***	Columbia County B This Permit Must Be Prominently Posted		estruction	PERMIT
APPLICANT M	AICHAEL COX			000028234
3 4 5	500 SW ANDERSON	PHONE LAKE CITY	623-4218	FL
	DIANE WARNER	PHONE	954 850-2331	<u></u>
YOUNG AND SHOWN SHOWN	168 NW BILLYE PLACE	LAKE CITY	754 650-2551	FL 32055
CONTRACTOR	CHESTER KNOWLES	PHONE	755-6441	<u> </u>
LOCATION OF F	s period carried and a language process of the states.	10		
	TL BILLYE PLACE, 3RD LOT C			
TYPE DEVELOP	PMENT MH,UTILITY ES	TIMATED COST OF CO	NSTRUCTION	0.00
HEATED FLOOF	R AREA TOTAL ARI	EA	HEIGHT _	STORIES
FOUNDATION	WALLS I	ROOF PITCH	FL	OOR
LAND USE & ZO	ONING RSF/MH2	MAX	. HEIGHT _	
Minimum Set Bac	ck Requirments: STREET-FRONT 25.00	REAR	15.00	SIDE 10.00
NO. EX.D.U.	FLOOD ZONE X	DEVELOPMENT PERM	MIT NO.	
PARCEL ID 2	8-3S-16-02377-109 SUBDIVISIO	N MAGNOLIA HILL	(	
LOT 9 B	SLOCK PHASE UNIT	TOTA	AL ACRES 0.5	50
000001772	IH0000509	Minly	10 X	lool.
Culvert Permit No.	Culvert Waiver Contractor's License Nur	nber	Applicant/Owner/	Contractor
CULVERT	09-567 BK		VR /	/ Y
Driveway Connec	tion Septic Tank Number LU & Zoni	ng checked by App	roved for Issuance	e New Resident
COMMENTS: C	ONE FOOT ABOVE THE ROAD			
			Check # or Ca	ash 30112
				4311
	FOR BUILDING & ZONII	NG DEPARTMENT	ONLY	
Temporary Power		NG DEPARTMENT	ONLY Monolithic	(footer/Slab)
Temporary Power		NG DEPARTMENT		
Temporary Power	date/app. by in plumbing Slab	date/app. by	_ Monolithic _	(footer/Slab)  date/app. by  Nailing
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Under slab rough- Framing  Rough-in plumbin Heat & Air Duct Permanent power	Foundation  date/app. by  in plumbing  date/app. by  Insulation  date/app. by  date/app. by  date/app. by  C.O. Final	date/app. by  date/app. by  e/app. by  Elate/app. by  date/app. by  date/app. by	Monolithic Sheathing/lectrical rough-in Pool Culvert	(footer/Slab)  date/app. by  Nailing  date/app. by  date/app. by
Under slab rough- Framing  Rough-in plumbin Heat & Air Duct Permanent power Pump pole	Foundation  date/app. by  in plumbing  date/app. by  Insulation  date/app. by  date/app. by  date/app. by  C.O. Final	date/app. by  date/app. by  e/app. by  Elate/app. by  date/app. by  date/app. by	Monolithic Sheathing/lectrical rough-in Pool Culvert	(footer/Slab)  date/app. by  Nailing  date/app. by  date/app. by  date/app. by
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Under slab rough- Framing  Rough-in plumbin Heat & Air Duct  Permanent power Pump pole date Reconnection  BUILDING PERM	Foundation  date/app. by  in plumbing  date/app. by  Insulation  date/app. by  g above slab and below wood floor  Peri. beam (Linter  date/app. by  C.O. Final  date/app. by  Utility Pole  date/app. by  RV  date/app. by	date/app. by  date/app. by  e/app. by  Elate/app. by  date/app. by  date/app. by  date/app. by  date/app. by  Elward date/app. by  Company date/app. by  date/app. by  E \$ 0.00	Monolithic Sheathing/lectrical rough-in Pool Culvert y and plumbing Re-roof SURCHARGE	(footer/Slab)  date/app. by  Nailing  date/app. by  date/app. by  date/app. by  date/app. by  date/app. by  date/app. by
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Under slab rough- Framing  Rough-in plumbin Heat & Air Duct  Permanent power Pump pole date Reconnection  BUILDING PERM MISC. FEES \$	Foundation  date/app. by  in plumbing  date/app. by  Insulation  date/app. by  g above slab and below wood floor  Peri. beam (Lintered)  date/app. by  C.O. Final  date/app. by  Utility Pole  date/app. by  RV  date/app. by  Gate/app. by  Alt FEE \$ 0.00 CERTIFICATION FEE \$ 50.00  PMENT FEE \$ FLOOD ZONE FEE \$ 25.00	date/app. by  date/app. by  e/app. by  Elate/app. by  date/app. by  date/app. by  downs, blocking, electricity  date/app. by  E \$ 0.00  FIRE FEE \$ 70.66	Monolithic Sheathing/i ectrical rough-in Pool Culvert y and plumbing Re-roof SURCHARGE WAST 25.00 TOT	(footer/Slab)  date/app. by  Nailing  date/app. by  date/app. by  date/app. by  date/app. by  date/app. by  EFEE \$ 0.00  EFEE \$ 184.25

