

DATE 06/15/2017

Columbia County Building Permit

This Permit Must Be Prominently Posted on Premises During Construction

PERMIT
000035449

APPLICANT WENDY GREENELL PHONE 386-288-2428

ADDRESS 3104 SW OLD WIRE RD FORT WHITE FL 32038

OWNER STEVE NORRIS PHONE 386-623-9026

ADDRESS 247 SW LOWERY TERR FORT WHITE FL 32038

CONTRACTOR RONNIE NORRIS PHONE 386-623-7716

LOCATION OF PROPERTY 47 S. R WILSON SPRINGS. L WILSON SPRINGS. R MEMORIAL.
VEER R ON ROSE. R SHELLCRACKER. ON R AT CURVE (LOWERY TERR)

TYPE DEVELOPMENT MIL. UTILITY ESTIMATED COST OF CONSTRUCTION 0.00

HEATED FLOOR AREA TOTAL AREA HEIGHT STORIES

FOUNDATION WALLS ROOF PITCH FLOOR

LAND USE & ZONING ESA-2 MAX. HEIGHT 35

Minimum Set Back Requirements: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00

NO. EX.D.U. 0 FLOOD ZONE AE DEVELOPMENT PERMIT NO. 17-006

PARCEL ID 01-7S-15-04149-713 SUBDIVISION WILSON SPRINGS

LOT 13 BLOCK PHASE UNIT TOTAL ACRES 3.15

III1025145 *x Wendy Greenell*

Culvert Permit No. Culvert Waiver Contractor's License Number Applicant Owner Contractor

EXISTING 17-0222 LH TM N

Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident Time SETUP No.

COMMENTS: MINIMUM FINISHED FLOOR ELEVATION AT 35.4' NEED ELEVATION CERTIFICATE

AT POWER. AC MUST BE AT 35.4'

ONE FOOT RISE LETTER RECD

Check # or Cash CASH

FOR BUILDING & ZONING DEPARTMENT ONLY

(Footer Slab)

Temporary Power Foundation Monolithic

 date/app. by date/app. by date/app. by

Under slab rough-in plumbing Slab Sheathing/Nailing

 date/app. by date/app. by date/app. by

Framing Insulation

 date/app. by date/app. by

Rough-in plumbing above slab and below wood floor Electrical rough-in

 date/app. by date/app. by

Heat & Air Duct Peri. beam (Lintel) Pool

 date/app. by date/app. by

Permanent power C.O. Final Culvert

 date/app. by date/app. by

Pump pole Utility Pole M/H tie downs, blocking, electricity and plumbing

 date/app. by date/app. by

Reconnection RV Re-roof

 date/app. by date/app. by

BUILDING PERMIT FEE \$ 0.00 CERTIFICATION FEE \$ 0.00 SURCHARGE FEE \$ 0.00

MISC. FEES \$ 250.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 61.12 WASTE FEE \$ 64.36

PLAN REVIEW FEE \$ DP & FLOOD ZONE FEE \$ 75.00 CULVERT FEE \$ **TOTAL FEE** 500.48

INSPECTOR'S OFFICE *[Signature]*CLERK'S OFFICE *[Signature]*

NOTICE: IN ADDITION TO THE REQUIREMENTS OF THIS PERMIT, THERE MAY BE ADDITIONAL RESTRICTIONS APPLICABLE TO THIS PROPERTY THAT MAY BE FOUND IN THE PUBLIC RECORDS OF THIS COUNTY.

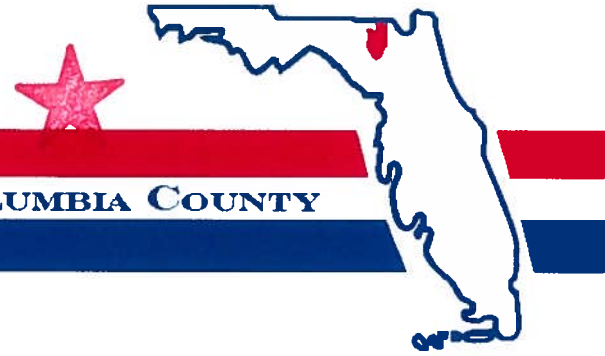
NOTICE: ALL OTHER APPLICABLE STATE OR FEDERAL PERMITS SHALL BE OBTAINED BEFORE COMMENCEMENT OF THIS PERMITTED DEVELOPMENT.

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

EVERY PERMIT ISSUED SHALL BECOME INVALID UNLESS THE WORK AUTHORIZED BY SUCH PERMIT IS COMMENCED WITHIN 180 DAYS AFTER ITS ISSUANCE, OR IF THE WORK AUTHORIZED BY SUCH PERMIT IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AFTER THE TIME THE WORK IS COMMENCED. A VALID PERMIT RECEIVES AN APPROVED INSPECTION EVERY 180 DAYS. WORK SHALL BE CONSIDERED NOT SUSPENDED, ABANDONED OR INVALID WHEN THE PERMIT HAS RECEIVED AN APPROVED INSPECTION WITHIN 180 DAYS OF THE PREVIOUS INSPECTION.

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

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

BUILDING & ZONING DEPARTMENT

135 NE Hernando Avenue, Suite B-21; Lake City, FL 32055

Brandon Stubbs, County Planner 386-754-7119
Laurie Hodson, Office Manager 386-758-1007

SECTION A - PROPERTY INFORMATION		FOR BUILDING DEPARTMENT USE:
A1. Building Owner's Name: STEVE NORRIS		Permit Number: 35449
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 363 SW MEMORIAL DRIVE City: Fort White State: FL ZIP Code: 32038		APPROVED/ NO CORRECTION

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
Wilson Springs s/d Lot 13 01-75-15-04149-713

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) _____

A5. Latitude/Longitude: Lat. _____ Long. _____ Horizontal Datum: ☐ NAD 1927 ☐ NAD 1983

A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.

A7. Building Diagram Number _____

A8. For a building with a crawlspace or enclosure(s):

- a) Square footage of crawlspace or enclosure(s) _____ sq ft
b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade _____
c) Total net area of flood openings in A8.b _____ sq in
d) Engineered flood openings? ☐ Yes ☐ No

A9. For a building with an attached garage:

- a) Square footage of attached garage _____ sq ft
b) No. of permanent flood openings in the attached garage within 1.0 foot above adjacent grade _____
c) Total net area of flood openings in A9.b _____ sq in
d) Engineered flood openings? ☐ Yes ☐ No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number			B2. County Name		B3. State
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	B7. FIRM Panel Effective/Revised Date	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth)

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.

