PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

THE THE PART OF TH	
For Office Use Only (Revised 9-22-06) Zoning Official OK STH 14-7	1-0
AP# 07/15/8 Date Received 1/7 By 7/1 Permit # 264/	-
Flood Zone Development Permit N/A Zoning A 3 Land Use Plan Map Category A 3	
Comments/	
	.
FEMA Map# Elevation Finished Floor River In Floodway	
Site Plan with Setbacks Shown de EH Signed Site Plan De HRelease U Well letter Existing well	
Copy of Recorded Deed or Affidavit from land owner Letter of Authorization from installer	
State Road Access - Parent Parcel #	1
Bronowty 10 #	
Property ID # Subdivision Subdivision	nite
Property ID # Subdivision	C
• Applicant <u>DAVID</u> <u>ME (40A</u> Phone # 386-497-3829	
* Address 7971 sw witson spring RD. Fort White FIA	
Name of Property Owner 7/40 = DAVID MC Hon Phone# 386-497-3829	38
911 Address 12/5W SHELL Cracker DR. Fort white FIA 32038	
■ Circle the correct power company - FL Power & Light - Clay Electric	
(Circle One) - <u>Suwannee Valley Electric</u> - <u>Progress Energy</u>	
Name of Owner of Mobile Home <u>Javin Me (401)</u> Phone # 386-497-3829	7
Address 3971 54 Wilson spring Fort white FIR	7
 Relationship to Property Owner <u>owner</u> <u>DAVID</u> <u>ME I ton</u> 	138
Current Number of Dwellings on Property	
Lot Size Total Acreage	
Total Acreage 67/	
Do you : Have Existing Drive or need Culvert Permit (Currently using) (Blue Road Sign) (Blue Road Sign) Or Culvert Waiver (Circle one) (Not existing but do not need a Culvert)	I
Is this Mobile Home Replacing an Existing Mobile Home	
Driving Directions to the Property 47 south Fact white Reflect	.T.
2 Roan to Right wilson springs RD and to	77
stop sign take Left Be on tilst were	•
on Right shell cracke an wilson springs Al)
11	
Name of Licensed Dealer/Installer DAIR House Phone # 752-781V	
Installers Address 136 SW BANKS Sten Links City Fr 32004	
License Number THOOOUSYS Installation Decal # 278760	

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PERMIT NUMBER

	Date Tested	Installer Name) Ale Houst	ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER	reading is 275 or less and where the mobile home manufacturer may requires anchors with 4000 lb holding capacity. Installer's initials	anchors are allowed at the sidewall locations. I understand 5 ft	Note: A state approved lateral arm system is being used and 4 ft.	here if you are declaring 5' anchors without testing A test showing 275 inch pounds or less will require 5 foot anchors.		TORQUE PROBE TEST	x/620 x /SW	reading and round down to that increment.		 Test the perimeter of the home at 6 locations. Take the reading at the depth of the footer. 	POCKET PENETROMETER TESTING METHOD	× V V V X V X V X V X V X V X V X V X V		The pocket penetrometer tests are rounded down to or check here to declare 1000 lb. soil without testing	POCKET PENETROMETER TEST
Electrical crossovers protected. Yes	talled outside of skirting ow vent installed outside of skirting ownerfed at 4 foot interval		Miscellaneous	The bottomboard will be repaired and/or taped. Siding on units is installed to manufacturer's specifications. Yes $^{N}/A$ Fireplace chimney installed so as not to allow intrusion of rain water. Yes $^{N}/A$	Weatherproofing		Pg. Between Floors Yes Between Walls Yes Bottom of ritigebeam Yes	be gasket Installed:	Installer's initials	a result of a poorly installed or no gasket being installed. I understand a strip of tape will not serve as a gasket.	I understand a properly installed gasket is a requirement of all new and used	Gasket (weatherproofing requirement)		Walls: Type Fastener: Length: Spacing: Roof: Type Fastener: Length: Spacing:	reswining main whose units	Castoning militial	Debris and organic material removed . Water drainage: Natural \ Swale \ Swale \ Pad \ Other	Site Preparation

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

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

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

Floor: Walls: understand a properly installed gasket is a requirement of all new and used Vater drainage: Natural Debris and organic material removed will be centered over the peak of the roof and fastened with galv. For used homes a min. 30 gauge, 8" wide, galvanized metal strip Type Fastener: roofing nails at 2" on center on both sides of the centerline Type Fastener Type Fastener Gasket (weatherproofing requirement) Fastening multi wide units Swale Site Preparation Length Length: Length: Pad Spacing: Spacing: Spacing Other

Weatherproofing

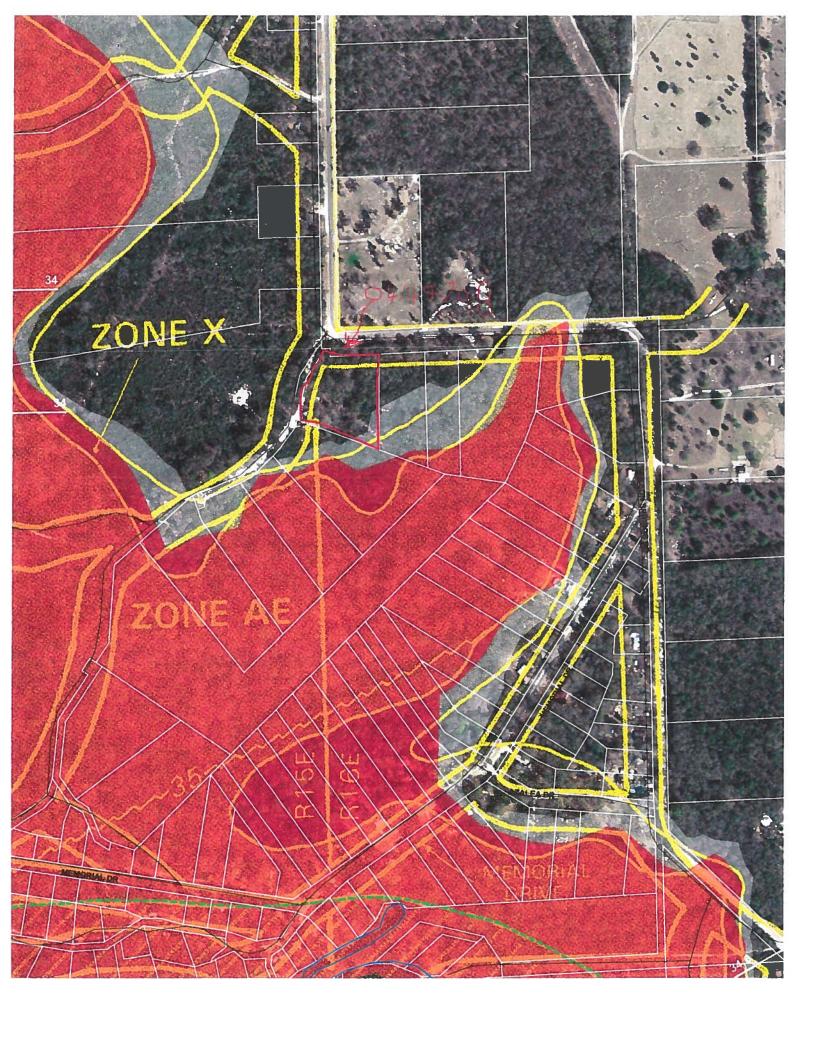
ireplace chimney installed so as not to allow intrusion of rain water. iding on units is installed to manufacturer's specifications. Yes he bottomboard will be repaired and/or taped. Kes Yes NIN

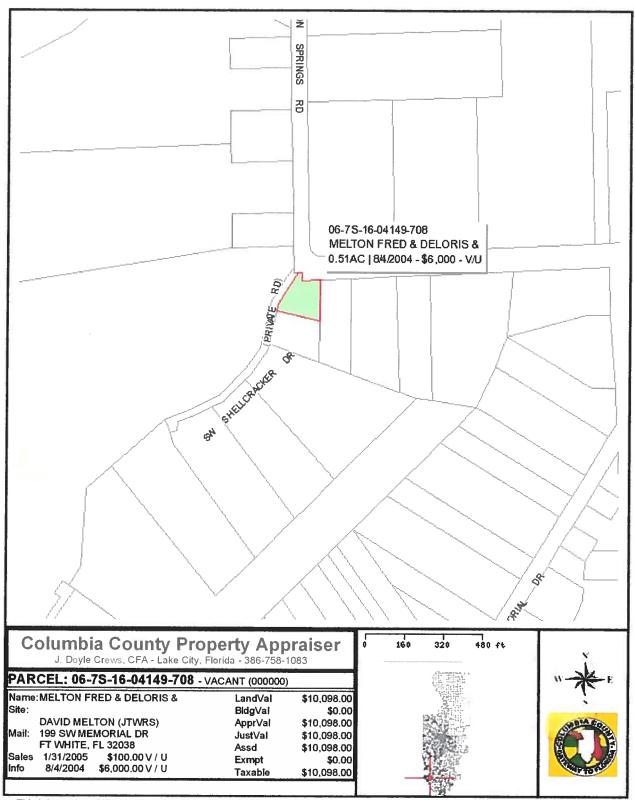
Miscellaneous



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

Installer Signature manufacturer's installation instructions and or Rule 15C-1 & Bug Date





This information, GIS Map Updated: 8/2/2007, 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, 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.

11/02/2007 9:38 Property Maintenance Year T Property Sel 2008 R 06-7S-16-04149-708 * Owner MELTON FRED & DELORIS & + Conf Addr DAVID MELTON (JTWRS) 199 SW MEMORIAL DR	10098	AG 000 Bldg 000 * Xfea 000 TOTAL B*
Retain Cap? City, St FT WHITE FL Zip 32038 N Country (PUD1) (PUD2)	Renewa PUD	Notice 3) MKTA02
Appr By JS Date 8/11/2005 AppCode UseCd 000000 VACANT TxDist Nbhd MktA ExCode Exemption/% TxC 003 6716.04 02		
WILSON SPRINGS COM House# Street MD City Subd N/A Condo .00 N/A	,,Dir	. , #
Sect 6 Twn 7S Rnge 16E Subd Blk Legals LOT 8 WILSON SPRINGS COMMUNITY PHASE 2 UNRECORDED FOLLOWS: BEGIN AT THE NW COR OF SW1/4 RUN S 33.0	DESC AS 1 FT TO	THE +
Map# Mnt 6/08/20 F1=Task F2=ExTx F3=Exit F4=Prompt F11=Docs F10=GoTo P	gUp/PgDn	F24=More

HEARTPOR ON Khi

COLUMBIA COUNTY 9-1-1 ADDRESSING

P. O. Box 1787, Lake City, FL 32056-1787 PHONE: (386) 758-1125 * FAX: (386) 758-1365 * Email: ron_croft@columbiacountyfla.com

Addressing Maintenance

To maintain the Countywide Addressing Policy you must make application for a 9-1-1 Address at the time you apply for a building permit. The established standards for assigning and posting numbers to all principal buildings, dwellings, businesses and industries are contained in Columbia County Ordinance 2001-9. The addressing system is to enable Emergency Service Agencies to locate you in an emergency, and to assist the United States Postal Service and the public in the timely and efficient provision of services to residents and businesses of Columbia County.

DATE REQUESTED:

7/29/2007

DATE ISSUED:

7/31/2007

ENHANCED 9-1-1 ADDRESS:

121

SW SHELLCRACKER

DR

FORT WHITE

FL 32038

PROPERTY APPRAISER PARCEL NUMBER:

06-7S-16-04149-708

Remarks:

LOT 8 WILSON SPRINGS COMMUNITY PHASE 2

\$ 125.00

Address Issued By:

Columbia County 9-1-1 Addressing / GIS Department

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

Approved Address

JUL 3 1 2007

911Addressing/GIS Dept

875



STATE OF FLORIDA **DEPARTMENT OF HEALTH**

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

07-0861

O WE 1	Medton	,	Permit Application N	umber	01-0861
Scale: Each block		TANK II OHETE	N	- 	
Scale: Each block	k represents 5 feet and 1	TANK II OHETE			
		30	owell		
Votes: Fre	ed and De	doris Meltor			
	C C. (D. F)	ACTION INCLIDE	8		
			<u> 5,</u>		
Site Plan submit		Signature		Maste	r Contrac
Plan Approved _	1	Not Approved		Date_	11/6/07
Зу	noh		Colubia	County He	ealth Department

LETTER OF AUTHORIZATION

Date: 11/6 157	
Columbia County Building Department P.O. Drawer 1529 Lake City, FL 32056	a ^{zz}
I Dale Houston, License No. IHoo	oo40 do hereby
Authorize DAVIN McIton to pull a	nd sign permits on my
behalf.	
Sincerely,	
Sworn to and subscribed before me this 7th day of _	November, 2007
Notary Public: Lisa Huchengn	,
My commission expires: 0ct. 23, 2010	Star file.
Personally KnownX	Lisa Huchingson MY COMMISSION # DD607758 EXPIRES. October 23, 2010 (407)398-0163 FloridaNotaryService com
Produced Valid Identification:	
· ·	

Revised: 3/2006

Tage - 2007 (1) 540

PRELIMINARY MOBILE NOME INTERCTION REPORT

	DANIEL MELTON PHONE 386 832 1038 CELLI SUBDIVISION
hlt worke Pal	THIS TO MODILE HOME 47-5 TO I DISSON SEE 1-4 TL FOROM to want to
FIND DIKECIJA	POLICE TI GO VINO AND STORE CURVE ON L. S.
134	: K PROPES WINE
PRILE HOME IN	ESTALLEN CELL CELL
GRILL HOM	I INFORMATION
inf the	16AN 1784 SIZE 19 KUY COLON 2 TONE SALE
RIAL NO	The same of the sa
INS LONE	Must be wind zone if or higher NO WIND ZONE I ALLOWED
라 싱 : pm. Atmisser	*ASS F= PAILED
<u>F.</u>	SMOKE DESECTOR () OPERATIONAL MINISTERS
	PLOGES () SOLID () WEAK () HOLES DAMAGED LOCATION
	DOGES () OPERABLE ;) BAMAGER
	WALLS () SOLIN (; STELICTURALLY INISOUND
	WINDOWS () OPTRABLE () INOPERABLE
- Lander Career	PLUMBING FIXTURES () OPERABLE () INOPERABLE () MISSING
	CELLING () SECTION () HOLES () LEAKS APPARENT
	ELECTRICAL (FIXTURES/OUTLETS) () OPERABLE () EXPOSED WIRING () OUTLET COVERS MISSING () LIGHT FIXTURES MISSING
ATERIOR:	WALES / STODING () LOOSE STOTING () STRUCTURALLY UNSQUIND () NOT WENTHERFIGHT () MEEDS CLEANING
	WINDOWS () CRACKED/ BROKEN GLASS () SCREENS MISSING () WEATHERITGHT
	ROUP () APPEARS SOLID () DAMAGED
ITATUS:	NITH CONDITIONS: Install Smake Alarms
	D NEED REINSPECTION FOR FOLLOWING CUNDITIONS

UMINARY MOBILE HOME INSPECTION REPORT IS THE M/H ON THE PROPERTY WHERE THE PER.... WILL BE ISSUED? PHONE 386.832 7038 (CELL) VNERS NAME DAVID MECTON 121 SW WHELKINGKE OBILE HOME PARK SUBDIVISION 47-5 TO- (1) ISON SPEINGL TL FOLLOW tO NEX AOBILE HOME INSTALLER _____ PHONE__ MOBILE HOME INFORMATION YEAR 1984 SIZE 14 X64 COLOR 2 TONE Blu & MAKE (UNK) SERIAL No. Must be wind zone it or higher NO WIND ZONE I ALLOWED WIND ZONE INTERIOR: INSPECTION STANDARDS (P or F) - P= PASS F= FAILED SMOKE DETECTOR () OPERATIONAL () MISSING FLOORS () SOLID () WEAK () HOLES DAMAGED LOCATION DOORS () OPERABLE () DAMAGED WALLS () SOLID () STRUCTURALLY UNSOUND WINDOWS () OPERABLE () INOPERABLE PLUMBING FIXTURES () OPERABLE () INOPERABLE () MISSING CEILING () SOLID () HOLES () LEAKS APPARENT ELECTRICAL (FIXTURES/OUTLETS) () OPERABLE () EXPOSED WIRING () OUTLET COVERS MISSING () LIGHT FIXTURES MISSING EXTERIOR: WALLS / SIDDING () 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 ______ ID NUMBER_____ DATE__

r

AFFIDAVIT

STATE OF FLORIDA **COUNTY OF COLUMBIA**

This is to certify that I, (We), <u>left - left or left </u>
Tax Parcel No. 804149 - 708
Subdivision (name, lot, block, phase) William spring - Lot 8 Phase = 2
Give my permission to Soll Wella to place a mobile home/travel trailer/single family home (circle one) on the above mentioned property.
I (We) understand that this could result in an assessment for solid waste and fire protection services levied on this property.
Julmelfon Delou Millon Owner Owner
SWORN AND SUBSCRIBED before me this day of 100 w. 2007. This (these) person(s) are personally known to me or produced ID.
Notary Signature
CHARLES S. OLIVER

EXPIRES: June 13, 2010 Bonded Thru Budget Notary Services