

34

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-11) Zoning Official BK 7/1/12 Building Official T.C. 8-7-12
AP# 1207-59 Date Received 7/27 By 1W Permit # 30353
Flood Zone X Development Permit N/A Zoning A3 Land Use Plan Map Category A-3
Comments _____
FEMA Map# N/A Elevation N/A Finished Floor 1 above River N/A In Floodway N/A
☒ Site Plan with Setbacks Shown ☒ EH # 12-351-N ☒ EH Release ☒ Well letter ☒ Existing well
☒ Recorded Deed or Affidavit from land owner ☒ Installer Authorization ☐ State Rd Access ☒ 911 Sheet
☐ Parent Parcel # _____ ☐ STUP-MH _____ ☐ F W Comp. letter ☐ App Fee Pd ☒ VF Form
IMPACT FEES: EMS _____ Fire _____ Corr _____ ☒ Out County ☒ In County
Road/Code _____ School _____ = TOTAL _____ Suspended March 2009 N/A Ellisville Water Sys

Property ID # 33-25-16-01822-001 Subdivision N/A

- New Mobile Home _____ Used Mobile Home X MH Size 16x56 Year 2008
- Applicant Robert Thraet Phone # 386.365.8533
- Address 4078 VE COUNTY CLUB ROAD, L.P., OK 32025
- Name of Property Owner Donald HALL Phone# 386-623-7123
- 911 Address 146 NW Carrie Ct Lake City, FL 32055
- Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home Same as applicant Phone # _____
Address Same as app
- Relationship to Property Owner _____
- Current Number of Dwellings on Property 2
- Lot Size 36 acres Total Acreage 36 Acres
- 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 (will be 3rd)
- Driving Directions to the Property GO 41 N. Turn left on Winfield RD left onto NW Chambira way Right onto NW Queen RD. to Carrie Ct Property on corner of Carrie & Queen (1st on left)
- Name of Licensed Dealer/Installer Bernie Thraet Phone # 386 623 0046
- Installers Address 5557 NW Falling creek Rd White Springs
 - License Number TH1025155 Installation Decal # 11402

Don Carol
Rolaid
8-1-12

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 # IA1025158

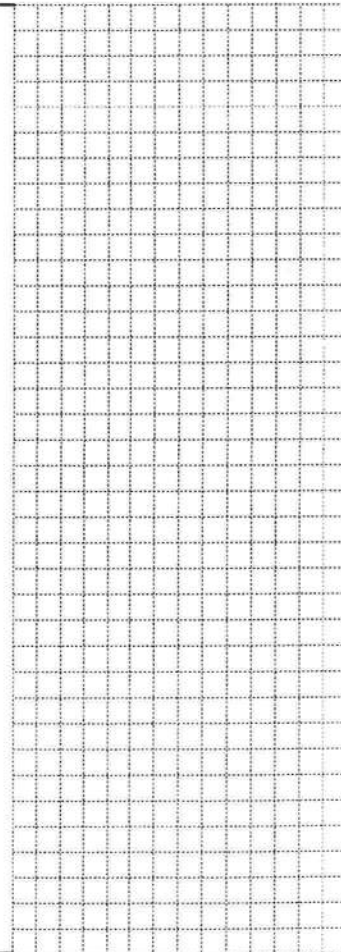
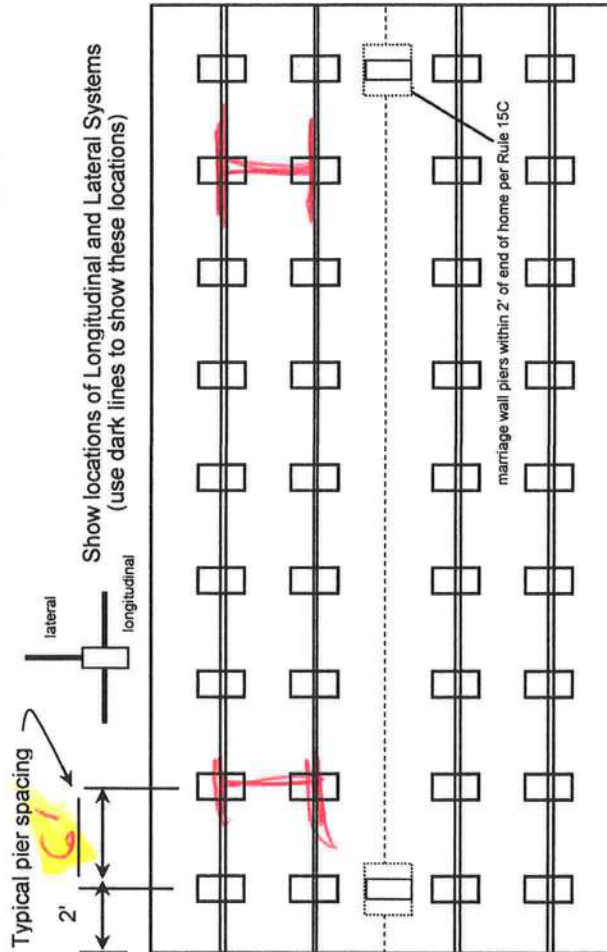
911 Address where home is being installed. _____

