BURNT M/H Replacement NO fees

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 7-1-15) Zoning Official JHD Building Official JHD

AP# 44031 Date Received 11/13/19 By MG Permit # 38909

Flood Zone X Development Permit _____ Zoning RSF MH-2 Land Use Plan Map Category LDR

Comments replacing Burnt Home - No fees for Permit

FEMA Map# _____ Elevation _____ Finished Floor _____ River _____ In Floodway _____

~~Recorded Deed~~ or X Property Appraiser PO ☑ Site Plan ☑ EH # 19-0837 ~~Well letter OR~~ X Existing well

☐ Land Owner Affidavit ☑ Installer Authorization ☐ FW Comp. letter ~~App Fee Paid~~ no charge

☐ DOT Approval ☐ Parent Parcel # _____ ☐ STUP-MH _____ ☐ 911 App EXISTING

☐ Ellisville Water Sys ☑ Assessment Paid on Property ☐ Out County ☑ In County ☑ Sub VF Form

passed

Property ID # 17-3S-17-04960-002 Subdivision NA Lot# NA

- New Mobile Home _____ Used Mobile Home X MH Size 14 x 48 Year 1995
- Applicant Dale Burd Phone # 386-365-7674
- Address 20619 CR 137, Lake City, FL, 32024
- Name of Property Owner Jim Purvis Phone# 386-288-3385
- 911 Address 2392 N US Hwy 441 Lake City, FL 32055
- Circle the correct power company - (FL Power & Light) - Clay Electric
  (Circle One) - Suwannee Valley Electric - Duke Energy
- Name of Owner of Mobile Home Same Phone # Same
  Address 2392 N US 441, Lake City, FL, 32055
- Relationship to Property Owner Same
- Current Number of Dwellings on Property 0 (Burn out)
- Lot Size 70 x 300.1 Total Acreage .46
- Do you : Have Existing Drive (Currently using) or Private Drive (Blue Road Sign) or need Culvert Permit (Putting in a Culvert) or Culvert Waiver (Not existing but do not need a Culvert) (Circle one)
- Is this Mobile Home Replacing an Existing ~~Mobile~~ Home Yes
- Driving Directions to the Property US 441 North. To address 2392 on left

- Name of Licensed Dealer/Installer Brent Strickland Phone # 386-365-7043
- Installers Address 1294 Hamp Farmer Road, LC, FL, 32055
- License Number IH-1104218 Installation Decal # 65684

Parcel: **17-3S-17-04960-002**

Owner & Property Info

Result: 3 of 6

Owner	**PURVIS JIM MICHAEL** 2392 N US HWY 441 LAKE CITY, FL 32055		
Site	2392 US HIGHWAY 441 , LAKE CITY		
Description*	COMM SE COR OF SW1/4 OF SW1/4, RUN N 295 FT ALONG W R/W OF US-441 FOR POB, RUN W 265 FT, N 70 FT, E 265 FT, S 70 FT TO POB. ORB 833-1199, WD 1138- 1250.		
Area	0.46 AC	S/T/R	17-3S-17
Use Code**	SINGLE FAM (000100)	Tax District	2

*The Description above is not to be used as the Legal Description for this parcel in any legal transaction.
**The Use Code is a FL Dept. of Revenue (DOR) code and is not maintained by the Property Appraiser's office. Please contact your city or county Planning & Zoning office for specific zoning information.

Property & Assessment Values

2018 Certified Values		2019 Preliminary Certified	
Mkt Land (1)	$7,283	Mkt Land (1)	$7,283
Ag Land (0)	$0	Ag Land (0)	$0
Building (1)	$28,572	Building (1)	$33,819
XFOB (5)	$2,750	XFOB (5)	$2,750
Just	$38,605	Just	$43,852
Class	$0	Class	$0
Appraised	$38,605	Appraised	$43,852
SOH Cap [?]	$952	SOH Cap [?]	$5,753
Assessed	$37,389	Assessed	$38,099
Exempt	HX H3 $25,000	Exempt	HX H3 $25,000
Total Taxable	county:$12,389 city:$12,389 other:$12,389 school:$12,389	Total Taxable	county:$13,099 city:$13,099 other:$13,099 school:$13,099

PERMIT WORKSHEET

PERMIT NUMBER _____

Installer Brent Strickland License # IH 1104218

Installer Mobile Phone # 386-365-7043

Address of home being installed 2392 N US HWY 441
Lake City, FL 32055

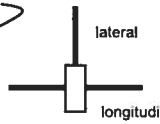
Manufacturer FLEETWOOD Length x width 48x14

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

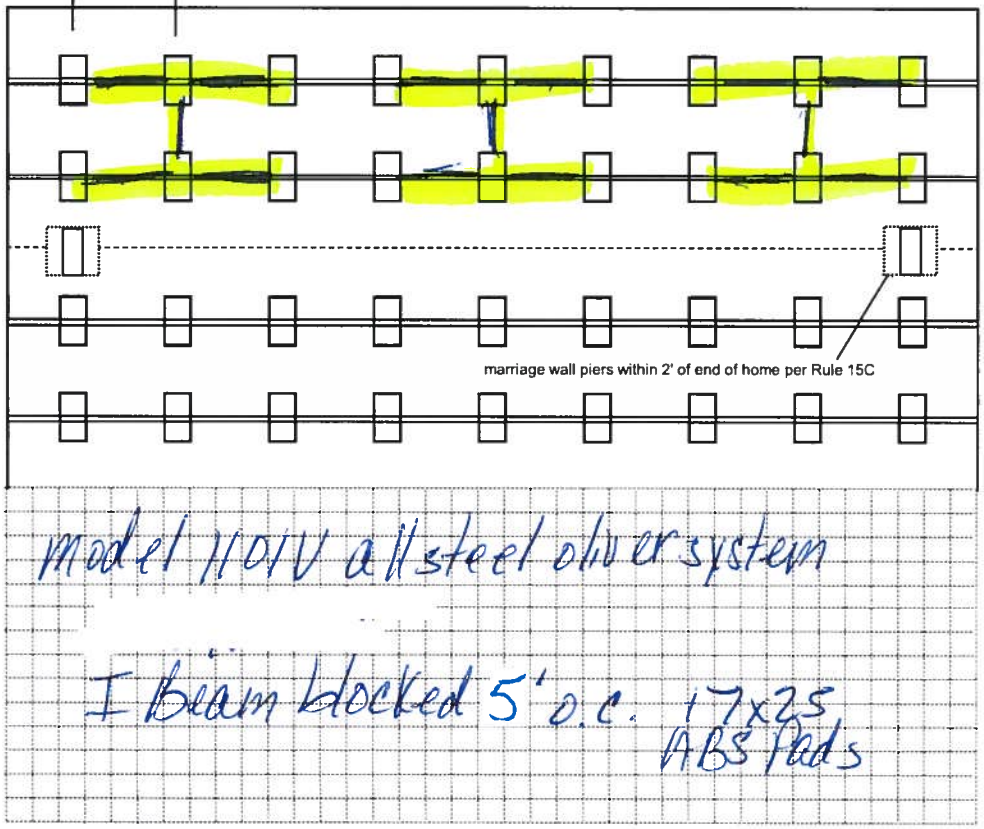
I understand Lateral Arm Systems cannot be used on any home (new or used) where the sidewall ties exceed 5 ft 4 in.

Installer's initials B.S.

Typical pier spacing 2' 5'



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



model 1101V allsteel oliver system

I Beam blocked 5' o.c. 17x25 ABS Pads

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 # 656684

Triple/Quad ☐ Serial # GAFLS75AC42826WE21

Roof System: **Typical** **Hinged**

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 17x25

Perimeter pier pad size 16x16

Other pier pad sizes (required by the mfg.) _____

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
N/A	

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer

Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer Oliver 1101V

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

OTHER TIES

	Number
Sidewall	37
Longitudinal	6
Marriage wall	9
Shearwall	9

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____ 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 _____ 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 requires anchors with 4000 lb holding capacity.

B.S. Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Brent Strickland

Date Tested 10-2-19

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. _____

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 ✓
Water drainage: Natural Swale Pad ✓ Other

Fastening multi wide units

Floor:	Type Fastener:	Length:	Spacing:
Walls:	Type Fastener:	Length:	Spacing:
Roof:	Type Fastener:	Length:	Spacing:

N/A

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, 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 B.S.

Type gasket
Pg. _____

Installed:
Between Floors Yes N/A
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 ✓

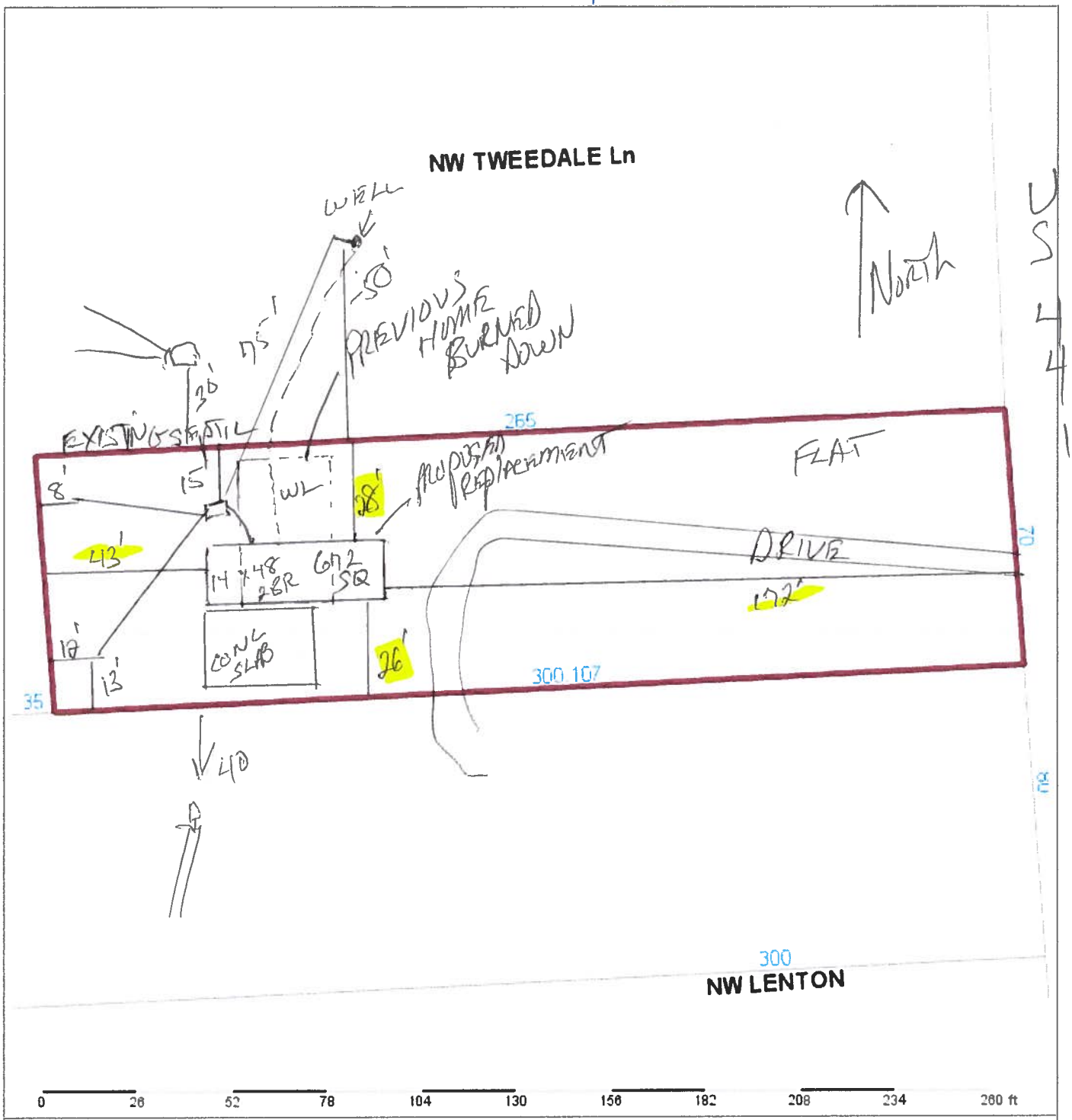
Miscellaneous

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 Brent Strickland **Date** 10-2-19

1"=40'



Columbia County Property Appraiser

Jeff Hampton | Lake City, Florida | 386-758-1083

PARCEL: 17-3S-17-04960-002 HX H3 | SINGLE FAM (000100) | 0.46 AC

COMM SE COR OF SW1/4 OF SW1/4, RUN N 295 FT ALONG W R/W OF US-441 FOR POB, RUN W 265 FT, N 70 FT, E 265 FT, S 70 FT TO POB. ORB 833-1199, WD 1138-125

PURVIS JIM MICHAEL

Owner: 2392 N US HWY 441
LAKE CITY, FL 32055

Site: 2392 US HIGHWAY 441 , LAKE CITY

Sales Info			
	12/14/2007	$100	V (U)
	11/28/1996	$100	V (U)

2020 Working Values

Mkt Lnd	$7,283	Appraised	$16,062
Ag Lnd	$0	Assessed	$16,062
Bldg	$6,029	Exempt	$16,062
XFOB	$2,750		county:$0
Just	$16,062	Total Taxable	city:$0 other:$0 school:$0

NOTES:

Columbia County, FL

Institute for Building Technology and Safety (IBTS)

MANUFACTURED HOME PERFORMANCE VERIFICATION CERTIFICATE©

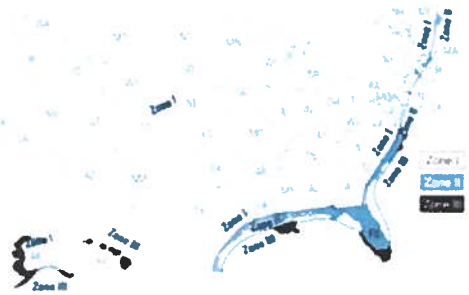
Issue Date: 11/01/2019

Verification: IBTS's Manufactured Home Data Verification Team has researched regulatory records on the Fleetwood/Weston #75, Alma, GA, manufactured home having the serial number(s) and date of manufacture identified below. Based on shipment records maintained by IBTS, as required by the U.S. Department of Housing and Urban Development pursuant to 24 CFR 3282.552 and provided by the home manufacturer, IBTS verifies the following home performance information corresponding to the home's initial destination and the construction standards set forth in 24 CFR 3280 at the time the home was labeled.

Serial Number(s): GAFLS75A 64286 WE21

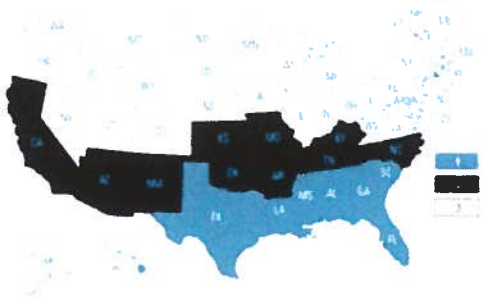
Date of Manufacture: 10-06-1995

Wind Zone: Zone II



Roof Load Zone: South

Thermal Zone: Zone 1



Verification Provided by the Institute for Building Technology and Safety

Chief Executive Officer

IBTS Verification Seal

This information is applicable only to the home having serial numbering and date of manufacture noted above. IBTS provides this verification based on the production reports provided by the home manufacturer and the zone requirements in effect at the time the home was labeled by the home manufacturer. IBTS is not liable for changes to the home's construction or subsequent home moves that may affect the home performance information verified

The Institute for Building Technology and Safety
(a nonprofit organization)

45207 Research Place, Ashburn VA 20147 | 866-482-8868 | www.ibts.org

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

Jim Purvis

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 Jim Purvis	Signature
	License #: Owner	Phone #: 386-288-3385
	Qualifier Form Attached ☐	
MECHANICAL/ A/C _____	Print Name Jim Purvis	Signature
	License #: Owner	Phone #: 386-288-3385
	Qualifier Form Attached ☐	

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

A — FDID: 29091 ☆ | State: FL ☆ | Incident Date (MM DD YYYY): 09 23 2019 ☆ | Station: 051 | Incident Number: 0002467 ☆ | Exposure: 000 ☆ | ☐ Delete ☐ Change ☐ No Activity | NFIRS-1 Basic

B Location Type ☆

- ☑ Street address
- ☐ Intersection
- ☐ In front of
- ☐ Rear of
- ☐ Adjacent to
- ☐ Directions
- ☐ U.S. National Grid

☐ Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B, "Alternative Location Specification." Use only for wildland fires.

Census Tract: ____ . ____

Number/Milepost: 2392 | Prefix: N | Street or Highway: US HIGHWAY 441 | Street Type: ____ | Suffix: ____

Apt./Suite/Room: ____ | City: LAKE CITY | State: FL | ZIP Code: 32055 | ____

Cross Street, Directions or National Grid, as applicable: ____

C Incident Type ☆: 111 Building fire

D Aid Given or Received ☆ ☑ None

1 ☐ Mutual aid received
2 ☐ Auto. aid received
3 ☐ Mutual aid given
4 ☐ Auto. aid given
5 ☐ Other aid given

Their FDID: ____ | Their State: ____ | Their Incident Number: ____

E1 Dates and Times — Midnight is 0000

Check boxes if dates are the same as Alarm Date

	Month	Day	Year	Hour	Min
Alarm ☆ (ALARM always required)	09	23	2019	1224	
☑ Arrival ☆ (ARRIVAL required unless canceled or did not arrive)				1233	
☐ Controlled (CONTROLLED optional, except for wildland fires)					
☑ Last Unit Cleared (LAST UNIT CLEARED required except for wildland fires)				1450	

E2 Shifts and Alarms — Local Option

Shift or Platoon: C | Alarms: 01 | District: D51

E3 Special Studies — Local Option

Special Study ID#: ____ | Special Study Value: ____

F Actions Taken ☆

Primary Action Taken (1): 11 Extinguishment by fire service personnel

Additional Action Taken (2): ____

Additional Action Taken (3): ____

G1 Resources ☆

☑ Check this box and skip this block if an Apparatus or Personnel Module is used

	Apparatus	Personnel
Suppression		
EMS		
Other		

☐ Check box if resource counts include mutual received resources

G2 Estimated Dollar Losses and Values

LOSSES: Required for all fires if known. Optional for non-fires. ☐ None

Property: $ 000,024,000 ☐
Contents: $ 000,035,000 ☐

PRE-INCIDENT VALUE: Optional

Property: $ ____,____,____ ☐
Contents: $ ____,____,____ ☐

Completed Modules

- ☑ Fire–2
- ☑ Structure Fire–3
- ☐ Civilian Fire Cas.–4
- ☐ Fire Service Cas.–5
- ☐ EMS–6
- ☐ HazMat–7
- ☐ Wildland Fire–8
- ☑ Apparatus–9
- ☑ Personnel–10
- ☐ Arson–11

H1 ☆ Casualties ☑ None

	Deaths	Injuries
Fire Service		
Civilian		

H2 Detector — Required for confined fires

1 ☐ Detector alerted occupants
2 ☐ Detector did not alert them
U ☐ Unknown

H3 Hazardous Materials Release ☐ None

1 ☐ Natural gas: slow leak, no evacuation or HazMat actions
2 ☐ Propane gas: <21-lb tank (as in home BBQ grill)
3 ☐ Gasoline: vehicle fuel tank or portable container
4 ☐ Kerosene: fuel burning equipment or portable storage
5 ☐ Diesel fuel/fuel oil: vehicle fuel tank or portable storage
6 ☐ Household solvents: home/office spill, cleanup only
7 ☐ Motor oil: from engine or portable container
8 ☐ Paint: from paint cans totaling <55 gallons
0 ☐ Other: special HazMat actions required or spill > 55 gal (Please complete the HazMat form.)

I Mixed Use Property ☐ Not mixed

10 ☐ Assembly use
20 ☐ Education use
33 ☐ Medical use
40 ☐ Residential use
51 ☐ Row of stores
53 ☐ Enclosed mall
58 ☐ Business & residential
59 ☐ Office use
60 ☐ Industrial use
63 ☐ Military use
65 ☐ Farm use
00 ☐ Other mixed use

J Property Use ☆ ☐ None

Structures

131 ☐ Church, place of worship
161 ☐ Restaurant or cafeteria
162 ☐ Bar/Tavern or nightclub
213 ☐ Elementary school, kindergarten
215 ☐ High school, junior high
241 ☐ College, adult education
311 ☐ Nursing home
331 ☐ Hospital
341 ☐ Clinic, clinic-type infirmary
342 ☐ Doctor/Dentist office
361 ☐ Prison or jail, not juvenile
419 ☑ 1- or 2-family dwelling
429 ☐ Multifamily dwelling
439 ☐ Rooming/Boarding house
449 ☐ Commercial hotel or motel
459 ☐ Residential, board and care
464 ☐ Dormitory/Barracks
519 ☐ Food and beverage sales
539 ☐ Household goods, sales, repairs
571 ☐ Gas or service station
579 ☐ Motor vehicle/boat sales/repairs
599 ☐ Business office
615 ☐ Electric-generating plant
629 ☐ Laboratory/Science laboratory
700 ☐ Manufacturing plant
819 ☐ Livestock/Poultry storage (barn)
882 ☐ Non-residential parking garage
891 ☐ Warehouse

Outside

124 ☐ Playground or park
655 ☐ Crops or orchard
669 ☐ Forest (timberland)
807 ☐ Outdoor storage area
919 ☐ Dump or sanitary landfill
931 ☐ Open land or field
936 ☐ Vacant lot
938 ☐ Graded/Cared for plot of land
946 ☐ Lake, river, stream
951 ☐ Railroad right-of-way
960 ☐ Other street
961 ☐ Highway/Divided highway
962 ☐ Residential street/driveway
981 ☐ Construction site
984 ☐ Industrial plant yard

Look up and enter a Property Use code and description only if you have NOT checked a Property Use box.

⇨ Property Use ____ Code

Property Use Description: ____

NFIRS-1 Revision 01.01.05

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

PERMIT NO.
DATE PAID:
FEE PAID:
RECEIPT #:

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

APPLICANT: Jim Purvis

AGENT: Dale Burd / Dale Burd LLC TELEPHONE: 386-365-7674

MAILING ADDRESS: 20619 County Road 137, Lake City, FL, 32024

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: na BLOCK: na SUBDIVISION: na PLATTED: na

PROPERTY ID #: 17-3S-17-04960-002 ZONING: I/M OR EQUIVALENT: [No]

PROPERTY SIZE: .46 ACRES WATER SUPPLY: [✓] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [No] DISTANCE TO SEWER: na FT

PROPERTY ADDRESS: 2392 N US Hwy 441, Lake City, FL, 32055

DIRECTIONS TO PROPERTY: US 441 North, To address 2392 on left

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	SF Residential	2	672	3 BR to 2 BR Like for Like
2				
3				
4				

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

SIGNATURE: DATE: 11/13/2019

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 ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 19-0837

PLANS

PART II - SITEPLAN

Scale: 1 inch = 40 feet.

PLEASE SEE ATTACHED

Notes: _____

Site Plan submitted by: _____ CONTRACTOR

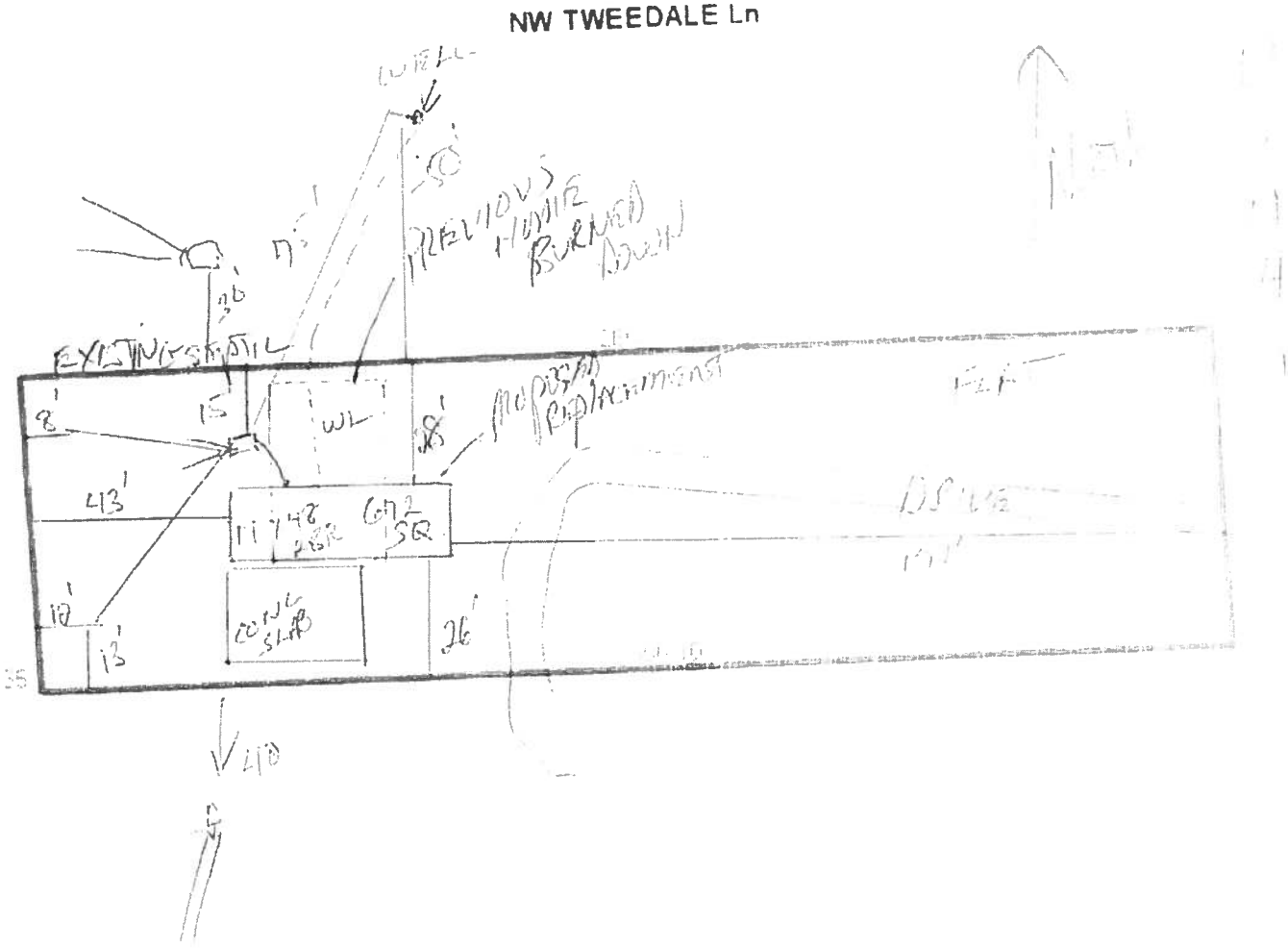
Plan Approved X Not Approved _____ Date _____

By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

1" = 40'

19-0837



0 26 52 78 104 130 156 182 208 234 260 ft

Columbia County Property Appraiser Jeff Hampton | Lake City, Florida | 386-758-1083

PARCEL: 17-3S-17-04960-002 HX H3 | SINGLE FAM (000100) | 0.46 AC

COMM SE COR OF SW1/4 OF SW1/4, RUN N 295 FT ALONG W R/W OF US-441 FOR POB, RUN W 265 FT, N 70 FT, E 265 FT, S 70 FT TO POB. ORB 833-1199, WD 1138-125

PURVIS JIM MICHAEL

Owner: 2392 N US HWY 441
LAKE CITY, FL 32055

Site: 2392 US HIGHWAY 441 , LAKE CITY

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	11/28/1996	$100	V (U)

2020 Working Values

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Ag Lnd	$0	Assessed	$16,062
Bldg	$6,029	Exempt	$16,062
XFOB	$2,750		county:$0
Just	$16,062	Total Taxable	city:$0 other:$0 school:$0

NOTES:

Columbia County, FL