

131

Serial #

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 7-1-15) Zoning Official LL Building Official TM 2/2/18

AP# 1802-51 Date Received 2-14-18 By UH Permit # 36417

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

Comments _____

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

☐ Recorded Deed or ☒ Property Appraiser PO ☒ Site Plan ☒ EH # 18-0128 ☐ 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 for unit ☐ Out County ☐ In County ☒ Sub VF Form Electrical Signature

Property ID # 32-5S-16-D3745-319 Subdivision Survivor Estates Lot# A

- New Mobile Home ☒ Used Mobile Home _____ MH Size 42x60 Year 2018
- Applicant Sonya Crews / Linda Craft Phone # 863-517-5701
- Address 825 NW Turner Ave Apt 102 Lake City FL 32055
- Name of Property Owner Robert + Nancy Turner Phone # 575-403-3371
- 911 Address 371 SW Federal Court Fort White 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 Robert + Nancy Turner Phone # _____
Address 371 SW Federal Ct Fort White FL 32038
- Relationship to Property Owner _____
- Current Number of Dwellings on Property 1
- Lot Size _____ Total Acreage 5
- 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 Mobile home already removed
- Driving Directions to the Property 75 S exit 423 Fort White, Hwy 47 to Survivor Rd turn (R), approx 1/2 mile to SW Federal Ct turn (R) all the way at the end of the cul-de-sac 623-7716
- Name of Licensed Dealer/Installer Ronnie Norris Phone # 386-
- Installers Address 1004 SW Charles Terr Lake City FL 32024
- License Number JH10251451 Installation Decal # 48272

☒ - Emailed Sonya 2-22-18

UH - Emailed Sonya 3-8-18

\$425.00

Mobile Home Permit Worksheet

Application Number: _____

Date: _____

Installer: David Norris License # TH11251451

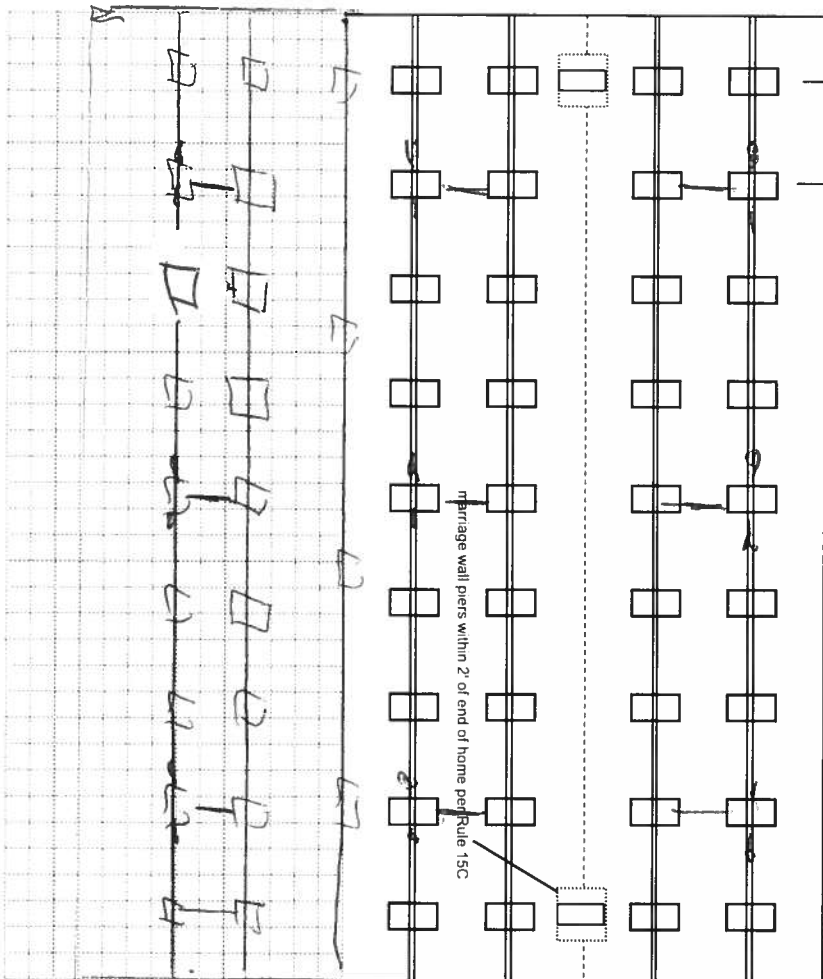
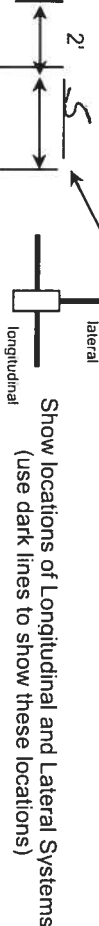
Address of home being installed: 371 SW Federal Court
Fort White, FL 32038

Manufacturer: Shelby Length x width: 42x60

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: R

Typical pier spacing



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 # 46272

Triple/Quad ☒ Serial # JAC FL 35476 ABC

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'	5'	6'	7'	8'	8'
2000 psf	4'6"	7'6"	8'	8'	8'	8'	8'
2500 psf	6'	8'	8'	8'	8'	8'	8'
3000 psf	7'6"	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: 17x25

Perimeter pier pad size: 17x25

Other pier pad sizes (required by the mfg.): 17x25

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

8 17x25

4 17x25

7 17x25

TIEDOWN COMPONENTS

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

OTHER TIES

Number _____
Sidewall _____
Longitudinal _____
Marriage wall _____
Shearwall _____

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 5th SCL

FRAME TIES

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

Mobile Home Permit Worksheet

Application Number: _____

Date: _____

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 1500 psi 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 285 inch-pounds or check here if you are declaring 5" anchors without testing 140. 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

Date Tested 2-5-18

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 Swale Pad ☒ Other

Fastening multi wide units

Floor: Type Fastener: 1/4" Length: 6" Spacing: 24"
Walls: Type Fastener: 1/4" Length: 6" Spacing: 16"
Roof: Type Fastener: 1/4" Length: 6" Spacing: 24"
For used homes 4 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

Installed: Between Floors Yes 2
Between Walls Yes 2
Bottom of ridgebeam Yes 2

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

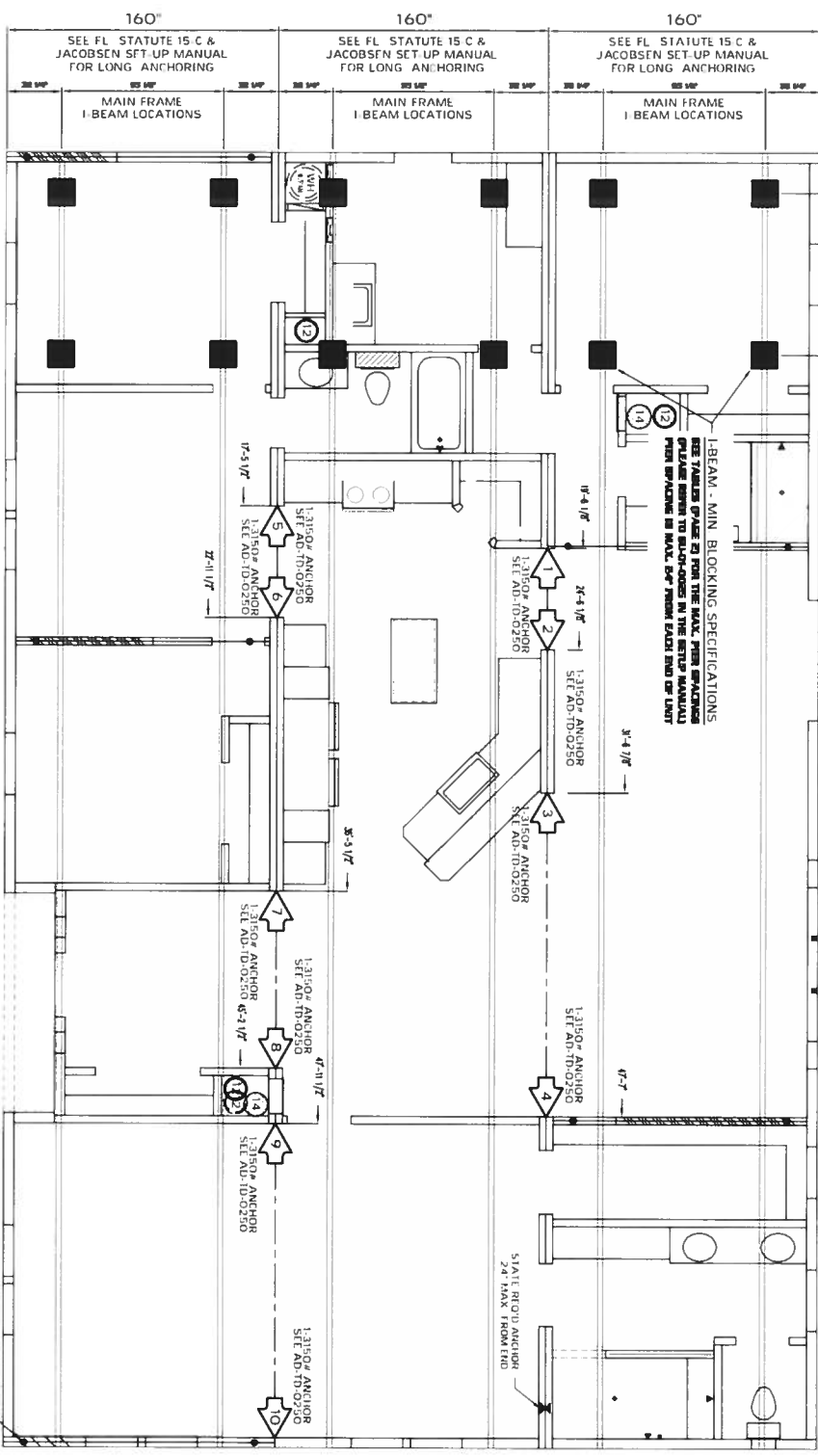
Date

SPACING FOR FIRST PIER IS TOTAL TO
 ONE HALF THE ALLOWABLE SPACING
 OF I-BEAM SPACING

64'-0"

SIDEWALL ANCHORS
 64' O.C. MAX SPACING
 (TYPICAL BOTH SIDWAYS)
 ...SPACING CHANGES WITH BEAM
 EXPOSURE AND HIGH SIDE OFFSETS
 SEE SETUP MANUAL FOR SPECIFICS...

SEE NOTES AND TABLES
 ON PAGE 2 OF 2

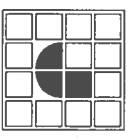


SEE NOTES AND TABLES
 ON PAGE 2 OF 2

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 ON PAGE 2 OF 2

SHEARWALLS TIE DOWN STRAPS ARE NOT INSTALLED AT THE FACTORY
 WHEN SHEARWALL IS LOCATED DIRECTLY OVER SOLID I-BEAM HEADER
 SET UP IS REQUIRED TO INSTALL THE SHEARWALL STRAPS OVER THE I-BEAM
 HEADER PER AD-TD-0050 (PAGE 48) IN THE SET-UP MANUAL ADDENDUM
 STRAPS AND PIERS SHALL BE INSTALLED AT BOTH ENDS OF HEADER

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JACOBSEN HOMES
 PO BOX 3658, 600 PACKARD CT.
 SAFETY HARBOR, FLORIDA 34655

(727) 726-1138
 www.jacobsonhomes.com

REFER TO SU-01-0020, SU-01-0021 AND OTHER DETAILS IN THE SET-UP MANUAL FOR MAXIMUM HEIGHT
 (THIS IS NOT DESIGNED, NOR INTENDED TO BE A STILT FOUNDATION)

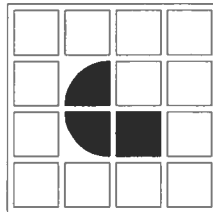
HUD WIND ZONE - 2
 HUD WIND EXPOSURE CATEGORY - C
 35060 - PAGE 1 OF 2

IMP - MODEL # 7604-060

THIS BLOCKING DIAGRAM IS PROVIDED AS A COURTESY ONLY. THE LICENSED SET-UP CONTRACTOR SHALL REVIEW THIS DETAIL AND VERIFY COMPLIANCE. THE LICENSED SET-UP CONTRACTOR IS RESPONSIBLE AND LIABLE FOR ALL INSTALLATION

IMP-35-060
 JACOBSEN HOMES
 2x8 FLOOR JOISTS - 16" O.C.
 2x8 JOISTS

DIRECT INDICATES UP
 SHEARWALL ANCHORS FOR



JACOBSEN HOMES
PO BOX 368, 600 PACKARD CT.
SAFETY HARBOR, FLORIDA 34695

(727) 726-1138

www.jachomes.com

WARNING:

INSTALLING A MANUFACTURED STRUCTURE/BUILDING CAN BE EXTREMELY DANGEROUS. ONLY QUALIFIED PERSONNEL SHOULD ATTEMPT TO INSTALL A MANUFACTURED STRUCTURE/BUILDING. IMPROPER PROCEDURES AND/OR TECHNIQUES COULD RESULT IN SERIOUS INJURY OR DEATH. IN ADDITION TO THE DANGER TO PERSONNEL, IMPROPER SETUP/INSTALLATION COULD RESULT IN EXTENSIVE/COSTLY DAMAGE TO THE BUILDING/STRUCTURE. NEVER ATTEMPT INSTALLATION IF YOU ARE NOT QUALIFIED AND/OR DO NOT HAVE THE PROPER TOOLS AND/OR EQUIPMENT.

CAUTION:

MANUFACTURED BUILDINGS/STRUCTURES CAN WEIGH SEVERAL TONS. IT IS VERY IMPORTANT THAT ALL PERSONNEL, ON THE JOB SITE, BE QUALIFIED AND PROPERLY/ADEQUATELY TRAINED. A STATE LICENSED SETUP CONTRACTOR IS REQUIRED TO BE RESPONSIBLE FOR ALL SAFETY INITIATIVES, PROGRAMS, POLICIES, AND/OR PROCEDURES THAT MAY BE MANDATED BY OSHA AND/OR ANY OTHER LOCAL, STATE, AND/OR FEDERAL CODES AND/OR REQUIREMENTS. THE CONTRACTOR SHALL INSURE/REQUIRE THAT SAFE AND PROPER TECHNIQUES ARE UTILIZED.

NOTES:

1. REFER TO THE MODEL APPROVAL FOR PLAN SPECIFIC INFORMATION.
2. REFER TO THE JACOBSEN HOMES SETUP MANUAL AND ADDENDUM FOR COMPLETE INSTALLATION INSTRUCTIONS. PIERES CAN BE RELOCATED AND/OR SPANS INCREASED FOR THE SETUP MANUAL.
3. REFER TO SU-01-0005 FOR ADDITIONAL PIER REQUIREMENTS.
4. REFER TO THE APPROVED FLOOR PLAN FOR SHEARWALL LOCATIONS AND LOADS.
5. REFER TO AD-TD-100 FOR BEAM/WALL APPLICATIONS AND TIE-DOWNS.
6. REFER TO THE APPROVED FLOOR PLAN FOR SPECIFIC COLUMN LOCATIONS. COLUMN PIERS SHALL BE LOCATED WITHIN 6" OF EITHER SIDE OF THE COLUMN. ADDITIONAL PIERS MAY BE REQUIRED ALONG THE MATING LINE. SEE THE SETUP MANUAL FOR SPECIFICS.
7. ALL 184" WIDE FLOOR SYSTEMS REQUIRE PERIMETER AND MATING LINE BLOCKING.
8. ALL 184" FLOOR SYSTEMS WIDER THAN 144" REQUIRE PERIMETER AND MATING LINE BLOCKING.
9. ANY SIDEWALL AREA WITH A HOIST BEAM OR A STRUCTURAL ATTACHMENT SHALL HAVE PIERS AND ANCHORS SPACED NO FURTHER THAN 48" O.C. MAXIMUM. SOME WIND ZONE AREAS MAY REQUIRE CLOSER INSTALLATION. REFER TO THE JACOBSEN HOMES SETUP MANUAL FOR SPECIFICS (SEE SU-01-0005 AND SU-01-0009). WHEN THE ATTACHED STRUCTURE HAS POLYETHYLENE WALL CONSTRUCTION OR IS DESIGNED AND CONSTRUCTED TO BE SELF-SUPPORTING, THESE ADDITIONAL PIERS AND ANCHORS ARE NOT REQUIRED.
10. MAX. PIER SPACING ON 10" I-BEAM IS 96". MAX. PIER SPACING ON 12" OR 14" I-BEAM IS 120". SEE NOTE 4 ON PAGES SU-01-0005 THROUGH SU-01-0009.

REFER TO AD-TD-0250 THROUGH
AD-TD-0254 FOR COLUMN ANCHOR SIZES.

COLUMN INFO. TABLE			COLUMN PAD - MIN. SIZES (sq. in.)							
COL. NUM.	SPAN	LOAD (REF. FIGURE)	1000 PIER SIZE	1500 PIER SIZE	2000 PIER SIZE	2500 PIER SIZE	3000 PIER SIZE	3500 PIER SIZE	4000 PIER SIZE	4500 PIER SIZE
1	5'-1"	2975	428	286	214	171	171	171		
2	5'-1"	2975	428	286	214	171	171	171		
3	16'-1"	4575	659	439	329	264	264	264		
4	16'-1"	4575	659	439	329	264	264	264		
5	5'-6"	2975	428	286	214	171	171	171		
6	5'-6"	2975	428	286	214	171	171	171		
7	8'-9"	2975	428	286	214	171	171	171		
8	8'-9"	2975	428	286	214	171	171	171		
9	15'-7"	4575	659	439	329	264	264	264		
10	15'-7"	4575	659	439	329	264	264	264		

N10 = SEE NOTE 10.
REFER TO SU-01-0005 FOR
ADDITIONAL PIER REQUIREMENTS.

MINIMUM PIER PAD SIZE (sq.in.)	I-BEAM PIER SPACING										MATING LINE PIER SPACING						PERIMETER PIER SPACING					
	1000 PIER SIZE	1500 PIER SIZE	2000 PIER SIZE	2500 PIER SIZE	3000 PIER SIZE	3500 PIER SIZE	4000 PIER SIZE	4500 PIER SIZE	5000 PIER SIZE	5500 PIER SIZE	1000 PIER SIZE	1500 PIER SIZE	2000 PIER SIZE	2500 PIER SIZE	3000 PIER SIZE	3500 PIER SIZE	4000 PIER SIZE	4500 PIER SIZE	5000 PIER SIZE	5500 PIER SIZE	6000 PIER SIZE	6500 PIER SIZE
A	256 sq. in.	30	48 1/2	66 1/2	85	103*	N10	N10	N10	N10	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
B	342.25 sq. in.	42	56 1/2	90 1/2	115*	N10	N10	N10	N10	N10	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
C	396 sq. in.	49	77 1/2	105 1/2*	N10	N10	N10	N10	N10	N10	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
D	400 sq. in.	49 1/2	78 1/2	107 1/2*	N10	N10	N10	N10	N10	N10	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
E	432.875 sq. in.	54	85	116*	N10	N10	N10	N10	N10	N10	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
F	576 sq. in.	74	115*	N10	N10	N10	N10	N10	N10	N10	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
G	676 sq. in.	87 1/2	N10	N10	N10	N10	N10	N10	N10	N10	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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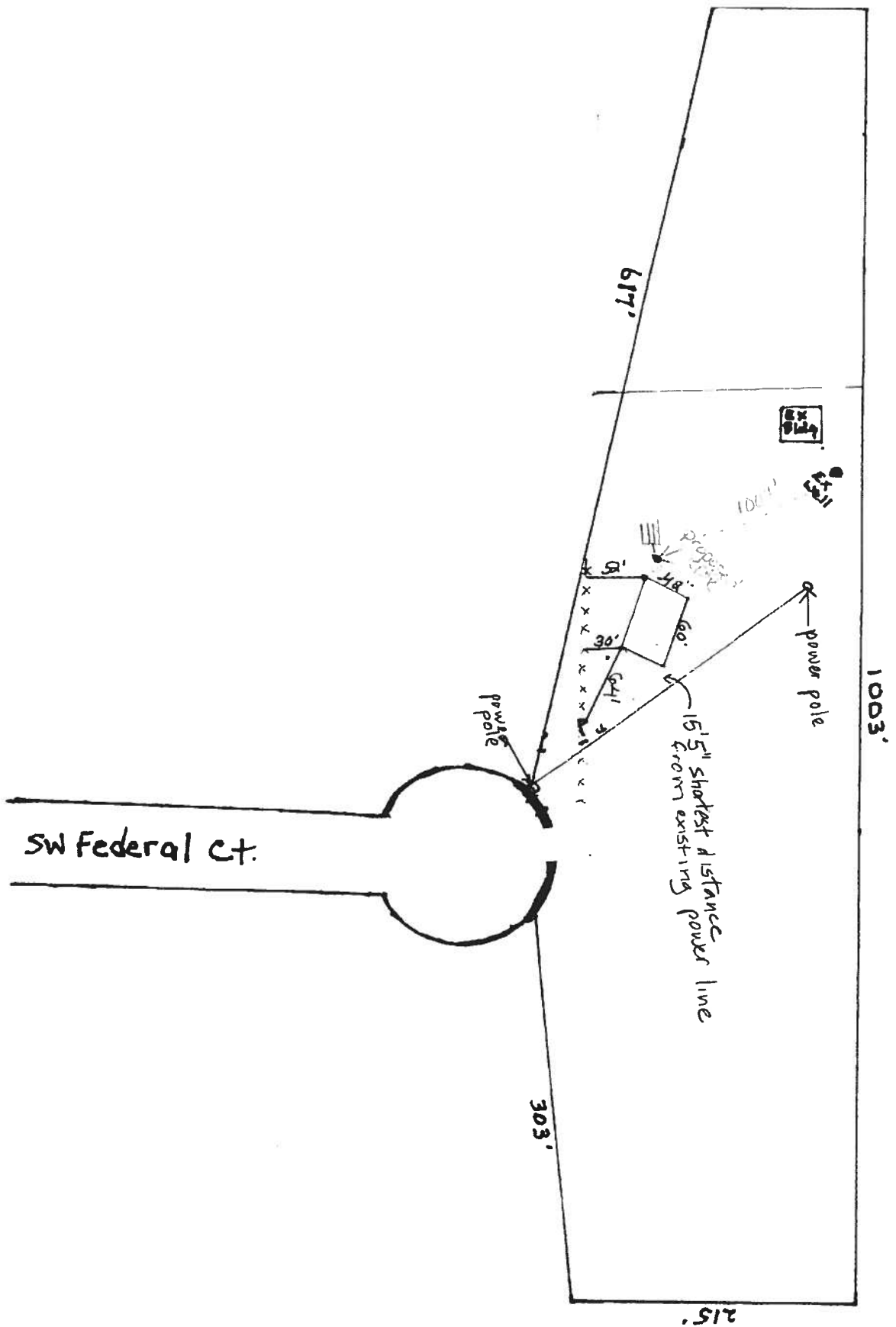
HUD WIND ZONE - 2
HUD WIND EXPOSURE CATEGORY - C

35060 - PAGE 2 OF 2

REFER TO SU-01-0020, SU-01-0021, AND OTHER DETAILS IN THE SET-UP MANUAL FOR MAXIMUM HEIGHT
(THIS IS NOT DESIGNED, NOR INTENDED, TO BE A STILT FOUNDATION)

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CONTRACTOR SHALL REVIEW THIS DETAIL AND VERIFY COMPLIANCE. THE LICENSED
SET-UP CONTRACTOR IS RESPONSIBLE AND LIABLE FOR ALL INSTALLATION.

Turner



Accent Color: Backdrop

60

149232

60"

60"

5-60"



2000

 $\angle$

31.08.2014 №2
11.08.2014 №1
✓

 $\angle$

生

Spade for
Digging

5-80

60.

42" X 80" window
36" X 60"

4-085131

[Faint handwritten notes at bottom]

Model No. 7604

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~~1/5/18~~
1/10/18
Ntamen

Columbia County Property Appraiser

updated: 2/1/2018

2017 Tax Year

Parcel: 32-5S-16-03745-319

Tax Collector

Tax Estimator

Property Card

Parcel List Generator

<< Next Lower Parcel Next Higher Parcel >>

2017 TRIM (pdf)

Interactive GIS Map

Print

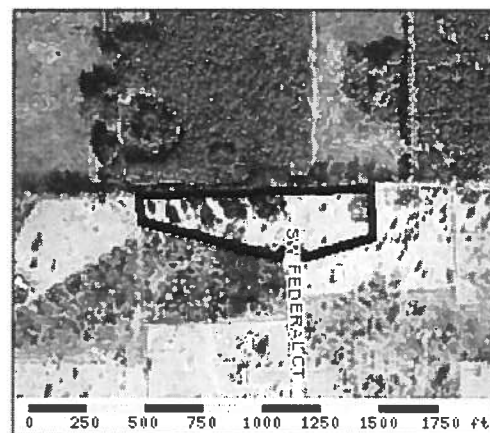
Owner & Property Info

<< Prev

Search Result: 9 of 29

Next >>

Owner's Name	TURNER ROBERT J & NANCY L		
Mailing Address	CO-TRUSTEES OF THE TURNER FAMILY TRUST 209 E JACKSON ST HUGO, OK 74743		
Site Address	371 SW FEDERAL CT		
Use Desc. (code)	MOBILE HOM (000200)		
Tax District	3 (County)	Neighborhood	32516
Land Area	5.110 ACRES	Market Area	02
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction. LOT 19 SUNVIEW ESTATES ADD S/D WD 1034-2800, LE 1283-217, DC 1339-2110, WD 1342-261.		



Property & Assessment Values

2017 Certified Values		
Mkt Land Value	cnt: (0)	\$29,000.00
Ag Land Value	cnt: (2)	\$0.00
Building Value	cnt: (1)	\$22,858.00
XFOB Value	cnt: (3)	\$1,450.00
Total Appraised Value		\$53,308.00
Just Value		\$53,308.00
Class Value		\$0.00
Assessed Value		\$53,308.00
Exempt Value	(code: HX H3)	\$28,308.00
Total Taxable Value	Cnty: \$25,000 Other: \$25,000 Schl: \$28,308	

2018 Working Values		
Mkt Land Value	cnt: (0)	\$30,000.00
Ag Land Value	cnt: (2)	\$0.00
Building Value	cnt: (1)	\$23,471.00
XFOB Value	cnt: (3)	\$1,450.00
Total Appraised Value		\$54,921.00
Just Value		\$54,921.00
Class Value		\$0.00
Assessed Value		\$54,921.00
Exempt Value		\$0.00
Total Taxable Value	Cnty: \$54,921 Other: \$54,921 Schl: \$54,921	

NOTE: 2018 Working Values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

Sales History

Show Similar Sales within 1/2 mile

Sale Date	OR Book/Page	OR Code	Vacant / Improved	Qualified Sale	Sale RCode	Sale Price
7/10/2017	1342/261	WD	I	U	11	\$100.00
10/16/2014	1283/217	LE	I	U	14	\$100.00
1/6/2005	1034/2800	WD	V	Q		\$36,900.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	SFR MANUF (000200)	2004	(31)	960	960	\$23,471.00
Note: All S.F. calculations are based on exterior building dimensions.						

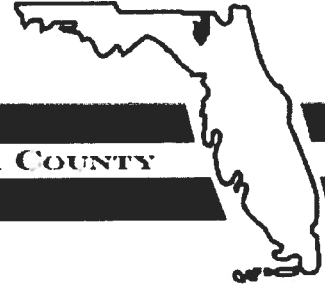
Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0296	SHED METAL	2008	\$1,200.00	0000001.000	0 x 0 x 0	(000.00)
0296	SHED METAL	2008	\$200.00	0000001.000	0 x 0 x 0	(000.00)
0252	LEAN-TO W/	2014	\$50.00	0000001.000	0 x 0 x 0	(000.00)

Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
000200	MBL HM (MKT)	1 LT - (0000005.110AC)	1.00/1.00/1.00/1.00	\$28,000.00	\$28,000.00
009945	WELL/SEPT (MKT)	1 UT - (0000000.000AC)	1.00/1.00/1.00/1.00	\$2,000.00	\$2,000.00

District No. 1 - Ronald Williams
District No. 2 - Rusty DePratter
District No. 3 - Bucky Nash
District No. 4 - Everett Phillips
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: **2/13/2018 12:51:53 PM**
Address: **371 SW FEDERAL Ct**
City: **FORT WHITE**
State: **FL**
Zip Code **32038**

Parcel ID **03745-319**

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

Robert Turner

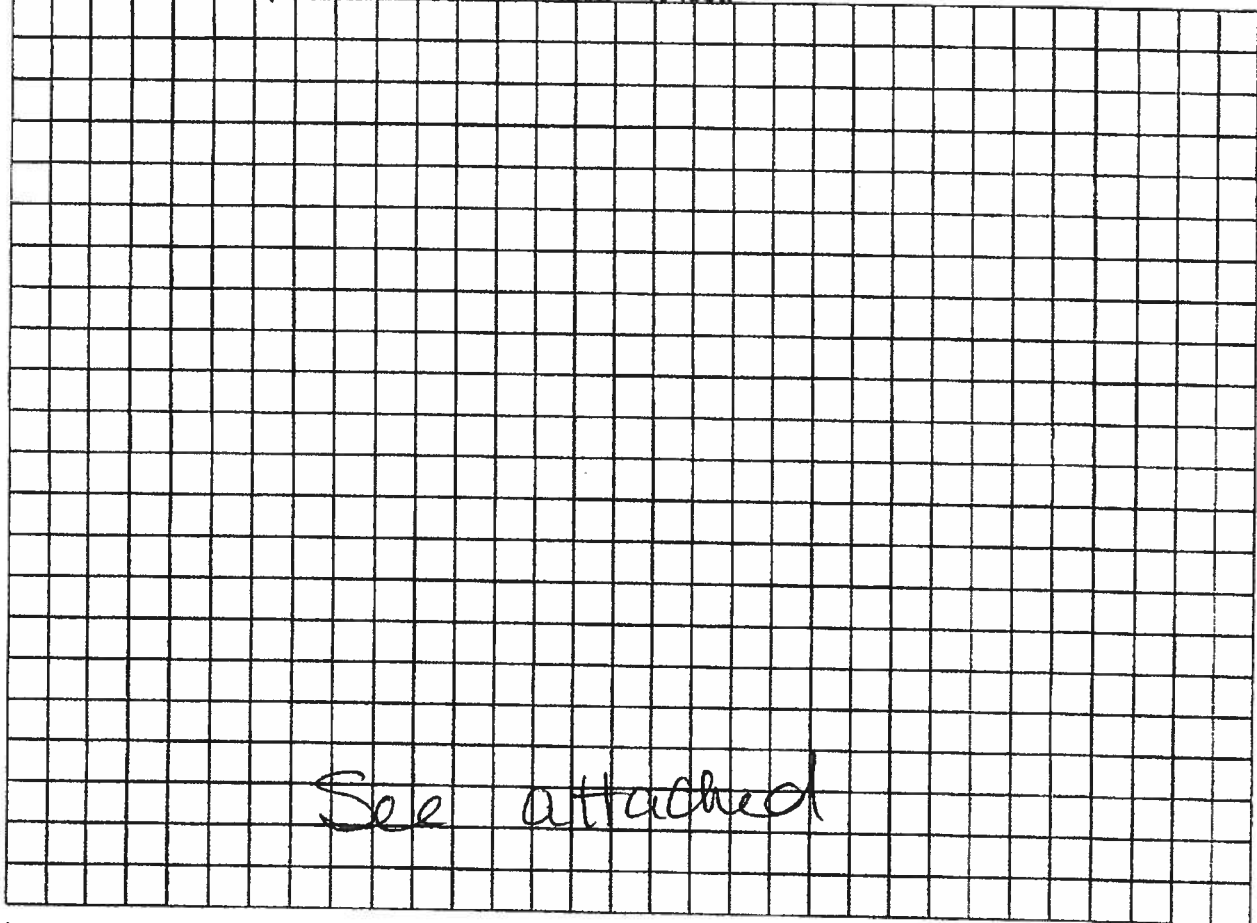
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

18-0128

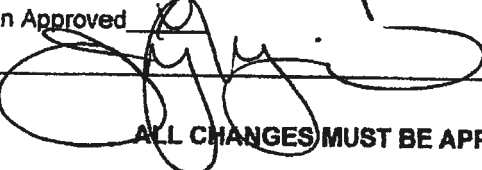
----- PART II - SITEPLAN -----

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



Notes: _____

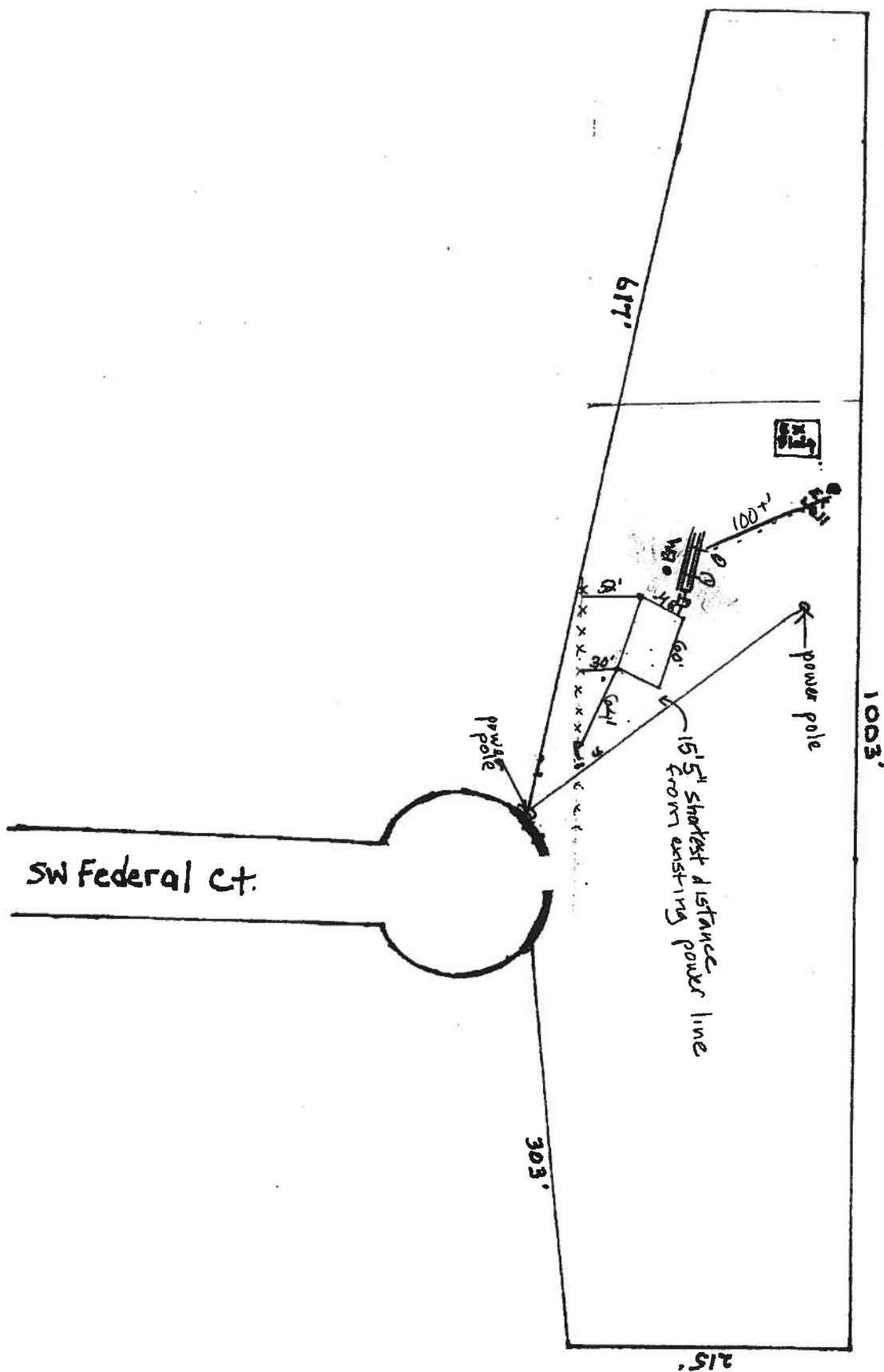
Site Plan submitted by:

Sonja Crews Link CraftPlan Approved ☒Not Approved ☐Date 2/14/18By 

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Turner



18-D128

REVISED
2/21/18

SSO



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

PERMIT NO. 18-0128
DATE PAID: 5/14/18
FEE PAID: \$15.88
RECEIPT #: 1328839

APPLICATION FOR:

☒ New System ☐ Existing System ☐ Holding Tank ☐ Innovative
☐ Repair ☐ Abandonment ☐ Temporary ☐

APPLICANT: Robert + Nancy TurnerAGENT: Sonya Crews / Linda CraftTELEPHONE: 863-517-5701MAILING ADDRESS: 825 NW Turner Ave Apt 102 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

LOT: 19 BLOCK: _____ SUBDIVISION: Sunview Estates PLATTED: _____PROPERTY ID #: 32-5s-16-03745-319 ZONING: _____ I/M OR EQUIVALENT: [Y / N]PROPERTY SIZE: 5 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ <2000GPD ☐ >2000GPD

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

PROPERTY ADDRESS: 371 SW Federal Ct Fort White FL 32038

DIRECTIONS TO PROPERTY: 75 S exit 423 Fort White, Hwy 47
to Sunview Rd turn (R), approx 1/2 mile to
SW Federal Ct turn (R) all the way at the end of
the cul-de-sac

BUILDING INFORMATION

☒ RESIDENTIAL ☐ COMMERCIAL

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

1	Mobile Home	3	2,460	
2				
3				
4				

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

SIGNATURE: Sonya Crews Linda Craft DATE: 2-11-18

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1802-51 Turner 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 <u>1074</u>	Print Name <u>Galen Whittington</u> Signature <u>Galen Whittington</u> License #: <u>EC 13002957</u> Phone #: <u>386-484-1460</u> Qualifier Form Attached ☐
MECHANICAL/ A/C	Print Name _____ Signature _____ License #: _____ Phone #: _____ Qualifier Form Attached ☐

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.

Revised 10/30/2015

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1802-51 CONTRACTOR Ronnie Norris PHONE 386-623-7716

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 _____	Signature _____
	License #: _____	Phone #: _____
	Qualifier Form Attached ☐	
MECHANICAL/ A/C <u>950</u>	Print Name <u>Michael A. Boland</u>	Signature <u>[Signature]</u>
	License #: <u>CAC1817716</u>	Phone #: <u>(352) 274-9326</u>
	Qualifier Form Attached ☐	

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.

Revised 10/30/2015



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, Ronnie Norris, give this authority for the job address show below
Installer License Holder Name

only, 371 Sw Federal Ct Fort White, 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)
Sonya Crews	Sonya Crews	☒ Agent ☐ Officer ☐ Property Owner
Linda CRAFT	Linda Craft	☒ Agent ☐ Officer ☐ Property Owner
		☐ Agent ☐ Officer ☐ 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.

Ronnie Norris

License Holders Signature (Notarized)

IH10251451 2-5018
License Number Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Ronnie Norris, personally appeared before me and is known by me or has produced identification (type of I.D.) 3 on this February day of 2018.

Sandra Elizabeth Tope
NOTARY'S SIGNATURE

(Seal/Stamp)

