

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 7-1-15) Zoning Official JMK Building Official JMK
 AP# 1902-25 Date Received 2/11 By STW Permit # 37775
 Flood Zone X Development Permit _____ Zoning A-3 Land Use Plan Map Category Ag
 Comments Replacing existing Mobile Home

FEMA Map# _____ Elevation _____ Finished Floor above the road River _____ In Floodway _____
☐ Recorded Deed or ☒ Property Appraiser PO ☒ Site Plan ☒ EH # 19-0136 ☐ 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 pd ☐ Out County ☐ In County ☒ Sub VF Form

Property ID # 12-WS-16-03816-202 Subdivision West Crossroads Manor Lot# 2

- New Mobile Home ☒ Used Mobile Home _____ MH Size 32 x 68 Year 2019
- Applicant Sonya Crews/Linda Craft Phone # 863-517-5701
- Address 3311 SW State Rd 247 Lake City FL 32024
- Name of Property Owner Medlin, Justine Phone# 386-984-5203
- 911 Address 3172 SW Herlong St Ft White, FL 32038
- Circle the correct power company - FL Power & Light - Clay Electric
 (Circle One) - Suwannee Valley Electric - Duke Energy
- Name of Owner of Mobile Home Medlin, Justine/Joseph Phone # 386-984-5203
 Address 3172 SW Herlong St Ft White, FL 32038
- Relationship to Property Owner _____
- Current Number of Dwellings on Property 1
- Lot Size 5 Total Acreage 5
- 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 _____
47 South about 12 miles on the left SW
Herlong St go through the 4 way stop and
3172 is the 2nd mailbox or driveway on your right
- Name of Licensed Dealer/Installer Ronnie Norris Phone # 386-623-7716
- Installers Address 1004 SW Charles Terr Lake City FL 32024
- License Number TH1025145 Installation Decal # 58503

\$375.00

LT - Emailed Sonya 2-20-19

Mobile Home Permit Worksheet

Application Number: _____

Date: _____

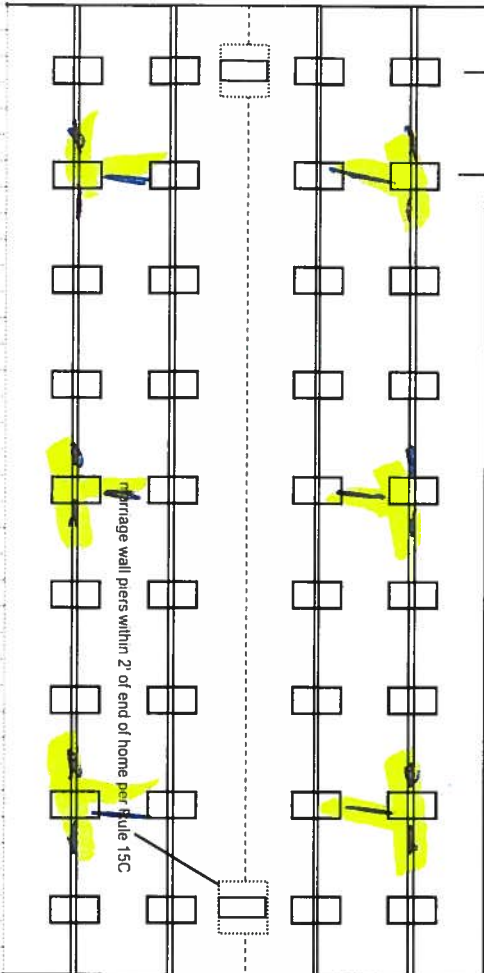
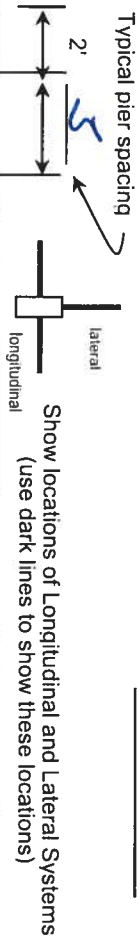
Installer: Ronnie Morris License # _____

Address of home 3173 S.W. Herlong St
being installed FL White, FL 32038

Manufacturer Jacobson Length x width 48 x 32

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 _____



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 # 58503

Triple/Quad ☐ Serial # JAC FL 35190 AB

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'	4'	5'	6'	7'	8'	8'
1500 psf	4'	5'	6'	7'	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 17x25

Perimeter pier pad size 17x25

Other pier pad sizes (required by the mfg.) 17x25

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

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

8

17x25

4

17x25

7

17x25

TIEDOWN COMPONENTS

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

ANCHORS

4 ft 5 ft

FRAME TIES

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

OTHER TIES

Number
Sidewall 24
Longitudinal 2
Marriage wall 2
Shearwall 1

Mobile Home Permit Worksheet

Application Number: _____

Date: _____

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 2500 without testing.

psf 1500

x 1500

x 1500

x 1500

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 1500

x 1500

x 1500

TORQUE PROBE TEST

The results of the torque probe test is 285 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.

Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

[Signature]

Date Tested

2-7-2019

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 ☒ Swale ☒ Pad ☒ Other ☐

Water drainage: Natural

Fastening multi wide units

Floor: Type Fastener: 6 Length: 6 Spacing: 24
Walls: Type Fastener: 6 Length: 6 Spacing: 6
Roof: Type Fastener: 6 Length: 6 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

Type gasket Pg. _____

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

[Signature]

Date

2-7-2019

68'-0"

SPACING FOR FIRST PIER IS EQUAL TO ONE HALF THE ALLOWED PIER SPACING ON I-BEAM OR 24" MAXIMUM WHICHEVER IS LESS

SEE TABLES FOR SPACING

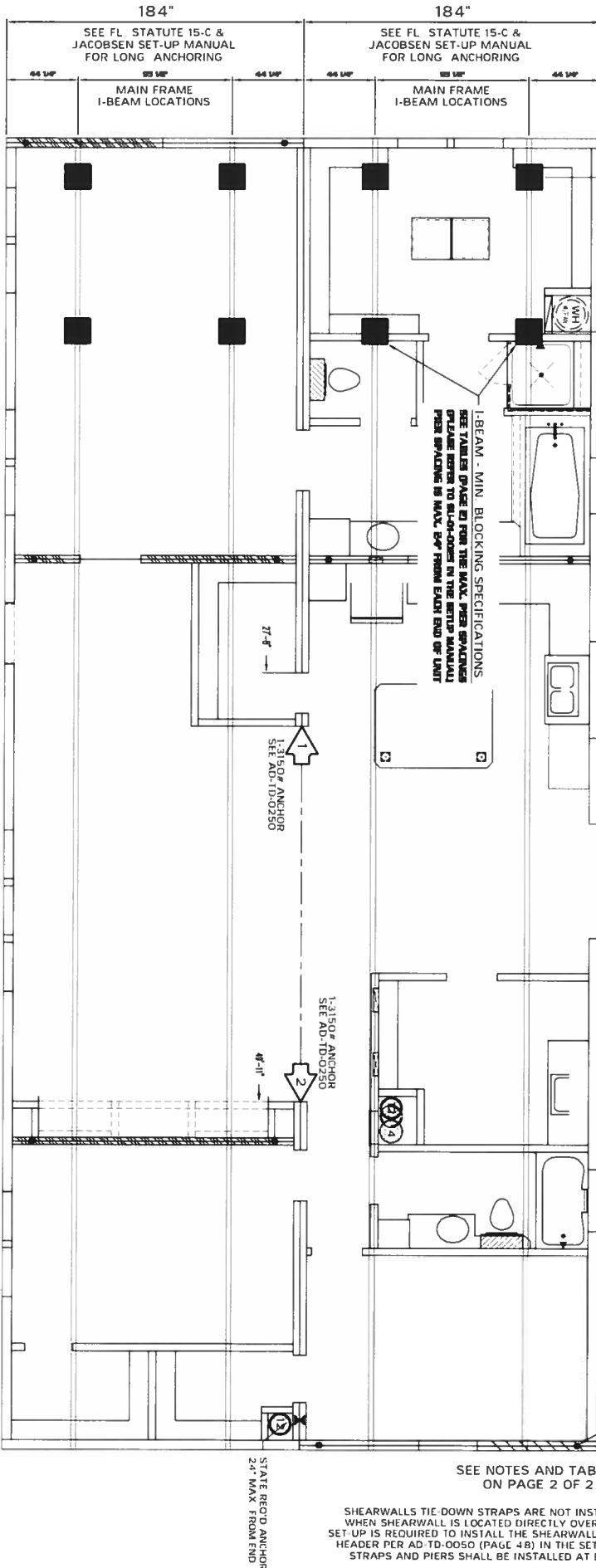
SIDEWALL ANCHORS
64" O.C. MAX. SPACING
(TYPICAL BOTH SIDEWALLS)
***SPACING CHANGES WITH HOST BEAM EXPOSURE D. AND HIGH SIDE OFFSETS
SEE SETUP MANUAL FOR SPECIFICS***

SEE NOTES AND TABLES ON PAGE 2 OF 2

CIRCLE INDICATES TYP. SHEARWALL ANCHOR LOC.

SEE NOTES AND TABLES ON PAGE 2 OF 2

SHEARWALLS TIE DOWN STRAPS ARE NOT INSTALLED AT THE FACTORY WHEN SHEARWALL IS LOCATED DIRECTLY OVER SOLID I-BEAM HEADER SET UP IS REQUIRED TO INSTALL THE SHEARWALL STRAPS OVER THE I-BEAM HEADER PER AD-TD-0050 (PAGE 48) IN THE SET UP MANUAL ADDENDUM STRAPS AND PIERS SHALL BE INSTALLED AT BOTH ENDS OF HEADER



STATE REQ'D ANCHOR
24" MAX. FROM END

SEE NOTES AND TABLES ON PAGE 2 OF 2
SEE WARNINGS AND CAUTIONS ON PAGE 2

REFER TO SU-01-0005 FOR
ADD'L PIER REQUIREMENTS

2X8 FLOOR JOISTS - 16" O.C.

IMP-35.190
JACOBSEN HOMES

16" MAX. FROM END
2X8 JOISTS

JACOBSEN HOMES
PO BOX 3668, 600 PACKARD CT.
SAFETY HARBOR, FLORIDA 34655

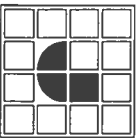
(727) 726-1138
www.jacobsonhomes.com

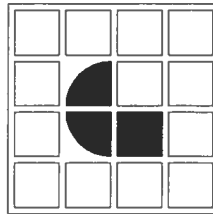
REFER TO THE JACOBSEN HOMES SETUP MANUAL AND
ADDENDUM FOR COMPLETE INSTALLATION INSTRUCTIONS
HUD WIND EXPOSURE CATEGORY - C
35190 - PAGE 1 OF 2

MODEL # CP-2823-190

REFER TO SU-01-0020, SU-01-0021, AND OTHER DETAILS IN THE SET-UP MANUAL FOR MAXIMUM HEIGHT
(THIS IS NOT DESIGNED, NOR INTENDED, TO BE A STILT FOUNDATION)

THIS BLOCKING DIAGRAM IS PROVIDED AS A COURTESY ONLY. THE LICENSED SET-UP CONTRACTOR SHALL REVIEW THIS DETAIL AND VERIFY COMPLIANCE. THE LICENSED SET-UP CONTRACTOR IS RESPONSIBLE AND LIABLE FOR ALL INSTALLATION





JACOBSEN HOMES
PO BOX 368, 600 PACKARD CT.
SAFETY HARBOR, FLORIDA 34695

(727) 726-1138

www.jachomes.com

WARNING:

INSTALLING A MANUFACTURED STRUCTURE/BUILDING CAN BE EXTREMELY DANGEROUS. ONLY QUALIFIED PERSONNEL SHOULD ATTEMPT TO INSTALL A MANUFACTURED STRUCTURE/BUILDING. IMPROPER PERSONNEL, SHOULD ATTEMPT TO INSTALL A MANUFACTURED STRUCTURE/BUILDING, IMPROPER PROCEDURES AND/OR TECHNIQUES COULD RESULT IN SERIOUS INJURY OR DEATH. IN ADDITION TO THE DANGER TO PERSONNEL, IMPROPER SETUP/INSTALLATION COULD RESULT IN EXTENSIVE/COSTLY DAMAGE TO THE BUILDING/STRUCTURE. NEVER ATTEMPT INSTALLATION IF YOU ARE NOT QUALIFIED AND/OR DO NOT HAVE THE PROPER TOOLS AND/OR EQUIPMENT.

CAUTION:

MANUFACTURED BUILDINGS/STRUCTURES CAN WEIGH SEVERAL TONS. IT IS VERY IMPORTANT THAT ALL PERSONNEL, ON THE JOB SITE, BE QUALIFIED AND PROPERLY/ADEQUATELY TRAINED. A STATE LICENSED SETUP CONTRACTOR IS REQUIRED TO BE RESPONSIBLE FOR ALL SAFETY INITIATIVES, PROGRAMS, POLICIES, AND/OR PROCEDURES THAT MAY BE MANDATED BY OSHA AND/OR ANY OTHER LOCAL, STATE, AND/OR FEDERAL CODES AND/OR REQUIREMENTS. THE CONTRACTOR SHALL INSURE/REQUIRE THAT SAFE AND PROPER TECHNIQUES ARE UTILIZED.

NOTES:

1. REFER TO THE MODEL APPROVAL FOR PLAN SPECIFIC INFORMATION.
2. REFER TO THE JACOBSEN HOMES SETUP MANUAL AND ASSEMBLY FOR COMPLETE INSTALLATION INSTRUCTIONS. PIERES CAN BE RELOCATED AND/OR SPANS INCREASED PER THE SETUP MANUAL.
3. REFER TO SU-01-0003 FOR ADDITIONAL PIER REQUIREMENTS.
4. REFER TO THE APPROVED FLOOR PLAN FOR SEAWALL LOCATIONS AND LOADS.
5. REFER TO AD-TD-100 FOR SEAWALL APPLICATIONS AND TIE-DOWNS.
6. REFER TO THE APPROVED FLOOR PLAN FOR SPECIFIC COLUMN LOCATIONS. COLUMN PIERS SHALL BE LOCATED WITHIN 6" OF EITHER SIDE OF THE COLUMN. ADDITIONAL PIERS MAY BE REQUIRED ALONG THE MATING LINE. SEE THE SETUP MANUAL FOR SPECIFICS.
7. ALL 164" WIDE FLOOR SYSTEMS REQUIRE PERIMETER AND MATING LINE BLOCKING.
8. ANY SEAWALL AREA WITH A HOIST BEAM ON A STRUCTURAL ATTACHMENT SHALL HAVE PIERS AND ANCHORS SPACED NO FURTHER THAN 48" O.C. MAXIMUM. SOME WIND ZONE AREAS MAY REQUIRE CLOSER INSTALLATION. REFER TO THE JACOBSEN HOMES SETUP MANUAL FOR SPECIFICS (SEE SU-01-0003 AND SU-01-0004). WHEN THE ATTACHED STRUCTURE HAS FOLKLY WALL CONSTRUCTION OR IS DESIGNED AND CONSTRUCTED TO BE SELF SUPPORTING, THESE ADDITIONAL PIERS AND ANCHORS ARE NOT REQUIRED.
9. MAX. PIER SPACING ON 8" I-BEAM IS 96". MAX. PIER SPACING ON 10" OR 12" I-BEAM IS 120". SEE NOTE 4 ON PAGES SU-01-0003 THROUGH SU-01-0005.

REFER TO AD-TD-0250 THROUGH
AD-TD-0254 FOR COLUMN ANCHOR SIZES.

COLUMN INFO. TABLE			COLUMN PAD - MIN. SIZES (sq. in.)									
COL. NUM	SPAN	LOAD (100 POUNDS)	1000 POT. SOL.	1500 POT. SOL.	2000 POT. SOL.	2500 POT. SOL.	3000 POT. SOL.	3500 POT. SOL.	3500 POT. SOL.	3500 POT. SOL.	3500 POT. SOL.	3500 POT. SOL.
1	19'-6"	5215	751	501	375	300	300	300	300	300	300	300
2	19'-6"	5215	751	501	375	300	300	300	300	300	300	300
3	0"	0	0	0	0	0	0	0	0	0	0	0
4	0"	0	0	0	0	0	0	0	0	0	0	0
5	0"	0	0	0	0	0	0	0	0	0	0	0
6	0"	0	0	0	0	0	0	0	0	0	0	0
7	0"	0	0	0	0	0	0	0	0	0	0	0
8	0"	0	0	0	0	0	0	0	0	0	0	0
9	0"	0	0	0	0	0	0	0	0	0	0	0
10	0"	0	0	0	0	0	0	0	0	0	0	0

MINIMUM PIER PAD SIZE (sq. in.)

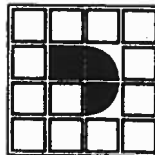
MINIMUM PIER PAD SIZE (sq.in.)	I-BEAM PIER SPACING										MATING LINE PIER SPACING						PERIMETER PIER SPACING					
	1000 POT. SOL.	1500 POT. SOL.	2000 POT. SOL.	2500 POT. SOL.	3000 POT. SOL.	3500 POT. SOL.	1000 POT. SOL.	1500 POT. SOL.	2000 POT. SOL.	2500 POT. SOL.	3000 POT. SOL.	3500 POT. SOL.	1000 POT. SOL.	1500 POT. SOL.	2000 POT. SOL.	2500 POT. SOL.	3000 POT. SOL.	3500 POT. SOL.				
A 256 sq. in.	30	48 1/2	66 1/2	85	103 3/4	N/D	96	96	96	96	96	96	96	96	96	96	96	96				
B 342.25 sq. in.	42	66 1/2	90 1/2	115 3/4	N/D	N/D	96	96	96	96	96	96	96	96	96	96	96	96				
C 396 sq. in.	49	77 1/2	105 1/2*	N/D	N/D	N/D	96	96	96	96	96	96	96	96	96	96	96	96				
D 400 sq. in.	49 1/2	78 1/2	107 1/2*	N/D	N/D	N/D	96	96	96	96	96	96	96	96	96	96	96	96				
E 432.875 sq. in.	54	85	116 3/4	N/D	N/D	N/D	96	96	96	96	96	96	96	96	96	96	96	96				
F 576 sq. in.	74	115 3/4	N/D	N/D	N/D	N/D	96	96	96	96	96	96	96	96	96	96	96	96				
G 676 sq. in.	87 1/2	N/D	N/D	N/D	N/D	N/D	96	96	96	96	96	96	96	96	96	96	96	96				

N10 - SEE NOTE 10.
REFER TO SU-01-0005 FOR
ADDITIONAL PIER REQUIREMENTS.

REFER TO SU-01-0020, SU-01-0021, AND OTHER DETAILS IN THE SET-UP MANUAL FOR MAXIMUM HEIGHT
(THIS IS NOT DESIGNED, NOR INTENDED, TO BE A STILT FOUNDATION)

THIS BLOCKING DIAGRAM IS PROVIDED AS A COURTOUSY ONLY. THE LICENSED SET-UP
CONTRACTOR SHALL REVIEW THIS DETAIL AND VERIFY COMPLIANCE. THE LICENSED
SET-UP CONTRACTOR IS RESPONSIBLE AND LIABLE FOR ALL INSTALLATION.

[REDACTED]



NOTE:
CHECK WITH YOUR SALESPERSON
TO IDENTIFY OPTIONAL ITEMS
THAT ARE ON THIS PRINT.

600 Packard Court ■ Safety Harbor, Florida 34695 ■ Telephone (727) 726-1138

www.jachomes.com/Floor-Plans

(ALL SIZES ARE APPROX.)

© 10-20-17

Columbia County Property Appraiser

Jeff Hampton

2018 Tax Roll Year

updated 2/8/2019

Parcel: << 12-6S-16-03816-202 >>

Aerial Viewer Pictometry Google Maps

Owner & Property Info

Result: 1 of 1

Owner	MEDLIN JUSTINE D 3172 SW HERLONG ST FT WHITE, FL 32038		
Site	3172 HERLONG ST, FORT WHITE		
Description*	A PARCEL OF PART OF W1/2 OF SEC 12 & E1/2 OF SEC 11 MORE PARTICULARLY DESC: COMM NE COR OF NE1/4 OF NW1/4, RUN S ALONG E LINE 664.36 FT, W 2362.46 FT FOR POB, CONT W 283.32 FT TO E LINE OF SEC 11, CONT W 63.37 FT, N 665.59 FT, E 63.37 FT, CONT E 283.32 FT, more>>>		
Area	5.05 AC	S/T/R	12-6S-16E
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 (1)	\$29,990	Mkt Land (1)	\$29,990
Ag Land (0)	\$0	Ag Land (0)	\$0
Building (1)	\$14,678	Building (1)	\$15,212
XFOB (5)	\$9,760	XFOB (5)	\$9,760
Just	\$54,428	Just	\$54,962
Class	\$0	Class	\$0
Appraised	\$54,428	Appraised	\$54,962
SOH Cap [?]	\$2,730	SOH Cap [?]	\$2,282
Assessed	\$51,698	Assessed	\$52,680
Exempt	HX H3 \$26,698	Exempt	HX H3 \$27,680
Total Taxable	county:\$25,000 city:\$25,000 other:\$25,000 school:\$26,698	Total Taxable	county:\$25,000 city:\$25,000 other:\$25,000 school:\$27,680

**▼ Sales History**

Sale Date	Sale Price	Book/Page	Deed	V/I	Quality (Codes)	RCode
8/11/1998	\$17,500	865/1581	WD	V	Q	

▼ Building Characteristics

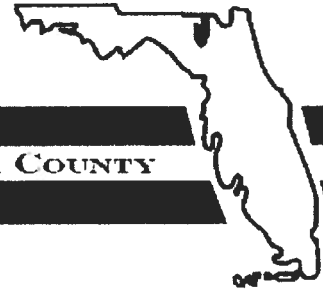
Bldg Sketch	Bldg Item	Bldg Desc*	Year Blt	Base SF	Actual SF	Bldg Value
Sketch	1	MOBILE HME (000800)	1989	1714	1983	\$15,212

*Bldg Desc determinations are used by the Property Appraisers office solely for the purpose of determining a property's Just Value for ad valorem tax purposes and should not be used for any other purpose.

▼ Extra Features & Out Buildings (Codes)

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0190	FPLC PF	1989	\$1,200.00	1.000	0 x 0 x 0	(000.00)
0294	SHED WOOD/	1998	\$1,500.00	200.000	20 x 10 x 0	(000.00)
0294	SHED WOOD/	1998	\$1,200.00	160.000	10 x 16 x 0	(000.00)
0252	LEAN-TO W/	2010	\$100.00	1.000	0 x 0 x 0	(000.00)

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:	2/14/2019 10:51:08 AM
Address:	3172 SW HERLONG St
City:	FORT WHITE
State:	FL
Zip Code	32038
Parcel ID	03816-202
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



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, Ronnie Norris, give this authority for the job address show below
Installer License Holder Name

only, 3172 SW Herlong St Ft White, FL 32038, 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>Sonye Crews</u>	<u>Sonye Crews</u>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
<u>Linda Craft</u>	<u>Linda Craft</u>	<input checked="" 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.

Ronnie Norris

License Holders Signature (Notarized)

I/H025145/1, 2-7-019

License Number

Date

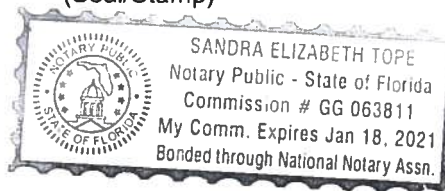
NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Ronnie Norris, personally appeared before me and is known by me or has produced identification (type of I.D.) _____ on this 7 day of February, 2015.

Sandra Elizabeth Tope
NOTARY'S SIGNATURE

(Seal/Stamp)



MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1902-25 CONTRACTOR Ronnie Norris PHONE 623-7714

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 ✓ 1079	Print Name <u>Glen Whittington</u> License #: <u>EC13062957</u>	Signature <u>Glen Whittington</u> Phone #: <u>386-972-1701</u> Qualifier Form Attached <input type="checkbox"/>
MECHANICAL/ A/C	Print Name _____ License #: _____	Signature _____ Phone #: _____ Qualifier Form Attached <input 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

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1902-25 CONTRACTOR Ronnie Norris PHONE 623-7716

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	Print Name _____ Signature _____ License #: _____ Phone #: _____ Qualifier Form Attached <input type="checkbox"/>
MECHANICAL/ A/C <u>950</u>	Print Name <u>Michael A. Boland</u> Signature <u>[Signature]</u> License #: <u>CAC1817716</u> Phone #: <u>(352) 274-9326</u> Qualifier Form Attached <input type="checkbox"/>

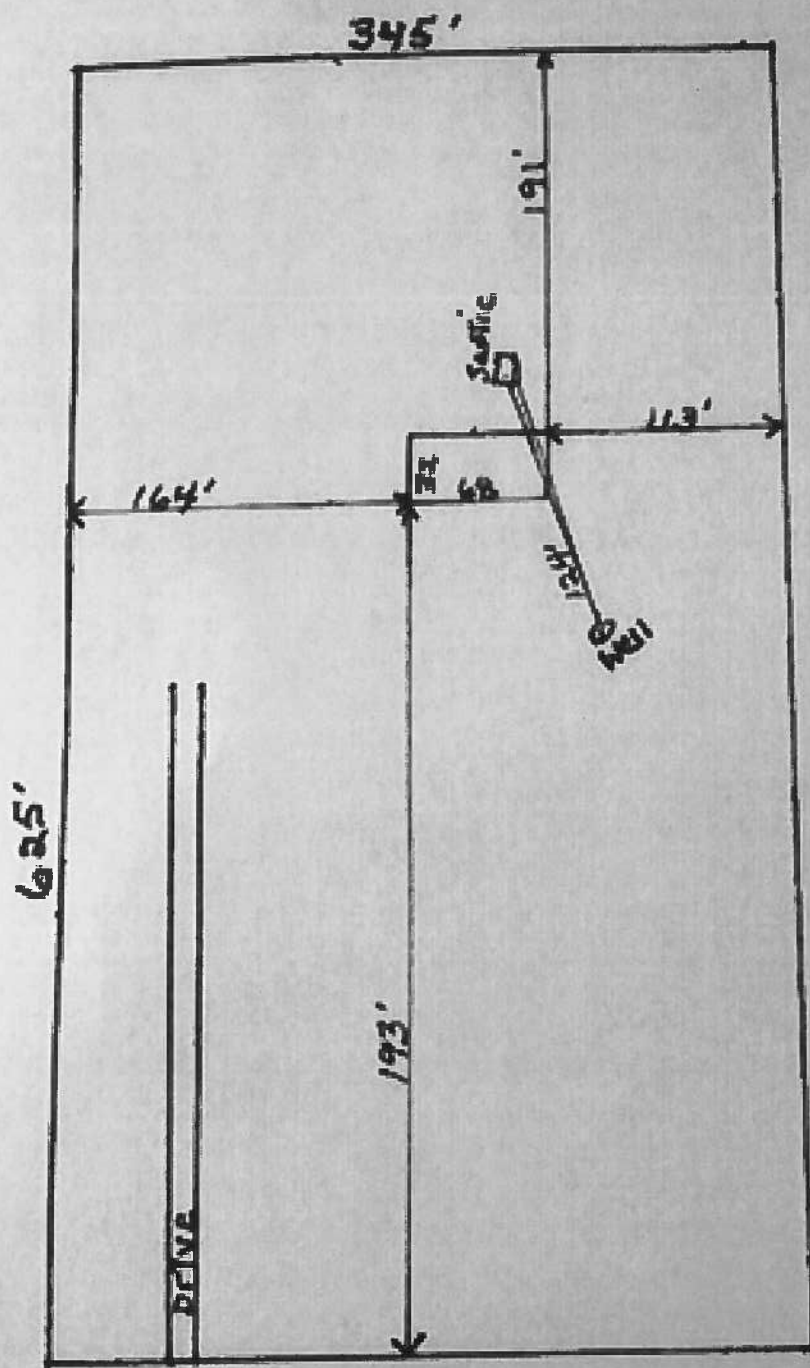
Qualifier Forms cannot be submitted for any Specialty License.

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

Revised



1" = 100'



3172 Herlong Street

Medlin



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

PERMIT NO. 19-086
DATE PAID: 2/12/19
FEE PAID: 160.00
RECEIPT #: 1392657

APPLICATION FOR:

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

APPLICANT: Medlin, Joseph / JustineAGENT: Sonya Crews / Linda Craft TELEPHONE: 386-984-5203MAILING ADDRESS: 3172 SW Herlong St 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: _____ PLATTED: _____

PROPERTY ID #: 12-68-16-03816-202 ZONING: _____ I/M OR EQUIVALENT: [Y / N]PROPERTY SIZE: 5 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: 3172 SW Herlong St Ft White, FL 32038

DIRECTIONS TO PROPERTY: 75 S to Hwy 41 Ft White exit go to the right towards Ft White about 12 miles on the left SW Herlong St go to and then through the 4 way stop and 3172 is the 2nd mailbox or driveway on your 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>2,085</u>	
2				
3				
4				

[] Floor/Equipment Drains [] Other (Specify) _____

SIGNATURE: Sonya Crews Linda Craft DATE: 2-7-19

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

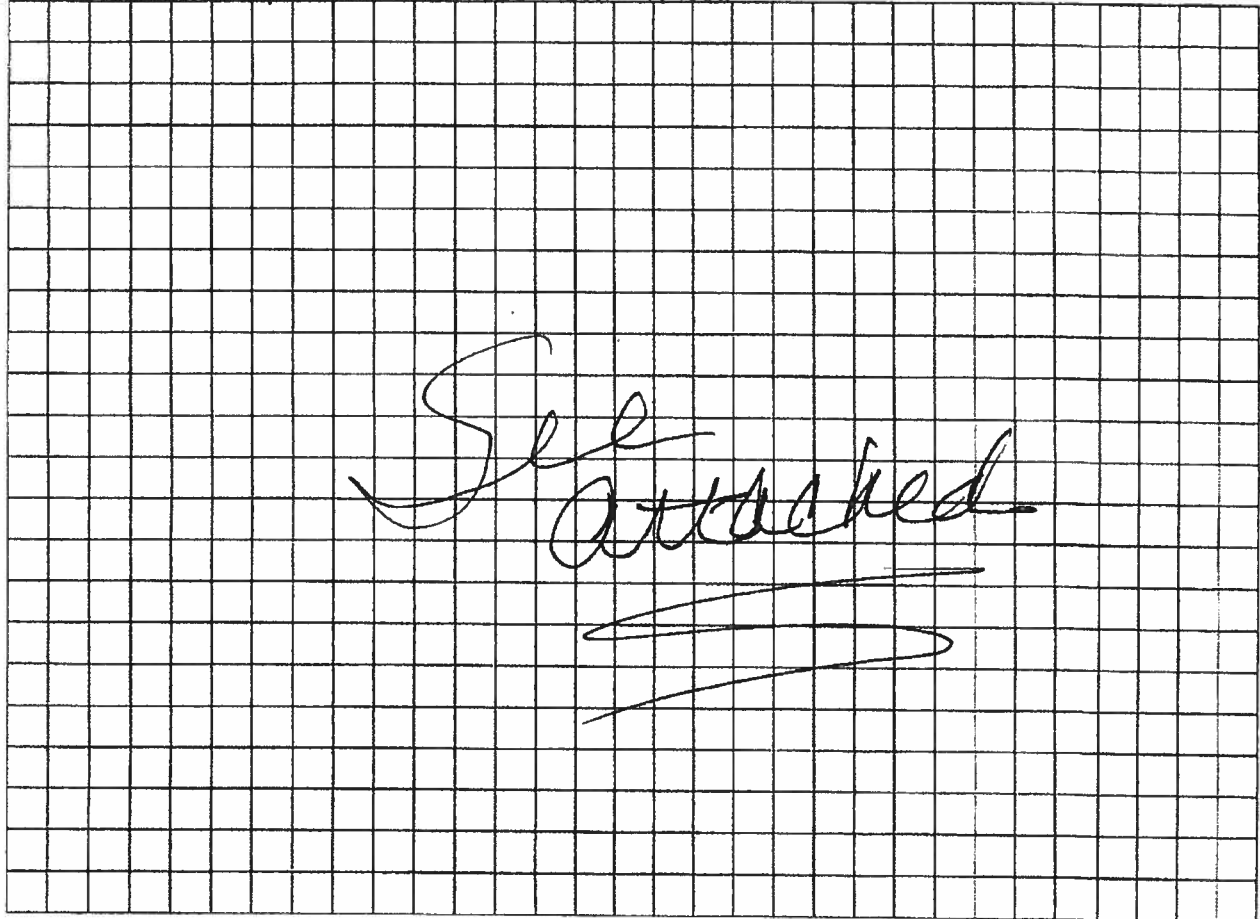
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

19-0136

----- PART II - SITEPLAN -----

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



Notes: _____

Site Plan submitted by: Scarp CrewsPlan Approved ☒Not Approved ☐

Date

2/15/19

By

[Signature]ESJColumbia

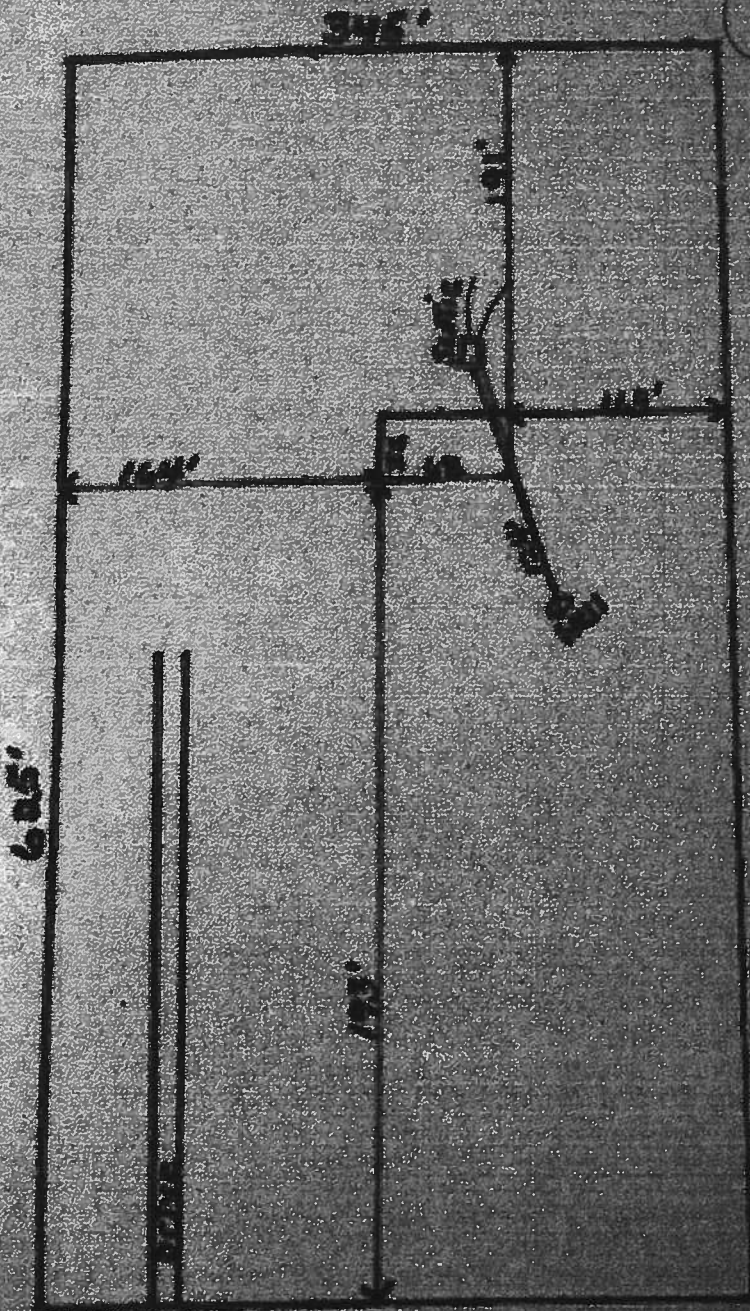
County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Revised

19-DB6

1" = 100'

3172 Merlong Street

Medlin

REVISED
3/14/19 E.H.