

DATE 03/02/2011

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

PERMIT
000029225

APPLICANT W. KEITH HUDSON PHONE 386.758.0057
ADDRESS 198 NE RUSKIN WAY LAKE CITY FL 32055
OWNER W. KEITH HUDSON PHONE 386.758.0057
ADDRESS 117 PLATO GLN LAKE CITY FL 32055
CONTRACTOR CHESTER KNOWLES PHONE 755-6441
LOCATION OF PROPERTY 90-E TO CORTEZ,TR VARNES TO RUSKIN WAY,TL TO PLATO,TL & IT'S
ON THE R.(CORNER OF RUSKIN & PLATO)
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 I MAX. HEIGHT 35
Minimum Set Back Requirments: STREET-FRONT 20.00 REAR 10.00 SIDE 10.00
NO. EX.D.U. 6 FLOOD ZONE X DEVELOPMENT PERMIT NO.

PARCEL ID 35-3S-17-07249-000 SUBDIVISION HUDSON MHP
LOT 7 BLOCK PHASE UNIT TOTAL ACRES 2.86

IH10252831
Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor
PRIVATE 10-0498 BK HD N
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: FLOOR ONE FOOT ABOVE THE ROAD

SECTION 2.3.8, 7 SPACES APPROVED BY EH PERMIT DATED 7-1-84

ADDING 7TH MH ON PROPERTY

Check # or Cash 1525

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 \$ 250.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 0.00 WASTE FEE \$

FLOOD DEVELOPMENT FEE \$ FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$ TOTAL FEE 325.00

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.

BK: APPROVED FOR THE VICE: AS FOR MR. KEITH HUDSON
 CH. APPROV. NOTICE

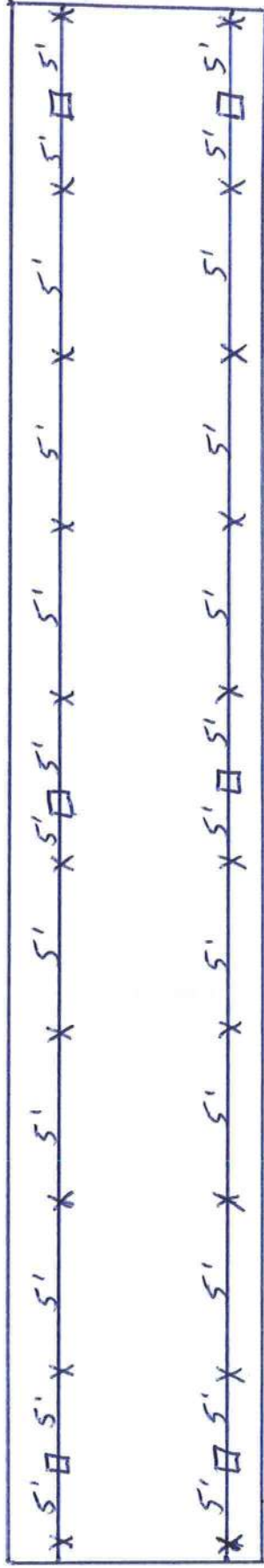
PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-11) Zoning Official BK 01.03.11 Building Official NO 2-25-11
 AP# 1102-48 Date Received 2/23 By JA Permit # 29225
 Flood Zone X Development Permit N/A Zoning I Land Use Plan Map Category I
 Comments Section 2.3.8 7 spaces per EH permit Dated 1 July 1984
Adding 7th MH back on to property
 FEMA Map# N/A Elevation N/A Finished Floor 1st level River N/A In Floodway N/A
☒ Site Plan with Setbacks Shown ☒ EH # 10-0498 ☒ EH Release ☒ Well letter ☒ Existing well
☒ Recorded Deed or Affidavit from land owner ☒ Installer Authorization ☒ State Road Access ☒ 911 Sheet
☐ Parent Parcel # ☐ STUP-MH ☐ F W Comp. letter ☒ VF Form
 IMPACT FEES: EMS _____ Fire _____ Corr _____ MA Out County ☒ In County
 Road/Code _____ School _____ = TOTAL Impact Fees Suspended March 2009

Property ID # 35-3517-07249-000 Subdivision Hudson MHA - Lot #7
 New Mobile Home _____ Used Mobile Home ☒ MH Size 16x64 Year 98
 Applicant W. Keith Hudson Phone # 758-0051 397-3654
 Address 198 NE RUSKIN Way, L.C. FL 32055
 Name of Property Owner W. Keith Hudson Phone# 758-0051
 911 Address 117 NE PLATO BLVD, L.C. FL 32055
 Circle the correct power company - ☒ EL Power & Light - ☐ Clay Electric
 (Circle One) - ☐ Suwannee Valley Electric - ☐ Progress Energy
 Name of Owner of Mobile Home W. Keith Hudson Phone # 758-0051
 Address 198 NE RUSKIN Way, L.C. FL 32055
 Relationship to Property Owner OWNER
 Current Number of Dwellings on Property 6
 Lot Size — Total Acreage 2.86
 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 (APPROVED for the "THRU" EH)
 Driving Directions to the Property 90-E TO CORTEZ, TL TO VARNER, TR
TR. RUSKIN Way, TL ON PLATO, RIGHT CORNER
 Name of Licensed Dealer/Installer Jessie L. Chester-Knowles Phone # 386-755-6441
 Installers Address 5801 SW. SR 47 LAKE CITY FL 32024
 License Number IA/1025283/1 Installation Decal # 1352

ck# 325.00

Redman 1998
16 X 64



X - I Beam piers 5' o.c. using 20 X 20 Abs pad
□ - 6-1101V All steel foundation from oliver technology

COLUMBIA COUNTY PERMIT WORKSHEET

page 1 of 2

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

Installer Jessie L. Clarke-Kaeder License # TH/1025283/1

911 Address where home is being installed. _____

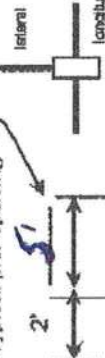
Manufacturer Redman Length x width 16 x 64 Box

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

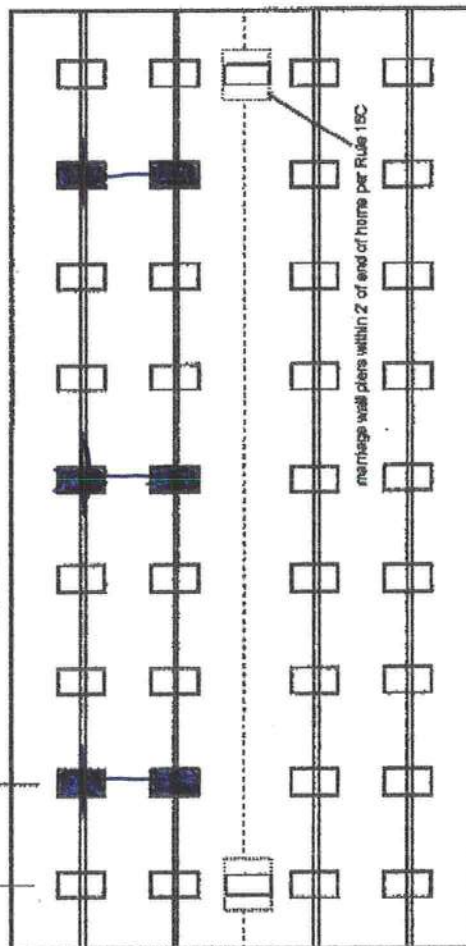
I understand Lateral Arm Systems cannot be used on any home (new or used)
where the sidewall ties exceed 5 ft 4 in.

Installer's initials JLK

Typical pier spacing



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 # 1352

Triple/Quad ☐ Serial # 4288

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity	Footer size (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'	8'
1500 psf	4' 6"	6'	7'	8'	9'	10'	10'
2000 psf	6'	8'	9'	10'	11'	12'	12'
2500 psf	7' 6"	9'	10'	11'	12'	13'	13'
3000 psf	8'	10'	11'	12'	13'	14'	14'
3500 psf	8'	10'	11'	12'	13'	14'	14'

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

PIER PAD SIZES

I-beam pier pad size 20x20

Perimeter pier pad size NA

Other pier pad sizes (required by the mfg.) 16x16

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 NA

Pier pad size

4 ft ☒ 5 ft

FRAME TIES

within 2' of end of home spaced at 5' 4" oc ☒

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)

Manufacturer Longitudinal Stabilizing Device w/ Lateral Arms

Manufacturer Oliver Technology

OTHER TIES

Number

Sidewall 36

Longitudinal 6

Marriage wall NA

Shearwall 2 m.w.

ANCHORS

4 ft ☒ 5 ft

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 <input checked="" type="checkbox"/> without testing.	
x 1.0	x 1.0
POCKET PENETROMETER TESTING METHOD 1. Test the perimeter of the home at 8 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 1.0	x 1.0
TORQUE PROBE TEST The results of the torque probe test is <u>NA 45.9 101V systems</u> inch pounds or check here if you are declaring 5' anchors without testing <u>NA</u> . 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.	
ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER Installer Name <u>Jessie L. Chester Kwoolke</u> Date Tested <u>1-27-11</u>	

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between multi-wide units. Pg. 152-1
Connect all sewer drains to an existing sewer tap or septic tank. Pg. 152-1
Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 152-1

Site Preparation Debris and organic material removed <input checked="" type="checkbox"/> Water drainage: Natural <input checked="" type="checkbox"/> Swale <input type="checkbox"/> Pad <input type="checkbox"/> Other <input type="checkbox"/>	
Fastening multi wide units Floor: Type Fastener: <u>NA</u> Length: _____ Spacing: _____ Walls: Type Fastener: <u>NA</u> Length: _____ Spacing: _____ Roof: Type Fastener: <u>NA</u> 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.	
Type gasket <u>NA</u> Pg. _____	Installer's initials <u>JLK</u> Installed: Between Floors Yes _____ Between Walls Yes <u>NA</u> Bottom of ridgebeam Yes <u>NA</u>
Weatherproofing The bottomboard will be repaired and/or taped. Yes <input checked="" type="checkbox"/> Pg. 152-1 Siding on units is installed to manufacturer's specifications. Yes <input checked="" type="checkbox"/> Fireplace chimney installed so as not to allow intrusion of rain water. Yes <input checked="" type="checkbox"/>	
Miscellaneous Skirting to be installed. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Dryer vent installed outside of skirting. Yes <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Range downflow vent installed outside of skirting. Yes <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Drain lines supported at 4 foot intervals. Yes <input checked="" type="checkbox"/> Electrical crossovers protected. Yes <input checked="" type="checkbox"/> Other: <u>152-1, 152-2, 152-3, 152-4, 152-5, 152-6, 152-7, 152-8, 152-9, 152-10, 152-11, 152-12, 152-13, 152-14, 152-15, 152-16, 152-17, 152-18, 152-19, 152-20, 152-21, 152-22, 152-23, 152-24, 152-25, 152-26, 152-27, 152-28, 152-29, 152-30, 152-31, 152-32, 152-33, 152-34, 152-35, 152-36, 152-37, 152-38, 152-39, 152-40, 152-41, 152-42, 152-43, 152-44, 152-45, 152-46, 152-47, 152-48, 152-49, 152-50, 152-51, 152-52, 152-53, 152-54, 152-55, 152-56, 152-57, 152-58, 152-59, 152-60, 152-61, 152-62, 152-63, 152-64, 152-65, 152-66, 152-67, 152-68, 152-69, 152-70, 152-71, 152-72, 152-73, 152-74, 152-75, 152-76, 152-77, 152-78, 152-79, 152-80, 152-81, 152-82, 152-83, 152-84, 152-85, 152-86, 152-87, 152-88, 152-89, 152-90, 152-91, 152-92, 152-93, 152-94, 152-95, 152-96, 152-97, 152-98, 152-99, 152-100</u>	

Installer verifies all information given with this permit worksheet is accurate and true based on the

 Installer Signature Jessie L. Chester Kwoolke Date 1-27-11

MOBILE HOME INSTALLER LIMIT POWER OF ATTORNEY

✓ (SW ok-d)

I, Jessie L. "Chester" Knowles, license number IH/1025283/1 authorize Kieth Hudson to be my representative and act on my behalf in all aspects of applying for a mobile home permit to be placed on the following described property. Property located in Columbia County, State of Florida.

• Mobile Home Owner Name: Kieth Hudson

Property Owner Name: Same

911 Address: _____ City _____

Sec: _____ Twp: _____ Rge: _____ Tax Parcel # _____

Signed: Jessie L. Chester Knowles
Mobile Home Installer

Sworn to and described before me this 23rd day of February 200 2011

Deborah E. Blackwell
Notary public



DEBORAH E. BLACKWELL
MY COMMISSION # EE 021568
EXPIRES: June 18, 2011
Bonded Thru Budget Notary Services

Deborah E. Blackwell
Notary Name

Personally known ☒

DL ID _____

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.

As per Suwannee County Land Development Regulations, Section 14.8:

It shall be deemed a violation of these land development regulations for any person, firm, corporation, or other entity to place or erect any mobile home on any lot or parcel of land within any area subject to these land development regulations for private use without **FIRST** having secured a mobile home move-on (building) permit from the Land Development Regulation Administrator (Building Department). Such permit shall be deemed to authorize placement, erection, and use of the mobile home only at the location specified in the permit. **The responsibility of securing a mobile home move-on (building) permit shall be that of the person causing the mobile home to be moved.** The move-on (building) permit shall be posted prominently on the mobile home before such mobile home is moved onto the site.

I, Jessie L. Chester Knowles, license number IH 1025283/1
Please Print
do hereby state that the installation of the manufactured home for KEITH HUDSON
Applicant
_____ at _____
911 Address
will be done under my supervision.

Jessie L. Chester Knowles
Signature

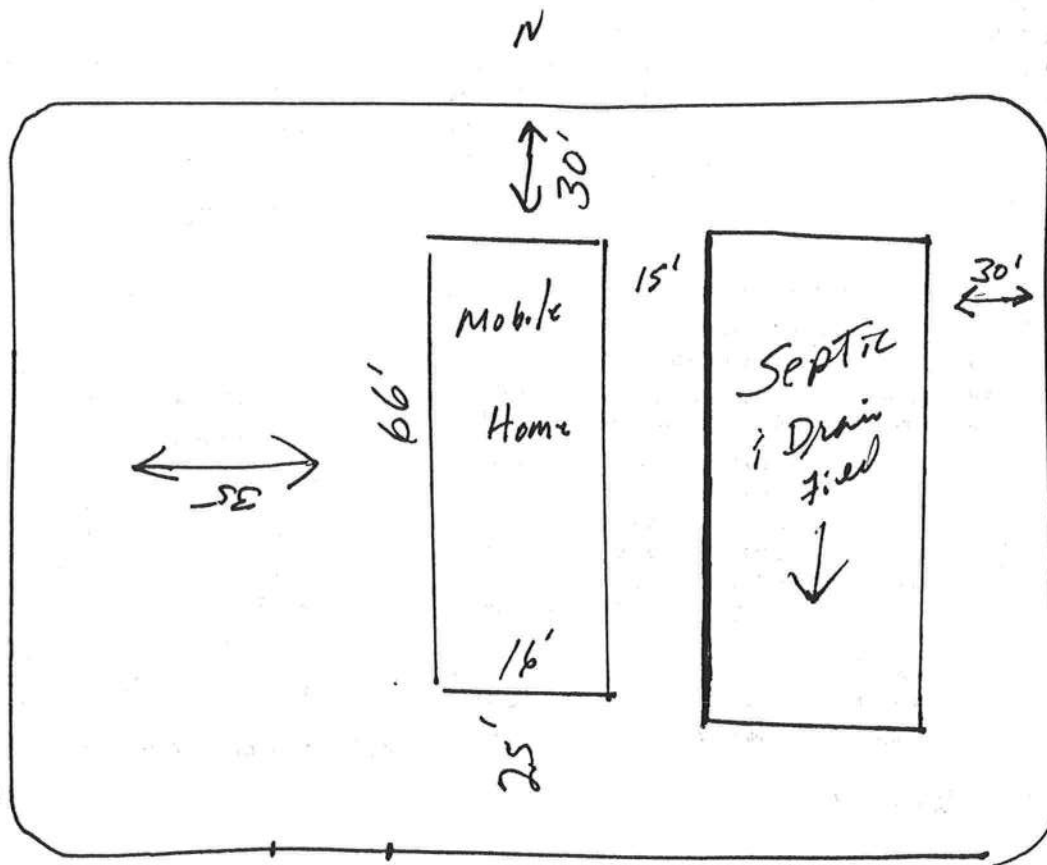
Sworn to and subscribed before me this 23 day of February,
2011.

Notary Public: Deborah E. Blackwell
Signature

My Commission Expires: 6-18-2011
Date



DEBORAH E. BLACKWELL
MY COMMISSION # EE 021568
EXPIRES: June 18, 2011
Bonded Thru Budget Notary Services



Rd. NE Ruskin way

NE P/40 G/ANN.

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR _____ PHONE _____

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.

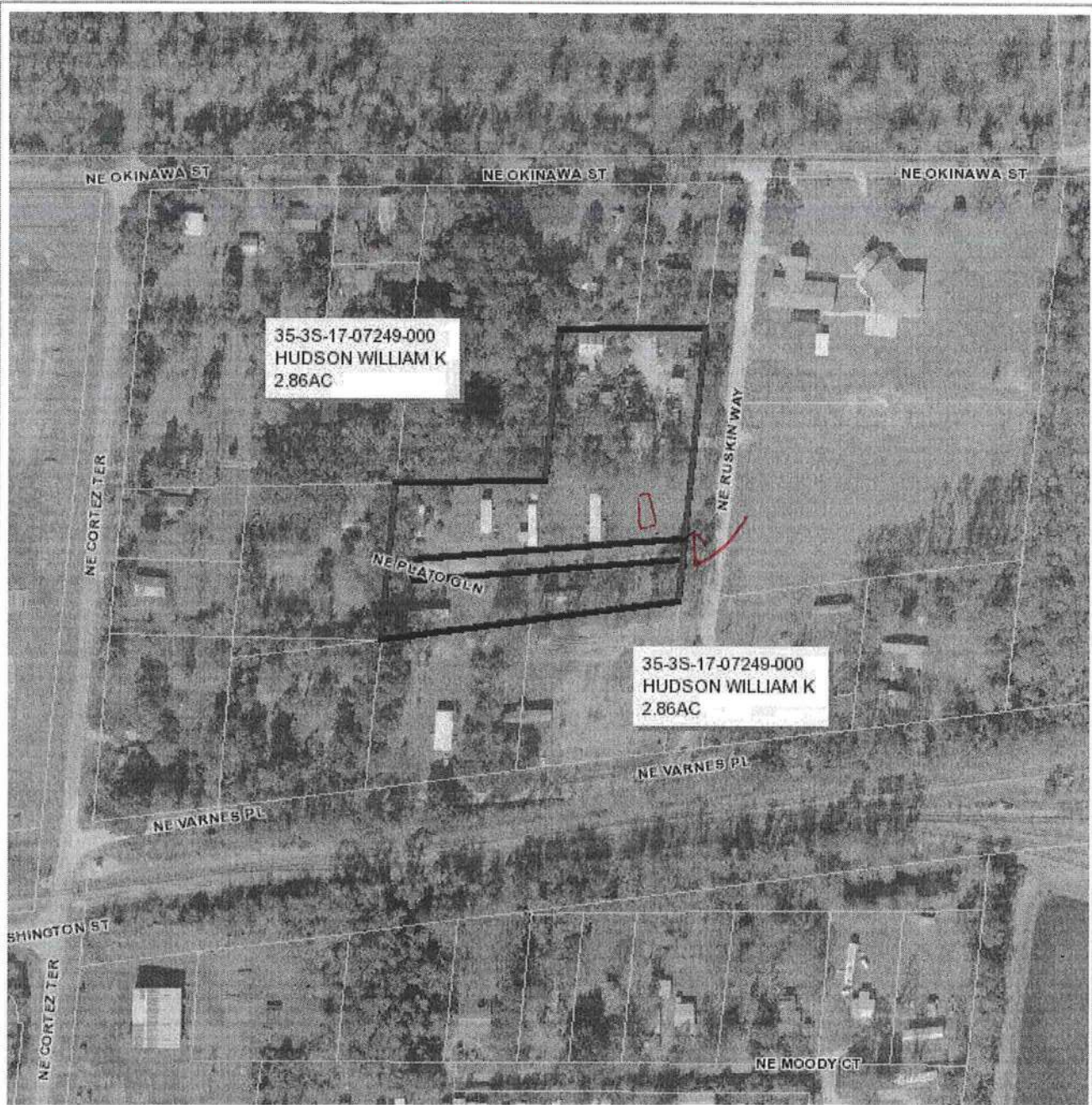
ELECTRICAL ✓	Print Name <u>Keith Hudson</u> License #:	Signature <u>Keith Hudson</u> Phone #: <u>758-0057-397-3654</u>
MECHANICAL/ A/C ✓	Print Name <u>Keith Hudson</u> License #:	Signature <u>Keith Hudson</u> Phone #: <u>758-0057-397-3654</u>
PLUMBING/ GAS ✓	Print Name <u>Jessie L. "Chester" Kowles</u> License #: <u>EH/1025283/1</u>	Signature <u>Jessie L. Chester Kowles</u> Phone #: <u>386-755-6441</u>

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

THE APPROVAL -



Columbia County Property Appraiser

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

PARCEL: 35-3S-17-07249-000 - REPAIR SER (002502)

NOTES:

COMM NW COR OF NE1/4 OF NE1/4, RUN E 840 FT, S 210 FT FOR POB, RUN S 420 FT, W 420 FT, N 210 FT, E 210 FT, N 210 FT, E 210 FT TO POB. ORB 299-203, 302

Name:	HUDSON WILLIAM K	2010 Certified Values	
Site:	180 NE PLATO GLN	Land	\$31,156.00
Mail:	198 NE RUSKIN WAY	Bldg	\$25,031.00
	LAKE CITY, FL 32055	Assd	\$64,429.00
Sales Info	NONE	Exmpt	\$0.00
		Taxbl	Cnty: \$64,429
			Other: \$64,429 Schl: \$64,429





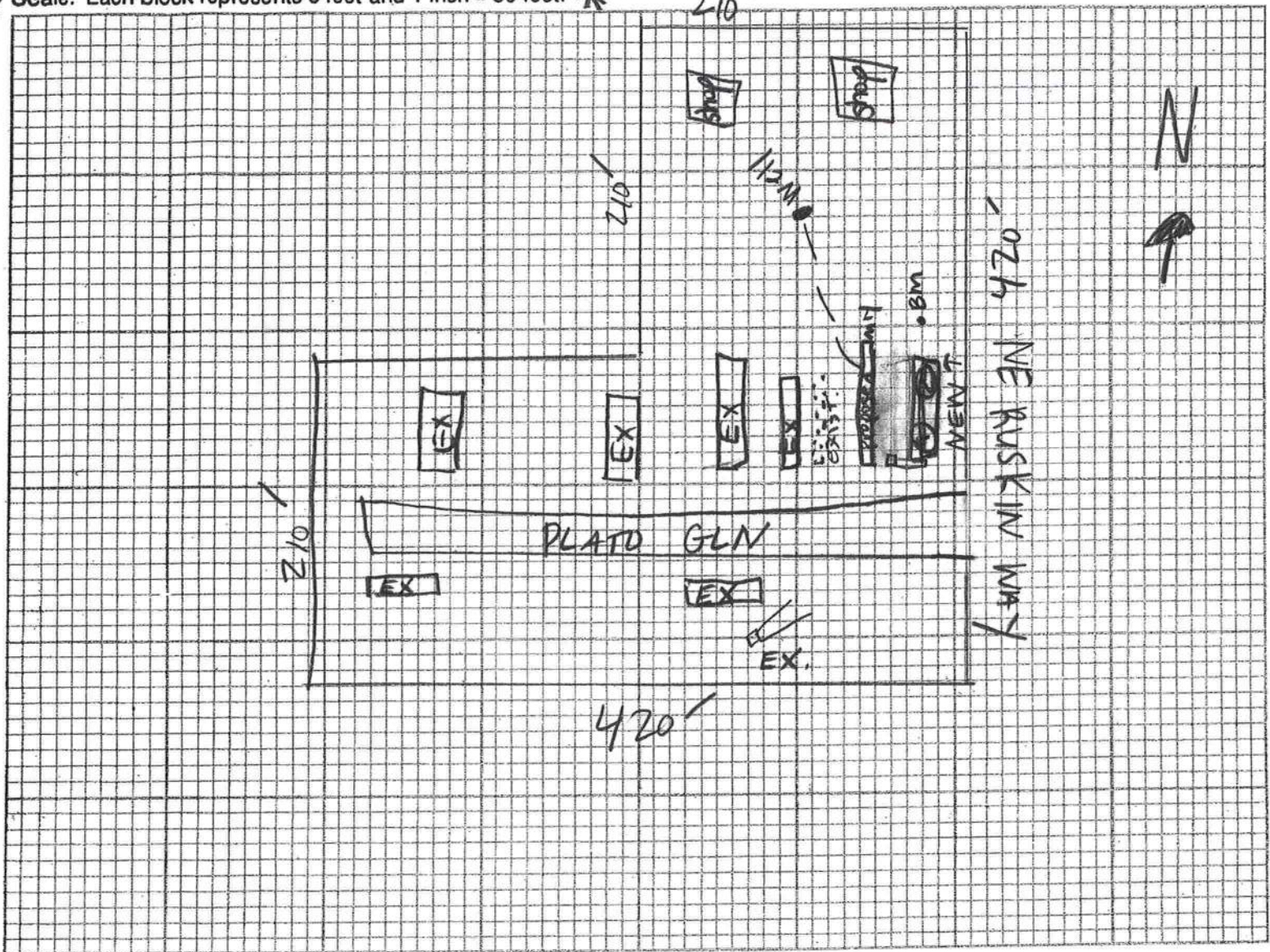
STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 18-0498

PART II - SITE PLAN

Scale: Each block represents 5 feet and 1 inch = ~~50~~¹⁰⁰ feet. *



Notes:

Z, 86 A SHOWN

HUDSON MHP

Site Plan submitted by:

RC Zul

Signature

Agent
Title

Plan Approved X

Not Approved

Date 11-5-10

By

Columbia CHD

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Janice Williams

From: Ron Croft
Sent: Wednesday, February 23, 2011 1:26 PM
To: Janice Williams
Subject: RE: HUDSON MHP VERIFICATION...
Attachments: 117_NE_PLATO_GLN.pdf

Mr. Hudson obtained an address for a new MH within the MHP on 22 Oct 2010 (see attached). Full address list for NE Plato Gln is below.

NEWNUMB	NEW	NEWSTR	NEWTY	NEWCITY	NEW	NEWZIP
133	NE	PLATO	GLN	LAKE CITY	FL	32055
150	NE	PLATO	GLN	LAKE CITY	FL	32055
153	NE	PLATO	GLN	LAKE CITY	FL	32055
161	NE	PLATO	GLN	LAKE CITY	FL	32055
174	NE	PLATO	GLN	LAKE CITY	FL	32055
177	NE	PLATO	GLN	LAKE CITY	FL	32055
117	NE	PLATO	GLN	LAKE CITY	FL	32055

Ron

Ronal N. Croft

Columbia County 911 Addressing / GIS Department
P.O. Box 1787
Lake City, FL 32056-1787
Phone: 386-758-1125
Fax: 386-758-1365
E-Mail: ron_croft@columbiacountyfla.com

From: Janice Williams
Sent: Wednesday, February 23, 2011 12:40 PM
To: Ron Croft
Subject: HUDSON MHP VERIFICATION...

HI RON:

PLEASE SEND ME PROOF OF HUDSON MHP ADDRESS(LOT #7....HE GAVE A 117 NE PLATO GLN)?

R-07249-000.... W. KEITH HUDSON....MHP OWNER.....

THANKS,

J. WMS.....

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR MOBILE HOME PARK, MOBILE HOME PARK HOUSING MIGRANT FARMWORKERS,
LODGING PARK, RECREATIONAL VEHICLE PARK AND RECREATIONAL CAMP
 Authority: Chapter 513 & 381, FS, Chapter 64E-15, FAC

DATE OCT 21 / 10Current Permit Number 12-54-00029

Check type of permit for which application is made. Application is hereby made to the Department of Health for a () mobile home park, () *mobile home park with farmworkers, () recreational vehicle park, () lodging park, or () recreational camp permit.
 *A mobile home park which houses 5 or more migrant farmworkers.

PERMIT IS REQUIRED AS FOLLOWS:	
<input type="checkbox"/> Annual Renewal <input checked="" type="checkbox"/> Capacity Change: From <u>6</u> to <u>7</u> spaces	<input type="checkbox"/> Ownership change: From _____ to below <input type="checkbox"/> Park or Camp Name Change: From _____ to below <input type="checkbox"/> New or Modified Park or Camp

Name of Park or Camp Hudson Mobile Park 386 758-0057
 Location of Park or Camp NE Plato, GLN, LC Telephone
 Owner's Name & Address Keith Hudson 386 758-0057
 Manager's Name & Address SAME Telephone

NUMBER OF SPACES				
MOBILE HOME	Migrant Spaces	LODGING	RECREATIONAL VEHICLE	RECREATIONAL CAMPS
<u>7</u>			RV Tent	Barracks Cabins Tents Total Occupants

SANITARY FACILITIES AT RECREATIONAL VEHICLE PARK OR RECREATIONAL CAMP
TOILETS LAVATORIES SHOWERS URINALS WATER SUPPLY STATIONS SEWAGE DUMP STATIONS

MALE _____
 FEMALE _____

It is hereby certified that the water supply system and the sewage system have been installed in accordance with the plans and specifications approved by the Department of Environmental Protection and/or the Department of Health. It is agreed that the undersigned owner and manager is familiar with and will adhere to the provisions of Chapter 513, Florida Statutes, as well as Chapter 64E-15, Florida Administrative Code.

Keith Hudson

Signature of Owner, Manager or Agent

FOR COMPLETION BY HEALTH DEPARTMENT STAFF

INSTRUCTIONS: Circle the appropriate number that applies to the water system and sewage system being used.

WATER SUPPLY	SEWAGE DISPOSAL
<input type="checkbox"/> 1 Community Offsite <input type="checkbox"/> 2 Community/Public Drinking Water System Onsite <input type="checkbox"/> 3 Non-Community Public Drinking Water System <input type="checkbox"/> 4 Non-Transient Non-Community <input checked="" type="checkbox"/> 5 Other Public Drinking Water Systems (10D-4)	<input type="checkbox"/> 1 Municipal <input type="checkbox"/> 2 Central System Serving Only Park or Camp <input checked="" type="checkbox"/> 3 Septic Tanks or (Other Individual System) <input type="checkbox"/> 4 Combination of Central System & Septic Tank <input type="checkbox"/> 5 Combination of Municipal and Septic Tank

RECOMMENDATION: Approval ☒
 Disapproval ☐

Sally Ford

Signature of Health Official

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 4/23 BY JW IS THE MH ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? YES 1102-48
OWNERS NAME W. KETH ADSON PHONE 58-0057 CELL _____
ADDRESS _____

MOBILE HOME PARK ADSON MH - LOT 7 SUB DIVISION _____
DRIVING DIRECTIONS TO MOBILE HOME 90-E TO CORTEZ ST TO VANNES TR TO RUSKIN WAY
TR TO PLATE TL AND ITS ON THE R. CORNER.

MOBILE HOME INSTALLER CHESTER KNOWLES PHONE 755-6991 CELL _____

MOBILE HOME INFORMATION

MAKE REDMAN YEAR 1998 SIZE 6 x 69 COLOR ?
SERIAL No. 4288

WIND ZONE II Must be wind zone II or higher in WIND ZONE I ALLOWED

INSPECTION STANDARDS

INTERIOR:

(P or F) - P=PASS F=FAILED

☒ SMOKE DETECTOR () OPERATIONAL () MISSING \$50.00
☒ FLOORS () SOLID () WEAK () HOLES DAMAGED LOCATION Date of Payment: 2-28-11
☒ DOORS () OPERABLE () DAMAGED Paid By: W. KETH ADSON
☒ WALLS () SOLID () STRUCTURALLY UNSOUND Notes: NA
☒ 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 RE-INSPECTION FOR FOLLOWING CONDITION(S): _____

SIGNATURE [Signature] ID NUMBER 402 DATE 2-24-11



STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

APPLICATION FOR MOBILE HOME PARK PERMIT
APPLICATION FOR RECREATIONAL VEHICLE PARK PERMIT

Authority:
Chapter 513 & 381, FS
Chapter 10D-26, FAC

DATE July 1, 1984

PERMIT NUMBER 12-011-83

Application is hereby made to the Department of Health and Rehabilitative Services, for a mobile home park permit or a recreational vehicle park permit.

NAME OF PARK Hudson Mobile Home Park

LOCATION 90 East

OWNER'S NAME & ADDRESS Keith Hudson, Route 7, Box 486, Lake City, Florida 32055

MANAGER'S NAME & ADDRESS Same

NUMBER OF SPACES		
Note: Include only spaces meeting code specifications at time when application is completed	Mobile Home Spaces	Recreational Vehicle Spaces
	7	

PERMIT IS REQUIRED AS FOLLOWS: <input checked="" type="checkbox"/> Annual Renewal <input type="checkbox"/> Capacity Change: From _____ To _____ <input type="checkbox"/> Ownership Change: From _____ to above <input type="checkbox"/> Park Name Change: From _____ to above <input type="checkbox"/> New Park _____	BUILDINGS PROVIDING FACILITIES Total number of buildings with toilets, showers, lavatories and urinals _____ Toilets (Male) _____ (Female) _____ Showers (Male) _____ (Female) _____ Lavatories (Male) _____ (Female) _____ Urinals (Male) _____ (Female) _____
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SEWAGE DISPOSAL <input type="checkbox"/> Central system serving this park only <input checked="" type="checkbox"/> Septic tanks <input type="checkbox"/> Municipal (or other) Name of system _____ <input type="checkbox"/> Number of sanitary stations _____ Approval Number _____	WATER SUPPLY <input checked="" type="checkbox"/> System serving this park only <input type="checkbox"/> Municipal (Or other) Name of system _____ <input type="checkbox"/> Number of watering stations _____ Approval Number _____
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It is hereby certified that the water supply system and the sewage system, have been installed in accordance with the plans and specifications approved by the Department of Environmental Regulation and/or the Department of Health and Rehabilitative Services.

It is agreed that the undersigned owner or manager is familiar with and will adhere to the provisions of Chapter 513, Florida Statutes, as well as Chapter 10D-26, Florida Administrative Code.

RECOMMENDATION: Approval ☒
Disapproval ☐

Ray. Lamm E. H. S.
(Signature of Health Official)

X Keith Hudson
(Signature of Owner, Manager or Agent)
Columbia County Public Health Unit
(Public Health Unit)