PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only *(Revised 7-1-15)* Zoning Official_____ Building Official_____

AP#_____ Date Received_____ By_____ Permit #_____

Flood Zone_____ Development Permit_____ Zoning_____ Land Use Plan Map Category_____

Comments_____

FEMA Map#_____ Elevation_____ Finished Floor_____ River_____ In Floodway_____

☐ Recorded Deed or ☐ Property Appraiser PO ☐ Site Plan ☐ EH #_____ ☐ 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 _____ ☐ Out County ☐ In County ☐ Sub VF Form

Property ID # 04-7S-17-09886-001 Subdivision NA Lot# NA

- New Mobile Home_____ Used Mobile Home X MH Size 24x52 Year 1984
- Applicant Wendy Grennell Phone # 386-984-9970
- Address 3104 SW Old Wire Rd Fort White FL 32038
- Name of Property Owner David Hajos Phone# 352-281-0235
- 911 Address 273 SW Old Bellamy Road High Springs, FL 32643
- Circle the correct power company - FL Power & Light - (Clay Electric)
  (Circle One) - Suwannee Valley Electric - Duke Energy
- Name of Owner of Mobile Home David Hajos Phone # 352-281-0235
  Address 22413 NW 227 Dr High Springs, FL 32643
- Relationship to Property Owner Same
- Current Number of Dwellings on Property 2 including this one
- Lot Size_____ Total Acreage 70.09
- Do you : Have (Existing Drive) (Currently using) or Private Drive (Blue Road Sign) or need Culvert Permit (Putting in a Culvert) or Culvert Waiver (Not existing but do not need a Culvert) (Circle one)
- Is this Mobile Home Replacing an Existing Mobile Home NO
- Driving Directions to the Property US Hwy 441 South to SW Old Bellamy turn Right to first drive on Right, take immediate left inside drive to site straight ahead
- Name of Licensed Dealer/Installer Brent Strickland Phone # 386-365-7043
- Installers Address_____
- License Number IH1104218 Installation Decal # 65749

CODE ENFORCEMENT

PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED _____ BY ___ IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? YES

OWNERS NAME David Hajos PHONE _____ CELL 352-281-0235

ADDRESS 273 SW Old Bellamy Rd High Springs FL 32643

MOBILE HOME PARK NA SUBDIVISION NA

DRIVING DIRECTIONS TO MOBILE HOME US 441 South, TR on SW Old Bellamy, TR first drive, immediate Left to site Straight ahead

MOBILE HOME INSTALLER Brent Strickland PHONE _____ CELL 386-365-7043

MOBILE HOME INFORMATION

MAKE DARB YEAR 1984 SIZE 24 x 52 COLOR White

SERIAL No. 3B60D41272 A/B

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 / SIDDING ( ) 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 _____

COLUMBIA COUNTY BUILDING DEPARTMENT

Application # 1706-13

PRELIMINARY MOBILE HOME INSPECTION REPORT

$50.00 Fee Paid ✓

12-5-18 Re-Inspect

DATE RECEIVED 9/7 BY LH IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? No

OWNERS NAME David J. Hajos PHONE _____ CELL 352-281-0235

ADDRESS 273 SW OLD Bellamy Rd, High Springs, FL 32643

MOBILE HOME PARK NA SUBDIVISION _____

DRIVING DIRECTIONS TO MOBILE HOME 441 South to Old Bellamy Rd, turn (R) 1st drive on (R) immediate (L) at fencaline to site.

MOBILE HOME INSTALLER Bernie Thrift PHONE 386-623-0046 CELL _____

MOBILE HOME INFORMATION

MAKE DARB YEAR 1984 SIZE 24 x 52 COLOR white

SERIAL No. 3B60D41272 A/B

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

Failed 9/5/18

We have had alot of neighbor Complaints on this M/H.

EXTERIOR:

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

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

_____ ROOF ( ) APPEARS SOLID ( ) DAMAGED

STATUS

APPROVED _____ WITH CONDITIONS: Failed 1-5-18

NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS _____

BUILDING INSPECTOR'S SIGNATURE Joey Cr ID NUMBER 306 DATE 1-5-18

BEG AT NE COR OF SEC, RUN S 93.78 FT ALONG W R/W OF U S HWY 441, CONT ALONG R/W 534.18 FT, W 502.59 FT, S 1086.45 FT,

HAJOS DAVID J
22413 NW 227 DRIVE
HIGH SPRINGS, FL 32643

04-7S-17-09886-001

Columbia County 2020 R
CARD 001 of 001

PRINTED 6/04/2020 14:43 BY JEFF
APPR 11/06/2017 BC

BUSE 000800 MOBILE HME AE? Y 1560 HTD AREA 102.315 INDEX 4717.00 DIST 3 PUSE 005000 IMPROVED AG
MOD 2 MOBILE HME BATH 2.00 1560 EFF AREA 32.741 E-RATE 100.000 INDX STR 4- 7S- 17
EXW 08 WD OR PLY FIXT 51,076 RCN 2005 AYB MKT AREA 02 34,731 BLDG
% N/A BDRM 3 68.00 %GOOD 34,731 B BLDG VAL 2005 EYB (PUD1 2,300 XFOB
RSTR 03 GABLE/HIP RMS AC 70.090 7,076 LAND
RCVR 12 MODULAR MT UNTS NTCD 27,497 CLAS
% N/A C-W% APPR CD 264,395 MKTUSE
INTW 05 DRYWALL HGHT CNDO 308,502 JUST
% N/A PMTR SUBD 71,604 APPR
FLOR 14 CARPET STYS 1.0 BLK
30% 08 SHT VINYL ECON LOT 0 SOHD
HTTP 04 AIR DUCTED FUNC MAP# 134 0 ASSD
A/C 03 CENTRAL SPCD 0 EXPT
QUAL 04 04 DEPR 09 TXDT 003 0 COTXBL
FNDN N/A UD-1 N/A
SIZE N/A UD-2 N/A
CEIL N/A UD-3 N/A
ARCH 01 CONV UD-4 N/A
FRME 02 WOOD FRAME UD-5 N/A
KTCH N/A UD-6 N/A
WNDO N/A UD-7 N/A
CLAS N/A UD-8 N/A
OCC N/A UD-9 N/A
COND N/A % N/A

SUB	A-AREA	%	E-AREA	SUB VALUE
BAS15	1560	100	1560	34731
TOTAL	1560		1560	34731

FIELD CK:
LOC: 275 OLD BELLAMY RD SW HIGH SPRINGS

```
+--------------------60--------------------+
IBAS2015                                   I
I                                          I
I                                          I
2                                          2
6                                          6
I                                          I
I                                          I
I                                          I
+--------------------60--------------------+
```

BLDG TRAVERSE
BAS2015=W60 S26 E60 N26$.

PERMITS

NUMBER	DESC	AMT	ISSUED
32793	M H	626	3/20/2015

SALE

BOOK	PAGE	DATE		PRICE
1267	1192	12/27/2013	Q V	280000
GRANTOR KAUFMAN BROTHERS LLC				
GRANTEE DAVID J HAJOS				
1064	2705	11/08/2005	U V	1051400
GRANTOR FEAGLE				
GRANTEE KAUFMAN BROTHERS LLC				

EXTRA FEATURES

AE	BN	CODE	DESC	LEN	WID	HGHT	QTY	QL	YR	ADJ	UNITS	UT	PRICE	ADJ UT PR	SPCD %	%GOOD	XFOB VALUE
Y		0285	SALVAGE				1		2017	1.00	1.000	UT	1000.000	1000.000		100.00	1,000
Y		0285	SALVAGE				1		2017	1.00	1.000	UT	1000.000	1000.000		100.00	1,000
Y		0296	SHED METAL				1		2017	1.00	1.000	UT	300.000	300.000		100.00	300

FIELD CK:

AE	LAND CODE	DESC	ZONE	TOPO	ROAD UTIL	UD1 UD2	UD3 UD4	FRONT BACK	DEPTH DT	ADJUSTMENTS	UNITS	UT	PRICE	ADJ UT PR	LAND VALUE
N	005500	TIMBER 2	A-1	0002	0003 0003					1.00 1.00 1.00 1.00	69.090	AC	398.000	398.00	27,497AG
N	009910	MKT.VAL.AG	A-1	0002	0003 0003					1.00 1.00 1.00 1.00	69.090	AC	3826.830	3826.83	264,395MK
Y	000200	MBL HM	A-1	0002	0003 0003					1.00 1.00 1.00 1.00	1.000	AC	3826.830	3826.83	3,826
Y	009945	WELL/SEPT								1.00 1.00 1.00 1.00	1.000	UT	3250.000	3250.00	3,250

L001 - PLANTED PINES APPROX 1 YEAR OLD

COLUMBIA COUNTY

911 ADDRESSING / GIS DEPARTMENT

263 NW Lake City Ave., Lake City, FL 32055

Telephone: (386) 758-1125 x 1 * Fax: (386) 758-1365 * Email: gis@columbiacountyfla.com

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:	**6/1/2017 3:36:55 PM**
Address:	**273 SW OLD BELLAMY Rd**
City:	**HIGH SPRINGS**
State:	**FL**
Zip Code	**32643**
Pracel ID	**09886-001**

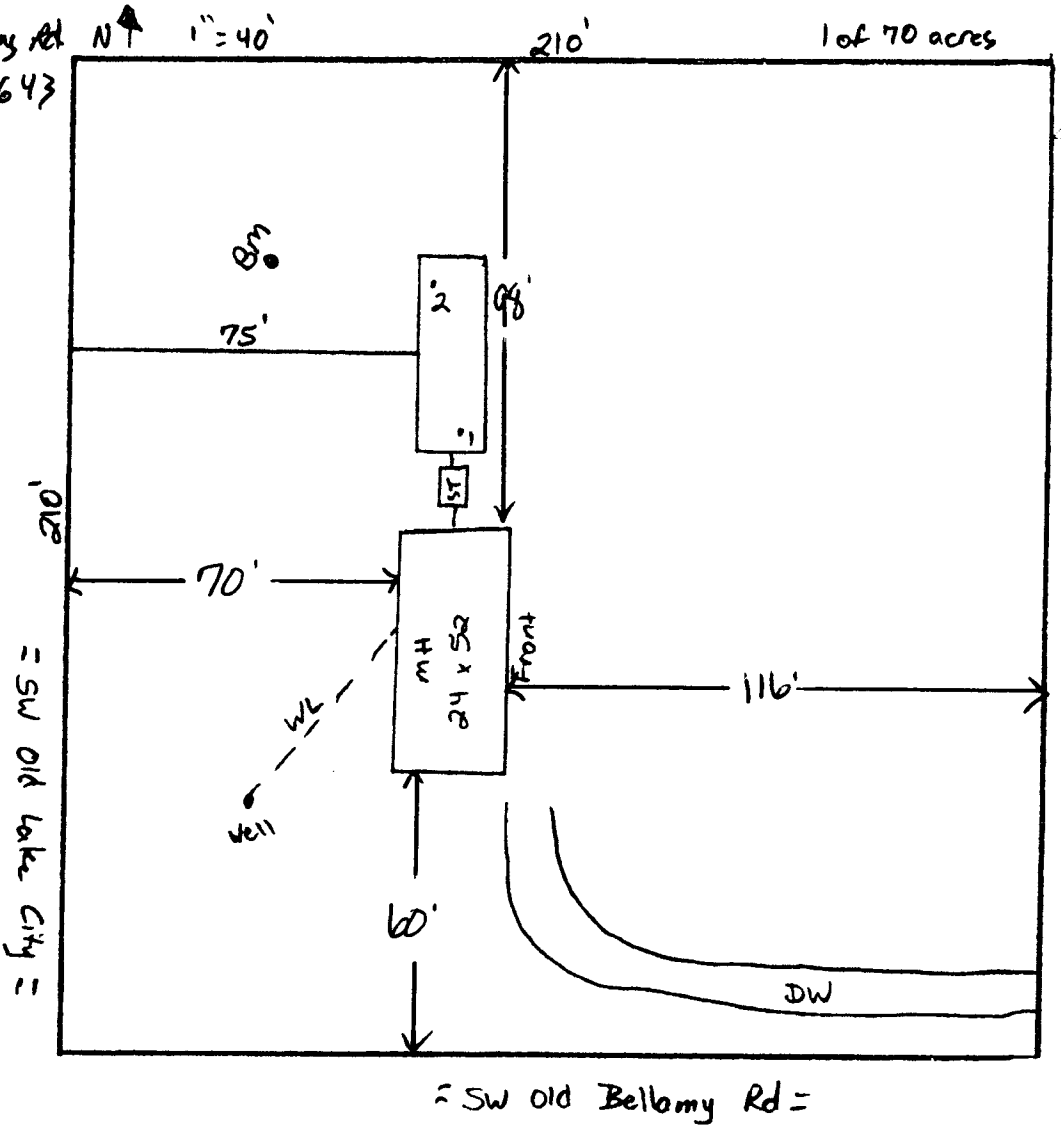
REMARKS: Address for proposed structure on parcel. 2nd location on parcel.

Address Issued By: **Signed:/ Ronal N. Croft**

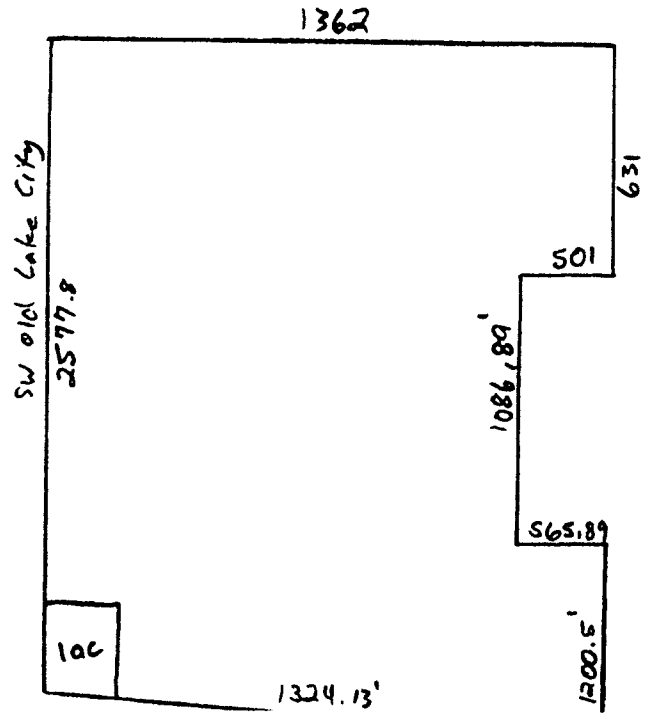
Columbia County GIS/911 Addressing Department

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.

Dora Hayes
75 SW old Bellamy Rd
High Springs, 32643



Hearn
Hancock
19-2064
7/20/20



APPROVED
Columbia CHD
7/21/20

STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM

PERMIT #: 12-SC-2111599
APPLICATION #: AP1527302
DATE PAID: 7/22/20
FEE PAID: 510.00
RECEIPT #:
DOCUMENT #: PR1379785

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: DAVID**20-0572 HAJOS

PROPERTY ADDRESS: 275 SW OLD BELLAMY Rd High Springs FL 32643

LOT: _____ BLOCK: _____ SUBDIVISION: _____

PROPERTY ID #: 09886-001 [SECTION, TOWNSHIP, RANGE, PARCEL NUMBER] [OR TAX ID NUMBER]

SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF SECTION 381.0065, F.S., AND CHAPTER 64E-6, F.A.C. DEPARTMENT APPROVAL OF SYSTEM DOES NOT GUARANTEE SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN MATERIAL FACTS, WHICH SERVED AS A BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT TO MODIFY THE PERMIT APPLICATION. SUCH MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE NULL AND VOID. ISSUANCE OF THIS PERMIT DOES NOT EXEMPT THE APPLICANT FROM COMPLIANCE WITH OTHER FEDERAL, STATE, OR LOCAL PERMITTING REQUIRED FOR DEVELOPMENT OF THIS PROPERTY.

SYSTEM DESIGN AND SPECIFICATIONS

T [900] GALLONS / GPD Septic Tank CAPACITY
A [ ] GALLONS / GPD N/A CAPACITY
N [ ] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK: 1250 GALLONS]
K [ ] GALLONS DOSING TANK CAPACITY [ ] GALLONS @ [ ] DOSES PER 24 HRS #Pumps [ ]

D [375] SQUARE FEET Drainfield SYSTEM
R [ ] SQUARE FEET N/A SYSTEM
A TYPE SYSTEM: [x] STANDARD [ ] FILLED [ ] MOUND [ ] _____
I CONFIGURATION: [x] TRENCH [ ] BED [ ] _____
N
F LOCATION OF BENCHMARK: Nail with pink ribbon in tree W of system site
I ELEVATION OF PROPOSED SYSTEM SITE [16.00] [INCHES] FT] [ABOVE/BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [34.00] [INCHES] FT] [ABOVE/BELOW] BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [0.00] INCHES

O
T
H
E
R

The system is sized for 3 bedrooms with a maximum occupancy of 6 persons (2 per bedroom) for a total estimated flow of 300 gpd

SPECIFICATIONS BY: Kameron Keen TITLE: CEHP

APPROVED BY: Dustin W Jones TITLE: Environmental Specialist II Columbia CHD

DATE ISSUED: 07/27/2020 EXPIRATION DATE: 01/27/2022

DH 4016, 08/09 (Obsoletes all previous editions which may not be used)
Incorporated: 64E-6.003, FAC

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

PERMIT NO: 20-0557
DATE PAID: 7/22/20
FEE PAID: 310.00
RECEIPT #: 1527352

APPLICATION FOR:
[X] New System [ ] Existing System [ ] Holding Tank [ ] Innovative
[ ] Repair [ ] Abandonment [ ] Temporary [ ] _____

APPLICANT: David Hajos

AGENT: Tommy Jones

MAILING ADDRESS: 1490 NE 130th St. Trenton, FL. 32693 TELEPHONE: 352-221-4473

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 #: 04-7S-17-09886-001 ZONING: _____ I/M OR EQUIVALENT: [Y / (N)]

PROPERTY SIZE: 70.09 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD

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

PROPERTY ADDRESS: 275 SW Old Bellamy Rd. High Springs, 32643

DIRECTIONS TO PROPERTY: 41 South - TR on Old Bellamy Rd property on corner of Old Bellamy Rd & Old Lake City Terrace

BUILDING INFORMATION [X] RESIDENTIAL [ ] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1				
2	MH	3	1248	
3				
4				

[ ] Floor/Equipment Drains [ ] Other (Specify) _____

SIGNATURE: _____ DATE: 7-20-20

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

Mobile Home Permit Worksheet

Application Number: _____ Date: _____

Installer: Brent Strickland License # IH1104218

Address of home being installed: 273 SW Old Bellamy Rd
High Springs FL 32643

Manufacturer: Fleetwood Length x width: 52x24

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 # 65749

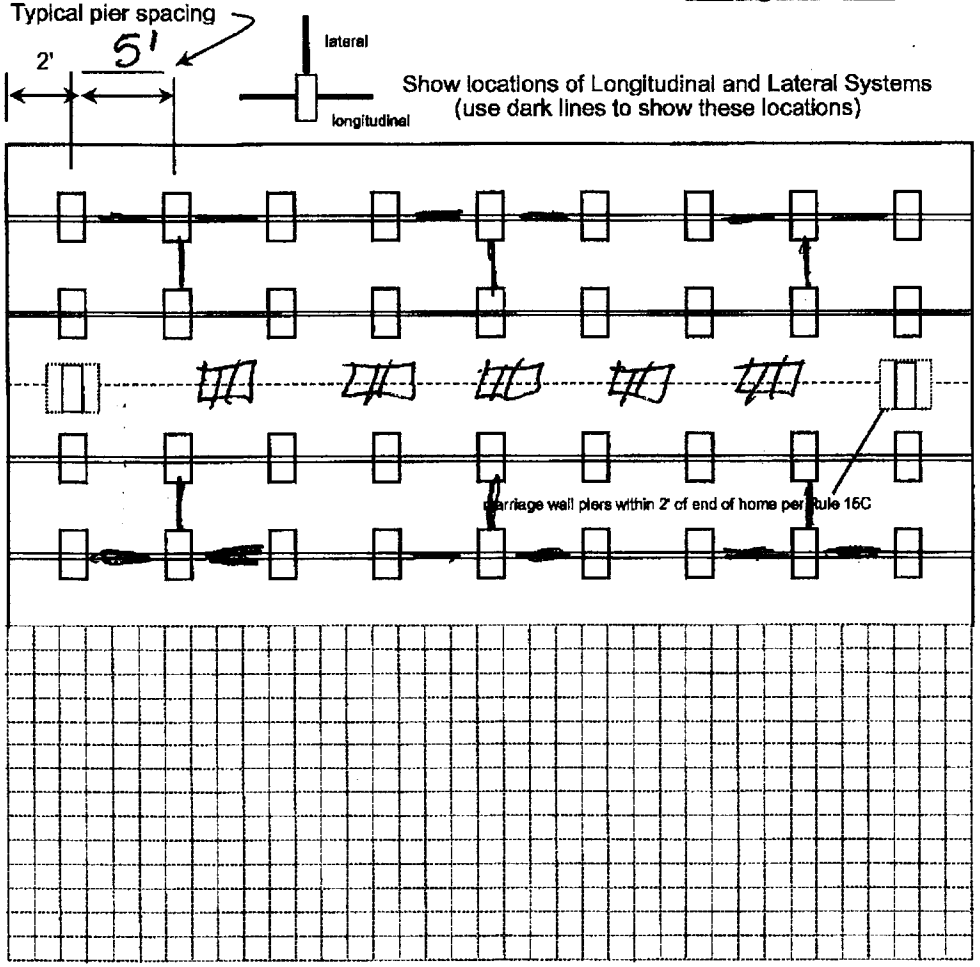
Triple/Quad ☐ Serial # 3BL6DD41272AB

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 B.S.

Typical pier spacing



PIER SPACING TABLE FOR USED HOMES

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'
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

Other pier pad sizes (required by the mfg.): 17x25

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

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

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 Diver-Lok

OTHER TIES

	Number
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 ___ 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 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 requires anchors with 4000 lb holding capacity.

B.S. Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Brent Strickland

Date Tested 8-3-2020

Electrical

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between mult-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 ✓ Other _____.

Fastening multi wide units

Floor:	Type Fastener: lags	Length: 5	Spacing: 16"
Walls:	Type Fastener: screws	Length: 4	Spacing: 16"
Roof:	Type Fastener: lags	Length: 6	Spacing: 16"

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, 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 B.S.

Type gasket Foam

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 Brent Strickland Date 8-3-2020

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, 273 SW Old Bellamy Rd, 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)
Wendy Grennell	Wendy Grennell	~~Agent~~ ___ Officer ___ Property Owner
		___ Agent ___ Officer ___ Property Owner
		___ Agent ___ Officer ___ 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.

Brent Strickland — IH1104218 — 8-3-2020
License Holders Signature (Notarized) — License Number — Date

NOTARY INFORMATION:
STATE OF: Florida COUNTY OF: Suwannee

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 3rd day of August, 2020.

Lisa L Paul
NOTARY'S SIGNATURE

(Seal/Stamp)

LISA L PAUL
Notary Public - State of Florida
Commission # GG 344051
My Comm. Expires Jun 11, 2023
Bonded through National Notary Assn.