	PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION ALLEGATION	-i-ABIC						
	For Office Use Only (Revised 1-11) Zoning Official RLK 16 INAY Ear Building Official 7.C. 5-15-12							
	AP# 1205-30 Date Received 5/11 By Tw Permit # 30/79							
1	Flood Zone Development Permit Zoning A - 3 Land Use Plan Map Category A - 3							
`	Comments Replacing existing mit							
F	EMA Map# NA Elevation Finished Floor River NA In Floodway NA Site Plan with Setbacks Shown EH# 120 25 4E BH Release Well letter Existing well	9						
1	Recorded Deed or Affidavit from land owner Installer Authorization State Rd Access 11 Sheet							
	Parent Parcel # STUP-MH F W Comp. letter App Fee Pd OVF Form							
	IPACT FEES: EMS Fire Corr Dout County of County pd	- 1						
Ro	oad/CodeSchool=TOTAL_Suspended March 2009_ □ Ellisville Water Sys	S						
Pre	operty ID # 12-45-15-00347-014 Subdivision	_						
•	New Mobile Home Used Mobile Home V MH Size 28 × 60 Year 2000	_						
	Applicant Steven and Peggy Davidson Phone # 386-752-0489							
	Address 1623 SW Brim Street Lake City, FL 32024							
	Name of Property Owner Steven and Peggy Davidson Phone# 386-752-0489							
v=	911 Address 1623 SW Brim Street Lake City, FL 32024							
	Circle the correct power company - FL Power & Light - Clay Electric							
	(Circle One) - Suwannee Valley Electric - Progress Energy							
ш	Name of Owner of Mobile Home <u>Steven</u> and Peggy Davidso Phone # 386-752-0489							
	Address 1623 SW Brim Street Lake City, FL 32024							
	Relationship to Property Owner Self							
	Current Number of Dwellings on Property							
	Lot Size Total Acreage 5							
	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 (Pd)							
_								
•	Driving Directions to the Property 90 West - Pinemount (4) Dekle - (R) Brim -	_						
•		_						
	Driving Directions to the Property 90 West - Pinemount (1) Dekle - (R) Brim - 1/2 mile on (R)	- - -						
	Name of Licensed Dealer/Installer Faul & Albush Phone # 365-5374	- - -						
•	Name of Licensed Dealer/Installer Faul Callburght Phone # 365-5374 Installers Address 1995-10 Thomas TeR We How 32024 License Number TH 1025 239 Installation Decal # 7.340	-						
# # # # # # # # # # # # # # # # # # #	Name of Licensed Dealer/Installer Faul & Albush Phone # 365-5374	-						

page 1 of 2

1. (

26" × 26" (929)POPULAR PAD SIZES within 2' of end of hom FRAME TIES OTHER TIES ANCHORS 57.7 22" x 22" 24" X 24" (978) Marriage wall Shearwall Pad Size 26 × 25 Wind Zone III Longitudinal 1244 Sidewall PIER SPACING TABLE FOR USED HOMES (484)* 4 ft Home installed to the Manufacturer's Installation Manual Draw the approximate locations of marriage Longitudinal Stabilizing Device W/ Lateral Arms List all marriage wall openings greater than 4 foot 20" x 20" (400) wall openings 4 foot or greater. Use this Home is installed in accordance with Rule 15-C œ Ż 9 Installation Decal # interpolated from Rule 15C-1 pier spacing table. Pier pad size Wind Zone II Longitudinal Stabilizing Device (LSD) 18 1/2" × 18 TIEDOWN COMPONENTS Used Home 1/2" (342) Serial # symbol to show the piers, PIER PAD SIZES and their pier pad sizes below. 16" × 16" Perimeter pier pad size (256)Other pier pad sizes -beam pier pad size (required by the mfg. Ž Opening Footer Manufacturer (sq in) Double wide 8 2 0 New Home Triple/Quad Single wide 2500 psr capacity bearing Show locations of Langitudinal and Lateral Systems License # If 102523 (use dark lines to show these locations) I understand Lateral Arm Systems cannot be used on any home (new or wised where the sidewall ties exceed 5 ft 4 in. 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 3 1 Fin Bain Sheet of end of These worksheets must be completed and signed by the installer. Installer's initials of 32024 Length x width E HIBROOK Submit the originals with the packet. Pionleek Typical pier spacing home is being installed. 911 Address where Manufacturer Installer

Site Preparation

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	ALTER	
	COL	2
	TIO L	

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

XILEST

POCKET PENETROMETER TESTING METHOD

- 1, Test the perimeter of the home at 6 locations.
- 2. Take the reading at the depth of the footer.
- reading and round down to that increment. 3. Using 500 ib. increments, take the lowest

0524X

087×

X1500

TORQUE PROBE TEST

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

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

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installar Name

Date Tested

ſ

6210h

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.

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. <u>A</u>

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

a result of a poorly installed or no gasket being installed. Understand a strip homes and that condensation, mold, meldew and buckled marriage walls are understand a properly installed gasket is a requirement of all new and used wide, galvanized metal strip will be centered over the peak of the roof and fastened with galv. Spacing: 2 roofing nails at 2" on center on both sides of the centerline. Other Spacing: Spacing: Between Floors Yes Between Walls Yes Gasket (weatherproofing requirement) Pad Fastening multi wide units Installer's initials ype Fastener: SCRew Length: For used homes a min. 30 gauge, 8" Installed. Swale Debris and organic material removed Pype gasker TORMSage of tape will not serve as a gasket. Water drainage: Natural Walls: Floor: Roof.

Weatherproofing

Fireplace chimney installed so as not to allow intrusion of rain water. Yes الًا Siding on units is installed to manufacturer's specifications. Yes The bottomboard will be repaired and/or taped, Yes

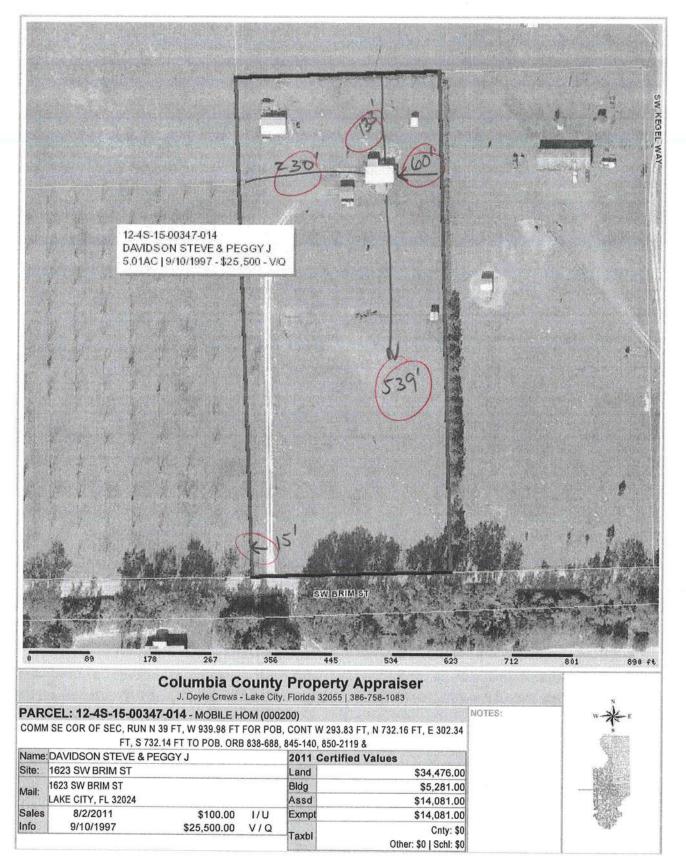
Miscellaneous

N/A Range downflow vent installed outside of skirting. Dryer vent installed outside of skirting. Yes ___ Drain lines supported at 4 foot intervals, Yes Electrical crossovers protected. Yes Skirting to be installed. Yes _ Other: Installer verifies all information given with this permit worksheet is accurate and true based on the

Installer Signature

Date 5/1/72

SitePlan



MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER	1205-30	CONTRACTOR	PAUL E.	Albeight	PHONE 365-5319
			7		

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 <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/orifines.

ELECTRICAL	Print Name Steve Davidson License #: Home Owner	Signature Phone#: 2 0/ 2 52 AV 00
MECHANICAL/ A/C 837	Print Name Chris Williams License #: CACO 5 7795	Phone #: 386 752 - 0489 Phone #: 386 752 - 5841
PLUMBING/ GAS 820	Print Name Paul E Albright License #: TH 102 5239	Signature 4 20 C Mought Phone #: 386 36 5 - 5 314

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.

Contractor Forms: Subcontractor form: 1/11

WARRANTY DEED

hereinafter called the GRANTEE.

(Wherever 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, wherever the context so admits or requires.)

WITNESSETH, That the GRANTOR, for and in consideration of the sum of PAYOFF OF AN AGREEMENT FOR DEED—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

remises, releases, conveys and confirms unto the GRANTEE all that certain land situate in Columbia County, State of Florida, VIZ:

COMMENCE AT THE SOUTHEAST CORNER OF SEC. 12, TWP 4-S, R-15E, COLUMBIA COUNTY, FLORIDA, THENCE N 01 deg 42' 41" E 39.00 FT., THENCE N 89 deg 10' 24" W 939.98 FT., TO THE POINT OF BEGINNING, THENCE CONTINUE N 89 deg 10' 24" W 293.83 FT., THENCE N 00 deg 22' 41" E 732.16 FT., THENCE S 89 deg 10' 24" E 302.34 FT., THENCE S 01 deg 02' 38" W 732.14 FT. TO THE POINT OF BEGINNING. CONTAINING 5.01 ACRES MORE OR LESS.

SUBJECT TO: OUTSTANDING MINERAL INTERESTS

SUBJECT TO: OUTSTANDING MINERAL INTERESTS SUBJECT TO: UTILITY RIGHT OF WAY EASEMENTS

RESTRICTIONS: The property shall not be used to store junk (including junk cars). The property shall not be used as a dumping ground, or for the accumulation of garbage or other refuse, foul smelling matter. NO swine or poultry shall be kept on the property. No more than three (3) dogs are to be housed, penned, or kept on the lot. No activity may be carried on upon the property which is a nuisance to others. The discharge of firearms on any lot is prohibited, including but not limited to hunting and target practice. The purchaser, however, shall have the right to discharge a firearm in the protection of their life, family's safety, or property in accordance with the applicable governmental laws. TAX ID. #: 12-4S-15-E- 347-014

TOGETHER, with all the tenements, hereditaments 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 has good right and lawful authority to sell and convey said land, and hereby 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 those mentioned above and except taxes accruing subsequent to December 31,1997

IN WITNESS WHEREOF, the said GRANTOR has signed and sealed these presents the day and year first above written. Signed, sealed and delivered in the presence of:

WITNESS,

GALL DEARVANG

(GRANTOR)

Inst:201112013316 Date:9/1/2011 Time:10.42 AM

Doc.P. DevVitt Cason, Columbia County Page 1 of 1 B:1220 P:1434

Ebrial WITNESS (print) Deborah K STATE OF MICHIGAN

COUNTY OF WAYNE

(print) The

I HEREBY CERTIFY THAT ON THIS DAY, BEFORE ME, AN OFFICER DULY AUTHORIZED TO

I HEREBY CERTIFY THAT ON THIS DAY, BEFORE ME, AN OFFICER DULY AUTHORIZED TO ADMINISTER OATHS AND TAKE ACKNOWLEDGMENTS, PERSONALLY APPEARED GAIL DEARVANG KNOWN TO ME TO BE THE PERSON(S) DESCRIBED IN AND WHO EXECUTED THE FORGOING INSTRUMENT, WHO ACKNOWLEDGED BEFORE ME THAT SHE EXECUTED THE SAME, AND AN OATH WAS NOT TAKEN. (CHECK ONE)

() SAID PERSON(S) IS/ARE PERSONALLY KNOWN TO ME

() SAID PERSON(S) PROVIDED THE FOLLOWING TYPE OF IDENTIFICATION

PICH (GAD) DE) DERSON SERVED THE FOLLOWING TYPE OF IDENTIFICATION

WITNESS MY HAND AND OFFICIAL SEAL IN THE COUNTY AND STATE LAST APORESAID THIS DAY OF A.D. 2011.

AFORESAID THIS Late DAY OF ALAGHEST A.D. 2011.

NOTARY PUBLIC

JACQUELINE SHAMUS NOTARY PUBLIC - STATE OF MICHIGAN COUNTY OF WAYNE MY COMMISSION EXPIRES APRIL 1, 2016

Print

Columbia County Property Appraiser

CAMA updated: 5/2/2012

Parcel: 12-4S-15-00347-014

<< Next Lower Parcel | Next Higher Parcel >>

Owner & Property Info

Owner's Name	DAVIDSON STEVE & PEGGY J				
Mailing Address	1623 SW BRIM ST LAKE CITY, FL 32024				
Site Address	1623 SW BRIM ST				
Use Desc.	MOBILE HOM (000200)				
Tax District	3 (County)	Neighborhood	12415		
Land Area	5.010 ACRES	Market Area	01		
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction.				
		W 939.98 FT FOR POB, COI FO POB. ORB 838-688, 845-1			

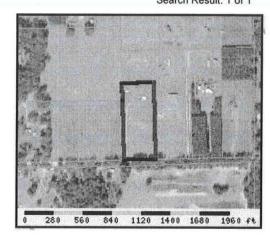
2011 Tax Year

Interactive GIS Map

Tax Estimator Property Card

Parcel List Generator

Search Result: 1 of 1



Property & Assessment Values

2011 Certified Values		
Mkt Land Value	cnt: (0)	\$34,476.00
Ag Land Value	cnt: (2)	\$0.00
Building Value	cnt: (1)	\$5,281.00
XFOB Value	cnt: (2)	\$1,000.00
Total Appraised Value		\$40,757.00
Just Value		\$40,757.00
Class Value		\$0.00
Assessed Value		\$14,081.00
Exempt Value	(code: HX)	\$14,081.00
Total Taxable Value		Cnty: \$0 Other: \$0 Schl: \$0

2012 Working Values

Tax Collector

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
8/2/2011	1220/1434	WD	I	U	30	\$100.00
9/10/1997	850/2119	AD	V	Q		\$25,500.00
9/4/1997	845/140	QC	V	U	01	\$24,500.00
4/22/1997	838/688	AD	V	U	13	\$25,500.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
2	MOBILE HME (000800)	1987	WD SHINGLE (14)	960	1376	\$5,281.00
	Note: All S.F. calculation	ons are bas	ed on exterior build	ding dimension	S.	***************************************

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0020	BARN,FR	2005	\$800.00	0000001.000	0 x 0 x 0	(000.00)
0296	SHED METAL	2005	\$200.00	0000001.000	0 x 0 x 0	(000.00)

Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
000200	MBL HM (MKT)	5.01 AC	1.00/1.00/1.00/1.00	\$5,834.04	\$29,228.00
009945	WELL/SEPT (MKT)	1 UT - (0000000.000AC)	1.00/1.00/1.00/1.00	\$2,000.00	\$2,000.00

Columbia County Property Appraiser

CAMA updated: 5/2/2012

1 of 1

DISCLAIMER

This information was derived from data which was compiled by the Columbia County Property Appraiser Office solely for the governmental purpose of property assessment. This information should not be relied upon by anyone as a determination of the ownership of property or market value. No warranties, expressed or implied, are provided for the accuracy of the data herein, it's use, or it's interpretation. Although it is periodically updated, this information may not reflect the data currently on file in the Property Appraiser's office. The assessed values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.



COLUMBIA COUNTY BUILDING DEPARTMENT

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

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

	1. Law Calley with	E INSTALLERS LETTER OF AU	JTHORIZATION for the job address show below
	Installer License Holder Na	ine	
	only, 1623 SW Bni	n St. Lake City FL Job Address	32624, and I do certify tha
		listed on this form is/are under m	
_	and is/are authorized to purcha	se permits, call for inspections an	d sign on my behalf.
	Printed Name of Authorized Person	Signature of Authorized Person	Authorized Person is
-	^	0	(Check one)
-	Peggy J Davidson	Feggy of Dandson	Agent Officer Property Owner
			Agent Officer Property Owner
			Agent Officer Property Owner
	the license holder realize that	Class and the second second	
1	under my license and I am fully	I am responsible for all permits p	urchased, and all work done
1	Local Ordinances.	responsible for compliance with a	l Florida Statutes, Codes, and
ŀ	colder for violations committed to	nsing Board has the power and au	thority to discipline a license
	document and that I have full re-	by him/her or by his/her authorized	person(s) through this
	resultant that I have full les	sponsibility for compliance granted	by issuance of such permits.
	POSMI-1		
-	Yant Calbusto	THI	025230-15-11-12
L	icense Holders Signature (Nota	rized) License Nur	mber Date
	IOTARY INFORMATION: STATE OF: Florida	COUNTY OF: CHURAN	,,,
Т	he above license holder, whose	pama in Par O Alla	1
B	ersonally appeared before me a	and is known by me or has produce	ed identification
΄,	ype of 1.5.)	on this _/ / day of	1/aj , 20/2.
ے	-Car A -T	1	The state of the s
N	OFARY'S SIGNATURE		THEEA A. FOSTER MYSTON APD 929507 ES: December 1, 2013 aru Notary Public Underwriters
		The state of the s	The order wife (8

1205-30

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

COUNTY THE MOBILE HOME IS BEING MOVED FROM JERRY CORDETT- Live OAK
OWNERS NAME JERRY CORLECT PHONE 362-4948 CELL 590 AUTO
INSTALLER Jay / E Albaight PHONE 386 36553/4CELL
INSTALLERS ADDRESS 1995-W TROMES TER Lake City Horida
MOBILE HOME INFORMATION
MAKE TONECK YEAR 2000 SIZE 28 x 66
COLOR SERIAL NoSERIAL NoSERIAL NoSERIAL NoSERIAL NoSERIAL No
WIND ZONE SMOKE DETECTOR
INTERIOR: FLOORSOK
DOORS_OA
WALLS Ok
CABINETS OLL
ELECTRICAL (FIXTURES/OUTLETS)
EXTERIOR: WALLS / SIDDING UNDLE LOP
WINDOWS 600d
DOORS 600d
INSTALLER: APPROVEDNOT APPROVED
INSTALLER OR INSPECTORS PRINTED NAME Paul E Alba: 9 W
Installer/Inspector Signature Local College License No. IH 1025239/1 Date 5:11-12
NOTES: Avery Good Looking Home
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 Sey Ger Date 5-14-12
Code Enforcement Approval Signature

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:

5/11/2012

DATE ISSUED:

5/14/2012

ENHANCED 9-1-1 ADDRESS:

1623

SW BRIM

ST

LAKE CITY

FL 32024

PROPERTY APPRAISER PARCEL NUMBER:

12-4S-15-00347-014

Remarks:

RE-ISSUE OF EXISTING ADDRESS FOR REPLACEMENT STRUCTURE.

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.



Incorporated 64E-6.001, FAC

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

16	1-0254 2
PERMIT NO.	11
DATE PAID:	5/10/2012
TEE PAID:	105.00
RECEIPT #:	,

Page 1 of 4

12 12 10 CONSTRUCTION PERMIT
APPLICATION FOR: [] New System [] Existing System [] Holding Tank [] Innovative [] Repair [] Abandonment [] Temporary []
APPLICANT: Steve and Reggy Davidson
AGENT: 0 WNEY TELEPHONE: 386-752-048
MAILING ADDRESS: 1623 SW Brim St. Lake City, FL 32024
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: BLOCK: SUBDIVISION: PLATTED:
PROPERTY ID #: 12-45-15-00347-014 ZONING: I/M OR EQUIVALENT: [Y / N]
PROPERTY SIZE: 5.0 ACRES WATER SUPPLY: [] PRIVATE PUBLIC [] <= 2000GPD []>2000GPD
IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTANCE TO SEWER:FT
PROPERTY ADDRESS: 1623 SW Brim St. Lake City, FL 32024
DIRECTIONS TO PROPERTY: 90W to Pinemount · (L) Dekle (R) Brim 1/2 mile on (R)
BUILDING INFORMATION [] RESIDENTIAL ' [] COMMERCIAL
Unit Type of No. of Building Commercial/Institutional System Design No Establishment Bedrooms Area Sqft Table 1, Chapter 64E-6, FAC
1 28 × 60 43 1680
3
4
[] Floor/Equipment Draftns [] Other (Specify)
SIGNATURE: feggy & Dandson DATE: 5-10-12
DH 4015, 08/09 (Obsoletes previous editions which may not be used)

STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 12.0254-E

Scale: Each block represents 10 feet and 1 inch = 40 feet. DRIVE WAY I 3 0 2 0 × acre of 5 Notes: Site Plan submitted by:_ Date 5-10-12-Column County Health Department Plan Approved_\ Not Approved

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated: 64E-6.001, FAC (Stock Number: 5744-002-4015-6)

Page 2 of 4

CODE ENFORCEMENT PRELIMINARY MOBILE HOME INSPECTION REPORT

1205-30

DATE RECEIVED 5-21-12 BY CA IS THE MIH ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED?
OWNERS NAME Steven & Pessy Davidson PHONE 752-0489 CELL
ADDRESS 1623 SW Brim Ste Lake City fe 32024
MOBILE HOME PARKSUBDIVISION
DRIVING DIRECTIONS TO MOBILE HOME Take Rinemount, @ Delde, @ Brin
Yz mon (R) See (1623)
MOBILE HOME INSTALLER Paul Albright PHONE CELL 365-5314
MOBILE HOME INFORMATION
MAKE PISCECT YEAR DO SIZE Z8 x 60 COLOR ZODO
SERIAL No. 6092
WIND ZONE Must be wind zone II or higher NO WIND ZONE I ALLOWED
INSPECTION STANDARDS INTERIOR:
(P or F) - P= PASS F= FAILED \$50.00
SMOKE DETECTOR () OPERATIONAL () MISSING Date of Payment: 5-11-12
FLOORS () SOLID () WEAK () HOLES DAMAGED LOCATION Paid By: Davidson
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
EXTERIOR: WALLS / SIDDING () LOOSE SIDING () STRUCTURALLY UNSOUND () NOT WEATHERTIGHT () NEEDS CLEANING
WINDOWS () CRACKED/ BROKEN GLASS () SCREENS MISSING () WEATHERTIGHT
STATUS APPROVED WITH CONDITIONS:
STATUS OLD JULY
APPROVED WITH CONDITIONS:
NOT APPROVED NEED RE-INSPECTION FOR FOLLOWING CONDITIONS
SIGNATURE
SIGNATURE DATE

CODE ENFORCEMENT PRELIMINARY MOBILE HOME INSPECTION REPORT

1205-30
DATE RECEIVED 5-21-12 BY CA IS THE MIH ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED?
OWNERS NAME Stoven & Peggy Davidson PHONE 752-0489 CELL
ADDRESS 1623 SW Brin Ste Lake Coty fe 32024
MOBILE HOME PARKSUBDIVISION
DRIVING DIRECTIONS TO MOBILE HOME Take Rinemount, @ Delde, @ Brin
Yz mon (R) Sel (1623)
MOBILE HOME INSTALLER Paul Albright PHONE CELL 365-5314
0
MOBILE HOME INFORMATION
MAKE PIS NEET YEAR DO SIZE Z8 x 60 COLOR ZOOD
SERIAL No. 6092
WIND ZONE Must be wind zone II or higher NO WIND ZONE I ALLOWED
INSPECTION STANDARDS INTERIOR:
(P or F) - P= PASS F= FAILED \$50.00
SMOKE DETECTOR () OPERATIONAL () MISSING Date of Payment: 5 - 1/-/2
FLOORS () SOLID () WEAK () HOLES DAMAGED LOCATION
DOORS () OPERABLE () DAMAGED
P 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 / SIDDING () 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 Say Crew ID NUMBER 304 DATE 5-21-12



COLUMBIA COUNTY, FLORIDA

epartment 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 12-4S-15-00347-014

Permit Holder PAUL E. ALBRIGHT

Owner of Building STEVEN & PEGGY DAVIDSON

Location: 1623 SW BRIM STREET, LAKE CITY, FL 32024

Date: 08/27/2012

Building permit No. 000030179



Building Inspector

POST IN A CONSPICUOUS PLACE (Business Places Only)