PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

PERMIT AFFEICATION / MARKOT ACTORED HOME INSTALLATION AFFEICATION
For Office Use Only (Revised 9-22-06) Zoning Official (27,12-6) Building Official (12,12-6)
AP# 06/2-80 Date Received 12/20 By JW Permit # 25% .
Flood Zone Development Permit Zoning A-3 Land Use Plan Map Category A-3.
Comments LEGIAL NON-CONFORMING USE: 1987 - CREPLANNES 1 03 THEM! Ruplacing Existing Mit
FEMA Map# Elevation Finished Floor River In Floodway
☑ Site Plan with Setbacks Shown ☑ EH Signed Site Plan EH Release ☑ Well letter ☑ Existing well
Dopy of Recorded Deed or Affidavit from land owner Letter of Authorization from installer
State Road Access Parent Parcel # 090% -006 - STUP-MH
Property ID # <u>_35-45-17-09030-00</u> subdivision
New Mobile Home Used Mobile Home Horton
- Applicant DOR'S E ROBINSON-THERESA MARKO 386-755 6382-963 336
· Address 3575W MAY HALL TORRACE LAKE City Fl. 32025
Name of Property Owner Doris E Robinson Phone# 1-386-755-6382
911 Address 389 SW MANHALL TERRARE, LAKE CTT9, 71 32025
Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Progress Energy
• Name of Owner of Mobile Home Doe's FRobinson Phone # 1-386-755-6382
Address 35 7 SW MAYHAM DERMARE, LAKE CITY, FL 32025
Relationship to Property Owne. SECT ———————————————————————————————————
Current Number of Dwellings on Property
• Lot Size 481,5 X300,18 Total Acreage 3.93 ACKES
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 (VCS) (Pd) 275
Driving Directions to the Property 41 South to County Re 133 East
to MAYHALL Drive 5 South- it's the 4th PLACE ON LEFT
CICH 269
■ Name of Licensed Dealer/Installer BEON'E THRIFT Phone # 623-0016
Installers Address 22 NW NYE NUNTER DANK CAKE CITY, 41 32055
License Number <u>IH 0000 75</u> Installation Decal # <u>276035</u>
* License Number TH 000075 Installation Decal # 276035 386: 2382 the 16(a. Jan Anriseo Melest: 12.29.2006 1963-3360-791

FROM : COLUMBIA CO BUILD	ING + ZONING FAX NO. :38	36-758-216Ø A	Aug. 01 2006 03:45PM	P4
* **	· c	85 (8		2
		The second	Address of home being installed **Horton Home is a single wide fill out one half of the blocking plan / (x 8 0) **Home is a single wide fill out one half of the blocking plan / (x 8 0) **I home is a triple or quad wide sketch in remainder of home **I understand Lateral Arm Systems carnot be used on any home (new or used) where the sidewall ties exceed 5 ft 4 in. Installer's without it is staller's without it is not be used on any home (new or used)	PERMIT NUMBER Installer Bernie Thriff License # IHDOOCO 75
Construing Free page sizes FRAME TIES	pad size pad size l sizes le mfg.) he mfg.) he approxima he approxima he approxima he helps 4 foot he show the helps wall openin ge wall openin	Load Fooline 16 1/2 x 16 1/2 27 x 27 24 x 28 28 x 2 24		SET UP Dia Julium New Home II Used Home III Home installed to the Manufacturer's Installation Manual

28 x 26 (676)

(H25464)

Date Tested

Installer Name

のつべん

2

1 2

Ø 6

Drain lines supported at 4 foot intervals. Yes Bectrical crossovers protected. / fee) Range downslow vent installed outside of skirting.

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

requires anchors with 4000 b holding capacity.

PERMIT NUMBER

debris and organic material removed

Swale

Pad

raing muiti wida units

Length

Site Preparation

For used homes a min. 30 gauge, 8" wide, galvanized metal strip will be centered over the peak of the roof and fastered with galv.

Length: Length:

Spacing: Spacing Spacing

roofing radis at 2" on center on both sides of the centerline.

Gastot preside proofing requirem

Type Fasterer: Type Fastener:

Type Fasterer:

The bottomboard will be	Note: A state exprover and a control of the suchors are allowed at the sidewall locations. I understand 5 ft anchors are required at all centerline the points where the torque test reading is 275 or less and where the mobile home manufacturer may	
Type gasket Pg. RA	TORQUE PROBETEST The results of the torque probe test is 290 inch pounds or check there if you are declaring 5 anchors without testing. A test showing 275 inch pounds or less will require 4 foot anchors.	
a result of a poorly insta of tape will not serve as	x 3000 x 2000 x 3500	
lunderstand a properly homes and that condent	3. Using 500 lb. increments, take the lowest reading and round down to that increment.	
	2. Take the reading at the depth of the footer.	
For used from will be centers of incident	1. Test the perimeter of the home at 8 tocations.	
Walls: Type Fasterer Roof: Type Fasterer	POCKET PENETROMETER TESTING METHOD	
Floor: Type Fasiene	x 2000 x 2000 x 3000	
Water drainage: Natural	The pocket penetrometer tests are rounded down to psf or check here to declare 1000 lb. soil without testing.	
	POCKET PENETROMETER TEST	

Siding on units is installed to manufacturer's specifications. Yes Fireplace chimney installed so as not to allow infrusion of rain water. Skirting to be installed. Yes lunderstand a property installed gasket is a requirement of all new and used homes and that condensation, mold, meldew and buckled marriage walls are Skirting to be installed. Yes No Dryer vent installed outside of skirting. Yes The bottomboard will be repaired and/or taped. Yes Type gasket of tape will not serve as a gasket a nesult of a poorly installed or no gasket being installed. I understand a strip Installer's initials Bottom of ridgebeam Between Walls · Yes Between Floors

Connect all potable water supply piping to an existing water meter, water tap, or other installer verifies all information given with this permit worksheet Installer Signature manufacturer's installation instructions and or Rule 15C-1 & 2 is accurate and true based on the Data 12-19-04

Connect electrical conductors between multi-wide units, but not to the main power

Hectrical

This includes the bonding wire between mult-wide units.

SOUTCE.

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

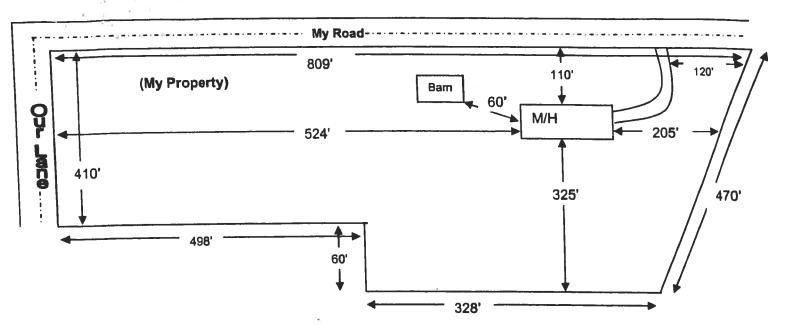
independent water supply systems. Pg.

MINARY MOBILE HOME INSPECTION REPORT

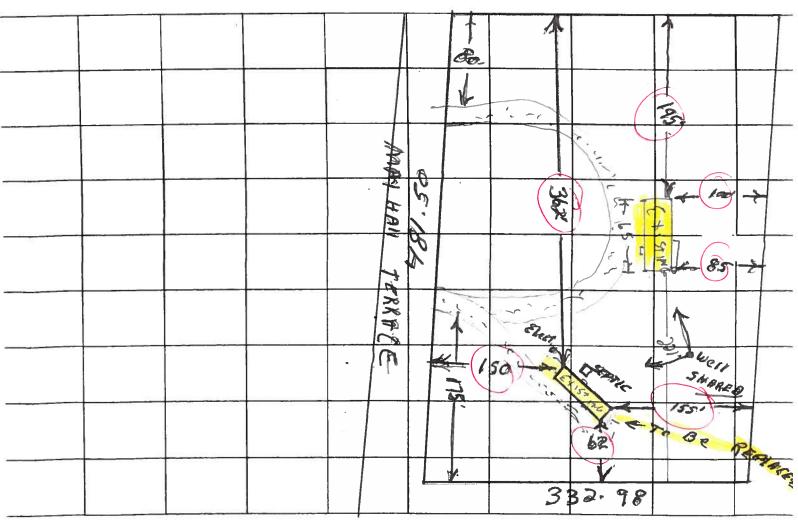
rmit# 25464

ATE RECEIVED 4-23-07 BY LH IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED?
IWNERS NAME Doris Robinson PHONE 755-6382 CELL
IDDRESS 389 SW Mayhall Terr Lake City for 32025
MOBILE HOME PARKSUBDIVISION_
DRIVING DIRECTIONS TO MOBILE HOME South to CR- 122 12-11
CEGMH lot on Deputy Jeff Davis Lane
MOBILE HOME INSTALLER Benie Thrift PHONE CELL
MOBILE HOME INFORMATION
MAKE Horton YEAR SIZE 46 X 80 COLOR
SERIAL No. 15 103 0802 - 08 - 96
WIND ZONE Must be wind zone II or higher NO WIND ZONE I ALLOWED
INTERIOR: INSPECTION STANDARDS
Selichais Liter
FLOORS () SOLID () WEAK () HOLES DAMAGED LOCATION
DOORS () OPERABLE () DAMAGED
WALL'S () 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 WALLS / SUPPLIES A LOGS SUPPLIES A LOGS SUPPLIES A LOGS SUPPLIES AND A
WALLS / SIDDING () 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 REINSPECTION FOR FOLLOWING CONDITIONS
THE THE REINSPECTION FOR FULLOWING CONDITIONS
SIGNATURE DATE 4-25-07
OK OP

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.



LIMITED POWER OF ATTORNEY

I, BERNARD D. THRIFT, LICENSE #1H-0000075 EXPIRING 09-30-2007. DO HEREBY AUTHORIZE Therese Markey of Cest's Robinson) TO BE MY REPRESENTATIVE AND ACT ON MY BE HALF IN ALL ASPECTS OF APPLYING FOR A MOBILE HOME MOVE ON PERMIT TO BE INSTALLED IN
Servard D. THRIFT 12-27-06 DATE
SWORN TO AND SUBSCRIBED BEFORE ME THIS DO DAY OF DECEMBER
NICOLE COLEMAN MY COMMISSION # DD 326664 EXPIRES: June 7, 2008 Bocgod Thru Nichary Public Underwriters
PERSONALLY KNOWN:
PRODUCED ID:
YEAR 11924 MAKE Horton mirrorge SN#
PROPERTY ID/LOCATION 389 SW. martiall Terr.

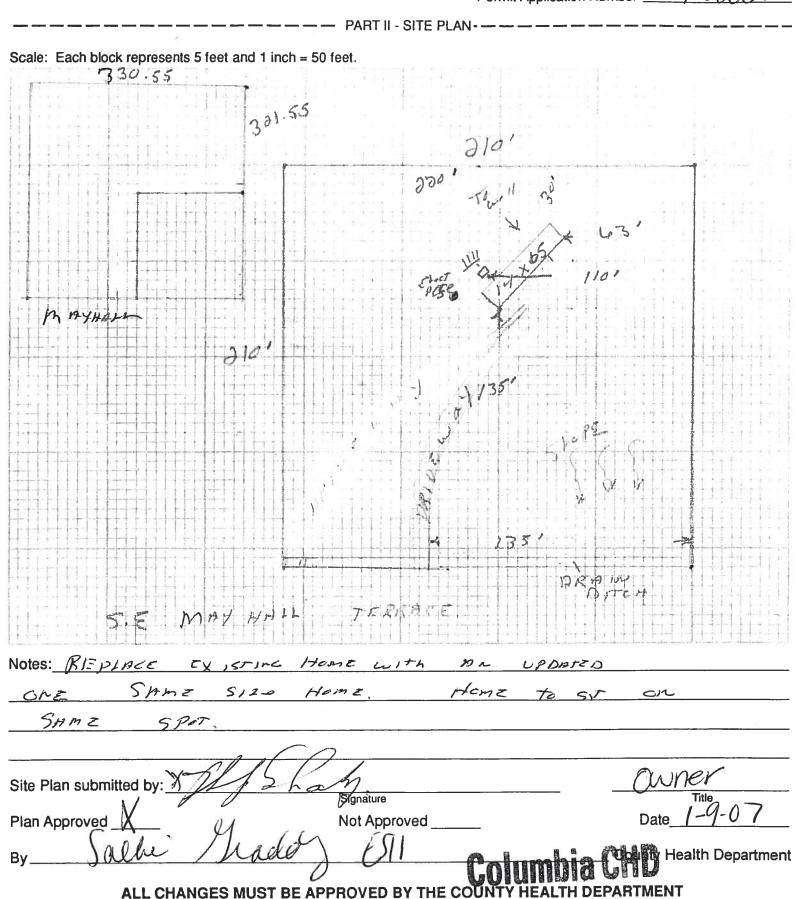


of H 4.23.07

STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 07-0009 E







STATE OF FLORIDA APPLICATION FOR VEHICLE/VESSEL CERTIFICATE OF TITLE

TRANSACTION ID'S

1220283

T# 467589552 B# 752217

TITLE NUMBER	VEHICLE/VESSEL IDENTIFICA	ATION # YR. MAKE	MAKE or MANUFACTURE	BODY ER TYPE	VEHICLE COLOR \	WT/LENGTH	GVW/LOC
65507661	H103710G	1994	MIRA	HS	UNK	66'	
DATE OF ISSUE TRANS		N FUEL VES	SSEL USE VES		ł	FL NUMBER	
08 15 06 TRT							
					BIRTHDATE SEX MO. DAY YE	RESIDE EAR Y N	ENT CNTY ALIEN RES.#
JOHN RITZ STANF	ELD OR SUSAN MARIE	STANFIELD			M 01 06	47 X	
FAIRFAX, VA 2203		t:			1st OWNER FL/DL# OF F.E.I.D.#		ER FL/DL# OR NIT #
	VOLUNTARY CONTRIBUTION	ONS					
	A STATE OF THE STA	,		AGENCY FEE	TITLE FEE SALE	ES TAX GR	AND TOTAL
				4.25	37.00	0.00	41.25
Action Requested	: TRANSFER TITLE			Brands	1:		
PREV. STATE FL	DATE ACQUIRED NEW 06/27/2006	USED ODOMET XX	ER / VESSEL MANU	FACTURER		☐ DECL	METER ARATION IFICATION
LIEN INFORMATI				OR FL / DL AND SEX	AND DATE OF BIRTH	DMV AC	COUNT #
NAME OF FIRST LIENHOLDER WACHOVIA BAN		08/11/2006	VEHICLI PRIVA			3	
ADDRESS PO BOX 50010	112.1771		SALVAG				
ROANOKE, VA 2	4022	1.000.0					***************************************
SELLER INFORMA NAME OF SELLER, FLORIDA I	ATION DEALER, OR OTHER PREVIOUS C	WNER					
ADDRESS							
DEALER LICENSE NO.							
			CONSUME	R OR SALES TAX E	EXEMPTION #		
SALES TAX AND I transfer of title		S VALID	UNPAID BALANC	. PURCHASE PRICE E DUE SELLER, BA	NK OR OTHERS	\$ 	
IS EXEMPT FROM FLORIDA SALES OR	EXEMPTION CERT VEHICLE / VESS	EL WILL BE	INDICATE SALES 212, FLORIDA ST		AS PROVIDED BY CHA	PTER \$	0.00
JSE TAX FOR THE REASON(S) CHECKEI	USED EXCLUSIVE O MOTHER OTHER				☐ SELLI	ING PRICE V	ERIFIED
APPLICANT CERTIFI							
I CERTIFY THAT THE CERTIF	THE VEHICLE/VESSEL TO BE TITLED W	D.					
WE HERERY CERTIFY THAT I/WE I	R VEHICLE/VESSEL WAS REPOSSESSED AWFULLY OWN THE ABOVE DESCRIBET INT INVOLVING THE VEHICLE/VESSEL D	VEHICI ENECCEI AND MAK	TE ADDITION FOR T	ITI E JELJENJE OFINO	RECORDED NOTICE IS LIFE	REBY GIVEN THAT TH HE TITLE AGAINST AL	ERE IS AN L CLAIMS.
	UNDER PENALTIES OF PERJURY, I DEC						(R)
	ignature of Applicant/Owner			Signatu	re of Applicant/Co-Owner	r	
ISMV 82041 REVISED 02/06							

COLUMBIA COUNTY 9-1-1 ADDRESSING / GIS DEPARTMENT

P. O. Box 1787, Lake City, FL 32056-1787 Telephone: (386) 758-1125 * Fax: (386) 758-1365 * E-mail: ron_croft@columbiacountyfla.com

ADDRESS ASSIGNMENT DATA

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.

A Residential or Other Structure(s) on Parcel Number:

35-4S-17-09030-006

Address Assignments:

389 SW MAYHALL TER, LAKE CITY, FL, 32025

See attached map printout from Columbia County Property Appraiser web site.

Any questions concerning this information should be referred to the Columbia County 9-1-1 Addressing / GIS Department at the address or telephone number above.

Note: This is the same address that was assigned on the old house. They advised they are moving the new house on the exact same location and also utilizing the same access point to the structure. No change is required to the 9-1-1 Address.

COLUMBIA COUNTY 9-1-1 ADDRESSING APPROVED

			Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)	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 Typical pier spacing	3 ₩ 3	PERMIT NUMBER Installer Bernic Thriff- wonse # IHOOOCO 75
Longitudinal Stabilizing Device (LSD) Longitudinal Stabilizing Device w/ Lateral Arms Longitudinal Stabilizing Device w/ Lateral Arms Marriage wall Associated by the stabilizing Device w/ Lateral Arms Marriage wall Shearwall Shearwall	Opening Pier pad size 4th 5th FRAME TIES spaced at 5'4" oc spaced at 5'4" oc	18.5 x 18.5 16 x 22.5 17 x 22 17 x 22 13 1/4 x 25 1/4 20 x 20 17 3/16 x 25 3/16 17 3/16 x 25 3/16 17 1/2 x 25 1/2 24 x 24 24 x 24 26 x 26 18.5 x 18.5 17 x 18.5 18 x 25 x 18.5 18 x 25 x 26 18 x 26 18 x 26 x 26 18 x 26	1000 psi 4 6 6 7 7 2000 psi 4 6 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	PRER SPACENG TABLE FOR USED HOMES 18" x 18" 18 1/2" x 18 1/2" 20" x 20" 22" x 22" 24" x 24" 28" (258) (342) (400) (484)" (576)" (1	Home is installed in accordance with Rule 15-C Single wide	New Home Used Home Home installation Manual

IST MH ON SITE CODE ELAFORE INSPECTION REPORT

IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? NO
WHERS NAME DOCIS E. ROBINSON PHONE 755-6382 CELL
DORESS 3575W MAYLANDE, LAKE CT9, 41 32025
IOBILE HOME PARKSUBDIVISION
REVING DIRECTIONS TO MODILE HOME 47-5 TO US. 27-TL TO C-18 IT TO NICHALL RED IR 3Perox /2 to 3/4 to 498 on Mailbox an RC (Tate)
497-4925 (SHILLY BEEWSEL) (PEASE CVI LETONE GOING
MODILE HOME INSTALLER BERNIE Sheift PHONE 633-0046 KELL SHE WITH
MOBILE HOME INFORMATION 3
MAKE MIRA - (HOGTON) YEAR 1994 SIZE 14 x 66 COLOR BRUISH - GRAY
SERIAL No. <u>H 103710G</u>
WIND ZONE Must be wind zone II or higher NO WIND ZONE I ALLOWED
INTERIOR: INSPECTION STANDARDS (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
WALLS / SIDDING () 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 REINSPECTION FOR FOLLOWING CONDITIONS
SIGNATURE Dy ID NUMBER 306 DATE 1-25-07



SI ORRETAZRI

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 35-4S-17-09030-006

Building permit No. 000025464

Permit Holder BERNIE THRIFT

Owner of Building DORIS E. ROBINSON, PHILLIP & T. MARKEY

Location: 389 SW MAYHALL TERR., LAKE CITY, FL

Date: 05/18/2007

Building Inspector

ohn O. Kerce

POST IN A CONSPICUOUS PLACE (Business Places Only)