	One Year From the Date of Issue 000022666 PHONE 497-2311
APPLICANT ROCKY FORD	PHONE 497-2311 FT. WHITE FL 32038
ADDRESS P.O. BOX 39	
OWNER ELLEN ACEVEDO	
ADDRESS 567 SE POUNDS HAMMOCK ROAD	The state of the s
CONTRACTOR TERRY THRIFT	PHONE 623-0115
LOCATION OF PROPERTY 90E, TR ON 100, TURN LEFT	ON POUNDS HAMMOCK ROAD, 3RD HOUSE ON
TYPE DEVELOPMENT MH,UTILITY	ESTIMATED COST OF CONSTRUCTION .00
HEATED FLOOR AREA TOT	TAL AREA HEIGHT00 STORIES
FOUNDATION WALLS	ROOF PITCH FLOOR
LAND USE & ZONING A-3	MAX. HEIGHT
Minimum Set Back Requirments: STREET-FRONT	30.00 REAR 25.00 SIDE 25.00
NO. EX.D.U. 1 FLOOD ZONE X	DEVELOPMENT PERMIT NO.
PARCEL ID 12-4S-17-08324-000 SUB	DIVISION
LOT BLOCK PHASE U	NIT TOTAL ACRES4.77
IH0000036	Roch & 7
Culvert Permit No. Culvert Waiver Contractor's Lice	
EXISTING 04-1247-R B	K RK N
Driveway Connection Septic Tank Number LU	& Zoning checked by Approved for Issuance New Resident
COMMENTS: ONE FOOT ABOVE THE ROAD	
	Check # or Cash 10247
FOR BUILDING & 2	ZONING DEPARTMENT ONLY
FOR BUILDING & 2 Temporary Power Foundation	ZONING DEPARTMENT ONLY (footer/Slab)
	ZONING DEPARTMENT ONLY (footer/Slab)
Temporary Power Foundation	ZONING DEPARTMENT ONLY Monolithic Monolithic
Temporary Power Foundation date/app. by Under slab rough-in plumbing date/app. by	ZONING DEPARTMENT ONLY (footer/Slab) Monolithic date/app. by date/app. by
Temporary Power Foundation date/app. by Under slab rough-in plumbing date/app. by Framing Rough-in plum	ZONING DEPARTMENT ONLY (footer/Slab) Monolithic date/app. by Slab Sheathing/Nailing date/app. by mbing above slab and below wood floor
Temporary Power Foundation date/app. by Under slab rough-in plumbing date/app. by Framing Rough-in plum date/app. by Electrical rough in	ZONING DEPARTMENT ONLY Monolithic date/app. by date/app. by Slab Sheathing/Nailing date/app. by mbing above slab and below wood floor date/app. by
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Columbia County Building Permit

PERMIT

DATE 01/05/2005

"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

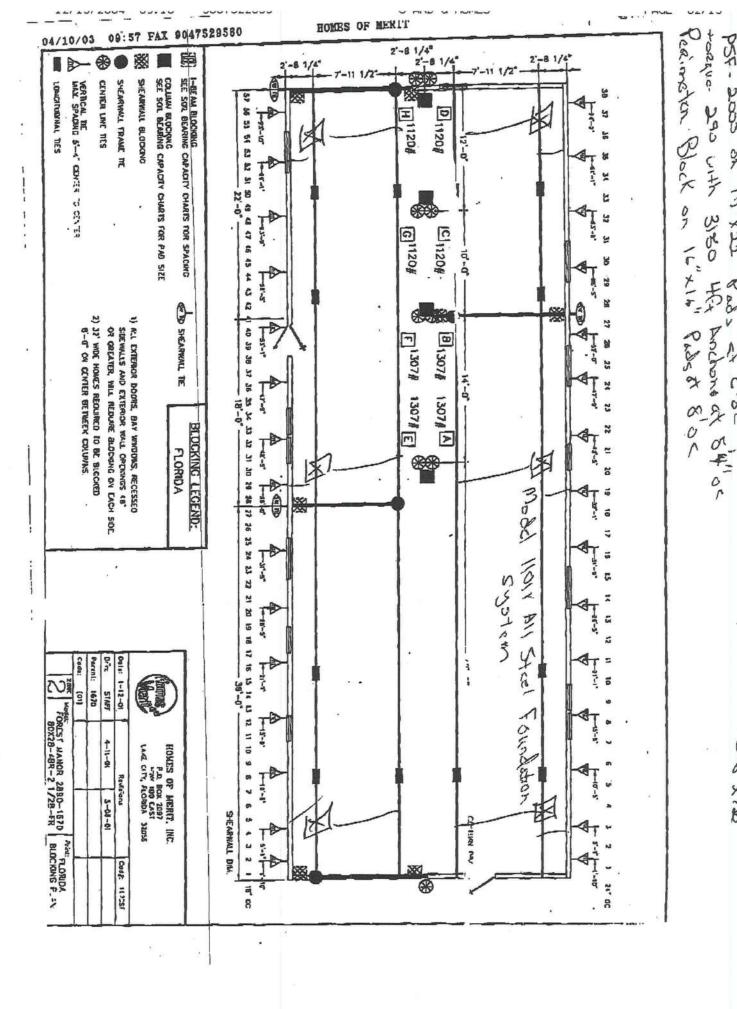
PLEASE NOTIFY THE COLUMBIA COUNTY BUILDING DEPARTMENT AT LEAST 24 HOURS IN ADVANCE OF EACH INSPECTION, IN ORDER THAT IT MAY BE MADE WITHOUT DELAY OR INCONVIENCE, PHONE 758-1008. THIS PERMIT IS NOT VALID UNLESS THE WORK AUTHORIZED BY IT IS COMMENCED WITHIN 6 MONTHS AFTER ISSUANCE.

The Issuance of this Permit Does Not Waive Compliance by Permittee with Deed Restrictions.

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION Building Official KK 1-5-04 Zoning Official BLK 30.12.04 For Office Use Only 04/2-78 Date Received 12/28/04 By 67 Permit # Development Permit // Zoning / Land Use Plan Map Category / -3 Comments Finished Floor ____ River ___ in Floodway _ ☐ Well letter provided ★ Existing Well Property ID 12-45-17-08324-000 Must have a copy of the property deed Used Mobile Home Year 05 New Mobile Home Subdivision Information NA Applicant Dale Burd or Rocky FORD Phone # 386-497-2311 Address PO Box 39 Ft White Fla 3203& Name of Property Owner Ellen Acevedo Phone# 752-1501 567 SE Pounds Alammous 911 Address___ Circle the correct power company FL Power & Light -Suwannee Valley Electric -Progressive Energy (Circle One) -_ Phone #_ Address __ Current Number of Dwellings on Property 1 to Sta REPLACED Total Acreage 4017 Lot Size Do you : Have an Existing Drive or need a Culvert Permit or a Culvert Waiver Permit rounds 100 to Driving Directions _ on Left House 3rd Is this Mobile Home Replacing an Existing Mobile Home 1965 Name of Licensed Dealer/Installer Terry L. Thrift Phone # (386) 623-0115 Installers Address 448 NW Nage - Hantra Da LAKE City License Number 14-000036 Installation Decal # 235286

PERMIT NUMBER

		#		
ical conductors between icludes the bonding wire leading wire an existing swer drains to an existing sable water supply systems. Pg.	ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER Installer Name CRR	The results of the torque probe test is	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. X2020 X2000 X2000 X2000 X2000 X2000	POCKET PENETROMETER TEST The pocket penetrometer tests are rounded down to 2.000 psf or check here to declare 1000 lb. soil without testing. X2.000
10 10 901	Skirting to be installed So as not to allow intrusion of rain water. \(\(\frac{1}{2} \) \\ Skirting to be installed. \(\frac{1}{2} \)		d-hornes -a-min. 34 entered over the penals at 2" on cents and 2" on cents alled gas perly installed or no gas installed or no gas ve as a gasket.	Debris and organic malerial removed Water drainage: Naturel Swale Pad Other Fastwring multi wide units Floor: Type Fastener Assay Length: Spacing: 32 6 1 Walls: Type Fastener: Skohos Length: Spacing: 32 6 1 Roof: Type Fastener: Skohos Length: Spacing: 32 6 1



Accredo. de xil

DZ- 7000 or 12, x27, 6 99 54 C, 000

	DEPARTMENT OF HEALTH	ONSTRUCTION PERMIT
APPLICATION FOR ONS	The state of the s	cation Number
	PART IL-SITEPLAN	
ale: 1 inch = 50 feet.		
A A MELL TYS	At Pool WELL	C to see it sop
1600 PCO	BUN STOPE	
20°	535 Water	
Notes:		
		MASTER CONTRACTOR
Site Plan submitted by: Plan Approved	Not Approved	DateCounty Health Departmen
Ву	IST BE APPROVED BY THE COUNT	

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DH 4015, 10/96 (Replaces HRS-H Form 4016 which may be used) (Stock Number: 5744-002-4015-6). Page 2 of

PURCHASE AGREEMENT

DATE OF BIRTH HIM: HER:



Hwy. 90 West Lake City, Florida

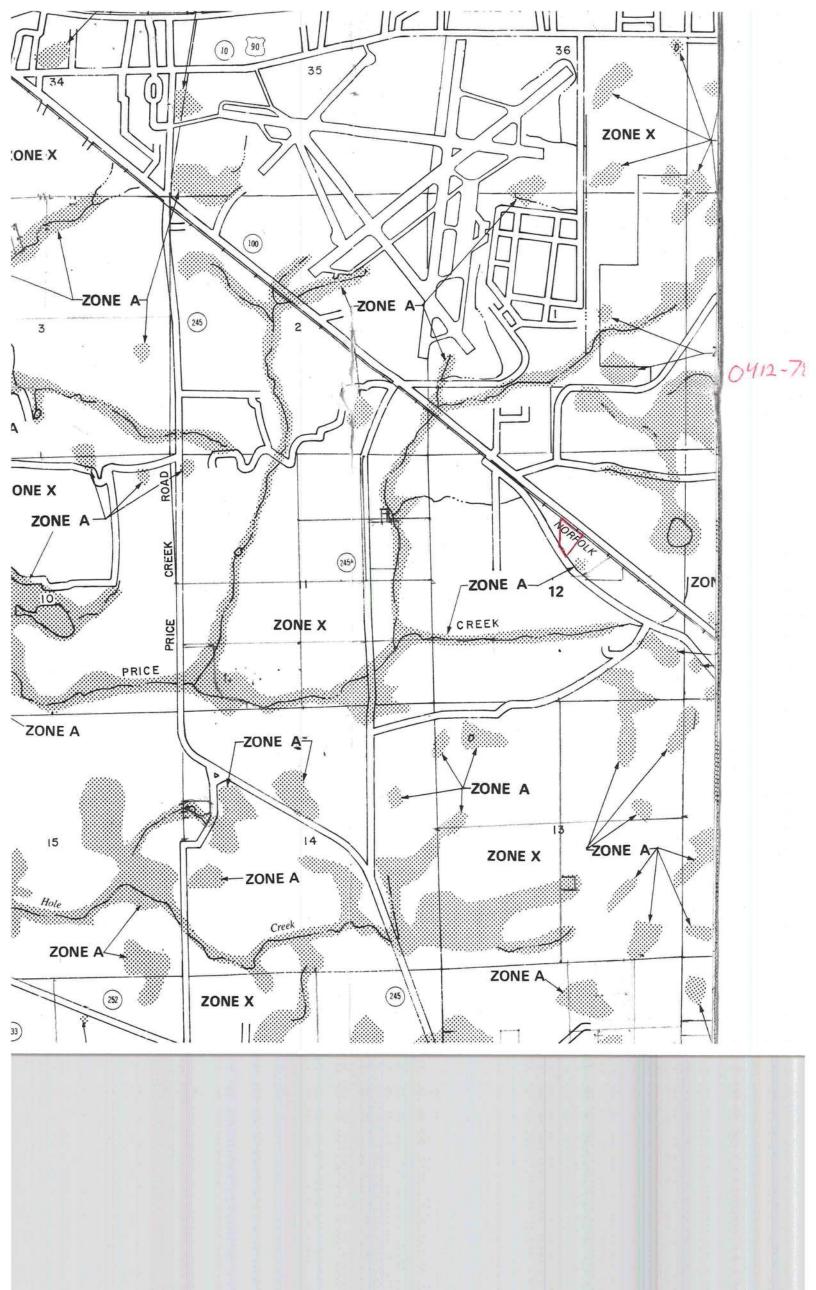
> 752-3743 of 752-3744

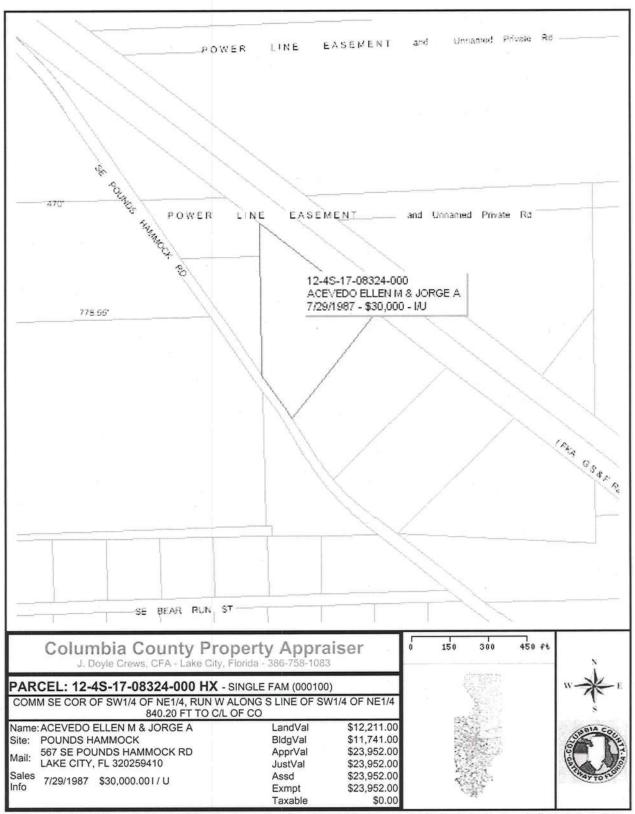
DRIVER'S LICENSE HIM: HER:

C & G MANUFACTURED HOMES, INC.

Locally Owned and Operated

O d d minitorina		/ \ > ===			E11-10-04
OLD TO BORDE & Ellen Ocevado		(386)-752	-185	025	11-10-01
7 0'0 D 1 11 V	6	Take City of	141	SALESMA	N 3001/
DDRESS 567 S.F. Pounds Hamman K.c. Subject to the Yerms and Conditions Stated on Both Sides of this Agreedment Seller Agreement	ent Seller Agrees to	Sell and the Purchase Agre	es to Purcha	se the Following D	escribed Property: STOCK NUMBERS
	22005	B. ROOMS FLOOR S	DE 1	HITCH SIZE	STOCK NUMBERS
TOMAS OR MARTIT (2870)4	POSED IVERY DATE	4 11.76 W	KEY NUM	HITCH SIZE W 23 BERS	HUD label number
USED			PRICI	E OF UNIT	s 73, 200,00
OPTIONAL EQUIPMENT, LABOR AND ACCESSORIES	, -	OPTIONAL EQUIPME			2,000.00
		COST OF SET-UP PA	BTS	UD TOD	8000
SET -UP - 4 ton heat pump		COST OF SET-OF 17	SU	B-TOTAL	
Std Skitch - Coda Skeps		SALES TAX			4,39200
					50.00
		NON	-TAXA	BLE ITEMS_	450.00
TATTAL DUMPE AD ONLY		VARIOUS FEES AND	INSUR	NCE	an Guall
Stiller agges to day		L CASH PRICE			\$ 80,94200
NOT 10 00 00 000 000 000 000		TRADE-IN ALLOWANCE LESS BAL. DUE ON ABOVE	\$		
The state of the s		ON ABOVE	\$		-
		NET ALLOWANCE	-		
		CASH DOWN PAYMENT CASH AS AGREED SEE "REMARKS"	s		
		2. LESS TOTAL CRED	1		
		The same of the sa		CAL E DOICE	s
		3. UNPAID BALANCE			
		Title to said equ	inment	shall rema	in in the Seller until
		the sarped pure	hase ni	ice theretor	ris paid in iuii 🗀 iii
		cash or by the	executi	on of a L	Hetaii installment
		Contract or a S	Security	Agreement	and its acceptance
		by a financing a	nancy:	thereupon	title to the within de-
		ecribed unit has	ses to t	he buyer as	of the date of entire
		full cash navme	nt or on	the signing	of said credit instru-
		ments even tho	ugh the	actual phys	sical delivery may not
		be made until a	later de	ate.	
		IT IS MUTUAL IV UN	DERSTOO	THAT THIS A	GREEMENT IS SUBJECT TO
		NECESSARY CORRE	CTIONS, A	ND ADJUSTMEN	ITS CONCERNING CHANGES
		IN NET PAYOFF ON T	RADE-IN TO	BE MADE AT T	HE TIME OF SETTLEMENT.
		s.s.# /	1	Name	
		3.5.4	•		
		S.S.# /	1	Name	
BALANCE CARRIED TO OPTIONAL EQUIPMENT \$		There is no seeil	rance a	mobile home	can remain level wher
DESCRIPTION OF TRADE-IN YEAR		placed, upon any	surface	other than of	DISCREOP OF CURICIPIES.
GEODOGHE SIZE					n the back hereof has been
MAKE MODEL BEDROOMS X					
TITLE NO SERIAL NO COLOR		have been legally at	mancipated	di inal ine within	and Insurance If included, ha
AMOUNT OWING TO WHOM			nine on chie	CODIFFECT OR DOT	bove. Purchaser agrees each front and back is severable;
TRADE-IN DERT TO BE PAID BY DEALER CUSTOM	IER	one portion thereof is in full force and affect	a lavalid the	e remaining port	ion shall, novertheloss, remai
TRADE-IN DEBT TO BE PAID BY DEALER CUSTOM	1. 08 1	NE, HEREBY ACKNO	WLEDGE	RECEIPT OF	A COPY OF THIS ORDER
1010	,				
	ALEA			1	
Alex Vallet Unlace Signed and Accented by an officer of the Company	SIG	NFD Y		1	PURCHASER





This information, GIS Map Updated: 10/8/2004, 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.

http://appraiser.columbiacountyfla.com/GIS/Print_Map.asp?pjbnlkplhgmeclpofffddhfacb... 12/30/2004

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	STATE OF FLORIDA
APPLICATION FOR ONSI	DEPARTMENT OF HEALTH
M. I. COMMON HOR COMM	7
	Permit Application Number 04-10415
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Scale: 1 Inch = 6 feet.	
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Notes:	
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	1120
Sits Plan submitted by:	MASTER CONTRACTOR
Plan Approved V	Not Approved Date 1-3-04
By Salli Grandy - 50-1	210.010
	County Health Department
ALL CHANGES MUST R	E APPROVED BY THE COUNTY HEALTH DEPARTMENT
DH 4015, 1660 (Replaces HRS-H Form 4019 which an (Block Manuber, 5746-582-4616-5)	Page 2 of 4
C 29.04 19:37 No.018 P.02	COL. CO. HEALTH DIPT. ID:386-758-2187 DE
	20 20 20 302 41 10 HE 101 HE 1

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