

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only

(Revised 7-1-15)

Zoning Official _____ Building Official _____

AP# _____ Date Received _____ By _____ Permit # _____

Flood Zone _____ Development Permit _____ Zoning _____ Land Use Plan Map Category _____

Comments _____

FEMA Map# _____ Elevation _____ Finished Floor _____ River _____ In Floodway _____

- ☐ Recorded Deed or ☒ Property Appraiser PO ☐ Site Plan ☐ EH # _____ ☐ 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 on Property ☐ Out County ☐ In County ☐ Sub VF Form

Property ID # 12-3S-15-00165-007 Subdivision NA Lot# NA

- New Mobile Home ☒ Used Mobile Home _____ MH Size 28 x 68 Year 2020
- Applicant Dale Burd Phone # 386-365-7674
- Address 20619 CR 137, Lake City, FL, 32024
- Name of Property Owner Scott & Michelle McCauley Phone# 386-623-1554
- 911 Address 446 NW Nickel Glen, Wellborn, FL, 32094
- Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - (Suwannee Valley Electric) - Duke Energy
- Name of Owner of Mobile Home Caleigh McCauley Phone # 386-623-1554
Address 4142 NW Noegel Road, Wellborn, FL, 32094
- Relationship to Property Owner Daughter
- Current Number of Dwellings on Property 2
- Lot Size 900 x 508 Irregular Total Acreage 27.32
- 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 No
- Driving Directions to the Property US 90 West, TR Noegel Road, TL Lake Jeffery, TL Union Park, TL Nickel Glen, 3/10ths mile to site on right
- Name of Licensed Dealer/Installer Brent Strickland Phone # 386-365-7043
- Installers Address 1294 Hamp Farmer Road, LC, FL, 32055
- License Number IH-1104218 Installation Decal # 65711

Parcel: **12-3S-15-00165-007****Owner & Property Info**

Result: 5 of 6

Owner	MCCAULEY SCOTT P & MICHELLE K 4142 NW NOEGEL ROAD WELLBORN, FL 32094		
Site	4142 NOEGEL RD, WELLBORN		
Description*	THE S 156 FT OF THE W 280 FT OF THE NW1/4. ORB 808-840. & PART OF SEC 11-3S-15E DESC AS FOLLOWS: N1/2 OF NE1/4 OF SE1/4 & S1/3 OF SE1/4 OF NE1/4 EX 2 AC DESC IN ORB 672-180 & EX 5 AC AS DESC IN ORB 1017- 2908 ORB 614-288, 710-488 & 499, 834-2317, QC 1000-1 ...more>>>		
Area	27.32 AC	S/T/R	12-3S-15E
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 (2)	\$11,578	Mkt Land (2)	\$11,578
Ag Land (2)	\$6,156	Ag Land (2)	\$6,156
Building (1)	\$24,559	Building (1)	\$25,766
XFOB (4)	\$12,800	XFOB (4)	\$12,800
Just	\$154,376	Just	\$155,583
Class	\$55,093	Class	\$56,300
Appraised	\$55,093	Appraised	\$56,300
SOH Cap [?]	\$4,212	SOH Cap [?]	\$4,789
Assessed	\$50,881	Assessed	\$51,511
Exempt	HX H3 \$25,000	Exempt	HX H3 \$25,000
Total Taxable	county:\$25,881 city:\$25,881 other:\$25,881 school:\$25,881	Total Taxable	county:\$26,511 city:\$26,511 other:\$26,511 school:\$26,511

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR Brent Strickland PHONE 386-365-7043

THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

Caleigh McCauley

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>Caleigh McCauley</u> License #: <u>Owner</u> Qualifier Form Attached <input type="checkbox"/>	Signature <u>Caleigh McCauley</u> Phone #: <u>386-623-1554</u>
MECHANICAL/ A/C _____	Print Name <u>Michael Boland</u> License #: <u>CAC 1817716</u> Qualifier Form Attached <input checked="" type="checkbox"/>	Signature <u>[Signature]</u> Phone #: <u>386-972-1700</u>

Qualifier Forms cannot be submitted for any Specialty License.

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

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

Revised 10/30/2015



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

I, Michael A Boland (license holder name), licensed qualifier for ACE A/C of Ocala, LLC (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. <u>Dale Eard</u>	1. <u>[Signature]</u>
2. <u>Kelly Bishop</u>	2. <u>Kelly Bishop</u>
3. <u>Rocky Ford</u>	3. <u>[Signature]</u>
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)

CA1817716 License Number
ES1200920 Date 11/17/15

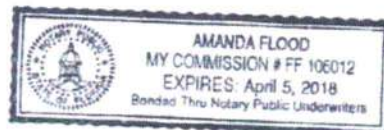
NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Marion

The above license holder, whose name is Michael A. Boland personally appeared before me and is known by me or has produced identification (type of I.D.) _____ on this 17th day of November, 2015

[Signature]
NOTARY'S SIGNATURE

(Seal/Stamp)



PERMIT NUMBER

Installer Brent Strickland License # IH 1104218

Installer Mobile Phone # 386-365-7043

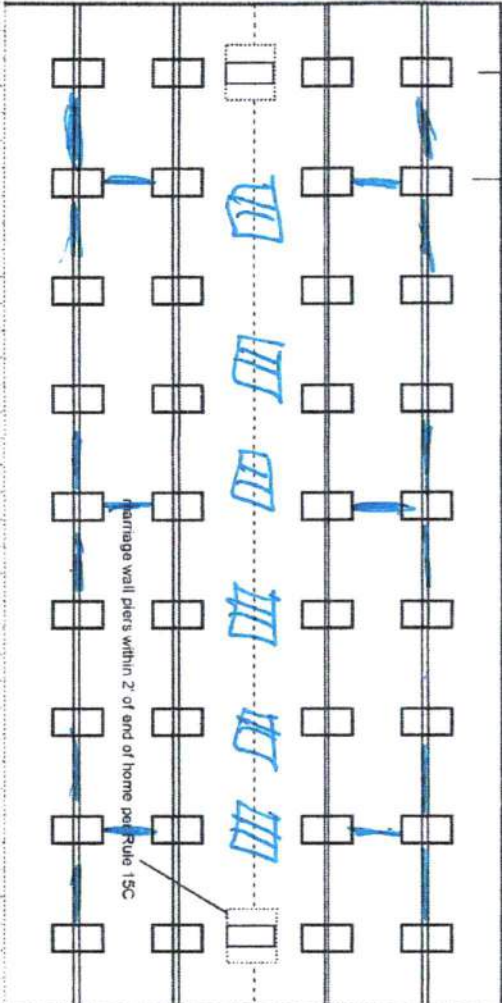
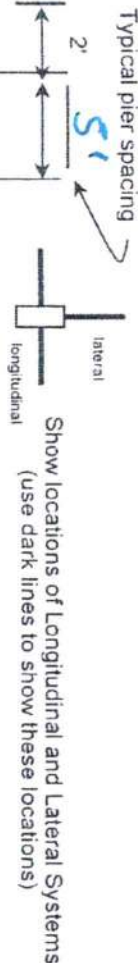
Address of home being installed 4416 NW Nickel Glen
Wesley, FL 32094

Manufacturer Live Oak Length x width 68x28

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 B.S.



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 # 605711

Triple/Quad ☐ Serial # _____

Roof System: ☐ Typical ☐ Hinged

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity	Footer size (sq in)	16" x 16" (256)	18 1/2" x 18 1/2" (342)	20" x 20" (400)	22" x 22" (484)*	24" x 24" (576)*	26" x 26" (676)
1000 psf	3'		4'	5'	6'	7'	8'
1500 psf	4' 6"		6'	7'	8'	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

L-beam pier pad size

17x25

Perimeter pier pad size

16x16

Other pier pad sizes (required by the mfg.)

17x25

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 _____

4 ft ☒ 5 ft _____

ANCHORS

FRAME TIES

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

TIEDOWN COMPONENTS

OTHER TIES

Longitudinal Stabilizing Device (LSD)

Manufacturer _____

Longitudinal Stabilizing Device w/ Lateral Arms

Manufacturer Everbilt

Number

20

4

4

POCKET PENETROMETER TEST

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

X 1500 X 1500 X 1600

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 1600 X 1600 X 1500

TORQUE PROBE TEST

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.

Note: A state approved lateral arm system is being used and 4 ft. anchors are allowed at the sidewall locations. 1 under stand 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.

B.S. Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Brent Strickland

Date Tested

4-10-2020

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. 29

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 29

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 28

Site Preparation

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

Fastening multi wide units

Floor: Type Fastener: lags Length: 5 Spacing: 16"
Walls: Type Fastener: screws Length: 4 Spacing: 16"
Roof: Type Fastener: lags Length: 16 Spacing: 16"
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 B.S.

Installed:

Type gasket Foam
Pg. 22

Between Floors Yes ☒
Between Walls Yes ☒
Bottom of ridgebeam Yes ☒

Weatherproofing

The bottomboard will be repaired and/or taped. Yes ☒ Pg. 29
Siding on units is installed to manufacturer's specifications. Yes ☒
Fireplace chimney installed so as not to allow intrusion of rain water. Yes ☒

Miscellaneous

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

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

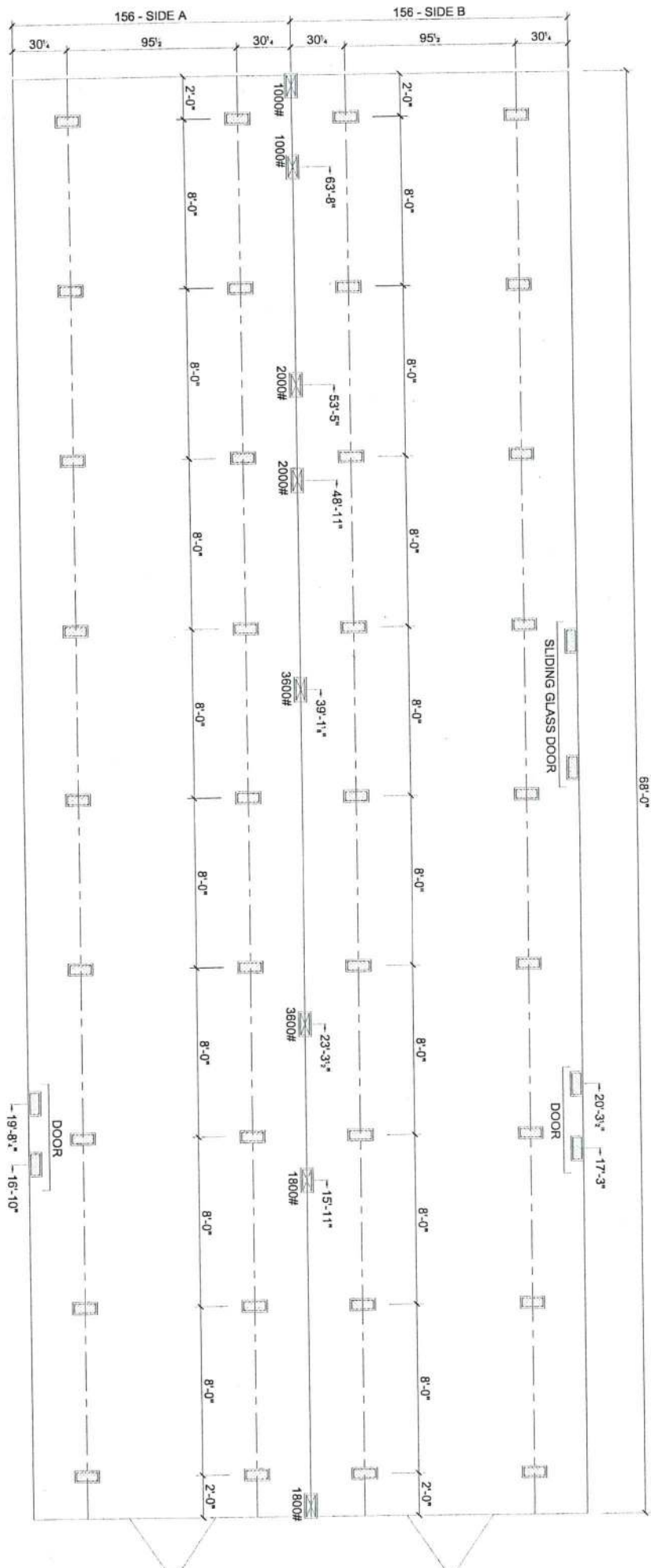
Installer Signature

Brent Strickland

Date

4-10-2020

W R OAKS



MARRIAGE LINE OPENING SUPPORT PIER/TYP.
SUPPORT PIER/TYP.

6-29-2017

FOUNDATION NOTES:
- THIS DRAWING IS DESIGNED FOR THE STANDARD WIND ZONE AND IS TO BE USED IN CONJUNCTION WITH THE INSTALLATION MANUAL AND ITS SUPPLEMENTS.
- FOOTINGS ARE SHOWN FOR EXAMPLE ONLY QUANTITY AND SPACING MAY VARY BASED ON PAD TYPE, SOIL CONDITION, ETC.
- FOOTINGS ARE REQUIRED AT SUPPORT POSTS, SEE INSTALLATION MANUAL FOR REQUIREMENTS.

Live Oak Homes
MODEL: L-2684D - 28 X 68
4-BEDROOM / 2-BATH

- (A) MAIN ELECTRICAL
- (B) ELECTRICAL CROSSOVER
- (C) WATER INLET
- (D) WATER CROSSOVER (IF ANY)
- (E) GAS INLET (IF ANY)
- (F) GAS CROSSOVER (IF ANY)
- (G) DUCT CROSSOVER
- (H) SEWER DROPS
- (I) RETURN AIR (W/OPT. HEAT PUMP OR DUCT)
- (J) SUPPLY AIR (W/OPT. HEAT PUMP OR DUCT)

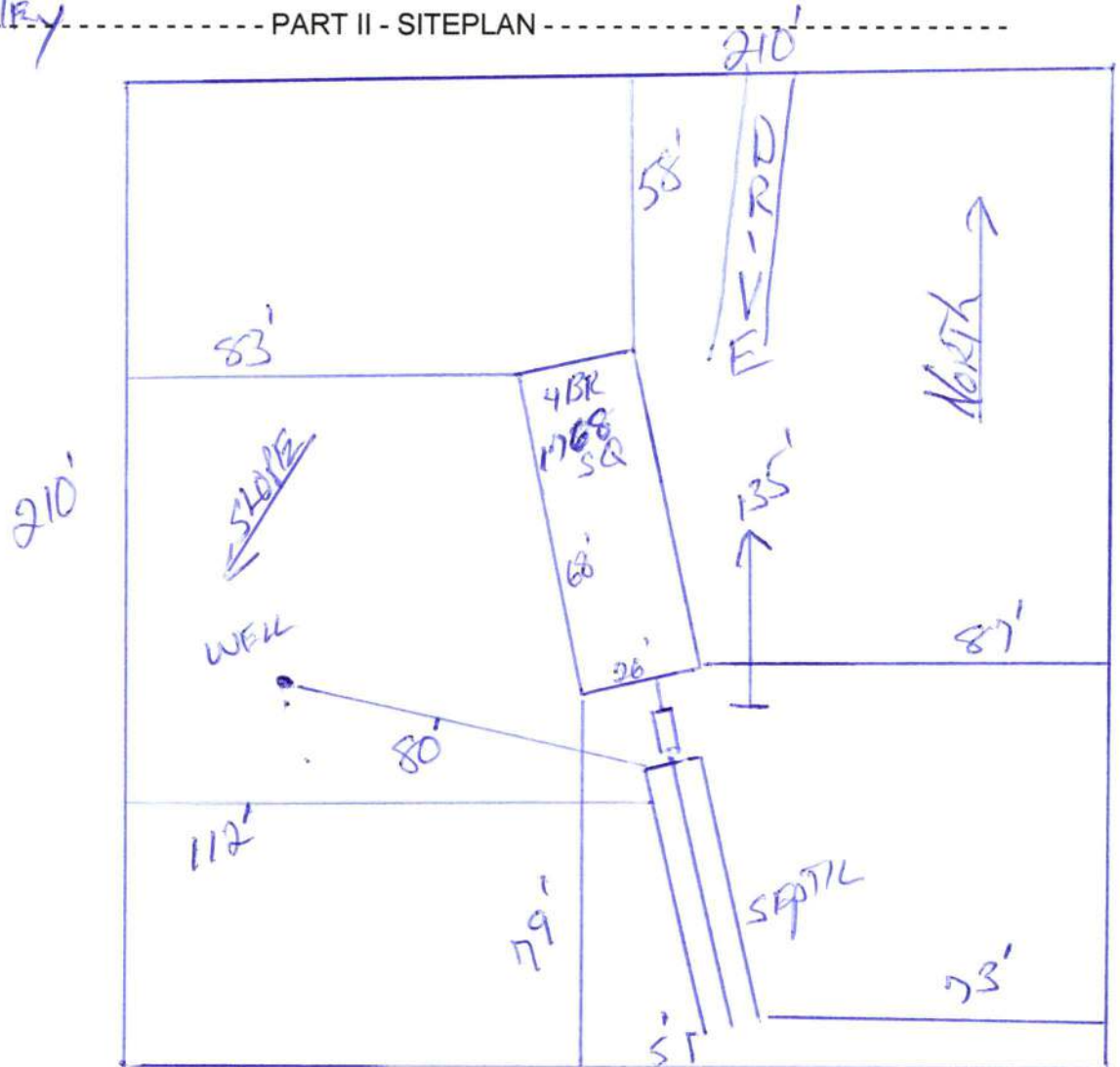
L-2684D

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

Permit Application Number _____

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

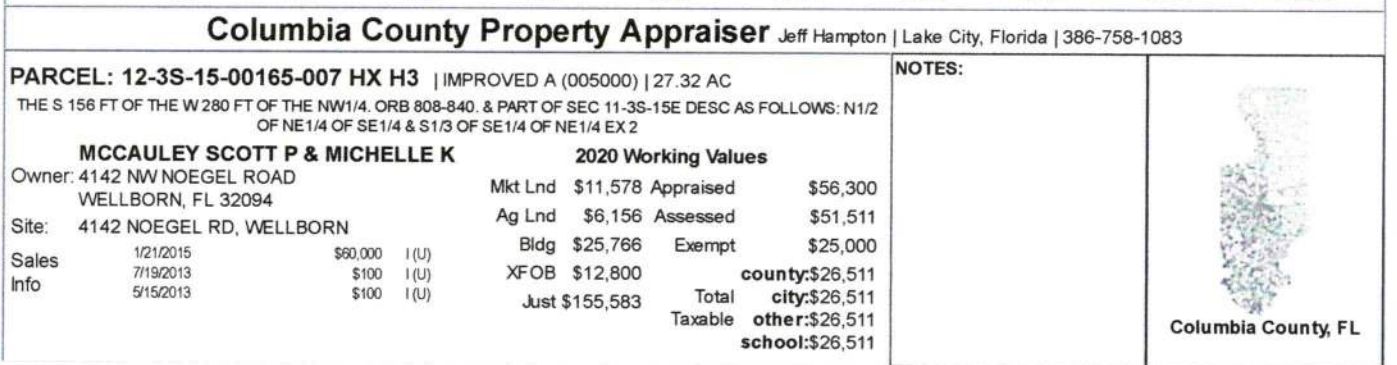
Scale: 1 inch = 40 feet.



Notes: 1 of 29.32 Acres
SEE ATTACHED

Site Plan submitted by: [Signature] _____ CONTRACTOR
Plan Approved _____ Not Approved _____ Date _____
By _____ County Health Department

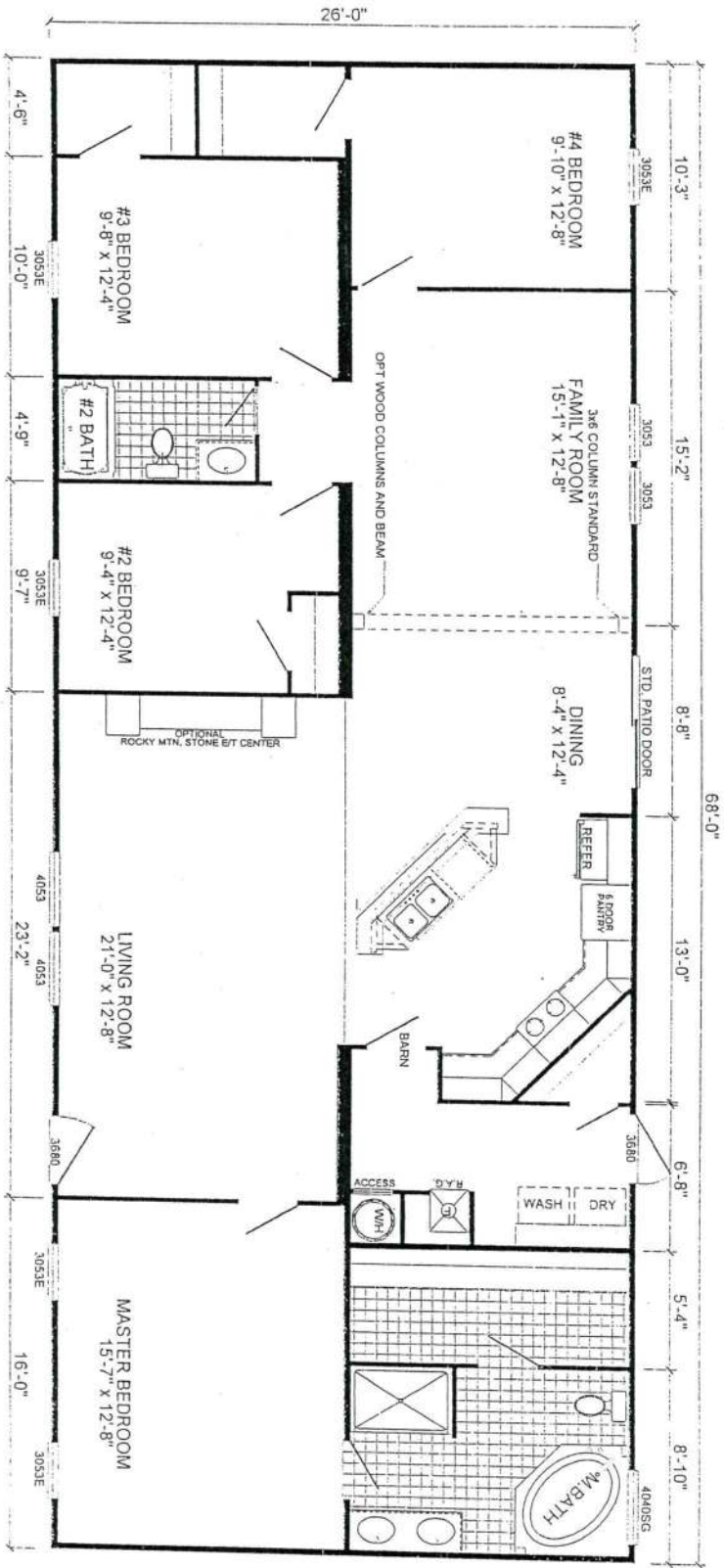
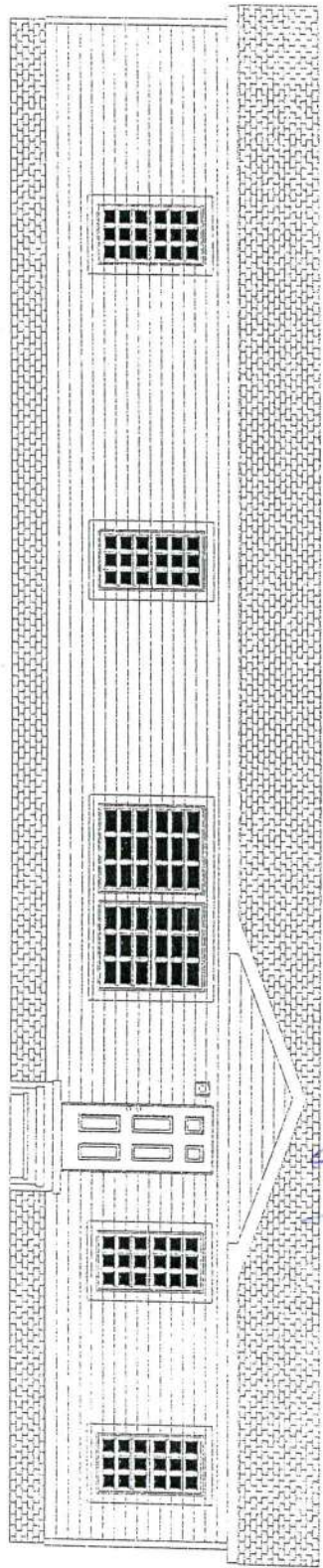
ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



McKelvey

WRANGLER

Revised



L-2684D-SVS

4-BEDROOM / 2-BATH

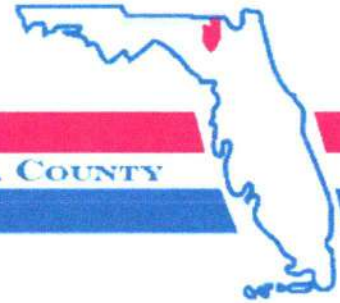
28 x 72 - Approx. 1768 Sq. Ft.

Date: 3-11-2016

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

4/11/20

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: **3/27/2020 4:37:58 PM**
Address: **446 NW NICKLE Gln**
City: **WELLBORN**
State: **FL**
Zip Code **32094**

Parcel ID **00165-007**

REMARKS: Address for proposed structure on parcel. 2nd address for this parcel.

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