

DATE 04/14/2004

Columbia County Building Permit

PERMIT

This Permit Expires One Year From the Date of Issue

000021734

APPLICANT JOHN BURKI PHONE 386.365.2826
ADDRESS 3368 256TH STREET O BRIEN FL 32071
OWNER JAMES & BARBARA BIRCHFIELD PHONE 386.935.4604
ADDRESS 304 SW FEDERAL COURT FT. WHITE FL 32038
CONTRACTOR JOE CHATMAN PHONE 386.497.2277
LOCATION OF PROPERTY 47-S TO SW SUNVIEW STREET, R, TO SW FEDERAL CRT., R
3RD PROPERTY ON LEFT.

TYPE DEVELOPMENT M/H & 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 35
Minimum Set Back Requirments: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00
NO. EX.D.U. FLOOD ZONE XPP DEVELOPMENT PERMIT NO.

PARCEL ID 32-5S-16-03745-321 SUBDIVISION SUNVIEW ESTATES ADDITION
LOT 21 BLOCK PHASE UNIT TOTAL ACRES 5.00

IH0000240
Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor John N Burke
EXISTING 04-0373-N BLK RK
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: 1 FOOT ABOVE ROAD

Check # or Cash 1036

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 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 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

For Office Use Only

Zoning Official BK 48-04

Building Official BK 48-14-04

AP# 0404-09 Date Received 4/2/04 By JW Permit # 21734

Flood Zone X PP Development Permit N/A Zoning A-3 Land Use Plan Map Category A-3

Comments need well letter, Decal

(Stamp MH 04-7 Approved 3-9-04)
RE: Mr. Yiter

☒ Site Plan with Setbacks shown ☒ Environmental Health Signed Site Plan ☐ Env. Health Release

N/A Need a Culvert Permit N/A Need a Waiver Permit N/A Well letter provided ☒ Existing Well

- Property ID 32-55-16 03745-321 Must have a copy of the property deed
- New Mobile Home _____ Used Mobile Home ☒ Year 1999
- Subdivision Information SUNVIEW Estates Addition Lot #21
- Applicant John N. BURKI Phone # 386-365-2826
386-935-4604
- Address 3368 256th Street O'BRIEN, FL 32071
- Name of Property Owner James S & Barbara J. BIRCHFIELD Phone# 386-935-4604
- 911 Address 304 SW Federal Court Fort White, FL 32038
- MOBILE -
- Name of Owner of Mobile Home James & Barbara BIRCHFIELD Phone # _____
- Address 304 SW Federal Court FORT White, FL 32038
- Relationship to Property Owner _____
- Current Number of Dwellings on Property 0
- Lot Size _____ Total Acreage 5 acres
- Explain the current driveway existing
- Driving Directions 47 S → SW Sunview St (R) → SW Federal Court (R) 3RD Property on Left
- Is this Mobile Home Replacing an Existing Mobile Home No
- Name of Licensed Dealer/Installer Joseph Chatman Phone # 386-497-2277
- Installers Address 9247 SW HWY 27 Fort White, FL
- License Number 140000240 Installation Decal # 246034

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

The Columbia County Board of County Commissioners has passed Ordinance 2001-9, which provides for a uniform numbering system. A copy of this ordinance is available in the Clerk of Court records, located in the courthouse. This new numbering system will increase the efficiency of POLICE, FIRE AND EMERGENCY MEDICAL vehicles responding to calls within Columbia County by immediately identifying the location of the caller.

Your Existing Address

NEW

Your New Address

304 SW Federal Ct.

Fort White, FL 32038

All residences, businesses, industries, schools, churches, organizations and public buildings are covered by this system. You are required to affix your new address numbers permanently on your house or the principal building where they can be seen easily. Also, if your house or the principal building at this address is not clearly visible from the public or private roadway, you are required to erect a post at your driveway entrance. Place your new number on it facing the road so emergency response personnel coming in either direction can easily see the numbers. To help emergency responding personnel, it will be the responsibility of each property owner, trustee, leasee, agent and occupant of each residence, apartment building, business or industry to purchase, post and maintain address numbers. The address number for residences, townhouses and in town businesses shall be made up of numbers, *which are not less than three (3) inches in height and one and one half (1 ½) inches in width*. All industrial and commercial structures located in low density development areas (areas in which small residential style address numbers are not visible from the road) shall display address numbers not less than ten (10) inches in height. All Apartment buildings and high rises shall display address numbers above or to the side of the primary entrance to the building and shall be displayed not less than six (6) inches in height. Apartment numbers for individual units within the complex shall be displayed on, above or to the side of the doorway of each unit.

All numbers shall contrast in color with the background on which affixed, and shall be visible day or night from the street. When possible, the number shall be displayed beside or over the main entrances of the structure. Any old address numbers shall be removed from the structure, mail box or access point.

It is your responsibility to advise all persons and businesses, with which you correspond, of your change of address (unless you receive your mail in a Post Office Box). Your mail will be delivered to your old rural route box number address for a period of one (1) year.

We are counting on the cooperation of all citizens to help make the Enhanced 9-1-1 Emergency Telephone System a success. If you have any questions please call (386) 752-8787 between 8:00 AM and 5:00 PM Monday through Friday.

MOBILE HOME INSTALLER AFFIDAVIT

As per Florida Statutes Section 320.8249 Mobile Home Installers License:

Any person who engages in mobile home installation shall obtain a mobile home installer's license from the Bureau of Mobile Home and Recreational Vehicle Construction of the Department of Highway Safety and Motor Vehicles pursuant to this section. Said license shall be renewed annually, and each licensee shall pay a fee of \$150.

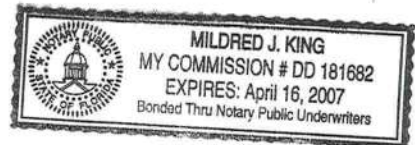
I, Joseph A. CHATMAN, license number IH 0000240
Please Print
do hereby state that the installation of the manufactured home for JAMES & BARBARA
BIRCHFIELD at 304 SW Federal Court, Fort White, FL
Applicant
911 Address 32038
will be done under my supervision.


Signature

Sworn to and subscribed before me this 29th day of March,
2004.

Notary Public: 
Signature

My Commission Expires: _____
Date



LIMITED POWER OF ATTORNEY

I, Joseph A. Chatman, license # 0000270 hereby
authorize John N. BURKI to be my representative and act on my behalf
in all aspects of applying for a mobile home permit to be placed on the following
described property located in Columbia County, Florida.

Property owner: James & Barbara BIRCHFIELD

Sec _____ Twp. _____ S Rge _____ E

Tax Parcel No. 03745-321

John N. Burki
Mobile Home Installer

3-29-04
(Date)

Sworn to and subscribed before me this 29th day of March, 20 04.

Mildred J. King
Notary Public



My Commission expires: _____
Commission No. _____
Personally known: ✓
Produced ID (Type) _____

PERMIT NUMBER

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to _____ psf or check here to declare 1000 lb. soil X 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 24.5 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

Joseph Chastmar

Date Tested

04-01-04

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: _____ Length: N/A Spacing: _____
Walls: Type Fastener: _____ Length: N/A Spacing: _____
Roof: Type Fastener: _____ Length: N/A Spacing: _____

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 JC

Type gasket N/A
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 N/A
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 Joseph Chastmar

Date 04-01-04

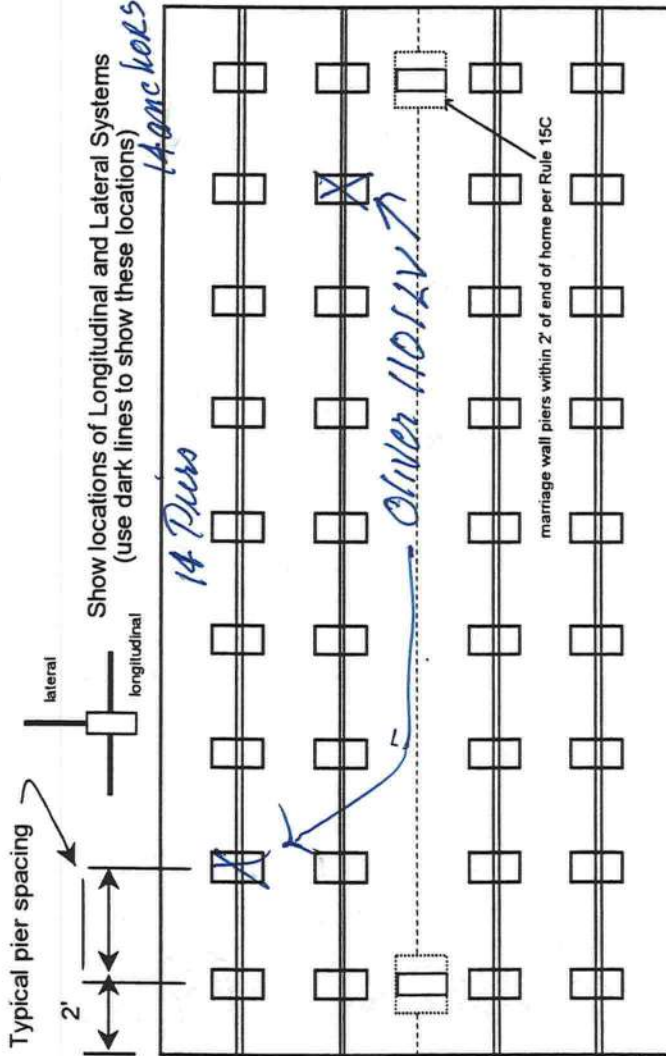
PERMIT NUMBER

Installer Joseph Chatman License # 14 0000
Address of home being installed 304 SW Federal Court
Fort White, FL 320-38
Manufacturer Westfield Length x width 16x80

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 _____



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 # 216034
Triple/Quad ☐ Serial # 67635

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'	3'	4'	5'	6'	7'	8'
1500 psf	4'6"	4'6"	6'	7'	8'	8'	8'
2000 psf	6'	6'	8'	8'	8'	8'	8'
2500 psf	7'6"	7'6"	8'	8'	8'	8'	8'
3000 psf	8'	8'	8'	8'	8'	8'	8'
3500 psf	8'	8'	8'	8'	8'	8'	8'

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

PIER PAD SIZES

I-beam pier pad size 17x22
Perimeter pier pad size _____
Other pier pad sizes (required by the mfg.) 16x16
Door Piers

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 _____

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 11016V Oliver
Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer _____

OTHER TIES

Number _____
Sidewall _____
Longitudinal _____
Marriage wall _____
Shearwall _____

Prepared by and return to: Bradley N. Dicks
P.O. Box 1
Lake City, FL 32056-0001

COPY
NOT FOR RECORDING

AGREEMENT FOR DEED

1. THIS AGREEMENT is entered into this 9th day of June, 2003, by and between SUBRANDY LIMITED PARTNERSHIP, whose address is P.O. Box 513 Lake City, Florida 32056 ("Seller") and JAMES S. BIRCHFIELD AND BARBARA J. BIRCHFIELD, his wife, ("Buyer"), who is/are residents of the State of Florida and who directs that all mail be sent to P.O. Box 384 Horseshoe Beach, FL 32648.

2. AGREEMENT TO CONVEY. Provided that Buyer makes the payments and performs the other covenants required to be performed by the Buyer hereunder (collectively, the "Buyer's Obligations"), Seller agrees to convey to Buyer in fee simple by General Warranty Deed, free of all liens and encumbrances except Permitted Encumbrances (as hereinafter defined), the real property and any improvements thereon located in Columbia County, Florida, and more particularly described as follows (the "Property"):

LOT 21, SUNVIEW ESTATES ADDITION, a subdivision recorded in Plat Book 7, Page 107, Columbia County, Florida, subject to Restrictions recorded in O.R. Book 959, Pages 1866-1867, Columbia County, Florida, and subject to Power Line Easement.

3. PURCHASE PRICE. In consideration of the Seller's covenants and agreements hereunder, Buyer hereby agrees to pay to the Seller the sum of Twenty Eight Thousand Five Hundred and 00/100 DOLLARS (\$ 28,500.00) (the "Purchase Price") to be paid by Buyer to Seller at Seller's address set forth above, or as necessary, to the escrow agent specified below, or at such other address as Seller shall designate, as follows:
Down Payment of Five Hundred and 00/100 DOLLARS (\$500.00) the receipt of which is hereby acknowledged by Seller ; And the balance of Twenty Eight Thousand and 00/100 DOLLARS (\$28,000.00) with interest thereon at the rate of Twelve and One Half percent (12.5 %) per annum in One Hundred Eighty (180) consecutive monthly installments in the amount of Three Hundred Forty Five and 10/100 DOLLARS (\$345.10) each, payable on the 15th day of each calendar month commencing on July 15, 2003.

4. SPECIAL TERMS AND CONDITIONS. None.

5. PRE-PAYMENT PRIVILEGE. Buyer may prepay the Purchase Price in full or in part at any time without penalty. Prepayments shall be applied against the remaining unpaid principal installments of the Purchase Price in inverse order of maturity.

IN WITNESS WHEREOF, Buyer and Seller have executed this Agreement on the day and year first above written.

Nanci L. Griffis
witness
Nanci L. Griffis

Bradley N. Dicks
Bradley N. Dicks, G.P. Subrandy Lmt. Partnership
SELLER

Andrew D. Dicks
witness
Suzanne D. Adams

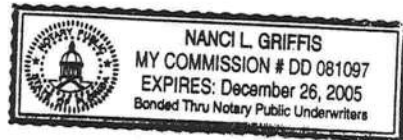
STATE OF FLORIDA
COUNTY OF COLUMBIA

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgements, personally appeared Bradley N. Dicks, to me known to be the person described in and who executed the foregoing instrument and he acknowledged before me that he executed the same, and did not take an oath.

WITNESS my hand and official seal in the County and State aforesaid this 9th day of June A.D. 2003

Notary Public

Nanci L. Griffis
My Commission Expires:



Shirley A. Hitson
Signature of Witness
Shirley Hitson
Printed Name of Witness

James S. Birchfield
James S. Birchfield
BUYER

Nanci L. Griffis
Signature of Witness
Nanci L. Griffis
Printed Name of Witness

Barbara J. Birchfield
Barbara J. Birchfield
BUYER

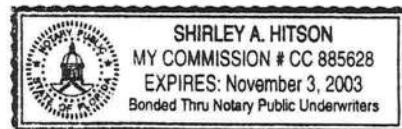
STATE OF FLORIDA
COUNTY OF COLUMBIA

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgements, personally appeared James S. and Barbara J. Birchfield, to me known to be the persons described in and who executed the foregoing instrument and they acknowledged before me that they executed the same, and did not take an oath.

WITNESS my hand and official seal in the County and State aforesaid this ___ day of June, A.D. 2003

Notary Public

Shirley A. Hitson
My Commission Expires:



DATE 3-29-04 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-mk

SUBDIVISION (Lot/Block/Unit/Phase) _____

OWNER ☒ Barbara BIRCHFIELD PHONE _____

ADDRESS - Mother -

CONTRACTOR _____ PHONE _____

LOCATION ☒ 1050 Newton, H. White 4415, CR131 R, Newton L,
1 mile on Right in driveway home on left 16x80

COMMENTS: 1st drive past papoose on right

INSPECTION(S) REQUESTED: _____ INSPECTION DATE: 3-30-04

☐ 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 FDP POWER CO. _____

INSPECTORS COMMENTS: _____



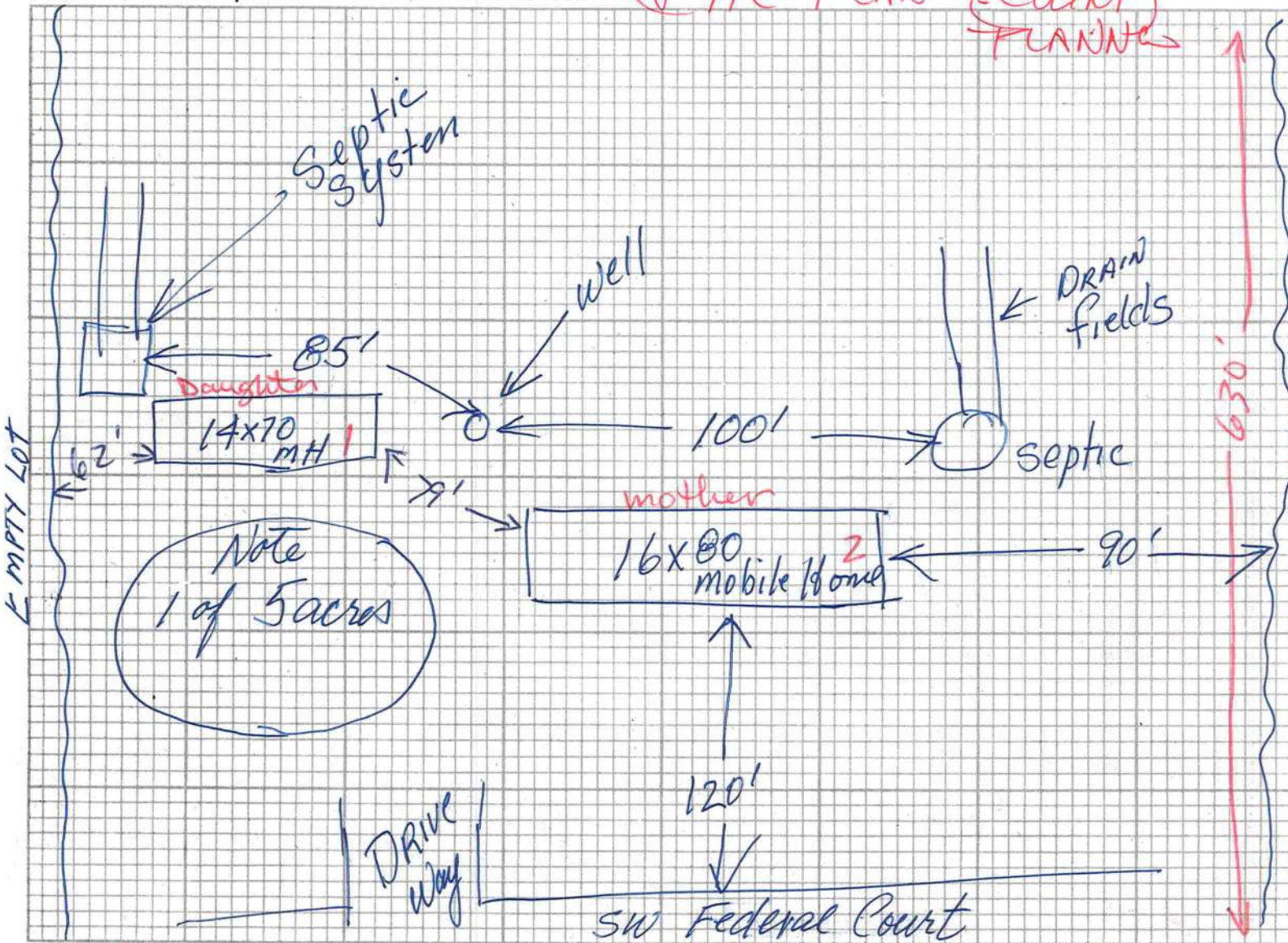
STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number _____

PART II - SITE PLAN

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



Notes: " 348' "

SB MH1 SB | SB MH2 SB
 $(25 + 70 + 25 + 25 + 80 + 25 = 250 \text{ Required})$ Z. Hedon

Site Plan submitted by: JOHN N. BORR1 Signature _____ Title Agent

Plan Approved _____ Not Approved _____ Date _____

By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



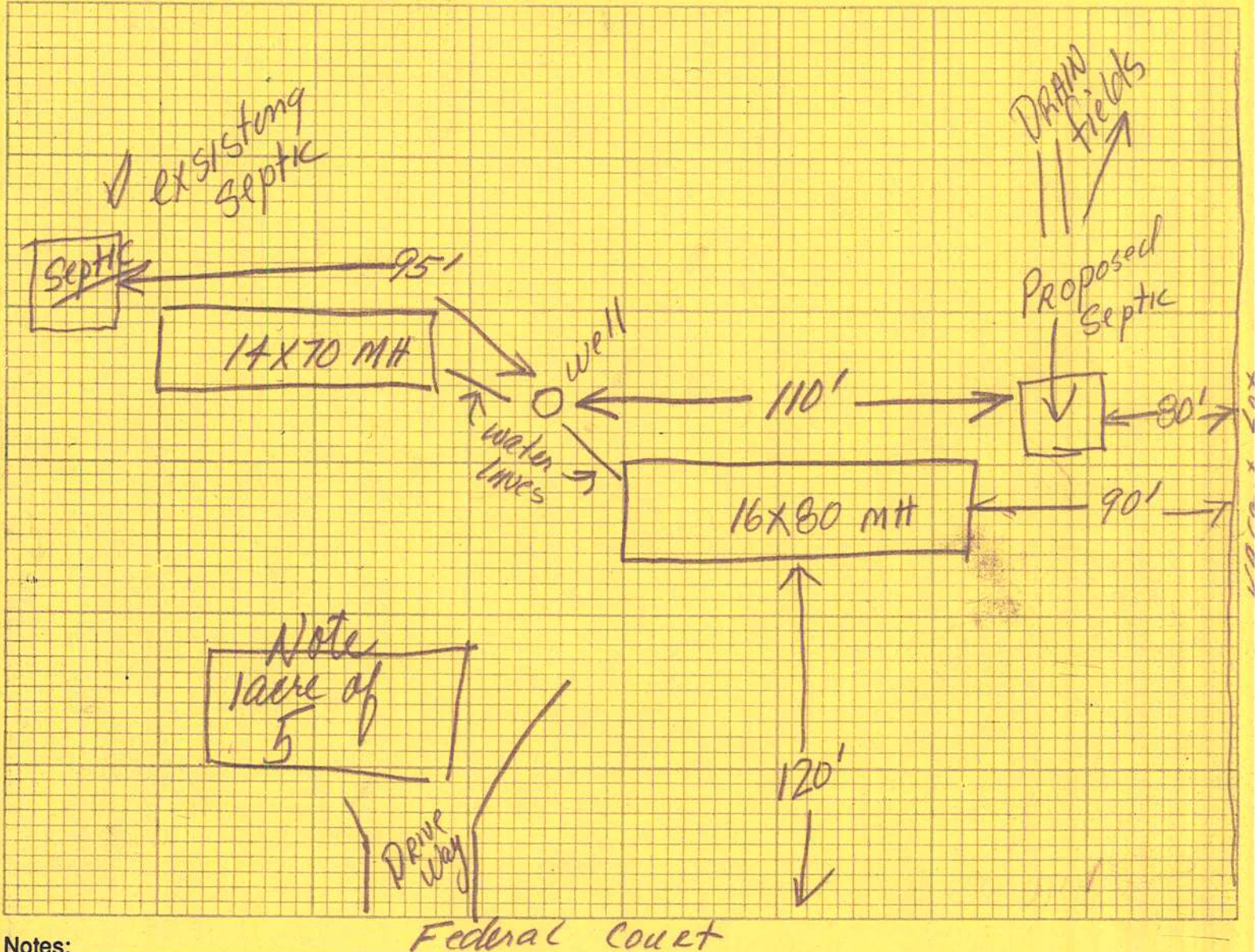
STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 04-0373-N

PART II - SITE PLAN

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



Notes: _____

Site Plan submitted by: John N. Burki Signature _____ Title agent

Plan Approved ☒ Not Approved _____ Date 03-31-04

By Sallie A. Graddy, ESI, COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT