

DATE 03/04/2011

Columbia County Building Permit

PERMIT

This Permit Must Be Prominently Posted on Premises During Construction

000029229

| | | | |
|-------------------------------|---|--------------------------------|-----------------|
| APPLICANT | MIKE COX | PHONE | 386.623.4218 |
| ADDRESS | 466 SW DEPUTY J. DAVIS LN | LAKE CITY | FL 32024 |
| OWNER | SHARON LANGFORD | PHONE | |
| ADDRESS | 219 SW RATTLER COURT | HIGH SPRINGS | FL 32643 |
| CONTRACTOR | CHESTER KNOWLES | PHONE | 386.755.6441 |
| LOCATION OF PROPERTY | 441-S TO DIAMONDBACK GLN, TL TO RATTLER, TR AND GO 1/10 OF MILE TO SITE ON L.(SEE FREEDOM SIGN) | | |
| TYPE DEVELOPMENT | M/H/UTILITY | ESTIMATED COST OF CONSTRUCTION | 0.00 |
| HEATED FLOOR AREA | | TOTAL AREA | HEIGHT 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 | 10-7S-17-09974-321 | SUBDIVISION | Michael S. Self |
| LOT | BLOCK | PHASE | UNIT |
| TOTAL ACRES | | 1.11 | |

| | | | |
|---------------------|--------------------|-----------------------------|------------------------------------|
| IH10252831 | | | |
| Culvert Permit No. | Culvert Waiver | Contractor's License Number | Applicant/Owner/Contractor |
| EXISTING | 10-0073-N | BLK | HD N |
| Driveway Connection | Septic Tank Number | LU & Zoning checked by | Approved for Issuance New Resident |

COMMENTS: LEGAL SPICAL FAMILY LOT PERMIT. REPLACING EXISTING MH.
1 FOOT ABOVE ROAD.

Check # or Cash 3815

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 | Insulation | |
| date/app. by | date/app. by | |
| Rough-in plumbing above slab and below wood floor | Electrical rough-in | |
| date/app. by | date/app. by | |
| Heat & Air Duct | Peri. beam (Lintel) | Pool |
| date/app. by | date/app. by | date/app. by |
| Permanent power | C.O. Final | Culvert |
| date/app. by | date/app. by | date/app. by |
| Pump pole | Utility Pole | M/H tie downs, blocking, electricity and plumbing |
| date/app. by | date/app. by | date/app. by |
| Reconnection | RV | Re-roof |
| date/app. by | date/app. by | date/app. by |

| | | | | | |
|--------------------------|---------------|----------------------|-------|------------------|------|
| BUILDING PERMIT FEE \$ | 0.00 | CERTIFICATION FEE \$ | 0.00 | SURCHARGE FEE \$ | 0.00 |
| MISC. FEES \$ | 300.00 | ZONING CERT. FEE \$ | 50.00 | FIRE FEE \$ | 0.00 |
| WASTE FEE \$ | | | | | |
| FLOOD DEVELOPMENT FEE \$ | | FLOOD ZONE FEE \$ | 25.00 | CULVERT FEE \$ | |
| TOTAL FEE | | | | 375.00 | |
| INSPECTORS OFFICE | CLERKS OFFICE | | CA | | |

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."

EVERY PERMIT ISSUED SHALL BECOME INVALID UNLESS THE WORK AUTHORIZED BY SUCH PERMIT IS COMMENCED WITHIN 180 DAYS AFTER ITS ISSUANCE, OR IF THE WORK AUTHORIZED BY SUCH PERMIT IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AFTER THE TIME THE WORK IS COMMENCED. A VALID PERMIT RECIEVES AN APPROVED INSPECTION EVERY 180 DAYS. WORK SHALL BE CONSIDERED NOT SUSPENDED, ABANDONED OR INVALID WHEN THE PERMIT HAS RECIEVED AN APPROVED INSPECTION WITHIN 180 DAYS OT THE PREVIOUS INSPECTION.

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

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-11) Zoning Official BK 03.03.11 Building Official NO 2-28-11

AP# 1102-44 Date Received 2-22-11 By CH Permit # 29229

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

Comments Legal Special Family Lot Permit Replacing existing MH

FEMA Map# N/A Elevation N/A Finished Floor 1st floor River N/A In Floodway N/A

☒ Site Plan with Setbacks Shown ☒ EH # 10-0073-N ☐ EH Release ☒ Well letter ☒ Existing well

☒ Recorded Deed or Affidavit from land owner ☒ Installer Authorization ☒ State Road Access ☒ 911 Sheet

☐ Parent Parcel # _____ ☐ STUP-MH _____ ☒ F W Comp. letter ☒ VF Form

IMPACT FEES: EMS _____ Fire _____ Corr _____ ☒ Out County ☒ In County (paid)

Road/Code _____ School _____ = TOTAL _____ Impact Fees Suspended March 2009 _____

Property ID # 10-78-17-09974-321 Subdivision Dogwood Acres s/o

- New Mobile Home _____ Used Mobile Home X MH Size 28X64 Year 1997
- Applicant Freedom Homes Phone # 386-623-4218
- Address 466 SW Deputy J. Davis Ln Lake City, FL 32024
- Name of Property Owner Sharon Langford Phone # 386-623-4218
- 911 Address 219 SW Rutter Ct. High Springs, FL 32643
- Circle the correct power company - FL Power & Light - Clay Electric
 (Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home Freedom Homes Phone # 386-623-4218
- Address 466 SW Deputy J. Davis Ln Lake City, FL 32024
- Relationship to Property Owner NONE
- Current Number of Dwellings on Property 1 - old Home Being TOWN Down
- Lot Size N/A Total Acreage 1.110 Acres
- 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)
- Is this Mobile Home Replacing an Existing Mobile Home yes, old single wide
- Driving Directions to the Property Hwy 441 South 7.4 miles South of I 75
 Turn Left on Diamond Back Gln, Go .2 tenth mile Turn Right on
 Rutter Go .1 tenth mile site on Left See Freedom Sign
- Name of Licensed Dealer/Installer Florida Finest ^{CHRISTEN KNOWLES} Phone # 386-755-6441
- Installers Address 5801 SW State Rd 47 Lake City FL 32024
 - License Number 1025283/1 Installation Decal # 1355

JW Spoken Mike 3-3-11

\$ 375.00.00

POCKET PENETROMETER TEST

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

X 1.0

X 1.0

X 1.0

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 1.0

X 1.0

X 1.0

TORQUE PROBE TEST

The results of the torque probe test is Measuring 110 ft inch pounds or check here if you are declaring 5' anchors without testing _____ A test showing 275 inch pounds or less will require 5 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 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

Date Tested

Steve h. Chester hawks

2-11-11

Electrical

Plumbing

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between multi-wide units. Pg. 15C1

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 15C1
Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 15C1

Site Preparation

Debris and organic material removed ☒

Water drainage: Natural ☒

Swale ☐

Pad ☒

Other ☐

Fastening multi wide units

Floor:

Type Fastener: LAGS

Type Fastener: SCREWS

Roof:

Type Fastener: SCREWS

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

Type gasket Roll Foam

Pg. 15C1

Installed:

Between Floors Yes ☒

Between Walls Yes ☒

Bottom of ridgebeam Yes ☒

Weatherproofing

The bottomboard will be repaired and/or taped. Yes ☒ Pg. 15C1
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 ☒ N/A ☐

Electrical crossovers protected. Yes ☒ N/A ☐

Other: 15C1 May or may not have page number in book

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

Steve h. Chester hawks Date 2-11-11

PERMIT NUMBER

PERMIT WORKSHEET

Installer Jessie L. "Chest" Keadles License # TH/1025283/1

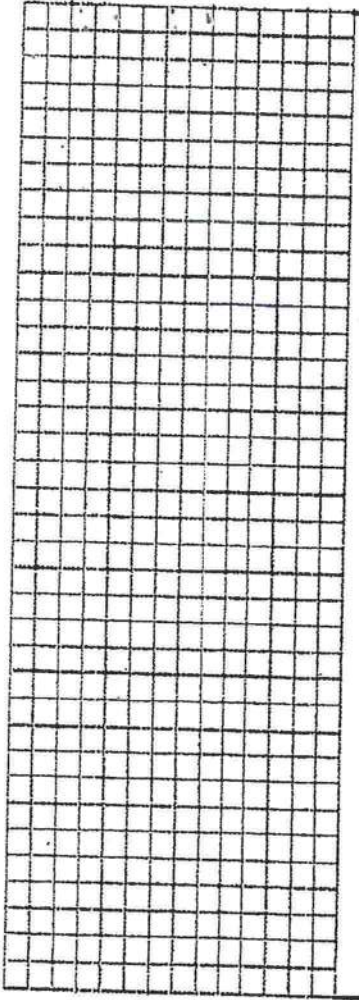
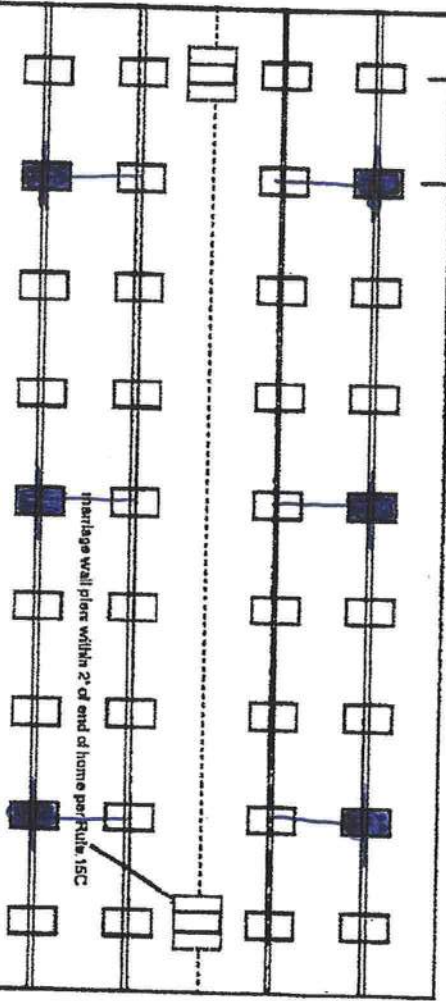
Address of home being installed _____

Manufacturer Fleetwood Length x width 28 X 64

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 [Signature]



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 # 1355

Triple/Quad ☐ Serial # FLV70 AB 25045-GHZ

Roof System: ☒ Typical ☐ Hinged

PIER SPACING TABLE FOR USED HOMES

| Load bearing capacity (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' | 4' | 5' | 6' | 7' | 8' |
| 1500 psf | 4' 6" | 6' | 7' | 8' | 8' | 8' |
| 2000 psf | 6' | 8' | 8' | 8' | 8' | 8' |
| 2500 psf | 7' 6" | 8' | 8' | 8' | 8' | 8' |
| 3000 psf | 8' | 8' | 8' | 8' | 8' | 8' |
| 3500 psf | 8' | 8' | 8' | 8' | 8' | 8' |

Interpolated from Rule 15C-1 pier spacing table.

PIER PAD SIZES

I-beam pier pad size 234X314

Perimeter pier pad size NA

Other pier pad sizes (required by the mfg.) 16 X 16

POPULAR PAD SIZES

| Pad Size | Sq In |
|-------------------|-------|
| 16 x 16 | 256 |
| 16 x 18 | 288 |
| 18.5 x 18.5 | 342 |
| 16 x 22.5 | 360 |
| 17 x 22 | 374 |
| 13 1/4 x 26 1/4 | 348 |
| 20 x 20 | 400 |
| 17 3/16 x 25 3/16 | 441 |
| 17 1/2 x 25 1/2 | 446 |
| 24 x 24 | 576 |
| 26 x 26 | 676 |

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 20' Pier pad size 20x20

ANCHORS

4 ft ☒ 5 ft ☐

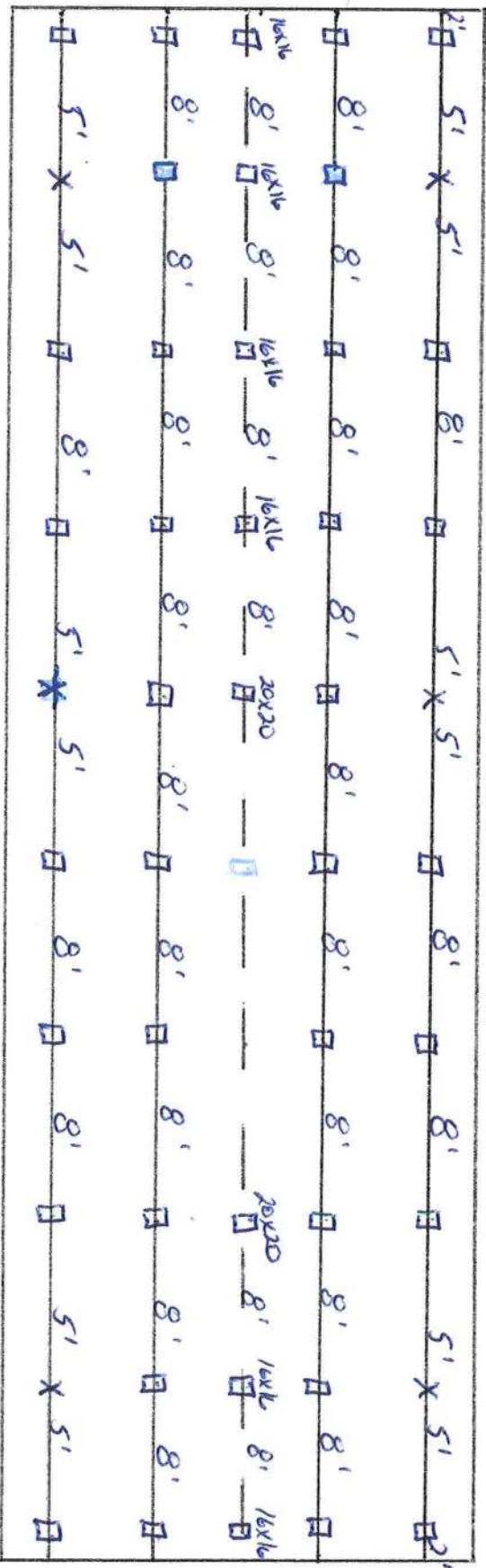
FRAME TIES

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

TIEDOWN COMPONENTS

OTHER TIES

Longitudinal Stabilizing Device (LSD) Manufacturer Oliver Technology Number 24
 Longitudinal Stabilizing Device w/ Lateral Arms Manufacturer Oliver Technology Number 24
 Sidewall Longitudinal Marriage wall Shearwall 24

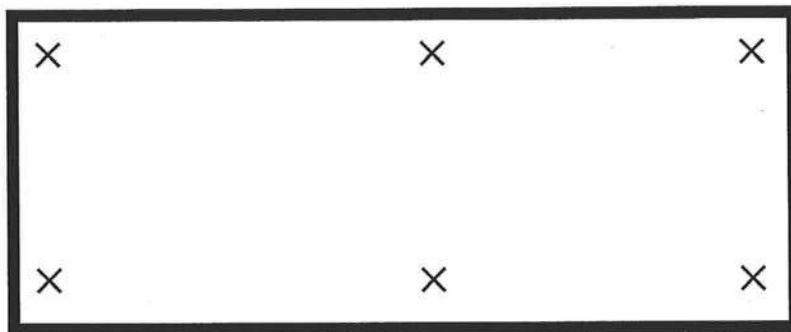


□ - I Beam pier 8' oc. using 23 1/4 x 31 1/4 Abs pads

X - 6-1101V All steel foundations from oliver technology

Penetrometer/Torque Test

1000 Lbs. 1000 Lbs. 1000 Lbs.
X 1.0 inch pounds X 1.0 inch pounds X 1.0 inch pounds



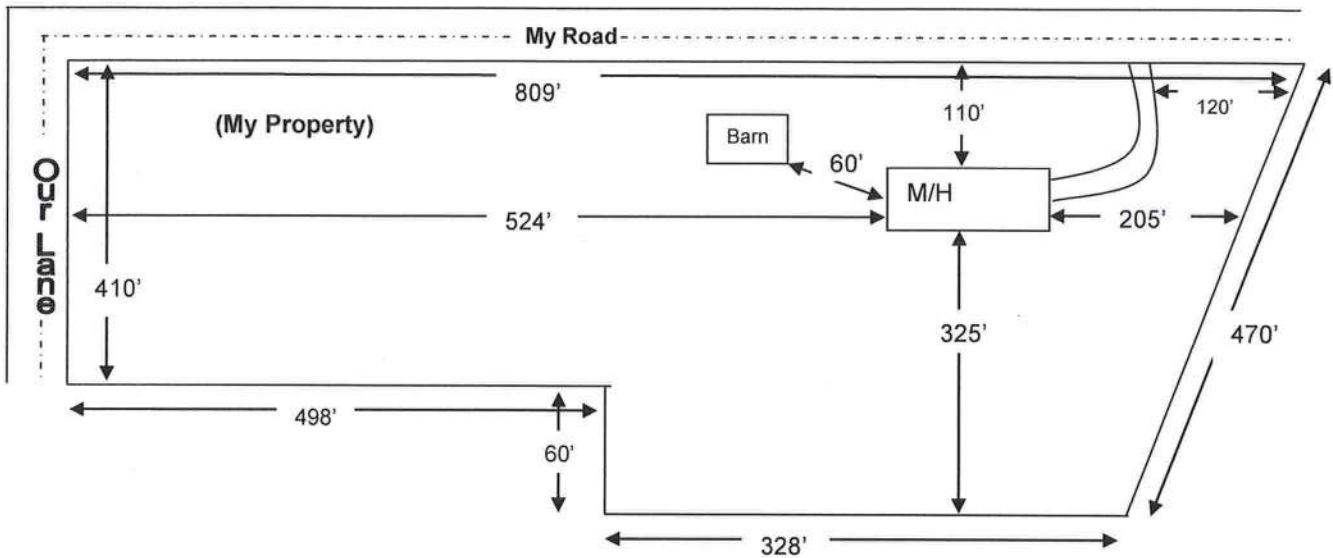
1000 Lbs. 1000 Lbs. 1000 Lbs.
X 1.0 inch pounds X 1.0 inch pounds X 1.0 inch pounds

Test the perimeter of the home at six (6) locations

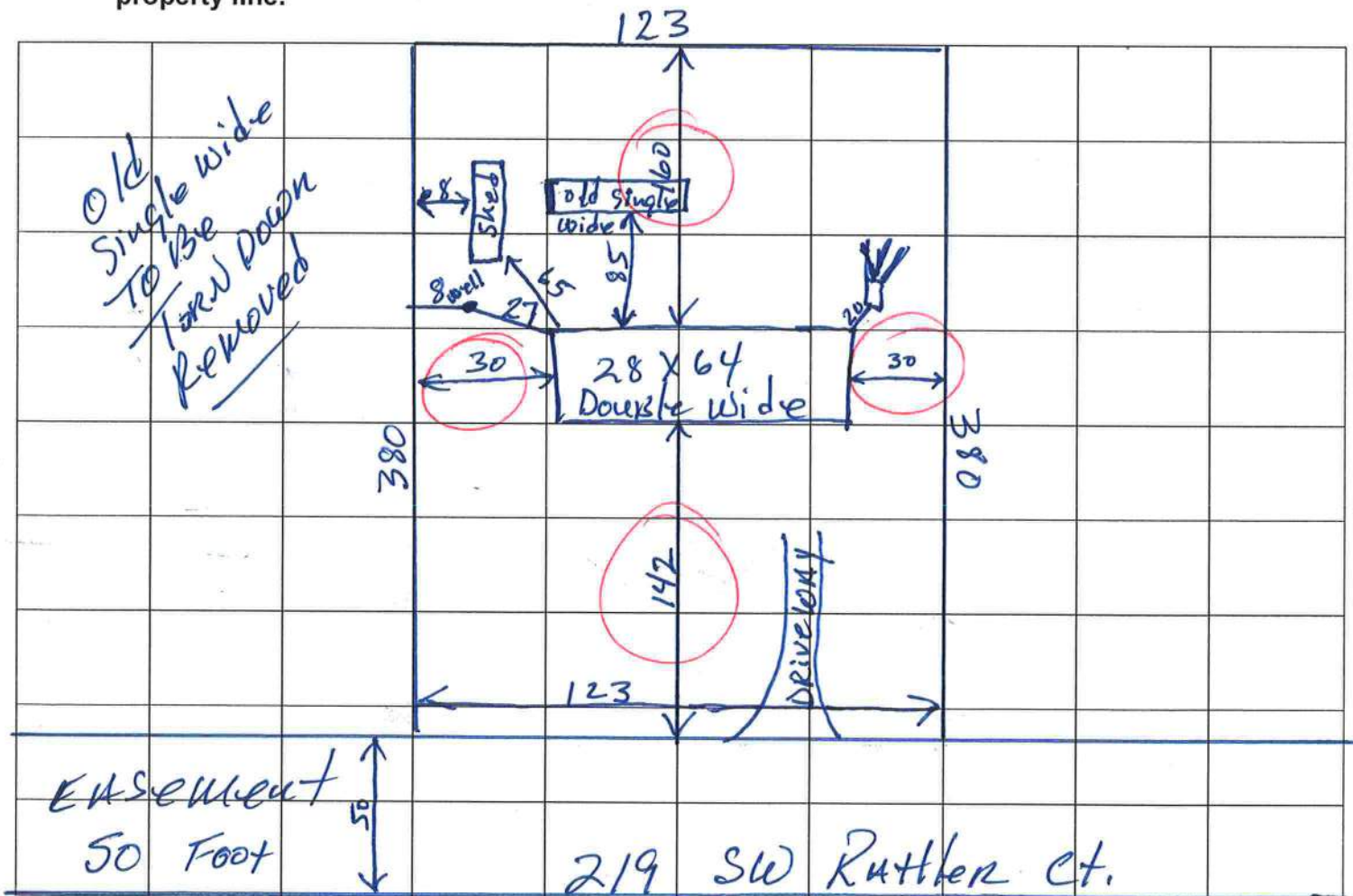
Take the reading at the depth of the footer

Using 500lb. Increment, take the lowest reading and round down to that increment

SITE PLAN EXAMPLE / WORKSHEET



Use this example to draw your own site plan. Show all existing buildings and any other homes on this property and show the distances between them, Also show where the roads or roads are around the property. This site plan can also be used for the 911 Addressing department if you include the distance from the driveway to the nearest property line.



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.

As per Suwannee County Land Development Regulations, Section 14.8:

It shall be deemed a violation of these land development regulations for any person, firm, corporation, or other entity to place or erect any mobile home on any lot or parcel of land within any area subject to these land development regulations for private use without **FIRST** having secured a mobile home move-on (building) permit from the Land Development Regulation Administrator (Building Department). Such permit shall be deemed to authorize placement, erection, and use of the mobile home only at the location specified in the permit. **The responsibility of securing a mobile home move-on (building) permit shall be that of the person causing the mobile home to be moved.** The move-on (building) permit shall be posted prominently on the mobile home before such mobile home is moved onto the site.

I, Jessie L. Chester Knowles, license number IH 1025283/1
Please Print
do hereby state that the installation of the manufactured home for Mike Cox
Freedom Homes at 219 SW Rutter Ct. High Springs
Fla. 32643
911 Address
will be done under my supervision.

Jessie L. Chester Knowles
Signature

Sworn to and subscribed before me this 11 day of February,
20 11.

Notary Public:

Signature

My Commission Expires:



PERMIT NUMBER: _____

TORQUE TEST AFFIDAVIT

I, Jessie L. Chester Knowles, Have personally performed the Torque Test at the following property location:

219 SW Rattler Court High Springs FL, 32643
911 or legal description

Sharon Langford
Property Owner

I have made the following determination as follows:

Torque Value: _____ Inch pounds 4' FT. Anchors

Jessie L. Chester Knowles, IH/1025283/1, 2-11-11
Signature License Number Date

PENETROMETER TEST AFFIDAVIT

I, Jessie L. Chester Knowles, Have personally performed the penetrometer test at the following property location:

219 SW Rattler Court High Springs FL, 32643
911 or legal description

Sharon Langford
Property Owner

I have made the following determination:

Soil load bearing capacity: _____, Or assumed 1000 PSF. ✓

Jessie L. Chester Knowles, IH/1025283/1, 2-11-11
Signature License Number Date



COLUMBIA COUNTY BUILDING DEPARTMENT
135 NE Hernando Ave, Suite B-21, Lake City, FL 32055
Phone: 386-758-1008 Fax: 386-758-2160

MOBILE HOME INSTALLERS LETTER OF AUTHORIZATION

I, Jessie L. "Chester" Knowles, give this authority for the job address show below
Installer License Holder Name
only, 219 SW Rutherford Ct. High Springs FL 32643, and I do certify that
Job Address

the below referenced person(s) listed on this form is/are under my direct supervision and control
and is/are authorized to purchase permits, call for inspections and sign on my behalf.

| Printed Name of Authorized Person | Signature of Authorized Person | Authorized Person is... (Check one) |
|-----------------------------------|--------------------------------|---|
| <u>Mike Cox</u> | | <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Property Owner |
| | | <input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner |
| | | <input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner |

I, the license holder, realize that I am responsible for all permits purchased, and all work done
under my license and I am fully responsible for compliance with all Florida Statutes, Codes, and
Local Ordinances.

I understand that the State Licensing Board has the power and authority to discipline a license
holder for violations committed by him/her or by his/her authorized person(s) through this
document and that I have full responsibility for compliance granted by issuance of such permits.

Jessie L. "Chester" Knowles
License Holders Signature (Notarized)

New # IH 1075283/1

TH 0000509
License Number

2-11-11
Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Jessie L Knowles
personally appeared before me and is known by me or has produced identification
(type of I.D.) _____ on this 11th day of February, 20 11.

April D. Clark
NOTARYS SIGNATURE



THIS INSTRUMENT PREPARED BY:

MARK E. FEAGLE, ESQUIRE
FEAGLE & FEAGLE, ATTORNEYS, P.A.
153 NE Madison Street
Post Office Box 1653
Lake City, Florida 32056-1653
Florida Bar No. 0173248

Inst:2005004962 Date:03/02/2005 Time:15:56

Doc Stamp-Deed : 0.70

15 DC, P. Dewitt Cason, Columbia County B:1039 P:1518

(AS TO FORM ONLY)

WARRANTY DEED

THIS INDENTURE, made this 28th day of February, 2005, between **PATRICIA BARBER**, a married woman not residing on the property, whose mailing address is 11814 S.E., County Road 245, Lulu, Florida 32061, Grantor, and **SHARON L. HOWE**, a single person, whose mailing address is 470 NE 18th Avenue, Apartment 107, Homestead, Florida 33033, Grantee.

W I T N E S S E T H:

That said grantor, for and in consideration of the sum of **TEN AND NO/100 (\$10.00)** Dollars, and other good and valuable considerations to said grantor in hand paid by said grantees, the receipt whereof is hereby acknowledged, has granted, bargained and sold to the said grantee, and grantee's heirs, successors and assigns forever, the following described land, situate, lying and being in Columbia County, Florida, to-wit:

**SEE EXHIBIT "A" ATTACHED HERETO AND
INCORPORATED HEREIN BY REFERENCE**

N.B. No portion of the property constitutes the homestead of Grantor.

TAX PARCEL NO.: 10-7S- [REDACTED]

TOGETHER WITH all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

TO HAVE AND TO HOLD the same in fee simple forever.

AND the Grantor hereby covenants with said Grantee that the Grantor is lawfully seized of said land in fee simple; that the Grantor has good right and lawful authority to sell and convey said land; that the Grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances, except taxes accruing subsequent to December 31, 2004.

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

Signed, sealed and delivered
in the presence of:

M. Carter
Witness
Candice M. Carter
(Print or type name)

Patricia Barber (SEAL)
PATRICIA BARBER

Michelle Vaughn
Witness
Michelle Vaughn
(Print or type name)

Inst:2005004962 Date:03/02/2005 Time:15:56

Doc Stamp-Deed : 0.70

DC, P. DeWitt Cason, Columbia County B:1039 P:1519

STATE OF FLORIDA
COUNTY OF COLUMBIA

I HEREBY CERTIFY that on this day before me, an officer duly qualified to take acknowledgments, personally appeared PATRICIA BARBER, who is personally known to me or who has produced *driver license* as identification.

WITNESS my hand and official seal in the County and State last aforesaid this *28th* day of *February*, 2005.

Michelle Vaughn
NOTARY PUBLIC
MY COMMISSION EXPIRES:

(NOTARIAL SEAL)



0.70

COULLY B:1039 P:1520

CHALLENGE

[illegible]

A STRIP OF LAND IN SECT 10, T12N, R10E, S12E, DESCRIBED AS FOLLOWS:

CORNER AT THE NORTHWEST CORNER OF THE EAST OF A LINE DESCRIBED AS FOLLOWS: SAID SE 1/4 OF SW 1/4, S41.71 FEET, THENCE S 89.12 ° E, W. 382.00 FEET TO THE NORTHEAST CORNER OF LOT 60 OF COLUMBIA COUNTY TOWNSHIP 7 SOUTH

TOGETHER WITH A 60 FOOT EASEMENT FOR IMPROVED ACCESS TO THE SOUTHWEST CORNER OF SAID TRACT AND THE POINT OF BEGINNING OF SAID TERMINAL.

... BUSINESS AND EGRESS DESCRIBED AS FOLLOWS:

[illegible]

EXHIBIT

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR _____ PHONE _____

THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

In Columbia County one permit will cover all trades doing work at the permitted site. It is REQUIRED that we have records of the subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and Ordinance 89-6, a contractor shall require all subcontractors to provide evidence of workers' compensation or exemption, general liability insurance and a valid Certificate of Competency license in Columbia County.

Any changes, the permitted contractor is responsible for the corrected form being submitted to this office prior to the start of that subcontractor beginning any work. Violations will result in stop work orders and/or fines.

| | | |
|-----------------------------|-------------------------------------|--|
| ELECTRICAL <i>OK 358</i> | Print Name <u>MICHAEL A. BOLAND</u> | Signature <u><i>Michael A Boland</i></u> |
| | License #: <u>ES12000671</u> | Phone #: <u>850-576-5113</u> |
| MECHANICAL/ A/C <u>B</u> | Print Name <u>MICHAEL A. BOLAND</u> | Signature <u><i>Michael A Boland</i></u> |
| | License #: <u>CAC1816480</u> | Phone #: <u>850-576-5113</u> |
| PLUMBING/ GAS | Print Name _____ | Signature _____ |
| | License #: _____ | Phone #: _____ |

| Specialty License | License Number | Sub-Contractors Printed Name | Sub-Contractors Signature |
|-------------------|----------------|------------------------------|---------------------------|
| MASON | | | |
| CONCRETE FINISHER | | | |

F. S. 440.103 Building permits; Identification of minimum premium policy.—Every employer shall, as a condition to applying for and receiving a building permit, show proof and certify to the permit issuer that it has secured compensation for its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each time the employer applies for a building permit.

Contractor Forms; Subcontractor forms: 1/11

Mike DO Elect. & AC

THANKS
Mike

ATT: Mike

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR _____ PHONE _____

THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

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Any changes, the permitted contractor is responsible for the corrected form being submitted to this office prior to the start of that subcontractor beginning any work. Violations will result in stop work orders and/or fines.

| | | |
|----------------------------|---|---|
| ELECTRICAL | Print Name _____ License #: _____ | Signature _____ Phone #: _____ |
| MECHANICAL/ A/C | Print Name _____ License #: _____ | Signature _____ Phone #: _____ |
| PLUMBING/ GAS | Print Name <u>Jessie L. "Chester" Kwadza</u> License #: <u>I H/1025283/1</u> | Signature <u>Jessie L. Chester Kwadza</u> Phone #: <u>386-755-6441</u> |

| Specialty License | License Number | Sub-Contractors Printed Name | Sub-Contractors Signature |
|-------------------|----------------|------------------------------|---------------------------|
| MASON | | | |
| CONCRETE FINISHER | | | |

F. S. 440.103 Building permits; Identification of minimum premium policy.—Every employer shall, as a condition to applying for and receiving a building permit, show proof and certify to the permit issuer that it has secured compensation for its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each time the employer applies for a building permit.

Contractor Forms: Subcontractor form: 1/21

Mike do elect. & AC
Chester
Fill in plumbing
Hanks
Mike

COLUMBIA COUNTY 9-1-1 ADDRESSING

P. O. Box 1787, Lake City, FL 32056-1787

PHONE: (386) 758-1125 * 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 REQUESTED: 2/10/2011 DATE ISSUED: 2/15/2011

ENHANCED 9-1-1 ADDRESS:

219 SW RATTLER CT
HIGH SPRINGS FL 32643

PROPERTY APPRAISER PARCEL NUMBER:

10-7S-17-09974-321

Remarks:

RE-ISSUE OF ADDRESS FOR NEW STRUCTURE.

Address Issued By: SIGNED: / RONAL N. CROFT
Columbia County 9-1-1 Addressing / GIS Department

**NOTICE: THIS ADDRESS WAS ISSUED BASED ON LOCATION
INFORMATION RECEIVED FROM THE REQUESTER. SHOULD,
AT A LATER DATE, THE LOCATION INFORMATION BE FOUND
TO BE IN ERROR, THIS ADDRESS IS SUBJECT TO CHANGE.**

Columbia County Property Appraiser

DB Last Updated: 1/6/2011

2010 Tax Year

Parcel: 10-7S-17-09974-321

<< Next Lower Parcel Next Higher Parcel >>

Tax Collector

Tax Estimator

Property Card

Parcel List Generator

Interactive GIS Map

Print

Owner & Property Info

<< Prev Search Result: 8 of 8

| | | | |
|-------------------------|---|---------------------|-------|
| Owner's Name | LANGFORD SHARON L HOWE | | |
| Mailing Address | 308 SE DIAMONDBACK GLN HIGH SPRINGS, FL 32643 | | |
| Site Address | 219 SE RATTLER CT | | |
| Use Desc. (code) | MOBILE HOM (000200) | | |
| Tax District | 3 (County) | Neighborhood | 10717 |
| Land Area | 1.110 ACRES | Market Area | 02 |
| Description | NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction. BEG NW COR OF SE1/4 OF SW1/4, RUN S ALONG W LINE 35.42 FT, W 381.04 FT TO E LINE DOGWOOD ACRES S/D, RUN N ALONG E LINE OF NE1/4 OF SW1/4 127.33 FT, E 380.78 FT TO W LINE, S ALONG W LINE 91.92 FT TO POB. ORB 837-2029, 839-27, 931-2707 WD 985-535, WD 986-1724, WD 1039-1518. | | |



Property & Assessment Values

| 2010 Certified Values | | |
|------------------------------|-------------------------------------|-------------|
| Mkt Land Value | cnt: (0) | \$13,274.00 |
| Ag Land Value | cnt: (2) | \$0.00 |
| Building Value | cnt: (1) | \$2,431.00 |
| XFOB Value | cnt: (1) | \$1,200.00 |
| Total Appraised Value | | \$16,905.00 |
| Just Value | | \$16,905.00 |
| Class Value | | \$0.00 |
| Assessed Value | | \$16,905.00 |
| Exempt Value | (code: HX) | \$16,905.00 |
| Total Taxable Value | Cnty: \$0 Other: \$0 Schl: \$0 | |

2011 Working Values

NOTE:
2011 Working Values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

Show Working Values

Sales History

Show Similar Sales within 1/2 mile

| Sale Date | OR Book/Page | OR Code | Vacant / Improved | Qualified Sale | Sale RCode | Sale Price |
|-----------|--------------|---------|-------------------|----------------|------------|------------|
| 2/28/2005 | 1039/1518 | WD | V | U | 06 | \$100.00 |
| 6/20/2003 | 986/1724 | WD | V | U | 03 | \$100.00 |
| 5/21/2003 | 985/535 | WD | V | U | 03 | \$100.00 |
| 7/26/2001 | 931/2707 | WD | V | U | 02 | \$100.00 |
| 4/7/1997 | 837/2029 | WD | V | U | 02 | \$0.00 |

Building Characteristics

| Bldg Item | Bldg Desc | Year Blt | Ext. Walls | Heated S.F. | Actual S.F. | Bldg Value |
|--|---------------------|----------|----------------|-------------|-------------|------------|
| 1 | MOBILE HME (000800) | 1968 | AL SIDING (26) | 720 | 720 | \$2,431.00 |
| Note: All S.F. calculations are based on exterior building dimensions. | | | | | | |

Extra Features & Out Buildings

| Code | Desc | Year Blt | Value | Units | Dims | Condition (% Good) |
|------|---------|----------|------------|-------------|-----------|--------------------|
| 0190 | FPLC PF | 2005 | \$1,200.00 | 0000001.000 | 0 x 0 x 0 | (000.00) |

1102-411

CODE ENFORCEMENT DEPARTMENT
COLUMBIA COUNTY, FLORIDA
OUT OF COUNTY MOBILE HOME INSPECTION REPORT

COUNTY THE MOBILE HOME IS BEING MOVED FROM Shumaker County
OWNERS NAME Sharon Langford PHONE _____ CELL 423-4218
INSTALLER Jessie L. "Chester" Knowles PHONE 386-753-6441 CELL 386-397-3619
INSTALLERS ADDRESS 5801 SW SR 47 Lake In, FL 32024

MOBILE HOME INFORMATION

MAKE Fleetwood YEAR 1977 SIZE 28 x 64
COLOR Gray/white FLV 7048 250 45 GHR
WIND ZONE II SMOKE DETECTOR Yes

INTERIOR:

FLOORS Great

DOORS Great

WALLS Great

CABINETS Great

ELECTRICAL (FIXTURES/OUTLETS) Great

EXTERIOR:

WALLS / SIDING Great

WINDOWS Great

DOORS Great

STATUS:

APPROVED _____ NOT APPROVED _____

NOTES

INSTALLER OR INSPECTORS PRINTED NAME Jessie L. "Chester" Knowles

Installer/Inspector Signature Jessie L. "Chester" Knowles License No. IN/1025203/1 Date 2-10-11

ONLY THE ACTUAL LICENSE HOLDER OR A BUILDING INSPECTOR CAN SIGN THIS FORM.

NO WIND ZONE ONE MOBILE HOMES WILL BE PERMITTED. MOBILE HOMES PRIOR TO 1977 ARE PRE-HUD AND THE WIND ZONE MUST BE PROVEN TO BE PERMITTED.

BEFORE THE MOBILE HOME CAN BE MOVED INTO COLUMBIA COUNTY THIS FORM MUST BE COMPLETED AND RETURNED TO THE COLUMBIA COUNTY BUILDING DEPARTMENT.

ONCE MOVED INTO COLUMBIA COUNTY AN INSPECTOR MUST COMPLETE A PRELIMINARY INSPECTION ON THE MOBILE HOME. CALL 386-719-2038 TO SET UP THIS INSPECTION. NO PERMIT WILL BE ISSUED BEFORE THIS IS DONE.

Code Enforcement Approval Signature

[Signature]

Date 2-23-11



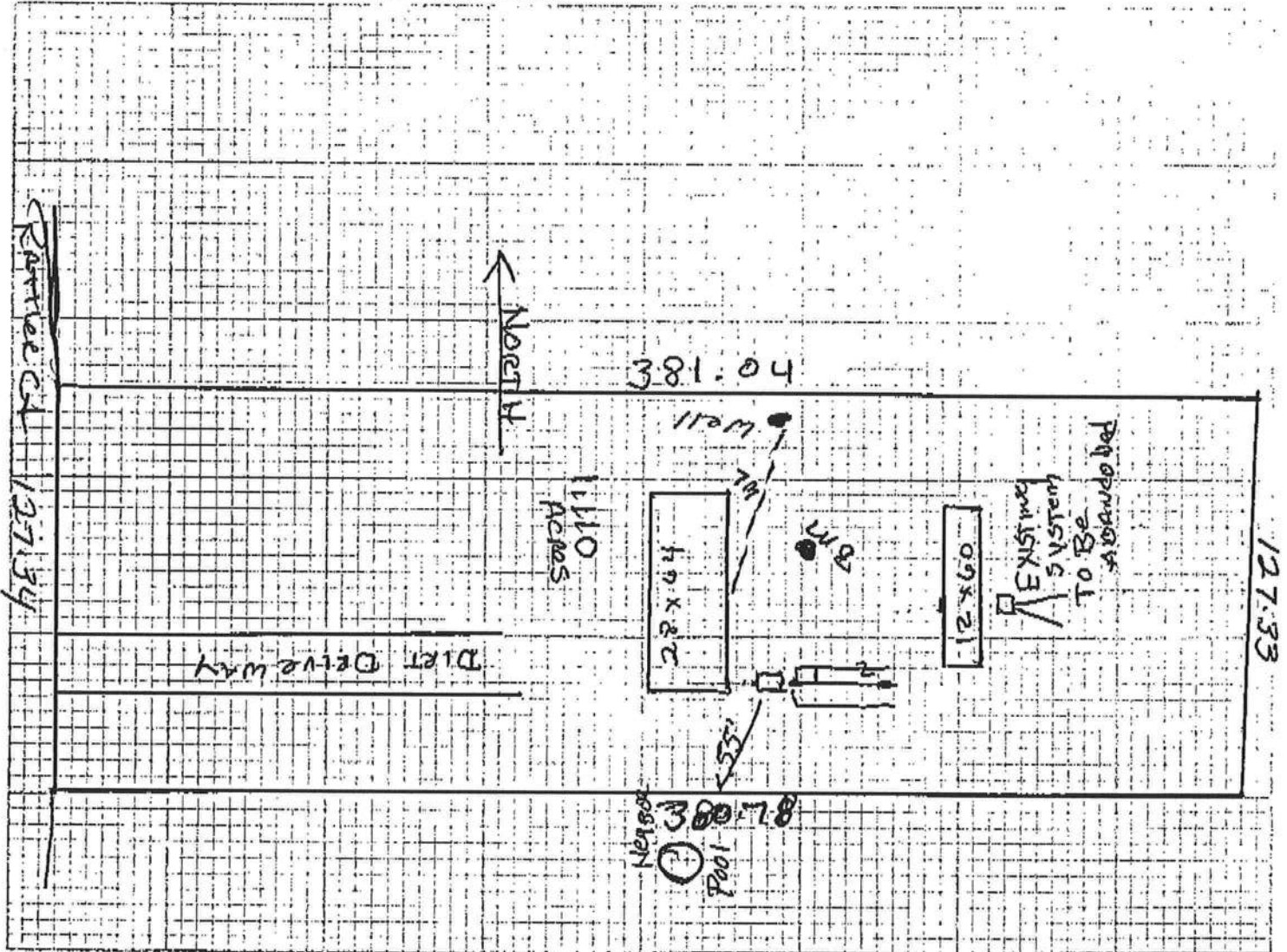
STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 10-0073-N

PART II - SITE PLAN -

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



Notes: SHARON HOWE LANGFORD
1.110 ACRES
10-75-17-09974-321

Site Plan submitted by: Robert W. Judd

Signature

Plan Approved ☒ Not Approved

By Sallye Ford, El Director **Columbia CHD**

County Health Department

Approved Agust

Title

Date 2/23/11

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 2-25-11 BY LH IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? Yes
OWNERS NAME Sharon Langford PHONE _____ CELL 623-4218
ADDRESS 219 SW Ratter Ct. High Springs FL 32643
MOBILE HOME PARK _____ SUBDIVISION Dogwood Acres S/D
DRIVING DIRECTIONS TO MOBILE HOME 441 S, @ D around Back GLN, @ Ratter,
go 2 tenth of a mile and @
MOBILE HOME INSTALLER Florida Fine + Clean PHONE 755-6441 CELL _____

MOBILE HOME INFORMATION

MAKE Dogwood Acres S/D YEAR 97 SIZE 11.8 x 64 COLOR _____
SERIAL No. FLV 70AB 20-045 KH2
WIND ZONE II Must be wind zone II or higher NC WIND ZONE I ALLOWED

INSPECTION STANDARDS

INTERIOR:

(P or F) - P= PASS F= FAILED

☒ SMOKE DETECTOR () OPERATIONAL () MISSING
☒ FLOORS () SOLID () WEAK () HOLES DAMAGED LOCATION _____
☒ DOORS () OPERABLE () DAMAGED
☒ WALLS () SOLID () STRUCTURALLY UNSOUND
☒ WINDOWS () OPERABLE () INOPERABLE
☒ PLUMBING FIXTURES () OPERABLE () INOPERABLE () MISSING
☒ CEILING () SOLID () HOLES () LEAKS APPARENT
☒ ELECTRICAL (FIXTURES/OUTLETS) () OPERABLE () EXPOSED WIRING () OUTLET COVERS MISSING () LIGHT
FIXTURES MISSING

\$50.00

Date of Payment: 2-22-11

Paid By: Mike Cox

Notes: _____

EXTERIOR:

☒ WALLS / SIDING () LOOSE SIDING () STRUCTURALLY UNSOUND () NOT WEATHERTIGHT () NEEDS CLEANING
☒ WINDOWS () CRACKED / BROKEN GLASS () SCREENS MISSING () WEATHERTIGHT
☒ ROOF () APPEARS SOLID () DAMAGED

STATUS

APPROVED ☒ WITH CONDITIONS: _____
NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS: _____

SIGNATURE M. S. R... ID NUMBER 1402 DATE 2-28-11

COLUMBIA COUNTY, FLORIDA
DEPARTMENT OF BUILDING AND ZONING

M/H O C C U P A N C Y

COLUMBIA COUNTY, FLORIDA

Department of Building and Zoning Inspection

This Certificate of Occupancy is issued to the below named permit holder for the building and premises at the below named location, and certifies that the work has been completed in accordance with the Columbia County Building Code.

Parcel Number 10-7S-17-09974-321

Building permit No. 000029229

Permit Holder CHESTER KNOWLES

Owner of Building SHARON LANGFORD

Location: 219 SW RATTLER COURT, HIGH SPRINGS, FL 32643

Date: 03/18/2011

Harry Dicks

Building Inspector

POST IN A CONSPICUOUS PLACE
(Business Places Only)

