Pay for Stup & Bring back Affidavit

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 7-1-15) Zoning Official DMA Building Official Tim 1/2/18

AP# 1801-01 Date Received 1-2-18 By LH Permit # 36271

Flood Zone X Development Permit _____ Zoning Ag-3 Land Use Plan Map Category Ag

Comments 5 year Temp Permit for Daughters MH that is already on the property (33531)

FEMA Map# _____ Elevation _____ Finished Floor 1' above road River _____ In Floodway _____

☑ Recorded Deed or ☑ Property Appraiser PO ☑ Site Plan ☑ EH # 18-0011-N ☐ Well letter OR

☑ Existing well ☐ Land Owner Affidavit ☑ Installer Authorization ☐ FW Comp. letter ☑ App Fee Paid

☐ DOT Approval ☐ Parent Parcel # _____ ☑ STUP-MH 1801-01 ☑ 911 App

☐ Ellisville Water Sys ☑ Assessment owed ☐ Out County ☑ In County ☑ Sub VF Form

Property ID # 36-4S-16-03300-007 Subdivision _____ Lot# ____

- New Mobile Home _____ Used Mobile Home ✓ MH Size 28X52 Year 86
- Applicant Rodney Mcdonald Phone # 386-406-0688
- Address 254 SW Wall Ter Lake City FL 32024
- Name of Property Owner Rodney & Ruby Mcdonald Phone# 386-406-0688
- 911 Address 472 SW King St Lake City FL 32024
- Circle the correct power company - FL Power & Light - Clay Electric
  (Circle One) - Suwannee Valley Electric - Duke Energy
- Name of Owner of Mobile Home Rodney Mcdonald Phone # 386-406-0688
  Address 470 SW King St Lake City FL 32024
- Relationship to Property Owner Self
- Current Number of Dwellings on Property 1
- Lot Size _____ Total Acreage 5
- 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 Take 47 toward Ft White turn right on King rd go down 1/4 mile Left turn at Black mail box right before Audrey place.
- Name of Licensed Dealer/Installer Glenn Williams Jr Phone # 386 344-3669
- Installers Address 600 SE Putnam St Lake City FL 32025
- License Number IH 1054858 Installation Decal # 47206

33531 Daughters M/H Permit.

Mobile Home Permit Worksheet

Application Number: _____ Date: _____

Installer: Glenn Williams Sr License # 1H/1054858

Address of home being installed 470 SW King St Lake City FL

Manufacturer Olympic Length x width 28X48

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 # 47206

Triple/Quad ☐ Serial # KC6708 A/B

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 JSW

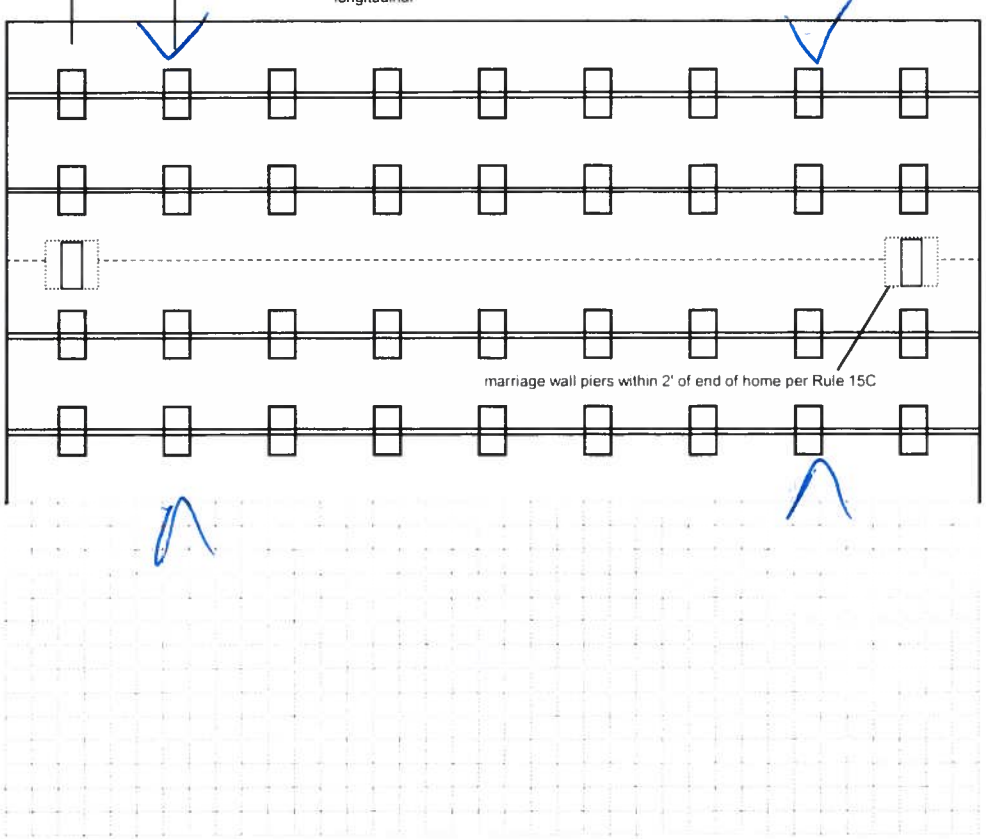
Typical pier spacing

2' 6

lateral

longitudinal

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



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 18"X18"

Perimeter pier pad size 18"X18"

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 4

OTHER TIES

	Number
Sidewall	22
Longitudinal	4
Marriage wall	4
Shearwall	

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 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 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. 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 Glenn Williams

Date Tested 12-31-17

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. _____

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: lag	Length: 5	Spacing: 24 in
Walls:	Type Fastener: lag	Length: 5	Spacing: 24 in
Roof:	Type Fastener: lag	Length: 5	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, 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 GW

Type gasket foam
Pg. 97

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 manufacturer's installation instructions and or Rule 15C-1 & 2

Installer Signature Glenn Williams Date 1-1-18

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: 10/22/2015 **DATE ISSUED:** 10/22/2015

ENHANCED 9-1-1 ADDRESS:

472 SW KING ST

LAKE CITY FL 32024

PROPERTY APPRAISER PARCEL NUMBER:

36-4S-16-03300-007

Remarks:

ADDRESS FOR PROPOSED STRUCTURE ON PARCEL.

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.

