

This Permit Expires One Year From the Date of Issue

APPLICANT	KIMBERLEE A MCLEOD	PHONE	454-0540
ADDRESS	858 SW JACOB COURT	FT. WHITE	FL 32038
OWNER	KIMBERLEE MCLEOD	PHONE	454-0540
ADDRESS	858 SW JACOB COURT	FT. WHITE	FL 32038
CONTRACTOR	GAYLE EDDY	PHONE	352 494-2326
LOCATION OF PROPERTY	47S, TL ON 27, TR ON CR 138, TL ON JACOB COURT, .9 MILES 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	A-3	MAX. HEIGHT	
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	36-7S-16-04351-021	SUBDIVISION	
LOT	BLOCK	PHASE	UNIT
TOTAL ACRES			

		IH0000714	Kimberlee A McLeod
Culvert Permit No.	Culvert Waiver	Contractor's License Number	Applicant/Owner/Contractor
PRIVATE	07-358	BK	JH Y
Driveway Connection	Septic Tank Number	LU & Zoning checked by	Approved for Issuance New Resident

COMMENTS: ONE FOOT ABOVE THE ROAD

Check # or Cash1554

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	Rough-in plumbing above slab and below wood floor	
date/app. by		date/app. by
Electrical rough-in	Heat & Air Duct	Peri. beam (Lintel)
date/app. by	date/app. by	date/app. by
Permanent power	C.O. Final	Culvert
date/app. by	date/app. by	date/app. by
M/H tie downs, blocking, electricity and plumbing		Pool
	date/app. by	date/app. by
Reconnection	Pump pole	Utility Pole
date/app. by	date/app. by	date/app. by
M/H Pole	Travel Trailer	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 \$	200.00	ZONING CERT. FEE \$	50.00	FIRE FEE \$	53.95
WASTE FEE \$	83.75	FLOOD DEVELOPMENT FEE \$		FLOOD ZONE FEE \$	25.00
CULVERT FEE \$		TOTAL FEE		412.70	
INSPECTORS OFFICE	Gayle Eddy	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."

**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 INCONVENIENCE, PHONE 758-1008. THIS PERMIT IS NOT VALID UNLESS THE WORK AUTHORIZED BY IT IS COMMENCED WITHIN 6 MONTHS AFTER ISSUANCE.

The Issuance of this Permit Does Not Waive Compliance by Permittee with Deed Restrictions.

CR# 1554

# PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

**For Office Use Only** (Revised 9-22-06) Zoning Official gjs 5/4/07 Building Official OK JTH 5-1-07

AP# 0704-82 Date Received 4/30/07 By G Permit # 25819

Flood Zone X Development Permit \_\_\_\_\_ Zoning A-3 Land Use Plan Map Category A-3

Comments panel 270

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FEMA Map# \_\_\_\_\_ Elevation \_\_\_\_\_ Finished Floor \_\_\_\_\_ River \_\_\_\_\_ In Floodway \_\_\_\_\_

☒ Site Plan with Setbacks Shown ☒ EH Signed Site Plan ☐ EH Release ☐ Well letter ☐ Existing well

☐ Copy of Recorded Deed or Affidavit from land owner ☒ Letter of Authorization from installer

☐ State Road Access ☒ Parent Parcel # 36-75-16-04351-005 ☐ STUP-MH \_\_\_\_\_

Property ID # 36-75-16-04351-021 Subdivision \_\_\_\_\_

- New Mobile Home \_\_\_\_\_ Used Mobile Home X Year 1998
- Applicant Kimberlee A McLeod Phone # (386) 454-0540
- Address 858 SW Jacob CT Ft White, FL 32038
- Name of Property Owner Adam + Kim McLeod Phone# (386) 454-0540
- 911 Address 858 SW Jacob CT Ft White, FL 32038
- Circle the correct power company - FL Power & Light - Clay Electric  
(Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home Kim or Adam McLeod Phone # (386) 454-0540  
Address 858 SW Jacob CT Ft White, FL 32038
- Relationship to Property Owner \_\_\_\_\_
- Current Number of Dwellings on Property 1
- Lot Size \_\_\_\_\_ Total Acreage 10
- 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 (owe) 6+
- Driving Directions to the Property 47 S to 27 S turn L to CR 138 turn R go approx 1 1/10 to Jacob CT turn (L) go .9 mile on right

- Name of Licensed Dealer/Installer Gayle G. Eddy Phone # (352) 494-2326 (386) 496-3687
- Installers Address 7356 SW 126th Ave Lake Butler, FL 32054
- License Number IH0000714 Installation Decal # 284294

81/270

# PERMIT WORKSHEET

page 1 of 2

## PERMIT NUMBER

Installer

Goyle G. Eddy

License #

TH0000714

Address of home being installed

Manufacturer

Fort White, FL  
Electrowall

Length x width

64 X 26

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.

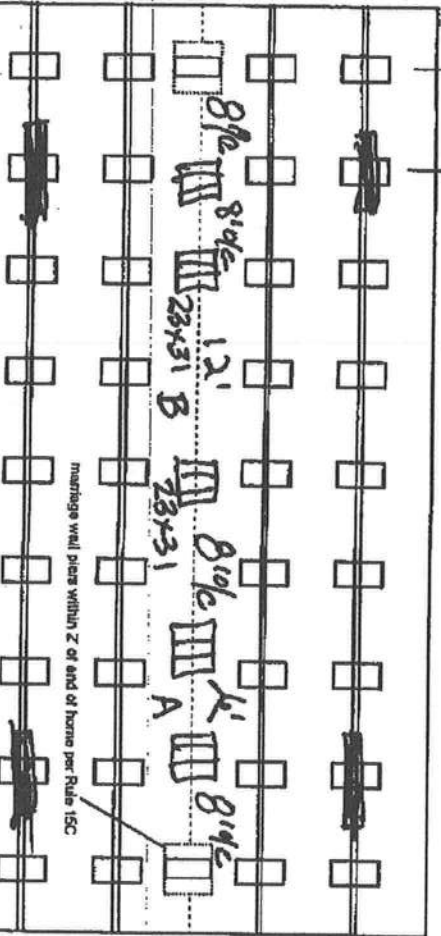
Installer's Initials

[Signature]

Typical pier spacing

lateral  
longitudinal

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



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 #

284294

Triple/Quad ☐

Serial #

GAFLV34A26695

## PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq ft)	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 17x22

Perimeter pier pad size

16x16 Doors

Other pier pad sizes (required by the mfg.)

23x31 Marriage

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

(11) A 17x22

(12) B 23x31

## ANCHORS

4 ft 5 ft

## FRAME TIES

## TIEDOWN COMPONENTS

## OTHER TIES

Number

Longitudinal Stabilizing Device (LSD)

Manufacturer Cliver Tech

Longitudinal Stabilizing Device w/ Lateral Arms

Manufacturer

Sidewall

Longitudinal

Marriage wall

Shearwall

2

# PERMIT WORKSHEET

page 2 of 2

PERMIT NUMBER

## POCKET PENETROMETER TEST

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

x 2000 x 2000 x 2500

## 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 2000 x 2000 x 2500

## TORQUE PROBE TEST

The results of the torque probe test is 300 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 sidewall locations. I understand 6 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.

Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Gayle G. Eddy

Date Tested

3/25/07

Electrical

nect electrical conductors between multi-wide units, but not to the main power rce. This includes the bonding wire between multi-wide units. Pg. 15a

Plumbing

nect all sewer drains to an existing sewer tap or septic tank. Pg. 15b

nect all potable water supply piping to an existing water meter, water tap, or other ependent water supply systems. Pg. 15c

## Site Preparation

Debris and organic material removed  
Water drainage: Natural Swale Pad Other

## Fastening multi wide units

Floor: Type Fastener: 100 Length: 6" Spacing: 24"  
Walls: Type Fastener: wood screw Length: 48 Spacing: 24"  
Roof: Type Fastener: 100 Length: 6" Spacing: 24"  
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

GE

Type gasket rolled foam

Pg. GE

Installed:

Between Floors Yes  
Between Walls Yes  
Bottom of ridgebeam Yes

## Weatherproofing

The bottomboard will be repaired and/or taped. Yes  
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  
Dryer vent installed outside of skirting. Yes  
Range downflow vent installed outside of skirting. Yes  
Drain lines supported at 4 foot intervals. Yes  
Electrical crossovers protected. Yes  
Other: Homeowner to do plumbing + skirting

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

Gayle G. Eddy

Date 3/25/07

Inst:2007004422 Date:02/22/2007 Time:15:18

Doc Stamp-Deed : 0.70

J. F. DC, P. DeWitt Cason, Columbia County B:1111 P:1934

Above Space Reserved for Recording

[If required by your jurisdiction, list above the name & address of: 1) where to return this form; 2) preparer; 3) party requesting recording.]

# Quitclaim Deed-Florida

Date of this Document: February 22, 2007

Reference Number of Any Related Documents: \_\_\_\_\_

Grantor:

Name	<u>John and Donna</u> <u>Frankenhauser</u>
Street Address	<u>1034 SW</u> <u>CR 138</u>
City/State/Zip	<u>Fort White, FL. 32038</u>

Grantee:

Name	<u>Kimberlee A. and</u> <u>Adam B.</u>
Street Address	<u>McLeod</u> <u>1451 Jacob Ct.</u>
City/State/Zip	<u>Fort White, FL. 32038</u>

Abbreviated Legal Description (i.e., lot, block, plat or section, township, range, quarter/quarter or unit, building and condo name):

10.07 A., Govt Lot 1, Sec 36, Township 7S, Range 16E  
NW 1/8 of Government Lot 1. Begin at the NW corner of Govt Lot 1 go East a distance of 660 ft and then go 665 ft South and then go 660 ft West and then North 665 ft to the point of beginning.

Assessor's Property Tax Parcel/Account Number(s): 36-7S-16-04351-005.

**THIS QUITCLAIM DEED**, made this 22<sup>nd</sup> day of February, 2007, by first party, Grantor, John E. and Donna K. Frankenhauser, whose post office address is 1034 SW CR 138 Fort White, FL. 32038, to second party, Grantee, Kimberlee A. and Adam B. McLeod, whose post office

address is 1451 Jacob Ct., Fort White, FL. 32038. \_\_\_\_\_ DC, P. DeWitt Cason, Columbia County B:1111 P:1935

**WITNESSETH:** That Grantor, for and in consideration of the sum of 10 Dollars (\$10.00) paid to Grantor by Grantee, the receipt whereof is hereby acknowledged, has remised, released and quitclaimed unto Grantee and Grantee's heirs and assigns forever, all the right, title, interest and claim which the said first party has in and to the following described parcel of land, and improvements and appurtenances thereto in the County of Columbia, State of Florida, to wit:

10.07 A. Govt. Lot 1, Sec. 36, Township 7S, Range 16 E. NW 1/8 of Govt. Lot 1 beginning at NW corner of Govt. Lot 1 go East a distance of 660 Feet, then go South a distance of 665 Feet, go West a distance of 660 Feet, then go North 665 Feet to the point of beginning.

And Grantor does hereby fully warrant the title to the said land, and shall defend the same against the lawful claims of all persons whomsoever.

**Appraiser's Parcel Identification Number:** 36-7S-16-04351-005

**Social Security Number of Grantee:** [REDACTED]

**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:

Signature of Witness:

Scott Burton

Print Name of Witness:

Scott Burton

Signature of Witness:

Deborah Means

Print Name of Witness:

Deborah Means

Signature of Grantor:

John E. Frankenhauer Donna K. Frankenhauer

Print Name of Grantor:

John E. FrankenhauerDonna K. Frankenhauer

Signature of Grantee:

Kimberlee A. McLeodAdam B. McLeod

Print Name of Grantee:

Kimberlee A. McLeodAdam B. McLeod

Signature of Preparer:

Print Name of Preparer:

Address of Preparer:

State of: FloridaCounty of: Alachua

On 2-22-07 before me, JANICE MURRAY notary, appeared the above personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature of Notary:

Janice MurrayAffiant: X Known \_\_\_\_\_ Produced ID \_\_\_\_\_

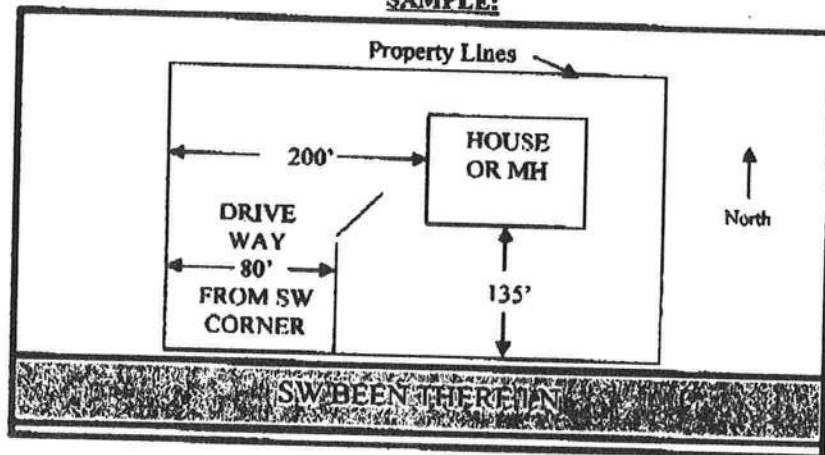
Type of ID: \_\_\_\_\_

(Seal)

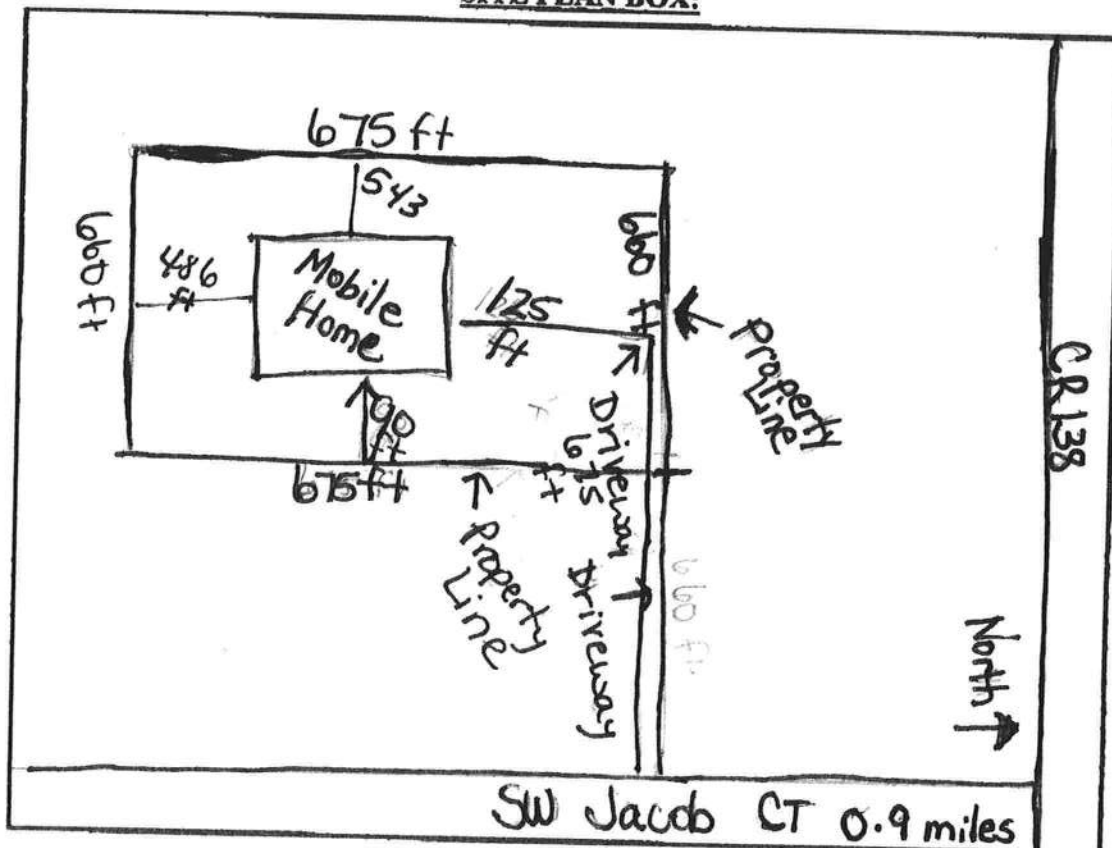


1. A PLAT, PLAN, OR DRAWING SHOWING THE PROPERTY LINES OF THE PARCEL.
2. LOCATION OF PLANNED RESIDENT OR BUSINESS STRUCTURE ON THE PROPERTY WITH DISTANCES FROM AT LEAST TWO OF THE PROPERTY LINES TO THE STRUCTURE (SEE SAMPLE BELOW).
3. LOCATION OF THE ACCESS POINT (DRIVEWAY, ETC.) ON THE ROADWAY FROM 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:



# LIMITED POWER OF ATTORNEY

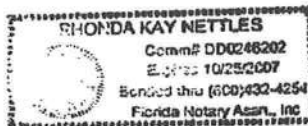
I Gayle Eddy DO HEREBY AUTHORIZE Kim McLeod

TO PULL MY PERMITS AND ACT ON MY BEHALF IN ALL ASPECTS OF  
APPLYING FOR A MOBILE HOME PERMIT.

Gayle Eddy  
SIGNATURE  
Feb 16, 07  
DATE

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 16 DAY OF Feb., 2007.

Rhonda Kay Nettles  
NOTARY PUBLIC



MY COMMISSION EXPIRES: \_\_\_\_\_  
COMMISSION NO. \_\_\_\_\_  
PERSONALLY KNOWN: \_\_\_\_\_  
PRODUCED ID. (TYPE): \_\_\_\_\_

**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, Gayle G. Eddy, license number IH 0000714  
Please Print

do hereby state that the installation of the manufactured home for

Kim McLeod at 858 SW Jacob Ct Ft White, FL  
Applicant  
811 Address

will be done under my supervision.

32038

Gayle G. Eddy  
Signature

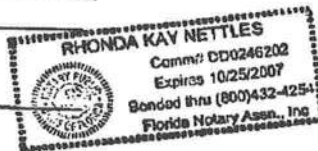
Sworn to and subscribed before me this 16 day of Feb  
2007

Notary Public:

Rhonda Kay Nettles  
Signature

My Commission Expires:

Date



## 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: 4/18/2007      DATE ISSUED: 4/24/2007

#### ENHANCED 9-1-1 ADDRESS:

858      SW      JACOB

CT

FORT WHITE      FL      32038

#### PROPERTY APPRAISER PARCEL NUMBER:

36-7S-16-04351-021

Remarks:

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.**

Approved Address

APR 24 2007

911Addressing/GIS Dept

Jan 05 06 09:59p

Gar: ROBERT McMILLAN  
(386) 454-PUMP (7867)  
(386) 462-PUMP (7867)

