

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

Zone KLIND DATA SHE
REC'D

For Office Use Only

(Revised 7-1-15)

Zoning Official [Signature]

Building Official [Signature]

AP# 1808-46 Date Received 8/14 By [Signature] Permit # 37125

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

Comments replacing existing mobil. home

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

Recorded Deed or ☒ Property Appraiser PO ☒ Site Plan EH # 18-0727 ☐ 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 pd ☐ Out County ☒ In County ☐ Sub VF Form

Property ID # 02-65-17-09553-004 Subdivision Rolling Hills-unit AKA 34 Lot# 34

▪ New Mobile Home _____ Used Mobile Home ☒ MH Size 14x48' Year 1985

▪ Applicant Jonathan Oniveros Phone # 386-365-4723

▪ Address 592 SW Alamo Dr. Lake City FL 32025

▪ Name of Property Owner Alejandro Oniveros Phone# 386-365-4315

▪ 911 Address 723 SE October 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 Jonathan or Paulette Oniveros Phone # 386-365-4723

Address 592 SW Alamo Dr. Lake City FL 32025

▪ Relationship to Property Owner Brother

▪ Current Number of Dwellings on Property 1

▪ Lot Size _____ Total Acreage 5.53

▪ 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 from Fire station take 41 south to County Rd 238 turn left on CR 238 go to SE October Rd turn Right go down after curve 2nd driveway on left. 723 SE October Rd.

▪ Name of Licensed Dealer/Installer Brent Strickland Phone # 386-365-7043

▪ Installers Address 1294 N.W. Hamp Farmer Rd Lake City FL 32055

▪ License Number TH1104218 Installation Decal # 43905

Ut. spoke to Brother 8-16-18 in person (Jonathan) \$325.00
TW left msg for Jonathan... 8.21.18 TW spoke with Jonathan 8.22.18

SCANNED

Mobile Home Permit Worksheet

Application Number: _____

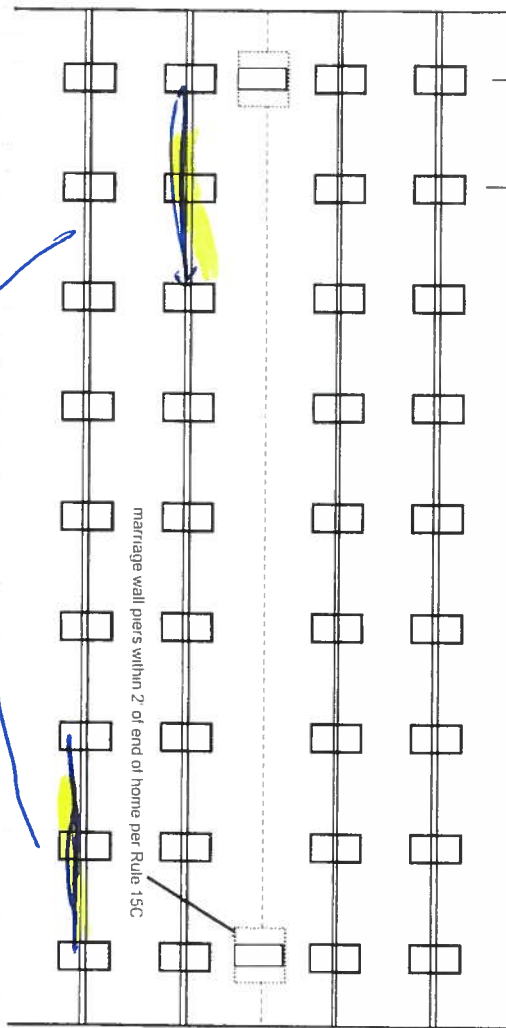
Date: _____

Installer: Brent Strickland License # TH1104218
Address of home being installed: 723 SE Octavia Rd Lake City FL 32025

Manufacturer: Guerdon Length x width: 14x48

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.

Typical pier spacing: 2'  Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)



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 # 43905
Triple/Quad ☐ Serial # 6D0CE1-3R1-10788


PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	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 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: 17x25
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.

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 ☒ 5 ft ☒

FRAME TIES

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

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD) Manufacturer: olive tech Number: 6
Longitudinal Stabilizing Device w/ Lateral Arms Manufacturer: olive tech Number: 14
Sidewall Longitudinal Marriage wall Shearwall Number: 2

Mobile Home Permit Worksheet

Application Number: _____

Date: _____

POCKET PENETROMETER TEST

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

X _____ X _____ X _____

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 _____ X _____ X _____

TORQUE PROBE TEST

The results of the torque probe test is 245 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 the points where the torque test reading is 275 or less and where the mobile home manufacturer may requires anchors with 4000 lb holding capacity.

AS Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

David Stuckey

Date Tested

8/14/18

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 ☒ 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 NSA

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 [Signature]

Date 8/14/18

OLIVER TECHNOLOGIES, INC.
FLORIDA INSTALLATION INSTRUCTIONS FOR THE
MODEL 1101 "V" SERIES ALL STEEL FOUNDATION SYSTEM
MODEL 1101"V" (STEPS 1-15)
LONGITUDINAL ONLY: FOLLOW STEPS 1-9
FOR ADDING LATERAL ARM : Follow Steps 10-15
FOR CONCRETE APPLICATIONS: Follow Steps 16-19

ENGINEERS STAMP

ENGINEERS STAMP

1. SPECIAL CIRCUMSTANCES: If the following conditions occur - **STOP!** Contact Oliver Technologies at 1-800-284-7437 :
- a) Pier height exceeds 48" b) Length of home exceeds 76' c) Roof eaves exceed 16" d) Sidewall height exceed 96"
 - e) Location is within 1500 feet of coast

INSTALLATION OF GROUND PAN

2. Remove weeds and debris in an approximate two foot square to expose firm soil for each ground pan (C) .
3. Place ground pan (C) directly below chassis I-beam . Press or drive pan firmly into soil until flush with or below soil.
- SPECIAL NOTE:** The longitudinal "V" brace system serves as a pier under the home and should be loaded as any other pier. It is recommended that after leveling piers, and one-third inch (1/3") before home is lowered completely on to piers, complete steps 4 through 9 below then remove jacks.

INSTALLATION OF LONGITUDINAL "V" BRACE SYSTEM

NOTE: WHEN INSTALLING THE LONGITUDINAL SYSTEM ONLY, A MINIMUM OF 2 SYSTEMS PER FLOOR SECTION IS REQUIRED. SOIL TEST PROBE SHOULD BE USED TO DETERMINE CORRECT TYPE OF ANCHOR PER SOIL CLASSIFICATION. IF PROBE TEST READINGS ARE BETWEEN 175 & 275 A 5 FOOT ANCHOR MUST BE USED. IF PROBE TEST READINGS ARE BETWEEN 276 & 350 A 4 FOOT ANCHOR MAY BE USED. USE GROUND ANCHORS WITH DIAGONAL TIES AND STABILIZER PLATES EVERY 5'4" . VERTICAL TIES ARE ALSO REQUIRED ON HOMES SUPPLIED WITH VERTICAL TIE CONNECTION POINTS (PER FLORIDA REG.) .

4. Select the correct square tube brace (E) length for set - up (pier) height at support location. (The 18" tube is always used as the bottom part of the longitudinal arm). Note: Either tube can be used by itself, cut and drilled to length as long as a 40 to 45 degree angle is maintained.

PIER HEIGHT
(Approx. 45 degrees Max.)

1.25" ADJUSTABLE
Tube Length

1.50" ADJUSTABLE
Tube Length

7 3/4" to 25"	22"	18"
24 3/4" to 32 1/4"	32"	18"
33" to 41"	44"	18"
40" to 48"	54"	18"

5. Install (2) of the 1.50" square tubes (E {18" tube}) into the "U" bracket (J), insert carriage bolt and leave nut loose for final adjustment.
6. Place I-beam connector (F) loosely on the bottom flange of the I-beam.
7. Slide the selected 1.25" tube (E) into a 1.50" tube (E) and attach to I-beam connectors (F) and fasten loosely with bolt and nut.
8. Repeat steps 6 through 7 to create the "V" pattern of the square tubes loosely in place. The angle is not to exceed 45 degree and not below 40 degrees.
9. After all bolts are tightened, secure 1.25" and 1.50" tubes using four(4) 1/4"-14 x 3/4" self-tapping screws in pre-drilled holes.

INSTALLATION OF LATERAL TELESCOPING TRANSVERSE ARM SYSTEM

THE MODEL 1101 "V" (LONGITUDINAL & LATERAL PROTECTION) ELIMINATES THE NEED FOR MOST STABILIZER PLATES & FRAME TIES.

NOTE: THE USE OF THIS SYSTEM REQUIRES VERTICAL TIES SPACED AT 5'4".

FOUR FOOT (4') GROUND ANCHOR MAY BE USED EXCEPT WHERE THE HOME MANUFACTURER SPECIFIES DIFFERENT.

10. Install remaining vertical tie-down straps and 4' ground anchors per home manufacturer's instructions. **NOTE:** Centerline anchors to be sized according to soil torque condition. Any manufacturer's specifications for sidewall anchor loads in excess of 4,000 lbs. require a 5' anchor per Florida Code.
11. **NOTE:** Each system is required to have a frame tie and stabilizer attached at each lateral arm stabilizing location. This frame tie & stabilizer plate needs to be located within 18" from of center ground pan.
12. Select the correct square tube brace (H) length for set-up lateral transverse at support location. The lengths come in either 60" or 72" lengths. (With the 1.50" tube as the bottom tube, and the 1.25" tube as the inserted tube.)
13. Install the 1.50 transverse brace (H) to the ground pan connector (D) with bolt and nut.
14. Slide 1.25" transverse brace into the 1.50" brace and attach to adjacent I-beam connector (I) with bolt and nut.
15. Secure 1.50" transverse arm to 1.25" transverse arm using four (4) 1/4" - 14 x 3/4" self-tapping screws in pre-drilled holes.



OLIVER TECHNOLOGIES, INC.
1-800-284-7437

Telephone 931-796-4555
Fax 931-796-8811
www.olivertechnologies.com

INSTALLATION USING CONCRETE RUNNER / FOOTER

16. A concrete runner, footer or slab may be used in place of the steel ground pan.

- The concrete shall be minimum 2500 psi mix
- A concrete runner may be either longitudinal or transverse, and must be a minimum of 8" deep with a minimum width of 16 inches longitudinally or 18 inches transverse to allow proper distance between the concrete bolt and the edge of the concrete (see below).
- Footers must have minimum surface area of 441 sq. in. (i.e. 21" square), and must be a minimum of 8" deep
- If a full slab is used, the depth must be a 4" minimum at system bracket location, all other specifications must be per local jurisdiction. Special inspection of the system bracket installation is not required.. Footers must allow for at least 4" from the concrete bolt to the edge of the concrete.

NOTE: The bottom of all footings, pads, slabs and runners must be per local jurisdiction.

LONGITUDINAL: (Model 1101 LC "V")



17. When using Part # 1101-W-CPCA (wetset), simply install the bracket in runner/footer OR When installing in cured concrete use Part # 101-D-CPCA (dryset). The 1101 (dryset) CA bracket is attached to the concrete using (2) 5/8"x3" concrete wedge bolts (Simpson part # S162300H 5/8" X 3" or Powers equivalent). Place the CA bracket in desired location. Mark bolt hole locations, then using a 5/8" diameter masonry bit, drill a hole to a minimum depth of 3". Make sure all dust and concrete is blown out of the holes. Place wedge bolts into drilled holes, then place 1101 (dry set) CA bracket onto wedge bolts and start wedge bolt nuts. Take a hammer and lightly drive the wedge bolts down by hitting the nut (making sure not to hit the top of threads on bolt). The sleeve of concrete wedge bolt needs to be at or below the top of concrete. Complete by tightening nuts.

LATERAL: (Model 1101 TC "V")

18. For wet set (part # 1101-W-TACA) installation simply install the anchor bolt into runner/footer. For dry set installation (part # 1101-D-TACA) mark bolt hole locations, then using a 5/8" diam. masonry bit, drill a hole to a minimum depth of 3". Make sure all dust and concrete is blown out of the hole. Place wedge bolts (Simpson part #S162300H 5/8" X 3" or Powers equivalent) into (D) concrete dry transverse connector and into drilled hole. If needed, take a hammer and lightly drive the wedge bolts down by hitting the nut (making sure not to hit the top of threads on bolt), then remove the nut. The sleeve of concrete wedge bolt needs to be at or below the top of concrete.

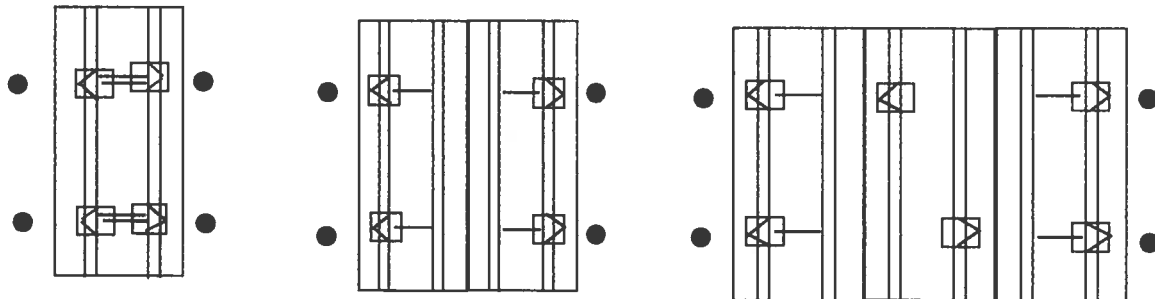
19. When using part # 1101 CVW (wetset) or 1101 CVD (dryset), install per steps 17 & 18.

Notes:

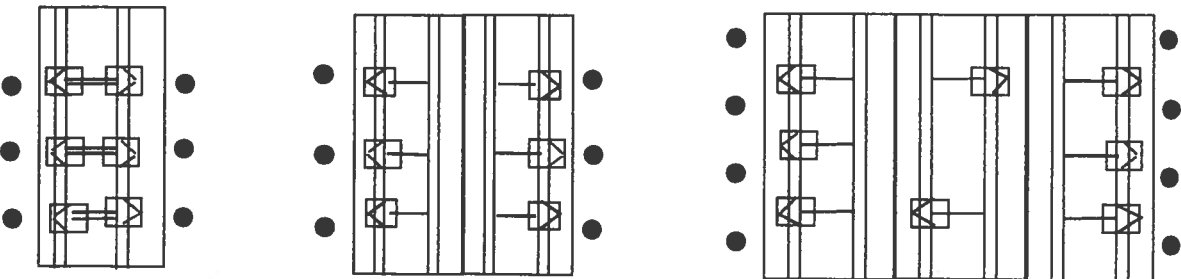
1. LENGTH OF HOUSE IS THE ACTUAL BOX SIZE
2. ● = STABILIZER PLATE AND FRAME TIE LOCATION (needs to be located within 18 inches of center of ground pan or concrete)
3.  = LOCATION OF LONGITUDINAL BRACING ONLY
4.  = TRANSVERSE & LONGITUDINAL LOCATIONS

REQUIRED NUMBER AND LOCATION OF MODEL 1101 "V" OR 1101 C "V" BRACES FOR UP TO 4/12 ROOF PITCH

ALL WIDTHS; AND LENGTHS UP TO 52'



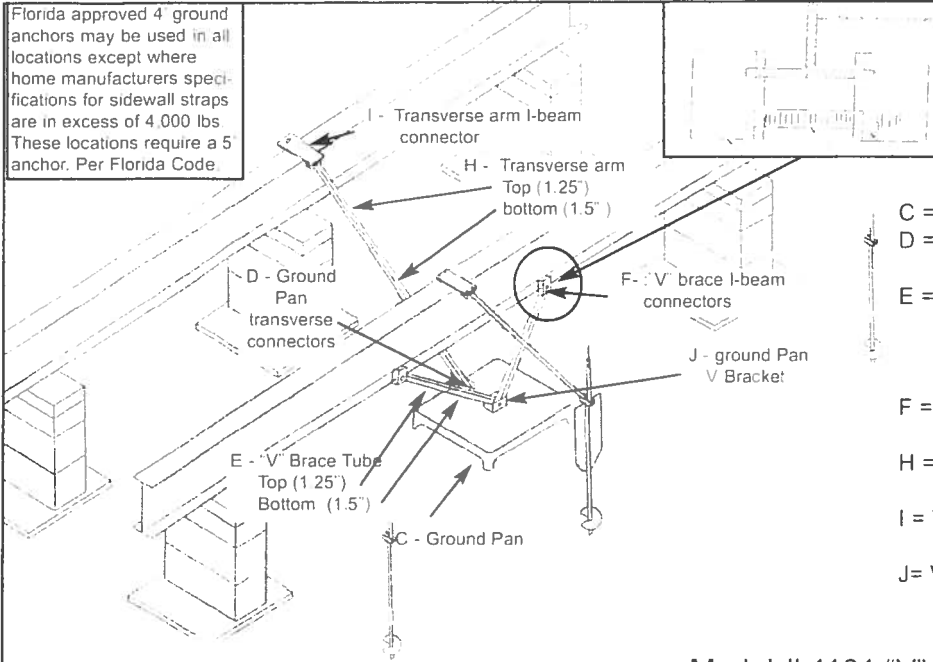
ALL WIDTHS; AND LENGTHS OVER 52' TO 80'



HOMES WITH 5/12 ROOF PITCH REQUIRE: PER FLORIDA REGULATIONS

6 systems for home lengths up to 52' and 8 systems for homes over 52' and up 80'. One stabilizer plate and frame tie required at each lateral bracing system.

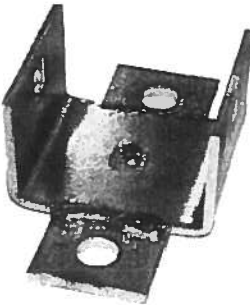
Florida approved 4" ground anchors may be used in all locations except where home manufacturers specifications for sidewall straps are in excess of 4,000 lbs. These locations require a 5" anchor. Per Florida Code.



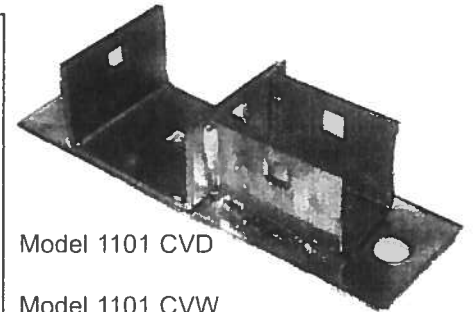
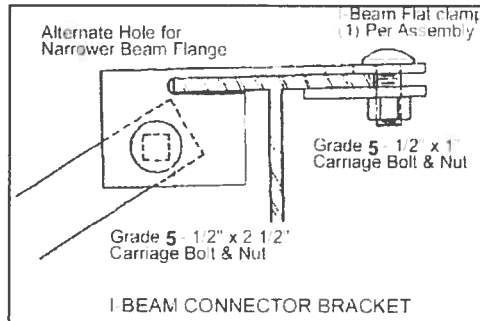
- C = GROUND PAN
- D = GROUND PAN CONNECTOR
- U BRACKETS TRANSVERSE
- E = TELESOPING V BRACE
- TUBE ASSEMBLY W/ 1.5 BOT-
- TOM TUBE AND 1.25 TUBE
- INSERT
- F = "V" BRACE I-BEAM CONNEC-
- TORS ASSEMBLY
- H = TELESOPING TRANSVERSE
- ARM ASSEMBLY
- I = TRANSVERSE ARM I-BEAM
- CONNECTOR
- J = V PAN BRACKET

Model # 1101 "V"

Longitude dry
concrete bracket
part # 1101 D-CPCA



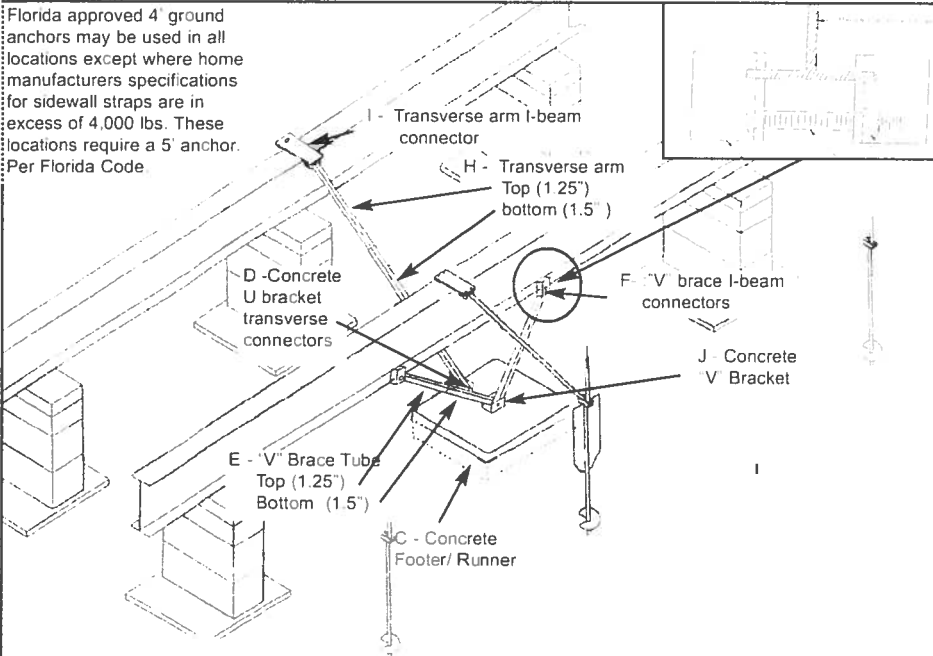
Wet bracket part #
1101 W-CPCA not
shown



Model 1101 CVD

Model 1101 CVW
not shown

Florida approved 4" ground
anchors may be used in all
locations except where home
manufacturers specifications
for sidewall straps are in
excess of 4,000 lbs. These
locations require a 5" anchor.
Per Florida Code.



- C = CONCRETE FOOTER/RUNNER
- D = CONCRETE U BRACKET TRANSVERSE
- CONNECTOR (connects with grade 5 - 1/2" x 2
- 1/2" carriage bolt & nut)
- E = TELESOPING V BRACE
- TUBE ASSEMBLY W/ 1.5 BOT-
- TOM TUBE AND 1.25 TUBE
- INSERT
- F = "V" BRACE I-BEAM CONNECTOR ASSEMBLY
- (connects with grade 5 - 1/2" x 4" carriage bolt
- & nut)
- H = TELESOPING TRANSVERSE ARM
- ASSEMBLY
- I = TRANSVERSE ARM I-BEAM CONNECTOR
- (connects with grade 5 - 1/2" x 2 1/2" carriage bolt
- & nut)
- J = CONCRETE "V" BRACKET (connects with
- grade 5 - 1/2" x 4" carriage bolt & nut)

Model # 1101 C "V"



OLIVER TECHNOLOGIES, INC.
1-800-284-7437

Telephone 931-796-4555
Fax 931-796-8811
www.olivertechnologies.com

1808-46

STATE OF FLORIDA
COUNTY OF COLUMBIA

LAND OWNER AFFIDAVIT

This is to certify that I, (We), ALEJANDRO ONTIVEROS.

as the owner of the below described property:

Property tax Parcel ID number 62-68-17-09553-004

Subdivision (Name, lot, Block, Phase) Rolling Hills UNREC Lot 34 ^{AGA}

Give my permission for JONATHAN ONTIVEROS to place a

Circle one Mobile Home / Travel Trailer / Utility Pole Only / Single Family Home /
Barn - Shed - Garage / Culvert / Other _____

☐ This is to allow a 2nd Mobile Home on the above listed property for a family member through Columbia County's Special Temporary Use provision.

Family Members Name _____

Relationship to Lessee _____

I (We) understand that the named person(s) above will be allowed to receive a building permit on the property number I (we) have listed above and this could result in an assessment for solid waste and fire protection services levied on this property.

[Signature]
Owner Signature

08/14/2018
Date

Owner Signature

Date

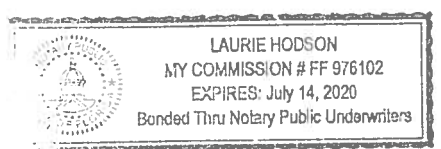
Sworn to and subscribed before me this 16 day of August, 2018. This

(These) person(s) are personally known to me or produced ID FL DL.
(Type)

[Signature]
Notary Public Signature

Notary Printed Name

Notary Stamp/



MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1808-46 CONTRACTOR Strickland Bros PHONE 386 365-7043

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 <u>JONATHAN ONTIVEROS</u> Signature <u>[Signature]</u> License #: <u>1</u> Phone #: <u>386. 365. 4315</u> Qualifier Form Attached <input type="checkbox"/>
MECHANICAL/ A/C 	Print Name <u>JONATHAN ONTIVEROS</u> Signature <u>[Signature]</u> License #: _____ Phone #: <u>386. 365. 4315</u> Qualifier Form Attached <input type="checkbox"/>

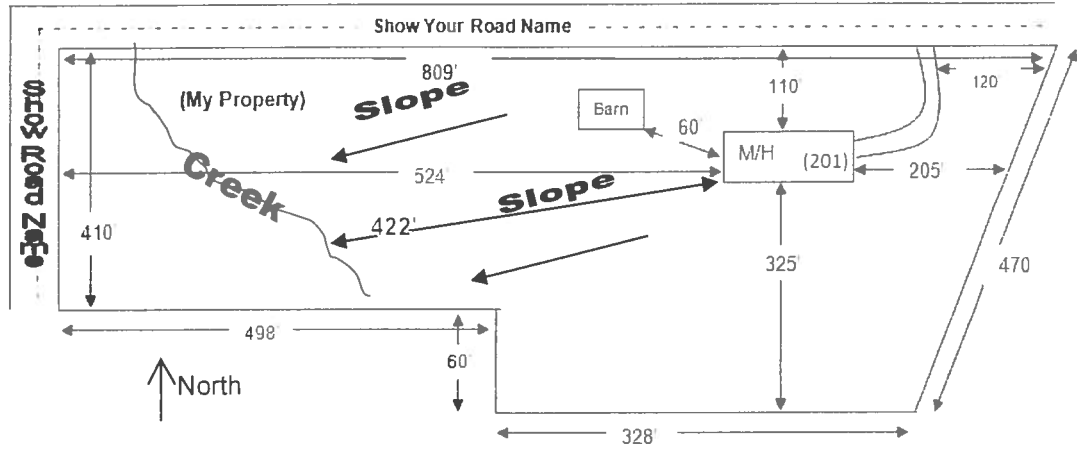
F. S. 440.103 Building permits; identification of minimum premium policy.--Every employer shall, as a condition to applying for and receiving a building permit, show proof and certify to the permit issuer that it has secured compensation for its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each time the employer applies for a building permit.

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

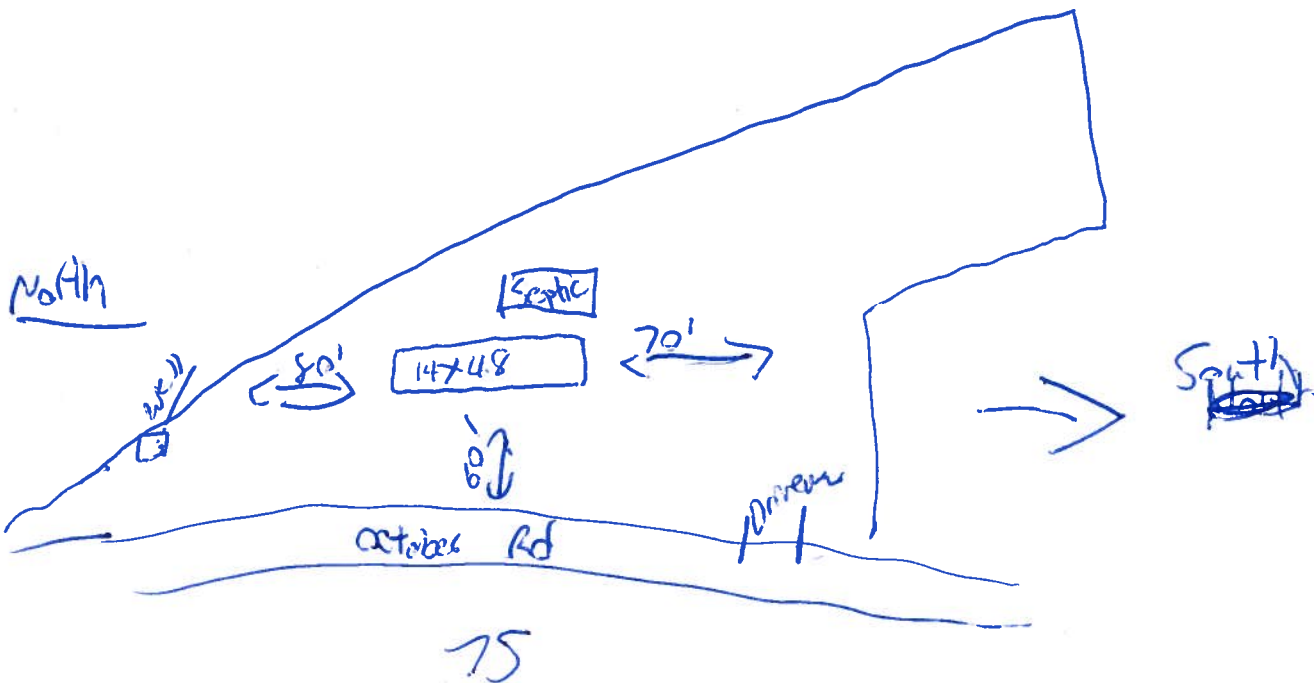
SITE PLAN EXAMPLE

Revised 7/1/15



NOTE:

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





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, Brent Stickland, give this authority for the job address show below
Installer License Holder Name

only, 723 SE October rd Lake City FL 32025, 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)
Jonathan Ontiveros		<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.

License Holders Signature (Notarized)

1H1104218
License Number

8/14/18
Date

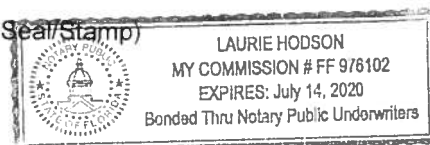
NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: COLUMBIA

The above license holder, whose name is Brent Stickland, personally appeared before me and is known by me or has produced identification (type of I.D.) 142 on this 14th day of August, 2018.

NOTARY'S SIGNATURE

(Seal/Stamp)



Parcel: 02-6S-17-09553-004

<< Next Lower Parcel | Next Higher Parcel >>

Tax Collector

Tax Estimator

Property Card

Parcel List Generator

2017 TRIM (pdf)

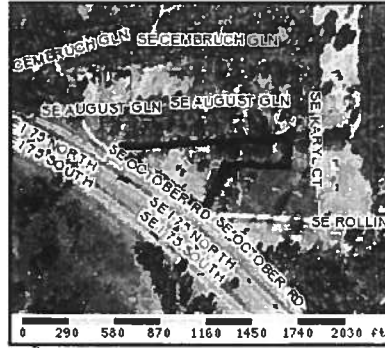
Interactive GIS Map

Print

Owner & Property Info

Search Result 1 of 1

Owner's Name	ONTIVEROS ALEJANDRO F JR		
Mailing Address	599 SE OCTOBER RD LAKE CITY, FL 32025		
Site Address	599 SE OCTOBER RD		
Use Desc. (code)	MOBILE HOM (000200)		
Tax District	3 (County)	Neighborhood	2617
Land Area	5.530 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 NE COR OF SW1/4, RUN S 210 FT W 1057.67 FT TO E R/W OLD WIRE RD FOR POB, RUN NW ALONG R/W 738.03 FT E 1128.08 FT, S 196.53 FT W 400 FT S 20 DEG W 318.41 FT TO POB, EX RD R/W (AKA PART OF LOT 34 ROLLING HILLS S/D UNREC) ORB 658-446, 699-238, 708-594, 740-399, DC 806-126, 812-589, 931-2745			



Property & Assessment Values

2017 Certified Values		
Mkt Land Value	cnt (0)	\$28,528.00
Ag Land Value	cnt (4)	\$0.00
Building Value	cnt (2)	\$27,603.00
XFOB Value	cnt (6)	\$4,550.00
Total Appraised Value		\$60,681.00
Just Value		\$60,681.00
Class Value		\$0.00
Assessed Value		\$60,681.00
Exempt Value	(code HX H3)	\$32,181.00
Total Taxable Value	Cnty: \$28,500 Other: \$28,500 Schl: \$35,681	

2018 Working Values		
Mkt Land Value	cnt (0)	\$30,831.00
Ag Land Value	cnt (4)	\$0.00
Building Value	cnt (2)	\$27,885.00
XFOB Value	cnt (5)	\$3,050.00
Total Appraised Value		\$61,766.00
Just Value		\$61,766.00
Class Value		\$0.00
Assessed Value		\$60,350.00
Exempt Value	(code HX H3)	\$31,850.00
Total Taxable Value	Cnty: \$28,500 Other: \$28,500 Schl: \$35,350	

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
7/27/2001	931/2745	WD	I	Q		\$76,500.00
9/28/1995	812/589	WD	I	U	09	\$20,000.00
1/18/1990	708/594	WD	V	U		\$40,000.00
8/2/1988	658/446	AD	V	U		\$37,500.00
11/1/1982	523/485	WD	V	U	01	\$25,000.00
7/1/1977	386/78	03	V	Q		\$23,500.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	MOBILE HME (000800)	1995	(31)	1714	2544	\$25,108.00
3	MOBILE HME (000800)	1972	AL SIDING (26)	0	940	\$2,777.00
Note: All S.F. calculations are based on exterior building dimensions						

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0070	CARPORT UF	1993	\$350.00	0000001.000	10 x 18 x 0	(000.00)
0297	SHED CONCR	1993	\$800.00	0000001.000	12 x 16 x 0	(000.00)
0190	FPLC PF	1993	\$1,200.00	0000001.000	0 x 0 x 0	(000.00)
0040	BARN,POLE	2004	\$100.00	0000001.000	0 x 0 x 0	(000.00)
0296	SHED METAL	2004	\$600.00	0000001.000	0 x 0 x 0	(000.00)

Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
000200	MBL HM (MKT)	5.53 AC	1.00/1.00/1.00/1.00	\$4,580.72	\$25,331.00

Manufacturer Address
GUERDON INDUSTRIES, INC.
310 CYPRESS ROAD
DADELA, FLORIDA 32672

Date of Manufacture 07-31-84	Plant Number 330	HUD No. FLA 260919
--	----------------------------	------------------------------

Manufacturer's Serial Number and Model Unit Designation
GDOCFL-3184-10788 1452-2-1 CL

Design Approval by (D.A.P.A.)
INC

This mobile home is designed to comply with the federal mobile home construction and safety standards in force at time of manufacture.
 (For additional information, consult owner's manual.)

The factory installed equipment includes:

Equipment	Manufacturer	Model Designation
For heating	INTERTHERM	H-055AA
For air cooling	MAGIC CREEP	031DA-7
For cooking	WHIRLPOOL	ET14DCXMM
Refrigerator	WHIRLPOOL	74-20S
Water heater		
Washer		
Clothes Dryer		
Dishwasher		
Garbage Disposal		
Fireplace		

COMPLIANCE CERTIFICATE

STRUCTURAL DESIGN BASIS CERTIFICATE

DESIGN WIND ZONE MAP

Zone 1
 Zone 2
 Zone 3

DESIGN SNOW LOAD ZONE MAP

Zone 1
 Zone 2
 Zone 3

HEATING AND COOLING DESIGN BASIS CERTIFICATE

The mobile home has been designed to comply with the requirements of the National Energy Conservation Program Act of 1976, as amended, and the Department of Energy's energy conservation standards for mobile homes.

Heating equipment manufacturer and model (see list at left):
INTERTHERM H-055AA

The above heating equipment has the capacity to maintain an average 68°F indoors.
 The home is designed to maintain an average 68°F indoors.
 The home is designed to maintain an average 68°F indoors.
 The home is designed to maintain an average 68°F indoors.

COOLING EQUIPMENT

☐ Air conditioner provided at factory (please state):
None

Rated capacity: _____ B.T.U. per hour maximum with the average air conditioning and refrigeration loadings specified.
 The capacity of the cooling system provided in this home has been tested and found to be adequate to maintain an average 78°F indoors with the average air conditioning and refrigeration loadings specified.

☐ Air conditioner not provided at factory (please state):
None

The air conditioning system is designed to maintain an average 78°F indoors with the average air conditioning and refrigeration loadings specified.

INFORMATION PROVIDED BY THE MANUFACTURER NECESSARY TO CALCULATE DESIGN BASIS DATA

Whole (includes windows and doors): **12.5**

Clothing and loads of light clothes: **12.5**

Clothing and loads of dark clothes: **12.5**

People: **12.5**

Air drawn in from: **12.5**

Air drawn in ceiling: **12.5**

Air drawn in outside the home: **12.5**

The following are the data used in this home:

Air drawn in floor: **12.5**

Air drawn in ceiling: **12.5**

Air drawn outside the home: **12.5**

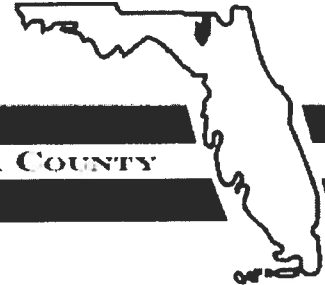
To determine the required capacity of equipment, the manufacturer's instructions should be read carefully. The cooling load should be calculated and compared with the capacity of the equipment provided. The equipment should be sized to provide the greatest capacity which will maintain the indoor temperature at the design level. The manufacturer's instructions should be read carefully. The cooling load should be calculated and compared with the capacity of the equipment provided. The equipment should be sized to provide the greatest capacity which will maintain the indoor temperature at the design level.

DESIGN WIND ZONE MAP

Zone 1
 Zone 2
 Zone 3

Say something

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: **10/13/2016 8:55:34 AM**
Address: **723 SE OCTOBER Rd**
City: **LAKE CITY**
State: **FL**
Zip Code **32025**

Parcel ID **09553-004**

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

Mobile Home

Applicant: JONATHAN ONTIVEROS (386.365.4723) Application Date: 8/14/2018

Action ▼

1. JOB LOCATION


Completed Inspections

Add Inspection Release Power

2. CONTRACTOR

Schedule Inspection (ScheduleInspection.aspx?Id=39339)

3. MOBILE HOME DETAILS

Inspection	Date	By	Notes
Passed: Mobile Home - In County Pre-Mobile Home before set-up	8/15/2018	TROY CREWS	

4. APPLICANT

5. REVIEW

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

6. FEES/PAYMENT

Permit Completion Date
(Releases Occupancy and Completion Forms)

7. DOCUMENTS/REPORTS (1)

Incomplete Requested Inspections

8. NOTES/DIRECTIONS

Inspection	Date	By	Notes
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9. INSPECTIONS (1)

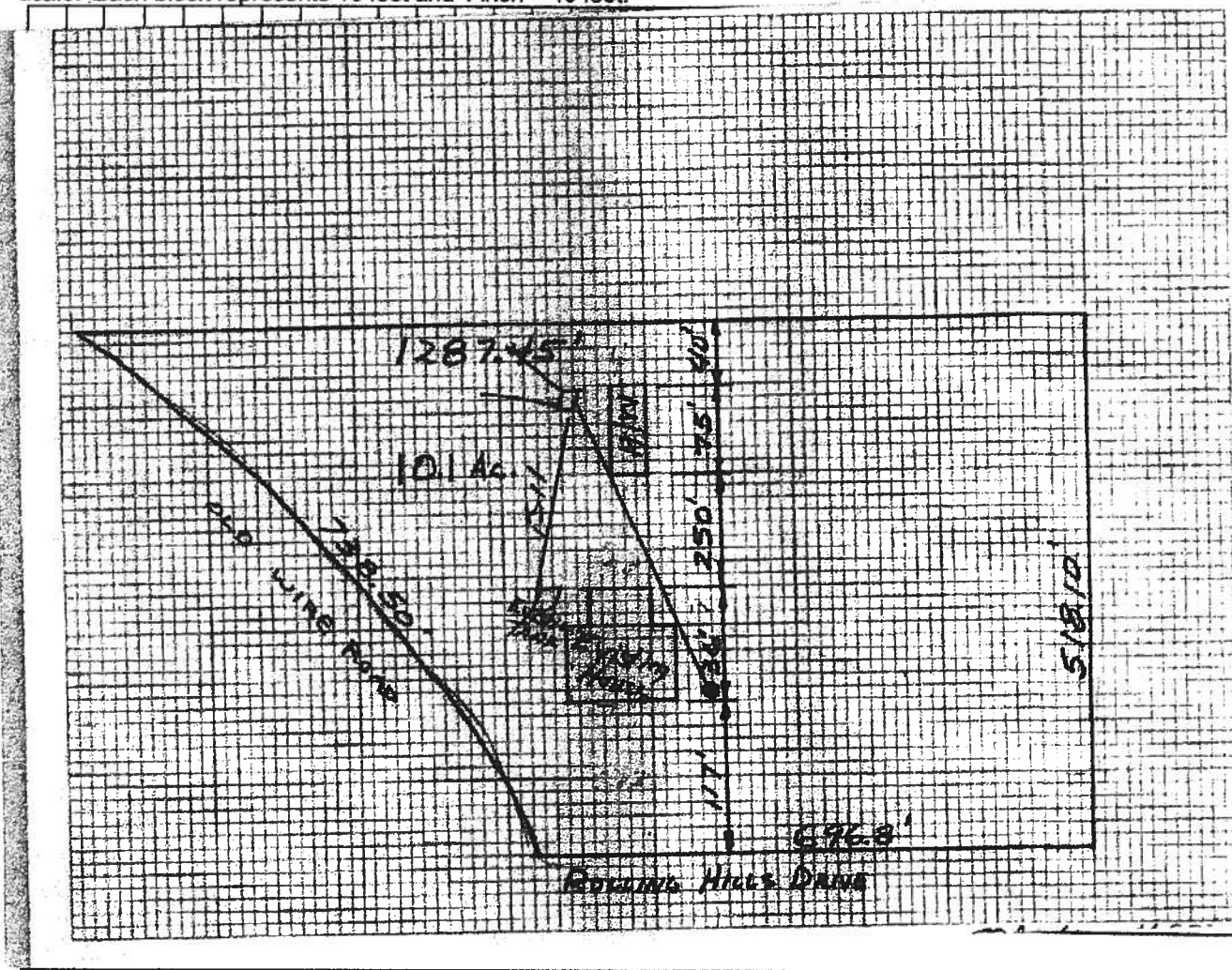
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

18-0727

PART II - SITEPLAN

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



HB 269

Site Plan submitted by: Raymond H. Brown (OWNER)

Plan Approved - ☒ - REVIEWED ☒ Not Approved - ☐ -

By Sam Brown — ESI — Columbia 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. 18-0727
DATE PAID: 8/20/18
FEE PAID: 60100
RECEIPT #: 1340450

APPLICATION FOR:

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

APPLICANT: Alejandro F OntiverosAGENT: JONATHAN A OntiverosTELEPHONE: (386) 365-4723MAILING ADDRESS: 5⁵⁹⁹ 723 SE October Rd LAKE City, FL 32025

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: DA-65-11 SUBDIVISION: _____ PLATTED: _____PROPERTY ID #: R09553-004 003 ZONING: _____ I/M OR EQUIVALENT: ☐ Y ☒ NPROPERTY SIZE: 5.53 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPDIS SEWER AVAILABLE AS PER 381.0065, FS? ☐ Y ☐ N] DISTANCE TO SEWER: _____ FTPROPERTY ADDRESS: 723 SE October Rd LAKE City, FL 32025DIRECTIONS TO PROPERTY: South ON ^{HWY} 441 ^{10 miles}, Left ON 238 @ 1/2 mile, Right ON October Rd, @ 1 mile ON Left SIDE

BUILDING INFORMATION

☒ RESIDENTIAL ☐ COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	Towncraft Mobile	2	576	Replacing
2	Class Mobile Home	2	672	
3	(New)			
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____SIGNATURE: [Signature]DATE: 08/16/2018

DH 4015, 08/09 (Obsoletes previous editions which may not be used)
Incorporated 64E-6.001, FAC

generated on 8/21/2018 4:36:40 PM EDT

Last Update: 8/21/2018 4:36:40 PM EDT

Register for eBill

The information contained herein does not constitute a title search and should not be relied on as such.

Amount
\$219.98
\$193.00

If Paid By	Amount Due
	\$0.00

Date Paid	Transaction	Receipt	Item	Amount Paid
8/13/2018	PAYMENT	1413539.0002	2017	\$1,074.85

Prior Years Payment History

Prior Year Taxes Due
NO DELINQUENT TAXES