PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 6-23-05) Zoning Official BK 27.03.06 Building Official OK JTH 3-21-06

AP# 0603-66 Date Received 3-20-06 By LH Permit # 24310

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

Comments (Fema Disaster NO. 1545)

Tree / Wind and Rain Damage from the Hurricane (No change)

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

Tax Bill (Pre-Insp. in packett)

- Property ID # 26-55-16-03717-114 Must have a copy of the property deed
- New Mobile Home _____ Used Mobile Home ✓ Year 1990
- Applicant Linda Wilks Phone # (386) 755-3485
- Address 202 SW Dewey Ct. Ft. White, FL. 32038
- Name of Property Owner _____ Phone# _____
- 911 Address 202 SW Dewey Ct. 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 Linda Wilks Phone # (386) 755-3485
  Address 202 SW Dewey Ct. Ft. White, FL. 32038
- Relationship to Property Owner [redacted]
- Current Number of Dwellings on Property 1
- Lot Size _____ Total Acreage 10.01 Acres
- Do you : Have an (Existing Drive) or need a Culvert Permit or a Culvert Waiver (Circle one)
- Is this Mobile Home Replacing an Existing Mobile Home (Yes)
- Driving Directions to the Property S47 south to Watson Rd East turn left go to Dewey Ct. Turn left to 202 SW Dewey Ct. second lot on left

- Name of Licensed Dealer/Installer JOSEPH A. CHAPMAN Phone # 386-288-5449
- Installers Address 9241 SW US HWY 27 FT. WHITE FL. 32038
- License Number IH-0000240 Installation Decal # 262655

PERMIT WORKSHEET

PERMIT NUMBER _____

Installer JOSEPH A CHATMAN License # IH-0002420

Address of home being installed 202 SW Dewey Ct. Ft. White, FL. 32038

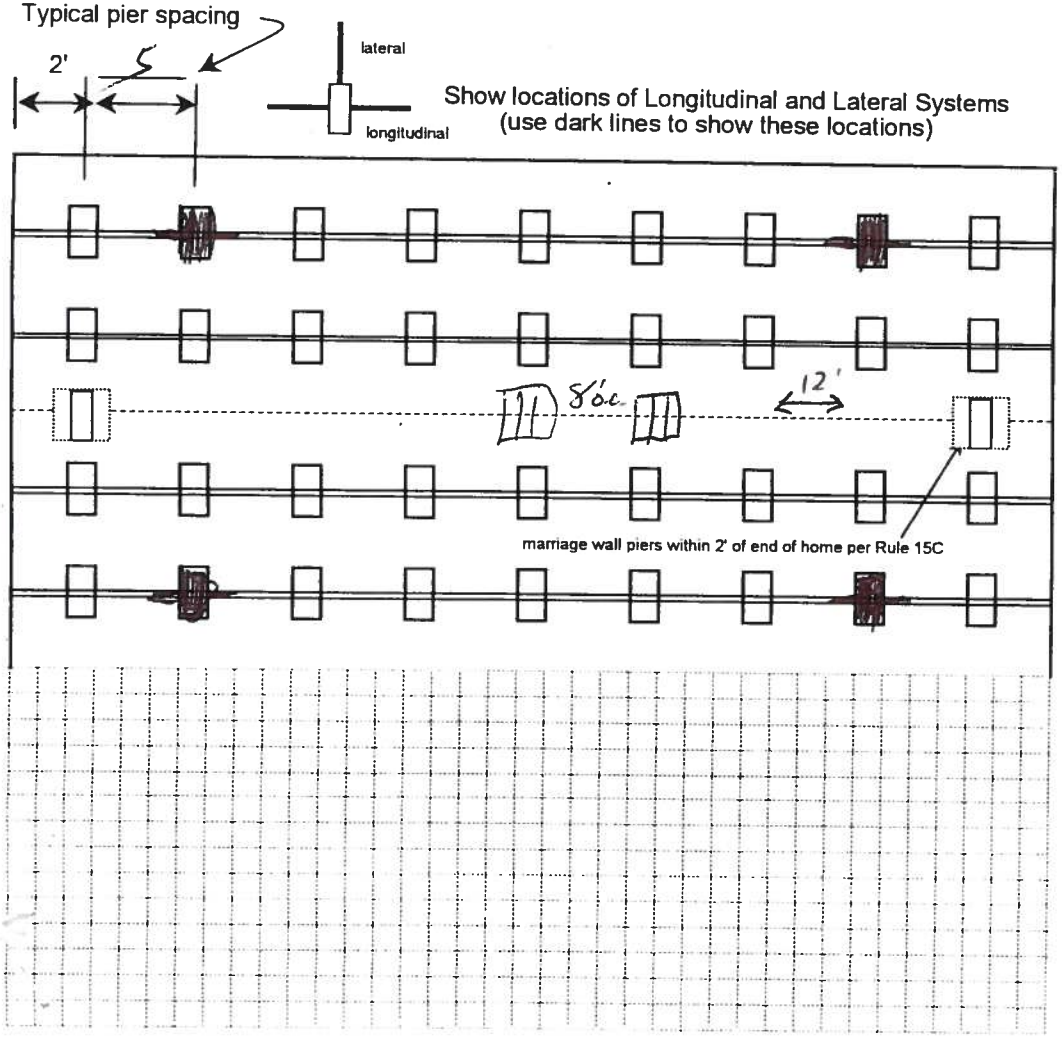
Manufacturer TEMP Length x width 48 x 24

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 JAC

Typical pier spacing



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

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 # 262655

Triple/Quad ☐ Serial # K220105225 9GAA
K220105225 9GAB

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 20 x 20 =

Perimeter pier pad size 16 x 16

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
12'	26 x 26 or SEQUENTIAL

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 _____ 8 ft ✓

FRAME TIES

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

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer OLIVER TECH 1101 LV.

Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer _____

OTHER TIES

	Number
Sidewall	
Longitudinal	✓
Marriage wall	
Shearwall	

PERMIT WORKSHEET

PERMIT NUMBER _____

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 280 inch pounds or check here if you are declaring 5' anchors without testing ____. A test showing 275 inch pounds or less will require 4 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.

JM Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Joseph A CHATMAN

Date Tested 1-18-06

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. _____

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, meldew 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

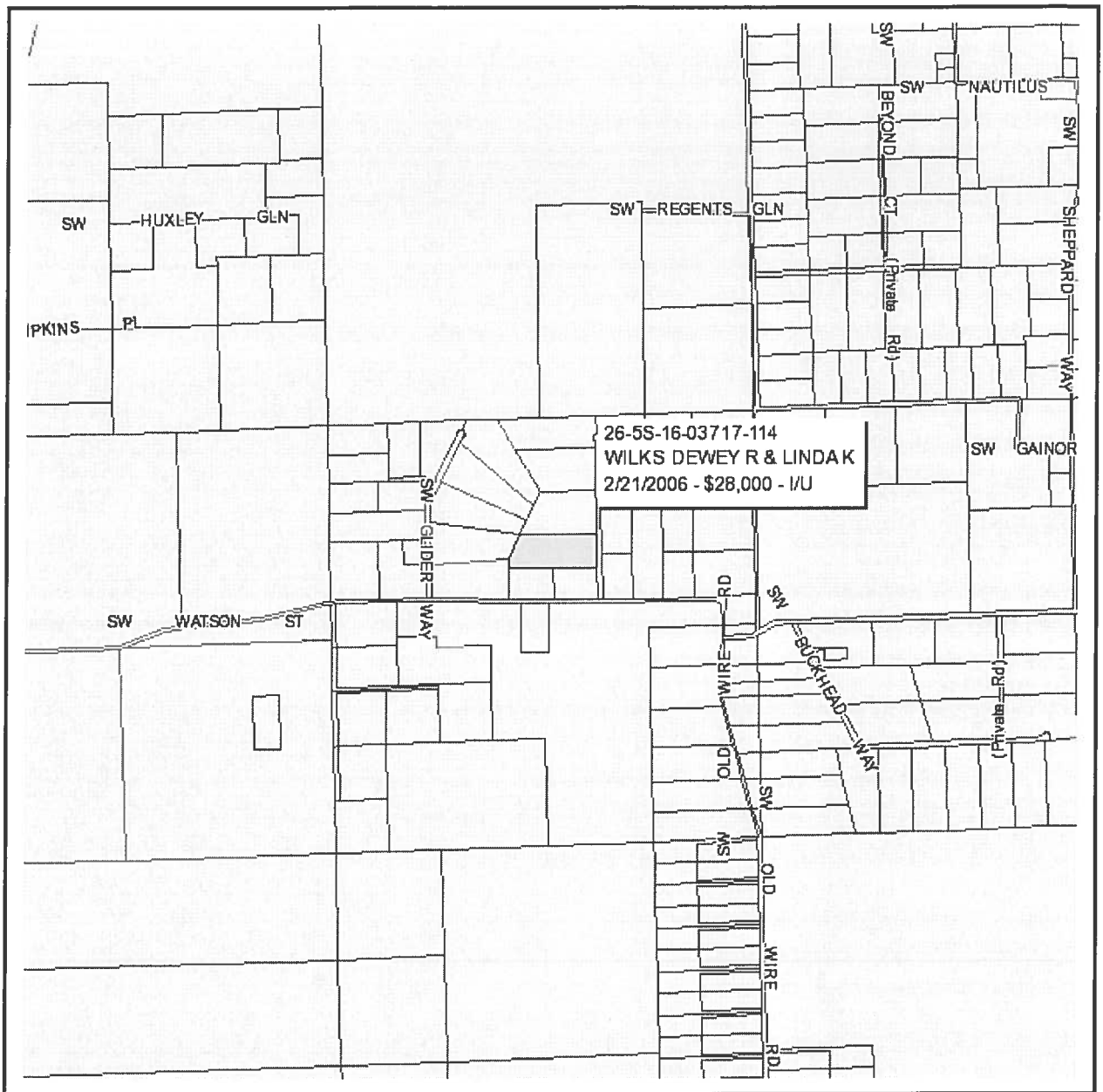
The bottomboard will be repaired and/or taped. Yes ✓. Pg. ____
Siding on units is installed to manufacturer's specifications. Yes ____
Fireplace chimney installed so as not to allow intrusion of rain water. Yes ____

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 _____ **Date** 1-18-06



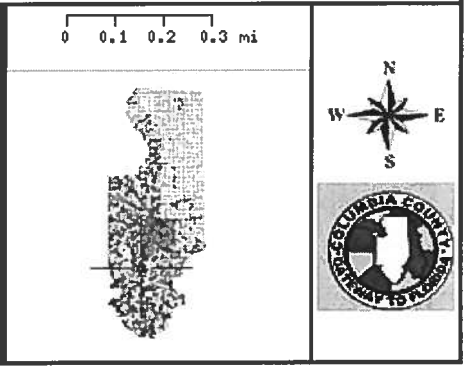
Columbia County Property Appraiser

J. Doyle Crews, CFA - Lake City, Florida - 386-758-1083

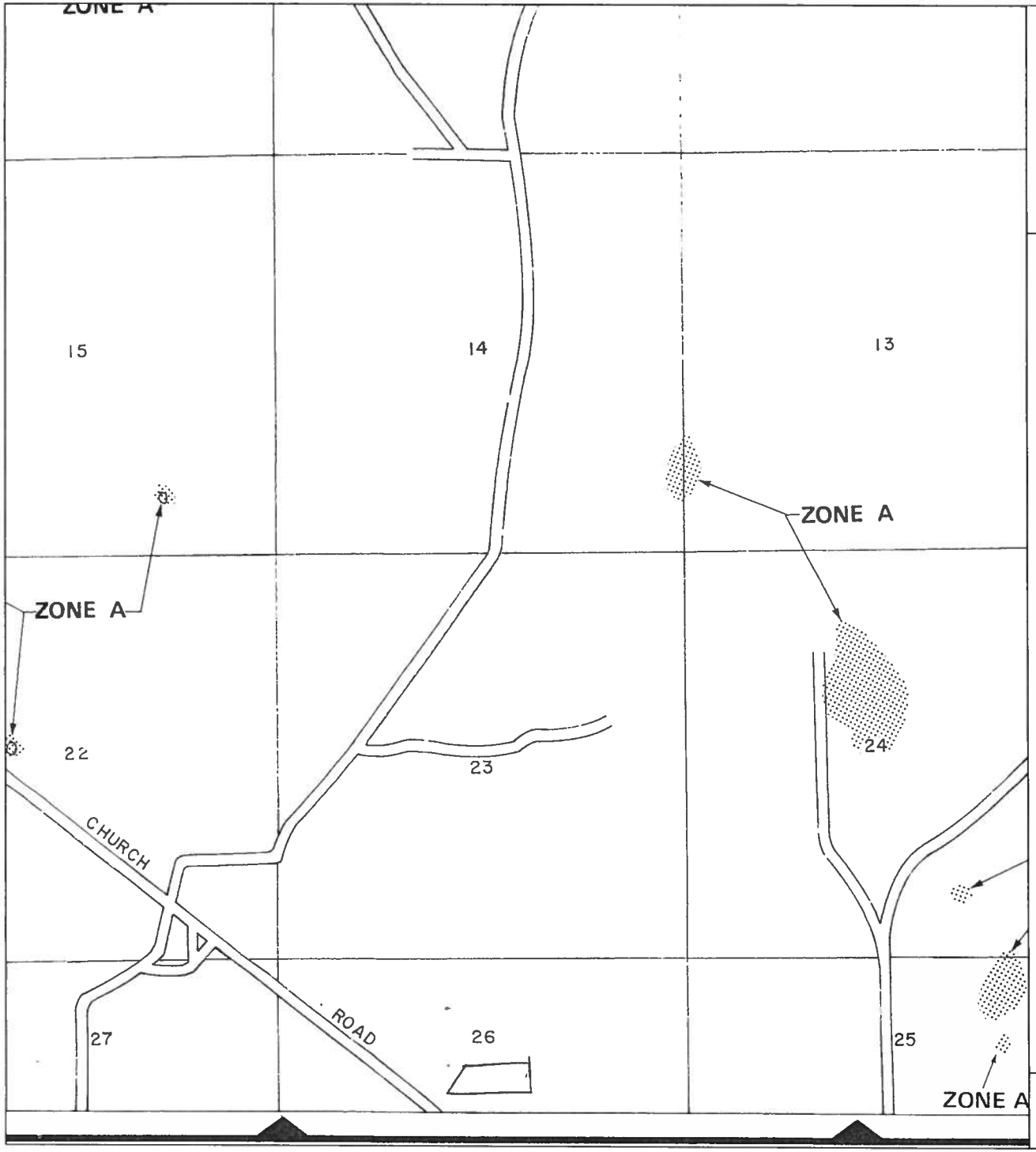
PARCEL: 26-5S-16-03717-114 HX - MOBILE HOM (000200)

COMM NE COR OF NW1/4, RUN W 545.46 FT, S 31 DEG E 1053.30 FT, S 27 DEG W 599.17 FT FOR

Name:	WILKS DEWEY R & LINDA K	LandVal	$66,064.00
Site:	DEWEY	BldgVal	$6,019.00
Mail:	202 SW DEWEY CT FT WHITE, FL 32038	ApprVal	$73,314.00
		JustVal	$73,314.00
Sales	2/21/2006 $28,000.00 I / U	Assd	$33,858.00
Info	9/11/1992 $28,000.00 V / U	Exmpt	$25,000.00
		Taxable	$8,858.00



This information, GIS Map Updated: 2/7/2006, 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.



APPROXIMATE SCALE IN FEET

2000 0 2000

NATIONAL FLOOD INSURANCE PROGRAM

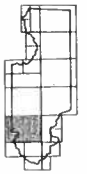
FIRM

FLOOD INSURANCE RATE MAP

COLUMBIA COUNTY, FLORIDA
(UNINCORPORATED AREAS)

PANEL 225 OF 290

PANEL LOCATION



COMMUNITY-PANEL NUMBER
120070 0225 B

EFFECTIVE DATE:
JANUARY 6, 1988

Federal Emergency Management Agency

This is an official copy of a portion of the above referenced flood map. It was extracted using F-MIT Version 1.0. This map does not reflect changes or amendments which may have been made subsequent to the date on the title block. Futher information about National Flood Insurance Program flood hazard maps is available at www.fema.gov/mit/tsd.

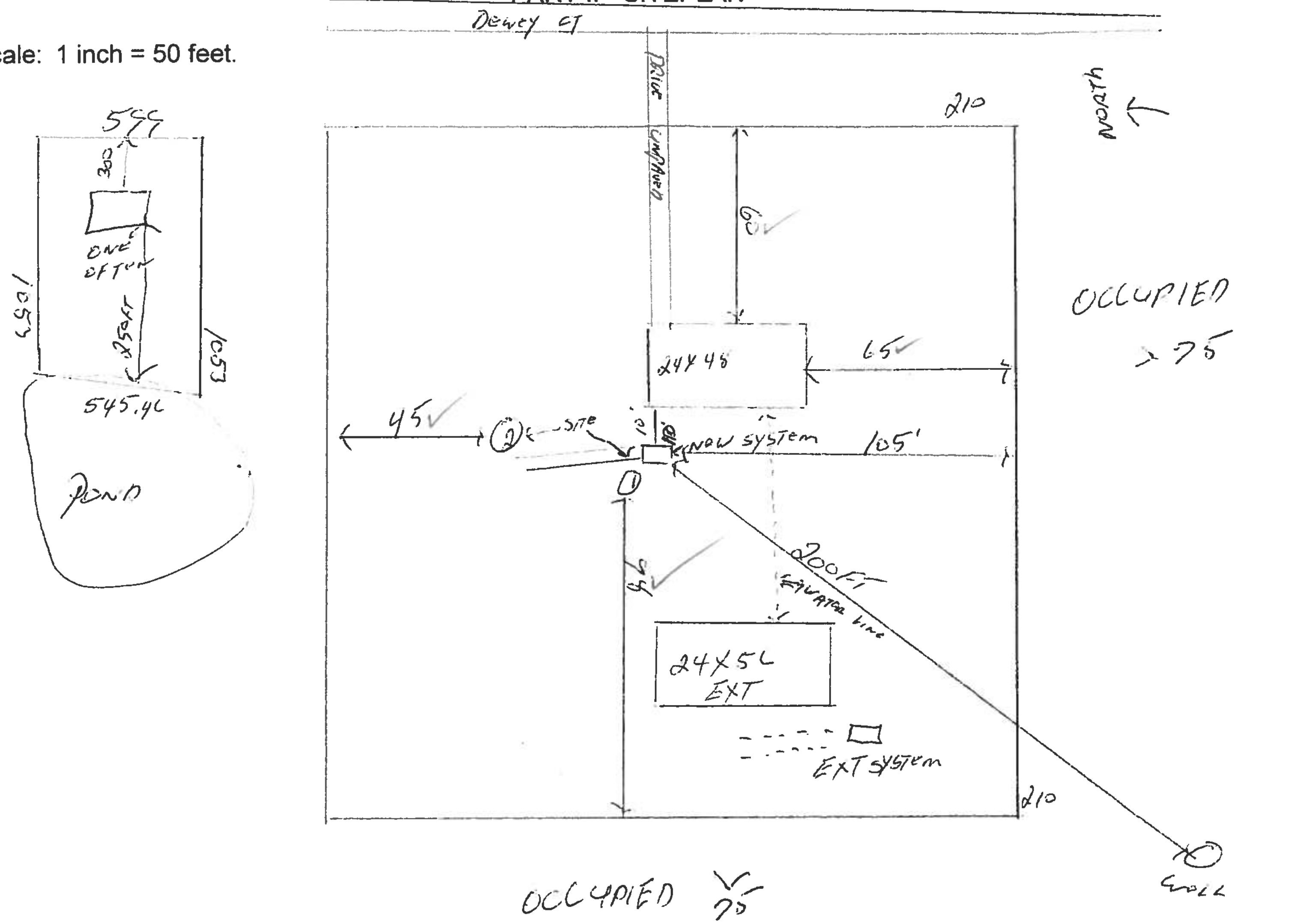
Print Date: 3/21/2006 (printed at scale and type A)

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION F0R ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 06-0211N

PART II - SITEPLAN

Scale: 1 inch = 50 feet.



Notes: ___

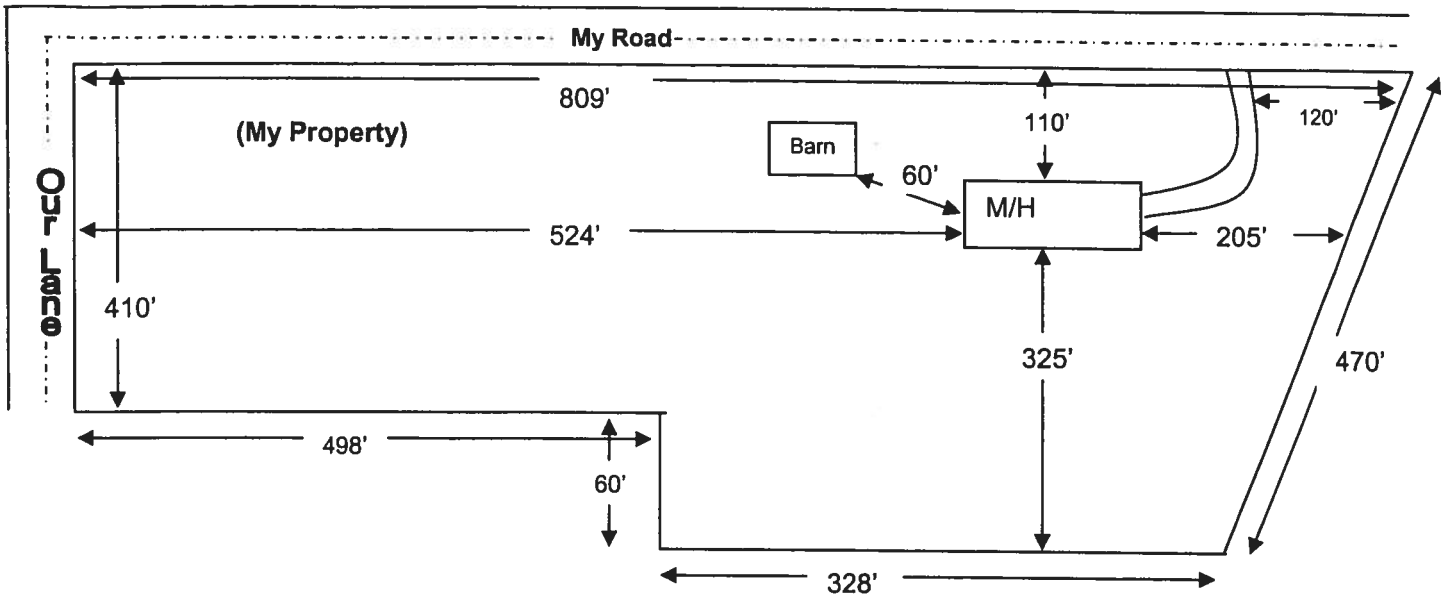
Site Plan submitted by: RC Ford MASTER CONTRACTOR

Plan Approved X Not Approved Date 3-13-06

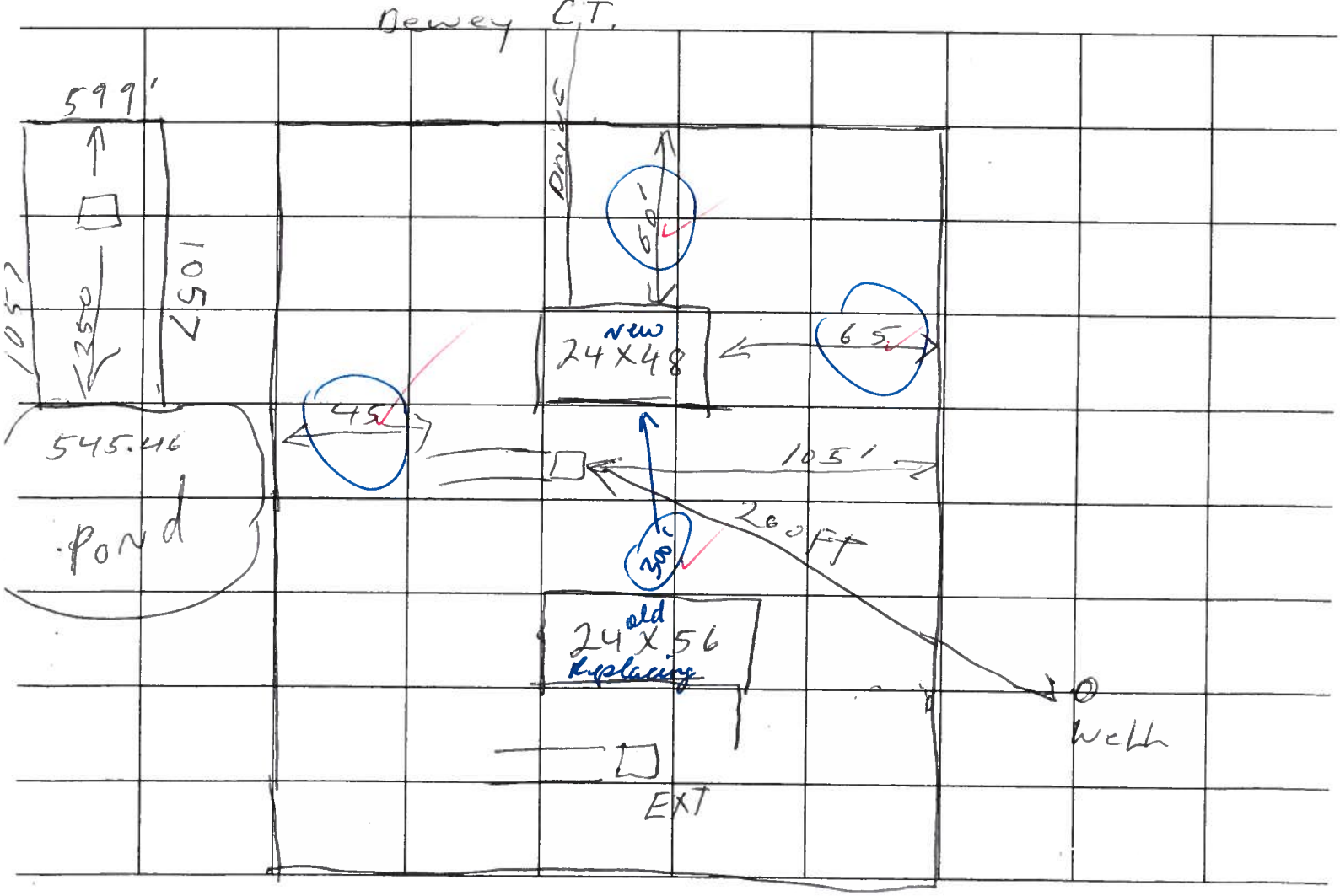
By S Geaddy · E511 Columbia CHD County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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>



LIMITED POWER OF ATTORNEY

I, Joseph A. Chapman, license # IH-0000248 hereby authorize Linda Wilks to be my representative and act on my behalf in all aspects of applying for a mobile home permit to be placed on the following described property located in Columbia County, Florida.

Property owner: Dewey R. & Linda K. Wilks

Sec 26 Twp. 5 S Rge 16 E

Tax Parcel No. 26-5S-16 03717-114

Mobile Home Installer

4-18-06
(Date)

Sworn to and subscribed before me this 18 day of April, 2006.

Notary Public

My Commission expires:
Commission No.
Personally known:
Produced ID (Type) DL # C355-481-60-011-0

Sandra J. Chavez
Commission # DD298602
Expires March 9, 2008
Bonded Thru Fain - Insurance, Inc. 800-345-7019

MOBILE HOME INSTALLER AFFIDAVIT

As per Florida Statutes Section 320.8249 Mobile Home Installers License:

> Any person who engages in mobile home installation shall obtain a mobile home installer's license from the Bureau of Mobile Home and Recreational Vehicle Construction of the Department of Highway Safety and Motor Vehicles pursuant to this section. Said license shall be renewed annually, and each licensee shall pay a fee of $150.

I, JOSEPH A CHAPMAN, license number IH 00002410
Please Print

do hereby state that the installation of the manufactured home for Dewey
Applicant

+ Linda Wilks at 202 SW Dewey Ct. Ft. White, Fl. 32038
911 Address

will be done under my supervision.

Signature

Sworn to and subscribed before me this 18 day of MARCH, 2006.

Notary Public: Sandra J. Chavez
Signature

My Commission Expires: Date

Sandra J. Chavez
Commission # DD298602
Expires March 9, 2008
Bonded Troy Fain - Insurance, Inc. 800-385-7019

CODE ENFORCEMENT

RELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 12-19-05 BY G IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? Yes

OWNERS NAME Linda Wilks PHONE 755-3485 CELL

ADDRESS 202 SW Dewey Ct. , Ft. White

MOBILE HOME PARK SUBDIVISION Big Oaks

DRIVING DIRECTIONS TO MOBILE HOME 47S, TL on Watson, TL Dewey Ct. 2 lot on left.

MOBILE HOME INSTALLER Sam Rice PHONE CELL 697-9292

MOBILE HOME INFORMATION

MAKE YEAR 1990 SIZE 24 X 52 COLOR White / Rix Investigation

SERIAL No. R4824A-B

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

INTERIOR: **INSPECTION STANDARDS**

(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 / SIDDING ( ) 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 REINSPECTION FOR FOLLOWING CONDITIONS

SIGNATURE [signature] ID NUMBER 306 DATE 12-21-05