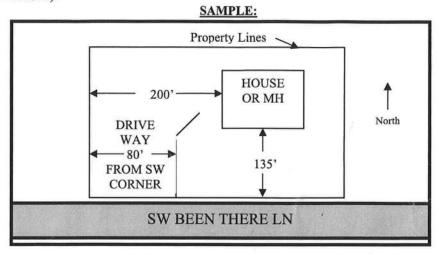
PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION \$15 pard or Office Use Only **Zoning Official** (Revised 7-1-15) **Building Official** AP# Date Received ByMG Permit # Zoning A-3 Land Use Plan Map Category Flood Zone Development Permit Comments FEMA Map# Elevation Finished Floor River In Floodway □ Recorded Deed or Property Appraiser PO Site Plan □ EH # 0 **⊞ Well letter OR** □ Existing well □ Land Owner Affidavit □ Installer Authorization □ FW Comp. letter 1 App Fee Paid ■ DOT Approval □ Parent Parcel # STUP-MH Ellisville Water Sys Assessment Owce Out County In County ( Sub VF Form Property ID# \_QQ-00-00-01234-124 Subdivision Three River Estates **New Mobile Home** Used Mobile Home MH Size 24 (40 Year 95 Phone # 386 496 7999 Applicant Damagus williams 10/4 Name of Property Owner Phone# 352 660 2463 911 Address 790 5E Circle the correct power company -**FL Power & Light** Clay Electric (Circle One) -Suwannee Valley Electric -**Duke Energy** Phone # 35 2 660 3463 Name of Owner of Mobile Home SE Montago Street Address 290 Relationship to Property Owner \_\_\_\_ Cathtoner Current Number of Dwellings on Property Q Lot Size 25 165 /15 Total Acreage Q. 459 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 100 Driving Directions to the Property Name of Licensed Dealer/Installer Panaraus Phone # 306 406 3499 Installers Address 427 IVW Credo way cidy License Number 1 H 1128 217 Installation Decal # 72950

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

- 1. A PLAT, PLAN, OR DRAWING SHOWING THE PROPERTY LINES OF THE PARCEL.
- 2. LOCATION OF PLANNED RESIDENT OR BUSINESS STRUCTURE ON THE PROPERTY WITH DISTANCES FROM AT LEAST TWO OF THE PROPERTY LINES TO THE STRUCTURE (SEE SAMPLE BELOW).
- 3. LOCATION OF THE ACCESS POINT (DRIVEWAY, ETC.) ON THE ROADWAY FROM WHICH LOCATION IS TO BE ADDRESSED WITH A DISTANCE FROM A PARALLEL PROPERTY LINE AND OR PROPERTY CORNER (SEE SAMPLE BELOW).
- 4. TRAVEL OF THE DRIVEWAY FROM THE ACCESS POINT TO THE STRUCTURE (SEE SAMPLE BELOW).

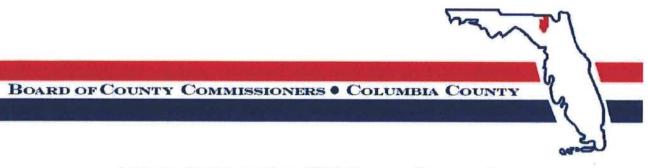


**SITE PLAN BOX:** 

# 19 1 19 1 109 1 109 1 109 1

Page 2 of 2

Montana



## **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:

11/16/2021 7:20:03 PM

Address:

290 SW MONTANA ST

City:

FORT WHITE

State:

FL

Zip Code

32038

Parcel ID

00-00-00-01234-124

**REMARKS:** 

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

Verification ID: 01f6cd8f-8d76-4573-bc82-79d96a2f1fa0

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:

**GIS Specialist** 

Columbia County GIS/911 Addressing Coordinator

### Typical pier spacing Address of home being installed Installer : Jamou Manufacturer NOTE: where the sidewall ties exceed 5 ft 4 in. I understand Lateral Arm Systems cannot be used on any home (new or used) 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 Hellban Derver Mobile Home Permit Worksheet 200 lateral longitudinal SE Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations) Wontone marriage wall piers within 2' of end of home per Rule 15C Installer's initials Length x width License # HI 4 ONXHO かいた 202 Application Number: capacity bearing Load Longitudinal Stabilizing Device w/ Lateral Arms Manufacturer Longitudinal Stabilizing Device (LSD) Manufacturer and their pier pad sizes below. List all marriage wall openings greater than 4 foot Other pier pad sizes (required by the mfg.) Perimeter pier pad size interpolated from Single wide Home installed to the Manufacturer's Installation Manual Home is installed in accordance with Rule 15-C I-beam pier pad size Triple/Quad Double wide New Home 2000 psf 2500 psf 1000 psf 3500 psi Opening wall openings 4 foot or greater. Use this symbol to show the piers. Draw the approximate locations of marriage ps Footer (sq in) size TIEDOWN COMPONENTS Rule 15C-1 pier spacing table. 16" x 16" PIER PAD SIZES PIER SPACING TABLE FOR USED HOMES 4 7 (256)Serial # Installation Decal # Wind Zone II **Used Home** 18 1/2" x 18 1/2" (342) Pier pad size ω **ω** ω FP1034-382 20" x 20" Ç (400)Ę Q 72950 Wind Zone III 22" x 22" Longitudinal Marriage wall Shearwall (484)\* within 2' of end of home spaced at 5' 4" oc Sidewall ## ω\_ 00 OJ. POPULAR PAD SIZES 17 3/16 x 25 3/16 Date: 18.5 x 18.5 Pad Size 24 x 24 26 x 26 1/4 x 26 16 x 22.5 OTHER TIES 16 x 16 16 x 18 $20 \times 20$ FRAME TIES 24" X 24" ANCHORS (576)\* $\infty$ ထျ 5ft Nymber ARB 26" x 26" (676)676 œ œ 576 360 256 288 400

# **Mobile Home Permit Worksheet**

Application Number:
Date:

Electrical	ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER staller Name  Remarks 12/6/2/	The results of the torque probe test is 2500 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 b holding capacity.  Installer's initials	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 1500 X 1500 X 1500	POCKET PENETROMETER TEST  The pocket penetrometer tests are rounded down to 1500 psf or check here to declare 1000 lb. soil without testing.  x 1500 x 1500 x 1500
	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:	Type gasket Res Installed:  Between Floors Yes Between Walls Yes Between Walls Yes Bottom of ridgebeam Yes  Weatherproofing  The bottomboard will be repaired and/or taped. Yes Siding on units is installed to manufacturer's specifications. Yes Fireplace chimney installed so as not to allow intrusion of rain water. Yes  Miscellaneous	Walls: Type Fastent Roof: Type Fastent For used hon will be center roofing nails; Inderstand a properly a result of a poorly inste of tape will not serve as	Site Preparation  Noved Swale Pad  Stening multi wide units

Page 2 of 2

Installer Signature 5

Date 12/6/21

Installer verifies all information given with this permit worksheet

manufacturer's installation instructions and or Rule 15C-1 & 2 is accurate and true based on the

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

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

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

Plumbing

**Date Tested** Installer Name

# CODE ENFORCEMENT DEPARTMENT COLUMBIA COUNTY, FLORIDA OUT OF COUNTY MOBILE HOME INSPECTION REPORT

COUNTY THE MOBILE HOME IS BEING MOVED FROM Gilcrent				
OWNERS NAME Leviling Gerica PHONE 352 660 3463CELL				
INSTALLER 12000/9015 2011/15 PHONE 386 406 3999CELL				
INSTALLERS ADDRESS 427 100 Cocho Lay				
MOBILE HOME INFORMATION				
MAKE Hillborn Werner YEAR 1995 SIZE 24 X 40				
COLOR SERIAL No. FP1034-3828 # 18				
WIND ZONE SMOKE DETECTOR 1/63				
INTERIOR: FLOORS 400 d				
DOORS 9098				
WALLS good				
CABINETS good				
ELECTRICAL (FIXTURES/OUTLETS) 900				
EXTERIOR: WALLS/SIDDING Pool				
WINDOWS yes				
DOORS 1/18				
INSTALLER: APPROVED NOT APPROVED				
INSTALLER OR INSPECTORS PRINTED NAME				
Installer/Inspector Signature License No License No Date				
NOTES:				
ONLY THE ACTUAL LICENSE HOLDER OR A BUILDING INSPECTOR CAN SIGN THIS FORM.				
NO WIND ZONE ONE MOBILE HOMES WILL BE PERMITTED. MOBILE HOMES PRIOR TO 1977 ARE PRE-HUD AND THE WIND ZONE MUST BE PROVEN TO BE PERMITTED.				
BEFORE THE MOBILE HOME CAN BE MOVED INTO COLUMBIA COUNTY THIS FORM MUST BE COMPLETED AND RETURNED TO THE COLUMBIA COUNTY BUILDING DEPARTMENT.				
ONCE MOVED INTO COLUMBIA COUNTY AN INSPECTOR MUST COMPLETE A PRELIMINARY INSPECTION ON THE MOBILE HOME. CALL 386-758-1008 TO SET UP THIS INSPECTION. NO PERMIT WILL BE ISSUED BEFORE THIS IS DONE.				

Code Enforcement Approval Signature

### MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 5 2919 CONTRACTOR D. WILLIAMS PHONE 386. 406. 7999

### 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 <u>REQUIRED</u> 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	Print Name CECI GARCIA Signature		
/	License #: <u>OUNER</u> Phone #: 386, 660, 3463		
	Qualifier Form Attached		
MECHANICAL/	Print Name CECI) GIANCIA Signature		
A/C	License #: 0\UNER Phone #: 386.660.3463		
	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.



# STATE OF FLORIDA DEPARTMENT OF HEALTH ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM

PERMIT NO.	11-0782
DATE PAID:	Jalla La
FEE PAID: RECEIPT #: \( \)	7107455

APPLICATION	FOR CONSTRUCTION E	ERMIT	RECEIPT #: 17(0745:
APPLICATION FOR:  [ \( \sigma \) New System [ ] Exercise [ ] All [ ] A	xisting System [bandonment [	] Holding Tank ] Temporary	[ ] Innovative
APPLICANT: CECILIO E	arcia		LButter (KC CON
AGENT: ROBERT FORD III- NORTH I	LORDIA SEPTIC TANK INC	TE	LEPHONE: 386-755-6372
MAILING ADDRESS: 741 SE STATE	ROAD 100, LAKE CITY FLA	32025	
TO BE COMPLETED BY APPLICANT BY A PERSON LICENSED PURSUANT APPLICANT'S RESPONSIBILITY TO PLATTED (MM/DD/YY) IF REQUEST	OR APPLICANT'S AUTHOR T TO 489.105(3)(m) OR O PROVIDE DOCUMENTATION	489.552, FLORIDA ON OF THE DATE TH	TEMS MUST BE CONSTRUCTED STATUTES. IT IS THE E LOT WAS CREATED OR
PROPERTY INFORMATION	<b>多种高等组制性外外</b> 学场式加速线上电视电池	(美國政府被查報官/中國政府的報告)	19/3
LOT: 124 BLOCK: U-19	SUBDIVISION: THREE RIV	/ERS ESTATES	PLATTED:
PROPERTY ID #: 00-00-00-01234-12- PROPERTY SIZE: 0.459 ACRES			
IS SEWER AVAILABLE AS PER 381			15 (5)
PROPERTY ADDRESS: TBD SW MON			NOS 10 DENES.
DIRECTIONS TO PROPERTY:	THE WAY TO A WITTER		
BUILDING INFORMATION	[ v ] RESIDENTIAL	[ ] COMMERC:	IAL
Unit Type of No Establishment	No. of Building Bedrooms Area Sqft	Commercial/Insti	itutional System Design
1 HOME	3 1056		Zone X
2		**************************************	
3	Company of the Compan	The second secon	
4			
[ ] Floor/Equipment Drains	[ ] Other (Specif	у)	
SIGNATURE: Kolo - Oclo	2		DATE: 11-29-204
OH 4015, 08/09 (Obsoletes pre	vious editions which	may not be used)	

Rec'd 12/7/21

# STATE OF FLORIDA DEPARTMENT OF HEALTH APPLICATION FOR CONSTRUCTION PERMIT

1"= 40'

Permit Application Number

70 N-Well à Deugek 30' MONTANA ST 100 Dese 11-29-2021 a Plan submitted by Rahmit w un Approved Not Approved 12/2/2/ Columbia County Health Department

ALL CHANGES HUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Manufacturer Address HOMES OF MERIT, INC. PO BOX 1606 BARTOW, FLORIDA 33831 Plant Number Date of Manufacture | HUD Label No.(s) 5-12-95 568873 568873 Manufacturer's Serial Number and Model Unit Designation COMFORT COOLING FLHMB FP1034-38281A&B Air conditioner provided at factory (Alternate I) Design Approval by (D.A.P.I.A.) Air conditioner manufacturer and model (see list at left). HILBORN, WERNER, & CARTER, INC. This manufactured home is designed to comply with the federal manufactured home construction and safety standards in force at time of manufacture.

(For additional information, consult owner's manual.) orientation of the front (hitch end) of the home facing \_\_\_\_\_\_ On this basis the system is designed to maintain an indoor temperature of 75° F when outdoor The factory installed equipment includes: Model Designation Manufacturer Equipment The temperature to which this home can be cooled will change depending up amount of exposure of the windows of this home to the sun's radiant heat. Therefore home is heat glains will very dependent upon its efectation to the sun and any per-shading provided. Information concerning the calculation of cooling loads at ve-locations, window exposures and discharge are provided in Chapter 22 of the 1989 a of the ASHRAE Handbook of Fundamentals. For heating For air cooling GE JBSOZVIWH For cooking TBXKSYXELWH GE Refrigerator Information necessary to calculate cooling loads at various locations and opposited in the special comfort cooling information provided with this home 71-205 Rheem Water Heater Air conditioner not provided at factory ( Alternate II)
The air distribution system of this home is suitable for the Washer Clothes Dryer Dishwasher Garbage Disposal Fireplace Smake Detector \_ FITCX HOME CONSTRUCTED FOR Zone I KXXone II Zone III This home has not been designed for the higher wind pressure and an ocean/coastal areas and should not be located within 1500' of the coastin the home and its archoring and foundation system have been designed specified for Exposure D in ANSVASCE 7-88. INFORMATION PROVIDED BY THE MANUFACTURER NECESSARY TO CALCULATE SENSIBLE HEAT GAIN v\_.046 Ceitings and roofs of light color) v\_.054 Air ducts installed outside the home ZONE The following are the duct areas in this home: Air ducts in floor Air chicks in ceiling ZONE Air ducts putside the home ZONE III U/O VALUE ZONE MAP 20 PSF DESIGN ROOF LOAD ZONE MAP 40 PSF PSF Middle 30 PSF MIDDLE

CANANT WEST