DATE 01/30/2013

Columbia County Building Permit

This Permit Must Be Prominently Posted on Premises During Construction

PERMIT
000030756

APPLICANT ROBERT MINNELLA PHONE 352-472-6010

ADDRESS 25743 SW 22ND PLACE NEWBERRY FL 32669

OWNER SUSAN JACKSON PHONE 386-438-8694

ADDRESS 495 SW BOBCAT DR FORT WHITE FL 32038

CONTRACTOR ERNEST JOHNSON PHONE 352-494-8099

LOCATION OF PROPERTY 47 S, L 27, R BOBCAT DR, ON RIGHT AT CORNER OF BOBCAT AND POSSUM GLEN

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 AG-3 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 19-7S-17-10024-115 SUBDIVISION SASSAFRAS ACRES S/D

LOT 115 BLOCK ____ PHASE ____ UNIT ____ TOTAL ACRES 1.79

		IH1025249	X [signature]
Culvert Permit No.	Culvert Waiver	Contractor's License Number	Applicant/Owner/Contractor

EXISTING	13-0032	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, REPLACING EXISTING MH

Check # or Cash 6232

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 $ 0.00 WASTE FEE $ _____

FLOOD DEVELOPMENT FEE $ _____ FLOOD ZONE FEE $ 25.00 CULVERT FEE $ _____ **TOTAL FEE** 375.00

INSPECTORS OFFICE [signature] CLERKS OFFICE CH

ck 6232

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-11) Zoning Official BLK 29 JAN 2013 Building Official T.C. 1-28-13

AP# 1301-38 Date Received 1-22-13 By CH Permit # 30756

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

Comments Section 2.3.1 Replacing existing MH

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

☑ Site Plan with Setbacks Shown ☑ EH # 13-0032 ☐ EH Release ☑ Well letter (Existing) ☒ 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 # 19-7S-17-10024-115 Subdivision Sassafras Acres Lot 115

- New Mobile Home ____ Used Mobile Home ✓ MH Size 28X76 Year 2000
- Applicant Robert Minnella Phone # (352)472-6010
- Address 25743 SW 22 PL Newberry FL 32669
- Name of Property Owner Jackson, Susan Phone# (386)438-8694
- 911 Address 495 SW Bobcat Dr, Fort White, FL 32038
- Circle the correct power company - FL Power & Light - Clay Electric
  (Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home Susan Jackson Phone # 386-438-8694
  Address 495 SW Bobcat Dr. Fort White FL 32038
- Relationship to Property Owner Same
- Current Number of Dwellings on Property 1
- Lot Size 248X310X227X302 Total Acreage 1.79
- 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
- Driving Directions to the Property SR47 S to Hwy 27 in Ft White (TL) Go to Bobcat Dr (TR) Go .4 mile to prop on left @ corner of Bobcat & Possum Glen
- Name of Licensed Dealer/Installer Ernest S. Johnson Phone # (352)494-8099
- Installers Address 22204 SE US Hwy 301 Hawthorne, FL 32640
  - License Number IH1025249 Installation Decal # 133677

Spoke to Nancy 1-22-13
1-24-13

COLUMBIA COUNTY PERMIT WORKSHEET

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

Installer Ernest S Johnson License # IH1025249

911 Address where home is being installed. 495 SW Bobcat Dr Ft. White, FL

Manufacturer Fleetwood Length x width 28'x76'

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 esj

New Home ☐ Used Home ☒

Home installed to the Manufacturer's Installation Manual ☐

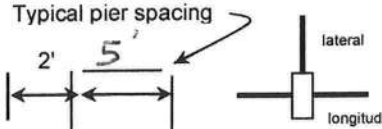
Home is installed in accordance with Rule 15-C ☒

Single wide ☐ Wind Zone II ☒ Wind Zone III ☐

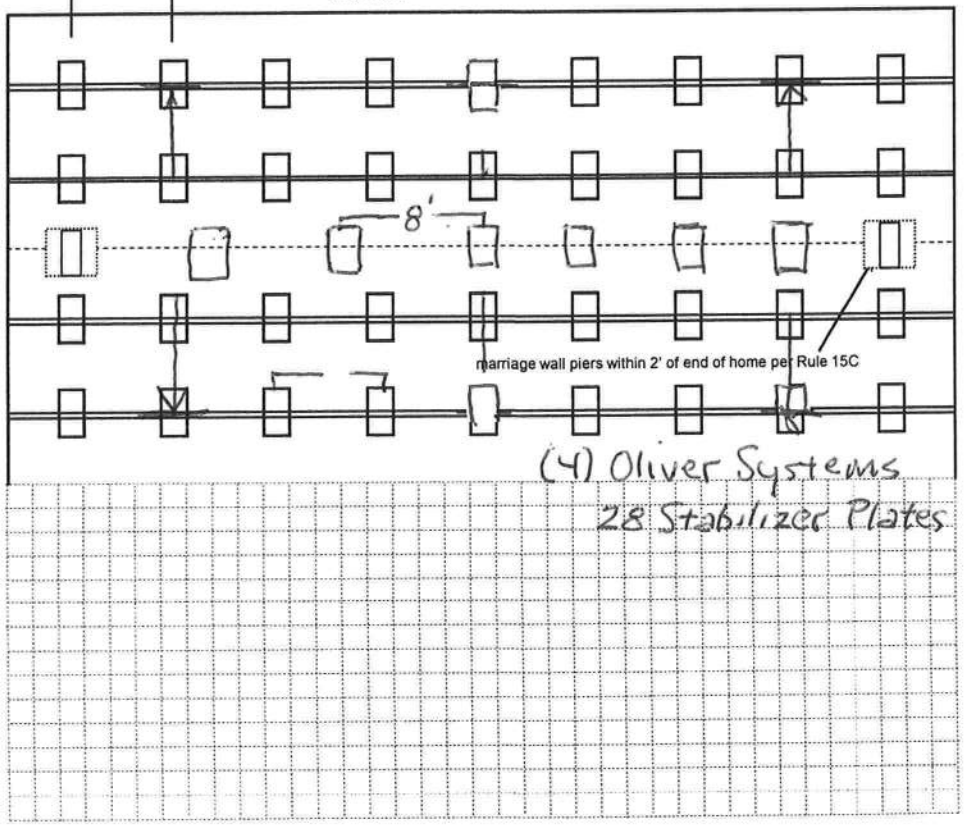
Double wide ☒ Installation Decal # 13367

Triple/Quad ☐ Serial # GAFLX54A84379 (446)

Typical pier spacing



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



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 17½x25½"

Perimeter pier pad size —

Other pier pad sizes (required by the mfg.) "Doors, Shear walls"

☐ 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
8' c/c All	Pad sizes: 17½x25½

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 ____

OTHER TIES

	Number
Sidewall	28
Longitudinal	4
Marriage wall	3
Shearwall	2

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer ____

Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer Oliver Systems (110IV)

COLUMBIA COUNTY PERMIT WORKSHEET

POCKET PENETROMETER TEST

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

X___ X___ X___

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.

Assume 1000 Lb.

X___ X___ X___

TORQUE PROBE TEST

The results of the torque probe test is _____ 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.

Assume 1000 Lb.

_____ Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name _____

Date Tested _____

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

Plumbing

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

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

Site Preparation

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

Fastening multi wide units

Floor:	Type Fastener: Lag	Length: 5"	Spacing: 2'
Walls:	Type Fastener: "	Length: "	Spacing: 2'
Roof:	Type Fastener: "	Length: "	Spacing: 2'

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 Ray

Type gasket Foam Tape
Pg. 14

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

Weatherproofing

The bottomboard will be repaired and/or taped. Yes ✓. Pg. 19
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 : _____

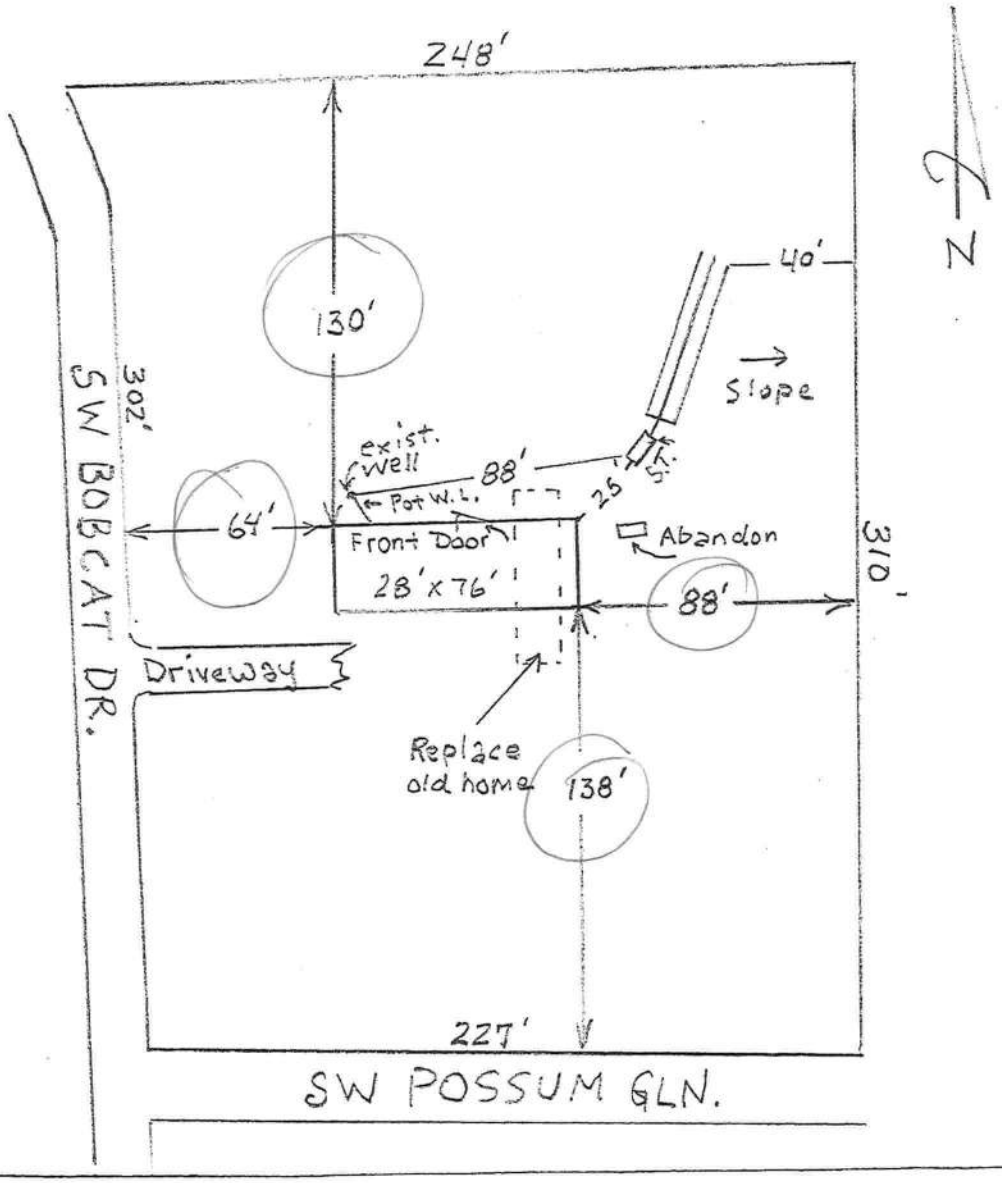
Installer verifies all information given with this permit worksheet is accurate and true based on the

Installer Signature Ernest S Johnson **Date** 1-14-13

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number: _____

Susan Jackson ------- PART II - SITEPLAN --- 1 inch = 60 Feet



NOTES: _____

Site Plan submitted by: Robert Minnella 01-14-13 Agent

Plan Approved _____ Not Approved _____ Date _____

By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Columbia County Property Appraiser

CAMA updated: 12/19/2012

2012 Tax Year

Tax Collector | Tax Estimator | Property Card | Parcel List Generator | Interactive GIS Map | Print

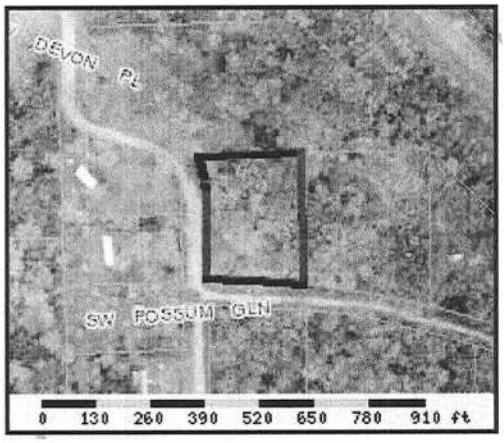
Parcel: 19-7S-17-10024-115

<< Next Lower Parcel | Next Higher Parcel >>

Search Result: 1 of 1

Owner & Property Info

Owner's Name	JACKSON SUSAN E		
Mailing Address	495 SW BOBCAT DR FT WHITE, FL 32038		
Site Address	495 SW BOBCAT DR		
Use Desc. (code)	MOBILE HOM (000200)		
Tax District	3 (County)	**Neighborhood**	19717
Land Area	1.790 ACRES	**Market Area**	02
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction.		
LOT 115 SASSAFRAS ACRES S/D. ORB 756-1170, PROB 1101-2624, PR DEED 1213-257.			



Property & Assessment Values

2012 Certified Values		
Mkt Land Value	cnt: (0)	$16,727.00
Ag Land Value	cnt: (2)	$0.00
Building Value	cnt: (1)	$6,893.00
XFOB Value	cnt: (2)	$1,800.00
Total Appraised Value		$25,420.00
Just Value		$25,420.00
Class Value		$0.00
Assessed Value		$25,420.00
Exempt Value	(code: HX H3)	$25,000.00
Total Taxable Value		Cnty: $420 Other: $420 | Schl: $420

2013 Working Values

NOTE:
2013 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
10/13/2010	1213/257	PR	I	U	11	$100.00
7/1/1985	570/552	WD	I	U	01	$25,000.00
4/1/1980	446/68	03	V	Q		$5,000.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	MOBILE HME (000800)	1983	AL SIDING (26)	784	1166	$4,924.00
	Note: All S.F. calculations are based on exterior building dimensions.					

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0294	SHED WOOD/	0	$1,000.00	0000001.000	0 x 0 x 0	(000.00)
0070	CARPORT UF	0	$800.00	0000001.000	11 x 16 x 0	(000.00)

Land Breakdown

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: 1/15/2013 **DATE ISSUED:** 1/17/2013

ENHANCED 9-1-1 ADDRESS:

495 SW BOBCAT DR

FORT WHITE FL 32038

PROPERTY APPRAISER PARCEL NUMBER:

19-7S-17-10024-115

Remarks:

RE-ISSUE OF EXISTING ADDRESS FOR REPLACEMENT 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.

2445

II 128363
JACKSON

PERSONAL
REPRESENTATIVES' DEED

Return to:
Frank M. Gafford
Attorney at Law
224 East Duval Street
Lake City, Florida 32055

Property Appraiser's Parcel
19-7S-17-10024-115

Inst:201112005656 Date:4/15/2011 Time:11:19 AM
Doc Stamp-Deed:0.70
DC,P.DeWitt Cason,Columbia County Page 1 of 3 B:1213 P:257

THIS INDENTURE, executed this 13th day of October , 2010 between BERTHA ANN JACKSON as Personal Representative of the Estate of RUFUS J. JACKSON, Deceased, Party of the First Part, and SUSAN E. JACKSON Party of the Second Part, whose address is: 495 SW Bobcat Drive, Ft. White, Florida 32038.

