

DATA WHITE ✓

Fire Report
No charge

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 7-1-15) Zoning Official MD Building Official MD
AP# 44109 Date Received 12/21/19 By MG Permit # 39027
Flood Zone _____ Development Permit _____ Zoning _____ Land Use Plan Map Category _____
Comments See Computer Notes

FEMA Map# _____ Elevation _____ Finished Floor _____ River _____ In Floodway _____
☐ Recorded Deed or ☒ Property Appraiser PO ☒ Site Plan ☒ EH # 19-0884 ☐ 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 found ☐ Out County ☒ In County ma 12/31/19 ☒ Sub VF Form

Property ID # 02-78-16-04110-002 Subdivision _____ Lot# _____

- New Mobile Home _____ Used Mobile Home ☒ MH Size 26 X 52 Year 2018
- Applicant Barbara Griswold Phone # 772-216-1723
- Address 239 SW Tall Oak Gln Fort White FL 32038
- Name of Property Owner Daniel & Barbara Griswold Phone # 561-436-1212
- 911 Address 239 SW Tall Oak Gln 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 Barbara Griswold Phone # 772-216-1723
~~terence Alwan~~ 352-215-7063
- Address 744 SW Unity Ct Fort White, FL 32038
239 SW Tall Oak Gln Fort White, FL 32038
- Relationship to Property Owner Self
- Current Number of Dwellings on Property one
- Lot Size _____ Total Acreage 20
- 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 (that burnt down)
- Driving Directions to the Property 441 to 18. 18 to Hawthorne Terrace.
Take Hawthorne until it turns into Hillard. Continue
Straight (Don't turn onto Hillard), Curve right Road dead ends
into property 744 SW Unity Ct Fort White, FL 32038 (current location)
- Name of Licensed Dealer/Installer Fernon Jones Phone # _____
- Installers Address 6795 SW 71st Ave Lake Butler FL 32057
- License Number 1H1025418/1 Installation Decal # 63081

2/6/19-MG sent email to Denny Griswold

griz587@aol.com

Mobile Home Permit Worksheet

Application Number: _____

Date: _____

Installer: Fernando Jones License # EH10254118

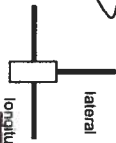
Address of home being installed 237 S.W. Tall Oak Glen Ft. White 32036

Manufacturer _____ Length x width 24x52

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.

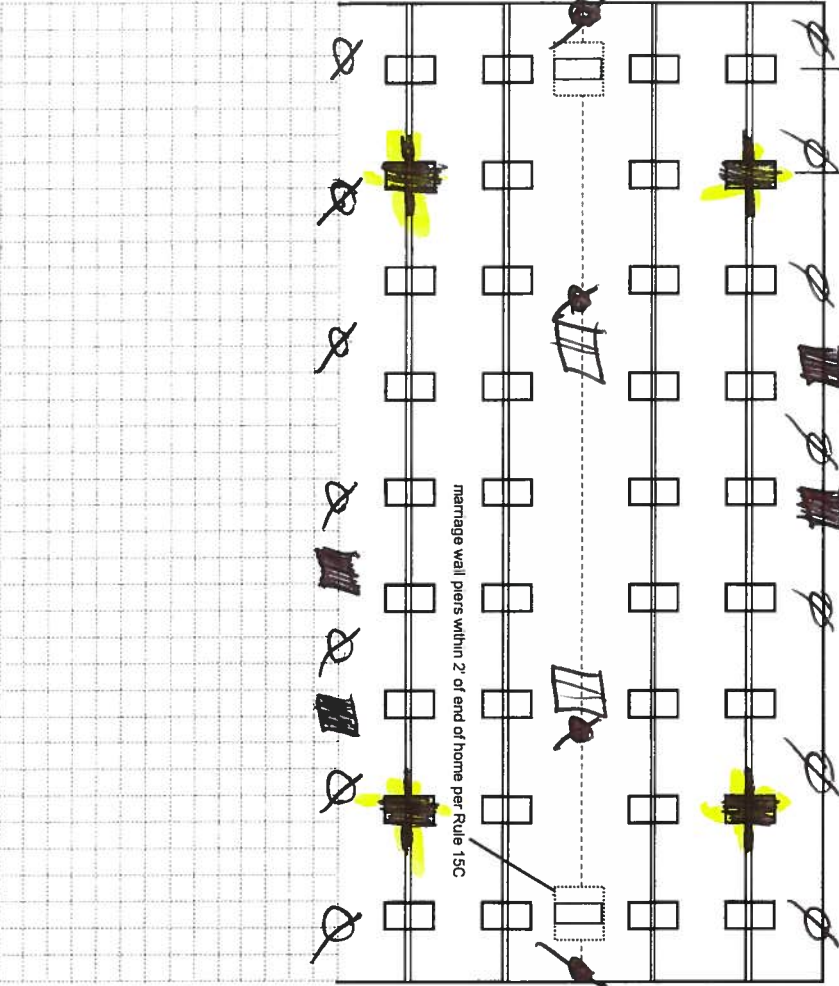
Installer's initials F.J.

Typical pier spacing



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

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 # 63081
Triple/Quad ☐ Serial # PHH340FL1720781083

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	Footer size (256)	18 1/2" x 18 (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'	8'	8'
2000 psf	6'	8'	8'	8'	8'	8'
2500 psf	7' 6"	8'	8'	8'	8'	8'
3000 psf	8'	8'	8'	8'	8'	8'
3500 psf	8'	8'	8'	8'	8'	8'

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

PIER PAD SIZES

I-beam pier pad size 17x25x1
Perimeter pier pad size 16x16x1

Other pier pad sizes (required by the mfg.) 23x31x1

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

12 or greater 23x31-1

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 yes

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer _____
Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer Shive Tech

OTHER TIES

Sidewall yes Number _____
Longitudinal yes
Marriage wall yes
Shearwall _____

Mobile Home Permit Worksheet

Application Number: _____

Date: _____

POCKET PENETROMETER TEST

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

x 1000 x 1000 x 1000

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 1000 x 1000 x 1000

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 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.

F.J.D. Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Fernon Jones

Date Tested

11-26-19

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. 15

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 15

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 15

Site Preparation

Debris and organic material removed ☒ Swale ☐ Pad ☐ Other ☐

Fastening multi wide units

Floor: Type Fastener: lag Length: 6" Spacing: 24" Walls: Type Fastener: lag Length: 6" Spacing: 24" Roof: Type Fastener: lag Length: 6" Spacing: 24"

For used homes 5 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 F.J.D.

Type gasket rubber foam Pg. 15

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

Weatherproofing

The bottomboard will be repaired and/or taped. Yes No Pg. 15 Siding on units is installed to manufacturer's specifications. Yes No Fireplace chimney installed so as not to allow intrusion of rain water. Yes No

Miscellaneous

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

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

Installer Signature

Fernon Jones

Date

Columbia County Property Appraiser

Jeff Hampton

2020 Working Values

updated 10/30/2019

Parcel: << 02-7S-16-04110-002 >>

Owner & Property Info

Result: 7 of 24

Owner	GRISWOLD DANIEL & BARBARA 239 SW TALL OAK GLN FORT WHITE, FL 32038		
Site	239 TALL OAK GLN, FORT WHITE		
Description	BEG NW COR OF NW1/4 OF NE1/4, RUN E 665.07 FT, S 657.9 FT, W 664.62 FT, N 661.09 FT TO POB. ORB 831-1851, WD 1061-1382, & W1/2 PF SW1/4 OF NW1/4 OF NE 1/4, ORB 905-1808, WD 1308-239		
Area	20 AC	S/T/R	02-7S-16
Use Code**	IMPROVED A (005000)	Tax District	3

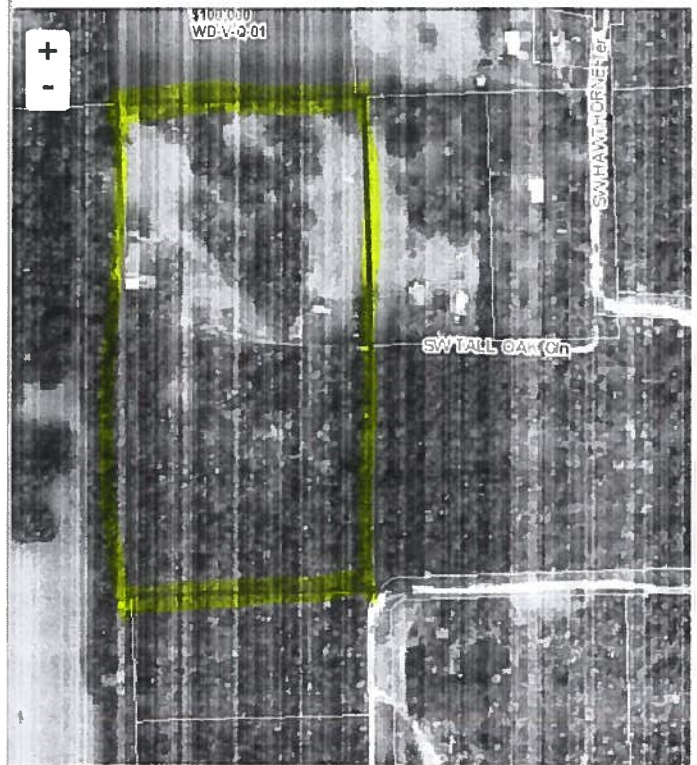
*The Description above is not to be used as the Legal Description for this parcel in any legal transaction.
 **The Use Code is a FL Dept. of Revenue (DOR) code and is not maintained by the Property Appraiser's office. Please contact your city or county Planning & Zoning office for specific zoning information.

