

ck #1004

☒ Signs
WIND ZONE II

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 7-1-15) Zoning Official UH 5-23-17 Building Official TL 5-23-17

AP# 1705-92 Date Received 5/22 By JW Permit # 35415 / 37520

Flood Zone X Development Permit _____ Zoning A8-3 Land Use Plan Map Category A8

Comments Replacing existing m/H

_____ Data plate in file

FEMA Map# _____ Elevation _____ Finished Floor 1.65 above ground River _____ In Floodway _____

☒ Recorded Deed or ☐ Property Appraiser PO ☒ Site Plan ☒ EH # 17-0364-R ☐ 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 PL ☒ Out County ☒ In County ☒ Sub VF Form

34-45-F 16

Property ID # 03274-044 Subdivision Oak Forest (unrecorded) Lot# 44

- New Mobile Home _____ Used Mobile Home ☒ MH Size 24x48 Year 1984
- Applicant Teresa Lockler Phone # 386-719-4406
- Address 211 SW Joyce Ln - Apt 1 32024
- Name of Property Owner Teresa Lockler Phone# 386-719-4406
- 911 Address 231 SW Joyce Ln 32024
- Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Duke Energy
- Name of Owner of Mobile Home Justin Anderson Phone # 386.719 4406
- Address 231 SW Joyce Ln 32024
- Relationship to Property Owner Landlord
- Current Number of Dwellings on Property 1 - removed
- Lot Size 150' x 316' Total Acreage 1.09
- 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 (changed to 1 unit) 6817
- Driving Directions to the Property 475 / R King / L Mauldin - 1 mile - L Joyce Ln - 2nd lot L
- Name of Licensed Dealer/Installer Manuel Brannan Phone # 386-590-3289
- Installers Address 5107 CR 252 W/Dorn Flk. 32094
- License Number TH 1025396 Installation Decal # 38760

TH space by JAMES 5-23-17 \$375.00

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 1.5 X 1.5 X 1.5

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 1.5 X 1.5 X 1.5

TORQUE PROBE TEST

The results of the torque probe test is 885 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.

MB Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Manuel Branan

Date Tested

5-17-17

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. 15C

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 15C

Site Preparation

Debris and organic material removed _____ Swale Pad Other _____

Fastening multi wide units

Floor: Type Fastener: lags Length: 6" Spacing: 24"
Walls: Type Fastener: screws Length: 4" Spacing: 24"
Roof: Type Fastener: lags Length: 4" Spacing: 24"
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

Installed:

Type gasket Pg. foam

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 _____
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

Manuel Branan Date 5-17-17

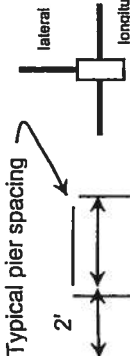
Mobile Home Permit Worksheet

Installer: Manuel Branner License # 1025396
 Address of home being installed: 266 SW Joyce Ln
Lake City, FL 32024
 Manufacturer: Green Length x width: 24x48

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: MB

Typical pier spacing



Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)

Diagram showing the layout of the mobile home with piers indicated by squares. Handwritten notes include: "1101v long only", "17x25 6' oc", and "17x22 8' oc Centerline".

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 # 38760
 Triple/Quad ☐ Serial # GMHGA1296531A9

PIER SPACING TABLE FOR USED HOMES

| Load bearing capacity | 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" | 3" | 4" | 5" | 6" | 7" | 8" |
| 1500 psf | 4" | 4" | 6" | 7" | 8" | 8" | 8" |
| 2000 psf | 6" | 6" | 8" | 8" | 8" | 8" | 8" |
| 2500 psf | 7" | 7" | 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

17x25

Perimeter pier pad size

16x16

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 14' Pier pad size 17x25

ANCHORS

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

OTHER TIES

Number 2
 Sidewall Longitudinal Marriage wall Shearwall



Institute for Building Technology
and Safety (IBTS)
A 501(c)(3) not-for-profit corporation

