

Serial #

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 7-1-15) Zoning Official MA Building Official MA
AP# 44601 Date Received 2/25/20 By mg Permit # 39589
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 # 19-0359 ☐ 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 for 2nd home ☒ Out County ☒ In County ☒ Sub VF Form

Property ID # 17-35-17-04967-017 Subdivision Five Points Subdivision Lot# 17

- New Mobile Home _____ Used Mobile Home X MH Size 14x68 Year _____
- Applicant William R. Price Phone # 407-448-0953
- Address 3360 150th Place Lake City FL 32024
- Name of Property Owner William R. Price Phone# 407-448-0953
- 911 Address 419 Diana Ter NE Lake City FL
- Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Duke Energy
- Name of Owner of Mobile Home William R. Price Phone # 407-448-0953
Address 3360 150th PL Lake City FL 32024
- Relationship to Property Owner self
- Current Number of Dwellings on Property 1 + proposed
- Lot Size 1.02 Total Acreage 1.02
- 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 YES
- Driving Directions to the Property 441 to NE Tammy Lane
Take Right on NE Diana Ter.
- Name of Licensed Dealer/Installer William R. Price Phone # 407-448-0953
- Installers Address 3360 150th Place Lake City FL 32024
- License Number 1H-1041936 Installation Decal # 68295

Jessie called 3.25.20 - re: P&F.M.H. Failed

Mobile Home Permit Worksheet

Installer: William R. Rude License # 1H-10-193V

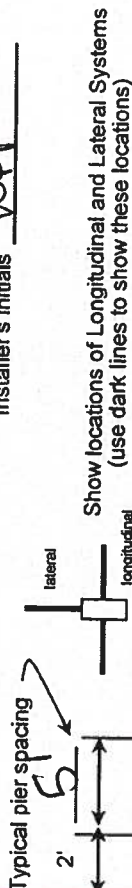
Address of home being installed: 419 Diana Ter NE

Lake City FL

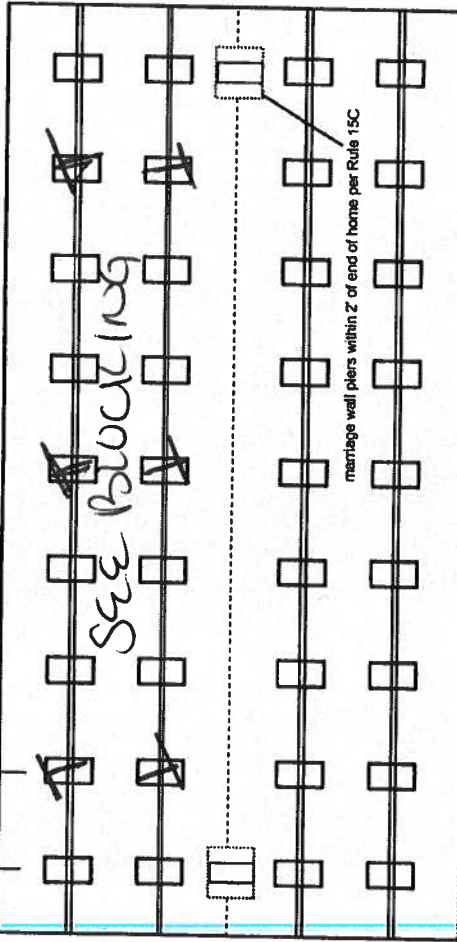
Manufacturer: 14x68

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: WR



Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)



1071102V
OLIVER SYSTEM

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 # 68295

Triple/Quad ☐ Serial # G8IS906361256814

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	Footer size (sq in)	15' 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 large Pier pad size 23x31

ANCHORS

4 ft X 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 Univ System

OTHER TIES

Sidewall Number 130
Longitudinal Marriage wall 1/2"
Shearwall _____

Mobile Home Permit Worksheet

POCKET PENETROMETER TEST

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

x 100 x 100 x 100

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 100 x 100 x 100

TORQUE PROBE TEST

The results of the torque probe test is 280 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

William R. Price

Date Tested

4/24/19

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. 1

Plumbing

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

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

Application Number: _____

Date: _____

Site Preparation

Debris and organic material removed 90% yes
Water drainage: Natural _____ Swale _____ Pad XX 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 18" 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.

Type gasket _____
Pg. _____

Installer's initials

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

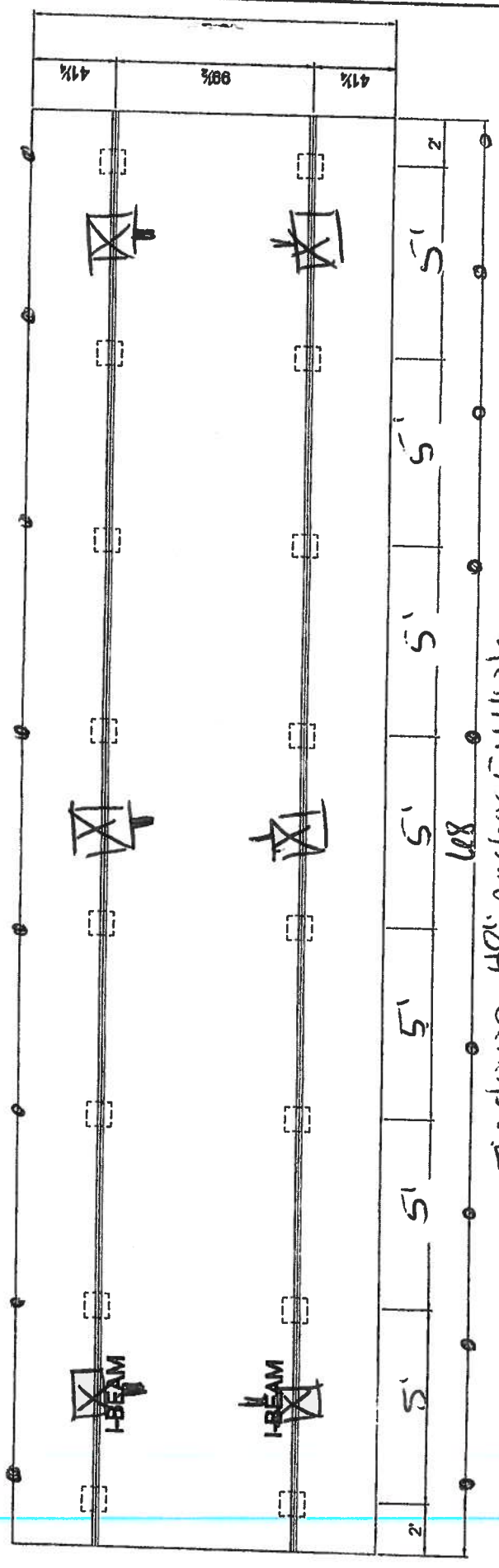
[Signature]

Date 4/24/19

Lake City FL
 Parcel # 17-35-17-04967-017
 William Price

68

SW



• Tie down - 48" Anchor 5'4" o/c

□ BLOCKING

• 17x25 ABS w/ 8x8x16

5' o/c

1) ALL EXTERIOR DOORS, BAY WINDOWS, RECESSED SIDEWALLS AND EXTERIOR WALL OPENINGS 48" OR GREATER. WILL REQUIRE BLOCKING ON EACH SIDE.

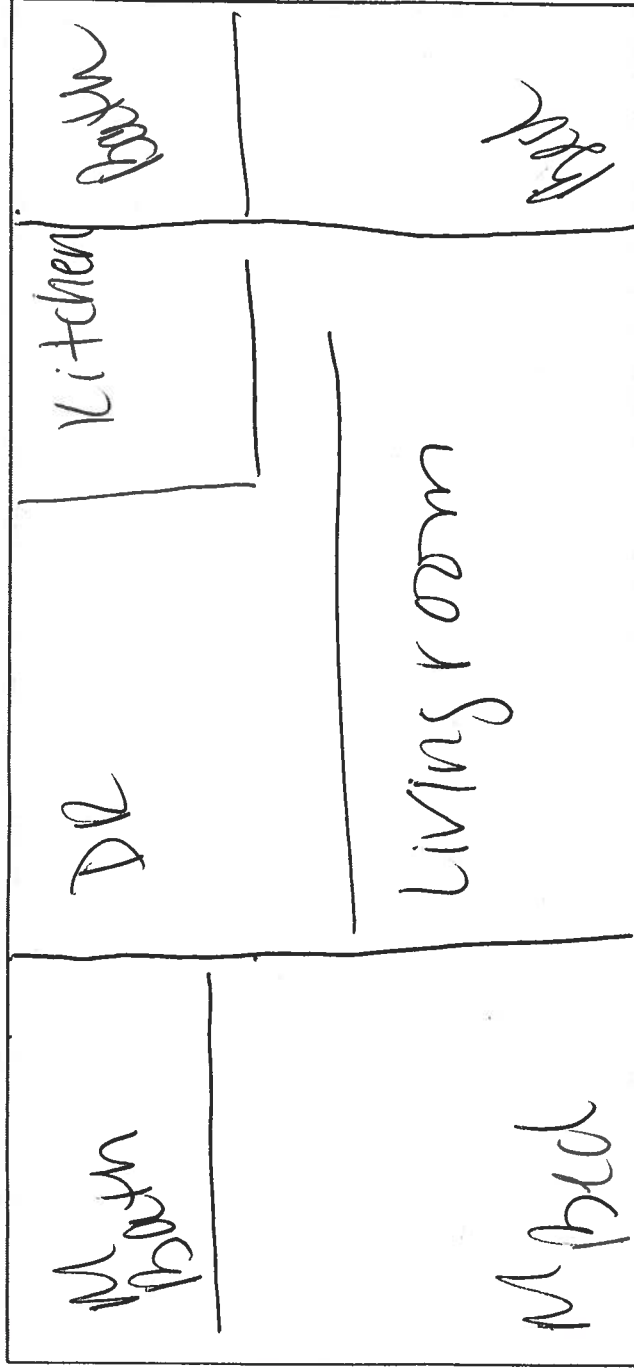
* All perimeter doors - 16x16
 [X] Oliver System

Proposed 14x68 SW
mobile home

419 Diana Ter NE
Lake City FL

FLOORPLAN

LENGTH 68



WIDTH 14

BEDROOMS 2 & SQ FOOTAGE OF LIVING AREA _____ or Bldg SQ FOOTAGE 952

PLEASE NOTE THAT A FLOORPLAN OF YOUR HOME OR STRUCTURE IS REQUIRED. WE DO NOT REQUIRE ACTUAL BLUEPRINTS. IF YOUR DEALER HAS PROVIDED A FLOORPLAN, WE PREFER IT, IF NOT, PLEASE SKETCH ONE SHOWING OUTSIDE DIMENSIONS AND INSIDE ROOM LAYOUT.

SHEDS, STORAGE, OR OTHER BLDGS MAY BE NOTED AS OPEN FLOORPLAN with no bedrooms or bathrooms

DATE: 4/26/19 SUBMITTED BY: [Signature]

Price

14x18

Columbia
Sec.

License Number: IH / 1041936 / 1 Name: WILLIAM R PRICE

Order #: 4262	Label #: 68295	Manufacturer:	(Check Size of Home)
Homeowner:		Year Model:	Single _____
Address:		Length & Width:	Double _____
			Triple _____
City/State/Zip:		Type Longitudinal System:	HUD Label #:
Phone #:		Type Lateral Arm System:	Soil Bearing / PSF:
Date Installed:		New Home: _____ Used Home: _____	Torque Probe / in-lbs:
Installed Wind Zone:		Data Plate Wind Zone:	Permit #:
Note:			

STATE OF FLORIDA
INSTALLATION CERTIFICATION LABEL

68295

LABEL #

DATE OF INSTALLATION

WILLIAM R PRICE

NAME

IH / 1041936 / 1

4262

LICENSE #

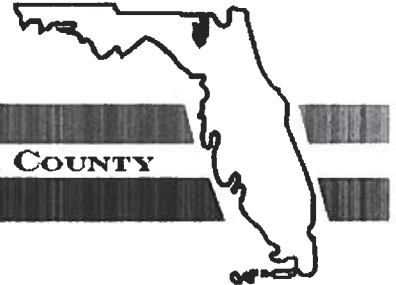
ORDER #

CERTIFIES THAT THE INSTALLATION OF THIS MOBILE HOME IS
IN ACCORDANCE WITH FLORIDA STATUTES 320.8249, 320.8325
AND RULES OF THE HIGHWAY SAFETY AND MOTOR VEHICLES.

INSTRUCTIONS

PLEASE WRITE DATE OF
INSTALLATION AND AFFIX
LABEL NEXT TO HUD LABEL.
USE PERMANENT INK PEN
OR MARKER ONLY.
COMPLETE INFORMATION
ABOVE AND KEEP ON FILE
FOR A MINIMUM OF 2 YEARS.
YOU ARE REQUIRED TO
PROVIDE COPIES WHEN

District No. 1 - Ronald Williams
District No. 2 - Rocky Ford
District No. 3 - Bucky Nash
District No. 4 - Toby Witt
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: 11/13/2019 4:25:42 PM

Address: 419 NE DIANA Ter

City: LAKE CITY

State: FL

Zip Code 32055

Parcel ID 04967-017

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



Columbia County Property Appraiser Jeff Hampton | Lake City, Florida | 386-758-1083

PARCEL: 17-3S-17-04967-017 | MOBILE HOM (000202) | 1.02 AC

LOT 17 FIVE POINTS ACRES S/D. ORB 417-445, 448-91, 494-016, 497-160, 676-602-608, 85-738-CA, QC 1121-551, QC 1382-2657,

PRICE WILLIAM R
 Owner: 3360 150TH PL
 LAKE CITY, FL 32024
 Site: 417 DIANA TER, LAKE
 CITY

Sales 4/22/2019 \$100 I(U)
 Info 6/7/2007 \$100 I(U)

2020 Working Values

Mkt Lnd	\$11,916	Appraised	\$19,260
Ag Lnd	\$0	Assessed	\$19,260
Bldg	\$7,344	Exempt	\$0
XFOB	\$0		
Just	\$19,260	Total	county:\$19,260
		Taxable	city:\$19,260
			other:\$19,260
			school:\$19,260

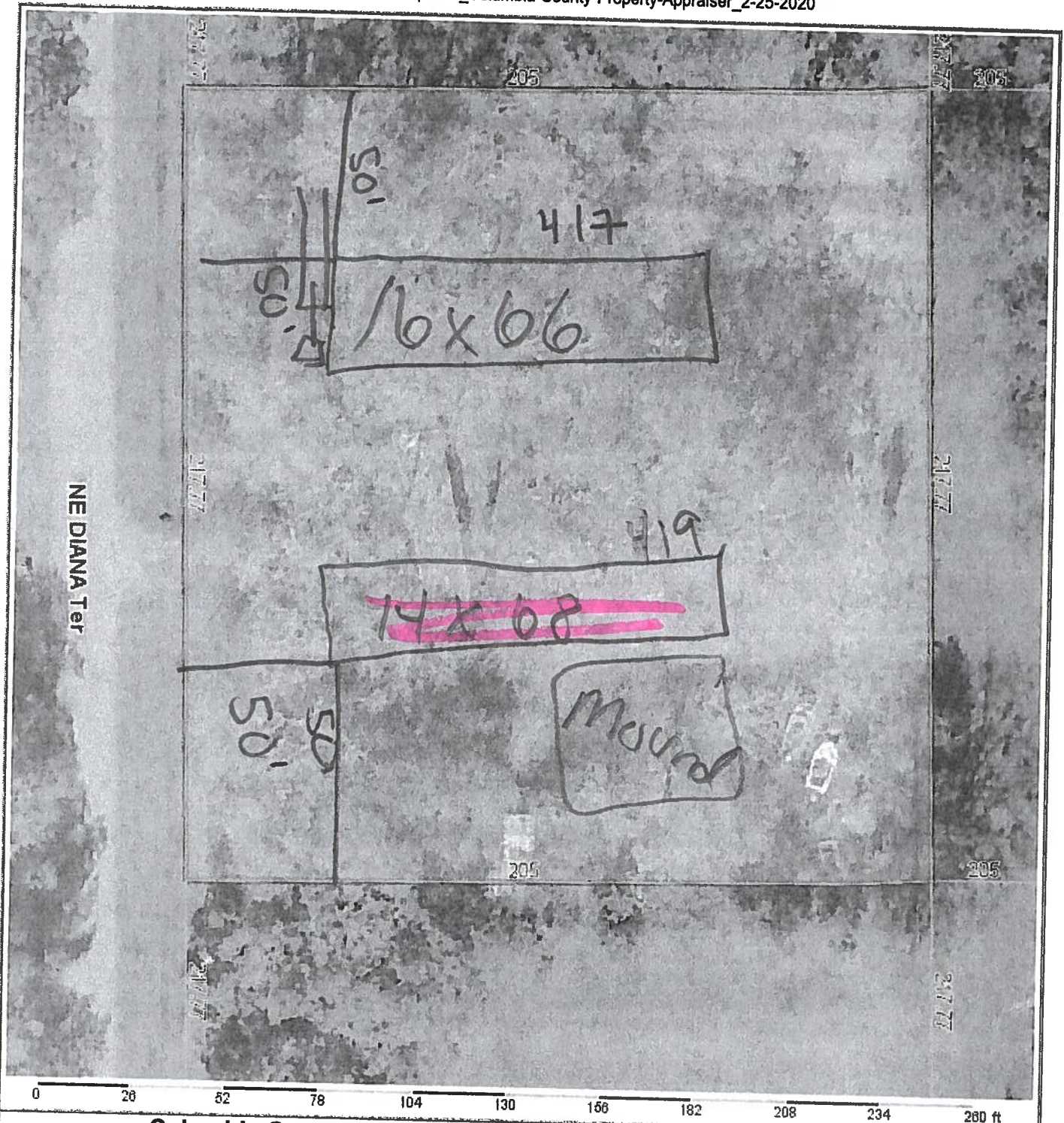
NOTES:



Columbia County, FL

This information, was derived from data which was compiled by the Columbia County Property Appraiser Office solely for the governmental purpose of property assessment. This information should not be relied upon by anyone as a determination of the ownership of property or market value. No warranties, expressed or implied, are provided for the accuracy of the data herein, it's use, or it's interpretation. Although it is periodically updated, this information may not reflect the data currently on file in the Property Appraiser's office.

GrizzlyLogic.com



Columbia County Property Appraiser Jeff Hampton | Lake City, Florida | 386-758-1083

PARCEL: 17-3S-17-04967-017 | MOBILE HOM (000202) | 1.02 AC
 LOT 17 FIVE POINTS ACRES S/D. ORB 417-445, 448-91, 494-016, 497-160, 676-602-608, 85-738-CA, QC 1121-551, QC 1382-2657,

PRICE WILLIAM R		2020 Working Values	
Owner:	3360 150TH PL	Mkt Lnd	\$11,916
	LAKE CITY, FL 32024	Ag Lnd	\$0
Site:	417 DIANA TER, LAKE CITY	Bldg	\$7,344
		XFOB	\$0
Sales Info	4/22/2019	Just	\$19,260
	8/7/2007		
	\$100 1(U)		
	\$100 1(U)		
		Total Taxable	\$19,260
		county:	\$19,260
		city:	\$19,260
		other:	\$19,260
		school:	\$19,260

NOTES:



Columbia County, FL

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GrizzlyLogic.com

When recorded, mail to:

Name: William Roy Price
Address: 3360 150th Place
City/State/Zip Code: Lake City FL
32024

Inst: 201912009271 Date: 04/22/2019 Time: 11:45AM
Page 1 of 2 B: 1382 P: 2657. P. DeWitt Cason, Clerk of Court
Columbia County. By: BD
Deputy Clerk Doc Stamp-Deed: 0.70

SPACE ABOVE THIS LINE FOR RECORDER'S USE

QUITCLAIM DEED

KNOW ALL MEN BY THESE PRESENTS:

That I(we), Carol Wadford
14379 US Hwy 90 Sanderson Florida 32087

the undersigned releasor(s), for the consideration of Ten Dollars (\$10.00), and other valuable considerations, by these presents, do hereby release, remise and forever quitclaim unto William R. Price
3360 150th Place Lake City FL 32024

all rights, title and interest in that certain real property situated in the County of Columbia, State of Florida, and legally described as follows:

Lot 17 of Five Point Acres a
recorded Subdivision of Columbia County
Florida

ORB1121 Page 551

IN WITNESS WHEREOF, I(we) have hereunto set my(our) hand(s) and seal(s) this 22 day of April, 2019.

Carol Wadford
Printed Name of Releasor

Carol Wadford
Signature of Releasor

Printed Name of Co-Releasor

Signature of Co-Releasor

Jay Cannon
Signature of Witness No. 1
Jennifer Cannon
Printed Name of Witness No. 1

Wanda Stickland
Signature of Witness No. 2
Wanda Stickland
Printed Name of Witness No. 2

1468 SW MAIN BLVD STE 105
Address

1468 SW MAIN BLVD STE 105
Address

LAKE CITY FL 32025
City/State/Zip Code

LAKE CITY FL 32025
City/State/Zip Code

Acknowledgment

State of FLORIDA)
County of COLUMBIA) ss.

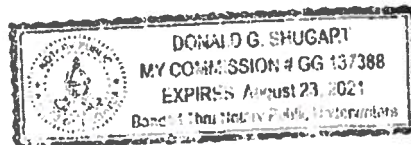
The foregoing instrument was acknowledged before me, the undersigned Notary Public, this 22 day of APRIL, 2019, by CAROL WADFORD, known to me to be the individual(s) who executed the foregoing instrument and acknowledged the same to be his(her)(their) free act and deed.

My Commission Expires:

8-23-2021 (DGS)
4-22-2019 (DGS)

Donald G. Shugart
Notary Public

If acknowledged in the State of Florida, complete the section below:
(check one) ☐ Personally Known. ☒ Produced Identification.
Type of Identification produced: FLORIDA DRIVERS LICENSES





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 AGENT AUTHORIZATION

I, William R. Price, give this authority and I do certify that the below
Installers Name

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	Agents Company Name
Oda Price		Price Rite Enterprise
Jessie Shepard		Price Rite Enterprise

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.

License Holders Signature (Notarized)

1H-1041936
License Number

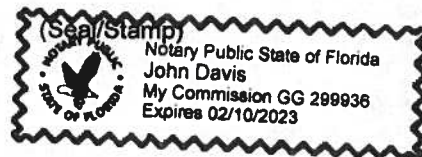
4/26/19
Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is William R. Price,
personally appeared before me and is known by me or has produced identification
(type of I.D.) _____ on this 26th day of April, 2019.

NOTARY'S SIGNATURE



SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____ JOB NAME _____

THIS FORM MUST BE SUBMITTED BEFORE A PERMIT WILL BE ISSUED

Columbia County issues combination permits. 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 general contractors permit.

NOTE: It shall be the responsibility of the general contractor to make sure that all of the subcontractors are licensed with the Columbia County Building Department.

Use website to confirm licenses: <http://www.columbiacountyfla.com/PermitSearch/ContractorSearch.aspx>

NOTE: If this should change prior to completion of the project, it is your responsibility to have a corrected form submitted to our office, before that work has begun.

Violations will result in stop work orders and/or fines.

ELECTRICAL ☐	Print Name <u>William R Price</u> Signature <u>[Signature]</u> Company Name: <u>Owner</u> CC# _____ License #: _____ Phone #: _____	<u>Need</u> ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
MECHANICAL/ A/C ☐	Print Name <u>William R. Price</u> Signature <u>[Signature]</u> Company Name: <u>Owner</u> CC# _____ License #: _____ Phone #: _____	<u>Need</u> ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
PLUMBING/ GAS ☐	Print Name <u>Will Price</u> Signature <u>[Signature]</u> Company Name: <u>Owner</u> CC# _____ License #: _____ Phone #: _____	<u>Need</u> ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
ROOFING ☐	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	<u>Need</u> ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SHEET METAL ☐	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	<u>Need</u> ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
FIRE SYSTEM/ SPRINKLER ☐	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	<u>Need</u> ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SOLAR ☐	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	<u>Need</u> ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
STATE SPECIALTY ☐	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	<u>Need</u> ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE



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

PERMIT NO. 19-0359
DATE PAID: 4/30/19
FEE PAID: 250.00
RECEIPT #: 1431008

APPLICATION FOR:

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

APPLICANT: William K. Price

AGENT: W. Price or Jesse Shepard

TELEPHONE: 384-943-4298

MAILING ADDRESS: 3340 150th Place Lake City FL 32024

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: 17 BLOCK: _____ SUBDIVISION: Five Points Subdivision PLATTED: _____

PROPERTY ID #: 17-35-17-04947-017 ZONING: RSE-MH-21/M OR EQUIVALENT: ☐ Y ☐ N

PROPERTY SIZE: 1.02 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ Y ☐ N

DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: 419 Diana Ter Lake City FL NE

DIRECTIONS TO PROPERTY: NW Main Blvd to NE Turnpike (R) Follow to NE Diana Ter make (R) Property 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	Existing SW MH	2	732	
2	Proposed SW MH	2	952	
3				
4				

☒ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: [Signature]

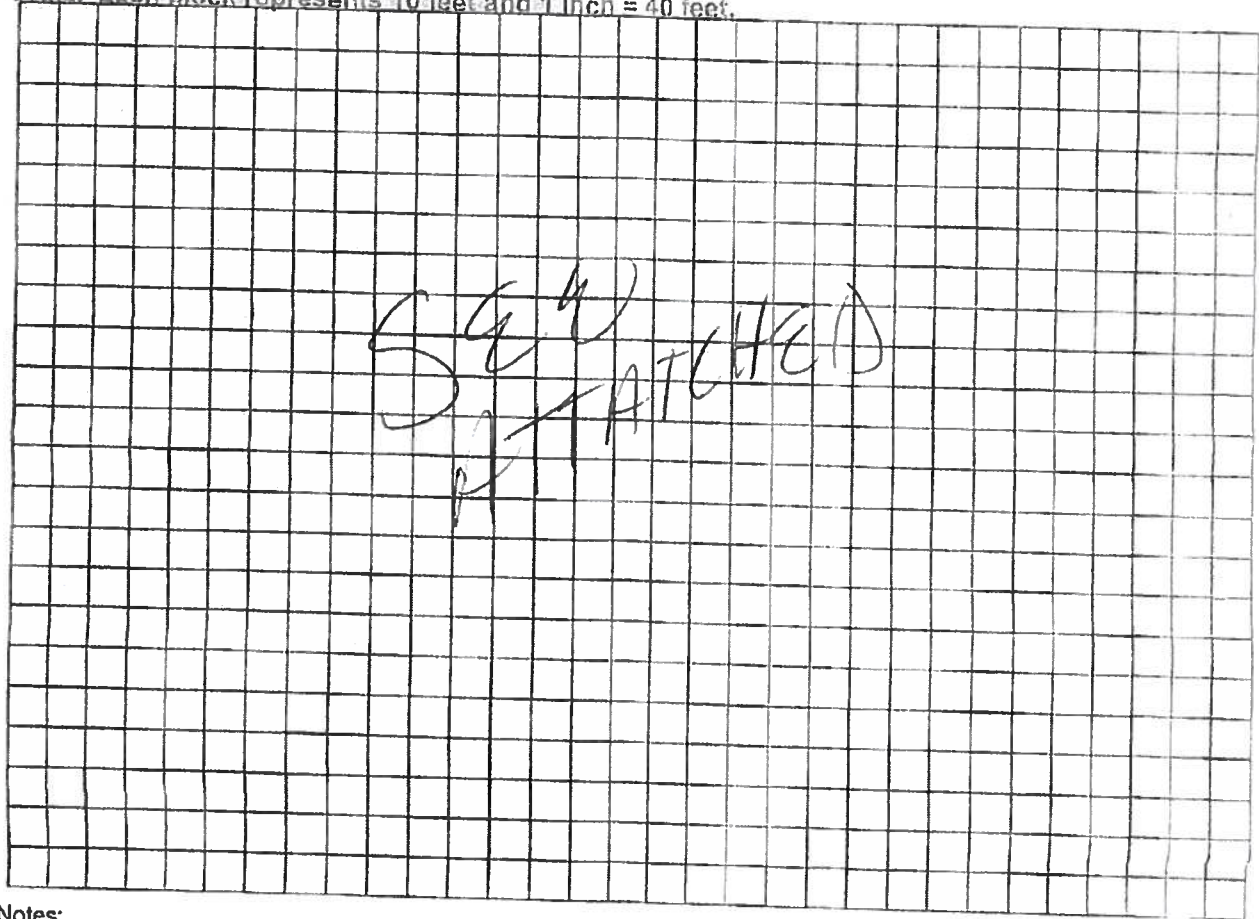
DATE: 4/26/19

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 19-0359

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

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



Notes: _____

Site Plan submitted by: Older

Plan Approved ☒ Not Approved

By: W. R. G. S. T.

EST

Columbia

County Health Department

Date 4/24/19

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

19-0359

N
Scale 1"=40'
↑

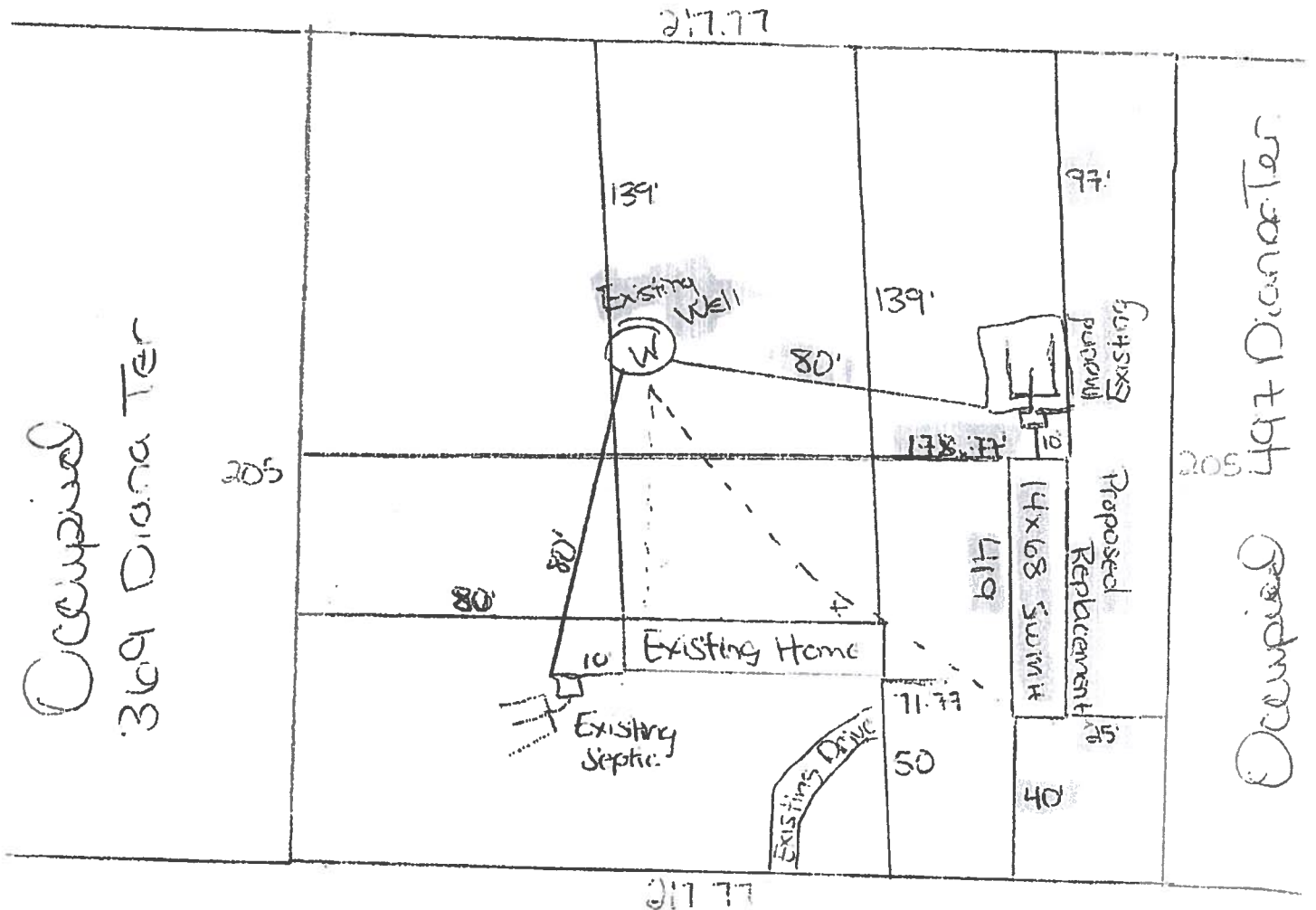
William Price
497 Diana Terrace
Lake City FL

17-3517-04961017 parcel #

Site Plan

Order Price
4/20/19

No well or septic
with in 75'



Diana Terrace

419



**BUILDING DEPARTMENT
COLUMBIA COUNTY, FLORIDA
OUT OF COUNTY MOBILE HOME INSPECTION REPORT**

Application # _____

COUNTY THE MOBILE HOME IS BEING MOVED FROM SuwanneeOWNERS NAME William Price PHONE 4074480953 CELL 3869634228INSTALLER William Price PHONE 3869634228 CELL 4074480953INSTALLERS ADDRESS 3360 150th pl Lake City Fl. 32024**MOBILE HOME INFORMATION**MAKE Liberty YEAR 92 SIZE 14x x 68COLOR cream SERIAL No. _____WIND ZONE 2 SMOKE DETECTOR yesINTERIOR: FLOORS wood okDOORS okWALLS okCABINETS okELECTRICAL (FIXTURES/OUTLETS) okEXTERIOR: WALLS / SIDING ok ~~wood~~ vinylWINDOWS okDOORS okINSTALLER: APPROVED *William Price* NOT APPROVED _____INSTALLER OR INSPECTORS PRINTED NAME William PriceMobile Home Installer Signature *William Price* License No. 281041936 Date 2/24/2020

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.****FOR OFFICE USE**Building Inspectors Signature *JMA* Date 3/10/2020*Left a message*

OSTDS Final Approval
Page # 1**84-126**STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
DIVISION OF HEALTH
Post Office Box 610 Jacksonville, Florida 32201Application and Permit
of

Individual Sewage Disposal Facilities

1984
2 m/H*Proof of
LLOR for
2nd home*

Rotate Left 90°

Application/Permit
No. **84-126**

Rotate Right 90°

COLUMBIA County Health Department

Rotate 180°

Default Orientation

Full Size

Close Window

Section I - Instructions:

1. Percolation test data, soil profile and water table elevation information must be attached. (Note: Test must be made at proposed location of system).
2. Existing building and proposed buildings on lot must be shown and drawn to scale at their location or proposed location. (Use block on this sheet or attach plot plan).
3. Proposed location of septic tank must be shown on plan.
4. Any pond or stream areas must be indicated on the plan.

5. Indicate name and date of plat of subdivision. If not platted, attach metes and bounds description.
6. Complete the following information section.

Notes:

1. Not valid if sewer is available.
2. Individual well must be 75 feet from any part of system.
3. Call 755-4100 Ex. 258 and give this office a 24-hour notice when ready for inspection.

4. HOUSE _____ BR MOBILE HOME 2 BR
OTHER _____

Section II - Information:

1. Property Address (Street & House No.) PH. # 752-7965
Lot 14 Block I Subdivision Five Points Acres
Date Platted _____ Directions to Job _____
2. Owner or Builder Lillie & Floyd Johnson
P.O. Address Rt. 8 Box 187 City Lake City
Septic tank system to be installed by: _____ Power Co. FPL

Bolt

Scale 1" = 50'

(Rear)

Occupant: same

3. Specifications:

750 gallon tank with
150 square feet of
drainfield with at least
4" inside diameter pipe.

4. House to be constructed:
Check one: FHA
VA Conventional

This is to certify that the project described in this application, and as detailed by the plans and specifications and attachments will be constructed in accordance with state requirements.

Applicant: Lillie Johnson
Please PrintSignature: Lillie JohnsonDate: 3-16-84***** DO NOT WRITE BELOW THIS LINE *****
Section III - Application Approval & Construction Authorization

Installation subject to following special conditions:

- * 21" fill pit for man system
The above signed application has been found to be in compliance with Chapter 10D-6, Florida Administrative Code, and construction is hereby approved, subject to the above specifications and conditions.

By: L. M. Cur County Health Dept. COLUMBIA Date 3-21-84

Section IV - Final Construction Approval

Construction of installation approved: Yes NoDate: 3-26-84 By: L. M. Cur

FHA No. _____ VA No. _____

Receipt # 14071SAN 428
REV. 3/75

OSTDS Final Approval
Page # 1

STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

Post Office Box 210 Jacksonville, Florida 32201

Application and Permit
of

Individual Sewage Disposal Facilities

1st m/A
1978

Rotate Left 90°

Rotate Right 90°

Rotate 180°

Default Orientation

Full Size

Close Window

Application/Permit
No. 78-202

Columbia County Health Department

Section I - Instructions:

1. Percolation test data, soil profile and water table elevation must be attached. (Note: Test must be made at proposed location of system).
2. Existing building and proposed buildings on lot must be shown and drawn to scale at their location or proposed location. (Use block on this sheet or attach plot plan).
3. Proposed location of septic tank must be shown on plan.
4. Any pond or stream areas must be indicated on the plan.

5. Indicate name and date of plat of subdivision. If not platted, attach metes and bounds description.
6. Complete the following information section.

Notes:

1. Not valid if sewer is available.
2. Individual well must be 75 feet from any part of system.
3. Call 252-3113 and give this office a 24-hour notice when ready for inspection.

2BRM4

Section II - Information:

1. Property Address (Street & House No.)
Lot 17 Block _____ Subdivision Five Points Acres
Date Platted _____ Directions to Job _____
2. Owner or Builder Floyd Johnson & Lullie Mae Johnson
P.O. Address Johnson City, LA 71
Septic tank system to be installed by:
AB

Scale 1" = 50'

(Rear)

3. Specifications:
750 gallon tank with
200 square feet of
drainfield with at least
4" inside diameter pipe.

4. House to be constructed:
Check one: FHA
VA Conventional

This is to certify that the project described in this application, and as detailed by the plans and specifications and attachments will be constructed in accordance with state requirements.

Applicant: Lullie Mae Johnson
Please Print

Signature: Floyd Johnson

Date: 4-10-78

***** DO NOT WRITE BELOW THIS LINE *****

Section III - Application Approval & Construction Authorization

Installation subject to following special conditions: _____

The above signed application has been found to be in compliance with Chapter 10D-6, Florida Administrative Code, and construction is hereby approved, subject to the above specifications and conditions.
By: [Signature] County Health Dept. [Signature] Date 4-10-78

Section IV - Final Construction Approval

Construction of installation approved: Yes No

Date: 4-12-78 By: [Signature]
FHA No. _____ VA No. _____

Manufacturer Data Report

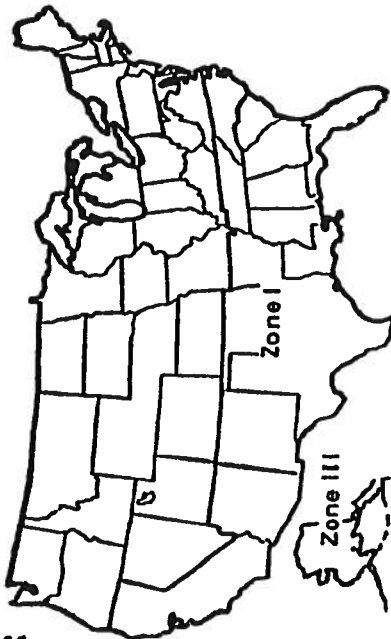
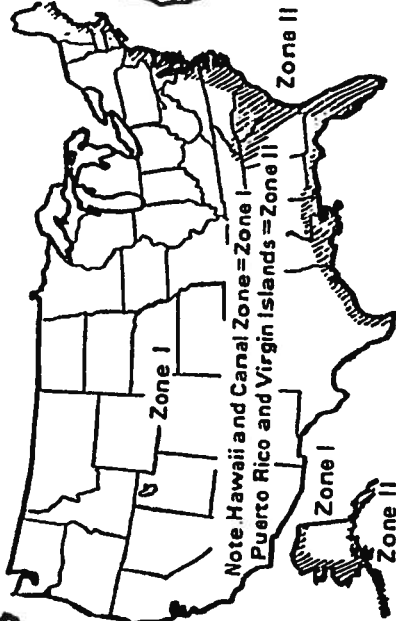
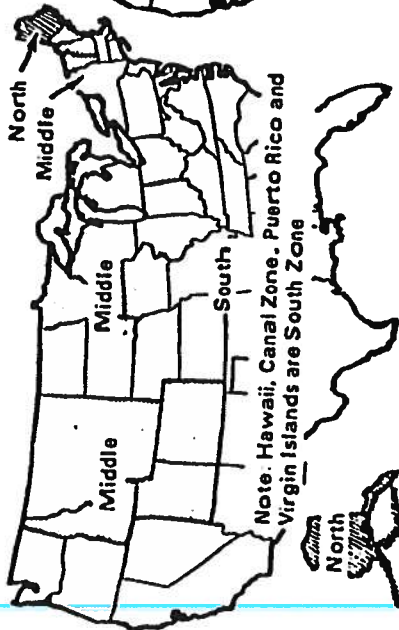
State of Florida
Department of Highway Safety & Motor Vehicles
Division of Motor Vehicles
Heat Exchanger Building 2000 Apalachee Parkway (Room A 129) Tallahassee FL 32399-0640

HUD LABEL # FLA. 482705
M H ID # 10122213
DATE MANUFACTURED 8-5-91
MODEL # FH157001 YEAR 1992
MFR NAME LIBERTY HOMES, INC
ADDRESS 495 OAK ROAD
OCALA FL 32672 Zip
City State Zip

DESTINATION (State) FLORIDA Unit A ☐ EXCLUDE HITCH ☐ INCLUDE HITCH ☒
SIZE 14'9" x 20' Unit B ☐ Single ☐ Double ☐ Triple

DEALER'S NAME Wilson m/h
ADDRESS TRENTON FL
City State Zip
DAPIA NAME NORKUS, TOMPAS, ASSOC.
ADDRESS 257 EAST RANDOLPH
NAPPALEE IND. City State Zip

STRUCTURAL DESIGN BASIS CERTIFICATE



HEATING AND COOLING DESIGN BASIS CERTIFICATE

Roof Load ☐ North 40 PSF ☒ South 20 PSF ☐ Other ☐
☐ Middle 30 PSF ☐ Zone I 15 PSF Horizontal & 9 PSF Uprift ☒ Zone II (Hurricane) 25 PSF Horizontal & 15 PSF Uprift

Design Winter Climate Zone

This mobile home has been thermally insulated to conform with the requirements of the Federal Mobile Home Construction and Safety Standards for all locations within climatic

Equipment	Manufacturer	Model Designation
Air Conditioning	INTERTHERM	HT-15-AB-30
Comfort Heating	INTERTHERM	HT-15-AB-30
Cooking Range	WESTINGHOUSE	WESTINGHOUSE
Built-in Oven	WESTINGHOUSE	WESTINGHOUSE
Counter-Top Cooking Unit	WESTINGHOUSE	WESTINGHOUSE
Refrigerator	WESTINGHOUSE	WESTINGHOUSE
Clothes Washer	WESTINGHOUSE	WESTINGHOUSE
Clothes Dryer	WESTINGHOUSE	WESTINGHOUSE
Dishwasher	WESTINGHOUSE	WESTINGHOUSE
Food Waste	INTERTHERM	HSE-3-F-24C-S
Water Heater	INTERTHERM	HSE-3-F-24C-S
Smoke Detector	LIFFSAVER	1225

The heating equipment has the capacity to maintain an average 70° F temperature in this home at outdoor temperatures of ____° F. To maximize furnace operating economy and to conserve energy it is recommended that this home be installed where the outdoor winter design temperature (97.1° F) is not higher than ____° F. The above information has been calculated assuming a maximum wind velocity of 15 MPH at standard atmospheric pressure. The supply air distribution system installed in this home is sized ☐ A-1 designed for A/C ☒ A/C Ready ☐ A/C Installed

Manufacturer shall provide the minimum BTU requirements for heating and cooling or the "U" factors as designated below.

Walls (without windows & doors) "U" = 0.124 Floors "U" = 0.067 Air ducts installed outside the home "U" = 0.067
Ceilings & roofs of light color "U" = 0.109 Air ducts in floor "U" = 0.077 Heat transfer area to outside of home from air ducts
Ceilings & roofs of dark color "U" = N/A Air ducts in ceiling "U" = 0.077 Located Inside Home Sq Ft Outside Home Sq Ft

FOR TALLAHASSEE CENTRAL OFFICE USE ONLY
RED TAG: 58293 DISTRICT 71
NAME
ADDRESS
City State Zip

This mobile home is designed to comply with the Federal Mobile Home Construction and Safety Standards in force at the time of manufacture.

SIGNED Myra Duke MYRA DUKE
Type or Print Name
Authorized Representative of Manufacturer

8-5-91