DATE 05/04/2011

Columbia County Building Permit

This Permit Must Be Prominently Posted on Premises During Construction

PERMIT
000029378

APPLICANT GLENN W. COX PHONE 352.317.2332

ADDRESS 286 SW BELLAMY ROAD HIGH SPRINGS FL 32643

OWNER GLENN W. COX PHONE 352.317.2332

ADDRESS 286 SW BELLAMY ROAD HIGH SPRINGS FL 32643

CONTRACTOR FERMON JONES PHONE 352.318.4711

LOCATION OF PROPERTY 41/441-S TO 1/2 MILE PAST OLENO STATE PARK TO BELLANY RD,TR AND IT'S 1/4 MILE TO RROPERTY ON L.

TYPE DEVELOPMENT M/H/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. 1 FLOOD ZONE X DEVELOPMENT PERMIT NO. _____

PARCEL ID 04-7S-17-09891-006 SUBDIVISION _____

LOT ____ BLOCK ____ PHASE ____ UNIT ____ TOTAL ACRES 5.90

		IH1025418	Glenn W. Cox	
Culvert Permit No.	Culvert Waiver	Contractor's License Number	Applicant/Owner/Contractor	
EXISTING	11-206	BLK	TC	N
Driveway Connection	Septic Tank Number	LU & Zoning checked by	Approved for Issuance	New Resident

COMMENTS: REPLACING EXISTING M/H. 1 FOOT ABOVE ROAD.

Check # or Cash CASH

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

Temporary Power _____ date/app. by | Foundation _____ date/app. by | Monolithic _____ date/app. by

Under slab rough-in plumbing _____ date/app. by | Slab _____ date/app. by | Sheathing/Nailing _____ date/app. by

Framing _____ date/app. by | Insulation _____ date/app. by

Rough-in plumbing above slab and below wood floor _____ date/app. by | Electrical rough-in _____ date/app. by

Heat & Air Duct _____ date/app. by | Peri. beam (Lintel) _____ date/app. by | Pool _____ date/app. by

Permanent power _____ date/app. by | C.O. Final _____ date/app. by | Culvert _____ date/app. by

Pump pole _____ date/app. by | Utility Pole _____ date/app. by | M/H tie downs, blocking, electricity and plumbing _____ date/app. by

Reconnection _____ date/app. by | RV _____ date/app. by | Re-roof _____ 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 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."

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.

Patricia Cox: 386.454.1517

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only *(Revised 1-11)* Zoning Official BK 03.05.11 Building Official T.C. 4-28-11

AP# 1104-52 Date Received 4-26-11 By LH Permit # 29378

Flood Zone X Development Permit N/A Zoning A-3 Land Use Plan Map Category A-3

Comments Replacing existing MH

FEMA Map# N/A Elevation N/A Finished Floor / above BF River N/A In Floodway N/A

☑ Site Plan with Setbacks Shown ☑ EH # 11-206 ☐ EH Release ☐ Well letter ☑ Existing well

☑ Recorded Deed or Affidavit from land owner ☐ Installer Authorization NA ☑ State Road Access ☑ 911 Sheet

☐ Parent Parcel # 09891-000 ☐ STUP-MH _____ ☑ F W Comp. letter ☑ VF Form

IMPACT FEES: EMS _____ Fire _____ Corr _____ ☑ Out County ☐ In County pd Rec'd via Cash 5.4.11

Road/Code _____ School _____ = TOTAL _ Impact Fees Suspended March 2009 _ NA Replacement

Property ID # 04-7S-17-09891-006 Subdivision _____

- New Mobile Home _____ Used Mobile Home ✓ MH Size 14X70 Year 1987
- Applicant Glenn W. Cox Phone # 352.317.2332
- Address 286 SW Bellamy RD High Springs FL 32643
- Name of Property Owner Glenn W. Cox Phone# 352-317-2332
- 911 Address 286 SW Bellamy RD High Springs FL 32643
- Circle the correct power company - FL Power & Light - (Clay Electric)
  (Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home Glenn Cox Phone # 352.317.2332
  Address 286 SW Bellamy Rd. High Springs FL 32643
- Relationship to Property Owner Self
- Current Number of Dwellings on Property 1
- Lot Size _____ Total Acreage 5.90
- Do you : Have (Existing Drive) (Currently using) or Private Drive (Blue Road Sign) or need Culvert Permit (Putting in a Culvert) or Culvert Waiver (Not existing but do not need a Culvert) (Circle one)
- Is this Mobile Home Replacing an Existing Mobile Home Yes / which was the on the whole property this piece new # but replacing home on property
- Driving Directions to the Property 1/2 mile S of Oleno state park Bellamy RD to Right 1/4 mile property on left.
- Name of Licensed Dealer/Installer Fermon Jones Phone # 352-318-4211
- Installers Address 6795 S.W 71st Ave Lake Butler, FL 32054
  - License Number IH/1025418 Installation Decal # 306742

$325.00

JW spoke w/ Glenn on 5.4.11
JW advised Fermon of status. 5.4.11

COLUMBIA COUNTY PERMIT WORKSHEET

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

Installer Fermon Jones License # IH/1025418

911 Address where home is being installed. 286 S.W. Bellamy Rd High Springs, FL 32643

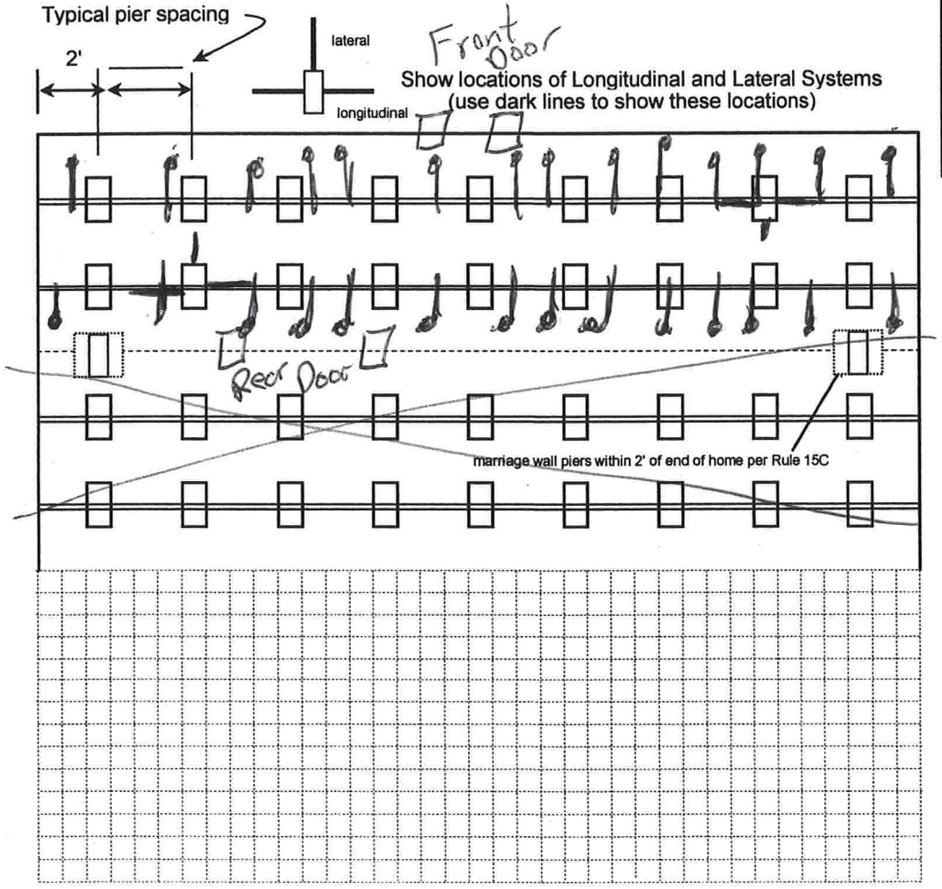
Manufacturer Skyline Length x width 14x70

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 F.J.

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 # 306741 2

Triple/Quad ☐ Serial # SHS1WGA2386 10189

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'
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'

682 sq. Inches of Pad

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

PIER PAD SIZES

I-beam pier pad size 23 X 31

Perimeter pier pad size 16 X 16

Other pier pad sizes (required by the mfg.) N/A

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
N/A	
N/A	
N/A	

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

ANCHORS

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 _____

OTHER TIES

	Number
Sidewall	
Longitudinal	2
Marriage wall	
Shearwall	

COLUMBIA COUNTY PERMIT WORKSHEET

POCKET PENETROMETER TEST

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

X___ X___ X___

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___ X___ X___

TORQUE PROBE TEST

The results of the torque probe test is 325 inch pounds or check here if you are declaring 5' anchors without testing _____. A test showing 275 inch pounds or less will require 5 foot anchors.

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.

F.J. Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Fermon Jones

Date Tested 4-23/11

Electrical

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between mult-wide units. Pg. _____

Plumbing

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. _____

Site Preparation

Debris and organic material removed yes.
Water drainage: Natural ✓ Swale _____ Pad _____ Other _____.

Fastening multi wide units

Floor:	Type Fastener: N/A	Length: _____	Spacing: _____
Walls:	Type Fastener: N/A	Length: _____	Spacing: _____
Roof:	Type Fastener: N/A	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, meldew 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 F.J.

Type gasket N/A
Pg. _____

Installed:
Between Floors Yes N/A
Between Walls Yes N/A
Bottom of ridgebeam Yes N/A

Weatherproofing

The bottomboard will be repaired and/or taped. Yes _____. Pg. _____
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 ✓ Lower No _____
Dryer vent installed outside of skirting. Yes ✓ N/A _____
Range downflow vent installed outside of skirting. Yes ✓ N/A _____
Drain lines supported at 4 foot intervals. Yes ✓ Lower
Electrical crossovers protected. Yes _____
Other : _____

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

Installer Signature Fermon Jones **Date** 4/25/11

RONNIE BRANNON
COLUMBIA COUNTY TAX COLLECTOR

NOTICE OF AD VALOREM TAXES AND NON-AD VALOREM ASSESSMENTS
Reminder REAL ESTATE 2010 130410.0000

ACCOUNT NUMBER	ESCROW CD	ASSESSED VALUE	EXEMPTIONS	TAXABLE VALUE	MILLAGE CODE
R09891-006		SEE BELOW	SEE BELOW	SEE BELOW	003

PRIOR YEAR TAXES ARE DUE

COX GLENN W & PATRICIA L
P O BOX 2014
HIGH SPRINGS FL 32643

04-7S-17 0000/0200 5.90 Acres
COMM SE COR OF N1/2 OF NE1/4
OF SE1/4, RUN W 50 FT TO W
R/W US-41, CONT W 731.51 FT
FOR POB, CONT W 545.36 FT, N
See Tax Roll For Extra Legal

AD VALOREM TAXES

TAXING AUTHORITY	MILLAGE RATE	ASSESSED VALUE	EXEMPTION AMOUNT	TAXABLE VALUE	TAXES LEVIED
BOARD OF COUNTY COMMISS	7.8910	42,860		42,860	338.21
COLUMBIA COUNTY SCHOOL					
DISCRETIONARY	0.9980	42,860		42,860	42.77
LOCAL	5.4140	42,860		42,860	232.04
CAPITAL OUTLAY	1.5000	42,860		42,860	64.29
SUWANNEE RIVER WATER MC	0.4399	42,860		42,860	18.85
LAKE SHORE HOSPITAL AUTH	0.9620	42,860		42,860	41.23
COLUMBIA COUNTY INDUSTF	0.1240	42,860		42,860	5.31

Exemptions Applied:

TOTAL MILLAGE	17.3289	AD VALOREM TAXES	742.70

NON-AD VALOREM ASSESSMENTS

LEVYING AUTHORITY	RATE	AMOUNT
FFIR FIRE ASSESSMENTS		77.00
GGAR SOLID WASTE - ANNUAL		201.00

Paid

Please retain this Portion for your records

NON-AD VALOREM ASSESSMENTS	278.00

COMBINED TAXES AND ASSESSMENTS	1,020.70	See reverse side for important information

IF PAID BY	Apr 30 2011	ADV IF NOT	May 24 2011		
PLEASE PAY	1,051.32	PD BY 4/30	1,076.82		

RONNIE BRANNON
COLUMBIA COUNTY TAX COLLECTOR

NOTICE OF AD VALOREM TAXES AND NON-AD VALOREM ASSESSMENTS
Reminder REAL ESTATE 2010 130410.0000

ACCOUNT NUMBER	ESCROW CD	ASSESSED VALUE	EXEMPTIONS	TAXABLE VALUE	MILLAGE CODE
R09891-006		SEE ABOVE	SEE ABOVE	SEE ABOVE	003

PRIOR YEAR TAXES ARE DUE

RETURN WITH PAYMENT

COX GLENN W & PATRICIA L
P O BOX 2014
HIGH SPRINGS FL 32643

04-7S-17 0000/0200 5.90 Acres
COMM SE COR OF N1/2 OF NE1/4
OF SE1/4, RUN W 50 FT TO W
R/W US-41, CONT W 731.51 FT
FOR POB, CONT W 545.36 FT, N
See Tax Roll For Extra Legal

PLEASE PAY IN U.S. FUNDS (NO POST DATED CHECKS) TO RONNIE BRANNON TAX COLLECTOR - 135 NE HERNANDO AVE. - SUITE 125, LAKE CITY, FL. 32055-4006

IF PAID BY	Apr 30 2011	ADV IF NOT	May 24 2011		
PLEASE PAY	1,051.32	PD BY 4/30	1,076.82		

0000000000 0000102070 0000001304100000 0001 5

Columbia County Property Appraiser

DB Last Updated: 5/3/2011

2010 Tax Year

Tax Collector | Tax Estimator | Property Card | Parcel List Generator | Interactive GIS Map | Print

Parcel: 04-7S-17-09891-006

<< Next Lower Parcel | Next Higher Parcel >>

Search Result: 1 of 1

Owner & Property Info

Owner's Name	COX GLENN W & PATRICIA L		
Mailing Address	P O BOX 2014 HIGH SPRINGS, FL 32643		
Site Address	P O BOX 2014		
Use Desc. (code)	VACANT (000000)		
Tax District	3 (County)	**Neighborhood**	4717
Land Area	5.900 ACRES	**Market Area**	02
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction.		

COMM SE COR OF N1/2 OF NE1/4 OF SE1/4, RUN W 50 FT TO W R/W US-41, CONT W 731.51 FT FOR POB, CONT W 545.36 FT, N 543.74 FT TO S R/W OF OLD BELLAMY RD, SE ALONG R/W 566.47, S 399.22 FT TO POB. ORB 468-673, 648-805, 725-049, 794-685, (SPLIT FROM PARENT 09891-000)

Property & Assessment Values

2010 Certified Values		
Mkt Land Value	cnt: (0)	$42,860.00
Ag Land Value	cnt: (2)	$0.00
Building Value	cnt: (0)	$0.00
XFOB Value	cnt: (0)	$0.00
Total Appraised Value		$42,860.00
Just Value		$42,860.00
Class Value		$0.00
Assessed Value		$42,860.00
Exempt Value		$0.00
Total Taxable Value		Cnty: $42,860 Other: $42,860 | Schl: $42,860

2011 Working Values

NOTE:
2011 Working Values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

Show Working Values

Sales History

Show Similar Sales within 1/2 mile

Sale Date	OR Book/Page	OR Code	Vacant / Improved	Qualified Sale	Sale RCode	Sale Price
NONE						

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
NONE						

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
NONE						

Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
000000	VAC RES (MKT)	5.9 AC	1.00/1.00/1.00/1.00	$6,232.95	$36,774.00
009945	WELL/SEPT (MKT)	1 UT - (0000000.000AC)	1.00/1.00/1.00/1.00	$2,000.00	$2,000.00

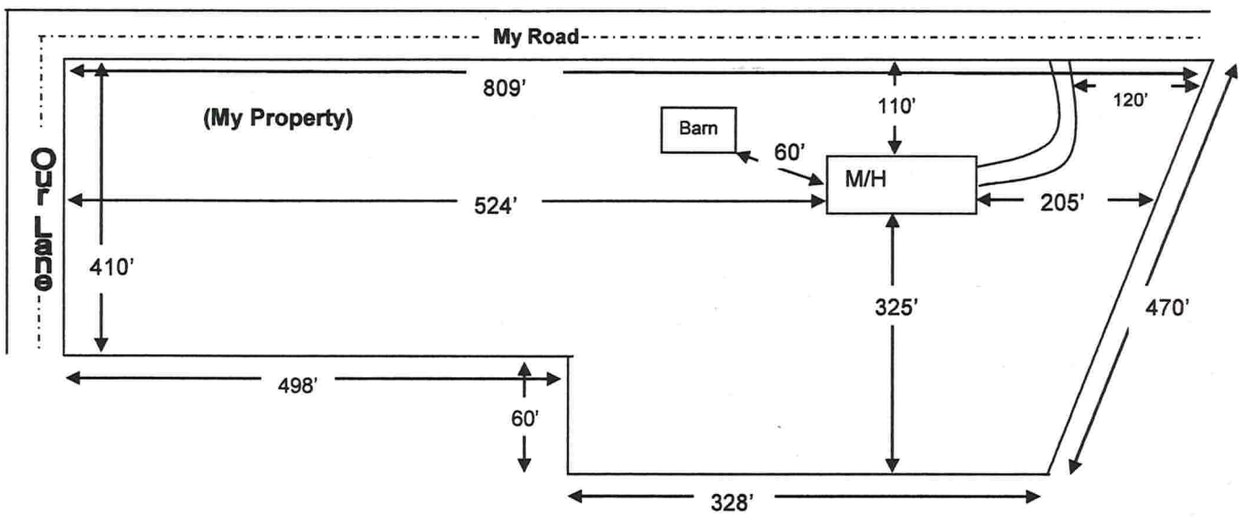
Columbia County Property Appraiser DB Last Updated: 5/3/2011

1 of 1

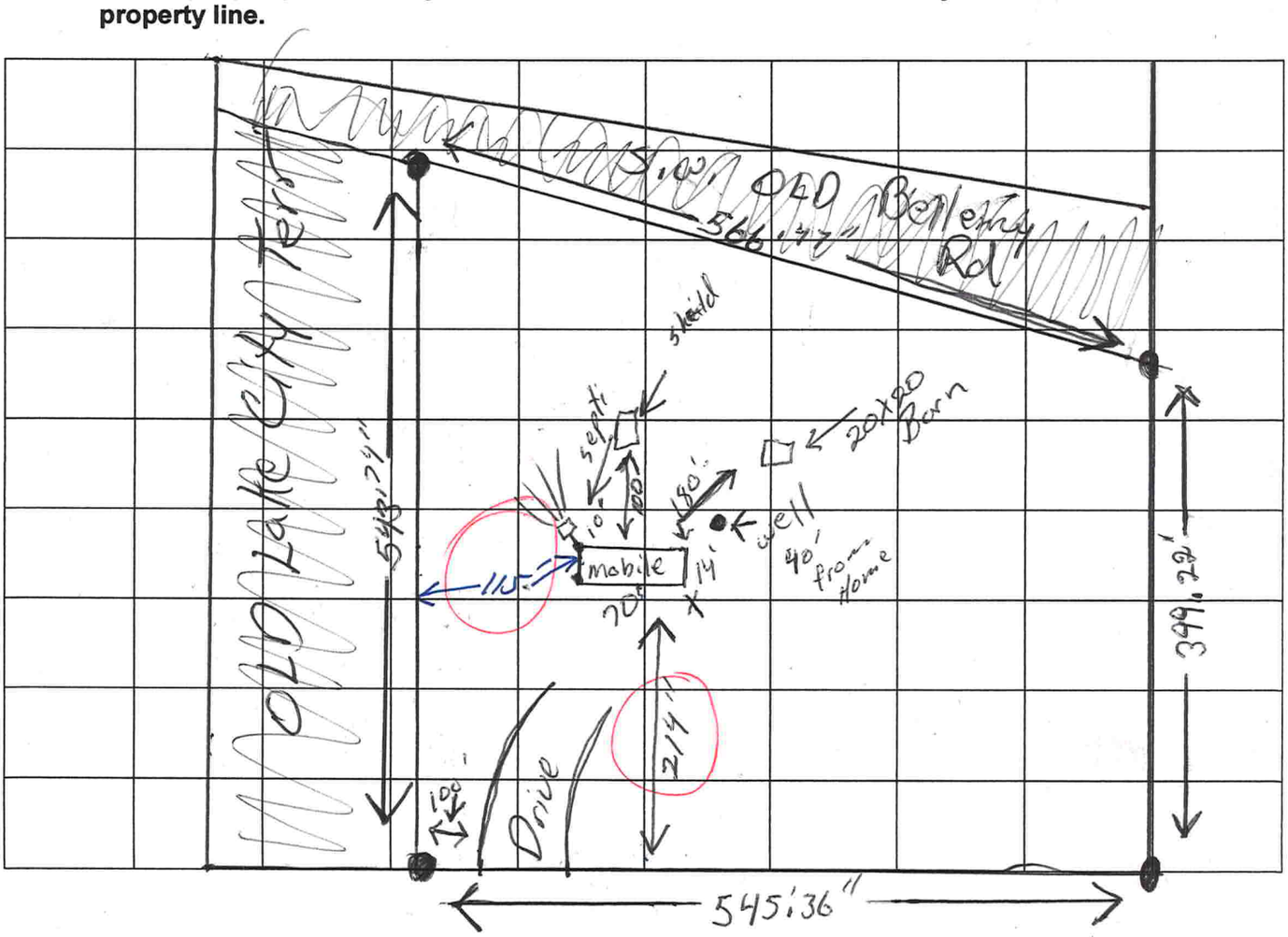
1	COMM SE COR OF N1/2 OF NE1/4	OF SE1/4, RUN W 50 FT TO W	2
3	R/W US-41, CONT W 731.51 FT	FOR POB, CONT W 545.36 FT, N	4
5	543.74 FT TO S R/W OF OLD	BELLAMY RD, SE ALONG R/W	6
7	566.47, S 399.22 FT TO POB.	ORB 468-673, 648-805,	8
9	725-049, 794-685, (SPLIT FROM	PARENT 09891-000)	10
11			12
13			14
15			16
17			18
19			20
21			22
23			24
25			26
27			28

Mnt **10/14/2009 LARRY**

SITE PLAN EXAMPLE / WORKSHEET



Use this example to draw your own site plan. Show all existing buildings and any other homes on this property and show the distances between them, Also show where the roads or roads are around the property. This site plan can also be used for the 911 Addressing department if you include the distance from the driveway to the nearest property line.



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: 4/26/2011 **DATE ISSUED:** 4/26/2011

ENHANCED 9-1-1 ADDRESS:

286 SW OLD BELLAMY RD

HIGH SPRINGS FL 32643

PROPERTY APPRAISER PARCEL NUMBER:

04-7S-17-09891-006

Remarks:

RE-ISSUE OF EXSITING ADDRESS FOR NEW STRUCTURE ON PARCEL, NO CHANGE OF ACCESS OR ADDRESSED STRUCTURE LOCATION.

Address Issued By: SIGNED: / RONAL N. CROFT

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.

1962

1104-52

CODE ENFORCEMENT DEPARTMENT
COLUMBIA COUNTY, FLORIDA
OUT OF COUNTY MOBILE HOME INSPECTION REPORT

COUNTY THE MOBILE HOME IS BEING MOVED FROM Union

OWNERS NAME Glen Cox PHONE _____ CELL 352-222-2334

INSTALLER Fermon Jones PHONE _____ CELL 812-318-7116

INSTALLERS ADDRESS 6795 SW 21st Ave Lake Butler, FL 32054

MOBILE HOME INFORMATION

MAKE Show YEAR 1987 SIZE 14 x 20

COLOR Blue SERIAL No. SHSIWGA 238610184

WIND ZONE II SMOKE DETECTOR yes

INTERIOR:
FLOORS Wood
DOORS good
WALLS good
CABINETS good
ELECTRICAL (FIXTURES/OUTLETS) good

EXTERIOR:
WALLS / SIDDING good
WINDOWS good
DOORS good

STATUS:
APPROVED yes NOT APPROVED _____

NOTES _____

INSTALLER OR INSPECTORS PRINTED NAME Fermon Jones

Installer/Inspector Signature Fermon Jones License No. IH1025418 Date 4/25/11

ONLY THE ACTUAL LICENSE HOLDER OR A BUILDING INSPECTOR CAN SIGN THIS FORM.

NO WIND ZONE ONE MOBILE HOMES WILL BE PERMITTED. MOBILE HOMES PRIOR TO 1977 ARE PRE-HUD AND THE WIND ZONE MUST BE PROVEN TO BE PERMITTED.

BEFORE THE MOBILE HOME CAN BE MOVED INTO COLUMBIA COUNTY THIS FORM MUST BE COMPLETED AND RETURNED TO THE COLUMBIA COUNTY BUILDING DEPARTMENT.

ONCE MOVED INTO COLUMBIA COUNTY AN INSPECTOR MUST COMPLETE A PRELIMINARY INSPECTION ON THE MOBILE HOME. CALL 386-719-2038 TO SET UP THIS INSPECTION. NO PERMIT WILL BE ISSUED BEFORE THIS IS DONE.

Code Enforcement Approval Signature [signature] Date 4-28-11


5
4
SW OLD
BELLAMY RD
566.47'
09891
-006
543.74'
399.22'
SW OLD LAKE
CITY TER
545.36'
N
This map for Property Appraiser's Office assessment use only and does not represent a survey. No liability assumed as to the accuracy of data delineated hereon.
Date Printed: 4/25/2011
1 in = 100 ft

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1109-52 CONTRACTOR FELMON JONES PHONE 352 317 2332

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 Glenn W. Cox License #:	Signature Glenn W. Cox Phone #: 352-317-2332
MECHANICAL/ A/C _____	Print Name Glenn W. Cox License #:	Signature Glenn W. Cox Phone #: 352-317-2332
PLUMBING/ GAS	Print Name Felmon Jones License #: IH1025418	Signature Felmon Jones Phone #: 352-318-4711

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.

COLUMBIA COUNTY BUILDING DEPARTMENT
135 NE Hernando Ave, Suite B-21, Lake City, FL 32055
Phone: 386-758-1008 Fax: 386-758-2160

MOBILE HOME INSTALLERS LETTER OF AUTHORIZATION

I, Fermon Jones (Installer License Holder Name), give this authority for the job address show below only, 286 S.W Bellamy Rd High Springs FL 32643 (Job Address) and I do certify that the below referenced person(s) listed on this form is/are under my direct supervision and control and is/are authorized to purchase permits, call for inspections and sign on my behalf.

Printed Name of Authorized Person	Signature of Authorized Person	Authorized Person is... (Check one)
Glenn W. Cox	Glenn W. Cox	___ Agent ___ Officer ✓ Property Owner
		___ Agent ___ Officer ___ Property Owner
		___ Agent ___ Officer ___ Property Owner

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and I am fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances.

I understand that the State Licensing Board has the power and authority to discipline a license holder for violations committed by him/her or by his/her authorized person(s) through this document and that I have full responsibility for compliance granted by issuance of such permits.

Fermon Jones — License Holders Signature (Notarized)
IH1025418 — License Number
4/26/11 — Date

NOTARY INFORMATION:
STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Fermon Jones, personally appeared before me and ~~is known by me~~ or has produced identification (type of I.D.) _____ on this 26 day of Apr. 11, 20 11.

La' Hodson
NOTARY'S SIGNATURE

LAURIE HODSON
MY COMMISSION # DD 805657
EXPIRES: July 14, 2012
Bonded Thru Notary Public Underwriters
(Seal/Stamp)

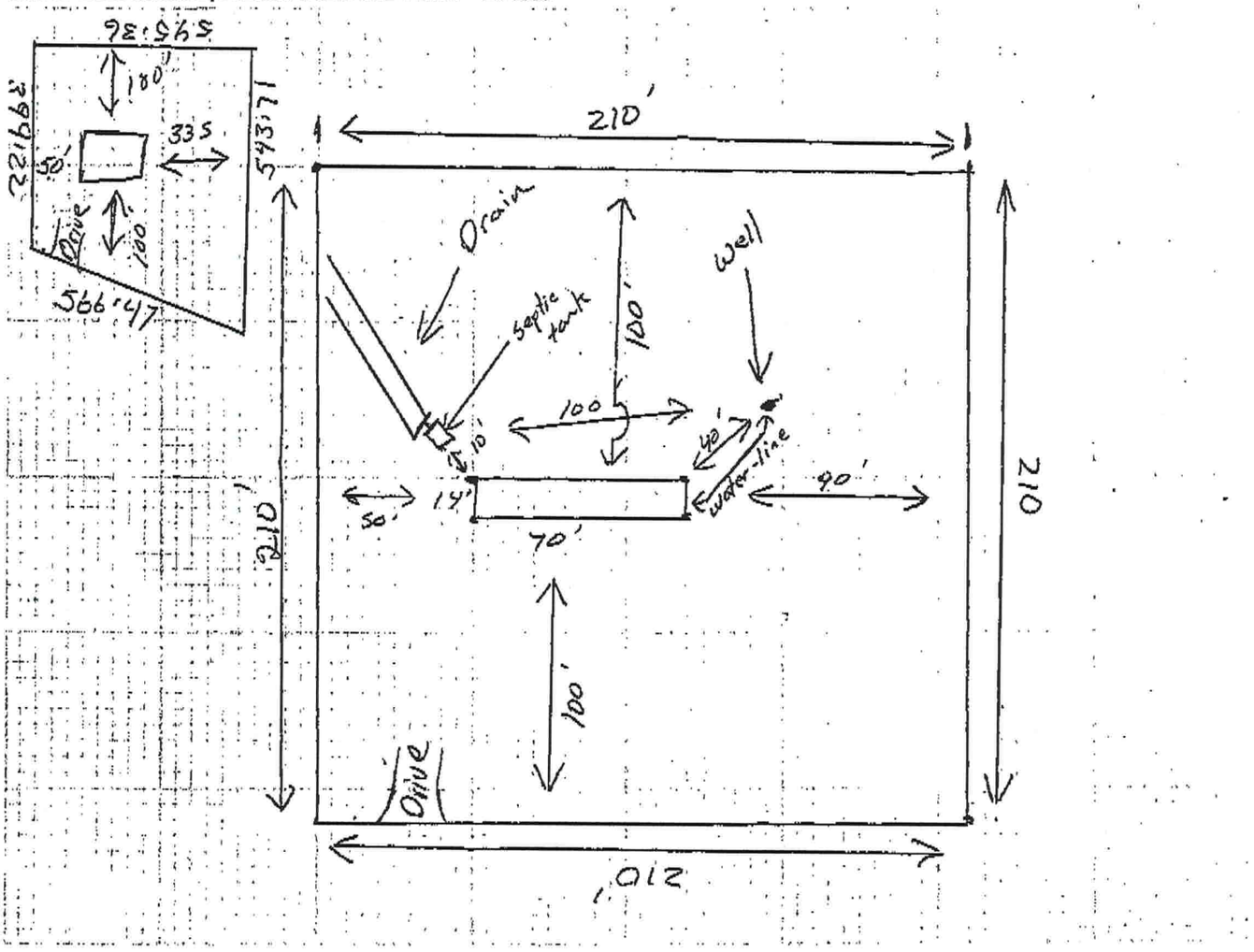
STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 11-0336E

PART II - SITE PLAN

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



Notes: _____

Site Plan submitted by: Steven W. Cox (Signature) Owner (Title)

Plan Approved X Not Approved _____ Date 4/26/11 5/4/11

By _____ Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DH 4015, 10/96 (Replaces HRS-H Form 4015 which may be used)
[Stock Number: 5744-002-4015-6]