

Parcel:  
13-7S-16-04207-000

Owner & Property Info

Result: 1 of 2

Owner	<b>HUSCUSSON WANDA G</b>		
	P O BOX 27		
	FORT WHITE, FL 320380027		
Site	129 MAJESTIC LN, FORT WHITE		
Description*	SW1/4 OF SW1/4 OF SE1/4. 734-975, 756-868, 774-345, 802-963, 814-953, LE 1403-492,		
Area	10.04 AC	S/T/R	13-7S-16
Use Code**	SINGLE FAM (000100)	Tax District	3

## MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

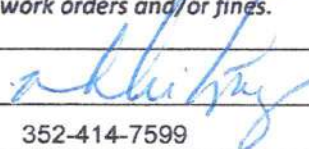
APPLICATION NUMBER \_\_\_\_\_ CONTRACTOR Richard Rayborn PHONE 352-257-1282

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

Huscusson

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>Melvin Lopez</u>	Signature <u></u>
	License #: <u>EC 13005725</u>	Phone #: <u>352-414-7599</u>
	Qualifier Form Attached <input type="checkbox"/>	
MECHANICAL/ A/C _____	Print Name <u>Trevor Iverson</u>	Signature <u></u>
	License #: <u>CAC 1815770</u>	Phone #: <u>352-414-7599</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.

Revised 10/30/2015

# PERMIT WORKSHEET

page 1 of 2

## PERMIT NUMBER

Installer Richard Rayborn License # IH 1025436

Installer Mobile Phone # 352-257-1282

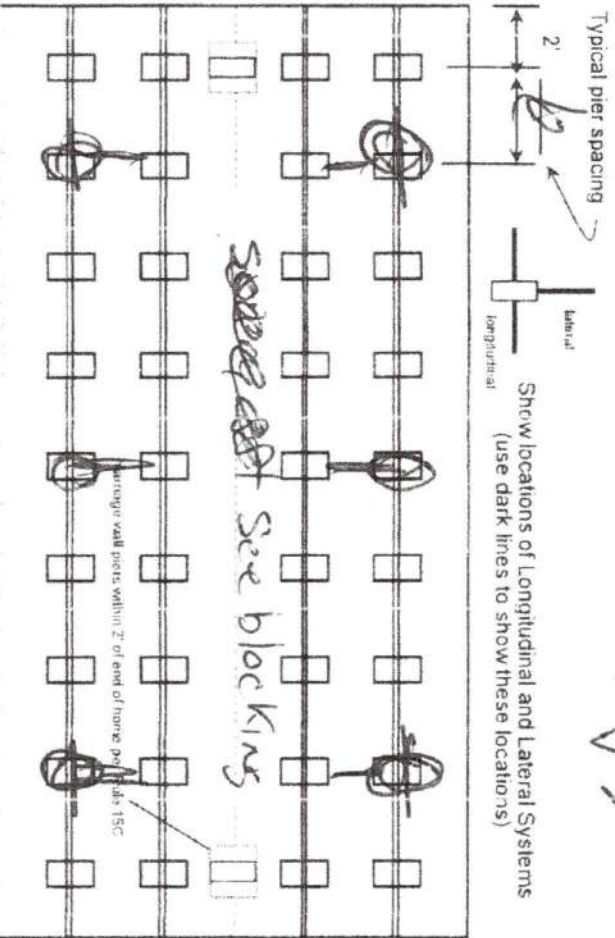
Address of home being installed 129 SW MAGNETIC  
FEAR WHITE, FLA

Manufacturer Density Length x width 26x60

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 AR



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 # ASH 104996AAB3

Triple/Quad ☐ Serial #

Roof System: ☐ Typical ☒ Hinged

### PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	Feet/er size (256)	18 1/2" x 18 (342)	20" x 20" (400)	22" x 22" (484)	24" x 24" (576)	26" x 26" (676)
1000 dsl	3'	4'	5'	6'	7'	8'
1500 dsl	4' 6"	6'	7'	8'	9'	10'
2000 dsl	6'	8'	9'	10'	11'	12'
2500 dsl	7' 6"	9'	10'	11'	12'	13'
3000 dsl	8'	10'	11'	12'	13'	14'
3500 dsl	8'	10'	11'	12'	13'	14'

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

### PIER PAD SIZES

I-beam pier pad size 17x25  
Perimeter pier pad size 17x25  
Other pier pad sizes (required by the mfg.) 17x25

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

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

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

Opening Pier pad size

door 16x16

### 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 DAVIA

Longitudinal Stabilizing Device w/ Lateral Arms

Manufacturer DAVIA

### OTHER TIES

Sicewall

Longitudinal Marriage wall

Shearwall

Number



POCKET PENETROMETER TEST

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

X 1500 X 1500 X 1500

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 1500 X 1500 X 1500

TORQUE PROBE TEST

This results of the torque probe test is 40 ft inches 275 inch pounds or check here if you are declaring 5' anchors without testing 4 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. 1 understrand 5 ft anchors are required at all centering the points where the torque test reading is 275 or less and where the mobile home manufacturer may requires anchors with 4000 lbft of capacity

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Richard McLean

Installer's initials

Date Tested

8-14-20

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 3

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg 3

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg 3

Site Preparation

Debris and organic material removed Yes  
Water drainage: Natural X 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 gely roofing nails at 2" on center on both sides of the centerline.

Gasket (weatherstripping required)

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

Installed

Between Floors Yes ✓  
Between Walls Yes ✓  
Bottom of ridgebeam Yes ✓

Weatherproofing

The bottomboard will be repaired and/or taped Yes ✓ Pg 3  
Siding on units is installed to manufacturer's specifications Yes ✓  
Fireplace chimney installed so as not to allow intrusion of rain water Yes ✓

Miscellaneous

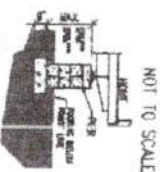
Skirting to be installed. Yes No  
Dryer vent installed outside of skirting. Yes NA  
Range downflow vent installed outside of skirting. Yes NA  
Drain lines supported at 4 foot intervals. Yes ✓  
Electrical crossovers protected Yes ✓  
Other ✓

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

Date

8-14-20



NOTE: SEE 1-3.2  
INSTALLATION MANUAL

[illegible]

Year	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040	2041	2042	2043	2044	2045	2046	2047	2048	2049	2050	2051	2052	2053	2054	2055	2056	2057	2058	2059	2060	2061	2062	2063	2064	2065	2066	2067	2068	2069	2070	2071	2072	2073	2074	2075	2076	2077	2078	2079	2080	2081	2082	2083	2084	2085	2086	2087	2088	2089	2090	2091	2092	2093	2094	2095	2096	2097	2098	2099	2100																																																																																																																															
1994	1.716	1.718	2.667	3.556	4.484	5.456	6.467	7.518	8.607	9.734	10.900	12.105	13.350	14.635	15.960	17.325	18.730	20.175	21.660	23.185	24.750	26.355	27.999	29.683	31.407	33.171	34.975	36.819	38.703	40.627	42.591	44.595	46.639	48.723	50.847	52.999	55.180	57.391	59.632	61.903	64.204	66.535	68.896	71.287	73.708	76.159	78.640	81.151	83.692	86.263	88.864	91.495	94.156	96.847	99.568	102.319	105.100	107.911	110.752	113.623	116.524	119.455	122.416	125.407	128.428	131.479	134.560	137.671	140.812	143.983	147.184	150.415	153.676	156.967	160.288	163.639	167.020	170.431	173.872	177.343	180.844	184.375	187.936	191.527	195.148	198.799	202.480	206.191	209.932	213.703	217.504	221.335	225.196	229.087	232.908	236.759	240.640	244.551	248.492	252.463	256.464	260.495	264.556	268.647	272.768	276.909	281.080	285.281	289.512	293.773	298.064	302.385	306.736	311.117	315.528	319.969	324.440	328.941	333.472	338.033	342.624	347.245	351.896	356.577	361.288	366.029	370.800	375.601	380.432	385.293	390.184	395.105	400.056	405.037	410.048	415.089	420.160	425.261	430.392	435.553	440.744	445.965	451.216	456.497	461.808	467.149	472.520	477.921	483.352	488.813	494.304	499.825	505.376	510.957	516.568	522.209	527.880	533.581	539.312	545.073	550.864	556.685	562.536	568.417	574.328	580.269	586.240	592.241	598.272	604.333	610.424	616.545	622.696	628.877	635.088	641.329	647.600	653.901	660.232	666.593	672.984	679.405	685.856	692.337	698.848	705.389	711.960	718.561	725.192	731.853	738.544	745.265	752.016	758.797	765.608	772.449	779.320	786.221	793.152	800.113	807.104	814.125	821.176	828.257	835.368	842.509	849.680	856.881	864.112	871.373	878.664	885.985	893.336	900.717	908.128	915.569	923.040	930.541	938.072	945.633	953.224	960.845	968.496	976.177	983.888	991.629	999.400	1007.201	1015.032	1022.893	1030.784	1038.705	1046.656	1054.637

1. THE ASS PADS MUST BE INSTALLED PER ORDER TECHNOLOGIES INSTALLATION INSTRUCTIONS.
2. THE PAPER LAYOUT APPLIED TO THE ASS PADS MAY NOT COVER THE WALLS NOTED IN THE CHART BELOW.
3. THE ASS PADS MAY BE USED TO SUPPORT A CONTINUOUS FOUNDATION, THE PADS MAY ONLY BE USED FOR INDIVIDUAL FOUNDATION PILES.
4. ASS PADS MAY BE COINTEGRATED TO COVER A LARGER AREA, IN THIS CASE, THE MAX ALLOWABLE JOINTS MUST BE COMBINED AS WILL BE THE REQUIREMENTS OF DESIGN AND INSTALLATION OF THE ASS PADS.
5. IF THE REQUIREMENTS OF DESIGN AND INSTALLATION OF THE ASS PADS CONFLICT WITH THE REQUIREMENTS OF THE ASS PADS INSTALLATION, THE MORE STRINGENT REQ. SHALL BE USED.

**Destiny**  
Industries, LLC

PHONE: 866-782-0600 FAX: 214-873-6620  
WWW.DESTINYHOMEBUILDERS.COM

1000LBS ABSPAD FOUNDATION PLAN

28x60 3BR-2B

Contains 100% Natural Protein

PRODUCT	TIME/RELINE	MOON	6603-824-96
DATE	11/13/2013	OPTION	1
SHEET	50 FT	1493	-



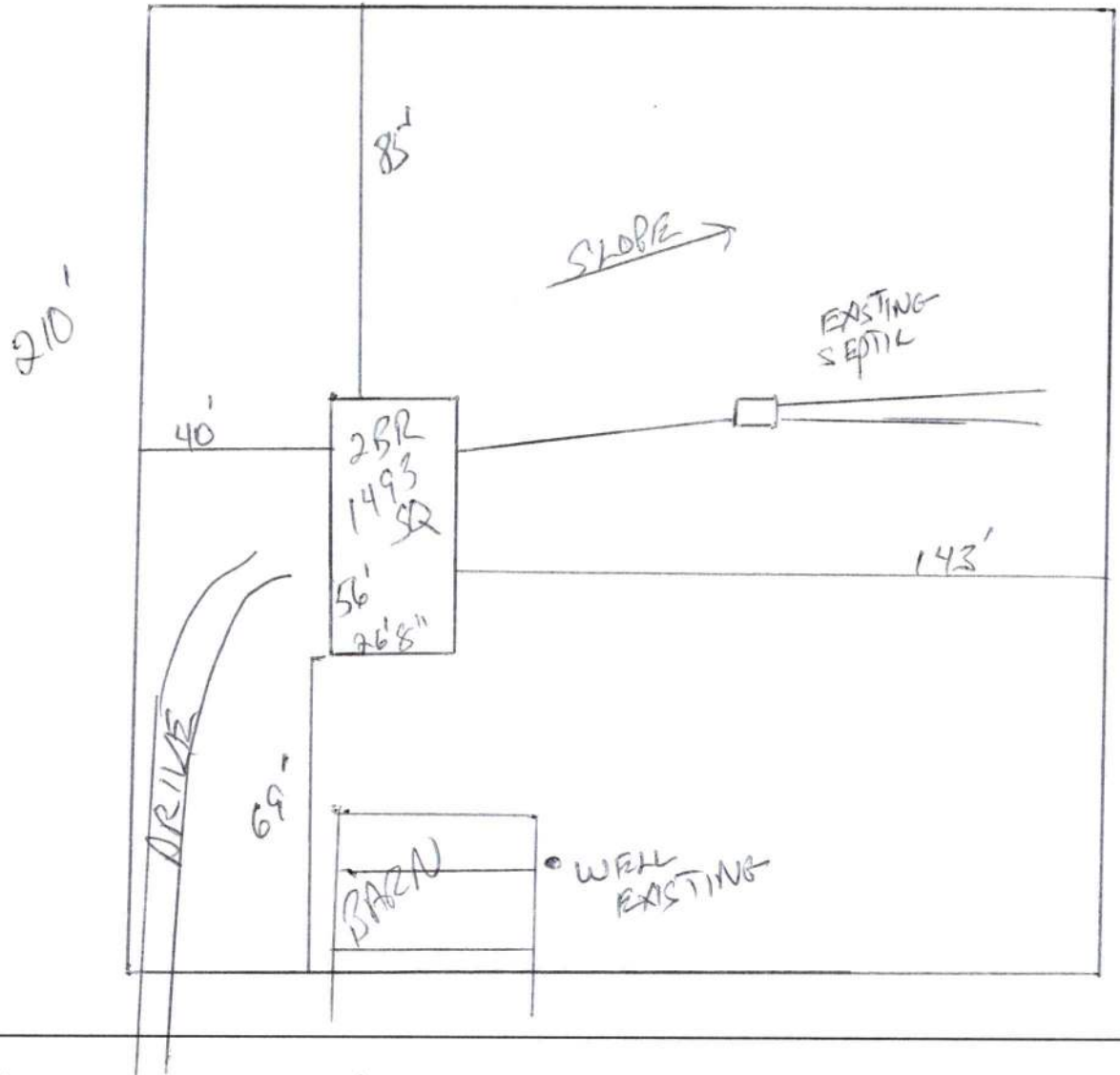


STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number \_\_\_\_\_

HUSCUSSON ----- PART II - SITEPLAN ----- 210'

Scale: 1 inch = 40 feet.



Notes: \_\_\_\_\_

1 of 10.04 Acres  
SEE ATTACHMENT

Site Plan submitted by: [Signature] \_\_\_\_\_ CONTRACTOR  
Plan Approved \_\_\_\_\_ Not Approved \_\_\_\_\_ Date \_\_\_\_\_  
By \_\_\_\_\_ County Health Department

**ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT**





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

**PARCEL: 13-7S-16-04207-000 HX H3** | SINGLE FAM (000100) | 10.04 AC  
SW1/4 OF SW1/4 OF SE1/4, 734-975, 756-868, 774-345, 802-963, 814-953, LE 1403-492,  
**HUSCUSON WANDA G**  
Owner: 129 SW MAJESTIC LN  
FORT WHITE, FL 32038  
Site: 129 MAJESTIC LN, FORT  
WHITE  
Sales 12/20/2019 \$100 I (U)  
12/4/1995 \$0 V (U)  
Info 2/10/1995 \$13,000 V (Q)

**2020 Preliminary Certified**

Mkt Lnd	\$48,045	Appraised	\$72,508
Ag Lnd	\$0	Assessed	\$72,508
Bldg	\$23,963	Exempt	\$44,258
XFOB	\$500		
Just	\$72,508	Total	county:\$27,420
		Taxable	city:\$27,420
			other:\$27,420
			school:\$47,508

NOTES:

Columbia County, FL

This information, was derived from data which was compiled by the Columbia County Property Appraiser Office solely for the governmental purpose of property assessment. This information should not be relied upon by anyone as a determination of the ownership of property or market value. No warranties, expressed or implied, are provided for the accuracy of the data herein, it's use, or it's interpretation. Although it is periodically updated, this information may not reflect the data currently on file in the Property Appraiser's office.

GrizzlyLogic.com





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

SP712  
PERMIT NO. 20-0683  
DATE PAID: 8/21/20  
FEE PAID: 60.00  
RECEIPT #: 1553518

APPLICATION FOR:

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

APPLICANT: Wanda Huscusson

AGENT: Dale Burd Dale Burd LLC

TELEPHONE: 386-365-7674

MAILING ADDRESS: 20619 County Road 137, 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: NA BLOCK: NA SUBDIVISION: NA PLATTED: NA

PROPERTY ID #: 13-7S-16-04207-000 ZONING: NA I/M OR EQUIVALENT: [ No ]

PROPERTY SIZE: 10.04 ACRES WATER SUPPLY: [x] PRIVATE PUBLIC [ ] <=2000GPD [ ] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [ No ] DISTANCE TO SEWER: na FT

PROPERTY ADDRESS: 129 Majestic Lane, Fort White, FL, 32038

DIRECTIONS TO PROPERTY: SR 47 South, TL US 27, TR Shiloh St, TL Spirit Ave, TL Majestic Lane, 1st drive on left

BUILDING INFORMATION

[x] RESIDENTIAL [ ] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	SF Residential	2	1493	3BR to 2 BR Like for Like
2				
3				
4				

[ ] Floor/Equipment Drains [ ] Other (Specify) \_\_\_\_\_

SIGNATURE: [Signature] DATE: 8/21/2020

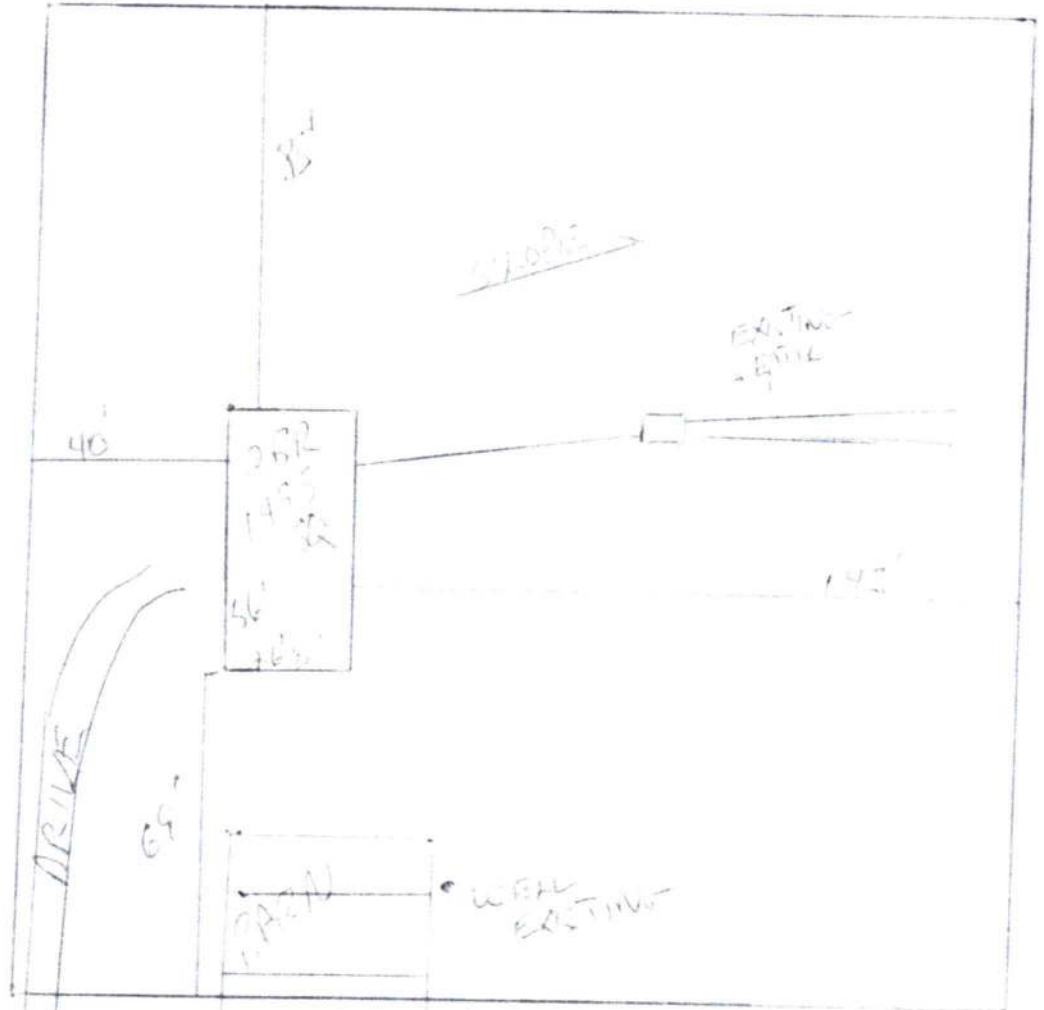
DH 4015, 08/09 (Obsoletes previous editions which may not be used)  
Incorporated 64E-6.001, FAC

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

Permit Application Number 20-0683

HULLUSON ----- PART II - SITEPLAN ----- 210'

Scale: 1 inch = 40 feet.



Notes: \_\_\_\_\_

1 of 10.04 App?

Site Plan submitted by [Signature]

Plan Approved [Signature] Not Approved \_\_\_\_\_

By [Signature] **Columbia CHD**

CONTRACTOR  
Date 8/24/20  
County Health Department

**ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT**