

* ck/6/11
PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 7-1-15) Zoning Official Jul 7-17-17 Building Official TM 7/19/17

AP# 1707-46 Date Received 7-17-17 By ut Permit # 35622

Flood Zone X Development Permit _____ Zoning Ag-3 Land Use Plan Map Category Ag

Comments NO FINAL WITHOUT DATA PLATE (SEE AG/MH)

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

☒ Recorded Deed or ☐ Property Appraiser PO ☒ Site Plan ☒ EH # 170476E ☐ Well letter OR

☒ Existing well ☐ Land Owner Affidavit ☒ Installer Authorization ☐ FW Comp. letter ☒ App Fee Paid

☐ DOT Approval ☐ Parent Parcel # _____ ☐ STUP-MH _____ ☒ 911 App See Printout

☐ Ellisville Water Sys ☒ Assessment owed ☐ Out County ☒ In County ☒ Sub VF Form

Property ID # 36-55-15 - 00488-075 Subdivision Spring Hills Lot# 9

- New Mobile Home _____ Used Mobile Home ☒ MH Size 24x40 Year 1986
- Applicant Joseph Brent + April Ash Phone # 386-867-4080
- Address 137 SW Merciful Place Ft. White, FL 32038
- Name of Property Owner J Brent + April Ash Phone# (386) 867-4080
- 911 Address 137 SW Merciful Place 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 Same as above Phone # _____
 Address _____
- Relationship to Property Owner owner
- Current Number of Dwellings on Property 1
- Lot Size _____ Total Acreage 1 acre
- 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 - Already Removed
- Driving Directions to the Property Take 247 South, turn @ onto 240, turn @ onto Ichetucknee Ave, turn @ onto Certain Ln., turn @ onto SW Spruce Rd., property is on the corner of Spruce & SW Merciful Place - 137 SW Merciful Place Fort White, FL 32038
- Name of Licensed Dealer/Installer Brent Strickland Phone # 386 365 7043
- Installers Address 1794 NW Hamp Farmer Lake City FL 32055
- License Number TH11042K Installation Decal # 38575

ut - Left a message on what was needed 7-19-17
ut - Spoke to April 7-26-17 & 7/28/17

\$ 469.11

Mobile Home Permit Worksheet

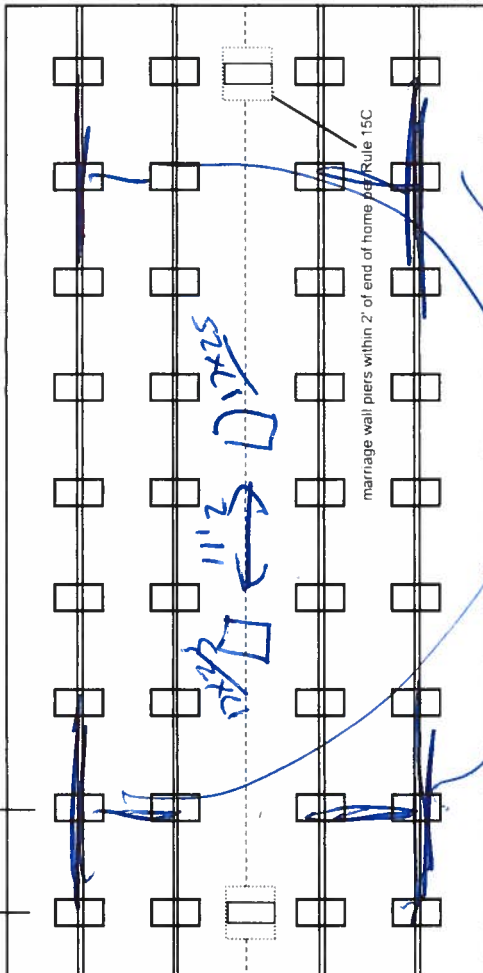
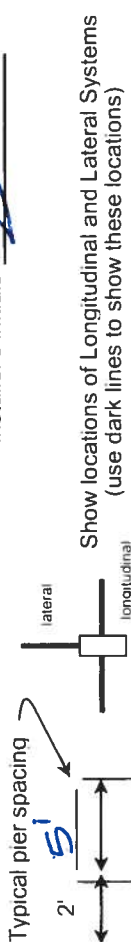
Installer: Brent Strickland License # IHI104218

Address of home being installed _____

Manufacturer Sevi Length x width 24x40

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 BS



Model 1101 LU A81 steel Foundation System
1000# sail I Beam
Blocked 5' O.C

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 # 38525

Triple/Quad ☐ Serial # 5754AB

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'	7'	8'	8'	8'
2000 psf	6'	8'	8'	8'	8'	8'	8'
2500 psf	7'	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 17x25

Perimeter pier pad size 16x16

Other pier pad sizes (required by the mfg.) NA

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 11'2" Pier pad size 17x25

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 OTI

Longitudinal Stabilizing Device w/ Lateral Arms

Manufacturer _____

OTHER TIES

Number 24

Sidewall 24

Longitudinal 24

Marriage wall 24

Shearwall 24

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 295 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 BS

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Brent Stickland

Date Tested 7-15-17

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. 2

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 7

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 8

Site Preparation

Debris and organic material removed ☒
Water drainage: Natural ☒ Swale ☒ Pad ☒ Other ☒

Fastening multi wide units

Floor: Type Fastener: Lags Length: 6" Spacing: 24" O.C.
Walls: Type Fastener: Screws Length: 4" Spacing: 8" O.C.
Roof: Type Fastener: Lags Length: 6" Spacing: 24" O.C.
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 BS

Type gasket: Roll form

Installed: 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 7-15-17

3 #

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1707-46 CONTRACTOR Brent Strickland PHONE _____

THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

In Columbia County one permit will cover all trades doing work at the permitted site. It is REQUIRED that we have records of the subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and Ordinance 89-6, a contractor shall require all subcontractors to provide evidence of workers' compensation or exemption, general liability insurance and a valid Certificate of Competency license in Columbia County.

Any changes, the permitted contractor is responsible for the corrected form being submitted to this office prior to the start of that subcontractor beginning any work. Violations will result in stop work orders and/or fines.

ELECTRICAL	Print Name <u>Brent Ash/owner</u> License #: <u>owner</u> Qualifier Form Attached <input type="checkbox"/>	Signature <u>[Signature]</u> Phone #: <u>386-867-4080</u>
MECHANICAL/ A/C _____	Print Name <u>Brent Ash/owner</u> License #: <u>owner</u> Qualifier Form Attached <input type="checkbox"/>	Signature <u>[Signature]</u> Phone #: <u>386-867-4080</u>

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

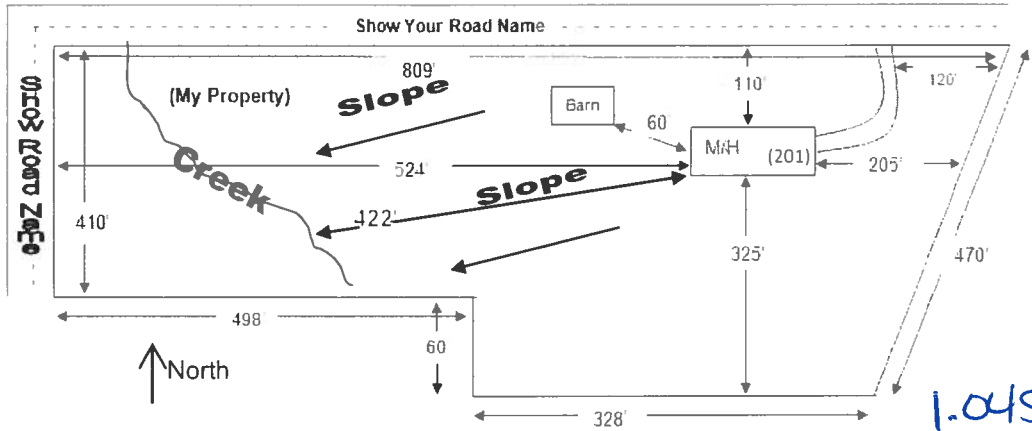
- ✓ 1) Property Dimensions
- ✓ 2) Footprint of proposed and existing structures (including decks), label these with existing addresses
- ✓ 3) Distance from structures to all property lines
- ✓ 4) Location and size of easements
- ✓ 5) Driveway path and distance at the entrance to the nearest property 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

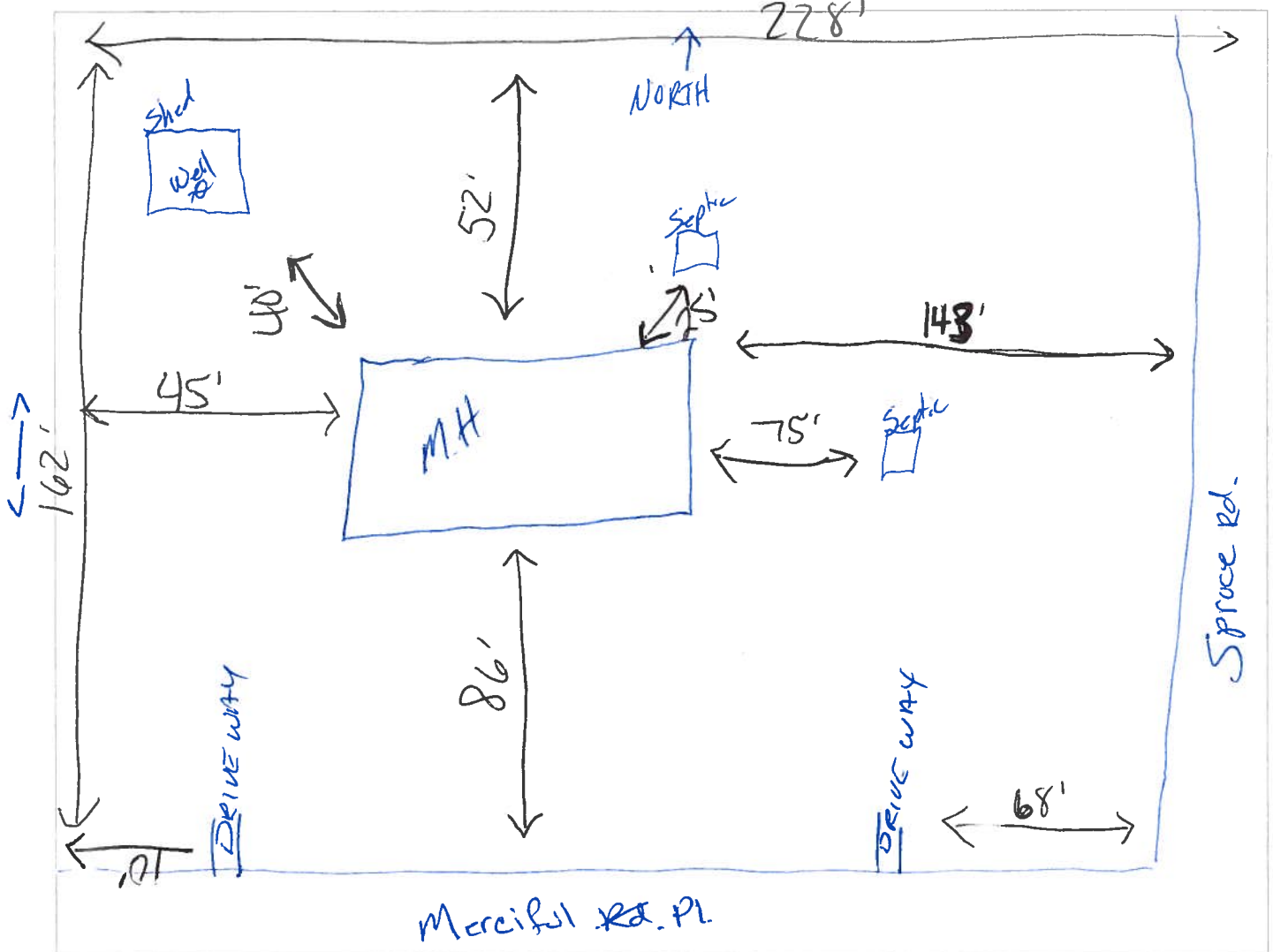
Revised 7/1/15

NOTE:

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



1.045 Acres



This Instrument Prepared by & return to:

Name: **TRISH LANG, an employee of
INTEGRITY TITLE SERVICES, LLC**
Address: **343 NW Cole Terrace
Lake City, FL 33055
File No. 17-05024TL**

Inst: 201712012875 Date: 07/10/2017 Time: 3:31PM
Page 1 of 1 B: 1340 P: 957, P.DeWitt Cason, Clerk of Court
Columbia County, By: BD
Deputy ClerkDoc Stamp: Deed: 91.00

Parcel I.D. #: **R00488-075**

SPACE ABOVE THIS LINE FOR PROCESSING DATA

SPACE ABOVE THIS LINE FOR RECORDING DATA

THIS WARRANTY DEED Made the **12th** day of **June**, A.D. 2017, by **THERESA JENCKS FONTAINE INDIVIDUALLY AND AS TRUSTEE OF THE MARIAN E. DYER IRREVOCABLE TRUST**, hereinafter called the grantor, to **JOSEPH BRENT ASH and APRIL RENEE ASH, HIS WIFE**, whose post office address is **16296 27TH ROAD, LAKE CITY, FL 32024**, hereinafter called the grantees:

(Wherever used herein the terms "grantor" and "grantees" include all the parties to this instrument singular and plural, the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporations, wherever the context so admits or requires.)

Witnesseth: That the grantor, for and in consideration of the sum of \$10.00 and other valuable consideration, receipt whereof is hereby acknowledged, does hereby grant, bargain, sell, alien, remise, release, convey and confirm unto the grantees all that certain land situate in **Columbia County, State of Florida**, viz:

Lot 9, Block D, SPRING HILLS, a subdivision as per plat thereof recorded in Plat Book 4, at Pages 33 and 33-A, Public Records of Columbia County, Florida.

Together with: 1980 Summerhill mobile home having the serial number #17108346.

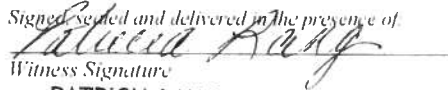
Together with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

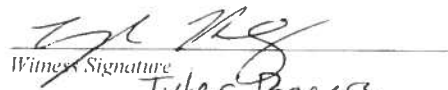
To Have and to Hold the same in fee simple forever.

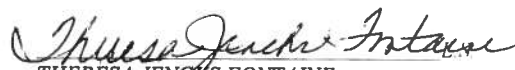
And the grantor hereby covenants with said grantees that she is lawfully seized of said land in fee simple; that she has good right and lawful authority to sell and convey said land, and hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever, and that said land is free of all encumbrances, except taxes accruing subsequent to December 31, 2017.

In Witness Whereof, the said grantor has signed and sealed these presents, the day and year first above written.

Signed, Sealed and delivered in the presence of:

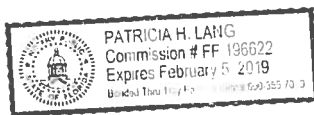

Witness Signature
Printed Name: **PATRICIA LANG**



Witness Signature
Printed Name: **Tyler Rogers**


THERESA JENCKS FONTAINE
INDIVIDUALLY AND AS TRUSTEE OF THE
MARIAN E. DYER IRREVOCABLE TRUST
Address:
P.O. BOX 66, FORT WHITE, FL 32038

STATE OF FLORIDA
COUNTY OF COLUMBIA

The foregoing instrument was acknowledged before me this **12th** day of **June**, 2017, by **THERESA JENCKS FONTAINE**, who is known to me or who has produced **Driver's License** as identification




Notary Public
My commission expires **2-5-19**

Legend

County Districts

Parcels

Official Zoning Atlas

- ☐ Others
- ☐ A-1
- ☐ A-2
- ☐ A-3
- ☐ CG
- ☐ CHI
- ☐ CI
- ☐ CN
- ☐ CSV
- ☐ ESA-2
- ☐ I
- ☐ ILW
- ☐ MUD-1
- ☐ PRD
- ☐ PRRD
- ☐ RMF-1
- ☐ RMF-2
- ☐ RO
- ☐ RR
- ☐ RSF-1
- ☐ RSF-2
- ☐ RSF-3
- ☐ RSF/MH-1
- ☐ RSF/MH-2
- ☐ RSF/MH-3
- DEFAULT

Flood Zones

0.2 PCT ANNUAL CHANCE

- ☐ A
- ☐ AE
- ☐ AH

Wetlands

- ☐

Roads

- ☐ Private
- ☐ Dirt
- ☐ Other
- ☐ Paved
- ☐ Main
- ☐ Interstates

House Number Labels

Rivers, Creeks & Streams

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

Lakes and Ponds

- ☐

Columbia County, FLA - Building & Zoning Property Map

Printed: Mon Jul 17 2017 15:51:58 GMT-0400 (Eastern Daylight Time)



etc for Address.
TMA

Parcel Information

Parcel No: 36-5S-15-00488-075

Owner: FONTAINE THERESA JENCKS AS

Subdivision:

Lot:

Acres: 1.04134524

Deed Acres: 1.04 Ac

District: 2 Rusty DePratter (386)-623-3320

Future Land Uses: Environmentally Sensitive Areas -1

Flood Zones:

Official Zoning Atlas: A-3

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CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 7-19-17 BY UH 1707-46
IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? Yes

OWNERS NAME Joseph Brent & April Ash PHONE _____ CELL 867-4080

ADDRESS 137 SW Merciful PL fortwhite FL 32038

MOBILE HOME PARK _____ SUBDIVISION _____

DRIVING DIRECTIONS TO MOBILE HOME 247 S, @ 240, @ Etchetucknee Ave, @ Curtain LN,
@ Spruce Rd, on corner of spruce & Merciful

MOBILE HOME INSTALLER Brent Strickland PHONE _____ CELL 365-7043

MOBILE HOME INFORMATION

MAKE Seri YEAR 86 SIZE 24 X 40 COLOR white/green

SERIAL No. 5754 A1B

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

P SMOKE DETECTOR () OPERATIONAL () MISSING
P FLOORS () SOLID () WEAK () HOLES DAMAGED LOCATION _____
P DOORS () OPERABLE () DAMAGED
P WALLS () SOLID () STRUCTURALLY UNSOUND
F 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 / SIDING () LOOSE SIDING () STRUCTURALLY UNSOUND () NOT WEATHERTIGHT () NEEDS CLEANING
P WINDOWS () CRACKED / BROKEN GLASS () SCREENS MISSING () WEATHERTIGHT
P ROOF () APPEARS SOLID () DAMAGED

STATUS

APPROVED ✓ WITH CONDITIONS: No Final without Data Plate

NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS Repair Broken Window

SIGNATURE Jay Crew ID NUMBER 306 DATE 7-20-17

Manufacturer Address

Fiesta Homes of GA., Inc.
P.O. Drawer 1347
Douglas, GA. 31533

Date of Manufacture 9-13-88 Plant Number GEO-544008 HUD No. 544009

Manufacturer's Serial Number and Model Unit Designation
FDGA-8080 3402C X&U FL

Design Approval by (D.A.P.I.A.)
HWC

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.)

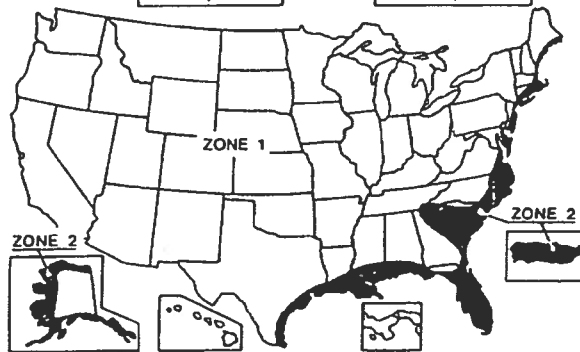
The factory installed equipment includes:

Equipment	Manufacturer	Model Designation
For heating	<u>Intertherm</u>	<u>MGH055AB</u>
For air cooling	<u>Whirlpool</u>	<u>SF3004SRN</u>
For cooking	<u>Whirlpool</u>	<u>ET16JKXS</u>
Refrigerator	<u>State</u>	<u>SCI-30-IHMS-6EO</u>
Water heater		
Washer		
Clothes Dryer		
Dishwasher		
Garbage Disposal		
Fireplace	<u>Firex</u>	<u>Fx 10 14</u>

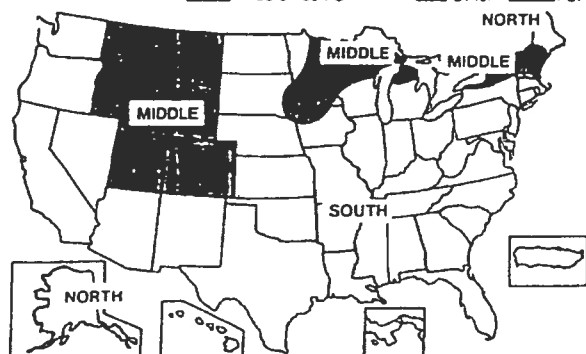
COMPLIANCE CERTIFICATE

DESIGN WIND ZONE MAP

- ☐ Zone I Standard Wind
15 PSF Horizontal
9 PSF Uplift
- ☒ Zone II Hurricane Resistant
25 PSF Horizontal
15 PSF Uplift



DESIGN ROOF LOAD ZONE MAP



STRUCTURAL DESIGN BASIS CERTIFICATE

COMFORT HEATING

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

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 -13 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%ile) is not higher than +11 degrees Fahrenheit.

The above information has been calculated assuming a maximum wind velocity of 15 mph at 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 assuring 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 shading provided. Information concerning the calculation of cooling loads at various locations, window exposures and shadings are provided in Chapter 22 of the 1972 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 40,000 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>.123</u>
Ceilings and roofs of light color	— " —	<u>.085</u>
Ceilings and roofs of dark color	— " —	<u> </u>
Floors	— " —	<u>.130</u>
Air ducts in floor	— " —	<u>.1222</u>
Air ducts in ceiling	— " —	<u> </u>
Air ducts installed outside the home	— " —	<u>.2262</u>

The following are the duct areas in this home:

Air ducts in floor	<u>69</u> sq. ft.
Air ducts in ceiling	<u> </u> sq. ft.
Air ducts outside the home	<u>47.12</u> sq. ft.

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



ED 64
Dec 0 A11 00

Done April Ash GEO544008-09 7-28-2017.pdf

Manufacturer Address

Fiesta Homes of GA., Inc.
P.O. Drawer 1347
Douglas, GA. 31533

Date of Manufacture 9-13-88	Plant Number GEO-544008	HUD No. 544009
Manufacturer's Serial Number and Model Unit Designation FDGA-8080 3402C X&U FL		
Design Approval by (D A P I A) HWC		

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	MGH055AB
For air cooling	Whirlpool	SF3004SRN
For cooking	Whirlpool	ET16JKXS
Refrigerator	State	SCI-30-IHMS-6EO
Water heater		
Washer		
Clothes Dryer		
Dishwasher		
Garbage Disposal		
Fireplace	Firex	Fx1014

DESIGN WIND ZONE MAP

☐ Zone I Standard Wind 15 PSF Horizontal 9 PSF Uplift

☒ Zone II Hurricane Resistant 25 PSF Horizontal 15 PSF Uplift

DESIGN ROOF LOAD ZONE MAP

North 40 PSF Middle 30 PSF South 20 PSF Other 15 PSF

COMFORT HEATING

This mobile home has been thermally insulated to conform with the requirements of the federal mobile home construction and safety standards for all locations within climatic zone 1.

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 -13 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%ile) is not higher than -13 degrees Fahrenheit.
The above information has been calculated assuming a maximum wind velocity of 15 mph at 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 assuring 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 in 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 shading provided. Information concerning the calculation of cooling loads at various locations, window exposures and shadings are provided in Chapter 22 of the 1972 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 40,000 B.T.U./hr. rated capacity which are certified in accordance with the appropriate air conditioning and refrigeration institute standards, when the air conditioners 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- .123
Ceilings and roofs of light color	U- .085
Ceilings and roofs of dark color	U- .130
Floors	U- .1222
Air ducts in floor	U- .1222
Air ducts in ceiling	U- .2262
Air ducts installed outside the home	U- .2262

The following are the duct areas in this home:

Air ducts in floor	69 sq ft
Air ducts in ceiling	47.12 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

1046
Dec 04/88

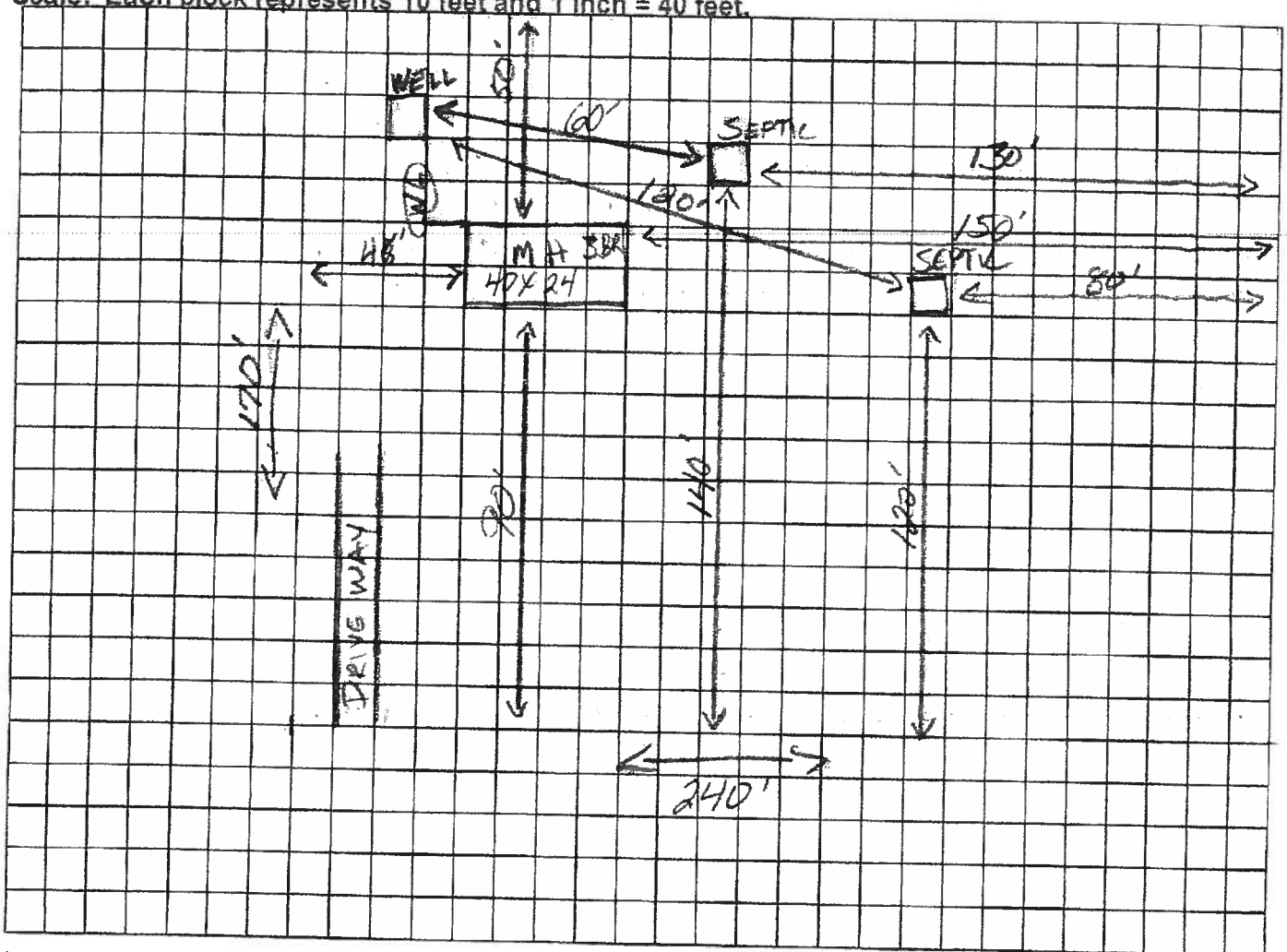
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 17-D476E

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

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

1 AC



Notes: _____

Site Plan submitted by: APRIL ASH

OWN

Plan Approved X

Not Approved _____

Date 7/21/17

By [Signature] 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. 17-0476 E
DATE PAID: 7/19/17
FEE PAID: 60.00
RECEIPT #: 2942645

APPLICATION FOR:

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

APPLICANT: J. Brent + April Ash

AGENT: _____

TELEPHONE: 386-965-3598MAILING ADDRESS: 16296 27th Rd Lake City, FL 32024

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: D SUBDIVISION: Spring Hills PLATTED: 6/3/76

PROPERTY ID #: R00488-075 ZONING: Res. I/M OR EQUIVALENT: ☐ Y ☒ N

PROPERTY SIZE: 7 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ $\leq 2000\text{GPD}$ ☐ $> 2000\text{GPD}$

IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ YES ☐ NO DISTANCE TO SEWER: 111 FT

PROPERTY ADDRESS: 137 SW Merciful Place Ft. White, FL 32038

DIRECTIONS TO PROPERTY: 247 South, turn @ onto 240, turn @ onto Ichetucknee Ave, turn @ onto Curtain Ln, turn @ onto SW Spruce Rd, Property is on the corner of Spruce + Merciful Place.

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>Double wide</u>	<u>3</u>	<u>960</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: [Signature]DATE: 7/13/17



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 Strickland, 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)
APRIL ASH		<input 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 _____ Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Brent Strickland,
personally appeared before me and is known by me or has produced identification
(type of I.D.) Personal Know on this 17th day of July, 2017.

NOTARY'S SIGNATURE

