DATE 08/11/2006

Columbia County Building Permit

This Permit Expires One Year From the Date of Issue

PERMIT
000024855

APPLICANT DALE BURD PHONE 497-2311

ADDRESS P.O. BOX 39 FT. WHITE FL 32038

OWNER LANCE MARTINSEN PHONE 941 921-5531

ADDRESS 1757 SW CENTRAL AVE FT. WHITE FL 32038

CONTRACTOR RONNIE NORRIS PHONE 752-3871

LOCATION OF PROPERTY 47S, TR ON WILSON SPRING RD, TR ON NEWARD, TL ON COPPERHEAD, TR ON CENTRAL, 3RD AND 4TH LOT ON RIGHT

TYPE DEVELOPMENT MH,UTILITY ESTIMATED COST OF CONSTRUCTION 0.00

HEATED FLOOR AREA TOTAL AREA HEIGHT STORIES

FOUNDATION WALLS ROOF PITCH FLOOR

LAND USE & ZONING ESA-2 MAX. HEIGHT 35

Minimum Set Back Requirments: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00

NO. EX.D.U. 0 FLOOD ZONE AE DEVELOPMENT PERMIT NO. 06-016

PARCEL ID 25-6S-15-01248-000 SUBDIVISION 3 RIVERS EST

LOT 19 BLOCK PHASE UNIT 20 TOTAL ACRES 1.80

000001182		IH0000049		
Culvert Permit No.	Culvert Waiver	Contractor's License Number		Applicant/Owner/Contractor
WAIVER	06-0691-N	BK	JH	Y
Driveway Connection	Septic Tank Number	LU & Zoning checked by	Approved for Issuance	New Resident

COMMENTS: ONE FOOT RISE LETTER RECIEVED, MINIMUM FINISHED FLOOR ELEVATION HAS TO BE 36'. NEED ELEVATION CERTIFICATE BEFORE POWER

Check # or Cash 13396

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

Temporary Power date/app. by Foundation date/app. by Monolithic date/app. by

Under slab rough-in plumbing date/app. by Slab date/app. by Sheathing/Nailing date/app. by

Framing date/app. by Rough-in plumbing above slab and below wood floor date/app. by

Electrical rough-in date/app. by Heat & Air Duct date/app. by Peri. beam (Lintel) date/app. by

Permanent power date/app. by C.O. Final date/app. by Culvert date/app. by

M/H tie downs, blocking, electricity and plumbing date/app. by Pool date/app. by

Reconnection date/app. by Pump pole date/app. by Utility Pole date/app. by

M/H Pole date/app. by Travel Trailer date/app. by Re-roof date/app. by

BUILDING PERMIT FEE $ 0.00 CERTIFICATION FEE $ 0.00 SURCHARGE FEE $ 0.00

MISC. FEES $ 200.00 ZONING CERT. FEE $ 50.00 FIRE FEE $ 11.84 WASTE FEE $ 24.50

FLOOD DEVELOPMENT FEE $ 50.00 FLOOD ZONE FEE $ 25.00 CULVERT FEE $ **TOTAL FEE** 361.34

INSPECTORS OFFICE L. H. CLERKS OFFICE CH

NOTICE: IN ADDITION TO THE REQUIREMENTS OF THIS PERMIT, THERE MAY BE ADDITIONAL RESTRICTIONS APPLICABLE TO THIS PROPERTY THAT MAY BE FOUND IN THE PUBLIC RECORDS OF THIS COUNTY. AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.

"WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT."

This Permit Must Be Prominently Posted on Premises During Construction

PLEASE NOTIFY THE COLUMBIA COUNTY BUILDING DEPARTMENT AT LEAST 24 HOURS IN ADVANCE OF EACH INSPECTION, IN ORDER THAT IT MAY BE MADE WITHOUT DELAY OR INCONVIENCE, PHONE 758-1008. THIS PERMIT IS NOT VALID UNLESS THE WORK AUTHORIZED BY IT IS COMMENCED WITHIN 6 MONTHS AFTER ISSUANCE.

The Issuance of this Permit Does Not Waive Compliance by Permittee with Deed Restrictions.

13397-waiver CK# 13396 Called 8-3-06 Lisa JH

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 6-23-05) Zoning Official DFS Building Official OK JH 8-1-06

AP# 0607-83 Date Received 7/31/06 By CT Permit # 11821 24855

Flood Zone AE Development Permit yes Zoning ESA Land Use Plan Map Category ESA

Comments per survey 1' rise letter & finished floor elev ltr

DP# 06-016

FEMA Map# 255 Elevation 35 Finished Floor 36 River Suwannee In Floodway NO

■ Site Plan with Setbacks Shown ☑ EH Signed Site Plan ☐ EH Release ■ Well letter ☐ Existing well

☑ Copy of Recorded Deed or Affidavit from land owner ■ Letter of Authorization from Installer

- Property ID # 00-00-00 01248-000 / 01247-000 Lot 19 Three Rivers Est. unit 2 Must have a copy of the property deed
- New Mobile Home X Used Mobile Home _____ Year 2006
- Applicant Dale Sweden Rocky Ford Phone # 386-497-2311
- Address PO Box 39, Ft White, FL 32038
- Name of Property Owner LANCE MARTINSEN Phone# 941-921-5531
- 911 Address 1957 SW CENTRAL FT WHITE, FL, 32038
- Circle the correct power company - FL Power & Light - Clay Electric
  (Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home SAME Phone # SAME
  Address 6821 WOODWIND DR, SARASOTA, FL 34231
- Relationship to Property Owner SAME
- Current Number of Dwellings on Property Ø
- Lot Size 200X400 Total Acreage 1.8
- Do you : Have an Existing Drive or need a ~~Culvert Permit~~ or a Culvert Waiver (Circle one)
- Is this Mobile Home Replacing an Existing Mobile Home NO (OWNS)
- Driving Directions to the Property 47 South TR on Wilson Springs Road, TR on Newark, TL on Copperhead, TR on Central, 3rd LOT on Right (ACROSS from D.O.T PLACE)

- Name of Licensed Dealer/Installer RONNIE NORRIS Phone # 752 3871
- Installers Address 1004 SW Chastain
- License Number IH0000049 Installation Decal # 272268

PERMIT WORKSHEET

PERMIT NUMBER

Installer Ronnie Norris License # IH0000049

Address of home being installed SW Central Terr, Ft White, FL, 32038

Manufacturer Skyline Length x width 46 x 45

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 RN

New Home ☑ Used Home ☐

Home installed to the Manufacturer's Installation Manual ☑

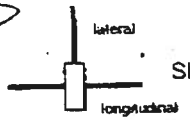
Home is installed in accordance with Rule 15-C ☐

Single wide ☐ Wind Zone II ☑ Wind Zone III ☐

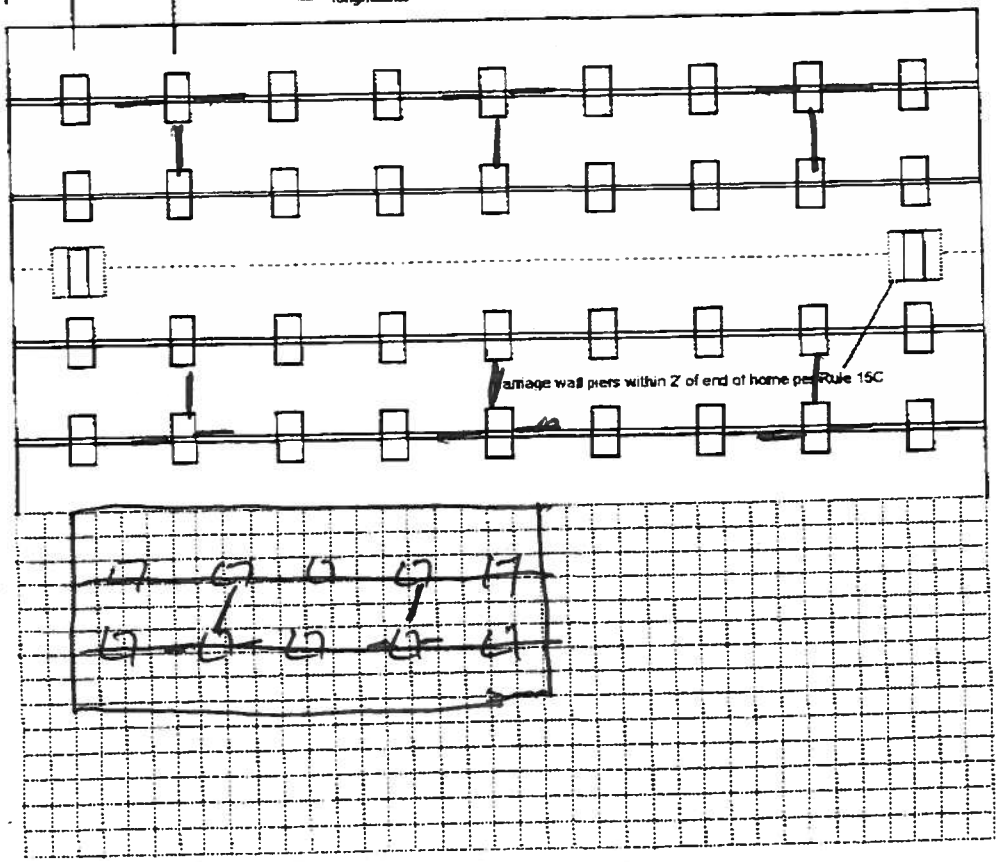
Double wide ☑ Installation Decal # 272268

Triple/Quad ☐ Serial # 22-63-0367-U-ABC

Typical pier spacing 2'



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



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 17X22

Perimeter pier pad size 16X16

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
8	20X20
4	17X22
4	17X22

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer

Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer

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	576

ANCHORS

(4 ft) 5 ft

FRAME TIES

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

OTHER TIES

	Number
Sidewall	22
Longitudinal	4
Marriage wall	4
Shearwall	4

PERMIT WORKSHEET

PERMIT NUMBER ____________

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 1800

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 1600 x 1600

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 4 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 7-8-06

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: Lag Length: 2x6 Spacing: 24
Walls: Type Fastener: nail Length: 6 Spacing: 24
Roof: Type Fastener: Lag 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, 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

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 8-7-06

FROM :COLUMBIA CO BUILDING + ZONING FAX NO. :386-758-2160 Dec. 02 2005 11:18AM P6

24855

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

O.M.B. No. 3067-0077
Expires July 31, 2002

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

For Insurance Company Use:
Policy Number
Company NAIC Number

BUILDING OWNER'S NAME: LANCE & JOYCE MARTINSEN
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.: 1757 SW CENTRAL AV.
CITY: FT. WHITE STATE: FL. ZIP CODE: 32038
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.): LOT 19 & 20 UNIT 20, THREE RIVERS EST.
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.): RESIDENTIAL
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##.##" or ##.######°) HORIZONTAL DATUM: ☐ NAD 1927 ☐ NAD 1983 SOURCE: ☐ GPS (Type): ☐ USGS Quad Map ☐ Other:

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER	B2. COUNTY NAME	B3. STATE
120070 0255 B COLUMBIA	COLUMBIA	FL.

