Data Sheet
☑ WIND ZONE II
☑ Gideon 2 Sign Quik Form
☑ SERIAL # to be VERIFIED. Copy of title

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-11) Zoning Official BLK 3 May 2012 Building Official T.C. 5-1-12

AP# 1204-51 Date Received 4/25 By KW Permit # 30274

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

Comments

FEMA Map# N/A Elevation N/A Finished Floor 1' above Rd River N/A In Floodway N/A

☑ Site Plan with Setbacks Shown ☑ EH # 12-0240-E N/A EH Release N/A Well letter ☐ Existing well

☑ Recorded Deed or Affidavit from land owner ☑ Installer Authorization ☐ State Rd Access ☑ 911 Sheet

☐ Parent Parcel # ☐ STUP-MH ☐ F W Comp. letter ☑ App Fee Pd ☑ VF Form

IMPACT FEES: EMS Fire Corr ☑ Out County ☑ In County

Road/Code School = TOTAL Suspended March 2009 ☐ Ellisville Water Sys

Property ID # 15-5S-17-09250-003 Subdivision

- New Mobile Home Used Mobile Home ✓ MH Size 14x60 Year 1984
- Applicant JAMES HENRY GIDEON JR Phone # 386-438-4011 - Cell #
- Address 743 S.W. ENGLISH St, L.C, FL 32025
- Name of Property Owner JAMES & JANIE REED / JAMES GIDEON Phone# 386-758-2012
- 911 Address 743 SW ENGLISH Street, L.C, FL 32025
- Circle the correct power company - FL Power & Light - Clay Electric
  (Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home JAMES GIDEON, JR. Phone # 386.438.4011 - Cell #
  Address 745 S.W. ENGLISH St, L.C, FL 32025
- Relationship to Property Owner SISTER
- Current Number of Dwellings on Property (2) site visit indicates 2 habitable dwellings
- Lot Size Total Acreage 10.00 (Paid)
- Do you : Have Existing Drive (Currently using) or Private Drive (Blue Road Sign) or need Culvert Permit (Putting in a Culvert) or Culvert Waiver (Not existing but do not need a Culvert) (Circle one)
- Is this Mobile Home Replacing an Existing Mobile Home NO
- Driving Directions to the Property 441-S TO ENGLISH, TR TO 1/2 MILE ON RD. R. (BROWN HSE) - MH IS 50 yds ... from there.
- Name of Licensed Dealer/Installer Fermon Jones Phone # 352-318-4711
- Installers Address 6795 SW 71st Ave. Lake Butler, FL 32054
- License Number ~~H~~ 1025418 Installation Decal # 12511

Changed 12-11-12 J.H.

$325.00

* Generator sited on property - Furniture inside MH so they're living in it. ∴ Left MSG for Janie Reed. 5-3-12

Spoke to Mrs. Reed

COLUMBIA COUNTY PERMIT WORKSHEET

These worksheets must be completed and signed by the installer.
Submit the originals with the packet.

Installer Robert Sheppard License # IH1025386

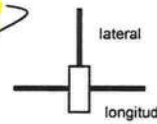
911 Address where home is being installed. _____

Manufacturer Fleetwood Length x width 14X60

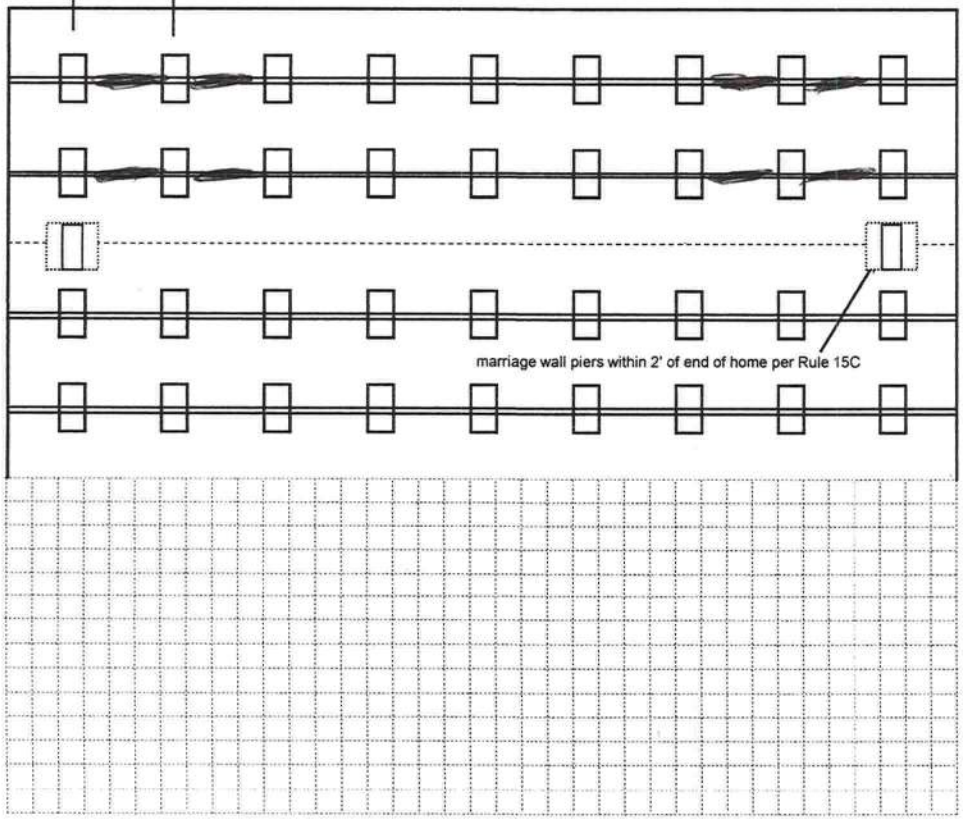
NOTE: ***if home is a single wide fill out one half of the blocking plan***
if home is a triple or quad wide sketch in remainder of home

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 PS

Typical pier spacing 2' 6'0



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 # 6869

Triple/Quad ☐ Serial # 3366D41512

425 provided

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 17X25

Perimeter pier pad size 17X25

Other pier pad sizes (required by the mfg.) 17X25

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 _____

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer _____
Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer Diver II DIV

OTHER TIES

	Number
Sidewall	16
Longitudinal	4
Marriage wall	
Shearwall	4

COLUMBIA COUNTY PERMIT WORKSHEET

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 1500 psf or check here to declare 1000 lb. soil _____ without testing.

x 1800 x 1800 x 1700

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 1800 x 1800 x 1800

TORQUE PROBE TEST

The results of the torque probe test is 295 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.

RS Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Robert Sheppard

Date Tested 4-24-12

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. 29

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 28

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 28

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

Installer Signature Robert Sheppard **Date** 4-24-12

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1204 -51 CONTRACTOR Robert Sheppard PHONE 623-2203

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	Print Name JAMES H. Gideon License #:	Signature James Gideon Phone #: 386-438-4011 - CELL
MECHANICAL/ A/C _____	Print Name OWNER BUILDER License #:	Signature Phone #:
PLUMBING/ GAS	Print Name License #:	Signature Phone #:

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			

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.

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, Robert Sheldon, give this authority for the job address show below
Installer License Holder Name

only, 743 SW English Street, 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)
James Gideon Jr.	James Gideon	✓ Agent ___ Officer ___ Property Owner
		___ Agent ___ Officer ___ Property Owner
		___ Agent ___ Officer ___ 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.

License Holders Signature (Notarized)	License Number	Date
	IH 0125386	4.25.12

NOTARY INFORMATION:
STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Robert Sheldon, personally appeared before me and is known by me or has produced identification (type of I.D.)_____ on this 25th day of April, 2012.

NOTARY'S SIGNATURE

(Seal/Stamp)

LAURIE HODSON
MY COMMISSION # DD 805657
EXPIRES: July 14, 2012
Bonded Thru Notary Public Underwriters

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF COLUMBIA

This is to certify that I, (We), Janie L. Reed
owner of the below described property:

Tax Parcel No. 15-5S-17-09250-003

Subdivision (name, lot, block, phase) _____

Give my permission to James H. Gideon, Jr. to place a mobile home/travel trailer/single family home (circle one) on the above mentioned property.

I (We) understand that this could result in an assessment for solid waste and fire protection services levied on this property.

Janie L Reed
Owner

_____
Owner

SWORN AND SUBSCRIBED before me this 25th day of April, 20 12. This (these) person(s) are personally known to me or produced ID DL.

Laurie Hodson
Notary Signature

LAURIE HODSON
MY COMMISSION # DD 805657
EXPIRES: July 14, 2012
Bonded Thru Notary Public Underwriters

(NO APP Yet)

CODE ENFORCEMENT DEPARTMENT
COLUMBIA COUNTY, FLORIDA
OUT OF COUNTY MOBILE HOME INSPECTION REPORT

COUNTY THE MOBILE HOME IS BEING MOVED FROM Suwanee Co
OWNERS NAME James Gideon PHONE 386-438-4061 CELL
INSTALLER Gayle Eddy PHONE 352-494-2326 CELL
INSTALLERS ADDRESS 743 SW Gayle St Lake City FL 320

MOBILE HOME INFORMATION

MAKE Brigadier YEAR 1984 SIZE 14 X 65
COLOR Brown SERIAL No. FLA-248312
WIND ZONE II SMOKE DETECTOR Yes

INTERIOR:
FLOORS Good
DOORS Good
WALLS Good
CABINETS Good
ELECTRICAL (FIXTURES/OUTLETS) Good

EXTERIOR:
WALLS / SIDDING Good
WINDOWS Good
DOORS Good

STATUS:
APPROVED _____ NOT APPROVED _____

NOTES: _____

INSTALLER OR INSPECTORS PRINTED NAME Gayle Eddy
Installer/Inspector Signature Gayle Eddy License No. IH0025331 Date 6-15-11

ONLY THE ACTUAL LICENSE HOLDER OR A BUILDING INSPECTOR CAN SIGN THIS FORM.

NO WIND ZONE ONE MOBILE HOMES WILL BE PERMITTED. MOBILE HOMES PRIOR TO 1977 ARE PRE-HUD AND THE WIND ZONE MUST BE PROVEN TO BE PERMITTED.

BEFORE THE MOBILE HOME CAN BE MOVED INTO COLUMBIA COUNTY THIS FORM MUST BE COMPLETED AND RETURNED TO THE COLUMBIA COUNTY BUILDING DEPARTMENT.

ONCE MOVED INTO COLUMBIA COUNTY AN INSPECTOR MUST COMPLETE A PRELIMINARY INSPECTION ON THE MOBILE HOME. CALL 386-719-2018 TO SET UP THIS INSPECTION. NO PERMIT WILL BE ISSUED BEFORE THIS IS DONE.

Code Enforcement Approval Signature _____ Date 6-17-11


SW PIERCE OLN
SW ENGLISH ST
960'
440'
100'
109'
190
380
570
760
950
1140
1330
1520
1710

4.25.12

Columbia County Property Appraiser

CAMA updated: 4/20/2012

2011 Tax Year

Tax Collector | Tax Estimator | Property Card | Parcel List Generator | Interactive GIS Map | Print

Parcel: 15-5S-17-09250-003

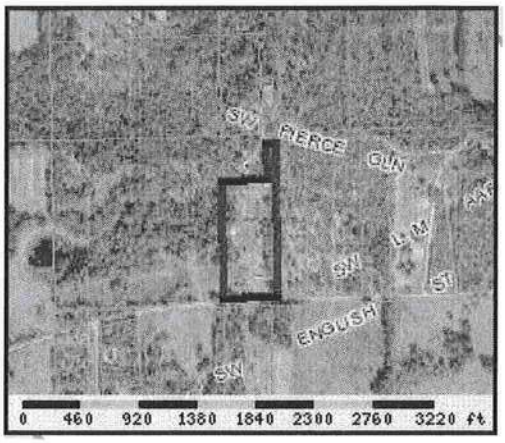
<< Next Lower Parcel | Next Higher Parcel >>

<< Prev Search Result: 24 of 53 Next >>

Owner & Property Info

Owner's Name	REED JAMES H SR & JANIE L		
Mailing Address	745 SW ENGLISH STREET LAKE CITY, FL 32025		
Site Address	745 SW ENGLISH ST		
Use Desc. (code)	IMPROVED A (005000)		
Tax District	3 (County)	**Neighborhood**	15517
Land Area	10.000 ACRES	**Market Area**	02
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction.		

COMM NE COR OF NW1/4 OF SW1/4, RUN W 888.87 FT FOR POB, RUN S 1331.45 FT, W 437.68 FT, N 969.08 FT, E 362.18 FT, N 362.18 FT, E 77.13 FT TO POB, EX N 52.5 FT N OF CO RD. ORB 654-242 ESTATE BY ENTIRETY



Property & Assessment Values

2011 Certified Values		
Mkt Land Value	cnt: (1)	$9,400.00
Ag Land Value	cnt: (1)	$1,800.00
Building Value	cnt: (2)	$142,069.00
XFOB Value	cnt: (2)	$2,200.00
Total Appraised Value		$155,469.00
Just Value		$195,741.00
Class Value		$155,469.00
Assessed Value		$142,435.00
Exempt Value	(code: HX)	$50,000.00
Total Taxable Value		Cnty: $92,435 Other: $92,435 | Schl: $117,435

2012 Working Values

NOTE:
2012 Working Values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

Show Working Values

Sales History

Show Similar Sales within 1/2 mile

Sale Date	OR Book/Page	OR Code	Vacant / Improved	Qualified Sale	Sale RCode	Sale Price
4/23/1988	654/242	WD	V	Q		$27,500.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	SINGLE FAM (000100)	1990	CB STUCCO (17)	2771	3533	$106,626.00
2	SFR MANUF (000200)	2001	CB STUCCO (31)	1404	1404	$32,846.00
	Note: All S.F. calculations are based on exterior building dimensions.					

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0285	SALVAGE	1997	$1,000.00	0000001.000	0 x 0 x 0	(000.00)
0190	FPLC PF	2001	$1,200.00	0000001.000	0 x 0 x 0	(000.00)

Land Breakdown

Mail Lien Satisfaction to: Dept of Highway Safety and Motor Vehicles, Neil Kirkman Building, Tallahassee, FL 32399-0500

T# 493443900
E# 301794

Identification Number	Year	Make	Body	WT-L BHP	Vessel Regis. No.	Title Number
3866D41512	1984	DARB	HS	62'		40247275

Registered Owner:
REGINA ANN SELPH
7145 152ND PL
WELLBORN, FL 32094

Date of Issue 04/18/2007

Lien Release
Interest in the described vehicle is hereby released
By
Title
Date

IMPORTANT INFORMATION

1. When ownership of the vehicle described herein is transferred, the seller MUST complete in full the Transfer of Title by Seller section at the bottom of the certificate of title.
2. Upon sale of this vehicle, the seller must complete the notice of sale on the reverse side of this form.
3. Remove your license plate from the vehicle.
4. See the web address below for more information and the appropriate forms required for the purchaser to title and register the vehicle, mobile home or vessel: http://www.hsmv.state.fl.us/hsmvtitle.html

Mail to:
REGINA ANN SELPH
7145 152ND PL
WELLBORN, FL 32094

CERTIFICATE OF TITLE

Identification Number	Year	Make	Body	WT-L BHP	Vessel Regis. No.	Title Number
3866D41512	1984	DARB	HS	62'		40247275

Prev State	Color	Primary Brand	Secondary Brand	No of Brands	Use	Prev Issue Date
FL	UNK				PRIVATE	05/08/1996

Odometer Status or Vessel Manufacturer or OH use	Hull Material	Prop	Date of Issue
			04/18/2007

Lien Release
Interest in the described vehicle is hereby released
By
Title
Date

Registered Owner
REGINA ANN SELPH
7145 152ND PL
WELLBORN, FL 32094

1st Lienholder
NONE

DIVISION OF MOTOR VEHICLES — TALLAHASSEE — FLORIDA — DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

Carl A. Ford
Director

Control Number 75424068

Spectra Theiydorides-Bustle
Executive Director

31 /1 75424068

TRANSFER OF TITLE BY SELLER (This section must be completed at the time of sale.)

This title is warranted to be free from any liens except as noted on the face of the certificate and the motor vehicle or vessel described is hereby transferred to:

Seller Must Enter Purchaser's Name: JAMES GIDEON
Address:
Seller Must Enter Selling Price: $100.00
Seller Must Enter Date Sold: 6-17-09
We state that the [ ] 5 or [ ] 6 digit odometer now reads [ ][ ][ ][ ][ ][ ] (no tenths) miles, date read and I hereby certify that to the best of my knowledge the odometer reading is:
[ ] 1. reflects ACTUAL MILEAGE. [ ] 2. is IN EXCESS OF ITS MECHANICAL LIMITS. [ ] 3. is NOT THE ACTUAL MILEAGE.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

SELLER Must Sign Here: Regina Ann Selph
CO SELLER Must Sign Here:
Print Here: REGINA ANN SELPH
Print Here:
Seller Dealer's License Number: Tax #: Tax Collected:
Auction Name: License Number:
PURCHASER Must Sign Here: X James Gideon
Print Here: X James Gideon

NOTICE: $10.00 PENALTY IS REQUIRED BY LAW IF NOT SUBMITTED TO [illegible] AFTER DATE OF PURCHASE

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

9 1204-51

DATE RECEIVED 4/25 BY lw IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? YES

OWNERS NAME JAMES H. GIDEON, JR. PHONE _____ CELL 386 438. 4011

ADDRESS —

MOBILE HOME PARK — SUBDIVISION —

DRIVING DIRECTIONS TO MOBILE HOME 441 S TO ENGLISH ST. TR AND it'S 1/2 MILE TO PROPERTY ON R - (50 yds to RR of MH...).

MOBILE HOME INSTALLER ROBERT WHITFIELD PHONE _____ CELL 623-2203

MOBILE HOME INFORMATION

MAKE SARBY YEAR 1984 SIZE 14 X 60 COLOR BROWN

SERIAL No. FLA248312

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

* Troy: PLEASE CHECK thoroughly MH was previously set aside the ROAD + MOBILE or LESS damaged "Pretty bad" from previous Installer. They fixed it w/ limited funds.

INSPECTION STANDARDS

INTERIOR:

(P or F) - P= PASS F= FAILED

P SMOKE DETECTOR ( ) OPERATIONAL ( ) MISSING

P FLOORS ( ) SOLID ( ) WEAK ( ) HOLES DAMAGED LOCATION _____

P DOORS ( ) OPERABLE ( ) DAMAGED

P WALLS ( ) SOLID ( ) STRUCTURALLY UNSOUND

P WINDOWS ( ) OPERABLE ( ) INOPERABLE

P PLUMBING FIXTURES ( ) OPERABLE ( ) INOPERABLE ( ) MISSING

P CEILING ( ) SOLID ( ) HOLES ( ) LEAKS APPARENT

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

EXTERIOR:

P WALLS / SIDDING ( ) LOOSE SIDING ( ) STRUCTURALLY UNSOUND ( ) NOT WEATHERTIGHT ( ) NEEDS CLEANING

P WINDOWS ( ) CRACKED/ BROKEN GLASS ( ) SCREENS MISSING ( ) WEATHERTIGHT

P ROOF ( ) APPEARS SOLID ( ) DAMAGED

STATUS

OK 1.C.

APPROVED ✓ WITH CONDITIONS: Need Data Plate Zone II IV

REC'D 4.26.12

NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE Troy Cox ID NUMBER 304 DATE 4-26-12

(NO APP Yet)

CODE ENFORCEMENT DEPARTMENT
COLUMBIA COUNTY, FLORIDA
OUT OF COUNTY MOBILE HOME INSPECTION REPORT

COUNTY THE MOBILE HOME IS BEING MOVED FROM Suwannee Co

OWNERS NAME James Gideon PHONE 386-438-4041 CELL

INSTALLER Gayle Eddy PHONE 352-442-3326 CELL

INSTALLERS ADDRESS 743 SW Gayle St Lake City FL 320

MOBILE HOME INFORMATION

MAKE Brigadier - "Jacy" YEAR 1984 SIZE 14 x 65

COLOR Brown SERIAL No. FLA-248312

WIND ZONE II SMOKE DETECTOR Yes

INTERIOR:
FLOORS Good

DOORS Good

WALLS Good

CABINETS Good

ELECTRICAL (FIXTURES/OUTLETS) Good

EXTERIOR:
WALLS / SIDDING Good

WINDOWS Good

DOORS Good

STATUS:
APPROVED _____ NOT APPROVED _____

NOTES _____

INSTALLER OR INSPECTORS PRINTED NAME Gayle Eddy

Installer/Inspector Signature Gayle Eddy License No. IH0253311 Date 6-15-11

ONLY THE ACTUAL LICENSE HOLDER OR A BUILDING INSPECTOR CAN SIGN THIS FORM.

NO WIND ZONE ONE MOBILE HOMES WILL BE PERMITTED. MOBILE HOMES PRIOR TO 1977 ARE PRE-HUD AND THE WIND ZONE MUST BE PROVEN TO BE PERMITTED.

BEFORE THE MOBILE HOME CAN BE MOVED INTO COLUMBIA COUNTY THIS FORM MUST BE COMPLETED AND RETURNED TO THE COLUMBIA COUNTY BUILDING DEPARTMENT.

ONCE MOVED INTO COLUMBIA COUNTY AN INSPECTOR MUST COMPLETE A PRELIMINARY INSPECTION ON THE MOBILE HOME. CALL 386-719-2038 TO SET UP THIS INSPECTION. NO PERMIT WILL BE ISSUED BEFORE THIS IS DONE.

Code Enforcement Approval Signature _____ Date 6-17-11

Mail Lien Satisfaction to: Dept of Highway Safety and Motor Vehicles, Neil Kirkman Building, Tallahassee, FL 32399-0500

T# 493443900
B# 301794

Identification Number	Year	Make	Body	WT-L-BHP	Vessel Regis. No.	Title Number
3B66D41512	1984	DARB	HS	62'		40247275

Registered Owner:
REGINA ANN SELPH
7145 152ND PL
WELLBORN, FL 32094

Date of Issue 04/18/2007

Lien Release
Interest in the described vehicle is hereby released
By
Title
Date

Mail To:
REGINA ANN SELPH
7145 152ND PL
WELLBORN, FL 32094

IMPORTANT INFORMATION

1. When ownership of the vehicle described herein is transferred, the seller MUST complete in full the Transfer of Title by Seller section at the bottom of the certificate of title.
2. Upon sale of this vehicle, the seller must complete the notice of sale on the reverse side of this form.
3. Remove your license plate from the vehicle.
4. See the web address below for more infromation and the appropriate forms required for the purchaser to title and register the vehicle, mobile home or vessel: http://www.hsmv.state.fl.us/html/titlinf.html

CERTIFICATE OF TITLE

Identification Number	Year	Make	Body	WT-L-BHP	Vessel Regis. No.	Title Number
3B66D41512	1984	DARB	HS	62'		40247275

Lien Release
Interest in the described vehicle is hereby released
By
Title
Date

Prev State	Color	Primary Brand	Secondary Brand	No of Brands	Use	Prev Issue Date
FL	UNK				PRIVATE	05/08/1996

Odometer Status or Vessel Manufacturer or OH use	Hull Material	Prop	Date of Issue
			04/18/2007

Registered Owner
REGINA ANN SELPH
7145 152ND PL
WELLBORN, FL 32094

1st Lienholder
NONE

DIVISION OF MOTOR VEHICLES — TALLAHASSEE — FLORIDA

Carl A. Ford
Director

Control Number 75424068

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

Electra Theodordes-Bustle
Executive Director

31 /1 75424068

TRANSFER OF TITLE BY SELLER (This section must be completed at the time of sale.)

This title is warranted to be free from any liens except as noted on the face of the certificate and the motor vehicle or vessel described is hereby transferred to

Seller Must Enter Purchaser's Name: JAMES GIDEON — Address:

Seller Must Enter Selling Price: $100.00 — Seller Must Enter Date Sold: 6-17-09

I/We state that this [ ] 5-digit [ ] 6-digit odometer now reads [ ][ ][ ][ ][X] (no tenth) miles, date read ____ and I hereby certify that to the best of my knowledge the odometer reading:
[ ] 1. reflects ACTUAL MILEAGE. [ ] 2. is IN EXCESS OF ITS MECHANICAL LIMITS. [ ] 3. is NOT THE ACTUAL MILEAGE.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

SELLER Must Sign Here: Regina Ann Selph — CO SELLER Must Sign Here:

Print Here: REGINA ANN SELPH — Print Here:

Selling Dealer's License Number: — Tax Paid: — Tax Collected:

Auction Name: — Location:

PURCHASER Must Sign Here: X James Gideon

Print Here: X James Gideon

NOTICE: $10.00 PENALTY IS REQUIRED BY LAW IF NOT SUBMITTED FOR TITLE AFTER DATE OF PURCHASE

MANUFACTURER DATA REPORT

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

HUD LABEL # FLA-248312

M.H. ID# FBIC-0-41512

DATE MANUFACTURED 2-29-84

MODEL # 1466-2-24 DARBY YEAR: 19 84

MFR. NAME BRIGADIER HOMES

ADDRESS P.O. BOX 365
OCALA, FLORIDA 32678
City / State / Zip

DESTINATION (STATE) FLORIDA

(X) SINGLE ( ) DOUBLE ( ) TRIPLE

SIZE: 14 X 66
UNIT A / UNIT B / UNIT C

(X) EXCLUDING HITCH ( ) INCLUDING HITCH

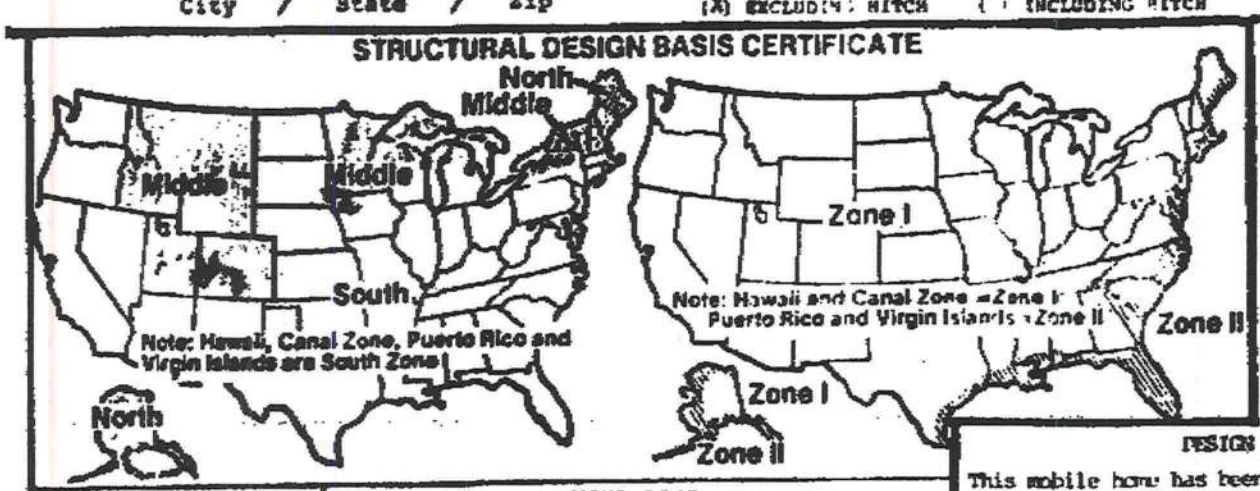
DEALER'S NAME WESTSIDE MOBILE HOMES

ADDRESS
LAKE CITY FLORIDA
City / State / Zip

DAPIA NAME HIBBORN, WERNER, CARTER ASSOC.

ADDRESS 1627 S. MYRTLE AVE.
CLEARWATER, FLA. 33516
City / State / Zip

STRUCTURAL DESIGN BASIS CERTIFICATE



ROOF LOAD	WIND LOAD
☐ North 40 PSF	☐ Zone I 15 Psf Horizontal & 9 Psf Uplift
☐ Middle 30 PSF	☒ Zone II (Hurricane)-25 Psf Horizontal & 15 Psf Uplift
☒ South 20 PSF	☐ Zone III Other
☐ Other	

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

[X] 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 -12 °F.

To maximize furnace operating economy, and to conserve energy, it is recommended that this home be installed where the outdoor winter design temperature (97½) is not higher than +13 °F.

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

EQUIPMENT	MANUFACTURER	MODEL DESIGNATION
Air Conditioning(42,000 BTU/hr.)		
Comfort Heating(33,000 BTU/hr.)	COLEMAN	3400-815
Cooking Range		
Built-In Oven	WHIRLPOOL	KB1000XKN0
Counter-Top Cooking Unit	WHIRLPOOL	RC8200XKN0
Refrigerator	WHIRLPOOL	ET18JKXLN0
Water Heater	STATE	SCE 30 HS 160
Clothes Washer		
Clother Dryer		
Dishwasher		
Food Waste		
Smoke Detector	FIRE	EX1020
RANGE HOOD	VENTLINE	

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

THE MANUFACTURER SHALL PROVIDE THE MINIMUM BTU REQUIREMENTS FOR [illegible] OR THE "U" FACTORS AS DESIGNATED BELOW.

Walls (without Windows & Doors)	"U" = .097
Ceilings & Roofs of Light Color	"U" = .0722
Ceilings & Roofs of Dark Color	"U" = .0833
[illegible]	"U" =
Air Ducts in Floor	"U" = .1494
Air Ducts in Ceiling	"U" =
Air Ducts Installed Outside the Home	"U" =
Heat Transfer Area to Outside of Home from Air Ducts Located: Inside Home..Sq.Ft. ____ Outside Home..Sq.Ft. =	

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

2-29-84
DATE

SIGNED: Terry J. Potter / Terry J. Potter
Authorized Representative of Manufacturer / Type or Print Name

DISTRICT

FAX

Bureau of Mobile Home & RV Construction
Division of Motor Vehicles
2900 Apalachee Parkway
Neil Kirkman Building, Rm. A129 – MS66
Tallahassee, FL 32399-0640

Date 4-26-12

Number of pages including cover sheet 2

To:

Janice KAREN

Phone

Fax Phone

CC:

From:

~~Karen~~ JANICE

386.

Phone ~~850/617-2808~~ 758.1068

Fax Phone ~~850/617-5191~~ 758.2166

REMARKS:

☐ Urgent ☐ For your review ☐ Reply ASAP ☐ Please comment

– THANK YOU VERY MUCH! –

Reference mobile/manufactured home:

FCA 248312

Not sure where the ID# on the title came from, but this is the home. ID# - FBIC 041512 for a 1984 Brigadier.

Janice

COLUMBIA COUNTY 9-1-1 ADDRESSING

P. O. Box 1787, Lake City, FL 32056-1787
PHONE: (386) 758-1125 * FAX: (386) 758-1365 * Email: ron_croft@columbiacountyfla.com

Addressing Maintenance

To maintain the Countywide 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 assigning 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 Service 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 REQUESTED: 4/25/2012 **DATE ISSUED:** 5/2/2012

ENHANCED 9-1-1 ADDRESS:

743 SW ENGLISH ST

LAKE CITY FL 32025

PROPERTY APPRAISER PARCEL NUMBER:

15-5S-17-09250-003

Remarks:

RE-ISSUE OF EXISTING ADDRESS FOR STRUCTURE.

Address Issued By: SIGNED: / RONAL N. CROFT
Columbia County 9-1-1 Addressing / GIS Department

NOTICE: THIS ADDRESS WAS ISSUED BASED ON LOCATION INFORMATION RECEIVED FROM THE REQUESTER. SHOULD, AT A LATER DATE, THE LOCATION INFORMATION BE FOUND TO BE IN ERROR, THIS ADDRESS IS SUBJECT TO CHANGE.

2267

#1204-51

Janice Williams

From: Ron Croft
Sent: Wednesday, May 02, 2012 4:27 PM
To: Janice Williams
Subject: RE: VERIFICATION OF AN ADDRESS
Attachments: 743_SW_ENGLISH_ST.pdf

I found a old single wide still there.

Ronal N. Croft
Columbia County 911 Addressing / GIS Department
P.O. Box 1787
Lake City, FL 32056-1787
Phone: 386-758-1125
Fax: 386-758-1365
E-Mail: ron_croft@columbiacountyfla.com

From: Janice Williams
Sent: Wednesday, April 25, 2012 10:08 AM
To: Ron Croft
Subject: VERIFICATION OF AN ADDRESS

PLEASE VERIFY PARCEL # 09250-003

ACCORDING TO THEM..POST OFFICE HAS ADDRESS TO 743 SW ENGLISH STREET FOR 2ND UNIT ON PROPERTY

THERE IS A 745 ADDRESS TO HOMESTEAD RESIDENCE.

ALSO, YOU MAY SEE AN ADDITIONAL RUN-DOWN UNIT....THEY SAID IT'S JUST FOR JUNK/STORAGE....ONLY.
WE WILL HAVE THEM TO SIGN A SPECIAL FORM THRU BRIAN'S OFFICE THAT NO HOOK-UP FOR ELECTRICAL SVC WILL BE GRANTED.

THANKS,
JANICE W.

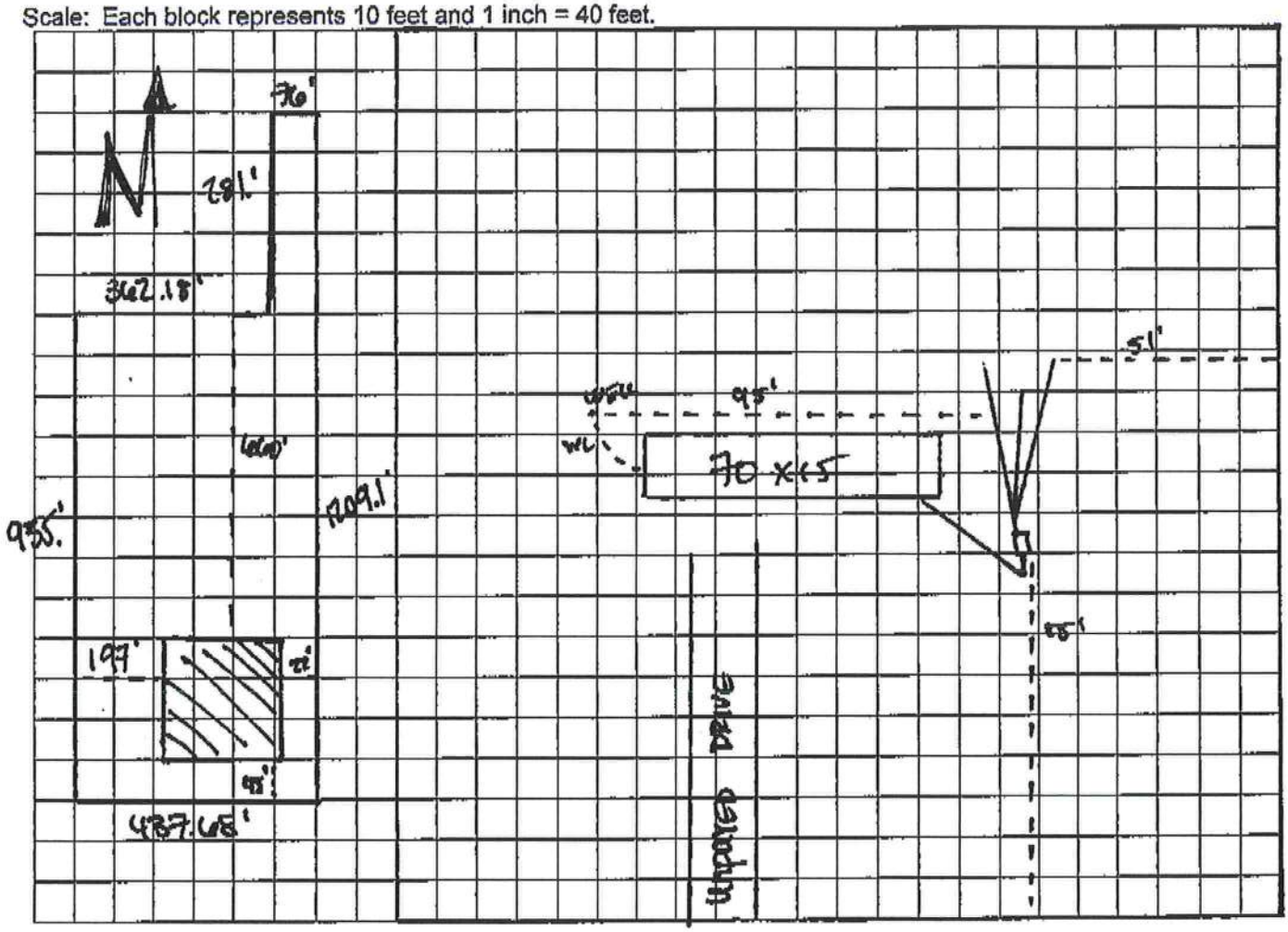
ANY QUESTIONS, PLEASE CALL JANIE @ 386.758.2012....

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 12-0248E

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

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



Notes: _____

Site Plan submitted by: Jamie B. Reed Owner

Plan Approved Y Not Approved _____ Date 6/22/12

By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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

PERMIT NO. 12-0248E
DATE PAID: 4/30/12
FEE PAID: 325.00
RECEIPT #: 1030537
Variance Issued

APPLICATION FOR:
[ ] New System [✓] Existing System [ ] Holding Tank [ ] Innovative
[ ] Repair [ ] Abandonment [ ] Temporary [ ] _____

APPLICANT: James and Janie Reed

AGENT: James Gideon TELEPHONE: 758-2012 / 430-4011

MAILING ADDRESS: 745 SW English St, 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: NA BLOCK: NA SUBDIVISION: NA PLATTED: NA

PROPERTY ID #: 15-5S-17-09250-003 ZONING: _____ I/M OR EQUIVALENT: [No]

PROPERTY SIZE: 10.00 ACRES WATER SUPPLY: [✓] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [No] DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: 745 SW English St. Lake City 32025

DIRECTIONS TO PROPERTY: 441 South to English St., Take right on English Rd., Property 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	SFR (SW-MH)	2	1050	ORIGINAL ATTACHED
2				
3				
4				

[ ] Floor/Equipment Drains [ ] Other (Specify) _____

SIGNATURE: Janie L Reed DATE: 04/30/2012

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

PERMIT WORKSHEET

Installer Fermon Jones License # IH1025418

Manufacturer PRIVATE Length x Width 14x70

Name of Owner of this Mobile Home James Gideon

Phone 758-2012

Address 143 SW English St Lake City, FL 32025

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 _____

New Home ☐ Used Home ☑ Year 1983

Home installed to the Manufacturer's Installation Manual ☐

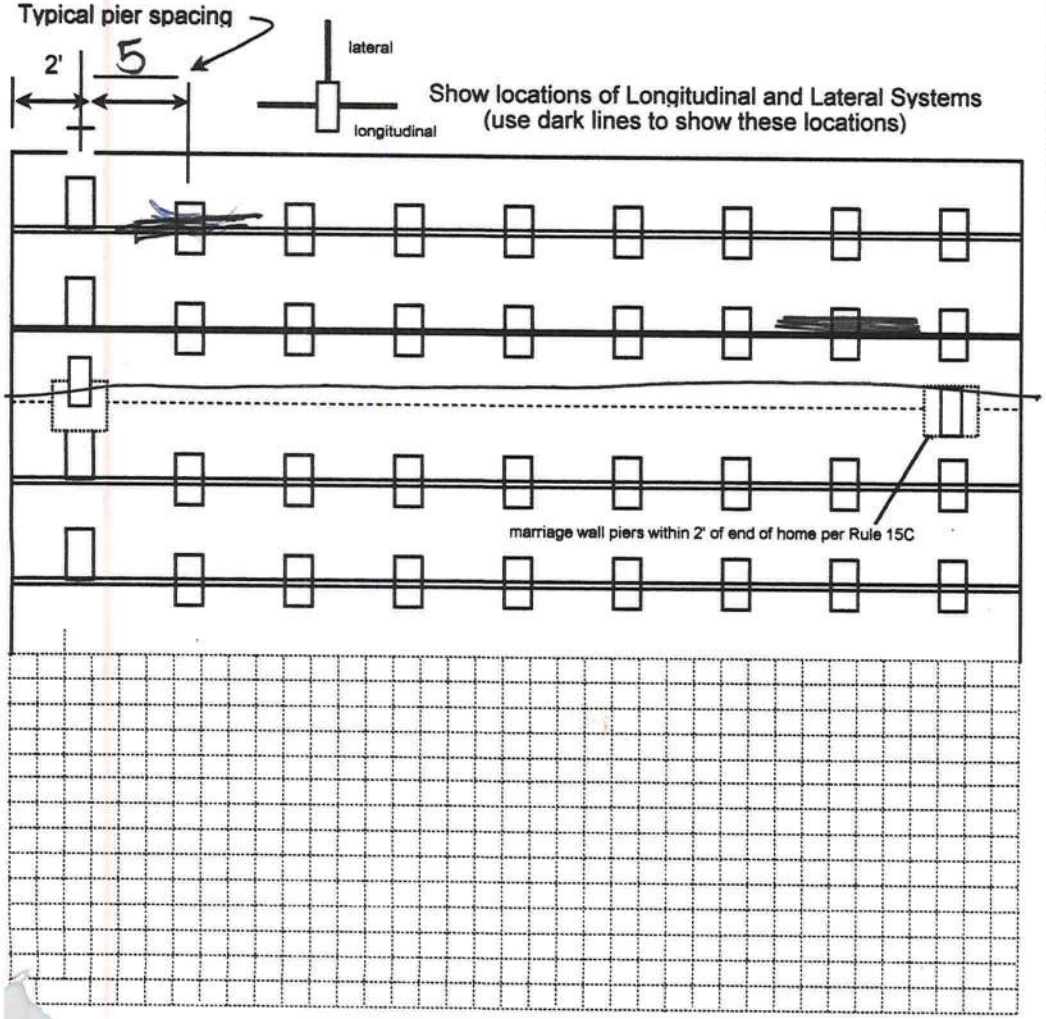
Home is installed in accordance with Rule 15-C ☑

Single wide ☑ Wind Zone II ☑ Wind Zone III ☐

Double wide ☐ Installation Decal # 12511

Triple/Quad ☐ Serial # 39660541512

Typical pier spacing



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 17x22

Perimeter pier pad size 16x16

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

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer

Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer

OTHER TIES

	Number
Sidewall	28-30
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 2000 x 2000 x 2000

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 1500 x 1500 x 2000

TORQUE PROBE TEST

The results of the torque probe test is 290 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.

_____ Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name _____

Date Tested _____

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. 15-C

Plumbing

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

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

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.

Type gasket N/A Single
Pg. _____

Installer's initials _____

Installed:
Between Floors Yes _____
Between Walls Yes _____
Bottom of ridgebeam Yes _____

Weatherproofing

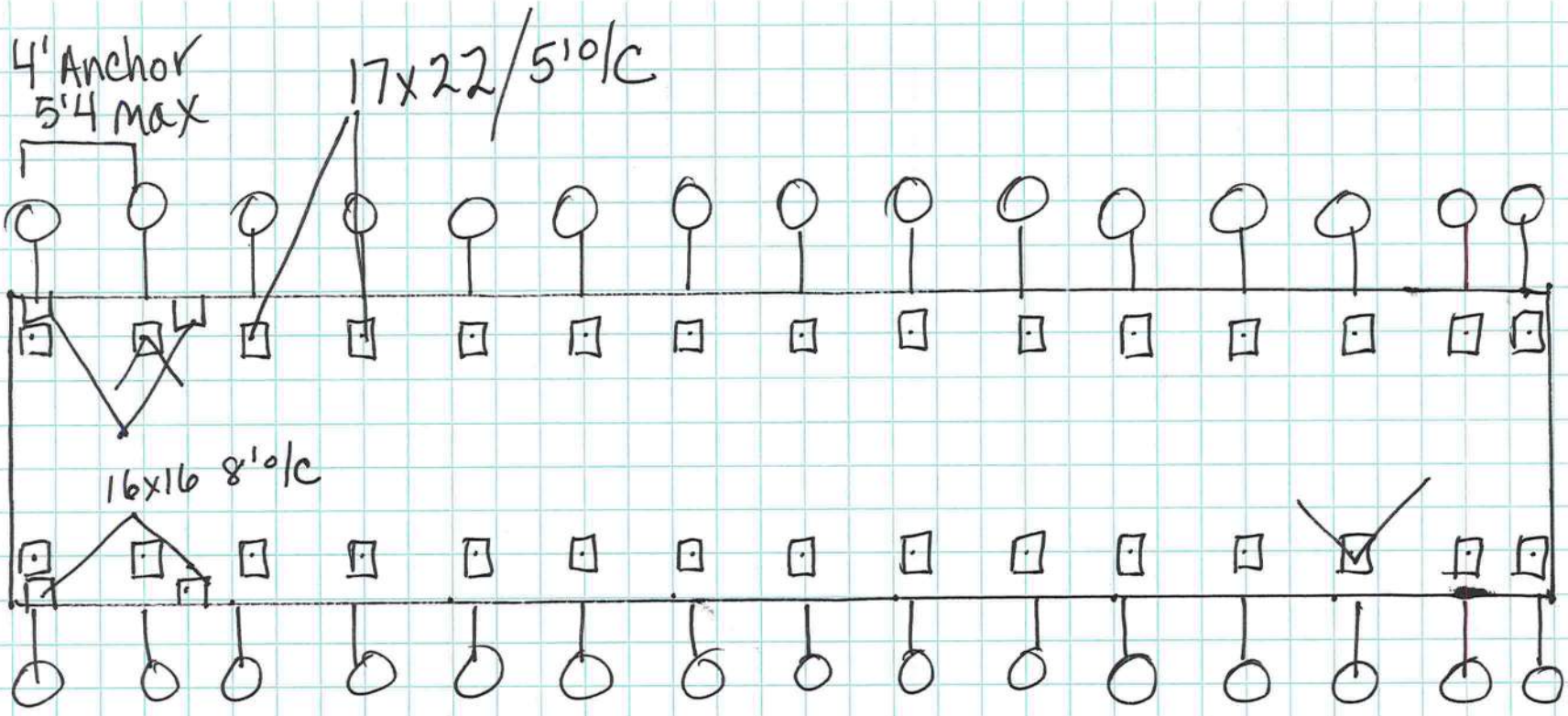
The bottomboard will be repaired and/or taped. Yes ✓. Pg. 15-C
Siding on units is installed to manufacturer's specifications. Yes ✓
Fireplace chimney installed so as not to allow intrusion of rain water. Yes ✓

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

Installer Signature _____ **Date** 12/9/12



1500 lb Soil

5'o/c 17x22

1500 lb soil

Peremeter Piers 16x16

1101 LVL

I, James Gideon, request change on my mobile home permit from Installer ~~Ronnie~~ Robert Sheppard to Fermon Jones.

James Gideon
Signature

12-8-12
Date