WITNESSETH:

The Party of the First Part, pursuant to the Authority granted in the Letters of Administration dated November 16, 2006 and other good and valuable consideration in hand paid, grants, bargains, sells, aliens, remises, releases, conveys, and confirms to the Party of the Second Part, her heirs and assigns forever, the real property in Columbia County, Florida, described as:

> Lot 115 of Sassafras Acres, a subdivision located in Sections 19 and 30, Township 7 South, Range 17 East, as recorded in Plat Book 4, Page 8 and 8-A, of the public records of Columbia County, Florida.

Legal Proofed by Fmg and jbg

TOGETHER with the mobile home located thereon and all and singular the tenements, hereditaments, and appurtenances belonging or in anywise appertaining to that real property.

1248-14
#1128363
JACKSON

TO HAVE AND TO HOLD the same to the Party of the Second Part, their heirs, and assigns, in fee simple forever.

AND the Party of the First Part does covenant to and with the Party of the Second Part, her heirs and assigns, that in all things preliminary to and in and about the sale and this conveyance the orders of the above named Court and the laws of the State of Florida, have been followed and complied with in all respects.

IN WITNESS WHEREOF, the Party of the First Part, BERTHA ANN JACKSON as Personal Representative of the Estate of RUFUS J. JACKSON, Deceased, has set her hand and seal on the date and year first above written.

SIGNED, SEALED & DELIVERED
IN THE PRESENCE OF:

FRANK M. GAFFORD

BERTHA ANN JACKSON
PERSONAL REPRESENTATIVE

JULIE B. GAFFORD

1248-19
1128363
JACKSON

STATE OF FLORIDA
COUNTY OF COLUMBIA

I **HEREBY CERTIFY** that on this day, before me, an officer duly qualified to take acknowledgments, personally appeared FRANK JACKSON to me known to be the person described in and who executed the foregoing instrument and acknowledged before me that he executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this 13th day of October, 2010.

FRANK M. GAFFORD
Commission DD 731361
Expires November 5, 2011
Bonded Thru Troy Fain Insurance 800-385-7019

Notary Public
State of Florida

(SEAL)

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

COUNTY THE MOBILE HOME IS BEING MOVED FROM Alachua

OWNERS NAME Jackson, Susan + Doris PHONE (386) 438-8694 CELL

INSTALLER Ernest S. Johnson PHONE (352) 494-8099 CELL

INSTALLERS ADDRESS 22204 SE US Hwy 301, Hawthorne, FL 32640

MOBILE HOME INFORMATION

MAKE Fleetwood YEAR 2000 SIZE 28 X 76

COLOR Clay SERIAL No. GAFLX54A 84379

WIND ZONE II SMOKE DETECTOR

INTERIOR:
FLOORS

DOORS

WALLS

CABINETS

ELECTRICAL (FIXTURES/OUTLETS)

EXTERIOR:
WALLS / SIDDING

WINDOWS

DOORS

INSTALLER:
APPROVED ✓ NOT APPROVED

NOTES:

INSTALLER OR INSPECTORS PRINTED NAME Ernest Scott Johnson

Installer/Inspector Signature Ernest S Johnson License No. IH/1025249 Date 1-10-2013

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 386-719-2038 TO SET UP THIS INSPECTION. NO PERMIT WILL BE ISSUED BEFORE THIS IS DONE.

Code Enforcement Approval Signature F. Jackson Date 1-22-13

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR Ernest S. Johnson PHONE (352)494-8099

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 1074	Print Name Glenn Whittington License #: EG13002957	Signature Glenn Whittington Phone #:
MECHANICAL/ A/C	Print Name Robert Grant License #: CHC1814931	Signature Phone #: 800 859 3708
PLUMBING/ GAS	Print Name Ernest S Johnson License #: IH 1025249	Signature Ernest S Johnson Phone #: (352) 494-8099

Specialty License	License Number	Sub-Contractor Printed Name	Sub-Contractor 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.

SSO 0223119

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

PERMIT NO. 13-0032
DATE PAID: 1/22/13
FEE PAID: 425.00
RECEIPT #: 1944766

APPLICATION FOR: Pump & Collapse old tank - at new install.

(X) New System [ ] Existing System [ ] Holding Tank [ ] Innovative
[ ] Repair [ ] Abandonment [ ] Temporary [ ] _____

APPLICANT: Jackson, Susan

AGENT: Robert Minnella TELEPHONE: 352-472-6010

MAILING ADDRESS: 25743 SW 22 Pl Newberry, Fl. 32669

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: 115 BLOCK: _____ SUBDIVISION: Sassafras Acres S/D PLATTED: 1974

PROPERTY ID #: 19-07-17-10024-115 ZONING: Res I/M OR EQUIVALENT: [Y / (N)]

PROPERTY SIZE: 1.79 ACRES WATER SUPPLY: (X) existing PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD

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

PROPERTY ADDRESS: 495 SW Bobcat Dr. Ft White, Fl. 32038

DIRECTIONS TO PROPERTY: SR 47 South to Hwy 27 (in Ft White) TL. Go to Bobcat Dr. (TR) Go .4 mile to property on left - on corner of Possum Gln. Green Flag. D.F. Flag goes beyond trampoline (if it wasn't moved

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	DW-MH	4	2001	4 people
2				
3				(Zone X)
4				

[ ] Floor/Equipment Drains [ ] Other (Specify) Held for SSone, cleared 1-25-13

SIGNATURE: Robert Minnella DATE: 01-14-13

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

1/22/13 (Initials) Page 1 of 4

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 13-0032

Susan Jackson ..... PART II - SITEPLAN ... 1 inch = 60 Feet

NOTES:

Site Plan submitted by: Robert Minnella 01-14-13 Agent

Plan Approved X Not Approved Date 1-28-13

By Sallie Food Env Health Department Olumia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DH 4015, 06/09 (Obsoletes previous editions which may not be used) Incorporated: 64E-6.001, FAC
(Stock Number: 5744-002-4015-6)

Call Nancy 352-472-6006

CODE ENFORCEMENT

PRELIMINARY MOBILE HOME INSPECTION REPORT

Inspection Date: 1-28-13 1301-38

DATE RECEIVED 1-22-13 BY CH IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? Yes

OWNERS NAME Susan Jackson PHONE 386-438-8694 CELL

ADDRESS 495 SW Bobcat Dr, Fort White, FL 32038

MOBILE HOME PARK N/A SUBDIVISION Sassafrass Acres S/D Lot #15

DRIVING DIRECTIONS TO MOBILE HOME 47 S, (L) 27, (R) Bobcat DR, on (L) at Corner of Bobcat & Possum Glen

MOBILE HOME INSTALLER Ernest Johnson PHONE 352-494-8088 CELL

MOBILE HOME INFORMATION

MAKE Fleetwood YEAR 00 SIZE 28 X 76 COLOR Clay

SERIAL No. GAFLX54A84379

WIND ZONE II ✓ 10. Must be wind zone II or higher NO WIND ZONE I ALLOWED

INSPECTION STANDARDS

INTERIOR:

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

$50.00

Date of Payment: 1-22-13

Paid By: Robert Minnella

Notes: App # 1301-38 (Out of Co. Included)

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 [signature] ID NUMBER 306 DATE 1-30-13

Spoke to Nancy on 1-29-13

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 19-7S-17-10024-115 **Building permit No.** 000030756

Permit Holder ERNEST JOHNSON

Owner of Building SUSAN JACKSON

Location: 495 SW BOBCAT DR, FORT WHITE, FL 32028

Date: 02/18/2013

Building Inspector

POST IN A CONSPICUOUS PLACE
(Business Places Only)