PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

2368

For Office Use Only (Revised 7-1-15) Zoning Official MAD Building Official Sul	_
AP# 1908-68 Date Received 8/19/19 By MG Permit # 38570	
Flood Zone Development Permit Zoning A-3 Land Use Plan Map Category As	
Comments Verify with Setback distance, floor one fort above the Road	-
Leplacing existing mobile home FEMA Map# Elevation Finished Floor River In Floodway	_
□ Recorded Deed or Property Appraiser PO Site Plan WEH# 19-0659 □ Well letter OR	
Existing well Land Owner Affidavit Installer Authorization FW Comp. letter App Fee Paid	
DOT Approval Parent Parcel # STUP-MH STUP-MH	
□ Ellisville Water Sys 🗚 Assessment Paid on Property 🖶 Out County 🖫 In County 🕩 Sub VF Form	
Established the Assessment and on Floperty State States and Floring	
Property ID #	
New Mobile Home X Used Mobile Home MH Size 32 x 70 Year 2019	
- Applicant Dale Burd Phone # 386-365-7674 DW	_
• Address 20619 CR 137, Lake City, FL, 32024 375)
Name of Property Owner Cornelius Griffin Phone# 650-407-0639	_
911 Address 3790 SW Centerville Ave, 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 Same Phone # Same	_
Address Same	_
Relationship to Property Owner <u>Same</u>	_
Current Number of Dwellings on Property 0	_
Lot Size 208 x 208 Total Acreage 1	_
Do you : Have Existing Drive or Private Drive or need Culvert Permit or Culvert Waiver (Circle of	ne)
(Currently using) (Blue Road Sign) (Putting in a Culvert) (Not existing but do not need a Cul	vert)
Is this Mobile Home Replacing an Existing Mobile Home Yes	_
 Driving Directions to the Property SR 47 South, TR US 27, TR Centerville Ave, 900' on left 	
Name of Licensed Dealer/Installer <u>Brent Strickland</u> Phone # 386-365-7043	
• Installers Address 1294 Hamp Farmer Road, LC, FL, 32055	-
License Number IH-1104218 Installation Decal # 62762	_

LH-Emailed Dale 8/29/19

24232-44 - 06 8-44-44-94

		arnage wall piers within 2' of end of home pol Rule 15C			Typical pier spacing Show locations of Longitudinal and Lateral Systems	Manufacturer LIV LOUP Length x width LOUP 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)	Unite FL 32038	Mobile Home Permit Worksheet
TIEDOWN COMPONENTS Longitudinal Stabilizing Device (LSD) Manufacturer Longitudinal Stabilizing Device w/ Lateral Arms Marriage wall Manufacturer Marriage wall Shearwall	within 2' of end of home spaced at 5' 4" oc	wall openings 4 toot 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 Att Anchors Anchors	16 x 18 18.5 x 18.5 16 x 22.5 17 x 22 13 1/4 x 26 1/4 20 x 20	from Rule 15C-1 pier spacing table. PIER PAD SIZES r pad size	16" 18 1/2" x 18 20" x 20" 22" x 22" 24" X 24" 26" (576)" (6 5) 1/2" (342) (400) (484)" (576)" (6 7) 6 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	e/Quad	New Home	Application Number: Date:

Mobile Home Permit Worksheet

ום מרכחומנם מוות נותם במסמת כון נוום	Pilimbino
Installer verifies all information given with this permit workshe	Connect_electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between mult-wide units. Pg. 24
	Electrical
Drain lines supported at 4 toot intervals. Yes-	Date Tested R-16-19
	Installer Name Of Oft Strawns BY A LICENSED INSTALLER
7	
ations. Ye	anchors are required at all centerline tie points where the torque test reading is 275 or less and where the mobile home manufacturer may requires anchors with 4000 lb holding capacity.
The bottomboard will be repaired and/or taped. Yes Pg.	Note: A state approved lateral arm system is being used and 4 ft. anchors are allowed at the sidewall locations. I understand 5 ft
Weatherproofing	CITOTING A COLLOCAL POCALING CALLOCAL COLLOCAL COLLOCAL CALLOCAL C
Ų	The results of the torque probe test is 295 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.
Type gasket Tou M installed:	TORQUE PROBE TEST
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	x1600 x1600 x1600
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	 Using 500 lb. increments, take the lowest reading and round down to that increment.
Gasket (weatherproofing requirement)	
roofing nails at 2" on center on both sides of the centerline.	
Type Fast For used b	POCKET PENETROMETER TESTING METHOD
Floor: Type Fastener: 1295 Length: 5 Spacing: 16 (x 1200 x/200 x/200
Fastening multi wide units	
Debris and organic material removed Water drainage: Natural Swale Pad Other	The pocket penetrometer tests are rounded down to $\frac{1500}{\text{psf}}$ psf
Site Preparation	DOCKET DENETROMETER TEST
Application Number: Date:	TAIODHE LOUIS AND WOLKSTICK

