## Called Galgle on 11/28/07 LH PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

| For Office Use Only (Revised 10-22-07) Zoning Official Uf 11/28/07 Building Official OK 5777 //-  |
|---|
| AP# 0/11-50 Date Received ) - 19-07 By 1 H Permit # 2/2666  |
| Plood Zone Development Permit Zoning 493 Land Use Plan Man Category 45  |
| Comments Pie - Insp. Wayed  |
| floor Dre foot above the Road.  |
| FEMA Map# Elevation Finished Floor River In Floodway  |
| Site Plan with Setbacks Shown EH Signed Site Plan   |
| Copy of Recorded Deed or Affidavit from land owner   Letter of Authorization from installer   |
| State Road Access   |
| □ Unincorporated area □ Incorporated area □ Town of Fort White □ Town of Fort White Compliance letter   |
| Property ID# 18-65-17-09696-124 Subdivision TUSTIENGGEE PLANTATIONS   |
| New Mobile Home Used Mobile Home  |
| * Applicant Gayle Eddy Phone # 3571/91/237/   |
| # Applicant <u>Gayle Eddy</u> Phone # 3524942326<br># Address <u>73565W126</u> h Ave Lake Butter F1, 32054  |
| Name of Property Owner Euvargain + Francis Amparo Phone# 365-4996°(5)   |
| • 911 Address 231 Sw Poinsetta Ft White FL 32038  |
| " UITCIP TOP COTTOCT DOWNER COMMON!   |
| (Circle One) - <u>FL Power &amp; Light</u> - <u>Clay Electric</u> - <u>Progress Energy</u>  |
|   |
| Name of Owner of Mobile Home SAME AS ABOVE Phone #  |
| Address   |
| Relationship to Property Owner SAME   |
| Current Number of Dwellings on Property   |
| Lot Size Total Acreage 10 Acres   |
| Do you : Have Existing Drive or Private Drive 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 (Putting in a Culvert) (Not existing but do not need a Culvert)   |
| Driving Directions to the Property  |
| 41/441 to B CR 131 to Ron SW Marigald PL  |
| to Left on sw poinsettact then Indon ()   |
|   |
| Name of Licensed Dealer/Installer Gayle G. Eddy Phone #352 494 237 6  |
| Installant All 77/1 Ci Violetta A   |
| Installers Address 7356 SW 126th Ave CARE Butlet, FL 32054  License Number I H00007 14  Installerion Possel # 270550  |

POCKET PENETROMETER TEST

Debris ar

The pocket penetrometer tests are rounded down to 1500 or check here to declare 1000 lb. soil without testing.

x 2000

x 2500

Walls:

Root:

# x 2000

POCKET PENETROMETER TESTING METHOD

- 1. Test the perimeter of the home at 6 locations
- iΛ Take the reading at the depth of the footer.
- ω Using 500 lb. increments, take the lowest reading and round down to that increment

2000

x 2000

200C X

# ORQUE PROBE TES

showing 275 inch pounds or less will require 5 foot anchors. here if you are declaring 5' anchors without testing The results of the torque probe test is 300 inch pounds or check A test

Note: A state approved lateral arm system is being used and 4 ft anchors are required at all centerline tie points where the torque test anchors are allowed at the sidewall locations. I understand 5 ft reading is 275 or less and where the mobile home manufacturer may requires anchors with 4000 b holding capacity Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Date Tested

Electrical

source. This includes the bonding wire between mult-wide units. Connect electrical conductors between multi-wide units, but not to the main power . Pg. 3

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 9

independent water supply systems. Pg. Connect all potable water supply piping to an existing water meter, water tap, or other 4

| Site Preparation   |
|--|
| Debris and organi <u>c materi</u> al removed   |
| Water drainage: Natural Swale Pad Other  |
| Fastening multi wide units   |
| •  |
|  |
| 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)   |

of tape will not serve as a gasket a result of a poorly installed or no gasket being installed. I understand a strip 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

Type gasket rolled to

Installer's initials 🗸 installed: Bottom of ridgebeam Between Floors Between Walls

Weatherproofing

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

Skirting to be installed. Yes No Dryer vent installed outside of skirting. Yes Electrical crossovers protected. Yes Drain lines supported at 4 foot intervals Range downflow vent installed outside of ski Other: rting.

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 //-/5-0'

| Manufacturer               | Longitudinal Manufacturer Longitudinal   |                                      |                    | A                | Opening       |      | marriage wall piers within Z of end of home por Rule 15C   | Other pier (required                    | Perimeter Perimeter                | I-beam pic                         | 3500 ps                                  | Show locations of Longitudinal and Lateral Systems 1000 psi 1000 p | capacity 1000      | Installer's initials Load bearing   | I understand Lateral Arm Systems cannot be used on any home (new or used) where the sidewall ties exceed 5 ft 4 in. | 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 | Manufacturer Craffmaid: Length x width 26 x 52 Double wide | White FL. 32038 |                                     | Address of home 23/ Sw Price so Fa     | of home 231 Sw Poinsofte | 231 Sw Poin Softe   |
|----------------------------|--|--------------------------------------|--------------------|------------------|---------------|------|--|---|------------------------------------|------------------------------------|--|--|--------------------|---|---|--|--|-----------------|-------------------------------------|--|--------------------------|---|
| urer Chiner Lead Shearwaii | Stabilizing Device (LSD) Stabilizing Device w/ Lateral Arms | TIEDOWN COMPONENTS OTHER TIES Number | spaced at 5' 4" oc | 73×3/ FRAME TIES | Pier pad size | IORS | Draw the approximate locations of marriage 20 x 20 400 wall openings 4 foot or greater. Use this 47 3/16 x 25 3/16 441 symbol to show the piers. 476 24 x 24 576 | 16 x 22 5<br>37 x 22<br>13 1/4 x 26 1/4 | N/A 16 x 16 16 16 x 18 18.5 x 18.5 | pier pad size 17×22 Pad Size Sq In | 8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8 | 82 82 82 82 82 82 82 82 82 82 82 82 82 8   | in) 3' 4' 5' 6' 7' | Footer 16" x 16" 18 1/2" x 18 1/2" 20" x 20" 22" x 22" 24" X 24" 26" x 26" size (256) (342) (400) (484)* (576)* (676) | PIER SPACING TABLE FOR USED HOMES   | Serial # COLIGOABLAE ZSOL  | Installation D   | e               | Totalion in accordance minimum to 1 | installed in accordance with Rule 15-C | Manual                   | alled to the Manufacturer's Installation Manual  Installed in accordance with Rule 15-C  Installed in accordance with Rule 15-C |

#### **Columbia County Property** Appraiser DB Last Updated: 11/15/2007

#### 2008 Proposed Values

Interactive GIS Map Tax Record

**Property Card** 

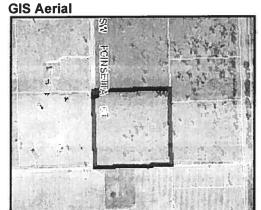
Print

Parcel: 18-6S-17-09696-124

**Owner & Property Info** 

| Owner's Name       | AMPARO EUVARG  | AIN          |   |  |  |  |  |
|--------------------|--|--------------|---|--|--|--|--|
| Site Address       |  |              |   |  |  |  |  |
| Mailing<br>Address | 292 SW SHERRI (<br>LAKE CITY, FL 32  |              |   |  |  |  |  |
| Use Desc. (code)   | NO AG ACRE (009900)  |              |   |  |  |  |  |
| Neighborhood       | 18617.01   | Tax District | 3 |  |  |  |  |
| UD Codes           | MKTA02   | 02           |   |  |  |  |  |
| Total Land<br>Area | 10.000 ACRES   |              |   |  |  |  |  |
| Description        | LOT 24 TUSTENUGGEE PLANTATIONS UNIT<br>UNREC: COMM NE COR, RUN W 642.62 FT,<br>1986.45 FT FOR POB, CONT S 662.15 FT, W<br>657.94 FT, N 662.15 FT, E 657.94 FT FOR F<br>ORB 964-504, WD 1123-2604, CWD 1125-2 |              |   |  |  |  |  |

Search Result: 1 of 1



Property & Assessment Values

| Mkt Land Value              | cnt: (1) | \$75,000.00 |
|-----------------------------|----------|-------------|
| Ag Land Value               | cnt: (0) | \$0.00      |
| <b>Building Value</b>       | cnt: (0) | \$0.00      |
| XFOB Value                  | cnt: (0) | \$0.00      |
| Total<br>Appraised<br>Value |          | \$75,000.00 |

| Just Value             | \$75,000.00 |
|------------------------|-------------|
| Class Value            | \$0.00      |
| Assessed<br>Value      | \$75,000.00 |
| Exempt Value           | \$0.00      |
| Total Taxable<br>Value | \$75,000.00 |

Sales History

| Sale Date | Book/Page       | Inst. Type | Sale VImp | Sale Qual | Sale RCode | Sale Price  |
|-----------|-----------------|------------|-----------|-----------|------------|-------------|
| 6/28/2007 | 1123/2604       | WD         | V         | Q         |            | \$80,000.00 |
| 10/1/2002 | 964/50 <b>4</b> | WD         | V         | Q         |            | \$29,000.00 |

**Building Characteristics** 

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

Extra Features & Out Buildings

| Code | Desc | Year Blt | Value | Units | Dims | Condition (% Good) |
|------|------|----------|-------|-------|------|--------------------|
|      |      |          |       | NONE  |      |                    |

Land Breakdown

| Lnd Code | Desc            | Units     | Adjustments         | Eff Rate   | Lnd Value   |
|----------|-----------------|-----------|---------------------|------------|-------------|
| 009900   | AC NON-AG (MKT) | 10.000 AC | 1.00/1.00/1.00/1.00 | \$7,500.00 | \$75,000.00 |

Columbia County Property Appraiser

DB Last Updated: 11/15/2007

### COLUMBIA COUNTY 9-1-1 ADDRESSING

P. O. Box 1787, Lake City, FL 32056-1787 PHONE: (386) 758-1125 \* FAX: (386) 758-1365 \* Email: ron\_croft@oulumbiacountyffs.com

#### Addressing Maintenance

To maintain the Countywide 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 assigning 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 Service 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 REQUESTED:

10/11/2007

DATE ISSUED:

10/12/2007

ENHANCED 9-1-1 ADDRESS:

231

SW POINSETTA

CT

FORT WHITE

32038

PROPERTY APPRAISER PARCEL NUMBER:

18-8S-17-09696-124

Remarks:

LOT 24 TUSTENUGGEE PLANTATIONS UNIT 1 UNREC

Address Issued By:

Columbia County 9-1-1 Addressing / GIS Department

NOTICE: THIS ADDRESS WAS ISSUED BASED ON LOCATION INFORMATION RECEIVED FROM THE REQUESTER. SHOULD, AT A LATER DATE, THE LOCATION INFORMATION BE FOUND TO BE IN ERROR, THIS ADDRESS IS SUBJECT TO CHANGE.

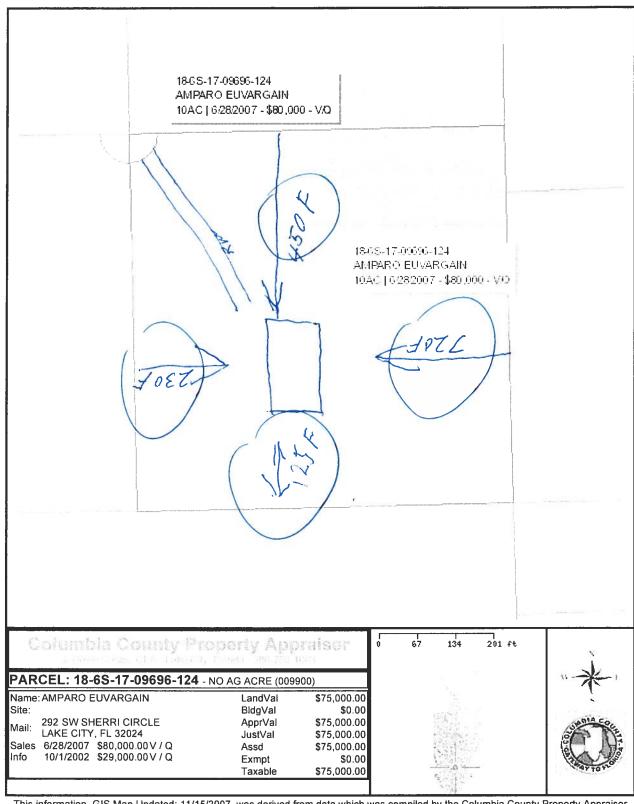
Approved Address

988

OCT 1.2 2007

The state of the s PRELIMINARY MOBILE HOME INSPECTION REPORT STATE AND IN

| EATE RECEIVED 11-13-117 BY 18 AS THE MIN ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED?   |
|---|
| DWNERS NAME ANOPER PHONE 345-1996 CELL  |
| ACORESS   |
| MOETA FOME PARK SUBDIVISION   |
| THE STATE HOME 141 S, (R) Training life Pass by marine as the Control of the State |
| MOBILE HOME INFORMATION   |
| NAME CRAFFMANCE YEAR & SIZE 29 X 22 COLOR   |
| 15KA NO 60/190 13 64 280/   |
| AUNT 20NE Must be wind zone it or higher NO WIND ZONE I AULOWED   |
| MSPECTION STANDARDS   |
| Opt F <sub>2</sub> Pa PASS F≠ FAILED  |
| SMOKE DETECTOR ( ) OPERATIONAL ( ) MIBSING  |
| FLOORS () SOLID () WEAK () HOLES DAMAGED LOCATION   |
| DOORS ( ) DAMAGED   |
| WALLS ( ) SOLID ( ) STRUCTURALLY UNSCUND  |
| WINDOWS ( ) OPERABLE ( ) INOPERABLE   |
| PLUMBING FIXTURES ( ) CPERABLE ( ) MISSING  |
| GEILING ( ) SOLID ( ) HOLES ( ) LEAKS APPARENT  |
| ELECTRICAL (FIXTURES/QUITLETS) ( ) OPERABLE ( ) EXPOSED WIRING ( ) OUTLET COVERS MISSING ( ) LIGHT FIXTURES MISSING   |
| WALLS / SIDDING ( ) LOOSE SIDING ( ) STRUCTURALLY UNSOUND ( ) NOT WEATHERTIGHT ( ) NEEDS GLEANING   |
| WINDOWS ( ) CRACKED! BROKEN GLASS ( ) SCREENS MISSING ( ) WEATHERTIGHT  |
| ROOF ( APPEARS SOLID ( ) DAMAGED  |
| માર્ટ કુરેશ મ   |
|   |
| APPRINED WITH CONDITIONS  |
| NET APPROVED NEED RE-INSPECTION FOR FOLLOWING CONDITIONS.   |
|   |
| ENATURE St. D. Mund 10 NUMBER 402 DATE 11-14-07   |



This information, GIS Map Updated: 11/15/2007, was derived from data which was compiled by the Columbia County Property Appraiser Office solely for the governmental purpose of property assessment. This information should not be relied upon by anyone as a determination of the ownership of property or market value. No warranties, expressed or implied, are provided for the accuracy of the data herein, it's use, or it's interpretation. Although it is periodically updated, this information may not reflect the data currently on file in the Property Appraiser's office. The assessed values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

### STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT - PART II - SITE PLAN - -Scale: Each block represents 5 feet and 1 inch = 50 feet. of 10.000 ACRS 0.000 GG2.45 0 n 3 Bedeour 662.15 Notes: Site Plan submitted by: Plan Approved  $\vee$ Not Approved Date 10-16-07 County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

