

elect  
8203

Surral#

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 7-1-15) Zoning Official MA Building Official MA  
AP# 1907-29 Date Received 7/8/19 By MG Permit # 2847/38364  
Flood Zone X Development Permit \_\_\_\_\_ Zoning A-3 Land Use Plan Map Category Af  
Comments Prior family lot Section 14.9 as 2.03 AC. - legal lot of record  
floor one foot above the road  
FEMA Map# \_\_\_\_\_ Elevation \_\_\_\_\_ Finished Floor 1 inch above road River \_\_\_\_\_ In Floodway \_\_\_\_\_  
☐ Recorded Deed or ☒ Property Appraiser PO ☐ Site Plan ☒ EH # 19-0520 ☒ 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 paid on Property ☐ Out County ☐ In County ☒ Sub VF Form

Property ID # 25-65-16-03432-003 Subdivision \_\_\_\_\_ Lot# \_\_\_\_\_

New Mobile Home ☒ Used Mobile Home \_\_\_\_\_ MH Size 40x28 Year 2019

Applicant Jeff Hardee Phone # 352-949-0592

Address 6450 NW 72nd Lane Chiefland, FL 32626...

Name of Property Owner Christine & Kathryn Scanlon Phone # 727 251 4850

911 Address 176 SW Cook St Fort White FL 32038

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

Name of Owner of Mobile Home Christine Scanlon Phone # 727 251 4850  
Address 236 Yulan St Ft White FL 32038

Relationship to Property Owner SAME

Current Number of Dwellings on Property 200

Lot Size 463 x 221 Total Acreage 2.03

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 47 South FL onto  
Elam church Rd then T/R on to SW Cook St  
go ~ 300 feet to DW on left

Name of Licensed Dealer/Installer Michael Earnest Phone # 352-427-5886

Installers Address 2731 SW 36th Dr Ocala FL 34474

License Number IA 1121539-1 Installation Decal # 61681

A lady called 7.15.19

Let Emailed Jeff 7-12-19

SCANNED

checked with Jeff  
list on web

# COLUMBIA COUNTY PERMIT WORKSHEET

page 1 of 2

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

Installer Michael Earnest License # IH/1121539

911 Address where home is being installed. Cook Street Ft. White

Manufacturer Nobility Length x width 40x28

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 lies exceeds 4 ft 4 in.

Installer's initials

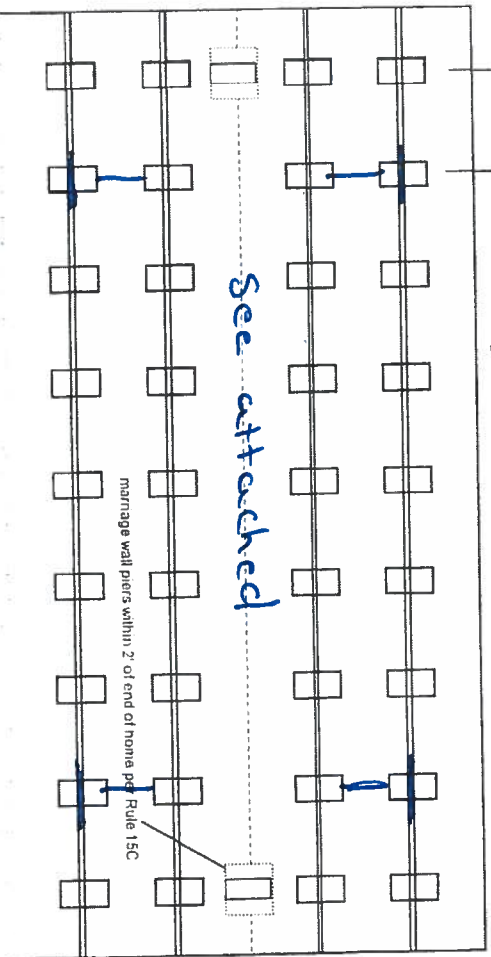
ME

Typical pier spacing 2' 91" (7.75')

lateral

longitudinal

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



marriage wall piers within 2' of end of home per Rule 15C

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 # 61681

Triple/Quad ☐ Serial # 11-14867A33

## PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	Footer size (256)	16" x 16"	18 1/2" x 18 1/2"	20" x 20"	22" x 22"	24" x 24"	26" x 26"
1000 psf	3'	4'	5'	6'	7'	8'	8'
1500 psf	4' 6"	6'	7'	8'	9'	10'	10'
2000 psf	6'	8'	9'	10'	11'	12'	12'
2500 psf	7' 6"	9'	10'	11'	12'	13'	13'
3000 psf	8'	10'	11'	12'	13'	14'	14'
3500 psf	8'	10'	11'	12'	13'	14'	14'

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

## PIER PAD SIZES

17x25

17x25

I-beam pier pad size

21x14

16x16

Perimeter pier pad size

16x16

16x16

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

See attached

ANCHORS

4 ft ☒ 5 ft ☒

FRAME TIES

within 2' of end of home spaced at 5' 4" oc 21x14

TIEDOWN COMPONENTS

OTHER TIES

Longitudinal Stabilizing Device (LSD)  
Manufacturer oliver 1101 J system  
Longitudinal Stabilizing Device w/ Lateral Arms  
Manufacturer oliver 1101 J system  
Sidewall 5140.c  
Longitudinal Marriage wall 21x14  
Shearwall Per Factory

## COLUMBIA COUNTY PERMIT WORKSHEET

page 2 of 2

## POCKET PENETROMETER TEST

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

X 1500X 1700X 1700

## 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 1700X 1500X 1500

## 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 \_\_\_\_\_

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. 43

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 42

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 42

## Site Preparation

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

## Fastening multi wide units

Floor: Type Fastener: 1 1/2" x 5" Length: 3/8" x 5" Spacing: 20" O.C.  
Walls: Type Fastener: 5/8" x 3" Length: 16" x 4" Spacing: 16" O.C.  
Roof: Type Fastener: metal Length: 46" Spacing: 24" O.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, 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 ME

Type gasket foam from factory  
Pg. 14

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

## Weatherproofing

The bottomboard will be repaired and/or taped. Yes Pg. 14  
Siding on units is installed to manufacturer's specifications. Yes ☒  
Fireplace chimney installed so as not to allow intrusion of rain water. Yes ☒

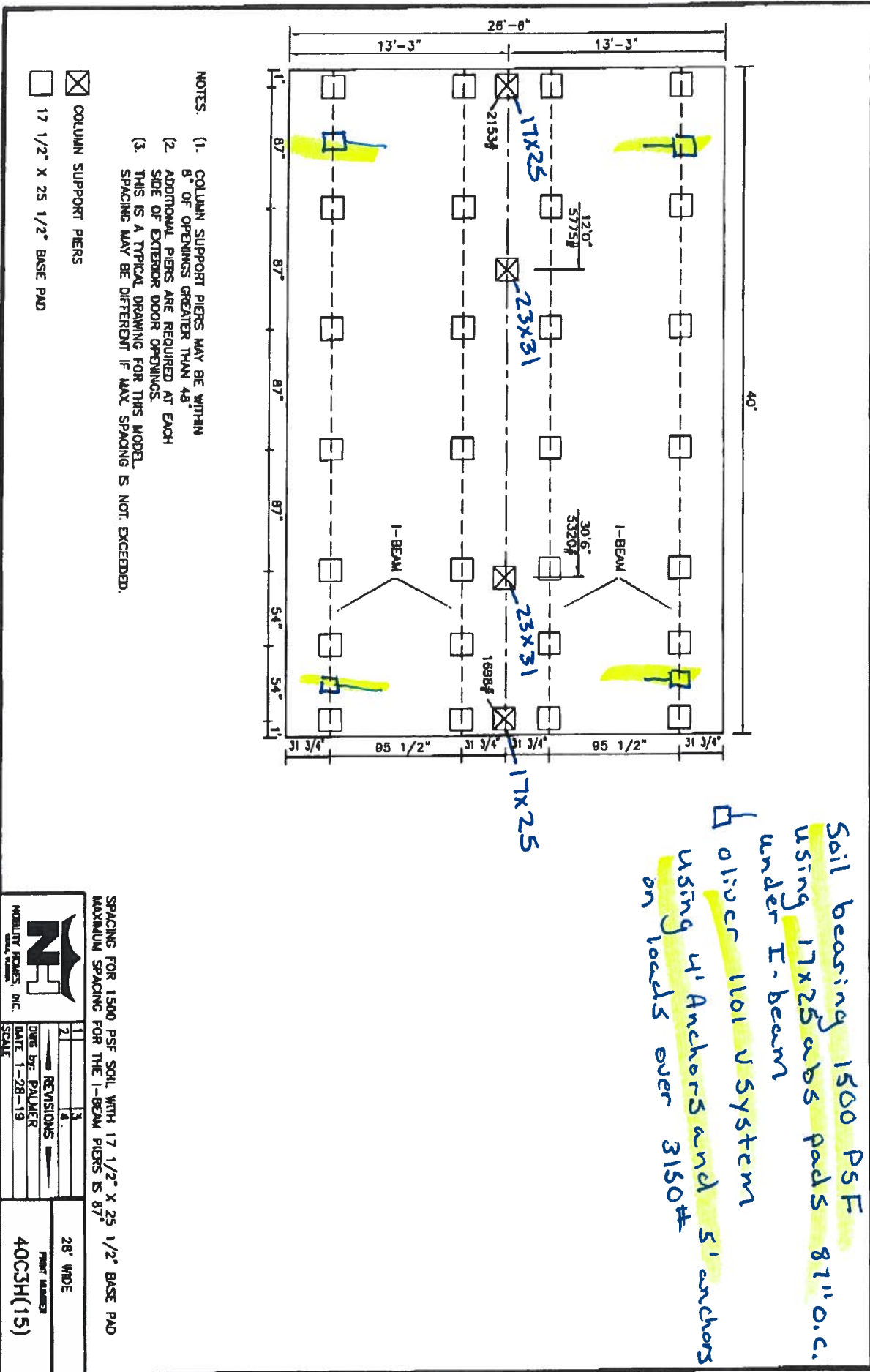
## Miscellaneous

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

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

Installer Signature Michael Ernst Date 6-18-19



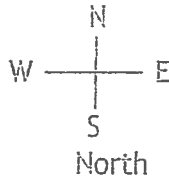


# Site Plan

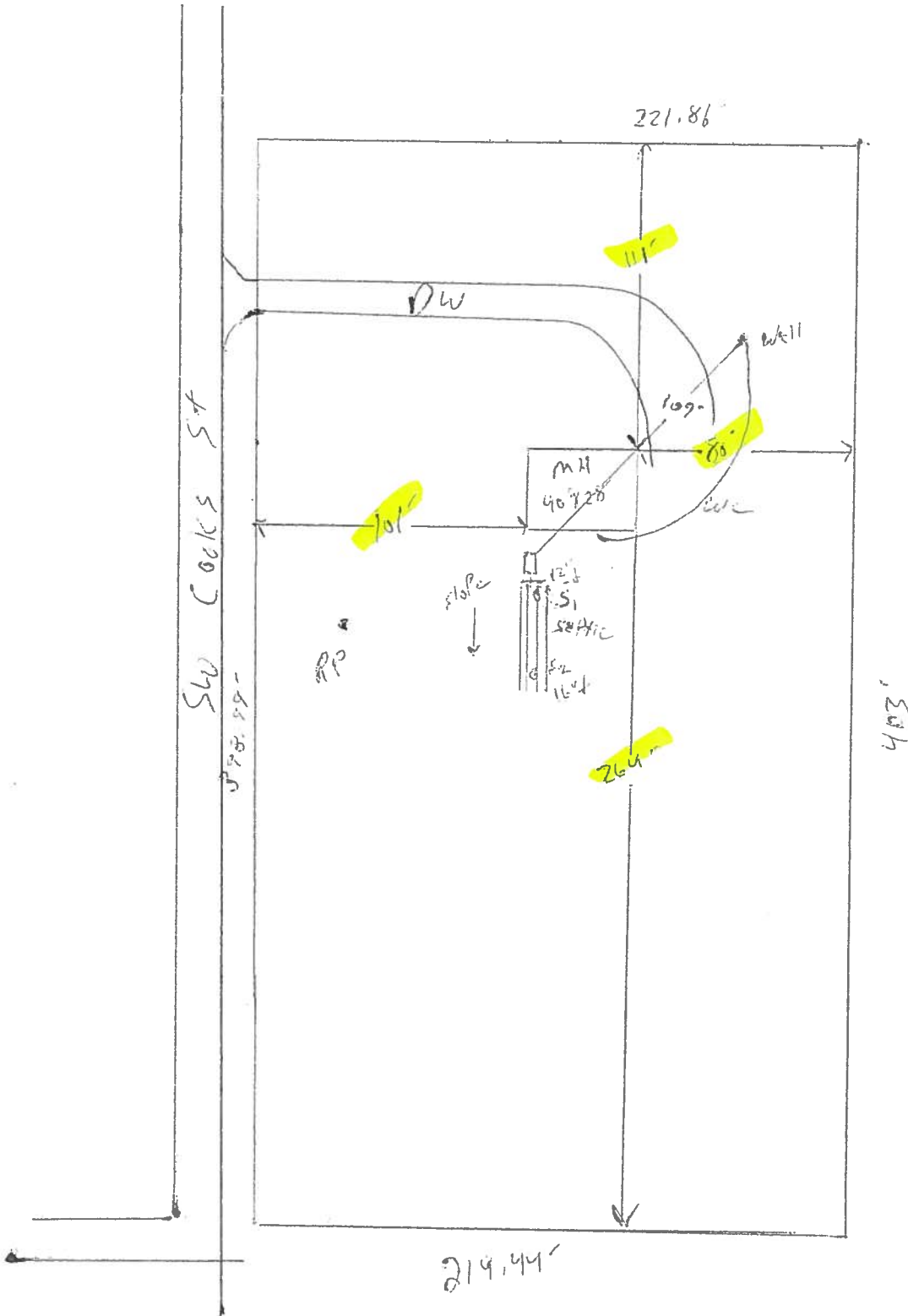
Please include road numbers and driveway access along with the distances from the new structure to each property line

Christine Scanlon

25-65-16-03937-003



1' = 60'  
Jdl Hader



## Legend

Parcels

2018Aerials

Addresses

2018 Flood Zones

0.2 PCT ANNUAL CHANCE

A

AE

AH

LidarElevations

X

X

X

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# Columbia County, FLA - Building & Zoning Property Map

Printed: Wed Jul 10 2019 18:03:41 GMT-0400 (Eastern Daylight Time)



## Parcel Information

Parcel No: 25-6S-16-03937-003

Owner: TAYLOR RAND D

Subdivision:

Lot:

Acres: 2.04874825

Deed Acres: 2.03 Ac

District: District 2 Rocky Ford

Future Land Uses: Agriculture - 3

Flood Zones:

Official Zoning Atlas: A-3

Roads

Roads

others

Dirt

Interstate

All data, information, and maps are provided "as is" without warranty or any representation of accuracy, timeliness of completeness. Columbia County, FL makes no warranties, express or implied, as to the use of the information obtained here. There are no implied warranties of merchantability or fitness for a particular purpose. The requester acknowledges and accepts all limitations, including the fact that the data, information, and maps are dynamic and in a constant state of maintenance, and update.

**Columbia County Property Appraiser**

Jeff Hampton

**2018 Tax Roll Year**

updated 6/25/2019

Parcel: &lt;&lt; 25-6S-16-03937-003 &gt;&gt;

Aerial Viewer Pictometry Google Maps

**Owner & Property Info**

Result: 1 of 1

Owner	SCANLON CHRISTINE F & KATHRYN A SCANLON (JTWRS) 236 SW YULAN ST FORT WHITE, FL 32038		
Site			
Description*	COMM SW COR OF SEC, RUN N 1285.06 FT, E 345.12 FT TO A PT OF TANGENCY OF A CURVE ON S R/W OF C-238, S 149.88 FT, W 327.04 FT, S 157.04 FT FOR POB CONT S 398.99 FT, E 219.44 FT, N 403 FT, W 221.86 FT TO POB. ORB 795-278, 929-1799, 932- 1272, QC 1131-1144, ...more>>>		
Area	2.03 AC	S/T/R	25-6S-16
Use Code**	PASTURELAN (006200)	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.

**Property & Assessment Values**

2018 Certified Values		2019 Working Values	
Mkt Land (0)	\$0	Mkt Land (0)	\$0
Ag Land (1)	\$487	Ag Land (1)	\$487
Building (0)	\$0	Building (0)	\$0
XFOB (0)	\$0	XFOB (0)	\$0
Just	\$12,555	Just	\$12,555
Class	\$487	Class	\$487
Appraised	\$487	Appraised	\$487
SOH Cap [?]	\$0	SOH Cap [?]	\$0
Assessed	\$487	Assessed	\$487
Exempt	\$0	Exempt	\$0
Total Taxable	county:\$487 city:\$487 other:\$487 school:\$487	Total Taxable	county:\$487 city:\$487 other:\$487 school:\$487

**▼ Sales History**

Sale Date	Sale Price	Book/Page	Deed	V/I	Quality (Codes)	RCode
3/7/2019	\$15,000	1379/2274	WD	V	Q	01
9/13/2007	\$100	1131/1144	QC	V	U	01

**▼ Building Characteristics**

Bldg Sketch	Bldg Item	Bldg Desc*	Year Blt	Base SF	Actual SF	Bldg Value
NONE						

**▼ Extra Features & Out Buildings (Codes)**

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
NONE						



License Number: IH / 1121539 / 1 Name: MICHAEL J EARNEST

Order #: 3887

Label #: 61681

Manufacturer:

(Check Size of Home)

Homeowner: Scanlon

Year Model:

Single \_\_\_\_\_

Address:

Length & Width:

Double \_\_\_\_\_

Triple \_\_\_\_\_

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

61681

LABEL #

DATE OF INSTALLATION

MICHAEL J EARNEST

NAME

IH / 1121539 / 1

3887

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, Michael Earnest, 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
Jeffrey Hardee		
Holly Bryant		

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.

Michael Earnest IH/1121539 6/20/19  
License Holders Signature (Notarized) License Number Date

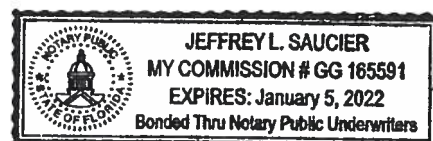
NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: LAKE

The above license holder, whose name is MICHAEL EARNEST,  
personally appeared before me and is known by me or has produced identification  
(type of I.D.) \_\_\_\_\_ on this 20 day of JUNE, 20 19.

NOTARY'S SIGNATURE

(Seal/Stamp)



## MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1907-29 CONTRACTOR Michael Ernest PHONE \_\_\_\_\_

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 ✓ 788	Print Name <u>Adam Minnerl</u> License # <u>SC 13004282</u> Qualifier Form Attached <input type="checkbox"/>	Signature <u>[Signature]</u> Phone #: <u>318-2368</u>
MECHANICAL/ A/C _____	Print Name _____ License # _____ Qualifier Form Attached <input type="checkbox"/>	Signature _____ Phone #: _____

**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.

## MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1907-09 CONTRACTOR Michael Ernest PHONE \_\_\_\_\_

THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

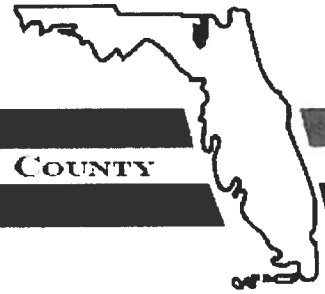
In Columbia County one permit will cover all trades doing work at the permitted site. It is REQUIRED that we have records of the subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and Ordinance 89-6, a contractor shall require all subcontractors to provide 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 _____ License #: _____ Qualifier Form Attached <input type="checkbox"/>	Signature _____ Phone #: _____
MECHANICAL/ A/C <u>950</u>	Print Name <u>Michael A Bolan L</u> License #: <u>CAC1817716</u> Qualifier Form Attached <input type="checkbox"/>	Signature <u>Michael A Bolan L</u> Phone #: _____

**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.

District No. 1 - Ronald Williams  
District No. 2 - Rocky Ford  
District No. 3 - Bucky Nash  
District No. 4 - Toby Witt  
District No. 5 - Tim Murphy



**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: **7/11/2019 1:27:47 PM**

Address: **176 SW COOK St**

City: **FORT WHITE**

State: **FL**

Zip Code **32038**

Parcel ID **03937-003**

REMARKS: Address for proposed structure on parcel.

**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: **Signed:/ Matt Crews**

Columbia County GIS/911 Addressing Coordinator

**COLUMBIA COUNTY  
911 ADDRESSING / GIS DEPARTMENT**

263 NW Lake City Ave., Lake City, FL 32055 Telephone: (386) 758-1125  
Email: [gis@columbiacountyfla.com](mailto:gis@columbiacountyfla.com)

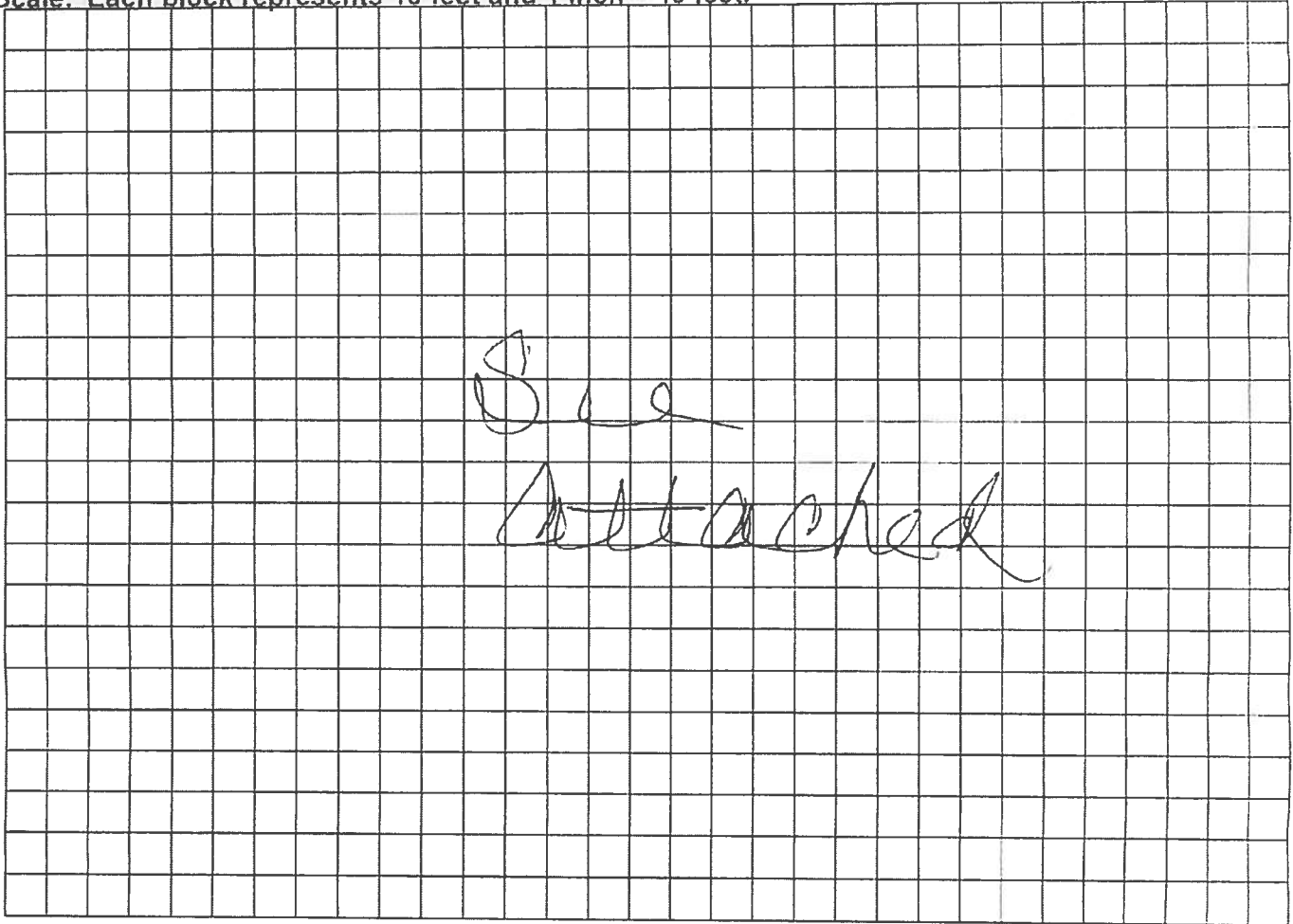


STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 19-0520

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

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



Notes: \_\_\_\_\_

Site Plan submitted by: [Signature] Agent: ✓ Owner: \_\_\_\_\_ Date: 7-8-19  
Plan Approved X Not Approved \_\_\_\_\_ Date: 7/10/19  
By [Signature] ESL COLUMBIA County Health Department

**ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT**

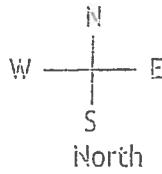
# Site Plan

Please include road numbers and driveway access along with the distances from the new structure to each property line

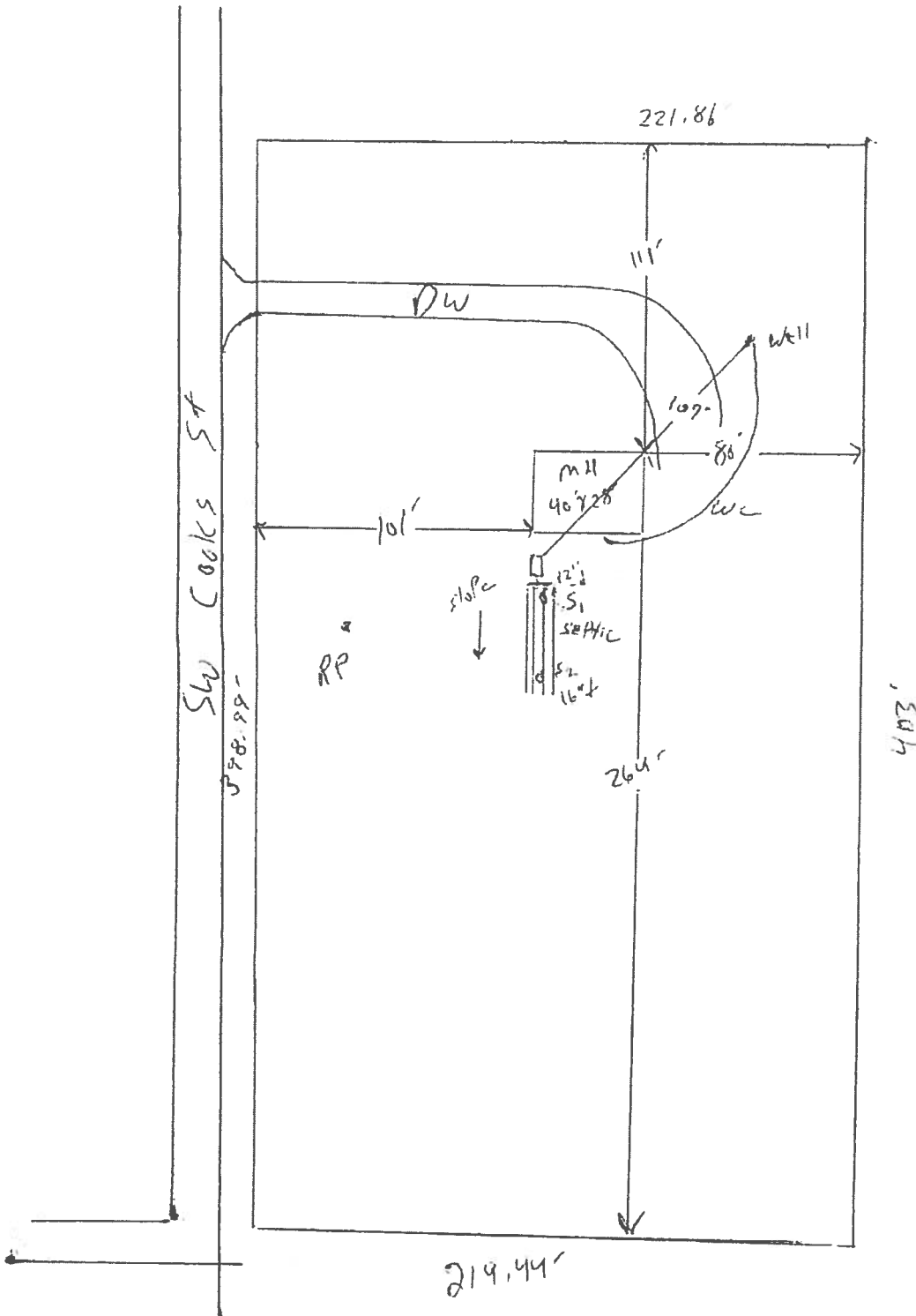
19-0520

Christine Scanlon

25-65-16-03937-003



1' = 60'  
John Hader



# ACTION

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## Pump Repair & Well Drilling

Jamie Storey  
State License # 2664

Office (352) 542-7877  
Fax (352) 542-7533

*July 15, 2019*

**RE: Christine Scanlon  
176 SW Cook St.  
Ft. White, FL 32038  
Parcel ID# 25-6S-16-03937-003**

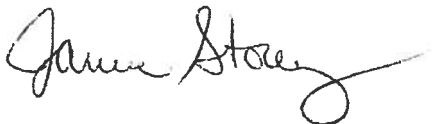
**To whom it may concern:**

**Action Pump Repair and Well Drilling, Inc. has contracted with the above referenced customer to install a:**

**4" well with black steel casing  
1 H.P. Submersible pump 20 G.P.M.  
33 gallon bladder tank  
SRWMD Permit # 3-023-235027-1**

**If you need any further information please give me a call.**

**Sincerely,**



**Jamie Storey**

STATE OF FLORIDA  
COUNTY OF COLUMBIA

LAND OWNER AFFIDAVIT

This is to certify that I, (We), Christine F Scanlon, Kathryn A Scanlon  
as the owner of the below described property:

Property tax Parcel ID number 25-65-16-03937-003

Subdivision (Name, lot, Block, Phase) \_\_\_\_\_

Give my permission for Christine F Scanlon, Kathryn Scanlon 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.

Christine F Scanlon  
Owner Signature

July 16, 2019  
Date

[Signature]  
Owner Signature

7-16-19  
Date

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

Sworn to and subscribed before me this 16 day of July, 2019. This

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

[Signature]  
Notary Public Signature

\_\_\_\_\_  
Notary Printed Name

Notary Stamp/

