

26# 3719

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 7-1-15) Zoning Official LA Building Official JWA
 AP# 1901-04 Date Received 1-3-19 By LH Permit # 37681
 Flood Zone X Development Permit _____ Zoning PH Land Use Plan Map Category R/LD
 Comments _____

FEMA Map# _____ Elevation _____ Finished Floor 1.0 above road River _____ In Floodway _____
☐ Recorded Deed or ☒ Property Appraiser PO ☒ Site Plan ☒ EH # 19-0012 ☐ 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 paid ☒ Out County ☒ In County ☒ Sub VF Form

Property ID # 09-45-16 02818-002 Subdivision TIMBERLANE MHC Lot# 18 PHASE III

▪ New Mobile Home _____ Used Mobile Home ☒ MH Size 26X60 Year 2015
 ▪ Applicant MARK S. GOODSON Phone # 386-303-2491
 ▪ Address 337 SW TOMPKINS ST. LAKE CITY, FL 32024
 ▪ Name of Property Owner TIMBERLANE MHC, LLC Phone# 386-303-2491
 ▪ 911 Address 110 SW WOODBERRY CT. 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 FIVEASH FOREST LLC Phone # 386-303-2491
 Address 337 SW TOMPKINS ST. LAKE CITY FL 32024
 ▪ Relationship to Property Owner MARK GOODSON, MANAGING MEMBER
 ▪ Current Number of Dwellings on Property 32
 ▪ Lot Size 74 X 150 Total Acreage 10 ACRES

▪ 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 YES
 ▪ Driving Directions to the Property HWY 247 S. TO TROY ST. TURN RIGHT
DRIVE 1/2 MILE TO TIMBERLANE MHC ON RIGHT TURN
RIGHT ON WOODBERRY CT. HOME IS FIRST PLACE ON
LEFT.

▪ Name of Licensed Dealer/Installer DALE HOUSTON Phone # 386-623-6522
 ▪ Installers Address 136 SW BARRS GLN. LAKE CITY FL 32024
 ▪ License Number IH1025142 Installation Decal # 312 47

375.0

LH-Spoke to Mark 1-22-19

Mobile Home Permit Worksheet

Application Number: _____

Date: _____

Installer: Dale Houston License # IH 1025142

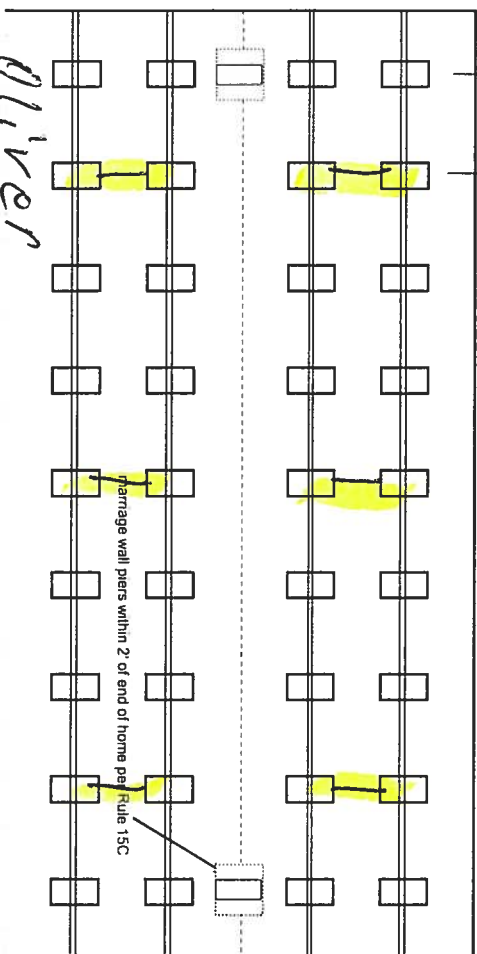
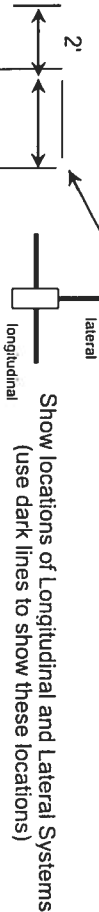
Address of home being installed 136 SW Burns dr
Lake City FL

Manufacturer Live A Little Homes Length x width 26 x 60

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 DH

Typical pier spacing



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 # 31245

Triple/Quad ☐ Serial # LO#6A1141570145B

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	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'	4'	5'	6'	7'	8'
1500 psf	4' 6"	6'	6'	7'	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 14x25

Perimeter pier pad size 16x16

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

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

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 _____

4 _____ 14x25

ANCHORS

4 ft _____ 5 ft _____

FRAME TIES

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

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer _____
Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer _____

OTHER TIES

Sidewall _____
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.

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 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. 1 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.

OH Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Dale Houston

Date Tested 12/31/18

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 _____ Swale _____ Pad _____ Other _____

Fastening multi wide units

Floor: Type Fastener: 6" Lx 4's Length: 18" Spacing: 12" Walls: Type Fastener: Length: 12" Spacing: 12" Roof: Type Fastener: Length: 18" Spacing: 18" 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 OH

Type gasket Pg. Installed: Between Floors Yes Between Walls Yes Bottom of ridgebeam Yes

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

Dale Houston

Date

Columbia County Property Appraiser

Jeff Hampton

2018 Tax Roll Year

updated 12/14/2018

Parcel: << 09-4S-16-02818-002 >>

Aerial Viewer Pictometry Google Maps

Owner & Property Info

Result: 1 of 1

Owner	TIMBERLANE MOBILE HOME COMMUNITY LLC 337 SW TOMPKINS ST LAKE CITY, FL 32024		
Site	110 WOODBERRY CT,		
Description*	THE W 334 FT OF THE S 1329.20 FT OF E1/2 OF NE1/4, EX S 25 FT FOR RD R/W. ORB 696-456. WD 1070-47.		
Area	10 AC	S/T/R	09-4S-16
Use Code**	MH PARK (002802)	Tax District	3

*The Description above is not to be used as the Legal Description for this parcel in any legal transaction

**The Use Code 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.

Property & Assessment Values

2018 Certified Values		2019 Working Values	
Mkt Land (1)	\$53,540	Mkt Land (1)	\$53,540
Ag Land (0)	\$0	Ag Land (0)	\$0
Building (0)	\$0	Building (0)	\$0
XFOB (3)	\$101,324	XFOB (3)	\$101,324
Just	\$154,864	Just	\$154,864
Class	\$0	Class	\$0
Appraised	\$154,864	Appraised	\$154,864
SOH Cap [?]	\$0	SOH Cap [?]	\$0
Assessed	\$154,864	Assessed	\$154,864
Exempt	\$0	Exempt	\$0
Total Taxable	county:\$154,864 city:\$154,864 other:\$154,864 school:\$154,864	Total Taxable	county:\$154,864 city:\$154,864 other:\$154,864 school:\$154,864

**▼ Sales History**

Sale Date	Sale Price	Book/Page	Deed	V/I	Quality (Codes)	RCode
12/30/2005	\$173,800	1070/0047	WD	V	Q	
9/11/1989	\$35,000	696/0456	WD	V	Q	

▼ Building Characteristics

Bldg Sketch	Bldg Item	Bldg Desc*	Year Blt	Base SF	Actual SF	Bldg Value
NONE						

▼ Extra Features & Out Buildings (Codes)

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0259	MHP HOOKUP	0	\$73,100.00	34.000	0 x 0 x 0	AP (050.00)
0260	PAVEMENT-A	0	\$8,568.00	1.000	0 x 0 x 0	AP (030.00)
0260	PAVEMENT-A	0	\$19,656.00	1.000	0 x 0 x 0	AP (030.00)

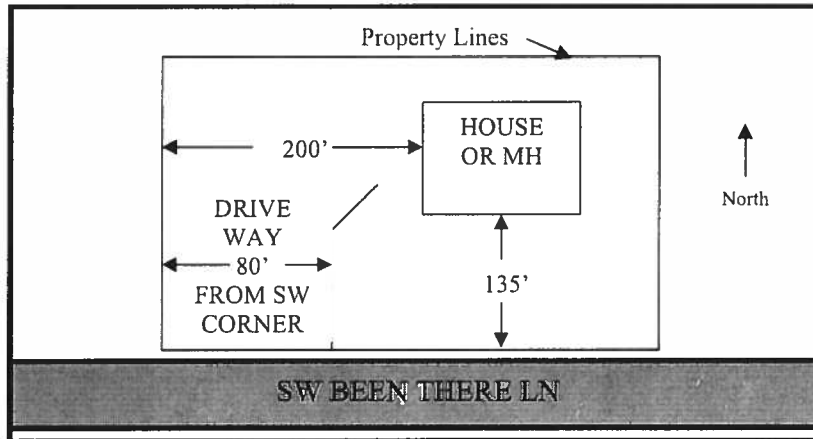
▼ Land Breakdown

Land Code	Desc	Units	Adjustments	Eff Rate	Land Value
000210	TRLR PARK (MKT)	10.000 AC	1.00/1.00 1.00/1.00	\$5,354	\$53,540

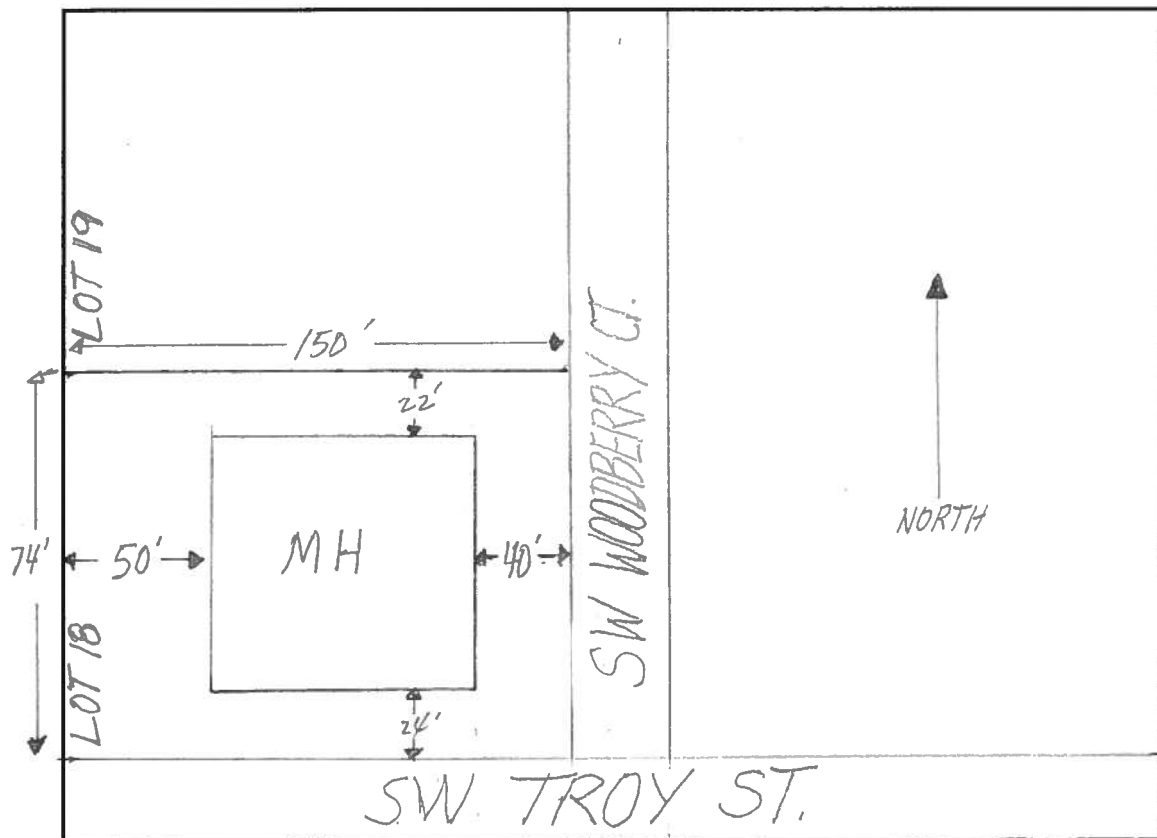
Page 2, Site Plan for 9-1-1 Address Application From

1. A PLAT, PLAN, OR DRAWING SHOWING THE PROPERTY LINES OF THE PARCEL.
2. LOCATION OF PLANNED RESIDENT OR BUSINESS STRUCTURE ON THE PROPERTY WITH DISTANCES FROM AT LEAST TWO OF THE PROPERTY LINES TO THE STRUCTURE (SEE SAMPLE BELOW).
3. LOCATION OF THE ACCESS POINT (DRIVEWAY, ETC.) ON THE ROADWAY FROM WHICH LOCATION IS TO BE ADDRESSED WITH A DISTANCE FROM A PARALLEL PROPERTY LINE AND OR PROPERTY CORNER (SEE SAMPLE BELOW).
4. TRAVEL OF THE DRIVEWAY FROM THE ACCESS POINT TO THE STRUCTURE (SEE SAMPLE BELOW).

SAMPLE:



SITE PLAN BOX:





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, 110 SW WOODBERRY CT 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)
MARK S GOODSON	<i>Mark S Goodson</i>	<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.

Dale Houston
License Holders Signature (Notarized)

1H1025142
License Number

12/31/18
Date

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 3 day of Jan, 20 19.

[Signature]
NOTARY'S SIGNATURE



MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1901-04 CONTRACTOR Dale Houston 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.

ELECTRICAL	Print Name <u>MARK S. GOODSON</u> License #: <u>HOMEOWNER</u> Qualifier Form Attached <input type="checkbox"/>	Signature <u>Mark S Goodson</u> Phone #: <u>386-303-2491</u>
MECHANICAL/ A/C _____	Print Name <u>MARK S GOODSON</u> License #: <u>HOMEOWNER</u> Qualifier Form Attached <input type="checkbox"/>	Signature <u>Mark S Goodson</u> Phone #: <u>386-303-2491</u>

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.

**CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT**

DATE RECEIVED _____ BY _____ IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? ~~NO~~ **YES**

OWNERS NAME MARK S. GOODSON PHONE _____ CELL 386 303-2491

ADDRESS 337 SW TOMPKINS ST LAKE CITY FL 32024

MOBILE HOME PARK TIMBER LANE MHC SUBDIVISION _____

DRIVING DIRECTIONS TO MOBILE HOME 247 S. TO TROY ST. TURN RIGHT DRIVE 1/2 MILE. TIMBER LANE MHC ON RIGHT. TURN RIGHT ON WOODBERRY CT. HOME ~~IS~~ FIRST ON LEFT

MOBILE HOME INSTALLER DALE HOUSTON PHONE 386 6236522 CELL _____

MOBILE HOME INFORMATION

MAKE LIVE OAK HOME YEAR 2015 SIZE 26 ~~25~~ X 60 COLOR YELLOW

SERIAL No. LOHGA11415701A / LOHGA11415701B

WIND ZONE II Must be wind zone II or higher NO WIND ZONE I ALLOWED

INSPECTION STANDARDS

INTERIOR:

(P or F) - P= PASS F= FAILED

_____ SMOKE DETECTOR (☒ OPERATIONAL () MISSING

_____ FLOORS (☒ SOLID () WEAK () HOLES DAMAGED LOCATION _____

_____ DOORS (☒ OPERABLE () DAMAGED

_____ WALLS (☒ SOLID () STRUCTURALLY UNSOUND

_____ WINDOWS (☒ OPERABLE () INOPERABLE

_____ PLUMBING FIXTURES (☒ OPERABLE () INOPERABLE () MISSING

_____ CEILING (☒ SOLID () HOLES () LEAKS APPARENT

_____ ELECTRICAL (FIXTURES/OUTLETS) (☒ OPERABLE () EXPOSED WIRING () OUTLET COVERS MISSING () LIGHT FIXTURES MISSING

EXTERIOR:

_____ WALLS / SIDING () LOOSE SIDING () STRUCTURALLY UNSOUND () NOT WEATHERTIGHT () NEEDS CLEANING

_____ WINDOWS () CRACKED/ BROKEN GLASS () SCREENS MISSING () WEATHERTIGHT

_____ ROOF () APPEARS SOLID () DAMAGED

STATUS

APPROVED _____ WITH CONDITIONS: _____

NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE _____ ID NUMBER _____ DATE _____

Legend

Roads

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

2016Aerials

- Addresses

2018 Flood Zones

- 0.2 PCT ANNUAL CHANCE
- A
- AE
- AH

Columbia County, FLA - Building & Zoning Property Map

Printed: Tue Jan 08 2019 08:37:42 GMT-0500 (Eastern Standard Time)



ok for
911 address

Parcel Information

Parcel No: 09-4S-16-02818-002

Owner: TIMBERLANE MOBILE HOME

Subdivision:

Lot:

Acres: 9.961841

Deed Acres: 10 Ac

District: District 3 Bucky Nash

Future Land Uses: Residential - Low, Residential - Very Low

Flood Zones:

Official Zoning Atlas: RR, RSF-2

All data, information, and maps are provided "as is" without warranty or any representation of accuracy, timeliness of 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.

**CODE ENFORCEMENT DEPARTMENT
COLUMBIA COUNTY, FLORIDA
OUT OF COUNTY MOBILE HOME INSPECTION REPORT**

COUNTY THE MOBILE HOME IS BEING MOVED FROM MARION COUNTY
OWNERS NAME MARK S. GOODSON PHONE 386-303-2496 CELL 386-303-2491
INSTALLER DALE HOUSTON PHONE _____ CELL 386-623-6522
INSTALLERS ADDRESS 136 SW BARRS GLN. LAKE CITY FL 32024

MOBILE HOME INFORMATION

MAKE LIVE OAK HOME YEAR 2015 SIZE 26 X 60
COLOR YELLOW SERIAL No. LOHGA11415701A / LOHGA11415701B
WIND ZONE II SMOKE DETECTOR YES

INTERIOR:
FLOORS EXCELLENT
DOORS EXCELLENT
WALLS EXCELLENT
CABINETS EXCELLENT
ELECTRICAL (FIXTURES/OUTLETS) GOOD

EXTERIOR:
WALLS / SIDING GOOD
WINDOWS GOOD
DOORS GOOD

INSTALLER: APPROVED NOT APPROVED _____

INSTALLER OR INSPECTORS PRINTED NAME DALE HOUSTON

Installer/Inspector Signature Dale Houston License No. IH1025142 Date _____

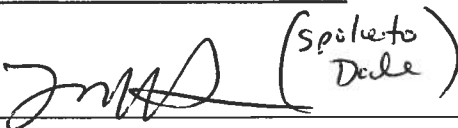
NOTES: _____

ONLY THE ACTUAL LICENSE HOLDER OR A BUILDING INSPECTOR CAN SIGN THIS FORM.

NO WIND ZONE ONE MOBILE HOMES WILL BE PERMITTED. MOBILE HOMES PRIOR TO 1977 ARE PRE-HUD AND THE WIND ZONE MUST BE PROVEN TO BE PERMITTED.

BEFORE THE MOBILE HOME CAN BE MOVED INTO COLUMBIA COUNTY THIS FORM MUST BE COMPLETED AND RETURNED TO THE COLUMBIA COUNTY BUILDING DEPARTMENT.

ONCE MOVED INTO COLUMBIA COUNTY AN INSPECTOR MUST COMPLETE A PRELIMINARY INSPECTION ON THE MOBILE HOME. CALL 386-758-1008 TO SET UP THIS INSPECTION. NO PERMIT WILL BE ISSUED BEFORE THIS IS DONE.

Code Enforcement Approval Signature  (Spoke to Dale) Date 1-8-19

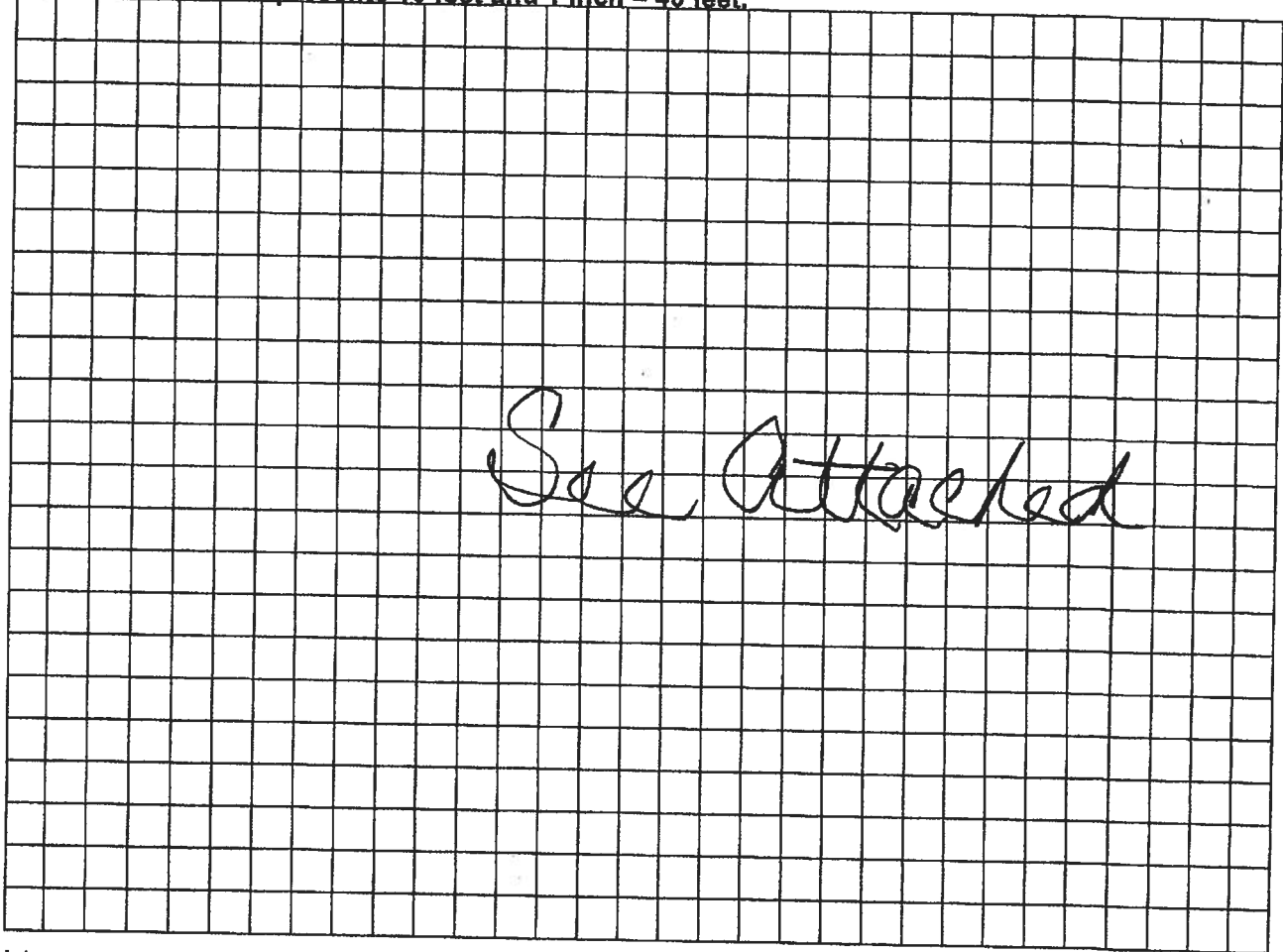
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

19-0012

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

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



Notes: _____

Site Plan submitted by: Patricia L. GoodmanPlan Approved ☒Not Approved ☐

Date

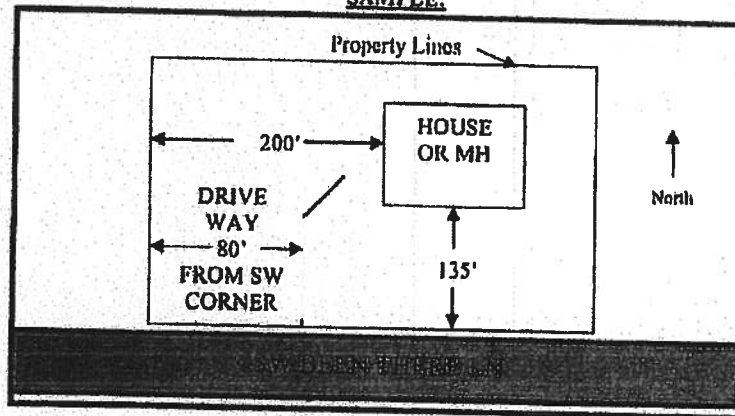
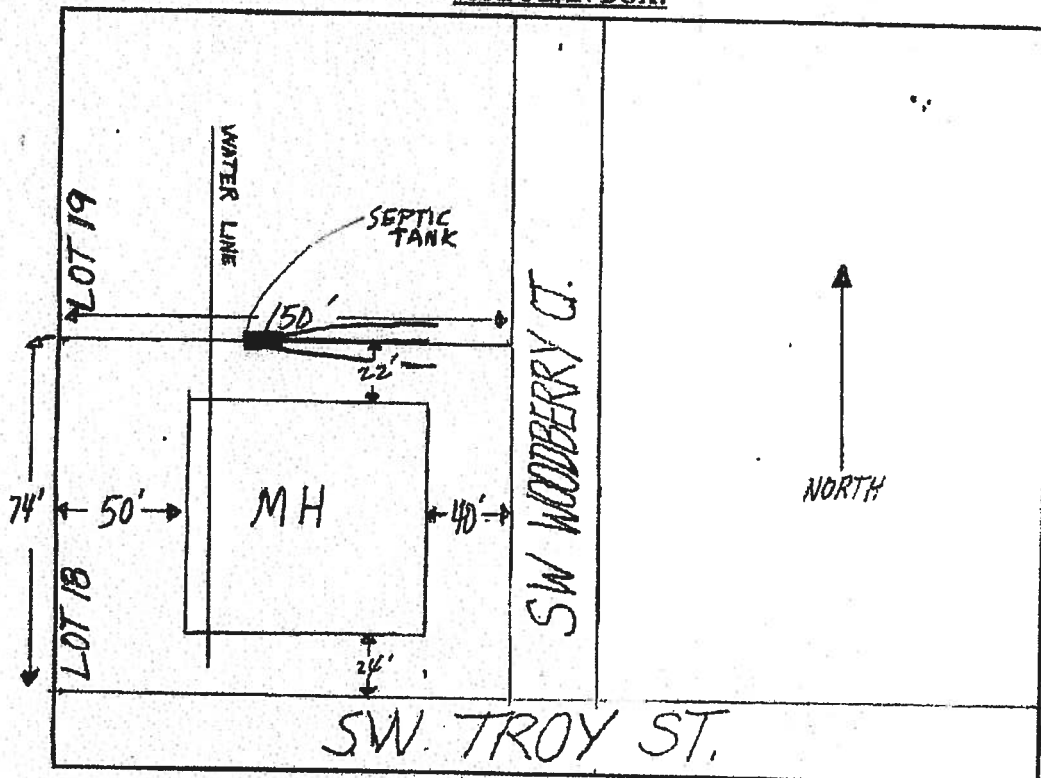
1/8/19By SamE31Columbia

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

19-0012

1. A PLAT, PLAN, OR DRAWING SHOWING THE PROPERTY LINES OF THE PARCEL.
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4. TRAVEL OF THE DRIVEWAY FROM THE ACCESS POINT TO THE STRUCTURE (SEE SAMPLE BELOW).

SAMPLE:SITE PLAN BOX:



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

PERMIT NO. 19-0012
DATE PAID: 1-2-19
FEE PAID: 60.00
RECEIPT #: 1391064

APPLICATION FOR:

☐ New System ☒ Existing System ☐ Holding Tank ☐ Innovative
☐ Repair ☐ Abandonment ☐ Temporary ☐

APPLICANT: MARK S. GOODSONAGENT: OWNERTELEPHONE: 386-303-2491MAILING ADDRESS: 337 SW TOMPKINS ST, LAKE CITY FL 32024

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: 18 BLOCK: _____ SUBDIVISION: TIMBERLANE MHC LLC PLATTED: _____

PROPERTY ID #: R02818-002 ZONING: _____ I/M OR EQUIVALENT: ☐ Y/N ☐

PROPERTY SIZE: 10 ACRES WATER SUPPLY: ☐ PRIVATE PUBLIC ☒ $\leq 2000\text{GPD}$ ☐ $> 2000\text{GPD}$

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

PROPERTY ADDRESS: 110 SW WOODBERRY CT. LAKE CITY FL 32024

DIRECTIONS TO PROPERTY: SOUTH ON 247 TO TROY ST. TURN RIGHT ON TROY GO 1/2 MILE TURN RIGHT ON WOODBERRY CT. HOME IS FIRST ON LEFT.

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>SINGLE/MULTI FAMILY</u>	<u>3</u>	<u>1560</u>	<u>Like for like</u>
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Mark S. GoodsonDATE: 1-2-19

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

Mobile Home

Applicant: MARK GOODSON (386-303-2491) Application Date: 1/22/2019

Convert To ▾

1. ACTION LOCATION

Completed Inspections

Add Inspection

Release Power

Schedule Inspection (ScheduleInspection.aspx?Id=40163)


2. CONTRACTOR

3. MOBILE HOME
DETAILS

Inspection	Date	By	Notes
------------	------	----	-------

Septic Release Inspection	1/23/2019	HEALTH DEPT	
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4. APPLICANT

Passed: Mobile Home - In County Pre-Mobile Home before set-up	1/24/2019	TROY CREWS	
---	-----------	---------------	---

5. REVIEW

6. FEES/PAYMENT

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

7.
DOCUMENTS/REPORTS
(2)

Permit Completion Date
(Releases Occupancy and Completion Forms)

8. NOTES/DIRECTIONS

Incomplete Requested Inspections

Inspection	Date	By	Notes
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9. INSPECTIONS (2)