### PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

| For Office Use Only (Revised 6-23-05) Zoning Official BLK 24.03 6 Building Official HALIVAN &   |
|---|
| AP# 0603-36 Date Received 3/13 By \(\sum \text{DW}\) Permit # 2430/   |
| Flood Zone Development Permit N/A Zoning 6 Land Use Plan Map Category 6 nm 50   |
| Comments Existing Mit must have power disconnected and Kitch removed Sur Storage  |
| purposess before final Power is released  |
| FEMA Map# Elevation Finished Floor River In Floodway  |
| Site Plan with Setbacks Shown EH Signed Site Plan LE Existing well  |
| Copy of Recorded Deed or Affidavit from land owner Letter of Authorization from installer   |
|   |
| - LOTS 1+2 8 Ruby PANK Sp 3/8 5.  |
| ■ Property ID # 2030 36 12 05/16 15 000 Must have a copy of the property deed   |
| New Mobile Home Used Mobile Home YearYear   |
| - Applicant Christopher D. Brodherry Phone # 386-867-0716   |
| - Address 35 NW CR 25 A Wate City Fl  |
| Name of Property Owner Civistopher D. Prodoerry Phone# 326-867-0716   |
| ■ 911 Address 335 NW) CR 25A, LAKE CIS, SL 37055  |
| Circle the correct power company - FL Power & Light - Clay Electric   |
| (Circle One) - Suwannee Valley Electric - Progress Energy   |
| Nome of Common of Makilla Harris Torrison of Order  |
| Name of Owner of Mobile Home <u>July M. Nelson</u> Phone # <u>758-3997</u> Address 335 N.W. CR. 25-A Lakecity Ft 32055                                      |
| · ·   |
| Relationship to Property Owner Friend   |
| ■ Current Number of Dwellings on Property   Pand  |
| Lot Size City Lots     Total Acreage 2/2  |
| 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   |
| Driving Directions to the Property 441 North to County Rd. 25-A Take Left   |
| first mobile home on left.  |
|   |
|   |
|   |
| <ul> <li>Name of Licensed Dealer/Installer George D Draggen Phone #366496-2284</li> <li>Installers Address 1190 SW 1st Ten Lake Butler, #8 32654</li> </ul> |
| Installers Address 1140 50 121 1er LAKE Butler, #2 32654  |
| ■ License Number 1 H GOOO 285 Installation Decal # 2 5 7 9 € 6  |

| .80 580  |   |   | FE  |   | < <  |
|--|---|---|---|---|--|
|  |   |   |   | Typical pier spacing  2'  | Installer Address of home being installed  Manufacturer  NOTE: if he if he installed   |
|  |   | ++  |   | where the sidewall ties exceed 5 ft 4 in. Installer's initials  pical pier spacing  lateral  Show locations of Longitudinal and Lateral  longitudinal  (use dark lines to show these location | staller 2000 330 ddress of home 330 ging installed anufacturer 100 is a life home   |
|  |   | ##  |   | lies exceed   | 35 MA<br>35 MA<br>35 MA<br>35 MA<br>35 MA<br>35 MA<br>35 MA<br>35 MA<br>36 MA<br>36 MA<br>36 MA<br>37 MA<br>38 |
|  |   | <b>+</b> +  |   | lateral Shot longitudinal   | wide fill o  |
|  |   | marriage ws   |   | Installer's initials  22 Piers Muchers 5.4'C  Collections of Longitudinal and Lateral Systems (use dark lines to show these locations)  | ome 335 N.W. COUNTY ROL. 25-A  ad LOCKEC Sty El. 32055  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  if lateral Arm Systems cannot be used on any home (new or the   |
|  |   | marriage wall piers within 2' of end of home per Rule 150   |   | Installer's initials  1 Pier's Mucher's 54 'C  1 Colver  I locations of Longitudinal and Lateral S  (use dark lines to show these locations)  | License # #  |
|  |   | of end of home  |   | s S.4 'C  | HOVE   |
|  |   | per Rule 15C  |   | ateral Syst   | 14×76  |
|  |   |   |   | ems   | 1 NO   |
| TIEDOWN COMPONENTS  Longitudinal Stabilizing Device (LSD)  Manufacturer CTPP  Longitudinal Stabilizing Device w/ Lateral Arms  Manufacturer CF V V | Opening   | (required by the mfg.)  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. | * interpolated from Rule 15C-1 pier spacing table.  PIER PAD SIZES  I-beam pier pad size  Perimeter pier pad size | Load size size capacity (sq in) 1000 psf 1500 psf 2500 psf 3500 psf 3500 psf  | New Home   |
| Stabilizing  | 1 1   | ad by the mfg.)  Draw the approximate loc wall openings 4 foot or gresymbol to show the piers, symbol to show the piers, arriage wall openings great pad sizes below.   | Rule 15C-1 pier spar PIER PAD SIZES d size  pad size  | 16" x 16" (256) (256) (7'6" 8'  | to the Mar   |
| Stabilizing Device (LSL  | Pier pad size   | mate location of or greate ne piers. nings greate elow.   | SIZES  TTA  | 18 1/2" x 18 1/2"<br>(342)<br>61<br>81<br>81<br>81<br>81<br>81  | Used Home  rufacturer's Installat rdance with Rule 15  Wind Zone II  Installation Decal #  Serial #  Serial #  |
| D)   | size  | ns of marriar. Use this   | 1 24724<br>1 24724  | /2" 20" × 20" (400) 51 81 81 81   | Installation Manual Rule 15-C II W Win Decal # 25  |
|  | 4 ft  within 2' spaced a  | te 13 1/4<br>17 3/16<br>17 1/2<br>17 1/2<br>26<br>26  |   | 22" x 22" (484)* (6) 89 89 89   | Manual Wind Zone III  5770カ15  |
| OTHER TIES  OTHER TIES  N  all  J  J  J  J  J  J  J  J  J  J  J  J   | 4 ft 5 ft  FRAME TIES  within 2' of end of home spaced at 5' 4" oc 1/2" | 17 × 22.3<br>17 × 26<br>20 × 20<br>3/16 × 25 3/16<br>7 1/2 × 25 1/2<br>24 × 24<br>26 × 26<br>26 × 26  | Popular Pad Sizes  Pad Size Sq l 16 x 16 256  16 x 18 288  18.5 x 18.5 342  | 24" X 24" 2 (576)*  |  |
| Number   | ome [   | 374<br>440<br>676   | SIZES Sq In 256 342 342   | 26" × 26" (676)   | £1   |

# PERMIT NUMBER

| Installer's initials  ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER Installer Name  Part D D D D D D D D D D D D D D D D D D D   |
|--|
| 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. |
| The results of the torque probe test is here if you are declaring 5' anchors without testing ∮ A test showing 275 inch pounds or less will require 4 foot anchors.   |
| TORQUE PROBE TEST  |
| ×   ×  |
| <ol> <li>Using 500 lb. increments, take the lowest<br/>reading and round down to that increment.</li> </ol>  |
| <ol><li>Take the reading at the depth of the footer.</li></ol>   |
| <ol> <li>Test the perimeter of the home at 6 locations.</li> </ol>   |
| POCKET PENETROMETER TESTING METHOD   |
| × ×  |
| The pocket penetrometer tests are rounded down to or check here to declare 1000 lb. soil without testing.  |
| POCKET PENETROMETER TEST   |
|  |

# Electrical

Other:

Electrical crossovers protected.

(See

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

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.

| Gasket (weatherproofing requirement) | Floor: Type Fastener: Length: Spacing: Walls: Type Fastener: Length: Spacing: Roof: Type Fastener: Length: Spacing: 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. | Fastening multi wide units | Debris and organic material removed V Water drainage: Natural V Swale Pad Other | Site Preparation |
|--------------------------------------|---|----------------------------|---|------------------|
|--------------------------------------|---|----------------------------|---|------------------|

of tape will not serve as a gasket. a result of a poorly installed or no gasket being installed. I understand a strip homes and that condensation, mold, meldew and buckled marriage walls are I understand a properly installed gasket is a requirement of all new and used

Type gasket Pg.

Bottom of ridgebeam Yes Between Walls Yes Between Floors Yes Installer's initials

# Weatherproofing

The bottomboard will be repaired and/or taped (Yes)

Siding on units is installed to manufacturer's specifications. (Yes) Fireplace chimney installed so as not to allow intrusion of ram water (Yes

## Miscellaneous

Skirting to be installed. (Yes)

No...

NA

Dryer vent installed outside of skirting. (Yes)

Range downflow vent installed outside of skirting. (Yes) Skirting to be installed. [Yes] Drain lines supported at 4 foot intervals. Yes

N N

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

Installer Signature <u>(10000 8) Konfiguro</u> Date 213-06



#### STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

| COD WE TANK                                | Permit Ap                          | plication Number            |
|--|------------------------------------|-----------------------------|
|  | PART II - SITE PLAN                |                             |
| cale: Each block represents 5 feet and 1 i | nch = 50 feet.                     |                             |
| Dane 35                                    | Dosing Pipe<br>300 gi Dosing Septi | NITTAN<br>ILTANE<br>ENITTAN |
| Notes: New Site P                          |                                    |                             |
| Bead beery                                 |                                    |                             |
| OR- OEA-                                   |                                    |                             |
| Site Plan submitted by:                    | W Fond<br>Signature                | Agot                        |
| Plan Approved                              | Not Approved                       | Date                        |
| By   |                                    | County Health Departmen     |
| )-/ J                                      |                                    |                             |

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

| @ CAM112M01 S CamaUSA Appraisal System 3/13/2006 17:31 Legal Description Maintenance Year T Property Sel 2006 R 20-3S-17-05462-000 335 COUNTY ROAD 25-A HX BRADBERRY CHRISTOPHER DANIEL &                         | 9200<br>2792<br>6826<br>18818 | Land 002 AG 000 Bldg 001 * Xfea 003 * TOTAL B*                          |
|---|-------------------------------|---|
| 1 LOTS 1 THRU 6 BLOCK 5 RUBY PARK S/D. ORB 420-170, 3 699-088, 742-1210, 773-214, 850-236 (JTWRS)  5 7 9 11 13 13 15 17 19 19 19 21 23 25 27 Mnt 12/15/199  F1=Task F3=Exit F4=Prompt F10=GoTo PgUp/PgDn F24=More |                               | 4<br>6<br>8<br>10<br>12<br>14<br>16<br>18<br>20<br>22<br>24<br>26<br>28 |

#### STATE OF FLORIDA COUNTY OF COLUMBIA

#### **AFFIDAVIT**

| This is to certify that I, (We), Cheistopha D. Brylbury, as the   |
|---|
| seller, by an Agreement for Deed, of the below described property:  |
| Tax Parcel No. 20-35-17-05462-001   |
| Subdivision (Name, lot, Block, Phase) Luby PANK - LOTS IT BLOCK 5   |
| Give my permission for MENNY M. NELSON to place a Mobile Home/ Travel Trailer / Single Family Home)                   |
| I (We) understand that this could result in an assessment for solid waste and fire                                    |
| protection services levied on this property.  |
| Walted Ball   |
| (1) Seller Signature (2) Seller Signature   |
| *   |
| Sworn to and subscribed before me this 13 day of March, 20 176. This  |
| (These) person (s) are personally known to me or produced ID <u>ft</u> <u>DC</u> .                                    |
| LAURIE HODSON MY COMMISSION # DD 333503 EXPIRES: June 28, 2008 Bonded Thru Notary Public Underwriters  Laurice Hodson |
| Notary Public Signature Notary Printed Name   |
| State of Florida  My commission expires: June 28, 2016  |

### CODE ENFORCEMENT PRELIMINARY MOBILE HOME INSPECTION REPORT

Call cell humber to Set up apt. door is

| ATE RECEIVED Z-3-04 E                      | BY <u>14</u> IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? <u>Yes</u>         |
|--|---|
|  | Bradberry PHONE 867-0716 CELL_  |
| •  | 25-A lake City fe 32055   |
| NOBILE HOME PARK                           | SUBDIVISION   |
| ORIVING DIRECTIONS TO MOBILE HOME <u>4</u> | 41N, (D 25-A, 15th M/Hon (E)  |
|  |   |
| ANRILE HOME INSTALLER                      | PHONECELL   |
| AOBILE HOME INFORMATION                    |   |
|  | YEAR 89 SIZE 14 x 80 COLOR Tan  |
|  | 6665E   |
| WIND ZONE                                  | Must be wind zone II or higher NO WIND ZONE I ALLOWED                                       |
| NTERIOR: P or F) -/ P= PASS F= FAILED      | INSPECTION STANDARDS  |
| SMOKE DETECTOR () OP                       | ERATIONAL () MISSING  |
| FLOORS ()SOLID ()W                         | YEAK () HOLES DAMAGED LOCATION  |
| DOORS () OPERABLE ()                       | DAMAGED   |
| WALLS () SOLID () ST                       | RUCTURALLY UNSOUND  |
| WINDOWS () OPERABLE                        | ( ) INOPERABLE  |
| PLUMBING FIXTURES ( ) O                    | PERABLE () INOPERABLE () MISSING  |
| CEILING ( ) SOLID ( ) HOI                  | LES ()LEAKS APPARENT  |
|  | TLETS) ( ) OPERABLE ( ) EXPOSED WIRING ( ) OUTLET COVERS MISSING ( ) LIGHT FIXTURES MISSING |
| EXTERIOR: WALLS / SIDDING ( ) LOOSI        | E SIDING ( ) STRUCTURALLY UNSOUND ( ) NOT WEATHERTIGHT ( ) NEEDS CLEANING                   |
| WINDOWS ( ) CRACKED/                       | BROKEN GLASS () SCREENS MISSING () WEATHERTIGHT   |
| ROOF ( ) APPEARS SOLID                     | ( ) DAMAGED   |
|  | •   |
| STATUS:                                    |   |
|  | CTION FOR FOLLOWING CONDITIONS  |



### STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT Permit Application Number \_ - PART II - SITE PLAN - - -Scale: Each block represents 5 feet and 1 inch = 50 feet. LAUADAST 210 TRIVE Notes: Site Plan submitted by: Signature Title Plan Approved Not Approved \_\_\_ Date **County Health Department** ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

)H 4015, 10/96 (Replaces HRS-H Form 4015 which may be used) Stock Number: 5744-002-4015-6) 3-1-6

3-1-10 Page 2 of 3

#### LIMITED POWER OF ATTORNEY

George D Drigger: DOHEREBY AUTHORIZE LAW Bradberry

TO PULL MY PERMITS AND ACTION MY BEHALF IN ACTION PERMITS AND ACTION MY BEHALF IN ACTION PROPERTY.

APPLYING FOR A MOBILE HOME PERMIT

Glore D Chique

2-03-04 DATE

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 64 FOR OF Feb 20046

NO"ARY PUBLIC

MY COMMISSION EXPIRES

COMMISSION NO.

PERSONALLY KNOWN PERSONALLY KNOWN PRODUCED ID. (TYPE)

