CK# 4218

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 10-22-07) Zoning Official cfs 12/4/07 Building Official OK JH 12-4-07

AP# 0712-01 Date Received 12-3-07 By G Permit # 26576

Flood Zone X Development Permit — Zoning A-3 Land Use Plan Map Category A-3

Comments Pre-Inspection Approved. per GP, MH will be tied before power.

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

☑ Site Plan with Setbacks Shown ☑ EH Signed Site Plan ☐ EH Release ☐ Well letter ☑ Existing well

☑ Copy of Recorded Deed or Affidavit from land owner ☐ Letter of Authorization from installer shared

☐ State Road Access ☐ Parent Parcel # _____ ☐ STUP-MH _____

☐ Unincorporated area ☐ Incorporated area ☐ Town of Fort White ☐ Town of Fort White Compliance letter

Property ID # 00-00-00-01072-000 Subdivision Three Rivers Est. Lot 60, Unit 18

- New Mobile Home _____ Used Mobile Home ✓ Year 1989
- Applicant Robert Sheppard Phone # _____
- Address 6355 SE CR 245, Lake City FL. 32055
- Name of Property Owner OraLee Skinner / Bonnie Skinner Phone# _____
- 911 Address 435 SW Boston Terr, Ft. White, FL 32038
- Circle the correct power company - FL Power & Light - Clay Electric
  (Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home Frank Roberts III Phone # 344-9940
  Address 1466 SE. Putnam St. Lake City, FL 32025
- Relationship to Property Owner friend
- Current Number of Dwellings on Property 0
- Lot Size _____ Total Acreage .918
- Do you : Have Existing Drive (Currently using) or Private Drive (Blue Road Sign) or need Culvert Permit (Putting in a Culvert) or Culvert Waiver (Circle one) (Existing a Culvert)
- Is this Mobile Home Replacing an Existing Mobile Home NO (owns)
- Driving Directions to the Property 475, TR on 27 TL Riverside Ave, TL Utah, TR Washington, TL Boston Terr. 11th on left
- Name of Licensed Dealer/Installer Robert Sheppard Phone # 386-623-2203
- Installers Address 6355 SE CR 245 Lake City FL 32055
- License Number IH0000833 Installation Decal # 278547

Spoke to Robert 12/4/07 G

PERMIT WORKSHEET

PERMIT NUMBER

Installer Robert Sheffield License # IH0000835

Address of home being installed

Manufacturer Fleetwood Length x width 14X70

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 4'6

New Home ☐ Used Home ☑

Home installed to the Manufacturer's Installation Manual ☑

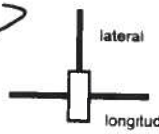
Home is installed in accordance with Rule 15-C ☐

Single wide ☑ Wind Zone II ☑ Wind Zone III ☐

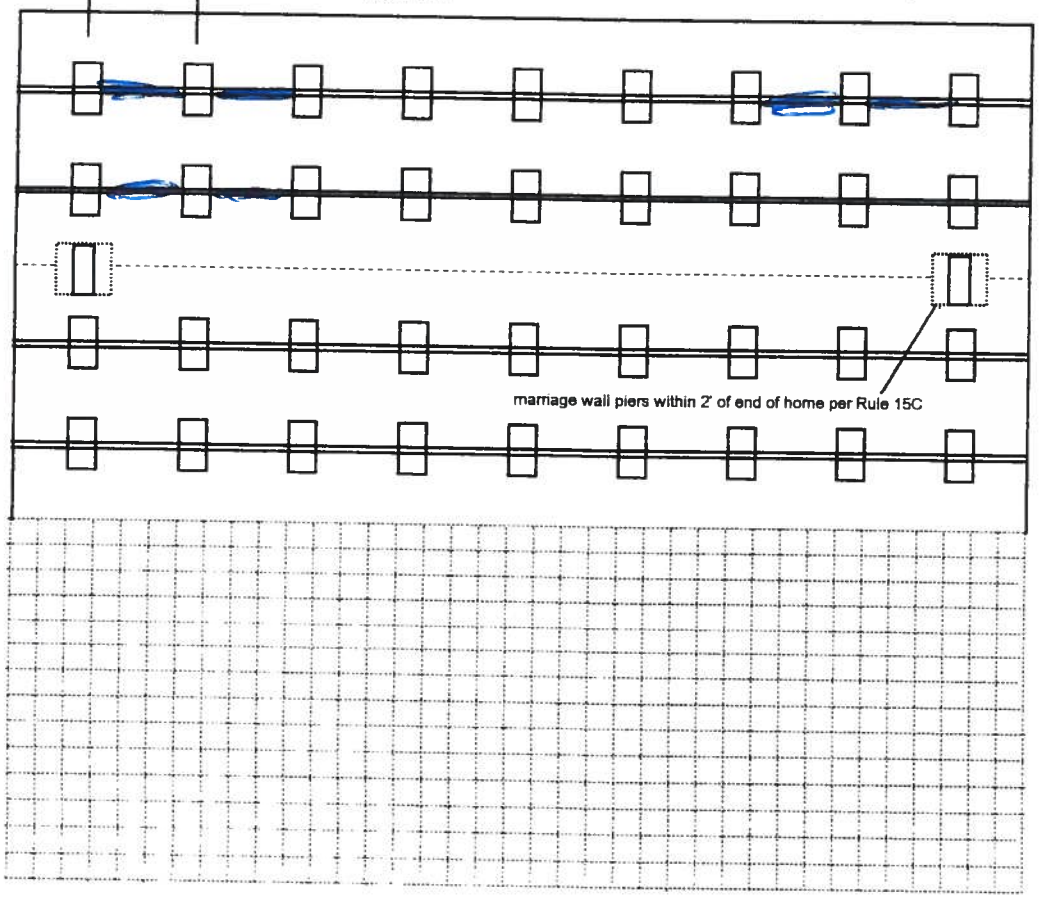
Double wide ☐ Installation Decal # 278457

Triple/Quad ☐ Serial #

Typical pier spacing 2' 4'6



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



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

I-beam pier pad size 17X22

Perimeter pier pad size 17x22

Other pier pad sizes (required by the mfg.) 17X22

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

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

OTHER TIES

	Number
Sidewall	22
Longitudinal	3
Marriage wall	
Shearwall	4

PERMIT WORKSHEET

PERMIT NUMBER _____

POCKET PENETROMETER TEST

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

x 1700 x 1700 x 1700

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 1700 x 1700 x 1700

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. 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.

RS Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Robert Sheffield

Date Tested 11-30-07

Electrical

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between mult-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 ✓
Water drainage: Natural ✓ Swale Pad Other

Fastening multi wide units

Floor: Type Fastener: Length: Spacing:
Walls: Type Fastener: Length: Spacing:
Roof: Type Fastener: Length: Spacing:
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

Type gasket
Pg.

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

Weatherproofing

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

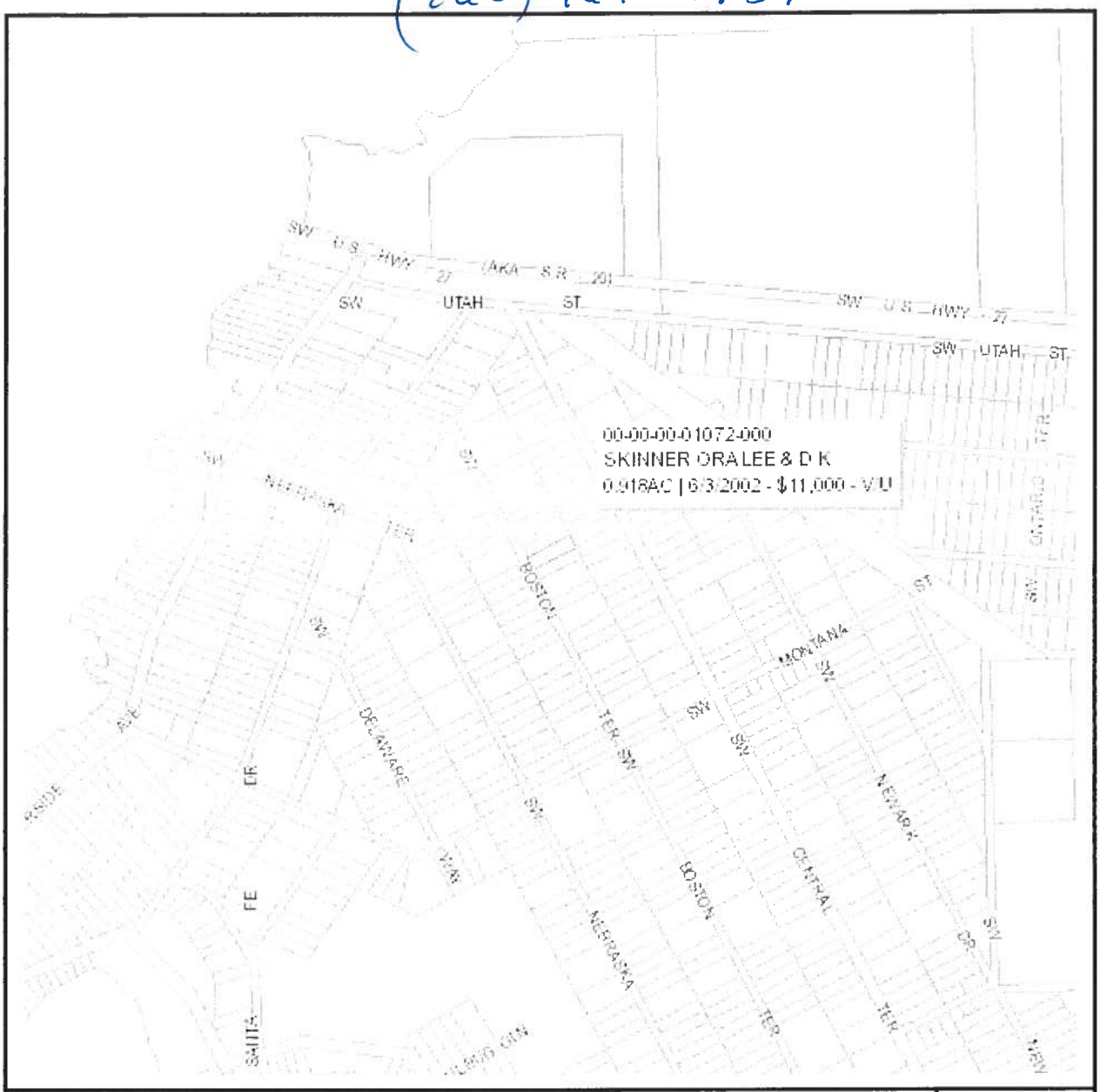
Miscellaneous

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 Robert Sheffield **Date** _____

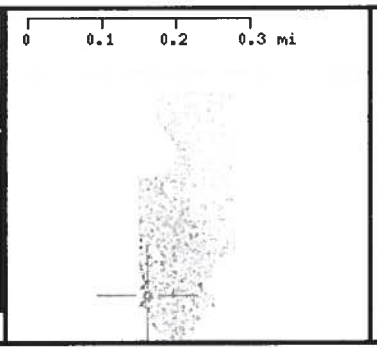
(863) 967-1757



Columbia County Property Appraiser

PARCEL: 00-00-00-01072-000 - VACANT (000000)

Name: SKINNER ORA LEE & D K		LandVal	$18,750.00
Site:		BldgVal	$0.00
Mail:	102 PINE TREE LN AUBERDALE, FL 338232209	ApprVal	$18,750.00
		JustVal	$18,750.00
Sales Info	6/3/2002 $11,000.00 V / U	Assd	$18,750.00
	1/16/2002 $100.00 V / U	Exmpt	$0.00
	1/10/2002 $11,000.00 V / U	Taxable	$18,750.00



