# PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION 2/52

J:	or Office Use Only (Revised 7-1-15) Zoning Official Building Official
	P# 1902-42 Date Received 2/18 By 100 Permit # 3780\$
	lood Zone Development Permit Zoning Land Use Plan Map Category
С	omments Replacing existing S/W mubite Home
FE	EMA Map# Elevation Finished Floor Food River In Floodway
	Recorded Deed or Property Appraiser PO Site Plan EH# 19-0161 #Well letter OR
ı	Existing well   Land Owner Affidavit Installer Authorization   FW Comp. letter
	DOT Approval  Parent Parcel # STUP-MH 911 App
l .	Ellisville Water Sys Assessment Paid on Property Out County In-County Sub VF Form
	Pa.
Pro	perty ID # 10-7S-17-09973-003 Subdivision Sherwood Forest Unit 1 Lot# 3
	New Mobile Home X Used Mobile Home MH Size 32 x 56 Year 2019
	Applicant Dale Burd Phone # 386-365-7674
•	Address 20619 CR 137, Lake City, FL, 32024
	Name of Property Owner Steven Hale Phone# 352-519-8369
•	911 Address 242 SE MAD MARION LN, HISH SPRINGS, SY 326
•	Circle the correct power company - <u>FL Power &amp; Light</u> - ( <u>Clay Electric</u> )
	(Circle One) - <u>Suwannee Valley Electric</u> - <u>Duke Energy</u>
•	Name of Owner of Mobile Home Same Phone # Same
-	
	Address 242 Maid Marion Lane, High Springs, FL, 32643
•	Relationship to Property Owner Same
•	Current Number of Dwellings on Property 1 to be replaced
	Lot Size 229 x 190 Total Acreage .998
•	Do you : Have Existing Drive or Private Drive or need Culvert Permit (Ourrently 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 US 441 South past Oleno, TL Maid Marion Lane, 3rd lot on
	Left
•	Name of Licensed Dealer/Installer Brent Strickland Phone # 386-365-7043
•	Installers Address 1294 Hamp Farmer Road, LC, FL, 32055
•	License Number IH-1104218 Installation Decal # 59504

### being installed Manufacturer Address of home Installer: Typical pier spacing 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. tund ch3 **Mobile Home Permit Worksheet** lateral longitudinal TOYMES Length x width Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations) E rriage wall piers within 2' of end of home peut ule 15C Installer's initials 自 License # IH 3.7643 プログ 目 100 X 自 J Application Number: capacity bearing Load Home installed to the Manufacturer's Installation Manual Home is installed in accordance with Rule 15-C **New Home** Perimeter pier pad size Single wide Manufacturer Dhallizing Device w/ Lateral Arms List all marriage wall openings greater than 4 foot and their pier pad sizes below. Other pier pad sizes (required by the mfg.) I-beam pier pad size interpolated from Rule 15C-1 pler spacing table. Double wide Manufacturer Longitudinal Stabllizing Device (LSD) Triple/Quad 1500 psf 2000 psf 2500 psf 3000 psf 1000 pst Opening Draw the approximate locations of marriage wall openings 4 foot or greater. Use this symbol to show the piers. (sq in) Footer size TIEDOWN COMPONENTS 16" x 16" PIER SPACING TABLE FOR USED HOMES PIER PAD SIZES 図 ষ (256)**Used Home** Serial # Installation Decal # Wind Zone II 18 1/2" x 18 Pier pad size 1/2" (342) 20" x 20" 6 凶 (400) S Wind Zone III 22" x 22" (484)\* 4 ft spaced at 5' 4" oc Shearwal Marriage wall Sidewall 950 တ္ 00 ᅃ $\infty$ 17 3/16 x 25 3/16 POPULAR PAD SIZES Date: 3 1/4 x 26

16 x 18 18.5 x 18. 16 x 22.5

Pad Size

24" X 24"

26" x 26"

N

(576)\*

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16 x 16

OTHER TIES

FRAME TIES

5 #

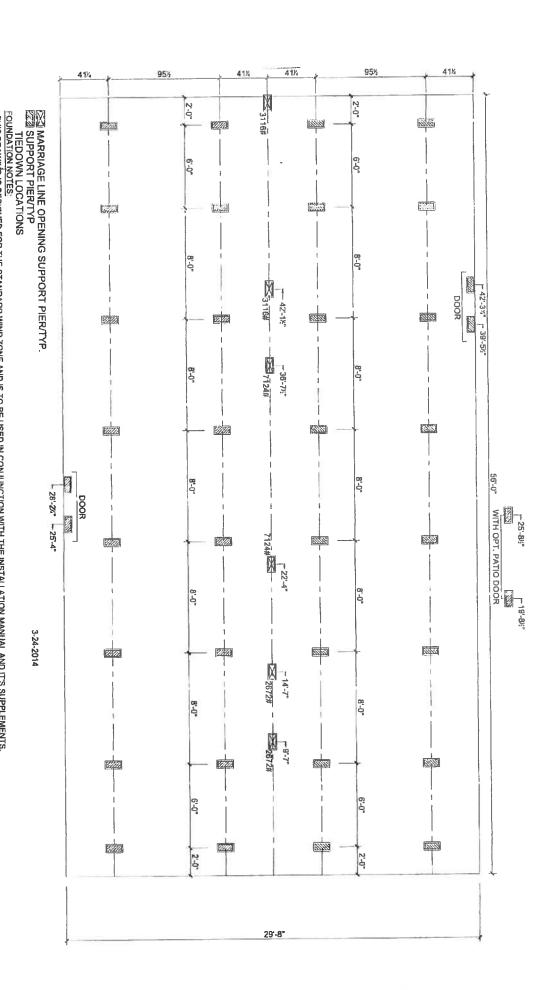
ANCHORS

676

8 348

# **Mobile Home Permit Worksheet**

Application Number: Date:
Site Preparation
Debris and organic material removed  Water drainage: Natural  Swale  Pad  Other
Fastening multi wide units
Type Fastener: 1005 Length: 5 Spacing: 1
Type Fastener: 5477125 Length: 4  Type Fastener: 4445 Length: 6  For used homes, a ffin, 30 gauge, 8" wide, or
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.
I understand a properly installed gasket is a requirement of all new and used homes and that condensation, mold, meldew 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 FRAM Installed: Pg. 22 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. YesNoNoNoNo
Other:
Installer verifies all information given with this permit worksheet
w
mainiacture) a matamatama and or traing 190-1 a.c.
Installer Signature MMALL with Mall Date 4.5-19



MODEL: L-3563C - 32 X 60 3-BEDROOM / 2-BATH Live Oak Homes

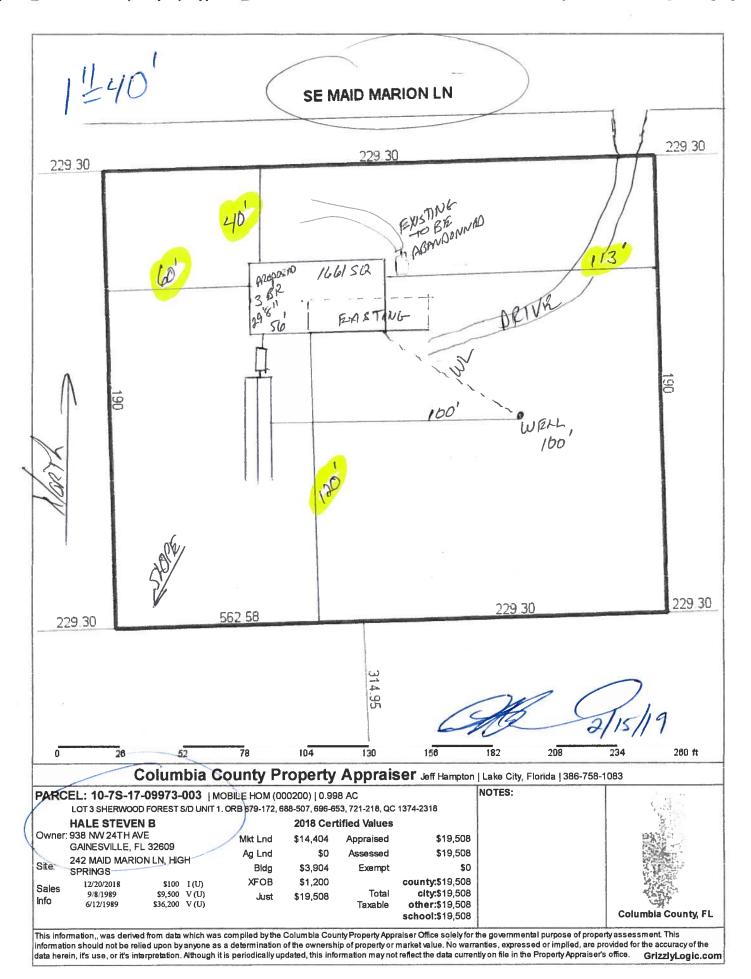
-THIS DRAWING IS DESIGNED FOR THE STANDARD WIND ZONE AND IS TO BE USED IN CONJUNCTION WITH THE INSTALLATION MANUAL AND IT'S SUPPLEMENTS. -FOOTINGS ARE SHOWN FOR EXAMPLE ONLY QUANTITY AND SPACING MAY VARY BASED ON PAD TYPE, SOIL CONDITION, ETC. -FOOTINGS ARE REQUIRED AT SUPPORT POSTS, SEE INSTALLATION MANUAL FOR REQUIREMENTS.

SEWER DROPS DUCT CROSSOVER

- (A) MAIN ELECTRICAL
  (B) ELECTRICAL CROSSOVER
  (C) WATER INLET
  (D) WATER CROSSOVER (IF ANY)
  (E) GAS INLET (IF ANY)
  (F) GAS CROSSOVER (IF ANY)

  - $\Theta$  $\Xi$  $\Theta$ SUPPLY AIR (W/OPT, HEAT PUMP OH DUCT) RETURN AIR (W/OPT, HEAT PUMP OH DUCT)

L-3563C



2/14/2019, 5:22 PM

# Columbia County Property Appraiser Jeff Hampton

2018 Tax Roll Year

updated: 2/8/2019

Parcel:

10-7S-17-09973-003

Owner & Pi	operty Info	Resu	Result: 1 of 1		
Owner	HALE STEVEN E 938 NW 24TH AV GAINESVILLE, F	Œ			
Site	242 MAID MARION LN, HIGH SPRINGS				
Description*	LOT 3 SHERWOO! 679-172, 688-507, 1374-2318				
Area	0.998 AC	S/T/R	10-7S-17		
Use Code**	MOBILE HOM (000200)	Tax District	3		

<sup>\*</sup>The <u>Description</u> above is not to be used as the Legal Description for this parcel in any legal transaction.
\*\*The <u>Use Code</u> is a FL Dept. of Revenue (DOR) code and is not

<sup>\*\*</sup>The <u>Use Code</u> 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 V	/alues		
2018 Cert	tified Values	2019 Working Values		
Mkt Land (2)	\$14,404	Mkt Land (2)	\$14,404	
Ag Land (0)	\$0	Ag Land (0)	\$0	
Building (1)	\$3,767	Building (1)	\$3,904	
XFOB (1)	\$1,200	XFOB (1)	\$1,200	
Just	\$19,371	Just	\$19,508	
Class	\$0	Class	\$0	
Appraised	\$19,371	Appraised	\$19,508	
SOH Cap [?]	\$894	SOH Cap [?]	\$0	
Assessed	\$18,477	Assessed	\$19,508	
Exempt	HX H3 OTHER \$18,477	Exempt	\$0	
Total Taxable	county:\$0 city:\$0 other:\$0 school:\$0	Total Taxable	county:\$19,508 city:\$19,508 other:\$19,508 school:\$19,508	

f	(0)	()	()	0	0	C)	0		(zoom	$ \mathbf{\nabla} $	
2	2016	2013	2010	2007	2005	2004	1999	Sales	parcel)	click	hover

Sales History						
Sale Date	Sale Price	Book/Page	Deed	V/I	Quality (Codes)	RCode
12/20/2018	\$100	1374/2318	QC	1	U	11
9/8/1989	\$9,500	696/0653	WD	V	U	
6/12/1989	\$36,200	688/0507	WD	V	U	

▼ Building Characteristics							
Bldg Sketch	Bldg Item	Bldg Desc*	Year Blt	Base SF	Actual SF	Bldg Value	
Sketch	1	MOBILE HME (000800)	1984	672	672	\$3,904	

<sup>\*</sup>Bldg Desc determinations are used by the Property Appraisers office solely for the purpose of determining a property's Just Value for ad valorem tax purposes and should not be used for any other purpose.

<b>▼</b> Extra	Features & Out I	Buildings (Co	odes)			
Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0120	CLFENCE 4	2004	\$1,200.00	1.000	0 x 0 x 0	(000.00)

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:

2/18/2019 12:34:06 PM

Address:

242 SE MAID MARION Ln

City:

**HIGH SPRINGS** 

State:

FL

Zip Code

32643

Parcel ID

09973-003

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

REFERENCE MONUMENTS SHOWN THUS: CONTROL POINTS SHOWN THUS: "TAIN MINIMUM OF 1,00 ACRES.

) AS MONUMENTED BY ORTH 88". D'-35'EAST, AID SECTION TO AS RIVEYS, A DISTANCE OF MONUMENT FOR THE

# CAPTION

PLAT BOOK # PAGE 131

### MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

CONTRACTOR Brent Strickland

PHONE 386-365-7043

Sub-Contractors Signature

1902-42

Qualifier Forms cannot be submitted for any Specialty License.

License Number

APPLICATION NUMBER \_

		Hale
records of the Ordinance 89-	subcontractors who actually did the trade sp 6, a contractor shall require all subcontracto	work at the permitted site. It is <u>KEQUIKED</u> that we have pecific work under the permit. Per Florida Statute 440 and its to provide evidence of workers' compensation or e of Competency license in Columbia County.
(0.00)	•	he corrected form being submitted to this office prior to the s will result in stop work orders and/or fines.
ELECTRICAL	Print Name Glenn Whittington	Signature
/ h mm /	License #: <u>EC 13002957</u>	Phone #: 386-972-1700
		ttached 🔽
1079	Qualifier Form A	actached X
MECHANICAL/	Qualifier Form A  Print Name Michael Boland	Signature

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.

**Sub-Contractors Printed Name** 

Revised 10/30/2015

**Specialty License** 

**CONCRETE FINISHER** 

**MASON** 



11

# COLUMBIA COUNTY BUILDING DEPARTMENT 135 NE Hernando Ave, Suite B-21, Lake City, FL 32055 Phone: 386-758-1008 Fax: 386-758-2160

### LICENSED QUALIFIER AUTHORIZATION

1. CAPANULUTITINGTON	(license holder name), licensed qualifier
1. Grand Whittington ELECTIC S	(company name), do certify that
the below referenced person(s) listed on this for holder, or is/are employed by me directly or thro officer of the corporation; or, partner as defined person(s) is/are under my direct supervision and sign permits; call for inspections and sign subco	m is/are contracted/hired by me, the license ugh an employee leasing arrangement; or, is an in Florida Statutes Chapter 468, and the said I control and is/are authorized to purchase and
Printed Name of Person Authorized	Signature of Authorized Person
1. WEBUR	
2. Necky Tora	2. 8 cm/2 /)
3.	3.
4.	4.
5.	5.
I, the license holder, realize that I am responsible under my license and fully responsible for complete Local Ordinances. I understand that the State are authority to discipline a license holder for violation officers, or employees and that I have full responsand ordinances inherent in the privilege granted officer(s), you must notify this department in write authorization form, which will supersede all prevenuauthorized persons to use your name and/or licensed Qualifiers Signature (Notarized)	iance with all Florida Statutes, Codes, and and County Licensing Boards have the power and one committed by him/her, his/her agents, asibility for compliance with all statutes, codes by issuance of such permits.  is/are no longer agents, employee(s), or ing of the changes and submit a new letter of ious lists. Failure to do so may allow
	Colmbia
The above license holder, whose name is	me or has produced identification this, and, and
NOTARY'S SIGNATURE	Seal/Starrely R BISHOP  Notary Public - State of Florida  Commission # Ff 243986



## COLUMBIA COUNTY BUILDING DEPARTMENT 135 NE Hernando Ave, Suite B-21, Lake City, FL 32055 Phone: 386-758-1008 Fax: 386-758-2160

LICENSED QUALIFIE	ER AUTHORIZATION
1 Michael A Indered	Warran kutturi in 1 Karata Ke
1. The history Donates	(license holder name), licensed qualifier
for ACITA/LOS OCA/A	ALC (company name), do certify that
the below referenced person(s) listed on this for	
officer of the corporation; or, partner as defined	ugh an employee leasing arrangement; or, is an
person(s) is/are under my direct supervision and	control and is/are authorized to purchase and
sign permits; call for inspections and sign subco	ntractor verification forms on my behalf.
Printed Name of Person Authorized	Cignoture of Authorized Bones
Printed Name of Person Authorized	Signature of Authorized Person
1. 1)A/2 DAd	1.665
2. Kally Dishap	2. Kelly Boshop
Q / E	9/0/
3. Leing toker	3. fahill of
4.	4.
5.	5.
I, the license holder, realize that I am responsible	
under my license and fully responsible for completional Ordinances. I understand that the State are	
authority to discipline a license holder for violation	
officers, or employees and that I have full respon	nsibility for compliance with all statutes, codes
and ordinances inherent in the privilege granted	by issuance of such permits.
If at any time the person(s) you have authorized	is/are no longer agents, employee(s), or
officer(s) you must notify this department in writ	ing of the changes and submit a new letter of
authorization form, which will supersede all prevunauthorized persons to use your name and/or l	ious lists. Failure to do so may allow
/ A / D	ice ise number to obtain permits.
MID & BORN	_ CANBITTIE: ESLUSU
Licensed Qualiflers Signature (Notarized)	License Number Date // 17/15
NOTARY INFORMATION:	111111
STATE OF COUNTY OF	mico
The above license holder, whose name is $\underline{m}_{6}$	more A Bood
personally appeared before me and is known by	me or has produced identification
(type of I.D.) on	this day of November, 20
mark sammi	
NOTARY SIGNATURE	- (Scal/Stamp)
O SIGNATURE O	(Seal/Stamp)
***	AMANDA FLOOD
	MY COMMISSION • FF 106012

EAFINES: April 5, 2018 Bonded Thru Notary Public Underwrit

### STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 19 10 10 1

Stein	nHale	Permit Application Number ( -1 3 8	2/0/
Scale: 1 inch = 40 f	GC MAID	repart II- SITEPLAN	-
	10°	Strix 29' 3BR MH  100' WL  100' Well	iao
Site Plan submitted I Plan Approved  By	R	Not Approved County Health D	8/19

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



Incorporated 64E-6.001, FAC

STATE OF FLORIDA

DEPARTMENT OF HEALTH

ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM

APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO.
DATE PAID:
FEE PAID:
RECEIPT #:

Page 1 of 4

APPLICATION FOR:    New System [ ] Existing System [ ] Holding Tank [ ] Innovative   Repair [ ] Abandonment [ ] Temporary [ ]
APPLICANT: Steven Hale
AGENT: ROCKY FORD, A & B CONSTRUCTION TELEPHONE: 386-497-2311
MAILING ADDRESS: 546 SW Dortch Street, FT. WHITE, FL, 32038
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: 3 BLOCK: U1 SUB: Sherwood Forest PLATTED:
PROPERTY ID #: 10-7s-17-09973-003 ZONING: I/M OR EQUIVALENT: [ Y / N ]
PROPERTY SIZE: 0.998 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD
IS SEWER AVAILABLE AS PER 381.0065, FS? [ Y /(N)] DISTANCE TO SEWER: NAME OF T
PROPERTY ADDRESS: 242 SE Maid Marion Ln, High Springs, Fl
414 for US-41, turn right onto US-41, left onto
maid marion Rd, property on the right.
BUILDING INFORMATION RESIDENTIAL [ ] COMMERCIAL
Unit Type of No. of Building Commercial/Institutional System Design No Establishment Bedrooms Area Sqft Table 1, Chapter 64E-6, FAC
SF Residential 3 NOW
3
[ ] Floor/Equipment Drains [ ] Other (Specify)
SIGNATURE: DATE: 2/14/2019
DH 4015, 08/09 (Obsoletes previous editions which may not be used)