B4. MAP AND PANEL NUMBER	B5. SUFFIX	B6. FIRM INDEX DATE	B7. FIRM PANEL EFFECTIVE/REVISED DATE	B8. FLOOD ZONE(S)	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding)
1200 700 255	B	JAN 6 1988	JAN 6 1988	AE	35

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
☐ FIS Profile ☒ FIRM ☐ Community Determined ☐ Other (Describe):
B11. Indicate the elevation datum used for the BFE in B9: ☒ NGVD 1929 ☐ NAVD 1988 ☐ Other (Describe):
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐ Yes ☒ No
Designation Date:

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: ☐ Construction Drawings* ☐ Building Under Construction* ☒ Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete.
C2. Building Diagram Number 5 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)
C3. Elevations – Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO
Complete Items C3.a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.
Datum NVG 29 Conversion/Comments
Elevation reference mark used SITE BM Does the elevation reference mark used appear on the FIRM? ☐ Yes ☒ No

☐ a) Top of bottom floor (including basement or enclosure)	37.4	ft.(m)
☐ b) Top of next higher floor	NA	ft.(m)
☐ c) Bottom of lowest horizontal structural member (V zones only)	NA	ft.(m)
☐ d) Attached garage (top of slab)	NA	ft.(m)
☐ e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.)	NA	ft.(m)
☐ f) Lowest adjacent (finished) grade (LAG)	31.7	ft.(m)
☐ g) Highest adjacent (finished) grade (HAG)	32.5	ft.(m)

☐ h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade NA
☐ i) Total area of all permanent openings (flood vents) in C3.h NA sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date

William N. Kitchen
PSM 5490
9-5-2006

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information.
I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available.
I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME: WILLIAM N. KITCHEN LICENSE NUMBER: LS 5490
TITLE: PROFESSIONAL SURVEYOR COMPANY NAME: WILLIAM N. KITCHEN PSM
ADDRESS: 152 N. MARION AVE CITY: LAKE CITY STATE: FL. ZIP CODE: 32055
SIGNATURE: William N. Kitchen DATE: 9-5-06 TELEPHONE: 386-755-7784

IMPORTANT: In these spaces, copy the corresponding information from Section A.	For Insurance Company Use:
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 1757 SW CENTRAL AV.	Policy Number
CITY FT WHITE STATE FL ZIP CODE 32038	Company NAIC Number

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

COMMENTS

|__| Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zone AO and Zone A (without BFE), complete Items E1. through E4. If this Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

E1. Building Diagram Number _____ (Select the building diagram most similar to the building for which this certificate is being completed – see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

E2. The top of the bottom floor (including basement or enclosure) of the building is |__|__| ft.(m) |__|__|in.(cm) |__| above or |__| below (check one) the highest adjacent grade. (Use natural grade, if available.)

E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is |__|__| ft.(m) |__|__|in.(cm) above the highest adjacent grade. Complete Items C3.h and C3.i on front of form.

E4. For Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? |__| Yes |__| No |__| Unknown. The local official must certify this information in Section G.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, C (Items C3.h and C3.i only), and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. *The statements in Sections A, B, C, and E are correct to the best of my knowledge.*

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME

ADDRESS CITY STATE ZIP CODE

SIGNATURE DATE TELEPHONE

COMMENTS

|__| Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below.

G1. |__| The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)

G2. |__| A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.

G3. |__| The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED

G7. This permit has been issued for: |__| New Construction |__| Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building is: _____ . ___ ft.(m) Datum: _____

G9. BFE or (in Zone AO) depth of flooding at the building site is: _____ . ___ ft.(m) Datum: _____

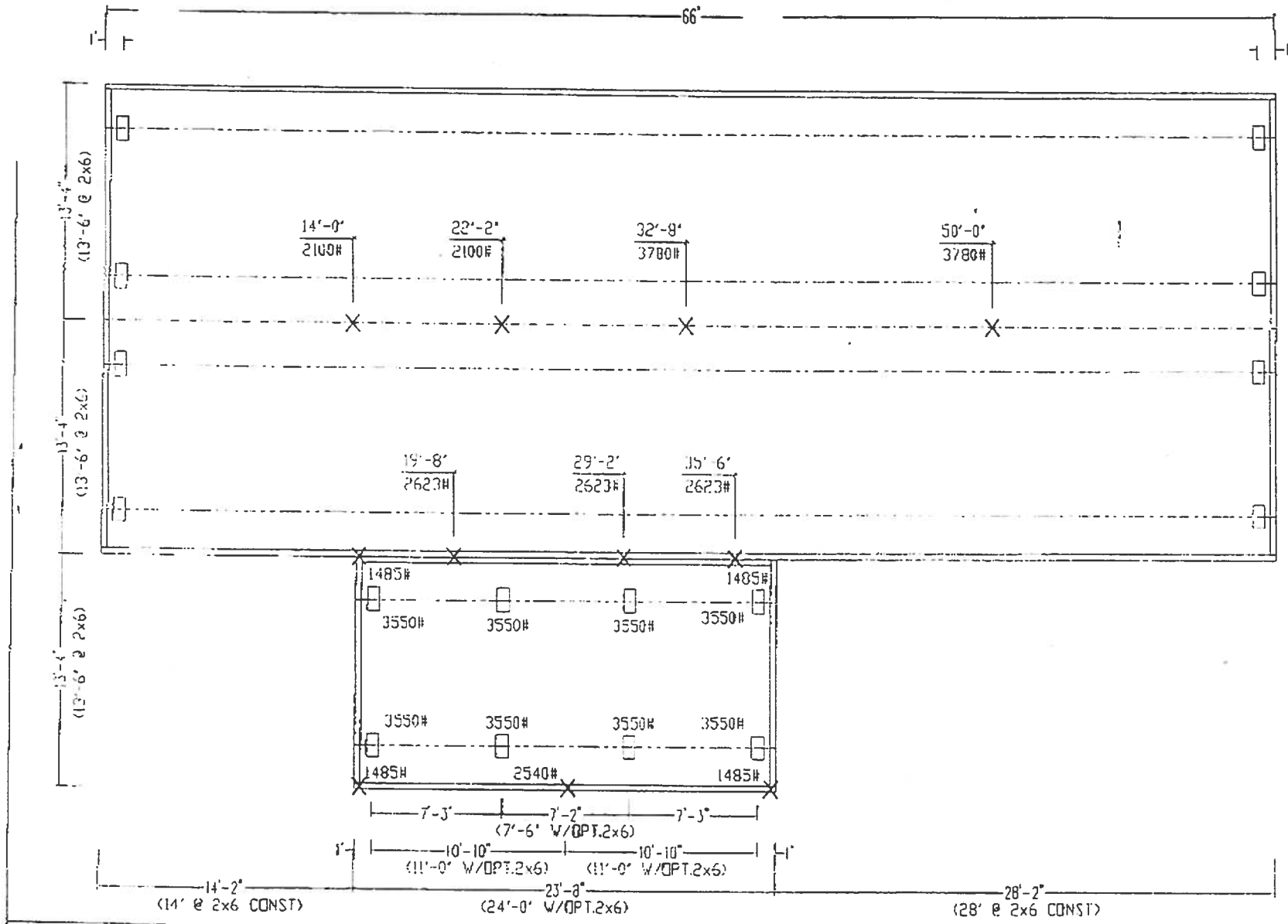
LOCAL OFFICIAL'S NAME TITLE

COMMUNITY NAME TELEPHONE

SIGNATURE DATE

COMMENTS

| | Check here if attachments



FLORIDA ONLY

PIER POINT LAYOUT (PIERS @ I-BEAM & CENTERLINE WITHOUT PERIMETER FOUNDATION

20 PSF ROOF ZONE

X COLUMN SUPPORTS - SEE ABOVE DIAGRAM FOR LOCATIONS & LOAD REQUIREMENTS @ 20# ROOF ZONE. SEE TABLE 4 OF INSTALLATION MANUAL FOR FOOTING SIZES.

I-BEAM PIER SUPORTS - 8' MAX. SPACING - SEE INSTALLATION MANUAL TABLE 2 FOR SPACING AND TABLE 4 FOR FOOTING SIZES.

NOTE : CONTACT MANUFACTURING DIVISION FOR LOCATION OF OPTIONAL PATIO DOORS OR OTHER LARGE OPENINGS.

DIVISIONS				REVISIONS
111		341	552	
112		344	553	
115		345	571	
125		355	591	
131		526	812	
143		531		
163		535		
171		536		
181	X	538		

BOX LENGTH	DESCRIPTION XL: 28-7585
66'-0"	6628-3TK-28-CATH (W/2414 TAG)

SKYLINE

DRAWN BY: VAN	WIND ZONE: N/A
DATE: 10/15/2007	ROOF ZONE: 20
SHEET ____ OF ____	
DRAWING NUMBER	
7537-CT	

STANDARD TIE-DOWN DETAILS

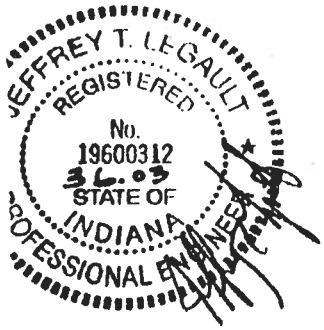
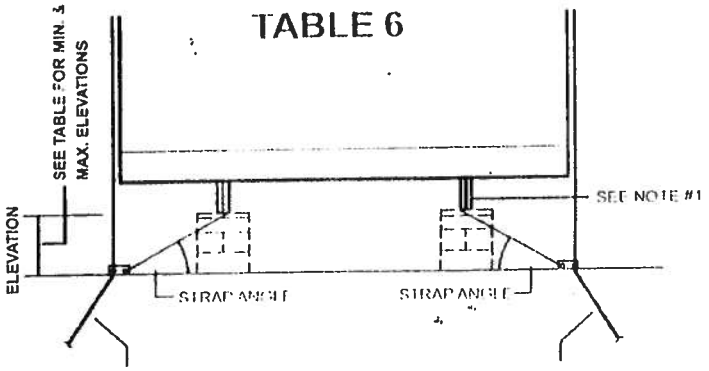


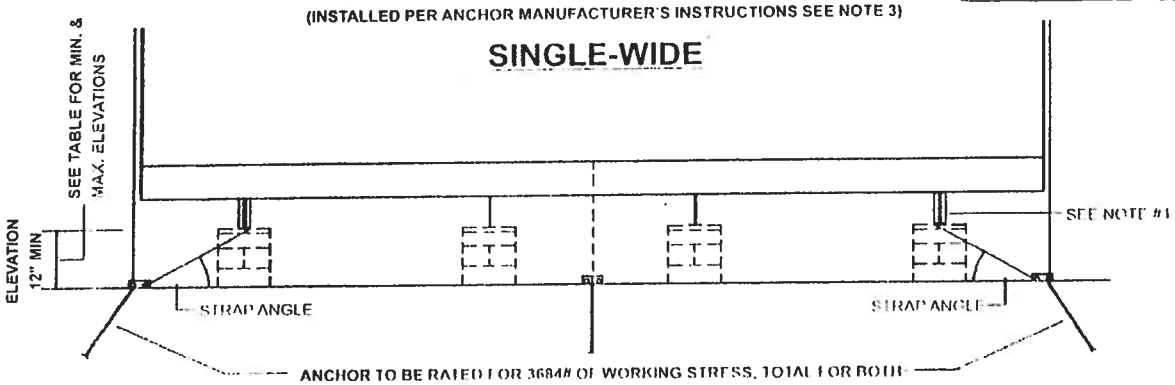
TABLE 6



ANCHOR TO BE RATED FOR 3684# OF WORKING STRESS, TOTAL FOR BOTH STRAPS.
(INSTALLED PER ANCHOR MANUFACTURER'S INSTRUCTIONS SEE NOTE 3)

INSTALL STRAP & ANCHORS
6'-8" @ ZONE II
5'-4" @ ZONE III
&
4'-0" @ ZONE II & III
FOR SHED ROOF SINGLEWIDES
SEE TABLE FOR ELEVATION & STRAP ANGLE LIMITATIONS

SINGLE-WIDE



ANCHOR TO BE RATED FOR 3684# OF WORKING STRESS, TOTAL FOR BOTH STRAPS
(INSTALLED PER ANCHOR MANUFACTURER'S INSTRUCTIONS SEE NOTE 3)

DOUBLE-WIDE

24' WIDE RESULTS FOR 12' HALF OF 22' WIDE DOUBLE WIDES

WIDTH	WIND ZONE II		WIND ZONE III	
	MIN. & MAX. ELEVATION	MIN. & MAX. DIAGONAL STRAP ANGLE	MIN. & MAX. ELEVATION	MIN. & MAX. DIAGONAL STRAP ANGLE
12'	14" TO 25"	25° TO 40°	14" TO 26"	25° TO 41°
14'	12" TO 27"	20.5° TO 40°	12" TO 28"	20.5° TO 41°
12' SHED ROOF	25.2" TO 34.6"	41° TO 50°	25.2" TO 34.6"	41° TO 50°
14' SHED ROOF	23.4" TO 38.4"	36° TO 50°	23.4" TO 38.4"	36° TO 50°
16'	16" TO 36"	20.5° TO 40°	15.5" TO 38"	19.5° TO 41°
18'	20" TO 44"	20.5° TO 40°	19" TO 47"	19.5° TO 41°
20' OR 22' *	12" TO 15"	34° TO 40°	12" TO 16"	34° TO 42°
24'	12" TO 22"	24.5° TO 40°	12" TO 23.5"	24.5° TO 42°
28'	12" TO 23.5"	23° TO 40°	12" TO 25.5"	23° TO 42°
32'	12" TO 33"	16.6° TO 39.3°	12" TO 36"	16.6° TO 41.8°
16' SHED ROOF	21" TO 27.5"	25.9° TO 32.4°	21" TO 27.5"	25.9° TO 32.4°

S:

STRAP MATERIAL SPECIFICATION, CONNECTION TO FRAME I-BEAM & OTHER SETUP INFORMATION, REFER TO SKYLINE INSTALLATION 'UAL.

ANCHORING SYSTEMS, THE INSTRUCTIONS SHALL INDICATE: A) THE MINIMUM ANCHOR CAPACITY REQUIRED. B) ANCHORS SHOULD BE TIFIED BY PROFESSIONAL ENGINEER, ARCHITECT, OR A NATIONALLY RECOGNIZED TESTING LABORATORY AS TO THEIR RESISTANCE. ED ON THE MAXIMUM ANGLE OF DIAGONAL TIE AND/OR VERTICAL TIE LOADING AND ANGLE OF ANCHOR INSTALLATION, AND TYPE OF SO HICH THE ANCHOR IS TO BE INSTALLED; C) GROUND ANCHORS SHOULD BE EMBEDDED BELOW THE FROST LINE AND BE AT LEAST 2 ES ABOVE THE WATER TABLE; D) GROUND ANCHORS SHOULD BE INSTALLED TO THEIR FULL DEPTH, AND STABILIZER PLATES SHOULD ALLED TO PROVIDE ADDED RESISTANCE TO OVERTURNING OR SLIDING FORCES. E) ANCHORING EQUIPMENT SHOULD BE CERTIFIED BY FESSIONAL ENGINEER OR ARCHITECT TO RESIST THESE SPECIFIED FORCES IN ACCORDANCE WITH TESTING PROCEDURES IN ASTM DARD SPECIFICATION FOR STRAPPING, FLAT STEEL AND SEALS.

IORS RATED @ 3150# OF WORKING STRESS TOTAL FOR BOTH STRAPS, MAY BE USED IF STRAP & ANCHOR SPACING IS REDUCED TO 5'-4 IND ZONE II AND 4'-6" @ WIND ZONE III. STRAPS AND ANCHORS MAY BE INSTALLED 4'-0" O.C. ON SHED ROOF SINGLEWIDES WITH IORS RATED @ 3150#.

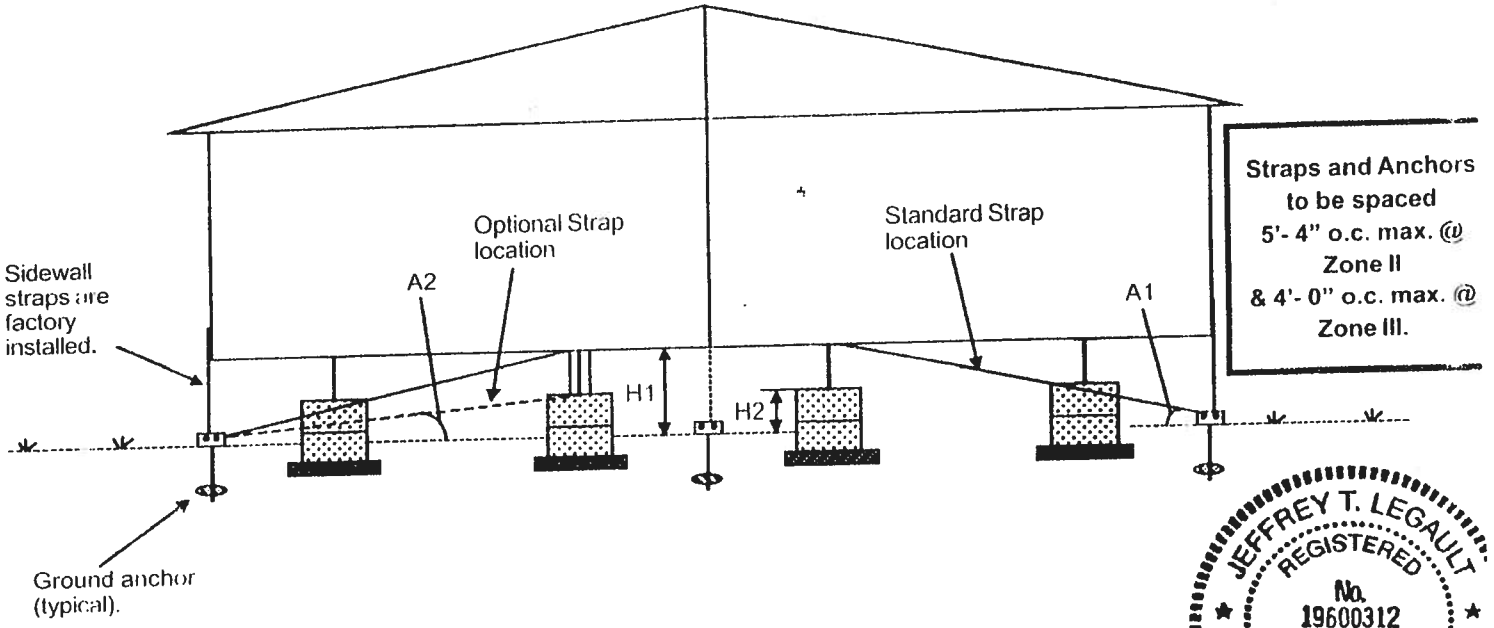
\-B CHANCE STRAP SEAL DEVICE DEPICTED BY FIG. 5-12 MAY BE USED AS DIRECTED FOR ATTACHING THE REQUIRED DOUBLEWIDE ERLINE STRAPS TO GROUND ANCHORS.

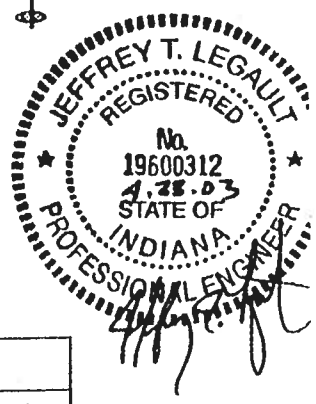
DARD TIE-DOWN DETAILS ARE NOT APPLICABLE TO 5/12 ROOF PITCH DOUBLEWIDES @ WIND ZONE II & III

SKYLINE CORP.

TIE-DOWN DETAILS FOR 5/12 ROOF PITCH DOUBLE WIDES AT WIND ZONE II & III

TABLE 6A





WIND ZONE II (100 mph)				
Unit Width	H (max.)	H (min.)	Angle (max.)	Angle (min.)
24'	48"	12"	23.2 degrees	6.12 degrees
26'	48"	12"	20.3 degrees	6.12 degrees
28'	48"	12"	20.3 degrees	5.28 degrees
32'	48"	12"	18.96 degrees	4.91 degrees

WIND ZONE III (110 mph)				
Unit Width	H (max.)	H (min.)	Angle (max.)	Angle (min.)
24'	48"	12"	25.2 degrees	6.12 degrees
26'	48"	12"	20.3 degrees	6.12 degrees
28'	48"	12"	20.3 degrees	5.28 degrees
32'	48"	12"	18.96 degrees	4.91 degrees

NOTES:

1) Straps and anchors to be rated for 3150 lbs. of working stress (min.).
2) Use H1 and A1 for standard strap location. Use H2 and A2 for optional strap location.
3) See page 25 for strap material specification, connection to I-Beam and other setup information.
4) The A-B chance strap seal device depicted by Fig. 5-12 may be used as directed for attaching the required doublewide centerline straps to ground anchors.

DOUBLE-WIDE INTERCONNECTION

e procedure for connecting the homes is as follows.

Remove the temporary closure materials (polyethylene l batten strips) and position the halves as close together as sible in the final desired location. Do not remove tempo- beam supports until step 7 has been completed.

Move the first section of home into its desired position. ck and level it in the same manner as described for a gle section home. Skyline Corp. recommends, if possible, heavy half be blocked and leveled first as it is easier to lift l roll the light half and fit into place.

Install sill sealer insulating material (provided) around the ing (to the ridge beam at the ceiling panel line), endwalls l floor mating line. Fasten sill sealer with staples or nails. e figure 5-8A.

Slide the two halves together with rolling and jacking ipment. Care must be taken during rolling and jacking rations to avoid overstressing structural members. With halves together at the floor, align the floors at the ends of home. It is better to have a minor misalignment under the ng where it cannot be seen and will not cause a problem, a small misalignment that will be observed in the interior ne home.

With the home aligned at the floor and supported by its ndation, join the floors using 3/8" x 3" (4-1/2" lags with ble perimeter joist) lag screws 2 to 3 feet on center. The terline gap at the floor should be a maximum of 3/16". the procedures outlined on page 19 to level the home check supports and footings with tables 2 and 3.

o obtain access into the ceiling cavity to bolt or alter- ly lag screw the ridge beam sections together, fold back underlayment paper and remove the 16" wide sheathing el(s) at the peak. Note that the shingles may not have n installed on one or both halves, at the 16" wide area at the peak. If one side is shingled, it is intended that the beam be lag screwed together. If neither side is shingled, the be may be lag screwed or bolted together. Bolts to be 3/8" x 4 1/2" at 48" o.c. with 3 additional bolts at 3" o.c. over interior beam supports. Lag screws to be 3/8" x 5" at 24" o.c. with 6 additional lag screws at 3" o.c. over interior beam supports (If marriage walls and ridge beam halves have been plated with 3/8" sheathing, then the bolts/lags must be increased i length by 3/4" to 5-3/4".) Predrill 1/4" pilot holes for the lag screws at 1-1/2" down from the top of the beam and with a maximum offset from the horizontal of 45 degrees. A gap between beam halves up to 1" is allowable. Gaps larger th 1/2" must be filled with plywood or lumber shims. For 1/2" max gaps, increase fastener length 1/2". For 1" max. gaps increase fastener length 1-1/4". See Fig. 5-7.

