

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

502

For Office Use Only	(Revised 7-1-15)	Zoning Official <u>MM</u> / <u>MM</u>	Building Official <u>MM</u>
AP# <u>44398</u>	Date Received <u>1/23</u>	By <u>MM</u>	Permit # <u>39237</u>
Flood Zone <u>X</u>	Development Permit	Zoning <u>A-3</u>	Land Use Plan Map Category <u>Ag</u>
Comments _____			
FEMA Map# _____	Elevation _____	Finished Floor _____	River _____ In Floodway _____
<input type="checkbox"/> Recorded Deed or <input checked="" type="checkbox"/> Property Appraiser PO <input type="checkbox"/> Site Plan <input checked="" type="checkbox"/> EH # <u>19-0771</u> <input type="checkbox"/> Well letter OR <input checked="" type="checkbox"/> Existing well <input type="checkbox"/> Land Owner Affidavit <input checked="" type="checkbox"/> Installer Authorization <input type="checkbox"/> FW Comp. letter <input checked="" type="checkbox"/> App Fee Paid <input type="checkbox"/> DOT Approval <input type="checkbox"/> Parent Parcel # <u>STUP-MH 1940-58</u> <input type="checkbox"/> 911 App <input type="checkbox"/> Ellisville Water Sys <input checked="" type="checkbox"/> Assessment <u>01410</u> <input type="checkbox"/> Out County <u>In County 24.26</u> <input checked="" type="checkbox"/> Sub VF Form			

Property ID # 03-55-16-03457-013 Subdivision Plantation Park Lot# 13

- New Mobile Home _____ Used Mobile Home ✓ MH Size 72 Year 2010
- Applicant Robert Jacobson Phone # 757-912-7177
- Address 411 SW Kimdale Loop LC, FL 32024
- Name of Property Owner Robert Jacobson Phone# 757-912-7177
- 911 Address 411 SW Kimdale Loop LC, 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 Robert Jacobson Phone # 757-912-7177
 Address 411 SW Kimdale Loop, Lakes City, FL 32024
- Relationship to Property Owner Same
- Current Number of Dwellings on Property 1
- Lot Size 1.4 A Total Acreage 1.40
- 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 FL 47 to King St, Left on to Mauldin Ave, Left on to Dockery Ln, Right on to Kimdale Second Lot on Right

SEARCHED

- Name of Licensed Dealer/Installer Brent Strickland Phone # 386-365-7043
- Installers Address 1294 NW Hamp Farmer Rd Lake City FL 32055
- License Number 1H1104218 Installation Decal # 56698

TM spoke w Robert Feb 3, 2020

\$604.34

Mobile Home Permit Worksheet

Application Number: _____

New Home Used Home

Home installed to the Manufacturer's Installation Manual
Home is installed in accordance with Rule 15-C



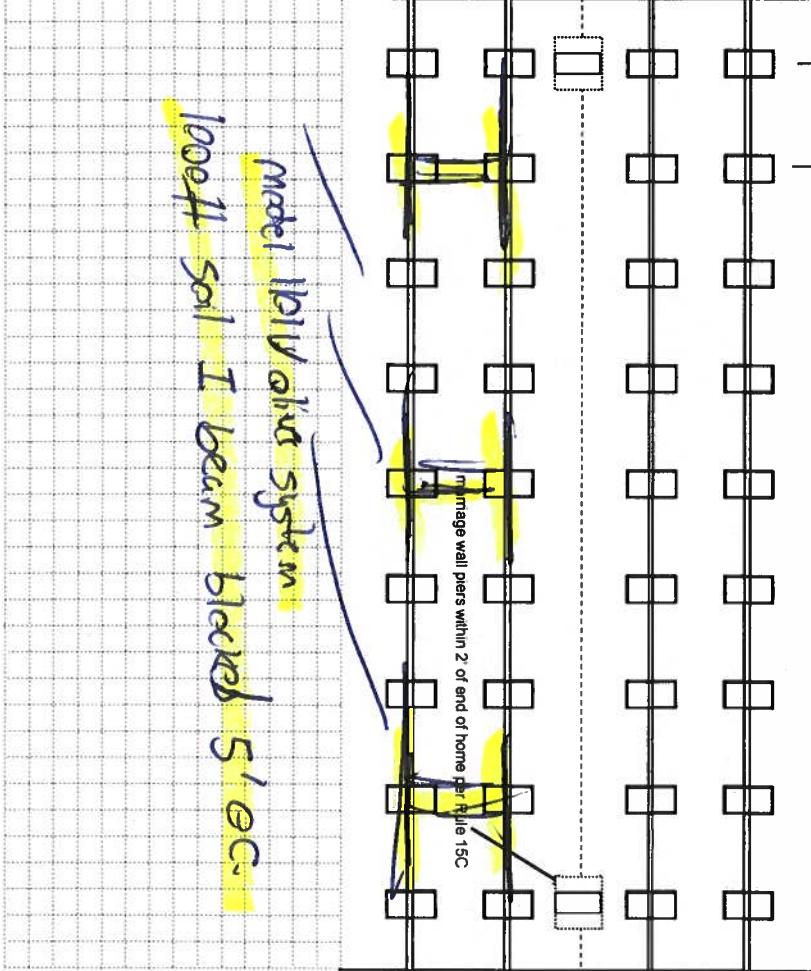
Installer: Brent Strickland License # IH10419
Address of home 411 SW Kindale Loop
being installed Lake City 32024
Length x width 16x72
Manufacturer Clayton

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 B3

Typical pier spacing
lateral
longitudinal
Show locations of Longitudinal and Lateral Systems
(use dark lines to show these locations)



Load bearing capacity	Footer size (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 psf	3'	4'	5'	6'	7'	8'	8'
1500 psf	4' 6"	6'	7'	8'	8'	8'	8'
2000 psf	6'	8'	8'	8'	8'	8'	8'
2500 psf	7' 6"	8'	8'	8'	8'	8'	8'
3000 psf	8'	8'	8'	8'	8'	8'	8'
3500 psf	8'	8'	8'	8'	8'	8'	8'

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

PIER PAD SIZES

I-beam pier pad size 12x25

Perimeter pier pad size 16x16

Other pier pad sizes 18.5x18.5
(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.

Opening 12x25 Pier pad size

4 ft 5 ft

FRAME TIES

Within 2' of end of home
soaced at 5' 4" oc

ANCHORS

OTHER TIES

Longitudinal Stabilizing Device (LSD)
Manufacturer Drive

Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer Drive

Mobile 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 _____ X _____ X _____

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 _____ X _____ X _____

TORQUE PROBE TEST

The results of the torque probe test is 275 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 requires anchors with 4000 lb holding capacity.

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: _____

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. _____

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

Fastening multi wide units

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.

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 _____

Type gasket _____
 Pg. _____

Weatherproofing
 Installed:
 Between Floors Yes _____ Pg. _____
 Between Walls Yes _____
 Bottom of ridgebeam Yes _____

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

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 _____ Date _____

Legend

- Roads
 - Roads
 - others
- Dirt
- Interstate
- Main
- Other
- Paved
- Private

2018 Flood Zones

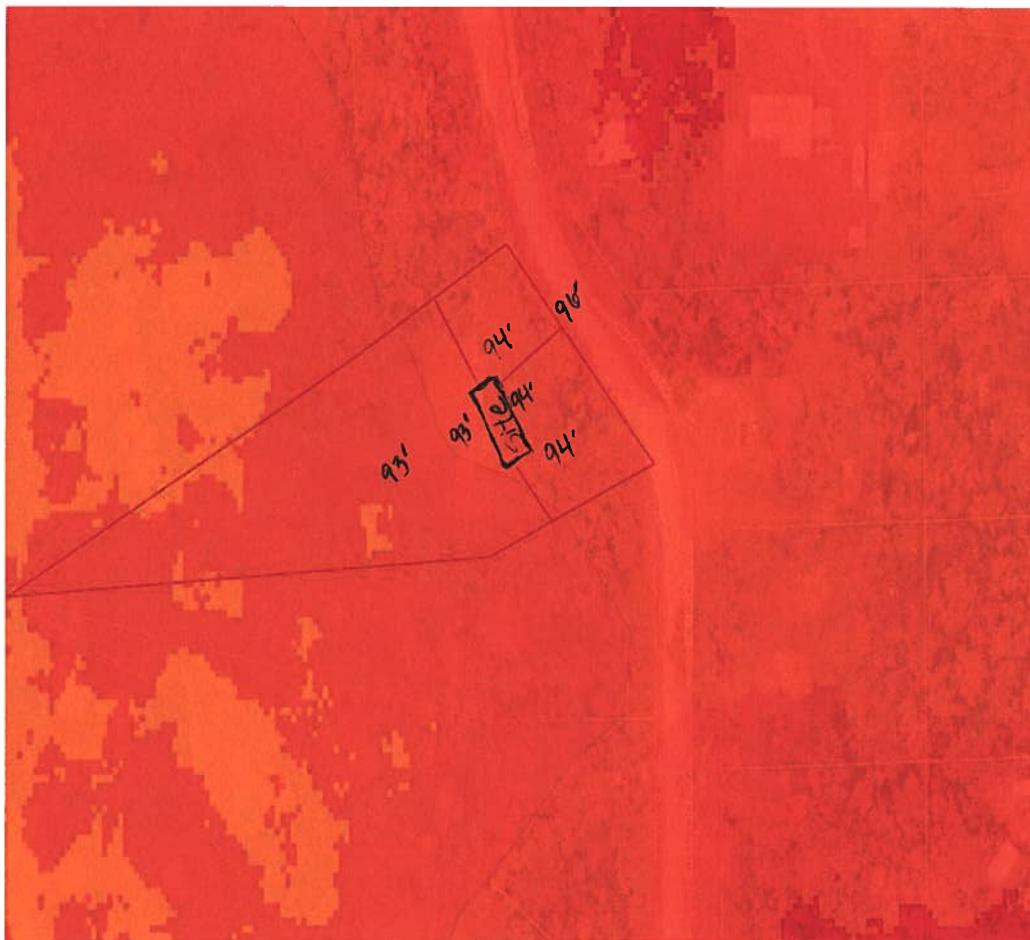
- 0.2 PCT ANNUAL CHANCE
- A
- AE
- AH

LidarElevations



Columbia County, FLA - Building & Zoning Property Map

Printed: Thu Jan 30 2020 08:32:46 GMT-0500 (Eastern Standard Time)



Parcel Information

Parcel No: 03-5S-16-03457-013

Owner: JACOBSON ROBERT

Subdivision: PLANTATION PARK

Lot: 13

Acres: 1.39505363

Deed Acres: 1.4 Ac

District: District 5 Tim Murphy

Future Land Uses: Agriculture - 3

Flood Zones: A,

Official Zoning Atlas: A-3

Parcels

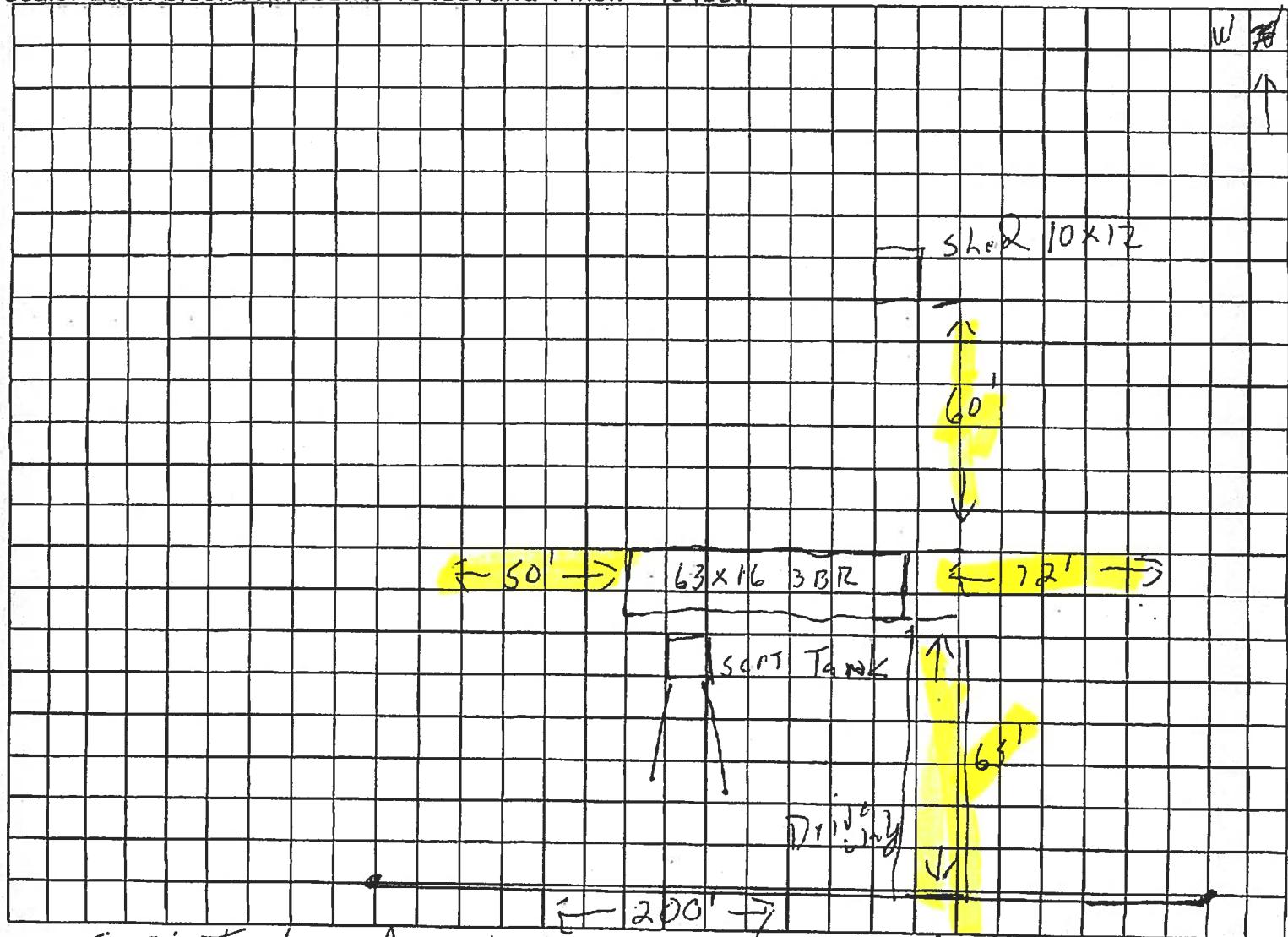
All data, information, and maps are provided "as is" without warranty or any representation of accuracy, timeliness or completeness. Columbia County, FL makes no warranties, express or implied, as to the use of the information obtained here. There are no implied warranties of merchantability or fitness for a particular purpose. The requester acknowledges and accepts all limitations, including the fact that the data, information, and maps are dynamic and in a constant state of maintenance, and update.

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 19-8771

- PART II - SITEPLAN -

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



Notes: Septic Tank and MH site pre-existing. - City water

Site Plan submitted by: R. T. C.

TITLE Dwse DATE: 10/14/19

Plan Approved ✓

Not Approved

Date 10/14/19

By

Debbie

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Columbia County Property Appraiser

updated: 1/6/2020

Parcel: 03-5S-16-03457-013

<< Next Lower Parcel

Next Higher Parcel >>

Tax Collector

Tax Estimator

Property Card

Parcel List Generator

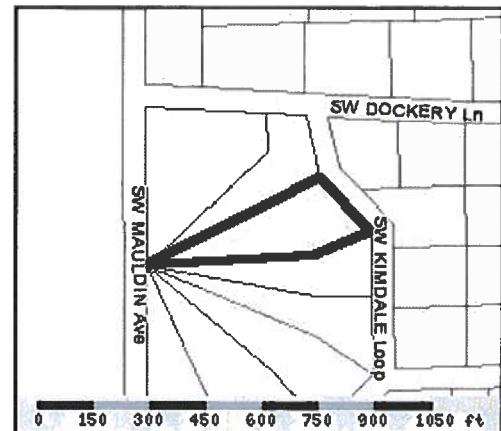
2019 TRIM (pdf)

Interactive GIS Map

Print

2020 Working Values**Owner & Property Info**

Owner's Name	JACOBSON ROBERT		
Mailing Address	P O BOX 2455 LAKE CITY, FL 32056-2455		
Site Address	411 SW KIMDALE LOOP		
Use Desc. (code)	AC/XFOB (009901)		
Tax District	3 (County)	Neighborhood	3516
Land Area	0.000 ACRES	Market Area	01
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction.		
LOT 13 PLANTATION PARK S/D. 786-121, DC 982-2665,2666, WD 1146-1749, QC 1266-1423, TD 1358-2192, QC 1395-1014			

**Property & Assessment Values**

2019 Certified Values		
Mkt Land Value	cnt: (0)	\$13,590.00
Ag Land Value	cnt: (2)	\$0.00
Building Value	cnt: (0)	\$0.00
XFOB Value	cnt: (1)	\$100.00
Total Appraised Value		\$13,690.00
Just Value		\$13,690.00
Class Value		\$0.00
Assessed Value		\$13,690.00
Exempt Value		\$0.00
Total Taxable Value	Cnty: \$13,690 Other: \$13,690 Schl: \$13,690	

2020 Working Values		(...Hide Values)
Mkt Land Value	cnt: (0)	\$13,590.00
Ag Land Value	cnt: (2)	\$0.00
Building Value	cnt: (0)	\$0.00
XFOB Value	cnt: (1)	\$100.00
Total Appraised Value		\$13,690.00
Just Value		\$13,690.00
Class Value		\$0.00
Assessed Value		\$13,690.00
Exempt Value		\$0.00
Total Taxable Value	Cnty: \$13,690 Other: \$13,690 Schl: \$13,690	

NOTE: 2020 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
9/27/2019	1395/1014	QC	V	U	11	\$5,000.00
4/30/2018	1358/2192	TD	V	U	18	\$7,000.00
12/3/2013	1266/1423	QC	I	U	11	\$7,400.00
3/27/2008	1146/1749	WD	I	Q		\$25,000.00
5/8/2003	982/2666	WD	I	Q		\$20,000.00
2/8/1994	786/121	WD	I	U	02	\$0.00
10/1/1984	549/706	WD	V	Q		\$8,600.00

Building Characteristics

Bldg Item	Bldg Desc	Year Bit	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
NONE						

Extra Features & Out Buildings

Code	Desc	Year Bit	Value	Units	Dims	Condition (% Good)
0166	CONC,PAVMT	1993	\$100.00	0000001.000	0 x 0 x 0	(000.00)

Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
009901	AC/XFOB (MKT)	1 LT - (0000000.000AC)	1.00/1.00/1.00/1.00	\$12,340.00	\$12,340.00
009947	SEPTIC (MKT)	1 UT - (0000000.000AC)	1.00/1.00/1.00/1.00	\$1,250.00	\$1,250.00



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, Brent Strickland, give this authority for the job address show below
Installer License Holder Name

only, 411 SW Kindalo Loop, 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)
<u>Robert Jacobson</u>	<u>RJ</u>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Officer <input checked="" 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.

Laurie Hodson
License Holders Signature (Notarized)

141104218
License Number

2/23/20
Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Brent Strickland,
personally appeared before me and is known by me or has produced identification
(type of I.D.) on this 23rd day of January, 2020.

Laurie Hodson
NOTARY'S SIGNATURE

(Seal/Stamp)



MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 44398CONTRACTOR Brent Strickland PHONE 386.365.7043

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>Robert Jacobson</u>	Signature 
	License #: <u>(OWNER)</u>	Phone #: <u>757 912 7177</u>
Qualifier Form Attached <input type="checkbox"/>		
MECHANICAL/ A/C	Print Name <u>Robert Jacobson</u>	Signature 
	License #: <u>(OWNER)</u>	Phone #: <u>757-912-7177</u>
Qualifier Form Attached <input type="checkbox"/>		

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.



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

PERMIT NO. 19-8771
DATE PAID: 10/14/19
FEE PAID: 160.00
RECEIPT #: 1478059

APPLICATION FOR:

New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary

APPLICANT: Robert Jacobson

AGENT: _____ TELEPHONE: 757-912-7177

MAILING ADDRESS: POB 2455 LC FL 32056 - 2455

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: 13 BLOCK: DB 55 26 SUBDIVISION: Plantation Park PLATTED: 10/10/79

PROPERTY ID #: 03-157-013 ZONING: MR I/M OR EQUIVALENT: [Y] N

PROPERTY SIZE: 1.4 ACRES WATER SUPPLY: [] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y] N DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: 411 Kindale Loop SW LC FL 32024

DIRECTIONS TO PROPERTY: _____

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 Mobile Home 2 1000 ORIGINAL ATTACHED _____

2 _____

3 _____

4 _____

Floor/Equipment Drains Other (Specify) _____

SIGNATURE: Robert Jacobson DATE: 10/13/19

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: **1/24/2020 4:15:46 PM**

Address: **411 SW KIMDALE Loop**

City: **LAKE CITY**

State: **FL**

Zip Code **32024**

Parcel ID **03457-013**

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**

Mobile Home

App# 44398 Applicant: ROBERT T. JACOBSON (757.912.7177) Application Date: 1/23/2020

Convert To ▾

Entered By: Janice Williams

Updated By: Matt Forsyth on 1/24/2020 3:50 PM

Previous | Next | Last Permits Only

1. JOB LOCATION

Completed Inspections

[Add Inspection](#)

[Release Power](#)

2. CONTRACTOR

[Schedule Inspection \(ScheduleInspection.aspx?Id=44398\)](#)

3. MOBILE HOME DETAILS

4. APPLICANT

5. REVIEW

6. FEES/PAYMENT

(\$65.00 - \$65.00 =
\$0.00)

The completion date must be set To release Certifications to the public.

7. DOCUMENTS/REPORTS (4)

**Permit Completion Date
(Releases Occupancy and Completion Forms)**

8. NOTES/DIRECTIONS

Permit Closed On

9. INSPECTIONS (2)

Incomplete Requested Inspections

Inspection	Date	By	Notes