

0111 2067

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 7-1-15) Zoning Official 2MS Building Official 2MS
 AP# 1811-59 Date Received 11/20 By JN Permit # 37486
 Flood Zone X Development Permit _____ Zoning A-3 Land Use Plan Map Category A8
 Comments Replacing Existing Home

FEMA Map# _____ Elevation _____ Finished Floor 1. above Road River _____ In Floodway _____
☐ Recorded Deed or ☒ Property Appraiser PO ☒ Site Plan ☒ EH # 18-0917 ☐ Well letter OR
☒ Existing well ☐ Land Owner Affidavit ☐ Installer Authorization ☐ FW Comp. letter ☒ App Fee Paid
☐ DOT Approval ☐ Parent Parcel # _____ ☐ STUP-MH _____ ☒ 911 App
☐ Ellisville Water Sys ☒ Assessment Paid ☐ Out-County ☐ In-County ☒ Sub VF Form

Property ID # 31-45-16-03252-107 Subdivision Vellee Lot# 7

- New Mobile Home ☒ Used Mobile Home _____ MH Size 32x52 Year 2019
 - Applicant Dale Burd Phone # 386-365-7674
 - Address 20619 CR 137 Lake City FL 32024
 - Name of Property Owner Christopher Todd Sampson Phone# 386-365-8575
 - 911 Address 8106 SW State Rd 247 Lake City FL 32024
 - Circle the correct power company - FL Power & Light - Clay Electric
 (Circle One) - Suwannee Valley Electric - Duke Energy
 - Name of Owner of Mobile Home Christopher Todd Sampson Phone # 386-365-8575
 Address 495 SW Lakeview Ave Lake City FL 32025
 - Relationship to Property Owner same
 - Current Number of Dwellings on Property 1 to BE replaced
 - Lot Size 320' x 690' Total Acreage 5.07
 - 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
 - Driving Directions to the Property Hwy 90 W, turn (L) on SR 247 to 8106 on (R) 2 lots past SW Flatt Gln
-
- Name of Licensed Dealer/Installer Rusty Knowles Phone # 386-397-0886
 - Installers Address 5801 SW SR 47 Lake City FL 32024
 - License Number TH1038219 Installation Decal # 54167

Dale is aware of what's needed 11-20-18

\$375.00

Mobile Home Permit Worksheet

Installer : Rusty Knowles License #LH1038219

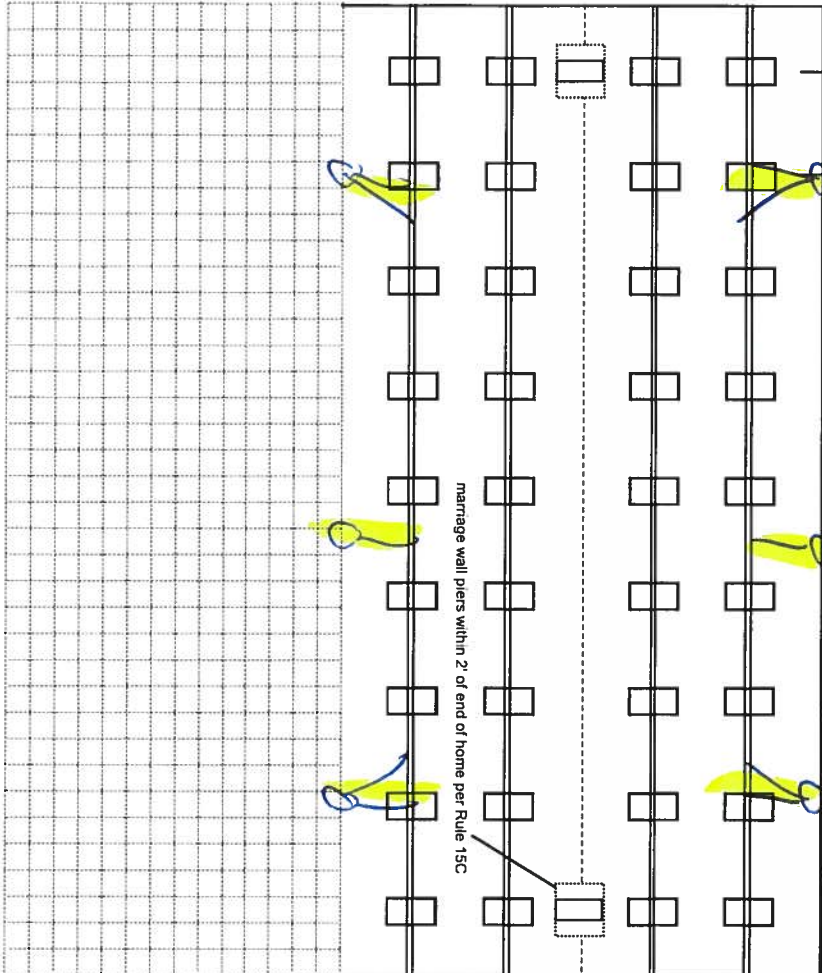
Address of home 8106 SW SR 247
being installed Lake City, FL 32024

Manufacturer Live Oak Length x width 52x32

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 RLC

Typical pier spacing 2' 66"
lateral
longitudinal
Show locations of Longitudinal and Lateral Systems
(use dark lines to show these locations)



Application Number: _____ Date: _____

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 # 54167

Triple/Quad ☐ Serial # 20HCA31890734148

PIER SPACING TABLE FOR USED HOMES

| Load bearing capacity (sq in) | 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' | 8' |
| 1500 psf | 4'6" | 6' | 7' | 8' | 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 1/4 x 31 1/4

Perimeter pier pad size 14

Other pier pad sizes (required by the mfg.) 10 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

12' 24 x 24 23 1/4 x 31 1/4

ANCHORS

4 ft ☒ 5 ft ☒

FRAME TIES

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

OTHER TIES

Longitudinal Stabilizing Device (LSD)

Manufacturer

Longitudinal Stabilizing Device w/ Lateral Arms

Manufacturer Home provide

Sidewall

Longitudinal

Marriage wall

Shearwall

Number

20

20

20

20

Mobile Home Permit Worksheet

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 NA How much 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.

RLC Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Rusty L. Kuehls

Date Tested

11-20-18

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 independent water supply systems. Pg. 15C-1

Application Number: _____

Date: _____

Site Preparation

Debris and organic material removed ☒ Swale ☒ Pad ☒ Other _____

Fastening multi wide units

Floor: Type Fastener: Lags Length: 6" Spacing: 20"
Walls: Type Fastener: Screws Length: 4" Spacing: 24"
Roof: Type Fastener: Straps Length: 1 3/4" Spacing: 96"
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.

Installer's initials RLC

Type gasket Pg. Factory

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

Weatherproofing

The bottomboard will be repaired and/or taped. Yes ☒ Pg. 15C-1
Siding on units is installed to manufacturer's specifications. Yes ☒
Fireplace chimney installed so as not to allow intrusion of rain water. Yes ☒

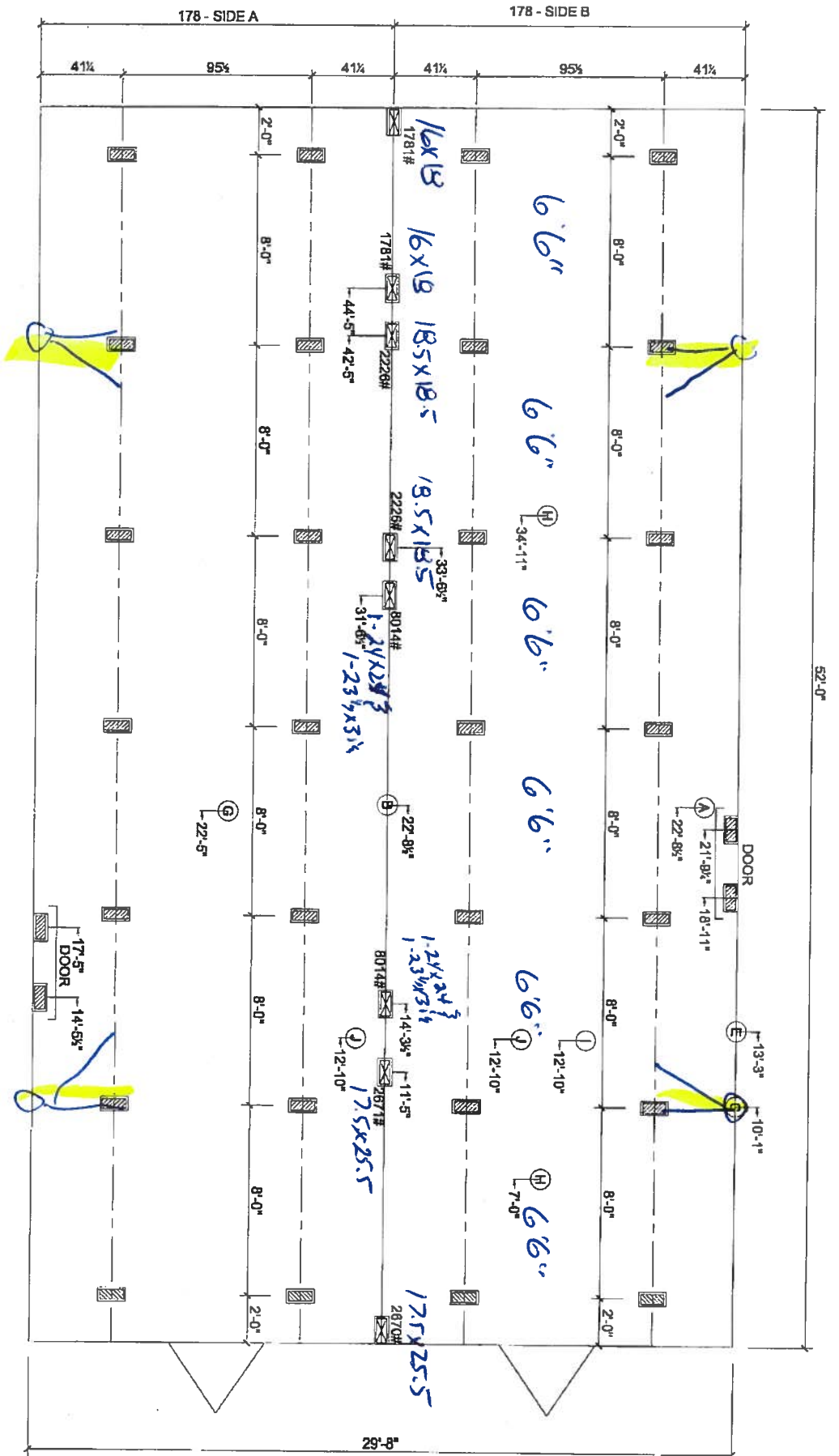
Miscellaneous

Skirting to be installed. Yes ☒ No ☐
Dryer vent installed outside of skirting. Yes ☐ N/A ☒
Rain 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 _____

Date 11-20-18



 MARRIAGE LINE OPENING SUPPORT PIER/TYP.
 SUPPORT PIER/TYP

6-26-08

- THIS DRAWING IS DESIGNED FOR THE STANDARD WIND ZONE, AND IS TO BE USED IN CONJUNCTION WITH THE INSTALLATION MANUAL AND ITS SUPPLEMENTS.
- FOOTINGS ARE SHOWN FOR EXAMPLE ONLY. QUANTITY AND SPACING MAY VARY BASED ON PAD TYPE, SOIL CONDITION, ETC.
- FOOTINGS ARE REQUIRED AT SUPPORT POSTS. SEE INSTALLATION MANUAL FOR REQUIREMENTS.

Live Oak Homes
MODEL: L-3524F - 32 X 52
4-BEDROOM / 2-BATH

- | | |
|------------------------------|---|
| (A) MAIN ELECTRICAL | (G) DUCT CROSSOVER |
| (B) ELECTRICAL CROSSOVER | (H) SEWER DROPS |
| (C) WATER INLET | (I) RETURN AIR (W/OPT. HEAT PUMP OH DUCT) |
| (D) WATER CROSSOVER (IF ANY) | (J) SUPPLY AIR (W/OPT. HEAT PUMP OH DUCT) |
| (E) GAS INLET (IF ANY) | |
| (F) GAS CROSSOVER (IF ANY) | |

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM



APPLICATION NUMBER 181159 CONTRACTOR Rusty Knowles PHONE 386-397-0886

THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

Sampson

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 1503 | Print Name <u>Leo Jackson</u> | Signature <u></u> |
| | License #: <u>ES12001176</u> | Phone #: <u>386-688-3821</u> |
| | Qualifier Form Attached <input checked="" type="checkbox"/> | |
| ✓ MECHANICAL/ A/C 950 | Print Name <u>Michael Boland</u> | Signature <u></u> |
| | License #: <u>CAC 1817716</u> | Phone #: <u>352-274-9326</u> |
| | Qualifier Form Attached <input checked="" type="checkbox"/> | |

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



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

I, Leo G Jackson (license holder name), licensed qualifier
for Country Electric LLC (company name), do certify that
the below referenced person(s) listed on this form is/are contracted/hired by me, the license
holder, or is/are employed by me directly or through an employee leasing arrangement; or, is an
officer of the corporation; or, partner as defined in Florida Statutes Chapter 468, and the said
person(s) is/are under my direct supervision and control and is/are authorized to purchase and
sign permits, call for inspections and sign subcontractor verification forms on my behalf.

| Printed Name of Person Authorized | Signature of Authorized Person |
|-----------------------------------|--------------------------------|
| 1. <u>DAISY BURD</u> | 1. <u>[Signature]</u> |
| 2. <u>Rocky Ford</u> | 2. <u>[Signature]</u> |
| 3. <u>Leo Jackson Jr.</u> | 3. <u>[Signature]</u> |
| 4. | 4. |
| 5. | 5. |

I, the license holder, realize that I am responsible for all permits purchased, and all work done
under my license and fully responsible for compliance with all Florida Statutes, Codes, and
Local Ordinances. I understand that the State and County Licensing Boards have the power and
authority to discipline a license holder for violations committed by him/her, his/her agents,
officers, or employees and that I have full responsibility for compliance with all statutes, codes
and ordinances inherent in the privilege granted by issuance of such permits.

If at any time the person(s) you have authorized is/are no longer agents, employees(s), or
officer(s), you must notify this department in writing of the changes and submit a new letter of
authorization form, which will supersede all previous lists. Failure to do so may allow
unauthorized persons to use your name and/or license number to obtain permits.

[Signature]
Licensed Qualifier Signature (Notarized)

ES12001176
License Number

4/26/16
Date

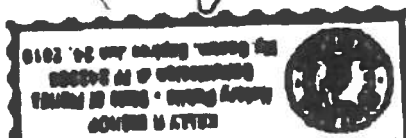
NOTARY INFORMATION:

STATE OF: FLORIDA COUNTY OF: Columbia

The above license holder, whose name is Leo G Jackson
personally appeared before me and is known by me or has produced identification
(type of I.D.) FL DL on this 26 day of April, 2016

[Signature]
NOTARY'S SIGNATURE

(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

I, Michael A Boland (license holder name), licensed qualifier
for ACE A/C of Ocala, LLC (company name), do certify that
the below referenced person(s) listed on this form is/are contracted/hired by me, the license
holder, or is/are employed by me directly or through an employee leasing arrangement; or, is an
officer of the corporation; or, partner as defined in Florida Statutes Chapter 468, and the said
person(s) is/are under my direct supervision and control and is/are authorized to purchase and
sign permits; call for inspections and sign subcontractor verification forms on my behalf.

| Printed Name of Person Authorized | Signature of Authorized Person |
|-----------------------------------|--------------------------------|
| 1. <u>Dale Eard</u> | 1. <u>[Signature]</u> |
| 2. <u>Kelly Bishop</u> | 2. <u>Kelly Bishop</u> |
| 3. <u>Kelly Fore</u> | 3. <u>Kelly Fore</u> |
| 4. | 4. |
| 5. | 5. |

I, the license holder, realize that I am responsible for all permits purchased, and all work done
under my license and fully responsible for compliance with all Florida Statutes, Codes, and
Local Ordinances. I understand that the State and County Licensing Boards have the power and
authority to discipline a license holder for violations committed by him/her, his/her agents,
officers, or employees and that I have full responsibility for compliance with all statutes, codes
and ordinances inherent in the privilege granted by issuance of such permits.

If at any time the person(s) you have authorized is/are no longer agents, employee(s), or
officer(s), you must notify this department in writing of the changes and submit a new letter of
authorization form, which will supersede all previous lists. Failure to do so may allow
unauthorized persons to use your name and/or license number to obtain permits.

[Signature]
Licensed Qualifiers Signature (Notarized)

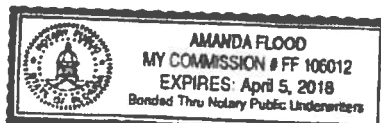
CAC1817716 License Number
ES120926 Date
11/17/15

NOTARY INFORMATION:
STATE OF Florida COUNTY OF Marion

The above license holder, whose name is Michael A. Boland
personally appeared before me and is known by me or has produced identification
(type of I.D.) _____ on this 17th day of November, 20 15

[Signature]
NOTARY'S SIGNATURE

(Seal/Stamp)

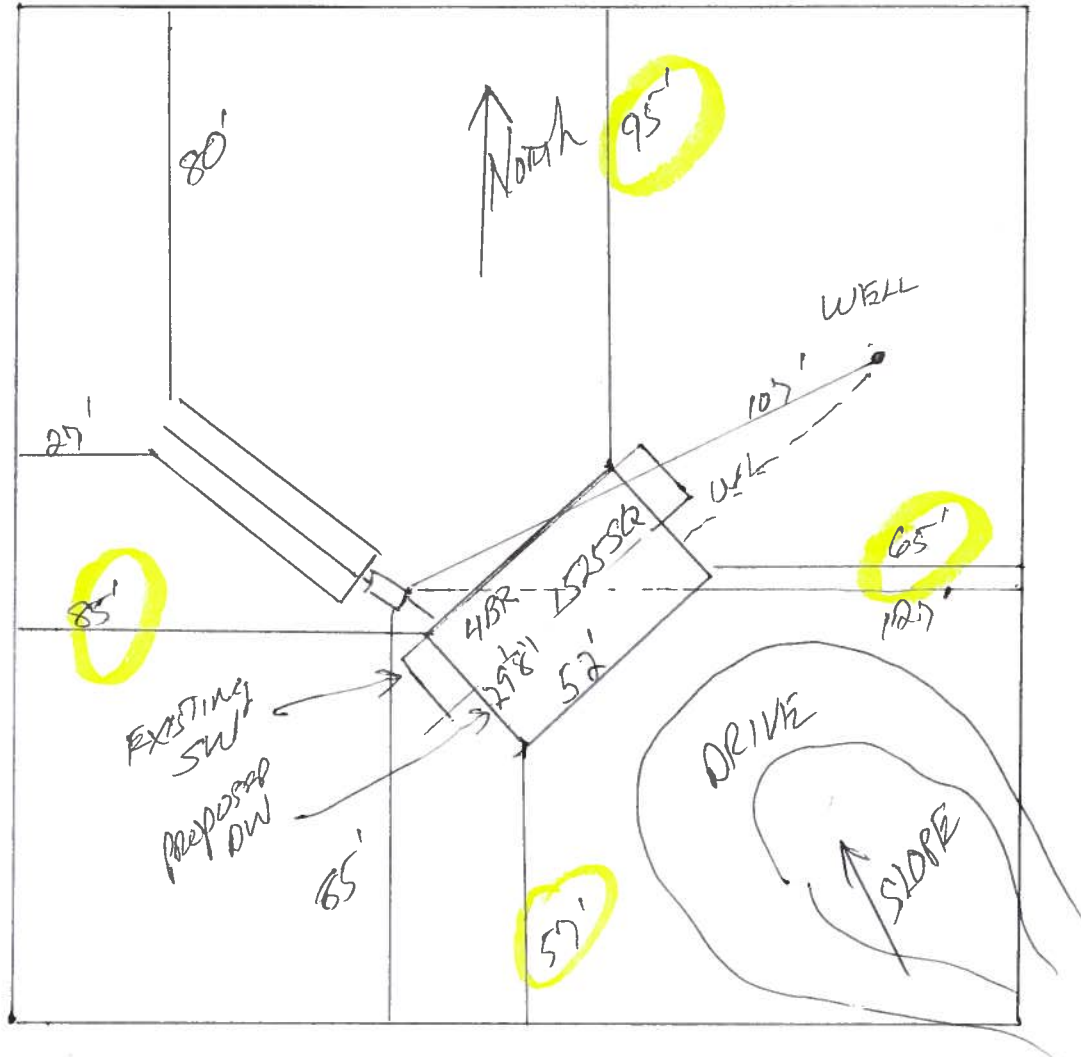


**STATE OF FLORIDA
DEPARTMENT OF HEALTH**
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number _____

----- *Sampson* ----- PART II - SITEPLAN ----- *210'* -----

Scale: 1 inch = 40 feet.



Notes: *1 of 5.07 ACRES*

Site Plan submitted by: *[Signature]*

CONTRACTOR

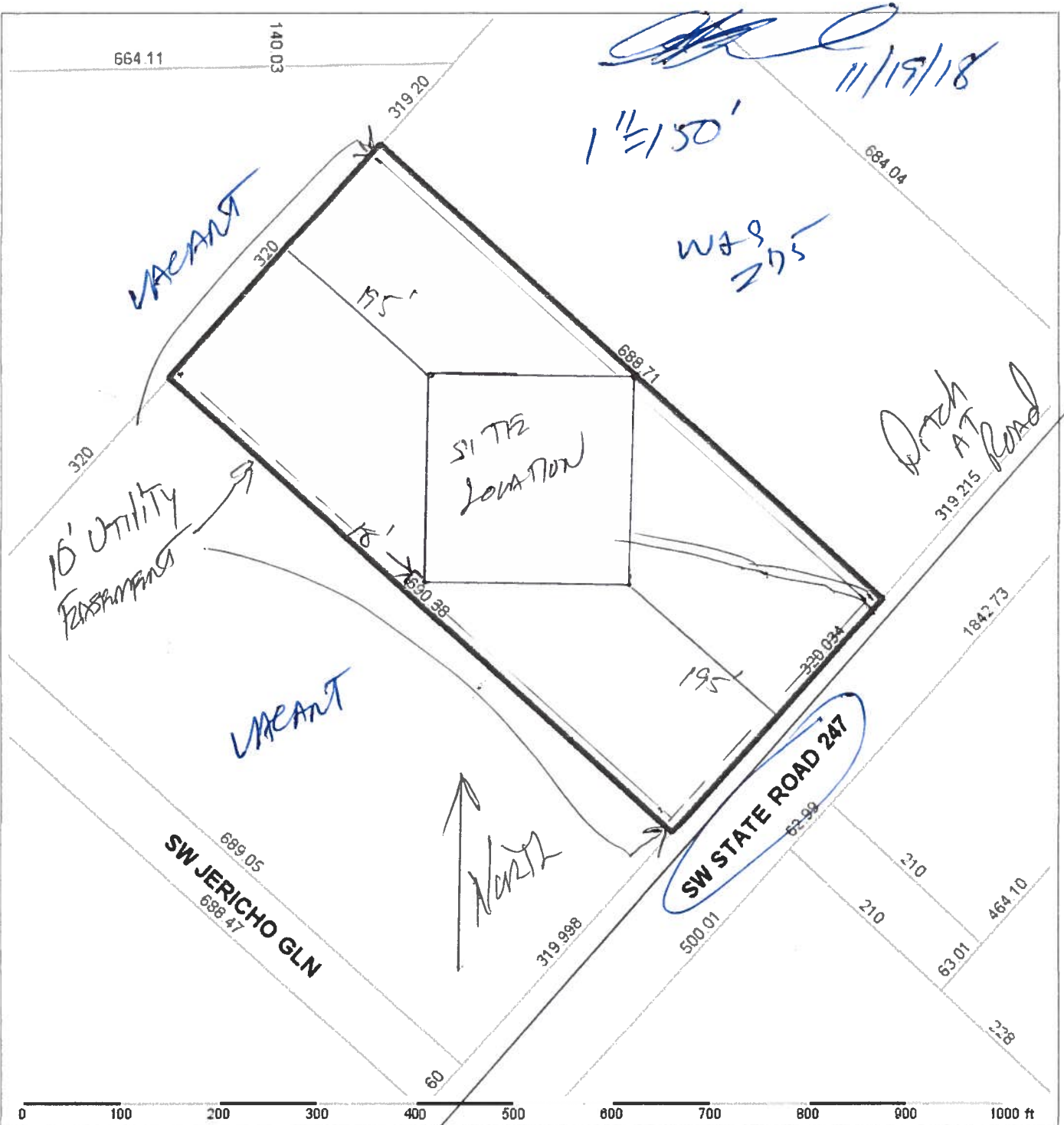
Plan Approved _____

Not Approved _____

Date _____

By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT




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

PARCEL: 31-4S-16-03252-107 | MOBILE HOM (000200) | 5.07 AC
LOT 7 VELLE S/D. LOT 7 VELLE S/D. AFD 1012-98. SWD 1091-2172 AFD 1012-98. SWD 1091-2172 AFD 1091-2173, ASSIG AFD 1098- AFD 1091-2173, ASSIG AFD 1098

| | | | |
|---------------------------------|--|------------------------------|-----------------------------------|
| SAMPSON CHRISTOPHER TODD | | 2018 Certified Values | |
| Owner: | 495 SW LAKEVIEW AVE LAKE CITY, FL 32025 | Mkt Lnd | \$29,000 Appraised \$36,814 |
| Site: | 8106 STATE ROAD 247 , LAKE CITY | Ag Lnd | \$0 Assessed \$36,814 |
| Sales | 11/20/2007 \$100 I(U) | Bldg | \$7,814 Exempt \$0 |
| Info | 7/28/2006 \$80,000 I(U) | XFOB | \$0 |
| | 7/21/2006 \$100 I(U) | Just | \$36,814 |
| | | Total | county:\$36,814 |
| | | Taxable | city:\$36,814 |
| | | | other:\$36,814 |
| | | | school:\$36,814 |

NOTES:



Columbia County, FL

District No. 1 - Ronald Williams
District No. 2 - Rusty DePratter
District No. 3 - Bucky Nash
District No. 4 - Everett Phillips
District No. 5 - Tim Murphy



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: **9/27/2016 3:12:31 PM**
Address: **8106 SW STATE ROAD 247**
City: **LAKE CITY**
State: **FL**
Zip Code **32024**

Parcel ID **03252-107**

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**



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

PERMIT NO. 18-D917
DATE PAID: 11/19/18
FEE PAID: 42.00
RECEIPT #: 1383826

APPLICATION FOR:

☐ New System ☒ Existing System ☐ Holding Tank ☐ Innovative
☐ Repair ☐ Abandonment ☐ Temporary ☐

APPLICANT: Christopher Todd Sampson

AGENT: Dale Burd

TELEPHONE: 386-365-7674

MAILING ADDRESS: 20619 CR 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: 7 BLOCK: _____ SUBDIVISION: Vellee PLATTED: 5-7-1993

PROPERTY ID #: 31-4S-16-03252-107 ZONING: _____ I/M OR EQUIVALENT: ☐ No ☐

PROPERTY SIZE: 5.07 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ <=2000GPD ☐ >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ No ☐ Distance to Sewer: Na FT

PROPERTY ADDRESS: 8106 SW SR 247 Lake City, FL 32024

DIRECTIONS TO PROPERTY: Hwy 90 West, TL SR 247 to 8106 on Right 2 lots past SW Platt Gln

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

NEW 1 SFR-DWMH 4 1525

2

OLD 3 SWMH 3 980 Per approved for 4 bed 06-0819E

4

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: _____

DATE: 11/19/18

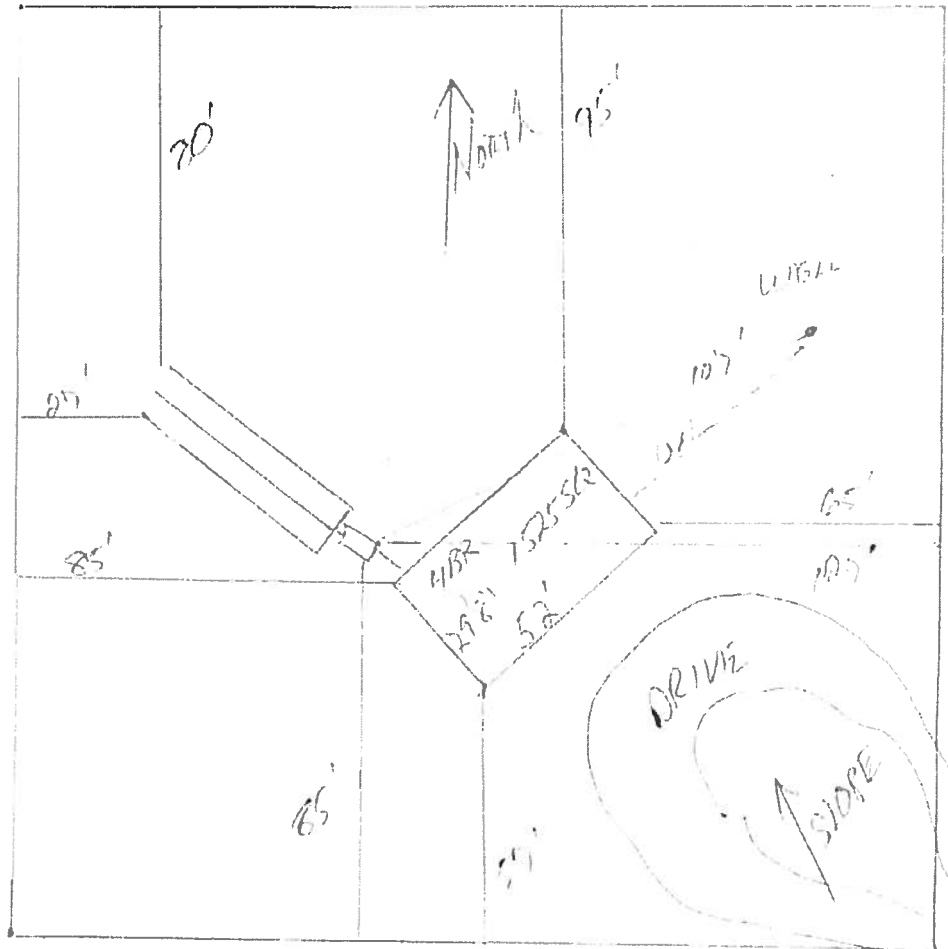
DH 4015, 08/09 (Obsoletes previous editions which may not be used)
Incorporated 64E-6.001, FAC

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

Permit Application Number 18-0917

Sampson ----- PART II - SITEPLAN ----- 2/10

Scale: 1 inch = 40 feet.



Notes: 1 of 5.07 Acres

Site Plan submitted by: [Signature]

Plan Approved ☒

Not Approved ☐

By [Signature]

E31

Columbia

CONTRACTOR

Date 11/21/19

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT