

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 7-1-15) Zoning Official _____ Building Official _____

AP# _____ Date Received _____ By _____ Permit # _____

Flood Zone _____ Development Permit _____ Zoning _____ Land Use Plan Map Category _____

Comments _____

FEMA Map# _____ Elevation _____ Finished Floor _____ River _____ In Floodway _____

Recorded Deed or Property Appraiser PO Site Plan EH # _____ 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 Out County In County Sub VF Form

Property ID # 32-3S-16-02430-015 Subdivision _____ Lot# _____

- New Mobile Home Used Mobile Home MERIT MH Size 28x54 Year 1990
- Applicant Kayla Johnson Phone # 3862882337
- Address 181 SW Rizzo Gln Lake City FL 32024
- Name of Property Owner Kayla Johnson Phone# 3862882337
- 911 Address 181 SW Rizzo Gln Lake City FL 32024
- Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Duke Energy
- Name of Owner of Mobile Home Kayla Johnson Phone # 3862882337
Address 181 SW Rizzo Gln Lake City FL 32024
- Relationship to Property Owner Self
- Current Number of Dwellings on Property One
- Lot Size 165 x 233.83 Total Acreage 0.89
- 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 Yes
- Driving Directions to the Property Take 90 west towards live Oak. Turn left on Thomas Terr. on left off of 90 right before Russell's, go down four houses take left on Rizzo Gln. then first drive on left.
- Name of Licensed Dealer/Installer _____ Phone # _____
- Installers Address _____
- License Number _____ Installation Decal # _____

email Kayla.johnson1988@gmail.com

Mobile Home Permit Worksheet

Application Number: _____

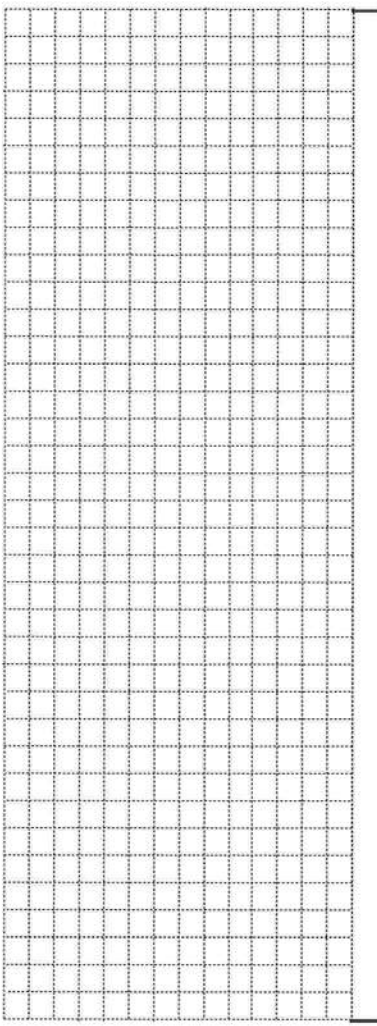
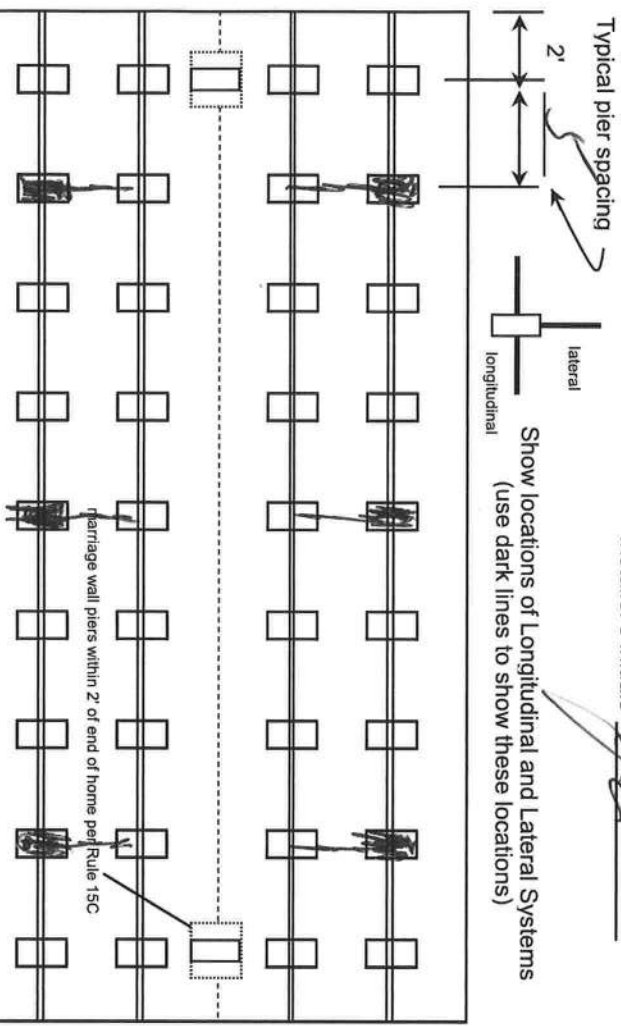
Date: _____

Installer: JAMES FOLY License # ZH1078536
 Address of home being installed: 181 SW R1220 6th Ave
OKI 71 32024

Manufacturer: Merif Length x width: 28x54

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: [Signature]



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 # 54893

Triple/Quad Serial # _____

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	Footer size (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: 17x22
 Perimeter pier pad size: 14x16
 Other pier pad sizes (required by the mfg.): 21x31

POPULAR PAD SIZES

Pad Size	Sq In
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

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: 26x31

FRAME TIES

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

OTHER TIES

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD) _____ Number: 2
 Manufacturer _____
 Longitudinal Stabilizing Device w/ Lateral Arms _____
 Manufacturer _____

Sidewall Longitudinal Marriage wall Shearwall _____

Mobile Home Permit Worksheet

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 1000 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 07 inch pounds or check here if you are declaring 5' anchors without testing 07. 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 understand 5 ft anchors are required at all centerline the points where the torque test reading is 275 or less and where the mobile home manufacturer may requires anchors with 4000 lb holding capacity.

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name James Foley
 Date Tested 4-9-22 Installer's initials JF

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. 7

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 1

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 1

Application Number: _____

Date: _____

Site Preparation

Debris and organic material removed _____
 Water drainage: Natural Swale Pad Other

Fastening multi wide units

Floor: Type Fastener: PHS Length: 5 Spacing: 2
 Walls: Type Fastener: PHS Length: 5 Spacing: 2
 Roof: Type Fastener: PHS Length: 5 Spacing: 2
 For used homes PHS 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 JF

Type gasket SEA1
 Pg. _____
 Installed: _____
 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 JF

Date 4-9-22

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR _____ PHONE _____

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.

<p>ELECTRICAL</p>	<p>Print Name <u>Kayla Johnson</u></p> <p>License #: <u>owner</u></p> <p align="center">Qualifier Form Attached <input type="checkbox"/></p>	<p>Signature <u>Kayla Johnson</u></p> <p>Phone #: <u>386-233-2337</u></p>
<p>MECHANICAL/ A/C</p>	<p>Print Name <u>Kayla Johnson</u></p> <p>License #: <u>owner</u></p> <p align="center">Qualifier Form Attached <input type="checkbox"/></p>	<p>Signature <u>Kayla Johnson</u></p> <p>Phone #: <u>386-233-2337</u></p>

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.

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED _____ BY _____ IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? NO

OWNERS NAME Kayla Johnson PHONE _____ CELL 3862882337

ADDRESS 212 Landress Lake City, Fl. 32055

MOBILE HOME PARK No SUBDIVISION No

DRIVING DIRECTIONS TO MOBILE HOME Take 41 N to Lassie Black Rd turn right on Landress go down 4 houses on right. Single wide in front yard (1990 merit sitting on the side.)

MOBILE HOME INSTALLER _____ PHONE _____ CELL _____

MOBILE HOME INFORMATION

MAKE Merit YEAR 1990 SIZE 28 X 54 COLOR TAU

SERIAL No. FLHMLCP28191835868AB

WIND ZONE 2 Must be wind zone II or higher NO WIND ZONE I ALLOWED

INSPECTION STANDARDS

INTERIOR:

(P or F) - P= PASS F= FAILED

_____ SMOKE DETECTOR () OPERATIONAL MISSING

_____ FLOORS SOLID () WEAK () HOLES DAMAGED LOCATION _____

_____ DOORS OPERABLE () DAMAGED

_____ WALLS SOLID () STRUCTURALLY UNSOUND

_____ WINDOWS OPERABLE () INOPERABLE

_____ PLUMBING FIXTURES OPERABLE () INOPERABLE () MISSING

_____ CEILING SOLID () HOLES () LEAKS APPARENT

_____ ELECTRICAL (FIXTURES/OUTLETS) OPERABLE () EXPOSED WIRING () OUTLET COVERS MISSING () LIGHT FIXTURES MISSING

EXTERIOR:

