

CLC# 2685

williampricecentralbaptist.com

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 7-1-15) Zoning Official [Signature] Building Official TM 10/10/17

AP# 1709-65 Date Received 9/29 By [Signature] Permit # 35923

Flood Zone X Development Permit _____ Zoning A-3 Land Use Plan Map Category A

Comments _____

FEMA Map# _____ Elevation _____ Finished Floor 1 above River _____ In Floodway _____

☐ Recorded Deed or ☒ Property Appraiser PO ☒ Site Plan ☒ EH # 17-0618 ☒ Well letter OR

☒ Existing well ☒ Land Owner Affidavit ☐ Installer Authorization ☐ FW Comp. letter ☒ App Fee Paid

☐ DOT Approval ☐ Parent Parcel # _____ ☐ STOP-MH _____ ☒ 911 App

☐ Ellisville Water Sys ☐ Assessment Paid on Property ☒ Out County ☒ In County ☐ Sub VF Form ALCOA LIAB

Property ID # 210-35-15-00270-113 Subdivision Cedar Hills Lot# 13

- New Mobile Home _____ Used Mobile Home X MH Size 24x48 Year 1990
- Applicant Oda Price Phone # 386 968-4298
- Address 3360 150th pl Lake City FL 32024
- Name of Property Owner Deas-Bullard Properties LP (Barfuss-MN) Phone# 386-365-7745
- 911 Address 426 SW Archie Glen, Lake FL 32024
- Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Duke Energy
- Name of Owner of Mobile Home Timmy Lee Barfuss Jr. Phone # 386-365-7745
Address 426 SW Archie Glen, Lake City FL 32024
- Relationship to Property Owner Buyer
- Current Number of Dwellings on Property 0
- Lot Size 5 Acres Total Acreage 5
- 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 90 W to Coonville ML Down on (L) SW Archie Glen property on Right

- Name of Licensed Dealer/Installer William Price Phone # 407-448-0953
- Installers Address 3360 150th pl lake city fl 32024
- License Number TH1041930 Installation Decal # 44898

Stu sent email 9.29.17 - 10.18.17

COLUMBIA COUNTY PERMIT WORKSHEET

page 1 of 2

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

Installer William Price License # TH1041936

911 Address where home is being installed. 426 Sw archie Glen
Lake City FL

Manufacturer Sweetwater Length x width 48x24

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 WRP

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 ☒

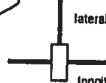
Installation Decal # 44898

Triple/Quad ☐

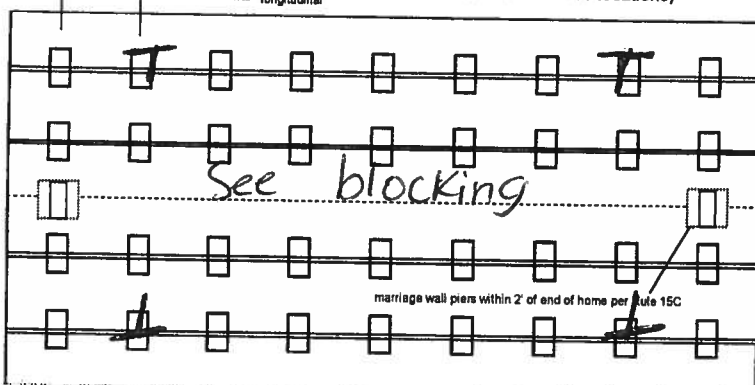
Serial # SHBA1270AB

Typical pier spacing

2' 5'



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



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 x 25

Perimeter pier pad size

16 x 16

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

Opening	Pier pad size

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)

Manufacturer

Longitudinal Stabilizing Device w/ Lateral Arms

Manufacturer

Oliver Tech

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
Sidewall	<u>4</u>
Longitudinal	<u>1</u>
Marriage wall	<u>1</u>
Shearwall	<u>2</u>

COLUMBIA COUNTY PERMIT WORKSHEET

page 2 of 2

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 280 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 require anchors with 4000 lb holding capacity.

