

*Tripplewide*  
**PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION**

☒ *Serial #*

*For Office Use Only* (Revised 7-1-15) Zoning Official *LD* Building Official *JMA*

AP# 1811-116 Date Received 11-6-18 By *W* Permit # 37499

Flood Zon... *A* Development Permit \_\_\_\_\_ Zoning *A3* Land Use Plan Map Category *A*

Comments \_\_\_\_\_

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FEMA Map# \_\_\_\_\_ Elevation \_\_\_\_\_ Finished Floor *1' above* River \_\_\_\_\_ In Floodway \_\_\_\_\_

☐ Recorded Deed or ☒ Property Appraiser PO ☒ Site Plan ☒ EH # 18-0892 ☐ 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 *owed* ☐ Out County ☐ In County ☒ Sub VF Form

Property ID # 02-3S-14-01943-001 Subdivision \_\_\_\_\_ Lot# \_\_\_\_\_

▪ New Mobile Home ☒ Used Mobile Home \_\_\_\_\_ MH Size 42x64x40 Year 2019

▪ Applicant Sonya Crews/Linda Craft Phone # 803-517-5701

▪ Address 3311 SW State Road 247 Lake City, FL 32024

▪ Name of Property Owner Michael Leis Phone# 904-307-4966

▪ 911 Address 386 Radford Ct Lake City, FL 32055

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

▪ Name of Owner of Mobile Home Michael Leis Phone # 904-307-4966

▪ Address 386 Radford Ct Lake City, FL 32055

▪ Relationship to Property Owner \_\_\_\_\_

▪ Current Number of Dwellings on Property 0

▪ Lot Size \_\_\_\_\_ Total Acreage 10

▪ 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 off I-10 North 41 to Winfield rd  
Ⓛ 1/4 mile turn Ⓛ on Radford Ct drive to end  
veer Ⓛ

▪ Name of Licensed Dealer/Installer Ronnie Norris Phone # 623-7716

▪ Installers Address 1004 SW Charles Terr Lake City FL 32024

▪ License Number IH1025145/1 Installation Decal # 53601

**SCANNED**

*Sonya is aware of whats needed 11-15-18*  
*SW spoke w/ Sonya 11.29.18 - sent Email*





# 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 1500 X 1500 X 1500

### 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 1500 X 1500 X 1500

## TORQUE PROBE TEST

The results of the torque probe test is 285 inch pounds or check here if you are declaring 5' anchors without testing 4. 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 Steve mull

Date Tested 10-30-018

## 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. \_\_\_\_\_

## Plumbing

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

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

### Fastening multi wide units

Floor: Type Fastener: 1/2" Length: 6" Spacing: 24"  
Walls: Type Fastener: 1/2" Length: 6" Spacing: 24"  
Roof: Type Fastener: 1/2" Length: 6" Spacing: 24"  
For used homes of 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

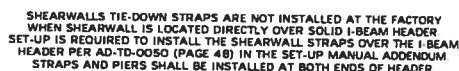
The bottomboard will be repaired and/or taped. Yes ✓ Pg. \_\_\_\_\_  
Siding on units is installed to manufacturer's specifications. Yes ✓  
Fireplace chimney installed so as not to allow intrusion of rain water. Yes ✓

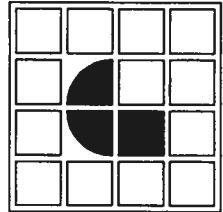
## Miscellaneous

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 manufacturer's installation instructions and or Rule 15C-1 & 2

Installer Signature Steve mull Date 10-30-018





**JACOBSEN HOMES**  
PO BOX 368, 600 PACKARD CT.  
SAFETY HARBOR, FLORIDA 34695

(727) 726-1138

www.jacobshomes.com

### COLUMN INFO. TABLE

COL. NUM.	SPAN	LOAD (# POUNDS)	1000 PIER SOIL	1500 PIER SOIL	2000 PIER SOIL	2500 PIER SOIL	3000 PIER SOIL	3500 PIER SOIL
1	5'-0"	2975	428	286	214	171	171	171
2	5'-0"	2975	428	286	214	171	171	171
3	19'-5"	4575	659	439	329	264	264	264
4	19'-5"	4575	659	439	329	264	264	264
5	4'-3"	2975	428	286	214	171	171	171
6	4'-3"	2975	428	286	214	171	171	171
7	4'-0"	2975	428	286	214	171	171	171
8	4'-0"	2975	428	286	214	171	171	171
9	0"	0	0	0	0	0	0	0
10	0"	0	0	0	0	0	0	0

REFER TO A5-TD-0050 THROUGH  
A5-TD-0054 FOR COLUMN ANCHOR SIZES.

### MINIMUM PIER PAD SIZE (sq. in.)

	1000 PIER SOIL	1500 PIER SOIL	2000 PIER SOIL	2500 PIER SOIL	3000 PIER SOIL	3500 PIER SOIL
A	256 sq. in.	480 sq. in.	500 sq. in.	500 sq. in.	500 sq. in.	500 sq. in.
B	342.25 sq. in.	480 sq. in.	500 sq. in.	500 sq. in.	500 sq. in.	500 sq. in.
C	396 sq. in.	480 sq. in.	500 sq. in.	500 sq. in.	500 sq. in.	500 sq. in.
D	400 sq. in.	480 sq. in.	500 sq. in.	500 sq. in.	500 sq. in.	500 sq. in.
E	432.875 sq. in.	480 sq. in.	500 sq. in.	500 sq. in.	500 sq. in.	500 sq. in.
F	576 sq. in.	480 sq. in.	500 sq. in.	500 sq. in.	500 sq. in.	500 sq. in.
G	676 sq. in.	480 sq. in.	500 sq. in.	500 sq. in.	500 sq. in.	500 sq. in.

N/A - SEE NOTE 10.  
REFER TO SU-01-0005 FOR  
ADDITIONAL PIER REQUIREMENTS.

### I-BEAM PIER SPACING

### MATING LINE PIER SPACING

### PERIMETER PIER SPACING

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HUD WIND ZONE - 2  
HUD WIND EXPOSURE CATEGORY - C

PAGE 2 OF 2

## WARNING:

INSTALLING A MANUFACTURED STRUCTURE/BUILDING CAN BE EXTREMELY DANGEROUS. ONLY QUALIFIED PERSONNEL SHOULD ATTEMPT TO INSTALL A MANUFACTURED STRUCTURE/BUILDING. IMPROPER PROCEDURES AND/OR TECHNIQUES COULD RESULT IN SERIOUS INJURY OR DEATH. IN ADDITION TO THE DANGER TO PERSONNEL, IMPROPER SETUP/INSTALLATION COULD RESULT IN EXTENSIVE/COSTLY DAMAGE TO THE BUILDING/STRUCTURE. NEVER ATTEMPT INSTALLATION IF YOU ARE NOT QUALIFIED AND/OR DO NOT HAVE THE PROPER TOOLS AND/OR EQUIPMENT.

## CAUTION:

MANUFACTURED BUILDING/STRUCTURES CAN WEIGH SEVERAL TONS. IT IS VERY IMPORTANT THAT ALL PERSONNEL, ON THE JOB SITE, BE QUALIFIED AND PROPERLY/ADULTLY TRAINED. A STATE LICENSED SETUP CONTRACTOR IS REQUIRED TO BE RESPONSIBLE FOR ALL SAFETY INITIATIVES, PROGRAMS, POLICIES, AND/OR PROCEDURES THAT MAY BE MANDATED BY OSHA AND/OR ANY OTHER LOCAL, STATE, AND/OR FEDERAL CODES AND/OR REQUIREMENTS. THE CONTRACTOR SHALL INSURE/REQUIRE THAT SAFE AND PROPER TECHNIQUES ARE UTILIZED.

## NOTES:

1. REFER TO THE MODEL APPROVAL FOR PLAN SPECIFIC INFORMATION.
2. REFER TO THE JACOBSEN SETUP MANUAL AND ATTACHMENT FOR COMPLETE INSTALLATION INSTRUCTIONS. PIERES CAN BE INSTALLED ANYWHERE SPACES INDICATED FOR THE SETUP MANUAL.
3. REFER TO SU-01-0005 FOR ADDITIONAL PIER REQUIREMENTS.
4. REFER TO THE APPROVED PIER PLAN FOR SPAN/PIER LOCATIONS AND LOADS.
5. REFER TO A5-TD-0050 FOR SPAN/PIER APPLICATIONS AND TIE-BARMS.
6. REFER TO THE APPROVED PIER PLAN FOR SPECIFIC COLLISION LOCATIONS. COLLISION PIERES SHALL BE LOCATED WITHIN 6" OF EITHER SIDE OF THE COLLISION. ADDITIONAL PIERES MAY BE REQUIRED ALONG THE MATING LINE, SEE THE SETUP MANUAL FOR SPECIFIC.
7. ALL SPACING BETWEEN PIERES SHALL BE 10' MINIMUM AND MAXIMUM 12' MAXIMUM.
8. ALL PIERES SHALL BE 10' MINIMUM AND MAXIMUM 12' MAXIMUM.
9. ANY REMOVAL AREA WITH A HOLE SHALL BE A STRUCTURAL ATTACHMENT SHALL HAVE PIERES AND ANCHORS SPACED NO FURTHER THAN 4' O.C. MAXIMUM. SPACING SHALL BE 4' O.C. MAXIMUM. REFER TO THE JACOBSEN SETUP MANUAL FOR SPACING REQUIREMENTS.
10. REFER TO THE JACOBSEN SETUP MANUAL FOR SPACING REQUIREMENTS.
11. REFER TO THE JACOBSEN SETUP MANUAL FOR SPACING REQUIREMENTS.
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17. REFER TO THE JACOBSEN SETUP MANUAL FOR SPACING REQUIREMENTS.
18. REFER TO THE JACOBSEN SETUP MANUAL FOR SPACING REQUIREMENTS.
19. REFER TO THE JACOBSEN SETUP MANUAL FOR SPACING REQUIREMENTS.
20. REFER TO THE JACOBSEN SETUP MANUAL FOR SPACING REQUIREMENTS.

REFER TO SU-01-0020, SU-01-0021, AND OTHER DETAILS IN THE SET-UP MANUAL FOR MAXIMUM HEIGHT (THIS IS NOT DESIGNED, NOR INTENDED, TO BE A STILT FOUNDATION)

THIS BLOCKING DIAGRAM IS PROVIDED AS A COURTESY ONLY. THE LICENSED SET-UP CONTRACTOR SHALL REVIEW THIS DETAIL AND VERIFY COMPLIANCE. THE LICENSED SET-UP CONTRACTOR IS RESPONSIBLE AND LIABLE FOR ALL INSTALLATION.



**OLIVER TECHNOLOGIES, INC.  
FLORIDA INSTALLATION INSTRUCTIONS FOR THE  
MODEL 1101 "V" SERIES ALL STEEL FOUNDATION SYSTEM**

**MODEL 1101 "V" (Steps 1-14)  
LONGITUDINAL ONLY: Follow Steps 1-9  
LATERAL ONLY: Follow Steps 1-3 and Steps 10-14  
FOR CONCRETE APPLICATIONS: Follow Steps 15-18**

ENGINEERS STAMP

ENGINEERS STAMP

**1. SPECIAL CIRCUMSTANCES:** If the following conditions occur - **STOP! Contact Oliver Technologies at 1-800-284-7437:**

- a) Pier height exceeds 48"      c) Roof eaves exceed 16"      e) Location is within 1500 feet of coast  
b) length of home exceeds 76'      d) Sidewall height exceed 96"

**INSTALLATION OF GROUND PAN**

2. Remove weeds and debris in an approximate two foot square to expose firm soil for each ground pan (C).  
3. Place ground pan (C) directly below chassis I-beam. Press or drive pan firmly into soil until flush or below soil then install pier per manufacturer's instructions or per Florida Regs.  
**SPECIAL NOTE:** The longitudinal "V" brace system may also serve as a pier under the home and should be loaded as any other pier. It is recommended that after leveling piers, and one-third inch (1/3") before home is lowered completely on to piers, complete steps 4 through 9 below then remove jacks.

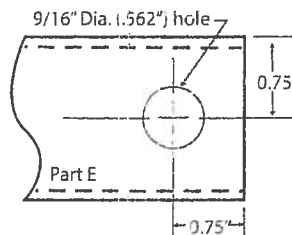
**INSTALLATION OF LONGITUDINAL "V" BRACE SYSTEM (Model 1101 L "V")**

**NOTE:** WHEN INSTALLING THE LONGITUDINAL SYSTEM ONLY, A MINIMUM OF 2 SYSTEMS PER FLOOR SECTION IS REQUIRED. SOIL TEST PROBE SHOULD BE USED TO DETERMINE CORRECT TYPE OF ANCHOR PER SOIL CLASSIFICATION. IF PROBE TEST READINGS ARE BETWEEN 175 & 275 A 5 FOOT ANCHOR MUST BE USED. IF PROBE TEST READINGS ARE BETWEEN 276 & 350 A 4 FOOT ANCHOR MAY BE USED. USE GROUND ANCHORS WITH DIAGONAL TIES AND STABILIZER PLATES EVERY 5'4". VERTICAL TIES ARE ALSO REQUIRED ON HOMES SUPPLIED WITH VERTICAL TIE CONNECTION POINTS (PER FLORIDA REG.).

4. Choose one of the approved longitudinal tube installations; either Diagram A or B. Then select the correct square tube (E) length from the diagram for appropriate pier height at support location or cut and drill 1.5" square tube to achieve appropriate length.

PIER HEIGHT (40° Min. - 45° Max.)	1.25" Tube Length	1.50" Tube Length
7 3/4" to 25"	22"	18"
24 3/4" to 32 1/4"	32"	18"
33" to 41"	44"	18"
40" to 48"	54"	18"

Diagram A



PIER HEIGHT (40° Min. - 60° Max.)	1.50" Tube Length
14" to 18"	20"
18" to 25"	28"
24" to 35"	39"
30" to 40"	44"
36" to 48"	54"

Diagram B

5. Install (2) of the 1.50" square tubes (E) into the "U" bracket (J), insert carriage bolt and leave nut loose for final adjustment.  
6. Place I-beam connector (F) loosely on the bottom flange of the I-beam.  
7. (For Diagram A installation) Slide the selected 1.25" tube (E) into a 1.50" tube (E) and attach to I-beam connectors (F) and fasten loosely with bolt and nut. (For Diagram B installation) Attach the selected 1.5" tubes (E) to the I-beam connectors (F) and fasten loosely with bolts and nuts.  
8. Repeat steps 6 through 7 to create the "V" pattern of the square tubes loosely in place.  
9. Using standard hand tools tighten all nuts and bolts. (For Diagram A installation only, secure 1.25" and 1.50" tubes using four(4) 1/4"-14 x 3/4" self-tapping screws in pre-drilled holes.)

**INSTALLATION OF LATERAL TELESCOPING TRANSVERSE ARM SYSTEM (Model 1101 T "V")**

THE MODEL 1101 "V" (LONGITUDINAL & LATERAL PROTECTION) ELIMINATES THE NEED FOR STABILIZER PLATES & FRAME TIES.

**NOTE:** THE USE OF THIS SYSTEM REQUIRES VERTICAL TIES SPACED AT 5'4".

FOUR FOOT (4') GROUND ANCHOR MAY BE USED EXCEPT WHERE THE HOME MANUFACTURER SPECIFIES DIFFERENT.

10. Install remaining vertical tie-down straps and 4' ground anchors per home manufacturer's instructions. NOTE: Centerline anchors to be sized according to soil torque condition. Any manufacturer's specifications for sidewall anchor loads in excess of 4,000 lbs. require a 5' anchor per Florida Code.  
11. Select the correct square tube brace (H) length for set-up lateral transverse at support location. The lengths come in either 60" or 72" lengths. (With the 1.50" tube as the bottom tube, and the 1.25" tube as the inserted tube.)  
12. Install the 1.50 transverse brace (H) to the ground pan connector (D) with bolt and nut.  
13. Slide 1.25" transverse brace into the 1.50" brace and attach to adjacent I-beam connector (I) with bolt and nut.  
14. Secure 1.50" transverse arm to 1.25" transverse arm using four (4) 1/4" - 14 x 3/4" self-tapping screws in pre-drilled holes.



## INSTALLATION USING CONCRETE RUNNER/ FOOTER

15. A concrete runner, footer or slab may be used in place of the steel ground pan.
  - a) The concrete shall be minimum 2500 psi mix
  - b) A concrete runner may be either longitudinal or transverse, and must be a minimum of 8" deep with a minimum width of 16 inches longitudinally or 18 inches transverse to allow proper distance between the concrete bolt and the edge of the concrete (see below).
  - c) Footers must have minimum surface area of 441 sq. in. (i.e. 21" square), and must be a minimum of 8" deep.
  - d) If a full slab is used, the depth must be a 4" minimum. Special inspection of the system bracket installation is not required. Footers must allow for at least 4" from the concrete bolt to the edge of the concrete.

**NOTE:** The bottom of all footings, pads, slabs and runners must be per local jurisdiction.




### LONGITUDINAL: (Model 1101 LC "V")

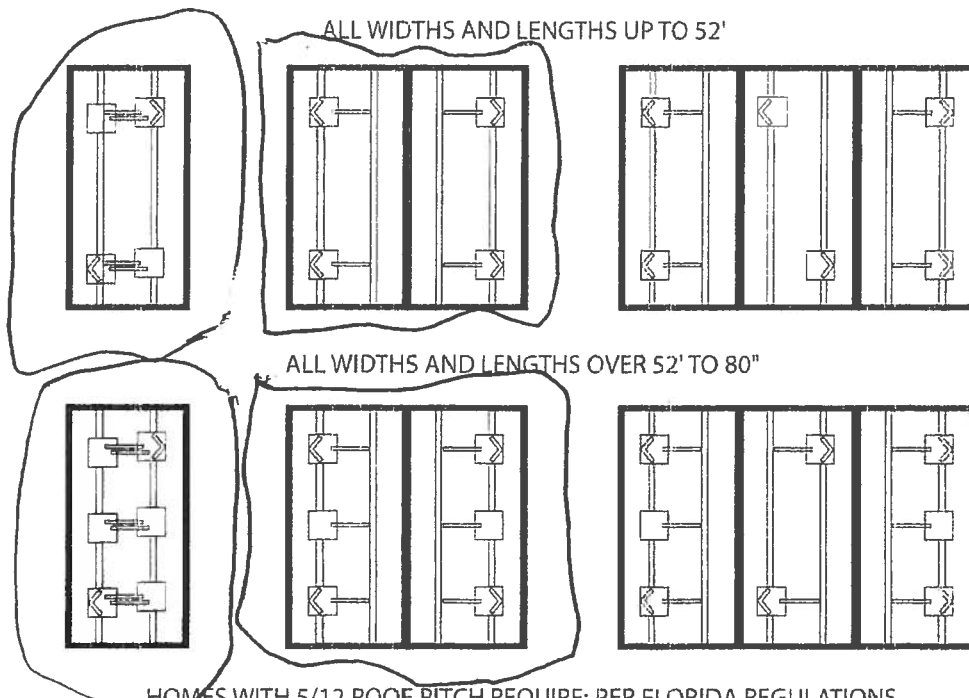
16. When using Part# 1101-W-CPCA (wetset) simply install the bracket in runner/footer **OR** When installing in cured concrete use Part# 101-D-CPCA (dryset). The 1101 (dryset) CA bracket is attached to the concrete using (2) 5/8"x3" concrete wedge bolts (Simpson part # S162300H 5/8" X 3" or Powers equivalent). Place the CA bracket in desired location. Mark bolt hole locations, then using a 5/8" diameter masonry bit, drill a hole to a minimum depth of 3". Make sure all dust and concrete is blown out of the holes. Place wedge bolts into drilled holes, then place 1101 (dry set) CA bracket onto wedge bolts and start wedge bolt nuts. Take a hammer and lightly drive the wedge bolts down by hitting the nut (making sure not to hit the top of threads on bolt). The sleeve of concrete wedge bolt needs to be at or below the top of concrete. Complete by tightening nuts.

### LATERAL: (Model 1101 TC "V")

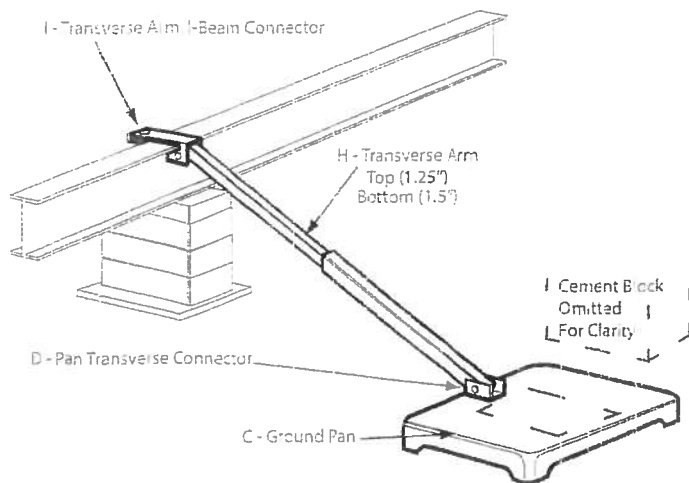
17. For wet set (part # 1101-W-TACA) installation simply install the anchor bolt into runner/footer. For dry set installation (part # 1101-D-TACA) mark bolt hole locations, then using a 5/8" diam. masonry bit, drill a hole to a minimum depth of 3". Make sure all dust and concrete is blown out of the hole. Place wedge bolts (Simpson part #S162300H 5/8" X 3" or Powers equivalent) into (D) concrete dry transverse connector and into drilled hole. If needed, take a hammer and lightly drive the wedge bolts down by hitting the nut (making sure not to hit the top of threads on bolt), then remove the nut. The sleeve of concrete wedge bolt needs to be at or below the top of concrete.
18. When using part# 1101 CVW (wetset) or 1101 CVD (dryset), install per steps 17 & 18.

#### Notes:

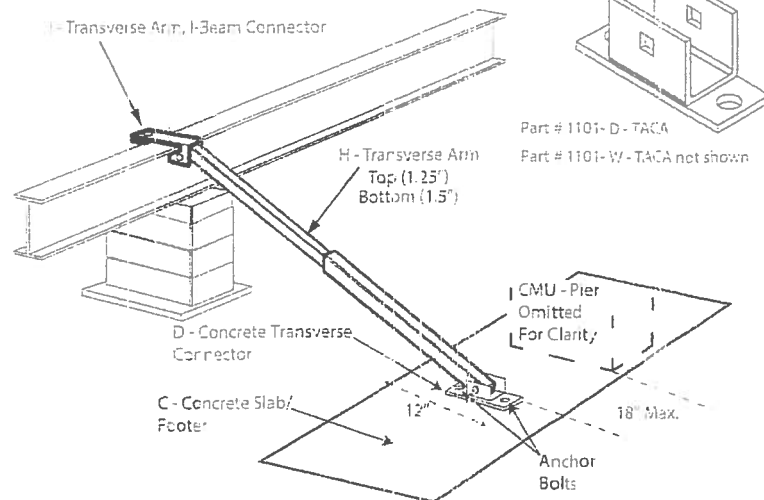
1. LENGTH OF HOUSE IS THE ACTUAL BOX SIZE
2.  = LOCATION OF TRANSVERSE BRACING ONLY
3.  = LOCATION OF LONGITUDINAL BRACING ONLY
4.  = TRANSVERSE AND LONGITUDINAL LOCATIONS



HOMES WITH 5/12 ROOF PITCH REQUIRE: PER FLORIDA REGULATIONS  
6 systems for home lengths up to 52' and 8 systems for homes over 52' and up to 80'.



**Model # 1101 T "V"**



**Model # 1101 TC "V"**

Florida approved 4' ground anchors may be used in all locations except where home manufacturers specifications for sidewall straps are in excess of 4,000 lbs. These locations require a 5' anchor. Per Florida code.

C = GROUND PAN / CONCRETE FOOTER OR RUNNER

D = GROUND PAN / CONCRETE U BRACKETS TRANSVERSE CONNECTOR (connects with grade 5 - 1/2" x 2" 1/2" carriage bolt and nut)

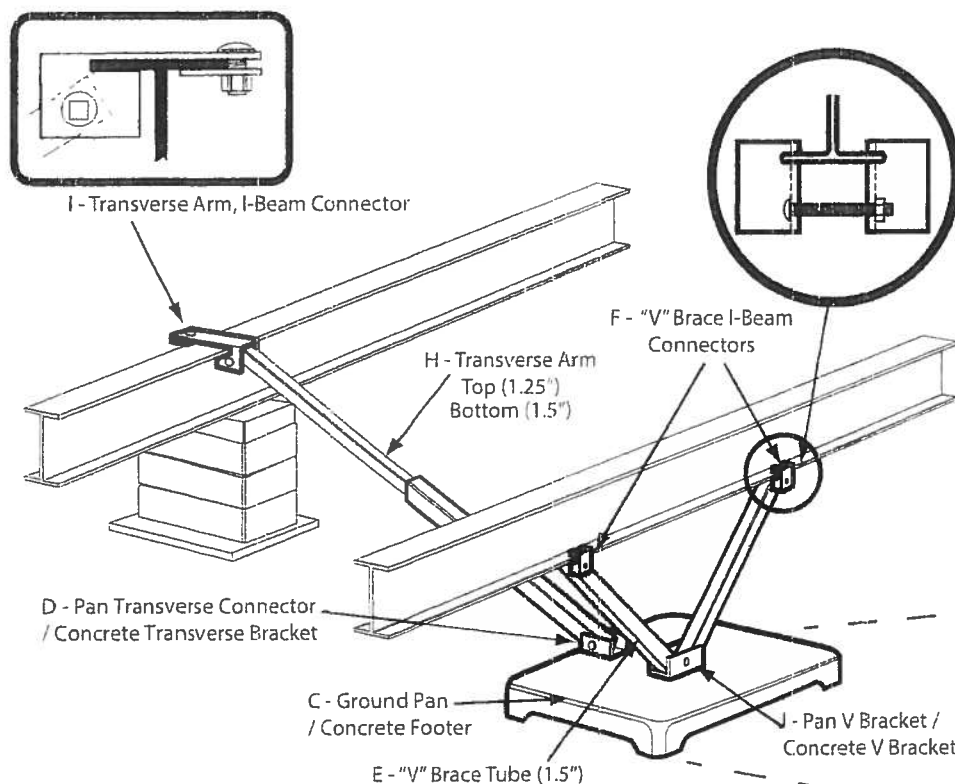
E = TELESCOPING V BRACE TUBE ASSEMBLY (1.5" TUBE BOTTOM AND 1.25" TUBE INSERT) OR 1.5" TUBE

F = "V" BRACE I-BEAM CONNECTOR ASSEMBLY

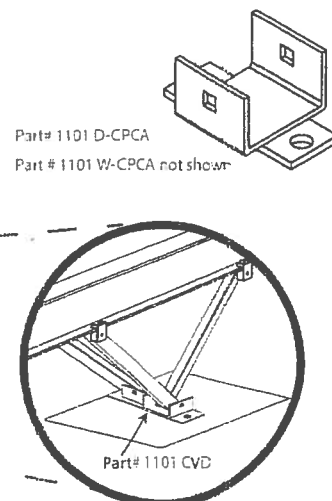
H = TELESCOPING TRANSVERSE ARM ASSEMBLY

I = TRANSVERSE ARM I-BEAM CONNECTOR (connects with grade 5 - 1/2" x 2" 1/2" carriage bolt and nut)

J = V PAN BRACKET (connects with grade 5 - 1/2" x 2" 1/2" carriage bolt and nut)



**Model # 1101 "V"**



**Model # 1101 C "V"**

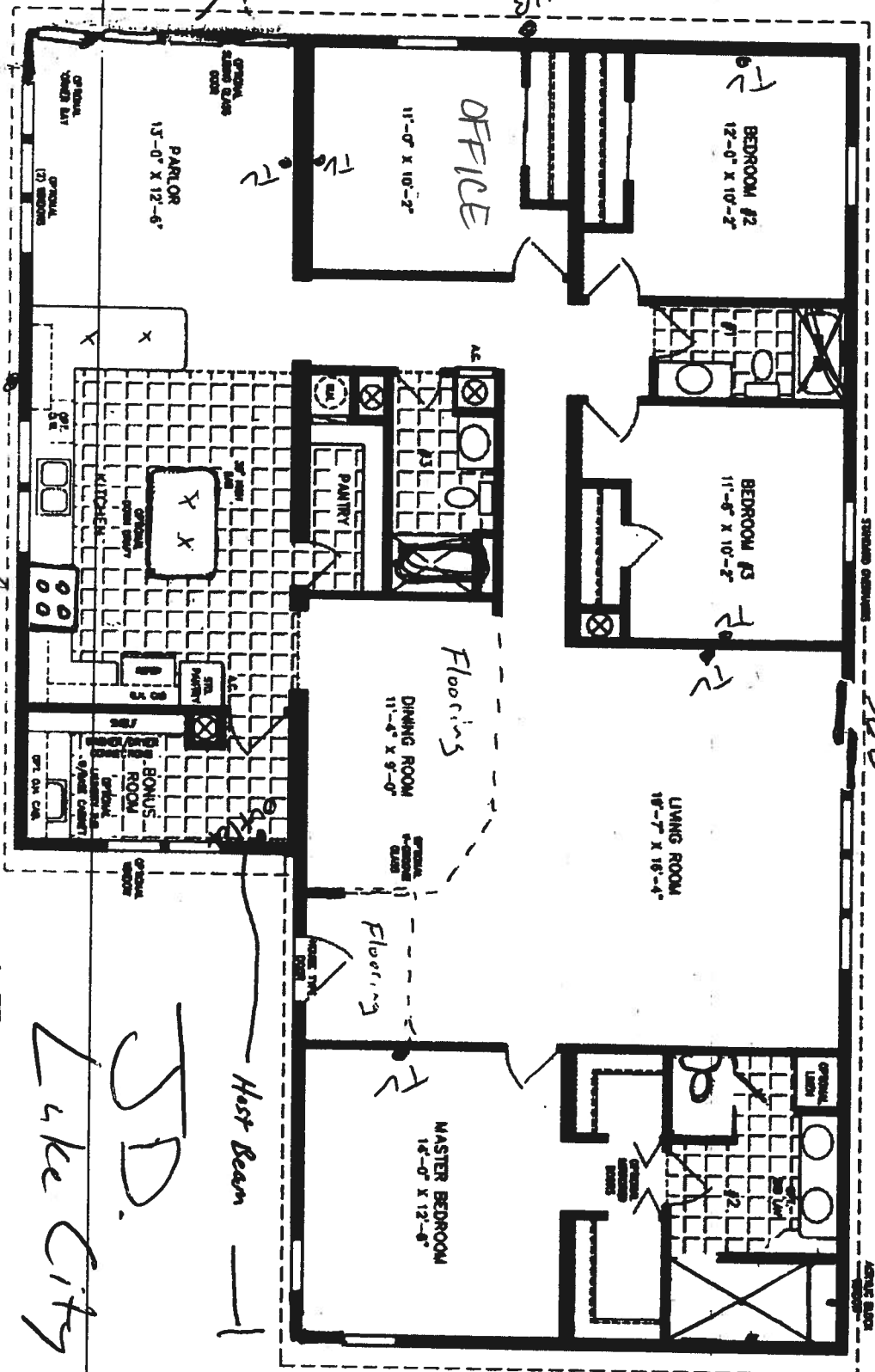


David as shown

Hot Beam

#1

# The TNR



42' X 84' X 40'  
2,240 SQUARE FEET

Model TNR-7642

2018

(ALL SIZES ARE APPROX.)  
DESIGNED FOR ZONES I & III

650 Parkway Court • Safety Harbor, Florida 34695 • Telephone (727) 726-1138



Windows

HB

HB

Flooring

Flooring

Hot Beam

SD.

Lake City

**Columbia County Property Appraiser**

Jeff Hampton

**2018 Tax Roll Year**

updated: 10/25/2018

Parcel: << **02-3S-16-01943-001** >>

Aerial Viewer Pictometry Google Maps

**Owner & Property Info**

Owner	KERLEY CHARLES R & SHARON L & TONYA L LEIS & MICHAEL LEIS (JTWRS) 2214 HUNTERWOOD CT JACKSONVILLE, FL 32205		
Site	386 RADFORD CT, LAKE CITY		
Description*	COMM NW COR, RUN S 395.10 FT FOR POB, E 470 FT, S 927 FT, W 470 FT, N 927 FT TO POB. 784-1152, WD 969-1719, QC 1046 -2518, WD 1193-1909, WD 1298- 1565, QC 1329-2503,		
Area	10 AC	S/T/R	02-3S-16
Use Code**	VACANT (000000)	Tax District	3

\*The Description above is not to be used as the Legal Description for this parcel in any legal transaction.

\*\*The Use Code is a FL Dept. of Revenue (DOR) code and is not maintained by the Property Appraiser's office. Please contact your city or county Planning & Zoning office for specific zoning information.

**Property & Assessment Values**

2018 Certified Values		2019 Working Values	
Mkt Land (2)	\$31,744	Mkt Land (2)	\$31,744
Ag Land (0)	\$0	Ag Land (0)	\$0
Building (0)	\$0	Building (0)	\$0
XFOB (0)	\$0	XFOB (0)	\$0
Just	\$31,744	Just	\$31,744
Class	\$0	Class	\$0
Appraised	\$31,744	Appraised	\$31,744
SOH Cap [?]	\$0	SOH Cap [?]	\$0
Assessed	\$31,744	Assessed	\$31,744
Exempt	\$0	Exempt	\$0
Total Taxable	county:\$31,744 city:\$31,744 other:\$31,744 school:\$31,744	Total Taxable	county:\$31,744 city:\$31,744 other:\$31,744 school:\$31,744

**▼ Sales History**

Sale Date	Sale Price	Book/Page	Deed	V/I	Quality (Codes)	RCode
1/18/2017	\$100	1329/2503	QC	V	U	11
7/29/2015	\$100	1298/1565	WD	I	U	11
4/30/2010	\$55,000	1193/1909	WD	I	Q	01
5/24/2005	\$26,000	1046/2518	QC	I	U	01
12/10/2002	\$25,000	969/1719	WD	I	U	08
12/14/1993	\$15,000	784/1152	WD	V	Q	

**▼ Building Characteristics**

Bldg Sketch	Bldg Item	Bldg Desc*	Year Blt	Base SF	Actual SF	Bldg Value
NONE						

**MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM**

APPLICATION NUMBER 1811-16 CONTRACTOR Ronnie Norris PHONE 623-7716

**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.***

<b>ELECTRICAL</b>	Print Name _____ Signature _____ License #: _____ Phone #: _____ Qualifier Form Attached <input type="checkbox"/>
<b>MECHANICAL/</b> <b>A/C</b> <u>/</u>	Print Name <u>Michael A. Boland</u> Signature <u>[Signature]</u> License #: <u>CAC1817716</u> Phone #: <u>(352) 274-9326</u> Qualifier Form Attached <input type="checkbox"/>

***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.


**MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM**

APPLICATION NUMBER 1811-16 CONTRACTOR Ronnie Norris PHONE 623-7716

**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.***

<b>ELECTRICAL</b> 	Print Name <u>Glen Whittington</u> License #: <u>EC 13002957</u> Qualifier Form Attached <input type="checkbox"/>	Signature <u>Glen Whittington</u> Phone #: <u>386-972-1701</u>
<b>MECHANICAL/ A/C</b>	Print Name _____ License #: _____ Qualifier Form Attached <input type="checkbox"/>	Signature _____ Phone #: _____

***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





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, Ronnie Norris, give this authority for the job address show below  
Installer License Holder Name  
only, 384 Radford Ct Lake City, FL, 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)
Sonya Crews	Sonya Crews	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
Linda Craft	Linda Craft	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> 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.

Ronnie Norris

License Holders Signature (Notarized)

102514571  
License Number

10 30 018  
Date

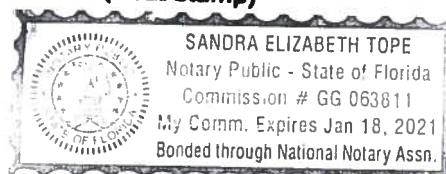
## NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Ronnie Norris,  
personally appeared before me and is known by me or has produced identification  
(type of I.D.) on this 30 day of October, 2018.

Sandra Elizabeth Tope  
NOTARY'S SIGNATURE

(Seal/Stamp)





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: **11/6/2018 10:26:11 AM**  
Address: **386 NW RADFORD Ct**  
City: **LAKE CITY**  
State: **FL**  
Zip Code **32055**

Parcel ID **01943-001**

REMARKS: Address Verification.

**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.**

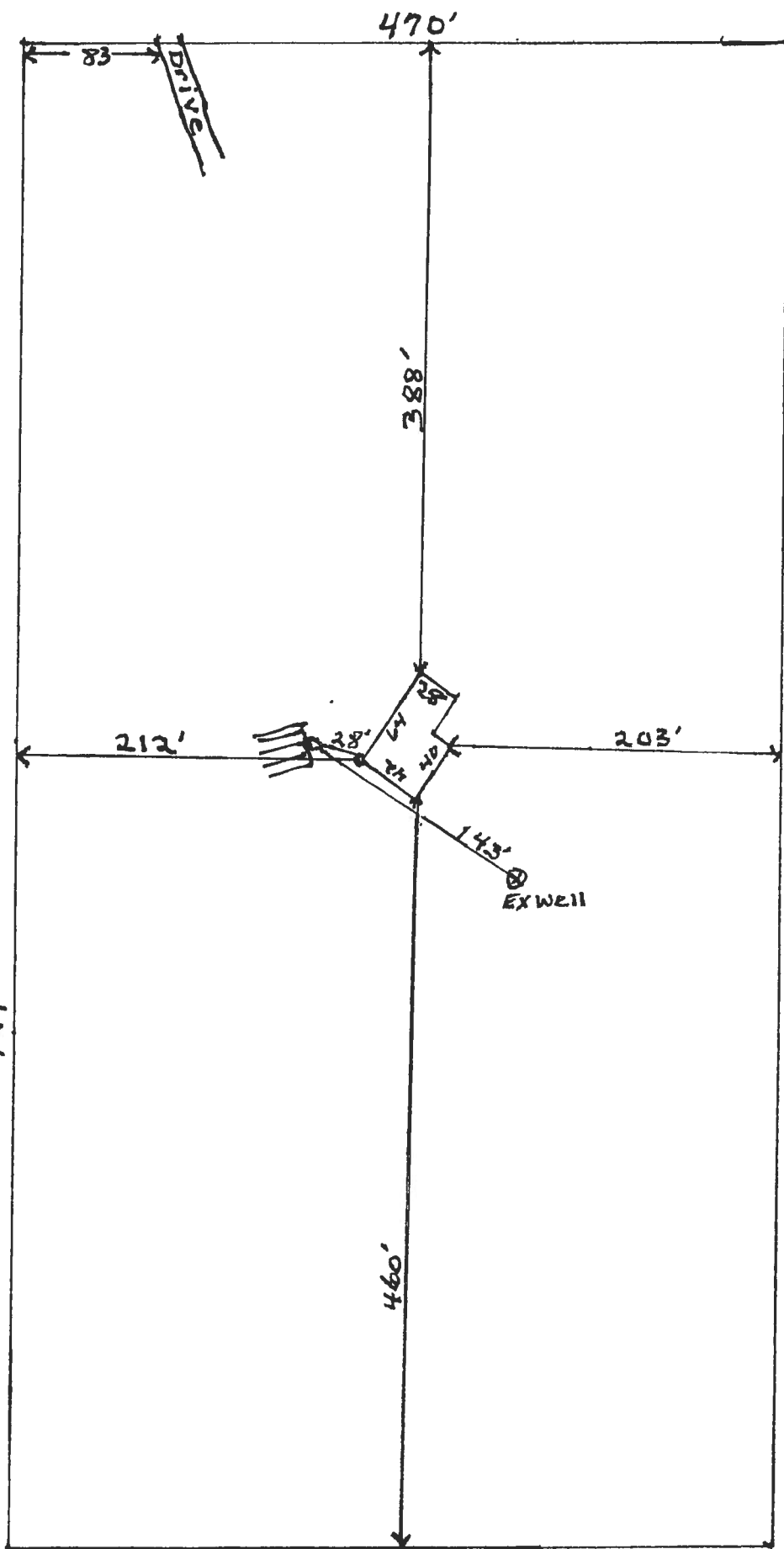
Address Issued By: **Signed:/ Matt Crews**

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](mailto:gis@columbiacountyfla.com)

927'



1" = 100'

N

470'

386 RADFORD CT

## Legend

### Special Temporary Use



### 2016 Aerials



### Addresses

### Parcels

### Roads

#### Roads

#### others

#### Dirt

#### Interstate

#### Main

#### Other

#### Paved

#### Private

### Special Family Lot Permit



### 2018 Flood Zones

#### 0.2 PCT ANNUAL CHANCE



#### A



#### AE

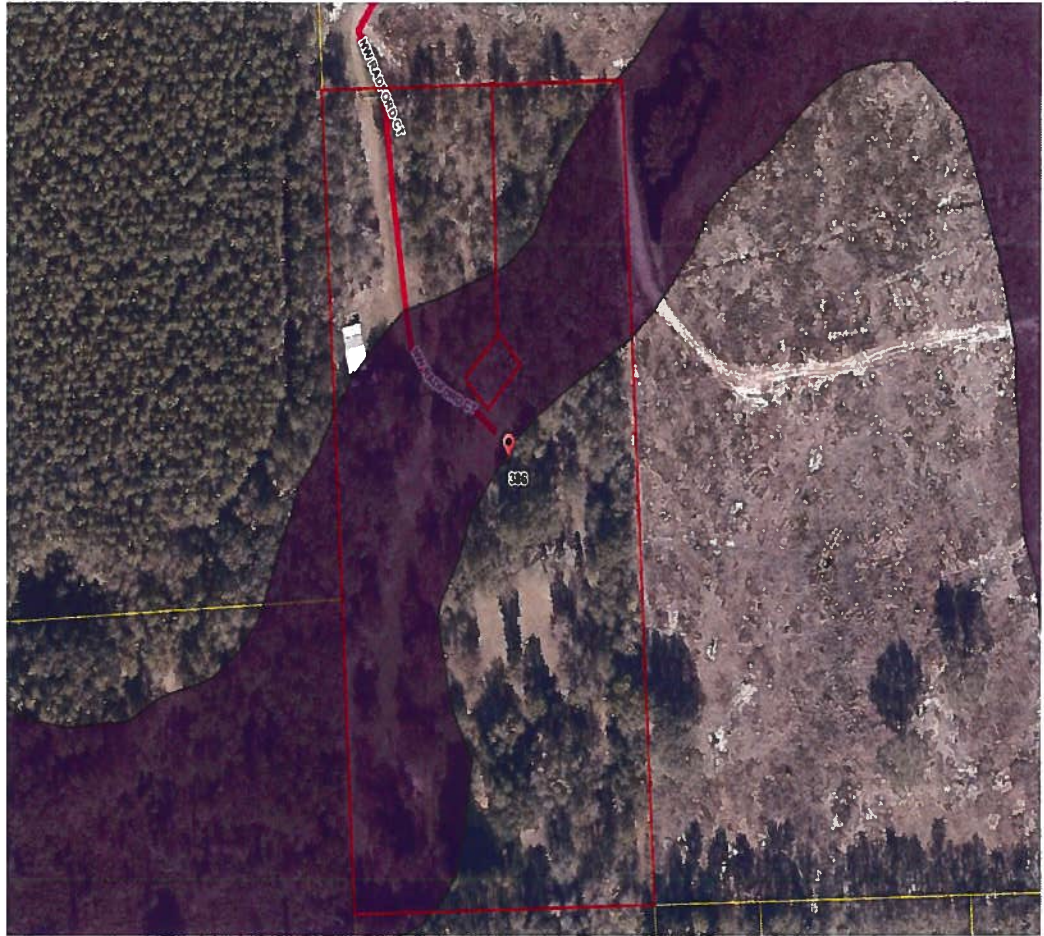


#### AH



# Columbia County, FLA - Building & Zoning Property Map

Printed: Fri Nov 09 2018 08:23:34 GMT-0500 (Eastern Standard Time)



## Parcel Information

Parcel No: 02-3S-16-01943-001

Owner: KERLEY CHARLES R & SHARON L &

Subdivision:

Lot:

Acres: 10.0021038

Deed Acres: 10 Ac

District: District 1 Ronald Williams

Future Land Uses: Agriculture - 3, Mixed Use Development

Flood Zones: A,

Official Zoning Atlas: A-3

All data, information, and maps are provided "as is" without warranty or any representation of accuracy, timeliness of completeness. Columbia County, FL makes no warranties, express or implied, as to the use of the information obtained here. There are no implied warranties of merchantability or fitness for a particular purpose. The requester acknowledges and accepts all limitations, including the fact that the data, information, and maps are dynamic and in a constant state of maintenance, and update.

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 18-0892

----- PART II - SITEPLAN -----

Scale: Each block represents 10 feet and 1 inch = 40 feet.

See Attached

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

Site Plan submitted by: Soupe News Linkcraft  
Plan Approved ☒ Not Approved ☐ Date 11/9/18  
By [Signature] EST 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. 18-0892  
DATE PAID: 1/18  
FEE PAID: 200.00  
RECEIPT #: 1392488

APPLICATION FOR:

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

APPLICANT: Michael Leis

AGENT: Sonya Crews / Linda Craft TELEPHONE: 904-307-4966

MAILING ADDRESS: 386 Radford Ct Lake City FL

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: \_\_\_\_\_ BLOCK: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_ PLATTED: \_\_\_\_\_

PROPERTY ID #: 02-38-16-01943-001 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: [ Y ] (N)

PROPERTY SIZE: 10 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤2000GPD ☐ >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [ Y ] (N) DISTANCE TO SEWER: \_\_\_\_\_ FT

PROPERTY ADDRESS: 386 Radford Ct Lake City FL

DIRECTIONS TO PROPERTY: OFF I-10 North 41 to Winfield Rd  
① 1/4 mile turn ① on Radford Ct drive to  
end view ①

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>3</u>	<u>2240</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) \_\_\_\_\_

SIGNATURE: Sonya Crews Linda Craft DATE: 11/2/18



18-0892

1" = 100'