This information, GIS Map Updated: 11/15/2007, was derived from data which was compiled by the Columbia County Property Appraiser Office solely for the governmental purpose of property assessment. This information should not be relied upon by anyone as a determination of the ownership of property or market value. No warranties, expressed or implied, are provided for the accuracy of the data herein, it's use, or it's interpretation. Although it is periodically updated, this information may not reflect the data currently on file in the Property Appraiser's office. The assessed values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF COLUMBIA

This is to certify that I, (We), (D.K.) DONNIE K. SKINNER - owner of the below described property ORA Lee SKINNER Donnie K. S

Tax Parcel No. 01022-000

Subdivision (name, lot, block, phase)

Give my permission to FLANK Roberts, III to place a mobile home/travel trailer/single family home (circle one) on the above mentioned property.

I (We) understand that this could result in an assessment for solid waste and fire protection services levied on this property.

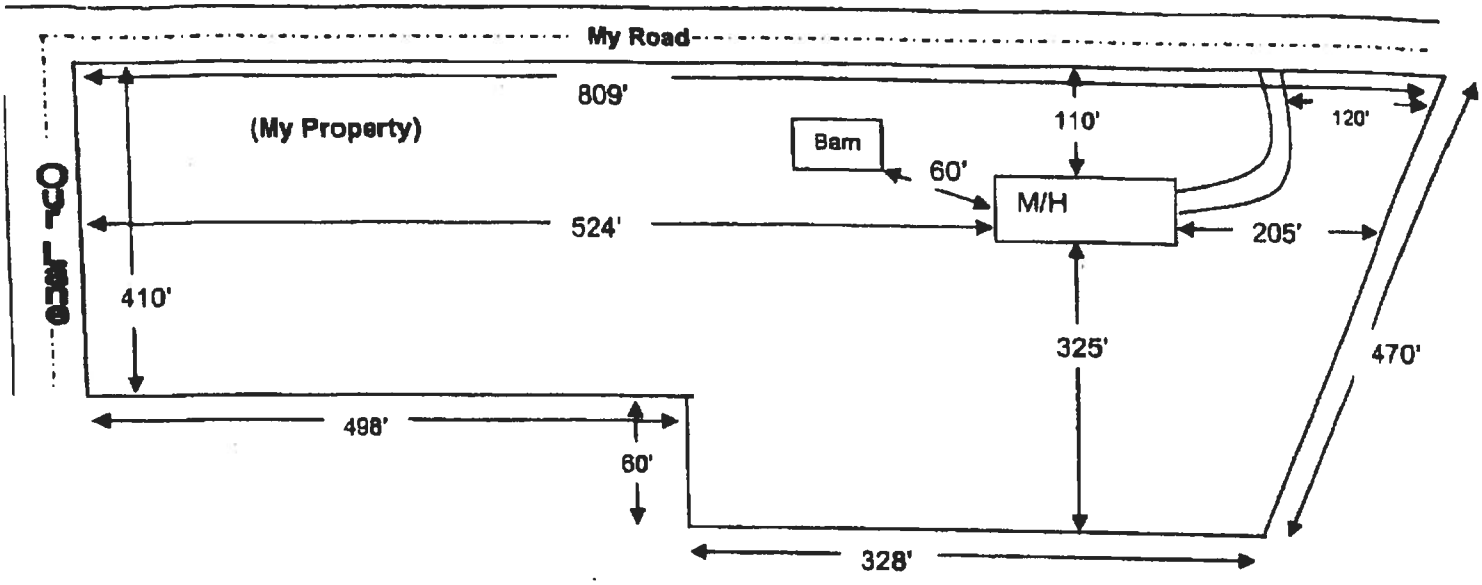
(D.K.) Donnie K. S Ora Lee Skinner
Owner Owner

SWORN AND SUBSCRIBED before me this 30th day of November, 2007. This (these) person(s) are personally known to me or produced ID

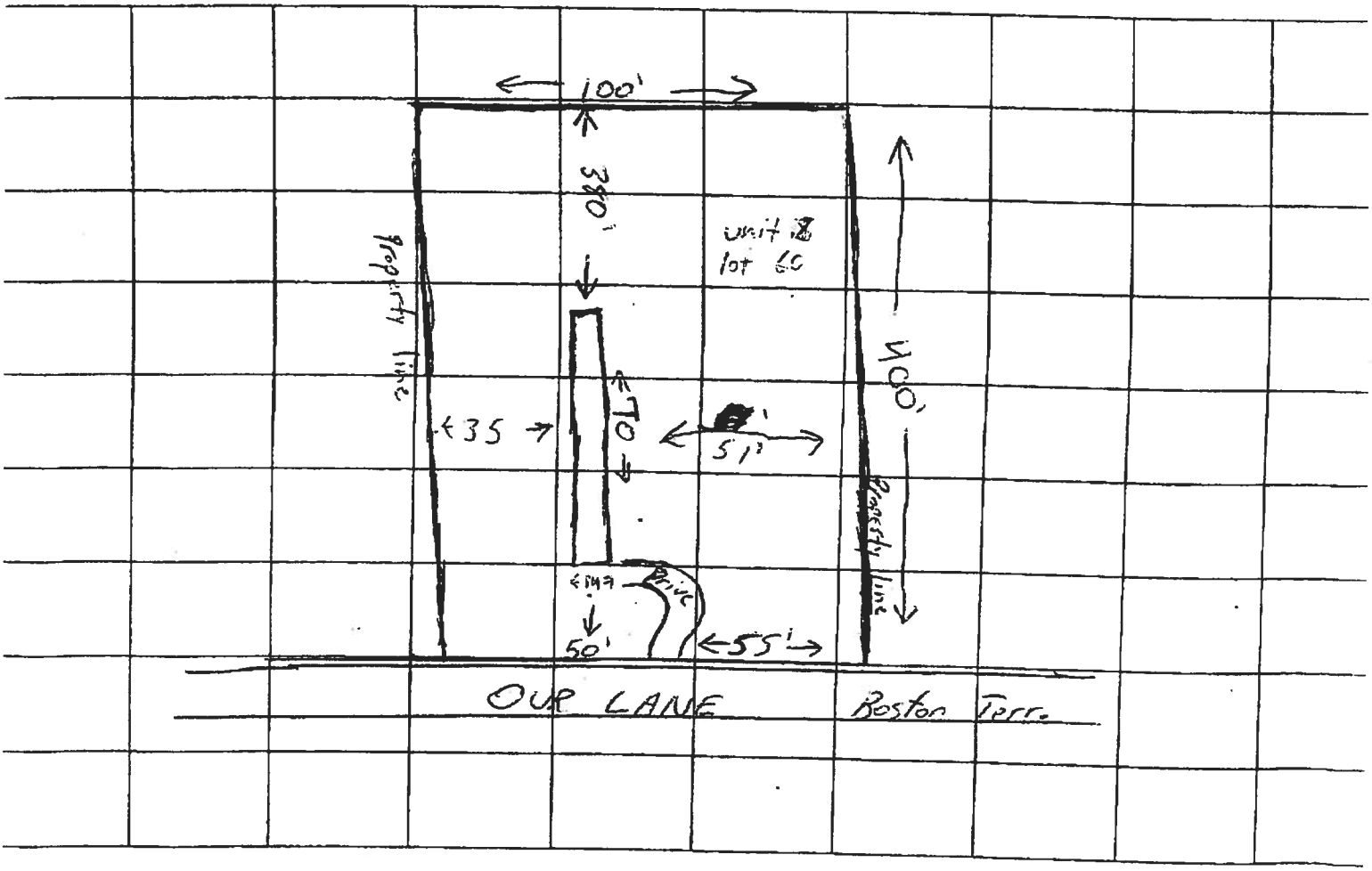
Wanda C Greene
Notary Signature

WANDA C. GREENE
MY COMMISSION # DD 401971
EXPIRES: March 1, 2009
Bonded Thru Notary Public Underwriters

SITE PLAN EXAMPLE / WORKSHEET



Use this example to draw your own site plan. Show all existing buildings and any other homes on this property and show the distances between them, Also show where the roads or roads are around the property. <u>This site plan can also be used for the 911 Addressing department if you include the distance from the driveway to the nearest property line.</u>



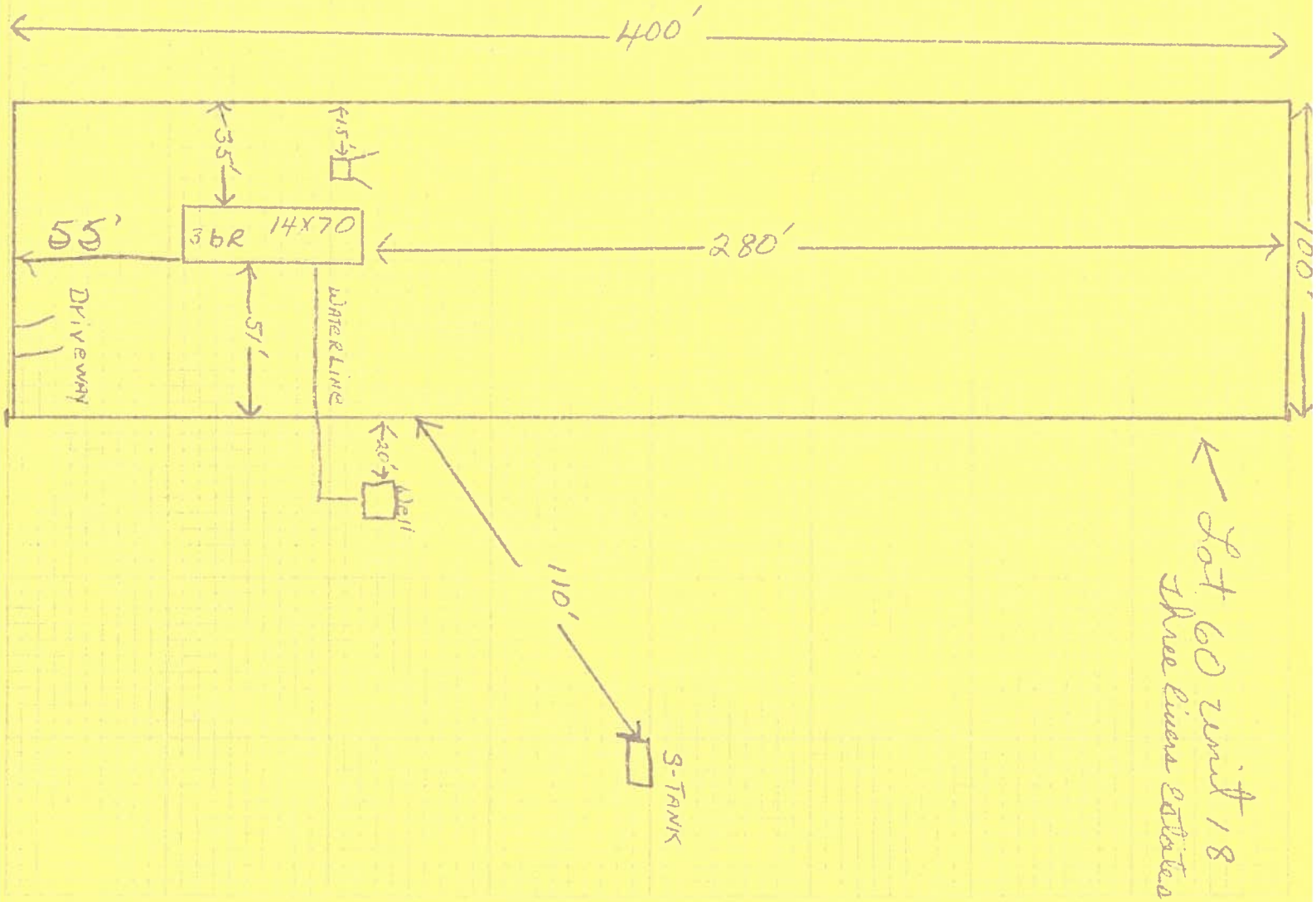
STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 07-0951E

PART II - SITE PLAN

Scale: Each block represents 5 feet and 1 inch = 50 feet.



Notes: _____

Site Plan submitted by: Frank Robb III _____
Signature

_____
Title

Plan Approved _____ Not Approved _____ Date 12-7-07

By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

STATE OF FLORIDA
DEPARTMENT OF HEALTH

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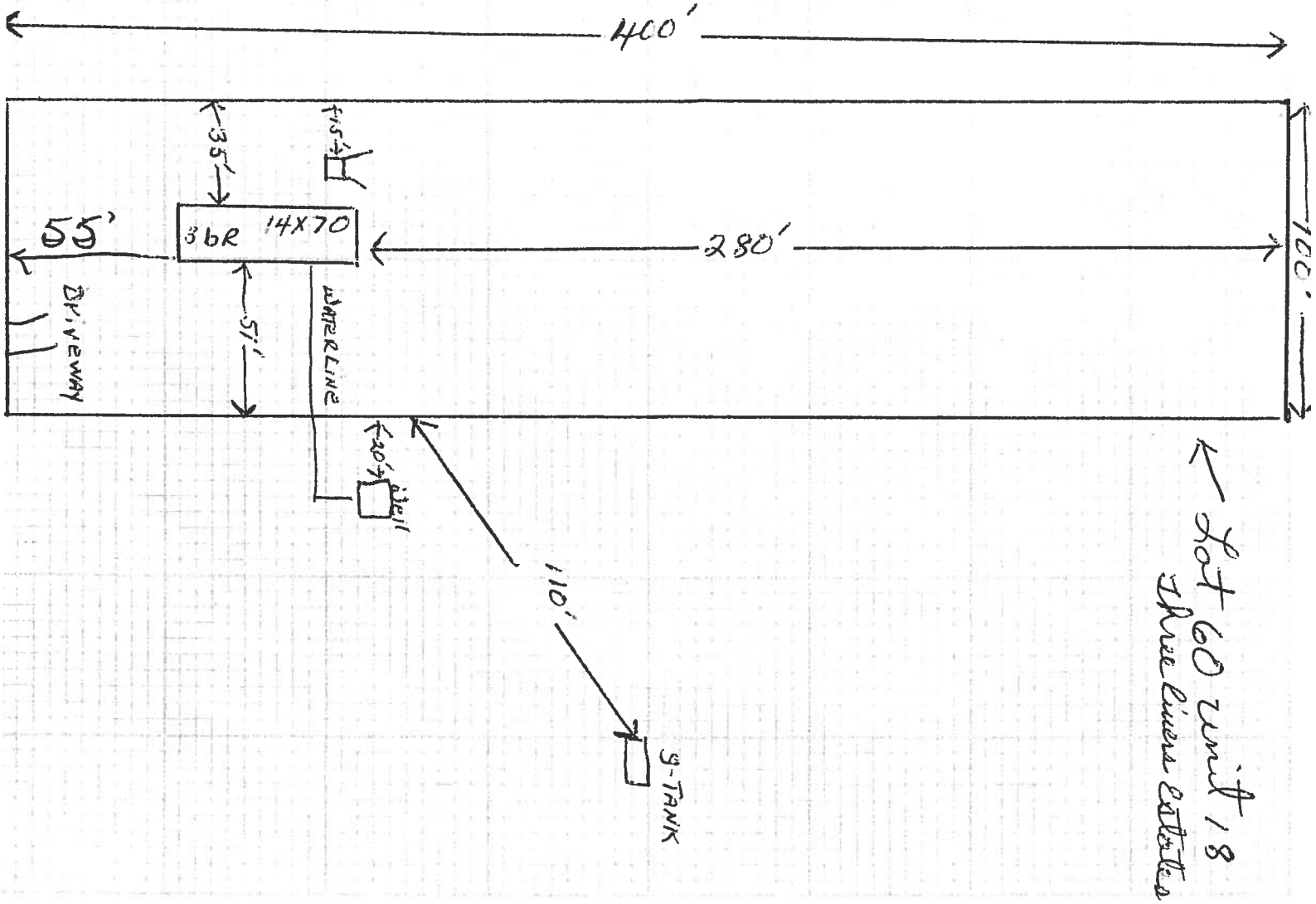

Notes:

12/10 @ 930 - CALLED MR. ROBERTS (AGENT, FUTURE OWNER) : SAID TANK IS REPRESENTIVE OF ACTUAL LOCATION BUT DID NOT USE TAPE MEASURE. CCHD RECORDS INDICATE 40' FROM P/L WITH TANK.

Site Plan submitted by: Frank Roberts III (Signature) Agent (Title)

Plan Approved X APPROVED Not Approved ____ Date 12-7-07

By [signature] Columbia CHD County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 12/18/07 BY [illegible] IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? Yes

OWNERS NAME Frank Roberts PHONE ______ CELL ______

ADDRESS 435 SW Boston Terr, Ft. White, FL

MOBILE HOME PARK ______ SUBDIVISION ______

DRIVING DIRECTIONS TO MOBILE HOME 47S, TR on 27, TL Riverside Ave, TL Utah, TR Washington, TL Boston Terr, 11th on left.

MOBILE HOME INSTALLER Robert Sheppard PHONE 623-2203 CELL ______

MOBILE HOME INFORMATION

MAKE Fleetwood YEAR ~~[illegible]~~ 1981 SIZE 14 x 70 COLOR Beige & Brn Trim

SERIAL NO. GDLCFL 368152SD

WIND ZONE II Must be wind zone II or higher NO WIND ZONE I ALLOWED

INSPECTION STANDARDS

INTERIOR

P or F - P= PASS F= FAILED

✓ SMOKE DETECTOR ( ) OPERATIONAL ( ) MISSING

✓ FLOORS ( ) SOLID ( ) WEAK ( ) HOLES DAMAGED LOCATION ______

F DOORS ( ) OPERABLE (X) DAMAGED

F WALLS ( ) SOLID (X) STRUCTURALLY UNSOUND Living Room wall under window rotten.

✓ WINDOWS ( ) OPERABLE ( ) INOPERABLE

✓ PLUMBING FIXTURES ( ) OPERABLE ( ) INOPERABLE ( ) MISSING

✓ CEILING ( ) SOLID ( ) HOLES ( ) LEAKS APPARENT

F ELECTRICAL (FIXTURES/OUTLETS) ( ) OPERABLE (X) EXPOSED WIRING ( ) OUTLET COVERS MISSING ( ) LIGHT FIXTURES MISSING

EXTERIOR

F WALLS / SIDDING ( ) LOOSE SIDING (X) STRUCTURALLY UNSOUND ( ) NOT WEATHERTIGHT ( ) NEEDS CLEANING

✓ WINDOWS ( ) CRACKED/ BROKEN GLASS ( ) SCREENS MISSING ( ) WEATHERTIGHT

✓ ROOF ( ) APPEARS SOLID ( ) DAMAGED

STATUS

APPROVED ______ WITH CONDITIONS ______

NOT APPROVED ✓ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS Doors will not close. Siding damaged beside front door. Interior wall rotten in living room.

SIGNATURE [signature] ID NUMBER 403 DATE 12-19-07