

610# 2134

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only

(Revised 7-1-15)

Zoning Official

Building Official

AP#

1902-03

Date Received

2-1-19

By

UH

Permit #

37722

Flood Zone

X

Development Permit

Zoning

RF-2

Land Use Plan Map Category

MD

Comments

Replacing an existing mobile home that is currently on site.

FEMA Map#

Elevation

Finished Floor

River

In Floodway

☐ Recorded Deed or

☒ Property Appraiser PO

☒ Site Plan

DEH #

19-0116

☐ 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 Paid on Property

☐ Out-County

☐ In-County

☒ Sub VF Form

Property ID #

10-4S-16-02888-000

Subdivision

Troy Pines

BLK A

Lot# 4

▪ New Mobile Home ☒ Used Mobile Home _____ MH Size 16 x 68 Year 2019

▪ Applicant Dale Burd Phone # 386-365-7674

▪ Address 20619 County Road 137, Lake City, FL, 32024

▪ Name of Property Owner Ila & Janice Garland Phone# 386-867-1318

▪ 911 Address 216 SW Ocala Way 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 Janice Garland Phone # 386-867-1318

Address 216 SW Ocala Way, Lake City, FL, 32024

▪ Relationship to Property Owner Same

▪ Current Number of Dwellings on Property 2 (1 to be replaced)

▪ Lot Size 165 x 242 Total Acreage .92

▪ 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 SR 247 South, TR Troy St, TL Ocala Way, 4th lot on right (behind TWMH)

▪ Name of Licensed Dealer/Installer Ernest Scott Johnson Phone # 352-494-8099

▪ Installers Address 22204 SE US Hwy 301, Hawthorne, FL, 32640

▪ License Number IH-1025249 Installation Decal # 58464

UH- Left Johnson a message 2-6-19

PERMIT NUMBER

PERMIT WORKSHEET

page 1 of 2

Installer Ernest Scott Johnson License # IH-1025249

Installer Mobile Phone # 352-494-8099

Address of home being installed 216 SW CEALA WAY

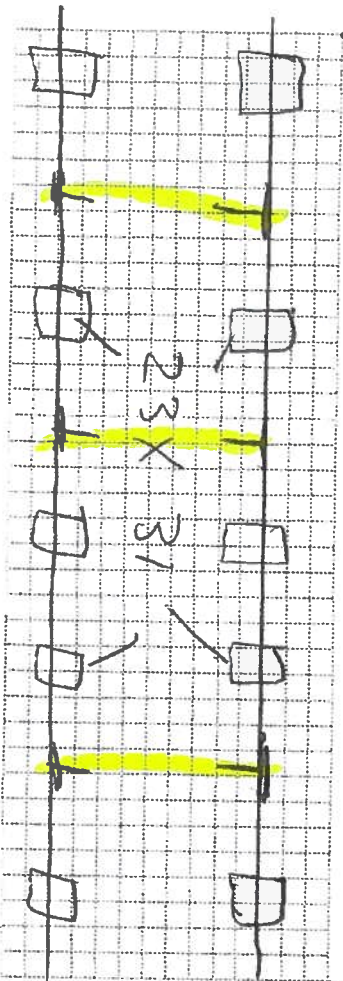
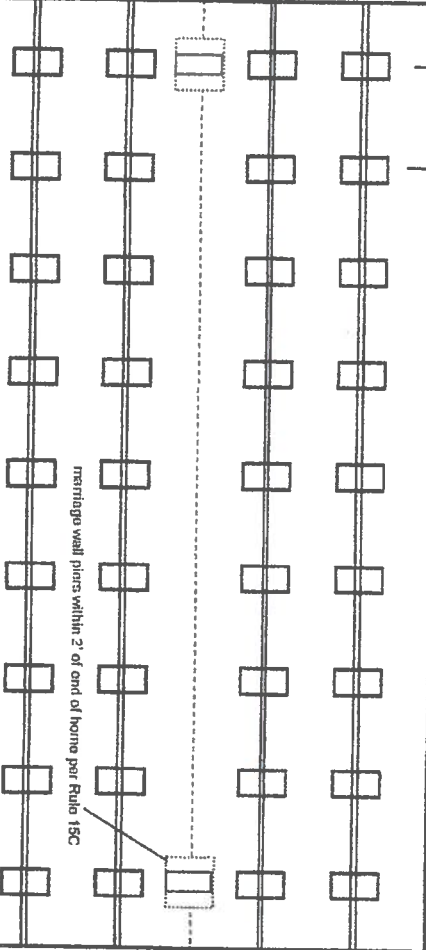
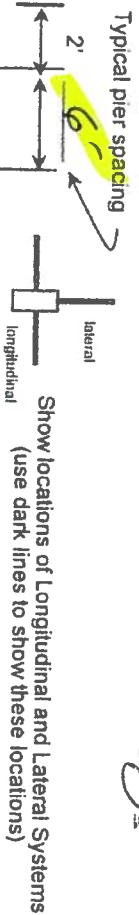
Manufacturer SCOTB-IT Length x width 68x16

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

[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 # 58646

Triple/Quad ☐ Serial # SBHGA219 00924

Roof System: ☒ Typical ☐ Hinged

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	Footer size (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'	8'
1500 psf	4.5"	6'	7'	8'	9'	10'	11'
2000 psf	6"	8'	9'	10'	11'	12'	13'
2500 psf	7.5"	9'	10'	11'	12'	13'	14'
3000 psf	8"	10'	11'	12'	13'	14'	15'
3500 psf	8"	11'	12'	13'	14'	15'	16'

* interpolated from Rule 15C-1 pier spacing table

PIER PAD SIZES

I-beam pier pad size

Perimeter pier pad size 1055-11 OK 16x18

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



TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)

Manufacturer 3 Oliver 1101V

OTHER TIES

Number 26

Longitudinal Marriage wall Shearwall HH

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

PERMIT NUMBER

PERMIT WORKSHEET

page 2 of 2

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to or check here to declare 1000 lb. soil

psf

x 1000 x 1000 x 1000

POCKET PENETROMETER TESTING METHOD

1. Test the perimeter of the home at 6 locations.
2. Take the reading at the depth of the footer.
3. Using 500 lb. increments, take the lowest reading and round down to that increment.

x 1000 x 1000 x 1000

TORQUE PROBE TEST

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

Ernest Johnson

Date Tested

Assumed Oliver Hall
Uses 485 foot anchors

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
Water drainage: Natural 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. 10/11

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 Pg. _____
Fireplace chimney installed so as not to allow intrusion of rain water. Yes Pg. _____

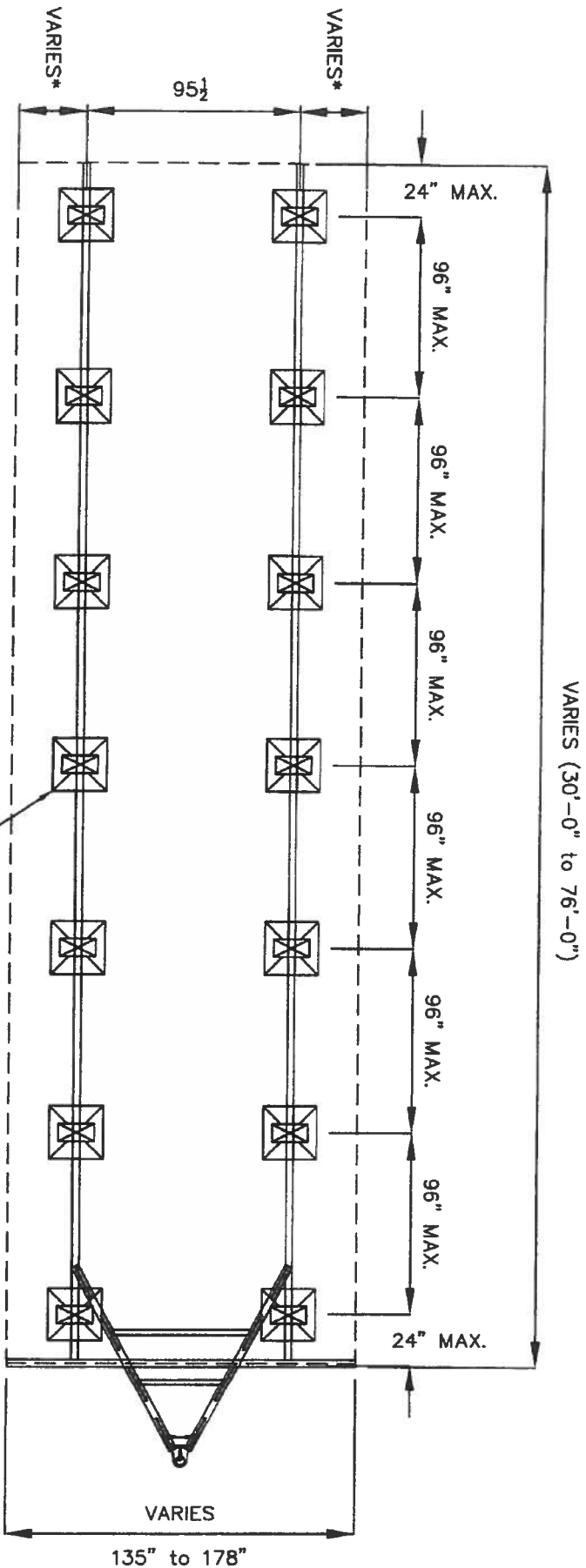
Miscellaneous

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

Ernest Johnson Date



THESE REQUIREMENTS ARE MINIMUM REQUIREMENTS AS ACCORDING TO SCOTBIT'S SETUP AND INSTALLATION MANUAL. THESE REQUIREMENTS ARE APPLICABLE FOR ALL STATES, INCLUDING FLORIDA, HOWEVER, ALWAYS CHECK WITH L.A.H.J. FOR STATE AND LOCAL BUILDING CODES THAT MAY REQUIRE A MORE STRINGENT PIER SPACING.

29" x 29" MIN. FOOTER (156" FLOOR WIDTH)
 31" x 31" MIN. FOOTER (178" FLOOR WIDTH)
 -BASED ON 1,000 PSF SOIL BEARING CAPACITY. SEE SM-15 IN SCOTBIT'S INSTALLATION MANUAL FOR ALTERNATE FOOTING SIZES.)

*156" FLOOR = 30 1/2"
 178" FLOOR = 41 1/2"

ScotBit

HOMES, INC.

DATE: 04/15/2011

REVISED: 12/11/2012

PSO

NOTES:

SQUARE FOOTAGE:

TOTAL = VARIES

LIVING SPACE = VARIES

PORCH = VARIES

SPECIFICATIONS:

STANDARD BLOCKING

TYPICAL SINGLE END UNIT
 ALL WIDTHS AND CONFIGURATIONS

DRAWING/MODEL NUMBER:

SBH-BL1

Columbia County Property Appraiser

Jeff Hampton

2018 Tax Roll Year

updated: 1/11/2019

Parcel: **10-4S-16-02888-000****Owner & Property Info**

Result: 2 of 5

Owner	GARLAND ILA M & JANICE S GARLAND (JTWRS) 214 SW OCALA WAY LAKE CITY, FL 32024		
Site	214 OCALA WAY, LAKE CITY		
Description*	LOT 4 BLOCK A TROY PINES S/D. ORB 636-016, 715-526, 806-1686, 1007-179, (DC WILEY C GARLAND 1293-684)		
Area	0.922 AC	S/T/R	10-4S-16
Use Code**	MOBILE HOM (000200)	Tax District	3

*The Description above is not to be used as the Legal Description for this parcel in any legal transaction.

**The Use Code is a FL Dept. of Revenue (DOR) code and is not maintained by the Property Appraiser's office. Please contact your city or county Planning & Zoning office for specific zoning information.

Property & Assessment Values

2018 Certified Values		2019 Working Values	
Mkt Land (3)	\$15,385	Mkt Land (3)	\$15,385
Ag Land (0)	\$0	Ag Land (0)	\$0
Building (1)	\$31,416	Building (1)	\$30,287
XFOB (5)	\$3,100	XFOB (5)	\$3,100
Just	\$49,901	Just	\$48,772
Class	\$0	Class	\$0
Appraised	\$49,901	Appraised	\$48,772
SOH Cap [?]	\$0	SOH Cap [?]	\$0
Assessed	\$49,901	Assessed	\$48,772
Exempt	HX H3 OTHER \$25,500	Exempt	HX H3 OTHER \$25,500
Total Taxable	county:\$24,401 city:\$24,401 other:\$24,401 school:\$24,401	Total Taxable	county:\$23,272 city:\$23,272 other:\$23,272 school:\$23,272

2016 2013 2010 2007 2005 2004 1999 Sales parcel) click hover

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM



APPLICATION NUMBER _____ CONTRACTOR Ernest Scott Johnson PHONE 352-494-8099

THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

Garland

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>Glenn Whittington</u>	Signature 
	License #: <u>EC13002957</u>	Phone #: <u>386-972-1700</u>
	Qualifier Form Attached <input checked="" type="checkbox"/>	
MECHANICAL/ A/C	Print Name <u>Timothy Shatto</u>	Signature 
	License #: <u>CAC057875</u>	Phone #: <u>386-496-8224</u>
	Qualifier Form Attached <input checked="" 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.

Revised 10/30/2015



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

LICENSED QUALIFIER AUTHORIZATION

I, Glenn Whittington (license holder name), licensed qualifier for Whittington Electric Inc (company name), do certify that the below referenced person(s) listed on this form is/are contracted/hired by me, the license holder, or is/are employed by me directly or through an employee leasing arrangement; or, is an officer of the corporation; or, partner as defined in Florida Statutes Chapter 468, and the said person(s) is/are under my direct supervision and control and is/are authorized to purchase and sign permits; call for inspections and sign subcontractor verification forms on my behalf.

Printed Name of Person Authorized	Signature of Authorized Person
1. <u>Dave Burd</u>	1. <u>[Signature]</u>
2. <u>Rocky Ford</u>	2. <u>[Signature]</u>
3.	3.
4.	4.
5.	5.

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances. I understand that the State and County Licensing Boards have the power and authority to discipline a license holder for violations committed by him/her, his/her agents, officers, or employees and that I have full responsibility for compliance with all statutes, codes and ordinances inherent in the privilege granted by issuance of such permits.

If at any time the person(s) you have authorized is/are no longer agents, employee(s), or officer(s), you must notify this department in writing of the changes and submit a new letter of authorization form, which will supersede all previous lists. Failure to do so may allow unauthorized persons to use your name and/or license number to obtain permits.

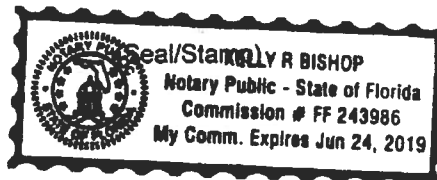
[Signature] License Number EL13002957 Date 3/7/16
Licensed Qualifiers Signature (Notarized)

NOTARY INFORMATION:

STATE OF: FL COUNTY OF: Columbia

The above license holder, whose name is Glenn Whittington, personally appeared before me and is known by me or has produced identification (type of I.D.) FL DL on this 7 day of MARCH, 2016.

[Signature]
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

LICENSED QUALIFIER AUTHORIZATION

I, Timothy Shatto (license holder name), licensed qualifier
for Shatto Heat & Air (company name), do certify that

the below referenced person(s) listed on this form is/are contracted/hired by me, the license holder, or is/are employed by me directly or through an employee leasing arrangement; or, is an officer of the corporation; or, partner as defined in Florida Statutes Chapter 468, and the said person(s) is/are under my direct supervision and control and is/are authorized to purchase and sign permits; call for inspections and sign subcontractor verification forms on my behalf.

Printed Name of Person Authorized	Signature of Authorized Person
1. Bo Royals	1.
2. Dale Burd	2.
3.	3.
4.	4.
5.	5.

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances. I understand that the State and County Licensing Boards have the power and authority to discipline a license holder for violations committed by him/her, his/her agents, officers, or employees and that I have full responsibility for compliance with all statutes, codes and ordinances inherent in the privilege granted by issuance of such permits.

If at any time the person(s) you have authorized is/are no longer agents, employee(s), or officer(s), you must notify this department in writing of the changes and submit a new letter of authorization form, which will supersede all previous lists. Failure to do so may allow unauthorized persons to use your name and/or license number to obtain permits.

Timothy D. Shatto
Licensed Qualifiers Signature (Notarized)

CAC 057875
License Number

2/22/18
Date

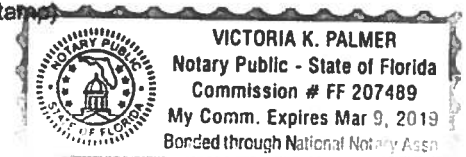
NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Union

The above license holder, whose name is Timothy D Shatto
personally appeared before me and is known by me or has produced identification
(type of I.D.) _____ on this 22 day of February, 2018.

Victoria K. Palmer
NOTARY'S SIGNATURE

(Seal/Stamp)



STATE OF FLORIDA
COUNTY OF COLUMBIA

LAND OWNER AFFIDAVIT

This is to certify that I, (We), Ila Mae Garland,

as the owner of the below described property:

Property tax Parcel ID number 10-4S-16-02888-000

Subdivision (Name, lot, Block, Phase) Troy Pines BLK A

Give my permission for Janice Garland to place a

Circle one Mobile Home / Travel Trailer / Utility Pole Only / Single Family Home /
Barn - Shed - Garage / Culvert / Other _____

I (We) understand that the named person(s) above will be allowed to receive a building permit on the property number I (we) have listed above and this could result in an assessment for solid waste and fire protection services levied on this property.

× Ila M. Garland 2/5/19
Owner Signature Date

Owner Signature Date

Owner Signature Date

Sworn to and subscribed before me this 5 day of February, 20 19. This
(These) person(s) are personally known to me or produced ID FL 02.
(Type)

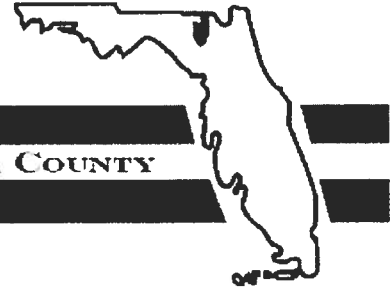
[Signature] _____
Notary Public Signature Notary Printed Name

Notary Stamp/



Dale R. Burd
NOTARY PUBLIC
STATE OF FLORIDA
Comm# GG231750
Expires 7/16/2022

District No. 1 - Ronald Williams
District No. 2 - Rocky Ford
District No. 3 - Bucky Nash
District No. 4 - Toby Witt
District No. 5 - Tim Murphy



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: **2/1/2019 10:41:01 AM**
Address: **216 SW OCALA Way**
City: **LAKE CITY**
State: **FL**
Zip Code **32024**

Parcel ID **02888-000**

REMARKS: Address Verification.

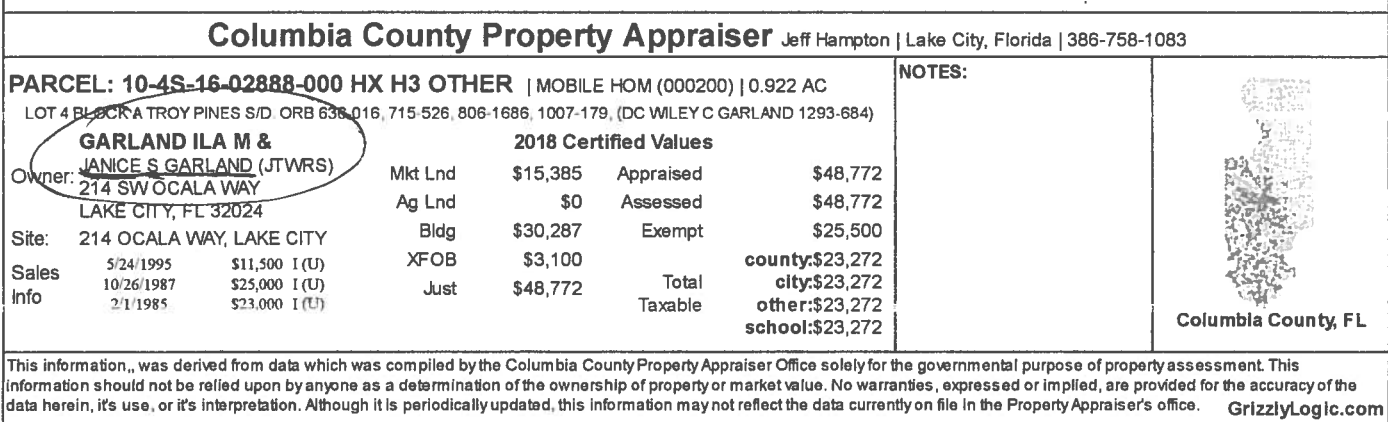
NOTICE: THIS ADDRESS WAS ISSUED BASED ON LOCATION AND ACCESS INFORMATION RECEIVED FROM THE REQUESTER. SHOULD, AT A LATER DATE, THE LOCATION AND/OR ACCESS INFORMATION BE FOUND TO BE IN ERROR OR CHANGED, THIS ADDRESS IS SUBJECT TO CHANGE.

Address Issued By: **Signed:/ Matt Crews**

Columbia County GIS/911 Addressing Coordinator

**COLUMBIA COUNTY
911 ADDRESSING / GIS DEPARTMENT**

263 NW Lake City Ave., Lake City, FL 32055 Telephone: (386) 758-1125
Email: gis@columbiacountyfla.com





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

PERMIT NO. 19-0116
DATE PAID: 2/1/19
FEE PAID: 40.00
RECEIPT #: 1395824

APPLICATION FOR:

[] New System [✓] Existing System [] Holding Tank [] Innovative
[] Repair [] Abandonment [] Temporary []

APPLICANT: Janice Garland

AGENT: Dale Burd / Dale Burd LLC

TELEPHONE: 386-365-7674

MAILING ADDRESS: 20619 County Road 137, Lake City, FL, 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: 4 BLOCK: A SUBDIVISION: Troy Pines PLATTED: na

PROPERTY ID #: 10-4S-16-02888-000 ZONING: _____ I/M OR EQUIVALENT: [No]

PROPERTY SIZE: .92 ACRES WATER SUPPLY: [✓] PRIVATE PUBLIC [] ≤2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [No] DISTANCE TO SEWER: na FT

PROPERTY ADDRESS: 216 SW Ocala Way, Lake City, FL, 32024

DIRECTIONS TO PROPERTY: SR 247 south, TR Troy St, TL Ocala Way, 4th lot on right (behind TW MH)

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	SF Residential	2	1008	2 BR for 2 BR Like for like replacement
2				
3				
4				

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

SIGNATURE: _____

DATE: 1/31/2019

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

Permit Application Number

19-0116

Calmed

PART II - SITEPLAN

Scale: 1 inch = 40 feet.

Please
see
Attached

Notes:

Site Plan submitted by:

Plan Approved

Not Approved

MASTER CONTRACTOR

Date

2/4/19

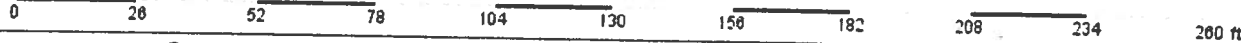
By

ESI

Columbia

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



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

NOTES:

GARLAND I L A M &

2018 Certified Values

Mkt Lnd

\$15,385

Appraised

\$48 772

Ag Lnd

\$0

Assessed

\$48,772

Bldg

287

Exempt

\$46,772
\$25,500

XFOR

\$3,100

Exempt

\$23,500

just

\$49,772

Total

Y. \$23,272
F. \$23,272

just

340,112

Taxable

5:23 272

county:\$23,272
city:\$23,272

other:\$23,272

school:\$23,272

Columbia County, FL

This information, was derived from data which was compiled by the Columbia County Property Appraiser Office 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. No warranties, expressed or implied, are provided for the accuracy of the data herein, its use, or its interpretation. Although it is periodically updated, this information may not reflect the data currently on file in the Property Appraiser's office.