P. 4.

NORTH FLORIDA  
WATER SYSTEMS, INC.  
PUMP SALES AND SERVICE  
4" WELLS

11814 N.W. 202nd St., Alachua, Florida 32615

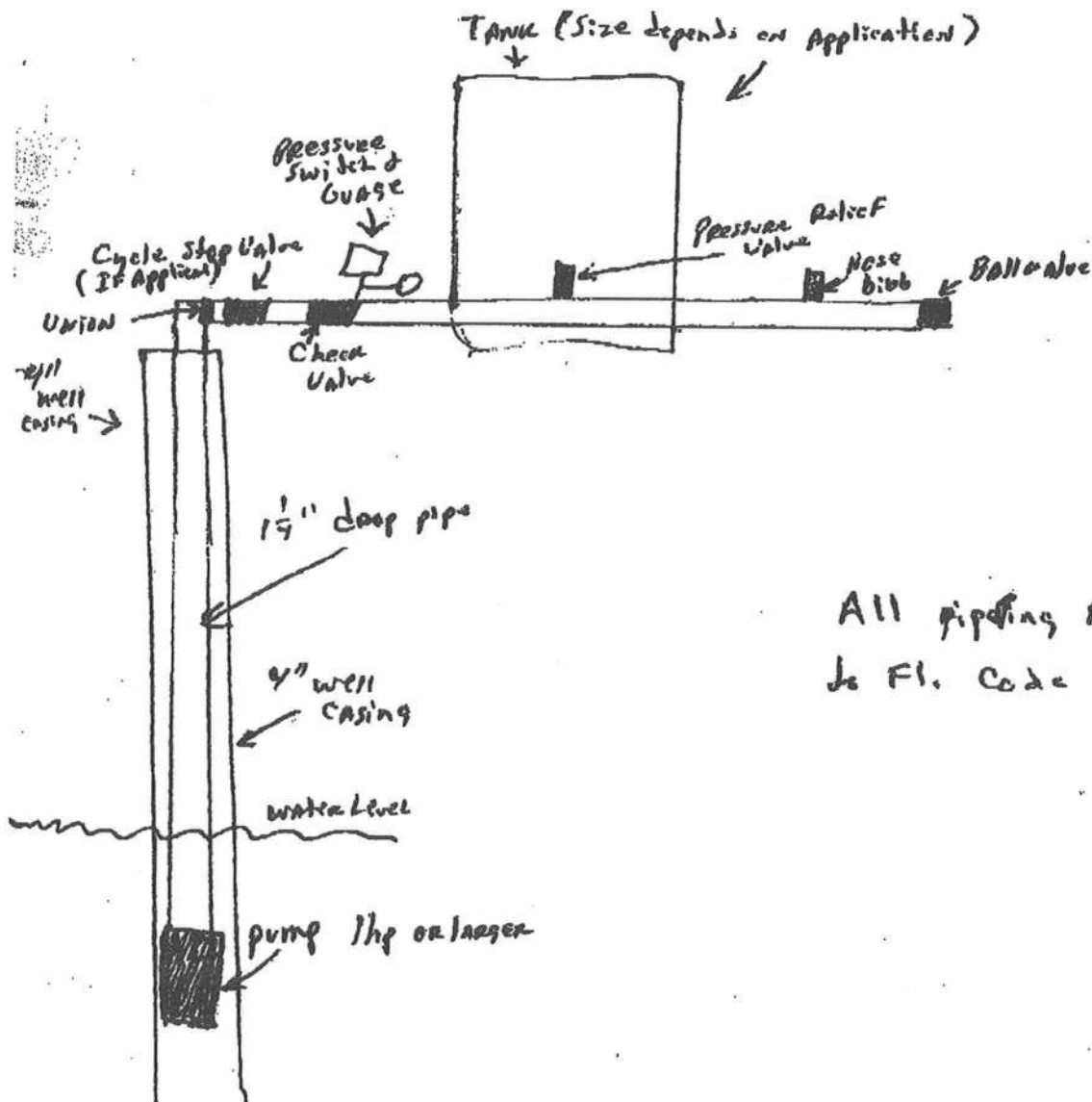
## Private Well Affidavit

Customer: Kim McLeodAddress: \_\_\_\_\_  
\_\_\_\_\_Size of Pump Motor: 1 hpSize of Pressure Tank: 60Cycle Stop Valve: ☒ Yes ☐ Or ☐ NoOther: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_x Robert C. McMillan  
Installer's Signature



**NORTH FLORIDA  
WATER SYSTEMS, INC.**  
11814 N.W. 202nd ST.  
ALACHUA, FLORIDA 32615

## Columbia County well diagram



All piping and wiring  
to Fl. Code

Drawn by Robert  
Mumilton

PH # 386 462-7867



NORTH FLORIDA  
WATER SYSTEMS, INC.  
11814 N.W. 202nd ST.  
ALACHUA, FLORIDA 32615

NORTH FLORIDA WATER SYSTEMS, INC. will install per Florida  
Building Code

4" well

1 hp pump or larger, tank, 1 1/2" sch 40 pvc drop pipe and  
all fittings

Robert C. Miller

PL # 386-462-7802

FAX # 386-418-0732

**PRELIMINARY MOBILE HOME INSPECTION REPORT**

CALL WITHIN 11:00 AM Appointment

DATE RECEIVED 4/30/07 BY GT IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? No  
 OWNERS NAME Kimberlee McLeod PHONE 454-0540 CELL 352 318-5993  
 ADDRESS 858 SW JACOB CT. Ft. White, FL 32038  
 MOBILE HOME PARK N/A SUBDIVISION N/A

DRIVING DIRECTIONS TO MOBILE HOME 475 TL 27, TR CR138, TL on  
Jacob Court, 1 1/4 on left

MOBILE HOME INSTALLER Gagley Eddy PHONE 352-494-2326 CELL \_\_\_\_\_

**MOBILE HOME INFORMATION**

MAKE Fleetwood YEAR 1998 SIZE 64 x 26 COLOR TAN  
 SERIAL No. GAFLV34A26695

WIND ZONE II Must be wind zone II or higher NO WIND ZONE I ALLOWED

**INTERIOR:**

**INSPECTION STANDARDS**

(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 REINSPECTION FOR FOLLOWING CONDITIONS \_\_\_\_\_

SIGNATURE [Signature] ID NUMBER 304 DATE 5-4-07



0704-82

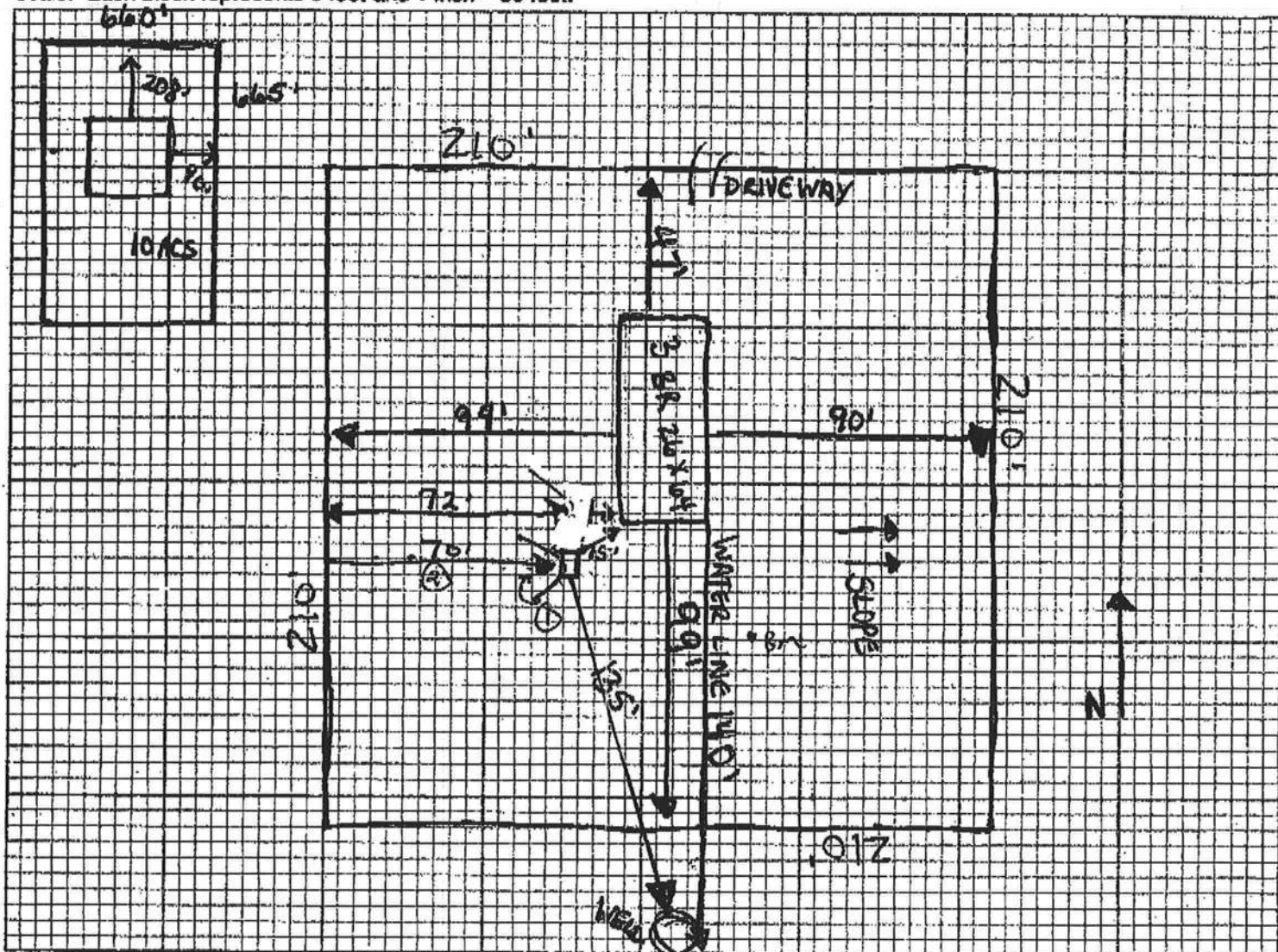
STATE OF FLORIDA  
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 07-0358

**PART II - SITE PLAN-**

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



**Notes:**

**Site Plan submitted by:**

Signature

**Plan Approved**

APPROVED

**Not Approved**

By

# Columbia CHD

County Health Department

Owner

Date 5/14/7

**ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT**