

# **PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION**

For Office Use Only

(Revised 7-1-15)

Zoning Official \_\_\_\_\_

Building Official \_\_\_\_\_

AP# \_\_\_\_\_

Date Received \_\_\_\_\_

By \_\_\_\_\_

Permit # \_\_\_\_\_

Flood Zone \_\_\_\_\_

Development Permit \_\_\_\_\_

Zoning \_\_\_\_\_

Land Use Plan Map Category \_\_\_\_\_

Comments \_\_\_\_\_

FEMA Map# \_\_\_\_\_

Elevation \_\_\_\_\_

Finished Floor \_\_\_\_\_

River \_\_\_\_\_

In Floodway \_\_\_\_\_

☐ Recorded Deed or ☐ Property Appraiser PO ☐ Site Plan ☐ EH # \_\_\_\_\_ ☐ 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 \_\_\_\_\_ ☐ Out County ☐ In County ☐ Sub VF Form

Property ID # 12-65-16-03816-410

Subdivision \_\_\_\_\_

Lot# \_\_\_\_\_

☒ New Mobile Home ☐ Used Mobile Home \_\_\_\_\_ MH Size 16'x56'x60' Year 2022

Applicant Charles Robinson Phone # 352-474-3914

Address 466 SW Deputy J. Davis LN Lake City, 32024

Name of Property Owner Renee Perry Phone# 954-448-8455

911 Address 11312 SW Choctaw Ave Fort 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 Freedom Homes Phone # 386-762-5355

Address 466 SW Deputy J. Davis LN Lake City FL 32024

Relationship to Property Owner \_\_\_\_\_

Current Number of Dwellings on Property 1

Lot Size 671'x650'x671'x650' Total Acreage 10.03 Ac

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 1/2 onto US-441 SW Marion Ave for 2.9mi 1/2 onto US-41 S / US-441 S for .9mi 1/2 onto Tustenage Ave for 11mi 1/2 onto SW Herlong St for 1.3mi 1/2 onto Choctaw Ave for 0.7mi and Jobsite will be on the left.

Name of Licensed Dealer/Installer David Albright Phone # 386-344-3645

Installers Address 353 SW Mauldin Ave Lake City FL 32024

License Number 14-1129420

Installation Decal # \_\_\_\_\_



## MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER \_\_\_\_\_ CONTRACTOR \_\_\_\_\_ 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>WHITTINGTON ELECTRIC</u> License #: <u>EC13002957</u>	Signature <u>[Signature]</u> Phone #: <u>386 972 1700</u>
Qualifier Form Attached <input type="checkbox"/>		
MECHANICAL/ A/C _____	Print Name <u>STYLECREST</u> License #: <u>CAC1817658</u>	Signature <u>[Signature]</u> Phone #: <u>850-769-1453</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





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, DAVID ALBRIGHT, give this authority for the job address show below  
Installer License Holder Name

only, 272 NW WHITNEY GLEN, LAKE CITY, FL 32055, 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)
PAUL A BARNEY	<i>Paul A. Barney</i>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
STEVE SMITH	<i>Steve Smith</i>	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Property Owner
CHARLES ROBINSON	<i>Charles Robinson</i>	<input checked="" 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.

*David Albright*

License Holders Signature (Notarized)

1H-1129420-1

License Number

5-4-2021

Date

## NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: COLUMBIA

The above license holder, whose name is DAVID ALBRIGHT, personally appeared before me and is known by me or has produced identification (type of I.D.) PERSONALLY KNOWN on this 4<sup>th</sup> day of MAY, 20 21.

*Linda Penhaligon*

NOTARY'S SIGNATURE







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 AGENT AUTHORIZATION

I, DAVID ALBRIGHT

Installers Name

, give this authority and I do certify that 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	Agents Company Name
PAUL A BARNEY	<i>Paul A Barney</i>	FREEDOM HOMES
STEVE SMITH	<i>Steve Smith</i>	FREEDOM HOMES
CHARLES ROBINSON	<i>Charles Robinson</i>	FREEDOM HOMES

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.

*David Albright*

License Holders Signature (Notarized)

License Number 1H-1129420-1

Date 5-4-2021

## NOTARY INFORMATION:

STATE OF: Florida

COUNTY OF: COLUMBIA

The above license holder, whose name is DAVID ALBRIGHT, personally appeared before me and is known by me or has produced identification (type of I.D.) PERSONALLY KNOWN on this 4<sup>th</sup> day of MAY, 20 21.

*Linda Penhaligon*  
NOTARY'S SIGNATURE

(Seal/Stamp)





License Number: IH / 1129420 / 1 Name: DAVID E ALBRIGHT

Order #: 5034

Label #: 83028

Manufacturer:

LIVE OAK

(Check Size of Home)

Homeowner:

PERRY

Year Model:

2022

Single

☒

Address:

SW CHOCTAW AVE

Length & Width:

56/60 x 16

Double

Triple

City/State/Zip:

FORT WHITE FL 32038

Type Longitudinal System:

6 OTI

HUD Label #:

Phone #:

Type Lateral Arm System:

6 OTI

Soil Bearing / PSF:

Date Installed:

New Home:

☒

Used Home:

Torque Probe / in-lbs:

Installed Wind Zone:

II

Data Plate Wind Zone:

II

Permit #:

Note:

STATE OF FLORIDA  
INSTALLATION CERTIFICATION LABEL

83028

LABEL #

DATE OF INSTALLATION

DAVID E ALBRIGHT

NAME

IH / 1129420 / 1

5034

LICENSE #

ORDER #

CERTIFIES THAT THE INSTALLATION OF THIS MOBILE HOME IS  
IN ACCORDANCE WITH FLORIDA STATUTES 320.8249, 320.8325  
AND RULES OF THE HIGHWAY SAFETY AND MOTOR VEHICLES.

INSTRUCTIONS

PLEASE WRITE DATE OF  
INSTALLATION AND AFFIX  
LABEL NEXT TO HUD LABEL.  
USE PERMANENT INK PEN  
OR MARKER ONLY.  
COMPLETE INFORMATION  
ABOVE AND KEEP ON FILE  
FOR A MINIMUM OF 2 YEARS.  
YOU ARE REQUIRED TO  
PROVIDE COPIES WHEN  
REQUESTED.



# Mobile Home Permit Worksheet

Application Number: \_\_\_\_\_

Date: \_\_\_\_\_

Installer: David Albright License # IH-1129420

Address of home being installed: 1810 SW Choctaw Ave Fort White FL 32038

Manufacturer: LIVE OAKS Length x width: 16' x 56' / 60'

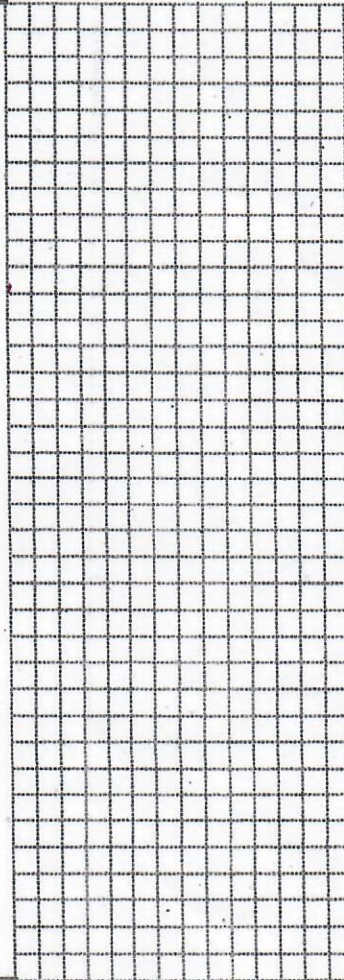
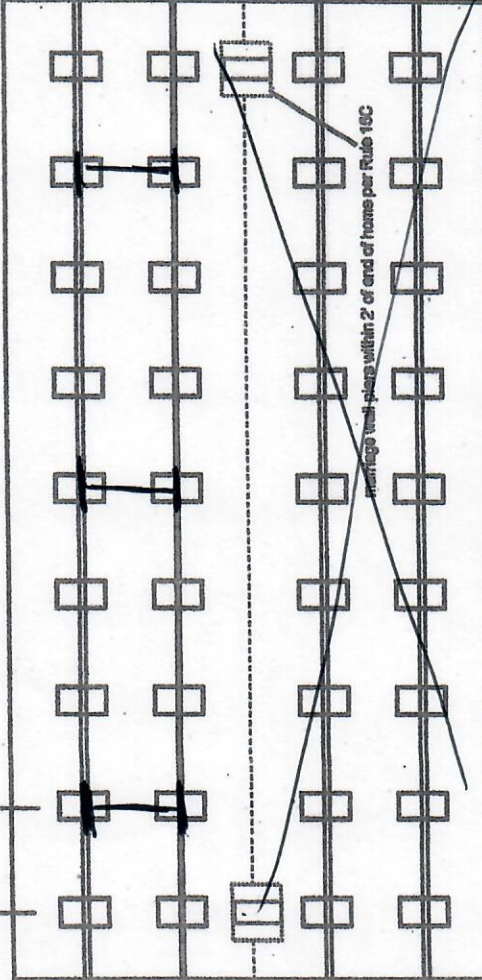
NOTE: If home is a single wide fill out one half of the blocking plan. If home is a triple or quad wide sketch in remainder of home. I understand Lateral Arm Systems cannot be used on any home (new or used) where the sidewall ties exceed 5 ft 4 in.

Installer's initials: DA

Typical pier spacing: 4' 6"



Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)



New Home ☒ Used Home ☐

Home installed to the Manufacturer's Installation Manual Home is installed in accordance with Rule 15-C

Single wide ☒ Wind Zone II ☐ Wind Zone III ☐

Double wide ☐ Installation Decal # 83028

Triple/Quad ☐ Serial # LOHGA20036928

## 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'	3'	4'	5'	6'	7'	8'
1500 psf	4'	4'	5'	6'	7'	8'	9'
2000 psf	6'	6'	8'	9'	10'	11'	12'
2500 psf	7'	7'	9'	10'	11'	12'	13'
3000 psf	8'	8'	10'	11'	12'	13'	14'
3500 psf	8'	8'	10'	11'	12'	13'	14'

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

## PIER PAD SIZES

I-beam pier pad size: 17 x 25  
 Perimeter pier pad size: 16 x 16  
 Other pier pad sizes (required by the mfg.): 23 x 31

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: \_\_\_\_\_

4 ft 5 ft

## FRAME TIES

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

## TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD) Manufacturer: 6871  
 Longitudinal Stabilizing Device w/ Lateral Arms Manufacturer: 6011

## OTHER TIES

Sidewall Longitudinal Marriage wall Shearwall  
 Number: 3, 6, 2



# 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 260 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 require anchors with 4000 lb holding capacity.

Installer's initials \_\_\_\_\_

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name DAVID AIBRIGHT

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. \_\_\_\_\_

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 79-80

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 78-110

## Site Preparation

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

## Fastening multi wide units

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

## Gasket (weatherproofing requirement)

I understand a properly installed gasket is a requirement of all new and used homes and that condensation, mold, 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: \_\_\_\_\_  
Pg. \_\_\_\_\_ Between Floors Yes \_\_\_\_\_  
Between Walls Yes \_\_\_\_\_  
Bottom of ridgebeam Yes \_\_\_\_\_

## Weatherproofing

The bottomboard will be repaired and/or taped. Yes \_\_\_\_\_  
Siding on units is installed to manufacturer's specifications. Yes \_\_\_\_\_ Pg. \_\_\_\_\_  
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 David Aibright Date \_\_\_\_\_



56'-0"

41'-8 1/2" SHEARWALL Z3 ONLY

41'-0"

2'-0"

6'-0"

8'-0"

8'-0"

8'-0"

8'-0"

8'-0"

13'-6"

16'-4"

DOOR

17'-4 1/2" SHEARWALL Z2 & 3

40'-3"

43'-1"

DOOR

41'-0"

95%

178

SUPPORT PIER/TYP

06/01/20

**SUPPORT PIER/TYP**

**FOUNDATION NOTES:**

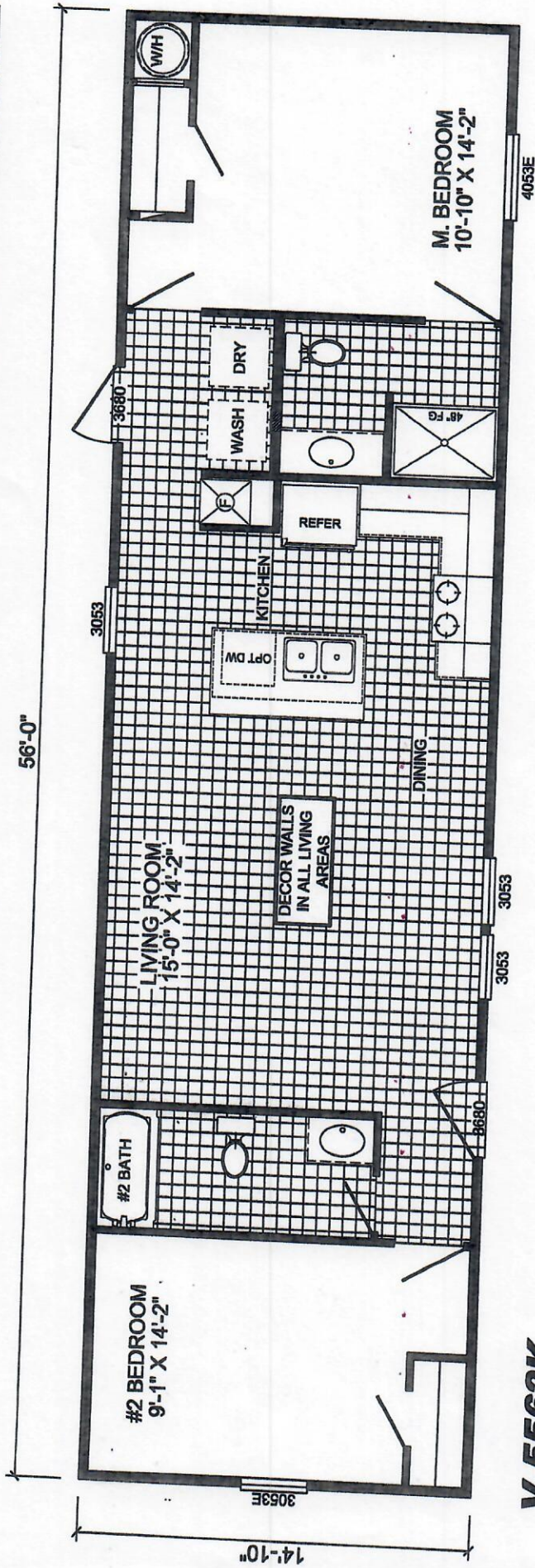
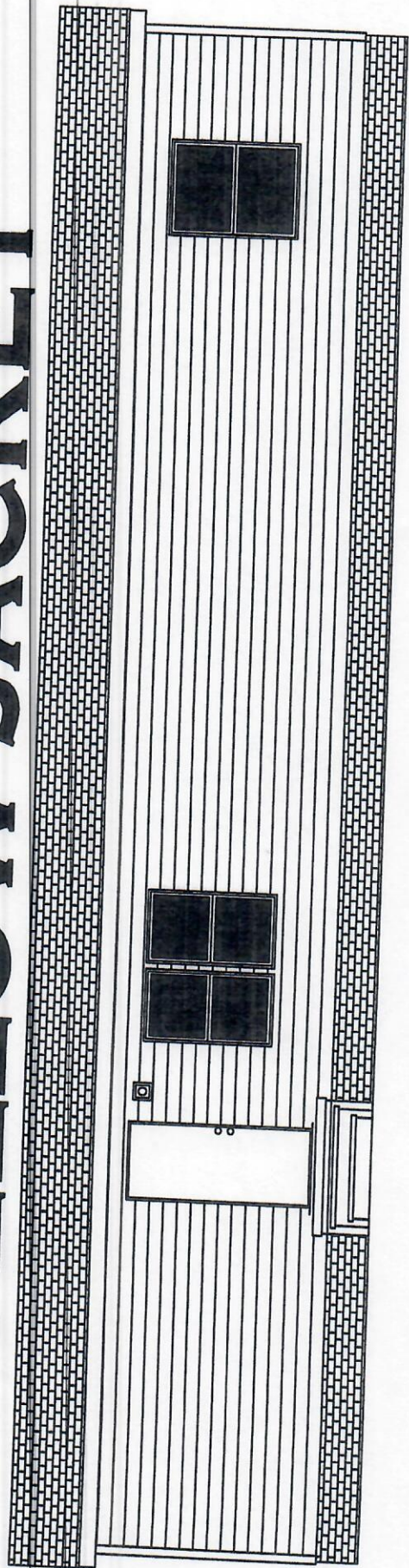
- THIS DRAWING IS DESIGNED FOR THE STANDARD WIND ZONE AND IS TO BE USED IN CONJUNCTION WITH THE INSTALLATION MANUAL AND ITS SUPPLEMENTS. FOOTINGS ARE SHOWN FOR EXAMPLE ONLY QUANTITY AND SPACING MAY VARY BASED ON PAD TYPE, SOIL CONDITION, ETC.

**Live Oak Homes**  
**MODEL: V-5562K - 14 X 60**  
**2-BEDROOM / 2-BATH**

V-5562K



# YELLOW JACKET



**V-5562K**

**2-BEDROOM / 2-BATH**

**16 X 60 - Approx. 830 Sq. Ft.**

Date: 06/25/20

\* All room dimensions include closets and square footage figures are approximate.  
 \* Live Oak Homes reserves the right to change product offering at any time.



# Freedom Mobile Home Sales, Inc

DATE OF BIRTH

BUYER:

CO-BUYER:

EMAIL

0

466 SW DEPUTY J DAVIS LN,  
LAKE CITY, FLORIDA 32024  
(386) 752-5355 Fax: (386) 752-4757

DRIVER'S LICENSE

BUYER: 0

CO-BUYER: 0

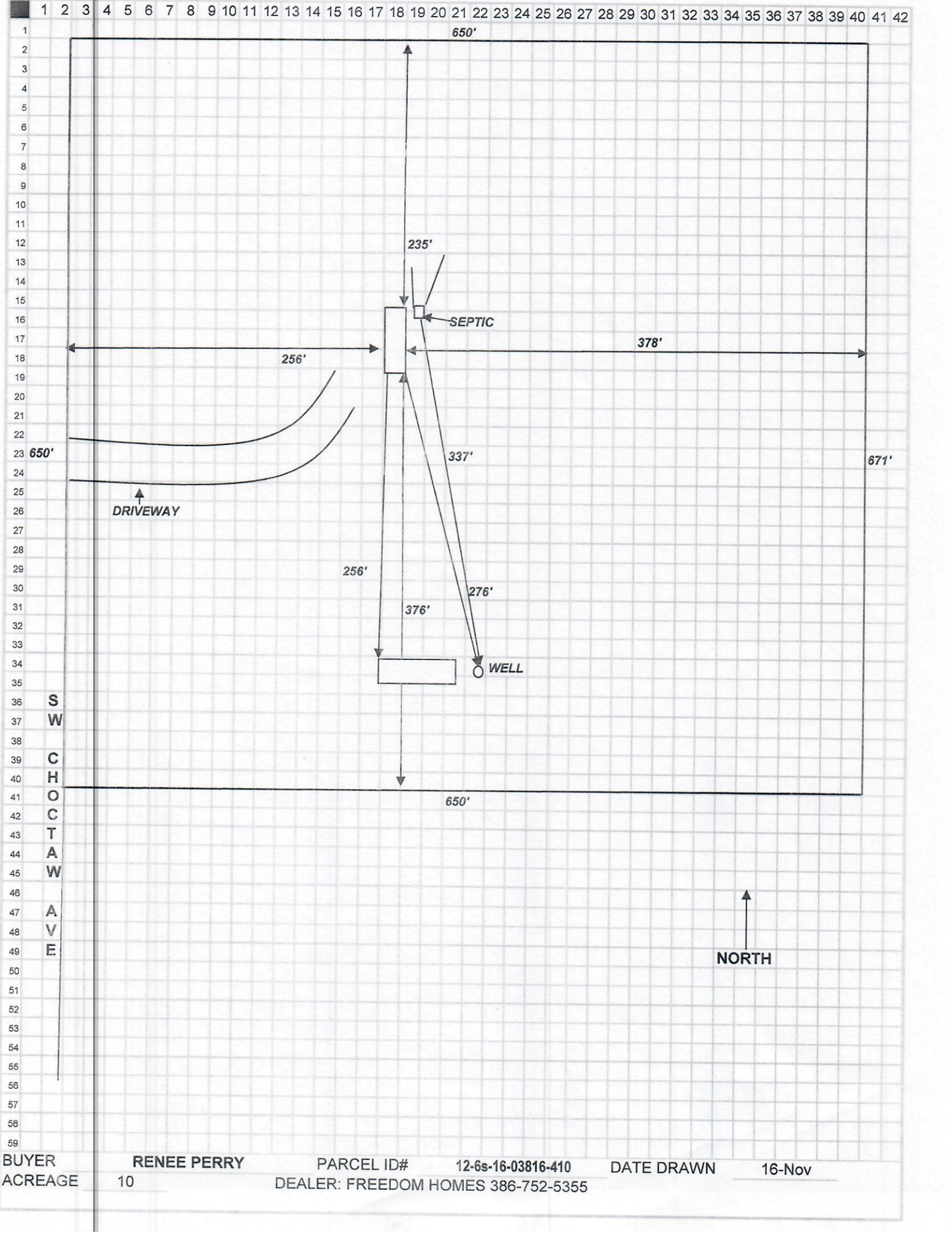
BUYER(S) RENE PERRY		PHONE 954-448-8485		DATE 10/28/21	
ADDRESS 775 SW CHOCTAW AVE FORT WHITE FL 32038		Salesperson: WAYNE HATCH			
DELIVERY ADDRESS TBD SW CHOCTAW AVE FORT WHITE FL 32038					
MAKE & MODEL LIVE OAK V-5562K		YEAR 2022	BEDROOMS 2X2	FLOOR SIZE L 16 W 56	HITCH SIZE L 16 W 60
SERIAL NUMBER LOHGA20036928		NEW OR USED YELLOW JACKET	PROPOSED DELIVERY DATE		STOCK NUMBER 1805
LOCATION	R-VALUE	THICKNESS	TYPE OF INSULATION		BASE PRICE OF UNIT \$68,254.72
CEILING	27	9 1/5	ROCKWOOL		OPTIONAL EQUIPMENT INCL
EXTERIOR	11	3 1/2	FIBERGLASS		SUB-TOTAL \$68,254.72
FLOORS	22	7	FIBERGLASS		COUNTY TAX \$50.00
THIS INSULATION INFORMATION WAS FURNISHED BY THE MANUFACTURER AND IS DISCLOSED IN COMPLIANCE WITH THE FEDERAL TRADE COMMISSION RULE 16 CFR, SECTION 460.16.					SALES TAX 6% \$4,095.28
OPTIONAL EQUIPMENT, LABOR, AND ACCESSORIES					TAG AND TITLE \$0.00
Delivered and Set Up:					0
Trim					0
Tied Down:					0
Dirt Pad					0
land clearing					0
Connect water and sewer within 20 feet of existing facility					0
Furnished \$ NO					WELL SEPTIC CLEARING PERMITS NON TAXABLE \$7,600.00
Unfurnished AGREE					1. CASH PURCHASE PRICE \$80,000.00
Customer responsible for any wrecker fees incurred on lot. AGREE					TRADE-IN ALLOWANCE \$0.00
Wheels & axles deleted from sale price of home. AGREE					LESS BAL. DUE ON ABOVE \$0.00
Electrical Hookup Included					NET ALLOWANCE \$0.00
					CASH DOWN PAYMENT \$40,000.00
					0 \$0.00
					LESS TOTAL CREDITS \$40,000.00
					BALANCE DUE TO FREEDOM \$40,000.00
					LAND PAYOFF \$0.00
					CLOSING COST FINANCED BY LENDER \$0.00
					INSURANCE \$0.00
					ESTIMATED FINAL LOAN AMOUNT \$40,000.00
Type of A/C PKG HP Included					Initial:
Type of Skirting BRICK Included					NO VERBAL AGREEMENTS WILL BE HONORED.
Type of steps WOODCODE Included					SELLER AGREES TO PAY UP TO 6% \$0.00
BALANCE CARRIED TO OPTIONAL EQUIPMENT Included					OF BUYERS CLOSING COST AND PREPAIDS
NOTE: WARRANTY, EXCLUSIONS AND LIMITATIONS OF DAMAGES ON THE REVERSE					The U.S. Department of Housing and Urban Development (HUD)
DESCRIPTION OF TRADE-IN YEAR BEDROOMS SIZE					Manufactured Home Dispute Resolution Program is available to resolve
MAKE N/A MODEL N/A					disputes among manufacturers, retailers, or installers concerning defects in
TITLE NO SERIAL COLOR					manufactured homes. Many states also have a consumer assistance or
N/A N/A					dispute resolution program. For additional information about these
LIEN HOLDER N/A PHONE NO AMOUNT					programs see sections titled "Dispute Resolution Process" and "additional
N/A N/A					Information -- HUD Manufactured Home Dispute Resolution Program" in
TRADE PAYOFF IS TO BE PAID BY 0					the consumer manual required to be provided to the purchaser. These
THIS AGREEMENT CONTAINS THE ENTIRE UNDERSTANDING BETWEEN DEALER AND BUYER AND NO OTHER REPRESENTATION OR INDUCEMENT, VERBAL OR WRITTEN HAS BEEN MADE					programs are not warranty programs and do not replace the manufacturer's
are agreed to as part of this agreement, the same as it printed above the signatures. Buyer is purchasing					or any other person's warranty program.
and accessories, the insurance as described has been voluntary, the Buyer's trade-in is free of all claims whatsoever except as noted.					
Liquidated Damages are agreed to \$900.00 or					
10% of the cash price, whichever is greater.					
REFER TO PARAGRAPH #6 ON THE REVERSE SIDE OF THIS CONTRACT					

Freedom Mobile Home Sales, Inc DEALER  
Not Valid Unless Signed by Steve Smith ( Vice Pres )

SIGNED X BUYER  
SOCIAL SECURITY NO. 000-00-0000

BY Agent  
SIGNED X BUYER  
SOCIAL SECURITY NO.





BUYER  
ACREAGE

RENEE PERRY  
10

PARCEL ID# 12-6s-16-03816-410  
DEALER: FREEDOM HOMES 386-752-5355

DATE DRAWN 16-Nov



# FW



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

PERMIT NO. 21-8917  
DATE PAID: 11-5-21  
FEE PAID: 310.00  
RECEIPT #: 1742274

APPLICATION FOR:

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

APPLICANT: RENEE PERRY (FREEDOM HOMES)

AGENT: ROBERT FORD III- NORTH FLORIDA SEPTIC TANK INC

TELEPHONE: 386-755-6372

MAILING ADDRESS: 741 SE STATE ROAD 100, LAKE CITY FLA 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: 10      BLOCK: ---      SUBDIVISION: TUSTENUGEE TRACE      PLATTED: 2020

PROPERTY ID #: 12-6S-15-03816-410      ZONING: SF      I/M OR EQUIVALENT: ☐ No ☒

PROPERTY SIZE: 10.03 ACRES      WATER SUPPLY: ☒ PRIVATE      PUBLIC ☐ ]<=2000GPD ☐ ]>2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ No ☒      DISTANCE TO SEWER:        FT

PROPERTY ADDRESS: 775 SW CHOCTAW AVE, FW FLA

DIRECTIONS TO PROPERTY: 4415 TR on Tustenuggee Ave, TR on Herlong St, TL on Choctaw Ave, to 775

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	MH	2	830	
2				
3				
4				

☐ Floor/Equipment Drains      ☐ Other (Specify)       

SIGNATURE: Robert W Ford (RW)      DATE: 11-3-2021





STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
ONSITE SEWAGE TREATMENT AND DISPOSAL  
SYSTEM

PERMIT #: 12-SC-2417235  
APPLICATION #: AP1762276  
DATE PAID: 11/5/21  
FEE PAID: 3000  
RECEIPT #: \_\_\_\_\_  
DOCUMENT #: PR1678778

CONSTRUCTION PERMIT FOR: OSTDS New  
APPLICANT: RENEE\*\*21-0917 PERRY  
PROPERTY ADDRESS: 775 SW CHOCTAW Fort White, FL 32038  
LOT: 10 BLOCK: \_\_\_\_\_ SUBDIVISION: Tustunuggee Trace  
PROPERTY ID #: 03816-410 [SECTION, TOWNSHIP, RANGE, PARCEL NUMBER]  
[OR TAX ID NUMBER]

SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF SECTION 381.0065, F.S., AND CHAPTER 64E-6, F.A.C. DEPARTMENT APPROVAL OF SYSTEM DOES NOT GUARANTEE SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN MATERIAL FACTS, WHICH SERVED AS A BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT TO MODIFY THE PERMIT APPLICATION. SUCH MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE NULL AND VOID. ISSUANCE OF THIS PERMIT DOES NOT EXEMPT THE APPLICANT FROM COMPLIANCE WITH OTHER FEDERAL, STATE, OR LOCAL PERMITTING REQUIRED FOR DEVELOPMENT OF THIS PROPERTY.

SYSTEM DESIGN AND SPECIFICATIONS

T [ 900 ] GALLONS / GPD \_\_\_\_\_ Septic Tank \_\_\_\_\_ CAPACITY  
A [ ] GALLONS / GPD \_\_\_\_\_ N/A \_\_\_\_\_ CAPACITY  
N [ ] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK: 1250 GALLONS]  
K [ ] GALLONS DOSING TANK CAPACITY [ ] GALLONS @ [ ] DOSES PER 24 HRS #Pumps [ ]  
D [ 250 ] SQUARE FEET \_\_\_\_\_ Drainfield \_\_\_\_\_ SYSTEM  
R [ ] SQUARE FEET \_\_\_\_\_ N/A \_\_\_\_\_ SYSTEM  
A TYPE SYSTEM: [X] STANDARD [ ] FILLED [ ] MOUND [ ]  
I CONFIGURATION: [X] TRENCH [ ] BED [ ]  
N  
F LOCATION OF BENCHMARK: tree E. of site.  
I ELEVATION OF PROPOSED SYSTEM SITE [ 24.00 ] [ INCHES ] FT [ ] [ ABOVE / BELOW ] BENCHMARK/REFERENCE POINT  
E BOTTOM OF DRAINFIELD TO BE [ 51.00 ] [ INCHES ] FT [ ] [ ABOVE / BELOW ] BENCHMARK/REFERENCE POINT  
L  
D FILL REQUIRED: [ 0.00 ] INCHES EXCAVATION REQUIRED: [ 0.00 ] INCHES

The system is sized for 2 bedrooms with a maximum occupancy of 4 persons (2 per bedroom), for a total estimated flow of 200 gpd.

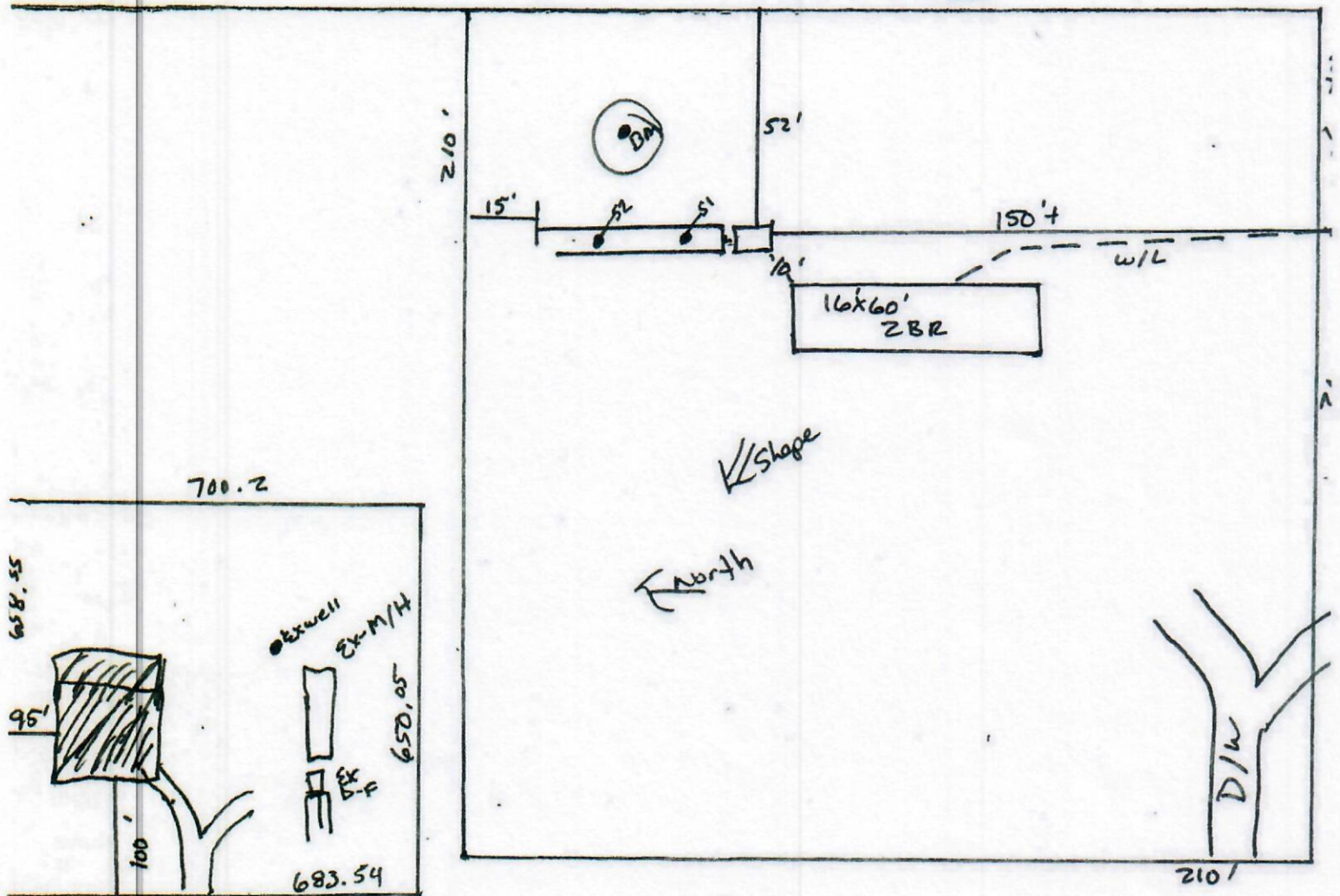
SPECIFICATIONS BY: WILLIAM D BISHOP TITLE: SA0890009; SM0081587  
APPROVED BY: Dustin W Jones TITLE: Environmental Specialist II Columbia CHD  
DATE ISSUED: 11/08/2021 EXPIRATION DATE: 05/08/2023  
DH 4016, 08/09 (Obsoletes all previous editions which may not be used)  
Incorporated: 64E-6.003, FAC



21-0917

$$1'' = 40'$$

Perry, J. L.



1 AC of 10.03

Plan submitted by: Bahar W. Jind III Date 11-3-2021

in Approved

**Not Approved**

Date 11/18/21

**County Health Department**

Page 2 of 4