

check about Parcel #061 ✓

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only

(Revised 7-1-15)

Zoning Official JN

Building Official JMS

AP# 1807-73

Date Received 7-23-18

By WH

Permit # 37280

Flood Zone A

Development Permit _____

Zoning A3

Land Use Plan Map Category A

Comments _____

FEMA Map# _____

Elevation _____

Finished Floor 1 above road

River _____

In Floodway _____

Recorded Deed or Property Appraiser PO Site Plan EH # 18-0662 Well letter OR

Existing well Land Owner Affidavit Installer Authorization FW Comp. letter App Fee Paid

DOT Approval Parent Parcel # 00611-000 STUP-MH _____ 911 App

Ellisville Water Sys Assessment ond Out County In County 8-3-18 See Notes Sub VF Form

Property ID # 00-00-00
R 00611-000

Subdivision 3 rivers Unit 4

Lot# 35

New Mobile Home Used Mobile Home X MH Size 16/42 Year 1995

Applicant Wilbur Wood Phone # 386-965-1833

Address 916 SW Henlong ST LKCTY FL 32024

Name of Property Owner Wilbur Wood Phone# 386-965-1833

911 Address 241 SW Bridge LN Fort White FL 32038

Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Duke Energy

Name of Owner of Mobile Home Wilbur Wood Phone # 386-965-1833

Address 916 SW Henlong ST LKCTY FL 32024

Relationship to Property Owner same

Current Number of Dwellings on Property 0

Lot Size 216' X 235' Total Acreage 1

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) (Need a Culvert)

Is this Mobile Home Replacing an Existing Mobile Home NO

Driving Directions to the Property 47 SOUTH TO ST WHITE
WILSON STGS RD TO STOP. RIGHT ON NEWARK TO
FIRST LEFT (BRIDGE) LN TO HAWAII LOT ON NW
CORNER OF BRIDGE + HAWAII

Name of Licensed Dealer/Installer Dale Houston Phone # 623-6522

Installers Address 136 SW Barrs Glen Lake City FL 32024

License Number JH 1025142 Installation Decal # 31241

(These lots have always been under 00611-000 - never been split out at PA office Per Clerk)

Mr. Wood knows whats needed 7/23/18

MH Installer updated by owner on 10/2/18.

(36925 - Lot 32 Permit #)

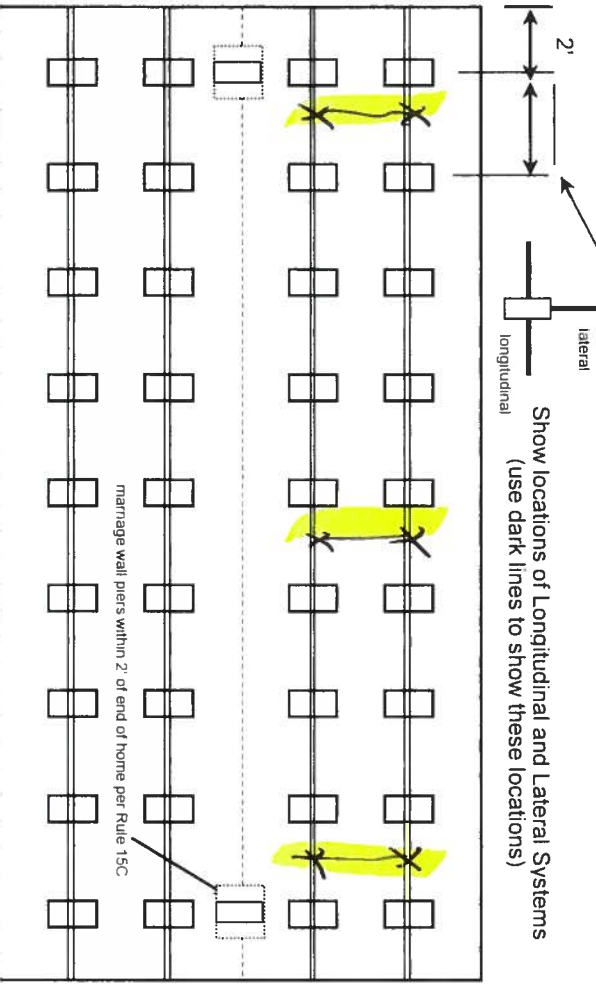
Mobile Home Permit Worksheet

Installer: DATE HOUSTON License #: ZH 1025142
 Address of home being installed: 136 SW PARKS AVE

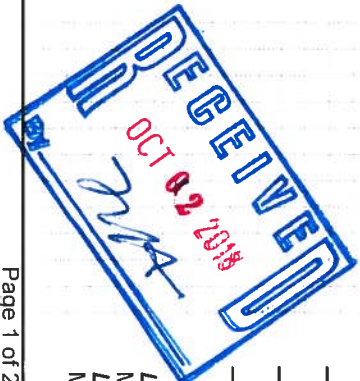
Manufacturer: PLEXTWOOD Length x width: 16 x 80

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.

Typical pier spacing: 2' Installer's initials: DR



6 Pans
5'4" ON C
17x25
5'0-C



Application Number: 1807-73 Date: _____

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 # 31241

Triple/Quad Serial # CAFL02A31919 6 in

PIER SPACING 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'
3500 psf	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: 16x16

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

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.

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

Opening _____ Pier pad size _____

FRAME TIES

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

OTHER TIES

Number _____

Longitudinal Marriage wall _____

Longitudinal Stabilizing Device w/ Lateral Arms _____

Longitudinal Stabilizing Device (LSD) _____

Manufacturer _____

Longitudinal Marriage wall _____

Shearwall _____

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

X1000 X1000 X1000

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.

X1000 X1000 X1000

TORQUE PROBE TEST

The results of the torque probe test is 285 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 David Houston
 Date Tested 10-1-18

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 Yes Pad ✓ Other _____

Fastening multi wide units

Floor/Walls/Roof	Type Fastener	Length	Spacing
Floor	Type Fastener: <u>N/A</u>	Length: _____	Spacing: _____
Walls	Type Fastener: <u>N/A</u>	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 windows are a result of a poorly installed or no gasket being installed. _____
 of tape will not serve as a gasket.

Installer's initials

Type gasket Pg. N/A

Weatherproofing

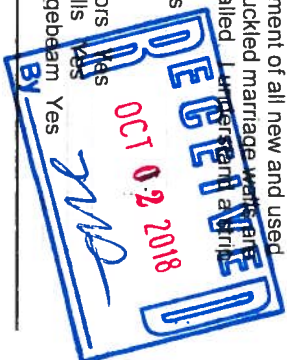
The bottomboard will be repaired and/or taped. Yes _____ Pg. _____
 Siding on units is installed to manufacturer's specifications. Yes _____
 Fireplace chimney installed so as not to allow intrusion of rain water. Yes _____

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 David Houston Date 10-1-18



Mobile Home

Applicant: WILBUR WOOD (386-965-1833) Application Date: 8/2/2018

1. JOB LOCATION

2. CONTRACTOR

3. MOBILE HOME DETAILS

Completed Inspections

Add Inspection

Release Power

Schedule Inspection

Inspection

Date

By

Notes

Passed: Mobile Home - In County Fire-Mobile Home before set-up

8/3/2018

TROY CREWS

REPAIR FRONT DOOR
AND WINDOW

Inspector Notes: Repair Front Door and Window and Replace the Tub.

Columbia County Property Appraiser

updated: 6/4/2018

2017 Tax Year

Parcel: 00-00-00-00611-000

<< Next Lower Parcel Next Higher Parcel >>

Tax Collector

Tax Estimator

Property Card

Parcel List Generator

2017 TRIM (pdf)

Interactive GIS Map

Print

Search Result: 1 of 1

Owner & Property Info

Owner's Name	WOOD WILBUR E &		
Mailing Address	BARBARA J WOOD 916 SW HERLONG ROAD FORT WHITE, FL 32038		
Site Address	241 SW BRIDGE LN		
Use Desc. (code)	AC/XFOB (009901)		
Tax District	3 (County)	Neighborhood	100000
Land Area	3.820 ACRES	Market Area	02
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction.		
LOTS 32, 33, 34 & 35 UNIT 4 THREE RIVERS ESTATES, 748-43, 737-588, 788-908, DC 1349-353, QC 1349-354, QC 1351-378, WD 1356-2128.			



Property & Assessment Values

2017 Certified Values		
Mkt Land Value	cnt: (0)	\$19,600.00
Ag Land Value	cnt: (1)	\$0.00
Building Value	cnt: (0)	\$0.00
XFOB Value	cnt: (1)	\$1,000.00
Total Appraised Value		\$20,600.00
Just Value		\$20,600.00
Class Value		\$0.00
Assessed Value		\$20,600.00
Exempt Value		\$0.00
Total Taxable Value	Cnty: \$20,600 Other: \$20,600 Schl: \$20,600	

2018 Working Values (Hide Values)		
Mkt Land Value	cnt: (0)	\$22,400.00
Ag Land Value	cnt: (1)	\$0.00
Building Value	cnt: (0)	\$0.00
XFOB Value	cnt: (1)	\$1,000.00
Total Appraised Value		\$23,400.00
Just Value		\$23,400.00
Class Value		\$0.00
Assessed Value		\$23,400.00
Exempt Value		\$0.00
Total Taxable Value	Cnty: \$23,400 Other: \$23,400 Schl: \$23,400	

NOTE: 2018 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
2/9/2018	1356/2128	WD	V	Q	01	\$30,000.00
1/5/2018	1351/378	QC	I	U	11	\$100.00
12/4/2017	1349/354	QC	I	U	11	\$100.00
3/25/1994	788/908	QC	I	U	01	\$0.00
2/17/1992	757/588	QC	I	U	02	\$0.00
7/8/1991	748/43	QC	I	U	02	\$0.00

Building Characteristics

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

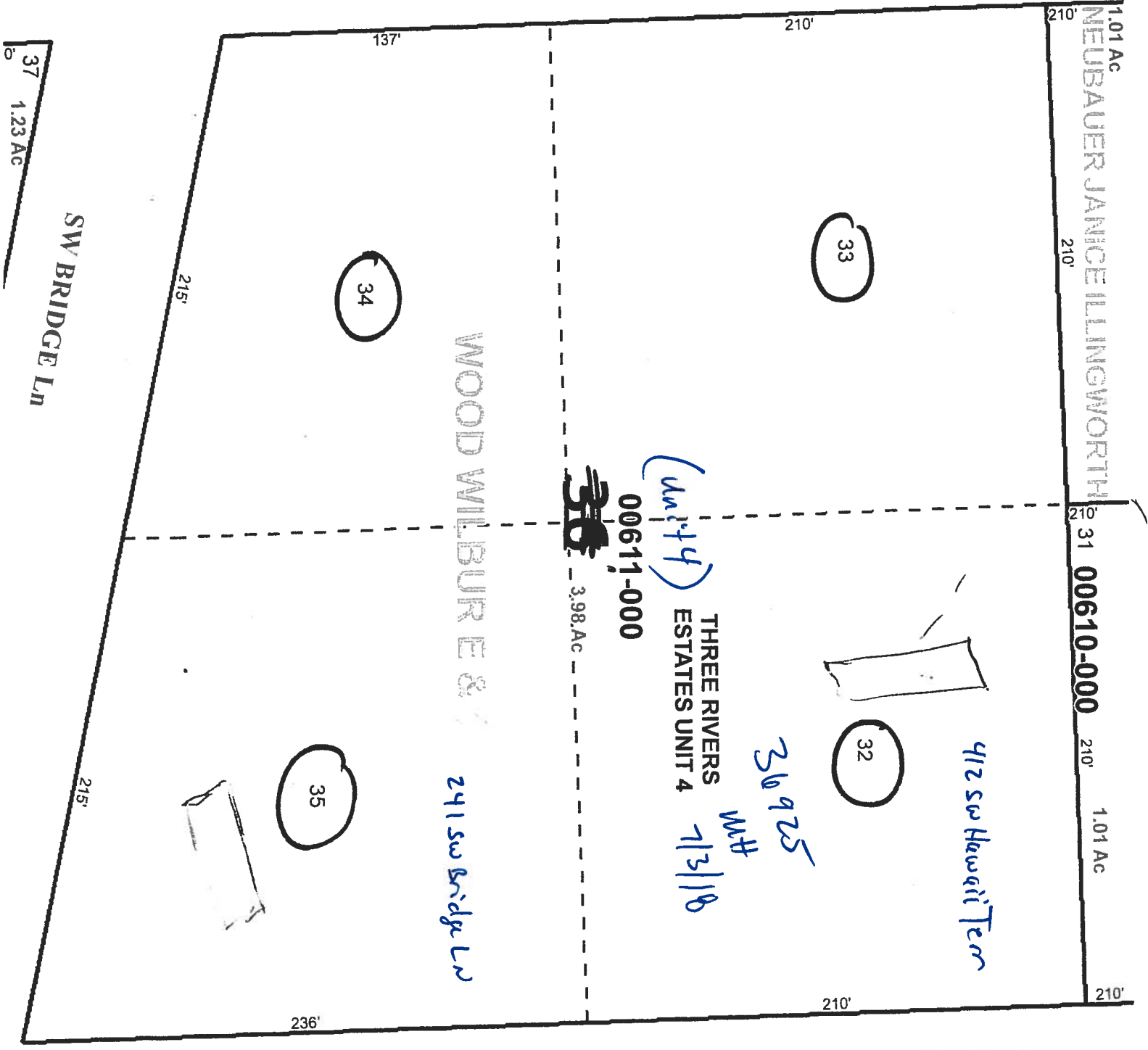
Extra Features & Out Buildings

--	--	--	--	--	--	--

8 431'
0616-048

51 210'
210' 50'
318-000
.25 AC
0617-002
222'
50
215'

SW DALLAS Ter



1.01 AC
NEUBAUER JANCELLINGWORTH

210' 31 00610-000

210' 1.01 AC

210'

SW HAWAII Ter



00604-008
1.15 AC
8
450'
25'
00604-007
1.09 AC
175'
7
312'
00604-006
1.41 AC
123.02 (c)
6

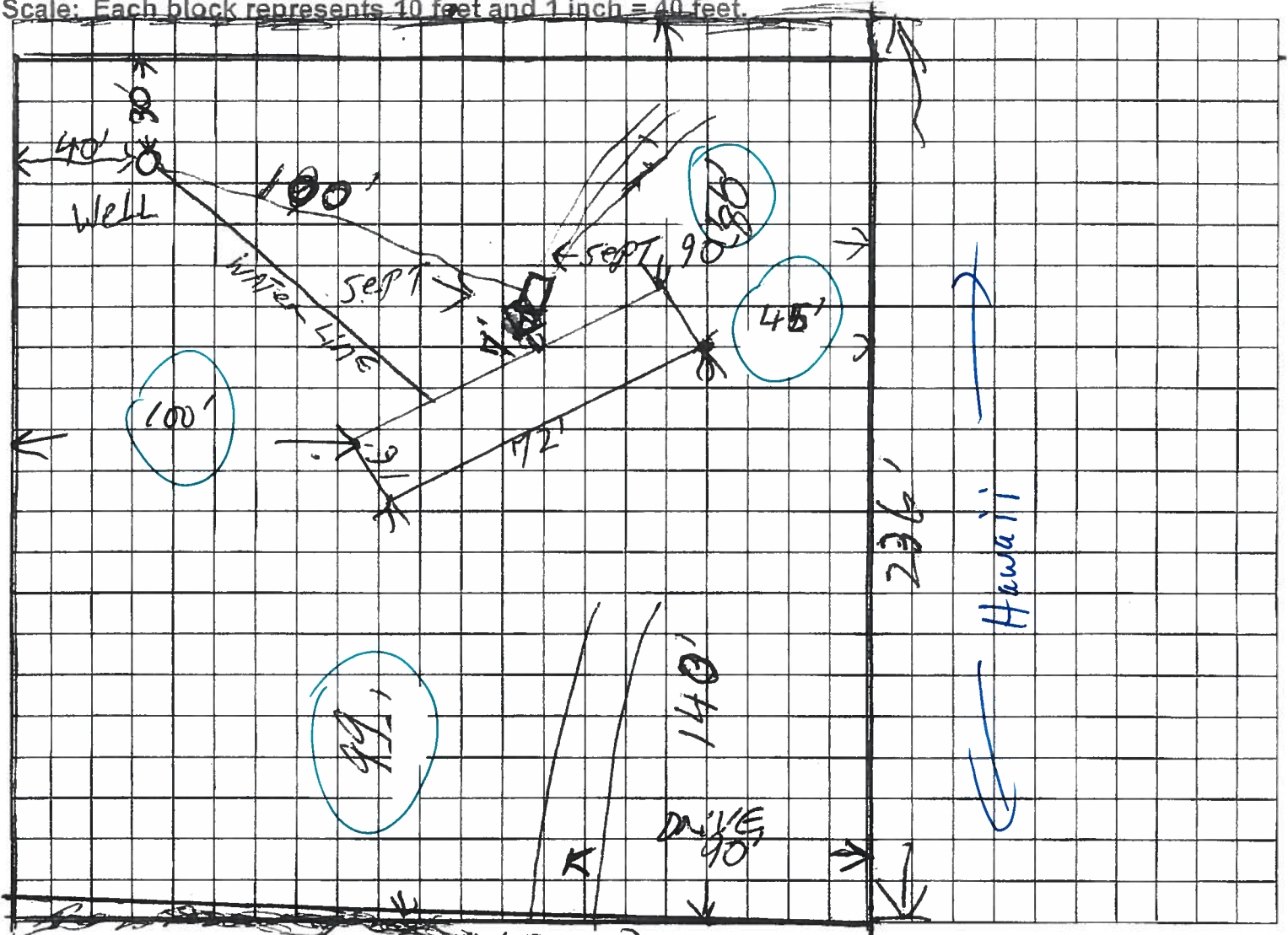
STATE OF FLORIDA
 DEPARTMENT OF HEALTH
 APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number _____

Well
 077
 my
 207
 next door
 will be
 65' Apart

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

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



Notes: _____

Site Plan submitted by: _____

Plan Approved _____ Not Approved _____ Date _____

By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1807-73 CONTRACTOR Planned Norris PHONE _____

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>Print Name <u>Wilbur Wood</u> License #: <u>Owner</u></p>	<p>Signature <u>Wilbur Wood</u> Phone #: <u>386-965-1833</u></p> <p>Qualifier Form Attached <input type="checkbox"/></p>
<p>MECHANICAL/ A/C</p>	<p>Print Name <u>Wilbur Wood</u> License #: <u>Owner</u></p>	<p>Signature <u>Wilbur Wood</u> Phone #: <u>386-965-1833</u></p> <p>Qualifier Form Attached <input 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.



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, DALE HOUSTON give this authority for the job address show below
Installer License Holder Name

only 241 SW Bridge Ln Fort White 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)
<u>Wilbur Wood</u>	<u>Wilbur Wood</u>	<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
		<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

Dale Houston
 License Holders Signature (Notarized) License Number T41025142 Date 5.10.16

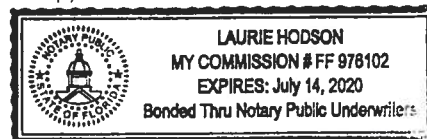
NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: COLUMBIA

The above license holder, whose name is DALE HOUSTON personally appeared before me and is known by me or has produced identification (type of I.D.) _____ on this 10th day of May, 2016

Laurie Hodson
 NOTARY'S SIGNATURE

(Seal/Stamp)

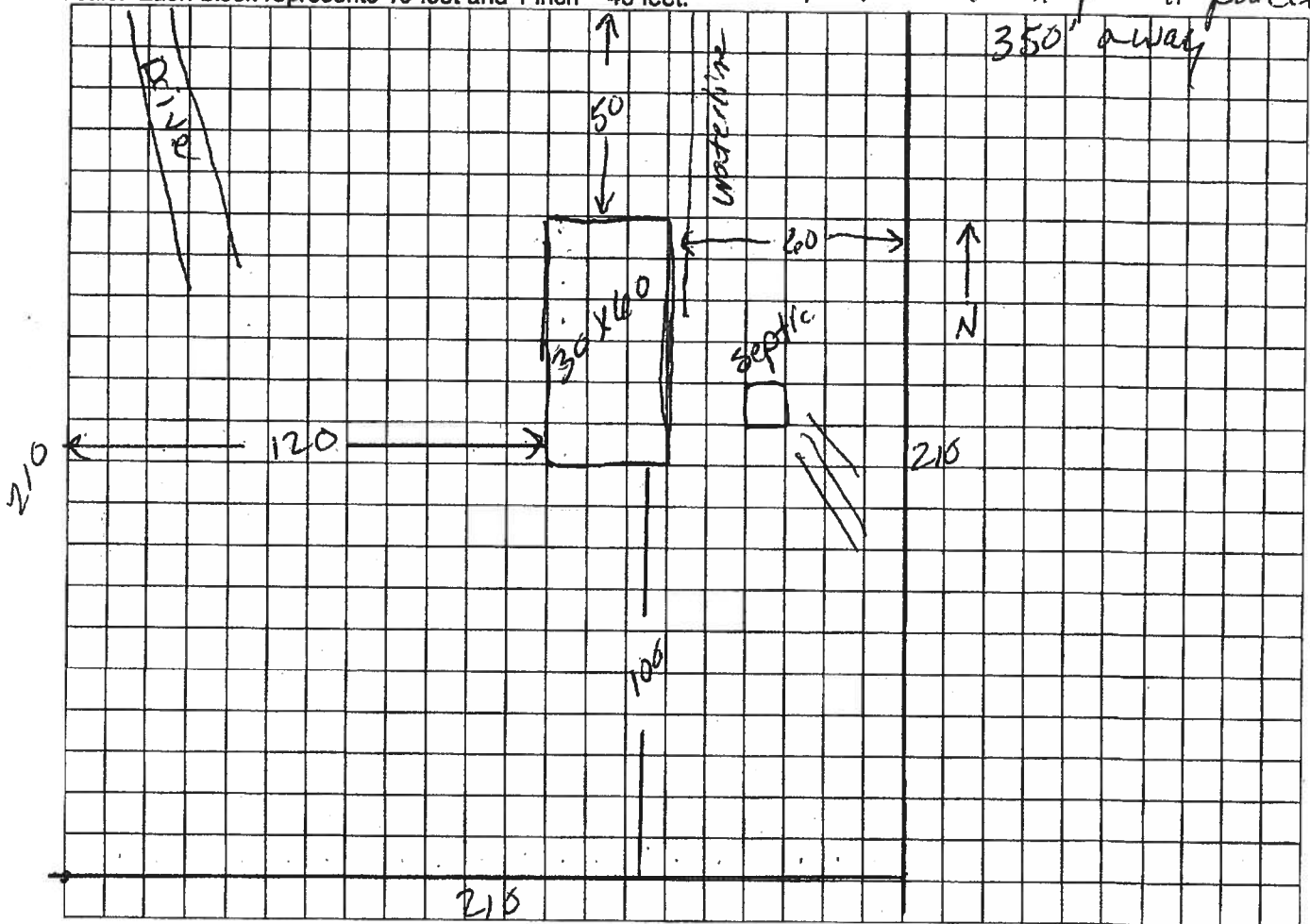


STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 18-06604

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

Scale: Each block represents 10 feet and 1 Inch = 40 feet. Well is located on parent parcel 350' away



Notes: _____

Site Plan submitted by: Will R 7/19/2018
Plan Approved Not Approved _____ Date 6/27/18
By Sean ESJ Columbia 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. 18-0664
DATE PAID: 7/20/18
FEE PAID: 60.00
RECEIPT #: 1356121

APPLICATION FOR:

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

APPLICANT: CLIM Boone

AGENT: Bo Royals

TELEPHONE: 954-6737

MAILING ADDRESS: 4068 U.S. Hwy 90 West Lake City, FL 32055

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: _____ PLATTED: _____

PROPERTY ID #: 33-45-16-03265002 ZONING: _____ I/M OR EQUIVALENT: Y N

PROPERTY SIZE: 1 ACRES WATER SUPPLY: PRIVATE PUBLIC <=2000GPD >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? IN OUT DISTANCE TO SEWER: 5 FT

PROPERTY ADDRESS: 420 SW Ocean Pl. Lake City, FL 32024

DIRECTIONS TO PROPERTY: 475 to King Rd TR go to sharp left curve - At curve stay straight on Ocean Pl go to end.

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>Mobile Home</u>	<u>2</u>	<u>1800</u>	
2				
3				
4				

Floor/Equipment Drains Other (Specify) _____

SIGNATURE: [Signature]

DATE: 7/19/2018

PAT LYNCH
LYNCH DRILLING CORP
P O Box 934
Branford, FL 32008
(386)935-1076

DATE 10-1-18

CUSTOMER Wilbur Wood
Permit Application # 1807-73

LOCATION 241 SW Bridge Lane
Ft. White, FL

WE WILL CONSTRUCT A 4" WATER WELL COMPLETE WITH 4" WATER WELL STEEL CASING, 1HP SUBMERSIBLE PUMP WITH 1 1/4" DROP PIPE, AND AN 85 GALLON CAPTIVE AIR TANK (21.9 GALLON DRAWDOWN).

WELL WILL BE COMPLETE AT THE WELL SITE, WE DO NOT INCLUDE ELECTRICAL NOR PLUMBING CONNECTIONS FROM THE WELL TO THE HOME AND/OR POWER POLE.

ANY VARIATIONS OF THE ABOVE ARE SUBJECT TO APPROVAL FROM THE CUSTOMER AND/OR CONTRACTOR PRIOR TO COMMENSMENT OF THE INDIVIDUAL JOB.

THANK YOU

NOT RESPONSIBLE FOR THE QUALITY OF WATER

DATE 07/03/2018

Columbia County Building Permit

1st of 4 permits

PERMIT

This Permit Must Be Prominently Posted on Premises During Construction

000036925

APPLICANT WILBUR WOOD PHONE 965-1833

ADDRESS 916 SW HERLONG ST LAKE CITY FL 32024

OWNER WILBUR & BARBARA WOOD PHONE 758-1993

ADDRESS 412 SW HAWAII TERR FORT WHITE FL 32038

CONTRACTOR RONNIE NORRIS PHONE 623-7716

LOCATION OF PROPERTY 47 S. R WILSON SPRINGS RD. R NEWARK. L BRIDGE LN.
R HAWAII ST. 2ND LOT ON LEFT

TYPE DEVELOPMENT MIL. UTILITY ESTIMATED COST OF CONSTRUCTION 0.00

HEATED FLOOR AREA _____ TOTAL AREA _____ HEIGHT _____ STORIES _____

FOUNDATION _____ WALLS _____ ROOF PITCH _____ FLOOR _____

LAND USE & ZONING AG-3 MAX. HEIGHT 35

Minimum Set Back Requirements: STREET-FRONT 30.00 REAR 25.00 SIDE 10.00

NO. EX.D.U. 0 FLOOD ZONE X DEVELOPMENT PERMIT NO. _____

PARCEL ID 36-6S-15-00611-000 SUBDIVISION THREE RIVERS ESTALS

LOT 32 BLOCK _____ PHASE _____ UNIT 4 TOTAL ACRES 1.00

H110251451

X *W. Wood*

Culvert Permit No. _____ Culvert Waiver _____ Contractor's License Number H110251451 Applicant/Owner/Contractor _____

EXISTING 18-0452 LH LH N

Driveway Connection _____ Septic Tank Number _____ LU & Zoning checked by _____ Approved for Issuance _____ New Resident _____ Time STUP No. _____

COMMENTS: FLOOR ONE FOOT ABOVE THE ROAD

Check # or Cash CASH

FOR BUILDING & 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 \$ 250.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 51.00 WASTE FEE \$ 19.27