

lett 21483

fee for STUP

Serial #

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

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

AP# 1907-16 Date Received 7/3/19 By MG Permit # 38368

Flood Zone X Development Permit _____ Zoning A-3 Land Use Plan Map Category Ag

Comments 2nd m/H on Property, 5 year Temp Use for Step-Son, Floor One foot above the road

FEMA Map# _____ Elevation _____ Finished Floor 19 above road River _____ In Floodway _____

☐ Recorded Deed or ☒ Property Appraiser PO ☒ Site Plan ☒ EH # 19-0416 ☐ Well letter OR

☒ Existing well ☐ Land Owner Affidavit ☒ Installer Authorization ☐ FW Comp. letter ☒ App Fee Paid

☐ DOT Approval ☒ Parent Parcel # 09888-014 ☒ STUP-MH 1907-38 ☒ 911 App

☐ Ellisville Water Sys ☒ Assessment owed for Zon Unit ☒ Out County ☒ In County 7-15-19 ☒ Sub VF Form

Property ID # 04-75-17-09888-014 Subdivision NA Lot# NA

- New Mobile Home _____ Used Mobile Home X MH Size 14x66 Year 1992
- Applicant Kelly Bishop Phone # 497-2311
- Address 546 SW Dorth St Fort White FL 32038
- Name of Property Owner Aaron & Shawna Hall Phone# 321-402-7524
- 911 Address 793 SW Old Bellamy Rd High Springs FL 32643
- Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Duke Energy
- Name of Owner of Mobile Home Aaron Hall Phone # 321-402-7524
Titan Smith (m#)
Address 1104 Gulliver Ct. High Springs
- Relationship to Property Owner property owner / step-child son
- Current Number of Dwellings on Property 1
- Lot Size NA Total Acreage 10.1
- 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 NO
- Driving Directions to the Property 41. South to Old Bellamy Rd left on Gulliver Ct. ...
- Name of Licensed Dealer/Installer Rusty Knowles Phone # 384-397-0880
- Installers Address 5801 SW Hwy 41 Lake City FL 32024
- License Numbe 1H-1038219 Installation Decal # 61124

Sent Kelly an email 7-15-19

893.44

SAVED

Axon Hall

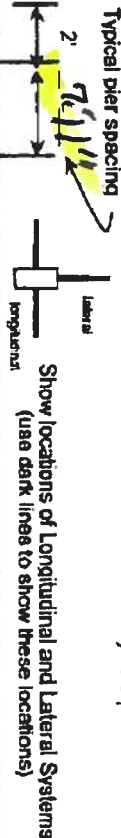
Mobile Home Permit Worksheet

Installer: Rush B. Kucades License # EH 1038218
 Address of home _____
 being installed _____

Manufacturer Skyline Length x width 14' x 7'

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
 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 RK



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

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 # 60124

Triple Quad ☐ Serial # 1301-6104 E

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq ft)	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'	5'	6'	7'	8'	9'
2000 psf	5'	6'	7'	8'	9'	10'
2500 psf	6'	7'	8'	9'	10'	11'
3000 psf	7'	8'	9'	10'	11'	12'
3500 psf	8'	9'	10'	11'	12'	13'

* interpolated from Rule 15C-1 pier spacing table.

PIER PAD SIZES

I-beam pier pad size 23 1/4" x 5 1/4"

Perimeter pier pad size 12A

Other pier pad sizes (required by the mfg.) 16' 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 _____

POPULAR PAD SIZES

Pad Size	Sq ft
15 x 16	256
16 x 18	288
18 1/2 x 18 1/2	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 ☒

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
 Manufacturer _____
 Longitudinal Stabilizing Device w/ Lateral Arms
 Manufacturer Clint Tech

OTHER TIES

Number _____
 Sidewall _____
 Longitudinal _____
 Marriage Wall _____
 Shearwall _____

HUD# FLA-478357

4400111111

Mobile Home Permit Worksheet

Application Number:

Date:

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 44 430 110 lb 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 underlaid 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.

KLT Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Rusty L. Kunkle

Date Tested

7-2-19

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

Site Preparation

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

Fastening multi wide units

Floor: Type Fastener: AA Length: _____ Spacing: _____
Walls: Type Fastener: AA Length: _____ Spacing: _____
Roof: Type Fastener: AA Length: _____ Spacing: _____
For used homes a min. 30 gauge, 6" 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

Type gasket

Installer: _____
Between Floors Yes _____
Between Walls Yes _____
Bottom of ridgebeam Yes _____

Weatherproofing

The bottomboard will be repaired and/or tipped. Yes ☒ Pg. 15C-1
Sliding 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 7-2-19

Legend

2018Aerials



2018 Flood Zones

0.2 PCT ANNUAL CHANCE

A

AE

AH

Addresses

Parcels

LidarElevations



Roads

Roads

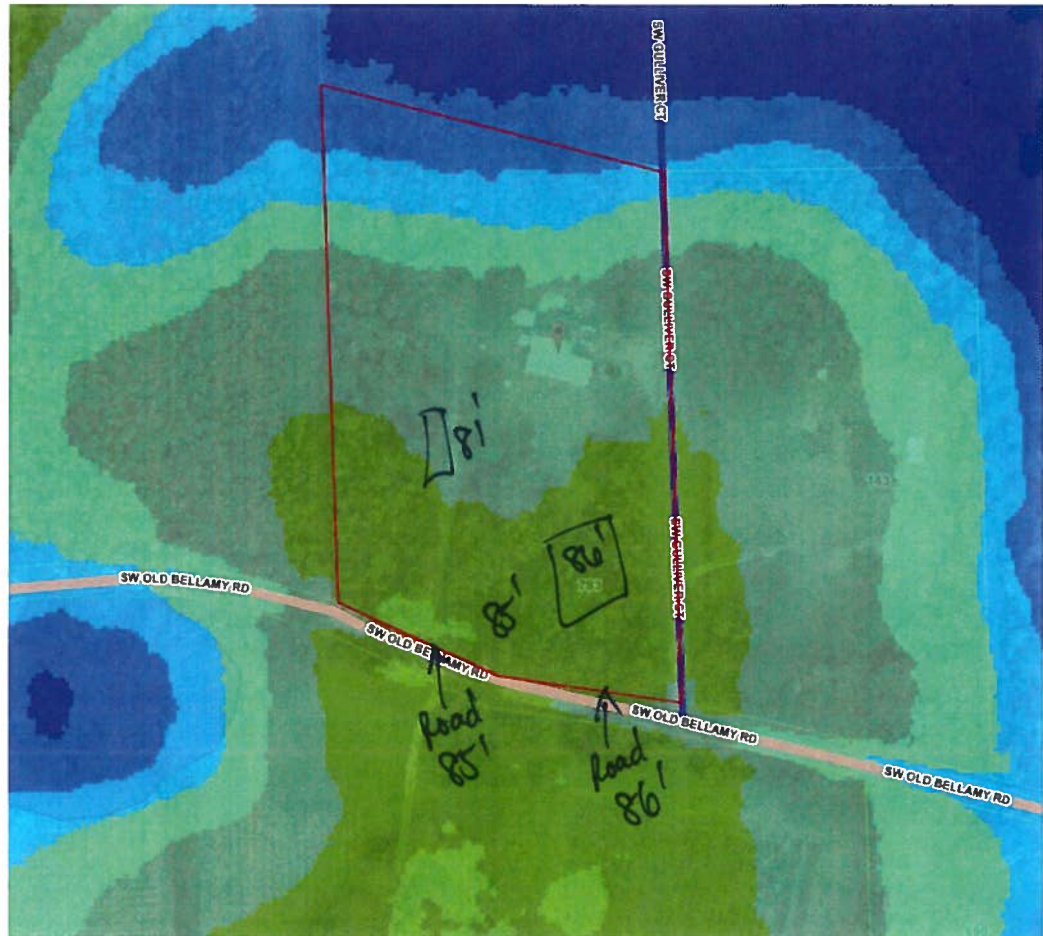
others

Dirt

Interstate

Columbia County, FLA - Building & Zoning Property Map

Printed: Wed Jul 10 2019 16:44:29 GMT-0400 (Eastern Daylight Time)



Parcel Information

Parcel No: 04-7S-17-09888-014

Owner: HALL AARON & SHAWNA

Subdivision:

Lot:

Acres: 6.21237373

Deed Acres: 6.1 Ac

District: District 4 Toby Witt

Future Land Uses: Agriculture - 3

Flood Zones:

Official Zoning Atlas: A-3

All data, information, and maps are provided "as is" without warranty or any representation of accuracy, timeliness of completeness. Columbia County, FL makes no warranties, express or implied, as to the use of the information obtained here. There are no implied warranties of merchantability or fitness for a particular purpose. The requester acknowledges and accepts all limitations, including the fact that the data, information, and maps are dynamic and in a constant state of maintenance, and update.

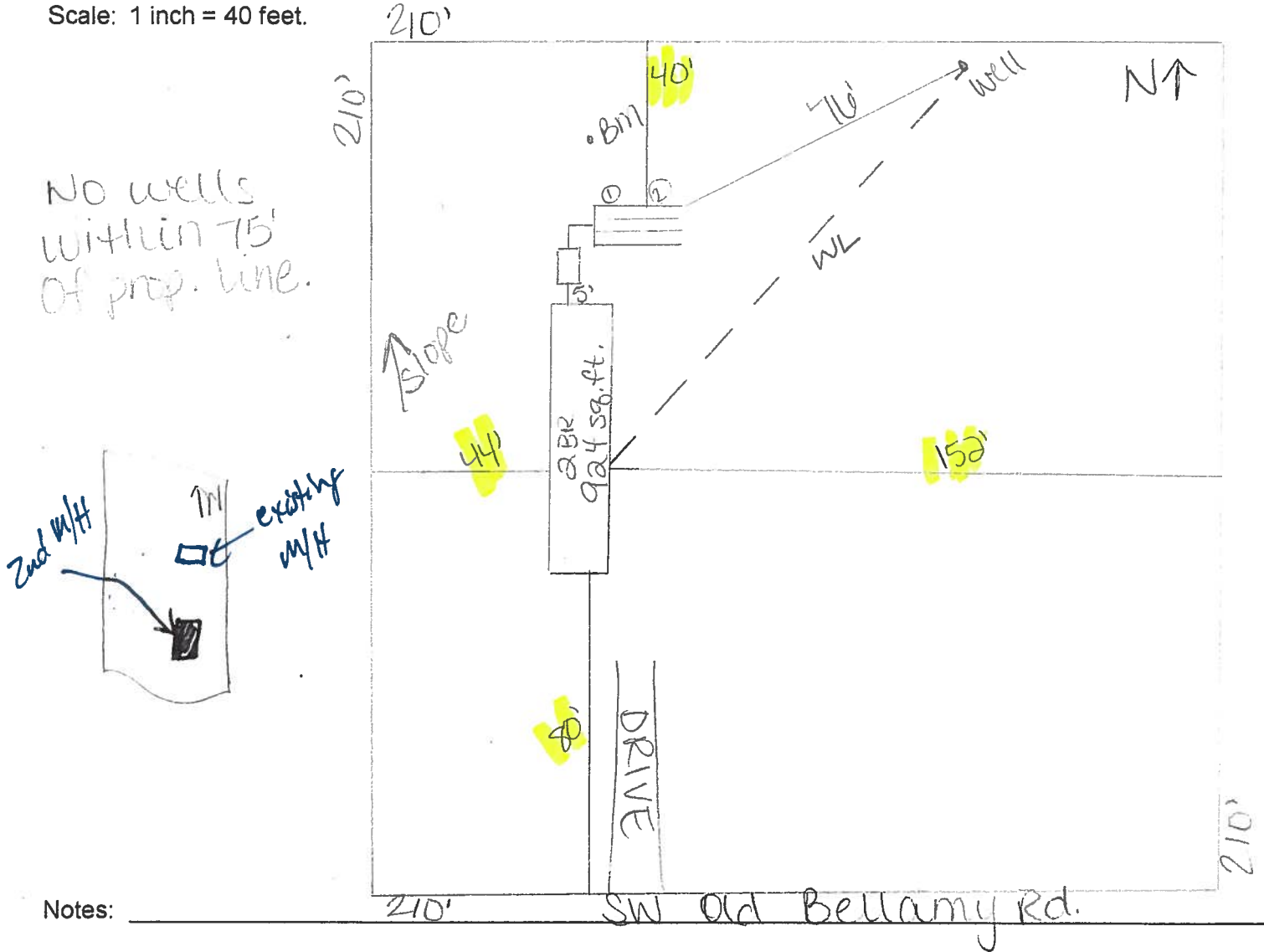
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number _____

Hall

PART II - SITEPLAN

Scale: 1 inch = 40 feet.



Notes: _____

Site Plan submitted by: Kody D. 7

MASTER CONTRACTOR

Plan Approved _____

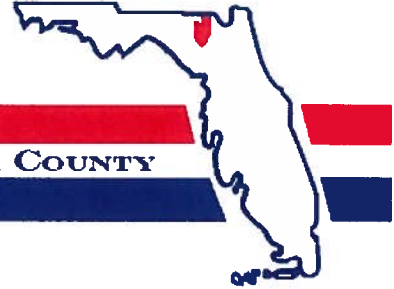
Not Approved _____

Date 5/28/19

By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

District No. 1 - Ronald Williams
District No. 2 - Rocky Ford
District No. 3 - Bucky Nash
District No. 4 - Toby Witt
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: **6/3/2019 1:42:48 PM**
Address: **793 SW OLD BELLAMY Rd**
City: **HIGH SPRINGS**
State: **FL**
Zip Code **32643**

Parcel ID **09888-014**

REMARKS: Address for proposed structure on parcel. 2nd address for this parcel.

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**



LIMITED POWER OF ATTORNEY

I, Rusty Knowles, of Finest Mobile Home Setup, license # IH-1038219 herby
authorize Lisa Ford or Kellie Bishop to be my representative and act on my behalf
in all aspects of applying for a Mobile Home Move-on Permit in Alachua, Baker,
Bradford, Clay, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Madison,
Suwannee, Taylor and Union County Florida.

This document is valid until rescinded by Rusty Knowles.




Signed
9/12/15

(Date)


The foregoing instrument was acknowledged before me this 12th day of
September, 2015.

Personally Known: _____ ✓

Produced ID (Type): _____



Notary Public

 Date Richard Burd
NOTARY PUBLIC
STATE OF FLORIDA
Comm# FF133205
Expires 7/16/2018



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, Glenn Whittington (license holder name), licensed qualifier
for Whittington Electric Inc. (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>Kelly R Bishop</u>	1. <u>Kelly R Bishop</u>
2.	2.
3.	3.
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.

Glenn Whittington
Licensed Qualifiers Signature (Notarized)

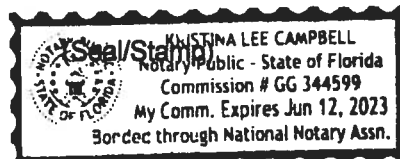
EC13002957 7/31/19
License Number Date

NOTARY INFORMATION:

STATE OF: FLA. COUNTY OF: Columbia

The above license holder, whose name is Glenn Whittington,
personally appeared before me and is known by me or has produced identification
(type of I.D.) FIDDL on this 7 day of July, 20 19.

Kristina Campbell
NOTARY'S SIGNATURE



MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1907-16 CONTRACTOR Rusty Knowles 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.

ELECTRICAL ✓ 1674	Print Name <u>Glenn Whittington</u> Signature <u>Rusty Knowles</u> License #: <u>EC13009259</u> Phone #: <u>386-972-1700</u> Qualifier Form Attached <input checked="" type="checkbox"/>
MECHANICAL/ A/C _____	Print Name <u>Aaron Hall</u> Signature <u>A Hall</u> License #: <u>Owner</u> Phone #: <u>321-402-7524</u> Qualifier Form Attached <input type="checkbox"/>

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.

Mobile Home

Convert To -

Applicant: KELLY BISHOP (40072311) Application Date: 7/15/2019

1. JOB LOCATION

2. CONTRACTOR

3. MOBILE HOME DETAILS

4. APPLICANT

5. REVIEW

6. FEES & PAYMENT

7. DOCUMENTS & REPORTS

8. NOTES/DIRECTIONS

9. INSPECTIONS (1)

Completed Inspections

Add Inspection

Release Power

Schedule Inspection

Inspection

Date

By

Notes

Passed Mobile Home - In County Pre Mobile Home before set up

7/15/2019

TROY CREWS

PLATE FLA 47825 / HOU
EMBLEM =



The completion date must be set To release Certifications to the public

Permit Completion Date

(Releases Occupancy and Completion Forms)

Permit Closed On

Incomplete Requested Inspections

Inspection

Date

By

Notes

AFFIDAVIT AND AGREEMENT OF SPECIAL
TEMPORARY USE FOR IMMEDIATE
FAMILY MEMBERS FOR
PRIMARY RESIDENCE

STATE OF FLORIDA
COUNTY OF COLUMBIA

Inst: 201912016543 Date: 07/17/2019 Time: 1:10PM
Page 1 of 2 B: 1389 P: 416, P.DeWitt Cason, Clerk of Court Colum
County, By: KV
Deputy Clerk

BEFORE ME the undersigned Notary Public personally appeared.

Aaron Hall, the Owner of the parcel which is being used to place an additional dwelling (mobile home) as a primary residence for a family member of the Owner, and Titan Smith, the Family Member of the Owner, who intends to place a mobile home as the family member's primary residence as a temporarily use. The Family Member is related to the Owner as Step-son, and both individuals being first duly sworn according to law, depose and say:

1. Family member is defined as parent, grandparent, step-parent, adopted parent, sibling, child, step-child, adopted child or grandchild.
2. Both the Owner and the Family Member have personal knowledge of all matters set forth in this Affidavit and Agreement.
3. The Owner holds fee simple title to certain real property situated in Columbia County, and more particularly described by reference with the Columbia County Property Appraiser Tax Parcel No. 04-75-17-09888-014
4. No person or entity other than the Owner claims or is presently entitled to the right of possession or is in possession of the property, and there are no tenancies, leases or other occupancies that affect the Property.
5. This Affidavit and Agreement is made for the specific purpose of inducing Columbia County to issue a Special Temporary Use Permit for a Family Member on the parcel per the Columbia County Land Development Regulations. This Special Temporary Use Permit is valid for 5 year(s) as of date of issuance of the mobile home move-on permit, then the Family Member shall comply with the Columbia County Land Development Regulations as amended.
6. This Special Temporary Use Permit on Parcel No. 04-75-17-09888-014 is a "one time only" provision and becomes null and void if used by any other family member or person other than the named Family Member listed above. The Special Temporary Use Permit is to allow the named Family Member above to place a mobile home on the property for his primary residence only. In addition, if the Family Member listed above moves away, the mobile home shall be removed from the property within 60 days of the Family Member departure or the mobile home is found to be in violation of the Columbia County Land Development Regulations.
7. The site location of mobile home on property and compliance with all other conditions not conflicting with this section for permitting as set forth in these land development regulations. Mobile homes shall not be located within required yard setback areas and shall not be located within twenty (20) feet of any other building.

8. The parent parcel owner shall be responsible for non ad-valorem assessments.
9. Inspection with right of entry onto the property, but not into the mobile home by the County to verify compliance with this section shall be permitted by owner and family member. The Land Development Regulation Administrator, and other authorized representatives are hereby authorized to make such inspections and take such actions as may be required to enforce the provisions of this Section.
10. The mobile home shall be hooked up to appropriate electrical service, potable well and sanitary sewer facilities (bathroom and septic tank) that have been installed pursuant to permits issued by the Health Department and County Building and Zoning Department, where required.
11. Recreational vehicles (RV's) as defined by these land development regulations are not allowed under this provision (see Section 14.10.2#10).
12. Upon expiration of permit, the mobile home shall be removed from the property within six (6) months of the date of expiration, unless extended as herein provided by Section 14.10.2 (#7).
13. This Affidavit and Agreement is made and given by Affiants with full knowledge that the facts contained herein are accurate and complete, and with full knowledge that the penalties under Florida law for perjury include conviction of a felony of the third degree.

We Hereby Certify that the facts represented by us in this Affidavit are true and correct and we accept the terms of the Agreement and agree to comply with it.

Aaron Hall

Owner

A Hall

Typed or Printed Name

Titon Smith

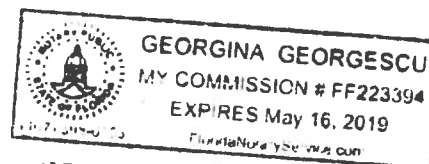
Family Member

Titon Smith

Typed or Printed Name

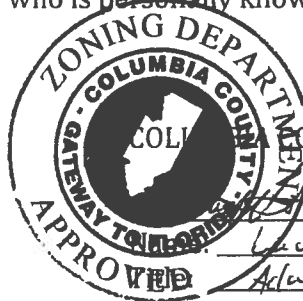
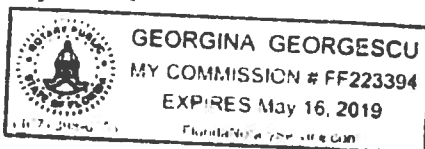
Subscribed and sworn to (or affirmed) before me this 1st day of MAY, 2019, by Aaron Hall (Owner) who is personally known to me or has produced FL ID H420-00081-07-0 as identification.

[Signature]
Notary Public



Subscribed and sworn to (or affirmed) before me this 1st day of MAY, 2019, by Titon S. Smith (Family Member) who is personally known to me or has produced FL ID S630-817-98-21-0 as identification.

[Signature]
Notary Public



Lauren Jackson
Admin. Supervisor