& FEN FAS

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION
For Office Use Only (Revised 7-1-15) Zoning Official Building Official
AP# 1817-32 Date Received 12-10-18 By Ut Permit # 175-55
Flood Zone Development Permit Zoning LSF-Z Land Use Plan Map Category RLD
Comments_ Replacing tristing wift in fled with lank
FEMA Map# Elevation Finished Floor food River In Floodway
□ Recorded Deed or □ Property Appraiser PO Site Plan □ EH # 18 - 0949 □ Well letter OR
Existing well and Owner Affidavit Installer Authorization FW Comp. letter App Fee Paid
□ DOT Approval □ Parent Parcel # □ STUP-MH □ STUP-MH
□ Ellisville Water Sys Assessment find wife-Pout County to County Sub VF Form
Property ID# 33-35-17-00714-000 Subdivision MELASE FARMS Lot#-T ISC
■ New Mobile Home Used Mobile Home MH Size 14×60 Year 84 4
Phone # 904- 298- 7890
- Address 1466 SE Put nam St, LAG CTO H326
Name of Property Owner Brenda Adkins Phone# 386-752-8959
911 Address 1468 SE Putnam St, Lat 3 LAKE (TS, 5L 32
 Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - <u>Suwannee Valley Electric</u> - <u>Duke Energy</u>
Name of Owner of Mobile Home Nast Davis Phone # 904-298-7890
Address 1438 SE Putram St Lake City, FL 32075
Relationship to Property Owner
Current Number of Dwellings on Property
Lot Size Total Acreage 3. 50
Do you : Have Existing Drive or Private Drive or need Culvert Permit (Blue Road Sign) Or Culvert Waiver (Circle one (Not existing but do not need a Culvert)
■ Is this Mobile Home Replacing an Existing Mobile Home
Driving Directions to the Property 3 - ON 90 TO Eloise Turn Might
GO TO SEPATWAM ST TURN Left GO Past Dead ENd SIGN
THEN Blant into Double gate Home is Strait Back.
Name of Licensed Dealer/Installer JEFFery Andrews Phone # 386-628-2851
Installers Address 9469 NW 44th Lone Lake butter FI, 3705A
 License Number <u>IH/UZS470</u> Installation Decal # <u>54596</u>
\$ 325.00 - JW 500K& WMARK 12 18.18 - IN PEREN

Page 1 of 2

Mobile Home Permit Worksheet

	Application Number:	Date:	e.
	Site Preparation	ation	
NETER TEST			
1400	Debris and organic material removed		
own to 120 psf	Water drainage: Natural Swale	Pad	Other

Water drainage: Natural

Fastening multi wide units

Other

Length

Length

Spacing Spacing Spacing

or check here to declare 1000 lb. soil The pocket penetrometer tests are rounded down to 1500 psf × | 500 3 without testing × 1.50

POCKET PENETRON

POCKET PENETROMETER TESTING METHOD

Walls Floor

Type Fastener: 🗸

Type Fastener Type Fastener

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

Length

roofing nails at 2" on center on both sides of the centerline

Gasket (weatherproofing requirement)

- 1. Test the perimeter of the home at 6 locations
- 2. Take the reading at the depth of the footer
- Using 500 lb. increments, take the lowest reading and round down to that increment
- 08/ 186

× 1505

TORQUE PROBE TEST

showing 275 inch pounds or less will require 5 foot anchors The results of the torque probe test is 278 here if you are declaring 5' anchors without testing inch pounds or check

Note: A state approved lateral arm system is being used and 4 ft. reading is 275 or less and where the probile home manufacturer may requires anchors with 4000 by folding capacity. anchors are required at all centerline to points where the torque test anchors are allowed at the sidewall locations. I understand 5 ft

Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Date Tested

11-15-18 Alettell 15eur

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. 8-22

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 8-22

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. $\frac{8}{2}$

Type gasket W/F	\	of tape will not serve as a gasket.	a result of a poorly installed or no o	homes and that condensation, mol	l understand a properly installed ga
Installed: Between Floors Yes	Installer's initials		a result of a poorly installed or no gasket being installed. I upderstand 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

Weatherproofing

Bottom of ridgebeam Yes

Between Walls Yes

Fireplace chimney installed so as not to allow intruston of rain water. Siding on units is installed to manufacturer's specification The bottomboard will be repaired and/or taped. Yes Pg Yes

NIA	Skirting to be installed. Yes No No Dryer vent installed outside of skirting. Yes No
-----	--

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

Date 11-15-18

Installer Signature

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1812-32 CONTRACTOR JESTSON AND PHONE 386-628-2851

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 <u>REQUIRED</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.

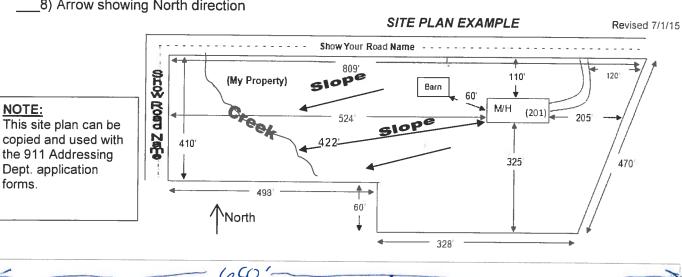
Any changes, the permitted contractor is responsible for the corrected form being submitted to this office prior to the start of that subcontractor beginning any work. Violations will result in stop work orders and/or fines.

ELECTRICAL	Print Name_	Mark C. Pavis	Signature May C. a
	License #:	Owner	Phone #: 904 298 7890
		Qualifier Form Attached	
V			
MECHANICAL/	Print Name_	window	Signature Marf C. Com
A/C	License #: _	Unit	Phone #: 904298 7890
		Qualifier Form Attached	

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.

SITE PLAN CHECKLIST

- 1) Property Dimensions
 - 2) Footprint of proposed and existing structures (including decks), label these with existing addresses
- 3) Distance from structures to all property lines
- 4) Location and size of easements
- _5) Driveway path and distance at the entrance to the nearest property line
- 6) Location and distance from any waters; sink holes; wetlands; and etc.
- 7) Show slopes and or drainage paths
- 8) Arrow showing North direction



600 280' ପ ୧୭' Dwell SUPOS Od 140 m H 5 2 House 15 EGSEMENT

Columbia County Property Appraiser

updated: 11/1/2018

Parcel: 33-3S-17-06714-000

<< Next Lower Parcel | Next Higher Parcel >>

Owner & Property Info

Owner's Name	ADKINS BRENDA			
Mailing Address	1412 SE PUTNAM ST LAKE CITY, FL 32025			
Site Address	1412 SE PUTNAM ST			
Use Desc. (code)	SFRES/MH P (000128)			
Tax District	2 (County)	Neighborhood	33317	
Land Area	3.505 ACRES Market Area 06			
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction.			

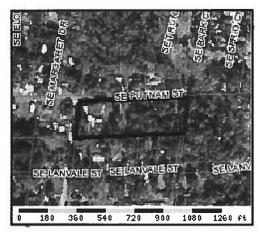
LOT 1 BLK 4 MELROSE FARMS S/D & BEG AT SE COR OF LOT 1 BLOCK 4, RUN W 18 51 FT, N 8 DG E 224.62 FT, E 18 27 FT TO NE COR OF SAID LOT 1, S 8 DG W 224.26 FT TO POB. 207-247, 740-1715,1716, LE 926-1931, QC 1198-2638, DC 1295-19, PB 1323-2101,

2018 Tax Roll Year

Tax Collector	Tax Estimator Prop		erty Card	
		Parcel List C	enerato	
2018 TRIM (pdf)	Interactive	GIS Map	Print	

Search Result: 1 of 3

Next >>



Property & Assessment Values

2018 Certified Values		
Mkt Land Value	cnt: (0)	\$33,361.00
Ag Land Value	cnt: (2)	\$0.00
Building Value	cnt: (1)	\$27,079.00
XFOB Value	cnt: (7)	\$20,750.00
Total Appraised Value		\$81,190.00
Just Value		\$81,190.00
Class Value		\$0.00
Assessed Value		\$76,846.00
Exempt Value	(code: HX H3 DX)	\$25,500.00
		inty: \$51,346
Total Taxable Value	Other: \$5	51,346 Schl:
		\$51,346

2019 Working Values		(. Hide Values)
Mkt Land Value	cnt: (0)	\$33,361.00
Ag Land Value	cnt: (2)	\$0.00
Building Value	cnt: (1)	\$27,580.00
XFOB Value	cnt: (7)	\$20,750.00
Total Appraised Value		\$81,691.00
Just Value		\$81,691.00
Class Value		\$0.00
Assessed Value		\$78,282.00
Exempt Value	(code: HX H3 DX)	\$25,500.00
Total Taxable Value	Other: \$52,782	Cnty: \$52,782 Schl: \$52,782

NOTE: 2019 Working Values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

Sales History

Show Similar Sales within 1/2 mile

Sale Date	OR Book/Page	OR Code	Vacant / Improved	Qualified Sale	Sale RCode	Sale Price
10/6/2016	1323/2101	PB	I	U	18	\$0.00
8/4/2010	1198/2638	QC	I	U	11	\$100.00
5/16/2001	926/1931	QC	I	U	01	\$100.00
1/17/1991	740/1716	QC	V	U	01	\$0.00

Building Characteristics

Bldg Item	Bldg Desc	Year Bit	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	SINGLE FAM (000100)	1957	(31)	1056	1216	\$27,580.00
Note: All S.F. calculations are based on exterior building dimensions.						



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, SEFERY And I	give this authority	and I do certify that the below				
referenced person(s) listed on this form is/are under my direct supervision and control and						
is/are authorized to purchase p	ermits, call for inspections and sig	gn on my behalf.				
Printed Name of Authorized Person	Signature of Authorized Person	Agents Company Name				
MOTE dow's	Mark C. Davis	ounes				
	t I am responsible for all permits p					
under my license and I am fully Local Ordinances.	responsible for compliance with a	all Florida Statutes, Codes, and				
	noing Doord hop the newer and a	and a material and a state of the second state of				
	nsing Board has the power and a by him/her or by his/her authorize					
	sponsibility for compliance grante	-				
My As	1 11	1125420 11-15-18				
Electise Number Date						
NOTARY INFORMATION: STATE OF:FloridaCOUNTY OF: Columbia						
The above license holder, whos personally appeared before me (type of I.D.) Florida Iden	e name is <u>Jeffrey C. And</u> and is known by me or has produ tification on this <u>IS</u> day	drews iced identification of November, 20 18.				
NOTARY'S SIGNATURE Leigh	Ann Holland	LEIGH ANN HOLLAND Notary Public – State of Florida Commission # GG 110448 My Comm. Expires Jun 1, 2021				



STATE OF FLORIDA **DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES**

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

, , , , , , , , , , , , , , , , , , ,	Permit Application Number 85 - 228 , 85 - 229 85
Harrie Harris	
	185.0129 544 47 (85.228) 100°
otes:	Old af H Park
ал Approved	Aomis Q Odkind Owner Qunt. Not Approved Date 5/6/8
y Sillie Car	Not Approved Date 5/6/8

Page 2 of 3



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

APPLICATION FOR: [] New System [] E: [] Repair [] A APPLICANT: Brenda 90	kisting Systoandonment	tem []	Holding Ta Temporary	nk [] Innovative
AGENT: Mark C. Dau	1:5				TELEPHON	NE: 386 752-8
MAILING ADDRESS: 1412	se Put	wam St.			powtones.	
TO BE COMPLETED BY APPLICANT BY A PERSON LICENSED PURSUANT APPLICANT'S RESPONSIBILITY TO PLATTED (MM/DD/YY) IF REQUEST	TO 489.105 PROVIDE DO	5(3)(m) OR OCUMENTATIO	489 N O	.552, FLORII	DA STATU THE LOT	TTES. IT IS THE WAS CREATED OR
PROPERTY INFORMATION						
LOT: BLOCK: 4	SUBDIVISION	Melra	SC.	Farm	5	PLATTED:
PROPERTY ID #: 33.35 /70	6714 000	O ZONINO	G: _	I/M	OR EQUI	IVALENT: [Y / N
PROPERTY SIZE: 3.5 ACRES						
IS SEWER AVAILABLE AS PER 381	0065, FS?	(N)		DIS	TANCE TO	O SEWER:F
roperty address: 14/2	E PatNa	m St.	4	Ke City	, F13	3005
DIRECTIONS TO PROPERTY:						
BUILDING INFORMATION	[RESID	ENTIAL		[] COMMEI	RCIAL	
Unit Type of No Establishment	No. of Bedrooms			mercial/Insole 1, Chapt		onal System Design
1 5 F R	2	952				
2						
3					***	
4						
[] Floor/Equipment Drains	[] Oth	er (Specify	·			
SIGNATURE: Mark C. Day		- 4			DATE:	12-26-18

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 CONSTRUCTION PERMIT

PART II - SITEPLAN Cale: Each block represents 10 feet and 1 inch = 40 feet Deptile Pertine Pertine																				P	'erm	it A _l	ppli	ica	tior	n N	um	ber_							
Scale: Each block represents 10 feet and 1 inch = 40 feet Parish Paris																																			
Deptile Plan submitted by: Marc. Davis Not Approved Park e aco Gwa															P	٩R	T II	- S	ITE	PL/	4N -								·				-		
Depties: Deptie	Sca	e:	Eac	h b	loc	:kı	rep	res	er	its	10) fe	et	ane	11	ir	nch	=	40 1	oe:		7						Ł							
ite Plan submitted by: Marc. Qavis Not Approved Not Approved Not Approved Parts 12/7/8									130				6	19	in	Fi.	210					7	en	JE	e				1	ak	0			8	
ite Plan submitted by: Mark Quris Not Approved Not Approved Page 12/7/8										,			,		1		5				-		1	/1	-4	Oct	110			7					עע
ite Plan submitted by: Maric Janis Not Approved Not Approved Page 12/7/8										1		\$e	p7	12	-	7		10			Jan.	D	-	-			7.71		十	\top	\Box				
ite Plan submitted by: MMC. Query Not Approved Not Approved Not Approved Page 12/7/8									1		-		F	Ļ	#	_		3.	1/10	n '	1000		T							\top	R	\neg			
Ides: Japan				_				\dagger	\top	1		\vdash	1	41	\downarrow		60	+	6	B	R		+	+	\dashv			╫╴	+	7	4				
lotes: Control Contro								+	+	T.			J.	-	+		00						+	+	\dashv		\vdash	╫╴	+,	7	7	2	/		
ite Plan submitted by: Marc. Laws Not Approved Not Approved Plate 12/7/8				_			1	+	+	∦		├	+	+	+		- '		+	-	+	-	+	+	\dashv			╫╴	+	4	a	or			
ite Plan submitted by: Marc. Laws Not Approved Not Approved Plate 12/7/8				\dashv				+	╁	+		\vdash	\vdash	+	+			-	+-	+-	+-	+	+	+	\dashv			-	+	+	1		-		
ite Plan submitted by: Marc. Laws Not Approved Not Approved Plate 12/7/8				\dashv			+-	+	+	₩		\vdash	\vdash	+	+			\vdash	+	+	+	-	+	+				-	+	+					
ite Plan submitted by: Marc. Laws Not Approved Not Approved Plate 12/7/8	\vdash		-	\dashv			\vdash	+	+	-#		-	+	+	+			-	+	+	+-	-	+	-	\dashv			-	+	+	\dashv				
ite Plan submitted by: Marc. Laws Not Approved Not Approved Plate 12/7/8			\dashv	\dashv			╀	\vdash	+	+		ļ	\vdash	+	+			_		-	-	-	+	-	_			-	+-	4	_				<u> </u>
ite Plan submitted by: Marc. Laws Not Approved Not Approved Plate 12/7/8	-			_			-	-	\perp	-	_	-	یے ا	_	\downarrow	_	4	8	1_	-	+	7	1	\perp	_				1	4	_	\dashv			
ite Plan submitted by: Mark C. Javis Ian Approved Not Approved Plate 12/7/8				_				_	\downarrow	4	•		1		+				_	ļ	_	ľ	_	\perp				L		\perp				_	
ite Plan submitted by: Mark C. Javis Ian Approved Not Approved Plate 12/7/8							_	_	\perp	1			_		\perp															\perp	\Box				
ite Plan submitted by: Mark C. Javis Ian Approved Not Approved Plate 12/7/8										V					\perp																				
ite Plan submitted by: Mark C. Javis Ian Approved Not Approved Plate 12/7/8										Ì																									
ite Plan submitted by: Mark C. Lavis Not Approved Not Approved Plate 12/7/8		F													,																				
ite Plan submitted by: Mar C. Lavis Not Approved Plate 12/7/8															Т									T			•			T	\exists		\neg		
ite Plan submitted by: Mark C. Davis Not Approved Not Approved Plate 12/7/8										1														1						十	\top				
ite Plan submitted by: Mark C. Davis Not Approved Not Approved Plate 12/7/8		-	1												\top							1		\top						十	\dashv	\dashv	\dashv		\neg
ite Plan submitted by: MariC. Davis Not Approved Not Approved Plate 12/7/18				\top					T	\dashv				\dagger	\dagger				1		+			\top	\dashv		·		+	\top	\dashv	\dashv			
ite Plan submitted by: MariC. Davis Not Approved Not Approved Plate 12/7/18				\top	_		-	T	+	\dashv		<u> </u>		+-	\dagger				ļ.	-	+	-	+	+	\dashv				+	+	\dashv		\dashv		
ite Plan submitted by: MariC. Davis Not Approved Not Approved Plate 12/7/18	\dashv	\dashv	\dashv	\dashv	-			+-	\dagger	+		-	-	+	+	-		,	┼	\vdash	+	-	-	╁	\dashv			-	+	+	\dashv	-	\dashv		
ite Plan submitted by: MariC. Davis Not Approved Not Approved Plate 12/7/8		50					L			-			_	-			100			-			_												
lan Approved // Not Approved Plate 12/7/18	votes	s: _																																	
lan Approved // Not Approved																-																			
lan Approved // Not Approved					-																														
lan Approved // Not Approved										0																	222								
lan Approved // Not Approved	Site F	Plan	sub	mitt	ed	by:	7	7/0	e	4	C.	L	w	is		end	C-67		202	0.6000	200							1	70	h	L				
C I la			~		/	//	1								No	ot A	ממ	rove	ed									-	7"		~	2/	7/	18	
y John Jaw 155 (glumbla County Health Department	3y	1	BON	n	1	TA	11	W	/						5		1 1		-		_ (al	יאט	16	10								Ter	artn	

ALL CHANGES 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)

STATE OF FLORIDA COUNTY OF COLUMBIA

LAND OWNER AFFIDAVIT

This is to certify that I, (We), Brenda Adkins,
as the owner of the below described property:
Property tax Parcel ID number 33- 35-17-06714-000
Subdivision (Name, lot, Block, Phase) Metrose farms Lott Ble-4
Give my permission for to place a
Circle one - Mobile Home / Travel Trailer / Utility Pole Only / Single Family Home / Barn - Shed - Garage / Culvert / Other
I (We) understand that the named person(s) above will be allowed to receive a building permit on the property number I (we) have listed above and this could result in an assessment for solid waste and fire protection services levied on this property.
Brender Adhris 12-11-18 Owner Signature Date
Owner Signature Date
Owner Signature Date
Sworn to and subscribed before me this 11 thay of December, 2017. This
(These) person(s) are personally known to me or produced ID L A32507363708/ (Type) Notary Public Signature Notary Printed Name
Notary Stamp/



Mobile Home

Applicant: mark davis (904-298-7890) Application Date: 12/11/2018

Convert To ▼ 1ASTOB COCATION Completed Inspections Add Inspection Release Power 2. CONTRACTOR Schedule Inspection (ScheduleInspection.aspx?Id=39985) Inspection Date Ву **Notes** 3. MOBILE HOME Septic Release 12/12/2018 HEALTH **DETAILS** DEPT Inspection Passed: Mobile 12/12/2018 TROY 4. APPLICANT Home - In County **CREWS** Pre-Mobile Home before set-up 5. REVIEW The completion date must be set To release Certifications to 6. FEES/PAYMENT the public. 7. **Permit Completion Date** DOCUMENTS/REPORTS (Releases Occupancy and Completion Forms) 8. NOTES/DIRECTIONS Incomplete Requested Inspections Inspection Date Ву **Notes** 9. INSPECTIONS (2)