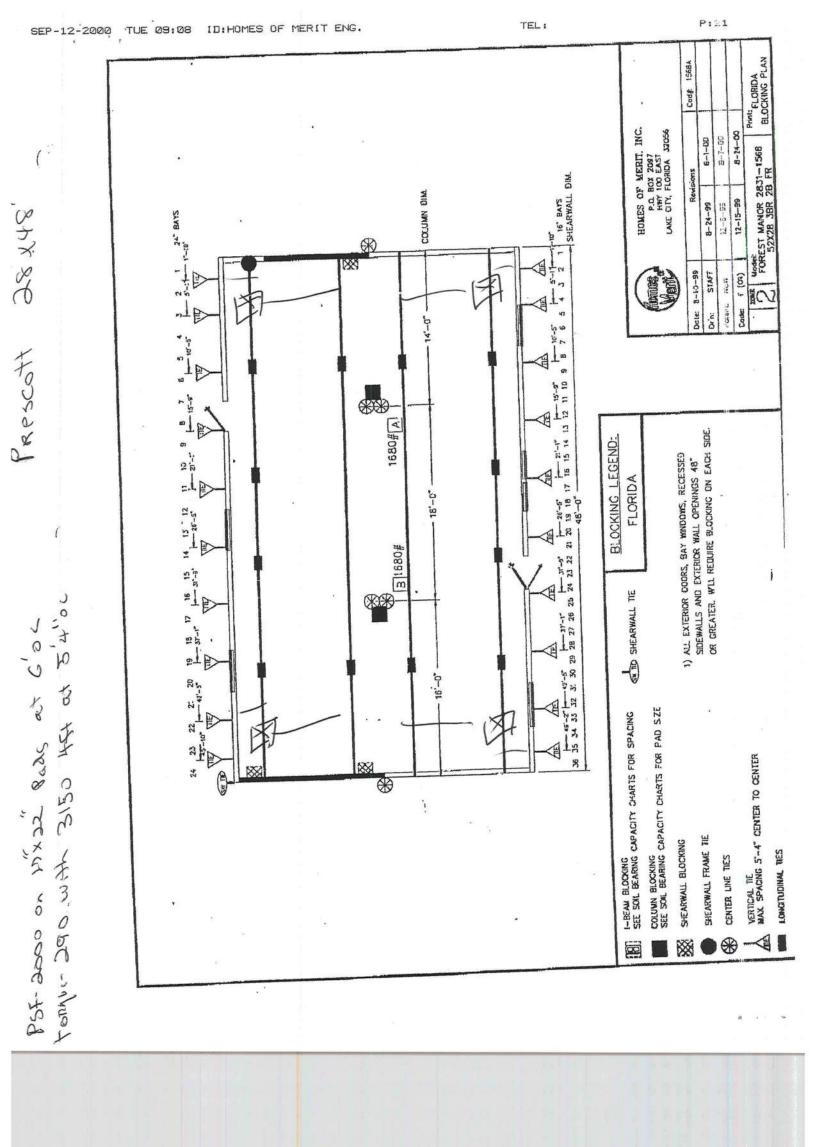
DATE 04/07/2004 Columbia Coul	nty Building Permit PERMIT			
This Permit Expires O APPLICANT DALE BURD	ne Year From the Date of Issue 000021710			
ADDRESS PO BOX 39	PHONE 497-3911  FORT WHITE FL 32038			
OWNER MARCIA KIRKLAND	PHONE 386-496-0656			
ADDRESS 573 SW ILLINIOS ST	FORT WHITE FL 32038			
CONTRACTOR TERRY THRIFT	PHONE 623-0115			
LOCATION OF PROPERTY 47 SOUTH, R 27, LEFT SY	W RIVERSIDE AVE, L SW UTAH, R SW			
NEWARK, L SW ILLINIO				
TYPE DEVELOPMENT MH,UTILITY	ESTIMATED COST OF CONSTRUCTION .00			
HEATED FLOOR AREA TOTA	L AREA HEIGHT00 STORIES			
FOUNDATION WALLS	ROOF PITCH FLOOR			
LAND USE & ZONING A-3	MAX. HEIGHT 35			
Minimum Set Back Requirments: STREET-FRONT	30.00 REAR 25.00 SIDE 25.00			
NO. EX.D.U. 1 FLOOD ZONE X	DEVELOPMENT PERMIT NO.			
PARCEL ID 25-6S-15-00519-105 SUBDI	VISION			
LOT 5 BLOCK PHASE UN	TOTAL ACRES 10.13			
000000264 Y IH0000036				
000000264 Y IH0000036  Culvert Permit No. Culvert Waiver Contractor's Licen.	se Number Applicant/Owner/Contractor			
04-0291-N BK				
Driveway Connection Septic Tank Number LU &	Zoning checked by Approved for Issuance New Resident			
COMMENTS: FLOOR 1 FOOT ABOVE THE ROAD				
STUP-MH-04-5 (APPROVED 3-9-04 BK)TEMPORARY 1 YEAR PERMIT, BRING A COPY				
STUP-MH-04-5 (APPROVED 3-9-04 BK)TEMPORARY 1 YEAR	PERMIT, BRING A COPY			
OF THE DEED WHEN IT IS RECORDED.	Check # or Cash 8831			
OF THE DEED WHEN IT IS RECORDED.				
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FOR BUILDING & Zon Temporary Power Foundation date/app. by  Under slab rough-in plumbing	Check # or Cash 8831  ONING DEPARTMENT ONLY  Monolithic  date/app. by  Slab  Sheathing/Nailing			
FOR BUILDING & Zon Temporary Power Foundation date/app. by  Under slab rough-in plumbing date/app. by	Check # or Cash 8831  ONING DEPARTMENT ONLY  Monolithic  date/app. by  Slab  Sheathing/Nailing  date/app. by  date/app. by			
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FOR BUILDING & Zon Foundation date/app. by  Under slab rough-in plumbing date/app. by  Framing Rough-in plumbing date/app. by  Electrical rough-in Heat & Air Du	Check # or Cash 8831  ONING DEPARTMENT ONLY  Monolithic  date/app. by  Slab  Sheathing/Nailing  date/app. by  oing above slab and below wood floor  date/app. by  Ct  Peri. beam (Lintel)			
FOR BUILDING & Zon Foundation date/app. by  Under slab rough-in plumbing date/app. by  Framing Rough-in plumbing	Check # or Cash 8831  ONING DEPARTMENT ONLY  Monolithic  date/app. by  Slab  Sheathing/Nailing  date/app. by  oing above slab and below wood floor  date/app. by  Ct  Peri. beam (Lintel)  date/app. by			
FOR BUILDING & Zon Foundation date/app. by  Under slab rough-in plumbing date/app. by  Framing Rough-in plumbing date/app. by  Electrical rough-in Heat & Air Du	Check # or Cash 8831  ONING DEPARTMENT ONLY  Monolithic  date/app. by  Slab  Sheathing/Nailing  date/app. by  oing above slab and below wood floor  date/app. by  Ct  Peri. beam (Lintel)			
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FOR BUILDING & ZONING CERT. FEE \$	Check # or Cash  Check			
FOR BUILDING & ZONING CERT. FEE \$	Check # or Cash  Check			
FOR BUILDING & Zeron Bu	Check # or Cash    Sheathing/Nailing   date/app. by			

"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 3	57.,
For Office Use Only  AP# /404-0    Date Received 4/1/63 By Fermit # 264 / 217/6	£
Flood Zone X Development Permit N1A Zoning A-3 Land Use Plan Map Category A	- 3
Comments	
STUP-MH-04-5 (3-9-04) Approved by BUK	
Site Plan with Setbacks shown	
□ Need a Culvert Permit □ Need a Waiver Permit □ Well letter provided □ Existing Well	
Need a Culvert Fernit 12 Need a Walver Fernit 12 Well letter provided 12 Existing Well	
Property ID 25-6-15-00519-105 Must have a copy of the property	
New Mobile HomeYear	
Subdivision Information LOTS THERE RUNES	
Applicant DAK Burd or Rech Ford Phone # 497-2311	
Address PO Box 34, Fr White, FL, 32038	
Name of Property Owner MARCIA KIRK/AND Phone# 386-496-663	6
911 Address 573 SW ILLINIOS ST, FTWhitz, FL, 3208	
Name of Owner of Mobile Home HALLIRTT PRESCOTT Phone # 386-496-86	36
Address SAME	
Relationship to Property Owner	
$\alpha$ $11$ $1$	
Lot Size_331 × 1328 Total Acreage10.13	
Explain the current driveway CUVER WAIVER	
Driving Directions 47 South, Row 27, Lest ON SW	
RUKRESTOR AVE / 3 RIVERS ENT), LEST ON SW UTAH, RT ON	
	_
SWNEWALK, LETTON SW JALINIOS, 5 1-LOTON LESS	
Is this Mobile Home Replacing an Existing Mobile Home	
Name of Licensed Dealer/Installer Trapy L. That Phone #386 - 625-0	115
Installers Address 448 NW NYE HUNTER PHONE # 380 - 675 OF	, ,
License Number <u>TH-000036</u> Installation Decal # <u>218800</u>	



L PINIAIL AND CO.

or check here to declare 1000 lb. soil

x 2000

X DESCRIPTION OF THE PROPERTY OF THE PROPERTY

100

1. Test the perimeter of the home at 6 locations.

Take the reading at the depth of the footer

Using 500 lb. increments, take the lowest

reading and round down to that increment

POCKET PENETROMETER TESTING METHOD

The pocket penetrometer tests are rounded down to

POCKET PENETROMETER TEST

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.\_\_\_\_\_

Installer Signature

source. This includes the bonding wire between mult-wide units. Pg.

Plumbing

Connect electrical conductors between multi-wide units, but not to the main power

Installer verifies all information given with this permit worksheet

manufacturer's installation instructions and or Rule 15C-1 & 2

Date 3-30-04

is accurate and true based on the

Electrical

Date Tested

Installer Name

0885

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002

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

requires anchors with 4000 h holding capacity instal

Installer's initials

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 required at all centerline tie points where the torque test anchors are allowed at the sidewall locations. I understand 5 ft

reading is 275 or less and where the mobile home manufacturer may

The results of the torque probe test is 296 here if you are declaring 5' anchors without testing

2005 X POOU

**TORQUE PROBE TEST** 

inch pounds or check A test

0000 X

SPE

Address of home being installed HAD 145 PL 32438  Manufacturer Next. Length x width Lex X 32438  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 if home is a triple or quad wide sketch in remainder of home if home is a triple or quad wide sketch in remainder of home if home is a triple or quad wide sketch in remainder of home (new or used)  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 if home is a triple or quad wide sketch in remainder of home is a triple or quad wide sketch in remainder of home is a triple or quad wide sketch in remainder of home is a triple or quad wide sketch in remainder of home is a triple or quad wide sketch in remainder of home is a triple or quad wide sketch in remainder of home is a triple or quad wide sketch in remainder of home is a triple or quad wide sketch in remainder of home is a triple or quad wide sketch in remainder of home is a triple or quad wide sketch in remainder of home is a triple or quad wide sketch in remainder of home is a triple or quad wide sketch in remainder of home is a triple or quad wide sketch in remainder of home in the sketch in remainder of home in the sketch in remainder of home is a triple or quad wide sketch in remainder of home in the sketch in remainder of home in t
Home installed to the Manufacturer's Installation Manual Home is installed in accordance with Rule 15-C Single wide    Vind Zone II   Wind Zone III   Double wide   Installation Decal #   Double wide   Installation Decal   Installation Decal #   Double wide   Installation Decal   Inst

## RON E. BIAS WELL DRILLING

RT.2 BOX 5340 FT. WHITE, FLORIDA 32038 (904) 497-1045 MOBILE: 364-9233

TO: Columbia County Building Department	
Description of well to be installed for Customer: MARCIN KIRLAND  Located at Address: 573 SW FLUNIOS ST, FT White, FL, 32030	

1 hp -1 %" drop over 86 gallon tank, 250 gallon equivalent captive with back flow preventer. 35-gallon draw down with check valve pass requirements.

Ron Bias



http://columbia.floridapa.com/dualXeon\_tmp/COLUMBIA10807480513552.gif

## **MOBILE HOME INSTALLER AFFIDAVIT**

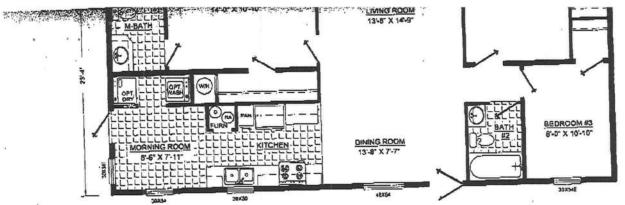
As per Florida Statutes Section 320.8249 Mobile Home Installers License:

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.

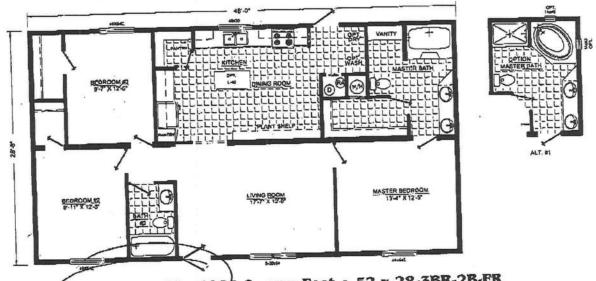
I, Terry L. Thrity license number IH 0000036 do
herby state that the installation of the manufactured home for (applicant)
Debetwed on bock Ford at (911 address) 573 SW ILLINIOS will
be done under my supervision.
signature Signature
Sworn to and subscribed before me this 30 day of MARCH, 2001.
Notary Public: Kellie Williams  Kellie Williams  MYCOMMISSION # DDI7/1553 EXPIRES
My Commission Expires: Rb 4, 2007

## LIMITED POWER OF ATTORNEY

I, lerry 2 theit License # TH-00003 authorize
DAIR Burd or Rocky Fond
be my representative and act on my behalf in all aspects of applying for a MOBILI
HOME PEMIT to be placed on my property described as:
SEC 25TWP 6 RGE 15 Parcel ID No. 00579-105 in
Columbia County, Florida.
Jenn Lathart
Signature)
3-30-04
(Date)
Sworn and subscribed before me this 30 day of Masch, 2003. 4
Kellu Williams  Notary Public
My Commission Expires: Feb 4, 2007 Commission Number: D0/70553  Kellie Williams My Commission # D0/70553 EXPIRES February 4, 2007 Bonded THRU TROY FAM INSURANCE INC.
Personally Known: Produced ID (Type):



2446-1639 1120 Square Feet • 52 x 24-3BR-2B-FR



2831-1568 1280 Square Feet • 52 x 28-3BR-2B-FR

Queset F/P

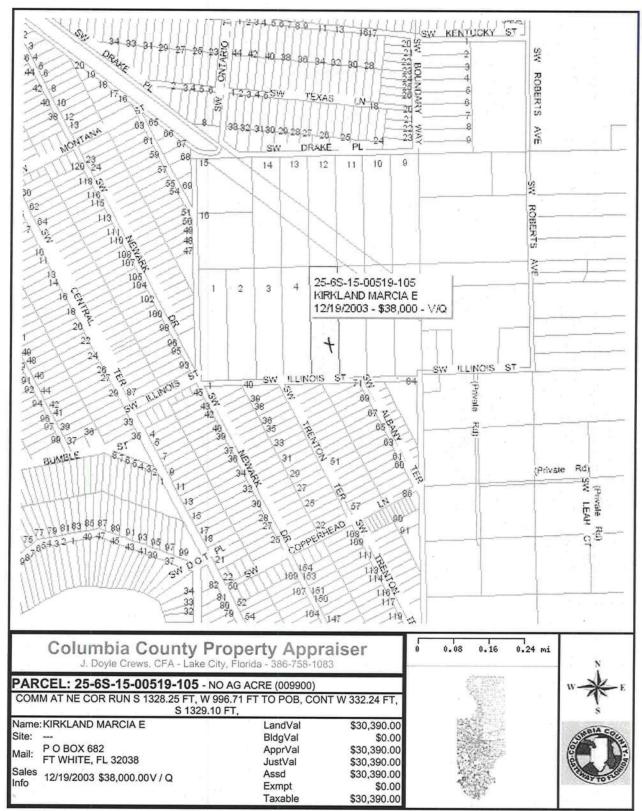


## STATE OF FLURIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 64-0291 N

ale: Each block represents 5 feet and 1 inch	(		9. x 96 (0
	21	\$ 00 m	ova a a
one Jaes	e de se sire	# 50 6 6	Ay
	1 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Nois Ave	
wall To Septiz	90'		
SITE PLAN IS 1	of loacres	₽°*	
5//	х х		3
Site Plan submitted by: Marcia	E. Kinkla		Title
Plan Approved	Signature Not Approved	<i>a</i>	Date 3-19-5
By 2000 20		Columbia	County Health Depart
	BE APPROVED BY THE C	COUNTY HEALTH DEP	ARTMENT Page



This information, GIS Map Updated: 03/11/2004, 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.

http://appraiser.columbiacountyfla.com/GIS/Print\_Map.asp?pjbnlkplhgmeclpofffddhfacbdk... 4/7/2004