_____ WALLS / SIDING LOOSE SIDING () STRUCTURALLY UNSOUND () NOT WEATHERTIGHT NEEDS CLEANING

_____ WINDOWS () CRACKED/ BROKEN GLASS SCREENS MISSING () WEATHERTIGHT

_____ ROOF () APPEARS SOLID DAMAGED

STATUS

APPROVED _____ WITH CONDITIONS: _____

NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE _____ ID NUMBER _____ DATE _____

License Number: IH / 1078536 / 1 Name: JAMES FOLEY

Order #: 5121	Label #: 84893	Manufacturer:	(Check Size of Home)
Homeowner:	Year Model:	Length & Width:	Single _____
Address:	Type Longitudinal System:	Type Lateral Arm System:	Double _____
City/State/Zip:	Phone #:	Date Installed:	Triple _____
Installed Wind Zone:	New Home: _____	Used Home: _____	HUD Label #:
Note:	Data Plate Wind Zone:	Soil Bearing / PSF:	Torque Probe / in-lbs:
		Permit #:	

STATE OF FLORIDA
INSTALLATION CERTIFICATION LABEL

84893

LABEL #

DATE OF INSTALLATION

JAMES FOLEY

NAME

IH / 1078536 / 1

5121

LICENSE #

ORDER #

CERTIFIES THAT THE INSTALLATION OF THIS MOBILE HOME IS
IN ACCORDANCE WITH FLORIDA STATUTES 320.8249, 320.8325
AND RULES OF THE HIGHWAY SAFETY AND MOTOR VEHICLES.

INSTRUCTIONS

PLEASE WRITE DATE OF
INSTALLATION AND AFFIX
LABEL NEXT TO HUD LABEL.
USE PERMANENT INK PEN
OR MARKER ONLY.
COMPLETE INFORMATION
ABOVE AND KEEP ON FILE
FOR A MINIMUM OF 2 YEARS.
YOU ARE REQUIRED TO
PROVIDE COPIES WHEN
REQUESTED.

Columbia County Property Appraiser

Jeff Hampton

2022 Working Values

updated: 4/14/2022

Parcel: << 32-3S-16-02430-015 (9582) >>

Aerial Viewer Pictometry Google Maps

Owner & Property Info		Result: 1 of 1	
Owner	JOHNSON KAYLA 181 SW RIZZO GLN LAKE CITY, FL 32024		
Site	181 SW RIZZO Gln, LAKE CITY		
Description*	LOT 15 KALWAY S/D UNREC: COMM NW COR, RUN NE 80 DEG 700.66 FT, S 233.87 FT, W 188.17 FT FOR POB, RUN S 233.83 FT, W 165 FT, N 233.83 FT, E 165 TO POB. AG 844-1955, WD 852-2116, DC 1119-582,607, WD 1406-804,		
Area	0.89 AC	S/T/R	32-3S-16E
Use Code**	MOBILE HOME (0200)	Tax District	3
<small>*The Description above is not to be used as the Legal Description for this parcel in any legal transaction. **The Use Code 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.</small>			



Property & Assessment Values			
2021 Certified Values		2022 Working Values	
Mkt Land	\$11,750	Mkt Land	\$8,500
Ag Land	\$0	Ag Land	\$0
Building	\$15,474	Building	\$16,194
XFOB	\$1,850	XFOB	\$5,100
Just	\$29,074	Just	\$29,794
Class	\$0	Class	\$0
Appraised	\$29,074	Appraised	\$29,794
SOH Cap [?]	\$0	SOH Cap [?]	\$0
Assessed	\$29,074	Assessed	\$29,794
Exempt	\$0	Exempt	\$0
Total Taxable	county:\$29,074 city:\$0 other:\$0 school:\$29,074	Total Taxable	county:\$29,794 city:\$0 other:\$0 school:\$29,794

Sales History						
Sale Date	Sale Price	Book/Page	Deed	V/I	Qualification (Codes)	RCode
1/7/2020	\$16,000	1406/0804	WD	I	U	30
8/28/1997	\$7,250	0844/1955	AD	V	Q	
10/3/1994	\$0	0797/1488	WD	V	U	03

Building Characteristics					
Bldg Sketch	Description*	Year Blt	Base SF	Actual SF	Bldg Value
Sketch	MOBILE HME (0800)	1979	1314	1594	\$16,194

*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.

Extra Features & Out Buildings (Codes)					
Code	Desc	Year Blt	Value	Units	Dims
0296	SHED METAL	1998	\$200.00	1.00	0 x 0
0169	FENCE/WOOD	2006	\$1,200.00	1.00	0 x 0
9945	Well/Sept		\$3,250.00	1.00	0 x 0
0296	SHED METAL	2014	\$50.00	1.00	0 x 0
0040	BARN,POLE	2017	\$400.00	1.00	0 x 0

Land Breakdown					
Code	Desc	Units	Adjustments	Eff Rate	Land Value
0200	MBL HM (MKT)	1.000 LT (0.890 AC)	1.0000/1.0000 1.0000/ /	\$8,500 /LT	\$8,500

Search Result: 1 of 1

This Instrument Prepared by & return to:
Name: KAYLA JOHNSON
Address: 181 SW RIZZO GLEN
Lake City, FL 32024

Inst: 202012004446 Date: 02/24/2020 Time: 3:14PM
Page 1 of 2 B: 1406 P: 804, P.DeWitt Cason, Clerk of Court Colu
County, By: BS
Deputy Clerk Doc Stamp Deed: 112.00

Parcel I.D. #: 02430-015

SPACE ABOVE THIS LINE FOR PROCESSING DATA

SPACE ABOVE THIS LINE FOR RECORDING DATA

THIS WARRANTY DEED Made the 7th day of January, A.D. 2020 by **MATTIE M. CONNER, A WIDOW**, hereinafter called the grantors, to **KAYLA JOHNSON, A MARRIED PERSON** whose post office address is **181 SW RIZZO GLEN, LAKE CITY, FL 32024**, hereinafter called the grantees:

(Wherever used herein the terms "grantors" and "grantees" include all the parties to this instrument, singular and plural, the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporations, wherever the context so admits or requires.)

Witnesseth: That the grantors, for and in consideration of the sum of \$10.00 and other valuable consideration, receipt whereof is hereby acknowledged, do hereby grant, bargain, sell, alien, remise, release, convey and confirm unto the grantees all that certain land situate in **Columbia County, State of Florida**, viz:

See Exhibit "A"

LEGAL PROVIDED BY GRANTOR.
THIS DEED WAS PREPARED WITHOUT THE BENEFIT OF A TITLE SEARCH OR SURVEY AND MAKES NO WARRANTIES AGAINST SAME.

Together with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

To Have and to Hold the same in fee simple forever.

And the grantors hereby covenant with said grantees that they are lawfully seized of said land in fee simple; that they have good right and lawful authority to sell and convey said land, and hereby fully warrant the title to said land and will defend the same against the lawful claims of all persons whomsoever, and that said land is free of all encumbrances, except taxes accruing subsequent to December 31, 2019.

In Witness Whereof, the said grantors have signed and sealed these presents, the day and year first above written.

Signed, sealed and delivered in the presence of:

Patricia Lang
Witness Signature **PATRICIA LANG**

Mattie M Conner L.S.
MATTIE M CONNER
3010 W US HWY 90 STE 102
LAKE CITY, FL 32055

Printed Name
Brandi Brown
Witness Signature **BRANDI BROWN**

Printed Name

STATE OF FLORIDA
COUNTY OF COLUMBIA

The foregoing instrument was acknowledged before me this 7th day of January, 2020 by **MATTIE M. CONNER**, who are known to me or who have produced Driver's License as identification.



Patricia Lang
Notary Public
My commission expires 2-5-23

Exhibit "A"

Description - Lot 15

A parcel of land lying in the NW 1/4 of NW 1/4 of NW 1/4 of Section 32, Township 3 South, Range 16 East, Columbia County, Florida said parcel being more particularly described as follows:

Commence at the Northwest corner of said Section 32 and run North 89 degrees, 02 minutes and 56 seconds East, along the Northerly boundary thereof, 700.66 feet to the Northeast corner of the West 1/2 of said 1/4 of NW 1/4; thence South 05 degrees, 34 minutes and 10 seconds West, along the Easterly boundary of said West 1/2, a distance of 233.87 feet; thence South 89 degrees, 39 minutes and 00 seconds West, 188.17 feet; thence to the Point of Beginning. From Point of Beginning thus described run South 04 degrees, 23 minutes, and 04 seconds West, 233.83 feet to the Northerly boundary of the right of way of a 60 foot roadway; thence South 89 degrees, 39 minutes and 00 seconds West, long last said Northerly boundary, 165.00 feet; thence North 04 degrees, 23 minutes and 04 seconds East, 233.83 feet; thence North 89 degrees, 39 minutes and 00 seconds East, 165.00 feet to the Point of Beginning.

Above described parcel being Lot 15 of Kal-Way Subdivision Unit 1 as per survey by Guy Moore Inc. dated October 31, 1973.

Above described parcel being conveyed with a right of ingress, egress and utilities over the following described parcel.

Description - Easement for ingress and utilities

A parcel of land lying in the NW 1/4 of NW 1/4 of Section 32, Township 3 South, Range 16 East, Columbia County, Florida; said parcel being more particularly described as follows:

Commence at the Northwest corner of said Section 32 and run North 89 degrees, 02 minutes and 56 seconds East, along the Northerly boundary thereof, 12.00 feet to the Easterly boundary of the right of way of a county maintained road; thence South 04 degrees, 23 minutes and 04 seconds West, along said Easterly boundary, 460.14 feet to the Point of Beginning. From Point of Beginning thus described run North 89 degrees, 39 minutes and 00 seconds East, 678.31 feet to the Easterly boundary of the West 1/2 of said NW 1/4 of NW 1/4; thence South 05 degrees, 34 minutes and 10 seconds West, along last said Easterly boundary, 60.44 feet; thence South 89 degrees, 39 minutes and 00 seconds West, 677.05 feet to the aforesaid Easterly boundary of the right of way of a county maintained road; thence North 04 degrees, 23 minutes and 04 seconds East, along last said Easterly boundary, 60.00 feet to the Point of Beginning.



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

PERMIT NO. 22-0184
DATE PAID: 3/3/22
FEE PAID: 62.00
RECEIPT #: 1807992

APPLICATION FOR:

- New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary

APPLICANT: Kayla Johnson

AGENT: _____ TELEPHONE: 386-288-2337

MAILING ADDRESS: 181 SW Rizzo Gln Lake City Fl. 32024

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: 15 BLOCK: _____ SUBDIVISION: Ksl Way PLATTED: _____

PROPERTY ID #: 32-35-16-02435-015 ZONING: _____ I/M OR EQUIVALENT: [Y] [N]

PROPERTY SIZE: 0.89 ACRES WATER SUPPLY: PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 181 SW Rizzo Gln Lake City Fl. 32024

DIRECTIONS TO PROPERTY: Take Hwy 90 west towards live oak. Right before Russel's take left on Thomas Ter. go down 4 houses the take left on Rizzo Gln. first drive on left.

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	mobile Home	2	1540	
2				ORIGINAL ATTACHED
3				
4				

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

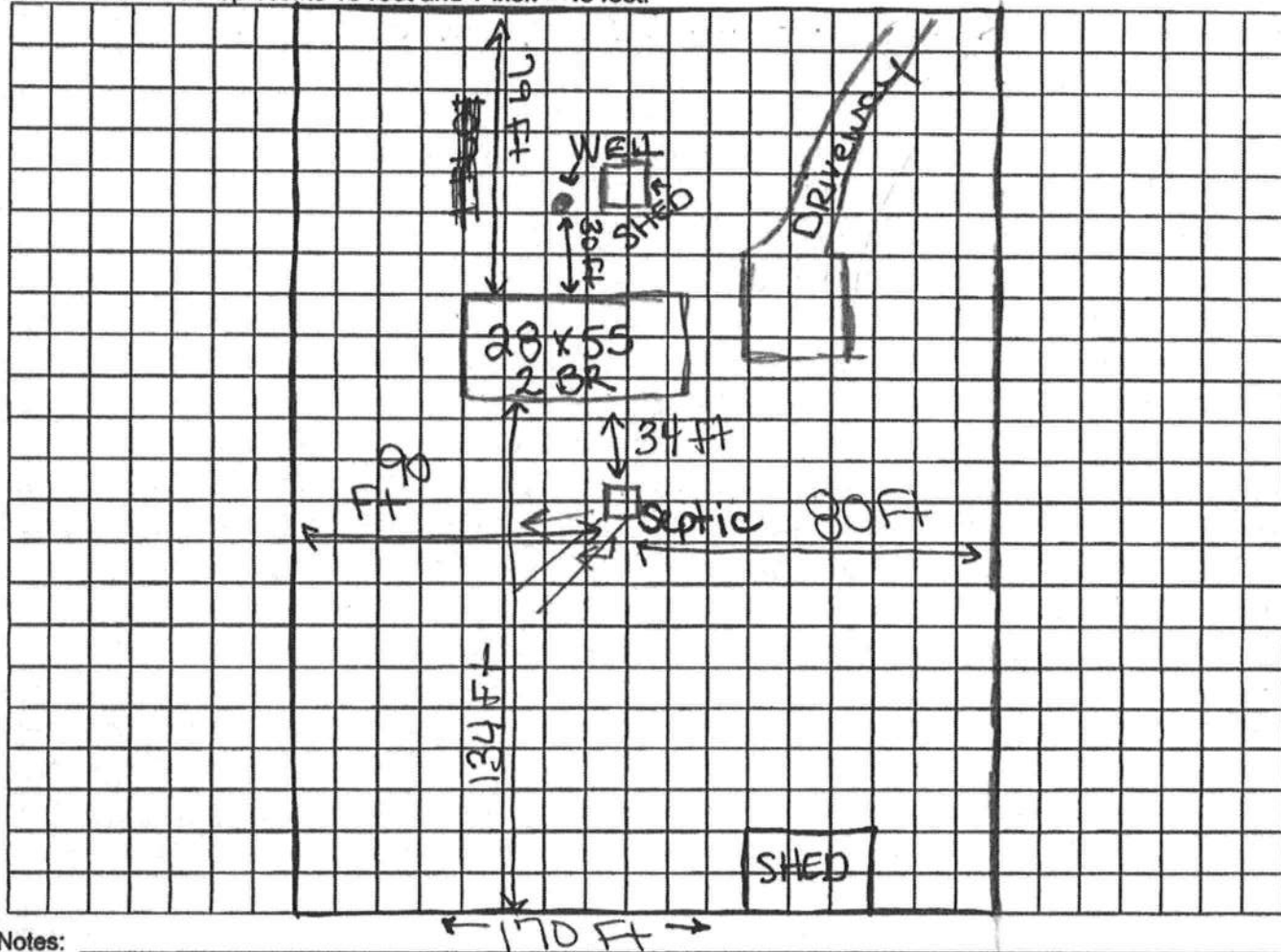
SIGNATURE: Kayla Johnson DATE: 3-2-2022

STATE OF FLORIDA
 DEPARTMENT OF HEALTH
 APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 22-0184

----- PART II - SITEPLAN -----

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



Notes:

Site Plan submitted by Kayla Johnson

Plan Approved Not Approved

By [Signature]

Columbia CHD

Columbia CHD

Date 3-2-22

County Health Department

3/8/22

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Manufacturer Address

HOMES OF MERIT
P.O. BOX 2097
LEAKE CITY, FLORIDA 32056

Plant Number #1

Date of Manufacture _____ HUD No. 455992-B 455993-A

Manufacturer's Serial Number and Model Unit Designation

FLHMLCP2819-183-5868AD

Design Approval by I.D.A.R.A.

HILLBORN, WERNER & CARTER

This manufacturer has agreed to comply with the federal manufactured home construction code at time of manufacture. (For additional information, consult owner's manual.)

COMPLIANCE CERTIFICATE

The factory installed equipment includes:

Equipment	Manufacturer	Model Designation
For heating		
For air cooling		
For cooking		
Refrigerator		
Water heater		
Washer		
Clothes Dryer		
Dishwasher		
Garbage Disposal		
Fireplace		

STRUCTURAL DESIGN BASIS CERTIFICATE



HEATING AND COOLING DESIGN BASIS CERTIFICATE

COMFORT HEATING

This manufactured home has been thermally insulated to conform with the requirements of the federal manufactured home construction and safety standards for this climatic zone.

Heating equipment manufacturer and model (see list at left). The above heating equipment has the capacity to maintain an average 70° F temperature in this home at outdoor temperatures of _____ F.

To maximize furnace operating economy, and to conserve energy, it is recommended that this home be installed where the outdoor winter design temperature (BTU/h) is not less than _____ degrees Fahrenheit.

The above information has been calculated assuming a maximum wind velocity of standard atmospheric pressure.

COMFORT COOLING

Air conditioner provided at factory (Alternate I)

Air conditioner manufacturer and model (see list at left). Certified capacity _____ B.T.U. hour in accordance with the applicable air conditioning and refrigeration institute standards. The central air conditioning system provided in this home has been sized assuming orientation of the front (rich end) of the home facing _____ On this basis the system is designed to maintain an indoor temperature of 75° F when outdoor temperatures are _____ F dry bulb and _____ F wet bulb.

The temperature to which this home can be cooled will change depending upon amount of exposure of the windows of this home to the sun's radiant heat. Therefore, home's heat gains will vary dependent upon its orientation to the sun and any permanent shading provided. Information concerning the calculation of cooling loads at various locations, window exposures and shadings are provided in Chapter 22 of the 1963 Edition of the ASHRAE Handbook of Fundamentals.

Information necessary to calculate cooling loads at various locations and orientations is provided in the special comfort cooling information provided with this home.

Air conditioner not provided at factory (Alternate II)

The air distribution system of this home is suitable for the installation of central air conditioning.

The supply air distribution system installed in this home is sized for a manufactured home central air conditioning system of up to 20,000 B.T.U. per hour capacity which are certified in accordance with the applicable air conditioning and refrigeration institute standards, when the air circulation of such air conditioning is rated at 0.3 inch water column static pressure or greater for the cooling air delivery to the manufactured home supply air duct system.

Information necessary to calculate cooling loads at various locations and orientations is provided in the special comfort cooling information provided with this manufactured home.

Air conditioning not recommended (Alternate III)

The air distribution system of this home has not been designed in anticipation of its use with a central air conditioning system.

INFORMATION PROVIDED BY THE MANUFACTURER NECESSARY TO CALCULATE SENSIBLE HEAT GAIN

Walls (without windows and doors)	U = 0.07
Ceilings and roofs of light color	U = 0.17
Ceilings and roofs of dark color	U = 0.17
Floors	U = 0.22
Air ducts in floor	U = 1.19
Air ducts in ceiling	U = 1.19
Air ducts installed outside the home	U = 1.19
The following are the duct areas in this home:	
Air ducts in floor	99 sq. ft.
Air ducts in ceiling	99 sq. ft.
Air ducts outside the home	10 sq. ft.

To determine the required capacity of equipment to cool a home efficiently and economically, a cooling load (heat gain) calculation is required. The cooling load is dependent on the orientation, location and the structure of the home. Central air conditioners operate most efficiently and provide the greatest comfort when their capacity closely approximates the calculated cooling load. Each home's air conditioner should be sized in accordance with Chapter 22 of the American Society of Heating, Refrigerating and Air Conditioning Engineers (ASHRAE) Handbook of Fundamentals, once the location and orientation are known.

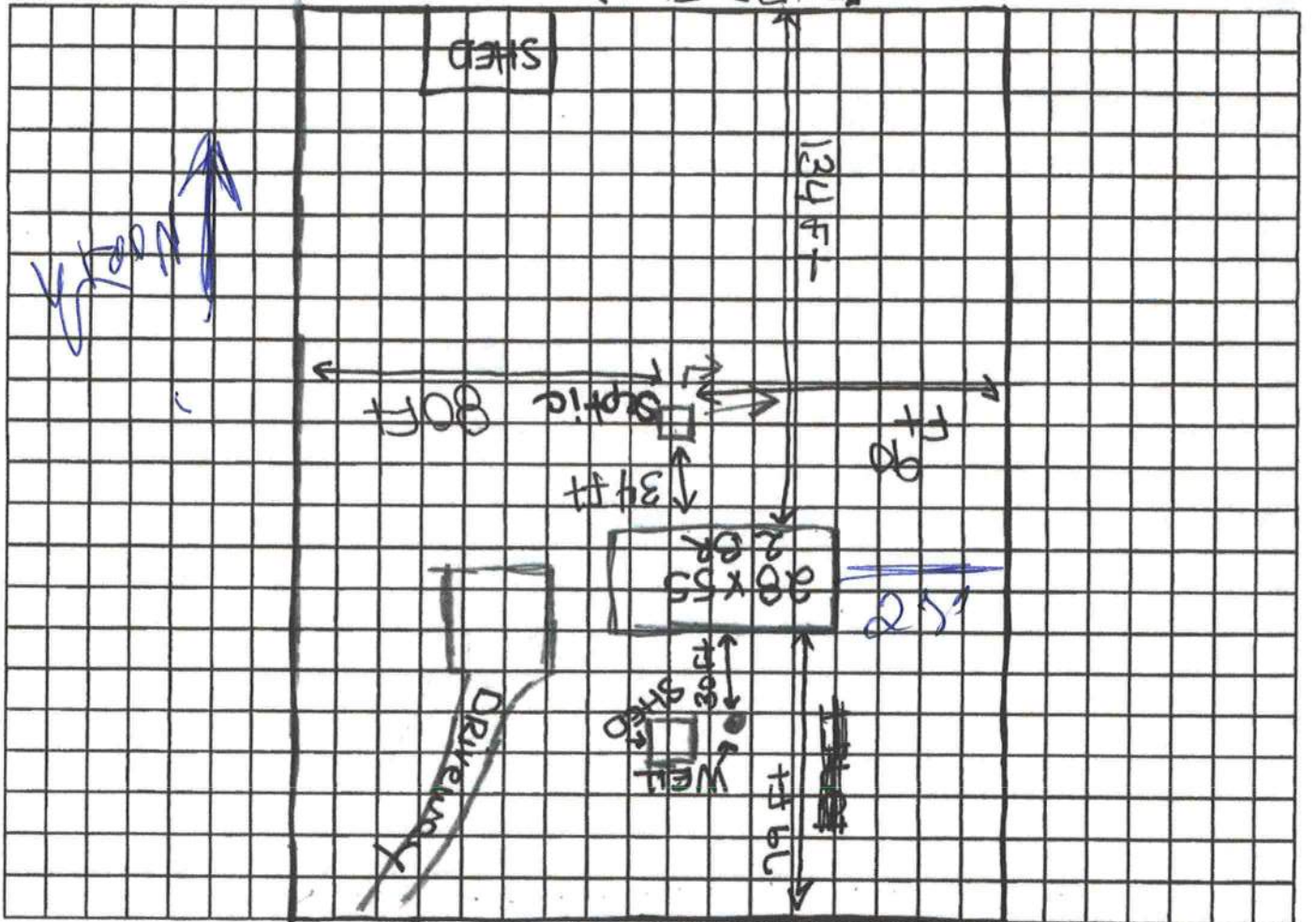


ED-695
REV. 3/87

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number _____

-----PART II - SITEPLAN-----



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

Notes:

Site Plan submitted by Theresa Johnson
Plan Approved _____ Not Approved _____
By _____ County Health Department
Date 3.2.22

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Parcel:
32-3S-16-02430-015 (9582)

Owner & Property Info

Result: 2 of 2

Owner	JOHNSON KAYLA 181 SW RIZZO GLN LAKE CITY, FL 32024		
Site	181 SW RIZZO Gln, LAKE CITY		
Description*	LOT 15 KALWAY S/D UNREC: COMM NW COR, RUN NE 80 DEG 700.66 FT, S 233.87 FT, W 188.17 FT FOR POB, RUN S 233.83 FT, W 165 FT, N 233.83 FT, E 165 TO POB. AG 844-1955, WD 852-2116, DC 1119-582,607, WD 1406-804,		
Area	0.89 AC	S/T/R	32-3S-16E
Use Code**	MOBILE HOME (0200)	Tax District	3



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

MOBILE HOME INSTALLERS LETTER OF AUTHORIZATION

I, James Foley, give this authority for the job address show below
Installer License Holder Name

only, 181 SW Rizzo Gln Lake City Fl. 32024, and I do certify that
Job Address

the below referenced person(s) listed on this form is/are under my direct supervision and control and is/are authorized to purchase permits, call for inspections and sign on my behalf.

Printed Name of Authorized Person	Signature of Authorized Person	Authorized Person is... (Check one)
Kyle Johnson	<i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input checked="" type="checkbox"/> Property Owner
		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and I am fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances.

I understand that the State Licensing Board has the power and authority to discipline a license holder for violations committed by him/her or by his/her authorized person(s) through this document and that I have full responsibility for compliance granted by issuance of such permits.

[Signature] License Holders Signature (Notarized) JM1078576 License Number 4-9-22 Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Suwannee

The above license holder, whose name is James Foley, personally appeared before me and is known by me or has produced identification (type of I.D.) See Attached on this 9 day of April, 20 22

[Signature]
 NOTARY'S SIGNATURE

(Seal/Stamp)





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: **6/22/2020 2:45:43 PM**

Address: **181 SW RIZZO GLN**

City: **LAKE CITY**

State: **FL**

Zip Code **32024**

Parcel ID **32-3S-16-02430-015**

REMARKS: **This address is a verified address in the county's addressing system.**

Verification ID: 171583fb-406d-45f8-aca8-de4b17176a4c

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: **GIS Specialist**

Columbia County GIS/911 Addressing Coordinator