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, Thomas E Butler, II (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
Thomas Butler	Thomas E Butler	Butler Mobile Home Services, Inc.
Jeff Hardee	Jeff Hardee	Hardee Environmental Permitting

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.

Thomas E Butler — License Holders Signature (Notarized)
IH 1026502 — License Number
12/17/2020 — Date

NOTARY INFORMATION:
STATE OF: Florida COUNTY OF: Levy

The above license holder, whose name is Thomas E Butler II, personally appeared before me and is known by me or has produced identification (type of I.D.) _____ on this 17th day of December, 2020.

Holly Bryant
NOTARY'S SIGNATURE

(Seal/Stamp)

HOLLY BRYANT
Commission # GG 952844
Expires May 11, 2024
Bonded Thru Troy Fain Insurance 800-385-7019

Mobile Home Permit Worksheet

Application Number: _____ Date: _____

Installer: Thomas E Butler, II License # IH1026502

Address of home being installed 266 Seville Pl. Lake City, FL

Manufacturer Fleetwood Length x width ~~52 x 32'~~ ~~56 x 28'~~ 46

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 # 68064

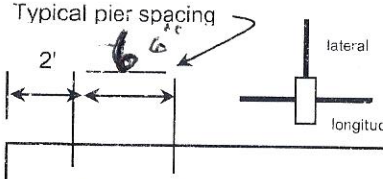
Triple/Quad ☐ Serial # GAFL575A778505C21

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

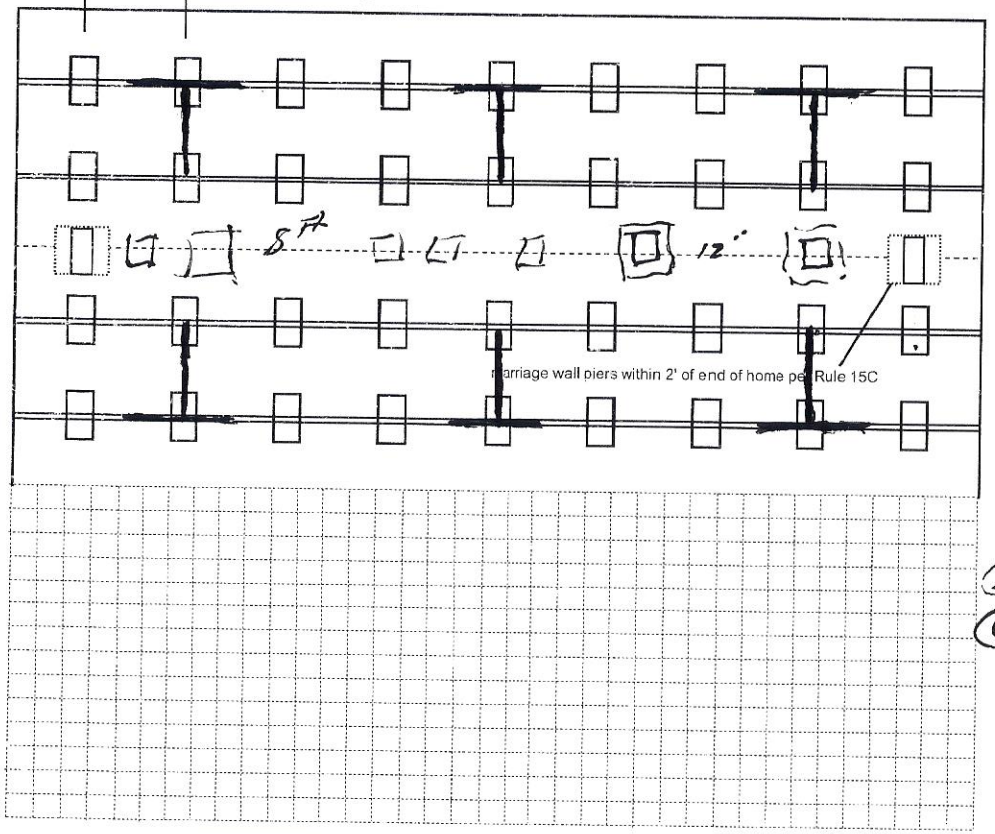
I understand Lateral Arm Systems cannot be used on any home (new or used) where the sidewall ties exceed 5 ft 4 in.

Installer's initials TB

Typical pier spacing



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



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

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

PIER PAD SIZES

I-beam pier pad size 24" x 24"

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	Pier pad size
(3)	12 FT	24 x 24
(2)	24 x 24	8 FT
(6)	~~8 FT~~	16 x 16

POPULAR PAD SIZES

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

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

Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer

OTHER TIES

	Number
Sidewall	
Longitudinal	6
Marriage wall	
Shearwall	

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 283 inch pounds or check here if you are declaring 5' anchors without testing n/a. 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 requires anchors with 4000 lb holding capacity.

TB Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Thomas E. Butler, II

Date Tested 12/1/20

Electrical

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between mult-wide units. Pg. 17

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 17

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 17

Site Preparation

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

Fastening multi wide units

Floor: Type Fastener 3/8" lags Length: 6" 3/8" Spacing: 24" o/c
Walls: Type Fastener 3/8" lags Length: 6" 3/8" Spacing: 24" o/c
Roof: Type Fastener 3/8" lags Length: 6" 3/8" Spacing: 24" o/c
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. p. 3

Gasket (weatherproofing requirement)

I understand a properly installed gasket is a requirement of all new and used homes and that condensation, mold, meldew 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 TB

Type gasket seal/seal
Pg. 10

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

Weatherproofing

The bottomboard will be repaired and/or taped. Yes ✓ Pg. 14-15
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 n/a
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 Thomas E Butler Date 12/1/20

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR Billy Gordon PHONE 407-721-5904

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 Billy Gordon Signature Billy Gordon License #: _____ Phone #: _____ Qualifier Form Attached ☐
MECHANICAL/ A/C _____	Print Name Billy Gordon Signature Billy Gordon License #: _____ Phone #: _____ Qualifier Form Attached ☐

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 4/27/2017

OWNER SIGN

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 12/1/20 BY TB IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? NO

OWNERS NAME Billie James Borden + PHONE n/a CELL 407-721-5904
Altoria Thomas Borden

ADDRESS 266 Seville Pl. Lake City, FL

MOBILE HOME PARK n/a SUBDIVISION The Hunt Place

DRIVING DIRECTIONS TO MOBILE HOME SR 47 S to CR 240, (TR) to Mailden Rd. (TR) to SW Dairy St. (TL) On Marvin Hunt, (TR) onto Pine Forest Rd/SW Seville Pl.; 450' to 266 Seville Place

MOBILE HOME INSTALLER Thomas E Butler, II PHONE _____ CELL (352) 262-6373

MOBILE HOME INFORMATION

MAKE Fleetwood YEAR 2006 SIZE 52' x 32' 28 COLOR Grey

SERIAL No GAFL575B78505C21

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

INSPECTION STANDARDS

INTERIOR:

(P or F) - P= PASS F= FAILED

P — SMOKE DETECTOR (X) OPERATIONAL ( ) MISSING

P — FLOORS (X) SOLID ( ) WEAK ( ) HOLES DAMAGED LOCATION n/a

P — DOORS (X) OPERABLE ( ) DAMAGED

P — WALLS (X) SOLID ( ) STRUCTURALLY UNSOUND

P — WINDOWS (X) OPERABLE ( ) INOPERABLE

P — PLUMBING FIXTURES (X) OPERABLE ( ) INOPERABLE ( ) MISSING

P — CEILING (X) SOLID ( ) HOLES ( ) LEAKS APPARENT

P — ELECTRICAL (FIXTURES/OUTLETS) (X) OPERABLE ( ) EXPOSED WIRING ( ) OUTLET COVERS MISSING ( ) LIGHT FIXTURES MISSING

EXTERIOR:

P — WALLS / SIDDING ( ) LOOSE SIDING ( ) STRUCTURALLY UNSOUND ( ) NOT WEATHERTIGHT ( ) NEEDS CLEANING

P — WINDOWS ( ) CRACKED/ BROKEN GLASS ( ) SCREENS MISSING (X) WEATHERTIGHT

P — ROOF (X) APPEARS SOLID ( ) DAMAGED

STATUS

APPROVED Yes WITH CONDITIONS: None

NOT APPROVED n/a NEED RE-INSPECTION FOR FOLLOWING CONDITIONS n/a

SIGNATURE Thomas E Butler ID NUMBER IH1026502 DATE 12/1/20

CODE ENFORCEMENT DEPARTMENT
COLUMBIA COUNTY, FLORIDA
OUT OF COUNTY MOBILE HOME INSPECTION REPORT

COUNTY THE MOBILE HOME IS BEING MOVED FROM Duval

OWNERS NAME Billie James + Alloria Thomas Gordon PHONE Na CELL 407-721-5904

INSTALLER Thomas E Butler, II PHONE Na CELL (352) 262-6373

INSTALLERS ADDRESS 7220 SE 110th St. Trenton, FL 32693

MOBILE HOME INFORMATION

MAKE Fleetwood YEAR 2006 SIZE 52' X 32'

COLOR Grey SERIAL No. GAFL575B778505C21

WIND ZONE II SMOKE DETECTOR Yes

INTERIOR:
FLOORS Unfinished

DOORS all good

WALLS good shape

CABINETS good shape

ELECTRICAL (FIXTURES/OUTLETS)

EXTERIOR:
WALLS / SIDDING Vinyl siding

WINDOWS all good with screens

DOORS all good

INSTALLER: APPROVED Yes NOT APPROVED Na

INSTALLER OR INSPECTORS PRINTED NAME Thomas Butler

Installer/Inspector Signature Thomas E Butler License No. IH 1026502 Date 12/1/20

NOTES:

ONLY THE ACTUAL LICENSE HOLDER OR A BUILDING INSPECTOR CAN SIGN THIS FORM.

NO WIND ZONE ONE MOBILE HOMES WILL BE PERMITTED. MOBILE HOMES PRIOR TO 1977 ARE PRE-HUD AND THE WIND ZONE MUST BE PROVEN TO BE PERMITTED.

BEFORE THE MOBILE HOME CAN BE MOVED INTO COLUMBIA COUNTY THIS FORM MUST BE COMPLETED AND RETURNED TO THE COLUMBIA COUNTY BUILDING DEPARTMENT.

ONCE MOVED INTO COLUMBIA COUNTY AN INSPECTOR MUST COMPLETE A PRELIMINARY INSPECTION ON THE MOBILE HOME. CALL 386-758-1008 TO SET UP THIS INSPECTION. NO PERMIT WILL BE ISSUED BEFORE THIS IS DONE.

Code Enforcement Approval Signature _____ Date _____

Mail Lien Satisfaction to: **Dept of Highway Safety and Motor Vehicles, Neil Kirkman Building, Tallahassee, FL 32399-0600**

T# 1175613517
B# 1233772

Identification Number	Year	Make	Body	WT-L-BHP	Vessel Regis. No.	Title Number
GAFL575B778505C21	2006	FTWD	HS	52'		96908590

Registered Owner:

BILLIE JAMES GORDON AND ALTORIA THOMAS GORDON
3714 AUBURNDALE AVE
ORLANDO, FL 32839-8824

Date of Issue 10/19/2020

Lien Release
Interest in the described vehicle is hereby released
By_____
Title_____
Date_____

IMPORTANT INFORMATION

1. When ownership of the vehicle described herein is transferred, the seller MUST complete in full the Transfer of Title by Seller section at the bottom of the certificate of title.
2. Upon sale of this vehicle, the seller must complete the notice of sale on the reverse side of this form
3. Remove your license plate from the vehicle
4. See the web address below for more information and the appropriate forms required for the purchaser to title and register the vehicle, mobile home or vessel: http://www.hsmv.state.fl.us/html/titlinf.html

Mail To:

BILLIE JAMES GORDON
3714 AUBURNDALE AVE
ORLANDO, FL 32839-8824

Identification Number	Year	Make	Body	WT-L-BHP	Vessel Regis. No.	Title Number
GAFL575B778505C21	2006	FTWD	HS	52'		96908590

Prev State	Color	Primary Brand	Secondary Brand	No of Brands	Use	Prev Issue Date
FL					PRIVATE	09/24/2020

Lien Release
Interest in the described vehicle is hereby released
By_____
Title_____

Odometer Status or Vessel Manufacturer or OH use	Engine Drive	Hull Material	Prop	Date of Issue
				10/19/2020

Date_____

Registered Owner
BILLIE JAMES GORDON AND ALTORIA THOMAS GORDON
3714 AUBURNDALE AVE
ORLANDO, FL 32839-8824

1st Lienholder
NONE

DIVISION OF MOTORIST SERVICES TALLAHASSEE FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

Robert R. Kynoch
Director

Terry L. Rhodes
Executive Director

12 /4 147372492

TRANSFER OF TITLE BY SELLER (This section must be completed at the time of sale.)

Federal and/or state law require that the seller state the mileage, purchaser's name, selling price and date sold in connection with the transfer of ownership.
Failure to complete or providing a false statement may result in fines and/or imprisonment.
This title is warranted to be free from any liens except as noted on the face of the certificate and the motor vehicle or vessel described is hereby transferred to:

Seller Must Enter Purchaser's Name:_____ Address:_____

Seller Must Enter Selling Price _____ Seller Must Enter Date Sold:_____

I/We state that this 5 or 6 digit odometer now reads: _____ (no tenths) miles, date read _____ and I hereby certify that to the best of my knowledge the odometer reading:

_____ reflects ACTUAL MILEAGE _____ is IN EXCESS OF ITS MECHANICAL LIMITS _____ is NOT THE ACTUAL MILEAGE

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

SELLER Must Sign Here _____ CO-SELLER Must Sign Here _____

Print Here _____ Print Here:_____

Selling Dealer's License Number:_____ Tax No.:_____ Tax Collected:_____

Auction Name:_____ License Number:_____

PURCHASER Must Sign Here _____ CO-PURCHASER Must Sign Here _____

Print Here _____ Print Here _____

NOTICE: PENALTY IS REQUIRED BY LAW IF NOT SUBMITTED FOR TRANSFER WITHIN 30 DAYS AFTER DATE OF PURCHASE.

MTRHS022Y

STATE OF FLORIDA

Mail Lien Satisfaction to: Dept of Highway Safety and Motor Vehicles, Neil Kirkman Building, Tallahassee, FL 32399-0600

T# 1175611243
B# 1233772

Identification Number	Year	Make	Body	WT-L-BHP	Vessel Regis. No	Title Number
GAFL575A778505C21	2006	FTWD	HS	52'		96908521

Registered Owner:

BILLIE JAMES GORDON AND ALTORIA THOMAS GORDON
3714 AUBURNDALE AVE
ORLANDO, FL 32839-8824

Date of Issue 10/19/2020

Lien Release
Interest in the described vehicle is hereby released
By_____
Title_____
Date_____

Mail To:

BILLIE JAMES GORDON
3714 AUBURNDALE AVE
ORLANDO, FL 32839-8824

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CERTIFICATE OF TITLE

Identification Number	Year	Make	Body	WT-L-BHP	Vessel Regis. No.	Title Number
GAFL575A778505C21	2006	FTWD	HS	52'		96908521

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By_____
Title_____
Date_____

Prev State	Color	Primary Brand	Secondary Brand	No of Brands	Use	Prev Issue Date
FL					PRIVATE	09/24/2020

Odometer Status or Vessel Manufacturer or OH use	Engine Drive	Hull Material	Prop	Date of Issue
				10/19/2020

Registered Owner
BILLIE JAMES GORDON AND ALTORIA THOMAS GORDON
3714 AUBURNDALE AVE
ORLANDO, FL 32839-8824

1st Lienholder
NONE

DIVISION OF MOTORIST SERVICES TALLAHASSEE FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

Robert R. Kynoch
Director

Control Number
12 /4 147372491

Jerry L. Rhodes
Executive Director

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Failure to complete or providing a false statement may result in fines and/or imprisonment.
This title is warranted to be free from any liens except as noted on the face of the certificate and the motor vehicle or vessel described is hereby transferred to:

Seller Must Enter Purchaser's Name: Address:

Seller Must Enter Selling Price: Seller Must Enter Date Sold:

I/We state that this 5 or 6 digit odometer now reads at X (no tenths) miles, date read and I hereby certify that to the best of my knowledge the odometer reading

1 reflects ACTUAL MILEAGE 2 is IN EXCESS OF ITS MECHANICAL LIMITS 3 is NOT THE ACTUAL MILEAGE

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

SELLER Must Sign Here_____ CO-SELLER Must Sign Here:_____

Print Here:_____ Print Here:_____

Selling Dealer's License Number:_____ Tax No.:_____ Tax Collected:_____

Auction Name:_____ License Number:_____

PURCHASER Must Sign Here:_____ CO PURCHASER Must Sign Here:_____

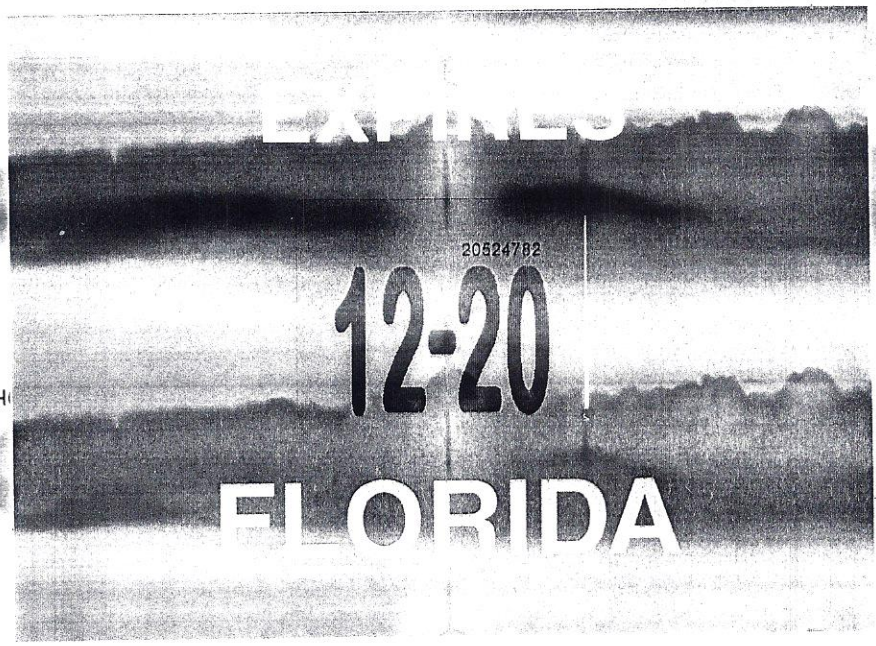
Print Here:_____ Print Here:_____

NOTICE: PENALTY IS REQUIRED BY LAW IF NOT SUBMITTED FOR TRANSFER WITHIN 30 DAYS AFTER DATE OF PURCHASE.

MV8850ZY

STATE OF FLORIDA

MTKFS020K



Mail To:
BILLIE JAMES GORDON, ALTORIA TH
3714 AUBURNDALE AVE
ORLANDO, FL 32839-8824

CO/AGY 12 / 4

T# 1175613893
B# 1233772

FLORIDA MOBILE HOME REGISTRATION

DECAL **20524782**

Expires **Midnight Thu 12/31/2020**

YR/MK 2006/FTWD BODY HS
VIN GAFL575B778505C21
LENGTH 52' LOCATION 2 00

DL/FEID G635070560600
Date Issued **10/19/2020**

TITLE 96908590

2ND DL# G635018585280

Reg. Tax	13.60	Class Code	51
Init. Reg.		Tax Months	5
County Fee	3.00	Back Tax Mos	
Mail Fee		Credit Class	
Sales Tax		Credit Months	
Voluntary Fees			
Grand Total	16.60		

BILLIE JAMES GORDON, ALTORIA THOMAS GORDON
3714 AUBURNDALE AVE
ORLANDO, FL 32839-8824

IMPORTANT INFORMATION

1. Your registration must be updated to your new address within 30 days of moving.
2. Registration renewals are the responsibility of the registrant and shall occur during the 30-day period prior to the expiration date shown on this registration. Renewal notices are provided as a courtesy and are not required for renewal purposes.

MTRFS020K

Mail To:
BILLIE JAMES GORDON, ALTORIA THOMAS GORDON
3714 AUBURNDALE AVE
ORLANDO, FL 32839-8824

CO/AGY 12 4 T# H12561253J
B# 1233772

FLORIDA MOBILE HOME REGISTRATION

DECAL **20524778** Expires **Midnight Thu 12/31/2020**

YR/MK 2006/FTWD BODY HS
VIN GAFL575A778505C21
LENGTH 52' LOCATION 2 00

TITLE 96908521

DL/FEID G635070560600
Date Issued 10/19/2020

2ND DL# G635018585280

Reg. Tax	13.60	Class Code	51
Init. Reg.		Tax Months	3
County Fee	3.00	Back Tax Mos	
Mail Fee		Credit Class	
Sales Tax		Credit Months	
Voluntary Fees			
Grand Total	16.60		

BILLIE JAMES GORDON, ALTORIA THOMAS GORDON
3714 AUBURNDALE AVE
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STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. 20-0844
DATE PAID: 10/20/20
FEE PAID: 310.00
RECEIPT #: 1556523

APPLICATION FOR:
[X] New System [ ] Existing System [ ] Holding Tank [ ] Innovative
[ ] Repair [ ] Abandonment [ ] Temporary [ ]

APPLICANT: Billie & Altoria Gordon 407-721-5904

AGENT: North Florida Septic Tank Inc; Robert Ford III 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: 24 BLOCK: - SUBDIVISION: The Hunt Place PLATTED: -

PROPERTY ID #: 08-5S-16-03490-024 ZONING: - I/M OR EQUIVALENT: [Y/(N)]

PROPERTY SIZE: 5.02 ACRES WATER SUPPLY: [✓] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y/(N)] DISTANCE TO SEWER: - FT

PROPERTY ADDRESS: 2106 Seville Pl, Lake City, Fl

DIRECTIONS TO PROPERTY: SR 47S to CR 240, (R) to Maiden Rd TR to SW Dairy St, TL on Marvin Hunt, TL to Seville Pl TR to site on (L)

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	M/H	3 with office	1568	
2				
3				
4				

[ ] Floor/Equipment Drains [ ] Other (Specify) -

SIGNATURE: Robert w Ford Robert W Ford DATE: 10-19-2020

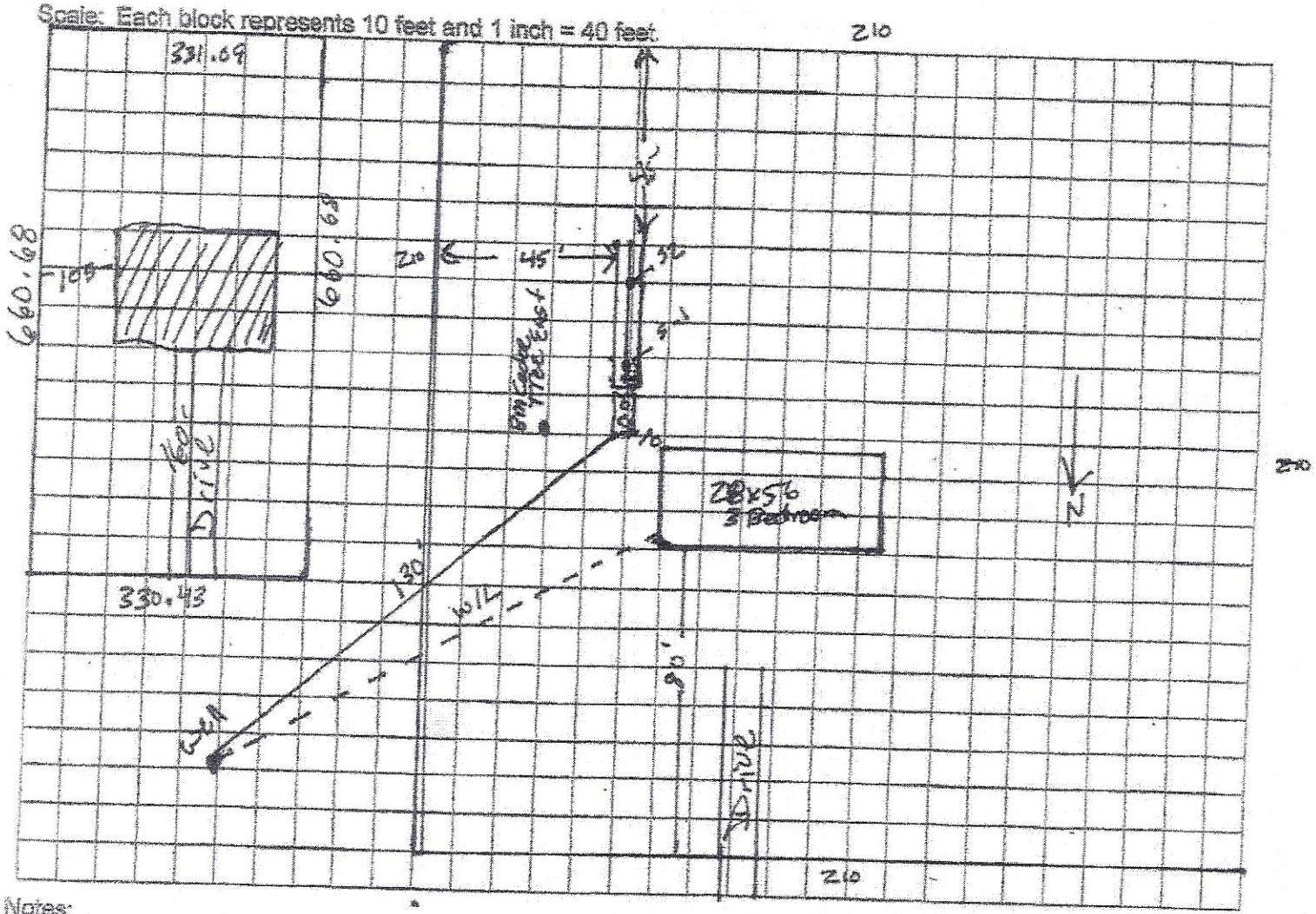
DH 4015, 08/09 (Obsoletes previous editions which may not be used)
Incorporated 64E-6.001, FAC

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 20-3844

[redacted] Gordon

Scale: Each block represents 10 feet and 1 inch = 40 feet.



Notes: _____

Site Plan submitted by: Robert W Jarrell III. Date 10-19-2020

Plan Approved ✓ Not Approved ____ Date 10/21/20

By _____ Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated: 64E-6.001, FAC
(Stock Number: 5744-002-4015-6)

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

PERMIT #: 12-SC-2187944
APPLICATION #: AP1586023
DATE PAID: 10/20/20
FEE PAID: 310.00
RECEIPT #:
DOCUMENT #: PR1454696

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: BILLIE**20-0844 GORDON

PROPERTY ADDRESS: 266 SEVILLE Lake City, FL 32024

LOT: 24 BLOCK: SUBDIVISION: The Hunt Place

PROPERTY ID #: 03490-024 [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 New Multi-Chambered Septic 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 [375] 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: Cedar tree east of site
I ELEVATION OF PROPOSED SYSTEM SITE [24.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [54.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [ ] INCHES

O The system is sized for 3 bedrooms with a maximum occupancy of 6 persons (2 per bedroom), for a total estimated flow of 300 gpd.
T
H
E
R

SPECIFICATIONS BY: Rocky D Ford TITLE: Master Contractor

APPROVED BY: Sean E Raven TITLE: Enviromental Specialist I Columbia CHD

DATE ISSUED: 10/21/2020 EXPIRATION DATE: 04/21/2022

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