

DATE 01/08/2004

Columbia County Building Permit

PERMIT

This Permit Expires One Year From the Date of Issue

000021404

APPLICANT ROBERT SHEPPARD PHONE 623.2203
ADDRESS RT. 19, BOX 1440 LAKE CITY FL 32055
OWNER WILLIE HASTY PHONE 727.409.5563
ADDRESS 9981 OLD WIRE ROAD FT. WHITE FL 32028
CONTRACTOR MELVIN SHEPPARD PHONE _____
LOCATION OF PROPERTY 47-S TO C-238,L, GO TO OLD WIRE RD, R, PROPERTY
ON LEFT W/911 ADDRESS ON IT.

TYPE DEVELOPMENT MH + 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 35
Minimum Set Back Requirments: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00
NO. EX.D.U. 0 FLOOD ZONE X DEVELOPMENT PERMIT NO. _____

PARCEL ID 27-6S-16-03950-102 SUBDIVISION _____
LOT _____ BLOCK _____ PHASE _____ UNIT _____ TOTAL ACRES 5.01

IH0000035
Culvert Permit No. _____ Culvert Waiver _____ Contractor's License Number _____ Applicant/Owner/Contractor Robert Sheppard
EXISTING 03-1082-N BLK RK
Driveway Connection _____ Septic Tank Number _____ LU & Zoning checked by _____ Approved for Issuance _____ New Resident _____

COMMENTS: _____

Check # or Cash 2471

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

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

BUILDING PERMIT FEE \$.00 CERTIFICATION FEE \$.00 SURCHARGE FEE \$.00
MISC. FEES \$ 200.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 51.03 WASTE FEE \$ 110.25
FLOOD ZONE DEVELOPMENT FEE \$ _____ CULVERT FEE \$ _____ TOTAL FEE 411.28
INSPECTORS OFFICE [Signature] CLERKS OFFICE [Signature]

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 INCONVIENCE. 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.

*** The well affidavit, from the well driller, is required before the permit can be issued.***

This application must be completely filled out to be accepted. Incomplete applications will not be accepted.

Existing Well
For Office Use Only

Zoning Official B22

Building Official RK-17-04

AP# 0401-06

Date Received 1-6-04

By Gr

Permit # 21404

Flood Zone R

Development Permit N/A

Zoning A-3

Land Use Plan Map Category A-3

Comments _____

Property ID # 27-6S-16-03950-102

*(Must have a copy of the property de

New Mobile Home ☒

Used Mobile Home _____

Year 2002

Applicant DAVID HAMILTON

Phone # 788-6255

Address Rt 19 Box 21

Lake City, FL 32024

Name of Property Owner Willie Whitus Hasty

Phone # 727 409-5563

Address 9981 Old Win Rd

White, FL 32038

Name of Owner of Mobile Home SAME

Phone # _____

Address _____

Relationship to Property Owner SAME

Current Number of Dwellings on Property 0

Lot Size 495 x 440

Total Acreage 5.01 Acres

Current Driveway connection is Existing

Is this Mobile Home Replacing an Existing Mobile Home No

Name of Licensed Dealer/Installer Melvin Sheppard

Phone # _____

Installers Address Rt 19 Box 1440

Lake City, FL 32055

License Number FL10000035

Installation Decal # 216121

The Permit Worksheet (2 pages) must be submitted with this application.

Installers Affidavit and Letter of Authorization must be notarized when submitted.



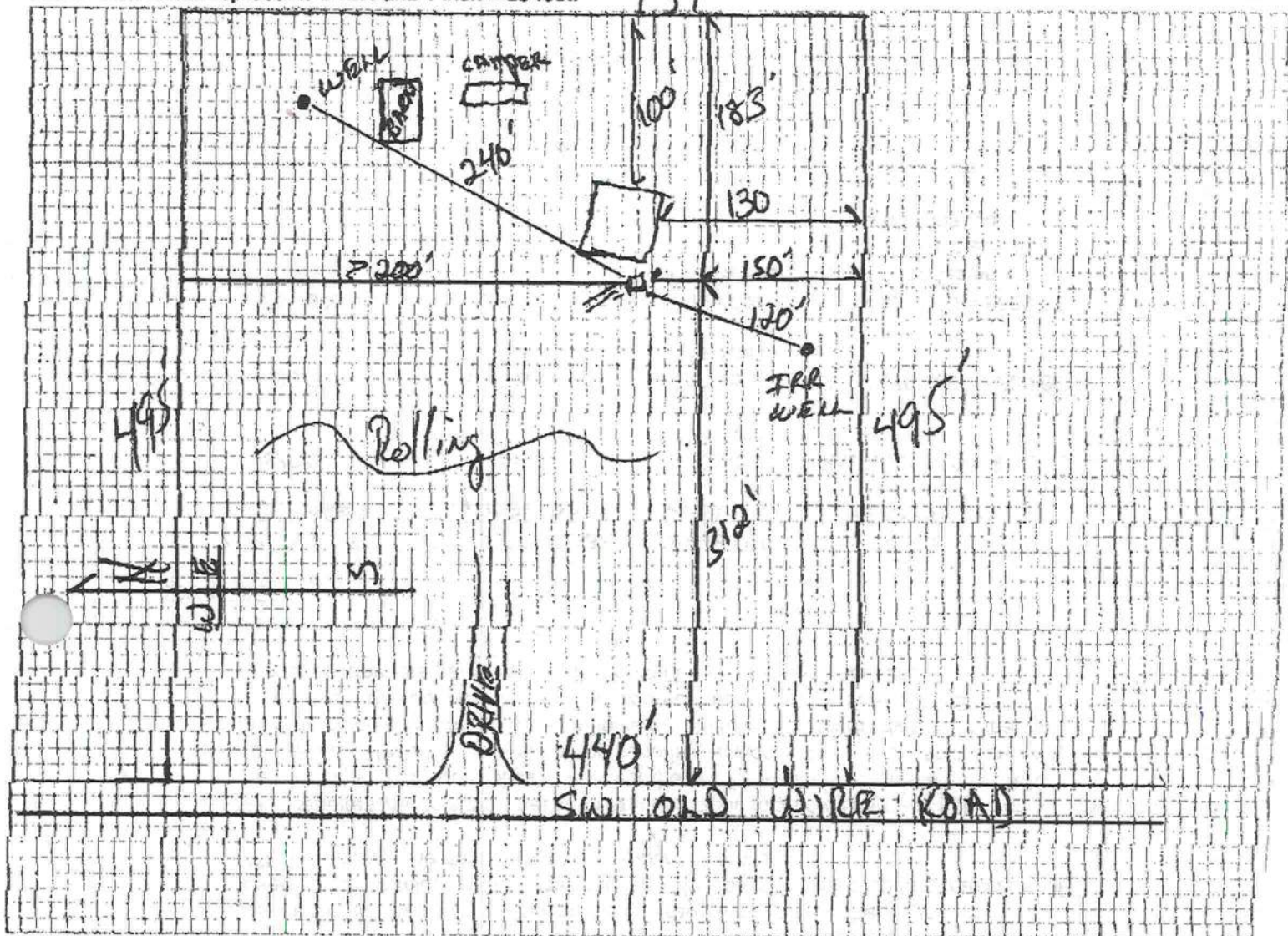
STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 03-1082N

PART II - SITE PLAN

Scale: Each block represents 5 feet and 1 inch = 100 feet.



Notes:

Site Plan submitted by: Rocky D F

Plan Approved ☒ Signature _____ Title _____

By John D Jr Not Approved _____ Date 12-11-03

Collier County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

PERMIT NUMBER

Installer

Melvin's Setups License # TH0000035

Address of home being installed

9981 Old Wire Rd.

Manufacturer

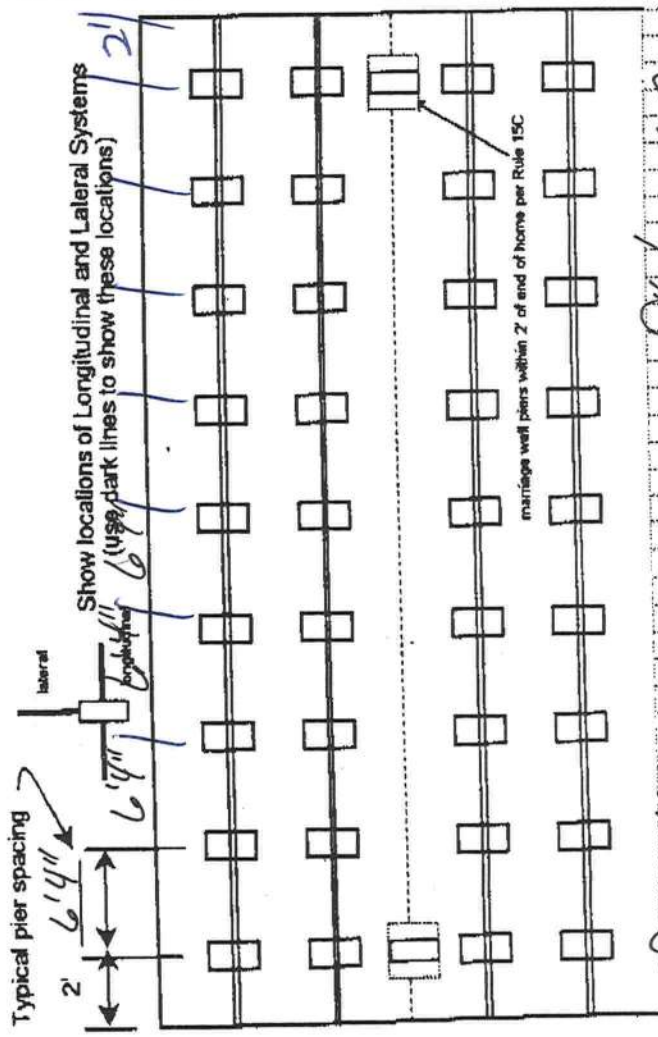
H. White Length x width 28 x 64 (60)

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 undersland Lateral Arm Systems cannot be used on any home (new or used) where the sidewall ties exceed 5 ft 4 in.

Installer's initials

MS



Poured concrete runners 8' deep x 2' -
#5 Bar steel -
6 minimum

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 #

216121

Triple/Quad



Serial #

GAHAC00414AB

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'	5'	6'	7'	8'	8'
1500 psf	4'6"	6'	7'	8'	9'	10'	10'
2000 psf	6'	8'	9'	10'	11'	12'	12'
2500 psf	7'6"	9'	10'	11'	12'	13'	13'
3000 psf	8'	10'	11'	12'	13'	14'	14'
3500 psf	8'	10'	11'	12'	13'	14'	14'

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

PIER PAD SIZES

I-beam pier pad size

17 1/2 x 22 1/2

Perimeter pier pad size

1

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

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

Longitudinal Stabilizing Device w/ Lateral Arms

Manufacturer 1101

OTHER TIES

Number

Sidewall

Longitudinal

Marriage wall

Shearwall

PERMIT NUMBER

POCKET PENETROMETER TEST

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

X 1500 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 1800 X 1600 X 1800

TORQUE PROBE TEST

The results of the torque probe test is 286 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.

MS Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Melvin Sheppard

Date Tested

1-2-04

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 ☒ Swale ☒ Pad ☐ 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, 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

MS

Type gasket Insulation

Installed:

Between Floors ☒
Between Walls ☒
Bottom of ridgebeam ☒

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

Melvin Sheppard Date 1-06-04

WARRANTY DEED

THIS INDENTURE, made this 15th day of December, 19 93.

Tim Cox and Dennis Cox both single

S.S. #

of the County of Columbia, State of Florida, grantor and

Willie W. Hasty and Madeline A. Hasty, his wife S.S. # 252-64-7972
whose mailing address is 6831 33rd St. N, St. Petersburg, 262-54-3932
of the County of Pinellas, State of Florida, grantee

WITNESSETH: This said grantor, for and in consideration of the sum of
Ten and no/100 to them in hand paid by the grantee(s), the receipt
whereof is hereby acknowledged, has/have granted, bargained, and sold to said
grantee(s), heirs and assigns forever, the following described land,
situate, lying and being in County, Florida, to wit:

See Schedule A

DOCUMENTARY STAMP 96.60
INTANGIBLE TAX 0
P. DEWITT CASON, CLERK OF
COURTS, COLUMBIA COUNTY
BY D. Christie D.C.

Tax Parcel Number:

and said grantor does hereby fully warrant the title to said land, and will
defend the same against the lawful claims of all persons whomsoever.

IN WITNESS WHEREOF, Grantor(s) has hereunto set grantor's hand and seal the
day and year first above written.

Signed, sealed and delivered in our presence:

[Signature]
Witness

Tim Cox [Signature]

[Signature]
Printed Name of Witness

Dennis Cox [Signature]

[Signature]
Witness

JONNA JONES
Printed Name of Witness
STATE OF

COUNTY OF

I hereby certify that on this day before me, an officer duly qualified to take
acknowledgments, personally appeared
Tim Cox and Dennis Cox

known to me the person(s) described in and who executed the foregoing
instrument, who acknowledged before me that executed the same, that I
relied upon the following form(s) of identification of the above-named
person(s): Personally known and that an
oath (was) (was not) taken.

Witness my hand and official seal in the County and State last aforesaid
this 10th day of April, 19 97.

Notary Signature

My Commission Expires: 3-15-97

OFFICIAL RECORD

0401-06



APPROXIMATE SCALE IN FEET
2000 0 2000

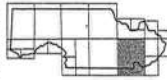
NATIONAL FLOOD INSURANCE PROGRAM

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/mit/fisc.