

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

\$65 Kiosk Cash

For Office Use Only

(Revised 7-1-15)

Zoning Official _____ Building Official _____

AP# 54417 Date Received _____ By MG Permit # _____

Flood Zone _____ Development Permit _____ Zoning _____ Land Use Plan Map Category _____

Comments _____

FEMA Map# _____ Elevation _____ Finished Floor _____ River _____ In Floodway _____

☒ Recorded Deed or ☒ Property Appraiser PO ☒ Site Plan ☒ EH # 22-0288 ☐ 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 owed ☐ Out County ☒ In County ☐ Sub VF Form

Property ID # 15-45-17-08355-506 Subdivision Eagles Ridge Lot# 6

▪ New Mobile Home _____ Used Mobile Home ☒ MH Size 32x52 Year 2004

▪ Applicant Danette O'neal Phone # 386-288-8401

▪ Address P.O. Box 2146 - Lake City, FL 32056

▪ Name of Property Owner O'neal properties Phone# (386) 288-8401

▪ 911 Address 263 se valerie ct Lake City FL

▪ Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Duke Energy

▪ Name of Owner of Mobile Home Danette O'neal Phone # _____

Address PO Box 2146 LAKE City FL

▪ Relationship to Property Owner Self

▪ Current Number of Dwellings on Property 0

▪ Lot Size _____ Total Acreage 1.12

▪ Do you : Have Existing Drive or Private Drive or need Culvert Permit or Culvert Waiver (Circle one)
(Currently using) (Blue Road Sign) (Putting in a Culvert) (Not existing but do not need a Culvert)

▪ Is this Mobile Home Replacing an Existing Mobile Home NO

▪ Driving Directions to the Property TAKE Price Creek toward
Providence turn right on Sharon Ln come down
turn left on Bonnie way then left on Bernie wy
make first right on valerie 6th property on left

▪ Name of Licensed Dealer/Installer Glenn Williams Phone # 386-344-3669

▪ Installers Address 660 SE Putnam St

▪ License Number 1H 1054858 Installation Decal # 84001

Mobile Home Permit Worksheet

Application Number: _____

Date: _____

POCKET PENETROMETER TEST

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

X 1500 X 1500 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 1500 X 1500 X 1500

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 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.

Installer's initials _____

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name _____

Date Tested 4-1-22

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. _____

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: 103 Length: 6 Spacing: 24 in
Walls: Type Fastener: 103 Length: 6 Spacing: 24 in
Roof: Type Fastener: 103 Length: 6 Spacing: 24 in
For used homes a min. 30 gauge, 8" wide, galvanized metal strip will be centered over the peak of the roof and fastened with galv. roofing nails at 2" on center on both sides of the centerline.

Gasket (weatherproofing requirement)

I understand a properly installed gasket is a requirement of all new and used homes and that condensation, mold, mildew and buckled marriage walls are a result of a poorly installed or no gasket being installed. I understand a strip of tape will not serve as a gasket.

Installer's initials _____

Type gasket foam Installed: _____
Pg. 103 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 _____
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 4-10-22

Mobile Home Permit Worksheet

Application Number: _____

Date: _____

New Home ☐ Used Home ☒

Home installed to the Manufacturer's Installation Manual
Home is installed in accordance with Rule 15-C

Single wide ☐ Wind Zone II ☒ Wind Zone III ☐

Double wide ☒ Installation Decal # 89021

Triple/Quad ☐ Serial # _____

Installer: Glenn Williams License # 14105-1508

Address of home being installed: 7603 SW Valente Ct

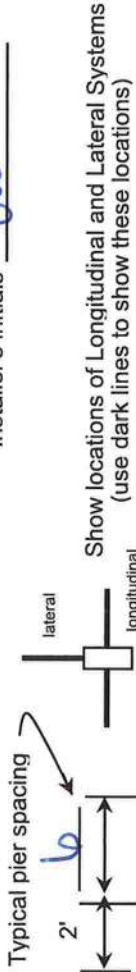
Manufacturer: Fleetwood Length x width: 32 x 52

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: GW



marriage wall piers within 2' of end of home per Rule 15C

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'	3'	4'	5'	6'	7'	8'
1500 psf	4' 6"	4' 6"	6'	7'	8'	8'	8'
2000 psf	6'	6'	8'	8'	8'	8'	8'
2500 psf	7' 6"	7' 6"	8'	8'	8'	8'	8'
3000 psf	8'	8'	8'	8'	8'	8'	8'
3500 psf	8'	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 _____

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 _____

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

Longitudinal 0

Marriage wall 5

Shearwall 2

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

Columbia County Property Appraiser

Jeff Hampton

2022 Working Values

updated: 4/14/2022

Parcel: << 15-4S-17-08355-506 (30799) >>

Owner & Property Info

Result: 1 of 1

Owner	O'NEAL PROPERTIES LLC P O BOX 2166 LAKE CITY, FL 32056		
Site	263 SE VALERIE Ct, LAKE CITY		
Description*	LOT 6 EAGLES RIDGE S/D PHASE 2. WD 1028-1306, QD 1061-2188, WD 1417-1752,		
Area	1.12 AC	S/T/R	15-4S-17E
Use Code**	VACANT (0000)	Tax District	2

*The Description above is not to be used as the Legal Description for this parcel in any legal transaction.
**The Use Code is a FL Dept. of Revenue (DOR) code and is not maintained by the Property Appraiser's office. Please contact your city or county Planning & Zoning office for specific zoning information.

Property & Assessment Values

2021 Certified Values		2022 Working Values	
Mkt Land	\$15,000	Mkt Land	\$15,000
Ag Land	\$0	Ag Land	\$0
Building	\$0	Building	\$0
XFOB	\$0	XFOB	\$0
Just	\$15,000	Just	\$15,000
Class	\$0	Class	\$0
Appraised	\$15,000	Appraised	\$15,000
SOH Cap [?]	\$0	SOH Cap [?]	\$0
Assessed	\$15,000	Assessed	\$15,000
Exempt	\$0	Exempt	\$0
Total Taxable	county:\$15,000 city:\$0 other:\$0 school:\$15,000	Total Taxable	county:\$15,000 city:\$0 other:\$0 school:\$15,000

Aerial Viewer Pictometry Google Maps

2019 2016 2013 2010 2007 2005 Sales



Sales History

Sale Date	Sale Price	Book/Page	Deed	V/I	Qualification (Codes)	RCode
8/19/2020	\$48,000	1417/1752	WD	V	Q	05 (Multi-Parcel Sale) - show
9/27/2005	\$100	1061/2188	QC	V	U	01
10/4/2004	\$17,857	1028/1306	WD	V	Q	

Building Characteristics

Bldg Sketch	Description*	Year Blt	Base SF	Actual SF	Bldg Value
NONE					

Extra Features & Out Buildings (Codes)

Code	Desc	Year Blt	Value	Units	Dims
NONE					

Land Breakdown

Code	Desc	Units	Adjustments	Eff Rate	Land Value
0000	VAC RES (MKT)	1.000 LT (1.120 AC)	1.0000/1.0000 1.0000/ /	\$15,000 /LT	\$15,000

Search Result: 1 of 1

Prepared by and return to:

Rob Stewart
Lake City Title
426 SW Commerce Drive, Ste 145
Lake City, FL 32025
(386) 758-1880
File No 2020-3836VB

Parcel Identification No 15-4S-17-08355-506

[Space Above This Line For Recording Data]

WARRANTY DEED

(STATUTORY FORM – SECTION 689.02, F.S.)

This indenture made the 19th day of August, 2020 between Mirta L. Morales, a Single Woman,
whose post office address is **263 & 319 SE Valerie Court, Lake City, FL 32025**, of the County of Columbia,
State of Florida, Grantor, to **O'Neal Properties, LLC, a Florida Limited Liability Company**, whose post
office address is **P.O. BOX 2166, Lake City, FL 32056**, of the County of Columbia, State of Florida, Grantee:

Witnesseth, that said Grantor, for and in consideration of the sum of TEN DOLLARS (U.S.\$10.00) and
other good and valuable considerations to said Grantor in hand paid by said Grantee, the receipt whereof is
hereby acknowledged, has granted, bargained, and sold to the said Grantee, and Grantee's heirs and assigns
forever, the following described land, situate, lying and being in Columbia, Florida, to-wit:

LOT 6, "Eagles Ridge Phase 2", a subdivision as recorded in Plat Book 7, Pages 172 and 173, Columbia
County, Florida, subject to Power Line Easement. (Parcel 1)

LOT 8, "Eagles Ridge Phase 2", a subdivision as recorded in Plat Book 7, Pages 172 and 173, Columbia
County, Florida, subject to Power Line Easement. (Parcel 2)

Together with all the tenements, hereditaments and appurtenances thereto belonging or in anywise
appertaining.

Subject to taxes for 2020 and subsequent years, not yet due and payable; covenants, restrictions,
easements, reservations and limitations of record, if any.

TO HAVE AND TO HOLD the same in fee simple forever.

And Grantor hereby covenants with the Grantee that the Grantor is lawfully seized of said land in fee
simple, that Grantor has good right and lawful authority to sell and convey said land and that the Grantor hereby
fully warrants the title to said land and will defend the same against the lawful claims of all persons
whomsoever.

In Witness Whereof, Grantor has hereunto set Grantor's hand and seal the day and year first above written.

*Signed, sealed and delivered
in our presence:*

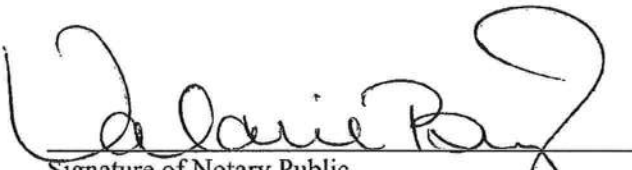

WITNESS
PRINT NAME: Kaitlyn Hill

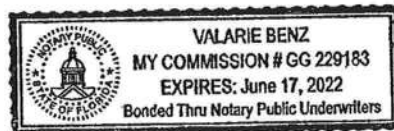
WITNESS
PRINT NAME: Valarie Benz


Mirta L. Morales

STATE OF FLORIDA
COUNTY OF COLUMBIA

The foregoing instrument was acknowledged before me by means of ☒ physical presence or () online notarization this 19th day of August, 2020, Mirta L. Morales, who is/are personally known to me or has/have produced D.C. as identification.


Signature of Notary Public
Valarie Benz





[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Limited Liability Company
O'NEAL PROPERTIES, LLC

Filing Information

Document Number	L15000084839
FEI/EIN Number	47-3987641
Date Filed	05/13/2015
Effective Date	05/13/2015
State	FL
Status	ACTIVE
Last Event	REINSTATEMENT
Event Date Filed	07/26/2017

Principal Address

212 SE HICKORY DRIVE
LAKE CITY, FL 32025

Changed: 07/26/2017

Mailing Address

PO BOX 2166
LAKE CITY, FL 32056

Changed: 07/26/2017

Registered Agent Name & Address

O'NEAL, JOHN W
212 SE HICKORY DRIVE
LAKE CITY, FL 32025

Name Changed: 07/26/2017

Address Changed: 07/26/2017

Authorized Person(s) Detail

Name & Address

Title AMBR

O'NEAL, JOHN W

212 SE HICKORY DRIVE
LAKE CITY, FL 32025

Title AMBR

O'NEAL, DANETTE R
212 SE HICKORY DRIVE
LAKE CITY, F 32025

Annual Reports

Report Year	Filed Date
2020	01/22/2020
2021	01/27/2021
2022	01/27/2022

Document Images

01/27/2022 -- ANNUAL REPORT	View image in PDF format
01/27/2021 -- ANNUAL REPORT	View image in PDF format
01/22/2020 -- ANNUAL REPORT	View image in PDF format
02/27/2019 -- ANNUAL REPORT	View image in PDF format
01/16/2018 -- ANNUAL REPORT	View image in PDF format
07/26/2017 -- REINSTATEMENT	View image in PDF format
05/13/2015 -- Florida Limited Liability	View image in PDF format



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: **6/22/2020 2:46:45 PM**

Address: **263 SE VALERIE CT**

City: **LAKE CITY**

State: **FL**

Zip Code **32025**

Parcel ID **15-4S-17-08355-506**

REMARKS: **This address is a verified address in the county's addressing system.**

Verification ID: 6c593ec4-26bb-4ef3-a636-020777bea560

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: **GIS Specialist**

Columbia County GIS/911 Addressing Coordinator

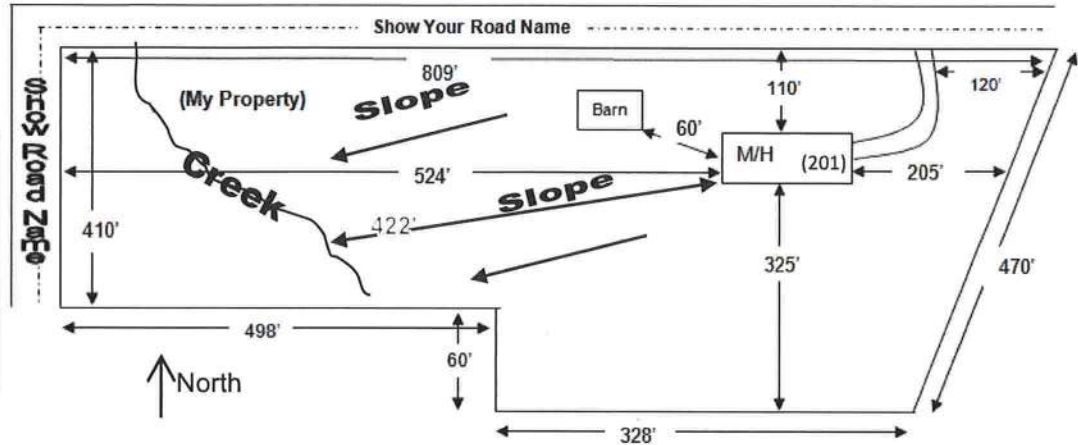
Columbia County
Department of Information Technology
135 NE Hernando Ave. Lake City, FL 32055
Telephone 386-719-1456

SITE PLAN CHECKLIST

- ___ 1) Property Dimensions
- ___ 2) Footprint of proposed and existing structures (including decks), label these with existing addresses
- ___ 3) Distance from structures to all property lines
- ___ 4) Location and size of easements
- ___ 5) Driveway path and distance at the entrance to the nearest property line
- ___ 6) Location and distance from any waters; sink holes; wetlands; and etc.
- ___ 7) Show slopes and or drainage paths
- ___ 8) Arrow showing North direction

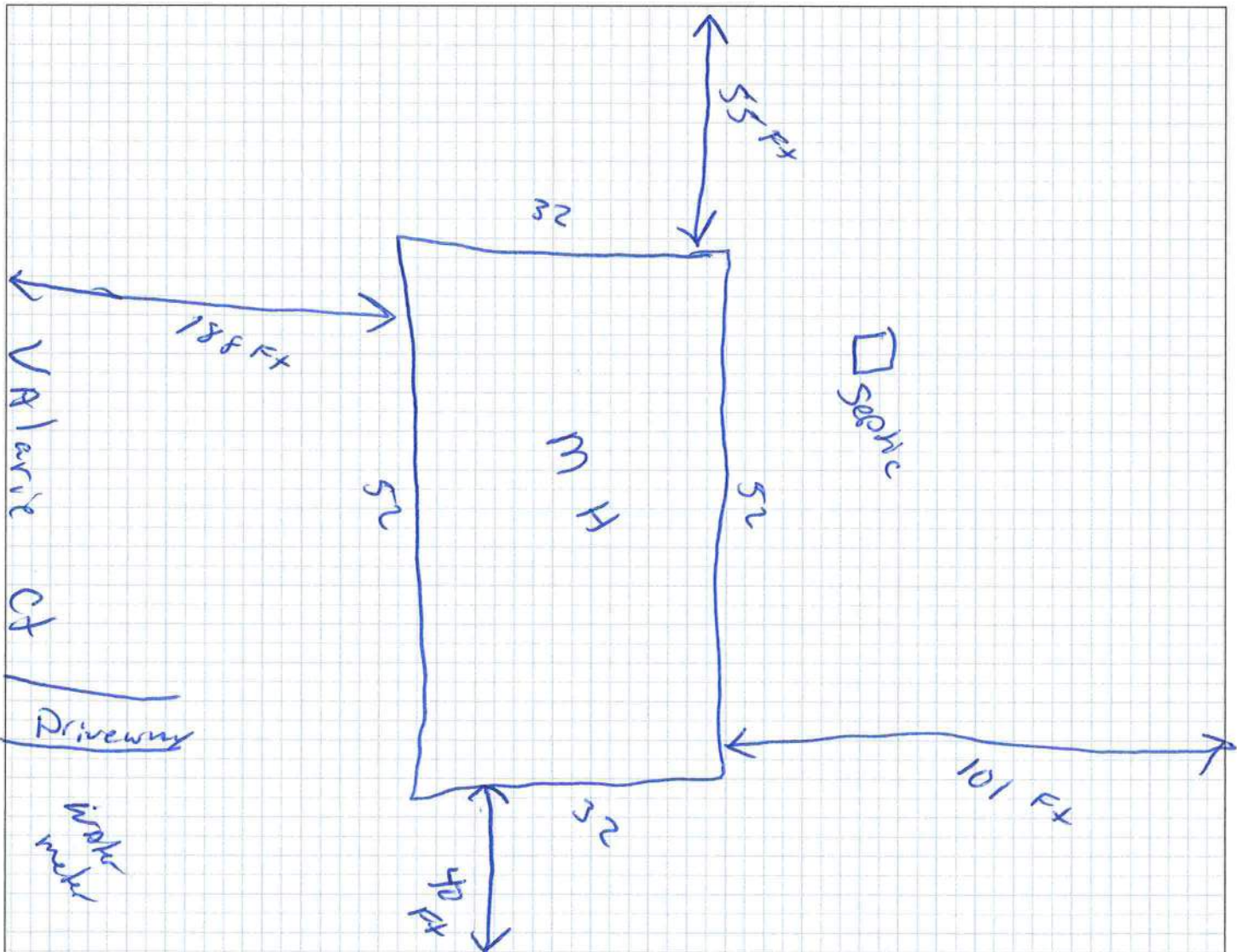
SITE PLAN EXAMPLE

Revised 7/1/15



NOTE:

This site plan can be copied and used with the 911 Addressing Dept. application forms.



CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED _____ BY _____ IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? _____

OWNERS NAME Danette Oneal PHONE _____ CELL 386-288-8401

ADDRESS 263 SW Valerie Ct Lake City FL

MOBILE HOME PARK _____ SUBDIVISION Eagles Ridge

DRIVING DIRECTIONS TO MOBILE HOME _____

MOBILE HOME INSTALLER Glenn Williams PHONE _____ CELL 386 344-3669

MOBILE HOME INFORMATION

MAKE _____ YEAR 04 SIZE 32 X 52 COLOR Gray

SERIAL No. _____

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

INSPECTION STANDARDS

INTERIOR:

(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 / SIDING () 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 RE-INSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE _____ ID NUMBER _____ DATE _____

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR Glenn Williams PHONE 386-344-3669

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>Danette Oreal</u> License #: _____ Qualifier Form Attached <input type="checkbox"/>	* Signature <u>Danette Oreal</u> Phone #: <u>386-288-8401</u>
MECHANICAL/ A/C _____	Print Name <u>Danette Oreal</u> License #: _____ Qualifier Form Attached <input type="checkbox"/>	* Signature <u>Danette Oreal</u> Phone #: <u>386 288-8401</u>

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, Glenn Williams, give this authority for the job address show below
Installer License Holder Name

only, 263 SW Valerie Ct, 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)
Danette Oneal	<i>Danette Oneal</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
		<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.

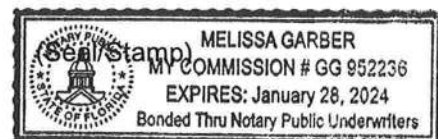
Glenn Williams 1H1054858 4-12-22
License Holders Signature (Notarized) License Number Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Glenn Williams,
personally appeared before me and is known by me or has produced identification
(type of I.D.) N/A on this 13th day of April, 2022.

M. Garber
NOTARY'S SIGNATURE





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

PERMIT NO 22-0288
DATE PAID: 4/4/22
FEE PAID: 310.00
RECEIPT #: 1815318

APPLICATION FOR:

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

APPLICANT: O'Neal Properties LLC

AGENT: ROCKY FORD, A & B CONSTRUCTION

TELEPHONE: 386-497-2311

MAILING ADDRESS: 546 SW Dortch Street, FT. WHITE, FL, 32038

=====

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3)(m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

=====

PROPERTY INFORMATION

LOT: 6 BLOCK: NA SUB: Eagles Ridge P2 PLATTED: _____

PROPERTY ID #: 15-4S-17-08355-506 ZONING: _____ I/M OR EQUIVALENT: ☐ Y / ☒ N

PROPERTY SIZE: 1.12 ACRES WATER SUPPLY: ☐ PRIVATE PUBLIC ☐ <=2000GPD ☒ >2000GPD

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

PROPERTY ADDRESS: 263 SE Valerie Ct, Lake City, FL

DIRECTIONS TO PROPERTY: TR onto SE Co. Rd. 245, TR onto SE Sharon Ln, TR onto SE Bonnie Way, TR onto SE Bennie Ln, TR onto SE Valerie Ct.

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	SF Residential	4	32x52	1664 SF
---	----------------	---	-------	---------

2

3

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: William A. Bishop Jr.

DATE: 3/28/2022

STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 22-0200

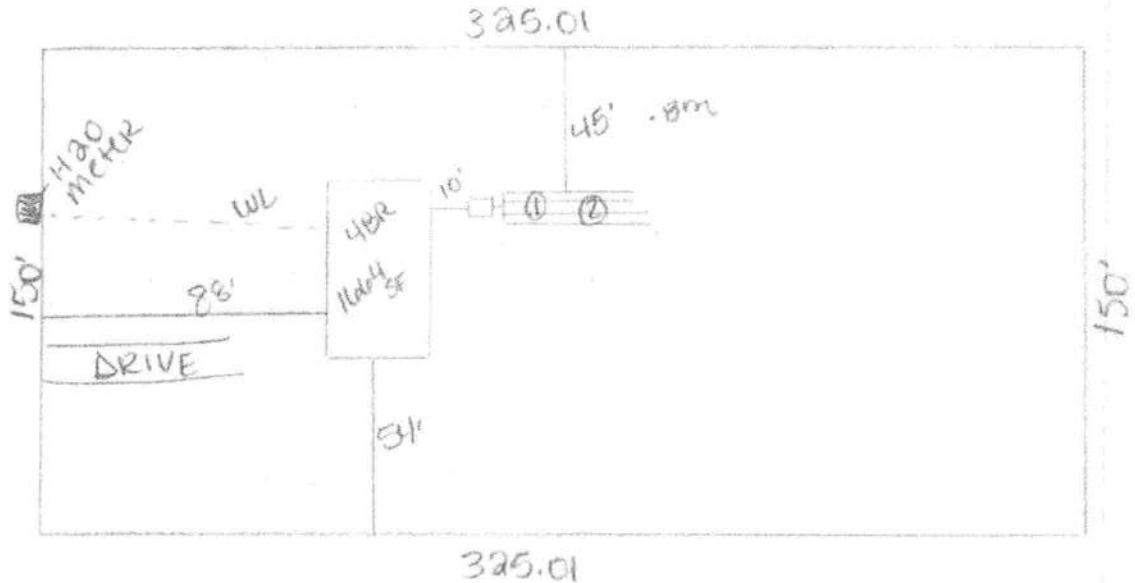
O'Neal Properties

PART II - SITEPLAN

Scale: 1 inch = ~~40~~ 60 feet.

↑ N

SE Valerie Ct.



Notes: _____

Site Plan submitted by: William D. Bishop II

MASTER CONTRACTOR

Plan Approved ☒

Not Approved ☐

Date 3-28-22

By [Signature] ES2 Columbia County Health Department
4/1/22

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

HOME CONSTRUCTED FOR ☒ ZONE I ☒ ZONE II ☐ ZONE III ☐ EXP. "D"

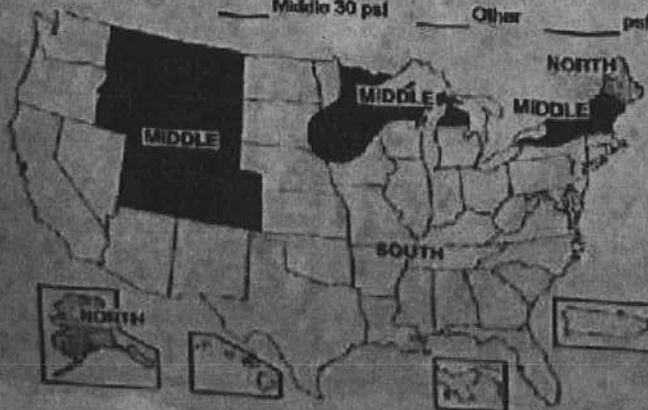
This home has not been designed for the higher wind pressure and anchoring provisions required for ocean/coastal areas and should not be located within 1500' of the coastline in Wind Zones II and III, unless the home and its anchoring and foundation system have been designed for the increased requirements specified for Exposure D in ANSI/ASCE 7 - 88.

This home has ☐ has not ☒ been equipped with storm shutters or other protective coverings for windows and exterior door openings. For homes designed to be located in Wind Zones II and III, which have not been provided with shutters or equivalent covering devices, it is strongly recommended that the home be made ready to be equipped with these devices in accordance with the method recommended in manufacturers printed instructions.



Design roof load zone map:

North 40 psf ☒ South 20 psf
Middle 30 psf ☐ Other ☐ psf



If you have
installation
the home

Installation
the home

