# PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

	For Office Use Only (Revised 7-1-15) Zoning Official Building Official
4	AP# 1909-10 Date Received 9-6-19 By CH Permit # 38595
F	Comments Replacing existing with Floor one footabell the road
(	Comments Replacing existing with floor one tootabour the road
-	
	EMA Map# Finished Floor River In Floodway
	Recorded Deed or Property Appraiser PO Site Plan EH# 19-0689 Well letter OB
1	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 on Property Dut County Din County 10 805 VF Form
L	
Dro	operty ID #05-4S-16-02810-302 Subdivision Woodgate Village Unit 3 Lot#_2
110	
•	New Mobile Home X Used Mobile Home MH Size 32 x 60 Year 2020
	Applicant Dale Burd Phone # 386-365-7674
	Address 20619 CR 137, Lake City, FL, 32024
-	Name of Property Owner Tena Paige Phone# 386-438-0536
	911 Address 2197 SW Birley Ave, Lake City, FL, 32024  Circle the correct power company - FL Power & Light - Clay Electric
•	
	(Circle One) - <u>Suwannee Valley Electric</u> - <u>Duke Energy</u>
•	Name of Owner of Mobile Home Same Phone # Same
•	Name of Owner of Mobile Home Same Phone # Same  Address Same
•	Address Same
•	AddressSame  Relationship to Property Owner _Same
	Address Same  Relationship to Property Owner Same  Current Number of Dwellings on Property 1
•	AddressSame  Relationship to Property Owner _Same
	Address Same  Relationship to Property Owner Same  Current Number of Dwellings on Property 1  Lot Size 121 x 182 Irregular Total Acreage .72
	Address Same  Relationship to Property Owner Same  Current Number of Dwellings on Property 1
	Relationship to Property Owner Same  Current Number of Dwellings on Property 1  Lot Size 121 x 182 Irregular Total Acreage .72  Do you: Have Existing Drive or Private Drive or need Culvert Permit (Putting in a Culvert) or Culvert Walver (Circle One) (Not existing but do not need a Culvert)  Is this Mobile Home Replacing an Existing Mobile Home Yes
	Relationship to Property Owner Same  Current Number of Dwellings on Property 1  Lot Size 121 x 182 Irregular Total Acreage .72  Do you: Have Existing Drive or Private Drive or need Culvert Permit (Putting in a Culvert) or Culvert Walver (Circle one) (Not existing but do not need a Culvert)
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#### Manufacturer being installed Installer: Drunt Typical pier spacing Address of home 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. Mobile Home Permit Worksheet longitudinal Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations) arriage wall piers within 2' of end of home per Length x width 3202 Installer's initials 6.5国 License # TH1104218 60x3 Rule 15C 1 **Application Number:** capacity bearing interpolated from Rule 15C-1 pier spacing table. Load Manufacturer Longitudinal Stabilizing Device w/ Lateral Arms List all marriage wall openings greater than 4 foot and their pier pad sizes below. Other pier pad sizes (required by the mfg.) Perimeter pier pad size Home installed to the Manufacturer's Installation Manual Home is installed in accordance with Rule 15-C New Home I-beam pier pad size Triple/Quad Double wide Single wide Longitudinal Stabilizing Device (LSD) 1500 psf 2000 psf 2500 psf 1000 psf Opening Draw the approximate locations of marriage wall openings 4 foot or greater. Use this symbol to show the piers. (sq in) Footer Size TIEDOWN COMPONENTS 16" x 16" PIER PAD SIZES PIER SPACING TABLE FOR USED HOMES 风 図 (256)Serial # Used Home Installation Decal # Wind Zone II 18 1/2" x 18 Pier pad size 1/2" (342) LOHG#31971086AB 20" x 20" (400) Wind Zone III 22" x 22" Marriage wall Shearwall (484)\* within 2' of end of home spaced at 5' 4" oc 4# Sidewall POPULAR PAD SIZES 17 3/16 x 25 3/16 17 x 22 1/4 x 26 8.5 x 18.5 Pad Size 16 x 16 16 x 18 OTHER TIES FRAME TIES 24" X 24" **ANCHORS** (576)\* 5 <del>1</del> X Number Number 26" x 26" (676)