Property & Assessment Values

2019 Certified Values			2020 Working Values		
Mkt Land (3)	\$14,431		Mkt Land (3)	\$14,431	
Ag Land (1)	\$4,320		Ag Land (1)	\$4,320	
Building (1)	\$98,624		Building (1)	\$99,274	
XFOB (4)	\$16,000		XFOB (4)	\$16,000	
Just	\$200,434		Just	\$201,084	
Class	\$133,375		Class	\$134,025	
Appraised	\$133,375		Appraised	\$134,025	
SOH Cap [?]	\$19,280		SOH Cap [?]	\$17,112	
Assessed	\$114,095		Assessed	\$116,913	
Exempt	HX H3	\$50,000	Exempt	HX H3	\$50,000
Total Taxable	county:	\$64,095	Total Taxable	county:	\$66,913
	city:	\$64,095		city:	\$66,913
	other:	\$64,095		other:	\$66,913
	school:	\$89,095		school:	\$91,913

Aerial Viewer Pictometry Google Maps

2019 2016 2013 2010 2007 2005 Sales



Sales History

Sale Date	Sale Price	Book/Page	Deed	V/I	Quality (Codes)	RCode
1/12/2016	\$46,000	1308/0239	WD	V	U	37
10/7/2005	\$115,000	1061/1382	WD	I	Q	
12/1/1986	\$38,500	610/0370	AG	V	Q	
1/1/1981	\$30,000	463/0333	03	V	Q	

Building Characteristics

Bldg Sketch	Bldg Item	Bldg Desc*	Year Blt	Base SF	Actual SF	Bldg Value
Sketch	2	SFR MANUF (000200)	2016	2356	2596	\$99,274

*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)
0296	SHED METAL	2010	\$800.00	1.000	0 x 0 x 0	(000 00)
0294	SHED WOOD/	2010	\$1,400.00	1.000	0 x 0 x 0	(000 00)
0030	BARN,MT	2015	\$12,600.00	1400.000	28 x 50 x 0	(000 00)
0070	CARPORT UF	2015	\$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)	2.000 AC	1.00/1.00 1.00/1.00	\$3,966	\$7,931
006200	PASTURE 3 (AG)	18.000 AC	1.00/1.00 1.00/1.00	\$240	\$4,320
009910	MKT.VAL.AG (MKT)	18.000 AC	1.00/1.00 1.00/1.00	\$0	\$71,379
009945	WELL/SEPT (MKT)	1.000 UT - (0.000 AC)	1.00/1.00 1.00/1.00	\$3,250	\$3,250
009945	WELL/SEPT (MKT)	1.000 UT - (0.000 AC)	1.00/1.00 1.00/1.00	\$3,250	\$3,250

Search Result 7 of 24

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by Google Earth Pro

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR _____ 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.

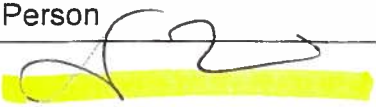
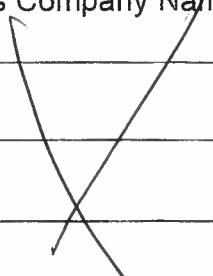
ELECTRICAL	Print Name <u>Barbara Griswold</u> Signature <u>Barbara Griswold</u> License #: <u>owner</u> Phone #: <u>772-216-1723</u> Qualifier Form Attached <input type="checkbox"/>
MECHANICAL/ A/C	Print Name <u>Barbara Griswold</u> Signature <u>Barbara Griswold</u> License #: <u>owner</u> Phone #: <u>772-216-1723</u> Qualifier Form Attached <input type="checkbox"/>

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.

MOBILE HOME INSTALLERS AGENT AUTHORIZATION

I, Fermon Jones, give this authority and I do certify that the below
Installers Name

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	Agents Company Name
Daniel Griswold		
Barbara Griswold	Bluswold	

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.

Fermon Jones
 License Holders Signature (Notarized) IH1025418 11/26/19
 License Number Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Union

The above license holder, whose name is Fermon Jones,
 personally appeared before me and is known by me or has produced identification
 (type of I.D.) personally known on this 26 day of Nov., 2019.

Sandra W. Perry
 NOTARY'S SIGNATURE



(Seal/Stamp)

COLUMBIA COUNTY 9-1-1 ADDRESSING

P. O. Box 1787, Lake City, FL 32056-1787

PHONE: (386) 758-1125 * FAX: (386) 758-1365 * Email: ron_croft@columbiacountyfla.com

Addressing Maintenance

To maintain the Countywide Addressing Policy you must make application for a 9-1-1 Address at the time you apply for a building permit. The established standards for assigning and posting numbers to all principal buildings, dwellings, businesses and industries are contained in Columbia County Ordinance 2001-9. The addressing system is to enable Emergency Service Agencies to locate you in an emergency, and to assist the United States Postal Service and the public in the timely and efficient provision of services to residents and businesses of Columbia County.

DATE REQUESTED: 9/23/2015 DATE ISSUED: 9/23/2015

ENHANCED 9-1-1 ADDRESS:

237 SW TALL OAK GLN
FORT WHITE FL 32038

PROPERTY APPRAISER PARCEL NUMBER:

02-7S-16-04110-002

Remarks:

CORRECTION OF ADDRESS DUE TO NAMING OF A PRIVATE ROADWAY. OLD ADDRESS WAS 718 SW HAWTHORNE TER.

Address Issued By:


Columbia County 9-1-1 Addressing / GIS Department

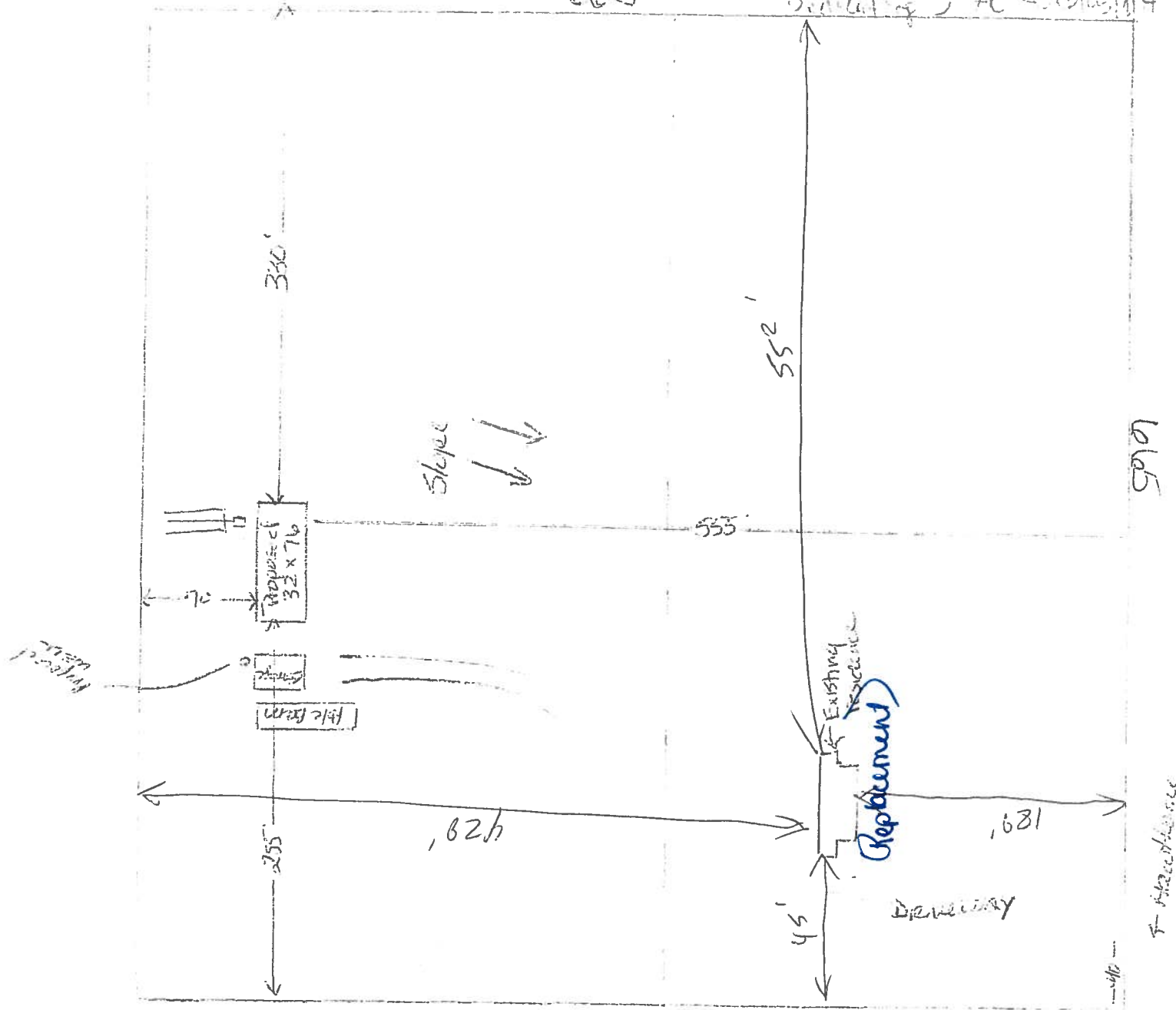
NOTICE: THIS ADDRESS WAS ISSUED BASED ON LOCATION INFORMATION RECEIVED FROM THE REQUESTER. SHOULD, AT A LATER DATE, THE LOCATION INFORMATION BE FOUND TO BE IN ERROR, THIS ADDRESS IS SUBJECT TO CHANGE.

[illegible]

Example

665

vertical 5 AC building 114



Scale 1"=100'

ALSO PURCHASED & NOW OWN 10 ACRES ON TIT'S SIDE

Daniel + Barbara Griswold

02-75-16-04110-007

A FDID <u>29091</u> <input checked="" type="checkbox"/> State <u>FL</u> <input checked="" type="checkbox"/> MM <u>07</u> <input checked="" type="checkbox"/> DD <u>23</u> <input checked="" type="checkbox"/> YYYY <u>2019</u> <input checked="" type="checkbox"/> Station <u>046</u> <input checked="" type="checkbox"/> Incident Number <u>0001290</u> <input checked="" type="checkbox"/> Exposure <u>000</u> <input checked="" type="checkbox"/> NFIRS-1 Basic		<input type="checkbox"/> Update <input type="checkbox"/> Change <input type="checkbox"/> No Action	
B Location Type <input checked="" type="checkbox"/> <input type="checkbox"/> Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B. "Alternative Location Specification" Use only for wildland fires.			
<input checked="" type="checkbox"/> Street address <input type="checkbox"/> Intersection <input type="checkbox"/> In front of <input type="checkbox"/> Rear of <input type="checkbox"/> Adjacent to <input type="checkbox"/> Directions <input type="checkbox"/> U.S. National Grid Number/Milepost <u>237</u> <input checked="" type="checkbox"/> SW <u>TALL OAK</u> <input type="checkbox"/> GLN <input type="checkbox"/> City <u>FORT WHITE</u> <input type="checkbox"/> State <u>FL</u> <input type="checkbox"/> ZIP Code <u>32038</u> Cross Street, Directions or National Grid, as applicable			
C Incident Type <input checked="" type="checkbox"/> <u>121</u> <u>Fire in mobile home us...</u> Incident Type		E1 Dates and Times <input checked="" type="checkbox"/> <input type="checkbox"/> Check boxes if dates are the same as Alarm Date. Alarm <input checked="" type="checkbox"/> Month <u>07</u> <input checked="" type="checkbox"/> Day <u>23</u> <input checked="" type="checkbox"/> Year <u>2019</u> <input checked="" type="checkbox"/> Hour <u>16</u> <input checked="" type="checkbox"/> Min <u>55</u> ARRIVAL required, unless canceled or did not arrive <input checked="" type="checkbox"/> Arrival <input type="checkbox"/> Month <u>07</u> <input type="checkbox"/> Day <u>23</u> <input type="checkbox"/> Year <u>2019</u> <input type="checkbox"/> Hour <u>17</u> <input type="checkbox"/> Min <u>04</u> CONTROLLED optional, except for wildland fires <input type="checkbox"/> Controlled <input type="checkbox"/> Month <u>07</u> <input type="checkbox"/> Day <u>23</u> <input type="checkbox"/> Year <u>2019</u> <input type="checkbox"/> Hour <u>17</u> <input type="checkbox"/> Min <u>04</u> LAST UNIT CLEARED required, except for wildland fires <input checked="" type="checkbox"/> Last Unit Cleared <input type="checkbox"/> Month <u>07</u> <input type="checkbox"/> Day <u>23</u> <input type="checkbox"/> Year <u>2019</u> <input type="checkbox"/> Hour <u>17</u> <input type="checkbox"/> Min <u>04</u>	
D Aid Given or Received <input checked="" type="checkbox"/> <input type="checkbox"/> None 1 <input type="checkbox"/> Mutual aid received 2 <input type="checkbox"/> Auto. aid received 3 <input type="checkbox"/> Mutual aid given 4 <input type="checkbox"/> Auto. aid given 5 <input type="checkbox"/> Other aid given Their FDID <input type="text"/> Their State <input type="text"/> Their Incident Number <input type="text"/>		E2 Shifts and Alarms <input checked="" type="checkbox"/> Shift or Plateau <u>A</u> <input type="checkbox"/> <u>0</u> <input type="checkbox"/> <u>D46</u> E3 Special Studies <input type="checkbox"/>	
F Actions Taken <input checked="" type="checkbox"/> Extinguishment by <u>11</u> <u>fire service personnel</u> Primary Action Taken (1) <u>12</u> <u>Salvage & overhaul</u> Additional Action Taken (2) <u>73</u> <u>Provide manpower</u> Additional Action Taken (3)		G1 Resources <input checked="" type="checkbox"/> <input type="checkbox"/> Check this box and skip this block if an Apparatus or Personnel Module is used. Apparatus <input type="text"/> Personnel <input type="text"/> Suppression <input type="text"/> EMS <input type="text"/> Other <input type="text"/> <input type="checkbox"/> Check box if resource counts include aid received resources	
G2 Estimated Dollar Losses and Values LOSSES: <input type="checkbox"/> Separate for all losses, <input type="checkbox"/> None Property \$ <u>000</u> , <u>006</u> , <u>000</u> <input type="checkbox"/> Contents \$ <u>000</u> , <u>012</u> , <u>000</u> <input type="checkbox"/> PRE-INCIDENT VALUE: Property \$ <u>000</u> , <u>006</u> , <u>000</u> <input type="checkbox"/> Contents \$ <u>000</u> , <u>012</u> , <u>000</u> <input type="checkbox"/>			
Completed Modules <input checked="" type="checkbox"/> Fire-2 <input checked="" type="checkbox"/> Structure Fire-3 <input type="checkbox"/> Civilian Fire Cas.-4 <input type="checkbox"/> Fire Service Cas.-5 <input type="checkbox"/> EMS-6 <input type="checkbox"/> HazMat-7 <input type="checkbox"/> Wildland Fire-8 <input checked="" type="checkbox"/> Apparatus-9 <input checked="" type="checkbox"/> Personnel-10 <input type="checkbox"/> Arson-11		H1 Casualties <input checked="" type="checkbox"/> <input type="checkbox"/> None Deaths Injuries Fire <input type="text"/> <input type="text"/> Service <input type="text"/> <input type="text"/> Civilian <input type="text"/> <input type="text"/> H2 Detector Required for confined fires. 1 <input type="checkbox"/> Detector alerted occupants 2 <input type="checkbox"/> Detector did not alert them U <input type="checkbox"/> Unknown	
H3 Hazardous Materials Release <input type="checkbox"/> <input type="checkbox"/> None 1 <input type="checkbox"/> Natural gas: slow leak, no evacuation or HazMat action. 2 <input type="checkbox"/> Propane gas: <21-lb tank (as in home BBQ grill) 3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container 4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage 5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable storage 6 <input type="checkbox"/> Household solvents: home/office spill; cleanup only 7 <input type="checkbox"/> Motor oil: from engine or portable container 8 <input type="checkbox"/> Paint: from paint cans totaling <55 gallons 0 <input type="checkbox"/> Other: special HazMat actions required or spill > 55 gal (Please complete the HazMat form)		Mixed Use Property <input type="checkbox"/> <input type="checkbox"/> Not mixed 10 <input type="checkbox"/> Assembly use 20 <input type="checkbox"/> Education use 33 <input type="checkbox"/> Medical use 40 <input type="checkbox"/> Residential use 51 <input type="checkbox"/> Row of stores 53 <input type="checkbox"/> Enclosed mall 58 <input type="checkbox"/> Business - residential 59 <input type="checkbox"/> Office use 60 <input type="checkbox"/> Industrial use 63 <input type="checkbox"/> Military use 65 <input type="checkbox"/> Farm use 00 <input type="checkbox"/> Other mixed use	
J Property Use <input checked="" type="checkbox"/> <input type="checkbox"/> None Structures 131 <input type="checkbox"/> Church, place of worship 161 <input type="checkbox"/> Restaurant or cafeteria 162 <input type="checkbox"/> Bar/Tavern or nightclub 213 <input type="checkbox"/> Elementary school, kindergarten 215 <input type="checkbox"/> High school, junior high 241 <input type="checkbox"/> College, adult education 311 <input type="checkbox"/> Nursing home 331 <input type="checkbox"/> Hospital 341 <input type="checkbox"/> Clinic, clinic-type infirmary 342 <input type="checkbox"/> Doctor/Dentist office 361 <input type="checkbox"/> Prison or jail, not juvenile 419 <input checked="" type="checkbox"/> 1- or 2-family dwelling 429 <input type="checkbox"/> Multifamily dwelling 439 <input type="checkbox"/> Rooming/Boarding house 449 <input type="checkbox"/> Commercial hotel or motel 459 <input type="checkbox"/> Residential, board and care 464 <input type="checkbox"/> Dormitory/Barracks 519 <input type="checkbox"/> Food and beverage sales 539 <input type="checkbox"/> Household goods, sales, repairs 571 <input type="checkbox"/> Gas or service station 579 <input type="checkbox"/> Motor vehicle/boat sales/repairs 599 <input type="checkbox"/> Business office 615 <input type="checkbox"/> Electric-generating plant 629 <input type="checkbox"/> Laboratory/Science laboratory 700 <input type="checkbox"/> Manufacturing plant 819 <input type="checkbox"/> Livestock/Poultry storage (barn) 882 <input type="checkbox"/> Non-residential parking garage 891 <input type="checkbox"/> Warehouse Outside 124 <input type="checkbox"/> Playground or park 655 <input type="checkbox"/> Crops or orchard 669 <input type="checkbox"/> Forest (timberland) 807 <input type="checkbox"/> Outdoor storage area 919 <input type="checkbox"/> Dump or sanitary landfill 931 <input type="checkbox"/> Open land or field 936 <input type="checkbox"/> Vacant lot 938 <input type="checkbox"/> Graded/Cared for plot of land 946 <input type="checkbox"/> Lake, river, stream 951 <input type="checkbox"/> Railroad right-of-way 960 <input type="checkbox"/> Other street 961 <input type="checkbox"/> Highway/Divided highway 962 <input type="checkbox"/> Residential street/driveway 981 <input type="checkbox"/> Construction site 984 <input type="checkbox"/> Industrial plant yard Look up and enter a Property Use code and description only if you have NOT checked a Property Use box.			

License Number: IH / 1025418 / 1 Name: FERMON JONES

Order #: 3966

Label #: 63081

Manufacturer:

Homeowner:

Daniel & Barbara Grinnell

Year Model:

Address:

237 Saw Tall Oak Glenn

Length & Width:

26X54

City/State/Zip:

Ft White, FL 32030

Type Longitudinal System:

Phone #:

561-436-1212 - 772-226-1723

Type Lateral Arm System:

Date Installed:

New Home: ☐

Used Home: ☒

Installed Wind Zone:

II

Data Plate Wind Zone:

(Check Size of Home)

Single ☐

Double ☒

Triple ☐

HUD Label #:

Soil Bearing / PSF:

1000

Torque Probe / in-lbs:

276

Permit #:

Note:

STATE OF FLORIDA
INSTALLATION CERTIFICATION LABEL

63081

LABEL #

DATE OF INSTALLATION

FERMON JONES

NAME

IH / 1025418 / 1

3966

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.



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

PERMIT NO. 19-0884
DATE PAID: 2/21/19
FEE PAID: 60.00
RECEIPT #: 1455933

APPLICATION FOR:

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

APPLICANT: DANIEL + BARBARA GRISWOLD

AGENT: _____ TELEPHONE: 772-216-1723

MAILING ADDRESS: 239 SW TALL OAK GLN FT. WHITE, FL 32038

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 #: 02-75-16-04110-002 HXH3 ZONING: _____ I/M OR EQUIVALENT: ☐ Y ☒ N

PROPERTY SIZE: 2.8 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

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

PROPERTY ADDRESS: 237 SW TALL OAK GLN FT WHITE, FL 32038

DIRECTIONS TO PROPERTY: _____

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
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1	<u>MOBILE HOME</u>	<u>3</u>	<u>1833</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

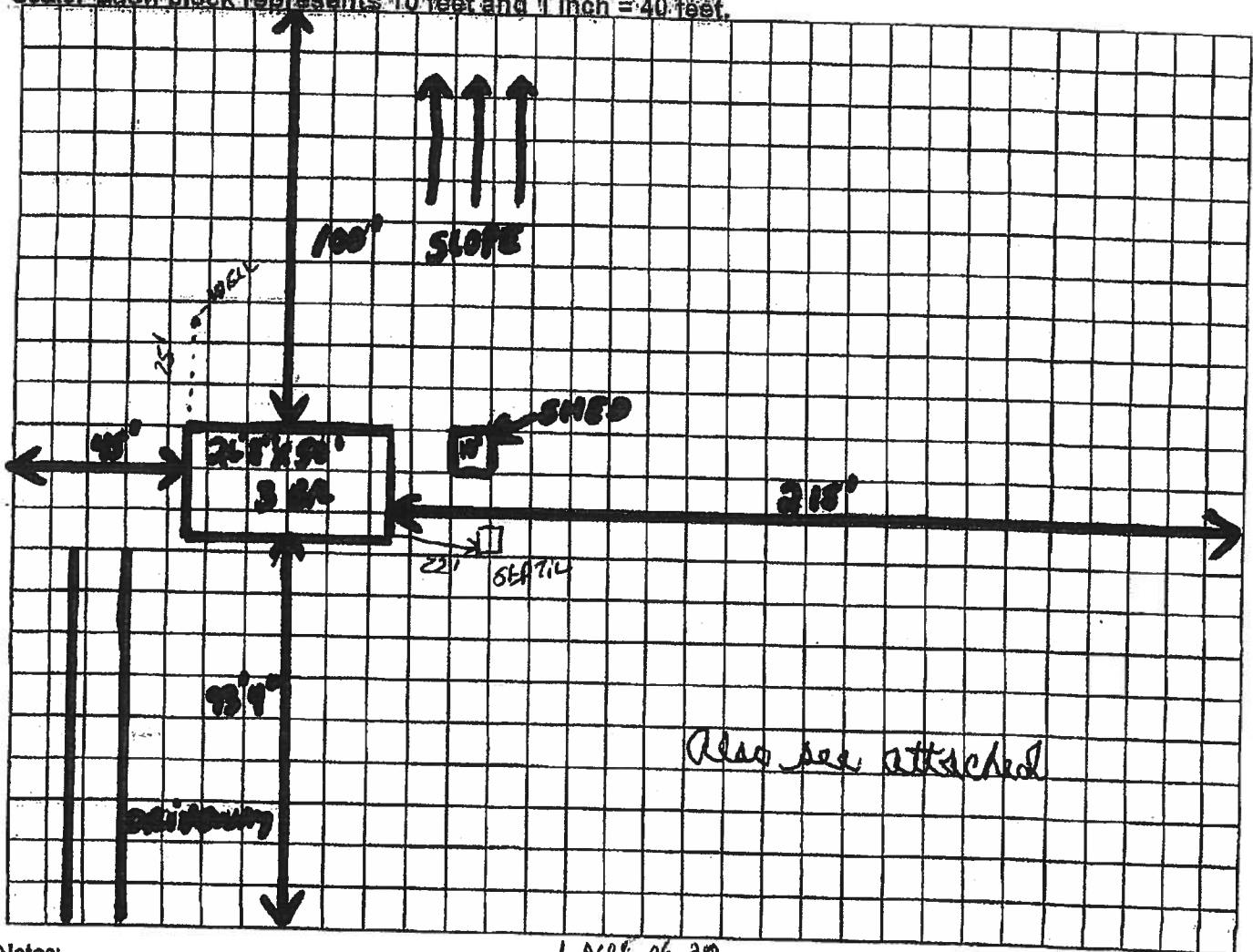
SIGNATURE: [Signature] DATE: 12/03/19

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 19-0884

----- PART II - SITEPLAN -----

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



Notes: _____ 1 Acre of 20

Site Plan submitted by: DANIEL CRISWOLD TITLE _____ DATE: 12/03/19
Plan Approved _____ Not Approved _____ Date 12/12/19
By [Signature] Celishka County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT