

00

*well existing*

\*\*\* The well affidavit, from the well driller, is required before the permit can be issued.\*\*\*  
\*\*\*This application must be completely filled out to be accepted. Incomplete applications will not be accepted.\*\*\*

|                        |                                |                    |                   |
|------------------------|--------------------------------|--------------------|-------------------|
| For Office Use Only    |                                | Zoning Official    | Building Official |
| AP#                    | 0402-24                        | Date Received      | 2-9-04            |
|                        |                                | By                 | LH                |
|                        |                                | Permit #           | 21536             |
| Flood Zone             | X                              | Development Permit | N/A               |
|                        |                                | Zoning             | A-3               |
| Comments               | Land Use Plan Map Category A-3 |                    |                   |
| <i>need well info.</i> |                                |                    |                   |

- Property ID # 18-68-16-03865-029 (Must have a copy of the property de
- New Mobile Home ☒ Used Mobile Home Year 2004
- Bruce*  
*Gordson*  
Applicant Hubert & Carole Wagner Phone # 386-454-7149
- Address PO Box 1055 Fort White, FL 32038
- Name of Property Owner Same as above Phone#
- Address
- Name of Owner of Mobile Home Same as above Phone #
- Address
- Relationship to Property Owner n/a
- Current Number of Dwellings on Property 0
- Lot Size  Total Acreage 5
- Current Driveway connection is existing
- Is this Mobile Home Replacing an Existing Mobile Home no
- Name of Licensed Dealer/Installer Bruce Goodson Phone # 955-1783

# PERMIT WORKSHEET

## PERMIT NUMBER

Installer Bruce Goodson License # TH-0000702

Address of home being installed 304 SW Jensen Ln.  
Ft. White, FL 32038

Manufacturer Homes of Florida Length x width 68x32

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 lies exceed 5 ft 4 in.

Installer's initials BG

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 ☒ Will

Double wide ☒ Installation Decal #

Triple/Quad ☐ Serial # 278

## 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) |
|-----------------------|---------------------|-----------------|-------------------------|-----------------|-----------------|
| 1000 psf              |                     | 3'              | 4'                      | 5'              |                 |
| 1500 psf              |                     | 4' 6"           | 6'                      | 7'              |                 |
| 2000 psf              |                     | 6'              | 8'                      | 8'              |                 |
| 2500 psf              |                     | 7' 6"           | 8'                      | 8'              |                 |
| 3000 psf              |                     | 8'              | 8'                      | 8'              |                 |
| 3500 psf              |                     | 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) n/a

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)  
Manufacturer Drive Tech  
Longitudinal Stabilizing Device w/ Lateral Arms  
Manufacturer Drive Tech

Typical pier spacing

2'

lateral

longitudinal

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

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

17x25 ABS Pads  
4 ft galv anchors  
6 LS kits  
ABS drive plates

# 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 1000

x 1000

x 1000

## 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 1000

x 1000

## TORQUE PROBE TEST

The results of the torque probe test is \_\_\_\_\_ 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 require 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 multi-wide units. Pg. n/a

## 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 \_\_\_\_\_

## Fastening multi-wide units

Floor: Type Fastener: 2x4 Length: \_\_\_\_\_  
Walls: Type Fastener: 2x4 Length: \_\_\_\_\_  
Roof: Type Fastener: 2x4 strip Length: \_\_\_\_\_  
For used homes a min. 30 gauge, 8" wide, will be centered over the peak of the roof and roofing nails at 2" on center on both sides of

## Gasket (weatherproofing required)

I understand a properly installed gasket is a requirement for mobile homes and that condensation, mold, mildew and buckling a result of a poorly installed or no gasket being installed. A piece of tape will not serve as a gasket.

Installer's initials \_\_\_\_\_

Type gasket Joan  
Pg. \_\_\_\_\_

Installed:  
Between Floors \_\_\_\_\_  
Between Walls \_\_\_\_\_  
Bottom of ridge \_\_\_\_\_

## Weatherproofing

The bottomboard will be repaired and/or taped. Yes \_\_\_\_\_  
Siding on units is installed to manufacturer's specifications. Yes \_\_\_\_\_  
Fireplace chimney installed so as not to allow intrusion. Yes \_\_\_\_\_

## Miscellaneous

Skirting to be installed. Yes \_\_\_\_\_ No ☒  
Dryer vent installed outside of skirting. Yes \_\_\_\_\_ No ☒  
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 is accurate and true based on manufacturer's installation instructions.

Installer Signature [Signature]

**COLUMBIA COUNTY 9-1-1 ADDRESSING**  
263 NW Lake City Ave. • P. O. Box 2949 • Lake City, FL 32056-2949  
263 NW Lake City Ave. • P. O. Box 2949 • Lake City, FL 32056-2949  
Email: [ron\\_trent@columbiacountyfla.com](mailto:ron_trent@columbiacountyfla.com)  
PHONE: (386) 752-8787 • FAX: (386) 758-1365

**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 and 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 ISSUED: 2-9-04

**ENHANCED 9-1-1 ADDRESS:**

304 SW Jensen Ln. (Ft. White, FL 32038)

Addressed Location 911 Phone Number: N/A

OCCUPANT NAME: Tammy Wagener & Rodney Wagener

OCCUPANT CURRENT MAILING ADDRESS: PO Box 1055  
Ft. White, FL 32038

PROPERTY APPRAISER MAP SHEET NUMBER: 30

PROPERTY APPRAISER PARCEL NUMBER: 8-65-16-03865-029

Other Contact Phone Number (If any):

Building Permit Number (If known):

Remarks: LOT 29, Ichetucknee Meadows S/b.



STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
ONSITE SEWAGE DISPOSAL SYSTEM  
APPLICATION FOR CONSTRUCTION PERMIT  
Authority: Chapter 381, FS

**APPLICATION FOR:**

☐ X ☐ New System ☐ Existing System ☐ Holding Tank ☐ Innovative  
☐ Repair ☐ Abandonment ☐ Temporary ☐ NA

APPLICANT: Wagoner, Hubert M., 8 Carole St. TELEPHONE: 388 497-2311

AGENT: 96-0476 Rocky Ford,

MAILING ADDRESS: P. O. Box 39, F. W. 32038

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. ATTACH BUILDING PLAN AND TO-SCALE SITE PLAN SHOWING PERTINENT FEATURES REQUIRED BY CHAPTER 64E-4, FLORIDA ADMINISTRATIVE CODE.

PROPERTY INFORMATION IF LOT IS NOT IN A RECORDED SUBDIVISION, ATTACH LEGAL DESCRIPTION OR DEED

LOT: 20 BLOCK: \_\_\_\_\_ SUBDIVISION: Interchange Meadows PLATTED: 9/28/77

PROPERTY ID #: 10-66-1B-03885-029 ZONING: \_\_\_\_\_ 1/1000 EQUIVALENT: (Y/N)

PROPERTY SIZE: 5.00 ACRES [sqm/3560] PROPERTY WATER SUPPLY: [ X ] PRIVATE [ ] PUBLIC

IS SEWER AVAILABLE AS PER 381.0065, FLORIDA STATUTES? (Y/N) DISTANCE TO SEWER: \_\_\_\_\_ FT

PROPERTY STREET ADDRESS: 887 Jensen Lake City

### **DIRECTIONS TO PROPERTY:**

**47 South, Right on US 27, R on Junction Road, 1st gate on left.**

## Driving Directions

| <b>BUILDING INFORMATION</b> |                         |                 | <input type="checkbox"/> X ) RESIDENTIAL | <input type="checkbox"/> COMMERCIAL   |
|-----------------------------|-------------------------|-----------------|------------------------------------------|---------------------------------------|
| Unit No.                    | Type of Establishment   | No. of Bedrooms | Building Area Sold                       | Business Activity For Commercial Only |
| 1                           | 3 Bdrm Single Multi F's | 3               | 1920                                     | 4                                     |
|                             |                         |                 |                                          |                                       |
|                             |                         |                 |                                          |                                       |
|                             |                         |                 |                                          |                                       |
|                             |                         |                 |                                          |                                       |
|                             |                         |                 |                                          |                                       |
|                             | Floor/Equipment Drains  | Other (Specify) |                                          |                                       |

**APPLICANT'S SIGNATURE.**

X see Attached

DH 4015, 03/07 (Obsoletes previous editions which may not be used)

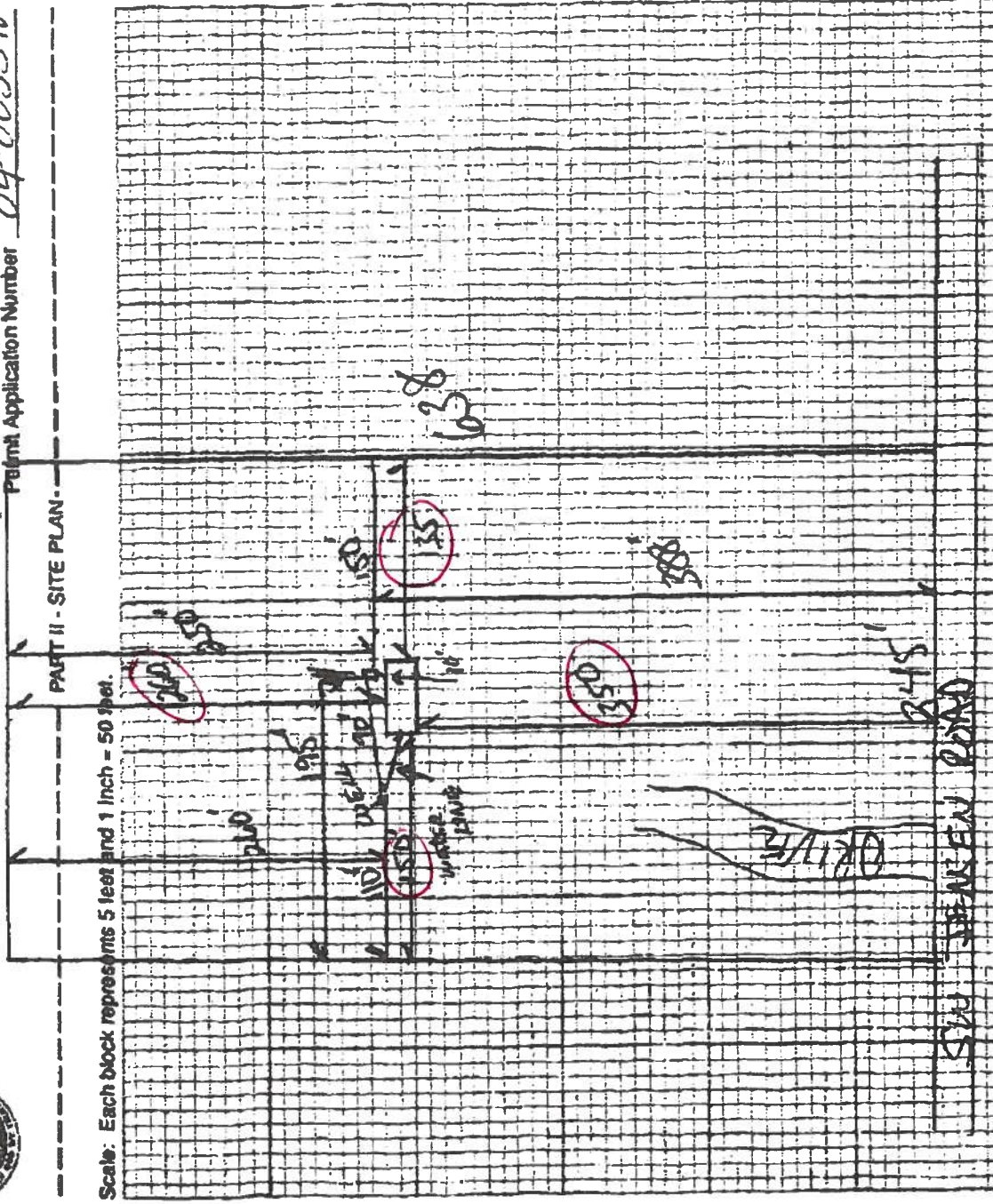
(Stock Number: 5744-001-4015-1)  
[osds\_mrp\_4015-1]



**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

# APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Patent Application Number 04-005514



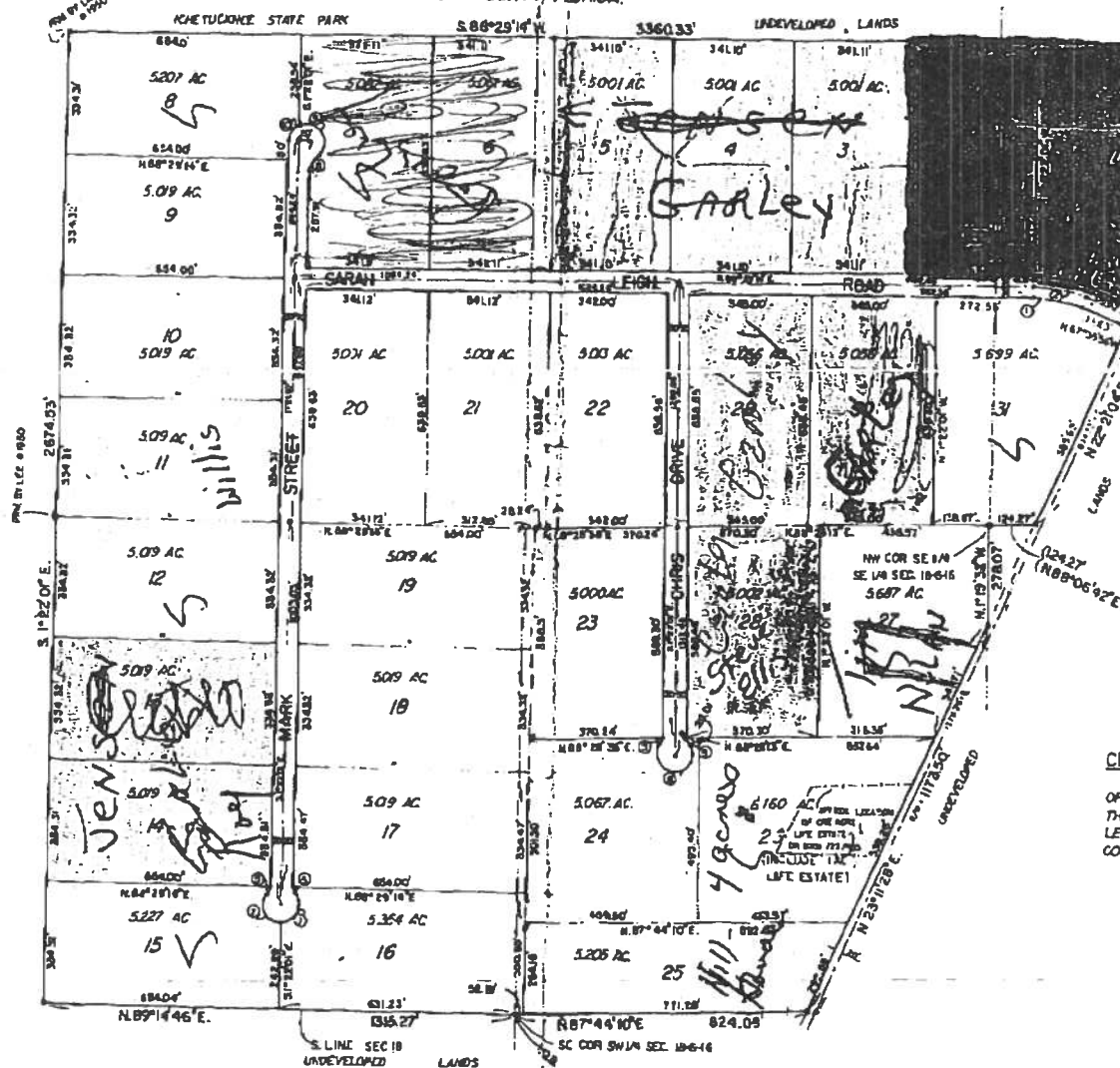
### Notes:

**Site Plan submitted by:**

### **Signatures**

**Tell**

**GRAPH**  
**SCALE**



CURVE DATA

|    | RADIUS  | CENTRAL ANGLE | TANGENT |
|----|---------|---------------|---------|
| 1  | 770.00' | 23°-15'-40"   | 37.06'  |
| 2  | 300.00' | 23°-51'-30"   | 13.39'  |
| 3  | 330.00' | 23°-58'-30"   | 16.73'  |
| 4  | 25.00'  | 90°-00'-00"   | 25.00'  |
| 5  | 23.00'  | 42°-30'-30"   | 2.81'   |
| 6  | 50.00'  | 26°-43'-30"   |         |
| 7  | 50.00'  | 132°-0'-00"   | 14.54'  |
| 8  | 73.00'  | 68°-0'-55"    | 13.08'  |
| 9  | 60.00'  | 87°-45'-30"   |         |
| 10 | 50.00'  | 65°-23'-18"   | 24.73'  |

**LEGEND:**

- - PERMANENT REFERENCE MO
- - PERMANENT CONTROL POINT

CERTIFICATE OF SURVEYOR

THE UNDERSIGNED REGISTERED LAND SURVEYOR, DO HERE  
OF THE PROPERTY DESCRIBED HEREIN, HAS MADE AND PLACED  
THAT THIS IS A TRUE AND CORRECT REPRESENTATION THERE  
LEDGE AND BELIEF, AND THAT PCP'S AND PAM'S WERE PLACED  
CORDANCE WITH CHAPTER 6177 OF THE LAWS OF THE STATE

DATE: \_\_\_\_\_ 197\_\_\_\_ AD

LAUN  
FLO

plot prepared by:

ARLT SURVEYING, INC.  
P.O. BOX 837  
LAKE CITY, FLORIDA 320

*This Instrument Prepared by & return to:*  
Name: Joyce Kirpach, an employee of  
TITLE OFFICES, LLC  
Address: 1089 SW MAIN BLVD. ✓  
LAKE CITY, FLORIDA 32025  
Parcel I.D. #: 03X-09033JK  
03865-029

Inst: 2003021468 Date: 10/02/2003 Time: 09:44  
Doc Stamp: Deed : 147.00  
JJK DC, P. Dewitt Eason, Columbia County B:996 P:71

SPACE ABOVE THIS LINE FOR PROCESSING DATA

SPACE ABOVE THIS LINE FOR RECORDING DATA

**THIS WARRANTY DEED** Made the 21<sup>st</sup> day of September, A.D. 2003, by  
JOSEPH S. GARLEY, hereinafter called the grantor, to  
HUBERT M. WAGONER and CAROLE S. WAGONER, HIS WIFE, whose post office address is  
P.O. BOX 149, GEORGETOWN, KY 40324, hereinafter called the grantees:

(Wherever used herein the terms "grantor" and "grantees" include all the parties to this instrument, singular and plural, the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporations, wherever the context so admits or requires.)

**Witnesseth:** That the grantor, for and in consideration of the sum of \$10.00 and other valuable consideration, receipt whereof is hereby acknowledged, does hereby grant, bargain, sell, alien, remise, release, convey and confirm unto the grantees all that certain land situate in Columbia County, State of FLORIDA, viz:

LOT 29, ICHETUCKNEE MEADOWS, A SUBDIVISION AS RECORDED IN  
PLAT BOOK 4, PAGES 66-66A, PUBLIC RECORDS OF COLUMBIA COUNTY,  
FLORIDA.

Subject to declaration of covenants, conditions and restrictions as recorded in Official Records Book 387 Page 364, but omitting any covenant or restrictions as to race, color, religion, sex, handicap, familial status or national origin.

Easement to CLAY ELECTRIC, recorded in Official Records Book 385, Page 461, of the Public Records of Columbia County, FLORIDA.

Restrictions, conditions, reservations, easements, and other matters common to the subdivision or shown on the map or plat thereof recorded in Plat Book 4, Page 66-66A, but omitting any covenant or restriction based on race, color, religion, sex, handicap, familial status or national origin.

The above described property is not the homestead property of Grantor.

**SUBJECT TO TAXES FOR THE YEAR 2003 AND SUBSEQUENT YEARS, RESTRICTIONS, RESERVATIONS, COVENANTS AND EASEMENTS OF RECORD, IF ANY.**

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

To Have and to Hold the same in fee simple forever.

In Witness Whereof, the said grantor has signed and sealed these presents, the day and year first above written.

Signed, sealed and delivered in the presence of:

Martha Bryan  
Witness Signature (as to first Grantor)

MARTHA BRYAN  
Printed Name

Regina Simpkins  
Witness Signature (as to first Grantor)

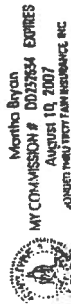
Regina Simpkins  
Printed Name

Joseph S. Garley L.S.  
JOSEPH S. GARLEY  
Address:  
211 S.W. JENSEN LANE, FT. WHITE, FL  
32738

Inst: 2003021168 Date: 10/02/2003 Time: 09:44  
Doc Stamp-Deed: 147.00  
DC DC, P. Dewitt Cason, Columbia County B: 996 P: 764

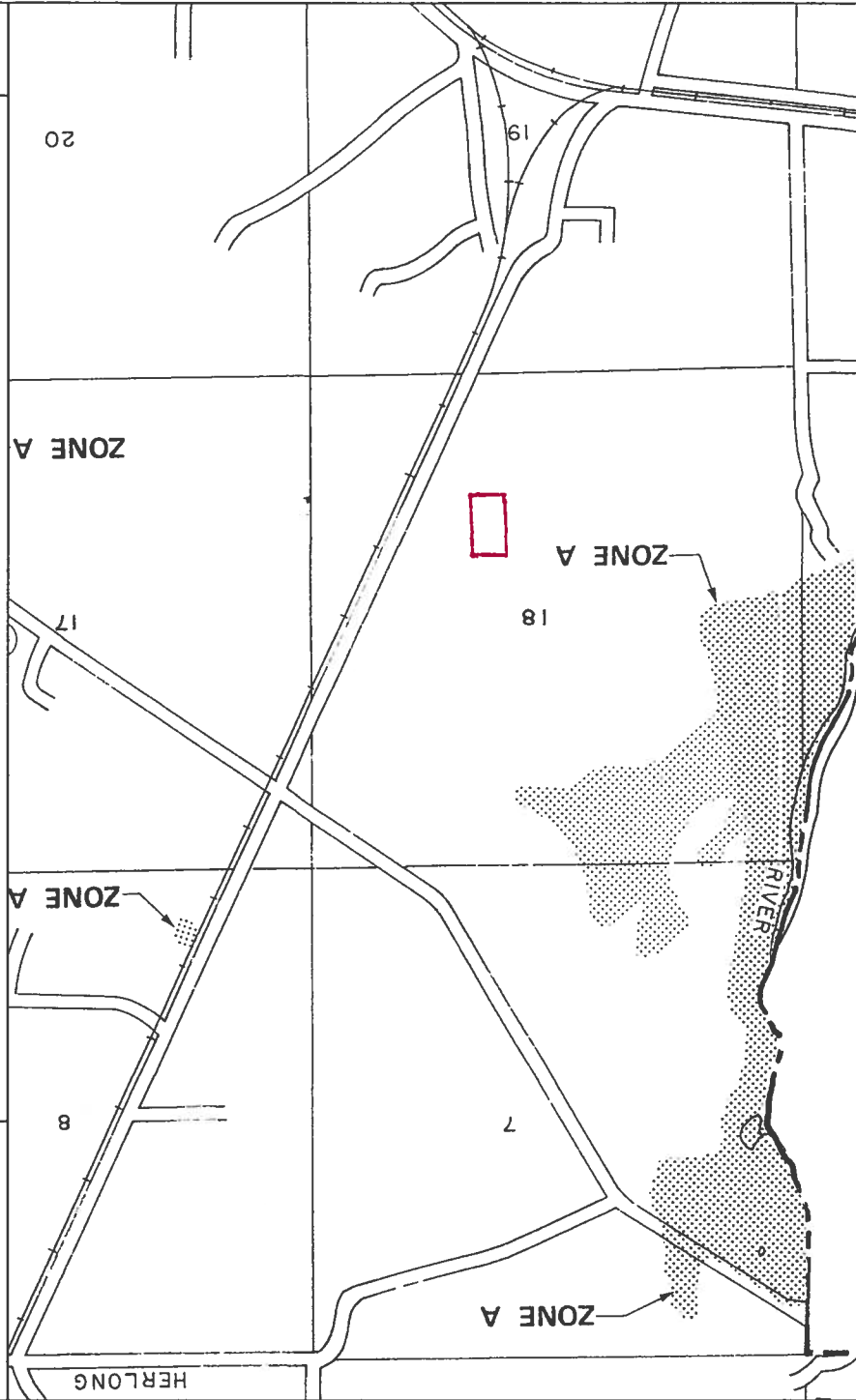
STATE OF FLORIDA  
COUNTY OF COLUMBIA

The foregoing instrument was acknowledged before me this 25<sup>th</sup> day of September, 2003,  
by JOSEPH S. GARLEY, who is known to me or who has produced  
Da. [Signature] as identification.



Martha Bryan  
Signature of Acknowledger  
My commission expires \_\_\_\_\_

Q402-24



APPROXIMATE SCALE IN FEET  
2000 0 2000



NATIONAL FLOOD INSURANCE PROGRAM

**FIRM**

FLOOD INSURANCE RATE MAP

COLUMBIA  
COUNTY,  
FLORIDA  
(UNINCORPORATED AREAS)

PANEL 225 OF 290

PANEL LOCATION



COMMUNITY-PANEL NUMBER

120070 0225 B

EFFECTIVE DATE:

JANUARY 6, 1988



Federal Emergency Management Agency

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

Print Date 2/12/04 (printed at scale and type A)