Installer Signature

The Manual Date 8-16-19

manufacturer's installation instructions and or Rule 15C-1 & 2

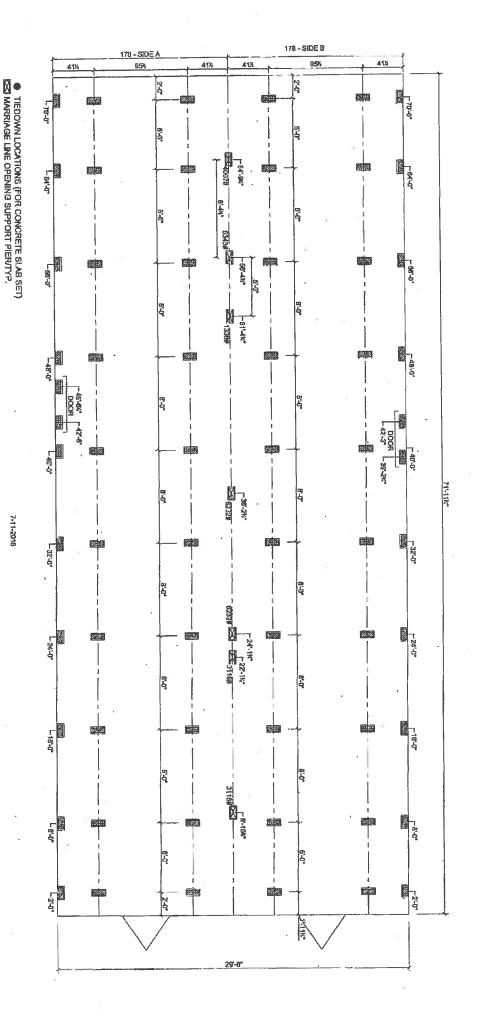
mit worksheet

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

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

28

Plumbing



Live Oak Homes MODEL: S-3725A - 32 X 76 5-BEDROOM / 3-BATH

-THIS DRAWNAS IS DESIGNED FOR THE STANDARD WIND ZONE AND BS TO BE USED IN CONJUNCTION WITH THE INSTALLATION MANUAL AND IT'S SUPPLEMENTS.
- FOOTINGS ARE SHOWN FOR EXAMPLE ONLY QUANTITY AND SPACING MAY VARY BASED ON PAD TYPE, SOIL CONDITION, ETC.
- FOOTINGS ARE SHOWN FOR EXAMPLE ONLY QUANTITY AND SPACING MAY VARY BASED ON PAD TYPE. SOIL CONDITION, ETC.
- FOOTINGS ARE SHOWN AT SUPPORT POSTS, SEE INSTALLATION MANUAL FOR REQUIREMENTS.
- FOOTINGS ARE REQUIRED AT SUPPORT POSTS, SEE INSTALLATION MANUAL FOR REQUIREMENTS.
- PECINETER PIERS SHOWN ARE FOR TAPE AND TEXTURE PERIMETER BLOCKING ONLY AND ARE NOT REQUIRED ON A NON-TAPE AND TEXTURE HOME. EXTERNOR OPENINGS STILL REQUIRE BLOCKING ONLY AND ARE NOT REQUIRED ON A NON-TAPE AND TEXTURE HOME. EXTERNOR OPENINGS STILL REQUIRE BLOCKING ONLY AND ARE NOT REQUIRED ON A NON-TAPE AND TEXTURE HOME. EXTERNOR OPENINGS STILL REQUIRE BLOCKING ONLY AND ARE NOT REQUIRED ON A NON-TAPE AND TEXTURE HOME. EXTERNOR OPENINGS STILL REQUIRE BLOCKING ONLY AND ARE NOT REQUIRED ON A NON-TAPE AND TEXTURE HOME. EXTERNOR OPENINGS STILL REQUIRED BLOCKING ONLY AND ARE NOT REQUIRED ON A NON-TAPE AND TEXTURE HOME.

FOUNDATION NOTES: SUPPORT PIERTYP

- (A) MAIN ELECTRICAL
 (B) ELECTRICAL CROSSOVER
 (C) WATER INLET
 (D) WATER CROSSOVER (IF ANY)
 (E) GAS INLET (IF ANY)
 (F) GAS CROSSOVER (IF ANY)

 - DUCT CROSSOVER
 SEWER DROPS
 TETURN ARR (WOPT, HEAT PUMP OH DUCT)
 SUPPLY AIR (WOPT, HEAT PUMP OH DUCT)

Legend

Parcels

2018Aerials

Addresses

SRWMD Wetlands

2018 Flood Zones

0.2 PCT ANNUAL CHANCE

A

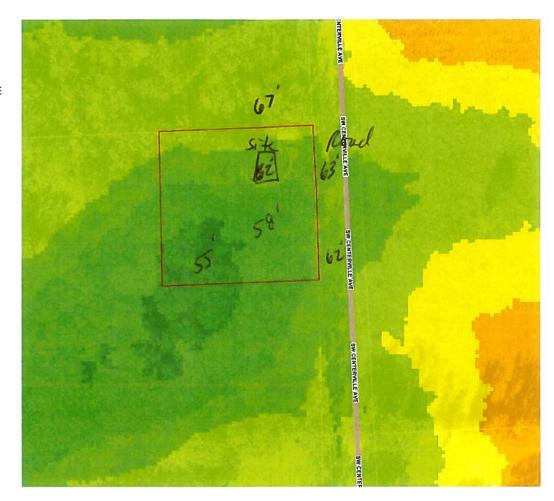
O AE

AH

LidarElevations



Printed: Thu Aug 29 2019 11:25:21 GMT-0400 (Eastern Daylight Time)



Parcel Information

Parcel No: 29-6S-16-03969-006

Owner: GRIFFIN CORNELIUS GEORGE

Subdivision:

Lot:

Acres: 0.9955181 Deed Acres:

District: District 2 Rocky Ford

Future Land Uses: Agriculture - 3, Fort White

Flood Zones:

Official Zoning Atlas: A-3



Parcel:	29-6S-16-03969-006
Parcei:	Z3-03-10-U3303-UU0

Owner & Pr	operty Info	Result	t: 1 of 1
Owner	GRIFFIN CORNELIUS GEORGE 3790 SW CENTERVILLE AVE FT WHITE, FL 32038		E
Site	3790 CENTERVILLE AVE, FORT WHITE		
Description*	BEG 208.73 FT N OF SE COR OF NE1/4 OF SE1/4, RUN W 208.73 FT, N 208.73 FT, E 208. FT, S 208.73 FT TO POB. ORB 355-425, 625-442, 890-611, (PB#13-227-CP; LILLIE GRIFFIN; ORDER 1263-24), WD 1293-2527,		3 FT, E 208.73 5-425, LILLIE
Area	1 AC	S/T/R	29-6S-16
Use Code**	MOBILE HOM (000200)	Tax District	3

^{*}The <u>Description</u> above is not to be used as the Legal Description for this parcel in any legal transaction.
**The <u>Use Code</u> is a FL Dept. of Revenue (DOR) code and is not

^{**}The <u>Use Code</u> 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 \	/alues	
2018 Cert	ified Values	2019 Wor	king Values
Mkt Land (2)	\$13,633	Mkt Land (2)	\$14,883
Ag Land (0)	\$0	Ag Land (0)	\$0
Building (1)	\$21,585	Building (1)	\$24,979
XFOB (2)	\$2,700	XFOB (2)	\$2,700
Just	\$37,918	Just	\$42,562
Class	\$0	Class	\$0
Appraised	\$37,918	Appraised	\$42,562
SOH Cap [?]	\$517	SOH Cap [?]	\$4,450
Assessed	\$37,401	Assessed	\$38,112
Exempt	нх нз \$25,000	Exempt	HX H3 \$25,000
	county:\$12,401		county:\$13,112
Total	city:\$12,401	Total	city:\$13,112
Taxable	other:\$12,401	Taxable	other:\$13,112
	school:\$12,401		school:\$13,112

George

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:

8/20/2019 3:25:02 PM

Address:

3790 SW CENTERVILLE Ave

City:

FORT WHITE

State:

FL

Zip Code

32038

Parcel ID

03969-006

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.

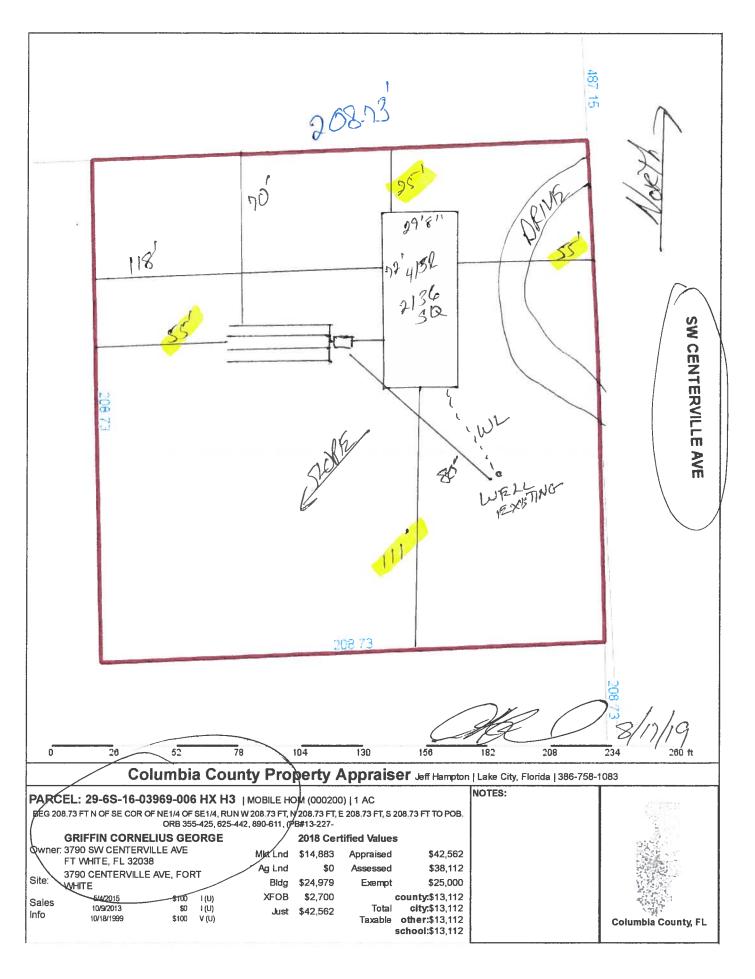
Address Issued By:

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) 758-1125 Email: gis@columbiacountyfla.com



MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1908	-68 CONTRACTOR	Brent Strickland	PHONE 31	86-365-7043
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THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

Cornelius Griffin

In Columbia County one permit will cover all trades doing work at the permitted site. It is <u>KEQUIKED</u> 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	Print Name Glenn Whittington	Signature
	License #: EC 13002957	Phone #: 386-972-1700
1074	Qualifier Form	Attached
MECHANICAL	Print Name Michael Boland	Signature
A/C 950	License #: CAC 1817716	Phone #: 352-274-9326
	Qualifier Form	Attached

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 Hernando Ave, Suite B-21, Lake City, FL 32055

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

LICENSED QUALIFIER AUTHORIZATION

1, CHAN WITTINGTON	(license holder name), licensed qualifier			
1. GRANLUNITINGTON ELECTRIC S	Twc(company name), do certify that			
the below referenced person(s) listed on this for holder, or is/are employed by me directly or thro officer of the corporation; or, partner as defined person(s) is/are under my direct supervision and sign permits; call for inspections and sign subcontains.	m is/are contracted/hired by me, the license ugh an employee leasing arrangement; or, is an in Florida Statutes Chapter 468, and the said I control and is/are authorized to purchase and			
Printed Name of Person Authorized	Signature of Authorized Person			
1. CARSUS	1			
2. Recky Fond	2. (m/2)			
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 previ	ious lists. Failure to do so may allow			
Licensed Qualifiers Signature (Notarized)	License Number Date			
NOTARY INFORMATION: STATE OF:COUNTY OF:	Colmbia			
The above license holder, whose name is	me or has produced identification this day of, 20, 20			



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

LICENSED QUALIFI	ER AUTHORIZATION
1. MichARIA INDIANO	(license holder name), licensed qualifier
FOR ACIE A/L OC OCA/A	LLC (company name), do certify that
the below referenced person(s) listed on this for	,
holder, or is/are employed by me directly or thro	ough an employee leasing arrangement; or, is an
officer of the corporation; or, partner as defined person(s) is/are under my direct supervision and	In Florida Statutes Chapter 468, and the said discontrol and is/are authorized to purchase and
sign permits; call for inspections and sign subco	intractor verification forms on my behalf.
Printed Name of Person Authorized	Signature of Authorized Person
1. DAIR EAST	1.68
2. Kally Bishap	2. Kelly Bishop
3. Locky Fore	3. Karhy 1) - of
4.	4.
5.	5.
I, the license holder, realize that I am responsible	e for all permits purchased, and all work done
under my license and fully responsible for compl Local Ordinances. I understand that the State ar	liance with all Florida Statutes, Codes, and
authority to discipline a license holder for violation	ons committed by him/her, his/her agents,
officers, or employees and that ! have full responant ordinances inherent in the privilege granted	
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 writ	ing of the changes and submit a new letter of
authorization form, which will supersede all previunauthorized persons to use your name and/or l	
dr. Ad Boal	ADAIRITATION & FELMON
Licensed Qualifiers Signature (Notarized)	License Number Date / / ///
NOTARY INFORMATION:	שוויווו
STATE OF COUNTY OF	Marica
The above license holder, whose name is $\underline{\mathcal{M}}_{\mathcal{C}}$	Shael A. Bokend
personally appeared before me and is known by (type of I.D.) on	me or has produced identification this day of 100 CM 20
1	
NOTARYS SIGNATURE	(Seal/Stamp)
0	(Goda Granty)
	AMANDA FLOOD MY COMMISSION # FF 106012
	EXPIRES: April 5, 2018 Bonded Thru Metary Public Underwitters



STATE OF FLORIDA

DEPARTMENT OF HEALTH

ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM

APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. DATE PAID:	19-0659
FEE PAID:	205.00/
RECEIPT :	143/170

APPLICATION FOR: [] New System [] E [] Repair [] A	xisting System bandonment	[] Holding T	ank [] Innovative [X] Mobification
APPLICANT: Cornelius Griffin			- Nutricon Control of the Control of
AGENT: ROCKY FORD, A & B CON			
MAILING ADDRESS: 546 SW Dort	ch Street, FT. WH	ITE, FL, 32038	
TO BE COMPLETED BY APPLICANT BY A PERSON LICENSED PURSUAN APPLICANT'S RESPONSIBILITY T PLATTED (MM/DD/YY) IF REQUES	T TO 489.105(3)(m O PROVIDE DOCUMEN TING CONSIDERATIO) OR 489.552, FLOF TATION OF THE DATE N OF STATUTORY GRE	RIDA STATUTES. IT IS THE S THE LOT WAS CREATED OR ANDFATHER PROVISIONS.
PROPERTY INFORMATION			
LOT: NA BLOCK: NA	SUB: NA		PLATTED:
PROPERTY ID #: 29-68-16-039			
PROPERTY SIZE: 1 ACRES	WATER SUPPLY: [X	.) PRIVATE PUBLIC	[]<=2000GPD []>2000GPD
IS SEWER AVAILABLE AS PER 38	1.0065, F9? (Y /	(3)	ISTANCE TO SEWER: NA FT
PROPERTY ADDRESS: 3790 Cent	erville Ave Fort	White FL	
DIRECTIONS TO PROPERTY: 47 S	South into Fort	White Right on U	S 27 Right on
Centerville Rd 1/10 miles			
BUILDING INFORMATION	[X] RESIDENTIA	L []COM	ŒRCIAL
Unit Type of No Establishment	No. of Build Bedrooms Area	ing Commercial/I Sqft Table 1, Cha	Institutional System Design apter 645-6, FAC
SF Residential2	<u>4</u> 2136		
3			
[] Floor/Equipment Drains	Other (8)	pecify)	DATE: 8/16/2019
DH 4015, 08/09 (Obsoletes pr Incorporated 64E-6.001, FAC	evious editions w	hich may not be us	Page 1 of 4
			A BULL WESTER

STATE OF FLORIDA

Scale: 1 inch = 40 feet.	208.72	SITEPLAN	erching	
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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 (Stock Number: 5744-002-4015-8)



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