7. Prior to interconnecting the ridge beam halves, examine the ridge beam ends. Should there be a slight misalignmer it can be eliminated by placing a jack under the low side of main beam on one half and use the jack to raise the beam. The alignment can be held by properly bolting or lag screwi the beam halves together. See Fig. 5-8.

8. Place additional pier supports at the centerline at the interior column locations marked on the floor with indicator straps or paint (see Figure 5-3 and 5-4 and Table 3). Skylir Corp. provides pier location diagrams for all multiwide mod els. These diagrams show the required locations of piers a are very useful in determining pier placement prior to takin receipt of home. Additional piers are required each side of exterior doors and sidewall openings greater than 4' in widt See Table 3A for these pier load requirements.

9. Toe-nail endwall centerline studs together using 16d nail 10" o.c.

10. If home has double mating walls, then fasten the matin wall columns together with #8 x 4" screws 16" o.c. See Figure 5-7A.

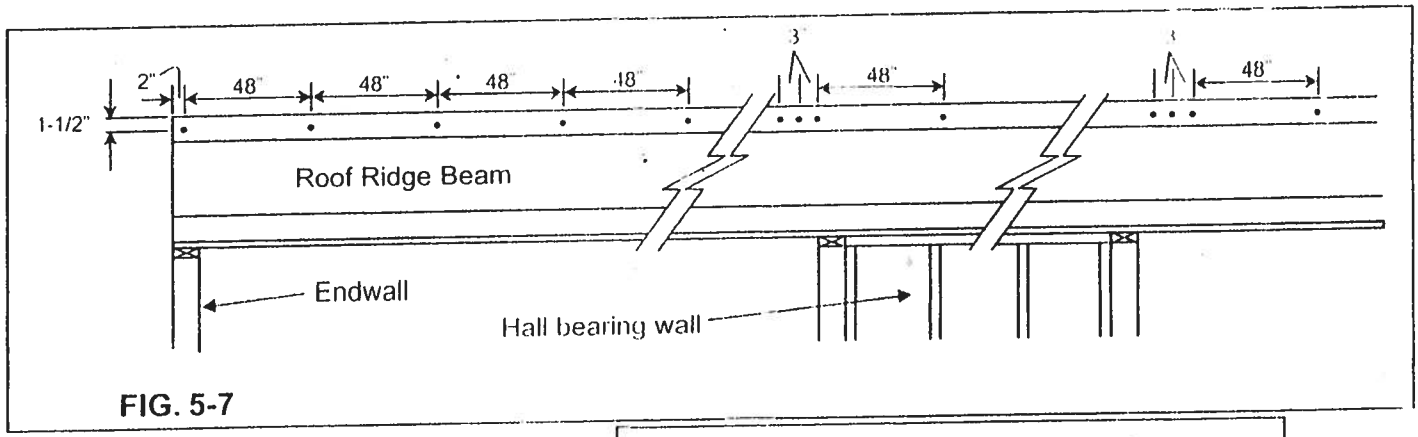


FIG. 5-7

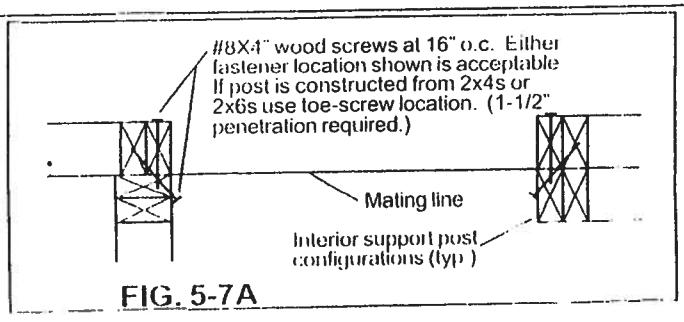


FIG. 5-7A

APPROVED
PFS Corporation
Madison WI
01/31/05
HUD Manufactured Home Construction & Safety Standard

DOUBLE-WIDE INTERCONNECTION (Continued)

OTE: IT IS IMPORTANT TO HAVE ROOF/CEILING
ECTIONS FLUSH AT MATING LINE PRIOR TO FASTEN
G OF RIDGE BEAM HALVES. IF THEY ARE NOT FLUSH,
IEN THE LOW SIDE SHOULD BE RAISED BY JACKING
ITH A WOOD POST OR STEEL PIPE WITH A WOOD OR
ETAL PAD AT THE CEILING. PLACE THE BASE OF THE
CK ACROSS THE FLOOR MATING LINE SO THAT IT
ESTS ON BOTH HALVES. JACK AGAINST CEILING
NLY IN AREAS WHERE THERE IS NO MARRIAGE WALL.

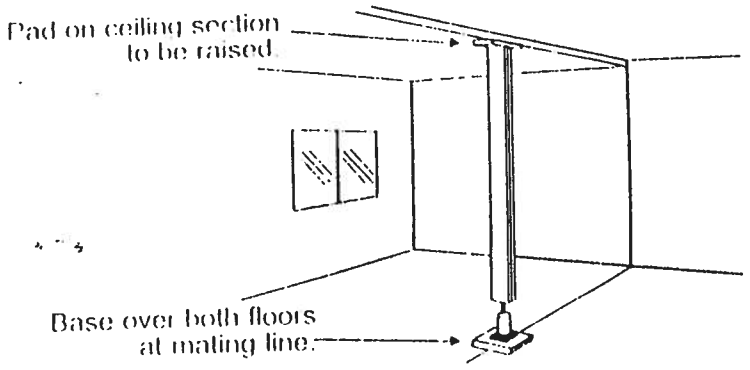


FIG. 5-8

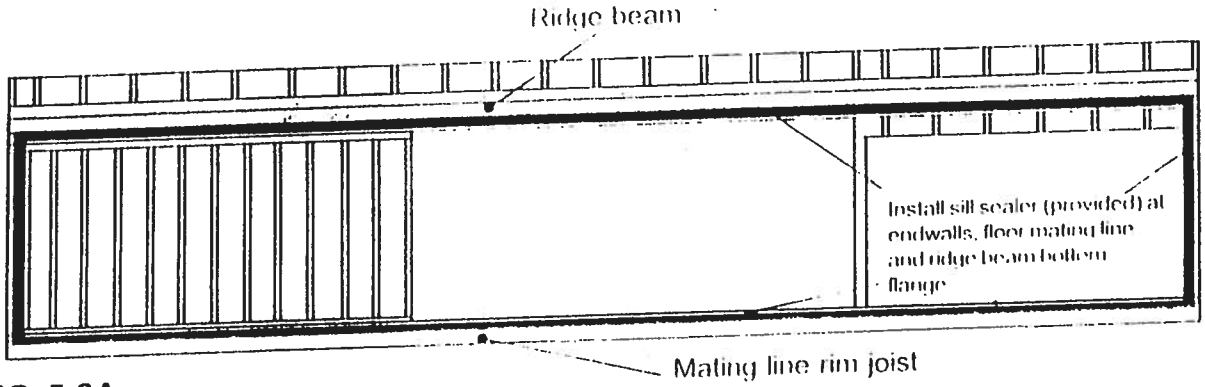


FIG. 5-8A

ATTACHMENT OF GYPSUM PANELS AT DOUBLE-WIDE CENTERLINE

Some multiple-wide units will have a gypsum panel left off at the centerline for field attachment. Fasten the factory lied gypsum wallboard panel(s) at the center of the endwalls after the units have been attached. Fasten the panel(s) to t raming as described in figure 5-8B below.

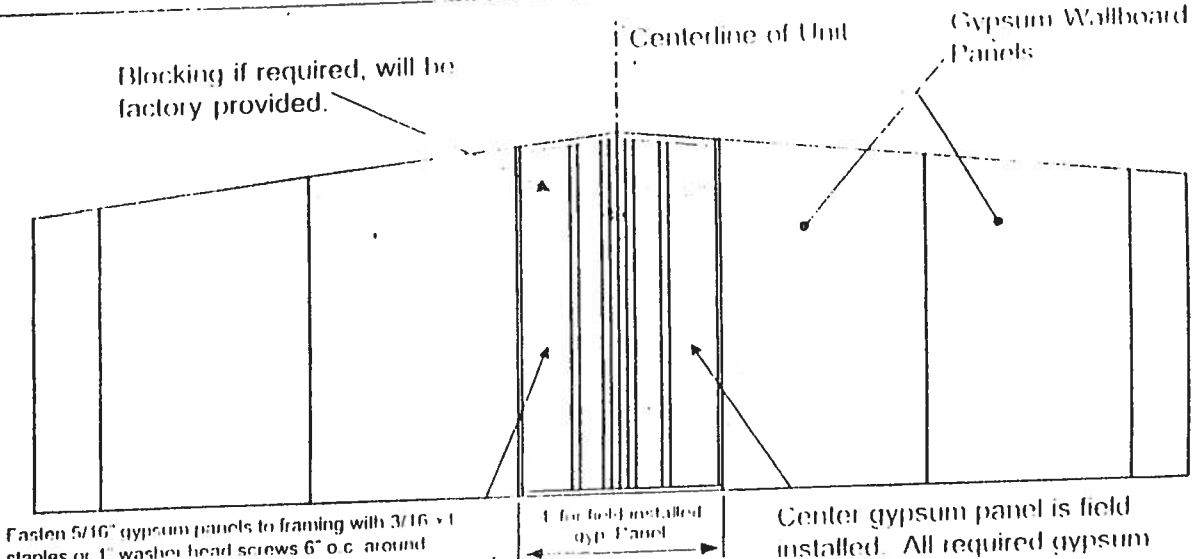


FIG. 5-8B

MANUFACTURED HOME TIE-DOWN INSTRUCTIONS

support system must also resist lifting, sliding, and rning forces resulting from side winds. A method used ·stall ground anchors and tie-down straps in addition to ırs. Tie-downs as described are the minimum neces- the home is to withstand its design loads without ıtion. On multi-section homes, sections must be ed together and level before tie-down straps are in-

WARNING

RE GROUND ANCHOR INSTALLATION, DETER- THAT THE ANCHOR LOCATIONS AROUND THE WILI NOT BE CLOSE TO ANY UNDERGROUND TRICAL CABLES, WATER LINES OR SEWER PIP- FAILURE TO DETERMINE THE LOCATION OF RGROUND ELECTRICAL CABLES MAY RESULT IN US PERSONAL INJURY OR DEATH.

IN THE FRAME TIE-DOWN SYSTEM, IT IS IMPOR- TO USE MATERIALS OF PROPER DESIGN AND OF JATE QUALITY. THE MATERIAL SPECIFICATIONS INED HEREIN SHOULD BE CONSIDERED AS *JM* REQUIREMENTS.

ials not furnished with the home which will be neces- complete the tie-down system must meet the require- ·et forth below. Such materials would include:

e or steel strap with a breaking strength of at least ounds e.g. galvanized aircraft cable at least 1/4" r or Type 1, Finish B, Grade 1 steel strapping 1-1/4" d 0.03" thick, conforming with ASTM D3953-91

anized connection devices such as turnbuckles, , strap buckles, and cable clamps should be rated at orking load minimum.

nd anchors -- capable of withstanding at least a ound pull. Anchors must be installed as specified by ıor manufacturer. Stabilizers or concrete collars may red by anchor manufacturer.

·ME MUST BE IN ITS FINAL LEVEL POSITION TO TYING IT DOWN.

ocedure for tying down the manufactured home is as

on and install the ground anchors under exterior that the final strap angle and height (H) will be within shown in tables 5 thru 6C.

ect the straps to the frame and ground anchors (See and 5-10) Straps wrapped around the I Beam as shown in Fig. 5-9 require protection from premature failure due to sharp corners. Fig. 5-9A illustrates one method to protect against sharp corner damage. Other methods (such as beam clamps — Tie-Down Engineering part no. 59003 or equivalent) approved by the local building authority having jurisdiction may be used.

3. Tighten the straps using the tensioning device provided with the ground anchors. Use caution to avoid overtensioning the straps which might pull the home off the piers. It is recommended that all straps be tightened only enough to remove slack. Then, after all straps are installed and the slack removed, tension the straps.

4. The strap tension should be rechecked at frequent intervals until all pier settlement has stopped.

CAUTION: DURING THE RELEVELING PROCESS, DO NOT JACK THE HOME AGAINST TIGHT STRAPS.

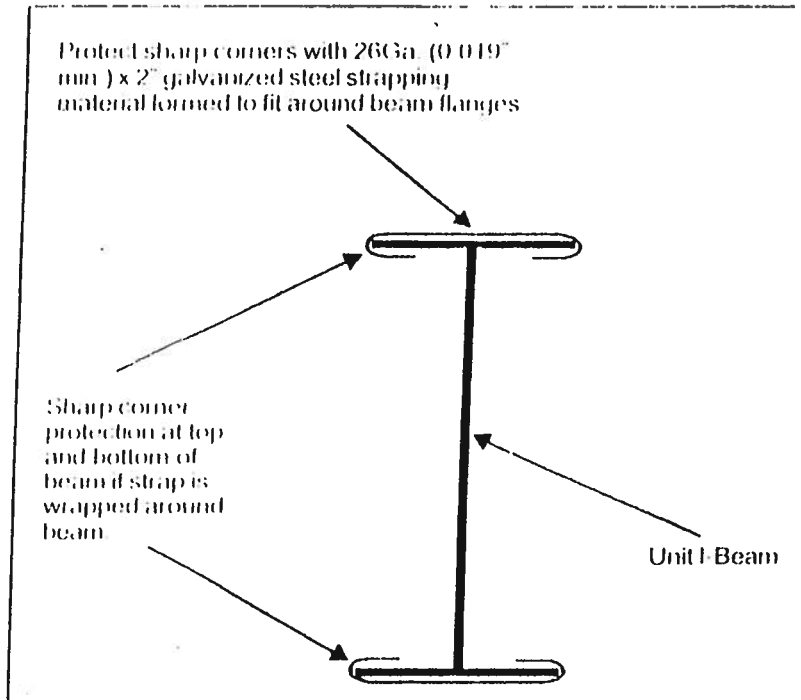
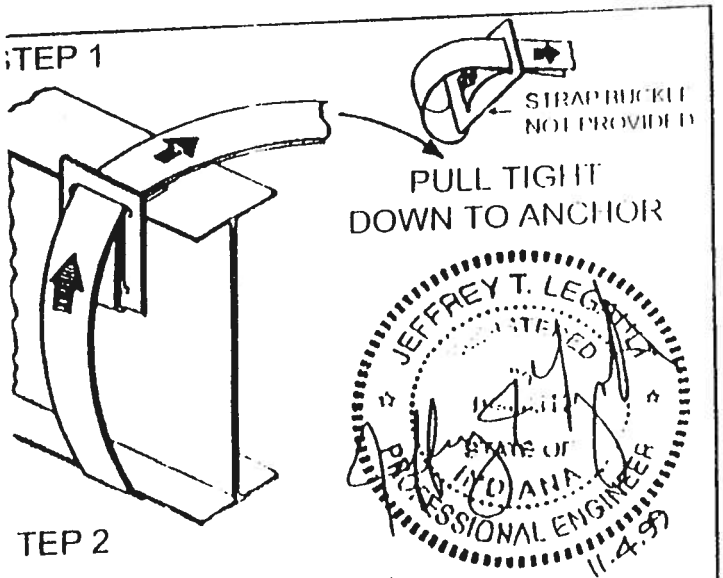


FIG. 5-9A

MANUFACTURED HOME TIE-DOWN INSTRUCTIONS (Continued)

TIONAL OVER-THE-ROOF STRAP PROCEDURE

over-the-roof straps are provided (optional on all homes) may be connected to ground anchors as specified in the wing procedure in order to achieve additional stability in eme winds. Note that the frame tie-down procedure on e 25 is still mandatory.



ap to frame tie-down procedure

Beam attachment device may be run to top or bottom of f if device is approved in that manner.

FIG. 5-9

Materials not furnished with the home which will be nece sary to properly connect the over-the roof straps are:

1. Ground anchors capable of withstanding at least 4,750 pound pull when installed in the soil at the site.
2. Strap end connection devices (See Fig. 5-10).

THE HOME MUST BE IN ITS FINAL LEVEL POSITION WITH FRAME TIES INSTALLED BEFORE CONNECTIN THE OVER-THE-ROOF STRAPS.

The procedure for over-the-roof strap installation is as follows:

1. Position and install the ground anchors so that the strap will be vertical after attachment to the anchor. The anchor may be installed slightly beneath the home to avoid interfe ence with skirting (See Fig. 5-11)
2. Insert the minuteman connector yoke through the eye i the anchor and insert slotted bolt through the yoke.
3. Place end of strap through slotted bolt and remove slac by turning bolt. DO NOT TENSION UNTIL BOTH ENDS (STRAP ARE CONNECTED
4. Tension and lock minuteman connector in position, cor instructions furnished with connectors.
5. Check strap tension (See step 4 under frame tie-down procedure)
6. For double wide homes see Fig. 5-12 for the splice con nection at the centerline.

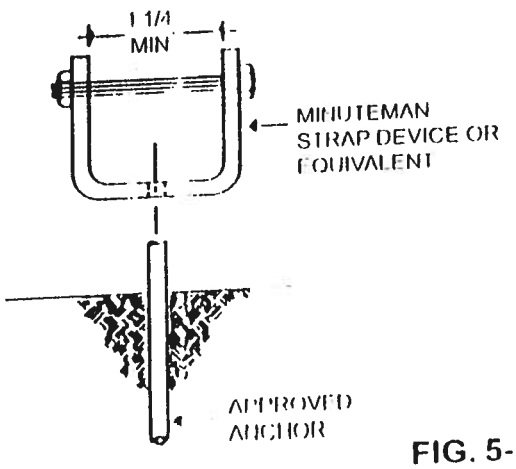


FIG. 5-10

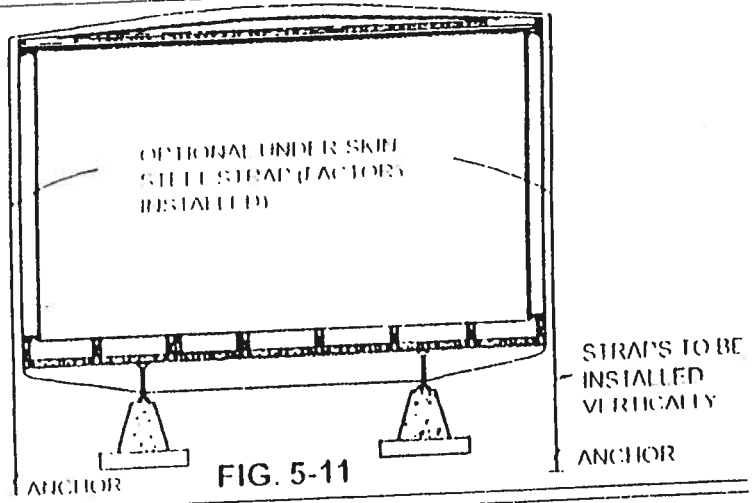


FIG. 5-11

sert end of the strap through the slot on the splice device, allowing f strap to extend through the device.
ake a 180 degree bend in the strap and slide a strap seal over the le thickness of strap, positioning the strap seal as close to the e device as possible. Compress the strap seal on the strap with a f vise grip pliers or hammer, or crimp strap seal with an A B ice crimping tool. (Make all bends in the strap as sharp as ble by crimping with vise grip or larger pliers)
nd strap back over the seal and insert back through the slot on plice device. Flatten bend with vise grip pliers or hammer
epeat steps 1 through with the mating strap. Draw the pleted assembly down to the ridge beam by tensioning the straps to round anchor.

DOUBLE WIDE OPTIONAL OVER THE ROOF STRAPS

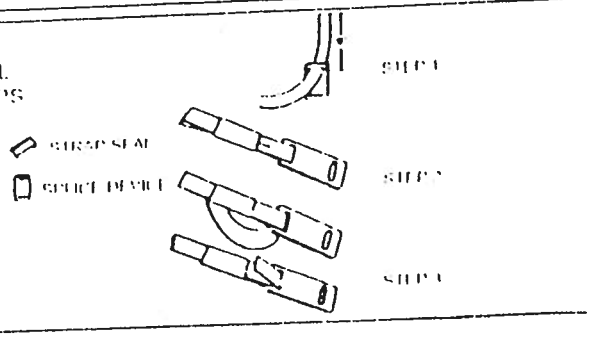


FIG. 5-12

00-00-00-01248-000

LOT 19 UNIT 20 THREE RIVERS ESTATES. WD 1024-2013, WD 1025-2195, CWD 1028-1022.

MARTINSEN LANCE G & JOYCE ANN 6821 WOODWIND DR SARASOTA, FL 34231

00-00-00-01248-000

Columbia County 2006 R
CARD 001 of 001
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APPR 7/20/2001 JSHC

BUSE		AE?	HTD AREA	.000	INDEX	100000.20	THREE RIV	PUSE	000000	VACANT	
MOD	BATH		EFF AREA	35.030	E-RATE	.000	INDX	STR 25- 6S- 15			
EXW	FIXT		RCN				AYB	MKT AREA 02		0	BLDG
%	BDRM		%GOOD		BLDG VAL		EYB	(PUD1		0	XFOB
RSTR	RMS							AC .918		17,300	LAND
RCVR	UNTS		FIELD CK:					NTCD		0	AG
%	C-W%		LOC:					APPR CD		0	MKAG
INT	HGHT							CNDO		17,300	JUST
%	PMTR							SUBD		0	CLAS
FLR	STYS							BLK			
%	ECON							LOT		0	SOHD
HTTP	FUNC							MAP# 15A		0	ASSD
A/C	SPCD									0	EXPT
QUAL	DEPR							TXDT 003		0	COTXBL
FNDN	UD-1										
SIZE	UD-2							BLDG TRAVERSE			
CEIL	UD-3										
ARCH	UD-4										
FRME	UD-5										
KTCH	UD-6										
WNDO	UD-7										
CLAS	UD-8										
OCC	UD-9										
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SUB A-AREA % E-AREA SUB VALUE								NUMBER DESC	AMT	ISSUED	
								SALE			
								BOOK PAGE DATE		PRICE	
								1025 2195 9/08/2004 Q V		9500	
								GRANTOR COOK REAL ESTATE INVESTMENTS			
								GRANTEE LANCE G & JOYCE ANN MARTINSEN			
								1024 2013 8/25/2004 U V		4000	
								GRANTOR ENSLEY			
TOTAL								GRANTEE COOK REAL ESTATE INVESTMENTS			

EXTRA FEATURES / FIELD CK:

AE	BN	CODE	DESC	LEN	WID	HGHT	QTY	QL	YR	ADJ	UNITS	UT	PRICE	ADJ UT PR	SPCD	%	%GOOD	XFOB VALUE

AE	LAND CODE	DESC	ZONE	TOPO	ROAD	UTIL	UD1	UD2	UD3	UD4	FRONT	BACK	DEPTH	DT	ADJUSTMENTS	UNITS	UT	PRICE	ADJ UT PR	LAND VALUE
Y	000000	VAC RES	A-1	0001	0008	0003						100		400	1.00 1.00 1.00 1.00	1.000	LT	15300.000	15300.00	15,300
Y	009945	WELL/SEPT 2006													1.00 1.00 1.00 1.00	1.000	UT	2000.000	2000.00	2,000

00-00-00-01249-000

LOT 20 UNIT 20 THREE RIVERS ESTATES. ORB 527-200, 558-106, 647-567, WD 1064-1729. WD 1070-1839.

MARTINSEN LANCE GERALD & JOYCE ANN
6821 WOODWIND DR
SARASOTA, FL 34231

00-00-00-01249-000

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CARD 001 of 001
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APPR 7/20/2001 JSHC

BUSE		AE?	HTD AREA	.000	INDEX	100000.20	THREE RIV	PUSE	000000	VACANT	
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EXW	FIXT		RCN				AYB	MKT AREA 02			0 BLDG
%	BDRM		%GOOD		BLDG VAL		EYB	(PUD1			0 XFOB
RSTR	RMS							AC	.918		15,300 LAND
RCVR	UNTS		FIELD CK:					NTCD			0 AG
%	C-W%		LOC: --					APPR CD			0 MKAG
INT	HGHT							CNDO			15,300 JUST
%	PMTR							SUBD			0 CLAS
FLR	STYS							BLK			
%	ECON							LOT			0 SOHD
HTTP	FUNC							MAP#			0 ASSD
A/C	SPCD										0 EXPT
QUAL	DEPR							TXDT 003			0 COTXBL
FNDN	UD-1										
SIZE	UD-2							BLDG TRAVERSE			
CEIL	UD-3										
ARCH	UD-4										
FRME	UD-5										
KTCH	UD-6										
WNDO	UD-7										
CLAS	UD-8										
OCC	UD-9										
COND	%										

SUB	A-AREA	%	E-AREA	SUB VALUE

PERMITS

NUMBER	DESC	AMT	ISSUED

SALE

BOOK	PAGE	DATE		PRICE
1070	1839	12/02/2005	U V	35000
GRANTOR COOK REAL ESTATE INVESTMENTS INC				
GRANTEE MARTINSEN				
1064	1729	11/04/2005	Q V	17000
GRANTOR LEWIS				
GRANTEE COOK REAL ESTATE INVESTMENTS INC				

TOTAL

EXTRA FEATURES

AE	BN	CODE	DESC	LEN	WID	HGHT	QTY	QL	YR	ADJ	UNITS	UT	PRICE	ADJ UT PR	SPCD %	%GOOD	XFOB VALUE

FIELD CK:

AE	LAND CODE	DESC	ZONE	TOPO	ROAD UTIL	UD1 UD2	UD3 UD4	FRONT	BACK	DEPTH DT	ADJUSTMENTS	UNITS	UT	PRICE	ADJ UT PR	LAND VALUE
Y	000000	VAC RES	A-1	0001	0008	0003		100	400	1.00 1.00	1.00 1.00	1.000	LT	15300.000	15300.00	15,300

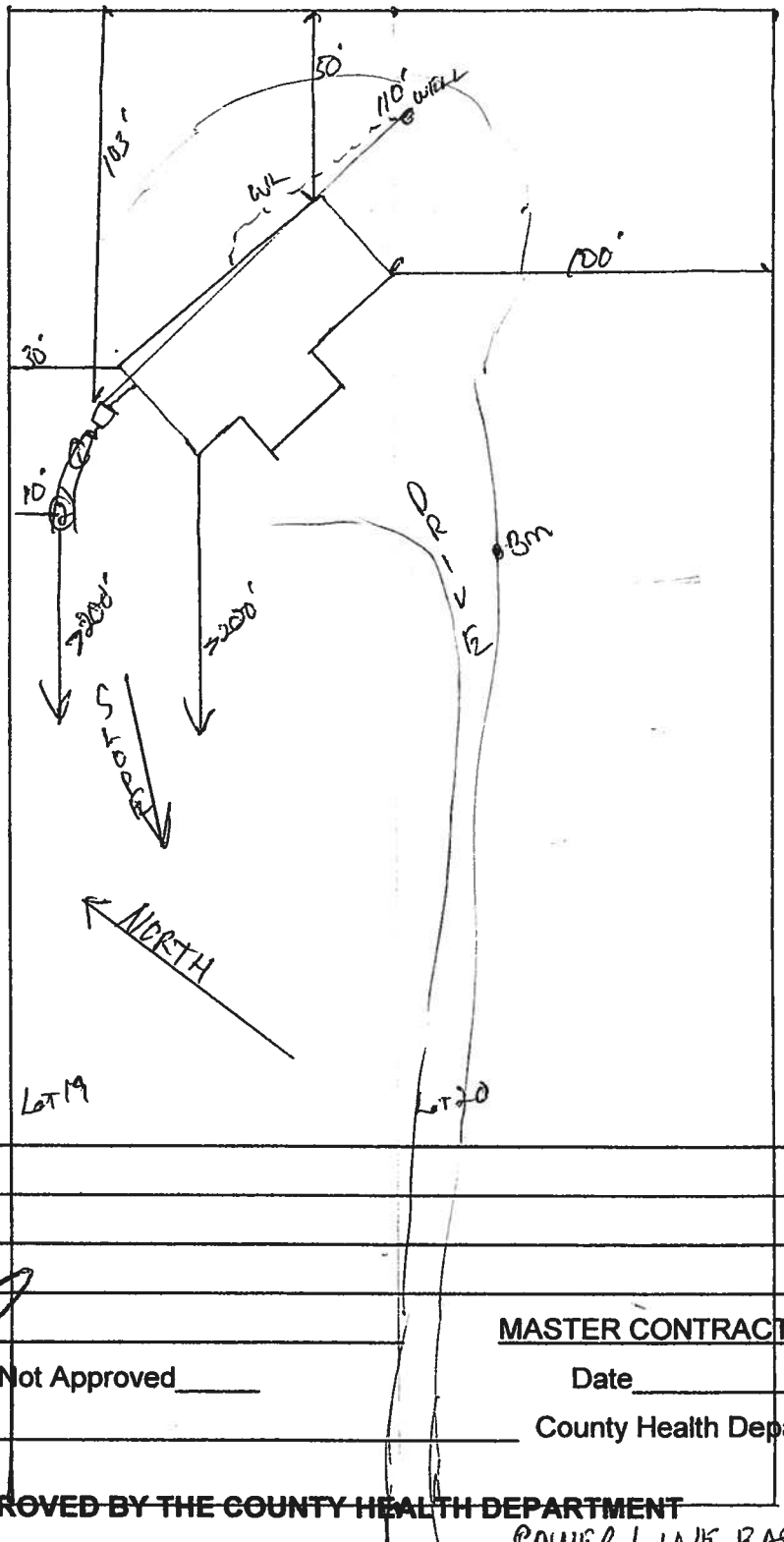
2006

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

Permit Application Number_____

PART II - SITEPLAN

Scale: 1 inch = 50 feet.



Notes: _____

Site Plan submitted by: _____ MASTER CONTRACTOR

Plan Approved_____ Not Approved_____ Date_____

By_____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

POWER LINE EASEMENT

CENTRAL DRIVE

RON E. BIAS WELL DRILLING

RT.2 BOX 5340
FT. WHITE, FLORIDA 32038
(904) 497-1045
MOBILE: 364-9233

TO: Columbia County Building Department

Description of well to be installed for Customer: MARTINSEN
Located at Address: 1357 SW Central Terr

1 hp – 1 ¼" drop over 86 gallon tank, 250 gallon equivalent captive with back flow preventer. 35-gallon draw down with check valve pass requirements.

Ron Bias

Ron Bias

MOBILE HOME INSTALLER AFFIDAVIT

As per Florida Statutes Section 320.8249 Mobile Home Installers License:

Any person who engages in mobile home installation shall obtain a mobile home Installer's license from the Bureau of Mobile Home and Recreational Vehicle Construction of the Department of Highway Safety and Motor Vehicles pursuant to this section. Said license shall be renewed annually, and each licensee shall pay a fee of $150.00.

I, Roarke Nume, license number IH 0000049
Please Print

Do hereby state that the installation of the manufactured home for:

Dale Burd or Ruby Ford at SW CENTRAL TERR
Applicant — 911 Address

will be done under my supervision.

[signature]
Signature

Sworn to and subscribed before me this 6 day of July, 20 06.

Notary Public: Rebecca L. Arnau
Signature

My Commission Expires: REBECCA L. ARNAU MY COMMISSION # DD 516518 EXPIRES: September 25, 2007 Bonded Thru Notary Public Underwriters

LETTER OF AUTHORIZATION TO PULL PERMITS

I, Ronnie Norris, DO HEREBY GRANT

Dale Buelow Realty Ford, AUTHORIZATION TO PULL THE NECESSARY PERMITS REQUIRED FOR THE DELIVERY AND SET OF A MANUFACTURED HOME IN Columbia COUNTY, FLORIDA.

Signature

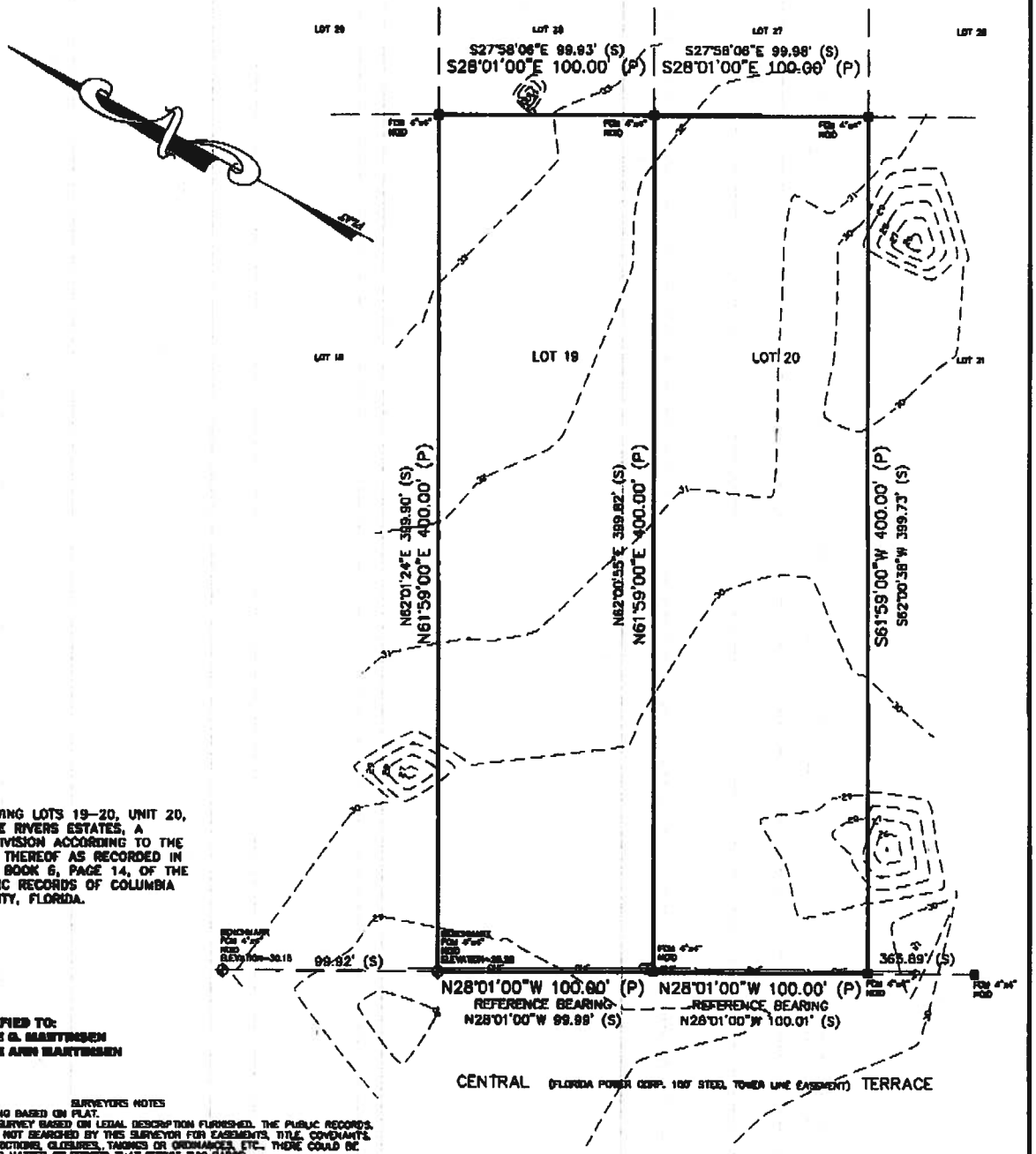
THIS FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 6 DAY OF July, 2006 BY Ronnie Norris, WHO IS PERSONALLY KNOWN TO ME.

STATE OF FLORIDA
COUNTY OF Columbia

Rebecca L. Arnau
NOTARY PUBLIC

REBECCA L. ARNAU
MY COMMISSION # DD 516518
EXPIRES September 25, 2007
Bonded Thru Notary Public Underwriters

MAP OF BOUNDARY & TOPOGRAPHIC SURVEY



SHOWING LOTS 19–20, UNIT 20, THREE RIVERS ESTATES, A SUBDIVISION ACCORDING TO THE PLAT THEREOF AS RECORDED IN PLAT BOOK 6, PAGE 14, OF THE PUBLIC RECORDS OF COLUMBIA COUNTY, FLORIDA.

CERTIFIED TO:
LANCE G. MARTINSEN
JOYCE ANN MARTINSEN

SURVEYORS NOTES

1. BEARING BASED ON PLAT.
2. THIS SURVEY BASED ON LEGAL DESCRIPTION FURNISHED. THE PUBLIC RECORDS WERE NOT SEARCHED BY THIS SURVEYOR FOR EASEMENTS, TITLE, COVENANTS, RESTRICTIONS, CLOSURES, TAXINGS OR ORDINANCES, ETC., THERE COULD BE OTHER MATTER OF RECORD THAT EFFECT THIS PARCEL.
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I HEREBY CERTIFY THIS SURVEY WAS DONE UNDER MY DIRECT SUPERVISION AND IT MEETS THE MINIMUM TECHNICAL STANDARDS FOR LAND SURVEYING PURSUANT TO CHAPTER 61G17-6, FLORIDA ADMINISTRATION CODE, CHAPTER 472, FLORIDA STATUES.

WILLIAM N. KITCHEN PSM 5490

William N. Kitchen
7-13-2006

Not to scale Information

NOT VALID WITHOUT THE SIGNATURE AND THE ORIGINAL RAISED SEAL OF A FLORIDA LICENSED SURVEYOR AND MAPPER.

REV:

WILLIAM N. KITCHEN
PROFESSIONAL SURVEYOR AND MAPPER
152 N MARION AVENUE
LAKE CITY, FLORIDA 32055
PHONE (386) 755-7788

DRAWN BY: RI	FIELD BOOK: 06340
SCALE: 1" = 50'	
SURVEY DATE: JULY 12, 2006	
JOB NUMBER	SHEET
06340	1 OF 1

CLIENT: LANCE G. & JOYCE A. MARTINSEN

LEGEND

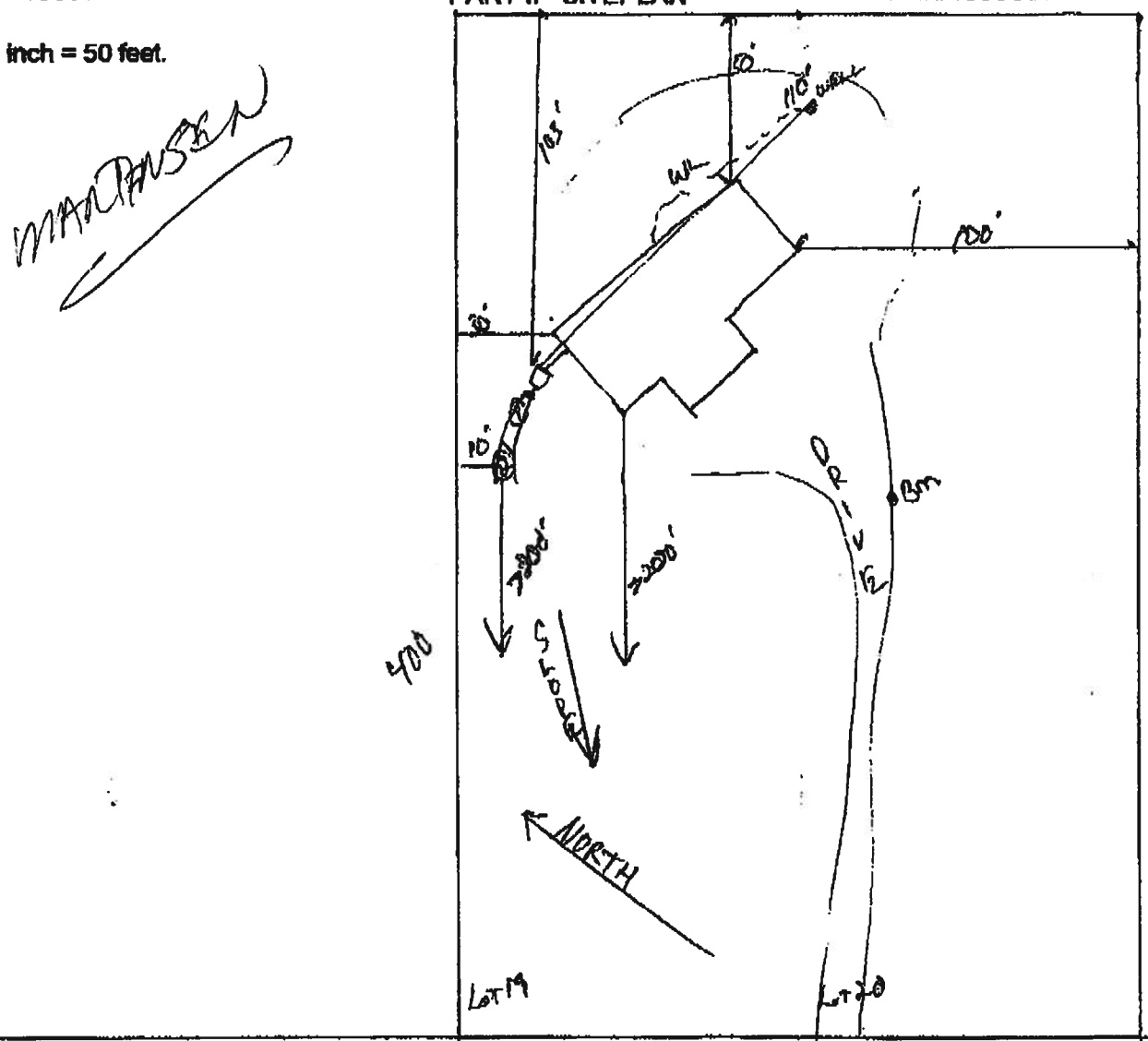
(P) = PLAT
(S) = SURVEY MEASUREMENT
NOID = NO SURVEYORS IDENTIFICATION
LS = LAND SURVEYOR
LB = LICENSE BUSINESS
FCM = FOUND CONCRETE MONUMENT
R/W = RIGHT OF WAY
OHE = OVER HEAD ELECTRIC
100 = CONTOUR ELEVATION
BM = BENCHMARK
PP = WOOD POWER POLE

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

Permit Application Number 06-0691N

PART II - SITEPLAN

Scale: 1 inch = 50 feet.



Notes: _____

Site Plan submitted by: _____ MASTER CONTRACTOR

Plan Approved _____ Not Approved _____ Date 8/11/06

By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

POWER LINE EASEMENT

CENTRAL DRIVE

Columbia County Building Department
Flood Development Permit

Development Permit
F 023- 06-016

DATE 08/11/2006 BUILDING PERMIT NUMBER 000024855

APPLICANT DALE BURD PHONE 497-2311

ADDRESS P.O. BOX 39 FT. WHITE FL 32038

OWNER LANCE MARTINSEN PHONE 941 921-5531

ADDRESS 1757 SW CENTRAL AVE FT. WHITE FL 32038

CONTRACTOR RONNIE NORRIS PHONE 752-3871

ADDRESS 1004 SW CHARLES TERR LAKE CITY FL 32055

SUBDIVISION 3 RIVERS EST Lot 19 Block ____ Unit ____ Phase ____

TYPE OF DEVELOPMENT MH,UTILITY PARCEL ID NO. 25-6S-15-01248-000

FLOOD ZONE AE BY BK 1-6-88 FIRM COMMUNITY #. 120070 - PANEL #. 255 B

FIRM 100 YEAR ELEVATION 35' PLAN INCLUDED YES or NO

REQUIRED LOWEST HABITABLE FLOOR ELEVATION 36'

IN THE REGULATORY FLOODWAY YES or NO RIVER Suwannee

SURVEYOR / ENGINEER NAME Marlc Disosway LICENSE NUMBER 53915

✓ ONE FOOT RISE CERTIFICATION INCLUDED

MAX ZERO RISE CERTIFICATION INCLUDED

NA SRWMD PERMIT NUMBER ____
(INCLUDING THE ONE FOOT RISE CERTIFICATION)

DATE THE FINISHED FLOOR ELEVATION CERTIFICATE WAS PROVIDED ____

INSPECTED DATE ____ BY ____

COMMENTS ____

135 NE Hernando Ave., Suite B-21
Lake City, Florida 32055
Phone: 386-758-1008
Fax: 386-758-2160

PERMIT EXPIRES ONE YEAR FROM THE DATE OF ISSUANCE

Mark Disosway, P.E.
POB 868, Lake City, FL 32056, Ph 386-754-5419, Fax 386-269-4871

One Foot Rise Analysis and Certification, 100 Year Base Flood

MARTINSEN, LANCE & JOYCE A, Lot 19&20, Three Rivers Estates, Unit 20, 00-00-00-01248-000, Columbia Co, FL

- ☐ PROPERTY DESCRIPTION: Lot 19&20, Three Rivers Estates, Unit 20, 00-00-00-01248-000, Columbia Co, FL
- ☐ OWNER: MARTINSEN, LANCE & JOYCE A
- ☐ CONTRACTOR: A&B Construction
- ☐ PROJECT: A 40' x 66' mobile home on 100 - 16" x 16" CMU piers
- ☐ BASE FLOOD ELEVATION: 35', Ichetucknee River Mile 9 (Per Flood Insurance Rate Map, Dated 06Jan88 Community Panel No. 120070 0255 B)
- ☐ FLOOD ZONE: AE
- ☐ BASIN AREA AT BASE FLOOD ELEVATION: 647 Acres (Calculated from SRWMD flood plain data.)
- ☐ PROPOSED BUILDING AREA: 100 piers x (16" x 16") = 178 ft2.
- ☐ PROPOSED BUILDING VOLUME BELOW FLOODPLAIN: (Slab) 178 ft2 x 3' = 533 ft3.
- ☐ EXISTING GRADE ELEVATION AT BUILDING LOCATION: 32' average for one foot rise calculations. (Note: Existing grade at building location based on topo survey, Wm Kitchen Job 06340, Drawing Date 7/3/06, attached.)
- ☐ CALCULATIONS: The project only requires volume calculations in this area since it is not a flowing or riverine area.

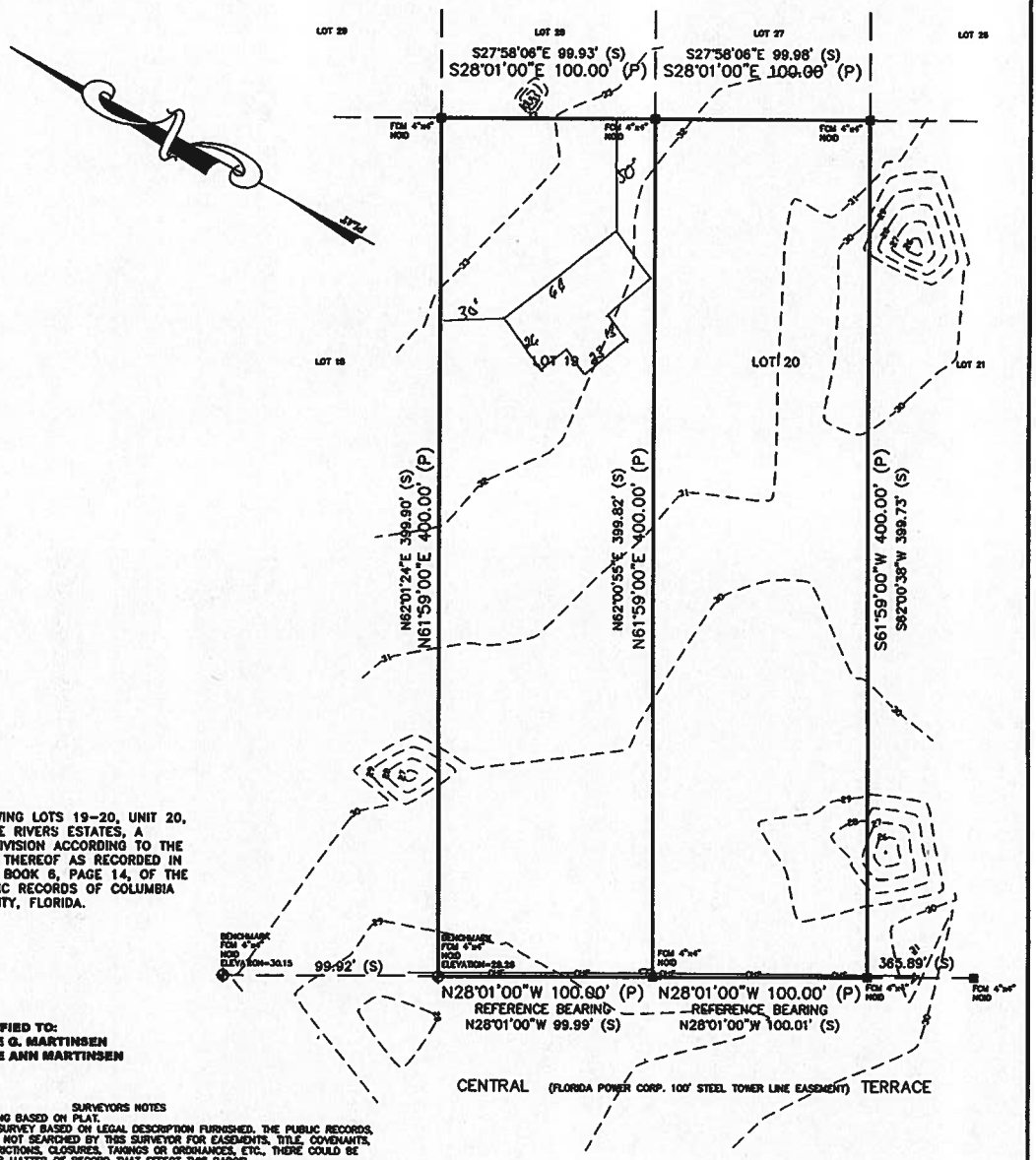
Floodplain volume removed = 533 ft3

Floodplain level increase = (533 ft3) / 43560 ft^2/acre / 647 acres = 0.00002 ft

CERTIFICATION:
I hereby certify that construction of MARTINSEN, LANCE & JOYCE A, Lot 19&20, Three Rivers Estates, Unit 20, 00-00-00-01248-000, Columbia Co, FL will increase flood elevations less than one foot at the project location, to the best of my knowledge.

09 AUG 06

MAP OF BOUNDARY & TOPOGRAPHIC SURVEY



SHOWING LOTS 19-20, UNIT 20, THREE RIVERS ESTATES, A SUBDIVISION ACCORDING TO THE PLAT THEREOF AS RECORDED IN PLAT BOOK 6, PAGE 14, OF THE PUBLIC RECORDS OF COLUMBIA COUNTY, FLORIDA.

CERTIFIED TO:
LANCE G. MARTINSEN
JOYCE ANN MARTINSEN

SURVEYORS NOTES

1. BEARING BASED ON PLAT.
2. THIS SURVEY BASED ON LEGAL DESCRIPTION FURNISHED. THE PUBLIC RECORDS WERE NOT SEARCHED BY THIS SURVEYOR FOR EASEMENTS, TITLE, COVENANTS, RESTRICTIONS, CLOSURES, TAKINGS OR ORDINANCES, ETC., THERE COULD BE OTHER MATTER OF RECORD THAT EFFECT THIS PARCEL.
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WILLIAM N. KITCHEN PSM 5490

7-13-2006

NOT VALID WITHOUT THE SIGNATURE AND THE ORIGINAL RAISED SEAL OF A FLORIDA LICENSED SURVEYOR AND MAPPER.

REV:

WILLIAM N. KITCHEN
PROFESSIONAL SURVEYOR AND MAPPER
152 N MARION AVENUE
LAKE CITY, FLORIDA 32055
PHONE (386) 755-7786

DRAWN BY: RI	FIELD BOOK: 06340
SCALE: 1" = 50'	
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CLIENT: LANCE G. & JOYCE A. MARTINSEN

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OHE = OVER HEAD ELECTRIC
100 = CONTOUR ELEVATION
= BENCHMARK
= WOOD POWER POLE

PIN 00-00-00-01248-000
Use VACANT (000000)
Yr.Blt
Desc
OWNER INFO
Name MARTINSEN LANCE G & JOYCE ANN
Site
Mail 8821 WOODWIND DR SARASOTA, FL 34231
ASSESSMENT INFO
LndVal $17,300.00
AgVal $0.00
BldVal $0.00
ApVal $17,300.00
JustVal $17,300.00
Assd $17,300.00
Exmpt $0.00
Taxable $17,300.00
SALES INFO
9/8/2004 $9,500.00 V / Q
8/25/2004 $4,000.00 V / U
SEARCH RESULTS
Highlight Parcel
Label Parcel
Auto-Zoom Parcel
<< 2 of 3 >>
DB Last Updated: 8/1/2006
GIS Map Updated: 8/1/2006
NORTH
EAST
SOUTH
WEST
Zoom In on the Map Center
00-00-00-01248-000
MARTINSEN LANCE G & JOYCE ANN
9/8/2004 - $9,500 - V/Q
SW ILLINOIS ST
Private Rd
SW LUKE
SW DILLON CT
SW ALBANY TER
SW TRENTON TER
SW NEWARK DR
SW ALBERTA PL
NEWARK TER
CENTRAL
SANTA
NEBRASKA

4 Hunter : Weigel

Columbia County Building Department
Culvert Waiver

Culvert Waiver No. 000001182

DATE: 08/16/2006 BUILDING PERMIT NO. 24855

APPLICANT DALE BURD PHONE 497-2311

ADDRESS P.O. BOX 39 FT. WHITE FL 32038

OWNER LANCE MARTINSEN PHONE 941 921-5531

ADDRESS 1757 SW CENTRAL AVE FT. WHITE FL 32038

CONTRACTOR RONNIE NORRIS PHONE 752-3871

LOCATION OF PROPERTY 47S, TR ON WILSON SPRING RD, TR ON NEWARD, TL ON COPPERHEAD, TR ON CENTRAL, 3RD AND 4TH LOT ON RIGHT

SUBDIVISION/LOT/BLOCK/PHASE/UNIT 3 RIVERS EST 19 20

PARCEL ID # 25-6S-15-01248-000

I HEREBY CERTIFY THAT I UNDERSTAND AND WILL FULLY COMPLY WITH THE DECISION OF THE COLUMBIA COUNTY PUBLIC WORKS DEPARTMENT IN CONNECTION WITH THE HEREIN PROPOSED APPLICATION.

SIGNATURE: On file. JH

A SEPARATE CHECK IS REQUIRED
MAKE CHECKS PAYABLE TO BCC

Amount Paid 50.00

PUBLIC WORKS DEPARTMENT USE ONLY

I HEREBY CERTIFY THAT I HAVE EXAMINED THIS APPLICATION AND DETERMINED THAT THE CULVERT WAIVER IS:

✓ APPROVED _____ NOT APPROVED - NEEDS A CULVERT PERMIT

COMMENTS: _____

SIGNED: _____ DATE: 8/24/06

ANY QUESTIONS PLEASE CONTACT THE PUBLIC WORKS DEPARTMENT AT 386-752-5955.

135 NE Hernando Ave., Suite B-21
Lake City, FL 32055
Phone: 386-758-1008 Fax: 386-758-2160

RECEIVED
AUG 17 2006
BY:

COLUMBIA COUNTY GATEWAY TO FLORIDA

CERTIFICATE OF

M/H OCCUPANCY

COLUMBIA COUNTY, FLORIDA

Department of Building and Zoning Inspection

This Certificate of Occupancy is issued to the below named permit holder for the building and premises at the below named location, and certifies that the work has been completed in accordance with the Columbia County Building Code.

Parcel Number 25-6S-15-01248-000 **Building permit No.** 000024855

Permit Holder RONNIE NORRIS

Owner of Building LANCE MARTINSEN

Location: 1757 SW CENTRAL AVE, FT. WHITE, FL

Date: 09/07/2006

Harry Dicks

Building Inspector

POST IN A CONSPICUOUS PLACE
(Business Places Only)