	Building Permit	PERMIT
This Permit Expires One Ye	ear From the Date of Issue PHONE 454-4553	000025255
APPLICANT MARTY MINK ADDRESS 22127 S US HWY 41 #2	HIGH SPRINGS	– FL 32643
ADDRESS 22127 S US HWY 41 #2 OWNER MARTY MINK	PHONE 454-4553	32013
ADDRESS 22127 S US HWY 41 #14	HIGH SPRINGS	– FL 32643
CONTRACTOR STACY BECKHAM	PHONE 352-745-273	
· · · · · · · · · · · · · · · · · · ·	N THE LEFT, 2ND LOT ON RIGHT	-
TYPE DEVELOPMENT MH,UTILITY ES	STIMATED COST OF CONSTRUCTION	0.00
HEATED FLOOR AREA TOTAL AR	EA HEIGHT	STORIES
FOUNDATION WALLS	ROOF PITCH F	FLOOR
LAND USE & ZONING A-3	MAX. HEIGHT	35
Minimum Set Back Requirments: STREET-FRONT 30.00	REAR 25.00	SIDE 25.00
NO. EX.D.U. 14 FLOOD ZONE X	DEVELOPMENT PERMIT NO.	
PARCEL ID 15-7S-17-09994-000 SUBDIVISIO	ON TOUCH OF MINK MH PARK	
LOT 14 BLOCK PHASE UNIT	TOTAL ACRES	4.75
IH0000512	V L 1	0.
Culvert Permit No. Culvert Waiver Contractor's License Nu	mber Applicant/Owne	er/Contractor
EXISTING 06-1021-E BK	JH	N
Driveway Connection Septic Tank Number LU & Zoni	ng checked by Approved for Issuar	nce New Resident
COMMENTS: REPLACING MH IN EXISTING MH PARK		
		* . ***.*****
FLOOR ONE FOOT ABOVE THE ROAD		
FLOOR ONE FOOT ABOVE THE ROAD	Check # or (Cash 731
	Check # or 0	
		Cash 731 (footer/Slab)
FOR BUILDING & ZONII	NG DEPARTMENT ONLY	
Temporary Power Foundation date/app. by Under slab rough-in plumbing Slab	Monolithic date/app. by Sheathing	(footer/Slab) date/app. by
FOR BUILDING & ZONII Temporary Power Foundation date/app. by Under slab rough-in plumbing Slab date/app. by	Monolithic date/app. by Sheathing date/app. by	(footer/Slab) date/app. by
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NOTICE: IN ADDITION TO THE REQUIREMENTS OF THIS PERMIT, THERE MAY BE ADDITIONAL RESTRICTIONS APPLICABLE TO THIS PROPERTY THAT MAY BE FOUND IN THE PUBLIC RECORDS OF THIS COUNTY. AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.

"WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT."

This Permit Must Be Prominently Posted on Premises During Construction

PLEASE NOTIFY THE COLUMBIA COUNTY BUILDING DEPARTMENT AT LEAST 24 HOURS IN ADVANCE OF EACH INSPECTION, IN ORDER THAT IT MAY BE MADE WITHOUT DELAY OR INCONVIENCE, PHONE 758-1008. THIS PERMIT IS NOT VALID UNLESS THE WORK AUTHORIZED BY IT IS COMMENCED WITHIN 6 MONTHS AFTER ISSUANCE.

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

	For Office Hay O. I.
	AP# Date Received 11-21-06 Building Official OK > TH 11-20-06
	Date Received 11.20-04 By Fermit # 7 52-5
	Flood Zone Development Permit NO Zoning A-3 Land Use Plan Map Category A-3
	Existing mu Park - Replacing Existing m/H
	FEMA Map # Elevation Finished Fi
	FEMA Map # Elevation Finished Floor River In Floodway
1	Site Plan with Setbacks shown Environmental Health Signed Site Plan
Ł	☐ Well letter provided ☑ Existing Well Revised 9-23-04
	Property ID 15-75-17-09994-00 Must have a copy of the property deed
_	Used Mobile Home
•	Subdivision Information Touch of Mink, Lot 14
•	Applicant Stacy Beckham Phone # 357-745-2738
•	Address ADC Con Part
	Address - 164 ow farmer and happee City, 41. 2024
•	Name of Property Owner Marty Mark Phone# 454-4853
	911 Address 22/27 S US Hact 14 Had Samue & 2010
•	Circle the correct power company - FL Power & Light - Clay Electric
	(Circle One) - Suwannee Valley Electric - Progressive E
	Name of Owner of Mobile Home Many Min M Phone #
•	Address I none #
	Relationship to Property Owner
•	Current Number of Dwellings on Property
	Lot Size Total Acreage 4.75
	Do you : Have an Existing Drive or need a <u>Culvert Permit</u> or a <u>Culvert Waiver Permit</u>
•	Driving Directions 41 South just past CRTD8
	Touch of Mint Mobbe those Box
	is this Makila II.
-	Is this Mobile Home Replacing an Existing Mobile Home
•	Name of Licensed Dealer/Installer Stack Bouthand - 3215 1/2 1220
•	Installers Address Buly Su Porker LN Loke Ch A-32024
•	Lieuwall & Marroch
-	License Number 1/40005/2 Installation Decal #

PERMIT WORKSHEET

Electrical	ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER Installer Name Stay Deptem	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. Installer's initials	TORQUE PROBE TEST The results of the torque probe test is here if you are declaring 5' anchors without testing A test showing 275 inch pounds or less will require 4 foot anchors.	x/so x/so x/so	Using 500 lb. increments, take the lowest reading and round down to that increment.	 Test the perimeter of the home at 6 locations. Take the reading at the depth of the footer. 	POCKET PENETROMETER TESTING METHOD	The pocket penetrometer tests are rounded down to SCO psf or check here to declare 1000 lb. soil without testing.	POCKET DENETED TEST
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Connect all sewer drains to an existing sewer tap or septic tank. Pg.	C	Plumbina	source. This includes the bonding wire between mult-wide units. Pg.	Connect electrical conductors between multi-wide units, but not to the main power	
manufacturer's installation instructions and or Rule 15C-1 & 2	is accurate and true based on the	installer verifies all information given with this permit worksheet			

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

Installer Signature

Date

	PPS LIMINARY MOBILE HOME INSPECT	ION REPORT	(Call before)
	BY CIF IS THE M/H ON THE PROPERTY		
WHERS HAME <u>Lawrence</u>	Mink PHONE_	454-4553	(ELL
ODRESS ZZ 127 S	us Hwy Y/ High S	orings fc	32443
AOBILE HOME PARK Toucho t	MinkmH/_subdivision		
DRIVING DIRECTIONS TO MOBILE HOME_	441 south or	7 (C) ju	it after
778 go to of	sen area after la	le Barn	8
MOBILE HOME INSTALLER	y Bickhair PHONE		CELL
MOBILE HOME INFORMATION	.105		2.
MAKE Fleetwood	YEAR 94/95 14	x <u>7</u> &color	Bije
SERIAL No.	M-M-		,
WIND ZONE	Must be wind zone II or high	er NO WIND ZONE I	ALLOWED going
INTERIOR: (P or F) - P= PASS F= FAILED	INSPECTION STANDARDS	Fris	s myon to + 14
` ' / /	OPERATIONAL () MISSING		.*
) WEAK () HOLES DAMAGED LOCATION	•	
DOORS () OPERABLE			
) STRUCTURALLY UNSOUND		
WINDOWS () OPERA	BLE () INOPERABLE		
PLUMBING FIXTURES	() OPERABLE () INOPERABLE () MISSING		
CEILING () SOLID () HOLES () LEAKS APPARENT		
ELECTRICAL (FIXTURES	/OUTLETS) () OPERABLE () EXPOSED WIRING	() OUTLET COVERS MISS	ING () LIGHT FIXTURES MISSING
EXTERIOR: WALLS / SIDDING () L	OOSE SIDING () STRUCTURALLY UNSOUND () P	NOT WEATHERTIGHT () N	EEDS CLEANING
WINDOWS () CRACK	ED/ BROKEN GLASS () SCREENS MISSING() W	EATHERTIGHT	
ROOF () APPEARS SO	LID () DAMAGED		8 n
STATUS: APPROVED WITH CONDITION	* 2		• •
NOT APPROVED NEED REIN	SPECTION FOR FOLLOWING CONDITIONS		
ā		đ	
SIGNATURE		MILLIDED - 701	247 11.6
SIGNATURE		NUMBER 406	DATE

Attouch of Mink Inc. 22127 S. U.S. Huy 41 Now 16.06 High Springs, Fl. 32643 do. dl. voil Hwy. HI Francia II. YWH *14 39" Ho' देन, d (se **¾**√ #/ #11 117 #2 #10 F#3 44 # S #5 86



STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 06-1001-15 PART II - SITE PLAN Scale: Each block represents 5 feet and 1 inch = 50 feet. Votes: Site Plan submitted by: 2 communication Plan Approved Not Approved **County Health Department**

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

I Stay Beathan authorize
Monty mont to pick up
Jermitor for Lot #12 + #14

for mont my

A Mills 1/21/66