

COLUMBIA COUNTY, FLORIDA

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 10-7S-17-09969-011

Building permit No. 000029740

Permit Holder JERRY CORBETT

Owner of Building NANCY HUGHES

Location: 695 SE MAID MARION LANE, HIGH SPRINGS, FL 32643



Date: 11/01/2011

Greg Cur

Building Inspector

POST IN A CONSPICUOUS PLACE
(Business Places Only)

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-11) Zoning Official BK 21 Oct 2011 Building Official T.C. 10-18-11

AP# 1110-19 Date Received 10/17 By JK Permit # 29740

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

Comments MH going on Lot 1, Existing MH on Lot 2
meets Density Requirements

FEMA Map# N/A Elevation N/A Finished Floor 11-0408 River N/A In Floodway N/A

☒ Site Plan with Setbacks Shown ☒ EH # 11-0408 ☐ EH Release ☐ Well letter ☐ Existing well

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

☐ Parent Parcel # ☐ STUP-MH ☐ FW Comp. letter ☐ VF Form

IMPACT FEES: EMS ☐ Fire ☐ Corr ☐ Out County ☒ In County Pd

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

Property ID # 10-75-17-09969-011 Subdivision Oak Ridge Forest Lots 1 & 2

- New Mobile Home ☐ Used Mobile Home ☒ MH Size 16x76 Year 1997
- Applicant Gwen Waiken Jerry Corbett Phone # 386-362-4948
- Address 10314 US Hwy 90 E Live Oak FL 32060
- Name of Property Owner Nancy J. Hughes Phone # 386-454-3701
- 911 Address 208 SE Oak Ridge Ct. High Springs FL 32643
- Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Progress Energy

2nd unit
911 → Name of Owner of Mobile Home Clarence Hope Marion Hughes Phone # 386-454-3611
Address 695 SE Maid Marion Lane High Springs FL 32643

- Relationship to Property Owner Daughter
- Current Number of Dwellings on Property 1
- Lot Size 656 x 352 x 623 x 295 Total Acreage 10.320 (owner)
- 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 (on 5 Acres)
- Driving Directions to the Property I-75 S to Ellisville / 441 MAKE A RHT on 441 go 9 miles to Maid Marion Lane make Left go past 1st paved rd. (Sir Hiss) it is 2nd Driveway on Left (Blue Board Fence then gate)
- Name of Licensed Dealer/Installer Jerry Corbett Phone # 386-590-0470
- Installers Address 10314 US Hwy 90 E Live Oak FL 32060
- License Number IH 1025368 Installation Decal # 6049

To spoke w/ Jace 10.20.11 (left) msg left by Gwen.
The left msg w/ Jace for Gwen to call
\$603.00

