

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 7-1-15) Zoning Official JCH Building Official TM 12/29/17

AP# 1712-72 Date Received 12-28-17 By U Permit # 36193

Flood Zone X Development Permit _____ Zoning RMH-2 Land Use Plan Map Category RLD

Comments Need to verify Data Plate per TM
Replacing Removed Home * CLOSET "MB"

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

☒ Recorded Deed or ☒ Property Appraiser PO ☒ Site Plan ☒ EH # 17-0802-E ☐ Well letter OR

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

☐ DOT Approval ☐ Parent Parcel # _____ ☐ STUP-MH _____ ☒ 911 App

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

Property ID # (22-35-16) R02265-011 Subdivision LEON MCCALLS SUB Lot # 28

▪ New Mobile Home _____ Used Mobile Home L MH Size 16x76 Year 1996

▪ Applicant JAY DAVIS Phone # 386 961-1482

▪ Address PO Box 1508 LAKE CITY, FL 32051

▪ Name of Property Owner JAY DAVIS Phone # 386 961-1482

▪ 911 Address 202 NW Samsom Ct LAKE CITY 32055

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

▪ Name of Owner of Mobile Home JAY DAVIS Phone # 386. 961. 1482

▪ Address POB 1508, LAKE CITY, FL 32051

▪ Relationship to Property Owner _____

▪ Current Number of Dwellings on Property 0 (was one there - gone now)

▪ Lot Size 127' x 94' x 104' x 92.53 Total Acreage 1/2

▪ 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 90 West R Turner
R Samsom DEAD END OF ROAD

▪ Name of Licensed Dealer/Installer Donnie Noffs Phone # 386 623 7716

▪ Installers Address 10445r Clint TR LAKE CITY, FL 32024

▪ License Number TH102514511 Installation Decal # 45028

Jay Davis inquired about status of app 1.16.18 (in person)

COLUMBIA COUNTY PERMIT WORKSHEET

page 1 of 2

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

Installer Rouvenack License # EH10251451

911 Address where home is being installed. 202 NW Samset Cir

Manufacturer Horten Length x width 216 x 80

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 SE



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

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 # 45028

Triple/Quad ☐ Serial # H 2039126

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	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 dsf	3'	4'	5'	6'	7'	8'	8'
1500 dsf	4' 6"	6'	7'	8'	8'	8'	8'
2000 dsf	6'	8'	8'	8'	8'	8'	8'
2500 dsf	7' 6"	8'	8'	8'	8'	8'	8'
3000 dsf	8'	8'	8'	8'	8'	8'	8'
3500 dsf	8'	8'	8'	8'	8'	8'	8'

* interpolated from Rule 15C-1 pier spacing table.

PIER PAD SIZES

I-beam pier pad size 17x23

Perimeter pier pad size N/A

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

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

SV SV

SW SW

SW SW

TIEDOWN COMPONENTS

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

Sidewall
Longitudinal
Marriage wall
Shearwall

OTHER TIES

Number

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

FRAME TIES

5 ft

ANCHORS

Pad Size	Sq in
16 x 16	256
18 x 18	324
20 x 20	400
22 x 22	484
24 x 24	576
26 x 26	676

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 150 psi or check here to declare 1000 lb. soil _____ without testing.

x 150 x 150 x 150

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 150 x 150 x 150

TORQUE PROBE TEST

The results of the torque probe test is 855 inch pounds or check here if you are declaring 5' anchors without testing 60. A test showing 275 inch pounds or less will require 5 foot anchors.

Note: A state approved lateral arm system is being used and 4 ft. anchors are allowed at the sidewall locations. I understand 5 ft anchors are required at all centerline tie points where the torque test reading is 275 or less and where the mobile home manufacturer may requires anchors with 4000 lb holding capacity.

Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Date Tested

12-22-07

Electrical

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between multi-wide units. Pg. _____

Plumbing

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

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

Site Preparation

Debris and organic material removed SV
Water drainage: Natural SV Swale SV Pad SV Other SV

Fastening multi wide units

Floor: Type Fastener: SV Length: SV Spacing: SV
Walls: Type Fastener: SV Length: SV Spacing: SV
Roof: Type Fastener: SV Length: SV Spacing: SV
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 SV

Type gasket SV Installed: Between Floors Yes SV
Pg. SV Between Walls Yes SV
Bottom of ridgebeam Yes SV

Weatherproofing

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

Miscellaneous

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

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

Installer Signature SV

Date SV

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: 5/5/2015 DATE ISSUED: 5/12/2015

ENHANCED 9-1-1 ADDRESS:

202 NW SAMOSET GLN

LAKE CITY FL 32055

PROPERTY APPRAISER PARCEL NUMBER:

22-3S-16-02265-011

Remarks:

RE-ISSUE OF EXISTING ADDRESS FOR STRUCTURE ON PARCEL.

Address Issued By:


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.

Ronnie Brannon, Tax Collector
Proudly Serving The People Of Columbia County
135 NE Hernando Ave, Suite 125
Lake City, Florida 32055-4006
www.columbiataxcollector.com

**NOTICE OF AD VALOREM TAXES AND NON-AD VALOREM ASSESSMENTS
2017 REAL ESTATE**

Account #: R02265-011

002

Skip The Trip! www.columbiataxcollector.com

- eCheck (Electronic payment from your checking account with no fee)
 - Credit Card (Fee added by payment processor - see website for fees)
- Print Your Receipt Instantly Online**

R

DAVIS JAY S
P O BOX 1508
LAKE CITY FL 32056

22-3S-16 0700/0700 0.52 acres
(AKA LOT 28, LEON MCCALL'S
SURVEY UNR DESC AS):
COMM SW COR OF SEC, RUN E 550
FT FOR POB, N 92.53 FT, NE
See Tax Roll for extra legal.

2025 same

AD VALOREM TAXES

TAXING AUTHORITY	MILLAGE RATE	ASSESSED VALUE	EXEMPTION	TAXABLE VALUE	TAXES LEVIED
BOARD OF COUNTY COMMISSIONERS	8.0150	9,549		9,549	76.54
COLUMBIA COUNTY SCHOOL BOARD					
DISCRETIONARY	0.7480	9,549		9,549	7.15
LOCAL	4.3200	9,549		9,549	41.25
CAPITAL OUTLAY	1.5000	9,549		9,549	14.32
SUWANNEE RIVER WATER MGT DIST	0.4027	9,549		9,549	3.85
LAKE SHORE HOSPITAL AUTHORITY	0.9620	9,549		9,549	9.19
TOTAL MILLAGE					15.9477
TOTAL TAXES					\$152.30

eBill



Scan to view your bill or sign up to receive future bills by email.



columbiataxcollector.com
Click "Register for eBilling"

NON-AD VALOREM ASSESSMENTS

LEVYING AUTHORITY	RATE	AMOUNT
FFIR FIRE ASSESSMENTS	Per Parcel	60.78
TOTAL ASSESSMENTS		\$60.78

COMBINED TAXES AND ASSESSMENTS

\$213.08

IF POSTMARKED BY:
PLEASE PAY ONLY
ONE AMOUNT

NOV 30 2017
\$204.56

DEC 31 2017
\$206.69

JAN 31 2018
\$208.82

FEB 28 2018
\$210.95

MAR 31 2018
\$213.08

Ronnie Brannon, Tax Collector
Proudly Serving The People Of Columbia County
135 NE Hernando Ave, Suite 125
Lake City, Florida 32055-4006

**NOTICE OF AD VALOREM TAXES AND NON-AD VALOREM ASSESSMENTS
2017 REAL ESTATE**

Account #: R02265-011

002

23166.0000

R

22-3S-16 0700/0700 0.52 acres
(AKA LOT 28, LEON MCCALL'S
SURVEY UNR DESC AS):
COMM SW COR OF SEC, RUN E 550
FT FOR POB, N 92.53 FT, NE
See Tax Roll for extra legal.

Pay online at www.columbiataxcollector.com

AMOUNT DUE

I am paying the following amount (check only one box) based on the date paid online, in the office or postmarked:

- | | |
|---|----------|
| <input type="checkbox"/> NOV 30, 2017 (4% discount) | \$204.56 |
| <input type="checkbox"/> DEC 31, 2017 (3% discount) | \$206.69 |
| <input type="checkbox"/> JAN 31, 2018 (2% discount) | \$208.82 |
| <input type="checkbox"/> FEB 28, 2018 (1% discount) | \$210.95 |
| <input type="checkbox"/> MAR 31, 2018 (no discount) | \$213.08 |

DAVIS JAY S
P O BOX 1508
LAKE CITY FL

32056

Please Pay in U.S. Funds to Ronnie Brannon, Tax Collector
135 NE Hernando Ave., Suite 125, Lake City, FL 32055

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SITE PLAN CHECKLIST

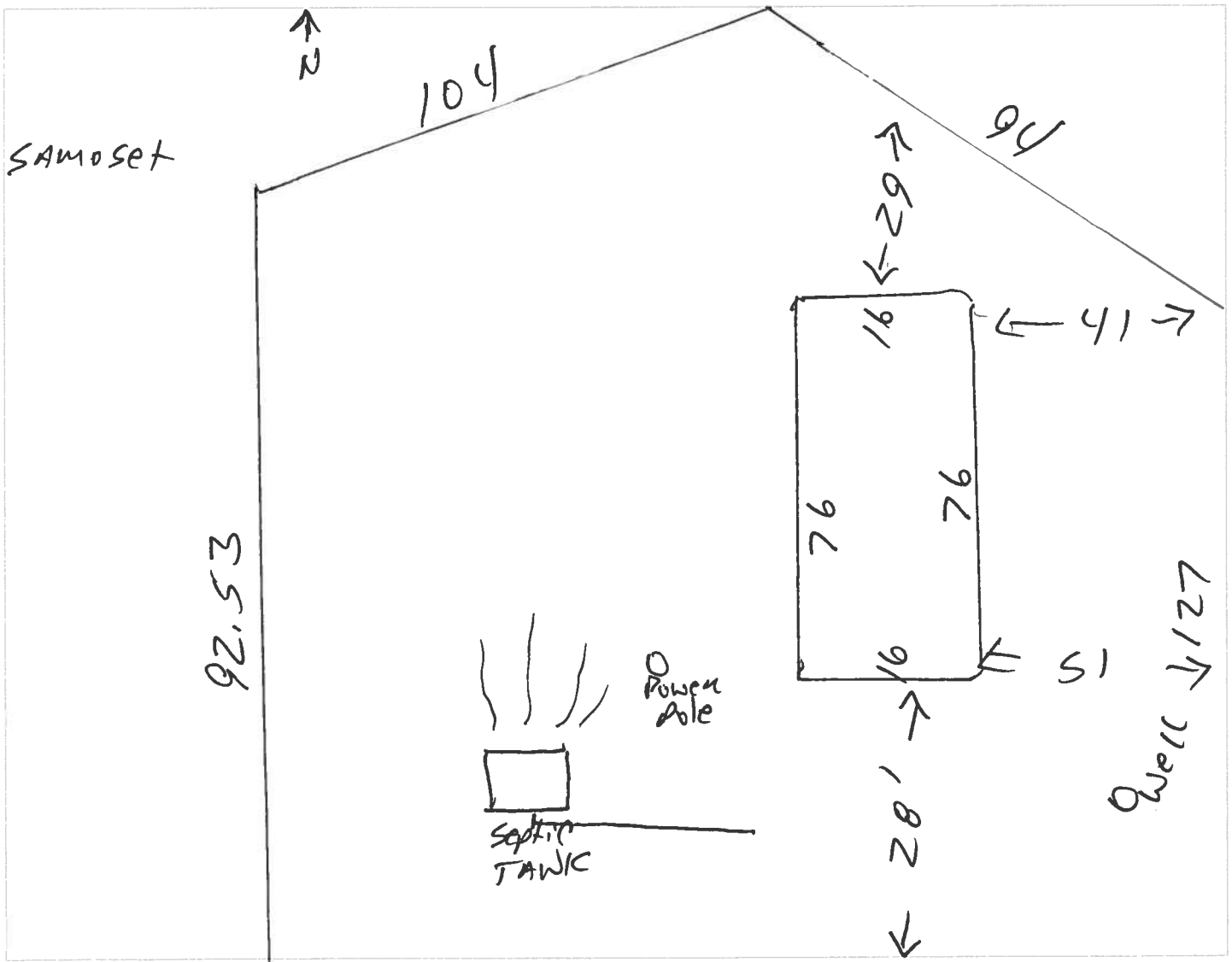
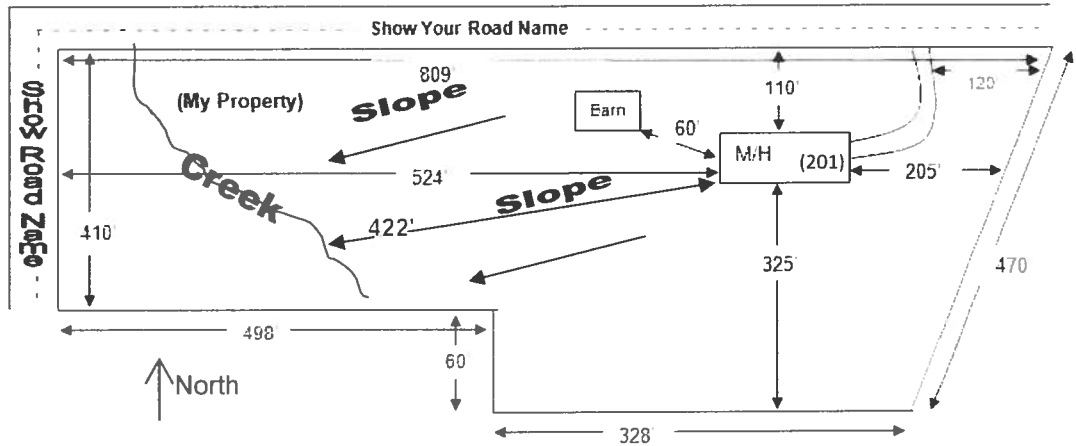
- ___ 1) Property Dimensions
- ___ 2) Footprint of proposed and existing structures (including decks), label these with existing addresses
- ___ 3) Distance from structures to all property lines
- ___ 4) Location and size of easements
- ___ 5) Driveway path and distance at the entrance to the nearest 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.





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

only, 202 NW SAMOSEF BLVD, 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)
JAY DAVIS		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input checked="" type="checkbox"/> Property Owner
		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and I am fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances.

I understand that the State Licensing Board has the power and authority to discipline a license holder for violations committed by him/her or by his/her authorized person(s) through this document and that I have full responsibility for compliance granted by issuance of such permits.

License Holders Signature (Notarized)

IH1025145/1

License Number

12-27-2017

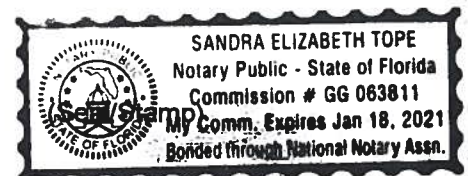
Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Ronnie Norris, personally appeared before me and is known by me or has produced identification (type of I.D.) on this 27 day of December, 2017.

NOTARY'S SIGNATURE



MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1712-72 CONTRACTOR Rennie Norris 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>JAY DAVIS</u> License #:	Signature <u>[Signature]</u> Phone #: <u>386 961-1482</u>
MECHANICAL/ A/C	Print Name <u>JAY DAVIS</u> License #:	Signature <u>[Signature]</u> Phone #: <u>386 961-1482</u>
PLUMBING/ GAS	Print Name <u>Rennie Norris</u> License #: <u>TH102514511</u>	Signature <u>[Signature]</u> Phone #: <u>386 623 7716</u>

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.



COLUMBIA COUNTY BUILDING DEPARTMENT

PRELIMINARY MOBILE HOME INSPECTION REPORT

Application # 1712-72

\$50.00 Fee Paid ☒

(02265-011)

DATE RECEIVED 12-29-17 BY CH IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED?

OWNERS NAME Jay Davis PHONE CELL 961-1482

ADDRESS

MOBILE HOME PARK SUBDIVISION

DRIVING DIRECTIONS TO MOBILE HOME At Jacobsen's lot

MOBILE HOME INSTALLER Ronnie Norris PHONE CELL 623-7716

MOBILE HOME INFORMATION

MAKE Horton YEAR 96 SIZE 16 X 76 COLOR Grey

SERIAL No. H 2039126

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

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 / SIDING () 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: Need to produce Data Sheet

NOT APPROVED NEED RE-INSPECTION FOR FOLLOWING CONDITIONS

BUILDING INSPECTOR'S SIGNATURE [Signature] ID NUMBER DATE 12/29/17

In Master Bedroom closet
Per Jay Davis 12-29-17

Legend

Lake City

Development Zones

- ☐ 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

Roads

- DEFAULT
- DONTIMPORT
- others
- ☒ Dirt
- ☒ Interstate
- Main
- Other
- Paved
- ☒ Private

Parcels

2016Aerials

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)
- ☒ Agriculture - 1
(< 1 d.u. per 20 acres)
- ☒ Environmentally Sensitive Areas
(< 1 d.u. per 10 acres)
- ☐ Public
- ☐ Recreation
- ☐ Conservation

Flood Zones

- ☒ 0.2 PCT ANNUAL CHANCE
- ☐ A

Columbia County, FLA - Building & Zoning Property Map

Printed: Wed Jan 03 2018 11:30:28 GMT-0500 (Eastern Standard Time)



Parcel Information

Parcel No: 22-3S-16-02265-011

Owner: DAVIS JAY S

Subdivision:

Lot: 28

Acres: 0.5239458

Deed Acres:

District: District 3 Bucky Nash

Future Land Uses: Residential - Low

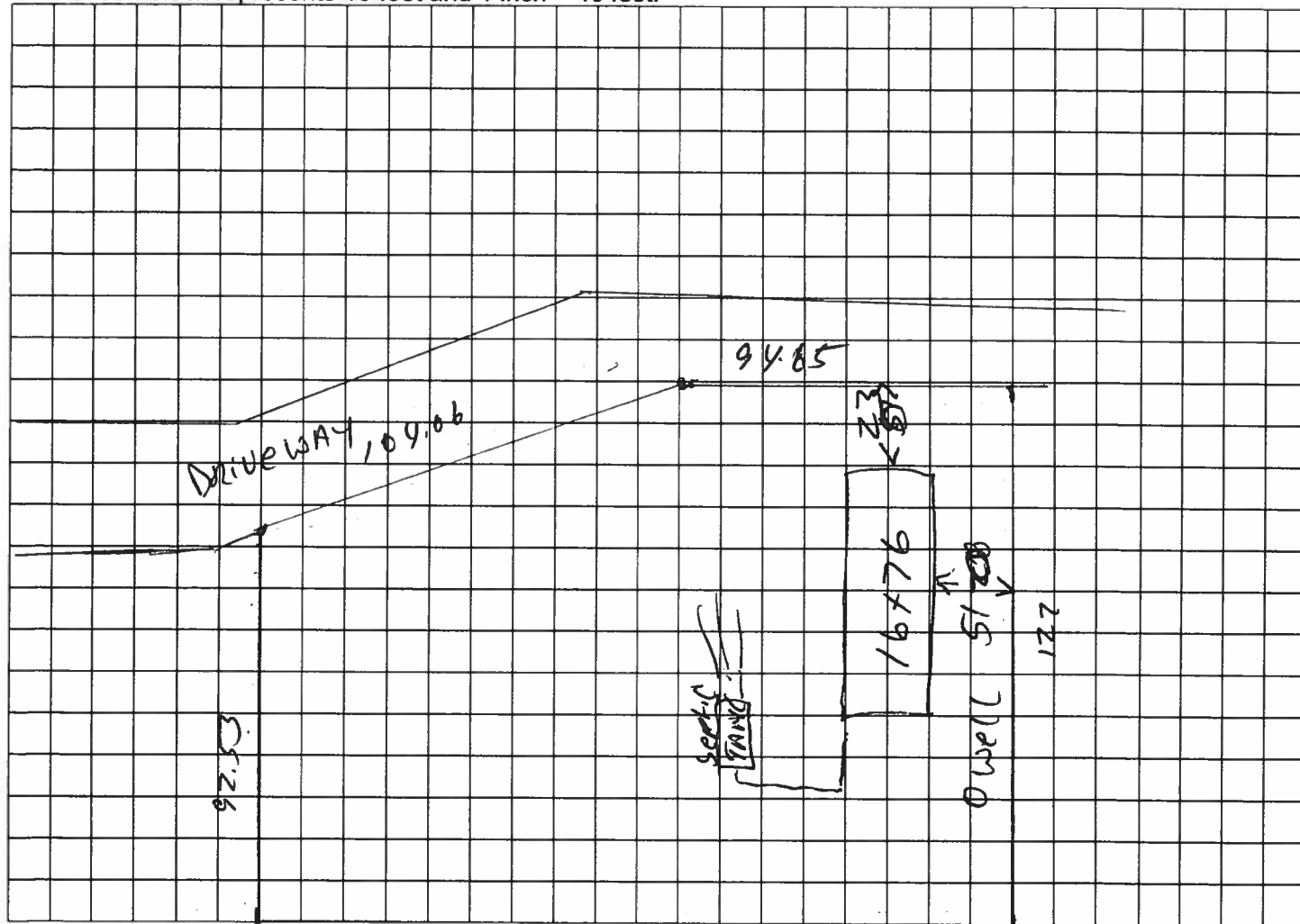
Flood Zones:

Official Zoning Atlas: RSF/MH-2

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.

Permit Application Number 17-0802E

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



Notes: _____

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



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

PERMIT NO. 17-0802
DATE PAID: 12/21/17
FEE PAID: 600.00
RECEIPT #: 1320529

APPLICATION FOR:

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

APPLICANT: JAY DAVIS

AGENT: _____ TELEPHONE: 961-1482

MAILING ADDRESS: PO Box 1508

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: 28 BLOCK: _____ SUBDIVISION: Leon McCall Survey LLC PLATTED: Unrec.

PROPERTY ID #: 02265-011 ZONING: Res. I/M OR EQUIVALENT: ☐ Y ☒ N

PROPERTY SIZE: .52 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

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

PROPERTY ADDRESS: 202 NW Samoset Gln

DIRECTIONS TO PROPERTY: Go West (R) Turner (R)

Samoset to Deadend

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>MH</u>	<u>2</u>	<u>1216</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Jay Davis DATE: 12-21-17