

DATE 08/28/2003

Columbia County Building Permit / Application

PERMIT

000021023

This Permit Expires One Year From Date of Issue

New Resident

APPLICANT JAMES HIGDON PHONE 386 362-7425

ADDRESS _____ FL _____

OWNER SAME AS APPLICANT PHONE _____

ADDRESS 447 NE CESARS COURT WHITE SPRINGS FL 32096

CONTRACTOR CORBERTTS PHONE _____

LOCATION OF PROPERTY 41N, TL ON SUWANNEE VALLEY RD. TR ON EVERETT, TR ON LONNIE
LANE. TR ON NE CESARS CT, 2ND TO LAST ON LEFT

TYPE DEVELOPMENT MH/UTILITY ESTIMATED COST OF CONSTRUCTION 00

FLOOR AREA _____ TOTAL AREA _____ HEIGHT 00 STORIES _____ WALLS _____

FOUNDATION _____ ROOF (Type & Pitch) _____ FLOOR _____

LAND USE & ZONING ESA MAX. HEIGHT _____

MINIMUM SET BACK: STREET-FRONT / SIDE 30.00 REAR 25.00 SIDE 25.00

NO. EX D.U. 1 FLOOD ZONE AE CERT. DATE _____ DEV. PERMIT _____

LEGAL DESCRIPTION

PARCEL ID 20-2S-16-01657-036 SUBDIVISION DAVIS

BLOCK _____ LOT 36 UNIT _____ TOTAL ACRES _____

I certify that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction and that all foregoing information is accurate and all work will be done in compliance with all applicable laws regulating construction and zoning.

EXISTING

DIH000017

Driveway Connection

Culvert Waiver

Contractor's License Number

Applicant/Owner/Contractor

03-0769-N

BK

HD

Septic Tank Number

LU & Zoning checked by

Approved for Issuance

FOR BUILDING & ZONING DEPARTMENT ONLY

(Footer/Slab)

Temporary Power _____ date/app. by _____ Foundation _____ date/app. by _____ Monolithic _____ date/app. by _____

Under slab rough-in plumbing _____ slab _____ framing _____ date/app. by _____

Rough-in plumbing above slab and below wood floor _____ date/app. by _____

Electrical rough-in _____ date/app. by _____ Heat and Air Duct _____ date/app. by _____ Per. beam _____ date/app. by _____

Permanent power _____ date/app. by _____ Final _____ date/app. by _____ Pool _____ date/app. by _____

COMMENTS: REPLACEMENT, 1 FT ABOVE RD, CK#1177

OTHER TYPES OF INSPECTIONS

Culvert _____ date/app. by _____ M/H tie downs, blocking, electricity and plumbing _____ date/app. by _____

Utility Pole _____ date/app. by _____ Pump pole _____ date/app. by _____ Reconnection _____ date/app. by _____

BUILDING PERMIT FEE \$.00 ZONING CERT. FEE \$ 25.00 Certification Fee \$.00 Surcharge \$.00

MISC. FEES \$ 100.00 CULVERT FEE \$ _____ TOTAL PERMIT FEE \$ 125.00

INSPECTOR'S OFFICE Gale Eddle CLERK'S OFFICE CH

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.

existing well

*** The well affidavit, from the well driller, is required before the permit can be issued.***

This application must be ,completely, filled out to be accepted. Incomplete applications will not be accepted.

Fix back window receptacles on

Pre-Inspector OK

For Office Use Only

Zoning Official

Building Official H40

AP# 0308-51 Date Received 8/2/03 By GT Permit # 21023

Flood Zone AE Development Permit ~~YES~~ NO Zoning ESA-2 Land Use Plan Map Category ESA

Comments (88 feet flood elevation) 1st Floor 89 ft
Certification from Surveyor shows existing elevation to be 94.33 feet (check setbacks) (Need 1 foot Rise) PA

Letter submitted ground elevation is 94.33 - Nothing else needed per Bria

Property ID # R 20-25-16-01657-036 *(Must have a copy of the property deed)

New Mobile Home Used Mobile Home Mobility Year 1995

Applicant James R. Higdon Phone # (386) 362-7425

Address 9588 102ND St. Live Oak, Fl. 32060

Name of Property Owner Ronald & Cassandra Minnich Phone# (386) 935-4825

Address 447 N.E. Ceasars Ct. White Springs, Fl. 32096
(911)

Name of Owner of Mobile Home James R. Higdon Phone # (386) 362-7425

Address 9588 102ND St. Live Oak, Fl. 32060

Relationship to Property Owner Brother-in-law

Current Number of Dwellings on Property 0

Lot Size Total Acreage 1 acre

Current Driveway connection is Existing.

Is this Mobile Home Replacing an Existing Mobile Home Yes Replacing Moved Mobile Home

Name of Licensed Dealer/Installer Corbetts M.H.C. Phone # 386-362-4061

Installers Address 1126 E. Howard St Live Oak Fl 32064

License Number DF4000017 Installation Decal # 103066

The Permit Worksheet (2 pages) must be submitted with this application.

Installers Affidavit and Letter of Authorization must be notarized when submitted.

PERMIT NUMBER

Installer Roberts M # 6 License # 07000017

Address of home being installed

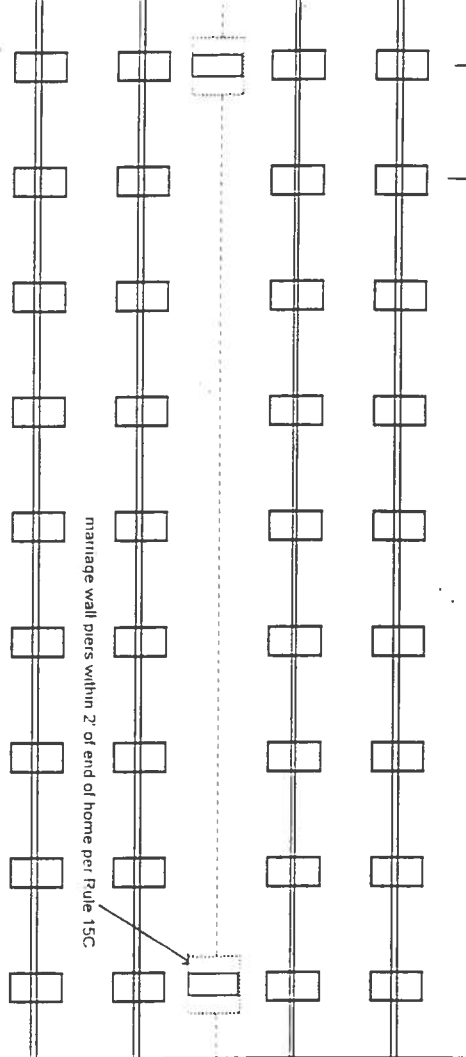
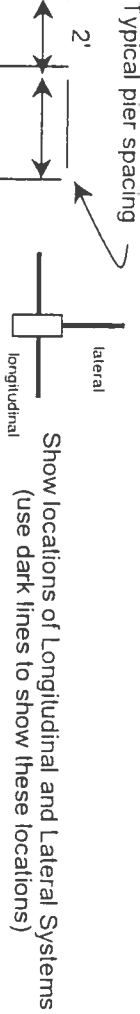
447 NE. Ceasars Ct
White Springs, FL 32096

Manufacturer Mobility Length x width 40 x 18

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 RC



see Diagram Attached

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 ☒

Double wide ☒ Installation Decal # 203066

Triple/Quad ☐ Serial # N8-7103 AB

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

17.5 x 26 x 1

Perimeter pier pad size

N/A

Other pier pad sizes (required by the mfg.)

17.5 x 12.5 At 20x15

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 21' - 1 Pier pad size 3 x 17.5 x 15 stacked

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 Tie Down Products
Longitudinal Stabilizing Device w/ Lateral Arms Manufacturer

Sidewall Longitudinal Marriage wall Shearwall Number 1-8
1-11
4

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 2000 psf or check here to declare 1000 lb. soil without testing.

x 2500

x 1200

x 1200

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 2500

x 1200

x 1200

TORQUE PROBE TEST

The results of the torque probe test is 177 inch pounds or check here if you are declaring 5' anchors without testing _____. A test showing 275 inch pounds or less will require 4 foot anchors.

Note: A state approved lateral arm system is being used and 4 ft. anchors are allowed at the sidewall locations. 1 understrand 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.

PC Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Cobberts M, H, C.

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. _____

Plumbing

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

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

Site Preparation

Debris and organic material removed ✓ Swale ✓ Pad _____ Other _____
Water drainage: Natural _____ Swale ✓ Pad _____ Other _____

Fastening multi wide units

Floor: Type Fastener: 3/8" lag Length: 5" Spacing: 16" OC
Walls: Type Fastener: 3/8" lag Length: 5" Spacing: 24" OC
Roof: Type Fastener: 3/8" lag Length: 5" Spacing: 16" OC
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

PC

Type gasket Foam

Installed:

Between Floors Yes
Between Walls Yes
Bottom of ridgebeam Yes

Weatherproofing

The bottomboard will be repaired and/or laped. 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

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

Installer Signature

Robert Cobberts

Date 8-22-05

James STATE OF FLORIDA *H. J. J. J.*
INSTALLATION CERTIFICATION LABEL

203066

LABEL #

DATE OF INSTALLATION

Corbett's Mobile Center, Inc.

NAME

DIH000057

8576

LICENSE #

ORDER #

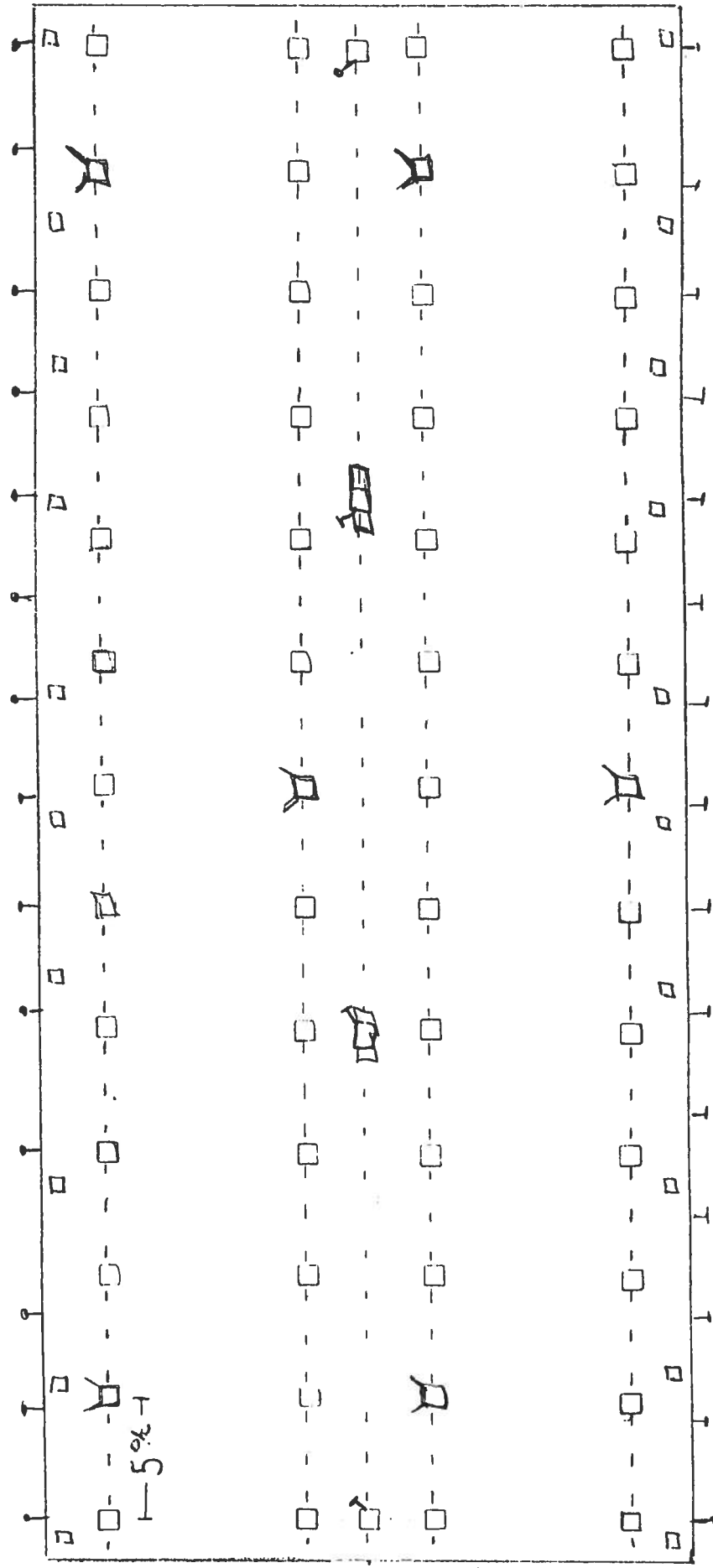
CERTIFIES THAT THE INSTALLATION OF THIS MOBILE HOME IS
IN ACCORDANCE WITH FLORIDA STATUTES 320.8249,
320.8325 AND RULES OF HIGHWAY SAFETY AND MOTOR
VEHICLES, BUREAU OF MOBILE HOME AND RECREATIONAL
VEHICLE CONSTRUCTION.

TESTED: 8/24/03

SOIL = 2000
ANCHOR 4' 5278 BT
PAD SIZE 17.5 x 23 ABS
LONGITUDE 1250

MAKE: YEAR: 94 CUSTOMER: James Higdon

76'




Pass 1

"Britt Surveying"

CERTIFICATION:

I, THE UNDERSIGNED REGISTERED LAND SURVEYOR, HEREBY CERTIFY THAT A POSITION
WAS MARKED AND FLAGGED ON LOT # 36, ~~BLOCK~~ OF DAVIS SUBDIVISION
PLAT BOOK 4, PAGE 111A, COLUMBIA
COUNTY, FLORIDA. THAT THE NATURAL GROUND ELEVATION AT SAID POINT IS 94.33
FEET IN ACCORDANCE WITH THE BENCH MARK RUN BY BRITT SURVEYING
IN 1990.

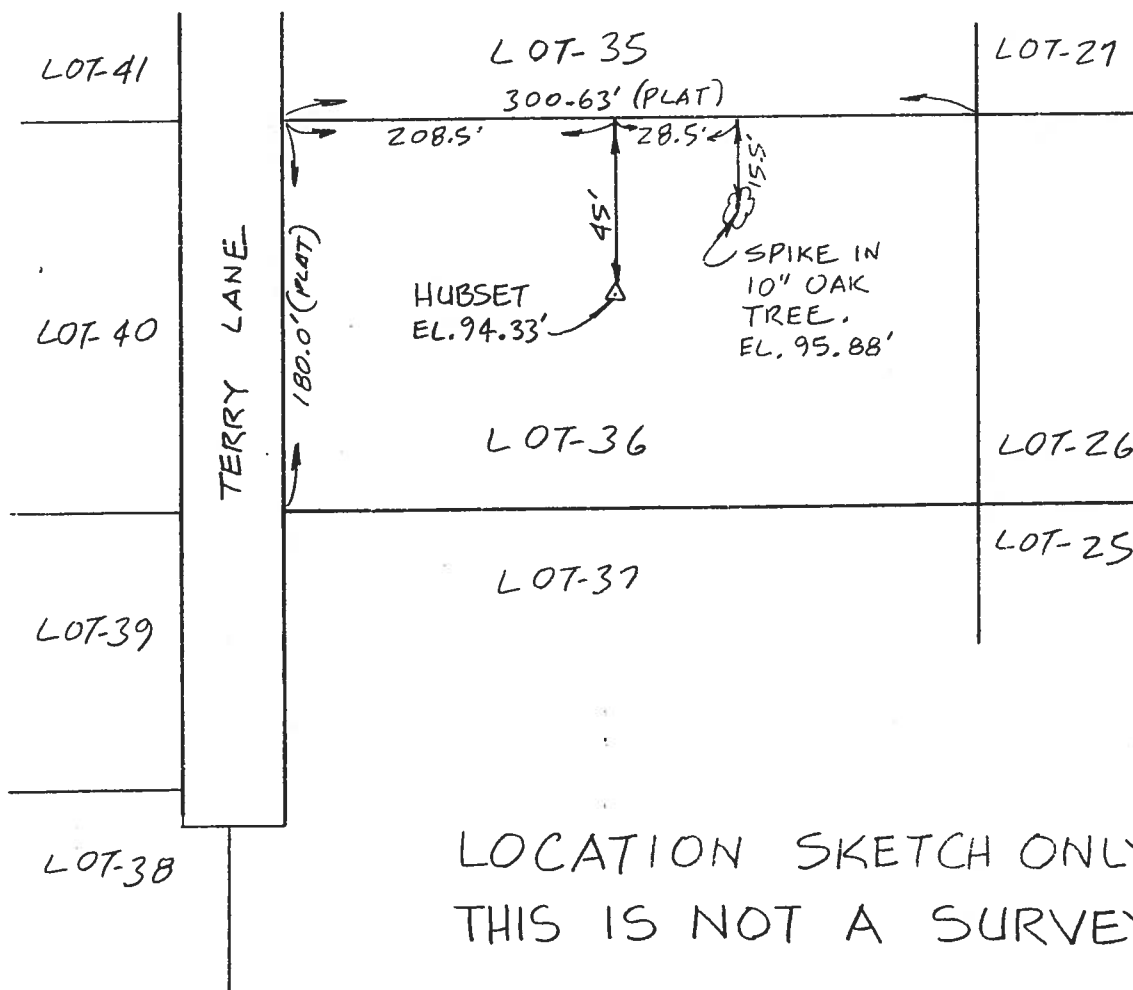

LAUREN E. BRITT, P.L.S.
FLA. CERTIFICATION # 1079

DATE: 21 MAY 1990

WO #: L-4551

F.B.: 119 PG: 8

FOR: ELLIE MINNICH



NOT TO SCALE

LOCATION SKETCH ONLY
THIS IS NOT A SURVEY

L-4551

August 1, 2003

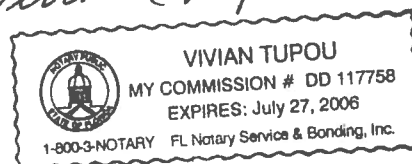
To Whom It May Concern:

I, Ronald L. Minnich, hereby give permission for Renee L. Minnich-Higdon and James R. Higdon to establish residence on my property at 447 NW Caesar Ct. White Springs, FL. 32096. If you have any questions please contact me at (386) 935-4825.

Thank you

Ronald L. Minnich
Ronald L. Minnich

Vivian Tupou





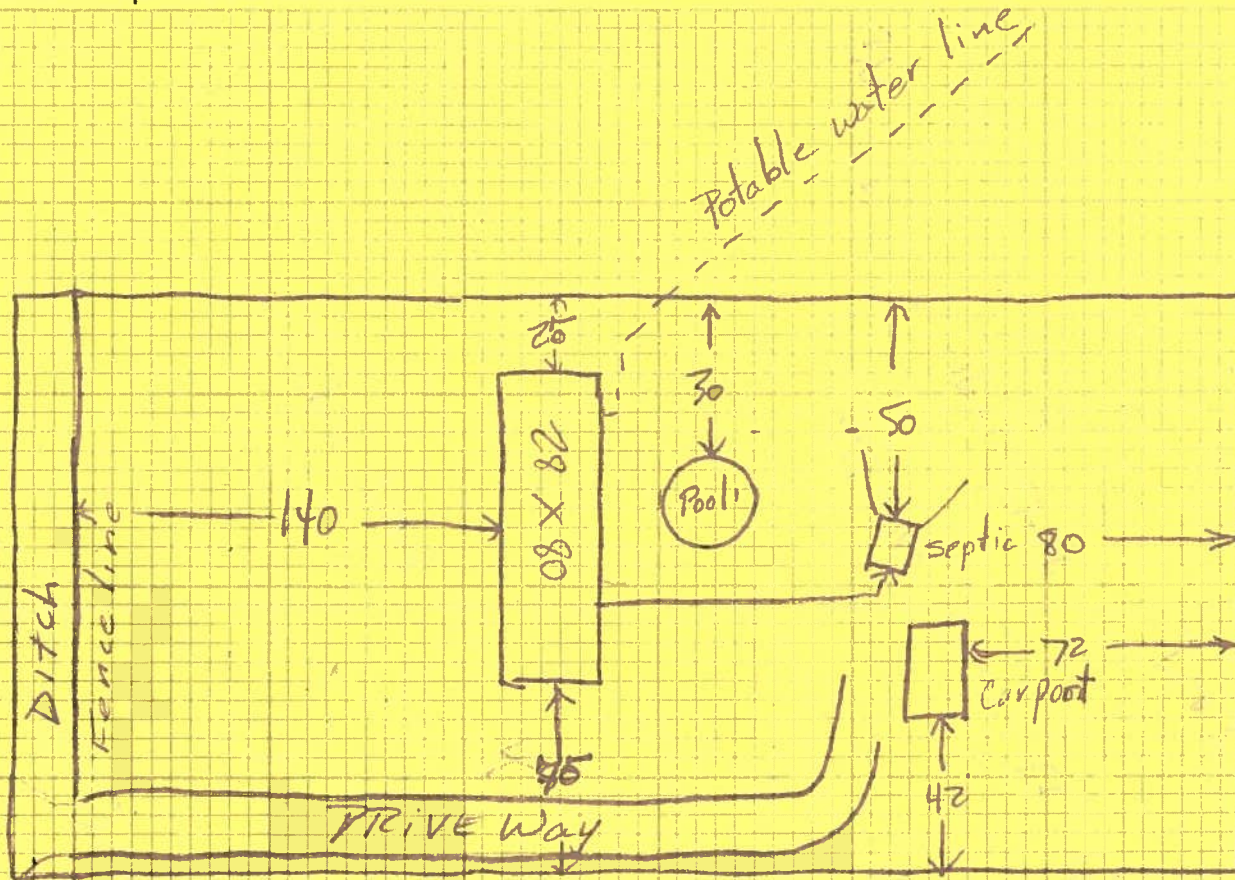
STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 03-0769N

PART II - SITE PLAN

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



Notes: Distance to well from septic tank is > 75' (well is on mother's property next door.)

Site Plan submitted by:

James R. Higdon

Signature

Plan Approved

Not Approved

Title

Date 8-26-03

By

[Signature]

[Signature]

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Display Device : WA

User : GAIL

CAM112M01

CamaUSA Appraisal System

8/19/2003 9:15 Legal Description Maintenance

Year T Property

Sel

2003 R 20-2S-16-01657-036

RT 1 BX 344

MINNICH RONALD LEE & CASSANDRA

Columbia County

6584 Land 002

AG 000

2315 Bldg 001 *

1044 Xfea 002

9943 TOTAL B*

1 LOT 36 DAVIS S/D.

3 927-911,

5

7

9

11

13

15

17

19

21

23

25

27

ORB 423-415, 623-535, 623-536,

2

4

6

8

10

12

14

16

18

20

22

24

26

28



Bobby Corbett's

Mobile Home Center, Inc.

1126 Howard Street • US 90 East • Live Oak, Florida 32060

(904) 364-1340 • FAX # (904) 364-5747

TO WHOM IT MAY CONCERN:

I Robert Corbett GIVE PERMISSION TO James Histon TO
PULL PERMITS ON MY BE HALF.

Robert Corbett

James Histon

E. Delores Imler

E. DELORES IMLER
Notary Public, State of Florida
My comm. exp. Nov. 24, 2006
Comm. No. DD 167333

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced _____

0308-51



APPROXIMATE SCALE IN FEET



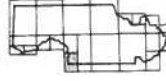
NATIONAL FLOOD INSURANCE PROGRAM

**FIRM
FLOOD INSURANCE RATE MAP**

COLUMBIA
COUNTY,
FLORIDA
(UNINCORPORATED AREAS)

PANEL 105 OF 290

PANEL LOCATION



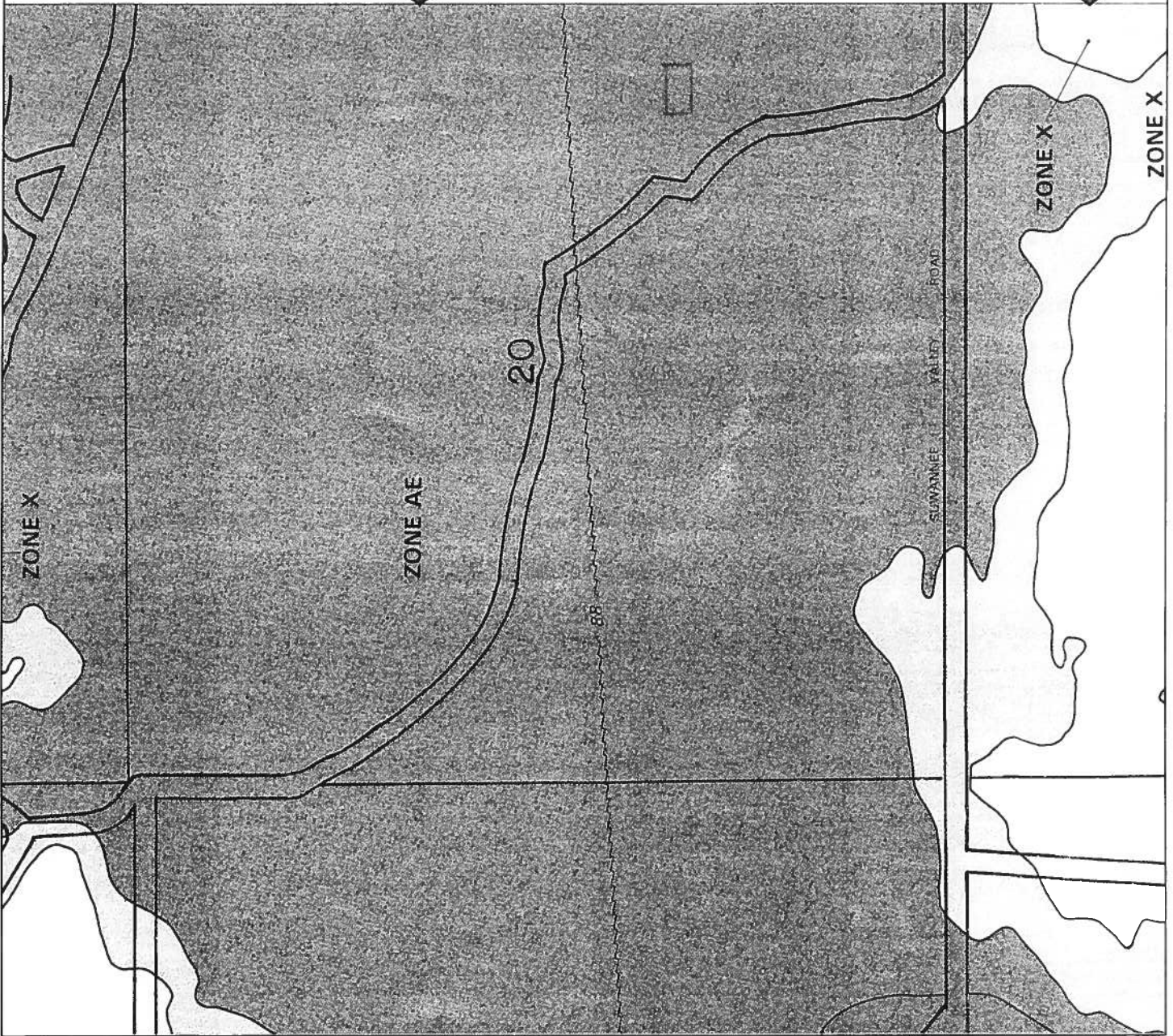
COMMUNITY-PANEL NUMBER
120070 0105 B

EFFECTIVE DATE:
JANUARY 6, 1988



Federal Emergency Management Agency

This is an official copy of a portion of the above referenced flood map. It was extracted using F-MIT Version 1.0. This map does not reflect changes or amendments which may have been made subsequent to the date on the title block. Further information about National Flood Insurance Program flood hazard maps is available at www.fema.gov/nifd



21023

POWER COMPANY

FJP/OK

Pre INSPECTION

DATE: 8-27-03

PERMIT#: _____ SEPTIC#: _____

CONTRACTOR: Corbetts

OWNERS NAME: James Higdon

TYPE OF INSPECTION: Pre-Inspection -

PHONE#: 397-1143

DATE NEEDED: Pre-Inspection

FLOOD ZONE: _____ SETBACKS: _____

CULVERT: _____

WAIVER DATE: _____ CULVERT DATE: _____

APPROVAL DATE FROM ROAD DEPARTMENT: _____

DIRECTIONS: 41N, TL Suwannee Valley Rd,
TR Ewellett, TR Lonnie, TR NW
Ceasar Court, 6th or 7th drive on
left.

Blue Doublewide

COMMENTS: Please call first

INSPECTION TAKEN BY: LG