

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION 3/24/06

For Office Use Only (Revised 6-23-05) Zoning Official _____ Building Official OK JTH 3-15-06
AP# 0603-49 **Date Received** 3-14-06 **By** LH **Permit #** 24319
Flood Zone _____ **Development Permit** _____ **Zoning** fw **Land Use Plan Map Category** fw
Comments Town of Fort White

Pre-Inspection ordered
FEMA Map# _____ **Elevation** _____ **Finished Floor** _____ **River** _____ **In Floodway** _____
☒ **Site Plan with Setbacks Shown** ☒ **EH Signed Site Plan** ☐ **EH Release** ☐ **Well letter** ☐ **Existing well**
☒ **Copy of Recorded Deed or Affidavit from land owner** ☒ **Letter of Authorization from Installer**
PA Computer Info. Need Pre-Inspection

- **Property ID #** 33-65-16-04049-013 **Must have a copy of the property deed**
- **New Mobile Home** _____ **Used Mobile Home** L **Year** 1997
- **Applicant** Staci Thompson Cox **Phone #** 719-6558
- **Address** 2945 NW Moore Rd Lake City, FL 32055
- **Name of Property Owner** Ronda Thompson **Phone#** 497-1277 mother-in-law
- **911 Address** 860 SW Wilson Springs Rd. 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** Staci Thompson **Phone #** 719-6558
- **Address** 2945 NW Moore Road Lake City, FL 32055
- **Relationship to Property Owner** Daughter-in-law
- **Current Number of Dwellings on Property** 1
- **Lot Size** _____ **Total Acreage** 1.26
- **Do you : Have an** Existing Drive **or need a** Culvert Permit **or a** Culvert Waiver **(Circle one)** 241
- **Is this Mobile Home Replacing an Existing Mobile Home** Yes (Fire only 41.44) 200.00 + owes
- **Driving Directions to the Property** 475 to Fortwhite (R) next to City Hall left a stop sign lot #13 only single wide on the left hand side.
- **Name of Licensed Dealer/Installer** Vic Edmridge **Phone #** 386 4627554
- **Installers Address** PO Box 3266 High Springs, FL 32655
- **License Number** TH0000144 **Installation Decal #** 257357

CH# 2199

PERMIT NUMBER

Installer Vic Edwards License # 1100001144

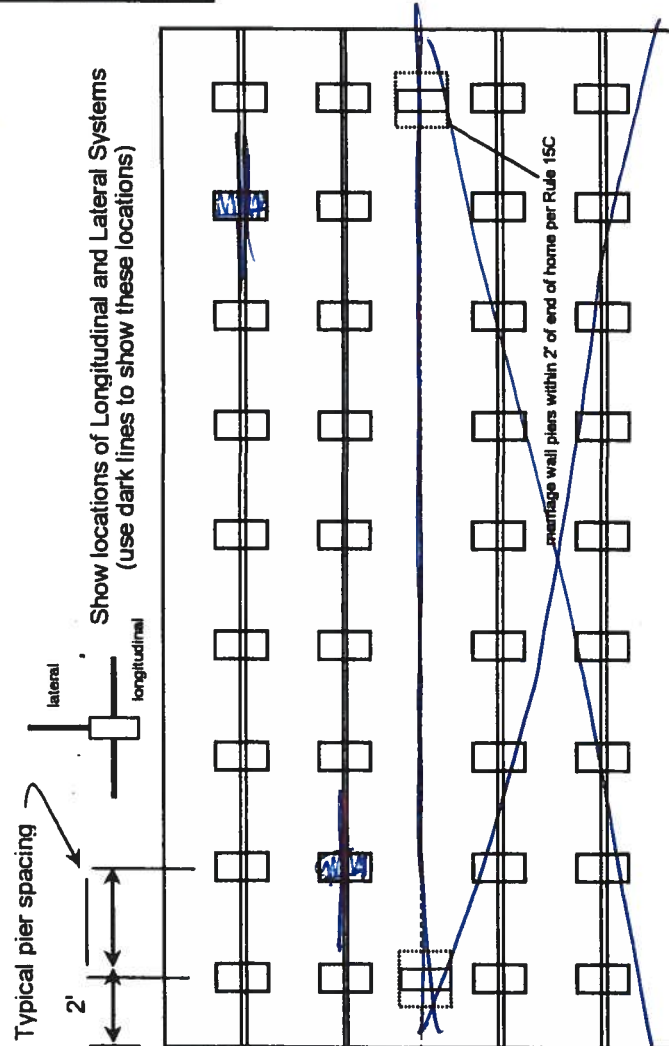
Address of home being installed _____

Manufacturer Harlan Length x width 14 x 68

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 ED



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 # 257357
Triple/Quad ☐ Serial # 1413399945

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 17 x 25
Perimeter pier pad size 16 x 16
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 4/1 Pier pad size _____

4 ft 5 ft

FRAME TIES

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

TIEDOWN COMPONENTS

OTHER TIES

Sidewall Longitudinal Marriage wall Shearwall
Number 31
1
4

Longitudinal Stabilizing Device (LSD)
Manufacturer OLIVER Technology
Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer _____

PERMIT NUMBER

POCKET PENETROMETER TEST

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

X 1000 TORQUE X 1000 FT LB X 180 TORQUE

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 160 inch pounds or check here if you are declaring 5' anchors without testing 5'. A test showing 275 inch pounds or less will require 4 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 requires anchors with 4000 lb holding capacity.

YES Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Vic Ethwidge
Date Tested 2-27-06

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. N/A

Plumbing

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

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

Site Preparation

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

Fastening multi wide units

Floor: Type Fastener: N/A Length: Spacing:
Walls: Type Fastener: N/A Length: Spacing:
Roof: Type Fastener: N/A 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. YES

Installer's initials

Type gasket N/A
Pg.
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

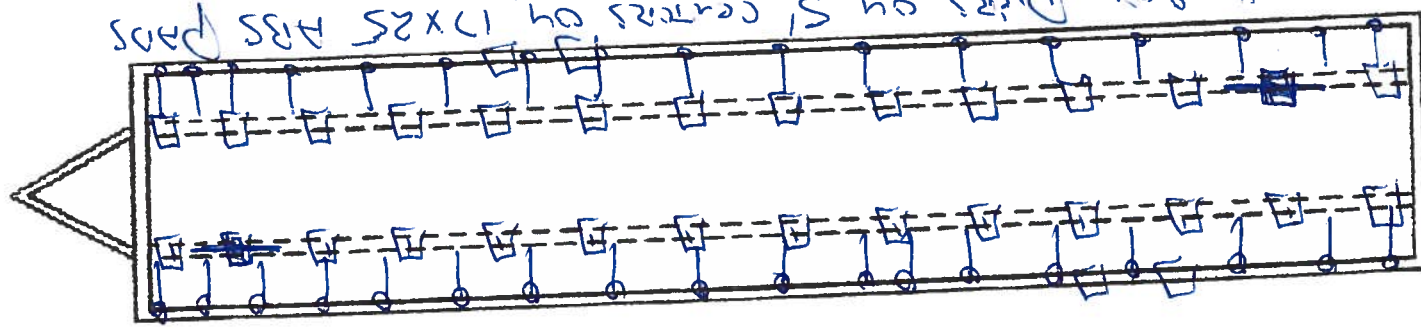
Skirting to be installed. Yes ✓ No
Dryer vent installed outside of skirting. Yes ✓ N/A
Range downflow vent installed outside of skirting. Yes
Rain lines supported at 4 foot intervals. Yes
Electrical crossovers protected. Yes N/A
Other: N/A

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 Vic Ethwidge Date 2-23-06

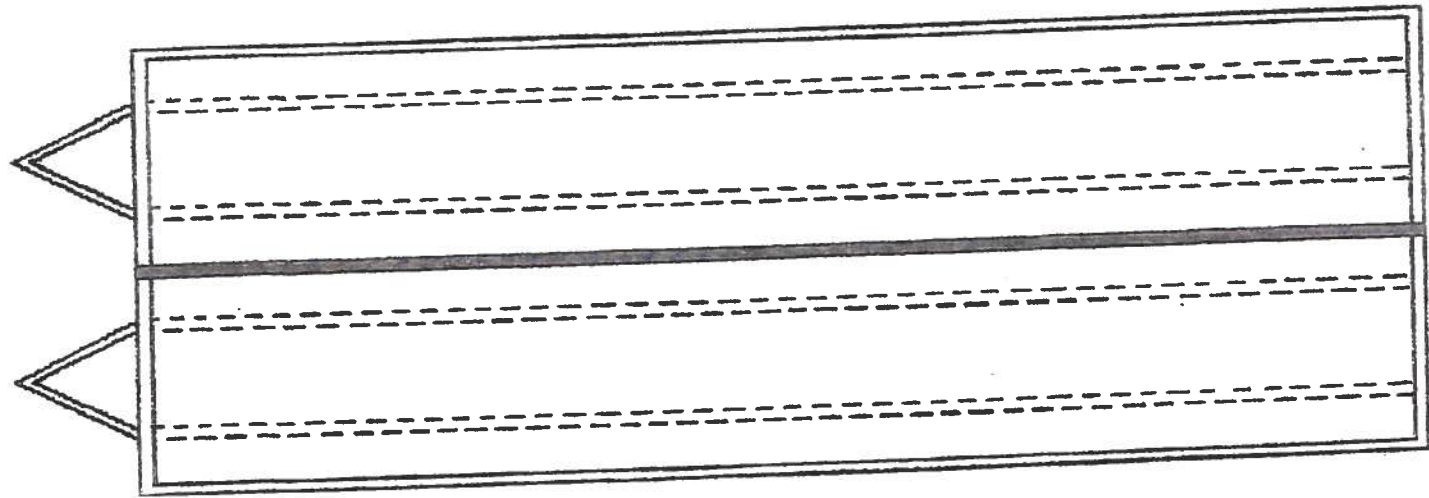
Applicant shall provide layout from manufacturer specific to the model installed. This form may be used if the layout from the manufacturer is not available.

SINGLE WIDE MOBILE HOME



1000 lb soil piers on 5' centers or less
 5' piers on 5' centers or less
 1000 lb soil piers on 5' centers or less
 5' piers on 5' centers or less
 1000 lb soil piers on 5' centers or less
 5' piers on 5' centers or less

DOUBLE WIDE MOBILE HOME



ANCHOR



PIER



PIER FOOTING



Show all pier (with size of piers & pads) and anchor location, with maximum spacing and distance from end walls, as required in the manufacturer's specifications. Any special pier footing required (over 16 x 16 inches) shall be noted separately with required dimensions per the manufacturer's specifications. To determine footing size and spacing, a soil bearing capacity test shall be used. Pier footings to be poured-in-place, whether required by manufacturer's specifications or by preference, must be inspected by the Building Department prior to pouring.

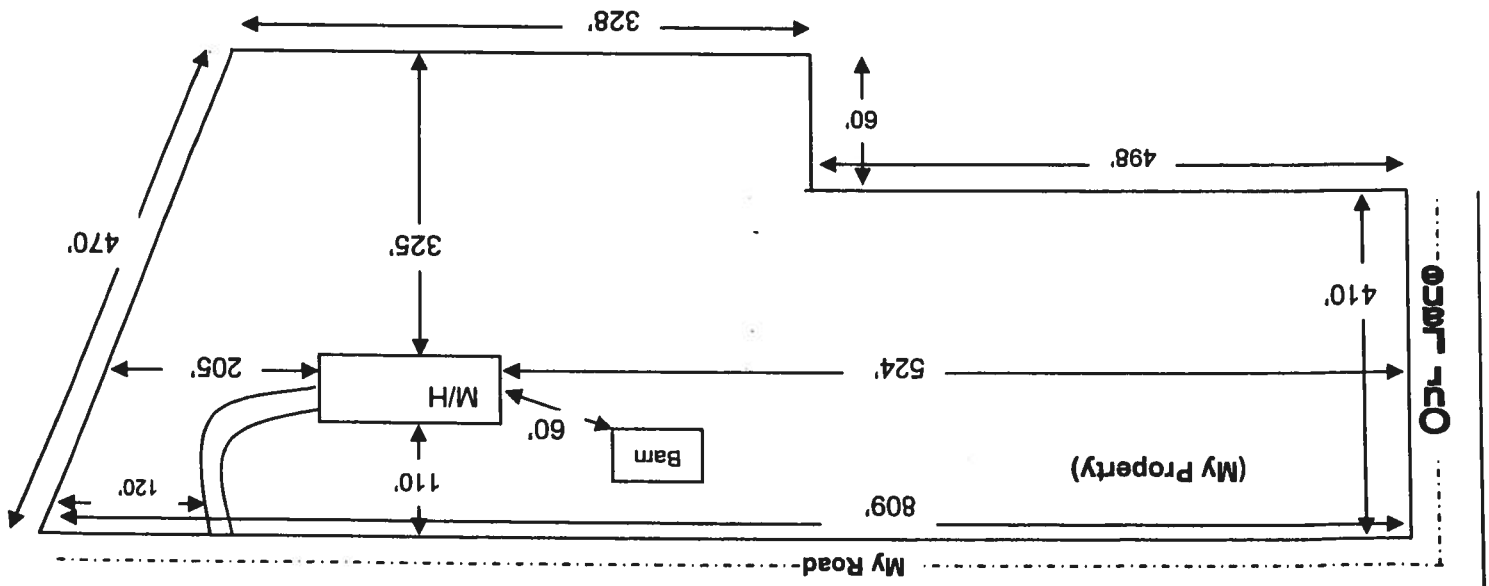
@ CAM112M01	S	CamaUSA Appraisal System	Columbia County
3/14/2006 16:42		Legal Description Maintenance	18000 Land 002
Year T Property		Sel	AG 000
2006 R 33-6S-16-04049-013			3236 Bldg 001 *
			800 Xfea 001 *
HX		THOMPSON RHONDA S	22036 TOTAL B

1	COMM AT SW COR OF SEC, RUN E	400 FT, N 527.13 FT TO S R/W	2
3	OF WILSON SPRINGS RD, NE ALONG	R/W 371.55 FT FOR POB, CONT	4
5	ALONG R/W 362.21 FT, S 295.39	FT, W 295 FT, N 88.87 FT TO	6
7	POB	LOT 13 FORT WHITE ACRES S/D.	8
9	(UNR) ORB 643-112, 727-639,	738-211, 745-2004, 750-1416,	10
11	769-769, 769-774, 819-307,		12
13			14
15			16
17			18
19			20
21			22
23			24
25			26
27			28

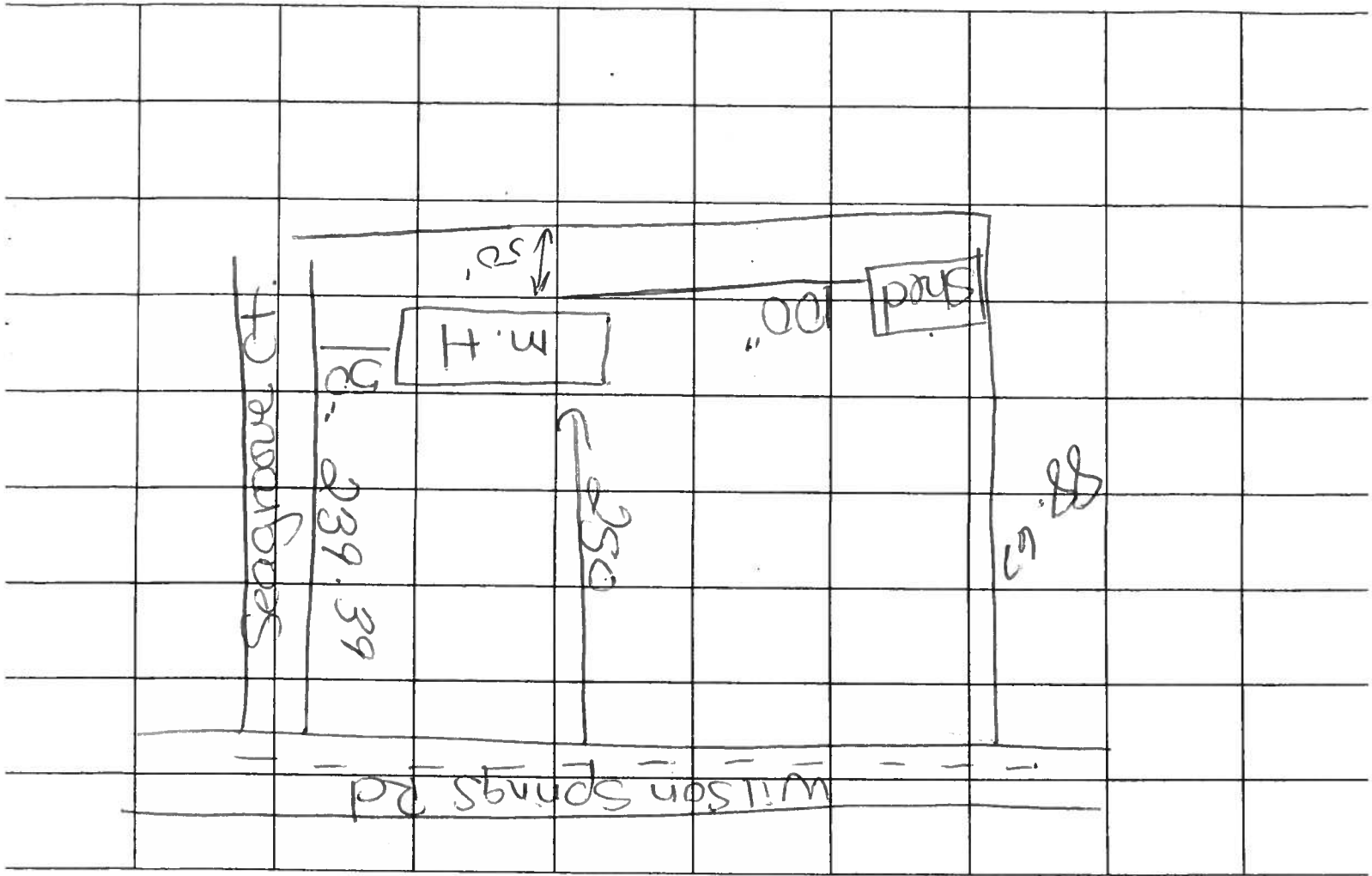
Mnt 5/04/2001 LARRY

F1=Task F3=Exit F4=Prompt F10=GoTo PgUp/PgDn F24=More

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.



MOBILE HOME TRANSPORT

AAA

Phone (352) 372-1366
Home (386) 462-7554
Mobile (352) 316-0953
State Lic# DH0000144

Vic Etheridge Owner/Operator

DATE 2-22-06

NAME OF LICENSE HOLDER

Vic Etheridge

LICENSE CERTIFICATE # TH0000144

THE FOLLOWING PERSON(S) ARE AUTHORIZED TO SIGN FOR PERMITS FOR THE ABOVE REFERENCED LICENSE HOLDER

NAME(S) : PLEASE PRINT

State of	Fla	Customer
(1)	one permit only	

Exemption forms are good 12 months of date form. (Unless otherwise specified if less than 12 months)

The foregoing instrument was acknowledged before me this 1 day of March

who is personally known to me or has produced

Identification Type of Identification

Signature of License Holder

Signature of Notary

Commission # & Seal/Stamp:

DEBORAH G. MORRISON
Notary Public, State of Florida
My comm. exp. Jan. 24, 2007
Comm. No. DD 171205

PLN 05-20-02-1447

0003-49

Town of Fort White

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

OWNER'S NAME: Ronda B. Thompson

ADDRESS: P.O. Box 292 High Springs, FL 32655

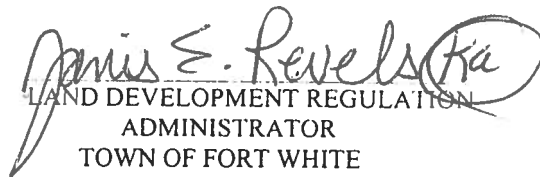
PROPERTY DESCRIPTION: Parcel #4049-013 Fort White Acres
(parcel number if possible) 800 SW Wilson Springs Rd.

DEVELOPMENT: Single Family Dwelling/Mobile Home

You are hereby authorized to issue the appropriate building permits.

03/15/2006

DATE


LAND DEVELOPMENT REGULATION
ADMINISTRATOR
TOWN OF FORT WHITE

District #1
Donald Cook
497-1086

District #2
Henry Maini
497-2992

District #3
John Gloskowski
497-3999

District #4
Demetric Jackson
497-2078

Mayor
Truett George
497-4741

0603-49

FAMILY RELATIONSHIP AFFIDAVIT

STATE OF FLORIDA
COUNTY OF COLUMBIA

Before me this day personally appeared Ronda S. Thompson / Ronda S. Thompson
(Name of property owner)

who being duly sworn, deposes and says:

I hereby certify that the dwelling unit Mobile Home
(Type of dwelling)

resided in by Ronda S. Thompson, to be placed on the property ^{belonging} ~~deeded~~ to my
(Name of person living in dwelling)

Mother in law, and said dwelling unit shall be used for no other purpose.
(Relationship)

Parcel Number of property 33651604049013 HXDX

Size of property 1.26 acres

Sworn to and subscribed before me this 15th day of March 2006.

Carrie L. Revelle

Notary Public Signature
State of Florida

Personally known or ID presented

My commission expires: 2-11-07





STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

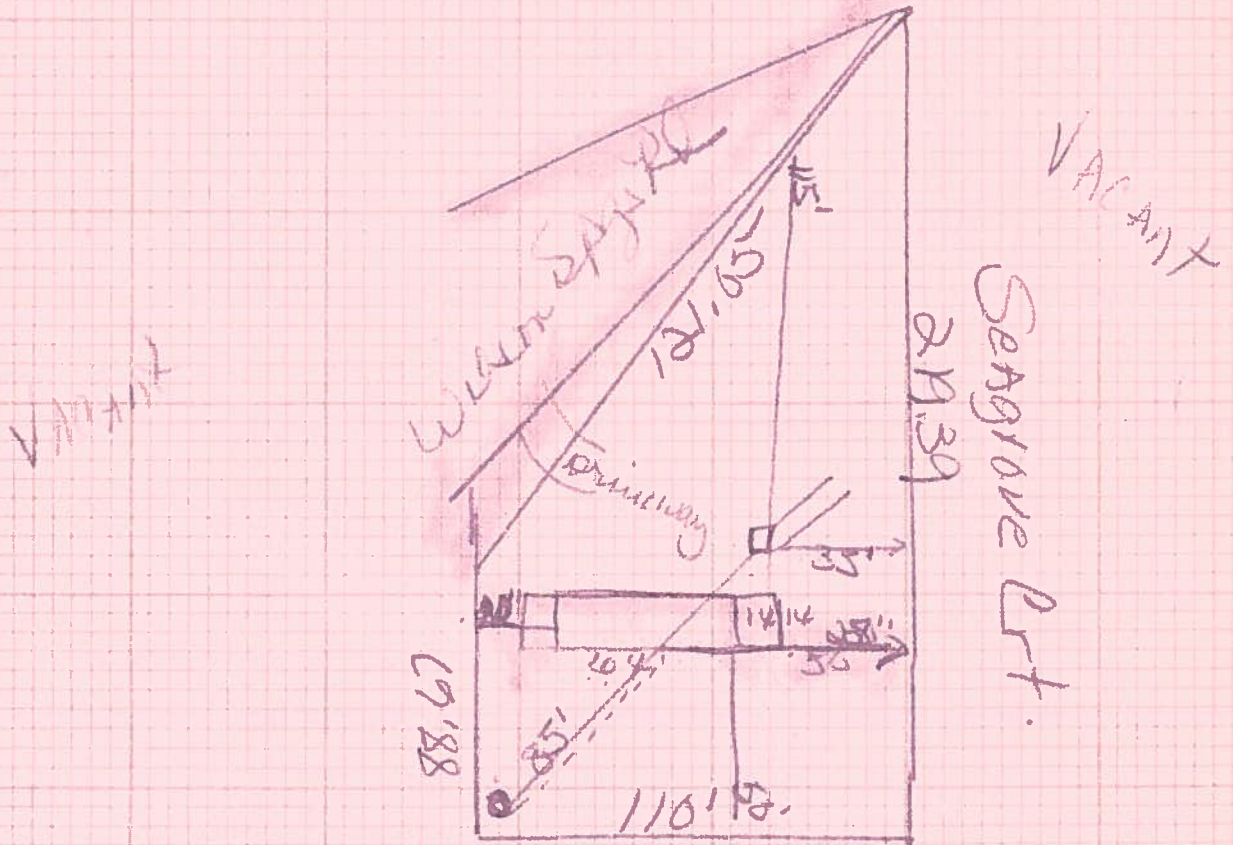
Permit Application Number

E
06-0271E

Shompson

PART II - SITE PLAN

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



Notes:

Site Plan submitted by:

Ronda D. Thompson

Signature

3/20/06

Title

Plan Approved ☒

Not Approved ☐

Date

3/22/06

By

mm d h

Columbus

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

**CODE ENFORCEMENT I
PRELIMINARY MOBILE HOME INSPECTION REPORT**

DATE RECEIVED 3-14-06 BY UH IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? NO
OWNERS NAME Staci Thompson Cox PHONE 719-6558 CELL _____
ADDRESS 800 SW Wilson Springs Rd, Ft. White FL 32038
MOBILE HOME PARK NO SUBDIVISION NO
DRIVING DIRECTIONS TO MOBILE HOME ~~847th, 475, (R) Wilson Springs stay on Wilson~~
~~Springs, on (L) Next to Seagrave Court 415, (L) 252, (R) 245~~
~~(L) Ebenezer (R) Dirt Lane - Robert Cox Terr. on wheels~~
MOBILE HOME INSTALLER _____ PHONE _____ CELL _____

MOBILE HOME INFORMATION

MAKE Horton YEAR 97 SIZE 14 X 64 COLOR White
SERIAL No. 14133999G
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

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 REINSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE Dan ID NUMBER 306 DATE 3-16-06