

Exempt Govt - NR

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

Signature on
ELECTRIC

For Office Use Only (Revised 1-11) Zoning Official RL Building Official TM 11/19/13
AP# 131-38 Date Received 11/18 By 1W Permit # 31607
Flood Zone X Development Permit N/A Zoning RSF/mh-2 Land Use Plan Map Category RES. Low DEAN
Comments SE 0352
FEMA Map# N/A Elevation N/A Finished Floor 1st level River N/A In Floodway N/A
☒ Site Plan with Setbacks Shown ☒ EH # 13 0560 ☐ 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 ☐ TIC County
Road/Code ☐ School ☐ = TOTAL ☐ Suspended March 2009 ☐ Ellisville Water Sys

FIRE STATION
#51

Property ID # 25-35-16-02284-001 Subdivision N/A
* New Mobile Home ☒ Used Mobile Home ☐ MH Size 16x70 Year 2014
* Applicant Wendy Grennell Phone # 386-288-2428
* Address 3104 SW Old Wire Road Ft White FL 32038
* Name of Property Owner Columbia County Phone # 386-758-1326
* 911 Address 1579 NW Lake Jeffery Road 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 Columbia County Phone # 386-758-1326
Address PO Box 1529 Lake City FL 32056
* Relationship to Property Owner Same
* Current Number of Dwellings on Property 1 Firestation
* Lot Size ☐ Total Acreage 13.34
* 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
* Driving Directions to the Property US 41 N, TH on NW Bascom Norris,
TH on NW Lake Jeffery 2nd parcel on L
* Name of Licensed Dealer/Installer Robert Sheppard Phone # 386-623-2203
* Installers Address 6355 SE CR 245 Lake City FL 32025
* License Number IH1025386 Installation Decal # 19669

Tw spoke w/ Wendy 11.19.13

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 Robert Sheppard License # EH 1045386

911 Address where home is being installed 1579 Lake Jeffery Road NW
Lake City FL 32055

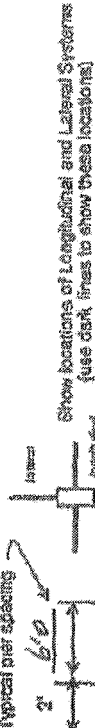
Manufacturer Chow 1.0.2 Length x width 70x16

NOTE: If home is a single wide fill out one half of the blocking plan.
If home is a triple or quad with skids in remainder of home

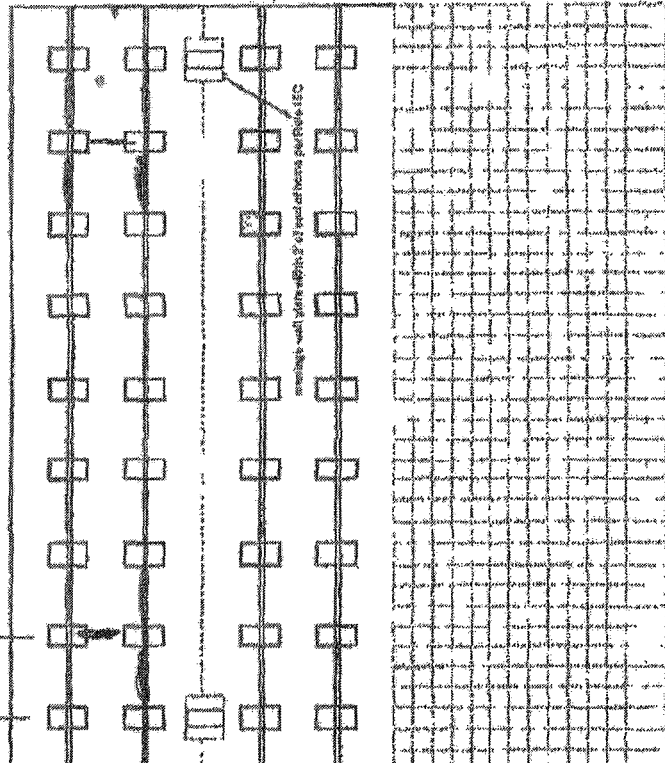
I understand Lateral Arm Systems cannot be used on any home (new or used) where the skidwall area exceeds 5 ft x 4 ft.

Installer's initials RS

Typical pier spacing



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



PIER SPACING TABLE FOR USED HOMES

Load bearing capacity	Factor size (40 in)	16" x 16" (256)	18 1/2" x 18 1/2" (340)	20" x 20" (400)	22" x 22" (484)	24" x 24" (576)	26" x 26" (676)
1000 lbs	3"	4"	4"	5"	6"	7"	8"
1500 lbs	4"	5"	5"	6"	7"	8"	9"
2000 lbs	5"	6"	6"	7"	8"	9"	10"
2500 lbs	6"	7"	7"	8"	9"	10"	11"
3000 lbs	7"	8"	8"	9"	10"	11"	12"
3500 lbs	8"	9"	9"	10"	11"	12"	13"

* interpolated from Rule 15C-1 pier spacing table.

PIER PAD SIZES

Minimum pier pad size	17x25
Perimeter pier pad size	16x25
Other pier pad sizes (required by the mfg.)	17x25

Draw the approximate locations of marriage wall openings 4 foot or greater. Use this symbol to show the plans.

List all marriage wall openings greater than 4 foot and their pier pad sizes below.

Opening

Pier pad size

ANCHORS

4 # 5 #

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 Dwyer 1121

OTHER TIES

Number	2
Side wall	2
Longitudinal	2
Marriage wall	2
Shear wall	2

COLUMBIA COUNTY PERMIT WORKSHEET

page 2 of 2

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 1500 psi or check here to declare 1000 lb. soil without testing.

1700 x 1700 x 1600

POCKET PENETROMETER TESTING METHOD

1. Test the perimeter of the home at 8 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.

1700 x 1600 x 1600

TORQUE PROBE TEST

The results of the torque probe test is 270 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 sidewalk locations. I understand 5 ft. anchors are required at all concrete tie points where the torque test reading is 275 or less and where the mobile home manufacturer may require anchors with 4000 lb. holding capacity.

KS Installer's Initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Robert Shepherd

Date Tested 11-14-13

Electrical

Connect electrical conduits between multi-wide units, but not to the main power source. This includes the bonding wire between multi-wide units. Pg. 28

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 28

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 28

Site Preparation

Debris and organic material removed ☒ Swale ☐ Pad ☒ Other ☐

Fastening multi-wide units

Type Fastener	Length	Spacing
Type Fastener	Length	Spacing
Type Fastener	Length	Spacing

For used homes a min. 30 gauge, 3" wide, galvanized metal strip will be centered over the peak of the roof and fastened with gals. roofing nails at 2" on center on both sides of the centerline.

Gasket Installation

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 Installed:

Pg. Between Floors Yes

Between Walls Yes

Bottom of ridgebeam Yes

Weatherstripping

The bulbboard will be replaced 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 ☐

Ramps downflow vent installed outside of skirting. Yes ☒ N/A ☐

Drain lines supported at 4 foot intervals. Yes ☒ N/A ☐

Electrical crossovers protected. Yes ☒

Other:

Installer verifies all information given with this permit worksheet is accurate and true based on the

Installer Signature Robert Shepherd Date 11-14-13

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR Robert Sheppard PHONE 386 623-2203

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 _____ License #: _____	Signature _____ Phone #: _____
MECHANICAL/ A/C	Print Name <u>Robert Grant</u> License #: <u>CAC1814931</u>	Signature <u>[Signature]</u> Phone #: <u>800-859-3708</u>
PLUMBING/ GAS	Print Name <u>Robert Sheppard</u> License #: <u>IH1025386</u>	Signature <u>[Signature]</u> Phone #: <u>386-623-2203</u>

Specialty License	License Number	Sub-Contractor's Printed Name	Sub-Contractor's 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 Required Subcontractor Form 1/91

>> Print as is <<

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Permit Application Number.

13-2540

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

[illegible]

see attached

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

SS0298303767



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

PERMIT NO. 13-0560
DATE PAID: _____
FEE PAID: NC
RECEIPT #: 1104637

APPLICATION FOR:

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

APPLICANT: Columbia County BOCCAGENT: Kevin Kirby, Operations Manager TELEPHONE: 386-758-1019MAILING ADDRESS: 607 NW Quinten St

=====

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 #: 25-35-16-02284-001 ZONING: RS-1/4H-2 I/M OR EQUIVALENT: [Y / N]PROPERTY SIZE: 13.34 ACRES WATER SUPPLY: [] PRIVATE PUBLIC [] $\leq 2000\text{GPD}$ ☒ $> 2000\text{GPD}$

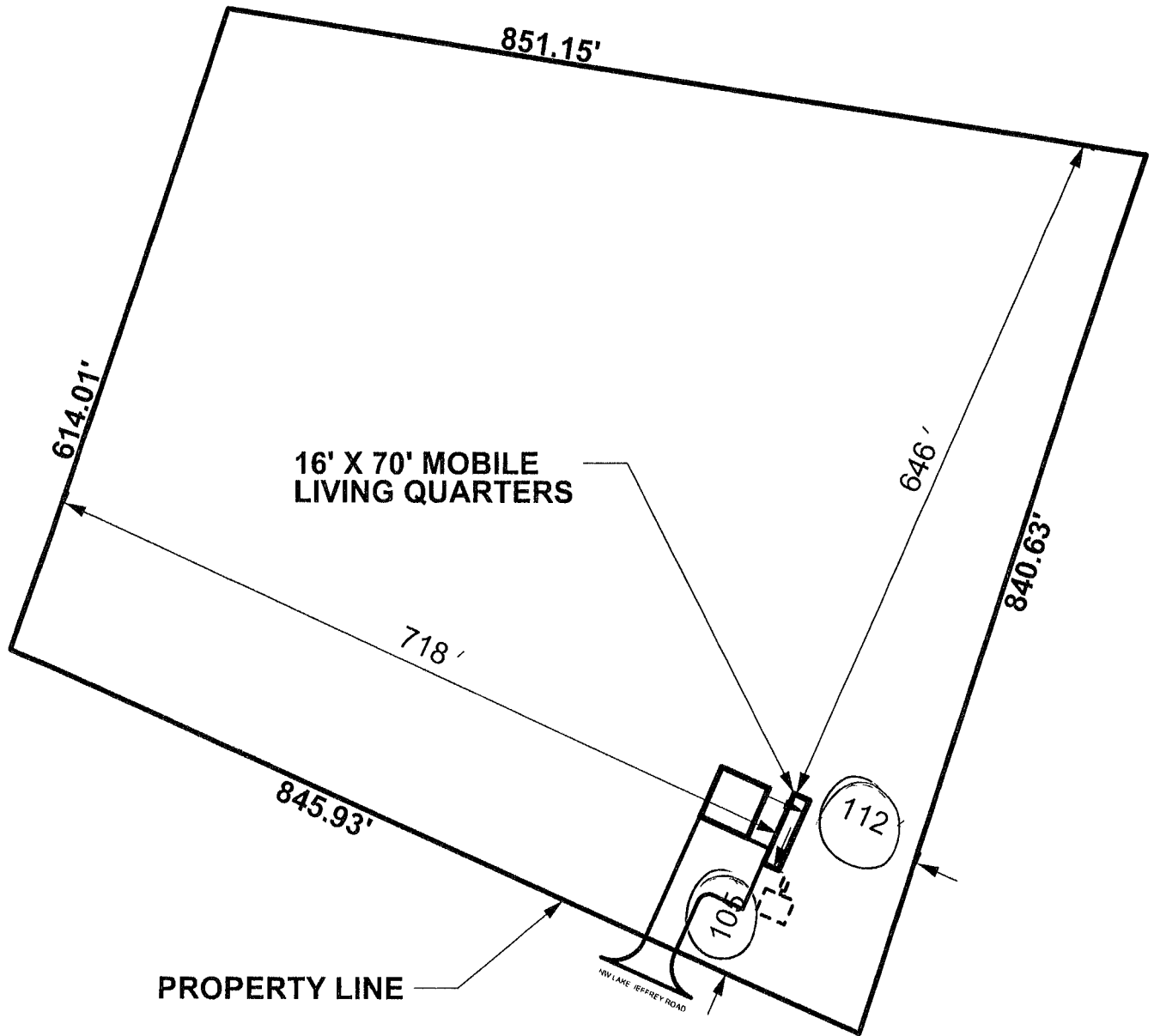
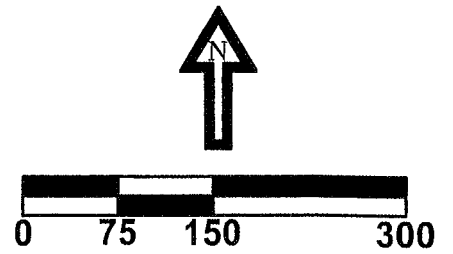
IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: 1615 NW Lake Jeffery Road, Lake City, FL 32055DIRECTIONS TO PROPERTY: West Duval St. (US 90), Right on NW Lake Jeffery Rd, 1.5 miles on right. Across from New Millennium Buildings.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>1031</u>	
2				
3				
4				

[] Floor/Equipment Drains [] Other (Specify) _____

SIGNATURE: [Signature] DATE: 10-24-13





25-3S-16-02284-001
COLUMBIA COUNTY FLORIDA
13 34AC | 11/9/1994 - \$225,000 - I/U

0 200 400 800



COLUMBIA COUNTY
BOARD OF COUNTY
COMMISSIONERS

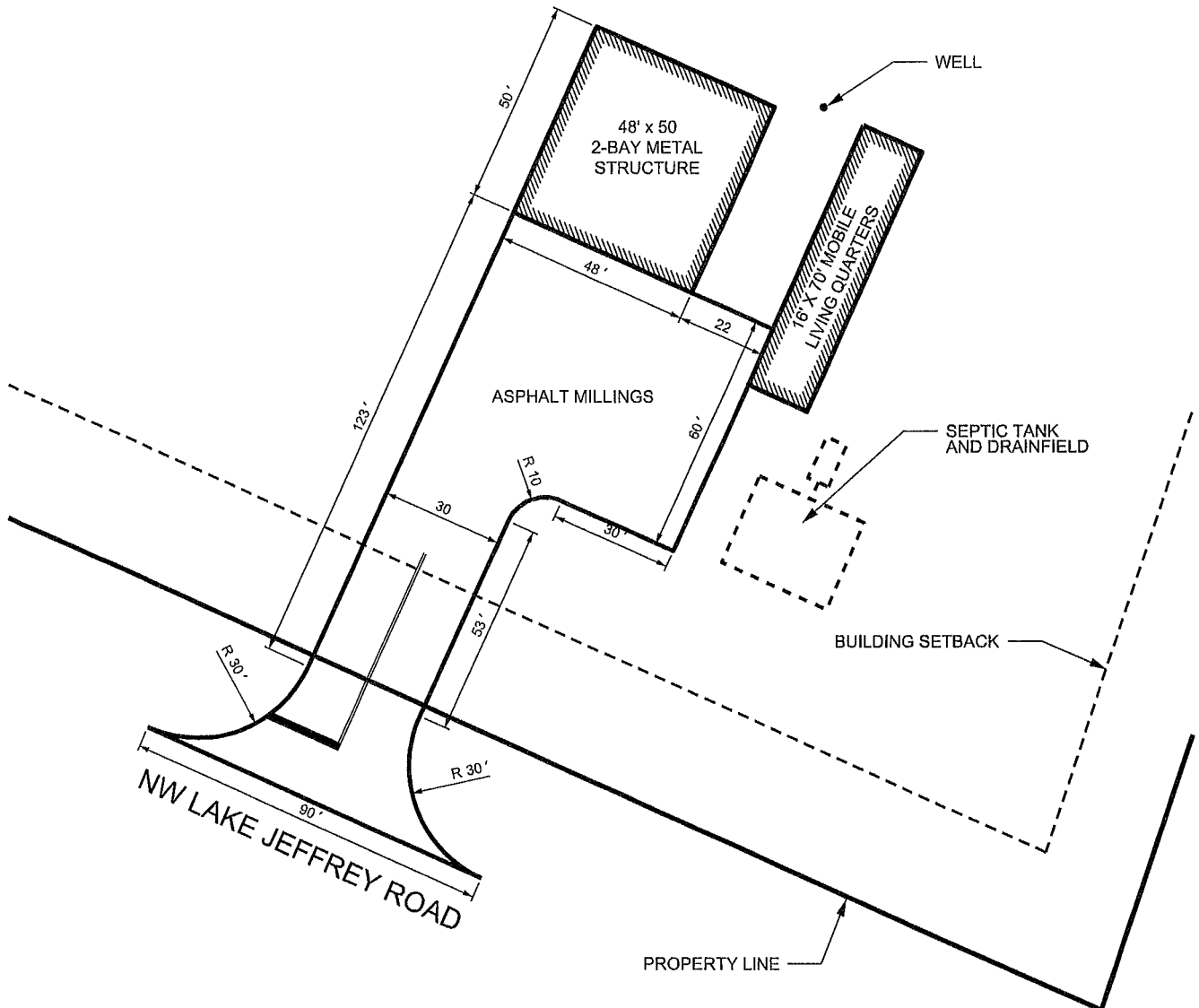
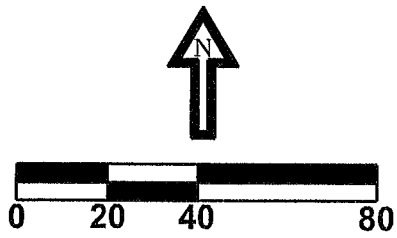


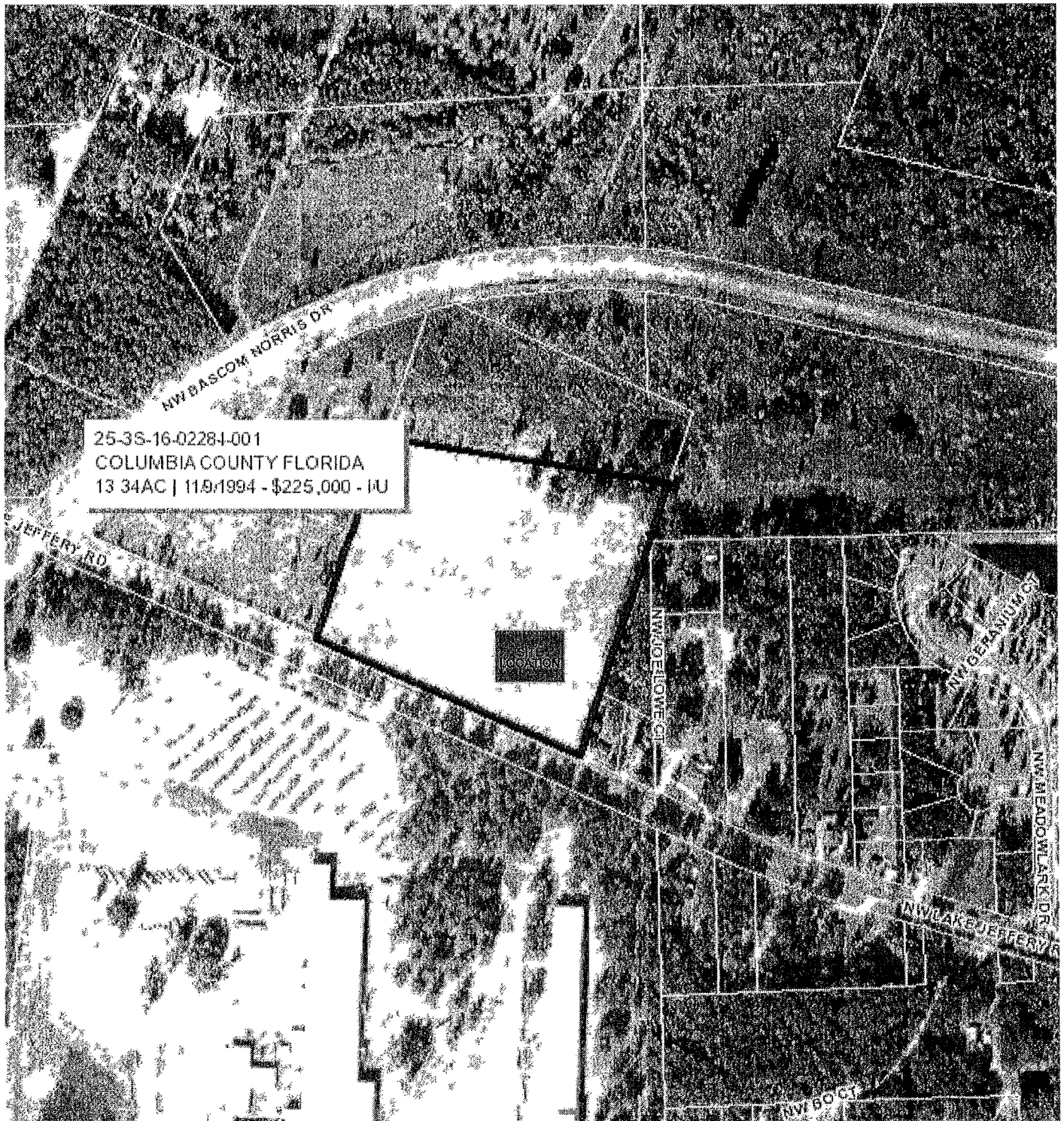
STATION # 51
LAKE JEFFREY ROAD

LOCATION MAP

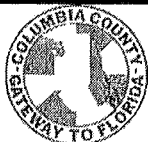
SHEET NO

3-2





COLUMBIA COUNTY
BOARD OF COUNTY
COMMISSIONERS



STATION # 51
LAKE JEFFREY ROAD

LOCATION MAP

SHEET NO

3-2

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: 11/1/2013 DATE ISSUED: 11/1/2013

ENHANCED 9-1-1 ADDRESS:

1579 NW LAKE JEFFERY RD

LAKE CITY FL 32055

PROPERTY APPRAISER PARCEL NUMBER:

25-3S-16-02284-001

Remarks:

ADDRESS FOR PROPOSED FIRE STATION 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.

Janice Williams

From: WENDY GRENNELL [wendyg226@bellsouth.net]
Sent: Tuesday, November 19, 2013 1:47 PM
To: Janice Williams
Subject: Re: 3rd application

Decal #'s

Station 49 Application 1311-36 # 19667 ✓
Station 50 Application 1311-37 # 19668 ✓
Station 51 Application 1311-38 # 19669 ✓

From: Janice Williams <janice_williams@columbiacountyfla.com>
To: 'WENDY GRENNELL' <wendyg226@bellsouth.net>
Sent: Tuesday, November 19, 2013 11:00 AM
Subject: RE: 3rd application

WE NEED DECAL NUMBERS!

APPLICATION NUMBERS IN SEQUENTIAL ORDER RE: FIRE STATIONS .
1311-36 STATION 49
1311-37 STATION 50
1311-38 STATION 51

THANKS J W

From: WENDY GRENNELL [mailto:wendyg226@bellsouth.net]
Sent: Tuesday, November 19, 2013 10:23 AM
To: Laurie Hodson
Cc: Janice Williams
Subject: 3rd application

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1311-38 CONTRACTOR ROBERT VNEPPARO PHONE 386.622.2203

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>Kevin Kirby</u>	Signature <u>[Signature]</u>
	License #: <u>—</u>	Phone #: <u>386.752.5955</u>
MECHANICAL/ A/C	Print Name _____	Signature _____
	License #: _____	Phone #: _____
PLUMBING/ GAS	Print Name _____	Signature _____
	License #: _____	Phone #: _____

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 Form: Subcontractor form: 1/11