

☒ Sub VF Form

Sent email 4.26.18 - JLV spoke w/ Sonya 4.26.18 (Penny check)
 " " " 5.8.18 " " " " 5.8.18
 W spoke to Sonya 5-16-18 - LHSent an email to Sonya " " " \$375.00 including DP

Mobile Home Permit Worksheet

Application Number: _____

Date: _____

Installer:

Paulie Nicks

License #

1H1025145/1

Address of home being installed

138 SW High Widen Way

Manufacturer

Horton

Length x width

14x66

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.

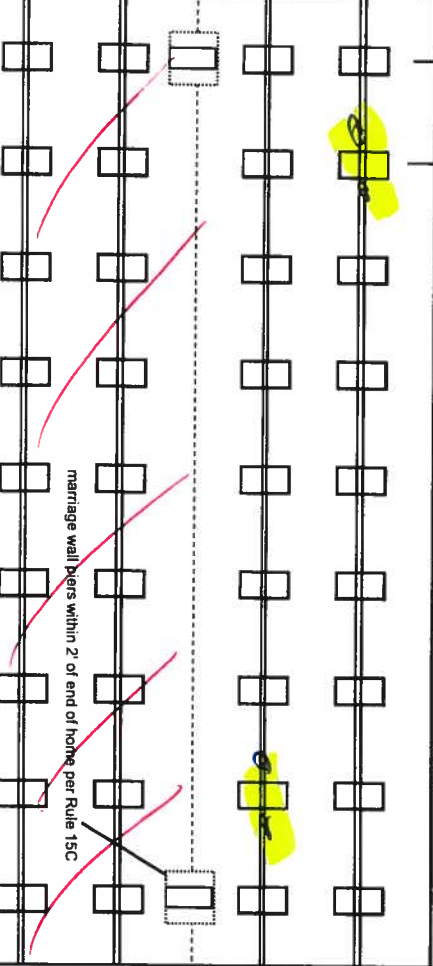
Installer's initials

PN

Typical pier spacing



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



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 #

50243

Triple/Quad

☐

Serial #

H113045G

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

14x

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

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 |
| 17.346 x 25.376 | 441 |
| 17.112 x 25.112 | 446 |
| 24 x 24 | 576 |
| 26 x 26 | 676 |

ANCHORS

4 ft 5 ft

FRAME TIES

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

OTHER TIES

Number

Sidewall

Longitudinal

Marriage wall

Shearwall

Mobile Home Permit Worksheet

Application Number: _____

Date: _____

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 650 psi or check here to declare 1000 lb. soil without testing.

X 150 X 150 X 150

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 150 X 150 X 150

TORQUE PROBE TEST

The results of the torque probe test is 2885 inch pounds or check here if you are declaring 5' anchors without testing 4000. 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

Electrical

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

Plumbing

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

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

Site Preparation

Debris and organic material removed ☒ Swale ☒ Pad ☒ Other ☐

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, mildew and buckled marriage walls are a result of a poorly installed or no gasket being installed. I understand a strip of tape will not serve as a gasket.

Installer's initials

Type gasket SW Installed: Between Floors Yes SW
Pg. 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

Date

Used

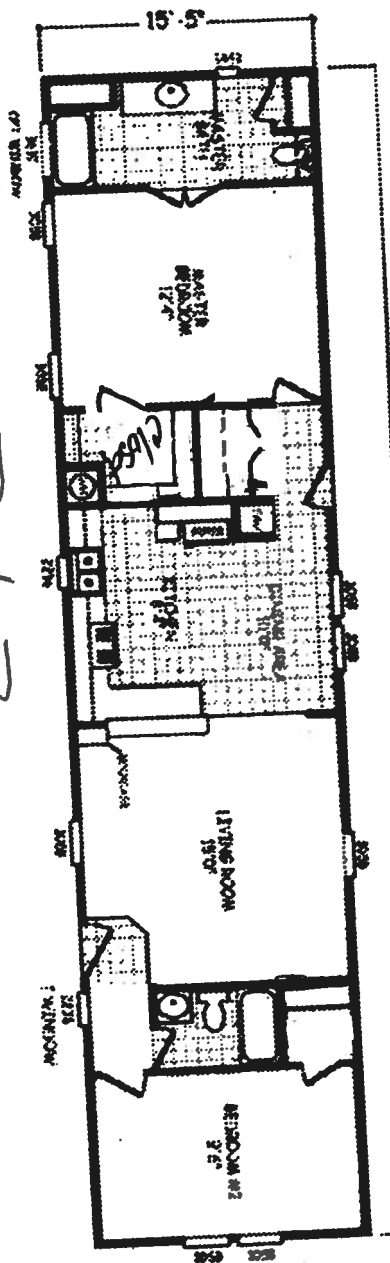
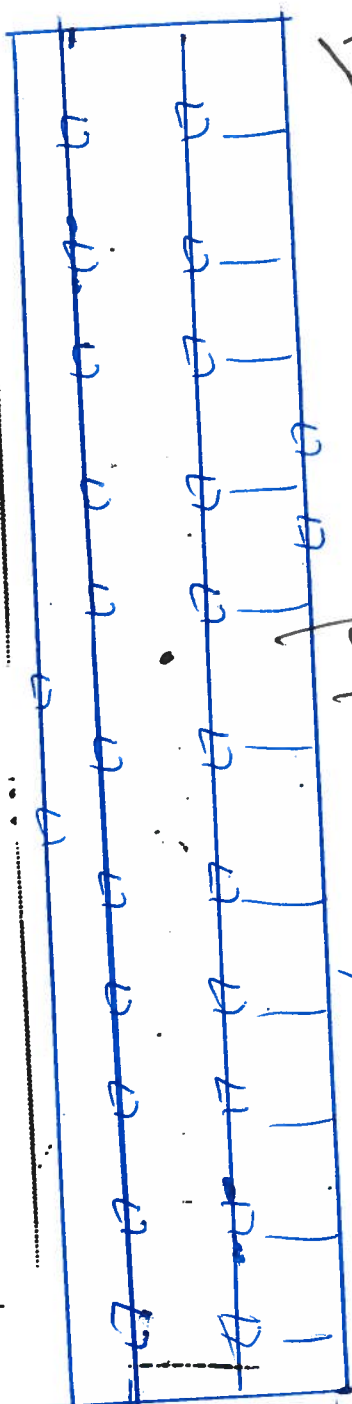
1995
Horton

Vehicle Plan.

14x6.6

Schmidt 285 Amps

17x25 (5)
1500
per



2+2
14x6.6 box

with
70 Hitch

Columbia County Property Appraiser

updated: 3/7/2018

2017 Tax Year

Parcel: 01-7S-15-04149-527

Tax Collector

Tax Estimator

Property Card

Parcel List Generator

<< Next Lower Parcel Next Higher Parcel >>

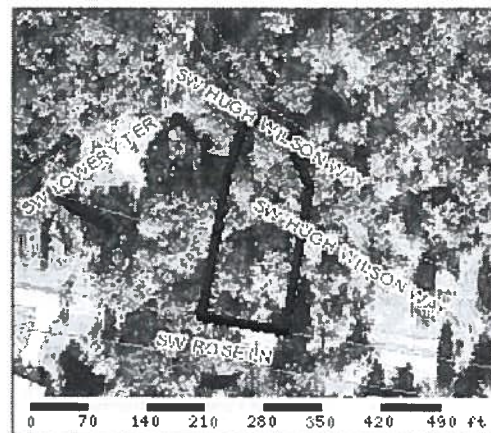
2017 TRIM (pdf)

Interactive GIS Map

Print

Search Result: 1 of 1

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|--------------|------|
| Owner's Name | MUCKLE RICHARD | | |
| Mailing Address | 1323 TAYLOR RD CHOCOWINITY, NC 27817 | | |
| Site Address | 128 SW HUGH WILSON WAY | | |
| Use Desc. (code) | SINGLE FAM (000100) | | |
| Tax District | 3 (County) | Neighborhood | 6716 |
| Land Area | 0.500 ACRES | Market Area | 02 |
| Description | NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction. | | |
| LOT 27 BLOCK 5 WILSON SPRINGS COMMUNITY PHASE 1-B. COMM AT NE COR OF SE1/4, RUN S 1218.72 FT, RUN S 46 DG W 1154.61 FT, S 10 DG W 99.92 FT TO A PT ON N R/W LINE OF SW MEMORIAL DR, N 80 DG W ALONG R/W 199.90 FT TO POB, CONT N 80 DG W 100.07 FT, N 09 DG E 171.30 FT, N 21 DG E 73.77 FT TO A PT ON SWLY R/W LINE OF SW SPRY CT, S 56 DG E 58.50 FT, S 22 DG E 59.27 FT, S 09 DG W 170.70 FT TO POB SWD 103 ...more>>> | | | |



Property & Assessment Values

| | | |
|------------------------------|-------------------------------------------------|------------|
| 2017 Final Values | | |
| Mkt Land Value | cnt: (0) | \$8,164.00 |
| Ag Land Value | cnt: (1) | \$0.00 |
| Building Value | cnt: (0) | \$0.00 |
| XFOB Value | cnt: (1) | \$1,000.00 |
| Total Appraised Value | | \$9,164.00 |
| Just Value | | \$9,164.00 |
| Class Value | | \$0.00 |
| Assessed Value | | \$9,164.00 |
| Exempt Value | | \$0.00 |
| Total Taxable Value | Cnty: \$9,164 Other: \$9,164 Schl: \$9,164 | |

| | | |
|------------------------------|-------------------------------------------------|------------|
| 2017 Working Values | | |
| Mkt Land Value | cnt: (0) | \$8,864.00 |
| Ag Land Value | cnt: (1) | \$0.00 |
| Building Value | cnt: (0) | \$0.00 |
| XFOB Value | cnt: (1) | \$1,000.00 |
| Total Appraised Value | | \$9,864.00 |
| Just Value | | \$9,864.00 |
| Class Value | | \$0.00 |
| Assessed Value | | \$9,864.00 |
| Exempt Value | | \$0.00 |
| Total Taxable Value | Cnty: \$9,864 Other: \$9,864 Schl: \$9,864 | |

NOTE: 2018 Working Values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

Show Similar Sales within 1/2 mile

| Sale Date | OR Book/Page | OR Code | Vacant / Improved | Qualified Sale | Sale RCode | Sale Price |
|-----------|--------------|---------|-------------------|----------------|------------|-------------|
| 2/27/2018 | 1354/967 | WD | V | Q | 01 | \$20,000.00 |
| 3/18/2011 | 1211/1262 | QC | V | U | 11 | \$0.00 |
| 1/18/2005 | 1036/1171 | WD | V | U | 08 | \$8,000.00 |

Building Characteristics

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

Trailer & Out Building

| Code | Desc | Year Blt | Value | Units | Dims | Condition (% Good) |
|------|---------|----------|------------|-------------|-----------|--------------------|
| 0285 | SALVAGE | 2010 | \$1,000.00 | 0000001.000 | 0 x 0 x 0 | (000.00) |

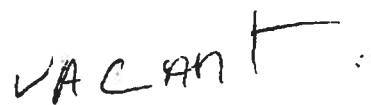
Land Breakdown

| Lnd Code | Desc | Units | Adjustments | Eff Rate | Lnd Value |
|----------|----------------|------------------------|---------------------|------------|------------|
| 000700 | MISC RES (MKT) | 1 LT - (0000000.500AC) | 1.00/1.00/0.70/1.00 | \$8,864.00 | \$8,864.00 |

Columbia County Property Appraiser

updated: 3/7/2018

Att: Tom
cust: Muckel



mockle
site PLAN

Parcel #

01-75-15-04149-527

Lot 27 B/k 5
Wilson Springs
Phase 1-B

| | | | | | | |
|------------------------------------------|---------------------|---------------------|-------------------|------------------------|-------------------|---------------------------------|
| Identification Number H113045G | Year 1995 | Make HORT | Body HS | WT-L-BHP 66' | Vessel Regis. No. | Title Number 69327205 |
|------------------------------------------|---------------------|---------------------|-------------------|------------------------|-------------------|---------------------------------|



Registered Owner:

Date of Issue

09/08/2010

Lien Release
Interest in the described vehicle is hereby released
By _____

Title _____

Date _____

SIDNEY RAY TOMPKINS
312 SE FA JE JAM WAY
BRANFORD, FL 32008

IMPORTANT INFORMATION

1. When ownership of the vehicle described herein is transferred, the seller MUST complete in full the Transfer of Title by Seller section at the bottom of the certificate of title.
2. Upon sale of this vehicle, the seller must complete the notice of sale on the reverse side of this form.
3. Remove your license plate from the vehicle.
4. See the web address below for more information and the appropriate forms required for the purchaser to title and register the vehicle, mobile home or vessel <http://www.hsmv.state.fl.us/html/titinf.html>

Mail To:

SIDNEY RAY TOMPKINS
312 SE FA JE JAM WAY
BRANFORD, FL 32008

CERTIFICATE OF TITLE

| | | | | | | |
|------------------------------------------|---------------------|---------------------|-------------------|------------------------|-------------------|---------------------------------|
| Identification Number H113045G | Year 1995 | Make HORT | Body HS | WT-L-BHP 66' | Vessel Regis. No. | Title Number 69327205 |
|------------------------------------------|---------------------|---------------------|-------------------|------------------------|-------------------|---------------------------------|

Lien Release
Interest in the described vehicle is hereby released

| | | | | | | | |
|--------------------------------------------------|---------------------|---------------|-----------------|---------------|-----------------------|------------------------------------|------|
| Pay State FL | Color DMK | Primary Brand | Secondary Brand | No of Brands | Use PRIVATE | Prev Issue Da 07/01/2010 | By |
| Odometer Status or Vessel Manufacturer or OH use | | | | Hull Material | Prop | Date of Issue 09/08/2010 | Date |

Registered Owner

SIDNEY RAY TOMPKINS
312 SE FA JE JAM WAY
BRANFORD, FL 32008

1st Lienholder
NONE

DIVISION OF MOTOR VEHICLES

TALLAHASSEE

FLORIDA

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

Carl A. Ford
 Carl A. Ford
 Director

Julie Jones
 Julie L. Jones
 Executive Director

72765271
 7276-291

TRANSFER OF TITLE BY SELLER (This section must be completed at the time of sale)

Federal and/or state law require that the seller state the mileage, purchaser's name, selling price and date sold in connection with the transfer of title. Failure to complete or providing a false statement may result in fines and/or imprisonment. This release is warranted to be true from any lien claims as noted on the face of the certificate and title must be released or vessel described hereby transferred to

Seller Must Enter Purchaser's Name:

Purchaser Name is Julie Jones

Address: *3973 W US Hwy 20 State City FL 32055*

Seller Must Enter Selling Price:

I Affirm that this is a:

☐ For

☐ For

☐ For

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UNDER PENALTY OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

SELLER SIGN

Sidney R. Tompkins

CO-SELLER SIGN

Sign Here

Print Here

Print Here

Selling Dealer's License Number

Tax No.

Tax Collected

Purchaser Name

Purchaser Name

PURCHASER SIGN

Sign Here

PURCHASER SIGN

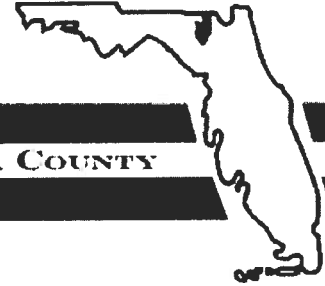
Sign Here

Print Here

Print Here

NOTICE: PENALTY IS REQUIRED BY LAW IF NOT SUBMITTED FOR TRANSFER WITHIN 30 DAYS AFTER DATE OF PURCHASE.

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: **5/3/2018 3:37:03 PM**

Address: **281 SW ROSE Ln**

City: **FORT WHITE**

State: **FL**

Zip Code **32038**

Parcel ID **04149-527**

REMARKS: Address for proposed structure on parcel. Address replaces 128 SW Hugh Wilson Way.

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

Address Issued By: **Signed:/ Matt Crews**

Columbia County GIS/911 Addressing Coordinator

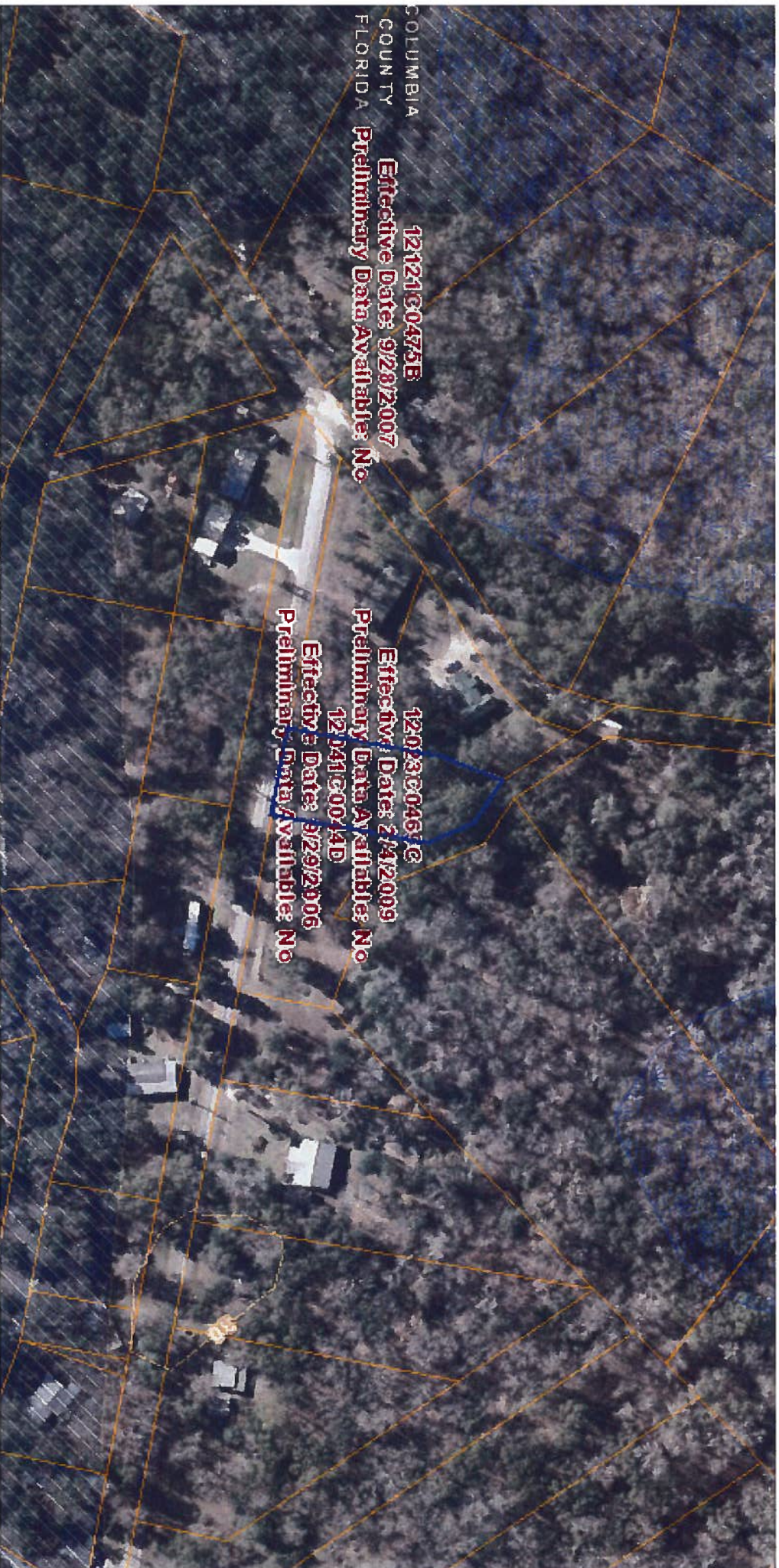
**COLUMBIA COUNTY
911 ADDRESSING / GIS DEPARTMENT**

263 NW Lake City Ave., Lake City, FL 32055 Telephone: (386) 758-1125
Email: gis@columbiacountyfla.com

COLUMBIA
COUNTY
FLORIDA

1212100475B
Effective Date: 9/28/2007
Preliminary Data Available: No

1201800461C
Effective Date: 7/4/2009
Preliminary Data Available: No
1214100014D
Effective Date: 8/29/2006
Preliminary Data Available: No





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

MOBILE HOME INSTALLERS LETTER OF AUTHORIZATION

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

only, 128 SW Hugh Wilson Way, and I do certify that
Job Address

the below referenced person(s) listed on this form is/are under my direct supervision and control and is/are authorized to purchase permits, call for inspections and sign on my behalf.

| Printed Name of Authorized Person | Signature of Authorized Person | Authorized Person is... (Check one) |
|-----------------------------------|--------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| Sonya Crews | Sonya Crews | <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner |
| Linda Craft | | <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner |
| | | <input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner |

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and I am fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances.

I understand that the State Licensing Board has the power and authority to discipline a license holder for violations committed by him/her or by his/her authorized person(s) through this document and that I have full responsibility for compliance granted by issuance of such permits.

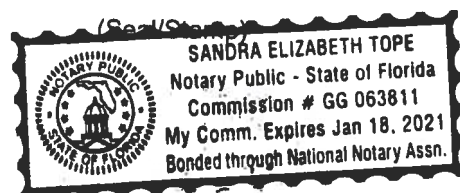
Ronnie Norris License Holders Signature (Notarized) TH1025451 License Number 4/18/18 Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Ronnie Norris, personally appeared before me and is known by me or has produced identification (type of I.D.) 18 on this 18 day of April, 20 18.

Sandra Elizabeth Tope
NOTARY'S SIGNATURE



Mucke



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

I, Charles Bishop (license holder name), licensed qualifier
for George Bishop Inc (company name), do certify that

the below referenced person(s) listed on this form is/are contracted/hired by me, the license holder, or is/are employed by me directly or through an employee leasing arrangement, or, is an officer of the corporation, or, partner as defined in Florida Statutes Chapter 468, and the said person(s) is/are under my direct supervision and control and is/are authorized to purchase and sign permits, call for inspections and sign subcontractor verification forms on my behalf.

| Printed Name of Person Authorized | Signature of Authorized Person |
|-----------------------------------|--------------------------------|
| 1. <u>Michael Bishop</u> | 1. <u>[Signature]</u> |
| 2. <u>[Signature]</u> | 2. <u>[Signature]</u> |
| 3. | 3. |
| 4. | 4. |
| 5. | 5. |

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances. I understand that the State and County Licensing Boards have the power and authority to discipline a license holder for violations committed by him/her, his/her agents, officers, or employees and that I have full responsibility for compliance with all statutes, codes and ordinances inherent in the privilege granted by issuance of such permits.

If at any time the person(s) you have authorized is/are no longer agents, employee(s), or officer(s), you must notify this department in writing of the changes and submit a new letter of authorization form, which will supersede all previous lists. Failure to do so may allow unauthorized persons to use your name and/or license number to obtain permits.

[Signature]
Licensed Qualifiers Signature (Notarized)

421500000
License Number

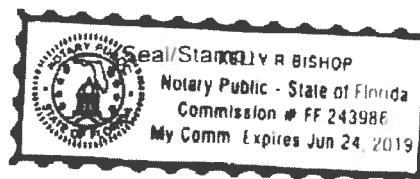
3/1/16
Date

NOTARY INFORMATION

STATE OF FL COUNTY OF Alachua

The above license holder, whose name is George Bishop,
personally appeared before me and is known by me or has produced identification
(type of ID) FL ID on this 12 day of March, 2016

[Signature]
NOTARY'S SIGNATURE



Muckle

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1804 CONTRACTOR Ronnie Norris PHONE 386-623-7714

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

In Columbia County one permit will cover all trades doing work at the permitted site. It is REQUIRED that we have records of the subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and Ordinance 84-6, 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.

| | | | |
|--------|--------------------|-------------------------------------------------------------|------------------------------|
| ✓ 1674 | ELECTRICAL | Print Name <u>Glenn Whittington</u> | Signature <u>[Signature]</u> |
| | | License # <u>EC13002957</u> | Phone # <u>386-972-1700</u> |
| | | Qualifier Form Attached <input checked="" type="checkbox"/> | |
| | MECHANICAL/ A/C | Print Name _____ | Signature _____ |
| | | License # _____ | Phone # _____ |
| | | Qualifier Form Attached <input type="checkbox"/> | |

Qualifier Forms cannot be submitted for any Specialty License.

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

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

Revised 10/30/2015

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1804-120CONTRACTOR Ronnie NorrisPHONE 386-623-7714

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

In Columbia County one permit will cover all trades doing work at the permitted site. It is **REQUIRED** that we have records of the subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and Ordinance 89-6, a contractor shall require all subcontractors to provide evidence of workers' compensation or exemption, general liability insurance and a valid Certificate of Competency license in Columbia County.

Any changes, the permitted contractor is responsible for the corrected form being submitted to this office prior to the start of that subcontractor beginning any work. Violations will result in stop work orders and/or fines.

| | |
|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ELECTRICAL | Print Name _____ Signature _____ License #: _____ Phone #: _____ Qualifier Form Attached <input type="checkbox"/> |
| ✓ MECHANICAL/ A/C 950 | Print Name <u>Michael A. Boland</u> Signature <u>[Signature]</u> License #: <u>CAC1817716</u> Phone #: <u>(352) 274-9320</u> Qualifier Form Attached <input type="checkbox"/> |

Qualifier Forms cannot be submitted for any Specialty License.

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

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

Revised 10/30/2015



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

PERMIT NO. 18-0356
DATE PAID: 4/26/2018
FEE PAID: 310.00
RECEIPT #: AP1342054

APPLICATION FOR:

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

APPLICANT: Richard Muckle

AGENT: ROCKY FORD, A & B CONSTRUCTION

TELEPHONE: 386-497-2311

MAILING ADDRESS: 546 SW Dortch Street, FT. WHITE, FL, 32038

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3) (m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION

LOT: 27 BLOCK: na SUB: Wilson Springs Comm PH 2 Unrec PLATTED: _____

PROPERTY ID #: 01-7S-15-04149-714 ZONING: _____ I/M OR EQUIVALENT: ☐ Y ☒ N

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

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ Y ☒ N DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: SW Rose Lane, Fort White

DIRECTIONS TO PROPERTY: SR 47 South, TR Wilson Springs Road, Follow to TR on Memorial Dr (Wilson Springs), TR Rose Lane, 2/10ths mile on right

BUILDING INFORMATION

☒ RESIDENTIAL ☐ COMMERCIAL

| Unit No | Type of Establishment | No. of Bedrooms | Building Area Sqft | Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC |
|---------|-----------------------|-----------------|--------------------|--------------------------------------------------------------------|
| 1 | SF Residential | 2 | 924 | |
| 2 | | | | |
| 3 | | | | |

☒ Floor/Equipment Drains ☒ Other (Specify) _____

SIGNATURE: Rocky D Ford

DATE: 4/26/2018

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

Permit Application Number _____

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

Scale: 1 inch = 40 feet.

SE 12
SURVEY
ATTACHED

Notes: _____

Site Plan submitted by: Rach D. [Signature] MASTER CONTRACTOR
Plan Approved ✓ Not Approved _____ Date 4/30/2018
By Sean [Signature] ESI Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

2000 TAX



Adam Collins Engineering, Inc.
c/o Adam Collins, P.E.
12558 Bass Road
Live Oak, FL 32060
850-888-2326
C of A # 31728

1 FT RISE CERTIFICATION

Client/Owner: Richard Muckle

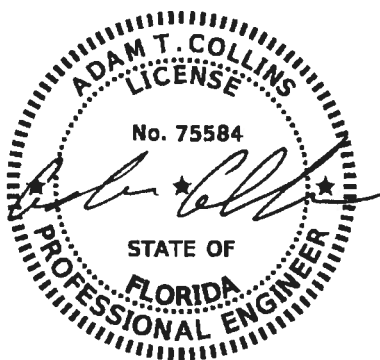
Property Description: 0.5 acres in Columbia County, FL
Parcel # 01-7S-15-04149-527

Structures in SFHA Zone AE: A 14 ft by 66 ft manufactured home with lowest
existing ground elevation adjacent to structure at 35 ft

Elevation of 100yr flood: 34.5 ft NAVD88

Community Panel: 12023C0469C

I hereby certify that construction of the proposed structure listed above is outside the 100yr flood elevation and will not increase flood elevations in the special flood hazard area in which the property lies.



Digitally signed by Adam Collins
DN: c=US, st=Florida, l=Live Oak, o=Adam
Collins Engineering, Inc., cn=Adam
Collins, email=adam@collinseng.com
Date: 2018.05.16 14:21:48 -04'00'

Adam T. Collins, P.E.
License No. 75584

Development Permit
F 023- 18-004

FLOOD ZONE AE BY LH 2-4-2009 FIRM COMMUNITY # 120070 - PANEL # 469C
FIRM 100 YEAR ELEVATION 34.5' PLAN INCLUDED YES or NO
REQUIRED LOWEST HABITABLE FLOOR ELEVATION 35.5'
IN THE REGULATORY FLOODWAY YES or (NO) RIVER Santa Fe
SURVEYOR / ENGINEER NAME Adam Collins LICENSE NUMBER 75584

DATE THE FINISHED FLOOR ELEVATION CERTIFICATE WAS PROVIDED

PERMIT EXPIRES ONE YEAR FROM THE DATE OF ISSUANCE