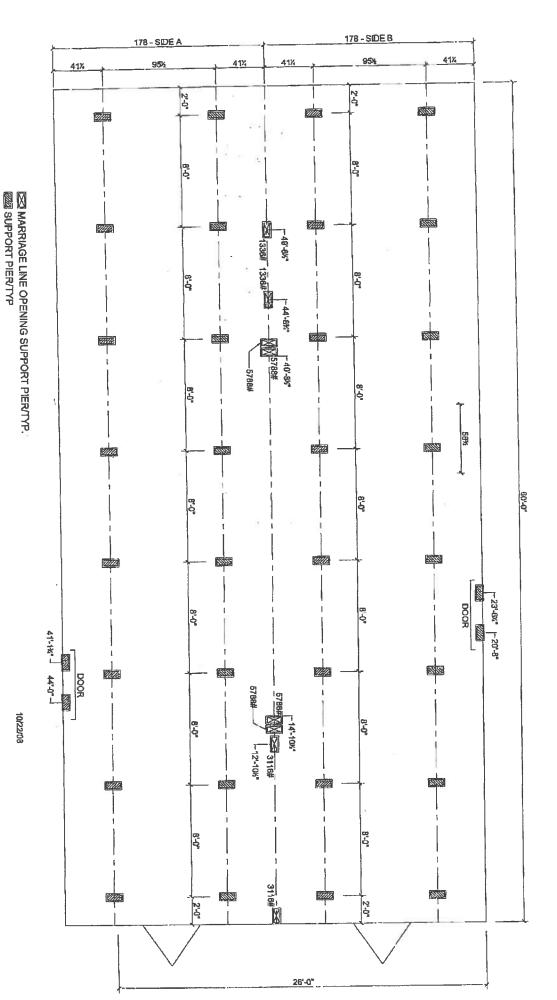
# **Mobile Home Permit Worksheet**

Inst
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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.  Type gasket — LALM Installed: Pg	Debris and organic material removed  Water drainage: Natural Swale Pad Other  Floor: Type Fastener: 1435 Length: Spacing: 1647  Walls: Type Fastener: 1435 Length: Spacing: 1647  Roof: Type Fastener: 1435 Length: Spacing: 1647  For used homes a whin. 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)	Application Number:Date:
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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 DALMI STARBULLE Date 8-16-19



Live Oak Homes MODEL: M-3603H - 32 X 64 4-BEDROOM / 2-BATH

FOUNDATION NOTES:
- THIS DRAWING IS DESIGNED FOR THE STANDARD WIND ZONE AND IS TO BE USED IN CONJUNCTION WITH THE INSTALLATION MANUAL AND IT'S SUPPLEMENTS.
- FOOTINGS ARE SHOWN FOR EXAMPLE ONLY QUANTITY AND SPACING MAY VARY BASED ON PAD TYPE, SOIL CONDITION, ETC.
- FOOTINGS ARE REQUIRED AT SUPPORT POSTS, SEE INSTALLATION MANUAL FOR REQUIREMENTS.

M-3603H

Parcel: **05-4S-16-02810-302** 

Owner & Property Info		Result: 3 of 3		
Owner	PAIGE TENA 2197 SW BIRLE LAKE CITY, FL 3			
Site	2197 BIRLEY AVE, LAKE CITY			
Description*	LOT 2 WOODGAT 780-335, 826-2349 994-2466, CFD 99 OF GRANTOR) Q 1258-697, WD 127	9, 854-1075, 86 5-29. WD 1156 C 1167-1332, C	9-2436, QCD -103(REORG PRDER	
Area	0 AC S/T/R 05-4S-16			
Use Code**	MOBILE HOM (000200)	Tax District	2	

<sup>\*</sup>The <u>Description</u> above is not to be used as the Legal Description for this parcel in any legal transaction.

<sup>\*\*</sup>The <u>Use Code</u> 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 \	/alues	
2018 Cert	ified Values	2019 Wor	king Values
Mkt Land (2)	\$13,414	Mkt Land (2)	\$13,914
Ag Land (0)	\$0	Ag Land (0)	\$0
Building (1)	\$9,492	Building (1)	\$9,793
XFOB (2)	\$1,848	XFOB (2)	\$1,848
Just	\$24,754	Just	\$25,555
Class	\$0	Class	\$0
Appraised	\$24,754	Appraised	\$25,555
SOH Cap [?]	\$370	SOH Cap [?]	\$708
Assessed	\$24,384	Assessed	\$24,847
Exempt	HX H3 <b>\$24,384</b>	Exempt	HX H3 \$24,847
Total Taxable		Total Taxable	county:\$0 city:\$0 other:\$0 school:\$0

#### MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER		CONTRACTOR _	Brent Strickland	PHONE 386-365-7043	
	E SUBMITTED PRIO	R TO THE ISSUANCE OF A	A PERMIT Tena Paige		
records of the subcontract	tors who actually did tor shall require all su	the trade specifubcontractors to	ic work under the po provide evidence o	re. It is <u>REQUIRED</u> that we have ermit. Per Florida Statute 440 and f workers' compensation or in Columbia County.	
Any changes, the permitte start of that subcontracto	•	•		submitted to this office prior to the corders and/or fines.	
ELECTRICAL Print Name	Glenn Whittingto	on	Signature	1/12 D	
	EC 13002957			6-972-1700	
1074   License #.		alifier Form Attach			
				Pro ()	
MECHANICAL/ Print Name	e <u>Michael Bolan</u>	d	Signature		
A/C 0150   License #:	CAC 1817716		Phone #:35	2-274-9326	
V	Qua	alifier Form Attach	ned 🔀		
Qualifier Forms cannot b	Qualifier Forms cannot be submitted for any Specialty License.				
Specialty License	License Number	Sub-Contracto	rs Printed Name	Sub-Contractors Signature	
MASON					
CONCRETE FINISHER			and the state of t		
applying for and receiving	F. S. 440.103 Building permits; identification of minimum premium policyEvery 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				

Revised 10/30/2015

time the employer applies for a building permit.



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

# LICENSED QUALIFIER AUTHORIZATION

DICENSED QUALITIE	EX AUTHORIZATION
1. Grand Whitington	(license holder name), licensed qualifier
for Whittington ELECKIC ?	Twc(company name), do certify that
the below referenced person(s) listed on this form holder, or is/are employed by me directly or three officer of the corporation; or, partner as defined in person(s) is/are under my direct supervision and sign permits; call for inspections and sign subcontains.	ugh an employee leasing arrangement; or, is an n Florida Statutes Chapter 468, and the said control and is/are authorized to purchase and
Printed Name of Person Authorized	Signature of Authorized Person
1. NEBUR	1
2. Kecky Ford	2. (m/s 1)
3.	3.
4.	4.
5.	5.
I, the license holder, realize that I am responsible under my license and fully responsible for compl. Local Ordinances. I understand that the State an authority to discipline a license holder for violatio officers, or employees and that I have full responsand ordinances inherent in the privilege granted.	iance with all Florida Statutes, Codes, and d County Licensing Boards have the power and ns committed by him/her, his/her agents, sibility for compliance with all statutes, codes
If at any time the person(s) you have authorized officer(s), you must notify this department in writi authorization form, which will supersede all previous unauthorized persons to use your name and/or limited.	ng of the changes and submit a new letter of ous lists. Failure to do so may allow
Licensed Qualifiers Signature (Notafized)	EC 1300 295 3/7/16  License Number Date
NOTARY INFORMATION: STATE OF:COUNTY OF:	Colmbia
The above license holder, whose name is personally appeared before me and is known by (type of I.D.)	me or has produced identification this, and, and
LILLY ROSHOP NOTARY'S STIGNATURE	Seal/Stange) Y R BISHOP  Notary Public - State of Florida

My Comm. Expires Jun 24, 2019



# COLUMBIA COUNTY BUILDING DEPARTMENT

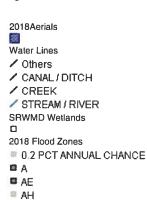
135 NE Hemando Ave, Suite B-21, Lake City, FL 32055 Phone: 386-758-1008 Fax: 386-758-2160

2000	
LICENSED QUALIFII	ER AUTHORIZATION
1 MichARIA LOLAND	(license holder name), licensed qualifier
1 1/1 00 /	110
for ACIE A/C OF CICA/A	ALC (company name), do certify that
the below referenced person(s) listed on this for holder, or is/are employed by me directly or thro	m is/are contracted/hired by me, the license
officer of the corporation; or, partner as defined	in Florida Statutes Chapter 468, and the said
person(s) is/are under my direct supervision and sign permits; call for inspections and sign subco	I control and is/are authorized to purchase and
•	
Printed Name of Person Authorized	Signature of Authorized Person
1. DAIR DA	1.6.75
2. Kally Dishap	2. Kelly Parshop
3. Locky Fore	3. /ach, 1) - of
4.	4.
5.	5.
I, the license holder, realize that I am responsible under my license and fully responsible for compl Local Ordinances. I understand that the State an authority to discipline a license holder for violatio officers, or employees and that I have full responsand ordinances inherent in the privilege granted	lance with all Florida Statutes, Codes, and ad County Licensing Boards have the power and ons committed by him/her, his/her agents, asibility for compliance with all statutes, codes
If at any time the person(s) you have authorized	is/are no longer agents, employee(s), or
officer(s), you must notify this department in writi authorization form, which will supersede all previ	
unauthorized persons to use your name and/or li	
Stuff of Bosel	_ CACI817716 & ESDODE
Licensed Qualiflers Signature (Notarized)	License Number Date 1/17/15
NOTARY INFORMATION: STATE OF 1-100 COUNTY OF:	mich
The above license holder, whose name is \( \frac{\int_{00}}{\int_{00}} \) personally appeared before me and is known by (type of i.D.) on the context of the	me or has produced identification
marcha trond	_
NOTARY'S SIGNATURE	(Seal/Stamp)

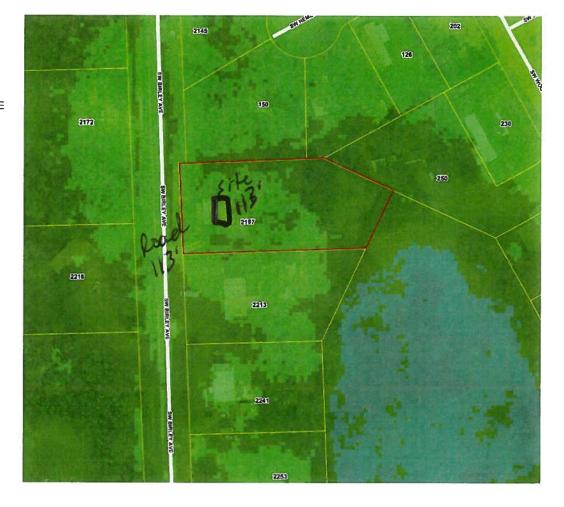
AMANDA FLOOD
MY COMMISSION # FF 106012
EXPIRES April 5, 2018
Bonded Thru Notary Public Underwriters

# Columbia County, FLA - Building & Zoning Property Map

Printed: Thu Sep 12 2019 11:09:59 GMT-0400 (Eastern Daylight Time)



LidarElevations



# Parcel Information

Parcel No: 05-4S-16-02810-302

Owner: PAIGE TENA

Subdivision: WOODGATE VILLAGE UNIT 3

Lot:

Acres: 0.7170598 Deed Acres:

District: District 3 Bucky Nash Future Land Uses: Agriculture - 3

Flood Zones:

Official Zoning Atlas: A-3



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: 8/26/2019 5:55:44 PM

Address: 2197 SW BIRLEY Ave

City: LAKE CITY

State: FL

Zip Code **32024** 

Parcel ID **02810-302** 

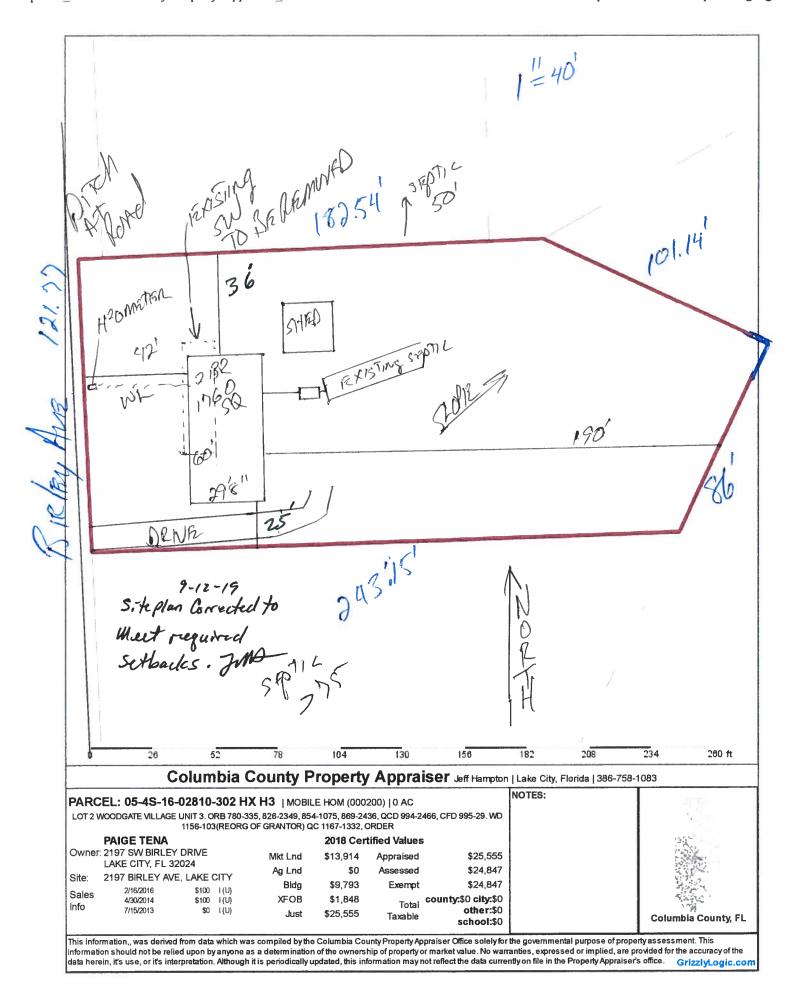
REMARKS: Address Verification.

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





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

PERMIT NO.	19-1684
DATE PAID:	वायादा.
FEE PAID:	CA CO A
RECEIPT #:	1452509

APPLICATION FOR:  [ ] New System [ ✓ ] I [ ] Repair [ ] I	Existing System Abandonment	n [	Holding Tank [ ] Innovative   Temporary [ ]
APPLICANT: Tena Paige			
AGENT: Dale Burd / Dale Burd LLC			TELEPHONE: 386-365-7674
MAILING ADDRESS: 20619 County	Road 137, Lake City,	FL, 32024	
TO BE COMPLETED BY APPLICANT BY A PERSON LICENSED PURSUAN APPLICANT'S RESPONSIBILITY T	OR APPLICANT' TO 489.105(3 O PROVIDE DOCU	S AUTHOR  (m) OR  MENTATIO	RIZED AGENT. SYSTEMS MUST BE CONSTRUCTED 489.552, FLORIDA STATUTES. IT IS THE ON OF THE DATE THE LOT WAS CREATED OR STATUTORY GRANDFATHER PROVISIONS.
PROPERTY INFORMATION			
LOT: 2 BLOCK: na	SUBDIVISION:	Woodgate V	fillage Unit 3 PLATTED: na
PROPERTY ID #: 05-4S-16-02810-3	02	_ ZONING	G: I/M OR EQUIVALENT: [ No ]
PROPERTY SIZE:72 ACRES	WATER SUPPLY:	[ ] PR	IVATE PUBLIC [ ✓ ]<=2000GPD [ ]>2000GPD
IS SEWER AVAILABLE AS PER 38	1.0065, FS? [	No ]	DISTANCE TO SEWER: na FT
PROPERTY ADDRESS: 2197 NW Birl	ey Ave, Lake City, F	L, 32024	
DIRECTIONS TO PROPERTY: US 9	0 West, TL CR 252,	TL Birley Av	ve, 700' to address on left
BUILDING INFORMATION	[√] RESIDEN	TIAL	[ ] COMMERCIAL
Unit Type of No Establishment		ilding ea Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1 SF Residential	2 17	760	2 BR for 2 BR Like for Like Replacement
2			16-0636 - REPIAR
3			C'OULD HOT LOCATE ORIGINAL
4			
[ ] Floor/Equipment Drains	[ ] Other	(Specify	)
SIGNATURE:			DATE: 8/17/2019

# STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM	CONSTRUCTION	PERMIT
Permit App	plication Number	14-1684
PART II - SITEPLAN		
Scale: 1 inch = 40 feet.		
C 2h		
the d		
The san the head		
STORY I		
Notes:		
The states		
Site Plan submitted by:		CONTRACTOR
Plan Approved Not Approved	1.	ate 9/11/19
By Colum	76/C Cour	nty Health Department
ALL CHANGES MUST BE APPROVED BY THE COUNTY	HEALTH DEPART	MENT

Page 2 of 4

DH 4015,08/09 (Obsoletes previous editions which may not be used) Incorporated: 64E-6.001, FAC (Stock Number: 5744-002-4015-6)

