

☒ VF: Todd Signature on plumbing - VF - Line 4

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-11)		Zoning Official <u>BK 8 Aug. 2012</u>	Building Official <u>T.C. 8-7-12</u>
AP# <u>1207-55</u>	Date Received <u>7/27/12</u>	By <u>LH</u>	Permit # <u>30445</u>
Flood Zone <u>X</u>	Development Permit <u>N/A</u>	Zoning <u>A-3</u>	Land Use Plan Map Category <u>A-3</u>
Comments <u>Replacing existing mth</u>			
FEMA Map# <u>N/A</u>	Elevation <u>N/A</u>	Finished Floor <u>1st floor</u>	River <u>N/A</u> In Floodway <u>N/A</u>
<input checked="" type="checkbox"/> Site Plan with Setbacks Shown	<input checked="" type="checkbox"/> EH # <u>12-0361-E</u>	<input type="checkbox"/> EH Release	<input type="checkbox"/> Well letter <input checked="" type="checkbox"/> Existing well
<input checked="" type="checkbox"/> Recorded Deed or Affidavit from land owner	<input checked="" type="checkbox"/> Installer Authorization	<input type="checkbox"/> State Road Access	<input type="checkbox"/> 911 Sheet
<input type="checkbox"/> Parent Parcel #	<input type="checkbox"/> STUP-MH	<input type="checkbox"/> F W Comp. letter	<input checked="" type="checkbox"/> VF Form <u>owner signed</u>
IMPACT FEES: EMS		Fire	Corr
Road/Code		School	= TOTAL Impact Fees Suspended March 2009
<input checked="" type="checkbox"/> Out County <input checked="" type="checkbox"/> In County			

Property ID # 31-65-16-04006-008 Subdivision Three Rivers Est. Lot 8 Unit 24

- New Mobile Home _____ Used Mobile Home ☒ MH Size 28x76 Year 2005
- Applicant TREEA Foster / Gwen Walker ^{SIGNATURE ONLY} Phone # 386-362-4948
- Address 10314 US Hwy 90 E Live Oak, FL 32060
- Name of Property Owner Bradford Coats Phone # 386-935-4518
- 911 Address 293 SW Alabama Blvd, Fort White, FL 32038
- Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Progress Energy

- Name of Owner of Mobile Home Bradford Coats Phone # 386-935-4518
- Address 3356 210th St Lake City FL
- Relationship to Property Owner SAME

- Current Number of Dwellings on Property Replacement
- Lot Size _____ Total Acreage 1.00
- 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 (Paid)
- Driving Directions to the Property Hwy 90 E to 495 to Hwy 27 TAKE
(1) go across Hebertucknee River 1st Rd to (R) (Three Rivers)
Take (1) UAH go to NEWARK (R) to 5 miles about turn
- Name of Licensed Dealer/Installer Don W. Todd Phone # 386-963-3433
- Installers Address 11066 89th Road, Live Oak, FL 32060
- License Number TH1025234 Installation Decal 7872

(1) on to Alabama Glen 3rd Drive on (1) 293 -
\$ 375.00
Spoke to Gwen 8-8-12
ON MAILBOX
Tree at
Drive

COLUMBIA COUNTY PERMIT WORKSHEET

page 2 of 2

9-7-12 Installer

POCKET PENETROMETER TEST

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

x1500 x1500 x1500

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.

x1500 x1500 x1500

TORQUE PROBE TEST

The results of the torque probe test is 350 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 locations where the torque test reading is 275 or less and where the mobile home manufacturer may require anchors with 4000 lb. holding capacity.

Initials Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Date Tested

8-28-12

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 ☒

Fastening multi wide units

Floor: Type Fastener: 1/2" x 3" Length: 24" Spacing: 24"
Walls: Type Fastener: 1/2" x 3" Length: 24" Spacing: 24"
Roof: Type Fastener: 1/2" x 3" Length: 24" Spacing: 24"
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

D.W.T.

Type gasket Butyl

Installed:

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

Weatherproofing

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

Date 9-7-12

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

Don Todd

License # IT-1025234

911 Address where home is being installed

293 SW Alabama Glen

Manufacturer

Fleetwood

Length x width

76x28

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 existing) where the sidewall lies exceed 5 ft 4 in.

Installer's Initials

[Signature]

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 # 2872

Triple/Quad ☐

Series # 2872

FOR USED HOMES

20' x 20' (400)	22' x 22' (484)	24' x 24' (576)	26' x 26' (676)
5'	5'	7'	8'
6'	6'	8'	9'
7'	7'	9'	10'
8'	8'	10'	11'
9'	9'	11'	12'
10'	10'	12'	13'
11'	11'	13'	14'
12'	12'	14'	15'
13'	13'	15'	16'
14'	14'	16'	17'
15'	15'	17'	18'
16'	16'	18'	19'
17'	17'	19'	20'
18'	18'	20'	21'
19'	19'	21'	22'
20'	20'	22'	23'

POPULAR PAD SIZES

Pad Size	Sq. ft.
16 x 16	256
18 x 18	324
18 x 18.5	332
18 x 22.5	405
17 x 22	374
13 1/4 x 25 1/4	348
20 x 20	400
17 3/16 x 25 3/16	441
17 1/2 x 25 1/2	448
24 x 24	576
26 x 26	676

use this

all openings greater than 4 foot
all pad sizes below.

ANCHORS

4 ft ☒ 5 ft ☒

FRAME TIES

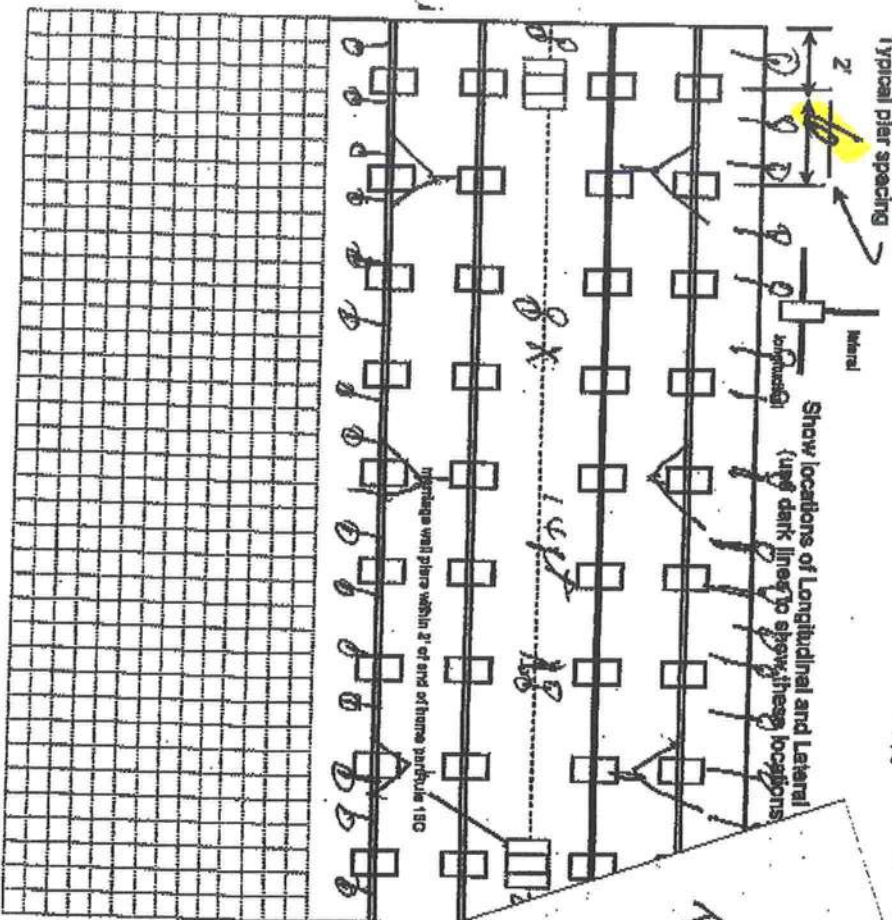
within 2' of end of home
spaced at 5' 4" oc ☒

OTHER TIES

Number 10

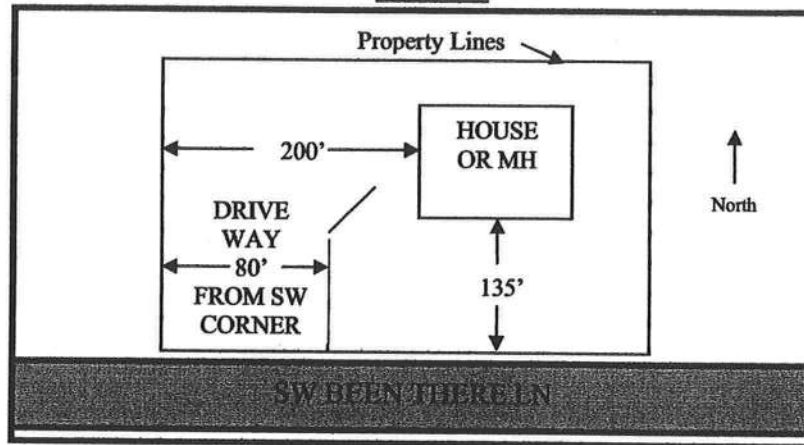
Longitudinal Stabilizing Device (LSD)
Manufacturer OTI
Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer OTI

