PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use On	(Revised 7-1-15)	Zoning Official	Build	ing Official
				t #
Flood Zone	Development Permit_	Zoning	Land Use	Plan Map Category
Comments				
FEMA Map#	Elevation	Finished Floor	River	In Floodway
				□ Well letter OR
				o. letter App Fee Paid
				□ 911 App
☐ Ellisville Water S	Sys Assessment	Out Coun	ity 🗆 in County	□ Sub VF Form
roperty ID#	3766-122	Subdivision	Apalach	ee Tracerot# 22
				ze <u>26875</u> ear
Applicant	ouis Selli	itti	Phone #_54	1-351-8463
Address	el sw chi	ppewa G	In, Ft. W	Shite, FL
Name of Prop	erty Owner		Phone#	
911 Address_				
Circle the corr	ect power company -	FL Power & L	ight -	Clay Electric
	(Circle One) -	Suwannee Valley I	Electric -	Duke Energy
				e# <u>5121-351-841</u> 0
	•	U		efl
Relationship t	o Property Owner	noputy &	Iwher	
Current Numb	er of Dwellings on Pro	opertyO		
Lot Size\(10.0	Total Acrea	age10.01	
Do you : Have	Existing Drive or Prive (Blue	rate Drive or need Cul Road Sign) (Putt	vert Permit or ing in a Culvert)	Culvert Waiver (Circle one) (Not existing but do not need a Culvert)
Is this Mobile	Home Replacing an E	xisting Mobile Home_	- 1- 0	
Driving Direct	ions to the Property_	TR onto	<u> </u>	TL onto
JR =	erlong St.	y Thorsto	Appula	chie lek,
Email Address	for Applicant:	mp wa	O((1)	
	nsed Dealer/Installer	rnest "Scott"	TohnsonPho	one # 35a - 494 - 800
Installers Add	ress <u> </u>	SE US Itwy		wthome, FL. 321
License Numb	oer <u>IH-10252</u> L	Ins	tallation Decal	#

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUM	MBER CONTRACTOR	PHONE
	THIS FORM MUST BE SUBMITTED PRIOR TO T	HE ISSUANCE OF A PERMIT
records of the Ordinance 89-	ounty one permit will cover all trades doing work at the subcontractors who actually did the trade specific wo a contractor shall require all subcontractors to proveneral liability insurance and a valid Certificate of Comp	rk under the permit. Per Florida Statute 440 and ride evidence of workers' compensation or
	he permitted contractor is responsible for the correcubcontractor beginning any work. Violations will resu	
ELECTRICAL	Print Name LOWS SelliHi License #: OWNEL	Signature 5.01-351-8463
	Qualifier Form Attached	
MECHANICAL/	Print Name Shatto Heat & Air License #: CAC 057875	Signature KPSiSUDP Phone #: 386-496-8004
	Qualifier Form Attached	

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.



SHATTO HEATING & AIR, INC. 595 WEST MAIN STREET LAKE BUTLER, FL 32054

Office (386)496-8224 Fax (386)496-9065

service@shattoair.com

Contractor Aff	idavit for Agency:
DATE: 11 30 23	
I hereby authorize: Kelly Bishop	, to be my
Authorized Agent for: SHATTO HEA	ATING & AIR, INC. of Company)
This authorization becomes effective of the date this affida	vit is notarized.
This authorization acts a Durable Power of Attorney (HVAC (Mechanical) permit for: C+G Homes.	DNLY for the purpose of applying and signing for the Lake City
The undersigned understands the liabilities involved in the and all of the actions of the agent named related to this acq	granting of this agency and accepts full responsibility for any uisition for the aforementioned company.
Timothy D. Shatto (Print Name) Lindly D. Shatto (Qualifier's Signature)	11-30 2023 (Date) Owner (Title)
STATE OF FLORIDA COUNTY OF: UNION The foregoing instrument was acknowledged before me th Shatto, who is personally as identificate Notary Signature Pamela G Williams Notary Printed Signature	y known to me X - or has produced

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 23-6755

Sellilli	PART II - SITEPLAN		*******	
e: Each block represents 10 feet and 1	nch = 40 feet			
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	000	1 (
	11110	chod		
	00000	0. 46	T.,	
	+ + + + + + +	+ - + +		
	+ + + + +	+ +		uku ki i i l
			 	
es				
Plan submitted by Willia	O. Sichap II		master co	ntracto
	Not Approved			11/1/23

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)

Incorporated 62-6 004 F.A.C.

1 acre of 10.01

Sellitti 10-23-23 1in=40ft.

210' 210 SW Chippewa Aln

Willia & Biskof IF



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:

8/14/2023 9:55:58 AM

Address:

161 SW CHIPPEWA GLN

City:

FORT WHITE

State:

FL

Zip Code

32038

Parcel ID

03-6S-16-03766-122

REMARKS:

This address is a verified Current address in the county's addressing system.

Verification ID: cf0bb530-c691-4637-a73b-d77c2f8c7de1

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.

else to mean that your property is buildable pursuant to the Columbia County Land

Development Regulations. To determine whether your property is eligible for a building permit please contact the Building and Zoning Department.

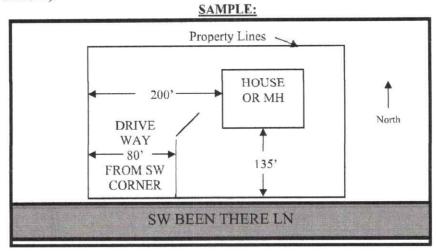
Address Issued By:

GIS Specialist

Columbia County GIS/911 Addressing Coordinator

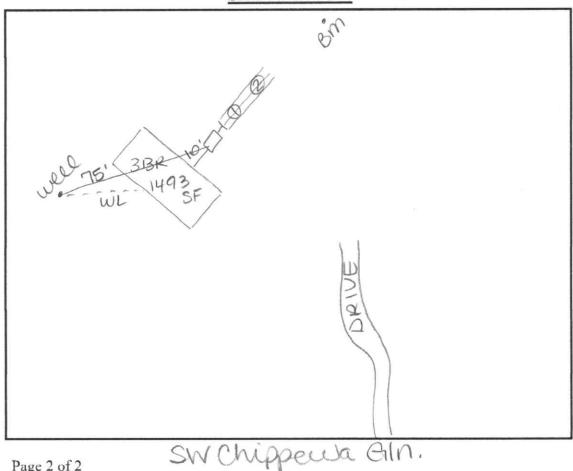
Page 2, Site Plan for 9-1-1 Address Application From

- 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).



1 acre

SITE PLAN BOX:



Page 2 of 2

Page	m maps with a 2 of and of holive part Rule 150	5 Ce factory blacking 1		Typical gier spacing Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)	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 fies exceed 5 ft 4 in.	8,98	Address of home 161 SW Chipperus SIn	Mobile Home Permit Worksheet
Longitudinal Stabilizing Device (LSD) Manufacturer Longitudinal Stabilizing Device w/ Lateral Arms Manufacturer Manufacturer Manufacturer Manufacturer Manufacturer Manufacturer	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 Opening	Perimeter pier pad size Shewwall Other pier pad sizes (required by the mfg.) The play the approximate locations of the pier pad sizes	15C-1 pier	34.2° 8	Triple/Quad Serial #	Single wide	New Home Solution Used Home Solution Manual Home is installed in accordance with Rule 15-C	Application Number:
within 2' of end of home spaced at 5' 4" oc or HER TIES OTHER TIES Longitudinal Longitudinal Marriage wall Shearwall	17 3/16 × 25 3/16 17 1/2 × 25 1/2 24 × 24 26 × 26 ANCHORS		OPULAR PAD SI	20" x 20" 22" x 22" 24" x 24" 26" x 26" (400) (484)" (576)" (676)	Serial # PACING TABLE FOR USED HOMES	Wind Zone III	llation Manual	Date

Mobile Home Permit Worksheet

manufacturer's installation instructions and	Connectall sewer drains to an existing sewer tap or septic tank. Pg.
is accurate and true based or	Plumbing
Installer verifics all information given with th	Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between multi-wide units. Pg.
	+ OUT MICENSIAN S TOOPOTACE
Drain lines supported at 4 foot intervals: Yes Electrical crossovers protected. Yes Other:	Date Tested Assume Chick Hall Uses 485
Dryer vent installed outside of skirting. Yes Range downflow vent installed outside of skirting. Yes	Installer Name ELARST S Johnson
Mis	ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER
The bottomboard will be repaired and/or taped. Yes Siding on units is installed to manufacturer's specification Fireplace chimney installed so as not to allow intrusion of the state of th	anchors are required at all centerfine the points where the torque test reading is 275 or tess and where the mobile home manufacturer may requires anchors with 4000 beholding capacity.
Weatherproofing	Note: A state approved lateral arm system is being used and 4 ft
Pg. Between Floors / Between Walls Bottom of ridgebe	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.
e gaskey L	TORQUE PROBE TEST
a result of a poorly installed or no gasket being installed of tape will not serve as a gasket. Installer's initials	×
Lundersland a properly installed gasket is a requirement	reading and round down to that increment.
Gasket woutherproofing requirement	
will be centered over the peak of the roof and roofing nails at 2" on center on both sides of the	Test the perimeter of the home at 6 locations. Take the reading at the depth of the footer.
2000	POCKET PENETROMETER TESTING METHOD
Fastening multi wide units	×
Debris and organic material removed Water drainage: Natural Swale Pad	The pocket penetrometer tests are rounded down to or check here to declare 1000 fb. soil without testing.
Site Preparation	POCKET PENETROMETER TEST

Application Number: Spacing: 20 Spacing: 20 Spacing: 20 Spacing: 20 galvanized metal strip d fastened with galv. the centerline. ad marriage walls are Date: of rain water. Sam Ya of all new and used Other N.A

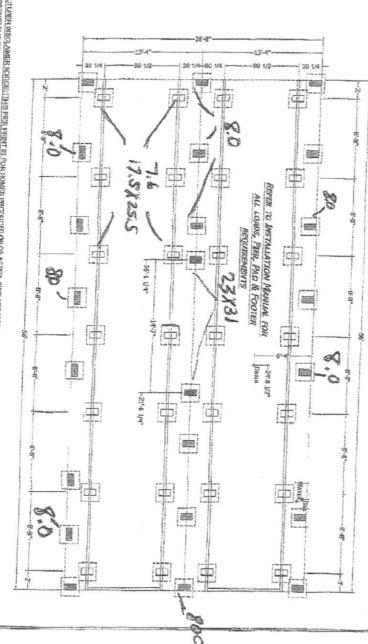
d or Rule 15C-1 & 2 is permit worksheet

Installer Signature

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

Date

Page 2 of 2



<u>校外担任をはています。 PLANE READ AND INDERSTAND THE FOLLOWING METORANTON, THE MANUE ACTURRED DOES NOT DO FOLKATIETA JUNE 13T 2008</u> IT WALLEE THE RESPONSEELTY OF THE DEALERSTIE CONTRACTON TO RESERVE FIAT ALL SITE WORK WILL CORRELATE WITH THE LART OTODRACD.

NOTHELTO HOME INSTALLERS; MANUFACTURED HOMES WEIGH SEVERAL TOMS DO NOT ATTEMPT TO INSTALLARY HOME ON SITE WITHOUT HAVING EXPENSIVELS; KNOWLEDGE, AND UNDERSTANDING OF ALL INSTALLATION REPORTS FALMER TO MEET THESE RECORDS MANUFACTURED FOR INSTALLER, BETALLERS; PLEINE SEAD AND MILET THESE RECORDS MANUFACTURED FOR SETUP AND INSTALLERS, PLEINES SEAD AND MILET STANDING SETUP AND INSTALLERS, PLEINES SEAD AND MILET STANDING SETUP. AND INSTALLERS FINE SEAD AND MILET STANDING FOR SETUP.

I FRAME PIER

题 POINT LOAD PIER

200 = PERIMETER PIER

THE MANUFACTURER ASSUMES NO RESPONSIBILITY FOR ACTUAL UNDATION DESIGN AND CONSTRUCTION.

ADDITIONAL BLOCKING IS FEGURED AT EACH SIDE OF EXTERIOR ORS AND AT EACH SIDE OF SUBMALL OF EXHINGS GREATER THAN AT EACH SIDE OBSERVAL OF SCHINGS GREATER THAN A THE THAN A TOWN ALLEGISMENTS AT ENDRALL SEE FIGURES. TALLATION MANUAL
ALL DWY, FAUMBING, GAS SUPPLY, ETC., DIMENSIONS ON PRINT
Y BE + OR -12"

IN THINEL BETWER RESPONSIBILITY OF THE BITE CONTRACTOR TO MERIFY THE PROPIER LOGATION OF COLLIMN BEFFORT BLOCKED AND TO VEGIETY THE PROPIER MATINGLE BE GROWTH TO MEDISONE DARFO UPON ACTUAL SITE CONTRITIONS AND RECURRENANTS (COULDE AND BOOK OF A WORK OF A PERMINETER. BLOCK ON OR PERMINETER.

PERMANDAY POLINGATIONE; CHECKLOUAL BUILDING CODES AND REGULATIONS NINDCONSULY A REGULATIONS PROPRESSIONAL OR STRUCTURAL ENGINEER WHER WHEN YOUARE SIT WG YOUR HOME ON A PERMANERY POLINDATION (SUICH JS A FRUL BASINEAR, GRAWL SPACE, OR LOAD BESTENS PETMETER FOUNDATION).

THE PARTY 2001 - 2005 GH SEARCH G. MI-2 200 SILE FOUNDATION PLAN

PR-101

OME BUILDERS

マシャーのア

A NO PENEZECCIÓ, ELPE BODO DECY, ME ARREN

SUCTOMBEROW.

2856H32P01 56'-0" x 26'-8" 3 BD 2 BT



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, Scott Johns Installer License Holder Na	give this authority	for the job address show below
only, 161 SW CM	ippewa Gln, FA.1	White FL. and I do certify that
the below referenced person(s)	listed on this form is/are under	my direct supervision and control
and is/are authorized to purcha	se permits, call for inspections a	nd sign on my behalf.
Printed Name of Authorized Person	Signature of Authorized Person	Authorized Person is (Check one)
Kelly Bishop	KBiGNOP	Agent Officer Property Owner
0		Agent Officer Property Owner
		Agent Officer Property Owner
	I am responsible for all permits responsible for compliance with	purchased, and all work done all Florida Statutes, Codes, and
holder for violations committed t	nsing Board has the power and a by him/her or by his/her authorize sponsibility for compliance grant	ed person(s) through this
Icense Holders Signature (Note	IH-10 License N	025249 12/4/23 Jumber Date
NOTARY INFORMATION: STATE OF: Florida	county of: alguhua	
The above license holder, whose personally appeared before me a type of I.D.)	and is known by me or was produ	uced identification of <u>December</u> , 20 23.
Shaven in make		SpallStamo Notary Public State of Florida Shavon M Milton My Commission HH 975545 Expires 12/29/2024



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

MOBILE HON	ME INSTALLERS AGENT AUT	HORIZATION
I, Scott Johns	give this authority	and I do certify that the below
referenced person(s) listed on t	his form is/are under my direct su	pervision and control and
is/are authorized to purchase p	ermits, call for inspections and sig	n on my behalf.
Printed Name of Authorized Person	Signature of Authorized Person	Agents Company Name
Kelly Bishop	KBisnop	AZB construction
under my license and I am fully I Local Ordinances. I understand that the State Licen holder for violations committed by	I am responsible for all permits presponsible for compliance with a using Board has the power and auty him/her or by his/her authorized sponsibility for compliance granted	It Florida Statutes, Codes, and athority to discipline a license person(s) through this
License Holders Signature (Nota	JASU TH-10 License Nu	25249 12/4/23 mber Date
NOTARY INFORMATION: STATE OF:Florida	_county of alachua	
The above license holder, whose personally appeared before me a (type of I.D.)	e name is Erned S Office and is known by me or has produce on this 4 day of	ced identification December, 2023.
Shaven in meets	(\$	eal/Stamp)



Order #: 6039 Label #: 106118	Manufacturer:	(Check Size of Home)
Homeowner:	Year Model:	Single
Address:	Length & Width:	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 #:

STATE OF FLORIDA INSTALLATION CERTIFICATION LABEL

106118

LABEL#

DATE OF INSTALLATION

ERNEST SCOTT JOHNSON

NAME

IH / 1025249 / 1

6039

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.