

DATE 01/03/2011

Columbia County Building Permit

PERMIT

This Permit Must Be Prominently Posted on Premises During Construction

000029108

APPLICANT JAMIE HOWELL PHONE 386-984-7976
ADDRESS 8383 150TH STREET LIVE OAK FL 32060
OWNER SUSAN JOLLEY PHONE 386-984-6215
ADDRESS 375 NW HONEYSUCKLE WAY LAKE CITY FL 32055
CONTRACTOR TERRY THRIFT PHONE 623-0115
LOCATION OF PROPERTY 90 E, R LAKE JEFFERY RD, R HONEYSUCKLE WAY, 5TH ON RIGHT

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 AG-3 MAX. HEIGHT 35
Minimum Set Back Requirements: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00
NO. EX.D.U. 1 FLOOD ZONE X DEVELOPMENT PERMIT NO.

PARCEL ID 10-3S-16-02055-011 SUBDIVISION PARNELL HILLS
LOT 11 BLOCK PHASE UNIT 1 TOTAL ACRES 1.48

IH10251391
Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor
EXISTING 10-0552-N BK TC N
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: FLOOR ONE FOOT ABOVE HONEYSUCKLE ROAD, 2.3.1 LEGAL LOT OF RECORD

REPLACING EXISTING MH, 45 DAYS AFTER FINAL INSPECTION OLD MH MUST

BE REMOVED FROM PROPERTY 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 \$ 250.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 0.00 WASTE FEE \$
FLOOD DEVELOPMENT FEE \$ FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$ TOTAL FEE 325.00
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

For Office Use Only (Revised 1-10-08) Zoning Official BK 28.12.10 Building Official J.C. 12-27-10

AP# 1012-39 Date Received 12-20-10 By LT Permit # 29108

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

Comments Section 2.3.1 Reg'd Lot of Record Replacing existing MH
45 days to remove existing MH after final inspection

FEMA Map# N/A Elevation N/A Finished Floor 1' above Rd River N/A In Floodway N/A

☒ Site Plan with Setbacks Shown ☒ EH # 10-0552-N ☐ 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 See Replacing Existing Dwelling ☒ Pre Inspection ☒ VF form

Property ID # 10-38-16-02055-011 Subdivision Parnell Hills - Lot 11 Unit 1

☐ New Mobile Home ☒ Used Mobile Home X MH Size 14x66 Year 1988

Applicant Tara Howell Phone # 386-984-7976

Address 8383 150th St. Live Oak, FL 32060

Name of Property Owner Susan Jolley Phone # 386-984-6215

911 Address 375 N.W. Honey Suckle Way Lake City, FL 32055

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

Name of Owner of Mobile Home Susan Jolley Phone # 386-984-6215

Address 375 N.W. Honey Suckle Way Lake City, FL

Relationship to Property Owner Self

Current Number of Dwellings on Property 1

Lot Size _____ Total Acreage 1.480 Acres

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 US 90E to Lake Jeffrey Rd (C)
go approx. 5.3 miles turn (R) on Honey Suckle Way
5th home on right.

Name of Licensed Dealer/Installer TERRY L. Thrift Phone # (386) 623-0115

Installers Address 448 NW Nye Hunter Dr Lake City, FL 32055

License Number IH-1025139 Installation Decal # 638

4#5 ?

Spoke to Tara 12-28-10

PERMIT WORKSHEET

page 1 of 2

Installer Terry L. Thirif License # JA-1025139Manufacturer Steelbook Length x Width 20' x 14'

Name of Owner of this Mobile Home _____

Phone _____

Address _____

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 lies exceed 5 ft 4 in.

Installer's Initials TL

Typical pier spacing 2' 6"

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

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

New Home ☒Used Home ☒Year 1989Home 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 # 638Triple/Quad ☐

Serial # _____

PIER SPACING TABLE FOR USED HOMES

| Load bearing capacity | 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 df | 3' | 4' | 5' | 6' | 7' | 8' |
| 1500 df | 4' | 5' | 6' | 7' | 8' | 9' |
| 2000 df | 5' | 6' | 7' | 8' | 9' | 10' |
| 2500 df | 6' | 7' | 8' | 9' | 10' | 11' |
| 3000 df | 7' | 8' | 9' | 10' | 11' | 12' |
| 3500 df | 8' | 9' | 10' | 11' | 12' | 13' |

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

PIER PAD SIZES

I-beam pier pad size 18" x 18"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 _____

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 _____

OTHER TIES

Number 22

Sidewall

Longitudinal

Marriage wall

Shearwall

Oliver Tech

PERMIT WORKSHEET

page 2 of 2

PERMIT NUMBER

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 1500 psi or check here to declare 1000 lb. soil without testing.