MANUFACTURED HOME PERFORMANCE VERIFICATION CERTIFICATE®

Issue Date:

5/8/2017

Verification:

IBTS's Manufactured Home Data Verification Team has researched regulatory records on the General Manufactured Housing, Waycross, GA, manufactured home having the serial number(s) and date of manufacture identified below. Based on shipment records maintained by IBTS, as required by the U.S. Department of Housing and Urban Development pursuant to 24 CFR 3282.552 and provided by the home manufacturer, IBTS verifies the following home performance information corresponding to the home's initial destination and the construction standards set forth in 24 CFR 3280 at the time the home was labeled.

Serial Number(s):

GMHGA123939531B/A

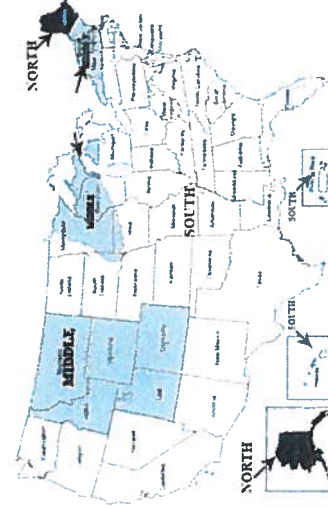
Date of Manufacture:

6/14/1993

Wind Zone: Zone II



Roof Load Zone: South



Thermal Zone: Zone I



Verification Provided by the Institute for Building Technology and Safety

Abd. L. Gornani

Chief Executive Officer

IBTS Verification Seal



This information is applicable only to the home having serial numbering and date of manufacture noted above. IBTS provides this verification based on the production reports provided by the home manufacturer and the zone requirements in effect at the time the home was labeled by the home manufacturer. IBTS is not liable for changes to the home's construction or subsequent home moves that may affect the home performance information verified.

The Institute for Building Technology and Safety ♦ 45207 Research Place, Ashburn, VA 20147

703.481.2000 ♦ www.ibts.org

A 501(c)(3) not-for-profit corporation

Tracy
To DO

~~MOVED INTO COLUMBIA BACK~~
IN JANUARY

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 5/22 BY JW IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? Yes
OWNERS NAME Teresa Lockler PHONE 386-719-4400 CELL -
ADDRESS 231 SW Joyce Ln. 2C 32024
MOBILE HOME PARK - SUBDIVISION OAK FOREST UNREC LOT 44
DRIVING DIRECTIONS TO MOBILE HOME 47.51 R King / L Mauldin / L Joyce
2nd on L

MOBILE HOME INSTALLER Manuel Brannan PHONE 590-3289 CELL " "

MOBILE HOME INFORMATION

MAKE Gene YEAR 94 SIZE 24 X 48 COLOR Blue
SERIAL No. LMH6A1239531-61A
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
P WALLS () SOLID () STRUCTURALLY UNSOUND
F WINDOWS () OPERABLE () INOPERABLE
P PLUMBING FIXTURES () OPERABLE () INOPERABLE () MISSING
F 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: Repair window & ceilings

NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE Joy Chen ID NUMBER 366 DATE 5-23-17



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, Manuel Brannan, give this authority for the job address show below
Installer License Holder Name
only, 231 SW Joyce Ln 32024, 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>Teresa Lockie</u> | <u>Teresa Lockie</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.

Manuel Brannan
License Holders Signature (Notarized)

1025396
License Number

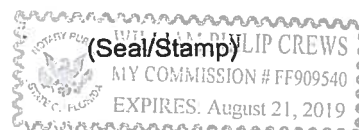
5-17-17
Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Manuel Brannan,
personally appeared before me and is known by me or has produced identification
(type of I.D.) known by me or has produced identification on this 17th day of May, 2017.

[Signature]
NOTARY'S SIGNATURE



37520

STATE OF FLORIDA
COUNTY OF COLUMBIA

LAND OWNER AFFIDAVIT

This is to certify that I, (We), Teresa Lockler,
as the owner of the below described property:

Property tax Parcel ID number 34-45-16-03274-044

Subdivision (Name, lot, Block, Phase) Dale Forest S/O Unrec. Lot 44

Give my permission for Justin Anderson to place a

Circle one - Mobile Home / Travel Trailer / Utility Pole Only / Single Family Home /
Barn - Shed - Garage / Culvert / Other _____

I (We) understand that the named person(s) above will be allowed to receive a building permit on the property number I (we) have listed above and this could result in an assessment for solid waste and fire protection services levied on this property.

Teresa Lockler 12-10-18
Owner Signature Date

Owner Signature Date

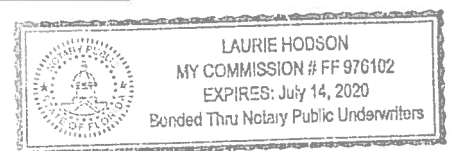
Owner Signature Date

Sworn to and subscribed before me this 10 day of Dec., 2018. This

(These) person(s) are personally known to me or produced ID _____
(Type)

[Signature]
Notary Public Signature Notary Printed Name

Notary Stamp/



Columbia County Property Appraiser

Jeff Hampton

2018 Tax Roll Year

updated: 11/1/2018

Parcel: << **34-4S-16-03274-044** >>

Aerial Viewer Pictometry Google Maps

Owner & Property Info

Result: 1 of 1

| | | | |
|--------------|--|--------------|----------|
| Owner | LOCKLER TERESA R 266 SW JOYCE GLN LAKE CITY, FL 32024 | | |
| Site | 231 JOYCE GLN, LAKE CITY | | |
| Description* | COMM SW COR, RUN N 30.30 FT TO N R/W JOYCE LN, RUN E ALONG R/W 659.29 FT FOR POB, RUN N 316.44 FT, E 150.03 FT, S 316.24 FT, W 150 FT TO POB. AKA LOT 44 OAK FOREST S/D UNR. 818-1224, 832-2212, WD 1160- 1683, QC 1161-2098, QC 1180-2345, WD 1180-2347, QC 13 ...more>>> | | |
| Area | 1.09 AC | S/T/R | 34-4S-16 |
| Use Code** | MOBILE HOM (000200) | Tax District | 3 |

*The Description above is not to be used as the Legal Description for this parcel in any legal transaction

**The Use Code 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.

Property & Assessment Values

| 2018 Certified Values | | 2019 Working Values | |
|-----------------------|---|---------------------|---|
| Mkt Land (2) | \$17,113 | Mkt Land (2) | \$17,113 |
| Ag Land (0) | \$0 | Ag Land (0) | \$0 |
| Building (1) | \$13,210 | Building (1) | \$12,580 |
| XFOB (1) | \$756 | XFOB (1) | \$756 |
| Just | \$31,079 | Just | \$30,449 |
| Class | \$0 | Class | \$0 |
| Appraised | \$31,079 | Appraised | \$30,449 |
| SOH Cap [?] | \$0 | SOH Cap [?] | \$0 |
| Assessed | \$31,079 | Assessed | \$30,449 |
| Exempt | \$0 | Exempt | \$0 |
| Total Taxable | county:\$31,079 city:\$31,079 other:\$31,079 school:\$31,079 | Total Taxable | county:\$30,449 city:\$30,449 other:\$30,449 school:\$30,449 |

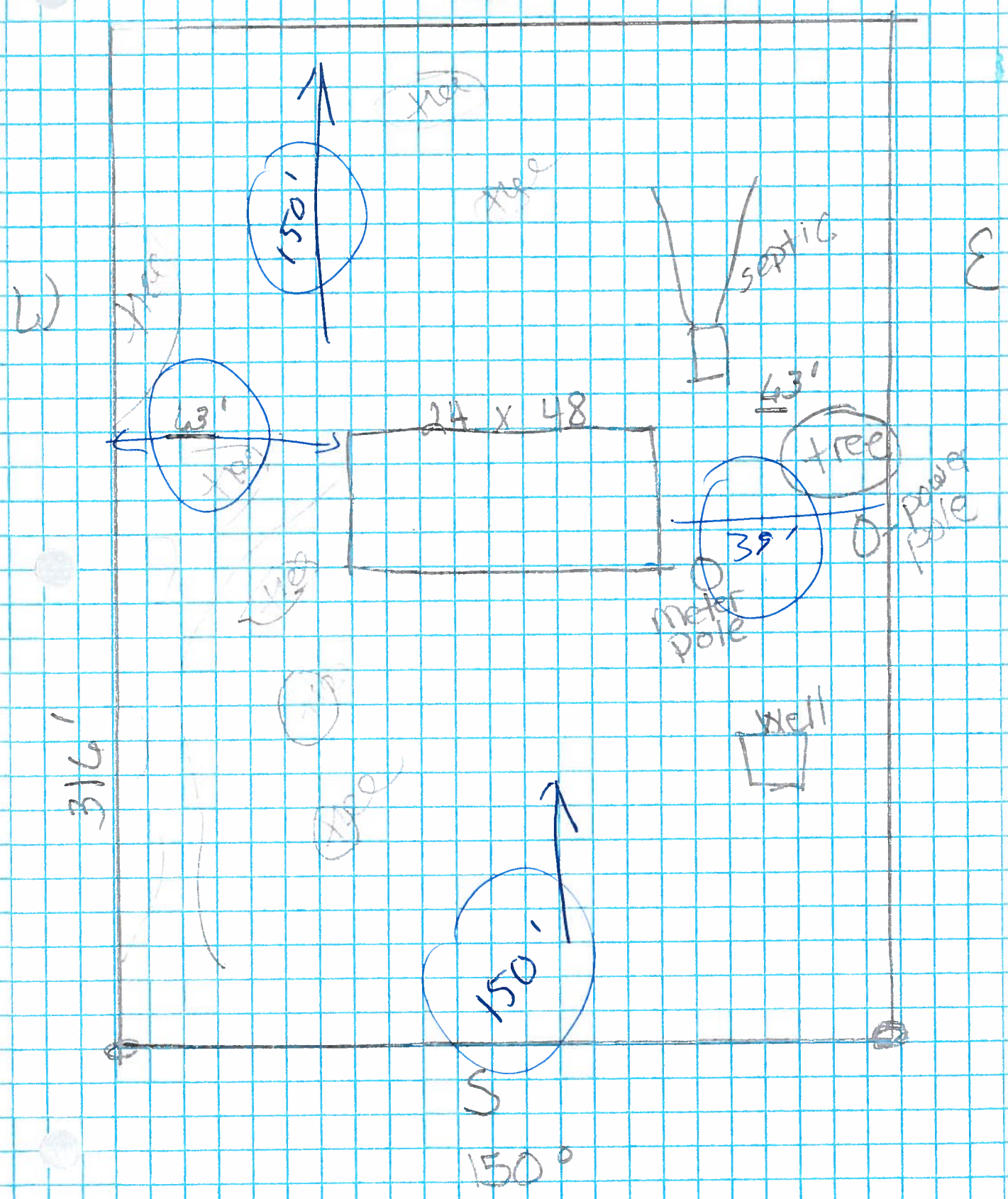
**▼ Sales History**

| Sale Date | Sale Price | Book/Page | Deed | V/I | Quality (Codes) | RCode |
|------------|------------|-----------|------|-----|-----------------|-------|
| 1/17/2017 | \$5,000 | 1331/1997 | QC | I | U | 11 |
| 9/15/2009 | \$30,000 | 1180/2347 | WD | I | Q | 01 |
| 9/14/2009 | \$100 | 1180/2345 | QC | I | U | 11 |
| 10/15/2008 | \$100 | 1160/1683 | WD | I | U | 03 |
| 3/4/1996 | \$3,000 | 818/1224 | WD | V | U | 09 |
| 6/3/1995 | \$13,900 | 832/2212 | AD | V | U | 13 |

▼ Building Characteristics

| Bldg Sketch | Bldg Item | Bldg Desc* | Year Blt | Base SF | Actual SF | Bldg Value |
|-------------|-----------|---------------------|----------|---------|-----------|------------|
| Sketch | 2 | MOBILE HME (000800) | 1994 | 1152 | 1152 | \$12,580 |

246 513 Source Lala
L.C. 32024



MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1705-92 CONTRACTOR MANUEL BUNNAN PHONE 386.590.3289

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.

| | |
|-----------------------------------|---|
| <p>ELECTRICAL</p> | <p>Print Name <u>Teresa Lockler</u> Signature <u>Teresa Lockler</u> License #: <u>owner</u> Phone #: <u>386-719-4406</u> Qualifier Form Attached <input type="checkbox"/></p> |
| <p>MECHANICAL/ A/C</p> | <p>Print Name _____ Signature _____ License #: <u>AC/Window</u> Phone #: _____ Qualifier Form Attached <input type="checkbox"/></p> |

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.

Legend

Parcels

County Districts

Official Zoning Atlas

☐ others

☐ A-1

☐ A-2

☐ A-3

☐ CG

☐ CHI

☐ CI

☐ CN

☐ CSV

☐ ESA-2

☐ I

☐ ILW

☐ MUD-1

☐ PRD

☐ PRRD

☐ RMF-1

☐ RMF-2

☐ RO

☐ RR

☐ RSF-1

☐ RSF-2

☐ RSF-3

☐ RSF/MH-1

☐ RSF/MH-2

☐ RSF/MH-3

DEFAULT

Flood Zones

0.2 PCT ANNUAL CHANCE

☐ A

☐ AE

AH

Roads

☐ Private

☐ Dirt

☐ Other

☐ Paved

☐ Main

☐ Interstates

Columbia County, FLA - Building & Zoning Property Map

Printed: Tue May 23 2017 16:31:21 GMT-0400 (Eastern Daylight Time)



Parcel Information

Parcel No: 34-4S-16-03274-044

Owner: SMITH STEVEN A

Subdivision: OAK FOREST UNR

Lot: 44

Acres: 1.08787048

Deed Acres: 2.18 Ac

District: 5 Tim Murphy (386)-758-1005 or (386)-961-1330

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.

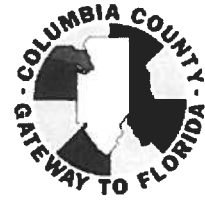


COLUMBIA COUNTY

911 ADDRESSING / GIS DEPARTMENT

263 NW Lake City Ave., Lake City, FL 32055

Telephone: (386) 758-1125 x 1 * Fax: (386) 758-1365 * Email: gis@columbiacountyfla.com



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: **5/23/2017 4:25:26 PM**
Address: **231 SW JOYCE Gln**
City: **LAKE CITY**
State: **FL**
Zip Code **32024**

Parcel ID **03274-044**

REMARKS: Reissue of existing address for replacement structure on parcel.

Address Issued By: **Signed:/ Ronal N. Croft**

Columbia County GIS/911 Addressing Department

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.

SSOCOF#: 143707441done on: 05/23/2017

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

PERMIT NO. 17-0364R
DATE PAID: 5/31/17
FEE PAID: 785.00
RECEIPT #: 1292975

APPLICATION FOR:

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

APPLICANT: Teresa LocklerAGENT: Ronald Ford - Ford's Septic Tank Service, LLCTELEPHONE: 386-755-6288MAILING ADDRESS: 116 N.W. Lawley Way Lake City, Florida 32055FAX: 386-755-6944

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 #: 34-45-16-03274-044 ZONING: Res. I/M OR EQUIVALENT: ☒ [Y]PROPERTY SIZE: 1.09 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPDIS SEWER AVAILABLE AS PER 381.0065, FS? ☒ [Y] DISTANCE TO SEWER: na FTPROPERTY ADDRESS: 231 SW Joyce Glen Lake City, FL 32024

DIRECTIONS TO PROPERTY:

47 South. @ on King - becomes Mauldin Avenue.
@ on Joyce. Home # 231 on left.

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>M.H.</u> | <u>3</u> | <u>1056</u> | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

☐ Floor/Equipment Drains ☐ Other (Specify)

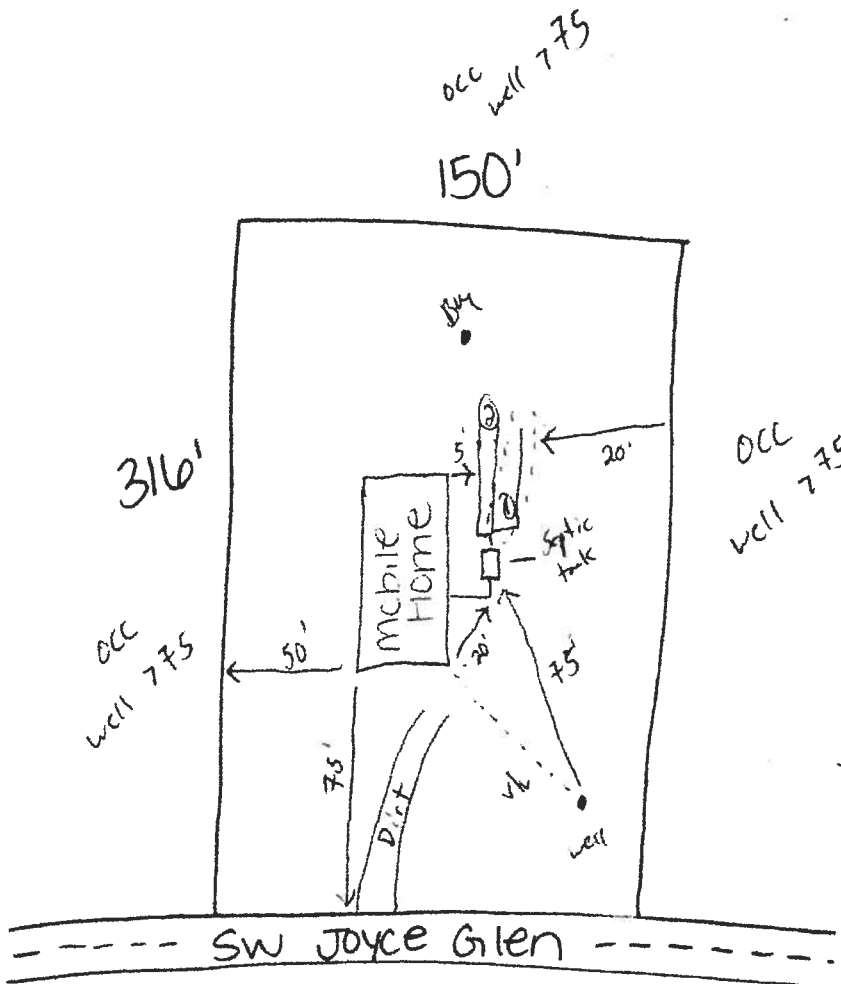
SIGNATURE: RC TelDATE: 5-23-17

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 17-03642

NORTH ↑

PART I: SITE PLAN



Notes

(* NOT drawn to scale)

Site Plan submitted by

Plan Approved

By

RCZP

Travis van Dusen

Robert Ford

ESI Columbia

Agent

Date *6/5/17*

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT