Parcel:

28-4S-17-08815-000 (32623)

# **Owner & Property Info**

Result: 14 of 43

STRICKLAND BRENT MATHEW

Owner 5233 NW FALLING CREEK RD

WHITE SPRINGS, FL 32095

Site 174 SW COUNTY ROAD 242A, LAKE CITY

LOT 1 BLK 4 FLORA CREST FARMS UNIT A, EX .55 AC DESC IN ORB 942-586 & EX 1.33 AC

Description\* DESC IN ORB 1039-600. 360-687, 719-424, 750-572, 523 -2325, TD 1371-440, TD 1372- 1726, QC

1396-2203,

Area 1.75 AC S/T/R 28-4S-17

Use Code\*\* MH PARK (2802) Tax District 2

## MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUM	MBER	CONTRA	ACTOR	Brent Strickla	and	PHONE 386-365-7043
		THIS FORM MUST BE SUBMITT	ED PRIOR	TO THE ISSUANCE	OF A PERMIT	
				S	Strickland MH	Park
records of the Ordinance 89- exemption, ge Any changes, a	subcontractors 6, a contractor neral liability in the permitted of	nit will cover all trades doing s who actually did the trade shall require all subcontract insurance and a valid Certific contractor is responsible for eginning any work. Violation	e specific ctors to p cate of C	work under the provide evidence competency lice	ne permit. Per Flo ce of workers' co ense in Columbia eing submitted i	orida Statute 440 and ompensation or County.
ELECTRICAL	Print Name License #:	Brent Strickland Owner  Qualifier Form	m Attache		Brus 386-365-70	Similar 43
MECHANICAL/	Print Name	Brent Strickland		Signature_	Brent	ainklans
A/C	License #:	Owner	-110-00	Phone #:	386-365-704	

Qualifier Forms cannot be submitted for any Specialty License.

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			

Qualifier Form Attached

F. S. 440.103 Building permits; identification of minimum premium policy.—Every employer shall, as a condition to applying for and receiving a building permit, show proof and certify to the permit issuer that it has secured compensation for its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each time the employer applies for a building permit.

Revised 10/30/2015

	marriage vall piers willhin 2' of and of home per Rule 1SC		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  Typical pier spacing  Typical pier spacing  Installer's initials  Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)	Installer Brent Strickland License # IH 1104218 Installer Mobile Phone # 386-365-7043  Address of home
within 2' of end of home spaced at 5' 4" oc  Longitudinal Stabilizing Device (LSD)  Manufacturer Longitudinal Stabilizing Device w/ Lateral Arms  Manufacturer Shearwall  Manufacturer Shearwall	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  Draw the approximate locations of marriage 20 × 20 400 47016 × 25 3/16 × 25 3/16 441 17 3/2 × 25 1/2 × 24 576 576 576 576 576 576 576 576 576 576	R	TABLE FOR USED HOMES  **18   20" \times 20"   22" \times 22"   24" \times 24"   26"    **42)   (400)   (484)*   (576)*   (6    **5'   6'   7'    **8'   8'   8'    **8'   8'   8'    **8'   8'   8'    **8'   8'   8'    **8'   8'   8'    **8'   8'   8'    **8'   8'   8'    **8'   8'   8'    **8'   8'   8'    **8'   8'    **8'   8'    **8'   8'    **8'   8'    **8'   8'    **8'   8'    **8'   8'    **8'   8'    **8'   8'    **8'   8'    **8'   8'    **8'   8'    **8'	Used Home Ito the Manufacturer's Installation De Serial #

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 26	Date Tested 4-11-22	ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER Installer Name	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.  Installer's initials	TORQUE PROBE TEST  The results of the torque probe test is 240 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.	×1000 ×1000 ×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.	XILLO	The pocket penetrometer tests are rounded down to psf or check here to declare 1000 lb. soil without testing	
Installer verifies all information given with this permit worksheed is accurate and true based on the manufacturer's installation instructions and or Rule 15C-1 & 2	irting. Y	Miscellaneous  Skirting to be installed. Yes No No N/A	Weatherproofing  The bottomboard will be repaired and/or taped. YesPg	Type gasket  Installed:  Between Floors Yes  Between Walls Yes  Bottom of ridgebeam Yes	a result of a poorty installed or no gasket being installed. I understand a strip of tape will not serve as a gasket.	Gasket (weatherproofing requirement)  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	Walls: Type Fastener: Length: Spacing: Spacing: Spacing: Length: Spacing: Spacing: Spacing: Length: Spacing: Spacing: Length: Spacing: Spacing: Length: Spacing: Spac	Fastening multi wide units  Type Fastener: Length	Debris and organic material removed Water drainage: Natural Swale Pad Other	Site Preparation

Site Preparation

manufacturer's Installation instructions and or Rule 15C-1 & 2 accurate and true based on the Il information given with this permit worksheet

Installer Signature

independent water supply systems. Pg.\_

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

Date 4

Speckland BRAN DRIVIS --300 = CITY/COMMUNITY WATER -68 WI. 8

2 chips

5 ARLKLAND SAND

CERTH What 22



# **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:

8/4/2020 6:58:08 PM

Address:

174 SW COUNTY ROAD 242A LOT 3

City:

LAKE CITY

State:

FL

Zip Code

32025

Parcel ID

28-4S-17-08815-000

REMARKS:

This address is a verified address in the county's addressing system.

Verification ID: c2eba7db-788f-4f4c-ba9d-36843a70b7f3

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:

**GIS Specialist** 

Columbia County GIS/911 Addressing Coordinator

Columbia County
Department of Information Technology
135 NE Hernando Ave. Lake City, FL 32055
Telephone 386-719-1456



# VERIFICATION CERTIFICATE® PERFORMAN

Issue Date:

04/26/2022

Verification:

IBTS's Manufactured Home Data Verification Team has researched regulatory records on the Horton Homes, Eatonton, GA, manufactured home having the serial number(s) and date of manufacture identified below. Based on shipment records maintained by IBTS, as required by the U.S. Department of Housing and Urban Development, provided by the home manufacturer and pursuant to 24 CFR 3282.552, IBTS verifies the following home performance information listed below corresponds to the home's initial destination and the construction standards set forth in 24 CFR 3280 at the time the home was labeled.

Serial Number(s):

Date of Manufacture:

03-14-1997

H136066G

Wind Zone: Zone II









Verification Provided by the Institute for Building Technology and Safety

bu. L. Gomani

Chief Executive Officer

that may affect the home performance information verified above. requirements in effect at the time the home was labeled by the home manufacturer. IBTS makes no representations beyond those set forth herein and is not liable for modifications to the home's construction or subsequent home moves DISCLAIMER: This information is applicable only to the home having serial numbering and date of manufacture noted above. IBTS provides this verification based on the production reports provided by the home manufacturer and the zone

The Institute for Building Technology and Safety (a nonprofit organization)

45207 Research Place, Ashburn VA 20147 | 866-482-8868 | www.ibts.org

# **IBTS Verification Seal**



# GE 07008251 OF AT THIS ACCORD PARTMENT OF CONSTRUCTED WANDFACTURED

# Lots 384



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM

PERMIT #: 12-SC-2483714

APPLICATION #: AP1814814

DATE PAID: 41122

RECEIPT #:

DOCUMENT # : PR1747926

CONSTRUCTION PERMIT FOR: OSTDS New	
APPLICANT: BRENT**22-0278 STRICKLAND	
PROPERTY ADDRESS: 174 SW CR 242 Lake City, FL 32024	
LOT: 1 BLOCK: 4 SUBDIVISION: FI Crest Farms	
PROPERTY ID #: 08815-000 [SECTION, TOWNSHIP, RANGE, PARCE [OR TAX ID NUMBER]	L NUMBER]
SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARD 381.0065, F.S., AND CHAPTER 64E-6, F.A.C. DEPARTMENT APPROVAL OF SYSTEM DOES SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN WHICH SERVED AS A BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT PERMIT APPLICATION. SUCH MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE ISSUANCE OF THIS PERMIT DOES NOT EXEMPT THE APPLICANT FROM COMPLIANCE WITH STATE, OR LOCAL PERMITTING REQUIRED FOR DEVELOPMENT OF THIS PROPERTY.	MATERIAL FACTS, TO MODIFY THE NULL AND VOID.
SYSTEM DESIGN AND SPECIFICATIONS	
T [ 1.200 ] GALLONS / GPD Sente Tank CAPACITY  A [ ] GALLONS / GPD CAPACITY  N [ ] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK:1250 GALL  K [ ] GALLONS DOSING TANK CAPACITY [ ] GALLONS @[ ] DOSES PER 24 HRS	ONS) *Pumps [ ]
D [ 770 ] SQUARE FEET Drainfield SYSTEM  R [ ] SQUARE FEET SYSTEM: A TYPE SYSTEM: [X] STANDARD [] FILLED [] MOUND []  I CONFIGURATION: [X] TRENCH [] BED []	
F LOCATION OF BENCHMARK: Nailin oak S of site.  I ELEVATION OF PROPOSED SYSTEM SITE [ 12.00 ] [ INCHES FT ] [ APONE BELOW BENCHMARK/RI E BOTTOM OF DRAINFIELD TO BE [ 39.00 ] [ INCHES FT ] [ APONE BELOW BENCHMARK/RI L	EFERENCE POINT
D FILL REQUIRED: [ 0.00 ] INCHES EXCAVATION REQUIRED: [ 0.00 ] INCHES	
The system is sized for 4 bedrooms with a maximum occupancy of 8 persons (2 per bedroom), for a total estimate 400 gpd.	a now o
н	
E	
R	
SPECIFICATIONS BY: WILLIAM D BISHOP TITLE: SA0890009: SM0081587	45)
APPROVED BY: TITLE: Environmental Specialist II	Columbia CHD
DATE ISSUED; 04/07/2022 EXPIRATION DATE	10/07/2023
DH 4016, 08/09 (Obsoletes all previous editions which may not be used) Incorporated: 64E-6.003, FAC	Page 1 of 3

# STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

		Comit	Application Numb	ar ////	05/0
Strickla	nd				
60		TII - SITEPLAN			
Scale. 1 inch = 40 feet.	CK QUAH	M. W. C. K. 118	27.24	5.1	
Existing of to story of the sto	ank tobe	5 (0x 5)	Str de la period s	Cycleria	1 34 A
EN D DF	40' Lot 10		£ 71° 3.41°		đi.
BL.					
M		427.52			
1.		2			· -
Notes:					
Site Plan submitted by:	William D. A.	Saly II	<u>M</u>	ASTER CONT	RACTOR
Plan Approved	No	Columbia (	CHD	Date 3-	
Ву	-	Colollina		4/7/77	h Department
ALL CHANG	ES MUST BE APPRO	OVED BY THE COU	NTY HEALTH DE	PARTMENT	

DH 4015, 08/09 (Obsoletes previous editions which may not be used). Incorporated: 64E-6 001, FAC (Stock Number: 5744-002-4015-6).

Page 2 of 4



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

APPLICATION FOR:  [X] New System [] Existing System [] Holding Tank [] Innovative [] Repair [] Abandonment [] Temporary []
APPLICANT: Brent Strickland
AGENT: ROCKY FORD, A & B CONSTRUCTION TELEPHONE: 386-497-2311
MAILING ADDRESS: 546 SW Dortch Street, 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 3, 44 Strict land Pentals MHP
LOT: 1 BLOCK: 4 SUB: Flora Crest Farms PLATTED:
PROPERTY ID #: 28-4S-17-08815-000 ZONING: I/M OR EQUIVALENT: [ Y / N ]
IS SEWER AVAILABLE AS PER 381.0065, FS? [Y/N] DISTANCE TO SEWER: NO FT
PROPERTY ADDRESS: 174 SW County Road 242A, Lake City, Fl
DIRECTIONS TO PROPERTY: TLONGO US-415, TR onto CR 242A,
trailer park on the left after the 1st house
on the corner.
BUILDING INFORMATION [X] RESIDENTIAL [ ] COMMERCIAL
Unit Type of No. of Building Commercial/Institutional System Design No Establishment Bedrooms Area Sqft Table 1, Chapter 64E-6, FAC
1 SF Residential 2 784 314 314 314 314 314 314 314
2 SF Res. 2 784 X3
3
[ ] Floor/Equipment Drains [ ] Other (Specify)
SIGNATURE: DATE: 3/9/2022



## COLUMBIA COUNTY BUILDING DEPARTMENT

Application 7	#

# PRELIMINARY MOBILE HOME INSPECTION REPORT

\$50.00 Fee Paid \_\_\_\_\_

DATE RECEIVI	ED	BY IS THE M/	H ON THE PROPERTY WHER	E THE PERMIT WILL B	E ISSUED? Yes
			PHONE		
			te Springs, FL, 3209		
MOBILE HOM	E PARK	Yes	SUBDIVISIO	Flora Crest Fa	arms, Lot 1, Blk 4
DRIVING DIR	ECTIONS TO MOBILE	HOME US 90 441 Sout	h, TR CR 242A, 250 f	eet on left, to lot	on left (lot 3)
MOBILE HOM	E INSTALLER	Brent Strickland	PHONE	CEL	ı_ 386-365-7043
MOBILE HO	ME INFORMATIO	N			
MAKE Hort	on	YEAR _	1997 SIZE 14	x 60	COLOR
SERIAL No	H136066G	i			
		Must be wind	zone II or higher NO WIND	ZONE I ALLOWED	
	PLUMBING FIXTUR	ABLE () DAMAGED  () STRUCTURALLY UNSO ERABLE () INOPERABLE RES () OPERABLE () INOI  () HOLES () LEAKS APP	DAMAGED LOCATION		ISSING ( ) LIGHT
EXTERIOR:	WALLS / SIDDING (	) LOOSE SIDING ( ) STRUC	CTURALLY UNSOUND () NO	T WEATHERTIGHT (	) NEEDS CLEANING
	WINDOWS ( ) CR	ACKED/ BROKEN GLASS (	) SCREENS MISSING ( ) WEA	ATHERTIGHT	
	ROOF ( ) APPEARS	SOLID ( ) DAMAGED			
STATUS APPROVED_	WITH CON	DITIONS:			
NOT APPROV	/ED NEED	RE-INSPECTION FOR FOLLO	WING CONDITIONS		
·	VED NEED		WING CONDITIONS	-	R DATE