

APPLICANT FERNANDA LEGREE PHONE 497-1748
ADDRESS 4989 SW CR 18 FORT WHITE FL 32038
OWNER ERVIN & FRANCES LEGREE PHONE 497-1748
ADDRESS 4987 SW CR 18 FORT WHITE FL 32038
CONTRACTOR VIC ETHERIDGE PHONE 941-380-2252
LOCATION OF PROPERTY 47 S, L 27, L 18, ON THE LEFT ACROSS FROM RED CEDAR CT

TYPE DEVELOPMENT MH, UTILITY ESTIMATED COST OF CONSTRUCTION 0.00
HEATED FLOOR AREA TOTAL AREA HEIGHT STORIES
FOUNDATION WALLS ROOF PITCH FLOOR
LAND USE & ZONING AG-3 MAX. HEIGHT 35
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 35-6S-16-04072-000 SUBDIVISION
LOT BLOCK PHASE UNIT TOTAL ACRES 17.50

IH1025185
Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor
EXISTING 10-0270 BK TC N
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: DESIGNATING 5 ACRES FOR THIS MH
FLOOR ONE FOOT ABOVE THE ROAD
CHANGE OF CONTRACTOR-DOCUMENTS IN FILE (MARCH 23, 2011) Check # or Cash CASH

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 Insulation 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 Pool date/app. by
Permanent power date/app. by C.O. Final date/app. by Culvert date/app. by
Pump pole date/app. by Utility Pole date/app. by M/H tie downs, blocking, electricity and plumbing date/app. by
Reconnection date/app. by RV 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 \$ 0.00 WASTE FEE \$
FLOOD DEVELOPMENT FEE \$ FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$ **TOTAL FEE** 325.00

INSPECTORS OFFICE L. H. CLERKS OFFICE See other Copy for Account

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 <u>BLR 24.02-11</u>	Building Official <u>J.C. 2-23-11</u>
AP# <u>1102-40</u>	Date Received <u>2-22-11</u>	By <u>LH</u>	Permit # <u>29216</u>
Flood Zone <u>X</u>	Development Permit <u>N/A</u>	Zoning <u>A-3</u>	Land Use Plan Map Category <u>A-3</u>
Comments <u>Designating 5 acres for this MH, see attached aerial</u>			
FEMA Map# <u>N/A</u>	Elevation <u>N/A</u>	Finished Floor <u>1st floor</u>	River <u>N/A</u> In Floodway <u>N/A</u>
☒ Site Plan with Setbacks Shown	☒ EH # <u>10-0270</u>	☒ 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 <u>(paid)</u>
Road/Code _____ School _____		= TOTAL Impact Fees Suspended March 2009 _____	

Property ID # 35-65-16-04072-000 Subdivision _____

- ☐ New Mobile Home ☒ Used Mobile Home ✓ MH Size 14x60 Year _____
- Applicant Fernanda Legee Phone # 386.497.1748
- Address 4989 NW Cr 18, Ft. White, FL 32038
- Name of Property Owner Ervin & Frances Legee Phone# 386.497.1748
- ☒ 911 Address 4987 SW Cr 18, Ft. White, FL 32038
- Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home Fernanda Legee Phone # 386.497.1748
Address 4989 NW Cr 18, Ft. White, FL 32038
- Relationship to Property Owner Daughter
- Current Number of Dwellings on Property 1
- Lot Size _____ Total Acreage 17.50
- 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 NO (Paid)
- Driving Directions to the Property 475, @ 27, @ CR 18, on the Left across from SW Red Cedar Ct
- Name of Licensed Dealer/Installer VIC EINHORN Phone # 941.380.2252
- Installers Address 6883 SW 36th Ave, Lake Butler, FL 32054
- License Number TH1025185 Installation Decal # 5087

Changed - Fernanda Legee
Paid for the permit - See attached letter
spoke to Mom 2-24-11 \$325.00

Columbia County Property Appraiser

DB Last Updated: 1/6/2011

2010 Tax Year

Parcel: 35-6S-16-04072-000

<< Next Lower Parcel Next Higher Parcel >>

Tax Collector

Tax Estimator

Property Card

Parcel List Generator

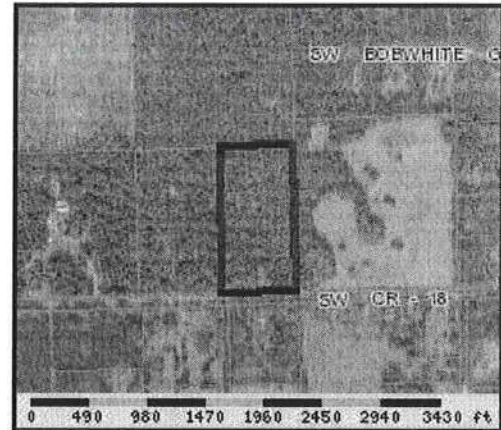
Interactive GIS Map

Print

Owner & Property Info

Search Result: 1 of 1

Owner's Name	LEGREE ERVIN & FRANCES		
Mailing Address	4989 SW CR 18 FT WHITE, FL 32038		
Site Address	4989 SW COUNTY RD 18		
Use Desc. (code)	MOBILE HOM (000200)		
Tax District	3 (County)	Neighborhood	35616
Land Area	17.500 ACRES	Market Area	02
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction. E1/2 OF SE1/4 OF NW1/4 EX RD R/W. ORB 449-158, 452-535, 450-325,		



Property & Assessment Values

2010 Certified Values		
Mkt Land Value	cnt: (0)	\$74,717.00
Ag Land Value	cnt: (2)	\$0.00
Building Value	cnt: (1)	\$36,971.00
XFOB Value	cnt: (0)	\$0.00
Total Appraised Value		\$111,688.00
Just Value		\$111,688.00
Class Value		\$0.00
Assessed Value		\$108,813.00
Exempt Value	(code: HX)	\$50,000.00
Total Taxable Value	Cnty: \$58,813 Other: \$58,813 Schl: \$83,813	

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
NONE						

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
2	MOBILE HME (000800)	1999	(31)	2356	2500	\$35,091.00
Note: All S.F. calculations are based on exterior building dimensions.						

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
NONE						

Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
000200	MBL HM (MKT)	17.5 AC	1.00/1.00/1.00/1.00	\$3,739.77	\$65,445.00
009945	WELL/SEPT (MKT)	1 UT - (0000000.000AC)	1.00/1.00/1.00/1.00	\$2,000.00	\$2,000.00

29216

March 17, 2010

Columbia County Building & Zoning Dept.
135 NE Hernando Avenue, Rm. B-21-A
Lake City, FL 32055

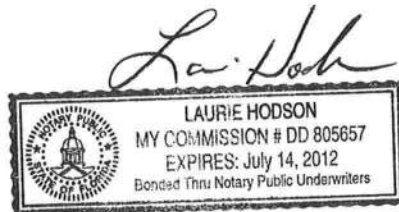
Please accept this letter of relinquishment for a mobile home set-up for Ms. Fernanda Legree at 4987 SW CR 18, Ft. White, FL. 32028.

Due to some unforeseen circumstances I will not be installing this said mobile home. All relevant and pertinent information on file with my license number for permit number 29216 is null and void on my signature.

Sincerely,



Robert Sheppard
6355 NE CR 245
Lake City, FL 32025



/rs

29216

Cell: 380-344-3052

COLUMBIA COUNTY PERMIT WORKSHEET

These worksheets must be completed and signed by the installer.
Submit the originals with the packet.

Installer Vic Edmundo License # TA 1025185

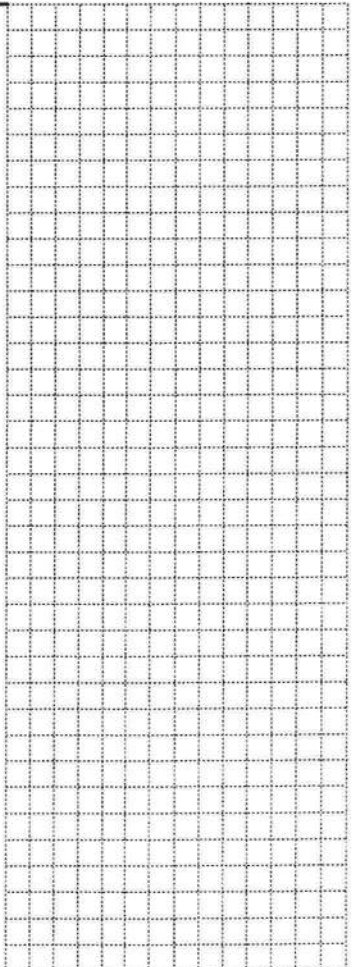
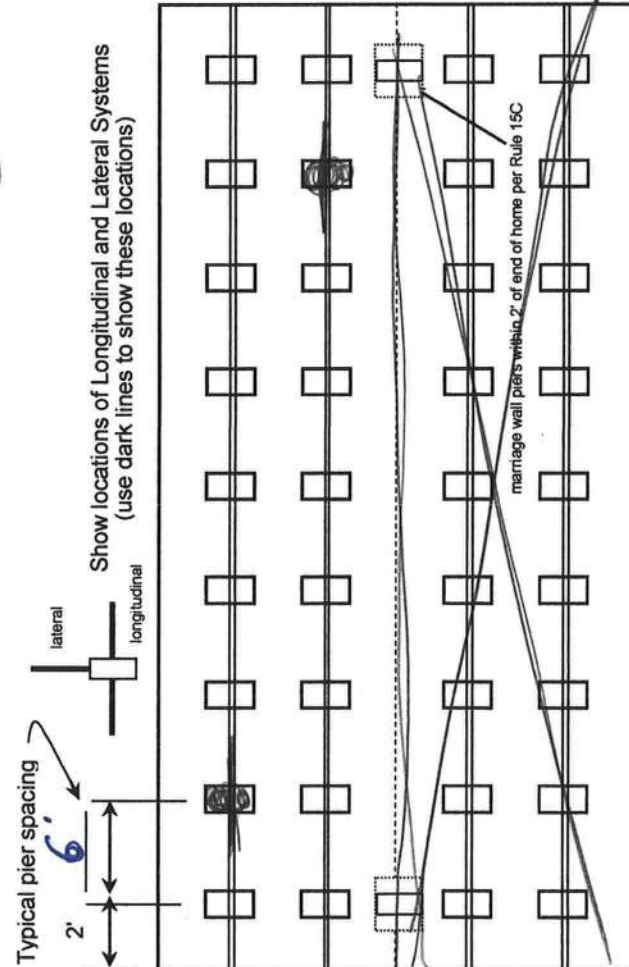
911 Address where home is being installed. 4987 S.W. CR 18

Manufacturer Fleetwood Length x width 14x66

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 ES



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 # 5087

Triple/Quad ☐ Serial # FLFL1A15137009124
2662B

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'	4'	4'	5'	6'	7'	8'
1500 psf	4'6"	6'	6'	7'	8'	8'	8'
2000 psf	6'	8'	8'	8'	8'	8'	8'
2500 psf	7'6"	8'	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 18 1/2 x 18 1/2
Perimeter pier pad size 14/14
Other pier pad sizes (required by the mfg.) 16 x 16

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 H/A Pier pad size A

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 OLIVER TECHNOLOGY
Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer _____

OTHER TIES

Sidewall _____
Longitudinal _____
Marriage wall _____
Shearwall _____

COLUMBIA COUNTY PERMIT WORKSHEET

page 2 of 2

POCKET PENETROMETER TEST

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

X 1500 X 1500 X 2000

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 1500 X 2000 X 2000

TORQUE PROBE TEST

The results of the torque probe test is 350 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 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

Date Tested

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. 1

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 1
Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 1

Site Preparation

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

Fastening multi wide units

Floor: Type Fastener: Length: Spacing:
Walls: Type Fastener: Length: Spacing:
Roof: Type Fastener: Length: 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

Type gasket

Installed:

Between Floors Yes
Between Walls Yes
Bottom of ridgebeam Yes

Weatherproofing

The bottomboard will be repaired and/or taped. Yes ☒ Pg. 1
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: N/A

Installer verifies all information given with this permit worksheet is accurate and true based on the

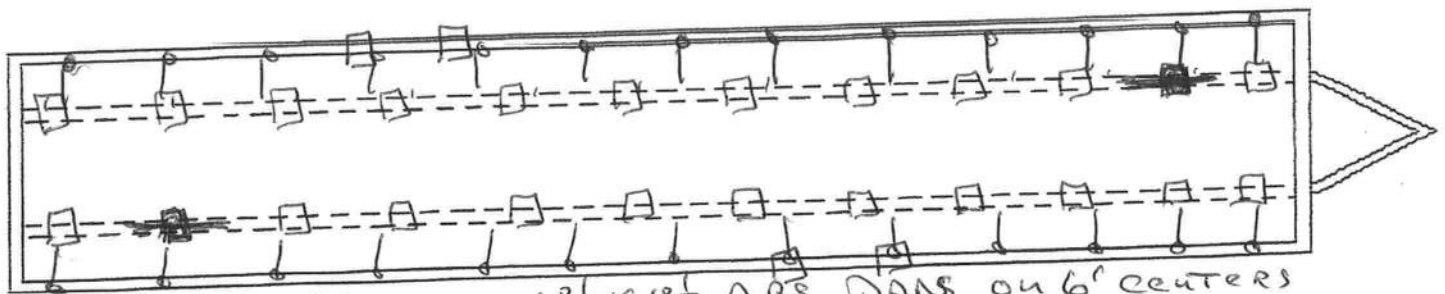
Installer Signature

Date

3-21-2011

Applicant shall provide layout from manufacturer specific to the model installed. This form may be used if the layout from the manufacturer is not available.

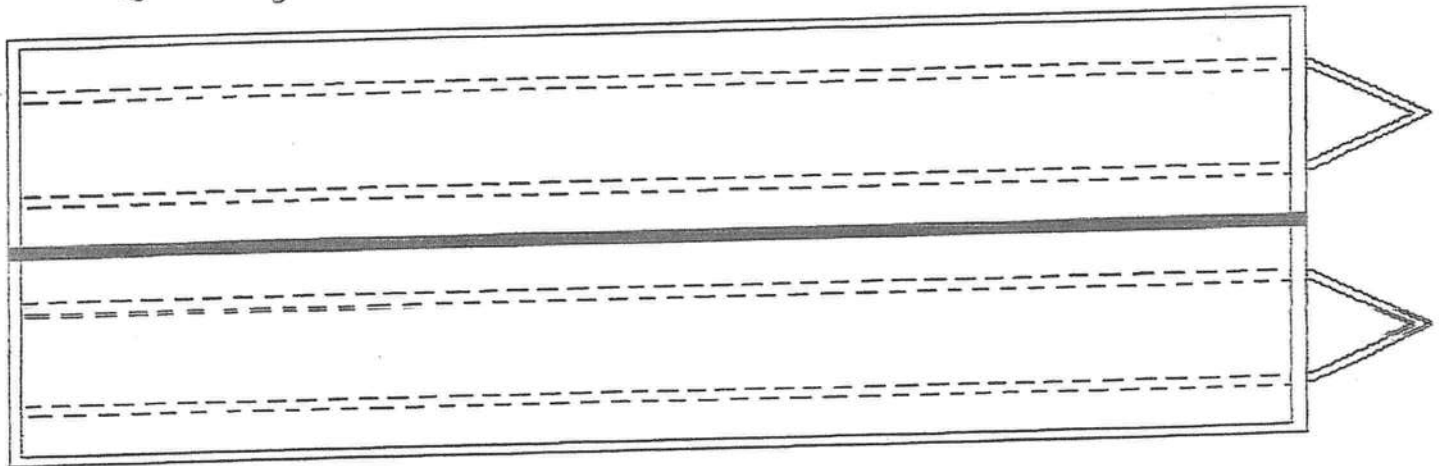
SINGLE WIDE MOBILE HOME



1500lb Soil Piers on $18\frac{1}{2} \times 18\frac{1}{2}$ ABS PADS on 6' centers
 4' Anchors on 5' 4" centers 3500 lbs Torque

☒ Longitudinal Stabilizer Devices By OLIVER Technology

DOUBLE WIDE MOBILE HOME



ANCHOR



PIER



PIER FOOTING

Show all pier (with size of piers & pads) and anchor location, with maximum spacing and distance from end walls, as required in the manufacturer's specifications. Any special pier footing required (over 16 x 16 inches) shall be noted separately with required dimensions per the manufacturer's specifications. To determine footing size and spacing, a soil bearing capacity test shall be used. Pier footings to be poured-in-place, whether required by manufacturer's specifications or by preference, must be inspected by the Building Department prior to pouring.

LIMITED POWER OF ATTORNEY

I, Vic Edmundo DO HEREBY AUTHORIZE Fernando Leque
TO PULL MY PERMITS AND ACT ON MY BEHALF IN ALL ASPECTS OF APPLYING
FOR A MOBILE HOME PERMIT.


SIGNATURE

3-22-2011
DATE

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 22 DAY OF MARCH ²⁰¹¹~~2011~~.


NOTARY PUBLIC



MY COMMISSION EXPIRES: 5/29/2013
COMMISSION NO. DD 866078
PERSONALLY KNOWN: _____
PRODUCED ID (TYPE): DRIVER'S LICENSE

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR De Etheridge PHONE 714 1025185

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	Print Name <u>Fernanda Legree</u> License #:	Signature <u>Fernanda Legree</u> Phone #:
MECHANICAL/ A/C	Print Name <u>Fernanda Legree</u> License #:	Signature <u>Fernanda Legree</u> Phone #:
PLUMBING/ GAS	Print Name <u>_____</u> License #:	Signature <u>_____</u> Phone #:

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

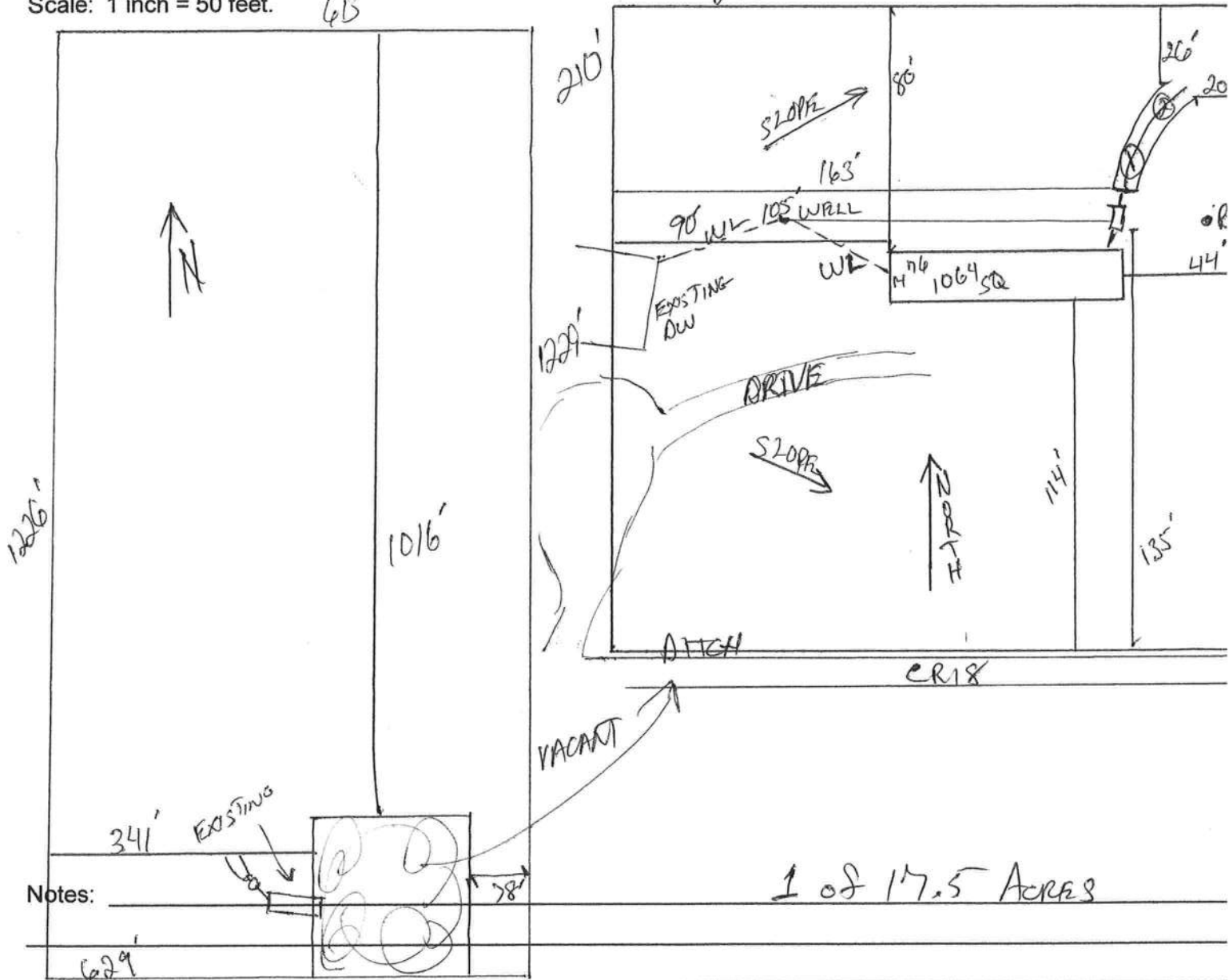
F. S. 440.103 Building permits; identification of minimum premium policy.--Every employer shall, as a condition to applying for and receiving a building permit, show proof and certify to the permit issuer that it has secured compensation for its employees under this chapter as provided in ss. 440.10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

Contractor Forms: Subcontractor form: 1/11

Permit Application Number 10-0270

LEGGER
inch = 50 feet. 6B'

210'



Site Plan submitted by:

Plan Approved

By Salbe Ford - FH Director - Columbia

MASTER CONTRACTOR

Date 6-2-10

County Health Departmer

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



1637

270

18

RED CEDAR CT

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: 2/22/2011 DATE ISSUED: 2/23/2011

ENHANCED 9-1-1 ADDRESS:

4987 SW COUNTY ROAD 18
FORT WHITE FL 32038
PROPERTY APPRAISER PARCEL NUMBER:
35-6S-16-04072-000

Remarks:

2ND LOCATION ON PARCEL

Address Issued By: SIGNED: / RONA 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.**

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 2-22-11 BY LT ¹¹⁰²⁻⁴⁰ IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? Yes

OWNERS NAME Fernanda Legree PHONE 497-1748 CELL _____

ADDRESS _____

MOBILE HOME PARK NO SUBDIVISION NO

DRIVING DIRECTIONS TO MOBILE HOME 441 (S), (R) CR 18, about 4 miles on (R)
Mailbox on (E) 4989 on it

MOBILE HOME INSTALLER Robert Sheppard PHONE _____ CELL _____

MOBILE HOME INFORMATION

MAKE Fleetwood YEAR 85 SIZE 14 x 60 COLOR White/Brown

SERIAL NO. FLFL1A#137009124

WIND ZONE II Must be wind zone II or higher NO WIND ZONE I ALLOWED

INSPECTION STANDARDS

INTERIOR:

(P or F) P=PASS F=FAILED

\$90.00

☒ SMOKE DETECTOR () OPERATIONAL () MISSING

Date of Payment: 2-22-11

☒ FLOORS () SOLID () WEAK () HOLES DAMAGED LOCATION _____

Paid By: Fernanda Legree

☒ DOORS () OPERABLE () DAMAGED

Notes: Money Order

☒ 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 [Signature] ID NUMBER 402 DATE 2-23-11