

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only

(Revised 7-1-15)

Zoning Official nm

Building Official JD

AP# 44146

Date Received 12/6/19

By mg

Permit # 39152

Flood Zone _____ Development Permit _____ Zoning _____ Land Use Plan Map Category _____

Comments See Computer Aids

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

☐ Recorded Deed or ☒ Property Appraiser PO ☐ Site Plan ☒ EH # 19-0872 ☐ 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 ☐ Out County ☒ In County ☒ Sub VF Form

passed 12/9

Property ID # 24-6S-16-03817-210 Subdivision Old wine forest Lot# 10

▪ New Mobile Home _____ Used Mobile Home ☒ MH Size 24x40 Year 1989

▪ Applicant Jenny Hamilton Phone # 352-317-1277

▪ Address 481 SW Grapevine ct Ft white FL 32038

▪ Name of Property Owner Deas-bullard properties Phone# 386-752-4339

▪ 911 Address 481 SW Grapevine ct Ft 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 Jenny Hamilton Phone # 352-317-1277

Address 481 SW Grapevine ct Ft white, FL 32038

▪ Relationship to Property Owner Self

▪ Current Number of Dwellings on Property One

▪ Lot Size 10.03 Total Acreage 10.03

▪ 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 47 South, TL on CR 238 (Elim Church)
TL on Old wine, TR on Maplewood, at end TR on
Grapevine, to end on left

139 SW Burgandy Ln Ft white 32038

▪ Name of Licensed Dealer/Installer Ferman Jones Phone # 352-318-4734

▪ Installers Address 6795 SW 71st Ave Lake Butler, FL 32054

▪ License Number TH1025418 Installation Decal # 49330

12/10- spoke w/ Jenny - will pickup probably Friday

\$382.50

Cash

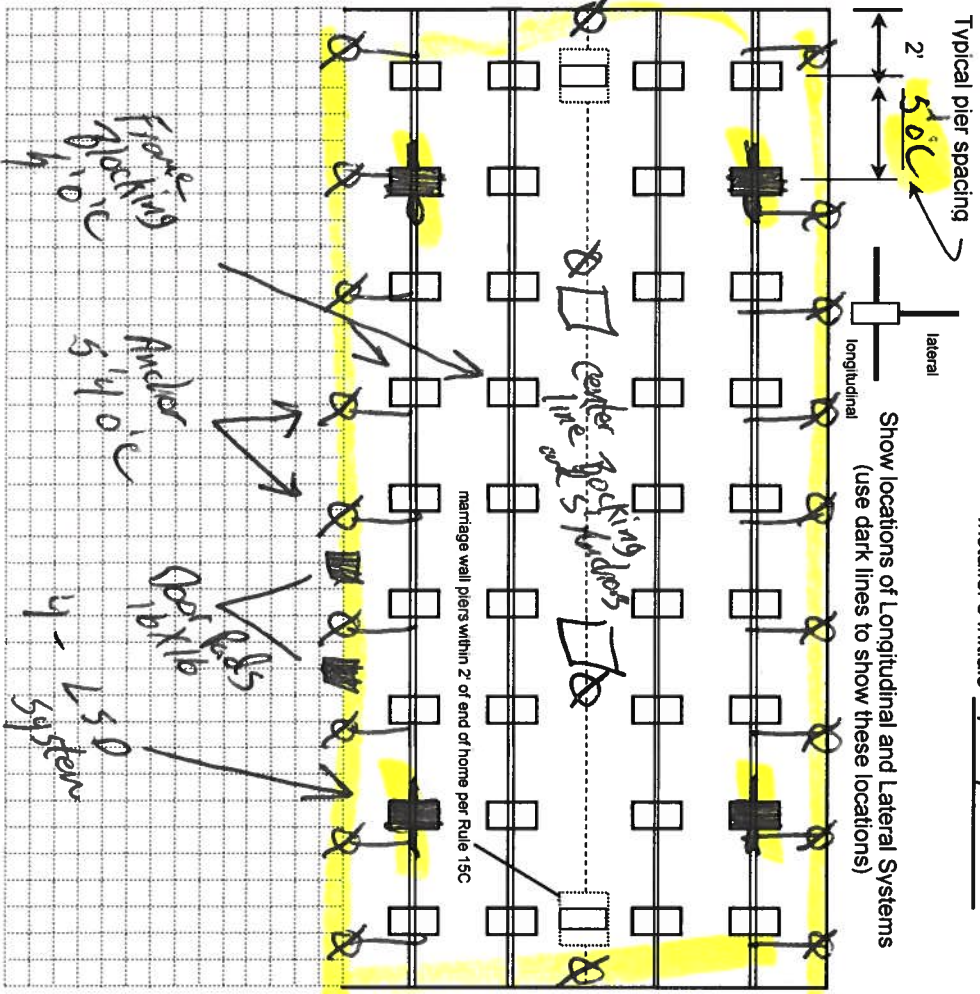
Mobile Home Permit Worksheet

Installer: Fernon Jones License # LIH085118
Address of home being installed: 438

Manufacturer: _____ Length x width: 24 x 40

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: F.J.



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 # 49330
Triple/Quad ☐ Serial # 19806

PIER SPACING TABLE FOR USED HOMES

| Load bearing capacity (sq in) | 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' |
| 1500 psf | 4' 6" | 6' | 7' | 8' | 9' | 10' | 10' |
| 2000 psf | 6' | 8' | 9' | 10' | 11' | 12' | 12' |
| 2500 psf | 7' 6" | 8' | 9' | 10' | 11' | 12' | 12' |
| 3000 psf | 8' | 8' | 9' | 10' | 11' | 12' | 12' |
| 3500 psf | 8' | 8' | 9' | 10' | 11' | 12' | 12' |

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

PIER PAD SIZES

I-beam pier pad size: 12x25x1
Perimeter pier pad size: 16x16
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: 12 or greater Pier pad size: 23x31

ANCHORS

FRAME TIES

TIEDOWN COMPONENTS

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

OTHER TIES

Number: 179
Sidewall: 4
Longitudinal: 4
Marriage wall: 4
Shearwall: _____

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 1000 X 1000 X 1000

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 1000 X 1000 X 1000

TORQUE PROBE TEST

The results of the torque probe test is 276 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 requires anchors with 4000 lb. holding capacity.

F.S. Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Fernon Jones

Date Tested 11-13-19

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. 15

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 15

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 15

Site Preparation

Debris and organic material removed yes
Water drainage: Natural _____ Swale ✓ Pad ✓ Other _____

Fastening multi wide units

Floor: Type Fastener: lags Length: 6" Spacing: 24"
Walls: Type Fastener: lag screws Length: 6" Spacing: 24"
Roof: Type Fastener: 1/2" lag Length: 6" Spacing: 24"
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 F.S.

Type gasket rolled foam
Pg. 15

Installed: _____
Between Floors Yes ✓
Between Walls Yes ✓
Bottom of ridgebeam Yes ✓

Weatherproofing

The bottomboard will be repaired and/or taped. Yes 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 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 over cher
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 Fernon Jones

Date 11/13/19

| | | |
|-----------------------------------------------------|----------------------------------------------------------------|--------------------------------------------------|
| License Number: IH / 1025418 / 1 Name: FERMON JONES | | |
| Order #: 3200 | Label #: 49330 | Manufacturer: |
| Homeowner: <i>Gennie Hamilton</i> | Year Model: | (Check Size of Home) |
| Address: | Length & Width: <i>24X40</i> | Single _____ |
| City/State/Zip: <i>Lake City</i> | Type Longitudinal System: | Double <input checked="" type="checkbox"/> _____ |
| Phone #: | Type Lateral Arm System: | Triple _____ |
| Date Installed: | New Home: _____ Used Home: <input checked="" type="checkbox"/> | HUD Label #: |
| Installed Wind Zone: <i>II</i> | Data Plate Wind Zone: <i>II</i> | Soil Bearing / PSF: <i>1000</i> |
| Note: | | Torque Probe / in-lbs: <i>276</i> |
| | | Permit #: |

STATE OF FLORIDA
INSTALLATION CERTIFICATION LABEL

49330

| | |
|------------------|----------------------|
| LABEL # | DATE OF INSTALLATION |
| FERMON JONES | |
| NAME | |
| IH / 1025418 / 1 | 3200 |
| LICENSE # | ORDER # |

CERTIFIES THAT THE INSTALLATION OF THIS MOBILE HOME IS
IN ACCORDANCE WITH FLORIDA STATUTES 320.8249, 320.8325
AND RULES OF THE HIGHWAY SAFETY AND MOTOR VEHICLES.

| |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| INSTRUCTIONS |
| <p>PLEASE WRITE DATE OF INSTALLATION AND AFFIX LABEL NEXT TO HUD LABEL. USE PERMANENT INK PEN OR MARKER ONLY. COMPLETE INFORMATION ABOVE AND KEEP ON FILE FOR A MINIMUM OF 2 YEARS. YOU ARE REQUIRED TO PROVIDE COPIES WHEN REQUESTED.</p> |

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____ JOB NAME _____

THIS FORM MUST BE SUBMITTED BEFORE A PERMIT WILL BE ISSUED

Columbia County issues combination permits. 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 general contractors permit.

NOTE: It shall be the responsibility of the general contractor to make sure that all of the subcontractors are licensed with the Columbia County Building Department.

Use website to confirm licenses: <http://www.columbiacountyfla.com/PermitSearch/ContractorSearch.aspx>

NOTE: If this should change prior to completion of the project, it is your responsibility to have a corrected form submitted to our office, before that work has begun.

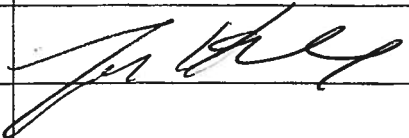
Violations will result in stop work orders and/or fines.

| | | |
|--------------------------------------------------------------|---------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ELECTRICAL <input checked="" type="checkbox"/> | Print Name <u>Jenny Hamilton</u> Signature <u>[Signature]</u> | Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| CC# _____ | Company Name: _____ License #: <u>owner</u> Phone #: _____ | |
| MECHANICAL/A/C <input checked="" type="checkbox"/> | Print Name <u>Jenny Hamilton</u> Signature <u>[Signature]</u> | Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| CC# _____ | Company Name: _____ License #: <u>owner</u> Phone #: _____ | |
| PLUMBING/GAS <input type="checkbox"/> | Print Name _____ Signature _____ | Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| CC# _____ | Company Name: _____ License #: _____ Phone #: _____ | |
| ROOFING <input type="checkbox"/> | Print Name _____ Signature _____ | Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| CC# _____ | Company Name: _____ License #: _____ Phone #: _____ | |
| SHEET METAL <input type="checkbox"/> | Print Name _____ Signature _____ | Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| CC# _____ | Company Name: _____ License #: _____ Phone #: _____ | |
| FIRE SYSTEM/SPRINKLER <input type="checkbox"/> | Print Name _____ Signature _____ | Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| CC# _____ | Company Name: _____ License #: _____ Phone #: _____ | |
| SOLAR <input type="checkbox"/> | Print Name _____ Signature _____ | Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| CC# _____ | Company Name: _____ License #: _____ Phone #: _____ | |
| STATE SPECIALTY <input type="checkbox"/> | Print Name _____ Signature _____ | Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| CC# _____ | Company Name: _____ License #: _____ Phone #: _____ | |

MOBILE HOME INSTALLERS AGENT AUTHORIZATION

I, Fermon Jones, 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 |
|-----------------------------------|------------------------------------------------------------------------------------|---------------------|
| Gennie Hamilton |  | 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.

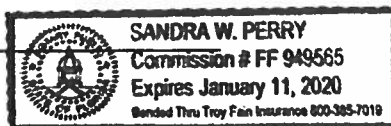
Fermon Jones
 License Holders Signature (Notarized) TH1025418 11/17/19
License Number Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Union

The above license holder, whose name is Fermon Jones,
 personally appeared before me and is known by me or has produced identification
 (type of I.D.) Personally known on this 17 day of Nov, 2019.

Sandra W. Perry
 NOTARY'S SIGNATURE



(Seal/Stamp)

Legend

Addresses

Water Lines

- Others
- CANAL / DITCH
- CREEK
- STREAM / RIVER

2018 Aerials



SRWMD Wetlands



Roads

- Roads
 - others
 - Dirt
 - Interstate
 - Main
 - Other
 - Paved
 - Private

2018 Flood Zones

- 0.2 PCT ANNUAL CHANCE



A

AE

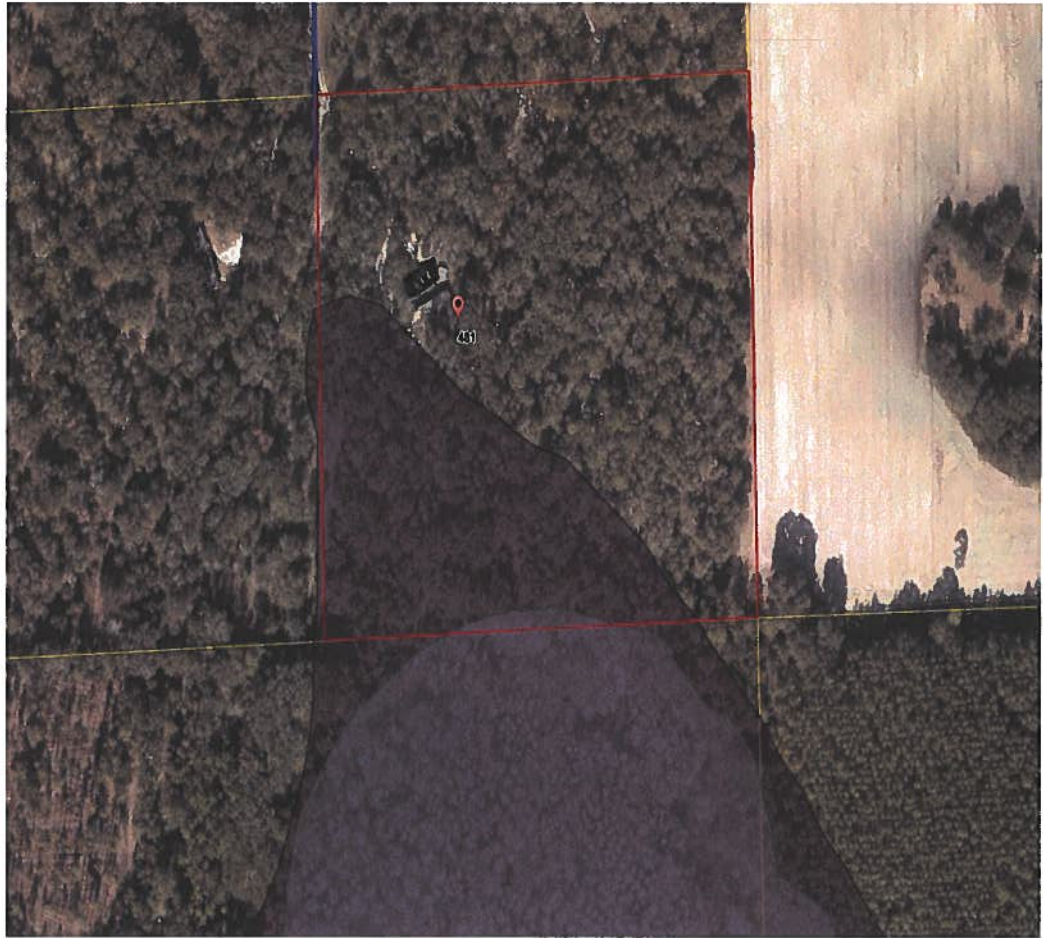
AH

Parcels



Columbia County, FLA - Building & Zoning Property Map

Printed: Mon Dec 09 2019 09:09:37 GMT-0500 (Eastern Standard Time)



Parcel Information

Parcel No: 24-6S-16-03817-210

Owner: DEAS-BULLARD PROPERTIES INC

Subdivision: OLD WIRE FOREST UNR

Lot: 10

Acres: 10.0375919

Deed Acres: 10.03 Ac

District: District 2 Rocky Ford

Future Land Uses: Agriculture - 3

Flood Zones: A,

Official Zoning Atlas: A-3

All data, information, and maps are provided "as is" without warranty or any representation of accuracy, timeliness of completeness. Columbia County, FL makes no warranties, express or implied, as to the use of the information obtained here. There are no implied warranties of merchantability or fitness for a particular purpose. The requester acknowledges and accepts all limitations, including the fact that the data, information, and maps are dynamic and in a constant state of maintenance, and update.

Legend

Water Lines

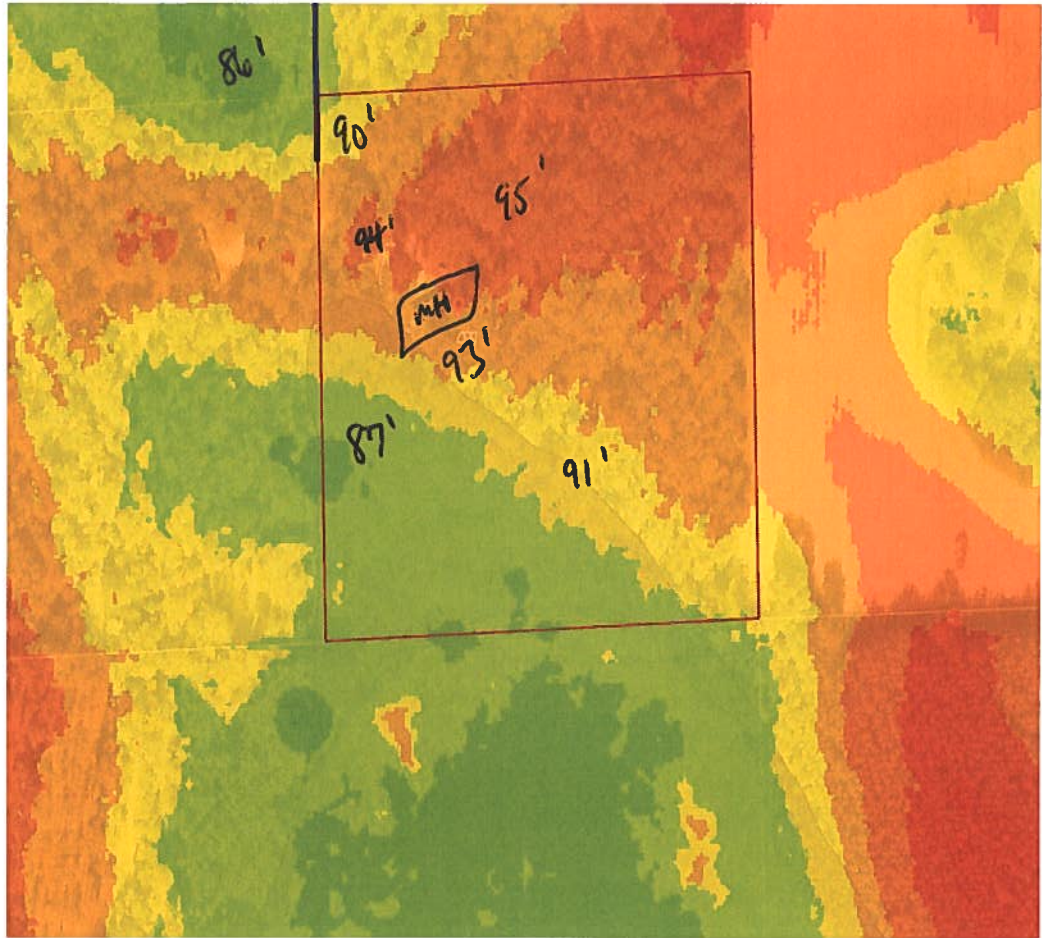
- Others
- CANAL / DITCH
- CREEK
- STREAM / RIVER

LidarElevations



Columbia County, FLA - Building & Zoning Property Map

Printed: Mon Dec 09 2019 09:10:31 GMT-0500 (Eastern Standard Time)



Parcel Information

Parcel No: 24-6S-16-03817-210

Owner: DEAS-BULLARD PROPERTIES INC

Subdivision: OLD WIRE FOREST UNR

Lot: 10

Acres: 10.0375919

Deed Acres: 10.03 Ac

District: District 2 Rocky Ford

Future Land Uses: Agriculture - 3

Flood Zones: A,

Official Zoning Atlas: A-3

Roads

- Roads
- others
- Dirt
- Interstate
- Main
- Other
- Paved
- Private

Parcels

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Columbia County Property Appraiser

Jeff Hampton

2020 Working Values

updated: 11/27/2019

Parcel: << 24-6S-16-03817-210 >>

Aerial Viewer Pictometry Google Maps

Owner & Property Info

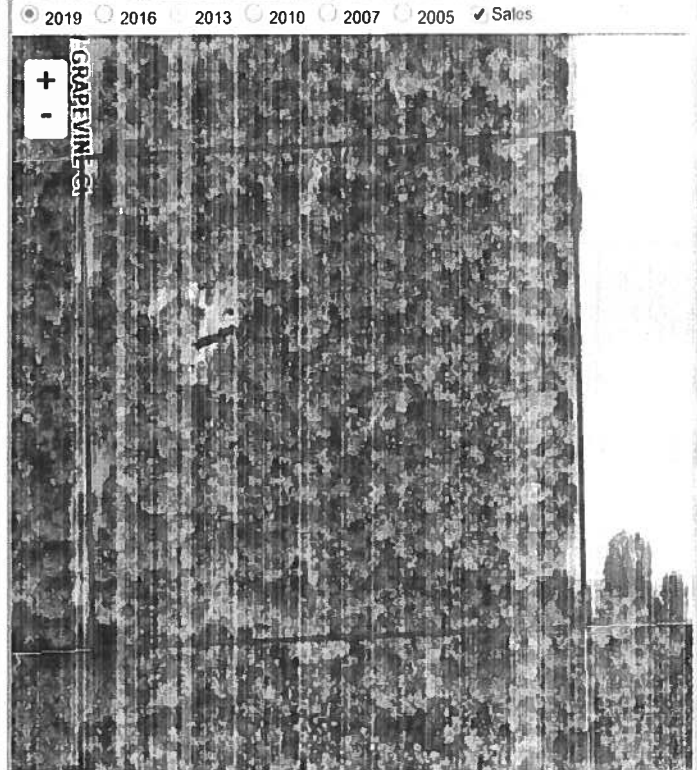
Result: 1 of 1

| | | | |
|--------------|----------------------------------------------------------------------|--------------|------|
| Owner | DEAS-BULLARD PROPERTIES INC 672 E DUVAL ST LAKE CITY, FL 32055 | | |
| Site | 481 GRAPEVINE CT, FORT WHITE | | |
| Description* | (AKA LOT 10 OLD WIRE FOREST S/D UNR) SE 1/4 OF NE 1/4 OF NW 1/4 | | |
| Area | 10.039 AC | S/T/R | 00-- |
| Use Code** | MISC RES (000700) | Tax District | 3 |

*The Description above is not to be used as the Legal Description for this parcel in any legal transaction.
 **The Use Code is a FL Dept. of Revenue (DOR) code and is not maintained by the Property Appraiser's office. Please contact your city or county Planning & Zoning office for specific zoning information.

Property & Assessment Values

| 2019 Certified Values | | 2020 Working Values | |
|-----------------------|-----------------------------------------------------------------------|---------------------|-----------------------------------------------------------------------|
| Mkt Land (2) | \$47,964 | Mkt Land (2) | \$47,964 |
| Ag Land (0) | \$0 | Ag Land (0) | \$0 |
| Building (0) | \$0 | Building (0) | \$0 |
| XFOB (3) | \$2,600 | XFOB (3) | \$2,600 |
| Just | \$50,564 | Just | \$50,564 |
| Class | \$0 | Class | \$0 |
| Appraised | \$50,564 | Appraised | \$50,564 |
| SOH Cap [?] | \$0 | SOH Cap [?] | \$0 |
| Assessed | \$50,564 | Assessed | \$50,564 |
| Exempt | \$0 | Exempt | \$0 |
| Total Taxable | county:\$28,497 city:\$28,497 other:\$28,497 school:\$50,564 | Total Taxable | county:\$31,347 city:\$31,347 other:\$31,347 school:\$50,564 |



Sales History

| Sale Date | Sale Price | Book/Page | Deed | V/I | Quality (Codes) | RCode |
|-----------|------------|-----------|------|-----|-----------------|-------|
| NONE | | | | | | |

Building Characteristics

| Bldg Sketch | Bldg Item | Bldg Desc* | Year Blt | Base SF | Actual SF | Bldg Value |
|-------------|-----------|------------|----------|---------|-----------|------------|
| NONE | | | | | | |

Extra Features & Out Buildings (Codes)

| Code | Desc | Year Blt | Value | Units | Dims | Condition (% Good) |
|------|------------|----------|------------|-------|-----------|--------------------|
| 0294 | SHED WOOD/ | 2015 | \$100.00 | 1.000 | 0 x 0 x 0 | (000.00) |
| 0296 | SHED METAL | 2018 | \$100.00 | 1.000 | 0 x 0 x 0 | (000.00) |
| 0001 | RES MISC | 2018 | \$2,400.00 | 1.000 | 0 x 0 x 0 | (000.00) |

Land Breakdown

| Land Code | Desc | Units | Adjustments | Eff Rate | Land Value |
|-----------|-----------------|-----------------------|---------------------|----------|------------|
| 000700 | MISC RES (MKT) | 10.039 AC | 1.00/1.00 1.00/1.00 | \$4,454 | \$44,714 |
| 009945 | WELL/SEPT (MKT) | 1.000 UT - (0.000 AC) | 1.00/1.00 1.00/1.00 | \$3,250 | \$3,250 |

Search Result: 1 of 1

© Columbia County Property Appraiser | Jeff Hampton | Lake City, Florida | 386-758-1083

by: GrizzlyLogic.com

STATE OF FLORIDA
COUNTY OF COLUMBIA

LAND OWNER AFFIDAVIT

This is to certify that I, (We), Deas Bullard Properties LLP
as the owner of the below described property:

Property tax Parcel ID number R 03817-210

Subdivision (Name, lot, Block, Phase) 10 Old Wire Forest

Give my permission for Jenny Hamilton to place a

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

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
Martha So Khachigan

11-5-19
Date

Owner Signature

Date

Owner Signature

Date

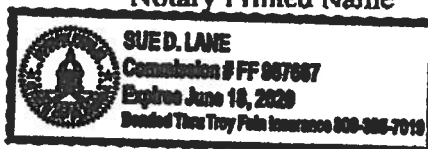
Sworn to and subscribed before me this 5th day of Nov, 20 19. This

(These) person(s) are personally known to me or produced ID _____
(Type)

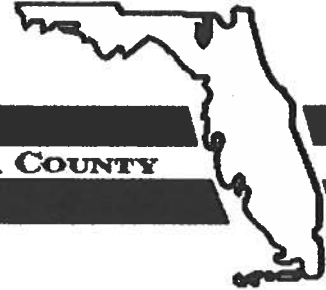
[Signature]
Notary Public Signature

Sue D. Lane
Notary Printed Name

Notary Stamp/



District No. 1 - Ronald Williams
District No. 2 - Rocky Ford
District No. 3 - Bucky Nash
District No. 4 - Toby Witt
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: 11/13/2019 4:26:52 PM
Address: 481 SW GRAPEVINE Ct
City: FORT WHITE
State: FL
Zip Code 32038

Parcel ID 03817-210

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

Destiny Industries
P.O. Box 1766
Moultrie, Georgia 31776
(912) 985-6100

Date of Manufacture 3-31-89 Plant Number II HUD No.
Manufacturer's Serial Number and Model Unit Designation
19806 442-DS

Design Approved by (D.A.P.I.A.)

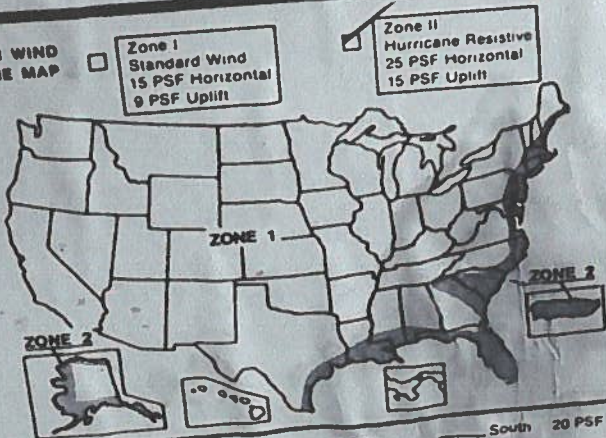
Hillbrow, Werner, Carter Assoc. Inc.

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 | <u>Luntherm</u> | <u>M655</u> |
| For air cooling | <u>Frig</u> | <u>G30PC</u> |
| For cooking | <u>Frig</u> | <u>FDITE</u> |
| Refrigerator | <u>STATE</u> | <u>SCI 30</u> |
| Water heater | | |
| Washer | | |
| Clothes Dryer | | |
| Dishwasher | | |
| Garbage Disposal | <u>MARTIN</u> | <u>Ac36m</u> |
| Fireplace | | |

DESIGN WIND ZONE MAP



DESIGN ROOF LOAD ZONE MAP



COMFORT HEATING

This mobile home has been thermally insulated to conform with the requirements of federal mobile home construction and safety standards for all locations within climate zone I.

Heating equipment manufacturer and model (see list at left)
The above heating equipment has the capacity to maintain an average 70 °F temperature in this home at outdoor temperatures of -43 °F.
To maximize furnace operating economy, and to conserve energy, it is recommended that this home be installed where the outdoor winter design temperature (97 °F) is not higher than -9 degrees Fahrenheit.

The above information has been calculated assuming a maximum wind velocity of 15 mph and standard atmospheric pressure.

COMFORT COOLING

☐ Air conditioner provided at factory (Alternate I)

Air conditioner manufacturer and model (see list at left)
Certified capacity — _____ B.T.U./hour in accordance with the appropriate air conditioning and refrigeration institute standards.
The central air conditioning system provided in this home has been sized assuming an orientation of the front (hitch end) of the home facing _____. On this basis, the system is designed to maintain an indoor temperature of 75 °F when outdoor temperatures are _____ °F dry bulb and _____ °F wet bulb.

The temperature to which this home can be cooled will change depending upon the amount of exposure of the windows of this home to the sun's radiant heat. Therefore, the home's heat gains will vary dependent upon its orientation to the sun and any permanent shade. Information concerning the calculation of cooling loads at various locations, wind exposures and shadings are provided in Chapter 22 of the 1981 edition of the ASHRAE Handbook of Fundamentals.

Information necessary to calculate cooling loads at various locations and orientations is provided in the special comfort cooling information provided with this mobile home.

☒ Air conditioner not provided at factory (Alternate II)
The air distribution system of this home is suitable for the installation of central air conditioning.

The supply air distribution system installed in this home is sized for mobile home central air conditioning system of up to 10,000 B.T.U./hr. rated capacity which are certified in accordance with the appropriate air conditioning and refrigeration institute standards, when the air circulators of such air conditioners are rated at 0.3 inch water column static pressure or greater for the cooling air delivered to the mobile home supply air duct system.

Information necessary to calculate cooling loads at various locations and orientations is provided in the special comfort cooling information provided with this mobile home.
☐ Air conditioning not recommended (Alternate III)
The air distribution system of this home has not been designed in anticipation of its use with a central air conditioning system.

INFORMATION PROVIDED BY THE MANUFACTURER NECESSARY TO CALCULATE SENSIBLE HEAT GAIN

| | |
|------------------------------------------------|---------------------|
| Walls (without windows and doors) | U- <u>1.092</u> |
| Ceilings and roofs of light color | U- <u>1.137</u> |
| Ceilings and roofs of dark color | U- <u>1.18</u> |
| Floors | U- <u>1</u> |
| Air ducts in floor | U- <u>2.3</u> |
| Air ducts in ceiling | U- <u>1.18</u> |
| Air ducts installed outside the home | U- <u>2.3</u> |
| The following are the duct areas in this home: | |
| Air ducts in floor | <u>36.6</u> sq. ft. |
| Air ducts in ceiling | <u>33.5</u> sq. ft. |
| Air ducts outside the home | |

To determine the required capacity of equipment to cool a home efficiently and economically, a cooling load (heat gain) calculation is required. The cooling load is dependent on the orientation, location and the structure of the home. Central air conditioners operate most efficiently and provide the greatest comfort when their capacity closely approximates the calculated cooling load. Each home's air conditioner should be sized in accordance with Chapter 22 of the American Society of Heating, Refrigerating and Air Conditioning Engineers (ASHRAE) Handbook of Fundamentals, once the location and orientation are known.

OUTDOOR WINTER DESIGN TEMP. ZONES

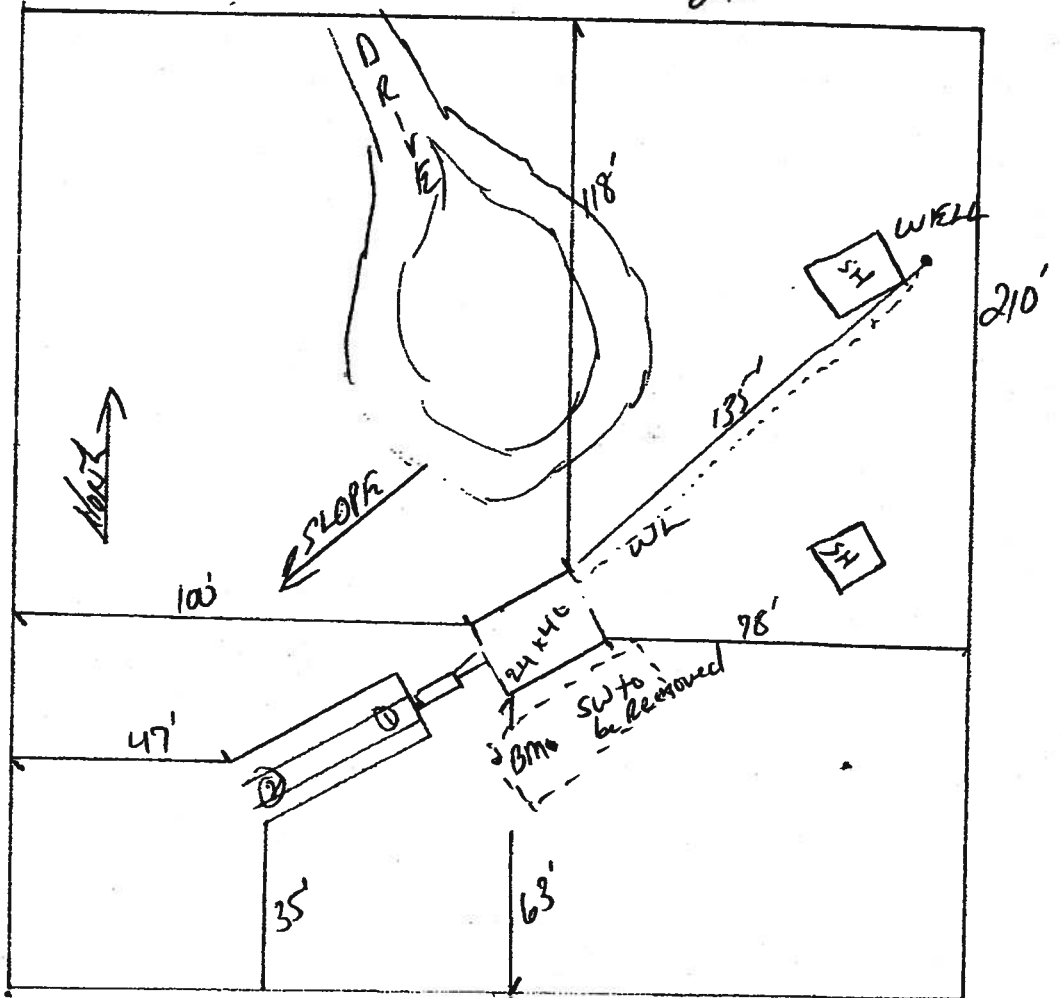


STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 19-0872

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

Scale: 1 inch = 40 feet.



Notes:

1 of 10.03 Acres SITE ATTACHED

Site Plan submitted by: _____
Plan Approved _____ Not Approved _____ Date _____
By _____ 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. 19-1821
DATE PAID: 12/2/09
FEE PAID: 200.00
RECEIPT #: 1455726

APPLICATION FOR:

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

APPLICANT: Deas-Bullard properties inc

AGENT: _____

TELEPHONE: 352-317-1277

MAILING ADDRESS: 481 SW Grapevine Ct Ft white FL 32038

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3)(m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION

LOT: 10 BLOCK: N/A SUBDIVISION: Old wire forest unr PLATTED: _____

PROPERTY ID #: 24-65-16-03817-210 ZONING: Res I/M OR EQUIVALENT: ☐ Y / ☒ N

PROPERTY SIZE: 10.03 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

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

PROPERTY ADDRESS: 481 SW Grapevine Ct, Fort white, FL 32038

DIRECTIONS TO PROPERTY: 47 South, TL on CR 238 (Elim Church), TL on Old wire, TR on maplewood, at end TR on Grapevine, to end on left

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 | <u>Residential (New)</u> | <u>2 br</u> | <u>960</u> | |
|---|--------------------------|-------------|------------|--|

| | | | | |
|---|--------------------------|-------------|------------|--|
| 2 | <u>Residential (Old)</u> | <u>2 br</u> | <u>952</u> | |
|---|--------------------------|-------------|------------|--|

| | | | | |
|---|--|--|--|--|
| 3 | | | | |
|---|--|--|--|--|

| | | | | |
|---|--|--|--|--|
| 4 | | | | |
|---|--|--|--|--|

☒ Floor/Equipment Drains ☒ Other (Specify) _____

SIGNATURE: _____

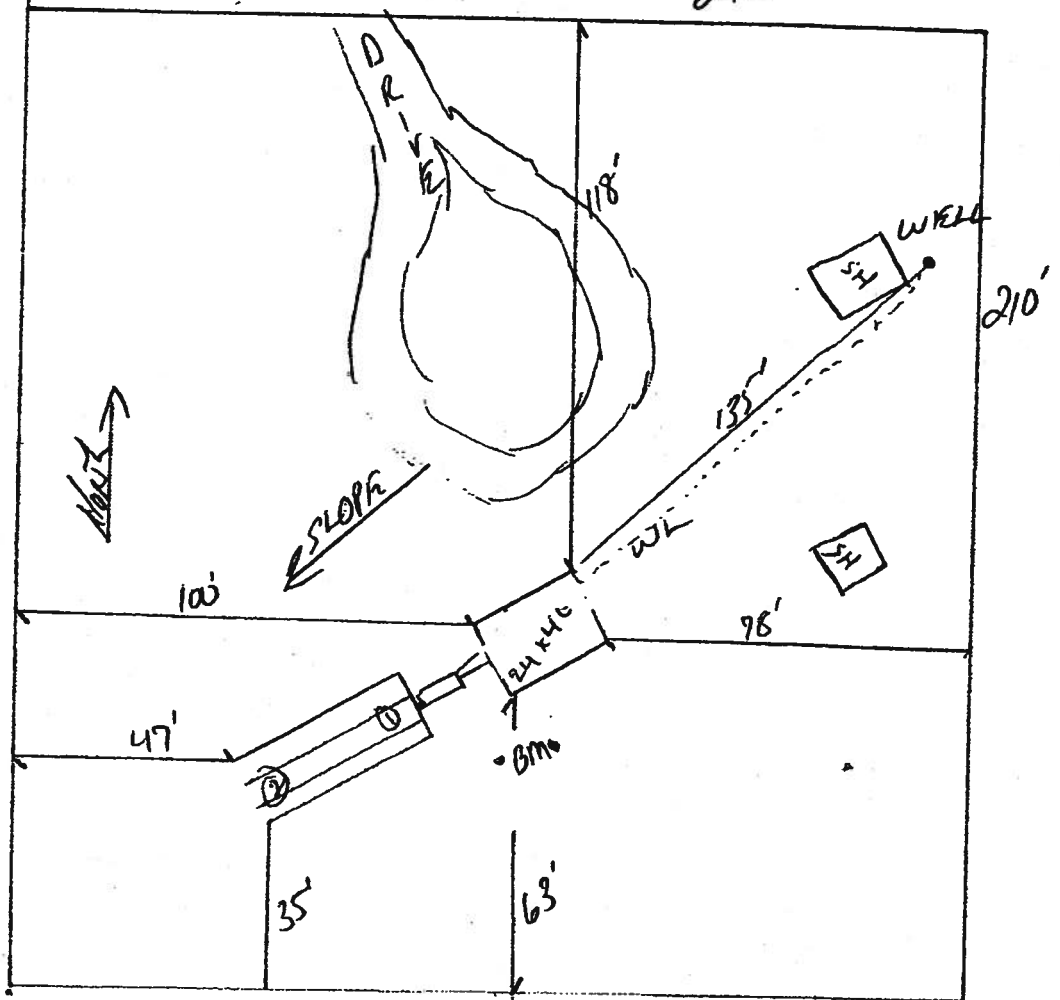
DATE: 12-2-09

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 19-0872

PART II - SITEPLAN

Scale: 1 inch = 40 feet.



Notes: 1 of 10.03 Acres SITE ATTACHED

Site Plan submitted by: [Signature]

Plan Approved [Signature]

Not Approved

By [Signature]

12-6-19

Date 12/6/19

Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT