

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

17522

For Office Use Only

(Revised 7-1-15)

Zoning Official [Signature]

Building Official TM 9/22/17

AP# 1709-84 Date Received 9/20 By [Signature] Permit # 35850

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

Comments Per previous permit, the subject property is a family lot

FEMA Map# _____ Elevation _____ Finished Floor 1/2 above River _____ In Floodway _____

- Recorded Deed or Property Appraiser PO Site Plan EH # 17-0598-E 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 Paid on Property Out County In County Sub VF Form

Property ID # 12-55-17-09216-006 Subdivision NA Lot# MA

- New Mobile Home Used Mobile Home _____ MH Size 29'11" x 76' Year 2017
- Applicant DALE BIRD Phone # 386-292-0844
- Address 4602 SE High Falls Rd, Lake City, FL 32025
- Name of Property Owner Tyler Floyd Phone# 386-292-0844
- 911 Address 4602 SE High Falls Rd, Lake City, FL 32025
- Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Duke Energy
- Name of Owner of Mobile Home Tyler Floyd Phone # 386 292 0844
- Address 4602 SE High Falls Rd, Lake City, FL 32025
- Relationship to Property Owner Same
- Current Number of Dwellings on Property 1 to be replaced
- Lot Size 210 x 210 Irregular Total Acreage 1.45
- 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 US-441S, TL SE Barber St, TR SE County Rd 245, TL High Falls Rd, 1/4 mile to driveway access on left
- Name of Licensed Dealer/Installer Justy Knowles Phone # 386-397-0896
- Installers Address 5801 SW St Hwy 47, Lake City, FL 32024
- License Number JH-1038219 Installation Decal # 46052

Staff Sent Email. 9.28.17

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

Installer Rusty L. Knowles License # IL11035219

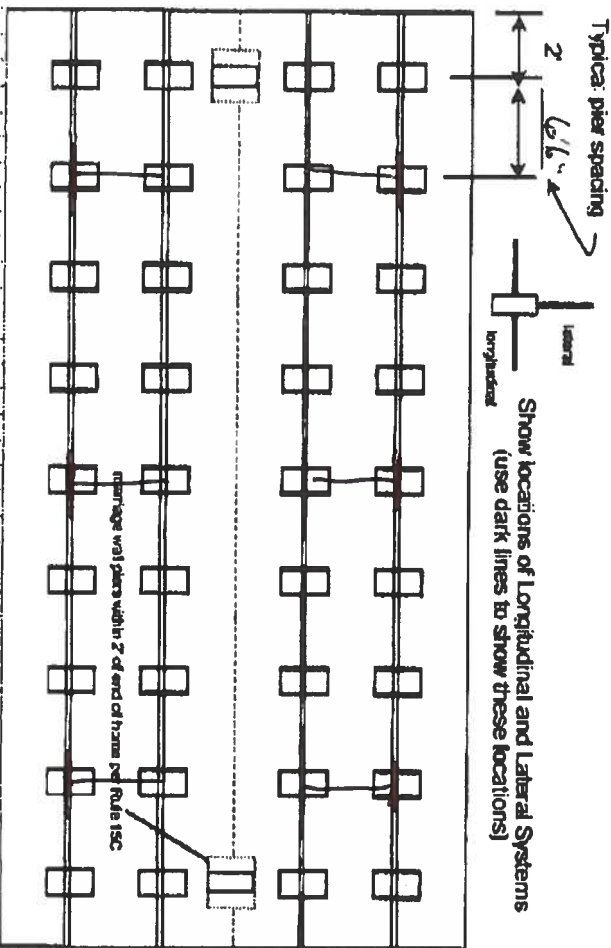
911 Address where home is being installed. 4602 SE HIGH FALLS ROAD

Manufacturer Live Oak Length x width 32 x 80

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 RLK



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 # 1460S2

Triple/Quad Serial # LO165A11718-714 A15

PIER SPACING TABLE FOR USED HOMES

| Load bearing capacity (sq ft) | Footer size (256) | 18 1/2" x 18 (342) | 20" x 20" (400) | 22" x 22" (484) | 24" x 24" (576) | 26" x 26" (676) |
|-------------------------------|-------------------|--------------------|-----------------|-----------------|-----------------|-----------------|
| 1000 nsf | 3' | 4' | 5' | 6' | 7' | 8' |
| 1500 nsf | 4'6" | 6' | 7' | 8' | 8' | 8' |
| 2000 nsf | 6' | 8' | 8' | 8' | 8' | 8' |
| 2500 nsf | 7'6" | 8' | 8' | 8' | 8' | 8' |
| 3000 nsf | 8' | 8' | 8' | 8' | 8' | 8' |
| 3500 nsf | 8' | 8' | 8' | 8' | 8' | 8' |

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

PIER PAD SIZES

I-beam pier pad size 23 1/4 x 31 1/4

Perimeter pier pad size 24

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 12' Pier pad size Mixed

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 | 445 |
| 24 x 24 | 576 |
| 26 x 26 | 676 |

ANCHORS

4 ft 5 ft

FRAME TIES

within 2' of end of home

spaced at 5' oc

OTHER TIES

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD) _____

Manufacturer _____

Longitudinal Stabilizing Device w/ Lateral Arms _____

Manufacturer Oliver Ties _____

SideWall _____

Longitudinal Marriage wall _____

Shearwall _____

POCKET PENETROMETER TEST

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

X .5 X .5 X .5

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 .5 X .5 X .5

TORQUE PROBE TEST

The results of the torque probe test is N/A using 110lb 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.

RLV Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Rusty L. Knowles

Date Tested

9-19-17

Electrical

Correct electrical conductions between multi-wide units, but not to the main power source. This includes the bonding wire between multi-wide units. Pg. 157.1

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 157.1

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 157.1

Site Preparation

Debris and organic material removed Swale Pad Other

Fastening multi wide units

Footer: 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 (manufacturer requirement)

I understand a properly installed gasket is a requirement of all new and used homes and that condensation, mold, mellow and buck ed 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

RLV

Type gasket factory installed: Pg. 157.1

Between Floors Yes
Between Walls Yes
Bottom of ridgebeam Yes

Weatherproofing

The bottomboard will be repaired and/or taped. Yes
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
Drain lines supported at 4 foot intervals. Yes
Electrical crossovers protected. Yes

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

Installer Signature

[Signature]

Date 9-19-17

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

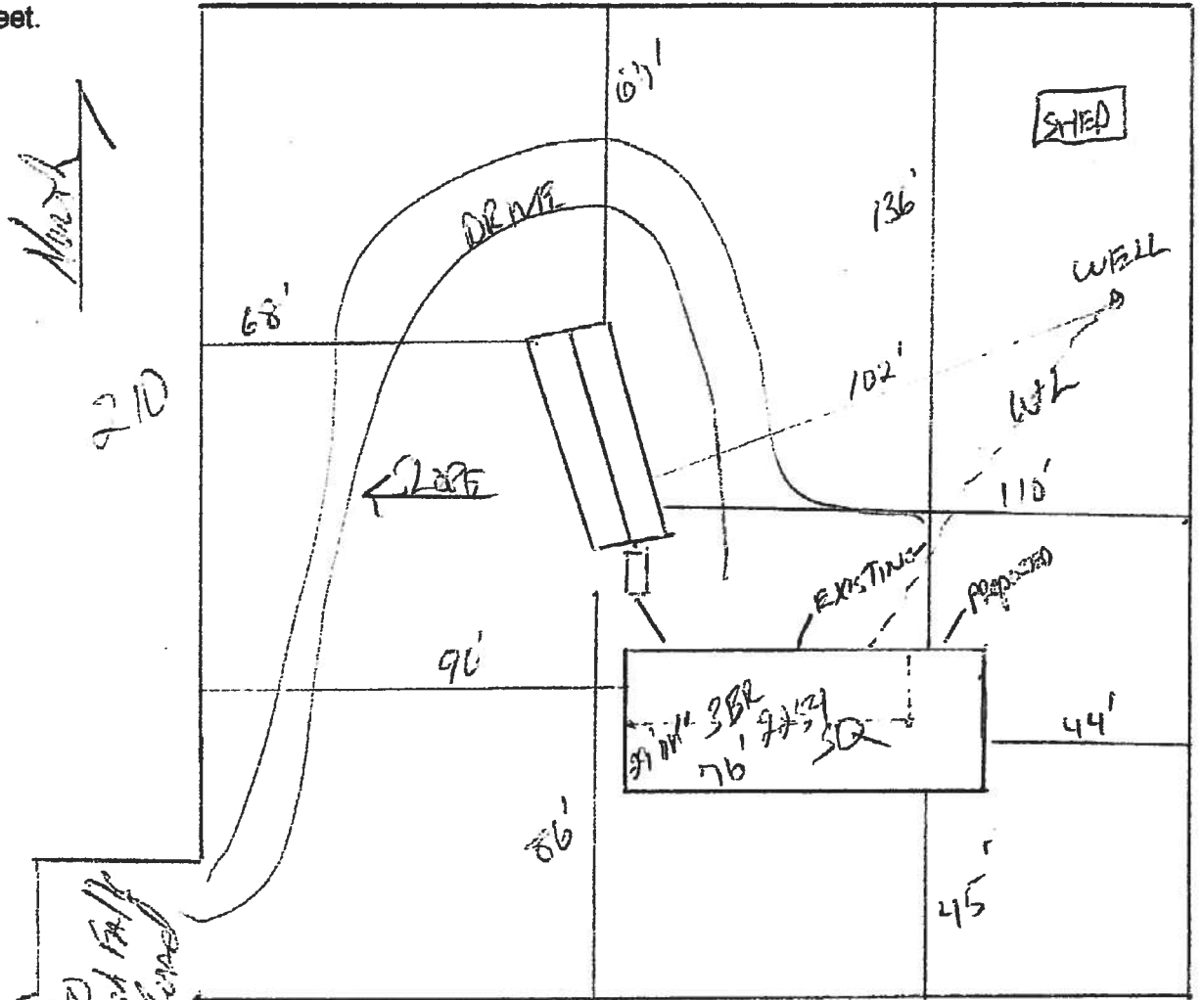
Permit Application Number _____

FLOYD

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

210

Scale: 1 inch = 40 feet.



Notes: _____

Site Plan submitted by: *Rocky D Floyd*
 Plan Approved _____ Not Approved _____
 By _____

MASTER CONTRACTOR
 Date _____
 County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

2016 Tax Year

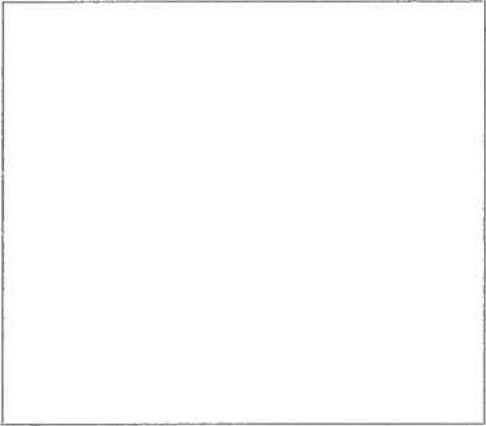
updated: 8/17/2017

Parcel: 12-5S-17-09216-006

Search Result: 1 of 1

Owner & Property Info

| | | | |
|-------------------------|--|---------------------|-------|
| Owner's Name | FLOYD COREY TYLER & | | |
| Mailing Address | SARAH JEAN WALKER FLOYD(JTWRS) 4602 SE HIGH FALLS RD LAKE CITY, FL 32025 | | |
| Site Address | 4602 SE HIGHFALLS RD | | |
| Use Desc. (code) | MOBILE HOM (000200) | | |
| Tax District | 3 (County) | Neighborhood | 12517 |
| Land Area | 1.450 ACRES | Market Area | 02 |
| Description | NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction. COMM NW COR OF NE1/4 OF NW1/4, E 331.01 FT, S 457.75 FT, W 46.17 FT FOR POB, N 210 FT, W 210 FT, S 210 FT, E 210 FT. WD 1164-145, CORR WD 1165-1112 WD 1165-1114 & COMM NW COR OF NE1/4 OF NW 1/4, RUN S 1001.13 FT TO PT ON CURVE, NE 45.86 FT TO POB, CONT NE ALONG CURVE 38.75 FT, NE 505.96 FT, N 30 FT, W 35.02 FT, S 551.85 FT TO POB WD 1285 -951. | | |



Property & Assessment Values

| 2016 Certified Values | | |
|------------------------------|---|-------------|
| Mkt Land Value | cnt: (0) | \$10,562.00 |
| Ag Land Value | cnt: (2) | \$0.00 |
| Building Value | cnt: (1) | \$13,818.00 |
| XFOB Value | cnt: (1) | \$1,200.00 |
| Total Appraised Value | | \$25,580.00 |
| Just Value | | \$25,580.00 |
| Class Value | | \$0.00 |
| Assessed Value | | \$25,580.00 |
| Exempt Value | (code: HX H3) | \$25,000.00 |
| Total Taxable Value | Cnty: \$580 Other: \$580 Schl: \$580 | |

| 2017 Working Values (...Hide Values) | | |
|---|-------------------------------------|-------------|
| Mkt Land Value | cnt: (0) | \$10,562.00 |
| Ag Land Value | cnt: (2) | \$0.00 |
| Building Value | cnt: (1) | \$12,989.00 |
| XFOB Value | cnt: (1) | \$1,200.00 |
| Total Appraised Value | | \$24,751.00 |
| Just Value | | \$24,751.00 |
| Class Value | | \$0.00 |
| Assessed Value | | \$24,751.00 |
| Exempt Value | (code: HX H3) | \$24,751.00 |
| Total Taxable Value | Cnty: \$0 Other: \$0 Schl: \$0 | |

NOTE: 2017 Working Values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

Sales History

| Sale Date | OR Book/Page | OR Code | Vacant / Improved | Qualified Sale | Sale RCode | Sale Price |
|------------|--------------|---------|-------------------|----------------|------------|------------|
| 11/25/2014 | 1285/951 | WD | V | U | 11 | \$100.00 |
| 1/14/2009 | 1165/1114 | WD | V | U | 11 | \$100.00 |
| | | | | | | |

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COLUMBIA COUNTY

911 ADDRESSING / GIS DEPARTMENT

263 NW Lake City Ave., Lake City, FL 32055

Telephone: (386) 758-1125 x 1 * Fax: (386) 758-1365 * Email: gis@columbiacountyfla.com



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: | 9/27/2017 3:21:52 PM |
| Address: | 4602 SE HIGH FALLS Rd |
| City: | LAKE CITY |
| State: | FL |
| Zip Code | 32025 |
| <hr/> | |
| Parcel ID | 09216-006 |

REMARKS: Reissue of existing address for replacement structure on parcel.

Address Issued By: **Signed:/ Ronal N. Croft**

Columbia County GIS/911 Addressing Department

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.

*CORREY
FLOYD*



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

LICENSED QUALIFIER AUTHORIZATION

I, Michael A Boland (license holder name), licensed qualifier for ACE A/C of Ocala, LLC (company name), do certify that the below referenced person(s) listed on this form is/are contracted/hired by me, the license holder, or is/are employed by me directly or through an employee leasing arrangement; or, is an officer of the corporation; or, partner as defined in Florida Statutes Chapter 468, and the said person(s) is/are under my direct supervision and control and is/are authorized to purchase and sign permits, call for inspections and sign subcontractor verification forms on my behalf.

| Printed Name of Person Authorized | Signature of Authorized Person |
|-----------------------------------|--------------------------------|
| 1. Dale Reed | 1. [Signature] |
| 2. Kelly Bishop | 2. Kelly Bishop |
| 3. Kelly Ford | 3. Kelly Ford |
| 4. | 4. |
| 5. | 5. |

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances. I understand that the State and County Licensing Boards have the power and authority to discipline a license holder for violations committed by him/her, his/her agents, officers, or employees and that I have full responsibility for compliance with all statutes, codes and ordinances inherent in the privilege granted by issuance of such permits.

If at any time the person(s) you have authorized is/are no longer agents, employee(s), or officer(s), you must notify this department in writing of the changes and submit a new letter of authorization form, which will supersede all previous lists. Failure to do so may allow unauthorized persons to use your name and/or license number to obtain permits.

Michael A Boland License Qualifiers Signature (Notarized) License Number CA1817716 Date 11/17/15

NOTARY INFORMATION
 STATE OF Florida COUNTY OF Marion

The above license holder whose name is Michael A. Boland personally appeared before me and is known by me or has produced identification (type of I.D.) _____ on this 17th day of November, 2015

Amanda Flood
 NOTARY'S SIGNATURE

(Seal/Stamp)





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

LICENSED QUALIFIER AUTHORIZATION

I, Michael Reader (license holder name), licensed qualifier for Madison Services LLC (company name), do certify that the below referenced person(s) listed on this form is/are contracted/hired by me, the license holder, or is/are employed by me directly or through an employee leasing arrangement; or, is an officer of the corporation; or, partner as defined in Florida Statutes Chapter 468, and the said person(s) is/are under my direct supervision and control and is/are authorized to purchase and sign permits; call for inspections and sign subcontractor verification forms on my behalf.

| Printed Name of Person Authorized | Signature of Authorized Person |
|-----------------------------------|--------------------------------|
| 1. <u>Richard Ford</u> | 1. <u>[Signature]</u> |
| 2. <u>Nate R. Sural</u> | 2. <u>[Signature]</u> |
| 3. | 3. |
| 4. | 4. |
| 5. | 5. |

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances. I understand that the State and County Licensing Boards have the power and authority to discipline a license holder for violations committed by him/her, his/her agents, officers, or employees and that I have full responsibility for compliance with all statutes, codes and ordinances inherent in the privilege granted by issuance of such permits.

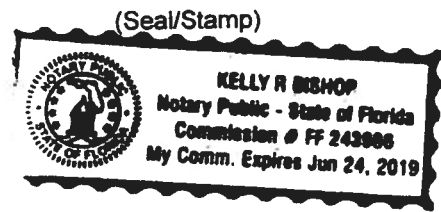
If at any time the person(s) you have authorized is/are no longer agents, employee(s), or officer(s), you must notify this department in writing of the changes and submit a new letter of authorization form, which will supersede all previous lists. Failure to do so may allow unauthorized persons to use your name and/or license number to obtain permits.

Michael Reader
 Licensed Qualifiers Signature (Notarized) ELIZABETH 11/2/15
 License Number Date

NOTARY INFORMATION:
 STATE OF: FL COUNTY OF: Columbia

The above license holder, whose name is Michael Reader, personally appeared before me and is known by me or has produced identification (type of I.D.) _____ on this 2 day of Nov, 2015.

Kelly Bishop
 NOTARY'S SIGNATURE





MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1709-44 CONTRACTOR Rusty Knowles PHONE 386-397-0886

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.

| | |
|-----------------------------|---|
| ✓ 1338 ELECTRICAL | Print Name <u>Michael Reader</u> Signature  |
| | License #: <u>ES 13002315</u> Phone #: <u>850-973-0111</u> Qualifier Form Attached <input checked="" type="checkbox"/> |
| ✓ 950 MECHANICAL/ A/C | Print Name <u>Michael Boland</u> Signature  |
| | License #: <u>CAC 1817716</u> Phone #: <u>352-274-9326</u> Qualifier Form Attached <input checked="" type="checkbox"/> |

Tyler Floyd

Qualifier Forms cannot be submitted for any Specialty License.

| 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.

Janice Williams

From: A & B Construction <rockyford@windstream.net>
Sent: Friday, October 06, 2017 10:03 AM
To: Janice Williams
Cc: Laurie Hodson
Subject: Floyd App # 1709-44
Attachments: Floyd En H.pdf

Expires: Wednesday, April 04, 2018 12:00 AM

Hello again,

Please see attached permit

Serial number is: LOHGA11718714AB

Thank you,

Dale Burd
Project Manager
A & B Construction
386-497-2311
F 386-497-4866



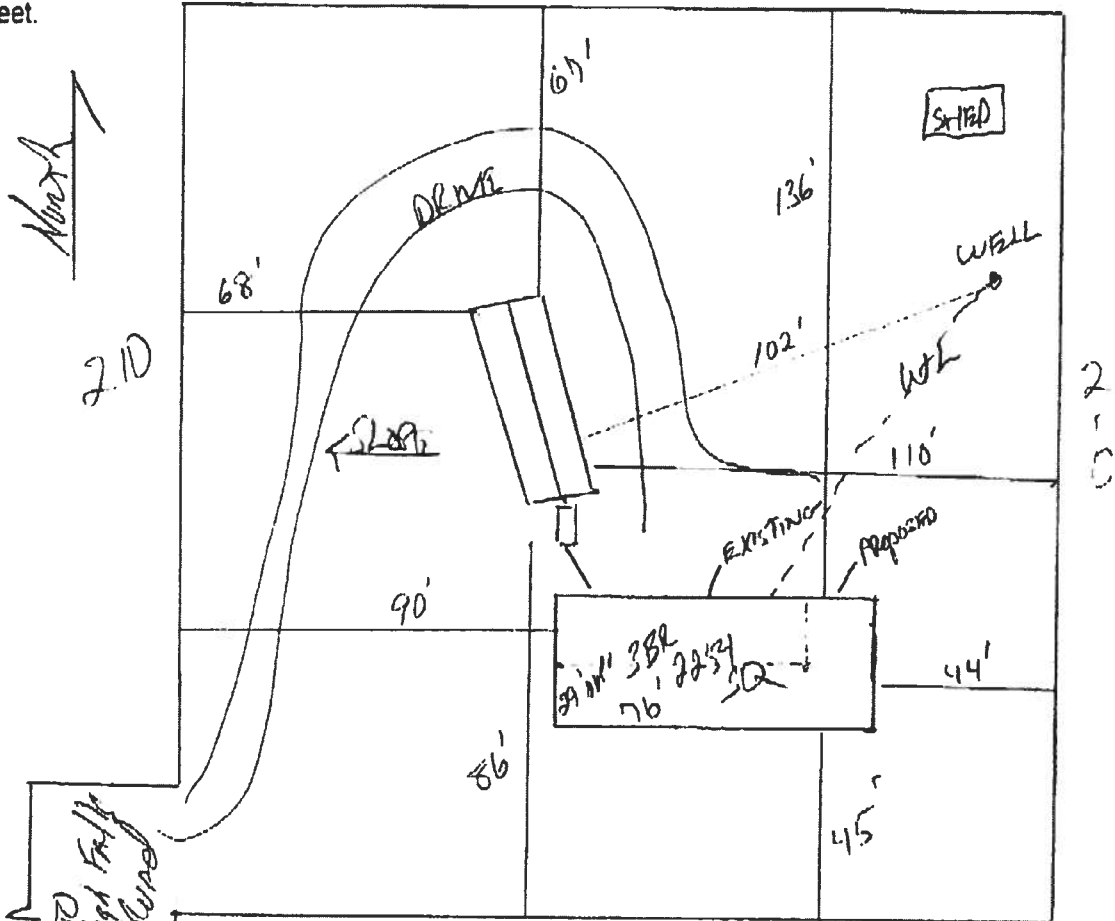
Virus-free. www.avast.com

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

Permit Application Number 17-0598

----- FLOYD ----- PART II - SITEPLAN ----- 210

Scale: 1 inch = 40 feet.



Notes:

Site Plan submitted by: Rocky D. [Signature]

MASTER CONTRACTOR

Plan Approved [Signature]

Not Approved _____

Date 10/2/17

By [Signature]

[Signature]

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



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

PERMIT NO. 17-0598E
DATE PAID: 9/19/17
FEE PAID: 1,000
RECEIPT #: 1307454

APPLICATION FOR:

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

APPLICANT: Tyler Floyd

AGENT: ROCKY FORD, A & B CONSTRUCTION TELEPHONE: 386-497-2311

MAILING ADDRESS: 546 SW Dortch Street, FT. WHITE, FL, 32038

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: na BLOCK: na SUB: na PLATTED: _____

PROPERTY ID #: 12-5s-17-09216-006 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 1.45 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 4602 SE High Falls Rd, LC

DIRECTIONS TO PROPERTY: US-441 S, TL SE Gabe St, TR SE County Rd 245, TL High Falls Rd, 1/4 mile to driveway access on left

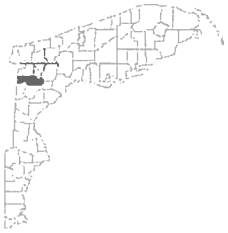
BUILDING INFORMATION

[X] RESIDENTIAL [] COMMERCIAL

| Unit No | Type of Establishment | No. of Bedrooms | Building Area Sqft | Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC |
|---------|-----------------------|-----------------|--------------------|--|
| 1 | SF Residential | 3 | 2254 | |
| 2 | | | | |
| 3 | | | | |

[N] Floor/Equipment Drains [N] Other (Specify) _____

SIGNATURE: Rocky D Ford DATE: 9/18/2017



MOBILE HOME MOVE-ON COMPLETION

ISSUED BY COLUMBIA COUNTY, FLORIDA



BUILDING PERMIT NUMBER:
000027631

CONTRACTOR:
RONNIE NORRIS

JOB ADDRESS:
TYLER FLOYD & SARAH WALKER
4602 SE HIGH FALLS DRIVE LAKE CITY FL 32025
12-5S-17-09216-006

IH0000049

Mobile homes shall comply with the Federal Manufactured Home Construction and Safety Standard (HUD) and the Florida Administrative Code (FAC) Rule 15C-1.

This certificate shall be deemed to authorize placement, erection, and use of the mobile home only at the location specified in the mobile home move on permit.

Type of development: Mobile Home
Building to be occupied as: M/H/UTILITY
Is home new or used: NA
Serial#: _____
Year Built: _____
Notes: 1 FOOT ABOVE ROAD. 14.9 FAMILY LOT PERMIT.

March 3, 2009

AUTHORIZING SIGNATURE: RJ

DATE SIGNED