Cht 18713

#### PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

E	For Office Use Only (Revised 7-1-15) Zoning Official Building Official 3/20/18 TM
1	AP# 1803-51 Date Received 3/19 By 10 Permit # 36506
F	Flood ZoneX Development Permit ZoningRR_Land Use Plan Map CategoryRVLD
0	comments to replace existing two mobile home
_	J / La/hard
	EMA Map# Elevation Finished Floor River In Floodway
P	Recorded Deed or Property Appraiser PO Site Plan FH# 18-6242-E - Well letter OR
	Existing well   Land Owner Affidavit   Installer Authorization FW Comp. letter   App Fee Paid
Ô	DOT Approval  Parent Parcel # STUP-MH
0	Ellisville Water Sys   Assessment Paid on Property   Out County  In County  Sub VF Form
Pro	pperty ID # 13-3S-16-02100-118
•	New Mobile Home X Used Mobile Home MH Size 32 x 72 Year 2018
	Applicant Dale Burd or Rocky Ford Phone # 386-497-2311
	Address 546 SW Dortch Street, Fort White, FL, 32038
•	Name of Property Owner Earl Graham Phone# 386-243-8132  911 Address 270 NW Patriot Ct Lake City FL 32055
	911 Address 270 NW Patriot Ct Lake City FL 32055
•	Circle the correct power company - <u>FL Power &amp; Light</u> - (Clay Electric)
	(Circle One) - <u>Suwannee Valley Electric</u> - <u>Duke Energy</u>
	Name of Commence (Markite Harms Same)
•	Name of Owner of Mobile Home Same Phone # Same
	Address 270 NW Patriot Court, Lake City, FL, 32055
•	Relationship to Property Owner Same
	Current Number of Dwellings on Property 1 To be replaced
_	450 V 000
•	Lot Size 150 X 300 Total Acreage 1.03
•	Do you : Have Existing Drive or Private Drive or need Culvert Permit (Currently using) or Culvert Waiver (Circle one) (Rule 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 41 North, TL Moore Road, TR Cimarron Way, TR Canton
	Lane, TL Patriot Court, To address on left
	Tallet 1 T. Carlot County 10 address of their
	Name of Licensed Dealer/Installer Rusty Knowles Phone # 386-397-0886
	•
	Installers Address 5801 SW St Hwy 47, LC, FL, 32024

#### Address of home being installed Installer: Manufacturer -Typical pier spacing > NOTE: If home is a single wide fill out one half of the blocking plan NOTE: If home is a triple or quad wide sketch in remainder of home Is a triple or quad wide sketch in remainder of home (new or used) I understand Lateral Arm Systems cannot be used on any home (new or used) where the sidewall lies exceed 5 ft 4 in. 19.9.9 Jan J Mobile Home Permit Worksheet tongitudinal Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations) Length x width License #\_ mentage wall piers within 2° of end of home per Rife 150 9 1036219 32472 Application Number: Page 1 of 2 capacity (sq in) Home installed to the Manual Educar's Installation Manual Home is installed in a coord arcs with Rule 15-C bearing New Home Double wide Single vide Load Triple/Quad interplated from Rule 15C-1 1-beam pier pad size Other pier pad sizes (required by the mfq.) Perimeter pier pad size 1500 psr 2000 psr 2500 psr 3000 psr 3500 psr List all marriage wall openins greater than 4 foot and their pier pad sizes below. 000 pst Longitudinal Stabilizing Divice w/ Lateral Arms Namufacturer 740.ce Phase Longitudinal Stabilizing Dylce (LSD) Manufacturer Opening Footer Draw the approximnet locations of marriage wall openings & footir greater. Use this symbol to show the pers. Size 16" × 16" TIE DOWN CONTONENTS 口 PIER SPALONG TABLE FOR USED HOMES PIERPAD SIES $\square$ 4. (250)7.6 O<sub>2</sub> 60 **U** sd Home Seal# Imsallation Decal # עע id Zone II per spacing table 2×メレノノイメン 11 1/2" × 18 12" (342) Her pad size 23 KX 315 16216 20" x 20" Z (400) OH6# 1815211 41710 Wind Zone III 22" × 22" (484)\* Longitudinal Marriage wall Shearwall **4** ⇒ within 2' of end of home spaced at 5' 4" oc > Sidewall 20 x 20 17 3/16 x 25 3/16 떨뗩 POPULAR PAD SIZES 17 x 22 13 114 x 26 1/4 Date Pad Size 16 x 16 16 x 18 18 x 18.5 18.5 x 18.5 OTHER TIES FRAME TIES 24" X 24" ANCHORS (570)\* ගු ගු AS 5# 7 Number 26" x 26" (676) 348 400 441 676 360

# Mobile Home Permit Worksheet

Page 2 01 2	
Installer Signature	o an existing water meter, water tap, or other
	Plumbing  Plumbing  Park Pa. 112.1
Installer verifies	Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between multi-wide units. Pg.   3 1 2 1
	Ejechical
	Date Tested 3:1/e-18
Drain lines supported at Electrical crossovers pro	Installer Name Bush L. Kimer Le
Dryer vent installed outs	TESTS MUST BE PERFORMED BY A LICENSED INSTALLER
	reading is 275 with 4000 to holding capacity. Installer's initials
Siding on units is installed. Fireplace chimney installed.	Note: A state approved lateral arm system is bearing. I understand 5 ft anchors are allowed at the sidewall locations. I understand 5 ft anchors are required at all centerline tie points where the torque test anchors are required at all centerline the mobile home manufacturer may anchors are required at all centerline the mobile home manufacturer may
The hetternheard will be	here if you are declarity or these will require 5 foot ancrors.  showing 275 inch pounds or less will require 5 foot ancrors.
	Inch pounds of ch
Pg	TORQUE PROBE TEST
	X X X X X X X X X X X X X X X X X X X
understand a property in homes and that condensate a result of a pourly install a result of a pourly install of tare will not serve as a	Using 500 lb. increments, take the lowest reading and round down to that increment.
	2. Take the reading at the depth of the footer.
rooning nails at	1. Test the perimeter of the home at 5 localions.
	POCKET PENETROMETER TESTING METHOD
Floor: Type Fastener: Walls: Type Fastener: Roof: Type Fastener:	X is X X
$ \cdot $	
Debris and organic materia Water drainage: Natural	POCKET PENETROMETER TEST psf

Application Number.	
Date	
Date:	
:	

Debris and organic material removed Water drainage: Natural  Fastening multi wide units  Fastener:  Walls: Type Fastener:  Typ	plication Number: Date:
Debris and organic material removed water drainage: Natural Swale Pad Other  Floor: Type Fastener: Length: 6" Spacing: 10"  Walls: Type Fastener: 1 Length: 6" Spacing: 10"  For used homes a min. 30 gauge, 8" wide, galvantzed metal ship will be centered over the peak of the roof and fastened with galv.	
Debris and organic material removed  Water drainage: Natural  Fastening multi wide units  Floor: Type Fastener: Length: 6" Spacing: 20"  Walls: Type Fastener: 1 Length: 6" Spacing: 20"  Roof: Type Fastener: 1 Length: 9" Spacing: 20"  For used homes a min. 30 gauge, 8" wide, galvantzed metal strip will be centered over the peak of the roof and fastened with galv.	Site Properation
	ē (
	Fastening multi wide units
	Type Fastener: 1945 Length: 4" Spacing:
roofing nails at 2" on center on both sides of the centernise.	

nstalled gasket is a requirement of all new and used atton, mold, meldew and buckled marriage walls are ted or no gasket being installed. I understand a strip gasket. Installer's initials ALL

Gasket (weatherpeofing requirement)

Ž

Between Hoors Yes \_\_\_\_\_ Between Walls Yes \_\_\_\_\_ Bottorn of ridgebeam Yes \_ Installed:

repaired and/or laped. Yes Weatherproofing

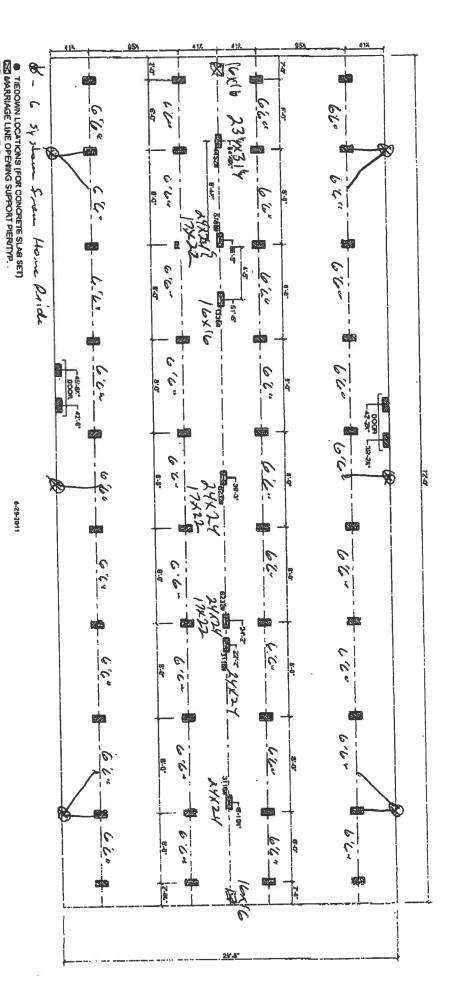
ed to manufacturer's specifications. Yes lied so as not to allow intrusion of rain water. Yes Hiscelaneous N.

yes No N/side of skirting. Yes N//stalled outside of skirting. Yes t 4 foot intervals. Yes otected. Yes Z A \

all information given with this permit worksheet s accurate and true based on the installation instructions and or Rule 15C-1 & 2

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Installer Signature Date 3-16-16



Live Oak Homes MODEL: S-3725A - 32 X 76 4-BEDROOM / 2-BATH

IN SUPPORT PIERTYP

FOUNDATION NOTES:

FOUNDATION NOTES:

FOUNDATION NOTES:

FOUNDATION NOTES:

FOUNDATION NOTES:

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FOUNDATION AND THE STANDARD WIND ZONE AND IS TO BE USED IN CONJUDING WITH THE INSTALLATION NAMEDLE ON THE SUPPRESSION OF THE STANDARD WIND THE SUPPRESSION OF THE STANDARD WIND THE SUPPRESSION OF THE SUP

(A) MAIN ELECTRICAL (D) ELECTRICAL CROSSOVER (D) WATER INLEY (D) WATER CROSSOVER (JF ANY) (E) GAS INLEY IF ANY) (F) GAS CROSSOVER (JF ANY)

(a) CLUCT CROSSOVER
 (b) SEWER DROPS
 (j) RETURN AIR (WOOPT, HEAT PUMP CHOUCT)
 (j) SUPPLY AIR (WOOPT, HEAT PUMP OHOUCT)

S-3725A

## STATE OF FLORIDA DEPARTMENT OF HEALTH

#### APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

	Permi	t Application Number
GRAJIAM	PART II - SITEPLAN -	
Scale: 1 inch = 40 feet.		
ė.	SERVED	warland
153 23-08E 3	EX SWANY A DWANH	- DOIVÍN
80	218 18 18 18 18 18 18 18 18 18 18 18 18 1	139' NA 139'
Notes:	Vari 300' 58915	LWELL L
Site Plan submitted by Plan Approved By	Not Approved	MASTER CONTRACTOR  Date County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

District No. 1 - Ronald Williams District No. 2 - Rusty DePratter District No. 3 - Bucky Nash District No. 4 - Everett Phillips 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:

3/20/2018 4:38:23 PM

Address:

270 NW PATRIOT Ct

City:

LAKE CITY

State:

FL

Zip Code

32055

Parcel ID

02100-118

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

#### WARRANTY DEED

This Warranty Deed made and executed the 7th day of March, 2018, by SUBRANDY LIMITED PARTNERSHIP, a Florida limited partnership, hereinafter called the grantor, to EARL EDWARD GRAHAM AND DEBORA ELAINE PRICE, each to an undivided one half interest with rights of survivorship and not as tenants in common, whose post office address is 270 NW Patriot Court, Lake City, Florida 32055, hereinafter called the grantee:

(Wherever used herein the terms "Grantor" and "Grantee" include all the parties to this instrument and

the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporation)

Witnesseth: That the grantor, for the consideration of the sum of \$ 10.00 and other valuable considerations, receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliens, remises, releases, conveys and confirms unto the grantee, all that certain land situate in Columbia County, Fiorida, viz

LOT 18, HUNTERS LANDING, a subdivision as recorded in Plat Book 7, Page 68, of the Public Records of Columbia County, Florida, subject to Restrictions recorded in O.R. Book 0925, Pages 0803-0805, of the Public Records of Columbia County, Florida, and subject to Power Line Easement.

Together with all the tenements, hereditaments and appurtenances thereto belong or in anywise appertaining.

To Have and to Hold, the same in fee simple forever.

And the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple: that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances, except taxes accruing subsequent to December 31, 2017.

In Witness Whereof, the said grantor has signed and scaled these presents the day and year first above written.

and delivered in our presence:

State of Florida County of Columbia

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared Bradley N. Dicks, who is personally known to me to be the person described in and who executed the foregoing instrument, who was not required to furnish identification, and he acknowledged before me that he executed the same and who did not take an oath.

WITNESS my hand and official seal in the County and State last aforesaid this 7th day of March,

MORIAH M. STRATT MY COMMISSION # GG 096544 EXPIRES: April 20, 2021 **Bonded Thru Notary Public Underwriters** 

This instrument prepared by: Bradley N. Dicks Address: P.O. Box 513 Lake City, FL 32056

Inst: 201812004612 Date: 03/07/2018 Time: 9:27AM Page 1 of 1 B: 1354 P; 2543, R.DeWitt Cason, Clerk of Court Columbia, Comaty, By: BS

Deputy ClerkDoc Stump-Deed: 105,00

Subrandy Limited Partnership



#### COLUMBIA COUNTY BUILDING DEPARTMENT 135 NE Hernando Ave, Suite B-21, Lake City, FL 32055 Phone: 386-758-1008 Fax: 386-758-2160

LICENSED QUALIFIER AUTHORIZATION

100 G FACKER	(license holder name), (Icensed qualifier
for Country ELECTRIC	LLC (company name), do certify that
the balow referenced person(s) listed on this for holder, or is/are employed by me directly or throughner of the corporation; or, pertner as defined in person(s) is/are under my direct supervision and sign permits; call for inspections and sign subcontinuous.	m is/ere contracted/hired by me, the license ugh an employee lessing arrangement; or, is an n Florida Statutes Chapter 488, and the said control and is/ere authorized to purchase and
Printed Name of Person Authorized	Signature of Authorized Person
1. Onlis Burd	1
2. Porly Ford	2. Roch D7
3. Leo JACKSON JR	3. Judd-Ja
4.	4.
5.	5.
Local Ordinances. I understand that the State are authority to discipline a license holder for violatic officers, or employees and that I have full responsed ordinances inherent in the privilege granted if at any time the person(a) you have authorized officer(s), you must notify this department in write authorized persons to use your name and/or	tons committed by him/her, his/her agents, neibility for compliance with all statutes, codes by Issuence of such permits.  Is/are no longer agents, employee(s), or ting of the changes and submit a new letter of tous lists. Failure to do so may allow
8010	GE MODE 4/20/16
Worrised Obsitters Signature (Notarized)	License Number Date
NOTARY INFORMATION COUNTY OF	Clumbia
The above liasnes holder, whose name is	no G Jackson
remonally appeared before me and is known by (type of I.D.)  NOTARY'S SIGNATURE	this dev of for 20/6.  (Seal/Stamp)
WONESS IN TAKES  SERVICE OF TAKES OF THE SERVICE OF	



#### COLUMBIA COUNTY BUILDING DEPARTMENT

#### LICENSED QUALIFIER AUTHORIZATION

	ER AUTHORIZATION
1. KonAld E Bond SE	(license holder name), licensed qualifier
for STIPE CREST ENTERDENSES	(company name), do certify that
the below referenced person(s) listed on this for	rm is/are contracted/hired by me, the license bugh an employee leasing arrangement; or, is an in Florida Statutes Chapter 468, and the said d control and is/are authorized to purchase and
Printed Name of Person Authorized	Signature of Authorized Person
1. DALE BURD	1.
2. Rock, Ford	2 (62/37) 7
3. Killy Bishas	3 Kelly Bishof
4.	4.
5.	5.
I. the license holder, realize that I am responsible under my license and fully responsible for completional Ordinances. I understand that the State are authority to discipline a license holder for violation officers, or employees and that I have full responsand ordinances inherent in the privilege granted.	liance with all Florida Statutes, Codes, and and County Licensing Boards have the power and ons committed by him/her, his/her agents, asibility for compliance with all statutes, codes
If at any time the person(s) you have authorized officer(s), you must notify this department in writ authorization form, which will supersede all previugauthorized persons to use your name and/or li	ing of the changes and submit a new letter of ious lists. Failure to do so may allow
Licensed Qualifiers Signature (Notarized)	CRC 1817458 2-14-14  License Number Date
NOTARY INFORMATION: STATE OF:COUNTY OF:	Bay
The above license holder, whose name is Roy personally appeared before me and is known by (type of I D.) on I	me or has produced identification this 14th day of FEB 20 (4c.)
Struy ann ldopkins	- (Seal/Stamp)

Notary Public State of Florids
Stacey Am Hopkins
My Commission FF 188407
Expires 11/08/2018

#### MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER	1803-51-A	CONTRACTOR_	Rusty Knowles	PHONE 386-397-0886

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

Graham

In Columbia County one permit will cover all trades doing work at the permitted site. It is <u>KEQUIKED</u> 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 Leo Jackson	Signature
	License #:ES 12001176	Phone #: 386-294-2993
1503	Qualifier Form Att	tached X
MECHANICAL/	Print Name_Ronald E Bonds Sr.	Signature
A/C 1663	License #: CAC 1817658	Phone #: 800-259-3470
	Qualifier Form Att	tached X

Qualifier Forms cannot be submitted for any Specialty License.

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			

F. S. 440.103 Building permits; identification of minimum premium policy.—Every employer shall, as a condition to applying for and receiving a building permit, show proof and certify to the permit issuer that it has secured compensation for its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each time the employer applies for a building permit.

Revised 10/30/2015



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

PERMIT NO.	18-0242E
DATE PAID: FEE PAID: RECEIPT #:	3 19 113 ' LO ,OD

[ ]	CATION FOR: New System Repair	Ez Ez	kisting Syst	:em [	]	Holding Temporar	Tank Y	[	]	Innovative
APPLI	CANT: Earl Grab	am								
ageni	: ROCKY FORD, A	& B CONS	TRUCTION				TEL	ЕРНО	NE:	386-497-2311
MAILI	ING ADDRESS: 546	SW Dorto	ch Street, E	TT. WHITE,	FL,	32038				
BY A APPLI	COMPLETED BY A PERSON LICENSED CANT'S RESPONSI	PURSUANT BILITY TO	TO 489.105 PROVIDE DO	(3) (m) OR CUMENTATIO	489 ON O	.552, FLO	RIDA S E THE	STAT LOT	UTE S	S CREATED OR
PROPE	RTY INFORMATION	ř								
LOT:	18 BLOCK:	na l	SUB: <u>Hunter</u>	s Landing	ŗ				_ P:	LATTED:
PROPE	RTY ID #: <u>13-3</u>	3-16-021	00-118	ZONIN	1G: -		/M OR	EQU	JIVA	LENT: [ Y /N)]
PROPE	RTY SIZE: 1.03	ACRES	WATER SUPPI	Y: [X] PI	RIVA	TE PUBLI	c [ ]	]<=2	0000	GPD [ ]>2000GPD
IS SE	WER AVAILABLE A	S PER 381	L.0065, FS?	[ Y N		r	ISTAN	CE I	ro s	EWER:FT
PROPE	RTY ADDRESS: 27	0 NE Pat	criot Court	, Lake Ci	ty,	FL				
DIREC	TIONS TO PROPER	TY: US 4	1 North, T	L Moore R	oad	, TR Cima	rron	Way	, T	R Canton Lane
TL Pa	atriot Court,	To addre	ss on left							
BUILD	ING INFORMATION	Ī	[X] RESID	ENTIAL		[ ] COM	MERCI <i>I</i>	AL		
Unit No	Type of Establishment		No. of Bedrooms			mmercial/ ble 1, Ch				l System Design FAC
1 2	SF Residenti	.al	3	2136	_=	382 -3B	R L	ıka	Sor	Like
3										
ιΝı	Floor/Equipmen	t Drains	[N Oth	er (Specif	· y)					
SIGNA	TURE:	/ n	7-0				1	DATE	: 3	/19/2018

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

### STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT Permit Application Number ------ PART II - SITEPLAN ------Scale: 1 inch = 40 feet. WELLJON DRIVE 93 WELL 300 Notes: Site Plan submitted by MASTER CONTRACTOR Date 3/19/18 Plan Approved Not Approved County Health Department HANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated: 64E-6.001, FAC (Stock Number: 5744-002-4015-6)