

i/c# 2300

## PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 7-1-15)

Zoning Official

JAH 6-5-18

Building Official

JAH 6-5-18

AP# 1806-03

Date Received 6-1-18

By LH

Permit # 36892

Flood Zone X

Development Permit

Zoning RR

Land Use Plan Map Category RVED

Comments Existing M/H Park

FEMA Map# Elevation Finished Floor River In Floodway

☒ Recorded Deed or ☐ Property Appraiser PO ☐ Site Plan ☒ EH # 18-0447 ☐ 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 # 09-45-16-02824-001 Subdivision TIMBERLANE MH COMMUNITY Lot# E6 PHASE II

New Mobile Home Used Mobile Home ☒ MH Size 32X64 Year 2002

Applicant MARK S. GOODSON Phone # 386-303-2491

Address 337 SW TOMPKINS ST LAKE CITY FL 32024

Name of Property Owner TIMBERLANE MHC. LLC Phone# 386-303-2491

911 Address 179 SW SWEETBAY CT LAKE CITY FL 32024

Circle the correct power company - FL Power & Light - Clay Electric  
(Circle One) - Suwannee Valley Electric - Duke EnergyName of Owner of Mobile Home HARRY & DARLENE MILLER Phone # 352-318-2298  
Address 179 SW SWEETBAY CT LAKE CITY FL 32024

Relationship to Property Owner FRIEND

Current Number of Dwellings on Property 16

Lot Size 74X150 Total Acreage 5 ACRES

Do you : Have Existing Drive or Private Drive or need Culvert Permit  
(Currently using) (Blue Road Sign) (Putting in a Culvert) (Circle one) need a Culvert

Is this Mobile Home Replacing an Existing Mobile Home YES

Driving Directions to the Property HWY 247 TO TROY ST. TURN RIGHT  
DRIVE 1/2 MILE TO TIMBERLANE MHC ON RIGHT. 2ND SECOND  
ENTRANCE ON RIGHT SWEETBAY CT. 6th PLACE ON RIGHT

Name of Licensed Dealer/Installer DALE HOUSTON Phone # 386-623-6522

Installers Address 136 SW BARRS BL LAKE CITY FL 32024

License Number TH1025142 Installation Decal # 31236

LH - Spoke to Mark 6-11-18

Mobile Home Permit Worksheet

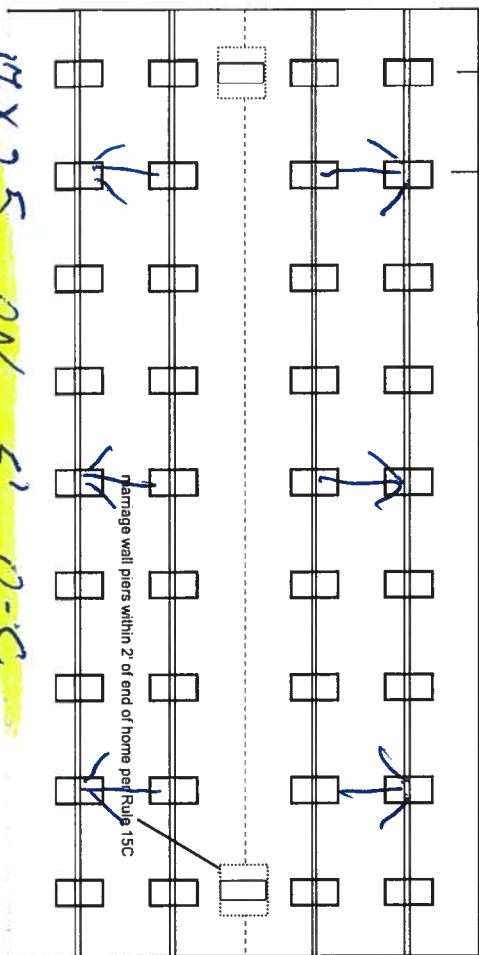
Application Number: \_\_\_\_\_ Date: \_\_\_\_\_

Installer: \_\_\_\_\_ License # \_\_\_\_\_  
Address of home being installed: 179 SW SWEETBAY CT LAKE CITY FL 32024

Manufacturer: Palm Harbor Length x width: 44' x 64'

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: PH



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 # 31236

Triple/Quad ☐ Serial # 23736 A118

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	16" x 16" (256)	18 1/2" x 18 (342)	20" x 20" (400)	22" x 22" (484)"	24" X 24" (576)"	26" x 26" (676)
1000 psf	3'	4'	5'	6'	7'	8'
1500 psf	4' 6"	6'	7'	8'	8'	8'
2000 psf	6'	8'	8'	8'	8'	8'
2500 psf	7' 6"	8'	8'	8'	8'	8'
3000 psf	8'	8'	8'	8'	8'	8'
3500 psf	8'	8'	8'	8'	8'	8'

\* Interpolated from Rule 15C-1 pier spacing table.

PIER PAD SIZES

I-beam pier pad size 17x25  
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 17x25

\_\_\_\_\_ 17x25

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)  
Manufacturer \_\_\_\_\_  
Longitudinal Stabilizing Device w/ Lateral Arms  
Manufacturer Oliver

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

FRAME TIES

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

OTHER TIES

Number \_\_\_\_\_  
Sidewall \_\_\_\_\_  
Longitudinal \_\_\_\_\_  
Marriage wall \_\_\_\_\_  
Shearwall \_\_\_\_\_

# Mobile Home Permit Worksheet

## POCKET PENETROMETER TEST

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

X 1000 X 1000 X 1500

### POCKET PENETROMETER TESTING METHOD

1. Test the perimeter of the home at 6 locations.
2. Take the reading at the depth of the footer.
3. Using 500 lb. increments, take the lowest reading and round down to that increment.

X 1000 X 1500 X 1500

## TORQUE PROBE TEST

The results of the torque probe test is 290 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. 1 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.

PH Installer's initials

## ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Dale Hunter

Date Tested

5/30/18

## 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. 42

## Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 42

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 4

Application Number:

Date:

## Site Preparation

Debris and organic material removed Swale ☒ Pad ☒ Other ☐

## Fastening multi wide units

Floor: Type Fastener: Length: Spacing: 18  
Walls: Type Fastener: Length: Spacing: 18  
Roof: Type Fastener: Length: Spacing: 18  
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 PH

Type gasket Pg. Four

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

## Weatherproofing

The bottomboard will be repaired and/or taped. Yes ☐ Pg. 4  
Siding on units is installed to manufacturer's specifications. Yes ☐  
Fireplace chimney installed so as not to allow intrusion of rain water. Yes ☐

## Miscellaneous

Skirting to be installed. Yes ☐ No ☐  
Dryer vent installed outside of skirting. Yes ☐ N/A ☒  
Range downflow vent installed outside of skirting. Yes ☒ N/A ☐  
Drain lines supported at 4 foot intervals. Yes ☒  
Electrical crossovers protected. Yes ☒  
Other: ☐

Installer verifies all information given with this permit worksheet is accurate and true based on the manufacturer's installation instructions and or Rule 15C-1 & 2

Installer Signature

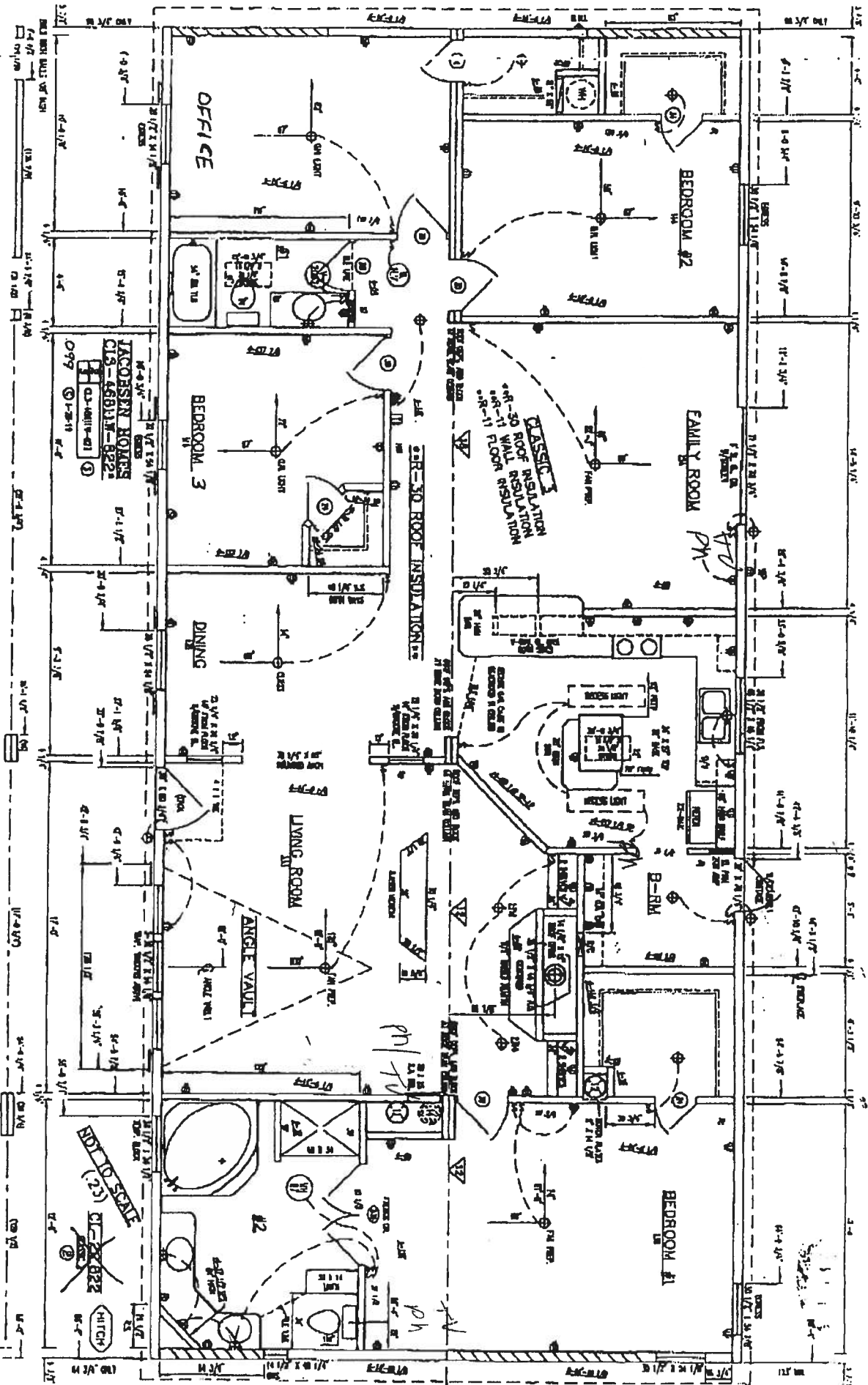
Dale Hunter

Date

5/30/18

Custom Home Center

" Miller "

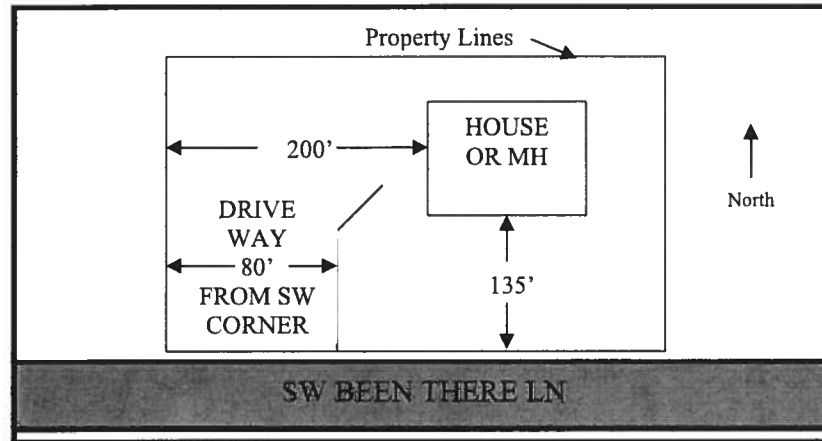


Build As Shown

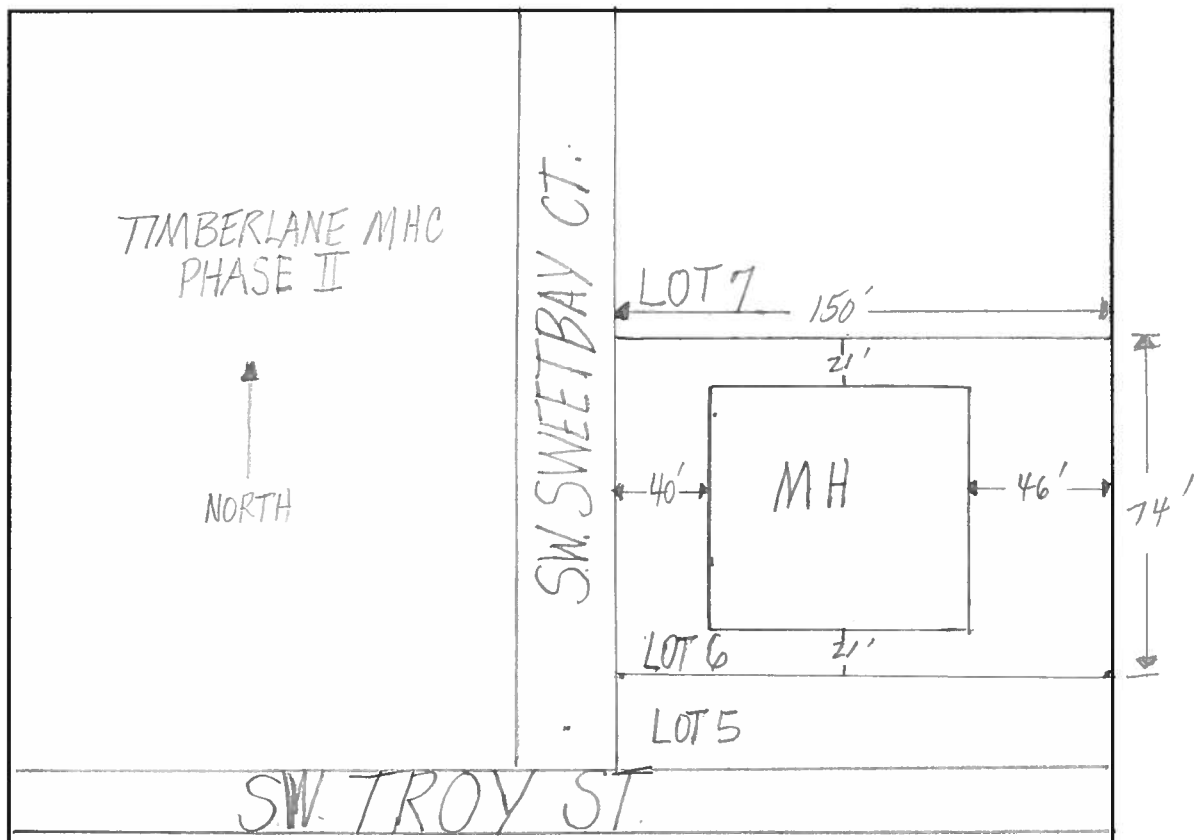


1. A PLAT, PLAN, OR DRAWING SHOWING THE PROPERTY LINES OF THE PARCEL.
2. LOCATION OF PLANNED RESIDENT OR BUSINESS STRUCTURE ON THE PROPERTY WITH DISTANCES FROM AT LEAST TWO OF THE PROPERTY LINES TO THE STRUCTURE (SEE SAMPLE BELOW).
3. LOCATION OF THE ACCESS POINT (DRIVEWAY, ETC.) ON THE ROADWAY FROM 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:**



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

COUNTY THE MOBILE HOME IS BEING MOVED FROM MARION COUNTY  
OWNERS NAME HARRY & DARLENE MILLER PHONE \_\_\_\_\_ CELL 352-318-2298  
INSTALLER DALE HOUSTON PHONE \_\_\_\_\_ CELL 306-623 6522  
INSTALLERS ADDRESS 136 SW BARRS GLN LAKE CITY FL 32024

**MOBILE HOME INFORMATION**

MAKE JACOBSEN YEAR 2002 SIZE 32 X 64  
COLOR CLAY SERIAL No. 23736A & 23736B  
WIND ZONE III SMOKE DETECTOR YES

**INTERIOR:**  
FLOORS EXCELLENT  
DOORS EXCELLENT  
WALLS EXCELLENT  
CABINETS EXCELLENT  
ELECTRICAL (FIXTURES/OUTLETS) GOOD

**EXTERIOR:**  
WALLS / SIDING GOOD  
WINDOWS GOOD  
DOORS GOOD

INSTALLER: APPROVED NOT APPROVED \_\_\_\_\_

INSTALLER OR INSPECTORS PRINTED NAME DALE HOUSTON

Installer/Inspector Signature Dale Houston License No. IH1025142 Date 5/30/18

NOTES: \_\_\_\_\_

**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 386-758-1008 TO SET UP THIS INSPECTION. NO PERMIT WILL BE ISSUED BEFORE THIS IS DONE.**

Code Enforcement Approval Signature [Signature] Date 6-5-18

**COLUMBIA COUNTY INSPECTION SHEET  
APPLICATION # 38522**

DATE: 6/20/2018 TAKEN BY LAURIE HODSON INSPECTION DATE: 6/21/2018

BUILDING PERMIT # \_\_\_\_\_ CULVERT/WAIVER PERMIT # \_\_\_\_\_ WAIVER N

PARCEL ID: 09-4S-16-02824-001 ZONING RR

TYPE OF DEVELOPMENT Mobile Home

SETBACKS FRONT 25 REAR 15 SIDE 10 HEIGHT \_\_\_\_\_

FLOOD ZONE X SEPTIC 18-0447 NO. EXISTING D.U. \_\_\_\_\_

SUBDIVISION timberlane mh community Lot 6 Block \_\_\_\_\_ Unit \_\_\_\_\_ Phase \_\_\_\_\_

OWNER timberlane mh community/harry & darlene miller mh PHONE 386-303-2491

ADDRESS 179 SW SWEETBAY CT  
LAKE CITY, FL 32024

CONTRACTOR \_\_\_\_\_ PHONE \_\_\_\_\_

LOCATION depart left on to West Duval Street (US 90)  
continue left on to (FL 247)  
turn right on to Southwest Troy Street  
turn right on to Southwest Sweetbay Court  
6th on Right

COMMENTS

SPECIAL INSTRUCTIONS parked on the lot behind lot 6

**PRIOR INSPECTIONS**

**REQUESTED INSPECTIONS**

<u>Inspection</u>	<u>By</u>	<u>Date</u>	<u>Date</u>	<u>Inspection Request</u>
			06/21/2018	Mobile Home/In County Pre-Mobile Home before set-up

INSPECTORS

APPROVED

NOT APROVED

BY

TC

POWER CO Clay Electric

Phone: Fax:

## Legend

Ft White

SRWMD Wetlands

2016 Aerials

Water Lines

Others

CANAL / DITCH

CREEK

STREAM / RIVER

Lake City

Development Zones

others

A-1

A-2

A-3

CG

CHI

CI

CN

CSV

ESA-2

I

ILW

MUD-1

PRD

PRRD

RMF-1

RMF-2

RO

RR

RSF-1

RSF-2

RSF-3

RSF/MH-1

RSF/MH-2

RSF/MH-3

DEFAULT

Roads

Roads

others

Dirt

Interstate

Main

Other

Paved

Private

Parcels

Flood Zones

0.2 PCT ANNUAL CHANCE

A

AE

AH

# Columbia County, FLA - Building & Zoning Property Map

Printed: Tue Jun 05 2018 15:58:27 GMT-0400 (Eastern Daylight Time)



## Parcel Information

Parcel No: 09-4S-16-02824-001

Owner: TIMBERLANE MOBILE HOME

Subdivision:

Lot:

Acres: 4.68817568

Deed Acres: 5 Ac

District: District 3 Bucky Nash

Future Land Uses: Residential - Very Low

Flood Zones:

Official Zoning Atlas: RR

All data, information, and maps are provided "as is" without warranty or any representation of accuracy, timeliness of completeness. Columbia County, FL makes no warranties, express or implied, as to the use of the information obtained here. There are no implied warranties of merchantability or fitness for a particular purpose. The requester acknowledges and accepts all limitations, including the fact that the data, information, and maps are dynamic and in a constant state of maintenance, and update.





[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Detail By Document Number](#) /

## Detail by Entity Name

Florida Limited Liability Company

TIMBERLANE MOBILE HOME COMMUNITY, LLC

### Filing Information

**Document Number** L05000108423

**FEI/EIN Number** 20-3756726

**Date Filed** 11/08/2005

**State** FL

**Status** ACTIVE

### Principal Address

337 SW TOMPKINS ST  
LAKE CITY, FL 32024

Changed: 04/12/2008

### Mailing Address

337 SW TOMPKINS ST  
LAKE CITY, FL 32024

Changed: 04/12/2008

### Registered Agent Name & Address

GOODSON, PATTI H  
337 SW TOMPKINS STREET  
LAKE CITY, FL 32024

Name Changed: 11/21/2011

Address Changed: 11/21/2011

### Authorized Person(s) Detail

#### **Name & Address**

Title MGRM

GOODSON, MARK S  
337 SW TOMPKINS STREET  
LAKE CITY, FL 32024

Title MGRM

GOODSON, PATTI H  
337 SW TOMPKINS STREET  
LAKE CITY, FL 32024

**Annual Reports**

<b>Report Year</b>	<b>Filed Date</b>
2016	04/04/2016
2017	03/05/2017
2018	03/05/2018

**Document Images**

<a href="#">03/05/2018 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/05/2017 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/04/2016 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/03/2015 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/04/2014 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/31/2013 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/05/2012 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">11/21/2011 -- Reg. Agent Change</a>	<a href="#">View image in PDF format</a>
<a href="#">04/06/2011 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/20/2010 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/12/2009 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/12/2008 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/11/2007 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/20/2006 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">11/08/2005 -- Florida Limited Liability</a>	<a href="#">View image in PDF format</a>

# Columbia County Property Appraiser

updated: 6/4/2018

**2017 Tax Year**

Parcel: 09-4S-16-02824-001

&lt;&lt; Next Lower Parcel    Next Higher Parcel &gt;&gt;

Tax Collector

Tax Estimator

Property Card

Parcel List Generator

2017 TRIM (pdf)

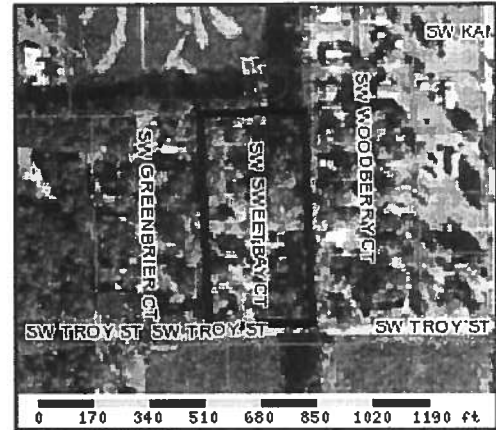
Interactive GIS Map

Print

Search Result: 1 of 1

**Owner & Property Info**

Owner's Name	TIMBERLANE MOBILE HOME		
Mailing Address	COMMUNITY LLC 337 SW TOMPKINS ST LAKE CITY, FL 32024		
Site Address	108 SW SWEETBAY CT		
Use Desc. (code)	MH PARK (002802)		
Tax District	3 (County)	Neighborhood	9416
Land Area	5.000 ACRES	Market Area	06
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction.		
E1/2 OF SE1/4 OF SW1/4 OF NE 1/4. (TIMBERLANE MH PARK) WD 1070-47.			

**Property & Assessment Values**

2017 Certified Values		
<b>Mkt Land Value</b>	cnt: (0)	\$25,959.00
<b>Ag Land Value</b>	cnt: (1)	\$0.00
<b>Building Value</b>	cnt: (0)	\$0.00
<b>XFOB Value</b>	cnt: (3)	\$54,160.00
<b>Total Appraised Value</b>		\$80,119.00
<b>Just Value</b>		\$80,119.00
<b>Class Value</b>		\$0.00
<b>Assessed Value</b>		\$80,119.00
<b>Exempt Value</b>		\$0.00
<b>Total Taxable Value</b>	Cnty: \$80,119 Other: \$80,119   Schl: \$80,119	

2018 Working Values			( Hide Values )
<b>Mkt Land Value</b>	cnt: (0)	\$28,555.00	
<b>Ag Land Value</b>	cnt: (1)	\$0.00	
<b>Building Value</b>	cnt: (0)	\$0.00	
<b>XFOB Value</b>	cnt: (3)	\$54,160.00	
<b>Total Appraised Value</b>		\$82,715.00	
<b>Just Value</b>		\$82,715.00	
<b>Class Value</b>		\$0.00	
<b>Assessed Value</b>		\$82,715.00	
<b>Exempt Value</b>		\$0.00	
<b>Total Taxable Value</b>	Cnty: \$82,715 Other: \$82,715   Schl: \$82,715		

**NOTE: 2018 Working Values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.**

**Sales History**

Show Similar Sales within 1/2 mile

Sale Date	OR Book/Page	OR Code	Vacant / Improved	Qualified Sale	Sale RCode	Sale Price
12/30/2005	1070/47	WD	V	Q		\$173,800.00
9/1/1986	601/481	WD	I	Q		\$40,000.00
1/1/1984	528/249	WD	V	Q		\$13,000.00

**Building Characteristics**

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
NONE						

**Extra Features & Out Buildings**

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0259	MHP HOOKUP	0	\$34,400.00	0000016.000	0 x 0 x 0	AP (050.00)
0166	CONC,PAVMT	0	\$6,800.00	0000001.000	20 x 20 x 0	(000.00)
0260	PAVEMENT-A	0	\$12,960.00	0000001.000	0 x 0 x 0	(000.00)

**Land Breakdown**

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
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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, DALE HOUSTON give this authority for the job address show below  
Installer License Holder Name  
only 179 SW Sweetbay Court, Lake City 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)
MARK GOODSON	<i>Mark Goodson</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input checked="" type="checkbox"/> Property Owner
Patti Goodson	<i>Patti Goodson</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input checked="" type="checkbox"/> Property Owner
		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and I am fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances.

I understand that the State Licensing Board has the power and authority to discipline a license holder for violations committed by him/her or by his/her authorized person(s) through this document and that I have full responsibility for compliance granted by issuance of such permits.

*Dale Houston* License Holders Signature (Notarized) 141025142 License Number 5.10.16 Date

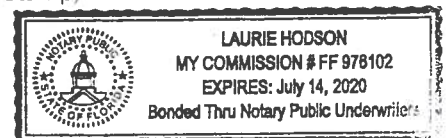
## NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is DALE HOUSTON personally appeared before me and is known by me or has produced identification (type of I.D.) \_\_\_\_\_ on this 10<sup>th</sup> day of May, 2016.

*Laurie Hodson*  
NOTARY'S SIGNATURE

(Seal/Stamp)



## MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1806-03 CONTRACTOR Dale Houston PHONE \_\_\_\_\_

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 <u>GLEN WHITTINGTON</u> License # <u>EC 13002957</u>	Signature <u>[Signature]</u> Phone #: <u>386-912-1701</u>
Qualifier Form Attached <input type="checkbox"/>		
MECHANICAL/ A/C	Print Name <u>DARLENE MILLER</u> License #: <u>HOMEOWNER</u>	Signature <u>[Signature]</u> Phone #: <u>352-318-2298</u>
Qualifier Form Attached <input type="checkbox"/>		

**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. 18-0447  
DATE PAID: 6/1/18  
FEE PAID: 600.00  
RECEIPT #: 1347726

## APPLICATION FOR:

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

APPLICANT:

MARK S. GOODSON Timberlane MHC LLC

AGENT:

MARK S. GOODSON

TELEPHONE: 386-303-249

MAILING ADDRESS:

337 SW 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

PHASE II

LOT: 6 BLOCK: D9-48-16 SUBDIVISION: TIMBERLANE MAP PLATTED: \_\_\_\_\_

PROPERTY ID #: R02824-001 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: ☒ Y ☐ N

PROPERTY SIZE: 5 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐  $\leq 2000$  GPD ☐  $> 2000$  GPD

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

PROPERTY ADDRESS: 179 SW SWEETBAY CT LAKE CITY FL 32024

DIRECTIONS TO PROPERTY: 247 SOUTH TO TROY ST. TURN RIGHT.

Go 1 1/2 to SWEETBAY CT ON 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 FAMILY RES.</u>	<u>3</u>	<u>1830</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☒ Other (Specify) \_\_\_\_\_

SIGNATURE:

Mark S. Goodson

DATE:

6-1-18

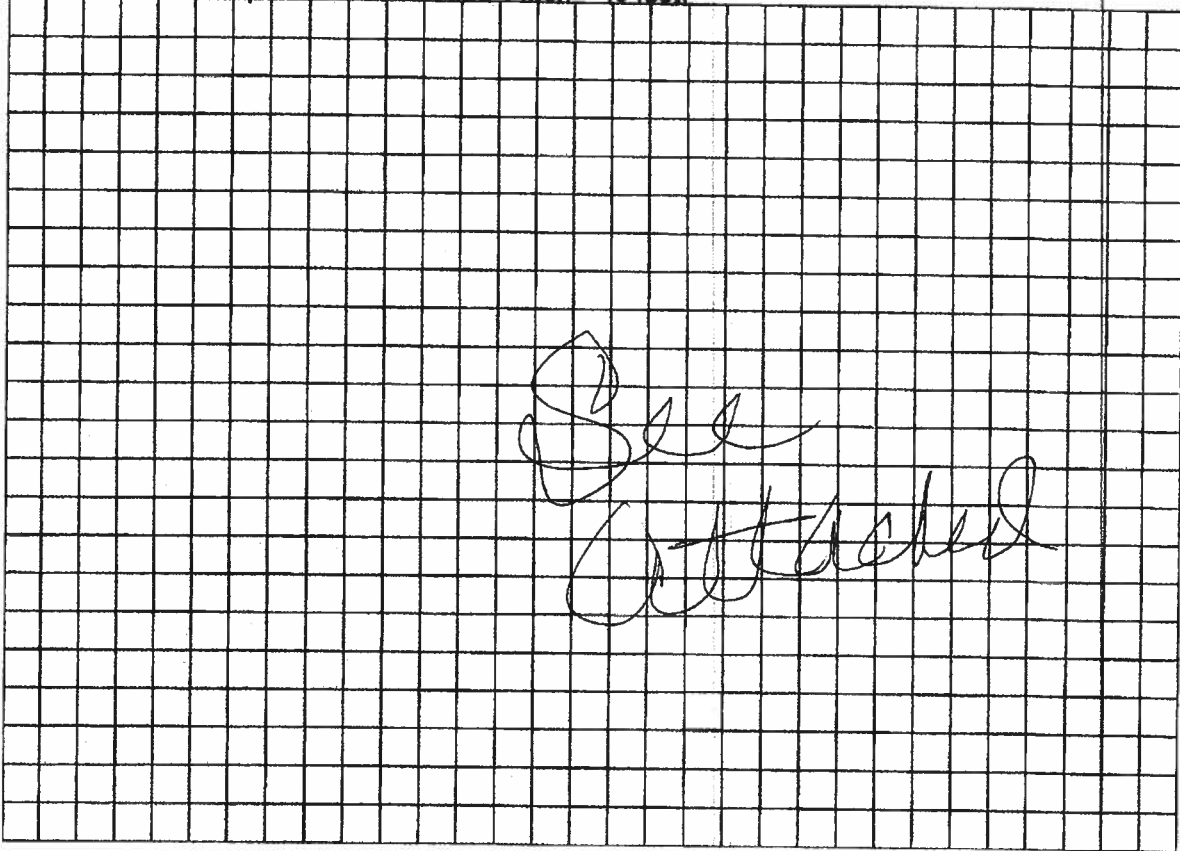
STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

18-0447

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

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



Notes: \_\_\_\_\_

Site Plan submitted by: *Patricia L. Goodman*Plan Approved *[initials]***REVIEWED**

Not Approved \_\_\_\_\_

By *[initials]*ESIColumbia

County Health Department

*Summer*Date 6/4/18**ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT**