

DATE 02/24/2012

## Columbia County Building Permit

PERMIT

This Permit Must Be Prominently Posted on Premises During Construction

000029961

APPLICANT JOHN W. O'NEAL PHONE 386.752.7578  
ADDRESS POB 2166 LAKE CITY FL 32056  
OWNER ROBERT SHEPPARD PHONE 386.623.2203  
ADDRESS 6355 SE CR 245 LAKE CITY FL 32025  
CONTRACTOR ROBERT SHEPPARD PHONE 386.623.220  
LOCATION OF PROPERTY E.BAYA TO ELOISE AVENUE, TL TO DANIELLE PL, TR AND THE  
SITE IS ON THE L.  
TYPE DEVELOPMENT M/H/UTILITY ESTIMATED COST OF CONSTRUCTION 0.00  
HEATED FLOOR AREA                      TOTAL AREA                      HEIGHT                      STORIES                       
FOUNDATION                      WALLS                      ROOF PITCH                      FLOOR                       
LAND USE & ZONING RSF-2 MAX. HEIGHT                       
Minimum Set Back Requirments: STREET-FRONT 25.00 REAR 15.00 SIDE 10.00  
NO. EX.D.U. 1 FLOOD ZONE X DEVELOPMENT PERMIT NO.                     

PARCEL ID 33-3S-17-06703-000 SUBDIVISION MELROSE FARMS  
LOT 4 BLOCK 2 PHASE                      UNIT                      TOTAL ACRES 0.25

IH1025386  
Culvert Permit No.                      Culvert Waiver                      Contractor's License Number                      Applicant/Owner/Contractor                       
EXISTING 1202-32 BLK                      TC                      N                       
Driveway Connection                      Septic Tank Number                      LU & Zoning checked by                      Approved for Issuance                      New Resident                     

COMMENTS: REPLACING PREVIOUS M/H WHICH HAS NOT BEEN REMOVED FROM PROPERTY FOR  
MORE THAN 12 MONTHS.

Check # or Cash 2056

## FOR BUILDING &amp; ZONING DEPARTMENT ONLY

(footer/Slab)

Temporary Power                      Foundation                      Monolithic                       
date/app. by                      date/app. by                      date/app. by                       
Under slab rough-in plumbing                      Slab                      Sheathing/Nailing                       
date/app. by                      date/app. by                      date/app. by                       
Framing                      Insulation                       
date/app. by                      date/app. by                       
Rough-in plumbing above slab and below wood floor                      Electrical rough-in                       
date/app. by                      date/app. by                       
Heat & Air Duct                      Peri. beam (Lintel)                      Pool                       
date/app. by                      date/app. by                      date/app. by                       
Permanent power                      C.O. Final                      Culvert                       
date/app. by                      date/app. by                      date/app. by                       
Pump pole                      Utility Pole                      M/H tie downs, blocking, electricity and plumbing                       
date/app. by                      date/app. by                      date/app. by                       
Reconnection                      RV                      Re-roof                       
date/app. by                      date/app. by                      date/app. by                     

BUILDING PERMIT FEE \$ 0.00 CERTIFICATION FEE \$ 0.00 SURCHARGE FEE \$ 0.00  
MISC. FEES \$ 300.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 0.00 WASTE FEE \$                       
FLOOD DEVELOPMENT FEE \$                      FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$                      TOTAL FEE 375.00  
INSPECTORS OFFICE                      CLERKS OFFICE                     

NOTICE: IN ADDITION TO THE REQUIREMENTS OF THIS PERMIT, THERE MAY BE ADDITIONAL RESTRICTIONS APPLICABLE TO THIS PROPERTY THAT MAY BE FOUND IN THE PUBLIC RECORDS OF THIS COUNTY. AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.

"WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT."

EVERY PERMIT ISSUED SHALL BECOME INVALID UNLESS THE WORK AUTHORIZED BY SUCH PERMIT IS COMMENCED WITHIN 180 DAYS AFTER ITS ISSUANCE, OR IF THE WORK AUTHORIZED BY SUCH PERMIT IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AFTER THE TIME THE WORK IS COMMENCED. A VALID PERMIT RECIEVES AN APPROVED INSPECTION EVERY 180 DAYS. WORK SHALL BE CONSIDERED NOT SUSPENDED, ABANDONED OR INVALID WHEN THE PERMIT HAS RECIEVED AN APPROVED INSPECTION WITHIN 180 DAYS OT THE PREVIOUS INSPECTION.

The Issuance of this Permit Does Not Waive Compliance by Permittee with Deed Restrictions.



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(footer/Slab)

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Under slab rough-in plumbing Slab Sheathing/Nailing  
date/app. by date/app. by date/app. by  
Framing Insulation  
date/app. by date/app. by  
Rough-in plumbing above slab and below wood floor Electrical rough-in  
date/app. by date/app. by  
Heat & Air Duct Peri. beam (Lintel) Pool  
date/app. by date/app. by date/app. by  
Permanent power C.O. Final Culvert  
date/app. by date/app. by date/app. by  
Pump pole Utility Pole M/H tie downs, blocking, electricity and plumbing  
date/app. by date/app. by date/app. by  
Reconnection RV Re-roof  
date/app. by date/app. by date/app. by

BUILDING PERMIT FEE \$ 0.00 CERTIFICATION FEE \$ 0.00 SURCHARGE FEE \$ 0.00  
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Cp # 2056

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

**For Office Use Only** (Revised 1-11) Zoning Official BLK 23 FEB. 2012 Building Official T.C. 2-20-12

AP# 1202-32 Date Received 12-16-12 By LT Permit # 29961

Flood Zone X Development Permit N/A Zoning RSF-2 Land Use Plan Map Category RES. Low Den.

Comments Replacing previous MH which has not been removed from property for more than 12 months

FEMA Map# N/A Elevation N/A Finished Floor Labeld River N/A In Floodway N/A

☒ Site Plan with Setbacks Shown ☒ EH # 12-0070m ☒ EH Release ☒ Well letter ☒ Existing well

☐ Recorded Deed or Affidavit from land owner ☐ Installer Authorization ☒ State Road Access ☐ 911 Sheet

☐ Parent Parcel # ☐ STUP-MH ☐ F W Comp. letter ☒ VF Form

IMPACT FEES: EMS \_\_\_\_\_ Fire \_\_\_\_\_ Corr \_\_\_\_\_ N/A Out County ☒ In County pd

Road/Code \_\_\_\_\_ School \_\_\_\_\_ = TOTAL \_\_\_\_\_ Impact Fees Suspended March 2009 \_\_\_\_\_

Property ID # 33-3S-17-06703-000 Subdivision Melrose Farms LOT 4 BLK 2

- New Mobile Home \_\_\_\_\_ Used Mobile Home ☒ MH Size 24x52 Year 1986
- Applicant John W O'Neil Phone # 386-752-7578
- Address PO Box 2166, L.C. FL 32025
- Name of Property Owner John O'Neil Phone# 752-7578
- 911 Address 161 SE Danielle Pl. L.C. FL 32025
- Circle the correct power company - FL Power & Light - Clay Electric  
(Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home John & Danielle O'Neil Phone # 752-7578  
Address POB 2166, L.C. FL 32025
- Relationship to Property Owner Self/Owner
- Current Number of Dwellings on Property 1
- Lot Size 110' x 110' Total Acreage .25
- 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 Yes (pd)
- Driving Directions to the Property Marion St. South to Baya, Turn Left, Go to Eloise Ave, Turn Left, Go to SE Danielle Pl, turn Right, site is on left side of Road.
- Name of Licensed Dealer/Installer Robert [unclear] Phone # 673-2203
- Installers Address 6355 NE A 245, L.C. FL 32025
  - License Number IA1025386 Installation Decal # 29843

Two spaxw/only Edge & \$375.00  
Two spaxw chum 2.24.12



PERMIT NUMBER

PERMIT WORKSHEET

Installer

Robert Steyer

License #

EA1025386

Address of home being installed

161 NE Danville Pl  
L.C. # 32025

Manufacturer

HOMES OF MEET

Length x width

28x56

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

RS

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 #

298548

Triple/Quad

☐

Serial #

319328-319329

Roof System:

Typical

Hinged

PIER SPACING TABLE FOR USED HOMES

| Load bearing capacity (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 dsf                      | 3'              | 4'                      | 5'              | 6'              | 7'              | 8'              |
| 1500 dsf                      | 4'6"            | 6'                      | 7'              | 8'              | 8'              | 8'              |
| 2000 dsf                      | 6'              | 8'                      | 8'              | 8'              | 8'              | 8'              |
| 2500 dsf                      | 7'6"            | 8'                      | 8'              | 8'              | 8'              | 8'              |
| 3000 dsf                      | 8'              | 8'                      | 8'              | 8'              | 8'              | 8'              |
| 3500 dsf                      | 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

17x25

Other pier pad sizes (required by the mfg.)

17x25

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

ANCHORS

4 ft ☒ 5 ft

FRAME TIES

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

OTHER TIES

Number

Longitudinal Stabilizing Device (LSD)

Manufacturer

Longitudinal Stabilizing Device w/ Lateral Arms

Manufacturer

Oliver 1501

Sidewall

Longitudinal

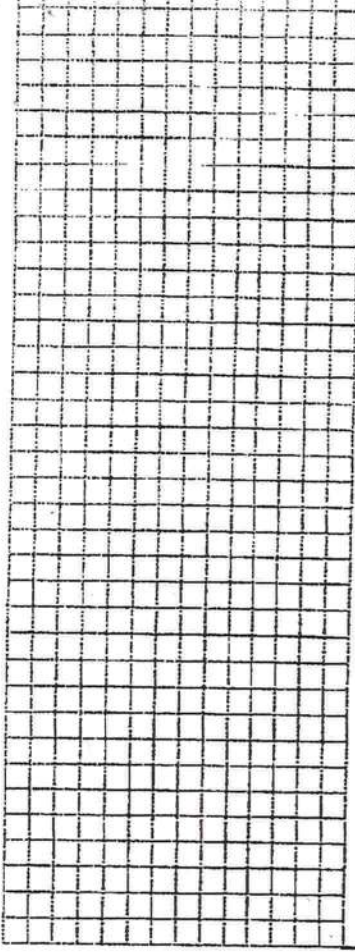
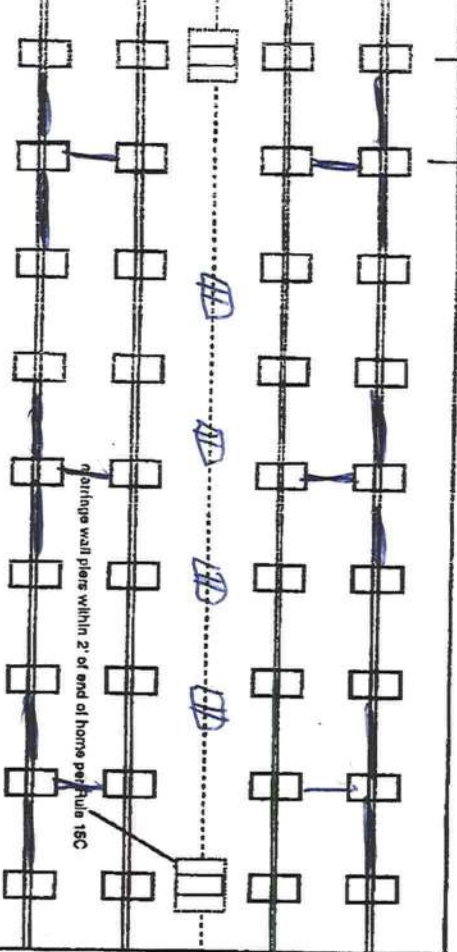
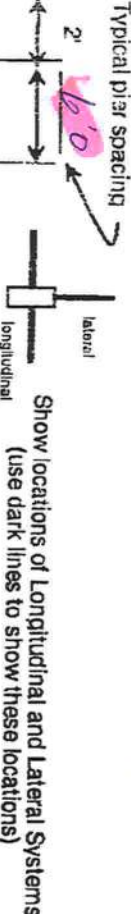
Marriage wall

Shearwall

22

6

4





PERMIT NUMBER

PERMIT WORKSHEET

POCKET PENETROMETER TEST

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

X 1700 X 1700 X 1800

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 1700 X 1700 X 1800

TORQUE PROBE TEST

The results of the torque probe test is 295 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. 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 require anchors with 4000 lb holding capacity.

KS Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Robert Shepley

Date Tested

2-1-12

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. 28

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 29

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 25

Site Preparation

Debris and organic material removed ☒

Water drainage: Natural ☒ Swale ☐ Pad ☐ Other ☐

Fastening multi wide units

Floor: Type Fastener: lags Length: 5 Spacing: 16  
Walls: Type Fastener: scw Length: 4 Spacing: 16  
Roof: Type Fastener: lags Length: 6 Spacing: 16

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 KS

Type gasket Foam Pg. 22

Installed:

Between Floors Yes ☒  
Between Walls Yes ☒  
Bottom of ridgebeam Yes ☒

Weatherproofing

The bottomboard will be repaired and/or taped. Yes ☒ Pg. 15  
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 Robert Shepley Date 2-1-12

## MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1202-32 CONTRACTOR Robert Sheppard PHONE 623-2203

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 <u>John W. O'Neal</u><br>License #: <u>owner</u>      | Signature <u>John W. O'Neal</u><br>Phone #: <u>386-752-7528</u>  |
| MECHANICAL/<br>A/C ✓ | Print Name <u>John W. O'Neal</u><br>License #: <u>owner</u>      | Signature <u>John W. O'Neal</u><br>Phone #: <u>386-752-7528</u>  |
| PLUMBING/<br>GAS ✓   | Print Name <u>Robert Sheppard</u><br>License #: <u>IH1025386</u> | Signature <u>Robert Sheppard</u><br>Phone #: <u>386-623-2203</u> |

| 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.

Contractor Form: Subcontractor form: 1/11



**Columbia County Property Appraiser**

DB Last Updated: 1/17/2012

**2011 Tax Year**

Parcel: 33-3S-17-06703-000

&lt;&lt; Next Lower Parcel   Next Higher Parcel &gt;&gt;

Tax Collector

Tax Estimator

Property Card

Parcel List Generator

Interactive GIS Map

Print

Search Result: 1 of 1

**Owner & Property Info**

|  |   |              |       |
|--|---|--------------|-------|
| Owner's Name   | O'NEAL JOHN W & DANETTE   |              |       |
| Mailing Address  | PO BOX 2166<br>LAKE CITY, FL 32056  |              |       |
| Site Address   | 161 SE DANIELLE PL  |              |       |
| Use Desc. (code)   | MOBILE HOM (000200)   |              |       |
| Tax District   | 2 (County)  | Neighborhood | 33317 |
| Land Area  | 0.253 ACRES   | Market Area  | 06    |
| Description  | NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction. |              |       |
| S1/2 OF W1/2 OF LOT 4 BLOCK 2 MELROSE FARMS S/D. ORB 303-06, 700-820 |   |              |       |

**Property & Assessment Values**

| 2011 Certified Values |          |   |
|-----------------------|----------|---|
| Mkt Land Value        | cnt: (0) | \$5,784.00                                      |
| Ag Land Value         | cnt: (2) | \$0.00  |
| Building Value        | cnt: (1) | \$2,868.00                                      |
| XFOB Value            | cnt: (1) | \$300.00  |
| Total Appraised Value |          | \$8,952.00                                      |
| Just Value            |          | \$8,952.00                                      |
| Class Value           |          | \$0.00  |
| Assessed Value        |          | \$8,952.00                                      |
| Exempt Value          |          | \$0.00  |
| Total Taxable Value   |          | Cnty: \$8,952<br>Other: \$8,952   Schl: \$8,952 |

**2012 Working Values****NOTE:**

2012 Working Values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

Show Working Values

**Sales History**

Show Similar Sales within 1/2 mile

| Sale Date | OR Book/Page | OR Code | Vacant / Improved | Qualified Sale | Sale RCode | Sale Price  |
|-----------|--------------|---------|-------------------|----------------|------------|-------------|
| 11/1/1989 | 700/820      | WD      | I                 | Q              |            | \$10,000.00 |

**Building Characteristics**

| Bldg Item  | Bldg Desc           | Year Blt | Ext. Walls      | Heated S.F. | Actual S.F. | Bldg Value |
|--|---------------------|----------|-----------------|-------------|-------------|------------|
| 1  | MOBILE HME (000800) | 1968     | BELOW AVG. (03) | 684         | 884         | \$2,868.00 |
| Note: All S.F. calculations are based on exterior building dimensions. |                     |          |                 |             |             |            |

**Extra Features & Out Buildings**

| Code | Desc       | Year Blt | Value    | Units       | Dims      | Condition (% Good) |
|------|------------|----------|----------|-------------|-----------|--------------------|
| 0294 | SHED WOOD/ | 1993     | \$300.00 | 0000001.000 | 0 x 0 x 0 | (000.00)           |

**Land Breakdown**

| Lnd Code | Desc            | Units                  | Adjustments         | Eff Rate    | Lnd Value  |
|----------|-----------------|------------------------|---------------------|-------------|------------|
| 000102   | SFR/MH (MKT)    | 0.253 AC               | 1.00/1.00/1.00/1.00 | \$13,463.17 | \$3,406.00 |
| 009945   | WELL/SEPT (MKT) | 1 UT - (0000000.000AC) | 1.00/1.00/1.00/1.00 | \$2,000.00  | \$2,000.00 |

Columbia County Property Appraiser

DB Last Updated: 1/17/2012

1 of 1

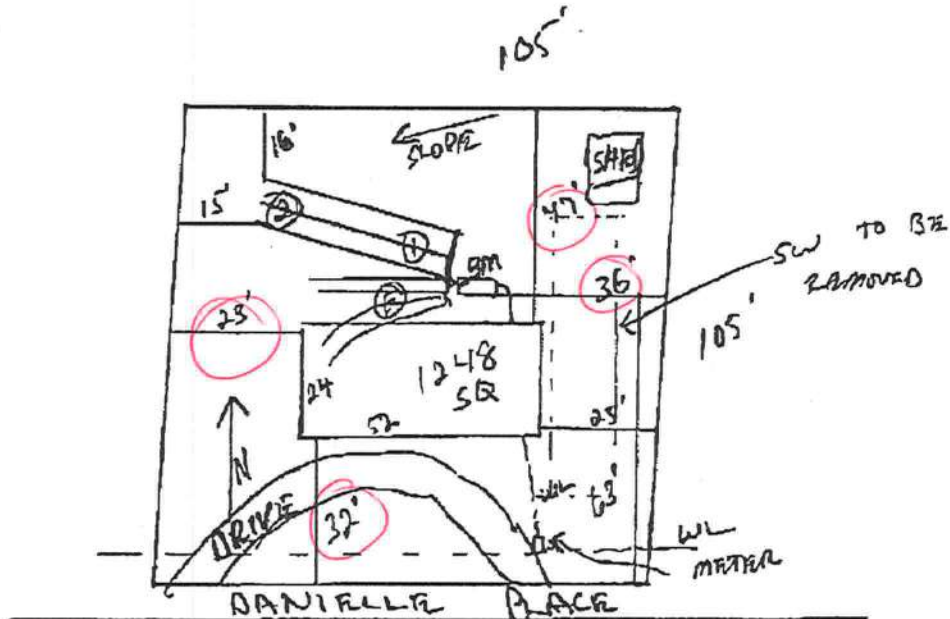
STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 12-0070M

O'NEAL

PART II - SITEPLAN

Scale: 1 inch = 40 feet.



Notes: \_\_\_\_\_

Site Plan submitted by: Rocky D F

Plan Approved X

Not Approved \_\_\_\_\_

By \_\_\_\_\_

Columbia

MASTER CONTRACTOR

Date 2-9-12

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DH 4015, 08/08 (Obsoletes previous editions which may not be used) Incorporated: 84E-6.001, FAC  
(Stock Number: 5744-087-4015-6)

Page 2 of 4

JF





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

PERMIT #: 12-SC-1392070  
APPLICATION #: AP1061211  
DATE PAID: 2/8/12  
FEE PAID: 205.00  
RECEIPT #: 1812849  
DOCUMENT #: PR866387

CONSTRUCTION PERMIT FOR: OSTDS Existing Modification

APPLICANT: JOHN\*\*12-0070 O'NEAL

PROPERTY ADDRESS: 161 SE DANIELLE PI Lake City, FL 32025

LOT: 4 BLOCK: 2 SUBDIVISION: MELROSE FARMS

PROPERTY ID #: 06703-000 (SECTION, TOWNSHIP, RANGE, PARCEL NUMBER)  
(OR TAX ID NUMBER)

SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF SECTION 381.0065, F.S., AND CHAPTER 64E-6, F.A.C. DEPARTMENT APPROVAL OF SYSTEM DOES NOT GUARANTEE SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN MATERIAL FACTS, WHICH SERVED AS A BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT TO MODIFY THE PERMIT APPLICATION. SUCH MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE NULL AND VOID. ISSUANCE OF THIS PERMIT DOES NOT EXEMPT THE APPLICANT FROM COMPLIANCE WITH OTHER FEDERAL, STATE, OR LOCAL PERMITTING REQUIRED FOR DEVELOPMENT OF THIS PROPERTY.

SYSTEM DESIGN AND SPECIFICATIONS

T [ 900 ] GALLONS / GPD Existing Septic Tank CAPACITY  
A [ ] GALLONS / GPD N/A CAPACITY  
N [ ] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK:1250 GALLONS]  
K [ ] GALLONS DOSING TANK CAPACITY [ ] GALLONS 0 [ ] DOSES PER 24 HRS #Pumps [ ]

D [ 375 ] SQUARE FEET Drainfield SYSTEM  
R [ ] SQUARE FEET N/A SYSTEM

A TYPE SYSTEM: [x] STANDARD [ ] FILLED [ ] MOUND [ ]

I CONFIGURATION: [x] TRENCH [ ] BED [ ]

N

F LOCATION OF BENCHMARK: Top of septic lid, outlet end.

I ELEVATION OF PROPOSED SYSTEM SITE [ 2.00 ] [ INCHES ] FT [ ] ABOVE / BELOW BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [ 28.00 ] [ INCHES ] FT [ ] ABOVE / BELOW BENCHMARK/REFERENCE POINT

L

D FILL REQUIRED: [ 0.00 ] INCHES EXCAVATION REQUIRED: [ 0.00 ] INCHES

1.) Contractor proposes to abandon existing drainfield and install a new one to meet current code in regards to setback to the building foundation. The existing tank shall be used.  
2.) An outlet device must be in place prior to final approval.

SPECIFICATIONS BY: Rocky D Ford TITLE: match contract.

APPROVED BY: [Signature] TITLE: Environmental Specialist I Columbia CHD

DATE ISSUED: 02/08/2012 EXPIRATION DATE: 08/09/2013

DM 4016, 08/09 (Obsoletes all previous editions which may not be used)

Incorporated: 62845.003, PAC Page 1 of 3

AP1061211

SEB62452

SF



**MOBILE HOME INSTALLER AFFIDAVIT**

As per Florida Statutes Section 320.8249 Mobile Home Installers License

Any person who engages in mobile home installation shall obtain a mobile home installer's license from the Bureau of Mobile Home and Recreational Vehicle Construction, of the Department of Highway Safety and Motor Vehicles pursuant to this section. Said license shall be renewed annually, and each licensee shall pay a fee of \$150

I, Robert Sheppard, license number IH1025386

state that the installation of the manufactured home for owner

John & Danette O'Neal at

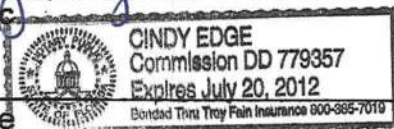
911 Address: 161 SE Danielle Place City Lake City

will be done under my supervision.

Signed: Robert Sheppard  
Mobile Home Installer

Sworn to and subscribed before me this 1<sup>st</sup> day of February 20012

Cindy Edge  
Notary public



Notary Name

Personally known ☒

DL ID \_\_\_\_\_



CODE ENFORCEMENT  
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 2-16-12 BY UH 1202-32 IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? NO  
OWNERS NAME John O'Neal PHONE 752-7578 CELL \_\_\_\_\_  
ADDRESS \_\_\_\_\_

MOBILE HOME PARK \_\_\_\_\_ SUBDIVISION \_\_\_\_\_  
DRIVING DIRECTIONS TO MOBILE HOME 9779 N US 441 E Just South of  
this Address.

MOBILE HOME INSTALLER Robert Sheppard PHONE \_\_\_\_\_ CELL 623-2204

MOBILE HOME INFORMATION

MAKE Homes of Merit YEAR 86 SIZE 28 X 56 COLOR Beige

SERIAL No. 319328 & 319329

WIND ZONE II Must be wind zone II or higher NO WIND ZONE I ALLOWED

FL. 319329

INSPECTION STANDARDS

INTERIOR:

(P or F) - P= PASS F= FAILED

\$50.00

P SMOKE DETECTOR ( ) OPERATIONAL ( ) MISSING  
P FLOORS ( ) SOLID ( ) WEAK ( ) HOLES DAMAGED LOCATION  
P DOORS ( ) OPERABLE ( ) DAMAGED  
P WALLS ( ) SOLID ( ) STRUCTURALLY UNSOUND  
P WINDOWS ( ) OPERABLE ( ) INOPERABLE  
P PLUMBING FIXTURES ( ) OPERABLE ( ) INOPERABLE ( ) MISSING  
P CEILING ( ) SOLID ( ) HOLES ( ) LEAKS APPARENT  
P ELECTRICAL (FIXTURES/OUTLETS) ( ) OPERABLE ( ) EXPOSED WIRING ( ) OUTLET COVERS MISSING ( ) LIGHT  
FIXTURES MISSING

Date of Payment: 2-16-12

Paid By: John O'Neal

Notes: 1451 Rec #

EXTERIOR:

P WALLS / SIDING ( ) LOOSE SIDING ( ) STRUCTURALLY UNSOUND ( ) NOT WEATHERTIGHT ( ) NEEDS CLEANING  
P WINDOWS ( ) CRACKED/ BROKEN GLASS ( ) SCREENS MISSING ( ) WEATHERTIGHT  
P ROOF ( ) APPEARS SOLID ( ) DAMAGED

STATUS

APPROVED ✓ WITH CONDITIONS: \_\_\_\_\_

NOT APPROVED \_\_\_\_\_ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS \_\_\_\_\_

SIGNATURE Joe C... ID NUMBER 304 DATE 2-17-12





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

1202-32

### MOBILE HOME INSTALLERS LETTER OF AUTHORIZATION

I, Robert Philpott, give this authority for the job address show below  
Installer License Holder Name

only, 161 SE Danielle PL, L.C. FL 32055, 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)   |
|-----------------------------------|--------------------------------|---|
| John W. O'NEAL                    |                                | <input type="checkbox"/> Agent <input type="checkbox"/> Officer<br><input checked="" type="checkbox"/> Property Owner |
|                                   |                                | <input type="checkbox"/> Agent <input type="checkbox"/> Officer<br><input type="checkbox"/> Property Owner            |
|                                   |                                | <input type="checkbox"/> Agent <input type="checkbox"/> Officer<br><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.

Robert Philpott  
License Holders Signature (Notarized)  
IH1025386  
License Number  
2.23.12  
Date

#### NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Robert Philpott, personally appeared before me and is known by me or has produced identification (type of I.D.) on this 23<sup>rd</sup> day of February, 2012.

Laurie Hodson  
NOTARY'S SIGNATURE