PERMIT NUMBER

PERMIT WORKSHEET

Installer Terry Corbett

License # IA-1025368

Address of home being installed 1095 S.E. Maid Marion Lane

Manufacturer High Springs, FL 32643

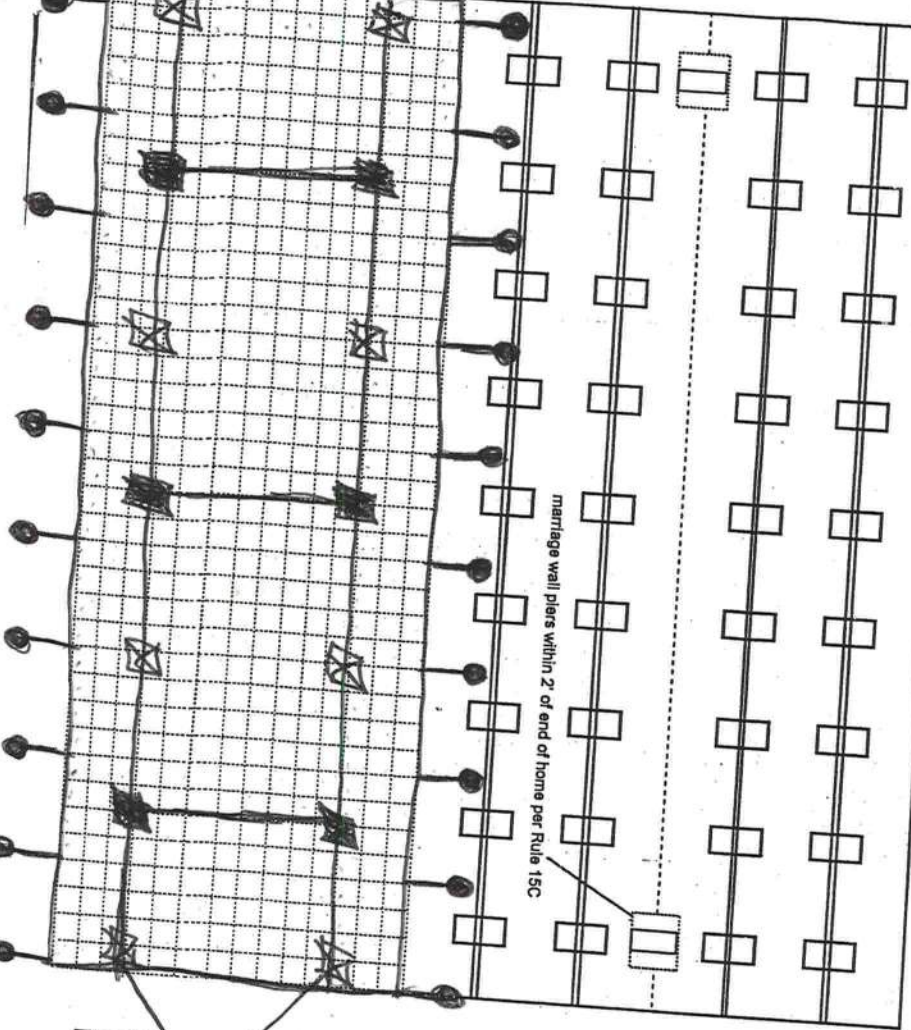
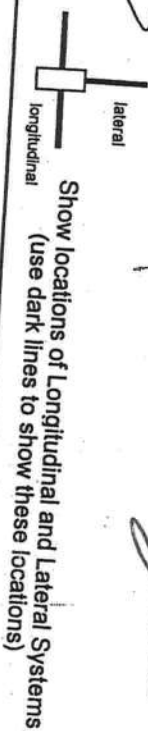
NOTE: if home is a single wide fill out one half of the blocking plan

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 TC

Typical pier spacing 6



#612

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 # 6649

Triple/Quad ☐ Serial # 9961

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (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

Perimeter pier pad size

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

OTHER TIES

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)

Manufacturer

Longitudinal Stabilizing Device w/ Lateral Arms Manufacturer

Sidewall Longitudinal Marriage wall Shearwall

Number

POCKET PENETROMETER TEST

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

X 1200 X 1600 X 1700

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 1700 X 1600 X 1700

TORQUE PROBE TEST

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

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

Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Date Tested

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 _____
Water drainage: Natural _____ Swale _____ Pad _____ Other _____

Fastening multi wide units

Floor: _____ Type Fastener: _____ Length: _____ Spacing: _____
Walls: _____ Type Fastener: _____ Length: _____ Spacing: _____
Roof: _____ Type Fastener: _____ Length: _____ Spacing: _____
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

Type gasket Pg. _____

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

Weatherproofing

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

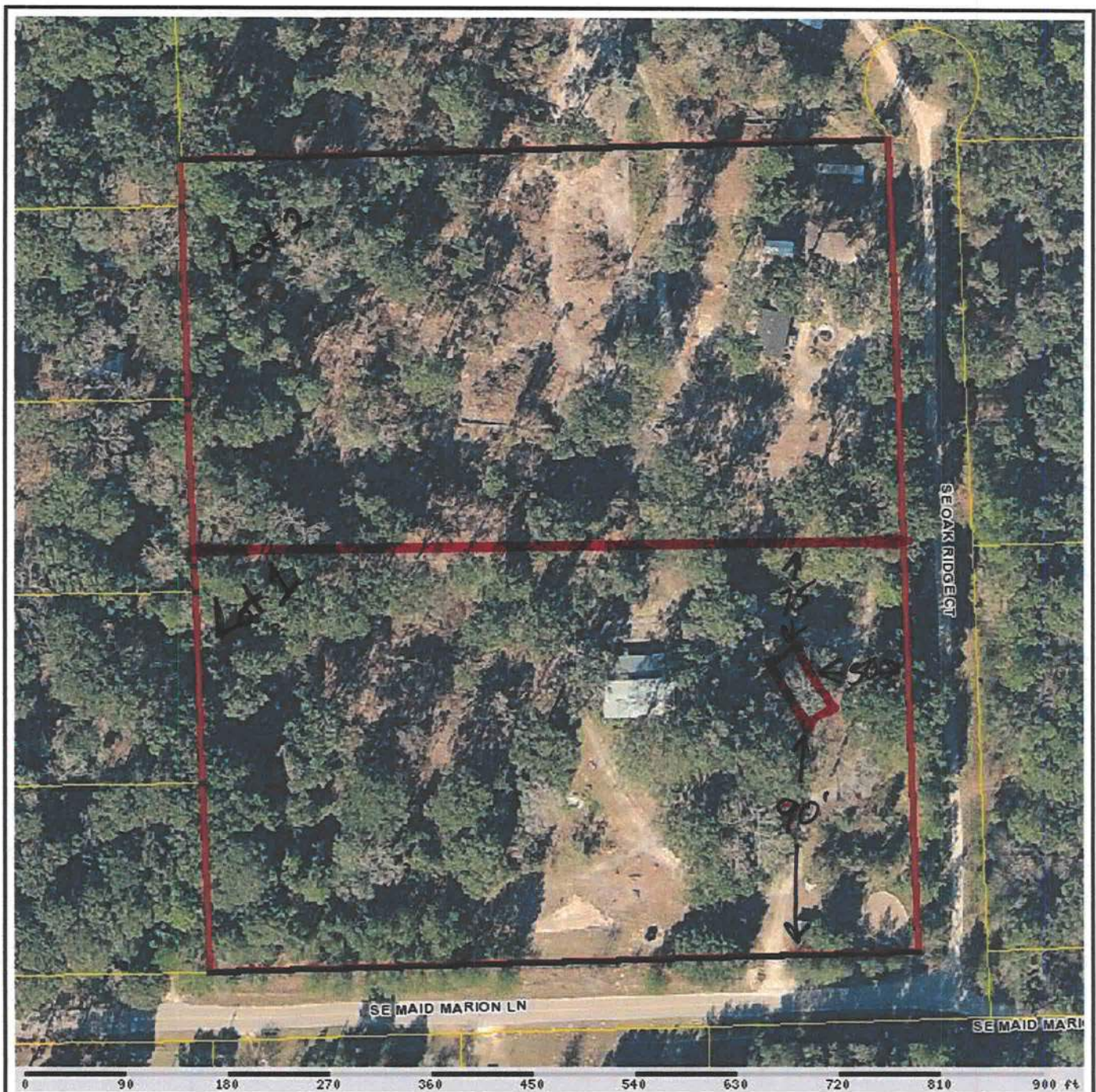
Miscellaneous

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

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

Installer Signature

Date 9-29-11

**Columbia County Property Appraiser**

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

PARCEL: 10-7S-17-09969-011 - MOBILE HOM (000200)

LOTS 1 & 2 OAK RIDGE FOREST S/D. ORB 502-111, 635-132. QC 1164-2090

Name: HUGHES NANCY JOSEPHINE

Site: 208 SE OAK RIDGE CT

Mail: P O BOX 811
HIGH SPRINGS, FL 32655-0811

Sales 12/26/2008

Info	9/8/1987
------	----------

\$40,000.00 V / U

\$7,500.00 V / U

2010 Certified Values

Land

Bldg

Assd

Exmpt

Taxbl

\$39,522.00

\$27,921.00

\$32,820.00

\$25,500.00

Other: \$7,320 | Schl: \$7,320

NOTES:



This information, GIS Map Updated: 10/3/2011, was derived from data which was compiled by the Columbia County Property Appraiser Office solely for the governmental purpose of property assessment. This information should not be relied upon by anyone as a determination of the ownership of property or market value. No warranties, expressed or implied, are provided for the accuracy of the data herein, it's use, or it's interpretation. Although it is periodically updated, this information may not reflect the data currently on file in the Property Appraiser's office. The assessed values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

powered by:
GrizzlyLogic.com

Revised
Site Plan
21 Oct. 2011

Marion E. Hughes



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, Jerry Corbett Installers Name, give this authority and I do certify that the below referenced person(s) listed on this form is/are under my direct supervision and control and is/are authorized to purchase permits, call for inspections and sign on my behalf.

Printed Name of Authorized Person	Signature of Authorized Person	Agents Company Name
Gwen Walker	<i>Gwen Walker</i>	Jerry Corbett's M.H.

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.

Jerry Corbett License Holders Signature (Notarized) 1H-1025368 License Number 10/2/11 Date

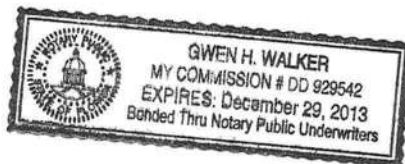
NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Suwannee

The above license holder, whose name is Jerry Corbett, personally appeared before me and is known by me or has produced identification (type of I.D.) Known by personally on this 2nd day of October, 2011.

Gwen H. Walker
NOTARY'S SIGNATURE

(Seal/Stamp)



MOBILE HOME INSTALLER AFFIDAVIT

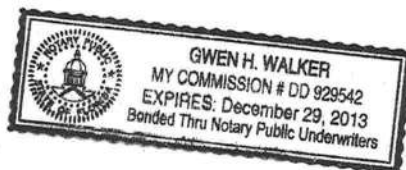
As per Florida Statutes Section 320.8249 Mobile Home Installers License:

Any person who engages in mobile home installation shall obtain a mobile home installer's license from the Bureau of Mobile Home and Recreational Vehicle Construction of the Department of Highway Safety and Motor Vehicles pursuant to this section. Said license shall be renewed annually, and each licensee shall pay a fee of \$150.

I, Jerry Corbett, license number IH 1025368
Please Print

do hereby state that the installation of the manufactured home for Marion Hughes
Clarence Doe at 695 SE. Main Marion Lane High Springs,
will be done under my supervision. FL 32643
Applicant
911 Address

Jerry Corbett
Signature



Sworn to and subscribed before me this 2nd day of October, 2011.

Notary Public: [Signature]
Signature

My Commission Expires: _____
Date

AFFIDAVIT

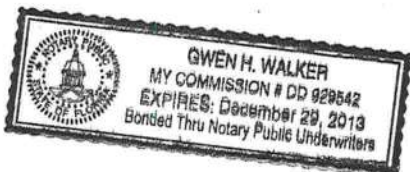
I certify that the following described mobile home being placed on the referenced parcel is not a Wind Zone 1 mobile home.

Customer's Name: Marion Hughes & Glorance Hope
Property ID: Sec: 10 Twp: 7S Rge: 17 Tax Parcel No: 09969-011
Lot: 1 Block: _____ Subdivision: Oak Ridge Forest
Mobile Home Year/Make: 1997 - Fleetwood Size: 16x76

Jerry Corbett
Signature of Mobile Home Installer

Sworn to and subscribed before me this 2nd day of October, 20 11
by Jerry Corbett

Notary's name printed/typed _____



Gwen H. Walker
Notary Public, State of Florida
Commission No. _____
Personally Known: X
Produced ID (type) _____

COLUMBIA COUNTY 9-1-1 ADDRESSING

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

Addressing Maintenance

To maintain the Countywide Addressing Policy you must make application for a 9-1-1 Address at the time you apply for a building permit. The established standards for assigning and posting numbers to all principal buildings, dwellings, businesses and industries are contained in Columbia County Ordinance 2001-9. The addressing system is to enable Emergency Service Agencies to locate you in an emergency, and to assist the United States Postal Service and the public in the timely and efficient provision of services to residents and businesses of Columbia County.

DATE REQUESTED: 8/23/2011 DATE ISSUED: 8/25/2011

ENHANCED 9-1-1 ADDRESS:

695 SE MAID MARION LN

HIGH SPRINGS FL 32643

PROPERTY APPRAISER PARCEL NUMBER:

10-7S-17-09969-011

Remarks:

ADDRESS FOR PROPOSED NEW STURCTURE ON PARCEL.

Address Issued By:


Columbia County 9-1-1 Addressing / GIS Department

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

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1110-19

CONTRACTOR

Terry Corbett

PHONE

386.362 4918

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.

<input checked="" type="checkbox"/> ELECTRICAL	Print Name <u>Marron Hughes (Hammans)</u>	Signature _____	Phone #: _____
<input checked="" type="checkbox"/> MECHANICAL/ A/C <u>701</u>	Print Name <u>Robert Grant</u>	Signature <u>[Signature]</u>	Phone #: <u>800-800-5700</u>
<input checked="" type="checkbox"/> PLUMBING/ GAS	Print Name <u>Marron Hughes (Hammans)</u>	Signature _____	Phone #: _____

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 Form: Subcontractor form: 1/11

QUIT CLAIM DEED

RAMCO FORM 8

Return to: (enclose self-addressed stamped envelope)

Name: **NANCY J. HUGHES**
Address: **208 SE OAK RIDGE COURT**
HIGH SPRINGS FL 32643

This Instrument Prepared by:

Name:

Address:

Property Appraisers Parcel Identification

Folio Number(s):

Grantee[s] S.S. # (s)

Inst 200812023278 Date 12/31/2008 Time 8:06 AM
Doc Stamp-Deed:280.00
DC, P. DeWitt Cason, Columbia County Page 1 of 1 B.1164 P.2090

SPACE ABOVE THIS LINE FOR PROCESSING DATA

SPACE ABOVE THIS LINE FOR RECORDING DATA

This Quit Claim Deed, Executed the 26th day of DECEMBER 2008, by
MURIEL AND MARIA ISLER
first party, to NANCY JOSEPHINE HUGHES
whose post office address is P.O. BOX 811 HIGH SPRINGS FL 32655-0811
second party.

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

Witnesseth, That the first party, for and in consideration of the sum of \$ 40,000.00,
in hand paid by the said second party, the receipt whereof is hereby acknowledged, does hereby remise, release,
and quit claim unto the second party forever, all the right, title, interest, claim and demand which the said first
party has in and to the following described lot, piece or parcel of land, situate, lying and being in the County of
_____, State of _____, to-wit:

10-75-17 0700/0200 10.32 ACRES
LOTS 1 + 2 OAK RIDGE FOREST
S/D. ORB 502-111, 635-132

To Have and to Hold The same together with all and singular the appurtenances thereunto belonging
or in anywise appertaining, and all the estate, right, title, interest, lien, equity and claim whatsoever of the said
first party, either in law or equity to the only proper use, benefit and behoof of the said second party forever.

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

Signed, sealed and delivered in the presence of:

Witness Signature (as to first Grantor)
[Signature]
Printed Name Tammy B. Dew

Witness Signature (as to first Grantor)
[Signature]
Printed Name Adam M. Mulligan

Witness Signature (as to Co-Grantor, if any)
[Signature]
Printed Name Heather M. Mulligan

Witness Signature (as to Co-Grantor, if any)
[Signature]
Printed Name S. Williams

STATE OF Florida)
COUNTY OF Alachua)

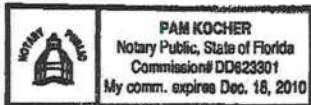
Grantor Signature [Signature] **L.S.**
Printed Name MURIEL ISLER
Post Office Address P.O. BOX 831 HIGH SPRINGS FL 32655

Co-Grantor Signature (if any) [Signature] **L.S.**
Printed Name MARIA ISLER
Post Office Address P.O. BOX 831 HIGH SPRINGS FL 32655

I hereby Certify that on this day, before me, an officer duly authorized
to administer oaths and take acknowledgments, personally appeared

known to me to be the person _____ described in and who executed the foregoing instrument, who acknowledged before me that
executed the same, and an oath was not taken. (Check one:) ☐ Said person(s) is/are personally known to me. ☒ Said person(s) provided the
following type of identification: Fla Driver Lic

NOTARY RUBBER STAMP SEAL



Witness my hand and official seal in the County and State last aforesaid
this 26th day of Dec 2008
Notary Signature [Signature]
Printed Name _____

Columbia County Property Appraiser

DB Last Updated: 6/22/2011

2010 Tax Year

Parcel: 10-7S-17-09969-011

<< Next Lower Parcel Next Higher Parcel >>

Tax Collector

Tax Estimator

Property Card

Parcel List Generator

Interactive GIS Map

Print

Owner & Property Info

<< Prev Search Result: 12 of 12

Owner's Name	HUGHES NANCY JOSEPHINE		
Mailing Address	P O BOX 811 HIGH SPRINGS, FL 32655-0811		
Site Address	208 SE OAK RIDGE CT		
Use Desc. (code)	MOBILE HOM (000200)		
Tax District	3 (County)	Neighborhood	10717
Land Area	10.320 ACRES	Market Area	02
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction. LOTS 1 & 2 OAK RIDGE FOREST S/D. ORB 502-111, 635-132. QC 1164-2090		



Property & Assessment Values

2010 Certified Values		
Mkt Land Value	cnt: (0)	\$39,522.00
Ag Land Value	cnt: (2)	\$0.00
Building Value	cnt: (1)	\$27,921.00
XFOB Value	cnt: (2)	\$1,500.00
Total Appraised Value		\$68,943.00
Just Value		\$68,943.00
Class Value		\$0.00
Assessed Value		\$32,820.00
Exempt Value	(code: HX WX)	\$25,500.00
Total Taxable Value	Cnty: \$7,320 Other: \$7,320 Schl: \$7,320	

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
12/26/2008	1164/2090	QC	V	U	01	\$40,000.00
9/8/1987	635/132	WD	V	U		\$7,500.00
10/1/1986	607/235	WD	V	Q		\$14,000.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	SFR MANUF (000200)	2007	(31)	1080	1080	\$27,345.00
Note: All S.F. calculations are based on exterior building dimensions.						

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0040	BARN,POLE	2004	\$1,000.00	0000001.000	0 x 0 x 0	(000.00)
0285	SALVAGE	2004	\$500.00	0000001.000	0 x 0 x 0	(000.00)

Land Breakdown

CODE ENFORCEMENT DEPARTMENT
COLUMBIA COUNTY, FLORIDA
OUT OF COUNTY MOBILE HOME INSPECTION REPORT

NO
APL 4th

COUNTY THE MOBILE HOME IS BEING MOVED FROM S. WOODS
OWNERS NAME Martin Hughes / Clarence Hope PHONE 352-454-3411 CELL 352-218-7954
INSTALLER Terry Corbett PH 352-362-4946 CELL 352-590-6470
INSTALLER'S ADDRESS 10314 US Hwy 90E, Inc Oak, FL 32060

MOBILE HOME INFORMATION

MAKE Fleetwood YEAR 1997 SIZE 16 x 76
COLOR white SERIAL NO. GA-2T07A37961-Bm21
WIND ZONE II SMOKE DETECTOR _____
INTERIOR:
FLOORS plywood - good
DOORS new / good
WALLS pointed thru-out - good
CABINETS white / good
ELECTRICAL (FIXTURES/OUTLETS) new / good
EXTERIOR:
WALLS / SIDING Lap vinyl siding - good
WINDOWS good all screens
DOORS good new
INSTALLER: APPROVED [initials] NOT APPROVED _____
INSTALLER OR INSPECTOR'S PRINTED NAME Terry Corbett
Installer/Inspector Signature: [Signature] License No. IH-10253168 Date 9/30/11
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.

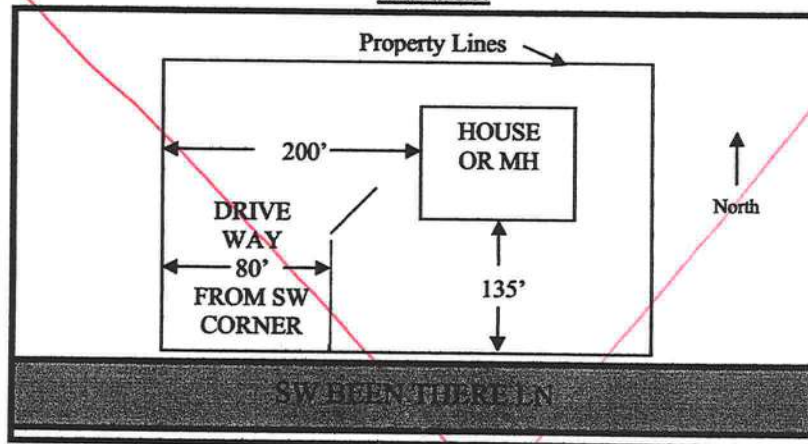
BEFORE THE MOBILE HOME CAN BE MOVED INTO COLUMBIA COUNTY THIS FORM MUST BE COMPLETED AND RETURNED TO THE COLUMBIA COUNTY BUILDING DEPARTMENT.

ONCE MOVED INTO COLUMBIA COUNTY AN INSPECTOR MUST COMPLETE A PRELIMINARY INSPECTION ON THE MOBILE HOME. CALL 386-789-1886 TO SET UP THIS INSPECTION. NO PERMIT WILL BE ISSUED BEFORE THIS IS DONE.

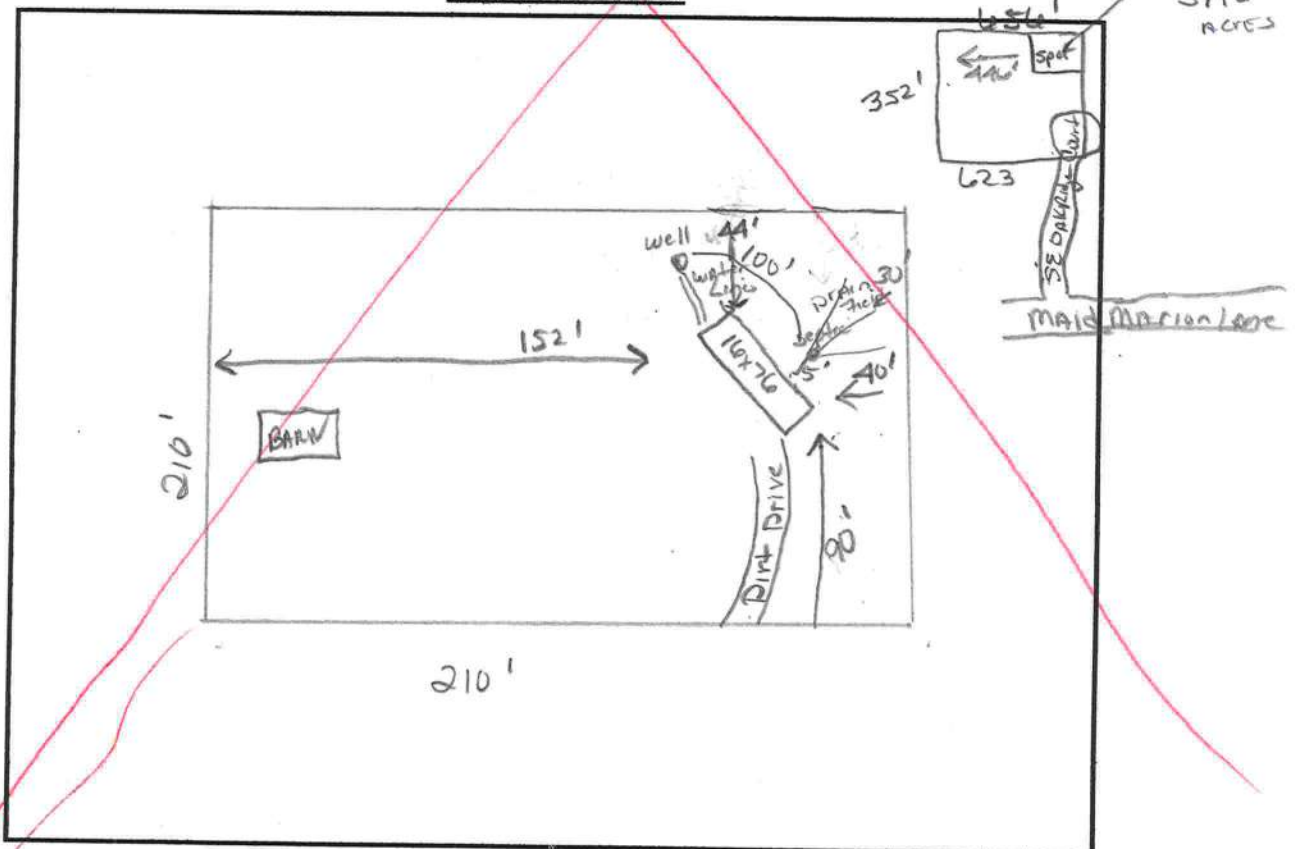
Code Enforcement Approval Signature: [Signature] Date: 10-3-11

1. A PLAT, PLAN, OR DRAWING SHOWING THE PROPERTY LINES OF THE PARCEL.
2. LOCATION OF PLANNED RESIDENT OR BUSINESS STRUCTURE ON THE PROPERTY WITH DISTANCES FROM AT LEAST TWO OF THE PROPERTY LINES TO THE STRUCTURE (SEE SAMPLE BELOW).
3. LOCATION OF THE ACCESS POINT (DRIVEWAY, ETC.) ON THE ROADWAY FROM WHICH LOCATION IS TO BE ADDRESSED WITH A DISTANCE FROM A PARALLEL PROPERTY LINE AND OR PROPERTY CORNER (SEE SAMPLE BELOW).
4. TRAVEL OF THE DRIVEWAY FROM THE ACCESS POINT TO THE STRUCTURE (SEE SAMPLE BELOW).

SAMPLE:



SITE PLAN BOX:



AFFIDAVIT

**STATE OF FLORIDA
COUNTY OF COLUMBIA**

This is to certify that I, (We) Nancy J. Hughes
owner of the below described property:

Tax Parcel No. 10-75-17-09969-011

Subdivision (name, lot, block, phase) Oak Ridge Forest Lot 1:2

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

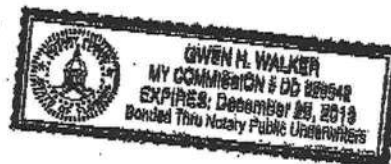
I (We) understand that this could result in an assessment for solid waste and fire
protection services levied on this property.

Nancy J. Hughes
Owner

Owner

SWORN AND SUBSCRIBED before me this 18th day of October
2011. This (these) person(s) are personally known to me or produced
ID personally known

Gwen H. Walker
Notary Signature



STATE OF FLORIDA
DEPARTMENT OF HEALTH

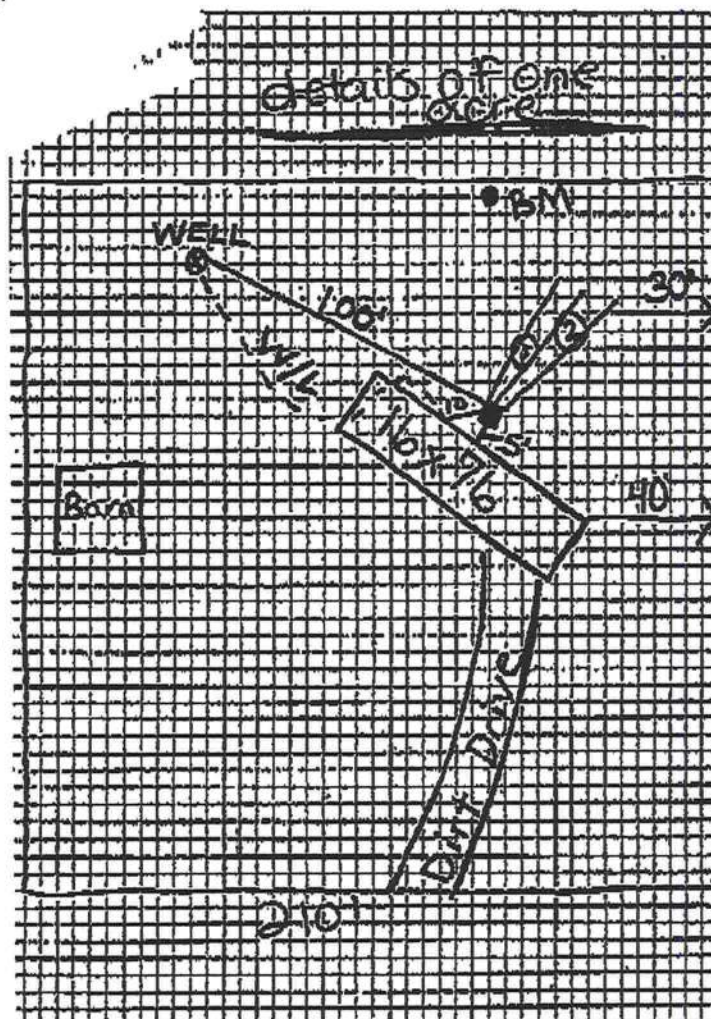
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number

11-0408

PART II - SITE PLAN

Scale: Each block represents 5 feet and 1 inch = 50 feet.



Building App # 11-1019

Fowler / Hughes

Notes: JDB &

~~RECEIVED~~ (RS)

695 SE Maid Marion Lane

High Springs, Florida 32643

Site Plan submitted by:

RC Ford

Signature

master

Plan Approved

Not Approved

Date 9/30/11

By

Salli Lord, Env Health Director, Columbia

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DATE 10/24/2011

Columbia County Building Permit

PERMIT

This Permit Must Be Prominently Posted on Premises During Construction

000029740

APPLICANT GWEN WALKER PHONE 386-362-4948
ADDRESS 10314 US HWY 90 EAST LIVE OAK FL 32060
OWNER NANCY HUGHES PHONE 386-454-3701
ADDRESS 695 SE MAID MARION LN HIGH SPRINGS FL 32643
CONTRACTOR JERRY CORBETT PHONE 386-590-0470
LOCATION OF PROPERTY 441 SOUTH, L MAID MARION LN, IT IS THE 2ND DRIVE ON THE
LEFT PAST THE 1ST PAVED ROAD (SEE BLUE BOARD FENCE THEN GATE)
TYPE DEVELOPMENT MH, UTILTIY 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 Requirments: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00
NO. EX.D.U. 0 FLOOD ZONE X DEVELOPMENT PERMIT NO.

PARCEL ID 10-7S-17-09969-011 SUBDIVISION OAK RIDGE FOREST
LOT 1 BLOCK PHASE UNIT TOTAL ACRES 5.00

IH1025368

Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor
EXISTING 11-0408 BK TC N
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: FLOOR ONE FOOT ABOVE THE ROAD

MH GOING ONLOT 1, EXISTING MH ON LOT 2, MEETS DENSITY REQUIREMENTS

Check # or Cash 4805

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 \$ 77.00 WASTE FEE \$ 201.00
FLOOD DEVELOPMENT FEE \$ FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$ TOTAL FEE 603.00

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.