

dc 948/

Latella

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 7-1-15) Zoning Official RLC Building Official 7.6.2-19-18

AP# 1802-45 Date Received 2/13 By RLC Permit # 36391

Flood Zone X Development Permit Existing MNP Zoning RSFA Land Use Plan Map Category RLD

Comments _____

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

☐ Recorded Deed or ☒ Property Appraiser PO ☒ Site Plan ☒ EH # 18-0116 ☐ 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 _____ ☐ Out-County ☐ In County ☒ Sub VF Form

Property ID # 28-35-16-02374-000 Subdivision Five Ash Forest Lot# 39

▪ New Mobile Home ☒ Used Mobile Home _____ MH Size 28x68 Year 2018

▪ Applicant William "Bo" Royale Phone # 386-754-6737

▪ Address 4268 US 90 West Lak City, FL 32055

▪ Name of Property Owner Mark Goodson Phone# 386-303-2491

▪ 911 Address 454 NW TURNBERRY DR, LAKE CITY, FL 32055

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

▪ Name of Owner of Mobile Home Frank Latella or Daniel Minnagh Phone # (954) 295-6651
Address 2200 S. Cypress Bend. Dr. #806 Pompano Bch. FL 33069

▪ Relationship to Property Owner _____

▪ Current Number of Dwellings on Property 0 on that lot

▪ Lot Size _____ Total Acreage 36 acres

▪ 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 No

▪ Driving Directions to the Property 90 West to Brown Rd. TR to Five Ash TR on Turnberry

▪ Name of Licensed Dealer/Installer Robert Sheppard Phone # (386) 623-2203

▪ Installers Address 6355 SE CR 245 Lake City FL 32025

▪ License Number 1H102538 Installation Decal # 48909

Mobile Home Permit Worksheet

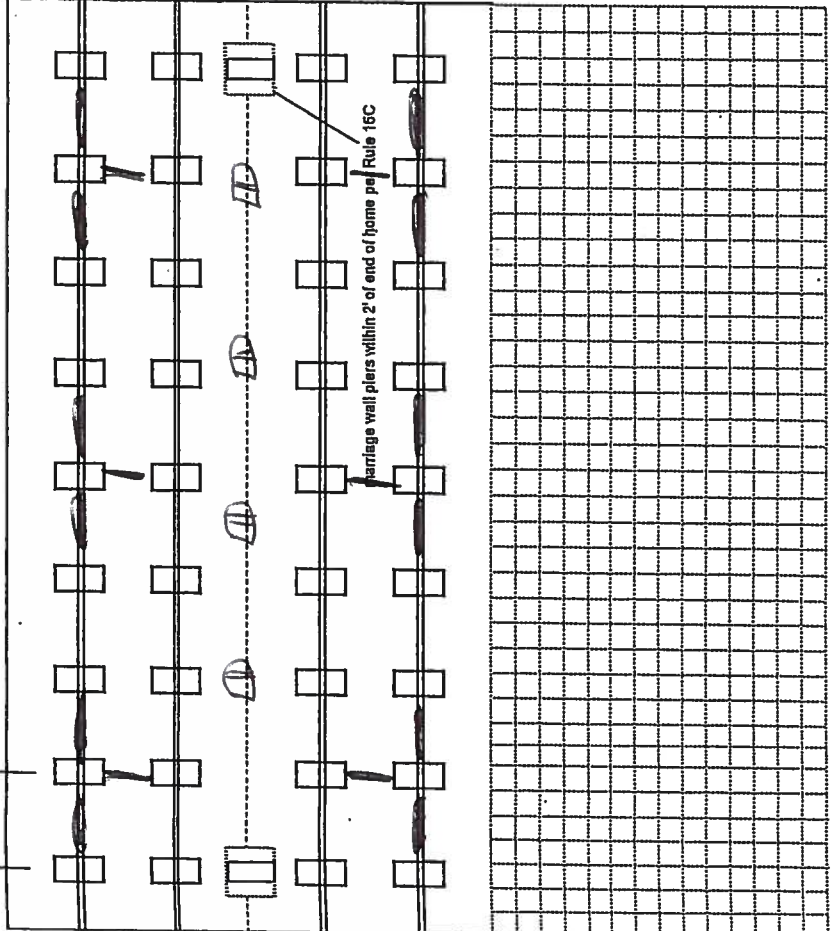
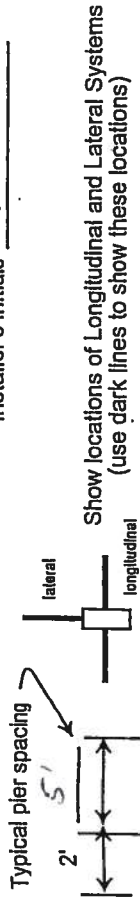
Installer: Robert Sheppard License # TH1025386

Address of home being installed _____

Manufacturer Destiny Length x width 28x58

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 RS



Application Number: _____

Date: _____

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 # 98909

Triple/Quad ☐ Serial # DISH0846269AB

PIER SPACING TABLE FOR USED HOMES

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

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

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

PIER PAD SIZES

I-beam pier pad size 17x25

Perimeter pier pad size 16x16

Other pier pad sizes (required by the mfg.) 17x25

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 _____

4 ft ☒ 5 ft

FRAME TIES

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

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer _____
Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer Silver 1101V

OTHER TIES

Number _____
Sidewall _____
Longitudinal _____
Marriage wall _____
Shearwall _____

Mobile Home Permit Worksheet

POCKET PENETROMETER TEST

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

x 1700 x 1100 x 1600

POCKET PENETROMETER TESTING METHOD

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

x 1700 x 1700 x 1600

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

Robert Sheppard

Date Tested

1-9-18

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. 28

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 29

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 28

Application Number:

Date:

Site Preparation

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

Fastening multi wide units

Floor: Type Fastener: 1493 Length: 5" Spacing: 16"
Walls: Type Fastener: screws Length: 4" Spacing: 16"
Roof: Type Fastener: 1493 Length: 6" Spacing: 16"
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

RS

Type gasket

Foam

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 ☒
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 ☒
Drain lines supported at 4 foot intervals. Yes ☒ N/A
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

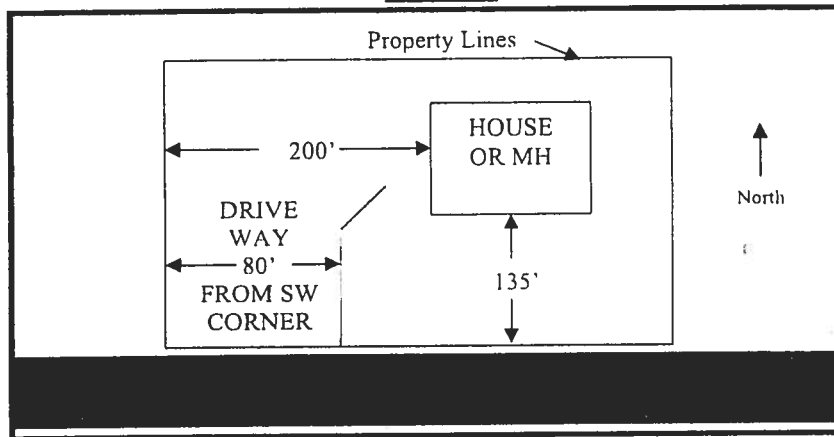
Robert Sheppard

Date

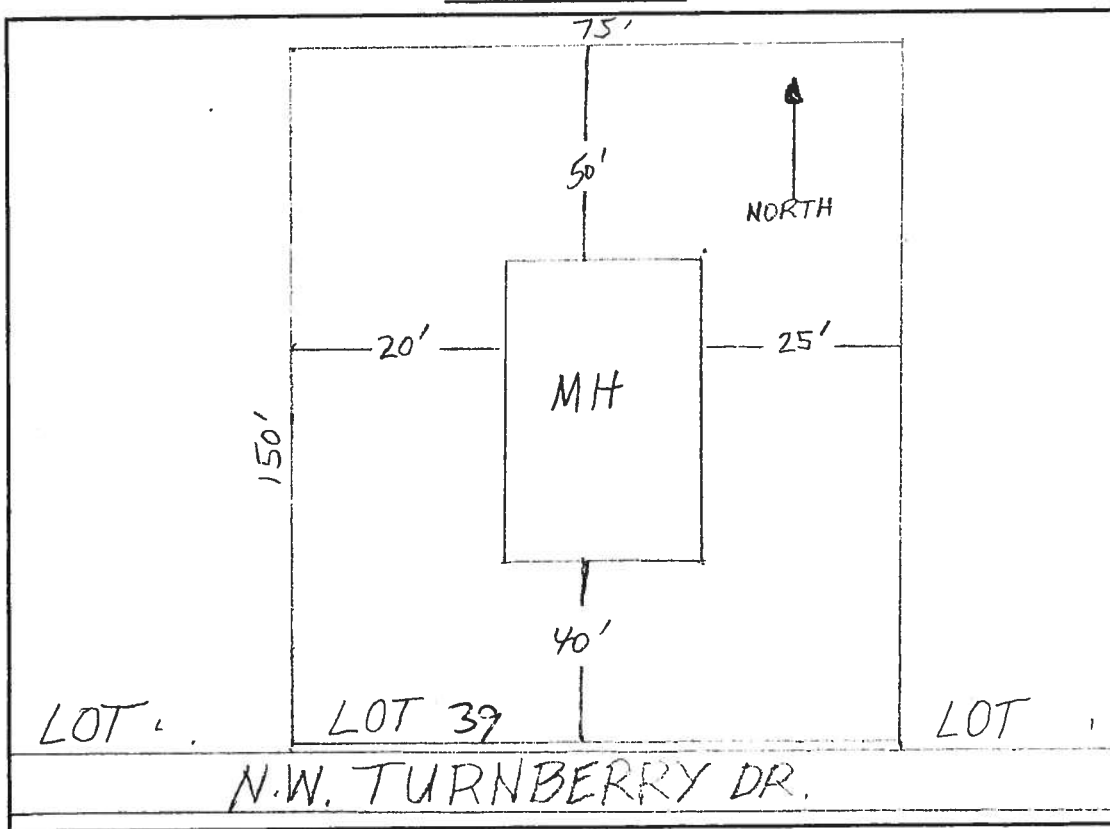
1-9-18

1. A PLAT, PLAN, OR DRAWING SHOWING THE PROPERTY LINES OF THE PARCEL.
2. LOCATION OF PLANNED RESIDENT OR BUSINESS STRUCTURE ON THE PROPERTY WITH DISTANCES FROM AT LEAST TWO OF THE PROPERTY LINES TO THE STRUCTURE (SEE SAMPLE BELOW).
3. LOCATION OF THE ACCESS POINT (DRIVEWAY, ETC.) ON THE ROADWAY FROM WHICH LOCATION IS TO BE ADDRESSED WITH A DISTANCE FROM A PARALLEL PROPERTY LINE AND OR PROPERTY CORNER (SEE SAMPLE BELOW).
4. TRAVEL OF THE DRIVEWAY FROM THE ACCESS POINT TO THE STRUCTURE (SEE SAMPLE BELOW).

SAMPLE:



SITE PLAN BOX:



STATE OF FLORIDA
COUNTY OF COLUMBIA

LAND OWNER AFFIDAVIT

This is to certify that I, (We), Mark Goodson,
as the owner of the below described property:

Property tax Parcel ID number 28-38-16-02374-060

Subdivision (Name, lot, Block, Phase) Five Ash Forest

Give my permission for Frank Latella or Daniel Minnagh 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.

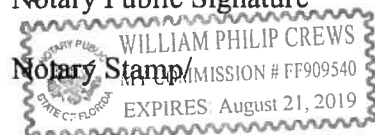
Mark S. Goodson 1/9/2018
Owner Signature Date

Owner Signature Date

Owner Signature Date

Sworn to and subscribed before me this 9th day of January, 2018. This
(These) person(s) are personally known to me or produced ID _____.
(Type)

William Philip Crews
Notary Public Signature Notary Printed Name



LOT 39

Columbia County Property Appraiser

updated: 2/1/2018

2017 Tax Year

Parcel: 28-3S-16-02376-000

<< Next Lower Parcel Next Higher Parcel >>

Tax Collector

Tax Estimator

Property Card

Parcel List Generator

2017 TRIM (pdf)

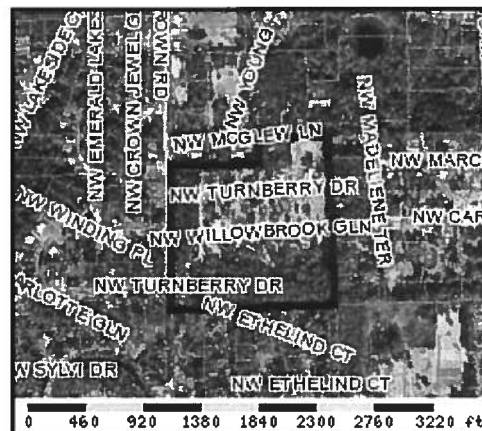
Interactive GIS Map

Print

Search Result: 1 of 1

Owner & Property Info

Owner's Name	FIVE ASH FOREST LLC		
Mailing Address	337 SW TOMPKINS ST LAKE CITY, FL 32024		
Site Address	441 NW TURNBERRY DR		
Use Desc. (code)	IMP AG/MH/ (005028)		
Tax District	2 (County)	Neighborhood	28316
Land Area	36.000 ACRES	Market Area	06
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction		
COMM AT NW COR OF MAGNOLIA HILLS, RUN N 1122.85 FT, E 700 FT, N 200 FT, E 562.46 FT, S 1337.12 FT, W 1278.04 FT TO POB. ORB 433-304, WD 1004-584, CWD 1056-1951. WD 1070-49.			



Property & Assessment Values

2017 Certified Values		
Mkt Land Value	cnt: (1)	\$107,662.00
Ag Land Value	cnt: (1)	\$5,336.00
Building Value	cnt: (1)	\$14,074.00
XFOB Value	cnt: (5)	\$242,553.00
Total Appraised Value		\$369,625.00
Just Value		\$429,637.00
Class Value		\$369,625.00
Assessed Value		\$369,625.00
Exempt Value		\$0.00
Total Taxable Value	Cnty: \$369,625 Other: \$369,625 Schl: \$369,625	

2018 Working Values (Hide Values)		
Mkt Land Value	cnt: (1)	\$118,428.00
Ag Land Value	cnt: (1)	\$5,336.00
Building Value	cnt: (1)	\$14,577.00
XFOB Value	cnt: (5)	\$242,553.00
Total Appraised Value		\$380,894.00
Just Value		\$447,441.00
Class Value		\$380,894.00
Assessed Value		\$380,894.00
Exempt Value		\$0.00
Total Taxable Value	Cnty: \$380,894 Other: \$380,894 Schl: \$380,894	

NOTE: 2018 Working Values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

Sales History

Show Similar Sales within 1/2 mile

Sale Date	OR Book/Page	OR Code	Vacant / Improved	Qualified Sale	Sale RCode	Sale Price
12/30/2005	1070/49	WD	I	U	01	\$135,100.00
1/7/2004	1004/584	WD	I	Q		\$324,000.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	OFFICE LOW (004900)	1960	SINGLE SID (04)	600	762	\$14,577.00
Note: All S.F. calculations are based on <u>exterior</u> building dimensions.						

Extra Features & Out Buildings

64101-10149
 413 NW
 Turnberry Dr
 LC 32055

Carports
 to
 Back of
 Property

Property

	454	281	280
Baker 441	440	267	266
427	426	253	252
413	412	239	238
397	396	225	224
385	384	211	210
371	370	195	194
355	354	181	180
341	340	167	166
327	326	153	152
313	312	139	138
299	298	125	124
285	284	111	110

Wilson

Wilson

* well #1

Gooch - LOT 29
 312 NW Turnberry Dr
 LC 32055



MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER

1802-45

CONTRACTOR

Robert Sheppard

PHONE

386-623-2203

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.

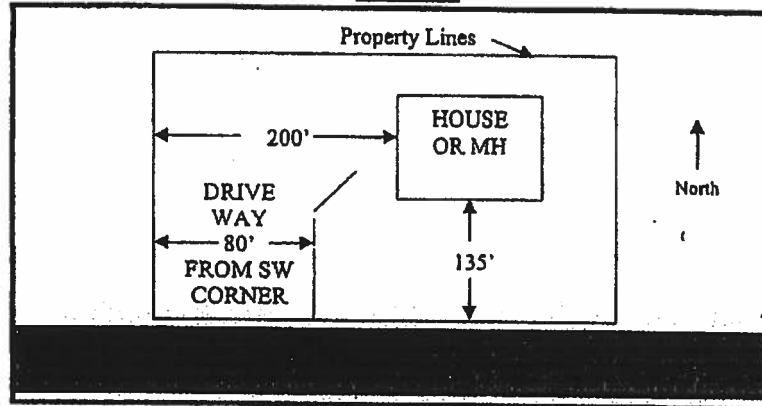
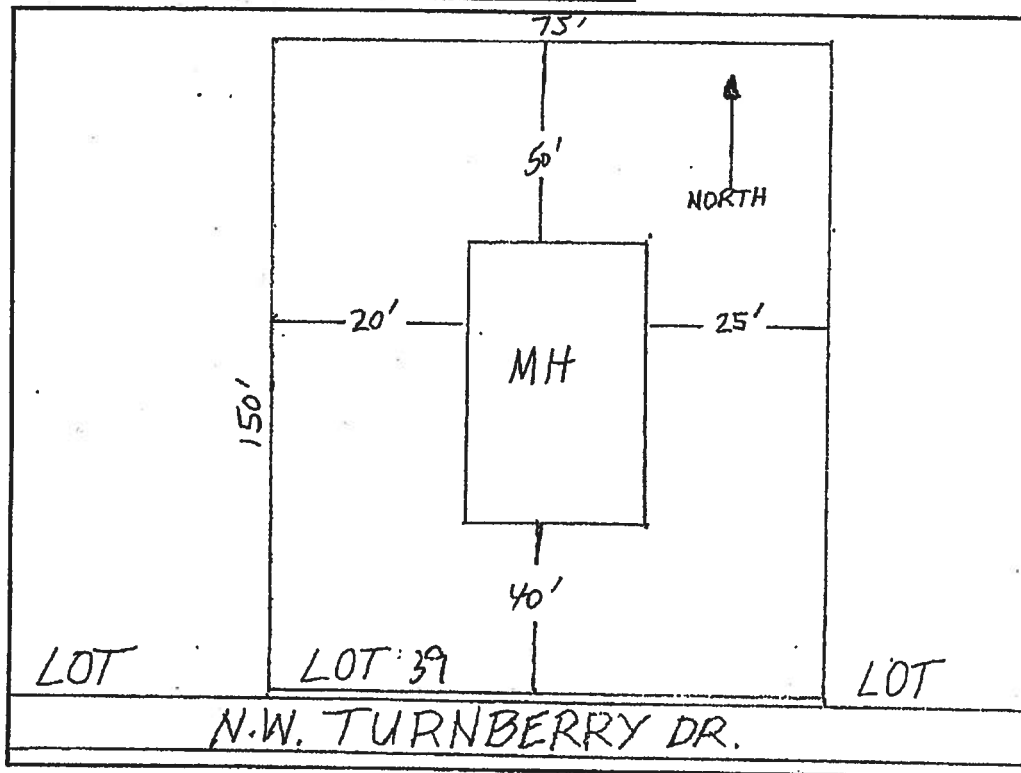
Any changes, the permitted contractor is responsible for the corrected form being submitted to this office prior to the start of that subcontractor beginning any work. Violations will result in stop work orders and/or fines.

ELECTRICAL ✓ 1074	Print Name <u>Whittington Electric</u> License #: <u>13002957</u> Qualifier Form Attached ☐	Signature <u>[Signature]</u> Phone #: <u>386 684-4601</u>
MECHANICAL/ A/C <u>770</u> ✓	Print Name <u>Shatto Heating & Air</u> License #: <u>C02057875</u> Qualifier Form Attached ☐	Signature <u>[Signature]</u> Phone #: <u>494-8224</u>

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.

18-0116

1. A PLAT, PLAN, OR DRAWING SHOWING THE PROPERTY LINES OF THE PARCEL.
2. LOCATION OF PLANNED RESIDENT OR BUSINESS STRUCTURE ON THE PROPERTY WITH DISTANCES FROM AT LEAST TWO OF THE PROPERTY LINES TO THE STRUCTURE (SEE SAMPLE BELOW).
3. LOCATION OF THE ACCESS POINT (DRIVEWAY, ETC.) ON THE ROADWAY FROM WHICH LOCATION IS TO BE ADDRESSED WITH A DISTANCE FROM A PARALLEL PROPERTY LINE AND OR PROPERTY CORNER (SEE SAMPLE BELOW).
4. TRAVEL OF THE DRIVEWAY FROM THE ACCESS POINT TO THE STRUCTURE (SEE SAMPLE BELOW).

SAMPLE:SITE PLAN BOX:



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

PERMIT NO. 18-0116E
DATE PAID: 2/13/18
FEE PAID: 26500
RECEIPT #: 133.8582

APPLICATION FOR:

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

APPLICANT: Mark GoodsonAGENT: William "Bo" RoyalsTELEPHONE: (386) 754-6237MAILING ADDRESS: 4048 U.S. 90 West Lake City, FL 32055

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: 39 BLOCK: _____ SUBDIVISION: Five Ash Forest PLATTED: _____PROPERTY ID #: 28-30-16-02376-000 ZONING: _____ I/M OR EQUIVALENT: [Y / N]PROPERTY SIZE: 36 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS7. [(Y) / N] DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: Lot #39 Five AshDIRECTIONS TO PROPERTY: 90 West TR on Brown Rd. TR Right in to Five Ash.
First rd. or Rt. Lot #39.

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>2</u>	<u>1200</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: [Signature]DATE: 1/9/18

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