3360

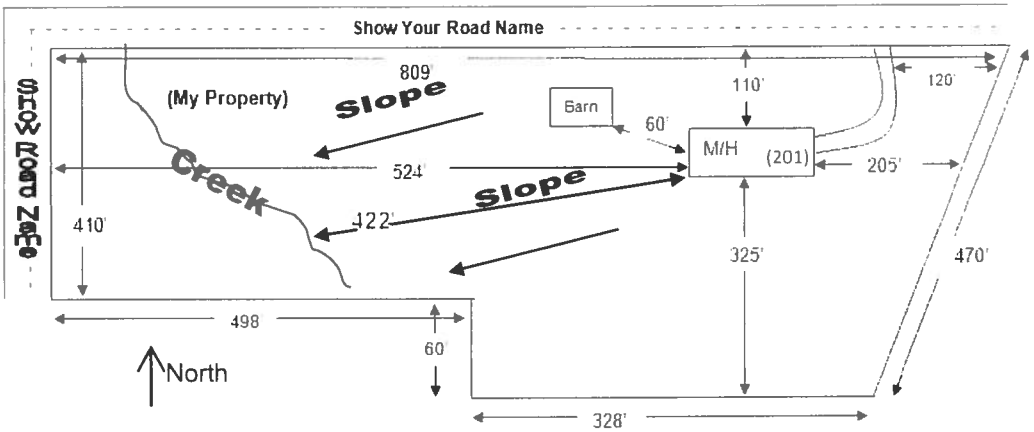
SITE PLAN CHECKLIST

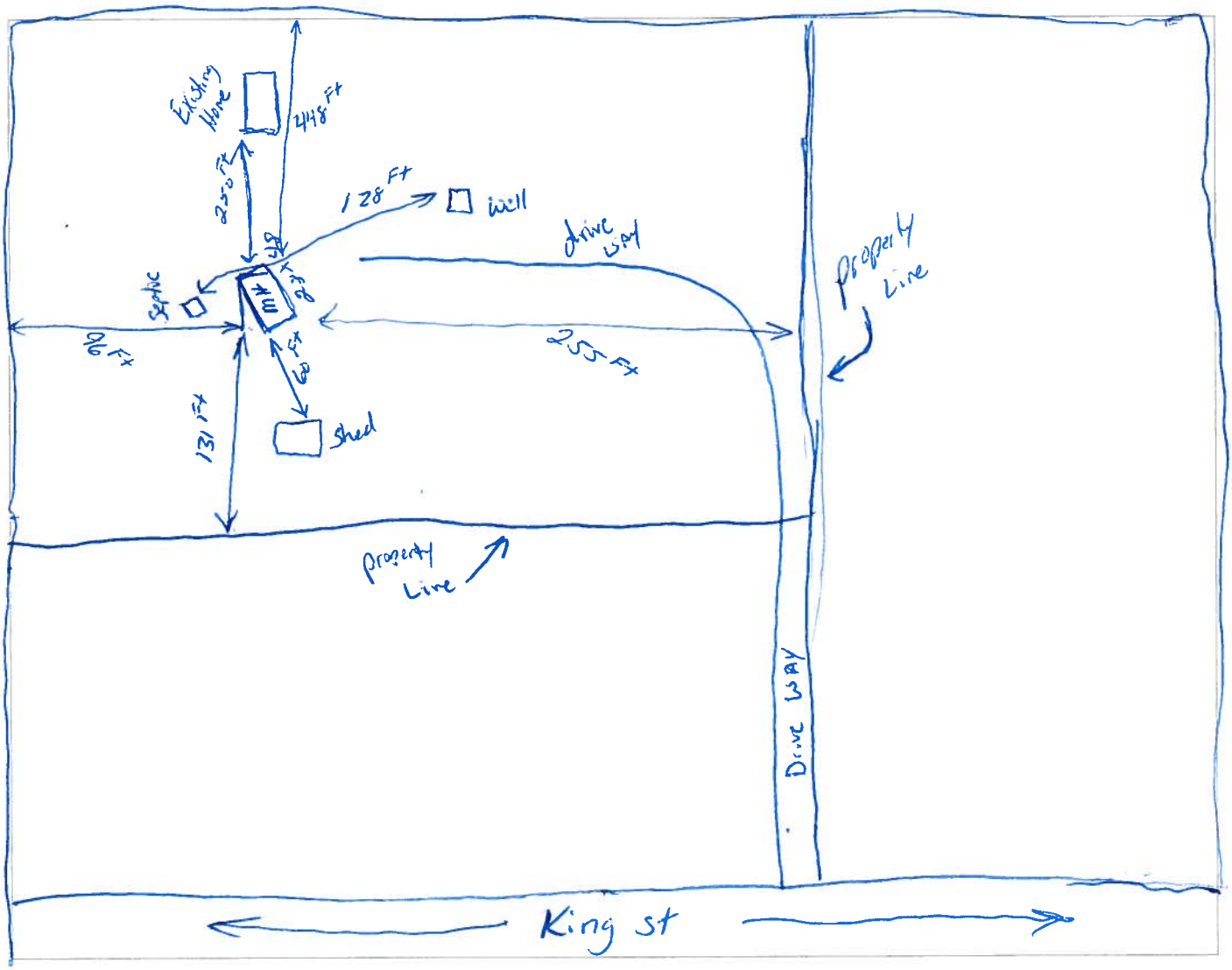
___1) Property Dimensions
___2) Footprint of proposed and existing structures (including decks), label these with existing addresses
___3) Distance from structures to all property lines
___4) Location and size of easements
___5) Driveway path and distance at the entrance to the nearest property line
___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.





(Troy has Looked at this m/h Before)

CODE ENFORCEMENT

PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 1-3-18 BY CH IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? NO

OWNERS NAME Rodney Mcdonald PHONE _____ CELL 386-406-0633

ADDRESS On Jacobson Homes

MOBILE HOME PARK _____ SUBDIVISION _____

DRIVING DIRECTIONS TO MOBILE HOME Jacobson MH lot in back on Hwy 90 west

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

MOBILE HOME INFORMATION

MAKE Olympic YEAR 86 SIZE 28 X 48 COLOR Tan

SERIAL No. 1067 A & B

WIND ZONE 2 Must be wind zone II or higher NO WIND ZONE I ALLOWED

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

APPROVED ✓ WITH CONDITIONS: _____

NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE _____ ID NUMBER 306 DATE 1-3-18

Legend

Lake City

Development Zones
- others
- A-1
- A-2
- A-3
- CG
- CHI
- CI
- CN
- CSV
- ESA-2
- I
- ILW
- MUD-I
- 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
- DEFAULT
- DONTIMPORT
- others
- Dirt
- Interstate
- Main
- Other
- Paved
- Private

Parcels

Addresses

Flood Zones
- 0.2 PCT ANNUAL CHANCE
- A
- AE
- AH

2016Aerials

Water Areas
- Lakes and Ponds)
- DEFAULT

Future Land Use Map
- Mixed Use Development
- Light Industrial
- Industrial
- Highway Interchange
- Commercial
- Residential High Density (< 20 d.u. per acre)
- Residential Medium/High Density (< 14 d.u. per acre)
- Residential Medium Density (< 8 d.u. per acre)
- Residential Moderate Density (< 4 d.u. per acre)
- Residential Low Density (< 2 d.u. per acre)
- Residential Very Low Density (< 1 d.u. per acre)
- Agriculture - 3 (< 1 d.u. per 5 acres)
- Agriculture - 2 (< 1 d.u. per 10 acres)

Columbia County, FLA - Building & Zoning Property Map

Printed: Tue Jan 02 2018 09:38:23 GMT-0500 (Eastern Standard Time)

Parcel Information

Parcel No: 36-4S-16-03300-007

Owner: MCDONALD RODNEY & RUBY

Subdivision:

Lot:

Acres: 4.81263733

Deed Acres: 5.05 Ac

District: District 5 Tim Murphy

Future Land Uses: Agriculture - 3

Flood Zones:

Official Zoning Atlas: A-3

Laurie Hodson

From: Ron Croft
Sent: Thursday, October 22, 2015 1:43 PM
To: Bonnie At Columbia County Election Office; Janice Williams; Jeremy Gifford (Jeremy.Gifford@flhealth.gov); Larry Cook (lec@ccpafl.com); Laurie Hodson; Nancy Crews (Nancy.Crews@flhealth.gov); Sallie.Ford@flhealth.gov; Sally Mobley (Sally.Mobley@flhealth.gov); Tannachion, Judith G - Lake City, FL; Wanda Parnell
Subject: Address Assignment
Attachments: 472_SW_KING_ST.pdf

Attached. Note: this point was initially assigned as 470 SW King St, however, property owner is moving that primary address to another planed location on the parcel and this point shall become 472 SW King St.

Ron

Ronal N. Croft
Coumbia County 9-1-1 Addressing / GIS Department
263 NW Lake Ave, Lake City, FL 32055
(P.O. Box 1787, Lake City, FL 32056)
Telephone: 386-758--1125 x 1
Fax: 386-758-1365
ron_croft@columbiacountyfla.com

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1801-01 CONTRACTOR Glenn Williams JR 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 Rodney Mcdonald License #: owner Qualifier Form Attached ☐	Signature Rodney D. McDonald Phone #: 386-406-0658
MECHANICAL/ A/C ____	Print Name Rodney Mcdonald License #: owner Qualifier Form Attached ☐	Signature Rodney D. McDonald Phone #: 386-406-0658

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.

Revised 4/27/2017

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

only, 470 SW King St Lake City FL, 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)
Rodney Mcdonald	Rodney D McDonald	___ 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.

Glenn Williams — License Holders Signature (Notarized)

IH 1054858 — License Number

1-2-18 — Date

NOTARY INFORMATION:
STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Glenn Williams JR, personally appeared before me and is known by me or has produced identification (type of I.D.)_____ on this 2 day of Jan, 20 18.

NOTARY'S SIGNATURE

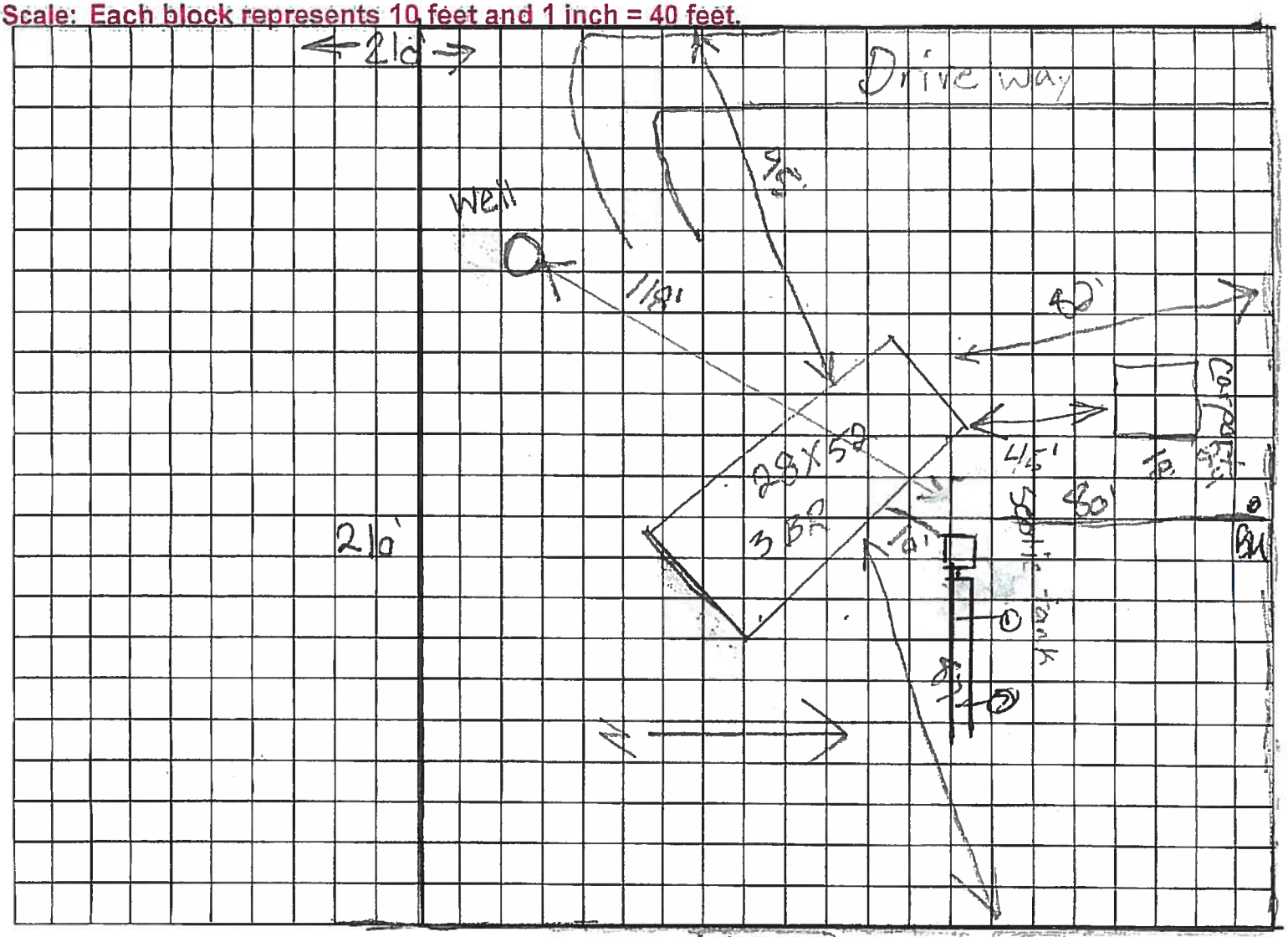
LAURIE HODSON
MY COMMISSION # FF 976102
EXPIRES: July 14, 2020
Bonded Thru Notary Public Underwriters
(Seal/Stamp)

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 18-0011N

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

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



Notes: 1 Acre of 5.05

Site Plan submitted by: _____

Plan Approved _____ Not Approved _____ Date _____

By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DSU 00481084

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

PERMIT NO. 18-0011N
DATE PAID: 1/4/18
FEE PAID: 425.00
RECEIPT #: 3220057

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

APPLICANT: Rodney D. McDonald

AGENT: Andrews Site Prep TELEPHONE: Home 386-752-3225 Cell 386-406-0688

MAILING ADDRESS: 470 SW King Str. Lake City Fla. 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

LOT: / BLOCK: / SUBDIVISION: / PLATTED: /

PROPERTY ID #: 36-4S-16-03300-007 ZONING: / I/M OR EQUIVALENT: [Y / (N)]

PROPERTY SIZE: 5.05 ACRES WATER SUPPLY: [✓] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / (N)] DISTANCE TO SEWER: N/A FT

PROPERTY ADDRESS: 470 SW King Str. Lake C. City Fla. 32024

DIRECTIONS TO PROPERTY: South on Hwy 47 turn Left on SW King Str. go about ½ mile 5th drive way on Left go down drive way to back land 5.05 acres first mobile home on Left.

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	mobile Home	3	1,386	
2				
3				
4				

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

SIGNATURE: Rodney D. McDonald DATE: 1/3/18

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