PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only	(Revised 7-1-15) Zo	ning Official	Building Official	
The second secon	Date Received			
	Development Permit		_ Land Use Plan Map Categ	jory
Comments				
FEMA Map#	Elevation Fi	nished Floor	River In Floodwa	у
□ Recorded Deed or	□ Property Appraiser PO	□ Site Plan □ EH #	□ Well l	etter OR
□ Existing well □	Land Owner Affidavit 🛭 Ins	taller Authorization	□ FW Comp. letter □ App F	ee Paid
□ DOT Approval □	Parent Parcel #	D STUP-MH		911 App
□ Ellisville Water Sy	s 🗆 Assessment	□ Out County □	In County 🗆 Sub VF Form	n
107 D	1856-002	Cubdivision		Lot#
	me Used Mo			
New Mobile Hor	neUsed Mo	bile Home	MH Size VAN OF Ye	ar ovac
	MARK S. GOOD			
Address <u>33</u>	17 SW TOMPKIN	15 ST LAKE	E CITY FL 32	024
Name of Proper	ty Owner MARK S	GOODSON	Phone# 386-30	3-249
911 Address(676 SW PRAIRI	E ST LAKE	CITY FL 3202	4
	ct power company -			,
	(Circle One) - Su	wannee Valley Elect	ric - Duke Energy	
No. of Comme	of Mobile Home MAK	KS GOODS	N Phone # 386 3	03 249
Name of Owner	17 SW TDMPKI	NS ST LA	KE CITY FL 3	2024
	Property OwnerSAM			
Current Numbe	r of Dwellings on Property			
Lot Size		Total Acreage_	2,21 AC.	
	Existing Drive or Private De (Blue Road S	rive or need Culvert (Putting in	Permit or Culvert Waiver (Not existing but do n	(Circle one) ot need a Culvert)
Is this Mobile H	ome Replacing an Existing	g Mobile Home	NO	- : 110
11111	ons to the Property 24	F1 SOUTH 7	OHODALDIE ST	PROM
KIGHT C	CONTINUE ACR	10000000	ON PRAIRIE ST	
WILL BE	ON THE LETT.	AUDI455 (ON WOOD FENCE	/
Email Address f	Do.	E HONETHA	Phone # 386-6	22-150
	sed Dealer/Installer <u>/////</u>	RS GLEN LAK		1 U
Installers Addre	+111177171	The Court Print	tion Decal # 9507	18
Ficelise Mailibe	1 111111111		7000	44

Typical pier spacing being installed Address of home Manufacturer Installer : Dec 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. 8 lateral longitudinal 02 Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations) Length x width Installer's initials License #37 wall piers within 2' of end of home per Rule 15C 100 1133 172 N X6 at Applic 2 be Longitudinal Stabilizing Device (LSD) Manufacturer Longitudinal Stabilizing Device w/ Lateral Arms List all marriage wall openings greater than 4 foot and their pier pad sizes below. Manufacturer Opening TIEDOWN COMPONENTS 23771 Pier pad size

cation Number:	. ה 			Date:		
New Home		Used Home	Q			
Home installed Home is installed	to the Ma ed in acco	ome installed to the Manufacturer's Installation Manual ome is installed in accordance with Rule 15-C	tallation N le 15-C	Manual	П	,
Single wide		Wind Zone II	Q	Wind Zone III	⊕	
Double wide	図	Installation Decal #		84056		
Triple/Quad		Serial #				
	PIER SF	PIER SPACING TABLE FOR USED HOMES	FOR US	ED HOMES	u,	
oad Footer size pacity (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' 8"	6,4	Ā QĪ	නු ගු	ğ-7	တ် ထ
2000 psf	ر ا	Φ. C	∞	œ ο	Φ.	œ ο
2500 psf	7' 6"	<u>ω</u>	8	ω.	ω.	ω (
3000 psf 3500 psf	ထဲ့ထဲ့	ထူထူ	ထူထ္	ထ္ထ	യ്യ	ထူထူ
nterpolated from	Rule 15C-	nterpolated from Rule 15C-1 pier spacing table.	le.	BOBI	חאם פא וו	61756
	PIER PAD	SIZE	•	707	POPULAK PAD SIZES	OIZEO
-beam pier pad size	size	2373		P ₂	Pad Size 16 x 16	Sq In 256
erimeter pier pad size	oad size	16%	16	18.1	16 x 18 8.5 x 18.5	288
Other pier pad sizes	sizes			16	x 22.5	360
required by the mfg.)	mfg.)			13 1/	17 x 22 1/4 x 26 1/4	374
Draw th	e approxi		of marriag	172	20	Н
symbol	symbol to show the piers	. egiei.	Ose this	17 1/	1/2 x 25 1/2	
		since associated th	A foot	2 2	24 x 24	576
ist all marriage	wall ope	ist all marriage wall openings greater than 4 foot	an 4 foot	2	26 x 26	676

Mobile Home Permit Worksheet

Longitudinal Marriage wall Shearwall

Sidewall

4 ft,

5ft

ANCHORS

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

FRAME TIES

OTHER TIES

Nymber

Mobile Home Permit Worksheet

or check here to declare 1000 lb. soil withou POCKET PENETROMETER TEST without testing

X/BOO

Floor: Walls: Roof:

Type Fastener: Type Fastener: ype Fastener:

Lags

Length: 6 37 Length:

Spacing: Spacing: Spacing:

1811

Fastening multi wide units

XIOCE

POCKET PENETROMETER TESTING METHOD

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

Xeco

of tape will not serve as a gasket.

a result of a poorly installed or no gasket being installed. I understand a strip

Installer's initials

NO

Installed:

homes and that condensation, mold, meldew and buckled marriage walls are

understand a properly installed gasket is a requirement of all new and used

Gasket (weatherproofing requirement)

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.

Length:

TORQUE PROBE TEST

Type gasket Pg. To a m

showing 275 inch pounds or less will require 5 foot anchors The results of the torque probe test is 285, here if you are declaring 5' anchors without testing 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 lb holding capacity

Installer's initials

Installer Name

40 457cm

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Date Tested

Electrical

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

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.

The bottomboard will be repaired and/or taped. Yes / Fiding on units is installed to manufacturer's specifications. Yes Fireplace chimney installed so as not to allow intrusion of rain water. Weatherproofing Between Floors Bottom of ridgebeam Yes Between Walls Yes Yes Yes

Miscellaneous

Skirting to be installed. Yes Drain lines supported at 4 foot intervals. Yes Range downflow vent installed outside of skirting. Dryer vent installed outside of skirting. No Yes Yes

N/A

Other:

Electrical crossovers protected.

Yes

Installer verifies all information given with this permit worksheet manufacturer's installation instructions and or Rule 15C-1 & 2 is accurate and true based on the

Installer Signature Lell Hondas

Date

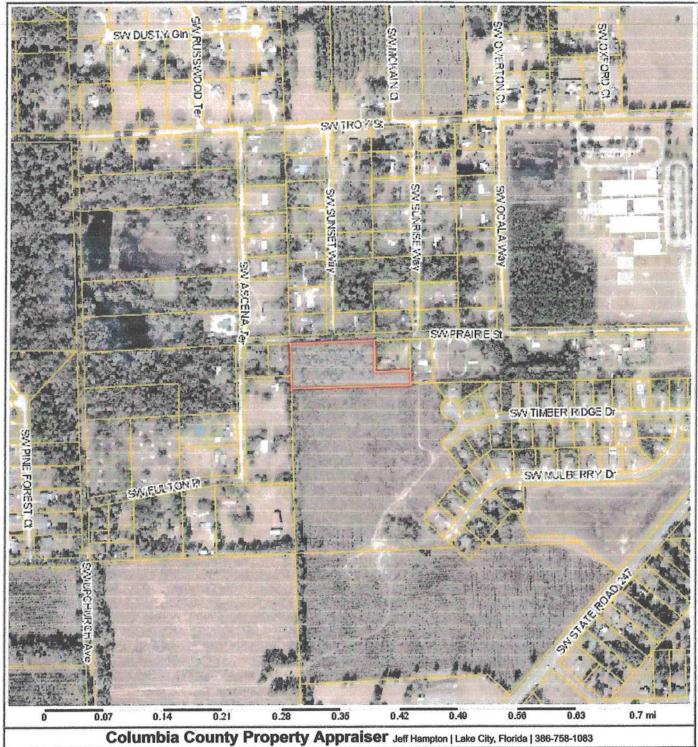


COLUMBIA COUNTY BUILDING DEPARTMENT 135 NE Hernando Ave, Suite B-21, Lake City, FL 32055

Phone: 386-758-1008 Fax: 386-758-2160

MOBILE HOME INSTALLERS LETTER OF AUTHORIZATION

I, DALE HOUSTO		or the job address show below
only, 676 SW PRA	ARIE ST LAKECITY FL.	3202Ψ , and I do certify that
the below referenced person(s)	listed on this form is/are under my	y direct supervision and control
and is/are authorized to purcha	se permits, call for inspections and	d sign on my behalf.
Printed Name of Authorized Person	Signature of Authorized Person	Authorized Person is (Check one)
Puti H Goodson	Latte Il Goods	Agent Officer Property Owner
MARK S. GOODSON	Mark Schelen	Agent Officer Property Owner
,		Agent Officer Property Owner
under my license and I am fully Local Ordinances. I understand that the State Lice holder for violations committed	t I am responsible for all permits presponsible for compliance with a responsible for compliance with a responsible for compliance and an all by him/her or by his/her authorized asponsibility for compliance granter	Il Florida Statutes, Codes, and uthority to discipline a license d person(s) through this
License Holders Signature (Not	tarized) TH 11 3	3172 umber Date
NOTARY INFORMATION: STATE OF:Florida	COUNTY OF:	·
The above license holder, whos personally appeared before me (type of I.D.)	se name is and is known by me or has produ on this day	ced identification of, 20
NOTARY'S SIGNATURE	(3	Seal/Stamp)



NOTES:

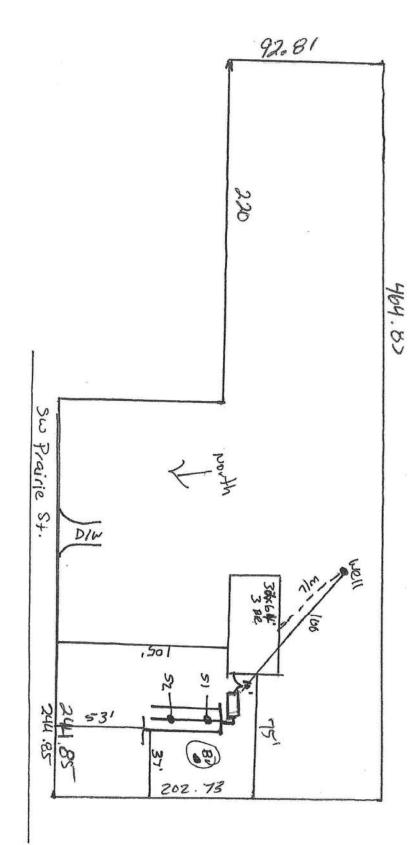
PARCEL: 10-4S-16-02856-001 (12513) | VACANT (0000) | 4.22 AC
COMM NE COR OF SE1/4 OF SW1/4, W 575.07 FT, S 220 FT FOR POB, CONT S 92.81 FT, W 749.57 FT TO W LINE OF
SE1/4 OF SW1/4 N 306.45 FT TO NW COR OF SE1/4

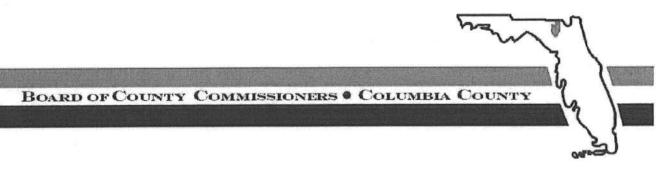
	rking Values	2022 Wor		S	N MARK	GOODSO	
\$25,320	Appraised	\$25,320	Mkt Lnd	н	N PATTI	GOODSO	Owner
\$25,320	Assessed	\$0	Ag Lnd			337 SW TO	Owner.
\$0	Exempt	\$0	Bldg			LAKE CITY,	
county:\$25,320		\$0	XFOB				Site:
city:\$0 other:\$0 school:\$25,320	Total Taxable	\$25,320	Just	V (U)	\$70,000 \$100 \$100	8/2/2022 1/25/2022 12/15/2021	Sales Info



This information, 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.

GrizzlyLogic.com GrizzlyLogic.com Goodson Job 1"=60' Pobedw Dde 2-21-2022





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:

12/30/2022 8:53:07 AM

Address:

676 SW PRAIRIE St

City:

LAKE CITY

State:

FL

Zip Code

32024

Parcel ID

02856-002

REMARKS: New address for Habitable structure (family home, business, etc.) on the parcel.

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.

Address Issued By:

SCHOFIELD, LINCOLN C.

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR _____ PHONE ____

THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

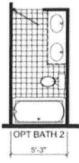
records of the Ordinance 89-	ounty one permit will cover all trades doing work at the permitted site. It is REQUIRED that we have subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and 6, a contractor shall require all subcontractors to provide evidence of workers' compensation or neral liability insurance and a valid Certificate of Competency license in Columbia County.
	the permitted contractor is responsible for the corrected form being submitted to this office prior to the abcontractor beginning any work. Violations will result in stop work orders and/or fines.
ELECTRICAL	Print Name MARK S GOODSON Signature Mark Shoodwn
	License #: Phone #: 386 303 2491
	Qualifier Form Attached
MECHANICAL/	Print Name_MARK S GOODSON Signature Mark & Soulow
A/C	License #: Phone #: Phone #:
	Qualifier Form Attached

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.

or Plan

POWERSTROKE





3-BEDROOM / 2-BATH 32 x 64 - Approx. 1760 Sq. Ft.

Date: 09/26/18

- All room dimensions include closets and square footage figures are approximate.
 *Transom windows are available on optional 9-0" sidewall houses only.
 *Live Clak Homes reserves the right to modify product offering at any time.

CODE ENFORCEMENT PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED BY IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED?
OWNERS NAME MARK S GOODSON PHONE CELL 3863032491
ADDRESS 337 SW TOMPKINS ST LAKE CITY FOR 32024
MOBILE HOME PARK SUBDIVISION
DRIVING DIRECTIONS TO MOBILE HOME 247 SOUTH TO PRAIRE ST. TURN RIGHT
CONTINUE ARCROSS 252B ON PRAIRIE PROPERTY ON BEST LEFT
ADDRESS ON GATE,
MOBILE HOME INSTALLER DALE HOUSTON PHONE CELL 386-623-6522
MOBILE HOME INFORMATION
MAKE LIVE OAK HOME YEAR 2020 SIZE 32 x 64 COLOR GREY/WHITE
SERIAL No
WIND ZONE 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 () 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

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

COUNTY THE MOBILE HOME IS BEING MOVED FROM LEVY COUNTY
OWNERS NAME MARK S GOODSON PHONE CELL 386-303-249
INSTALLER DALE HOUSTON PHONE CELL 386-623-652
INSTALLERS ADDRESS 136 SW BARRS GLEN LAKE CITY FL 32024
MOBILE HOME INFORMATION
MAKE LIVE OAK HOME YEAR 2020 SIZE 32 X 64
COLOR GREY WHITE SERIAL NO. SMOKE DETECTOR
WIND ZONE SMOKE DETECTOR
INTERIOR: FLOORS
DOORS
WALLS
CABINETS
ELECTRICAL (FIXTURES/OUTLETS)
EXTERIOR: WALLS / SIDDING
WINDOWS
DOORS
INSTALLER: APPROVED NOT APPROVED
INSTALLER OR INSPECTORS PRINTED NAME
Installer/Inspector Signature License No 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 ______ Date _____



STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM (OSTDS)

PERMIT NO. DATE PAID: 12/22/22 FEE PAID: 340.00 RECEIPT #: AV 1977663

Page 1 of 4

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:
[V] New System [] Existing System [] Holding Tank [] Innovative [] Repair [] Abandonment [] Temporary []
APPLICANT: MOVE TVOM (DOOD) RMAIL: nflseptictank@comcast.net
AGENT: Robert Ford III- NORTH FLORIDA SEPTIC TANK INC TELEPHONE: 3867556372
MAILING ADDRESS: 741 SE STATE ROAD 100, LAKE CITY FL 32025
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 OSTDS REMEDIATION PLAN? [Y / N]
LOT: BLOCK: SUBDIVISION: PLATTED:
PROPERTY ID #: 0-45-10-0856-002 ZONING: I/M OR EQUIVALENT: [Y / N]
PROPERTY SIZE ACRES WATER SUPPLY: [X] PRIVATE PUBLIC []<=2000GPD []>2000GPD
IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / A] DISTANCE TO SEWER:FT
PROPERTY ADDRESS: 676 SW Prairie Rd Lake City
DIRECTIONS TO PROPERTY:
BUILDING INFORMATION [X] RESIDENTIAL [] COMMERCIAL
Unit Type of No. of Building Commercial/Institutional System Design No. Establishment Bedrooms Area Sqft Table I, Chapter 62-6, FAC
1 4M/H USEA 3 1800 760
2
3
4
SIGNATURE: LOS WOOD DATE: 12-21-2022
DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used) Incorporated 62-6.004, FAC

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

		ALTO I CITAL COMO I MOCHONI LEMINI	
*	1=60	Permit Application Number	
 ******	PART II - SIT	EPLAN GOOGLOOM	

See Att.

Notes:	
Site Plan submitted by: Selicity 1900 Date: 12-2 Plan Approved Not Approved By Esz	MASTER CONTRACTOR Date 12121/22 Columbia County Health Department

ALL 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 (Stook Number: 5744-002-4015-8)

Page 2 of 4

Goodson Job
1"=60'
Pobet w Dde
2-21-2022

