This Pern	Dia County nit Expires One Ye	ar From the Date	of Issue	PERMIT 000023195
APPLICANT DON TODD	<u> </u>	PHONE	963.3433	FI 20004
ADDRESS 13021 39TH PLACE		WELLBORN	062.2422	FL 32094
OWNER DONALD TODD	IN THE	PHONE	963.3433	FI 22020
ADDRESS 344 SW MONTANA ST	REET	FT. WHITE	206.062.2422	FL 32038
CONTRACTOR DONALD TODD	10 ag mp 00 mo 1 pu	PHONE		
The state of the s	IS 27,TR GO TO 3 RIV A PARKWAY,TR 4TH			
TYPE DEVELOPMENT M/H & UTILITY		TIMATED COST OF C		.00
HEATED FLOOR AREA	TOTAL ARE			.00 STORIES
			P <u>=</u>	
	LSR	OOF PITCH	FL	OOR
LAND USE & ZONING A-3		MA	X. HEIGHT	
Minimum Set Back Requirments: STREET-	FRONT 30.00	REAR	25.00	SIDE 25.00
NO. EX.D.U. 0 FLOOD ZONE	<u>x</u>	DEVELOPMENT PER	RMIT NO.	
PARCEL ID 25-6S-15-01233-000	SUBDIVISIO	N 3 RIVERS ESTA	TES	
LOT 121 BLOCK PHASE	UNIT 1	9 TO	ΓAL ACRES 1.	00
			9	=00
	IH0000316	fon	1) (000
	ontractor's License Num BLK	/	Applicant/Owner/ HD	
EXISTING 05-0434-E Driveway Connection Septic Tank Number	-		proved for Issuance	New Resident
100	LO & Zonin	g checked by Ap	oproved for issuance	e New Resident
COMMENTS: 1 FOOT ABOVE ROAD	2111			
PRE-M/H OKAYED PER DOUG. VIA PHONE O	CALL.			CARLA DECID
			Check # or Ca	ash CASH REC'D.
FOR BU Temporary Power	ILDING & ZONIN Foundation	G DEPARTMENT		(footer/Slab)
date/app. by		date/app. by	Monolithic	date/app. by
Under slab rough-in plumbing	Slab		Sheathing/	Nailing
date/app	o. by	date/app. by		date/app. by
Framing date/app. by	Rough-in plumbing abo	ove slab and below woo	od floor	
Electrical rough-in				date/app. by
date/app. by	Heat & Air Duct	date/app. by	Peri. beam (Lintel	date/app. by
Permanent power	C.O. Final	частарр. бу	Culvert	date/app. by
date/app. by	da	ate/app. by		date/app. by
M/H tie downs, blocking, electricity and plumbing	date/app.	by	Pool	
Reconnection	Pump pole	Utility Po	ole	date/app. by
date/app. by M/H Pole Tray	date/a	app. by	date/app. by Re-roof	
date/app. by		te/app. by	Ke-1001	date/app. by
BUILDING PERMIT FEE \$.00	CERTIFICATION FEE	s .00	SURCHARGE	FEE \$.00
The Material Part of the Control of	CERT. FEE \$ 50.00	-		E FEE \$ 49.00
			and the second second	1
FLOOD ZONE DEVELOPMENT FEE'S	CULVERT FE		TOTAL FEE	321.68
INSPECTORS OFFICE		CLERKS OFFICE	CN	
NOTICE: IN ADDITION TO THE REQUIREMENTS OF PROPERTY THAT MAY BE FOUND IN THE PUBLIC PROMOTHER COVERNMENTAL ENTITIES SHOWN	OF THIS PERMIT, THERE I	MAY BE ADDITIONAL R JNTY, AND THERE MAY	ESTRICTIONS APPL	ICABLE TO THIS ERMITS REQUIRED
FROM OTHER GOVERNMENTAL ENTITIES SUCH	AS WATER MANAGEMEN	NT DISTRICTS, STATE A	GENCIES, OR FEDER	RAL 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."

This Permit Must Be Prominently Posted on Premises During Construction

PLEASE NOTIFY THE COLUMBIA COUNTY BUILDING DEPARTMENT AT LEAST 24 HOURS IN ADVANCE OF EACH INSPECTION, IN ORDER THAT IT MAY BE MADE WITHOUT DELAY OR INCONVIENCE, PHONE 758-1008. THIS PERMIT IS NOT VALID UNLESS THE WORK AUTHORIZED BY IT IS COMMENCED WITHIN 6 MONTHS AFTER ISSUANCE.

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION For Office Use Only Zoning Official Building Official HD 0505-53 _ Date Received 5/12/05 Permit # 23/95 ___ Development Permit______Zoning______Land Use Plan Map Category_ Comments FEMA Map #_____ Elevation _____ Finished Floor ____ River □ Well letter provided □ Existing Well Revised 9-23-04 00-00-00 Property ID # 0/233 - 000 Must have a copy of the property deed New Mobile Home **Used Mobile Home** Subdivision Information LOT 121 THREE RIVERS Applicant s Name of Property Owner_ 911 Address 344 Circle the correct power company -FL Power & Light (Circle One) Suwannee Valley Electric Name of Owner of Mobile Home Address <u>130 21</u> Relationship to Property Owner _ Current Number of Dwellings on Property_____ Lot Size 100 Total Acreage Do you : Have an Existing Drive or need a <u>Culvert Permit</u> or a <u>Culvert Waiver Permit</u> **Driving Directions** Is this Mobile Home Replacing an Existing Mobile Home Name of Licensed Dealer/Installer 100d_Phone # 386-963 Installers Address 13021 BATHARD Wellborn License Number THO000316 Installation Decal #_

	21 St	Typical pier spacing lateral Show locations of Longitudinal and Lateral Systems Show locations of Longitudinal a	These worksheets must be completed and signed by the installer. Submit the originals with the packet. Installer JON TOJJ License # THOOD 316 Home 911 Address where 3445MMMMTANAST home is being installed FRT WAITE \$1, 52028 Manufacturer CRAM WAITE \$1, 52028 Manufacturer CRAM WAITE \$1 blocking plan 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 Triple/C
Opening Pier pad size 4 ft 5 ft FRAME TIES within 2' of end of home spaced at 5' 4" oc Longitudinal Stabilizing Device (LSD) Manufacturer Stabilizing Device W/ Lateral Arms Marriage wall Shearwall	Perimeter pier pad size	able	New Home

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.	Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between mult-wide units. Pg. Plumbing	Electrical	Installer Name DONALA TOBA Date Tested $H-10-05$	reading is 275 or less and where the mobile home manufacturer may requires anchors with 4000 lb holding capacity. Installer's initials	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	The results of the torque probe test is $3 > 5$ 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.	TOPOLIC BROBE TEST	×2000 × 2000 × 2000	 Test the perimeter of the home at 6 locations. Take the reading at the depth of the footer. 	POCKET PENETROMETER TESTING METHOD	gastx gastx	The pocket penetrometer tests are rounded down to psf or check here to declare 1000 lb. soil without testing.	POCKET PENETROMETER TEST
manufacturer's installation instructions and or Rule 15C-1 & 2 Installer Signature from BH Date 4-//	Installer verifies all information given with this permit worksheet is accurate and true based on the	Other:	Skirting to be installed. Yes Oryer vent installed outside of skirting. Yes Range downflow vent installed outside of skirting. Yes Drain lines supported at 4 foot intervals. Yes Electrical components of the support of the suppo	The bottomboard will be repaired and/or taped. Yes Pg. Siding on units is installed to manufacturer's specifications. Yes Lireplace chimney installed so as not to allow intrusion of rain water. Yes	Weatherproofing	Type gasket Installed. Pg. Between Floors Yes Between Walls Yes Bottom of ridgebeam Yes	hastaller's initials	homes and that condensation, mold, meldew and buckled marriage walfs are a result of a poorty installed or no gasket being installed. I understand a strip of tape will not serve as a gasket.	"wide, ga roof and f sides of th	Floor: Type Fasterier: Length: Spacing: Walls: Type Fastener: Length: Spacing: Roof: Type Fastener: Length: Spacing:	/	Debris and organic material removed 1/25 Water drainage: Natural Swale Pad Other	Site Preparation

Date 4-11-05

LOT 121. THREE RIVERS ESTATES UNIT 19 COLUMBIA COUNTY FLORIDA LOT 18 200' x /00' 1001 -> -,89 170 121 804 30 1 BUNER SAFE 751 6 LOT 121 つ PARK WAY MONTANA

COLUMBIA COUNTY 9-1-1 ADDRESSING

263 NW Lake City Ave. * P. O. Box 1787 * Lake City, FL 32056-2949 PHONE: (386) 752-1125 * 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.

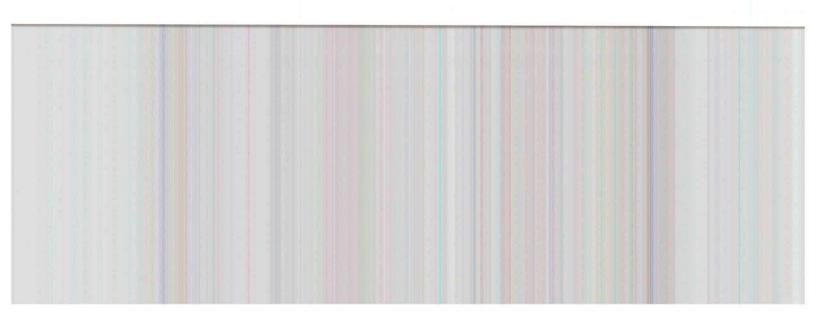
DATE ISSUED: Ms	ıv 11, 2005
ENHANCED 9-1-1 A	DDRESS:
344 SW MONTA	ANA ST (FORT WHITE, FL 32038)
Addressed Location	911 Phone Number: NOT AVAIL.
OCCUPANT NAME	: NOT AVAIL.
OCCUPANT CURR	ENT MAILING ADDRESS:
PROPERTY APPRA	ISER MAP SHEET NUMBER: 15
PROPERTY APPRA	ISER PARCEL NUMBER: 00-00-01233-000
Other Contact Phone	e Number (If any):
Building Permit Nun	aber (If known):
Remarks: LOT 121	UNIT 19 THREE RIVERS ESTATES, S/D
Recognized the contract of the	
Address Issued By:	END.
Address Issued By	Columbia County 9-1-1 Addressing Department
	Columbia County 9-1-1 Addressing Department COLUMBIA COUNT COLUMBIA COUNT 9-1-1 ADDRESSIN

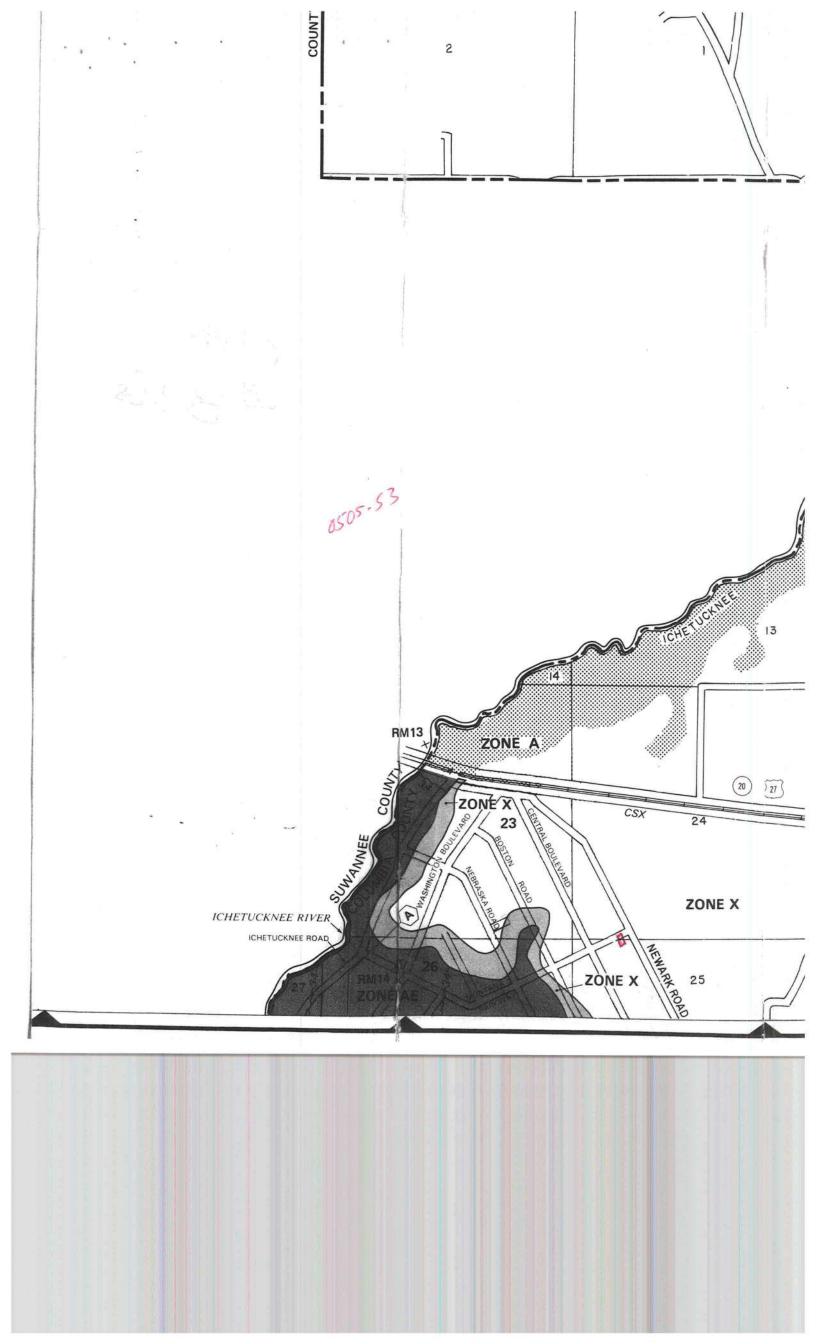


STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 65-0434E PART II - SITE PLAN----Scale: Each block represents 5 feet and 1 inch = 50 feet. Montanes Parkewas Notes: Site Plan submitted by:_ Plan Approved Not Approved 1. EST-WOLVINBIH _ County Health Department ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT DH 4015, 10/98 (Replaces HRS-H Form 4016 which may be used) (Stock Humber: 5744-002-4015-0) Page 2 of 3





DEPARTMENT OF CODE ENFORCEMENT COLUMBIA COUNTY, FLORIDA

PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 5/23/05 BY JW
IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED VICE
OWNERS NAME 104 Jodd PHONE 24-3433 CELL 330.4178
911 ADDRESS 9 344 SW MONTHING ST. 37 1/4 ds 41 3705 8
MOBILE HOME PARK SUBDIVISION 3 RIVELS EST.
DRIVING DIRECTIONS TO MOBILE HOME 47-5 TO US LOT 121 UNT 19
27 BEFREE Bridge TL The war 1 Th
CONTRACTOR IS 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
CONTRACTOR JON JON L PHONE CELL 330 4178
MOBILE HOME INFORMATION
MAKE-THEFTWOOD YEAR SIZE 12 X 10
COLOR GRAY SERIAL NO. GD LCFL 1781 49 25
WIND ZONE SMOKE DETECTOR JES
INTERIOR: FLOORS
DOORS_
WALLS
CABINETS /
ELECTRICAL (FIXTURES/OUTLETS) / outlets plugged with paint
EXTERIOR: WALLS/SIDDING
WINDOWS
DOORS
STATUS: APPROVED WITH CONDITIONS:
NOT APPROVED NEED REINSPECTION
INSPECTOR SIGNATURE Day NUMBER 306