

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

| For Office Use Only (Revised 7-1-15) Zoning OfficialBuilding Official |
|--|
| <u>AP#</u> Date ReceivedBy Permit # |
| Flood Zone Development Permit Zoning Land Use Plan Map Category |
| Comments |
| |
| FEMA Map# Elevation Finished Floor River In Floodway |
| □ Recorded Deed or □ Property Appraiser PO □ Site Plan □ EH # □ 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 □ Out County □ In County □ Sub VF Form |
| mongdiaz3 agmail-com |
| operty ID # 14-55-10-03621-008 Subdivision Lot# |
| New Mobile Home MH Size\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |
| Applicant Melody Diaz Phone # 305-395-8437 |
| Address 834 Butzer Dr Lave City FL |
| Name of Property Owner Melody Diaz Phone# 305 395 8437 |
| 911 Address 834 Sw Butzer Dr. Lake City FL 3202 |
| Circle the correct power company - FL Power & Light - Clay Electric |
| (Circle One) - Suwannee Valley Electric - Duke Energy |
| |
| Name of Owner of Mobile Home Manuel Ganzalez Phone # 305-753 - 320 |
| Address 834 SW Butzer Dr. Lake City FC 32024 |
| Relationship to Property Owner <u>Father</u> in law |
| Current Number of Dwellings on Property |
| Lot Size Total Acreage 9.03 |
| Do you : Have Existing Drive or Private Drive (Blue Road Sign) or need Culvert Permit (Putting in a Culvert) or Culvert Waiver (Circle one) (Not existing but do not need a Culvert) |
| Is this Mobile Home Replacing an Existing Mobile HomeNO |
| Driving Directions to the Property FL-47 5 & C) on CP-240 |
| (2) SW Butzer Dr. |
| |
| |
| Name of Licensed Dealer/Installer Glon Williams Tr. Phone # 3810 - 344 - 36 |
| Installers Address 660 SE Dutnam St Lako City FC 320 |
| License Number <u>TH/1054858</u> Installation Decal # <u>78892</u> |

26" x 26" POPULAR PAD SIZES (9.29)within 2" of end of home spaced at 5" 4" oc 0 LOH GA72.035878 FRAME TIES OTHER TIES ANCHORS 5 ft 24" X 24" (978) Marriage wall Longitudinal Wind Zone III 78892 Shearwall Sidewall PIER SPACING TABLE FOR USED HOMES Date 22" x 22" (484) 4 ft Home installed to the Manufacturer's Installation Manual Home is installed in accordance with Rule 15-C Draw the approximate locations of marriage Longitudinal Stabilizing Device w/ Lateral Arms Manufacturer List all marriage wall openings greater than 4 foot 20" x 20" wall openings 4 foot or greater. Use this symbol to show the piers. (400) E Installation Decal # 74×24 interpolated from Rule 15C-1 pier spacing table Pier pad size Longitudinal Stabilizing Device (LSD) Wind Zone II TIEDOWN COMPONENTS 18 1/2" x 18 Used Home 172" (342) Serial # PIER PAD SIZES and their pier pad sizes below 16" x 16" Perimeter pier pad size (256)Other pier pad sizes (required by the mfg.) I-beam pier pad size Application Number: (ui bs) Opening Manufacturer size Double wide Single wide Triple/Quad New Home capacity bearing Load Page 1 of 2 Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations) License # 114 1054858 16 X7 Lunderstand Lateral Arm Systems cannot be used on any home (new or used) if home is a triple or quad wide sketch in remainder of home if home is a single wide fill out one half of the blocking plan Mobile Home Permit Worksheet Installer's initials Length x width Butzer where the sidewall ties exceed 5 ft 4 in Glena Williams hangttadeusi 3 DAK 834 375 Typical pier spacing Address of home being installed Manufacturer Installer

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PERMIT NUMBER

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X ISt.

POCKET PENETROMETER TESTING METHOD

- Test the perimeter of the home at 6 locations.
- Take the reading at the depth of the footer.
- Using 500 lb. increments, take the lowest reading and round down to that increment.

| 1200 |
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TORQUE PROBE TEST

The results of the torque probe test .is... 750 inch pounds or check here if you are declaring 5' anchors without lesting. 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 focations. I understand 5 ft anchors are required at all centerline the poin where the torque test reading is 275 or less and where the mobile 111:>me manufacturer may requires anchors with 4000 lb holding capacity.

Installer's mitials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

127-21

Date Tested

Connect electrical conductors between multi-wide units, but not to the mainpower source. This includes the bonding wire between multi-wide units. Pg.

Electrical

Pfumblut

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.

homes and that condensation, mold, meldew 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 agasket. I understand a properly installed gasket is a requirement of all new and used 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 other Spacing: Spacing: Spacing BetweenFloors Yes Between Walls Yes Bottom ofridgebeam Y e soot In9 mulrisment Pad Fanillulu! multi wide units Installer's initials Lent: Type Fastener: Length: ins talled: Swale **Debrisand organic material removed** G-kat |- | | Typegasket (Unm Pg. _ 103 Walerdrainage: Natural Floor: Walls: Roof:

Weatherproofing

Miacellaneous

Y/Z

Elec;trical 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 1SC-1 & 2

Installer Signature 12.00 (2000)

2021 & MANUEL, GONZALEZ CASTRO PALOMINO DIAZ EYNER GONZALEZ & MELODAY GONZALEZ DIAZ KEY WEST, FL 33040

4-53-16-03621-008 1,463 52,956 55,000 8/17 T/C FROM OWNER STATED MH NOT LIVEABLE HOWEVER, HIS COUSIN WAS LIVING IN IT F/C STILL HAS POWER. 5/18 MLS # 98264 2 BED 2 BATH 9 ACRES WELL, 2 SEPTIC. 1970 MH SUITABLE STANDAR 52,956 CONSRI PRINTED 02/17/2021 ISSUED EAS=[YR=1993] W40 N24 W16 S24 W1 S12 E31 USP=[YR=1993] S13 E22 N13 W22\$ E26 N12\$. SALE X FRZ **BUILDING DIMENSIONS** TYPE Q V RSN
INST U I CD
WD U I 11 DECL 4/24/2018 WD U I 98 AMT **BUILDING NOTES** COLUMBIA COUNTY PROPERTY P
VALUATION SUMMARY SALES DATA DENSITY 5/22/2018 WD U Fax Dist: GRANTOR: ROBER L & LAURA M TOM GRANTOR: ROBER L & LAURA M TOM GRANTEE: EYNER GONZALEZ DIAZ GRANTEE: EYNER GONZALEZ DIAZ Age DESCRIPTION Tax Group: 3

Tax Group: 3

Tax Group: 3

Tax Bull Ding Market Value
TOTAL Market OB/XF VALUE
TOTAL MARKET VALUE
SOB/AGI, Deduction
ASSESSED VALUE
TOTAL EXAMPTION VALUE
ASSESSED VALUE
TOTAL EXAMPTION VALUE
BASE TAXABLE VALUE
TOTAL LAUST VALUE XFOB:1:1: CONCORD M H INCOME VALUE
PREVIOUS YEAR VALUE OTHER ADJUSTMENTS AND NOTES Common:44720 OFF RECORD 1361/0550 1358/1602 PERMIT NUM NORM % COND 0 70.00 30.00 1,250 17,816 22,404 3,250 LAND NOTES HX Base Yr 4,454.05 4,454.05 3,250.00 1,250.00
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467 Swan Ave • Hohenwald, TN 38462 • (800) 284-7437 • www.olivertechnologies.com • Fax (931) 796-8811

Installation Instructions for 1100 "V" Series All Steel Foundation System Wind Zones I & II

SPECIAL CIRCUMSTANCES: If following conditions occur - STOP! Contact Oliver Technologies at 1-800-284-7437 for further instructions:

- a) Pier (system) height exceeds 48" b) Roof eaves exceed 16" c) Roof pitch greater than 7/12 d) Location is within 1500 feet of coastline
- e) Soil conditions less than 4B f) Thick and wide I Beam attachments are available.

INSTALLATION OF GROUND PAN FOR DIRT SET (IV)

- 1) Remove weeds and debris in an approximate three foot square to expose firm, level undisturbed soil or controlled fill for each ground pan. The 1100 V Pan is equivalent to a 21 x 21 footing. Top of ground pan (C) must be installed at ground level or per local jurisdiction.
- 2) Place center ground pan (C) directly below chassis I-beam. Press or drive pan completely into soil until flush with or below soil.

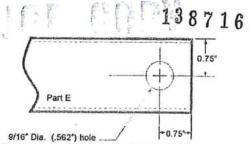
SPECIAL NOTE: The longitudinal "V" brace system serves as a pier under the home and should be loaded as any other pier. It is recommended that after leveling piers, and one-half inch (1/2") before home is lowered completely onto piers, complete items 3 through 7 below.

INSTALLATION OF LONGITUDINAL "V" BRACE SYSTEM

3) Select the correct square tube brace (E) length for set-up (pier) height at support location.

| PIER HEIGHT (Approx. 40-60 degrees Max.) | 1.5" Tube Length |
|---|---------------------|
| 14" to 18" | 20" |
| 18" to 25" | 28" |
| 24" to 35" | 39" |
| 30" to 40" | 44" |
| 36" to 48" | 54" |

PIER HEIGHT = the dimension from the top of the pan to the bottom of the I-Beam



- 4) Install both of the 1.5" square tubes (E) into the "V" bracket (J), insert carriage bolt and leave nut loose for final adjustment.
- 5) Place I-beam connector (F) loosely on the bottom flange of the I-beam.
- 6) Attach the selected 1.5" tubes (E) to the I-beam connectors (F) and fasten loosely with bolts and nuts. NOTE: The ground pan must be level in both directions to ensure the angle markings on the center point connector are correct from the horizontal plane of the pan. The angle is not to exceed 60 degrees and not less than 40 degrees. The "V" bracket (J) is stamped with the angles to verify correct degree. Use proper length tube or cut and drill tube to achieve proper length. (The tube may be cut using any appropriate steel cutting method such as steel saw, cutting torch, etc. New holes must be drilled to the dimension and at the location as shown for part (E).
- 7) Using standard hand tools, tighten all nuts and bolts. When connecting the brace tube to the model 1100-10-P I-beam connector bracket, tighten at least one and a half to two full turns past hand tight.

INSTALLATION OF (LATERAL) TELESCOPING TRANSVERSE ARM SYSTEM (1100 ITV)

- 8) Select the correct transverse arm (H). The 60" sections are standard. The 72" sections are used on frame widths greater than 99.5"
- 9) Install the 1.5" transverse brace (H) to the ground pan connector (D) with the bolt and nut.
- 10) Slide 1.25" transverse brace into the 1.5" brace and attach to adjacent I-beam connector (I) with bolt and nut.
- 11) Secure 1.5" transverse arm to 1.25" transverse arm using four (4) 1/4" 14 x 3/4" self-tapping screws in pre-drilled pilot holes.

INSTALLATION USING CONCRETE (ICV)

The concrete footer, runner or slab may be of any shape, that has a minimum of 2900 cu. in., with a minimum depth of 3.5" (dry set) or 6" (wet set), at each system location. The surface of the footing shall be large enough to support the pier load and allow at least 4" from the concrete bolt to the edge of the concrete (ie. 22"x22"x6" footer). The concrete shall be a minimum of 2500 psi mix (pre-blended sacked concrete mix is acceptable). Special inspection of footing is not required. If the 1100 ITC transverse system, (D (W or D) bracket only) is to be installed without the use of the 1100 ILC (V) longitudinal system (J (W or D) bracket), it MUST be installed within 18" of pier.

NOTE: The bottom of all footings, pads, slabs and runners must be per local jursidiction.

LONGITUDINAL (V)

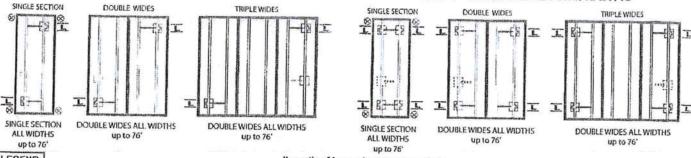
When using the 1100 wet set J(W) bracket, simply install the bracket in runner/footer OR when installing in cured concrete, use the 1100 dry set J(D) bracket. The 1100 dry set J(D) bracket is attached to the concrete using (2) 1/2" X 3" concrete wedge bolts. Place the bracket in desired location. Mark bolt hole locations, then using a 1/2" masonry bit, drill a hole to a minimum depth of 3". Be sure all dust is blown out of the holes. Place wedge bolts into drilled holes, then place 1100 J(D) bracket onto wedge bolts and start wedge bolt nuts. Take a hammer and lightly drive the wedge bolts down by hitting the nut (Do not hit the top of threads on bolt). Complete by tightening the nuts.

LATERAL (Transverse Arm)

For wet set installation set the transverse connector bracket D(W) into runner/footer at desired location. For dry set installations, the transverse connector bracket D(D) is attached to the concrete using (2) 1/2" X 3" concrete wedge bolts. Mark bolt hole locations, then using a 1/2" masonry bit, drill a hole to a minimum depth of 3°. Be sure all dust is blown out of the holes. Place wedge bolts into drilled holes, then place transverse connector bracket J(D) bracket onto wedge bolts and start wedge bolt nuts. Take a hammer and lightly drive the wedge bolts down by hitting the nut (Do not hit the top of threads on bolt.) Complete by tightening the nuts.

REQUIRED NUMBER AND LOCATION OF MODEL 1100 "V" SERIES BRACES FOR 4/12 & 5/12

REQUIRED NUMBER AND LOCATION OF MODEL 1100 "V" SERIES BRACES FOR 6/12 & 7/12



LEGEND:

(Length of house is actual box size)

1. - I - Approximate location of the system (See note H)
2. - I - Location of ASF Model 1100 "V" (Lateral and Longitudinal Bracing) or 1100 T (Lateral only)
3. - - Location of additional ASF Model 1100 T "V" System (Lateral only) for homes exceeding 76' in length or with roof pitch between 4.37/12 (20 degrees) and 5/12, the additional system is to be installed at approximately the midpoint of the house and may be installed at either exterior beam.

- Installation of single wide homes require two (2) anchors per side located not more than ten (10) feet from each end (with a minimum of 3150 load rating) 5. - Location of additional ASF Model 1100 T "V" System (Lateral only) for homes exceeding 76' in length, sidewall height exceeding 96" or with roof pitch between 6/12 & 7/12 the additional system is to be installed at approximately the midpoint of the house and may be installed at either exterior beam.

a) Installation of the longitudinal system eliminates the need for the longitudinal anchors.

b) Installation of the transverse system eliminates the need for all anchors, diagonal frame ties and stabilization plates except when noted. (Legend #5 & note C)

All other home manufacturer's instructions for installation of stabilizing devices must be followed, including installation of vertical tie-down anchors, and mating line column, shear wall or center-line tie-down anchors. NOTE WIND ZONE II: ALL VERTICAL ANCHORS (NOT TO EXCEED 8' SPACING) MUST BE INSTALLED PER MANUFACTURER'S INSTALLATION INSTRUCTIONS!

d) If the home manufacturer's installation instructions are not available, the home must be installed in accordance with any state promulgated rules or as required by the authority having jurisdiction.

If bolts, nuts and lech screws are lost, they may be replaced as long as they meet or exceed the specs for OTI ASFS hardware.

When the length of home exceeds 76, sidewall height exceeds 96" or the roof pitch is between 4.37/12 (20 degrees) and 5/12, add 1 transverse system (see location diagrams above) 6/12: a total of 4 Transverse & 3 Longitudinal systems are needed & 7/12: a total of 5 Transverse & 3 Longitudinal systems are needed. (Longitudinal portion only required when longitudinal bracing is required by home manufacturer).

An alternative method using the 1100 CVD anchors (dry set) or 1100 CVW (wet set) may be used on a footing size of 16" diameter X 24" depth. These brackets are designed for lateral and longitudinal protection.

It is recommended that the systems be installed at the 2nd pier in from each end of the house. However, they may be installed at any location at least

2 feet, but not more than ¼ the house length, in from the ends of the home. STATE OF MICHIGAN ONLY: As required by Section 1805.2 of the 200 Michigan Building Code, the depth of the footer shall be a minimum depth of 42 inches below grade, except that the authority having jurisdiction may approve a lesser depth based on known prevailing soil and weather conditions, or as provided by the exception under Section 1805.2.1 of the Code. STATE OF ALABAMA ONLY: Maximum pler height is limited to 32" with pier defined in the Alabama Regulation as "that portion of the support system between the top of the footing and the bottom of the pier cap." The State of Alabama limits the use of this system to H.U.D labeled homes. STATE OF NORTH CAROLINA ONLY: Tubing must be galvanized and, when I - Transverse Arm, I-Beam Connector the manufacturer's installation instructions are not available. vertical wall tie-downs must be installed not to exceed 8-feet on center. (Wind Zone II) STATE OF IDAHO ONLY F - "V" Brace I-Beam Concrete must be a Connectors H - Transverse Arm minimum of 8" in depth. Top (1.25") Bottom (1,5") E - "V" Brace Tube D - Pan Transverse Connector or D(W) or D(D) Concrete (1.5") Transverse Connector 467 Swan Ave Hohenwald, TN 38462 B - Ground Pan or

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C - Concrete Base (ie

footer, runner, etc.)

J - Pan V Bracket or

J(W) or J(D) Concrete

"V" Bracket



Installation Instructions for ABS Pads For use on all Mobile and Manufactured Homes, including HUD approved Homes and Modular Building Patent #5503500 and other patents pending

GENERAL INSTRUCTIONS:

1. All pads are to be installed flat side down, ribbed side up.

The ground under the pads should be leveled as smooth as possible with all vegetation removed. Pads to be placed on fully compacted or undisturbed soil, at or below the frost-line or otherwise protected from the effects of frost Refer to NCSBCS/ANSI A225.1

3. Pier & pad spacing will be determined by the manufactured homes' written set-up instructions or any local or state codes.

- The open cells between the ribbing on the upper side of the pads may be filled with soil or sand after installation to prevent any accumulation of stagnant water in the pads.
- A pocket penetrometer may be used to determine the actual soil bearing value. If no soil testing equipment is available use an assumed soil value of 1000 lbs. / square foot.

6. All pad sizes shown are nominal dimensions and may vary up to 1/8".

 The maximum deflection in a single pad is 5/8" measured from the highest point to the lowest point of the top face. (NOTE: Actual test results were less than 5/8")

Pad loads are the same when using single stack or double stack blocks.

- The maximum load at any intermediate soil value may be determined as the average of the next lower and next higher soil value given in the table below.
- If the home manufacturer shows soil densities greater than 3000 lbs. When using ABS pads, do not exceed 3000 lbs. soil pier spacings per set up manual.

| PAD SIZE | ID NO. | PAD AREA | 1000 PSF SOIL | 2000 PSF SOIL | 3000 PSF SOIL |
|----------------------|---------------------|-------------|---------------|---------------|---------------|
| Oval 16" x 18.5" | 1055-23/AIT-06-1000 | 288 sq. in. | 2000 lbs. | 4000 lbs. | 6000 lbs. |
| Oval 17" x 22" | 1055-16/AIT-06-1001 | 360 sq. in. | 2500 lbs. | 5000 lbs. | 7500 lbs. |
| Oval 17.5" x 22.5" | 1055-21 | 384 sq. in. | 2667 lbs. | 8000 lbs. | 8000 lbs. |
| Oval 17.5" x 25.5" | 1055-17/AIT-06-1002 | 432 sq. in. | 3000 lbs. | 6000 lbs. | 9000 lbs. * |
| Oval 21" x 29" | 1055-22/AIT-06-1003 | 576 sq. in. | 4000 lbs. | 8000 lbs. * | 12000 lbs. * |
| Oval 23.25" x 31.25" | 1055-20/AIT-06-1004 | 675 sq. in. | 4694 lbs. | 9388 lbs. * | 9388 lbs * |

| PAD SIZE | ID NO. | PAD AREA | 1000 PSF SOIL | 2000 PSF SOIL | 3000 PSF SOIL |
|----------------------|---------------------|-------------|---------------|---------------|---------------|
| Square 16" x 16" | 1055-14/AIT-06-1005 | 256 sq. in. | 1785 lbs. | 3560 lbs | 5333 lbs. |
| Square 18.5" x 18.5" | 1055-9/AIT-06-1006 | 342 sq. in. | 2375 lbs. | 4750 lbs. | 7100 lbs. * |
| Square 20" x 20" | 1055-7/AIT-06-1007 | 400 sq. in. | 2750 lbs. | 5500 lbs. | 8250 lbs. * |
| Square 24" x 24" | 1055-13/AIT-06-1008 | 576 sq. in. | 4000 lbs. | 8000 lbs. * | 8000 lbs. * |

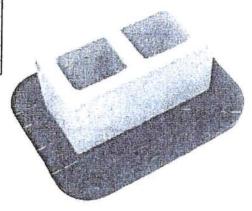
^{*} Concrete blocks are required to be double blocked.

11. Any ABS pad configuration may be used to replace a home manufacturer's recommended concrete or wood base pad.

12. ALABAMA ONLY: The 23.25" x 31.25" ID#1055-20 may not be installed in the State of Alabama.
For the State of Alabama all ABS pads shall not have more than 3/8" deflection. See chart below for details on correct installation in Alabama.

EXAMPLE: 16' x 80' section (Alabama only)

| PAU SIZE | 1000 PSF | 2000 PSF |
|----------------------|----------|----------|
| Oval 16" x 18.5" | 2'9" | 5'6" |
| Oval 17" x 22" | 3'0" | 6'0" |
| Oval 17.5" x 22.5" | 3'9" | 7'6" |
| Oval 17.5" x 25.5" | 4'0" | 8'0" |
| Oval 21" x 29" | 4'5" | 8'0" |
| Oval 23.25" x 31.25" | 6'0" | 8'0" |







13. TEXAS ONLY: 17.5" x 22.5" ID #1055-21 and 23.25" x 31.25" ID #1055-20 may not be installed in the State of Texas.

14. Steel Piers: All pads are tested with steel piers on 1000 PSF soil density unless otherwise noted. (See 15) If required, attach with (04) 2" #12 x ½" hex tech screws. Minimum Pier Base 7 ¼ Inches. The Mulit-Pad configuration 35" x 25.5" ID #AIT-06-1002 (03) requires minimum 9 ¼" pier base.

15. Available pads tested on 2000 PSF soil density using steel piers are: ID #1055-14, 1055-9, 1055-7 and 1055-13.

16. CALIFORNIA: Use an assumed value of 1000 lb/sq. ft. unless engineering and calculations are provided.

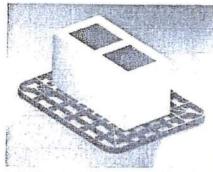
INSTRUCTIONS for Mulit-Pad Configurations

MAXIMUM PIER LOAD IN POUNDS:

| ABS Pad Types | | | | 8" Cell Block | Soll Bearing Value | Maximum Load |
|---|------------------|---------------------------|-------------------|--|--|-----------------|
| Oval 16" x 18.5" Pad | 2.00 Square Feet | ID # 1055-23/AIT-06-1000 | 32"x 18.5" | Cinala Steal | 4000 lb - 11 - 11 | |
| Oval 32" x 18.5" Pad Configuration (03) | 4.00 Square Feet | | Pad Configuration | Single Stack | 1000 lbs. / sq. fl. | 4000 lbs. |
| Oval 17" x 22" Pad | 2.50 Square Feet | | rau Configuration | Double Stack | 2000 lbs. / sq. ft. | 8000 lbs. * |
| | | ID# 1055-16-AIT-06-1001 | 34"x 22" | Single Stack | 1000 lbs. / sq. ft. | 5000 lbs. |
| Oval 34" x 22" Pad Configuration (03) | 5.00 Square Feet | | Pad Configuration | Double Stack | 2000 lbs. / sq. ft. | |
| Oval 17.5" x 25.5" Pad | 3.00 Square Feet | ID # 1055-17/AIT-06-1002 | | The state of the second section in the section in the second section in the | Commence of the second control of the second | 10000 lbs. * |
| Oval 35" x 25.5" Pad Configuration (03) | 6.00 Square Feet | 15 11 1535-117/41-00-1002 | 35"25.5" | Single Stack | 1000 lbs. / sq. ft. | 6000 lbs. |
| Croi ou A 20.0 Fad Configuration (00) | 6.00 aquare reet | : | Pad Configuration | Double Stack | 2000 lbs. / sq. ft. | 12000 lbs. * |

^{*}Concrete blocks are only rated at 8000 pounds, 8001 pounds and higher must be double stacked.

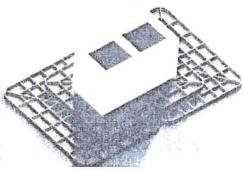
PAD ASSEMBLY



STEP 1 - 17" x 22" ABS Pad STEP 2 - (2) 17" x 22" ABS PADS (Note: Use 2 blocks side by side for soils rated at more than 1,000 lbs / sq. foot)



(34" x 22" Configuration)



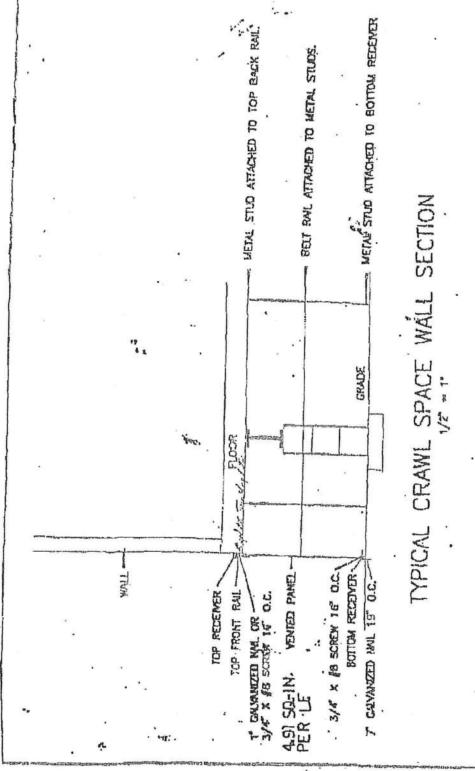
STEP 3 - Complete Assembly 34" x 22" Multi-pad Configuration

General instructions (on reverse) apply to all multi – pad configurations.

2. The 32" x 18.5" pad configuration is formed by using (3) 16" x 18.5" ABS Pads. Place (2) 16" x 18.5" side by side, and place (1) 16" x 18.5" on top, laid in the opposite direction to the bottom pads.

3. The 34" x 22" pad configuration is formed by using (3) 17" x 22" ABS Pads. Place (2) 17" x 22" pads side by side, and (1) 17" x 22" pad on top. The top pad is laid in the opposite direction to the bottom pads.

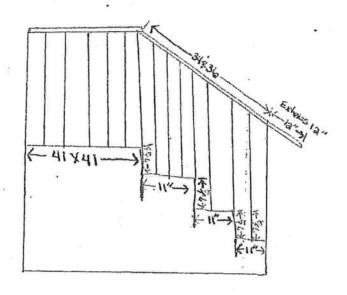
4. The 35" x 25.5" pad configuration is formed by using (3) 17.5" x 25.5" ABS Pads. Place (2) 17.5" x 25.5" pads side by side, and (1) 17.5" x 25.5" pad on top. The top pad is laid in the opposite direction to the bottom pads.



STEE AND LOCATION OF ACCESS DOOR TO BE PLACED TO COORDINATE WITH WATER CLIT-OFFS, ACCESS TO BE 18" X 24" MINIMUM.

PER WARION COUNTY REQUEST, SCREWS TO BE INSTALLED AT TOP AND BOTTON OF EACH PAREL

ANY HOLLE HAVANG IN EXCESS OF 36" HEIGHT MUST HAVE VERTICAL STUDS EVERY 48" WITH BELT RAIL INSTALLED FINE SICH OUT FRUI



Platform 41X41 Spindels 4"on center treads 11" risers 76"

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MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

| APPLICATION NUI | MBER CONTRACTOR Glenn WILLIAMS Jr. PHONE |
|---------------------------------|--|
| | THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT |
| records of the Ordinance 89- | ounty one permit will cover all trades doing work at the permitted site. It is <u>REQUIRED</u> that we have subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and 6, a contractor shall require all subcontractors to provide evidence of workers' compensation or neral liability insurance and a valid Certificate of Competency license in Columbia County. |
| | the permitted contractor is responsible for the corrected form being submitted to this office prior to the abcontractor beginning any work. Violations will result in stop work orders and/or fines. |
| ELECTRICAL | Print Name Melocky Diciz Signature Mr. Signature Phone #: 305 - 395 - 8437 Qualifier Form Attached |
| MECHANICAL/ A/C | Print Name Michael Boland Signature Port License #: CAC.161 7716 Phone #: 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.

LIMITED POWER OF ATTORNEY

License Holder: Michael A Boland

License #: CAC1817716

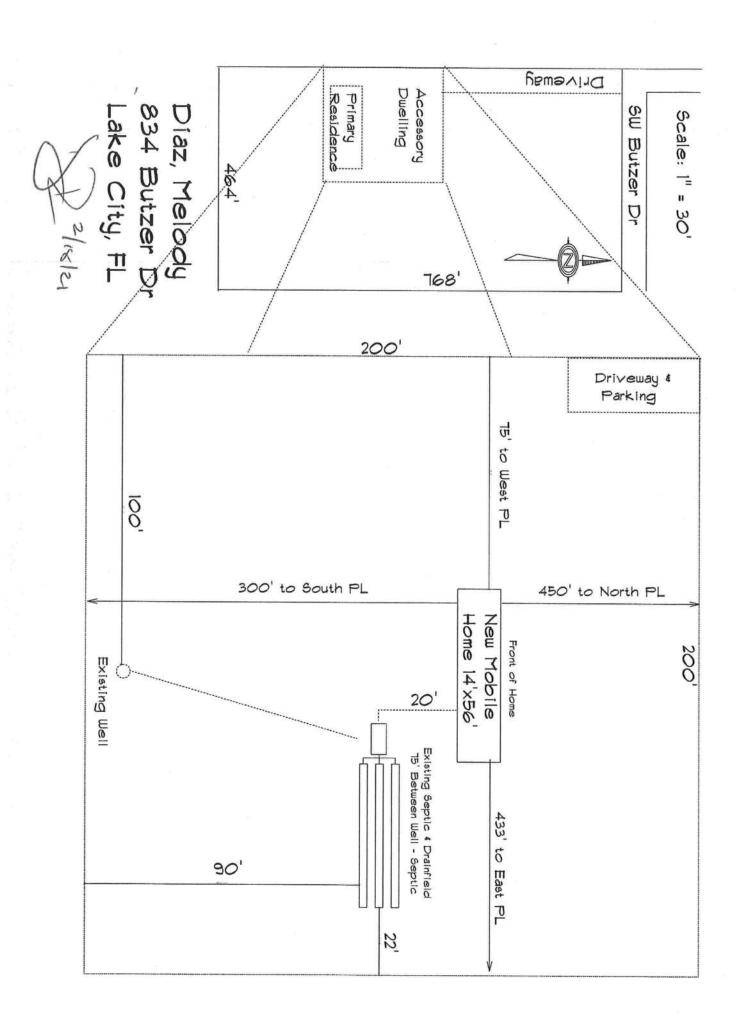
I hereby name & appoint Broderick Poick as an agent of Ace A/C of Ocala, LLC, to be my lawful attorney-in-fact to act for me to apply for, receipt for, sign for and do all things necessary to this appointment for Baker Co , Florida applying to: All permits and applications submitted by this contractor ___ The permit and application for work located at: ____ License Holder Signature State of Florida County of Marion The foregoing instrument was acknowledged before me this __/ 8 day of Jan , 2021, By __michael Bolanc(as identification and who did (did not) take an oath. Jeffrey c. W. 1625
Print or type Notary name



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. Colenn William Installers Name | パン プト. give this authorit | y and I do certify that the below |
|--|-----------------------------------|--|
| referenced person(s) listed on t | | |
| is/are authorized to purchase p | | |
| Printed Name of Authorized Person | Signature of Authorized Person | Agents Company Name |
| Brodenck Pack | AR | BKP Permitting |
| | | |
| | | |
| I, the license holder, realize that | I am responsible for all permit | s ourchased, and all work done |
| | | all Florida Statutes, Codes, and |
| Local Ordinances. | , | |
| I understand that the State Lice | nsing Board has the power and | authority to discipline a license |
| holder for violations committed I | | |
| | | nted by issuance of such permits. |
| License Holders Signature (Note | in 1/1/ arized) License | 1054858 2-19-21 Number Date |
| NOTARY INFORMATION: STATE OF: Florida | COUNTY OF: Alach | ua |
| The above license holder, whose personally appeared before me (type of I.D.) | and is known by me or has pro | Dilliams Or. duced identification by of Fe bruary, 2021 |
| NOTARY SIGNATURE | Sit and James | (Seal/Stamp) |
| | ••••• | ***** |
| | S My C | ry Public State of Florida a B Ashley ommission HH 014307 es 07/26/2024 |





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

| PERMIT NO. 2 | 1-0164 |
|--------------|---------|
| DATE PAID: | 14-11-6 |
| FEE PAID: | CO.00' |
| RECEIPT #: 1 | 232126 |

| APPLICATION FOR: [] New System [] Ex [] Repair [] Ab | isting System andonment | E E | Holding | Tank [|] Innovative | |
|---|----------------------------|---|---------|-----------------|------------------------------|---------------------|
| APPLICANT: Melody D | az | | | | | |
| AGENT: Broderick I | Pack | | | TELEPH | ONE:503 689 4 | 250 |
| MAILING ADDRESS: 834 B | | | | | | |
| 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: BLOCK: S | UBDIVISION: _ | | | | PLATTED: | |
| PROPERTY ID #: 14-55-16-03621-008 ZONING: I/M OR EQUIVALENT: [Y / 67 | | | | | | |
| PROPERTY SIZE: 9.03 ACRES WATER SUPPLY: [PRIVATE PUBLIC [] <= 2000GPD []>2000GPD | | | | | | |
| IS SEWER AVAILABLE AS PER 381.0065, FS? [Y /N] DISTANCE TO SEWER:FT | | | | | | |
| PROPERTY ADDRESS: 834 Butzer Dr. Lake City FC 32024 | | | | | | |
| DIRECTIONS TO PROPERTY: FL-47 S. (L) ON CR-240, | | | | | | |
| (2) Or SW Butzer Dr. | | | | | | |
| | | | | | | |
| BUILDING INFORMATION | [] RESIDEN | TIAL | [] co | MMERCIAL | | |
| Unit Type of No Establishment | No. of Bedrooms A | 4 7 14 1 4 7 14 14 14 1 1 1 1 1 1 1 1 1 | | | ional System Deside E-6, FAC | gn |
| 1 MH CHEW) | 2 | 728 | Mol | oile H | ome | |
| 2 | | , , | | | | |
| 3 | | | NO | ORIGIN FOUND | AL | THE PERSON NAMED IN |
| 4 | | | | * WHITE | | |
| [] Floor/Equipment Drains | [] Other | (Specify | 7) | | | |
| SIGNATURE: P |)A | | | DAY | E: 2/18/21 | - |
| | | | | | | |

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

