

DATE 04/25/2011

Columbia County Building Permit
This Permit Must Be Prominently Posted on Premises During Construction**PERMIT**
000029339

APPLICANT BO ROYALS PHONE 754-6737
ADDRESS 4068 US HWY 90 WEST LAKE CITY FL 32055
OWNER CHERALAN VAHEDI PHONE 752-5329
ADDRESS 1135 SE GRAHAM CT LAKE CITY FL 32025
CONTRACTOR WENDELL CREWS PHONE 352-351-6100
LOCATION OF PROPERTY 441 SOUTH, L CR 18, R GRAHAM CT, FOLLOW 1 1/4 MILES ON THE
LEFT
TYPE DEVELOPMENT MH, UTILITY ESTIMATED COST OF CONSTRUCTION 0.00
HEATED FLOOR AREA TOTAL AREA HEIGHT STORIES
FOUNDATION WALLS ROOF PITCH FLOOR
LAND USE & ZONING AG-3 MAX. HEIGHT 35
Minimum Set Back Requirements: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00
NO. EX.D.U. 0 FLOOD ZONE X DEVELOPMENT PERMIT NO.

PARCEL ID 29-6S-18-10647-004 SUBDIVISION
LOT BLOCK PHASE UNIT TOTAL ACRES 14.25

IH1025316 X WENDELL CREWS
Culvert Permit No. PRIVATE Culvert Waiver 11-0173 Contractor's License Number BK Applicant/Owner/Contractor HD N
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: FLOOR ONE FOOT ABOVE THE ROADCheck # or Cash 001358**FOR BUILDING & ZONING DEPARTMENT ONLY**

(footer/Slab)

Temporary Power Foundation Monolithic
 date/app. by date/app. by date/app. by
Under slab rough-in plumbing Slab Sheathing/Nailing
 date/app. by date/app. by date/app. by
Framing Insulation
 date/app. by date/app. by
Rough-in plumbing above slab and below wood floor Electrical rough-in
 date/app. by date/app. by
Heat & Air Duct Peri. beam (Lintel) Pool
 date/app. by date/app. by date/app. by
Permanent power C.O. Final Culvert
 date/app. by date/app. by date/app. by
Pump pole Utility Pole M/H tie downs, blocking, electricity and plumbing
 date/app. by date/app. by date/app. by
Reconnection RV Re-roof
 date/app. by date/app. by date/app. by

BUILDING PERMIT FEE \$ 0.00 CERTIFICATION FEE \$ 0.00 SURCHARGE FEE \$ 0.00
MISC. FEES \$ 350.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 73.32 WASTE FEE \$ 100.50
FLOOD DEVELOPMENT FEE \$ FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$ **TOTAL FEE** 598.82
INSPECTORS OFFICE *L. J. H.* CLERKS OFFICE *CH*

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.

APR-04-2011 11:01

P.01/04

clt#001358

Vahedi

☒ LAB: SHATO☒ BOND/W.C. - CREW 2

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-11) Zoning Official BLK 15.04.11 Building Official NO 4-12-11

AP# 110A-12 Date Received 4/5 By JTN Permit # 29339

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

Comments _____

FEMA Map# N/A Elevation N/A Finished Floor 1st floor River N/A In Floodway N/A

☒ Site Plan with Setbacks Shown ☒ EH # 11-0173 ☐ EH Release ☒ Well letter ☒ Existing wall

☐ Recorded Deed or Affidavit from land owner ☒ Installer Authorization ☐ State Road Access ☒ 911 Short

☐ Parent Parcel # _____ ☐ STUP-MH ☐ F W Comp. letter ☒ VF Form we

IMPACT FEES: EMS _____ Fire _____ Corr _____ ☐ Out County ☐ In County

Road/Code _____ School _____ = TOTAL _____ Impact Fees Suspended March 2009

Property ID # 29-65-18-10647004 Subdivision _____

- New Mobile Home ☒ Used Mobile Home _____ MH Size 46x60 Year 2011
- Applicant William "Bo" Royals Phone # 754-4737
- Address 4068 N.S. 90 West Lake City, FL 32055
- Name of Property Owner Cheralan Vahedi Phone # 752-5329
- 911 Address 1135 SE Graham Ct. L.C. #1 32025
- Circle the correct power company - FL Power & Light Clay Electric
(Circle One) - Suwannee Valley Electric Progress Energy
- Name of Owner of Mobile Home Sayed & Cheralan Vahedi Phone # 752-5329
Address 1145 S.E. Graham Ct. Lake City, FL 32025
- Relationship to Property Owner Land Owner
- Current Number of Dwellings on Property 0
- Lot Size _____ Total Acreage 14.25
- 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 41 South through Ellisville turn left on CR 18 go approx. 4 miles to Graham Ct. on Rt. Turn onto Graham follow dirt drive 1 1/4 miles home on left.
- Name of Licensed Dealer/Installer Wendell Crews Phone # (352) 351-6100
- Installers Address 4650 NE 35th St Ocala FL 34479
 - License Number TH1025316 Installation Decal # 5496

spoke to Bo on 4-15-11

APR-04-2011 11:02

P. 02/04

COLUMBIA COUNTY PERMIT WORKSHEET

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

Installer Wendell Crews License # TH1025312

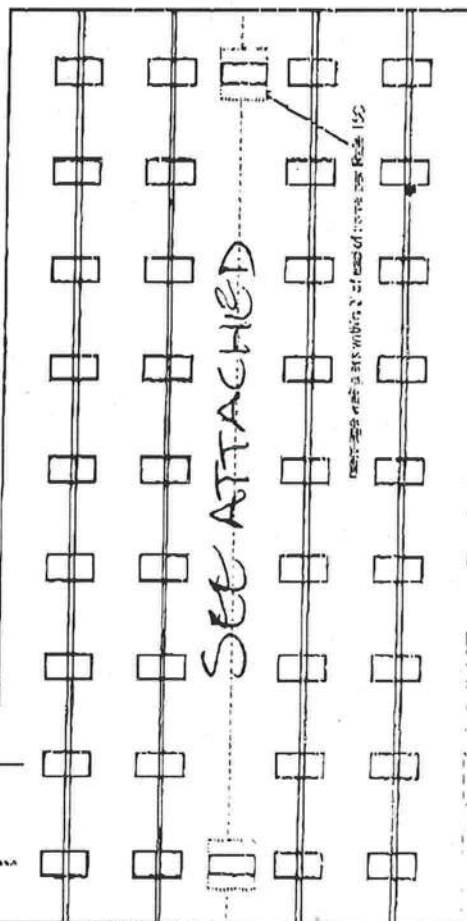
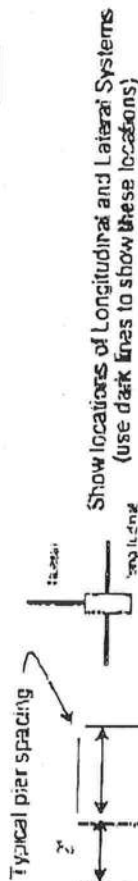
911 Address where home is being installed

Manufacturer Southern Energy Length x width 60 x 46

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 WC



page 1 of 2

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 # 5496

Triple/Quad ☒ Serial # TBD

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity	Footer size (sq. in.)	18" 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 DSI	3'	4'	5'	6'	7'	8'	8'
1500 DSI	4'	5'	6'	7'	8'	8'	8'
2000 DSI	5'	6'	7'	8'	8'	8'	8'
2500 DSI	6'	7'	8'	8'	8'	8'	8'
3000 DSI	7'	8'	8'	8'	8'	8'	8'
3500 DSI	8'	8'	8'	8'	8'	8'	8'

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

PIER PAD SIZES

I-beam pier pad size

Perimeter pier pad size

Other pier pad sizes (required by the mfg.)

Draw the approximate locations of mainline wall openings 4 feet or greater. Use this symbol to show the piers

List all mainline wall openings greater than 4 feet and their pier pad sizes below.

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 28 1/4	346
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 oliver
spaced at 5' 4" oc ☒

OTHER TIES

Soevar Oliver
Longitudinal W/A
Mainline wall W/A
Side wall W/A

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer Oliver 1101V
Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer Oliver 1101V

APR-04-2011 11:02

P.03/04

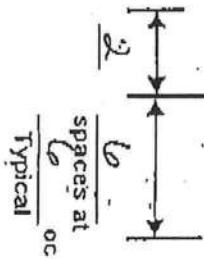
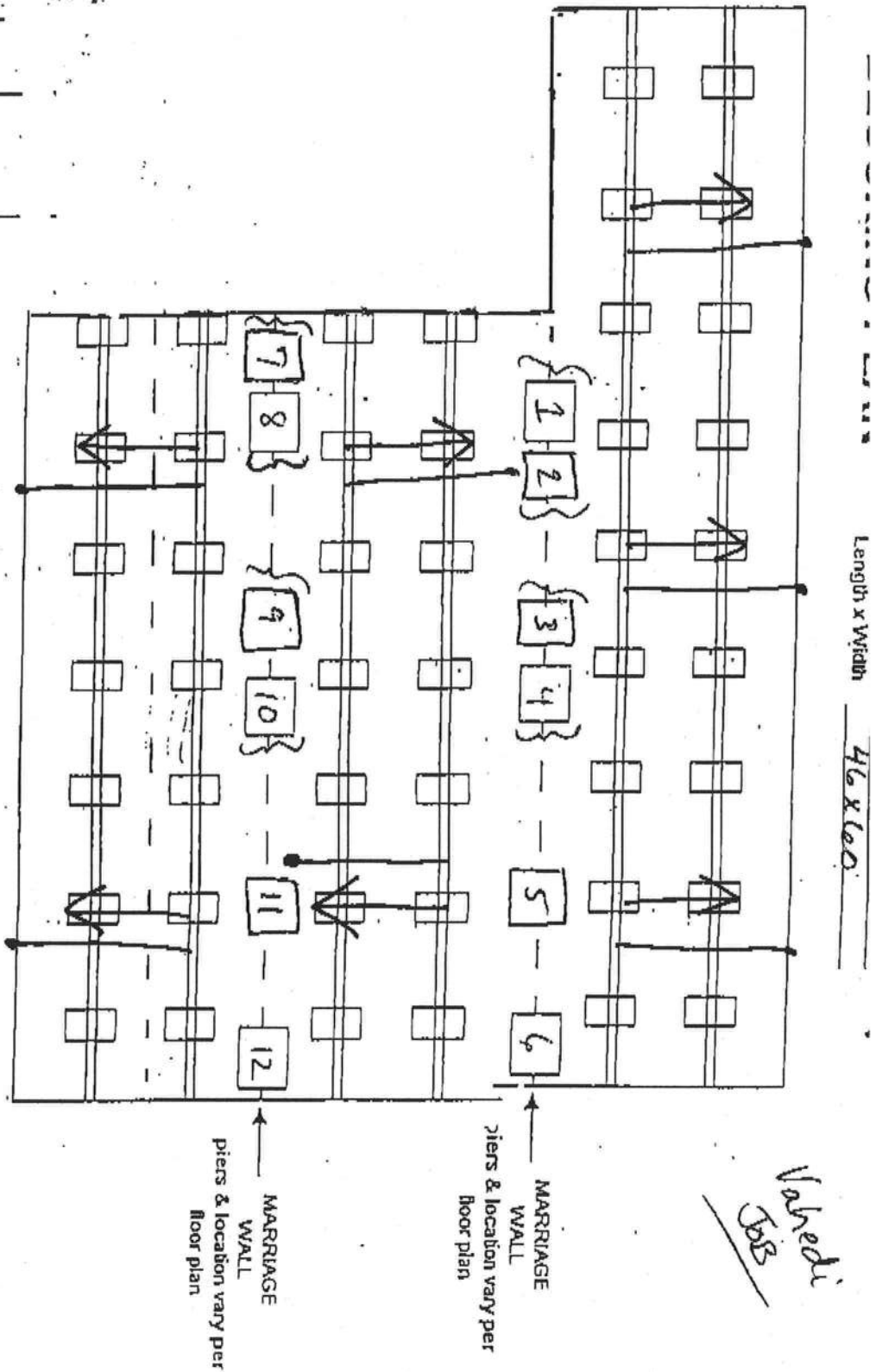
COLUMBIA COUNTY PERMIT WORKSHEET

page 2 of 2

POCKET PENETROMETER TEST The pocket penetrometer tests are rounded down to _____ psf or check here to declare 1000 lb soil <u>X</u> without testing X _____ X _____ X _____	
POCKET PENETROMETER TESTING METHOD 1. Test the perimeter of the home at 6 locations. 2. Take the reading at the depth of the footer. 3. Using 500 lb increments, take the lowest reading and round down to that increment.	
X _____	X _____
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 require anchors with 4000 lb holding capacity.	
X _____	X _____
ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER Installer Name <u>Wendell Crews</u> Date Tested <u>4-4-11</u> Installer's initials <u>WC</u>	

Site Preparation Debris and organic material removed <u>✓</u> Water drainage: Natural <u>✓</u> Swale <u>✓</u> Pad <u>✓</u> Other _____	
Fastening multi wide units Floor: Type Fastener: <u>Lay</u> Length: <u>1/2" x 5</u> Spacing: <u>12" O.C.</u> Walls: Type Fastener: <u>Self</u> Length: <u>1/2" x 4</u> Spacing: <u>12" O.C.</u> Roof: Type Fastener: <u>metal</u> Length: <u>60</u> Spacing: <u>3" O.C.</u> 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 <u>WC</u> Installed: Between Floors Yes <u>✓</u> Between Walls Yes <u>✓</u> Bottom of ridgebeam Yes <u>✓</u>	
Weatherproofing The bottomboard will be repaired and/or taped. Yes <u>✓</u> Pg. <u>13</u> Siding on units is installed to manufacturer's specifications. Yes <u>✓</u> Fireplace chimney installed so as not to allow intrusion of rain water. Yes <u>✓</u>	
Miscellaneous Siding to be installed Yes <u>✓</u> No _____ Dryer vent installed outside of skirting Yes <u>✓</u> N/A _____ Range downflow vent installed outside of skirting. Yes <u>✓</u> N/A _____ Drain lines supported at 4 foot intervals. Yes <u>✓</u> Electrical crossovers protected Yes <u>✓</u> Other _____	
Installer verifies all information given with this permit worksheet is accurate and true based on the installer Signature <u>Wendell Crews</u> Date <u>4-4-11</u>	

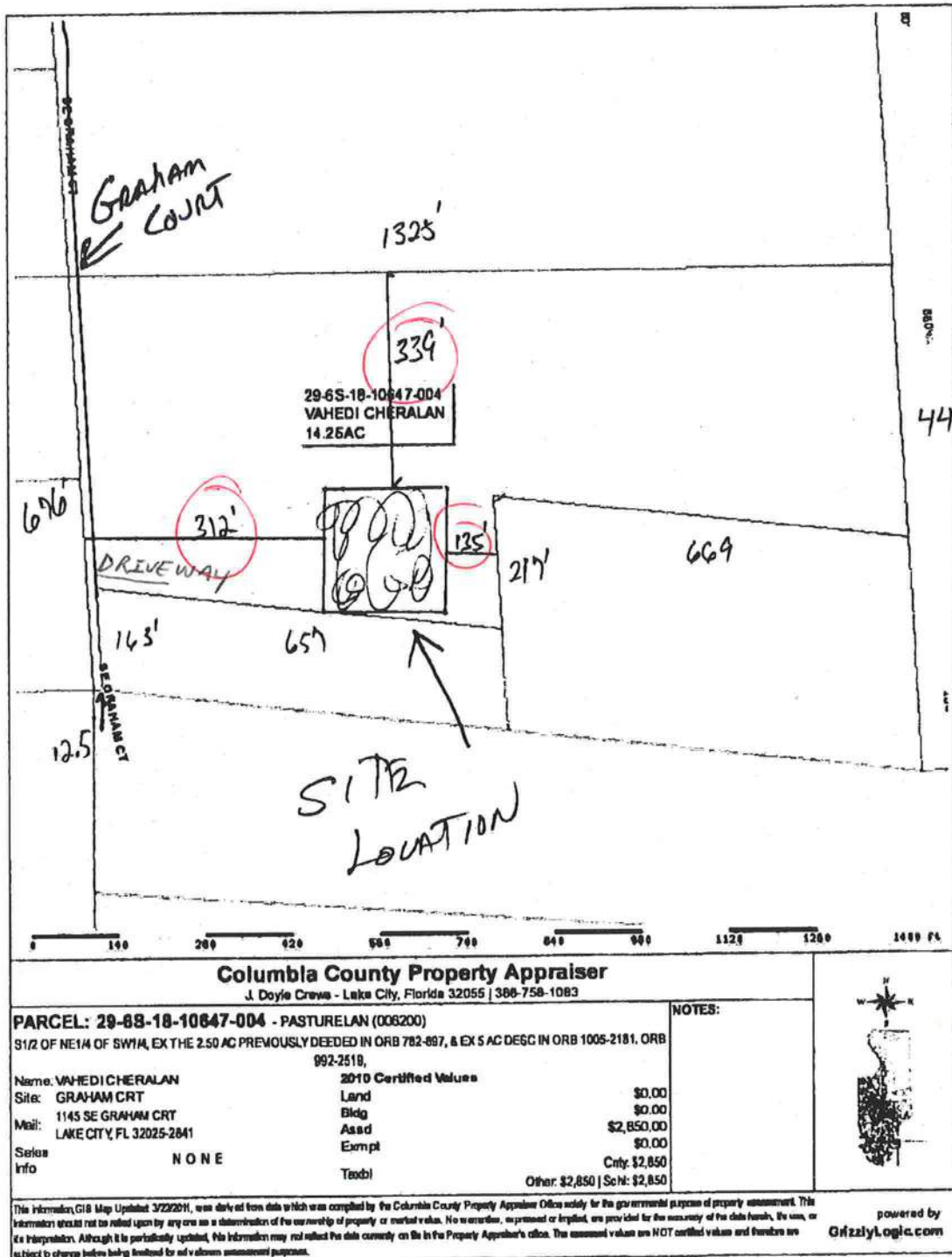
Electrical Connected electrical conductors between multi-wide units but not to the main power source. This includes the bonding wire between multi-wide units Pg. _____
Plumbing Connected all sewer drains to an existing sewer tap or separate tank Pg. <u>39</u> Connected all potable water supply piping to an existing water meter, water tap, or other source of water supply Pg. <u>39</u>



Pier Spacing based on set-up manual for 1000 PSF Soil.
Model 1100 All Steel Foundation system by Oliver Technologies.
4ft ground anchors except were loads exceed 3150 lbs then 5 ft anchors

Soil Bearing Capacity	<u>assumed 1000 PSF</u>
Probe test / anchor length	<u>N/A 14-5 ft loads over 3150</u>
I-beam Pier Pad size	<u>Concrete Runners (Per Plans) Runners 8 x 20</u>
Marriage Wall Pier Pad Sizes:	<u>1 23x31 5 17x25 9 23x31 2 45 ft</u>
	<u>2 16x16 6 17x25 10 16x16 Pictures to</u>
	<u>3 23x31 7 23x31 11 23x31 6 Includes</u>
	<u>4 16x16 8 16x16 12 23x31 6 Includes</u>
Perimeter Pier Pad Sizes	<u>16x16 @ 8' O.C.</u>

Handwritten signature: Vahedi Jorg



VAHEDI

MAR 30 2011

Rocky D F

Columbia County Property Appraiser

DB Last Updated: 3/22/2011

2010 Tax Year

Parcel: 29-6S-18-10647-004

<< Next Lower Parcel Next Higher Parcel >>

Tax Collector

Tax Estimator

Property Card

Parcel List Generator

Interactive GIS Map

Print

Search Result: 1 of 3

Next >>

Owner & Property Info

Owner's Name	VAHEDI CHERALAN		
Mailing Address	1145 SE GRAHAM CRT LAKE CITY, FL 32025-2841		
Site Address	GRAHAM CRT		
Use Desc. (code)	PASTURELAN (006200)		
Tax District	3 (County)	Neighborhood	19618
Land Area	14.250 ACRES	Market Area	02
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction.		
S1/2 OF NE1/4 OF SW1/4, EX THE 2.50 AC PREVIOUSLY DEEDED IN ORB 782-897, & EX 5 AC DESC IN ORB 1005-2181. ORB 992-2519,			



Property & Assessment Values

2010 Certified Values		
Mkt Land Value	cnt: (1)	\$0.00
Ag Land Value	cnt: (0)	\$2,850.00
Building Value	cnt: (0)	\$0.00
XFOB Value	cnt: (0)	\$0.00
Total Appraised Value		\$2,850.00
Just Value		\$59,213.00
Class Value		\$2,850.00
Assessed Value		\$2,850.00
Exempt Value		\$0.00
Total Taxable Value	Cnty: \$2,850 Other: \$2,850 Schl: \$2,850	

2011 Working Values

NOTE:
2011 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
006200	PASTURE 3 (AG)	14.25 AC	1.00/1.00/1.00/1.00	\$200.00	\$2,850.00
009910	MKT.VAL.AG (MKT)	14.25 AC	1.00/1.00/1.00/1.00	\$0.00	\$53,291.00

APR-04-2011 11:03

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR Wendell Crews PHONE (352) 351-6100

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 234	Print Name <u>Michael Connor</u>	Signature <u>Michael S Connor</u>
	License #: <u>ER 13013192</u>	Phone #: <u>386-965-9005</u>
MECHANICAL/ A/C	Print Name _____	Signature _____
	License #: _____	Phone #: _____
PLUMBING/ GAS	Print Name _____	Signature _____
	License #: _____	Phone #: _____

Specialty License	License Number	Signature of Subcontractor	Date
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 prevented from hiring the employer applies for a building permit.

F. S. 440.103 Building permits; Identification of minimum premium policy.

APR-05-2011 09:09

P.01/01

APR-04-2011 11:03

P.00/04

MOBILE HOME INSTALLATION (SUBCONTRACTOR VERIFICATION FORM)

APPLICATION NUMBER _____

CONTRACTOR

Wendell CrewsPHONE (352) 351-6100

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 #: _____
MECHANICAL/ A/C	Print Name <u>Timothy D Shatto</u> License #: <u>CAC057875 CLASS "B"</u>	Signature <u>Timothy D Shatto</u> Phone #: <u>386-496-8224</u>
PLUMBING/ GAS	Print Name _____ License #: _____	Signature _____ Phone #: _____

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 440.36, and shall be prevented from time the employer applies for a building permit.

TOTAL P.04
TOTAL P.01

APR-04-2011 11:03

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____

CONTRACTOR

Wendell Crews

PHONE

(352) 351-6100

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 #: _____
MECHANICAL/ A/C	Print Name _____ License #: _____	Signature _____ Phone #: _____
✓ PLUMBING/ GAS 687	Print Name <u>Wendell Crews</u> License #: <u>FH1025316</u>	Signature <u>Wendell Crews</u> Phone #: <u>352-351-6100</u>

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 1 Subcontractor Form 1/1

Royals Mobile Home Sales & Service, Inc.

4068 West U.S. Highway 90
LAKE CITY, FLORIDA 32055
(386) 754-6737 • Fax: (386) 758-7764

CLEAR FORM

BUYER(S) Seyed A. and Cheralan G. Vahedi				PHONE (386) 752-5329		DATE	
ADDRESS 1145 S.E. Graham Ct. Lake City, FL 32025				Cell# 386-397-0621		SALESPERSON Charles Burnette	
DELIVERY ADDRESS 1145 S.E. Graham Ct. Lake City, FL 32025							
MAKE & MODEL Southern Energy Willow EZ-803				YEAR 2011	BEDROOMS 3	FLOOR SIZE L 60 W 44	HITCH SIZE L 64 W 44
SERIAL NUMBER TBD				<input checked="" type="checkbox"/> NEW <input type="checkbox"/> USED		COLOR	
				PROPOSED DELIVERY DATE		KEY NUMBERS	
DATE OF BIRTH		DRIVER'S LICENSE		BASE PRICE OF UNIT		\$ 162,163.00	
BUYER 08/24/39		BUYER V300-781-39-304-0		OPTIONAL EQUIPMENT		0.00	
CO-BUYER 04/30/48		CO-BUYER V300-107-48-650-0		PROCESSING FEE		0.00	
LOCATION	R-VALUE	THICKNESS	TYPE OF INSULATION	SUB-TOTAL		\$ 162,163.00	
CEILING	35			SALES TAX		9,729.78	
EXTERIOR	19			COLUMBIA COUNTY SURTAX		50.00	
FLOORS	21			NON-TAXABLE ITEMS			
THIS INSULATION INFORMATION WAS FURNISHED BY THE MANUFACTURER AND IS DISCLOSED IN COMPLIANCE WITH THE FEDERAL TRADE COMMISSION RULE 16CRF, SECTION 460.16. Delivery & Setup standard 3 blocks high. (1 pad and 2 solid blocks). Anything over standard is customer's responsibility. Unfurnished XXXXXXXXXXXX Furnished _____ Water & Sewer is run under home. Customer responsible for any gas, electrical, water & sewer hook-up. Wheels and axles deleted from sale price of home. Customer responsible for permits. Homeowner's manual located in Manufactured Home.				VARIOUS FEES AND INSURANCE		650.00	
				PROCESSING FEE		250.00	
				CASH PURCHASE PRICE		\$ 172,842.78	
				TRADE-IN ALLOWANCE		\$	
				LESS BAL. DUE on above		\$	
				NET ALLOWANCE		\$ 0.00	
				CASH DOWN PAYMENT		\$ 86,421.39	
				CASH AS AGREED SEE REMARKS		\$	
				LESS TOTAL CREDITS		\$ 86,421.39	
				SUB-TOTAL		\$ 86,421.39	
OPTIONAL EQUIPMENT, LABOR AND ACCESSORIES				Unpaid Balance of Cash Sale Price		\$ 86,421.39	
Brick Skirting							
Brick Front Step							
A/C Heat Pump 13 Seer Trane							
One Set Code Steps for rear of Home							
Nothing Else Follows							
<i>ReFund For Fireplace</i>				REMARKS: CUSTOMER IS RESPONSIBLE FOR ALLOWANCE OVERAGES. DOWN PAYMENT NON-REFUNDABLE ONCE HOME IS ORDERED. BALANCE DUE BEFORE DELIVERY. <i>Cheralan G. Vahedi</i> SIGN <i>S. A. Vahedi</i> SIGN			
BALANCE CARRIED TO OPTIONAL EQUIPMENT				\$ 0.00		Liquidated Damages are agreed to be \$ _____ or 10% of the cash price, whichever is greater.	
REFER TO PARAGRAPH #6 ON THE REVERSE SIDE OF THIS AGREEMENT.							
DESCRIPTION OF TRADE-IN		MAKE		MODEL		YEAR	
COLOR	BEDROOMS	SIZE X	TITLE NO.	SERIAL NO.			
AMOUNT OWING \$		TO WHOM		ANY DEBT BUYER OWES ON TRADE-IN IS TO BE PAID BY <input type="checkbox"/> DEALER <input type="checkbox"/> BUYER			

Buyer is purchasing the above described manufactured home, the optional equipment and accessories, the insurance has been voluntary; the Buyer's trade-in is free from all claims whatsoever, except as noted.

THE REVERSE SIDE of this agreement contains **ADDITIONAL TERMS AND CONDITIONS**, including, but not limited to, provisions regarding **WARRANTY, EXCLUSIONS AND LIMITATION OF DAMAGES**.

Dealer and Buyer acknowledge and certify that such additional terms and conditions printed on the other side of this agreement are agreed to as part of this agreement, the same as if printed above the signatures.

The agreement contains the entire agreement between the Dealer and Buyer and no other representation or inducement, verbal or written, has been made which is not contained in this agreement. Buyer(s) acknowledge receipt of a copy of this agreement and that Buyer(s) have read and understand the back of this agreement.

Royals Mobile Home Sales & Service, Inc. DEALER

Not Valid Unless Signed and Accepted by an Officer of the Company or an Authorized Agent

By _____

SIGNED X

SOCIAL SECURITY NO. **263** , **82** , **3081**

SIGNED X

SOCIAL SECURITY NO. **074** , **46** , **5998**

BUYER

BUYER

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: 4/4/2011 DATE ISSUED: 4/8/2011

ENHANCED 9-1-1 ADDRESS:

1135 SE GRAHAM

CT

LAKE CITY FL 32025

PROPERTY APPRAISER PARCEL NUMBER:

29-6S-18-10647-004

Remarks:

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.**

1952



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

11-0173
PERMIT NO. 99950
DATE PAID: 3/30/11
FEE PAID: 310.00
RECEIPT #: 1585575

APPLICATION FOR:

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

APPLICANT: Cheralan Vahedi

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 #: 29-6S-18-10647-004 ZONING: I/M OR EQUIVALENT: [Y / ☒ N]

PROPERTY SIZE: 14.25 ACRES WATER SUPPLY: [☒ PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: SE Graham Court, Lake City, FL, 32025

DIRECTIONS TO PROPERTY: 441 South, TL on CR 18, 2 miles past I-75 bridge, TR on Graham Court, 1 mile to property on left

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	SF Residential	3	1827	
2				
3				

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

SIGNATURE: Rocky D Ford DATE: 3/30/2011

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

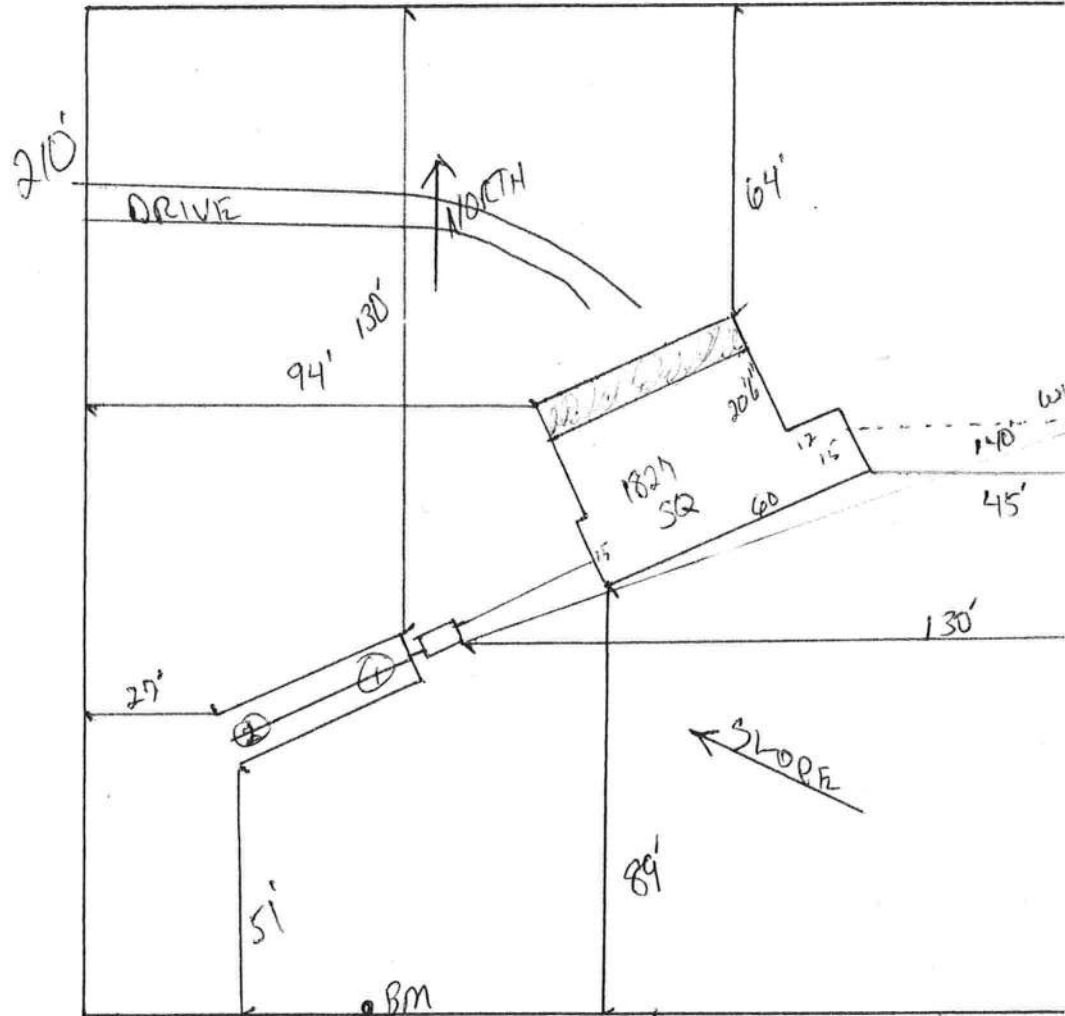
Permit Application Number 11-017.3

Vahedi

PART II - SITEPLAN

Scale: 1 inch = 40 feet.

SEE
ATTACHED



Notes: 1 of 14.25

Site Plan submitted by Rocky D F-O
Plan Approved ☒ Not Approved
By Salbe Ford Env. Health Director

MASTER CONTRACTOR

Date 4-5-11

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

CHERALAN VAHEDI

OF

M/H OCCUPANCY

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 29-6S-18-10647-004

Building permit No. 000029339

Permit Holder WENDELL CREWS

Owner of Building CHERALAN VAHEDI

Location: 1135 SE GRAHAM COURT, LAKE CITY, FL 32025

Date: 05/04/2011

Stacy Dicks

Building Inspector

POST IN A CONSPICUOUS PLACE
(Business Places Only)

