

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 7-1-15) Zoning Official _____ Building Official _____
 AP# 49247 Date Received 5/6/21 By MG Permit # _____
 Flood Zone _____ Development Permit _____ Zoning _____ Land Use Plan Map Category _____
 Comments _____

FEMA Map# _____ Elevation _____ Finished Floor _____ River _____ In Floodway _____
 Recorded Deed or Property Appraiser PO Site Plan EH # _____ Well-letter OR
 Existing well Land Owner Affidavit Installer Authorization FW Comp. letter App Fee Paid
 DOT Approval Parent Parcel # _____ STUP-MH _____ 911 App?
 Ellisville Water Sys Assessment owed Out County In County Sub VF Form

let owner know ok to move

Property ID # 20-75-16-04264-005 Subdivision to move Lot# _____

- New Mobile Home _____ Used Mobile Home MH Size 28x70 Year 1995
- Applicant Matthew Pollack Phone # 904-536-3939
- Address 6087 SW CR 138 FORT WHITE, FL 32038
- Name of Property Owner Matthew Pollack Phone# 904-536-3939
- 911 Address 6153 SW CR 138 FORT WHTRE, FL 32038
- Circle the correct power company - FL Power & Light - Clay Electric
 (Circle One) - Suwannee Valley Electric - Duke Energy
- Name of Owner of Mobile Home Matthew Pollack Phone # 904-536-3939
 Address 6087 SW CR 138 FORT WHITE, FL 32038
- Relationship to Property Owner SELF
- Current Number of Dwellings on Property 0
- Lot Size 487'x287' Total Acreage 2.96
- 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 OFF SW CR 138

- Name of Licensed Dealer/Installer James Harris Phone # 904-253-9497
- Installers Address 9406 S.W. 137th St, Starke FL 32091
- License Number TH 1129595 Installation Decal # 80431

pollana2@gmail.com

Mobile Home Permit Worksheet

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 5th 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 2000 X 2000 X 2000

TORQUE PROBE TEST

The results of the torque probe test is 295 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. 1 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 require anchors with 4000 lb holding capacity.

Installer's initials JFH

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name James Harris
 Date Tested 5-5-21

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. ✓

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

Application Number: _____ Date: 5-5-21

Site Preparation

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

Fastening multi wide units

Floor: Type Fastener: LAG Length: 6" Spacing: 24"
 Walls: Type Fastener: LAG Length: 6" Spacing: 24"
 Roof: Type Fastener: LAG Length: 6" Spacing: 24"
 For used homes a min. 30 gauge, 8" wide, galvanized metal strip will be centered over the peak of the roof and fastened with galv. roofing nails at 2" on center on both sides of the centerline.

Gasket (weatherproofing requirement)

I understand a properly installed gasket is a requirement of all new and used homes and that condensation, mold, mildew and buckled marriage walls are a result of a poorly installed or no gasket being installed. I understand a strip of tape will not serve as a gasket.

Installer's initials JFH

Type gasket FOAM
 Pg. 13

Installed:
 Between Floors Yes ✓
 Between Walls Yes ✓
 Bottom of ridgebeam Yes ✓

Weatherproofing

The bottomboard will be repaired and/or taped. Yes Pg. 52
 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 No _____
 Dryer vent installed outside of skirting. Yes
 Range downflow vent installed outside of skirting. Yes N/A _____
 Drain lines supported at 4 foot intervals. Yes N/A _____
 Electrical crossovers protected. Yes
 Other: _____

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 James Harris Date 5-5-21

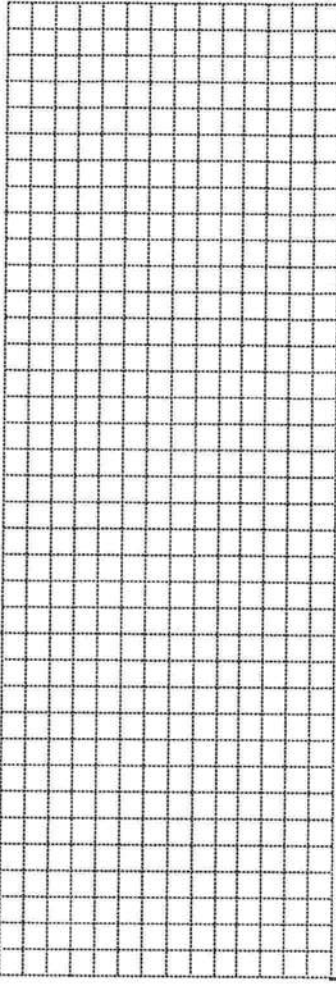
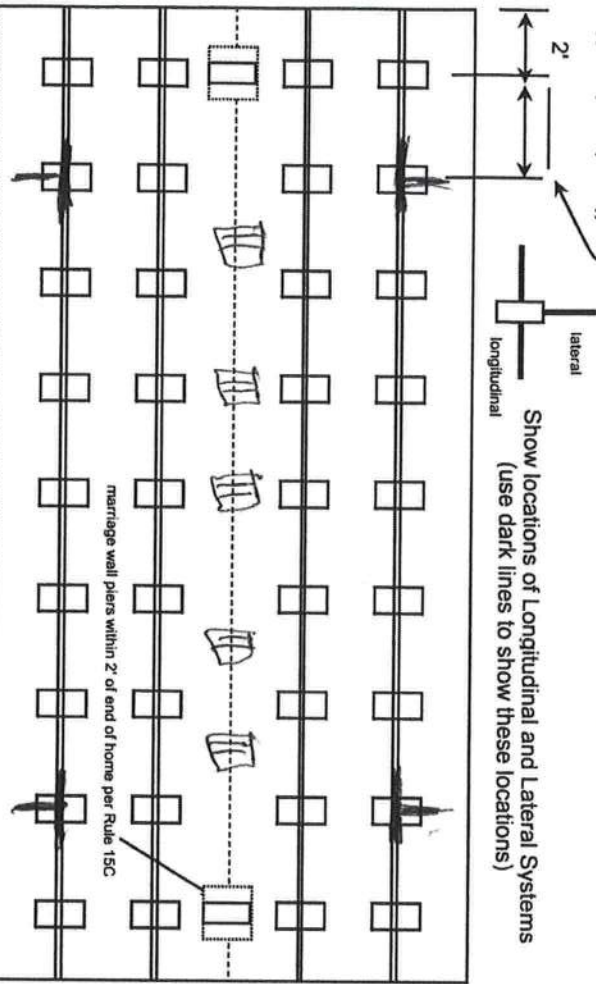
Mobile Home Permit Worksheet

Installer: James Harris License # EX/1129595
 Address of home being installed: 6153 SW CR 136 COAT WATHE FL 32038

Manufacturer: FLEETWOOD Length x width: 26x70

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.

Typical pier spacing: 2'
 Installer's initials: JFH



Application Number: _____ Date: _____

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 # 80431

Triple/Quad Serial # 21151

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	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 dsf	3'	4'	5'	6'	7'	8'	8'
1500 dsf	4'6"	6'	7'	8'	8'	8'	8'
2000 dsf	6'	8'	8'	8'	8'	8'	8'
2500 dsf	7'6"	8'	8'	8'	8'	8'	8'
3000 dsf	8'	8'	8'	8'	8'	8'	8'
3500 dsf	8'	8'	8'	8'	8'	8'	8'

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

PIER PAD SIZES

I-beam pier pad size: 25 1/2 x 17 1/2
 Perimeter pier pad size: 16 x 16
 Other pier pad sizes (required by the mfg.): 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

Opening Pier pad size: 4 ft 5 ft
LR 24 1/2 x 17 1/2
Kitchen 24 1/2 x 17 1/2

FRAME TIES

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD) _____
 Manufacturer _____
 Longitudinal Stabilizing Device w/ Lateral Arms _____
 Manufacturer _____

OTHER TIES

Sidewall _____ Number 3
 Longitudinal Marriage wall _____ Number 4
 Shearwall _____ Number 2

Record and Return to:

This Instrument Prepared By:

Vicki Pollack
6087 SW CR 138
Fort White, FL 32038

Inst: 202112000972 Date: 01/21/2021 Time: 10:41AM
Page 1 of 2 B: 1428 P: 1343, James M Swisher Jr, Clerk of Court
Columbia, County, By: BR
Deputy Clerk Doc Stamp-Deed: 0.70

(For Recording Use)

Property Tax Identification Number: R04264-005

QUIT-CLAIM DEED

THIS QUIT-CLAIM DEED, is executed this 18th day of January, 2021, by and between Grantor, Daniel R. McQuaig, a married man, who resides at 139 S.W. Burgundy Lane, Fort White, Florida 32038, to Matthew A. Pollack, 6087 S.W. County Road 138, Fort White, Florida.

WITNESSETH, that the said party of the first part, for and in consideration of the sum of TEN AND NO/100 Dollars (\$10.00), in hand paid by the said party of the second part, the receipt whereof is hereby acknowledged, has remised, released and quit-claimed, and by these presents does remise, release and quit-claim unto the said party of the second part all the right, title, interest claim and demand which the said party of the first part has in and to the following described lot, piece or parcel of land, situate lying and being in the County of Columbia, State of Florida, to wit:

LEGAL DESCRIPTION SEE ATTACHED EXHIBIT A

*(Not the Grantor's homestead property)

TO HAVE AND TO HOLD the same, together with all and singular the appurtenances thereunto belonging or in anywise appertaining, and all the estate, right, title, interest and claim whatsoever of the said party of the first part, either in law or equity, to the only proper use, benefit and behoof of the said party of the second part.

IN WITNESS WHEREOF, the said Grantor has hereunto set his/her hand and seal the day and year first above written.

Signed, Sealed and Delivered
in Our Presence:

Linda Brout
Printed: LINDA Brout

Daniel R. McQuaig
Daniel R. McQuaig

Wendy Downs
Printed: Wendy Downs



MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR _____ PHONE _____

THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

In Columbia County one permit will cover all trades doing work at the permitted site. It is REQUIRED that we have records of the subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and Ordinance 89-6, a contractor shall require all subcontractors to provide evidence of workers' compensation or exemption, general liability insurance and a valid Certificate of Competency license in Columbia County.

Any changes, the permitted contractor is responsible for the corrected form being submitted to this office prior to the start of that subcontractor beginning any work. Violations will result in stop work orders and/or fines.

ELECTRICAL	Print Name <u>MATHEW POLLACK</u> License #: <u>OWNER</u>	Signature <u></u> Phone #: <u>904-536-3939</u>
Qualifier Form Attached <input type="checkbox"/>		
MECHANICAL/ A/C _____	Print Name <u>MATHEW POLLACK</u> License #: <u>OWNER</u>	Signature <u></u> Phone #: <u>904-536-3939</u>
Qualifier Form Attached <input type="checkbox"/>		

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.

COUNTY OF ALACHUA

STATE OF FLORIDA

SWORN to and subscribed before me this 18th day of January, 2021 day of January by
Daniel R. McQuaig, who is personally known to me.



Donna O'Dell
NOTARY PUBLIC

EXHIBIT A

20-7S-16 0000/00002.96 Acres BEG NW COR OF S1/2 OF GOVT LOT 2, RUN E 487.52
FT, S 287.23 FT, W 334.72 FT, N 46 DEG W 211.53 FT, N 140.73 FT TO POB. ORB 818-
2310, 949-99, 960-2381

GEO Number: 207S16-04264-005

49247

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

COUNTY THE MOBILE HOME IS BEING MOVED FROM DUVAL
OWNERS NAME Matthew Pollack PHONE _____ CELL 904-536-3939
INSTALLER James Harris PHONE _____ CELL 904-253-9497
INSTALLERS ADDRESS 9406 S.W. 137th St, Starke FL, 32091

MOBILE HOME INFORMATION

MAKE FLEETWOOD YEAR 1995 SIZE 28 x 70
COLOR BEIGE SERIAL No. GAFLS34A211S1-SH22 / GAFLS34B211S1-SH22
WIND ZONE 11 SMOKE DETECTOR Pass

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

EXTERIOR:
WALLS / SIDING Pass
WINDOWS Pass
DOORS Pass

INSTALLER: APPROVED NOT APPROVED _____
INSTALLER OR INSPECTORS PRINTED NAME James Harris
Installer/Inspector Signature James Harris License No. IH/1129595 Date 5-5-21

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 [Signature] Da 5/11/21

**CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT**

DATE RECEIVED _____ BY _____ IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? _____

OWNERS NAME MATTHEW A. POLLACK PHONE _____ CELL 904-536-3939

ADDRESS _____

MOBILE HOME PARK NA SUBDIVISION NA

DRIVING DIRECTIONS TO MOBILE HOME OFF SW CR 138 FORT WHITE, FL 32078

MOBILE HOME INSTALLER James Harris PHONE _____ CELL 904-253-9497

MOBILE HOME INFORMATION

MAKE FLEETWOOD YEAR 1995 SIZE 28 X 70 COLOR BEIGE

SERIAL No. GAFLS34A21151-5H22/GAFLS34B21151-5H22

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

- SMOKE DETECTOR () OPERATIONAL () MISSING
- FLOORS () SOLID () WEAK () HOLES DAMAGED LOCATION _____
- DOORS () OPERABLE () DAMAGED
- WALLS () SOLID () STRUCTURALLY UNSOUND
- WINDOWS () OPERABLE () INOPERABLE
- PLUMBING FIXTURES () OPERABLE () INOPERABLE () MISSING
- CEILING () SOLID () HOLES () LEAKS APPARENT
- ELECTRICAL (FIXTURES/OUTLETS) () OPERABLE () EXPOSED WIRING () OUTLET COVERS MISSING () LIGHT FIXTURES MISSING

EXTERIOR:

- WALLS / SIDING () LOOSE SIDING () STRUCTURALLY UNSOUND () NOT WEATHERTIGHT () NEEDS CLEANING
- WINDOWS () CRACKED/ BROKEN GLASS () SCREENS MISSING () WEATHERTIGHT
- ROOF () APPEARS SOLID () DAMAGED

STATUS

APPROVED WITH CONDITIONS: _____

NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE _____ ID NUMBER _____ DATE 11/1

District No. 1 - Ronald Williams
District No. 2 - Rocky Ford
District No. 3 - Robby Hollingsworth
District No. 4 - Toby Witt
District No. 5 - Tim Murphy



BOARD OF COUNTY COMMISSIONERS • COLUMBIA COUNTY

Address Assignment and Maintenance Document

To maintain the county wide 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 addressing 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 Services 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/Time Issued: **3/11/2021 7:43:46 PM**
Address: **6153 SW COUNTY ROAD 138**
City: **FORT WHITE**
State: **FL**
Zip Code **32038**

Parcel ID **04264-005**

REMARKS: Address for proposed structure on parcel.

NOTICE: THIS ADDRESS WAS ISSUED BASED ON LOCATION AND ACCESS INFORMATION RECEIVED FROM THE REQUESTER. SHOULD, AT A LATER DATE, THE LOCATION AND/OR ACCESS INFORMATION BE FOUND TO BE IN ERROR OR CHANGED, THIS ADDRESS IS SUBJECT TO CHANGE.

Address Issued By: **Signed:/ Matt Crews**

Columbia County GIS/911 Addressing Coordinator

**COLUMBIA COUNTY
911 ADDRESSING / GIS DEPARTMENT**

263 NW Lake City Ave., Lake City, FL 32055 Telephone: (386) 758-1125
Email: gis@columbiacountyfla.com

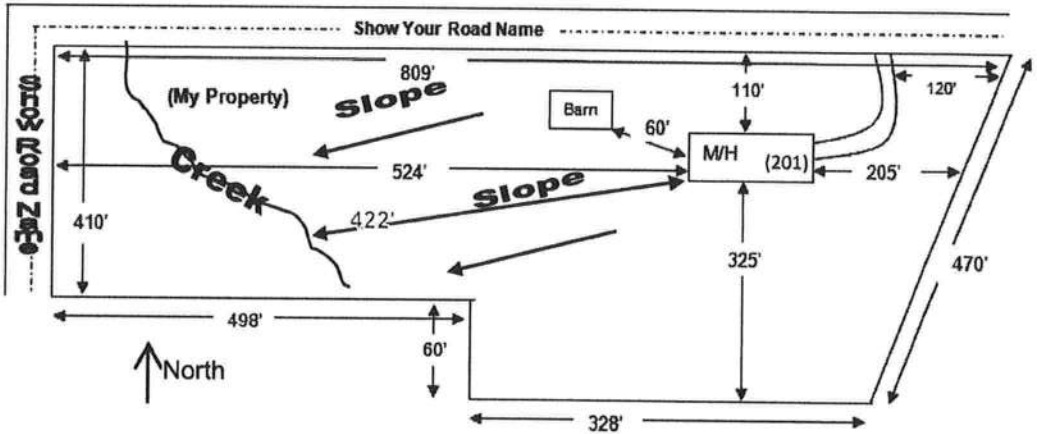


SITE PLAN CHECKLIST

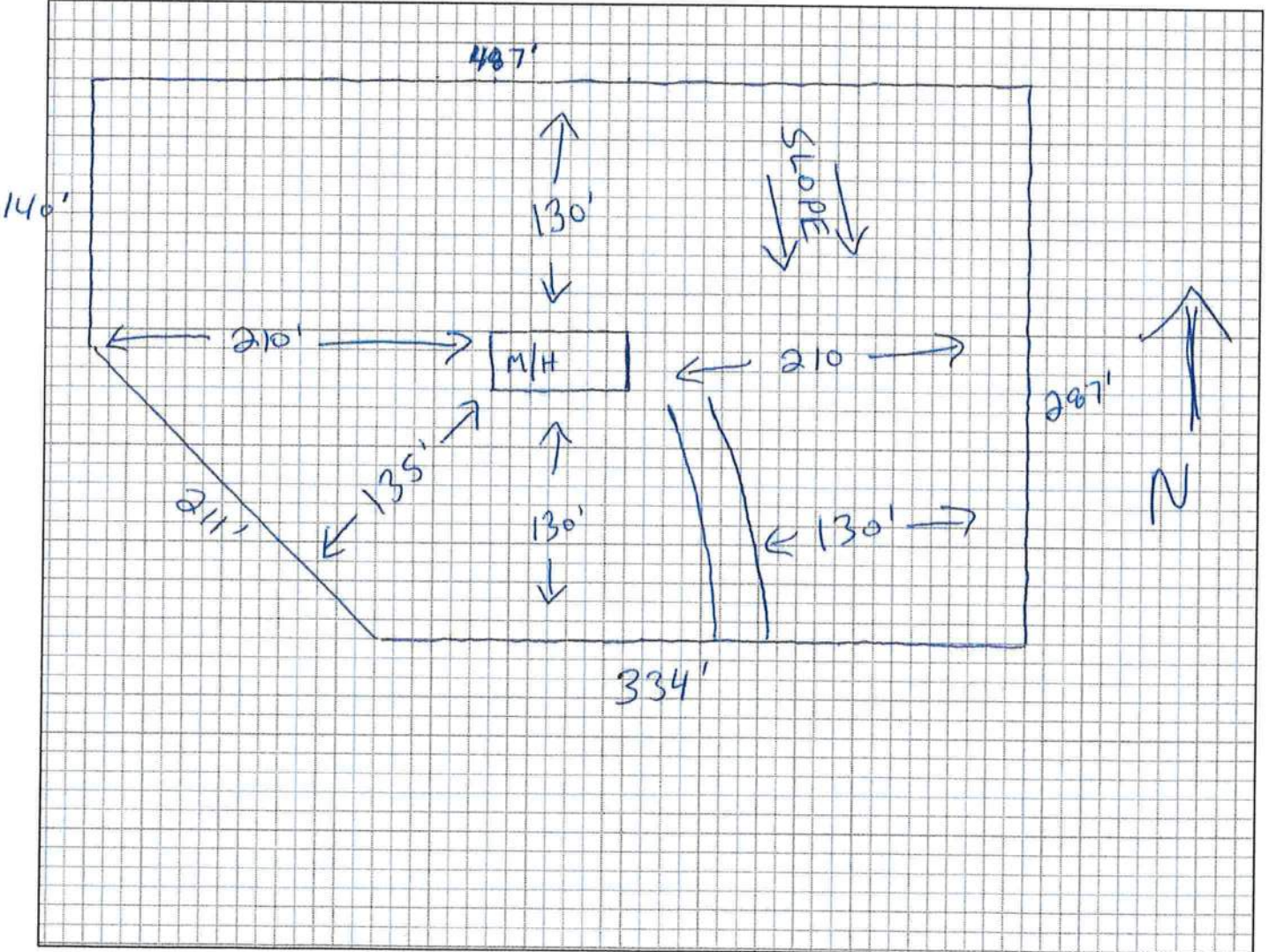
- ✓ 1) Property Dimensions
- ✓ 2) Footprint of proposed and existing structures (including decks), label these with existing addresses
- ✓ 3) Distance from structures to all property lines
- ✓ 4) Location and size of easements
- ✓ 5) Driveway path and distance at the entrance to the nearest property line
- ✓ 6) Location and distance from any waters; sink holes; wetlands; and etc.
- ✓ 7) Show slopes and or drainage paths
- ✓ 8) Arrow showing North direction

SITE PLAN EXAMPLE

Revised 7/11/15



NOTE:
This site plan can be copied and used with the 911 Addressing Dept. application forms.





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, James Harris, give this authority for the job address show below
Installer License Holder Name

only, 6153 SW CR 138 FORT WHITE FL 32038, 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>Matthew Pollock</u>	<u>[Signature]</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
		<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.

James Harris
 License Holders Signature (Notarized) IX/1129595 5-5-21
License Number Date

NOTARY INFORMATION:
 STATE OF: Florida COUNTY OF: Bradford

The above license holder, whose name is James Harris, personally appeared before me and is known by me or has produced identification (type of I.D.) DL-H620446882040 on this 05 day of May, 2021.

[Signature]
 NOTARY'S SIGNATURE

For James Harris signature only
 (Seal/Stamp)

