

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

2267

For Office Use Only

(Revised 7-1-15)

Zoning Official

Building Official

AP#

1906-40

Date Received

6/11/19

By

MG

Permit #

38236

Flood Zone

X

Development Permit

Zoning

A-3

Land Use Plan Map Category

A8

Comments

(Prior, family land split.) Replacing existing m/h floor one foot above the road

FEMA Map#

Elevation

Finished Floor

1' above the road

River

In Floodway

☐ Recorded Deed or

☒ Property Appraiser PO

☒ Site Plan

EH #

19-0462

☐ 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 #

14-4S-15-00360-202

Subdivision

na

Lot# na

▪ New Mobile Home ☒ Used Mobile Home _____ MH Size 32 x 76 Year 2019

▪ Applicant Dale Burd Phone # 386-365-7674

▪ Address 20619 County Road 137, Lake City, FL, 32024

▪ Name of Property Owner Joshua Gleason Phone# 386-984-5704

▪ 911 Address 228 SW MARCIS TER, LAKE CITY, FL 32024

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

▪ Name of Owner of Mobile Home Same Phone # Same

Address 228 SW Marcis Terr, Lake City, FL, 32024

▪ Relationship to Property Owner Same

▪ Current Number of Dwellings on Property 1

▪ Lot Size 412 x 662 Total Acreage 5.14

▪ 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

▪ Driving Directions to the Property CR 252 West, TL Jafus, TRBrim, TL Marcis, 2nd drive on right

▪ Name of Licensed Dealer/Installer Robert Sheppard Phone # 386-623-2203

▪ Installers Address 6355 SE CR 245, Lake City, FL, 32025

▪ License Number IH-1025386 Installation Decal # 61835

Date is amount of what's needed 6.11.19

LH Emailed Dale 6/14/19

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 Robert Shepard License # TH1025386

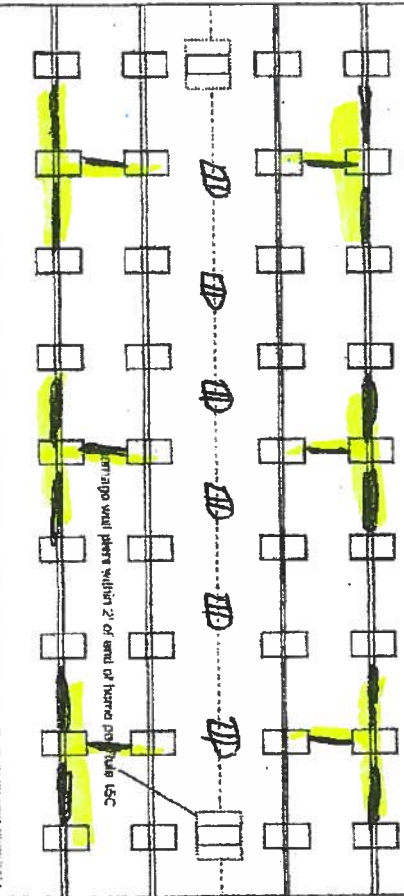
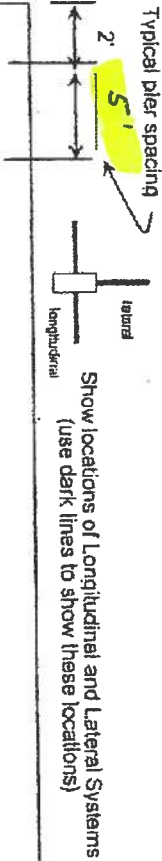
911 Address where home is being installed 208 Maple Trail
Lake City, FL 32024

Manufacturer LWS MAX Length x width 36 x 22

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 RS



PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq. ft.)	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 28" (728)
1000 sq. ft.	3'	4'	5'	6'	7'	8'
1500 sq. ft.	4'	5'	6'	7'	8'	9'
2000 sq. ft.	5'	6'	7'	8'	9'	10'
2500 sq. ft.	6'	7'	8'	9'	10'	11'
3000 sq. ft.	7'	8'	9'	10'	11'	12'
3500 sq. ft.	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. ft.
16 x 16	256
16 x 18	288
18 1/2 x 18 1/2	342
16 x 22 1/2	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 Longitudinal Stabilizing Device w/ Lateral Arms

Manufacturer Oliver 1101

Sidewall

Longitudinal

Marriage wall

Number

26

4

COLUMBIA COUNTY PERMIT WORKSHEET

page 2 of 2

POCKET PENETROMETER TEST

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

X _____ X _____ X _____

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 _____ X _____ X _____

TORQUE PROBE TEST

The results of the torque probe test is _____ 290 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 the points where the torque test reading is 275 or less and where the mobile home manufacturer may requires anchors with 4000 lb. holding capacity.

KS Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Robert Sheppard

Date Tested

6/7/19

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. 25

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 28

Connect all potable water supply piping to an existing water meter water tap, or other independent water supply systems. Pg. 28

Site Preparation

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

Fastening multi wide units

Floor: Type Fastener: 1495 Length: 5" Spacing: 16"
Walls: Type Fastener: seras Length: 4" Spacing: 16"
Roof: Type Fastener: 1495 Length: 6" 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

KS

Type gasket

foam

Installed:

Pg. 28
Between Floors Yes ☒
Between Walls Yes ☒
Bottom of ridgebeam Yes ☒

Weatherproofing

The bottomboard will be repaired and/or taped. Yes ☒ Pg. 28
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

Robert SheppardDate 6/7/19

Legend

Parcels

Addresses

2018 Flood Zones

0.2 PCT ANNUAL CHANCE

A

AE

AH

Roads

Roads

others

Dirt

Interstate

Main

Other

Paved

Private

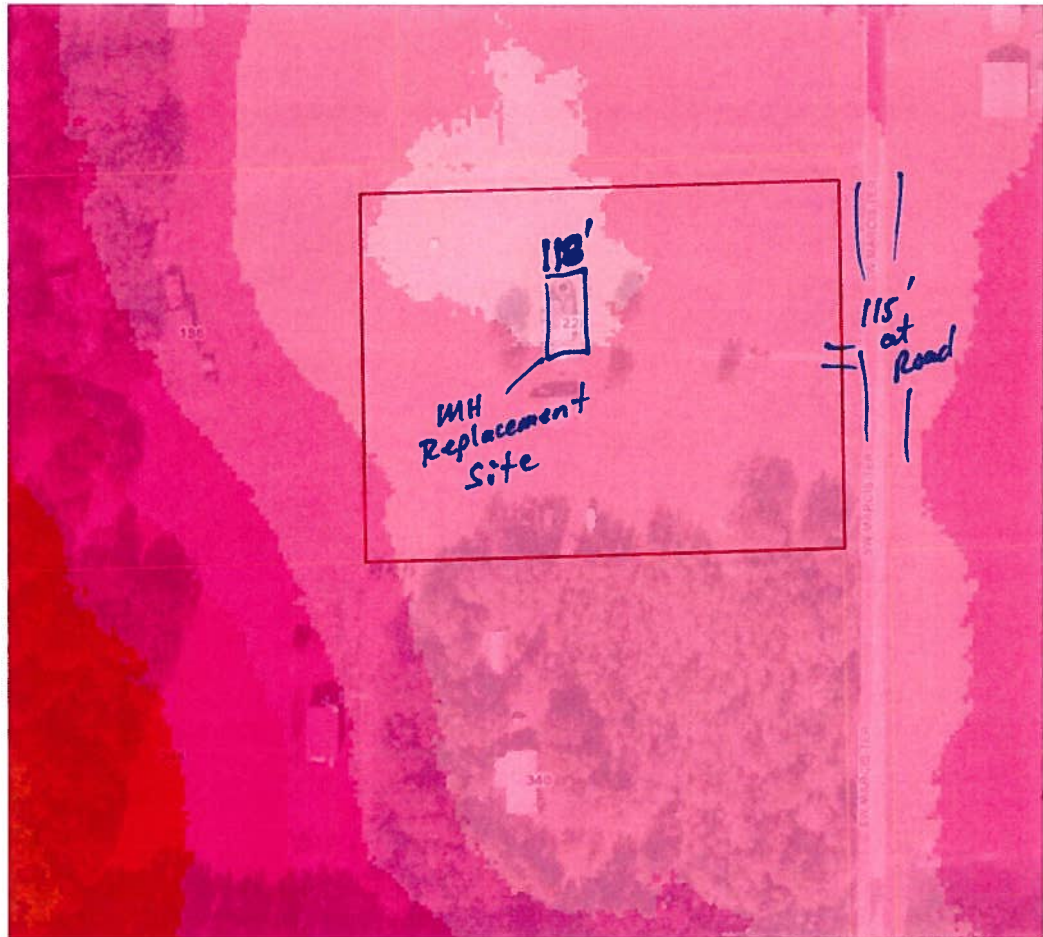
2018Aerials

LidarElevations

X

Columbia County, FLA - Building & Zoning Property Map

Printed: Fri Jun 14 2019 12:14:31 GMT-0400 (Eastern Daylight Time)



Parcel Information

Parcel No: 14-4S-15-00360-202

Owner: GLEASON JOSHUA

Subdivision:

Lot:

Acres: 4.853596

Deed Acres: 5.14 Ac

District: District 2 Rocky Ford

Future Land Uses: Agriculture - 3

Flood Zones:

Official Zoning Atlas: A-3

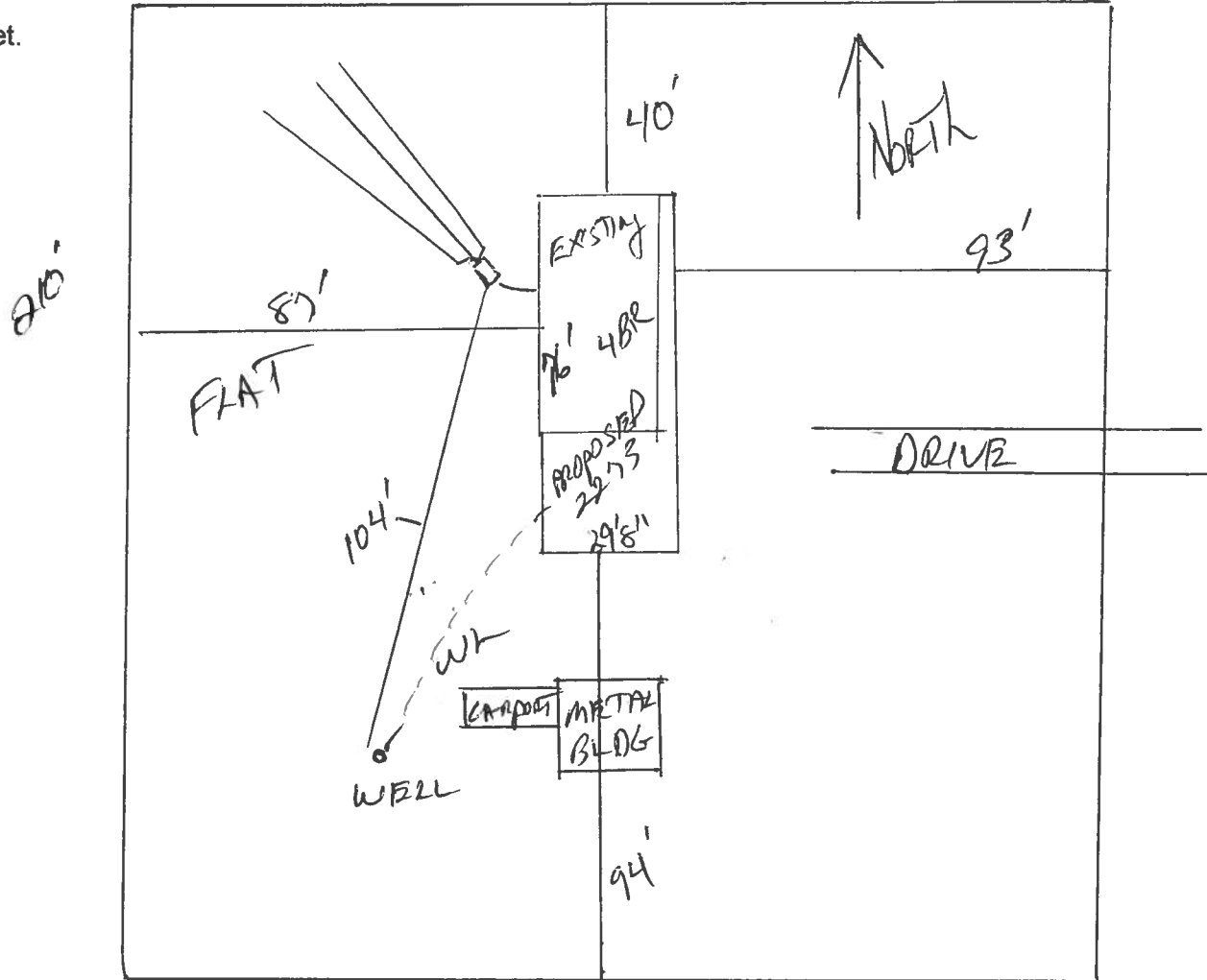
All data, information, and maps are provided "as is" without warranty or any representation of accuracy, timeliness of completeness. Columbia County, FL makes no warranties, express or implied, as to the use of the information obtained here. There are no implied warranties of merchantability or fitness 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.

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

Permit Application Number _____

----- GLASSON ----- PART II - SITEPLAN ----- 2-10' -----

Scale: 1 inch = 40 feet.



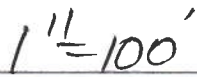
Notes: 1 of 5.14 Acres SITE ATTACHED

Site Plan submitted by: [Signature] _____ CONTRACTOR _____

Plan Approved _____ Not Approved _____ Date _____

By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



6/11/19

NORTH

SW MARCIS TER

Columbia County Property Appraiser Jeff Hampton | Lake City, Florida | 386-758-1083

PARCEL: 14-4S-45-00360-202 HX H3 | MOBILE HOM (000200) | 5.14 AC
 BEG NE COR OF SE1/4 OF NE1/4 OF N1/2 S 221.18 FT, W 542.73 FT, N 412.08 FT, E 543.05 FT, S 191.17 FT TO
 POB. AQ 926-538, 932-1863, WD 1031-213,

GLEASON JOSHUA
Owner: 228 SW MARCIS TER
LAKE CITY, FL 32024

Site: 228 MARCIS TER, LAKE
CITY

Sales	11/22/2017	\$25,200	1 (U)
	8/24/2017	\$0	1 (U)
Info	8/11/2017	\$0	1 (U)

2018 Certified Values			
Mkt Lnd	\$47,270	Appraised	\$74,160
Ag Lnd	\$0	Assessed	\$74,160
Bldg	\$25,690	Exempt	\$49,160
XFOB	\$1,200		county:\$25,000
Just	\$74,160	Total	city:\$25,000
		Taxable	other:\$25,000
			school:\$49,160

NOTES:



Columbia County, FL

Parcel: **14-4S-15-00360-202****Owner & Property Info**

Result: 3 of 8

Owner	GLEASON JOSHUA 228 SW MARCIS TER LAKE CITY, FL 32024		
Site	228 MARCIS TER, LAKE CITY		
Description*	BEG NE COR OF SE1/4 OF NE1/4 OF NE1/4, RUN S 221.18 FT, W 542.73 FT, N 412.08 FT, E 543.05 FT, S 191.17 FT TO POB. AG 926-538, 932-1863, WD 1031-213, WD 1031-214, CT 1274-2313, DC 1311-1533, PB 1332-1886, PB 1334-1252, PB 1343-343, PB 1343-1344, WD 1349-11 ...more>>>		
Area	5.14 AC	S/T/R	14-4S-15
Use Code**	MOBILE HOM (000200)	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 (2)	\$44,770	Mkt Land (2)	\$47,270
Ag Land (0)	\$0	Ag Land (0)	\$0
Building (1)	\$26,338	Building (1)	\$25,690
XFOB (1)	\$1,200	XFOB (1)	\$1,200
Just	\$72,308	Just	\$74,160
Class	\$0	Class	\$0
Appraised	\$72,308	Appraised	\$74,160
SOH Cap [?]	\$0	SOH Cap [?]	\$0
Assessed	\$72,308	Assessed	\$74,160
Exempt	\$0	Exempt	HX H3 \$49,160
Total Taxable	county:\$72,308 city:\$72,308 other:\$72,308 school:\$72,308	Total Taxable	county:\$25,000 city:\$25,000 other:\$25,000 school:\$49,160

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER

1906-40

CONTRACTOR

Robert Sheppard

PHONE



386-623-2203

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

Joshua Gleason

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 1503	Print Name	Leo Jackson	Signature	
	License #:	ES 12001176	Phone #:	386-294-2993
	Qualifier Form Attached		<input checked="" type="checkbox"/>	
✓ MECHANICAL/ A/C 950	Print Name	Michael Boland	Signature	
	License #:	CAC1817716	Phone #:	352-274-9326
	Qualifier Form Attached		<input checked="" type="checkbox"/>	

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



COLUMBIA COUNTY BUILDING DEPARTMENT
135 NE Hernando Ave, Suite B-21, Lake City, FL 32055
Phone: 386-758-1008 Fax: 386-758-2160

LICENSED QUALIFIER AUTHORIZATION

I, Leo G Jackson (license holder name), licensed qualifier
for Country Electric LLC (company name), do certify that
the below referenced person(s) listed on this form is/are contracted/hired by me, the license
holder, or is/are employed by me directly or through an employee leasing arrangement; or, is an
officer of the corporation; or, partner as defined in Florida Statutes Chapter 408, and the said
person(s) is/are under my direct supervision and control and is/are authorized to purchase and
sign permits; call for inspections and sign subcontractor verification forms on my behalf.

Printed Name of Person Authorized	Signature of Authorized Person
1. <u>Doris Burd</u>	1. <u>[Signature]</u>
2. <u>Roddy Ford</u>	2. <u>[Signature]</u>
3. <u>Leo Jackson Jr.</u>	3. <u>[Signature]</u>
4.	4.
5.	5.

I, the license holder, realize that I am responsible for all permits purchased, and all work done
under my license and fully responsible for compliance with all Florida Statutes, Codes, and
Local Ordinances. I understand that the State and County Licensing Boards have the power and
authority to discipline a license holder for violations committed by him/her, his/her agents,
officers, or employees and that I have full responsibility for compliance with all statutes, codes
and ordinances inherent in the privilege granted by issuance of such permits.

If at any time the person(s) you have authorized is/are no longer agents, employees(s), or
officer(s), you must notify this department in writing of the changes and submit a new letter of
authorization form, which will supersede all previous lists. Failure to do so may allow
unauthorized persons to use your name and/or license number to obtain permits.

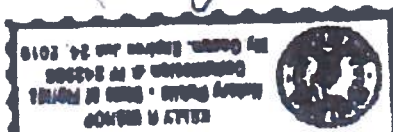
[Signature] License Qualifiers Signature (Notarized) ES1200176 License Number 4/26/16 Date

NOTARY INFORMATION:
STATE OF: FLORIDA COUNTY OF: Columbia

The above license holder, whose name is Leo G Jackson
personally appeared before me and is known by me or has produced identification
(type of I.D.) FL ID on this 26 day of April, 2016.

[Signature]
NOTARY'S SIGNATURE

(Seal/Stamp)





COLUMBIA COUNTY BUILDING DEPARTMENT
135 NE Hernando Ave. Suite B-21, Lake City, FL 32055
Phone: 386-758-1008 Fax: 386-758-2160

LICENSED QUALIFIER AUTHORIZATION

I, Michael A. Boland (license holder name), licensed qualifier
for ACE A/C & OCA, LLC (company name), do certify that
the below referenced person(s) listed on this form is/are contracted/hired by me, the license
holder, or is/are employed by me directly or through an employee leasing arrangement; or, is an
officer of the corporation; or, partner as defined in Florida Statutes Chapter 468, and the said
person(s) is/are under my direct supervision and control and is/are authorized to purchase and
sign permits; call for inspections and sign subcontractor verification forms on my behalf.

Printed Name of Person Authorized	Signature of Authorized Person
1. <u>DALE BIRD</u>	1. <u>[Signature]</u>
2. <u>Kelly Bishop</u>	2. <u>Kelly Bishop</u>
3. <u>Kelly Ford</u>	3. <u>Kelly Ford</u>
4.	4.
5.	5.

I, the license holder, realize that I am responsible for all permits purchased, and all work done
under my license and fully responsible for compliance with all Florida Statutes, Codes, and
Local Ordinances. I understand that the State and County Licensing Boards have the power and
authority to discipline a license holder for violations committed by him/her, his/her agents,
officers, or employees and that I have full responsibility for compliance with all statutes, codes
and ordinances inherent in the privilege granted by issuance of such permits.

If at any time the person(s) you have authorized is/are no longer agents, employee(s), or
officer(s), you must notify this department in writing of the changes and submit a new letter of
authorization form, which will supersede all previous lists. Failure to do so may allow
unauthorized persons to use your name and/or license number to obtain permits.

Michael A. Boland
Licensed Qualifiers Signature (Notarized)

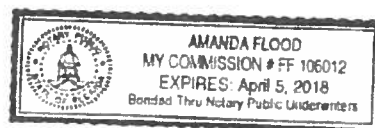
CA1817716 License Number ES/200920 Date 11/17/15

NOTARY INFORMATION
STATE OF Florida COUNTY OF Marion

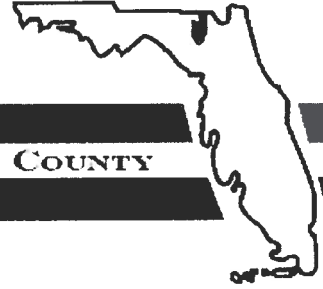
The above license holder, whose name is Michael A. Boland
personally appeared before me and is known by me or has produced identification
(type of I.D.) _____ on this 17th day of November, 2015

Amanda Flood
NOTARY'S SIGNATURE

(Seal/Stamp)



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: **6/11/2019 4:07:00 PM**
Address: **228 SW MARCIS Ter**
City: **LAKE CITY**
State: **FL**
Zip Code **32024**

Parcel ID **00360-202**

REMARKS: Address Verification.

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

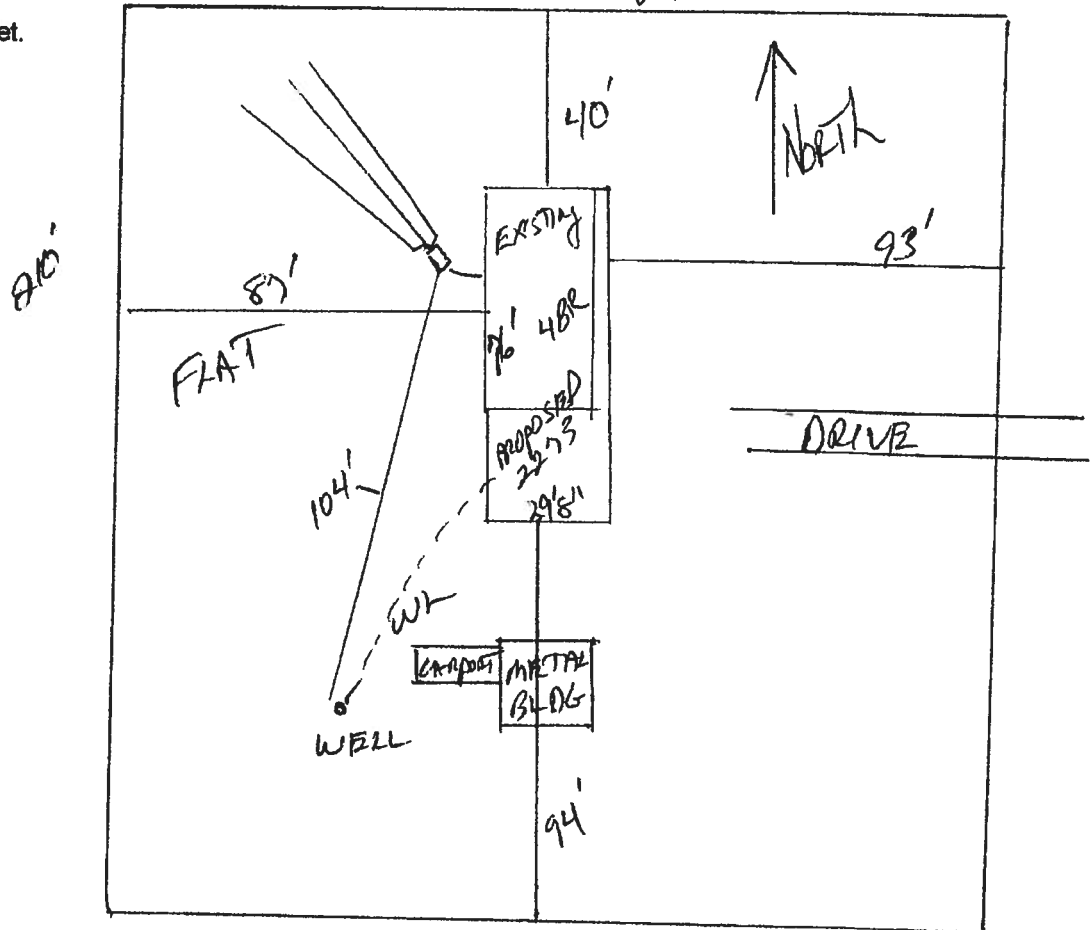
*JOSH
GLEASON*

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

Permit Application Number 19-04602

GRASON ----- PART II - SITEPLAN ----- 210'

Scale: 1 inch = 40 feet.



Notes: 1 of 5.14 Acres SEE ATTACHED

Site Plan submitted by: [Signature]

Plan Approved [Signature]

By [Signature]

Not Approved

CONTRACTOR

Date 6/15/19

ESTL Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



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

PERMIT NO. 19-0462
DATE PAID: 6/11/19
FEE PAID: 200.00
RECEIPT #: 1418619

APPLICATION FOR:

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

APPLICANT: Joshua GleasonAGENT: Dale Burd / Dale Burd LLCTELEPHONE: 386-365-7674MAILING ADDRESS: 20619 County Road 137, Lake City, FL, 32024

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3)(m) 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: na BLOCK: na SUBDIVISION: na PLATTED: naPROPERTY ID #: 14-4S-15-00360-202 ZONING: _____ I/M OR EQUIVALENT: ☐ No ☐PROPERTY SIZE: 5.14 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤2000GPD ☐ >2000GPDIS SEWER AVAILABLE AS PER 381.0065, FS? ☐ No ☐ Distance to Sewer: na FTPROPERTY ADDRESS: 228 SW Marcis TerrDIRECTIONS TO PROPERTY: CR 252 West, TL Jafus Ave, TR Brim, TL Marcis, 2nd driveway on right

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	SF Residential	4	2273	4 BR for 4 BR Like for Like
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: _____

DATE: 6/11/2019

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