☑ GAYLE'S LICENSE

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-11) Zoning Official BK 8 Oct. 2013 Building Official TM 10/4/13

AP# 1310-11 Date Received 10/4 By JW Permit # 31521

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

Comments Section 2.3.1 Legal Non Conforming Lot of Record
Make Sure 25' off of East Property Line

FEMA Map# _____ Elevation _____ Finished Floor _____ River N/A In Floodway N/A

☑ Site Plan with Setbacks Shown ☑ EH # 13-0521-E ☐ EH Release ☐ Well letter ☐ Existing well

☑ Recorded Deed or Affidavit from land owner ☑ Installer Authorization ☐ State Rd Access ☑ 911 Sheet

☐ Parent Parcel # _____ ☐ STUP-MH _____ ☐ F W Comp. letter ☑ App Fee Pd ☑ VF Form

IMPACT FEES: EMS _____ Fire _____ Corr _____ ☐ Out County ☑ In County

Road/Code _____ School _____ = TOTAL Suspended March 2009 ☐ Ellisville Water Sys

Property ID # 05-4S-16-02773-038 Subdivision —

- New Mobile Home _____ Used Mobile Home ✓ MH Size 24x44 Year 1999
- Applicant Gayle Eddy (Duff) Phone # 352 494 2326
- Address 10237 SW 40TH Terr Lake Butler FL. 32054
- Name of Property Owner Bernard Graham Phone# 386 867 4839
- 911 Address 376 SW Shady LN Lake City FL. 32024
- Circle the correct power company - (FL Power & Light) - Clay Electric
  (Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home Bernard Graham Phone # 386 867 4839
  Address 5089 SW Birley Ave Lake City FL. 32024
- Relationship to Property Owner Same
- Current Number of Dwellings on Property 0
- Lot Size _____ Total Acreage 7.31,40 0.75
- 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 (yes (Charged for 1 unit))
- Driving Directions to the Property 90 to Pinemount (L) about 2 miles (R) on Magical Terr., (L) on Shady Ln (Cable Ln Just before) on L, to Property on (L)
- Name of Licensed Dealer/Installer Gayle Eddy (Duff) Phone # 3524942326
- Installers Address 10237 SW 40TH Terr Lake Butler FL. 32054
  - License Number IH1025339 Installation Decal # 17289

Spoke to Wilbert on 10/14/13
Told Him we will call Gayle

$375.00

Bernard & Louise Graham

COLUMBIA COUNTY PERMIT WORKSHEET

These worksheets must be completed and signed by the installer.
Submit the originals with the packet.

Installer Gayle Eddy (Duff) License # IH1025339

911 Address where home is being installed 100 SW Cable Way, Lake City FL. 32024

Manufacturer King Length x width 24x44

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 DE

New Home ☐ Used Home ☑

Home installed to the Manufacturer's Installation Manual ☐

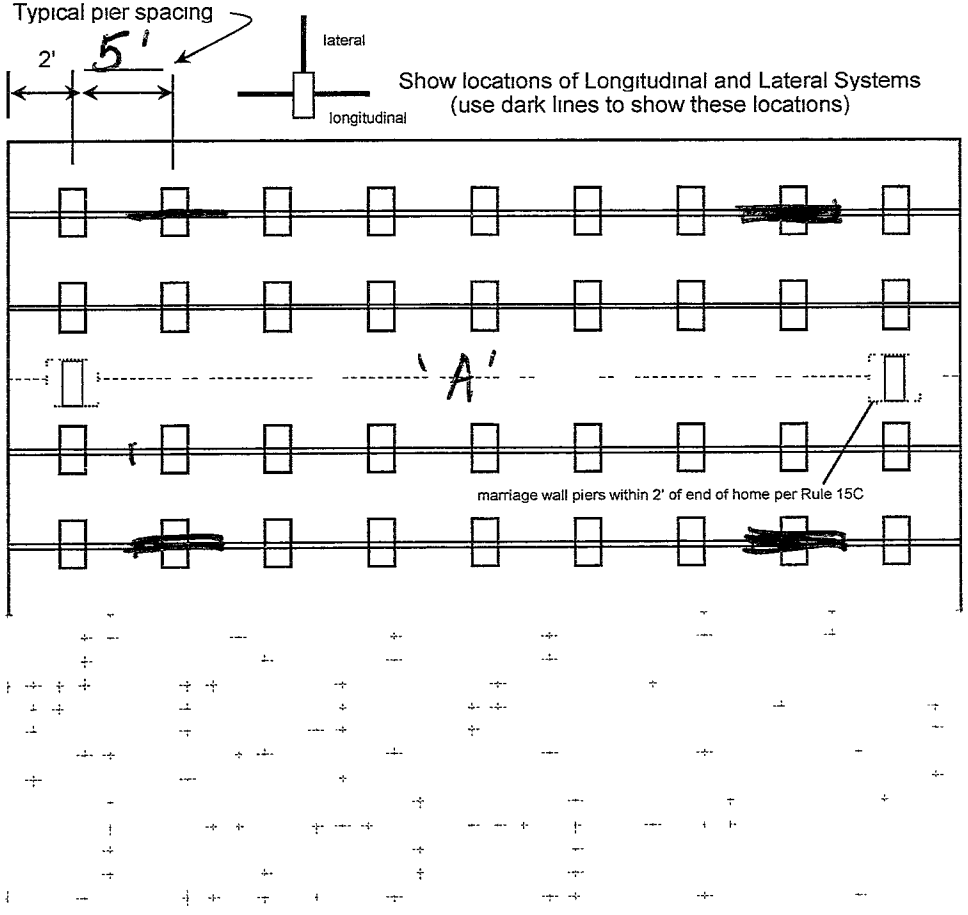
Home is installed in accordance with Rule 15-C ☑

Single wide ☐ Wind Zone II ☑ Wind Zone III ☐

Double wide ☑ Installation Decal # 17289

Triple/Quad ☐ Serial # N89115AB

Typical pier spacing



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 18 1/2 x 18 1/2

Perimeter pier pad size 16x16 Doors Only

Other pier pad sizes (required by the mfg) _____

Draw the approximate locations of marriage wall openings 4 foot or greater Use this symbol to show the piers

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

Opening	Pier pad size
18 1/2 x 18 1/2	A

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 DE

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer Oliver Tech

Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer _____

OTHER TIES

	Number
Sidewall	N/A
Longitudinal	
Marriage wall	2 min
Shearwall	1

COLUMBIA COUNTY PERMIT WORKSHEET

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 1500 psf
or check here to declare 1000 lb soil _____ without testing

x 1500 x 1500 x 1800

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 2000 x 2000 x 1800

TORQUE PROBE TEST

The results of the torque probe test is 285 inch pounds or check here if you are declaring 5' anchors without testing ___ A test showing 275 inch pounds or less will require 5 foot anchors

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

GE Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Gayle Eddy (Gayle Duff)

Date Tested 10/2/13

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 15-C

Plumbing

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

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

Site Preparation

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

Fastening multi wide units

Floor	Type Fastener	6" lag	Length	6"	Spacing 24"
Walls	Type Fastener	#8 screw	Length	4"	Spacing 24"
Roof	Type Fastener	6" lag	Length	6"	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 GE

Type gasket rolled foam
Pg _____

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

Weatherproofing

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

Miscellaneous

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

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

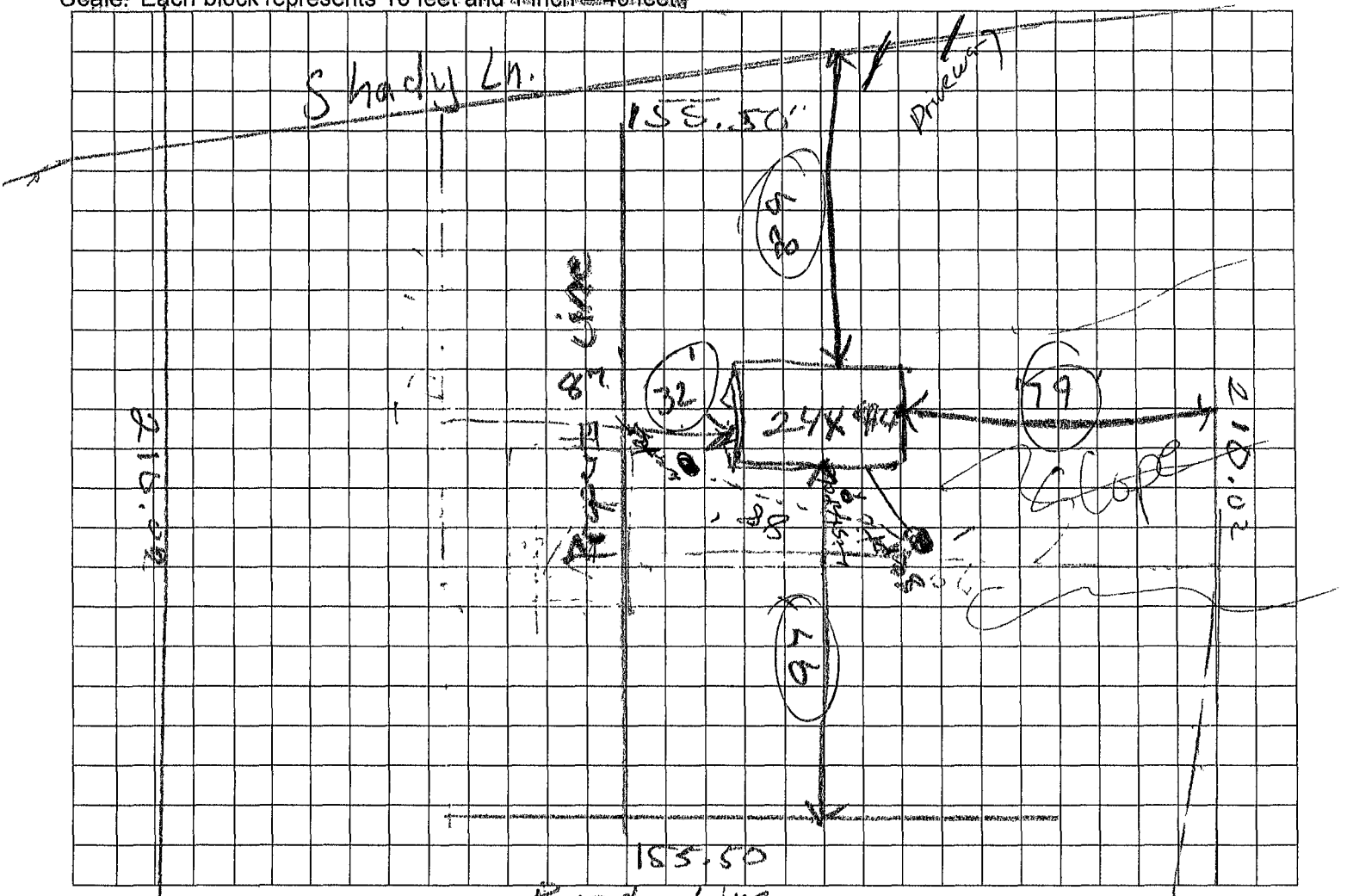
Installer Signature Gayle Eddy (Gayle Duff) **Date** 10/2/13

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number_____

---------- PART II - SITEPLAN ----------

Scale: Each block represents 10 feet and 1 inch = 40 feet.



Notes: _____

Site Plan submitted by: _____ _____

Plan Approved_____ Not Approved_____ Date_____

By_____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Prepared by and return to

TC 10U, LLC
514 N Franklin St. #106
Tampa, Fl 33602

Inst. 201312013709 Date 9/6/2013 Time 1:29 PM
Doc Stamp-Deed 42 00
DC,P DeWitt Cason Columbia County Page 1 of 1 B 1261 P 82

[Space Above This Line for Recording Data]

QUIT CLAIM DEED

THIS QUIT CLAIM DEED is made this 6 day of September, 2013, between **TC 10U, LLC**, whose address is **514 Franklin St. Suite 106, Tampa, FL. 33602** ("Grantor"), and **Bernard & Louise Graham**, whose post office address is **P.O. Box 3281 Lake City, FL 32056** ("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 **SIX THOUSAND DOLLARS ($6,000.00)** and other good and valuable consideration to said Grantor in hand paid by said Grantee, the receipt of which is hereby acknowledged, does hereby remise, release, and quitclaim to the said Grantee, and Grantee's successors and assigns forever, all the right, title, interest, claim, and demand which Grantor has in and to the following described lands situated, lying, and being in Columbia County, Florida, to wit·

COMM NE COR OF SE1/4 OF NE1/4, RUN S 278.61 FT TO S R/W SHADY CREST DR, W ALONG R/W 66.35 FT FOR POB, RUN S 155.60 FT, W 210 FT TO E R/W CABLE CR, N ALONG R/W 155.60 FT, E 210 FT TO POB. ORB 547-564, 807-1605, 899-038, IN SECTION 5, TOWNSHIP 4S, RANGE 16E.

Parcel ID: **05-4S-16-02773-038**

Address: **100 SW Cable Way Lake City, FL 32024**

Subject, however to all covenants, conditions, restrictions, reservations, limitations, easements, real estate taxes, utility liens, code enforcement liens, and to all applicable zoning ordinances, restrictions and prohibitions imposed by governmental authorities, if any.

TO HAVE AND TO HOLD, the same together with all and singular the appurtenances thereto belonging or in anywise appertaining, and all the estate, right, title, interest, lien, equity, and claim whatsoever of Grantors, either in law or equity, for the use, benefit, and profit of the said Grantee forever.

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. Eric Nettles

Witness Name Terrance Mundell

Travis Thayer, Vice President of PALLARDY, LLC, A Florida Limited Liability Company, as Manager for TC 10U, LLC

STATE OF FLORIDA
COUNTY OF Hillsborough

The foregoing instrument was acknowledged before me this 6 day of September, 2013, by Travis J. Thayer, who is personally known to me or ✓ who produced the following as identification Florida State Drivers License, and who acknowledged to and before me that he executed the same freely and voluntarily for the purposes therein expressed under authority duly vested in him by said company.

Notary Seal:

LISA M LOPEZ
MY COMMISSION # DD936473
EXPIRES Octobe 27 2013
(407) 398-0153 FloridaNotaryService.com

NOTARY PUBLIC – STATE OF FLORIDA

COLUMBIA COUNTY BUILDING DEPARTMENT
135 NE Hernando Ave, Suite B-21, Lake City, FL 32055
Phone: 386-758-1008 Fax: 386-758-2160

MOBILE HOME INSTALLERS LETTER OF AUTHORIZATION

I, Gayle Eddy (Installer License Holder Name), give this authority for the job address show below only, 100 SW Cable Way Lake Butler FL. (Job Address), and I do certify that the below referenced person(s) listed on this form is/are under my direct supervision and control and is/are authorized to purchase permits, call for inspections and sign on my behalf.

Printed Name of Authorized Person	Signature of Authorized Person	Authorized Person is... (Check one)
Wilbert Austin	Wilbert Austin	✓ Agent ___ Officer ___ Property Owner
		___ Agent ___ Officer ___ Property Owner
		___ Agent ___ Officer ___ Property Owner

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and I am fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances

I understand that the State Licensing Board has the power and authority to discipline a license holder for violations committed by him/her or by his/her authorized person(s) through this document and that I have full responsibility for compliance granted by issuance of such permits.

Gayle Eddy — License Holders Signature (Notarized)
IH1025339 — License Number
10/2/13 — Date

NOTARY INFORMATION:
STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Gayle Eddy, personally appeared before me and is known by me or has produced identification (type of I.D.) D.L. on this 2 day of October, 20 13.

NOTARY'S SIGNATURE (Seal/Stamp)

BRIAN L. KEPNER
MY COMMISSION # EE 080698
EXPIRES: April 4, 2015
Bonded Thru Notary Public Underwriters


02773-026 5 Ac
4.86 Ac
02773-032
02773-033
02773-035
02773-014
2 Ac
02772-051
02772-012
02773-040
SW SHADY LN
SW SHADY LN
66.35'
SW CABLE WAY
155.50'
02773-038
02772-068
02772-020
210.02'
SW BLOOMING ACRES LOOP
374.16'
02772-014
02773-002
5.57 Ac
SW BLOOMING ACRES LOOP
1.52 Ac
02773-016
2.06 Ac
02772-036
6.35 Ac
218.04'
SW CABLE WAY
02772-013
276.37 (c)'
02773-015
2.24 Ac
02772-023
2 Ac
02772-011
02773-009

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR Gayle Eddy PHONE 3524942376

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

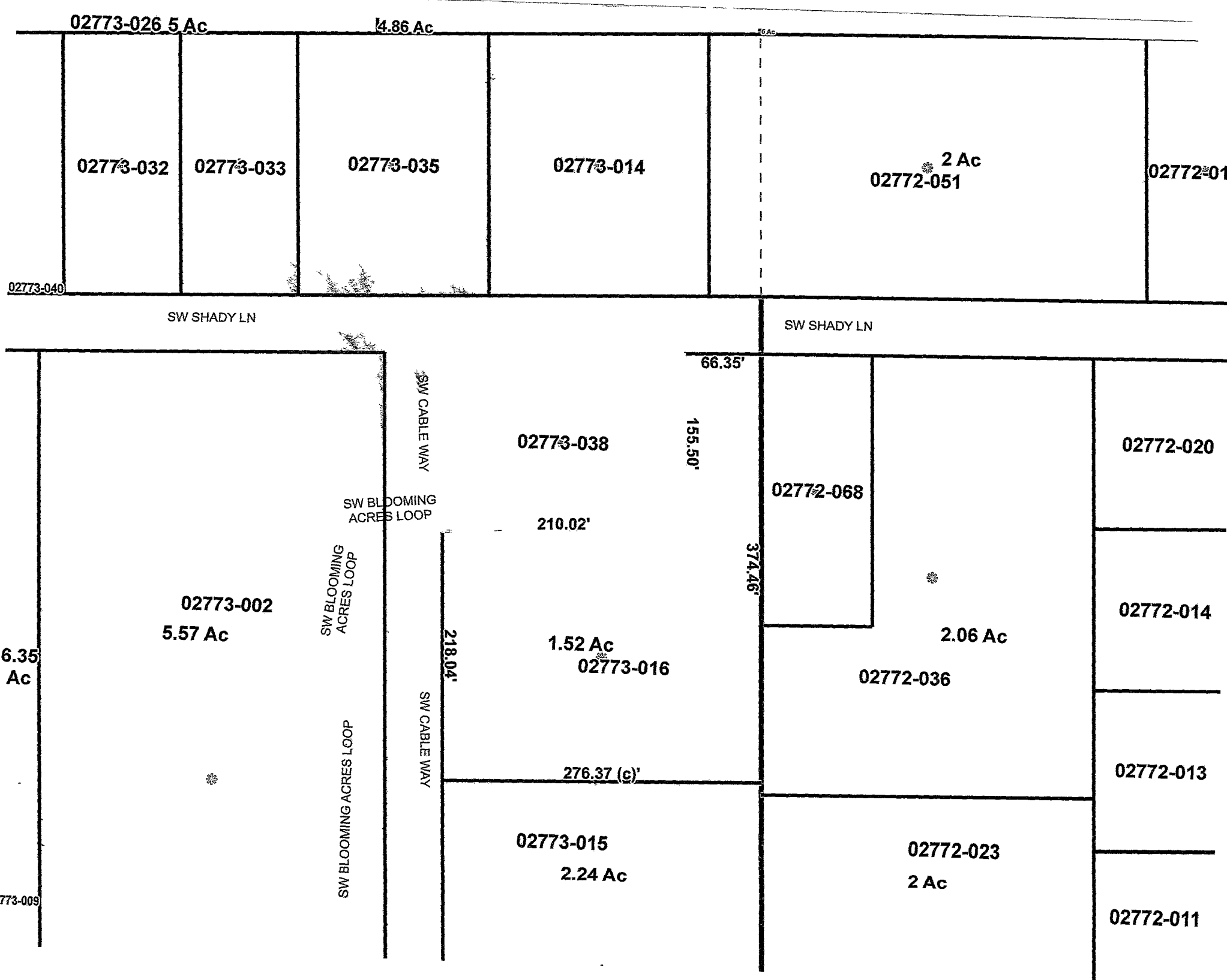
In Columbia County one permit will cover all trades doing work at the permitted site. It is REQUIRED that we have records of the subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and Ordinance 89-6, a contractor shall require all subcontractors to provide 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 Bernard Graham License #: Homeowner	Signature Bernard Graham Phone #: 386-867-4839
✓ MECHANICAL/ A/C _____	Print Name Bernard Graham License #: Homeowner	Signature Bernard Graham Phone #: 867-4839
✓ PLUMBING/ GAS	Print Name Bernard Graham License #: Homeowner	Signature Bernard Graham Phone #: 867-4839

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			

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.


02773-026 5 Ac
4.86 Ac
02773-032
02773-033
02773-035
02773-014
2 Ac
02772-051
02772-01
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SW BLOOMING ACRES LOOP
02772-014
2.06 Ac
6.35 Ac
218.04'
1.52 Ac
02773-016
02772-036
SW CABLE WAY
276.37 (c)'
02772-013
02773-015
2.24 Ac
02772-023
2 Ac
02773-009
02772-011

CODE ENFORCEMENT

PRELIMINARY MOBILE HOME INSPECTION REPORT 1310-11

DATE RECEIVED 10/2 BY JW IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? NO

OWNERS NAME Bernard Graham Cell PHONE 386867 4839 Hm CELL 3867526231

ADDRESS 5089 SW Birley Ave Lake City FL. 32024

MOBILE HOME PARK _____ SUBDIVISION _____

DRIVING DIRECTIONS TO MOBILE HOME @ Freedom Mobile Homes See Mike

MOBILE HOME INSTALLER Gayle Eddy (Duff) PHONE 3524942326 CELL 3524942326

MOBILE HOME INFORMATION

MAKE King YEAR 1999 SIZE 24 X 44 COLOR WHITE

SERIAL No. N89115AB

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

INSPECTION STANDARDS

INTERIOR:

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

P SMOKE DETECTOR ( ) OPERATIONAL ( ) MISSING

P FLOORS ( ) SOLID ( ) WEAK ( ) HOLES DAMAGED LOCATION _____

P DOORS ( ) OPERABLE ( ) DAMAGED

P WALLS ( ) SOLID ( ) STRUCTURALLY UNSOUND

P WINDOWS ( ) OPERABLE ( ) INOPERABLE

P PLUMBING FIXTURES ( ) OPERABLE ( ) INOPERABLE ( ) MISSING

P CEILING ( ) SOLID ( ) HOLES ( ) LEAKS APPARENT

P ELECTRICAL (FIXTURES/OUTLETS) ( ) OPERABLE ( ) EXPOSED WIRING ( ) OUTLET COVERS MISSING ( ) LIGHT FIXTURES MISSING

EXTERIOR:

P WALLS / SIDDING ( ) LOOSE SIDING ( ) STRUCTURALLY UNSOUND ( ) NOT WEATHERTIGHT ( ) NEEDS CLEANING

P WINDOWS ( ) CRACKED/ BROKEN GLASS ( ) SCREENS MISSING ( ) WEATHERTIGHT

P ROOF ( ) APPEARS SOLID ( ) DAMAGED

STATUS

APPROVED ✓ WITH CONDITIONS: _____

NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE Gary Crum ID NUMBER 306 DATE 10-7-13

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: 10/11/2013 **DATE ISSUED:** 10/14/2013

ENHANCED 9-1-1 ADDRESS:

376 SW SHADY LN

LAKE CITY FL 32024

PROPERTY APPRAISER PARCEL NUMBER:

05-4S-16-02773-038

Remarks:

RE-ISSUE OF EXISTING ADDRESS FOR NEW STRUCTURE ON PARCEL.

Address Issued By: SIGNED:/ RONAL N. CROFT

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.

2663

STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. 13-0521E
DATE PAID: 10/4/13
FEE PAID: 185.00
RECEIPT #: 122236

APPLICATION FOR:
[ ] New System [X] Existing System [ ] Holding Tank [ ] Innovative
[ ] Repair [ ] Abandonment [ ] Temporary [ ] _____

APPLICANT: Bernard & Louise Graham

AGENT: Wilbert Austin Jr TELEPHONE: 386 697-5037

MAILING ADDRESS: 5047 Six Barley Ave

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3)(m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION

LOT: 1 BLOCK: _____ SUBDIVISION: 05-45-16-0273-038 PLATTED: _____

PROPERTY ID #: _____ ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 1.15 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: 100 SW Cable Way 32024

DIRECTIONS TO PROPERTY: 90 W to Pinemount 252° Hwy turn Lt go 2 mile to Municipal Serv. Lt on Shanty Ln.

BUILDING INFORMATION [X] RESIDENTIAL [ ] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	Mobile Home	3	1056 Sqft	ORIGINAL ATTACHED
2				
3				
4				

[X] Floor/Equipment Drains [ ] Other (Specify) _____

SIGNATURE: [signature] DATE: 10-2-13

DH 4015, 08/09 (Obsoletes previous editions which may not be used)
Incorporated 64E-6.001, FAC

Page 1 of 4

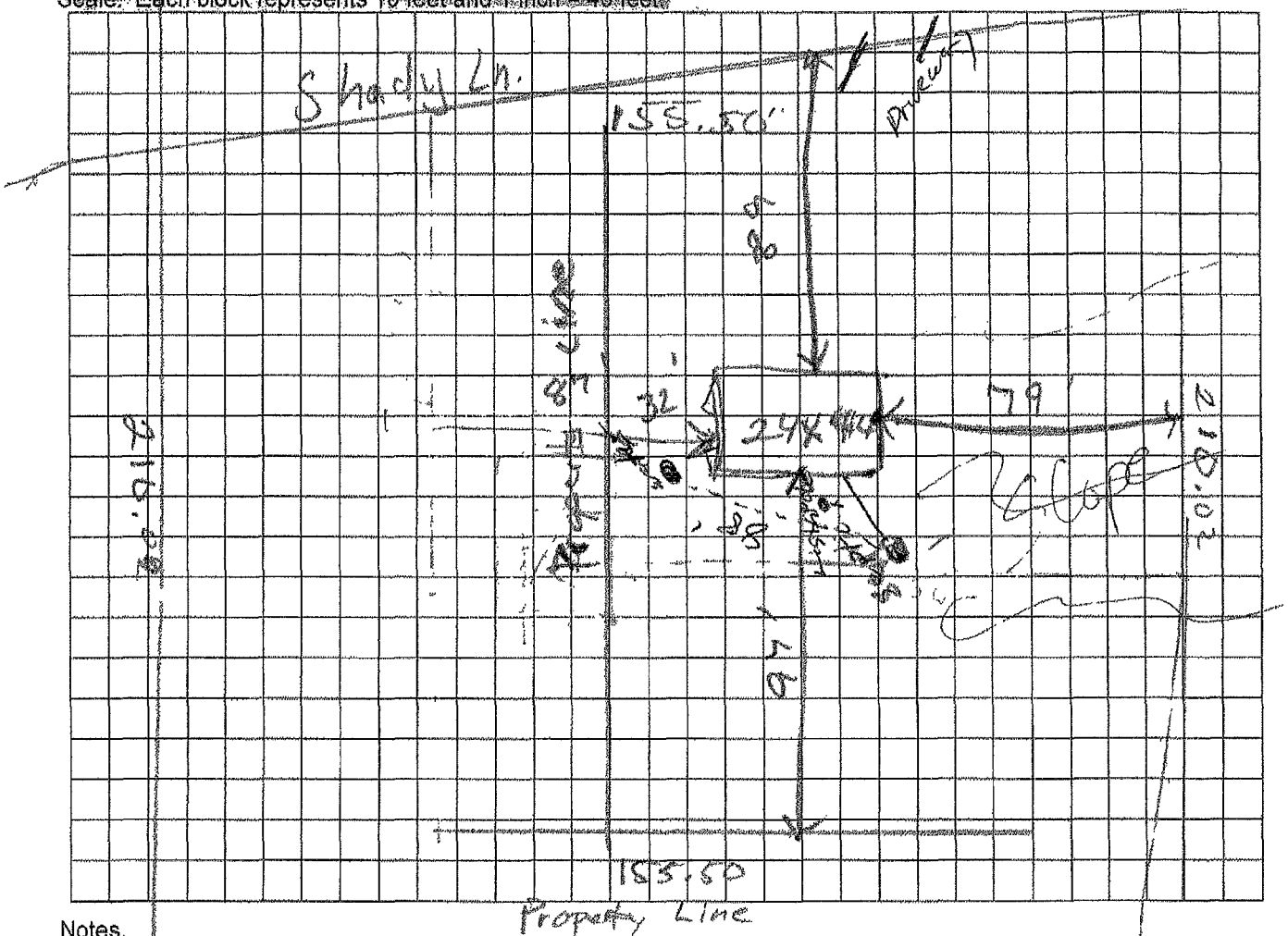
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 13-0521E

W S E

PART II - SITEPLAN

Scale: Each block represents 10 feet and 1 inch = 40 feet.



Notes. _____

Site Plan submitted by: _____

Plan Approved Y Not Approved _____ Date 10-4-13

By _____ Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT