

Serial #

6247036

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only

(Revised 7-1-15)

Zoning Official

Building Official

AP# 44724

Date Received 3/12

By MG

Permit #

39567

Flood Zone X

Development Permit

Zoning A-3

Land Use Plan Map Category

A9

Comments

Replacing existing m/h

FEMA Map#

Elevation

Finished Floor

River

In Floodway

Recorded Deed or

Property Appraiser PO

Site Plan

EH # 20-0208

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 # 26-4S-15-00401-026

Subdivision

Langtree

Lot# 26

New Mobile Home X Used Mobile Home MH Size 32 X 76 Year 2020

Applicant Robert Minnella Phone # 352-472-6010

Address 2574 35w 20<sup>PL</sup> Newberry, FL 32669

Name of Property Owner Clemons, Amber & William Phone# 386-365-1648

911 Address 301 SW Paradise Glen, 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 Clemons, Amber & Wm Phone # 386-365-1648

Address

Relationship to Property Owner Same

Current Number of Dwellings on Property 1

Lot Size 370 X 672 Total Acreage 5.82

Do you : Have Existing Drive or Private Drive or need Culvert Permit or Culvert Waiver (Circle one)  
(Currently using) (Blue Road Sign) (Pulling 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 475 to C-242 (R) Go 8.4 miles to Cypresslake Rd (L) Go 3/4 mile to Paradise Glen (R) & Stay straight to end to home on far right.

Name of Licensed Dealer/Installer Ernest S Johnson Phone # 352-494-8099

Installers Address 22204 SE US Hwy 301 Hawthorne, FL 32640

License Number IH 1025249 Installation Decal # 68943

LH- Emailed Payment invoice 4/7/20

# COLUMBIA COUNTY PERMIT WORKSHEET

page 1 of 2

These worksheets must be completed and signed by the installer.  
Submit the originals with the packet.

Installer Ernest S. Johnson License # IH-1025249

911 Address where home is being installed 381 SWParadise Gln.  
Lake City, FL 32024

Manufacturer Live Oak (P3764J) Length x width 32' x 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 ESJ



All Ibeam Blocking to be 23" x 31"

All marriage line pads = 17.5 x 25.5"  
See Pier Load Diagram

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

(6) Oliver 1101V Systems

All perimeter piers are replaced by Oliver 1055-11. Includes doors, windows (w/App.) and shearwalls. Please see Literature

New Home ☒ Used Home ☐

Home installed to the Manufacturer's Installation Manual ☒

Home's installed in accordance with Rule 15C ☐

Single wide ☐ W r d Z ne ll ☒ W r d Z ne ll ☐

Double wide ☒ Insta ation Decal # 68943

T ip eQuad ☐ Serial # ordered 11819288 AD

## 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'	5'	6'	7'	8'	9'
2000 psf	5'	6'	7'	8'	9'	10'
2500 psf	6'	7'	8'	9'	10'	11'
3000 psf	7'	8'	9'	10'	11'	12'
3500 psf	8'	9'	10'	11'	12'	13'

interpolated from Rule 15C-1 pier spacing table

## PIER PAD SIZES

I-beam pier pad size 23" x 31"

Perimeter pier pad size Oliver 1055-11

Other pier pad sizes (required by the mfg.) n/a

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

Please see Pier Load Diagram

## 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 Oliver Technologies

## OTHER TIES

Number	Number
28	28
n/a	n/a
6	6
2	2

## COLUMBIA COUNTY PERMIT WORKSHEET

page 2 of 2

## 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

Assume

1000Lb.

X \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_

## TORQUE PROBE TEST

The results of the torque probe test is 276 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 centrefine the points where the torque test

Assume  
1000Lb. requires anchors with 4000 lb holding capacity  
EGY Installer's initials

## ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name \_\_\_\_\_

Date Tested \_\_\_\_\_

## 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 45-47

## Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 42

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

## Site Preparation

Debris and organic material removed Yes \_\_\_\_\_  
Water drainage Natural X Swale \_\_\_\_\_ Pad X Other \_\_\_\_\_

## Fastening multi wide units

Floor	Type Fastener	Lag	Length	5"	Spacing	2'
Walls	Type Fastener	Lag <td>Length <td>5" <td>Spacing <td>2'</td> </td></td></td>	Length <td>5" <td>Spacing <td>2'</td> </td></td>	5" <td>Spacing <td>2'</td> </td>	Spacing <td>2'</td>	2'
Roof	Type Fastener	Lag <td>Length <td>5" <td>Spacing <td>2'</td> </td></td></td>	Length <td>5" <td>Spacing <td>2'</td> </td></td>	5" <td>Spacing <td>2'</td> </td>	Spacing <td>2'</td>	2'

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

EGYType gasket Factory FoamPg 2.1

Installed:  
Between Floors Yes X  
Between Walls Yes X  
Bottom of ridgebeam Yes X

## Weatherproofing

The bottomboard will be repaired and/or taped. Yes X Pg 41  
Siding on units is installed to manufacturer's specifications. Yes X  
Fireplace chimney installed so as not to allow intrusion of rain water. Yes X

## Miscellaneous

Skirting to be installed. Yes X NO  
Dryer vent installed outside of skirting. Yes X N/A  
Range downflow vent installed outside of skirting. Yes X N/A  
Drain lines supported at 4 foot intervals. Yes X  
Electrical crossovers protected. Yes X  
Other \_\_\_\_\_

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

Installer Signature

Scott E. JumperDate 3-12-2020







State of Florida  
**DEPARTMENT OF  
HIGHWAY SAFETY AND MOTOR VEHICLES**  
TALLAHASSEE, FLORIDA 32399-0500

FRED A. DICKINSON, III  
Executive Director

October 27, 1999

Mr. Lon Larson, General Manager  
Manufactured Housing Foundation Systems  
A Division of Oliver Technologies  
562 Glenhether Drive  
San Marcos, California 92069

Dear Mr. Larson:

We wish to acknowledge receipt of your print specifications and test results certifying your Adjustable Outrigger listed below complies with the Federal Manufactured Construction and Safety Standards, § 3280.305 and § 3280.401 and with the rules and regulations set forth by the Department of Highway Safety and Motor Vehicles, Florida Administrative Rule Code 15C-1.01105.

Based on the information submitted to the bureau, the following product is listed for use in Florida when the installation instructions showing the way the outrigger was tested, are provided.

MODEL #	IDENTIFICATION	DESCRIPTION
1055-11	Adjustable Outrigger	Bracket, Pipe, & Screw Adjustment

NOTE: The outrigger was tested on September 19, 1999, for an allowable load of 1700 pounds.

If you have any questions, please advise at (850) 413-7600.

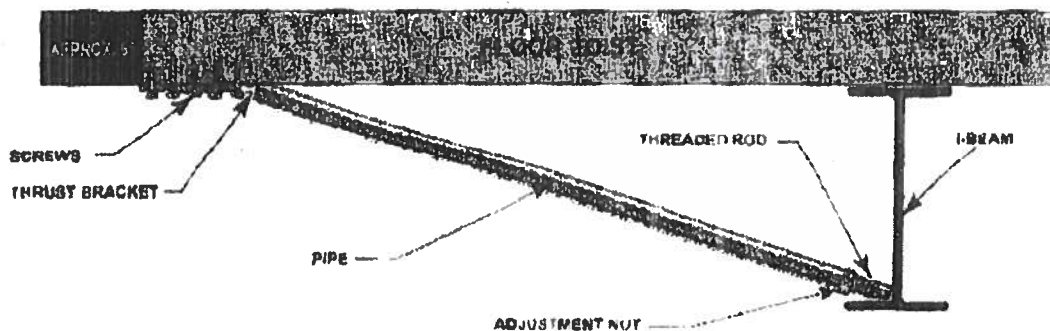
Sincerely,

Phil Bergelt, Program Manager  
Bureau of Mobile Home and  
Recreational Vehicle Construction  
Division of Motor Vehicles

PB:bsc

**OLIVER TECHNOLOGIES, INC.**  
**Adjustable Outrigger Installation Instructions**  
**MODEL # 1055-11**

1. Locate the floor joist that requires support.
2. Mark the I-Beam directly under the floor joist to align the outrigger.
3. Adjust the nut on the threaded rod so it clears the frame flange for easy adjustment.
4. Set the threaded rod in the pipe and against the frame.
5. Set the notched end of the thrust bracket into the end of the pipe and secure it with 5 # 12 x 2" screws to the floor joist. The thrust bracket should be approximately 8" from the outside rim joist.
6. Bottom board and insulation should be between the bracket and the joist.
7. For minor adjustments align the door and window openings by tightening or loosening the adjustment nut. For all other adjustments use a hydraulic jack to raise the floor joist before installation of the outrigger.

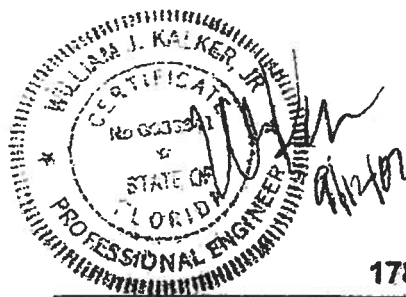


**NOTES:**

- \*REMOVE OUTRIGGER WHEN HOME IS BEING TRANSPORTED
- \*SPECIFY WIDTH OF HOME WHEN ORDERING OUTRIGGER. PIPE MAY BE CUT TO FIT
- \*THE ADJUSTABLE OUTRIGGERS SHALL ONLY BE USED ON HOMES FOR OPENINGS UP TO:  
 5' ON 20 LB ROOF LOAD  
 4' ON 30 LB ROOF LOAD  
 3' ON 40 LB ROOF LOAD
- \*WHEN ADJUSTABLE OUTRIGGERS ARE USED FOR DOOR AND WINDOW SUPPORTS, THEY MUST BE INSTALLED ON THE CLOSEST FLOOR JOIST UP TO 16" FROM THE OUTSIDE EDGE OF THE OPENING
- \*DO NOT INSTALL ADJUSTABLE OUTRIGGER AT LOCATIONS WHERE THE HOME MANUFACTURER INDICATES A LOAD IN EXCESS OF 1,730 LBS
- \*THE ADJUSTABLE OUTRIGGER MUST BE USED ON A MINIMUM 10" I-BEAM AND BE PLACED WITHIN 4" OF A MAIN FRAME SUPPORT PIER OR FRAME CROSSMEMBER

Listing # 1055-11  
 Patent # 6,334,279

Revised 1/1/11



APPROVED BY



LIVE OAK HOMES

### 178" WIDE FLOOR WITH 10" EAVE OVERHANG

STEEL BEAM PIER AND FOOTING LOADS (ROOF ZONE = SOUTH)							
		MIN FOOTING AREA (SQ. IN.) FOR SOIL PRESSURE LISTED					
PIER SPACING	PIER LOAD (LBS.)	1000 PSF	1500 PSF	2000 PSF	2500 PSF	3000 PSF	
4 FT.	2733	486	312	230	183	152	
5 FT.	3416	595	383	283	223	185	
6 FT.	4100	705	453	334	264	219	
7 FT.	4783	814	523	386	306	253	
8 FT.	5466	923	594	437	346	287	
9 FT.	6150	1033	664	489	387	321	
10 FT.	6833	1142	734	542	429	354	

### 178" WIDE FLOOR WITH 10" EAVE OVERHANG

SIDEWALL OPENING PIER LOADS AND FOOTING AREAS (ROOF ZONE = SOUTH)							
		MIN FOOTING AREA (SQ. IN.) FOR SOIL PRESSURE LISTED					
CLEAR SPAN	PIER LOAD (LBS.)	1000 PSF	1500 PSF	2000 PSF	2500 PSF	3000 PSF	
4 FT.	505	129	83	62	48	41	
6 FT.	758	169	110	81	64	53	
8 FT.	1010	210	135	99	79	66	
10 FT.	1263	251	161	119	94	78	
12 FT.	1515	291	187	138	110	91	
14 FT.	1768	332	213	157	124	103	
16 FT.	2020	372	239	176	140	115	
18 FT.	2273	412	265	195	155	128	
20 FT.	2525	453	291	214	170	141	
22 FT.	2778	493	317	234	185	154	
24 FT.	3030	534	343	253	200	166	
26 FT.	3283	574	369	272	215	178	
28 FT.	3535	614	395	291	231	191	
30 FT.	3788	655	421	310	245	203	
32 FT.	4040	695	447	329	261	216	
34 FT.	4293	735	473	349	277	228	
36 FT.	4545	776	499	368	291	242	
38 FT.	4796	816	524	387	307	254	
40 FT.	5050	856	551	406	321	266	

Note: Check with local building officials for footing thickness in your area.

NOTE: TABLES APPLY TO SOUTH (20 PSF) ROOF LIVE LOAD.



Terry L. Rhodes  
Executive Director

2000 Apalachee Parkway  
Tallahassee, Florida 32399-0500  
www.flhsmv.gov

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**MEMORANDUM**

**TO:** All Steel Telescoping Lateral Arm Manufacturers  
**FROM:** Wayne Jordan, Operations Services Manager, Manufactured Housing Section  
Florida Department of Highway Safety and Motor Vehicles *WJ*  
**DATE:** August 6, 2018  
**SUBJECT:** Elimination of Requirement for Supplemental Frame Ties and Stabilizer Plates at All Steel Telescoping Lateral Arm Locations

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The Department has reviewed some concerns expressed by several of the steel telescoping lateral arm manufacturers regarding the Department's requirement to install supplemental frame ties and stabilizer plates on the steel telescoping lateral arm systems.

In an abundance of caution, the Department required supplemental frame ties /stabilizer plates at each lateral arm location in June of 2002. After researching data from storm reports, the Department has found no evidence of the need for these supplemental frame ties/stabilizer plates. With this information in mind, the Department will discontinue the requirement for the supplemental frame ties/stabilizer plates at each lateral arm location.

Manufacturers who wish to change their installation instructions to remove this requirement, must resubmit their last engineering report showing the whole house test without the use of supplemental frame ties/stabilizer plates. Upon receipt and review of the engineering report, the Department will remove the requirement for supplemental frame ties/stabilizer plates. Each manufacturer will be notified within two weeks of receipt of the engineering report. These reports must be sent to my attention at 5701 East Hillsborough Ave, Suite 2228, Tampa, Florida 33610.

If the need arises in the future, the Department may impose additional requirements to the steel telescoping lateral arm systems with a change to Florida Administrative Code Rule 15C-1.





**OLIVER TECHNOLOGIES, INC.**  
**FLORIDA INSTALLATION INSTRUCTIONS FOR THE**  
**MODEL 1101 "V" SERIES ALL STEEL FOUNDATION SYSTEM**

**MODEL 1101 "V" (Steps 1-14)**  
**LONGITUDINAL ONLY: Follow Steps 1-9**  
**LATERAL ONLY: Follow Steps 1-3 and Steps 10-14**  
**FOR CONCRETE APPLICATIONS: Follow Steps 15-18**

ENGINEERS STAMP

ENGINEERS STAMP

1. **SPECIAL CIRCUMSTANCES:** If the following conditions occur - **STOP! Contact Oliver Technologies at 1-800-284-7437:**

- a) Pier height exceeds 48" c) Roof eaves exceed 16" e) Location is within 1500 feet of coast  
 b) length of home exceeds 76' d) Sidewall height exceed 96"

**INSTALLATION OF GROUND PAN**

2. Remove weeds and debris in an approximate two foot square to expose firm soil for each ground pan (C).  
 3. Place ground pan (C) directly below chassis I-beam. Press or drive pan firmly into soil until flush or below soil then install pier per manufacturer's instructions or per Florida Regs.

**SPECIAL NOTE:** The longitudinal "V" brace system may also serve as a pier under the home and should be loaded as any other pier. It is recommended that after leveling piers, and one-third inch (1/3") before home is lowered completely on to piers, complete steps 4 through 9 below then remove jacks.

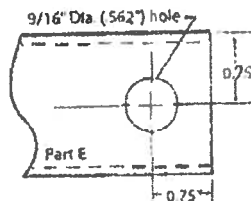
**INSTALLATION OF LONGITUDINAL "V" BRACE SYSTEM (Model 1101-L "V")**

**NOTE:** WHEN INSTALLING THE LONGITUDINAL SYSTEM ONLY, A MINIMUM OF 2 SYSTEMS PER FLOOR SECTION IS REQUIRED. SOIL TEST PROBE SHOULD BE USED TO DETERMINE CORRECT TYPE OF ANCHOR PER SOIL CLASSIFICATION. IF PROBE TEST READINGS ARE BETWEEN 175 & 275 A 5 FOOT ANCHOR MUST BE USED. IF PROBE TEST READINGS ARE BETWEEN 276 & 350 A 4 FOOT ANCHOR MAY BE USED. USE GROUND ANCHORS WITH DIAGONAL TIES AND STABILIZER PLATES EVERY 5'4". VERTICAL TIES ARE ALSO REQUIRED ON HOMES SUPPLIED WITH VERTICAL TIE CONNECTION POINTS (PER FLORIDA REG.).

4. Choose one of the approved longitudinal tube installations; either Diagram A or B. Then select the correct square tube (E) length from the diagram for appropriate pier height at support location or cut and drill 1.5" square tube to achieve appropriate length.

PIER HEIGHT (40° Min. - 45° Max.)	1.25" Tube Length	1.50" Tube Length
7 3/4" to 25"	22"	18"
24 3/4" to 32 1/4"	32"	18"
33" to 41"	44"	18"
40" to 48"	54"	18"

Diagram A



PIER HEIGHT (40° Min. - 60° Max.)	1.50" Tube Length
14" to 18"	20"
18" to 25"	28"
24" to 35"	39"
30" to 40"	44"
36" to 48"	54"

Diagram B

5. Install (2) of the 1.50" square tubes (E) into the "U" bracket (J), insert carriage bolt and leave nut loose for final adjustment.  
 6. Place I-beam connector (F) loosely on the bottom flange of the I-beam.  
 7. (For Diagram A installation) Slide the selected 1.25" tube (E) into a 1.50" tube (E) and attach to I-beam connectors (F) and fasten loosely with bolt and nut. (For Diagram B installation) Attach the selected 1.5" tubes (E) to the I-beam connectors (F) and fasten loosely with bolts and nuts.  
 8. Repeat steps 6 through 7 to create the "V" pattern of the square tubes loosely in place.  
 9. Using standard hand tools tighten all nuts and bolts. (For Diagram A installation only, secure 1.25" and 1.50" tubes using four (4) 1/4"-14 x 3/4" self-tapping screws in pre-drilled holes.)

**INSTALLATION OF LATERAL TELESCOPING TRANSVERSE ARM SYSTEM (Model 1101 T "V")**

THE MODEL 1101 "V" (LONGITUDINAL & LATERAL PROTECTION) ELIMINATES THE NEED FOR STABILIZER PLATES & FRAME TIES.

**NOTE:** THE USE OF THIS SYSTEM REQUIRES VERTICAL TIES SPACED AT 5'4".

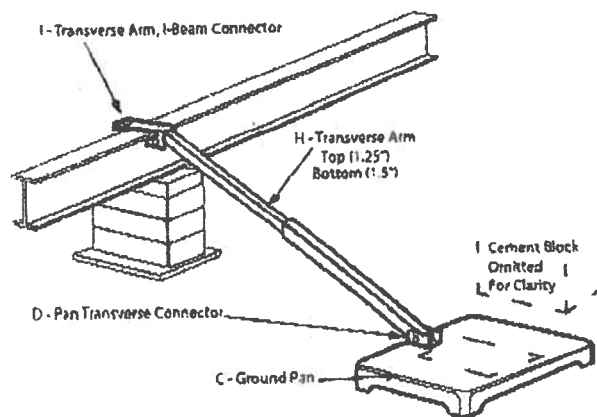
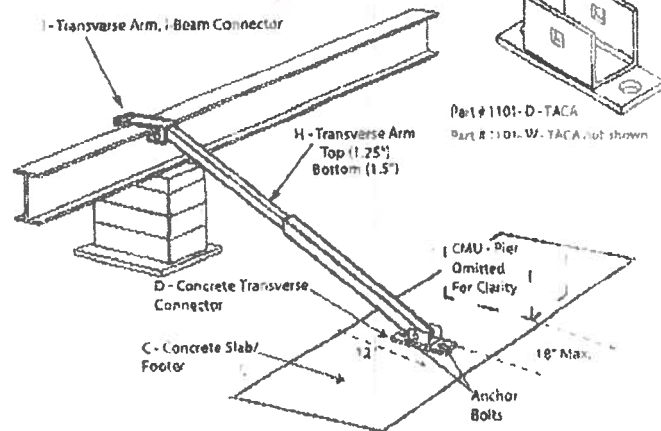
FOUR FOOT (4') GROUND ANCHOR MAY BE USED EXCEPT WHERE THE HOME MANUFACTURER SPECIFIES DIFFERENT.

10. Install remaining vertical tie-down straps and 4' ground anchors per home manufacturer's instructions. **NOTE:** Centerline anchors to be sized according to soil torque condition. Any manufacturer's specifications for sidewall anchor loads in excess of 4,000 lbs. require a 5' anchor per Florida Code.  
 11. Select the correct square tube brace (H) length for set-up lateral transverse at support location. The lengths come in either 60" or 72" lengths. (With the 1.50" tube as the bottom tube, and the 1.25" tube as the inserted tube.)  
 12. Install the 1.50 transverse brace (H) to the ground pan connector (D) with bolt and nut.  
 13. Slide 1.25" transverse brace into the 1.50" brace and attach to adjacent I-beam connector (I) with bolt and nut.  
 14. Secure 1.50" transverse arm to 1.25" transverse arm using four (4) 1/4"-14 x 3/4" self-tapping screws in pre-drilled holes.

Page 1

Revision 08/23/18

PATENT# 6634150 &amp; OTHER PATENT PENDING

**Model # 1101 I "V"****Model # 1101 TC "V"**

Florida approved 4' ground anchors may be used in all locations except where home manufacturers specifications for sidewall straps are in excess of 4,000 lbs. These locations require a 5' anchor. Per Florida code.

C = GROUND PAN / CONCRETE FOOTER OR RUNNER

D = GROUND PAN / CONCRETE U BRACKETS TRANSVERSE CONNECTOR (connects with grade 5 - 1/2" x 2" 1/2" carriage bolt and nut)

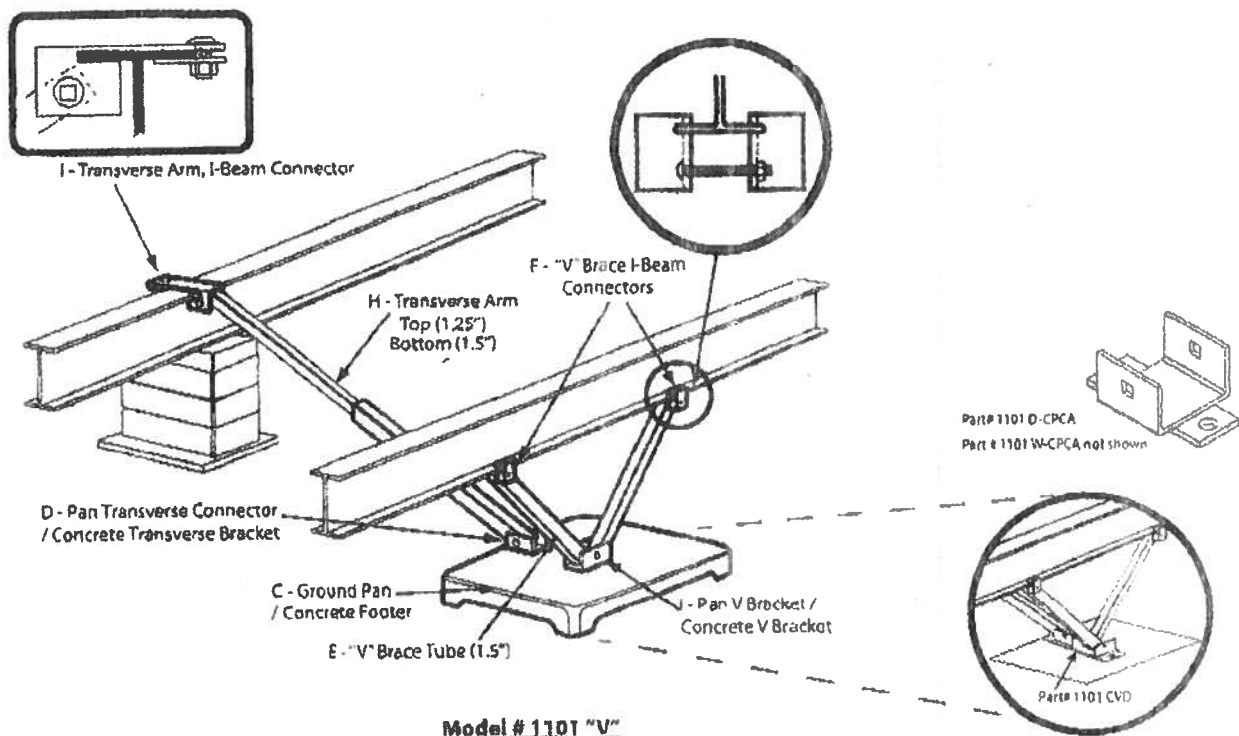
E = TELESOPING V BRACE TUBE ASSEMBLY (1.5" TUBE BOTTOM AND 1.25" TUBE INSERT) OR 1.5" TUBE

F = "V" BRACE I-BEAM CONNECTOR ASSEMBLY

H = TELESOPING TRANSVERSE ARM ASSEMBLY

I = TRANSVERSE ARM I-BEAM CONNECTOR (connects with grade 5 - 1/2" x 2" 1/2" carriage bolt and nut)

J = V PAN BRACKET (connects with grade 5 - 1/2" x 2" 1/2" carriage bolt and nut)

**Model # 1101 "V"****Model # 1101 C "V"**



467 Swan Ave • Hohenwald, TN 38462 • (800) 284-7437 • www.olivertechnologies.com • Fax (931) 796-8811

### INSTALLATION USING CONCRETE RUNNER/FOOTER

5. A concrete runner, footer or slab may be used in place of the steel ground pan.
- The concrete shall be minimum 2500 psi mix
  - A concrete runner may be either longitudinal or transverse, and must be a minimum of 8" deep with a minimum width of 16 inches longitudinally or 18 inches transverse to allow proper distance between the concrete bolt and the edge of the concrete (see below).
  - Footers must have minimum surface area of 441 sq. in. (i.e. 21" square), and must be a minimum of 8" deep
  - If a full slab is used, the depth must be a 4" minimum. Special inspection of the system bracket installation is not required; Footers must allow for at least 4" from the concrete bolt to the edge of the concrete.

NOTE: The bottom of all footings, pads, slabs and runners must be per local jurisdiction.




#### LONGITUDINAL: (Model 1101 LC "V")

6. When using Part# 1101-W-CPCA (wetset) simply install the bracket in runner/footer OR When installing in cured concrete use Part# 1101-D-CPCA (dryset). The 1101 (dryset) CA bracket is attached to the concrete using (2) 5/8"x3" concrete wedge bolts (Simpson part # S162300H 5/8" X 3" or Powers equivalent). Place the CA bracket in desired location. Mark bolt hole locations, then using a 5/8" diameter masonry bit, drill a hole to a minimum depth of 3". Make sure all dust and concrete is blown out of the holes. Place wedge bolts into drilled holes, then place 1101 (dry set) CA bracket onto wedge bolts and start wedge bolt nuts. Take a hammer and lightly drive the wedge bolts down by hitting the nut (making sure not to hit the top of threads on bolt). The sleeve of concrete wedge bolt needs to be at or below the top of concrete. Complete by tightening nuts.

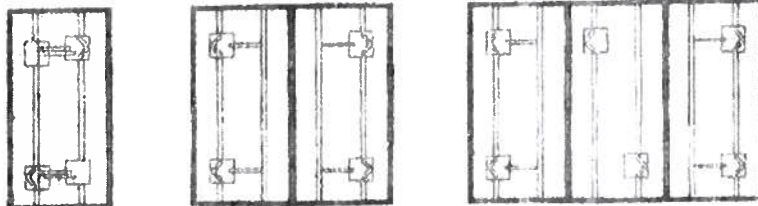
#### LATERAL: (Model 1101 LC "V")

17. For wet set (part # 1101-W-TACA) installation simply install the anchor bolt into runner/footer. For dry set installation (part # 1101-D-TACA) mark bolt hole locations, then using a 5/8" diam. masonry bit, drill a hole to a minimum depth of 3". Make sure all dust and concrete is blown out of the hole. Place wedge bolts (Simpson part #S162300H 5/8" X 3" or Powers equivalent) into (D) concrete dry transverse connector and into drilled hole. If needed, take a hammer and lightly drive the wedge bolts down by hitting the nut (making sure not to hit the top of threads on bolt), then remove the nut. The sleeve of concrete wedge bolt needs to be at or below the top of concrete.
18. When using part# 1101 CVW (wetset) or 1101 CVD (dryset), install per steps 17 & 18.

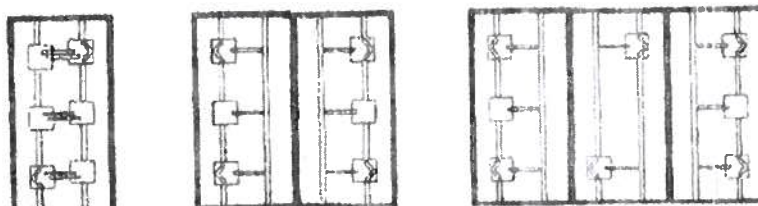
#### Notes:

1. LENGTH OF HOUSE IS THE ACTUAL BOX SIZE
2.  = LOCATION OF TRANSVERSE BRACING ONLY
3.  = LOCATION OF LONGITUDINAL BRACING ONLY
4.  = TRANSVERSE AND LONGITUDINAL LOCATIONS

ALL WIDTHS AND LENGTHS UP TO 52'



ALL WIDTHS AND LENGTHS OVER 52' TO 80'



HOMES WITH 5/12 ROOF PITCH REQUIRE, PER FLORIDA REGULATIONS  
6 systems for home lengths up to 52' and 8 systems for homes over 52' and up to 80'.

PATENT# 6634150 & OTHER PATENT PENDING



## MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 44724 CONTRACTOR Ernest S. Johnson PHONE (352)494-8099

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.**

<b>ELECTRICAL</b>	Print Name <u>Glenn Whittington</u>	Signature <u>Robert Whittington</u>
	License #: <u>EC13002957</u>	Phone #: <u>(386)972-1700</u>
	Qualifier Form Attached <input checked="" type="checkbox"/>	
<b>MECHANICAL/ A/C</b>	Print Name <u>Michael A. Boland</u>	Signature <u>Michael A. Boland</u>
	License #: <u>CAC1817716</u>	Phone #: <u>(352)205-6722</u>
	Qualifier Form Attached <input type="checkbox"/>	

*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





COLUMBIA COUNTY BUILDING DEPARTMENT  
135 NE Hemando Ave, Suite B-21, Lake City, FL 32055  
Phone: 386-758-1008 Fax: 386-758-2160

LICENSED QUALIFIER AUTHORIZATION

I, Glenn Whittington (license holder name), licensed qualifier  
for Whittington Electric Inc (company name), do certify that  
the below referenced person(s) listed on this form is/are contracted/hired by me, the license  
holder, or is/are employed by me directly or through an employee leasing arrangement; or, is an  
officer of the corporation; or, partner as defined in Florida Statutes Chapter 468, and the said  
person(s) is/are under my direct supervision and control and is/are authorized to purchase and  
sign permits; call for inspections and sign subcontractor verification forms on my behalf.

Printed Name of Person Authorized	Signature of Authorized Person
1. Robert Minnella	1. <u>[Signature]</u>
2. Nancy S Phelps	2. <u>[Signature]</u>
3.	3.
4.	4.
5.	5.

I, the license holder, realize that I am responsible for all permits purchased, and all work done  
under my license and fully responsible for compliance with all Florida Statutes, Codes, and  
Local Ordinances. I understand that the State and County Licensing Boards have the power and  
authority to discipline a license holder for violations committed by him/her, his/her agents,  
officers, or employees and that I have full responsibility for compliance with all statutes, codes  
and ordinances inherent in the privilege granted by issuance of such permits.

If at any time the person(s) you have authorized is/are no longer agents, employee(s), or  
officer(s), you must notify this department in writing of the changes and submit a new letter of  
authorization form, which will supersede all previous lists. Failure to do so may allow  
unauthorized persons to use your name and/or license number to obtain permits.

[Signature]  
Licensed Qualifiers Signature (Notarized)

FC13002957  
License Number

11-2-15  
Date

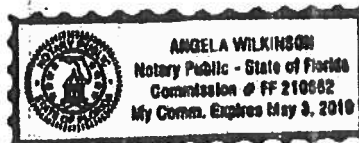
NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Putnam

The above license holder, whose name is Glenn Whittington  
personally appeared before me and is known by me or has produced identification  
(type of I.D.) on this 2nd day of November, 2015

[Signature]  
NOTARY'S SIGNATURE

(Seal/Stamp)



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

App 44724  
Clemens



**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: **3/13/2020 4:45:29 PM**  
Address: **301 SW PARADISE Gln**  
City: **LAKE CITY**  
State: **FL**  
Zip Code: **32024**

Parcel ID: **00401-026**

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](mailto:gis@columbiacountyfla.com)



**App A  
44724**

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

PERMIT NO. 22-1108  
DATE PAID: 3/13/20  
FEE PAID: 600.00  
RECEIPT #: 1773374

**APPLICATION FOR:**

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

APPLICANT: Clemons, AmberAGENT: Robert MinnellaTELEPHONE: 352-472-6010MAILING ADDRESS: 25743 SW 22 Pl. Newberry, Fl. 32669Fax 352-472-0104

=====

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: n/a PLATTED: ---PROPERTY ID #: 26-84-15-00401-026 ZONING: --- I/M OR EQUIVALENT: ☐ No ☐PROPERTY SIZE: 5.82 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐  $\leq 2000\text{GPD}$  ☐  $> 2000\text{GPD}$ IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ No ☐ DISTANCE TO SEWER: --- FTPROPERTY ADDRESS: 301 SW Paradise Gln. Lake City, Fl. 32024

DIRECTIONS TO PROPERTY: SR 47 south to C-242...TR. Follow for 8.4 miles to SW Cypress Lake Rd...TL. Go 3/10 mile to Paradise Gln...TR. Stay straight to the end to home on the right ORANGE FLAG.

**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	DW Mobile Home	3	2254	4 People (New)
2				
3	DW Mobile Home	3	1350	4 People
4				

☐ Floor/Equipment Drains      ☐ Other (Specify) ---

SIGNATURE: Robert Minnella

Digitally signed by Robert Minnella  
DN: cn=Robert Minnella, o=Florida Department of Health, email=robert.minnella@flhhs.gov, c=US  
Date: 2015.02.17 15:49:15 -0500

DATE: 03-12-2020

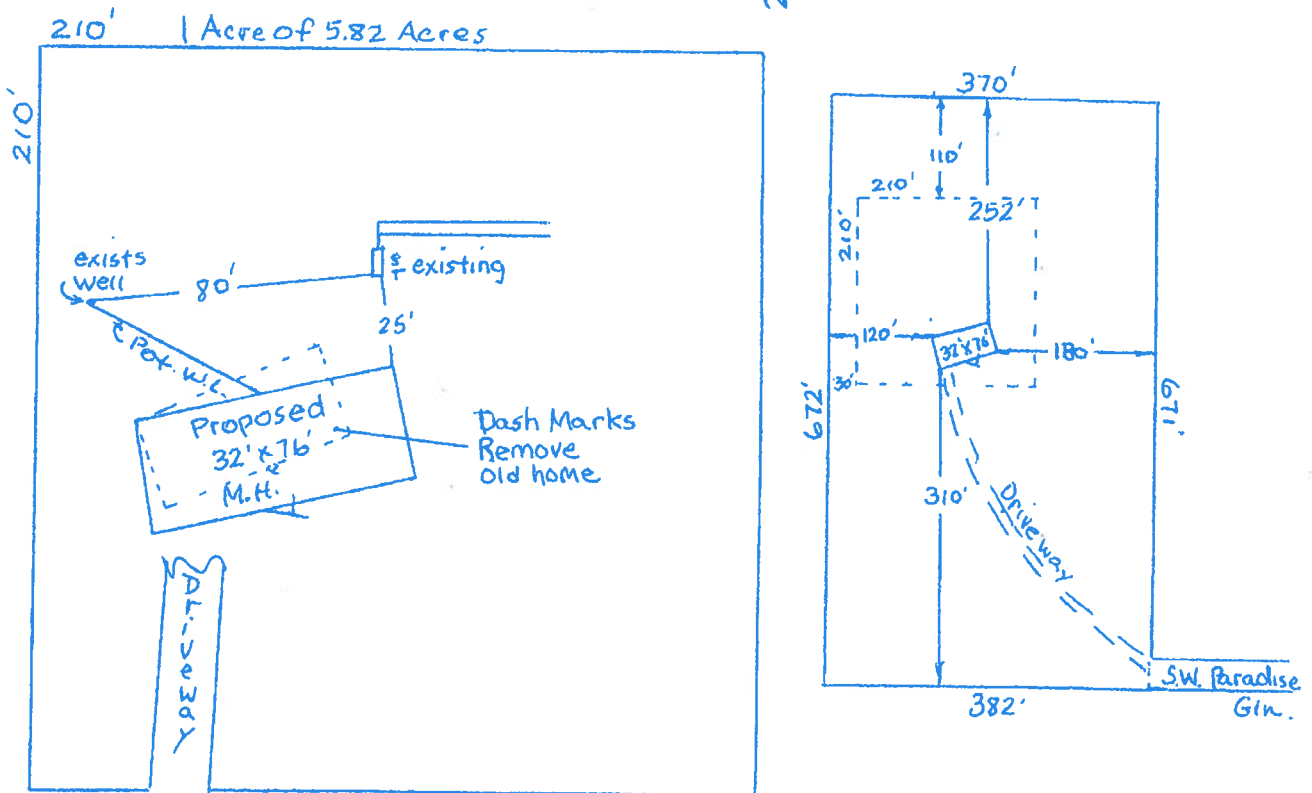
DH 4015, 08/09 (Obsoletes previous editions which may not be used)  
Incorporated 64E-6.001, FAC

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 20-0208

Amber Clemons  
26-04-15-00401-026

PART II - SITE PLAN 1" = 50'



Notes: Replacement home. Like for Like

Site Plan submitted by: Robert Minnella Date: 03-12-2020 Agent ☒

Plan Approved ☒ Not Approved ☐ Date 3/16/20

By [Signature] Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DH, 4015 08/99 (Obsoletes previous editions which may not be used) Incorporated S4E-6.001,FAC

Page 2 of 4

(Stock Number 5744-002-4015-6)



Parcel: << 26-4S-15-00401-026 >>

Aerial Viewer Pictometry Google Maps

**Owner & Property Info**

Result: 1 of 1

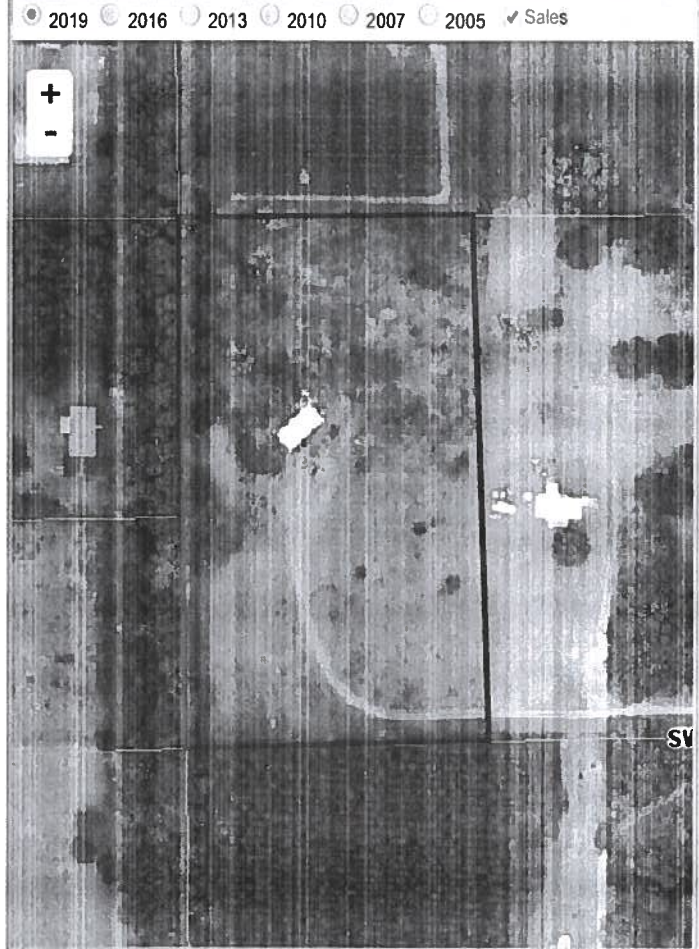
Owner	CLEMONS AMBER RAIN & WILLIAM HANK CLEMONS 301 SW PARADISE GLN LAKE CITY, FL 32024		
Site	301 PARADISE GLN, LAKE CITY		
Description*	COMM SW COR OF SE1/4 OF NW1/4, RUN N 665.53 FT FOR POB, CONT N 684.71 FT, RUN E 370 FT, S 671.06 FT, W 381.66 FT TO POB. (AKA W1/2 OF LOT 26 LANGTREE S/D UNREC). 789- 2413, 864-394,395, 874- 1085, 943-2421, 948-2655, 951- 1394, 965- 638, WD 1072-2535, WD 114 ...more>>>		
Area	5.82 AC	S/T/R	26-4S-15
Use Code**	MOBILE HOM (000200)	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**

2019 Certified Values		2020 Working Values	
Mkt Land (2)	\$31,024	Mkt Land (2)	\$31,024
Ag Land (0)	\$0	Ag Land (0)	\$0
Building (1)	\$30,216	Building (1)	\$33,573
XFOB (1)	\$1,200	XFOB (1)	\$1,200
Just	\$62,440	Just	\$65,797
Class	\$0	Class	\$0
Appraised	\$62,440	Appraised	\$65,797
SOH Cap [?]	\$0	SOH Cap [?]	\$0
Assessed	\$62,440	Assessed	\$65,797
Exempt	\$0	Exempt	\$0
Total Taxable	county:\$62,231 city:\$62,231 other:\$62,231 school:\$62,440	Total Taxable	county:\$65,797 city:\$65,797 other:\$65,797 school:\$65,797



**▼ Sales History**

Sale Date	Sale Price	Book/Page	Deed	V/I	Quality (Codes)	RCode
6/19/2013	\$41,900	1257/1352	WD	I	U	12
5/9/2013	\$100	1256/0721	QC	I	U	11
3/13/2013	\$100	1252/0940	CT	I	U	18
1/25/2006	\$100	1072/2535	WD	I	U	04
3/15/2002	\$58,000	965/0638	AG	I	U	03
3/14/2002	\$100	951/1394	WD	V	U	03
3/14/2002	\$56,400	948/2655	WD	V	U	03
9/10/2001	\$60,000	943/2421	AG	V	U	01
2/25/1998	\$18,400	864/0394	QC	V	U	01
1/29/1994	\$25,000	789/2413	AG	V	U	13

**▼ Building Characteristics**

Bldg Sketch	Bldg Item	Bldg Desc*	Year Blt	Base SF	Actual SF	Bldg Value
Sketch	2	SFR MANUF (000200)	1994	1350	1566	\$30,216

\*Bldg Desc determinations are used by the Property Appraisers office solely for the purpose of determining a property's Just Value for ad valorem tax purposes and should not be used for any other purpose.

**▼ Extra Features & Out Buildings (Codes)**

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0190	FPLC PF	2005	\$1,200.00	1.000	0 x 0 x 0	(000.00)

**▼ Land Breakdown**

Land Code	Desc	Units	Adjustments	Eff Rate	Land Value
000200	MBL HM (MKT)	5.820 AC	1.00/1.00 1.00/1.00	\$4,772	\$27,774
009945	WELL/SEPT (MKT)	1.000 UT - (0.000 AC)	1.00/1.00 1.00/1.00	\$3,250	\$3,250

## Legend

### SRWMD Wetlands



### Roads

#### Roads

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

### 2018 Flood Zones

- 0.2 PCT ANNUAL CHANCE



- AE

- AH

### 2018 Aerials



### Parcels

### Lake City Limits



# Columbia County, FLA - Building & Zoning Property Map

Printed: Thu Mar 19 2020 08:12:36 GMT-0400 (Eastern Daylight Time)



## Parcel Information

Parcel No: 26-4S-15-00401-026

Owner: HOLTZCLAW LISA C & ELIZABETH

Subdivision: LANGTREE UNR

Lot: 26

Acres: 5.76746464

Deed Acres: 5.82 Ac

District: District 2 Rocky Ford

Future Land Uses: Agriculture - 3

Flood Zones:

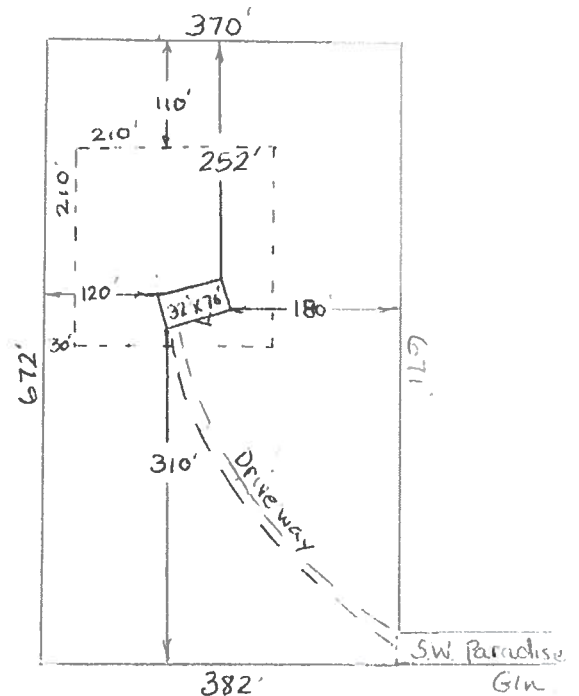
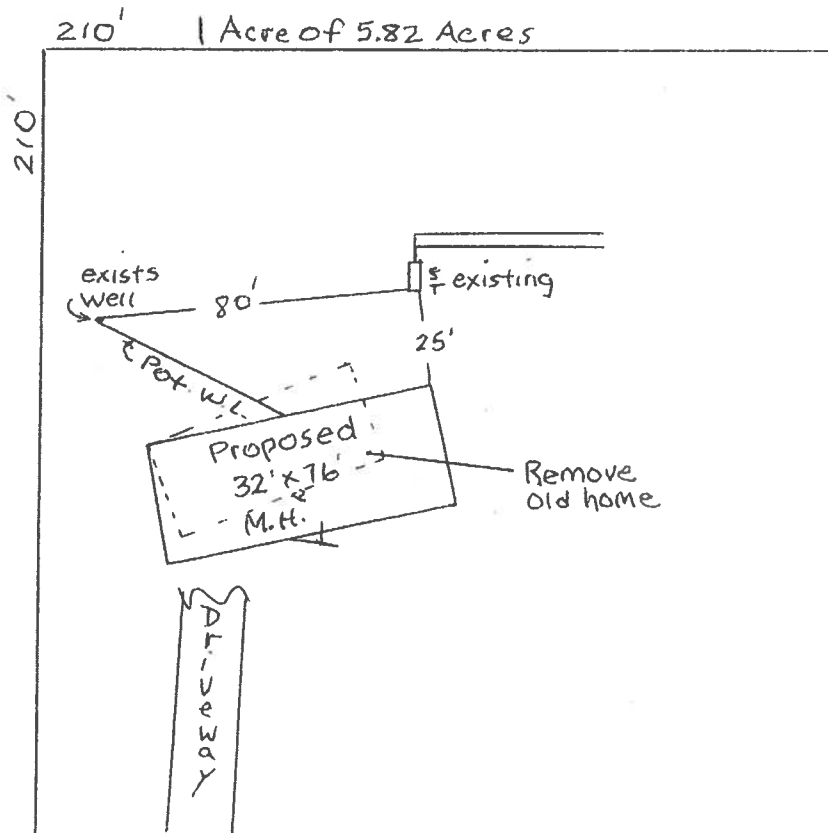
Official Zoning Atlas: A-3

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number \_\_\_\_\_

Amber Clemons  
26-04-15-00401-026

PART II - SITE PLAN 1" = 50'



Notes: Replacement home.

Site Plan submitted by: Robert Minnella Date: 03-12-2020 Agent ☒

Robert Minnella

Plan Approved \_\_\_\_\_ Not Approved \_\_\_\_\_ Date \_\_\_\_\_

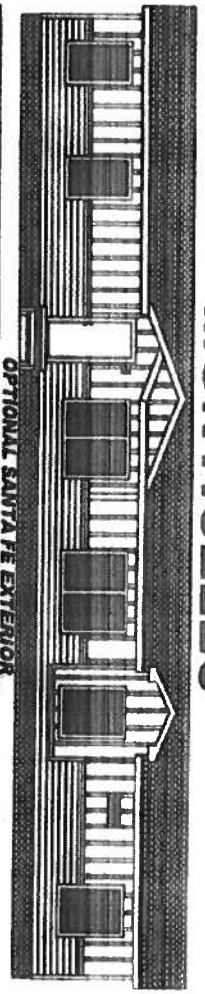
By \_\_\_\_\_ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



Clemens

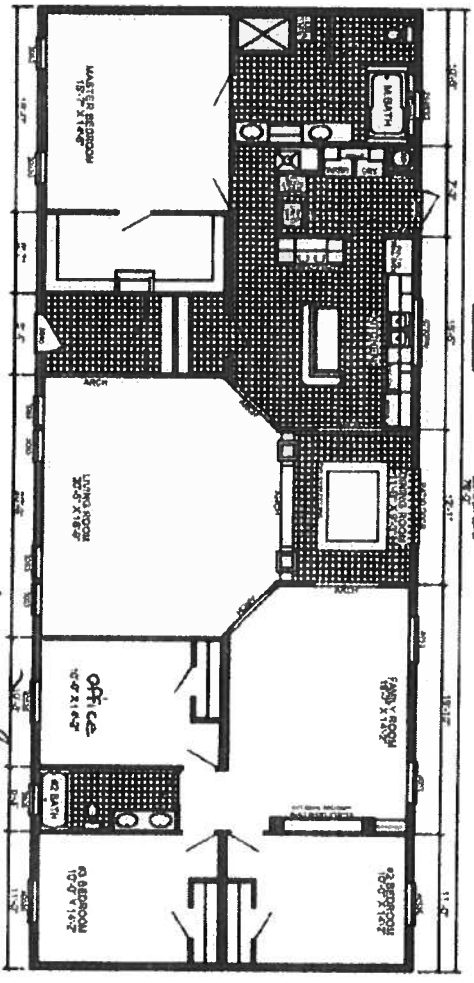
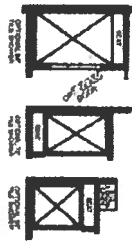
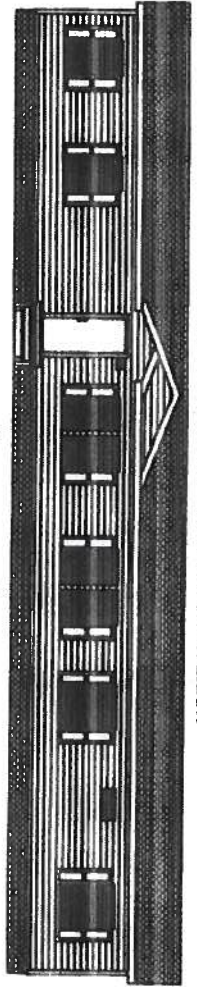
# MONTICELLO



OPTIONAL SANTA FE EXTERIOR



OPTIONAL COUNTRY TRADITIONS EXTERIOR



P-3764J  
3-BEDROOM / 2-BATH  
32' X 40' - APPROX. 2254 Sq. Ft.  
4-4-2020

Robert Mueller  
03-06-2020

\* All room dimensions include doors and stairs. Window sizes are approximate.  
\* Dimensions and room layouts are subject to change without notice.  
\* Please refer to the plan for details.