☐ FIS Profile ☐ FIRM ☐ Community Determined ☐ Other (Describe) _____

B11. Indicate elevation datum used for BFE in Item B9: ☐ NGVD 1929 ☐ NAVD 1983 ☐ Other (Describe) _____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐ Yes ☐ No
Designation Date _____ ☐ CBRS ☐ OPA

Local Official's Name: **LAURIE HODSON** Title: **OFFICE MANAGER**
Community Name: **COLUMBIA COUNTY, FL** Telephone: **386-758-1007**
Signature: _____ Date: **7/18/2017**
Comments: **NO CORRECTIONS**

BOARD MEETS THE FIRST THURSDAY AT 5:30 P.M.
AND THIRD THURSDAY AT 5:30 P.M.

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A - PROPERTY INFORMATION

FOR INSURANCE COMPANY USE

A1. Building Owner's Name
STEVE NORRIS

Policy Number:

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
363 SW MEMORIAL DRIVE

Company NAIC Number:

City
FT. WHITE

State
Florida

ZIP Code
32038

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
TAX PARCEL NO. 01-7S-15-04149-713

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL

A5. Latitude/Longitude: Lat. N.29D54'05.0" Long. W.082D45'45.2" Horizontal Datum: ☐ NAD 1927 ☒ NAD 1983

A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.

A7. Building Diagram Number 5

A8. For a building with a crawlspace or enclosure(s):

- a) Square footage of crawlspace or enclosure(s) 750 sq ft
- b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade _____
- c) Total net area of flood openings in A8.b _____ sq in
- d) Engineered flood openings? ☐ Yes ☐ No

A9. For a building with an attached garage:

- a) Square footage of attached garage _____ sq ft
- b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade _____
- c) Total net area of flood openings in A9.b _____ sq in
- d) Engineered flood openings? ☐ Yes ☐ No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number
COLUMBIA COUNTY, FL 120070

B2. County Name
COLUMBIA

B3. State
Florida

B4. Map/Panel
Number
12023C0469

B5. Suffix
C

B6. FIRM Index
Date
02/04/2009

B7. FIRM Panel
Effective/
Revised Date
02/04/2009

B8. Flood Zone(s)
AE

B9. Base Flood Elevation(s)
(Zone AO, use Base
Flood Depth)
34.4

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:

☐ FIS Profile ☒ FIRM ☐ Community Determined ☐ Other/Source: _____

B11. Indicate elevation datum used for BFE in Item B9: ☐ NGVD 1929 ☒ NAVD 1988 ☐ Other/Source: _____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐ Yes ☒ No

Designation Date: _____ ☐ CBRS ☐ OPA

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 363 SW MEMORIAL DRIVE			Policy Number:
City FT. WHITE	State Florida	ZIP Code 32038	Company NAIC Number

SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: ☐ Construction Drawings* ☐ Building Under Construction* ☒ Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete.

C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO. Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: SAF-20 (ARMY CORP OF ENG) Vertical Datum: NAVD 1988

Indicate elevation datum used for the elevations in items a) through h) below.

☐ NGVD 1929 ☒ NAVD 1988 ☐ Other/Source: _____

Datum used for building elevations must be the same as that used for the BFE.

Check the measurement used.

a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	<u>37.2</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor	_____	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	_____	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
d) Attached garage (top of slab)	_____	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	<u>35.4</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	<u>32.8</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	<u>34.1</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	<u>33.8</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

Were latitude and longitude in Section A provided by a licensed land surveyor? ☒ Yes ☐ No ☐ Check here if attachments.

Certifier's Name
MARK D. DUREN

License Number
LS4708

Title
FLORIDA LICENSED SURVEYOR AND MAPPER

Company Name
MARK D. DUREN AND ASSOCIATES, INC.

Address
1604 SW SISTERS WELCOME ROAD

City
LAKE CITY


State
Florida

ZIP Code
32025

Signature

Date
07/18/2017

Telephone
(386) 758-9831


LS4708
7/18/2017
Place
Seal
Here

17-329

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments (including type of equipment and location, per C2(e), if applicable)

SINGLE WIDE MOBILE HOME, STANDARD SET UP. SKIRTING NOT INSTALLED AT THIS TIME. LINE C2e IS A/C.

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 363 SW MEMORIAL DRIVE			Policy Number:
City FT. WHITE	State Florida	ZIP Code 32038	Company NAIC Number

SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
- a) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ . _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.
- b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ . _____ ☐ feet ☐ meters ☐ above or ☐ below the LAG.
- E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1–2 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ . _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.
- E3. Attached garage (top of slab) is _____ . _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is _____ . _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.
- E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? ☐ Yes ☐ No ☐ Unknown. The local official must certify this information in Section G.

SECTION F – PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.

Property Owner or Owner's Authorized Representative's Name

Address City State ZIP Code

Signature Date Telephone

Comments

☐ Check here if attachments.

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 363 SW MEMORIAL DRIVE			Policy Number:
City FT. WHITE	State Florida	ZIP Code 32038	Company NAIC Number

SECTION G – COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.

- G1. ☐ The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. ☐ A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. ☐ The following information (Items G4–G10) is provided for community floodplain management purposes.

G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate of Compliance/Occupancy Issued
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- G7. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement
- G8. Elevation of as-built lowest floor (including basement) of the building: _____ ☐ feet ☐ meters Datum _____
- G9. BFE or (in Zone AO) depth of flooding at the building site: _____ ☐ feet ☐ meters Datum _____
- G10. Community's design flood elevation: _____ ☐ feet ☐ meters Datum _____

Local Official's Name	Title
Community Name	Telephone
Signature	Date

Comments (including type of equipment and location, per C2(e), if applicable)
<div><input type="checkbox"/> Check here if attachments.</div>

BUILDING PHOTOGRAPHS**ELEVATION CERTIFICATE**

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.**FOR INSURANCE COMPANY USE**Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
363 SW MEMORIAL DRIVE

Policy Number:

City
FT. WHITEState
FloridaZIP Code
32038

Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Photo One

Photo One Caption FRONT VIEW. JULY 17, 2017

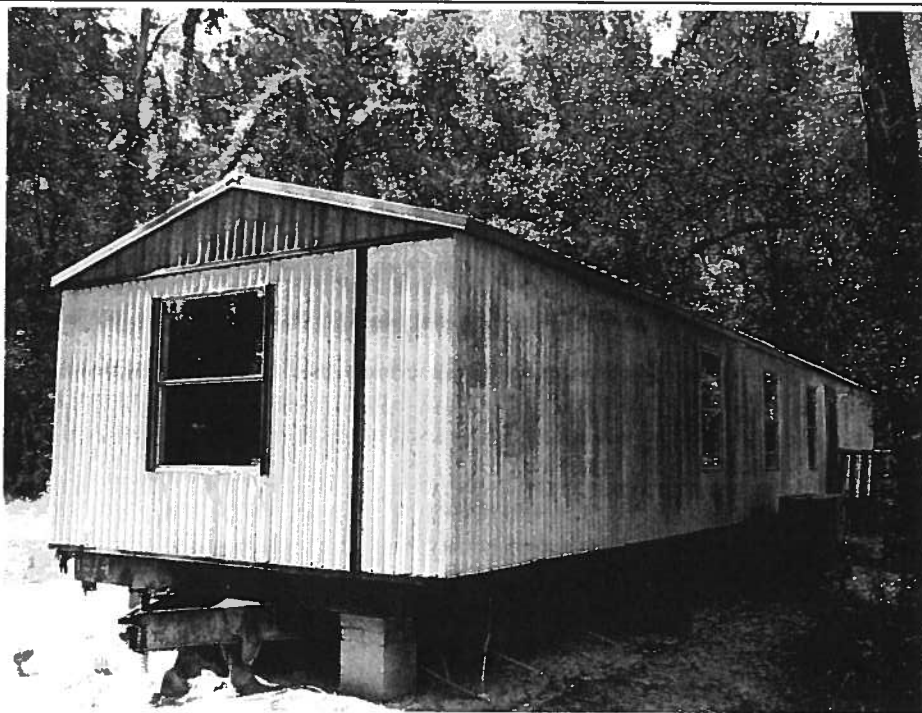


Photo Two

Photo Two Caption SIDE AND REAR VIEW SHOWING A/C. JULY 17, 2017

✓ Need One foot rise letter.

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 7-1-15)

AP# 1704-40 Date Received 4/17 Zoning Official LT 4-19-17 Building Official JM 4/19/17

Flood Zone AE Development Permit 17-006 Zoning ESA-2 Land Use Plan Map Category ESA

Comments Minimum finished floor elevation 35.6'. Need Elevation Cert
Including Machinery before power is released.

FEMA Map# 0469-C Elevation 34.4' Finished Floor 35.4' River Suwannee In Floodway NO

☐ Recorded Deed or ☒ Property Appraiser PO ☒ Site Plan ☒ EH # 17-0222 ☐ 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 on Property ☐ Out County ☒ In County ☒ Sub VF Form

Property ID # 01-75-15-04149-713 Subdivision Wilson Springs Lot# 13

☐ New Mobile Home ☒ Used Mobile Home ☒ MH Size 14x80 Year 1994

☐ Applicant Wendy Grennell Phone # 386-288-2428

☐ Address 3104 SW Old Wire Rd Fort White FL 32038

☐ Name of Property Owner Steve Norris Phone# 386-623-9026

☐ 911 Address 247 SW Lowery Jan. H. 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 Steve Norris Phone # 386-623-9026

☐ Address 363 SW Memorial DR Fort White FL 32038

☐ Relationship to Property Owner same

☐ Current Number of Dwellings on Property 0

☐ Lot Size Total Acreage 3.150

☐ 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 No

☐ Driving Directions to the Property SR 47 to Wilson Springs Rd
turn (R) follow to stop sign turn (L) on Wilson
Springs to Memorial Dr veer (R) to SW Rose
turn (R) at end turn (R) on Shellcracker on (R) at curve

☐ Name of Licensed Dealer/Installer Ronnie Norris Phone # 386-623-7716

☐ Installers Address 1004 SW Charles Terr Lake City FL 32024

☐ License Number IH1025145 Installation Decal # 41811

Spoke to Wendy 4-19-17
Spoke to Steve 4-20-17
LT, left Steve a message on 5-5-17 & spoke to Wendy on 5-5-17

\$ 500.48
with
DP

COLUMBIA COUNTY PERMIT WORKSHEET

page 1 of 2

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

Installer Kenneth Nobles License # ZH028454/1

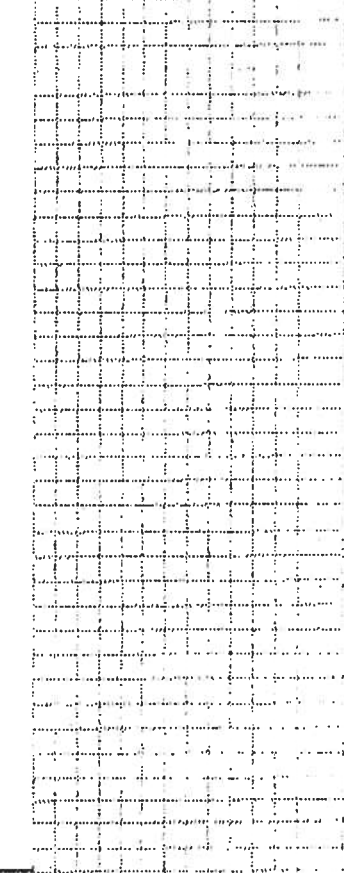
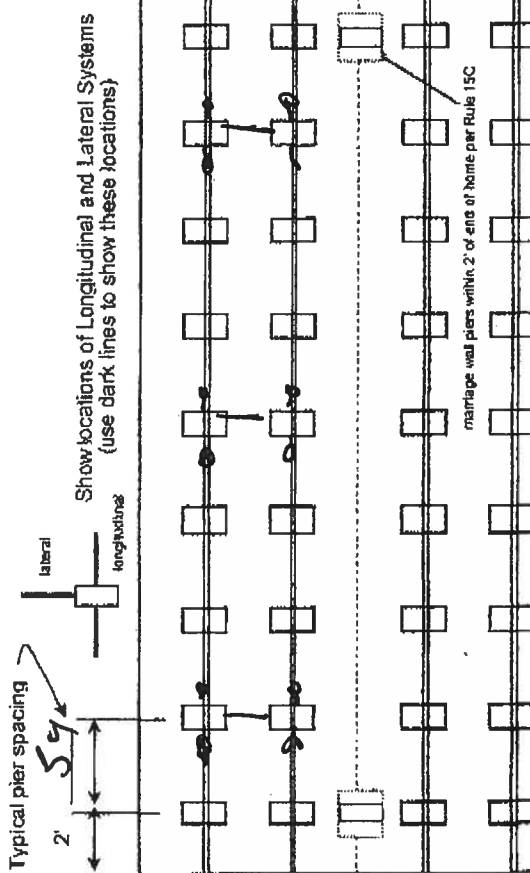
911 Address where home is being installed. _____

Manufacturer Fleetwood Length x width 14 x 76

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. AN

Installer's initials



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 # 41811

Triple/Quad ☐ Serial # 34901874

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'	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 NA

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	Pier pad size
<u>8'0"</u>	<u>8'0"</u>
<u>8'0"</u>	<u>8'0"</u>
<u>8'0"</u>	<u>8'0"</u>

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer _____

Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer _____

ANCHORS

4 ft

FRAME TIES

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

OTHER TIES

Number _____

Sidewall _____

Longitudinal _____

Marriage wall _____

Shearwall _____

COLUMBIA COUNTY PERMIT WORKSHEET

page 2 of 2

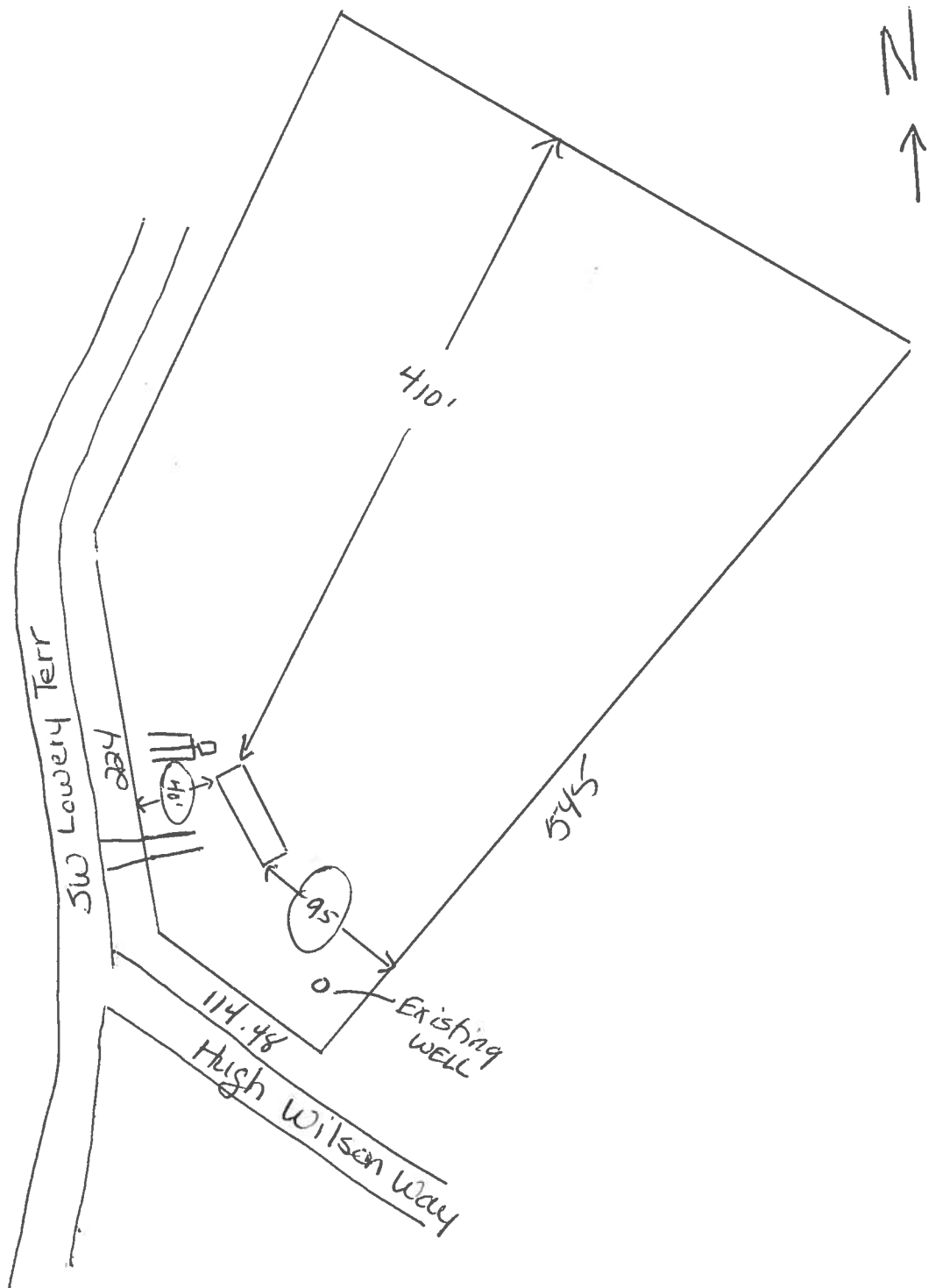
POCKET PENETROMETER TEST	
<p>The pocket penetrometer tests are rounded down to <u>150</u> psi or check here to declare 1000 lb. soil without testing.</p> <p style="text-align: right;">x <u>150</u> x <u>150</u></p>	<p style="text-align: center;">POCKET PENETROMETER TESTING METHOD</p> <ol style="list-style-type: none"> 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 <p style="text-align: right;">x <u>150</u> x <u>150</u> x <u>150</u></p>

TORQUE PROBE TEST	
<p>The results of the torque probe test is <u>285</u> inch pounds or check here if you are declaring 5' anchors without testing <u>190</u>. A test showing 275 inch pounds or less will require 5 foot anchors.</p> <p>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 require anchors with 4000 lb. holding capacity.</p>	<p style="text-align: center;">ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER</p> <p>Installer Name <u>James Amos</u> Installer's initials <u>JA</u></p> <p>Date Tested <u>3/30/17</u></p>

Site Preparation	
<p>Debris and organic material removed <input checked="" type="checkbox"/></p> <p>Water drainage: Natural <input checked="" type="checkbox"/> Swale <input type="checkbox"/> Pad <input type="checkbox"/> Other <input type="checkbox"/></p>	<p style="text-align: center;">Fastening multi-wide units</p>
<p>Floor: Type Fastener: <u>SW</u> Length: <u>SW</u> Spacing: <u>SW</u></p> <p>Walls: Type Fastener: <u>SW</u> Length: <u>SW</u> Spacing: <u>SW</u></p> <p>Roof: Type Fastener: <u>SW</u> Length: <u>SW</u> Spacing: <u>SW</u></p> <p>For used homes a min. 30 gauge, 8" wide, galvanized metal strap 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.</p>	<p style="text-align: center;">Gasket (weatherproofing requirement)</p> <p>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.</p>
<p style="text-align: center;">Type gasket</p> <p>Pg. <u>SW</u></p>	<p style="text-align: center;">Installer's initials</p> <p>Installed: <u>SW</u></p> <p>Between Floors Yes</p> <p>Between Walls Yes</p> <p>Bottom of ridgebeam Yes</p>
<p style="text-align: center;">Weatherproofing</p> <p>The bottomboard will be repaired and/or taped. Yes Pg.</p> <p>Siding on units is installed to manufacturer's specifications. Yes</p> <p>Fireplace chimney installed so as not to allow intrusion of rain water. Yes</p>	
<p style="text-align: center;">Miscellaneous</p> <p>Skirting to be installed. Yes No</p> <p>Dryer vent installed outside of skirting. Yes N/A</p> <p>Range downflow vent installed outside of skirting. Yes</p> <p>Drain lines supported at 4 foot intervals. Yes</p> <p>Electrical crossovers protected. Yes</p> <p>Other: _____</p>	

<p>Installer verifies all information given with this permit worksheet is accurate and true based on the</p>	
<p>Installer Signature <u>James Amos</u></p>	<p>Date <u>3/30/17</u></p>

<p style="text-align: center;">Electrical</p> <p>Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between multi-wide units. Pg.</p>	<p style="text-align: center;">Plumbing</p> <p>Connect all sewer drains to an existing sewer tap or septic tank. Pg.</p> <p>Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg.</p>
--	--



Steve Norris
01-75-15-04149-713



COLUMBIA COUNTY BUILDING DEPARTMENT

PRELIMINARY MOBILE HOME INSPECTION REPORT

Application #

1704-40

\$50.00 Fee Paid

Yes

DATE RECEIVED _____ BY _____ IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? Yes

OWNERS NAME Steve Norris PHONE (386) 673-9074 CELL _____

ADDRESS 363 SW Memorial Drive Ft. White, FL 32038

MOBILE HOME PARK _____ SUBDIVISION Wilson Springs

DRIVING DIRECTIONS TO MOBILE HOME State Road 41 south to Wilson Springs Road. Turn Right. At stop sign turn left on Wilson Springs and House is located 1/4 mile on right side of road.

MOBILE HOME INSTALLER Ronnie Norris PHONE (386) 752-3871 CELL (386) 673-7716

MOBILE HOME INFORMATION

MAKE Fleetwood YEAR 1994 SIZE 14 x 76 COLOR White

SERIAL No. 39A01874

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

F SMOKE DETECTOR () OPERATIONAL (☒) MISSING

F FLOORS () SOLID (☒) WEAK (☒) HOLES DAMAGED LOCATION Back Door, Kitchen

P DOORS () OPERABLE () DAMAGED

P WALLS () SOLID () STRUCTURALLY UNSOUND

F WINDOWS () OPERABLE (☒) INOPERABLE

F PLUMBING FIXTURES () OPERABLE () INOPERABLE () MISSING Some need repair

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

F WINDOWS () CRACKED/ BROKEN GLASS () SCREENS MISSING () WEATHERTIGHT needs work

P ROOF (☒) APPEARS SOLID () DAMAGED

STATUS

APPROVED ☒ WITH CONDITIONS: See above

NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS _____

BUILDING INSPECTOR'S SIGNATURE

[Signature]

ID NUMBER

DATE

4/13/17

Flood Zone Information Sheet

Zone A – Requires the floor of the structure to be set 1 foot above the paved road or 2 feet above the graded road.

Zone X-500 – Requires the floor of the structure to be set at or above the elevation given by the FEMA Flood Maps.

Zone AE – A One Foot Rise Letter is required before the development and structure permits will be issued. Then an (Finished Floor) Elevation Certificate is required before the power and/or Certificate of Occupancy will be released.

Zone AE Floodway – A Zero Rise Letter is required before the development and structure permits will be issued. Then an Elevation Certificate is required before the power and/or Certificate of Occupancy will be released.

NOTE:

1. The One Foot Rise Letter and The Zero Rise Letter are given by an Engineer.
2. The (Finished Floor) Elevation Certificate is given by a Surveyor.

OWNER INFORMATION

Owners Name Steve Norris App# 1704-40
Permit # _____

Your flood zone is AE

You have turned in _____ Date _____

You need a _____ One Foot Rise Letter.

_____ Zero Rise Letter.

_____ (Finished Floor) Elevation Certificate.

Columbia County Building & Zoning Department

135 NE Hernando Ave., Suite B-21

Lake City, FL 32055

PH: 386-758-1008 ~ FAX: 386-758-2160

Columbia County Property Appraiser

updated: 12/8/2016

2016 Tax Year

Tax Collector Tax Estimator Property Card

Parcel List Generator

Parcel: 01-7S-15-04149-713

<< Next Lower Parcel Next Higher Parcel >>

2016 TRIM (pdf) Interactive GIS Map Print

Owner & Property Info

<< Prev

Search Result: 80 of 93

Next >>

Owner's Name	NORRIS STEVE		
Mailing Address	363 SW MEMORIAL DR FT WHITE, FL 32038		
Site Address			
Use Desc. (code)	VACANT (000000)		
Tax District	3 (County)	Neighborhood	6716
Land Area	3.150 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 13 WILSON SPRINGS COMMUNITY PHASE 2 UNRECORDED DESC AS FOLLOWS: COMM AT NE COR OF SE1/4 RUN S 1218.73 FT, TO A POINT ON THE N LINE OF WILSON SPRINGS COMM PHS 1-A, THENCE S 46 DEG W 585.38 FT, N 55 DEG W 250.00 FT. TO POB. S 53 DEG W 545.47 FT, N 33 DEG W 114.45 FT, N 7 DEG E 224.90 FT, N 34 DEG E 271.98 FT, S 55 DEG E 390.06 FT. TO POB. SWD 1051-533.			

**Property & Assessment Values**

2016 Certified Values		
Mkt Land Value	cnt: (0)	\$9,369.00
Ag Land Value	cnt: (1)	\$0.00
Building Value	cnt: (0)	\$0.00
XFOB Value	cnt: (0)	\$0.00
Total Appraised Value		\$9,369.00
Just Value		\$9,369.00
Class Value		\$0.00
Assessed Value		\$9,369.00
Exempt Value		\$0.00
Total Taxable Value	Cnty: \$9,369 Other: \$9,369 Schl: \$9,369	

2017 Working Values			(...Hide Values)
Mkt Land Value	cnt: (0)	\$9,369.00	
Ag Land Value	cnt: (1)	\$0.00	
Building Value	cnt: (0)	\$0.00	
XFOB Value	cnt: (0)	\$0.00	
Total Appraised Value		\$9,369.00	
Just Value		\$9,369.00	
Class Value		\$0.00	
Assessed Value		\$9,369.00	
Exempt Value		\$0.00	
Total Taxable Value	Cnty: \$9,369 Other: \$9,369 Schl: \$9,369		

NOTE: 2017 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

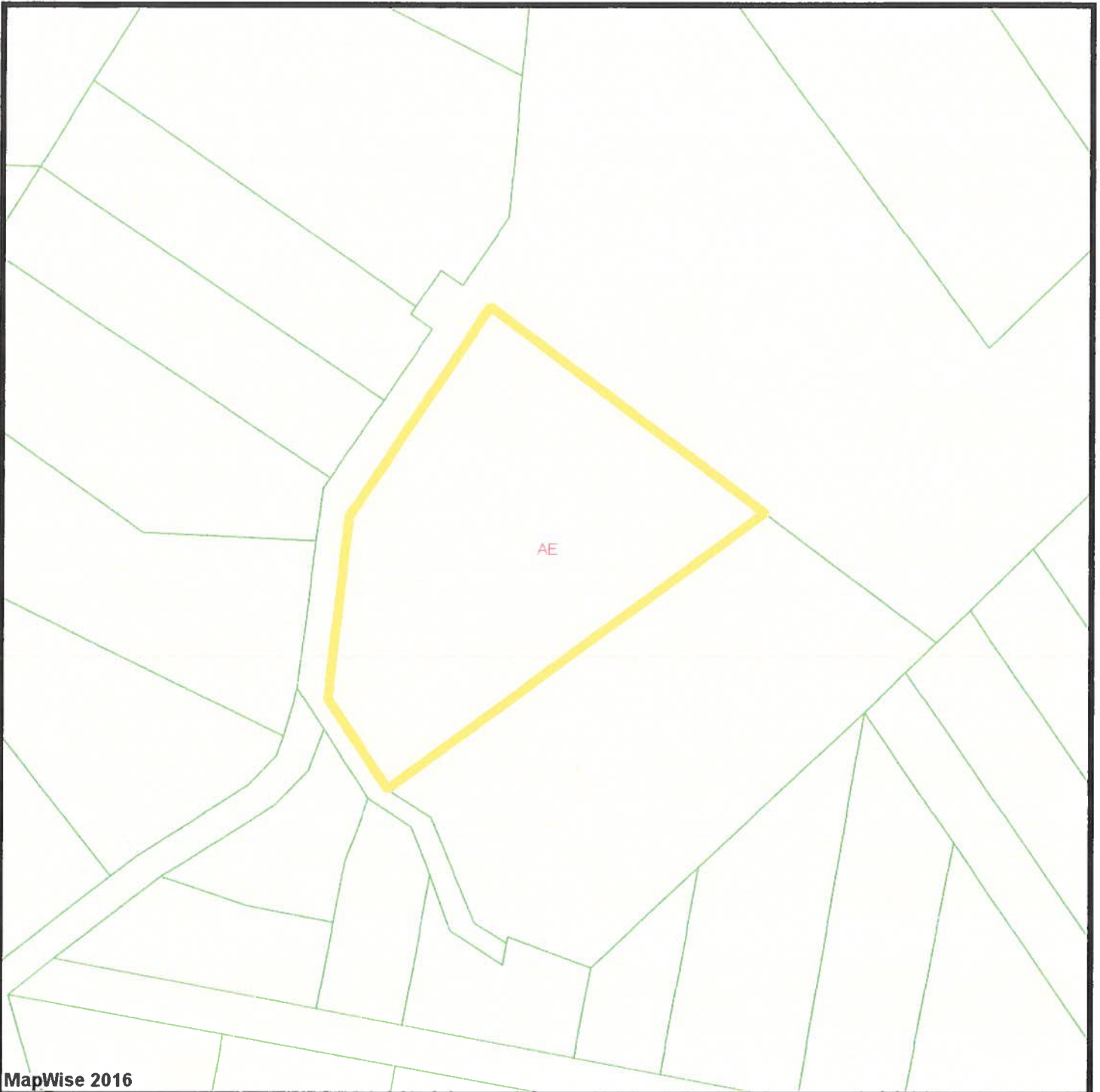
Sale Date	OR Book/Page	OR Code	Vacant / Improved	Qualified Sale	Sale RCode	Sale Price
7/1/2005	1051/533	WD	V	U	08	\$5,000.00

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						



MapWise 2016

Norris

- Selected Custom Parcels
- County Boundaries
- Parcel Outlines
- V - 100-year, wave action, BFE no
- VE - 100-year, wave action, BFE yes
- A - 100-year, BFE no
- AE - 100-year, BFE yes
- AH - 100-year, ponding, BFE yes
- AO - 100-year, sheet flow, BFE yes
- X500 - 500-year
- D - Undetermined, possible hazard
- ANI - Area Not Included
- X - Outside any floodplains
- V - 100-year, wave action, BFE no
- VE - 100-year, wave action, BFE yes
- A - 100-year, BFE no
- AE - 100-year, BFE yes



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SSOCOF#:

done on:



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

PERMIT NO. 17-0222
DATE PAID: 3/31/17
FEE PAID: 370.00
RECEIPT #: 083826

APPLICATION FOR:

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

APPLICANT: Steve NorrisAGENT: Ronald Ford - Ford's Septic Tank Service, LLCTELEPHONE: 386-755-6288MAILING ADDRESS: 116 N.W. Lawley Way Lake City, Florida 32055FAX: 386-755-6944

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: 13 BLOCK: _____ SUBDIVISION: Wilson Springs Community (PH:2) PLATTED: 2001

PROPERTY ID #: 01-75-15-04149-713 ZONING: _____ I/M OR EQUIVALENT: ☒ Y ☒ N

PROPERTY SIZE: 3.15 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤2000GPD ☐ >2000GPD

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

PROPERTY ADDRESS: SW Lowery Terr. Fort White, FL 32038DIRECTIONS TO PROPERTY: 477 South. go thru Fort White.

Ⓟ on Wilson Springs Road - go past Pope's Store.
Ⓟ on Memorial. Ⓟ on Rose. Ⓟ on Lowery. property on right.

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>Mobile Home</u>	<u>3</u>	<u>840</u>	<u>14x60</u>
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

☐ Floor/Equipment Drains ☐ Other (Specify) _____

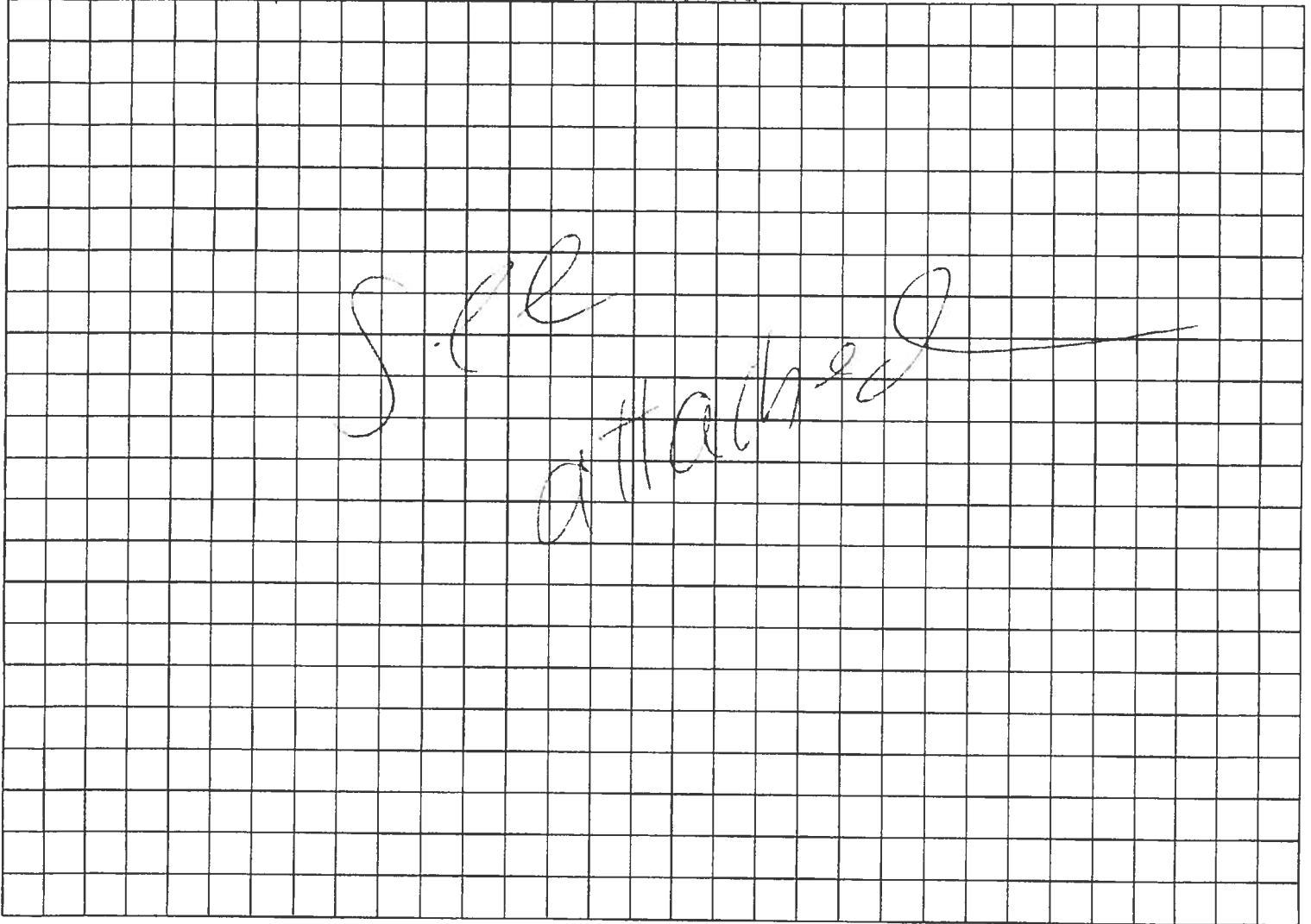
SIGNATURE: Rc FordDATE: 3-31-2017

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 17-0222-N

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

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



Notes: _____

Site Plan submitted by: HC Ford Agent

Plan Approved ☒ Not Approved _____ Date 4-4-17

By John Ford Env Health Director County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Legend

Parcels

Flood Zones

0.2 PCT ANNUAL CHANCE

- A
- AE
- AH

Base Flood Elevations

DEFAULT

Base Flood Elevations

Roads

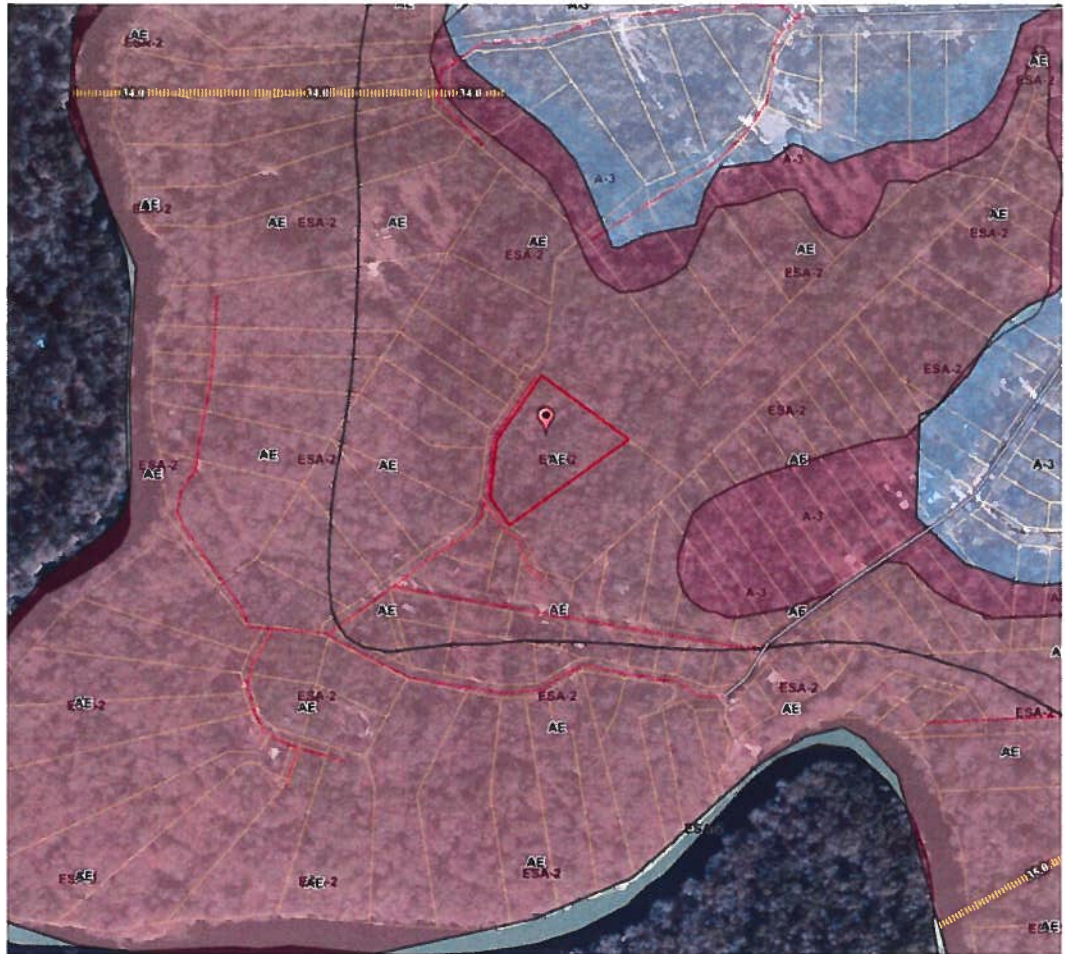
- Private
- Dirt
- Other
- Paved
- Main
- Interstates

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

Columbia County, FLA - Building & Zoning Property Map

Printed: Wed Apr 19 2017 09:54:03 GMT-0400 (Eastern Daylight Time)



Parcel Information

Parcel No: 01-7S-15-04149-713

Owner: NORRIS STEVE

Subdivision: WILSON SPRINGS COMMUNITY UNR

Lot: 13

Acres: 3.188367

Deed Acres: 3.15 Ac

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

Future Land Uses: Environmentally Sensitive Areas -1

Flood Zones: AE

Official Zoning Atlas: ESA-2

Elev. 35.4'
Minimum. 36.4'

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.



COLUMBIA COUNTY

911 ADDRESSING / GIS DEPARTMENT

263 NW Lake City Ave., Lake City, FL 32055

Telephone: (386) 758-1125 x 1 * Fax: (386) 758-1365 * Email: gis@columbiacountyfla.com



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: **5/22/2017 4:49:46 PM**
Address: **247 SW LOWERY Ter**
City: **FORT WHITE**
State: **FL**
Zip Code **32038**

Parcel ID **04149-713**

REMARKS: Address for proposed structure on parcel.

Address Issued By: **Signed:/ Ronal N. Croft**

Columbia County GIS/911 Addressing Department

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.

*STEVE
RONAL S*

LESS THAN 1 FOOT RISE CERTIFICATION

COLUMBIA COUNTY

Date **2017.06.05**
Project Location **Wilson Springs Phase II Lot 13**
Corner of SW Hugh Wilson Way & SW Lowery Terrace
Owner(s) **Steve Norris**
Parcel ID **01-7S-15-04149-713**
Proposed work **INSTALLATION OF SINGLE-WIDE MOBILE HOME ON**
CMU PIERS WITH FINISH FLOOR ABOVE BFE + 1'

Proposed fill **NONE**

Flood Zone **AE**
Flood Map for property **FIRM 12023C0469C**
Base Flood Elevation (1%) **34.5'**
Minimum Finish Floor Elev **34.5' BFE + 1' = 35.5'**

Single Wide Mobile Home: Only the Foundation Piers will be below BFE

6 piers each side x 2 sides = 12 piers @ (8"x16" CMU)/144 = 0.89 sf

Vol total = 12 x 0.89sf x H = 10.68H cf

Use Depth of Framing = 1 ft

Minimum FFE = BFE + 1', per Code = 34.5' + 1' = 35.4', min.

Use Pier H = 1.5': $V_{total} = 10.68 \times 1.5 = 16$ cu ft

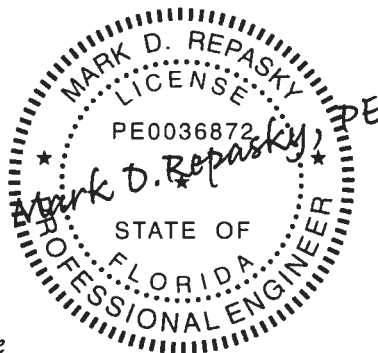
By inspection, this minute volume will cause no measurable rise in Base Flood Waters

This is to certify that my review and the attached data supports the fact that the proposed installation on the above noted property will cause no increase in floodway elevations, or floodway widths on the SANTE FE RIVER, as shown on the Flood Map 12023C0469C, COLUMBIA COUNTY, dated: 02/04/2009, and will not impact the 100-year flood elevations, floodway elevations, or floodway widths at unpublished cross-sections in the vicinity of the proposed mobile home installation.

Supporting documentation: ANNOTATED SURVEY WITH SITE PLAN

Mark D. Repasky, PE

Florida PE 0036872



2009 W. Randolph Circle
Tallahassee, FL 32301-0748

850-251-7743
repaskydm@aol.com

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1704-40 CONTRACTOR Ronnie Norris PHONE 386-623-7116

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>Steve Norris</u> License #: <u>OWNER</u>	Signature <u>Steve Norris</u> Phone #: <u>386-623-9026</u> Qualifier Form Attached <input type="checkbox"/>
MECHANICAL/ A/C	Print Name <u>Steve Norris</u> License #: <u>OWNER</u>	Signature <u>Steve Norris</u> Phone #: <u>386-623-9026</u> Qualifier Form Attached <input type="checkbox"/>

Qualifier Forms cannot be submitted for any Specialty License.

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.

Development Permit
F 023- 17-006

FLOOD ZONE AE BY LH 2-4-2009 FIRM COMMUNITY # 120070 - PANEL # 0469-C
FIRM 100 YEAR ELEVATION 34.4' PLAN INCLUDED YES or NO
REQUIRED LOWEST HABITABLE FLOOR ELEVATION 35.4'
IN THE REGULATORY FLOODWAY YES or NO RIVER Santa Fe
SURVEYOR / ENGINEER NAME Mark Repasky LICENSE NUMBER 0036872