

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

☒ DATA SHEET
REC'D

Mary Jewell *Record Affidavit*

For Office Use Only (Revised 7-1-15) Zoning Official *Just* Building Official _____

AP# 1905-42 Date Received 5-10-19 By AS Permit # 38168

Flood Zone X Development Permit _____ Zoning A8-3 Land Use Plan Map Category Ag

Comments Record, 5yr Temp use permit for Daughter 2 units on property, legal lot of

FEMA Map# _____ Elevation _____ Finished Floor 1' above the River _____ In Floodway _____

☐ Recorded Deed or ☒ Property Appraiser PO ☒ Site Plan ☒ PH # 19-0396 ☐ Well letter OR

☒ Existing well ☐ Land Owner Affidavit ☒ Installer Authorization ☐ FW Comp. letter ☒ App Fee Paid

☐ DOT Approval ☐ Parent Parcel # _____ ☒ STUP-MH 1905-26 ☒ 911 App

☐ Ellisville Water Sys ☒ Assessment paid ☐ Out County ☒ In County ☒ Sub VF Form

Property ID # 10-3-16-02054.008 Subdivision — Lot# _____

- New Mobile Home _____ Used Mobile Home 14 MH Size 52' Year 1984
- Applicant Mary JEWELL Phone # 386.867.9595
- Address 120 NW Hogle PL, LAKE CITY, FL 32055
- Name of Property Owner Mary & JEFFERSON JEWELL Phone# 386.867.9595
- 911 Address 122 NW Hogle Pl, Lake City fl 32055
- Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Duke Energy
- Name of Owner of Mobile Home Mary Jewell Phone # 386.867.9595
Address 120 NW Hogle PL LAKE CITY, FL 32055
- Relationship to Property Owner Daughter - Jennifer Jewell
- Current Number of Dwellings on Property 2
- Lot Size _____ Total Acreage 2.50
- 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
- Driving Directions to the Property 90-W to LAKE JEFFERY, TR - CROSS TRACKS
4.2 MILES to BRUNCO, TR @ DEAD END OF HOGLE, TR
ON R
- Name of Licensed Dealer/Installer Dale Houston Phone # 386-623-6522
- Installers Address 136 SW BURNS AVE, LAKE CITY, FL 32029
- License Number 2H 1025142 Installation Decal # 3/252

LA-Spoke to Mary 5-21-19 & 5-23-19

#325.00

Mobile Home Permit Worksheet

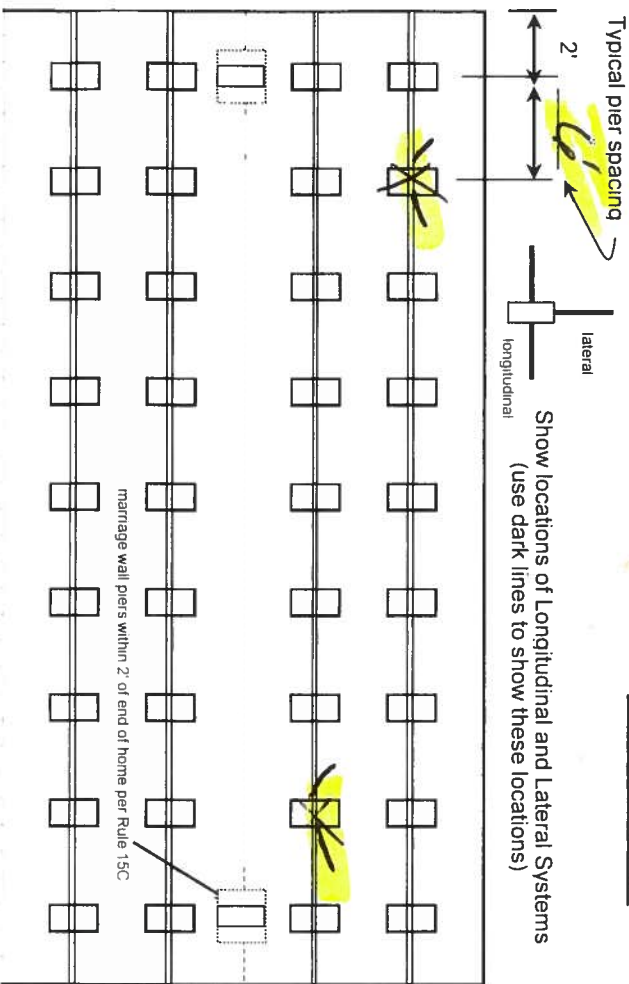
Application Number: _____ Date: _____

Installer Dale Hester License # EH 1025 0142
Address of home 136 Sw Bears Rd
being installed Lake City FL 32024

