

N/C. FIRE DAMAGE !!

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 7-1-15) Zoning Official MA Building Official MA
 AP# 44034 Date Received 11/14 By MG Permit # 38934
 Flood Zone _____ Development Permit _____ Zoning _____ Land Use Plan Map Category _____
 Comments see Computer Note

FEMA Map# _____ Elevation _____ Finished Floor _____ River _____ In Floodway _____
 Recorded Deed or Property Appraiser PO Site Plan EH# 19-0829 Well letter OR
 Existing well Land Owner Affidavit Installer Authorization FW Comp. letter App Fee Paid N/C
 DOT Approval Parent Parcel # _____ STUP-MH _____ 911 App
 Ellisville Water Sys Assessment _____ Out County In County Sub VF Form

18-4s-11-03059-009 Property ID # 11-03059-009 Subdivision FAB ROAD SURVEY Lot# 3
 11/24/19 passed

- New Mobile Home _____ Used Mobile Home MH Size 78x28 Year 1997
 - Applicant Mary C. Palmer Phone # 386-466-4377
 - Address 200 S.W. Gent Glw. Lake City, FL 32024
 - Name of Property Owner Mary C. Palmer Phone# 386 466-4377
 - 911 Address 200 SW Gent Glw. Lake City, FL 32024
 - Circle the correct power company - FL Power & Light - Clay Electric
 (Circle One) - Suwannee Valley Electric - Duke Energy
 - Name of Owner of Mobile Home Self Phone # _____
 Address _____
 - Relationship to Property Owner Self
 - Current Number of Dwellings on Property _____
 - Lot Size _____ 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 Pinevont Rd! to Dekle Rd. to Gent @ 1 Left turn 3 home on the rt.
-
- Name of Licensed Dealer/Installer Dennis Riedel Phone # 904-982-3984
 - Installers Address 11319 Simmons Rd Jax FL 32218
 - License Number 1H1025162 Installation Decal # 66325

Mobile Home Permit Worksheet

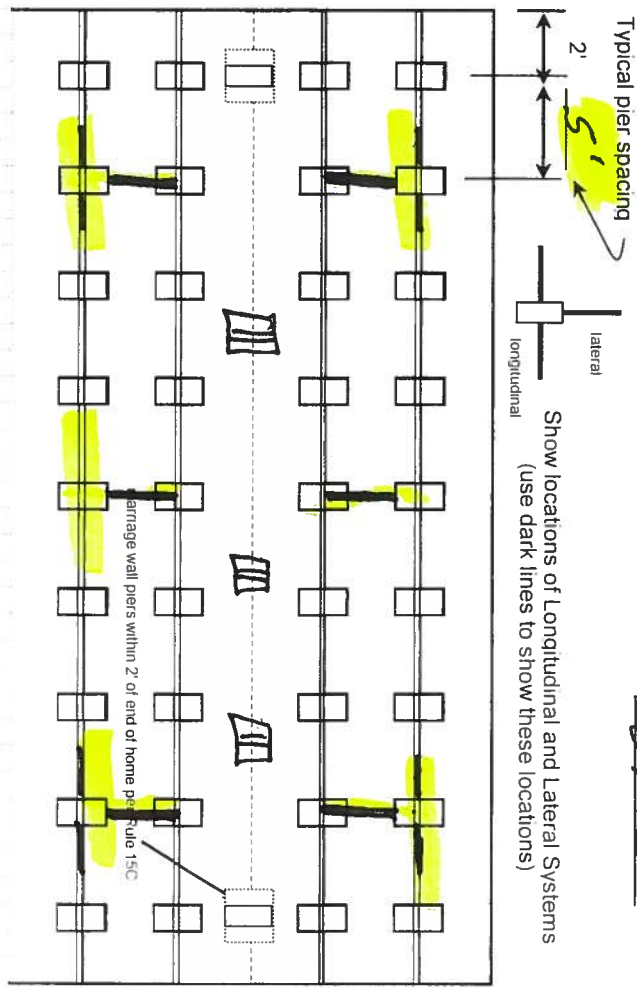
Application Number: _____ Date: _____

Installer: Dennis Riedel License # 1H1025162
 Address of home being installed: 200 SW Hunt Blvd, Jr, Fair Oak, MO

Manufacturer: FLT Length x width: 18x28

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: DRR



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 # 66325

Triple/Quad Serial # FLFLT70AB24918-5K

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	Footer size (256)	18' 1/2" x 18' (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: 17" x 22"
 Perimeter pier pad size: 16" x 14"

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

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: 5 Pier pad size: 17x22

ANCHORS _____

FRAME TIES _____

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

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
 Manufacturer: O.T
 Longitudinal Stabilizing Device w/ Lateral Arms
 Manufacturer: O.T

OTHER TIES

Sidewall Longitudinal Marriage wall Shearwall
 Number: _____

Mobile Home Permit Worksheet

Application Number: _____ Date: _____

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 1500 psf or check here to declare 1000 lb. soil without testing.

X 1500 X 1500 X 2100

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 2000

TORQUE PROBE TEST

The results of the torque probe test is _____ 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.

SR Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Dennis Riedel
 Date Tested 11-2-19

Electrical _____

Plumbing _____

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between multi-wide units. Pg. yes

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

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

Site Preparation

Debris and organic material removed _____
 Water drainage: Natural _____ Swale _____ Pad Other _____

Fastening multi wide units

Floor/Walls/Roof	Type Fastener	Length	Spacing
Floor	<u>3/8" lag</u>	<u>5"</u>	<u>16" o.c.</u>
Walls	<u>" "</u>	<u>5"</u>	<u>24" o.c.</u>
Roof	<u>" "</u>	<u>5"</u>	<u>metal flashing</u>

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. Understand a strip of tape will not serve as a gasket.

Installer's initials SR

Type gasket Four
 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 How R. Owner
 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 Dennis Riedel Date 11-2-19

CODE ENFORCEMENT DEPARTMENT
COLUMBIA COUNTY, FLORIDA
OUT OF COUNTY MOBILE HOME INSPECTION REPORT

COUNTY THE MOBILE HOME IS BEING MOVED FROM SWANNEE
OWNERS NAME Mary C Palmer PHONE _____ CELL 386. 466. 4377
INSTALLER Dennis Riedel PHONE _____ CELL 904. 982. 3789
INSTALLERS ADDRESS 11319 Simmons Rd Jville, NC 32218

MOBILE HOME INFORMATION

MAKE FLT YEAR 1997 SIZE 78 x 28
COLOR White SERIAL No. FLFLT70AB24918-SK-21
WIND ZONE II SMOKE DETECTOR yes

- * INTERIOR:
FLOORS Good Condition
- * DOORS Good Condition
- * WALLS Good Condition
- * CABINETS Good Condition
- * ELECTRICAL (FIXTURES/OUTLETS) Good Condition
- * EXTERIOR:
WALLS / SIDING Good Condition
- * WINDOWS Good Condition
- * DOORS Good Condition
- * INSTALLER: APPROVED yes NOT APPROVED _____
- * INSTALLER OR INSPECTORS PRINTED NAME Dennis Riedel
- * Installer/Inspector Signature Dennis Riedel License No. 141025162 Date 11-11-19
- * NOTES: Home in good shape

ONLY THE ACTUAL LICENSE HOLDER OR A BUILDING INSPECTOR CAN SIGN THIS FORM.

NO WIND ZONE ONE MOBILE HOMES WILL BE PERMITTED. MOBILE HOMES PRIOR TO 1977 ARE PRE-HUD AND THE WIND ZONE MUST BE PROVEN TO BE PERMITTED.

BEFORE THE MOBILE HOME CAN BE MOVED INTO COLUMBIA COUNTY THIS FORM MUST BE COMPLETED AND RETURNED TO THE COLUMBIA COUNTY BUILDING DEPARTMENT.

ONCE MOVED INTO COLUMBIA COUNTY AN INSPECTOR MUST COMPLETE A PRELIMINARY INSPECTION ON THE MOBILE HOME. CALL 386-758-1008 TO SET UP THIS INSPECTION. NO PERMIT WILL BE ISSUED BEFORE THIS IS DONE.

