☑ AC
☑ ELECTRICAL . ... NEEDED

☑ SERIAL #

HAS ... SIGN

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION 10667

For Office Use Only *(Revised 1-11)* **Zoning Official** BLK 29 AUG 2013 **Building Official** TM 8/26/13

AP# 1308-77 **Date Received** 8/26/13 **By** LH **Permit #** 2039/31404

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

Comments Section 2.3.1 Legal Non Conforming Lot of Record

FEMA Map# N/A **Elevation** N/A **Finished Floor** above BL **River** N/A **In Floodway** N/A

☑ Site Plan with Setbacks Shown ☑ EH # 13-0442-N ☐ EH Release ☑ Well letter N/A Existing well

☑ Recorded Deed or Affidavit from land owner ☑ Installer Authorization ☐ State Rd Access ☑ 911 Sheet

☐ Parent Parcel # ______ ☐ STUP-MH ______ ☐ F W Comp. letter ☑ App Fee Pd ☑ VF Form

IMPACT FEES: EMS ______ **Fire** ______ **Corr** ______ ☐ Out County ☐ In County

Road/Code ______ **School** ______ = **TOTAL** _Suspended March 2009_ ☐ Ellisville Water Sys

Property ID # 35-6S-16-04066-020 **Subdivision** Quail Ridge Lot 19

- **New Mobile Home** X **Used Mobile Home** ______ **MH Size** 28x40 **Year** 2013
- **Applicant** Dale Burdon Rocky Ford **Phone #** 386-497-2311
- **Address** 546 SW Dortch St, Fort White, FL 32038
- **Name of Property Owner** Fred Siebold **Phone#** 631-848-2608
- **911 Address** 165 SW Military Glen, Fort 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** SAME **Phone #** SAME
  Address PO Box 778, Fort White, FL 32038
- **Relationship to Property Owner** SAME
- **Current Number of Dwellings on Property** Ø
- **Lot Size** 340x515 **Total Acreage** 4.02
- **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
- **Driving Directions to the Property** 47 South, TL on US 27, TL on CR 18, TL on Sonoma Way, TR on Military Trail to end on left, follow drive to site
- **Name of Licensed Dealer/Installer** Ernest S Johnson **Phone #** 352-494-8099
- **Installers Address** 22204 SE Hwy 301, Hawthorne, FL 32640
  - **License Number** IH 1025249 **Installation Decal #** 136245

Ilusjoke Lee 8.29.13 . $421.34 GREEN SIGN

PERMIT WORKSHEET

PERMIT NUMBER

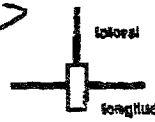
Installer Ernest (Scott) Johnston License # IH 1025249
(Seibold)
Address of home being installed 165 SW Mt. Livery Fort Glen
Fort White, FL 32038
Manufacturer Live Oak Homes Length x width 40x28

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

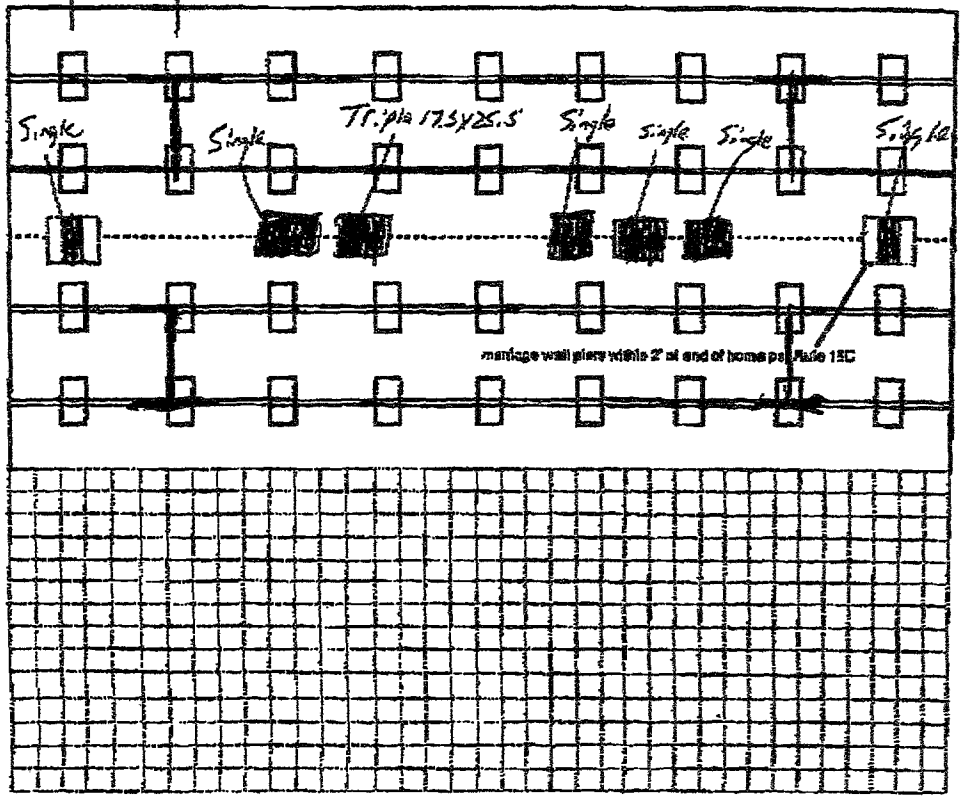
I understand Lateral Arm Systems cannot be used on any home (new or used) where the sidewall ties exceed 5 ft 4 in.

Installer's initials EJ

Typical pier spacing 2'



Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)



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 # 136245

Triple/Quad ☐ Serial # 14715 A&B

Roof System: (Typical) Hinged

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'	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 17.5 X 25.5

Perimeter pier pad size 17.5 X 25.5

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	Pier pad size

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 /

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer

Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer Olink 1101 P

OTHER TIES

	Number
Sidewall	20
Longitudinal	4
Marriage wall	6
Shearwall	2

PERMIT NUMBER

POCKET PENETROMETER TEST

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

x 1000 x 1000 x 1000

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 1000 x 1000 x 1000

TORQUE PROBE TEST

The results of the torque probe test is _____ _____ 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.

EJ Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Ernest L Johnson

Date Tested Assumed

Electrical

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between mult-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 /
Water drainage: Natural _____ Swale / Pad _____ Other _____

Fastening multi wide units

Floor:	Type Fastener:	Lag S	Length: 6	Spacing: 2
Walls:	Type Fastener:	Lag S	Length: 6	Spacing: 2
Roof	Type Fastener:	Lag S	Length: 6	Spacing: 2

For used homes a min 30 gauge, 8" wide, galvanized metal strip will be centered over the peek 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 EJ

Type gasket Yes
Pg. _____

Installed:
Between Floors Yes /
Between Walls Yes /
Bottom of ridgebeam Yes /

Weatherproofing

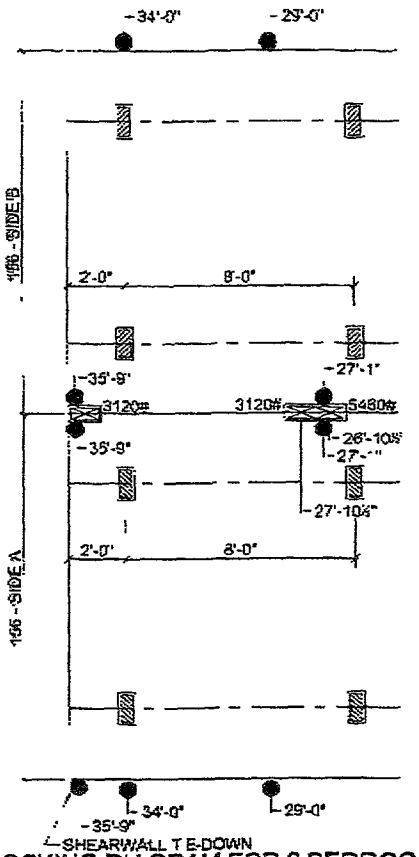
The bottomboard will be repaired and/or taped. Yes / Pg. _____
Siding on units is installed to manufacturer's specifications. Yes _____
Fireplace chimney installed so as not to allow intrusion of rain water Yes /

Miscellaneous

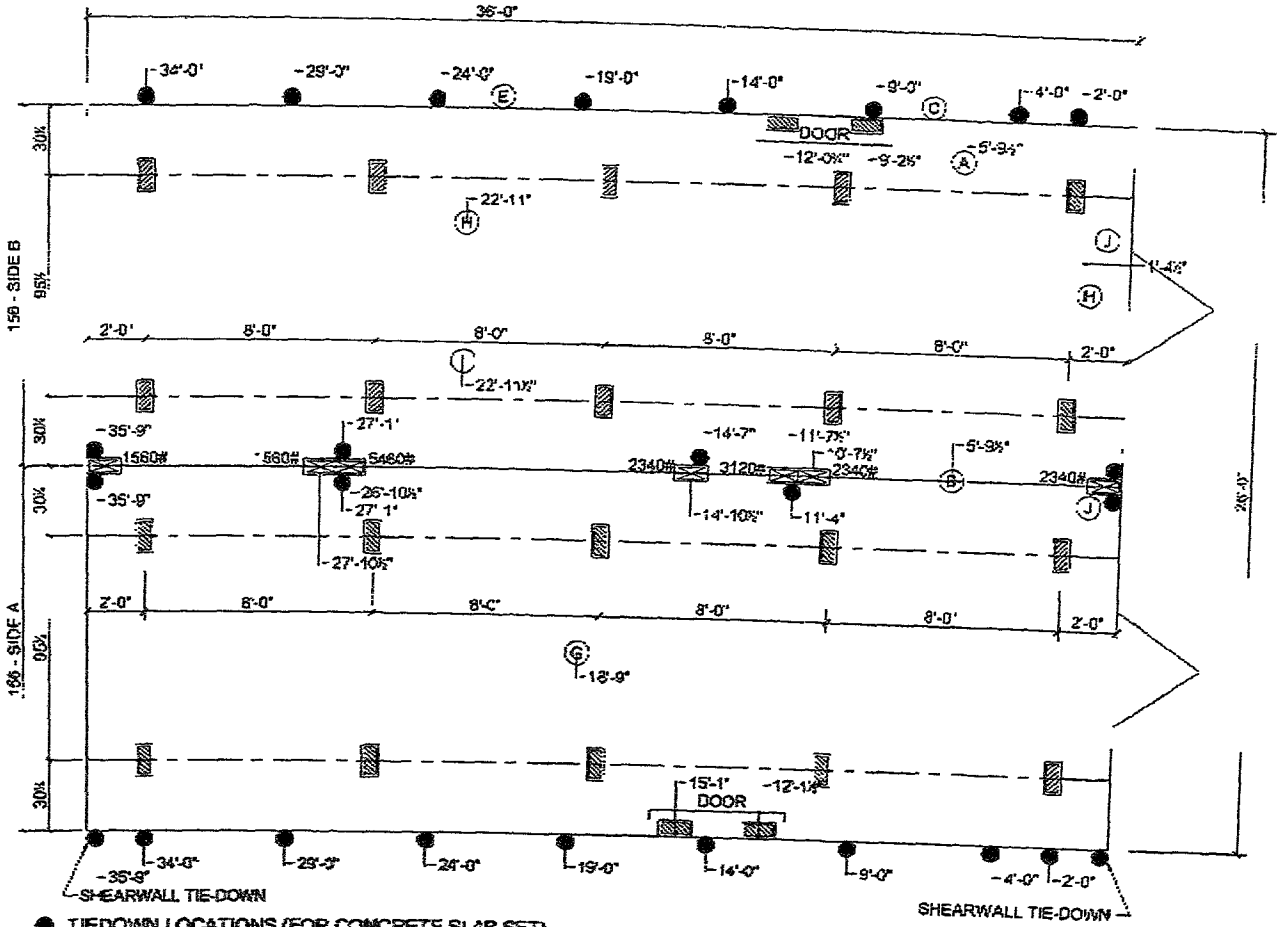
Skirting to be installed. Yes / No _____
Dryer vent installed outside of skirting. Yes / N/A _____
Range downflow vent installed outside of skirting Yes / N/A _____
Drain lines supported at 4 foot intervals. Yes /
Electrical crossovers protected. Yes /
Other: _____

Installer verifies all information given with this permit worksheet is accurate and true based on the manufacturer's installation instructions and or Rule 15C-1 & 2

Installer Signature Ernest L Johnson Date _____



BLOCKING DIAGRAM FOR 2 BEDROOM OPTION



● TIEDOWN LOCATIONS (FOR CONCRETE SLAB SET)
MARRIAGE LINE OPENING SUPPORT PIER/TYP.
I-BEAM SUPPORT PIER/TYP

7-15-08

FOUNDATION NOTES:
- THIS DRAWING IS DESIGNED FOR THE STANDARD WIND ZONE AND IS TO BE USED IN CONJUNCTION WITH THE INSTALLATION MANUAL AND IT'S SUPPLEME
- FOOTINGS ARE SHOWN FOR EXAMPLE ONLY QUANTITY AND SPACING MAY VARY BASED ON PAD TYPE, SOIL CONDITION, ETC.
- FOOTINGS ARE REQUIRED AT SUPPORT POSTS, SEE INSTALLATION MANUAL FOR REQUIREMENTS.

Live Oak Homes
MODEL: S-2363A - 28 X 36
3-BEDROOM / 2-BATH

(A) MAIN ELECTRICAL
(B) ELECTRICAL CROSSOVER
(C) WATER INLET
(D) WATER CROSSOVER (IF ANY)
(E) GAS INLET (IF ANY)
(F) GAS CROSSOVER (IF ANY)
(G) DUCT CROSSOVER
(H) SEWER DROPS
(I) RETURN AIR (W/OPT HEAT PUMP OR DU
(J) SUPPLY AIR (W/OPT HEAT PUMP OR DU

S-2363A

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 31409 CONTRACTOR ERNEST (SCOTT) Johnson PHONE 352-454-8099

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 Richard Lambert License #: EC13002315	Signature Phone #: 850-971-2665
MECHANICAL/ A/C ____	Print Name License #:	Signature Phone #:
✓ PLUMBING/ GAS	Print Name ERNEST (SCOTT) Johnson License #: CFH 1625249	Signature Phone #: 352-454-8099

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.

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: 8/13/2013 **DATE ISSUED:** 8/15/2013

ENHANCED 9-1-1 ADDRESS:

165 SW MILITARY GLN

FORT WHITE FL 32038

PROPERTY APPRAISER PARCEL NUMBER:

35-6S-16-04066-020

Remarks:

ADDRESS FOR PROPOSED STRUCTURE ON PARCEL.

Address Issued By: _____

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.

2621

20,500.00
143.50
10.00

This Instrument Prepared by & return to:
Name. ***Brenda Styons, an employee of NORTH CENTRAL FLORIDA TITLE, LLC***
Address. ***343 NW COLE TERRACE, SUITE 101 LAKE CITY, FL 32055***
File No. 13Y-08005TL

Parcel I.D. #: ***04066-020***

Inst:201312012258 Date:8/12/2013 Time:3.10 PM
Doc Stamp-Deed:143.50
DC,P DeWitt Cason,Columbia County Page 1 of 1 B:1259 P:1799

SPACE ABOVE THIS LINE FOR PROCESSING DATA | *SPACE ABOVE THIS LINE FOR RECORDING DATA*

THIS WARRANTY DEED *Made the 9th day of August, A.D. 2013, by*

FAIRFAX NURSING CENTER, INC., A VIRGINIA CORPORATION, *having its principal place of business at* ***4310 FOREST HILL CIRCLE, FAIRFAX, VA 22030,*** *hereinafter called the grantor, to* ***FRED SIEBOLD,*** *A SINGLE PERSON, whose post office address is* ***P.O. BOX 778, FORT WHITE, FLORIDA 32038,*** *hereinafter called the grantee:*

(Wherever used herein the terms "grantor" and "grantee" include all the parties to this instrument, singular and plural, the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporations, wherever the context so admits or requires.)

Witnesseth: *That the grantor, for and in consideration of the sum of $10.00 and other valuable consideration, receipt whereof is hereby acknowledged, does hereby grant, bargain, sell, alien, remise, release, convey and confirm unto the grantee all that certain land situate in* ***Columbia County, State of Florida,*** *viz.*

Lot 19, Quail Ridge, according to the plat thereof, recorded in Plat Book 5, Page 61, of the Public Records of Columbia County, Florida.

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 it is lawfully seized of said land in fee simple; that it has good right and lawful authority to sell and convey said land, and 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, 2012.*

In Witness Whereof, *the said grantor has caused these presents to be executed in its name and its corporate seal to be hereunto affixed by its proper officers thereunto duly authorized, the day and year first above written.*

Signed, sealed and delivered in the presence of:

FAIRFAX NURSING CENTER, INC.

By: Robert Bainum *L.S.*
Name: ROBERT BAINUM
Title: PRESIDENT

Witness Signature
Printed Name Maria Mylah Snegay

Witness Signature
Printed Name JONATHAN MUNSAYAC

Embossed Hereon Is My Commonwealth Of Virginia Notary Public Seal
My Commission Expires May 31, 2014
KAREN SUE LYDDANE

STATE OF
COUNTY OF

The foregoing instrument was acknowledged before me this ***9th*** *day of* ***August, 2013,*** *by* Robert Bainum *as* President *of* ***FAIRFAX NURSING CENTER, INC.,*** *A VIRGINIA CORPORATION. He (she) is personally known to me or has produced* VA Drivers License *as identification.*

Notary Public
My commission expires 5/31/2014

Columbia County Property Appraiser

CAMA updated 8/13/2013

2012 Tax Year

Parcel: 35-6S-16-04066-020

FILED SHEBOLD DEED ATTACHED

Owner & Property Info

Search Result 1 of 1

Owner's Name	FAIREAX NURSING CENTER INC		
Mailing Address	4310 FOREST HILL DRIVE FAIRFAX, VA 22030		
Site Address	LOT 19 QUAIL RIDGE S/D		
Use Desc. (code)	VACANT (000000)		
Tax District	3 (County)	**Neighborhood**	35616
Land Area	4.020 ACRES	**Market Area**	02
Description	NOTE This description is not to be used as the Legal Description for this parcel in any legal transaction		
LOT 19 QUAIL RIDGE S/D CT 1183-1115,			

Property & Assessment Values

2012 Certified Values		
Mkt Land Value	cnt. (0)	$20,045.00
Ag Land Value	cnt: (1)	$0.00
Building Value	cnt. (0)	$0.00
XFOB Value	cnt. (0)	$0.00
Total Appraised Value		$20,045.00
Just Value		$20,045.00
Class Value		$0.00
Assessed Value		$20,045.00
Exempt Value		$0.00
Total Taxable Value		Cnty: $20,045 Other: $20,045 | Schl: $20,045

2013 Working Values

NOTE:

2013 Working Values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

Sales History

Sale Date	OR Book/Page	OR Code	Vacant / Improved	Qualified Sale	Sale RCode	Sale Price
10/14/2009	1183/1115	CT	V	U	18	$100.00

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, Ernest Scott Johnson, give this authority and I do certify that 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.

Installers Name

Printed Name of Authorized Person	Signature of Authorized Person	Agents Company Name
Dale Ford		A&B Const
Rocky Ford		A&B Const

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.

Ernest Scott Johnson — License Holders Signature (Notarized)
TH 1025249 — License Number
8-21-13 — Date

NOTARY INFORMATION:
STATE OF: Florida COUNTY OF: Alachua

The above license holder, whose name is Ernest Scott Johnson personally appeared before me and is known by me or has produced identification (type of I.D.) _____ on this 21 day of Aug, 2013.

Dana A Van Etten
NOTARY'S SIGNATURE

(Seal/Stamp) DANA A. VAN ETTEN
Notary Public - State of Florida
My Comm. Expires Aug 13, 2016
Commission # EE 215832
Bonded Through National Notary Assn.

Dependable Well Drilling

2139 NW 50TH ST
BELL, FL 32619
(C) 352-225-1618
(F) 386-935-0087

8/21/2013

To: Columbia **County Building Department**

Description of well to be installed for Customer: Sirbold
Located at Address: 165 SW Military Glen

1 hp 15 GPM Submersible Pump, 1 ¼" drop pipe, 86 gallon captive tank and back flow prevention, With SRWMD permit.

Randy Smith

Sincerely
Randy Smith

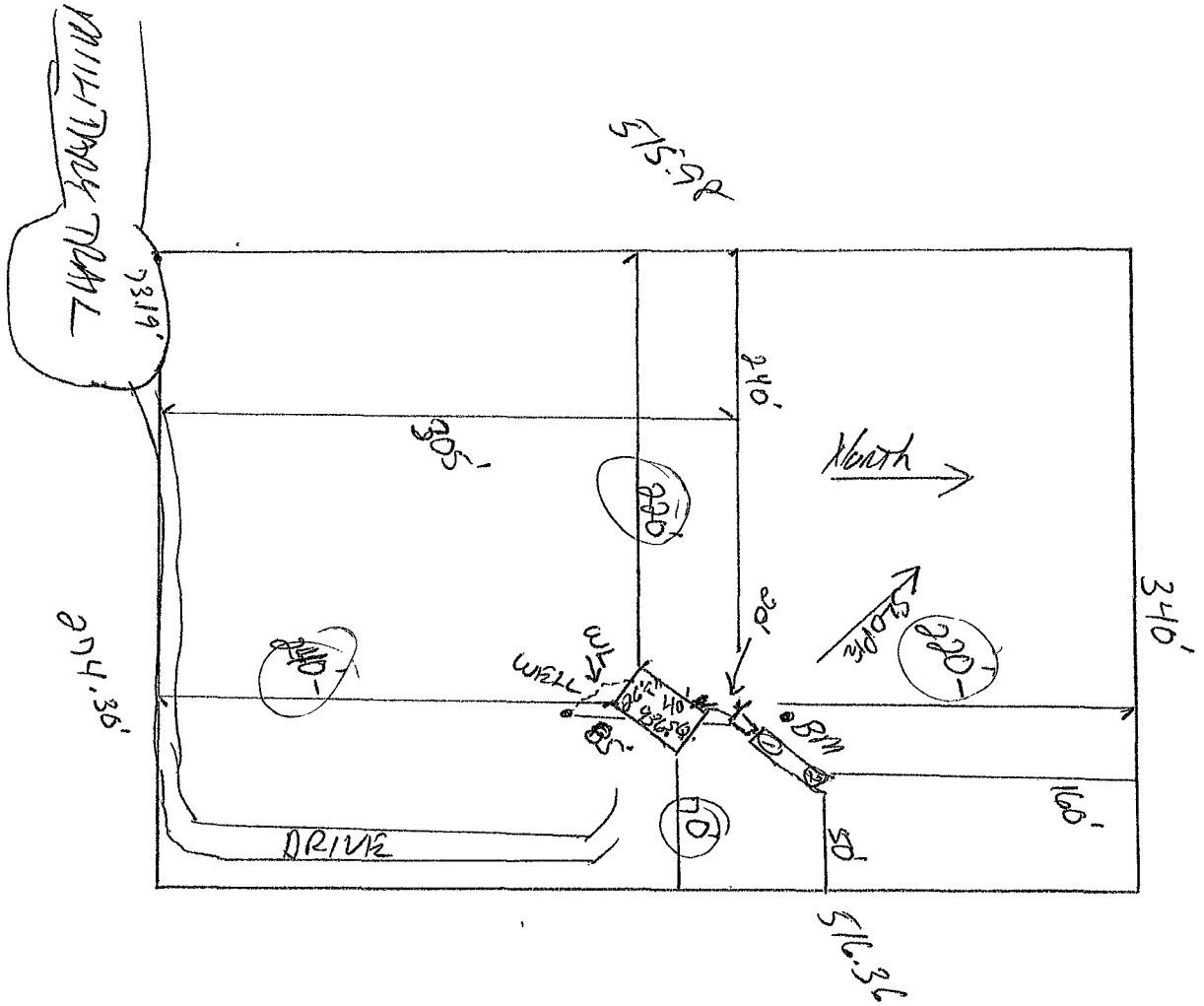
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number_____

Sinbold

PART II - SITEPLAN

Scale: 1 inch = ~~40~~ 100' feet.



Notes: _____

Site Plan submitted by: Rocky D Fo MASTER CONTRACTOR

Plan Approved_____ Not Approved_____ Date_____

By_____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

1308-77

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR ERNEST (SCOTT) Johnson PHONE 352-494-8099

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

single

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 1328	Print Name Richard Crowder	Signature
	License #: EC13002315	Phone #: 850-971-2665
MECHANICAL/ A/C _____	Print Name	Signature
	License #:	Phone #:
PLUMBING/ GAS	Print Name ERNEST (SCOTT) Johnson	Signature
	License #: IH 1625249	Phone # 352-494-8099

Specialty License	License Number	Sub-Contractor's Printed Name	Sub-Contractor's 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 Form: Subcontractor form 2/11

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1308-77 CONTRACTOR ERNEST (SCOTT) Johnson PHONE 352-494-8099

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

Sinclair

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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 Michael Lambert	Signature
	License # EC13002515	Phone #: 850 971-2665
MECHANICAL/ A/C 701	Print Name Robert Grant	Signature
	License #: CAC 1814931	Phone #: 800-859-3708
PLUMBING/ GAS	Print Name ERNEST (SCOTT) Johnson	Signature
	License #: IH 1025249	Phone #: 352-494-8099

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.

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

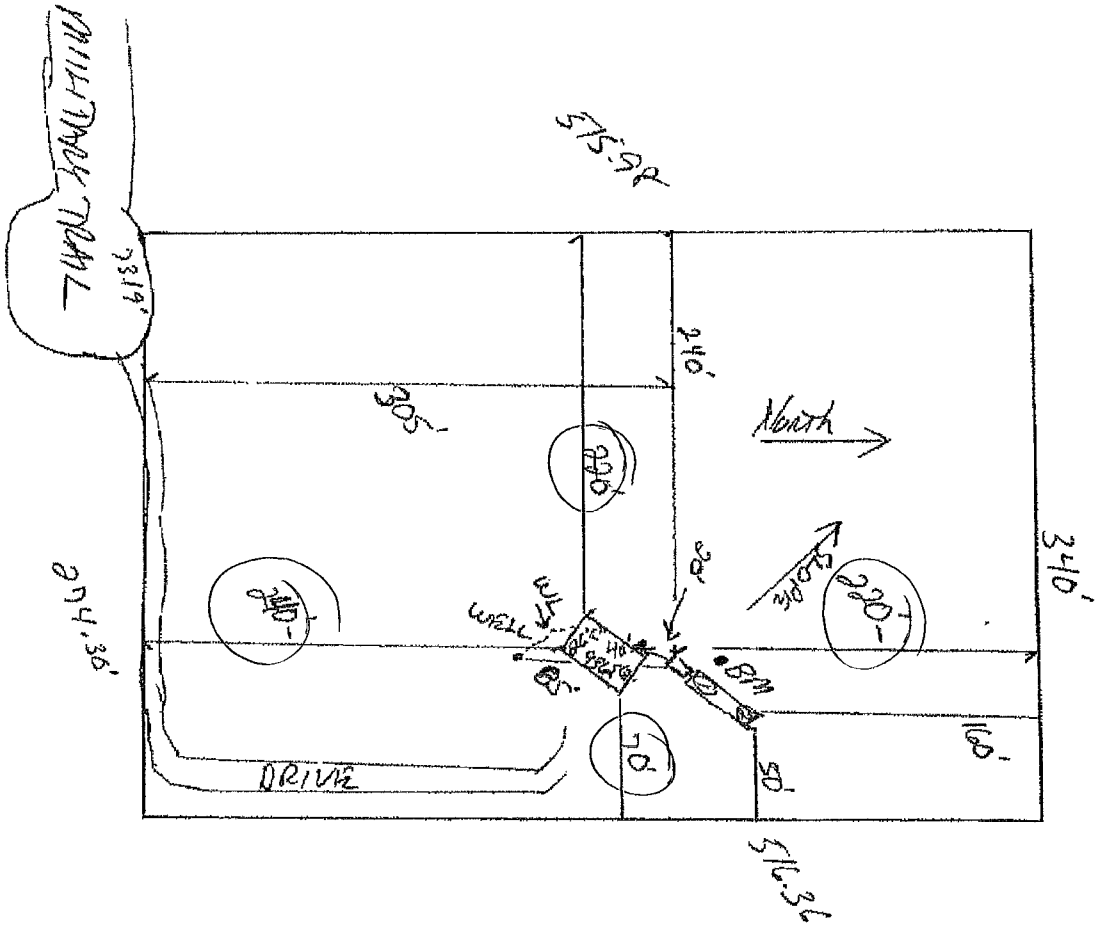
Permit Application Number 13-0447

Sinbold

PART II - SITEPLAN

Scale: 1 inch = ~~40~~ 100' feet.

13-0877



Notes: _____

Site Plan submitted by: Rocky D Tyo MASTER CONTRACTOR

Plan Approved ~~Not Approved~~ Columbia CHD Date 8/27/13

By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Columbia County Building Department
Culvert Waiver

Hwy Connie

Culvert Waiver No.
000002039

DATE: 08/29/2013 BUILDING PERMIT NO. 13104

APPLICANT DALE BURD PHONE 386.497.2311

ADDRESS 546 SW DORTCH STREET FT. WHITE FL 32038

OWNER FRED SIEBOLD PHONE 631.848.2608

ADDRESS 165 SW MILITARY GLEN FT. WHITE FL 32038

CONTRACTOR ERNEST S. JOHNSON PHONE 352.494.8099

LOCATION OF PROPERTY 47-S TO US 27,TL TO C-18,TL TO SONOMA,TL TO MILITARY,TR

TRAIL TO END ON L.(FOLLOW DRIVE TO SITE

SUBDIVISION/LOT/BLOCK/PHASE/UNIT QUAIL RIDGE 19

PARCEL ID # 35-6S-16-04066-020

I HEREBY CERTIFY THAT I UNDERSTAND AND WILL FULLY COMPLY WITH THE DECISION OF THE COLUMBIA COUNTY PUBLIC WORKS DEPARTMENT IN CONNECTION WITH THE HEREIN PROPOSED APPLICATION.

SIGNATURE:

ENTERED

A SEPARATE CHECK IS REQUIRED
MAKE CHECKS PAYABLE TO BCC

Amount Paid 50.00

PUBLIC WORKS DEPARTMENT USE ONLY

I HEREBY CERTIFY THAT I HAVE EXAMINED THIS APPLICATION AND DETERMINED THAT THE CULVERT WAIVER IS:

X APPROVED ____ NOT APPROVED - NEEDS A CULVERT PERMIT

COMMENTS: Dirt road with no ditches.

SIGNED: DATE: 9-4-13

ANY QUESTIONS PLEASE CONTACT THE PUBLIC WORKS DEPARTMENT AT 386-752-5955

Culvert 1 of 2
9.9.13