| DATE 11/30 |)/2006 | | • | Building Po | | PERMIT |
|---|--|--|--|--|---|---|
| APPLICANT | CAROLV | This Perm N PARLATO | nit Expires One Y | ear From the Date of PHONE | of Issue 963-1373 | 000025263 |
| ADDRESS | 7161 | 152ND ST | | - WELLBORN | 903-1373 | FL 32094 |
| OWNER | | AN POWELL | | PHONE | 904 378-1886 | 220). |
| ADDRESS | 244 | SW SUNSET WAY | | LAKE CITY | 701770 1000 | FL 32024 |
| CONTRACTO | | CHAEL PARLATO | | PHONE | 963-1373 | |
| LOCATION O | | | ON 252B TR ON TRO | Y RD, TL ON SUNSET | | |
| LOCATION | I I ROI ER | | ON RIGHT | , 12 01 001 021 | | |
| TYPE DEVEL | OPMENT | MH,UTILITY | ES | STIMATED COST OF CO | ONSTRUCTION | 0.00 |
| HEATED FLO | OR AREA | | TOTAL AR | EA | HEIGHT _ | STORIES |
| FOUNDATION | ٧ | WALI | LS | ROOF PITCH | FL | OOR |
| LAND USE & | ZONING | RSF-2 | | MAX | K. HEIGHT _ | |
| Minimum Set I | Back Requir | rments: STREET- | FRONT 25.00 | REAR | 15.00 | SIDE 10.00 |
| NO. EX.D.U. | 1 | FLOOD ZONE | <u>x</u> | DEVELOPMENT PER | MIT NO. | |
| PARCEL ID | 10-4S-16- | 02901-001 | SUBDIVISIO | ON TROY PINES AD | DITION | |
| LOT 1/2 | BLOCK | PHASE | UNIT | тот | AL ACRES | |
| | | | • | | | |
| | | | IH0000336 | Wess / | Last | dedust. |
| Culvert Permit N | No. | | ontractor's License Nu | | Applicant/Owner/ | |
| EXISTING | | 06-1020-E | BK | | H | Now Posident |
| Driveway Conn | ection | Septic Tank Number | LU & Zoni | ing checked by App | proved for Issuance | e New Resident |
| | ONTE POO | | D 000000000000000000000000000000000000 | NIEGD) (DIG) (II D) DI | | |
| COMMENTS: | | | D, SEC 2.3.8 NON-CO | ONFORMING MH PARK | , | |
| COMMENTS: REPLACING E | | | D, SEC 2.3.8 NON-CO | ONFORMING MH PARK | Check # or Ca | ash 6951 |
| | | ИН | | | Check # or Ca | |
| REPLACING E | XISTING N | ИН | ILDING & ZONII | NFORMING MH PARK | Check # or Ca | ash 6951 (footer/Slab) |
| | XISTING N | ИН | | | Check # or Ca | (footer/Slab) |
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| REPLACING E Temporary Pow | XISTING M | FOR BU | Foundation Slab | NG DEPARTMENT | Check # or Ca | (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

| Fo | or Office Use Only (Revised 9-22-06) Zoning Official K22/1.06 Building Official 40 //-2200 |
|----------|---|
| AF | P# 0611.39 Date Received 11-20-06 By Permit # 25263 |
| 1 | ood Zone Development Permit <i>NA</i> Zoning <u>RSF</u> ZLand Use Plan Map Category <u>Res.la-0</u> e |
| Co | omments Section 2.38 Non-conforming MH Park Replacing Existing MH |
| No | reds New Parcol ID # these 2/0 to were sold from it total of 5 /0 ks. |
| FE | MA Map# Elevation Finished Floor River In Floodway |
| <u>/</u> | Site Plan with Setbacks Shown 🕟 🖽 Signed Site Plan 🗆 EH Release 🗆 Well letter 🎜 Existing well |
| JA C | Copy of Recorded Deed or Affidavit from land owner 🛘 🗆 Letter of Authorization from installer |
| MAS | State Road Access Parent Parcel # 0 2901-000 = STUP-MH |
| | Loto 142 of Block E |
| Prop | perty ID # 10-45-16-02901-00 Subdivision Troy Pines Addition |
| | New Mobile Home Used Mobile Home Year_ 1991 au 9 |
| | |
| | Applicant Section Phone # 963-1373 |
| • | Address 716/152nd St. Wellbonu, Fl 32094 |
| • | Name of Property Owner Jonathan Lee 18well Phone# 904-378-1886 |
| - (| 911 Address 244 Sw Surset Way Lella City for 32024 |
| | Circle the correct power company - FL Power & Light - Clay Electric |
| | (Circle One) - Suwannee Valley Electric - Progress Energy |
| | |
| - 1 | Name of Owner of Mobile Home <u>Jorathan Lee Paul</u> Phone # 904-378-1886 |
| 4 | Address 744 5W Sunset Way Lave City, 71 32024 |
| • | Relationship to Property Owner Dome |
| - (| Current Number of Dwellings on Property |
| | Lot Size Total Acreage |
| | 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) |
| • 1 | s this Mobile Home Replacing an Existing Mobile Home |
| - [| Driving Directions to the Property How 90 100st to 2528 Trum (Cat) |
| _ | so to "Tray" Turn B) so to "Sw Surset Was" Turns |
| Č | Get 4th lot on the Right |
| _ | |
| | |
| - 1 | Name of Licensed Dealer/Installer <u>Michael J. Karlato</u> Phone # <u>963-1373</u> |
| • 1 | nstallers Address 1161 152nd 54. Wellborn, Fl 32094 |
| | |

| | marriage wall piers within Z of end of Troma per Rule 15C | | Typical pier spacing 2' Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations) | out on vide sk | Address of home being installed Manufacturer Length x width | PERMIT NUMBER Installer Michael J. Jarlato License # TH0000336 |
|--|---|--|--|----------------------------|---|---|
| within 2' of end of home spaced at 5' 4" oc Compositudinal Stabilizing Device (LSD) Longitudinal Stabilizing Device w/ Lateral Arms Manufacturer Wantage wall Manufacturer Manufacturer Manufacturer Manufacturer | raw the approximate locations of marriage all openings 4 foot or greater. Use this ymbol to show the piers. arriage wall openings greater than 4 foot pier pad sizes below. Pier pad size 13 1/4 × 26 × 20 × 20 × 20 × 27 × 24 × 24 × 24 × 24 × 24 × 24 × 24 | POPULAR PAD SIZE Pad Size 16 × 16 18.5 × 18.5 16 × 22.5 17 × 22 | size size | PIER SPACING TARI E FOR US | Home is installed in accordance with Rule 15-C Single wide | New Home Used Home 🔟 Home installed to the Manufacturer's Installation Manual |

PERMIT NUMBER

POCKET PENETROMETER TEST

or check here to declare 1000 lb. soil The pocket penetrometer tests are rounded down to without testing 1500 bst

X Stage

Space

Space X

POCKET PENETROMETER TESTING METHOD

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

Sport X

X

X Dogo

TORQUE PROBE TEST

showing 275 inch pounds or less will require 5 foot anchors. here if you are declaring 5' anchors without testing The results of the torque probe test is 986 inch pounds or check

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 holding capacity.

Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Date Tested

3 Croc

11-14-06

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. 7

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

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

Site Preparation

ا Water drainage: Natural Debris and organic material removed Swale

Pad

Other

Fastening multi wide units

Walls: Type Fastener: Type Fastener:

Roof Floor:

Type Fastener Length: Length

Spacing: Spacing: Spacing

will be centered over the peak of the roof and fastened with galv. For used homes a min. 30 gauge, 8" wide, galvanized metal strip roofing nails at 2" on center on both sides of the centerline

Gasket (weatherproofing requirement)

a result of a poorly installed or no gasket being installed. I understand a strip of tape will not serve as a gasket homes and that condensation, mold, meldew and buckled marriage walls are l understand a properly installed gasket is a requirement of all new and used

Type gasket

\ Installed:

Installer's initials

Between Walls Yes Bottom of ridgebeam Yes Between Floors

Weatherproofing

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

Miscellaneous

Dryer vent installed outside of skirting. Yes Range downflow vent installed outside of skirting. Range downnow vent in wateried intervals. Yes C Skirting to be installed. X X

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

Installer Signature ______ manufacturer's installation instructions and or Rule 15C-1 & 2

Date 11-16-06

165.36 to be turned existing sw 245 totz wtl Moved with off this lot to lot 2 M x ko JUNIOUT **3**00

1

| 1 8/1 Nov | . 7. 200614 1:58PM | M752FREEDOM HOMES | SERVICE TITLE C | offices LLC | No.6480 ₽ P. 5 | 05/08 |
|------------------|--|--|---|--|--|-------|
| Sep | -21 - 2006 3:47PM | FREEDOM HOMES | SERVICE | 2040 | No.5331 P. 4 | |
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| | | req. | <i>,</i> • | | · | |
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| £* · | Date of this Document | 8-7-01 | • | | | |
| | | ٠٨ | | | 9 Y | |
| * | Reference Number of | A∴y Related Documents: _ | | | | · |
| | Grantor; | W. | , | 24 | | |
| | -050 | ORATHY T | 0 94.41 | LNG TON | • | • |
| | Street Address | 774 510 5 | SUN SIME | MAY | , | |
| • | City/State/Zip | AKE ELLY | Eb 32 | 994 | | |
| | Grantee; | | **C | | | |
| | St 2.4 | WAHTAKE | LES | POWELL | · | |
| | Street Address 2 | 343347 | しいらきて | | | |
| * :f1, | City/State/Zip | AKE CITY | V FL | 32024 | | |
| | - 1 | 堂, | | | ž. | |
| •0 | Abbreviated Legal Des | cription (i.e., lot, block, pla | t orsection, township | , range, quarter/quarter | or unit, building and | . • |
| • | condo name): 1.07 | | block E | FROY PIN | S. ADDITIO | N |
| | Assessor's Property Tax | Parcel/Account Number(s |): 10-N5-1 | 6-02901- | 000 | |
| | ************************************** | ···· 1,4444a411fi le re-zheferhangearenn sever | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| | THIS QUITCLAIM DE | ED, executed this | 7 + 2 | _day of _A.u.a.u. | SI | |
| | | y, Grantor, DoRoy | | LAKE CITY | FL 3202 to | |
| | | TONATHAN | L. Powel | | 7 | ı |
| | whose mailing address | 13274 560 S | huset u | NY LAKE C | TY FL 32024 | • |
| | WITNESSETH that the | said first party, for good | consideration and for | the sum of # 110. | 0 | , |
| | 8-044 /C T/G/ | paid by the seese and quitclaim unto the | aid terong barry, the I | Stein Si 1081801 Millian Inional | by acknowledged, e. interest and claim. | |
| | goes nereby remise, rel | lease and quitciaim unto ti | ie sein servin haith i | Alazell au ene dilinal più | A men and and | |

| thereta in the County of _ | COLUMBIA | | tate of F | | |
|-----------------------------|--------------------------------------|-------------------------------|---------------------------------|------------------------------------|----------|
| to witi LOT LA | LOT 2 BLO | DCK ETR | ON BINE | A DDITE | 200 |
| | | | | | - |
| | - 6 | | | ' | - |
| IN WITNESS WHEREOF, # | re said first party as signed | and sealed these presen | ts the day and year firs | written above. Signed | l. |
| sealed and delivered in the | presence of: | ^ | | | |
| Manahum akhilikasa | Van er | Di Carl | | | |
| Signature of Witness | | auge D. | COOK | ` , | |
| Print Name of Witness | 1000 | 7 | | 180 | |
| Signature of Witness | YWKIR |) | | * | |
| Print Name of Witness | Tryvohna | Coler | | 2 2 | |
| | D. week | a Haran | += | | |
| Signature of Grantor | DOROTHY | the second name of the second | NETON | G a | |
| Print Name of Grantor | HEROLAT | NO TO STANK | 1000 | e. | |
| State of Floric | a: #lo\ | <i>}</i> ~ | | | |
| County of Culum | 21 (L. 1) | 19 | | | |
| Amet | 7. 2006 befor | SULVIA | Shoppu | つ゛. | |
| annanced [J [W/W | עוד עצרש בו האברודים בו נע | | PERSONAIN MIV | MAILTA HIS IN THAICA | • |
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| and that by his/her/their s | sighature(s) on the instrum | nent the person(s), or the | e entity upon behalf | of which the | م. ده |
| person(s) acted, executed | the instrument | 6 | 9 | | |
| WITNESS my hand and of | Ticial seel. | | | • | 47. |
| 30.3 | coa D | | , | 19 | |
| Signature of Notary |)V | 1,1 | • | • X | |
| | 2 | SYLVIAT. SHE | PARD | | |
| Afflant Known | Produced ID | WA COWWISHING | 1,4010 | 10 | |
| Type of ID | | MANUAL IL MANUAL | | ¥ | |
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2 of 1

(1540-) - Birr (gip) □ 1002 Zotraku Mchir (176

DC,P.DeWitt Ceson,Columbia County B:1040 P:2711

Inst:2005006352 Date:03/17/2005 Time:14:38 Doc Stamp-Deed : 173.00

Quitclaim deed

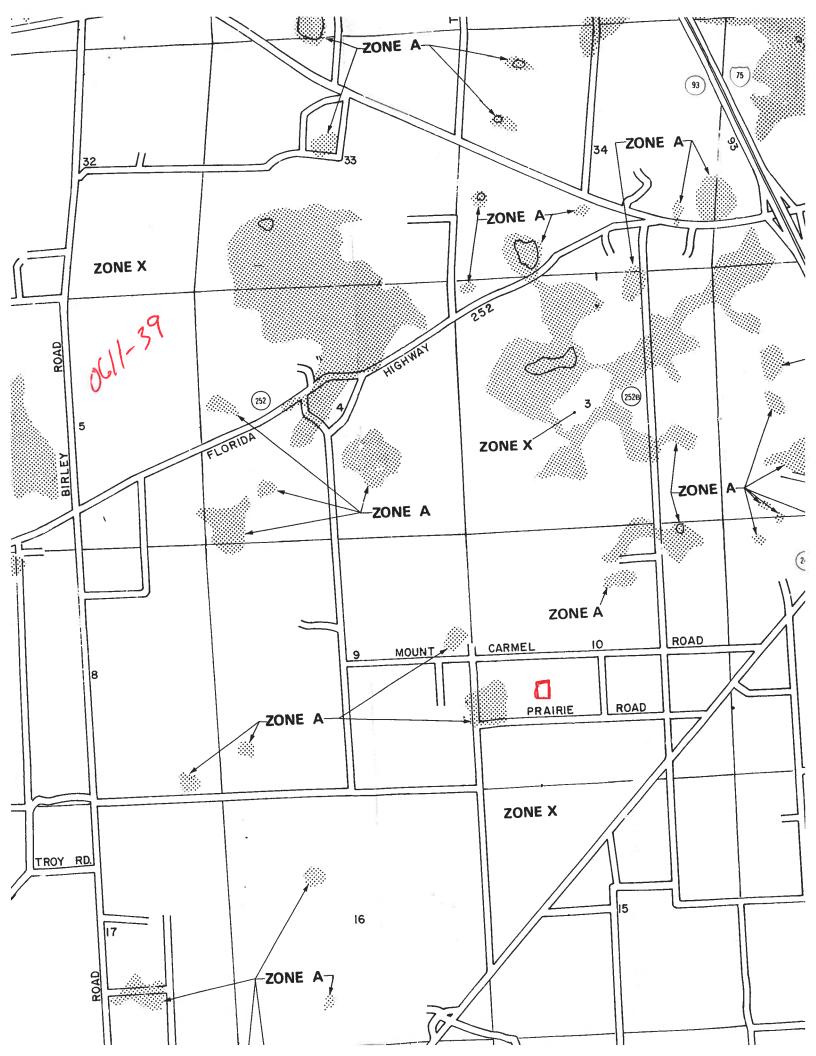
THIS QUITCLAIM DEED, executed this 23rd day of December 2004, by first party, Grantor, Central Suptist Cintral (SED 1D#62-0593639) whose post office address to second party, Grantes, Dorothy Hamilgian (a single woman) whose post office address is 274 SW Samet Way, Lake City, FL 20024. a(a single women) whose post office address

WITHERETH, That the said that party, for good consideration and for the sum of Twenty-Five Thousand Dollans (\$25,000.00) paid by the said second purty, the receipt whereof is hereby actiowiedged, does feasiby remise, roleans and quiteleins unto the said second party, forever, all the right, title statest and claim which the said first party has in end to the following described perceipt feast, and improvements and appartmentees thereto in the County of Cohumbia, States Florida to wit:

Township 4 South, Range 16 HAST Section 10: Lots 1,2,3,4 and 5 of Block B of Troy Pines Addition was recorded in Platt Book 3, Page 90 public records of Columbia County, Florida. REPERENCE is made for prior title to Dead moorded in Book 309, Page 520, in the official Records of Columbia County, Plotida. SUBJECT TO Governmental zoning and regulations in effect therein.

IN WITNESS WHEROF. The mild first

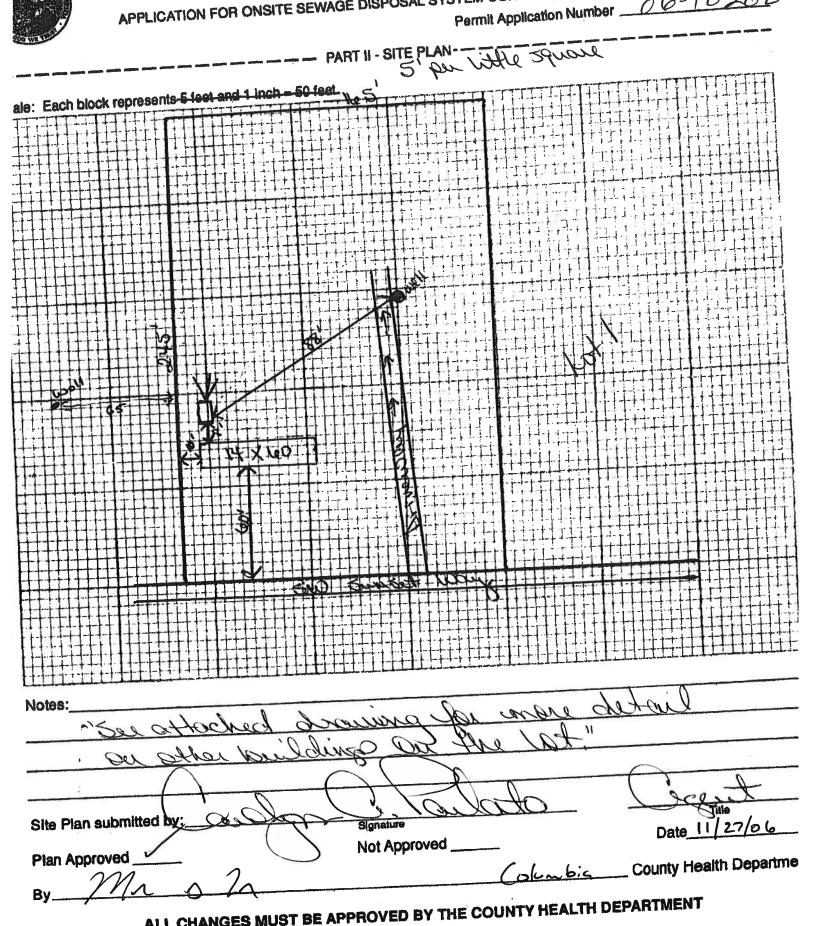
| day and year first above writte | o. Signed, scaled an | delivered in pr | erdico ofi Presenta di | a |
|---|--|--------------------------------------|---------------------------|---------------|
| Signamure of Withess: | What & Am | tt Q | • • | • |
| Print name of Witness | Alfred | FE. S | mith Jr | |
| Signature of Witness: | ALIL | | | |
| Print name of Witness: | Paris F. | Tuemen | | 11 |
| Central Bart: Signature of Fina Party: Ke | Chianal | ua | Business | Manager . |
| Print name of First Party: | Denise (| Craia | | _ 0 |
| Signature of Second Party: | | J | | - |
| Print name of Second Party: | 133 | | | - |
| Signature of preparer: | | | | |
| rint pette of properie. | 100 | * | | • |
| Address of preparer | | | • | |
| lasts of Tennessee County of Hamilton | 15 8 14 12 3 13 15 2 94 | | 8 | |
| n December 23, 200 | store mo Ga' | 1 S. Ph | lie= | • |
| present Denise Crain emonally known to me(or prov | ed to the on the best | of antiafhetory | released to be the | |
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| y his/hos/their eignature(s) on this his person(s) acted, seese | 10 instrument the nex | POD(s), or the ed | tity apan behalf of | STATE |
| ATNESS my hand and official | . 00 | | | TENNESSEE |
| Ignature of Notary | 7" | • | . I | E PUBLIC |





STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT 06-1020E Permit Application Number ____



P AIMINARY MOBILE HOME INSPECTION REPORT

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