DATE 02/16/2011

Columbia County Building Permit

This Permit Must Be Prominently Posted on Premises During Construction

PERMIT
000029185

APPLICANT WENDY GRENNELL PHONE 386.288.2428

ADDRESS 3104 SW OLD WIRE ROAD FT. WHITE FL 32038

OWNER ROBIN HOLCOMB(PEGGY HOLCOMB'S M/H) PHONE 386.344.0734

ADDRESS 4140 SW SR 247 LAKE CITY FL 32024

CONTRACTOR CHESTER KNOWLES PHONE 386.755.6441

LOCATION OF PROPERTY 90-W TO SR.247-S,TL AND GO APPROX. 4 MILES TO PROPERTY
SITE ON R...SEE YELLOW FLAGS @ DRIVE.

TYPE DEVELOPMENT M/H/UTILITY ESTIMATED COST OF CONSTRUCTION 0.00

HEATED FLOOR AREA _____ TOTAL AREA _____ HEIGHT ____ STORIES ____

FOUNDATION _____ WALLS _____ ROOF PITCH _____ FLOOR _____

LAND USE & ZONING A-3 MAX. HEIGHT _____

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

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

PARCEL ID 16-4S-16-03047-000 SUBDIVISION _____

LOT ____ BLOCK ____ PHASE ____ UNIT ____ TOTAL ACRES 12.43

		IH10252831	Wendy Grennell	
Culvert Permit No.	Culvert Waiver	Contractor's License Number	Applicant/Owner/Contractor	
FDOT-EXISTING	11-0048	BLK	HD	N
Driveway Connection	Septic Tank Number	LU & Zoning checked by	Approved for Issuance	New Resident

COMMENTS: DEDICATING 5 ACRES....2ND UNIT ON PROPERTY.
AWAITS FDOT LETTER OF COMPLIANCE BEFORE POWER IS RELEASED.
1 FOOT ABOVE ROAD. Check # or Cash 1156

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 Insulation _____ 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 Pool _____ date/app. by

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

Pump pole _____ date/app. by Utility Pole _____ date/app. by M/H tie downs, blocking, electricity and plumbing _____ date/app. by

Reconnection _____ date/app. by RV _____ date/app. by Re-roof _____ date/app. by

BUILDING PERMIT FEE $ 0.00 CERTIFICATION FEE $ 0.00 SURCHARGE FEE $ 0.00

MISC. FEES $ 300.00 ZONING CERT. FEE $ 50.00 FIRE FEE $ 97.76 WASTE FEE $ 134.00

FLOOD DEVELOPMENT FEE $ _____ FLOOD ZONE FEE $ 25.00 CULVERT FEE $ _____ **TOTAL FEE** 606.76

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."

EVERY PERMIT ISSUED SHALL BECOME INVALID UNLESS THE WORK AUTHORIZED BY SUCH PERMIT IS COMMENCED WITHIN 180 DAYS AFTER ITS ISSUANCE, OR IF THE WORK AUTHORIZED BY SUCH PERMIT IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AFTER THE TIME THE WORK IS COMMENCED. A VALID PERMIT RECIEVES AN APPROVED INSPECTION EVERY 180 DAYS. WORK SHALL BE CONSIDERED NOT SUSPENDED, ABANDONED OR INVALID WHEN THE PERMIT HAS RECIEVED AN APPROVED INSPECTION WITHIN 180 DAYS OT THE PREVIOUS INSPECTION.

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 1-10-08) Zoning Official BLK 03.02.11 Building Official HD 2-2-11

AP# 1101-36 Date Received 1/28 By JW Permit # 29185

Flood Zone X Development Permit N/A Zoning RR Land Use Plan Map Category RES U.L. DEN

Comments Dedicating 5 acres 2nd Unit on Property

FEMA Map# N/A Elevation N/A Finished Floor 1' above Rd River N/A In Floodway N/A

☐ Site Plan with Setbacks Shown ☑ EH # 11-0048 ☐ EH Release ☑ Well letter ☐ Existing well

☑ Recorded Deed or Affidavit from land owner ☐ Letter of Auth. from installer ☑ State Road Access (Pending Letter)

☐ Parent Parcel # ☐ STUP-MH on file ☐ F W Comp. letter

IMPACT FEES: EMS Fire Corr Road/Code

School = TOTAL Suspended W.C. Exemption Cartwright IC ☑ VF ☑ OC ☐ On Electrical

Property ID # 16-4S-16-03047-002 Subdivision N/A

- New Mobile Home ____ Used Mobile Home ✓ MH Size 28x66 Year 1999
- Applicant Wendy Grennell Phone # 386-288-2428
- Address 3104 SW Old Wire Rd Ft White FL 32038
- Name of Property Owner Robin Holcomb Phone# 386-344-0734
- 911 Address 4140 SW SR 247 Lake City FL 32024
- Circle the correct power company - (Circle One) - FL Power & Light - **Clay Electric** - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home Peggy Holcomb Phone # 386-344-0734
  Address 8883 47th Dr. Live Oak FL 32060
- Relationship to Property Owner mother
- Current Number of Dwellings on Property 1
- Lot Size ____ Total Acreage 12.43 (owns)
- Do you : Have **Existing Drive** (Currently using) or **Private Drive** (Blue Road Sign) or need **Culvert Permit** (Putting in a Culvert) or **Culvert Waiver** (Not existing but do not need a Culvert) (Circle one)
- Is this Mobile Home Replacing an Existing Mobile Home No
- Driving Directions to the Property 90 West to SR 247 turn (L) go approx 4 miles to 4138 on (R) yellow flags @ drive
- Name of Licensed Dealer/Installer Chester Knowles Phone # 386-755-6441
- Installers Address 5801 SW SR 47 Lake City FL 32024
- License Number IH0025283/1 Installation Decal # 1349

Spoke to Wendy 2-8-11 Ck# 1156

JW left Message/Wendy 2.3.11

PERMIT WORKSHEET

Installer Jessie L Chesterwoods License # IH/1025283/L

Manufacturer Skyline Length x Width 28 x 66

Name of Owner of this Mobile Home Peggy Holcomb

Phone 344-0734

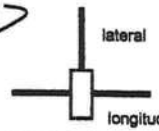
Address 4140 SR 247 Lake City FL 32024

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

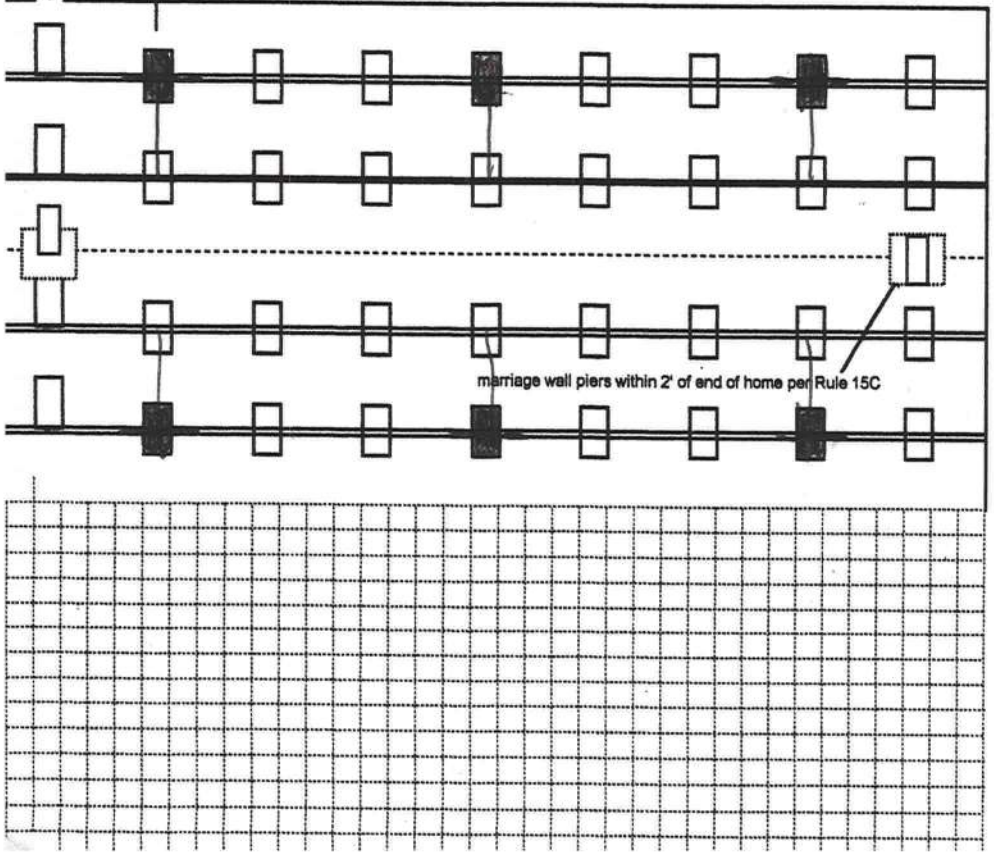
I understand Lateral Arm Systems cannot be used on any home (new or used) where the sidewall ties exceed 5 ft 4 in.

Installer's initials JLR

Typical pier spacing 2' 8'



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



New Home ☐ Used Home ☑ Year

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 # 1349

Triple/Quad ☐ Serial # SU620326 2LBLA

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity	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 23 1/4 X 31 1/4

Perimeter pier pad size NA

Other pier pad sizes (required by the mfg.) 16 x 16

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
15'	24 X 24

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 Oliver Technology

OTHER TIES

	Number
Sidewall	26
Longitudinal	6
Marriage wall	2 min
Shearwall	2 min

PERMIT WORKSHEET

PERMIT NUMBER _____

POCKET PENETROMETER TEST

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

x 1.0 x 1.0 x 1.0

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 1.0 x 1.0 x 1.0

TORQUE PROBE TEST

The results of the torque probe test is N/A using Max inch pounds or check here if you are declaring 5' anchors without testing _____. A test showing 275 inch pounds or less will require 4 foot anchors.

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

JKK Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Jessie L. "Chester" Knowles

Date Tested 1-17-11

Electrical

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between mult-wide units. Pg. 15C1

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 15C1

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 15C1

Site Preparation

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

Fastening multi wide units

Floor: Type Fastener: Lags Length: 6" Spacing: 20"
Walls: Type Fastener: Screws Length: 4" Spacing: 48"
Roof: Type Fastener: Straps Length: 1¾" min. 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, meldew 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 JKK

Type gasket Roll foam
Pg. 15C1

Installed:
Between Floors Yes ✓
Between Walls Yes ✓
Bottom of ridgebeam Yes ✓

Weatherproofing

The bottomboard will be repaired and/or taped. Yes ✓. Pg. 15C1
Siding on units is installed to manufacturer's specifications. Yes ✓
Fireplace chimney installed so as not to allow intrusion of rain water. Yes ✓

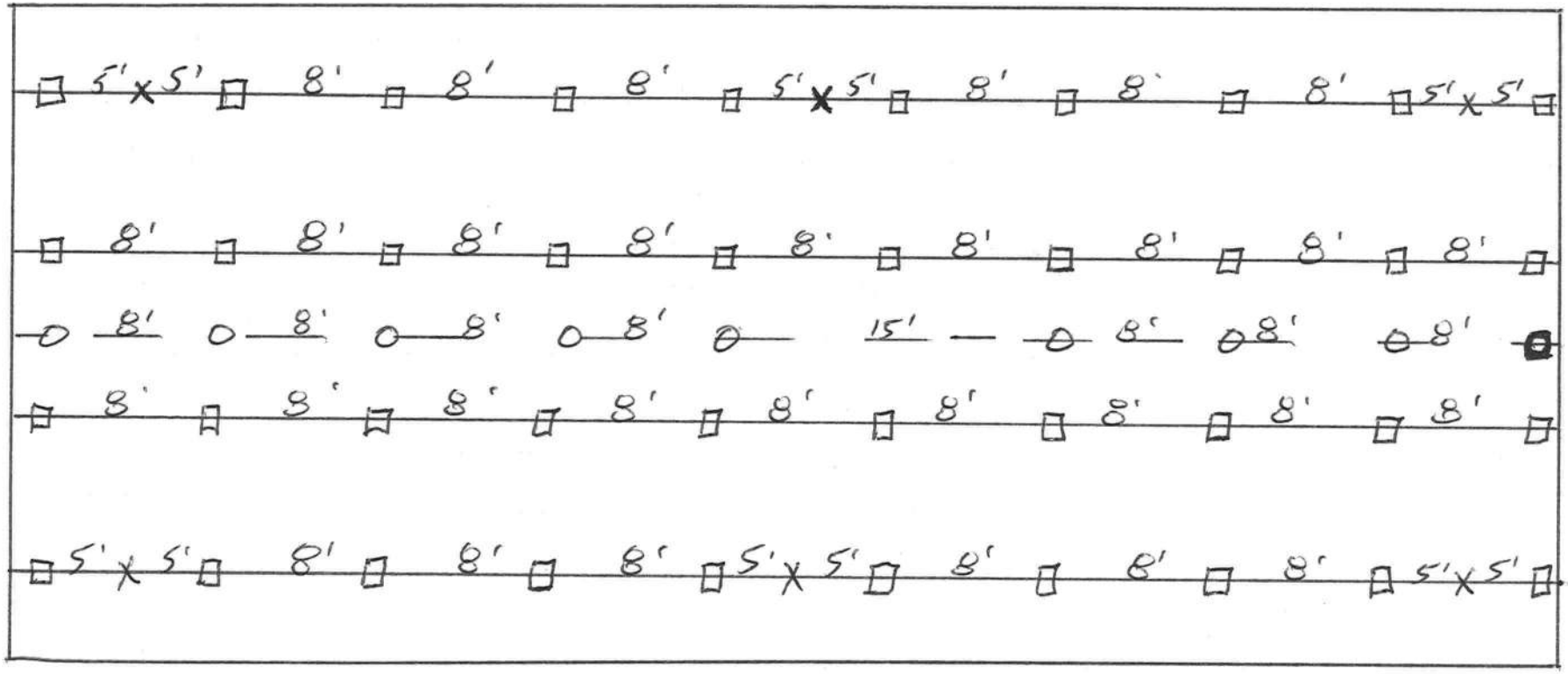
Miscellaneous

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 : 15C-1 may or may not Have ptsa # IN set up Manual

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

Installer Signature Jessie L. Chester Knowles **Date** 1-17-11

Skyline 28X66



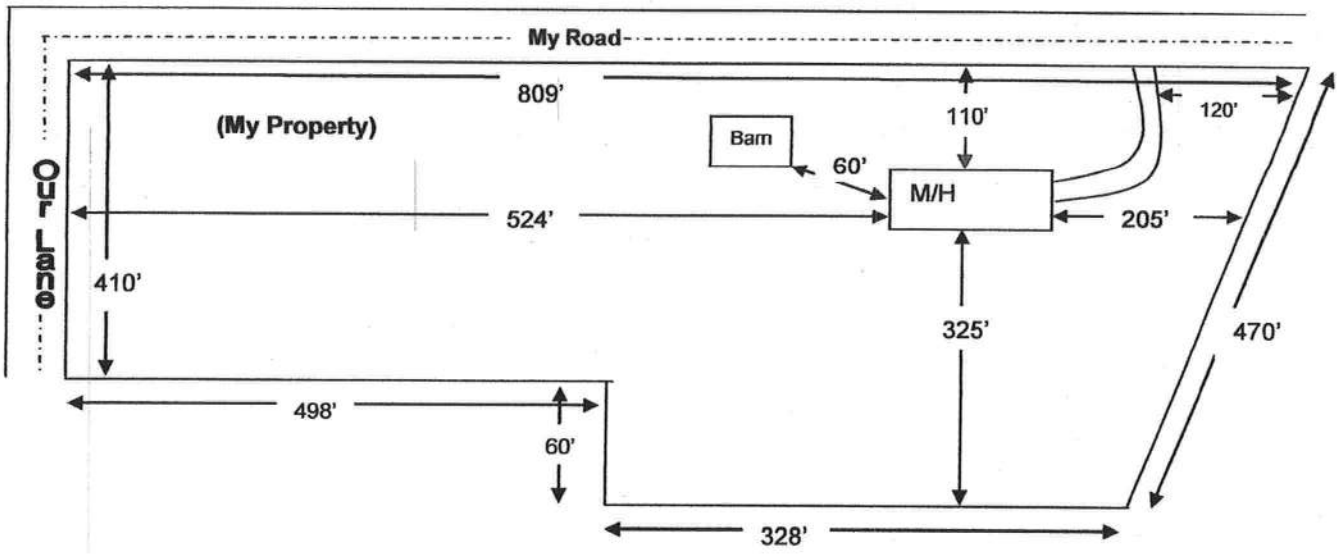
X - 6 110IV All steel Foundations From oliver technology

□ - I Beam piers 8' O.C. using 23¼ X 31¼ Abs pads

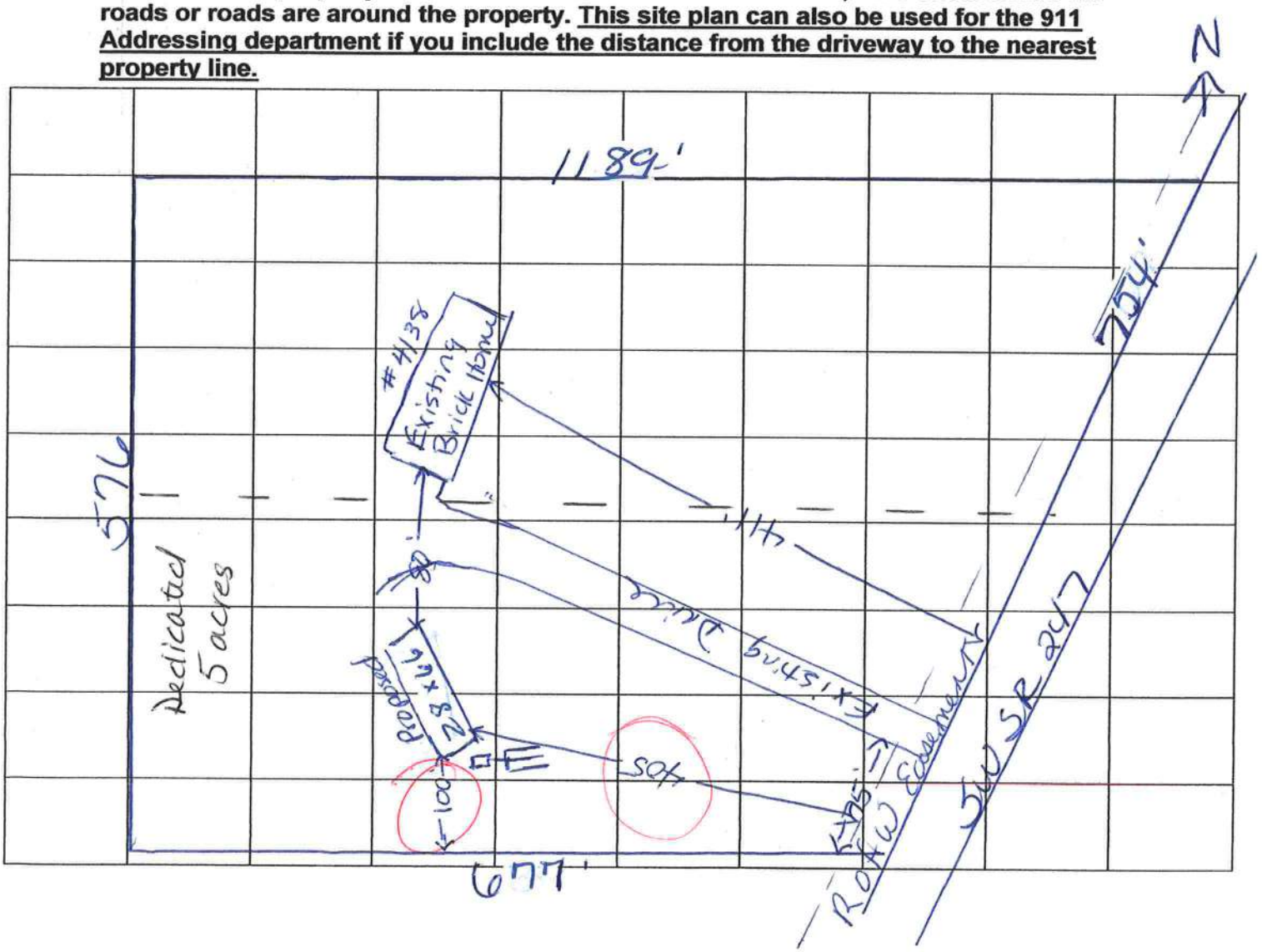
O - Centerline pier 8' O.C. using 16X16 Abs pads except on openings Greater than 15' then we use 24X24 Abs pad on each side

Holcomb

SITE PLAN EXAMPLE / WORKSHEET



Use this example to draw your own site plan. Show all existing buildings and any other homes on this property and show the distances between them, Also show where the roads or roads are around the property. <u>This site plan can also be used for the 911 Addressing department if you include the distance from the driveway to the nearest property line.</u>



Prepared by and return to:
Dan Follese
Garden Home Title
4577 Nob Hill Road
Suite 206
Sunrise, FL 33351

File Number: **1-0-103201**

Inst:201012020342 Date:12/22/2010 Time:1:34 PM
Doc Stamp-Deed:1232.00
DC,P.DeWitt Cason,Columbia County Page 1 of 1 B:1206 P:2519

(Space Above This Line For Recording Data)

Special Warranty Deed

This Special Warranty Deed made this **13th day of December, 2010**, between **Beltway Capital, LLC a Maryland Limited Liability Company** whose post office address is **11350 McCormick Road, Hunt Valley, MD 21031**, grantor, and **Robin S Holcomb,** a single woman whose post office address is **8883 47th Dr, Live Oak, FL 32060**, grantee:

(Whenever used herein the terms grantor and grantee include all the parties to this instrument and the heirs, legal representatives, and assigns of individuals, and the successors and assigns of corporations, trusts and trustees)

Witnesseth, that said grantor, for and in consideration of the sum of TEN AND NO/100 DOLLARS ($10.00) and other good and valuable considerations to said grantor in hand paid by said grantee, the receipt whereof is hereby acknowledged, has granted, bargained, and sold to the said grantee, and grantee's heirs and assigns forever, the following described land, situate, lying and being in the **Columbia County, Florida,** to-wit:

EXHIBIT A

SECTION 16, TOWNSHIP 4 SOUTH, RANGE 16 EAST; COMMENCE AT THE NORTHEAST CORNER OF THE SE 1/4 OP THE SE 1/4 OF SAID SECTION 16, AND RUN N 89°02' W, 141.60 FEET ALONG THE NORTH LINE OF SAID SE 1/4 OF SE 1/4 TO THE WEST RIGHT-OF-WAY LINE OF STATE ROAD NO. 247 AND THE POINT OF BEGINNING; THENCE S 41c30 W ALONG SAID WEST RIGHT-OF-WAY LINE, 754 FEET; THENCE S 89°28' W, 677.88 FEET TO THE WEST LINE OF SAID SE 1/4 OF SE 1/4 THENCE NORTH ALONG THE WEST LINE OF SAID SE 1/4 OF SE 1/4 TO NORTHWEST CORNER OF SE 1/4 OF SE 1/4 OF SAID SECTION; THENCE S 89°02' E ALONG THE NORTH LINE OF SAID SE 1/4 OF SE 1/4, 1189.60 FEET TO THE POINT OF BEGINNING. SAID LANDS BEING A PORTION OF THE SE 1/4 OF SE 1/4 OF SECTION 16.

Parcel Identification Number: R03047-000

Together with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

To Have and to Hold, the same in fee simple forever.

And the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons claiming by, through or under grantors.

In Witness Whereof, grantor has hereunto set grantor's hand and seal the day and year first above written.

Signed, sealed and delivered in our presence:

Witness Name: Stacey C.K. Carrington

Witness Name: James T. Robertson

Beltway Capital, LLC

By Amy E.K. Bitz
Its Vice President

State of Maryland
County of Baltimore

The foregoing instrument was acknowledged before me this 9th day of December, 2010, by **Amy E.K. Bitz, authorized signatory of BELTWAY CAPITAL, LLC A MARYLAND LIMITED LIABILITY COMPANY, on behalf of the Company,** she ( ) is personally known to me or ( ) has produced Drivers License as identification.

SCOTT MICHAEL BITZ NOTARY PUBLIC BALTIMORE COUNTY, MD My expiration date is 7-1-11

Notary Public

Robin Holcomb
See Deed

>> Print as PDF <<

COMM NE COR OF SE1/4 OF SE1/4, RUN W 141.60 FT TO W R/W SR-247 FOR POB, RUN SW ALONG R/W 754 FT, W 677.88 FT TO W

BELTWAY CAPITAL LLC
C/O BSI FINANCIAL SERVICES INC
314 S FRANKLIN ST
TITUSVILLE, PA 16354

16-4S-16-03047-000

Columbia County 2011 R
CARD 001 of 001

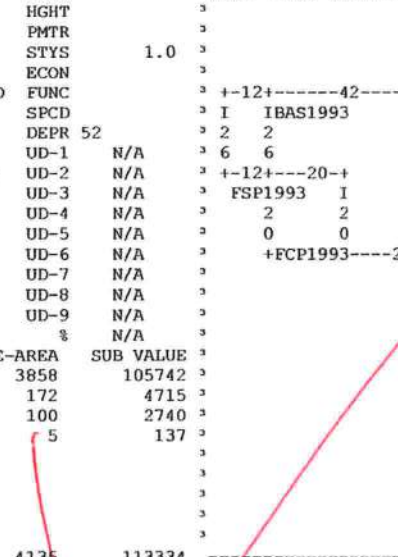
PRINTED 1/06/2011 11:22 BY JEFF
APPR 10/19/2007 DF

BUSE 000100 SINGLE FAM AE? Y
MOD 1 SFR BATH 3.00
EXW 19 COMMON BRK FIXT
% 0000000000 BDRM 4
RSTR 03 GABLE/HIP RMS
RCVR 03 COMP SHNGL UNTS
% N/A C-W%
INTW 05 DRYWALL HGHT
% N/A PMTR
FLOR 14 CARPET STYS 1.0
% N/A ECON
HTTP 04 AIR DUCTED FUNC
A/C 03 CENTRAL SPCD
QUAL 05 05 DEPR 52
FNDN N/A UD-1 N/A
SIZE 03 RECTANGLE UD-2 N/A
CEIL N/A UD-3 N/A
ARCH N/A UD-4 N/A
FRME 01 NONE UD-5 N/A
KTCH 01 01 UD-6 N/A
WNDO N/A UD-7 N/A
CLAS N/A UD-8 N/A
OCC N/A UD-9 N/A
COND 03 03 % N/A

SUB	A-AREA	%	E-AREA	SUB VALUE
BAS93	3858	100	3858	105742
FSP93	312	55	172	4715
FCP93	400	25	100	2740
FOP93	18	30	5	137
TOTAL	4588		4135	113334

3858 HTD AREA 106.400 INDEX 16416.00 DIST 3
4135 EFF AREA 48.944 E-RATE 100.000 INDX
202383 RCN 1966 AYB
56.00 %GOOD 113,334 B BLDG VAL 1966 EYB

FIELD CK:
LOC: 4138 STATE ROAD 247 SW LAKE CITY



PUSE 000100 SINGLE FAMILY
STR 16- 4S- 16
MKT AREA 06
(PUD1
AC 12.430

	113,334 BLDG
	7,400 XFOB
	72,715 LAND
NTCD	0 CLAS
APPR CD	0 MKTUSE
CNDO	193,449 JUST
SUBD	0 APPR
BLK	
LOT	0 SOHD
MAP# 46-B	0 ASSD
	0 EXPT
TXDT 003	0 COTXBL

BLDG TRAVERSE
BAS1993=W50 N15 W14 S15 W42 FSP1993=W12 S26 E12 N26$ S26 FCP1993=S20 E20 N20 W20$ E20 S20E26 FOP1993=E6 N3 W6 S3$ N3E6 N12 E54 N31$.

PERMITS

NUMBER	DESC	AMT	ISSUED

SALE

BOOK	PAGE	DATE		PRICE
1201	488	8/11/2010	U I	100
GRANTOR CLERK OF COURT (PORTER)				
GRANTEE BELTWAY CAPITAL LLC				
1128	895	8/04/2007	U I	180000
GRANTOR RORY VERNE PORTER				
GRANTEE RORY V PORTER & WILLIAM K & TERESA				

EXTRA FEATURES

AE	BN	CODE	DESC	LEN	WID	HGHT	QTY	QL	YR	ADJ	UNITS	UT	PRICE	ADJ UT PR	SPCD %	%GOOD	XFOB VALUE
Y	1	0180	FPLC 1STRY				1		0000	1.00	1.000	UT	2000.000	2000.000		100.00	2,000
Y		0294	SHED WOOD/VI				1		0000	1.00	1.000	UT	300.000	300.000		100.00	300
Y		0020	BARN, FR				1		0000	1.00	1.000	UT	6000.000	6000.000	AP 90.00	20.00	1,200
Y		0166	CONC, PAVMT				1		1993	1.00	1.000	UT	5000.000	5000.000	AP 50.00	50.00	2,500
Y		0258	PATIO				1		0000	1.00	1.000	UT	1000.000	1000.000		100.00	1,000
Y		0120	CLFENCE 4				1		0000	1.00	1.000	UT	400.000	400.000		100.00	400

FIELD CK:

AE	LAND CODE	DESC	ZONE	TOPO	ROAD UTIL	UD1 UD2	UD3 UD4	FRONT BACK	DEPTH DT	ADJUSTMENTS	UNITS	UT	PRICE	ADJ UT PR	LAND VALUE
Y	000100	SFR	00	0002	0002					1.00 1.00 1.00 1.00	1.000	AC	5850.000	5850.00	5,850
Y	009900	AC NON-AG	00	0003	0003					1.00 1.00 1.00 1.00	11.430	AC	5850.000	5850.00	66,865

MOBILE HOME INSTALLER AFFIDAVIT

As per Florida Statues 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

I, Jessie L. Chester Knowles, license number IH/1025283/1

state that the installation of the manufactured home for owner

Peggy Holcomb at

911 Address: 4140 SR 247 Lake City Fl.

will be done under my supervision.

Signed: Jessie L Chester Knowles
Mobile Home Installer

Sworn to and described before me this 17 day of January 20 11

Shirley M Bennett
Notary public

Shirley M Bennett Personally known ✓
Notary Name

DL ID_____

SHIRLEY M. BENNETT
MY COMMISSION # DD804429
EXPIRES July 08, 2012
(407) 398-0153 FloridaNotaryService.com

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: 1/10/2011 **DATE ISSUED:** 1/20/2011

ENHANCED 9-1-1 ADDRESS:

4140 SW STATE ROAD 247

LAKE CITY FL 32024

PROPERTY APPRAISER PARCEL NUMBER:

16-4S-16-03047-000

Remarks:

2ND LOCATION ON PARCEL

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.

1888

SUBCONTRACTOR VERIFICATION FORM

Holcomb

APPLICATION NUMBER 1101-36 CONTRACTOR Chester Knowles PHONE 755-6441

THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

In Columbia County one permit will cover all trades doing work at the permitted site. It is REQUIRED that we have records of the subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and Ordinance 89-6, a contractor shall require all subcontractors to provide evidence of workers' compensation or exemption, general liability insurance and a valid Certificate of Competency license in Columbia County.

Any changes, the permitted contractor is responsible for the corrected form being submitted to this office prior to the start of that subcontractor beginning any work. Violations will result in stop work orders and/or fines.

ELECTRICAL *	Print Name License #:	Signature Phone #:
MECHANICAL/ A/C 722 ✓	Print Name David W Cartwright License #: CAC 1813717	Signature David Cartwright Phone #: 386-935-4950
PLUMBING/ GAS ✓	Print Name Jessie L. Chester Knowles License #: IH/1025283/1	Signature Jessie L. Chester Knowles Phone #: 386-755-6441
ROOFING	Print Name License #:	Signature Phone #:
SHEET METAL	Print Name License #:	Signature Phone #:
FIRE SYSTEM/ SPRINKLER	Print Name License#:	Signature Phone #:
SOLAR	Print Name License #:	Signature Phone #:

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			
FRAMING			
INSULATION			
STUCCO			
DRYWALL			
PLASTER			
CABINET INSTALLER			
PAINTING			
ACOUSTICAL CEILING			
GLASS			
CERAMIC TILE			
FLOOR COVERING			
ALUM/VINYL SIDING			
GARAGE DOOR			
METAL BLDG ERECTOR			

F. S. 440.103 Building permits; identification of minimum premium policy.--Every employer shall, as a condition to applying for and receiving a building permit, show proof and certify to the permit issuer that it has secured compensation for its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each time the employer applies for a building permit.

1101-36

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

COUNTY THE MOBILE HOME IS BEING MOVED FROM: Suwannee

OWNERS NAME Robin Holcome PHONE _____ CELL 386-364-0736

INSTALLER Jessie L. Chester Knowles PHONE 386-755-6441 CELL 386-397-3619

INSTALLERS ADDRESS 5801 SW 56th Ave Starke FL

MOBILE HOME INFORMATION

MAKE Skyline YEAR 1999 SIZE 28 x 66

COLOR Yellow SERIAL No. SKWE203262LRBL19

WIND ZONE II SMOKE DETECTOR Yes 2

INTERIOR:
FLOORS Great
DOORS Great
WALLS Great
CABINETS Great
ELECTRICAL (FIXTURES/OUTLETS) Great

EXTERIOR:
WALLS / SIDDING Great
WINDOWS Great
DOORS Great

STATUS:
APPROVED _____ NOT APPROVED _____

NOTES Like New Home.

INSTALLER OR INSPECTORS PRINTED NAME Jessie L. Chester Knowles

Installer/Inspector Signature Jessie L Chester Knowles License No. IH1025283 Date 1-17-11

ONLY THE ACTUAL LICENSE HOLDER OR A BUILDING INSPECTOR CAN SIGN THIS FORM.

NO WIND ZONE ONE MOBILE HOMES WILL BE PERMITTED. MOBILE HOMES PRIOR TO 1977 ARE PRE-HUD AND THE WIND ZONE MUST BE PROVEN TO BE PERMITTED.

BEFORE THE MOBILE HOME CAN BE MOVED INTO COLUMBIA COUNTY THIS FORM MUST BE COMPLETED AND RETURNED TO THE COLUMBIA COUNTY BUILDING DEPARTMENT.

ONCE MOVED INTO COLUMBIA COUNTY AN INSPECTOR MUST COMPLETE A PRELIMINARY INSPECTION ON THE MOBILE HOME. CALL 386-719-2838 TO SET UP THIS INSPECTION. NO PERMIT WILL BE ISSUED BEFORE THIS IS DONE.

Code Enforcement Approval Signature _____ Date 2-3-11

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1101-36 CONTRACTOR Chester Knowles PHONE 755-6441

THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

In Columbia County one permit will cover all trades doing work at the permitted site. It is **REQUIRED** that we have records of the subcontractors who actually **did** the trade specific work under the permit. Per Florida Statute 440 and Ordinance 89-6, a contractor shall require all subcontractors to provide evidence of workers' compensation or exemption, general liability insurance and a valid Certificate of Competency license in Columbia County.

Any changes, the permitted contractor is responsible for the corrected form being submitted to this office prior to the start of that subcontractor beginning any work. Violations will result in stop work orders and/or fines.

ELECTRICAL 2/0 ✓	Print Name [illegible]	Signature John M Courson
	License #: ER0020238	Phone #: 386-752-8575
MECHANICAL/ A/C _____	Print Name _____	Signature _____
	License #:	Phone #:
PLUMBING/ GAS	Print Name Jessie L. Chester Knowles	Signature Jessie L. Chester Knowles
	License #: I-H/1025283/1	Phone #: 386-755-6441
ROOFING	Print Name _____	Signature _____
	License #:	Phone #:
SHEET METAL	Print Name _____	Signature _____
	License #:	Phone #:
FIRE SYSTEM/ SPRINKLER	Print Name _____	Signature _____
	License #:	Phone #:
SOLAR	Print Name _____	Signature _____
	License #:	Phone #:

MASON			
CONCRETE FINISHER			
FRAMING			
INSULATION			
STUCCO			
DRYWALL			
PLASTER			
CABINET INSTALLER			
PAINTING			
ACOUSTICAL CEILING			
GLASS			
CERAMIC TILE			
FLOOR COVERING			
ALUM/VINYL SIDING			
GARAGE DOOR			
METAL BLDG ERECTOR			

F. S. 440.103 Building permits; identification of minimum premium policy.--Every employer shall, as a condition to applying for and receiving a building permit, show proof and certify to the permit issuer that it has secured compensation for its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each time the employer applies for a building permit.

Contractor forms: Subcontractor form: 6/09

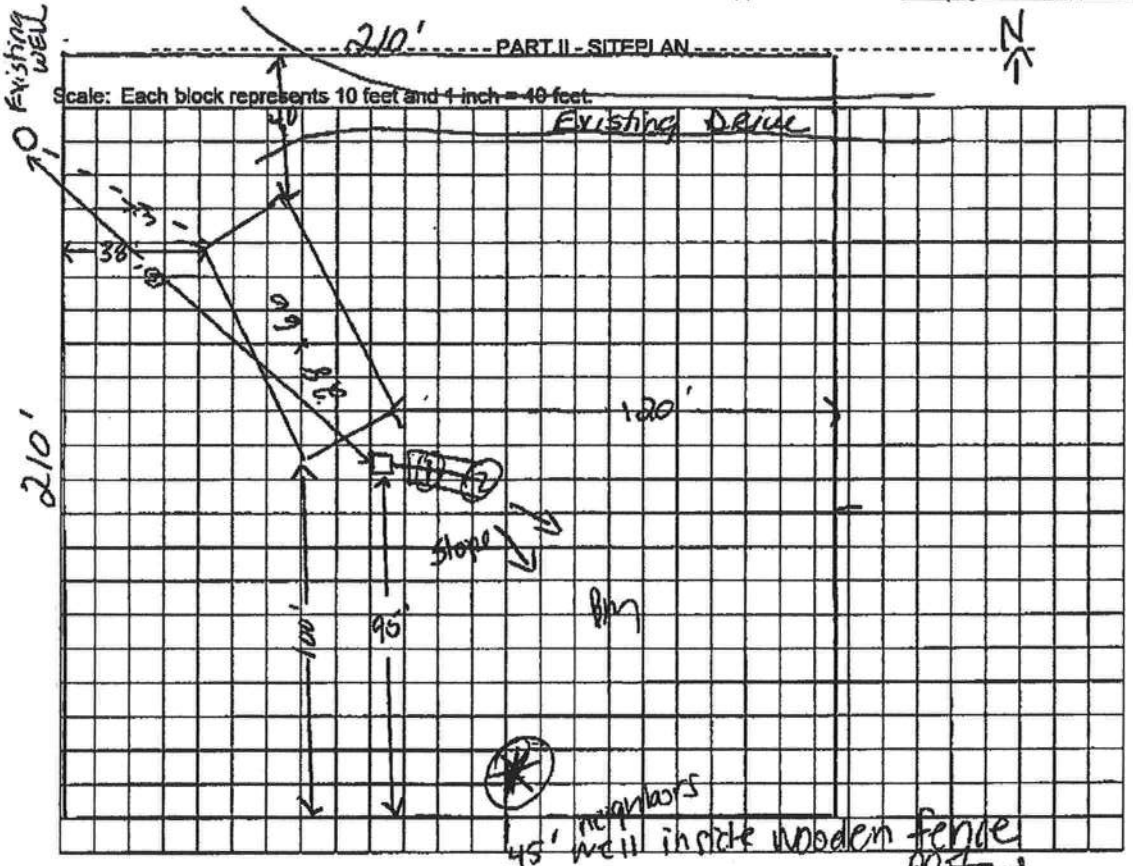
Existing Brick Home

Holcomb App# 1101-36

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 11-0048

PART II - SITEPLAN



Notes: Pool
1 acre shown out of 12.43
see attached

Site Plan submitted by: Wendy Grennell Agent

Plan Approved / Not Approved Columbia CHD Date 2/7/11

By Sallie Ford EH Director County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated: 64E-6.001, FAC
(Stock Number: 5744-002-4015-5)

By Sallie Ford. EH Director Columbia CHD CPHU

Notes: See attached for full dimensions.

[illegible]
PRELIMINARY MOBILE HOME INSPECTION REPORT

1101-36

DATE RECEIVED 2-14-11 BY LH IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? ~~No~~ Yes

OWNERS NAME Peggy Holcomb/Robin Holcomb PHONE

ADDRESS 4138 SW S.R. 247 Lake City 32024 CELL 386-344-0234

MOBILE HOME PARK NA SUBDIVISION NA

DRIVING DIRECTIONS TO MOBILE HOME 90 W to SR 247 turn (L) approx 4 miles to 4138 on (R) Brick Home yellow flags at drive

MOBILE HOME INSTALLER Chester Knowles PHONE 386-755-6441 CELL 386-

MOBILE HOME INFORMATION

MAKE Skyline YEAR 1999 SIZE 28 x 66 COLOR yellow

SERIAL No. 8U620326LBLA HUD# FLA655041

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

✓ 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 402 DATE 2-15-11

FAX MEMORANDUM

MEMORANDUM

FLORIDA DEPARTMENT OF TRANSPORTATION

To: Mr. Randy Jones, Dept. Director Columbia Co. Building & Zoning Dept. **Fax No: 386-758-2160**	**From:** Dale L. Cray, FDOT Permits Insp. **Date: 2-16-2010** Fax **No. 386-961-7183** **Attention: Col Co. Building Zoning Dept.**

( ) Sign and return. **(XX)** For your files. ( ) Please call me. **(XX)** FYI ( ) For Review

REF: Existing Driveway
PROJECT: Robin Holcomb
PARCEL ID No:16-4s-16-03047-000 Permit No : N/A Sec No : N/A
MILE POST: N/A

Mr. Jones

Please accept this as our legal notice of final passing inspection for Robin Holcomb for an existing residential driveway. The project address is, 4140 SW 247 Lake City, Fl.

The existing residential Access has been inspected and (Approved) and, meets FDOT Standard Requirements for a residential driveway.

If further information is required on this project please do not hesitate to contact this office for additional access permitting information details. My office number is 961-7193 or 961-7146.

Sincerely,

Dale L. Cray
Access Permits Inspector

CERTIFICATE OF

M/H OCCUPANCY

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 16-4S-16-03047-000 **Building permit No.** 000029185

Permit Holder CHESTER KNOWLES

Owner of Building ROBIN HOLCOMB(PEGGY HOLCOMB'S M/H)

Location: 4140 SW SR 47

Date: 02/24/2011

Building Inspector

POST IN A CONSPICUOUS PLACE
(Business Places Only)