## PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION 7953

_	
"	For Office Use Only (Revised 7-1-15) Zoning Official
-	
	Flood Zone Zoning A Land Use Plan Map Category A
'	Comments Replacing existing My H
-	116byr
1	EMA Map# Finished Floor River In Floodway
	Recorded Deed or A Property Appraiser PO A Site Plan
[	Existing well   Land Owner Affidavit Installer Authorization   FW Comp. letter App Fee Paid
	DOT Approval
	Ellisville water Sys Assessment Form
Pro	Deperty ID # 10-75-17-09973-020 Subdivision Sherwood Fovest Lot#20  New Mobile Home Used Mobile Home MH Size 32 x Los Year 2019
•	Applicant Sonus Crews Linda Craft Phone # 863-517-5701
•	Address 3311 SW State Rd 247 Lake City F1 32024
	Name of Property Owner Jeremy Carpenter Phone# 352 - 222-0045
	911 Address 201 SE Little John PI High Sorings F1 321043
-	
	(Circle One) - <u>Suwannee Valley Electric</u> - <u>Duke Energy</u>
	Name of Owner of Mobile Home Teremy Carpenter Phone #352-222-0045
_	
	Address 201 SE Little John PI High Springs F1 32649
•	Relationship to Property Owner Self
	Current Number of Dwellings on Property
	Lot Size 1910 X 2 2() Total Acres of 999
•	Lot Size 194 X 3 30 Total Acreage 0 999
•	Do you : Have Existing Drive or Private Drive (Blue Road Sign) or need Culvert Permit (Putting in a Culvert) or Culvert Waiver (Circle one) (Not existing but do not need a Culvert)
•	Is this Mobile Home Replacing an Existing Mobile Home 165
	Driving Directions to the Property Get off at CHISVILLE Exit, Go South on 44
	approx 6 /2 miles little John Place will be no your
	1 A I I I I I I I I I I I I I I I I I I
	Lett (Thin) will be soon house in lett
_	Name of Licensed Bealey (Installer Popular Novel's 1993 221)
•	Name of Licensed Dealer/Installer Roma Norris Phone # 423-7714
-	Installers Address 1004 SW Charles Ferr Calle Pity F1 32024
•	License Number 7H1025145// Installation Decal # 50237
	375.01

	marriage wall piers within 2 of end of home per Rule 15C		er sta	me is a single wide fill out one half	mobile Home Permit Worksheet  Installer: Yewwith Worksheet  Address of home 201 SE 1, HP John Pl
Copening  Pier pad size  4 ft  5 ft Sw  FRAME TIES  within 2' of end of home spaced at 5' 4" oc  IEDOWN COMPONENTS  Longitudinal Stabilizing Device (LSD)  Manufacturer  Longitudinal Stabilizing Device w/ Lateral Arms  Marriage wall  Shearwall  Shearwall	1.)  17 x 22  17 x 22  17 x 22  13 1/4 x 26 1/4  20 x 20  20 x 20  20 x 20  20 x 21  21 3/16 x 25 3/16  22 x 25 1/2  24 x 24  26 x 26  28 below.  17 1/2 x 25 1/2  24 x 24  ANCHORS	8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8'	Load   Footer bearing   Size capacity   (256)   18 1/2" x 18   20" x 20"   22" x 22"   24" x 24"   26" x 26"   (256)   1/2" (342)   (400)   (484)"   (576)"   (676)   (1500 psf   25"   6"   8"   8"   8"   8"   8"   8"   8	Single wide   Wind Zone II   Wind Zone III   Double wide   Installation Decal # 50237  Triple/Quad   Serial # 3AC FC 00957A & B	Application Number:  New Home  Date:  New Home  Date:  New Home  Date:  New Home  New Home  New Home  Date:  New Home  New Hom

# **Mobile Home Permit Worksheet**

The pocket penetrometer tests are rounded down to soil without testing.  X DOCKET 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 DSU X SSU  X SSU	POCKET DENETBONETED TEAT
--	--------------------------

## TORQUE PROBE TEST

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

Note: A state approved lateral arm system is being used and 4 ft. reading is 275 or less and where the mobile home manufacturer may anchors are required at all centerline tie points where the torque test anchors are allowed at the sidewall locations. I understand 5 ft requires anchors with 400 b holding capacity.

Installer's initials

# ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Date Tested

## Electrical

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

## Plumbing

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

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

Application Number:
Date:

## Site Preparation

Debris and organic material removed Water drainage: Natural Swale

Pad / Other

# astening multi wide units

Floor: Roof: Walls Type Fastener: Type Fastener;

Length:

Spacing: Spa

Type Fastener: Length: Spacing: Spacing roofing nails at 2" on center on both sides of the centerline.

# Gasket (weatherproofing requirement)

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 understand a properly installed gasket is a requirement of all new and used

Installer's initials

Type gasket Pg.

Between Walls Yes, Bottom of ridgebeam Between Floors nstalled Yes

Yes

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 rain water. Yes

## Miscellaneous

Other: Range downflow vent installed outside of skirting. Skirting to be installed. Yes

Dryer vent installed outside of skirting. Yes Skirting to be installed. Yes Electrical crossovers protected. Yes Drain lines supported at 4 foot intervals. Yes S

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

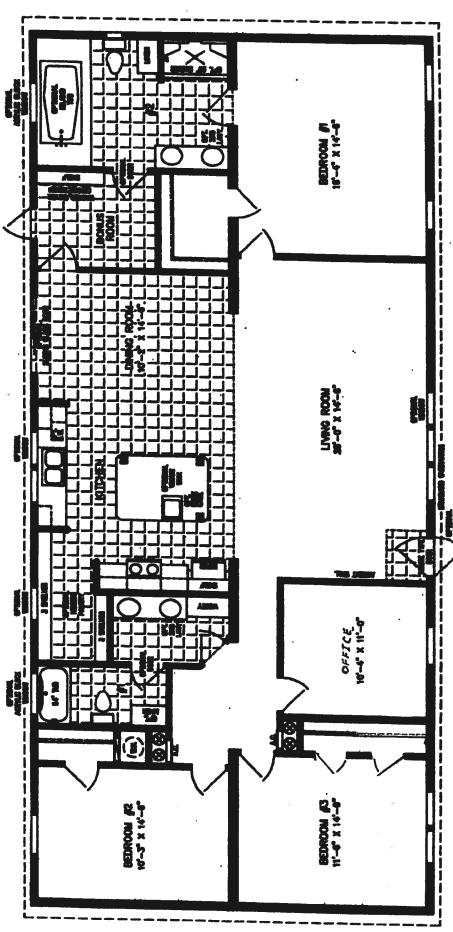
REFER TO SU-01-0020, SU-01-0021, AND OTHER DETAILS IN THE SET-UP MANUAL FOR MAXIMUM HEIGHT (THIS IS NOT DESIGNED, NOR INTENDED, TO BE A STILT FOUNDATION)

www.jechomes.com HUD WIND ZONE - 2 HUD WIND EXPOSURE CATEGORY - C 35222 - PAGE 1 OF 2 THIS BLOCKING DIAGRAM IS PROVIDED AS A COURTOUSY ONLY THE LICENSED SET-UP CONTRACTOR SHALL REVIEW THIS DETAIL AND VERRY COMPLIANCE THE LICENSED SET-UP CONTRACTOR IS RESPONSIBLE AND LIABLE FOR ALL INSTALLATION

#### NIG = INE NOTE 10. REFER TO SL-01-0005 FOR ADDITIONAL PIER REGUNDEMENTS. REFER TO AD-TD-0250 THROUGH AD-TD-0254 FOR COLUMN ANCHOR SIZES S COPYRIGHT COLUMN NUM П ĺm $\Box$ D PIER PAD SIZE (sq.in. MINIMUM G 432/875 sq. in 342.25 22'-6" $\overline{\omega}$ $\bar{\omega}$ SPAN INFO. 396 sq. (sq.in.) 676 sq. in. 400 sq Õ Q Q Q Q Q 576 sq. 2013, JACOBSEN HOMES, SAFETY HARBOR, FLORIDA, ALL RIGHTS RESERVED sq. TABLE sq. LOAD (III POUNDS Ξ. ₹. PO BOX 368, 600 PACKARD CT. SAFETY HARBOR, FLORIDA JACOBSEN HOME M 78 8 5 psr soit psr soit ŝ ħ H www.jachomes.com COLUMN PAD - MIN. (727) 726-1138 78 15 18 8 5 1500 psr soil 2 1 2 6 1-BEAM PIER SPACING 107 12: 100 M 5 psr soit pst suit N I OLF! pst soil ij NIO ME ž SIZES (sq ps/ soil pst soil NIO TO Z OI S N IO N IO Ö <u>5</u> psf soil psr soil S OIT. NIO NI 2 6 N IO N I ps/ Soil HUD WIND EXPOSURE CATEGORY ē PP NOTES: QUALIFIED PERSONNEL SHOULD ATTEMPT TO INSTALL A MANUFACTURED STRUCTURE/BUILDING. IMPROPER PROCEDURES AND/OR TECHNIQUES COULD RESULT IN <u>SERIOUS INJURY OR DEATH</u>. IN ADDITION TO THE DANGER TO PERSONNEL, IMPROPER SETUP/INSTALLATION COULD RESULT CONTRACTOR SHALL INSURE/REQUIRE THAT SAFE AND PROPER TECHNIQUES ARE THAT ALL PERSONNEL, ON THE JOS SITE, SE QUALIFIED AND PROPERLY/ADEQUATELY TRAINED A STATE LICENSED SETUP CONTRACTOR IS REQUIRED TO BE RESPONSIBLE FOR ALL SAFETY INITIATIVES, PROGRAMS, POLICIES, AND/OR PROCEDURES THAT MAY BE MANDATED BY AND/OR ANY OTHER LOCAL, STATE, AND/OR FEDERAL CODES AND/OR REQUIREMENTS. IF YOU ARE NOT QUALIFIED AND/OR DO NOT HAVE THE PROPER TOOLS AND/OR EQUIPMENT INSTALLING A MANUMACTURED STRUCTURE/BUILDING CAN BE EXTREMELY DANGEROUS. MANUPACTURED BUILDINGS/STRUCTURES CAN WEIGH SEVERAL TONS IT IS VERY IMPORTANT WARNING MATING LINE PIER SPACING EXTENSIVE/COSTLY DAMAGE TO THE BUILDING/STRUCTURE NEVER ATTEMPT INSTALLATION psr soil **AUTION:** MAX. PIER SPAINE ON 8° 1-BRAM 18 86°. MAX. FREER SPAINS ON 10° OR 12° 1-BRAM 18 180° REE NOTE 4 ON PAGES SU-GI-COMS THROUGH IN-GI-CRES. ANY SEERNALL ANNA WITH A HOST BEAM OR A STRUCTURAL ATTACHBERNT BHALL HAVE PEED AND AUTHORS SPACED AND PURTHER THAM 46° C.C. MAXOREM, BERNE WHEN ZHANE AREAS RAND AUTHORS BETLEY MANALAL POR 875CH THE BELOY-COOK AND SAUTHORS BETLEY MANALAL POR 875CH THE BELOY-COOK AND SAUTHORS WAS TALKET WALL COMMITMICTRON OR BE DESCARD AND COMMITMICTRON OR BE DESCARD. all 2-6 floor system whise than 14-4 require permeter and mather line blocker ALL 1847 WINE FLOOR SYSTEMS REQUIRE PERDMETER AND MATTING LINE BLOCKING. ALDNE THE MATTHE LINE, BEE THE BETLY MANUAL FOR EFFLICTOR CONTRACTION OR IS CESSIONS AND AND AND RETOR TO THE APPROVED PLICE PLAN FOR SPICIPS COLLARY LOCATIONAL FIELD MAY BE REQUIRED. REFER TO AD-TD-100 FOR WEAKWALL APPLICATIONS AND TOS-DOWN REFER TO THE APPEOVED FLOOR PLAN FOR SHEARWALL LOCATIONS AND LOADS. NOTES TO THE MODEL APPROVAL FOR PLAN BY SOFT DATESMATION. WELL TANDLLIOUS YOU SDOOTIO-TH OIL MAKE PARTICIDATE PARTICIPATE PARTIC psr soft PIERS CAN BE ps/ Suit psr soil WELDCATED AND/OR SPANS PROPERTIES PER THE SETUP MANAGE. psr soil psr son PERIMETER PIER SPACING psr soil pst soil AVN EVENY EWEZ CIVA ERVL EMYT HVAR EJESE PAGE pst 50ft MANALAL FOR SPECIFIC psf soil UTILIZED 유 AHS0 ONLY psr soil THE

REFER TO SU-01-0020, SU-01-0021, AND OTHER DETAILS IN THE SET-UP MANUAL FOR MAXIMUM HEIGHT (THIS IS NOT DESIGNED, NOR INTENDED, TO BE A STILT FOUNDATION) .

 The Imperial



32 X 68

2,085 SQUARE FEET

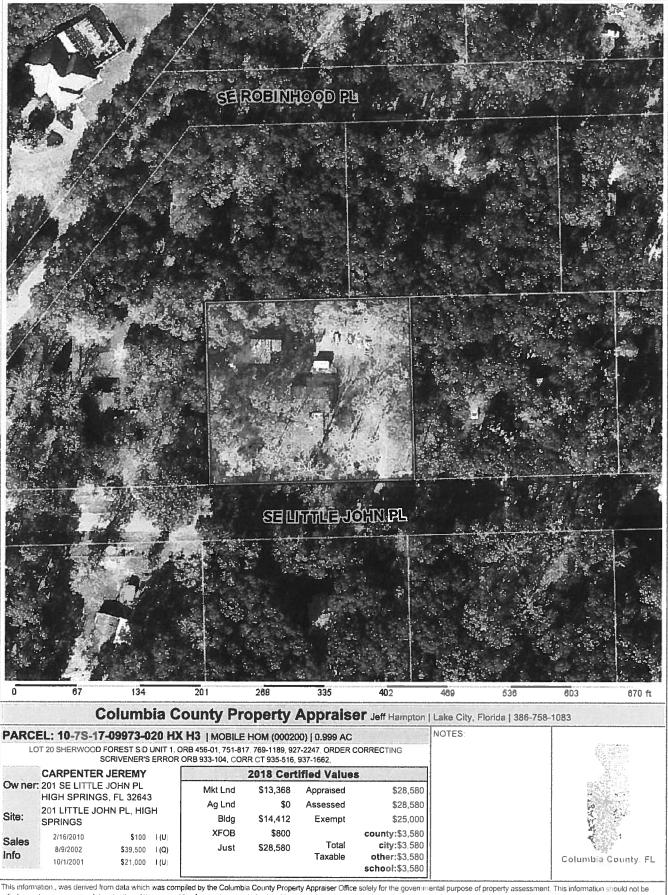
Model IMP-46820 W-83074

2016

600 Packard Court = Safety Harbor, Florida 34885 = Telephone (727) 726-1138
WWW.jachomes.com/Floor-Plans

(AL SES ARE APPROX.) DESIGNED FOR ZONES II & III.

S-1-5



This information,, was derived from data which was compiled by the Columbia County Property Appraiser Office solely for the governmental purpose of property assessment. This information should not be relied upon by anyone as a determination of the ownership of property or market value. No warranties, expressed or implied, are provided for the accuracy of the data herein, it's use, or it's interpretation. Although it is periodically updated, this information may not reflect the data currently on file in the Property Appraiser's office.



## 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,, give this authority for the job address show below					
only, 201 SE Little John Pl High Springs, and I do certify that					
the below referenced person(s)	listed on this form is/are under my	y direct supervision and control			
and is/are authorized to purcha	se permits, call for inspections and	d sign on my behalf.			
Printed Name of Authorized Person	Signature of Authorized Person	Authorized Person is (Check one)			
Sony Crews Linda Craft	Song Crews	Agent Officer Property Owner			
Linda Craft	Rinda Craft	Agent Officer Property Owner			
	,	Agent Officer 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.					
Have smud	IHIO	25/45/1 1-8-019			
License Holders Signature (Not	arized) License Nu	ımber Date			
NOTARY INFORMATION: STATE OF: Florida	COUNTY OF: Colum	ba			
The above license holder, whos personally appeared before me (type of I.D.)	se name is				
NOTARY'S SIGNATURE	SANDRA ELIZABETH TOPE Notary Public - State of Florida Commission # GG 063811 My Comm. Expires Jan 18, 2021 Bonded through National Notary Asso	Seal/Stamp)  SANDRA ELI Notary Publi Commiss 11 My Comm do 2021 Bonded the locary Assn.			

#### MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUI	MBER	701-46	CONTRACTOR_	2000ie	Norris	PHONE (023-5
		THIS FORM MUS	T BE SUBMITTED PRIOR	TO THE ISSUANCE	OF A PERMIT	
records of the Ordinance 89-	subcontract 6, a contrac	tors who actually o tor shall require al	I trades doing work a did the trade specific II subcontractors to p valid Certificate of Co	work under the	e permit. Per Flo ce of workers' co	orida Statute 440 and ompensation or
	-		sponsible for the corvork. Violations will i	-		to this office prior to to or fines.
ELECTRICAL 1074		EC 1300 a	Nithington 2957 Qualifier Form Attache	Phone #:	Mem W 86 - 972	atting ton
MECHANICAL/	Print Name	2		Signature		
A/C	License #:		Qualifier Form Attache		· · · · · · · · · · · · · · · · · · ·	
			,			
Qualifier Form	ns cannot l	ne submitted for	any Specialty Licen	- se.		
Specialty L	icense	License Number	Sub-Contractors	Printed Name	Sub-	Contractors Signature
111/10011			i			

**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

**CONCRETE FINISHER** 

#### MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUM	ABER [901-44 CONTRACTOR R	Donie Norvis PHONE (023-771
	THIS FORM MUST BE SUBMITTED PRIOR TO	THE ISSUANCE OF A PERMIT
records of the Ordinance 89-6 exemption, get Any changes, 1	nunty one permit will cover all trades doing work at a subcontractors who actually did the trade specific was, a contractor shall require all subcontractors to proper all liability insurance and a valid Certificate of Corrector is responsible for the corrector beginning any work. Violations will responsible to the corrector beginning any work.	vork under the permit. Per Florida Statute 440 and ovide evidence of workers' compensation or impetency license in Columbia County.  Sected form being submitted to this office prior to the
ELECTRICAL	Print Name	Signature
	License #:Qualifier Form Attached	Phone #:
	Qualifier Form Attached	
MECHANICAL/	Print Name MilMool A. Boland	Signature MILTERS
A/C _ 15_	License #: (1AC 1817714	Phone #: (352) 274- 932
20	Qualifier Form Attached	

Qualifier Forms cannot be submitted for any Specialty License.

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			- 11/11 1 - 11/11
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

District No. 1 - Ronald Williams District No. 2 - Rocky Ford District No. 3 - Bucky Nash District No. 4 - Toby Witt 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:

1/16/2019 2:17:12 PM

Address:

201 SE LITTLE JOHN PI

City:

HIGH SPRINGS

State:

FL

Zip Code

32643

Parcel ID

09973-020

REMARKS: Address Verification.

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

JENERYPONIEN



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

PERMIT NO.	19-10059	
DATE PAID:	11/1/14	
FEE PAID:	40.00	
RECEIPT #:	E392934	į

APPLICATION FOR CONSTRUCTION PERMIT
APPLICATION FOR:  [ ] New System [ ] Existing System [ ] Holding Tank [ ] Innovative [ ] Repair [ ] Abandonment [ ] Temporary [ ]
APPLICANT: Jeremy Carpenter
AGENT: Sonya Crews   Linda Craft TELEPHONE: 352-222-002
MAILING ADDRESS: 201 SE Little John PI High Springs, F1 3261
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: 20 BLOCK: SUBDIVISION: Sherwood Forest PLATTED: 1974
PROPERTY ID #: $O-S-IJ-D99J3-D3U_{ZONING}$ : I/M OR EQUIVALENT: [ Y / N
PROPERTY SIZE: ACRES WATER SUPPLY: [   PRIVATE PUBLIC   ] <= 2000GPD   1>2000GPD
IS SEWER AVAILABLE AS PER 381.0065, FS? [ Y (N)]
PROPERTY ADDRESS: 201 SE Little John Pl High Co-inca El 37/06
DIRECTIONS TO PROPERTY: Get Off at Elisville Exit an South on Hull
approx le 1/2 miles, Little John Place will be on your
left (two) will be second house on left
BUILDING INFORMATION [X] RESIDENTIAL [ ] COMMERCIAL
Unit Type of No. of Building Commercial/Institutional System Design No Establishment Bedrooms Area Sqft Table 1, Chapter 64E-6, FAC
1 Mobile Home 3 2085
2
3
[ ] Floor/Equipment Drains [ ] Other (Specify)
SIGNATURE: DOUP CREWS Linda Craft DATE: 1/15/19
DH 4015, 08/09 (Obsoletes previous editions which may not be used)

Page 1 of 4

## STATE OF FLORIDA DEPARTMENT OF HEALTH APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 19-0057

PART II - SITEPLAN -----Scale: Each block represents 10 feet and 1 inch = 40 feet. Notes: \_ Crews Lenda Site Plan submitted by: Not Approved\_\_\_\_\_Columbia Plan Approved Date\_// \_ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DH 4015.08/09 (Obsoletes previous editions which may not be used) Incorporated: 64E-8.001. FAC (Stock Number: 5744-002-4015-6)

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