COLUMBIA COUNTY PERMIT WORKSHEET

These worksheets must be completed and signed by the installer.
Submit the originals with the packet.

Installer ANDREW J HALL License # IH1025205

911 Address where home is being installed. _____

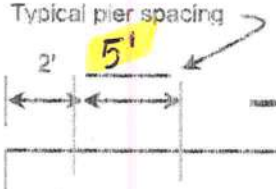
Manufacturer _____ Length x width 56 x 14

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

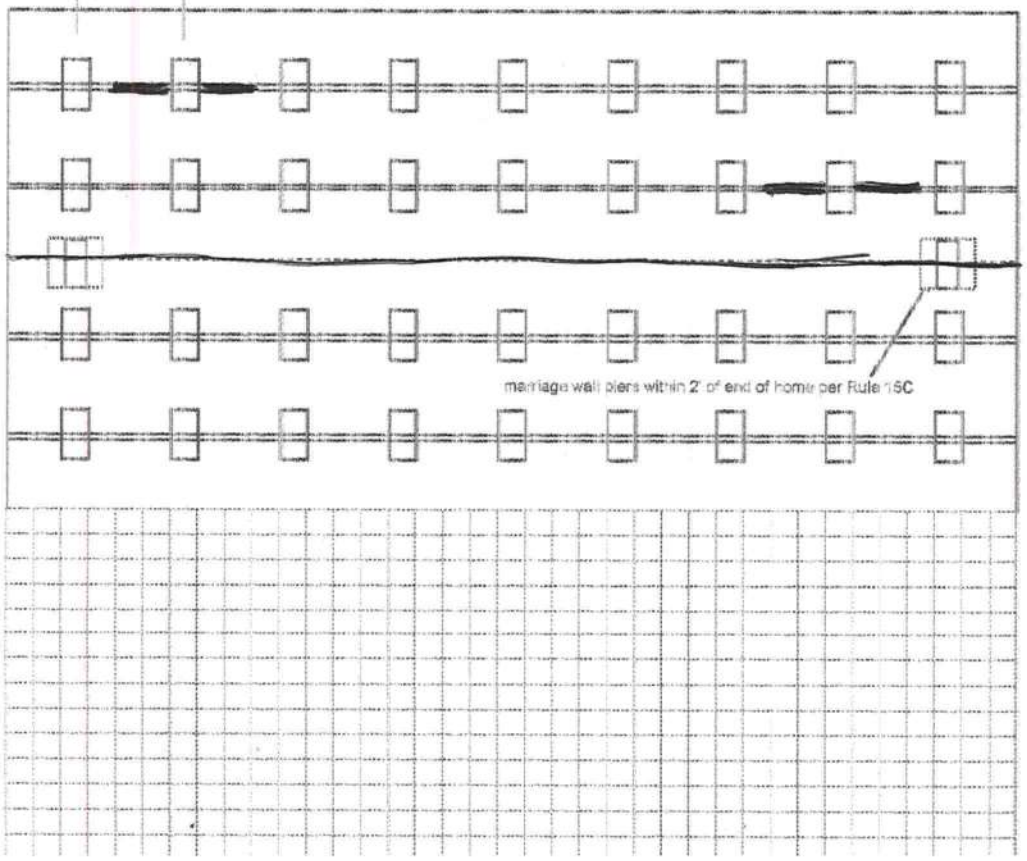
I understand Lateral Arm Systems cannot be used on any home (new or used) where the sidewall ties exceed 5 ft 4 in.

Installer's initials _____

Typical pier spacing



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 # 11419

Triple/Quad ☐ Serial # CLFL9089B (400)

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'	5'	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 20x20

Perimeter pier pad size N/A

Other pier pad sizes (required by the mfg.) 16 x 16 DOORS

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
N/A	

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 ✓ 5 ft _____

FRAME TIES

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

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer MM

Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer _____

OTHER TIES

	Number
Sidewall	4
Longitudinal	2
Marriage wall	
Shearwall	

COLUMBIA COUNTY PERMIT WORKSHEET

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.

_____ Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name ANDREW J HALL

Date Tested 5/9/12

Electrical

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between mult-wide units. Pg. N/A

Plumbing

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

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

Site Preparation

Debris and organic material removed ✓

Water drainage: Natural _____ Swale _____ Pad ✓ Other _____.

Fastening multi wide units

Floor:	Type Fastener: N/A	Length: N/A	Spacing: N/A
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, meldew 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 N/A

Pg. _____

Installed:
Between Floors Yes N/A
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 N/A

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 N/A

Other : _____

Installer verifies all information given with this permit worksheet is accurate and true based on the

Installer Signature _____ Date 4/11/12

SDV

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

PERMIT NO. 12-0256
DATE PAID: 5/11/12
FEE PAID: 310.00
RECEIPT #: 1857416
AP 1218238

APPLICATION FOR:
[X] New System [ ] Existing System [ ] Holding Tank [ ] Innovative
[ ] Repair [ ] Abandonment [ ] Temporary [ ]

APPLICANT: Donna Evans

AGENT: ROCKY FORD, A & B CONSTRUCTION TELEPHONE: 386-497-2311

MAILING ADDRESS: P.O. BOX 39 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: 9 BLOCK: na SUB: Cedar Springs Shores Re-Plat PLATTED: 1978

PROPERTY ID #: 18-7S-16-04236-084 ZONING: Res I/M OR EQUIVALENT: [Y / (N)]

PROPERTY SIZE: 1.52 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD

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

PROPERTY ADDRESS: SW Burgandy Lane, Fort White, FL, 32038

DIRECTIONS TO PROPERTY: 47 South, TR on Hollingsworth, TR on Bluff, TR on Burgandy 4th lot on left (just before mailbox with 295)

BUILDING INFORMATION [X] RESIDENTIAL [ ] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	SF Residential	2	840	Zone X.
2				
3				

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

SIGNATURE: Rocky D Ford DATE: 5/11/2012

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

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, ANDREW J HALL, give this authority for the job address show below
Installer License Holder Name

only, _____, 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)
Adriane Tolman	Adriane Tolman	___ Agent ___ Officer ___ Property Owner
April Green	April Green	___ Agent ___ Officer X 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.

AG JH — LH/1025205 — 12/25/12
License Holders Signature (Notarized) — License Number — Date

NOTARY INFORMATION:
STATE OF: Florida COUNTY OF: LEVY

The above license holder, whose name is Andrew J. Hall personally appeared before me and is known by me or has produced identification (type of I.D.) FL/DL on this 25 day of MAY, 2012.

Kulhman Judah
NOTARY'S SIGNATURE (Seal/Stamp)

KULHMAN JUDAH
Notary Public - State of Florida
My Comm. Expires Sep 27, 2014
Commission # DD 998723
Bonded Through National Notary Assn.

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1206-03 CONTRACTOR ANDREW J NALL PHONE 352-493-0

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 Owner Adriane Folmar License #: ACBL64641474	Signature Adriane Folmar Phone #: 352-231-64116
MECHANICAL/ A/C _____	Print Name License #:	Signature Adriane Folmar Phone #:
PLUMBING/ GAS	Print Name License #:	Signature Adriane Folmar Phone #:

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.

1206-03

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF COLUMBIA

This is to certify that I, (We), April Green
owner of the below described property:

Tax Parcel No. 18-7S-16-04236-084

Subdivision (name, lot, block, phase) Cedar Springs Shores Replat Lot 9

Give my permission to Adriane Folmar to place a mobile home/travel trailer/single family home (circle one) on the above mentioned property.

I (We) understand that this could result in an assessment for solid waste and fire protection services levied on this property.

April Green
Owner

Owner

SWORN AND SUBSCRIBED before me this 1 day of June, 20 12. This (these) person(s) are personally known to me or produced ID FL DL.

Laurie Hodson
Notary Signature

LAURIE HODSON
MY COMMISSION # DD 805657
EXPIRES: July 14, 2012
Bonded Thru Notary Public Underwriters

COLUMBIA COUNTY 9-1-1 ADDRESSING

P. O. Box 1787, Lake City, FL 32056-1787
PHONE: (386) 758-1125 * FAX: (386) 758-1365 * Email: ron_croft@columbiacountyfla.com

Addressing Maintenance

To maintain the Countywide 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 assigning 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 Service 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 REQUESTED: 6/5/2012 **DATE ISSUED:** 6/7/2012

ENHANCED 9-1-1 ADDRESS:

331 SW BURGUNDY LN

FORT WHITE FL 32038

PROPERTY APPRAISER PARCEL NUMBER:

18-7S-16-04236-084

Remarks:

ADDRESS FOR PROPOSED STURCUTRE ON PARCEL.

Address Issued By: SIGNED: / RONAL N. CROFT

Columbia County 9-1-1 Addressing / GIS Department

NOTICE: THIS ADDRESS WAS ISSUED BASED ON LOCATION INFORMATION RECEIVED FROM THE REQUESTER. SHOULD, AT A LATER DATE, THE LOCATION INFORMATION BE FOUND TO BE IN ERROR, THIS ADDRESS IS SUBJECT TO CHANGE.

2290

CODE ENFORCEMENT DEPARTMENT
COLUMBIA COUNTY, FLORIDA
OUT OF COUNTY MOBILE HOME INSPECTION REPORT

COUNTY THE MOBILE HOME IS BEING MOVED FROM: GILCHRIST

OWNERS NAME: SHANNON JOHNS PHONE: _____ CELL: 386-208-52

INSTALLER: ANDREW J HALL PHONE: 352 493 0705 CELL

INSTALLERS ADDRESS: 1940 SE 35 AVE TRENTON FL 32693

MOBILE HOME INFORMATION

MAKE: CLAY YEAR: 1989 SIZE: 14 X 56

COLOR: BROWN SERIAL No.: CLFL90898

WIND ZONE: II SMOKE DETECTOR: NO

INTERIOR:
FLOORS: SOLID

DOORS: OPERABLE

WALLS: SOLID

CABINETS: GOOD

ELECTRICAL (FIXTURES/OUTLETS): OPERABLE

EXTERIOR:
WALLS / SIDING: GOOD NEEDS CLEANING

WINDOWS: GOOD NEEDS SCREENS

DOORS: OPERABLE

INSTALLER: APPROVED: YES NOT APPROVED: _____

INSTALLER OR INSPECTORS PRINTED NAME: ANDREW J HALL

Installer/Inspector Signature: [signature] License No: IH 1025205 Date: 5/11/12

NOTES: _____

ONLY THE ACTUAL LICENSE HOLDER OR A BUILDING INSPECTOR CAN SIGN THIS FORM.

NO WIND ZONE ONE MOBILE HOMES WILL BE PERMITTED. MOBILE HOMES PRIOR TO 1977 ARE PRE-HUD AND THE WIND ZONE MUST BE PROVEN TO BE PERMITTED.

BEFORE THE MOBILE HOME CAN BE MOVED INTO COLUMBIA COUNTY THIS FORM MUST BE COMPLETED AND RETURNED TO THE COLUMBIA COUNTY BUILDING DEPARTMENT.

ONCE MOVED INTO COLUMBIA COUNTY AN INSPECTOR MUST COMPLETE A PRELIMINARY INSPECTION ON THE MOBILE HOME. CALL 386-758-1008 TO SET UP THIS INSPECTION. NO PERMIT WILL BE ISSUED BEFORE THIS IS DONE.

Code Enforcement Approval Signature: [signature] Date: 6-7-12

Columbia County Property Appraiser

CAMA updated: 6/7/2012

2011 Tax Year

Tax Collector | Tax Estimator | Property Card | Parcel List Generator | Interactive GIS Map | Print

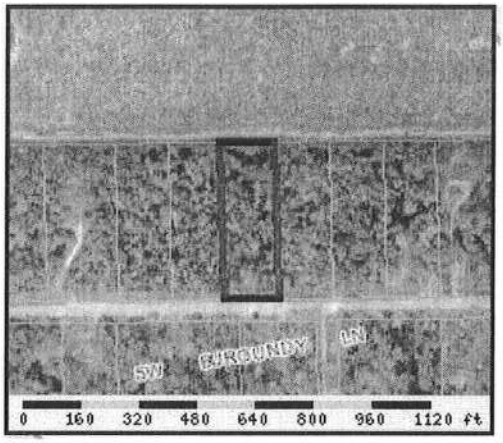
Parcel: 18-7S-16-04236-084

<< Next Lower Parcel | Next Higher Parcel >>

Search Result: 1 of 1

Owner & Property Info

Owner's Name	EVANS DONNA MARIE		
Mailing Address	375 SW MINTER TERR LAKE CITY, FL 32024		
Site Address	MINTER TERR		
Use Desc. (code)	VACANT (000000)		
Tax District	3 (County)	**Neighborhood**	18716
Land Area	1.520 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 9 CEDAR SPRING SHORES RE-PLAT. ORB 588-94, 642-574, 848-653, WD 1202-2335, WD 1218 845, WD 1220-973,			



Property & Assessment Values

2011 Certified Values
There are no 2011 Certified Values for this parcel

2012 Working Values

NOTE:
2012 Working Values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

Show Working Values

Sales History

Show Similar Sales within 1/2 mile

Sale Date	OR Book/Page	OR Code	Vacant / Improved	Qualified Sale	Sale RCode	Sale Price
8/25/2011	1220/973	WD	I	U	11	$100.00
7/21/2011	1218/845	QC	I	U	11	$100.00
10/12/2010	1202/2335	WD	I	Q	01	$20,000.00
10/13/1997	848/653	WD	V	Q		$8,200.00
1/15/1988	642/574	WD	V	U		$4,100.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
NONE						

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
NONE						

Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
000000	VAC RES (MKT)	1 LT - (0000001.520AC)	1.00/1.00/1.00/1.00	$15,552.00	$15,552.00

CODE ENFORCEMENT

PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED Friday 6-22-12 BY LH 1206-03 IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? Yes

OWNERS NAME April Green / Adriane Folmer PHONE 984-6012 CELL 352-231-6416

ADDRESS 331 SW Burgundy LN FortWhite, FL 32038

MOBILE HOME PARK _____ SUBDIVISION Lot 9 Cedar Springs Shores Ph

DRIVING DIRECTIONS TO MOBILE HOME 47S, R Hollingsworth, R Bluff, R Burgu
1/4 mile on Left

MOBILE HOME INSTALLER Andrew Hall PHONE _____ CELL 352-493-0705

MOBILE HOME INFORMATION

MAKE Clayton YEAR 89 SIZE 14 X 56 COLOR Brown

SERIAL No. CLFL90898

WIND ZONE II Must be wind zone II or higher NO WIND ZONE I ALLOWED

INSPECTION STANDARDS

INTERIOR:

(P or F) · P= PASS F= FAILED

$50.00

Date of Payment: 6-12-12

Paid By: Adriane Folmar

Notes: 1206-03

P SMOKE DETECTOR ( ) OPERATIONAL ( ) MISSING

P FLOORS ( ) SOLID ( ) WEAK ( ) HOLES DAMAGED LOCATION _

P DOORS ( ) OPERABLE ( ) DAMAGED

P WALLS ( ) SOLID ( ) STRUCTURALLY UNSOUND

P WINDOWS ( ) OPERABLE ( ) INOPERABLE

P PLUMBING FIXTURES ( ) OPERABLE ( ) INOPERABLE ( ) MISSING

P CEILING ( ) SOLID ( ) HOLES ( ) LEAKS APPARENT

P ELECTRICAL (FIXTURES/OUTLETS) ( ) OPERABLE ( ) EXPOSED WIRING ( ) OUTLET COVERS MISSING ( ) LIGHT FIXTURES MISSING

EXTERIOR:

P WALLS / SIDDING ( ) LOOSE SIDING ( ) STRUCTURALLY UNSOUND ( ) NOT WEATHERTIGHT ( ) NEEDS CLEANING

P WINDOWS ( ) CRACKED/ BROKEN GLASS ( ) SCREENS MISSING ( ) WEATHERTIGHT

P ROOF ( ) APPEARS SOLID ( ) DAMAGED

(Out of County Approved)

STATUS

APPROVED ✓ WITH CONDITIONS: no door on one side

NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE _____ ID NUMBER 304 DATE 6-21-12

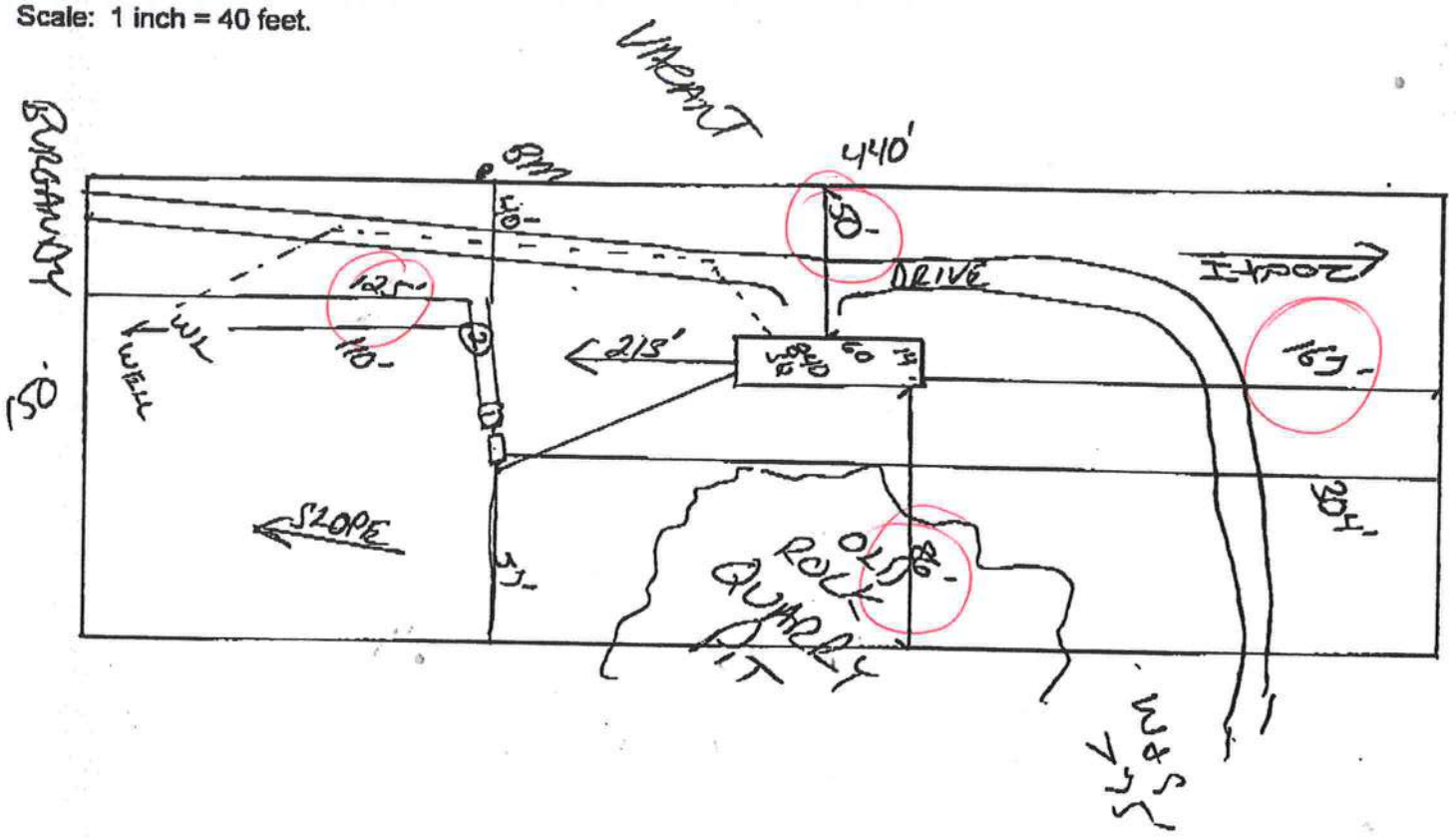
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Green
EVANS

Permit Application Number 12-0256

PART II - SITEPLAN

Scale: 1 inch = 40 feet.



Notes: _____

Site Plan submitted by: Rocky Tyler

Plan Approved ✓ Not Approved ____

By Sallie Ford. Env Health Director. Columbia County Health Department

MASTER CONTRACTOR

Date 5-21-12

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT