

Parcel:
21-3S-16-02242-000 (7658)

Owner & Property Info

Result: 1 of 1

Owner	M & J SAMPSON, LLC 830 W DUVAL ST LAKE CITY, FL 32055		
Site	134 NW FLORICE Ave, LAKE CITY 141 NW FLORICE Gln		
Description*	S 350 FT OF E1/2 OF E1/2 OF SE1/4 OF SE1/4 AS LIES N OF RAILROAD, (AKA PART OF LOT 1 BLOCK A RANCHETTES S/D UNREC). 305-605, 375-93, FJ 1242-1595, QC 1244-808, QC 1244-810, QC 1245-2102,2104, PB 1277-884, FJ 1284-2357, WD 1286-1910, DC 1399-1474, DC 1411-1640, WD 1455-1257, <<<less		
Area	2.48 AC	S/T/R	21-3S-16
Use Code**	MOBILE HOME/M HOME (0202)	Tax District	2

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____

SUBMITTER

Brent Strickland

PHONE

386-365-7043

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>Christopher "Todd" Sampson</u> License # <u>Owner</u> Qualifier Form Attached <input type="checkbox"/>	Signature  Phone # <u>386-365-8575</u>
MECHANICAL/ A/C	Print Name <u>Christopher "Todd" Sampson</u> License # <u>Owner</u> Qualifier Form Attached <input type="checkbox"/>	Signature  Phone # <u>386-365-8575</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

PERMIT WORKSHEET

page 1 of 2

PERMIT NUMBER

Installer Brent Strickland License # IH 1104218

Installer Mobile Phone # 386-365-7043

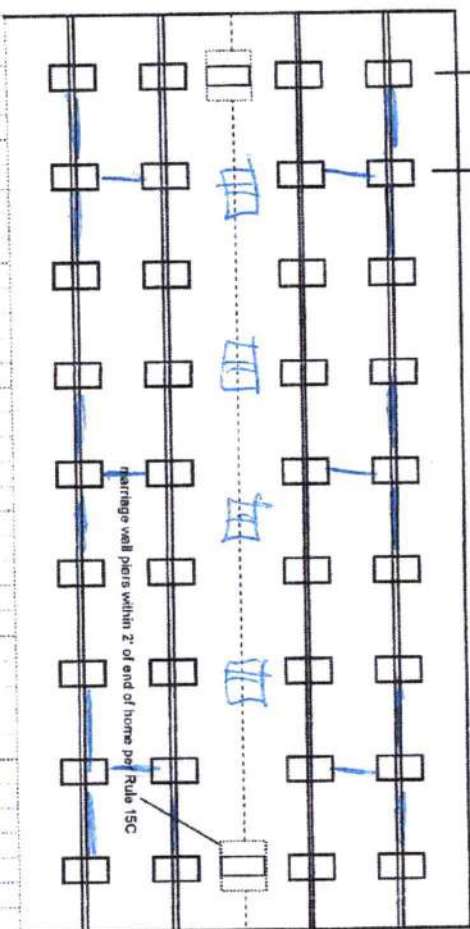
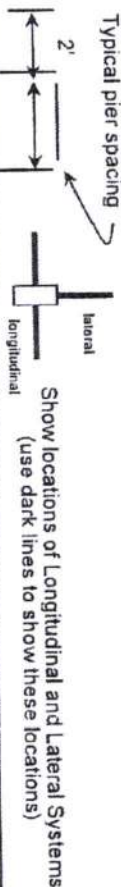
Address of home 1413 NW FLORENCE BLVD
being installed LAKE GARY FL 32053

Manufacturer HOM Length x width 48 x 24

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 B.S.



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 # 43834

Triple/Quad ☐ Serial # 4335148

Roof System: ☒ Typical ☐ Hinged

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (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'	9'	10'
2000 psf	6'	8'	9'	10'	11'	12'
2500 psf	7'6"	9'	10'	11'	12'	13'
3000 psf	8'	9'	10'	11'	12'	13'
3500 psf	8'	9'	10'	11'	12'	13'

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

PIER PAD SIZES

I-beam pier pad size

Perimeter pier pad size

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

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

OTHER TIES

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)

Manufacturer CHAPER HALL

Longitudinal Stabilizing Device w/ Lateral Arms

Number 20
Sidewall 5
Longitudinal 5
Marriage wall 5
Shearwall 5

PERMIT NUMBER

PERMIT WORKSHEET

page 2 of 2

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 240 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.

B.S. Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Brent Stockland

Date Tested

10-19-22

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. 24

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 25

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 24

Site Preparation

Debris and organic material removed ☒ Swale ☒ Pad ☒ Other ☐

Water drainage: Natural ☒ Swale ☒ Pad ☒ Other ☐

Fastening multi wide units

Floor: Type Fastener: 1098 Length: 5' Spacing: 16"
Walls: Type Fastener: 1098 Length: 4' Spacing: 16"
Roof: Type Fastener: 1098 Length: 4' 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 B.S.

Installed:

Type gasket FOAM
Pg. 24
Between Floors Yes ☒
Between Walls Yes ☒
Bottom of ridgebeam Yes ☒

Weatherproofing

The bottomboard will be repaired and/or taped. Yes ☒ Pg. 24
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

Brent Stockland

Date

10-19-22



Columbia County Property Appraiser

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

PARCEL: 21-3S-16-02242-000 (7658) | SFRES/MOBILE HOME (0102) | 2.48 AC

S 350 FT OF E1/2 OF E1/2 OF SE1/4 OF SE1/4 AS LIES N OF RAILROAD, (AKA PART OF LOT 1 BLOCK A RANCHETTES S/D UNREC). 305-605, 375-93, FJ 1242-1595, QC

M & J SAMPSON, LLC

Owner: 830 W DUVAL ST
LAKE CITY, FL 32055

Site: 134 NW FLORICE Ave, LAKE CITY

Sales Info

12/3/2021	\$82,100	I (Q)
3/20/2020	\$100	I (U)
12/15/2014	\$43,000	I (U)

2022 Working Values

Mkt Lnd	\$19,840	Appraised	\$63,255
Ag Lnd	\$0	Assessed	\$63,255
Bldg	\$27,315	Exempt	\$0
XFOB	\$16,100	county:	\$63,255
Just	\$63,255	city:	\$0
		other:	\$0
		school:	\$63,255

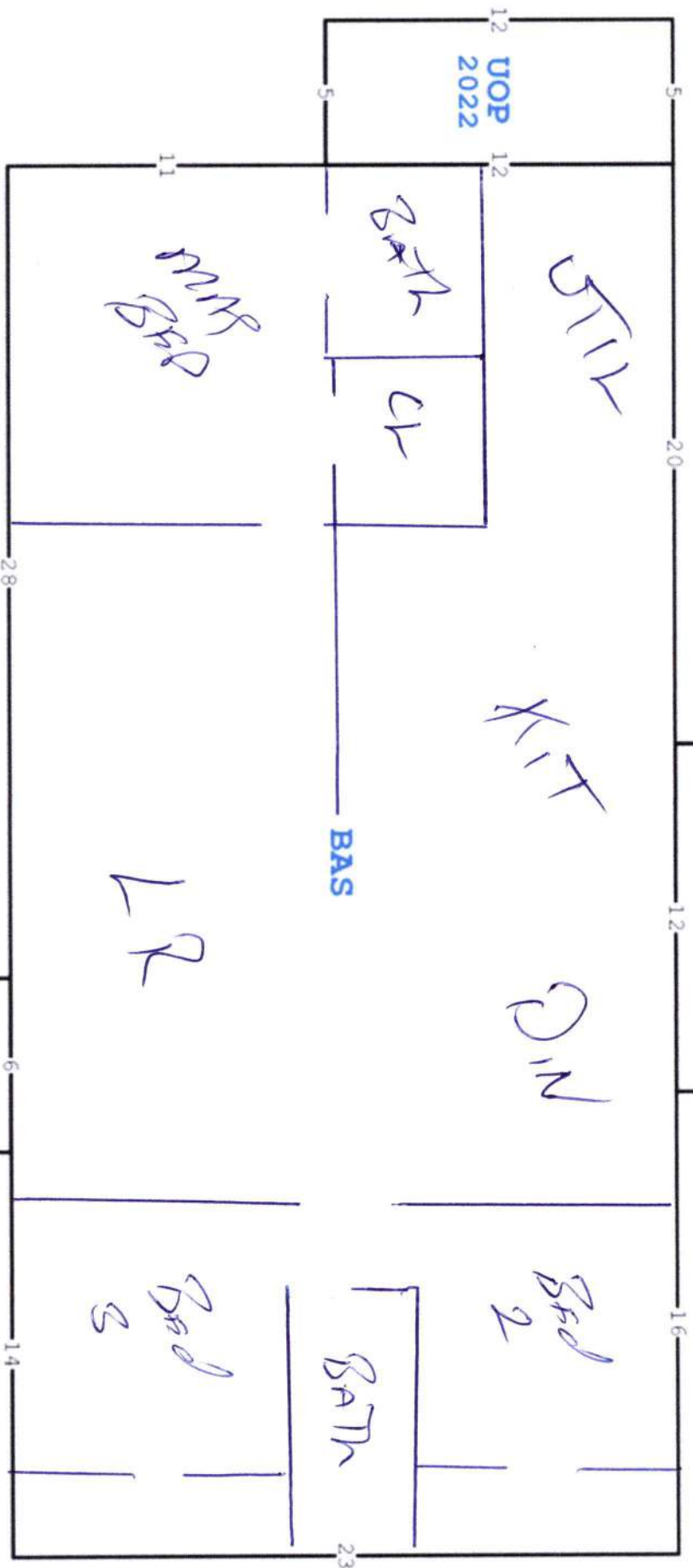
NOTES:

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.

GrizzlyLogic.com

Master
Samp 11730



9/16/22



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: **6/22/2020 2:43:21 PM**

Address: **143 NW FLORICE GLN**

City: **LAKE CITY**

State: **FL**

Zip Code **32055**

Parcel ID **21-3S-16-02242-000**

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

Verification ID: e43c8e16-2818-41ea-a468-3ac234fa219a

Address was reassigned from old address: NA ROUTE 17

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

MANUFACTURED HOME PERFORMANCE VERIFICATION CERTIFICATE®

Order#: LVDP425911

Issue Date: 09/27/2022

Reference No: N/A

Verification: IBTS's Manufactured Home Data Verification Team has researched regulatory records on the **Homes of Merit, Lake City, FL**, manufactured home having the serial number(s) and date of manufacture identified below. Based on shipment records maintained by IBTS, as required by the U.S. Department of Housing and Urban Development, provided by the home manufacturer and pursuant to 24 CFR 3282.552, IBTS verifies the following home performance information listed below corresponds to the home's initial destination and the construction standards set forth in 24 CFR 3280 at the time the home was labeled.

Serial Number(s): 4337B/A

Manufacture Date: 01-22-2001

Wind Zone: Zone II

Roof Load Zone: South

Thermal Zone: Zone 1



Verification Provided by the Institute for Building Technology and Safety

IBTS Verification Seal

Abel A. Foran
Chief Executive Officer

DISCLAIMER: This information is applicable only to the home having serial numbering and date of manufacture noted above. IBTS provides this verification based on the production reports provided by the home manufacturer and the zone requirements in effect at the time the home was labeled by the home manufacturer. IBTS makes no representations beyond those set forth herein and is not liable for modifications to the home's construction or subsequent home moves that may affect the home performance information verified above.

The Institute for Building Technology and Safety
(a nonprofit organization)

45207 Research Place, Ashburn VA 20147 | 866-482-8868 | www.ibts.org



AS EVIDENCED BY THIS LABEL NO. FLA 702475

THE MANUFACTURER CERTIFIES TO THE BEST OF THE
MANUFACTURER'S KNOWLEDGE AND BELIEF THAT THIS
MANUFACTURED HOME HAS BEEN INSPECTED IN ACCORD-
ANCE WITH THE REQUIREMENTS OF THE DEPARTMENT OF
HOUSING AND URBAN DEVELOPMENT AND IS CONSTRUCTED
IN CONFORMANCE WITH THE FEDERAL MANUFACTURED
HOME CONSTRUCTION AND SAFETY STANDARDS IN EFFECT
ON THE DATE OF MANUFACTURE. SEE DATA PLATE.

AS EVIDENCED BY THIS LABEL NO. FLA 702476

THE MANUFACTURER CERTIFIES TO THE BEST OF THE
MANUFACTURER'S KNOWLEDGE AND BELIEF THAT THIS
MANUFACTURED HOME HAS BEEN INSPECTED IN ACCORD-
ANCE WITH THE REQUIREMENTS OF THE DEPARTMENT OF
HOUSING AND URBAN DEVELOPMENT AND IS CONSTRUCTED
IN CONFORMANCE WITH THE FEDERAL MANUFACTURED
HOME CONSTRUCTION AND SAFETY STANDARDS IN EFFECT
ON THE DATE OF MANUFACTURE. SEE DATA PLATE.

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
PRELIMINARY MOBILE HOME INSPECTION REPORT

Application # _____

\$50.00 Fee Paid _____

DATE RECEIVED _____ BY _____ IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? No

OWNERS NAME Brent Strickland PHONE _____ CELL 386-365-7043

ADDRESS 143 NW Florice Glen, Lake City, FL, 32024

MOBILE HOME PARK Yes SUBDIVISION Ranchettes S/D, Lot 1, Blk A

DRIVING DIRECTIONS TO MOBILE HOME US 90 West, TR Turner Ave, TL Florice Glen, to end

MOBILE HOME INSTALLER Brent Strickland PHONE _____ CELL 386-365-7043

MOBILE HOME INFORMATION

MAKE Homes of Merit YEAR 2001 SIZE 24 x 48 COLOR _____

SERIAL No. 4337 AB

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

_____ 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 / SIDING () 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 _____

BUILDING INSPECTOR'S SIGNATURE _____ ID NUMBER _____ DATE _____