

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 Fernon Jones License # IH1025418

911 Address where home is being installed. _____

Manufacturer X Length x width 26x60

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 FJ

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 # 8261

Triple/Quad ☐ Serial # X

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 dsf	3'	4'	4'	5'	6'	7'	8'
1500 dsf	4' 6"	6'	6'	7'	8'	8'	8'
2000 dsf	6'	8'	8'	8'	8'	8'	8'
2500 dsf	7' 6"	8'	8'	8'	8'	8'	8'
3000 dsf	8'	8'	8'	8'	8'	8'	8'
3500 dsf	8'	8'	8'	8'	8'	8'	8'

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

PIER PAD SIZES

I-beam pier pad size 12x20

Perimeter pier pad size 26x16x16

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 15' Pier pad size 23x31

ANCHORS

4 ft ☒ 5 ft center

FRAME TIES

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

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer Oliver Tech

Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer _____

OTHER TIES

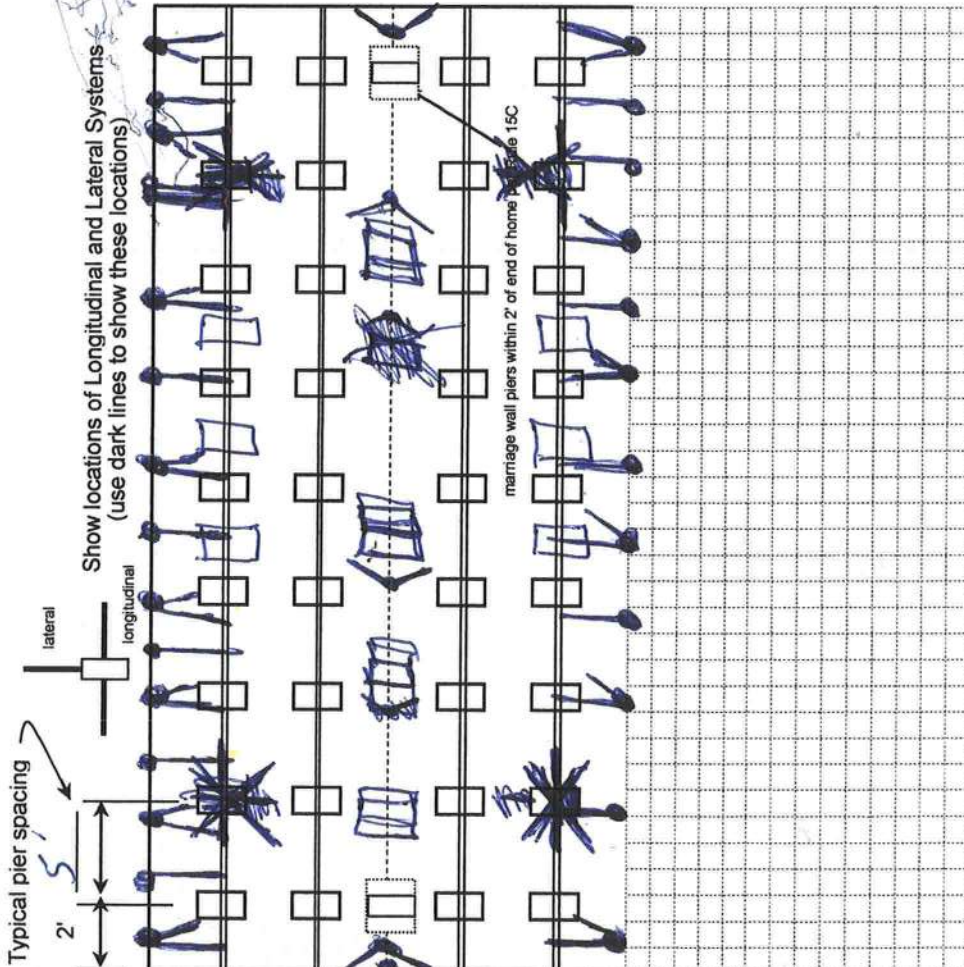
Number 10

Sidewall 4

Longitudinal 4

Marriage wall 4

Shearwall _____



COLUMBIA COUNTY PERMIT WORKSHEET

page 2 of 2

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 2,000 psf or check here to declare 1000 lb. soil without testing.

X 3000 X 2500 X 2250

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 2250 X 2000 X 1500

TORQUE PROBE TEST

The results of the torque probe test is 350 inch pounds or check here if you are declaring 5' anchors without testing. A test showing 275 inch pounds or less will require 5 foot anchors.

Note: A state approved lateral arm system is being used and 4 ft. anchors are allowed at the sidewall locations. I understand 5 ft anchors are required at all centerline tie points where the torque test reading is 275 or less and where the mobile home manufacturer may requires anchors with 4000 lb holding capacity.

F.J. Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Felimon Lopez

Date Tested 4/25/12

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. 15

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 15
Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 15

Site Preparation

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

Fastening multi wide units

Floor: Type Fastener: Bolts Length: 4 1/2" Spacing: 2'
Walls: Type Fastener: Bolts Length: 4 1/2" Spacing: 2'
Roof: Type Fastener: Bolts Length: 4 1/2" Spacing: 2'
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 F.J.

Type gasket Oliverhead Form 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 ✓ Pg. _____
Fireplace chimney installed so as not to allow intrusion of rain water. Yes _____

Miscellaneous

Skirting to be installed. Yes over 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 Felimon Lopez Date 4/25/12

AFFIDAVIT

**STATE OF FLORIDA
COUNTY OF COLUMBIA**

This is to certify that I, (We), Frankie FULTON
owner of the below described property:

Tax Parcel No. 28-35-17-05630-000

Subdivision (name, lot, block, phase) _____

Give my permission to GEORGE FULTON to place a
mobile home/travel trailer/single family home (circle one) on the above mentioned
property.

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

Frankie Fulton
Owner

Owner

SWORN AND SUBSCRIBED before me this 17th day of January,
20 12. This (these) person(s) are personally known to me or produced
ID _____.

Margo B. Combs
Notary Signature



MARGO B. COMBS
Notary Public, State of Florida
My Comm. Expires Jan. 22, 2015
Commission No. EE 53959

AFFIDAVIT

**STATE OF FLORIDA
COUNTY OF COLUMBIA**

This is to certify that I, (We), Daniel Fulton
owner of the below described property:

Tax Parcel No. 28-35-17-05630-000

Subdivision (name, lot, block, phase) _____

Give my permission to George Fulton to place a
mobile home/travel trailer/single family home (circle one) on the above mentioned
property.

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

Daniel Fulton
Owner

Owner

SWORN AND SUBSCRIBED before me this 17th day of January,
20 12. This (these) person(s) are personally known to me or produced
ID _____.

Margo B. Combs
Notary Signature



MARGO B. COMBS
Notary Public, State of Florida
My Comm. Expires Jan. 22, 2015
Commission No. EE 53959

AFFIDAVIT

**STATE OF FLORIDA
COUNTY OF COLUMBIA**

This is to certify that I, (We) Robby L. Fulton
owner of the below described property:

Tax Parcel No. 28-35-17-05630-000

Subdivision (name, lot, block, phase) George Fulton

Give my permission to George Fulton to place a
mobile home/travel trailer/single family home (circle one) on the above mentioned
property.

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

Robby L. Fulton
Owner

Owner

SWORN AND SUBSCRIBED before me this 17th day of January,
20 12. This (these) person(s) are personally known to me or produced
ID _____.

Margo B. Combs
Notary Signature



MARGO B. COMBS
Notary Public, State of Florida
My Comm. Expires Jan. 22, 2015
Commission No. EE 53959

AFFIDAVIT

**STATE OF FLORIDA
COUNTY OF COLUMBIA**

This is to certify that I, (We), Gertha Perry
owner of the below described property:

Tax Parcel No. 28-35-17-05630-000

Subdivision (name, lot, block, phase) _____

Give my permission to George Fulton to place a
mobile home/travel trailer/single family home (circle one) on the above mentioned
property.

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

Gertha Perry
Owner

Owner

SWORN AND SUBSCRIBED before me this 17th day of January,
2012. This (these) person(s) are personally known to me or produced
ID _____.

Margo B. Combs
Notary Signature



MARGO B. COMBS
Notary Public, State of Florida
My Comm. Expires Jan. 22, 2015
Commission No. EE 53959

AFFIDAVIT

**STATE OF FLORIDA
COUNTY OF COLUMBIA**

This is to certify that I, (We), Laura Turner
owner of the below described property:

Tax Parcel No. 28-35-17-05630-000

Subdivision (name, lot, block, phase) George Hilton

Give my permission to George Hilton to place a
mobile home/travel trailer/single family home (circle one) on the above mentioned
property.

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

Laura Turner
Owner

Owner

SWORN AND SUBSCRIBED before me this 17th day of January,
20 12. This (these) person(s) are personally known to me or produced
ID _____.

Margo B. Combs
Notary Signature



MARGO B. COMBS
Notary Public, State of Florida
My Comm. Expires Jan. 22, 2015
Commission No. EE 53959

AFFIDAVIT

**STATE OF FLORIDA
COUNTY OF COLUMBIA**

This is to certify that I, (We), Mary Ann Johnson
owner of the below described property:

Tax Parcel No. 28-35-17-0563-000

Subdivision (name, lot, block, phase) _____

Give my permission to George Fulton to place a
mobile home/travel trailer/single family home (circle one) on the above mentioned
property.

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

Mary Ann Johnson
Owner

Owner

SWORN AND SUBSCRIBED before me this 17th day of January,
20 12. This (these) person(s) are personally known to me or produced
ID _____.

Margo B. Combs
Notary Signature



MARGO B. COMBS
Notary Public, State of Florida
My Comm. Expires Jan. 22, 2015
Commission No. EE 53959

AFFIDAVIT

**STATE OF FLORIDA
COUNTY OF COLUMBIA**

This is to certify that I, (We), Virginia George
owner of the below described property:

Tax Parcel No. 28-35-17-05630-000

Subdivision (name, lot, block, phase) _____

Give my permission to George Fulton to place a
mobile home/travel trailer/single family home (circle one) on the above mentioned
property.

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

Virginia George
Owner

Owner

SWORN AND SUBSCRIBED before me this 17th day of January,
20 12. This (these) person(s) are personally known to me or produced
ID _____

Margo B. Combs
Notary Signature



MARGO B. COMBS
Notary Public, State of Florida
My Comm. Expires Jan. 22, 2015
Commission No. EE 53959

AFFIDAVIT

**STATE OF FLORIDA
COUNTY OF COLUMBIA**

This is to certify that I, (We), Rosa Lee Clark
owner of the below described property:

Tax Parcel No. 28-35-17-05630-000

Subdivision (name, lot, block, phase) _____

Give my permission to GEORGE FULTON to place a
mobile home/travel trailer/single family home (circle one) on the above mentioned
property.

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

Rosa Lee Clark
Owner

Owner

SWORN AND SUBSCRIBED before me this 17th day of January,
20 12. This (these) person(s) are personally known to me or produced
ID _____.

Margo B. Combs
Notary Signature



MARGO B. COMBS
Notary Public, State of Florida
My Comm. Expires Jan. 22, 2015
Commission No. EE 53959

AFFIDAVIT

**STATE OF FLORIDA
COUNTY OF COLUMBIA**

This is to certify that I, (We), Jacalyn Fulton
owner of the below described property:

Tax Parcel No. 28-35-17-05630-000

Subdivision (name, lot, block, phase) _____

Give my permission to George Fulton to place a
mobile home/travel trailer/single family home (circle one) on the above mentioned
property.

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

Jacalyn Fulton
Owner

Owner

SWORN AND SUBSCRIBED before me this 17th day of January,
20 12. This (these) person(s) are personally known to me or produced
ID _____

Margo B. Combs
Notary Signature



MARGO B. COMBS
Notary Public, State of Florida
My Comm. Expires Jan. 22, 2015
Commission No. EE 53959

Columbia County Property Appraiser

DB Last Updated: 1/17/2012

2011 Tax Year

Parcel: 28-3S-17-05630-000

<< Next Lower Parcel Next Higher Parcel >>

Tax Collector

Tax Estimator

Property Card

Parcel List Generator

Interactive GIS Map

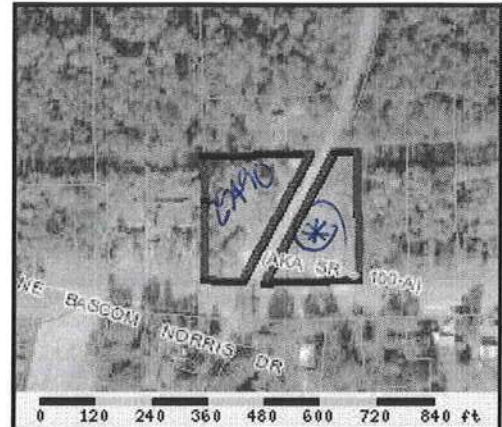
Print

Owner & Property Info

Search Result: 1 of 9

Next >>

Owner's Name	FULTON ANNIE LAURA		
Mailing Address	C/O GERHA PERRY 346 NE VOSS RD LAKE CITY, FL 32055		
Site Address	353 NE VOSS RD		
Use Desc. (code)	VACANT (000000)		
Tax District	2 (County)	Neighborhood	28317
Land Area	1.500 ACRES	Market Area	06
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction. COMM SE COR OF NE1/4 OF SW1/4, RUN N 29.8 FT TO N R/W OF SR-100-A, RUN W ALONG R/W 575 FT FOR POB, CONT W 209.6 FT TO E R/W GRADED RD, NE1/4 ALONG RD 323.5 FT, E 36.8 FT, S 275 FT TO POB. (TRACT 6) ALSO COMM SE COR OF NE1/4 OF SW1/4, RUN N 29.8 FT TO N R/W SR 100-A, RUN W ALONG R/W 828.6 FT FOR POB, RUN NE ALONG CO GRADED RD 465 FT, W 301.6 FT, S 395 FT TO N R/W SR-100A, E 75 FT TO POB. (PARCEL 7) ...more>>>		



Property & Assessment Values

2011 Certified Values		
Mkt Land Value	cnt: (0)	\$12,176.00
Ag Land Value	cnt: (3)	\$0.00
Building Value	cnt: (0)	\$0.00
XFOB Value	cnt: (0)	\$0.00
Total Appraised Value		\$12,176.00
Just Value		\$12,176.00
Class Value		\$0.00
Assessed Value		\$12,176.00
Exempt Value		\$0.00
Total Taxable Value	Cnty: \$12,176 Other: \$12,176 Schl: \$12,176	

2012 Working Values

NOTE:
2012 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
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Site Plan



Columbia County Property Appraiser

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

PARCEL: 28-3S-17-05630-000 - VACANT (000000)

COMM SE COR OF NE1/4 OF SW1/4, RUN N 29.8 FT TO N R/W OF SR-100-A, RUN W ALONG R/W 575 FT
FOR POB, CONT W 209.6 FT TO E R/W GRADED RD, NE'LY ALONG RD

Name: FULTON ANNIE LAURA 2011 Certified Values

Site:	353 NE VOSS RD	Land	\$12,176.00
	C/O GERHA PERRY	Bldg	\$0.00
Mail:	346 NE VOSS RD	Assd	\$12,176.00
	LAKE CITY, FL 32055	Exmpt	\$0.00
Sales Info	NONE	Taxbl	Cnty: \$12,176
			Other: \$12,176 Schl: \$12,176

NOTES:





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, FERNON JONES, give this authority for the job address show below
Installer License Holder Name
only, _____, 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)
<u>Regina Staples</u>	<u>Regina Staples</u>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Officer <input checked="" type="checkbox"/> Property Owner <u>NIECE</u>
		<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.

[Signature]
License Holders Signature (Notarized)

IH102548
License Number

1.31.12
Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: COLUMBIA

The above license holder, whose name is FERNON JONES, personally appeared before me and is known by me or has produced identification (type of I.D.) _____ on this 29th day of JANUARY, 2012.

[Signature]
NOTARY'S SIGNATURE



MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER

1201-43

CONTRACTOR

FERMON JONES

PHONE

352.318.4711

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.

	Print Name	Signature	Phone #
ELECTRICAL	Milton Staples JR	Milton Staples JR	(386) 754-9566
MECHANICAL/ A/C	Milton Staples II	Milton Staples II	Same
PLUMBING/ GAS	Milton Staples II	Milton Staples II	Same

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

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

Contractor Forms: Subcontractor form: 1/11

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 1/31 BY TR IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? NO

OWNERS NAME REGINA EMILTON JAMES PHONE 300.344.0188

ADDRESS _____

MOBILE HOME PARK SUBDIVISION

DRIVING DIRECTIONS TO MOBILE HOME 41/441-N to C-131-L, TR TO GALILEE, TR
TO appear 1/4 mile on R.

MOBILE HOME INSTALLER FERMON JONES PHONE () CELL 352-318-4711

MOBILE HOME INFORMATION

MAKE SWEE YEAR 1992 SIZE 26 X 56 COLOR W/White/Grey/and

SERIAL No. SHGA4740A

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

\$50.00

 SMOKE DETECTOR () OPERATIONAL (☒) MISSING

Date of Payment: 1.31.12

5 FLOORS () SOLID () WEAK (✓) HOLES DAMAGED LOCATION

Paid By: RESINA VITALIS

 P DOORS () OPERABLE () DAMAGED

Notes: NEED CORRECT USE

P WALLS () SOLID () STRUCTURALLY UNSOUND

- Wk L - 26k56

P WINDOWS () OPERABLE () INOPERABLE

 P PLUMBING FIXTURES () OPERABLE () INOPERABLE () MISSING

F CEILING () SOLID () HOLES (✓) LEAKS APPARENT

1 ELECTRICAL (FIXTURES/OUTLETS) () OPERABLE () EXPOSED WIRING () OUTLET COVERS MISSING () LIGHT
FIXTURES MISSING

EXTERIOR:

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: Repair Ceilings & Hole In B.R. Floor

NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE Joe Crew ID NUMBER 304 DATE 2-1-12

748.
Copy from
Previous
Permit on
File
to Application
29450

DECEASED REALATIVE HEIR AFFIDAVIT

The undersigned, Alvin Dwaine Jernigan, has made application to COLUMBIA COUNTY, FLORIDA for a mobile home move-on permit on property as described below as follows:

Tax Parcel # 28-3S-17-05630-000, with a physical address of 386 NE Voss Road, Lake City, FL 32055

The applicant has personal knowledge of all matters set forth in this Affidavit and being first duly sworn according to law, depose and say:

The following people are the heirs of Annie Laura Fulton who died on 7-24-2007.

- ✓ 1. Robert "Bobby" Fulton
2. George Fulton
- ✓ 3. Mary Ann Johnson
- ✓ 4. Jacquelyn Fulton
- ✓ 5. Virginia Fulton - "GEORGE" NOW
- ✓ 6. Garth Perry
- ✓ 7. Laron Turner
- ✓ 8. Franklin Fulton
- ✓ 9. Daniel Fulton
- ✓ 10. Rosa L Clark

I Hereby Certify that the information contained in this Affidavit is true and correct and hereby executes this Affidavit with full knowledge that the facts contained herein are accurate and complete, and with full knowledge that the penalties under Florida law for perjury include conviction of a felony of the third degree.


Alvin Dwaine Jernigan

STATE OF FLORIDA
COUNTY OF COLUMBIA

The foregoing instrument was sworn to and subscribed before me this 9th Day of JUNE, 2011.

by ALVIN D. JERNIGAN
has produced a
identification.

Who is personally known to me or who
Driver's license as

(NOTARIAL
SEAL)




Notary Public, State of Florida

My Commission Expires:



1201-43

P. O. Box 1787, Lake City, FL 32056-1787
PHONE: (386) 758-1125 * FAX: (386) 758-1365 * Email: ron_croft@columbiacountyfla.com

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: 1/31/2012 **DATE ISSUED:** 2/2/2012

ENHANCED 9-1-1 ADDRESS:

381 NE VOSS RD

LAKE CITY FL 32055

PROPERTY APPRAISER PARCEL NUMBER:

28-3S-17-05630-000

Remarks:

ADDRESS FOR PROPOSED NEW STRUCTURE ON PARCEL.

Address Issued By: SIGNED: / RONAL N. CROFT
Columbia County 9-1-1 Addressing / GIS Department

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

2/3/12

I Regine Staples do hereby
by State that my father
Dean Filton resided with
me in my mobile home
on 381 NE Voss Rd
Lake City Fl.
32055

Thank You
Regine Staples
Regine Staples



Submitted this Feb. 3, 2012
for Regina Staples as owner
FL DL Produced.

Laurie Hodson 2-3-12
Notary



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

PERMIT NO. 12-0281-X1
DATE PAID: AP 1073434
FEE PAID: 205.00
RECEIPT #: 5730/12
12-PID-1874162
Changed to New 6/8/12 1884006 \$125.

APPLICATION FOR:

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

APPLICANT: Annie Fulton

AGENT: ROCKY FORD, A & B CONSTRUCTION

TELEPHONE: 386-497-2311

MAILING ADDRESS: P.O. BOX 39 FT. WHITE, FL, 32038

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: na BLOCK: na SUB: na PLATTED: _____

PROPERTY ID #: 28-3S-17-05630-000 ZONING: Res I/M OR EQUIVALENT: [Y] ☒ N]

PROPERTY SIZE: 1.5 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: NE Voss Road, Lake City, FL, 32055

DIRECTIONS TO PROPERTY: North on Marion Street, TR on Bascom Norris, TL on Voss Rd,
1st place on right

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
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1	SF Residential	3	1680	
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2				
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3				
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☒ Floor/Equipment Drains ☒ Other (Specify) _____

SIGNATURE: Rocky D Ford DATE: 5/29/2012

KBF

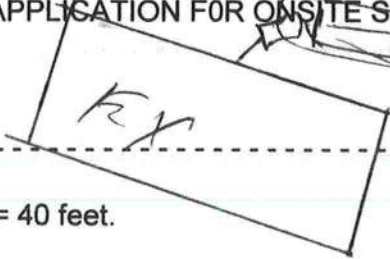
5/30/12

12-0281

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ON-SITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number _____

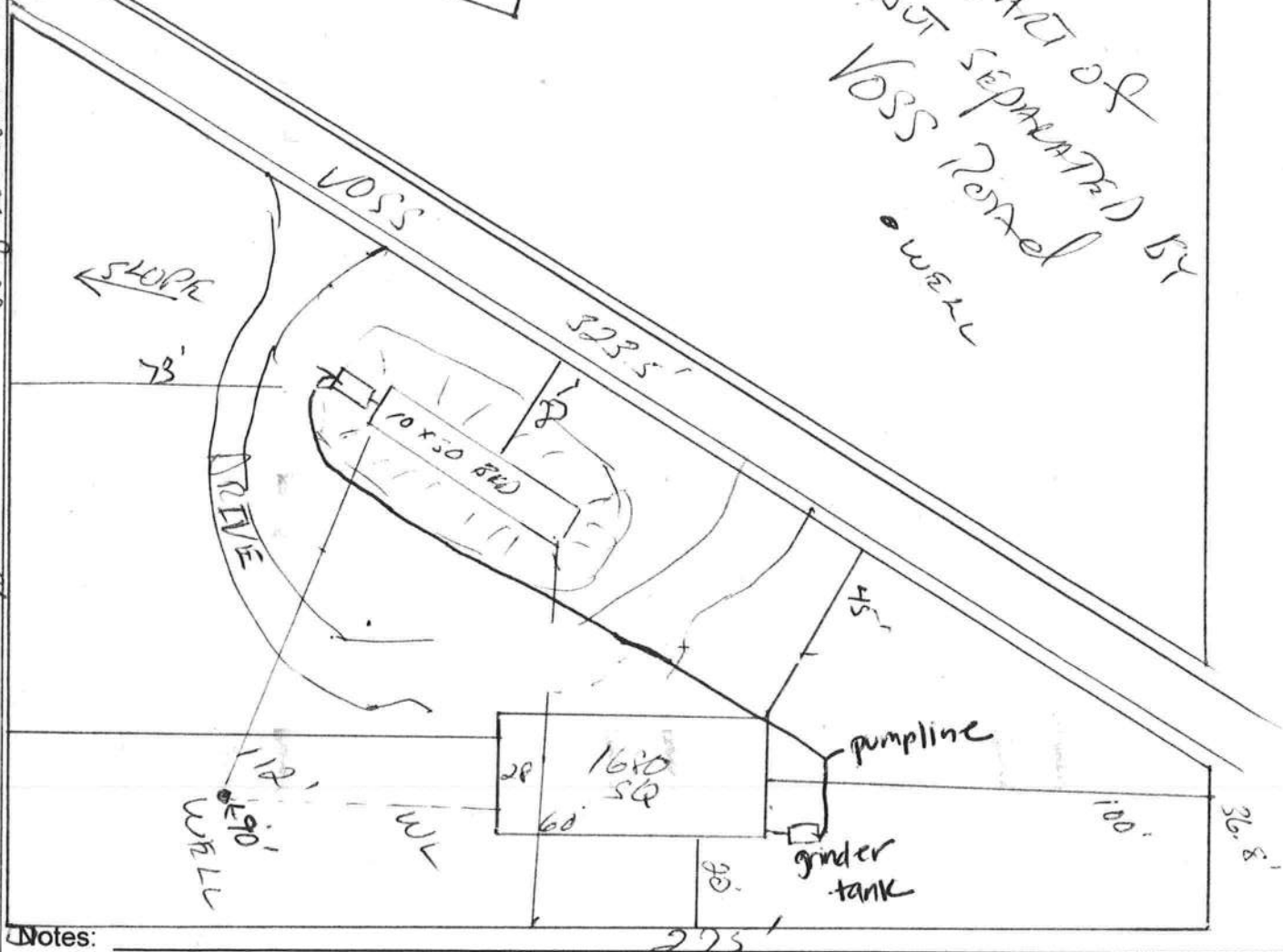
Fulton



PART II - SITEPLAN

Scale: 1 inch = 40 feet.

PART OF
BUT SEPARATED BY
VOSS RENTAL
WELL



Notes:

Site Plan submitted by: Roddy D. F.D.

MASTER CONTRACTOR

Plan Approved: [Signature]

Not Approved: _____

Date 6/8/12

By: [Signature]

Columb

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