Manufacturer Horton Length x width 16x56

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 BT



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 # 11402

Triple/Quad ☐ Serial # (374)

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 17x22

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 _____

NA

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 _____

Longitudinal Stabilizing Device w/ Lateral Arms

Manufacturer Model 1101LV Oliver Systems

OTHER TIES

Number 20

Sidewall

Longitudinal

Marriage wall

Shearwall 2

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 2000 X 2000 X 2000

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 requires anchors with 4000 lb holding capacity.

Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Bernie Thrift

Date Tested

7-24-12

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. 3

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 5

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 5

Site Preparation

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

Fastening multi wide units

Floor: Type Fastener: NA Length: _____ Spacing: _____
Walls: Type Fastener: NA Length: _____ Spacing: _____
Roof: Type Fastener: NA 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 _____
Pg. _____

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 ✓ Pg. _____

Fireplace chimney installed so as not to allow intrusion of rain water. Yes NA

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 Thrift

Date

7-25-12

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____

CONTRACTOR

Bernie Thrift

PHONE

623 00 46

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.

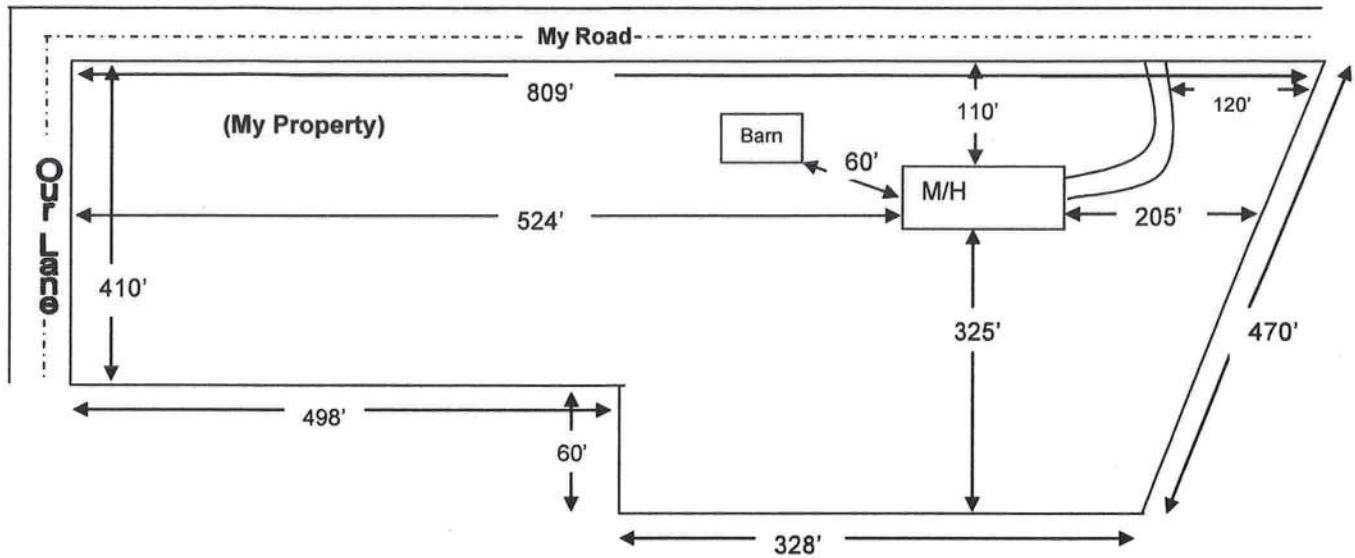
☒ ELECTRICAL	Print Name <u>Donald Hall</u> License #: <u>16</u>	Signature <u>Donald Hall</u> Phone #: <u>386-623-7123</u>
☒ MECHANICAL/ A/C	Print Name <u>Donald Hall</u> License #: <u>16</u>	Signature <u>Donald Hall</u> Phone #: <u>623-7123</u>
☒ PLUMBING/ GAS	Print Name <u>Donald Hall</u> License #: <u>16</u>	Signature <u>Donald Hall</u> Phone #: <u>623-7123</u>

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.

Contractor Forms: Subcontractor form: 1/11

SITE PLAN EXAMPLE / WORKSHEET



Use this example to draw your own site plan. Show all existing buildings and any other homes on this property and show the distances between them, Also show where the roads or roads are around the property. This site plan can also be used for the 911 Addressing department if you include the distance from the driveway to the nearest property line.



LIES A OF CO RD, BEING 4.5 AC
LAKESIDE & NW1/4, EX 4.5 AC
OFF W SIDE & EX THAT PART OF

LAKE CITY, FL 32055

PRINTED 6/05/2012 14:45
APPR 11/05/2008 RP

BY JEFF.

[illegible][illegible]

DATE	TIME	LOCATION	TYPE	STATUS	REMARKS
01/01/01	01:00	SPCD	SPCD	01	NONE
01/01/01	01:00	DEPR	DEPR	52	05
01/01/01	01:00	QUAL	QUAL	05	05
01/01/01	01:00	TXDT	TXDT	003	003
01/01/01	01:00	EXPT	EXPT	0	0
01/01/01	01:00	COTXBL	COTXBL	0	0

	I	N/A	UD-3	+	BAC1993=WL*	S12 E24N12	W24\$ E36 N28\$
CELL	N/A	N/A	UD-4	+	BAC1993=NL*	W22	
ARCH	N/A	N/A	UD-5	+	S28 E21 FOP1993=	S12 E24N12	W24\$ E36 N28\$
FRME 01	NONE	N/A		+			

[illegible][illegible]

	++ ++	
	+ +	
	GRANTEE	
	+ +	
	GRANTOR	
	+ +	

AE	BN	CODE	DESC	LEN	WID	HGHT	QTY	QL	YR	ADJ	UNITS	UT	PRICE	ADJ	UT	PR	SPCD	%	%GOOD	XFOB	VALUE
Y	1	0190	FPLC PF				1		1996	1.00	1.000	UT	1200.000			1200.000			100.00		1,200
			CONC				1		1995	1.00	1.000	UT	200.000			200.000			100.00		200
			CONC				1		1995	1.00	1.000	UT	200.000			200.000			100.00		200

[illegible][illegible][illegible]



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

MOBILE HOME INSTALLERS LETTER OF AUTHORIZATION

I, Bernie Thrift, give this authority for the job address show below
Installer License Holder Name

only, _____, and I do certify that
Job Address

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	Authorized Person is... (Check one)
ROLAND L. TARDIF	<i>Roland L. Tardif</i>	☒ Agent ☐ Officer ☐ Property Owner
		☐ Agent ☐ Officer ☐ Property Owner
		☐ Agent ☐ Officer ☐ Property Owner

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.

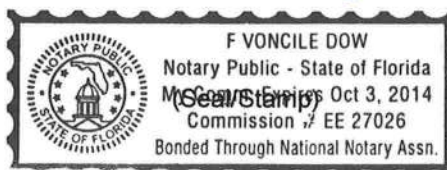
Bernie Thrift JH1025155 7-25-12
License Holders Signature (Notarized) License Number Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Roland L. Tardif, personally appeared before me and is known by me or has produced identification (type of I.D.) _____ on this 27 day of July, 20 12.

Foncile Dow
NOTARY'S SIGNATURE



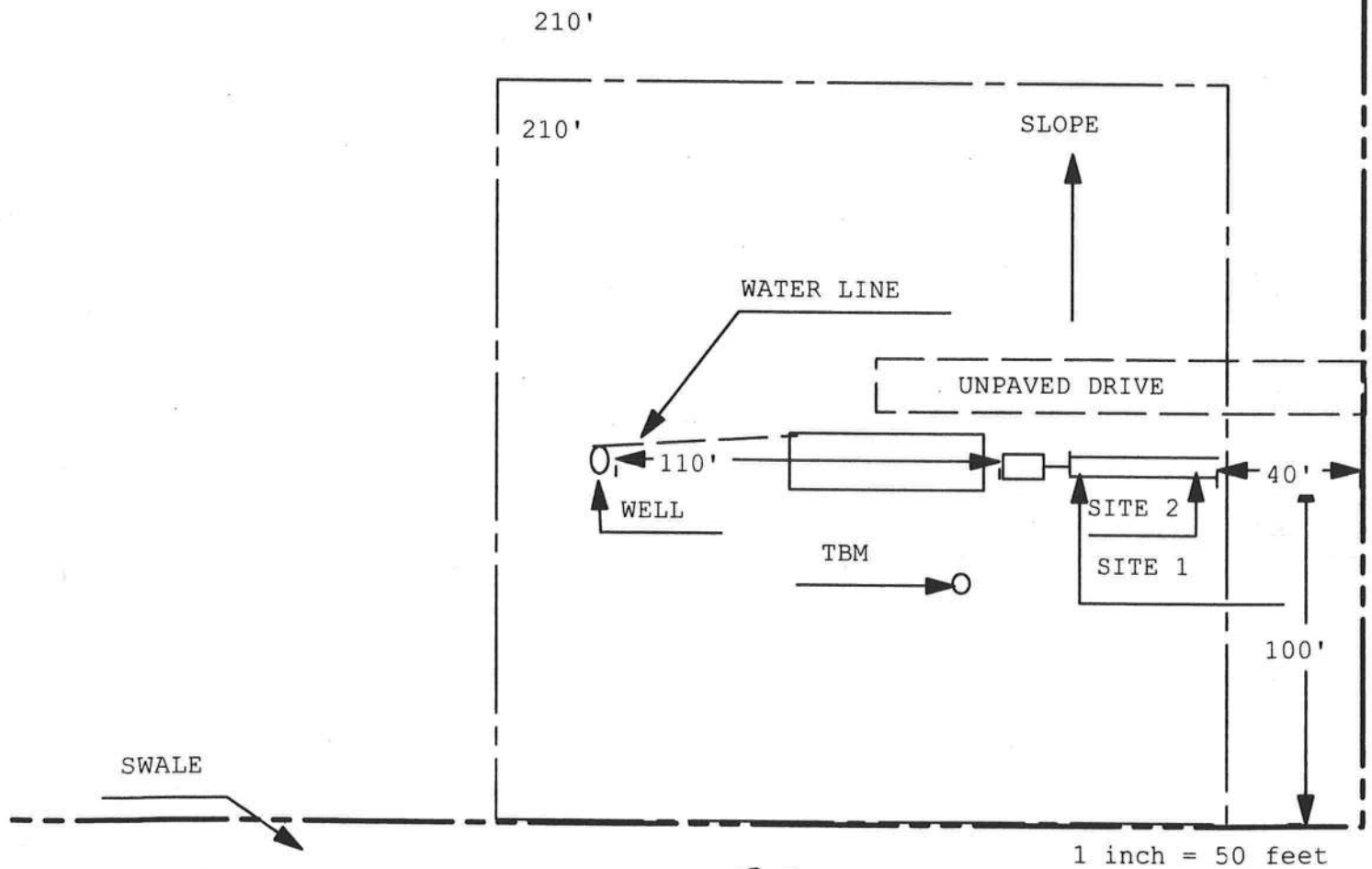
Application for Onsite Sewage Disposal System
Construction Permit. Part II Site Plan
Permit Application Number: 12-351 N

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT

NORTH
↑

CR# 10-5485

EXISTING HOUSE ON
NORTH OF PROPERTY



Site Plan Submitted By Paul K. Long Date 7/25/12
Plan Approved X Not Approved Date 7/26/12

By [Signature] Columbia CPHU

Notes: [Signature]



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

CR # 10-5485

PERMIT NO. 12-351N
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: DONALD HALL

AGENT: ROLAND TARDIF

TELEPHONE: (386) 755-0927

MAILING ADDRESS: 318 NW CARRIE CT.

LAKE CITY

FL 32055

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: N/A BLOCK: N/A SUBDIVISION: METES AND BOUNDS PLATTED: _____

PROPERTY ID #: 33-2S-16-01822-001 ZONING: AG I/M OR EQUIVALENT: ☐ NO ☐

PROPERTY SIZE: 36.500 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ NO ☐ DISTANCE TO SEWER: N/A FT

PROPERTY ADDRESS: 318 NE CARRIE CT. LAKE CITY

DIRECTIONS TO PROPERTY: 41 NORTH, TURN LEFT ON WINFIELD GO TRU 90 AT RECK DEPT. TURN RIGHT ON QUEEN, TURN LEFT ON CARRIE, 1ST ON LEFT.

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	<u>MOBILE HOME</u>	<u>2</u>	<u>896</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify)

SIGNATURE: Roland Tardif agent

DATE: 7/24/2012

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

#1207-54

COUNTY THE MOBILE HOME IS BEING MOVED FROM Putnam
OWNERS NAME Craig Hall PHONE _____ CELL 386-623-7123
INSTALLER Bernie Thrift PHONE _____ CELL 386-623-0046
INSTALLERS ADDRESS _____

MOBILE HOME INFORMATION

MAKE HORION YEAR 2008 SIZE 56 x 16
COLOR Grey SERIAL No. GAF1807A57847WE21
WIND ZONE 2 SMOKE DETECTOR 2

INTERIOR:
FLOORS Plywood Vinyl Good Cond.
DOORS House Type Good Cond.
WALLS Drywall Good Cond.
CABINETS Wood Good Cond.
ELECTRICAL (FIXTURES/OUTLETS) all working

EXTERIOR:
WALLS / SIDING Vinyl
WINDOWS Vinyl
DOORS Cottage & storm Good Cond.

INSTALLER: APPROVED X NOT APPROVED _____

INSTALLER OR INSPECTORS PRINTED NAME Bernie Thrift

Installer/Inspector Signature Bernie Thrift License No. TH1025155 Date 7/20/2012

NOTES: I Find this home to be in very Good condition

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 Jay Cren Date 7-27-12
called Bernie 7-27-12

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 7-30-12 BY UH 1207-54 IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? Yes

OWNERS NAME Craig Hall PHONE _____ CELL 623-7123

ADDRESS _____

MOBILE HOME PARK _____ SUBDIVISION _____

DRIVING DIRECTIONS TO MOBILE HOME 41 N, (L) Winfield, (L) Chambers, (R) Queen, (L) Carrie, 1st on (L)

MOBILE HOME INSTALLER Bernie Thrift PHONE _____ CELL 623-0046

MOBILE HOME INFORMATION

MAKE Horton YEAR 08 SIZE 16 x 56 COLOR Grey

SERIAL No. G4FLP07A57847WEZ1

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

_____ SMOKE DETECTOR () OPERATIONAL () MISSING

_____ FLOORS () SOLID () WEAK () HOLES DAMAGED LOCATION _____

_____ DOORS () OPERABLE () DAMAGED

_____ WALLS () SOLID () STRUCTURALLY UNSOUND

_____ WINDOWS () OPERABLE () INOPERABLE

_____ PLUMBING FIXTURES () OPERABLE () INOPERABLE () MISSING

_____ CEILING () SOLID () HOLES () LEAKS APPARENT

_____ ELECTRICAL (FIXTURES/OUTLETS) () OPERABLE () EXPOSED WIRING () OUTLET COVERS MISSING () LIGHT FIXTURES MISSING

EXTERIOR:

_____ WALLS / SIDING () LOOSE SIDING () STRUCTURALLY UNSOUND () NOT WEATHERTIGHT () NEEDS CLEANING

_____ WINDOWS () CRACKED/ BROKEN GLASS () SCREENS MISSING () WEATHERTIGHT

_____ ROOF () APPEARS SOLID () DAMAGED

STATUS

APPROVED ☒ WITH CONDITIONS: _____

NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE [Signature] ID NUMBER 302 DATE 7.31.12

\$50.00

Date of Payment: 7/27/12

Paid By: Roland

Notes: #1643

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: 7/30/2012 DATE ISSUED: 8/1/2012

ENHANCED 9-1-1 ADDRESS:

146 NW CARRIE CT

LAKE CITY FL 32055

PROPERTY APPRAISER PARCEL NUMBER:

33-2S-16-01822-001

Remarks:

ADDRESS FOR PROPOSED STRUCTURE ON PARCE. 5TH LOCATION
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.**