

DATE 04/02/2013

Columbia County Building Permit

PERMIT

This Permit Must Be Prominently Posted on Premises During Construction

000030892

APPLICANT WILBERT AUSTIN PHONE 386.697.5037  
ADDRESS 149 NE EMPIRE DRIVE LAKE CITY FL 32025  
OWNER EUVARGAIN AMPARO PHONE 386.365.4995  
ADDRESS 3678 SW HERLONG STREET FT. WHITE FL 32038  
CONTRACTOR GAYLE EDDY PHONE 352.494.2326  
LOCATION OF PROPERTY 47-S TO HERLONG, TL TO SKYLINE, TR TO NEXT GATE OPEN.. THEN  
ANOTHER GATE STRAIGHT AHEAD OPEN FIELD.  
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 11-6S-16-03815-114 SUBDIVISION CARDINAL FARMS  
LOT 14 BLOCK                      PHASE                      UNIT                      TOTAL ACRES 10.10

IH1025339  
Culvert Permit No.                      Culvert Waiver                      Contractor's License Number                      Applicant/Owner/Contractor                       
EXISTING 13-0024 BLK TM N  
Driveway Connection                      Septic Tank Number                      LU & Zoning checked by                      Approved for Issuance                      New Resident                       
COMMENTS: 1 FOOT ABOVE ROAD.

Check # or Cash 1547

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 \$ 300.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 73.32 WASTE FEE \$ 100.50  
FLOOD DEVELOPMENT FEE \$                      FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$                      TOTAL FEE 548.82  
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.

NOTICE: ALL OTHER APPLICABLE STATE OR FEDERAL PERMITS SHALL BE OBTAINED BEFORE COMMENCEMENT OF THIS PERMITTED DEVELOPMENT.

"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.

30470 9/17/12 (Cardinal Farms Lot 15)

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

**For Office Use Only** (Revised 1-11) Zoning Official BK 13 Building Official TM 3/11/13

AP# 1303-16 Date Received 3/7 By EW Permit # 30892

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

Comments Wilbert Austin came in 3-14-13 - changed the lot # from 15 (which we had already permitted) to lot 14

FEMA Map# N/A Elevation N/A Finished Floor 1 above rd River N/A In Floodway N/A

☒ Site Plan with Setbacks Shown ☒ EH # 13-0024 ☐ EH Release ☒ Well letter ☒ Existing well

☒ Recorded Deed or Affidavit from land owner ☒ Installer Authorization ☐ State Rd Access ☒ 911 Sheet

☐ Parent Parcel # ☐ STUP-MH ☐ F W Comp. letter ☒ App Fee Pd ☒ VF Form

IMPACT FEES: EMS ☐ Fire ☐ Corr ☒ Out County ☒ In County

Road/Code ☐ School ☐ = TOTAL ☐ Suspended March 2009 ☐ Ellisville Water Sys

Property ID # 11-65-16-03815-114 Subdivision Cardinal Farms - LOT 14

▪ New Mobile Home ☐ Used Mobile Home ☒ MH Size 28/60 Year 1998

▪ Applicant C. WILBERT AUSTIN Phone # 386-697-5037

▪ Address 149 NE Empire Dr, Lake City, FL 32025

▪ Name of Property Owner Euvarigian Ampora Phone # 365-4995

▪ 911 Address SW Herlong St., Fortwhite, 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 Euvarigian Ampora Phone # 386-365-4995

Address 252 Sherri Circle, Lake City, FL 32024

▪ Relationship to Property Owner Owner

▪ Current Number of Dwellings on Property 1

▪ Lot Size 10.100 Total Acreage 10.100

▪ 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

▪ Driving Directions to the Property 90 TO 441 S to 47 TO Herlong Rd Lt to SkyLine, NEX TO GATE, OPEN

▪ Name of Licensed Dealer/Installer Gayle Eddy Phone # 352-494-2326

▪ Installers Address 10237 SW 40th Terr, Lake Butler FL

▪ License Number Gayle Eddy Installation Decal # 10895

149 NE  
Empire Dr

Iw spoke w/ Gayle 3.14.13  
Wilbert came in 3-14-13 / 3-22-13

Jw spoke w/ Wilbert  
4.2.13 - 548.82



# 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 Guy Eddy License # 241025339

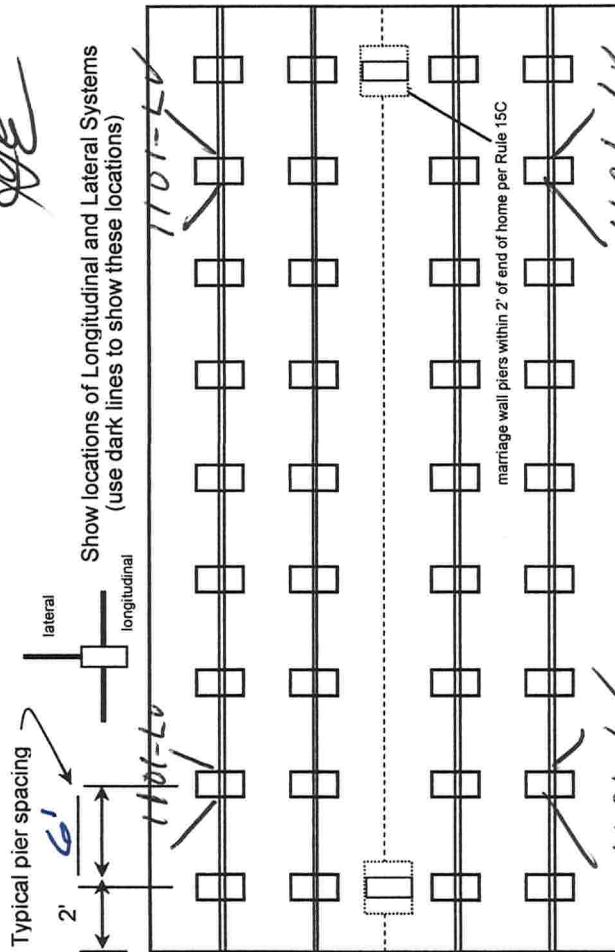
911 Address where home is being installed. \_\_\_\_\_

Manufacturer Phorbyrd Length x width 28 x 60

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 GE



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 Detail # ordered (will call you)

Triple/Quad ☐ Serial # 25820521 5.6.13 # 10895

## 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'	4'	5'	6'	7'	8'
1500 psf	4'6"	6'	6'	7'	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 18 x 18

Perimeter pier pad size 18 x 18

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

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 18 x 18

## 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

## OTHER TIES

Number 15

Sidewall 1

Longitudinal 1

Marriage wall 1

Shearwall 1

## TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)  
Manufacturer DDI

Longitudinal Stabilizing Device w/ Lateral Arms  
Manufacturer \_\_\_\_\_

# COLUMBIA COUNTY PERMIT WORKSHEET

page 2 of 2

## POCKET PENETROMETER TEST

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

x 1500 x 1500 x 1500

## 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 1500 x 1500 x 1500

## TORQUE PROBE TEST

The results of the torque probe test is 285 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.

Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Date Tested

## 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 tap or septic tank. Pg. 15-C

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 15-C

## Site Preparation

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

## Fastening multi wide units

Floor: Type Fastener: lags Length: 6" Spacing: 18"  
Walls: Type Fastener: scabs Length: 3 3/4" Spacing: 18"  
Roof: Type Fastener: scabs Length: 1 1/4" Spacing: 18"  
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

Type gasket foam  
Pg. 15-C  
Installed: Between Floors yes  
Between Walls yes  
Bottom of ridgebeam yes

## Weatherproofing

The bottomboard will be repaired and/or taped. Yes yes Pg. 15-C  
Siding on units is installed to manufacturer's specifications. Yes yes  
Fireplace chimney installed so as not to allow intrusion of rain water. Yes yes

## Miscellaneous

Skirting to be installed. Yes yes No no  
Dryer vent installed outside of skirting. Yes yes N/A N/A  
Range downflow vent installed outside of skirting. Yes yes N/A N/A  
Drain lines supported at 4 foot intervals. Yes yes  
Electrical crossovers protected. Yes yes  
Other: \_\_\_\_\_

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

Installer Signature

Date

2/5/13

# Columbia County Property Appraiser

CAMA updated: 2/1/2013

**2012 Tax Year**

Parcel: 11-6S-16-03815-114

&lt;&lt; Next Lower Parcel   Next Higher Parcel &gt;&gt;

Tax Collector

Tax Estimator

Property Card

Parcel List Generator

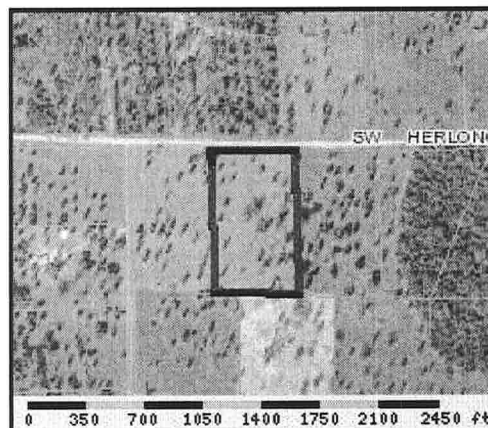
Interactive GIS Map

Print

Search Result: 1 of 1

## Owner & Property Info

Owner's Name	AMPARO EUVARGAIN & FRANCIA		
Mailing Address	292 SW SHERRI CIR LAKE CITY, FL 32024		
Site Address	SHERRI CIR		
Use Desc. (code)	PASTURELAN (006200)		
Tax District	3 (County)	Neighborhood	11616
Land Area	10.010 ACRES	Market Area	02
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction.		
LOT 14 CARDINAL FARMS UNREC: COMM SE COR OF SEC 11 & RUN W 3266.86 FT, THENCE N 22 DG E 510.42 FT, THENCE N 915.56 FT, THENCE N 22 DG E 1397.36 FT, THENCE N 25 DG E 2.82 FT, CONT N 25 DG E 1476.15 FT, THENCE N 452.02 FT, THENCE W 775.49 FT TO POB, CONT W 498.42 FT, THENCE N 812.12 FT, THENCE N 60.39 FT TO S'TERLY R/W OLD ICHETUCKNEE RD, THENCE E'TERLY ALONG R/W 432 FT MOL, CONT E ALONG R/W 66 FT M ...more>>>			



## Property & Assessment Values

2012 Certified Values		
<b>Mkt Land Value</b>	cnt: (1)	\$0.00
<b>Ag Land Value</b>	cnt: (0)	\$2,002.00
<b>Building Value</b>	cnt: (0)	\$0.00
<b>XFOB Value</b>	cnt: (0)	\$0.00
<b>Total Appraised Value</b>		\$2,002.00
<b>Just Value</b>		\$42,111.00
<b>Class Value</b>		\$2,002.00
<b>Assessed Value</b>		\$2,002.00
<b>Exempt Value</b>		\$0.00
<b>Total Taxable Value</b>	Cnty: \$2,002 Other: \$2,002   Schl: \$2,002	

## 2013 Working Values

**NOTE:**  
2013 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
10/31/2007	1135/1128	WD	V	U	08	\$68,000.00
10/19/2007	1135/1126	WD	V	U	04	\$100.00
7/1/2004	1033/952	AG	V	U	01	\$48,500.00

## 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
006200	PASTURE 3 (AG)	10.01 AC	1.00/1.00/1.00/1.00	\$200.00	\$2,002.00
009910	MKT.VAL.AG (MKT)	10.01 AC	1.00/1.00/1.00/1.00	\$0.00	\$42,042.00

Columbia County Property Appraiser CAMA updated: 2/1/2013

1 of 1

**DISCLAIMER**

This information was derived from data which was compiled by the Columbia County Property Appraiser Office solely for the governmental purpose of property assessment. This information should not be relied upon by anyone as a determination of the ownership of property or market value. No warranties, expressed or implied, are provided for the accuracy of the data herein, it's use, or it's interpretation. Although it is periodically updated, this information may not reflect the data currently on file in the Property Appraiser's office. The assessed values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.



## MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1303-16 CONTRACTOR Gayle Eddy PHONE 3524942326

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.**

<b>ELECTRICAL</b>	Print Name <u>Edwigen Ampora</u> Signature <u>Edwigen Ampora</u> License #: _____ Phone #: <u>386-365-4995</u>
<b>MECHANICAL/ A/C</b>	Print Name <u>Edwigen Ampora</u> Signature <u>Edwigen Ampora</u> License #: _____ Phone #: <u>386-365-4995</u>
<b>PLUMBING/ GAS</b>	Print Name <u>Edwigen Ampora</u> Signature <u>Edwigen Ampora</u> License #: _____ Phone #: <u>386-365-4995</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 Forms: Subcontractor form: 1/11



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, Gayle Eddy, give this authority for the job address show below  
(Installer License Holder Name)  
only, 11-65-16-03815-115, and I do certify that  
(Job Address)

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)
<u>Wilbert Austin</u>	<u>Wilbert Austin</u>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
<u>Euvarigan Amparo</u>	<u>Euvarigan Amparo</u>	<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input checked="" type="checkbox"/> Property Owner
		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> 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.

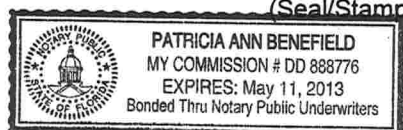
Gayle Eddy TH1025339 2/28/13  
License Holders Signature (Notarized) License Number Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Union

The above license holder, whose name is Gayle Eddy,  
personally appeared before me and is known by me or has produced identification  
(type of I.D.) personally known on this 28 day of Feb, 20 13.

Patricia Benefield  
NOTARY'S SIGNATURE







STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
ONSITE SEWAGE TREATMENT AND DISPOSAL  
SYSTEM  
APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. 13-0014  
DATE PAID: 11/5/13  
FEE PAID: 30.00  
RECEIPT #: 1094125

APPLICATION FOR:

☒ New System ☐ Existing System ☐ Holding Tank ☐ Innovative  
☐ Repair ☐ Abandonment ☐ Temporary ☐

APPLICANT: EUVARGAIN AMPARO

AGENT: Robert Ford Jr NFST Inc TELEPHONE: 755-6372

MAILING ADDRESS: 580 NW Guverdon Rd LC. FL. 32055

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3)(m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION

LOT: 14 BLOCK: / SUBDIVISION: CARDINAL FARMS PLATTED: 2000

PROPERTY ID #: 11-65-16-03815-114 ZONING: Past C. I/M OR EQUIVALENT: ☐ Y ☒ N

PROPERTY SIZE: 10.010 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐  $\leq 2000$  GPD ☐  $> 2000$  GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ Y ☒ N DISTANCE TO SEWER: NA FT

PROPERTY ADDRESS: Heerlong Rd.

DIRECTIONS TO PROPERTY: Hwy 47 SOUTH TO Heerlong Rd TURN  
left Follow to property on Right

BUILDING INFORMATION

☒ RESIDENTIAL ☐ COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	<u>m/H</u>	<u>3</u>	<u>28x62</u> <u>1736</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) \_\_\_\_\_

SIGNATURE: Robert W. Joch DATE: 1-15-13

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

**Rick Scott**

Governor

**John H. Armstrong, MD, FACS**

State Surgeon General &amp; Secretary

**Vision:** To be the Healthiest State in the Nation

February 26, 2013

Euvergain Amparo  
faxed

Agent: NFS

**RE:** On-Site Sewage Treatment and Disposal System Construction Inspection and Final Approval.

Dear Sir / Madam:

On 1/25/2013, an inspection was conducted on your property for Permit #13-0024. The Construction / Final Approval for this system was not issued because the following was / were noted. This / These item(s) will need to be resolved before this department can grant Final Approval.

- |   |   |
|---|---|
| <input type="checkbox"/> Private well not installed (75' setback).    | <input type="checkbox"/> Mound/Filled system needs stabilization.     |
| <input checked="" type="checkbox"/> Bldg. not installed (5' setback). | <input type="checkbox"/> Need Tank Certification.                     |
| <input type="checkbox"/> Bldg. does not match/missing floor plans.    | <input type="checkbox"/> Tank manhole needs to be sealed.*            |
| <input type="checkbox"/> H2O line not hooked up (10' setback).*       | <input checked="" type="checkbox"/> Need 911- Address.                |
| <input type="checkbox"/> H2O line does not meet required setbacks.*   | <input type="checkbox"/> Sign Private Soil Evaluator form.            |
| <input type="checkbox"/> System does not meet required setbacks.      | <input type="checkbox"/> Resite (\$50)/Amendment (\$55) Fee required. |
| <input type="checkbox"/> Property lines not clearly marked.           | <input type="checkbox"/> Resite/Updated site plan required.           |
| <input checked="" type="checkbox"/> Plumbing connection into tank.*   | <input type="checkbox"/> Other.                                       |

\* Must be left uncovered for inspection. Failure to comply may result in additional fee(s).

**Remarks:****PLEASE CALL WHEN EVERYTHING IS COMPLETED**

The items mentioned must be resolved as soon as possible before a final approval can be granted. This department is required to make an additional inspection to grant this approval. You ☐ will ☒ will not be charged a re-inspection fee of \$50.00 for this inspection. Please note that additional inspections may be subject to the re-inspection fee.

When completed or if there should be any questions, please contact the Environmental Health Section of the Columbia County Health Department at 386-758-1058.

Respectfully,

  
Jeremy M. Gifford  
Environmental Specialist I  
Columbia County Environmental Health  
Florida Department of Health

**Florida Department of Health**

Environmental Health • Columbia County  
217 NE Franklin Street • Lake City, FL 32055  
PHONE: (386) 758-1058 • FAX (386) 758-2187

**www.FloridasHealth.com**

TWITTER: HealthyFLA  
FACEBOOK: FLDepartmentofHealth  
YOUTUBE: fldoh



STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM  
CONSTRUCTION PERMIT

**FAXED**  
NES  
home

PERMIT #: **12-SC-1450195**  
APPLICATION #: **AP1094195**  
DATE PAID: **11/5/13**  
FEE PAID: **310.00**  
RECEIPT #: **2087315**  
DOCUMENT #: **PR894928**

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: EUARGAIN\*13-0024 AMPARO

PROPERTY ADDRESS: HERLONG Rd Fort White, FL 32038

LOT: 14 BLOCK: SUBDIVISION: CARDINAL FARMS

PROPERTY ID #: 03815-114

[SECTION, TOWNSHIP, RANGE, PARCEL NUMBER]  
[OR TAX ID NUMBER]

SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF SECTION 381.0065, F.S., AND CHAPTER 64E-6, F.A.C. DEPARTMENT APPROVAL OF SYSTEM DOES NOT GUARANTEE SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN MATERIAL FACTS, WHICH SERVED AS A BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT TO MODIFY THE PERMIT APPLICATION. SUCH MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE NULL AND VOID. ISSUANCE OF THIS PERMIT DOES NOT EXEMPT THE APPLICANT FROM COMPLIANCE WITH OTHER FEDERAL, STATE, OR LOCAL PERMITTING REQUIRED FOR DEVELOPMENT OF THIS PROPERTY.

SYSTEM DESIGN AND SPECIFICATIONS

T [ 900 ] GALLONS / GPD Septic CAPACITY  
A [ ] GALLONS / GPD N/A CAPACITY  
N [ ] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK:1250 GALLONS]  
K [ ] GALLONS DOSING TANK CAPACITY [ ] GALLONS @ [ ] DOSES PER 24 HRS #Pumps [ ]

D [ 375 ] SQUARE FEET SYSTEM  
R [ ] SQUARE FEET N/A SYSTEM

A TYPE SYSTEM: [x] STANDARD [ ] FILLED [ ] MOUND [ ]

I CONFIGURATION: [x] TRENCH [ ] BED [ ]

F LOCATION OF BENCHMARK: Nail in Pink ribbon 30" Oak tree

I ELEVATION OF PROPOSED SYSTEM SITE [ 24.00 ] [ INCHES ] FT [ ] ABOVE [ ] BELOW BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [ 48.00 ] [ INCHES ] FT [ ] ABOVE [ ] BELOW BENCHMARK/REFERENCE POINT

D FILL REQUIRED: [ 0.00 ] INCHES EXCAVATION REQUIRED: [ 0.00 ] INCHES

911 ADDRESS SHALL BE REQUIRED PRIOR TO FINAL APPROVAL.

O  
T  
H  
E  
R  
**(\*) Well must be permitted as a limited use supply well if two or more residences that are not the owner occupied residences use the same well. This must be done before final approval given.**

SPECIFICATIONS BY: Robert W Ford

TITLE: Master Contractor

APPROVED BY: Jeremy X Gifford TITLE: Environmental Specialist I Columbia CHD

DATE ISSUED: 01/22/2013 EXPIRATION DATE: 07/22/2014

DH 4016, 08/09 (Obsoletes all previous editions which may not be used)

Incorporated: 64E-6.003, FAC

Page 1 of 3



STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR CONSTRUCTION PERMIT

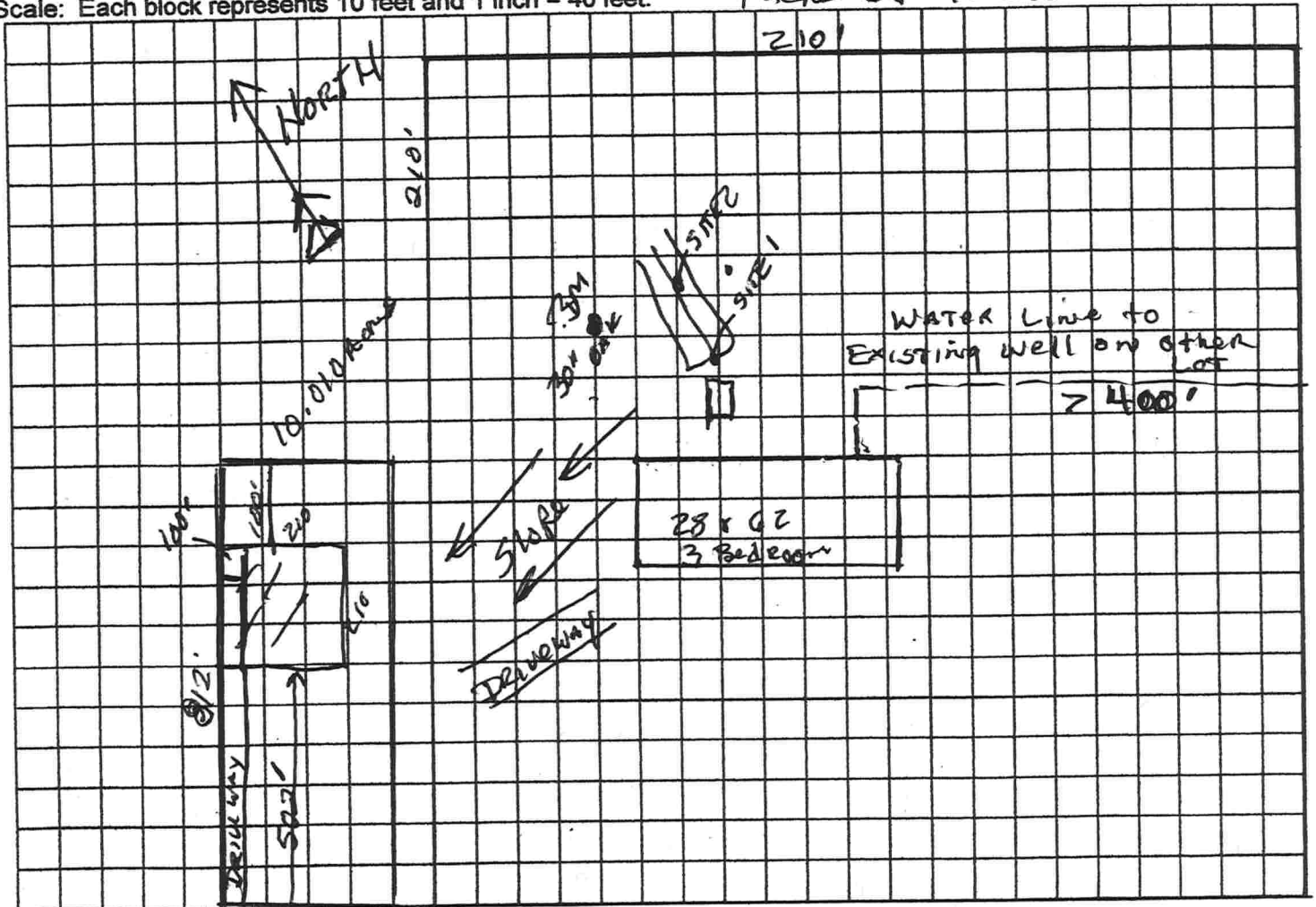
Permit Application Number

13-0024

PART II - SITEPLAN

Scale: Each block represents 10 feet and 1 inch = 40 feet.

1 Acre of 10.010 ACRES



Notes:

Her long Rd.

EUVARQAIN AMPARO

Lot 14 CARDINAL FARMS

03815-114 10.010 ACRES

Site Plan submitted by: Robert W. J. 1-15-13

Plan Approved ☒

Not Approved

By

Env. Specialist

Date 11/22/13

Columbia CHD

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

T# 727913485

B# 1677808

Identification Number <b>GAFLV34A25820SL21</b>	Year <b>1997</b>	Make <b>SPRI</b>	Body <b>HS</b>	WT-L-BHP <b>60'</b>	Vessel Regis. No.	Title Number <b>73288982</b>
---	---------------------	---------------------	-------------------	------------------------	-------------------	---------------------------------

Registered Owner:

Date of Issue **10/18/2012**

**GREEN TREE SERVICING LLC**  
**9119 CORPORATE LAKE DR STE 175**  
**TAMPA, FL 33634**

Lien Release  
 Interest in the described vehicle is hereby released  
 By \_\_\_\_\_  
 Title \_\_\_\_\_  
 Date \_\_\_\_\_

## IMPORTANT INFORMATION

1. When ownership of the vehicle described herein is transferred, the seller MUST complete in full the Transfer of Title by Seller section at the bottom of the certificate of title.
2. Upon sale of this vehicle, the seller must complete the notice of sale on the reverse side of this form.
3. Remove your license plate from the vehicle.
4. See the web address below for more information and the appropriate forms required for the purchaser to title and register the vehicle, mobile home or vessel: <http://www.hsmv.state.fl.us/html/titlinf.html>

Mail To:

**GREEN TREE SERVICING LLC**  
**9119 CORPORATE LAKE DR STE 175**  
**TAMPA, FL 33634**

## CERTIFICATE OF TITLE

Identification Number <b>GAFLV34A25820SL21</b>	Year <b>1997</b>	Make <b>SPRI</b>	Body <b>HS</b>	WT-L-BHP <b>60'</b>	Vessel Regis. No.	Title Number <b>73288982</b>
Prev. State <b>FL</b>	Color <b>UNK</b>	Primary Brand	Secondary Brand	No. of Brands	Use <b>PRIVATE</b>	Prev Issue Date <b>06/27/1997</b>
Odometer Status or Vessel Manufacturer or OH use				Hull Material	Prop	Date of Issue <b>10/18/2012</b>

Registered Owner

**GREEN TREE SERVICING LLC**  
**9119 CORPORATE LAKE DR STE 175**  
**TAMPA, FL 33634**

1st Lienholder  
**NONE**

DIVISION OF MOTORIST SERVICES

TALLAHASSEE

FLORIDA

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

*Boyd Walden*  
 Boyd Walden  
 Director

*Julie L. Jones*  
 Julie L. Jones  
 Executive Director

Control Number **107195644**  
 3 / 8 107195644

## TRANSFER OF TITLE BY SELLER (This section must be completed at the time of sale.)

Federal and/or state law require that the seller state the mileage, purchaser's name, selling price and date sold in connection with the transfer of ownership.  
 Failure to complete or providing a false statement may result in fines and/or imprisonment.  
 This title is warranted to be free from any liens except as noted on the face of the certificate and the motor vehicle or vessel described is hereby transferred to:

Seller Must Enter Purchaser's Name: **Eubargain Amparo**

Address: \_\_\_\_\_

Seller Must Enter Selling Price: **\$1500.00**Seller Must Enter Date Sold: **11/30/12**

I/We state that this ☐ 5 or ☐ 6 digit odometer now reads \_\_\_\_\_ and I hereby certify that to the best of my knowledge the odometer reading:  
☐ 1. reflects ACTUAL MILEAGE ☐ 2. is IN EXCESS OF ITS MECHANICAL LIMITS. ☐ 3. is NOT THE ACTUAL MILEAGE.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

SELLER Must Sign Here: *Alicia E. Marschke*

CO-SELLER Must Sign Here: \_\_\_\_\_

Print Here: **ALICIA E. MARSCHKE**

Print Here: \_\_\_\_\_

Selling Dealer's License Number: \_\_\_\_\_

Tax No. \_\_\_\_\_

Tax Collected: \_\_\_\_\_

Auction Name: \_\_\_\_\_

License Number: \_\_\_\_\_

PURCHASER Must Sign Here: \_\_\_\_\_

CO-PURCHASER Must Sign Here: \_\_\_\_\_

Print Here: \_\_\_\_\_

Print Here: \_\_\_\_\_

NOTICE: PENALTY IS REQUIRED BY LAW IF NOT SUBMITTED FOR TRANSFER WITHIN 30 DAYS AFTER DATE OF PURCHASE

STATE OF FLORIDA

STATE OF FLORIDA

VOID IF ALTERED



T# 727913747

B# 1677808

Identification Number <b>GAFLV34B25820SL21</b>	Year <b>1997</b>	Make <b>SPRI</b>	Body <b>HS</b>	WT-L-BHP <b>60</b>	Vessel Regis. No.	Title Number <b>73288983</b>
---	---------------------	---------------------	-------------------	-----------------------	-------------------	---------------------------------

Registered Owner:

Date of Issue 10/18/2012

**GREEN TREE SERVICING LLC**  
**9119 CORPORATE LAKE DR STE 175**  
**TAMPA, FL 33634**

Lien Release  
 Interest in the described vehicle is hereby released  
 By \_\_\_\_\_  
 Title \_\_\_\_\_  
 Date \_\_\_\_\_

## IMPORTANT INFORMATION

1. When ownership of the vehicle described herein is transferred, the seller MUST complete in full the Transfer of Title by Seller section at the bottom of the certificate of title.
2. Upon sale of this vehicle, the seller must complete the notice of sale on the reverse side of this form.
3. Remove your license plate from the vehicle.
4. See the web address below for more information and the appropriate forms required for the purchaser to title and register the vehicle, mobile home or vessel: <http://www.hsmv.state.fl.us/html/titlinfo.html>

Mail To:

**GREEN TREE SERVICING LLC**  
**9119 CORPORATE LAKE DR STE 175**  
**TAMPA, FL 33634**

## CERTIFICATE OF TITLE

Identification Number <b>GAFLV34B25820SL21</b>	Year <b>1997</b>	Make <b>SPRI</b>	Body <b>HS</b>	WT-L-BHP <b>60</b>	Vessel Regis. No.	Title Number <b>73288983</b>
---	---------------------	---------------------	-------------------	-----------------------	-------------------	---------------------------------

Lien Release  
 Interest in the described vehicle is hereby released

Prev. State <b>FL</b>	Color <b>UNK</b>	Primary Brand	Secondary Brand	No of Brands	Use <b>PRIVATE</b>	Prev Issue Date <b>06/27/1997</b>
Odometer Status or Vessel Manufacturer or OH use				Hull Material	Prop	Date of Issue <b>10/18/2012</b>

By \_\_\_\_\_  
 Title \_\_\_\_\_  
 Date \_\_\_\_\_

Registered Owner

**GREEN TREE SERVICING LLC**  
**9119 CORPORATE LAKE DR STE 175**  
**TAMPA, FL 33634**

1st Lienholder  
NONE

DIVISION OF MOTORIST SERVICES

TALLAHASSEE

FLORIDA

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

*Boyd B. Walden*

Boyd Walden  
Director

*Julie L. Jones*

Julie L. Jones  
Executive Director

Control Number **107195645**  
 3 / 8 107195645

TRANSFER OF TITLE BY SELLER (This section must be completed at the time of sale.)

Federal and/or state law require that the seller state the mileage, purchaser's name, selling price and date sold in connection with the transfer of ownership.  
 Failure to complete or providing a false statement may result in fines and/or imprisonment.

This title is warranted to be free from any liens except as noted on the face of the certificate and the motor vehicle or vessel described is hereby transferred to:

Seller Must Enter Purchaser's Name: **Eubergain Amparo**

Address: \_\_\_\_\_

Seller Must Enter Selling Price: **\$1500.00**Seller Must Enter Date Sold: **11/30/12**

I/We state that this: ☐ 5 or ☐ 6 digit odometer now reads \_\_\_\_\_ (no tenths) miles, date read \_\_\_\_\_ and I hereby certify that to the best of my knowledge the odometer reading  
☐ 1 reflects ACTUAL MILEAGE ☐ 2 is IN EXCESS OF ITS MECHANICAL LIMITS ☐ 3 is NOT THE ACTUAL MILEAGE.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

SELLER Must Sign Here: *Julie E. Mareschke*  
 Print Here: **Julie E. Mareschke**

CO-SELLER Must Sign Here: \_\_\_\_\_

Print Here: \_\_\_\_\_

Selling Dealer's License Number: \_\_\_\_\_

Tax No: \_\_\_\_\_

Tax Collected: \_\_\_\_\_

Auction Name: \_\_\_\_\_

License Number: \_\_\_\_\_

PURCHASER Must Sign Here: \_\_\_\_\_

CO-PURCHASER Must Sign Here: \_\_\_\_\_

Date: \_\_\_\_\_

Print Here: \_\_\_\_\_

NOTICE: PENALTY IS REQUIRED BY LAW IF NOT SUBMITTED FOR TRANSFER WITHIN 30 DAYS AFTER DATE OF PURCHASE

**40367550**



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

- 1303-16

COUNTY THE MOBILE HOME IS BEING MOVED FROM Alachua  
OWNERS NAME Euvarigian Ampora PHONE 386365-4985  
INSTALLER Gayle Eddy PHONE 3524942326 CELL —  
INSTALLERS ADDRESS 10237 SW 40TH Terr Lake Butler FL 32054

**MOBILE HOME INFORMATION**

MAKE Fleetwood YEAR 1998 SIZE 28 X 60  
COLOR White SERIAL No. GAFLV34A25820SL21  
WIND ZONE II SMOKE DETECTOR 3

**INTERIOR:**  
FLOORS wood good  
DOORS good  
WALLS good  
CABINETS Bad

ELECTRICAL (FIXTURES/OUTLETS) good

**EXTERIOR:**  
WALLS / SIDING good  
WINDOWS good  
DOORS good

INSTALLER: APPROVED ✓ NOT APPROVED \_\_\_\_\_

INSTALLER OR INSPECTORS PRINTED NAME

Installer/Inspector Signature Gayle Eddy License No. IT1025339 Date 2/28/13

NOTES: \_\_\_\_\_

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

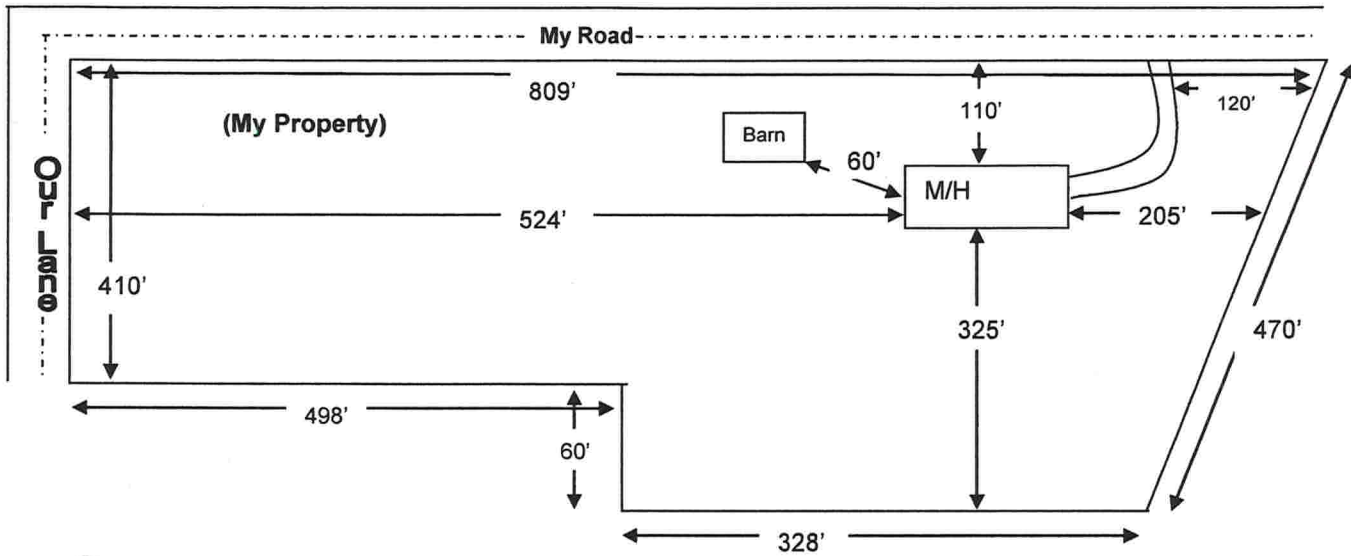
NO WIND ZONE ONE MOBILE HOMES WILL BE PERMITTED. MOBILE HOMES PRIOR TO 1977 ARE PRE-HUD AND THE WIND ZONE MUST BE PROVEN TO BE PERMITTED.

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

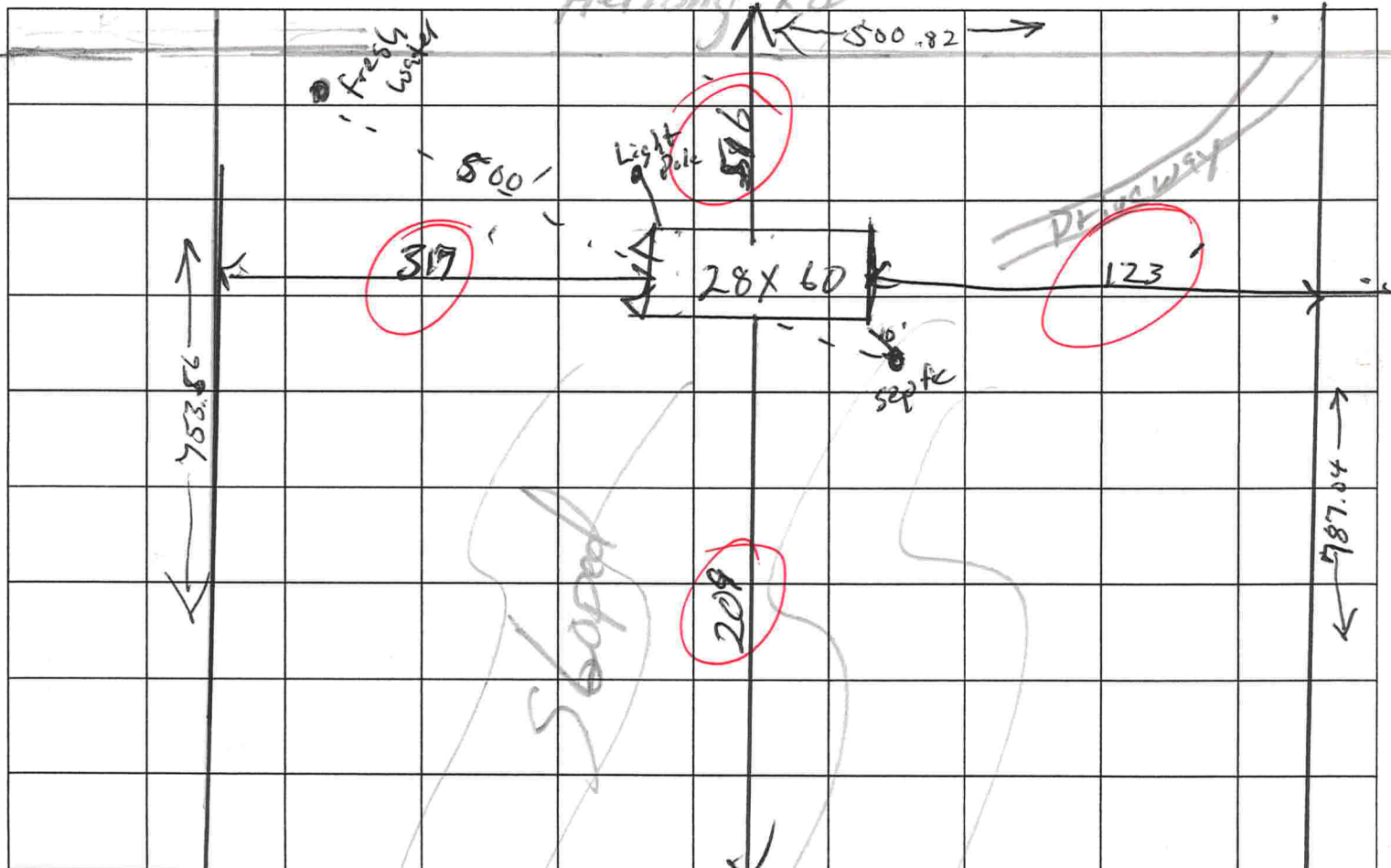
**ONCE MOVED INTO COLUMBIA COUNTY AN INSPECTOR MUST COMPLETE A PRELIMINARY INSPECTION ON THE MOBILE HOME. CALL 386-758-1008 TO SET UP THIS INSPECTION. NO PERMIT WILL BE ISSUED BEFORE THIS IS DONE.**

Code Enforcement Approval Signature Gayle Eddy Date 3-11-13

# 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.



CODE ENFORCEMENT  
PRELIMINARY MOBILE HOME INSPECTION REPORT

1303-16

DATE RECEIVED 1-7-13 BY JD IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? yes

OWNERS NAME Evarigan Ampola PHONE 386865495 CELL

ADDRESS 292 SW Sherry Circle Lake City, FL 32024

MOBILE HOME PARK N/A SUBDIVISION Cardinal Farms Lot 15

DRIVING DIRECTIONS TO MOBILE HOME To 475 To Hevlong Rd, TL  
To Sky Line, RT, 1/4 mile ON the L.

MOBILE HOME INSTALLER Gayle Eddy PHONE 3524942326 CELL 3524942326

MOBILE HOME INFORMATION

MAKE Fleetwood YEAR 1998 SIZE 28 x 60 COLOR White Burgundy

SERIAL No. A258205L21

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

INSPECTION STANDARDS

INTERIOR:

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

P SMOKE DETECTOR ( ) OPERATIONAL ( ) MISSING

P FLOORS ( ) SOLID ( ) WEAK ( ) HOLES DAMAGED LOCATION

P DOORS X OPERABLE ( ) DAMAGED

P WALLS ( ) SOLID X STRUCTURALLY UNSOUND

P WINDOWS X OPERABLE ( ) INOPERABLE

P PLUMBING FIXTURES X OPERABLE ( ) INOPERABLE ( ) MISSING

P CEILING X SOLID ( ) HOLES ( ) LEAKS APPARENT

P ELECTRICAL (FIXTURES/OUTLETS) X OPERABLE ( ) EXPOSED WIRING ( ) OUTLET COVERS MISSING ( ) LIGHT  
FIXTURES MISSING

EXTERIOR:

P WALLS / SIDING ( ) LOOSE SIDING X STRUCTURALLY UNSOUND ( ) NOT WEATHERTIGHT ( ) NEEDS CLEANING

P WINDOWS ( ) CRACKED/ BROKEN GLASS ( ) SCREENS MISSING ( ) WEATHERTIGHT

P ROOF X APPEARS SOLID ( ) DAMAGED

STATUS

APPROVED ✓ WITH CONDITIONS:

NOT APPROVED  NEED RE-INSPECTION FOR FOLLOWING CONDITIONS

SIGNATURE Jay C ID NUMBER 306 DATE 3-15-13

Wilbert thought this was already done by us.  
3-14-13 LH



# 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: 12/3/2012      DATE ISSUED: 12/10/2012

### ENHANCED 9-1-1 ADDRESS:

3678      SW      HERLONG      ST

FORT WHITE      FL      32038

### PROPERTY APPRAISER PARCEL NUMBER:

11-6S-16-03815-114

### Remarks:

ADDRESS FOR PROPOSED STRUCTURE ON PARCEL.

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.**