

\$325.00

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 7-1-15) Zoning Official MA Building Official MA
AP# 1909-08 Date Received 9-5-19 By LH Permit # 38636
Flood Zone X Development Permit _____ Zoning RR Land Use Plan Map Category RVL
Comments Existing m/H Park - replacing m/H 1 floor one foot above the road
FEMA Map# _____ Elevation _____ Finished Floor / River _____ In Floodway _____
☐ Recorded Deed or ☒ Property Appraiser PO ☒ Site Plan ☒ EH # 19-0682 ☐ 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 ☐ ~~Out County~~ ☐ ~~In County~~ ☒ Sub VF Form

Property ID # R02824-000 Subdivision TIMBERLANE MHC Lot# L6 **PHASE I**
▪ New Mobile Home ☒ Used Mobile Home _____ MH Size 16X58 Year 2019
▪ Applicant NANCY BURNS Phone # 386-209-2205
▪ Address 181 SW GREENBRIER CT. LAKE CITY FL 32024
▪ Name of Property Owner TIMBERLANE MHC. LLC Phone# 386-303-2491
▪ 911 Address 181 SW GREENBRIER CT. LAKE CITY FL 32024
▪ Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Duke Energy
▪ Name of Owner of Mobile Home NANCY BURNS Phone # 386-209-2205
Address 181 SW GREENBRIER CT. LAKE CITY FL 32024
▪ Relationship to Property Owner NONE / TENANT
▪ Current Number of Dwellings on Property 16
▪ Lot Size 74 X 150 Total Acreage 5 ACRES
▪ Do you : Have Existing Drive or Private Drive or need Culvert Permit or Culvert Waiver (Circle one)
(Currently using) (Putting in a Culvert) (Not needed - but does not need a Culvert)
▪ Is this Mobile Home Replacing an Existing Mobile Home YES
▪ Driving Directions to the Property TAKE 247 SOUTH. TURN RIGHT ON TROY ST. STAY ON TROY ST FOR A MILE AND A HALF. TURN ON GREENBRIER CT TO THE RIGHT. 6th PLACE ON THE RIGHT.
▪ Name of Licensed Dealer/Installer Rusty L. Kowalski Phone # 386-397-0886
▪ Installers Address 3801 SW SR 47 Lake City, FL 32024
▪ License Number TH-1038219 Installation Decal # 61141

✓ LH - Emailed the L.O.A. to Patti on 9/5/19
owner know what is needed.

Mobile Home Permit Worksheet

Installer: Randy L. Kowales License # 14-1033219

Address of home being installed _____

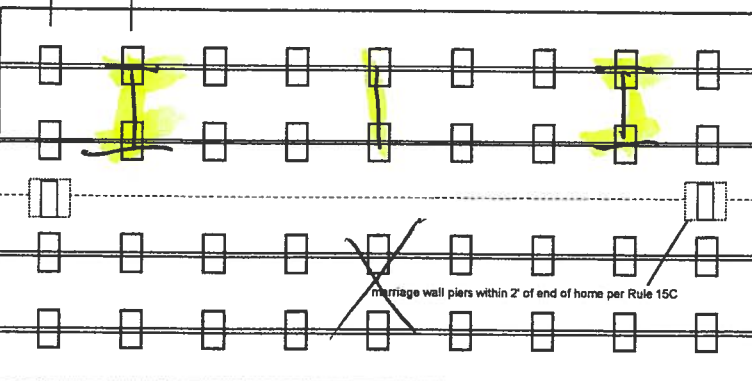
Manufacturer Jacobson Length x width 16x53

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 RLK

Typical pier spacing

2' 5' lateral longitudinal Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)



Application Number: _____ Date: _____

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 # 61141

Triple/Quad ☐ Serial # ordered 19-21739

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'	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 17.5 x 25.5

Perimeter pier pad size all

Other pier pad sizes (required by the mfg.) 16x16

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

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)

Manufacturer _____

Longitudinal Stabilizing Device w/ Lateral Arms

Manufacturer Shore Technology

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

Number
Sidewall <u>20</u>
Longitudinal <u>20</u>
Marriage wall <u>20</u>
Shearwall <u>20</u>

Mobile Home Permit Worksheet

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to _____ psf or 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 1000 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 require anchors with 4000 lb holding capacity.

RUC Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Rusty L. Knudsen

Date Tested 8-27-19

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. 15C-1

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 15C-1

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 15C-1

Application Number: _____ Date: _____

Site Preparation

Debris and organic material removed ☒
Water drainage: Natural _____ Swale _____ Pad ☒ Other _____

Fastening multi wide units

Floor: Type Fastener: MM Length: _____ Spacing: _____
Walls: Type Fastener: MM Length: _____ Spacing: _____
Roof: Type Fastener: MM 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 _____ Installed: _____
Pg. _____ Between Floors Yes MM
Between Walls Yes MM
Bottom of ridgebeam Yes MM

Weatherproofing

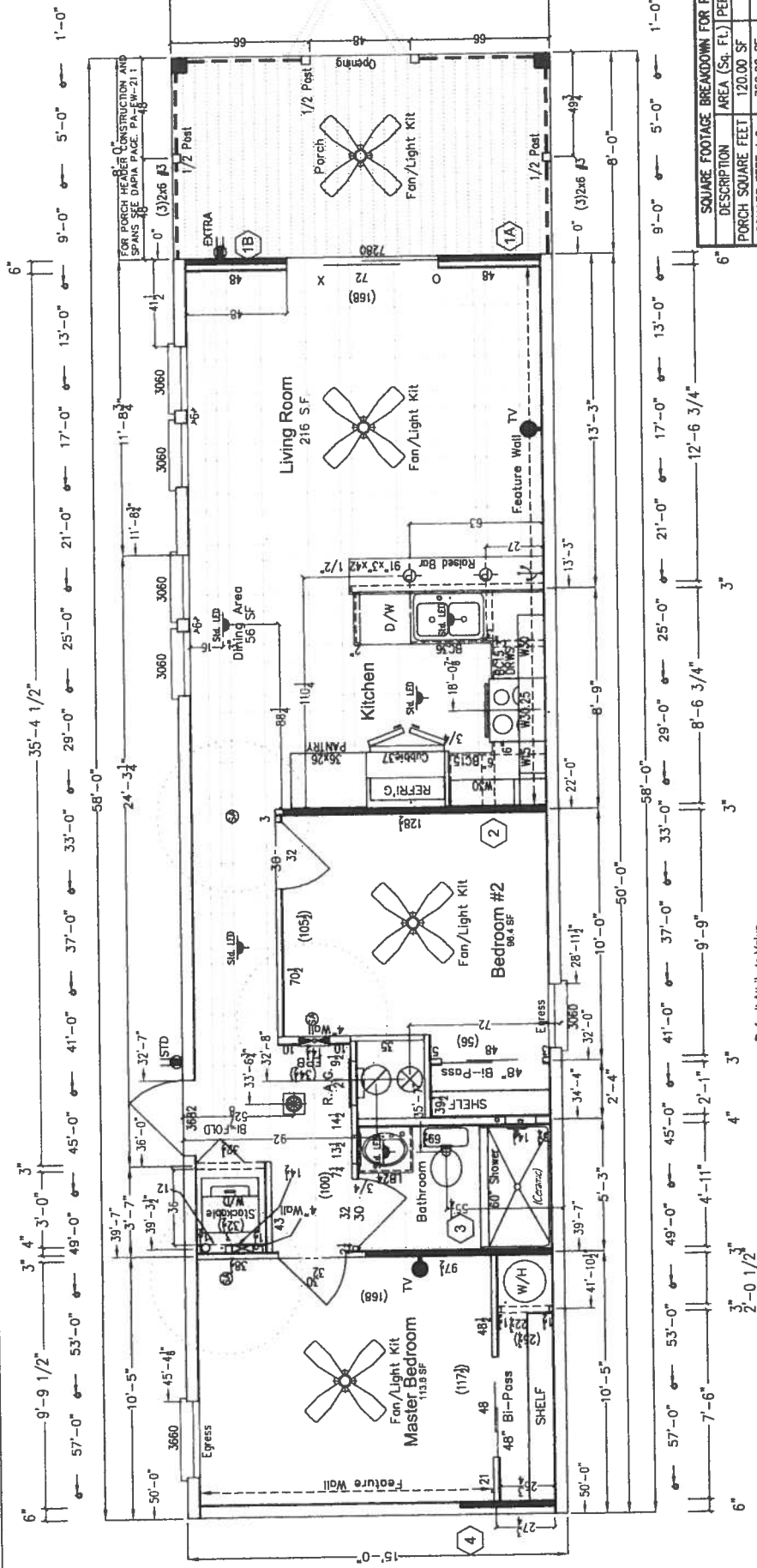
The bottomboard will be repaired and/or taped. Yes ☒ Pg. 15C-1
Siding on units is installed to manufacturer's specifications. Yes ☒
Fireplace chimney installed so as not to allow intrusion of rain water. Yes ☒

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 MM
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 [Signature] Date 8-27-19



SQUARE FOOTAGE BREAKDOWN FOR PROJECT	
DESCRIPTION	AREA (Sq. Ft.) PERIMETER (Ft.)
PORCH SQUARE FEET	120.00 SF
SQUARE FEET A.C.	750.00 SF
	870.00 SF

Whole House Fan Notes:	
UP to 1428 Sq. Ft. = (1) 50 cfm fan	
1429 to 2571 Sq. Ft. = (1) 90 cfm fan	
2572 and above = (1) 110 cfm fan	

RETURN AIR PER "PA69-DS-3" UNDERCUT DOOR

Special Instructions

W2-2	R 22-11-11
	Thermo-Fly Sheathing w/
	2/4 Siding
	Truss # P1408001
	4-12 Roof Pitch
	8 ft. Flat Ceiling
	CHECK CONFIRM FOR ALL
	ORDER SPECIFIC ITEMS

Default Attribute Value
Roof Pitch: 4/12
Wind Load: 39 PSF
SW Joist #2 SPT

Shear Wall Requirements (HSWC)	
No.	Avail. Length
1A	48
1B	48.0
2	129
3	98
4	48

Fasteners	
DSV	Min. Length
1A	48"
1B	48"
2	335"
3	335"
4	48"

Lags	
Total	Fixed
End	End
1.0"	1.0"
1.0"	1.0"
2.0"	2.0"
2.0"	2.0"
2.0"	2.0"

Fasteners	
Per LF	Min. Length
6	48"
6	48"
4	125"
5	335"
6	48"

REVISED 08/20/19 1:50 P.M. RC

MOVE OPENING TO FRONT OF PORCH. SEE CHANGE ORDER.

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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, Rusty L. Kwochen, give this authority for the job address show below
Installer License Holder Name

only, 181 SW Greenbrier Ct L.C. FL 32024, 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)
		<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
X NANCY LEE BURNS	<i>Nancy Lee Burns</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input checked="" type="checkbox"/> Property Owner <i>Renter</i>

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.

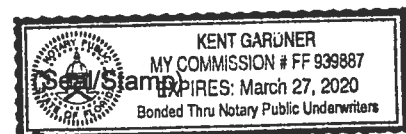
[Signature] License Holders Signature (Notarized) TH-1038219 License Number 8-27-19 Date

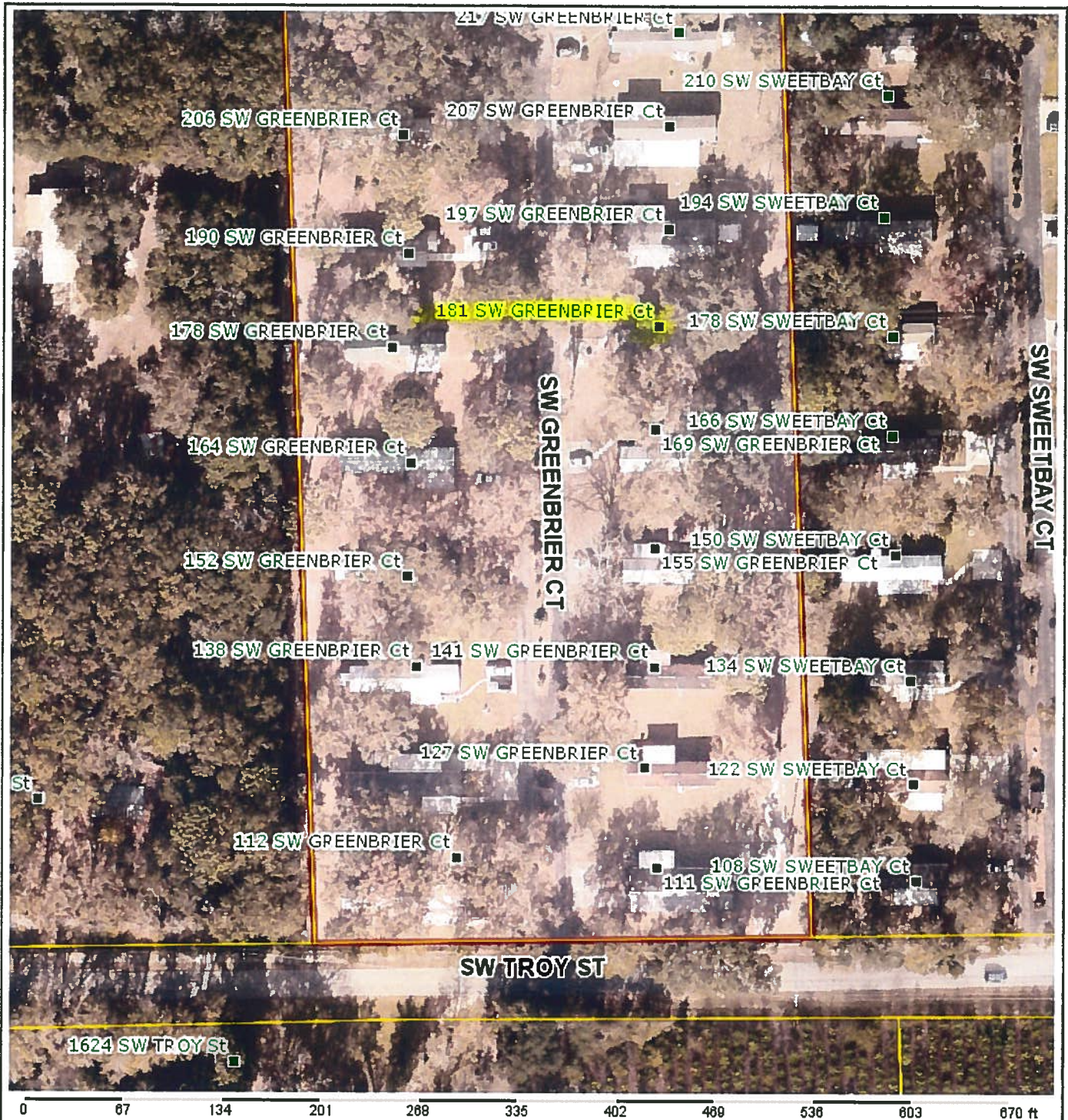
NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is _____, personally appeared before me and is known by me or has produced identification (type of I.D.) _____ on this 8-27-19 day of Aug, 20 19.

[Signature]
NOTARY'S SIGNATURE





Columbia County Property Appraiser

Jeff Hampton | Lake City, Florida | 386-758-1083

PARCEL: 09-4S-16-02824-000 | MH PARK (002802) | 5 AC

W1/2 OF SE1/4 OF SW1/4 OF NE 1/4, (TIMBERLANE MH PARK) WD 1070-47.

TIMBERLANE MOBILE HOME

2019 Preliminary Certified

Owner: COMMUNITY LLC
337 SW TOMPKINS ST
LAKE CITY, FL 32024

Site: 111 GREENBRIER CT, LAKE CITY

Sales: 12/30/2005 \$173,800 V(Q)
Info: 1/1/1984 \$13,500 V(Q)
11/1/1983 \$13,800 V(Q)

Mkt Lnd	\$28,555	Appraised	\$84,865
Ag Lnd	\$0	Assessed	\$84,865
Bldg	\$0	Exempt	\$0
XFOB	\$56,310	county:	\$84,865
Just	\$84,865	city:	\$84,865
		other:	\$84,865
		school:	\$84,865

NOTES:

*911 Address
Verification*



Columbia County, FL

This information, 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.

GrizzlyLogic.com

Columbia County Property Appraiser

Jeff Hampton

2019 Preliminary Certified Values

updated: 8/14/2019

Parcel: << **09-4S-16-02824-000** >>**Owner & Property Info**

Owner	TIMBERLANE MOBILE HOME COMMUNITY LLC 337 SW TOMPKINS ST LAKE CITY, FL 32024		
Site	111 GREENBRIER CT, LAKE CITY		
Description*	W1/2 OF SE1/4 OF SW1/4 OF NE 1/4. (TIMBERLANE MH PARK) WD 1070-47.		
Area	5 AC	S/T/R	09-4S-16
Use Code**	MH PARK (002802)	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 Preliminary Certified	
Mkt Land (1)	\$28,555	Mkt Land (1)	\$28,555
Ag Land (0)	\$0	Ag Land (0)	\$0
Building (0)	\$0	Building (0)	\$0
XFOB (3)	\$56,310	XFOB (3)	\$56,310
Just	\$84,865	Just	\$84,865
Class	\$0	Class	\$0
Appraised	\$84,865	Appraised	\$84,865
SOH Cap [?]	\$0	SOH Cap [?]	\$0
Assessed	\$84,865	Assessed	\$84,865
Exempt	\$0	Exempt	\$0
Total Taxable	county:\$84,865 city:\$84,865 other:\$84,865 school:\$84,865	Total Taxable	county:\$84,865 city:\$84,865 other:\$84,865 school:\$84,865

Aerial Viewer

Pictometry

Google Maps

☒ 2019
 ☐ 2016
 ☐ 2013
 ☐ 2010
 ☐ 2007
 ☐ 2005
 Sales
**▼ Sales History**

Sale Date	Sale Price	Book/Page	Deed	V/I	Quality (Codes)	RCode
12/30/2005	\$173,800	1070/0047	WD	V	Q	
1/1/1984	\$13,500	529/0495	WD	V	Q	
11/1/1983	\$13,800	526/0245	WD	V	Q	

▼ Building Characteristics

Bldg Sketch	Bldg Item	Bldg Desc*	Year Blt	Base SF	Actual SF	Bldg Value
NONE						

▼ Extra Features & Out Buildings (Codes)

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0259	MHP HOOKUP	0	\$36,550.00	17.000	0 x 0 x 0	AP (050.00)
0166	CONC,PAVMT	0	\$6,800.00	1.000	20 x 20 x 0	(000.00)
0260	PAVEMENT-A	0	\$12,960.00	1.000	0 x 0 x 0	(000.00)

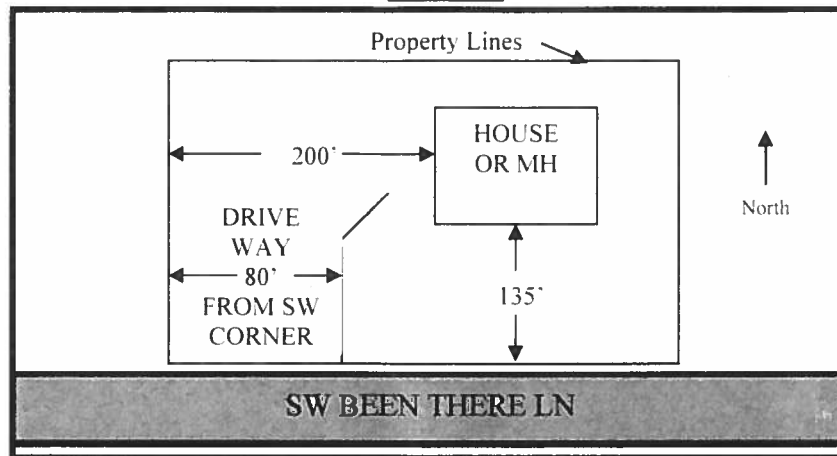
▼ Land Breakdown

Land Code	Desc	Units	Adjustments	Eff Rate	Land Value
000210	TRLR PARK (MKT)	5.000 AC	1.00/1.00 1.00/1.00	\$5,711	\$28,555

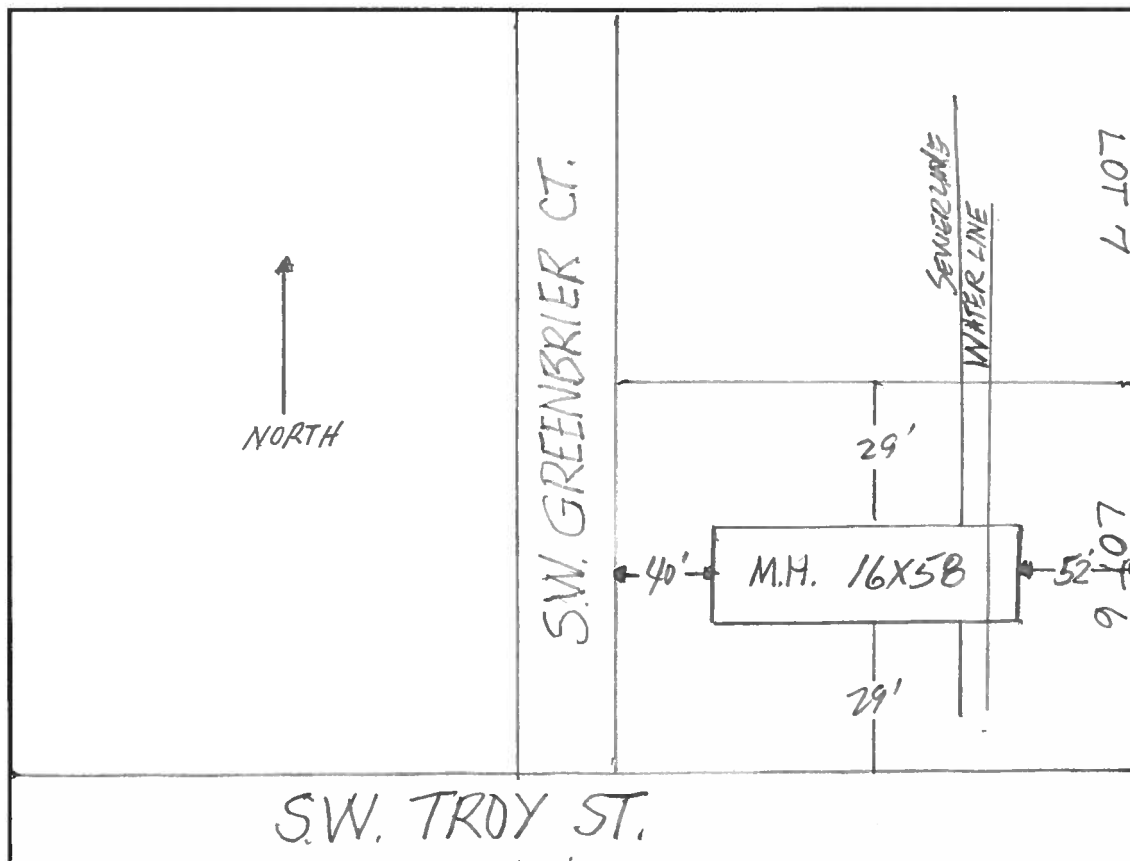
Page 2, Site Plan for 9-1-1 Address Application From

1. A PLAT, PLAN, OR DRAWING SHOWING THE PROPERTY LINES OF THE PARCEL.
2. LOCATION OF PLANNED RESIDENT OR BUSINESS STRUCTURE ON THE PROPERTY WITH DISTANCES FROM AT LEAST TWO OF THE PROPERTY LINES TO THE STRUCTURE (SEE SAMPLE BELOW).
3. LOCATION OF THE ACCESS POINT (DRIVEWAY, ETC.) ON THE ROADWAY FROM WHICH LOCATION IS TO BE ADDRESSED WITH A DISTANCE FROM A PARALLEL PROPERTY LINE AND OR PROPERTY CORNER (SEE SAMPLE BELOW).
4. TRAVEL OF THE DRIVEWAY FROM THE ACCESS POINT TO THE STRUCTURE (SEE SAMPLE BELOW).

SAMPLE:



SITE PLAN BOX:



STATE OF FLORIDA
COUNTY OF COLUMBIA

LAND OWNER AFFIDAVIT

This is to certify that I, (We),

Ruth H. Gordon / Timberlake MHC

as the owner of the below described property:

Property tax Parcel ID number

R02824-000

Subdivision (Name, lot, Block, Phase)

Timberlake MHC - Phase I Lot 6

Give my permission for

Nancy Burns / Showcase Homes to place a

Circle one Mobile Home / Travel Trailer / Utility Pole Only / Single Family Home /
Barn - Shed - Garage / Culvert / Other _____

I (We) understand that the named person(s) above will be allowed to receive a building permit on the property number I (we) have listed above and this could result in an assessment for solid waste and fire protection services levied on this property.

Ruth H. Gordon
Owner Signature

9/6/19
Date

Owner Signature

Date

Owner Signature

Date

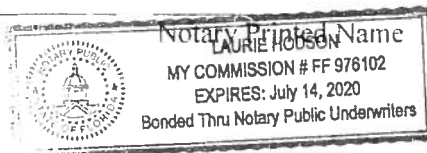
Sworn to and subscribed before me this 6 day of September, 20 19. This

(These) person(s) are personally known to me or produced ID _____

(Type)

[Signature]
Notary Public Signature

Notary Stamp/



APPLICATION NUMBER 1909-08 CONTRACTOR Rusty Knowles PHONE 386 397-0886

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1909-08 CONTRACTOR Rusty Knowles PHONE 386.397.0806

Barns
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	<p>Print Name _____ Signature _____</p> <p>License #: _____ Phone #: _____</p> <p>Qualifier Form Attached <input type="checkbox"/></p>
✓ MECHANICAL/ A/C <u>770</u>	<p>Print Name <u>Shatto Heating & Air</u> Signature <u>Tim Shatto</u></p> <p>License #: <u>CAC 057875</u> Phone #: <u>386-496-8224</u></p> <p>Qualifier Form Attached <input type="checkbox"/></p>

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. 19-0081
DATE PAID: 9/9/19
FEE PAID: 1000
RECEIPT #: 1722513

APPLICATION FOR:

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

APPLICANT: NANCY BURNS Mark Goodson (TMC) 386-209-2205

AGENT: MARK GOODSON

TELEPHONE: 386-303-2491

MAILING ADDRESS: 337 S.W. TOMPKINS ST. LAKE CITY FL. 32024

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: 6 BLOCK: _____ SUBDIVISION: PHASE I
TIMBERLANE MHC. PLATTED: _____

PROPERTY ID #: R02824-000 ZONING: MHP I/M OR EQUIVALENT: ☒ Y ☐ N

PROPERTY SIZE: 5 ACRES WATER SUPPLY: ☐ PRIVATE ☒ PUBLIC ☐ <=2000GPD ☒ >2000GPD

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

PROPERTY ADDRESS: 181 S.W. GREENBRIER CT. LAKE CITY FL. 32024

DIRECTIONS TO PROPERTY: TAKE 247 SOUTH TO TROY ST. TURN RIGHT.
DRIVE ABOUT MILE AND A HALF. GREENBRIER IS ON THE RIGHT.
6TH PLACE ON RIGHT

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/MULTI FAM.</u>	<u>2</u>	<u>849</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Mark S Goodson DATE: 9/6/19

DH 4015, 08/09 (obsoletes previous editions which may not be used)
Incorporated 64E-6.001, FAC

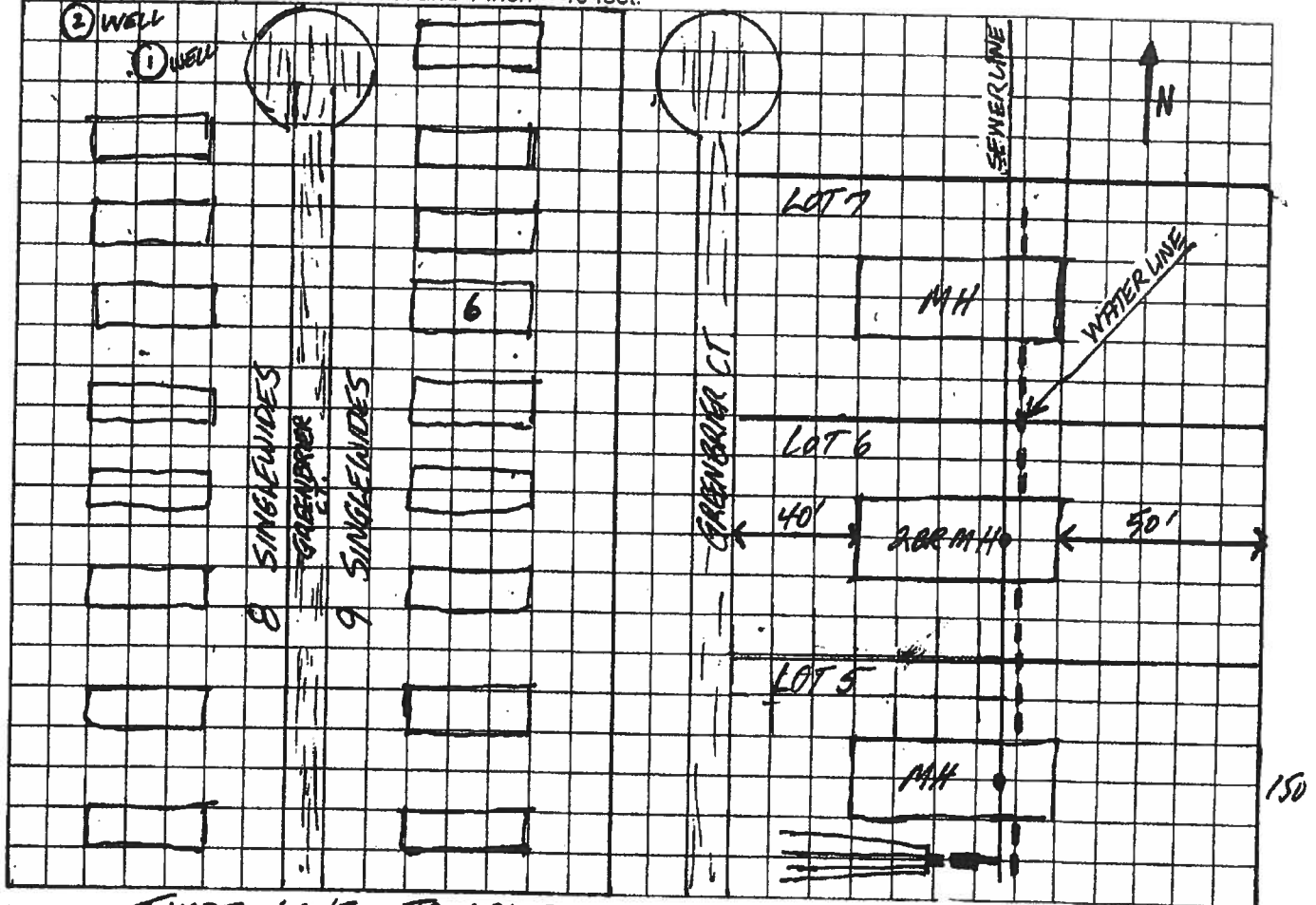
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number.

19-0682

PART II - SITEPLAN

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



Notes: TIMBER LANE TROY ROAD MARK & PATTI GOODSON

* ALL WELLS OVER 200' FROM SEPTICS

Site Plan submitted by:

Plan Approved

By.

Not Approved

Columbia CHD

OWNER

Date _____

County Health Department

~~ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT~~