PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only *(Revised 7-1-15)* Zoning Official _____ Building Official _____

AP# 53387 Date Received _____ By MG Permit # _____

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 # 21-0943 ~~☐ 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 # 06-5S-16-03476-000 Subdivision _____ Lot# ____

- New Mobile Home _____ Used Mobile Home ~ MH Size 32x76 Year 2020
- Applicant Sonya North Phone # 863-517-5701
- Address 3311 SW State Rd 247 Lake City FL 32024
- Name of Property Owner William Kelly Phone# 727-244-0884
- 911 Address 355 SW Barrs Glen 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 William Kelly Phone # 727-244-0884
  Address 355 SW Barrs Glen Lake City FL 32024
- Relationship to Property Owner _____
- Current Number of Dwellings on Property _____
- Lot Size 1328 x 2672 Total Acreage 40 acres
- Do you : Have (Existing Drive) (Currently using) or Private Drive (Blue Road Sign) or need Culvert Permit (Putting in a Culvert) or Culvert Waiver (Not existing but do not need a Culvert) (Circle one)
- Is this Mobile Home Replacing an Existing Mobile Home ND
- Driving Directions to the Property L on N Marion, R on US-90 W, L on FL-247 S, L on SW Norris Ave, L on SW Barrs Glen, property on R
- Name of Licensed Dealer/Installer Ronald Ryan Norris Phone # 386-234-1085
- Installers Address 1004 SW Charles Terr Lake City FL 32024
- License Number IH1135009 ____ Installation Decal # _____

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR Ronald Ryan Norris PHONE 386-234-1005

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 Glenn Whittington Signature Glenn Whittington License #: EC13002957 Phone #: 386-684-6091 Qualifier Form Attached ☐
MECHANICAL/ A/C _____	Print Name _____ Signature _____ License #: _____ Phone #: _____ Qualifier Form Attached ☐

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

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ELECTRICAL	Print Name _____ Signature _____ License #: _____ Phone #: _____ Qualifier Form Attached ☐
MECHANICAL/ A/C _____	Print Name Michael A. Boland Signature _____ License #: CAC1817716 Phone #: (352) 274-9326 Qualifier Form Attached ☐

Qualifier Forms cannot be submitted for any Specialty License.

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

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Revised 10/30/2015

Columbia County Property Appraiser

Jeff Hampton

2022 Working Values
updated: 11/4/2021

Parcel: << **06-5S-16-03476-000 (17032)** >>

Owner & Property Info

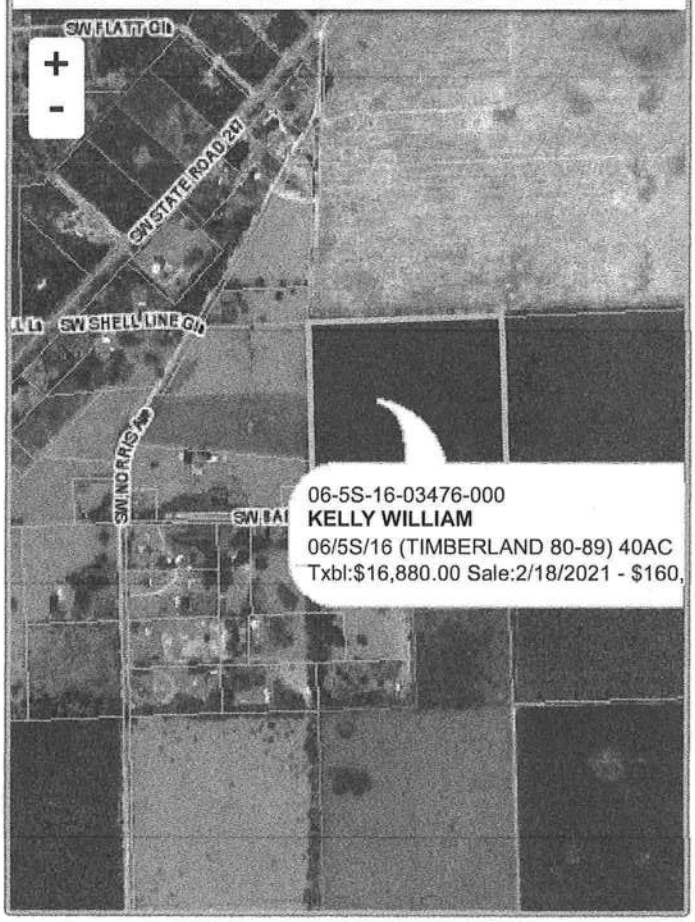
Result: 1 of 1

Owner	**KELLY WILLIAM** **KELLY MELISSA** 18631-213 DR LIVE OAK, FL 32060		
Site			
Description*	NW1/4 OF NE1/4. 530-338, 649-150-168, 729-755, WD 1191-1491, WD 1431-591,		
Area	40 AC	S/T/R	06-5S-16
Use Code**	TIMBERLAND 80-89 (5500)	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.

Aerial Viewer Pictometery Google Maps

2019 2016 2013 2010 2007 2005 Sales



Property & Assessment Values

2021 Certified Values		2022 Working Values	
Mkt Land	$0	Mkt Land	$0
Ag Land	$16,880	Ag Land	$16,880
Building	$0	Building	$0
XFOB	$0	XFOB	$0
Just	$117,832	Just	$117,832
Class	$16,880	Class	$16,880
Appraised	$16,880	Appraised	$16,880
SOH Cap [?]	$0	SOH Cap [?]	$0
Assessed	$16,880	Assessed	$16,880
Exempt	$0	Exempt	$0
Total Taxable	county:$16,880 city:$0 other:$0 school:$16,880	Total Taxable	county:$16,880 city:$0 other:$0 school:$16,880

Sales History

Sale Date	Sale Price	Book/Page	Deed	V/I	Qualification (Codes)	RCode
2/18/2021	$160,000	1431/0591	WD	V	Q	01
3/26/2010	$100	1191/1491	WD	V	U	11
2/1/1984	$22,000	0530/0338	WD	V	Q	
3/1/1980	$37,800	0445/0015	03	V	Q	

Building Characteristics

Bldg Sketch	Description*	Year Blt	Base SF	Actual SF	Bldg Value
NONE					

Extra Features & Out Buildings (Codes)

Code	Desc	Year Blt	Value	Units	Dims
NONE					

Land Breakdown

Code	Desc	Units	Adjustments	Eff Rate	Land Value
5500	TIMBER 2 (AG)	40.000 AC	1.0000/1.0000 1.0000/ /	$422 /AC	$16,880

Live Oak Homes

2875 Fulford Road

Waycross, GA 31503

912-287-9015

Plant Number 1

Date of Manufacture	HUD No.
4/22/2020	GEO1570456/GEO1570457

Manufacturer's Serial Number and Model Unit Designation

LOHGA12021025AB P-3764Q

Design Approval by (D.A.P.I.A.)

NTA, Inc.

This manufactured home is designed to comply with the federal manufactured home construction and safety standards in force at time of manufacture. Complies with Toxic Substance Control Act Title VI. (For additional information, consult owner's manual)

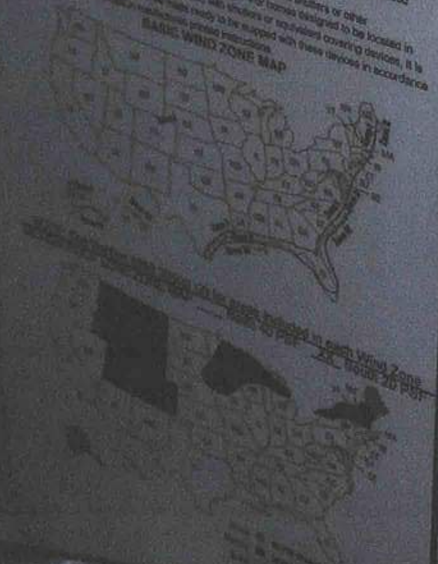
The factory installed equipment includes:

Equipment	Manufacturer	Model Designation
Heating	N/A	N/A
Cooling	FRIGIDAIRE	FFEC3025UB
Refrigerator	FRIGIDAIRE	FFSS2315TE
Water Heater	RHEEM	E402RHMH
Dishwasher	FRIGIDAIRE	FFCD2413US2A
Fireplace	N/A	N/A
Wall Oven	FRIGIDAIRE	FFEW3026TSC
Microwave	FRIGIDAIRE	FFMO1611LS

HOME CONSTRUCTED FOR WIND ZONE 2

... designed for the higher wind pressure and anchoring provisions required for ... within 1500' of the coastline in Wind Zone II and III ... system have been designed for the increased ... ASCE 7-88. ... equipped with storm shutters or other ... For homes designed to be located in ... shutters or equivalent covering devices, it is ... supplied with these devices in accordance ... instructions.

BASIC WIND ZONE MAP



COMFORT HEATING

This manufactured home has been thermally insulated to conform with the requirements of the federal manufactured home construction and safety standards for all locations within climate zone 1

Heating equipment manufacturer and model (see list at left)

The above heating equipment has the capacity to maintain an average 70 degree temperature in this home at an outdoor temperature of: N/A

To maximize furnace operating economy, and to conserve energy, it is recommended that this home be installed where the outdoor winter temperature (97%) is not higher than N/A degrees F.

The above information has been calculated assuming a maximum wind velocity of 15 mph at standard atmosphere pressure.

COMFORT COOLING

☐ Air conditioning provided at factory (alternate I)

Air conditioner manufacturer and model (see that at left)

Certified capacity ____________ B.T.U. / hr. in accordance with the appropriate air conditioning and refrigeration institute standards.

The central air conditioning system provided in this home has been sized assuring an orientation of the front (hitch end) of the home facing ____________ on this basis the system is designed to maintain an indoor temperature of 75 degrees F when outdoor temperatures are ________ F dry bulb and ________ wet bulb

The temperature to which this home can be cooled will change depending upon the amount of exposure of the windows of this home to the suns radiant heat. Therefore, the homes heat gains will vary dependent upon its orentation to the sun and any permanent shading provided. Information concerning the calculation of cooling loads at various locations, window exposures and shadings are provided in Chapter 22 of the 1987 edition of the ASHRAE Handbook of Fundamentals. Information necessary to calculate cooling loads at various locations & orientations is provided in the special comfort cooling information provided with this home.

☒ Air conditioning not provided at factory (Alternate II)

The air distribution systems of this home is suitable for the installation of central conditioning.

The supply air distribution system installed in this home is sized for a manufactured home central air conditioning system of up to 65,218 B.T.U./hr. rated capacity which are certified in accordance with the appropriate air conditioning & refrigeration institute standards, when the air circulators of such air conditioners are rated at 0.3 inch water column static pressure or greater for the cooling air delivered to the manufactured home supply air duct system. Information necessary to calculate cooling loads at various locations & orientations is provided in the special comfort cooling information provided with this manufactured home.

☐ Air conditioning not recommended (alternate III)

The air distribution system of this home has not been designed in anticipation of its use with a central air conditioning system.

INFORMATION PROVIDED BY THE MANUFACTURER NECESSARY TO CALCULATE SENSIBLE HEAT GAIN

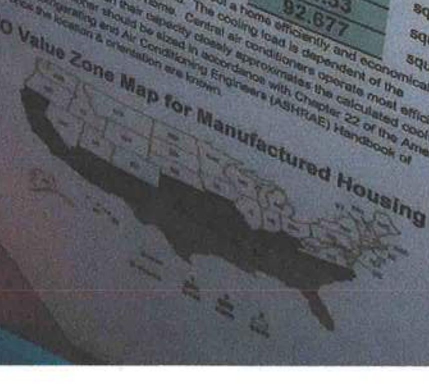
Walls (without windows & doors)	"U"	.083
Ceilings and roofs of light color	"U"	.039
Ceilings and roofs of dark color	"U"	.039
Floors	"U"	.076
Air ducts in floor	"U"	N/A
Air ducts in ceiling	"U"	.144
Air ducts installed outside the home	"U"	.46

The following are the duct areas in this home:

Air ducts in floor	N/A	square feet
Air ducts in ceiling	184.53	square feet
Air ducts outside the home	92.677	square feet

To determine the required capacity of equipment to cool a home efficiently and economically, a cooling load (heat gain) calculation is required. The cooling load is dependent of the orientation location & the structure of the home. Central air conditioners operate most efficiently & provide the greatest comfort when their capacity closely approximates the calculated cooling load. Each homes air conditioner should be sized in accordance with Chapter 22 of the American Society of Heating, Refrigerating and Air Conditioning Engineers (ASHRAE) Handbook of Fundamentals once the location & orientation are known.

U/O Value Zone Map for Manufactured Housing



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:	**11/8/2021 2:59:06 PM**
Address:	**355 SW BARRS GLN**
City:	**LAKE CITY**
State:	**FL**
Zip Code	**32024**
Parcel ID	**06-5S-16-03476-000**

REMARKS: **This address is a verified address in the county's addressing system.**

Verification ID: 50280136-2beb-4927-9683-258dfba63df1

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: 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

SSO 3201861 13

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

PERMIT NO. 21-0943
DATE PAID: 11/17/21
FEE PAID: 425.00
RECEIPT #: 1724507

APPLICATION FOR:
[X] New System [ ] Existing System [ ] Holding Tank [ ] Innovative
[ ] Repair [ ] Abandonment [ ] Temporary [ ] ______

APPLICANT: William Kelly

AGENT: Sonya North TELEPHONE: 863-517-5701

MAILING ADDRESS: 355 SW Barrs Gln 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: ______ BLOCK: ______ SUBDIVISION: ______ PLATTED: ______

PROPERTY ID #: 06-5S-16-03476-000 ZONING: ______ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 40 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD

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

PROPERTY ADDRESS: 355 SW Barrs Gln Lake City Fl 32024

DIRECTIONS TO PROPERTY: L on N Marion, R on US 90 W, L on FL-247S, L on SW Norris Ave, L on SW Barrs Gln, property on l

BUILDING INFORMATION [X] RESIDENTIAL [ ] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	Mobile Home	4	2254	
2				
3				
4				

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

SIGNATURE: Sonya North DATE: 11/9/21

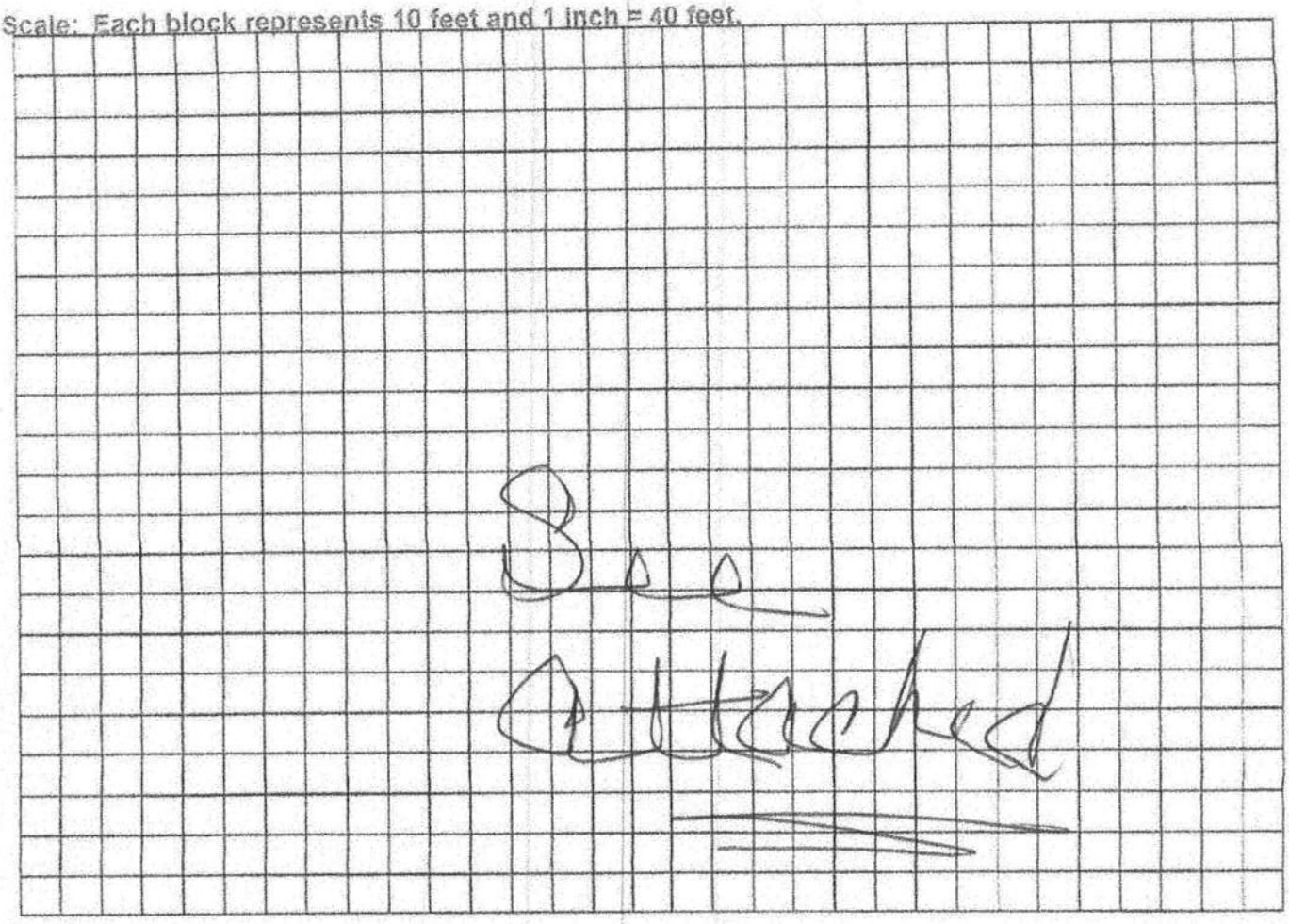
DH 4015, 08/09 (Obsoletes previous editions which may not be used)
Incorporated 64E-6.001, FAC

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 21-0943

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

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



Notes: _____

Site Plan submitted by: Sonya North

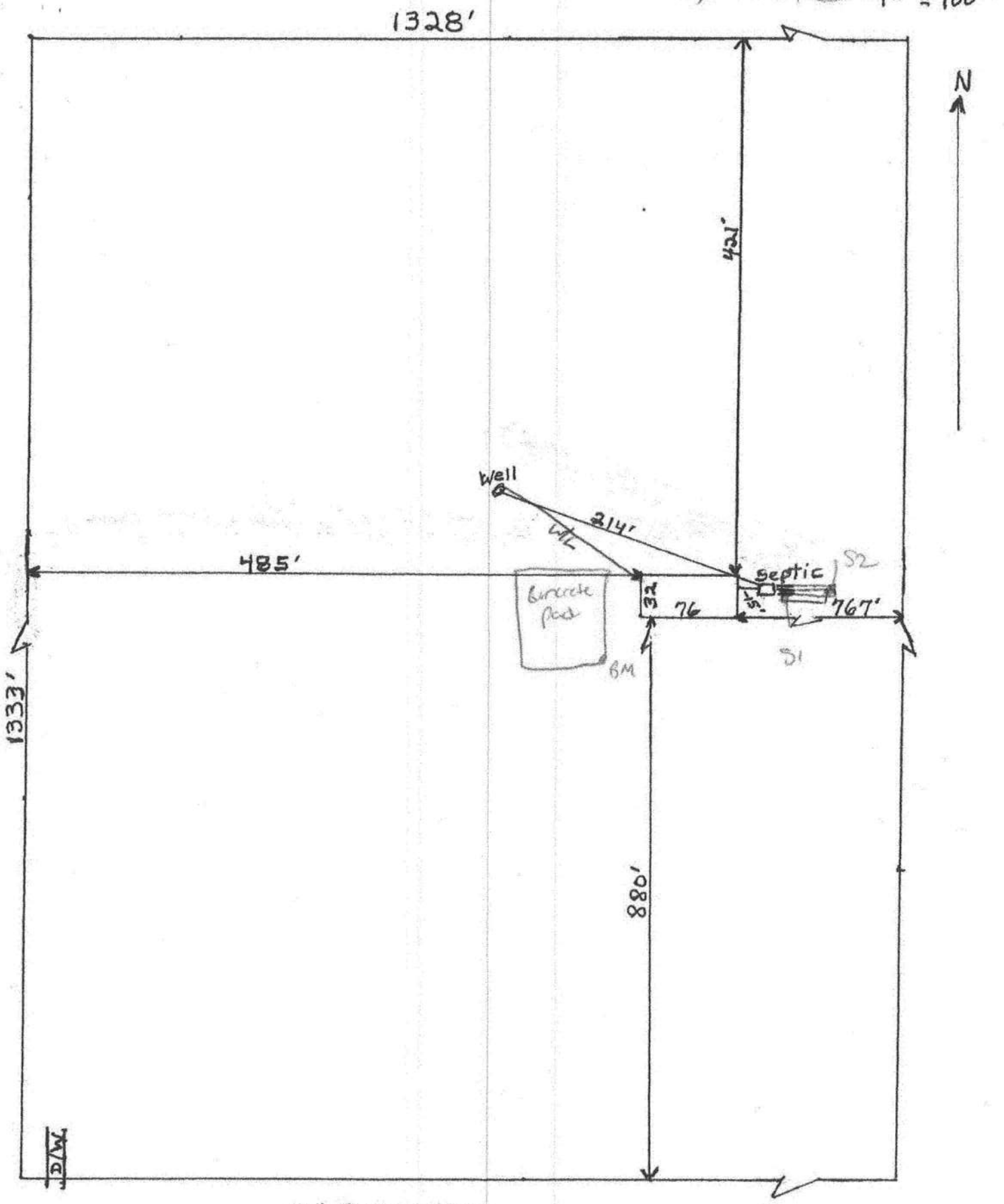
Plan Approved ✓ Not Approved ____ Date 11/19/21

By _____ ESE Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

21-0943

1" = 100'



Kelly

License Number: IH / 1135009 / 1 Name: RONALD "RYAN" NORRIS		
Order #: 5288 Label #: 88029	Manufacturer:	(Check Size of Home) Single ____ Double ____ Triple ____
Homeowner:	Year Model:	
Address:	Length & Width:	
City/State/Zip:	Type Longitudinal System:	HUD Label #:
Phone #:	Type Lateral Arm System:	Soil Bearing / PSF:
Date Installed:	New Home:____ Used Home:____	Torque Probe / in-lbs:
Installed Wind Zone:	Data Plate Wind Zone:	Permit #:
Note:		

STATE OF FLORIDA
INSTALLATION CERTIFICATION LABEL

88029 _____
LABEL # DATE OF INSTALLATION

RONALD "RYAN" NORRIS
NAME

IH / 1135009 / 1 5288
LICENSE # ORDER #

CERTIFIES THAT THE INSTALLATION OF THIS MOBILE HOME IS IN ACCORDANCE WITH FLORIDA STATUTES 320.8249, 320.8325 AND RULES OF THE HIGHWAY SAFETY AND MOTOR VEHICLES.

INSTRUCTIONS

PLEASE WRITE DATE OF INSTALLATION AND AFFIX LABEL NEXT TO HUD LABEL. USE PERMANENT INK PEN OR MARKER ONLY. COMPLETE INFORMATION ABOVE AND KEEP ON FILE FOR A MINIMUM OF 2 YEARS. YOU ARE REQUIRED TO PROVIDE COPIES WHEN REQUESTED.

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 AGENT AUTHORIZATION

I, Ronald Ryan Norris ,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
Sonya North	Sonya North	

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) | IH1135009 License Number | 1-27-22 Date

NOTARY INFORMATION:
STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Ronald Ryan Norris, personally appeared before me and is known by me or has produced identification (type of I.D.)_____ on this 27th day of January, 2022.

Linda Ruth Craft
NOTARY'S SIGNATURE

(Seal/Stamp)

Notary Public State of Florida
Linda Ruth Craft
My Commission HH 041629
Expires 09/13/2024

Mobile Home Permit Worksheet

Application Number: _____ Date: _____

Installer : Ronald Ryan Norris License # _____

Address of home being installed 355 SW Barcs Gln
Lake City FL 32024

Manufacturer Live Oak Home Length x width 76 x 32

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 # 88029

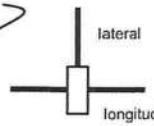
Triple/Quad ☐ Serial # LOHGA12D21025AB

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

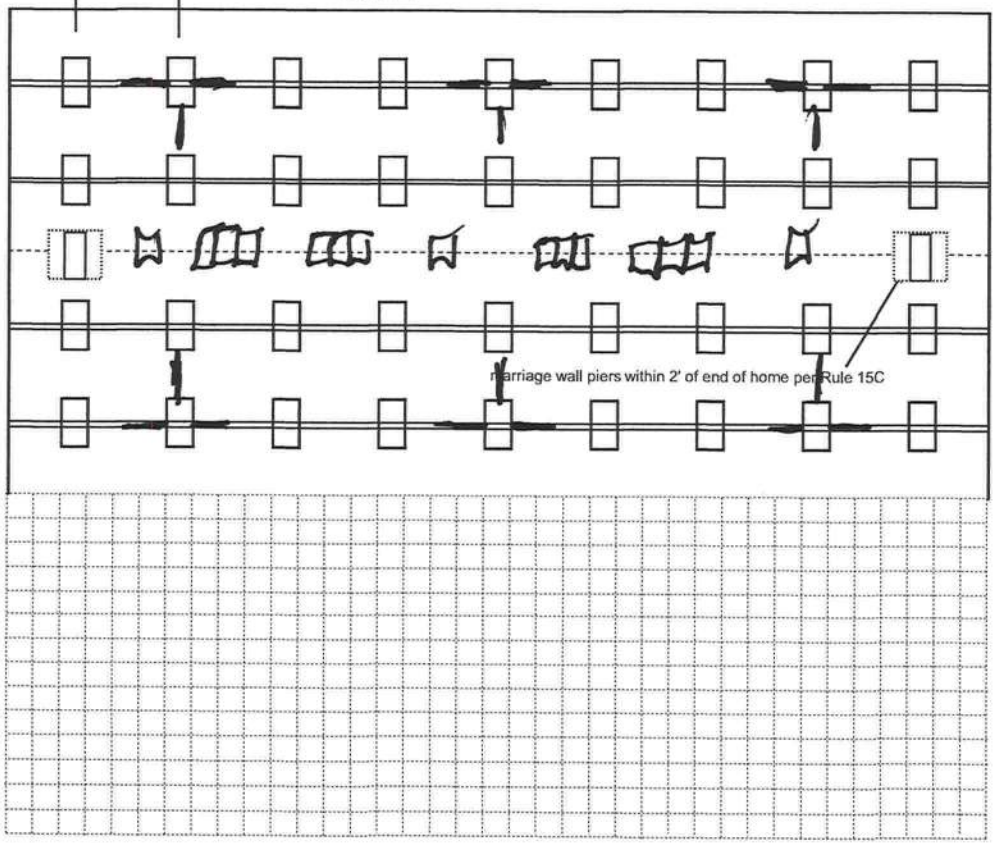
I understand Lateral Arm Systems cannot be used on any home (new or used) where the sidewall ties exceed 5 ft 4 in.

Installer's initials ✓

Typical pier spacing 2' 5'4"



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



PIER SPACING TABLE FOR USED HOMES

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

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

PIER PAD SIZES

I-beam pier pad size 17.5 x 25.5

Perimeter pier pad size 16 x 16

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
6	17.5 x 25.5
3	16 x 16

POPULAR PAD SIZES

Pad Size	Sq In
16 x 16	256
16 x 18	288
18.5 x 18.5	342
16 x 22.5	360
17 x 22	374
13 1/4 x 26 1/4	348
20 x 20	400
17 3/16 x 25 3/16	441
17 1/2 x 25 1/2	446
24 x 24	576
26 x 26	676

ANCHORS

4 ft ✓ 5 ft

FRAME TIES

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

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer Unico OTI

Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer Unico OTI

OTHER TIES

	Number
Sidewall	22
Longitudinal	6
Marriage wall	6
Shearwall	4

Mobile Home Permit Worksheet

Application Number: _____ **Date:** _____

POCKET PENETROMETER TEST

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

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 275 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 Ronald Ryan Norris

Date Tested 1-27-22

Electrical

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between mult-wide units. Pg. 106-109

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 104-107

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 104-107

Site Preparation

Debris and organic material removed _____

Water drainage: Natural _____ Swale _____ Pad ✓ Other _____.

Fastening multi wide units

Floor:	Type Fastener: lag	Length: 6"	Spacing: 16
Walls:	Type Fastener: metal	Length: -	Spacing: end to end
Roof:	Type Fastener: 15 C	Length:	Spacing: 15 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, meldew and buckled marriage walls are a result of a poorly installed or no gasket being installed. I understand a strip of tape will not serve as a gasket.

Installer's initials _____

Type gasket foam

Pg. 97

Installed:
Between Floors Yes ✓
Between Walls Yes ✓
Bottom of ridgebeam Yes ✓

Weatherproofing

The bottomboard will be repaired and/or taped. Yes ✓. Pg. 15-C

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 ✓

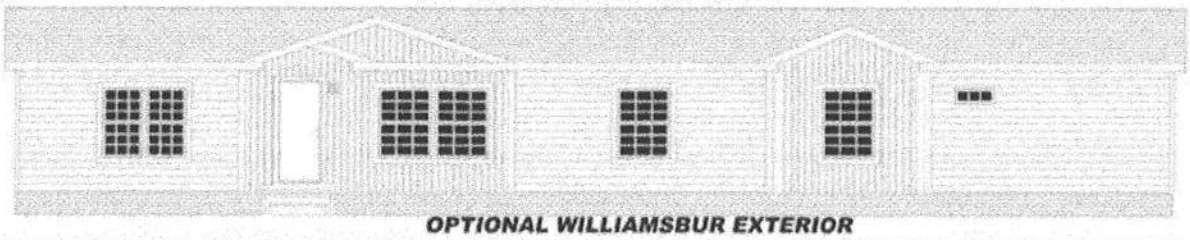
Electrical crossovers protected. Yes ✓

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

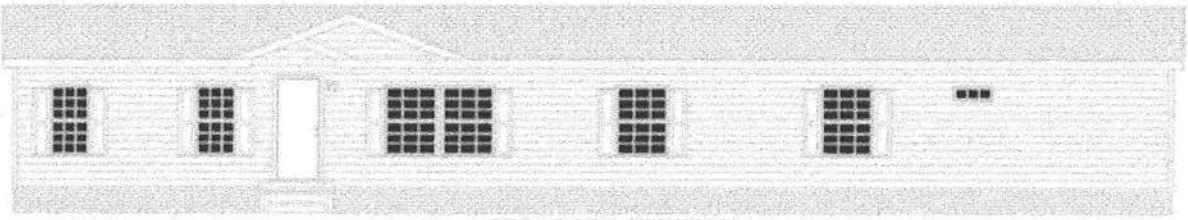
Installer Signature _____ Date 1-27-22

STAFFORD

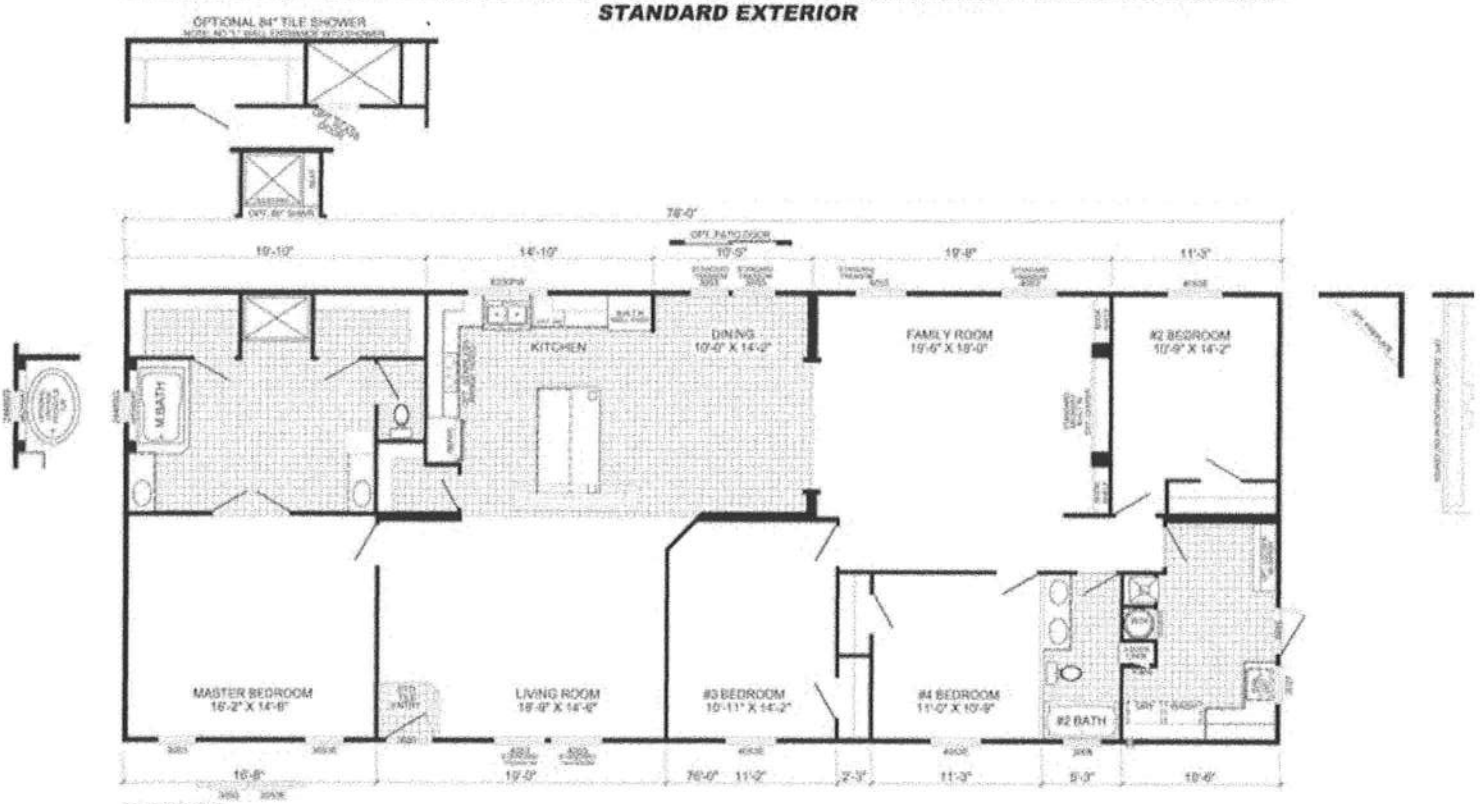


OPTIONAL WILLIAMSBUR EXTERIOR

OPTIONAL SANTE FE EXTERIOR



STANDARD EXTERIOR



P-3764K
4-BEDROOM / 2-BATH
32 X 80 - Approx. 2254 Sq. Ft.

Date: 5-17-2013

* All room dimensions include closets and square footage figures are approximate.
* Transom windows are available on optional 9'-0" sidewall housed units.

Columbia County Property Appraiser

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

PARCEL: 06-5S-16-03476-000 (17032) | TIMBERLAND 80-89 (5500) | 40 AC

NW1/4 OF NE1/4. 530-338, 649-150-168, 729-755, WD 1191-1491, WD 1431-591,

KELLY WILLIAM

Owner: **KELLY MELISSA**
18631-213 DR
LIVE OAK, FL 32060

Site:

Sales Info

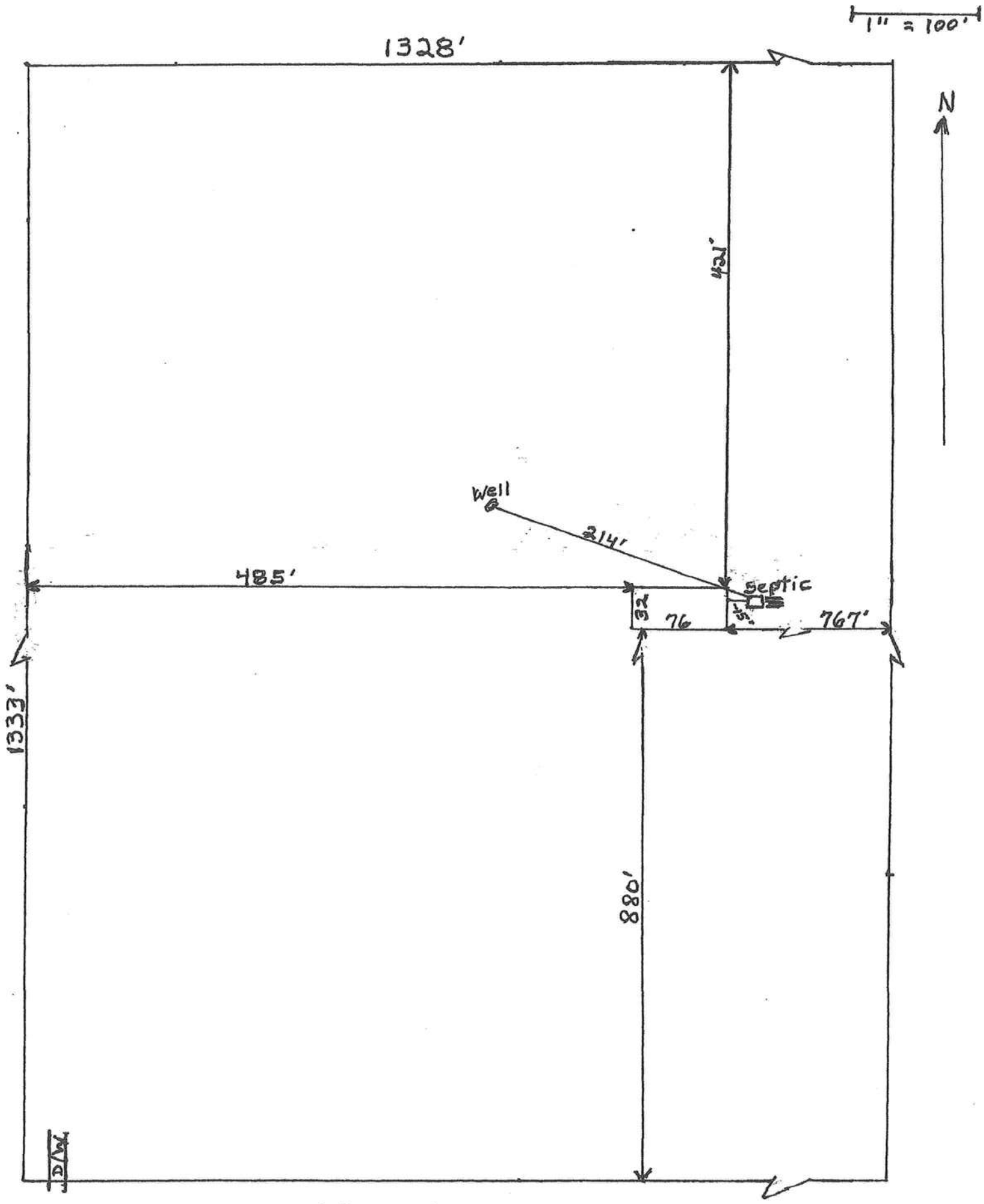
2/18/2021	$160,000 V (Q)
3/26/2010	$100 V (U)
2/1/1984	$22,000 V (Q)

2022 Working Values

Mkt Lnd	$0	Appraised	$16,880
Ag Lnd	$16,880	Assessed	$16,880
Bldg	$0	Exempt	$0
XFOB	$0		county:$16,880
Just	$117,832	Total Taxable	city:$0
			other:$0
			school:$16,880

NOTES:

Columbia County, FL


1" = 100'
1328'
N
421'
Well
214'
485'
Septic
32
76
5'
767'
1333'
880'
SW BARRS GLN
Kelly

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

COUNTY THE MOBILE HOME IS BEING MOVED FROM Suwannee

OWNERS NAME William Kelly PHONE _____ CELL 727-244-0884

INSTALLER Ronald Ryan Norris PHONE 386-234-4005

INSTALLERS ADDRESS 1004 SW Charles Ter Lake City FL 32024

MOBILE HOME INFORMATION

MAKE Live Oak Home YEAR 2020 SIZE 32 X 76

COLOR _____ SERIAL No. LOHGA1202102SAB

WIND ZONE 2 SMOKE DETECTOR _____

INTERIOR:
FLOORS _____

DOORS _____

WALLS _____

CABINETS _____

ELECTRICAL (FIXTURES/OUTLETS) _____

EXTERIOR:
WALLS / SIDDING _____

WINDOWS _____

DOORS _____

INSTALLER: APPROVED _____ NOT APPROVED _____

INSTALLER OR INSPECTORS PRINTED NAME _____

Installer/Inspector Signature _____ License No. _____ Date _____

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 _____ Date _____

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED _____ BY ____ IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? _____

Home Going to OWNERS NAME William Kelly PHONE _____ CELL 727-244-0884

ADDRESS 355 SW Barrs Gln Lake City FL 32024

MOBILE HOME PARK _____ SUBDIVISION _____

DRIVING DIRECTIONS TO MOBILE HOME Mobile Home is Currently located at 18631 213th Dr Live Oak FL 32060 L on N marion, R on US-90W, L on CR 252 B, R on SW Deputy J Davis, L on CR 252, R on US-129, L on CR 252, L on FL-515 R on 80th St L on 31st Rd, R on 184th St, 184th becomes 213th Dr, property on R

MOBILE HOME INSTALLER Ronald Ryan Norris PHON 386-234-1005

MOBILE HOME INFORMATION

MAKE Live Oak Home YEAR 2020 SIZE 32 X 76 COLOR _____

SERIAL No. LOHGA12021025AB

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

INSPECTION STANDARDS

INTERIOR:
(P or F) - P= PASS F= FAILED

_____ 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 / SIDDING ( ) 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 _____