STATE OF FLORIDA
DEPARTMENT OF HEALTH
ON-SITE SEWAGE DISPOSAL SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT
SSOCOF #: 122-105-233
done on May 2, 2011 by F|S

PERMIT NO. AP1034799
DATE PAID: 5/2/2011
FEE PAID: 310.00
RECEIPT #: 12-FLD-1599140

APPLICATION FOR:
[X] New System [ ] Existing System [ ] Holding Tank [ ] Innovative
[ ] Repair [ ] Abandonment [ ] Temporary [ ] _____

APPLICANT: Patricia Hudson

AGENT: Ford's Septic - Ronald Ford TELEPHONE: 755-6288

MAILING ADDRESS: 116 NW Lawtey Way
Lake City, Florida 32055

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.

PROPERTY INFORMATION

LOT: / BLOCK: / SUBDIVISION: Meets & Bounds PLATTED: _____

PROPERTY ID #: 35-4S-15-00410-003 ZONING: Res. I/M OR EQUIVALENT: (Y (N)

PROPERTY SIZE: 32.67 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD

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

PROPERTY ADDRESS: 1176 SW Wilder Ct. Lake City, Fl 32024

DIRECTIONS TO PROPERTY: 90W. (L) on 247. (R) on Siloam.
(R) on Wilder. go approx one mile to driveway
#1176 on Left.

BUILDING INFORMATION [X] RESIDENTIAL [ ] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sq Ft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	mobil Home	3	26X40	1040
2				
3				
4				

[ ] Floor/Equipment Drains [ ] Other (Specify) _____

SIGNATURE: Rc Ford DATE: 5-2-2011

DH 4015, 10/97 – Page 1 (Previous editions may be used)
Stock Number: 5744-001-4015-1 5/3/2011 D

ENTERED KSF

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1105-27 CONTRACTOR David Crews PHONE 912-259-8024

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 Signature Sheet Signature	
	License #:	Phone #:
MECHANICAL/ A/C 1159	Print Name WILLIAM R. WATSON Signature	
	License #: CAC 057368	Phone #: 904 764 1015
* PLUMBING/ GAS 1157	Print Name David P. Crews Signature	
	License #: CH-1025221	Phone #: 912 286 1557

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, 2/11

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1105-27 CONTRACTOR David Crews PHONE 912-259-8028

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** 379	Print Name Dennis Cason License #: EC13001281	Signature Phone #: 352-339-1980
*	**MECHANICAL/ A/C** _____	Print Name License #:	Signature Phone #:
*	**PLUMBING/ GAS**	Print Name License #:	Signature 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.

Contractor Forms: Subcontractor form: 1/11

504-259-9340

Discuss with Tiffany or Husband

1105-27

COLUMBIA COUNTY BUILDING DEPARTMENT
135 NE Hernando Ave, Suite B-21, Lake City, FL 32055
Phone: 386-758-1008 Fax: 386-758-2160

MOBILE HOME INSTALLERS LETTER OF AUTHORIZATION

I, David P. Crews (Installer License Holder Name), give this authority for the job address show below only, 1106 SW Wildcat Court, Lic. 32024 (Job Address), 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	Authorized Person is... (Check one)
Pat Hudson		___ Agent ___ Officer ✓ Property Owner
		___ Agent ___ Officer ___ Property Owner
		___ Agent ___ Officer ___ Property Owner

- MS. PAT: MULT SIGN

I, the license holder, realize that [illegible] purchased, and all work done under my license and I am fully [illegible] 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.

David P. Crews — License Holders Signature (Notarized)
I# 1025221 — License Number
May 13, 11 — Date

NOTARY INFORMATION:
STATE OF: Florida COUNTY OF: Baker

The above license holder, whose name is DAVID P. CREWS, personally appeared before me and is known by me or has produced identification (type of I.D.) personally known on this 13th day of May, 20 11.

Debra Hunter
NOTARY'S SIGNATURE

Notary Public State of Florida
Debra Hunter
My Commission DD710171
Expires 10/05/2011

Gaylord Pump & Irrigation Inc.

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

Date 05/12/2011

We will be drilling a well for Patricia Hudson Property ID #35-4S-15-00410-003.
The following equipment will be used.

4" Steel Casing
1 Hp Submersible pump
1-1/4" Drop Pipe
85 Gallon Diaphragm Tank.

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

Sincerely,

Donald Gaylord

Donald Gaylord
Licensed Well Driller
Florida License 2630

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: 5/12/2011 **DATE ISSUED:** 5/16/2011

ENHANCED 9-1-1 ADDRESS:

1106 SW WILDER CT

LAKE CITY FL 32024

PROPERTY APPRAISER PARCEL NUMBER:

02-5S-15-00427-003

Remarks:

ADDRESS FOR PROPOSED 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.

1976

PERMIT WORKSHEET

Installer David Crews License # IH-1025221

Manufacturer SCOTBILT Length x Width 44.28

Name of Owner of this Mobile Home Mike Hudson

Phone 386 365 0973

Address 1176 S.W. Wilder Court Lake City

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 DG

New Home ☑ Used Home ☐ Year 2011

Home installed to the Manufacturer's Installation Manual ☑

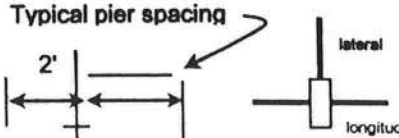
Home is installed in accordance with Rule 15-C ☐

Single wide ☐ Wind Zone II ☑ Wind Zone III ☐

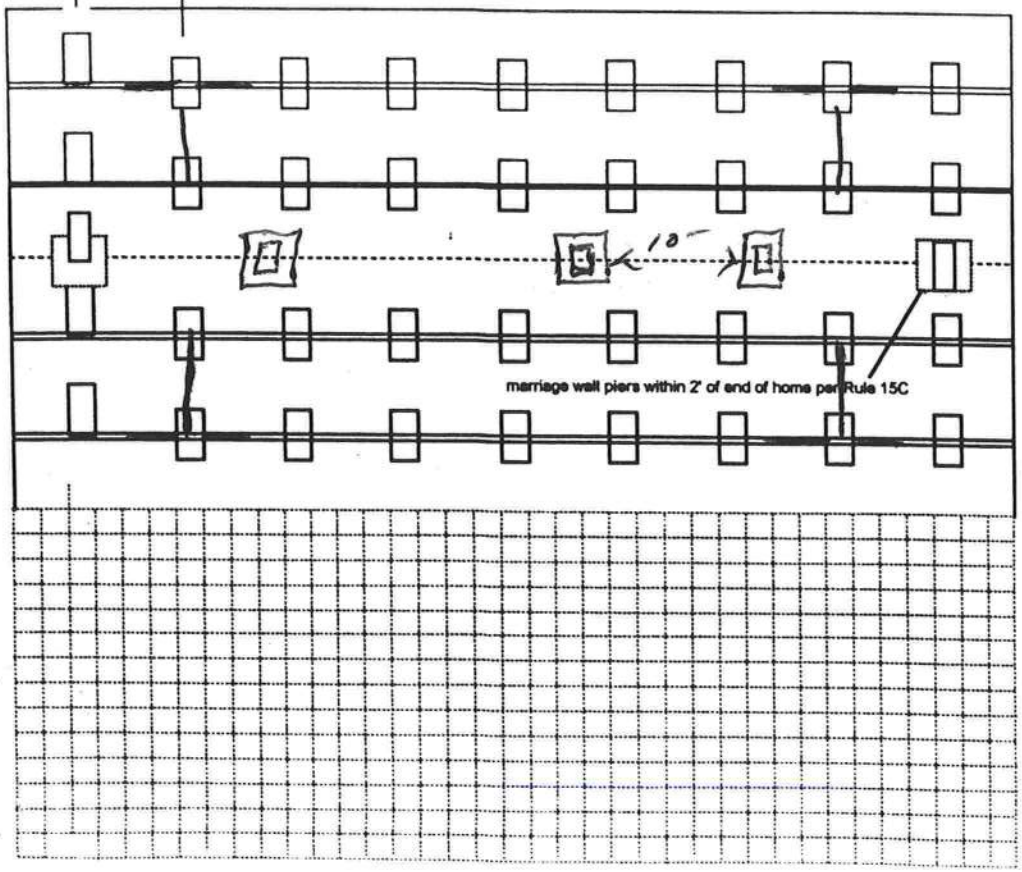
Double wide ☑ Installation Decal # 4753

Triple/Quad ☐ Serial # 4435 A&B

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 17 x 22

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
10'	17½" x 22½

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

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer OTI

Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer OTI

OTHER TIES

	Number
Sidewall	10 Per side
Longitudinal	4
Marriage wall	4
Shearwall	2

PERMIT NUMBER _____

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 2100 x 2050

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 2100 x 2025 x 2025

TORQUE PROBE TEST

The results of the torque probe test is 325 inch pounds or check here if you are declaring 5' anchors without testing ____. A test showing 275 inch pounds or less will require 4 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.

DG Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name David Crews

Date Tested May 10, 11

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. DG

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

Site Preparation

✓

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

Fastening multi wide units

Floor:	Type Fastener:	Lag 3/8 x 6"	Length:	6"	Spacing: 2'
Walls:	Type Fastener:	3/8"	Length:	6"	Spacing: 2'
Roof:	Type Fastener:	3/8"	Length:	6"	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 DG.

Type gasket Foam
Pg. ____

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

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 David P. Crews Date May 10, 11

Columbia County Property Appraiser

DB Last Updated: 5/3/2011

2010 Tax Year

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

Parcel: 02-5S-15-00427-003

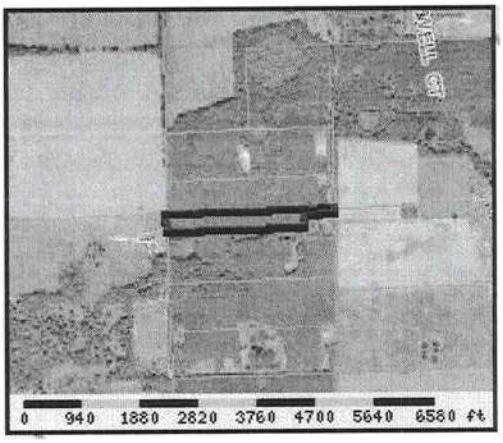
<< Next Lower Parcel | Next Higher Parcel >>

Search Result: 1 of 2 Next >>

Owner & Property Info

Owner's Name	HUDSON PATRICIA V		
Mailing Address	1176 SW WILDER CT LAKE CITY, FL 32024-4400		
Site Address	WILDER CT		
Use Desc. (code)	TIMBERLAND (005500)		
Tax District	3 (County)	**Neighborhood**	2515
Land Area	15.450 ACRES	**Market Area**	02
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction.		

BEG NE COR OF NW1/4, RUN W 2647.73 FT S 284.77 FT, EAST 2180.73 FT, N 191.56 FT, EAST 467.00 FT, N 93.21 FT TO POB. ORB 897-1855, 1856, 1857, 1858 & 2054. PROBATE 1084-279 QC 1129-1814, QC 1129-1822, QC 1129-1824, QC 1131-418,



Property & Assessment Values

2010 Certified Values		
Mkt Land Value	cnt: (2)	$0.00
Ag Land Value	cnt: (0)	$3,537.00
Building Value	cnt: (0)	$0.00
XFOB Value	cnt: (0)	$0.00
Total Appraised Value		$3,537.00
Just Value		$67,903.00
Class Value		$3,537.00
Assessed Value		$3,537.00
Exempt Value		$0.00
Total Taxable Value		Cnty: $3,537 Other: $3,537 | Schl: $3,537

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
NONE						

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
NONE						

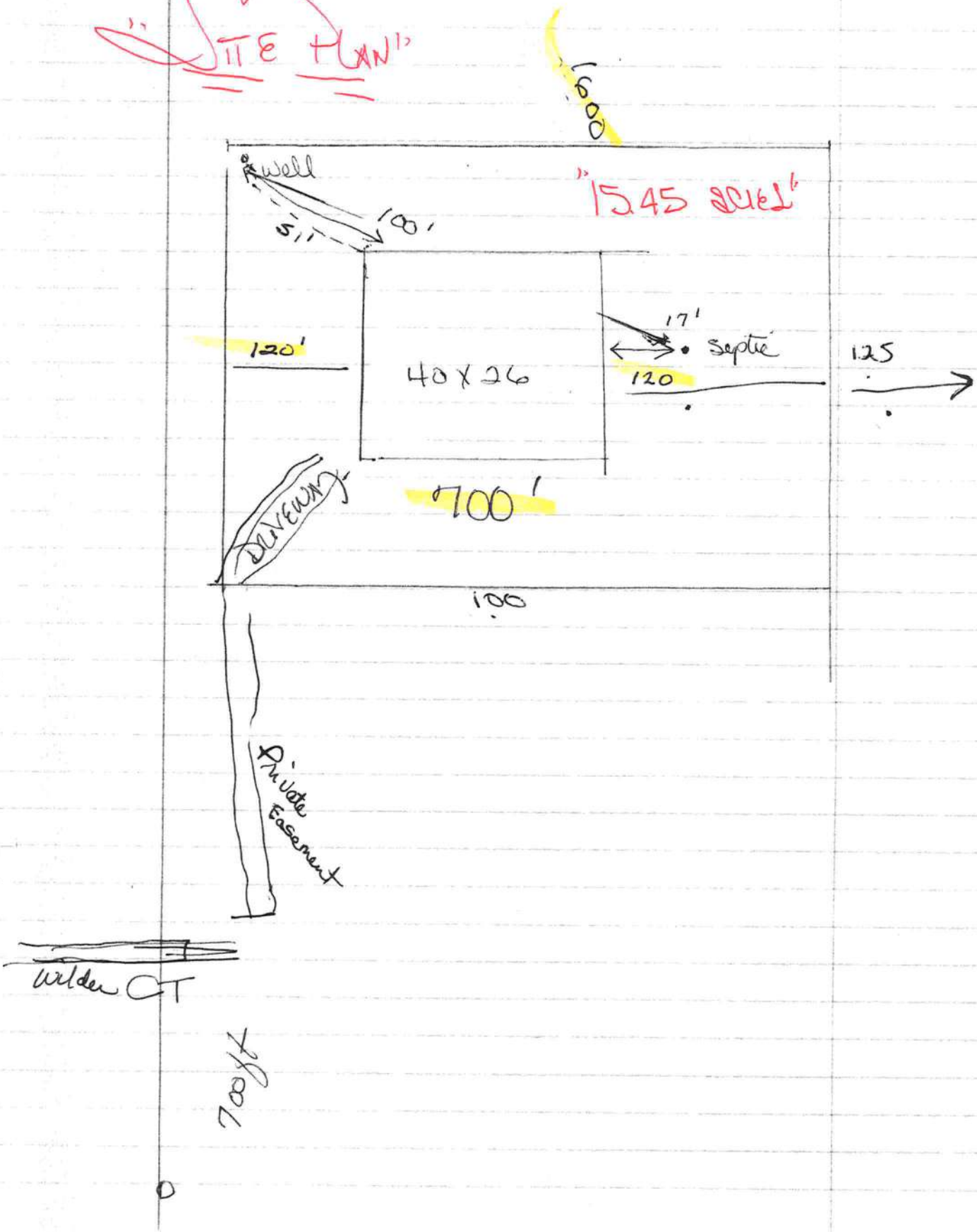
Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
NONE						

Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
005500	TIMBER 2 (AG)	13.45 AC	1.00/1.00/1.00/1.00	$241.00	$3,241.00
005600	TIMBER 3 (AG)	2 AC	1.00/1.00/1.00/1.00	$148.00	$296.00
009910	MKT.VAL.AG (MKT)	15.32 AC	1.00/1.00/1.00/1.00	$0.00	$61,112.00

"SITE PLAN"


600'
"1545 SCALE"
well
50'
100'
17'
septic
120'
40 X 26
120
125
700'
DRIVEWAY
100
Private Easement
Wilder CT
700'

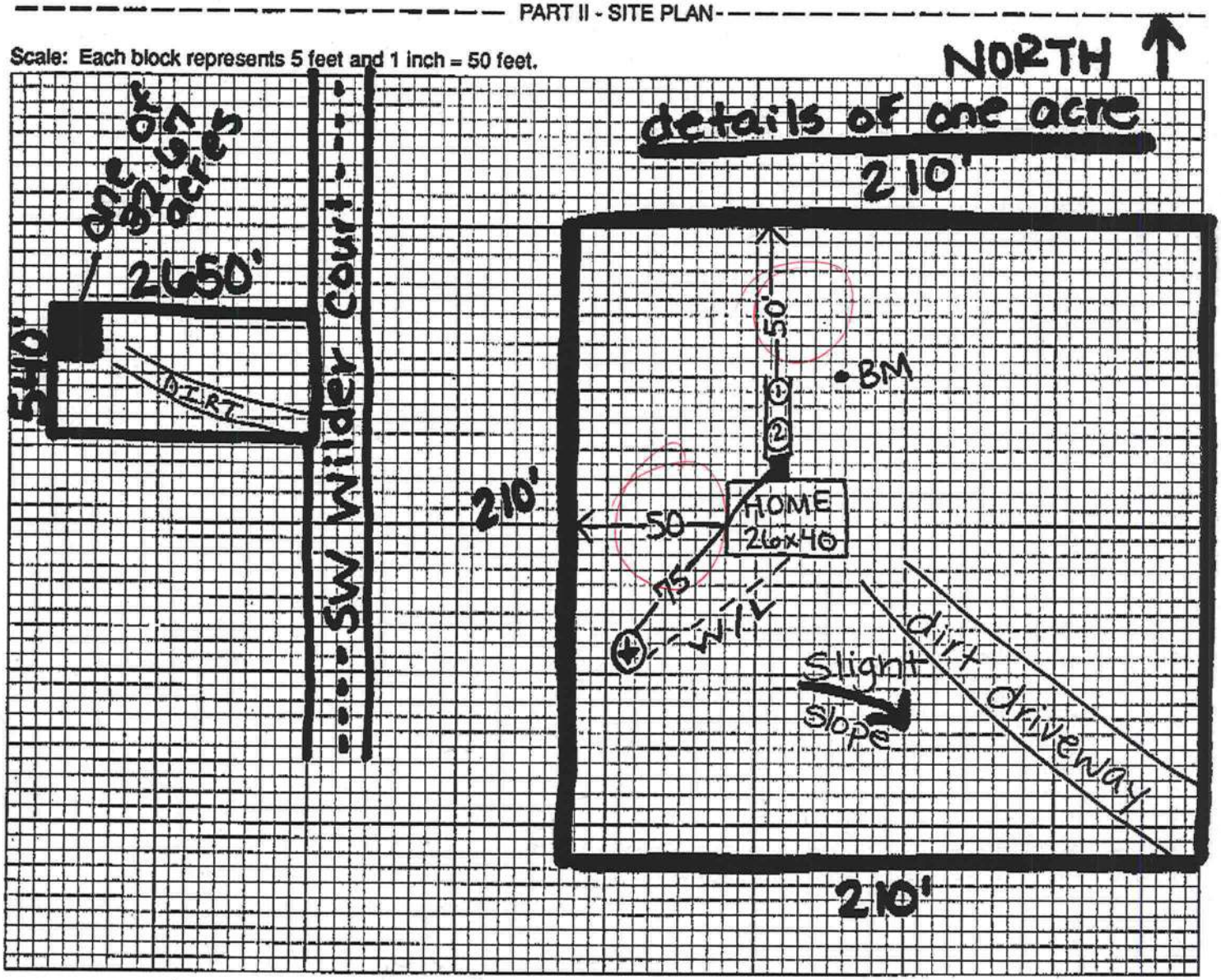
STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 11-0224-N

PART II - SITE PLAN

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



Notes: 1176 SW Wilder Court
Lake City, Florida 32024

Site Plan submitted by: R.C Ford (Signature) master (Title)

Plan Approved ✓ Not Approved ____ Date 5-5-11

By Sally Lord. Env Health Director

Columbia CHD

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT