

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

34

For Office Use Only (Revised 1-11) Zoning Official BLK 06.09.12 Building Official 7.C. 8-6-12

AP# 1207-49 Date Received 7-26-12 By JN Permit # 30351

Flood Zone X Development Permit N/A Zoning RR Land Use Plan Map Category RES. VL. DEN.

Comments _____

FEMA Map# N/A Elevation N/A Finished Floor 1st floor River N/A In Floodway N/A

☒ Site Plan with Setbacks Shown ☒ EH # 12-0350 ☒ EH Release ☒ Well letter ☒ Existing well

☒ Recorded Deed or Affidavit from land owner ☒ Installer Authorization ☐ State Road Access ☒ 911 Sheet

☐ Parent Parcel # _____ ☐ STUP-MH _____ ☐ F W Comp. letter ☒ VF Form ELECTRICAL

IMPACT FEES: EMS _____ Fire _____ Corr _____ ☐ Out County ☐ In County

Road/Code _____ School _____ = TOTAL _____ Impact Fees Suspended March 2009 _____

Property ID # 15-45-17-08355-406 Subdivision Eagles Ridge Phase 1 Lot 6

- New Mobile Home ☒ Used Mobile Home _____ MH Size 32x52 Year 2012
- Applicant Wendy Grennell Phone # 386-288-2428
- Address 3104 SW Old Wire Road Rt White FL
- Name of Property Owner Donald + Faith Doyle Phone # 407-415-6072 ³²⁰³⁸
- 911 Address 316 SE Cheddar Ct Lake City 32085
- Circle the correct power company - FL Power & Light - Clay Electric
 (Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home Donald + Faith Doyle Phone # 407-415-6072
- Address 1007 SE Putnam St. Lake City FL
- Relationship to Property Owner same ³²⁰⁵³
- Current Number of Dwellings on Property 0
- Lot Size _____ Total Acreage 1.29
- 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 90 E, TR on CR 245, TR on Sharon Lane, TL on Bonnie, TR on Bennie, TL on Cheddar 7th lot on (R)
- Name of Licensed Dealer/Installer Bernie Thrift Phone # 386 623 0046
- Installers Address 5557 NW Falling Creek Rd White Springs FL 32096
- License Number IH 1025155 Installation Decal # 11404

Spoke To Wendy 8-6-12

421.34 Cash

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

Bernie Thrift License # TH1025155

911 Address where home is being installed.

316 SE Cheddar Ct

Manufacturer

Lake City FC 32025
Palm Harbor Length x width 52x32

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

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 dsf	3'	3'	4'	5'	6'	7'	8'
1500 dsf	4'6"	4'6"	6'	7'	8'	8'	8'
2000 dsf	6'	6'	8'	8'	8'	8'	8'
2500 dsf	7'6"	7'6"	8'	8'	8'	8'	8'
3000 dsf	8'	8'	8'	8'	8'	8'	8'
3500 dsf	8'	8'	8'	8'	8'	8'	8'

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

PIER PAD SIZES

I-beam pier pad size

17 x 25

Perimeter pier pad size

16 x 16

Other pier pad sizes (required by the mfg.)

17 x 22

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

ANCHORS

21' 20 x 20 stacked 4 ft 5 ft

FRAME TIES

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

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)

Manufacturer

Longitudinal Stabilizing Device w/ Lateral Arms

Manufacturer

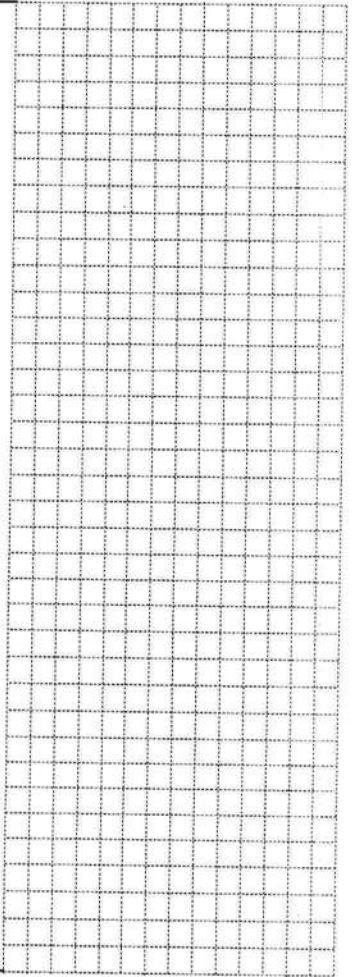
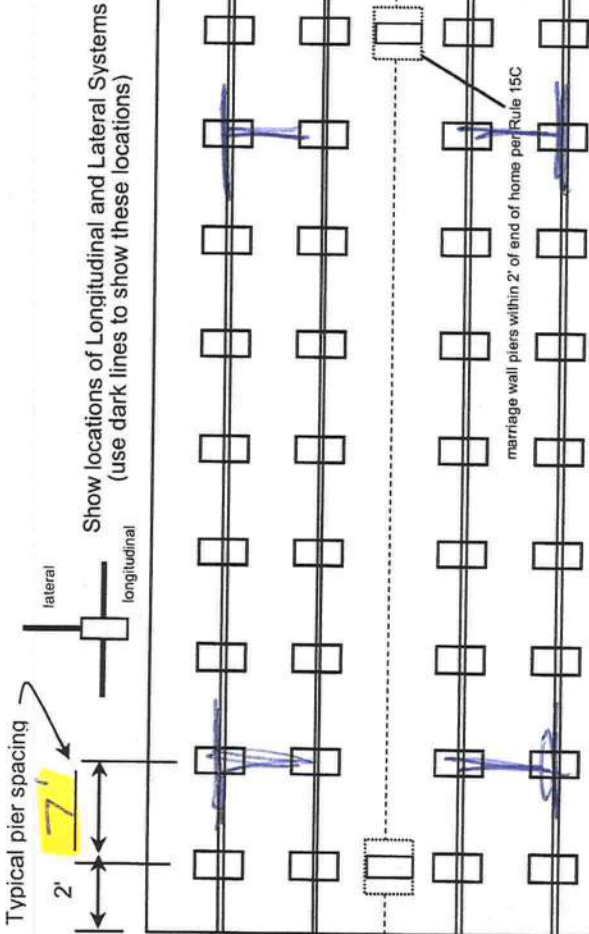
OTHER TIES

Number

Sidewall
Longitudinal
Marriage wall
Shearwall

22
4
4
2

Model 11016V
Oliver Systems



POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 2000 psf or check here to declare 1000 lb. soil without testing.

X 2000 X 2500 X 2500

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 2500 X 2000 X 2500

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 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.

BT Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Date Tested

Bernie Thriest
7-18-12

Electrical

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between multi-wide units. Pg. 5

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 7

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 7

Site Preparation

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

Fastening multi wide units

Floor: Type Fastener: 3/8 x 7" Length: 24" Spacing: 24"
Walls: Type Fastener: #8 Screws Length: 18" Spacing: 18"
Roof: Type Fastener: Flashing Length: 32" Spacing: 52"
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 BT

Type gasket

Factory Installed

Installed:

Between Floors Yes ✓
Between Walls Yes ✓
Bottom of ridgebeam Yes ✓

Weatherproofing

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

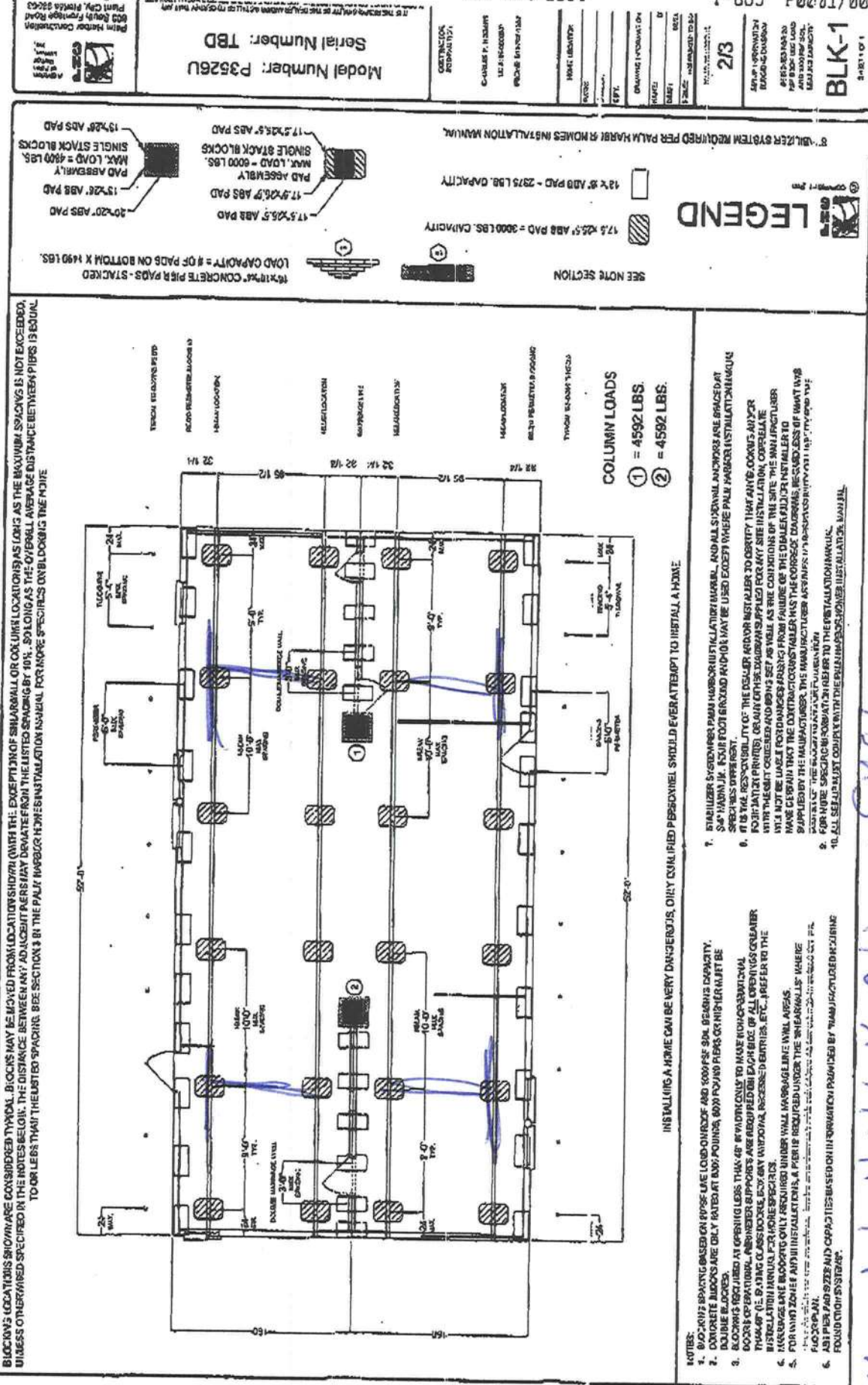
Installer Signature Bernie Thriest Date 7-18-12

AD HERE
Bernie
Wayne
Bioclean

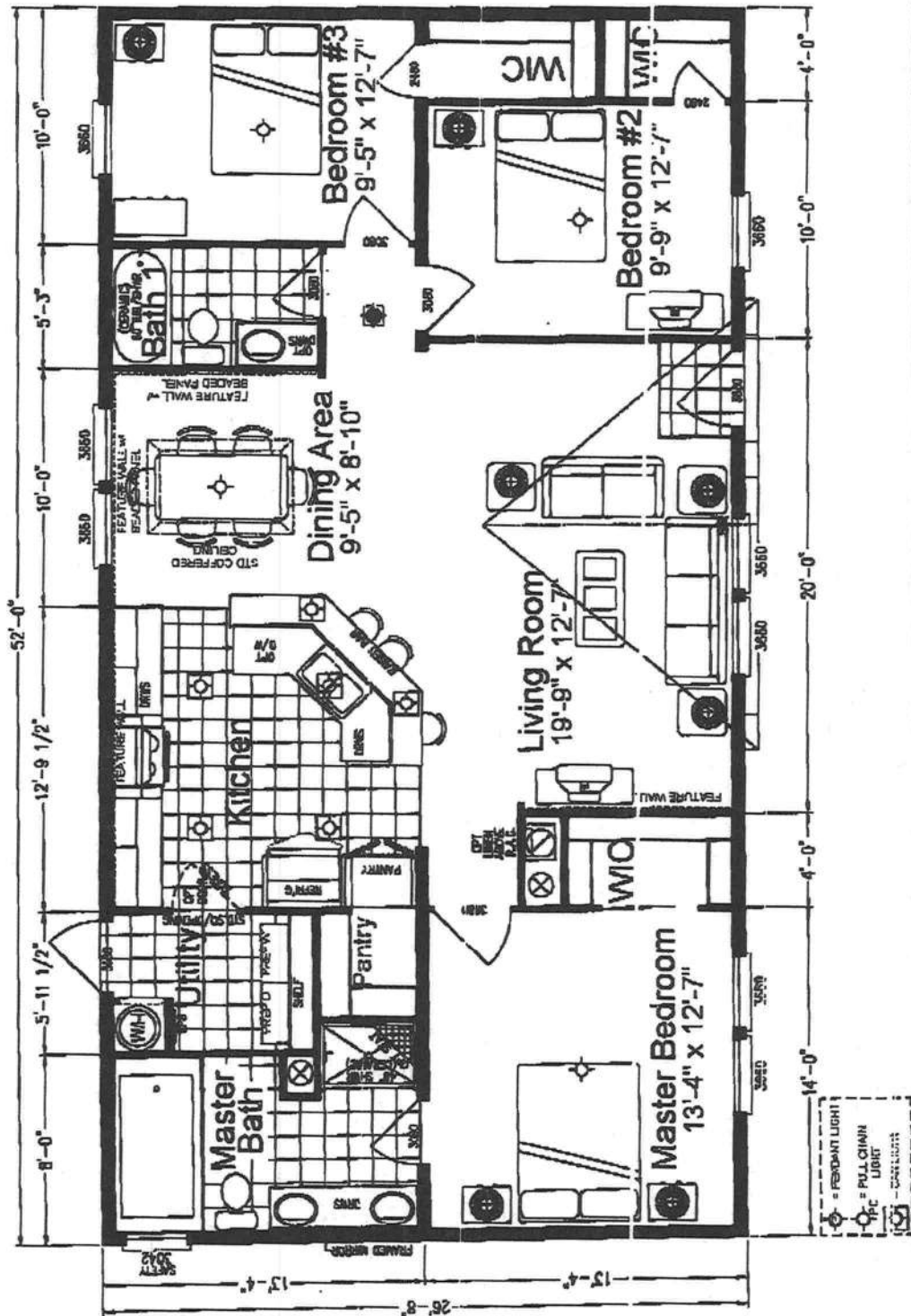
06-07-12 15:49 FROM-Palm Harbor Homes

813-754-2654

T-865 P0001/0001 F-726



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## Warranty Deed

This Indenture, made, July 20, 2012 A.D.

Between SUBRANDY LIMITED PARTNERSHIP, a Florida Limited Partnership whose post office address is: Post Office Box 513, Lake City, Florida 32056 a Limited Partnership existing under the laws of the State of Florida, Grantor

and DONALD E. DOYLE and FAITH DOYLE, husband and wife whose post office address is: 1007 SE Putnam Street, Lake City, Florida 32055, Grantee,

Inst: 201212010970 Date: 7/23/2012 Time: 10:19 AM  
Doc Stamp-Deed: 119.00  
DC, P. DeWitt Cason, Columbia County Page 1 of 1 B: 1238 P: 1903

Witnesseth, that the said Grantor, for and in consideration of the sum of Ten and No/100 Dollars (\$10.00 ), to it in hand paid by the said Grantee, the receipt whereof is hereby acknowledged, has granted, bargained and sold to the said Grantee forever, the following described land, situate, lying and being in the County of Columbia, State of Florida, to wit:

**LOT 6, EAGLES RIDGE PHASE 1**, a subdivision according to the Plat thereof as recorded in Plat Book 7 pages 170 - 171 of the Public Records of **COLUMBIA COUNTY, FLORIDA**.

Subject to taxes for the current year, covenants, restrictions and easements of record, if any.

Parcel Identification Number: 08355-406

And the said Grantor does hereby fully warrant the title to said land, and will defend the same against the lawful claims of all persons whomsoever.

In Witness Whereof, the said Grantor has caused this instrument to be executed in its name by its duly authorized officer and caused its corporate seal to be affixed the day and year first above written.

SUBRANDY LIMITED PARTNERSHIP, a Florida Limited Partnership

Signed and Sealed in Our Presence:

By:

Bradley N. Dicks  
Bradley N. Dicks  
Its: Managing Member

Elaine R. Davis

Witness Print Name: Elaine R. Davis

Johnny M. Hamm

Witness Print Name: JOHNNY M. HAMM  
State of Florida  
County of Columbia

The foregoing instrument was acknowledged before me this 20th day of July, 2012, by Bradley N. Dicks, the Managing Member of SUBRANDY LIMITED PARTNERSHIP, a Florida Limited Partnership existing under the laws of the State of Florida, on behalf of the corporation. He/She is personally known to me or has produced known as identification.

Elaine R. Davis

Notary Public  
Notary Printed Name:

(Seal)



Prepared by:  
Elaine R. Davis, an employee of  
American Title Services of Lake City, Inc.,  
321 SW Main Boulevard, Suite 105  
Lake City, Florida 32025

File Number: 12-226

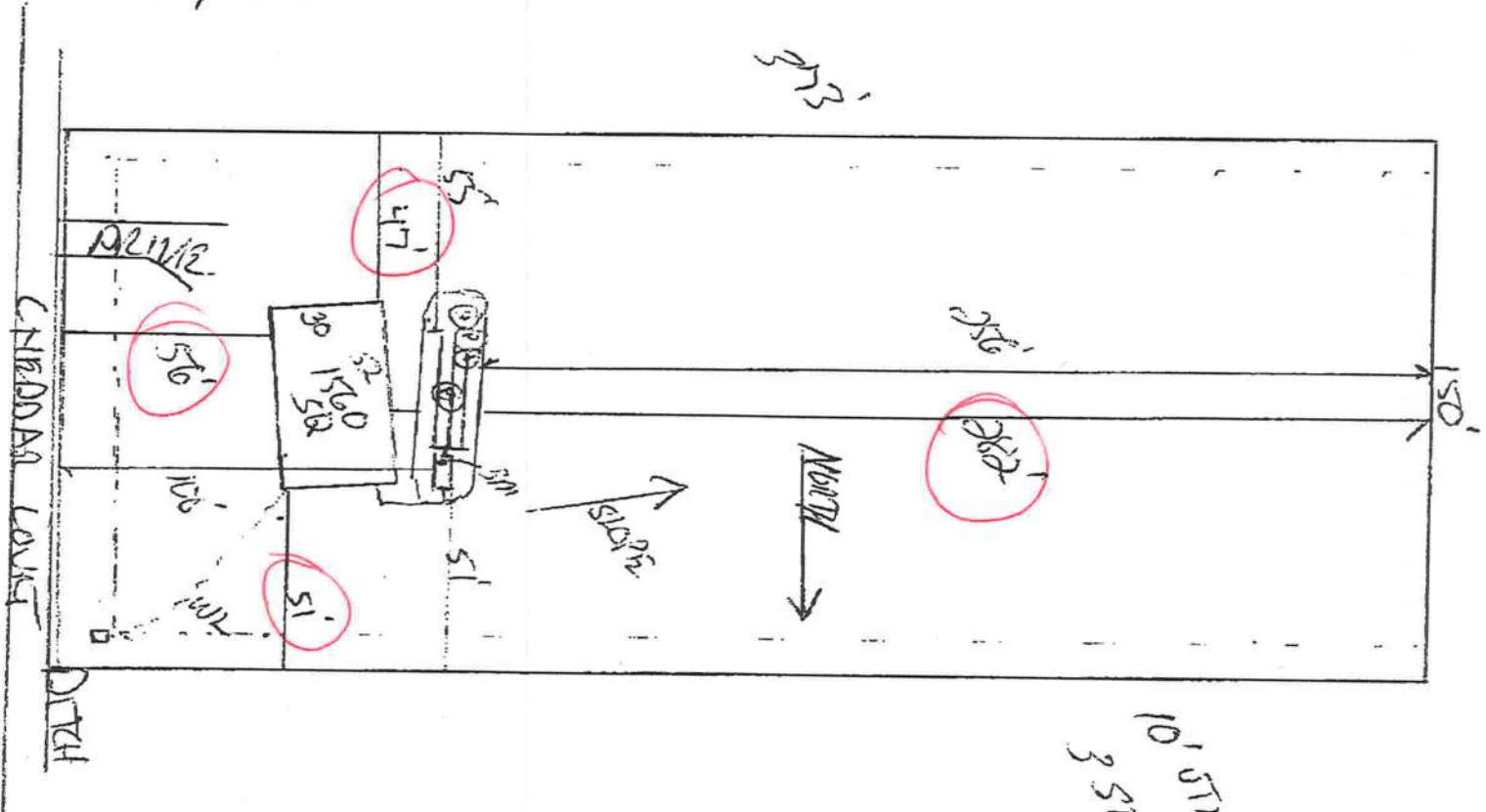
STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number \_\_\_\_\_

*Doyle*

PART II - SITEPLAN

Scale: 1 inch = 40 feet.



Notes: \_\_\_\_\_

Site Plan submitted by: *Rocky D F*

Plan Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

By \_\_\_\_\_ Date \_\_\_\_\_

MASTER CONTRACTOR

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

07/25/2012 08:21 386755100  
Jul 24 12 10:23p Wendy Grennell

DAVID HALL  
3867551031

PAGE 01/01  
P. 2

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1207-49 CONTRACTOR Bernie Thrift PHONE 386 623 0046

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.

|                                                           |                                                                           |                                                                 |
|-----------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------|
| <input checked="" type="checkbox"/> ELECTRICAL<br>689     | Print Name: <u>Wayne Placena</u><br>License #: <u>EC0002157</u>           | Signature: <u>Wayne Placena</u><br>Phone #: <u>386-937-3002</u> |
| <input checked="" type="checkbox"/> MECHANICAL<br>A/C 560 | Print Name: <u>David Halls A/C Heating</u><br>License #: <u>CAC057424</u> | Signature: <u>D Hall</u><br>Phone #: <u>386-755-9792</u>        |
| <input checked="" type="checkbox"/> PLUMBING/<br>GAS 672  | Print Name: <u>Bernie Thrift</u><br>License #: <u>386 623 0046</u>        | Signature: <u>Bernie Thrift</u><br>Phone #: <u>386 623 0046</u> |

| Subcontractor Name | License Number | Sub Contractor Printed Name | Sub Contractor Signature |
|--------------------|----------------|-----------------------------|--------------------------|
| MASON              |                |                             |                          |
| CONCRETE FINISHER  |                |                             |                          |

F. S. 440.103 Building permits; identification of minimum premium policy.--Every employer shall, as a condition to applying for and receiving a building permit, show proof and certify to the permit issuer that it has secured compensation for its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each time the employer applies for a building permit.

Contractor Permit Subcontractor Form 3/11

# MOBILE HOME INSTALLERS AGENT AUTHORIZATION

I, Bernard Thrift, give this authority 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 purchase permits, call for inspections and sign on my behalf.

| Printed Name of Authorized Person | Signature of Authorized Person | Agents Company Name |
|-----------------------------------|--------------------------------|---------------------|
| Wendy Grennell                    | Wendy Grennell                 | N/A                 |
|                                   |                                |                     |
|                                   |                                |                     |

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and I am fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances.

I understand that the State Licensing Board has the power and authority to discipline a license holder for violations committed by him/her or by his/her authorized person(s) through this document and that I have full responsibility for compliance granted by issuance of such permits.

Bernard Thrift License Holders Signature (Notarized) TH1025157/1 License Number 7-19-12 Date

## NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Bernie Thrift personally appeared before me and is known by me or has produced identification (type of I.D.) known on this 19th day of July, 2012.

Kent Gardner  
NOTARY'S SIGNATURE



&gt;&gt; Print as PDF &lt;&lt;

| LOT 6 EAGLES RIDGE S/D PHASE                        |                 | SUBRANDY LIMITED PARTNERSHIP       |                   | 15-4S-17-08355-406                             |               | Columbia County 2012 R     |                  |
|-----------------------------------------------------|-----------------|------------------------------------|-------------------|------------------------------------------------|---------------|----------------------------|------------------|
| 1. AG 1076-2540 & QCD 1214-1708 & QCD 1214-1710     |                 | P O BOX 513<br>LAKE CITY, FL 32056 |                   | PRINTED 6/05/2012 14:45<br>APPR 5/09/2005 TWDF |               | CARD 001 of 001<br>BY JEFF |                  |
| BUSE                                                | AE?             | HTD AREA                           | .000 INDEX        | 15417.06                                       | EAGLES RIDGE  | PUSE                       | 000000 VACANT    |
| MOD                                                 | BATH            | EFF AREA                           | 29.614 E-RATE     | .000                                           | INDX          | STR 15- 4S-17E             |                  |
| EXW                                                 | FIKT            | RCN                                | %GOOD             | BLDG VAL                                       | AYB           | MKT AREA 06                | 0 BLDG           |
| %                                                   | BDRM            |                                    |                   |                                                | EYB           | (PUD1                      | 0 XFOB           |
| RSTR                                                | RMS             | FIELD CK:                          |                   |                                                | AC            | 1.290                      | 14,400 LAND      |
| RCVR                                                | UNTS            | LOC: 316 CHEDDAR CT SE LAKE CITY   |                   |                                                | NTCD          |                            | 0 CLAS           |
| %                                                   | C-W%            |                                    |                   |                                                | APPR CD       |                            | 0 MKTUSE         |
| INTW                                                | HGHT            |                                    |                   |                                                | CNDO          |                            | 14,400 JUST      |
| %                                                   | PMTR            |                                    |                   |                                                | SUBD          |                            | 14,400 APPR      |
| FLOR                                                | STYS            |                                    |                   |                                                | BLK           |                            |                  |
| %                                                   | ECON            |                                    |                   |                                                | LOT           |                            | 0 SOHD           |
| HTTP                                                | FUNC            |                                    |                   |                                                | MAP#          |                            | 0 ASSD           |
| A/C                                                 | SPCD            |                                    |                   |                                                |               |                            | 0 EXPT           |
| QUAL                                                | DEPR            |                                    |                   |                                                | TXDT          | 002                        | 0 COTXBL         |
| FNDN                                                | UD-1            |                                    |                   |                                                | BLDG TRAVERSE |                            |                  |
| SIZE                                                | UD-2            |                                    |                   |                                                |               |                            |                  |
| CELL                                                | UD-3            |                                    |                   |                                                |               |                            |                  |
| ARCH                                                | UD-4            |                                    |                   |                                                |               |                            |                  |
| FRME                                                | UD-5            |                                    |                   |                                                |               |                            |                  |
| KTCH                                                | UD-6            |                                    |                   |                                                |               |                            |                  |
| WNDO                                                | UD-7            |                                    |                   |                                                |               |                            |                  |
| CLAS                                                | UD-8            |                                    |                   |                                                |               |                            |                  |
| OCC                                                 | UD-9            |                                    |                   |                                                |               |                            |                  |
| COND                                                | %               |                                    |                   |                                                |               |                            |                  |
| SUB                                                 | A-AREA % E-AREA | SUB VALUE                          |                   |                                                |               |                            |                  |
| TOTAL                                               |                 |                                    |                   |                                                |               |                            |                  |
| EXTRA FEATURES                                      |                 |                                    |                   | FIELD CK:                                      |               |                            |                  |
| AE BN                                               | CODE            | DESC                               | LEN               | WID                                            | HGHT          | QTY                        | QL               |
|                                                     |                 |                                    |                   |                                                |               | YR                         | ADJ              |
|                                                     |                 |                                    |                   |                                                |               | UNITS                      | UT               |
|                                                     |                 |                                    |                   |                                                |               | PRICE                      | ADJ UT PR        |
|                                                     |                 |                                    |                   |                                                |               | SPCD %                     | %GOOD XFOB VALUE |
| LAND DESC ZONE ROAD {UD1 {UD3 FRONT DEPTH FIELD CK: |                 |                                    |                   |                                                |               |                            |                  |
| AE CODE                                             | TOPO            | UTIL                               | {UD2 {UD4 BACK DT | ADJUSTMENTS                                    |               | UNITS                      | UT               |
| Y 000000                                            | VAC             | RES                                | RSF-1 0007        | 1.00 1.00 1.00 1.00                            |               | 1.000                      | LT               |
|                                                     |                 |                                    | 0002 0003         |                                                |               | PRICE                      | ADJ UT PR        |
|                                                     |                 |                                    |                   |                                                |               | 14400.000                  | 14400.00         |
|                                                     |                 |                                    |                   |                                                |               |                            | LAND VALUE       |
|                                                     |                 |                                    |                   |                                                |               |                            | 14,400           |

Doyle App # 1207-49

**COLUMBIA COUNTY 9-1-1 ADDRESSING**

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

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

**Addressing Maintenance**

To maintain the Countywide Addressing Policy you must make application for a 9-1-1 Address at the time you apply for a building permit. The established standards for assigning and posting numbers to all principal buildings, dwellings, businesses and industries are contained in Columbia County Ordinance 2001-9. The addressing system is to enable Emergency Service Agencies to locate you in an emergency, and to assist the United States Postal Service and the public in the timely and efficient provision of services to residents and businesses of Columbia County.

DATE REQUESTED: 7/25/2012 DATE ISSUED: 6/21/2012

**ENHANCED 9-1-1 ADDRESS:**

316 SW CHEDDAR CT

LAKE CITY FL 32025

**PROPERTY APPRAISER PARCEL NUMBER:**

15-4S-17-08355-406

**Remarks:**

ADDRESS FOR PROPOSED STRUCTURE ON PARCEL.

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

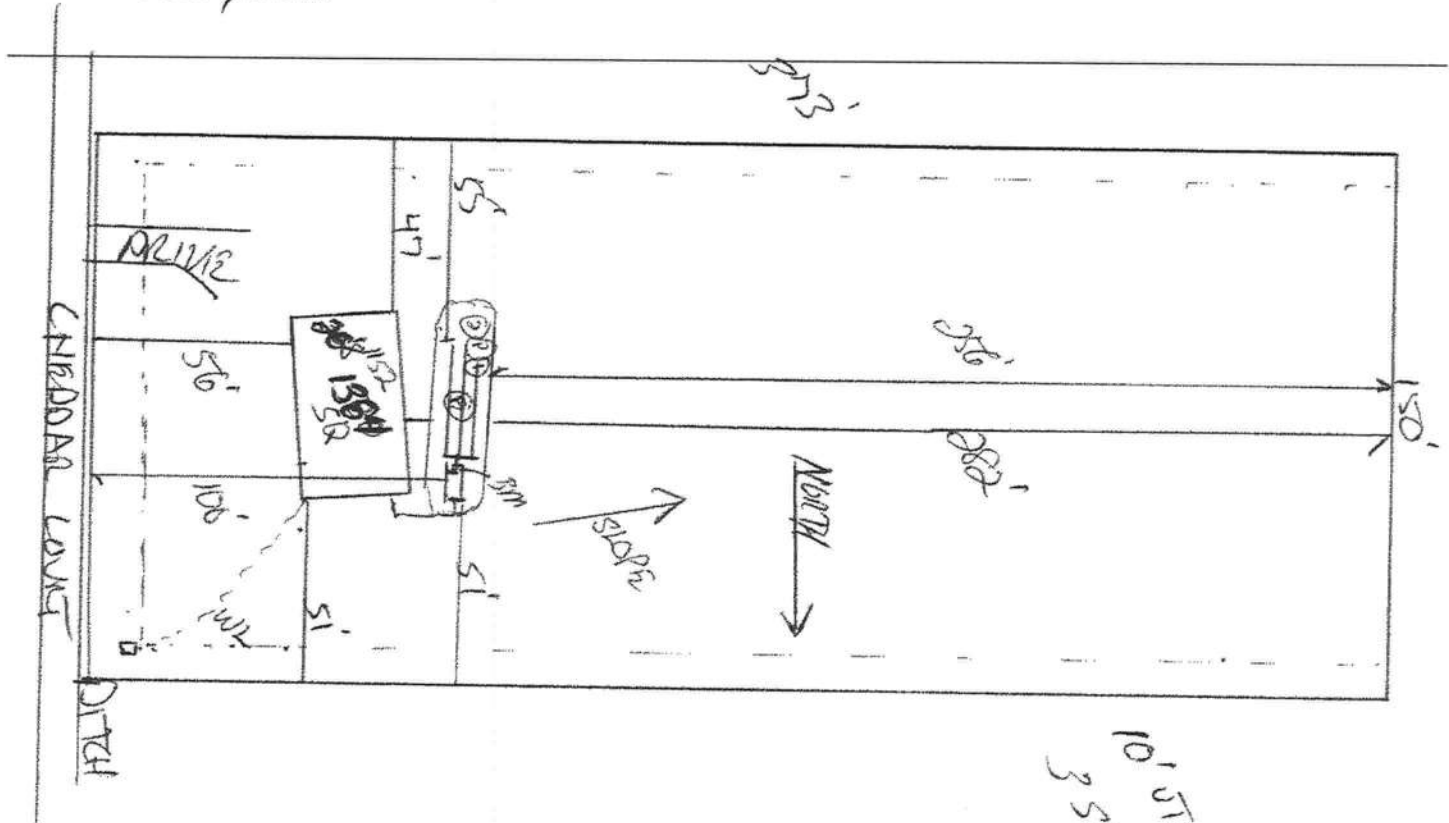
**NOTICE: THIS ADDRESS WAS ISSUED BASED ON LOCATION INFORMATION RECEIVED FROM THE REQUESTER. SHOULD, AT A LATER DATE, THE LOCATION INFORMATION BE FOUND TO BE IN ERROR, THIS ADDRESS IS SUBJECT TO CHANGE.**

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

Permit Application Number 12-0350

----- Day 12 ----- PART II - SITEPLAN -----

Scale: 1 inch = 50 feet.



Notes: \_\_\_\_\_

Site Plan submitted by: Rodney D. Ford

MASTER CONTRACTOR

Plan Approved ☒

Not Approved

Date 7-30-12

By Sallie A. Ford Env Health Director - 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. 12-0350  
DATE PAID: 7/26/12  
FEE PAID: 310.01  
RECEIPT #: 1959762  
AP 107877

## APPLICATION FOR:

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

APPLICANT: Donald DoyleAGENT: ROCKY FORD, A & B CONSTRUCTIONTELEPHONE: 386-497-2311MAILING ADDRESS: P.O. BOX 39 FT. WHITE, FL, 32038

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: 6 BLOCK: na SUB: Eagles Ridge Ph 1 PLATTED: \_\_\_\_\_PROPERTY ID #: 15-4S-17-08355-406 ZONING: Res I/M OR EQUIVALENT: ☐ Y ☒ NPROPERTY SIZE: 1.29 ACRES WATER SUPPLY: ☐ PRIVATE PUBLIC ☐  $\leq 2000\text{GPD}$  ☒  $> 2000\text{GPD}$ IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ Y ☒ N DISTANCE TO SEWER: \_\_\_\_\_ FTPROPERTY ADDRESS: 316 SE Cheddar Court, Lake City, FL, 32024DIRECTIONS TO PROPERTY: 90 East, TR on SR 100, TR on CR 245 (Price Creek Rd), TR on Sharon, TL on Bonnie, TR on Bennie, TL on Cheddar, 6<sup>th</sup> lot 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        | 3               | 1384               |                                                                    |
| 2       |                       |                 |                    |                                                                    |
| 3       |                       |                 |                    |                                                                    |

☒ Floor/Equipment Drains ☒ Other (Specify) \_\_\_\_\_SIGNATURE: Rocky D Ford DATE: 7/25/2012