

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

SHATIO
WIC NEEDED

For Office Use Only (Revised 7-1-15) Zoning Official JMA Building Official JMA
 AP# 1904-34 Date Received 4/11 By JW Permit # 38006
 Flood Zone X PS Development Permit _____ Zoning A-3 Land Use Plan Map Category Af
 Comments MH Being placed outside the flood zone per the siteplan
Only unit on this
 FEMA Map# _____ Elevation _____ Finished Floor 1 above the River _____ In Floodway _____
 Recorded Deed or Property Appraiser PO Site Plan EH # 19-0284 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 and Out County In County Sub VF Form

Property ID # 05-65-11-09611-009 Subdivision n/a Lot# _____

- New Mobile Home Used Mobile Home _____ MH Size 48x28 Year 2019
- Applicant Kimberly Moon Phone # 386-688-2345
- Address 1154 NW Noegel Rd Lake City FL 32055
- Name of Property Owner Tammy Kelley Phone # 386 965 4795
- 911 Address 333 SW Herlong St Lake City FL 32024
- Circle the correct power company - FL Power & Light - Clay Electric
 (Circle One) - Suwannee Valley Electric - Duke Energy
- Name of Owner of Mobile Home Tammy Kelley Phone # 386-965-4795
 Address 321 NE Almond Ave Madison, FL 32340
- Relationship to Property Owner same
- Current Number of Dwellings on Property 0
- Lot Size _____ Total Acreage 21.55ac
- 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 TL Madison St, TL on to Marion,
TL onto US-41 S, TR SW Tustergage, TL SW
Herlong St 0.8 miles property on left.
- Name of Licensed Dealer/Installer Scott Johnson Phone # 352 494 8099
- Installers Address 2220A SE US HWY 301 Hawthorne, FL 32640
- License Number IH1025249 Installation Decal # 58673

JW sent email 4.12.19

611.88

Anchor Home Permit Worksheet

Application Number: _____ Date: _____

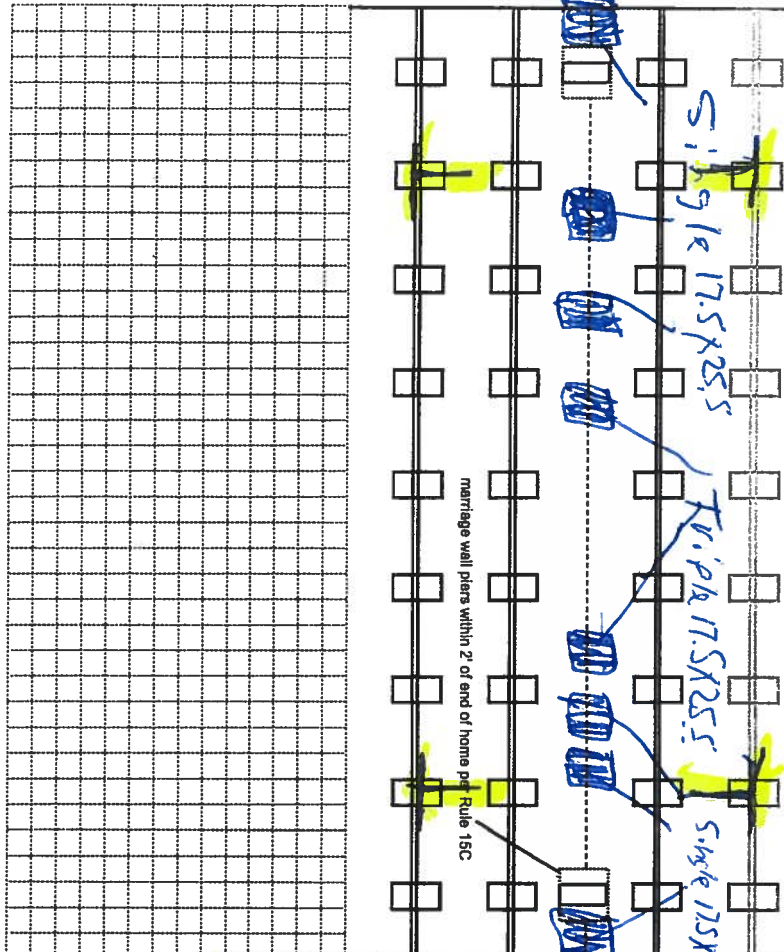
Installer: Scott Johnson License #: IM1025249

Address of home being installed: T30 Sw Herlong St
Kake City, FL 32024

Manufacturer: Scotbilt Length x width: 48 x 28

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 where the sidewall ties exceed 5 ft 4 in.

Installer's initials: [Signature]



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 # 58693

Triple/Quad Serial # 58HGA21500814AB

PIER SIZING TABLE FOR USED HOMES

| Load bearing capacity (sq in) | Footer size (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' |

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

PIER PAD SIZES

I-beam pier pad size 23 X 31 70C

Perimeter pier pad size 10.5" x 16 x 18

Other pier pad sizes (required by the mfg.) _____

Draw the approximate locations of marriage wall openings 4 foot or greater. Use this symbol to show the piers.

POPULAR PAD SIZES

| Pad Size | Sq In |
|-------------------|-------|
| 16 x 16 | 256 |
| 16 x 18 | 288 |
| 18.5 x 18.5 | 342 |
| 16 x 22.5 | 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 |

List all marriage wall openings greater than 4 foot and their pier pad sizes below.

| Opening | Pier pad size |
|-------------------------|---------------------------|
| <u>17.5 X 25.5</u> | <u>17.5 X 25.5</u> |
| <u>11.5 X 25.5</u> | <u>17.5 X 25.5</u> |
| <u>17.5 X 25.5</u> | <u>17.5 X 25.5</u> |
| <u>11.0/17.5 X 25.5</u> | <u>Triple 17.5 X 25.5</u> |

ANCHORS

FRAME TIES

OTHER TIES

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD) _____

Manufacturer _____

Longitudinal Stabilizing Device w/ Lateral Arms _____

Manufacturer _____

Number _____

Archile Home Permit Worksheet

Application Number: _____

Date: _____

POCKET PENETROMETER TEST

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

X 1000 X 1000 X 1000

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 1000 X 1000 X 1000

TORQUE PROBE TEST

The results of the torque probe test is _____ 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.

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Ernest S Johnson
 Date Tested Assumed Oliver 1101 V uses 4 1/2 ft Anchors
 Installer's Initials [Signature]

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. _____

Plumbing

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. _____

Site Preparation

Debris and organic material removed _____
 Water drainage: Natural _____ Swale _____ Pad (X) Other _____

Fastening multi wide units

Floor: Type Fastener: 1/2 x 5 Length: 4 Spacing: 20
 Walls: Type Fastener: 1/2 x 5 Length: 4 Spacing: 10
 Roof: Type Fastener: 1/2 x 5 Length: 4 Spacing: 20
 For used homes: 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.

Type gasket Pg. R11
 Installed: Between Floors Yes (X)
 Between Walls Yes (X)
 Bottom of ridgebeam Yes (X)

Weatherproofing

The bottomboard will be repaired and/or taped. (X) Pg. _____
 Siding on units is installed to manufacturer's specifications. (X)
 Fireplace chimney installed so as not to allow intrusion of rain water. (X)

Miscellaneous

Skirting to be installed. (X) Yes (X) No _____
 Dryer vent installed outside of skirting. (X) Yes (X) No _____
 Range downflow vent installed outside of skirting. (X) Yes (X) No _____
 Drain lines supported at 4 foot intervals. (X) Yes (X) No _____
 Electrical crossovers protected. (X) Yes (X) No _____
 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 Ernest S Johnson Date _____



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, Ernest S Johnson give this authority for the job address show below
Installer License Holder Name

only, 333 Sw Herborg St Lake City Fl 32024, 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) |
|-----------------------------------|--------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| Kimberly Koon | <i>Kimberly Koon</i> | <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.

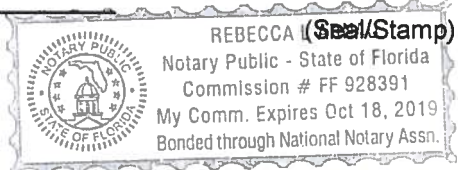
Ernest S Johnson IH1025249 4-9-19
License Holders Signature (Notarized) License Number Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Ernest S. Johnson, personally appeared ~~before me~~ and is ~~known by me~~ or has produced identification (type of I.D.) _____ on this 9 day of April, 2019.

Rebecca Y Arman
 NOTARY'S SIGNATURE



LIMITED POWER OF ATTORNEY

I, Tammy Kelley Hereby authorize Kimberly Koon to be my representative and act on my behalf in all aspects of applying for an move on permint for parcel I.D 05-65-17-09611-009 . This document is valid until rescinded by the qualifier.

Tammy Kelley

Signed

3-27-19

Date

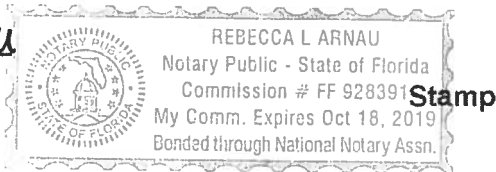
This foregoing instrument was acknowledged before me on this 27 day of March 2019.

Personally known: ✓

Produced ID (Type): _____

Rebecca L Arnao

Notary public



WHITTINGTON ELECTRIC INC

164 QUEENS COUNTRY RD, INTERLACHEN FLORIDA 32148

PHONE: 386 684-4601 CELL: 386-972-1700 OR 1701

FAX: 386-684-3906 E-FAX#:866-496-3066 EMAIL: -whitt1954@gmail.com

This letter is to state that I, Glenn Whittington, state certified electrical contractor #EC13002957 authorize Kimberly Koon to act on my behalf in obtaining permits in any county or city in the state of Florida

This authorization is to remain in effect indefinitely, unless cancelled by me in writing

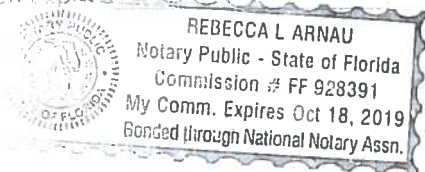
Glenn Whittington

Sworn to and subscribed to before me this 17 day of Sept 2018 by Glenn Whittington who is personally known to me.

Rebecca L Arnao

Notary public

My commission expires





SHATTO HEATING & AIR, INC.
 595 WEST MAIN STREET
 LAKE BUTLER, FL 32054
 Office (386)496-8224 Fax (386)496-9065
 service@shattoair.com

Contractor Affidavit for Agency:

DATE: 08/31/2018

I hereby authorize: Kimberly Koon, to be my

Authorized Agent for: C & G Homes
 (Name of Company)

This authorization becomes effective of the date this affidavit is notarized.

This authorization acts a Durable Power of Attorney ONLY for the purpose of applying and signing for the HVAC (Mechanical) permit for: Tammy Kelley

The undersigned understands the liabilities involved in the granting of this agency and accepts full responsibility for any and all of the actions of the agent named related to this acquisition for the aforementioned company.

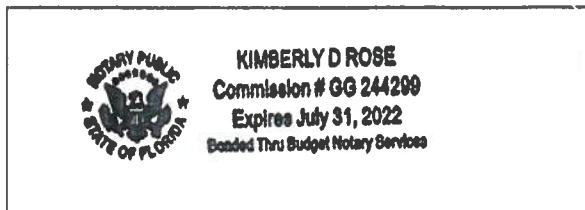
Timothy D. Shatto
 (Print Name)
Timothy D. Shatto
 (Qualifiers Signature)

08/31/2018
 Date:
Owner
 (Title)

STATE OF FLORIDA
 COUNTY OF: UNION

The foregoing instrument was acknowledged before me this 31st day of August, 2018 by _____, who is personally known to me - or has produced _____ as identification.

Kimberly D. Rose
 Notary Signature
Kimberly D. Rose
 Notary Printed Signature



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: **4/10/2019 9:39:27 AM**
Address: **333 SW HERLONG St**
City: **LAKE CITY**
State: **FL**
Zip Code **32024**

Parcel ID **09611-009**

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**



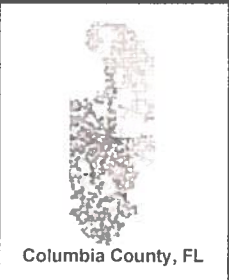
Columbia County Property Appraiser Jeff Hampton | Lake City, Florida | 386-758-1083

PARCEL: 05-6S-17-09611-009 | PASTURELAN (006200) | 21.55 AC
 COMM NW COR OF SE1/4, RUN S 1829 44 FT TO N RW OF COUNTY GRADED RD, N61°E ALONG N RW 994.16 FT TO POB. N
 1354.93 FT E 885.19 FT, S 191.83 FT.

Owner: KELLEY TAMMY D MCLENDON
 321 NE ALMOND AVE
 MADISON, FL 32340
Site: 331 HERLONG ST, LAKE CITY
Sales Info: NONE

| | | 2018 Certified Values | | |
|---------|----------|-----------------------|----------|--|
| Mkt Lnd | \$7,215 | Appraised | \$13,929 | |
| Ag Lnd | \$4,914 | Assessed | \$13,929 | |
| Bldg | \$0 | Exempt | \$0 | |
| XFOB | \$1,800 | county: | \$13,456 | |
| Just | \$90,515 | city: | \$13,456 | |
| | | other: | \$13,456 | |
| | | school: | \$13,929 | |
| | | Total Taxable | | |

NOTES:



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, its use, or its interpretation. Although it is periodically updated, this information may not reflect the data currently on file in the Property Appraiser's office

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1904-39 CONTRACTOR E. Scott Johnson PHONE 352.494.8099

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>Whittington Electric</u> Signature <u>[Signature]</u> License #: <u>EC 13002957</u> Phone #: <u>386 972 1700</u> Qualifier Form Attached <input checked="" type="checkbox"/></p> |
| <p>MECHANICAL/ A/C 770</p> | <p>Print Name <u>Timothy Shatto</u> Signature <u>[Signature]</u> License #: <u>CAC 057875</u> Phone #: <u>386 496 8224</u> Qualifier Form Attached <input checked="" type="checkbox"/></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.

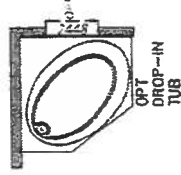
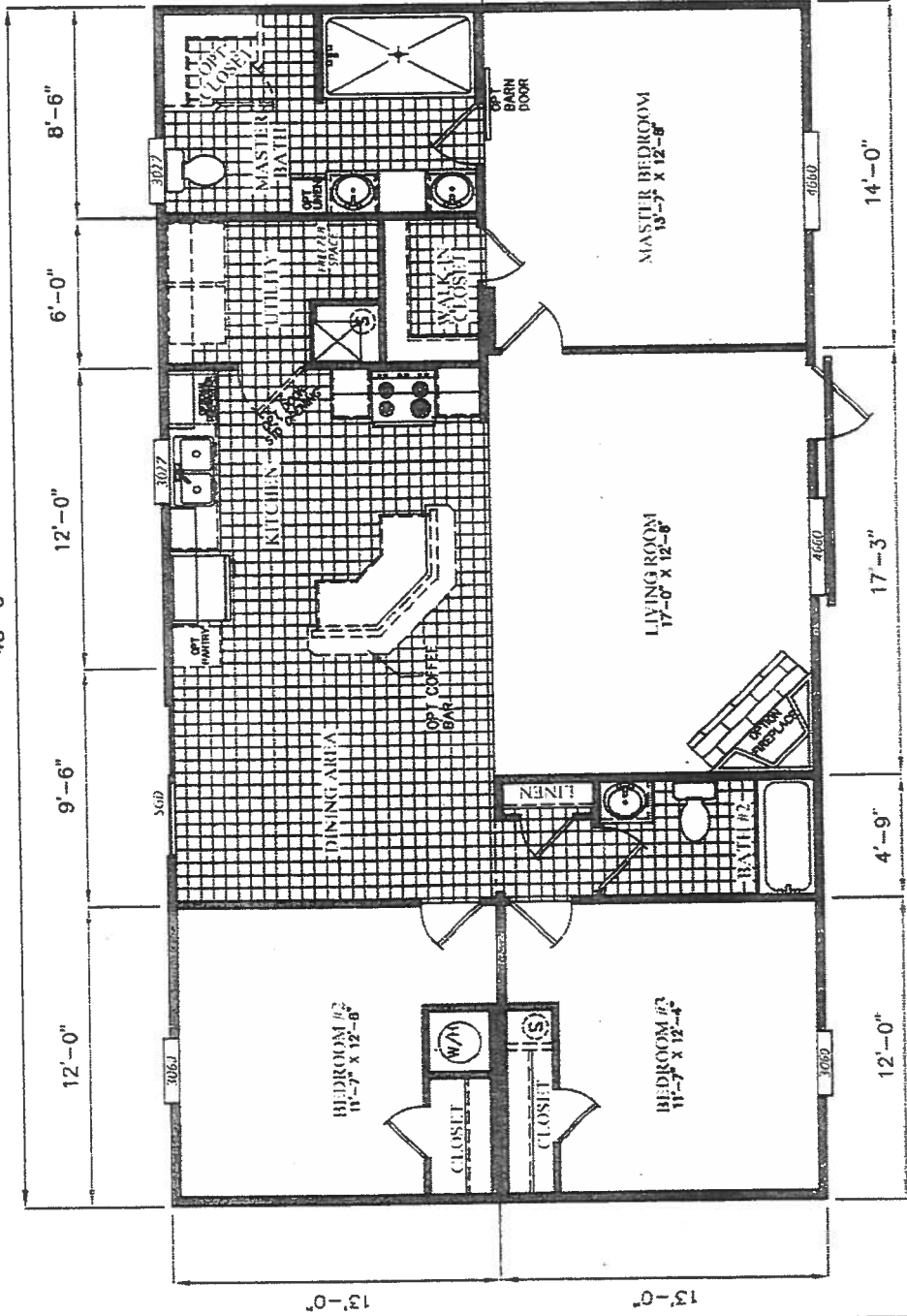
HITCH-END

ScotBilt
HOMES, INC



OPT BAR
W/ BOX
TRAY

48'-0"



DRAWING/MODEL NUMBER:

2848302GSM

UNIT SPECIFICATIONS:

GRAND SLAM
28' X 92'
3 BEDROOM / 2 BATH

TOTAL: 1,248 ft²

LIVING SPACE: 1,248 ft²

PORCH: 0 ft²



DATE: 05/03/2018

VERSION: B 09/28/2018

REFERENCE: M302

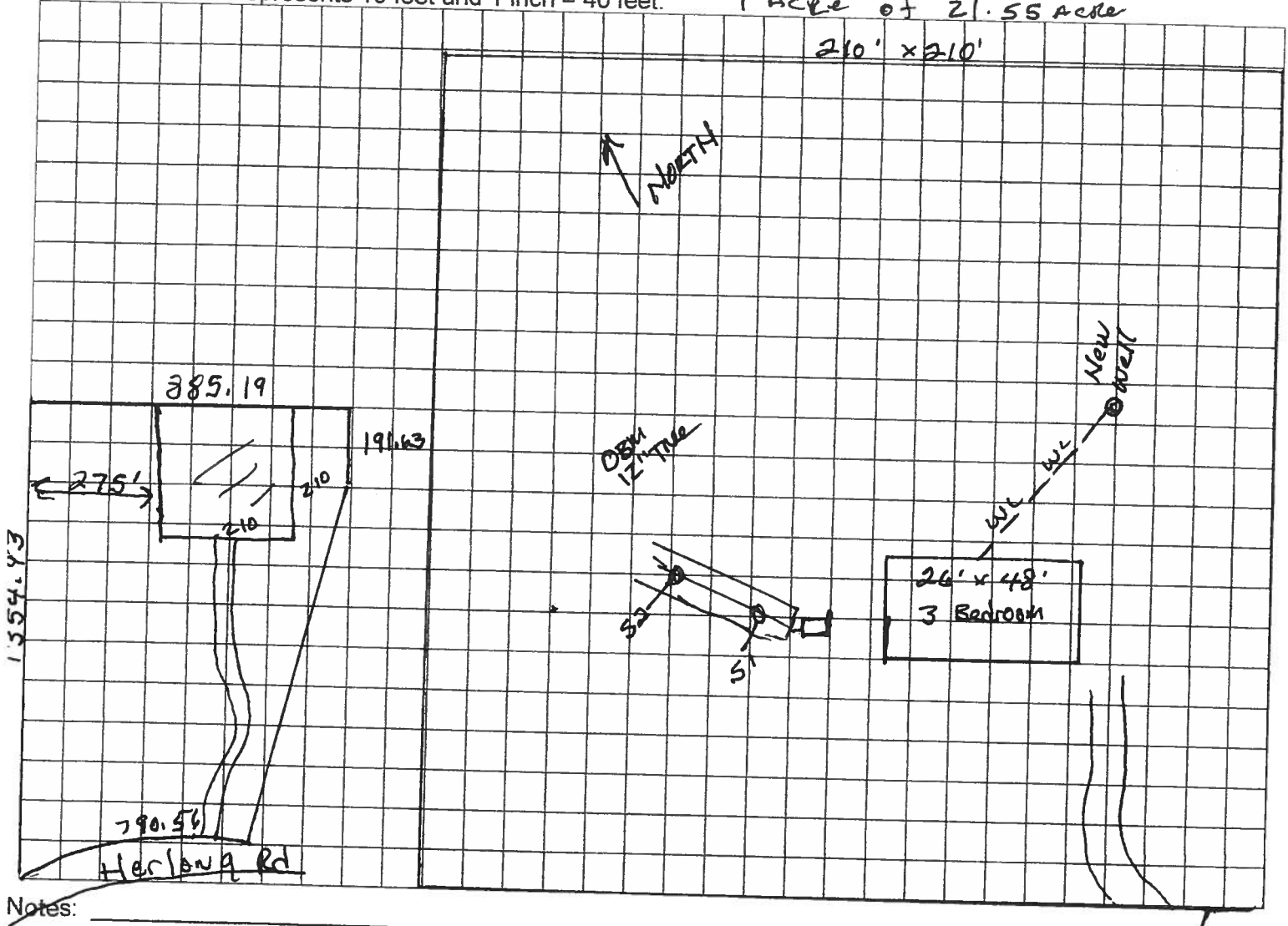
STATE OF FLORIDA
 DEPARTMENT OF HEALTH
 APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number _____

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

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

1 Acre of 21.55 Acre



Notes: _____

Site Plan submitted by: Robert W Jurd, Jr. Date: 3/29/19

Plan Approved _____ Not Approved _____ Date _____

3y _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



275'

210'

400'

210'

140'

46'

20x46'

OK PER LH
4.11.19
(JW)



SW HERLONG ST

130 260 390 520 650 780 910 1040 1170

A&B Well Drilling, Inc.

5673 NW Lake Jeffery Road
Lake City, FL 32055
Telephone (386) 758-3409
Cell (386) 623-3151
Fax (386) 758-3410
Owner: Bruce Park

April 12, 2019

To: Columbia County Building Department

Description of Well to be installed for Customer _Tammy Kelly_____

Located @ Address: ___Herlong St_____

1 HP 15 GPM submersible pump, 1" drop pipe, 35 gallon captive tank, and backflow prevention. With SRWMD permit.

__BRUCE PARK_____

Sincerely,
Bruce N. Park
President

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

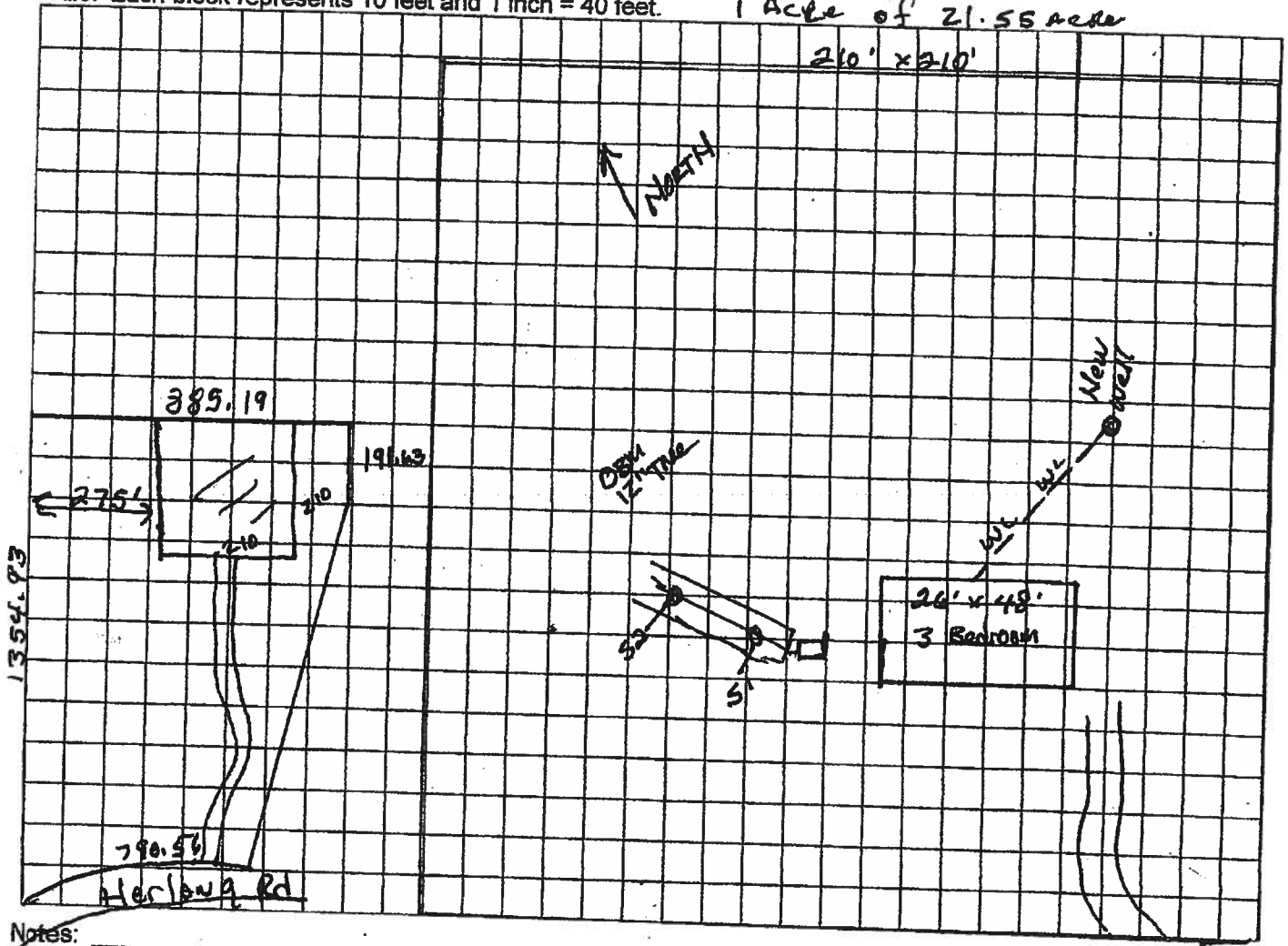
Permit Application Number 19-0284

PART II - SITEPLAN - Kelley

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

1 Acre of 21.55 acres

210' x 210'



Notes:

Site Plan submitted by: Robert W. Jand Jr. Date 3/29/19

Plan Approved Not Approved

By [Signature] Est Columbia

Date 7/12/19

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



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

PERMIT NO. 19-0284
DATE PAID: 4/5/19
FEE PAID: 31025
RECEIPT #: 1407377

APPLICATION FOR:

- New System
- Repair
- Existing System
- Abandonment
- Holding Tank
- Temporary
- Innovative

APPLICANT: Tammy Kelley (CG)

AGENT: Robert W Ford JR NFST INC.

386 TELEPHONE: 755-6372

MAILING ADDRESS: 741 SE STATE Rd 100 LC FLA 32025

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: --- BLOCK: --- SUBDIVISION: meets & bonds PLATTED: ---

PROPERTY ID #: 05-6S-17-09011-009 ZONING: miH I/M OR EQUIVALENT: Y N

PROPERTY SIZE: 21.55 ACRES WATER SUPPLY: PRIVATE PUBLIC]<=2000GPD]>2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? Y N DISTANCE TO SEWER: --- FT

PROPERTY ADDRESS: 333 Herlong ST

DIRECTIONS TO PROPERTY: Hwy 131 to Herlong TL Follow to 331 TL Follow Drive go straight through 1st GATE to SW

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>m/home</u> | <u>3</u> | <u>1248</u> | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

Floor/Equipment Drains Other (Specify) _____

SIGNATURE: Robert W Ford JR DATE: 3/29/19

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