

DATE 07/18/2005

Columbia County Building Permit

PERMIT

This Permit Expires One Year From the Date of Issue

000023390

APPLICANT STACY BECKHAM PHONE 352 745-2778
ADDRESS 608 SW GRAPE STREET LAKE CITY FL 32024
OWNER ROBERT BROWN PHONE _____
ADDRESS 233 SE SUZANNE WAY LAKE CITY FL 32025
CONTRACTOR STACY BECKHAM PHONE 352 745-2738
LOCATION OF PROPERTY 41S, TL ON CR133, TL ON BRANDON DR, TR ON SUZANNE WAY,
6TH ON LEFT
TYPE DEVELOPMENT MH, UTILITY ESTIMATED COST OF CONSTRUCTION .00
HEATED FLOOR AREA _____ TOTAL AREA _____ HEIGHT .00 STORIES _____
FOUNDATION _____ WALLS _____ ROOF PITCH _____ FLOOR _____
LAND USE & ZONING A-3 MAX. HEIGHT _____
Minimum Set Back Requirements: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00
NO. EX.D.U. 1 FLOOD ZONE X DEVELOPMENT PERMIT NO. _____

PARCEL ID 26-4S-17-08749-161 SUBDIVISION BRANDON HEIGHTS
LOT 11 BLOCK C PHASE _____ UNIT _____ TOTAL ACRES .50

IH0000512
Culvert Permit No. _____ Culvert Waiver _____ Contractor's License Number _____ Applicant/Owner/Contractor _____
EXISTING 05-0718-E BK N
Driveway Connection _____ Septic Tank Number _____ LU & Zoning checked by _____ Approved for Issuance _____ New Resident _____

COMMENTS: ONE FOOT ABOVE THE ROAD

Check # or Cash CASH

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

Temporary Power _____ Foundation _____ Monolithic _____
date/app. by _____ date/app. by _____ date/app. by _____
Under slab rough-in plumbing _____ Slab _____ Sheathing/Nailing _____
date/app. by _____ date/app. by _____ date/app. by _____
Framing _____ Rough-in plumbing above slab and below wood floor _____
date/app. by _____ date/app. by _____
Electrical rough-in _____ Heat & Air Duct _____ Peri. beam (Lintel) _____
date/app. by _____ date/app. by _____ date/app. by _____
Permanent power _____ C.O. Final _____ Culvert _____
date/app. by _____ date/app. by _____ date/app. by _____
M/H tie downs, blocking, electricity and plumbing _____ Pool _____
date/app. by _____ date/app. by _____
Reconnection _____ Pump pole _____ Utility Pole _____
date/app. by _____ date/app. by _____ date/app. by _____
M/H Pole _____ Travel Trailer _____ Re-roof _____
date/app. by _____ date/app. by _____ date/app. by _____

BUILDING PERMIT FEE \$.00 CERTIFICATION FEE \$.00 SURCHARGE FEE \$.00
MISC. FEES \$ 200.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ _____ WASTE FEE \$ _____
FLOOD ZONE DEVELOPMENT FEE \$ _____ CULVERT FEE \$ _____ TOTAL FEE 250.00

INSPECTORS OFFICE [Signature] CLERKS OFFICE CN

NOTICE: IN ADDITION TO THE REQUIREMENTS OF THIS PERMIT, THERE MAY BE ADDITIONAL RESTRICTIONS APPLICABLE TO THIS PROPERTY THAT MAY BE FOUND IN THE PUBLIC RECORDS OF THIS COUNTY. AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.

"WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT."

This Permit Must Be Prominently Posted on Premises During Construction

PLEASE NOTIFY THE COLUMBIA COUNTY BUILDING DEPARTMENT AT LEAST 24 HOURS IN ADVANCE OF EACH INSPECTION, IN ORDER THAT IT MAY BE MADE WITHOUT DELAY OR INCONVENIENCE, PHONE 758-1008. THIS PERMIT IS NOT VALID UNLESS THE WORK AUTHORIZED BY IT IS COMMENCED WITHIN 6 MONTHS AFTER ISSUANCE.

The Issuance of this Permit Does Not Waive Compliance by Permittee with Deed Restrictions.

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only Zoning Official BLK 15.07.05 Building Official OK JH 7-1-05

AP# 0507-03 Date Received 7/1/05 By G Permit # 23390

Flood Zone X Development Permit N/A Zoning A-3 Land Use Plan Map Category A-3

Comments _____

FEMA Map # _____ Elevation _____ Finished Floor _____ River _____ In Floodway _____

☒ Site Plan with Setbacks shown ☒ Environmental Health Signed Site Plan ☒ Env. Health Release

☐ Well letter provided ☒ Existing Well

Revised 9-23-04

- Property ID 26-45-17-08749-161 Must have a copy of the property deed
- New Mobile Home _____ Used Mobile Home _____ Year 97
- Subdivision Information Brandon Woods, Lot 11 BIK C
- Applicant Stacy Beckham Phone # 352-745-2270
- Address 1008 SW Grape St L.C. A. 32024
- Name of Property Owner Robert Brown Phone# _____
- 911 Address 4133 Hawthorn Glen 233 SE Suzanne Way L.C. FL 32025
- Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Progressive Energy
- Name of Owner of Mobile Home Robert Brown Phone # _____
- Address 233 SE Suzanne Way L.C. FL 32025
- Relationship to Property Owner Same
- Current Number of Dwellings on Property 0
- Lot Size 1/2 acre Total Acreage .507
- Do you : Have an Existing Drive or need a Culvert Permit or a Culvert Waiver Permit
- Driving Directions 41 South (TH) CR 33 through 4 way stop (BRANDON) paved rd (TR) 2nd paved rd (SUZANNE WAY) 233 SE Suzanne Way on left side (6th on left)
- Is this Mobile Home Replacing an Existing Mobile Home Yes \$250
- Name of Licensed Dealer/Installer Stacy Beckham Phone # 352-745-2270
- Installers Address 1008 SW Grape St L.C. FL 32024
- License Number 24/000512 Installation Decal # 228749

STACY was: Advised 7-18-05 (JLW) (LH message)

These worksheets must be completed and signed by the installer.
Submit the originals with the packet.

Installer Stacy Beckham License # TH000072

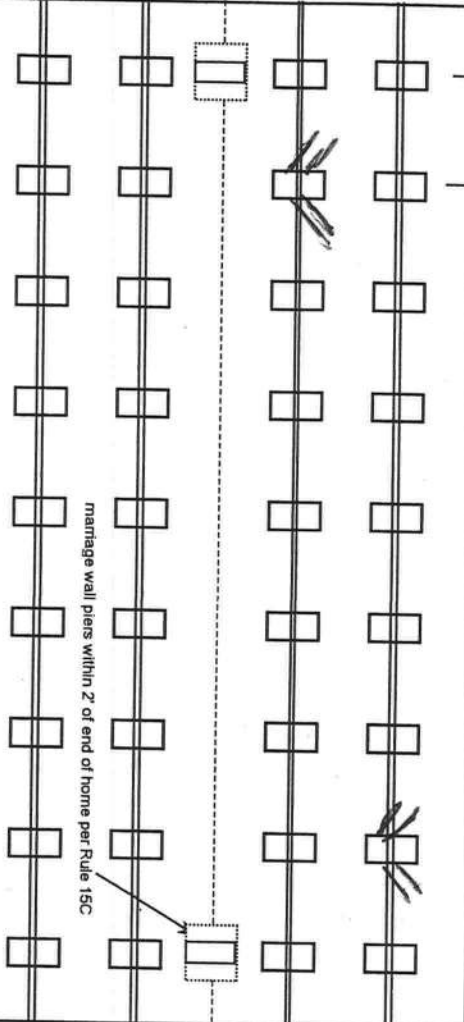
911 Address where home is being installed. 233 SE Suzanne Way

Manufacturer Freedom Length x width Nextel/80

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 SB



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 # 228744

Triple/Quad ☐ Serial # 432184

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'	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 17x22

Perimeter pier pad size 18x10

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

TIEDOWN COMPONENTS

OTHER TIES

Longitudinal Stabilizing Device (LSD)

Manufacturer

Longitudinal Stabilizing Device w/ Lateral Arms

Manufacturer

Number

Sidewall

Longitudinal

Marriage wall

Shearwall

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 1800 psf or check here to declare 1000 lb. soil without testing.

X 1500 X 1500 X 1500

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 1500 X 1500 X 1500

TORQUE PROBE TEST

The results of the torque probe test is 895 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

Date Tested

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. 15C

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 15C

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 15C

Site Preparation

Debris and organic material removed Swale Pad Other

Water drainage: Natural

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.

Installed:

Between Floors Yes Between Walls Yes Bottom of ridgebeam Yes

Weatherproofing

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

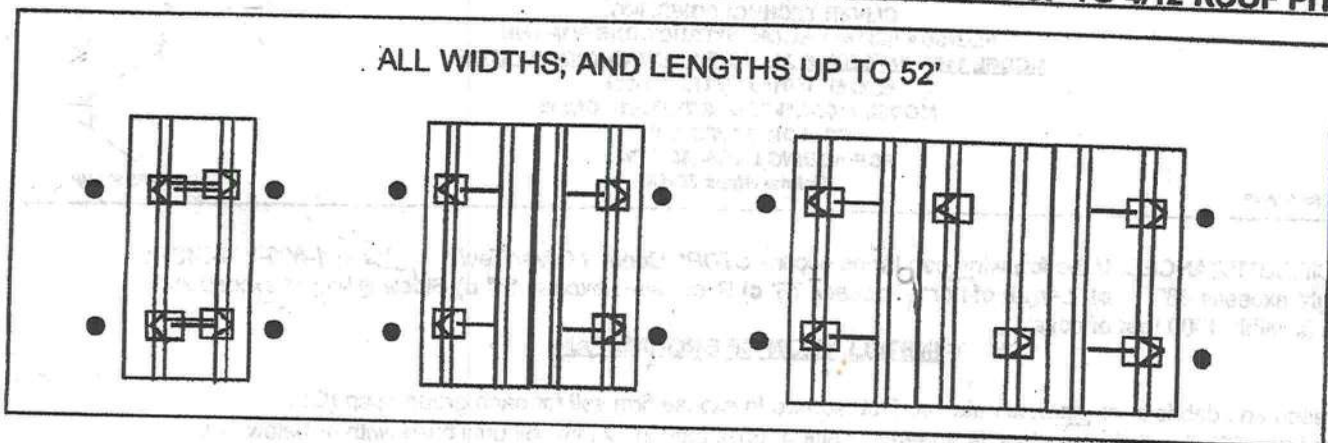
manufacturer's installation instructions and/or Rule 15C-1 & 2

Installer Signature

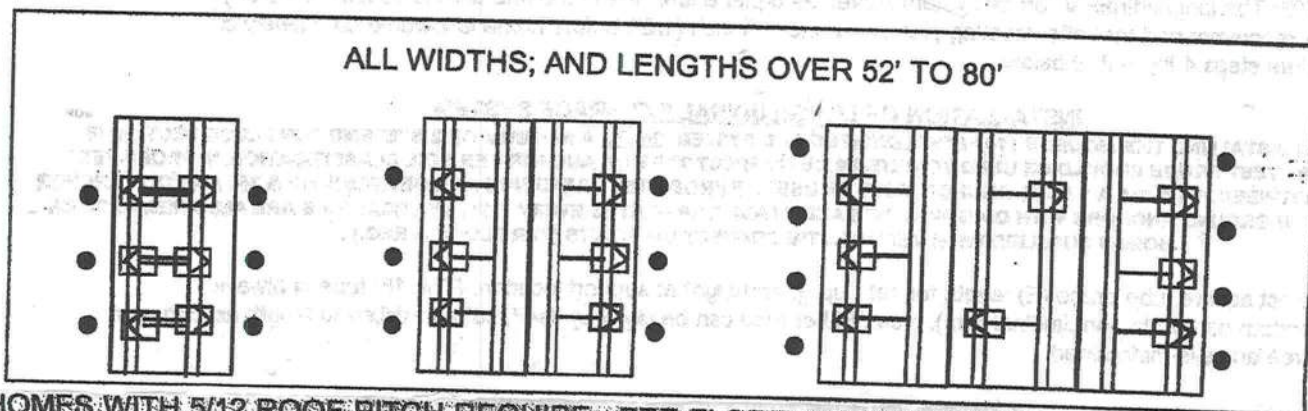
Date

REQUIRED NUMBER AND LOCATION OF MODEL 1101 "V" BRACES FOR UP TO 4/12 ROOF PITCH

ALL WIDTHS; AND LENGTHS UP TO 52'



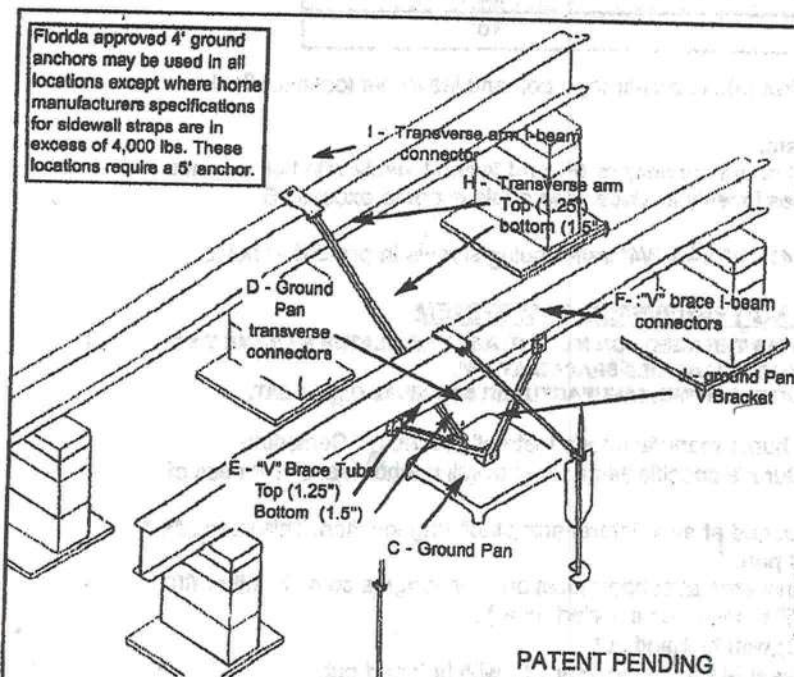
ALL WIDTHS; AND LENGTHS OVER 52' TO 80'



HOMES WITH 5/12 ROOF PITCH REQUIRE: PER FLORIDA REGULATIONS

6 systems for home lengths up to 52' and 8 systems for homes over 52' and up 80'. One stabilizer plate and frame tie required at each lateral bracing system.

Florida approved 4' ground anchors may be used in all locations except where home manufacturers specifications for sidewall straps are in excess of 4,000 lbs. These locations require a 5' anchor.



PATENT PENDING

- C = GROUND PAN
- D = GROUND PAN CONNECTOR
- U BRACKETS
- E = TELESCOPING V BRACE TUBE ASSEMBLY W/ 1.5 BOTTOM TUBE AND 1.25 TUBE INSERT
- F = "V" BRACE I-BEAM CONNECTORS ASSEMBLY
- H = TELESCOPING TRANSVERSE ARM ASSEMBLY
- I = TRANSVERSE ARM I-BEAM CONNECTOR
- J = V PAN BRACKET

REVISED INSTRUCTIONS 4/23/03

NOTES:

1. LENGTH OF HOUSE IS THE ACTUAL BOX SIZE
2. • = STABILIZER PLATE AND FRAME TIE LOCATION (needs to be located within 18" from center of ground pan)
3. = LOCATION OF ASF MODEL 1101 "V" (LATERAL & LONGITUDINAL BRACING).
4. = LOCATION OF MODEL 1101-L "V" (LONGITUDINAL BRACING ONLY).

MANUFACTURED HOUSING FOUNDATION SYSTEMS
A DIVISION OF OLIVER TECHNOLOGIES, INC.
1-800-284-7437

Telephone: 931-796-4555
Fax: 931-796-8811
www.olivertechnologies.com

DEPARTMENT OF
CODE ENFORCEMENT
COLUMBIA COUNTY, FLORIDA

PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED _____ BY LH

IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? NO

OWNERS NAME Bob Brown PHONE _____ CELL _____

911 ADDRESS _____

MOBILE HOME PARK Whispering Pines SUBDIVISION Whispering Pines

DRIVING DIRECTIONS TO MOBILE HOME 90 W (2) Take 1st

Left then at the dead end on (2)
Fencend in yard

CONTRACTOR Stacey Beckham PHONE _____ CELL _____

MOBILE HOME INFORMATION

MAKE General YEAR 1999 SIZE 16 x 76/74

COLOR _____ SERIAL No. 133666LTD

WIND ZONE II SMOKE DETECTOR yes

INTERIOR: FLOORS ✓

DOORS ✓

WALLS ✓

CABINETS ✓

ELECTRICAL (FIXTURES/OUTLETS) ✓

EXTERIOR: WALLS / SIDING ✓

WINDOWS ✓

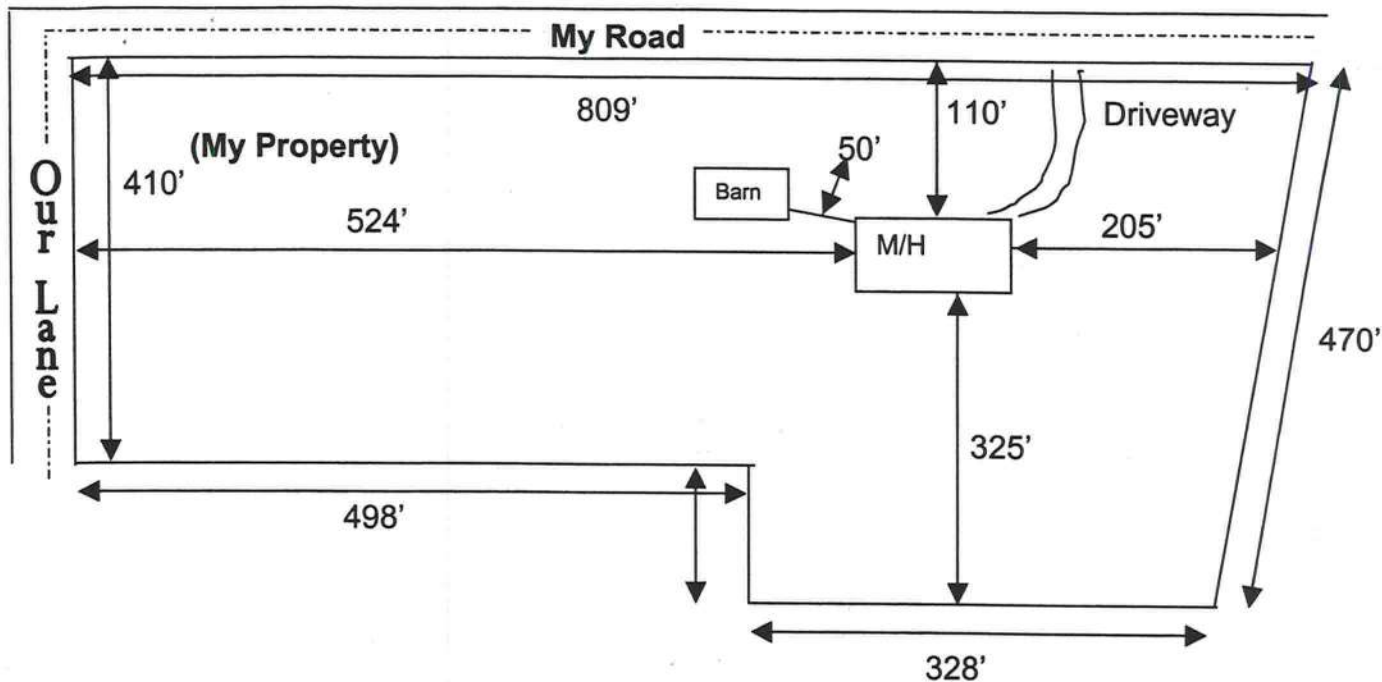
DOORS ✓

STATUS: APPROVED ✓ WITH CONDITIONS: None

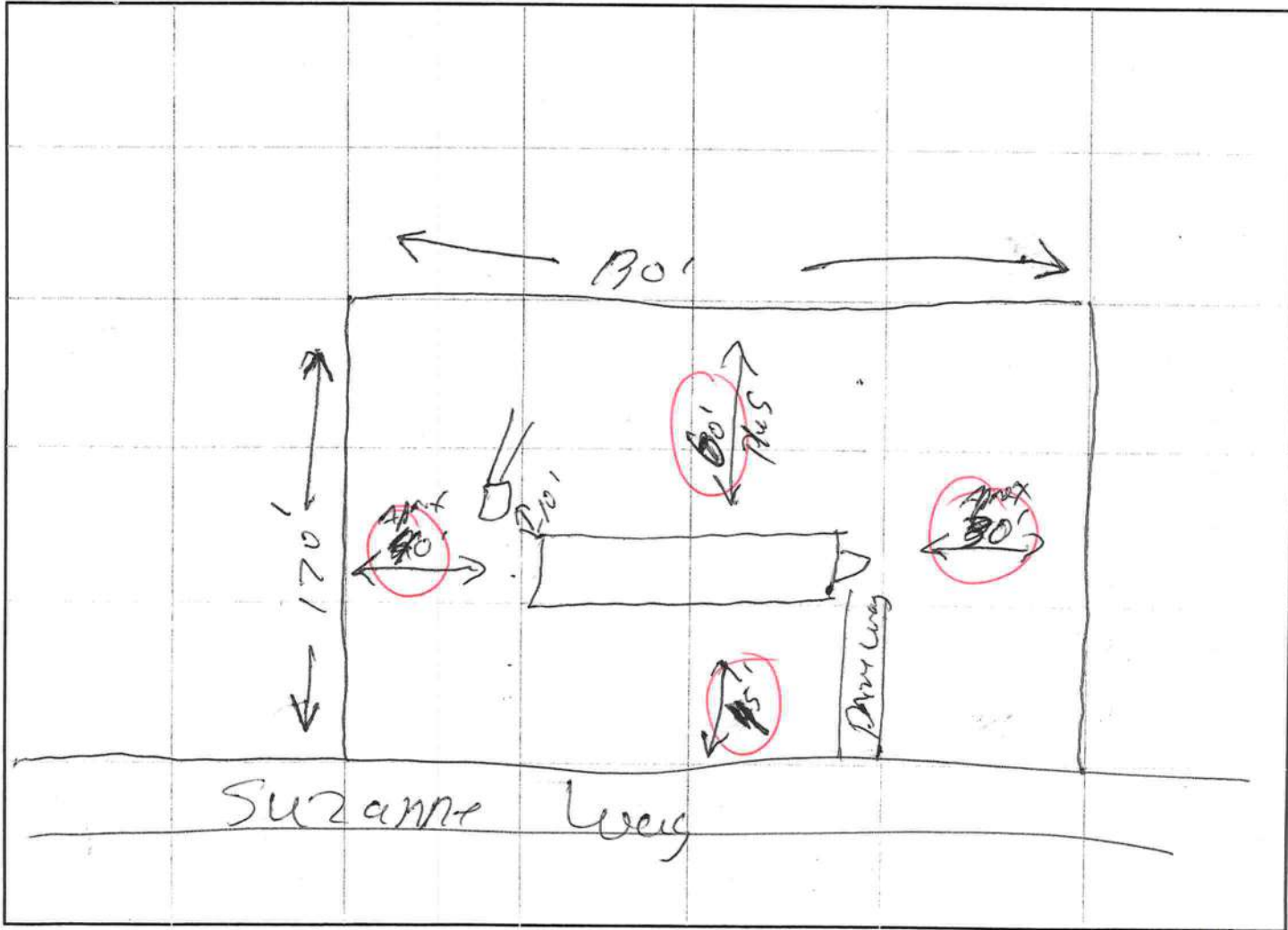
NOT APPROVED _____ NEED REINSPECTION _____

INSPECTOR SIGNATURE [Signature] NUMBER 307

SITE PLAN EXAMPLE / WORKSHEET



Use this example to draw your own site plan. Show all existing buildings and any other homes on this property and show the distances between them. Also show where the road or roads are around your property.



LOT 11 BLOCK C BRANDON HGTS
S/D ORB 746-1480, 778-056

DICKS LENVIL H
P O BOX 1

26-4S-17-08749-161

PRINTED 7/01/2005 9:05
Columbia County 2005 R
CARD 001 of 001
BY KYLIE

LAKE CITY
AE?

USE
MOD
EXW
RSTR
RCVR
INT
FLR
HTTP
A/C
QUAL
FNDN
SIZE
CEIL
ARCH
FRMT
KITCH
WINDO
CLAS
COND
SUB
BATH
FIXT
BDM
RNS
UNIT
C-H
HGT
PMT
STY
FLOOR
FLOOR
SPECR
UD-1
UD-2
UD-3
UD-4
UD-5
UD-6
UD-7
UD-8
UD-9
UD-0

A-AREA % E-AREA SUB VALUE

HTD AREA
EFF AREA
RCN
%GOOD
BLDG VAL

FL 32056
INDEX
E-RATE
26417.01
NEHD
INDX
AVB
EVB

FIELD CK: LT 11 BK C BRANDON H
LOC:

STR 26-4S-17E
MKT AREA 02
PUDI
AC
NICD
APPR CD
CNDO
SUBD
BLK
LOT
MAP#
TXDT 003
BLDG TRAVERSE

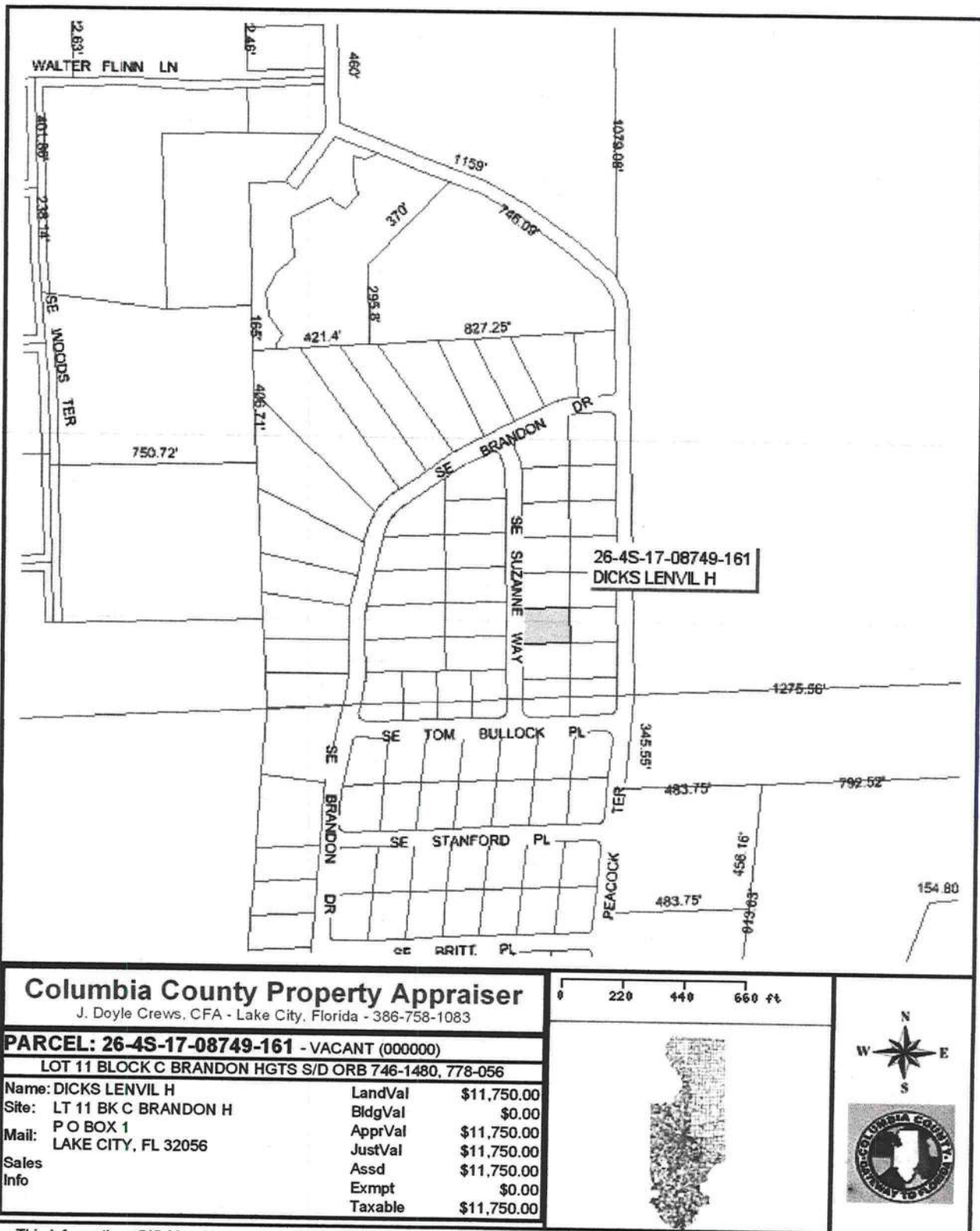
0 BLDG
0 XFOB
11,750
0 AC
0 MAG
11,750
0 JUST
0 CLAS
0 SOHD
0 EXPT
0 EXPT
0 COIXBL

TOTAL
AE BN CODE

EXTRA FEATURES
DESC
LEN WID HGT QTY QL YR ADJ
FIELD CK:
UNITS UT
PRICE
ADJ UT PR
SPCD %
%GOOD XFOB VALUE

LAND DESC
AE CODE VAC RES
Y 009947 SEPTIC
ZONE ROAD
TOPO UTIL
RSFMH1 0007
0002 0003
00
UD1 {UD2 {UD3 FRONT DEPTH FIELD CK:
UD4 BACK DT ADJUSTMENTS
130 170 1.00 1.00 1.00 1.00
1.00 1.00 1.00 1.00
UNITS UT PRICE ADJ UT PR LAND VALUE
1.000 LT 11000.000 11000.00 750.00 11,000
1.000 UT 750.000 750.00 750

L001 - 0.50 AC.



STATE OF FLORIDA
COUNTY OF COLUMBIA

AFFIDAVIT

This is to certify that I, (We), Lenvil H. Dicks, as the
seller, by an **Agreement for Deed**, of the below described property:

Tax Parcel No. R08749-161

Subdivision (Name, lot, Block, Phase) 11C Brandon Hts.

Give my permission for Robert Brown Sr. to place a
(Mobile Home / Travel Trailer / Single Family Home)

I (We) understand that this could result in an assessment for solid waste and fire
protection services levied on this property.

Lenvil H. Dicks
(1) Seller Signature

(2) Seller Signature

Sworn to and subscribed before me this 2nd day of June, 2005. This

(These) person (s) are personally known to me or produced ID _____
(Type)

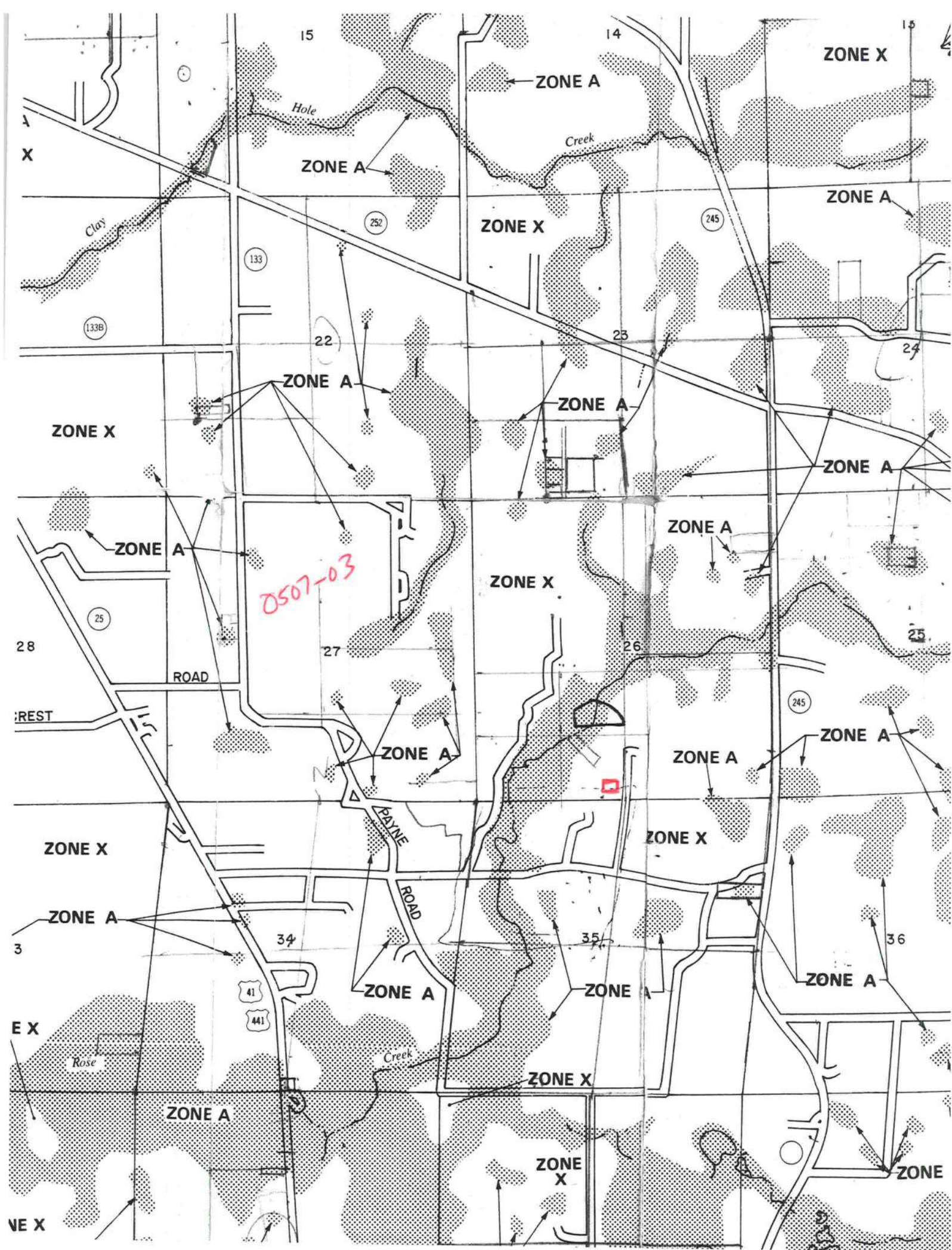
Suzanne Davis
Notary Public Signature

Suzanne Davis
Notary Printed Name

State of Florida

My commission expires: 9-29-07







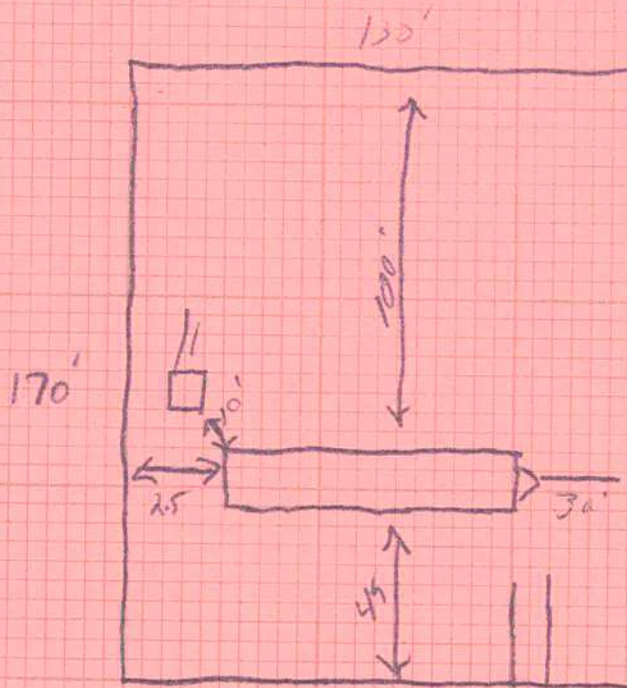
STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 05-0718E

PART II - SITE PLAN

Scale: Each block represents 5 feet and 1 inch = 50 feet.



Notes: _____

Site Plan submitted by: _____

Plan Approved _____ Not Approved _____

By _____ Date 7-4-05

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT