

DATE 11/17/2004

Columbia County Building Permit

PERMIT

This Permit Expires One Year From the Date of Issue

000022505

APPLICANT ROCKY FORD PHONE 497.2311

ADDRESS POB 39 FT. WHITE FL 32038

OWNER LANCE MARTINSEN PHONE 386.497.1086

ADDRESS 1213 SW NEBRASKA TERRACE FT. WHITE FL 32038

CONTRACTOR TERRY THRIFT PHONE _____

LOCATION OF PROPERTY 47-S TO US 27,R, TO RIVERSIDE,L, UTAH R, ON NEWARK,R, R ON MONTANA,L, ON NEBRASKA, LOT ON R.

TYPE DEVELOPMENT M/H & UTILITY ESTIMATED COST OF CONSTRUCTION .00

HEATED FLOOR AREA _____ TOTAL AREA _____ HEIGHT .00 STORIES _____

FOUNDATION _____ WALLS _____ ROOF PITCH _____ FLOOR _____

LAND USE & ZONING ESA-2 MAX. HEIGHT _____

Minimum Set Back Requirements: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00

NO. EX.D.U. 0 FLOOD ZONE AE DEVELOPMENT PERMIT NO. 04-045

PARCEL ID 26-6S-15-01004-000 SUBDIVISION 3 RIVERS ESTATES

LOT 111 BLOCK _____ PHASE _____ UNIT 17 TOTAL ACRES 1.00

IH0000036 *Rocky D Ford*

Culvert Permit No. _____ Culvert Waiver _____ Contractor's License Number _____ Applicant/Owner/Contractor _____

EXISTING 04-1049-N BLK HD N

Driveway Connection _____ Septic Tank Number _____ LU & Zoning checked by _____ Approved for Issuance _____ New Resident _____

COMMENTS 34' FLOOD ELEVATION, 1ST. FLOOR TO BE 35'

Check # or Cash 14

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 \$.00 CERTIFICATION FEE \$.00 SURCHARGE FEE \$.00

MISC. FEES \$ 200.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 62.37 WASTE FEE \$ 134.75

FLOOD ZONE DEVELOPMENT FEE \$ 50.00 CULVERT FEE \$ _____ **TOTAL FEE** 497.12

INSPECTORS OFFICE *[Signature]* CLERKS OFFICE *[Signature]*

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.

**Columbia County Building Department
Flood Development Permit**

**Development Permit
F 023- 04-045**

DATE 11/17/2004 BUILDING PERMIT NUMBER 000022505
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ADDRESS POB 39 FT. WHITE FL 32038
OWNER LANCE MARTINSEN PHONE 386.497.1086
ADDRESS 1213 SW NEBRASKA TERRACE FT. WHITE FL 32038
CONTRACTOR TERRY THRIFT PHONE 623.0115
ADDRESS 448 NW NYE HUNTER DRIVE LAKE CITY FL 32055
SUBDIVISION 3 RIVERS ESTATES Lot 111 Block Unit 17 Phase
TYPE OF DEVELOPMENT M/H & UTILITY PARCEL ID NO. 26-6S-15-01004-000

FLOOD ZONE AE BY BLK 1-6-88 FIRM COMMUNITY #. 120070 - PANEL # 0255 B
FIRM 100 YEAR ELEVATION 340' PLAN INCLUDED YES or (NO)
REQUIRED LOWEST HABITABLE FLOOR ELEVATION 035.0'
IN THE REGULATORY FLOODWAY YES or NO RIVER ICHETUKNEE
SURVEYOR / ENGINEER NAME MARK DISOSWAY LICENSE NUMBER 53915

ONE FOOT RISE CERTIFICATION INCLUDED

ZERO RISE CERTIFICATION INCLUDED

SRWMD PERMIT NUMBER _____
(INCLUDING THE ONE FOOT RISE CERTIFICATION)

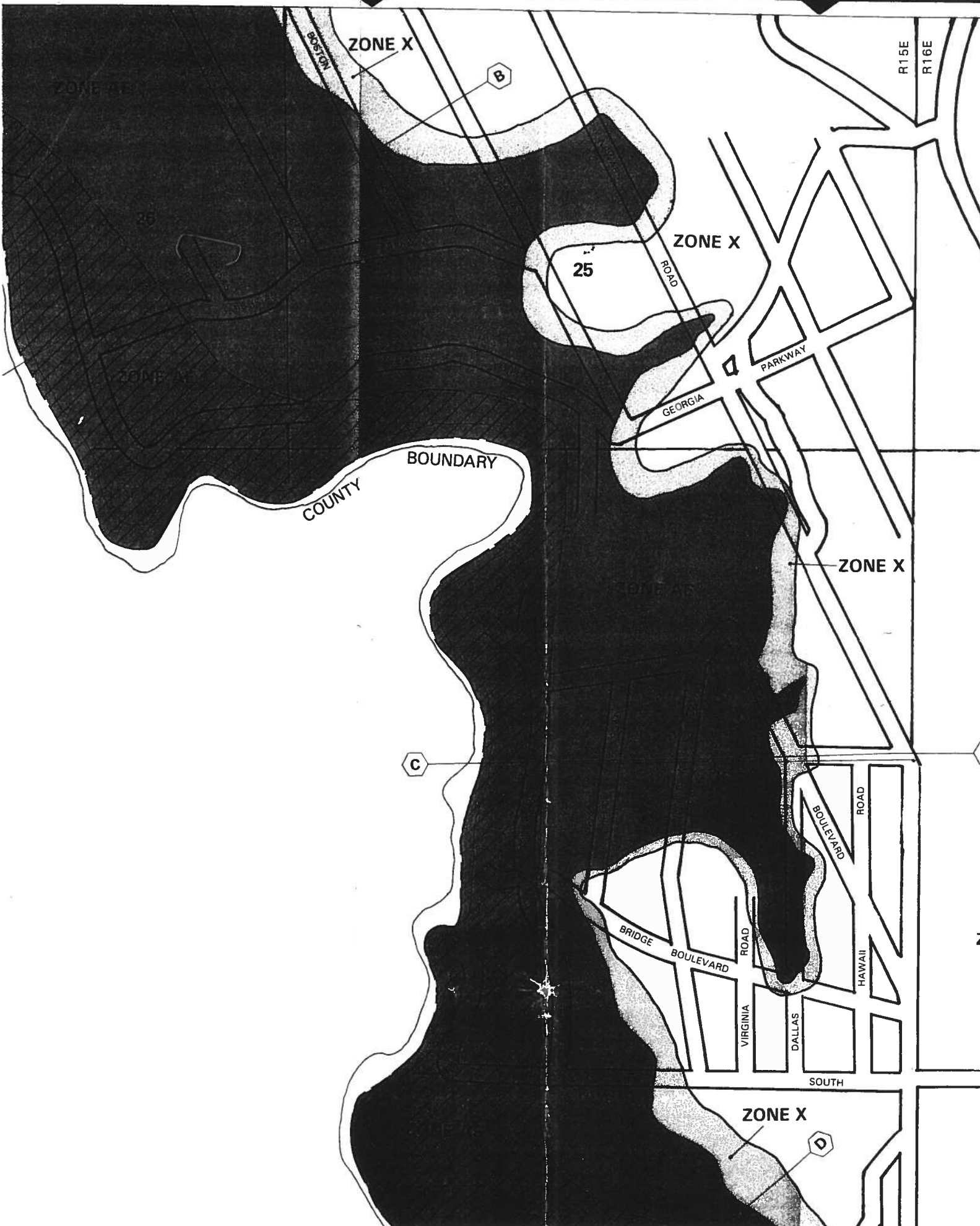
DATE THE FINISHED FLOOR ELEVATION CERTIFICATE WAS PROVIDED 12-6-04

INSPECTED DATE _____ BY _____

COMMENTS Awaits Finish Flood Elevation Certificate JW.

135 NE Hernando Ave., Suite B-21
Lake City, Florida 32055
Phone: 386-758-1008
Fax: 386-758-2160





ELEVATION CERTIFICATE

(22505)

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME LANCE MARTINSEN			For Insurance Company Use: Policy Number		
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 1213 SW NEBRASKA TERRACE			Company NAIC Number		
CITY FT. WHITE	STATE FL	ZIP CODE			
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 111 THREE RIVERS ESTATES UNIT 17 PARCEL ID. NO. 01004-000					
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) RESIDENTIAL					
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ###.###" or ##.#####")		HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983		SOURCE: <input type="checkbox"/> GPS (Type): _____ <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER COLUMBIA COUNTY, FLA. 120070		B2. COUNTY NAME COLUMBIA		B3. STATE FLORIDA	
B4. MAP AND PANEL NUMBER 120070 0255	B5. SUFFIX B	B6. FIRM INDEX DATE 1/06/1988	B7. FIRM PANEL EFFECTIVE/REVISED DATE 1/06/1988	B8. FLOOD ZONE(S) AE	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 34

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.

- FIS Profile FIRM Community Determined Other (Describe): _____

B11. Indicate the elevation datum used for the BFE in B9: NGVD 1929

- NAVD 1988 Other (Describe): _____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No Designation Date _____

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction

*A new Elevation Certificate will be required when construction of the building is complete.

C2. Building Diagram Number 5 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO

Complete Items C3.-a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.

Datum 29 Conversion/Comments N/A

Elevation reference mark used LOCAL. Does the elevation reference mark used appear on the FIRM? Yes No

- o a) Top of bottom floor (including basement or enclosure) 36.0 ft.(m)
- o b) Top of next higher floor N/A ft.(m)
- o c) Bottom of lowest horizontal structural member (V zones only) N/A ft.(m)
- o d) Attached garage (top of slab) N/A ft.(m)
- o e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) N/A ft.(m)
- o f) Lowest adjacent (finished) grade (LAG) 32.7 ft.(m)
- o g) Highest adjacent (finished) grade (HAG) 32.7 ft.(m)
- o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade NA
- o i) Total area of all permanent openings (flood vents) in C3.h N/A sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date

Mark D. Duren

LS 4708

12/2/04

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information.

I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available.

I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME MARK D. DUREN

LICENSE NUMBER LS 4708

TITLE SURVEYOR AND MAPPER

COMPANY NAME

MARK D. DUREN, PSM

ADDRESS

1604 SW SISTERS WELCOME ROAD

CITY

LAKE CITY

STATE

FL

ZIP CODE

32025

SIGNATURE

DATE

12/2/04

TELEPHONE

386-758-9831

IMPORTANT: In these spaces, copy the corresponding information from Section A.

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.

1213 SW NEBRASKA TERRACE

CITY
FT. WHITE

STATE
FL

ZIP CODE
32025

For Insurance Company Use:

Policy Number

Company NAIC Number

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

COMMENTS

MOBILE HOME IN FLOOD ZONE AE ON THE LOT AT THIS TIME.

Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zone AO and Zone A (without BFE), complete Items E1 through E4. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

E1. Building Diagram Number __ (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

E2. The top of the bottom floor (including basement or enclosure) of the building is __ ft.(m) __ in.(cm) above or below (check one) the highest adjacent grade. (Use natural grade, if available).

E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is __ ft.(m) __ in.(cm) above the highest adjacent grade. Complete items C3.h and C3.i on front of form.

E4. The top of the platform of machinery and/or equipment servicing the building is __ ft.(m) __ in.(cm) above or below (check one) the highest adjacent grade. (Use natural grade, if available).

E5. For Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance?

Yes No Unknown. The local official must certify this information in Section G.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, C (Items C3.h and C3.i only), and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, C, and E are correct to the best of my knowledge.

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME

ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE

TELEPHONE

COMMENTS

Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below.

G1. The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)

G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.

G3. The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
-------------------	------------------------	-----------------------------------------------------

G7. This permit has been issued for: New Construction Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building is:

____. ____ ft.(m)

Datum: _____

G9. BFE or (in Zone AO) depth of flooding at the building site is:

____. ____ ft.(m)

Datum: _____

LOCAL OFFICIAL'S NAME

TITLE

COMMUNITY NAME

TELEPHONE

SIGNATURE

DATE

COMMENTS

Check here if attachments

DIAGRAM 5

All buildings elevated on piers, posts, piles, columns, or parallel shear walls. No obstructions below the elevated floor.

Distinguishing Feature – For all zones, the area below the elevated floor is open, with no obstruction to flow of flood waters (open lattice work and/or readily removable insect screening is permissible).

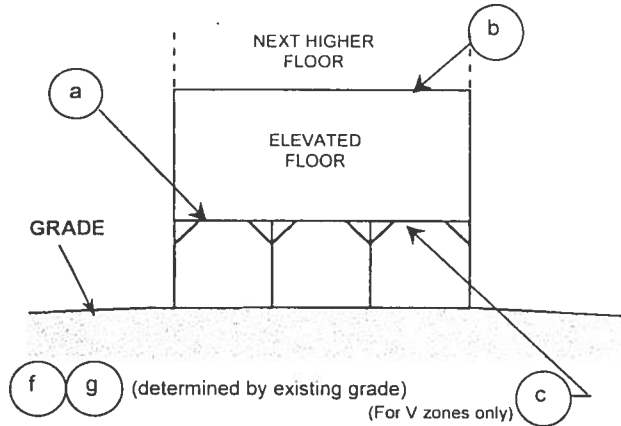


DIAGRAM 6

All buildings elevated on piers, posts, piles, columns, or parallel shear walls with full or partial enclosure below the elevated floor.

Distinguishing Feature – For all zones, the area below the elevated floor is enclosed, either partially or fully. In A Zones, the partially or fully enclosed area below the elevated floor is with or without openings** present in the walls of the enclosure. Indicate information about openings in Section C, Building Elevation Information (Survey Required).

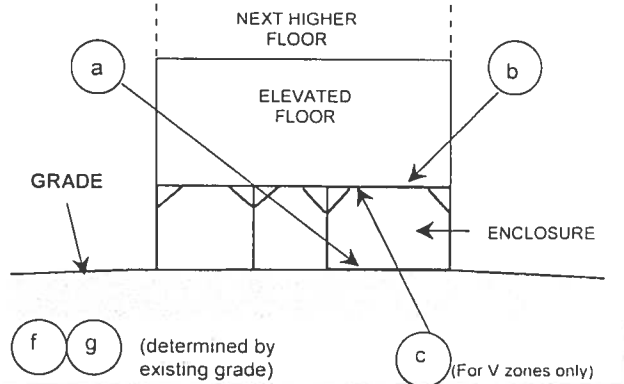


DIAGRAM 7

All buildings elevated on full-story foundation walls with a partially or fully enclosed area below the elevated floor. This includes walkout levels, where at least one side is at or above grade. The principal use of this building is located in the elevated floors of the building.

Distinguishing Feature – For all zones, the area below the elevated floor is enclosed, either partially or fully. In A Zones, the partially or fully enclosed area below the elevated floor is with or without openings** present in the walls of the enclosure. Indicate information about openings in Section C, Building Elevation Information (Survey Required).

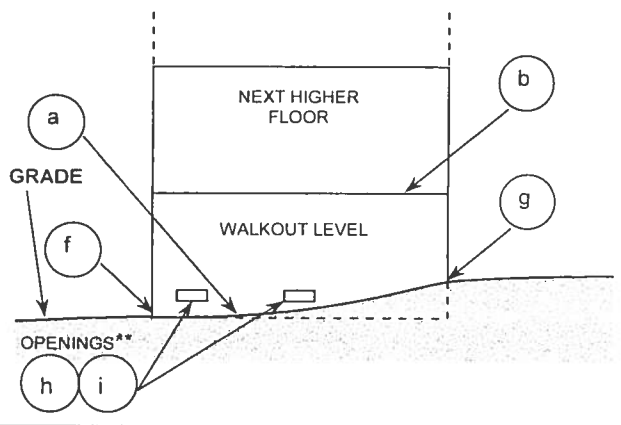
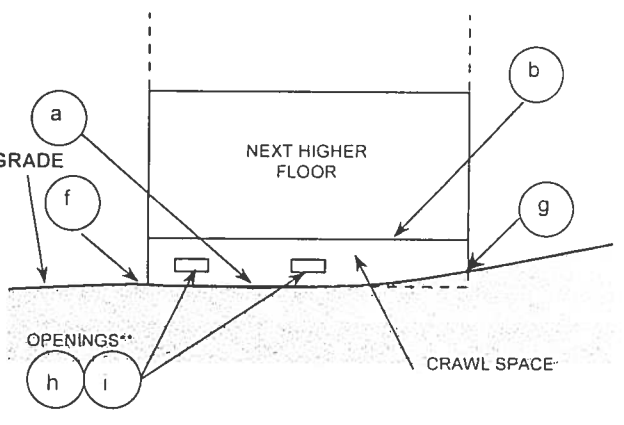


DIAGRAM 8

All buildings elevated on a crawl space with the floor of the crawl space at or above grade on at least one side, with or without an attached garage.

Distinguishing Feature – For all zones, the area below the first floor is enclosed by solid or partial perimeter walls. In all A zones, the crawl space is with or without openings** present in the walls of the crawl space. Indicate information about the openings in Section C, Building Elevation Information (Survey Required).



** An "opening" (flood vent) is defined as a permanent opening in a wall that allows for the free passage of water automatically in both directions without human intervention. Under the NFIP, a minimum of two openings is required for enclosures or crawl spaces with a total net area of not less than one square inch for every square foot of area enclosed. Each opening must be on different sides of the enclosed area. If a building has more than one enclosed area, each area must have openings on exterior walls to allow floodwater to directly enter. The bottom of the openings must be no higher than one foot above the grade underneath the flood vents. Alternatively, you may submit a certification by a registered professional engineer or architect that the design will allow for the automatic equalization of hydrostatic flood forces on exterior walls. A window, a door, or a garage door is not considered an opening.

Mark Disosway, P.E.
POB 868, Lake City, FL 32056, Ph 386-754-5419, Fax 386-754-6749

One Foot Rise Analysis and Certification, 100 Year Base Flood

LANCE MARTINSEN RESIDENCE, Lot 111, Three Rivers Estates, Unit 17, Columbia County, FL

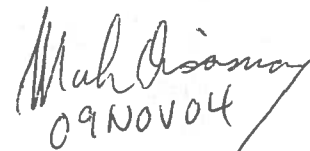
- PROPERTY DESCRIPTION: Lot 111, Three Rivers Estates, Unit 17, as recorded in plat book 6, page 11 of the public records of Columbia County, Florida.
- OWNER: Laura Moore
- CONTRACTOR: A&B Construction, Inc.
- PROJECT: A mobile home on CMU piers on natural grade with no added fill. A 70' x 14' single section mobile home on no more than 30 - 16"x16" CMU piers on natural grade with no added fill.
-
- BASE FLOOD ELEVATION: 34', Mile 7, Ichetucknee River (Per Mark D. Duren, PSM, LS 4708, WO#04-580, Flood Insurance Rate Map, Dated 06Jan88 Community Panel No. 120070 0255 B.)
- FLOOD ZONE: AE
- BASIN AREA AT BASE FLOOD ELEVATION: 647 Acres (Calculated from SRWMD flood plain data.)
- PROPOSED BUILDING AREA: Piers 30 * 16" * 16" = 53 ft².
- PROPOSED BUILDING VOLUME BELOW FLOODPLAIN: (Piers) 53 ft² x 1' = 53 ft³.
- EXISTING GRADE ELEVATION AT BUILDING LOCATION: 33' average for one foot rise calculations. (Note: Existing grade at mobile home site was established at mobile home location drawn on survey by Duren (about 222' from Nebraska Terrace and on the EW center line of lot 111).)
- CALCULATIONS: The project only requires volume calculations in this area since it is not a flowing or riverine area.

Floodplain volume removed = 53 ft³

Floodplain level increase = (53 ft³) / 43560 ft²/acre / 647 acres = 0.000002 ft

CERTIFICATION:

I hereby certify that construction of LANCE MARTINSEN RESIDENCE, Lot 111, Three Rivers Estates, Unit 17, Columbia County, FL will increase flood elevations less than one foot at the project location, to the best of my knowledge.


09NOV04

Mark Disosway

Mark Disosway, P.E.
POB 868, Lake City, FL 32056, Ph 386-754-5419, Fax 386-754-6749

One Foot Rise Analysis and Certification, 100 Year Base Flood

LANCE MARTINSEN RESIDENCE, Lot 111, Three Rivers Estates, Unit 17, Columbia County, FL

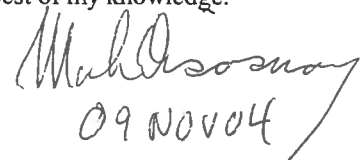
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09 NOV 04

Mark Disosway

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only Zoning Official BLK 16.11.04 Building Official HD 11-17-04

AP# 0411-01 Date Received _____ By JW Permit # 22E0S

Flood Zone AE Development Permit YES Zoning ESA-2 Land Use Plan Map Category ESA

Comments 34' Flood Elevation, 1st Floor to be 35'

~~_____~~ 911 ADDRESS, STATED FOR HOME AS PLAN.

Site Plan with Setbacks shown Environmental Health Signed Site Plan Env. Health Release

Need a Culvert Permit Need a Waiver Permit Well letter provided Existing Well

- Property ID 26-65-15 00-00-00-01004-000 Must have a copy of the property deed
- New Mobile Home _____ Used Mobile Home X Year 1993
- Subdivision Information Three River Est Unit 17 Lot 111
- Applicant Rosely Ford Lance Martinez Phone # 386-497-1086
- Address P O Box 958 Ft White FLA 32038
- Name of Property Owner POB 39 LANCE MARTINSEN Phone# _____
- 911 Address TBO 1213 SW NEBRASKA TERRACE, Ft White, FL 32038
- Name of Owner of Mobile Home Lance Martinez Phone # 386-497-1086
- Address P O Box 958 Ft White FLA 32038
- Relationship to Property Owner NA
- Current Number of Dwellings on Property 0
- Lot Size 100 x 400 Total Acreage .918
- Explain the current driveway Existing
- Driving Directions state rd 47 TR on state Rd 27
TL on Riverside TL on Utah TR on Newark
TR on Montana TL on Nebraska Lot on Left
- Is this Mobile Home Replacing an Existing Mobile Home NO
- Name of Licensed Dealer/Installer Terry L. Thrift Phone # 623-0115 ⁽⁸⁸⁶⁾
- Installers Address 448 NW Nye Harbor Dr Lake City FL
- License Number IH 0000036 Installation Decal # 225917 ³²⁰⁵⁵

- 623-3396
al. 1394

- 497-2311-

PERMIT NUMBER

Installer Terry L. Threlkoff License # TH-0000036

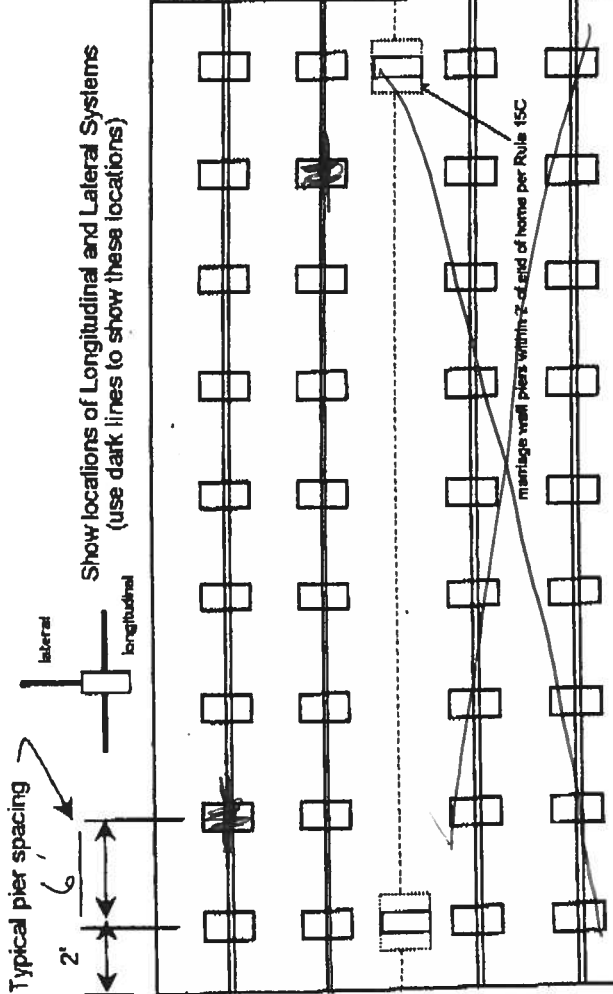
Address of home being installed _____

Manufacturer Skyline Length x width 26 x 14

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



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 # 225917

Triple/Quad Serial # 036202266

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity	Footer size (sq in)	18" x 18" (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'	8'	8'	8'
2000 psf	6'	8'	8'	8'	8'	8'	8'
2500 psf	7'6"	8'	8'	8'	8'	8'	8'
3000 psf	8'	8'	8'	8'	8'	8'	8'
3500 psf	8'	8'	8'	8'	8'	8'	8'

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

PIER PAD SIZES

I-beam pier pad size 12 x 22

Perimeter pier pad size _____

Other pier pad sizes (required by the mfg.) _____

POPULAR PAD SIZES

Pad Size	Sq in
16 x 16	256
16 x 18	288
18.5 x 18.5	342
16 x 22.5	360
17 x 22	374
13 1/4 x 26 1/4	348
20 x 20	400
17 3/16 x 25 3/16	441
17 1/2 x 25 1/2	446
24 x 24	576
26 x 26	676

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 _____

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD) Manufacturer _____

Longitudinal Stabilizing Device w/ Lateral Arms Manufacturer Model 100

OTHER TIES

Sidewall _____ Number _____

Longitudinal _____

Marriage wall _____

Shearwall _____

FRAME TIES

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

ANCHORS

4 ft _____ 5 ft _____

By Olyvia Tuck

PERMIT NUMBER

PERMIT WORKSHEET

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 2000 psf or check here to declare 1000 lb. soil without testing.

X 2000 295 X 2000 295 X 2000 295

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.

TORQUE PROBE TEST

The results of the torque probe test is 290 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. 1 understand 5 ft anchors are required at all centerline locations 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

TERRY L. THREIT

Date Tested

8-3-04

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 lap or septic tank. Pg.

Connect all potable water supply piping to an existing water meter, water lap, or other independent water supply systems. Pg.

Site Preparation

Debris and organic material removed Swale Pad Other

Fastening multi wide units

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

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 mantage 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 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 Pg.
Fireplace chimney installed so as not to allow intrusion of rain water. Yes Pg.

Miscellaneous

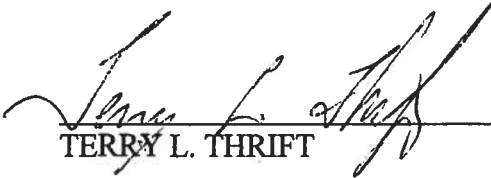
Skirting to be installed. Yes No
Dryer vent installed outside of skirting. Yes No
Range downflow vent installed outside of skirting. Yes No
Drain lines supported at 4 foot intervals. Yes No
Electrical crossovers protected. Yes No

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 8-3-04

LIMITED POWER OF ATTORNEY

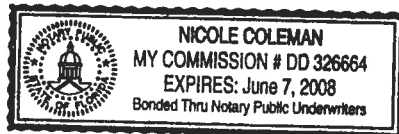
I, TERRY L. THRIFT, LICENSE # IH-0000036 EXPIRING 9-30-2004 DO HEREBY
AUTHORIZE Rocky Ford TO BE MY REPRESENTATIVE AND
ACT ON MY BEHALF IN ALL ASPECTS OF APPLYING FOR A MOBILE HOME MOVE
ON PERMIT TO BE INSTALLED IN Columbia COUNTY, FLORIDA.


TERRY L. THRIFT

10-26-04
DATE

SWORN TO AND SUBSCRIBED BEFORE ME THIS 19 DAY OF October,
2004.


NOTARY PUBLIC



PERSONALLY KNOWN: X
PRODUCED ID: _____

YR _____ MAKE _____ SN# _____

PROPERTY ID/LOCATION _____

Application for Onsite Sewage Disposal System
Construction Permit. Part II Site Plan

Permit Application Number: 04-1049N

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT

MARTINSEN/CR 01-2249



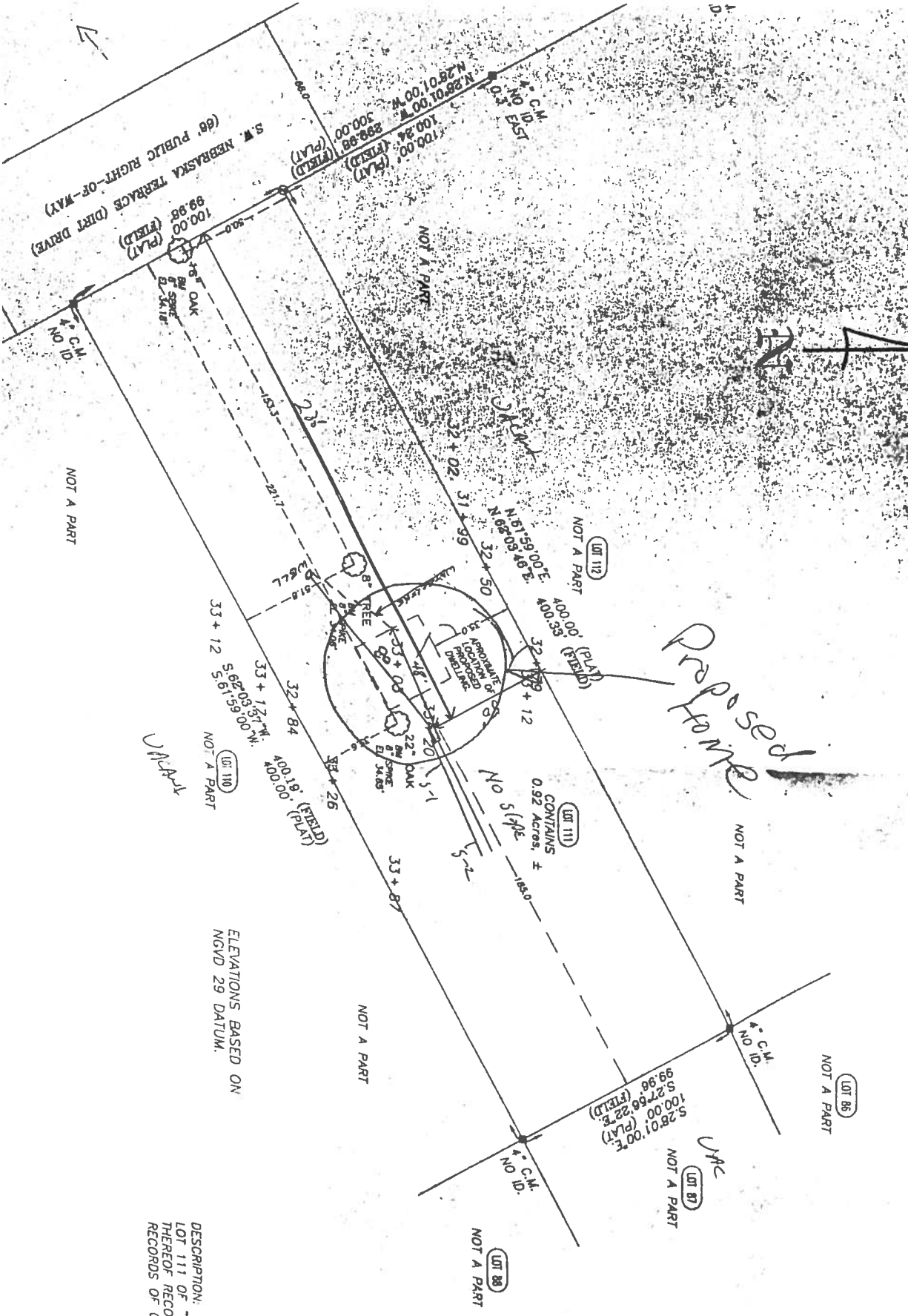
SEE ATTACHED

1 inch = 50 feet

Site Plan Submitted By Paul Lopez Date 8/6/04
Plan Approved Paul Lopez Not Approved _____ Date 8/6/04

By Paul Lopez Sallie Maddy CPHU

Notes: ESI - COLUMBIA



ELEVATIONS BASED ON
NGVD 29 DATUM.

DESCRIPTION:
LOT 111 OF THREE RIVERS ESTATES, UNIT NC
THEREOF RECORDED IN PLAT BOOK 6, PAGE 1
RECORDS OF COLUMBIA COUNTY, FLORIDA.

Proposed Home

YAC

NOT A PART

LOT 112
NOT A PART

LOT 111
CONTAINS
0.92 Acres, ±

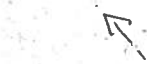
NOT A PART

LOT 86
NOT A PART

LOT 87
NOT A PART

LOT 88
NOT A PART

S.W. NEBRASKA TERRACE (DIRT DRIVE)
66' PUBLIC RIGHT-OF-WAY



COLUMBIA COUNTY 9-1-1 ADDRESSING

263 NW Lake City Ave. * P. O. Box 2949 * Lake City, FL 32056-2949
PHONE: (386) 752-8787 * 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.

#14
↓
↓

DATE ISSUED: November 17, 2004

ENHANCED 9-1-1 ADDRESS:

1213 SW NEBRASKA TER (FORT WHITE, FL 32038)

Addressed Location 911 Phone Number: NOT AVAIL.

OCCUPANT NAME: NOT AVAIL.

OCCUPANT CURRENT MAILING ADDRESS: _____

PROPERTY APPRAISER MAP SHEET NUMBER: 15B

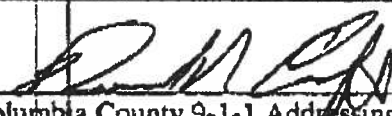
PROPERTY APPRAISER PARCEL NUMBER: 00-00-00-01004-000

Other Contact Phone Number (If any): _____

Building Permit Number (If known): _____

Remarks: LOT 111 UNIT 17 THREE RIVERS ESTATES S/D

Address Issued By: _____


Columbia County 9-1-1 Addressing Department

COLUMBIA COUNTY
9-1-1 ADDRESSING
APPROVED

CAM112M01 S CamaUSA Appraisal System
 11/01/2004 12:09 Legal Description Maintenance
 Year T Property Sel
 2005 R 00-00-00-01004-000

Columbia County
 5100 Land 001
 AG 000
 Bldg 000
 Xfea 000

MARTINSEN LANCE G & JOYCE ANN

5100 TOTAL B*

1	LOT 111 UNIT 17 THREE RIVERS	ESTATES.. ORB 975-50..	2
3	ORB 1026-2623 THRU 2628,,	DC LEON MILTON HARRIS	4
5	1028-2443.. WD-1028-2445,,	WD-1028-2446..	6
7	.....	.....	8
9	.....	.....	10
11	.....	.....	12
13	.....	.....	14
15	.....	.....	16
17	.....	.....	18
19	.....	.....	20
21	.....	.....	22
23	.....	.....	24
25	.....	.....	26
27	.....	.....	28

Mnt 10/28/2004 CHUCK

F1=Task F3=Exit F4=Prompt F10=GoTo PGUP/PGDN F24=MoreKeys

RON E. BIAS WELL DRILLING**RT.2 BOX 5340****FT. WHITE, FLORIDA 32038****(904) 497-1045****MOBILE: 364-9233****LIC: 1930SRWMD**

AH: Janice

TO: Columbia County Building DepartmentDescription of well to be installed for Customer: Lance Martinson
Located at Address: 411 Three Rivers Est. on Nebraska

1 hp - 1 1/4" drop over 80 + gallon tank, 250 gallon equivalent captive with back flow preventer. 35-gallon draw down with check valve pass requirements.

This well was installed according to all State and Local codes for residential wells.

Ron E. Bias
Ron Bias

GENERAL CONTRACTORS
OF
COLUMBIA COUNTY, FLORIDA

M/H O C C U P A N C Y

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 26-6S-15-01004-000 Building permit No. 000022505

Permit Holder TERRY THRIFT

Owner of Building LANCE MARTINSEN

Location: 1213 SW NEBRASKA TERRACE

Date: 12/08/2004

Fary Dick

Building Inspector

POST IN A CONSPICUOUS PLACE
(Business Places Only)

