

OK# 43236

Serial#

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 7-1-15) Zoning Official JMA Building Official JMA
 AP# 1908-02 Date Received 8/1/19 By MB Permit # 38468
 Flood Zone X Development Permit _____ Zoning A-3 Land Use Plan Map Category Ag
 Comments Legal lot of record prior to 91, Floor one foot above the road
 FEMA Map# _____ Elevation _____ Finished Floor 1 above the road River _____ In Floodway _____
☒ Recorded Deed or ☐ Property Appraiser PO ☐ Site Plan ☒ EH # 19-0546 ☐ 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 for 2 homes ☐ Out County ☐ In County ☒ Sub VF Form

Property ID # 13-75-16-04202-005 Subdivision NA Lot# -

- New Mobile Home ☒ Used Mobile Home _____ MH Size 14X72 Year 2020
- Applicant PAUL BARNEY Phone # 386-209-0906
- Address 466 SW DEP. S. DAVIS LN, LAKE CITY, FL 32024
- Name of Property Owner WEST, MARSHALL Lattellia Phone# 386-454-4722
- 911 Address 371 SW BELLOWS WAY, FORT WHITE, FL 32038
- Circle the correct power company - FL Power & Light - Clay Electric
 (Circle One) - Suwannee Valley Electric - Duke Energy
- Name of Owner of Mobile Home WEST Phone # 386-454-4722
 Address 371 S.W. BELLOWS WAY, FT. WHITE, FL. 32038
- Relationship to Property Owner SELF
- Current Number of Dwellings on Property 1
- Lot Size 210' X 105' Total Acreage 0.5
- 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 SR 47 TO FT. WHITE T/L ON US-27 GO APPROX 3 MILES TO SW. BELLOWS WAY, T/R FOLLOW TO END & SITE AT END ON RIGHT.
- Name of Licensed Dealer/Installer PAUL E ALBRIGHT ✓ Phone # 386-365-5314
- Installers Address 199 S.W. THOMAS TERR, LAKE CITY, FL 32024
- License Number 1H 102 5239 Installation Decal # 61014

UH-Emailed Paul 8-7-19
 #325.W

250-50-25

Legend

Parcels

2018 Aerials

Addresses

2018 Flood Zones

0.2 PCT ANNUAL CHANCE

A

AE

AH

Lidar Elevations



Roads

Roads

others

Dirt

Interstate

Columbia County, FLA - Building & Zoning Property Map

Printed: Wed Aug 07 2019 12:06:25 GMT-0400 (Eastern Daylight Time)



Parcel Information

Parcel No: 13-7S-16-04202-005

Owner: WEST MARSHALL G & LATTELLIA

Subdivision:

Lot:

Acres: 0.5138591

Deed Acres:

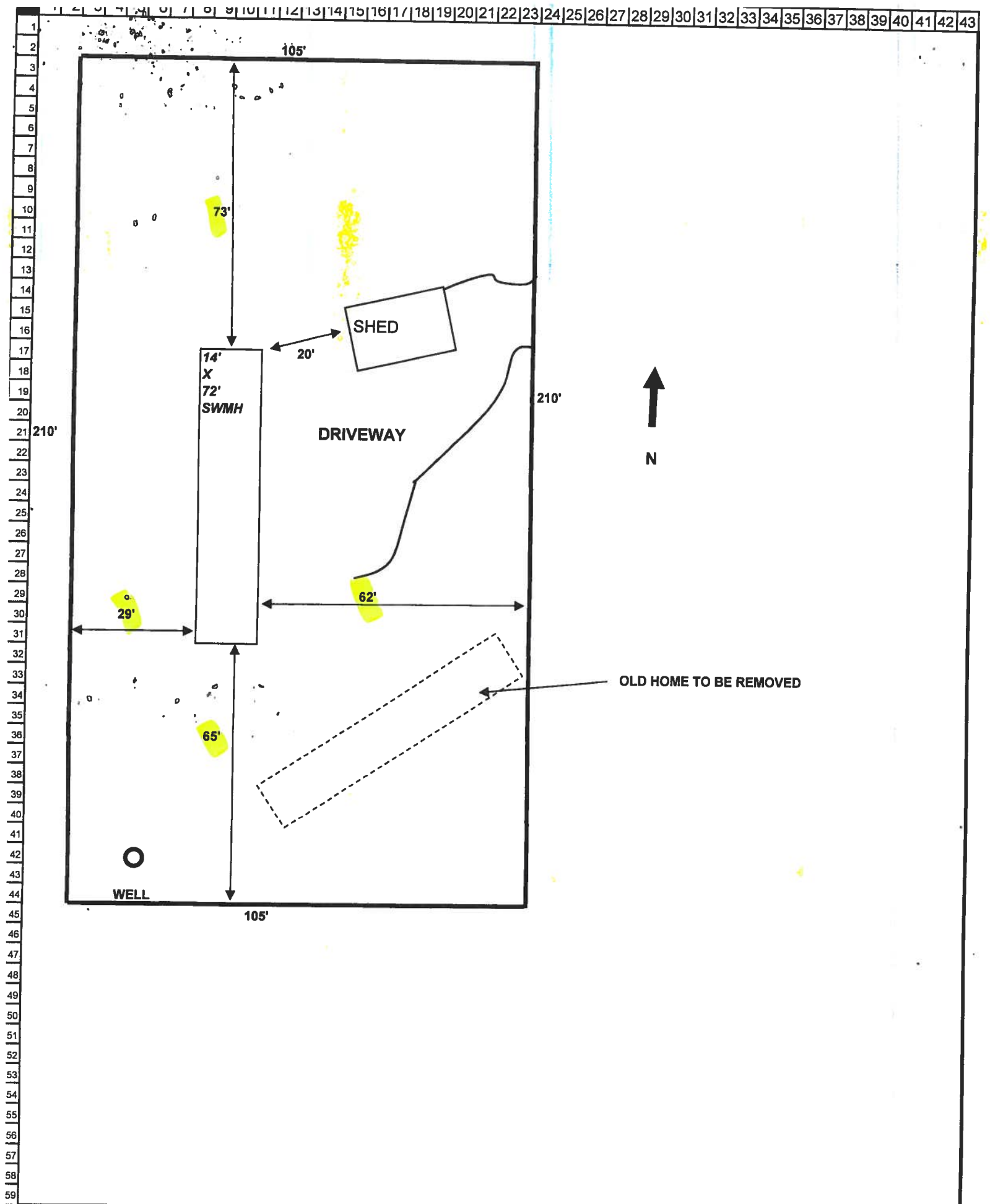
District: District 2 Rocky Ford

Future Land Uses: Agriculture - 3

Flood Zones:

Official Zoning Atlas: A-3

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.



PERMIT NUMBER

PERMIT WORKSHEET

Installer Paul E. Albright License # EA1625339

Address of home being installed 371 SW Bellows Way Fort Lauderdale, FL

Manufacturer Line One Length x width 124 x 72/76

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.

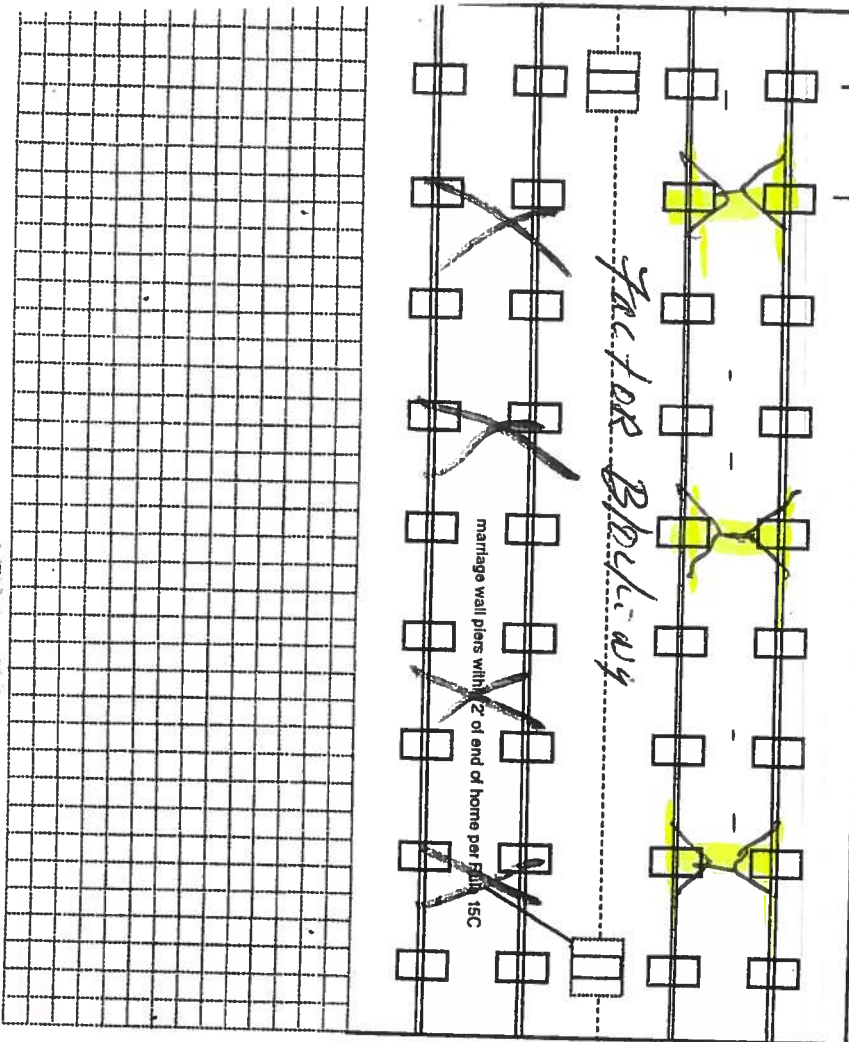
Installer's initials PEA

Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)

Typical pier spacing

lateral longitudinal

marriage wall piers within 2' of end of home per Rule 15C



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 # 61014

Triple/Quad ☐ Serial # LOHGA 21934624

Roof System: ☒ Typical ☐ Hinged

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (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'	9'	10'
2000 psf	6'	8'	9'	10'	11'	12'
2500 psf	7' 6"	9'	10'	11'	12'	13'
3000 psf	8'	9'	10'	11'	12'	13'
3500 psf	8'	9'	10'	11'	12'	13'

* interpolated from Rule 15C-1 pier spacing table.

PIER PAD SIZES-

I-beam pier pad size

Perimeter pier pad size

Other pier pad sizes (required by the mfg.)

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

TIEDOWN COMPONENTS

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

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

FRAME TIES

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

OTHER TIES

Sidewall
Longitudinal Marriage wall
Shearwall
Number
16
5

POCKET PENETROMETER TEST

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

x 1500 x 1500 x 1500

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 1500 x 1500 x 1500

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 require anchors with 4000 lb holding capacity.

PELL Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Date Tested

Todd C. Anthony

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. 118

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 108

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 108

Site Preparation

Debris and organic material removed ✓
Water drainage: Natural ✓ Swale _____ Pad ✓ Other _____

Fastening multi wide units

Floor: Type Fastener: 11B Length: 11B Spacing: 11B
Walls: Type Fastener: 11B Length: 11B Spacing: 11B
Roof: Type Fastener: 11B Length: 11B Spacing: 11B
For used homes a min. 60 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 11B

Type gasket Pg. 11B

Installed: Between Floors Yes 11B
Between Walls Yes 11B
Bottom of ridgebeam Yes 11B

Weatherproofing

The bottomboard will be repaired and/or taped. Yes ✓ Pg. 118
Siding on units is installed to manufacturer's specifications. Yes 11B
Fireplace chimney installed so as not to allow intrusion of rain water. Yes 11B

Miscellaneous

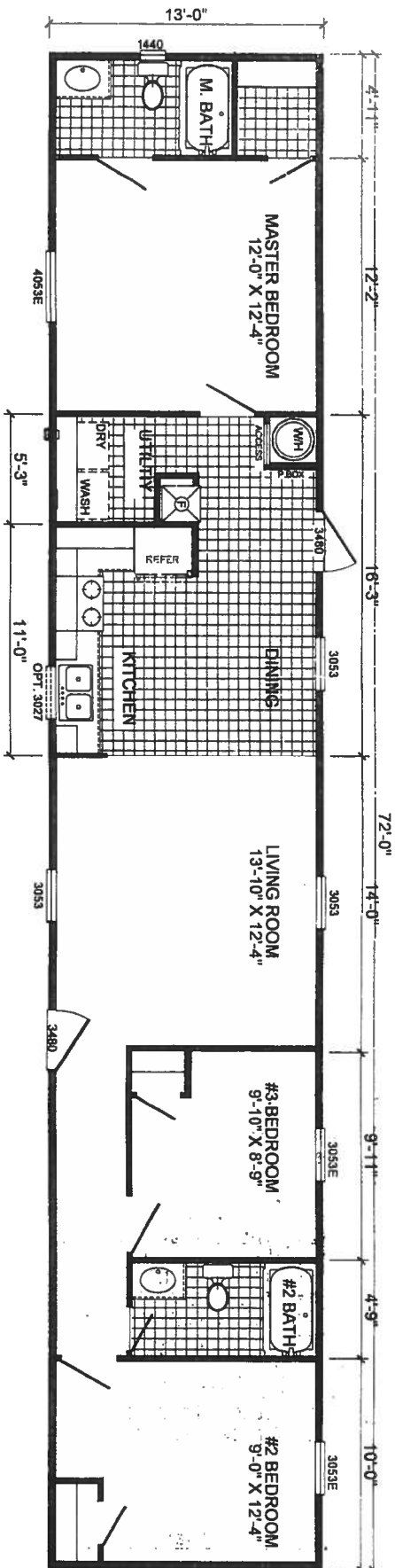
Skirting to be installed. Yes NO No ✓
Dryer vent installed outside of skirting. Yes N/A No ✓
Range downflow vent installed outside of skirting. Yes N/A No ✓
Drain lines supported at 4 foot intervals. Yes ✓ No ✓
Electrical crossovers protected. Yes 11B No ✓
Other: _____

Installer verifies all information given with this permit worksheet is accurate and true based on the _____

Installer Signature Todd C. Anthony Date _____

OPTIONAL DORMER

A black and white line drawing of a building facade. The central part features a door with a small window and a handle, flanked by two larger windows. The building is surrounded by a brick wall on the left and a patterned wall on the right.



* All room dimensions include closets and square footage figures are approximate.

License Number: IH / 1025239 / 1 Name: PAUL E. ALBRIGHT

Order #: 3849

Label #: 61014

Manufacturer:

Live Oak

(Check Size of Home)

Homeowner:

West

Year Model:

7

Single ☒

Address:

3715 W Bellows Way

Length & Width:

14-72X76

Double ☐

City/State/Zip:

Fort Worth

Type Longitudinal System:

6

Triple ☐

HUD Label #:

Phone #:

Type Lateral Arm System:

Soil Bearing / PSF:

1500

Date Installed:

New Home: ☒ Used Home: ☐

Torque Probe / in-lbs:

285

Installed Wind Zone:

2

Data Plate Wind Zone:

2

Permit #:

Note:

STATE OF FLORIDA
INSTALLATION CERTIFICATION LABEL

61014

LABEL #
PAUL E. ALBRIGHT

DATE OF INSTALLATION

NAME

IH / 1025239 / 1

3849

LICENSE #

ORDER #

CERTIFIES THAT THE INSTALLATION OF THIS MOBILE HOME IS
IN ACCORDANCE WITH FLORIDA STATUTES 320.8249, 320.8325
AND RULES OF THE HIGHWAY SAFETY AND MOTOR VEHICLES.

INSTRUCTIONS

PLEASE WRITE DATE OF
INSTALLATION AND AFFIX
LABEL NEXT TO HUD LABEL.
USE PERMANENT INK PEN
OR MARKER ONLY.
COMPLETE INFORMATION
ABOVE AND KEEP ON FILE
FOR A MINIMUM OF 2 YEARS.
YOU ARE REQUIRED TO
PROVIDE COPIES WHEN
REQUESTED.

Inst 200912006818 Date 4/24/2009 Time 1:46 PM
Doc Stamp-Deed 70 00
44 DC, P DeWitt Cason, Columbia County Page 1 of 2 B:1171 P:2375

QUIT-CLAIM DEED

QUIT-CLAIM DEED made this 3 day of April 2009, by

ROBERT REHBERG, a single person

whose address is 505 Helvenston Street, Live Oak, Florida 32064, hereinafter Grantor and

MARSHALL G. WEST and LATTELLIA L. WEST, his wife

whose address is 156 SW Nantuckett Place, Ft. White, Florida 32038, hereinafter Grantee

Note: As used herein the terms, "Grantor" and "Grantee" shall be singular or plural, masculine or feminine as the context requires.

WITNESSETH, That grantor, for and in consideration of the sum of \$1.00 and other good and valuable considerations, receipt whereof is hereby acknowledged, does hereby remise, release and quit-claims unto grantee forever, all the right, title, interest, claim and demand which the said grantor has in and to the following described lot, piece or parcel of land situate, lying and being in Columbia County, Florida.

For a Point of Reference commence at the Southwest corner of the SE 1/4 of the NW 1/4 of Section 13, Township 7 South, Range 16 East, Columbia County, Florida; thence run N 00°36'51" W, a distance of 30.00 feet, to the Northerly right-of-way line of a county maintained road; thence run N 88°24'30" E, along said right-of-way line, a distance of 260.00 feet, to the Easterly right-of-way line of a 50.00 foot road; thence run N 00°36'51" W, along said Easterly right-of-way line, a distance of 840.00 feet, to the **POINT OF BEGINNING**; thence continue N 00°36'51" W, along said Easterly right-of-way line, a distance of 210.00 feet; thence run N 88°24'30" E, a distance of 210.00 feet; thence run S 00°36'51" E, a distance of 210.00 feet; thence run S 88°24'30" W, a distance of 210.00 feet to the **POINT OF BEGINNING**.

LESS AND EXCEPT: That parcel being more particularly described in instrument recorded in Official Records Book 573 page 532 of the public records of Columbia County, Florida.

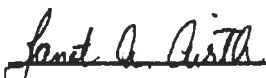
PAC 13 – 7S – 16 – 04202 – 005

DESCRIPTION FURNISHED BY GRANTEE, NO TITLE OPINION GIVEN.

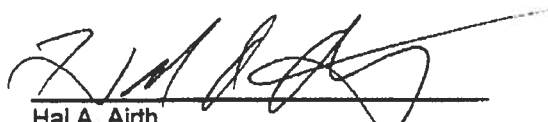
TO HAVE AND TO HOLD the same together with all and singular the appurtenances thereunto belonging or in anywise appertaining, and all the estate, right, title, interest, lien, equity and claim

whatsoever of the grantor, either in law or equity, to the only proper use, benefit and behoof of the grantee forever.

IN WITNESS WHEREOF, the said grantor has signed and sealed these presents the day and year first above written.


Janet A. Airth


ROBERT REHBERG
FL DL


Hal A. Airth

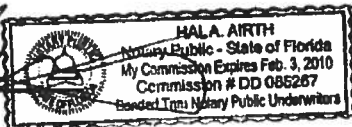
**STATE OF FLORIDA
COUNTY OF SUWANNEE**

THE FOREGOING INSTRUMENT was acknowledged before me this 3 day of April 2009,
by

ROBERT REHBERG, a single person

who is personally known to me or who X produced the identification shown above, and who took an oath.


Hal A. Airth, Notary Public



My Commission Expires:

Prepared by:
HAL A. AIRTH
Attorney at Law
P.O. Box 448
Live Oak, Florida 32064

03/13/2001 14:02 9047522248

AMY CHAPMAN

PAGE 03

QUIT-CLAIM DEED

RANGE FORM 8

5.00
5.00
10.00

513-5322

Legal lot
of Record

This Quit-Claim Deed, Executed this 19th day of September

A. D. 1985

ROBERT REBERG and PAISY REBERG, husband and wife

(first party, is

BILLY J. RILEY and THELMA L. RILEY, husband and wife

whose postoffice address is P.O. Box 225, High Springs, Florida 32643

second party:

(Wherever used herein the terms "first party" and "second party" shall include their and their heirs, assigns, representatives, and assigns of individuals, and the successors and assigns of corporations, wherever the context so admits or requires.)

Witnesseth, That the said first party, for and in consideration of the sum of \$ Ten Dollars in hand paid by the said second party, the receipt whereof is hereby acknowledged, does hereby remise, release and quit-claim unto the said second party forever, all the right, title, interest, claim and demand which the said first party has in and to the following described lot, piece or parcel of land, situate, lying and being in the County of Columbia State of Florida

The West Half (W 1/2) of the following described parcel of land:

Parcel #6:

Commence at the Southwest corner of the SE 1/4 of the NW 1/4, Section 13, Township 7 South, Range 16 East, and run N 00°36'51" West, 30.00 feet, to the Northerly right of way line of a county maintained road, and run thence N 88°24'30" East, along said Northerly right of way line, 250.00 feet, to the Easterly right of way line of a 50.00 foot road, and run thence N 00°36'51" West, along said Easterly right of way line, 840.00 feet, to the Point of Beginning, thence continue N 00°36'51" West, along said Easterly right of way line, 210.00 feet, thence N 88°24'30" East, 210.00 feet, thence S 00°36'51" East, 210.00 feet, thence S 88°24'30" West, 210.00 feet, to said Easterly right of way line and to the Point of Beginning.

Subject To: taxes for the year 1985 and all subsequent years; conditions, restrictions, reservations and easements of record, if any, and all applicable zoning ordinances

THIS DEED WAS PREPARED FROM LEGAL FURNISHED BY GRANTOR, WITHOUT DETERMINATION OF TITLE.

DOCUMENTARY STAMP \$5.00
INTANGIBLE TAX
MARY D. GIBBS, CLERK OF
COURTS, COLUMBIA COUNTY

To Have and to Hold

unto the said second party, with all and singular the appurtenances thereto belonging or in anywise appertaining, and all the estate, right, title, interest, claim and demand whatsoever of the said first party, either in law or equity, to the only proper use, benefit and behoof of the said second party forever.

In Witness Whereof, The said first party has signed and sealed this present day and year first above written.

Signed, sealed and delivered in presence of:

Billy J. Riley
Thelma L. Riley

Robert Reberg
Paisy Reberg

STATE OF FLORIDA,
COUNTY OF NACOA

I HEREBY CERTIFY that on this day before me,

officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, I have seen the said first party, ROBERT REBERG and PAISY REBERG, husband and wife, to me known to be the persons described in and who executed the foregoing instrument, and that they executed the same.

WITNESS my hand and official seal in the County and State aforesaid, this 19th day of September, A. D. 1985.

[Signature]
Notary Public

This instrument was prepared by *[Signature]*

Add

13-1-16

#1,001.00

— Gen. Del.
High Springs Fla.

1AC

4.00
3.00
1.00
4.10

WARRANTY DEED
DEEDS BOOK 11, PAGE 1

This Warranty Deed Made the 15th day of May A. D. 1975 by

EDWIN P. DUBOSE and MARGUERITE DUBOSE, his wife
hereinafter called the grantor, to

ROBERT KENNERG and PATSY KENNERG, his wife

whose postoffice address is
hereinafter called the grantee:

Witnesseth: That the grantor, for and in consideration of the sum of \$10.00 and other valuable considerations, receipt whereof is hereby acknowledged, hereby grants, bargains, sells, conveys, releases, conveys and confirms unto the grantee, all that certain land situate in Columbia County, Florida, viz:

PARCEL 6: Commence at the Southwest corner of the SE 1/4 of the NW 1/4, Section 13, Township 7 South, Range 16 East, and run N 0°36'51"W, 30.00 feet, to the Northerly right-of-way line of a county maintained road, and run thence N 88°24'30"E, along said Northerly right-of-way line, 240.00 feet, to the Easterly right-of-way line of a 50.00 foot road, and run thence N 0°36'51"W, along said Easterly right-of-way line, 840.00 feet, to the Point of Beginning, thence continue N 0°36'51"W, along said Easterly right-of-way line, 210.00 feet, thence N 88°24'30"E, 210.00 feet, thence S 0°36'51"E, 210.00 feet, thence S 88°24'30"W, 210.00 feet, to said Easterly right-of-way line and to the Point of Beginning. Containing 1 acre, more or less.

357 1/2 240

OFFICIAL RECORDS

Together with all the incumbrances, hereditaments and appurtenances thereto belonging or in anywise appertaining.

To Have and to Hold, the same in fee simple forever.

And the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances, except taxes, covenants, and assessments to December 31, 1974.

STATE OF FLORIDA
DOCUMENTARY TAX
\$0.00

In Witness Whereof, the said grantor has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in our presence:

EDWIN P. DUBOSE
MARGUERITE DUBOSE

STATE OF Florida
COUNTY OF Columbia

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared

EDWIN P. DUBOSE and MARGUERITE DUBOSE,
his wife

to me known to be the persons described in and who executed the foregoing instrument, and they acknowledged before me that they executed the same.

Notary Public, State of Florida at Large
My Commission Expires July 15, 1978

010270
DEPT. OF REVENUE
FLORIDA
01-11

THIS INSTRUMENT WAS PREPARED BY: ARLINE C. CHAPMAN, ATTORNEY AT LAW, 2000 N. W. 10TH AVE., MIAMI, FLORIDA 33136



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, Paul E Albright, give this authority for the job address show below
Installer License Holder Name

only, 239 SE Bikini DR Lake City FL, 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)
PAUL BARNEY	Paul A Barney	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
LINDA PENHALGON	Linda Penhalgon	<input checked="" 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.

Paul E Albright
License Holders Signature (Notarized)

1025239
License Number

12-5-17
Date

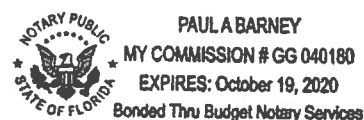
NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: SUWANNEE

The above license holder, whose name is PAUL E ALBRIGHT, personally appeared before me and is (known by me) or has produced identification (type of I.D.) _____ on this 5th day of DECEMBER, 20 17.

Paul A Barney
NOTARY'S SIGNATURE

(Seal/Stamp)



MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1908-02 CONTRACTOR Paul Albright 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 1074	Print Name <u>WATKINSON ELECTRIC</u> License #: <u>EC13002957</u> Qualifier Form Attached <input type="checkbox"/>	Signature <u>[Signature]</u> Phone #: <u>386 972 1700</u>
MECHANICAL/ A/C 1669	Print Name <u>STYLECREST</u> License #: <u>CAE1817658</u> Qualifier Form Attached <input type="checkbox"/>	Signature <u>[Signature]</u> Phone #: <u>850-769-1453</u>

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



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

PERMIT NO. 19-0546
DATE PAID: 7/18/19
FEE PAID: 100.00
RECEIPT #: 1424502

APPLICATION FOR:

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

APPLICANT: Kattellia West

AGENT: Robert W Ford JR NFST INC.

386
TELEPHONE: 755-6372

MAILING ADDRESS: 741 SE STATE Rd 100 LC FLA 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

LOT: BLOCK: SUBDIVISION: PLATTED:

PROPERTY ID #: 13-7S-16-04202-005 ZONING: I/M OR EQUIVALENT: ☐ Y ☐ N

PROPERTY SIZE: 0.5 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ Y ☐ N DISTANCE TO SEWER: 2 FT

PROPERTY ADDRESS: 371 SW Bellows Way Ft. White FL

DIRECTIONS TO PROPERTY: 47 South to Ft. White t/L on Hwy 27
Follow to Bellows Way t/R At Tee follow to (R)

BUILDING INFORMATION

Unit No	Type of Establishment	<input type="checkbox"/> RESIDENTIAL		Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
		No. of Bedrooms	Building Area Sqft	
1	<u>M/H</u>	<u>3</u>	<u>936</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify)

SIGNATURE: Robert W Ford JR

DATE: 7-17-19

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 CONSTRUCTION PERMIT

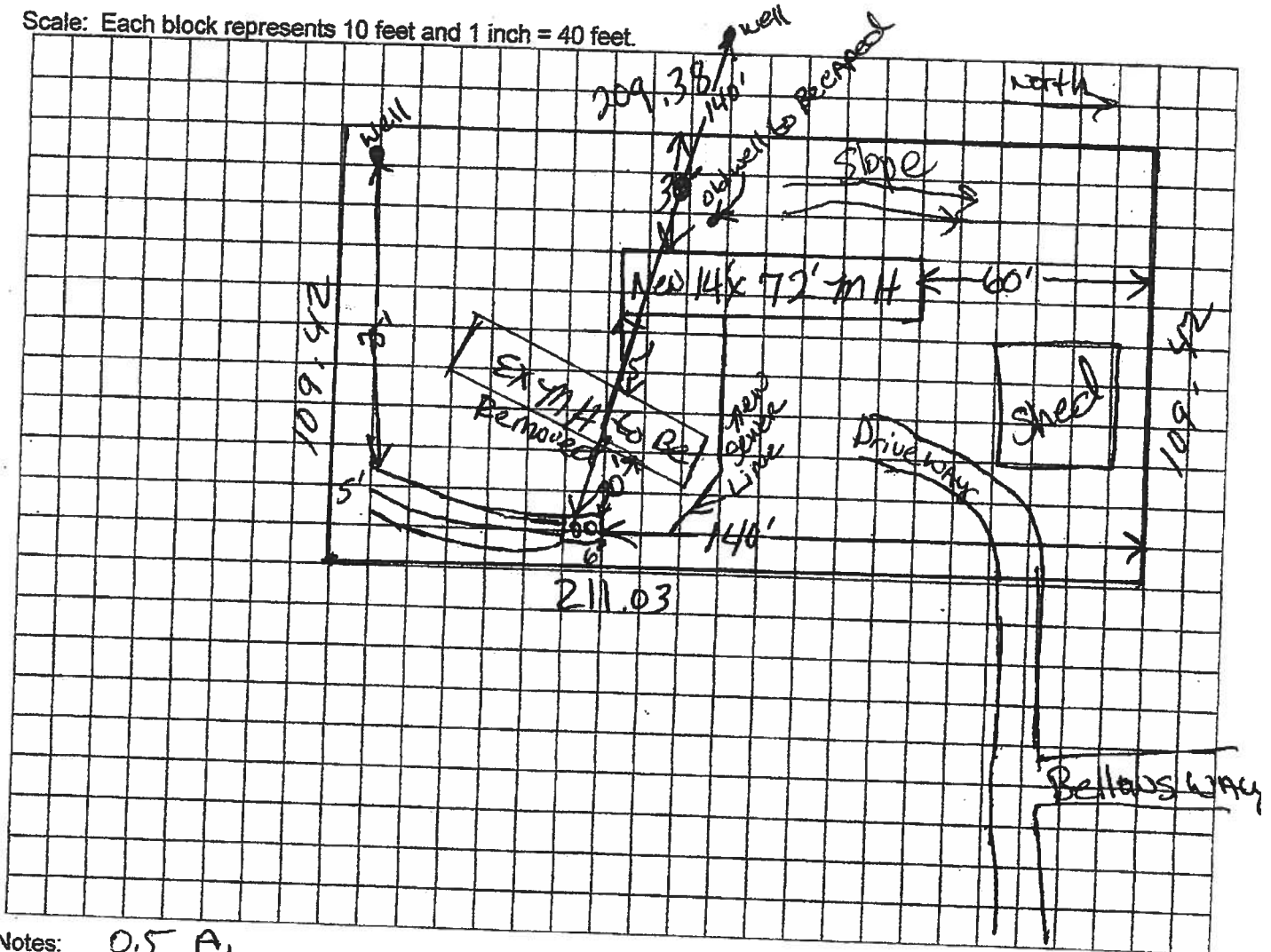
Permit Application Number

19-0546

PART II - SITEPLAN

West

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



Notes: 0.5 A.

Site Plan submitted by: Robert W. Ford Jr. Date: 7-17-19

Plan Approved

Not Approved

By

Date: 7/25/19

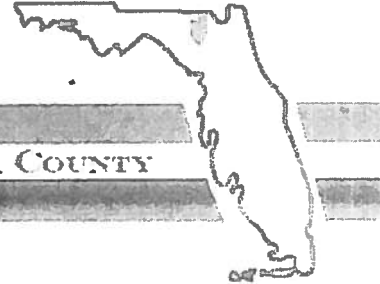
County Health Department

Columbia CHD

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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

District No. 1 - Ronald Williams
District No. 2 - Rocky Ford
District No. 3 - Bucky Nash
District No. 4 - Toby Witt
District No. 5 - Tim Murphy



BOARD OF COUNTY COMMISSIONERS • COLUMBIA COUNTY

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: **8/7/2019 3:43:37 PM**
Address: **371 SW BELLOWS Way**
City: **FORT WHITE**
State: **FL**
Zip Code **32038**

Parcel ID **04202-005**

REMARKS: Address Verification.

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: **Signed:/ Matt Crews**

Columbia County GIS/911 Addressing Coordinator

COLUMBIA COUNTY
911 ADDRESSING / GIS DEPARTMENT

263 NW Lake City Ave., Lake City, FL 32055 Telephone: (386) 753-1125
Email: gis@columbiacountyfla.com



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ON-SITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
CONSTRUCTION PERMIT

PERMIT NO. 190546
DATE PAID: 7/18/99
FEE PAID: 16200
RECEIPT #: 172952

CONSTRUCTION PERMIT FOR:

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

APPLICANT: Shakti Uia West

APPLICANT: Hattellia West

PROPERTY ADDRESS: 371 SW Bellows Way Ft. White FL.

LOT: _____ BLOCK: _____ SUBDIVISION: _____

PROPERTY ID #: 13-78-16-04202-005

[SECTION, TOWNSHIP, RANGE, ~~PAGE~~ 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/AEROBIC UNIT~~ CAPACITY
 A [] GALLONS / GPD CAPACITY
 N [] GALLONS GREASE INTERCEPTOR CAPACITY
 K [] GALLONS DOSING TANK CAPACITY [] GALLONS @ [] DOSES PER 24 HRS # PUMPS []

D [33.3] SQUARE FEET PRIMARY DRAINFIELD SYSTEM
 R [] SQUARE FEET SYSTEM

A TYPE SYSTEM: ☒ STANDARD [] FILLED [] MOUND []
 I CONFIGURATION: ☒ TRENCH [] BED []

F LOCATION OF BENCHMARK:
 I ELEVATION OF PROPOSED SYSTEM SITE [] [INCHES/FT] [ABOVE/BELOW] BENCHMARK/REFERENCE POINT
 E BOTTOM OF DRAINFIELD TO BE [] [INCHES/FT] [ABOVE/BELOW] BENCHMARK/REFERENCE POINT
 L
 D FILL REQUIRED: [] INCHES EXCAVATION REQUIRED: [] INCHES

OF _____
H _____
E _____
R _____

SPECIFICATIONS BY: Robert W. Ford TITLE: MASTER

APPROVED BY: _____ TITLE: _____

DATE ISSUED: _____

CHD

DATE ISSUED: _____ CHD

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

EXPIRATION DATE: _____

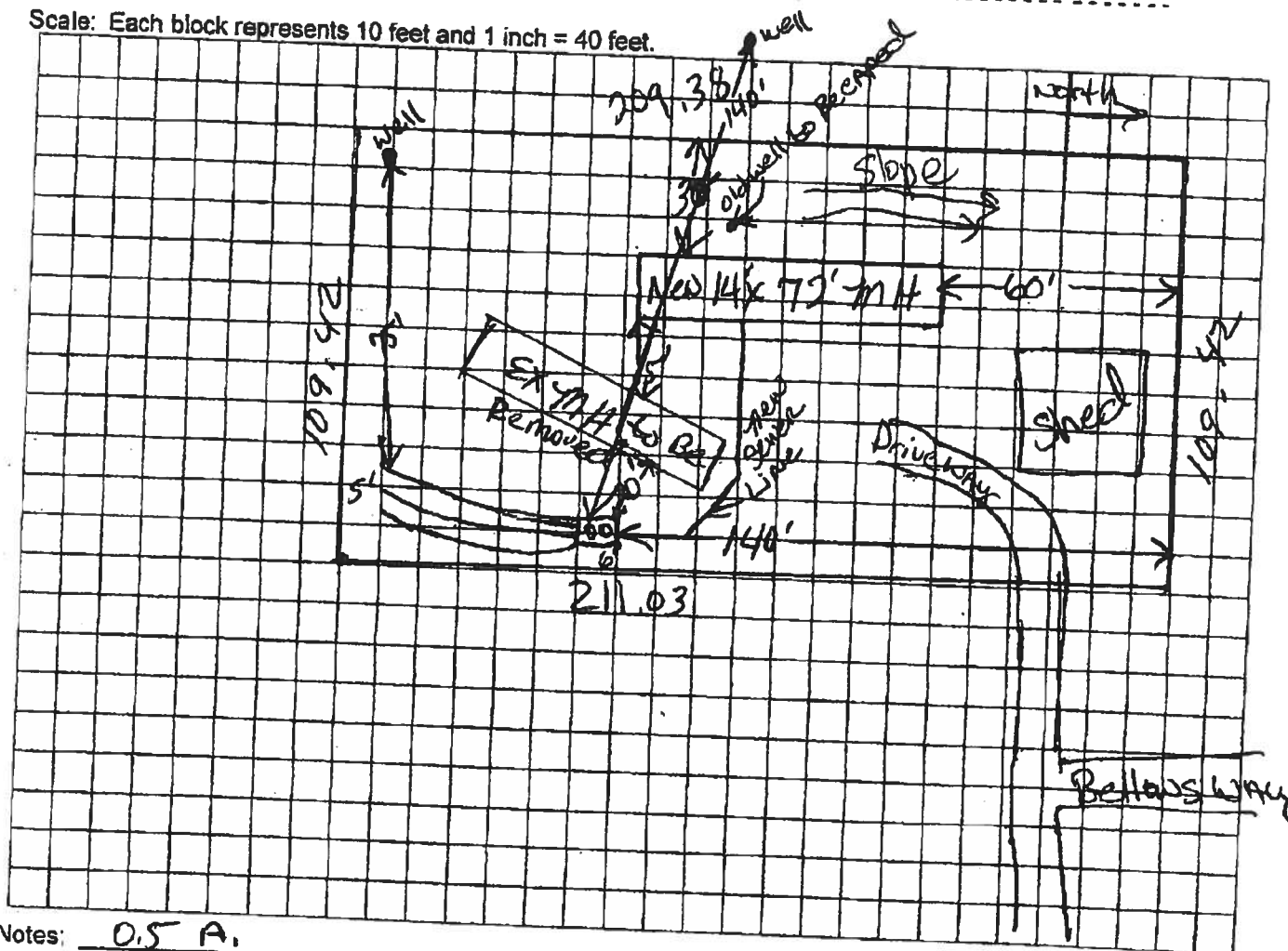
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 19-0546

PART II - SITEPLAN

West

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



Notes: 0.5 A.

Site Plan submitted by: Robert W. Ford, Jr. Date: 7-17-19

Plan Approved [Signature]

Not Approved

Date 7/25/19

County Health Department

Columbia CHD

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

3867582187

13:08:59 08-07-2019 1/3

Existing Columbia



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

PERMIT NO. 19-0546
DATE PAID: 7/18/19
FEE PAID: 600.00
RECEIPT #: 1424502

APPLICATION FOR:

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

APPLICANT: Kattellia WestAGENT: Robert W Ford Jr NFST INC.MAILING ADDRESS: 741 SE STATE Rd 100 LC FIA 32025386
TELEPHONE: 755-6372

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 #: 13-78-16-04002-005 ZONING: I/M OR EQUIVALENT: ☐ Y ☒ N

PROPERTY SIZE: 0.5 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ Y ☒ N DISTANCE TO SEWER: 4 FT

PROPERTY ADDRESS: 371 SW Bellows Way Ft. White FL.

DIRECTIONS TO PROPERTY: 47 South to Ft. White t/L on Hwy 27
Follow to Bellows Way t/R At Tee follow to (R)

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

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