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.

CK# 30112

### PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

	For Office Use Only (Revised 1-10-08) Zoning Official Solution Sol
	AP# 0911.36 Date Received 11/19/09 By T Permit # 28234 1772
	Flood Zone Development Permit Zoning Land Use Plan Map Category Res Land
	Comments
-	FEMA Map# Elevation Finished Floor River In Floodway
/	ty Site Plan with Setbacks Shown ₩ EH # □ EH Release □ Well letter □ Existing well
(1	Recorded Deed or Affidavit from land owner Letter of Auth. from installer   State Road Access
	□ Parent Parcel # □ STUP-MH □ F W Comp. letter
1	MPACT FEES: EMS Fire Corr Road/Code
	School= TOTAL _ Impact Fees Suspended March 2009 PRE-Inspection
	28-35-16
P	roperty ID# 02377 - 109 Subdivision MAGNOLIN Hill SID LOT
	New Mobile Home Used Mobile Home MH Size 28 x 76 Year 200/
	Applicant   Michael D COX Phone # 386-623-4218
	Address 500 S.W. Anderson
	Name of Property Owner DINNE WARNER Phone# 954-850-2331
	911 Address 168 NW Billye Place, L.C. 32055
	Circle the correct power company - FL Power & Light - Clay Electric
	(Circle One) - Suwannee Valley Electric - Progress Energy
	Silve 10/10/10/10 Call 050 2501
п	Name of Owner of Mobile Home DINE WARNER Phone # 954-850-233/
	Address 168 N. W. BillyE Pl LAKE City, Fl 32055
	Relationship to Property Owner CWRER
	Current Number of Dwellings on Property
	Lot Size 50 A CRENGE Total Acreage
	Do you : Have Existing Drive or Private Drive or need Culvert Permit or Culvert Waiver (Circle one)
	Do you : Have Existing Drive (Currently using) or Private Drive (Blue Road Sign) or need Culvert Permit (Putting in a Culvert) or Culvert Waiver (Circle one) (Not existing but do not need a Culvert)
	Is this Mobile Home Replacing an Existing Mobile Home
	Driving Directions to the Property U.S. 90 west To Brown Rd. Tund Right
	60 TO ETHAN PLACE TIERN Right ON KATELY WAY THEN
	THERN Left on Billy & Pl. Site is on Right Hund Side At
	Stop Sign on Billye Place 3rd lot on right
	Name of Licensed Dealer/Installer Christen Knaules Phone # 386-755-644/
•	Installers Address Hy Why 47-South Lake City, FIA
	License Number <u>T#0000569</u> Installation Decal # <u>304/85</u>

PERMIT NUMBER

	Address of home being installed  Manufacturer Fleetbood Length x width JBX/lb  Manufacturer Fleetbood Length x width JBX/lb  MOTE: 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  Typical pier spacing Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)  The state of the blocking plan in the blocking plan in the state of the blocking plan in the state of the blocking plan in the state of the blocking plan in the blocki
TIEDOWN COMPONENTS  Longitudinal Stabilizing Device (LSD)  Manufacturer  Longitudinal Stabilizing Device w/ Lateral Arms  Manufacturer  Manufacturer	Home installed to the Manufacturer's Installation Home is installed in accordance with Rule 15-C Single wide Double wide Double wide Double wide Frooter Frooter Capacity Capa

			-	-		-	-	-	ı												
Opening	List all marriage wall openings greater than 4 foot and their pier pad sizes below.	Draw the wall open symbol t	Other pier pad sizes (required by the mfg.)	Perimeter pier pad size	l-beam pier pad size	interpolated from Rule 15C-1 pier spacing	3500 psf	3000 psf	2500 psf	2000 ps	1500 psi	capacity (sq in)	_		Roof System:	Triple/Quad	Double wide	Single wide	Home is instal	Home installed	New Home
	wall open d sizes be	Draw the approximate loc wall openings 4 foot or gr symbol to show the piers.	mfg.)	ad size	PIER PAD SIZES	Tule 15C-1	œ	œ,	7'6"	2	3.	(256)	16° × 16"	PIER SI	VI.		D		led in acc	to the M	口
Pier pad size	ings greater tha	ations eater.	16×16	A/N	SIZES 234×3	oler spacing table.	œ	02	De C	200	4'	(342)	18 1/2" x 18 1/2"	PIER SPACING TABLE	Typical	Serial #	Installation Decal #	Wind Zone II	Home is installed in accordance with Rule 15-C	Home installed to the Manufacturer's Installation Manual	Used Home
	in 4 foot	of marriage Use this		1	4-		00	200	0	9	ςį	(400)	30c v 30c	FOR US	Hinged	-	£ .	Ø	ile 15-C	stallation I	Ø
Г	1 22 24				POP		000	200	9 03	œ.	O.	(484)*	200	TABLE FOR USED HOMES		1467	20%	Wind Zone III		Manual	
ANCHORS	24 x 24 26 x 26	3 1/4 x 26 1/4 20 x 20 3/16 x 25 3/16 7 1/2 x 25 1/2	16 x 22.5 17 x 22	16 x 16	POPULAR PAD SIZES	-	200	90	000	œ	7	24° X 24° (576)°		<b>S</b>		AR	58140			П	
L	576 676	444	3742 3742	2828	SIZES	0	Q Q	02	ο <sub>Σ</sub>	රු	æ	26" x 26" (676)					•		التيما		

Sidewall Longitudinal Marriage wall Shearwall

within 2' of end of home spaced at 5' 4" oc

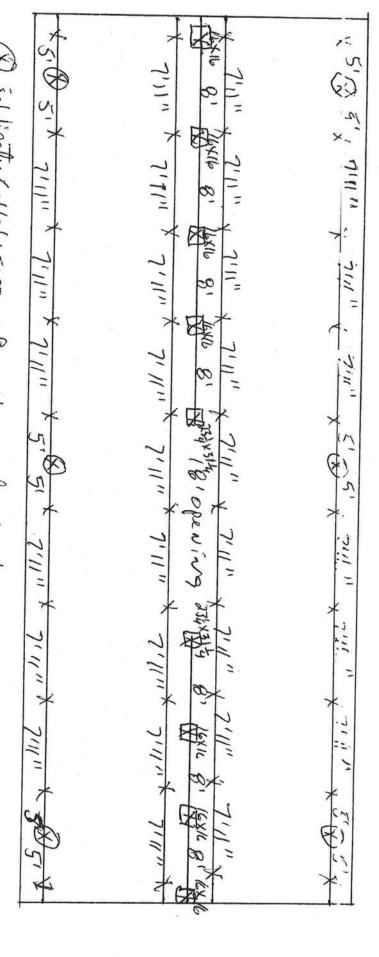
FRAME TIES 5#

OTHER TIES

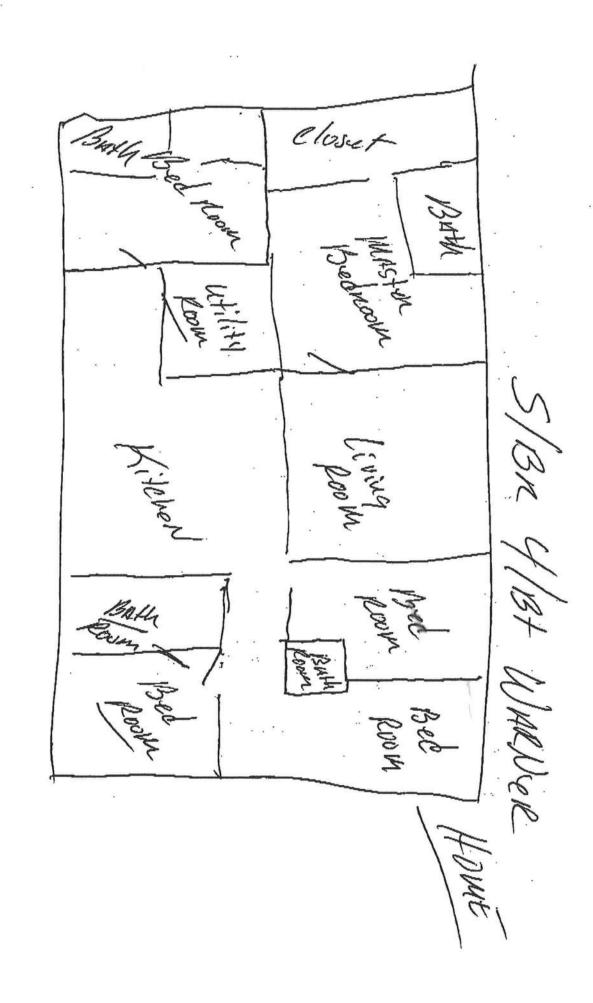
411

	•	•	
Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between multi-wide units. Pg. 150-1 Plumbing  Connect all sewer drains to an existing sewer tap or septic tank. Pg. 150-1 independent water supply piping to an existing water meter, water tap, or other	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 reading is 275 or less and where the points where the torque test requires anchors with 4000 ib holding capacity.  ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER Installer Name  Lesie 1. Clearer Hamble Series Installer Simitals  Date Tested	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 10  **Torque probe test is N 14 100 lb. inch pounds or check here if you are declaring.	POCKET PENETROMETER TEST  The pocket penetrometer tests are rounded down to or check here to declare 1000 lb. soil without testing.  X / \( \infty \) \( \times \
Installer verifies all information given with this permit worksheet is accurate and true based on the manufacturer's installation instructions and or Rule 15C-1 & 2 Installer Signature	Pg. 152 - Della Between Floors Yes Between Walls Yes Between Walls Yes Between Walls Yes Between Walls Yes Bottom of ridgebearn Yes Weatherprofing  The bottomboard will be repaired and/or taped. Yes Pg. 152 - Della Siding on units is installed to manufacturer's specifications. Yes Fireplace chimney installed so as not to allow intrusion of rain water. Yes Shirting to be installed so as not to allow intrusion of rain water. Yes Onyer vent installed outside of skirting. Yes N/A Range downflow vent installed outside of skirting. Yes N/A Electrical conscious to allow intervals. Yes N/A N/A Electrical conscious to allow intrusion of rain water. Yes	itis: Type Fastener: ST2-Wills: Type Fastener: ST2-Wills: Type Fastener: ST2-Will be centered over the poofing nails at 2" on cent poofing nai	ial removed Swa

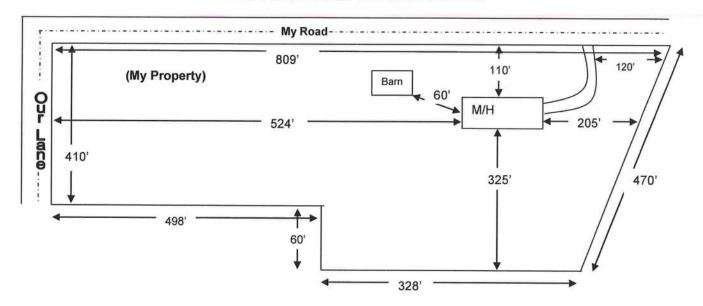
ons and or Rule 15C-1 & 2 ased on the with this permit worksheet Date / Lyng



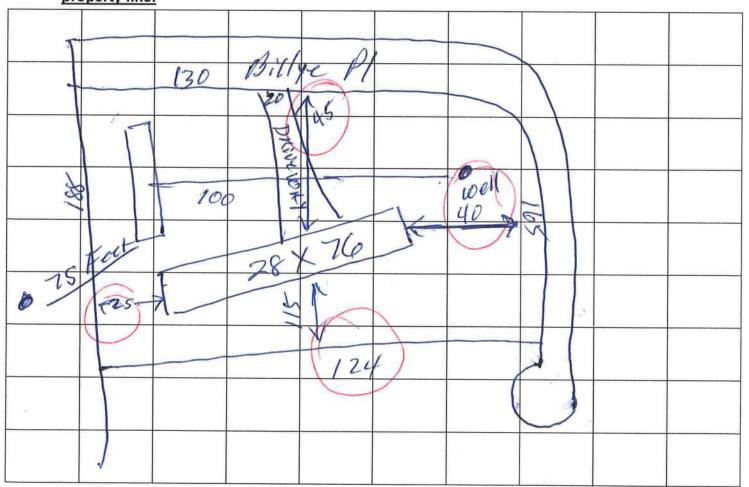
X Indicatu I beam peus 7'11" QC. vaing 23/4 x314 Rbs pay)S. B indicate 6-11010 systems from oliver tech Nology! I indicates Centerline piers 8' O.C. wing 16"x16" ABS pads, Ridge beam post 234 X314 ABS pads.



#### 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. 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.



## 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:

11/18/2009

DATE ISSUED:

11/19/2009

**ENHANCED 9-1-1 ADDRESS:** 

168

NW BILLYE

PL

LAKE CITY

32055

PROPERTY APPRAISER PARCEL NUMBER:

28-3S-16-02377-109

Remarks:

LOT 9 MAGNOLIA HILLS SID

Address Issued Bir:

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.

1579

Page: 2/2

1 . DOL

7274527E:0T

From: PT:91 6002-61-00N Inst. Number: 200912018538 Book: 1183 Page: 1819 Date: 11/4/2009 Time: 1:09:47 PM Page 1 of 1

Prepared by & Return to: Matthew D. Rocco Sierra Title, LLC 419 SW SR 247, Suite 109 Lake City, Florida 32025

File Number: 09-0841

200912018538 Dato.11/4/2009 Time:1:09 PM og Slamp-Deed:129.50 CP-DC-P-DeVitt Osson, Columbia County Page 1 of 1 8:1183 P:1819

#### General Warranty Deed

Made this October 27, 2009 A.D. By Genesis Developers, LLC, a Finelda limited liability company, whose post office address is: 465 NW Orange Street, lake City, Florida 32056, hereinafter called the grantor, to Diane Tanger Warner, a married woman, whose post office address is: 500 SW Anderson Street, Lake City, Florida 32024, hereinafter called the grantee:

(Whenever used herein the term "granter" and "granter" molude all the parties to this instrument and the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporations)

Witnesseth, that the grantor, for and in consideration of the sum of Ten Dullars, (\$10.00) and other valuable considerations, receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliens, remises, releases, conveys and confirms unto the grantee, all that certain land situate in Columbia County, Florida, viz:

Lut 9, Magnolia Hills, according to the map or plat thereof, as recorded in Plat Book 6, Page 189, of the Public Records of Columbia County, Florida.

Parcel ID Number: 02377-109

DRRD Individual Warranty Deed - Legal on Pace

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 granter hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances except taxes accruing subsequent to December 31, 2008.

In Witness Whereof, the said grantor has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in our presence:	General Developers, LLC, a Florida limited liability company  By:  (Seal)
Wigness Printed Name	Address: 465 NW Orango Street, lake City, Florida 32056
Conathan Gocco	
Vitioss Printed Name Jonathan Rocco	,
State of Florida	
County of Columbia	
The foregoing instrument was acknowledged before me this 276 Genesis Developers, LLC, a Florida limited liability compared as identification.	th day of October, 2009, by Bryan Zecher, as managing member, of any, who is/are personally known to me or who has produced
Notary Public State of Florida Matthew Rocco My Commission DO576349	Notary Public Print Name:
* or 150 Expres 09/17/2010	My Commission Expires:



STATE OF FLORIDA DEPARTMENT OF HEALTH ON-SITE SEWAGE DISPOSAL SYSTEM APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO.	942174
DATE PAID:	1176109
FEE PAID:	305,00
RECEIPT #:	1202985

APPLICATION FOR: [ ] New System [ ] E	xisting System	[ ] Holding	Tank [	] Innovative
[ ] New System	bandonment	[ ] Tempora	ry [ ]	modification
APPLICANT: CORNECSSTON				
AGENT: ROBERT FOR	2			
MAILING ADDRESS: 580 1	40 Coverdo	U TRU L	CFIA.	32055
TO BE COMPLETED BY APPLICANT BY A PERSON LICENSED PURSUANT	OR APPLICANT'S AUTHO TO 489.105(3)(m) OI	ORIZED AGENT.	SYSTEMS MUS	T BE CONSTRUCTED S.
PROPERTY INFORMATION			=====	
LOT: 9 BLOCK: S	OBDIVISION: MAC	molia H	<u>1115</u> ,	PLATTED:
PROPERTY ID #: 28-35-16	-02372-108 zon	ING: 5 F	I/M OR EQUIV	VALENT: (Y(N)
PROPERTY SIZE: O. 51 ACRES W	ATER SUPPLY: [⊁] P	RIVATE PUBLIC	[ ]<=20000	SPD [ ]>2000GPD
IS SEWER AVAILABLE AS PER 381.0		l)	DISTANCE TO	SEWER: N N- PT
PROPERTY ADDRESS: Billye	Place			
DIRECTIONS TO PROPERTY: 90	W TR ON	BROWN O	N T W	2 0 10
ETHAN GO to	STOP TR	154 1	ef+ P	Ropety
on Right		*		
BUILDING INFORMATION	[ -] RESIDENTIAL	[ ] COM	MERCIAL	
Unit Type of No Establishment	Bedrooms Area Sq F	t Table 1, Cha		System Design FAC
1 m/H	5 Z128	e)		
2				
3		//i.x.		
4	ANNUAL SURVEY			
[ ] Floor/Equipment Drains	[ ] Other (Specif	γ)		
SIGNATURE: ROLUTIU D	2 W		DATE: /	1/10/09
DH 4015 10/97 - Page 1 (Previous	ditions may be used)			5 (#)

### 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. Notes: Developers ( DIAME WARNER CORNERSTONE Site Plan submitted by: Plan Approved Not Approved Date County Health Department FREEDOM MOBILE HOMES

			SUBCONTRACTOR VER	IFICATION FORM				
APPLICATION NUM	•	THIS FORM MUS	T BE SUBMITTED PRIC	R TO THE ISSUANCE OF A	PERMIT			
ordinance 89-6 exemption, ger Any changes, t	subcontract i, a contract neral liabilit the permitte	ors who actually tor shall require a y insurance and a get contractor is re	did the trade speci il subcontractors to valid Certificate of esponsible for the o	fic work under the per provide evidence of a Competency license l	submitted to this office prior to the			
ELECTRICAL	Print Name License #:			SignaturePhone	* 00 D			
MECHANICAL/		FICK C. F.		Signature	#: 850 7 5/19-5113			
PLUMBING/ GAS		Jessie L.Ph. IH oppos	STEX KNOW		# 386-75 T-644/			
ROOFING	Print Name License #:			SignaturePhone #:				
SHEET METAL	Print Name			SignaturePhone #:				
FIRE SYSTEM/ SPRINKLER	Print Name License#:			Signature Phone #:				
SOLAR	Print Name License #:			SignaturePhone #:				
Specialty Li	cense	License Number	Sub-Contract	ors Printed Name	Sub-Contractors Signature			
MASON								
CONCRETE FIN	IISHER							
FRAMING			X					
INSULATION								
STUCCO								
DRYWALL			/					
PLASTER	11155		1					
CABINET INST	ALLER		<del> </del>		<del>\</del>			
PAINTING	CII 1515							
ACOUSTICAL C	EILING	/						
GLASS								

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: 0/09

FLOOR COVERING ALUM/VINYL SIDING GARAGE DOOR

METAL BLDG ERECTOR

### CO E ENFORCEMENT PRELIMINARY M DEILE HOME INSPECTION REPORT

DATE RECEIVED 11/19/09 BY STHE MIN IN THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? NO
OWNERS NAME DIANE WALLE PHONE CELL
ADDRESS
MOBILE HOME PARKSUBDIVISION
TR on 70 Sillys Pl
MOBILE HOME INSTALLER CLOSKER KNOWLE PHONE 755-644/cell
MOBILE HOME INFORMATION
MAKE FIEE + wood YEAR 2001 SIZE 28 x 76 COLOR GON Blue Trim
SERIAL NO. 74670 AVB
WIND ZONE ZONE   Must be wind zone 1 or higher NO WIND ZONE   ALLOWED
INSPECTION STANDARDS INTERIOR:
(PorF) - Pa PASS F= FAILED
SMOKE DETECTOR () OPERATIONAL () RISSING
FLOORS () SOLID () WEAK () HOLES DAMAGED LOCATION
DOORS () OPERABLE () DAMAGED
WALLE () SOLID () STRUCTURALLY UNE DUND
WINDOWS () OPERABLE () INOPERABLE
PLUMBING FIXTURES () OPERABLE () INC 'ERABLE () MISSING
CEILING () SOLID () HOLES () LEAKS AP 'ARENT
ELECTRICAL (FIXTURES/OUTLETS) () OPER BLE () EXPOSED WIRING () OUTLET COVERS MISSING () LIGHT FIXTURES MISSING
XTERIOR: WALLS / SIDDING ( ) LOOSE SIDING ( ) STRU :TURALLY UNSOUND ( ) NOT WEATHERTIGHT ( ) NEEDS CLEANING
WINDOWS ( ) CRACKED/ BROKEN GLASS ( ) SCREENS MISSING ( ) WEATHERTIGHT
ROOF ( ) APPEARS SOLID ( ) DAMAGED
STATUS
APPROVED WITH CONDITIONS:
IOT APPROVED NEED RE-INSPECTION FOR FOL' OWING CONDITIONS
SIGNATURE At 1. Sound ID NUMBER 402 DATE 11-20-09
DOTTEC 100 0011 CONT. TTOG

**ELECTRICAL** 

#### SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER	0911	-36	CONTRACTOR	PHONE	
		THIS FORM ME	IST BE SUBMITTED PRIOR TO THE ISS	UANCE OF A PERMIT	

In Columbia County one permit will cover all trades doing work at the permitted site. It is <u>REQUIRED</u> 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.

Print Name Holly Electric Iva Signature

	License #:	130123	77	and the state of the control of the	Phone #: 386-793-5994	
MECHANICAL/	Print Name			Signatu		
A/C	License #:				Phone #:	0
PLUMBING/ GAS	Print Name License #:	Jessie L.Ch. IH 00005	STER KNO	Signatur	Phone #: 386-75 5-644/	
ROOFING	Print Name			Signatur		$\overline{}$
/ .	License #:				Phone #:	/
SHEET METAL	Print Name			Signatur	ure	
	Dicense #:				Phone #:	
FIRE SYSTEM/	Print Name			Şignatur	ure	
SPRINKLER	License#:				Phone #:	
SOLAR	Print Name			Signatur	ure	
	License #:		H.C. A.C. N.C. N A.W. H. LANDER COPPER		Phone #:	
Specialty Lie	ense	License Number	Sub-Contra	ctors Printed Na	ame Sub-Contractors Signatu	re
MASON				1		
CONCRETE FIN	ISHER	11 11 11 11 11 11				
FRAMING				/		
INSULATION						
STUCCO				$\bigcap$		63
DRYWALL			/ .	1		
PLASTER				11/1		
CABINET INSTA	LLER		1	101		
PAINTING			1/1/	1		
ACOUSTICAL C	EILING	/	11/1	8		3333334
GLASS			1/10	1 1		
CERAMIC TILE			1	Py/A		
FLOOR COVER	NG		1	111		-
ALUM/VINYL SI	DING			1/		
GARAGE DOOR		7 103		<i>y</i>		
METAL BLDG E	RECTOR					1
F. S. 440.103 B	ilding per	mits: identificatio	n of minimum -	remium policy	y - Eveny employer shall as a condition	to

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.

## **Columbia County Building Department Culvert Permit**

## Culvert Permit No. 000001772

DATE $11/2$	20/2009 PARCEL ID #	28-3S-16-02377-109	
APPLICANT	MICAHEL COX	PHONE 623-4	218
ADDRESS _	500 SW ANDERSON		FL
OWNER DI	ANE WARNER	PHONE 954 88	50-2331
ADDRESS _10	68 NW BILLYE PLACE	LAKE CITY	FL 32055
CONTRACTO	R CHESTER KNOWLES	PHONE 755-6	441
LOCATION O	F PROPERTY 90W, TR BROWN RD, TR E	THAN PLACE, TL KATELYN, TI	L ON BILLYE
PLACE, 3RD LOT	ON RIGHT		
SUBDIVISION	/LOT/BLOCK/PHASE/UNIT MAGNOLI	A HILL	9
SIGNATURE	Wirleal D Cal	,	
	INSTALLATION REQUIREMENTS	<u>3</u>	
X	Culvert size will be 18 inches in diameter with a total lenght of 32 feet, leaving 24 feet of driving surface. Both ends will be mitered 4 foot with a 4:1 slope and poured with a 4 inch thick reinforced concrete slab.		
	INSTALLATION NOTE: Turnouts will be a) a majority of the current and existing b) the driveway to be served will be parturnouts shall be concrete or paved concrete or paved driveway, whicheve current and existing paved or concrete.	g driveway turnouts are paved ved or formed with concrete. a minimum of 12 feet wide o ver is greater. The width shall	r the width of the
	Culvert installation shall conform to the	approved site plan standards	i.
	Department of Transportation Permit in	stallation approved standards	
	Other	relative transport (2.2.7) and a superior consti	

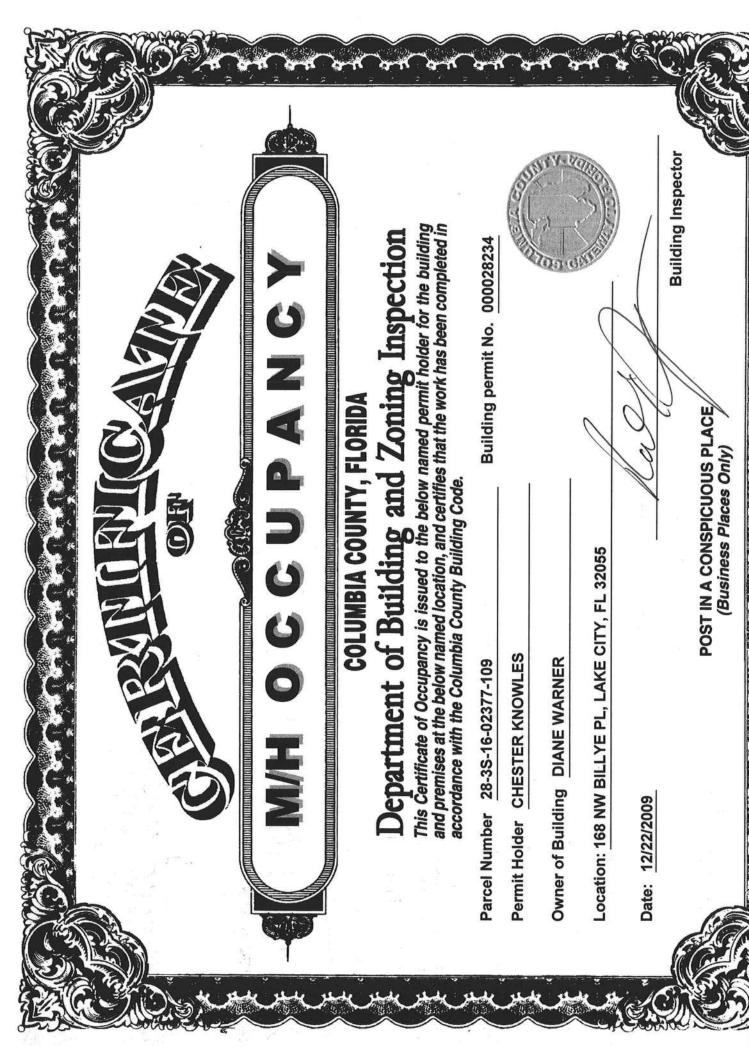
ALL PROPER SAFETY REQUIREMENTS SHOULD BE FOLLOWED DURING THE INSTALATION OF THE CULVERT.

135 NE Hernando Ave., Suite B-21 Lake City, FL 32055

Phone: 386-758-1008 Fax: 386-758-2160

Amount Paid 25.00





# Gaylord Pump & Irrigation Inc.

P.O. Box 548 Branford, Fl. 32008 386-935-0932 Fax 386-935-0778

12/04/09

We will be drilling a well for Diane Warner. The property ID number 28-3S-16-02377-0109. The following equipment will be used.

4" Steel Casing

11/2 Hp Submersible pump

1-1/4" Galvanize drop pipe

81 Gallon diaphragm tank with 24.9 gallons of draw down

This equipment meets or exceeds the Florida building code, plumbing section 612 table 612.1

Sincerely,

Donald Haylord

Donald Gaylord

Licensed Well Driller

Florida License 2630