

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 7-1-15) Zoning Official _____ Building Official _____
 AP# _____ Date Received _____ By _____ 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

Property ID # 35-6S-17-09859-805 Subdivision Hawks Ridge Acres Lot# 5

▪ New Mobile Home ☒ Used Mobile Home _____ MH Size 60x30 Year 2021
 ▪ Applicant Ernest S Johnson Phone # 904-501-7878
 ▪ Address 22204 SW Hwy 301 Hawthorne Fl 32640

▪ Name of Property Owner James & Anita Elliot Phone# 239-302-0508
 ▪ 911 Address 1465 SE Bible Camp Rd High Springs, Fl. 32643

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

▪ Name of Owner of Mobile Home James Elliot Phone # _____
 Address _____

▪ Relationship to Property Owner _____

▪ Current Number of Dwellings on Property 0

▪ Lot Size 436.65X1318 Total Acreage 13.22

▪ 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 No

▪ Driving Directions to the Property I-75 South to US 41 follow to SE Sprite Loop turn left to Bible Camp rd
turn left to the property on the right

▪ Name of Licensed Dealer/Installer Ernest S Johnson Phone # 904-501-7878

▪ Installers Address 22204 SE Hwy 301 Hawthorne, Fl. 32640

▪ License Number IH 1025249 Installation Decal # 77966

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR Ernest S Johnson PHONE 904-501-7878

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

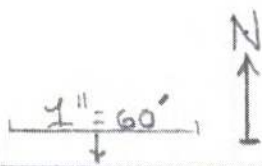
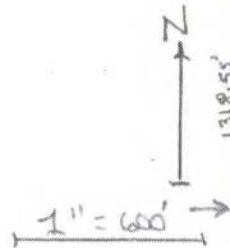
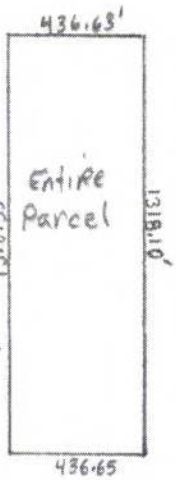
In Columbia County one permit will cover all trades doing work at the permitted site. It is REQUIRED that we have records of the subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and Ordinance 89-6, a contractor shall require all subcontractors to provide 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.

ELECTRICAL	<div>Print Name <u>Glenn Whittington</u> Signature <u>Glenn Whittington</u></div> <div>License #: <u>EC13002957</u> Phone #: <u>386-972-1700</u></div> <div>Qualifier Form Attached <input type="checkbox"/></div>
MECHANICAL/ A/C _____	<div>Print Name <u>Michael Boland</u> Signature <u>Michael Boland</u></div> <div>License #: <u>CAC1817716</u> Phone #: <u>352-274-9326</u></div> <div>Qualifier Form Attached <input type="checkbox"/></div>

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.

