

engineer letter ?

AA
LW

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 7-1-15) Zoning Official _____ Building Official _____
AP# 58542 Date Received 12/28 By EW Permit # _____
Flood Zone A Development Permit _____ Zoning A-3 Land Use Plan Map Category Ag
Comments _____
FEMA Map# _____ Elevation _____ Finished Floor 2' above dirt road 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 _____ ☐ Out County ☐ In County ☐ Sub VF Form

Property ID # 22-55-17-09340-055 Subdivision Mason City Lot# _____

▪ New Mobile Home _____ Used Mobile Home ☒ MH Size 28x68 Year 1988

▪ Applicant Joseph Kesner Phone # _____

▪ Address 188 NW Craig Ave., Lake City, FL 32055

▪ Name of Property Owner Joseph Kesner Phone# _____

▪ 911 Address 234 SW Hodges way Lake City

▪ Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Duke Energy

▪ Name of Owner of Mobile Home Joseph Kesner Phone # _____
Address 188 NW Craig Ave., Lake City, FL 32055

▪ Relationship to Property Owner self

▪ Current Number of Dwellings on Property 0

▪ Lot Size _____ Total Acreage 1.63

▪ 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 West NE Justice st - Right NE Hernando Ave - NW madison - Left US 41 - Right SW Turner Pl - SW Blooming Tee - SW Hodges Way.

Email Address for Applicant: Jean@flamhsetups.com

▪ Name of Licensed Dealer/Installer FLA Mobile Home Movers Phone # (904) 228-8400

▪ Installers Address 767 Blanding Blvd., Ste. 110-B, Orange Park, FL 32065

▪ License Number TH/1138561 Installation Decal # _____



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

MOBILE HOME INSTALLERS LETTER OF AUTHORIZATION

I, Jean Franklin, give this authority for the job address show below
Installer License Holder Name

only, 234 SW Hodges Way, and I do certify that
Job Address

the below 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	Authorized Person is... (Check one)
<u>Kesner Joseph</u>	<u>Kesner Joseph</u>	<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner

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.

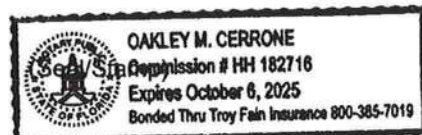
Jean Franklin
License Holders Signature (Notarized) License Number Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Clay

The above license holder, whose name is Jean Franklin,
personally appeared before me and is known by me or has produced identification
(type of I.D.) FLDL-F652-473-89-630 on this 22nd day of December, 2022.

[Signature]
NOTARY'S SIGNATURE



CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED _____ BY _____ IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? Yes

OWNERS NAME Joseph Kesner PHONE 239-321-1804 CELL _____

ADDRESS _____

MOBILE HOME PARK _____ SUBDIVISION Madison City

DRIVING DIRECTIONS TO MOBILE HOME _____

MOBILE HOME INSTALLER Jean Franklin PHONE 904-228-8400 CELL _____

MOBILE HOME INFORMATION

MAKE Homes of merit YEAR 1988 SIZE 28 x 68 COLOR _____

SERIAL No. FLA 395869 & 395870

WIND ZONE 2 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 _____

_____ DOORS ☒ OPERABLE () DAMAGED

_____ WALLS ☒ SOLID () STRUCTURALLY UNSOUND

_____ WINDOWS ☒ OPERABLE () INOPERABLE

_____ PLUMBING FIXTURES ☒ OPERABLE () INOPERABLE () MISSING

_____ CEILING () SOLID ☒ HOLES () LEAKS APPARENT

_____ ELECTRICAL (FIXTURES/OUTLETS) ☒ OPERABLE () EXPOSED WIRING () OUTLET COVERS MISSING () LIGHT
FIXTURES MISSING

EXTERIOR:

_____ WALLS / SIDING () LOOSE SIDING () 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 _____

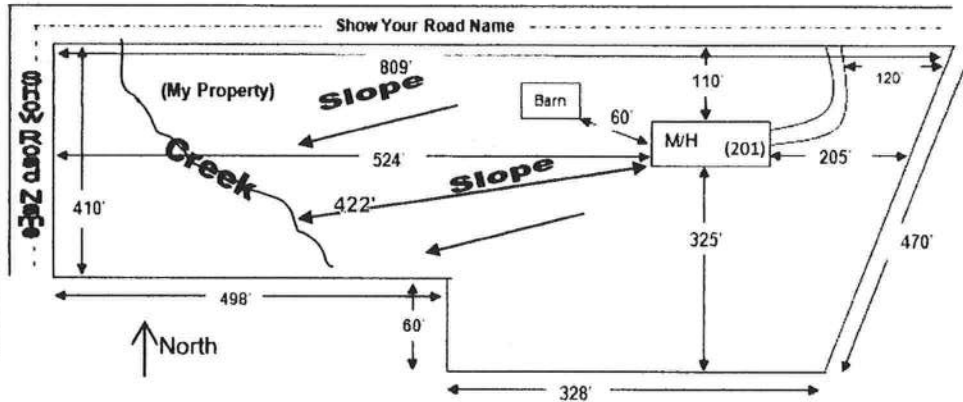
SIGNATURE _____ ID NUMBER _____ DATE _____

SITE PLAN CHECKLIST

- ✓ 1) Property Dimensions
- ✓ 2) Footprint of proposed and existing structures (including decks), label these with existing addresses
- ✓ 3) Distance from structures to all property lines
- ✓ 4) Location and size of easements
- 5) Driveway path and distance at the entrance to the nearest property line
- 6) Location and distance from any waters; sink holes; wetlands; and etc.
- ✓ 7) Show slopes and or drainage paths
- ✓ 8) Arrow showing North direction

SITE PLAN EXAMPLE

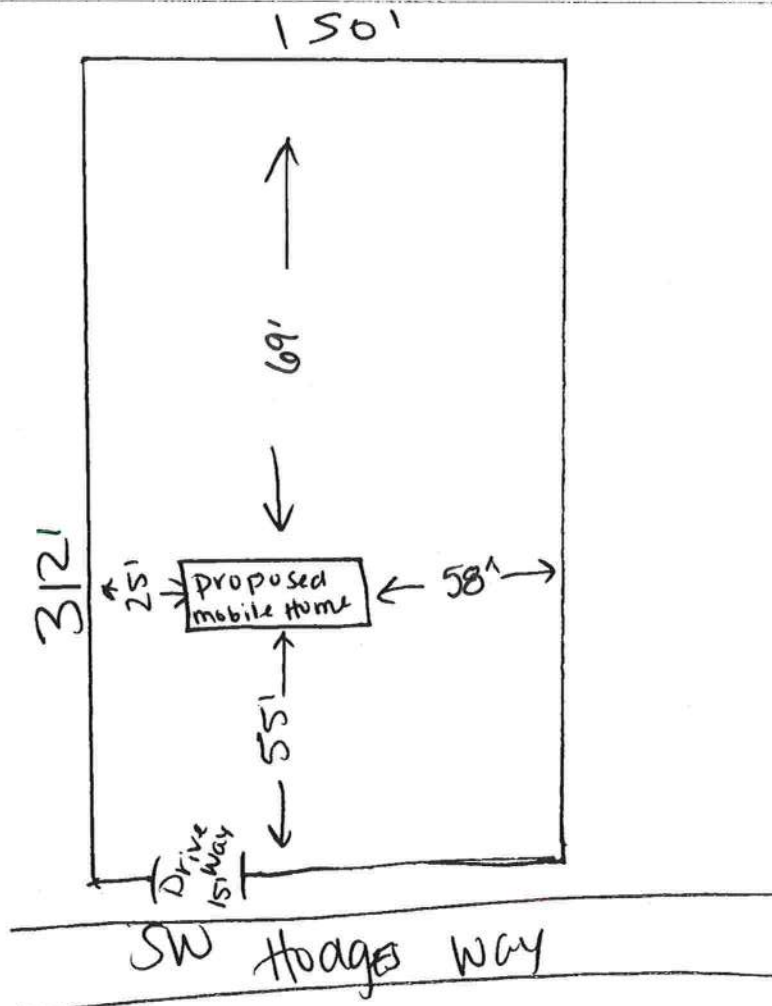
Revised 7/1/15



NOTE:

This site plan can be copied and used with the 911 Addressing Dept. application forms.

N*





STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM (OSTDS)

FW

PERMIT NO. 22-06122
DATE PAID: 8/11/22
FEE PAID: 310.00
RECEIPT #: 1871837

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR: Kesner Joseph
☒ New System ☐ Existing System ☐ Holding Tank ☐ Innovative
☐ Repair ☐ Abandonment ☐ Temporary ☐
APPLICANT: Joseph Kesner EMAIL: nflseptic-tank@comcast.net
AGENT: Robert Ford 999 - North Florida Septic Tank Inc. TELEPHONE: 386-755-6372
MAILING ADDRESS: 741 SE State Rd 100, Lake City FL 32025

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: 68 BLOCK: 48 SUBDIVISION: Mason City OSTDS REMEDIATION PLAN? ☒ Y / ☐ N
PLATTED: _____

PROPERTY ID #: 22-55-17-09340-055 ZONING: SF I/M OR EQUIVALENT: ☐ Y / ☐ N

PROPERTY SIZE: 1.63 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ☐ ≤2000GPD ☐ >2000GPD

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

PROPERTY ADDRESS: TBD SW Hodges Way

DIRECTIONS TO PROPERTY: _____

BUILDING INFORMATION

☒ RESIDENTIAL ☐ COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table I, Chapter 62-6, FAC
1	<u>M/H 28'x76'</u>	<u>4</u>	<u>2120</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____
SIGNATURE: Robert Ford 999 DATE: 7.28.22



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

PERMIT #: 12-SC-2553891
APPLICATION #: AP1871837
DATE PAID: 8/1/22
FEE PAID: 310.00
RECEIPT #: _____
DOCUMENT #: PR1815204

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: KESNER**22-0662 JOSEPH

PROPERTY ADDRESS: SW HODGES Lake City, FL 32024

LOT: _____ BLOCK: _____ SUBDIVISION: _____

PROPERTY ID #: 09340-055 [SECTION, TOWNSHIP, RANGE, PARCEL NUMBER]
[OR TAX ID NUMBER]

SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF SECTION 381.0065, F.S., AND CHAPTER 64E-6, F.A.C. DEPARTMENT APPROVAL OF SYSTEM DOES NOT GUARANTEE SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN MATERIAL FACTS, WHICH SERVED AS A BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT TO MODIFY THE PERMIT APPLICATION. SUCH MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE NULL AND VOID. ISSUANCE OF THIS PERMIT DOES NOT EXEMPT THE APPLICANT FROM COMPLIANCE WITH OTHER FEDERAL, STATE, OR LOCAL PERMITTING REQUIRED FOR DEVELOPMENT OF THIS PROPERTY.

SYSTEM DESIGN AND SPECIFICATIONS

T [500] GALLONS / GPD _____ Aerobic Unit _____ CAPACITY
A [] GALLONS / GPD _____ N/A _____ CAPACITY
N [] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK:1250 GALLONS]
K [] GALLONS DOSING TANK CAPACITY [] GALLONS [] DOSES PER 24 HRS #Pumps []

D [375] SQUARE FEET _____ Drainfield _____ SYSTEM

R [] SQUARE FEET _____ N/A _____ SYSTEM

A TYPE SYSTEM: [] STANDARD [] FILLED [X] MOUND [] _____

I CONFIGURATION: [X] TRENCH [] BED [] _____

N

F LOCATION OF BENCHMARK: tree S. of site.

I ELEVATION OF PROPOSED SYSTEM SITE [24.00] [INCHES] FT [] ABOVE [X] BELOW BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [6.00] [INCHES] FT [] ABOVE [X] BELOW BENCHMARK/REFERENCE POINT

L

D FILL REQUIRED: [36.00] INCHES EXCAVATION REQUIRED: [27.00] INCHES

O The system is sized for 4 bedrooms with a maximum occupancy of 8 persons (2 per bedroom), for a total estimated flow of 400 gpd.

T ***System will be 50% nitrogen reducing ATU as required by BMAP restriction in code, using a 24" water table separation.
H Nitrogen reducing NSF-245 certified aerobic treatment unit required." Maintenance contract and operating permitting/fee
E also required.-Operating permit fee and application / 2yr signed maintenance entity contract agreement w/ owner required
R prior to final approval.

**Remove all spodic & SCL material, excavation material is to NOT be used in or on system including slopes replace all

SPECIFICATIONS BY: Robert W Ford

TITLE: Al Confrato

APPROVED BY: Dustin W Jones

TITLE: Environmental Specialist II

Columbia CHD

DATE ISSUED: 08/30/2022

EXPIRATION DATE: 02/29/2024

DH 4016, 08/09 (Obsoletes all previous editions which may not be used)

Incorporated: 64E-6.003, FAC

Page 1 of 3

7114

AP1871837

021708423

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

Permit Application Number 22-04642

1"=60'

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

See Att

Notes: _____

Site Plan submitted by: Robert Ford 2007

MASTER CONTRACTOR

Plan Approved _____ Not Approved _____

Date 8/30/22

By [Signature] County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____ JOB NAME _____

THIS FORM MUST BE SUBMITTED BEFORE A PERMIT WILL BE ISSUED

Columbia County issues combination permits. 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 general contractors permit.

NOTE: It shall be the responsibility of the general contractor to make sure that all of the subcontractors are licensed with the Columbia County Building Department.

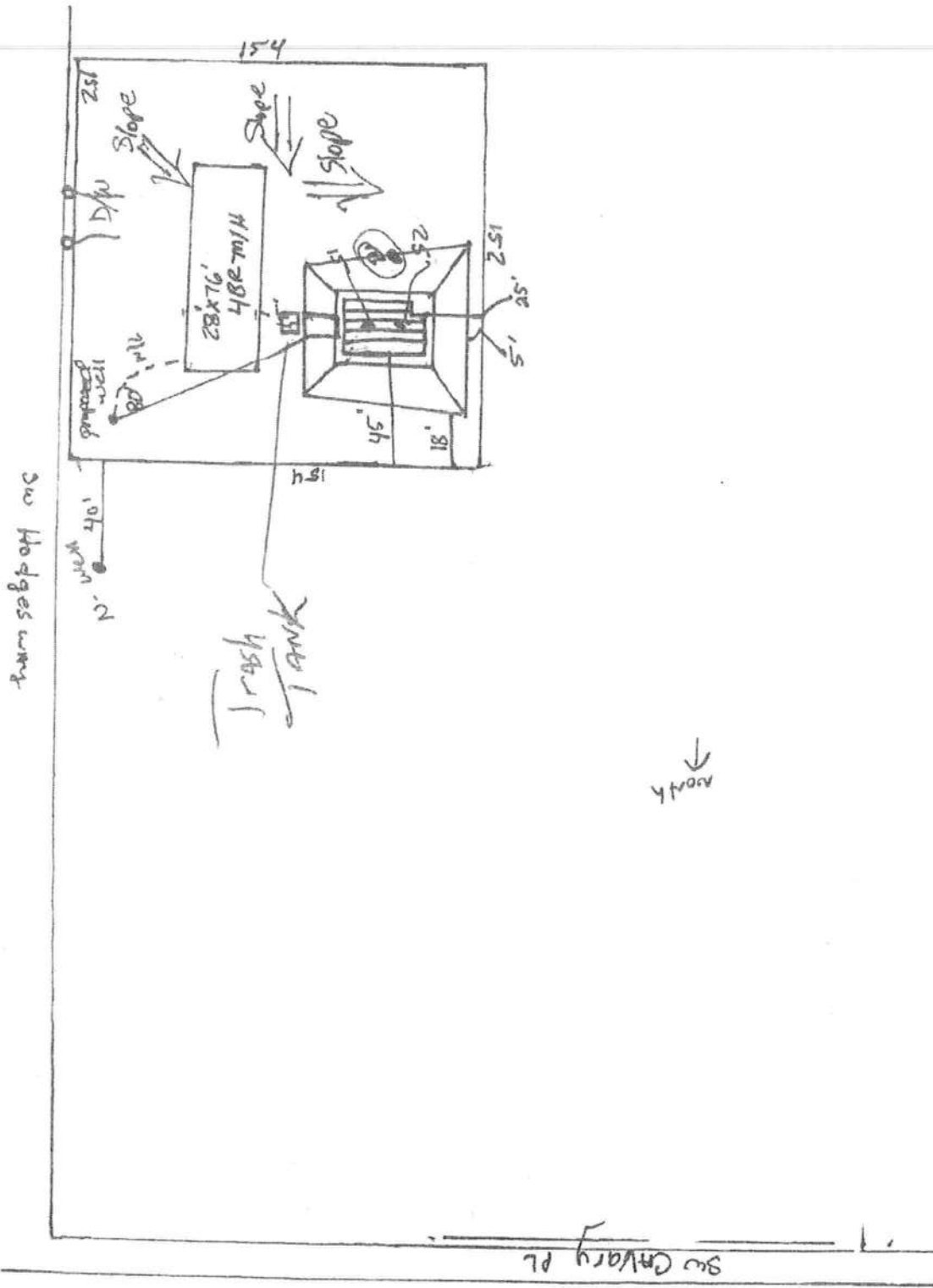
Use website to confirm licenses: <http://www.columbiacountyfla.com/PermitSearch/ContractorSearch.aspx>

NOTE: If this should change prior to completion of the project, it is your responsibility to have a corrected form submitted to our office, before that work has begun.

Violations will result in stop work orders and/or fines.

ELECTRICAL <input type="checkbox"/> CC# _____	Print Name <u>Kesner Joseph</u> Signature <u>Kesner Joseph</u> Company Name: _____ License #: _____ Phone #: <u>239 321 1804</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
MECHANICAL/A/C <input type="checkbox"/> CC# _____	Print Name <u>Kesner Joseph</u> Signature <u>Kesner Joseph</u> Company Name: _____ License #: _____ Phone #: <u>239 321 1804</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
PLUMBING/GAS <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
ROOFING <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SHEET METAL <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
FIRE SYSTEM/SPRINKLER <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SOLAR <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
STATE SPECIALTY <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE

20-8-69



Reserve 500
Road side
7-28-2022

1"=60'

Mobile Home Permit Worksheet

Application Number: _____

Date: _____

Owner: FLA Mobile Home Movers License # TX/1138561

Address of home: 234 SW Hodges Way

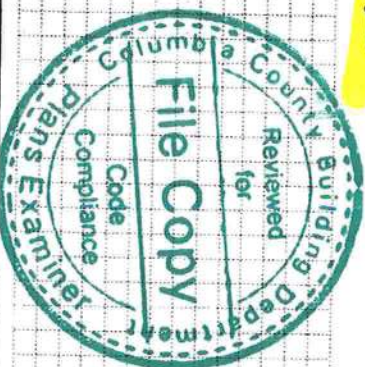
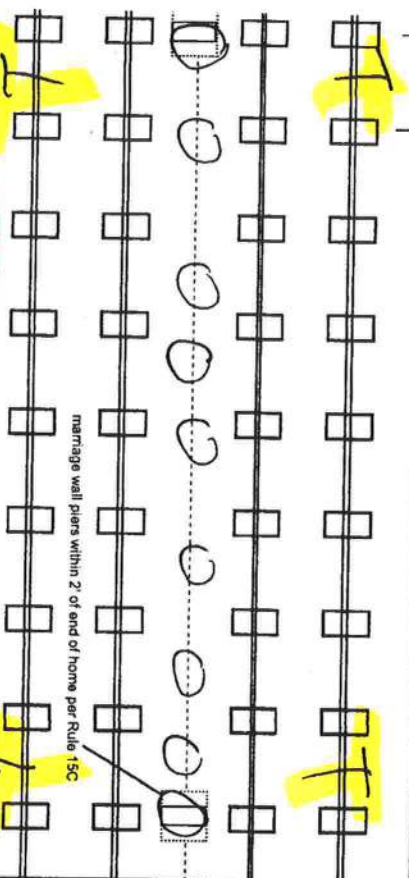
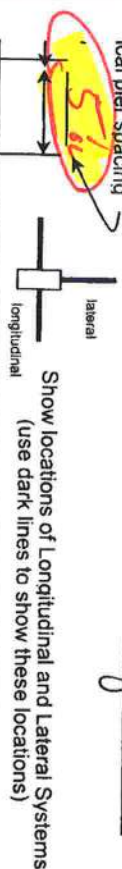
City: Lake City FL

Manufacturer: Thomas of

Length x width: 28x60

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. 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: JK



Anthony J. [Signature]
01/09/2022

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 # 91555 Triple/Quad ☐ Serial # FLA395869-395870

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (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'	9'	10'
2000 psf	6'	8'	9'	10'	11'	12'
2500 psf	7' 6"	9'	10'	11'	12'	13'
3000 psf	8'	10'	11'	12'	13'	14'
3500 psf	8'	10'	11'	12'	13'	14'

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

PIER PAD SIZES

I-beam pier pad size 17x25

Perimeter pier pad size 17x25

Other pier pad sizes (required by the mfg.) _____

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

OTHER TIES

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

Side wall _____
Longitudinal _____
Marriage wall _____
Shear wall _____

Mobile Home Permit Worksheet

Application Number: _____

Date: _____

POCKET PENETROMETER TEST

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

X _____ X _____ X _____

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 _____ X _____ X _____

TORQUE PROBE TEST

The results of the torque probe test is _____ inch pounds or check here if you are declaring 5' anchors without testing 285 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 require anchors with 4000 lb holding capacity.

JE Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Jean Franklin

Site Tested

12/26/12

Electrical

act electrical conductors between multi-wide units, but not to the main power e. This includes the bonding wire between multi-wide units. Pg. _____

Plumbing

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

act all potable water supply piping to an existing water meter, water tap, or other e. This includes the bonding wire between multi-wide units. Pg. _____

Site Preparation

Debris and organic material removed _____

Water drainage: Natural _____ Swale _____ Pad X Other _____

Fastening multi wide units

Floor: _____ Type Fastener: lags Length: 6" Spacing: 24"
Walls: _____ Type Fastener: Nails Length: 6" Spacing: 24"
Roof: _____ Type Fastener: lags Length: 6" Spacing: 24"
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

JE

Type gasket Team

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 X No _____
Dryer vent installed outside of skirting. Yes X N/A _____
Range downflow vent installed outside of skirting. Yes X N/A _____
Drain lines supported at 4 foot intervals. Yes X _____
Electrical crossovers protected. Yes X _____
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

Jean Franklin

Date

12/26/12

[illegible]

**NOT
A
PART**

P.L.S. 4.

~~SW HODGES WAY (DIRT \ PUBLIC) - E~~