

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

FEMA Map# N/A Elevation N/A Finished Floor 1' above River In Floodway N/A
☒ Site Plan with Setbacks Shown ☒ EH # 12-0154-M ☐ EH Release ☒ Well letter ☒ Existing well
☒ Recorded Deed or Affidavit from land owner ☒ Installer Authorization ☒ State Road Access ☒ 911 Sheet
☐ Parent Parcel # ☐ STUP-MH ☐ F W Comp. letter ☒ DWF Form ☒ Electrical only
IMPACT FEES: EMS Fire Corr ☒ Out County ☒ In County
Road/Code School = TOTAL Impact Fees Suspended March 2009 PAID

Property ID # 25-75-16-04321-042 Subdivision Rum Island Ranches

- New Mobile Home Used Mobile Home ☒ MH Size 28x10 Year 1997
- Applicant Robert Minnella Phone # (352) 473-6010
- Address 25743 SW 22nd Newberry, FL 32669
- Name of Property Owner Ashley Audette Phone # (352) 375-8100
- 911 Address 1930 SW CR 138 Ft. 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 Ashley Audette Phone # (352) 375-8100
Address 1930 SW CR 138 Ft. White FL 32038

▪ Relationship to Property Owner Same

▪ Current Number of Dwellings on Property 1

▪ Lot Size 340 X 1281 Total Acreage 10

▪ 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 yes

▪ Driving Directions to the Property 475 East I 75 to Hwy 27 in Ft White (TL) Go to

E-138 (TR) Go 1.2 miles to prop on left. Address 1930 - stay to right.

3 properties before Rum Island Rd turn @ then @ on 1st Drive

next to
wood fence

Sheets must be completed and signed by the installer.

Originals with the packet.

Nest S. Johnson License # TH-1025249

1930 SW CR 138

FT. White, FL 32038

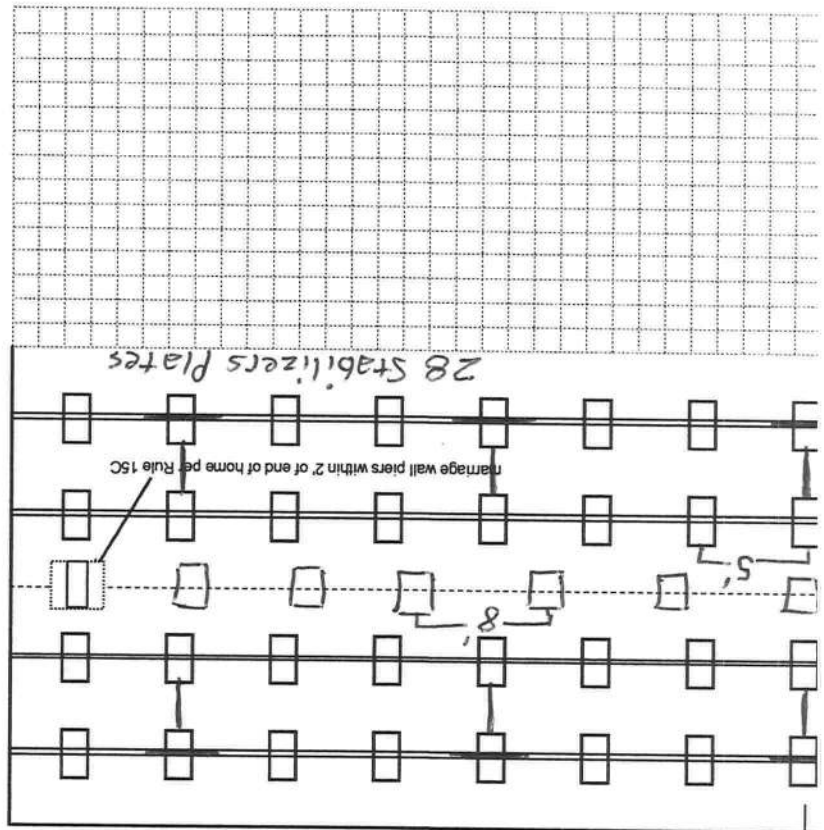
Fleetwood Length x width 70' x 28'

home is a single wide fill out one half of the blocking plan home is a triple or quad wide sketch in remainder of home

Lateral Arm Systems cannot be used on any home (new or used)

Installer's initials

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



COLUMBIA COUNTY PERMIT WORKSHEET

p:

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 # 8652

Triple/Quad ☐ Serial # GAFLV05B265794

PIER SPACING TABLE FOR USED HOMES

Load bearing size (sq in)	Footprint	16" x 16"	18 1/2" x 18"	20" x 20"	22" x 22"	24" x 24"
1000 psf	3'	4'	5'	6'	7'	8'
1500 psf	4' 6"	6'	7'	8'	9'	10'
2000 psf	6'	8'	9'	10'	11'	12'
2500 psf	7' 6"	9'	10'	11'	12'	13'
3000 psf	8'	10'	11'	12'	13'	14'
3500 psf	8'	10'	11'	12'	13'	14'

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

PIER PAD SIZES

l-beam pier pad size
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
All 17 1/2 x 25 1/2
FRAM
within 2' of end
spaced at 5'

OTHEI

Sidewall
Longitudinal
Marriage wall
Shearwall

Longitudinal Stabilizing Device (LSD)
Manufacturer
Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer Oliver 1101V

COLUMBIA COUNTY PERMIT WORKSHEET

page

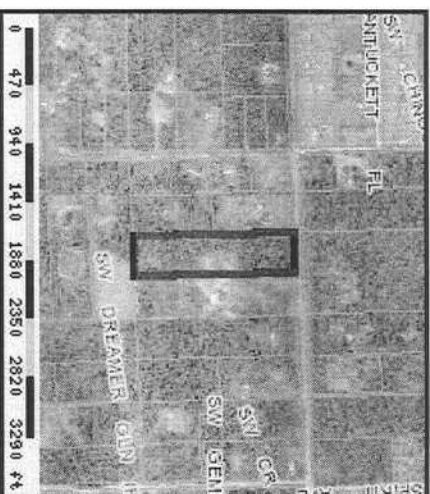
Date _____ Installer Signature <u>Crest 8/2/00</u>	
Installer verifies all information given with this permit work is accurate and true based on the	
Other: _____ Electrical crossovers protected. Yes ☒ No ☐ Drain lines supported at 4 foot intervals. Yes ☒ No ☐ Range downflow vent installed outside of skirting. Yes ☒ No ☐ Dryer vent installed outside of skirting. Yes ☒ No ☐ Skirting to be installed. Yes ☒ No ☐	
Miscellaneous	
The bottomboard will be repaired and/or taped. Yes ☒ No ☐ Siding on units is installed to manufacturer's specifications. Yes ☒ No ☐ Fireplace chimney installed so as not to allow intrusion of rain water. Yes ☒ No ☐ Pg. 15	
Weatherproofing	
Type gasket <u>Foam</u> Pg. 15C Installed: _____ Between Floors Yes ☒ No ☐ Between Walls Yes ☒ No ☐ Bottom of ridgebeam Yes ☒ No ☐	
I understand and a properly installed gasket is a requirement of all new and homes and that condensation, mold, mildew and buckled marriage wall a result of a poorly installed or no gasket being installed. I understand: _____ of tape will not serve as a gasket.	
Gasket (weatherproofing requirement)	
For used homes a min. 30 gauge, 8" wide, galvanized metal roofing nails at 2" on center on both sides of the centerline. Floor: Type Fastener: <u>Lag 3/8x5</u> Length: <u>5'</u> Spacing: <u>2'</u> Walls: Type Fastener: <u>30 gauge</u> Length: <u>2'</u> Spacing: <u>4'</u> Roof: Type Fastener: <u>30 gauge</u> Length: <u>2'</u> Spacing: <u>4'</u>	
Fastening multi wide units	
Debris and organic material removed <u>Yes</u> Water drainage: Natural ☒ Swale ☐ Pad ☒ Other ☐	
Site Preparation	

Plumbing	
drains to an existing sewer tap or septic tank. Pg. 15C or water supply piping to an existing water meter, water tap, or other supply systems. Pg. 15C	
Electrical	
all conductors between multi-wide units, but not to the main power or the bonding wire between multi-wide units. Pg. 15C	
TESTS MUST BE PERFORMED BY A LICENSED INSTALLER	
Installer's initials <u>4</u> Approved lateral arm system is being used and 4 ft. or less are required at all centerline tie points where the torque test is 275 or less and where the mobile home manufacturer may use anchors with 4000 lb holding capacity. of the torque probe test is _____ inch pounds or check are declaring 5' anchors without testing. A test 5 inch pounds or less will require 5 foot anchors.	
TORQUE PROBE TEST	
_____ X _____ X _____ X 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.	
POCKET PENETROMETER TESTING METHOD	
_____ X _____ X _____ X Penetrometer tests are rounded down to _____ psf re to declare 1000 lb. soil _____ without testing.	
POCKET PENETROMETER TEST	

Owner & Property Info

Search Result: 1 of 1

Owner's Name	AUDETTE ASHLEY		
Mailing Address	1930 SW CR 138 FT WHITE, FL 32038		
Site Address	1930 SW COUNTY ROAD 138		
Use Desc. (code)	MOBILE HOM (000200)		
Tax District	3 (County)	Neighborhood	25716
Land Area	10.000 ACRES	Market Area	02
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction. W1/2 OF E1/2 OF SW1/4 OF NW1/4 EX RD RW. (AKA LOT 22 RUM ISLAND RANCHES UNREC) ORB 476-574, 871-757.		



Property & Assessment Values

2011 Certified Values		
Mkt Land Value	cnt: (0)	\$48,747.00
Ag Land Value	cnt: (2)	\$0.00
Building Value	cnt: (1)	\$4,753.00
XFOB Value	cnt: (2)	\$2,520.00
Total Appraised Value		\$56,020.00
Just Value		\$56,020.00
Class Value		\$0.00
Assessed Value		\$47,792.00
Exempt Value	(code: HX)	\$25,000.00
Total Taxable Value	Cnty: \$22,792 Other: \$22,792 Sch: \$22,792	

2012 Working Values

NOTE:
2012 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
11/12/1998	871/757	WD	V	Q		\$30,000.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	MOBILE HME (000800)	1989	BELOW AVG. (03)	644	708	\$4,421.00
Note: All S.F. calculations are based on exterior building dimensions.						

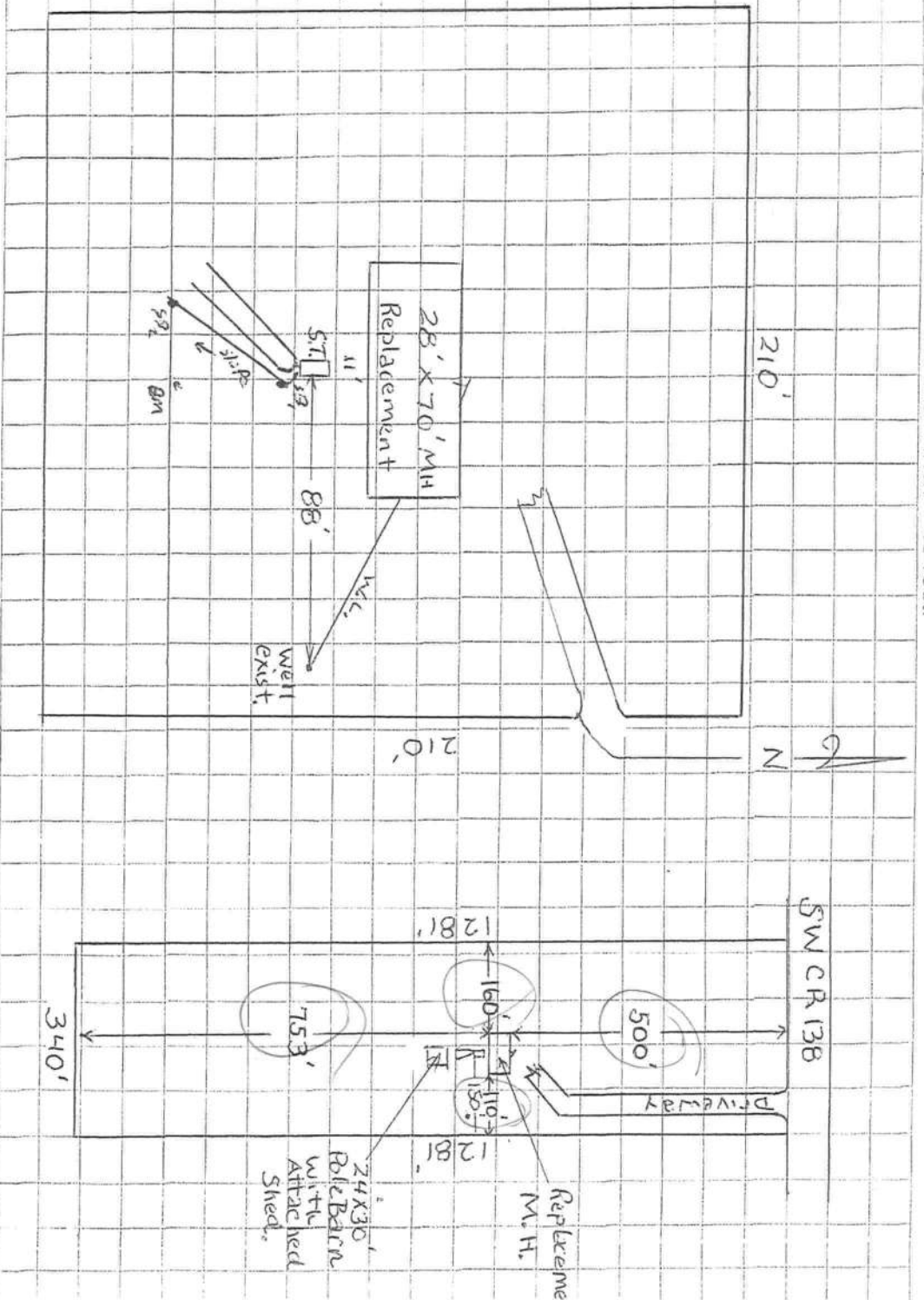
Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0040	BARN, POLE	2000	\$1,080.00	0000432.000	18 x 24 x 0	(000.00)
0296	SHED METAL	2000	\$1,440.00	0000288.000	12 x 24 x 0	(000.00)

Ashley Audette

PART II - SITEPLAN 25-07-16-04321-042

Scale: Each block represents 10 feet and 1 inch = 50 feet.



Notes: New home to be placed over footprint of old 14' x 46' single-wide.
No pertinent offsite features.

Site Plan submitted by: Robert Mummola 03-08-12
Plan Approved: Not Approved
BY: Agent
Date: County Health Department

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: 3/9/2012 DATE ISSUED: 3/9/2012

ENHANCED 9-1-1 ADDRESS:

1930 SW COUNTY ROAD 138

FORT WHITE FL 32038

PROPERTY APPRAISER PARCEL NUMBER:

25-7S-16-04321-042

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.

Prepared by and return to:
Philip A. Delaney
Attorney at Law
Scruggs & Carmichael, P.A.
3426 N.W. 43rd Street, Suite B
Gainesville, Florida 32606
352-374-4120
File No.: 98-2056

98-20258

FILED AND RECORDED IN PUBLIC
RECORDS OF COLUMBIA COUNTY, FL

1998 DEC 18 AM 9:49

[Space Above This Line For Recording Data]

Warranty Deed

This Warranty Deed made this 12th day of November, 1998 between

David M. Kulas, conveying his non-homestead unimproved property
whose Social Security/FEIN Number is: 049-44-1396
whose post office address is
40 Fairview Street, Windsor Locks, Connecticut 06096
grantor, and

Ashley S. Audette, an unmarried person
whose Social Security/FEIN Number(s) are: 591-72-2356
whose post office address is
Rt 2 Box 570, High Springs, Florida 32643
grantee;

Documentary Stamp **\$210.00**
Intangible Tax **5**
P. DeWitt Oason
Clerk of Court
By **[Signature]** D.C.

BN 0871 PG 0757

OFFICIAL RECORDS

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

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

The West 1/2 of the East 1/2 of the Southwest 1/4 of the Northwest 1/4, Section 25,
Township 7, Range 16 East, Columbia County, Florida, less utility easements and road
right-of-way, also known as Tract 22 Rum Island Ranches, Columbia County, Florida

Parcel Identification Number: 25-7S-16-9900-04321-042

Subject to taxes for 1998 and subsequent years; covenants, conditions, restrictions, easements,
reservations and limitations of record, if any.

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

Signed, sealed and delivered in our presence: OFFICIAL RECORDS

Witness Name: David W. Smith

David M. Kulas (Seal)
David M. Kulas

Witness Name: Gillian Bateman

STATE OF Connecticut
COUNTY OF HARTFORD

The foregoing instrument was acknowledged before me this 24th day of November 1998 by David M. Kulas, who is personally known to me or has produced a Driver's License as identification.

[Notary Seal]

Notary Public
Printed Name: David W. Smith
My Commission Expires: 1998

David W. Smith
Comm Exp. CT

AVENUE C, UNIT 1
13TH STREET HOME SALES LLC
12426 NW US HWY 441
ALACHUA, FL 32615

Date of Issue

02/24/2011

Let Recipient
Transfer to the designated vehicle at the time of sale.
By _____
Title _____
Date _____

Mail To:
13TH STREET HOME SALES LLC
12426 NW US HWY 441
ALACHUA, FL 32615

- IMPORTANT INFORMATION**
- When ownership of the vehicle described herein is transferred, the seller **MUST** complete and file the Transfer of Title by Seller section at the bottom of the certificate of title.
 - Upon sale of the vehicle, the seller must complete the notice of sale on the reverse side of this form.
 - Remove your license plate from the vehicle.
 - See the web address below for more information and the appropriate forms required for the purchaser to title and register the vehicle, mobile home or vessel: <http://www.flhsmv.state.fl.us/hum/titn.htm>

CERTIFICATE OF TITLE

Registration Number CHL1005245790021	Year 2004	Make Ford	Model F150	Body Super Duty	Color Blue	Engine 3.5L	Transmission Automatic	Drive 4WD	Registration 02/15/2011	Expiry 02/15/2013	Plate 12426
Document signed as Vehicle Manufacturer or Dealer											

Registered Owner
13TH STREET HOME SALES LLC
12426 NW US HWY 441
ALACHUA, FL 32615

(S) Lienholder
NONE

DIVISION OF MOTOR VEHICLES

FLORIDA

FLORIDA

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

CHL1005245790021

Control Number 095270466

34.71 95270466

WILLIAM L. JONES

Executive Director

Seller Must Sign Selling Form

Five was this day ☐ 5 of ☐ 6

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOLLOWING DOCUMENT AND THE FACTS STATED THEREIN ARE TRUE

SELLER NAME

Sign Here

Print Name

Selling Dealer's License Number

Address

City

State

Zip

Phone

Fax

VOID IF ALTERED

Man Returns

Lien Release
 Interest in the deeded vehicle is hereby released
 By _____
 Title _____
 Date _____

100% SATISFACTION

Registered Owner

131 Lienholder
NONE

DIVISION OF MOTOR VEHICLES

TALLAHASSEE

FLORIDA

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

Carl A. Ford
Director

Control Number 095270467

Jubel L. Jones
Executive Director

31 / 1 95270A67

95270A67

TRANSFER OF TITLE BY SELLER (This section must be completed at the time of sale.)

Failure to recognize or providing a false statement may result in fines or other imprisonment.

This title is warranted to be free from any lead except as used on the part of the carbonate and the tinor in the bulk of vessel design (verbally) (verbally)

Abstract

100

SELLING YOUR HOME FAST

OF OUR SQUAD, EVERY BRICK AND BOLT
WAS PLACED BY A MEMBER OF OUR SQUAD

and I hereby certify that to the best of my knowledge

☐ 2. IN EXCESS OF ITS MECHANICAL LIMITS

☐ 2. IN EXCESS OF ITS MECHANICAL LIMITS

☒ 3. NOT THE ACTUAL KMP FAC

ESQUITH, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

CASE I **Patient**

COSELLER MAIL

Signature _____

(The page contains faint, illegible markings or bleed-through from the reverse side.)

Party Name: _____

1000

1. **THE**
 2. **NO.**
 3. **THE**
 4. **CALL**

IN No. _____ Tax Collected: _____

[illegible]

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Handwritten musical notation on a single staff, featuring various notes and rests.

1. The first part of the document is a list of references. The references are listed in a standard format, with the author's name, the title of the work, and the publisher. The references are as follows:

CO-OP PURCHASES KILLS

卷之四

THE UNIVERSITY OF CHICAGO PRESS

NOTICE: IF YOU DO NOT RECEIVE THIS NOTICE, IT IS YOUR RESPONSIBILITY TO OBTAIN A COPY OF THE NOTICE.

RETURNED BY LAWYER REQUIRED SUBMITTED WITHIN 30 DAYS AFTER DATE OF PURCHASE

Figure 1. The effect of the concentration of the *Agrobacterium* suspension on the transformation efficiency of *Agrobacterium* strains.

COUNTY THE MOBILE HOME IS BEING MOVED FROM 13th St Mobile homes 12426 Niles Hwy 441
OWNERS NAME Ashley Audette PHONE (352) 375-8100 CELL Linda Alachua, FL 32615
INSTALLER Ernest S. Johnson PHONE (352) 494-8099 CELL
INSTALLERS ADDRESS 22204 SE US Hwy 301, Hawthorne, FL 32640

MOBILE HOME INFORMATION

MAKE Freewood YEAR 1997 SIZE 28 x 74
COLOR Gray SERIAL NO. GAF2V05B326579-CW21
WIND ZONE II SMOKE DETECTOR yes ✓
INTERIOR: Pywood / Crest shape
FLOORS Good
DOORS Good
WALLS Good
CABINETS Good
ELECTRICAL (FIXTURES/OUTLETS) Good
EXTERIOR: Good
WALLS / SIDING Good
WINDOWS Good
DOORS Good
INSTALLER: APPROVED ✓ NOT APPROVED _____

INSTALLER OR INSPECTORS PRINTED NAME Ernest S. Johnson

Installer/Inspector Signature Ernest S. Johnson License No. TH1025249 Date 3-6-12

NOTES: _____

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 386-758-1008 TO SET UP THIS INSPECTION. NO PERMIT WILL BE ISSUED BEFORE THIS IS DONE.

Code Enforcement Approval Signature _____

Jay C

Date 3-15-12

RECEIVED FROM: Robert Minnella

(Ashley Audette)

DOLLARS \$ 65.00

Application ☒ No: 1203-38

Cash or Check 5853

Pre-Inspection



Service Charge



BOARD OF COUNTY COMMISSIONERS

Re-Inspection



BY: J. Hodor

① Env. Health ② Installer Authorization for in
③ Subcontractor Verification form ④ In County Pre-Inspection
and Electrical 3-29-12
Done 3-29-12

Received 3-22-12

001513

BUILDING DEPARTMENT

COLUMBIA COUNTY FLORIDA
135 NE HERNANDO AVENUE • PHONE 386-758-1008
LAKE CITY, FLORIDA 32055

RECEIVED FROM:

Robert Minnella
(Mary Sherman)

