

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only

(Revised 7-1-15)

Zoning Official LN

Building Official 2211A

AP# 1812-72

Date Received 12-27-18

By LT

Permit # 37689

Flood Zone X

Development Permit

Zoning A3

Land Use Plan Map Category A

Comments

replacing existing mobile home

FEMA Map#

Elevation

Finished Floor 11' above

River

In Floodway

☐ Recorded Deed or ☒ Property Appraiser PO

☒ Site Plan

☒ EH #

18-0987

☐ Well letter OR

☒ Existing well

☐ Land Owner Affidavit

☒ Installer Authorization

☐ FW Comp. letter

☒ App Fee Paid

☐ DOT Approval

☐ Parent Parcel #

☐ STUP-MH

☐ Ellisville Water Sys

☒ Assessment Paid on Property

☒ Out County

☐ In County

☒ Sub VF Form

1-28-19

Property ID #

25-78-16-04321-006

Subdivision

Rum Island Ranches

Lot# 29

☐ New Mobile Home

☒ Used Mobile Home

MH Size 40x24

Year 1999

Applicant

Jeff Hardee Agent

Phone #

352 949 0592

Address

6450 NW 72nd Ln, Cleeland FL 32026

Name of Property Owner

Royce Phillips

Phone#

321-213-5235

☒ 911 Address

359 SW Feather Ln, Ft White 32038

Circle the correct power company -

FL Power & Light

Clay Electric

(Circle One) -

Suwannee Valley Electric

Duke Energy

Name of Owner of Mobile Home

Same

Phone #

Address

Relationship to Property Owner

"

Current Number of Dwellings on Property

one

to be removed/replaced

Lot Size

1306 x 328

Total Acreage

9.8

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

yes

Driving Directions to the Property

47 S 7/R

Hwy 27 7/R

CR 138

T/L

Rum Island Terr.

then T/L on

Feather to lot on left

Name of Licensed Dealer/Installer

Roy Michael Harvey

Phone #

352-512-8755

Installers Address

14600 SE 56th Ave, Summerfield, FL 34491

License Number

TH 1122397

Installation Decal #

56670

Off-Sent Email to Jeff 1-2-19

chk# 7959



BUILDING DEPARTMENT
COLUMBIA COUNTY, FLORIDA
OUT OF COUNTY MOBILE HOME INSPECTION REPORT

Application # 1812-72

COUNTY THE MOBILE HOME IS BEING MOVED FROM LEVY
OWNERS NAME James Phillips PHONE _____ CELL 321-213-5235
INSTALLER Mike Harvey PHONE _____ CELL 352-512-8155
INSTALLERS ADDRESS 14600 SE 56TH Ave, Summerfield, FL 34491

MOBILE HOME INFORMATION

MAKE Nobility YEAR 1999 SIZE 24 x 40
COLOR WHITE SERIAL No. N8-9376
WIND ZONE II SMOKE DETECTOR YES

INTERIOR:
FLOORS 3/4 T&G OSB, new carpeting, new linoleum
DOORS residential style doors
WALLS newly painted vinyl on sheet rock
CABINETS refurbished factory installed
ELECTRICAL (FIXTURES/OUTLETS) all check out

EXTERIOR:
WALLS / SIDING 2x4 on 16" oc, vinyl lap siding
WINDOWS aluminum single pane
DOORS steel exterior door



INSTALLER: APPROVED Roy Michael Harvey NOT APPROVED _____
INSTALLER OR INSPECTORS PRINTED NAME ROY MICHAEL HARVEY
Mobile Home Installer Signature Roy Michael Harvey License No. IH/1122397 Date 10/1/18

NOTES: _____

ONLY THE ACTUAL LICENSE HOLDER OR A BUILDING INSPECTOR CAN SIGN THIS FORM.

NO WIND ZONE ONE MOBILE HOMES WILL BE PERMITTED. MOBILE HOMES PRIOR TO 1977 ARE PRE-HUD AND THE WIND ZONE MUST BE PROVEN TO BE PERMITTED.

BEFORE THE MOBILE HOME CAN BE MOVED INTO COLUMBIA COUNTY THIS FORM MUST BE COMPLETED AND RETURNED TO THE COLUMBIA COUNTY BUILDING DEPARTMENT.

ONCE MOVED INTO COLUMBIA COUNTY AN INSPECTOR MUST COMPLETE A PRELIMINARY INSPECTION ON THE MOBILE HOME. CALL 386-758-1008 TO SET UP THIS INSPECTION. NO PERMIT WILL BE ISSUED BEFORE THIS IS DONE.

FOR OFFICE USE

Building Inspectors Signature _____ Date _____

COLUMBIA COUNTY PERMIT WORKSHEET

These worksheets must be completed and signed by the installer.
Submit the originals with the packet.

Installer ROY M. HARVEY License # 141123397

911 Address where home is being installed _____

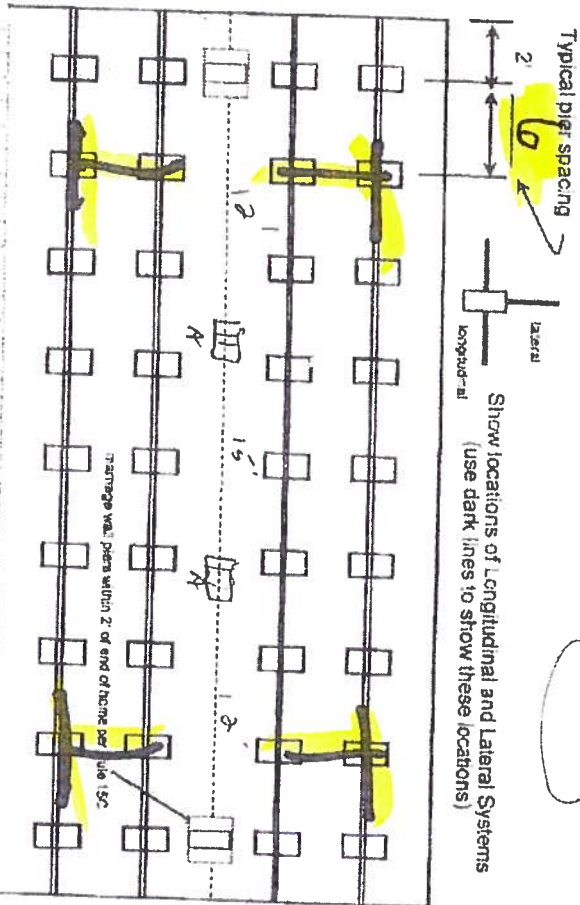
Manufacturer NEW CITY Length x width 40' x 24'

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 (max or used)
where the sidewall ties exceed 5 ft 4 in.

Installer's initials

[Handwritten signature]



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 # 56670

Triple/Quad ☐ Serial # 148-891800

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	16" x 16" (256)	18 1/2" x 18 (342)	20" x 20" (400)	22" x 22" (484)	24" x 24" (576)	26" x 26" (676)
1000 psf	3'	4'	5'	6'	7'	8'
1500 psf	4'	5'	6'	7'	8'	9'
2000 psf	5'	6'	7'	8'	9'	10'
2500 psf	6'	7'	8'	9'	10'	11'
3000 psf	7'	8'	9'	10'	11'	12'
3500 psf	8'	9'	10'	11'	12'	13'

* Interpolated from Rule 15C-1 pier spacing table

PIER PAD SIZES

17x25

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

I-beam pier pad size _____
Perimeter pier pad size _____
Other pier pad sizes (required by the mfg.) 21x29

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 A Pier pad size 21' x 29'

ANCHORS

4 ft _____ 5 ft ✓

FRAME TIES

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

TIEDOWN COMPONENTS

OTHER TIES

Longitudinal Stabilizing Device (LSD)
Manufacturer CLIVER TECH
Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer CLIVER TECH

Sidewall Longitudinal Marriage wall Shearwall
Number 8 each
4

COLUMBIA COUNTY PERMIT WORKSHEET

page 2 of 2

POCKET PENETROMETER TEST

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

X 1700 X 1700 X 1700

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 1700 X 1700 X 1700

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 6 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

ROY M. HAVY

Date Tested

1-

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. 15

Plumbing

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

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

Site Preparation

Debris and organic material removed ☒ Swale ☐ Pad ☒ Other ☐

Water drainage: Natural ☐ Swale ☐ Pad ☒ Other ☐

Fastening multi wide units

Floor: Type Fastener: 3/8" x 4 1/2" Length: 6" Spacing: 16" o/c
Walls: Type Fastener: 3/8" x 4 1/2" Length: 2" Spacing: 16" o/c
Roof: Type Fastener: 3/8" x 4 1/2" Length: 2" Spacing: 16" o/c
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

Pg. 15

Installed: Between Floors ☒
Between Walls ☒
Bottom of ridgeboard ☒

Weatherproofing

The bottomboard will be repaired and/or taped. Yes ☐ No ☐ Pg. 15
Siding on units is installed to manufacturer's specifications. Yes ☐ No ☐
Fireplace chimney installed so as not to allow intrusion of rain water. Yes ☐ No ☐

Miscellaneous

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

Installer verifies all information given with this permit worksheet is accurate and true based on the

Installer Signature

Date 1-18-19

GROSS FLOOR AREA	
40'0" X 23'4"	= 933.3 SF.
40'0" X 24'11"	= 996.7 SF.
40'0" X 26'6"	= 1060.0 SF.




Corey D. H. W.
MICKY

THIS PRINT HAS BEEN
FLIPPED FROM END TO END
USE FOR KINGSWOOD MICKEY
40C3H(12)F

ALL INTERIOR WALLS ARE 3 in. TH. UNLESS OTHERWISE NOTED									
FLOORS 24" O.C.	EXT. RAILS 16" O.C. @ 90/45°	N.B.							
BATHS 24" O.C.	MEAN DECK LAYOUT	A							
DRN. PANEL ROOF	SS SPLITTY GLASS	Q	Q	Q	Q	Q	Q	Q	Q
W/H ACCESS	SS DEBRID. BRIDGE	Q	Q	Q	Q	Q	Q	Q	Q
Q SHEAR WALL									

WINDOW SCHEDULE									
Q	SIZE	UNIT	UNIT	TYPE	Q	SIZE	UNIT	UNIT	TYPE
A	30x33	9.8	5.0	S.H.	E	32x26		EXTER	0
B	30x27	7.2	1.7	S.H.	G	72x76	32.5	18.4	S.M.
C	30x27	4.7	2.4	S.H.	L	24x40	5.6	2.9	S.M.
D	14x27	1.0	2.2	AWN.	M	26x53	7.3	4.0	S.H.
					N	14x40	3.0	0-	FIXED

1		3		8-17-99	
2		4		4-27-05	
REVISIONS					
DUE TO PULLER					
DATE 2-0-91					
SCALE					



NFI

NOBLE INDUSTRIES, INC.

800.441.4411

SPRINGWOOD	
40C3H(12)	

SPRINGWOOD
FORD TRUCKS
40C3H(12)



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, ROY M. HARVEY, give this authority for the job address show below
Installer License Holder Name

only, _____, 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)
<u>Jeff Hardee</u>		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
<u>Holly Bryant</u>		<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.

Ray Michael Harvey
License Holders Signature (Notarized)

FH 1122397
License Number

1/21/19
Date

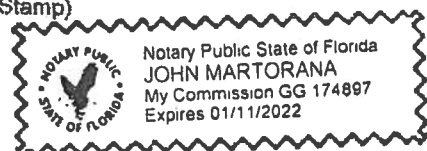
NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: MARION

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

[Signature]
NOTARY'S SIGNATURE

(Seal/Stamp)



N
↑

1" = 200'

1306.84

328.35'

9.8 AC

1087'

eyesheds

Proposed
40 x 24
mobile
home

195 195

DN

Feather

1" = 50' N
↑

210'

Ex 10x15
sheds



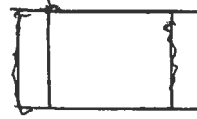
1/8 ac out
9.8 AC

EW 11

10
25

Ex
storage
60' x 20'

Ex
10x10
shed



DN

This Instrument Prepared by & return to:

Name: **Royce J. Phillips**
Address: **359 SW FEATHER LANE**
FT. WHITE, FL 32038

Inst: 201812018232 Date: 08/30/2018 Time: 2:50PM
Page 1 of 1 B: 1367 P: 2369, P. DeWitt Cason, Clerk of Court
Columbia County, By: PT
Deputy Clerk Doc Stamp-Deed: 364.00

Parcel I.D. #: 04321-006

SPACE ABOVE THIS LINE FOR PROCESSING DATA

SPACE ABOVE THIS LINE FOR RECORDING DATA

THIS WARRANTY DEED Made the 28 day of August, A.D. 2018, by **CLARENCE CHAFFINS, CONVEYING NON-HOMESTEAD PROPERTY**, hereinafter called the grantor, to **ROYCE J. PHILLIPS**, whose post office address is **359 SW FEATHER LANE, FORT WHITE, FLORIDA 32038**, hereinafter called the grantee:

(Wherever used herein the terms "grantor" and "grantee" 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 grantee all that certain land situate in **Columbia County, State of Florida**, viz:

The West 1/2 of the West 1/2 of the NE 1/4 of the SW 1/4, Section 25, Township 7 South, Range 16 East, Columbia County, Florida. A/K/A Lot 29, Rum Island Ranches, Columbia County, Florida.

Together with that certain mobile home situate thereon.

LESS AND EXCEPT road right of way.

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.

And the grantor hereby covenants with said grantee that he is lawfully seized of said land in fee simple; that he has good right and lawful authority to sell and convey said land, and hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever, and that said land is free of all encumbrances, except taxes accruing subsequent to December 31, 2018.

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:

Vonda L. Caudill
Witness Signature
Vonda L. Caudill
Printed Name

Sharon K. Calhoun
Witness Signature
SHARON K. CALHOUN
Printed Name

Clarence Chaffins L.S.
CLARENCE CHAFFINS
Address: 91 CHAFFINS BRANCH ROAD,
GARRETT, KY 41630

CHAFFINS, CONVEYING NON-HOMESTEAD PROPERTY, hereinafter called the grantor, to **ROYCE J. PHILLIPS**, whose post office address is **359 SW FEATHER LANE, FORT WHITE, FLORIDA 32038**, hereinafter called the grantee:

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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:

Vonda L. Caudill
Witness Signature
Vonda L. Caudill
Printed Name

Sharon K. Calhoun
Witness Signature
SHARON K. CALHOUN
Printed Name

STATE OF Kentucky
COUNTY OF Knott

Clarence Chaffins L.S.
CLARENCE CHAFFINS
Address: 91 CHAFFINS BRANCH ROAD,
GARRETT, KY 41630

The foregoing instrument was acknowledged before me this 28 day of August, 2018, by **CLARENCE CHAFFINS**, who is known to me or who has produced Ky. Driver's License as identification.

Jennifer D. Hale
Notary Public
My commission expires Sept. 9, 2020

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1812-72 CONTRACTOR Wendell Cows 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 788	Print Name <u>Adam Miller</u>	Signature <u>[Signature]</u>
	License #: <u>EC13004282</u>	Phone #: <u>352-318-2368</u>
MECHANICAL/ A/C	Print Name _____	Signature _____
	License #: _____	Phone #: _____
PLUMBING/ GAS	Print Name _____	Signature _____
	License #: _____	Phone #: _____

Specialty License	License Number	Sub-Contractor Printed Name	Sub-Contractor Signature
MASON			
CONCRETE FINISHER			

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.

Contractor Form Subcontractor Form 1/11

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1812-72 CONTRACTOR Wendell Crows PHONE _____

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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 _____ License #: _____	Signature _____ Phone #: _____ Qualifier Form Attached <input type="checkbox"/>
950 MECHANICAL/ A/C <u>B</u>	Print Name <u>Michael A Boland</u> License #: <u>CAC1817716</u>	Signature <u>Michael A Boland</u> Phone #: <u>352 274 9326</u> Qualifier Form Attached <input type="checkbox"/>

Qualifier Forms cannot be submitted for any Specialty License.

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			

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.

Legend

Roads

- Roads
- others
- Dirt
- Interstate
- Main
- Other
- Paved
- Private
- Parcels

2016Aerials



Addresses

2018 Flood Zones

- 0.2 PCT ANNUAL CHANCE
- A
- AE
- AH

DevZones1

- others
- A-1
- A-2
- A-3
- CG
- CHI
- CI
- CN
- CSV
- ESA-2
- I
- ILW
- MUD-1
- PRD
- PRRD
- RMF-1
- RMF-2
- RO
- RR
- RSF-1
- RSF-2
- RSF-3
- RSF/MH-1
- RSF/MH-2
- RSF/MH-3
- DEFAULT

Columbia County, FLA - Building & Zoning Property Map

Printed: Thu Dec 27 2018 11:47:17 GMT-0500 (Eastern Standard Time)



ok for 911 Address.

Parcel Information

Parcel No: 25-7S-16-04321-006

Owner: CHAFFINS CLARENCE

Subdivision: RUM ISLAND RANCHES UNR

Lot: 29

Acres: 9.825579

Deed Acres: 10 Ac

District: District 2 Rocky Ford

Future Land Uses: Agriculture - 3

Flood Zones:

Official Zoning Atlas: A-3

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

(812-72
CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED _____ BY _____ IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? Yes
OWNERS NAME Royce Phillips PHONE _____ CELL 321-213-5235
ADDRESS 359 SW feather LN Fortwhite FL 32038

MOBILE HOME PARK _____ SUBDIVISION _____

DRIVING DIRECTIONS TO MOBILE HOME 47 S, (L) CR 138, (R) Rum Island Rd,
(L) feather LN, 2nd lot on (L)

MOBILE HOME INSTALLER Wendell Crews PHONE _____ CELL 352-351-6100

MOBILE HOME INFORMATION

MAKE Nobility YEAR 99 SIZE 24 x 40 COLOR ?

SERIAL No. 148-891800

WIND ZONE II 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 _____

Phillips

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

COUNTY THE MOBILE HOME IS BEING MOVED FROM _____
OWNERS NAME Royce Phillips PHONE 321-213-5288 CELL _____
INSTALLER Wendell Crews PHONE 352-351-6100 CELL _____
INSTALLERS ADDRESS 4650 NE 35th St Ocala FL 34479

MOBILE HOME INFORMATION

MAKE Nobility YEAR 99 SIZE 24 x 40
COLOR _____ SERIAL No. 148-891800
WIND ZONE II SMOKE DETECTOR ☒

INTERIOR:
FLOORS oh
DOORS oh
WALLS oh
CABINETS oh
ELECTRICAL (FIXTURES/OUTLETS) _____

EXTERIOR:
WALLS / SIDING oh
WINDOWS oh
DOORS oh

INSTALLER: APPROVED ☒ NOT APPROVED _____
INSTALLER OR INSPECTORS PRINTED NAME Wendell Crews
Installer/Inspector Signature Wendell Crews License No. TH1025316 Date 1/3/19

NOTES _____

ONLY THE ACTUAL LICENSE HOLDER OR A BUILDING INSPECTOR CAN SIGN THIS FORM.

NO WIND ZONE ONE MOBILE HOMES WILL BE PERMITTED. MOBILE HOMES PRIOR TO 1977 ARE PRE-HUD AND THE WIND ZONE MUST BE PROVEN TO BE PERMITTED.

BEFORE THE MOBILE HOME CAN BE MOVED INTO COLUMBIA COUNTY THIS FORM MUST BE COMPLETED AND RETURNED TO THE COLUMBIA COUNTY BUILDING DEPARTMENT.

ONCE MOVED INTO COLUMBIA COUNTY AN INSPECTOR MUST COMPLETE A PRELIMINARY INSPECTION ON THE MOBILE HOME. CALL 386-758-1008 TO SET UP THIS INSPECTION. NO PERMIT WILL BE ISSUED BEFORE THIS IS DONE.

Code Enforcement Approval Signature [Signature] Date 1-3-19



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

PERMIT NO. 18-0987
DATE PAID: 12/27/18
FEE PAID: \$60.00
RECEIPT #: AP1389904

APPLICATION FOR:

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

APPLICANT: Royce Phillips 321-213-5235

AGENT: Jeff Hardee (Hardee Environmental and Permitting)

TELEPHONE: 352-949-0592

MAILING ADDRESS: 6450 NW 72 Lane, Chiefland, FL 32626 EMAIL: JeffHardeeHEP@aol.com

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: 29 BLOCK: — SUBDIVISION: Rum Island Ranches PLATTED: —

PROPERTY ID #: 25-75-16-04321-006 ZONING: — I/M OR EQUIVALENT: ☐ Y/N ☐

PROPERTY SIZE: 9.8 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ $\leq 2000\text{GPD}$ ☐ $> 2000\text{GPD}$

IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y/N ☐ DISTANCE TO SEWER: 10 FT

PROPERTY ADDRESS: 359 Sw Feather Ln, Ft White

DIRECTIONS TO PROPERTY: Take 47 South to Ft White +
T Left onto US 27 S (6mi) TR onto SW CR 138 + go
~1.5mi. T Left on SW Lynn Sherman Terr, TRight on to Feath
Lane to prop on E

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>mobile home</u>	<u>3</u>	<u>960</u>	
2	<u>Replacng MH</u>	<u>3</u>	<u>720</u>	
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) —

SIGNATURE: John Hardee

DATE: 12-27-18

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

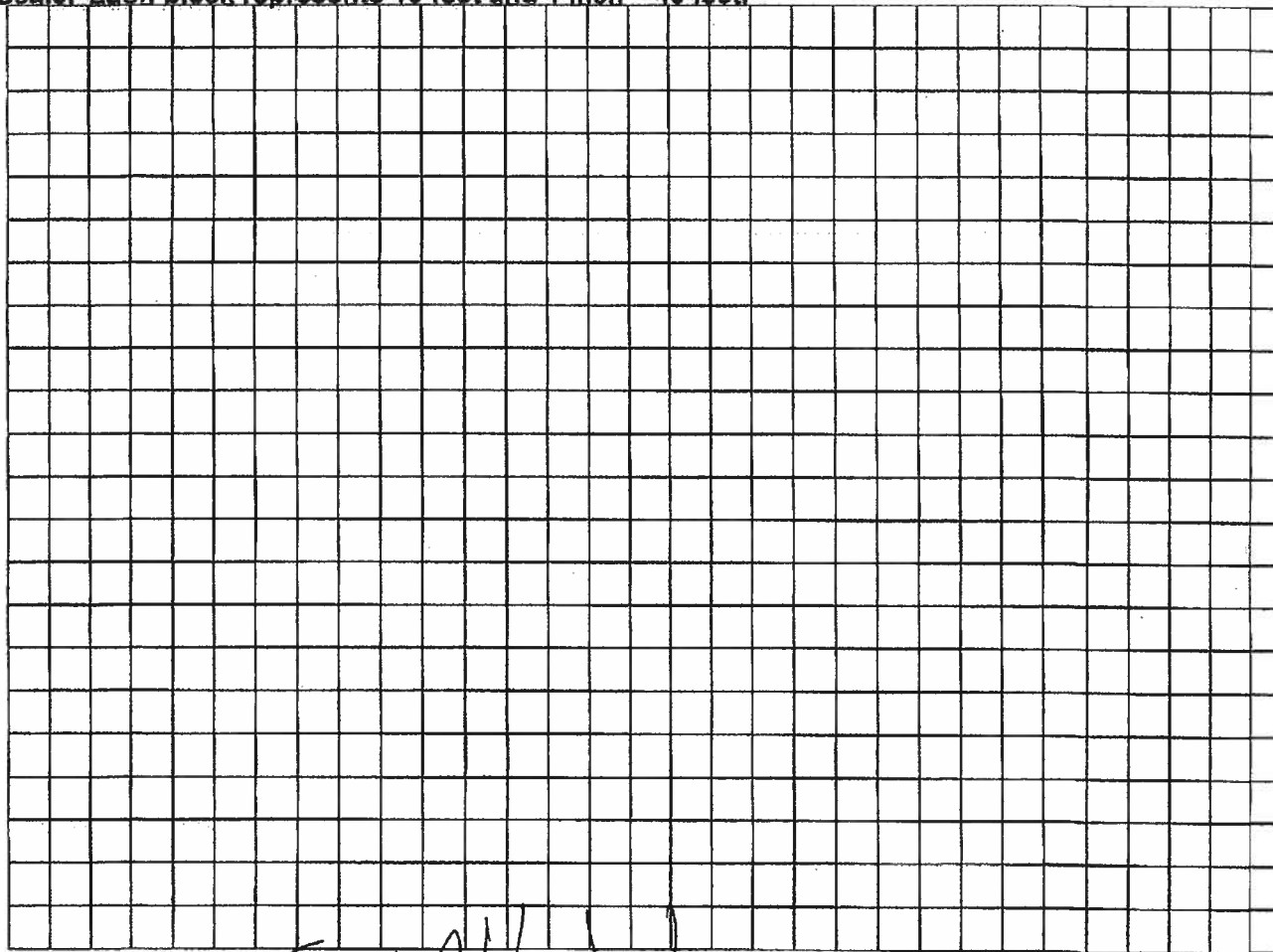
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

18-098

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

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



Notes:

See Attached

Site Plan submitted by:

jm /hl

Plan Approved

Not Approved

Date 12/28/18

By

Sam Khan

ESI

Columbia

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