$\times 1500$
 $\frac{285}{285}$ $\times 1500$
 $\frac{285}{285}$ $\times 1500$
 $\frac{285}{285}$

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.

$\times 1500$
 $\frac{285}{285}$ $\times 1500$
 $\frac{285}{285}$ $\times 1500$
 $\frac{285}{285}$

TORQUE PROBE TEST

The results of the torque probe test is 285 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 sidewalk locations. I understand 5 ft. anchors are required at all centerline the points where the torque test reading is 275 or less and where the mobile home manufacturer may require anchors with 4000 lb holding capacity.

Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

TERRY 2. THIEL

Date Tested

12/13/10

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 ☒ Natural Swale ☒ Pad ☐ Other ☐

Fastening multi wide units

Floor: Type Fastener: Length: Spacing: N/A
Walls: Type Fastener: Length: Spacing: N/A
Roof: Type Fastener: Length: Spacing: N/A
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 (weatherstripping 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

Type gasket

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

Weatherproofing

The bottomboard will be repaired and/or taped. Yes ☒ No ☐
Siding on units is installed to manufacturer's specifications. Yes ☒ No ☐
Fireplace chimney installed so as not to allow intrusion of rain water. Yes ☒ No ☐

Miscellaneous

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

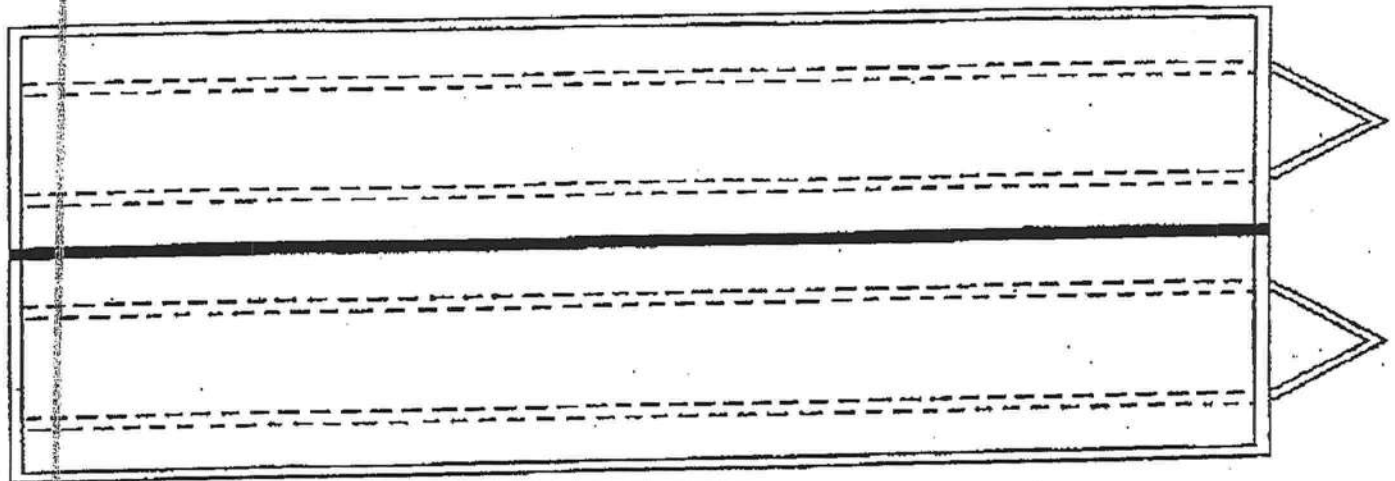
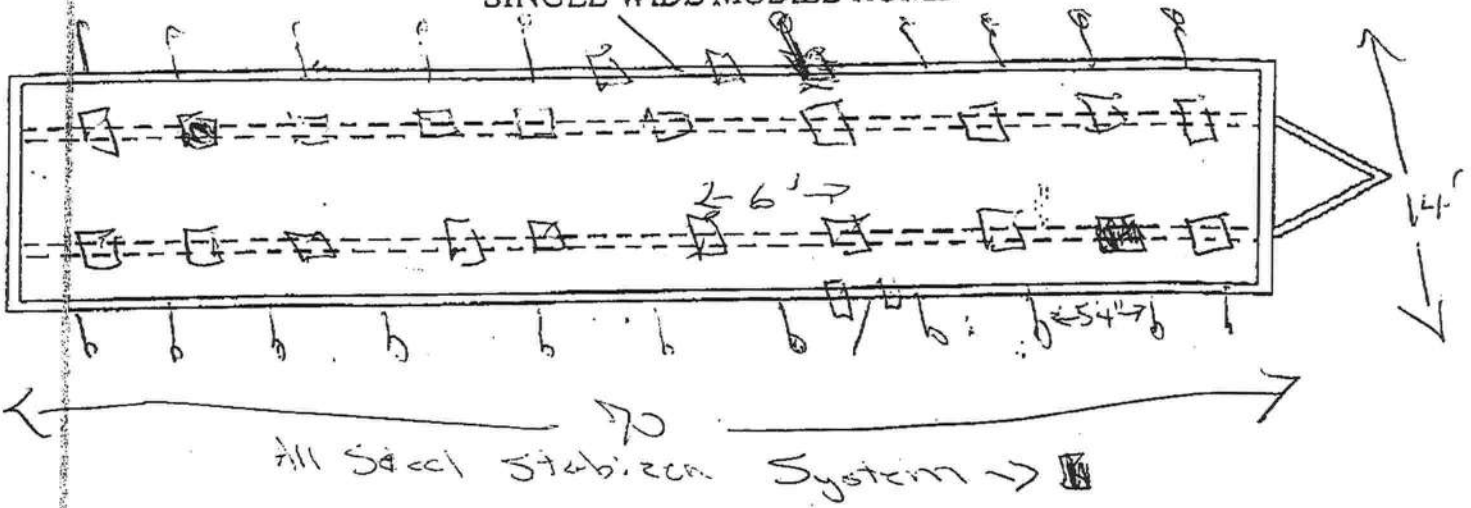
Installer verifies all information given with this permit worksheet is accurate and true based on the

Installer Signature

Date 12/13/10

Applicant shall provide layout from manufacturer specific to the model installed. This form may be used if the layout from the manufacturer is not available.

1998 Fleetwood
SINGLE WIDE MOBILE HOME



DOUBLE WIDE MOBILE HOME



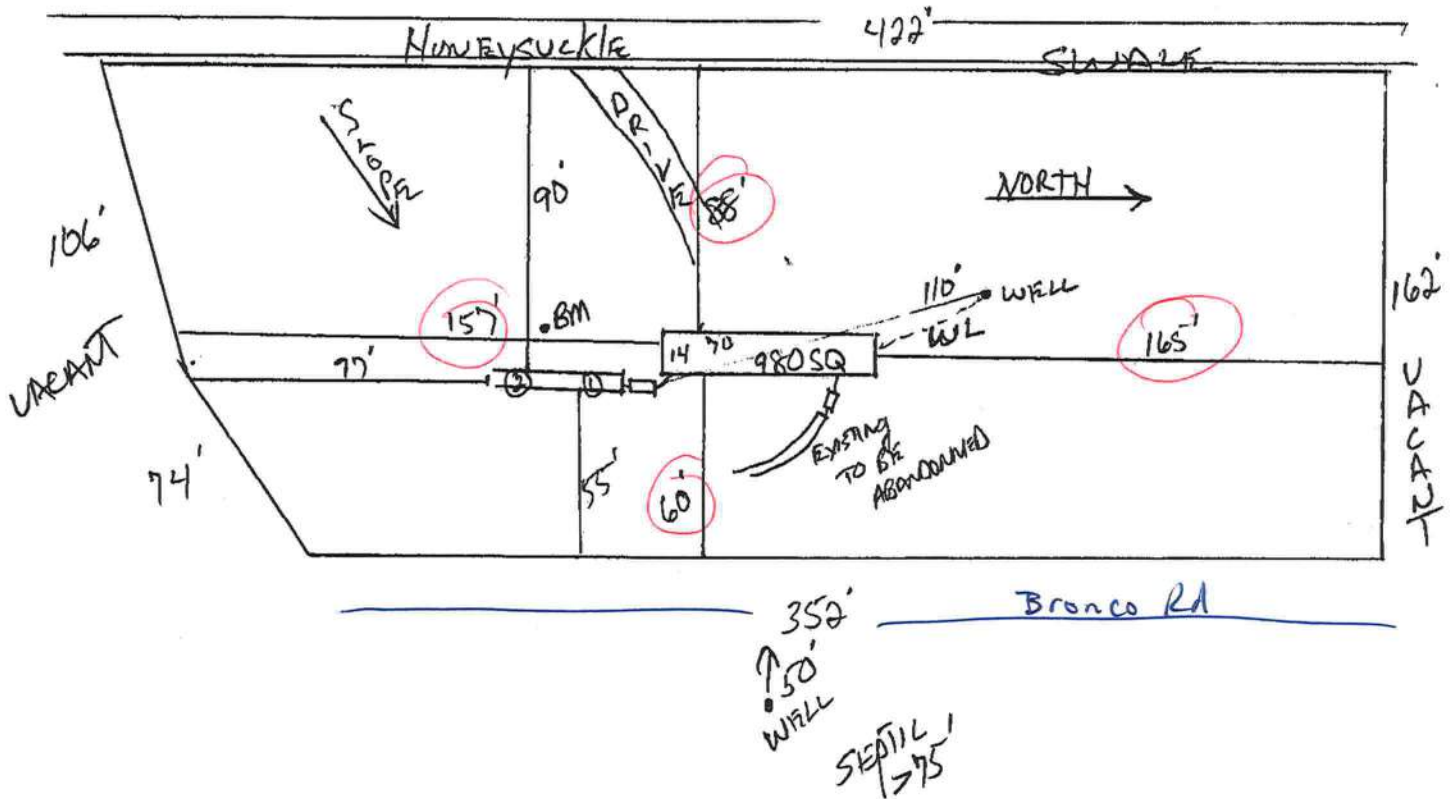
Show each pier and anchor location, with maximum spacing and distance from end walls, as required in the manufacturer's specifications. Any special pier footing required (over 16 x 16 inches) shall be noted separately with required dimensions per the manufacturer's specifications. To determine footing size and spacing, a soil bearing capacity test shall be used. Pier footings to be poured-in-place, whether required by manufacturer's specifications or by preference, must be inspected by the Building Department prior to pouring.

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

Permit Application Number _____

----- *Folley* ----- PART II - SITEPLAN -----

Scale: 1 inch = ~~40~~⁶⁰ feet.



Notes: REPLACEMENT HOME GOING IN SAME FOOTPRINT AS EXISTING

Site Plan submitted by: *Rocky D F* _____

Plan Approved _____ Not Approved _____

By _____ Date _____
County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

This Warranty Deed Made the first day of January A. D. 1995 by
LENVIL H. DICKS, a married man not residing on the property described herein.

hereinafter called the grantor, to JAMES C. JOLLEY AND SUSAN D. JOLLEY, his wife

whose postoffice address is Rt. 8, Box 378 E, Lake City, Fla. 32055
hereinafter called the grantee:

(Wherever used herein the terms "grantor" and "grantee" include all the parties to this instrument and the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporations)

Witnesseth: That the grantor, for and in consideration of the sum of \$10.00 and other valuable considerations, receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliens, releases, conveys and confirms unto the grantee all that certain land situate in Columbia County, Florida, viz:

LOT 11, PARNELL HILLS, UNIT I, a subdivision as recorded in Plat Book 4, Pages 16 and 16-A, Public Records of Columbia County, Florida, subject to Power Line Easements and Restrictions of Record.

This conveyance includes the Doublewide mobile home now permanently affixed to the real estate described above, Serial #'s GDWVGA 17793507 A, and GDWVGA 17793507 B, which is considered to be real property. Mobile home manufacturer is: CAMELOT

N.B. This conveyance is in accordance with the terms and conditions of that certain Unrecorded Agreement for Deed between the parties hereto, dated May 27, 1994, under authority of which the Grantee herein is presently occupying the above described property.

BK 0801 PG 0597

OFFICIAL RECORDS

Together with all the tenements, hereditaments and appurtenances thereto belonging or in any-wise appertaining.

To Have and to Hold, the same in fee simple forever.

And the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land; that the grantor 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, 1993.

DOCUMENTARY STAMP \$126.00
INTANGIBLE TAX
DEWITT CASON, CLERK OF
COURTS, COLUMBIA COUNTY
BY *[Signature]*

In Witness Whereof, the said grantor has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in our presence:

Eva E. Timmons
Witness, Eva E. Timmons

Johnny M. Hamm
Witness, Johnny M. Hamm

STATE OF Florida
COUNTY OF Columbia

Lenvil H. Dicks
LENVIL H. DICKS

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared LENVIL H. DICKS

/PERSONALLY
to me known to be the person described in and who executed the foregoing instrument and he acknowledged before me that he executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this 1st day of January, A. D. 1995
NOTARY PUBLIC

SPACE BELOW FOR RECORDERS USE

FILED
RECORDED
1995 FEB 1 11
COLUMBIA COUNTY
CLERK OF COURTS

T# 646217568

B# 699715

| | | | | | | |
|------------------------------------|--------------|--------------|------------|-----------------|-------------------|--------------------------|
| Identification Number 33610722X | Year 1988 | Make BAYS | Body HS | WT-L-BHP 66' | Vessel Regis. No. | Title Number 46206449 |
|------------------------------------|--------------|--------------|------------|-----------------|-------------------|--------------------------|

Registered Owner:

Date of Issue 12/16/2010

FIRST ASSEMBLY OF GOD
1571 E DUVAL ST
LAKE CITY, FL 32055-3647

Lien Release
Interest in the described vehicle is hereby releasedBy _____
Title _____
Date _____

IMPORTANT INFORMATION

- When ownership of the vehicle described herein is transferred, the seller MUST complete in full the Transfer of Title by Seller section at the bottom of the certificate of title.
- Upon sale of this vehicle, the seller must complete the notice of sale on the reverse side of this form.
- Remove your license plate from the vehicle.
- See the web address below for more information and the appropriate forms required for the purchaser to title and register the vehicle, mobile home or vessel: <http://www.hsmv.state.fl.us/html/titlinfo.html>

Mail To:

FIRST ASSEMBLY OF GOD
1571 E DUVAL ST
LAKE CITY, FL 32055-3647

CERTIFICATE OF TITLE

| | | | | | | |
|--|--------------|---------------|-----------------|-----------------|-------------------|-------------------------------|
| Identification Number 33610722X | Year 1988 | Make BAYS | Body HS | WT-L-BHP 66' | Vessel Regis. No. | Title Number 46206449 |
| Prev State FL | Color UNK | Primary Brand | Secondary Brand | No of Brands | Use PRIVATE | Prev Issue Date 04/09/2009 |
| Odometer Status or Vessel Manufacturer or OH use | | | | Hull Material | Prop | Date of Issue 12/16/2010 |

Lien Release
Interest in the described vehicle is hereby releasedBy _____
Title _____
Date _____

Registered Owner

DUPLICATE

FIRST ASSEMBLY OF GOD
1571 E DUVAL ST
LAKE CITY, FL 32055-3647

1st Lienholder
NONE

DIVISION OF MOTOR VEHICLES

TALLAHASSEE



FLORIDA

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

Carl A. Ford
Carl A. Ford
Director

Control Number 093902519
29 /1 93902519

Julie L. Jones
Julie L. Jones
Executive Director

TRANSFER OF TITLE BY SELLER (This section must be completed at the time of sale.)

Federal and/or state law require that the seller state the mileage, purchaser's name, selling price and date sold in connection with the transfer of ownership.
Failure to complete or providing a false statement may result in fines and/or imprisonment.

This title is warranted to be free from any liens except as noted on the face of the certificate and the motor vehicle or vessel described is hereby transferred to:

Seller Must Enter Purchaser's Name: Susan Jolly

Address: _____

Seller Must Enter Selling Price: 500.00Seller Must Enter Date Sold: 12/17/10I/We state that this ☐ 5 or ☐ 6 digit odometer now reads _____ (no tenths) miles, date read _____

and I hereby certify that to the best of my knowledge the odometer reading:

☐ 1. reflects ACTUAL MILEAGE☐ 2. is IN EXCESS OF ITS MECHANICAL LIMITS☐ 3. is NOT THE ACTUAL MILEAGE

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

SELLER Must Sign Here: Rev. Freda M. Kramer

CO-SELLER Must Sign Here: _____

Print Here: Rev. Freda M. Kramer

Print Here: _____

Selling Dealer's License Number: _____

Tax No. _____

Tax Collected: _____

Auction Name: _____

License Number: _____

PURCHASER Must Sign Here: _____

CO-PURCHASER Must Sign Here: _____

Print Here: _____

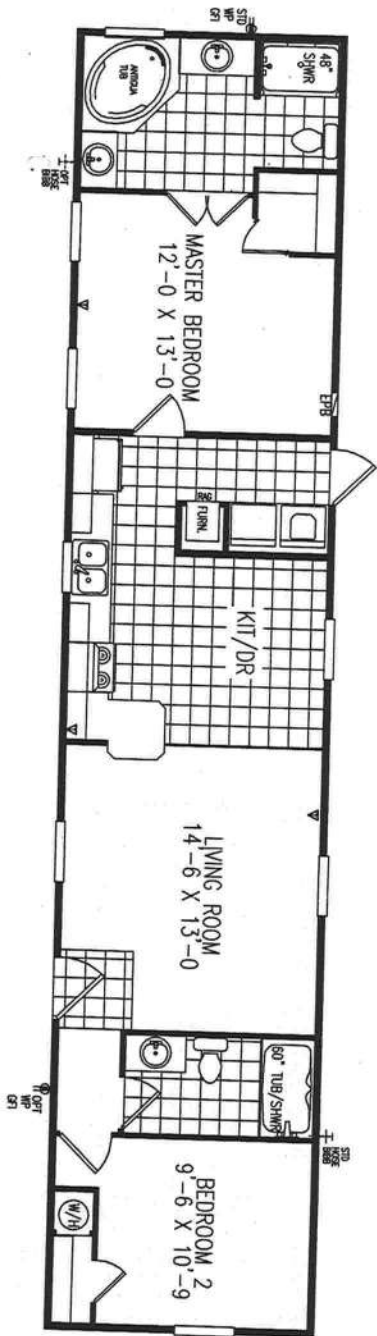
Print Here: _____

NOTICE: PENALTY IS REQUIRED BY LAW IF NOT SUBMITTED FOR TRANSFER WITHIN 30 DAYS AFTER DATE OF PURCHASE.

HSMV 82250 (REV. 04/08)

STATE OF FLORIDA

VOID IF ALTERED




MODEL A702-05-96 2BR - 2BTH
14' x 70' 902 SQ FT

PROPERTY LOCATOR ORDER FORM

CUSTOMER NAME: Susan Jolly DATE OF SALE: _____
ADDRESS: 375 N.W. Honey Suckle way Lake city, FL 32055
PHONE NUMBER: 386 9846215 SALESPERSON: _____
MAKE OF HOME: _____ MODEL: _____ SIZE: 14 x 70
SERIAL NUMBER: _____ 1989 going on property
SKIRTING: (TYPE) _____ PO#: _____
STEPS: (TYPE) _____ PO#: _____
A/C: (TYPE) _____ PO#: _____

DIRECTIONS TO HOME

This is where new Home is
U.S. 90 EAST to  1571 Duval St next to boat place
Home behind Church. Journey Fellowship Church.

U.S. 90 EAST to Lake Jeffrey Rd take left
Go Approx miles to Honey Suckle Rd turn Right
5th on Home on Right

Jamey at C & G
386 755-8885

 where Home is going

24x40 1969 to 1970
on spot now

1989 14x70 26 26
going on property



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, Terry L. Thrift, give this authority for the job address show below
Installer License Holder Name

only, 375 NW Honeysuckle Way, 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) |
|-----------------------------------|--------------------------------|---|
| Tara Howell | <i>Tara E. Howell</i> | <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.

Terry L. Thrift
License Holders Signature (Notarized)

LA-1025139 12/18/10
License Number Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Terry L. Thrift
personally appeared before me and is known by me or has produced identification
(type of I.D.) Driver License on this 21 day of December, 20 10.

J. Howell
NOTARY'S SIGNATURE

(Seal/Stamp)



J. HOWELL
MY COMMISSION # DD 750213
EXPIRES: January 17, 2012
Bonded Thru Budget Notary Services

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

1012-32

DATE RECEIVED 12-20-10 BY LH IS THE MH ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? NO

OWNERS NAME Susan Jolley PHONE 914-6215 CELL _____

ADDRESS _____

MOBILE HOME PARK _____ SUBDIVISION _____

DRIVING DIRECTIONS TO MOBILE HOME East 90th beside Greene's Marine, home is behind the Journey Fellowship Church.

MOBILE HOME INSTALLER Terry Thrift PHONE 623-0115 CELL _____

MOBILE HOME INFORMATION

MAKE Fleetwood YEAR 88 SIZE 14 x 66 COLOR Black

SERIAL No. 33610722X

WIND ZONE II Must be wind zone II or higher NK 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 [Signature] ID NUMBER 402 DATE 12-21-10

Call Jamie at
984-7976 (Tara)
755-8885

\$50.00

Date of Payment: 12-20-10

Paid By: Tara Howell

Notes: Cash

to be let inside home

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: 12/22/2010 DATE ISSUED: 12/22/2010

ENHANCED 9-1-1 ADDRESS:

375 NW HONEYSUCKLE WAY
LAKE CITY FL 32055
PROPERTY APPRAISER PARCEL NUMBER:
10-35-16-02055-011

Remarks:

LOT 11 PARNELL HILLS UNIT 1 S/D (REPLACEMENT OF EXISTING LOCATION)

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.

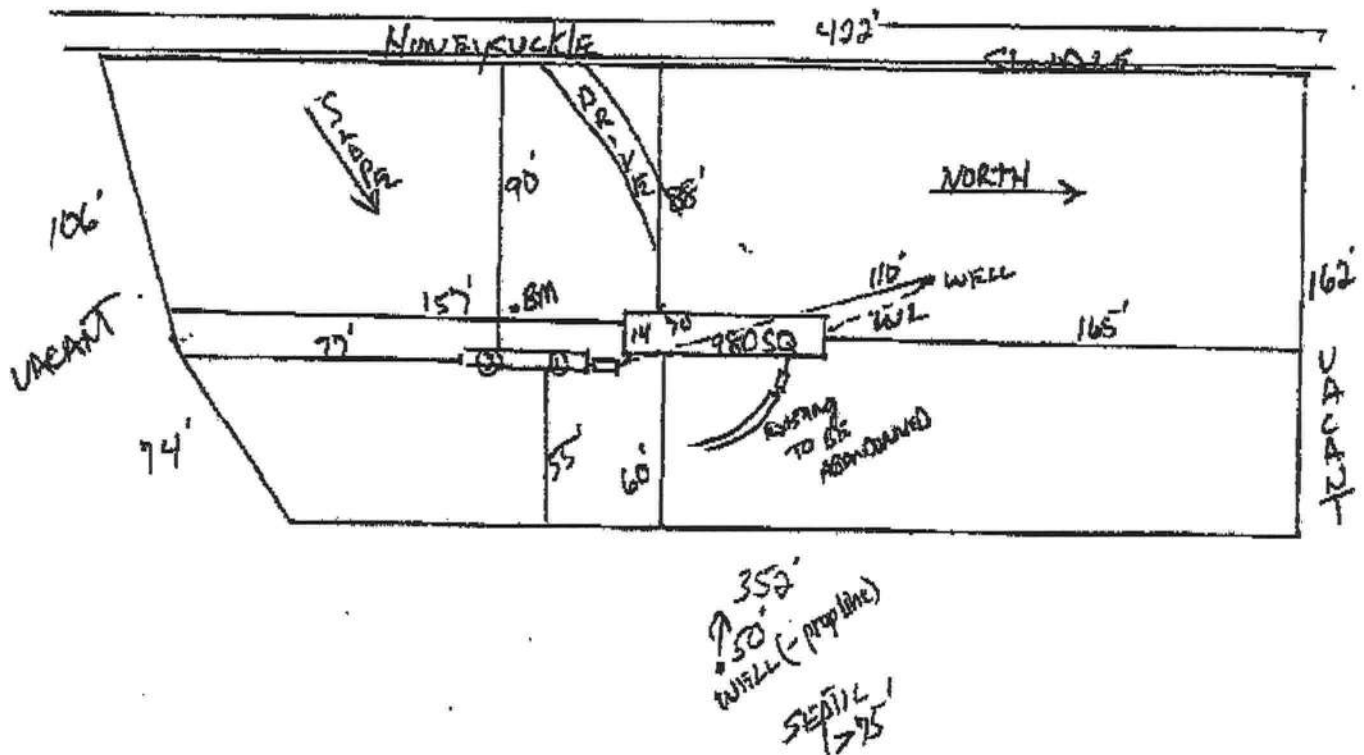
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 10-0552-N

Folley

PART II - SITEPLAN

Scale: 1 inch = ⁶⁰/₄₀ feet.



Notes: REPLACEMENT HOME GOING IN SAME FOOTPRINT AS EXISTING

Site Plan submitted by: Rocky D F

Plan Approved ✓

By Sally Ford - DE Director

Not Approved _____

MASTER CONTRACTOR

Date 12-21-10

County Health Department

Columbia CHD

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

1H 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated: 64E-6.001, FAC
Stock Number: 5744-002-4015-5

Page 2 of 4

ATTN: Mrs. Lori

From: TARA

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1012-39 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 _____ License #: _____ | Signature _____ Phone #: _____ |
| <i>New</i> MECHANICAL/ A/C | Print Name <u>DAVID HALLS INC</u> License #: <u>CACO 57424</u> | Signature <u>[Signature]</u> Phone #: <u>386-755-9792</u> |
| PLUMBING/ GAS | Print Name _____ License #: _____ | Signature _____ Phone #: _____ |
| 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 | Subcontractor's Printed Name | Subcontractor's 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.

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C&S VAN, HONEY

BUILDING AND ZONING

PAGE 01/01

PAGE 01/01

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1012-39

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 89-8, 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 234 | Print Name: <u>Michael S. Connor</u> License #: <u>ER 13013792</u> | Signature: <u>Michael S. Connor</u> Phone #: <u>352-577-0909</u> |
| MECHANICAL A/C | Print Name: <u>Robert Grant</u> License #: <u>CAE1814931</u> | Signature: <u>Robert Grant</u> Phone #: <u>863-645-3700</u> |
| PLUMBING GAS | Print Name: <u>TERRY F. THURTELL</u> License #: <u>TH-1025139/1</u> | Signature: <u>Terry F. ThurteLL</u> Phone #: <u>863-623-0115</u> |
| ROOFING | Print Name: _____ License #: _____ | Signature: _____ Phone #: _____ |
| SHEET METAL | Print Name: _____ License #: _____ | Signature: _____ Phone #: _____ |
| FIRE SYSTEMS SPRINKLER | Print Name: _____ License #: _____ | Signature: _____ Phone #: _____ |
| SOLAR | Print Name: _____ License #: _____ | Signature: _____ Phone #: _____ |

| | | |
|---------------------------|--|--|
| MASON | | |
| CONCRETE FINISHER | | |
| FRAMING | | |
| INSULATION | | |
| STUCCO | | |
| DRYWALL | | |
| PLASTER | | |
| CABINET INSTALLER | | |
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| GLASS | | |
| CERAMIC TILE | | |
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§ 440.108 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.

Director, Florida Department of Banking & Finance

CHAMPION
OF
COLUMBIA COUNTY

M/H O C C U P A N C Y

COLUMBIA COUNTY, FLORIDA

Department of Building and Zoning Inspection

This Certificate of Occupancy is issued to the below named permit holder for the building and premises at the below named location, and certifies that the work has been completed in accordance with the Columbia County Building Code.

Parcel Number 10-3S-16-02055-011

Building permit No. 000029108

Permit Holder TERRY THRIFT

Owner of Building SUSAN JOLLEY

Location: 375 NW HONEYSUCKLE WAY, LAKE CITY, FL 32055

Date: 01/11/2011

[Signature]

Building Inspector

POST IN A CONSPICUOUS PLACE
(Business Places Only)

