

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-11) Zoning Official BLK 22 Nov. 2013 Building Official TM 11/21/13

AP# 1311-44 Date Received 11/20/13 By CH Permit # 31644

Flood Zone X Development Permit N/A Zoning A-3 Land Use Plan Map Category A-3

Comments Section 2.3.1 Legal/Non-conforming Lot of Record Replacing Ex. stly m/h

FEMA Map# N/A Elevation N/A Finished Floor 1 above Rd River N/A In Floodway N/A

☒ Site Plan with Setbacks Shown ☐ EH # 13-0626-E ☐ EH Release ☐ Well letter ☒ Existing well

☒ Recorded Deed or Affidavit from land owner ☒ Installer Authorization ☒ State Rd Access ☒ 911 Sheet

☐ Parent Parcel # _____ ☐ STUP-MH _____ ☒ MF W Comp. letter ☒ App Fee Pd ☒ VF Form

IMPACT FEES: EMS _____ Fire _____ Corr _____ ☐ Out County ☒ In County *See Notes for Permit*

Road/Code _____ School _____ = TOTAL _____ Suspended March 2009 _____ ☒ Ellisville Water Sys

Property ID # 06-75-16-04146-004 Subdivision _____

- New Mobile Home _____ Used Mobile Home X MH Size 28x56 Year 1989
- Applicant Katie Langford Phone # 352-240-5910
- Address 148 SW Nice Ct. Ft. White FL 32038
- Name of Property Owner Katie Langford Phone# 352-240-5910
- 911 Address 148 SW Nice Ct Fort 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 Katie Langford Phone # 352-240-5910
 Address 148 SW Nice Ct Fort White FL 32038
- Relationship to Property Owner Self
- Current Number of Dwellings on Property 1 (Paid)
- Lot Size 1.62 Total Acreage 1.62

- 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 (Replace Single Wide)
- Driving Directions to the Property 47 S, (R) Wilson Springs Rd,
(L) Nice Ct, 1st drive on (R)

- Name of Licensed Dealer/Installer William R. Price Phone # 407-448-0953 cell
- Installers Address 3360 150th Place Lake City FL 32024
 ▪ License Number JH/1041936 Installation Decal # 17662

*Left Message for William 11-22-13
 Spoke to him on 11-22-13
 Spoke to wife 12/12/13*

*\$375.00
 cash*

page 1 of 2

Pad Size	Sq In
16 x 16	256
16 x 18	288
18 5/8 x 18 5/8	342
16 x 22 5/8	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

COLUMBIA COUNTY PERMIT WORKSHEET

page 2 of 2

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 280 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. 1 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 require anchors with 4000 lb holding capacity

W&P Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name _____

Date Tested _____

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 1

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg 1

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems Pg 1

Site Preparation

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

Water drainage Natural Yes Swale _____ Pad _____ Other _____

Fastening multi wide units

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

For used homes a min 80 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 W&P

Type gasket Foam Installed _____

Pg _____ Between Floors Yes _____

Between Walls Yes _____

Bottom of ridgebeam Yes _____

Weatherproofing

The bottomboard will be repaired and/or taped Yes Yes Pg 1

Siding on units is installed to manufacturer's specifications Yes Yes

Fireplace chimney installed so as not to allow intrusion of rain water Yes Yes

Miscellaneous

Skirting to be installed Yes Yes No _____

Dryer vent installed outside of skirting Yes Yes N/A _____

Range downflow vent installed outside of skirting Yes Yes N/A _____

Drain lines supported at 4 foot intervals Yes Yes

Electrical crossovers protected Yes Yes

Other _____

Installer verifies all information given with this permit worksheet is accurate and true based on the

Installer Signature W&P Date 11-20-17

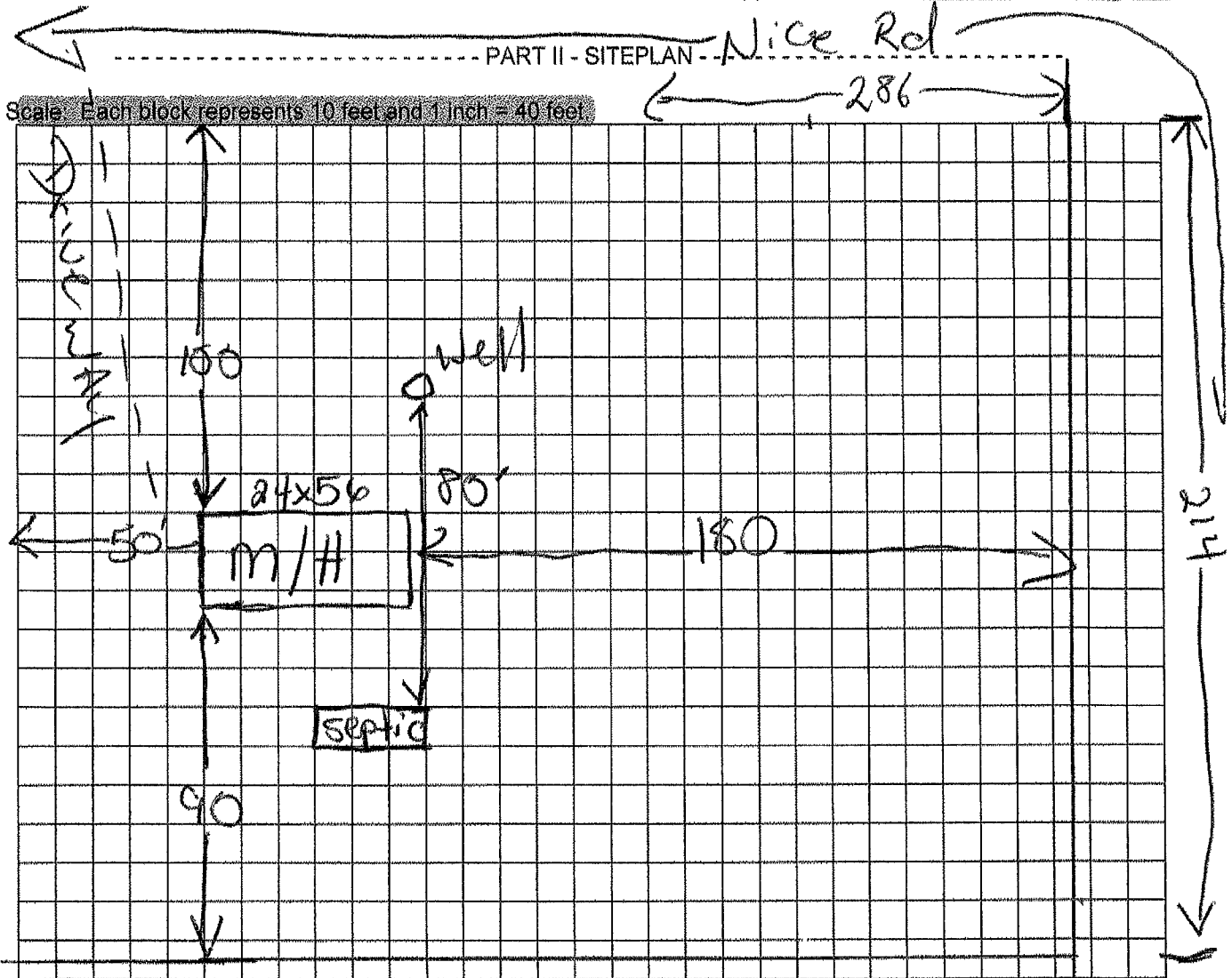
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

13-0606E

PART II - SITEPLAN

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



Notes:

Site Plan submitted by: William R. Price

11-24-13

REVIEWED
Plan Approved X

Not Approved _____

Date 12/9/13

By

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

SF

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 11/20/13 BY UH 1311-44 IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? no
OWNERS NAME Katie Langford PHONE _____ CELL 352-240-5910
ADDRESS _____

MOBILE HOME PARK _____ SUBDIVISION _____
DRIVING DIRECTIONS TO MOBILE HOME go West, @ crossb, @ Deputy J. Davis
Lane - go to C&G lot talk to Sherri

MOBILE HOME INSTALLER William Price PHONE _____ CELL 407-448-0953

MOBILE HOME INFORMATION

MAKE Fleetline 4553 YEAR 89 SIZE 28 X 56 COLOR Brown/wood
SERIAL No. FL 1FL 4550 A&B
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 () OPERATIONAL () MISSING
P FLOORS () SOLID () WEAK () HOLES DAMAGED LOCATION _____
P DOORS () OPERABLE () DAMAGED
F WALLS () SOLID () STRUCTURALLY UNSOUND Repair
P WINDOWS () OPERABLE () INOPERABLE
P PLUMBING FIXTURES () OPERABLE () INOPERABLE () MISSING
P CEILING () SOLID () HOLES () LEAKS APPARENT
P 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: Replace Missing Soffit & Repair Siding, & Walls inside

NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE Jay C ID NUMBER 306 DATE 11-21-13

Columbia County Property Appraiser

CAMA updated 9/23/2013

2013 Tax Year
☐ Tax Collector
 ☐ Tax Estimator
 ☐ Property Card

☐ Parcel List Generator

☐ Interactive GIS Map
 ☐ Print

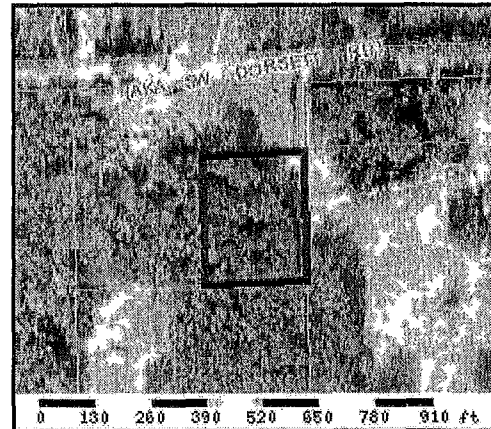
Parcel: 06-7S-16-04146-004

<< Next Lower Parcel Next Higher Parcel >>

Search Result 1 of 1

Owner & Property Info

Owner's Name	LANGFORD KATIE ROSE		
Mailing Address	2133 SW NEWARD DR FORT WHITE, FL 32038		
Site Address	148 SW NICE CT		
Use Desc. (code)	MOBILE HOM (000200)		
Tax District	3 (County)	Neighborhood	6716
Land Area	1.620 ACRES	Market Area	02
Description	NOTE This description is not to be used as the Legal Description for this parcel in any legal transaction		
THE E 238 86 FT OF THE W 538 86 FT OF THE S 295 FT OF THE N 505 FT OF NW1/4 OF NE1/4 ORB 787-1692,815-296 866-1375 866-1376,872-2538,DC 1226-2423 (JULIA LANGFORD),WD 1255-1932			



Property & Assessment Values

2013 Certified Values		
Mkt Land Value	cnt (0)	\$15,861.00
Ag Land Value	cnt (2)	\$0.00
Building Value	cnt (1)	\$3,389.00
XFOB Value	cnt (1)	\$400.00
Total Appraised Value		\$19,650.00
Just Value		\$19,650.00
Class Value		\$0.00
Assessed Value		\$19,650.00
Exempt Value		\$0.00
Total Taxable Value	Cnty: \$19,650 Other: \$19,650 Schl: \$19,650	

2014 Working Values

NOTE:
2014 Working Values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes

Sales History

Sale Date	OR Book/Page	OR Code	Vacant / Improved	Qualified Sale	Sale RCode	Sale Price
5/30/2013	1255/1932	WD	I	U	30	\$18,000.00
9/15/1998	866/1376	WD	I	Q		\$19,500.00
3/11/1994	787/1682	AG	V	U	13	\$6,700.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	MOBILE HME (000800)	1974	BELOW AVG. (03)	858	1247	\$3,389.00
Note: All S F calculations are based on <u>exterior</u> building dimensions						

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0294	SHED WOOD/	0	\$400.00	0000001.000	10 x 14 x 0	(000.00)

Land Breakdown

Replacing Existing MH in Same Spot



Columbia County Property Appraiser

J Doyle Crews - Lake City, Florida 32055 | 386-758-1083

PARCEL:

Name:
Site:
Mail:
Sales
Info

NONE

2013 Certified Values

Land
Bldg
Assd
Exmpt
Taxbl

NOTES



This information GIS updated, 9/23/2013 was derived from data which was compiled by the Columbia County Property Appraiser Office solely for the governmental purpose of property assessment. This information should not be relied upon by anyone as a determination of the ownership of property or market value. No warranties, expressed or implied are provided for the accuracy of the data herein its use or its interpretation. Although it is periodically updated this information may not reflect the data currently on file in the Property Appraiser's office. The assessed values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

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MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1311-44 CONTRACTOR William Price PHONE _____

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.

Home Owner	ELECTRICAL	Print Name <u>Kabe Langford</u> License # _____	Signature <u>Kabe Langford</u> Phone # _____
	Plumbing	Print Name <u>William R. Price</u> License #: <u>EH/1041936</u>	Signature <u>William R. Price</u> Phone #: <u>407 448-0953</u>
	Mechanical A/C	Print Name <u>Kabe Langford</u> License # _____	Signature <u>Kabe Langford</u> Phone # _____

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.



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 LETTER OF AUTHORIZATION

I, William R Price, give this authority for the job address show below
Installer License Holder Name

only, 148 Nice Ct. Ft. White FL., and I do certify that
Job Address

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	Authorized Person is... (Check one)
<u>Katie Langford</u>	<u>Katie Langford</u>	<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input checked="" type="checkbox"/> Property Owner
		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner

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.

License Holders Signature (Notarized)

TH/1041936

License Number

11-20-13

Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is William Price, personally appeared before me and is known by me or has produced identification (type of I.D.) _____ on this 20 day of 11, 20 13.

NOTARY'S SIGNATURE



This Instrument Prepared By/Mail To:

ANDERSON E. HATFIELD

4114 N. W. 13 Street

Gainesville, FL 32609-1807

Property Appraisers Parcel ID #:

06-75-16-04146-004

Inst: 201312008388 Date: 6/3/2013 Time: 9:36 AM

Stamp-Deed: 126.00

DC: P DeWitt Cason Columbia County Page 1 of 1 B:1255 P:1932

WARRANTY DEED

THIS INDENTURE, made this 30 day of May A.D. 2013 **BETWEEN HERMAN A. LANGFORD**, an unmarried widower, and **TROY K. LANGFORD**, a single man, whose post office address is P. O. Box 85, Fort White, of the County of Columbia, State of Florida 32038, Grantors, and **KATIE ROSE LANGFORD**, whose post office address is 2133 SW Newark Drive, Fort White, of the County of Columbia, State of Florida 32038, Grantee,

WITNESSETH: That said Grantor, for the natural love and affection of our granddaughter and niece, respectively, have granted, bargained and sold to the said Grantee, the Grantee's heirs and assigns forever, the following described lands, situate, lying and being in Columbia County, Florida, to wit:

The East 238.86 feet of the West 538.86 feet of the South 295.0 feet of the North 505.0 feet of the NW ¼ of the NE ¼ of Section 6, Township 7 South, Range 16 East. Subject to an easement over and across the South 10.0 feet thereof. Together with an easement for ingress and egress over and across the East 15.0 feet of the West 553.86 feet of the North 515.0 feet of said NW ¼ of NE ¼ and the South 20.0 feet of the North 515.0 feet of East 238.86 feet of the West 538.86 feet of the North 515.0 feet of said NW ¼ of NE ¼. Columbia County, Florida, containing 1.615 acres, more or less.

Together with Mobile Home Identification #15381.

SUBJECT to easements, restrictions of record, all reserved mineral rights and right-of-ways reserved unto the State of Florida and taxes for the year 2013 and all subsequent years.

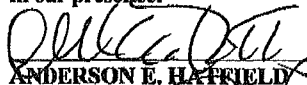
TITLE TO THE SUBJECT PROPERTY HAS NEITHER BEEN EXAMINED NOR APPROVED AT THE EXPRESS REQUEST OF GRANTOR AND GRANTEE.

and said Grantor hereby fully warrants the title to said land, and will defend the same against the lawful claims of all persons whomsoever.

*"Grantor" & "Grantee" are used for singular or plural as context requires.

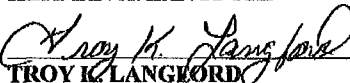
IN WITNESS WHEREOF, Grantor has hereunto set Grantor's hand and seal the day and year first above written.

Signed, sealed & delivered
in our presence:


ANDERSON E. HATFIELD


MICHELLE R. HATFIELD

 (SEAL)
HERMAN A. LANGFORD

 (SEAL)
TROY K. LANGFORD

**STATE OF FLORIDA
COUNTY OF ALACHUA**

I HEREBY CERTIFY that on this day before me, an officer duly qualified to take acknowledgments, personally appeared **HERMAN A. LANGFORD** and **TROY K. LANGFORD**, known to me to be the person(s) described in and who executed the foregoing instrument, who acknowledged before me that they executed the same, and an oath was not taken. Said person(s) are personally known to me or produced as identification.

NOTARY RUBBER STAMP SEAL:



Witness my hand and official seal in the
County and State last aforesaid this 30
day of May, 2013.


Notary Public, State of Florida

COLUMBIA COUNTY 9-1-1 ADDRESSING

P O Box 1787, Lake City, FL 32056-1787

PHONE (386) 758-1125 * FAX (386) 758-1365 * Email ron_croft@columbiacountyfla.com

Addressing Maintenance

To maintain the Countywide 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 assigning 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 Service 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 REQUESTED: 12/5/2013 DATE ISSUED: 12/10/2013

ENHANCED 9-1-1 ADDRESS:

148 SW NICE CT

FORT WHITE FL 32038

PROPERTY APPRAISER PARCEL NUMBER:

06-7S-16-04146-004

Remarks:

RE-ISSUE OF EXISTING ADDRESS FOR NEW STRUCTURE ON PARCEL,
OLD STRUCTURE TO BE REMOVED.

Address Issued By: SIGNED: / RONAL N. CROFT
Columbia County 9-1-1 Addressing / GIS Department

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



REVIEWED

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

PERMIT NO. 19-06265
DATE PAID: 12/16/13
FEE PAID: 60.00
RECEIPT #: 1158338

APPLICATION FOR:

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

APPLICANT: Katie LangfordAGENT: William R. Price / Price Rite Enterprises TELEPHONE: 407-448-0953MAILING ADDRESS: 2133 SW Neward Dr Ft. White FL 32038

=====

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: _____ BLOCK: _____ SUBDIVISION: Meets & Bounds PLATTED: _____PROPERTY ID #: 06-75-16-04146-004 ZONING: AG I/M OR EQUIVALENT: ☒ Y ☐ NPROPERTY SIZE: 1.62 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPDIS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y ☐ N DISTANCE TO SEWER: _____ FTPROPERTY ADDRESS: 148 SW Yucca Ct.DIRECTIONS TO PROPERTY: Hwy 47 toward Ft. White Turn Right Wilson Springs, Turn Left Nice Ct. 1st Drive on Right.

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	<u>Mobile Home</u>	<u>3</u>	<u>1344</u>	<u>Mobile Home is to be replaced - no Bedroom add.</u>
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____SIGNATURE: Katie LangfordDATE: 12-4-13