

CH# 160

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 9-22-06) Zoning Official Cfr 1/18/07 Building Official OKWH 1-17-07

AP# 0701-59 Date Received 1-16-07 By G Permit # 25454

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

Comments Check: side set backs

FEMA Map# _____ Elevation _____ Finished Floor _____ River _____ In Floodway _____

Site Plan with Setbacks Shown EH Signed Site Plan EH Release Well letter Existing well

Copy of Recorded Deed or Affidavit from land owner Letter of Authorization from installer

State Road Access Parent Parcel # _____ STUP-MH _____

Lot 63, Unit 21

Property ID # 00-00-00-01333-000 Subdivision THREE RIVERS EST.

▪ New Mobile Home _____ Used Mobile Home WEST Year 1989

▪ Applicant DON RATHBURN Phone # 386-365-3970

▪ Address 231 SW ALBANY TERR FT. WHITE 32038

▪ Name of Property Owner DON RATHBURN Phone# 386-365-3970

▪ ~~Address~~ 254 SW Albany Terr, Ft. White, FL 32038 or 497-3016

▪ Circle the correct power company - FL Power & Light - Clay Electric

(Circle One) - Suwannee Valley Electric - Progress Energy

▪ Name of Owner of Mobile Home DON RATHBURN Phone # 386-365-3970

Address 231 SW ALBANY TERR FT. WHITE 32038 or 497-3016

▪ Relationship to Property Owner SAME

▪ Current Number of Dwellings on Property NONE

▪ Lot Size 100' x 400 Total Acreage 1 ONE

▪ 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 45, TR on 27, TL on Utah, TR on Roberts Ave, TR on Illinois, TL on Albany, 9th lot on right or 3rd lot from end.

▪ Name of Licensed Dealer/Installer Bruce Goodson Phone # 755-1783

▪ Installers Address 1505 SW CR 252B LC FL 32024

▪ License Number JH-0000702 Installation Decal # 277968

PERMIT NUMBER

Installer Bruce Goodson License # FF-0000702

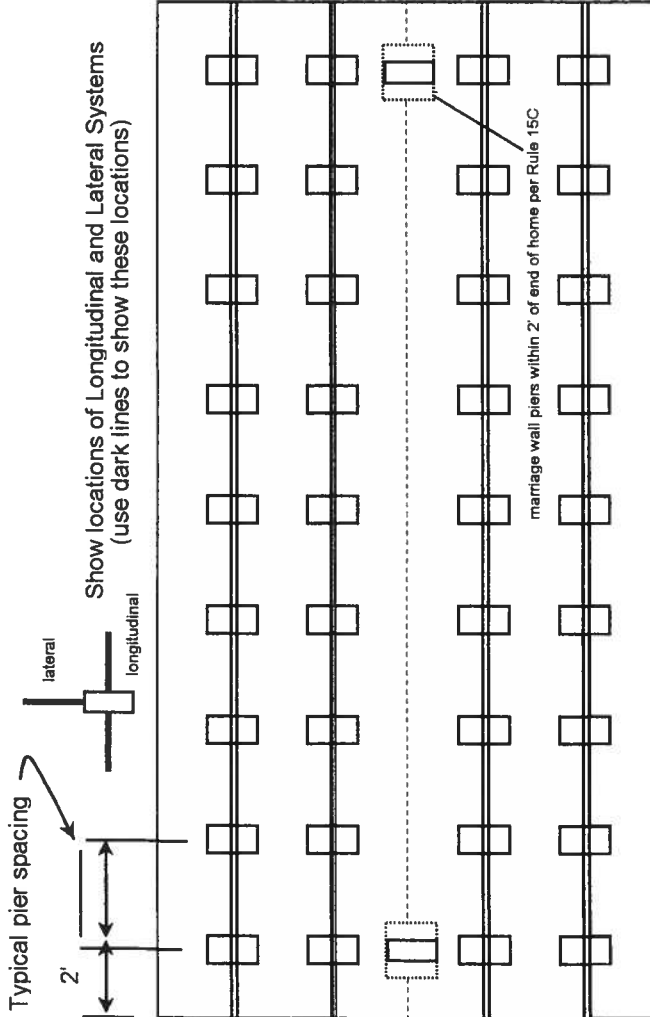
Address of home being installed _____

Manufacturer West Length x width 60 x 14

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. BS

Installer's initials



23x31 ABS Pads 8ft oc
4x4 Galv anchors 5.4 oc
ABS Drive plates
Lat/Lons anchors

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 # 277968

Triple/Quad Serial # GAFLY75A06216WE

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 _____

Perimeter pier pad size n/a

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

ANCHORS

4 ft 5 ft

FRAME TIES

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

OTHER TIES

Number 22

Sidewall n/a

Longitudinal n/a

Marriage wall n/a

Shearwall n/a

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
 Manufacturer Oliver Tech

Longitudinal Stabilizing Device w/ Lateral Arms
 Manufacturer Oliver Tech

PERMIT NUMBER

POCKET PENETROMETER TEST

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

X 1000 X 1000 X 1000

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 1000 X 1000 X 1000

TORQUE PROBE TEST

The results of the torque probe test is 275 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 require 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.

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
Water drainage: Natural Swale Pad Other

Fastening multi wide units

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

Gasket (weatherproofing requirement)

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

Installer's initials

Type gasket
Pg.

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 No
Dryer vent installed outside of skirting. Yes N/A
Range downflow vent installed outside of skirting. Yes
Drain lines supported at 4 foot intervals. Yes
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 Date 07/06

ACCOUNT NUMBER	ESCROW CD	ASSESSED VALUE	EXEMPTIONS	TAXABLE VALUE	MILLAGE RATE
R01333-000		6,350	0	6,350	003

R
0008520 01 AV 0.278 **AUTO T5 0 0810 32038-12
RATHBURN DONALD R & PHYLLIS C
231 SW ALBANY TERRACE
FORT WHITE FL 32038-4703

00-00-00 0000/0000 .91 Acres
LOT 63 UNIT 21 THREE RIVERS
ESTATES. ORB 846-2351,

AD VALOREM TAXES

TAXING AUTHORITY	MILLAGE RATE (DOLLARS PER \$1,000 OF TAXABLE VALUE)	TAXES LEVIED
0001 BOARD OF COUNTY COMMISSIONERS	8.7260	55.41
0002 COLUMBIA COUNTY SCHOOL BOARD		
DISCRETIONARY	.7600	4.83
LOCAL	5.5320	35.13
CAPITAL OUTLAY	2.0000	12.70
W SR SUWANNEE RIVER WATER MGT DIST	.4914	3.12
HL SR SHANDS AT LAKE SHORE	1.5000	9.53
IDA INDUSTRIAL DEVELOPEMENT AUTH	.1380	.88

TOTAL MILLAGE 19.1474 AD VALOREM TAXES \$121.60

NON-AD VALOREM ASSESSMENTS

TAXING AUTHORITY	RATE	TOTAL
FF IR FIRE ASSESSMENTS		5.22

NON-AD VALOREM ASSESSMENTS \$5.22

COMBINED TAXES AND ASSESSMENTS

\$126.82

PAY ONLY
ONE AMOUNT

See reverse side for
important information.

IF PAID BY PLEASE PAY	Nov 30 121.75	Dec 31 123.02	Jan 31 124.26	Feb 28 125.55	Mar 31 126.82
--------------------------	------------------	------------------	------------------	------------------	------------------

RETAIN
THIS
PORTION
FOR
YOUR
RECORDS

IF PAID
BY

LETTER OF AUTHORIZATION

Date: 1/1/07

Columbia County Building Department
P.O. Box 1529
Lake City, FL 32056

I Bruce Goodson, License No. TH000702 do hereby

Authorize Don Rathburn to pull and sign permits on my
behalf.

Sincerely,



Sworn to and subscribed before me this _____ day of _____, 2006

Notary Public: Susan N. Villegas

My commission expires: 12/15/07

Personally Known

Produced Valid Identification: _____



Susan Nettles Villegas
My Commission DD267604
Expires December 15, 2007

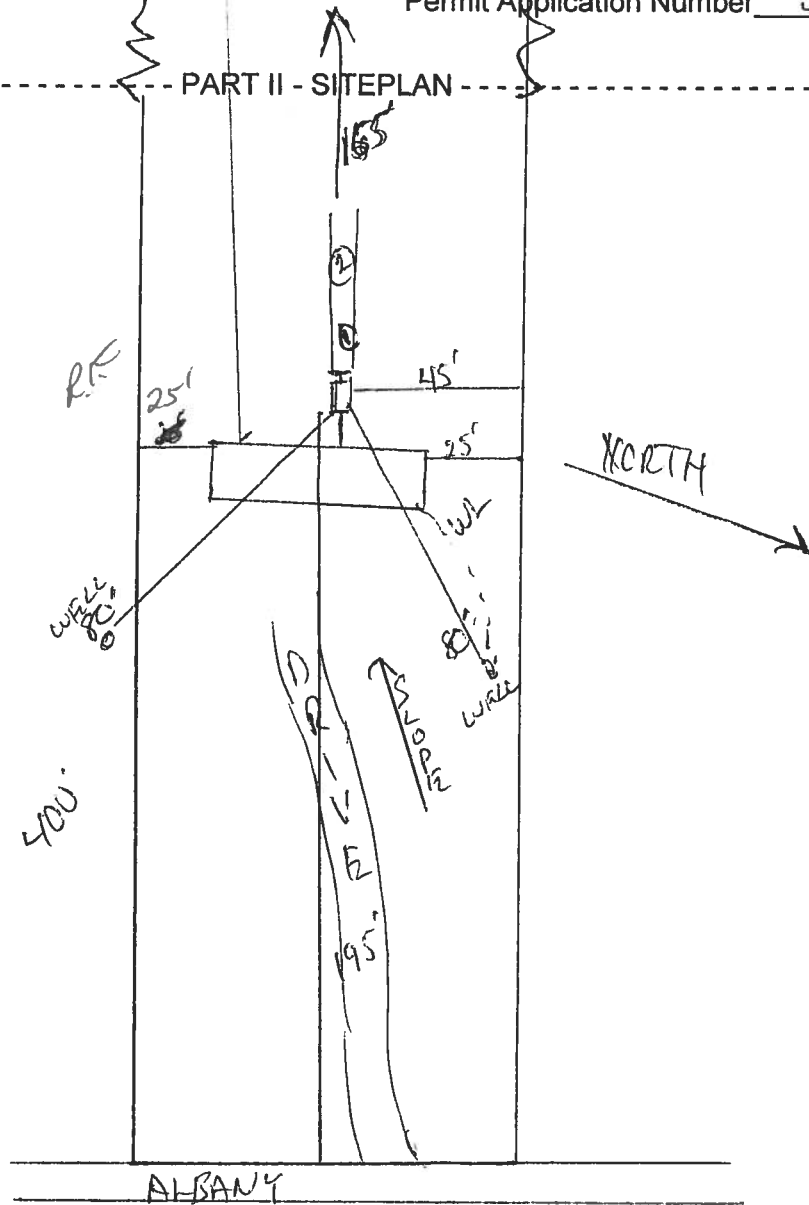
100'

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

Permit Application Number 07-00031E

----- PART II - SITEPLAN -----

Scale: 1 inch = 50 feet.



Notes: _____

Site Plan submitted by: Rock D F MASTER CONTRACTOR
 Plan Approved _____ Not Approved _____ Date _____
 By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

CODE ENFORCEMENT
LIMITARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 12/1/06 BY JTW IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? NO
OWNERS NAME Jon Rahnbar PHONE 197-3016 CELL 365-3790
ADDRESS _____

MOBILE HOME PARK _____ SUBDIVISION _____
DRIVING DIRECTIONS TO MOBILE HOME US 27-5 to UTAH TO ROBERTS Rd - TL 1/2 mile
Down on the R - C.H.'s beside where a new home is under
construction.

MOBILE HOME INSTALLER _____ PHONE _____ CELL _____

MOBILE HOME INFORMATION

MAKE Fleetwood YEAR _____ SIZE 14 X 65 COLOR CREAM
SERIAL No. Unit # 600 554012
WIND ZONE II Must be wind zone II or higher NO WIND ZONE I ALLOWED

INTERIOR:

INSPECTION STANDARDS

(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 REINSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE [Signature] ID NUMBER 306 DATE 12-8-06

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: 1/17/2007 DATE ISSUED: 1/17/2007

ENHANCED 9-1-1 ADDRESS:

254 SW ALBANY TER
FORT WHITE FL 32038

PROPERTY APPRAISER PARCEL NUMBER:

00-00-00-01333-000

Remarks:

LOT 63 UNIT 21 THREE RIVERS ESTATES

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.

588

Approved Address

JAN 17 2007

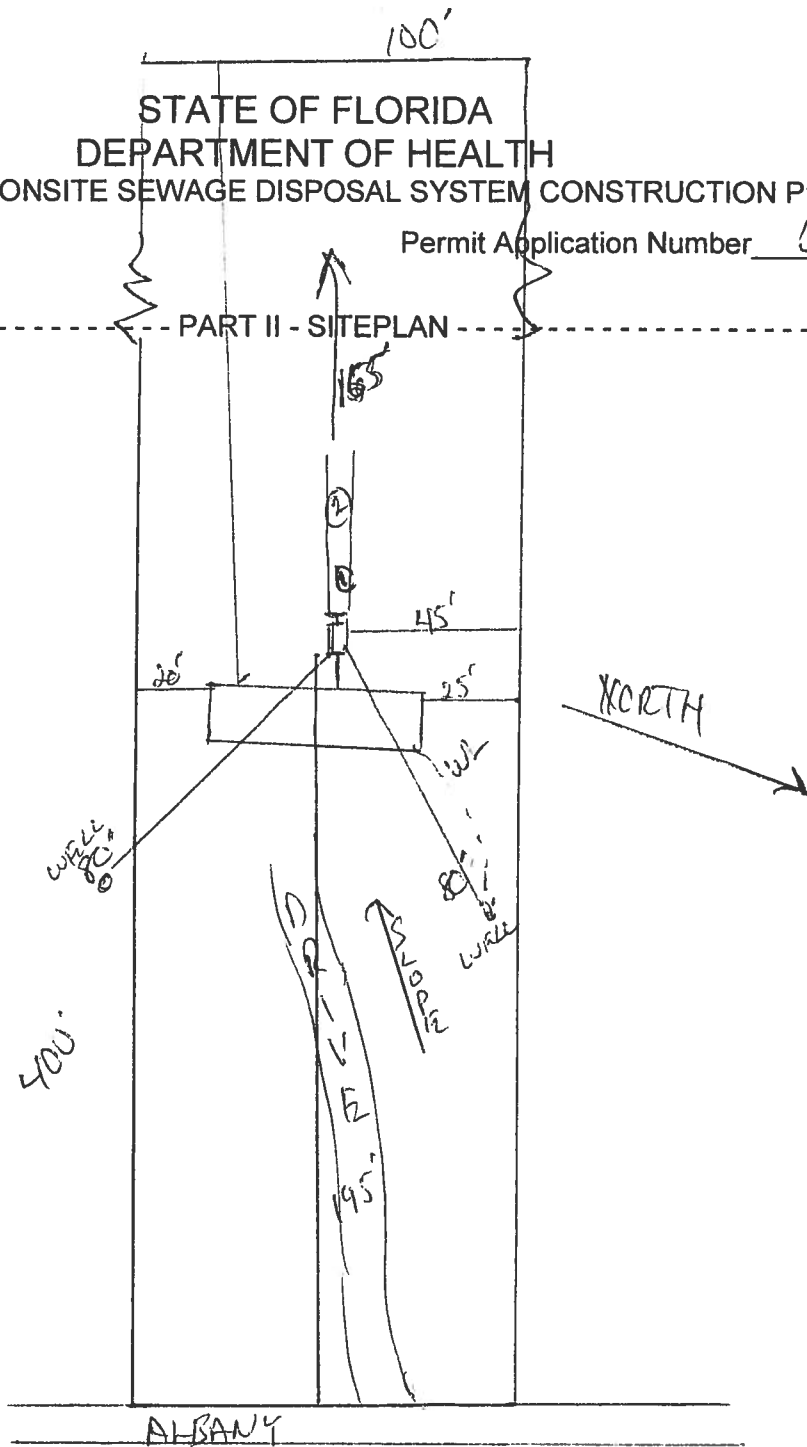
911Addressing/GIS Dept

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

Permit Application Number 07-00031E

PART II - SITEPLAN

Scale: 1 inch = 50 feet.



Notes: _____

Site Plan submitted by: [Signature]
 Plan Approved Not Approved _____
 By Sallie Gaddy ESII

MASTER CONTRACTOR
 Date 117-07
 County Health Department

Columbia CHD

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Columbia County Property Appraiser

DB Last Updated: 12/29/2006

2007 Proposed Values

Parcel: 00-00-00-01333-000

-

Owner & Property Info

Search Result: 1 of 1

Owner's Name	RATHBURN DONALD R & PHYLLIS C		
Site Address			
Mailing Address	231 SW ALBANY TERRACE FORT WHITE, FL 320389802		
Use Desc. (code)	VACANT (000000)		
Neighborhood	100000.21	Tax District	3
UD Codes	MKTA02	Market Area	02
Total Land Area	0.918 ACRES		
Description	LOT 63 UNIT 21 THREE RIVERS ESTATES. ORB 846-2351,		

GIS Aerial



Property & Assessment Values

Mkt Land Value	cnt: (2)	\$16,550.00
Ag Land Value	cnt: (0)	\$0.00
Building Value	cnt: (0)	\$0.00
XFOB Value	cnt: (0)	\$0.00
Total Appraised Value		\$16,550.00

Just Value	\$16,550.00
Class Value	\$0.00
Assessed Value	\$16,550.00
Exempt Value	\$0.00
Total Taxable Value	\$16,550.00

Sales History

Sale Date	Book/Page	Inst. Type	Sale VImp	Sale Qual	Sale RCode	Sale Price
9/19/1997	846/2351	QC	V	U	01	\$6,000.00

Building Characteristics

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

Extra Features & Out Buildings

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

Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
000000	VAC RES (MKT)	1.000 LT - (.918AC)	1.00/1.00/1.00/1.00	\$15,300.00	\$15,300.00
009946	WELL (MKT)	1.000 UT - (.000AC)	1.00/1.00/1.00/1.00	\$1,250.00	\$1,250.00