PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only	(Revised 7-1-15)	Zoning Official_	Build	ing Official
AP#	Date Rece	eived	By Permi	t #
Flood Zone[Plan Map Category
FEMA Map#	Elevation	Finished Floor_	River	In Floodway
□ Recorded Deed or	Property Appraise	r PO 🗆 Site Plan 🗆	EH#	□ Well letter OR
☐ Existing well ☐ La	nd Owner Affidavit	☐ Installer Authoriz	ation FW Comp	. letter \square App Fee Paid
□ DOT Approval □ Pa	arent Parcel #	¬ S	TUP-MH	🗆 911 App
□ Ellisville Water Sys	□ Assessment Pa	id on Property 🗆 🕻	Out County In Co	unty Sub VF Form
Property ID #32-45	S-17-08935-003	Subdivision	on NA	Lot#_NA
New Mobile Home	XUse	ed Mobile Home	MH Siz	ze 32 x 76 Year 2020
 Applicant Dale 	Burd		Phone #386-3	365-7674
	CR 137, Lake Ci			
 Name of Property 	Owner Travis Ha	rper ,	Phone#	386-365-8714
911 Address	1342 SW	Bedenbark	LANE LAKE	Gory FL 32025
 Circle the correct 	power company -	FL Power	& Light - (Clay Electric)
	(Circle One) -	Suwannee Valle	ey Electric - [Duke Energy
 Name of Owner of 	Mobile Home S	Same	Phone	# Same
 Relationship to Pr 	operty Owner	Same		
 Current Number of 	f Dwellings on Pro	operty0		
Lot Size 284 x	926	Total Ac	reage	6
Do you : Have Exi	sting Drive or Priverently using) Or (Blue	Road Sign) or need (Putting in a Culvert) or C	Culvert Waiver (Circle one Not existing but do not need a Culvert
 Is this Mobile Hon 	ne Replacing an Ex	xisting Mobile Hom	ieNo	
		South on Tusyeni	uggee, TR Bedenl	baugh, 1/2 Mile on left
Address 13	42			
Name of Licensed	Dealer/Installer _	Rusty Knowles	Phone	#386-397-0886
 Installers Address 	5801 SW St H	wy 47, Lake City,		
License Number_	IH-1038219		nstallation Decal #	# 66809

32-4S-17-08935-003 Parcel:

Owner & Pr	roperty Info	Result: 54 of 58		
Owner	HARPER TRAVI 1342 SW BEDEN LAKE CITY, FL 3	NBAUGH LN		
Site	1342 BEDENBAUGH LN, LAKE CITY			
Description*	BEG NW COR OF FT, W 284.14 FT T ALONG SEC LINE 1252-2569, DC 13	O W LINE OF S 926.28 FT TO F	EC, NE	
Area	6 AC	S/T/R	32-4S-17E	
Use Code**	PASTURELAN (006200)	Tax District	3	

^{*}The Description above is not to be used as the Legal Description for this

parcel in any legal transaction.

***The <u>Use Code</u> 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.

2019 Certi	fied Values	2020 Worl	king Values
Mkt Land (2)	\$8,022	Mkt Land (2)	\$8,022
Ag Land (1)	\$1,200	Ag Land (1)	\$1,200
Building (0)	\$0	Building (0)	\$0
XFOB (1)	\$700	XFOB (1)	\$700
Just	\$32,583	Just	\$32,583
Class	\$9,922	Class	\$9,922
Appraised	\$9,922	Appraised	\$9,922
SOH Cap [?]	\$0	SOH Cap [?]	\$0
Assessed	\$9,922	Assessed	\$9,922
Exempt	\$0	Exempt	\$0
Total Taxable	county:\$9,419 city:\$9,419 other:\$9,419 school:\$9,922	1.100-7.7000	county:\$9,922 city:\$9,922 other:\$9,922 school:\$9,922

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUM	MBER	CONTRACTOR	Rusty Know	PHONE 386-397-0886
		THIS FORM MUST BE SUBMITTED PRICE	OR TO THE ISSUANCE	E OF A PERMIT
				Travis Harper
records of the Ordinance 89-	subcontract 6, a contract	ermit will cover all trades doing work ors who actually did the trade speci for shall require all subcontractors to y insurance and a valid Certificate of	fic work under the provide eviden	ne permit. Per Florida Statute 440 and ce of workers' compensation or
	/ 5	ed contractor is responsible for the or beginning any work. Violations w	9.50	eing submitted to this office prior to the work orders and/or fines.
ELECTRICAL	Print Name	Leo Jackson	Signature	
		ES 12001176 Qualifier Form Attac	Phone #:	386-688-3821
			A	/11/
MECHANICAL/	Print Name	Ronald Bonds Sr.	Signature	All S
A/C	License #:	CAC 1817658 Qualifier Form Attack	Phone #: _	800-259-3470
Qualifier Forn	ns cannot b	e submitted for any Specialty Lice	ense.	
Specialty Li	icense	License Number Sub-Contracto	ors Printed Name	Sub-Contractors Signature
MASON				
CONCRETE FIN	IISHER			
applying for an	d receiving	a building permit, show proof and co	ertify to the pern	very employer shall, as a condition to nit issuer that it has secured ad 440.38, and shall be presented each

time the employer applies for a building permit.

Revised 10/30/2015



COLUMBIA COUNTY BUILDING DEPARTMENT 135 NE Hernando Ave, Suite B-21, Lake City, FL 32055 Phone: 386-758-1008 Fax: 386-758-2160

LICENSED QUALIFIER AUTHORIZATION

Las G Farton	(license holder name), licensed qualifier
on Company ELKITRIC	LLC (company name), do certify that
the below referenced person(s) listed on this for holder, or is/are employed by me directly or through the composition; or person as defined	m is/are contracted/hired by me, the license ough an employee leasing arrangement; or, is an In Florida Statutes Chapter 468, and the said d control and is/are authorized to purchase and
Printed Name of Person Authorized	Signature of Authorized Person
1. Onlis Burd	1.
3. Les JACKSON JA	3. Judily
4.	4.
5.	5.
authority to discipline a license holder for violati officers, or employees and that I have full respond ordinances inherent in the privilege granted if at any time the person(a) you have suthorized officer(s), you must notify this department in an authorization form, which will superseds all preventionized persons to use your name and/or	inelbility for compliance with all statutes, codes if by Issuance of such permits. I le/are no longer agents, employee(s), or liting of the changes and submit a new letter of vious lists. Failure to do so may allow license number to obtain permits.
Woerleed Oxisifiers Signature (Noterized)	License Number Diete
NOTARY INFORMATION: STATE OFCOUNTY OF	Columbia
Keel R Prishop	this de day of Angli . 20/6e.
NOTARY'S SIGNATURE 1102 'PE UNY MANAGEMENT TERMO AND THE MANAGEMENT TO THE MANAGEMENT AND THE MANAGEMENT AN	(Seal/Stamp)

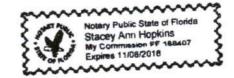


COLUMBIA COUNTY BUILDING DEPARTMENT 135 NE Hernando Ave, Suite B-21, Lake City, FL 32055

Phone: 386-758-1008 Fax: 386-758-2160

LICENSED QUALIFIER AUTHORIZATION

1 IIC A a	TO THORIZATION
	(license holder name). licensed qualifier
FOR STIPE CREST ENTERPENES	The (company name), do certify that
the below referenced person(s) listed on this for holder, or is/are employed by me directly or through officer of the corporation; or, partner as defined person(s) is/are under my direct supervision and sign permits; call for inspections and sign subcontact.	lugh an employee leasing arrangement; or, is an in Florida Statutes Chapter 468, and the said control and is/are authorized to purchase and
Printed Name of Person Authorized	Signature of Authorized Person
1. DALE BURD	1.
2. Rocks Ford	2. (bels) 7-1
3. Kally Bishop	3. Kelly Bishof
4.	4.
5.	5.
the license holder, realize that I am responsible under my license and fully responsible for complicational Ordinances. I understand that the State an authority to discipline a license holder for violatio officers, or employees and that I have full responsed ordinances inherent in the privilege granted.	iance with all Florida Statutes, Codes, and id County Licensing Boards have the power and ins committed by him/her, his/her agents, isibility for compliance with all statutes, codes
f at any time the person(s) you have authorized officer(s), you must notify this department in writing authorization form, which will supersede all previous authorized persons to use your name and/or light	ng of the changes and submit a new letter of ous lists. Failure to do so may allow
icensed Qualifiers Signature (Notarized)	CRC 1817658 2-16-14 License Number Date
TATE OF:COUNTY OF:	Bay
he above license holder, whose name is Romersonally appeared before me and is known by yope of I.D.)on the	ald Edward Bonds SR me or has produced identification his 16th day of FEB 20 (6.
Struy Ging ldopkins	(Spal/Stamp)



Typical pier spacing being installed Address of home Installer Manufacturer Lunderstand Lateral Arm Systems cannot be used on any home (new or used) where the sidewall ties exceed 5 ft 4 in. 666" X 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 **Mobile Home Permit Worksheet** longitudinal mound Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations) Length x width Installer's initials License # IN piers within 2 of end of home en 6 H-1038218 32 x 76 Box Rule 15C Page 1 of 2 Application Number: capacity bearing interpolated from Rule 15C-1 pier spacing table Longitudinal Stabilizing Device w/ Lateral Arms Longitudinal Stabilizing Device (LSD) List all marriage wall openings greater than 4 foot and their pier pad sizes below. Offier pier pad sizes (required by the mfg.) Perimeter pier pad size Load Manufacturer Home installed to the Manufacturer's Installation Manual Home is installed in accordance with Rule 15-C -beam pier pad size Single wide New Home Triple/Quad Double wide 3500 psf 1000 psf 1500 psf 2000 psf 2500 psf 3000 psf Opening - Draw the approximate locations of marriage wall openings 4 foot or greater. Use this symbol to show the piers. (sq in) Footer Size TIEDOWN COMPONENTS 16" x 16" PIER PAD SIZES PIER SPACING TABLE FOR USED HOMES (256)N یکا ő Serial # Installation Decal # Wind Zone II Used Home 18 1/2" x 18 Pier pad size 1/2" (342) N. Xed യയയയ 234×344 CA 20" x 20" 101104120405 1 (400) Wind Zone III 22" x 22" 68.08 Longitudinal Marriage wall [484] 4# Shearwall Sidewall spaced at 5' 4" oc 17 3/16 × 25 3/16 17 1/2 × 25 1/2 24 × 24 26 × 26 POPULAR PAD SIZES Date: 3 1/4 × 26 1/4 Pad Size 16 x 16 16 x 18 18.5 x 18.5 16 x 22.5 OTHER TIES 20 × 20 FRAME TIES 24" X 24" ANCHORS 15 € (576)* N Number 26" x 26" (676)676 408 288 342 374 œ

Mobile Home Permit Worksheet

	×		3 Using 500 th increments take the inwest	Take the reading at the depth of the footer.	 Test the perimeter of the home at 6 locations. 	POCKET PENETROMETER TESTING METHOD	× ×	The pocket penetrometer tests are rounded down topsf or check here to declare 1000 lb. soil without testing.	POCKET PENETROMETER TEST	
7	a result of a poorly installed or no gasket being installed. I understand a strip of tape will not serve as a gasket.	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	Gasket (weatherproofing requirement)	rooning nails at 2" on center on both sides of the centerline.	will be centered over the peak of the roof and fastened with galv.	Walls: Type Fastener: 5000000000000000000000000000000000000	Fastenin	Water drainage: Natural Swale Pad Other	Site Preparation	Date:

TORQUE PROBE TEST

Type gasket

Installed

Yes

The results of the torque probe test is ASA inch pour here if you are declaring 5' anchors without testing showing 275 inch pounds or less will require 5 foot anchors. inch pounds or check A test

Note: A state approved lateral arm system is being used and 4 ft. reading is 275 or less and where the mobile home manufacturer may anchors are allowed at the sidewall locations. I understand 5 ft requires anchors with 4000 lb holding capacity anchors are required at all centerline tie points where the torque test

Installer's initials

Date Tested Installer Name ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER ZOZ/

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.

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 150

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 13 C1

No No N/A	Skirting to be installed. Yes
MISCELIANGOUS	

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

1	ture	
	Date	

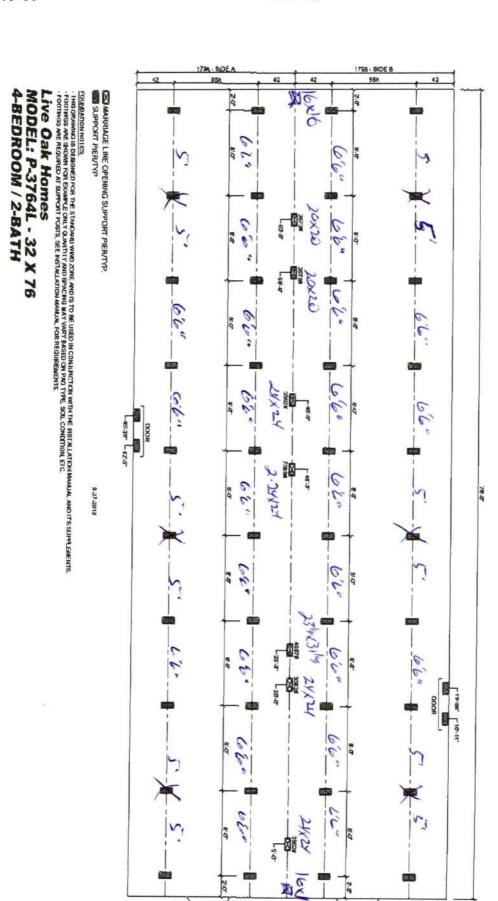
Page 2 of 2

Inst

Weatherproofing

Bottom of ridgebeam Between Floors Yes Between Walls Yes

Yes



P-3764L

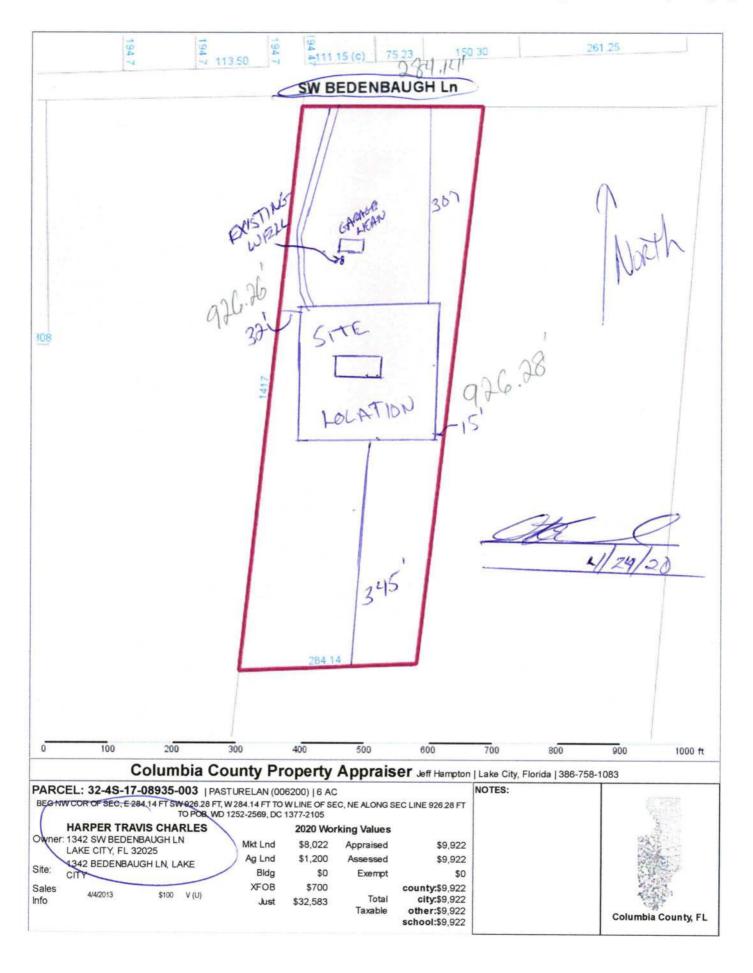
STATE OF FLORIDA DEPARTMENT OF HEALTH

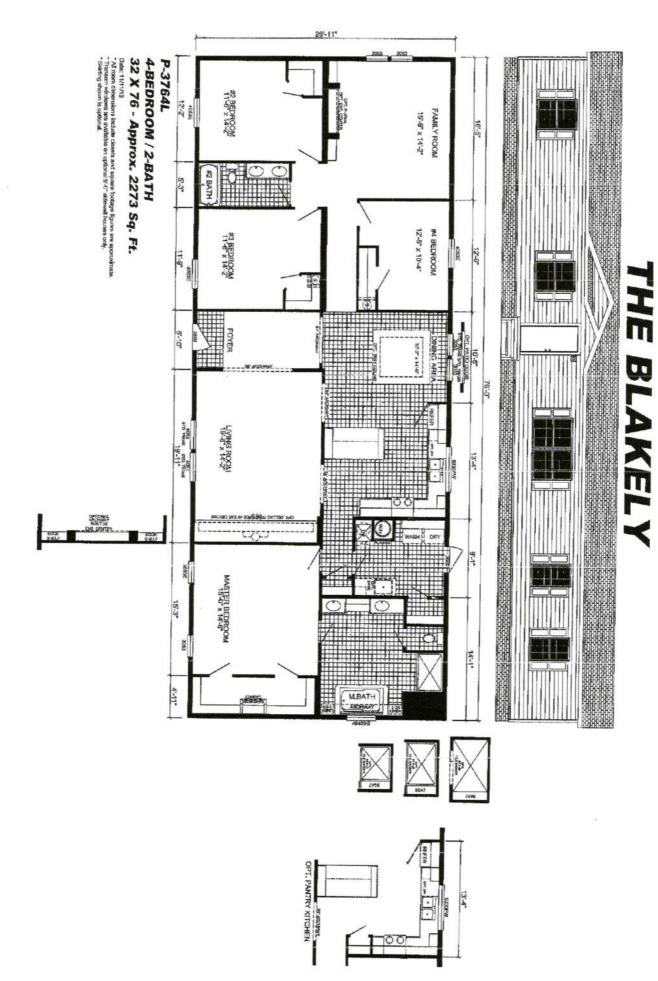
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number

Hoppar		/
Scale: 1 inch = 40 feet.	DRINE 4BR 2273 89	210
Notes: Site Plan submitted by: Plan Approved	AC. PLEASE SIER A HACKED Not Approved	CONTRACTOR Date County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT







BOARD OF COUNTY COMMISSIONERS • COLUMBIA COUNTY

Address Assignment and Maintenance Document

To maintain the county wide Addressing Policy you must make application for a 9-1-1 Address at the time you apply for a building permit. The established standards for addressing and posting numbers to all principal buildings, dwellings, businesses and industries are contained in Columbia County Ordinance 2001-9. The addressing system is to enable Emergency Services Agencies to locate you in an emergency, and to assist the United States Postal Service and the public in the timely and efficient provision of services to residents and businesses of Columbia County

Date/Time Issued:

4/27/2020 1:58:37 PM

Address:

1342 SW BEDENBAUGH Ln

City:

LAKE CITY

State:

FL

Zip Code

32025

Parcel ID

08935-003

REMARKS: Address Verification.

NOTICE: THIS ADDRESS WAS ISSUED BASED ON LOCATION AND ACCESS INFORMATION RECEIVED FROM THE REQUESTER. SHOULD, AT A LATER DATE, THE LOCATION AND/OR ACCESS INFORMATION BE FOUND TO BE IN ERROR OR CHANGED, THIS ADDRESS IS SUBJECT TO CHANGE.

Address Issued By:

Signed:/ Matt Crews

Columbia County GIS/911 Addressing Coordinator

COLUMBIA COUNTY
911 ADDRESSING / GIS DEPARTMENT

263 NW Lake City Ave., Lake City, FL 32055 Telephone: (386) 758-1125 Email: gis@columbiacountyfla.com