

34

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-11) Zoning Official BLK 01. March 2012 Building Official J.C. 3-1-12

AP# 1202-56 Date Received 2-24-12 By LH Permit # 30309

Flood Zone X Development Permit N/A Zoning A-3 Land Use Plan Map Category A-3

Comments Replacing Existing MH

FEMA Map# N/A Elevation N/A Finished Floor 1st level River N/A In Floodway N/A

☒ Site Plan with Setbacks Shown ☒ EH # 12-0216-E ☐ EH Release ☐ Well letter ☒ Existing well

☒ Recorded Deed or Affidavit from land owner ☒ Installer Authorization MA State Road Access ☒ 911 Sheet

☐ Parent Parcel # ☐ STUP-MH ☐ F W Comp. letter ☒ VF Form

IMPACT FEES: EMS _____ Fire _____ Corr _____ MA Out County ☒ In County pd

Road/Code _____ School _____ = TOTAL _____ Impact Fees Suspended March 2009 _____

Property ID # 26-45-17-08749-16 Subdivision Brandon Heights 9b Lot 11 Block C

- New Mobile Home _____ Used Mobile Home ☒ MH Size 14x56 Year 1984
- Applicant Mirna Torres - Donna - 252-755-5014 → 755-5014 → ATTORNEY Phone # 386-697-4202
- Address 118 SE Bracken Way Apt 102 Lake City FL 32025
- Name of Property Owner Mirna Torres Phone# 386-697-4202
- 911 Address 233 SE Suzanne Way Lake City FL 32025
- Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home Mirna Torres Phone # 386-697-4202
Address 118 SE Bracken Way Apt 102 Lake City FL 32025
- Relationship to Property Owner Property owner
- Current Number of Dwellings on Property 0
- Lot Size _____ Total Acreage .50
- 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 (Paid)
- Driving Directions to the Property Take 252 to Peacock go right to Brandon, (L) Suzanne, left Lot on (L)
- Name of Licensed Dealer/Installer Robert Sheppard Phone # 386-623-2203
- Installers Address 6355 SE LR 245 Lake City FL
 - License Number IH1025386 Installation Decal # 27884

TW tried to LV message: All rec'd was spanish music. 3.2.12
 SW talked w Donna 3.9.12

page 1 of 2

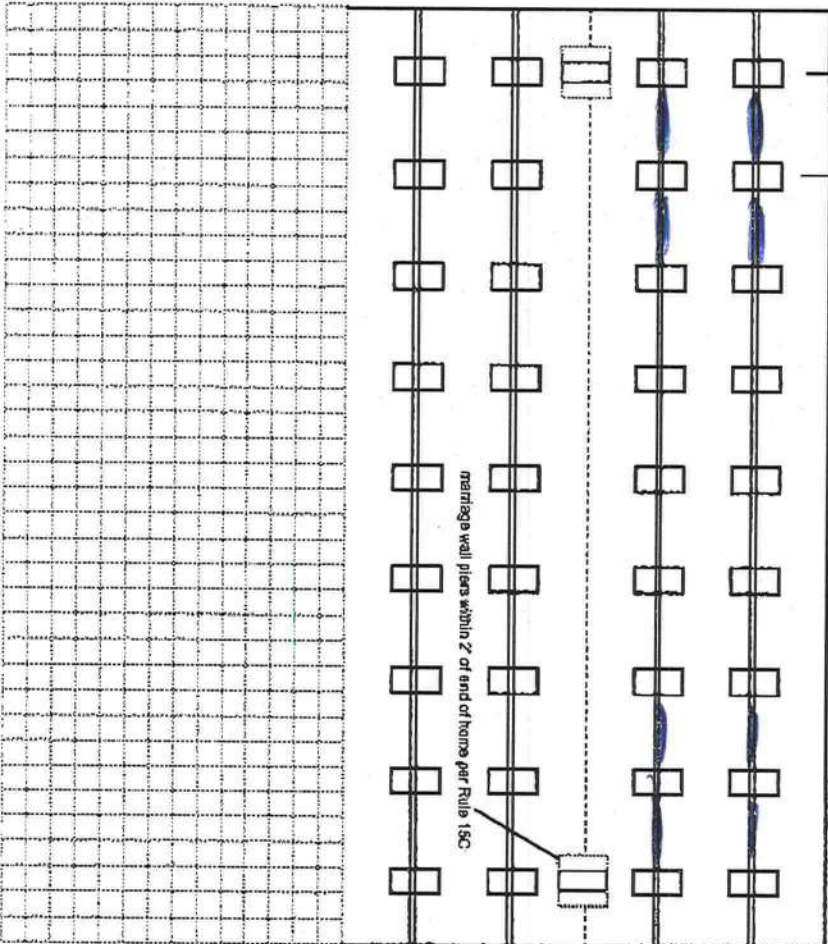
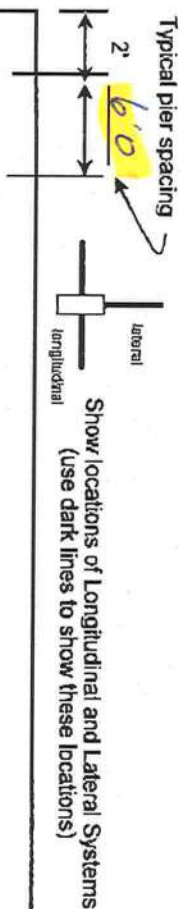
Installer Robert Shepard

License # IT1025386

Manufacturer Shawmut Length x width 14x60

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 7/10



New Home		Used Home
<input type="checkbox"/>		<input checked="" type="checkbox"/>

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 # 61984

Triple/Quad ☐ Serial # SHS2W5A12846260

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 dsf	3'		4'	5'	6'	7'	8'
1500 dsf	4'6"		6'	7'	8'	8'	8'
2000 dsf	6'		8'	8'	8'	8'	8'
2500 dsf	7'6"		8'	8'	8'	8'	8'
3000 dsf	8'		8'	8'	8'	8'	8'
3500 dsf	8'		8'	8'	8'	8'	8'


* interpolated from Rule 15C-1 pier spacing table

PIER PAD SIZES

I-beam pier pad size

Perimeter pier pad size

Other pier pad sizes
(required by the mfg.)

 Draw the approximate locations of marriage wall openings 4 foot or greater. Use this symbol to show the piers.

List all marriage wall openings greater than 4 foot and their pad sizes below.

Opening	Pier pad size
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11
12	12
13	13
14	14
15	15
16	16
17	17
18	18
19	19
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86	86
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89	89
90	90
91	91
92	92
93	93
94	94
95	95
96	96
97	97
98	98
99	99
100	100

TEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)

Manufacturer

Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer Oliver 1101V

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

OTHER TIES

Number

Sidewall

Longitudinal

Shearwall

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 1500 psi or check here to declare 1000 lb. soil without testing.

X 1700 X 1700 X 1700

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 1600 X 1600 X 1700

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 slate 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.

RS Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Robert Skifford

Date Tested

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. 23

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 28

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 28

Site Preparation

Debris and organic material removed ☒ Swale ☐ Pad ☐ Other ☐

Fastening multi wide units

Floor: Type Fastener: _____ Length: _____ Spacing: _____
Walls: Type Fastener: _____ Length: _____ Spacing: _____
Roof: Type Fastener: _____ Length: _____ Spacing: _____
For used homes a min. 30 gauge, 8" wide, galvanized metal strip will be centered over the peak of the roof and fastened with galv. roofing nails at 2" on center on both sides of the centerline.

Gasket (weatherstripping 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 _____

Type gasket _____ Installed: ☐ Between Floors Yes ☐
Pg. _____ 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

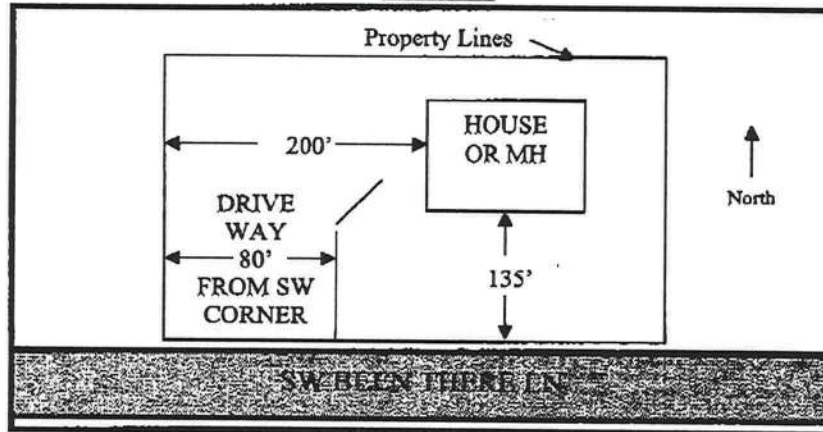
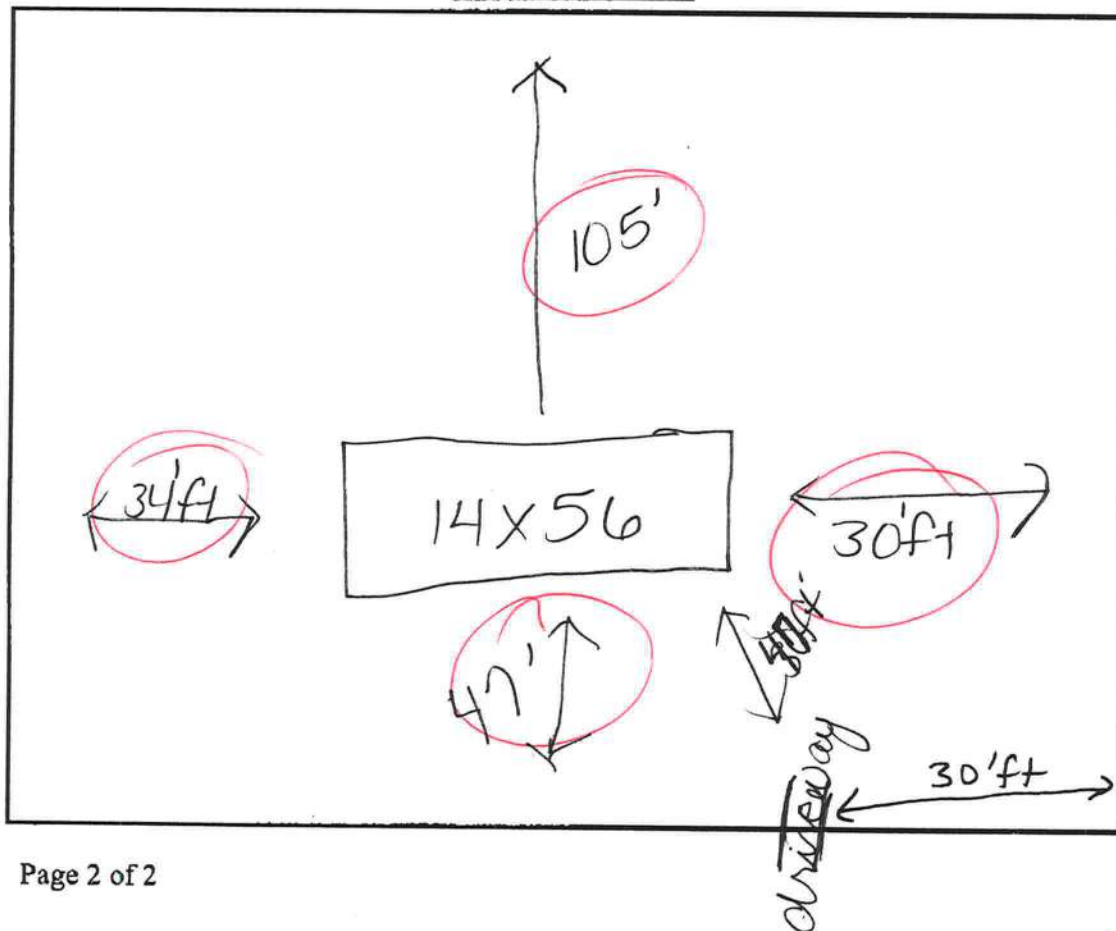
Skirting to be installed. Yes ☐ No ☒
Dryer vent installed outside of skirting. Yes ☐ N/A ☒
Range downflow vent installed outside of skirting. Yes ☐ N/A ☒
Drain lines supported at 4 foot intervals. Yes ☐
Electrical crossovers protected. Yes ☒
Other: _____

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

Installer Signature

Robert Skifford Date 2-17-12

1. A PLAT, PLAN, OR DRAWING SHOWING THE PROPERTY LINES OF THE PARCEL.
2. LOCATION OF PLANNED RESIDENT OR BUSINESS STRUCTURE ON THE PROPERTY WITH DISTANCES FROM AT LEAST TWO OF THE PROPERTY LINES TO THE STRUCTURE (SEE SAMPLE BELOW).
3. LOCATION OF THE ACCESS POINT (DRIVEWAY, ETC.) ON THE ROADWAY FROM WHICH LOCATION IS TO BE ADDRESSED WITH A DISTANCE FROM A PARALLEL PROPERTY LINE AND OR PROPERTY CORNER (SEE SAMPLE BELOW).
4. TRAVEL OF THE DRIVEWAY FROM THE ACCESS POINT TO THE STRUCTURE (SEE SAMPLE BELOW).

SAMPLE:**SITE PLAN BOX:**

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____

CONTRACTOR

Robert Sheppard

PHONE

386-623-2203

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>Mirna Torres</u> License #:	Signature <u>Mirna Torres</u> Phone #: <u>386 697 4202</u>
MECHANICAL/ A/C	Print Name <u>Mirna Torres</u> License #:	Signature <u>Mirna Torres</u> Phone #: <u>386 697 4202</u>
PLUMBING/ GAS	Print Name <u>Robert Sheppard</u> License #: <u>I#1025386</u>	Signature <u>Robert Sheppard</u> Phone #: <u>386-623-2203</u>

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.

Contractor Forms: Subcontractor form: 1/11

Columbia County Property Appraiser

DB Last Updated: 1/17/2012

2011 Tax Year

Parcel: 26-4S-17-08749-161

<< Next Lower Parcel Next Higher Parcel >>

Tax Collector

Tax Estimator

Property Card

Parcel List Generator

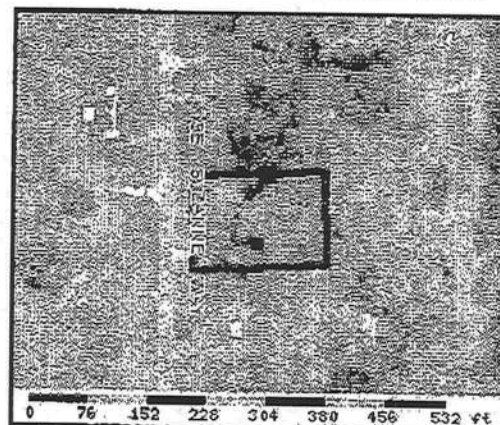
Interactive GIS Map

Print

Owner & Property Info

Search Result: 1 of 1

Owner's Name	DICKS LENVIL H TRUSTEE OF THE		
Mailing Address	LENVIL H DICKS LIVING TRUST P O BOX 1 LAKE CITY, FL 32056		
Site Address	233 SE SUZANNE WAY		
Use Desc. (code)	MOBILE HOM (000200)		
Tax District	3 (County)	Neighborhood	26417
Land Area	0.500 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 11 BLOCK C BRANDON HGTS S/D ORB 746-1480,778-56, WD 1071-1889,CT 1226-776			



Property & Assessment Values

2011 Certified Values		
Mkt Land Value	cnt: (0)	\$11,750.00
Ag Land Value	cnt: (2)	\$0.00
Building Value	cnt: (1)	\$11,366.00
XFOB Value	cnt: (0)	\$0.00
Total Appraised Value		\$23,116.00
Just Value		\$23,116.00
Class Value		\$0.00
Assessed Value		\$23,116.00
Exempt Value		\$0.00
Total Taxable Value	Cnty: \$23,116 Other: \$23,116 Schl: \$23,116	

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
12/13/2011	1226/776	CT	I	U	11	\$100.00
11/1/2005	1071/1889	WD	V	Q		\$17,000.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	MOBILE HME (000800)	1990	(31)	924	924	\$10,399.00
Note: All S.F. calculations are based on exterior building dimensions.						

Extra Features & Out Buildings

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

Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
000200	MBL HM (MKT)	1 LT - (0000000.500AC)	1.00/1.00/1.00/1.00	\$11,000.00	\$11,000.00

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

Monday
DATE RECEIVED 2-24-12 BY LT 1202-56
IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? NO
OWNERS NAME Mirna Torres PHONE _____ CELL 386-697-4202
ADDRESS _____

MOBILE HOME PARK _____ SUBDIVISION _____
DRIVING DIRECTIONS TO MOBILE HOME 137 NW Klondike Glen
90 W, (R) Ridgewood (R) Klondike then 2nd on left

MOBILE HOME INSTALLER Robert Sheppard PHONE 623-2203 CELL _____

MOBILE HOME INFORMATION

MAKE Showcase YEAR 84 SIZE 14 x 60 COLOR Brown
SERIAL No. SHSZWG412846260

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

_____ SMOKE DETECTOR () OPERATIONAL () MISSING
_____ FLOORS () SOLID () WEAK () HOLES DAMAGED LOCATION _____
_____ DOORS () OPERABLE () DAMAGED
_____ WALLS () SOLID () STRUCTURALLY UNSOUND
_____ WINDOWS () OPERABLE () INOPERABLE
_____ PLUMBING FIXTURES () OPERABLE () INOPERABLE () MISSING
_____ CEILING () SOLID () HOLES () LEAKS APPARENT
_____ ELECTRICAL (FIXTURES/OUTLETS) () OPERABLE () EXPOSED WIRING () OUTLET COVERS MISSING () LIGHT
FIXTURES MISSING

\$50.00

Date of Payment: 2-24-12

Paid By: Torres

Notes: Cash

EXTERIOR:

_____ WALLS / SIDING () LOOSE SIDING () STRUCTURALLY UNSOUND () NOT WEATHERTIGHT () NEEDS CLEANING
_____ WINDOWS () CRACKED/ BROKEN GLASS () SCREENS MISSING () WEATHERTIGHT
_____ ROOF () APPEARS SOLID () DAMAGED

STATUS

APPROVED ☒ WITH CONDITIONS: DID NOT GET INSIDE NEED TO CHECK INSIDE
NOT APPROVED ☐ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS when moved

SIGNATURE _____

ID NUMBER 302

DATE 2/26/12

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: 3/15/2012 DATE ISSUED: 3/16/2012

ENHANCED 9-1-1 ADDRESS:

233 SE SUZANNE WAY

LAKE CITY FL 32025

PROPERTY APPRAISER PARCEL NUMBER:

26-4S-17-08749-161

Remarks:

RE-ISSUE OF EXISTING ADDRESS.

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.



COLUMBIA COUNTY BUILDING DEPARTMENT
135 NE Hernando Ave, Suite B-21, Lake City, FL 32055
Phone: 386-758-1008 Fax: 386-758-2160

5-10139

MOBILE HOME INSTALLERS LETTER OF AUTHORIZATION

I, Robert Sheppard, give this authority for the job address show below
Installer License Holder Name

only, 233 SE Suzanne Way Lake City FL 32025, and I do certify that
Job Address

the below referenced person(s) listed on this form is/are under my direct supervision and control and is/are authorized to purchase permits, call for inspections and sign on my behalf.

Printed Name of Authorized Person	Signature of Authorized Person	Authorized Person is... (Check one)
Mirna Torres	Mirna Torres	<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.

Robert Sheppard
License Holders Signature (Notarized)
386
License Number
3-6-12
Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Robert Sheppard, personally appeared before me and is known by me or has produced identification (type of I.D.) Personally Known on this 6th day of March, 20 12.

NOTARY'S SIGNATURE



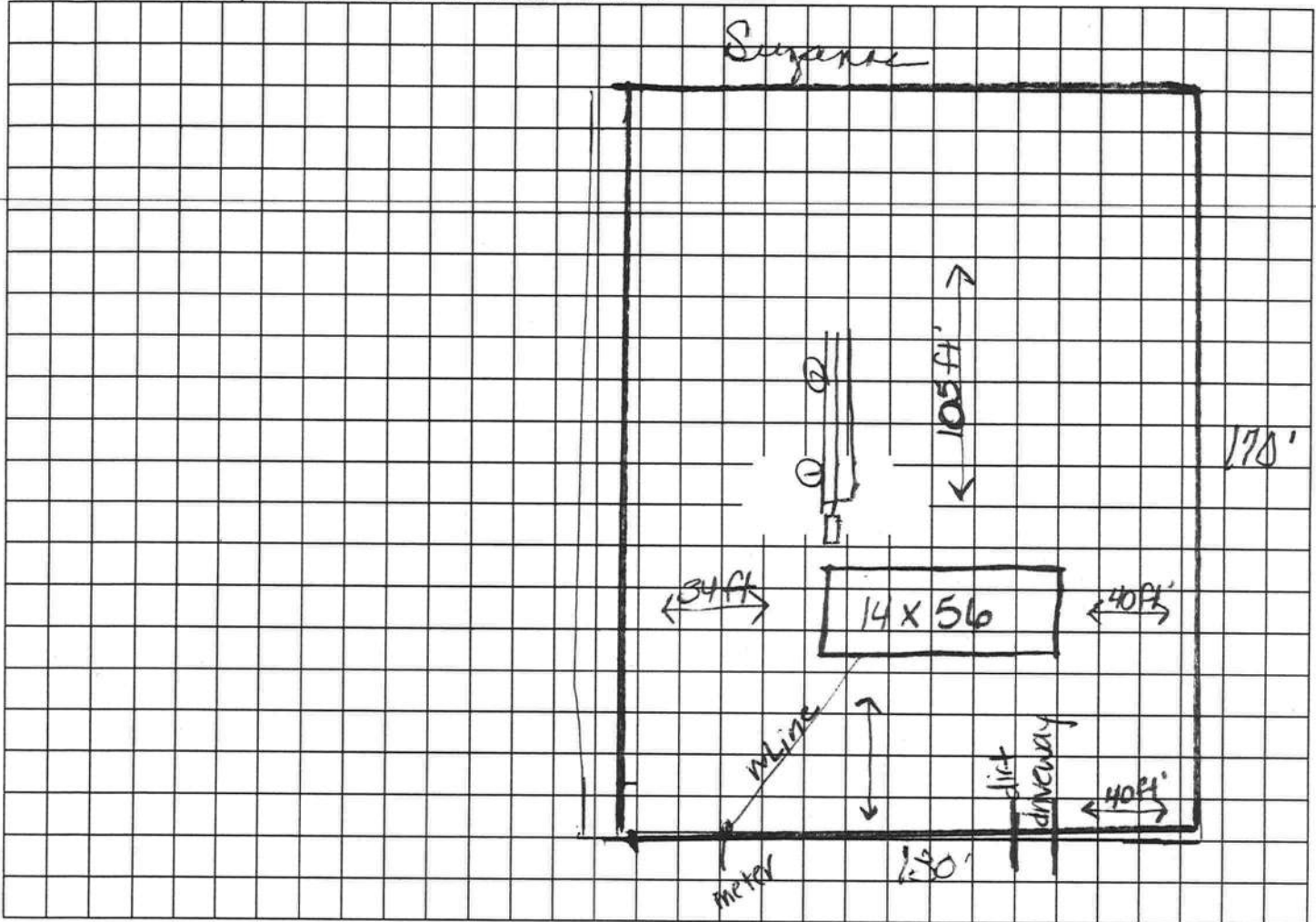
(Seal/Stamp)
SHERI HANSEN
NOTARY PUBLIC
STATE OF FLORIDA
Comm# DD990366
Expires 5/10/2014

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 12-0216 E

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

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



Notes:

Served by Brandon Heights Water System (subdivision well > 2000 GPD)

Site Plan submitted by: Mina Torres

Owner

Plan Approved X

Not Approved

Date 6/22/12

By [Signature] **Columbia run**

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

SF



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

PERMIT NO. 12-2216E
DATE PAID: 4/13/12
FEE PAID: 125.00
RECEIPT #: 1839204
Variance 1839227

APPLICATION FOR:

[] New System ☒ Existing System [] Holding Tank [] Innovative
[] Repair [] Abandonment [] Temporary []

APPLICANT: Mirna Torres

AGENT: Same

TELEPHONE: 386-466-6097 Call 697-4202 Yes No Engli

MAILING ADDRESS: 1317 NW Klondike Glen, Lake City FL 32025

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

PROPERTY INFORMATION

LOT: 11 BLOCK: C SUBDIVISION: Branden Heights PLATTED: 1990

PROPERTY ID #: 26-45-17-08 749-161 ZONING: Ag I/M OR EQUIVALENT: [Y] ☒ N

PROPERTY SIZE: .50 ACRES WATER SUPPLY: [] PRIVATE PUBLIC [] ≤ 2000 GPD ☒ > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y] ☒ N DISTANCE TO SEWER: N/A FT

PROPERTY ADDRESS: 233 SE Suzanne Way, Lake City, FL 32025

DIRECTIONS TO PROPERTY: 41 S Left on CR133 left on Brandon
Drive right on Suzanne Way down on left

BUILDING INFORMATION

☒ RESIDENTIAL [] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	<u>Mobile Home</u>	<u>2</u>	<u>784</u>	
2				
3				
4				

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

SIGNATURE: Mirna Torres

DATE: 3/28/12