

DATE 04/01/2004

Columbia County Building Permit

PERMIT

This Permit Expires One Year From the Date of Issue

000021677

APPLICANT TERRI BENNETT PHONE 719.2091
 ADDRESS 412 SW APPLEWOOD GLEN FT. WHITE FL 32038
 OWNER TERRI BENNETT PHONE 719.2091
 ADDRESS _____ FL _____
 CONTRACTOR C&K M/H SERVIE-TRAVIS KELLY PHONE _____
 LOCATION OF PROPERTY 47-S TO HERLONG RD., TO OLD WIR RD., R, GO TO
APPLEWOOD L, PAST A CAMPER, NEXT DRIVE ON R.,
 TYPE DEVELOPMENT M/H & UTILITY ESTIMATED COST OF CONSTRUCTION .00
 HEATED FLOOR AREA _____ TOTAL AREA _____ HEIGHT 00 STORIES _____
 FOUNDATION _____ WALLS _____ ROOF PITCH _____ FLOOR _____
 LAND USE & ZONING A-3 MAX. HEIGHT _____
 Minimum Set Back Requirements: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00
 NO. EX.D.U. _____ FLOOD ZONE X DEVELOPMENT PERMIT NO. _____

PARCEL ID 14-6S-16-03817-110 SUBDIVISION OLD WIRE RIDGE UNRC
 LOT 10 BLOCK _____ PHASE _____ UNIT _____ TOTAL ACRES _____

Culvert Permit No. _____ Culvert Waiver _____ Contractor's License Number DIH000048
 PRIVATE _____ 04-0022-N _____ BLK _____ HD _____ N _____
 Driveway Connection _____ Septic Tank Number _____ LU & Zoning checked by _____ Approved for Issuance _____ New Resident _____

COMMENTS: 1 FOOT ABOVE ROAD.Check # or Cash 3602**FOR BUILDING & ZONING DEPARTMENT ONLY**

(footer/Slab)

Temporary Power _____ date/app. by _____ Foundation _____ date/app. by _____ Monolithic _____ date/app. by _____
 Under slab rough-in plumbing _____ date/app. by _____ Slab _____ date/app. by _____ Sheathing/Nailing _____ date/app. by _____
 Framing _____ date/app. by _____ Rough-in plumbing above slab and below wood floor _____ date/app. by _____
 Electrical rough-in _____ date/app. by _____ Heat & Air Duct _____ date/app. by _____ Peri. beam (Lintel) _____ date/app. by _____
 Permanent power _____ date/app. by _____ C.O. Final _____ date/app. by _____ Culvert _____ date/app. by _____
 M/H tie downs, blocking, electricity and plumbing _____ date/app. by _____ Pool _____ date/app. by _____
 Reconnection _____ date/app. by _____ Pump pole _____ date/app. by _____ Utility Pole _____ date/app. by _____
 M/H Pole _____ date/app. by _____ Travel Trailer _____ date/app. by _____ Re-roof _____ date/app. by _____

BUILDING PERMIT FEE \$.00 CERTIFICATION FEE \$.00 SURCHARGE FEE \$.00
 MISC. FEES \$ 200.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 34.02 WASTE FEE \$ 73.50
 FLOOD ZONE DEVELOPMENT FEE \$ _____ CULVERT FEE \$ _____ **TOTAL FEE** 357.52
 INSPECTORS OFFICE _____ CLERKS OFFICE CN

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 INCONVENIENCE. PHONE 758-1008. THIS PERMIT IS NOT VALID UNLESS THE WORK AUTHORIZED BY IT IS COMMENCED WITHIN 6 MONTHS AFTER ISSUANCE.

The Issuance of this Permit Does Not Waive Compliance by Permittee with Deed Restrictions.

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only

Zoning Official BLK 31.04.01 Building Official HD 4-1-04

AP# 0403-60 Date Received 3/25/04 By JW Permit # 0 21677

Flood Zone X Development Permit N/A Zoning A-3 Land Use Plan Map Category A-3

Comments LANDOWNER CHANGED CONTRACTORS : originally logged in 3/18/04

☐ Site Plan with Setbacks shown ☒ Environmental Health Signed Site Plan ☒ Env. Health Release

☒ Need a Culvert Permit ☒ Need a Waiver Permit ☒ Well letter provided ☒ Existing Well

- Property ID 14-65-16-03817-110 Must have a copy of the property deed
- New Mobile Home _____ Used Mobile Home ☒ Year 1993
- Subdivision Information Lot 10 old wire ridge unrec'd
- Applicant Terri Bennett Phone # 7 219-2091
- Address 412 S.W. Applewood Glen Ft white
- Name of Property Owner same as above Phone# _____
- 911 Address _____
- Name of Owner of Mobile Home same as above Phone # _____
- Address _____
- Relationship to Property Owner none
- Current Number of Dwellings on Property - 0 -
- Lot Size _____ Total Acreage 11 1/2 acres
- Explain the current driveway Existing Private
- Driving Directions 425 To Herlong Rd (R) To old wire Rd To Applewood (L) Past a camper next drive on (R) 3rd lot.
- Is this Mobile Home Replacing an Existing Mobile Home No
- Name of Licensed Dealer/Installer Travis Kelly C&K M/H Service Phone # 352-213-0770
- Installers Address P.O. Box 1572 Old Town Fl 32680
- License Number DIH 000048 Installation Decal # 219029

PERMIT NUMBER

Installer Trevor Kelly City of M/H Service License # 0114 0000 48

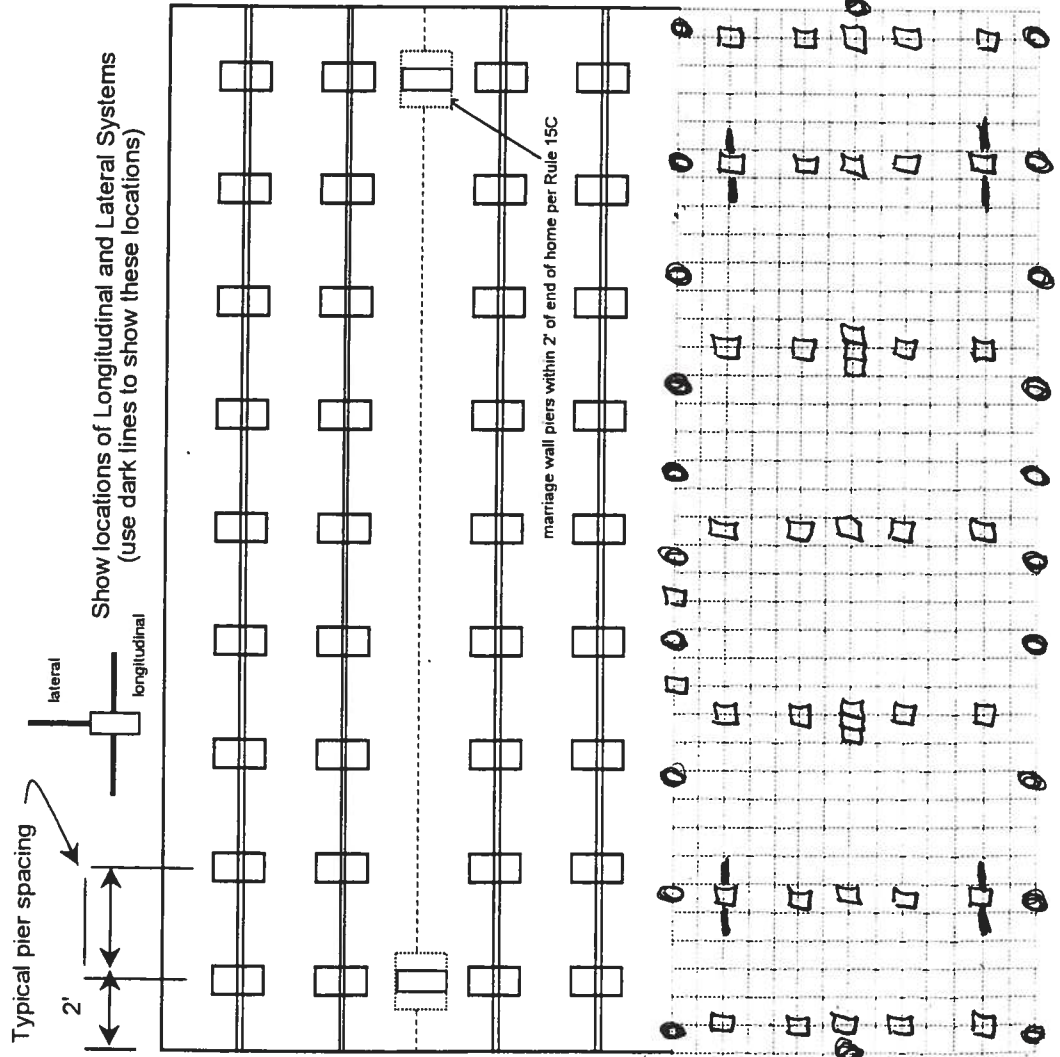
Address of home being installed _____

Manufacturer _____ Length x width 28' X 48'

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 T.A.K.



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 # 219029

Triple/Quad ☐ Serial # FL 146M 8092 A*B

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'	4'	4'	5'	6'	7'	8'
1500 psf	4'6"	6'	6'	7'	8'	8'	8'
2000 psf	6'	8'	8'	8'	8'	8'	8'
2500 psf	7'6"	8'	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 26 X 26

Perimeter pier pad size 18 X 18

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 13' 6" Pier pad size 16 X 32

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 Minuteman

Longitudinal Stabilizing Device w/ Lateral Arms

Manufacturer _____

OTHER TIES

Number _____

Sidewall _____

Longitudinal _____

Marriage wall _____

Shearwall _____

PERMIT NUMBER

POCKET PENETROMETER TEST

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

X _____ X _____ X _____

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 _____ X _____ X _____

TORQUE PROBE TEST

The results of the torque probe test is 325 inch pounds or check here if you are declaring 5" anchors without testing. A test showing 275 inch pounds or less will require 4 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.

T.A.K. Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Travis Kelly
Date Tested 3-25-04

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: 5" Lag Length: 5' Spacing: 16"
Walls: Type Fastener: 5" Screws Length: 4" Spacing: 6"
Roof: Type Fastener: 7" Lag Length: 7' Spacing: 24"
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 T.A.K.

Type gasket Sea/Seal Installed: Yes
Pg. _____ 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 Travis Kelly Date 3-25-04

COLUMBIA COUNTY 9-1-1 ADDRESSING

263 NW Lake City Ave. * P. O. Box 2949 * Lake City, FL 32056-2949
PHONE: (386) 752-8787 * 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 ISSUED: March 17, 2004

ENHANCED 9-1-1 ADDRESS:

412 SW APPLEWOOD GLN (FORT WHITE, FL 32038)

Addressed Location 911 Phone Number: NOT AVAIL.

OCCUPANT NAME: NOT AVAIL.

OCCUPANT CURRENT MAILING ADDRESS: _____

PROPERTY APPRAISER MAP SHEET NUMBER: 77

PROPERTY APPRAISER PARCEL NUMBER: 14-6S-16-03817-110

Other Contact Phone Number (If any): _____

Building Permit Number (If known): _____

Remarks: LOT 10, OLD WIRE RIDGE UNR S/D

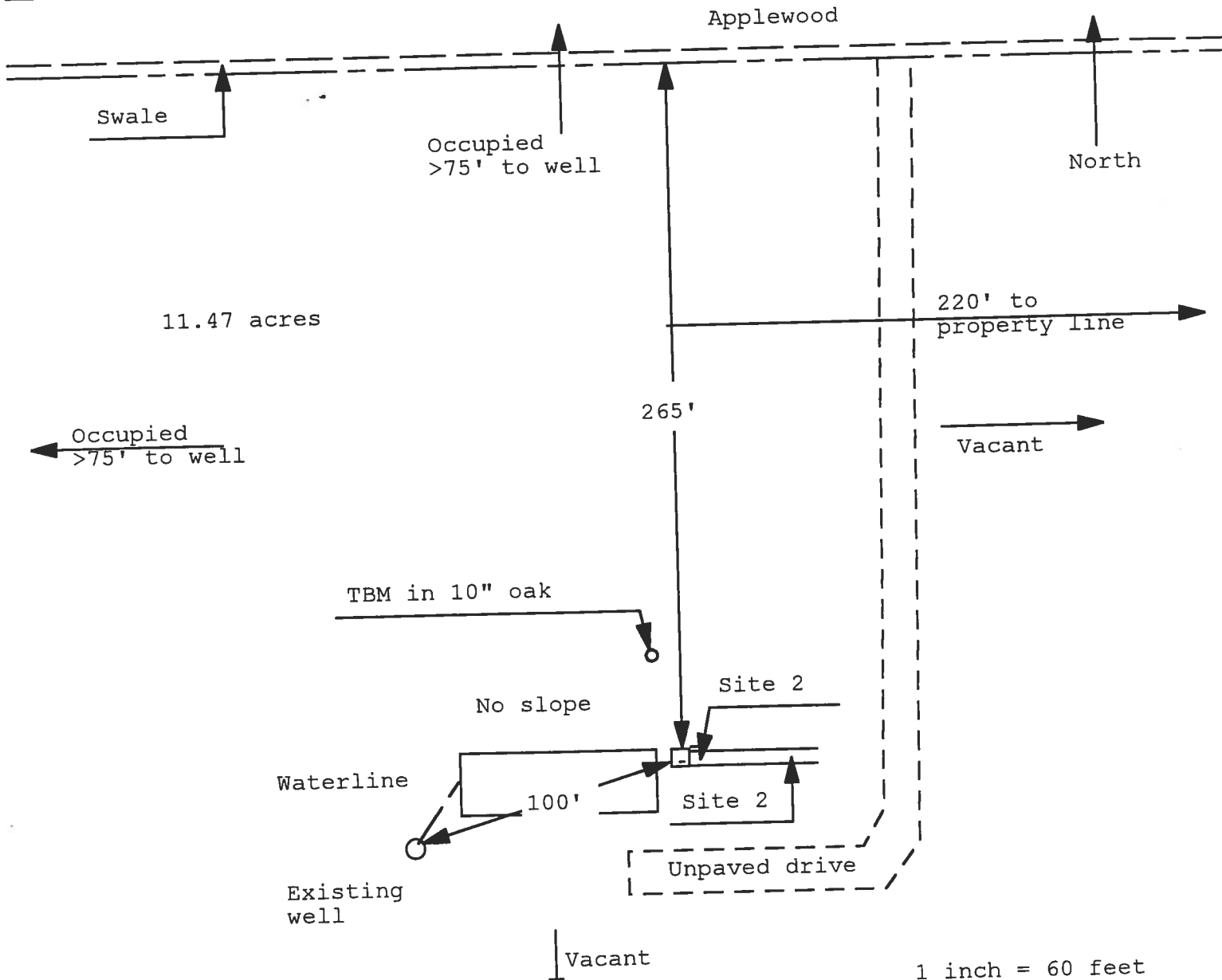
Address Issued By: _____

Columbia County 9-1-1 Addressing Department

COLUMBIA COUNTY
9-1-1 ADDRESSING
APPROVED

Application for Onsite Sewage Disposal System
Construction Permit. Part II Site Plan
Permit Application Number: 04-0022-N

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT



Site Plan Submitted By Paul L. Lyle
Plan Approved ✓ Not Approved _____

Date 1/7/04

Date 1/7/04

By Paul L. Lyle

Mr. D. D.

C CPHU

1-8-04

Notes: _____

DATE 3-18-04 INSPECTION TAKEN BY LH

BUILDING PERMIT # _____ CULVERT / WAIVER PERMIT # _____

WAIVER APPROVED _____ WAIVER NOT APPROVED _____

PARCEL ID # _____ ZONING _____

SETBACKS: FRONT _____ REAR _____ SIDE _____ HEIGHT _____

FLOOD ZONE _____ SEPTIC _____ NO. EXISTING D.U. _____

TYPE OF DEVELOPMENT Pre-Inspection

SUBDIVISION (Lot/Block/Unit/Phase) _____

OWNER Terri Bennett PHONE 219-2091

ADDRESS 412 SW Applewood Glen ft. White fc 32038

CONTRACTOR Jackie Gibbs PHONE 755-2349

LOCATION 47 (L) Herlong (R) old wire (2 miles) (L) Applewood
past a camper next drive on (R) (3rd lot)

COMMENTS: _____

INSPECTION(S) REQUESTED: _____ INSPECTION DATE: Friday

_____ Temp Power _____ Foundation _____ Set backs _____ Monolithic Slab
_____ Under slab rough-in plumbing _____ Slab _____ Framing
_____ Rough-in plumbing above slab and below wood floor ☒ Other Pre MH Inspection
_____ Electrical Rough-in _____ Heat and Air duct _____ Perimeter Beam (Lintel)
_____ Permanent Power _____ CO Final _____ Culvert _____ Pool _____ Reconnection
_____ M/H tie downs, blocking, electricity and plumbing _____ Utility pole
_____ Travel Trailer _____ Re-roof _____ Service Change _____ Spot check/Re-check

INSPECTORS:
APPROVED ☒ NOT APPROVED _____ BY FOP POWER CO. _____

INSPECTORS COMMENTS: _____

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
DIVISION OF MOTOR VEHICLES

LICENSE YEAR

2003 - 2004

LICENSE NUMBER

DH 12129

License

EFFECTIVE DATE

AS A DEALER IN MOBILE HOMES

10 - 01 - 03

C & K MOBILE HOME SALES AND SERVICE

PO BOX 1572

OLD TOWN

FL 32680 - 0000

THIS CERTIFIES, THAT

DARRELL F CONNELL & TRAVIS A KELLY

AT C & K MOBILE HOME SALES AND SERVICE

HC3 BOX 464

OLD TOWN

FL 32680 - 0000

IS HEREBY LICENSED UNDER THE PROVISIONS OF SECTION
320.77, FLORIDA STATUTES TO CONDUCT AND
CARRY ON BUSINESS AS A DEALER IN MOBILE HOMES
AT THE ABOVE DESCRIBED LOCATION

GIVEN UNDER MY HAND AND SEAL THE ABOVE DATE WRITTEN.



158505

Carl A. [Signature]
DIRECTOR

HSMV 84103 (REV. 3/01)S

2000-2004 Mobile Home Installer License

Licensee: C & K MH Sales and Service

License Number: DIH000048

Issue Date

Expiration Date

10-1-03

9-30-04

State of Florida - Department of Highway Safety and Motor Vehicles - Bureau of Motor Vehicles

LETTER OF AGENT AUTHORIZATION

This is to certify that I, Travis Kelly, personally authorize Terry Bennett

_____ to apply for and obtain permits pertaining to
the placement of mobile home on 412 SW Applewood Glen

_____ property in which the ID # is: _____

Authorized signature: Travis Kelly

Company Name: C & K Mobile Home Service

License Number: 01H000048

Date: 3-25-04

State of Florida

County of Columbia

Sworn to, subscribed and acknowledged before me this 25th day of
MARCH, 2000, by Travis Kelly, who is ☐ personally known to me or ☐ who has
produced DL as identification.



Notary Public - State of Florida

Sign: Gale Tedder

My Commission Expires:

Print: Gale Tedder

0403-60



NATIONAL FLOOD INSURANCE PROGRAM

FIRM
FLOOD INSURANCE RATE MAP

COLUMBIA
COUNTY,
FLORIDA
(UNINCORPORATED AREAS)

PANEL 225 OF 290

PANEL LOCATION



COMMUNITY-PANEL NUMBER
120070 0225 B
EFFECTIVE DATE:
JANUARY 6, 1988



Federal Emergency Management Agency

This is an official copy of a portion of the above referenced flood map. It was extracted using F-MIT Version 1.0. This map does not reflect changes or amendments which may have been made subsequent to the date on the title block. Further information about National Flood Insurance Program flood hazard maps is available at www.fema.gov/nifhsd.