

DATE 01/27/2006

Columbia County Building Permit

PERMIT
000024091

This Permit Expires One Year From the Date of Issue

APPLICANT DAVID ARMSTRONG PHONE 497-4431
ADDRESS 394 SW AMIEL CT FORT WHITE FL 32038
OWNER ROSA BRYANT/DAVID ARMSTRONG PHONE 497-4431
ADDRESS 394 SW AMIEL CT FT. WHITE FL 32038
CONTRACTOR JOSEPH CHATMAN PHONE 497-2277
LOCATION OF PROPERTY 47S, R 27, L JORDAN ST, R AMIEL CT, TO END LEFT,
MH IS ON LEFT BY BURNT UNIT
TYPE DEVELOPMENT MH, UTILITY ESTIMATED COST OF CONSTRUCTION 0.00
HEATED FLOOR AREA TOTAL AREA HEIGHT STORIES
FOUNDATION WALLS ROOF PITCH FLOOR
LAND USE & ZONING FORT WHITE MAX. HEIGHT
Minimum Set Back Requirments: STREET-FRONT REAR SIDE
NO. EX.D.U. 0 FLOOD ZONE FW DEVELOPMENT PERMIT NO.

PARCEL ID 33-6S-16-04024-001 SUBDIVISION
LOT BLOCK PHASE UNIT TOTAL ACRES 2.02

IH0000240
Culvert Permit No. Culvert Waiver Contractor's License Number
EXISTING 06-0025-N BK JH N
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: FLOOR 1 FOOT ABOVE THE ROAD, FORT WHITE LETTER INCLUDED
ALREADY PAID FIRE ASSESSMENTS, LETTER OF AUTHORIZATION INCLUDED

Check # or Cash CASH

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

Temporary Power Foundation Monolithic
date/app. by date/app. by date/app. by
Under slab rough-in plumbing Slab Sheathing/Nailing
date/app. by date/app. by date/app. by
Framing Rough-in plumbing above slab and below wood floor
date/app. by date/app. by
Electrical rough-in Heat & Air Duct Peri. beam (Lintel)
date/app. by date/app. by date/app. by
Permanent power C.O. Final Culvert
date/app. by date/app. by date/app. by
M/H tie downs, blocking, electricity and plumbing Pool
date/app. by date/app. by
Reconnection Pump pole Utility Pole
date/app. by date/app. by date/app. by
M/H Pole Travel Trailer Re-roof
date/app. by date/app. by date/app. by

BUILDING PERMIT FEE \$ 0.00 CERTIFICATION FEE \$ 0.00 SURCHARGE FEE \$ 0.00
MISC. FEES \$ 200.00 ZONING CERT. FEE \$ FIRE FEE \$ 0.00 WASTE FEE \$
FLOOD DEVELOPMENT FEE \$ FLOOD ZONE FEE \$ CULVERT FEE \$ TOTAL FEE 200.00
INSPECTORS OFFICE CLERKS OFFICE

NOTICE: IN ADDITION TO THE REQUIREMENTS OF THIS PERMIT, THERE MAY BE ADDITIONAL RESTRICTIONS APPLICABLE TO THIS PROPERTY THAT MAY BE FOUND IN THE PUBLIC RECORDS OF THIS COUNTY. AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.

"WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT."

This Permit Must Be Prominently Posted on Premises During Construction

PLEASE NOTIFY THE COLUMBIA COUNTY BUILDING DEPARTMENT AT LEAST 24 HOURS IN ADVANCE OF EACH INSPECTION, IN ORDER THAT IT MAY BE MADE WITHOUT DELAY OR INCONVENIENCE, PHONE 758-1008. THIS PERMIT IS NOT VALID UNLESS THE WORK AUTHORIZED BY IT IS COMMENCED WITHIN 6 MONTHS AFTER ISSUANCE.

The Issuance of this Permit Does Not Waive Compliance by Permittee with Deed Restrictions.

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only		Zoning Official _____		Building Official <u>OK JTH</u>	
AP# <u>0511-28</u>	Date Received <u>1/29</u>	By <u>JW</u>	Permit # <u>24091</u>		
Flood Zone _____	Development Permit _____	Zoning _____	Land Use Plan Map Category _____		
Comments <u>Building H. White Letter Attached</u>					
Pre-Inspection Attached (wall must be repaired)					
FEMA Map # _____	Elevation _____	Finished Floor _____	River _____	In Floodway _____	
<input checked="" type="checkbox"/> Site Plan with Setbacks shown <input type="checkbox"/> Environmental Health Signed Site Plan <input checked="" type="checkbox"/> Env. Health Release <input checked="" type="checkbox"/> Well letter provided <input checked="" type="checkbox"/> Existing Well Price (02-0411-N) Revised 9-23-04					

- Property ID 09024-001 (33-65-16) Must have a copy of the property deed
- New Mobile Home _____ Used Mobile Home ☒ Year 1989
- Subdivision Information Building H. White
- Applicant David L. Armstrong Jr. Phone # 386 497-4431
- Address P.O. Box 642, H. White #1 32038
- Name of Property Owner Rosalie Bryant Phone # (386) 497-4431
- 911 Address 394 SW Amiel Ct. Ft. White #1 32038
- Circle the correct power company - FL Power & Light - Clay Electric
 (Circle One) - Suwannee Valley Electric - Progressive Energy
- Name of Owner of Mobile Home David L. Armstrong Jr. Phone # 386 497-4431
- Address P.O. Box 642, H. White #1 32038
- Relationship to Property Owner Grandson
- Current Number of Dwellings on Property 0 (owes)
- Lot Size 2.02 ACRES Total Acreage 2.02 ACRES 7 LAND
- Do you : Have an Existing Drive or need a Culvert Permit or a Culvert Waiver Permit
- Driving Directions 27 to SW Jordan St turn Right SW Amiel Ct. into the END, TL HWY IS ON THE 16TH SIDE - BESIDE BURNIT UNIT
- Is this Mobile Home Replacing an Existing Mobile Home NO
- Name of Licensed Dealer/Installer JOSEPH A. CHATMAN Phone # 386-288-5449
- Installers Address 9241 SW 45th Wy 27
- License Number FH-0000240 Installation Decal # 253961

Installed SEVERAL TIMES: RECONSTRUCTION IS MESSED UP 11.29.05

COLUMBIA COUNTY PERMIT WORKSHEET

page 1 of 2

These worksheets must be completed and signed by the installer.
Submit the originals with the packet.

Installer Joselyn A. C. Heston License # EH-0000240

911 Address where home is being installed Amie 394 8th Street
200 Box 649 Ft White FL

Manufacturer Steelwood Length x width 40x24

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 JAC



marriage wall piers within 2' of end of home per Rule 15C

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 # 253961

Triple/Quad ☐ Serial # GA5LJYHA109945H

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	Footer size (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

Perimeter pier pad size

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

14'

SEPARATED

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer Steelwood 11014
Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer

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

Sidewall
Longitudinal
Marriage wall
Shearwall

Number

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 1000 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. 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 require anchors with 4000 lb holding capacity.

Joe Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Joseph A. Chatterman

Date Tested

11-19-05

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.

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: 4x8s Length: 7" Spacing: 18" o.c.
Walls: Type Fastener: 4x4s Length: 4" Spacing: 18" o.c.
Roof: Type Fastener: 4x4s Length: 7" Spacing: 18" 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.

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

Joe

Type gasket Pg.

Polystyrene foam

Installed: Between Floors Yes
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

Date

11-19-05

LIMITED POWER OF ATTORNEY

I, Joseph A. CHATMON, license # FH-0000240 hereby
authorize David L. Armstrong Jr. to be my representative and act on my behalf
in all aspects of applying for a mobile home permit to be placed on the following
described property located in Suwannee County, Florida.

Property owner: Rosa L. Bryant

Sec _____ Twp. _____ S Rge _____ E

Tax Parcel No. 04024-001

Joseph A. Chatmon
Mobile Home Installer

11-19-05
(Date)

Sworn to and subscribed before me this 19 day of November, 20 05.

Sandra J. Chavez
Notary Public



Sandra J. Chavez
Commission # DD298602
Expires March 9, 2008
Booded Troy Fair • Insurance Inc. 800-305-7010

My Commission expires: _____
Commission No. _____

Personally known: _____

Produced ID (Type) PLC 355-481-80-011-0

MOBILE HOME INSTALLER AFFIDAVIT

As per Florida Statutes Section 320.8249 Mobile Home Installers License:

Any person who engages in mobile home installation shall obtain a mobile home installer's license from the Bureau of Mobile Home and Recreational Vehicle Construction of the Department of Highway Safety and Motor Vehicles pursuant to this section. Said license shall be renewed annually, and each licensee shall pay a fee of \$150.

I, JOSEPH A. CHATMAN, license number IH 0000290
Please Print
do hereby state that the installation of the manufactured home for David L.
Armstrong Jr. at Amie/394 SW street
Applicant
911 Address
will be done under my supervision.

[Signature]
Signature

Sworn to and subscribed before me this 19 day of NOVEMBER,
2005.

Notary Public: [Signature]
Signature

My Commission Expires:  **Sandra J. Chavez**
Commission # DD298602
Expires March 9, 2008
Bonded Troy Fain - Insurance, Inc. 800-385-7010

10-31-05

I hereby Rosa Bryant, Authorize
David Armstrong to place A mobile home
on the left side by sink hole in the far
Back side of my land. and I Request that
He pays his part of the Taxes on the land
Every Year.

Rosa L. Bryant
Dore Taylor
David L. Armstrong Jr.

David L. Armstrong Jr.
David L. Armstrong Jr.
To

Johnny B. Bryant

+

Susan E. Moore
SUSAN E. MOORE

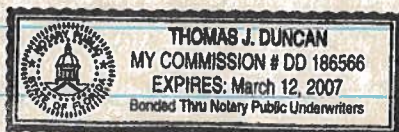
As witness for Johnny B. Bryant

Mary Roberts

Notary
Rosa Bryant personally
Known 11-4-05
State of Florida
County of Suwannee



MARY R. ROBERTS
NOTARY PUBLIC - STATE OF FLORIDA
COMMISSION # DD284000
EXPIRES 02/01/2008
BONDED THRU 1-888-NOTARY1



Oct. 31, 2005

Thomas J. Duncan
Thomas J. Duncan

as Notary for David L. Armstrong Jr.
and Johnny B. Bryant
Fl drivers licenses as ID.

Town of Fort White

Post Office Box 129 Fort White, Florida 32038-0129
Town Hall - (386) 497-2321 • Public Works - (386) 497-3345
Email: townofftwhite@alltel.com • Web site: Townoffortwhitefl.com

CERTIFICATE OF COMPLIANCE & REQUEST FOR ISSUANCE OF BUILDING PERMIT

The undersigned hereby certify the following property is in compliance with the Town of Fort

White's Comprehensive Plan and Land Development Regulations for the stated development purposes:

OWNER'S NAME: Rosa L. Bryant

ADDRESS: P.O. Box 14 / 394 SW Amiel Ct. Fort White, FL 32038


PROPERTY DESCRIPTION: 33-6S-16-04024-001
(parcel number if possible)

DEVELOPMENT: _____

You are hereby authorized to issue the appropriate building permits.

11/11/05

DATE

Janis E. Revels
LAND DEVELOPMENT REGULATION
ADMINISTRATOR
TOWN OF FORT WHITE 

District #1
Donald Cook
497-1086

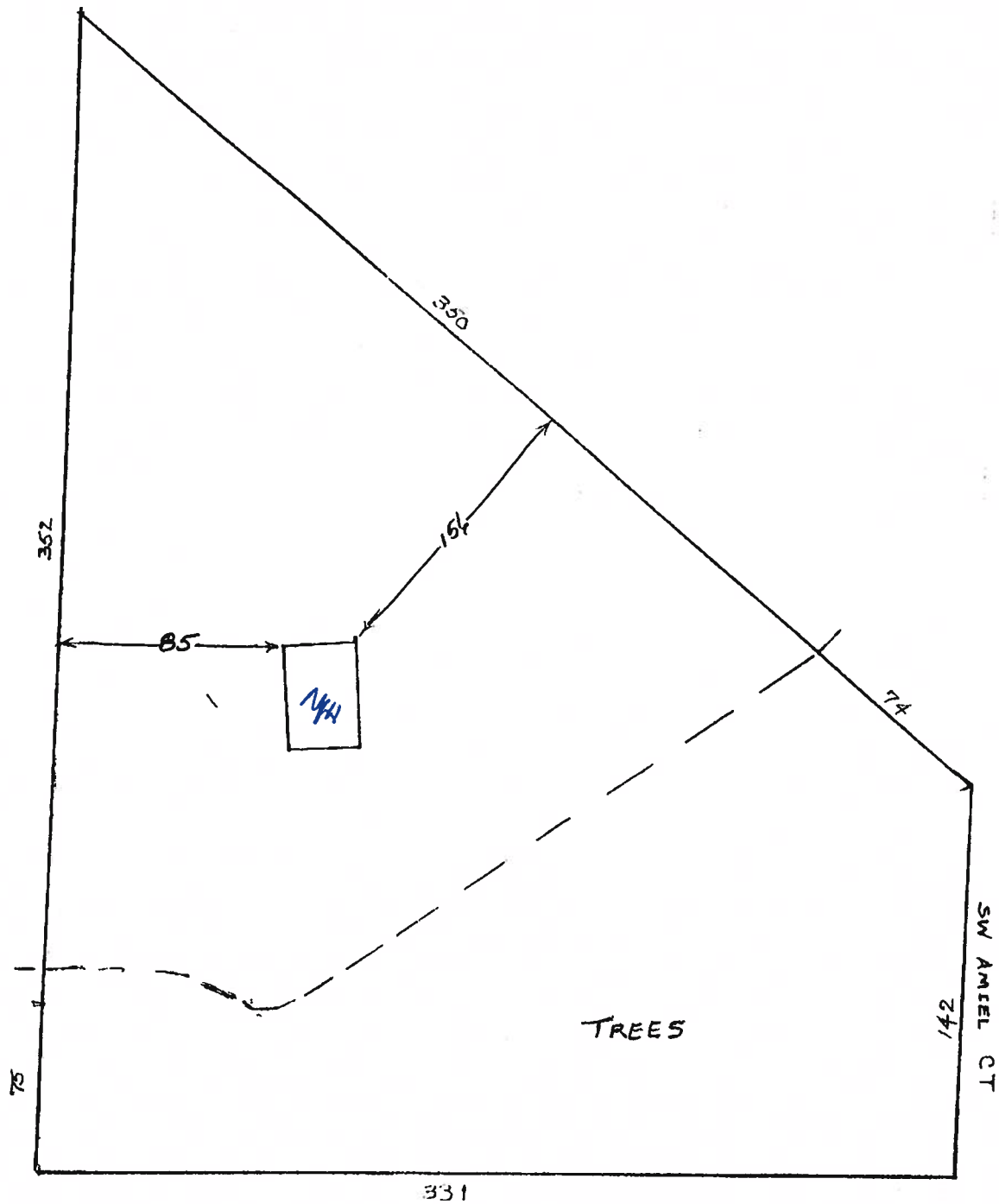
District #2
Henry Maini
497-2992

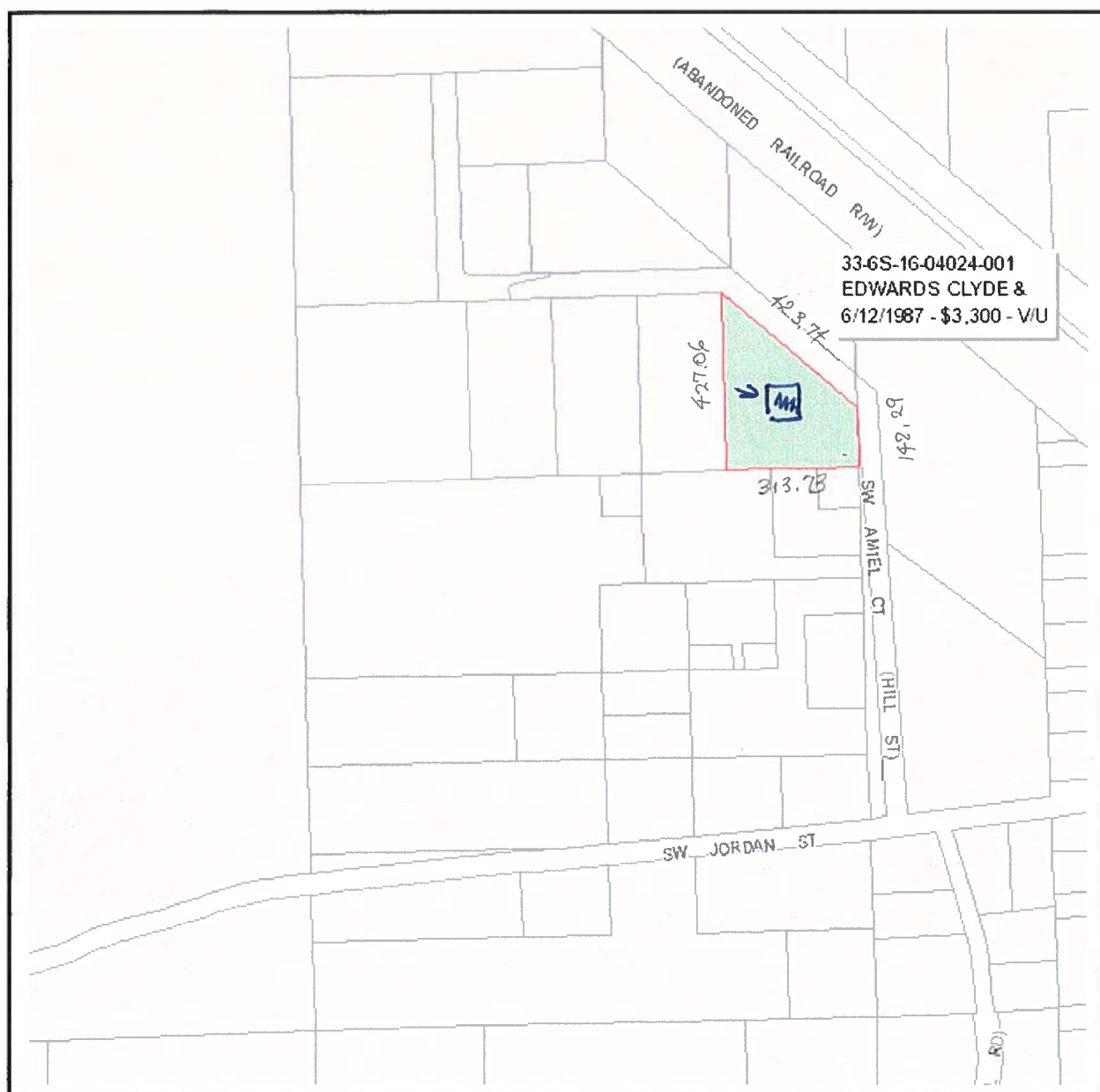
District #3
John Gloskowski
497-3999

District #4
Demetric Jackson
497-2078

Mayor
Truett George
497-4741

LOCATION SKETCH
PROPERTY ID 4024-001





Columbia County Property Appraiser

J. Doyle Crews, CFA - Lake City, Florida - 386-758-1083

PARCEL: 33-6S-16-04024-001 - NO AG ACRE (009900)

BEG SE COR OF NW1/4 OF NW1/4, RUN N 142.29 FT, NW 423.74 FT, S 427.06 FT,
E 313.73 FT TO

Name: EDWARDS CLYDE &	LandVal	\$16,180.00
Site: - - -	BldgVal	\$0.00
ROSA L BRYANT &	ApprVal	\$16,180.00
LEAUTONIA PRICE	JustVal	\$16,180.00
Mail: P O BOX 14	Assd	\$16,180.00
FT WHITE, FL 32038	Exmpt	\$0.00
Sales 4/3/1996 \$0.00 V / U	Taxable	\$16,180.00
Info 6/12/1987 \$3,300.00 V / U		

0 160 320 480 ft



This information, GIS Map Updated: 10/21/2005, 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, it's use, or it's 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.

CODE ENFORCEMENT
ELIMINARY MOBILE HOME INSPECTION REPORT

CHAZ
6225

DATE RECEIVED 11/29/05 BY TW IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? YES
OWNERS NAME DAVID ARMSTRONG, JR. PHONE 497-4431 CELL -
ADDRESS 394 SW AMIEL CT, SE. WHITE, FL 32038
MOBILE HOME PARK - SUBDIVISION -
DRIVING DIRECTIONS TO MOBILE HOME US 27 TO JORDAN ST, JR TO AMIEL CT, TR
90 to the END. M/H is on the left side - BESIDE BURIN UNIT

MOBILE HOME INSTALLER JOE CHATMAN PHONE 386-5449 CELL -
386-497-2277

MOBILE HOME INFORMATION

MAKE FLEETWOOD YEAR 1989 SIZE 24 X 40 COLOR -
SERIAL No. GAF LJ4A10994SH - GAF LJ4B10994SH
WIND ZONE - Must be wind zone II or higher NO WIND ZONE I ALLOWED

INTERIOR:

INSPECTION STANDARDS

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

P SMOKE DETECTOR () OPERATIONAL () MISSING
P FLOORS () SOLID () WEAK () HOLES DAMAGED LOCATION -
P DOORS () OPERABLE () DAMAGED
P WALLS () SOLID () STRUCTURALLY UNSOUND
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:

P WALLS / SIDING () LOOSE SIDING () STRUCTURALLY UNSOUND () NOT WEATHERTIGHT () NEEDS CLEANING
P WINDOWS () CRACKED/ BROKEN GLASS () SCREENS MISSING () WEATHERTIGHT
P ROOF () APPEARS SOLID () DAMAGED

STATUS:

APPROVED ✓ WITH CONDITIONS: None

NOT APPROVED - NEED REINSPECTION FOR FOLLOWING CONDITIONS -

SIGNATURE [Signature] ID NUMBER 307 DATE 11-29-05

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 11-3-05 BY UH IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? NO
OWNERS NAME David Armstrong Jr PHONE 497-4431 CELL _____
ADDRESS _____

MOBILE HOME PARK _____ SUBDIVISION _____

DRIVING DIRECTIONS TO MOBILE HOME 475, L 27, L Timagua, R Bear,
at end on the right at cul-de-sac - interest

MOBILE HOME INSTALLER Joe Chatman PHONE 386-288-5449 CELL _____

MOBILE HOME INFORMATION

MAKE Fleetwood YEAR 89 SIZE 24 x 44 COLOR Brownish

SERIAL No. _____

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

INTERIOR:

INSPECTION STANDARDS

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

P SMOKE DETECTOR () OPERATIONAL () MISSING
P FLOORS () SOLID () WEAK () HOLES DAMAGED LOCATION _____
P DOORS () OPERABLE () DAMAGED
P WALLS () SOLID () STRUCTURALLY UNSOUND
P WINDOWS () OPERABLE () INOPERABLE
P PLUMBING FIXTURES () OPERABLE () INOPERABLE () MISSING
P CEILING () SOLID () HOLES () LEAKS APPARENT
ELECTRICAL (FIXTURES/OUTLETS) () OPERABLE () EXPOSED WIRING () OUTLET COVERS MISSING () LIGHT FIXTURES MISSING

EXTERIOR:

F WALLS / SIDING () LOOSE SIDING () STRUCTURALLY UNSOUND () NOT WEATHERTIGHT () NEEDS CLEANING
P WINDOWS () CRACKED/ BROKEN GLASS () SCREENS MISSING () WEATHERTIGHT
F ROOF () APPEARS SOLID () DAMAGED

STATUS:

APPROVED ✓ WITH CONDITIONS: Must have Roof and Wall Repaired
NOT APPROVED _____ NEED REINSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE [Signature] ID NUMBER 307 DATE 11-7-05



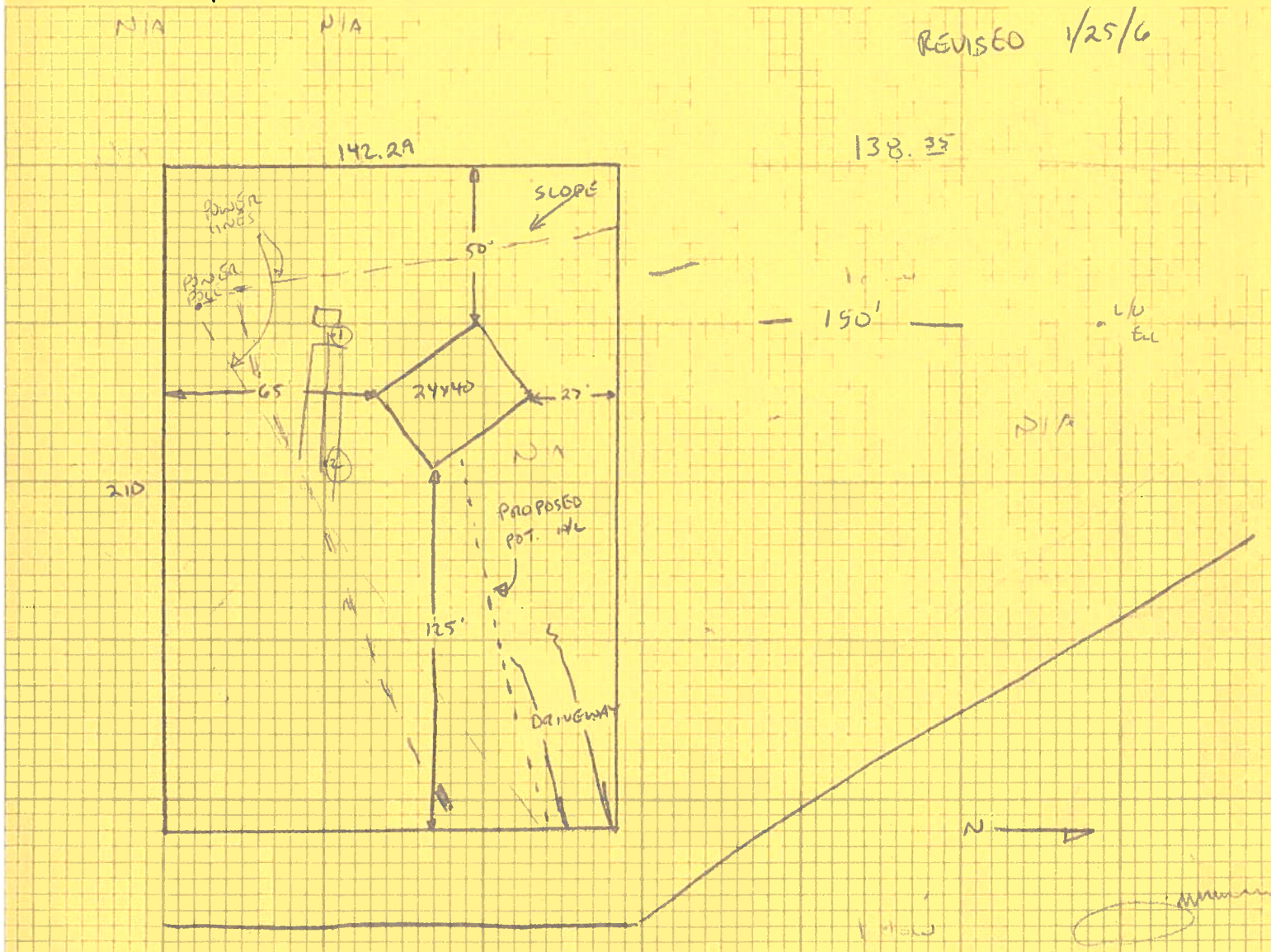
STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 06-0025-N

PART II - SITE PLAN

Scale: Each block represents 5 feet and 1 inch = 50 feet.



Notes: CITY WATER

Site Plan submitted by: Crystal Hides Armstrong (David Armstrong)

Plan Approved ☒ Not Approved ☐ Date 1/25/6

By [Signature] ESI COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT