

DATE 04/23/2004

Columbia County Building Permit

PERMIT

This Permit Expires One Year From the Date of Issue

000021778

APPLICANT TAMMIE WILLIAMS PHONE 386 362-4948
ADDRESS 10314 US 90 EAST LIVE OAK FL 32060
OWNER MRVN & CHARLOTTE GRIFFIS PHONE 386 497-4739
ADDRESS 779 SW TEXAS LANE FT. WHITE FL 32038
CONTRACTOR JERRY CORBETT PHONE _____

LOCATION OF PROPERTY 247, TL ON 137, TL ON 27, TL UTAH, TR ON NEWARD, TL ON
MONTANA, TL ON DRAKE, TL TEXAS LANE, LAST LOT ON RIGHT

TYPE DEVELOPMENT MH, UTILITY ESTIMATED COST OF CONSTRUCTION .00

HEATED FLOOR AREA _____ TOTAL AREA _____ HEIGHT .00 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. 0 FLOOD ZONE X DEVELOPMENT PERMIT NO. _____

PARCEL ID 24-6S-15-01437-033 SUBDIVISION THREE RIVERS ESTATES

LOT 33 BLOCK 2 PHASE _____ UNIT 23 TOTAL ACRES .86

DIH000022 Jamie C. Williams
Culvert Permit No. _____ Culvert Waiver _____ Contractor's License Number _____ Applicant/Owner/Contractor _____
EXISTING 04-0355-N BK RK Y
Driveway Connection _____ Septic Tank Number _____ LU & Zoning checked by _____ Approved for Issuance _____ New Resident _____

COMMENTS: ONE FOOT ABOVE THE ROAD

Check # or Cash 14194/14195

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

Temporary Power _____ Foundation _____ Monolithic _____
date/app. by _____ date/app. by _____ date/app. by _____
Under slab rough-in plumbing _____ Slab _____ Sheathing/Nailing _____
date/app. by _____ date/app. by _____ date/app. by _____
Framing _____ Rough-in plumbing above slab and below wood floor _____
date/app. by _____ date/app. by _____
Electrical rough-in _____ Heat & Air Duct _____ Peri. beam (Lintel) _____
date/app. by _____ date/app. by _____ date/app. by _____
Permanent power _____ C.O. Final _____ Culvert _____
date/app. by _____ date/app. by _____ date/app. by _____
M/H tie downs, blocking, electricity and plumbing _____ Pool _____
date/app. by _____ date/app. by _____
Reconnection _____ Pump pole _____ Utility Pole _____
date/app. by _____ date/app. by _____ date/app. by _____
M/H Pole _____ Travel Trailer _____ Re-roof _____
date/app. by _____ date/app. by _____ date/app. by _____

BUILDING PERMIT FEE \$.00 CERTIFICATION FEE \$.00 SURCHARGE FEE \$.00

MISC. FEES \$ 200.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 34.02 WASTE FEE \$ 73.50

FLOOD ZONE DEVELOPMENT FEE \$ _____ CULVERT FEE \$ _____ TOTAL FEE 357.52

INSPECTORS OFFICE [Signature] CLERKS OFFICE CH

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 INCONVENIENCE, 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

For Office Use Only

Zoning Official

BK 22.04.04

Building Official

BK 423-04

AP#

0404-56

Date Received

4/15/04

By

JW

Permit #

21778

Flood Zone

X

Development Permit

N/A

Zoning

A-3

Land Use Plan Map Category

A-3

Comments

- ☒ Site Plan with Setbacks shown ☒ Environmental Health Signed Site Plan ☒ Env. Health Release
☒ Need a Culvert Permit ☒ Need a Waiver Permit ☒ Well letter provided ☐ Existing Well

