

Parcel:  
35-6S-16-04069-001 (21187)

Owner & Property Info

Owner MOSELEY DOUGLAS LEE ETAL  
363 SW MCLINTON DR  
FT WHITE, FL 32038

Collin Moseley  
AFF Attached

Site  
Description\* COMM NE COR OF NW1/4 OF SW1/4, RUN S 1015.77 FT FOR POB, RUN S 526 FT, W 743.05 FT, N 525.76 FT, E 758.85 FT TO POB

Area 9.06 AC  
Use Code\*\* TIMBERLAND 80-89 (5500)

S/T/R 35-6S-16  
Tax District 3

STATE OF FLORIDA  
COUNTY OF COLUMBIA

LAND OWNER AFFIDAVIT

This is to certify that I, (We), Douglas Moseley,

as the owner of the below described property:

Property tax Parcel ID number 35-6S-16-04069-001

Subdivision (Name, lot, Block, Phase) NA

Give my permission for Collin Moseley to place a

Circle one Mobile Home Travel Trailer / Utility Pole Only / Single Family Home /  
Barn - Shed - Garage / Culvert / Other \_\_\_\_\_

I (We) understand that the named person(s) above will be allowed to receive a building permit on the property number I (we) have listed above and this could result in an assessment for solid waste and fire protection services levied on this property.

Douglas L. Moseley 10/15/21  
Owner Signature Date

\_\_\_\_\_  
Owner Signature Date

\_\_\_\_\_  
Owner Signature Date

Sworn to and subscribed before me this 15 day of October, 2021. This

(These) person(s) are personally known to me or produced ID

(Type)

Geraldine Douglas Geraldine Douglas  
Notary Public Signature Notary Printed Name



**MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM**

APPLICATION NUMBER \_\_\_\_\_ CONTRACTOR Brent Strickland PHONE 386-365-7043

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

**Collin Moseley**

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.*

<b>ELECTRICAL</b>	Print Name _____	Signature _____
	License #: _____	Phone #: _____
	Qualifier Form Attached <input type="checkbox"/>	
<b>MECHANICAL/ A/C</b>	Print Name <u>Harry Moseley</u>	Signature <u><i>Harry Moseley</i></u>
	License #: <u>RA0030316</u>	Phone #: <u>386-752-8592</u>
	Qualifier Form Attached <input checked="" 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.

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ELECTRICAL	Print Name <u>James Dale Williams</u> Signature  License #: <u>EC 13007092</u> Phone #: <u>386-362-2035</u> Qualifier Form Attached <input checked="" type="checkbox"/>
MECHANICAL/ A/C _____	Print Name _____ Signature _____ License #: _____ Phone #: _____ 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			

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Revised 10/30/2015





COLUMBIA COUNTY BUILDING DEPARTMENT  
LETTER OF AUTHORIZATION TO SIGN FOR PERMITS  
135 NE Hernando Ave, Suite B-21, Lake City, FL 32055  
Phone 386-758-1008 Fax 386-758-2160

I, Dale Williams (license holder name), licensed qualifier  
for Affordable Electric (company name), do certify that  
the below referenced person(s) listed on this form is/are employed by me directly or through an  
employee leasing arrangement; or, is an officer of the corporation; or, partner as defined in  
Florida Statutes Chapter 468, and the said person(s) 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 Person Authorized	Signature of Authorized Person
1. Dale Burd	1.
2.	2.
3.	3.
4.	4.
5.	5.

I, the license holder, realize that I am responsible for all permits purchased, and all work done  
under my license and fully responsible for compliance with all Florida Statutes, Codes, and  
Local Ordinances. I understand that the State and County Licensing Boards have the power and  
authority to discipline a license holder for violations committed by him/her, his/her agents,  
officers, or employees and that I have full responsibility for compliance with all statutes, codes  
and ordinances inherent in the privilege granted by issuance of such permits.

If at any time the person(s) you have authorized is/are no longer employee(s), or officer(s), you  
must notify this department in writing of the changes and submit a new letter of authorization  
form, which will supersede all previous lists. Failure to do so may allow unauthorized persons to  
use your name and/or license number to obtain permits.

James D. Williams License Holders Signature (Notarized) EC13007092 License Number 1-07-19 Date

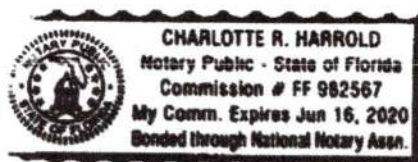
NOTARY INFORMATION:

STATE OF Florida COUNTY OF Columbia

The above license holder, whose name is James D. Williams  
personally appeared before me and is known by me or has produced identification  
(type of I.D.) \_\_\_\_\_ on this 7th day of January, 2019

Charlotte R. DeDane (Harold)  
NOTARY'S SIGNATURE

(Seal/Stamp)



PERMIT NUMBER

Installer Brent Strickland License # IH 1104218

Installer Mobile Phone # 386-365-7043

Address of home being installed

356 SW Mosley Court  
Fort White, FL 32038

Manufacturer

LIVE Oak

Length x width

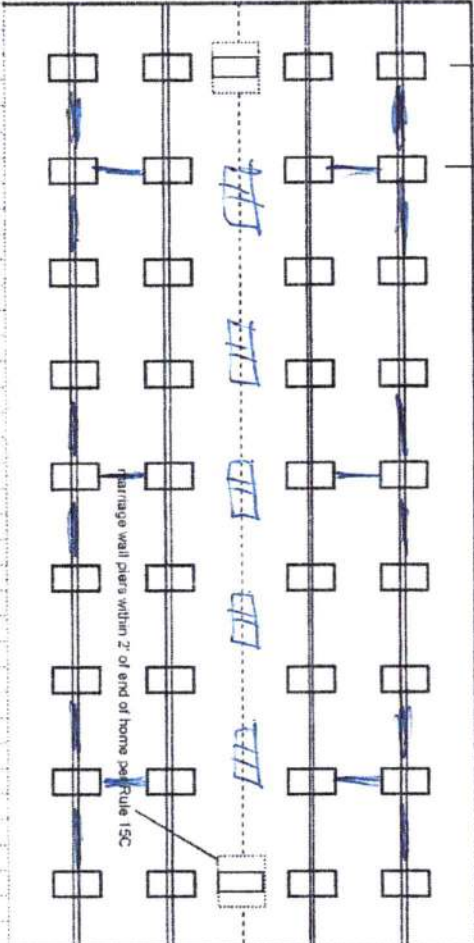
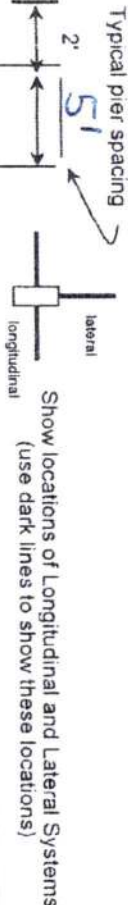
60x28

NOTE: if home is a single wide fill out one half of the blocking plan  
if home is a triple or quad wide sketch in remainder of home

I understand Lateral Arm Systems cannot be used on any home (new or used) where the sidewall ties exceed 5 ft 4 in.

Installer's initials

BS



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 # 65818

Triple/Quad ☐ Serial # LOH6A11113096AB

Roof System: ☒ Typical ☐ Hinged

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	16" x 16" (256)	18 1/2" x 18 (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'	9'	10'
2000 psf	6'	8'	9'	10'	11'	12'
2500 psf	7' 6"	9'	10'	11'	12'	13'
3000 psf	8'	10'	11'	12'	13'	14'
3500 psf	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 16x16  
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.

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

OTHER TIES

Number

Longitudinal Stabilizing Device (LSD)  
Manufacturer Chattahoochee  
Longitudinal Stabilizing Device w/ Lateral Arms  
Manufacturer Chattahoochee

Sidewall Longitudinal Marriage wall Shearwall



# PERMIT NUMBER

## PERMIT WORKSHEET

page 2 of 2

### POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to \_\_\_\_\_ psf or check here to declare 1000 lb. soil ☒ without testing.

X 1000 X 1000 X 1000

#### 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 1000 X 1000 X 1000

#### TORQUE PROBE TEST

The results of the torque probe test is 290 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. 1 understand 5 ft anchors are required at all centerline tie points where the torque test reading is 275 or less and where the mobile home manufacturer may requires anchors with 4000 lb holding capacity.

B.S. Installer's initials

#### ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Brent Stittland

Date Tested

10-22-2021

#### 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. 24

#### 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. 29

#### Site Preparation

Debris and organic material removed ☒ Swale ☒ Pad ☒ Other \_\_\_\_\_

#### Fastening multi wide units

Floor: Type Fastener: lag Length: 5' Spacing: 16"  
Walls: Type Fastener: 5/16" Length: 4" Spacing: 16"  
Roof: Type Fastener: 1/4" Length: 6" Spacing: 16"  
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 B.S.

Type gasket F-20 M  
Pg. 22

Installed:  
Between Floors Yes ☒  
Between Walls Yes ☒  
Bottom of ridgebeam Yes ☒

#### Weatherproofing

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

#### Miscellaneous

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

Installer verifies all information given with this permit worksheet is accurate and true based on the manufacturer's installation instructions and or Rule 15C-1 & 2

Installer Signature

B. Stittland

Date

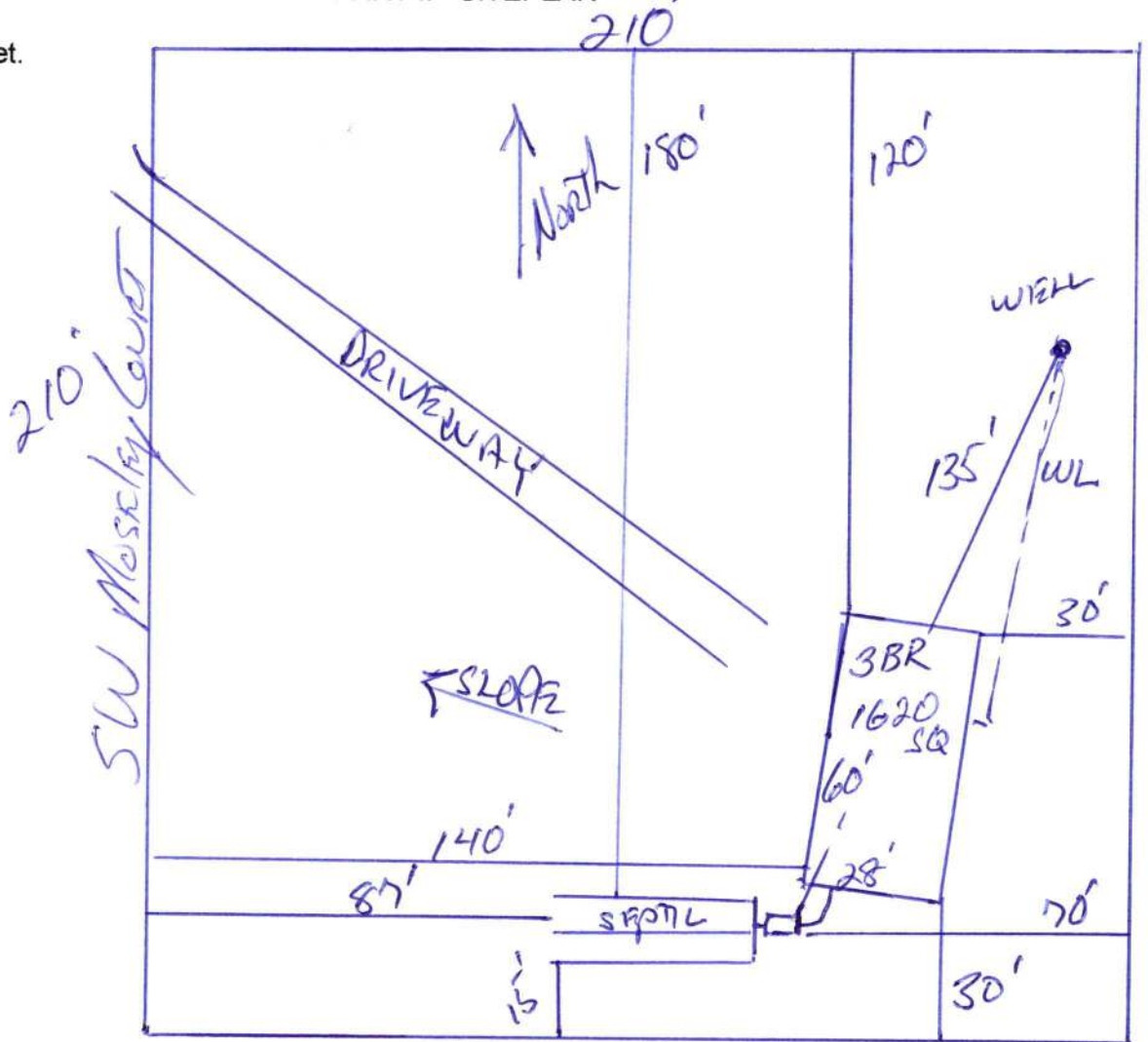
10-22-2021

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

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

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

Scale: 1 inch = 40 feet.



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

Site Plan submitted by: \_\_\_\_\_

Plan Approved \_\_\_\_\_

Not Approved \_\_\_\_\_

By \_\_\_\_\_

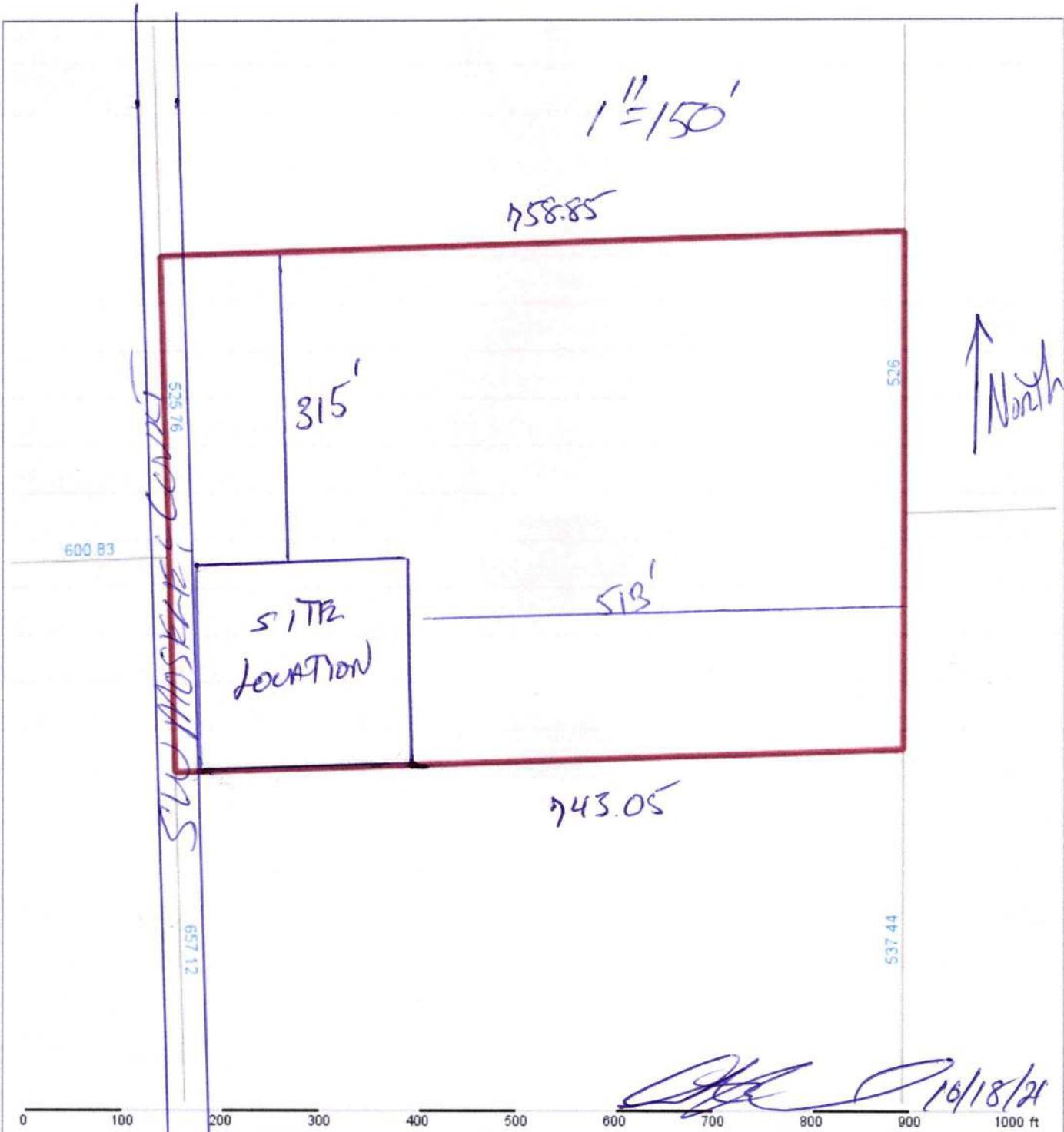
CONTRACTOR


Date \_\_\_\_\_

County Health Department

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



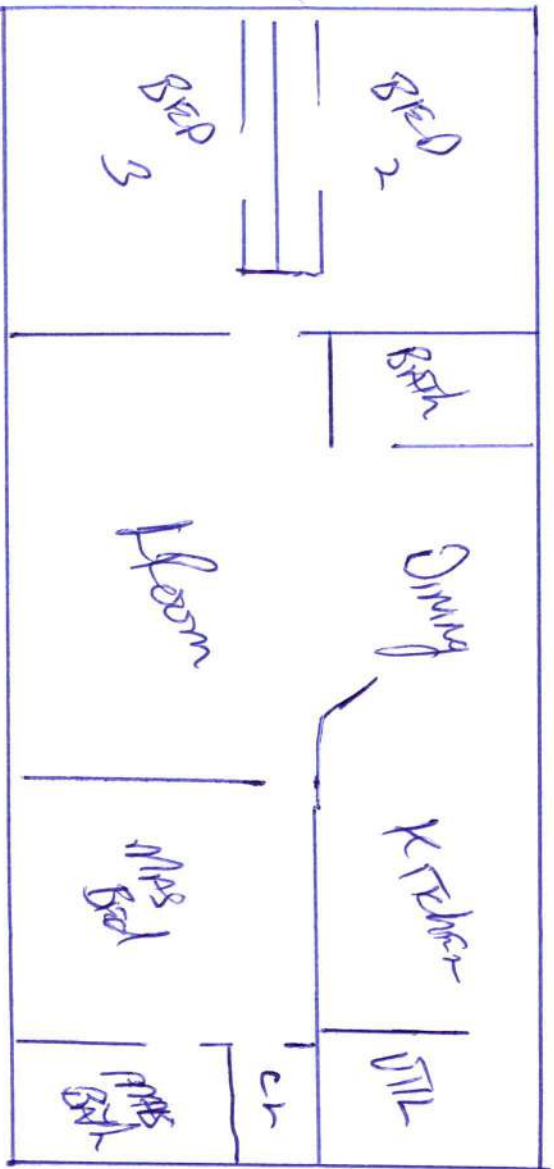


<b>Columbia County Property Appraiser</b> Jeff Hampton   Lake City, Florida   386-758-1083				
<b>PARCEL: 35-6S-16-04069-001 (21187)</b>   TIMBERLAND 80-89 (5500)   9.06 AC				
COMME COR OF NW1/4 OF SW1/4, RUN S 1015.77 FT FOR POB, RUN S 526 FT, W 743.05 FT, N 525.76 FT, E 758.85 FT TO POB				
<b>MOSELEY DOUGLAS LEE ETAL</b>		<b>2021 Working Values</b>		
Owner: 363 SW MCLINTON DR	Mkt Lnd	\$0	Appraised	\$3,823
FT WHITE, FL 32038	Ag Lnd	\$3,823	Assessed	\$3,823
Site:	Bldg	\$0	Exempt	\$0
Sales	XFOB	\$0	county:	\$3,823
Info	Just	\$40,423	Total	city:\$0
			Taxable	other:\$0
				school:\$3,823
		<b>NOTES:</b>		 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. <a href="http://GrizzlyLogic.com">GrizzlyLogic.com</a>				

Mosley

CD

3BR  
1600 sq



2011 Oct  
Tina

  
10/18/12



# Live Oak Homes

2875 Foltz Road  
Waycross, GA 31503  
912-287-9015

Plant Number 1

Date of Manufacture  
12/8/2011  
HUD No.  
GEO1502883/GEO1502884  
Manufacturer's Serial Number and Model Unit Designation  
LOHGA11113096AB M-2603C

Design Approval by (D.A.P.I.A.)  
NTA, Inc.

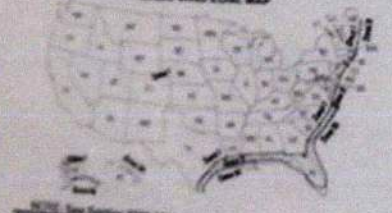
The factory installed equipment includes:

Equipment	Manufacturer	Model Designation
Heating	N/A	N/A
Cooking	WHIRLPOOL	RF110AXSQ
Refrigerator	WHIRLPOOL	WBTXNWFQ
Water Heater	BRADFORD WHITE	M240T1DS
Dishwasher	N/A	N/A
Fireplace	N/A	N/A
Stove	N/A	N/A
Microwave	N/A	N/A

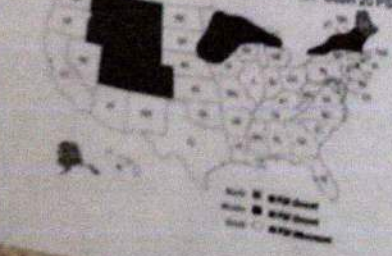
HOME CONSTRUCTED FOR WIND ZONE 2

This home has been designed for the higher wind pressure and anchoring provisions required for construction areas and should not be located within 1000' of the coastline in Wind Zone 2 and 3 unless the home and its anchoring and foundation system have been designed for the increased requirements specified for Exposure B in ASHRAE 15-90, 1-90.  
Note: If a home is located in a coastal area, the home should be equipped with storm shutters or other protection covering windows and exterior door openings. For homes designed to be located in Wind Zone 2 and 3, homes should not be located in areas with hurricanes or tropical storms. It is strongly recommended that the home be made ready to be equipped with these devices in accordance with the manufacturer's instructions prior to installation.

BASIC WIND ZONE MAP



NOTE: See Section 2.00 of the UO Value Zone Map for areas included in each Wind Zone. See also UO Value Zone Map for areas included in each Wind Zone.



## COMFORT HEATING

This manufactured home has been thermally insulated to conform with the requirements of the federal manufactured home construction and safety standards for all locations within climate zone 1.  
The above heating equipment has the capacity to maintain an average 73 degree temperature in this home at an outdoor temperature of 15 degrees F.  
To maintain furnace operating economy, and to conserve energy, it is recommended that this home be installed where the outdoor winter temperature (57%) is not higher than 15 degrees F.  
The above information has been calculated assuming a maximum wind velocity of 15 mph at standard atmosphere pressure.

## COMFORT COOLING

- ☐ Air conditioning provided at factory (alternate 1)  
Air conditioner manufacturer and model (see that at left):  
Certified capacity: 6 T.U. / hr. in accordance with the appropriate air conditioning and refrigeration institute standards.  
The central air conditioning system provided in this home has been sized assuming an orientation of the front (facing) end of the home facing on this basis the system is designed to maintain an indoor temperature of 75 degrees F when outdoor temperatures are 95 degrees F dry bulb and 80 degrees F wet bulb.  
The temperature to which this home can be cooled will change depending upon the amount of exposure of the windows of this home to the sun's radiant heat. Therefore, the homes heat gains will vary dependent upon its orientation to the sun and any permanent shading provided. Information concerning the calculation of cooling loads at various locations, window exposures and shadings are provided in Chapter 22 of the 1987 edition of the ASHRAE Handbook of Fundamentals. Information necessary to calculate cooling loads at various locations & orientations is provided in the special comfort cooling information provided with this home.
- ☒ Air conditioning not provided at factory (Alternate 2)  
The air distribution system of this home is suitable for the installation of central air conditioning.  
The supply air distribution system installed in this home is sized for a manufactured home central air conditioning system of up to 49,497 B.T.U. / hr. rated capacity which are certified in accordance with the appropriate air conditioning & refrigeration institute standards, when the air conditioners of such air conditioners are rated at 0.3 inch water column static pressure or greater for the cooling air delivered to the manufactured home supply air duct system. Information necessary to calculate cooling loads at various locations & orientations is provided in the special comfort cooling information provided with this manufactured home.
- ☐ Air conditioning not recommended (alternate 3)  
The air distribution system of this home has not been designed in anticipation of its use with a central air conditioning system.

## INFORMATION PROVIDED BY THE MANUFACTURER NECESSARY TO CALCULATE SENSIBLE HEAT GAIN

Walls without windows & doors:	1" U-value	.093
Ceilings and roofs of light color:	1" U-value	.039
Ceilings and roofs of dark color:	1" U-value	.039
Floors:	1" U-value	.076
Air ducts in floor:	1" U-value	N/A
Air ducts in ceiling:	1" U-value	.144
Air ducts installed outside the home:	1" U-value	.46
The following are the duct areas in this home:		
Air ducts in floor:	N/A	square feet
Air ducts in ceiling:	454.55	square feet
Air ducts outside the home:	126.71	square feet

To determine the required capacity of equipment to cool a home efficiently and economically, a cooling load (heat gain) calculation is required. The cooling load is dependent of the orientation, location & the structure of the home. Central air conditioners operate most efficiently & provide the greatest comfort when their capacity closely approximates the calculated cooling load. Each homes air conditioner should be sized in accordance with Chapter 22 of the American Society of Heating, Refrigerating and Air Conditioning Engineers (ASHRAE) Handbook of Fundamentals since the location & orientation are known.

## UO Value Zone Map for Manufactured Housing



LOHGA11113096AB

12/8/2011

**COLUMBIA COUNTY BUILDING DEPARTMENT****PRELIMINARY MOBILE HOME INSPECTION REPORT**

Application # \_\_\_\_\_

\$50.00 Fee Paid \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_ BY \_\_\_\_\_ IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? NoOWNERS NAME Collin Moseley PHONE \_\_\_\_\_ CELL 941-232-9152ADDRESS 363 SW McLinton Dr, Fort White, FL, 32038MOBILE HOME PARK No SUBDIVISION NADRIVING DIRECTIONS TO MOBILE HOME US 441 South, TR CR 18, 7/10ths miles on left (address 872)MOBILE HOME INSTALLER Brent Strickland PHONE \_\_\_\_\_ CELL 386-365-7043**MOBILE HOME INFORMATION**MAKE Live Oak YEAR 2011 SIZE 28 x 60 COLOR \_\_\_\_\_SERIAL No. LOHGA11113096ABWIND 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**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: \_\_\_\_\_

NOT APPROVED \_\_\_\_\_ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS \_\_\_\_\_

BUILDING INSPECTOR'S SIGNATURE \_\_\_\_\_ ID NUMBER \_\_\_\_\_ DATE \_\_\_\_\_