

DATE 09/30/2010

Columbia County Building Permit

This Permit Must Be Prominently Posted on Premises During Construction

PERMIT

000028904

APPLICANT HARRY STILES PHONE 623-2649
ADDRESS 340 NW ACORN DR LAKE CITY FL 32055
OWNER HARRY STILES PHONE 623-2649
ADDRESS 340 NW ACORN DR LAKE CITY FL 32055
CONTRACTOR JACK FLOWERS PHONE 386-362-8324
LOCATION OF PROPERTY 90 W, R LAKE JEFFERY, L NASH RD, R ALCORN LN, 5TH ON LEFT

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 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 16-3S-16-02160-012 SUBDIVISION OAKDALE
LOT 12 BLOCK PHASE UNIT TOTAL ACRES 1.00

DIH000090
Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor
EXISTING 10-440 BK TC N
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: FLOOR ONE FOOT ABOVE THE ROAD,
EXISTING MH ALREADY REMOVED

LEGAL LOT OF RECORD 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 \$ 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

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

Use Only (Revised 1-10-08) Zoning Official BLK 2309.10 Building Official 1.C. 9-22-10
1009-40 Date Received 9/24/10 By GF Permit # 28904
 one X Development Permit N/A Zoning A-3 Land Use Plan Map Category A-3
 nts Legal Lot of Record

(MIT Already Removed)
 FEMA Map# N/A Elevation N/A Finished Floor 1' above River N/A In Floodway N/A
☒ Site Plan with Setbacks Shown ☒ EH # 10-0440E ☐ EH Release ☐ Well letter ☒ Existing well
☒ Recorded Deed or Affidavit from land owner ☐ Letter of Auth. from installer ☐ State Road Access
☐ Parent Parcel # ☐ STUP-MH ☐ F W Comp. letter
 IMPACT FEES: EMS _____ Fire _____ Corr _____ Road/Code ✓
 School _____ = TOTAL N/A Replacing previous MIT ✓ IC DUF

Property ID # 16-35-16-02160-012 Subdivision Oakdale Lot 12

▪ New Mobile Home _____ Used Mobile Home ✓ MH Size 28x60 Year 2001

▪ Applicant Nancy R Stiles Phone # 386-623-2649

▪ Address 340 NW ACORN DRIVE Lake City, FL.

▪ Name of Property Owner Same Phone# _____

▪ 911 Address 340 NW acorn Drive Lake City 32055

▪ Circle the correct power company - FL Power & Light Clay Electric
 (Circle One) - Suwannee Valley Electric - Progress Energy

▪ Name of Owner of Mobile Home Nancy R Stiles Phone # 386-623-2649

Address 340 NW Acorn Drive Lake City, FL.

▪ Relationship to Property Owner _____

▪ Current Number of Dwellings on Property N/A

▪ Lot Size 210 x 210 Total Acreage 1 (Paid)

▪ 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)

▪ Driving Directions to the Property 90W, turn Lake Jeffery Rd, TL on Nash Rd
TR on Timberlake Lane, TR on Acorn Lane, 5th lot on
Left

▪ Name of Licensed Dealer/Installer Jack Flowers Phone # 386-362-8324

▪ Installers Address 7434 CR 795 Live Oak, FL 32060

▪ License Number DIH 000090 Installation Decal # 303583

Left message 9-24-10 LH

PERMIT WORKSHEET

page 1 of 2

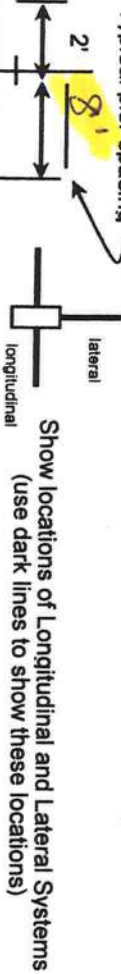
Installer Flores Wholesale Hous License # DIH000090
 Manufacturer General Length x Width 60 x 28
 Name of Owner of this Mobile Home Harry Stiles
 Phone 386-623-2649
 Address 340 NW Acorn Dr.

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

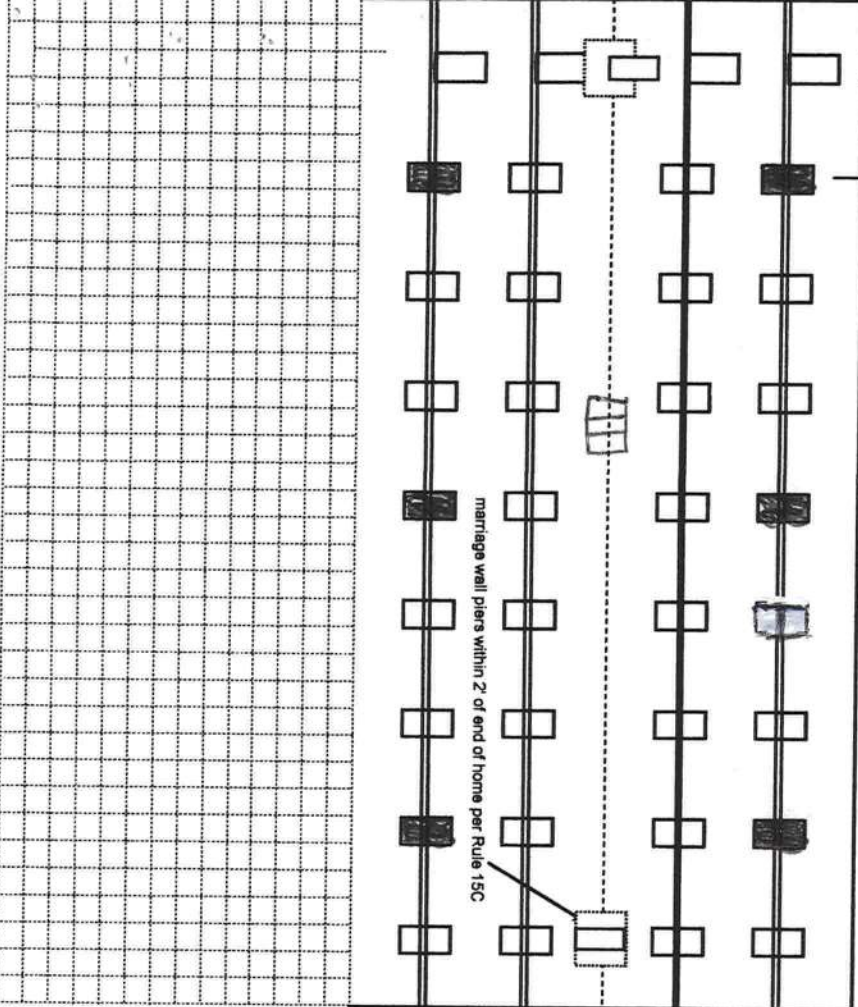
I understand Lateral Arm Systems cannot be used on any home (new or used)
 where the sidewall ties exceed 5 ft 4 in.

Installer's initials

Typical pier spacing



marriage wall piers within 2' of end of home per Rule 15C



New Home ☐ Used Home ☒ Year 2001
 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 # 303583
 Triple/Quad ☐ Serial # GMHGA616 0101818A/B

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	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'	5'	6'	7'	8'	8'
1500 psf	4'	5'	6'	7'	8'	9'	9'
2000 psf	5'	6'	7'	8'	9'	10'	10'
2500 psf	6'	7'	8'	9'	10'	11'	11'
3000 psf	7'	8'	9'	10'	11'	12'	12'
3500 psf	8'	9'	10'	11'	12'	13'	13'

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

PIER PAD SIZES

I-beam pier pad size

23 x 31

Perimeter pier pad size

18 x 18

Other pier pad sizes (required by the mfg.)

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

8'

Pier pad size

23 x 31

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)

Manufacturer

Longitudinal Stabilizing Device w/ Lateral Arms

Manufacturer

OLIVER TECHNOLOGIES

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

ANCHORS

4 ft

5 ft

FRAME TIES

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

OTHER TIES

Number

30

6

6

6

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to _____ psf or check here to declare 1000 lb. soil ☒ 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 305 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.

gft Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Florida Wholesale Homes (Jack R Flannery)

Date Tested

Sept. 06, 2010

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 ☒ Swale ☒ Pad ☐ Other ☐

Fastening multi wide units

Floor: Type Fastener: Screws Length: 1 1/2" Spacing: 24"
Walls: Type Fastener: Screws Length: 1 1/2" Spacing: 24"
Roof: Type Fastener: Screws Length: 6" Spacing: 24"
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

gft

Type gasket Pg. ✓

Foam

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 NA

Miscellaneous

Skirting to be installed. Yes ☒ No ☐ by customer
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: _____

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

Installer Signature

Jack R Flannery Date 09-14-10

Columbia County Property Appraiser

DB Last Updated: 8/5/2010

2009 Tax Roll Year

Parcel: 16-3S-16-02160-012

<< Next Lower Parcel Next Higher Parcel >>

Tax Collector

Tax Estimator

Property Card

Parcel List Generator

Interactive GIS Map

Print

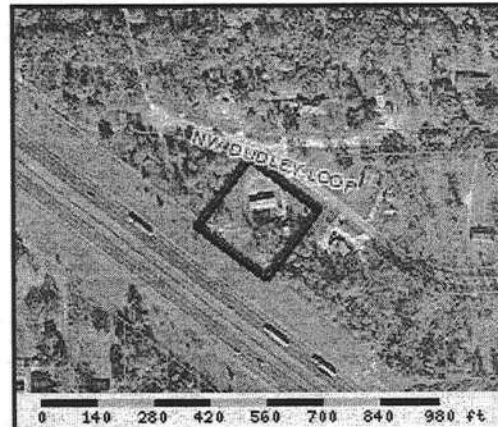
Owner & Property Info

<< Prev

Search Result: 18 of 22

Next >>

Owner's Name	SUBRANDY LIMITED PARTNERSHIP		
Mailing Address	P O BOX 513 LAKE CITY, FL 32056		
Site Address	340 NW ACORN DR		
Use Desc. (code)	VACANT (000000)		
Tax District	3 (County)	Neighborhood	16316
Land Area	1.010 ACRES	Market Area	01
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction. LOT 12 OAKDALE S/D ORB 862-1762,		



Property & Assessment Values

2009 Certified Values		
Mkt Land Value	cnt: (0)	\$16,400.00
Ag Land Value	cnt: (2)	\$0.00
Building Value	cnt: (0)	\$0.00
XFOB Value	cnt: (0)	\$0.00
Total Appraised Value		\$16,400.00
Just Value		\$16,400.00
Class Value		\$0.00
Assessed Value		\$16,400.00
Exempt Value		\$0.00
Total Taxable Value	Cnty: \$16,400 Other: \$16,400 Schl: \$16,400	

2010 Working Values

NOTE:

2010 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
NONE						

Extra Features & Out Buildings

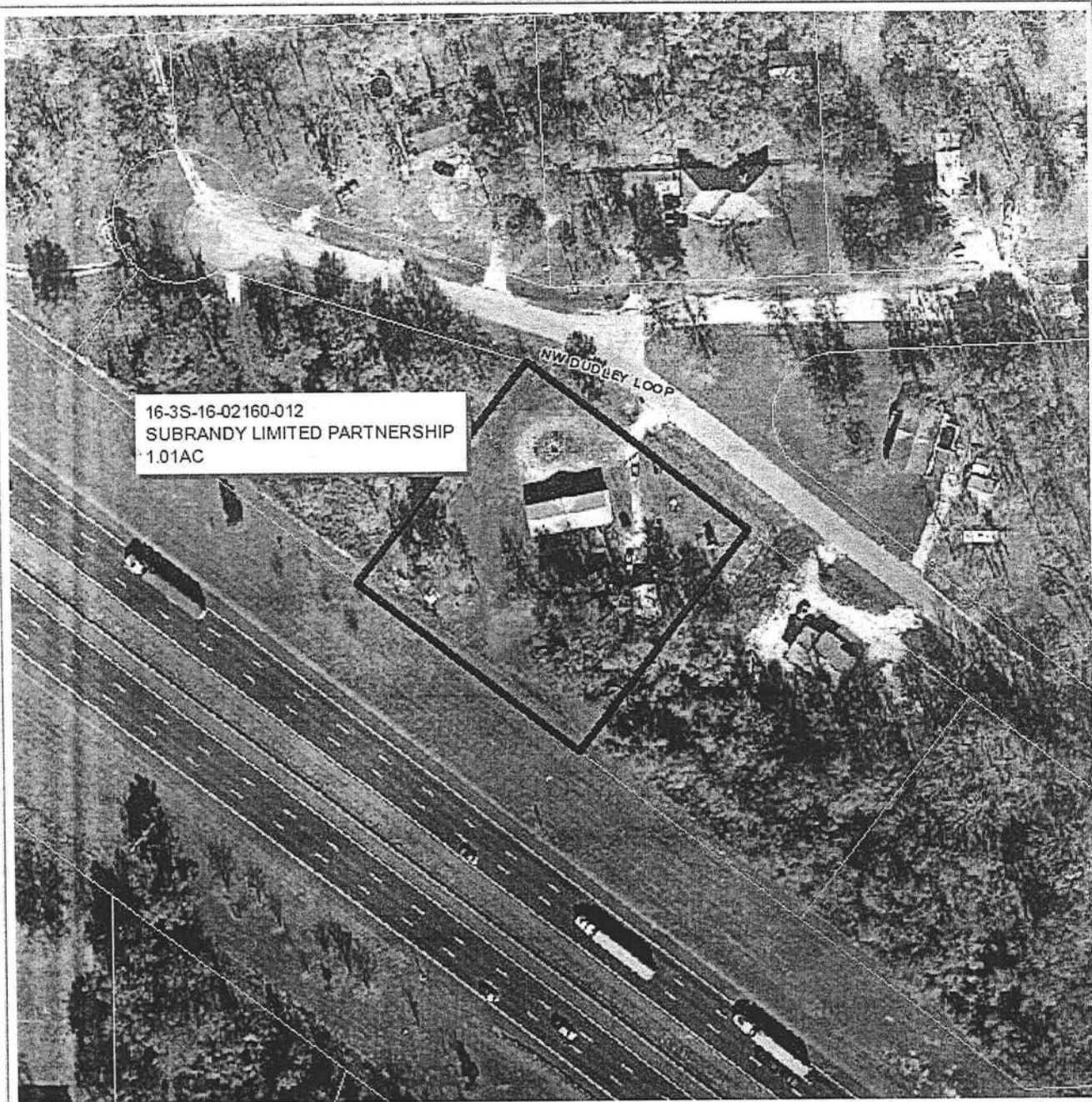
Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
NONE						

Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
000000	VAC RES (MKT)	1 LT - (0000001.010AC)	1.00/1.00/1.00/1.00	\$12,960.00	\$12,960.00
009945	WELL/SEPT (MKT)	1 UT - (0000000.000AC)	1.00/1.00/1.00/1.00	\$2,000.00	\$2,000.00

Columbia County Property Appraiser

DB Last Updated: 8/5/2010



Columbia County Property Appraiser

J. Doyle Crews - Lake City, Florida 32055 | 386-758-1083

PARCEL: 16-3S-16-02160-012 - VACANT (000000)

LOT 12 OAKDALE S/D ORB 862-1762,

Name: SUBRANDY LIMITED PARTNERSHIP 2009 Certified Values

Site:	340 NW ACORN DR	Land	\$16,400.00
Mail:	P O BOX 513	Bldg	\$0.00
	LAKE CITY, FL 32056	Assd	\$16,400.00
Sales Info	NONE	Exmpt	\$0.00
		Taxbl	Cnty: \$16,400
			Other: \$16,400 Schl: \$16,400

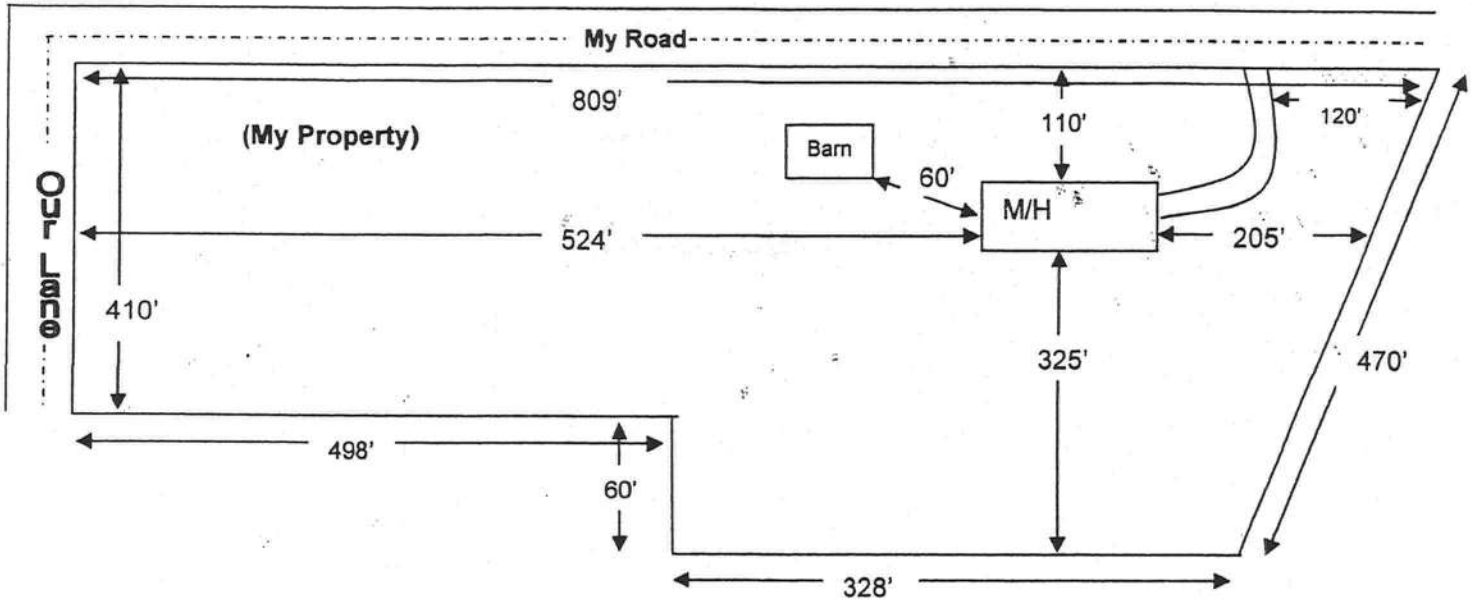
NOTES:



This information, GIS Map Updated: 8/5/2010, was derived from data which was compiled by the Columbia County Property Appraiser Office solely for the governmental purpose of property assessment. This information should not be relied upon by anyone as a determination of the ownership of property or market value. No warranties, expressed or implied, are provided for the accuracy of the data herein, its use, or its interpretation. Although it is periodically updated, this information may not reflect the data currently on file in the Property Appraiser's office. The assessed values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

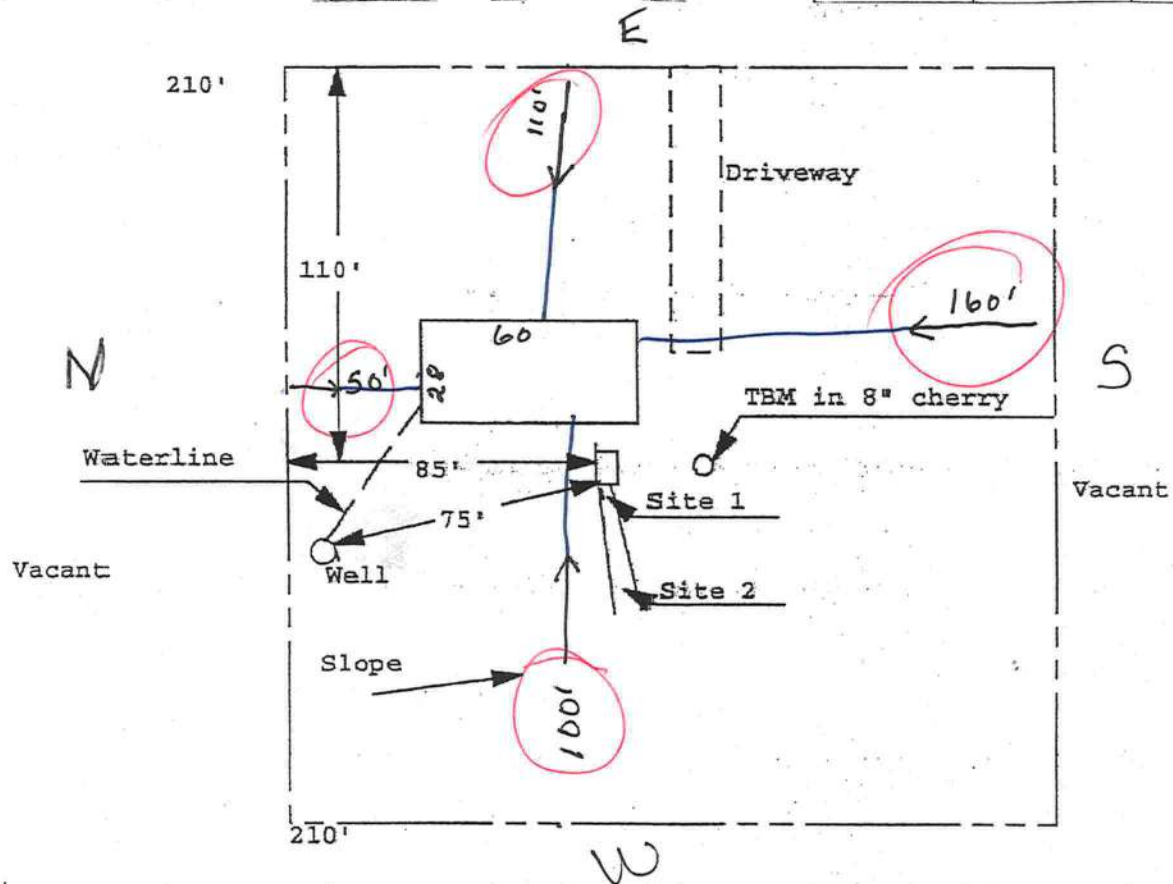
powered by:
GrizzlyLogic.com

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.

ACORN DRIVE





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 AGENT AUTHORIZATION

I, JACK FLOWERS, give this authority and I do certify that the below
Installers Name

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	Agents Company Name
HARRY R. STILES	<i>Harry Stiles</i>	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.

Jack R. Hansen License Holders Signature (Notarized) DIH00090 License Number 9/14/10 Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is JACK FLOWERS,
personally appeared before me and is known by me or has produced identification
(type of I.D.) _____ on this 14 day of Sept., 20 10.

Vicki Prickitt
NOTARY'S SIGNATURE



STATE OF FLORIDA
COUNTY OF COLUMBIA

AFFIDAVIT

This is to certify that I, (We), Subrandy Limited Ptn., as the
seller, by an **Agreement for Deed**, of the below described property:

Tax Parcel No. R02160-012

Subdivision (Name, lot, Block, Phase) LOT 12, Oakdale

Give my permission for Harry & Cathy Stiles to place a
(Mobile Home / Travel Trailer / Single Family Home)

I (We) understand that this could result in an assessment for solid waste and fire
protection services levied on this property.

[Signature]
(1) Seller Signature

(2) Seller Signature

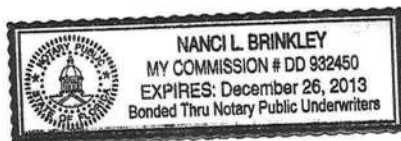
Sworn to and subscribed before me this 16th day of September, 20 10. This

(These) person (s) are personally known to me or produced ID _____
(Type)

Nanci Brinkley
Notary Public Signature
State of Florida

Nanci Brinkley
Notary Printed Name

My commission expires: 12-26-13





COLUMBIA COUNTY

911 ADDRESSING / GIS DEPARTMENT

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

Telephone: (386) 758-1125 * Fax: (386) 758-1365 * Email: 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:

16-3S-16-02160-012 (LOT 12 OAKDALE S/D)

Address Assignment(s):

340 NW ACORN DR, LAKE CITY, FL, 32055

Any questions concerning this information should be referred to the Columbia County 911 Addressing / GIS Department at the address or telephone number above.

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

NO
JALC
- REC'D
X

COUNTY THE MOBILE HOME IS BEING MOVED FROM SWANNEE
OWNERS NAME Ha. Wholesale Home PHONE 386-362-1171 CELL _____
INSTALLER Jack Flowers PHONE 386-362-8324 CELL _____
INSTALLERS ADDRESS 2434 CR 195 Live Oak, FL 32060

MOBILE HOME INFORMATION

MAKE AUGER YEAR 2001 SIZE 28 x 60
COLOR GRAY SERIAL No. GMHGA6160101818A 48
WIND ZONE II SMOKE DETECTOR _____
INTERIOR:
FLOORS Good
DOORS Good
WALLS Good
CABINETS Good
ELECTRICAL (FIXTURES/OUTLETS) Good
EXTERIOR:
WALLS / SIDING Good
WINDOWS Good
DOORS Good
STATUS:
APPROVED _____ NOT APPROVED _____

NOTES:

INSTALLER OR INSPECTORS PRINTED NAME TACK Flowers
Installer/Inspector Signature Jack R. Flowers License No. DIH 000090 Date _____

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 386-713-2038 TO SET UP THIS INSPECTION. NO PERMIT WILL BE ISSUED BEFORE THIS IS DONE.

758-1038- Erin Parnell

Code Enforcement Approval Signature Antti R. Parnell Date 9-20-10

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	Print Name <u>Harry Stiles</u> License #:	Signature <u>Harry Stiles</u> Phone #: <u>386-623-2649</u>
MECHANICAL/ A/C	Print Name <u>Harry Stiles</u> License #:	Signature <u>Harry Stiles</u> Phone #: <u>386-623-2649</u>
PLUMBING/ GAS	Print Name <u>JACK R. FLOWERS</u> License #: <u>DIH000090</u>	Signature <u>Jack R. Flowers</u> Phone #: <u>386-362-1171</u>
ROOFING	Print Name _____ License #:	Signature _____ Phone #:
SHEET METAL	Print Name _____ License #:	Signature _____ Phone #:
FIRE SYSTEM/ SPRINKLER	Print Name _____ License #:	Signature _____ Phone #:
SOLAR	Print Name _____ License #:	Signature _____ Phone #:

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			
FRAMING			
INSULATION			
STUCCO			
DRYWALL			
PLASTER			
CABINET INSTALLER			
PAINTING			
ACOUSTICAL CEILING			
GLASS			
CERAMIC TILE			
FLOOR COVERING			
ALUM/VINYL SIDING			
GARAGE DOOR			
METAL BLDG ERECTOR			

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.

*Inspection requested
on Tuesday 9-28-10*

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

APP# 1009-40

DATE RECEIVED 9-24-10 BY UH IS THE M/H ON THE PROP. RTY WHERE THE PERMIT WILL BE ISSUED? Yes

OWNERS NAME Harry Stiles PHONE _____ CELL 396-623-2649

ADDRESS 340 NW Acorn Dr.

MOBILE HOME PARK _____ SUBDIVISION _____

DRIVING DIRECTIONS TO MOBILE HOME 90 W, @ Lake Jeffery, @ Nash Rd,
@ Timber Break Ln, @ Acorn Ln, lot on @ 6th on L

MOBILE HOME INSTALLER Jack Flowers PHONE 396-362-8324 CELL _____

MOBILE HOME INFORMATION

MAKE Augu YEAR 01 SIZE 28 x 60 COLOR Gray

SERIAL No. 6M'HS A 616 010 1818 A E B

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

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 Att S. Rull

ID NUMBER 402

DATE 9-29-10

\$50.00

Date of Payment: 9-24-10

Paid By: Harry Stiles

Notes: _____



STATE OF FLORIDA
DEPARTMENT OF HEALTH

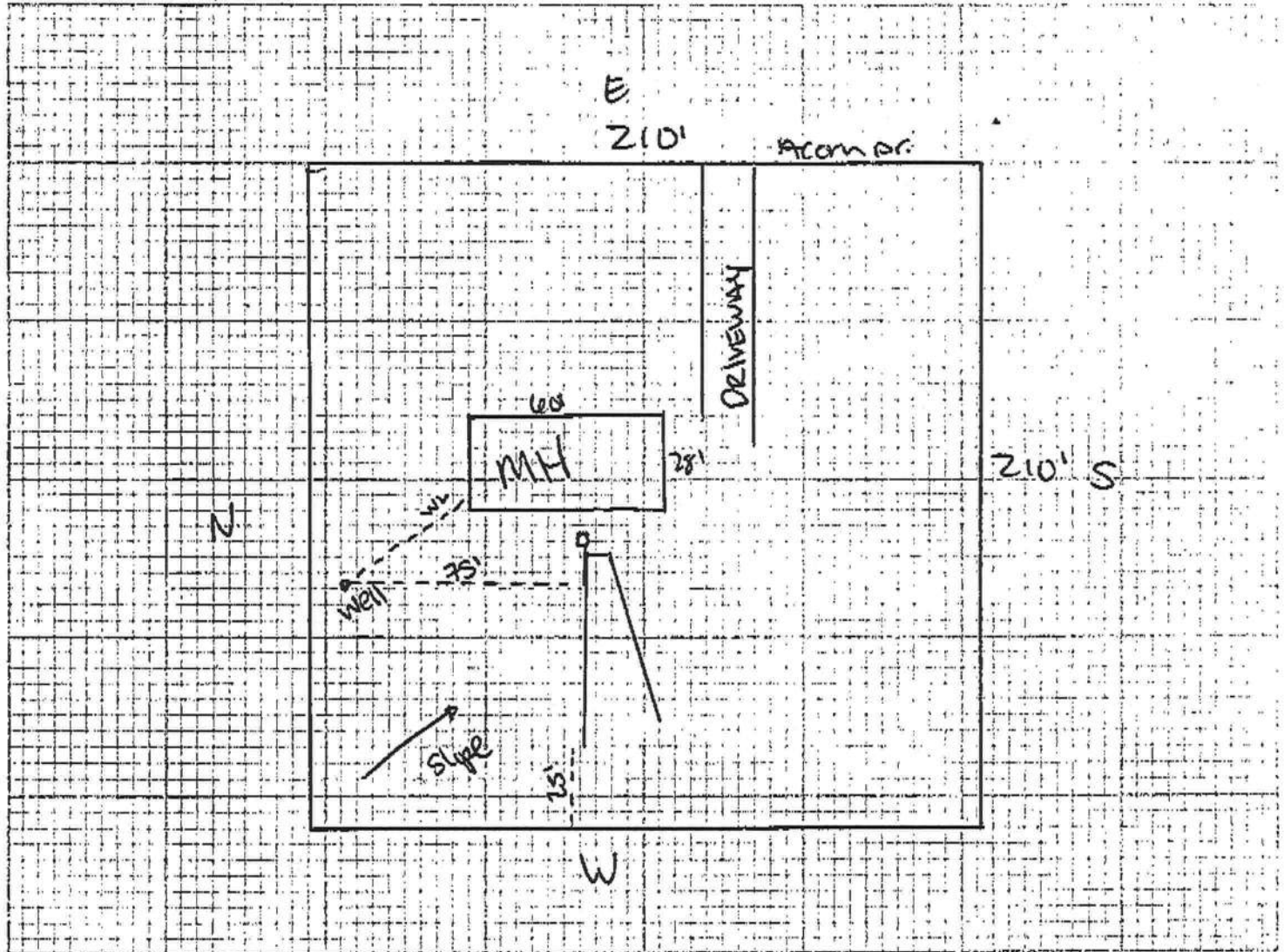
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 10-0440E

Stiles

PART II - SITE PLAN

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



Notes: Property 1 ac. total

Site Plan submitted by: _____

Signature _____

Title _____

Plan Approved ✓

Not Approved _____

Date _____

By _____

Columbia CHD

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. 97947A
DATE PAID: 9/20/10
FEE PAID: 125.00
RECEIPT #: 14947A

10-0440

APPLICATION FOR:

[] New System [X] Existing System [] Holding Tank [] Innovative
[] Repair [] Abandonment [] Temporary []

APPLICANT: Harry R. Stiles

AGENT: _____

TELEPHONE: 386-623-2649MAILING ADDRESS: 340 NW Acorn Drive Lake City, FL

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3) (m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION

LOT: 12 BLOCK: _____ SUBDIVISION: Oak Dale PLATTED: 4/1978PROPERTY ID #: 16-35-16-02160-012 ZONING: RES I/M OR EQUIVALENT: [Y / N]PROPERTY SIZE: 1 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: 340 NW Acorn Drive Lake City, FLDIRECTIONS TO PROPERTY: 90W, TR on Lake Jeffery Rd, TL on Nash Rd, TR on Timberbreak Lane, TL on Acorn Dr Lot on Left

BUILDING INFORMATION

[X] RESIDENTIAL

[] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	<u>MH</u>	<u>3</u>	<u>1568</u>	<u>ORIGINAL ATTACHED</u>
2				
3				
4				

[] Floor/Equipment Drains [] Other (Specify) _____

SIGNATURE: Harry StilesDATE: 9/20/10