

DATE 02/04/2004

**Columbia County Building Permit**

PERMIT

This Permit Expires One Year From the Date of Issue

000021475

APPLICANT	AMANDA FLEMING	PHONE	497.4930
ADDRESS		FL	
OWNER	MARY FLEMING/GLNN FLEMING	PHONE	
ADDRESS		FL	
CONTRACTOR	JACKIE GIBBS	PHONE	
LOCATION OF PROPERTY	TOWN OF FT. WHITE, WILSON SPRINGS ROAD, JUST PAST BASEBALL FIELD.		
TYPE DEVELOPMENT	M/H & UTILITY	ESTIMATED COST OF CONSTRUCTION	.00
HEATED FLOOR AREA		TOTAL AREA	
		HEIGHT	.00
		STORIES	
FOUNDATION		WALLS	
		ROOF PITCH	
		FLOOR	
LAND USE & ZONING	TOWN OF FT. WHITE	MAX. HEIGHT	
Minimum Set Back Requirements:	STREET-FRONT	REAR	SIDE
NO. EX.D.U.	FLOOD ZONE	DEVELOPMENT PERMIT NO.	
PARCEL ID	33-6S-16-04045-002	SUBDIVISION	TOWN OF FT. WHITE
LOT	BLOCK	PHASE	UNIT
			TOTAL ACRES

Culvert Permit No.	Culvert Waiver	Contractor's License Number	Applicant/Owner/Contractor
FT. WHITE	02-0109-N	BLK	HD
Driveway Connection	Septic Tank Number	LU & Zoning checked by	Approved for Issuance
			New Resident

COMMENTS: TOWN OF FT. WHITE, SEE ATTACHED LETTER

Check # or Cash CASH REC'D

**FOR BUILDING & ZONING DEPARTMENT ONLY**

(footer Slab)

Temporary Power	Foundation	Monolithic
date/app. by	date/app. by	date/app. by
Under slab rough-in plumbing	Slab	Sheathing/Nailing
date/app. by	date/app. by	date/app. by
Framing	Rough-in plumbing above slab and below wood floor	
date/app. by	date/app. by	
Electrical rough-in	Heat & Air Duct	Peri. beam (Lintel)
date/app. by	date/app. by	date/app. by
Permanent power	C.O. Final	Culvert
date/app. by	date/app. by	date/app. by
M/H tie downs, blocking, electricity and plumbing		Pool
date/app. by	date/app. by	date/app. by
Reconnection	Pump pole	Utility Pole
date/app. by	date/app. by	date/app. by
M/H Pole	Travel Trailer	Re-roof
date/app. by	date/app. by	date/app. by

BUILDING PERMIT FEE \$	.00	CERTIFICATION FEE \$	.00	SURCHARGE FEE \$	.00
MISC. FEES \$	200.00	ZONING CERT. FEE \$		FIRE FEE \$	45.36
FLOOD ZONE DEVELOPMENT FEE \$		CULVERT FEE \$		TOTAL FEE	245.36
INSPECTORS OFFICE		CLERKS OFFICE			

NOTICE: IN ADDITION TO THE REQUIREMENTS OF THIS PERMIT, THERE MAY BE ADDITIONAL RESTRICTIONS APPLICABLE TO THIS PROPERTY THAT MAY BE FOUND IN THE PUBLIC RECORDS OF THIS COUNTY, AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES

"WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT."

**This Permit Must Be Prominently Posted on Premises During Construction**

PLEASE NOTIFY THE COLUMBIA COUNTY BUILDING DEPARTMENT AT LEAST 24 HOURS IN ADVANCE OF EACH INSPECTION, IN ORDER THAT IT MAY BE MADE WITHOUT DELAY OR INCONVENIENCE. PHONE 758-1008. THIS PERMIT IS NOT VALID UNLESS THE WORK AUTHORIZED BY IT IS COMMENCED WITHIN 6 MONTHS AFTER ISSUANCE.

The Issuance of this Permit Does Not Waive Compliance by Permittee with Deed Restrictions.

\*\*\* The well affidavit, from the well driller, is required before the permit can be issued.\*\*\*

\*\*\*This application must be ,completely, filled out to be accepted. Incomplete applications will not be accepted.\*\*\*

<b>For Office Use Only</b>		<b>Zoning Official</b> <u>Don Z. White</u>	<b>Building Official</b> <u>21475</u>
<b>AP#</b> <u>040158</u>	<b>Date Received</b> <u>4/4/04</u>	<b>By</b> <u>W</u>	<b>Permit #</b> <u>000058</u>
<b>Flood Zone</b> _____	<b>Development Permit</b> _____	<b>Zoning</b> _____	<b>Land Use Plan Map Category</b> _____
<b>Comments</b> _____			

- **Property ID #** 33-65-16-04045-002 (Must have a copy of the property deed)
- **New Mobile Home** \_\_\_\_\_ **Used Mobile Home** ☒ **Year** \_\_\_\_\_
- **Applicant** Jackie Gibbs **Phone #** 755-2349
- **Address** Rt 14 Box 346L
- **Name of Property Owner** Fleming, Glenn **Phone#** \_\_\_\_\_
- **Address** P.O. Box 463 Ft White FL.
- **Name of Owner of Mobile Home** Amanda Fleming **Phone #** 497-4930
- **Address** P.O. Box 463
- **Relationship to Property Owner** Daughter-in-law
- **Current Number of Dwellings on Property** 2
- **Lot Size** \_\_\_\_\_ **Total Acreage** \_\_\_\_\_
- **Current Driveway connection is** Don Z. White
- **Is this Mobile Home Replacing an Existing Mobile Home** YES
- **Name of Licensed Dealer/Installer** Jackie Gibbs **Phone #** 755-2349
- **Installers Address** Rt 14 Box 346L L.C.
- **License Number** IF0000214 **Installation Decal #** 204211

\*\*\*The Permit Worksheet (2 pages) must be submitted with this application.\*\*\*

\*\*\*Installers Affidavit and Letter of Authorization must be notarized when submitted.\*\*\*

PERMIT NUMBER

Installer

License #

Address of home being installed

Manufacturer

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

Show locations of Longitudinal and Lateral Systems  
(use dark lines to show these locations)

lateral  
longitudinal

Typical pier spacing  
2'

marriage wall piers within 2' of end of home per Rule 15C

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 #

244211

Triple/Quad

☐

Serial #

184497

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity	Footer size (sq in)	16" x 16" (256)	18 1/2" x 18 1/2" (342)	20" x 20" (400)	22" x 22" (484)*	24" x 24" (576)*	26" x 26" (676)
1000 psf	3'	4'	4'	5'	6'	7'	8'
1500 psf	4' 6"	6'	6'	7'	8'	8'	8'
2000 psf	6'	8'	8'	8'	8'	8'	8'
2500 psf	7' 6"	8'	8'	8'	8'	8'	8'
3000 psf	8'	8'	8'	8'	8'	8'	8'
3500 psf	8'	8'	8'	8'	8'	8'	8'

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

PIER PAD SIZES

I-beam pier pad size

17x20

Perimeter pier pad size

16x16

Other pier pad sizes (required by the mfg.)

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

ANCHORS

4 ft 5 ft

FRAME TIES

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

OTHER TIES

Number

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)

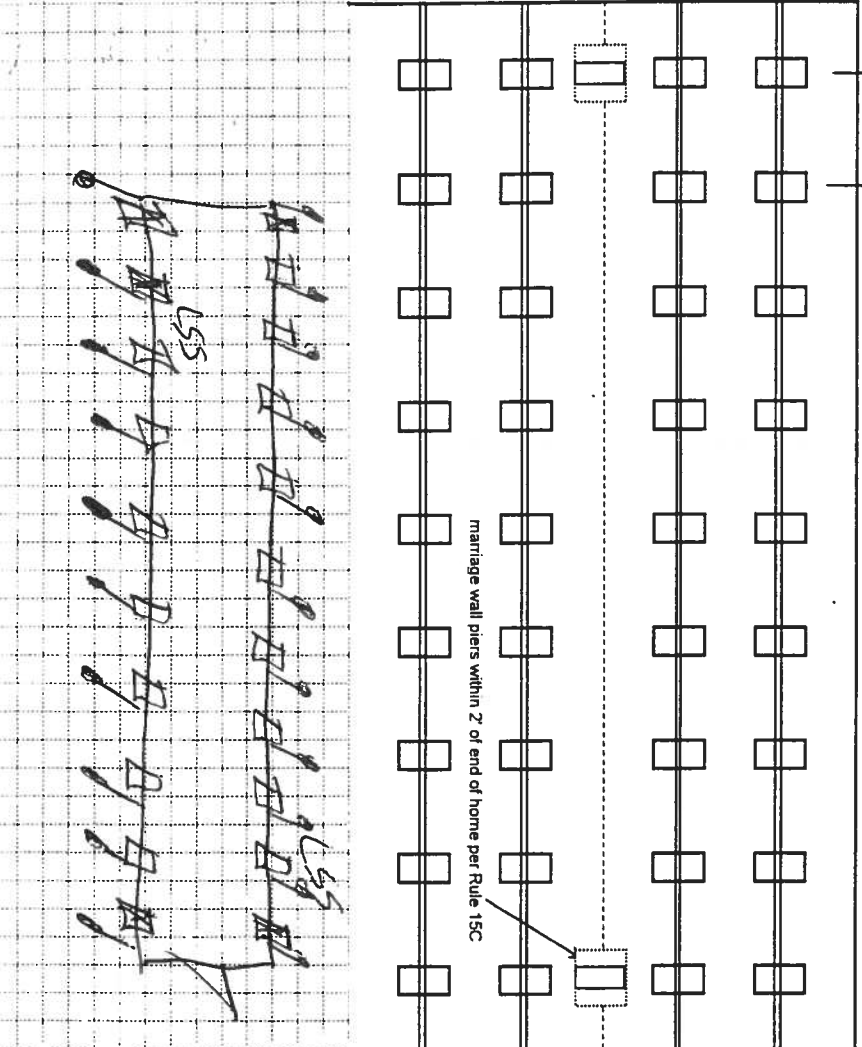
Manufacturer

Longitudinal Stabilizing Device w/ Lateral Arms

Manufacturer

Sidewall Longitudinal Marriage wall Shearwall

655



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 4 foot anchors.

**Note:** A state approved lateral arm system is being used and 4 ft. anchors are allowed at the sidewall locations. 1 underground 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.

JA Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Date Tested

Justin Smith  
11/4/04

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: \_\_\_\_\_ 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 \_\_\_\_\_

Installed:

Pg. \_\_\_\_\_ 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

Justin Smith  
11/4/04

FOR HARRY DICKS

DATE

1-28-04

INSPECTION TAKEN BY

SW

BUILDING PERMIT #

CULVERT / WAIVER PERMIT #

WAIVER APPROVED

WAIVER NOT APPROVED

PARCEL ID #

ZONING

SETBACKS: FRONT

REAR

SIDE

HEIGHT

FLOOD ZONE

SEPTIC

NO. EXISTING D.U.

TYPE OF DEVELOPMENT

M/H

SUBDIVISION (Lot/Block/Unit/Phase)

Low, 3rd. White

497-1676-NM

OWNER

AMANDA + GLENN FLEMING

PHONE

52-870-1830-CULT

ADDRESS

497-4930-LV MESS

CONTRACTOR

PHONE

LOCATION

47-5 TO ET. WHITE, GO THROUGH RED LIGHT... TURN IN FRONT  
OF LIBRARY ON WILSON SPRINGS RD TURN RIGHT IN FRONT OF  
PARK TO 1ST ENTRANCE ON LEFT. YOU'LL SEE A HOUSE, THE M/H IS  
COMMENTS: BESIDE IT. TAN + BROWN COLOR M/H.

AS PER HARRY DICKS TO DO SPOT CHECK

INSPECTION(S) REQUESTED:

INSPECTION DATE: 1-28-04 - THURSDAY

Temp Power Foundation Set backs Monolithic Slab  
Under slab rough-in plumbing Slab Framing  
Rough-in plumbing above slab and below wood floor Other  
Electrical Rough-in Heat and Air duct Perimeter Beam (Lintel)  
Permanent Power CO Final Culvert Pool Reconnection  
M/H tie downs, blocking, electricity and plumbing Utility pole  
Travel Trailer Re-roof Service Change ☒ Spot check/Re-check  
M/H

INSPECTORS:

72 330

APPROVED

NOT APPROVED

BY

POWER CO.

INSPECTORS COMMENTS:



I, Jackie Gibb give Amanda Fleming,  
permission to pull a permit to  
set a 12760 m/h in St White

Jackie Gibb  
1/04/04

Gale Tedder  
2/4/04







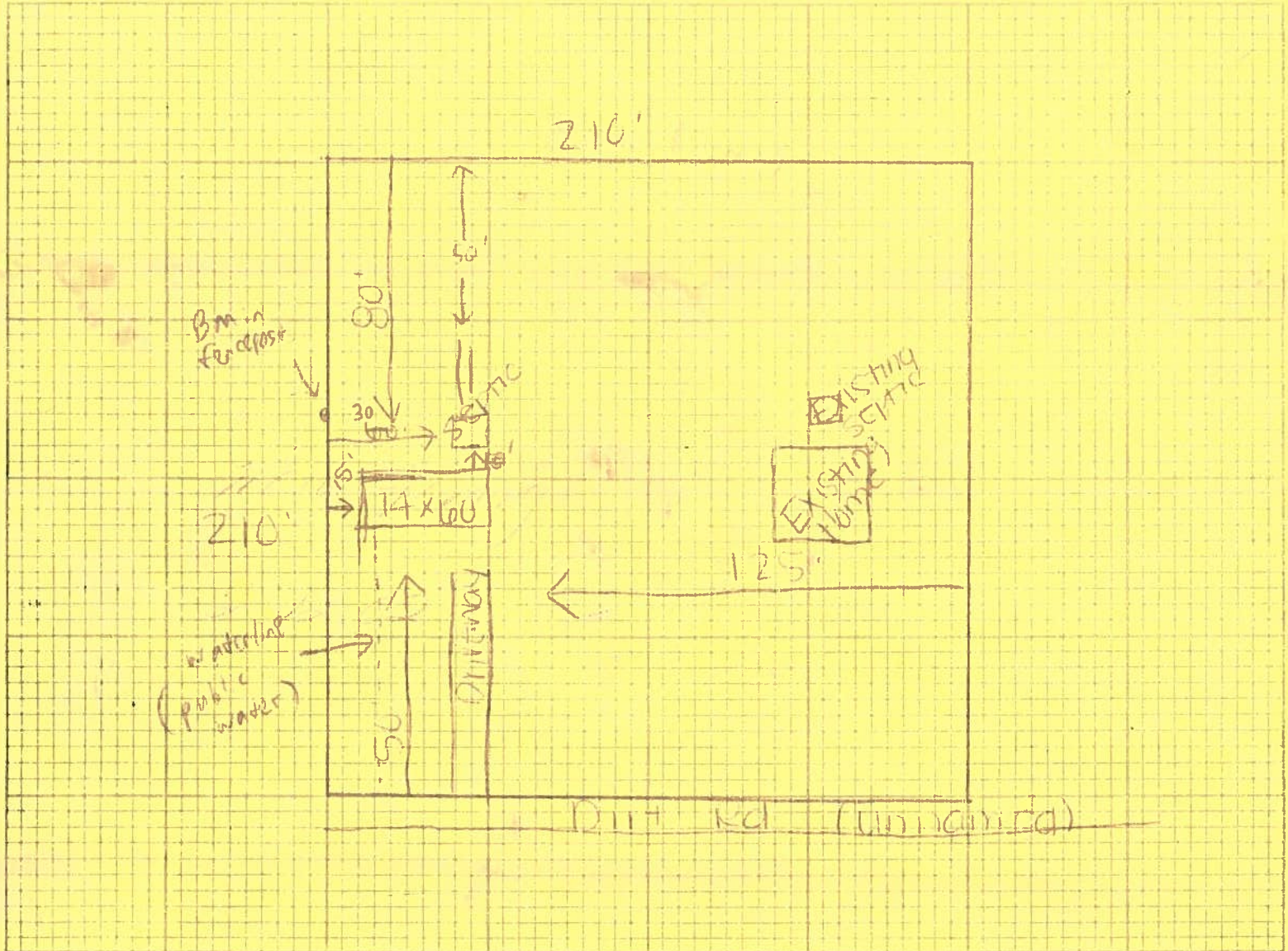
STATE OF FLORIDA  
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 02-0109-N

PART II - SITE PLAN

Scale: Each block represents 5 feet and 1 inch = 50 feet.



Notes: Port whole water system.

Site Plan submitted by: [Signature] Signature [Signature] Title Agent

Plan Approved ✓ Not Approved \_\_\_\_\_ Date 2/14/02

By [Signature] Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

# Town of Fort White

Post Office Box 129 ♦ Fort White, Florida 32038-0129 ♦ 904-497-2321 ♦ FAX 904-497-4946

## CERTIFICATE OF COMPLIANCE & REQUEST FOR ISSUANCE OF BUILDING PERMIT

The undersigned hereby certify the following property is in compliance with the town of Fort White's Comprehensive Plan and Land Development Regulations for the stated development purposes:

OWNERS NAME: Glenn & Mary Fleming  
ADDRESS: PO Box 463 Ft White, FL 32038  
PROPERTY DESCRIPTION Simba Court - Ft White  
(parcel number if possible)  
DEVELOPMENT: Single wide mobile home

You are hereby authorized to issue the appropriate building permits.

April 10, 2001  
DATE

Janice E. Revels  
Land Development Regulation  
Administrator  
Town of Fort White



ALL MH APPLICATIONS MUST HAVE A COMPLETED BUILDING PERMIT APPLICATION ATTACHED  
PERMIT APPLICATION MANUFACTURED HOME INSTALLATION

Applicant ROBERTA OLESKY  
Address HC4 Box 965  
OLD TOWN, FL. 32680

Permit #  
Owner Name FLEMING, Glenn  
Address POB 463  
H. White, Jr  
32038

Name of Licensed Dealer/Installer ROBERTA OLESKY  
License Number LH00000451  
Manufacturers Name LIBERTY

Installation Decal # 184497

Wind Zone SOUTH

Wind Zone II

Number of Sections 1 Width 12 Length 60 Year \_\_\_\_\_ Serial # 2456

Installation Standard Used (Check One)

MANUFACTURERS MANUAL

15C-1 ☒

PREPARATION:

Grass and Organic Removal ☒

Compacted Fill

Water Drainage: Natural ☐ Swale ☐

Pad

Other ☐

APPLY A FOUNDATION PLAN DRAWN TO SCALE

Foundation Plan Example:

anchors

Use manufacturers set-up manual if available

If not available use the following:

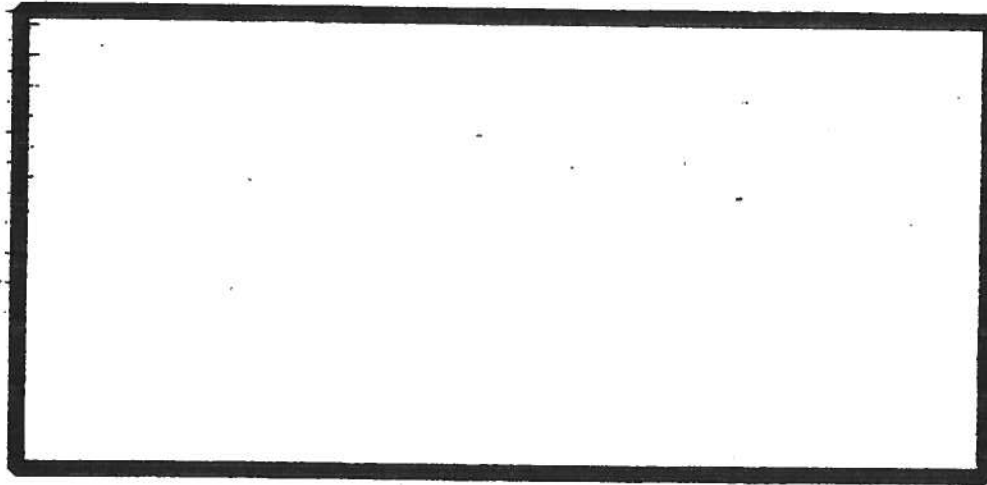
- Frame ties shall be a maximum of 5' 4" apart
- Over the roof ties when required a 60ft. home or less shall have 3.61 ft. or above shall have four when required.

04045-002

\*SEPTIC Being taken care of -  
Existing Well on Property

# Penetrometer/Torque Test

1500 Lbs.      1500 Lbs.      1500 Lbs.  
X \_\_\_\_\_ inch pounds    X \_\_\_\_\_ inch pounds    X \_\_\_\_\_ inch pounds

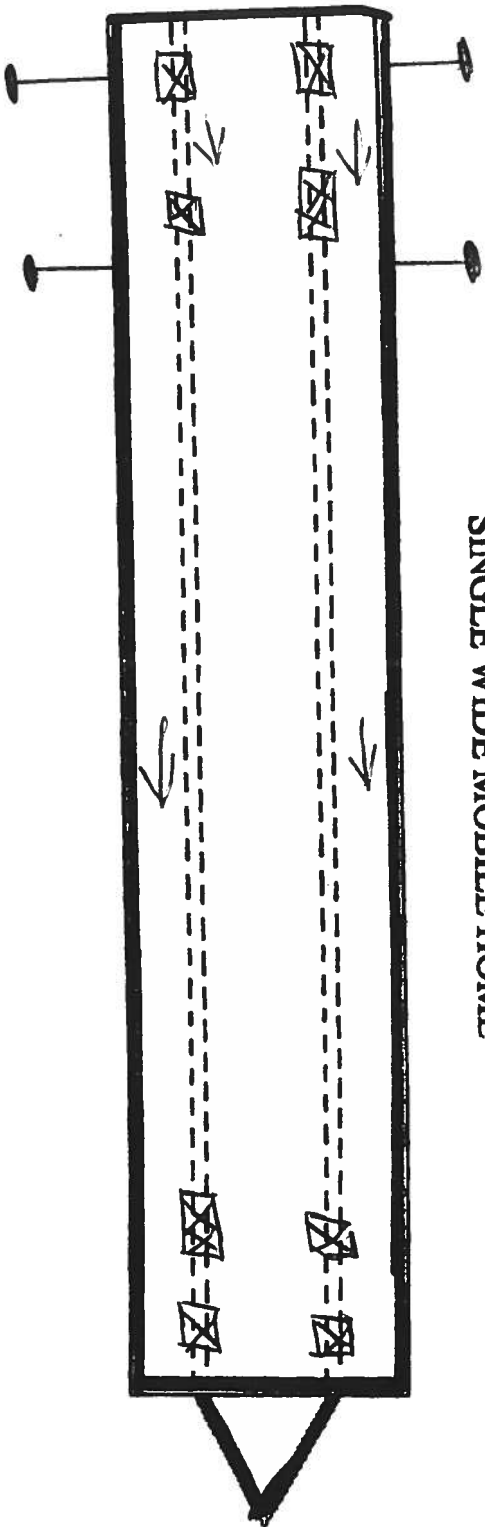


X 1500 Lbs.      X 1500 Lbs.      X 1500 Lbs.  
\_\_\_\_\_ inch pounds      \_\_\_\_\_ inch pounds      \_\_\_\_\_ inch pounds

- Test the perimeter of the home at six(6) locations
- Take the reading at the depth of the footer
- Using 500 lb. Increment, take the lowest reading and round down to that increment.

Applicant shall provide layout from manufacturer specific to the model installed. This form may be used if e layout from the manufacturer is not available.

### SINGLE WIDE MOBILE HOME







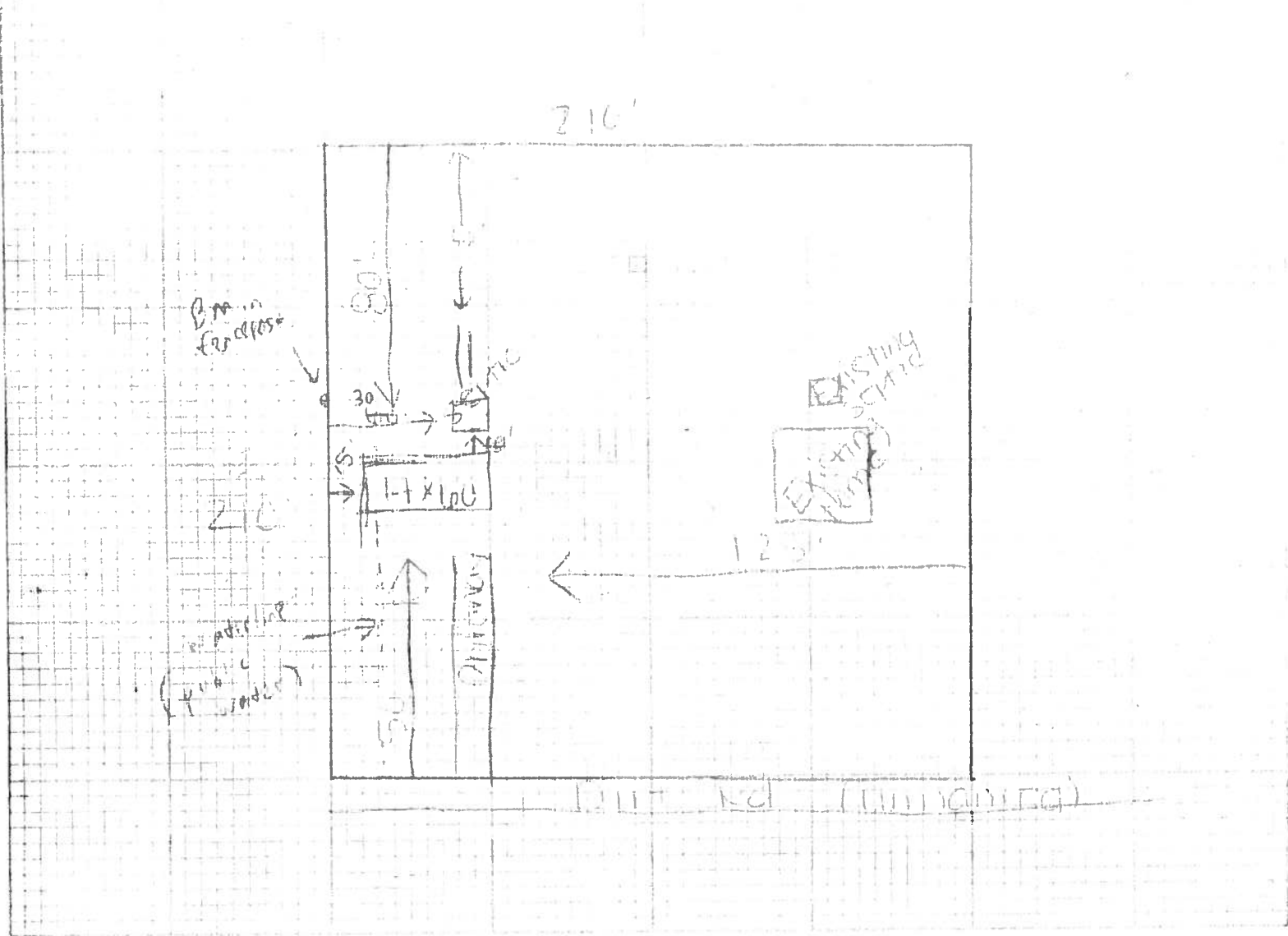
STATE OF FLORIDA  
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 0211017

PART II - SITE PLAN

Scale: Each block represents 5 feet and 1 inch = 50 feet.



Notes: Sept. 1981

Site Plan submitted by: [Signature] Signature [Signature] Title [Signature]

Plan Approved [Signature] Not Approved [Signature] Date [Signature]

By [Signature] [Signature] County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

245.36