

MIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

(Revised 7-1-15)

Zoning Official [Signature]

Building Official TM 9/22/17

Date Received 9/19/17

By LH

Permit # 35974

Department Permit

Zoning A-3

Land Use Plan Map Category A

MH to be removed - verify

Elevation

Finished Floor

River

In Floodway

Need or ☒ Property Appraiser PO

☒ Site Plan

☒ EH # 17-0624

☐ Well letter OR

☐ well

☐ Land Owner Affidavit

☐ Installer Authorization

☐ FW Comp. letter

☒ App Fee Paid

☐ Approval

☐ Parent Parcel #

☐ STUP-MH

☒ 911 App

Ellisville Water Sys

☒ Assessment Paid on Property

☐ Out County

☐ In County

☒ Sub VF Form

Property ID # 15-55-16-03626-155

Subdivision Hi-Dri Acres

Lot# 54

☒ New Mobile Home

☐ Used Mobile Home

MH Size 32x60

Year 2017

Applicant Wendy Grennell

Phone # 386-288-2428

Address 3104 SW Old Wire Road Ft. White, FL 32038

Name of Property Owner David Carter

Phone# 253-350-9112

911 Address 321 SW Oriole Pl 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 David Carter

Phone # 253-350-9112

Address 21803 117th Street Court E, Bonnie Lake, WA 98391

Relationship to Property Owner owner

Current Number of Dwellings on Property 1

Lot Size

Total Acreage 1.130

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 Branford Highway to CR 240
turn left to Mauldin Road, turn right to Oriole
place turn left, 1st on left (corner of Oriole + mauldin)

Name of Licensed Dealer/Installer Robert Sheppard

Phone # 386-623-2203

Installers Address 6355 CR 245 Lake City, FL 32025

License Number DH1025386

Installation Decal # 45111

Spoke to Wendy 9-27-17

Wendy faxed Docs in on 10-9-17

\$375.00

page 1 of 2

Shearwall

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 1500 x 1500 x 1500

POCKET PENETROMETER TESTING METHOD

1. Test the penetrometer 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 1600 x 1600 x 1500

TORQUE PROBE TEST

The results of the torque probe test is 290 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 require anchors with 4000 lb. holding capacity.

RS Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Robert Sheppard

Date Tested

8-22-17

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. 29

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 28

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 27

Site Preparation

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

Fastening multi wide units

Floor: Type Fastener: lags Length: 5" Spacing: 16"
Walls: Type Fastener: screws Length: 4" Spacing: 16"
Roof: Type Fastener: lags 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 Pg. 22

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 ☒ N/A ☒
Drain lines supported at 4 foot intervals. Yes ☒
Electrical crossovers protected. Yes ☒
Other:

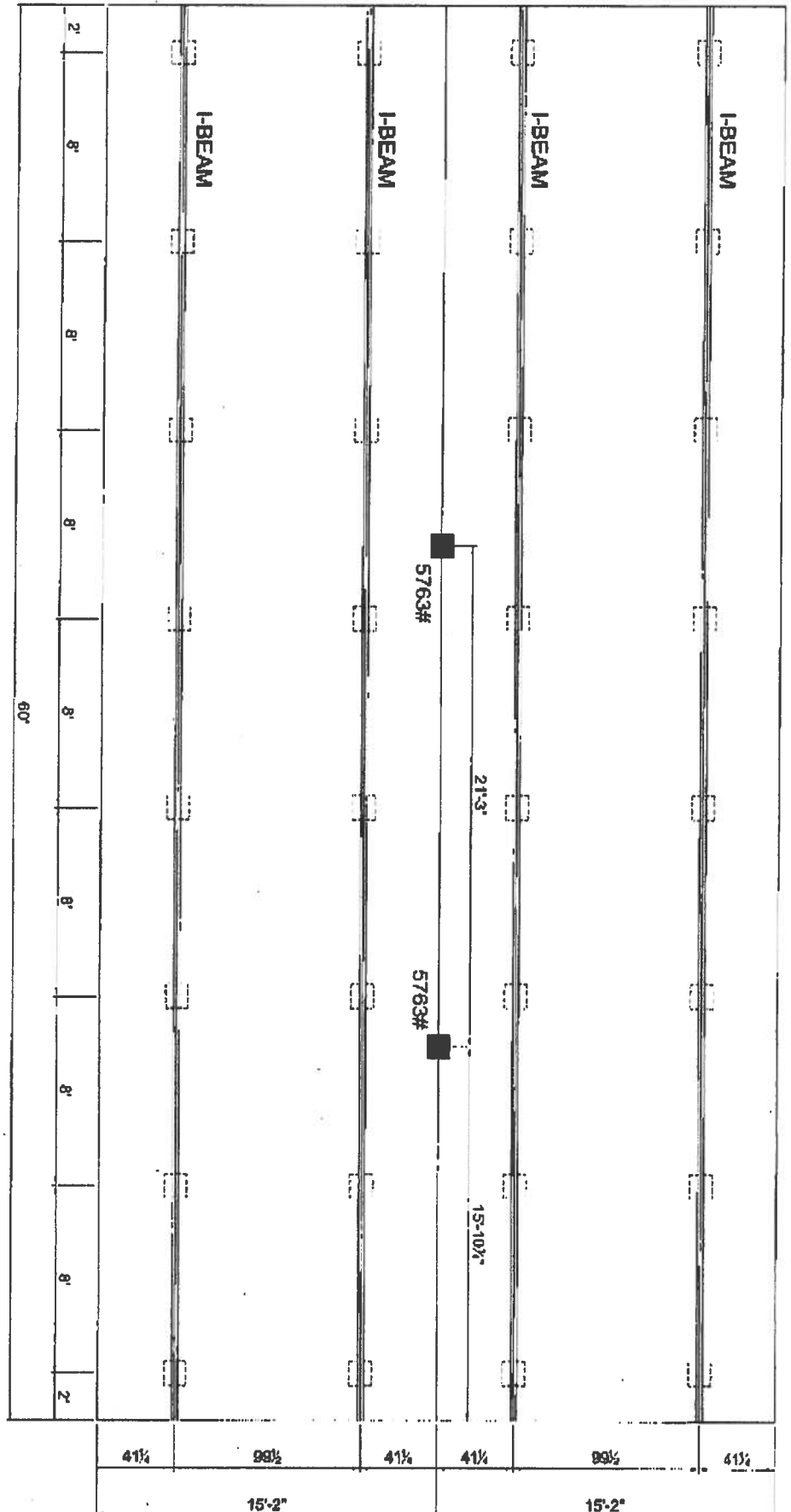
Installer verifies all information given with this permit worksheet is accurate and true based on the

Installer Signature

Robert Sheppard

Date

8-22-17



☒ COLUMN BLOCKING
 SEE SOL. BEARING CAPACITY CHART FOR PAD SIZE
☐ BLOCKING

1) ALL EXTERIOR DOORS, HAY WINDOWS, RECESSED
 SIDEWALLS AND EXTERIOR WALL OPENINGS 48"
 OR GREATER WILL REQUIRE BLOCKING ON EACH SIDE.



HOMES OF MERIT™

P.O. BOX 2097 HWY 100 EAST LAKE CITY, FL 32056

DAPIA SEAL

MODIFICATIONS

MODEL: 261-C0603B

SHEET:

TITLE: PIER FOUNDATION

S-20

DRAWN BY: ROD

DATE: 03-20-15

PROPRIETARY AND CONFIDENTIAL
 THESE DRAWINGS AND SPECIFICATIONS ARE ORIGINAL
 PROPRIETARY AND CONFIDENTIAL MATERIALS OF CHAMPION
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COLUMBIA COUNTY

911 ADDRESSING / GIS DEPARTMENT

263 NW Lake City Ave., Lake City, FL 32055

Telephone: (386) 758-1125 x 1 * Fax: (386) 758-1365 * Email: gis@columbiacountyfla.com



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: **9/27/2017 3:10:39 PM**

Address: **321 SW ORIOLE PI**

City: **LAKE CITY**

State: **FL**

Zip Code **32024**

Parcel ID **03626-155**

REMARKS: Reissue of existing address for replacement structure on parcel.

Address Issued By: **Signed:/ Ronal N. Croft**

Columbia County GIS/911 Addressing Department

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.

David
CARTER

W1/2 OF LOT 54 HI-DRI ACRES
UNIT II. ORB 761-1058, PRCL
792-793, 803-1971-SEE, PRCL
#03626-054. ORB 810-890-898.

CARTER DAVID JEFFERY
21803 117TH ST COURT E
BONNIE LAKE, WA 98391

15-5S-16-03626-155
PRINTED
APPR

6/06/2017 11:07
4/28/2015 TW

Columbia County 2017 R
CARD 001 of 001
BY JEFF

BUSE 000800 MOBILE HME	AE? N	1.00	672 HTD AREA	86.310 INDEX	15516.04 HI-DRI AC	PUSE	000200 MOBILE HOME
MOD 2 MOBILE HME BATH			672 EFF AREA	22.009 E-RATE	STR 15- 5S- 16		
EXW 31 VINYL SID			14,790 RCN		MKT AREA 02		4,437 BLDG
% N/A			30.00 %GOOD	4,437 B BLDG VAL	(PUD1		1,500 XFOB
RSTR 01 FLAT					AC	1.130	8,995 LAND
RCVR 01 MINIMUM					NTCD		0 CLAS
INTW 04 PLYWOOD					APPR CD		0 MKTUSE
% N/A					CNDO		14,932 JUST
FLOR 14 CARPET					SUBD		14,932 APPR
10% 08 SHT VINYL					BLK		0 SOHD
HTTP 04 AIR DUCTED					LOT		0 ASSD
A/C 02 WINDOW					MAP#		0 EXPT
QUAL 03 03					TXDT	003	0 COTXBL
FNDN N/A							
SIZE N/A							
CEIL N/A							
ARCH N/A							
FRME N/A							
UD-5 N/A							
UD-6 N/A							
UD-7 N/A							
UD-8 N/A							
UD-9 N/A							
% N/A							
SUB VALUE							
4437							
BAS00							
BAS2000=W48 S14 E48 N14S.							
BLDG TRAVERSE							
PERMITS							
NUMBER	DESC	AMT	ISSUED				
17624	M H	125	11/06/2000				
SALE							
BOOK	PAGE	DATE	PRICE				
1164	1672	12/30/2008 U I	100				
GRANTOR JAMES LEWIS DANNATT JR							
GRANTEE DAVID JEFFERY CARTER							
810	896	8/30/1995 U I	100				
GRANTOR RONNIE L FOXX							
GRANTEE JAMES L & CAROLE M DANNATT							
FIELD CK:							
AE BN	CODE	DESC	LEN	WID	HGHT	QTY	QL
Y	0294	SHED WOOD/VI				1	1993 1.00
Y	0294	SHED WOOD/VI				1	2007 1.00
Y	0294	SHED WOOD/VI				1	2007 1.00
TOTAL 672 4437							
EXTRA FEATURES							
AE BN	CODE	DESC	LEN	WID	HGHT	QTY	QL
Y	0294	SHED WOOD/VI				1	1993 1.00
Y	0294	SHED WOOD/VI				1	2007 1.00
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Y	0294	SHED WOOD/VI					

Name: David J Carter
 Address: 21803 117 St Court E
Bonnie Lake, WA 98391
 This instrument prepared by:
 Name:
 Address:
 Property address/Parcel Identification:
 Filing Number(s):
 Document(s) J.S. # (s)

INL200812023175 Date 12/02/2008 Time 1:40 PM
 Doc Stamp: Doc 0 70
 DC, P DeWitt Casson, Columbia County Page 1 of 1 B-1164 P 1672

SPACE ABOVE THIS LINE FOR PROCESSING DATA

SPACE ABOVE THIS LINE FOR RECORDING DATA

This Quit Claim Deed, Executed the 30 day of DECEMBER 2008, by JAMES L. DANWAT JR 291 SW OPIE PL LAKE CITY FL 3204 first party, to DAVID J CARTER whose post office address is 21803 117 ST CT E BONNIE LAKE WA 98391 second party.

(Whoever used before the terms "first party" and "second party" include all the parties to this instrument and 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 first party, for and in consideration of the sum of \$ PAST AND PRESENT CONSIDERATIONS in hand paid by the said second party, the receipt whereof is hereby acknowledged, does hereby remise, release, and quit claim unto the second party forever, all the right, title, interest, claim and demand which the said first party has in and to the following described lot, piece or parcel of land, situate, lying and being in the County of COLUMBIA State of FLORIDA to-wit:

W 1/2 LOT 54 HI DRY ACRES
PART OF SEC 15 T 55 R 16E

15-58-16 0202/0202 1.13 Acres
 W 1/2 OF LOT 54 HI-DRY ACRES
 UNIT II, ORB 761-1034
 792-793, 803-1971-SER PRCL
 801616-034, ORB 610-890-498.
 DC 1028-13.

To Have and to Hold The same together with all and singular the appurtenances thereunto belonging or in anywise appertaining, and all the estate, right, title, interest, lien, equity and claim whatsoever of the said first party, either in law or equity to the only proper use, benefit and behoof of the said second party forever.

In Witness Whereof, the said first party has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in the presence of:

Judy L. Moore
 Witness Signature (as to Co-Deedee, if any)
Judy L. Moore
 Printed Name
Katrina Vercher
 Witness Signature (as to Co-Deedee, if any)
Katrina Vercher
 Printed Name

James L. Danwat Jr
 Co-Deedee Signature (if any)
JAMES L. DANWAT JR
 Printed Name
291 SW OPIE PL LC FL
 Post Office Address 32024

Witness Signature (as to Co-Deedee, if any)
 Printed Name
 Witness Signature (as to Co-Deedee, if any)
 Printed Name
 Post Office Address

Noted Here
 STATE OF Florida
 COUNTY OF Columbia
James L. Danwat Jr
 known to me to be the person described in and who executed the foregoing instrument, who acknowledged before me that he executed it: same, and an oath was not taken. (Check one) ☐ Said person(s) is/a personally known to me. ☐ Said person(s) provided the following type of identification: FL ID

NOTARY PUBLIC STAMP SEAL

 F. VANCLE DOW
 MY COMMISSION EXPIRES: October 3, 2010
 Georgia Notary Public Commission

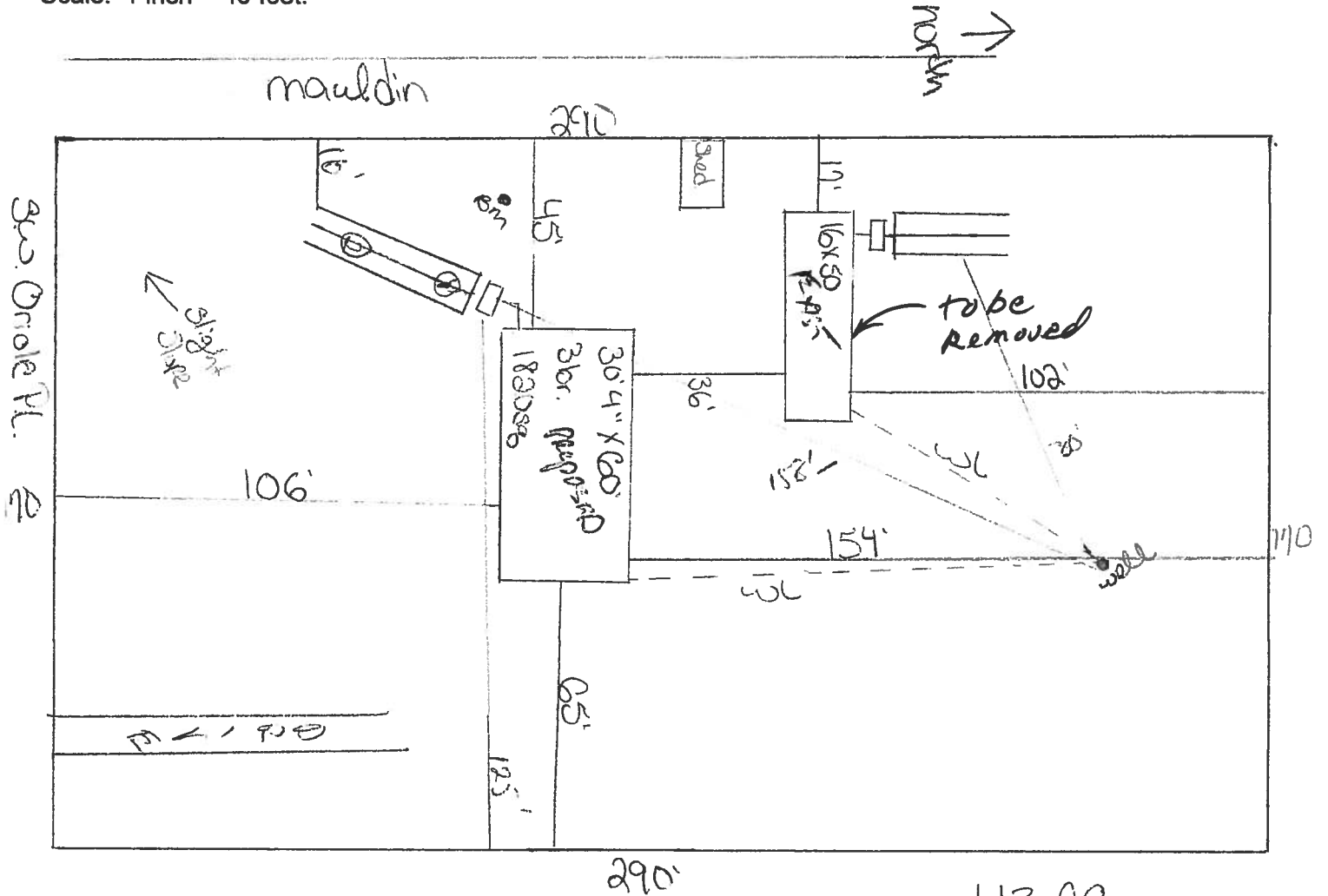
I hereby Certify that on this day, before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared
30th day of December 2008
Florida DOW
 Notary Signature
F Vancle DOW
 Printed Name

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

Permit Application Number _____

----- *Canal* ----- **PART II - SITEPLAN** -----

Scale: 1 inch = 40 feet.



Notes: _____

Site Plan submitted by: *Reddy D 7-0* MASTER CONTRACTOR
 Plan Approved _____ Not Approved _____ Date _____
 By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____

CONTRACTOR Robert ShymonPHONE 876 623-2203

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	Print Name <u>Michael Reader</u> License #: <u>EC 13002315</u> Qualifier Form Attached ☒	Signature <u>[Signature]</u> Phone #: <u>850-973-0111</u>
MECHANICAL/ A/C	Print Name <u>Ronald Bonds</u> License #: <u>CAC1817658</u> Qualifier Form Attached ☐	Signature <u>Ronald Bonds</u> Phone #: <u>850-769-1453</u>

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, Michael Reader (license holder name), licensed qualifier
for Madison Services LLC (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>Rocky D Ford</u>	1. <u>[Signature]</u>
2. <u>DAVID S. S. S.</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 EL13702515 Date 11/2/15
Licensed Qualifiers Signature (Notarized)

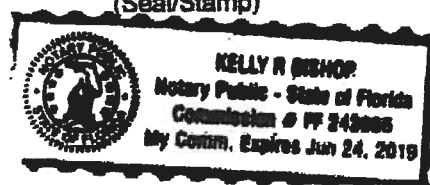
NOTARY INFORMATION:

STATE OF: FL COUNTY OF: Columbia

The above license holder, whose name is Michael Reader,
personally appeared before me and is known by me or has produced identification
(type of I.D.) _____ on this 2 day of Nov, 2015.

[Signature]
NOTARY'S SIGNATURE

(Seal/Stamp)





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

PERMIT NO. 17-8624
DATE PAID: 10/4/17
FEE PAID: 310.00
RECEIPT #: 1329554

APPLICATION FOR:

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

APPLICANT: David CarterAGENT: Wendy GrennellTELEPHONE: 386-497-2311MAILING ADDRESS: 3104 SW Old Wire Road, FT. WHITE, FL, 32038

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3)(a) 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

W/205
LOT: 54 BLOCK: na SUB: Hi-Dri Acres unit II PLATTED: 7/1/88

PROPERTY ID #: 15-5S-16-03626-155 ZONING: R15 I/M OR EQUIVALENT: ☐ Y ☒ N

PROPERTY SIZE: 1.13 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: 321 SW Oriole Place, LC

DIRECTIONS TO PROPERTY: 47 South, TR CR 240, TL Mauldin Ave, TL Oriole, 1st Drive
on left

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	3	1820	
2				
3				

1	SF Residential	3	1820	
2				
3				

☒ Floor/Equipment Drains ☒ Other (Specify)

SIGNATURE: Wendy Grennell DATE: 9/7/2017

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

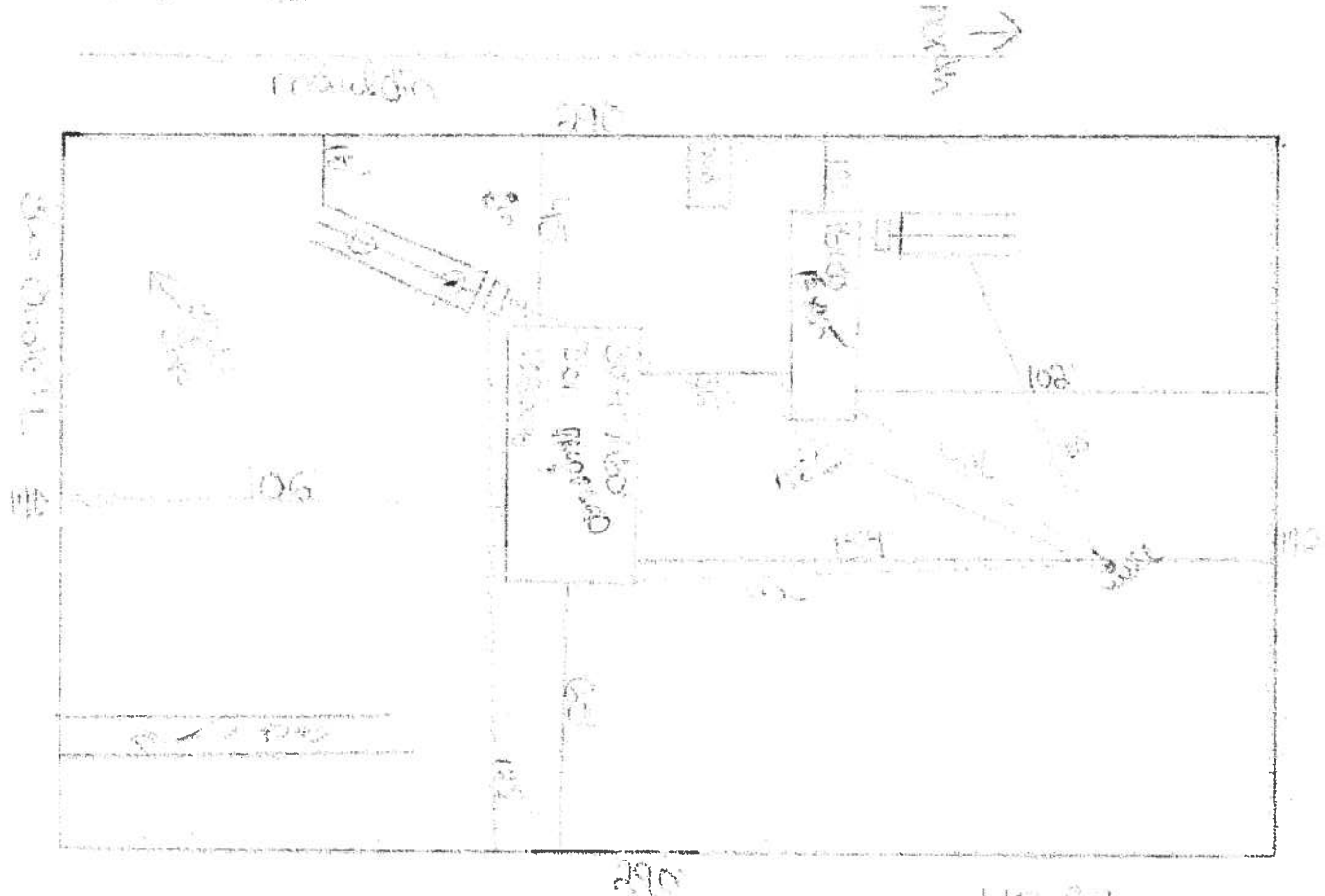
Carter App 1709-39

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

Permit Application Number 17-06024

----- *Cw m* ----- PART II - SITEPLAN -----

Scale: 1 inch = 40 feet.



Notes: _____

Site Plan submitted by *Robert D. F...*

MASTER CONTRACTOR

Plan Approved *[Signature]* Not Approved _____

Date 1-15-17

By *[Signature]* *C. L. L...* County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

IRIAD

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Irvine, Calif
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NMLS#24

WEDNESDAY

New PHONE
386-438-5679

DATE OF BIRTH

BUYER: _____

CO-BUYER: _____

IRONWOOD HOMES OF LAKE CITY LLC
4109 US 90 WEST
Lake City, Florida 32055
Ph (386) 754-8844 ☎ Fax (386) 754-0100

BUYER(S) DAVID J CARTER				PHONE
ADDRESS 321 SW ORIOLE PLACE LAKE CITY				
DELIVERY ADDRESS SAME				
MAKE & MODEL CHAMPION 261-C0603B				YEAR 2007
SERIAL NUMBER FLA 261-00P-HA 102181				BEDROOM 3
☒ New or Used ☐ Used				COLOR
LOCATION	R-VALUE	THICKNESS	TYPE OF INSULATION	
CEILING				
EXTERIOR				
FLOORS				
THIS INSULATION INFORMATION WAS FURNISHED BY THE MANUFACTURER AND IS DISCLOSED IN COMPLIANCE WITH THE FEDERAL TRADE COMMISSION RULE 16 CFR, SECTION 400.16.				OPTIONAL EQUIP
OPTIONAL EQUIPMENT, LABOR AND ACCESSORIES				TANK & DIRT
Covered & Setup KW				SALES TAX 6%
				COUNTY SURT
				TAG AND TITL
				NONTAXAB