DATE 06/06/2005	Columbia C				PERMIT
APPLICANT MELVA NORRI	This Permit Expires	res One Year Fi	PHONE	752-371	000023236
ADDRESS 1004 SW	CHARLES TERR	LAI	KE CITY		FL 32024
OWNER RONNIE NORR	IS		PHONE	752-3871	_
ADDRESS 264 SW	WALNUT PLACE	LAI	KE CITY		FL 32024
CONTRACTOR RONNIE N	IORRIS		PHONE	752-3871	_
LOCATION OF PROPERTY	247S, TL ON MARK			AD, TR ON CU	JRTAIN
	TL ON SPRUCE, TE	R ON WALNUT, 7T	H ON LEFT		
TYPE DEVELOPMENT M	H,UTILITY	ESTIMAT	ED COST OF CO	NSTRUCTION	.00
HEATED FLOOR AREA		TOTAL AREA	2	HEIGHT	.00 STORIES
FOUNDATION	WALLS	ROOF F	ттсн	F	FLOOR
LAND USE & ZONING	N-3		MAX.	HEIGHT	
Minimum Set Back Requirments:	STREET-FRONT	30.00	REAR	25.00	SIDE 25.00
3					25.00
	LOOD ZONE X	DEVE	LOPMENT PERM	III NO	
PARCEL ID 36-5S-15-00488-	009 S	SUBDIVISION S	PRING HILLS		
LOT 9 BLOCK	PHASE	UNIT	TOTA	L ACRES1	1.01
Culvert Permit No. Culver	t Waiver Contractor's	79	Thelia you	At the same of the	
EXISTING 02-033		License Number BK	A	pplicant/Owner	r/Contractor Y
		LU & Zoning check	ed by Appro	oved for Issuan	
COMMENTS: ONE FOOT ABO	VE THE ROAD				
2					
			(Check # or C	Cash 3414
	FOR BUILDING	& ZONING DE	PARTMENT (ONLY	(6 + (01.1)
Temporary Power	Founda			Monolithic	(footer/Slab)
date/a	ipp. by	date/a	pp. by	_	date/app. by
Under slab rough-in plumbing				_ Sheathing/	Nailing
Framing	date/app. by Rough-in		ate/app. by		date/app. by
date/app. by	Kougn-in	plumbing above slab	and below wood f	loor	date/app. by
Electrical rough-in	Heat & A	ir Duct	Pe	eri. beam (Linte	
date/app			/app. by	an Journ (Dinto	date/app. by
Permanent power date/app. b	C.O. Fin	aldate/app.		Culvert	date/app. by
M/H tie downs, blocking, electricity	and plumbing		бу	Pool	аасе/арр. бу
Reconnection		date/app. by			date/app. by
date/app.	by Pump p	date/app. by	Utility Pole	date/app. by	
M/H Pole date/app. by	Travel Trailer			Re-roof	
and upp. of		date/app. l	ру		date/app. by
BUILDING PERMIT FEE \$.00 CERTIFIC	ATION FEE \$.00	SURCHARGE	FEE\$.00
MISC. FEES \$ 200.00	ZONING CERT. FEE	\$ 50.00 FIRE			E FEE \$ 36.75
FLOOD ZONE DEVELOPMENT F		JLVERT FEE \$			
	10-11-1	/ -		OTAL FEE	303.76
NSPECTORS OFFICE	le 18dC		RKS OFFICE	UN	
NOTICE: IN ADDITION TO THE REC	QUIREMENTS OF THIS PER	MIT, THERE MAY BE	ADDITIONAL REST	RICTIONS APPL	ICARI E TO THIS

NOTICE: IN ADDITION TO THE REQUIREMENTS OF THIS PERMIT, THERE MAY BE ADDITIONAL RESTRICTIONS APPLICABLE TO THIS PROPERTY THAT MAY BE FOUND IN THE PUBLIC RECORDS OF THIS COUNTY. AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.

"WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT."

This Permit Must Be Prominently Posted on Premises During Construction

PLEASE NOTIFY THE COLUMBIA COUNTY BUILDING DEPARTMENT AT LEAST 24 HOURS IN ADVANCE OF EACH INSPECTION, IN ORDER THAT IT MAY BE MADE WITHOUT DELAY OR INCONVIENCE, PHONE 758-1008. THIS PERMIT IS NOT VALID UNLESS THE WORK AUTHORIZED BY IT IS COMMENCED WITHIN 6 MONTHS AFTER ISSUANCE.

Ch # 3414 PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPL For Office Use Only Zoning Official SUK 03.06.05 Building Official 1 0505 - 108 Date Received \$ 24 Ву 🦪 Permit # Flood Zone Land Use Plan Map Category 4-3 Development Permit W/A Zoning Comments_ _ Finished Floor _____ River ____ In Floodway ____ Elevation __ Revised 9-23-04 00488-009 Property ID 36-5S-15E __ Must have a copy of the property deed **New Mobile Home** Used Mobile Home Subdivision Information Wills -Aprima. # 9 Applicant Phone # 1004 Address SW Charles Ton. 32024 Name of Property Owner Comile _Phone# 752-3871 911 Address ZG4 SW Wanut # Place Circle the correct power company -FL Power & Light Clay Electric (Circle One) Suwannee Valley Electric **Progressive Energy** Name of Owner of Mobile Home Connie Jonno Phone # 752-3871 Address 1004 SW Charles Ten. L.C. FL 32024 Relationship to Property Owner _ Current Number of Dwellings on Property____ - 0 -287.09 154 Lot Size _____ Total Acreage_ Do you : Have an Existing Drive or need a Culvert Permit or a Culvert Waiver Permit Driving Directions __ HWV 247 turn onto turn 4 miles approx on Spruce turn (L) -turn(R) Is this Mobile Home Replacing an Existing Mebile Home_ Name of Licensed Dealer/Installer Yonne Servie Phone # Installers Address 1004 SW Charles Jos. Few IH-0000049 License Number ____Installation Decal # 245839 Block

These worksheets mu Submit the originals v Installer COLUMBIA COUNTY PERMIT WORKSHEET

			1 11	marriage wall pluts within 2' of end of home perRule 15C					Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)	Typical pier spacing	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	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	/ Length x width	911 Address where Malny Rd. home is being installed. H. White FL 320.28	Installer KONNIC NORKIS License # ZHO000049	These worksheets must be completed and signed by the installer. Submit the originals with the packet.
Longitudinal Stabilizing Device (LSD) Manufacturer Longitudinal Stabilizing Device w/ Lateral Arms Manufacturer Manufacturer OTHER TIES Number Number Namber Number Number Nameriage wall Marriage wall	y / 7 % 2. Within 2' of end of home spaced at 5' 4" oc	Opening Pier pad size 4 (1) 5 ft	List all marriage wall openings greater than 4 foot 24 x 24 576 and their pier pad sizes below.	0	18.5	I-beam pier pad size ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓	PAD SIZ	C2 C2 C2 C2 C3	3' 4' 5' 6' 7' 8' 8' 8' 8' 8' 8'	bearing size located size capacity (sq in) (256) (342) (400) (484)* (576)* (676)*	_	Serial #	Double wide Wind Zone Wind Zone	lled to the Ma	New Home Used Home X	page 1 of 2

POCKET PENETROMETER TEST

or check here to declare 1000 lb. soil The pocket penetrometer tests are rounded down to without testing. 3

× 1500

× 1500

psf

POCKET PENETROMETER TESTING METHOD

- Test the perimeter of the home at 6 locations
- Ņ Take the reading at the depth of the footer
- Using 500 lb. increments, take the lowest reading and round down to that increment

× 1600

× 1600



TORQUE PROBE TEST

showing 275 inch pounds or less will require 5 foot anchors The results of the torque probe test is here if you are declaring 5' anchors without testing inch pounds or check A test

Note: A state approved lateral arm system is being used and 4 ft. anchors are required at all centerline tie points where the torque test anchors are allowed at the sidewall locations. I understand 5 ft reading is 275 or less and where the mobile home manufacturer may requires anchors with 4000 lb bolding capacity Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Date Tested

ROADIC NORKIS 5-22-05

Electrical

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

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

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

Site Preparation

Water drainage: Natural Debris and organic material removed Swale

Pad

Other

Fastening multi wide units

Walls: Roof: Type Fastener: McHa-Type Fastener: 42

Floor:

Length:

Spacing: Spacing: 27

will be centered over the peak of the roof and fastened with galv Type Fastener: Ly Length: C Spacing: Ly For used homes a min. 30 gauge, 8" wide, galvanized metal strip roofing nails at 2" on center on both sides of the centerline

Gasket (weatherproofing requirement)

of tape will not serve as a gasket a result of a poorly installed or no gasket being installed. I understand a strip homes and that condensation, mold, meldew and buckled marriage walls are I understand a properly installed gasket is a requirement of all new and used

Type gasket

Installer's initials X

Between Floors Yes Between Walls Yes

Bottom of ridgebeam Yes

Weatherproofing

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

Miscellaneous

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

NA

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

Installer Signature Fermice None

Date 5-25-05

DEPARTMENT OF CODE ENFORCEMENT COLUMBIA COUNTY, FLORIDA

PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 5-18-05 BY FOR
IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED?
OWNERS NAME Romit Novis PHONE CELL 961-6419
911 ADDRESS
MOBILE HOME PARKSUBDIVISION
DRIVING DIRECTIONS TO MOBILE HOME 47 5 / Kight 240/ Left Ichetuckon
Rt Curtain / ceft Spince / Right Walnut / 6 house on
CONTRACTOR ROADY NOTES PHONE CELL 961-8419
MOBILE HOME INFORMATION
MAKE Flet UNO YEAR 83 SIZE 24 x 32
COLOR Brown SERIAL No. 25/66/1 + 25/662
WIND ZONE SMOKE DETECTOR
INTERIOR: FLOORS
DOORS
WALLS
CABINETS
ELECTRICAL (FIXTURES/OUTLETS)
EXTERIOR: WALLS / SIDDING
WINDOWS
DOORS
STATUS: APPROVED WITH CONDITIONS:
NOT APPROVED NEED REINSPECTION
INSPECTOR SIGNATURE Doug A NUMBER 306



STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 02-0333N

		PART II - SITE PLAN-	-		
Scale: Each block represents 5	feet and 1 inch = 50 f	eet.		Y-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
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Notes: LOT # 9 _	1 ACRE				
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Site Plan submitted by:	Da 1 007-				200
one riam submitted by. One	C	Signature			Title
Plan Approved		Not Approved		Date_5	5/1/03
- 01 A	0		C1 1		·
By The	and a		Columbia	County Hea	Ith Department
ALL CHANG	GES MUST BE APP	ROVED BY THE CO	UNTY HEALTH D	EPARTMENT	
	. 2		G.T. T. TIEAETH D		
DH 4015, 10/96 (Replaces HRS-H Form 4015 which (Stock Number: 5744-002-4015-6)	may be used)	**			Page 2 of 3

