

DATE 12/20/2011

Columbia County Building Permit

PERMIT

This Permit Must Be Prominently Posted on Premises During Construction

000029831

APPLICANT DAVID BLANKS PHONE 386-984-5912
ADDRESS PO BOX 35 LAKE CITY FL 32056
OWNER SUSAN BLANKS/DAVID BLANKS PHONE 386-984-5912
ADDRESS 2092 NE OMAR TERR LAKE CITY FL 32055
CONTRACTOR BERNIE THRIFT PHONE 623-0046
LOCATION OF PROPERTY 441 NORTH, (14 MILES) R NEEDMORE RD, R OMAR TERR,
2ND DRIVE ON RIGHT
TYPE DEVELOPMENT MH, UTILITY ESTIMATED COST OF CONSTRUCTION 0.00
HEATED FLOOR AREA TOTAL AREA HEIGHT STORIES
FOUNDATION WALLS ROOF PITCH FLOOR
LAND USE & ZONING A-1 MAX. HEIGHT 35
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 17-1S-17-04531-001 SUBDIVISION
LOT BLOCK PHASE UNIT TOTAL ACRES 5.34

IH10251551
Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor
EXISTING 11-0425-E BK TC N
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: FLOOR ONE FOOT ABOVE THE ROAD

SECTION 2.3.1 LEGAL NON-CONFORMING LOT OF RECORD, 2ND UNIT ON PROPERTY

5 YEAR TEMPORARY MH PERMIT- AFFIDAVIT ON FILE

Check # or Cash 1575

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 \$ 250.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 64.20 WASTE FEE \$ 167.50
FLOOD DEVELOPMENT FEE \$ FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$ TOTAL FEE 556.70
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.

*GREEN never LEAD PRE-MH VENT 12.7.11
JW RESENT 12.16.11*

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

ck#

For Office Use Only (Revised 1-11) Zoning Official BK 12 DEC. 2011 Building Official T.C. 11-16-11

AP# 1111-15 Date Received 11/14/11 By LH Permit # 29831

Flood Zone X Development Permit N/A Zoning A-1 Land Use Plan Map Category A-1

Comments Section 2.3.1 legal non-conforming lot of record

FEMA Map# N/A Elevation N/A Finished Floor 1st level River N/A In Floodway N/A

☒ Site Plan with Setbacks Shown ☒ EH # 11-0425-E ☐ EH Release ☐ Well letter ☒ Existing well

☒ Recorded Deed or Affidavit from land owner ☒ Installer Authorization ☒ State Road Access ☒ 911 Sheet

☐ Parent Parcel # _____ ☒ STUP-MH 1112-34 ☐ F W Comp. letter ☐ VF Form

IMPACT FEES: EMS _____ Fire _____ Corr _____ ☒ Out County ☒ In County

Road/Code _____ School _____ = TOTAL _____ Impact Fees Suspended March 2009 pd

Phonetic Signature

Property ID # 17-15-17-04531-001 Subdivision _____

- New Mobile Home _____ Used Mobile Home X MH Size 14X76 Year 1995
- Applicant ~~SUSAN~~ DAVID Blanks Phone # 386 984 5912
- Address P.O. Box 35 Lake City FL 32056
- Name of Property Owner SUSAN Blanks Phone# 386 984 5912
- 911 Address 2092 N.E. OMARR Terr Lake City FL 32055
- Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home SUSAN Blanks David Blanks
Address 2094 N.E. OMARR Terr Phone # 386 984 5912
- Relationship to Property Owner Self / Son David Blanks - 303-408
- Current Number of Dwellings on Property 1
- Lot Size _____ Total Acreage 5.3/4
- Do you : Have Existing Drive or Private Drive or need Culvert Permit or Culvert Waiver (Circle one)
(Currently using) (Blue Road Sign) (Putting in a Culvert) (Not existing but do not need a Culvert)
- Is this Mobile Home Replacing an Existing Mobile Home NO (was one there on 07 Aerial Map)
- Driving Directions to the Property 14 miles N 210 ON 441 TURN (R) ON
Need more Road Turn (R) ON OMARR Terr 2nd drive
on the (R)
- Name of Licensed Dealer/Installer Bernie Thrift Phone # 386-623-0046
- Installers Address 5557 NW Falling Creek Road White Springs, FL 32096
- License Number IH 1025155/1 Installation Decal # 8508

w/c
BONO needed on B. Thrift (I advised Bernie 12.12.11) #672
JW spoke w/ Susan 12.13.11 Cwibing on pre-ins, appen 1
JW spoke w/ David 12.16.11. app complete w/ pre-MH *303 2108*

COLUMBIA COUNTY PERMIT WORKSHEET

page 1 of 2

These worksheets must be completed and signed by the installer.

Submit the originals with the packet.

Installer Bernie Thrift License # TH1025155/1

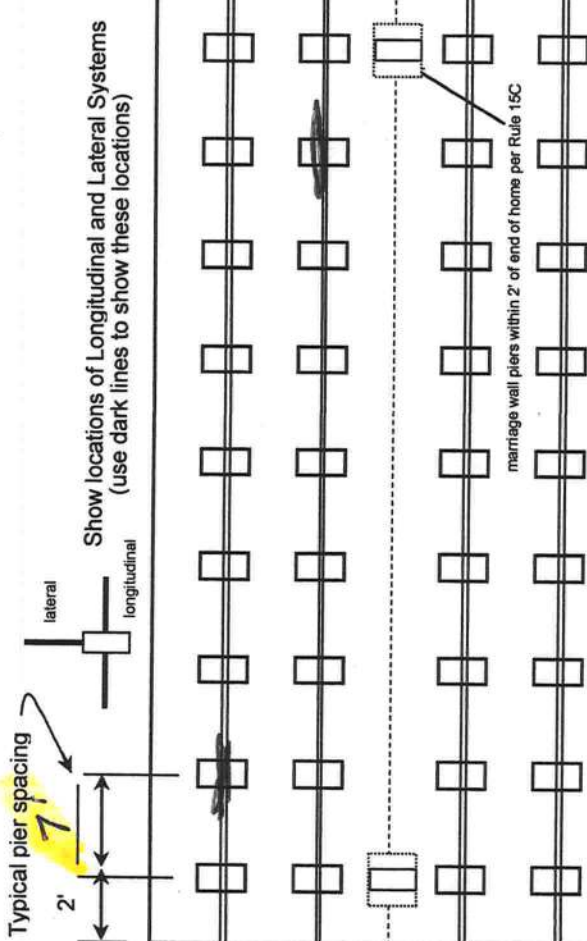
911 Address where home is being installed. _____

Manufacturer Fleetwood Length x width 76 X 14

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 BT



marriage wall piers within 2' of end of home per Rule 15C

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 # 8508

Triple/Quad ☐ Serial # GAFLR 75A23629 WE

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 dsf	3'	4'	4'	5'	6'	7'	8'
1500 dsf	4' 6"	6'	6'	7'	8'	8'	8'
2000 dsf	6'	8'	8'	8'	8'	8'	8'
2500 dsf	7' 6"	8'	8'	8'	8'	8'	8'
3000 dsf	8'	8'	8'	8'	8'	8'	8'
3500 dsf	8'	8'	8'	8'	8'	8'	8'

* Interpolated from Rule 15C-1 pier spacing table.

PIER PAD SIZES

I-beam pier pad size 18 X 18

Perimeter pier pad size _____

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

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 Model 1101V

OTHER TIES

Number

24

Sidewall

Longitudinal

Marriage wall

Shearwall

Oliver Systems

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 2000 psf or check here to declare 1000 lb. soil without testing.

x 2000 x 2000 x 2000

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 2500 x 2500 x 2000

TORQUE PROBE TEST

The results of the torque probe test is 290 ft 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.

BT Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Bernie Thrift

Date Tested

11-7-11

Electrical

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between multi-wide units. Pg. 5

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 5

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 7

Site Preparation

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

Fastening multi wide units

Floor: Type Fastener: Length: Spacing:
Walls: Type Fastener: Length: Spacing:
Roof: Type Fastener: Length: Spacing:
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, mildew 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

Installed:

Between Floors Yes
Between Walls Yes
Bottom of ridgebeam Yes

Type gasket

NA

Weatherproofing

The bottomboard will be repaired and/or taped. Yes Pg.
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:

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

Installer Signature

Bernie Thrift

Date

11-7-11



MOBILE HOME INSTALLERS AGENT AUTHORIZATION

I, Bernard Thrift Installers Name, give this authority 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	Agents Company Name
David Blanks	<i>David Blanks</i>	MH Owner
Susan Blanks		

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.

Bernard Thrift
License Holders Signature (Notarized) JH1025155/1 11-17-11
License Number Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Bernard Thrift, personally appeared before me and is known by me or has produced identification (type of I.D.) Personally Known on this 17th day of November, 2011.

[Signature]
NOTARY'S SIGNATURE

(Seal/Stamp)



**Columbia County Property
Appraiser**

DB Last Updated: 10/3/2011

2010 Tax Year

Parcel: 17-1S-17-04531-001

<< Next Lower Parcel

Next Higher Parcel >>

Tax Collector

Tax Estimator

Property Card

Parcel List Generator

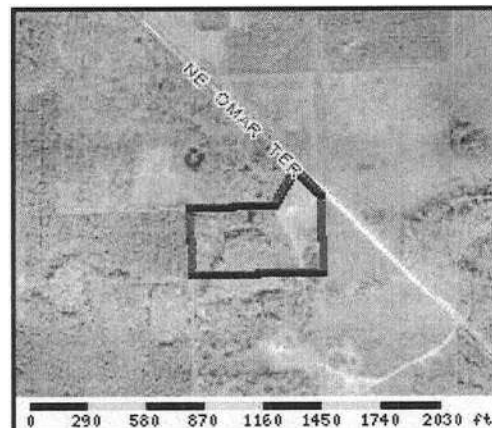
Interactive GIS Map

Print

Owner & Property Info

Search Result: 1 of 1

Owner's Name	BLANKS SUSAN		
Mailing Address	P O BOX 35 LAKE CITY, FL 32056-0035		
Site Address	2094 NE OMAR TER		
Use Desc. (code)	IMPROVED A (005000)		
Tax District	3 (County)	Neighborhood	17117
Land Area	5.750 ACRES	Market Area	03
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction.		
BEG NE COR OF SE1/4 OF SEC, N 73.71 FT, NW 203.12 FT, SW 243.64 FT, W 407.25 FT TO NW COR OF E1/2 OF E1/2 OF SE1/4, S 332.33 FT, E 657.55 FT, N 331.05 FT TO POB(AKA PARCEL D) ORB 386-615, 437-126, QC 1123-2487, CORR QC 1128-73.			

**Property & Assessment Values**

2010 Certified Values		
Mkt Land Value	cnt: (1)	\$9,130.00
Ag Land Value	cnt: (2)	\$555.00
Building Value	cnt: (1)	\$76,628.00
XFOB Value	cnt: (3)	\$1,700.00
Total Appraised Value		\$88,013.00
Just Value		\$103,040.00
Class Value		\$88,013.00
Assessed Value		\$37,205.00
Exempt Value	(code: HX)	\$25,000.00
Total Taxable Value	Cnty: \$12,205 Other: \$12,205 Schl: \$12,205	

2011 Working Values**NOTE:**

2011 Working Values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

Show Working Values

Sales History

Show Similar Sales within 1/2 mile

Sale Date	OR Book/Page	OR Code	Vacant / Improved	Qualified Sale	Sale RCode	Sale Price
7/2/2007	1123/2487	QC	I	U	01	\$100.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	SINGLE FAM (000100)	1978	AVERAGE (05)	2176	2807	\$66,858.00
Note: All S.F. calculations are based on exterior building dimensions.						

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0190	FPLC PF	0	\$1,200.00	0000001.000	0 x 0 x 0	(000.00)
0294	SHED WOOD/	1993	\$200.00	0000001.000	0 x 0 x 0	(000.00)
0166	CONC,PAVMT	1993	\$300.00	0000001.000	0 x 0 x 0	(000.00)

Land Breakdown

When recorded, mail to:

Name: Susan Blanks
Address: 3094 NE OMAR TER.
LAKE CITY
City/State/Zip Code: LAKE CITY, FL 32055

Inst:200712014718 Date:7/3/2007 Time:8:18 AM
Doc Stamp-Deed:0.70
✓ DC, P. DeWitt Cason, Columbia County Page 1 of 3

Space above this line for Recorder's use

QUITCLAIM DEED

KNOW ALL MEN BY THESE PRESENTS:

That I(we), Marion Blanks and Susan Blanks,
the undersigned, for the consideration of Ten Dollars (\$10.00), and other valuable considerations, do
hereby release, remise, and forever quitclaim unto Susan C. Blanks

all right, title and interest in that certain Property situated in Columbia County,
State of Florida, and described as follows:

See attached Schedule "A"

IN WITNESS WHEREOF, I(we) have hereunto set my(our) hand(s) and seal this 2nd day of
July, 2007.

Marion Blanks
Printed Name of Releasor
Susan C. Blanks
Printed Name of Releasor

[Signature]
Signature of Releasor
[Signature]
Signature of Releasor

Carolyn D Ward
Printed Name of Witness (if required by State Laws)

[Signature]
Signature of Witness (if required by State Laws)

ACKNOWLEDGMENT
(States Other Than California)

State of Florida)
County of Columbia) ss.

On this 2nd day of July, 2007, before me, the undersigned
Notary Public, personally appeared Marion Blanks and Susan Blanks

known to me to be the individual(s) who executed the foregoing instrument and acknowledged the same
to be his(her)(their) free act and deed.

My Commission Expires: 08-03-2009

Angela Cox
Notary Public

If acknowledged in the State of Florida, complete section(s) below:

(Releasor) ☐ Personally Known (or) ☒ Produced Identification

If applicable, Type of Identification Produced: FL DL

B45254048147D



(Co-Releasor) ☐ Personally Known (or) ☒ Produced Identification

If applicable, Type of Identification Produced: FL DL

B45278252921D

ACKNOWLEDGMENT
(State Of California)

State of California)
County of _____) ss.

On this _____ day of _____, _____, before me, _____,
_____, the undersigned Notary Public, personally appeared,

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose
name(s) is(are) subscribed to the attached instrument and acknowledged to me that he(he)(they)
executed the same in his(her)(their) authorized capacity(ies), and that by his(her)(their) signature(s) on
the instrument, the person(s) or the entity upon behalf of which the person(s) acted, executed the
instrument.

WITNESS my hand and official seal.

Notary Public

Schedule "A"

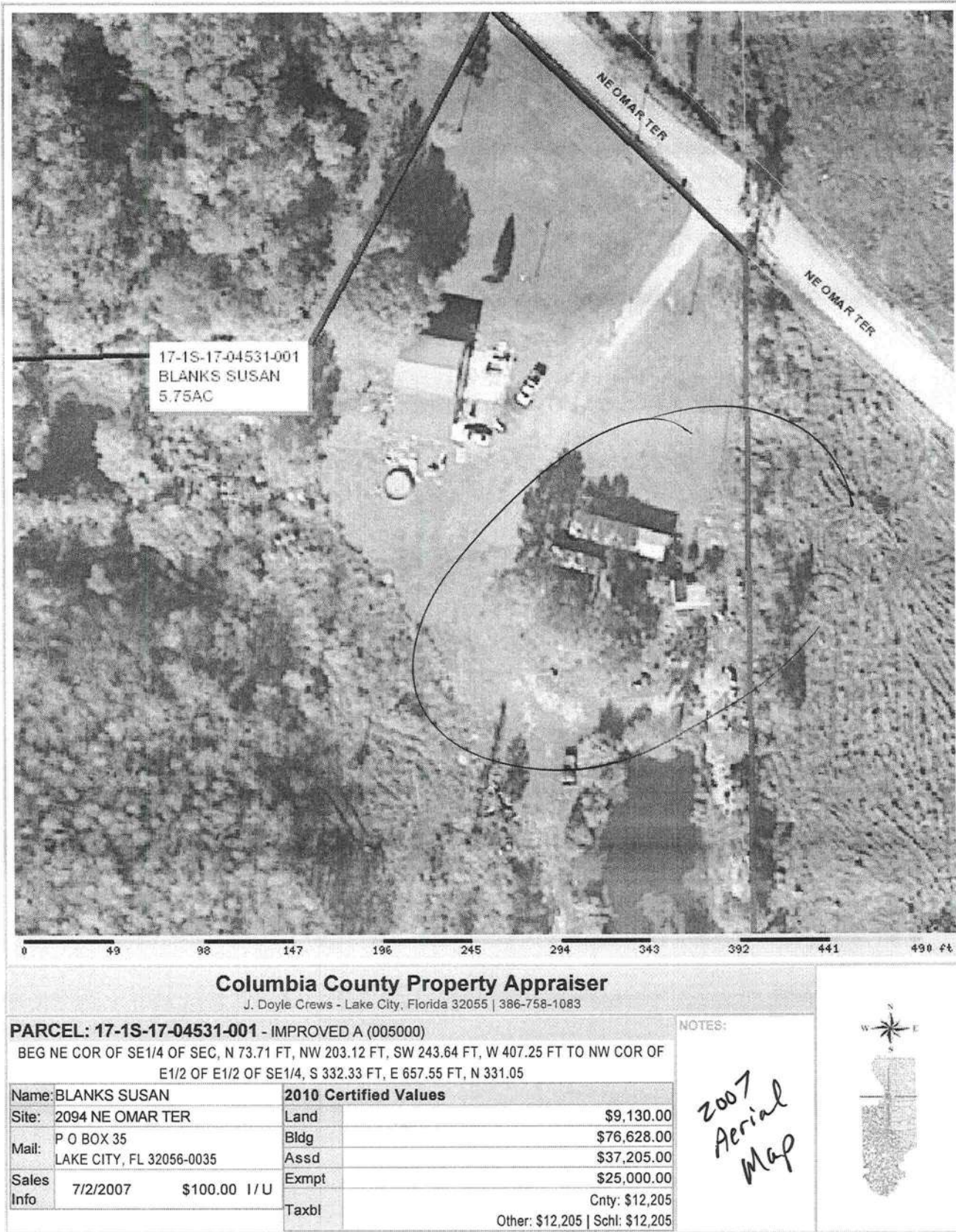
PARCEL "D"

BEGIN AT THE NE CORNER OF THE SE 1/4 OF SECTION 17, TOWNSHIP 1 SOUTH, RANGE 17 EAST, COLUMBIA COUNTY, FLORIDA AND RUN N.01°56'00"W., 73.71 FEET; THENCE N.44°31'23"W., 203.12 FEET; THENCE S.25°37'33"W., 243.64 FEET TO A CONCRETE MONUMENT ON THE NORTH LINE OF SAID SE 1/4; THENCE S.89°44'19"W., ALONG SAID NORTH LINE, 407.25 FEET TO THE NW CORNER OF THE EAST 1/2 OF THE EAST 1/2 OF SAID SE 1/4; THENCE S.00°04'31"E., ALONG THE WEST LINE OF SAID EAST 1/2 OF EAST 1/2 OF SE 1/4, 332.33 FEET; THENCE N.89°37'38"E., 657.55 FEET TO THE POINT OF BEGINNING. CONTAINING 5.75 ACRE, MORE OR LESS. SUBJECT TO EXISTING ROAD RIGHT-OF-WAY.

ALSO:

SUBJECT TO AN EASEMENT FOR INGRESS, EGRESS AND UTILITY PURPOSES OVER AND ACROSS THE EAST 30.00 FEET THEREOF.

Replacing Existing Home





STATE OF FLORIDA
DEPARTMENT OF HEALTH

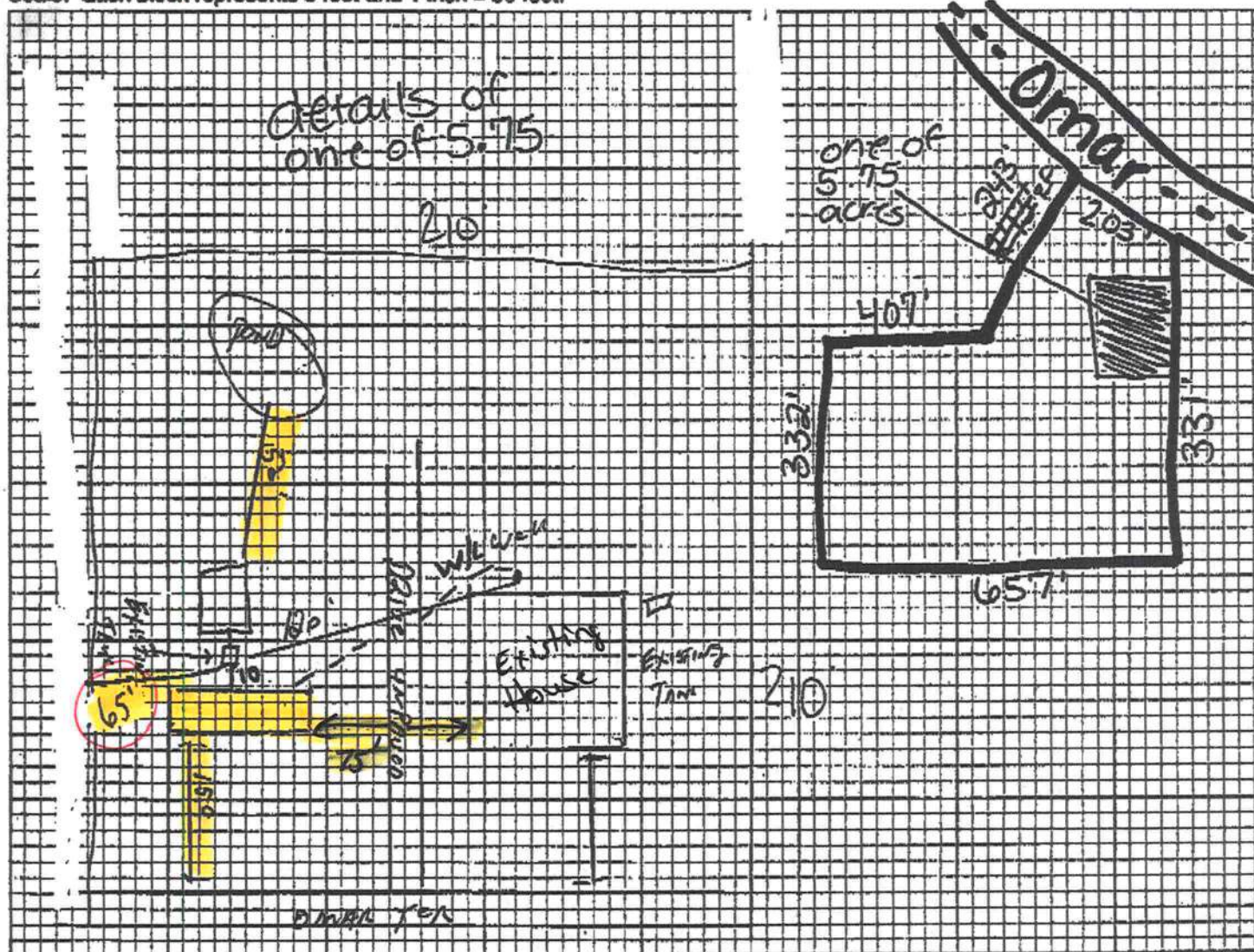
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number

11-0425-F

PART II - SITE PLAN

Scale: Each block represents 5 feet and 1 inch = 50 feet.



Notes:

Site Plan submitted by: QC Ford

Signature

Not Approved

Plan Approved ☒

By

Sallie Ford, Env Health Director

Columbia CHD

MASTER

Title

Date 10-13-11

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



1111-15

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: 11/15/2011 DATE ISSUED: 11/17/2011

ENHANCED 9-1-1 ADDRESS:

2092 NE OMAR TER
LAKE CITY FL 32055
PROPERTY APPRAISER PARCEL NUMBER:
17-1S-17-04531-001

Remarks:

ADDRESS FOR PROPOSED NEW STRUCTURE ON PARCEL. 2ND
LOCATION 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.**

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR _____ PHONE _____

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 <u>David Blanks</u>	Signature <u>David Blanks</u>
	License #:	Phone #: <u>386-303-2108</u>
MECHANICAL/A/C _____	Print Name <u>N/A</u>	Signature <u>David Blanks</u>
	License #:	Phone #:
PLUMBING/GAS ✓	Print Name <u>David Blanks</u>	Signature <u>David Blanks</u>
	License #:	Phone #:

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.

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

Present
12/16/11

DATE RECEIVED 12/7/11 BY LS IS THE MH ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? yes
OWNERS NAME Susan Blanks PHONE 94-5912 CELL _____
ADDRESS 2092 NE Omar Terr.

MOBILE HOME PARK _____ SUB DIVISION _____
DRIVING DIRECTIONS TO MOBILE HOME 441 N, 14 miles, TR Needmore Rd.
TR Omar Terr, 2nd drive on right

MOBILE HOME INSTALLER Bernie Thrift PHON 623-0046 CELL _____

MOBILE HOME INFORMATION
MAKE Fleetwood YEAR 1995 SIZE Singlewide
14x76 COLOR _____
SERIAL No. GAFLR75 A23629 WE

WIND ZONE _____ Must be wind zone II or higher I WIND ZONE I ALLOWED

INSPECTION STANDARDS

INTERIOR:

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

\$50.00

Date of Payment: 11-14-11

Paid By: David Blanks

Notes: _____

- ☒ 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 RE-INSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE At D. Small ID NUMBER 402 DATE 12-16-11



Columbia County, Florida Planning & Zoning Department

Review of Building Permit for compliance with
County's Comprehensive Plan and
Land Development Regulations

2 December 2011

Susan Blanks
2094 Northeast Omar Terrace
Lake City, FL 32055

RE: Mobile Home Move-on Permit Application 1111-15

Dear Ms. Blanks:

The property concerning the above referenced mobile home move-on permit is located within an Agriculture-1 (A-1) zoning district. This zoning district requires a minimum of twenty (20) acres for one (1) dwelling unit. When the property became 5.75 acres in 2007, it created a non-conforming lot. In addition, the mobile home that was located on the property in 2007 has been gone for more than 12 months. Under the County's Land Development Regulations (LDR's), in order to get a mobile home placed back on the property a Special Temporary Use Permit has to be issued to your son. A Special Temporary Use Permit is good for five (5) years for a fee of \$450.00 and can be renewed for the same family member for \$200.00 every two (2) years after that. In order for the mobile home move-on permit to be issued, the enclosed application and the family relationship affidavit has to be completed. The family relationship affidavit confirming the family relationship has to be signed by the family members, witnessed by a Notary, recorded in the Clerk of the Courts Office in the Court House and the original or copy returned to this office.

If you have any questions concerning this matter, please do not hesitate to contact me at 386.754.7119.

Sincerely,

Brian L. Kepner
Land Development Regulation Administrator,
County Planner

Enclosure

xc: Marlin M. Feagle, County Attorney

COLUMBIA COUNTY, FLORIDA
LAND DEVELOPMENT REGULATION ADMINISTRATOR
SPECIAL PERMIT FOR TEMPORARY USE
APPLICATION

Permit No. STUP - 1112-34 Date 12 Dec. 2011

Fee \$450.00 Receipt No. 4256 Building Permit No. _____

Name of Title Holder(s) Susan Blanks

Address 2094 NE Omar Terrace City Lake City

Zip Code 32055

Phone (386) 984 5912

NOTE: If the title holder(s) of the subject property are appointing an agent to represent them, a letter from the title holder(s) addressed to the Land Development Regulation Administrator MUST be attached to this application at the time of submittal stating such appointment.

Title Holder(s) Representative Agent(s) _____

Address _____ City _____

Zip Code _____

Phone () _____

Paragraph Number Applying for # 7

Proposed Temporary Use of Property MH for Son

Proposed Duration of Temporary Use 5 years

Tax Parcel ID# 17-15-17-04531-001

Size of Property 5.75 Acres

Present Land Use Classification A-1

Present Zoning District A-1

AFFIDAVIT AND AGREEMENT OF SPECIAL
TEMPORARY USE FOR IMMEDIATE
FAMILY MEMBERS FOR
PRIMARY RESIDENCE

STATE OF FLORIDA
COUNTY OF COLUMBIA

Inst: 201112019031 Date: 12/12/2011 Time: 3:27 PM
DC, P. DeWitt Cason, Columbia County Page 1 of 2 B: 1226 P: 535

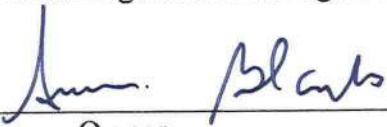
BEFORE ME the undersigned Notary Public personally appeared.

Susan Blanks, the Owner of the parcel which is being used to place an additional dwelling (mobile home) as a primary residence for a family member of the Owner, and David Blanks, the Family Member of the Owner, who intends to place a mobile home as the family member's primary residence as a temporarily use. The Family Member is related to the Owner as Son, and both individuals being first duly sworn according to law, depose and say:

1. Family member is defined as parent, grandparent, step-parent, adopted parent, sibling, child, step-child, adopted child or grandchild.
2. Both the Owner and the Family Member have personal knowledge of all matters set forth in this Affidavit and Agreement.
3. The Owner holds fee simple title to certain real property situated in Columbia County, and more particularly described by reference with the Columbia County Property Appraiser Tax Parcel No. 17-1S-17-04531-001.
4. No person or entity other than the Owner claims or is presently entitled to the right of possession or is in possession of the property, and there are no tenancies, leases or other occupancies that affect the Property.
5. This Affidavit and Agreement is made for the specific purpose of inducing Columbia County to issue a Special Temporary Use Permit for a Family Member on the parcel per the Columbia County Land Development Regulations. This Special Temporary Use Permit is valid for 5 year(s) as of date of issuance of the mobile home move-on permit, then the Family Member shall comply with the Columbia County Land Development Regulations as amended.
6. This Special Temporary Use Permit on Parcel No. 17-1S-17-04531-001 is conditional and becomes null and void if used by any other family member or person other than the named Family Member listed above. The Special Temporary Use Permit is to allow the named Family Member above to place a mobile home on the property for his primary residence only. In addition, if the Family Member listed above moves away, the mobile home shall be removed from the property within 90 days of the departure of the Family Member or the mobile home is found to be in violation of the Columbia County Land Development Regulations.
7. The site location of mobile home on property and compliance with all other conditions not conflicting with this section for permitting as set forth in these land development regulations. Mobile homes shall not be located within required yard setback areas and shall not be located within twenty (20) feet of any other building.

9. Inspection with right of entry onto the property, but not into the mobile home by the County to verify compliance with this section shall be permitted by owner and family member. The Land Development Regulation Administrator, and other authorized representatives are hereby authorized to make such inspections and take such actions as may be required to enforce the provisions of this Section.
10. The mobile home shall be hooked up to appropriate electrical service, potable well and sanitary sewer facilities (bathroom and septic tank) that have been installed pursuant to permits issued by the Health Department and County Building and Zoning Department, where required.
11. Recreational vehicles (RV's) as defined by these land development regulations are not allowed under this provision (see Section 14.10.2#10).
12. Upon expiration of permit, the mobile home shall be removed from the property within six (6) months of the date of expiration, unless extended as herein provided by Section 14.10.2 (#7).
13. This Affidavit and Agreement is made and given by Affiants with full knowledge that the facts contained herein are accurate and complete, and with full knowledge that the penalties under Florida law for perjury include conviction of a felony of the third degree.

We Hereby Certify that the facts represented by us in this Affidavit are true and correct and we accept the terms of the Agreement and agree to comply with it.


Owner

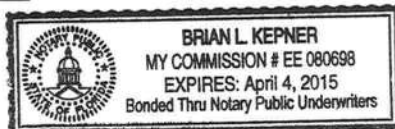
Susan Blanks
Typed or Printed Name


Family Member

David Blanks
Typed or Printed Name

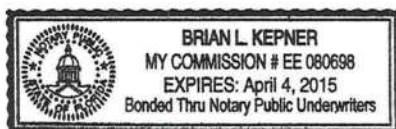
Subscribed and sworn to (or affirmed) before me this 12th day of December, 2011, by Susan Blanks (Owner) who is personally known to me or has produced Drives license as identification.


Notary Public



Subscribed and sworn to (or affirmed) before me this 12th day of December, 2011, by David Blanks (Family Member) who is personally known to me or has produced Drives License as identification.


Notary Public



COLUMBIA COUNTY, FLORIDA

By: 
Name: BRIAN L. KEPNER
Title: Land Development Regulation Administrator