

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 7-1-15) Zoning Official MA Building Official MA
 AP# 44502 Date Received 2/11 By [Signature] Permit # 39311
 Flood Zone _____ Development Permit _____ Zoning _____ Land Use Plan Map Category _____
 Comments Dedicate 10 ac to each home site

FEMA Map# _____ Elevation _____ Finished Floor _____ River _____ In Floodway _____
 Recorded Deed or Property Appraiser PO Site Plan EH # 20-0046 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 78 Out County In County 2.13.20 Sub VF Form

Property ID # 30-65-16-04001-103 Subdivision _____ Lot# _____

- New Mobile Home _____ Used Mobile Home XX MH Size 14x54 Year 1994
- Applicant Schofield L Westley Phone # 386-623-1307
- Address 126 Schofield Ct. Ft. White Fl. 32038
- Name of Property Owner Schofield L Westley Phone# 386-623-1307
- 911 Address 126 Schofield Ct. Ft. White Fl.
- Circle the correct power company - FL Power & Light - Clay Electric
 (Circle One) - Suwannee Valley Electric - Duke Energy
- Name of Owner of Mobile Home : Lonnice Schofield Phone # 386-623-1307
 Address 126 Schofield Ct. Ft. White, Fl.
- Relationship to Property Owner Home for Father
- Current Number of Dwellings on Property 1
- Lot Size _____ Total Acreage _____
- 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 YES
- Driving Directions to the Property _____

- Name of Licensed Dealer/Installer Demarcus Williams Phone # 386-406-3833
- Installers Address 211 NE Hi Hat Place, Lake City, Fl. 32055
- License Number ZH1128217 Installation Decal # 68548

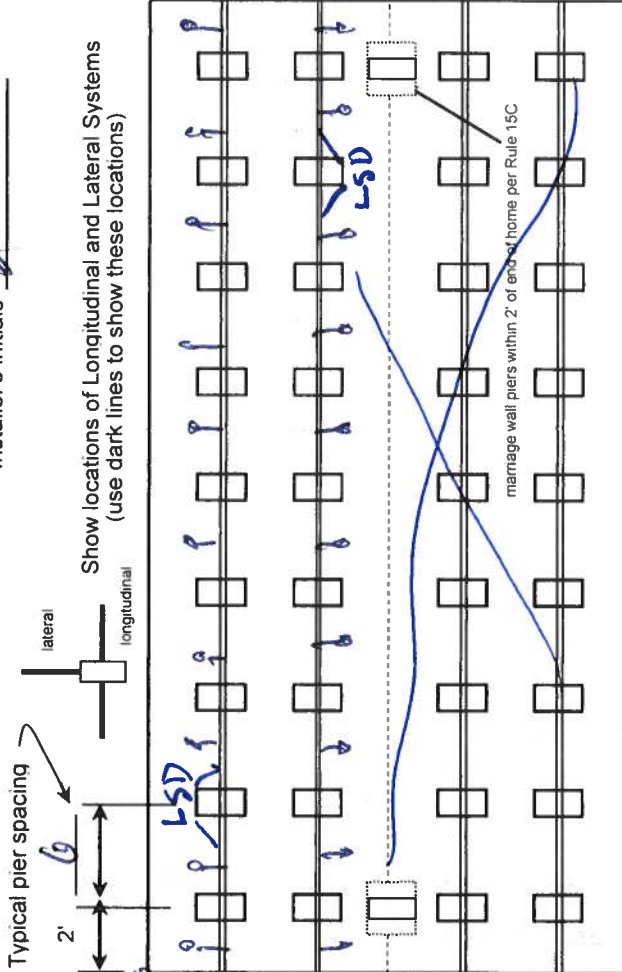
AC 19.19 Westley Schofield / 23 238 SFD Property Deeded to Westley & Lonnice Schofield (Single) (Married)
 9A/13778 MH (98-120) for spoke w/ Billy 3.19.2

Mobile Home Permit Worksheet

Installer: Pomperoy Wilkins License # 371128217
 Address of home being installed: _____
 Manufacturer: _____ Length x width: 14x54

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: [Signature]



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 # 68548
 Triple/Quad Serial # GAFLO7A3233-WL

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity	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'

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

PIER PAD SIZES

I-beam pier pad size: 10x20
 Perimeter pier pad size: 16x66
 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 22.5	374
13 1/4 x 26 1/4	348
20 x 20	400
17 3/16 x 25 3/16	441
17 1/2 x 25 1/2	446
24 x 24	576
26 x 26	676

Draw the approximate locations of marriage wall openings 4 foot or greater. Use this symbol to show the piers.

List all marriage wall openings greater than 4 foot and their pier pad sizes below.

Opening: _____ Pier pad size: 4ft

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

Sidewall _____ Number 6
 Longitudinal _____
 Marriage wall _____
 Shearwall _____

Mobile Home 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 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 5600 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 Damargus Williams

Date Tested 12/5/19

Electrical _____

Plumbing _____

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

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: _____

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. _____

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

Weatherproofing

The bottomboard will be repaired and/or taped. Yes _____ Pg. _____
 Siding on units is installed to manufacturer's specifications. Yes _____
 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 _____ N/A _____
 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 _____

Columbia County Property Appraiser

Jeff Hampton

2020 Working Values

updated: 1/6/2020

Parcel: << **30-6S-16-04001-103** >>

Aerial Viewer Pictometry Google Maps

Owner & Property Info

Result: 3 of 4

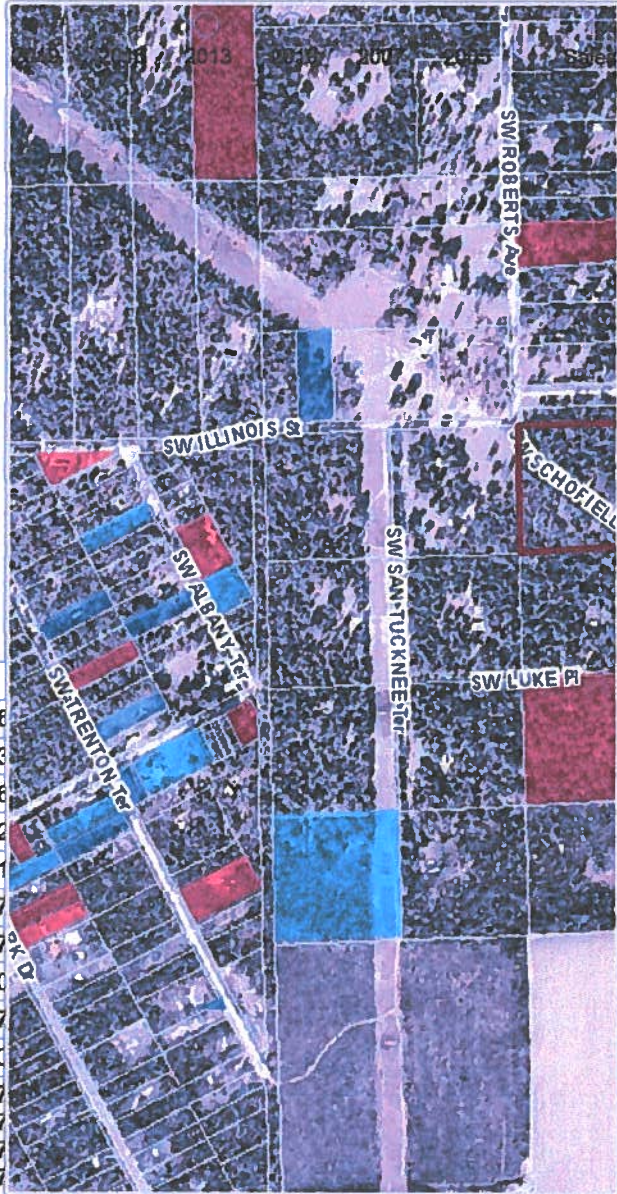
Owner	SCHOFIELD WESTLEY L P O BOX 2802 HIGH SPRINGS, FL 32655		
Site	126 SCHOFIELD CT, FT WHITE		
Description*	BEG NE COR OF SW1/4, RUN S 118.65 FT FOR POB, CONT S 491.85 FT, W 1314.38 FT, N 661.19 FT TO S R/W OF ILLINOIS ST, E ALONG R/W 25.76 FT, N ALONG E R/W OF ROBERTS AVE 91.38 FT, E 956.91 FT TO CURVE, CONT ALONG CURVE 177.12 FT, SE 25.96 FT, E 53.48 FT, SE 15 ...more>>>		
Area	16 AC	S/T/R	30-6S-16E
Use Code**	IMPROVED A (005000)	Tax District	3

*The Description above is not to be used as the Legal Description for this parcel in any legal transaction.

**The Use Code is a FL Dept. of Revenue (DOR) code and is not maintained by the Property Appraiser's office. Please contact your city or county Planning & Zoning office for specific zoning information.

Property & Assessment Values

2019 Certified Values		2020 Working Values	
Mkt Land (3)	\$8,960	Mkt Land (3)	\$8,960
Ag Land (1)	\$3,430	Ag Land (1)	\$3,430
Building (2)	\$151,662	Building (2)	\$155,460
XFOB (5)	\$10,920	XFOB (5)	\$10,920
Just	\$221,513	Just	\$225,310
Class	\$174,972	Class	\$178,770
Appraised	\$174,972	Appraised	\$178,770
SOH Cap [?]	\$11,326	SOH Cap [?]	\$10,000
Assessed	\$163,646	Assessed	\$168,770
Exempt	HX H3 \$50,000	Exempt	HX H3 \$50,000
Total Taxable	county:\$113,590 city:\$113,590 other:\$113,590 school:\$138,646	Total Taxable	county:\$118,770 city:\$118,770 other:\$118,770 school:\$143,770



Sales History

Sale Date	Sale Price	Book/Page	Deed	V/I	Quality (Codes)	RCode
8/12/2009	\$100	1184/2491	QC	I	U	11
9/27/2008	\$100	1157/0851	QC	I	U	01
8/26/2008	\$100	1157/0853	WD	I	U	03
3/15/2005	\$27,300	1040/2591	CD	I	U	01
3/1/2005	\$27,300	1040/1859	QC	V	U	01
7/11/1997	\$33,000	850/2112	CD	V	Q	

Building Characteristics

Bldg Sketch	Bldg Item	Bldg Desc*	Year Blt	Base SF	Actual SF	Bldg Value
Sketch	3	SINGLE FAM (000100)	2006	2257	3049	\$149,887

Sketch	4	SFR MANUF (000200)	1980	720	720	\$5,581
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*Bldg Desc determinations are used by the Property Appraisers office solely for the purpose of determining a property's Just Value for ad valorem tax purposes and should not be used for any other purpose.

▼ **Extra Features & Out Buildings** (Codes)

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0040	BARN,POLE	2006	\$4,840.00	1760.000	40 x 44 x 0	AP (050.00)
0070	CARPORT UF	2006	\$630.00	360.000	0 x 0 x 0	AP (030.00)
0255	MBL HOME S	2015	\$500.00	1.000	0 x 0 x 0	(000.00)
0296	SHED METAL	2015	\$750.00	1.000	0 x 0 x 0	(000.00)
0031	BARN,MT AE	2015	\$4,200.00	1.000	0 x 0 x 0	(000.00)

▼ **Land Breakdown**

Land Code	Desc	Units	Adjustments	Eff Rate	Land Value
000100	SFR (MKT)	1.000 AC	1.00/1.00 0.80/1.00	\$2,855	\$2,855
000200	MBL HM (MKT)	1.000 AC	1.00/1.00 0.80/1.00	\$2,855	\$2,855
005600	TIMBER 3 (AG)	14.000 AC	1.00/1.00 1.00/1.00	\$245	\$3,430
009910	MKT.VAL.AG (MKT)	14.000 AC	1.00/1.00 1.00/1.00	\$0	\$49,971
009945	WELL/SEPT (MKT)	1.000 UT - (0.000 AC)	1.00/1.00 1.00/1.00	\$3,250	\$3,250

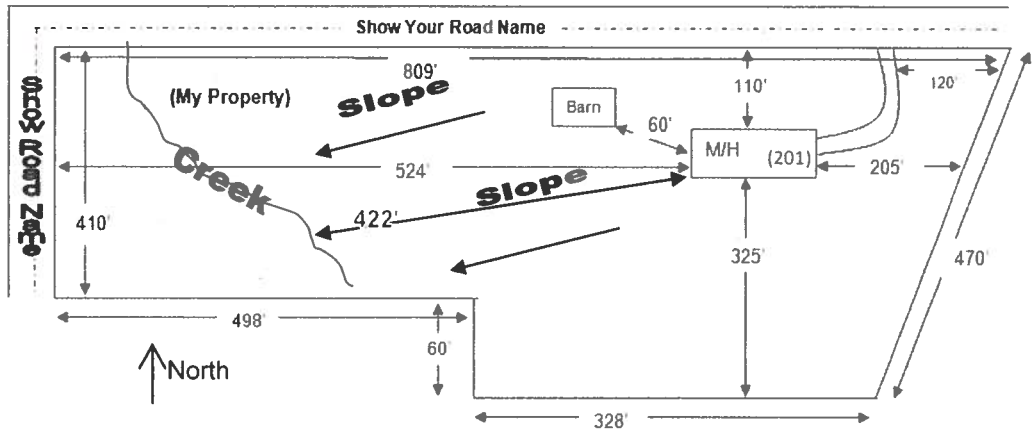
Search Result: 3 of 4

SITE PLAN CHECKLIST

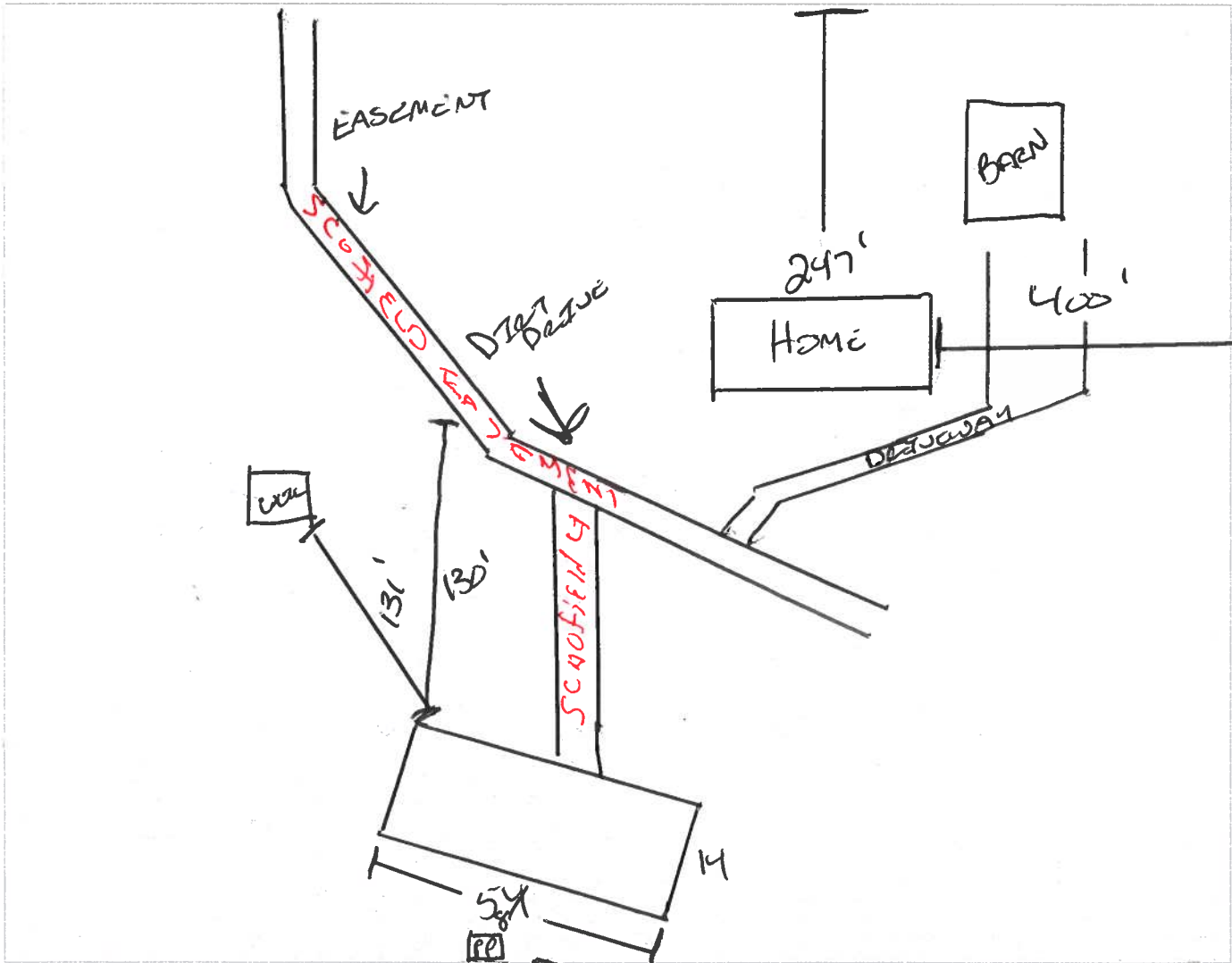
- ___ 1) Property Dimensions
- ___ 2) Footprint of proposed and existing structures (including decks), label these with existing addresses
- ___ 3) Distance from structures to all property lines
- ___ 4) Location and size of easements
- ___ 5) Driveway path and distance at the entrance to the nearest 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 7/1/15



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



MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 44502 CONTRACTOR Dominicus Williams PHONE 386.406.3833

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.

<p>ELECTRICAL</p> <p>✓</p>	<p>Print Name <u>Schofield Westley</u></p> <p>License #: _____</p>	<p>Signature <u>Westley Schofield</u></p> <p>Phone #: <u>386-623-1307</u></p> <p>Qualifier Form Attached <input type="checkbox"/></p>
<p>MECHANICAL/A/C</p> <p>✓</p>	<p>Print Name <u>Schofield Westley</u></p> <p>License #: _____</p>	<p>Signature <u>Westley Schofield</u></p> <p>Phone #: <u>386-623-1307</u></p> <p>Qualifier Form Attached <input type="checkbox"/></p>

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.

#44502



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

FWN

PERMIT NO. 20-0046
DATE PAID: 1/16/20
FEE PAID: 260.00
RECEIPT #: 2442198

APPLICATION FOR:

- New System
- Existing System
- Holding Tank
- Innovative
- Repair
- Abandonment
- Temporary

APPLICANT: WESTLEY L SCHOFIELD

AGENT: _____ TELEPHONE: 386-269-2070

MAILING ADDRESS: P.O. Box 2802 High Springs, FL 32655

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: _____ BLOCK: _____ SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: 30-65-16-04201-103 ZONING: _____ I/M OR EQUIVALENT: Y N

PROPERTY SIZE: 16 ACRES WATER SUPPLY: PRIVATE PUBLIC <=2000GPD >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? Y N DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: 126 SCHOFIELD CT. FT. WHITE FL

DIRECTIONS TO PROPERTY: TAKE HWY 47 SOUTH TO 240 TAKE A RIGHT TAKE A LEFT ON SW ICHETUCKNE AV.

TAKE A LEFT ON SW ELM CHURCH RD. TO JUNCTION RD TAKE RIGHT. DEAD ENDS TO SW TAKE RIGHT. TAKE LEFT ON KENTUCKY PKWY LEFT

BUILDING INFORMATION RESIDENTIAL COMMERCIAL OR ROBERTS RD TAKE LEFT ON SW SCHOFIELD CT. DEAD ENDS INTO PROPERTY

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	<u>MOBILE HOME</u>	<u>2</u>	<u>756</u>	
2				
3				
4				

Floor/Equipment Drains Other (Specify) _____

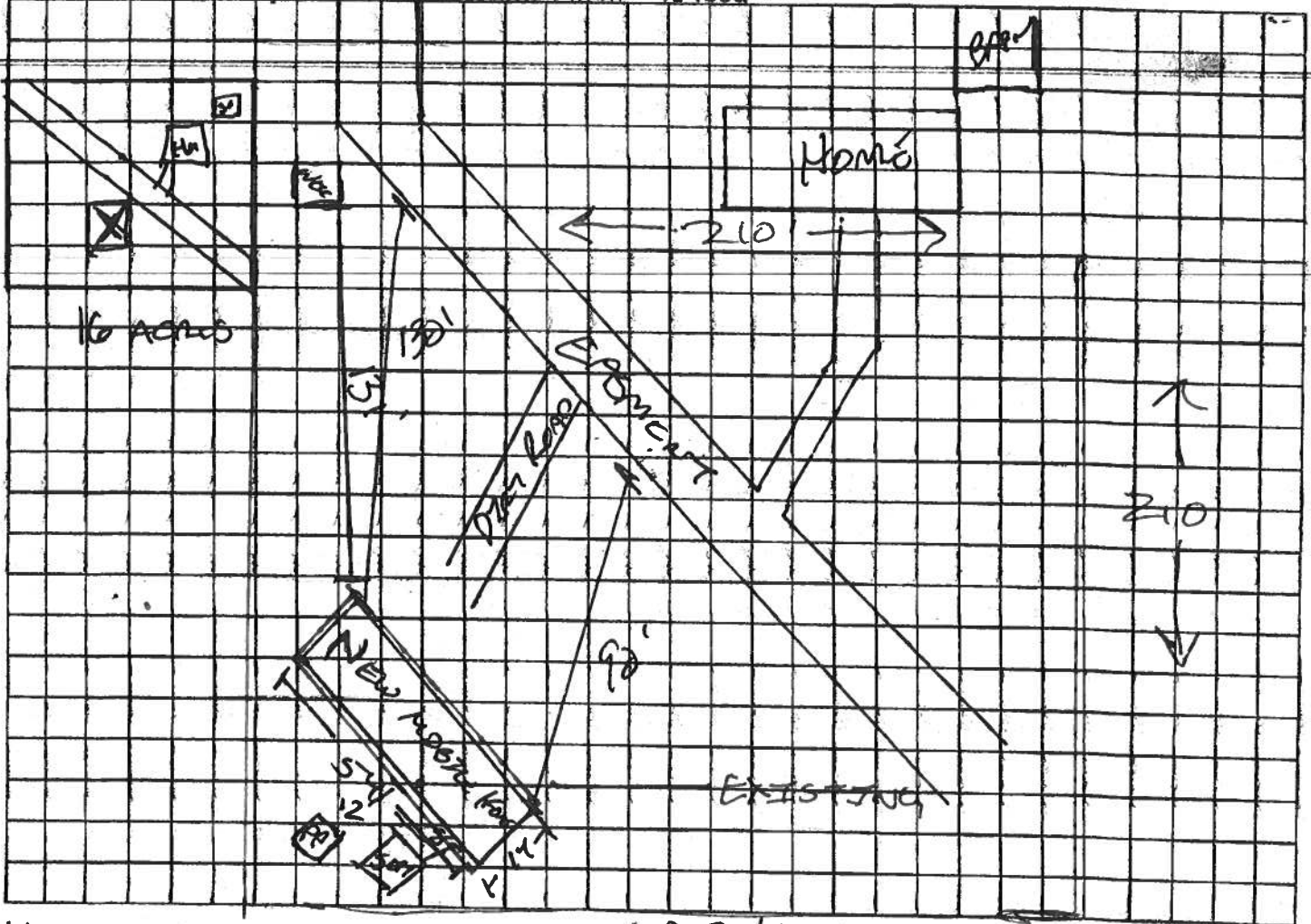
SIGNATURE: Westley Schofield DATE: 1/16/20

STATE OF FLORIDA
 DEPARTMENT OF HEALTH
 APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 20-0046

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

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



Notes: 1 OF 16 ACRES

Site Plan submitted by: _____ Agent: _____ Owner: _____ Date: _____

Plan Approved _____ Not Approved _____ Date _____

By Westley Schofield

COLUMBIA County Health Department

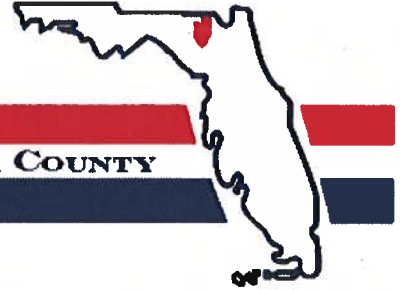
ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

APPROVED

Columbia CHD

1/23/20

District No. 1 - Ronald Williams
District No. 2 - Rocky Ford
District No. 3 - Bucky Nash
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: **2/11/2020 6:08:00 PM**
Address: **126 SW SCHOFIELD Ct**
City: **FORT WHITE**
State: **FL**
Zip Code **32038**

Parcel ID **04001-103**

REMARKS: Address Verification.

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



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, Domingo Salinas, give this authority for the job address show below
Installer License Holder Name

only, 126 SCHOFFIELD CT. FT. WHITE FL., 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)
WESTLEY SCHOFFIELD	<i>Westley Schoffield</i>	<input checked="" 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.

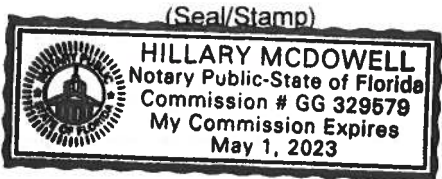
Domingo Salinas License Holders Signature (Notarized) I# 2128217 License Number 3/15/19 Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: COLUMBIA

The above license holder, whose name is _____ personally appeared before me and is known by me or has produced identification (type of I.D.) DRIVERS LICENSE on this 5th day of DECEMBER, 2019.

Hillary McDowell
 NOTARY'S SIGNATURE



Mobile Home

App# 44502 Applicant: BILLY NELSON (386.269.2070) Application Date: 2/11/2020

Convert To ▾

Entered By: Janice Williams
Updated By: Janice Williams on 2/11/2020 1:19 PM

Previous | Next | Last Permits Only

1. JOB LOCATION

2. CONTRACTOR

3. MOBILE HOME
DETAILS

4. APPLICANT

5. REVIEW

6. FEES/PAYMENT
(\$65.00 - \$65.00 =
\$0.00)

7.
DOCUMENTS/REPORTS
(1)

8. NOTES/DIRECTIONS

9. INSPECTIONS (1)

Completed Inspections

Add Inspection

Release Power

Schedule Inspection (ScheduleInspection.aspx?Id=44502)

Inspection	Date	By	Notes
Passed: Mobile Home - In County Pre-Mobile Home before set-up	2/12/2020	TOMMY MATTHEWS	

The completion date must be set To release Certifications to the public.

Permit Completion Date
(Releases Occupancy and Completion Forms)

Permit Closed On

Incomplete Requested Inspections

Inspection	Date	By	Notes
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