* WFO 100-074

Existing Well

- Property ID 24-6S-1S-01437-033 Must have a copy of the property deed
- New Mobile Home _____ Used Mobile Home Destiny Year 1997
- Subdivision Information Lots 33 ~~33~~ Block 21 Three Rivers Estates
UNIT 23
- Applicant Tammie Williams Phone # 386-362-4948
- Address 10314 US 90 East Live Oak FL 32060
- Name of Property Owner Marvin & Charlotte Griffiths Phone # 386-497-4739
- 911 Address 783 SW Texas Lane FT White, FL 32038
- Name of Owner of Mobile Home Same Phone # _____
- Address _____
- Relationship to Property Owner Same
- Current Number of Dwellings on Property 1
- Lot Size 100 x 375 Total Acreage 0.86
- Explain the current driveway Existing
- Driving Directions go west to 247 go 15 miles to 137 Turn left go 7 miles to US 27 Turn left go 2 1/2 miles to 3 rivers estates on right Turn left on Utah turn rt on Newark LT on Montana to ²⁷ Drake to Texas
- Is this Mobile Home Replacing an Existing Mobile Home No
- Name of Licensed Dealer/Installer Jerry Corbett Phone # 386-362-4948
- Installers Address 10314 US Hwy 90 East Live Oak, FL 32060
- License Number DIH 000022 Installation Decal # 215774

14195

CK# 14

194

COLUMBIA COUNTY 9-1-1 ADDRESSING

263 NW Lake City Ave. * P. O. Box 2949 * Lake City, FL 32056-2949

PHONE: (386) 752-8787 * 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 ISSUED: 4-14-04

ENHANCED 9-1-1 ADDRESS:

779 SW Texas LN. (Ft. White, FL 32038)Addressed Location 911 Phone Number: N/AOCCUPANT NAME: Charlotte GriffisOCCUPANT CURRENT MAILING ADDRESS: 783 SW Texas Ln.
Ft. White, FL 32038PROPERTY APPRAISER MAP SHEET NUMBER: 14PROPERTY APPRAISER PARCEL NUMBER: 24-65-15-01437-033

Other Contact Phone Number (If any): _____

Building Permit Number (If known): _____

Remarks: LOT 33 BLK 2 3 Rivers Est.Address Issued By: 
Columbia County 9-1-1 Addressing Department

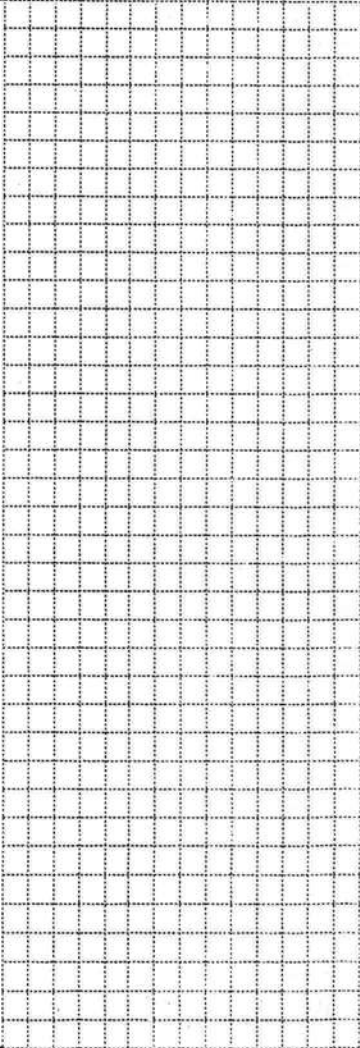
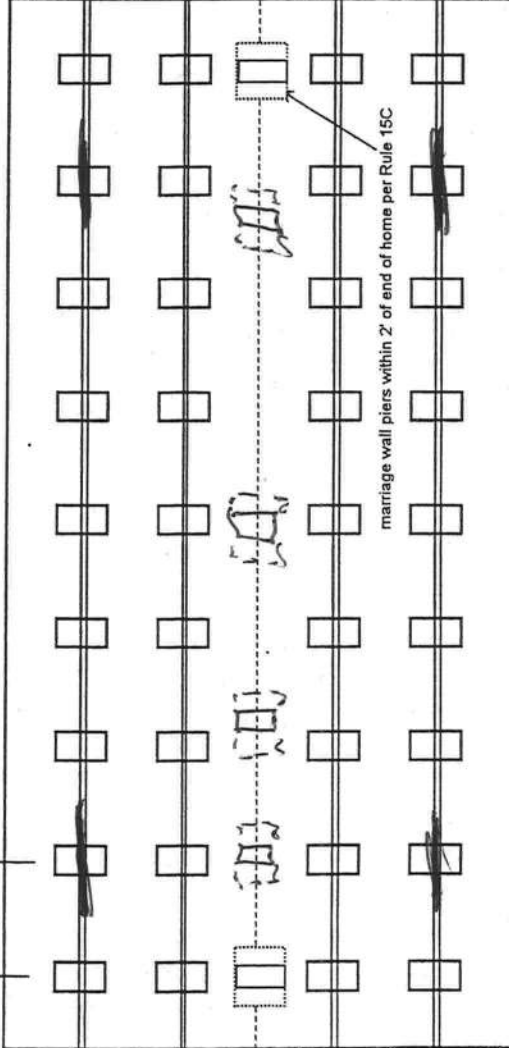
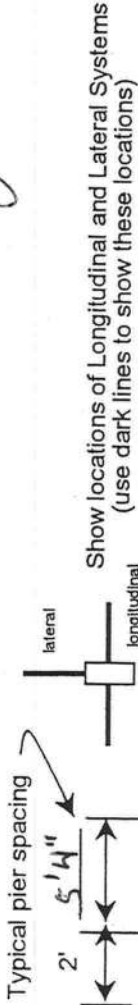
PERMIT NUMBER

Installer Jenny Corbett License # 014 000 22
Address of home being installed SW Texas Lane
FT White, FL 32038
Manufacturer Destiny Length x width 28x56

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 JC



New Home ☐ Used Home ☒
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 # 215776
Triple/Quad ☐ Serial # OW56330 AB

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'			5'	6'	7'	8'
1500 psf	4'6"			7'	8'	8'	8'
2000 psf	6'			8'	8'	8'	8'
2500 psf	7'6"			8'	8'	8'	8'
3000 psf	8'			8'	8'	8'	8'
3500 psf	8'			8'	8'	8'	8'

* Interpolated from Rule 15C-1 pier spacing table.

PIER PAD SIZES

I-beam pier pad size 20x20x1
Perimeter pier pad size 20x20x1
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 14' Pier pad size 20x20x1

ANCHORS

4 ft _____ 5 ft ☒

FRAME TIES

within 2' of end of home spaced at 5' 4" oc 22

OTHER TIES

Number _____
Sidewall _____
Longitudinal _____
Marriage wall _____
Shearwall _____

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD) _____
Manufacturer _____
Longitudinal Stabilizing Device w/ Lateral Arms _____
Manufacturer _____

PERMIT NUMBER

POCKET PENETROMETER TEST

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

X _____ X _____ X _____

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 _____ X _____ X _____

TORQUE PROBE TEST

The results of the torque probe test is _____ 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.

Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Terry Gerbetti

Date Tested

4-12-04

Electrical

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between multi-wide units. Pg. _____

Plumbing

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

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: 3/8 Length: 6 Spacing: 24
Walls: Type Fastener: 3/8 Length: 6 Spacing: 24
Roof: Type Fastener: 3/8 Length: 8 Spacing: 24
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, mildew 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

de

Type gasket Fenn
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 manufacturer's installation instructions and or Rule 15C-1 & 2

Installer Signature

Terry Gerbetti

Date

4-12-04



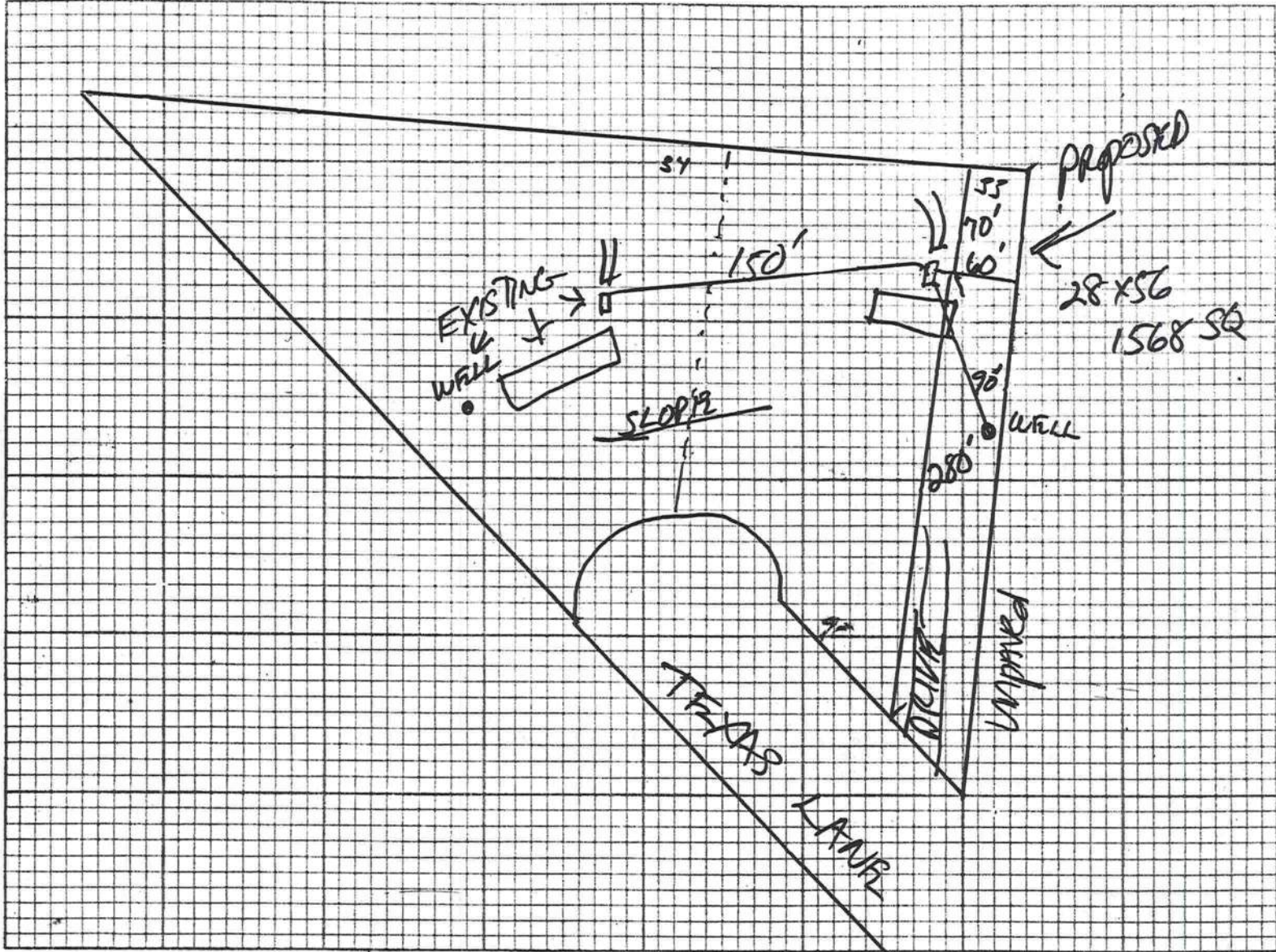
STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 04-0355N

PART II - SITE PLAN

Scale: Each block represents 5 feet and 1 inch = ¹⁰⁰/₅₀ feet.



Notes: OSTDS = 5' FROM HOME

Site Plan submitted by: Rocky FORD Rocky D FORD
Signature

Plan Approved ✓ Mark S Lander Not Approved _____

By _____ County Health Department

Master Contract
Title
Date 3-24-04

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

WARRANTY DEED

0806 FG1463

THIS INDENTURE, made this 5th

day of June

OFFICIAL RECORDS, 1995, By;

Roy C. Luke, a married person

Social Security # 098-18-3563

of the County of Morgan

, State of Georgia

, grantor and

Marvin Griffis and

Social Security # 266-72-0882

Charlotte Griffis, Joint Tenants with right of

Social Security # 264-90-2814

survivorship, and both unmarried

Whose mailing address is P.O. Box 402 Ft. White, FL 32038

of the County of Columbia

, State of Florida

, grantee

WITNESSETH: This said grantor, for and in consideration of the sum of TEN AND NO/100'S--Dollars, to him in hand paid by the grantee(s), the receipt whereof is hereby acknowledged, has/have granted, bargained, and sold to said grantee(s), their heirs and assigns forever, the following described land, situate, lying and being in Columbia County, Florida, to wit:

Lots 3s and 34, of Unit 23, Block 2, THREE RIVERS ESTATES, as per plat thereof recorded in Plat Book 4, Pages 80-80A, of the public records of Columbia County, Florida.

Subject to terms, provisions, restrictive covenants, conditions, reservations and easements contained in Declaration recorded in Official Records Book 129, Page 90, and O.R. Book 733, Page 144, public records of Columbia County, Florida.
Property does not constitute the homestead of the grantor.
Tax Parcel Number: 00-00-00-01437-033

and said grantor does hereby fully warrant the title to said land, and will defend the same against the lawful claims of all persons whomsoever.

IN WITNESS WHEREOF, Grantor(s) has hereunto set grantor's hand and seal the day and year first above written.

Signed, sealed and delivered in our presence:

Mildred C. Davis
Witness

Mildred C. Davis
Printed name of witness

Deborah J. Long
Witness

Deborah J. Long
Printed name of witness

Roy C. Luke
Roy C. Luke

FILED & RECORDED IN PUBLIC
RECORDS

95-07299

1995 JUN 12 PM 4:33

STATE OF GEORGIA
COUNTY OF MORGAN

CLERK OF COURTS
COLUMBIA COUNTY, FLORIDA
BY H. Vinson DeLaigle

I hereby certify that on this day before me, an officer duly qualified to take acknowledgments, personally appeared Roy C. Luke known to me to be the person(s) described in and who executed the foregoing instrument, who acknowledged before me that he executed the same, that I relied upon the following form(s) of identification of the above-named person(s) - Ga. Driver's License

Witness my hand and official seal in the County and State last aforesaid this 5th day of June, 1995.

H. Vinson DeLaigle
Notary Signature

H. Vinson DeLaigle

My Commission Expires:

My Commission Expires Dec 7, 1995
Date Notarized: 6-5-95

Prepared By: Regional Title Company
2015 South First Street
Lake City, Florida 32055
Martha J. Bryan By: CF
11439 M

DOCUMENTARY STAMP
INTANGIBLE TAX

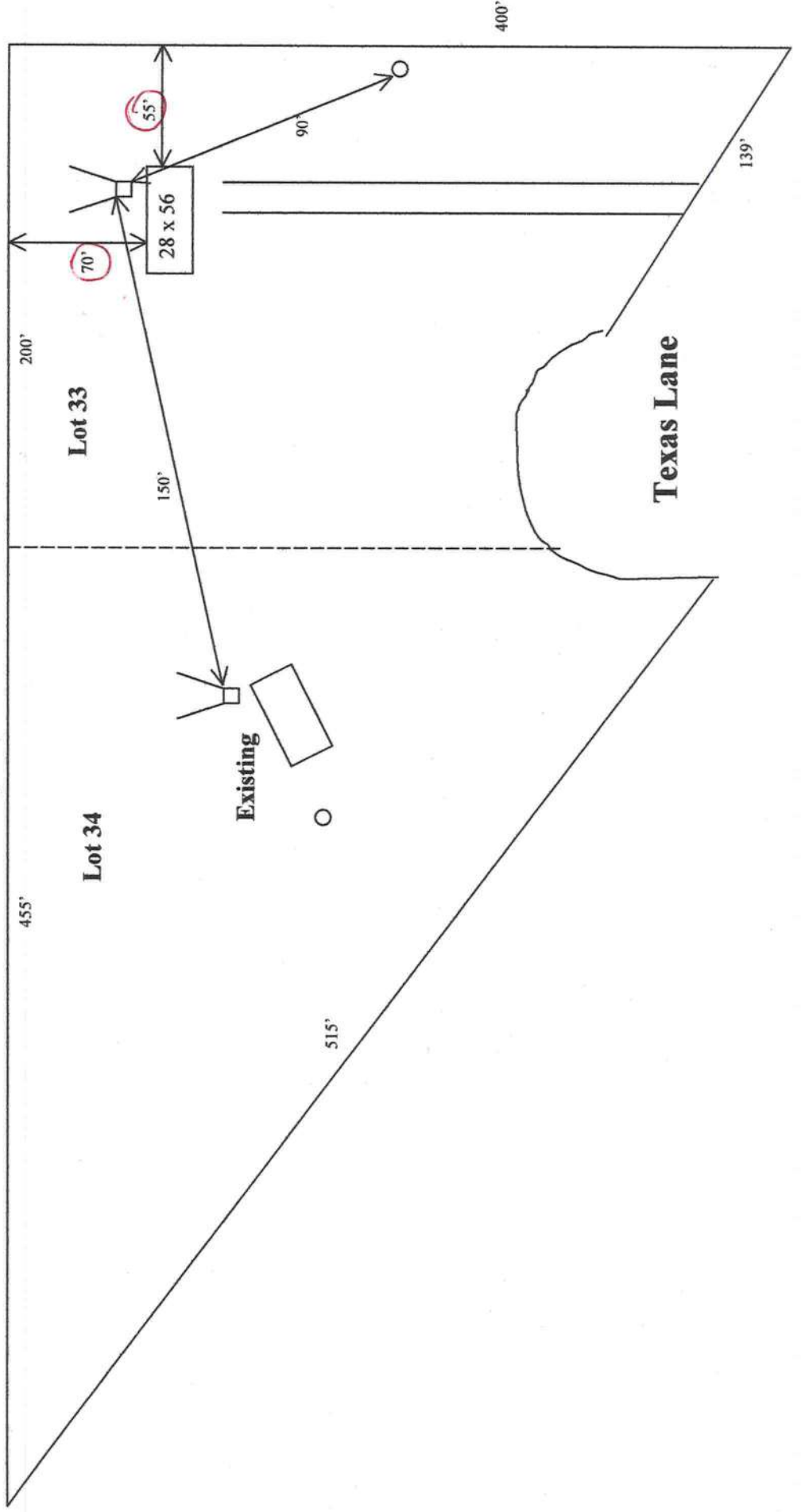
M. DWIGHT CASON, CLERK OF
COURTS, COLUMBIA COUNTY

\$ 2350

TOTAL P.03

Charlotte Griffis
783 SW Texas Lane
Ft. White, FL 32038
386-497-4739

Quinn Hester
Drawn By



DATE 4-15-04 INSPECTION TAKEN BY JW

BUILDING PERMIT # _____ CULVERT / WAIVER PERMIT # _____

WAIVER APPROVED _____ WAIVER NOT APPROVED _____

PARCEL ID # _____ ZONING _____

SETBACKS: FRONT _____ REAR _____ SIDE _____ HEIGHT _____

FLOOD ZONE _____ SEPTIC _____ NO. EXISTING D.U. _____

TYPE OF DEVELOPMENT PRE-MH

SUBDIVISION (Lot/Block/Unit/Phase) _____

OWNER GRIFFIS, MARVIN PHONE _____

ADDRESS _____

CONTRACTOR _____ PHONE _____

LOCATION COMBET'S SALES LOT:
SEE JAMES ON ECHIE

COMMENTS: 1997 DESTINY 28x56

INSPECTION(S) REQUESTED: _____ INSPECTION DATE: 4-16-04 ENEMY

_____ Temp Power _____ Foundation _____ Set backs _____ Monolithic Slab

_____ Under slab rough-in plumbing _____ Slab _____ Framing

_____ Rough-in plumbing above slab and below wood floor _____ Other _____

_____ Electrical Rough-in _____ Heat and Air duct _____ Perimeter Beam (Lintel)

_____ Permanent Power _____ CO Final _____ Culvert _____ Pool _____ Reconnection

_____ M/H tie downs, blocking, electricity and plumbing _____ Utility pole

_____ Travel Trailer _____ Re-roof _____ Service Change _____ Spot check/Re-check

INSPECTORS: _____

APPROVED ✓ NOT APPROVED _____ BY FOP POWER CO. _____

INSPECTORS COMMENTS: _____