Manufacturer BEAC Length x width 14x50

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 DH



2 Pans 5'4 ON-C
ANCHORS 5'4 ON-C
23x33x31.25
Stabilizer Plates

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 # 31252
Triple/Quad ☐ Serial # SSMFLAB 908 74

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

POPULAR PAD SIZES

I-beam pier pad size	<u>14x25</u>	16 x 16	16 x 18	16.5 x 18.5	16 x 22.5	17 x 22	13 1/4 x 26 1/4	20 x 20	17 3/16 x 25 3/16	17 1/2 x 25 1/2	24 x 24	26 x 26
Perimeter pier pad size	<u>16x16</u>	256	288	342	360	374	348	400	441	446	576	676
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.

ANCHORS

Opening Pier pad size

17x25 23 1/4 x 31 1/4

FRAME TIES

TIEDOWN COMPONENTS

OTHER TIES

Longitudinal Stabilizing Device (LSD)
Manufacturer Clw
Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer Clw
Number 2
Sidewall 2
Longitudinal Marriage wall 2
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 1500

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 1500 X 1500

TORQUE PROBE TEST

The results of the torque probe test is 285 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.

Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Dale Houston

Date Tested 5/21/19

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. ☒

Plumbing

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

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

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 DH

Type gasket _____ Installed: _____
Pg. _____ 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 Dale Hunter Date 5/21/19

Columbia County Property Appraiser

Jeff Hampton

2018 Tax Roll Year

updated: 3/29/2019

Parcel: << 10-3S-16-02054-008 >>

Aerial Viewer Pictometry Google Maps

Owner & Property Info

Result: 1 of 1

Owner	JEWELL MARY & FELTON 120 NW HOGLE PL LAKE CITY, FL 32055		
Site	120 HOGLE PL, LAKE CITY		
Description*	NE1/4 OF SE1/4 OF NW1/4 OF NW1/4 EX RD R/W. ORB 313-355, POA ORB 891-744, DC 891-746, 960-1746, AG 1069-2235, AG 1072- 904, AMENDED AG 1072-1672.		
Area	2.5 AC	S/T/R	10-3S-16
Use Code**	MOBILE HOM (000202)	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

2018 Certified Values		2019 Working Values	
Mkt Land (4)	\$17,622	Mkt Land (4)	\$19,372
Ag Land (0)	\$0	Ag Land (0)	\$0
Building (2)	\$14,385	Building (2)	\$15,772
XFOB (2)	\$6,048	XFOB (5)	\$6,948
Just	\$38,055	Just	\$42,092
Class	\$0	Class	\$0
Appraised	\$38,055	Appraised	\$42,092
SOH Cap [?]	\$3,387	SOH Cap [?]	\$4,561
Assessed	\$34,668	Assessed	\$37,531
Exempt	OTHER H3 \$20,974	Exempt	OTHER H3 \$20,974
Total Taxable	county:\$13,694 city:\$13,694 other:\$13,694 school:\$13,694	Total Taxable	county:\$16,557 city:\$16,557 other:\$16,557 school:\$16,557

**▼ Sales History**

Sale Date	Sale Price	Book/Page	Deed	V/I	Quality (Codes)	RCode
6/7/2005	\$100	1072/1672	AG	V	U	01
8/19/2002	\$8,200	960/1746	WD	V	U	

▼ Building Characteristics

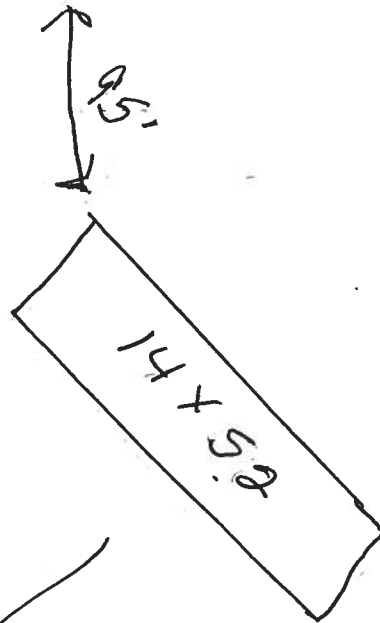
Bldg Sketch	Bldg Item	Bldg Desc*	Year Blt	Base SF	Actual SF	Bldg Value
Sketch	1	MOBILE HME (000800)	1989	924	1544	\$9,782
Sketch	2	MOBILE HME (000800)	1986	728	872	\$5,990

*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)
0031	BARN,MT AE	2008	\$4,608.00	384.000	24 x 16 x 0	(000.00)

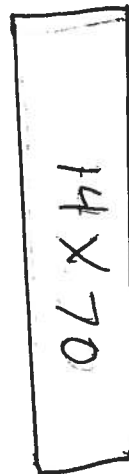
Land line
← 240' →



132'

Land line 300'

100'



15'

240'

Hogle pl

Bronco Tr

Well

← 300' →

120'

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER

190 S. 42

CONTRACTOR

Dale Nowlin

PHONE

386.623.6521

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	<div>Print Name <u>MARY JEWELL</u> Signature <u>Mary Jewell</u></div> <div>License #: <u>—</u> Phone #: <u>386.867.9595</u></div> <div>Qualifier Form Attached <input type="checkbox"/></div>
✓ MECHANICAL/ A/C	<div>Print Name <u>MARY JEWELL</u> Signature <u>Mary Jewell</u></div> <div>License #: <u>—</u> Phone #: <u>386.867.9595</u></div> <div>Qualifier Form Attached <input type="checkbox"/></div>

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.



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

PERMIT NO. 19-0396
DATE PAID: 5/18/19
FEE PAID: 68.00
RECEIPT #: 1413907

APPLICATION FOR:

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

APPLICANT: MARY J Jewell

AGENT: _____

TELEPHONE: 386-867-959MAILING ADDRESS: 120 NW Hogle pl LAKE CITY FLA 32055

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 #: 10-35-16-02054-008 ZONING: _____ I/M OR EQUIVALENT: [Y / N]PROPERTY SIZE: 2 1/2 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤2000GPD ☐ >2000GPDIS SEWER AVAILABLE AS PER 381.0065, FS? [Y / ☒ N] DISTANCE TO SEWER: _____ FTPROPERTY ADDRESS: 120 NW Hogle pl LAKE CITY FLA 32055DIRECTIONS TO PROPERTY: LAKE Jeffery to Bronco Tee Right to Hogle pl Rt to end of Lane Right in yard

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
1	<u>Single</u>	<u>2</u>	<u>728</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____SIGNATURE: Mary JewellDATE: 5-13-19

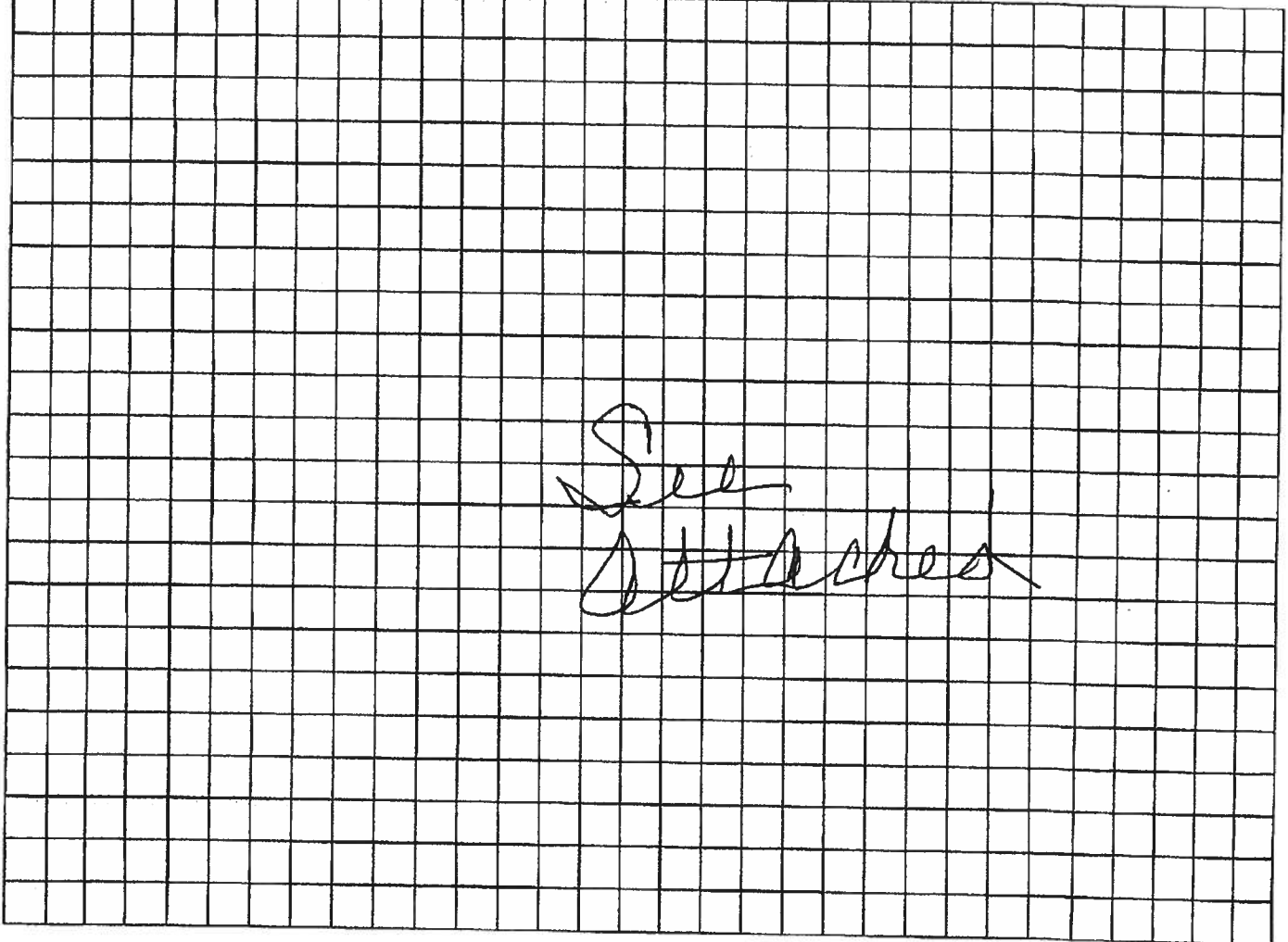
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

19-0396

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

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



Notes: _____

Site Plan submitted by: MARY W Jewell TITLE Owner DATE: 5-13-19
Plan Approved [initials] Not Approved _____ Date 5/16/19
By [signature] ES Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



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, DALE HOUSTON, give this authority for the job address show below
Installer License Holder Name

only, Hogle Place Lake City Fl, 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)
Mary Jewell		<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.

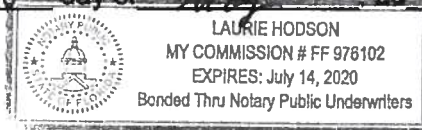
Dale Houston TH1025142 5-10-19
License Holders Signature (Notarized) License Number Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Dale Houston,
personally appeared before me and is known by me or has produced identification
(type of I.D.) _____ on this 10 day of May 2019.

[Signature]
NOTARY'S SIGNATURE



(Seal/Stamp)

DHSV-V-MH8
(9-82)

MANUFACTURER DATA REPORT

FLA 31192
M.I. ID# SM-FA-B-4-0871

DATE MANUFACTURED 10-7-83

MAKE OF MODEL BEACHCOMBER YEAR: 1984

MFR. NAME Sunstate MED Homes

Address 5109 Cone Road

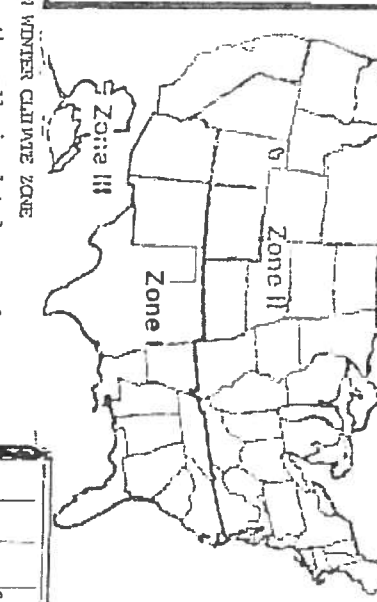
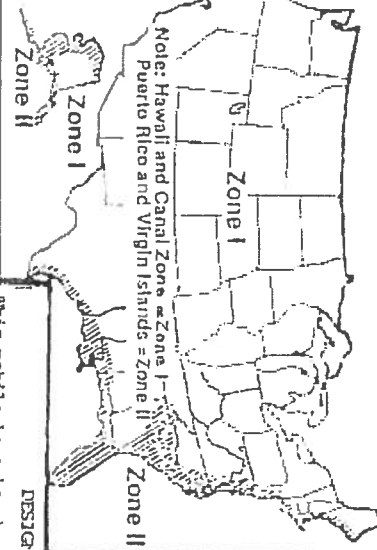
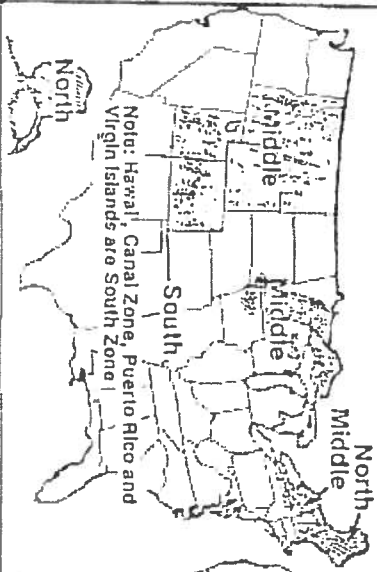
Tampa, Florida 33610
City State Zip

STATE OF FLORIDA
DIVISION OF MOTOR VEHICLES
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
ROOM A 139, HILL KIRKMAN BLDG., 2900 APLACHER PKWY.
TALLAHASSEE, FLORIDA 32301

DEALER'S
NAME WILSON BUILDERS, Inc.
ADDRESS P.O. Box 428
TRENTON, FLA 32693
City State Zip

DATA NAME RADDO
ADDRESS P O Box 812
Seale, Fla 32582
City State Zip

STRUCTURAL DESIGN BASIS CERTIFICATE



ROOF LOAD

<input type="checkbox"/> North 40 PSF	<input type="checkbox"/> Zone I	15 psf Horizontal & 9 psf Uplift
<input type="checkbox"/> Middle 30 PSF	<input checked="" type="checkbox"/> Zone II	(Hurricane)-25 psf Horizontal & 15 psf Uplift
<input type="checkbox"/> South 20 PSF	<input type="checkbox"/> Zone III	Other

EQUIPMENT

Air Conditioning (BTU/hr.)	MANUFACTURER	DESIGNATION
Comfort Heating (4400 BTU/hr.)	COLEMAN	7655-856
Cooking Range	BROWN	MPM333
Built-In Oven		
Counter-Top Cooking Unit		
Refrigerator	GE	TRM508
Water Heater	STRIE	SC200HIT
Clothes Washer		
Clothes Dryer		
Dishwasher		
Food Waste		
Smoke Detector	ELER	EXW-1

THIS MOBILE HOME IS DESIGNED TO COMPLY WITH THE FEDERAL MOBILE HOME CONSTRUCTION AND SAFETY STANDARDS IN FORCE AT THE TIME OF MANUFACTURE.

SIGNED: DAVID S. FRAZER
Authorized Representative
of Manufacturer

DESIGN WINTER CLIMATE ZONE

This mobile home has been thermally insulated to conform with the requirements of the Federal Mobile Home Construction and Safety Standards for all locations within climatic

☒ ZONE I ☐ ZONE II ☐ ZONE III

The heating equipment has the capacity to maintain an average 70° F temperature in this home at outdoor temperatures of -20° F.

To maximize furnace operating economy, and to conserve energy, it is recommended that this home be installed where the outdoor winter design temperature (97°F) is not higher than 5° F.

The above information has been calculated assuming a maximum wind velocity of 15 mph at standard atmospheric pressure.

The supply air distribution system installed in this home is sized () Not Designed for A/C (X) A/C Ready () A/C Installed

MANUFACTURER SHALL PROVIDE THE MINIMUM BTU REQUIREMENTS FOR HEATING AND COOLING ON THE "U" FACTORS AS DESIGNATED BELOW.

Walls (without windows & doors)	"U" 120
Ceilings & roofs of light color	"U" NA
Floors	"U" 108
Air Ducts in floor	"U" 108
Air Ducts in ceiling	"U" 180
Heat Transfer Area to Outside of Home from Air Ducts located inside Home	"U" NA
Heat Transfer Area to Outside of Home from Air Ducts located inside Home	"U" NA

FOR TALLAHASSEE CENTRAL OFFICE USE ONLY

RED TAG 1

COMPLAINANT'S NAME

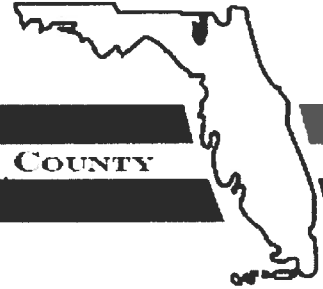
COMPLAINANT'S ADDRESS

DISTRICT:

State

Oct 13 1983

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: **5/28/2019 4:27:04 PM**
Address: **122 NW HOGLE PI**
City: **LAKE CITY**
State: **FL**
Zip Code **32055**

Parcel ID **02054-008**

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