

CK 17719

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 7-1-15) Zoning Official [Signature] Building Official TM 10/26/17

AP# 1710-80 Date Received 10/25 By TM Permit # 35955

Flood Zone X Development Permit _____ Zoning RR Land Use Plan Map Category RUL D

Comments _____

FEMA Map# _____ Elevation _____ Finished Floor 126 River _____ In Floodway _____

☒ Recorded Deed or ☐ Property Appraiser PO ☒ Site Plan ☒ EH # 17-0674-N ☒ Well letter OR

☒ Existing well ☐ Land Owner Affidavit ☒ Installer Authorization ☐ FW Comp. letter ☒ App Fee Paid

☐ DOT Approval ☐ Parent Parcel # 02917-007 ☐ STUP-MH _____ ☒ 911 App

☐ Ellisville Water Sys ☐ Assessment Paid on Property ☐ Out County ☒ In County ☒ Sub VF Form

Parent Parcel

Property ID # 14-45-16-02917-007 Subdivision MA Lot# MA

▪ New Mobile Home _____ Used Mobile Home ☒ MH Size 16x16 Year 2010

▪ Applicant Duke Burd, Kim Ann Phone # 396-497-2311

▪ Address 546 SW Dutch St. Ft. White FL 32038

▪ Name of Property Owner Kathy Giddens Phone# 386-365-0723

▪ 911 Address 228 SW Thomas Brown Glen Lake City FL 32024

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

▪ Name of Owner of Mobile Home Kathy Giddens Phone # 386-365-0723
Address 2088 SW Mayo Rd Lake City FL 32024

▪ Relationship to Property Owner "Sister"

▪ Current Number of Dwellings on Property 0

▪ Lot Size IRREGULAR Total Acreage 3.40

▪ 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 US-90 West, TL SW Sisters Welcome Rd,
TR SW Mayo Henry Rd, TR SW KIRBY WAY, RD'
TO ACCESS ON LEFT, 1000' WEST TO SITE

▪ Name of Licensed Dealer/Installer Pustkowski Phone # 386-371-0886

▪ Installers Address 5801 SW ST HWY 47, LC, FL 32024

▪ License Number EH 7038219 Installation Decal # 46073

TM sent email 10.27.17
to spouse of Kim 11.3.17

See Attach
Sheet 11-4-17
MA

Mobile Home Permit Worksheet

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 # 48709

Triple/Quad ☐ Serial # _____

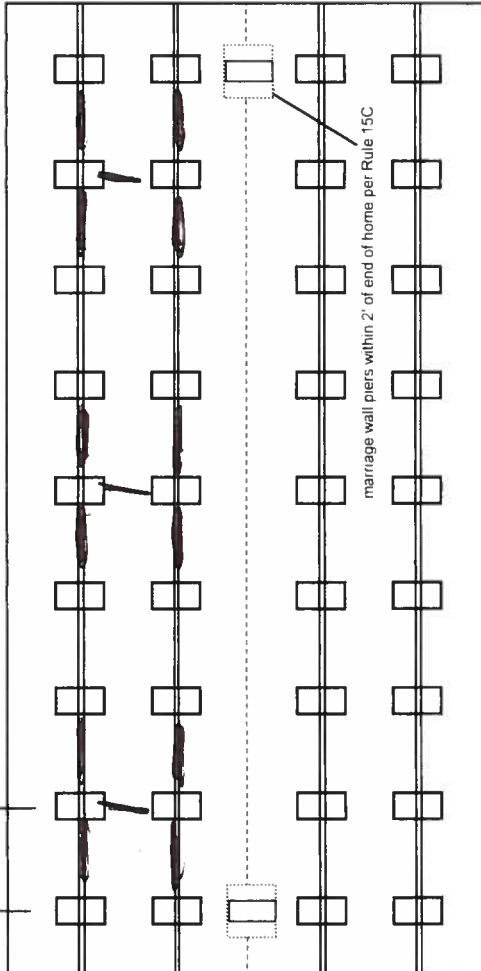
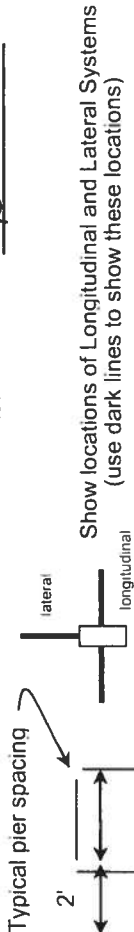
Installer: Robert Sheppard License # TH1025386

Address of home being installed _____

Manufacturer _____ Length x width 16x80

NOTE: if home is a single wide fill out one half of the blocking plan
if home is a triple or quad wide sketch in remainder of home
I understand Lateral Arm Systems cannot be used on any home (new or used)
where the sidewall ties exceed 5 ft 4 in.

Installer's initials RS



PIER SPACING TABLE FOR USED HOMES

Load bearing capacity	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'	3'	4'	5'	6'	7'	8'
1500 psf	4' 6"	4' 6"	6'	7'	8'	8'	8'
2000 psf	6'	6'	8'	8'	8'	8'	8'
2500 psf	7' 6"	7' 6"	8'	8'	8'	8'	8'
3000 psf	8'	8'	8'	8'	8'	8'	8'
3500 psf	8'	8'	8'	8'	8'	8'	8'

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

PIER PAD SIZES

I-beam pier pad size 17x25
Perimeter pier pad size 16x16
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 _____

ANCHORS

4 ft ☒ 5 ft

FRAME TIES

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

OTHER TIES

Number _____
Sidewall 28
Longitudinal 6
Marriage wall 4
Shearwall _____

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer _____
Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer Dickor 110LV



Mobile Home Permit Worksheet

Application Number: _____

Date: _____

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 1500 psf or check here to declare 1000 lb. soil _____ without testing.

x 1700 x 1600 x 1600

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 1600 x 1600 x 1500

TORQUE PROBE TEST

The results of the torque probe test is 295 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 requires anchors with 4000 lb holding capacity.

Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Robert Sheppard

Date Tested

11-14-17

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. 29

Plumbing

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

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

Site Preparation

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

Fastening multi wide units

Floor: Type Fastener: _____ Length: _____ Spacing: _____
Walls: Type Fastener: _____ Length: _____ Spacing: _____
Roof: Type Fastener: _____ Length: _____ Spacing: _____
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 _____

Type gasket _____

Installed:

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

Weatherproofing

The bottomboard will be repaired and/or taped. Yes ☒ No ☐
Siding on units is installed to manufacturer's specifications. Yes ☒ No ☐
Fireplace chimney installed so as not to allow intrusion of rain water. Yes ☒ No ☐

Miscellaneous

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

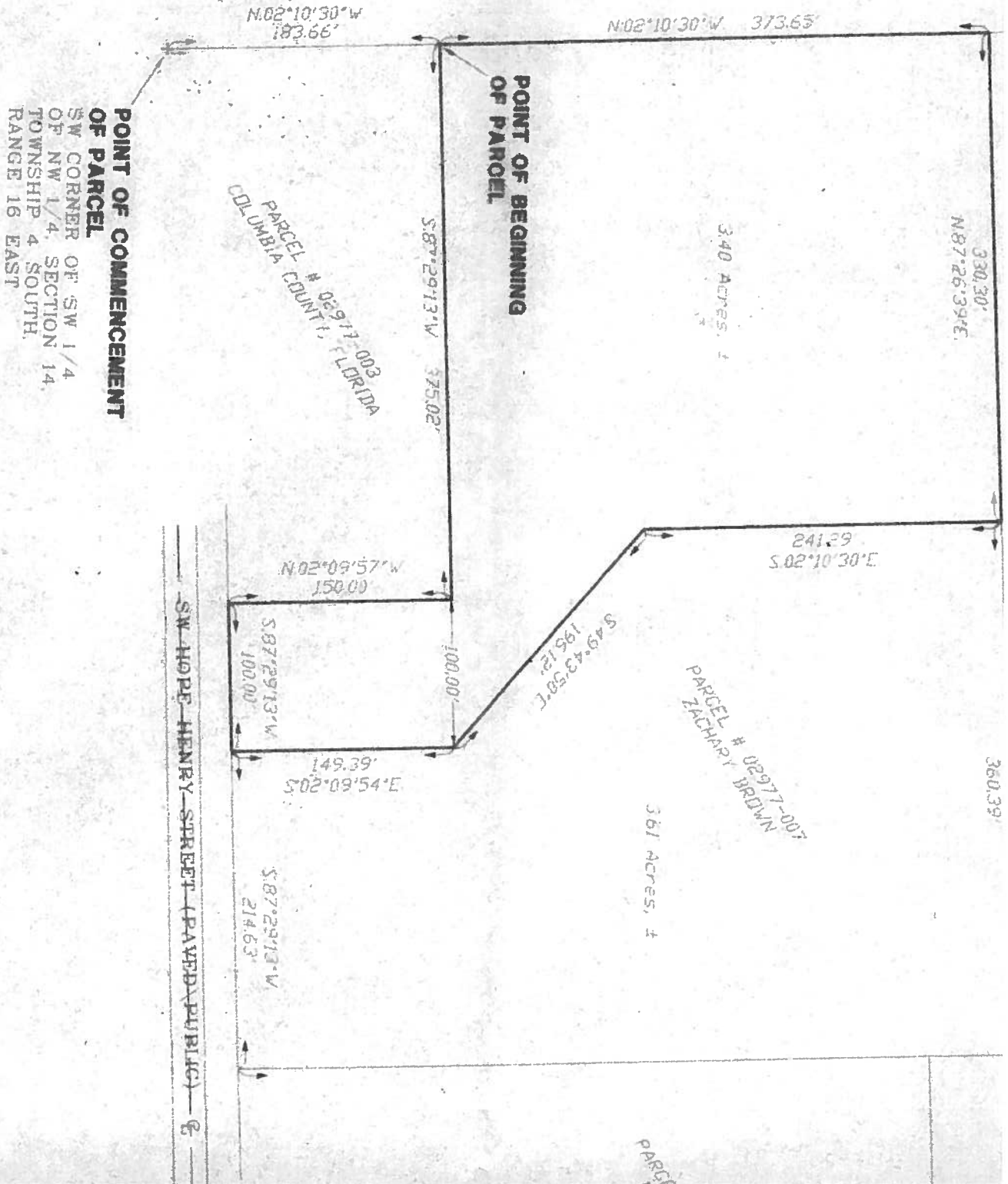
Installer Signature

Robert Sheppard

Date

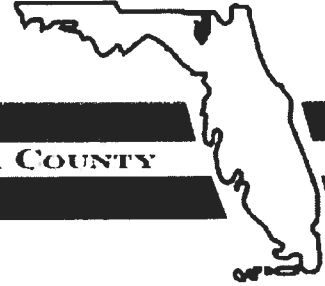
11-14-17

"CALLAWAY PHASE III"
PLAT BOOK 7, PAGE(S) 145-146



District No. 1 - Ronald Williams
District No. 2 - Rusty DePratter
District No. 3 - Bucky Nash
District No. 4 - Everett Phillips
District No. 5 - Tim Murphy

BOARD OF COUNTY COMMISSIONERS • COLUMBIA COUNTY



Address Assignment and Maintenance Document

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

Date/Time Issued:	10/31/2017 3:32:12 PM
Address:	228 SW THOMAS BROWN Gln
City:	LAKE CITY
State:	FL
Zip Code	32024
Parcel ID	02977-007

REMARKS: Address for proposed structure on parcel.

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

Address Issued By: **Signed:/ Matt Crews**

Columbia County GIS/911 Addressing Coordinator

**COLUMBIA COUNTY
911 ADDRESSING / GIS DEPARTMENT**

263 NW Lake City Ave., Lake City, FL 32055 Telephone: (386) 758-1125
Email: gis@columbiacountyfla.com

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 7-1-15) Zoning Official _____ Building Official 35455
 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 # _____ Subdivision _____ Lot# _____

▪ New Mobile Home _____ Used Mobile Home _____ MH Size _____ Year _____
 ▪ Applicant _____ Phone # _____

▪ Address _____

▪ Name of Property Owner _____ Phone# _____

▪ 911 Address _____

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

▪ Name of Owner of Mobile Home _____ Phone # _____

Address _____

▪ Relationship to Property Owner _____

▪ Current Number of Dwellings on Property _____

▪ Lot Size _____ Total Acreage _____

▪ 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 _____

▪ Driving Directions to the Property _____

▪ Name of Licensed Dealer/Installer Robert Sheppard Phone # 386-623-2203
 ▪ Installers Address 6355 SE LA 245 Lake City FL 32025
 ▪ License Number 141025386 Installation Decal # 48709



BOARD OF COUNTY COMMISSIONERS
OFFICE OF
BUILDING & ZONING
COLUMBIA COUNTY, FLORIDA

CUSTOMER RECEIPT

RECEIPT NUMBER / PERMIT NUMBER 000035955 DATE 11/14/2017
APPLICANT ROCKY FORD
OWNER KATHY GIDDENS
CONTRACTOR ROBERT SHEPPARD
PARCEL ID NUMBER 14-4S-16-02977-007 NUMBER OF EXISTING DWELLINGS 0
TYPE OF DEVELOPMENT MH/UTILITY
COMMENTS: 1 FOOT ABOVE ROAD.
CHANGED MH INSTALLERS, SEE ATTACHED LETTER

TYPE FEES: *(Fee Type is Circled)*

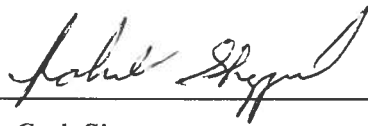
RE-NEWAL/RE-ISSUE FEE

PLAN REVISION FEE

TOTAL FEE 30.00

TEMPORARY CO FEE

CHECK NUMBER CASH


Cash Signature

MAKE CHECKS PAYABLE TO: BCC (Board of County Commissioners)
135 NE HERNANDO AVE.
SUITE B-21
LAKE CITY, FL 32055
Phone: 386-758-1008 Fax: 386-758-2160

To Request Inspections -

www.columbiacountyfla/InspectionRequest.asp



This Instrument Prepared by & return to:

Name: **KATHY W. GIDDENS**
Address: **2088 SW MAYO RD**
LAKE CITY, FLORIDA 32024

Inst: 201712018998 Date: 10/17/2017 Time: 11:20AM
Page: 1 of 1 B: 1346 P: 343, P.DeWitt Cason, Clerk of Court
Columbia County, Fl: 00
Deputy Clerk Doc Stamp Deed: 0.70

Parcel I.D. #: **02977-007**

SPACE ABOVE THIS LINE FOR PROCESSING DATA

SPACE ABOVE THIS LINE FOR RECORDING DATA

THIS WARRANTY DEED Made the 16th day of October, A.D. 2017, by **ZACHARY THOMAS BROWN**, CONVEYING NON-HOMESTEAD PROPERTY, hereinafter called the grantor, to **KATHY W. GIDDENS**, whose post office address is **2088 SW MAYO RD, LAKE CITY, FL 32024**, hereinafter called the grantee:

(Wherever used herein the terms "grantor" and "grantee" include all the parties to this instrument, singular and plural, the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporations, wherever the context so admits or requires.)

Witnesseth: That the grantor, for and in consideration of the sum of \$10.00 and other valuable consideration, receipt whereof is hereby acknowledged, does hereby grant, bargain, sell, alien, remise, release, convey and confirm unto the grantee all that certain land situate in **Columbia County, State of Florida**, viz:

COMMENCE AT THE SW CORNER OF THE SW ¼ OF THE NW ¼ OF SECTION 14, TOWNSHIP 4 SOUTH, RANGE 16 EAST, COLUMBIA COUNTY, FLORIDA AND RUN N 02°10'30" W., 183.66 FEET TO THE POINT OF BEGINNING; THENCE CONTINUE N 02°10'30" W., 373.65 FEET; THENCE N 87°26'39" E., 330.30 FEET; THENCE S 02°10'30" E., 241.29 FEET; THENCE S 49°43'50" E., 196.12 FEET; THENCE S 02°09'54" E., 149.39 FEET TO THE NORTH RIGHT-OF-WAY LINE OF SW HOPE HENRY STREET; THENCE S 87°29'13" W., ALONG SAID RIGHT-OF-WAY LINE, 100.00 FEET; THENCE N 02°09'57" W., 150.00 FEET; THENCE S 87°29'13" W., 375.02 FEET TO THE POINT OF BEGINNING.

THIS DEED WAS PREPARED WITHOUT THE BENEFIT OF A TITLE SEARCH AND MAKES NO WARRANTIES AGAINST SAME.

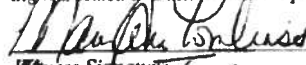
Together with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.


To Have and to Hold the same in fee simple forever.

And the grantor hereby covenants with said grantee that he is lawfully seized of said land in fee simple; that he has good right and lawful authority to sell and convey said land, and hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever, and that said land is free of all encumbrances, except taxes accruing subsequent to December 31, 2017.

In Witness Whereof, the said grantor has signed and sealed these presents, the day and year first above written.

Signed, sealed and delivered in the presence of:

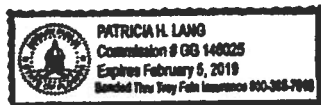

Witness Signature
Mary Ann Tomlinson
Printed Name

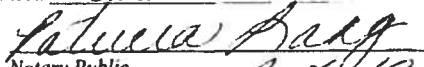

Witness Signature
PATRICIA LANG
Printed Name

 L.S.
ZACHARY THOMAS BROWN
Address:
123 SW THRASHER LN, LAKE CITY, FL 32024

STATE OF FLORIDA
COUNTY OF COLUMBIA

The foregoing instrument was acknowledged before me this 16th day of October, 2017, by **ZACHARY THOMAS BROWN**, who is known to me or who has produced Driver's License as identification.




Notary Public
My commission expires 2-5-19

A & B Well Drilling, Inc.
5673 NW Lake Jeffery Road
Lake City, FL, 32055
(O) 386-758-3409
(F) 386-758-3410
(C) 386-623-3151

10/20/2017

To: Columbia County Building Department

Description of well to be installed for Customer: Biddens
Located at Address: SW Kirby Way

1 hp 15 GPM Submersible Pump, 1 1/4" drop pipe, 86 gallon captive tank and back flow prevention, With SRWMD permit.


Sincerely
Bruce Park
President



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

LICENSED QUALIFIER AUTHORIZATION

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

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

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

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

[Signature]
Licensed Qualifiers Signature (Notarized)

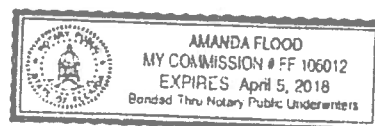
CAC1817716 License Number
Date 11/17/15

NOTARY INFORMATION:
STATE OF Florida COUNTY OF Marion

The above license holder, whose name is Michael A. Boland
personally appeared before me and is known by me or has produced identification
(type of I D) _____ on this 17th day of November, 20 15

[Signature]
NOTARY'S SIGNATURE

(Seal/Stamp)





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

LICENSED QUALIFIER AUTHORIZATION

I, Michael Leader (license holder name), licensed qualifier
for Madison Services LLC (company name), do certify that

the below referenced person(s) listed on this form is/are contracted/hired by me, the license holder, or is/are employed by me directly or through an employee leasing arrangement; or, is an officer of the corporation; or, partner as defined in Florida Statutes Chapter 468, and the said person(s) is/are under my direct supervision and control and is/are authorized to purchase and sign permits; call for inspections and sign subcontractor verification forms on my behalf.

Printed Name of Person Authorized	Signature of Authorized Person
1. <u>Reck D Ford</u>	1. <u>[Signature]</u>
2. <u>Dale R Sural</u>	2. <u>[Signature]</u>
3.	3.
4.	4.
5.	5.

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

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

[Signature]
Licensed Qualifiers Signature (Notarized)

EL1370515
License Number

11/2/15
Date

NOTARY INFORMATION:

STATE OF: FL COUNTY OF: Columbia

The above license holder, whose name is Michael Leader,
personally appeared before me and is known by me or has produced identification
(type of I.D.) _____ on this 2 day of Nov, 2015.

[Signature]
NOTARY'S SIGNATURE

(Seal/Stamp)



MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER

1710-80

CONTRACTOR

Lusty Knowles

PHONE

352-397-0886

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 ✓ 1338	Print Name <u>Michael Beader</u> License #: <u>EC13002315</u> Qualifier Form Attached <input checked="" type="checkbox"/>	Signature <u>[Signature]</u> Phone #: <u>850-973-0111</u>
MECHANICAL/A/C ✓ 950	Print Name <u>Acc #1 of scale Michael Beader</u> License #: <u>CAC1817716</u> Qualifier Form Attached <input checked="" type="checkbox"/>	Signature <u>[Signature]</u> Phone #: <u>352-274-9151</u>

Qualifier Forms cannot be submitted for any Specialty License.

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			

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

Revised 10/30/2015

Permit Application Number _____

Notes:

Site Plan submitted by:

Plan Approved

Not Approved

By _____

MASTER CONTRACTOR

Date _____

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



COLUMBIA COUNTY BUILDING DEPARTMENT

Application # 1710-80

PRELIMINARY MOBILE HOME INSPECTION REPORT

\$50.00 Fee Paid YBS

DATE RECEIVED 10/25 BY [Signature] IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? _____

OWNERS NAME Kathy Giddens PHONE _____ CELL 386-365-0723

ADDRESS 2088 SW Mayp Road, Lake City, FL, 32024

MOBILE HOME PARK NA SUBDIVISION NA

DRIVING DIRECTIONS TO MOBILE HOME US 90 WEST, TR LAKE CITY AVE, 1ST Right
INTO STORAGE LOT - ONLY USE SW ON LOT 2ND ON turning
LEFT

MOBILE HOME INSTALLER Rusty Knowles PHONE _____ CELL 386-397-0886

MOBILE HOME INFORMATION

MAKE Live Oak YEAR 2010 SIZE 16 x 76 COLOR GRAY

SERIAL No. LOHGA 11011859

WIND ZONE II Must be wind zone II or higher NO WIND ZONE I ALLOWED

INSPECTION STANDARDS

INTERIOR:

(P or F) - P= PASS F= FAILED

P SMOKE DETECTOR () OPERATIONAL () MISSING
P FLOORS () SOLID () WEAK () HOLES DAMAGED LOCATION _____
P DOORS () OPERABLE () DAMAGED
P WALLS () SOLID () STRUCTURALLY UNSOUND
P WINDOWS () OPERABLE () INOPERABLE
P PLUMBING FIXTURES () OPERABLE () INOPERABLE () MISSING
P CEILING () SOLID () HOLES () LEAKS APPARENT
P ELECTRICAL (FIXTURES/OUTLETS) () OPERABLE () EXPOSED WIRING () OUTLET COVERS MISSING () LIGHT
FIXTURES MISSING

EXTERIOR:

P WALLS / SIDING () LOOSE SIDING () STRUCTURALLY UNSOUND () NOT WEATHERTIGHT () NEEDS CLEANING
P WINDOWS () CRACKED/ BROKEN GLASS () SCREENS MISSING () WEATHERTIGHT
P ROOF () APPEARS SOLID () DAMAGED

STATUS

APPROVED ✓ WITH CONDITIONS: _____

NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS _____

BUILDING INSPECTOR'S SIGNATURE [Signature] ID NUMBER 366 DATE 10-26-10

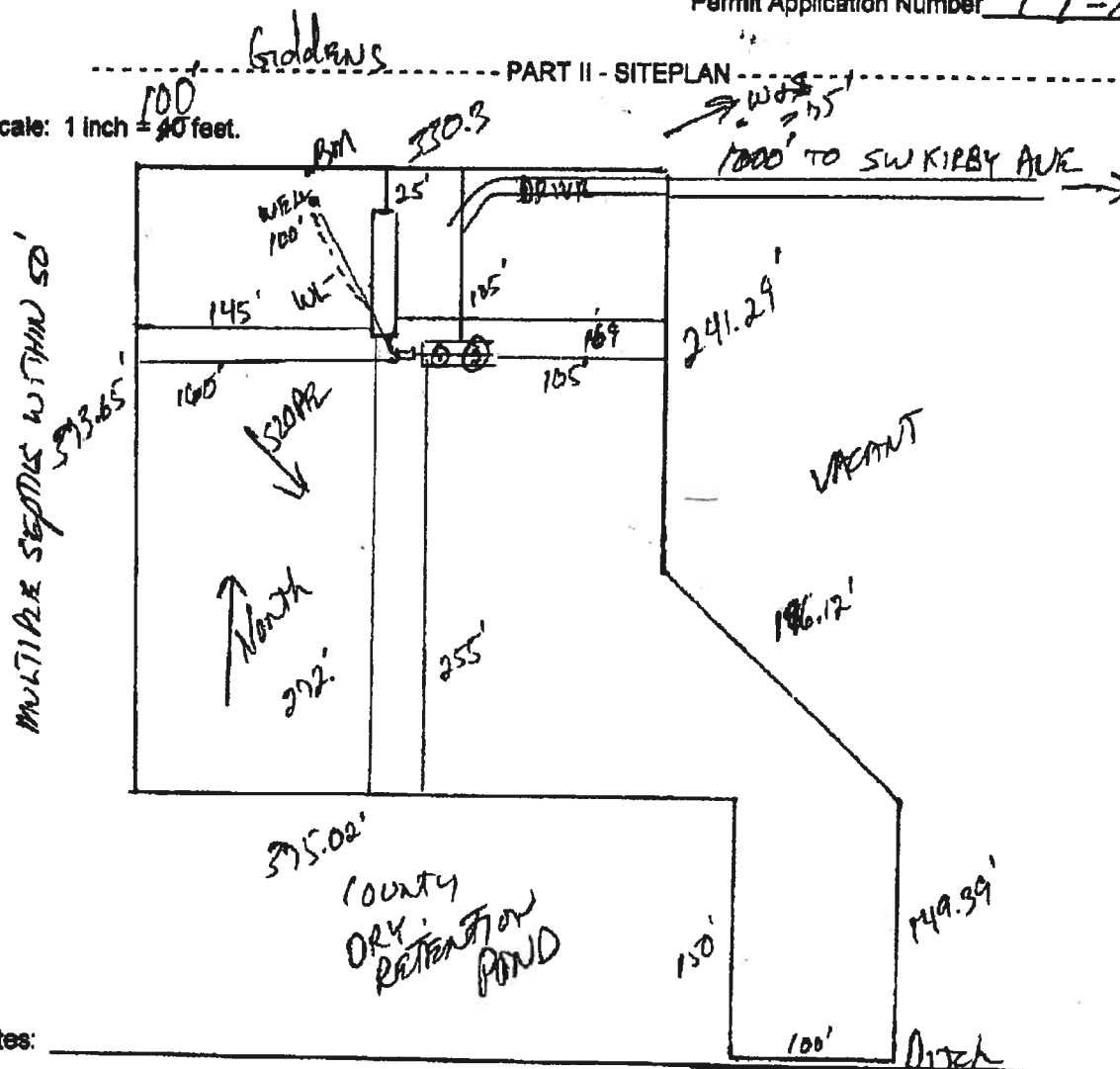
**STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT**

Permit Application Number

17-0674

PART II - SITEPLAN

Scale: 1 inch = ¹⁰⁰~~40~~ feet.



Notes:

Site Plan submitted by:

Plan Approved

By

Not Approved

MASTER CONTRACTOR

Date 11-4-17

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. 17-0674
DATE PAID: 10/24/17
FEE PAID: 380.00
RECEIPT #: 1318427

APPLICATION FOR:

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

APPLICANT: Kathy GiddensAGENT: ROCKY FORD, A & B CONSTRUCTIONTELEPHONE: 386-497-2311MAILING ADDRESS: 546 SW Dortch Street, 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)(a) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION

LOT: na BLOCK: na SUB: Mates & Bounds PLATTED: Permit ParcelPROPERTY ID #: 14-48-16-02977-007 ZONING: I/M OR EQUIVALENT: ☒ Y ☐ NPROPERTY SIZE: 3.40 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ <2000GPD ☐ >2000GPDIS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y ☐ N DISTANCE TO SEWER: FTPROPERTY ADDRESS: SW Kirby Ave, Lake City

DIRECTIONS TO PROPERTY: US-90 West, TL SW Sisters Welcome Rd, TR SW Hope Henry Rd,
TR SW Kirby Ave, 500' to easement access on left, streight west to site

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	1216	
2				
3				

☒ Floor/Equipment Drains ☒ Other (Specify)

SIGNATURE: Rocky D FordDATE: 10/20/2017

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

Page 1 of 4

Redone 11-14-17

FIRSTCOAST MOBILE HOME SALES

3909 US HWY 90 WEST

LAKE CITY, FL 32055

386-752-1452 PHONE

386-752-1371 FAX



FAX

TO: _____

FROM: Jason

FAX NO. 958-2110

DATE: _____

PHONE: _____

PAGES: 1

RE: rust Gickelens

COMMENTS:

To whom it may concern we
are changing Mrs Gickelens permits
From Rusty Knowles to Robert Shepard,
Thank you CM Jason Flayel

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 Ruby L. Fowler License # IL-1038219

911 Address where home is being installed: SW KIRBY AVE
AAACORP B330094

Manufacturer Live Oak Length x width 16x20

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 RL

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 # 46073
Triple Quad ☐ Serial # 10H6A11611859

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	Footer size (256)	18" x 16" (342)	18" x 18" (400)	20" x 20" (484)	22" x 22" (576)	24" x 24" (676)	26" x 26" (676)
1000 psf	3'	4'	5'	6'	7'	8'	8'
1500 psf	4' 6"	6'	7'	8'	9'	10'	10'
2000 psf	6'	8'	9'	10'	11'	12'	12'
2500 psf	7' 6"	9'	10'	11'	12'	13'	13'
3000 psf	8'	10'	11'	12'	13'	14'	14'
3500 psf	8'	10'	11'	12'	13'	14'	14'

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

PIER PAD SIZES

I-beam pier pad size 23 1/4" x 31 1/4"
Perimeter pier pad size 16x16
Other pier pad sizes (required by the mfg.) 16x16

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 16x16 Pier pad size

16x16

ANCHORS

4 ft ☒ 5 ft ☒

FRAME TIES

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

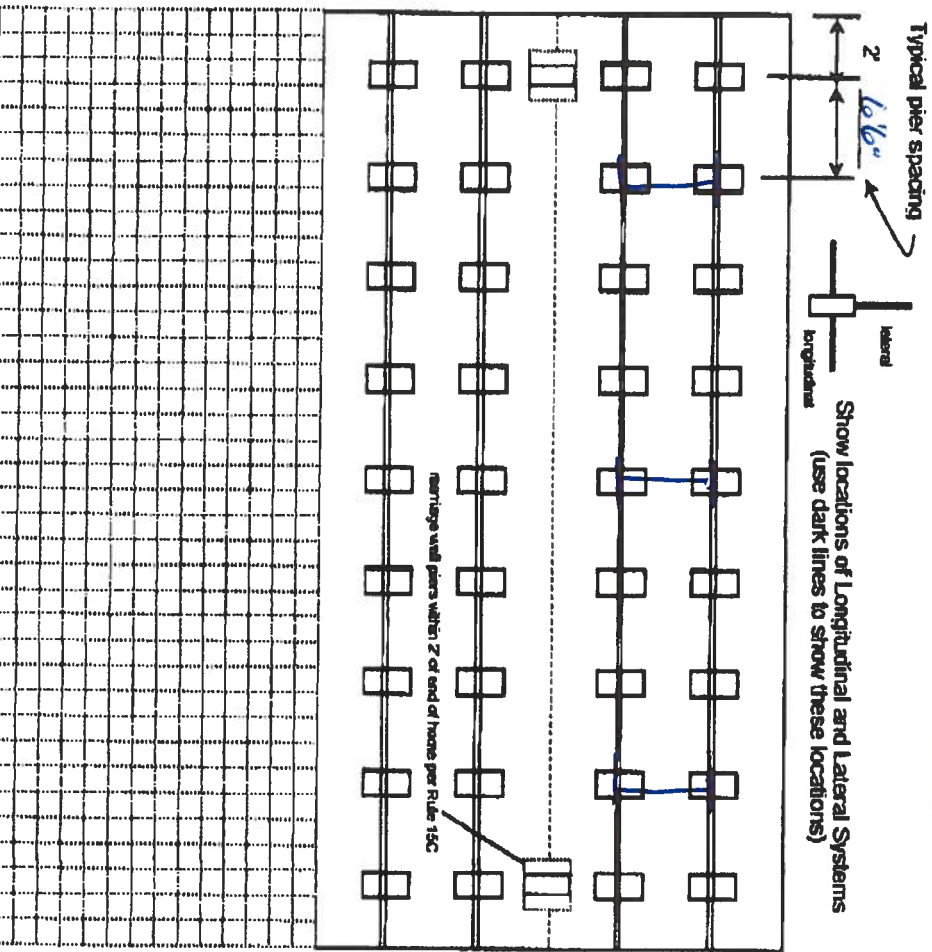
TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer Over the Top
Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer Over the Top

OTHER TIES

Sidewall Longitudinal Marriage wall Shearwall
Number 25
16x16
2x2

Replaced on 11-14-17



POCKET PENETROMETER TEST

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

X 15 X 15 X 15

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 15 X 15 X 15

TORQUE PROBE TEST

The results of the torque probe test is NA 451 1015 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. 1 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.

RLK Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Rush L. Kuersten

Date Tested

10-20-17

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. 15c-1

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 15c-1

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 15c-1

Site Preparation

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

Fastening multi wide units

Floor: Type Fastener: 4-1/4" Length: _____ Spacing: _____
Walls: Type Fastener: 4-1/4" Length: _____ Spacing: _____
Roof: Type Fastener: 4-1/4" Length: _____ Spacing: _____
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 (fastening requirements)

I understand a properly installed gasket is a requirement of all new and used homes and that condensation, mold, mildew and buckled mairnige 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 _____

Type gasket _____

Installed:

Between Floors Yes NA
Between Walls Yes NA
Bottom of ridgebeam Yes NA

Weatherproofing

The bottomboard will be repaired and/or taped. Yes ☒ Pg. 15c-1
Siding on units is installed to manufacturer's specifications. Yes ☒
Fireplace chimney installed so as not to allow intrusion of rain water. Yes ☒

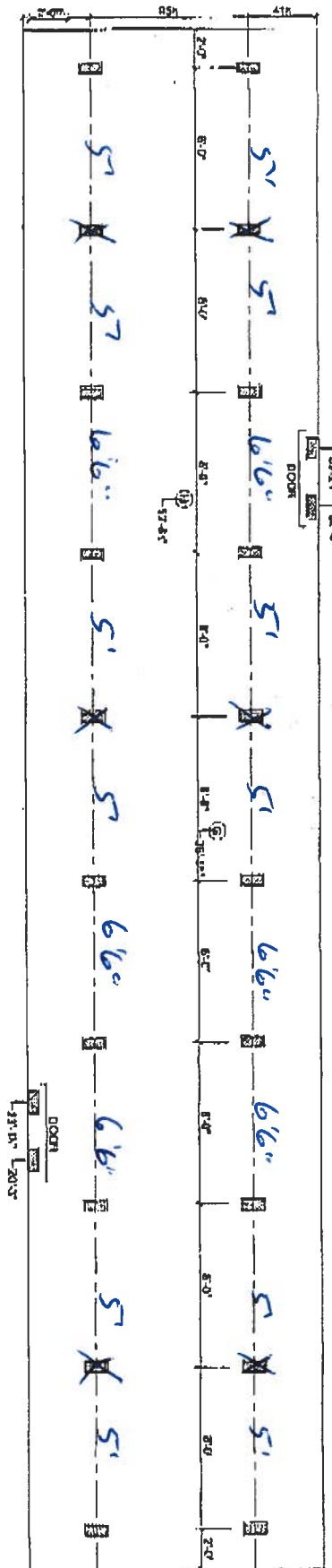
Miscellaneous

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 ☒ N/A _____
Electrical crossovers protected. Yes NA
Other: _____

Installer verifies all information given with this permit worksheet is accurate and true based on the

Installer Signature _____

Date 10-20-17



2nd SUPPORT PERIAP

10/10/2010

FOUNDATION NOTES

- THIS DRAWING IS DESIGNED FOR THE STANDARD WIND ZONE AND IS TO BE USED IN CONJUNCTION WITH THE INSTALLATION MANUAL AND ITS SUPPLEMENTS.
- FOOTINGS ARE SHOWN/INDICATED ONLY QUANTITY AND SIZING MAY VARY BASED ON PAD TYPE, SOIL CONDITIONS, ETC.
- FOOTINGS ARE REQUIRED AT SUPPORT POSTS. SEE INSTALLATION MANUAL FOR REQUIREMENTS.

Live Oak Homes
MODEL: 5763 16 X 80
3-BEDROOM / 2-BATH

- | | |
|----------------------------|--|
| ① MAIN ELECTRICAL | ② DUCT CROSSOVER |
| ③ ELECTRICAL CROSSOVER | ④ BEVER CROPS |
| ⑤ WATERLINE | ⑥ RETURN AIR (EXCEPT HEAT PUMP OR DUCT) |
| ⑦ WATER CROSSOVER (IF ANY) | ⑧ SUPPLY AIR (W/COPT. HEAT PUMP OR DUCT) |
| ⑨ GAS INLET (IF ANY) | |
| ⑩ GAS CROSSOVER (IF ANY) | |

5763