WRP Installer's Initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name William Price
Date Tested 9-19-17

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 Yes 90%
Water drainage: Natural _____ Swale _____ Pad ☒ Other _____

Fastening multi wide units

Floor: Type Fastener Metal Length: _____ Spacing: 2" continuous
Walls: Type Fastener Steel Length: _____ Spacing: 18" on center
Roof: Type Fastener Nails Length: _____ Spacing: 18" on center
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 WRP

Type gasket Foam
Pg. 15c

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

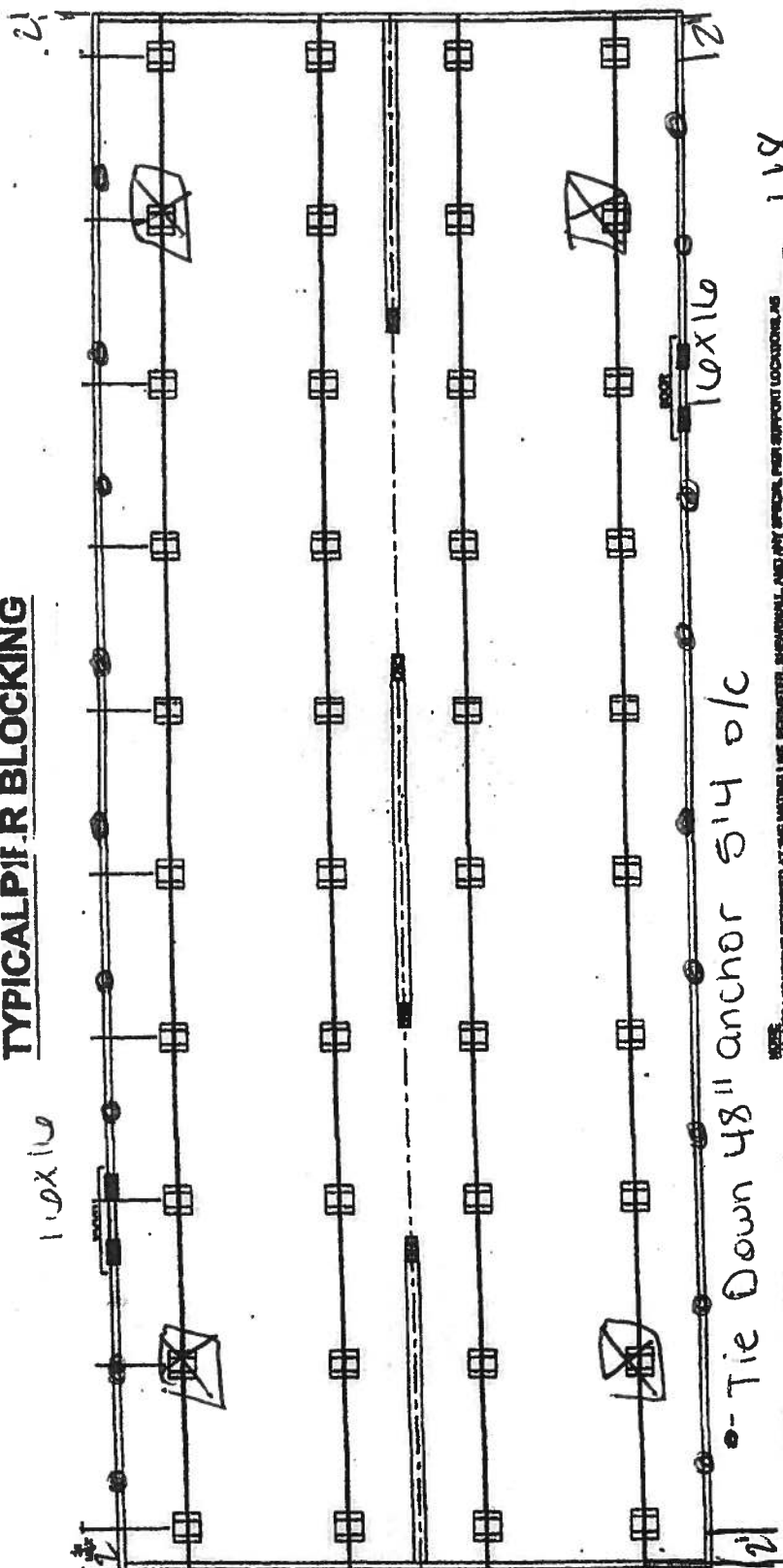
Skirting to be installed. Yes ☒ No _____
Dryer vent installed outside of skirting. Yes ☒ N/A _____
Range downflow vent installed outside of skirting. Yes ☒ N/A _____
Drain lines supported at 4 foot intervals. Yes ☒
Electrical crossovers protected. Yes ☒
Other: _____

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

Installer Signature [Signature] Date 9-19-17

84

TYPICAL PIR BLOCKING

[illegible]

PARAMETER SUPPORT OF USER

FRAME SUPPORT
17 x 25 Aps w 8x8x10 S10/c

Oliver-System

- * All center line and doors 10x10
- * All perimeter and doors 10x8x10

SUDW-9

SECRET

1. Introduction

THE UNIVERSITY OF CHICAGO PRESS



COLUMBIA COUNTY

911 ADDRESSING / GIS DEPARTMENT

263 NW Lake City Ave., Lake City, FL 32055

Telephone: (386) 758-1125 x 1 * Fax: (386) 758-1365 * Email: gis@columbiacountyfla.com



Address Assignment and Maintenance Document

To maintain the county wide 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 addressing 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 Services 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/Time Issued: 9/28/2017 2:01:17 PM

Address: 426 SW ARCHIE Gln

City: LAKE CITY

State: FL

Zip Code 32024

Parcel ID 00270-113

REMARKS: Reissue of existing address for new structure on parcel.

Address Issued By: Signed:/ Ronal N. Croft

Columbia County GIS/911 Addressing Department

NOTICE: THIS ADDRESS WAS ISSUED BASED ON LOCATION AND ACCESS INFORMATION RECEIVED FROM THE REQUESTER. SHOULD AT A LATER DATE, THE LOCATION AND/OR ACCESS INFORMATION BE FOUND TO BE IN ERROR OR CHANGED, THIS ADDRESS IS SUBJECT TO CHANGE.

Columbia County Property Appraiser

Jeff Hampton

2016 Tax Roll Year

updated: 9/20/2017

Parcel: << 26-3S-15-00270-113 >>

Aerial Viewer Pictometry Google Maps

Owner & Property Info

Owner	DEAS-BULLARD PROPERTIES LLP 672 EAST DUVAL STREET LAKE CITY, FL 32055		
Site	426 ARCHIE GLN, LAKE CITY		
Description *	LOT 13 CEDAR HILLS S/D. ORB 789-719, QC 829-492, 857-672, 893-197, WD 1156-103 (REORG OF GRANTOR), QC 1167- 1332 & CT 1209-243		
Area	0 AC	S/T/R	26-3S-15
Use Code *	AC/XFOB (009901)	Tax District	3

* The Description above is not to be used as the Legal Description for this parcel in any legal transaction. The Use Code is a FL Dept. of Revenue (DOR) code. Please contact the Columbia County Planning & Development office for specific zoning information.

Property & Assessment Values

2016 Certified Values		2017 Working Values	
Mkt Land (3)	\$22,662	Mkt Land (3)	\$22,662
Ag Land (0)	\$0	Ag Land (0)	\$0
Building (0)	\$0	Building (0)	\$0
XFOB (1)	\$750	XFOB (1)	\$3,888
Just	\$23,412	Just	\$26,550
Class	\$0	Class	\$0
Appraised	\$23,412	Appraised	\$26,550
Exempt	\$0	Exempt	\$0
Assessed	\$23,412	Assessed	\$26,550
Total Taxable	county:\$23,412 city:\$23,412 other:\$23,412 school:\$23,412	Total Taxable	county:\$26,550 city:\$26,550 other:\$26,550 school:\$26,550



Sales History

Sale Date	Sale Price	Book/Page	Deed	V/I	Quality (Codes)	RCode
1/19/2011	\$100	1209/0243	CT	I	U	18
7/31/2008	\$100	1156/0103	WD	I	U	02 (Multi-Parcel Sale) - show
2/19/1998	\$21,000	893/0197	CD	I	U	01
10/7/1996	\$20,100	829/0492	QC	I	U	01
3/4/1994	\$21,000	789/0719	CD	V	U	13

Building Characteristics

Bldg Sketch	Bldg Item	Bldg Desc	Year Blt	Base SF	Actual SF	Bldg Value
NONE						

Extra Features & Out Buildings -

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0296	SHED METAL	2016	\$3,888.00	432.000	12 x 36 x 0	(000.00)

Land Breakdown

Land Code	Desc	Units	Adjustments	Eff Rate	Land Value
009901	AC/XFOB (MKT)	1.000 LT - (0.000 AC)	1.00/1.00 1.00/1.00	\$18,662	\$18,662

STATE OF FLORIDA
COUNTY OF COLUMBIA

LAND OWNER AFFIDAVIT

This is to certify that I, (We), Deas - Bullard Properties
as the owner of the below described property:

Property tax Parcel ID number 26-35-15-00270-113

Subdivision (Name, lot, Block, Phase) Cedar Hills SD Lot 13

Give my permission for Price Rite Enterprises - Mr. Price
for Mr. Barfuss to place a

Circle one - Mobile Home Travel Trailer / Utility Pole Only / Single Family Home /
Barn - Shed - Garage / Culvert / Other _____

I (We) understand that the named person(s) above will be allowed to receive a building
permit on the property number I (we) have listed above and this could result in an
assessment for solid waste and fire protection services levied on this property.

Sue D Lane, Partner 9-20-17
Owner Signature Date

Owner Signature Date

Owner Signature Date

Sworn to and subscribed before me this 20 day of September, 2017. This

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

Holly C Hanover Holly C Hanover
Notary Public Signature Notary Printed Name

Notary Stamp/



SAP/aw
2824.03-83-374
2-28-08

CERTIFICATE OF PARTNERSHIP STATUS

STATE OF FLORIDA

COUNTY OF Columbia

BEFORE ME, the undersigned authority, personally appeared, Audrey S. Bullard, Martha Jo Khachigan, Sue D. Lane, Elizabeth B. McArdle and Chris A. Bullard ("Affiants") who are personally known to me or who produced _____ as identification, and who after being duly sworn, depose and say:

1. Affiants, whose names appear above, make this Affidavit pursuant to Florida law for the purposes stated herein.
2. We are all of the general partners of Deas-Bullard Properties, LLP, a Florida limited liability partnership ("Partnership").
3. Pursuant to the terms of Partnership Agreement dated March 15, 1985, a copy of which is attached hereto as Exhibit "A", the signature of any one partner is required to execute and deliver all instruments and documents necessary or appropriate to convey, encumber or otherwise deal in and with real property as described on Exhibit "B" attached hereto.

Further Affiants sayeth naught.

Dated this 5th day of March, 2008.

Audrey S. Bullard
AUDREY S. BULLARD

Elizabeth B. McArdle
ELIZABETH B. MCARDLE

Martha Jo Khachigan
MARTHA JO KHACHIGAN

Chris A. Bullard
CHRIS A. BULLARD

Sue D. Lane
SUE D. LANE

SWORN TO AND SUBSCRIBED before me by Audrey S. Bullard, Martha Jo Khachigan, Sue D. Lane, Elizabeth B. McArdle and Chris A. Bullard, as partners of Deas-Bullard Properties, LLP, a Florida limited liability partnership, this 5th day of March, 2008.



Holly C. Hanover
Commission # DD553935
Expires May 18, 2010
Notary Public - Insurance, Inc. 800.066.7019

(Notary Seal)

Holly C. Hanover
Notary Public, State of Florida
Holly C. Hanover
Type or print name
My commission expires: 5/18/10



pg 1

Dear Carrie,

Tax Parcel Number 00270-113 has an Agriculture Future Land Use Map Designation and an Agriculture-3 Zoning Designation. Mobile homes are permissible in the A-3 Zone District.

Sincerely,

Brandon M. Stubbs

County Planner/LDR Admin.

Building & Zoning

Columbia County

135 NE Hernando Ave

Lake City, FL 32055

Ph: (386) 754-7119

Fx: (386) 758-2160



STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

----- PART II - SITEPLAN -----

Hand-drawn site plan on graph paper showing a property layout. The plan includes a rectangular building labeled "24x48" with a "12' 1'" dimension. To the left of the building is a circular feature labeled "POND". To the right is a "Drive way". Dimensions include 102', 150', 60', 64', 125', 121', 120', 65', and 210'. A north arrow points towards the top right. A "W" is marked in a circle at the bottom left corner.

Page 2 of 4



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 LETTER OF AUTHORIZATION

I, William R Price, give this authority for the job address show below
Installer License Holder Name

only, 426 SW Archie Glen Lake City FL 32024 and I do certify that
Job Address

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.

Printed Name of Authorized Person	Signature of Authorized Person	Authorized Person is... (Check one)
Oda Price	Oda Price	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property 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.

William R Price TH-1041936 9/20/17
License Holders Signature (Notarized) License Number Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Suwannee

The above license holder, whose name is William Price, personally appeared before me and is known by me or has produced identification (type of I.D.) Personally Known on this 25th day of September, 20 17.

Jessica Prescott
NOTARY'S SIGNATURE

(Seal/Stamp)



JESSICA PRESCOTT
Notary Public, State of Florida
My Comm. Expires Oct. 1, 2019
Commission No. FF 923361



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, William R Price, 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
Oda Price	Oda Price	Price Rite Enterprise

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.

William R Price
License Holders Signature (Notarized) JH-1041936 License Number 9/20/17 Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Suwannee

The above license holder, whose name is William Price,
personally appeared before me and is known by me or has produced identification
(type of I.D.) personally known on this 25th day of September, 20 17.

Jessica Prescott
NOTARY'S SIGNATURE

(Seal/Stamp)



JESSICA PRESCOTT
Notary Public, State of Florida
My Comm. Expires Oct. 1, 2019
Commission No. FF 923361

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1709-65 CONTRACTOR William R Rice PHONE 407 448 0953

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 _____ Signature _____ License #: _____ Phone #: _____ <p align="center">Qualifier Form Attached <input type="checkbox"/></p>
MECHANICAL/ A/C <input checked="" type="checkbox"/>	Print Name <u>HJ HEATING & AIR</u> Signature <u>Wesley M. Alcorn</u> License #: <u>CACO 57336</u> Phone #: <u>352-574-6232</u> <p align="center">Qualifier Form Attached <input type="checkbox"/></p>

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.

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1709-65 CONTRACTOR William R Price PHONE 407-448-0953

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 89-5, 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 ✓ 788	Print Name <u>Adorn Mikerl</u> License # <u>SC 13004282</u> Qualifier Form Attached <input type="checkbox"/>	Signature <u>[Signature]</u> Phone #: <u>352-318-2368</u>
MECHANICAL/ A/C <u>*</u>	Print Name _____ License #: _____ Qualifier Form Attached <input type="checkbox"/>	Signature _____ Phone #: _____

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.



BUILDING DEPARTMENT
COLUMBIA COUNTY, FLORIDA
OUT OF COUNTY MOBILE HOME INSPECTION REPORT

Application # 1709-65

COUNTY THE MOBILE HOME IS BEING MOVED FROM Alachua
OWNERS NAME Timmy Barfuss PHONE 386-365-7795 CELL
INSTALLER William Price PHONE 407-448-0953 CELL
INSTALLERS ADDRESS 3360 150th pl Lake City Fl 32024

MOBILE HOME INFORMATION

MAKE Sweetwater YEAR 1996 SIZE 24 x 48

COLOR SERIAL No. SHGA1270AB

WIND ZONE II SMOKE DETECTOR yes

INTERIOR:
FLOORS ✓ OK

DOORS ✓ OK

WALLS ✓ OK

CABINETS ✓ OK

ELECTRICAL (FIXTURES/OUTLETS) OK

EXTERIOR:
WALLS / SIDING OK

WINDOWS OK

DOORS OK

INSTALLER: APPROVED X NOT APPROVED

INSTALLER OR INSPECTORS PRINTED NAME William R Price

Mobile Home Installer Signature [Signature] License No. TH-1041936 Date 9-19-17

NOTES:

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 386-758-1008 TO SET UP THIS INSPECTION. NO PERMIT WILL BE ISSUED BEFORE THIS IS DONE.

FOR OFFICE USE

Building Inspectors Signature [Signature] Date 10/10/17



COLUMBIA COUNTY BUILDING DEPARTMENT

Application # 1701-65

PRELIMINARY MOBILE HOME INSPECTION REPORT

\$50.00 Fee Paid YES

DATE RECEIVED 10/16 BY [Signature] IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? YES
OWNERS NAME Timmy BARFUSS PHONE CELL 386.365 7795
ADDRESS 426 SW ARNIE GLEN, LAKE CITY, FL 32024
MOBILE HOME PARK SUBDIVISION
DRIVING DIRECTIONS TO MOBILE HOME 90-14 to Koonville, TL TO ARNIE, TL ON R.

MOBILE HOME INSTALLER William Price PHONE CELL 407.448.0953

MOBILE HOME INFORMATION

MAKE Sweetwater YEAR 1996 SIZE 24 X 48 * COLOR Cream/Brown

SERIAL No. SMGA 1210AB

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

P SMOKE DETECTOR () OPERATIONAL () MISSING
P FLOORS () SOLID () WEAK () HOLES DAMAGED LOCATION
P DOORS () OPERABLE () DAMAGED
P WALLS () SOLID () STRUCTURALLY UNSOUND
P WINDOWS () OPERABLE () INOPERABLE
P PLUMBING FIXTURES () OPERABLE () INOPERABLE () MISSING
P CEILING () SOLID () HOLES () LEAKS APPARENT
P ELECTRICAL (FIXTURES/OUTLETS) () OPERABLE () EXPOSED WIRING () OUTLET COVERS MISSING () LIGHT FIXTURES MISSING

EXTERIOR:

P WALLS / SIDING () LOOSE SIDING () STRUCTURALLY UNSOUND () NOT WEATHERTIGHT () NEEDS CLEANING
P WINDOWS () CRACKED/ BROKEN GLASS () SCREENS MISSING () WEATHERTIGHT
P ROOF () APPEARS SOLID () DAMAGED

STATUS

APPROVED WITH CONDITIONS:

NOT APPROVED NEED RE-INSPECTION FOR FOLLOWING CONDITIONS

BUILDING INSPECTOR'S SIGNATURE [Signature] ID NUMBER DATE 10/16/17

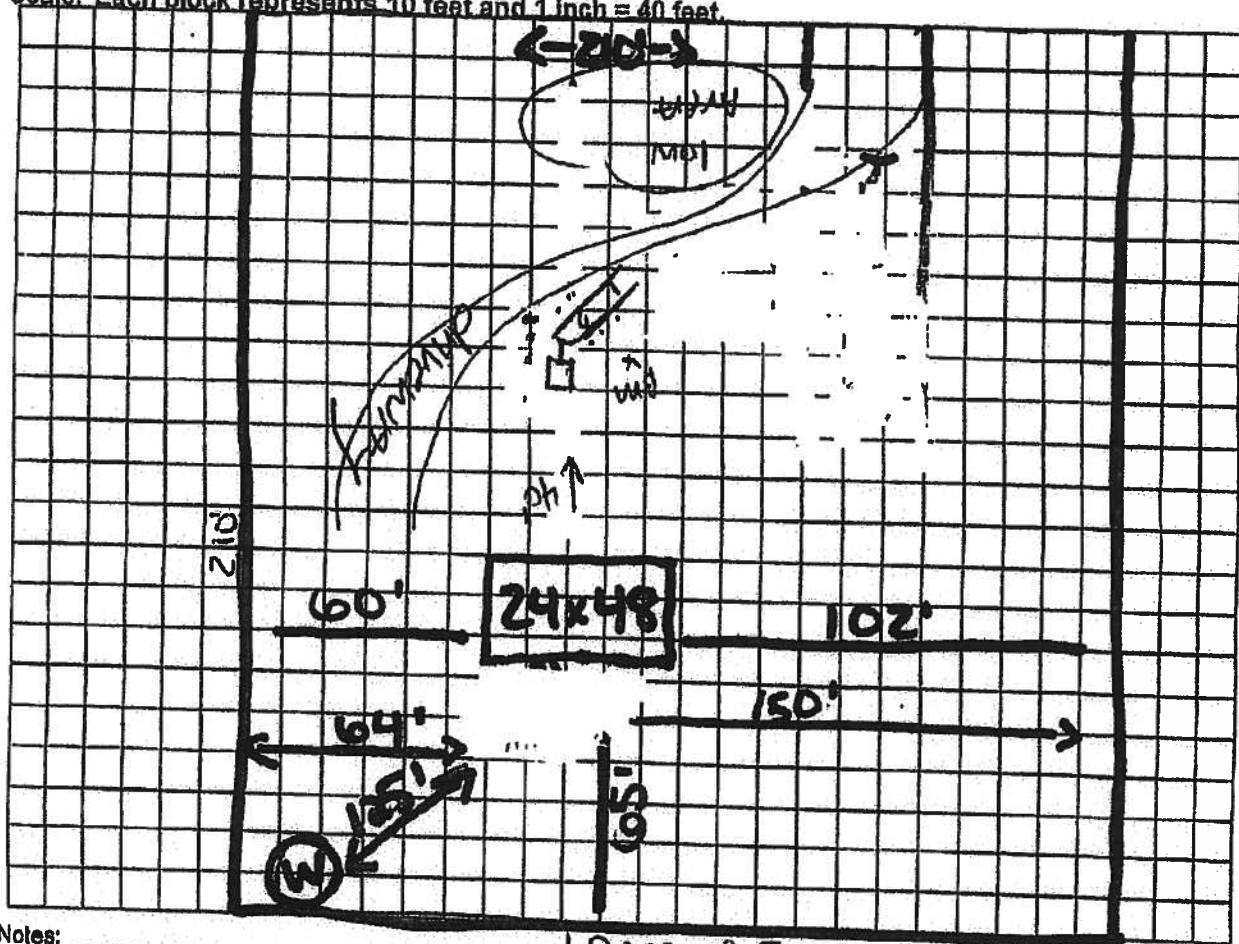
N.

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 17-14618

----- PART II - SITEPLAN -----

Scale: Each block represents 10 feet and 1 inch = 40 feet.



Notes: 1 Acre of 5

Site Plan submitted by: Odele Price 10/18/17 Odele Price
Plan Approved X Not Approved _____ Date 10-19-17
By Sallie Ford Env Health Director. Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DH 4015, 09/09 (Obsoletes previous editions which may not be used) Incorporated: 64E-6.001, FAC
(Stock Number: 5744-002-4015-8)



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

PERMIT NO. L7-0618
DATE PAID: 9/23/17
FEE PAID: 600.00
RECEIPT #: 2308611

APPLICATION FOR:

☐ New System ☒ Existing System ☐ Holding Tank ☐ Innovative
☐ Repair ☐ Abandonment ☐ Temporary ☒ Modification

APPLICANT: Deas-Bullard Properties LLPAGENT: Oda PriceTELEPHONE: 386 963 4298MAILING ADDRESS: 3360 150th pl Lake City FL 32024

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: 13 BLOCK: _____ SUBDIVISION: Cedar Hills S/D PLATTED: _____PROPERTY ID # 26-35-15-00270-113 ZONING: RM I/M OR EQUIVALENT: (1/1)PROPERTY SIZE: 5 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ <=2000GPD ☐ >2000GPDIS SEWER AVAILABLE AS PER 381.0065, FS? ☒ YES ☐ NO DISTANCE TO SEWER: 80 FTPROPERTY ADDRESS: 426 SW Archie Glen Lake City FL 32024DIRECTIONS TO PROPERTY: 90 W to Koonville Rd SW Archie Glen

BUILDING INFORMATION

☒ 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>Mobile Home</u>	<u>3</u>	<u>1152</u>	<u>(Will be applying for Mod. permit.)</u>
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

☒ Floor/Equipment Drains ☐ Other (Specify) _____SIGNATURE: Oda Price DATE: 9/25/17