DATE 3-22-2012

Application



No: 1203-53

DOLLARS \$ 15.00

Pre-Inspection



Service Charge



Re-Inspection



Cash or Check

5861

BOARD OF COUNTY COMMISSIONERS

BY:

J. Hodor

① Env. Health ② Installer Authorization
③ Subcontractor Verification form

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 89-8, 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 _____	Signature _____	Phone #: _____
MECHANICAL	Print Name <u>Robert Grant</u>	Signature <u>[Signature]</u>	Phone #: <u>800 809 3708</u>
PLUMBING	License #: <u>CACR14931</u>	Print Name <u>Ernest S. Johnson</u>	Signature <u>[Signature]</u>
GAS	License #: <u>TH1025249</u>	Phone #: <u>(352) 494-8099</u>	

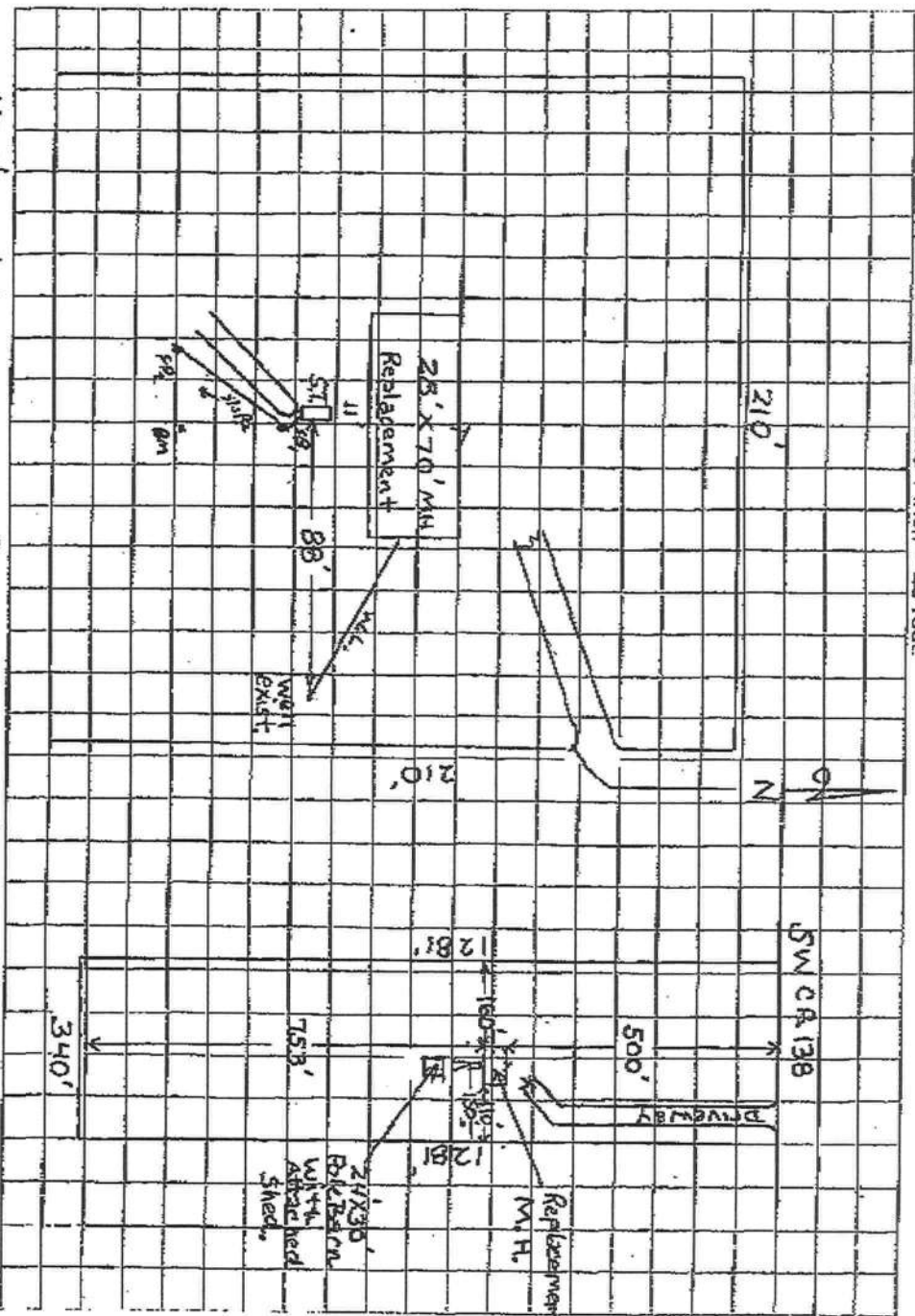
Specialty License	Permit Number	Subcontractor's Printed Name	Subcontractor's Signature
MASON			
CONCRETE FINISHER			

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.

Ashley Audette

PART II - SITEPLAN 25-07-16-04321-042

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



Notes: New home to be placed over footprint of old 14' x 46' single-wide
No pertinent offsite features.

Site Plan submitted by: Robert Minnello 03-09-12
Plan Approved: X Not Approved:
By: Shane Ford Env Health Director. Chunhua CHD Agent
County Health Department Date: 3.27.12

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

ADDRESS 1930 SW 46 138 Fort White FL 32038

MOBILE HOME PARK _____ SUBDIVISION _____

DRIVING DIRECTIONS TO MOBILE HOME 47 S, (C) 46 138, 2nd drive

on (C) After Ruw Island Rd then 1st drive on
right to WH (next to wood board fence)

MOBILE HOME INSTALLER Ernest Johnson PHONE _____ CELL 352-494-8099

MOBILE HOME INFORMATION

MAKE Fleetwood YEAR 97 SIZE 28 x 74 COLOR Gray

SERIAL No. G4FLV65 B26578-Cu21

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

\$50.00

P SMOKE DETECTOR () OPERATIONAL () MISSING

Date of Payment: 3-14-12

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

Paid By: Winnele

P DOORS () OPERABLE () DAMAGED

Notes: Rec # 1502

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 / SIDING () 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: _____

Acetate

In Columbia County one permit will cover all trades during 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 83-8, a contractor shall require all subcontractors to provide evidence of worker's compensation or exemption, general liability insurance and a valid Certificate of Competency license in Columbia County.

Any change, 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>Robert Gray</u>	Signature: <u>[Signature]</u>	Phone #: <u>800-859-3702</u>
MECHANICAL	Print Name: <u>Robert Gray</u>	Signature: <u>[Signature]</u>	Phone #: <u>800-859-3702</u>
PLUMBING/	Print Name: <u>Robert S. Johnson</u>	Signature: <u>[Signature]</u>	Phone #: <u>853-194-8099</u>
SAFETY	Print Name: <u>Robert S. Johnson</u>	Signature: <u>[Signature]</u>	Phone #: <u>853-194-8099</u>

Secretary/Inspector	Print Name: <u>[Blank]</u>	Signature: <u>[Blank]</u>	Phone #: <u>[Blank]</u>
MAISON	Print Name: <u>[Blank]</u>	Signature: <u>[Blank]</u>	Phone #: <u>[Blank]</u>
CONCRETE FINISHER	Print Name: <u>[Blank]</u>	Signature: <u>[Blank]</u>	Phone #: <u>[Blank]</u>

F.S. 440.103 Building permits: Identification of minimum premium going. Every employer shall, as a condition for 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 440.28, and shall be presented each time the employer applies for a building permit.

Adopted by Board of Supervisors, 11/11/11



POST IN A CONSPICUOUS PLACE
(Business Places Only)

Building Inspector

ite: 04/09/2012

Handwritten signature

ocation: 1930 SW CR 138, FORT WHITE, FL 32038

wner of Building ASHLEY AUDETTE

ermit Holder ERNEST S. JOHNSON

Parcel Number 25-7S-16-04321-042

Building permit No. 000030052

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.

Department of Building and Zoning Inspection COLUMBIA COUNTY, FLORIDA

M/H OCCUPANCY

GREENING OF LANES