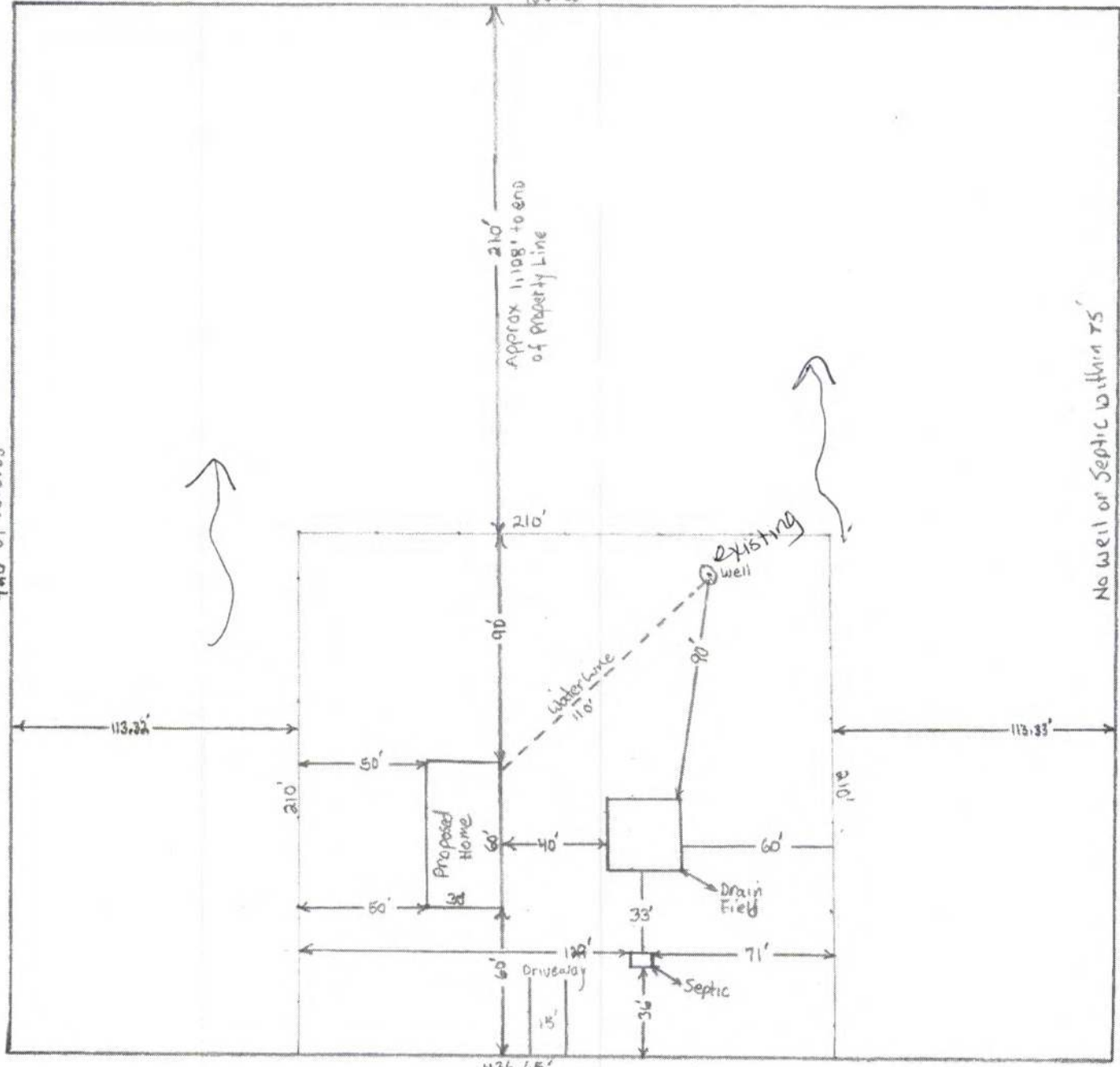
James and Anita Elliot
 1465 SE Bible Camp St
 High Springs, FL 32643
 Parcel 35-68-17-09859-805



No well or Septic within 75'
 436.63'

No well or Septic within 75'
 420' of 1318.55'

No well or Septic within 75'
 420' of 1318.10'



No well or Septic within 75'
 SE Bible Camp Street

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Ron DeSantis
Governor

Scott A. Rivkees, MD
State Surgeon General

Vision: To be the Healthiest State in the Nation

April 06, 2021

JAMES**21-0205 ELLIOT
PINECREST
San Mateo, FL 32187

RE: Contingency Letter
Application Document No: AP1635114
Centrax Permit Number: 12-SC-2247339
OSTDS Number:
1465 SE BIBLE CAMP
High Springs, FL 32643

Lot:5 Block: Subdivision: Hawks Ridge Acres

Dear Applicant:

This will acknowledge receipt of an application dated 03/03/2021 for a permit to use an existing onsite sewage treatment and disposal system located on the above referenced property.

From a review of your completed application, it has been determined that your existing system appears to meet the minimum standards of F.A.C. 64E-6 for the proposed use. It is approved for use with the plans submitted to this office. If this system should fail, causing an unsanitary condition to exist, steps must be taken to bring the system into compliance immediately. Department approval of the system does not guarantee satisfactory performance for any specific period of time. Any change in material facts which served as a basis for issuance of this approval requires the applicant to modify the permit application. Such modification may result in this approval being made null and void. Issuance of this approval does not exempt the applicant from compliance with other Federal, State, or Local Permitting required for development of this property.

If you have any questions on this matter, please call our office at (386) 785-1058.

Sincerely,

Dustin Jones, Environmental Specialist II

Enclosures

cc:

Mobile Home Permit Worksheet

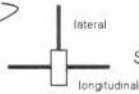
Installer: Ernest S Johnson License # IH 1025249
 Address of home being installed 1465 SE Bible Camp Rd High Springs Fl
 Manufacturer Live Oak Length x width 60x30

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.

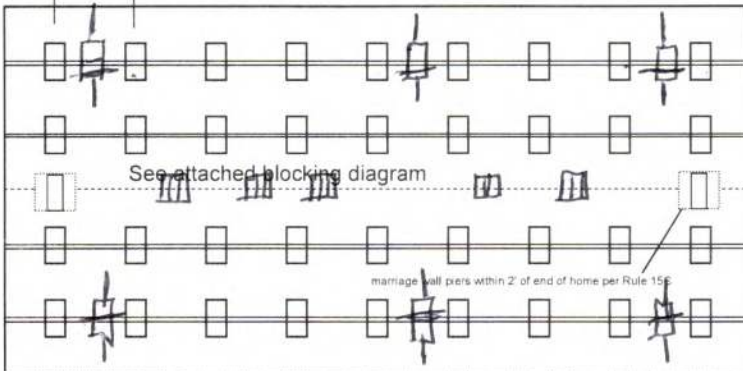
Installer's initials ESJ

Typical pier spacing

2' 7'



Show locations of Longitudinal and Lateral Systems
 (use dark lines to show these locations)



Application Number: _____ Date: _____

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 # _____
 Triple/Quad ☐ Serial # LOHGA32071879AB

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity	Footer size (sq in)	16" x 16" (256)	18 1/2" x 18 1/2" (342)	20" x 20" (400)	22" x 22" (484)*	24" x 24" (576)*	26" x 26" (676)
1000 psf		3'	4'	5'	6'	7'	8'
1500 psf		4' 6"	6'	7'	8'	8'	8'
2000 psf		6'	8'	8'	8'	8'	8'
2500 psf		7' 6"	8'	8'	8'	8'	8'
3000 psf		8'	8'	8'	8'	8'	8'
3500 psf		8'	8'	8'	8'	8'	8'

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

PIER PAD SIZES

I-beam pier pad size 23x31
 Perimeter pier pad size 17.5x25.5
 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 _____

See attached blocking

7'00 17.5x25.5

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
 Manufacturer Oliver Technology
 Longitudinal Stabilizing Device w/ Lateral Arms
 Manufacturer Oliver Technology

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

Factory Marked Number _____
 Sidewall _____
 Longitudinal _____
 Marriage wall _____
 Shearwall _____

Mobile Home Permit Worksheet

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to _____ psf 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 276 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 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.

ESJ Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Ernest S Johnson

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. 73-78

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 79

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 79-80

Application Number: _____ Date: _____

Site Preparation

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

Fastening multi wide units

Floor: Type Fastener: Lag Length: 5" Spacing: 2'
Walls: Type Fastener: Lag Length: 5" Spacing: 2'
Roof: Type Fastener: Lag Length: 5" Spacing: 2'

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 ESJ

Type gasket Foam
Pg. 41

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

Weatherproofing

The bottomboard will be repaired and/or taped. Yes ☒ Pg. 124
Siding on units is installed to manufacturer's specifications. Yes ☐
Fireplace chimney installed so as not to allow intrusion of rain water. Yes ☐

Miscellaneous

Skirting to be installed. Yes ☒ No ☒
Dryer vent installed outside of skirting. Yes ☒ N/A ☐
Range downflow vent installed outside of skirting. Yes ☒ N/A ☐
Drain lines supported at 4 foot intervals. Yes ☒
Electrical crossovers protected. Yes ☒
Other: _____

Installer verifies all information given with this permit worksheet is accurate and true based on the manufacturer's installation instructions and or Rule 15C-1 & 2

Installer Signature Ernest S Johnson Date 2/27/2021



ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1–9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A – PROPERTY INFORMATION				FOR INSURANCE COMPANY USE	
A1. Building Owner's Name James Elliott				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1465 SE Bible Camp Street				Company NAIC Number:	
City High Springs		State Florida		ZIP Code 32643	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 5 Hawks Ridge					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential</u>					
A5. Latitude/Longitude: Lat. <u>29.9238*</u> Long. <u>82.5863*</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983					
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.					
A7. Building Diagram Number <u>5</u>					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s) _____ sq ft					
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade _____					
c) Total net area of flood openings in A8.b _____ sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No					
A9. For a building with an attached garage:					
a) Square footage of attached garage _____ sq ft					
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade _____					
c) Total net area of flood openings in A9.b _____ sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No					
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number Columbia 120070			B2. County Name Columbia		B3. State Florida
B4. Map/Panel Number 12023C0512C	B5. Suffix C	B6. FIRM Index Date 02-04-2009	B7. FIRM Panel Effective/ Revised Date 02-04-2009	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 54
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____					
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

ELEVATION CERTIFICATEOMB No. 1660-0008
Expiration Date: November 30, 2022

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1465 SE Bible Camp Street			Policy Number:
City High Springs	State Florida	ZIP Code 32643	Company NAIC Number

SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

- C1. Building elevations are based on: ☒ Construction Drawings* ☐ Building Under Construction* ☐ Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete.
- C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO.
Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.
Benchmark Utilized: Spike in 10" oak tree Vertical Datum: NAVD 88
- Indicate elevation datum used for the elevations in items a) through h) below.
☐ NGVD 1929 ☒ NAVD 1988 ☐ Other/Source: _____
- Datum used for building elevations must be the same as that used for the BFE.
- Check the measurement used.
- | | | | |
|---|------|--|---------------------------------|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor) | 55.5 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor | N/A | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) | N/A | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| d) Attached garage (top of slab) | N/A | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building
(Describe type of equipment and location in Comments) | 55.0 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) | 51.8 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) | 52.5 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support | N/A | <input type="checkbox"/> feet | <input type="checkbox"/> meters |

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

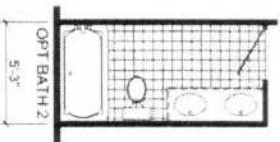
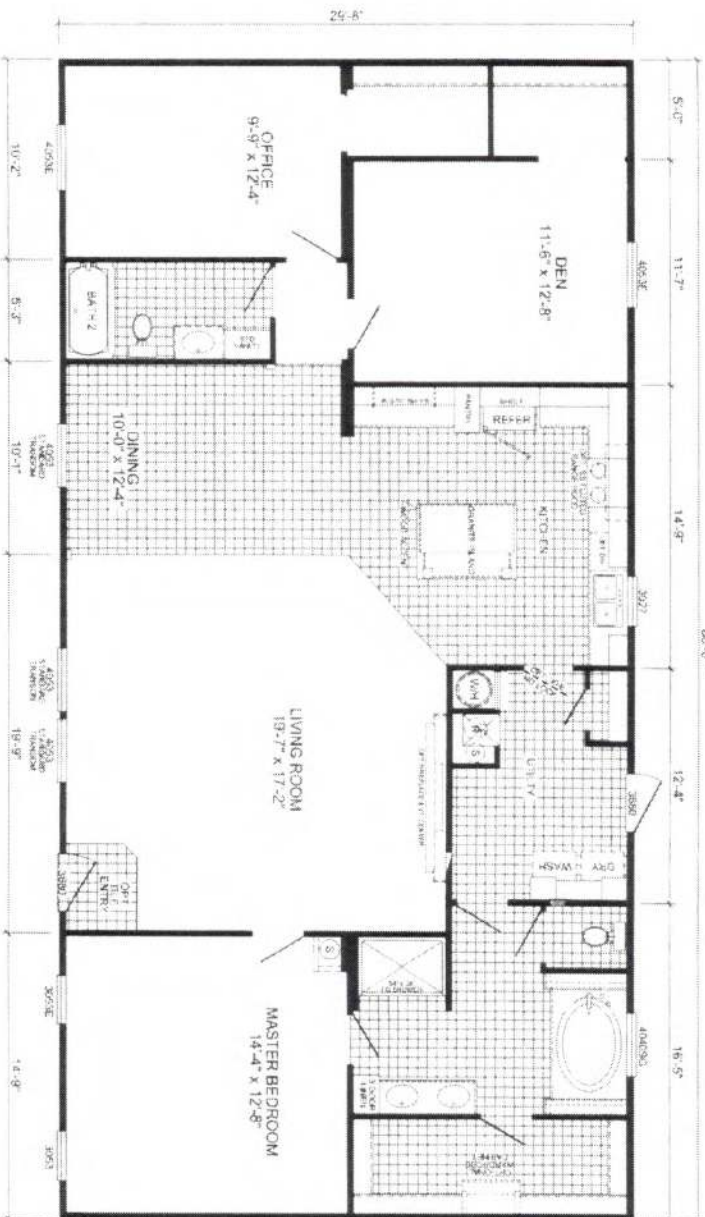
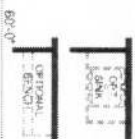
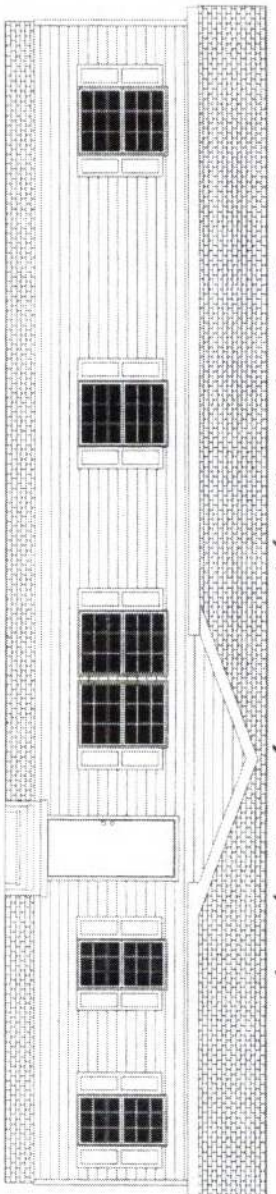
Were latitude and longitude in Section A provided by a licensed land surveyor? ☒ Yes ☐ No ☐ Check here if attachments.

Certifier's Name L. Scott Britt	License Number LS 5757	Place Seal Here	
Title Owner			
Company Name Britt Surveying and Mapping, LLC			
Address 2086 SW Main Boulevard #112			
City Lake City	State Florida		
	ZIP Code 32025		
Signature	Date 12-24-2020	Telephone (386) 752-7163	Ext.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments (including type of equipment and location, per C2(e), if applicable)
L-27138
C2 a - Living space
C2 d - Air Conditioner

POWERSTROKE



M-3603H-OAK (PRELIM-031121-DARA)

1-BEDROOM / 2-BATH

32 x 64 - Approx. 1760 Sq. Ft.

Date: 03/11/21

All room dimensions include closets and square footage figures are approximate.
 * Transect windows are available on optional 9'0" section houses only.
 Live Oak Homes reserves the right to modify product offerings at any time.

OAKS
Signature
 Homes

Columbia County Property Appraiser

Jeff Hampton

2021 Working Values

updated: 2/17/2021

Parcel: << 35-6S-17-09859-805 (36393) >>

Owner & Property Info

Result: 1 of 1

Owner	ELLIOTT JAMES R 1465 SE BIBLE CAMP ST HIGH SPRINGS, FL 32643		
Site	1465 BIBLE CAMP ST, HIGH SPRINGS		
Description*	AKA LOT 5 HAWKS RIDGE ACRES UNREC: COMM SE COR OF NW1/4, RUN W ALONG N R/W BIBLE CAMP RD 436.80 FT FOR POB, CONT W 436.65 FT, N 1318.55 FT, E 436.63 FT, S 1318.10 FT TO POB, 935-581, WD 1142-2280, QC 1271-2180, CT 1345-1680, WD 1345-1913, WD 1356-669, WD ...more>>>		
Area	13.22 AC	S/T/R	35-6S-17E
Use Code**	MISC IMPROVED (0700)	Tax District	3

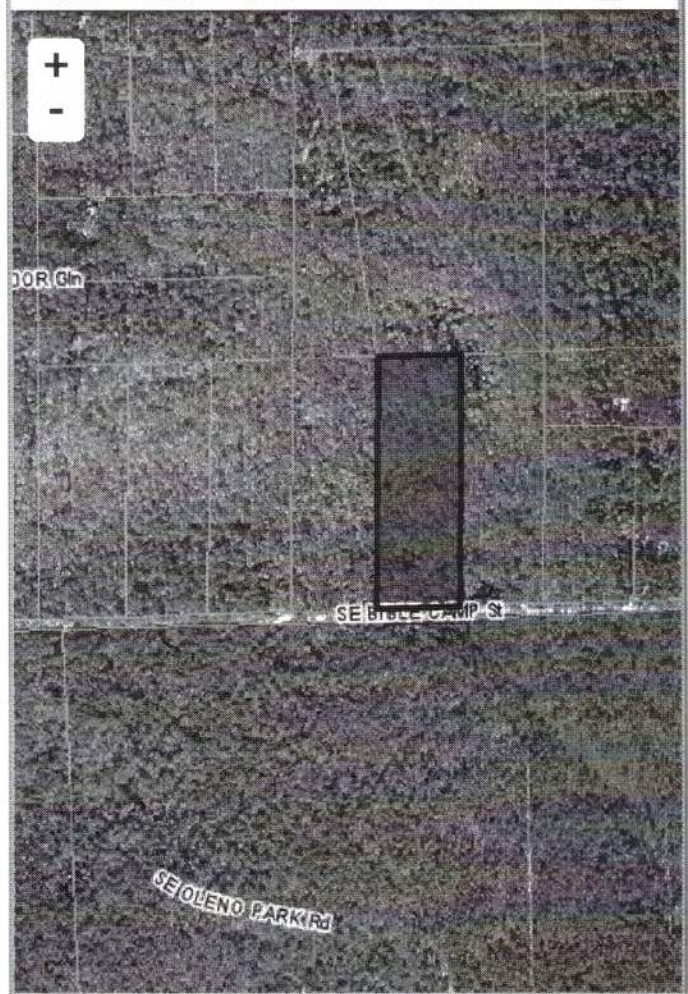
*The Description above is not to be used as the Legal Description for this parcel in any legal transaction.

**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

2020 Certified Values		2021 Working Values	
Mkt Land	\$29,934	Mkt Land	\$29,934
Ag Land	\$0	Ag Land	\$0
Building	\$0	Building	\$0
XFOB	\$7,280	XFOB	\$7,280
Just	\$37,214	Just	\$37,214
Class	\$0	Class	\$0
Appraised	\$37,214	Appraised	\$37,214
SOH Cap [?]	\$0	SOH Cap [?]	\$0
Assessed	\$37,214	Assessed	\$37,214
Exempt	\$0	Exempt	\$0
Total Taxable	county:\$37,214 city:\$37,214 other:\$37,214 school:\$37,214	Total Taxable	county:\$37,214 city:\$0 other:\$0 school:\$37,214

Aerial Viewer Pictometry Google Maps

☒ 2019
 ☐ 2016
 ☐ 2013
 ☐ 2010
 ☐ 2007
 ☐ 2005
 ☒ Sales
**▼ Sales History**

Sale Date	Sale Price	Book/Page	Deed	V/I	Qualification (Codes)	RCode
1/7/2021	\$74,000	1427/2083	WD	I	Q	01
3/19/2018	\$56,000	1356/0669	WD	V	U	12
10/6/2017	\$26,000	1345/1680	CT	V	U	18
9/21/2017	\$0	1345/1913	WD	V	U	11
3/14/2014	\$100	1271/2180	QC	I	U	11
10/14/2007	\$0	1142/2280	WD	I	U	01
9/1/2001	\$22,500	0935/0581	WD	V	Q	

▼ Building Characteristics

Bldg Sketch	Description*	Year Blt	Base SF	Actual SF	Bldg Value
NONE					

▼ Extra Features & Out Buildings (Codes)

Code	Desc	Year Blt	Value	Units	Dims
------	------	----------	-------	-------	------

0070	CARPORT UF	2007	\$3,240.00	1080.00	18 x 60
0166	CONC,PAVMT	2007	\$3,240.00	1080.00	18 x 60
0296	SHED METAL	2018	\$800.00	1.00	0 x 0

▼ Land Breakdown

Code	Desc	Units	Adjustments	Eff Rate	Land Value
9901	AC/XFOB (MKT)	8.000 AC	1.0000/1.0000 1.0000/ /	\$3,172 /AC	\$25,379
9630	SWAMP (MKT)	5.220 AC	1.0000/1.0000 1.0000/ /	\$250 /AC	\$1,305
9945	WELL/SEPT (MKT)	1.000 UT (0.000 AC)	1.0000/1.0000 1.0000/ /	\$3,250 /UT	\$3,250

Search Result: 1 of 1

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by: GrizzlyLogic.com