Sidewall
Longitudinal
Marriage wall
Shearwall

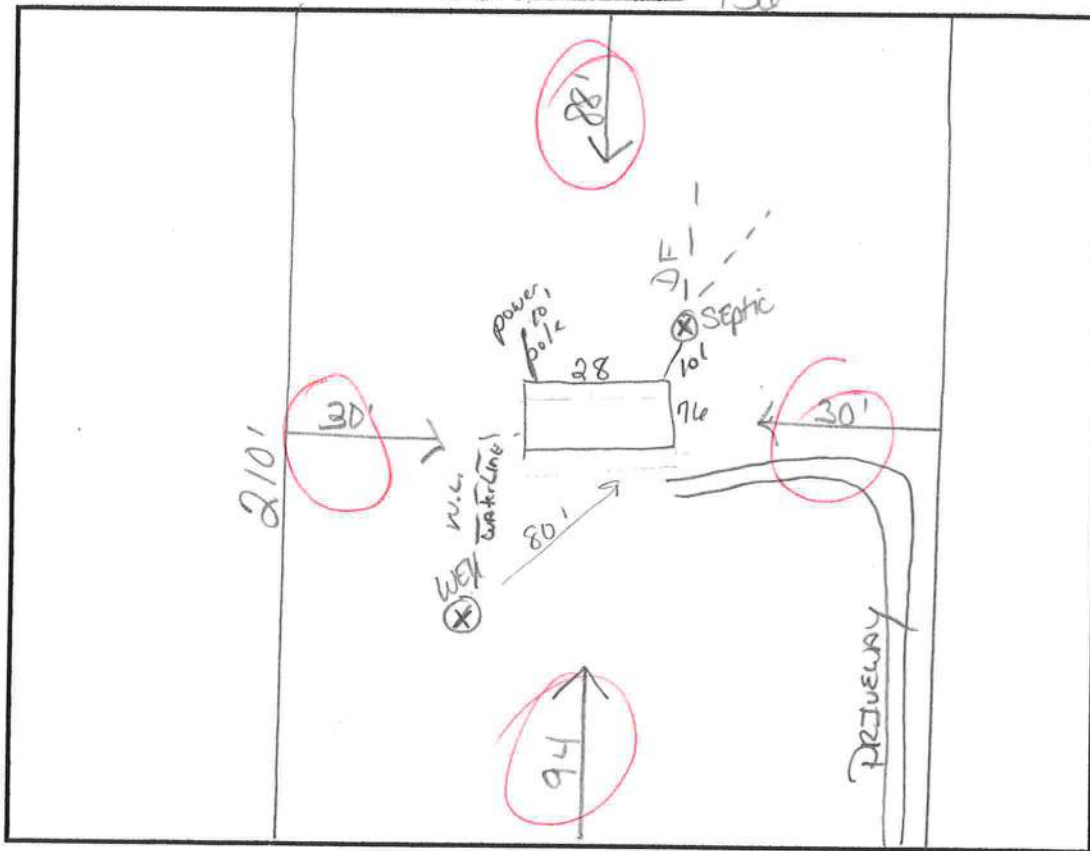


1. A PLAT, PLAN, OR DRAWING SHOWING THE PROPERTY LINES OF THE PARCEL.
2. LOCATION OF PLANNED RESIDENT OR BUSINESS STRUCTURE ON THE PROPERTY WITH DISTANCES FROM AT LEAST TWO OF THE PROPERTY LINES TO THE STRUCTURE (SEE SAMPLE BELOW).
3. LOCATION OF THE ACCESS POINT (DRIVEWAY, ETC.) ON THE ROADWAY FROM WHICH LOCATION IS TO BE ADDRESSED WITH A DISTANCE FROM A PARALLEL PROPERTY LINE AND OR PROPERTY CORNER (SEE SAMPLE BELOW).
4. TRAVEL OF THE DRIVEWAY FROM THE ACCESS POINT TO THE STRUCTURE (SEE SAMPLE BELOW).

SAMPLE:



SITE PLAN BOX: 136'





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 LETTER OF AUTHORIZATION

I, Donald Todd, give this authority for the job address show below
Installer License Holder Name

only, 293 S.W. Alabama Glen Ft. White, FL, and I do certify that
Job Address

the below 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	Authorized Person is... (Check one)
TREEA Foster	<i>[Signature]</i>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Officer
Gwen Walker	<i>[Signature]</i>	<input type="checkbox"/> Property Owner
		<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Officer
		<input type="checkbox"/> Property Owner
		<input type="checkbox"/> Agent <input type="checkbox"/> Officer
		<input type="checkbox"/> Property Owner

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.

[Signature]
License Holders Signature (Notarized)

1H1025234/1 9-6-12
License Number Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Suwannee

The above license holder, whose name is Donald Todd, personally appeared before me and is known by me or has produced identification (type of I.D.) Personally Known on this 4 day of Sept, 20 12.

[Signature]
NOTARY'S SIGNATURE



Bradford Coats

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____

CONTRACTOR Paul AlbrightPHONE 386-362-4948

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.

OWNER/Builder			
ELECTRICAL	Print Name: <u>Bradford Coats</u>	Signature: <u>[Signature]</u>	Phone #: <u>386-938-4518</u>
	License #: <u>Home Owner</u>		
MECHANICAL/ A/C <u>✓</u>	Print Name: <u>Bob Grant</u>	Signature: <u>[Signature]</u>	Phone #: <u>800-860-5700</u>
	License #: <u>CAC1814931</u>		
PLUMBING/ GAS	Print Name: <u>DONALD Todd</u>	Signature: <u>[Signature]</u>	Phone #: <u>386-330-4178</u>
	License #: <u>TH1025234/1</u>		<u>963-3433</u>

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.

Contractor Permit Subcontractor Form 1/11

DATE OF BIRTH:
BUYER:
CO/BUYER:

JERRY CORBETT'S HOME CENTER, INC.

10314 Hwy. 90 East • Live Oak, Florida 32060
(386) 362-4948 • Fax: (386) 364-1979

DRIVER'S LICENSE:
BUYER:
CO/BUYER:

In this contract the words I, ME and MY refer to the Buyer and Co-Buyer signing this contract. The words YOU and YOUR refer to the Dealer. Subject to the terms and conditions on both sides of this agreement you agree to sell and I agree to purchase the following described unit.

BUYER(S) <u>Bradford & Lori Coat</u>		PHONE <u>386-935-4518</u>	DATE <u>7-17-12</u>
ADDRESS <u>3356 21st St. Lake City, FL 32024</u>		SALESPERSON <u>TREEA / Gwer</u>	
DELIVERY ADDRESS <u>Same</u>		COUNTY <u>Columbia</u>	
MAKE & MODEL <u>Fleetwood / Inspiration</u>		YEAR <u>2005</u>	BD ROOMS <u>76</u> SIZE <u>28</u> STOCK NUMBER <u>W</u>
SERIAL NUMBER <u>GAFL475AB3</u> <u>7872</u>		COLOR <u></u>	PROPOSED DELIVERY DATE <u></u>
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 16CRF, SECTION 460 16.			
OPTIONAL EQUIPMENT, LABOR AND ACCESSORIES			
• Delivered, Set-Up & Tied Down.		\$	
• Furnished _____; Unfurnished _____.			
• Customer is responsible for any tractor or bulldozer fees incurred on lot.			
• <u>Standard Set-Up is 32". Customer responsible for having site ready.</u>			
If site for placement of home is not relatively level before home is set-up, customer will be responsible for additional costs if set-up is over 32".			
• Wheels and axles are deleted from home price.			
• Dealer will stub out sewer line to side wall of home only. Connections of sewer lines to septic and water supply line to home is customer's responsibility.			
• Customer is responsible for Gas and Electric Hook-ups.			
• All Homes must have Insurance before delivery.			
• DEALER CAN NOT BE RESPONSIBLE FOR SETTLING OF LAND;			
CUSTOMER IS RESPONSIBLE FOR ANY RELEVELING AFTER INITIAL SET-UP AND COVERING DITCHES.			
• DEPOSIT/DOWN PAYMENT NON-REFUNDABLE UPON APPROVAL.			
• USED HOMES SOLD AS IS (NO WARRANTY).			
• Permits are the responsibility of the customer. Dealer can procure, if desired, at cost plus time basis.			
BALANCE CARRIED TO OPTIONAL EQUIPMENT		\$	
NOTE: WARRANTY, EXCLUSIONS AND LIMITATIONS OF DAMAGES ON REVERSE SIDE			
Remarks:			
1. CASH PURCHASE PRICE		\$	<u>74,348.90</u>
TRADE IN ALLOWANCE		\$	
LESS BAL DUE ON ABOVE		\$	
NET ALLOWANCE		\$	
CASH DOWN PAYMENT		<u>3800.00</u>	
CASH AS AGREED SEE REMARKS		\$	
2. LESS TOTAL CREDITS		\$	
SUB-TOTAL		\$	<u>70,748.90</u>
SALES TAX (IF NOT INCLUDED ABOVE)			
3. Unpaid Balance of Cash Sale Price		\$	

You and I certify that the additional terms and conditions printed on the other side of this contract are agreed to as part of this agreement, the same as if printed above described unit; the optional equipment, accessories and insurance, if included, voluntarily. My trade-in is free from all claims whatsoever except as noted. You and I agree that if any paragraph or provision violates the law and is unenforceable, the rest of the contract will be valid.
Liquidated damages are agreed to be \$ _____ or 10% of the cash price, whichever is greater.

This agreement contains the entire understanding between you and me and no other representation or inducement, Verbal or written, has been made which is not contained in this contract. You and I certify that the additional terms and conditions printed on the other side of this contract are agreed to as part of this agreement, the same as if printed above described unit; the optional equipment and accessories, the insurance as described has been voluntary; that my trade-in is free from all claims whatsoever, except as noted.
I, OR WE, ACKNOWLEDGE RECEIPT OF A COPY OF THIS ORDER AND THAT I, OR WE, HAVE READ AND UNDERSTAND THE BACK OF THIS AGREEMENT.

JERRY CORBETT'S HOME CENTER, INC. DEALER
NOT VALID UNLESS SIGNED AND ACCEPTED BY AN OFFICER OF THE COMPANY

OFFICER: APPROVED
SALES PERSON: APPROVED

SIGNED X BUYER
SOCIAL SECURITY NO. / /
SIGNED X BUYER
SOCIAL SECURITY NO. / /

CARD 001 of 001
BY JEFF

PRIN

LAKE CITY, FL 32024

WD 1016-106, WD 1233-2277,

[illegible][illegible][illegible]

LAND	DESC	ZONE	ROAD	UD1	UD3	FRONT	DEPTH	FIELD	CK:	UNITS	PRICE	ADJ	UT	PR	LAND	VALUE
AE	CODE	TOPO	UTIL	UD2	UD4	BACK	DT		ADJUSTMENTS	UT			LT			
Y	000200	MBL	HM						1.00 1.00 1.00 1.00	1.00	8000.000			8000.00		8,000
		A-1	0002													
		0002	0003													
Y	009945	WELL/SEPT							1.00 1.00 1.00 1.00	1.00	2000.000			2000.00		2,000

111.30
10.00

This Instrument Prepared by & return to:
Name: TRISH LAMG, an employee of
NORTH CENTRAL FLORIDA TITLE
LLC
Address: 343 NW COLE TERRACE, SUITE 101
LAKE CITY, FLORIDA 32055
File No. 121-0303371

Imp: 20121206573 Date: 4/30/2012 Time: 3:52 PM
Doc Stamp-Deed: 111730
DC: DeWitt Cason, Columbia County Page 1 of 1 B: 1233 P: 2277

Parcel I.D. #: 04006-008

SP: N/C ABOVE THIS LINE FOR PROCESSING DATA SP: N/C ABOVE THIS LINE FOR RECORDING DATA

THIS WARRANTY DEED Made the 27th day of April, A.D. 2012, by **KENNETH M. CHAFFIN,**
CONVEYING NON-HOMESTEAD PROPERTY, hereinafter called the grantor, to **BRADFORD COATS and LORI**
COATS, HIS WIFE, whose post office address is 3356 216TH STREET, LAKE CITY, FLORIDA 32024, hereinafter
called the grantees:

(If borrower used heretofore the terms "grantor" and "grantee" include all the parties to this instrument, singular and plural, 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 grantor, for and in consideration of the sum of \$10.00 and other valuable consideration,
receipt whereof is hereby acknowledged, does hereby grant, bargain, sell, alien, remise, release, convey and confirm
unto the grantees all that certain land situate in Columbia County, State of Florida, viz:

Lot 8, Three Rivers Estates Unit No. 24, according to the plat thereof, recorded in Plat Book 4, Page
119, of the Public Records of Columbia County, Florida

TOGETHER WITH A 1989, CRES. DOUBLEWIDE MOBILE HOME ID#S 14604270A &
14604270B.

Together with all the tenements, hereditaments and appurtenances thereto belonging or in anywise
appertaining.

To Have and to Hold the same in fee simple forever.

And the grantor hereby covenants with said grantees that he is lawfully seized of said land in fee simple; that
he has good right and lawful authority to sell and convey said land, and hereby fully warrants the title to said land and
will defend the same against the lawful claims of all persons whomsoever, and that said land is free of all
encumbrances, except taxes accruing subsequent to December 31, 2012.

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

Signed, sealed and delivered in the presence of:

De Allen
Witness Signature
Gene Allen

Printed Name

Brittany Cunningham
Witness Signature
Brittany Cunningham
Printed Name

Kenneth M. Chaffin I.S.
KENNETH M. CHAFFIN
Address:
3770 POST GATE DRIVE, CUMMING, GA 30040

STATE OF GEORGIA
COUNTY OF FORSITH

The foregoing instrument was acknowledged before me this 27th day of April, 2012, by **KENNETH M.**
CHAFFIN, who is known to me or who has produced **FLORIDA LICENSE** as identification.

My Commission Expires
Notary Public 8-28-2012



**CODE ENFORCEMENT DEPARTMENT
COLUMBIA COUNTY, FLORIDA
OUT OF COUNTY MOBILE HOME INSPECTION REPORT**

COUNTY THE MOBILE HOME IS BEING MOVED FROM Suwannee
OWNERS NAME Bradford Cook PHONE 386-935-4518 CELL
INSTALLER Paul Albright PHONE 386-362-4948 CELL 386-365-5314
INSTALLERS ADDRESS 10314 US Hwy 90 E. Live Oak, FL

MOBILE HOME INFORMATION

MAKE Fleetwood YEAR 2005 SIZE 28 x 76
COLOR White SERIAL No. GAF-L475A3B7872
WIND ZONE II SMOKE DETECTOR IN Home ✓

INTERIOR:

FLOORS good
DOORS good
WALLS good
CABINETS good
ELECTRICAL (FIXTURES/OUTLETS) good

EXTERIOR:

WALLS / SIDING Vinyl good
WINDOWS good
DOORS good

INSTALLER: APPROVED ✓ NOT APPROVED

INSTALLER OR INSPECTORS PRINTED NAME

Installer/Inspector Signature Paul E Albright License No. 1410252394 Date 7/27/12

NOTES:

ONLY THE ACTUAL LICENSE HOLDER OR A BUILDING INSPECTOR CAN SIGN THIS FORM.

NO WIND ZONE ONE MOBILE HOMES WILL BE PERMITTED. MOBILE HOMES PRIOR TO 1977 ARE PRE-HUD AND THE WIND ZONE MUST BE PROVEN TO BE PERMITTED.

BEFORE THE MOBILE HOME CAN BE MOVED INTO COLUMBIA COUNTY THIS FORM MUST BE COMPLETED AND RETURNED TO THE COLUMBIA COUNTY BUILDING DEPARTMENT.

ONCE MOVED INTO COLUMBIA COUNTY AN INSPECTOR MUST COMPLETE A PRELIMINARY INSPECTION ON THE MOBILE HOME. CALL 386-758-1008 TO SET UP THIS INSPECTION. NO PERMIT WILL BE ISSUED BEFORE THIS IS DONE.

Code Enforcement Approval Signature Date 8-7-12

COLUMBIA COUNTY 9-1-1 ADDRESSING

P. O. Box 1787, Lake City, FL 32056-1787

PHONE: (386) 758-1125 * FAX: (386) 758-1365 * Email: ron_croft@columbiacountyfla.com

Addressing Maintenance

To maintain the Countywide 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 assigning 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 Service 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 REQUESTED: 7/27/2012 DATE ISSUED: 8/1/2012

ENHANCED 9-1-1 ADDRESS:

293 SW ALABAMA GLN
FORT WHITE FL 32038

PROPERTY APPRAISER PARCEL NUMBER:

31-6S-16-04006-008

Remarks:

RE-ISSUE OF EXISTING ADDRESS FOR REPLACEMENT STRUCTURE
ON PARCEL.

Address Issued By: SIGNED: / RONAL N. CROFT
Columbia County 9-1-1 Addressing / GIS Department

**NOTICE: THIS ADDRESS WAS ISSUED BASED ON LOCATION
INFORMATION RECEIVED FROM THE REQUESTER. SHOULD,
AT A LATER DATE, THE LOCATION INFORMATION BE FOUND
TO BE IN ERROR, THIS ADDRESS IS SUBJECT TO CHANGE.**

08/16/2012 09:47 3863641979
386 758 2187 ENVIROMENTAL HEALTH

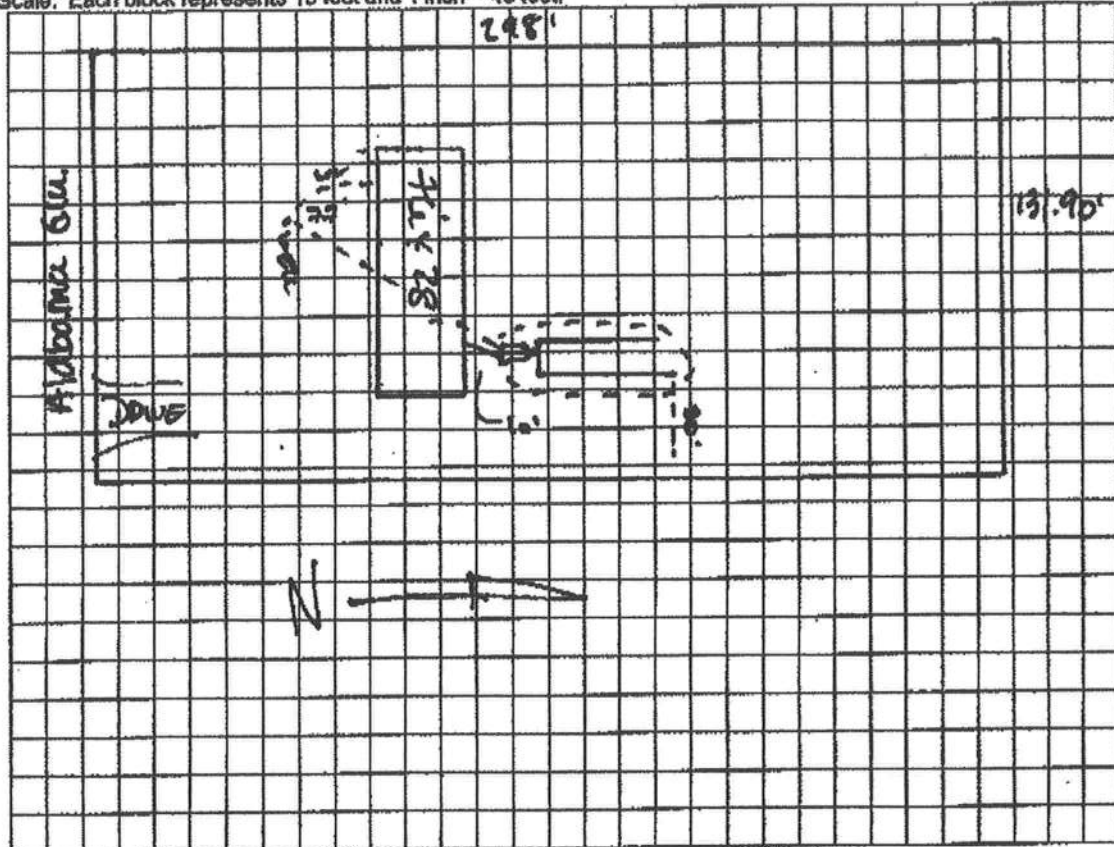
JERRY CORBETTS

10:26:18 a.m. 08-16-2012

PAGE 02/02
2 / 4STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMITPermit Application Number 12-3615

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

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

Notes: lot 8 U24 3-Rivers Est.Site Plan submitted by: [Signature]Plan Approved X

Not Approved _____

Date 8/16/12By [Signature]

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DH-4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated: 64E-6.001, FAC
(Stock Number: 6744-002-0045-0)

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

PERMIT NO. 1203015DATE PAID: 8/13/12FEE PAID: 125.00RECEIPT #: 1070013

AD168002

APPLICATION FOR:

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

APPLICANT: Bradford CoatsAGENT: TREEA FosterTELEPHONE: 386-362-4948MAILING ADDRESS: 10314 US Hwy 90 East Live Oak, FL

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

LOT: 8 BLOCK: _____ SUBDIVISION: 3 Rivers UG4 PLATTED: 4/14/78PROPERTY ID #: 31-6S-16-04006-008 ZONING: Res I/M OR EQUIVALENT: ☐ Y ☒ NPROPERTY SIZE: 0.98 ACRES WATER SUPPLY: ☐ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPDIS SEWER AVAILABLE AS PER 381.0065, FS? ☐ Y ☒ NDISTANCE TO SEWER: 1 FTPROPERTY ADDRESS: 293 S.W. Alabama Glen H. White FL

DIRECTIONS TO PROPERTY: Take 475 to Ft. White take (R) onto Hwy 27 go to Three Rivers Rd just before Hchutuknee River Take (L) go to Utah take (L) go to Newark take (R) go 5 miles turn (L) onto Alabama Glen 3rd Drive ON (L)

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	<u>Residential</u>	<u>3</u>	<u>2/28</u>	<u>Mobile Home</u>
2				
3				
4				

ORIGINAL ATTACHED

☐ Floor/Equipment Drains ☐ Other (Specify) _____SIGNATURE: Treela FosterDATE: 7/27/12

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

Page 1 of 4

RECEIVED
8/8/12

Completed by [signature]

11/1/12

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

REQUESTED ✓

DATE RECEIVED 8.27.12 BY VA IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? Yes

OWNERS NAME Bradford Coats PHONE 386-935-4518 CELL _____

ADDRESS 3356 216th St. Lake City, FL

MOBILE HOME PARK _____ SUBDIVISION _____

DRIVING DIRECTIONS TO MOBILE HOME Take 47 S to H. White turn (R) on 27 go to
to Dave Rd on (L) just before Hutchueknee River (Turn into)
Three Rivers go to Utah make (L) go to NEWARK take (R) go about 5 miles
turn LEFT ON to Alabama Glen 3rd Drive ON (L)

MOBILE HOME INSTALLER Paul Albright PHONE _____ CELL 386-365-5314

MOBILE HOME INFORMATION

MAKE Fleetwood YEAR 2005 SIZE 28 x 76 COLOR White

SERIAL No. GAPL475A3B7812

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

P SMOKE DETECTOR () OPERATIONAL () MISSING
P FLOORS () SOLID () WEAK () HOLES DAMAGED LOCATION _____
P DOORS () OPERABLE () DAMAGED
P WALLS () SOLID () STRUCTURALLY UNSOUND
P WINDOWS () OPERABLE () INOPERABLE
P PLUMBING FIXTURES () OPERABLE () INOPERABLE () MISSING
P CEILING () SOLID () HOLES () LEAKS APPARENT
F ELECTRICAL (FIXTURES/OUTLETS) () OPERABLE () EXPOSED WIRING () OUTLET COVERS MISSING () LIGHT
FIXTURES MISSING

1207-55

EXTERIOR:

P WALLS / SIDING () LOOSE SIDING () STRUCTURALLY UNSOUND () NOT WEATHERTIGHT () NEEDS CLEANING
P WINDOWS () CRACKED/ BROKEN GLASS () SCREENS MISSING () WEATHERTIGHT
P ROOF () APPEARS SOLID () DAMAGED

STATUS

APPROVED ✓ WITH CONDITIONS: _____

NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE Jay C ID NUMBER 364 DATE 8-28-12

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 Paul Ellinger License # TH10252391

911 Address where home is being installed. 3356 Alt St.
Atke City, TX

Manufacturer Fleetwood Length x width 76x28

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 P.E.

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 # 12104

Triple/Quad ☐ Serial # 425 7872

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	Footer size (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 dsf	3'	4'	5'	6'	7'	8'
1500 dsf	4' 6"	6'	7'	8'	8'	8'
2000 dsf	6'	8'	8'	8'	8'	8'
2500 dsf	7' 6"	8'	8'	8'	8'	8'
3000 dsf	8'	8'	8'	8'	8'	8'
3500 dsf	8'	8'	8'	8'	8'	8'

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

PIER PAD SIZES

I-beam pier pad size 17x25

Perimeter pier pad size 16x16

Other pier pad sizes (required by the mfg.) 16x20x24

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

14 ft 20x24

4 17x25

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer OTI

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

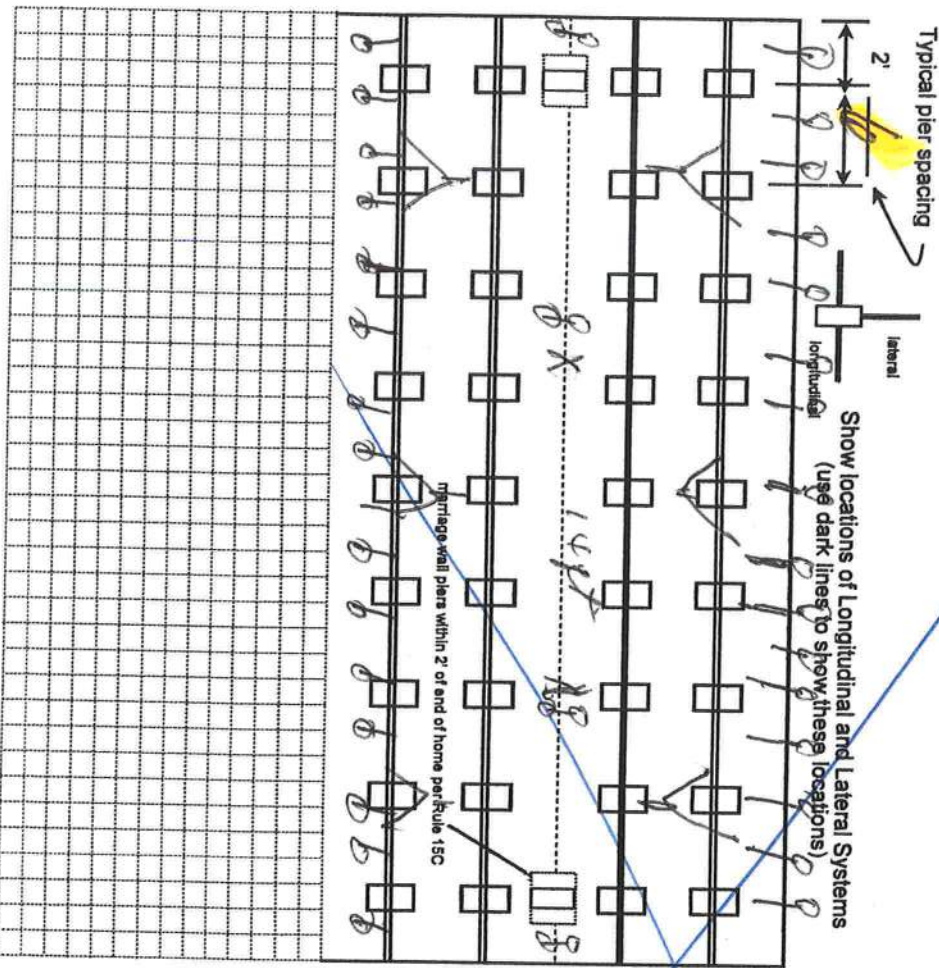
within 2' of end of home spaced at 5' 4" oc ☒

OTHER TIES

Number 116

Longitudinal Marriage wall 6

Shearwall 6



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 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 285 inch pounds or check here if you are declaring 5' anchors without testing anchors. 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 sidewalk 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.

PCF 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. 1

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 1
Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 1

Site Preparation

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

Fastening multi wide units

Floor: Type Fastener: lag Length: 8 Spacing: 24"
Walls: Type Fastener: metal Length: 4" Spacing: 48"
Roof: Type Fastener: lag Length: 8 Spacing: 24"
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

Installed:

Type gasket DTI Foam Installed: ✓
Pg. 5015 Between Floors Yes ✓
Between Walls Yes ✓
Bottom of ridgebeam Yes ✓

Weatherproofing

The bottomboard will be repaired and/or taped. Yes ✓ Pg. 2
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

Date

Paul C. [Signature] 7-27-12



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 LETTER OF AUTHORIZATION

I, Paul Albright, give this authority for the job address show below
Installer License Holder Name
only, 3356 216th St. Lake City, FL, and I do certify that
Job Address

the below 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	Authorized Person is... (Check one)
TREEA Foster		<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
Gwen Walker		<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner

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.

License Holders Signature (Notarized)

TH10252394
License Number

7-27-12
Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Suwannee

The above license holder, whose name is Paul Albright, personally appeared before me and is known by me or has produced identification (type of I.D.) PERSONALLY KNOWN on this 27 day of July, 2012.

NOTARY'S SIGNATURE

(Seal/Stamp)



MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 120755 CONTRACTOR Don Todd PHONE 386-362-4918

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.

OWNER/Builder

ELECTRICAL	Print Name: <u>Bradford Coats</u>	Signature: <u>[Signature]</u>	Phone #: <u>386-935-4518</u>
	License #: <u>Home Owner</u>		
MECHANICAL/ A/C	Print Name: <u>Bob Grant</u>	Signature: <u>[Signature]</u>	Phone #: <u>800-800-5700</u>
	License #: <u>CAC1814931</u>		
PLUMBING/ GAS	Print Name: <u>Paul Albright</u>	Signature: <u>[Signature]</u>	Phone #: <u>386-365-5314</u>
	License #: <u>IF#1025235</u>		

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.

Contractor Form; Subcontractor form: 1/11

GENERAL BUILDING OR CIVIL

M/H OCCUPANCY

COLUMBIA COUNTY, FLORIDA

Department of Building and Zoning Inspection

This Certificate of Occupancy is issued to the below named permit holder for the building and premises at the below named location, and certifies that the work has been completed in accordance with the Columbia County Building Code.

Parcel Number 31-6S-16-04006-008

Building permit No. 000030445

Permit Holder DON TODD

Owner of Building BRADFORD COATS

Location: 293 SW ALABAMA GLEN, FT. WHITE, FL 32038

Date: 09/14/2012



Steve Cur

Building Inspector

POST IN A CONSPICUOUS PLACE
(Business Places Only)