PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

AP# 44092 Date Received 11 2019 By MG Permit # 38971
Flood Zone Development Permit Zoning Zoning Land Use Plan Map Category Aq
Comments
l'above road
FEMA Map# Elevation Finished Floor River In Floodway
Recorded Deed or Property Appraiser PO Site Plan DEH# 19-08/5 UNITED Well letter OR
Existing well And Owner Affidavit Installer Authorization FW Comp. letter App Fee Paid
DOT Approval Parent Parcel # 09218-000 STUP-MH
□ Ellisville Water Sys
Property ID #12-5S-17-09218-001 Subdivision NA Lot#_NA
New Mobile Home X Used Mobile Home MH Size 28 x 56 Year 2020
Applicant Dale Burd Phone # 386-365-7674
• Address 20619 CR 137, Lake City, FL, 32024
 Name of Property Owner Christ Central Ministries Phone# 386-867-0038
911 Address 8887 SE County Road 245, Lake City, FL, 32025
Circle the correct power company - FL Power & Light - (Clay Electric)
(Circle One) - Suwannee Valley Electric - Duke Energy
Name of Owner of Mahila Hama Loiloni Doglov
Name of Owner of Mobile Home Leilani Dagley Phone # 386-406-3373
Address 307 SW Brndy Lane Way, Lake City, FL, 32024
Relationship to Property Owner Mother in law
Current Number of Dwellings on Property 0
Lot Size 1333 x 3277 Total Acreage 100.02
Do you : Have Existing Drive (Currenlly using) 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 No
Driving Directions to the Property US 41 South, TL SW Myrtis Road, TL CR 245, 350' on right
Name of Licensed Dealer/Installer Rusty Knowles Phone # 386-397-0886
Installers Address 5801 SW St Hwy 47, Lake City, FL, 32024 License Number IH-1038219 Installation Decal # 66475
III-1000219 IIIstaliation becal # 00110

Parcel:	12-5S-17-09218-001
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Owner & Pr	roperty Info	Result	1 of 4
Owner	CHRIST CENTR 217 SW DYAL AV LAKE CITY, FL 3	VE	SINC
Site	8887 COUNTY ROAD 245, LAKE CITY		
Description*	COMM SW COR OF SEC, E 71.94 FT TO E R/W OF CR-245, N 1330.35 FT FOR POB, N 1331.11 FT TO N LINE OF S1/2 OF SEC, E 2581.55 FT, E 696.18 FT, S 1328.56 FT W 3277.79 FT TO POB. 383-142, 790-1886, WD 1195-479 WD 1195-874, WD 1196-1312, PR 1320-2217, PB 1322-964more>>>		
Area	100.02 AC	S/T/R	12-5S-17
Use Code**	TIMBERLAND (005500)	Tax District	3

^{*}The <u>Description</u> above is not to be used as the Legal Description for this

parcel in any legal transaction.

**The <u>Use Code</u> is a FL Dept. of Revenue (DOR) code and is not maintained by the Property Appraiser's office. Please contact your city or county Planning & Zoning office for specific zoning information.

2019 Certified Values		2020 14/0=	king Values
2019 Cert	illeu values	2020 Working Values	
Mkt Land (0)	\$0	Mkt Land (0)	\$0
Ag Land (2)	\$33,073	Ag Land (2)	\$33,073
Building (0)	\$0	Building (0)	\$0
XFOB (0)	\$0	XFOB (0)	\$0
Just	\$212,140	Just	\$212,140
Class	\$33,073	Class	\$33,073
Appraised	\$33,073	Appraised	\$33,073
SOH Cap [?]	\$0	SOH Cap [?]	\$0
Assessed	\$33,073	Assessed	\$33,073
Exempt	\$0	Exempt	\$0
	county:\$33,073		county:\$33,073
Total	city:\$33,073	Total	city:\$33,073
Taxable	other:\$33,073	Taxable	other:\$33,073
	school:\$33,073		school:\$33,073

Detail by Entity Name

Florida Not For Profit Corporation CHRIST CENTRAL MINISTRIES, INC.

Filing Information

Document Number

N98000004160

FEI/EIN Number

59-3492897

Date Filed

07/16/1998

State

FL

Status

ACTIVE

Last Event

AMENDMENT

Event Date Filed

07/24/2009

Event Effective Date

NONE

Principal Address

217 SW DYAL AVE LAKE CITY, FL 32024

_ ..._ -...,. _ ----.

Changed: 02/10/2004

Mailing Address

217 SW DYAL AVE

LAKE CITY, FL 32024

Changed: 02/10/2004

Registered Agent Name & Address

JOHNS, LONNIE R, Jr. 2512 SW Family Road

Lulu, FL 32061

Name Changed: 04/25/2018

Address Changed: 04/25/2018

Officer/Director Detail
Name & Address

Title P

JOHNS, LONNIE RJR 2512 SW Family Road Lulu, FL 32061

Title D

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR Rusty Knowles PHONE 386-397-0886

THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT			
	Leilani Dagley		
ounty one permit will cover all trades doing work at subcontractors who actually did the trade specific w6, a contractor shall require all subcontractors to prepared liability insurance and a valid Certificate of Contractor	vork under the permit. Per Florida Statute 440 and ovide evidence of workers' compensation or mpetency license in Columbia County.		
the permitted contractor is responsible for the corre ubcontractor beginning any work. Violations will re			
Print NameLeo_Jackson	Signature		
License #: ES 12001176	Phone #: 386-294-2993		
Qualifier Form Attached	X		
Print Name Ronald Bonds Sr.	Signature		
License #: <u>CAC 1817658</u>	Phone #: 800-259-3470		
Qualifier Form Attached X			
	ounty one permit will cover all trades doing work at subcontractors who actually did the trade specific v.6, a contractor shall require all subcontractors to preneral liability insurance and a valid Certificate of Contractor is responsible for the corrubcontractor beginning any work. Violations will responsible for the corrubcontractor beginning any work. Violations will response #:		

Qualifier Forms cannot be submitted for any Specialty License.

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.

Revised 10/30/2015

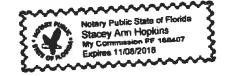


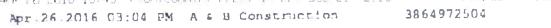
COLUMBIA COUNTY BUILDING DEPARTMENT

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

LICENSED QUALIFIER AUTHORIZATION

1. LONALDE BOAD SE	(license holder name). licensed qualifier		
	 ;		
/	The (company name), do certify that		
the below referenced person(s) listed on this form is/are contracted/hired by me, the license holder, or is/are employed by me directly or through an employee leasing arrangement; or, is an officer of the corporation; or, partner as defined in Florida Statutes Chapter 468, and the said person(s) is/are under my direct supervision and control and is/are authorized to purchase and sign permits; call for inspections and sign subcontractor verification forms on my behalf.			
Printed Name of Person Authorized	Signature of Authorized Person		
1. DALE BURD	1.		
2. Rocky Ford	2. (be/3) 7-1		
3. Kally Bishap	3 Kelly Bishof		
4.	4.		
5.	5.		
In the license holder, realize that I am responsible for all permits purchased, and all work done under my license and fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances. I understand that the State and County Licensing Boards have the power and authority to discipline a license holder for violations committed by him/her, his/her agents, officers, or employees and that I have full responsibility for compliance with all statutes, codes and ordinances inherent in the privilege granted by issuance of such permits. If at any time the person(s) you have authorized is/are no longer agents, employee(s), or officer(s), you must notify this department in writing of the changes and submit a new letter of authorization form, which will supersede all previous lists. Failure to do so may allow unauthorized persons to use your name and/or license number to obtain permits. ACC 1817658 2-16-14 License Number Date NOTARY INFORMATION: STATE OF:			
the above license holder, whose name is <u>home</u> personally appeared before me and is known by the street of t.D.)on the street of t.D.)			
Stacy and ldopkins	(Spal/Stamo)		







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

LICENSED QUALIFIER AUTHORIZATION

100 G FACKON	(license holder name), licensed qualifier		
for Canthy ELKETRIC	LLC (company name), do certify that		
the below referenced person(s) listed on this form is/are contracted/hired by me, the license holder, or is/are employed by me directly or through an employee leasing arrangement; or, is an officer of the corporation; or, pertner as defined in Florida Statutes Chapter 488, and the said person(s) is/are under my direct supervision and control and la/are authorized to purchase and sign permits; call for inspections and sign subcontractor verification forms on my behalf.			
Printed Name of Person Authorized	Signature of Authorized Person		
	1 / 3/1		
1. Holls BURD 2. Roch Foxel	2 Roch D7		
3. Leo JACKSON VR	3 July of		
4.	4.		
5.	5.		
authority to discipline a license holder for violational, or employees and that I have full respond ordinances inherent in the privilege granted if at any time the person(a) you have suthorized officer(a), you must notify this department in any authorized privilege in which will suppose the licenture of the persons to use your name and/or	neibility for compliance with all statuses, codes by issuance of such permits. is/are no longer assots, employee(a), or ting of the changes and submit a new letter of doue lists. Failure to do so may allow		
CBOMA.	85 1200 M76 4/20/16		
Ligaraed Cidaliflers Signature (Noterized)	1		
NOTARY INFORMATION COUNTY OF	Columbia		
The above license holder, whose name is	50 G trelow		
personally appeared before me and is known by (type of I.D.)	this dev of Port 20/de.		
KOLL R PASHOF	(Seal/Stamp)		
	/ann amh/		
SONIAN IN TALES SURSELLE IN & CONTRACTOR OF THE PROPERTY OF A CONTRACTOR OF THE CONTRACTOR OF T			

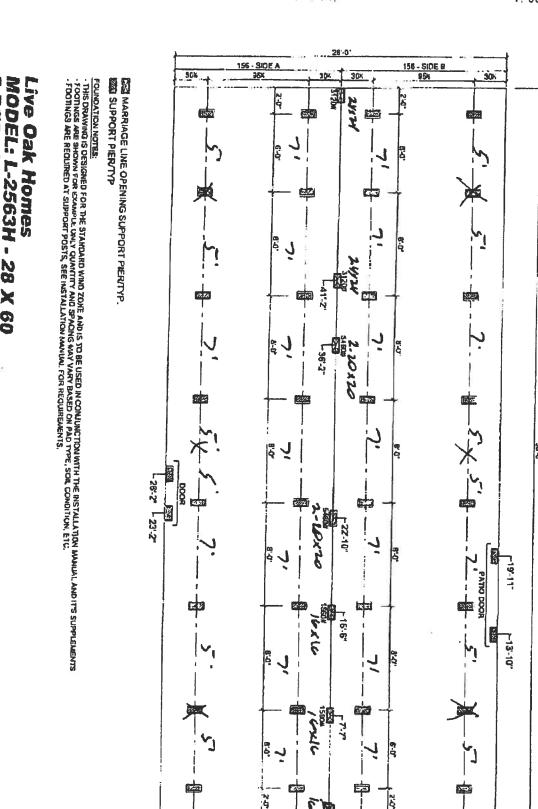
Mobile Home Permit Worksheet	Application Number: Date
Address of hame being installed Manufacturer Month: If home is a single wide fill out one half of the blocking plan	New Home Used Home Home instal ed to the Manufacturer's Installation Manual Home is installed in accordance with Rule 15-C Single wide Wind Zone II Wind Zone III
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 Installer's initials	PIER SPACING TABLE FOR USED HOMES Load bearing size (256) 1/2" (342) (400) 2Z" x 22" 24" X 24" (256)* (676
Show locations of Longitudinal and Lateral Systems (use dark I nes to show these locations)	1500 psf 4 6 6 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
	Pad Size Sq in 16 x 16 258 16 x 18 288 16 x 25 362 362 362 363
Auritigae wali para watrin Z a' end of home per Ru e 15C	Draw the approximate locations of mamage wall openings 4 foot or greater. Use this symbol to show the piers. L st at mamage wall openings greater than 4 foot and their pier pad sizes below
	Opening Pier pad size 14' 2-20 x 20 FRAME TIES within 2' of end of tome
	TIEDOWN COMPONENTS OTHER TES Langitudinal Stabilizing Device (LSD) Manufacturer Langitudinal Stabilizing Device w/ Lateral Arms Manufacturer Manufacturer Manufacturer Manufacturer Manufacturer Manufacturer Manufacturer

Page 1 of 2

	Site Preparation
The pocket penetrometer tests are rounded from to psf or check here to declare 1000 lb. soil without testing.	Debris and organic material removed
of these for decision to soil and without result.	Fastening multi wide units
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.	Floor: Type Fastener: Length: Spacing: Spacing: Spacing: Type For used homes a mind 30 gauge, 6" wide, galvanized metal strip will be contended over the peak of the roof and fastened with galv roofing naits at 2" on center on both sides of the centarline. Gasket [weatherproating requirement] I understand a properly installed gasket is a requirement of all new and used homes and that condensation, mold, meldew 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
The results of the torque probe test is	Type gasket Setween Floors Yes Between Walls Yes Bottom of nidgebeam Yes
	Weatherproofing
Note: A state approved latoral 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. Installer's initials	The bottomboard will be repaired and/or taped. Yes Pg 16.4 Siding on units is installed to manufacturer's specifications, Yes Fireplace chimney installed so as not to allow intrusion of rain water. Yes
Installer Name Date Tested ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER Installer Name Date Tested	Skirting to be installed. Yes No No Oryer vent installed outside of skirting. Yes N/A Range downflow vent installed outside of skirting. Yes N/A Orain lines supported at 4 foot intervals. Yes Electrical crossovers protected. Yes Other:
Electrical	
onnect electrical conductors between multi-wide units, but not to the main power purce. This includes the bonding wire between multi-wide units. Pg	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
onnect all sewer drains to an existing sewer tap or septic tank. Pg. 1544 connect all potable water supply piping to an existing water meter, water tap, or other dependent water supply systems. Pg. 1543	Installer Signature Date 11-7-19

Application Number:





MODEL: L-2563H - 28 X 60 3-BEDROOM / 2-BATH

Legend

2018Aerials



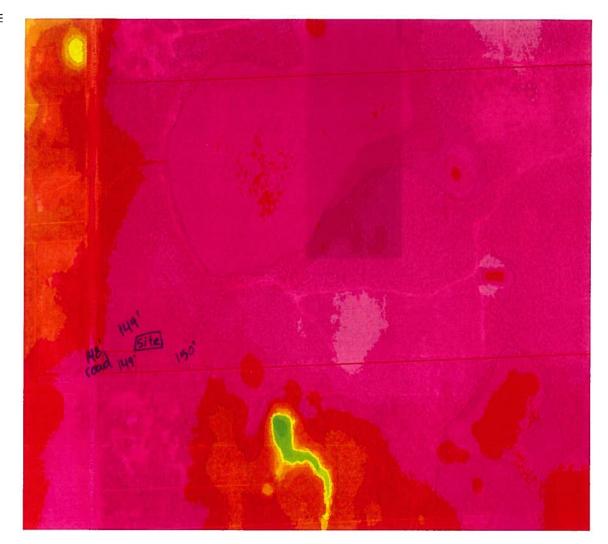
2018 Flood Zones

- 0.2 PCT ANNUAL CHANCE
- B A
- AE
- AH

LidarElevations

Columbia County, FLA - Building & Zoning Property Map

Printed: Tue Nov 26 2019 16:42:58 GMT-0500 (Eastern Standard Time)



Parcel Information

Parcel No: 12-5S-17-09218-000 Owner: JONES GLENN I JR &

Subdivision:

Lot:

Acres: 200.46405 Deed Acres: 200 Ac District: District 4 Toby Witt

Future Land Uses: Agriculture - 3

Flood Zones: A,

Official Zoning Atlas: A-3

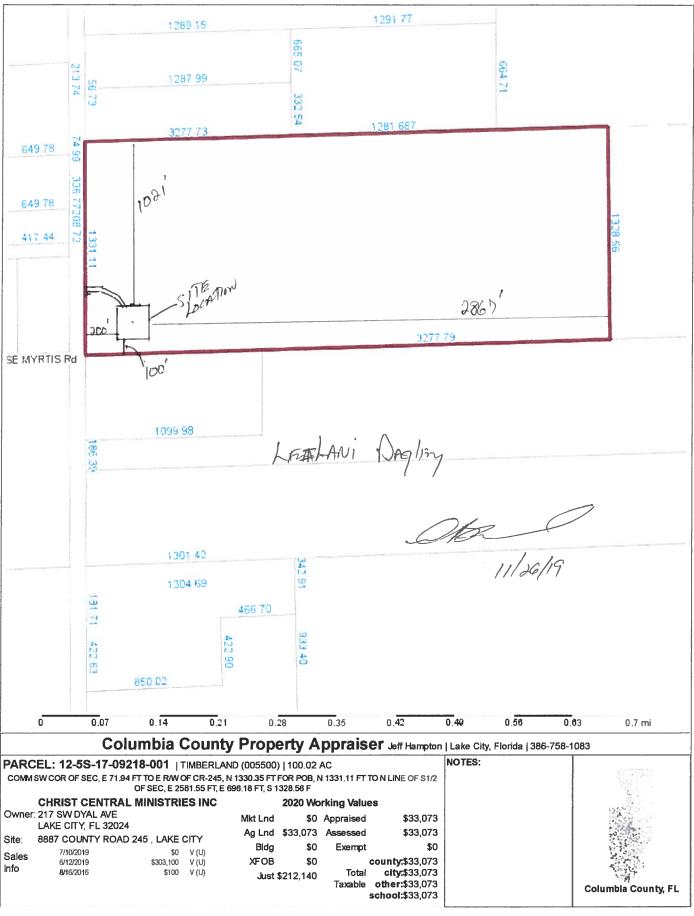
STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Degle >	MINISTERS Permit Application I	·
Scale: 1 inch = 40 feet.	PART II - SITEPLAN	200 Poi
Notes:	£ 100 ARRS SER Attached	
Site Plan submitted by:_ Plan Approved	Not Approved	CONTRACTOR Date
Ву		County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

1 = 600



- Ronald Williams
- Rocky Ford
- Bucky Nash
- Toby Witt
- 5 Tim Murphy

D OF COUNTY COMMISSIONERS • COLUM

Address Assignment and Maintenance Document

n the county wide Addressing Policy you must make application for a 9-1-1 and a building permit. The established standards for addressing and posting numbers, dwellings, businesses and industries are contained in Columbia County Ordinary system is to enable Emergency Services Agencies to locate you in an emerge I States Postal Service and the public in the timely and efficient provision of service businesses of Columbia County

ssued:

9/23/2019 3:51:25 PM

8887 SE COUNTY ROAD 245

LAKE CITY

FL

32025

09218-001

3: Address for proposed structure on parcel.

CE: THIS ADDRESS WAS ISSUED BASED ON LOCATION AND ACCESS INFORM,
IVED FROM THE REQUESTER. SHOULD, AT A LATER DATE, THE LOCATION AI
ESS INFORMATION BE FOUND TO BE IN ERROR OR CHANGED, THIS ADDRES
SUBJECT TO CHANGE.

STATE OF FLORIDA COUNTY OF COLUMBIA

LAND OWNER AFFIDAVIT

This is to certify that I, (We),Chris	st Central Ministries (Lonnie Johns)
as the owner of the below described	property
Property tax Parcel ID number1	2-5\$-17-09218-001
Subdivision (Name, lot, Block, Phase)	NA .
Give my permission forLeila	ni Dagley to place a
Circle one Mobile Home Travel T Barn - Sned - Garage /	Frailer / Utility Pole Only / Single Family Home / Culvert / Other
permit on the property number I (we	erson(s) above will be allowed to receive a building by have listed above and this could result in an protection services levied on this property. Date
Owner Signature	Date
Owner Signature	Date
Sworn to and subscribed before me t	this day of 1, 20 This
(These) person(s) are personally know	
Janus Delder	(Type)
Notary Public Signature	Notativ Dominiseich NGG-978779 Expires April 21, 2021 Bonded Thru Troy Fain Insurance 800-385-7019
Notary Stamp/	AUTHOR. DOLLAR LIBS LIAN AND LIBS AND



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

PERMIT NO. /	19 1515
DATE PAID:	3117119
FEE PAID:	91999
RECEIFT #:	1451004

APPLICATION FOR: [] New System [] Ex [] Repair [] Ab	cisting Systemandonment	m [] H	olding	Tank Y		Innovative	
APPLICANT: Christ Central Ministries Inc (Angle)								
AGENT: ROCKY FORD, A & B CONS					TELE	PHONE	386-497-2311	
MAILING ADDRESS: 546 SW Dortch Street, FT. WHITE, FL, 32038								
TO BE COMPLETED BY APPLICANT BY A PERSON LICENSED PURSUANT APPLICANT'S RESPONSIBILITY TO PLATTED (MM/DD/YY) IF REQUEST	TO 489.105 ((3) (m) OR (CUMENTATION	489.5 N OF	52, FLO THE DAT	RIDA S E THE	TATUTE	S CREATED OR	
PROPERTY INFORMATION								
LOT: NA BLOCK: NA	SUB: NA	t think interview (Allehano) sources reprint to a survival distance for	Photo-State Commission			ing just	LATTED:	
PROPERTY ID #: 12-5S-17-092								
PROPERTY SIZE: 100.0 ACRES		_						
IS SEWER AVAILABLE AS PER 381		, m		t	DISTANC	E TO S	SEWER: AH FE	
PROPERTY ADDRESS: SE C	R 245 Lake	City FL						
DIRECTIONS TO PROPERTY: 100	East Right	on SE CR	245	арргох	8 mil	es to	lot on Left	
(just past High Falls Rd)							The second secon	
					international annual		with the second	
BUILDING INFORMATION	[X] RESIDE	NTIAL) COM	MERCIA	L	William Community and a second	
Unit Type of No Establishment	No. of Bedrooms	Building Area Sqft	Comm	ercial/ e l, Ch	Institu apter	utiona. 64E-6,	l System Design FAC	
SF Residential2	3	1456	-					
3	enema dia <u>adama kuma kuma dia pingang</u> i guniye, sa	hanner sgamagad millionskildelikkense neuer syste nalaye,	Thirdren to p	William of the tree	MAC THEM, Applicable 14 (\$100)	AT THE BERTHAMP AS A PROPERTY OF THE PERSON.	on their owners about 1 1	
[] Floor/Equipment Drains	[] Othe	r (Specify	·)		d 0 de Agente	nama nad daglapojanjementa kediga je ili		
SIGNATURE:	and the same and t				D.	ATE: 1	1/4/2019	

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

STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT Permit Application Number_ Scale: 1 inch = 40 feet. DRIVE 125 210' , BM 38,×100, - vil 33' 0 2 3BR 551 95' Notes: ACRE OF 100.02 Site Plan submitted by: MASTER CONTRACTOR Plan Approved Not Approved County Health Department CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated: 64E-6.001, FAC (Stock Number: 5744-002-4015-6)

NOTICE OF RIGHTS

A party whose substantial interest is affected by this order may petition for an administrative hearing pursuant to sections 120,569 and 120,57, Florida Statutes. Such proceedings are governed by Rule 28-106, Florida Administrative Code. A petition for administrative hearing must be in writing and must be received by the Agency Clerk for the Department, within twenty-one (21) days from the receipt of this order. The address of the Agency Clerk is 4052 Bald Cypress Way, BIN A-02, Tallahassee, Florida 32399. The Agency Clerk's facsimile number is 850-413-8743.

Mediation is not available as an alternative remedy.

Your failure to submit a petition for hearing within 21 days from receipt of this order will constitute a waiver of your right to an administrative hearing, and this order shall become a 'final order'.

Should this order become a final order, a party who is adversely affected by it is entitled to judicial review pursuant to Section 120.68, Florida Statutes. Review proceedings are governed by the Florida Rules of Appellate Procedure. Such proceedings may be commenced by filing one copy of a Notice of Appeal with the Agency Clerk of the Department of Health and a second copy, accompanied by the filing fees required by law, with the Court of Appeal in the appropriate District Court. The notice must be filed within 30 days of rendition of the final order.