Code Enforcement Approval Signature [Signature] Date 11/20/19

Columbia County Property Appraiser

Jeff Hampton

2020 Working Values

updated: 10/29/2019

Parcel: << **18-4S-16-03059-009** >>

Aerial Viewer Pictometry Google Maps

Owner & Property Info

Result: 5 of 12

Owner	PALMER MARY CANDICE 200 SW GENT GLEN LAKE CITY, FL 32024		
Site	200 GENT GLN, LAKE CITY		
Description*	E1/2 OF SW1/4 OF SE1/4 OF NW1/4 EX RD RW. (AKA PRCL #3 FAB ROAD SURVEY UNR), ORB 629-751-752,(WD 1316-1946; LIFE EST),		
Area	5 AC	S/T/R	18-4S-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

2019 Certified Values		2020 Working Values	
Mkt Land (4)	\$35,433	Mkt Land (4)	\$35,433
Ag Land (0)	\$0	Ag Land (0)	\$0
Building (1)	\$11,268	Building (1)	\$11,268
XFOB (7)	\$3,900	XFOB (7)	\$3,900
Just	\$50,601	Just	\$50,601
Class	\$0	Class	\$0
Appraised	\$50,601	Appraised	\$50,601
SOH Cap [?]	\$6,676	SOH Cap [?]	\$5,951
Assessed	\$43,925	Assessed	\$43,925
Exempt	HX H3 \$25,000	Exempt	HX H3 \$25,000
Total Taxable	county:\$18,925 city:\$18,925 other:\$18,925 school:\$18,925	Total Taxable	county:\$18,925 city:\$18,925 other:\$18,925 school:\$18,925

Sales History

Sale Date	Sale Price	Book/Page	Deed	V/I	Quality (Codes)	RCode
6/13/2016	\$100	1316/1946	WD	I	U	14
7/23/1987	\$21,090	629/0752	WD	I	U	
11/1/1983	\$12,000	525/0722	WD	V	Q	
1/1/1978	\$7,500	395/0638	03	V	Q	

Building Characteristics

Bldg Sketch	Bldg Item	Bldg Desc*	Year Blt	Base SF	Actual SF	Bldg Value
Sketch	1	MOBILE HME (000800)	1974	1344	1954	\$11,268

*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)
0296	SHED METAL	0	\$200.00	1.000	0 x 0 x 0	(000.00)
0294	SHED WOOD/	1993	\$800.00	1.000	10 x 50 x 0	(000.00)
0285	SALVAGE	2014	\$500.00	1.000	0 x 0 x 0	(000.00)
0296	SHED METAL	2014	\$100.00	1.000	0 x 0 x 0	(000.00)

- Fire Report !!

Incident # 19-004047

A 29091 FL 07 04 2019 043 0000914 000 NFIRS-1 Basic

B Location Type Street address Intersection 200 SW GENT GLN
 In front of
 Rear of LAKE CITY FL 32024
 Adjacent to
 Directions
 U.S. National Grid

C Incident Type 800 Severe weather or natu...
E1 Dates and Times Month Day Year Hour Min
 Alarm 07 04 2019 1908
E2 Shifts and Alarms 0 D43
D Aid Given or Received None
 1 Mutual aid received
 2 Auto aid received
 3 Mutual aid given
 4 Auto aid given
 5 Other aid given
 Arrival 1922
 Controlled
 Last Unit Cleared 1926
E3 Special Studies

F Actions Taken 74 Provide apparatus 86 Investigate
G1 Resources Apparatus Personnel LMS Other
G2 Estimated Dollar Losses and Values
 LOSSES: Property \$ Contents \$
 PRE-INCIDENT VALUE: Property \$ Contents \$

Completed Modules
 Fire-2
 Structure Fire-3
 Civilian Fire Cas-4
 Fire Service Cas-5
 EMS-6
 HazMat-7
 Wildland Fire-8
 Apparatus-9
 Personnel-10
 Arson-11
H1 Casualties None
 Fire Deaths Injuries
 Service Civilian
H2 Detector
 Detector alerted occupants
 Detector did not alert them
 Unknown
H3 Hazardous Materials Release None
 1 Natural gas
 2 Propane gas
 3 Gasoline
 4 Kerosene
 5 Diesel fuel/fuel oil
 6 Household solvents
 7 Motor oil
 8 Paint
 0 Other
Mixed Use Property Not mixed
 10 Assembly use
 20 Education use
 33 Medical use
 40 Residential use
 51 Row of stores
 53 Enclosed mall
 58 Business & residential
 59 Office use
 60 Industrial use
 63 Military use
 65 Farm use
 00 Other mixed use

J Property Use None
Structures
 131 Church, place of worship
 161 Restaurant or cafeteria
 162 Bar/Tavern or nightclub
 213 Elementary school, kindergarten
 215 High school, junior high
 241 College, adult education
 311 Nursing home
 331 Hospital
Outside
 124 Playground or park
 655 Crops or orchard
 669 Forest (timberland)
 807 Outdoor storage area
 919 Dump or sanitary landfill
 931 Open land or field
 341 Clinic, clinic-type infirmary
 342 Doctor/Dentist office
 361 Prison or jail, not juvenile
 419 1- or 2-family dwelling
 429 Multifamily dwelling
 439 Rooming/Boarding house
 449 Commercial hotel or motel
 459 Residential, board and care
 464 Dormitory/Barracks
 519 Food and beverage sales
 936 Vacant lot
 938 Graded/Cared for plot of land
 946 Lake, river, stream
 951 Railroad right-of-way
 960 Other street
 961 Highway/Divided highway
 962 Residential street/driveway
 539 Household goods, sales, repairs
 571 Gas or service station
 579 Motor vehicle/boat sales/repairs
 599 Business office
 615 Electric-generating plant
 629 Laboratory/Science laboratory
 700 Manufacturing plant
 819 Livestock/Poultry storage (barn)
 882 Non-residential parking garage
 891 Warehouse
 981 Construction site
 984 Industrial plant yard
 Property Use



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, Dennis Riedel, give this authority for the job address show below
Installer License Holder Name

only, 200 S.W. Gent Glu Lake City Fl 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)
MARY C. PALMER	Mary C. Palmer	<input checked="" 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.

Dennis Riedel
 License Holders Signature (Notarized) 141025162 License Number 11-7-19 Date

NOTARY INFORMATION:
 STATE OF: Florida COUNTY OF: Duval

The above license holder, whose name is Dennis E. Riedel, personally appeared before me and is known by me or has produced identification (type of I.D.) Florida Driver License on this 7th day of November, 2019.

Judith L. Campbell
 NOTARY'S SIGNATURE



MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR _____ PHONE _____

THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

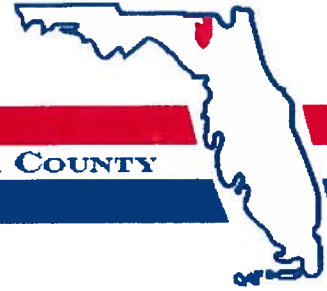
In Columbia County one permit will cover all trades doing work at the permitted site. It is REQUIRED that we have records of the subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and Ordinance 89-6, a contractor shall require all subcontractors to provide 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.

<p>ELECTRICAL</p>	<p>Print Name <u>MARY C. PALMER</u></p> <p>License #: _____</p> <p align="center">Qualifier Form Attached <input type="checkbox"/></p>	<p>Signature <u>Mary C. Palmer</u></p> <p>Phone #: <u>386.466.</u></p>
<p>MECHANICAL/ A/C _____</p>	<p>Print Name <u>MARY C. PALMER</u></p> <p>License #: _____</p> <p align="center">Qualifier Form Attached <input type="checkbox"/></p>	<p>Signature <u>Mary C. Palmer</u></p> <p>Phone #: <u>386. 466. 4377</u></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.

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: **11/12/2019 6:59:47 PM**
Address: **200 SW GENT Gln**
City: **LAKE CITY**
State: **FL**
Zip Code **32024**

Parcel ID **03059-009**

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

MARY
C. PALMEN

55 0317909079



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

PERMIT NO. 19-0829
DATE PAID: 11/2/19
FEE PAID: 300.00
RECEIPT #: 1452615

APPLICATION FOR:

- New System Existing System Holding Tank Innovative
- Repair Abandonment Temporary

APPLICANT: Mary C. Palmer

AGENT: Howard Septic Tank Service Inc TELEPHONE: 386-935-1318

MAILING ADDRESS: PO Box 100 Branford, FL 32008

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: NA BLOCK: NA SUBDIVISION: NA PLATTED: —

PROPERTY ID #: 18-45-16-03059-009 ZONING: _____ I/M OR EQUIVALENT: Y N

PROPERTY SIZE: 5 ACRES WATER SUPPLY: PRIVATE PUBLIC <=2000GPD >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? Y N DISTANCE TO SEWER: NA FT

PROPERTY ADDRESS: 200 SW Gent Glen, Lake City FL, 32024

DIRECTIONS TO PROPERTY: 90 west to CR 252 (Pine Mount) west to Peble Road, South to Gent Glen, turn left to 200 on Right.

BUILDING INFORMATION

RESIDENTIAL COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	<u>SFR - MH</u>	<u>3</u>	<u>2240</u>	
2				
3				
4				

Floor/Equipment Drains Other (Specify) _____

SIGNATURE: [Signature]

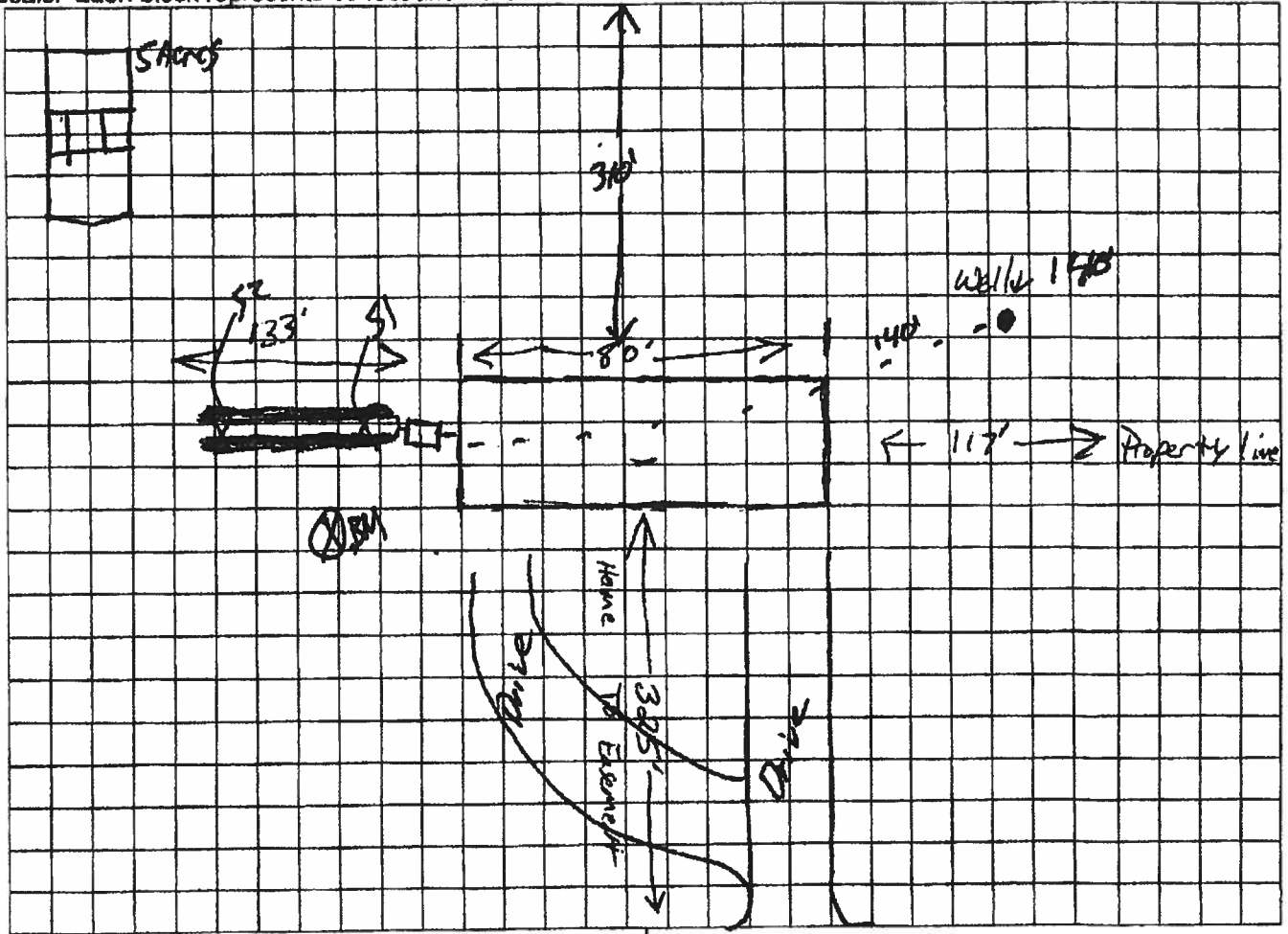
DATE: 11/8/19

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 19-0829

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

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



Notes: _____

Site Plan submitted by: [Signature]
Plan Approved Not Approved _____
By: [Signature] Columbia

11/8/19
Date 11/19/19
County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT