



# Building and Zoning Department

## Mobile Home Application

# Invoice

64463

49471

Applicant Information
CLARENCE ROSSIN 665 NW ROSSIN CT LAKE CITY FL 32055

Invoice Date
03/19/2024

Permit #

Amount Due
<b>\$655.53</b>

**Job Location**  
Parcel: 15-3S-16-02144-000  
Owner: ROSSIN CLARENCE H  
Address: 665 NW ROSSIN CT  
LAKE CITY, FL 32055

Contractor Information
GLENN M WILLIAMS JR NORTH FL MOBILE HOME INSTALLERS LLC 660 SE PUTNAM ST LAKE CITY, FL 32025

### Invoice History

Date	Description	Amount
03/08/2024	Payment: Credit Card 12172177	(\$65.00)
03/08/2024	Fee: Application Fee	\$15.00
03/08/2024	Fee: Pre-Inspections	\$50.00
03/19/2024	Fee: Mobile Home - Double Wide	\$300.00
03/19/2024	Fee: DBPR - Surcharge / Radon	\$4.50
03/19/2024	Fee: Certificate Fee	\$3.00
03/19/2024	Fee: Flood Zone Certification Fee	\$25.00
03/19/2024	Fee: Zoning Certification Fee	\$50.00
03/19/2024	Fee: Fire Assessment Residential < 6 Acres	\$157.49
03/19/2024	Fee: Solid Waste Assessment	\$115.54
<b>Amount Due:</b>		<b>\$655.53</b>

Contact Us
Phone: (386) 758-1008
Customer Service Hours: Monday-Friday From 8:00 A.M. to 4:30 P.M.
Email: bldginfo@columbiacountyfla.com
Website: <a href="http://www.columbiacountyfla.com/BuildingandZoning.asp">http://www.columbiacountyfla.com/BuildingandZoning.asp</a>
Address: Building and Zoning Ste. B-21 135 NE Hernando Ave. Lake City, FL 32055

Credit card payments can be made online here (fees apply)

***Fee balances are not immediately updated using online Credit Card. If you have paid permit fees using the online application site or by another method such as check or cash, please allow time for your payment to be processed.***

Inspection Office Hours
Monday - Friday From 8:00 AM to 10:00 AM and From 1:30 PM to 3:00 PM

Inspection Requests	
Online: (Preferred Method) <a href="http://www.columbiacountyfla.com/InspectionRequest.asp">www.columbiacountyfla.com/InspectionRequest.asp</a>	Voice Mail: 386-719-2023 or Phone: 386-758-1008
All Driveway Inspections: 386-758-1019	Septic Release Inspections: 386-758-1058

Regular Inspection Schedules
<u>All areas North of County Road 242</u> From 10:00 AM to Noon
<u>All areas South of County Road 242</u> From 3:00 PM to 5:00 PM

**IMPORTANT NOTICE:**  
Any inspection requested after 4:30 pm, no matter the method, will be received the next business day and will be scheduled by the earliest time slot.

**All Inspections require 24 hours notice.**  
Emergencies will be inspected as soon as possible.

Mobile Home Application #64463

Wednesday, March 6, 2024 2:49 PM



AA

APPLICANT: CLARENCE ROSSIN

PHONE: 386-344-5496

ADDRESS: 665 NW ROSSIN CT LAKE CITY FL 32055

OWNER: ROSSIN CLARENCE H

PHONE: 386-344-5496

ADDRESS: NW ROSSIN CT LAKE CITY, FL 32055

PARCEL ID: 15-3S-16-02144-000

SUBDIVISION:

LOT: BLOCK: PHASE: UNIT: ACRES: 2.49

CONTRACTOR	TYPE	LIC#	BUSINESS NAME
OWNER	Air Conditioner		
OWNER	Electrician		
GLENN M WILLIAMS JR	General	IH1054858	NORTH FL MOBILE HOME INSTALLERS LLC

MOBILE HOME DETAILS

Is this a new or used home? Used

Mobile Home is a: Double Wide

Year Built 1989

Color of mobile home?

Width (Ft.In) 26

Length (Ft.In) 63

Total Area (Ft.In) 1638

Wind Zone? 2

Serial # fl79a6087070ab

Installation Decal # 107340

Power Company FL Power & Light

Service Amps

Estimated Mechanical Cost 0.00

Residential or Commercial Use? Residential

Is this replacing an existing Home? No

Number of homes now on property?

Driveway access to home: Existing Drive

Relationship to property owner?

Name of person this mobile home home is for?

Resident's Phone #

Are you applying for a 5 year temporary permit? Yes

Special temporary use permit number:

Septic # (00-0000) or (X00-000) 24-0172

Setback Info

Site Plan Setbacks Front

Site Plan Setbacks Side 1

Site Plan Setbacks Side 2

Site Plan Setbacks Rear

**PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION**

**For Office Use Only**

(Revised 12/2023)

Zoning Official \_\_\_\_\_

Building Official \_\_\_\_\_

AP# 64463

Date Received \_\_\_\_\_

By EW

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 # \_\_\_\_\_

Land Owner Affidavit  Installer Authorization  FW Comp. letter  App Fee Paid  911 App

DOT Approval  Parent Parcel # \_\_\_\_\_  STUP-MH \_\_\_\_\_

Ellisville Water Sys  Assessment \_\_\_\_\_  In County  Sub VF Form

**\*This page not required if Online Submission**

Property ID # 15-35-16-22144-000

Subdivision \_\_\_\_\_

Lot# \_\_\_\_\_

New Mobile Home

**Used Mobile Home**

MH Size 26x63

Year 89

Applicant Clarence A Rossin

Phone # 386 344 5496

Address \_\_\_\_\_

Name of Property Owner Clarence A Rossin

Phone# 386 344 5496

911 Address 665 NW Rossin Ct Lake City FL 32055

Circle the correct power company -

**FL Power & Light**

-  **Clay Electric**

(Circle One) -

**Suwannee Valley Electric**

-  **Duke Energy**

Name of Owner of Mobile Home Felicia L Rossin

Phone # 386 693 8850

Address 861 SW 242A Lake City FL 32085

Relationship to Property Owner Daughter

Current Number of Dwellings on Property 0

Lot Size 3 1/2 Acres

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

**No**

Name of Licensed Dealer/Installer Glen Williams

Phone # 386-344-3669

Installers Address 660 SE Putnam St Lake City FL

License Number: 1A1054858

Installation Decal # 107340

Is the mobile home currently located in Columbia County? Yes  No

(Only required for used homes)

Applicant Email Address: ~~Clarence A Rossin~~ Clarence Rossin@gmail.com

(This is where application updates will be sent)

