

18632

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only

(Revised 7-1-15)

Zoning Official

HC

Building Official

TM 3/1/18

AP#

1802-109

Date Received

2-27-18

By

CH

Permit #

36445

Flood Zone

X

Development Permit

Zoning

A3

Land Use Plan Map Category

A

Comments

FEMA Map#

Elevation

Finished Floor

1' above road

River

In Floodway

☐ Recorded Deed or ☒ Property Appraiser PO ☒ Site Plan ☒ EH # 18-0164 ☒ 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 Paid on Property ☐ Out County ☒ In County ☒ Sub VF Form

Property ID #

34-5S-16-03752-111

Subdivision

Shanna Meadows

Lot# 11

☒ New Mobile Home ☐ Used Mobile Home MH Size 30'4" x 60 Year 2018

Applicant Dale Burd or Rocky Ford or Kimberly Koon Phone # 386-497-2311

Address 546 SW Dortch Street, Fort White, FL, 32038

Name of Property Owner Gary Rhoades Phone# 772-418-5757

911 Address 785 SW Morningstar Glen, FW, 32038

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

Name of Owner of Mobile Home Same Phone # Same

Address 2349 SE Sapphire Terr, Port St Lucie, FL, 34952

Relationship to Property Owner Same

Current Number of Dwellings on Property 0

Lot Size 343 x 635 Total Acreage 5.0

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 47 South, TL Morningstar Glen, 7/10ths on left (11th lot)

Name of Licensed Dealer/Installer Robert Sheppard Phone # 386-623-2203

Installers Address 6355 SE CR 245, LC, FL, 32025

License Number IH-1025386 Installation Decal # 48706

Date is aware of what is needed 2-27-18

JOV spoke w/ Dale 3.14.18. (Shatto. UAB)

1st - Emailed Dale 3-14-18

\$615.94

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 # EH16253386

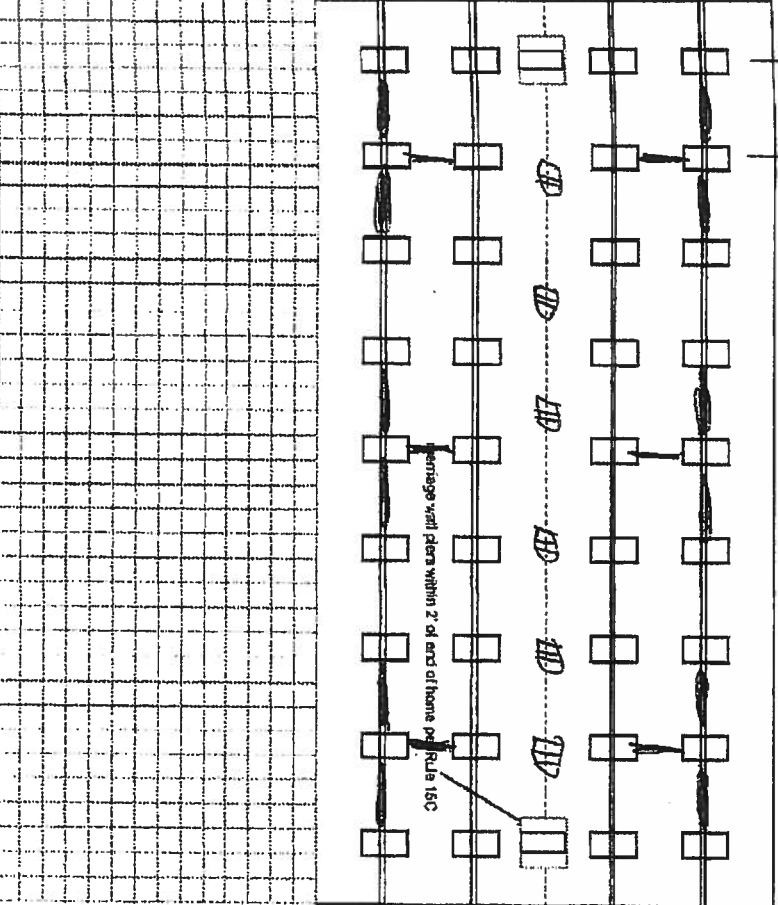
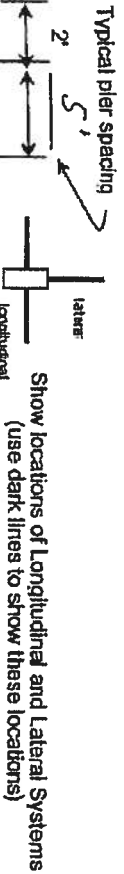
911 Address where home is being installed. 785 SW MORRISON ST CHEN

Manufacturer Skyline Length x width 32x60

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 RS



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 # 48706

Triple/Quad ☐ Serial # BA-61-02704 8/9

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq ft)	18' x 18' (256)	18 1/2" x 18 (342)	20' x 20' (400)	22' x 22' (484)	24' x 24' (576)	26' x 26' (676)
1000 psf	3'	4'	5'	6'	7'	8'
1500 psf	4' 6"	6'	7'	8'	8'	8'
2000 psf	6'	8'	8'	8'	8'	8'
2500 psf	7' 6"	8'	8'	8'	8'	8'
3000 psf	8'	8'	8'	8'	8'	8'
3500 psf	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.) 12x25

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 Pier pad size

4 ft 5 ft

FRAME TIES

within 2' of end of home spaced at 5' 4" oc

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD) Manufacturer Oliver 1101

Longitudinal Stabilizing Device w/ Lateral Arms Manufacturer Oliver 1101

OTHER TIES

Number 28

Side wall 6

Longitudinal 8

Shearwall 4

POPULAR PAD SIZES

Pad Size	Sq ft
16 x 16	256
16 x 18	288
18.5 x 18.5	342
16 x 22.5	360
17 x 22	374
13 1/4 x 26 1/4	348
20 x 20	400
17 3/16 x 25 3/16	441
17 1/2 x 25 1/2	446
24 x 24	576
26 x 26	676

COLUMBIA COUNTY PERMIT WORKSHEET

page 2 of 2

POCKET PENETROMETER TEST

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

X 1600 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 1700 X 1700 X 1600

TORQUE PROBE TEST

The results of the torque probe test is 295 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. 1 underground 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 require anchors with 4000 lb holding capacity.

Installer's initials RS

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Robert Shepard

Date Tested

2-23-18

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. 27

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

Floor: Type Fastener: 14g5 Length: 5" Spacing: 16"
Walls: Type Fastener: 30x3 Length: 4" Spacing: 16"
Roof: Type Fastener: 14g5 Length: 6" Spacing: 16"
For used homes a min. 3D 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 mechanism)

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 RS

Type gasket FOAM

Installed:
Between Floors Yes ☒
Between Walls Yes ☒
Bottom of ridgebeam Yes ☒

Weatherproofing

The bottomboard will be repaired and/or taped. Yes ☒ Pg. 27
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: ☐

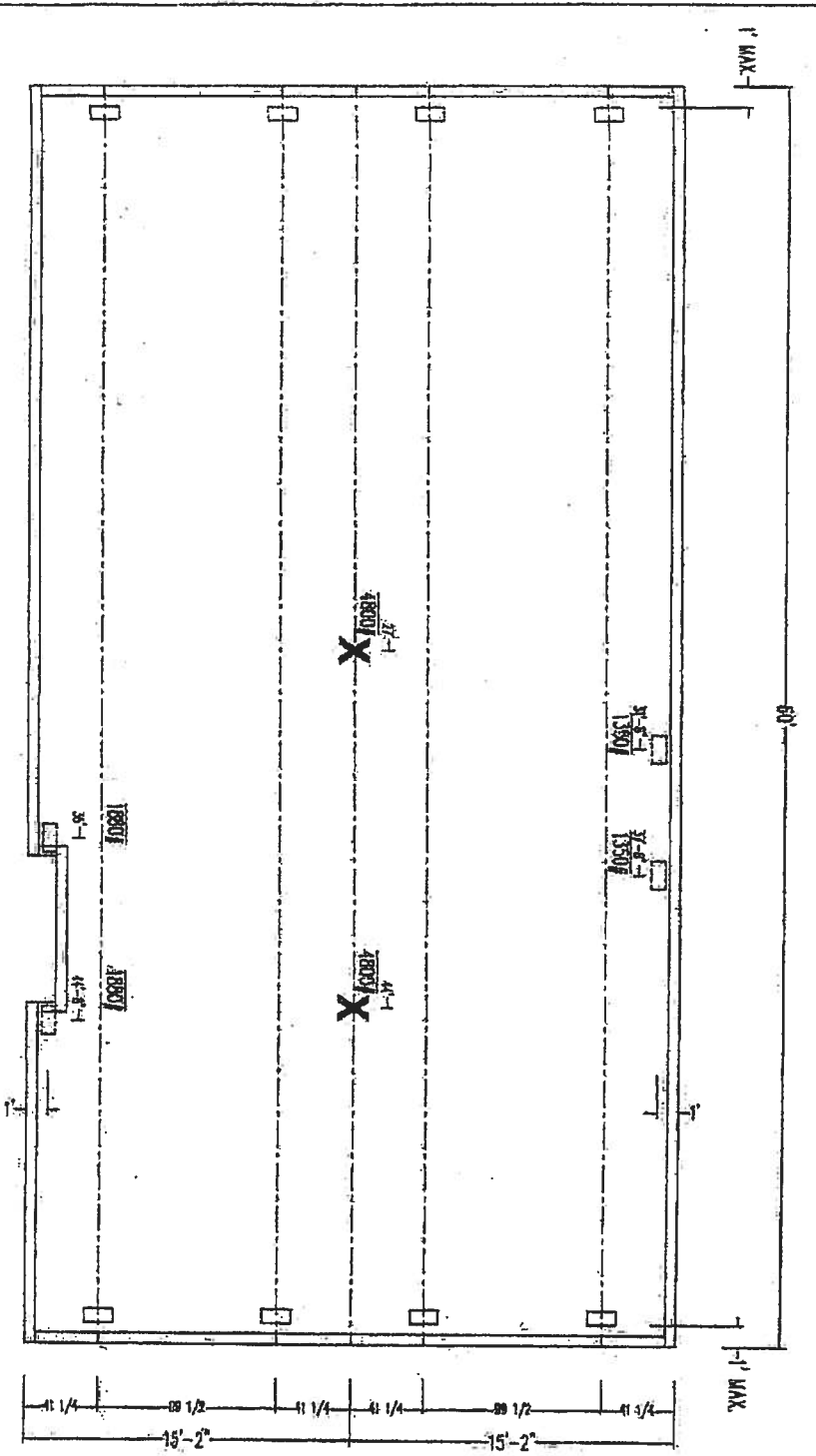
Installer verifies all information given with this permit worksheet is accurate and true based on the

Installer Signature

Robert Shepard

Date

2-23-18



FLORIDA ONLY
 PER POINT LAYOUT (PIERS @ I-BEAM & CENTERLINE WITHOUT PERIMETER FOUNDATION)
 NOTE: ALL UTILITY DROP MEASUREMENTS ARE APPROXIMATE.

PIER POINT LAYOUT 204

DESIGNED FOR 20 PSF ROOF ZONE		DIVISIONS		BOX LENGTH		DESCRIPTION		SHEET	
<input type="checkbox"/> L-BEAM PER SUPPORTS: SEE INSTALLATION MANUAL, TABLE 6, FIG. 10 FOR SPACING AND LOAD REQUIREMENTS.		111	341	652				1	OF
<input type="checkbox"/> SUEWALL PER SUPPORTS: SEE INSTALLATION MANUAL, TABLE 5, FIG. 9 FOR SPACING AND LOAD REQUIREMENTS.		112	344	653				2	OF
<input type="checkbox"/> SEE ABOVE DIAGRAM FOR LOC. OF STD. PATIO DOORS OR 48" OR LARGER OPENINGS.		113	346	671				3	OF
<input checked="" type="checkbox"/> COLUMN SUPPORTS: SEE ABOVE DIAGRAM FOR LOCATIONS & LOAD REQUIREMENTS @ 204 ROOF ZONE.		125	355	691				4	OF
		131	522	818				5	OF
		143	631					6	OF
		163	535					7	OF
		171	539					8	OF
		181	539					9	OF
DATE: 09/01/2016		60'-0"		6032-30K-20		JM - Eduardo		32-02013-060	

09/01/2016 6263

SKYLINE

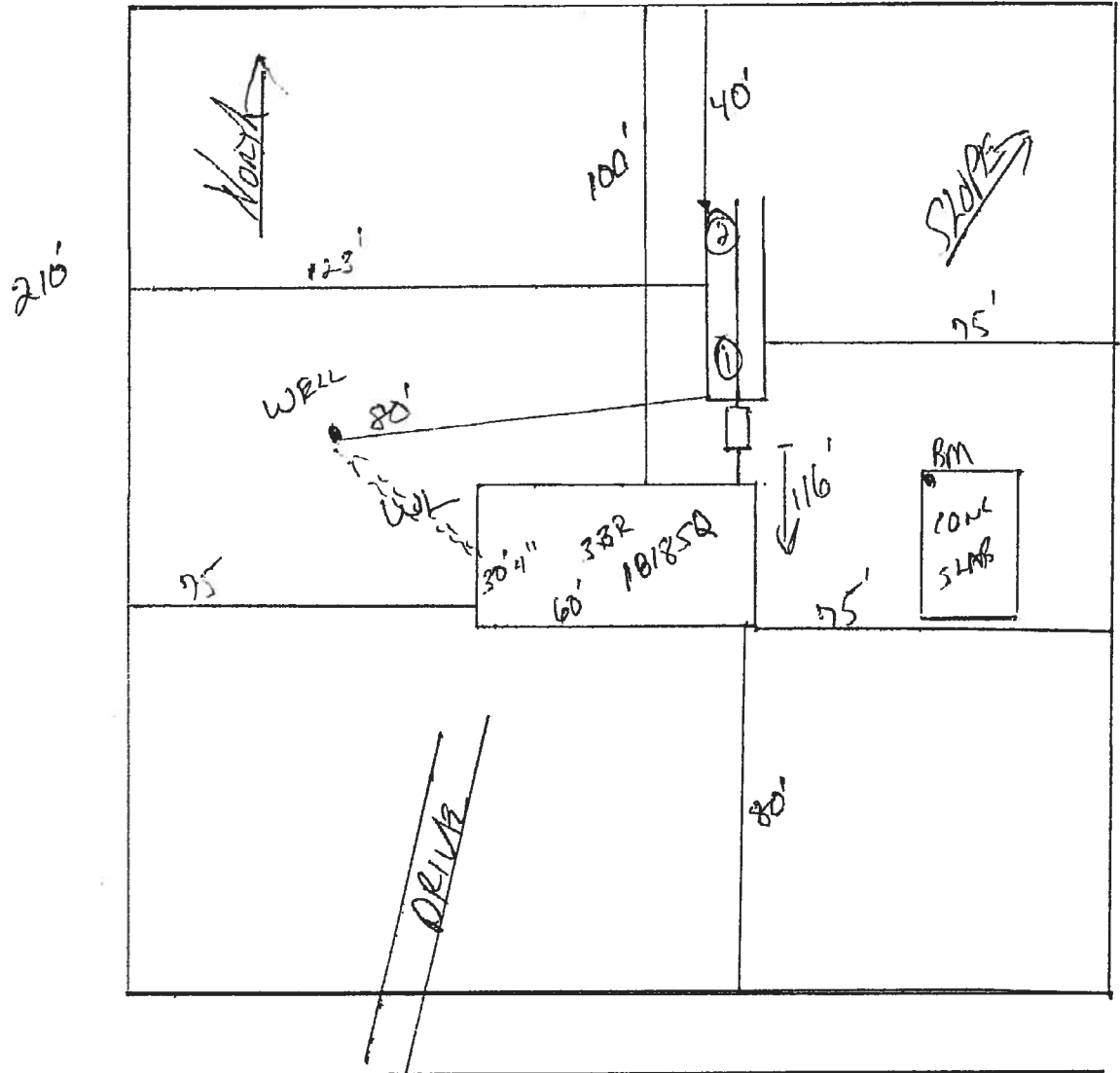
DRAWN BY: T.L.
 DATE: 09/01/2016
 PROJECT: 32-02013-060

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

Permit Application Number _____

Rhodes ----- PART II - SITEPLAN ----- 2.10'

Scale: 1 inch = 40 feet.



Notes: _____

Site Plan submitted by: Rocky D F

MASTER CONTRACTOR

Plan Approved _____ Not Approved _____

Date _____

By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

1"=100'

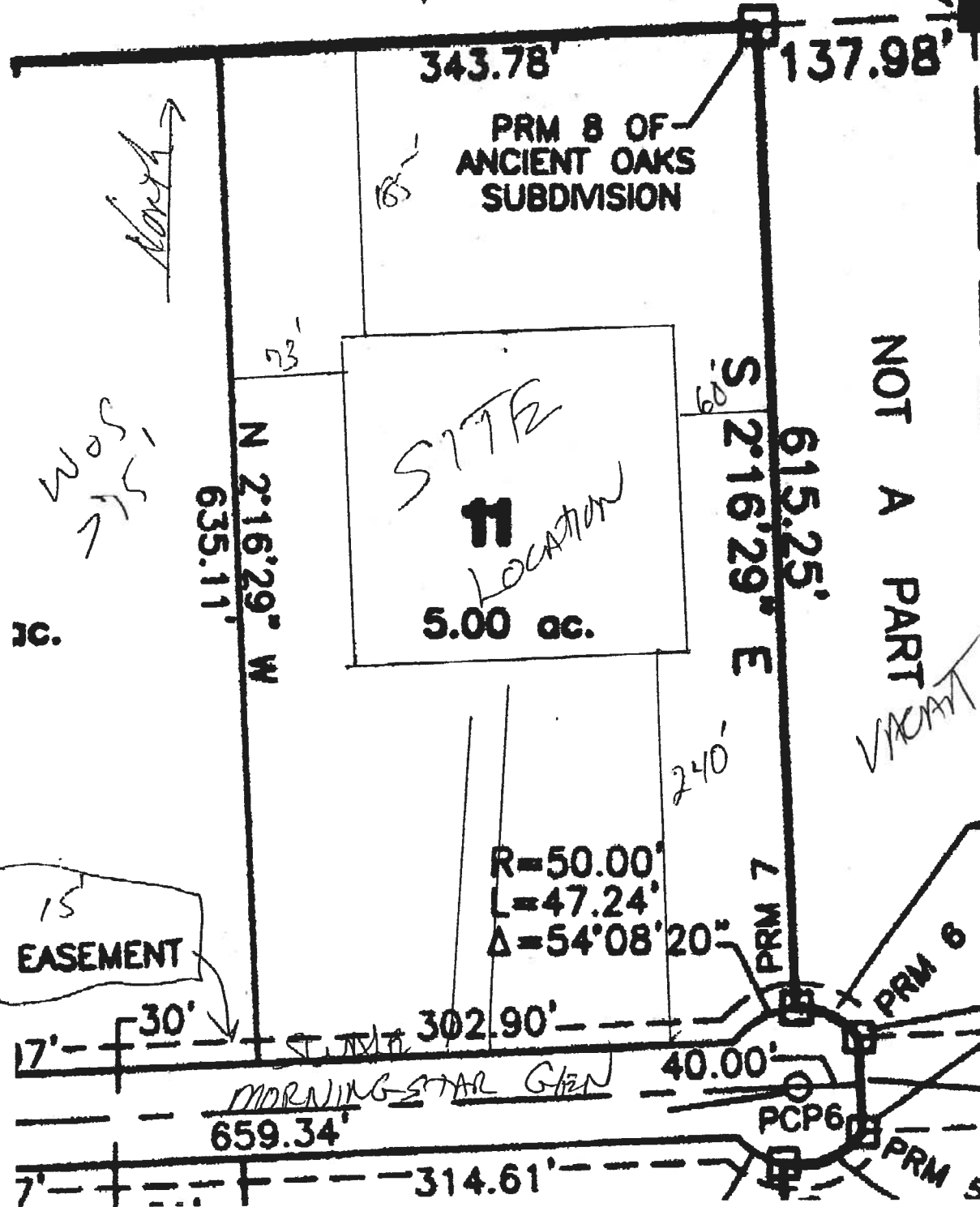
Rhodes

Rock 770

CON. MON.
FOUND
LB 7042

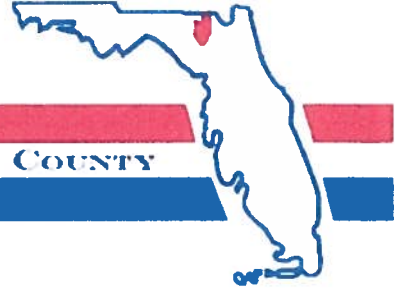
FEB 22 2018

VACANT



IC.

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:	2/23/2018 4:09:55 PM
Address:	785 SW MORNING STAR Gln
City:	FORT WHITE
State:	FL
Zip Code	32038

Parcel ID	03752-111
-----------	------------------

REMARKS: Address for proposed structure on parcel.

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

updated: 2/1/2018

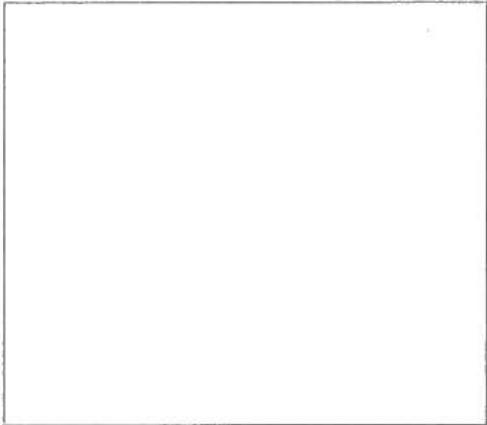
2017 Tax Year

Parcel: 34-5S-16-03752-111

Owner & Property Info

Search Result: 1 of 3 Next >>

Owner's Name	RHOADES GARY M &		
Mailing Address	BARBARA E RHOADES 2349 SE SAPHIRE TER PORT ST LUCIE, FL 34952		
Site Address	SHANNA MEADOWS		
Use Desc. (code)	VACANT (000000)		
Tax District	3 (County)	Neighborhood	34516
Land Area	5.000 ACRES	Market Area	02
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction.		
LOT 11 SHANNA MEADOWS S/D. 984-1719, WD 1145-1360, WD 1344-141,			



Property & Assessment Values

2017 Certified Values		
Mkt Land Value	cnt: (0)	\$27,000.00
Ag Land Value	cnt: (1)	\$0.00
Building Value	cnt: (0)	\$0.00
XFOB Value	cnt: (0)	\$0.00
Total Appraised Value		\$27,000.00
Just Value		\$27,000.00
Class Value		\$0.00
Assessed Value		\$27,000.00
Exempt Value		\$0.00
Total Taxable Value	Cnty: \$27,000 Other: \$27,000 Schl: \$27,000	

2018 Working Values			(...Hide Values)
Mkt Land Value	cnt: (0)	\$28,000.00	
Ag Land Value	cnt: (1)	\$0.00	
Building Value	cnt: (0)	\$0.00	
XFOB Value	cnt: (0)	\$0.00	
Total Appraised Value		\$28,000.00	
Just Value		\$28,000.00	
Class Value		\$0.00	
Assessed Value		\$28,000.00	
Exempt Value		\$0.00	
Total Taxable Value	Cnty: \$28,000 Other: \$28,000 Schl: \$28,000		

NOTE: 2018 Working Values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM



APPLICATION NUMBER 1802-109 CONTRACTOR Robert Sheppard PHONE 386-623-2203

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

Rhoades

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.

✓ 1074 ELECTRICAL	Print Name <u>Glen Whittington</u>	Signature <u></u>
	License #: <u>EC 13002957</u>	Phone #: <u>386-972-1700</u>
	Qualifier Form Attached <input checked="" type="checkbox"/>	
MECHANICAL/ A/C 770	Print Name <u>Timothy Shatto</u>	Signature <u></u>
	License #: <u>CAC 057875</u>	Phone #: <u>386-496-8224</u>
	Qualifier Form Attached <input checked="" 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.

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

LICENSED QUALIFIER AUTHORIZATION

I, Timothy Shatto (license holder name), licensed qualifier
for Shatto Heat & Air (company name), do certify that

the below referenced person(s) listed on this form is/are contracted/hired by me, the license holder, or is/are employed by me directly or through an employee leasing arrangement; or, is an officer of the corporation; or, partner as defined in Florida Statutes Chapter 468, and the said person(s) is/are under my direct supervision and control and is/are authorized to purchase and sign permits; call for inspections and sign subcontractor verification forms on my behalf.

Printed Name of Person Authorized	Signature of Authorized Person
1. Bo Royals	1.
2. Dale Burd	2.
3.	3.
4.	4.
5.	5.

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances. I understand that the State and County Licensing Boards have the power and authority to discipline a license holder for violations committed by him/her, his/her agents, officers, or employees and that I have full responsibility 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 writing of the changes and submit a new letter of authorization form, which will supersede all previous lists. Failure to do so may allow unauthorized persons to use your name and/or license number to obtain permits.

Timothy D. Shatto
Licensed Qualifiers Signature (Notarized)

CAC 057875
License Number

2/22/18
Date

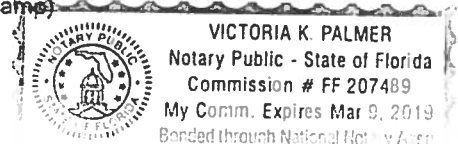
NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Union

The above license holder, whose name is Timothy D. Shatto,
personally appeared before me and is known by me or has produced identification
(type of I.D.) _____ on this 22 day of February, 20 18.

Victoria K. Palmer
NOTARY'S SIGNATURE

(Seal/Stamp)





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

I, Glen Whittington (license holder name), licensed qualifier
for Whittington Electric Inc (company name), do certify that
the below referenced person(s) listed on this form is/are contracted/hired by me, the license
holder, or is/are employed by me directly or through an employee leasing arrangement; or, is an
officer of the corporation; or, partner as defined in Florida Statutes Chapter 468, and the said
person(s) is/are under my direct supervision and control and is/are authorized to purchase and
sign permits; call for inspections and sign subcontractor verification forms on my behalf.

Printed Name of Person Authorized	Signature of Authorized Person
1. <u>W. K. Burt</u>	1. <u>[Signature]</u>
2. <u>Rocky Ford</u>	2. <u>[Signature]</u>
3.	3.
4.	4.
5.	5.

I, the license holder, realize that I am responsible for all permits purchased, and all work done
under my license and fully responsible for compliance with all Florida Statutes, Codes, and
Local Ordinances. I understand that the State and County Licensing Boards have the power and
authority to discipline a license holder for violations committed by him/her, his/her agents,
officers, or employees and that I have full responsibility 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 writing of the changes and submit a new letter of
authorization form, which will supersede all previous lists. Failure to do so may allow
unauthorized persons to use your name and/or license number to obtain permits.

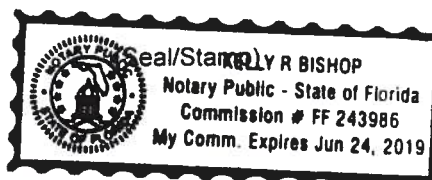
[Signature] License Number EL13002957 Date 3/7/16
Licensed Qualifiers Signature (Notarized)

NOTARY INFORMATION:

STATE OF: FL COUNTY OF: Columbia

The above license holder, whose name is Glen Whittington,
personally appeared before me and is known by me or has produced identification
(type of I.D.) FL DL on this 7 day of MARCH, 2016.

[Signature]
NOTARY'S SIGNATURE



A & B Well Drilling, Inc.

5673 NW Lake Jeffery Road

Lake City, FL, 32055

(O) 386-758-3409

(F) 386-758-3410

(C) 386-623-3151

2/26/2018

To: Columbia County Building Department

Description of well to be installed for Customer: Phonies

Located at Address: 785 SW MORNING STAR GLEN

1 hp 15 GPM Submersible Pump, 1 1/4" drop pipe, 86 gallon captive tank and back flow prevention, With SRWMD permit.

Bruce Park
Sincerely
Bruce Park
President

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

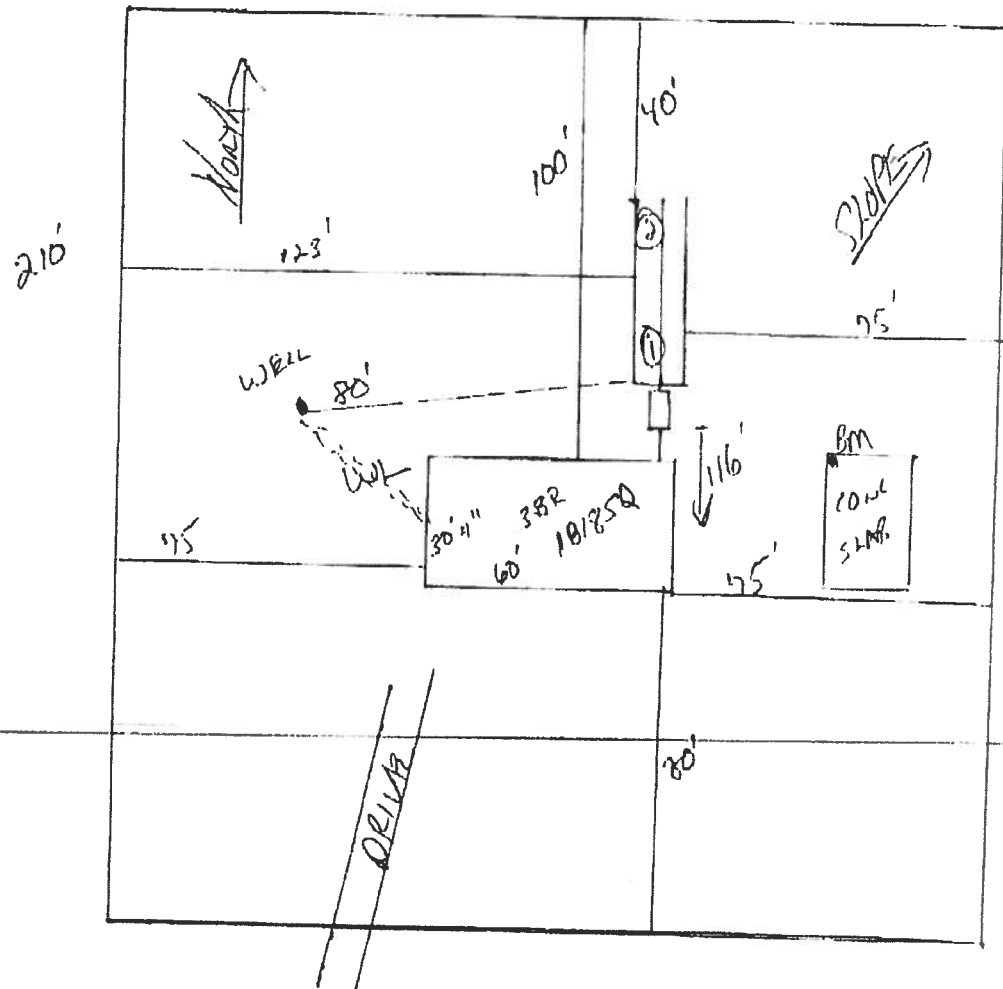
Permit Application Number 18-0164

Rhodes

PART II - SITEPLAN

210'

Scale: 1 inch = 40 feet.



Notes:

Site Plan submitted by:

Rocky D F-O

Plan Approved X

Not Approved

MASTER CONTRACTOR

Date 3-9-18

By

Sallie Lord Env Health Director 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-D164
DATE PAID: 2/23/18
FEE PAID: 310.00
RECEIPT #: L350703

APPLICATION FOR:

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

APPLICANT: Gary RhoadesAGENT: ROCKY FORD, A & B CONSTRUCTIONTELEPHONE: 386-497-2311MAILING 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: 11 BLOCK: na SUB: Shanna Meadows PLATTED: 345516PROPERTY ID #: 03752-111 ZONING: _____ I/M OR EQUIVALENT: ☐ Y ☒ NPROPERTY SIZE: 5 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPDIS SEWER AVAILABLE AS PER 381.0065, FS? ☐ Y ☒ N DISTANCE TO SEWER: _____ FTPROPERTY ADDRESS: SW Morningstar Glen, FWDIRECTIONS TO PROPERTY: 47 South, TL Morningstar Glen, 11th lot on left (7/10ths mile)

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	SF Residential	3	1818	
2				
3				

☒ Floor/Equipment Drains ☒ Other (Specify) _____SIGNATURE: Rocky D Ford DATE: 2/22/2018

DH 4015, 08/09 (Obsoletes previous editions which may not be used)
Incorporated 64E-6.001, FAC