

Permit Application / Manufactured Home Installation Application

For Office Use Only (Revised 6/24) Zoning Official _____ Building Official _____

AI 66923 Date Received _____ By _____ Permit # 51259

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 # _____

☐ Land Owner Affidavit ☐ Installer Authorization ☐ FW Comp. letter ☐ App Fee Paid ☐ 911 App

☐ DOT Approval ☐ Parent Parcel # _____ ☐ STUP-MH _____

☐ Ellisville Water Sys ☐ Assessment _____ ☐ In County ☐ Sub VF For _____

***This page not required if Online Submission**

Property ID # 364515.00415-011 Subdivision _____ Lot# _____

- ☐ New Mobile Home ☒ Used Mobile Home MH Size 14x66 Year 1988
- Applicant Sheliah Roberts Phone# 386-365-5753
- Address 130 SW Jennifer Ct Lake City, FL 32055
- Name of Property Owner Sheliah Roberts Phone# 386-365-5753
- 911 Address 130 SW Jennifer Ct. Lake City FL 32054
- Circle the correct power company - ☐ FL Power & Light - ☒ Clay Electric

(Circle One) ☐ - Suwannee Valley Electric - ☐ Duke Energy

- Name of Owner of Mobile Home Sheliah Roberts
- Phone # 386-365-5753 Address 239 Al Laper Springs Rd. Lake City FL 32055
- Relationship to Property Owner Self 130 SW Jennifer Ct. Lake City
- Current # of Dwellings on Property 1 # of Bed/bath 3 br 2 bath 3rd
- Lot Size _____ Total Acreage _____
- Do you: (Circle one) ☒ Have Existing Drive ☐ Private Drive ☐ Need a Driveway Permit
- (Currently using) (Blue Road Sign)

Please be advised all MH applications may prompt a driveway permit regardless of existing/private driveway

- Is this Mobile Home Replacing an Existing Mobile Home ☐ Yes ☐ No
- Name of Licensed Dealer/Installer Manuel Brannon
- Installers Phone # 386-590-3289
- Installers Address 5107 CR252 Welborn Fla, 32094
- License Number: 1025396
- Installation Decal # 96341
- Is the mobile home currently located in Columbia County? ☒ Yes ☐ No
- (Only required for used mobile homes)

Applicant Email Address: sheliahph@yahoo.com

(This is where application updates will be sent)

Paid \$65 schedule pre inspection

Mobile Home Permit Worksheet

Application Number: _____

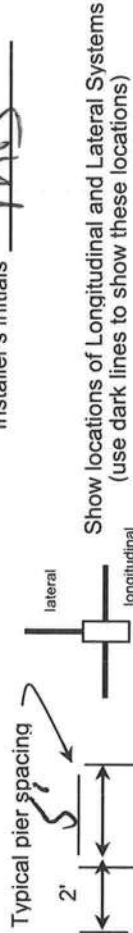
Date: _____

Installer: Marvel Brennan License # 1025396
 Address of home being installed: 130 SW Jennifer Ct. Lake City FL 32024

Manufacturer: Westfield MFG Length x width: 14x66

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: MB



2 1101 v all steel

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 # 96341

Triple/Quad ☐ Serial # GAFLH07A

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: 16x16
 Other pier pad sizes (required by the mfg.): _____

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

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: SW

ANCHORS: _____ 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

Mobile Home 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 1.5 x 1.5 x 1.5

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 1.5 x 1.5 x 1.5

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 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.

ALL TESTS MUST BE PERFORMED BY ATTICENSED INSTALLER

Installer Name Manuel S. Serrano 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. 15C

Plumbing

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

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

Application Number:

Date:

Site Preparation

Debris and organic material removed 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, 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 Pg.

Installed:

Between Floors Yes Between Walls Yes Bottom of ridgebeam Yes

Weatherproofing

The bottomboard will be repaired and/or taped. 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 Date 8-28-24

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR _____ 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>Sheliah Roberts</u> Signature <u>Sheliah Roberts</u> License #: _____ Phone #: _____ Company Name: _____ <input type="checkbox"/> Qualifier Form Attached
MECHANICAL/ A/C _____	Print Name <u>Sheliah Roberts</u> Signature <u>Sheliah Roberts</u> License #: _____ Phone #: _____ Company Name: _____ <input type="checkbox"/> Qualifier Form Attached

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

***Use to authorize
Agent to pull
permit on Installers
behalf.**

MOBILE HOME INSTALLERS AGENT AUTHORIZATION

I, Manuel Brannan _____, give this authority and I do certify that the below
Installers Name

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	Agents Company Name
Sheliah Roberts	Sheliah Roberts	Mike's Mobile Home

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.

Manuel Brannan
License Holders Signature (Notarized)

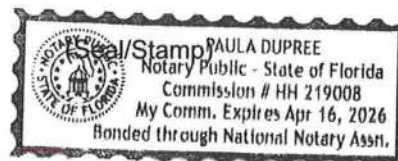
1025396 _____
License Number Date

NOTARY INFORMATION:

STATE OF Florida COUNTY OF Columbia

The above license holder, whose name is Manuel Brannan
personally appeared before me and is known by me or has produced identification
(type of I.D.) _____ on this 28 day of August, 2024

Paula Dupree
NOTARY'S SIGNATURE





COLUMBIA COUNTY BUILDING DEPARTMENT
135 NE Hernando Ave, Suite B-21, Lake City, FL 32055
Phone: 386-758-1008 Fax: 386-758-2160

***Use to authorize
property owners to
pull permit on
Installers behalf.**

MOBILE HOME INSTALLERS LETTER OF AUTHORIZATION

I, Manuel Brannon, give this authority for the job address show below
Installer License Holder Name

only, 130 SW Jennifer Ct 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
Shelia Roberts	Shelia Roberts

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.

Manuel Brannon
License Holders Signature (Notarized)

1025396
License Number

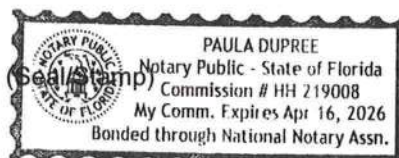
Date

NOTARY INFORMATION:

STATE OF Florida COUNTY OF: Columbia

The above license holder, whose name is Manuel Brannon,
personally appeared before me and is known by me or has produced identification
(type of I.D.) _____ on this 08 day of August, 20 24

Paula Dupree
NOTARY'S SIGNATURE



Return to:
Craig R. Perry
49296 Gyde Rd
Canton, MI 48187

ASSIGNMENT AND ACCEPTANCE AGREEMENT FOR DEED

THIS ASSIGNMENT dated this 22 day of February, 2021, hereby assigns that certain Agreement for Deed (the "Agreement") dated February 23, 2001, recorded in Official Record Book 0921, Pages 0167-0169, public records of Columbia County, Florida, by and between LEE R. PERRY, the Vendor, and SHELIAH M. ROBERTS, the purchaser, and later modified by a Modification of Agreement for Deed on September 13, 2007, recorded in Official Records Columbia County, FL: Inst #200712021171, and then the PURCHASER'S Interest was transferred on Sept. 4, 2008 in an ASSIGNMENT OF AGREEMENT FOR DEED (MORTGAGE) recorded in Official Records Columbia County FL: Inst #200812016919 Book 1158 Page 972 to CRAIG R. PERRY, and further modified by a Modification of Agreement for Deed dated August 14, 2009, recorded in Official Records Columbia County FL: Inst #200912013943 B 1179 P 932, all in the public records of Columbia County, Florida. (GEO Number: 364S15-00415-011)

1. The Purchaser, SHELIAH M. ROBERTS, desires to assign the Agreement to herself and JOSHUA COVER as joint tenants with rights of survivorship.
2. CRAIG R. PERRY hereby agrees to this assignment and SHELIAH M. ROBERTS and JOSHUA COVER are hereby named as Purchasers of the Agreement as joint tenants with rights of survivorship.
3. Except as amended herein, all other covenants, promises, agreements, late penalties, duties, obligations and interest in the aforesaid Agreement as amended remain intact and unchanged.

Inst: 202112003415 Date: 02/24/2021 Time: 11:53AM
Page 1 of 4 B: 1431 P: 315, James M Swisher Jr, Clerk of Court
Columbia, County, By: BS
Deputy Clerk

Signed, sealed and delivered
in the presence of:

[Signature]
Witness

[Signature]
CRAIG R. PERRY (Vendor)

Michael J. Carr
(type or print witness name)

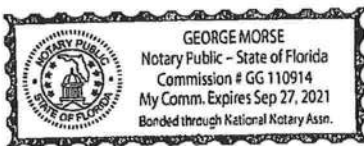
[Signature]
Witness

Debra R. Rogers
(type or print witness name)

STATE OF FLORIDA

COUNTY OF COLUMBIA

The foregoing instrument was acknowledged before me by means of ✓ physical presence or online notarization this 22 day of Feb, 2021, by Craig R. Perry, Vendor, who is personally known to me or produced MI-DL as identification.



(NOTARIAL SEAL)

[Signature]
Notary Public, State of Florida (signature)

George Morse

Print Name

My Commission Expires: 9-27-21

ACCEPTANCE

I hereby accept this Assignment as of the day and year first above written.

**Signed, sealed and delivered
in the presence of:**


Witness

Michael J. Carr
(type or print witness name)


Witness

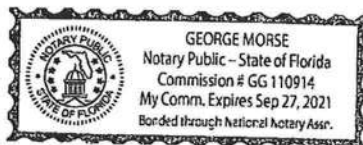
Preston Rogers
(type or print witness name)


JOSHUA COVER

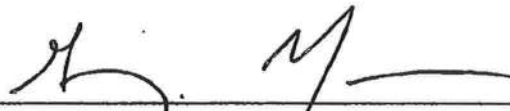
STATE OF FLORIDA

COUNTY OF COLUMBIA

The foregoing instrument was acknowledged before me by means of ☒ physical
or ☐ online notarization this 22 day of Feb, 2021, by JOSHUA
COVER, who is personally known to me or produced
FL-DL as identification.



(NOTARIAL SEAL)


Notary Public, State of Florida
George Morse
(type or print name of notary)
My Commission Expires: 9-27-21

IN WITNESS WHEREOF, the parties have caused the presents to be executed on the day
and year first above written

Signed, sealed and delivered
in the presence of:

[Signature]
Witness

[Signature]
SHELIAH M. ROBERTS

Michael J. Carr
(type or print witness name)

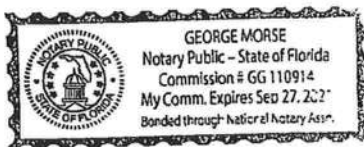
[Signature]
Witness

Debra Byrnes
(type or print witness name)

STATE OF FLORIDA

COUNTY OF COLUMBIA

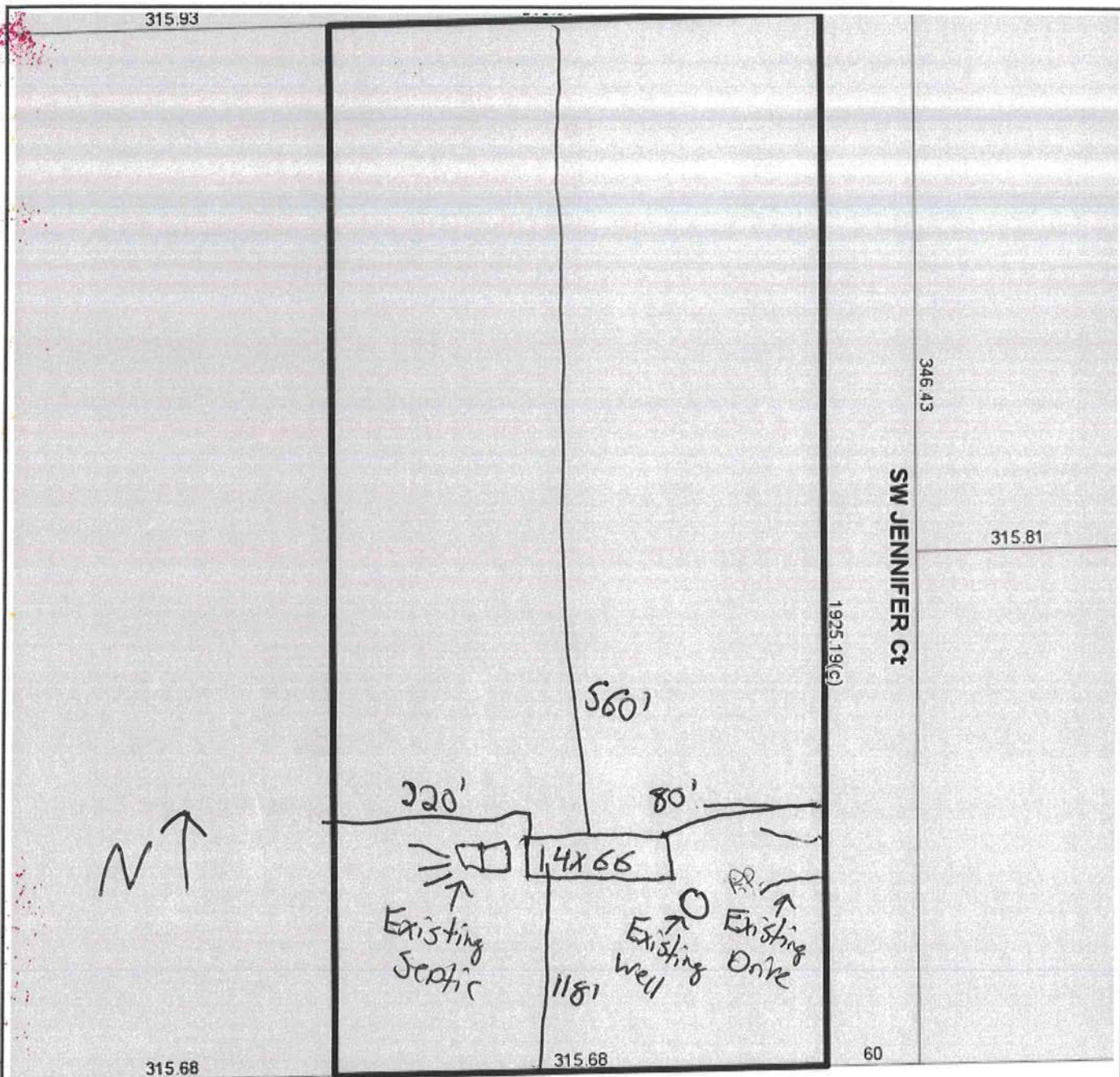
The foregoing instrument was acknowledged before me by mean of physical
presence or online notarization this 22 day of Feb
2021, by SHELIAH M. ROBERTS, who is personally known to me or produced
FL DL as identification.



(NOTARIAL SEAL)

[Signature]
Notary Public, State of Florida (Signature)
George Morse
Print Name

My Commission Expires: 9-27-24



SW MILL Ln

0 67 134 201 268 335 402 469 536 603 670 ft

Columbia County Property Appraiser

Jeff Hampton | Lake City, Florida | 386-758-1083

PARCEL: 36-4S-15-00415-011 (1682) | MOBILE HOME (0200) | 5.03 AC

COMM SW COR OF SE1/4 OF SE1/4, RUN N 32.46 FT, E 315.68 FT FOR POB, CONT E 315.68 FT, N 693.25 FT, W 315.93 FT, S 695.16 FT TO POB. 921-167, AG 1131-

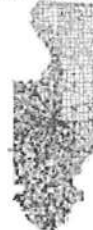
Owner:
ROBERTS SHELIAH M
COVER JOSHUA
237 NW LOWER SPRINGS RD
LAKE CITY, FL 32055-7073
Site:
130 SW JENNIFER CT, LAKE
CITY

	2024 Working Values	
Mkt Lnd	\$50,300	Appraised \$88,500
Ag Lnd	\$0	Assessed \$52,533
Bldg	\$26,184	Exempt \$27,533
XFOB	\$12,016	county:\$25,000
Just	\$88,500	city:\$0
		other:\$0
		school:\$27,533

Sales Info 2/22/2021 \$0 I(U)
2/23/2001 \$16,800 V(Q)

NOTES:

Columbia County, FL



The information presented on this website was derived from data which was compiled by the Columbia County Property Appraiser solely for the governmental purpose of property assessment. This information should not be relied upon by anyone as a determination of the ownership of property or market value. The GIS Map image is not a survey and shall not be used in a Title Search or any official capacity. No warranties, expressed or implied, are provided for the accuracy of the data herein, its use, or its interpretation. This website was last updated: 8/29/2024 and may not reflect the data currently on file at our office.

GrizzlyLogic.com

BOARD OF COUNTY COMMISSIONERS • COLUMBIA COUNTY



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 2:45:42 PM**

Address: **130 SW JENNIFER CT**

City: **LAKE CITY**

State: **FL**

Zip Code **32024**

Parcel ID **36-4S-15-00415-011**

REMARKS: This is a verified Current address for Building General in Columbia County FL
Verification ID: 8a013c94-4b82-4835-83ab-e31bc133e196

Address was reassigned from old address: NEW SW JENNIFER CT

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.

Issuance of a 9-1-1 address for your property should not be construed by you or anyone else to mean that your property is buildable pursuant to the Columbia County Land Development Regulations. To determine whether your property is eligible for a building permit please contact the Building and Zoning Department.

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

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

(Only required for used homes)

COUNTY THE MOBILE HOME IS BEING MOVED FROM Columbia County
OWNERS NAME Shelia Roberts PHONE 386-365-5153 CELL _____
INSTALLER Manuel Brannon PHONE 386-590-3288 CELL _____
INSTALLERS ADDRESS 5707 CR 252 Welburn Fla. 32094

MOBILE HOME INFORMATION

MAKE West YEAR 1988 SIZE 14 x 66
COLOR Pale yellow SERIAL No. GAFLH07A
WIND ZONE 2 SMOKE DETECTOR _____

INTERIOR:

FLOORS _____
DOORS _____
WALLS _____
CABINETS _____
ELECTRICAL (FIXTURES/OUTLETS) _____

EXTERIOR:

WALLS / SIDING _____
WINDOWS _____
DOORS _____

INSTALLER: APPROVED _____ NOT APPROVED _____

INSTALLER OR INSPECTORS PRINTED NAME _____

License No. _____ Date _____

NOTES: _____

ONLY THE ACTUAL LICENSE HOLDER 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 386-719-2023 TO SET UP THIS INSPECTION. NO PERMIT WILL BE ISSUED BEFORE THIS IS DONE.

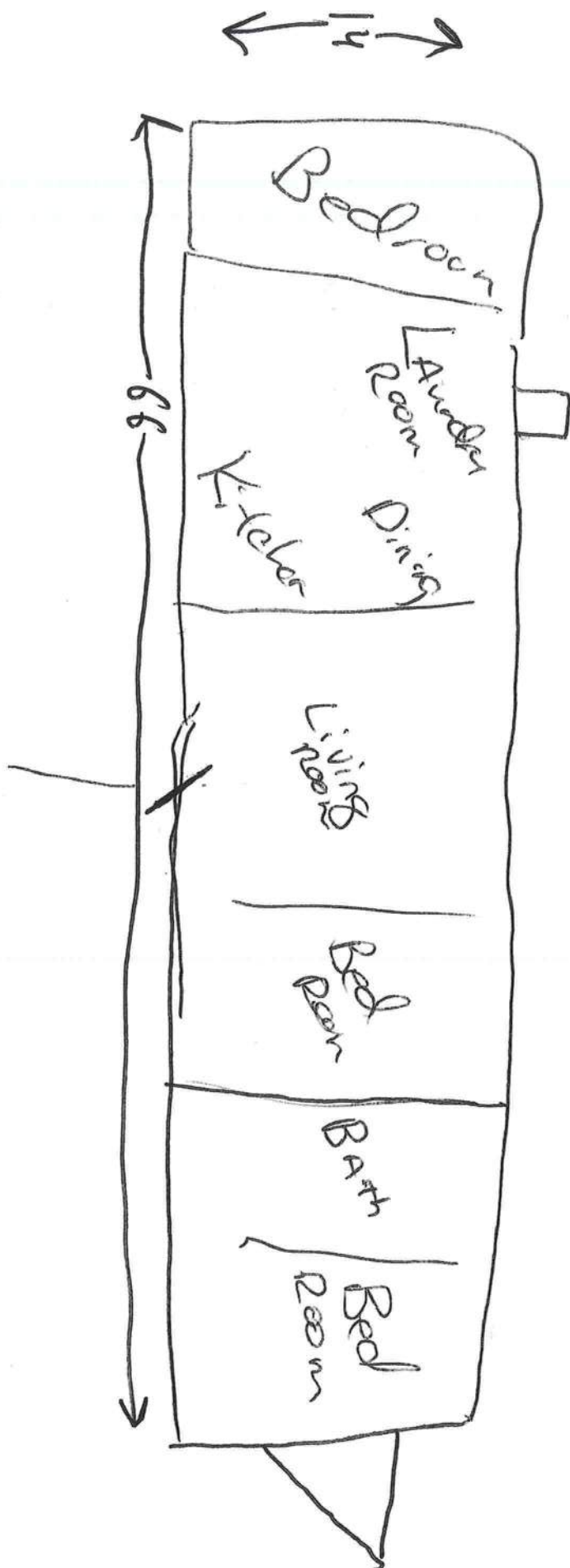
Licensed Installer Approval Signature _____ Date _____

2024

36-4S-15-00415-011

[illegible]

copy to
~~Health~~
Building Dept



OSTDS APPLICATION 04-10-03:24PM:
Page # 1

NFS

:386 758-2187 # 2/ 4

Rotate Left 90°

Rotate Right 90°

Rotate 180°

STATE OF FLORIDA
DEPARTMENT OF HEALTH
ON-SITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. 990924
DATE PAID: 11/20/11
FEE PAID: 386.00
RECEIPT #: 1556496

APPLICATION FOR:

Default Orientation ☒ New System ☐ Existing System ☐ Holding Tank ☐ Innovative
Full Size ☐ Repair ☐ Abandonment ☐ Temporary ☐

APPLICANT: Sheliah m Roberts (Retha Piper)Delete Image: Robert Ford HFST incTELEPHONE: 386-755-6372MAILING ADDRESS: 580 HW Guerdon Rd LC Fla 32055

Close Window

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3)(a) 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: 36-45-15 PLATTED: PROPERTY ID #: 00415-011 ZONING: M/H I/M OR EQUIVALENT: ☒ (N)PROPERTY SIZE: 5.030 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ☐ ≤2000GPD ☐ >2000GPDIS SEWER AVAILABLE AS PER 381.0055, FS? ☒ (N) DISTANCE TO SEWER: N/A FTPROPERTY ADDRESS: 184 SW Jennifer Ct

DIRECTIONS TO PROPERTY: Hwy 90 - West TO Hwy 247 TL
Go to mill Rd TR Go to Jennifer Ct TR
1st Drive 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	<u>M/H</u>	<u>2</u>	<u>980sqft</u>	
2			<u>14x70</u>	
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) SIGNATURE: Robert W Jorel p DATE: 1-20-11

DH 4013, 08/09 (Obsoletes previous editions which may not be used)
Incorporated 64E-6.001, FAC

Page 1 of 4

OSTDS SITE PLAN

Page 1 of 1



Rotate Left 90°

Rotate Right 90°

Rotate 180°

Scale: Each block represents 5 feet and 1 inch = 50 feet.

Default Orientation

Full Size

Delete Image

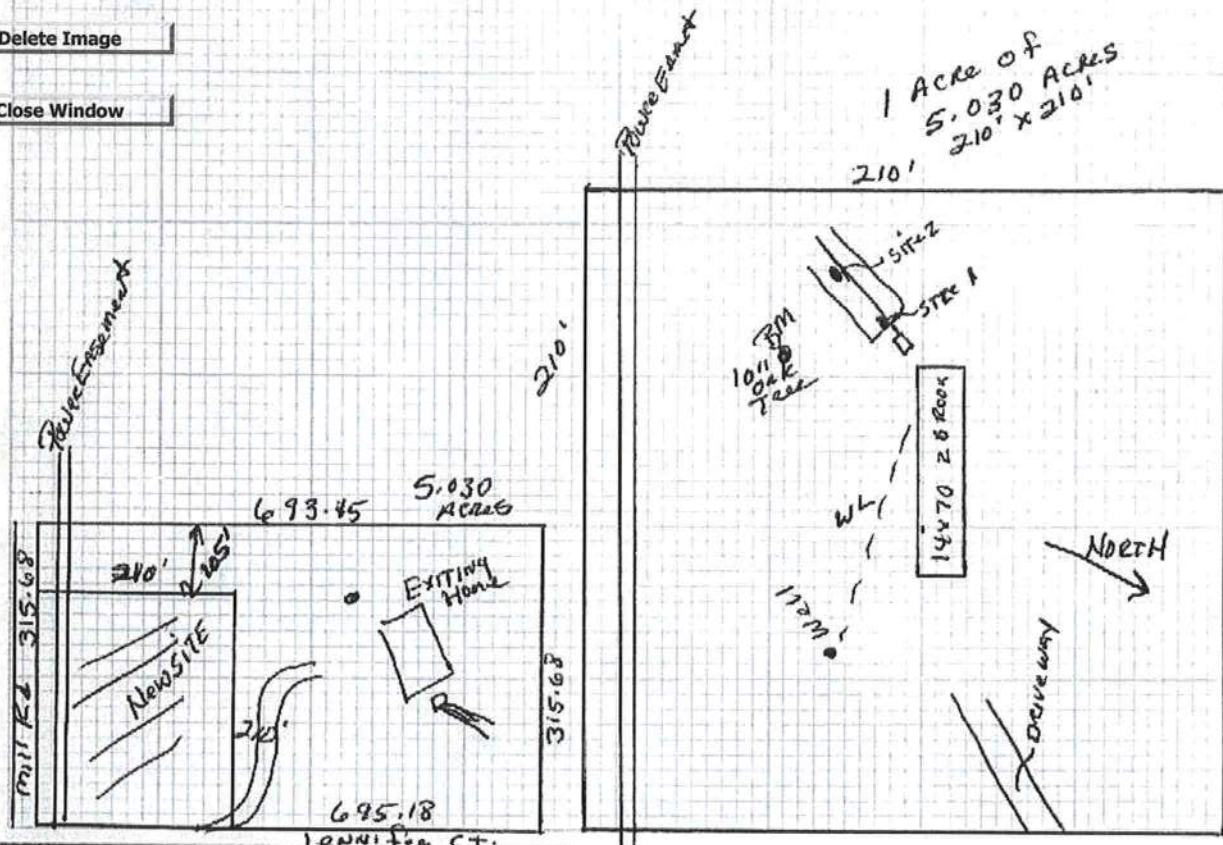
Close Window

STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 11-0032

PART II - SITE PLAN



Notes:

Sheliah Roberts (Ratha Piper)5.030 Acres36-45-15-00415-011Site Plan submitted by: Robert W. Jandl W

Signature

Agent

Title

Plan Approved X

Not Approved

Date 1-26-11By Sallie Ford - EH DirectorColumbia CHD

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DH 4015, 10/96 (Replaces HRS-H Form 4015 which may be used)
(Stock Number: 5744-002-4015-6)

Page 2 of 3

OSTDS Application for
Construction (New
System)
Page # 2

STATE OF FLORIDA

DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
SITE SEWAGE DISPOSAL SYSTEM

APPLICATION FOR CONSTRUCTION PERMIT

Authority: Chapter 381, FS & Chapter 10D-6, FAC

PERMIT #

DATE PAID

FEE PAID \$

RECEIPT #

CR #

00-0157-N
99-6806

Rotate Left 90°

Rotate Right 90°

Rotate 180°

Default Orientation

Full Size

AGENT: SCOTT WHITELY

TELEPHONE: 904-758-1680

Delete Image

MAILING ADDRESS: RT 15 BOX 3620

CITY: LAKE CITY

STATE: FL ZIP: 32024

Close Window

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. ATTACH BUILDING PLAN AND TO-SCALE
SITE PLAN SHOWING PERTINENT FEATURES REQUIRED BY CHAPTER 10D-6, FLORIDA ADMINISTRATIVE CODE.

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

LOT: BLOCK: SUBDIVISION: MEETS & BOUNDS DATESUBD:

PROPERTY ID #: 36-4S-15-00415-000 [Section/Township/Range/Parcel] ZONING:

PROPERTY SIZE: 5.0 ACRES [Sqft/43560] PROPERTY WATER SUPPLY: [X] PRIVATE [] PUBLIC

PROPERTY STREET ADDRESS: FLATT ROAD

DIRECTIONS TO PROPERTY: HIGHWAY 90 WEST, TL ON COUNTY ROAD 247, TR ON FLATT ROAD, TO END ON LEFT

BUILDING INFORMATION

[X] RESIDENTIAL

[] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	# Persons Served	Business Activity For Commercial Only
1	MOBILE HOME	3	1680	4	
2					
3					
4					

[N] Garbage Grinders/Disposals

[N] Ultra-low Volume Flush Toilets

[N] Spas/Hot Tubs

[N] Other (Specify)

[N] Floor/Equipment Drains

APPLICANT'S SIGNATURE:

DATE: 2-28-00

HRS-H Form 4015 March 1992 (Obsoletes Previous Editions Which May Not Be Used)

Page 1 of 3

OSTDS Site Plan
Page # 1

Application for Onsite Sewage Disposal System

Construction Permit. Part II Site Plan

Application Number: 00-0157-N

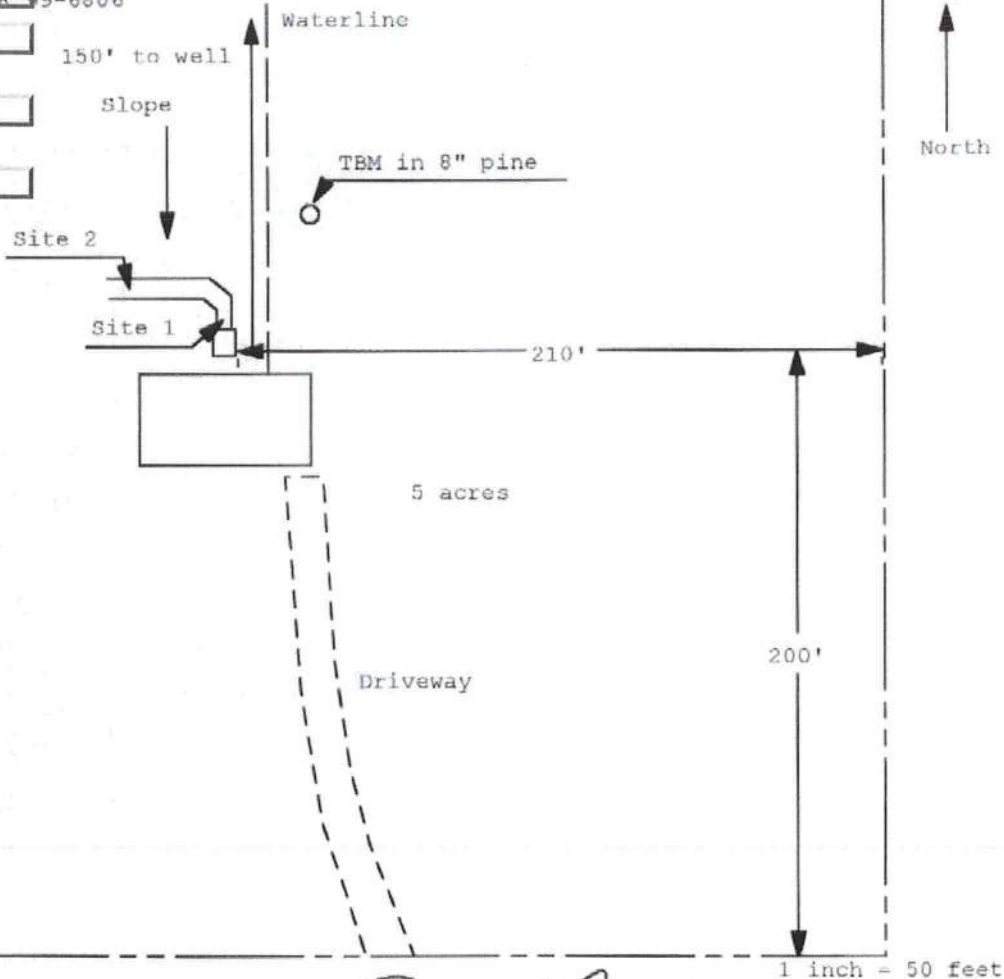
CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT

Default Orientation 9-6806

Full Size

Delete Image

Close Window

Site Plan Submitted By Paul L. Lyle Date 2/7/00
Plan Approved Not Approved Date 2/7/00By Paul L. Lyle / M. L. Lyle 228-00 CPHU

Notes: _____

APPLICATION
Page # 1

Rotate Left 90°

Rotate Right 90°

Rotate 180°

Default Orientation

Full Size

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Close Window



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: SHELIAH M. ROBERTSAGENT: HOWARD SEPTIC SERCIVETELEPHONE: (386) 9MAILING ADDRESS: PO BOX 180BRANFORD FL

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

PROPERTY INFORMATION

LOT: N/A BLOCK: N/A SUBDIVISION: METES AND BOUNDS PLATTEPROPERTY ID #: 36-4S-15-00415-011 ZONING: RES I/M OR EQUIVALENT:PROPERTY SIZE: 5.030 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ <=2000GPD ☐IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ NO ☐ DISTANCE TO SEWER:PROPERTY ADDRESS: 184 SW JENNIFER CT.DIRECTIONS TO PROPERTY: 90 WEST TURN RIGHT ON CR 247, TURN RIGHT ON MILL ST. TURN R
JENNIFER, 1ST. LOT ON LEFT.BUILDING INFORMATION ☒ RESIDENTIAL ☐ COMMERCIAL

Unit No.	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Table 1, Chapter 64E-6, FAC
1	MOBILE HOME	3	1,464	
2				
3				
4				

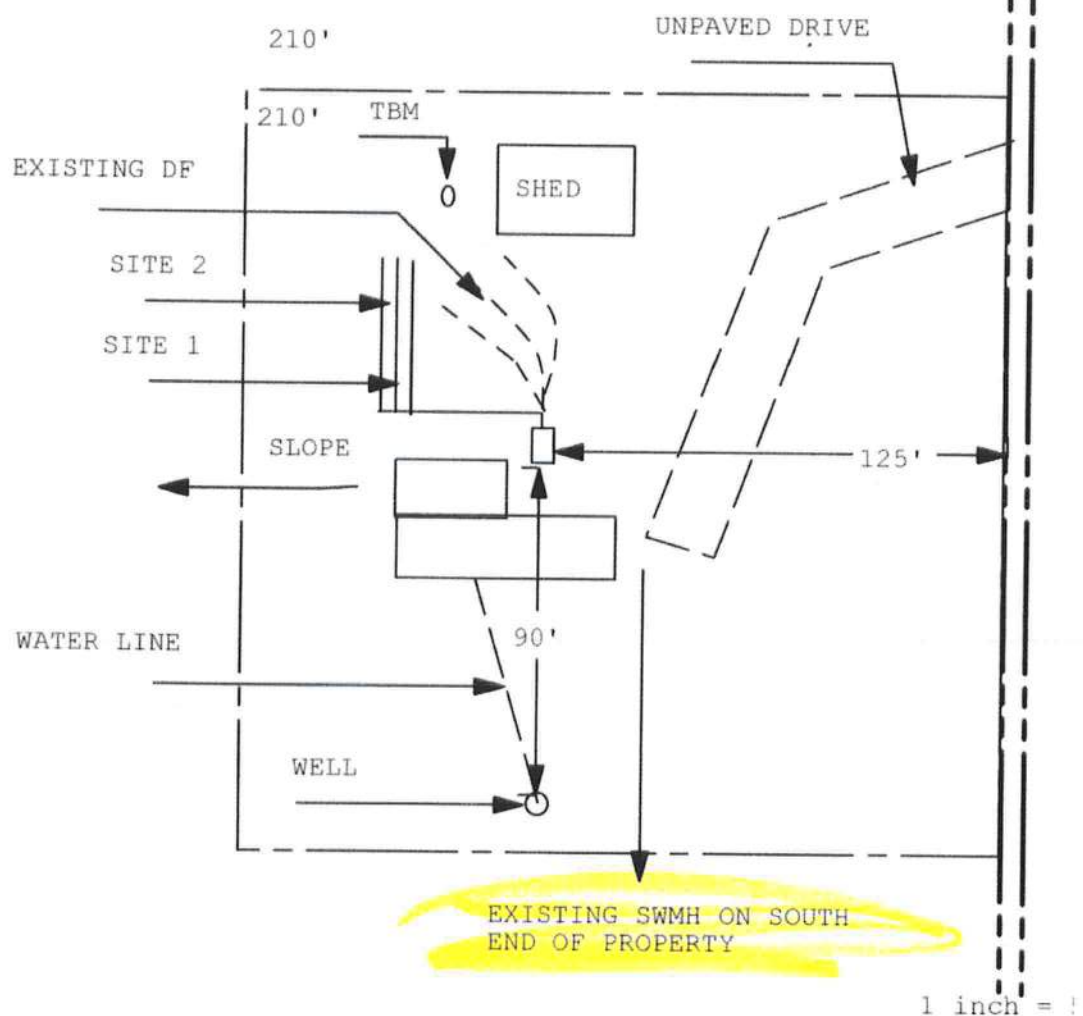
☐ Floor/Equipment Drains ☐ Other (Specify)SIGNATURE: Felton C. HowardDATE: 6/3/17

Close Window

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH

CR# 10-5676

Close Window



Notes:

Mobile Home Application #66923

Wednesday, September 4, 2024 1:36 PM



APPLICANT: SHELIAH ROBERTS

PHONE: 386-365-5753

ADDRESS: 130 SW JENNIFER CT LAKE CITY, FL 32024

OWNER: ROBERTS SHELIAH M, COVER JOSHUA

PHONE: 386-365-5753

ADDRESS: 130 SW JENNIFER CT LAKE CITY, FL 32024

PARCEL ID: 36-4S-15-00415-011

SUBDIVISION:

LOT: BLOCK: PHASE: UNIT: ACRES: 4.89

CONTRACTOR	TYPE	LIC#	BUSINESS NAME
ROBERTS SHELIAH M, COVER JOSHUA	General		

MOBILE HOME DETAILS

Is this a new or used home?	Used
Mobile Home is a:	Single Wide
Year Built	1988
Color of mobile home?	
How many of bedrooms does this home have?	3
How many bathrooms does this home have?	1
Width (Ft.In)	14
Length (Ft.In)	66
Total Area (Ft.In)	924
Wind Zone?	2
Serial #	
Installation Decal #	96341
Power Company	Clay Electric
Service Amps	200
Estimated Mechanical Cost	0.00
Residential or Commercial Use?	Residential
Is this replacing an existing Home?	No
Number of homes now on property?	
Driveway access to home:	
Relationship to property owner?	
Name of person this mobile home home is for?	
Resident's Phone #	
Are you applying for a 5 year temporary permit?	
Special temporary use permit number:	
Septic # (00-0000) or (X00-000)	
Setback Info	
Site Plan Setbacks Front	80'
Site Plan Setbacks Side 1	560'
Site Plan Setbacks Side 2	118'
Site Plan Setbacks Rear	220'