a a, y a a - 1 - 1 |
| Building Permit Number (If known):    |                        |
| Remarks:                              |                        |
|                                       |                        |
| N. Banga e.                           |                        |
| Address Issued By:                    | G/)                    |

9-1-1 ADDRESSING APPROVED

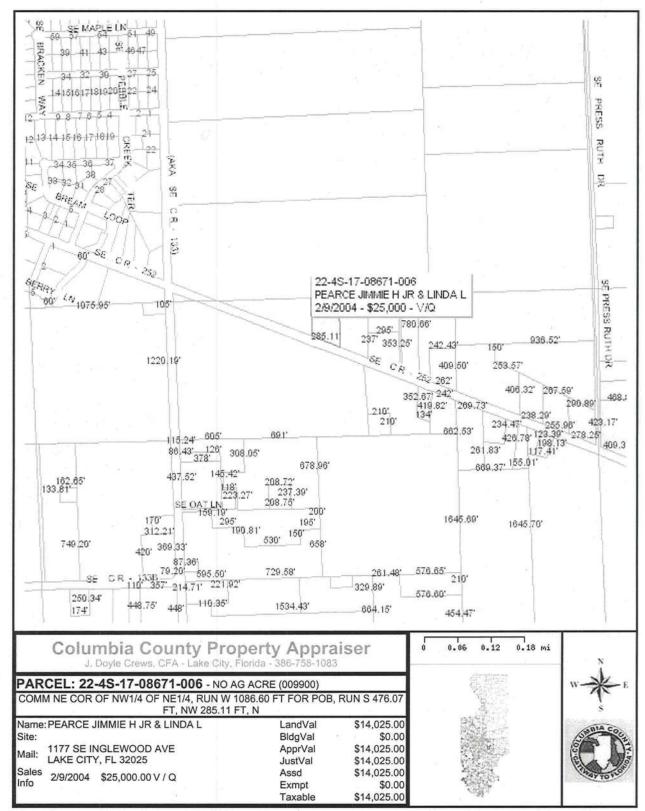
# RON E. BIAS WELL DRILLING

RT.2 BOX 5340 FT. WHITE, FLORIDA 32038 (904) 497-1045 MOBILE: 364-9233

| TO Columbia                                   | County Building Department                               |
|-----------------------------------------------|----------------------------------------------------------|
| Description of well to be Located at Address: | e installed for Customer: Frank PEARLE<br>25/7 SE CR 252 |

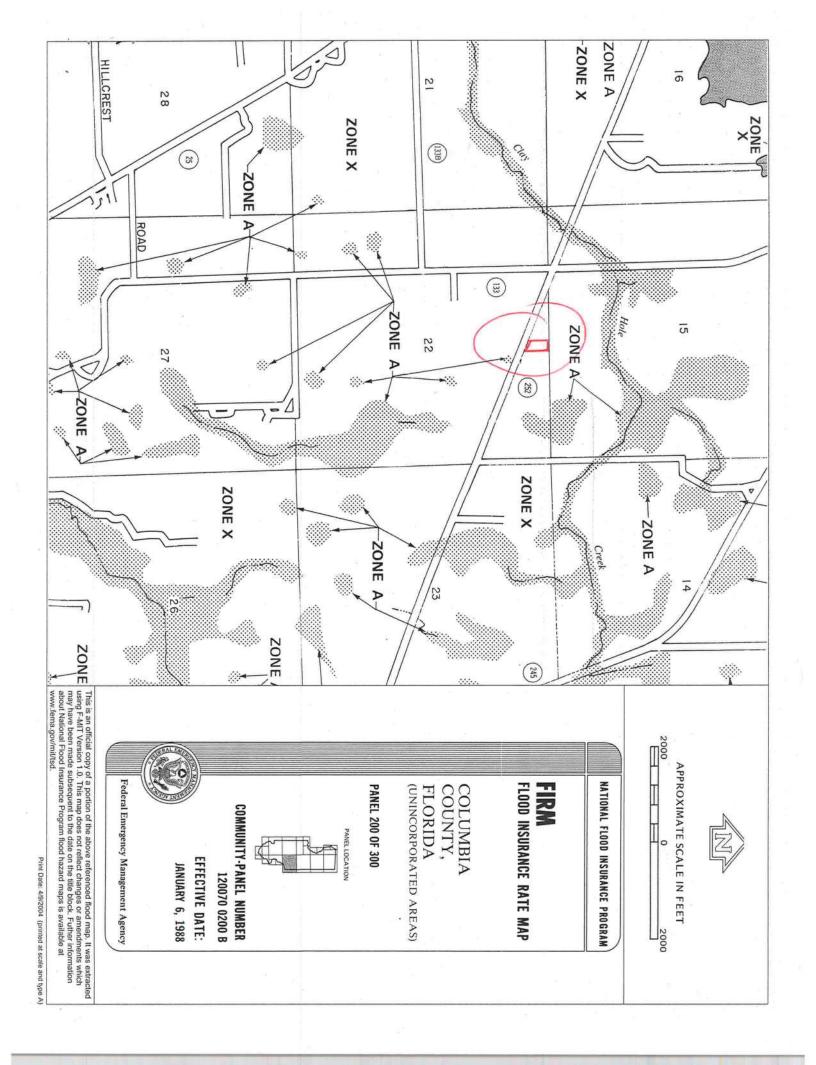
 $1\ hp-1\ \%$  drop over 86 gallon tank, 250 gallon equivalent captive with back flow preventer. 35-gallon draw down with check valve pass requirements.

Ron Bias



This information, GIS Map Updated: 03/11/2004, 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, it's use, or it's 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.

http://appraiser.columbiacountyfla.com/GIS/Print Map.asp?pjbnlkplhgmeclpofffddhfacbdk... 4/9/2004





# STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 04-04/2N

|                       |      | 20           |                                          | *****          |            |
|-----------------------|------|--------------|------------------------------------------|----------------|------------|
|                       |      |              |                                          |                |            |
|                       |      |              | 52                                       | 69             |            |
|                       |      | 10-1         |                                          |                |            |
|                       | 16   | 193          |                                          |                |            |
|                       |      |              | ( TEE )                                  | (60            |            |
|                       |      | 138          | Z 23 + 50                                | 7              |            |
|                       | K    |              |                                          | 65-            |            |
|                       |      |              | V (4/                                    |                |            |
|                       |      |              | Y                                        | /              |            |
|                       |      |              | 10                                       | 2   1          |            |
|                       |      |              |                                          |                |            |
|                       |      |              |                                          |                | 1.150      |
|                       |      | 000          |                                          | 1              | 1400       |
|                       |      |              | 7200                                     | 7200           |            |
|                       |      |              |                                          |                |            |
|                       |      | 7            |                                          | 6              |            |
|                       |      |              | u                                        | MILA           |            |
|                       |      |              |                                          |                |            |
|                       |      |              |                                          |                |            |
|                       |      | 42           |                                          |                |            |
|                       |      | *            |                                          |                |            |
|                       |      |              |                                          |                |            |
|                       |      |              |                                          |                |            |
| Kerron                | 7.5  |              | <del>)</del>                             |                | 3          |
|                       | 77   |              | 1/ 11 11 11 11 11 11 11 11 11 11 11 11 1 |                | 15         |
|                       | 1    |              |                                          |                |            |
|                       |      |              |                                          |                |            |
| otes:                 |      | 253          | _ <                                      |                |            |
|                       | 7473 |              |                                          | 2851           |            |
|                       |      |              |                                          | 3-03           |            |
|                       |      |              |                                          |                | 1          |
|                       |      |              |                                          |                |            |
|                       | 0    | 1 7          |                                          |                |            |
| te Plan submitted by: | Kipc | b D T        | n n                                      |                |            |
|                       | 100  | Signature    | arlan Folo                               | Ti             | tle        |
| an Approved           |      | Not Approved | Carlana Richa                            | Date_ 4-       | 8-04       |
| MA                    | 1/1  |              | 111                                      |                |            |
|                       | ) /  |              | Columbia.                                | _ County Healt | n Departme |
|                       |      |              |                                          |                |            |