4 AFFADAVIT - NOT SIGNED/NOTARIZED
GIVE BACK to RONNIE

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-11) Zoning Official BLK 17 Aug 2012 Building Official T.C. 8-15-12

AP# 1208-29 Date Received 8/10 By LV Permit # 30973

Flood Zone X Development Permit N/A Zoning A-3 Land Use Plan Map Category A-3

Comments

FEMA Map# N/A Elevation N/A Finished Floor Laboured River N/A In Floodway N/A

☐ Site Plan with Setbacks Shown ☒ EH # 12-0353-E ☐ EH Release ☒ Well letter ☐ Existing well

☐ Recorded Deed or Affidavit from land owner ☒ Installer Authorization ☒ State Rd Access ☒ 911 Sheet

☐ Parent Parcel # ☐ STUP-MH ☐ F W Comp. letter ☐ App Fee Pd ☒ VF Form

IMPACT FEES: EMS Fire Corr ☐ Out County ☒ In County

Road/Code School = TOTAL Suspended March 2009 ☒ Ellisville Water Sys

Property ID # 19-2S-16-01655-116 Subdivision SPRINGVILLE ACRES - LOT 16

- New Mobile Home Used Mobile Home X MH Size 16x80 Year 97
- Applicant RONNIE NORRIS (PRISCILLA DUNAWAY) Phone # 623-7716
- Address 1004 SW CHARLES TER., L. C, FL 32024
- Name of Property Owner PRISCILLA DUNAWAY Phone# 292-1505
- 911 Address 147 NW WHITE SPRINGS AVE WHITE SPRINGS, FL 32096
- Circle the correct power company - FL Power & Light - Clay Electric
  (Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home BARBARA MORGAN Phone # 386-205-0437
  Address 10810 SE CR 135, WHITE SPRINGS, FL 32096
- Relationship to Property Owner GRANDDAUGHTER
- Current Number of Dwellings on Property - 0 -
- Lot Size 260' x 670' Total Acreage 4.010
- Do you : Have Existing Drive (Currently using) or Private Drive (Blue Road Sign) or need Culvert Permit (Putting in a Culvert) or Culvert Waiver (Not existing but do not need a Culvert) (Circle one)
- Is this Mobile Home Replacing an Existing Mobile Home YES (OWES)
- Driving Directions to the Property HWY. 41 to SUWANNEE VALLEY RD. THE PROPERTY CORNERS SUWANNEE VALLEY RD. & WHITE SPRINGS AVENUE
- Name of Licensed Dealer/Installer RONNIE D. NORRIS Phone # 386-623-7716
- Installers Address 1004 SW CHARLES TER. L.C. FL 32024
  - License Number IH/1025145/1 Installation Decal # 11215

I spoke w/ Connie 8.17.12

COLUMBIA COUNTY PERMIT WORKSHEET

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

Installer PIONNIE D. NORRIS License # IH/1025145/1

911 Address where home is being installed. _____

Manufacturer Fleet wood Length x width 80 x 16

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 KW.

New Home ☐ Used Home ☒

Home installed to the Manufacturer's Installation Manual ☐

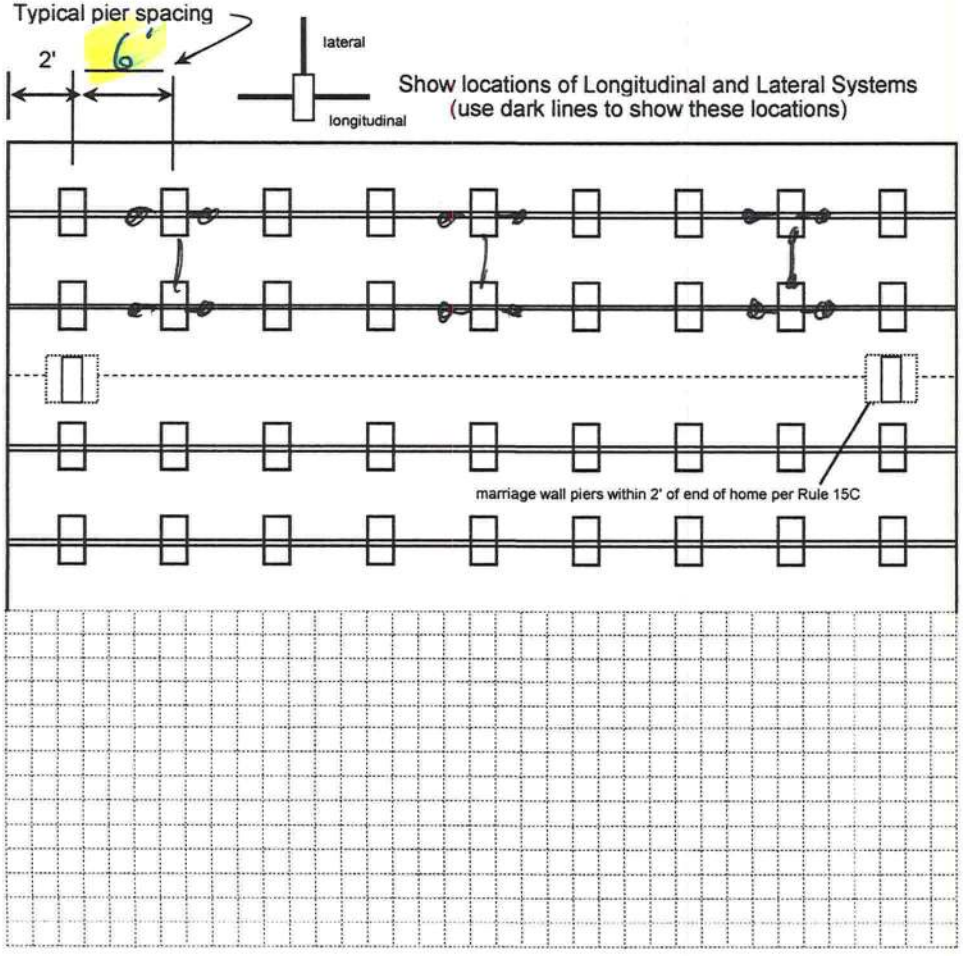
Home is installed in accordance with Rule 15-C ☒

Single wide ☒ Wind Zone II ☒ Wind Zone III ☐

Double wide ☐ Installation Decal # 11215

Triple/Quad ☐ Serial # 6347 17 25

Typical pier spacing



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'
~~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 17X25

Perimeter pier pad size NA

Other pier pad sizes (required by the mfg.) 16X16

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
SW	SW
SW	SW
SW	SW

POPULAR PAD SIZES

Pad Size	Sq In
16 x 16	256
~~16 x 18~~	288
18.5 x 18.5	342
16 x 22.5	360
17 x 22	374
13 1/4 x 26 1/4	348
20 x 20	400
~~17 3/16 x 25 3/16~~	441
~~17 1/2 x 25 1/2~~	446
24 x 24	576
26 x 26	676

ANCHORS

4 ft 4 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
Sidewall	22
Longitudinal	6
Marriage wall	2
Shearwall	2

COLUMBIA COUNTY PERMIT WORKSHEET

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 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 275 inch pounds or check here if you are declaring 5' anchors without testing (4). 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 _____

Date Tested 8-10-012

Electrical

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

Plumbing

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

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

Site Preparation

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

Fastening multi wide units

Floor:	Type Fastener: SW	Length: SW	Spacing: SW
Walls:	Type Fastener: SW	Length: SW	Spacing: SW
Roof:	Type Fastener: SW	Length: SW	Spacing: SW

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, meldew 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 SW

Type gasket _____
Pg. _____

Installed:
Between Floors Yes _____
Between Walls Yes _____
Bottom of ridgebeam Yes SW

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

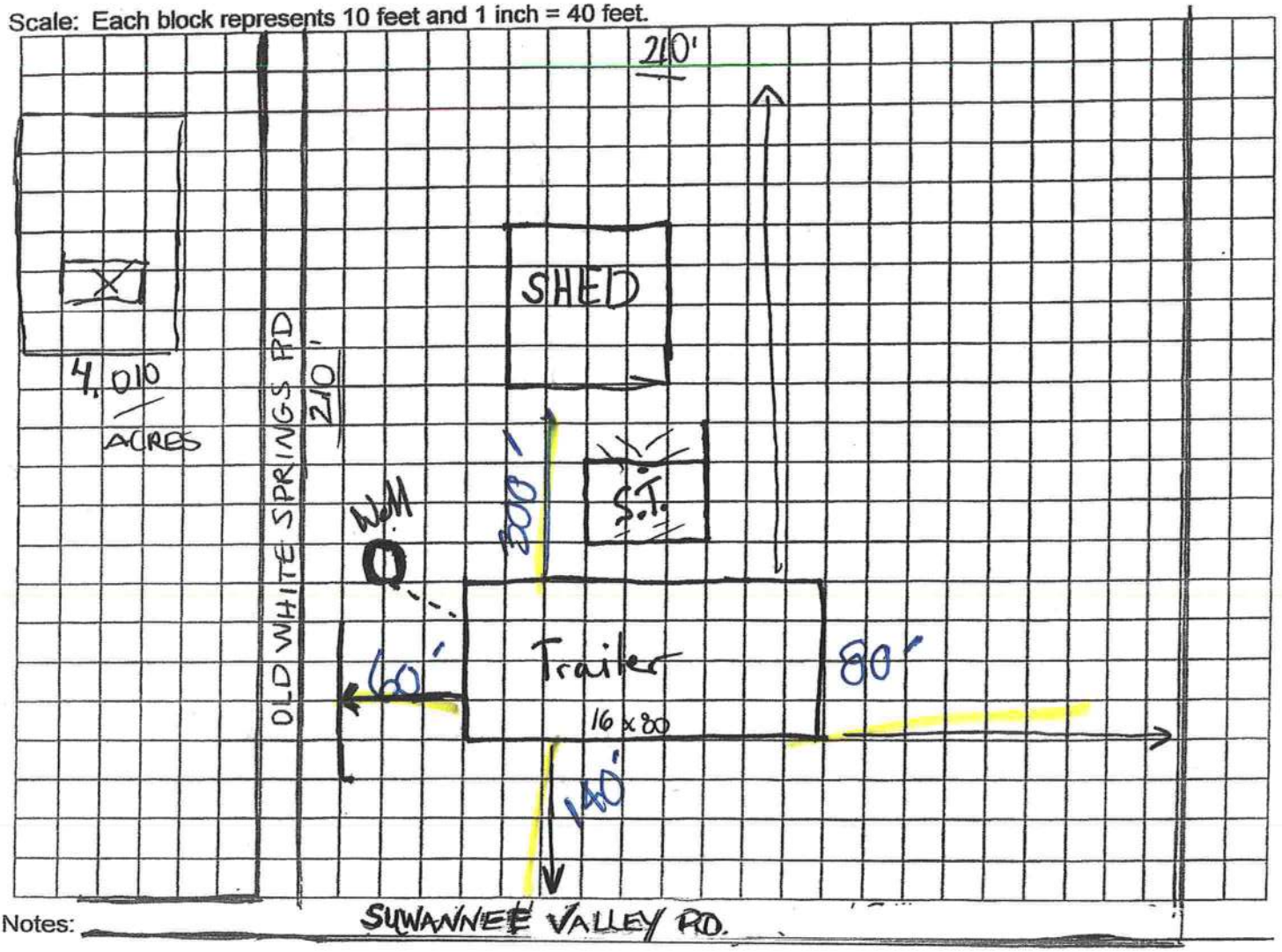
Installer Signature _____ **Date** 8-10-012

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number_____

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

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



Notes: 1 OF 4.010 ACRES

Site Plan submitted by:_____

Plan Approved_____ Not Approved_____ Date_____

By_____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Columbia County Property Appraiser

CAMA updated: 8/2/2012

2011 Tax Year

Tax Collector | Tax Estimator | Property Card | Parcel List Generator | Interactive GIS Map | Print

Parcel: 19-2S-16-01655-116

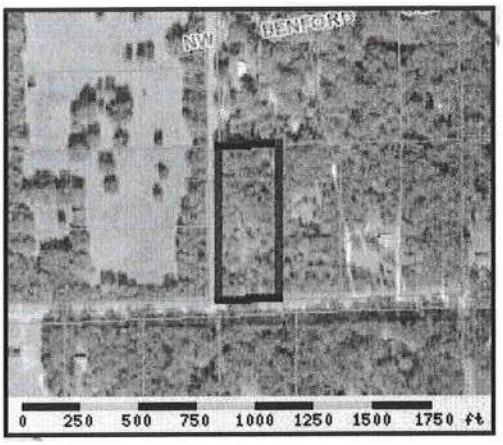
<< Next Lower Parcel | Next Higher Parcel >>

Search Result: 1 of 1

Owner & Property Info

Owner's Name	DUNAWAY PRISCILLA A		
Mailing Address	10810 SE CR-135 WHITE SPRINGS, FL 32096		
Site Address	147 NW WHITE SPRINGS AVE		
Use Desc. (code)	VACANT (000000)		
Tax District	3 (County)	**Neighborhood**	19216
Land Area	4.010 ACRES	**Market Area**	03
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction.		

LOT 16 SPRINGVILLE ACRES S/D. ORB 772-274, 894-2046, WD 1046-2341, (DIVO 1066-1765 THRU 1769), WD 1086-1166, WD 1216-98 & WD 1238-441



Property & Assessment Values

2011 Certified Values		
Mkt Land Value	cnt: (0)	$21,391.00
Ag Land Value	cnt: (2)	$0.00
Building Value	cnt: (0)	$0.00
XFOB Value	cnt: (0)	$0.00
Total Appraised Value		$21,391.00
Just Value		$21,391.00
Class Value		$0.00
Assessed Value		$21,391.00
Exempt Value		$0.00
Total Taxable Value		Cnty: $21,391 Other: $21,391 | Schl: $21,391

2012 Working Values

NOTE:

2012 Working Values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

Show Working Values

Sales History

Show Similar Sales within 1/2 mile

Sale Date	OR Book/Page	OR Code	Vacant / Improved	Qualified Sale	Sale RCode	Sale Price
6/1/2012	1238/441	WD	V	U	12	$29,300.00
5/17/2011	1216/98	WD	V	U	11	$100.00
6/8/2006	1086/1166	WD	V	Q		$42,000.00
5/3/2005	1046/2341	WD	V	U	04	$21,000.00
3/10/1993	772/274	WD	V	U	35	$100,000.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
NONE						

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
NONE						

Land Breakdown

CODE ENFORCEMENT

PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 8/10 BY LW IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? NO

OWNERS NAME BARBARA MORGAN PHONE 386-205-0437 CELL 386-205-0437

ADDRESS -

MOBILE HOME PARK - SUBDIVISION

DRIVING DIRECTIONS TO MOBILE HOME 41-N TO SUWANNEE VALLEY Rd, TL TO WHITE SPRINGS Rd TO NOVA, TL AND IT'S THE 1ST. PLACE ON R.

MOBILE HOME INSTALLER RONNIE D. NORRIS PHONE 623-7716 CELL 623-7716

MOBILE HOME INFORMATION

MAKE FLEETWOOD YEAR 1997 SIZE 16 x 80 COLOR BROWN/METAL Siding

SERIAL No. 6347

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

INSPECTION STANDARDS 1208-29

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

P WINDOWS ( ) OPERABLE ( ) INOPERABLE

P PLUMBING FIXTURES ( ) OPERABLE ( ) INOPERABLE ( ) MISSING

P CEILING ( ) SOLID ( ) HOLES ( ) LEAKS APPARENT

P ELECTRICAL (FIXTURES/OUTLETS) ( ) OPERABLE ( ) EXPOSED WIRING ( ) OUTLET COVERS MISSING ( ) LIGHT FIXTURES MISSING

EXTERIOR:

P WALLS / SIDDING ( ) 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:

NOT APPROVED ____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS

SIGNATURE [signature] ID NUMBER 364 DATE 8-13-12

1208-29

COLUMBIA COUNTY 9-1-1 ADDRESSING

P. O. Box 1787, Lake City, FL 32056-1787
PHONE: (386) 758-1125 * FAX: (386) 758-1365 * Email: ron_croft@columbiacountyfla.com

Addressing Maintenance

To maintain the Countywide 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 assigning 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 Service 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 REQUESTED: 9/10/2012 **DATE ISSUED:** 9/13/2012

ENHANCED 9-1-1 ADDRESS:

147 NW WHITE SPRINGS AVE

WHITE SPRINGS FL 32096

PROPERTY APPRAISER PARCEL NUMBER:

19-2S-16-01655-116

Remarks:

RE-ISSUE OF EXISTING ADDRESS FOR NEW STRUCTURE ON PARCEL.

Address Issued By: SIGNED: / RONAL N. CROFT

Columbia County 9-1-1 Addressing / GIS Department

NOTICE: THIS ADDRESS WAS ISSUED BASED ON LOCATION INFORMATION RECEIVED FROM THE REQUESTER. SHOULD, AT A LATER DATE, THE LOCATION INFORMATION BE FOUND TO BE IN ERROR, THIS ADDRESS IS SUBJECT TO CHANGE.

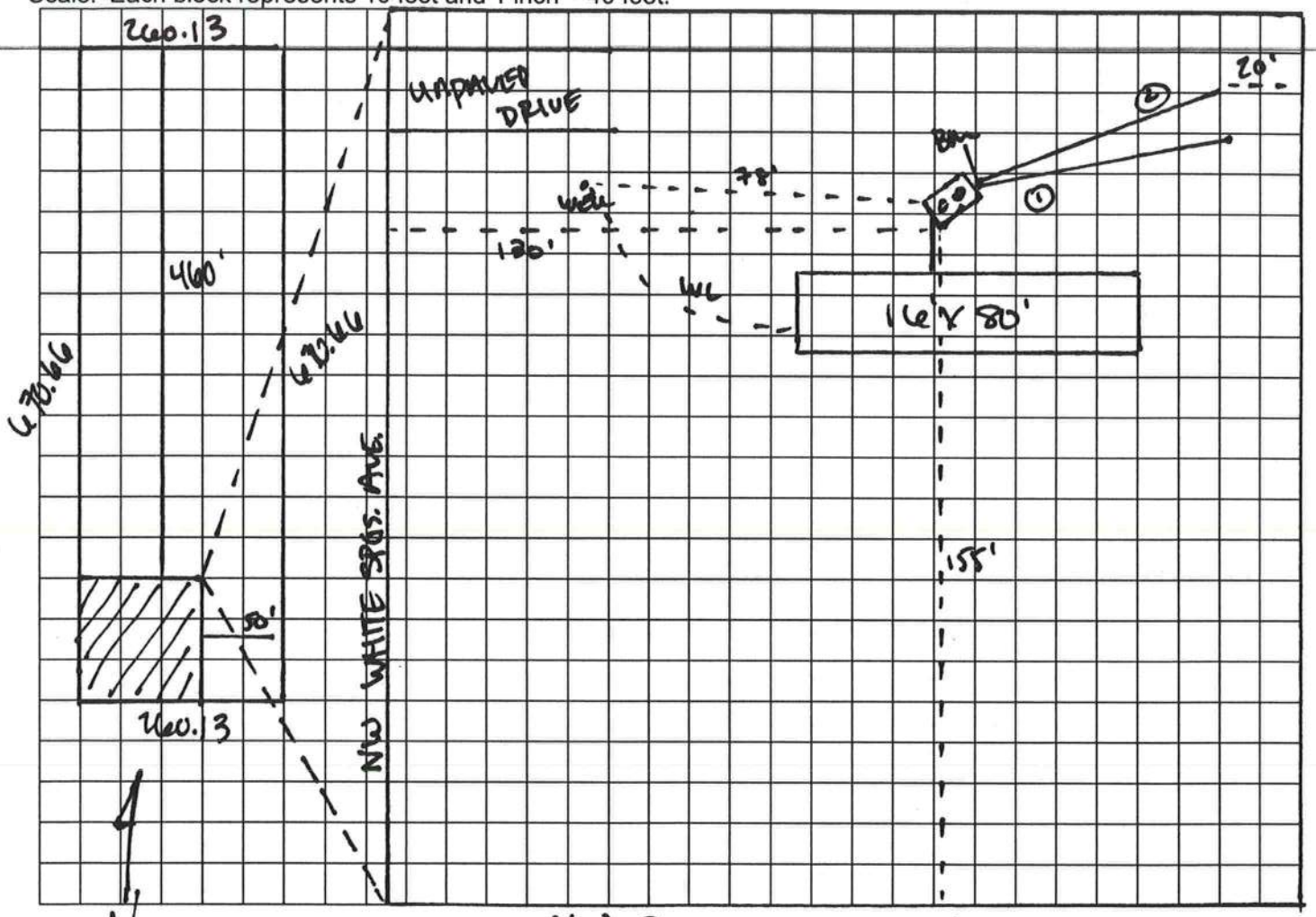
2354

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 12-0358E

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

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



Notes:

Site Plan submitted by: [signature] Agent

Plan Approved X Not Approved ____ Date 9/18/12

By [signature] Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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

PERMIT NO. 12-0353E
DATE PAID: 8/1/12
FEE PAID: 125.00
RECEIPT #: 1920662
AP1079420

APPLICATION FOR:
[ ] New System [ ] Existing System [ ] Holding Tank [ ] Innovative
[ ] Repair [ ] Abandonment [ ] Temporary [ ] ______

APPLICANT: PRISCILLA A. DUNAWAY

AGENT: MELVA OR RONNIE NORRIS Fax - 752-1913 TELEPHONE: 386-752-3871

MAILING ADDRESS: 10810 SE CR-135 WHITE SPRINGS, FL 32096

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: 16 BLOCK: ______ SUBDIVISION: SPRINGVILLE ACRES PLATTED: 1986

PROPERTY ID #: 19-2S-16-01655-116 ZONING: Res. I/M OR EQUIVALENT: [Y / (N)]

PROPERTY SIZE: 4.010 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD

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

PROPERTY ADDRESS: 147 NW White Springs, White Springs 32096

DIRECTIONS TO PROPERTY: HWY. 41 TO SUWANNEE VALLEY RD. THE PROPERTY CORNERS SUWANNEE VALLEY RD. AND OLD WHITE SPRINGS RD.

BUILDING INFORMATION [X] RESIDENTIAL [ ] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	16x80 S/W	3	950	ORIGINAL ATTACHED
2				
3				
4				

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

SIGNATURE: [signature] DATE: 7/31/12

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

AFFIDAVIT

1208-29

STATE OF FLORIDA
COUNTY OF COLUMBIA

This is to certify that I, (We), PRESCILLA A. DUNAWAY owner of the below described property:

Tax Parcel No. 19-2S-16-01655-116

Subdivision (name, lot, block, phase) SPRINGVILLE ACRES - LOT 16

Give my permission to BARBARA MORGAN to place a mobile home/travel trailer/single family home (circle one) on the above mentioned property.

I (We) understand that this could result in an assessment for solid waste and fire protection services levied on this property.

Priscilla A. Dunaway
Owner

Owner

SWORN AND SUBSCRIBED before me this 18 day of September, 20 12. This (these) person(s) are personally known to me or produced ID _____.

Rebecca L. Arnau
Notary Signature

REBECCA L. ARNAU
Notary Public - State of Florida
My Comm. Expires Sep 25, 2015
Commission # EE 101174
Bonded Through National Notary Assn.

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1208-29 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 Elizabeth Wells License #:	Signature Elizabeth Wells Phone #:
✓ **MECHANICAL/ A/C** ____	Print Name Elizabeth Wells License #:	Signature Elizabeth Wells Phone #:
✓ **PLUMBING/ GAS**	Print Name RONNIE NORRIS License #: IH10251451	Signature Phone #: 752-3871

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.