*Current location:*

6225 Lake Jeffrey Rd 6148 Lake Jeffrey

**Owner email:**

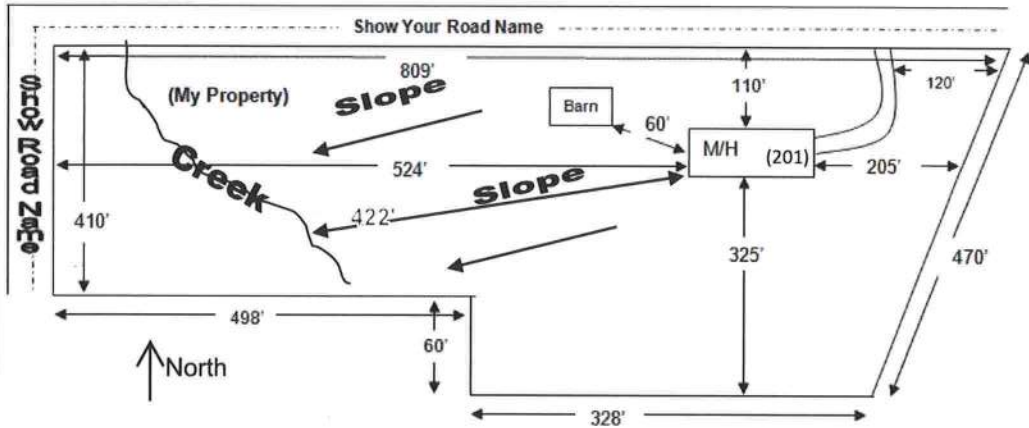
Clarence Rossin@gmail.com

**SITE PLAN CHECKLIST**

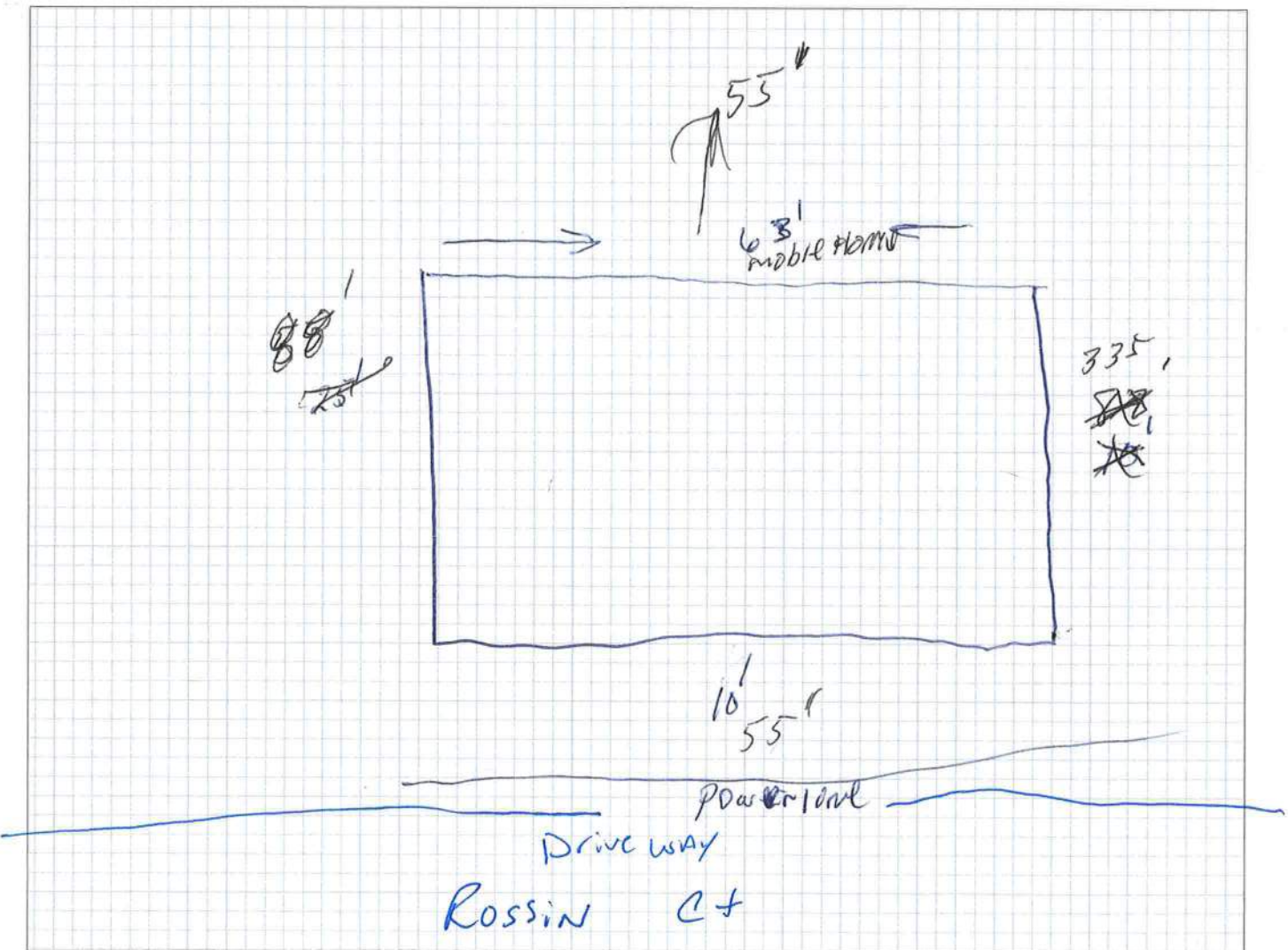
- \_\_\_ 1) Property Dimensions
- \_\_\_ 2) Footprint of proposed and existing structures (including decks), label these with existing addresses
- \_\_\_ 3) Distance from structures to all property lines
- \_\_\_ 4) Location and size of easements
- \_\_\_ 5) Driveway path and distance at the entrance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



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



**MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM**

APPLICATION NUMBER \_\_\_\_\_ CONTRACTOR Glenn Williams PHONE 386-344-3669

**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><b>ELECTRICAL</b></p>	<p>Print Name <u>Clarence H Rossin</u> Signature <u>Clarence H Rossin</u>                  License #: _____ Phone #: <u>386 344 5496</u>                  Company Name: _____ <input type="checkbox"/> Qualifier Form Attached</p>
<p><b>MECHANICAL/ A/C _____</b></p>	<p>Print Name <u>Clarence H Rossin</u> Signature <u>Clarence H Rossin</u>                  License #: _____ Phone #: <u>386 344 5496</u>                  Company Name: _____ <input type="checkbox"/> Qualifier Form Attached</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.



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

**\*Use to authorize property owners to pull permit on Installers behalf.**

MOBILE HOME INSTALLERS LETTER OF AUTHORIZATION

I, Glenn Williams, give this authority for the job address show below  
Installer License Holder Name  
 only, 665 NW Rossin Ct, 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
<u>Clarence Rossin</u>	<u>[Signature]</u>
<u>Felicia Rossin</u>	

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.

[Signature] License Holders Signature (Notarized)      1111054858 License Number      3-4-24 Date

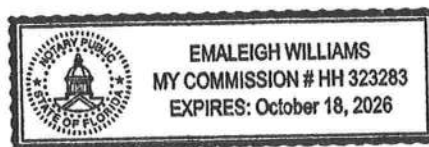
**NOTARY INFORMATION:**

STATE OF: FL COUNTY OF: Columbia

The above license holder, whose name is Glenn Williams, personally appeared before me and is known by me or has produced identification (type of I.D.) \_\_\_\_\_ on this 4 day of March, 2024.

[Signature]  
 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

**\*Use to authorize Agent to pull permit on Installers behalf.**

MOBILE HOME INSTALLERS AGENT AUTHORIZATION

I, \_\_\_\_\_, give this authority and I do certify that the below  
Installers Name

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	Agents Company Name

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.

\_\_\_\_\_  
 License Holders Signature (Notarized)                      License Number                      Date

**NOTARY INFORMATION:**

STATE OF: \_\_\_\_\_ COUNTY OF: \_\_\_\_\_

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

\_\_\_\_\_  
 NOTARY'S SIGNATURE

(Seal/Stamp)

**CODE ENFORCEMENT DEPARTMENT**  
COLUMBIA COUNTY, FLORIDA  
**OUT OF COUNTY MOBILE HOME INSPECTION REPORT**  
**(Only required for used homes)**

COUNTY THE MOBILE HOME IS BEING MOVED FROM \_\_\_\_\_

OWNERS NAME \_\_\_\_\_ PHONE \_\_\_\_\_ CELL \_\_\_\_\_

INSTALLER \_\_\_\_\_ PHONE \_\_\_\_\_ CELL \_\_\_\_\_

INSTALLERS ADDRESS \_\_\_\_\_

**MOBILE HOME INFORMATION**

MAKE \_\_\_\_\_ YEAR \_\_\_\_\_ SIZE \_\_\_\_\_ X \_\_\_\_\_

COLOR \_\_\_\_\_ SERIAL No. \_\_\_\_\_

WIND ZONE \_\_\_\_\_ SMOKE DETECTOR \_\_\_\_\_

**INTERIOR:**

FLOORS \_\_\_\_\_

DOORS \_\_\_\_\_

WALLS \_\_\_\_\_

CABINETS \_\_\_\_\_

ELECTRICAL (FIXTURES/OUTLETS) \_\_\_\_\_

**EXTERIOR:**

WALLS / SIDING \_\_\_\_\_

WINDOWS \_\_\_\_\_

DOORS \_\_\_\_\_

**INSTALLER:** APPROVED \_\_\_\_\_ NOT APPROVED \_\_\_\_\_

INSTALLER OR INSPECTORS PRINTED NAME \_\_\_\_\_

License No. \_\_\_\_\_ Date \_\_\_\_\_

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

***ONLY THE ACTUAL LICENSE HOLDER 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 386-719-2023 TO SET UP THIS INSPECTION. NO PERMIT WILL BE ISSUED BEFORE THIS IS DONE.***

Licensed Installer Approval Signature \_\_\_\_\_ Date \_\_\_\_\_

SSO 054404070



STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
ONSITE SEWAGE TREATMENT AND DISPOSAL  
SYSTEM (OSTDS)

PERMIT NO. 24-0172  
DATE PAID: 2-23-24  
FEE PAID: 425.00  
RECEIPT #: 2072085

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Charles H Rossin      EMAIL: CharlesRossin@gmail.com

AGENT: \_\_\_\_\_      TELEPHONE: 386 3445456

MAILING ADDRESS: 567 NW Rossin Ct Lake City 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

OSTDS REMEDIATION PLAN?  Y  N

LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_ PLATTED: \_\_\_\_\_

PROPERTY ID #: 15-3516-RO2144-000      ZONING: \_\_\_\_\_ I/M OR EQUIVALENT:  Y  N

PROPERTY SIZE: 3.5 ACRES      WATER SUPPLY:  PRIVATE      PUBLIC  ]<=2000GPD       >2000GPD

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

PROPERTY ADDRESS: ~~FSD~~ 665 NW Rossin Ct Lake City FL 32055

DIRECTIONS TO PROPERTY: \_\_\_\_\_

BUILDING INFORMATION

RESIDENTIAL       COMMERCIAL

Unit No.	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table I, Chapter 62-6, FAC
1	Mobile Home	3	1664	
2				
3				
4				

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

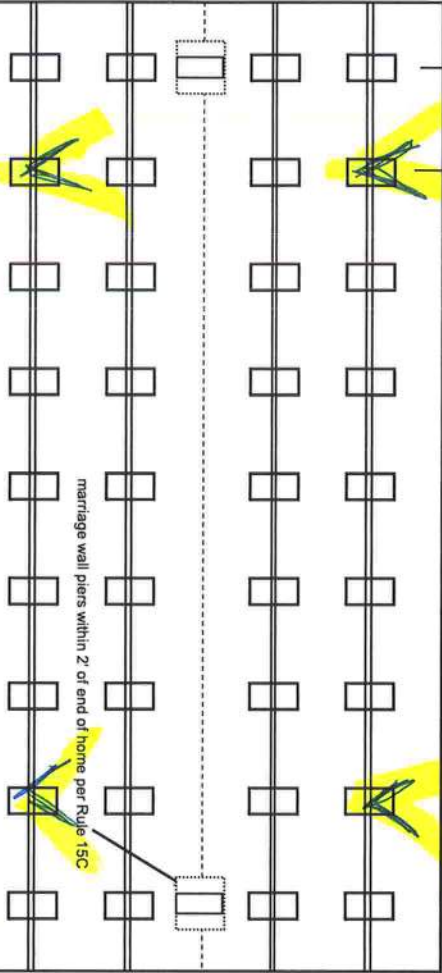
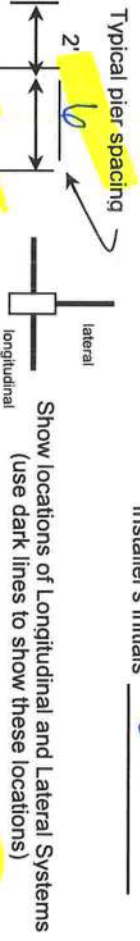
SIGNATURE: Charles H Rossin      DATE: 27 Feb 2024

# Mobile Home Permit Worksheet

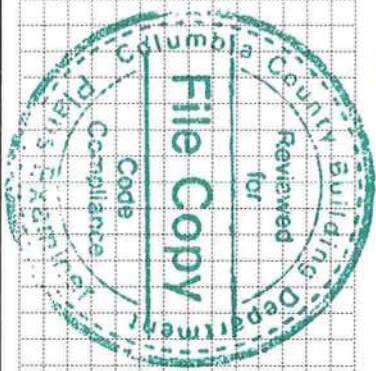
Installer: Glen Williams License # 1141054858  
 Address of home \_\_\_\_\_  
 being installed \_\_\_\_\_

Manufacturer \_\_\_\_\_ Length x width 28 x 66

**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.



*Glen Williams*  
03/08/2014



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 # 107340  
 Triple/Quad  Serial # FLFL794608707PP **4B**

### PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	Footer size (sq in)	16" x 16" (256)	18 1/2" x 18 (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'	8'
1500 psf	4'6"	6'	7'	8'	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 17 x 25  
 Perimeter pier pad size \_\_\_\_\_  
 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

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 \_\_\_\_\_

### FRAME TIES

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

### OTHER TIES

Longitudinal Stabilizing Device (LSD) \_\_\_\_\_ Number \_\_\_\_\_  
 Manufacturer \_\_\_\_\_  
 Longitudinal Stabilizing Device w/ Lateral Arms \_\_\_\_\_  
 Manufacturer \_\_\_\_\_

# Mobile Home Permit Worksheet

Application Number: \_\_\_\_\_ Date: \_\_\_\_\_

## 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 280 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.

### ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Glenn Williams  
 Date Tested 3-1-24

Electrical \_\_\_\_\_

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: 1/4" Length: 6 Spacing: 24in  
 Walls: 1/4" Length: 6 Spacing: 24in  
 Roof: 1/4" Length: 6 Spacing: 24in  
 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 GW

Type gasket foam  
 Pg. 103

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**

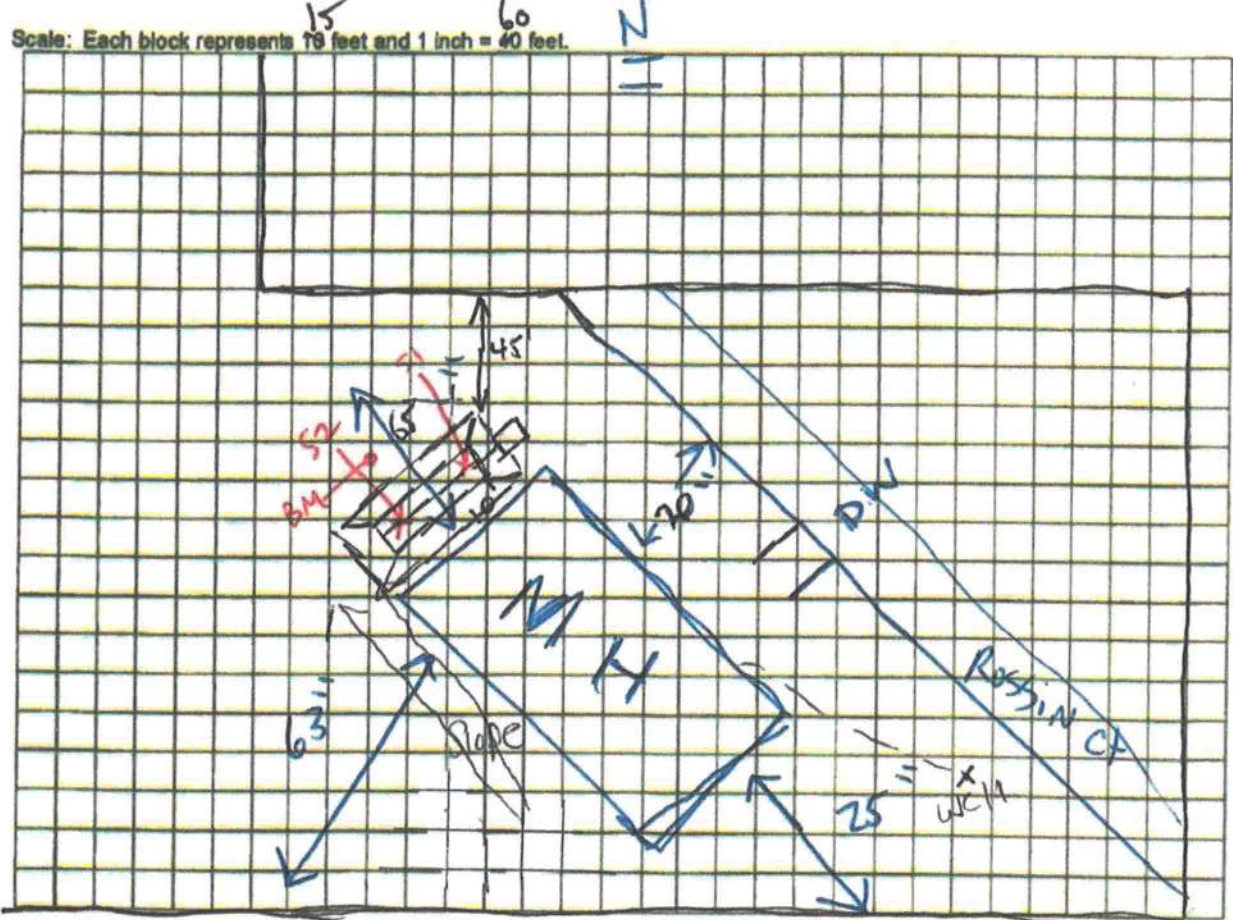
Installer Signature Glenn Williams Date \_\_\_\_\_

STATE OF FLORIDA  
 DEPARTMENT OF ENVIRONMENTAL PROTECTION  
 APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 24-0172

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

Scale: Each block represents 15 feet and 1 inch = 40 feet.



Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Site Plan submitted by: Chanel H. Rami Date 22 Feb 2024  
 Plan Approved \_\_\_\_\_ Not Approved \_\_\_\_\_ Date 2/28/24  
 By: [Signature] ES2 Columbia County Health Department

**ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT**