

~~Serial #~~

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 7-1-15) Zoning Official BWS Building Official TM 12/20/17
AP# 1712-42 Date Received 12-18-17 By UH Permit # 36178
Flood Zone X Development Permit _____ Zoning A-3 Land Use Plan Map Category A
Comments _____
FEMA Map# _____ Elevation _____ Finished Floor 1' above River _____ In Floodway _____
☒ Recorded Deed or ☐ Property Appraiser PO ☒ Site Plan ☒ EH # 17-0792 ☒ Well letter OR
☐ Existing well ☐ Land Owner Affidavit ☒ Installer Authorization ☐ FW Comp. letter ☒ App Fee Paid
☐ DOT Approval ☐ Parent Parcel # _____ ☐ STUP-MH _____ ☒ 911 App
☐ Ellisville Water Sys ☒ Assessment over ☐ Out County ☐ In County ☒ Sub VF Form

Property ID # 00-00-00-01438-013 Subdivision Three River Estates Lot# 13

☒ New Mobile Home ☐ Used Mobile Home MH Size 28X44 Year 2018

Applicant Erica Ashley Phone # 386-418-0424

Address 12426 NW US Hwy 441 Alachua, FL 32615

Name of Property Owner Carl & Carla Marshall Phone# _____

911 Address 5.90 SW Utah Street Fort White FL 32038

Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Duke Energy

Name of Owner of Mobile Home Carl & Carla Marshall Phone # _____

Address _____

Relationship to Property Owner self

Current Number of Dwellings on Property 0

Lot Size .918 Total Acreage .918

Do you : Have Existing Drive or Private Drive or need Culvert Permit or Culvert Waiver (Circle one)
(Currently using) (Blue Road Sign) (Putting in a Culvert) (Not existing but do not need a Culvert)

Is this Mobile Home Replacing an Existing Mobile Home no

Driving Directions to the Property South Hwy 27 to SW Utah Street, left, then property is 14th lot on left. Lot#13

Name of Licensed Dealer/Installer James Hall Phone # 352-595-8339

Installers Address PO Box 345 Lowell, FL 32663

License Number TH1025175 Installation Decal # 47589

Spoke to Officer
1-9-18

\$ 684.78

Mobile Home Permit Worksheet

Application Number:

Date:

12/13/17

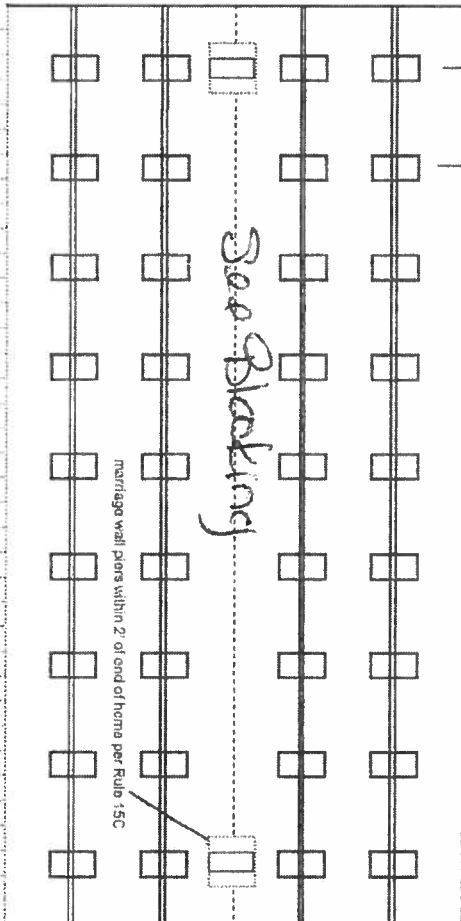
Installer: James Hall License # TH1025173

Address of home being installed

Manufacturer Live Oak Length x width 28x44

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 GH



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 # 47589

Tripler/Quad ☐ Serial # 76009

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	16" x 16" (256)	18 1/2" x 18 (342)	20" x 20" (400)	22" x 22" (484)	24" x 24" (576)	26" x 26" (676)
1000 psf	3'	4'	5'	6'	7'	8'
1500 psf	4'6"	6'	7'	8'	8'	8'
2000 psf	6'	8'	8'	8'	8'	8'
2500 psf	7'6"	8'	8'	8'	8'	8'
3000 psf	8'	8'	8'	8'	8'	8'
3500 psf	8'	8'	8'	8'	8'	8'

* interpolated from Rule 15C-1 pier spacing table.

PIER PAD SIZES

I-beam pier pad size 24x24

Perimeter pier pad size 11"

Other pier pad sizes (required by the mfg.) 11"

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.

Pad Size	Sq in
16 x 16	256
16 x 18	288
18 5/8 x 18 5/8	342
16 x 22 1/2	360
17 x 22	374
13 1/4 x 26 1/4	348
20 x 20	400
17 3/16 x 25 3/16	441
17 1/2 x 25 1/2	446
24 x 24	576
26 x 26	676

ANCHORS

4 ft 5 ft

FRAME TIES

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

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD) Manufacturer ISAS Systems

Longitudinal Stabilizing Device w/ Lateral Arms Manufacturer

OTHER TIES

Number Sidewall Longitudinal Marriage wall Shearwall

Mobile Home Permit Worksheet

POCKET PENETROMETER TEST

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

X _____ X _____ X _____

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 _____ X _____ X _____

TORQUE PROBE TEST

The results of the torque probe test is 1500 inch pounds or check here if you are declaring 5' anchors without testing ☒ A test showing 275 inch pounds or less will require 5 foot anchors.

Note: A state approved lateral arm system is being used and 4 ft. anchors are allowed at the sidewall locations. 1 understand 5 ft anchors are required at all centerline tie points where the torque test reading is 275 or less and where the mobile home manufacturer may require anchors with 4000 lb holding capacity.

GA Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

James Hall

Date Tested

12/13/17

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. 5027

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 5028

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 5029

Application Number: _____

Date: 12/13/17

Site Preparation

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

Fastening multi wide units

Floor: Type Fastener: 2x4 Length: 3/8 Spacing: 26
Walls: Type Fastener: #8 x 2 1/2 Length: 1/8 Spacing: 16
Roof: Type Fastener: 1 1/4 Length: 3/8 Spacing: 26
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: GA

Type gasket Feathrill

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: _____

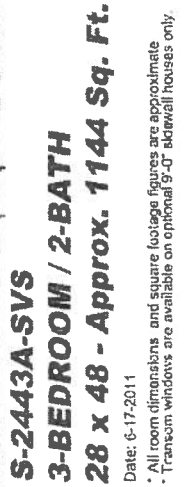
Installer verifies all information given with this permit worksheet is accurate and true based on the manufacturer's installation instructions and or Rule 15C-1 & 2

Installer Signature

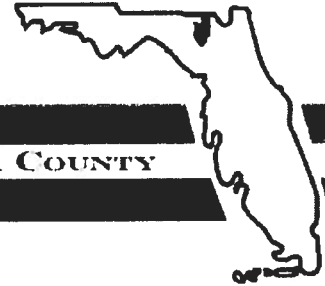
GA

Date 12/13/17





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: **12/20/2017 10:12:53 AM**

Address: **590 SW UTAH St**

City: **FORT WHITE**

State: **FL**

Zip Code **32038**

Parcel ID **01438-013**

REMARKS: Address for proposed structure on parcel.

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**

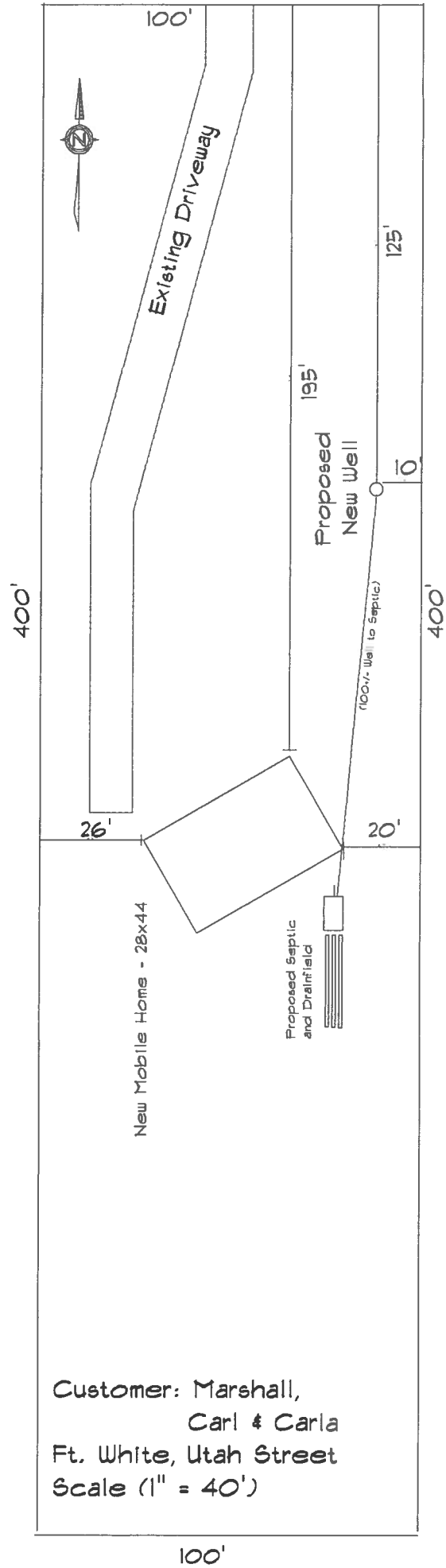
Columbia County GIS/911 Addressing Coordinator

**COLUMBIA COUNTY
911 ADDRESSING / GIS DEPARTMENT**

263 NW Lake City Ave., Lake City, FL 32055 Telephone: (386) 758-1125

Email: gis@columbiacountyfla.com

UTAH STREET



Customer: Marshall,
Carl & Carla
Ft. White, Utah Street
Scale (1" = 40')

Sale Price \$ 0.00
Doc Stamp .70

This Instrument Prepared by & return to:
Name: CHARLES GIDDENS
Address: 229 SW BOSTON TERR
FORT WHITE FL 32038

Inst: 201712022507 Date: 12/11/2017 Time: 11:25AM
Page 1 of 1 B: 1349 P: 1362, P. DeWitt Cason, Clerk of Court
Columbia, County, By: BD
Deputy Clerk Doc Stamp-Deed: 0.70

Parcel I.D. #: 01438-013 & 01438-014

SPACE ABOVE THIS LINE FOR PROCESSING DATA

SPACE ABOVE THIS LINE FOR RECORDING DATA

THIS WARRANTY DEED Made the 11th day of December, A.D. 2017, by CHARLES EDGAR GIDDENS, A WIDOWER hereinafter called the grantor, to CARL W. MARSHALL and CARLA MARSHALL, HUSBAND AND WIFE whose post office address is 229 SW BOSTON TERRACE, FORT WHITE, FL. 32038, hereinafter called the grantees:

(Wherever used herein the terms "grantor" and "grantees" include all the parties to this instrument, singular and plural, the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporations, wherever the context so admits or requires.)

Witnesseth: That the grantor, for and in consideration of the sum of \$10.00 and other valuable consideration, receipt whereof is hereby acknowledged, does hereby grant, bargain, sell, alien, remise, release, convey and confirm unto the grantees all that certain land situate in Columbia County, State of Florida, viz:

LOTS 13 AND 14, BLOCK 4, UNIT 23, THREE RIVERS ESTATES, A SUBDIVISION ACCORDING TO THE PLAT THEREOF RECORDED IN PLAT BOOK 4, PAGE 80, OF THE PUBLIC RECORDS OF COLUMBIA COUNTY FLORIDA.

THIS DEED WAS PREPARED WITHOUT THE BENEFIT OF A TITLE SEARCH OR SURVEY AND MAKES NO WARRANTIES AGAINST SAME.

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

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

And the grantor hereby covenants with said grantees that he is lawfully seized of said land in fee simple; that he has good right and lawful authority to sell and convey said land, and hereby fully warrants the title to 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 sealed these presents, the day and year first above written.

Signed, sealed and delivered in the presence of:

Witness Signature Mary Ann Tomlinson

Printed Name

Witness Signature

Tyla Rogers

Printed Name

Charles Edgar Giddens L.S.
CHARLES EDGAR GIDDENS

Address:
229 SW BOSTON TERR
FORT WHITE FL 32038

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1712-42 CONTRACTOR James Hall PHONE 833-595-8339

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

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

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

<p>ELECTRICAL</p> <p>✓ 1074</p>	<p>Print Name <u>Glenn Whittington</u></p> <p>License #: <u>EC 13002957</u></p> <p align="center">Qualifier Form Attached <input type="checkbox"/></p>	<p>Signature <u>Glenn Whittington</u></p> <p>Phone #: <u>386-684-4601</u></p>
<p>MECHANICAL/</p> <p>A/C <u>6</u></p> <p>✓ 1766</p>	<p>Print Name <u>Duane West</u></p> <p>License #: <u>CAC 1818176</u></p> <p align="center">Qualifier Form Attached <input type="checkbox"/></p>	<p>Signature <u>Duane West</u></p> <p>Phone #: <u>352-317-0176</u></p>

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



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 AGENT AUTHORIZATION

I, James Hall, give this authority and I do certify that the below
Installers Name

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	Agents Company Name
Erika Ashley		1341 Street Home Sales

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.

License Holders Signature (Notarized)

LH1123175
License Number

4/10/17
Date

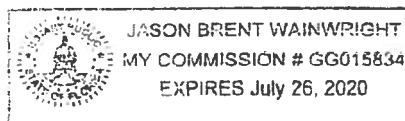
NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Alachua

The above license holder, whose name is James Hall
personally appeared before me and is known by me or has produced identification
(type of I.D.) on this 10th day of April 20 17.

NOTARY'S SIGNATURE

(Seal/Stamp)





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

17-0792
PERMIT NO. _____
DATE PAID: _____
FEE PAID: _____
RECIPIENT #: _____

APPLICATION FOR:

☒ New System ☐ Existing System ☐ Holding Tank ☐ Removal/Relocation
☐ Repair ☐ Abandonment ☐ Temporary ☐ _____

APPLICANT: Carl + Carla Marshall

AGENT: Erika Ashley

TELEPHONE: 386 418-0424

MAILING ADDRESS: 12426 NW US Hwy 441 Alachua FL 32615
erika.livierakhomes@gmail.com

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3)(b) 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: 13 BLOCK: 4 SUBDIVISION: Three Rivers Estates PLATTED: _____

PROPERTY ID #: 00-00-00-01438-013 ZONING: _____ 1/M OR EQUIVALENT: ☒ Y/N

PROPERTY SIZE: .918 ACRES WATER SUPPLY: 1A PRIVATE PUBLIC ☐ 15-2000GPD ☐ 15-2000GPD

IS SEWER AVAILABLE AS PER 361.0065, FSP ☒ Y/N

DISTANCE TO SEWER: N/A FT

PROPERTY ADDRESS: TBD SW Utah Street

DIRECTIONS TO PROPERTY: South Hwy 27 to SW Utah Street
Left, then property is 14th lot on left.

BUILDING INFORMATION

☒ RESIDENTIAL

☐ COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	<u>new dw mh</u>	<u>3</u>	<u>1,144</u>	
2				
3				
4				

☐ Floor/Equipment Trains ☐ Other (Specify) _____

SIGNATURE: Erika Ashley

DATE: 12/12/17

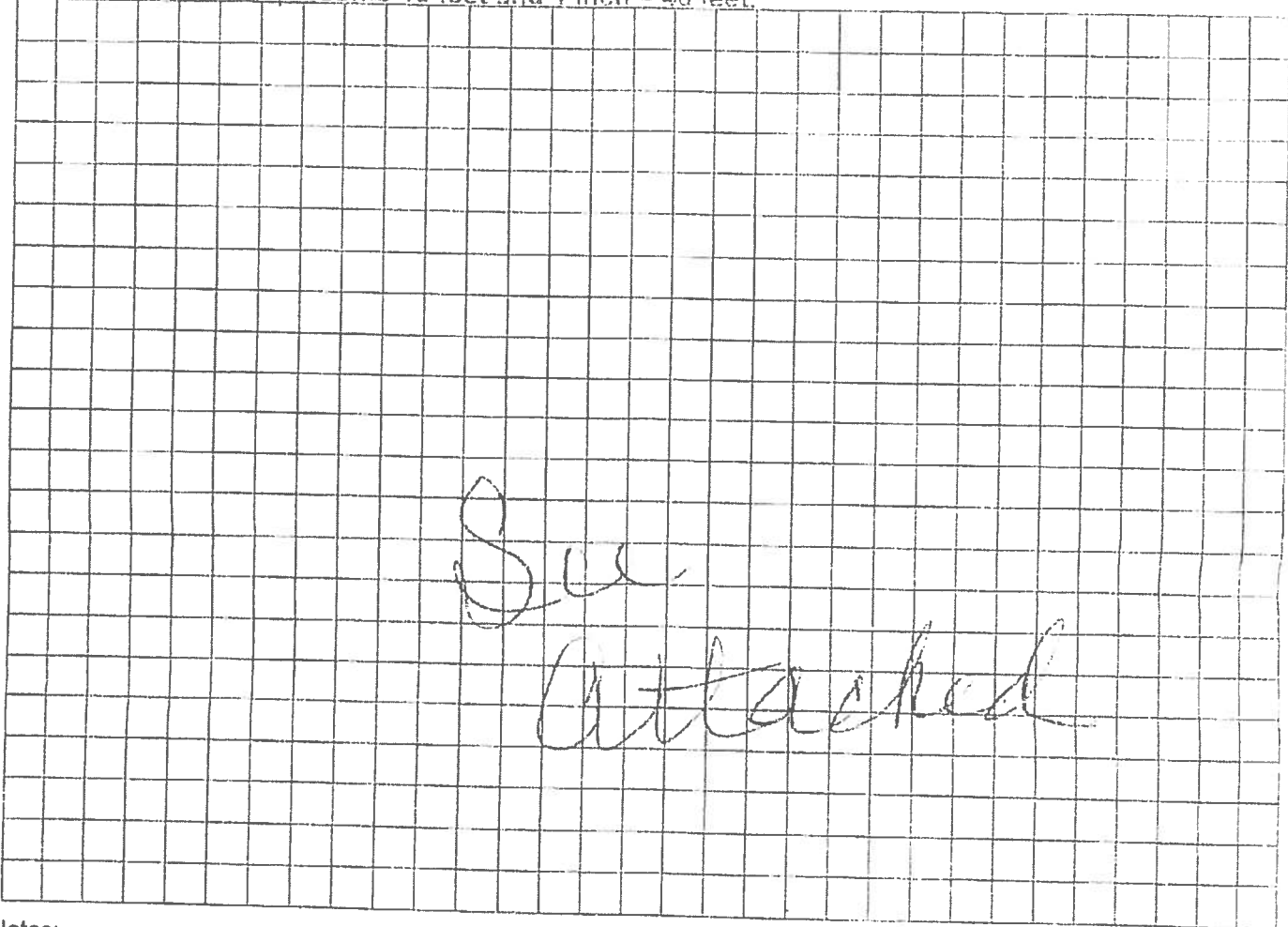
DE 4015, 08/09 (Obsoletes previous editions which may not be used)
Incorporated 64E-6.001, FAC

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 17-0792

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

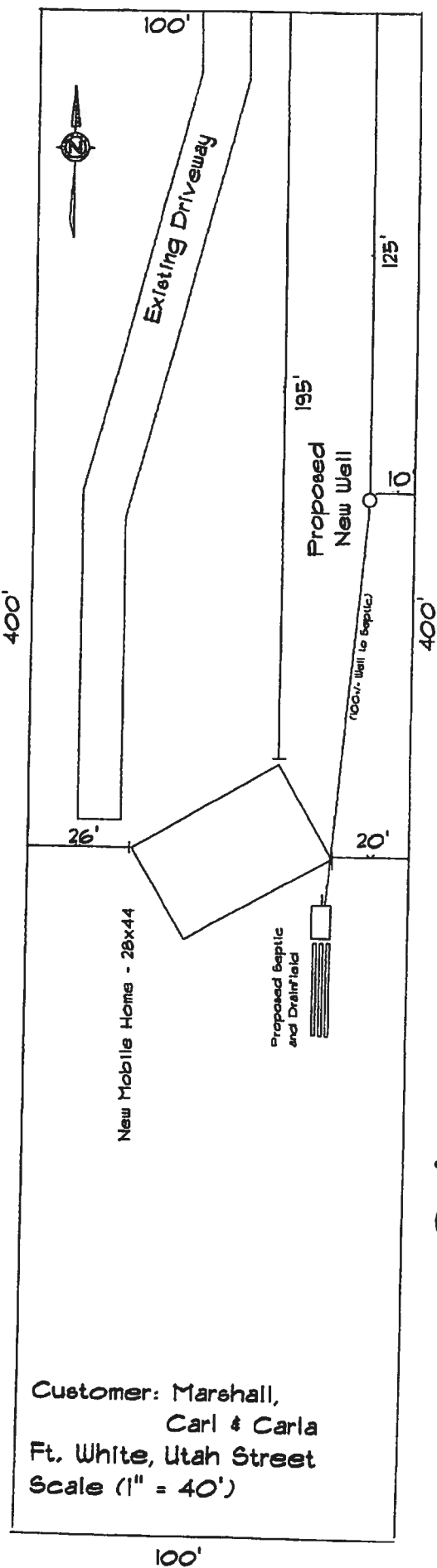
Scale: Each block represents 10 feet and 1 inch = 40 feet.




Notes: _____

*Site Plan submitted by: [Signature]
Plan Approved [Signature] Not Approved _____
By [Signature] Date 12/12/17
12/15/17 County Health Department
ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

UTAH STREET



Customer: Marshall,
Carl & Carla
Ft. White, Utah Street
Scale (1" = 40')


C. Culbertson
12/12/12

Dependable Well Drilling, Inc.

2139 NW 50th St

Bell, FL 32619

Ph: 386-935-3042 Fax: 866-402-8357

E-mail: drillmaster57@outlook.com

We will be putting in a well for Carl and Carla Marshall at 12426 NW US Hwy 441 Alachua 32615. Property ID 00-00-00-01438-013. It will have a 1HP pump with cycle stop, and tank.

Randy Smith



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, James Hall, give this authority for the job address show below
Installer License Holder Name

only, all permits under my license, 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)
J. Brent Wainwright		<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
		<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.

License Holders Signature (Notarized) License Number TH1025175 Date 1/1/18

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Alachua

The above license holder, whose name is James Hall
personally appeared before me and is known by me or has produced identification
(type of I.D.) on this 1st day of January, 20 18.

NOTARY'S SIGNATURE

(Seal/Stamp)

