

DATE 03/25/2009

Columbia County Building Permit

PERMIT

This Permit Must Be Prominently Posted on Premises During Construction

000027711

APPLICANT WENDY GRENNELL PHONE 386.497.2311
ADDRESS POB 39 FT. WHITE FL 32038
OWNER THOMAS & EVELYN NICHOLS PHONE 386.867.1380
ADDRESS 5801 SW SR 47 LAKE CITY FL 32024
CONTRACTOR CHESTER KNOWLES PHONE 386.755.6441
LOCATION OF PROPERTY 47-S TO US 27,TR TO JORDAN,TL TO AMIEL CT.,TR FOLLOW DIRT
ROAD THAT FORKS TO L, LAST PROPERTY @ END.
TYPE DEVELOPMENT M/H/UTILITY ESTIMATED COST OF CONSTRUCTION 0.00
HEATED FLOOR AREA TOTAL AREA HEIGHT STORIES
FOUNDATION WALLS ROOF PITCH FLOOR
LAND USE & ZONING FW MAX. HEIGHT
Minimum Set Back Requirments: STREET-FRONT REAR SIDE
NO. EX.D.U. 0 FLOOD ZONE FW DEVELOPMENT PERMIT NO.

PARCEL ID 33-6S-16-04024-006 SUBDIVISION
LOT BLOCK PHASE UNIT TOTAL ACRES 5.92

IH0000509
Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor Wendy Grennell
FW-PUBLIC WORKS 09-0155-E CFS HD N
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: TOWN OF FT. WHITE.

Check # or Cash 4573

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 date/app. by
Permanent power C.O. Final Culvert
date/app. by date/app. by date/app. by
Pump pole Utility Pole M/H tie downs, blocking, electricity and plumbing
date/app. by date/app. by date/app. by
Reconnection RV Re-roof
date/app. by 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 \$ FIRE FEE \$ 44.94 WASTE FEE \$
FLOOD DEVELOPMENT FEE \$ FLOOD ZONE FEE \$ CULVERT FEE \$ TOTAL FEE 294.94
INSPECTORS OFFICE CLERKS OFFICE

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. AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.

"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 RECIEVES AN APPROVED INSPECTION EVERY 180 DAYS. WORK SHALL BE CONSIDERED NOT SUSPENDED, ABANDONED OR INVALID WHEN THE PERMIT HAS RECIEVED AN APPROVED INSPECTION WITHIN 180 DAYS OT THE PREVIOUS INSPECTION.

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

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only

(Revised 1-10-08)

Zoning Official

3/17/09

Building Official

NO

3-17-09

AP# 0903.25

Date Received

3/16/09

By

Permit #

27111

Flood Zone

X

Development Permit

—

Zoning

City of Ft

Land Use Plan Map Category

White

Comments

FEMA Map#

Elevation

Finished Floor

River

In Floodway

Site Plan with Setbacks Shown

EH #

09-0155-E

EH Release

Well letter

Existing well

Recorded Deed or Affidavit from land owner

Letter of Auth. from installer

State Road Access

Parent Parcel #

STUP-MH

F W Comp. letter

IMPACT FEES: EMS

Fire

Corr

Road/Code

Affidavit School

= TOTAL

White letter

P.m. Inspection Sent 3/16/09

NA Lots 4 + 5

Property ID #

33-65-16-04024-006

Subdivision

New Mobile Home

Used Mobile Home

✓

MH Size

14x56

Year

95

Applicant

Wendy Grennell/Dale Burd/Rocky Ford

Phone #

386-497-2311

Address

PO Box 39 Ft White FL 32038

Name of Property Owner

Thomas + Evelyn Nichols

Phone#

386-867-1380

911 Address

464 SW Amiel Court Ft White FL 32038

Circle the correct power company -

FL Power & Light

Clay Electric

(Circle One) -

Suwannee Valley Electric

Progress Energy

Name of Owner of Mobile Home

Thomas Nichols

Phone #

386-867-1380

Address

464 SW Amiel Court Ft White FL 32038

Relationship to Property Owner

same

Current Number of Dwellings on Property

1

Lot Size

Total Acreage

5.92

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

(OWES) Fire only

Driving Directions to the Property

Hwy 47 South to US Hwy 27 turn (R) to Jordan turn (L) to Amiel turn (R) follow dirt road that forks to (L) last property at end

Name of Licensed Dealer/Installer

Chester Knowles

Phone #

386-755-6441

Installers Address

5801 SW SR 47 Lake City FL 32024

License Number

IH0000509

Installation Decal #

302078

Spoke to Cheryl

PERMIT WORKSHEET

PERMIT NUMBER

page 1 of 2

Installer Jessie L. Chester Knowles License # TH0000509

Address of home being installed 464 SW Amiel Ct

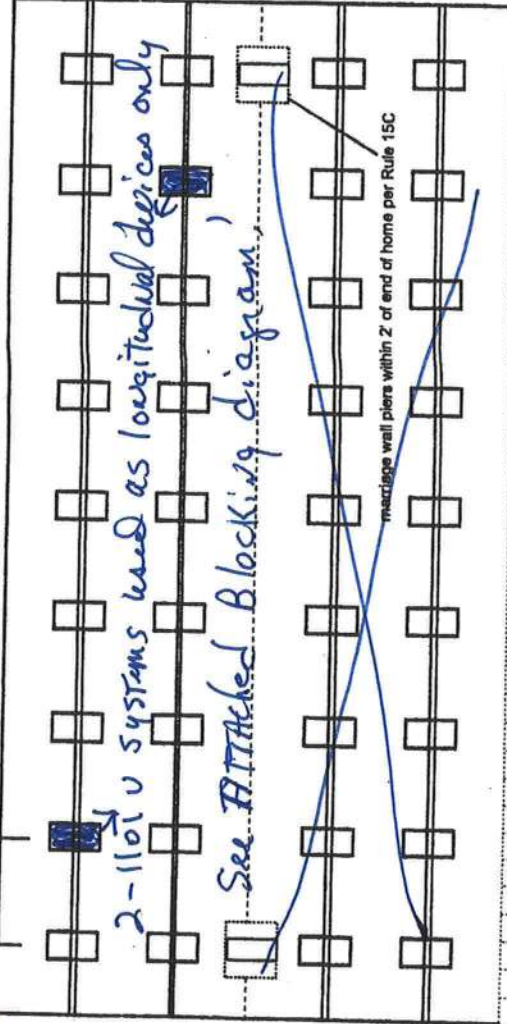
Manufacturer FL White FL 32035

Length of width 14x56

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 JLK



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 Detail # 302078

Triple/Quad ☐ Serial # N/A

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

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

PIER PAD SIZES

I-beam pier pad size 23 1/2 x 31 1/4

Perimeter pier pad size N/A

Other pier pad sizes (required by the mfg.) 16 x 16

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 N/A Pier pad size Single wide

4 ft

5 ft

FRAME TIES

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

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)

Manufacturer Oliver Technology

Longitudinal Stabilizing Device w/ Lateral Arms

Manufacturer used as long, T a sub device only.

OTHER TIES

Number

Sidewall

Longitudinal

Marriage wall

Shearwall

20

1101V

N/A

2

PERMIT WORKSHEET

PERMIT NUMBER

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 1.0 X 1.0 X 1.0

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 1.0 X 1.0 X 1.0

TORQUE PROBE TEST

The results of the torque probe test is N/A using 100 lb system, Jorgensen only. inch pounds or check showing 275 inch pounds or less will require 5 foot anchors. A test

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 requires anchors with 4000 lb. holding capacity.

Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Jessie L. Chester 'Kowals

Date Tested 3-13-09

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. 15C-1

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 15C-1

Connect all potable water supply piping to an existing water meter, water tap, or other

Site Preparation

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

Fastening multi wide units

Floor: Type Fastener: N/A Length: N/A Spacing: N/A
Walls: Type Fastener: N/A Length: N/A Spacing: N/A
Roof: Type Fastener: N/A Length: N/A Spacing: N/A
For used homes a min. 30 gauge, 8" wide, galvanized metal strips 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 JLK

Type gasket N/A
Pg. N/A

Installed:

Between Floors Yes N/A
Between Walls Yes N/A
Bottom of ridgebeam Yes Single wide

Weatherproofing

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

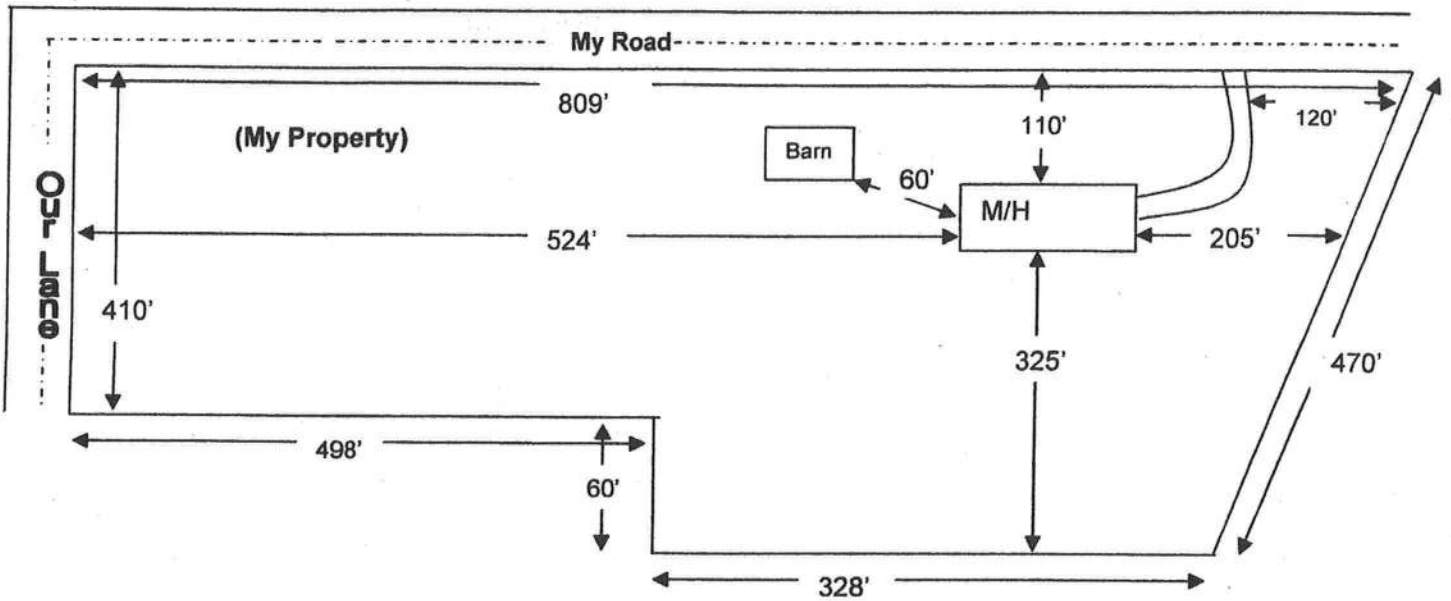
Miscellaneous

Skirting to be installed. Yes ☒ No ☒
Dryer vent installed outside of skirting. Yes ☒ No ☒
Range downflow vent installed outside of skirting. Yes ☒ No ☒
Drain lines supported at 4 foot intervals. Yes ☒ No ☒
Electrical crossovers protected. Yes N/A Single wide.
Other: House to be set to 15C-1 code.

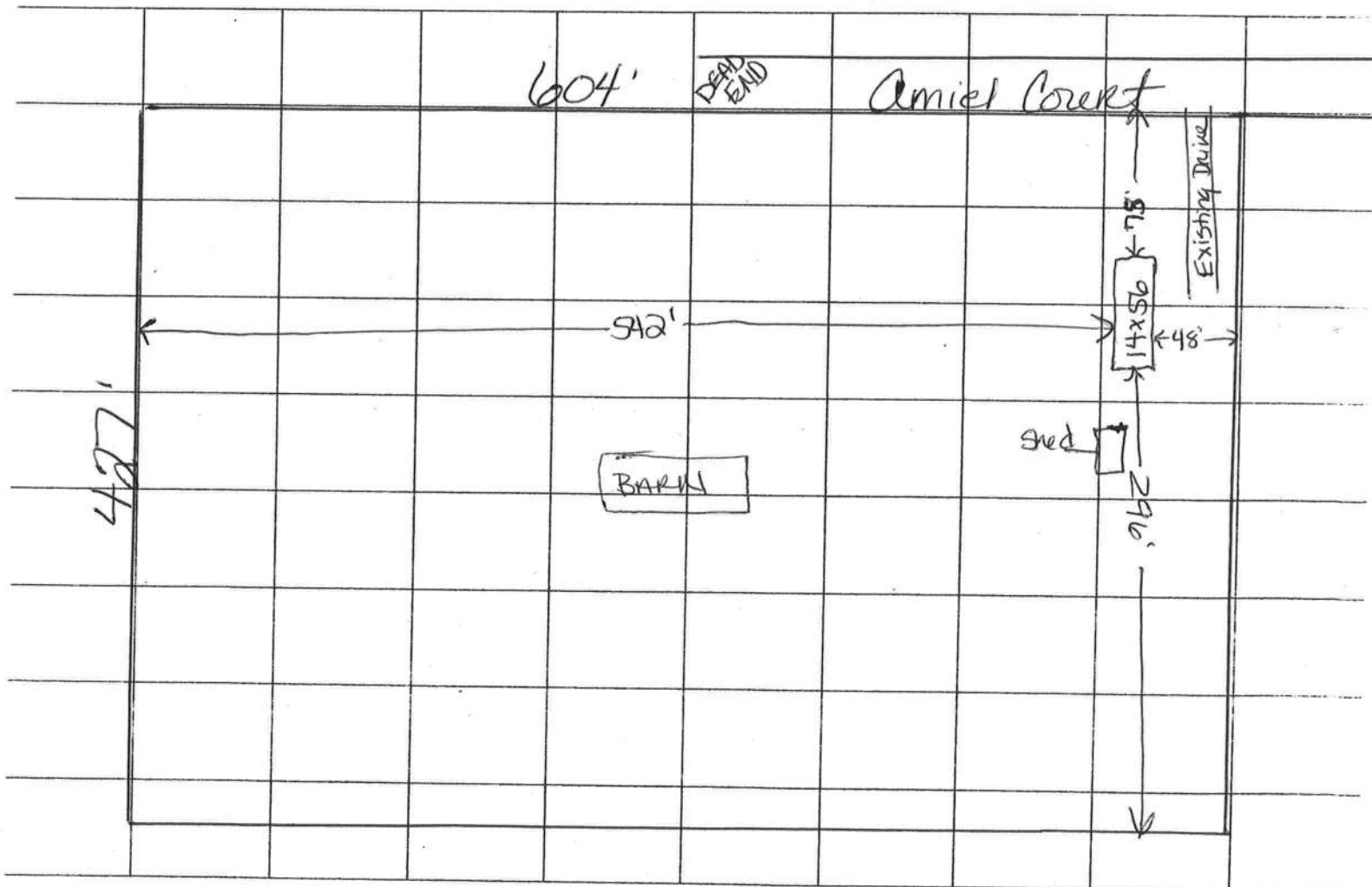
Installer verifies all information given with this permit worksheet is accurate and true based on the manufacturer's installation instructions and or Rule 15C-1 & 2

Installer Signature Jessie L. Chester 'Kowals Date 3-13-09

SITE PLAN EXAMPLE / WORKSHEET



Use this example to draw your own site plan. Show all existing buildings and any other homes on this property and show the distances between them, Also show where the roads or roads are around the property. This site plan can also be used for the 911 Addressing department if you include the distance from the driveway to the nearest property line.



Columbia County Property Appraiser

DB Last Updated: 3/5/2009

2009 Preliminary Values

Tax Record

Property Card

Interactive GIS Map

Print

Parcel: 33-6S-16-04024-006

Owner & Property Info

Owner's Name	NICHOLS THOMAS JR & EVELYN P		
Site Address	AMIEL		
Mailing Address	P O BOX 249 LOWELL, FL 326630249		
Use Desc. (code)	VACANT (000000)		
Neighborhood	16.00	Tax District	4
UD Codes	MKTA02	Market Area	02
Total Land Area	5.920 ACRES		
Description	BEG SW COR OF NW1/4 OF NW1/4, RUN E 603.61 FT, N 427.06 FT, W 604.31 FT, S 427.42 FT TO POB. AKA LOTS 4 & 5. ORB 646-600, 647-552, 895-2110 PROBATE 1080-573 THRU 613. PR DEED 1080-615.		

<< Prev

Search Result: 8 of 9

Next >>

GIS Aerial



Property & Assessment Values

Mkt Land Value	cnt: (2)	\$40,974.00
Ag Land Value	cnt: (0)	\$0.00
Building Value	cnt: (0)	\$0.00
XFOB Value	cnt: (1)	\$800.00
Total Appraised Value		\$41,774.00

Just Value	\$41,774.00
Class Value	\$0.00
Assessed Value	\$41,774.00
Exempt Value	\$0.00
Total Taxable Value	\$41,774.00

Sales History

Sale Date	Book/Page	Inst. Type	Sale VImp	Sale Qual	Sale RCode	Sale Price
3/30/2006	1080/615	PR	V	U	01	\$15,000.00
7/1/1999	895/2110	QC	I	U	01	\$6,000.00
3/22/1988	647/552	WD	V	U		\$3,800.00

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)
0040	BARN,POLE	2006	\$800.00	1.000	0 x 0 x 0	(.00)

Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
000000	VAC RES (MKT)	5.920 AC	1.00/1.00/1.00/1.00	\$6,583.50	\$38,974.00
009945	WELL/SEPT (MKT)	1.000 UT - (.000AC)	1.00/1.00/1.00/1.00	\$2,000.00	\$2,000.00

Columbia County Property Appraiser

DB Last Updated: 3/5/2009

LIMITED POWER OF ATTORNEY

I, Jessie "Chester" Knowles, license # HH0000509 hereby authorize Wendy Grennell/Dale Burd/Rocky Ford to be my representative and act on my behalf in all aspects of applying for a mobile home permit to be placed on the following described property located in Columbia County, Florida.

Property Owner: Thomas + Evelyn Nichols
911 Address: 464 SW Amiel Ct
Parcel ID #: 04024-006
Sect: 33 Twp: 6S Rge: 16

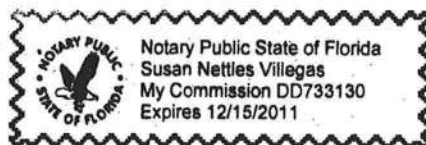
Jessie L. Chester Knowles
Mobile Home Installer Signature

3-13-09

Date

Sworn to and subscribed before me this 13th day
of MAR, 2009.

Susan Nettles Villegas
Notary Public



My Commission expires: 12/15/2011
Commission Number: DD733130
Personally known: ✓
Produced ID (type): _____

MOBILE HOME INSTALLERS AFFIDAVIT

Florida Statue Section 320.8249 Requires Mobile Home Installers to be Licensed:

Any person who engages in mobile home installation shall obtain a mobile home installers license from the Bureau of Mobile Home and Recreational Vehicle construction of the Department of Highway Safety and Motor Vehicles Pursuant to this section.

I, Jessie L. "Chester" Knowles, License No., IH 0000509
Please Type or Print

do hereby state that the installation of the manufactured home at:

464 SW Amiel Ct Ft White FL 32038
911 Address of the Job site

Will be done under my supervision.

Jessie L. "Chester" Knowles
Signature

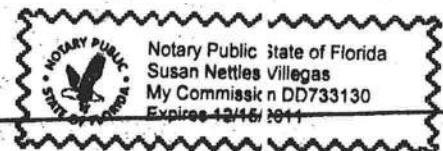
Sworn to and subscribed before me this 13th day of Mar. 20 09.

Notary public: Susan Villegas My commission Expires: 12/15/2011
Signature Date

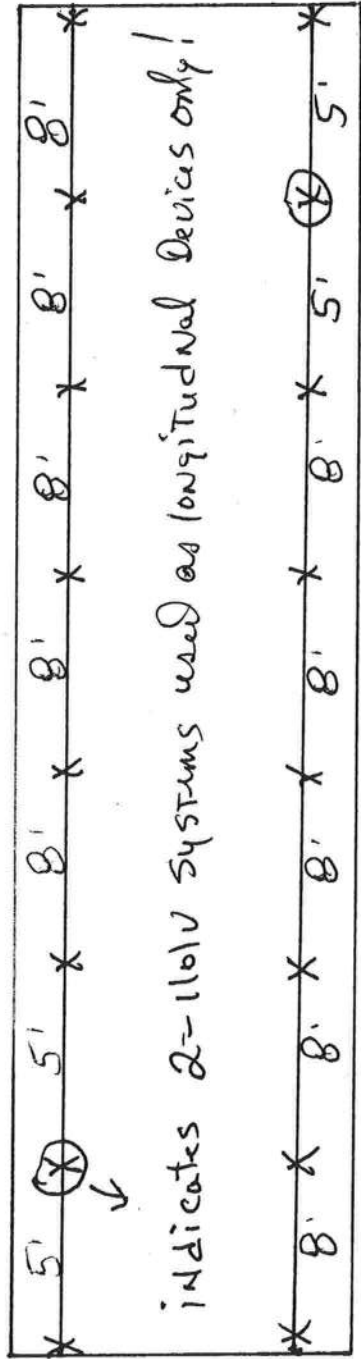
Personally Known: ☒

Produce Valid Identification: _____

Stamp or seal



14x56 Skyline
95 used



X indicates I Beam Piers 8' O.C. using $23\frac{1}{4} \times 31\frac{1}{4}$ ABS pads assuming 1000 # Soil.

App # 0903-25

IMPACT FEE OCCUPANCY AFFIDAVIT

This affidavit is given for the purpose of obtaining an exemption pursuant to Article VIII, Section 8.01, Columbia County Comprehensive Impact Fee Ordinance No. 2007-40, adopted October 18, 2007, as may be amended.

**STATE OF FLORIDA
COUNTY OF COLUMBIA**

BEFORE ME, the undersigned authority, personally appeared Andrea Nichols Fleming who, after being duly sworn, deposes and says:

1. Except as otherwise stated herein, Affiant has personal knowledge of the facts and matters set forth in this affidavit regarding property identified below as:

- (a) Parcel No.: 33-65-16-04024-006
(b) Legal description (may be attached):

see attached

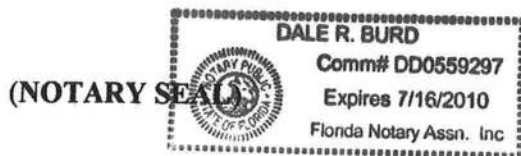
2. Based upon Affiant's personal knowledge, a non-residential building or a residential dwelling has existed on the above referenced property. Said building or dwelling unit was last occupied on 2/2005 (date.)

3. This Affidavit is made and given by Affiant with full knowledge that the facts contained herein are accurate and complete, and with full knowledge that the penalties under Florida law for perjury include conviction of a felony of the third degree.

Further Affiant sayeth naught.

Andrea Nichols Fleming
Print: Andrea Nichols - Fleming
Address: Post Office Box 1751
Lake City, FL 32056

SWORN TO AND SUBSCRIBED before me this 19 day of MARCH, 2009, by Andrea Nichols Fleming who is personally known to me or who has produced Drivers License as identification.



[Signature]
Notary Public, State of Florida

My Commission Expires:



STATE OF FLORIDA
DEPARTMENT OF HEALTH

Nichols/Fleming

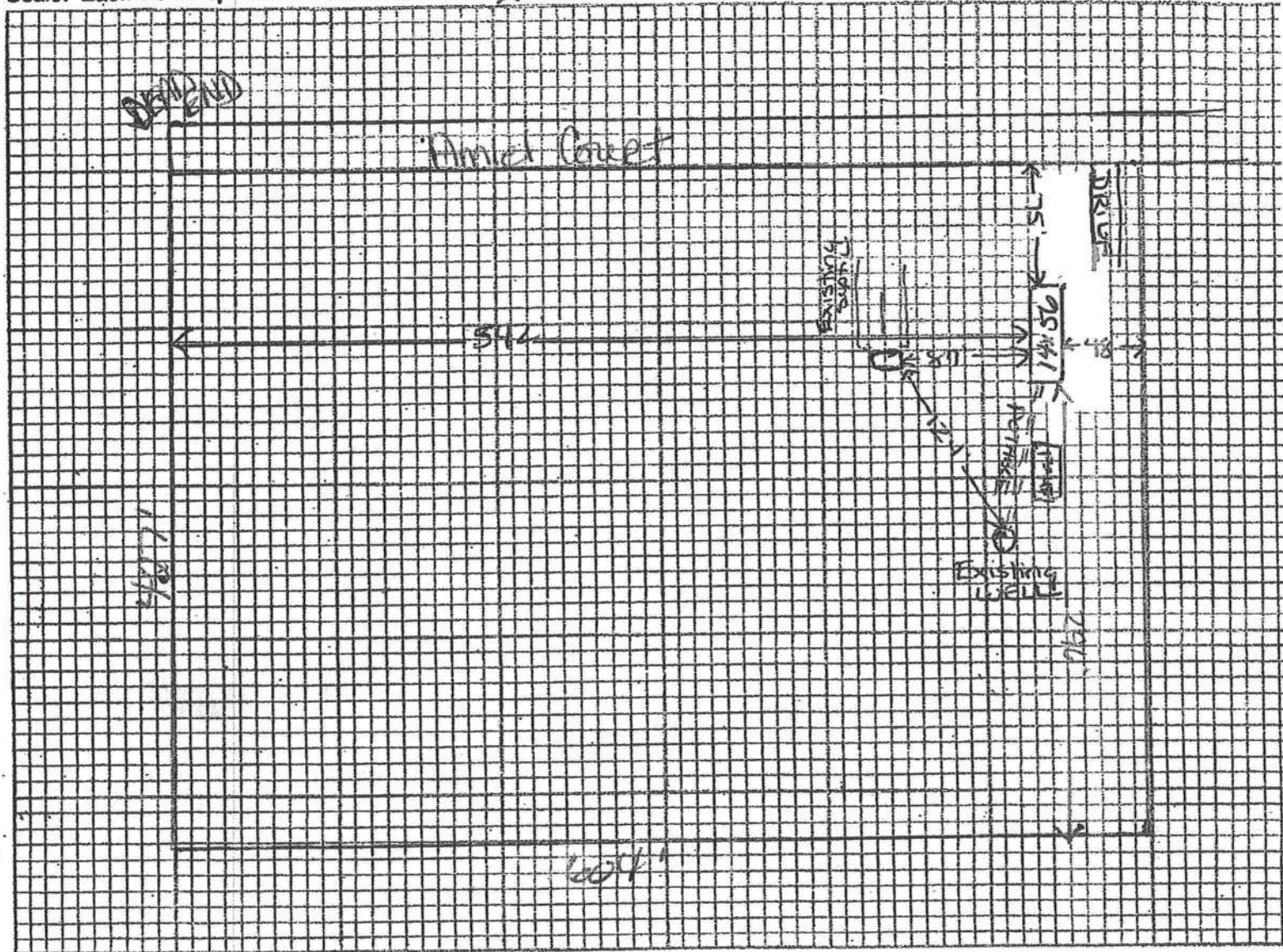
09-0155E

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number _____

PART II - SITE PLAN

Scale: Each block represents 5 feet and 1 inch = ¹⁰⁰~~50~~ feet.



Notes: _____

Site Plan submitted by: _____

Rock D
Signature

Master Contractor
Title

Plan Approved ☒

Not Approved _____

Date *2-24-09*

By *mm 22* _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Town of Fort White

Post Office Box 129 Fort White, Florida 32038-0129
Town Hall - (386) 497-2321 • Public Works - (386) 497-3345 • Fax (386) 497-4946
Email: townofftwhite@alltel.net • Web site: Townoffortwhitefl.com

CERTIFICATE OF COMPLIANCE & REQUEST FOR ISSUANCE OF BUILDING PERMIT

The undersigned hereby certify the following property is in compliance with the Town of Fort White's Comprehensive Plan and Land Development Regulations for the stated development purposes:

FILE No. 08-008

OWNER'S NAME: Andrea Fleming / Thomas Nichols

ADDRESS: P.O. Box 1751 Lake City, FL 32663

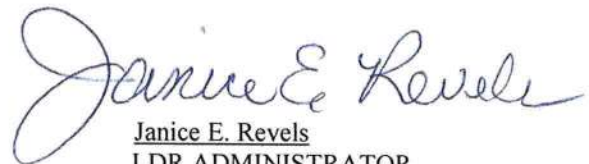
PROPERTY DESCRIPTION: 464 SW Amiel Ct. Fort White Florida 32038
w/ parcel number 5.92 Acres RSF 1 parcel #04031-000

DEVELOPMENT: Move on Mobile Home (1995 Skyline)

You are hereby authorized to issue the appropriate permits

Please fax a copy of the Applicants permit to 386-497-4946

3/16/09
DATE



Janice E. Revels
LDR ADMINISTRATOR
Town of Fort White

District #1
Donald Cook
497-1086

District #2
Henry Maini
497-2992

District #3
Warren Barnes
497-3112

District #4
Demetric Jackson
497-2078

Mayor
Truett George
497-4741

DATE RECEIVED 3/16/09 BY GF IS THE A/N ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? No
 OWNERS NAME Thomas Nichols PHONE 386-867-1380 CELL _____
 ADDRESS 464 SW Amiel Court Fort White FL 32038
 MOBILE HOME PARK NA SUBDIVISION NA
 DRIVING DIRECTIONS TO MOBILE HOME Hwy 90 West to First Coast Homes
on R @ corner of 90 + 252B - see salesman
Gary Chaney
 MOBILE HOME INSTALLER Claster Knowles PHONE 386-755-6441 CELL 386-397-3619

MOBILE HOME INFORMATION

MAKE Skyline YEAR 95 SIZE 14 x 56 COLOR white/bergundy

SERIAL No. 0361-0185H

WIND ZONE II Must be wind zone II or higher NO WIND ZONE I ALLOWED

INTERIOR:

INSPECTION STANDARDS

(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

EXTENSION:

☒ 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 REINSPECTION FOR FOLLOWING CONDITIONS: _____

SIGNATURE Det. A. Powell ID NUMBER 402 DATE 3-17-09

**COLUMBIA COUNTY
FLORIDA
DEPARTMENT OF BUILDING AND ZONING**

M/H OCCUPANCY

COLUMBIA COUNTY, FLORIDA

Department of Building and Zoning Inspection

This Certificate of Occupancy is issued to the below named permit holder for the building and premises at the below named location, and certifies that the work has been completed in accordance with the Columbia County Building Code.

Parcel Number 33-6S-16-04024-006

Building permit No. 000027711

Permit Holder CHESTER KNOWLES

Owner of Building THOMAS & EVELYN NICHOLS

Location: 464 SW AMIEL CT., FT. WHITE, FL



Date: 04/03/2009

Randy Jones

Building Inspector

**POST IN A CONSPICUOUS PLACE
(Business Places Only)**