

DATE 01/30/2008

Columbia County Building Permit
This Permit Must Be Prominently Posted on Premises During Construction

PERMIT
000026694

APPLICANT KAREN TRUESDALE PHONE 386.623.2203
ADDRESS 210 SE PRESS-RUTH DRIVE LAKE CITY FL 32025
OWNER KAREN TRUESDALE PHONE 758.5700
ADDRESS 656 SE SULTAN LOOP LAKE CITY FL 32025
CONTRACTOR ROBERT SHEPPARD PHONE 386.623.2203
LOCATION OF PROPERTY 90-E TO SR 100,TR TO PRICE CREEK,TR TO WEEKS,TL TO
SULTAN LOOP,TL TO THE END TR ONTO PROPERTY.

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 13-4S-17-08335-009 SUBDIVISION DEEREHAVEN UNREC S/D
LOT 10 BLOCK PHASE UNIT TOTAL ACRES 7.80

IH0000833
Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor
EXISTING 08-0111MS CFS JTH N
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: FLOOR ONE FOOT ABOVE THE ROAD

Check # or Cash 12502

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

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

BUILDING PERMIT FEE \$ 0.00 CERTIFICATION FEE \$ 0.00 SURCHARGE FEE \$ 0.00
MISC. FEES \$ 250.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 109.89 WASTE FEE \$ 150.75
FLOOD DEVELOPMENT FEE \$ FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$ TOTAL FEE 585.64
INSPECTORS OFFICE CLERKS OFFICE

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 TO BE IN ACTIVE PROGRESS WHEN THE PERMIT HAS RECIEVED AN APPROVED INSPECTION WITHIN 180 DAYS.

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

CK# 12502

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 11-30-07)

Zoning Official aka 1/28/08

Building Official ok JTH 1-25-08

AP# 0801-126

Date Received 1/24/08

By LH

Permit # 26694

Flood Zone X

Development Permit —

Zoning A-3

Land Use Plan Map Category A-3

Comments _____

FEMA Map# _____ Elevation _____ Finished Floor _____ River _____ In Floodway _____

☒ Site Plan with Setbacks Shown ☒ EH # 08-0111M ☐ EH Release ☐ Well letter ☒ Existing well

☒ Copy of Recorded Deed or Affidavit from land owner ☒ Letter of Authorization from installer

☐ State Road Access ☐ Parent Parcel # _____ ☐ STUP-MH _____

☒ Unincorporated area ☐ Incorporated area ☐ Town of Fort White ☐ Town of Fort White Compliance letter

Property ID # 13-46-17-08335-009 Subdivision Lot 10 Deerhaven S/O

- New Mobile Home _____ Used Mobile Home ☒ Year 1997
- Applicant KAREN THUESDALE Phone # 758-5700/623-9842
- Address LAKE CITY, FL 32025
- Name of Property Owner Karen Thuesdale Phone# 758-5700/623-9842
- 911 Address 656 SE Sulton Loop, L.C. 32025
- Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home same Phone # _____
Address _____
- Relationship to Property Owner N/A
- Current Number of Dwellings on Property 1
- Lot Size _____ Total Acreage 7.8
- 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 (Owes)
- Driving Directions to the Property Hwy 90 East (R) Price Creek Rd (245)
(L) Weeks to east side of Sulton (L) to end (R) onto
property
- Name of Licensed Dealer/Installer Robert Sheppard Phone # 386-623-2203
- Installers Address 6355 SE CR 245 Lake City FL 32025
- License Number TH0000833 Installation Decal # 278549

1/29/08 message

PERMIT NUMBER

POCKET PENETROMETER TEST

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

x 1700 x 1700 x 1700

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 1700 x 1700 x 1700

TORQUE PROBE TEST

The results of the torque probe test is 295 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 require anchors with 4000 lb holding capacity.

RS Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Robert Sheffield

Date Tested

1-17-08

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. 28

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 29

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 28

Site Preparation

Debris and organic material removed ☒
Water drainage: Natural ☒ Swale ☐ Pad ☐ Other ☐

Fastening multi wide units

Floor: Type Fastener: lags Length: 5" Spacing: 16" 00
Walls: Type Fastener: screws Length: 4" Spacing: 16" 00
Roof: Type Fastener: lags Length: 6" Spacing: 16" 00
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

Foam

Pg. 28

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 ☒
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

Installer Signature

Robert Sheffield

Date

1-17-08



Columbia County Tax Collector

Site Provided by...
governmax.com T1.12

Tax Record

print Acc

Last Update: 1/17/2008 2:43:34 PM EST

Details

Tax Record

» Print View

Legal Desc.

Appraiser Data

Tax Payment

Payment History

Searches

Account Number

GEO Number

Owner Name

Property Address

Certificate **NEW!**

Mailing Address

Site Functions

Disclaimer

Tax Search

Local Business Tax

Tax Sale List

Contact Us

County Login

Home

Ad Valorem Taxes and Non-Ad Valorem Assessments

The information contained herein does not constitute a title search and should not be relied on as such.

Account Number	Tax Type	Tax Year
R08335-009	REAL ESTATE	2007
Mailing Address TRUESDALE MICHAEL T & KAREN J TRUESDALE (JTWRS) 210 SE PRESS RUTH RD LAKE CITY FL 32025 Property Address 656 SULTAN LP SE LKC GEO Number 174S13-08335-009		
Assessed Value	Exempt Amount	Taxable Value
\$32,800.00	\$0.00	\$32,800.00
Exemption Detail NO EXEMPTIONS		
Millage Code 003		
Escrow Code 999		
Legal Description (click for full description) 13-4S-17 9900/9900 COMM SW COR OF W1/2 OF SE1/4, RUN N 30 FT, E 1254.76 FT, N 1920 FT FOR POB, RUN W 306.92 FT, N 30.02 FT, W 1 FT, N 641.35 FT, E 486.66 FT, S 677.62 FT TO POB. (AKA LOT 10 DE S/D UNREC) ORB 481-644, 784-1926, See Tax Roll For Extra Legal		
Ad Valorem Taxes		
Taxing Authority	Rate	Exemption Amount
BOARD OF COUNTY COMMISSIONERS	7.8530	0
COLUMBIA COUNTY SCHOOL BOARD		
DISCRETIONARY	0.7600	0
LOCAL	4.7800	0
CAPITAL OUTLAY	2.0000	0
SUWANNEE RIVER WATER MGT DIST	0.4399	0
LAKE SHORE HOSPITAL AUTHORITY	2.0220	0
COLUMBIA COUNTY INDUSTRIAL	0.1240	0
Total Millage		17.9789
Total Taxes		
Non-Ad Valorem Assessments		
Code	Levying Authority	
FFIR	FIRE ASSESSMENTS	
Total Assessments		
Taxes & Assessments		

If Paid By	Amount

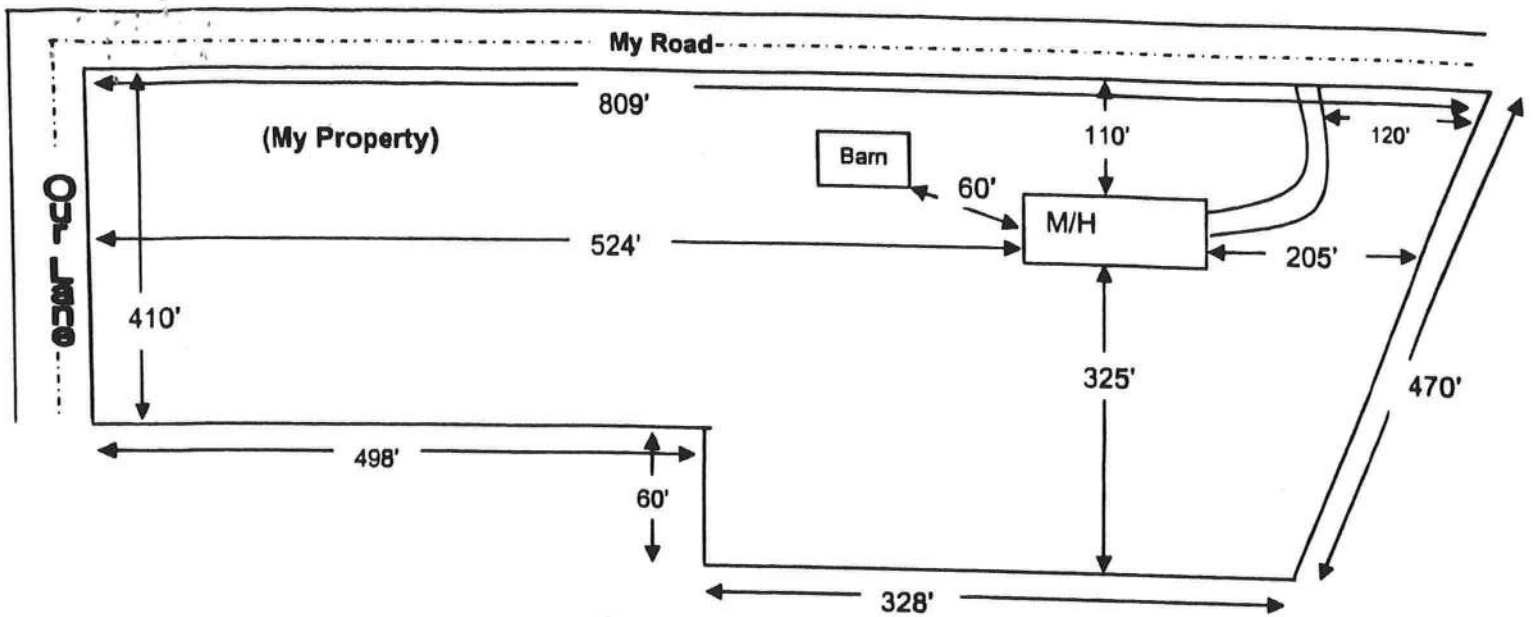
Date Paid	Transaction	Receipt	Item	Amount
12/13/2007	PAYMENT	2203932.0001	2007	

Prior Years Payment

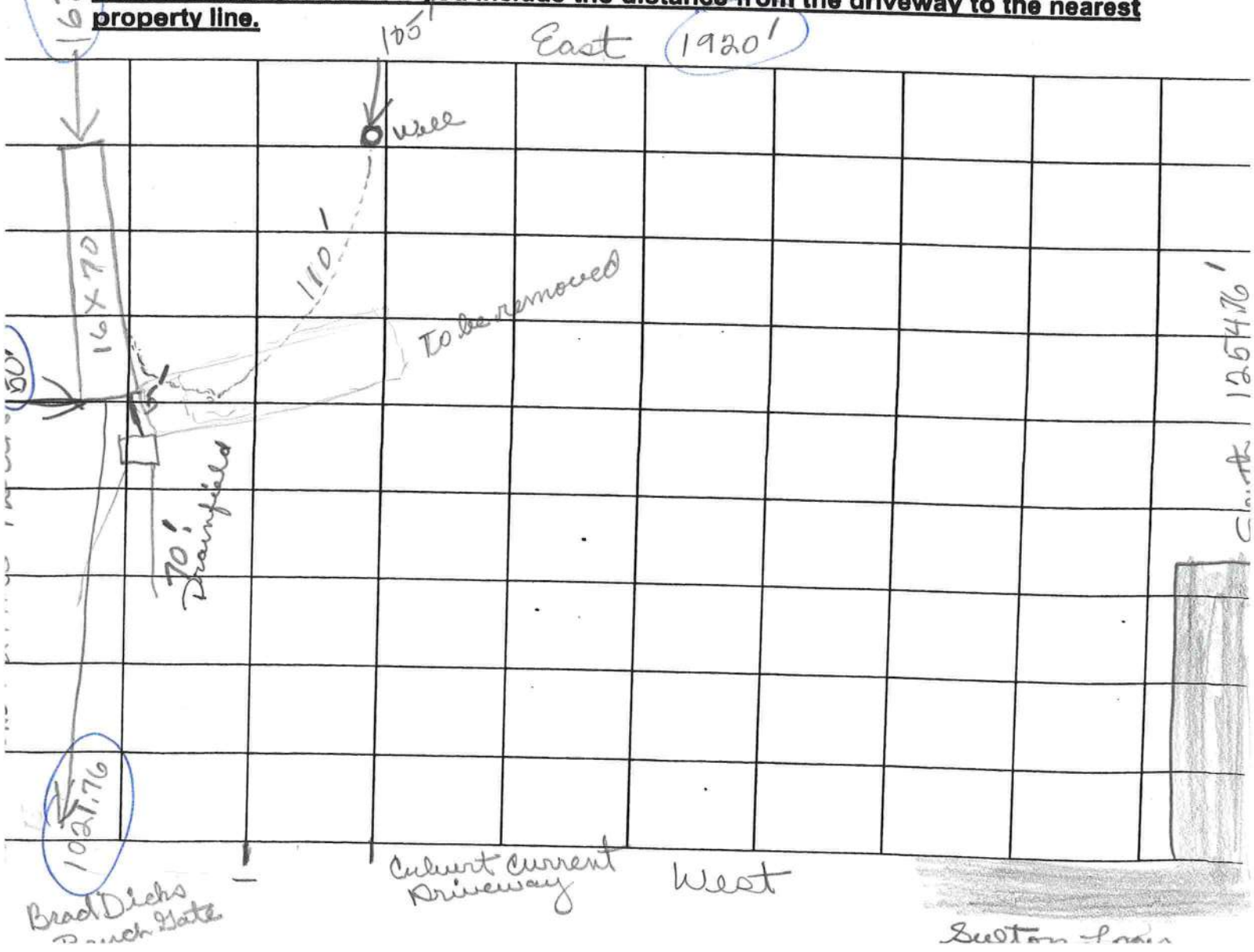
Prior Year Taxes Due
NO DELINQUENT TAXES

[Print](#) | << First < Previous Next > Last >>

Powered by
MANATRON



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.





STATE OF FLORIDA
DEPARTMENT OF HEALTH

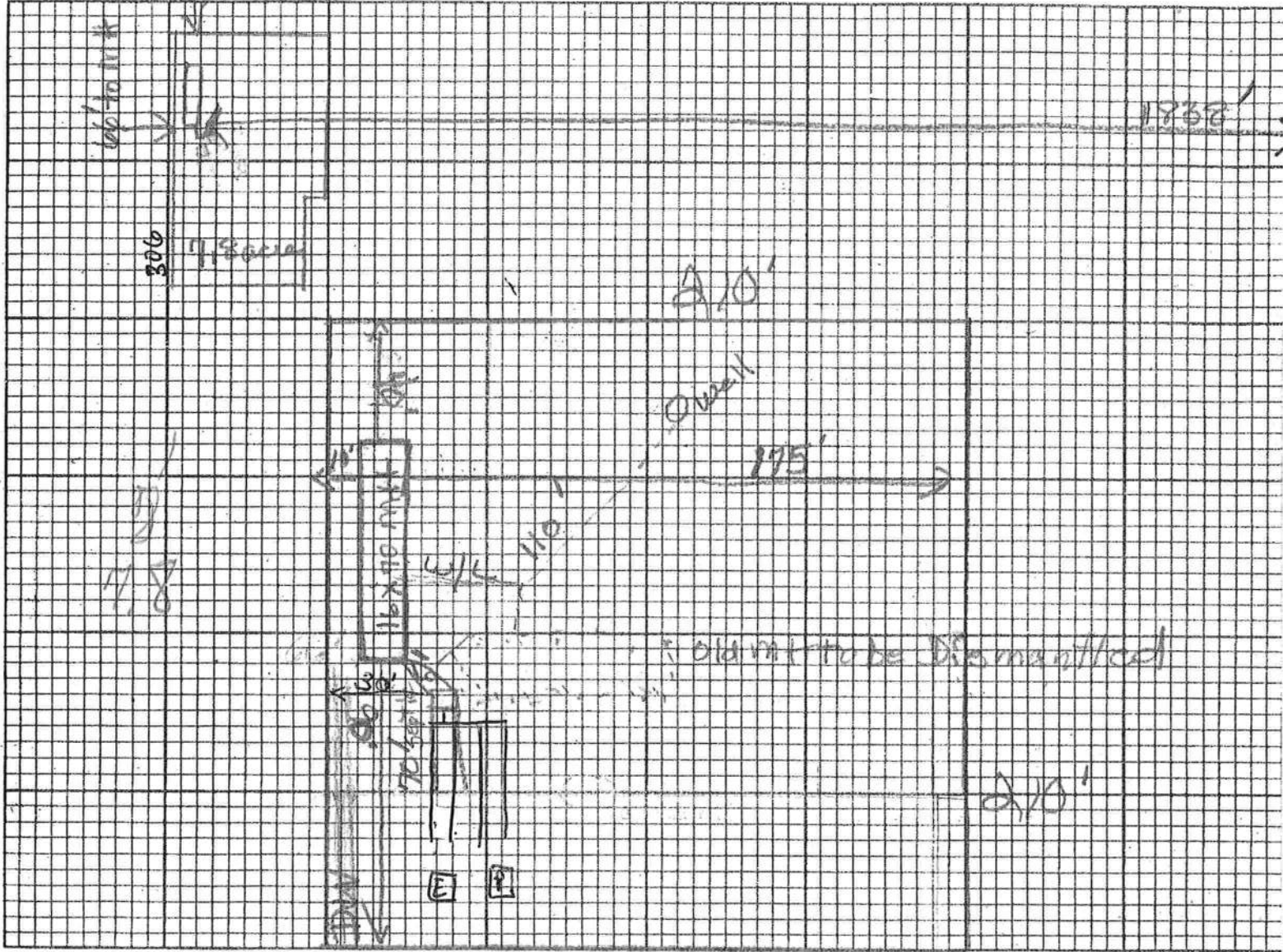
Yuesdale

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 08-0111M

PART II - SITE PLAN

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



Notes: _____

Site Plan submitted by: Karen Yuesdale Signature _____ Title Owner

Plan Approved APPROVED Not Approved _____ Date 1/25/8

By [Signature] _____ County Health Department

Columbia CHD

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

**CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT**

DATE RECEIVED 1/24/08 BY GT IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? N/O
 OWNERS NAME KAREN TUESDALE PHONE 758-8700 CELL 623-4842
 ADDRESS 210 SE Press Ruth DR, L.C. 32025
 MOBILE HOME PARK N/A SUBDIVISION _____
 DRIVING DIRECTIONS TO MOBILE HOME 90E, TR 100, TR 245, TR
Press Ruth, 1st exit on right

MOBILE HOME INSTALLER Robert Sheppard PHONE _____ CELL 623-2203

MOBILE HOME INFORMATION

MAKE Fleetwood YEAR 1997 SIZE 70 x 16 COLOR Beige
 SERIAL NO. GAFLV07A37667W221
 WIND ZONE II Must be wind zone II or higher NO WIND ZONE I ALLOWED

INSPECTION STANDARDS

INTERIOR

(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

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 As S. Pull

ID NUMBER 402

DATE 1-25-08

LETTER OF AUTHORIZATION

Date: 1/30/08

Columbia County Building Department
P.O. Drawer 1529
Lake City, FL 32056

I Robert Sheppard, License No. JH0000833 do hereby
Authorize Karen Truesdale to pull and sign permits on my
behalf.

Sincerely,

Robert Sheppard

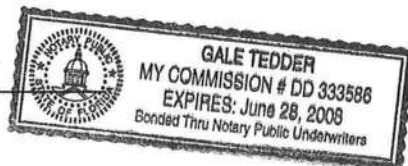
Sworn to and subscribed before me this 30th day of JAN, 2008.

Notary Public: Gale Tedder

My commission expires: _____

Personally Known ✓

Produced Valid Identification: _____



July 7, 2009

To Whom It May Concern:

RE: 000026694 Permit

Please be advised that I would like to request an extension on the above-mentioned permit on the 1997 16'x70' Fleetwood Mobile Home ID# GAFLVO7A39667W221; moved from 210 SE Press Ruth Dr. to 656 SE Sulton Loop, Lake City, FL 32025.

The delay in getting the mobile home moved was due to the kitchen floor structure having to be replaced and some door frame repairs that took longer than expected.

Sincerely,

Karen Truesdale

Karen Truesdale
210 SE Press Ruth Dr.
Lake City, FL 32025
386-961-8293 home
386-623-9842 cell

*Approved for inspection, per Marlin Feagles letter
dated 2-12-09. Permit issued in 1-08. L. Jackson*



STATE OF FLORIDA
DEPARTMENT OF HEALTH

26694

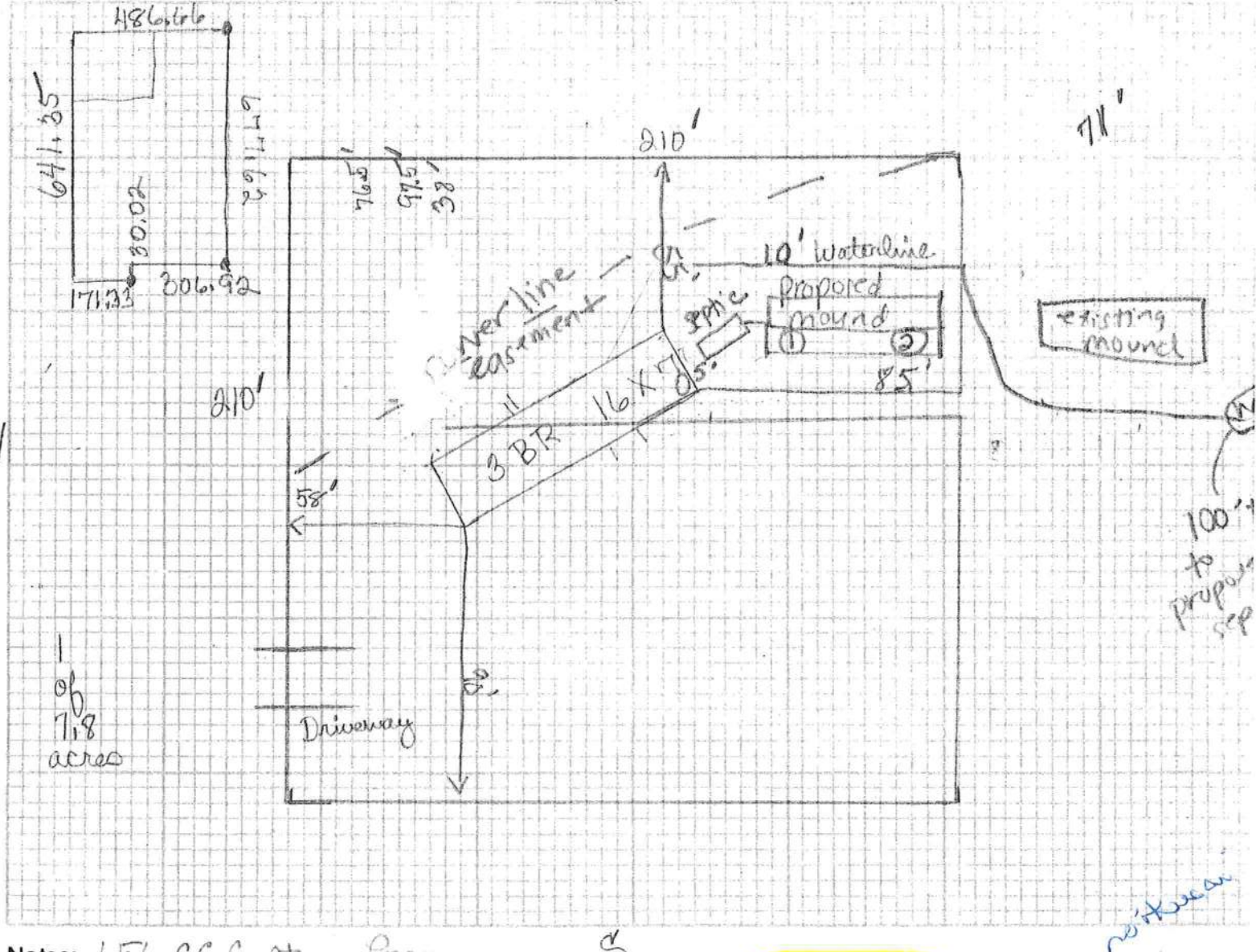
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number DB-D111,11

PART II - SITE PLAN

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

N



Notes: 656 SE Sutton Loop

* Gate will be unlocked

Revised
6.15.09

K. Truesdale

Site Plan submitted by: Karen Truesdale

Signature

Owner

Title

Plan Approved

APPROVED

Not Approved

Date 5.26.09

By

Columbia CHD

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT