PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-11) Zoning Official BLK 12 July 2012 Building Official

AP# 1207-16 Date Received 7/9/12 By LH Permit # 30313

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

Comments Replacing existing MH

FEMA Map# N/A Elevation N/A Finished Floor Above Rd River N/A In Floodway N/A

☑ Site Plan with Setbacks Shown ☑ EH # 12-0335 ☐ EH Release ☐ Well letter ☒ Existing well

☑ Recorded Deed or Affidavit from land owner ☐ Installer Authorization ☒ State Rd Access ☐ 911 Sheet

☐ Parent Parcel # ☐ STUP-MH ☐ F W Comp. letter ☑ App Fee Pd ☐ VF Form

IMPACT FEES: EMS Fire Corr ☑ Out County ☐ In County

Road/Code School = TOTAL Suspended March 2009 ☒ Ellisville Water Sys

Property ID # 21-5S-16-03671-016 Subdivision Southern Hills Lot 16 BLK A

- New Mobile Home ____ Used Mobile Home ✓ MH Size 28X66 Year 2006
- Applicant Robert Minnella Phone # (352)472-6010
- Address 25743 SW 22 PL Newberry, FL 32669
- Name of Property Owner Marsha Giorgianni Phone# (386)288-5179
- 911 Address 789 SW Sebastion Cir, Lake City, FL 32024
- Circle the correct power company - **FL Power & Light** - **(Clay Electric)**
  (Circle One) - **Suwannee Valley Electric** - **Progress Energy**

- Name of Owner of Mobile Home Marsha Giorgianni Phone # (386)288-5179
  Address 789 SW Sebastion Circle
- Relationship to Property Owner Same
- Current Number of Dwellings on Property 1
- Lot Size 363 x 486 Total Acreage 4.01
- Do you : Have **(Existing Drive)** (Currently using) or **Private Drive** (Blue Road Sign) or need **Culvert Permit** (Putting in a Culvert) or **Culvert Waiver** (Not existing but do not need a Culvert) (Circle one)
- Is this Mobile Home Replacing an Existing Mobile Home (Yes)
- Driving Directions to the Property SR 47 S past I-75 to Bedrock (TR) to Sebastian Circle (TL) Follow around curve to prop on left.

- Name of Licensed Dealer/Installer Rusty L Knowles Phone # (386)397-0886
- Installers Address 5801 SW SR 47 Lake City, FL 32024
  - License Number IH 1038219 Installation Decal # 8968

- Jw called & spoke w/ Nancy 7.11.12

CK# 6026

Columbia County Property Appraiser

CAMA updated: 6/7/2012

2011 Tax Year

Tax Collector | Tax Estimator | Property Card | Parcel List Generator | Interactive GIS Map | Print

Parcel: 21-5S-16-03671-016

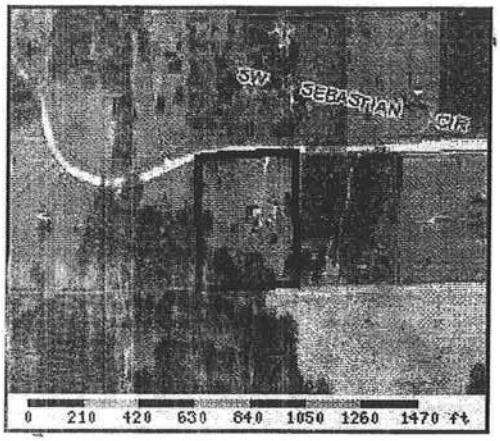
[<< Next Lower Parcel] [Next Higher Parcel >>]

<< Prev Search Result: 10 of 13 Next >>

Owner & Property Info

Owner's Name	GIORGIANNI CHARLES ROBERT &		
Mailing Address	MARSHA W 789 SW SEBASTIAN CIRCLE LAKE CITY, FL 32024		
Site Address	789 SW SEBASTION CIR		
Use Desc. (code)	MOBILE HOM (000200)		
Tax District	3 (County)	**Neighborhood**	21516
Land Area	4.010 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 16 BLOCK A SOUTHERN HILLS S/D. ORB 637-749, 695-490, WD 844-2120,



Property & Assessment Values

2011 Certified Values		
Mkt Land Value	cnt: (0)	$26,624.00
Ag Land Value	cnt: (2)	$0.00
Building Value	cnt: (1)	$16,228.00
XFOB Value	cnt: (3)	$5,508.00
Total Appraised Value		$48,360.00
Just Value		$48,360.00
Class Value		$0.00
Assessed Value		$48,360.00
Exempt Value	(code: HX)	$25,000.00
Total Taxable Value		Cnty: $23,360 Other: $23,360 | Schl: $23,360

2012 Working Values

NOTE:
2012 Working Values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

Show Working Values

Sales History

Show Similar Sales within 1/2 mile

Sale Date	OR Book/Page	OR Code	Vacant / Improved	Qualified Sale	Sale RCode	Sale Price
11/23/1987	637/749	QC	V	U		$11,800.00
11/23/1987	695/490	AG	V	U		$11,735.00
11/1/1985	609/294	AA	V	Q		$12,100.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	MOBILE HME (000800)	1993	AL SIDING (26)	1130	1180	$15,109.00
	Note: All S.F. calculations are based on exterior building dimensions.					

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0296	SHED METAL	2006	$2,304.00	0000192.000	12 x 16 x 0	(000.00)
0070	CARPORT UF	2006	$900.00	0000360.000	18 x 20 x 0	(000.00)
0296	SHED METAL	2006	$2,304.00	0000192.000	12 x 16 x 0	(000.00)

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 Rusty L. Knowles License # IH-1038219

911 Address where home is being installed 789 SW Sebastion Circle, Lake City, FL

Manufacturer Scotbuilt Length x width 28x66 Box

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 RK

New Home ☐ Used Home ☒

Home Installed to the Manufacturer's Installation Manual ☐

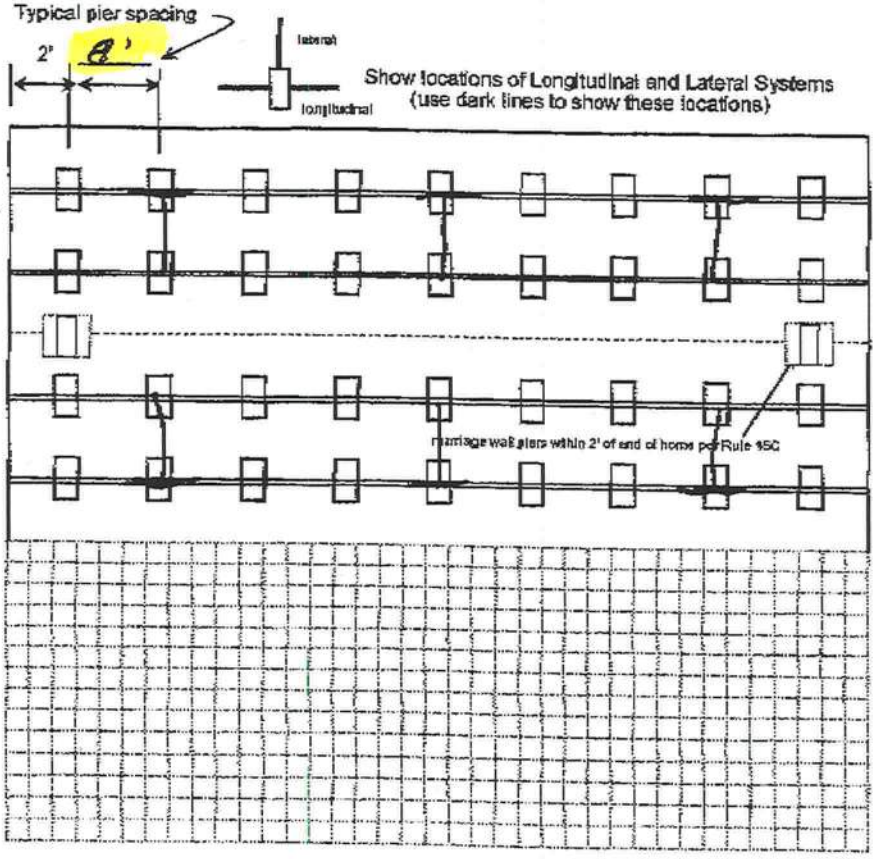
Home is installed in accordance with Rule 15-C ☐

Single wide ☐ Wind Zone II ☒ Wind Zone III ☐

Double wide ☒ Installation Decal # 8968

Triple/Quad ☐ Serial # SBUGA1090G1567AB (726)

Typical pier spacing



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'
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 23 1/4 x 3 1/4

Perimeter pier pad size NA

Other pier pad sizes (required by the mfg.) 16 x 16

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
20'	24x24

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

ANCHORS

4 ft ✓ 5 ft ✓

FRAME TIES

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

OTHER TIES

	Number
Sidewall	24
Longitudinal	6
Marriage wall	2 mid
Shearwall	2 mid

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer

Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer River Tech or equiv

07/07/2017 04:50 3524720104 ROB AND NANCY PAGE 07/09

COLUMBIA COUNTY PERMIT WORKSHEET

POCKET PENETROMETER TEST

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

x 1.0 x 1.0 x 1.0

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 1.0 x 1.0 x 1.0

TORQUE PROBE TEST

The results of the torque probe test is NA using NOU 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. 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.

RJK Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Rusty L. Kwaiter

Date Tested 7-3-12

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. 15L-1

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 15L-1

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 15L-1

Site Preparation

Debris and organic material removed ✓

Water drainage: Natural _____ Swale _____ Pad ✓ Other _____.

Fastening multi wide units

Floor:	Type Fastener: Lags	Length: 6"	Spacing: 20"
Walls:	Type Fastener: Screws	Length: 4"	Spacing: 24"
Roof:	Type Fastener: Staple	Length: 1 3/4 NP	Spacing: 48"

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 RJK

Type gasket Roll Foam Pg. 15L-1

Installed:
Between Floors Yes ✓
Between Walls Yes ✓
Bottom of ridgebeam Yes _____

Weatherproofing

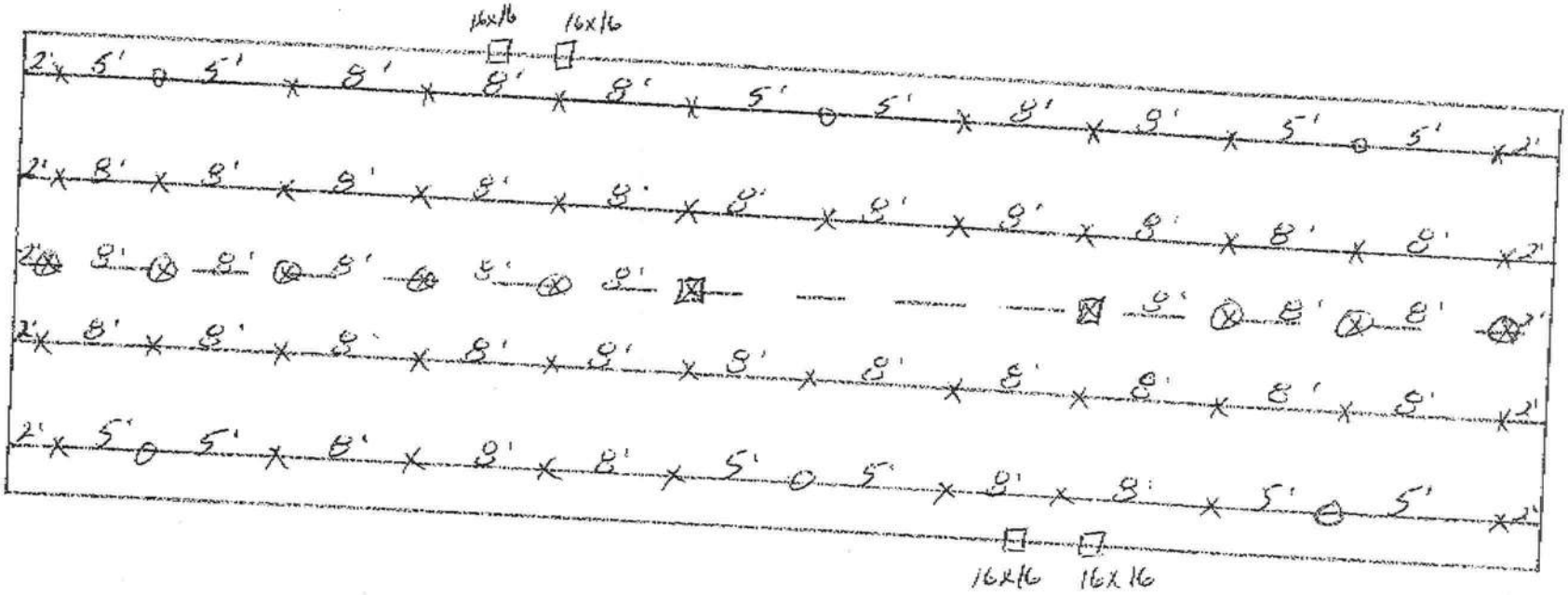
The bottomboard will be repaired and/or taped. Yes ✓ Pg. 15L-1
Siding on units is installed to manufacturer's specifications. Yes ✓
Fireplace chimney installed so as not to allow intrusion of rain water. Yes ✓

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: 15L-1 May or may not have page #s

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

Installer Signature _____ Date 7-3-12



O - 6. 11 or V All steel foundations from Oliver technology

X - I Beam piers 8' o.c. using 23¼ x 31¼ Abs pads

⊗ - Center line piers 8' o.c. using 16 x 16 Abs pads

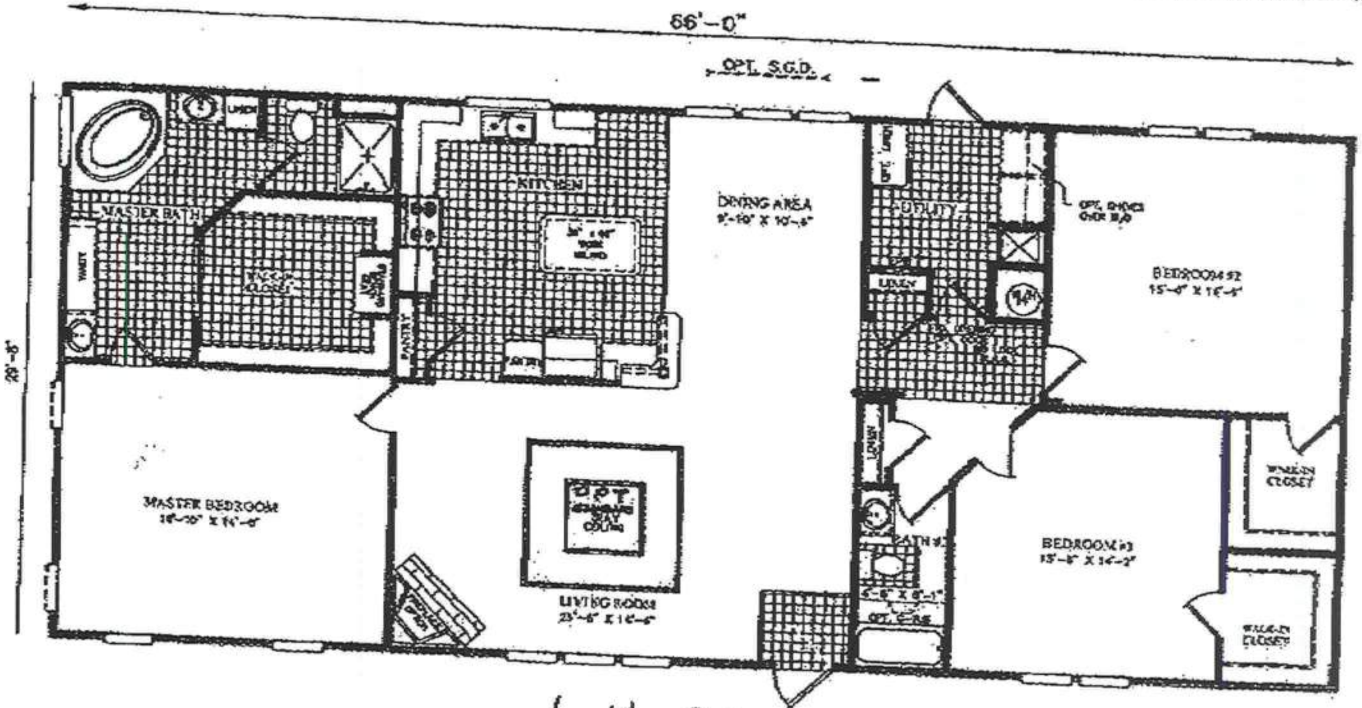
⊠ - Center line piers on opening greater than 15'. 24x24 Abs pads

Heritage Model

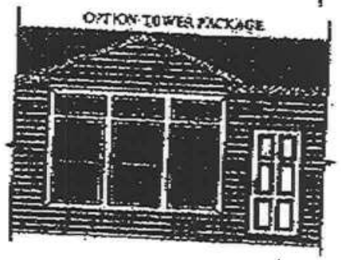
ScotBilt Homes, Inc.

~~CHALLENGER~~ series

3 BEDROOM • 2 BATH • 1958 sq. ft. • ~~326673CHA~~ 32 x 70 • 10/01/2009



Lake City



Rusty This is Almost Exact Floor plan

- All room dimensions include closet space if applicable and are approximate.
- Square footage shown does not include porch, if applicable.
- Materials and specifications subject to change without notice.
- Certain features shown may not be standard.

Rob & Nancy Have Real DNC

PERMIT NUMBER: _____

TORQUE TEST AFFIDAVIT

I, Rusty L. Knowles, Have personally performed the Torque Test at the following property location:

_____
911 or legal description

_____
Property Owner

I have made the following determination as follows:

Torque Value: using 1101V N/A Inch pounds 495 FT. Anchors

_____, IH-1038219, 7-3-12
Signature License Number Date

PENETROMETER TEST AFFIDAVIT

I, Rusty L. Knowles, Have personally performed the penetrometer test at the following property location:

_____
911 or legal description

_____
Property Owner

I have made the following determination:

Soil load bearing capacity: _____, Or assumed 1000 PSF. ✓

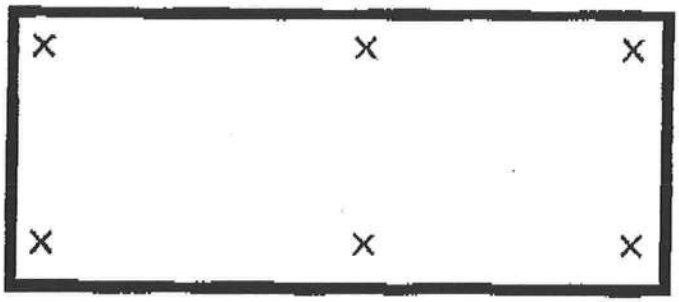
_____, IH-1038219, 7-3-12
Signature License Number Date

Penetrometer/Torque Test

1000 Lbs. X 1.0 inch pounds

1000 Lbs. X 1.0 inch pounds

1000 Lbs. X 1.0 inch pounds



1000 Lbs. X 1.0 inch pounds

1000 Lbs. X 1.0 inch pounds

1000 Lbs X 1.0 inch pounds

Test the perimeter of the home at six (6) locations

Take the reading at the depth of the footer

Using 500lb. Increment, take the lowest reading and round down to that increment

CERTIFICATE OF

M/H OCCUPANCY

COLUMBIA COUNTY, FLORIDA

Department of Building and Zoning Inspection

This Certificate of Occupancy is issued to the below named permit holder for the building and premises at the below named location, and certifies that the work has been completed in accordance with the Columbia County Building Code.

Parcel Number 21-5S-16-03671-016 **Building permit No.** 000030313

Permit Holder RUSTY KNOWLES

Owner of Building MARSHA GIORGIANNI

Location: 789 SW SEBASTIAN CIRCLE, LAKE CITY, FL 32024

Date: 07/31/2012

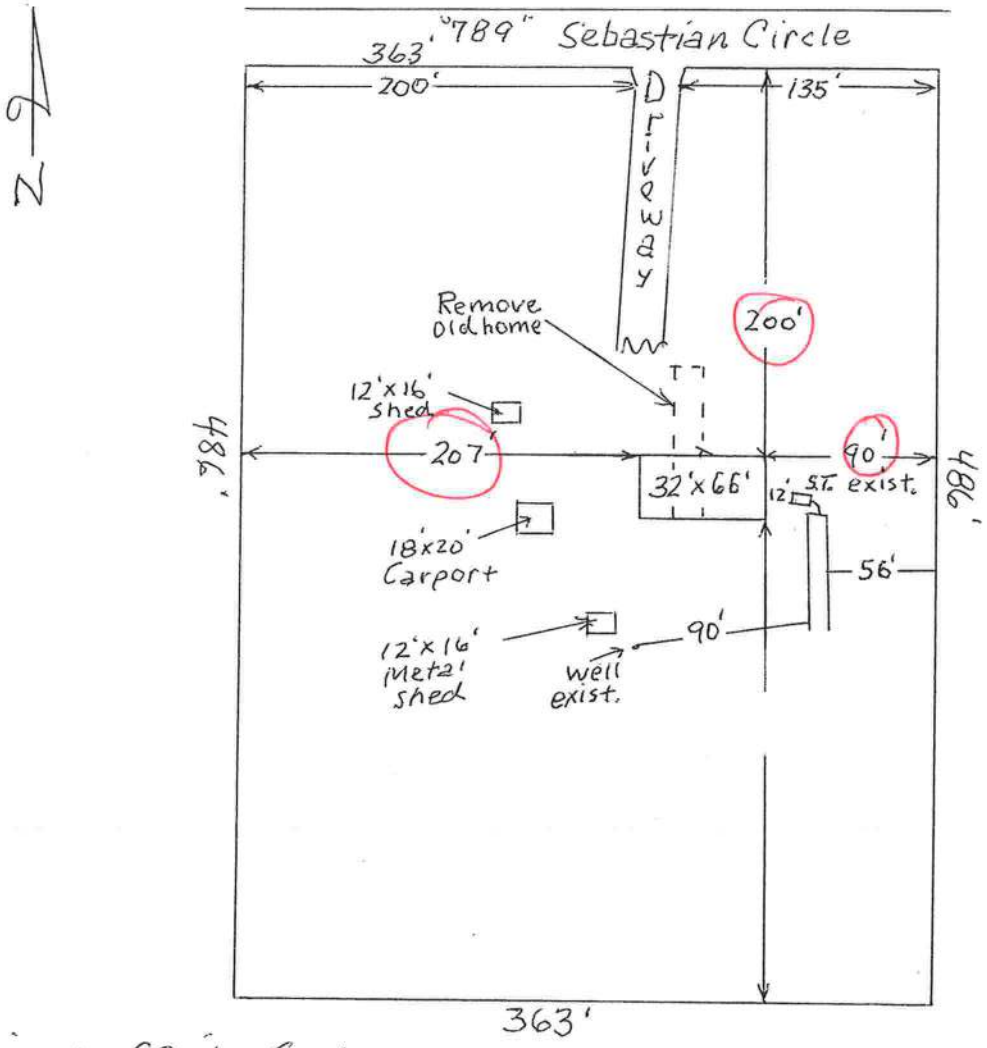
Building Inspector

POST IN A CONSPICUOUS PLACE
(Business Places Only)

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number_____

PART II - SITEPLAN --- 1 inch = 100 Feet



Notes: No pertinent offsite features

Site Plan submitted by: Robert Merrill 07-06-12 Agent

Plan Approved_____ Not Approved_____ Date_____

By_____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

1207-16

COLUMBIA COUNTY 9-1-1 ADDRESSING

P. O. Box 1787, Lake City, FL 32056-1787
PHONE: (386) 758-1125 * 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 REQUESTED: 7/10/2012 **DATE ISSUED:** 7/12/2012

ENHANCED 9-1-1 ADDRESS:

789 SW SEBASTIAN CIR

LAKE CITY FL 32024

PROPERTY APPRAISER PARCEL NUMBER:

21-5S-16-03671-016

Remarks:

RE-ISSUE OF EXISTING ADDRESS FOR NEW STRUCTURE ON PARCEL.

Address Issued By: SIGNED: RONAL N. CROFT
Columbia County 9-1-1 Addressing / GIS Department

NOTICE: THIS ADDRESS WAS ISSUED BASED ON LOCATION INFORMATION RECEIVED FROM THE REQUESTER. SHOULD, AT A LATER DATE, THE LOCATION INFORMATION BE FOUND TO BE IN ERROR, THIS ADDRESS IS SUBJECT TO CHANGE.

2307

CODE ENFORCEMENT DEPARTMENT
COLUMBIA COUNTY, FLORIDA
OUT OF COUNTY MOBILE HOME INSPECTION REPORT

COUNTY THE MOBILE HOME IS BEING MOVED FROM Gainesville

OWNERS NAME Giorgianni PHONE 3862885179 CELL

INSTALLER Rusty L Knowles PHONE 3863970886 CELL

INSTALLERS ADDRESS 5801 SW SR 47 Lake City, FL 32024

MOBILE HOME INFORMATION

MAKE Scotbuilt YEAR 2006 SIZE 28 X 66

COLOR SERIAL No. SBGA109061567AB

WIND ZONE II SMOKE DETECTOR

INTERIOR:
FLOORS Good

DOORS Good

WALLS Good

CABINETS Good

ELECTRICAL (FIXTURES/OUTLETS) Good

EXTERIOR:
WALLS / SIDDING Good

WINDOWS Good

DOORS Good

INSTALLER: APPROVED ✓ NOT APPROVED

INSTALLER OR INSPECTORS PRINTED NAME Rusty L Knowles

Installer/Inspector Signature License No. IH-1038219 Date 7-3-12

NOTES:

ONLY THE ACTUAL LICENSE HOLDER OR A BUILDING INSPECTOR CAN SIGN THIS FORM.

NO WIND ZONE ONE MOBILE HOMES WILL BE PERMITTED. MOBILE HOMES PRIOR TO 1977 ARE PRE-HUD AND THE WIND ZONE MUST BE PROVEN TO BE PERMITTED.

BEFORE THE MOBILE HOME CAN BE MOVED INTO COLUMBIA COUNTY THIS FORM MUST BE COMPLETED AND RETURNED TO THE COLUMBIA COUNTY BUILDING DEPARTMENT.

ONCE MOVED INTO COLUMBIA COUNTY AN INSPECTOR MUST COMPLETE A PRELIMINARY INSPECTION ON THE MOBILE HOME. CALL 386-758-1008 TO SET UP THIS INSPECTION. NO PERMIT WILL BE ISSUED BEFORE THIS IS DONE.

Code Enforcement Approval Signature Date 7-16-12

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 7/23/12 BY LH IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? Yes

OWNERS NAME Giorgianni PHONE 288-5179 CELL

ADDRESS 789 SW Sebastain Cir. Lake City FL 32024

MOBILE HOME PARK SUBDIVISION

DRIVING DIRECTIONS TO MOBILE HOME 47 S, ® Bedrock, © Sebastian Circle, follow around curve to property on Left.

MOBILE HOME INSTALLER Rusty Knowles PHONE 397-0886 CELL

MOBILE HOME INFORMATION

MAKE Scott Built YEAR 06 SIZE 28 X 66 COLOR ?

SERIAL No. SBGA10906 1567 A&B

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

INSPECTION STANDARDS

INTERIOR:

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

$50.00

Date of Payment: 7-12-12

Paid By: Robert Minnella

Notes: #1631

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

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

_____ ROOF ( ) APPEARS SOLID ( ) DAMAGED

STATUS

APPROVED ✓ WITH CONDITIONS:

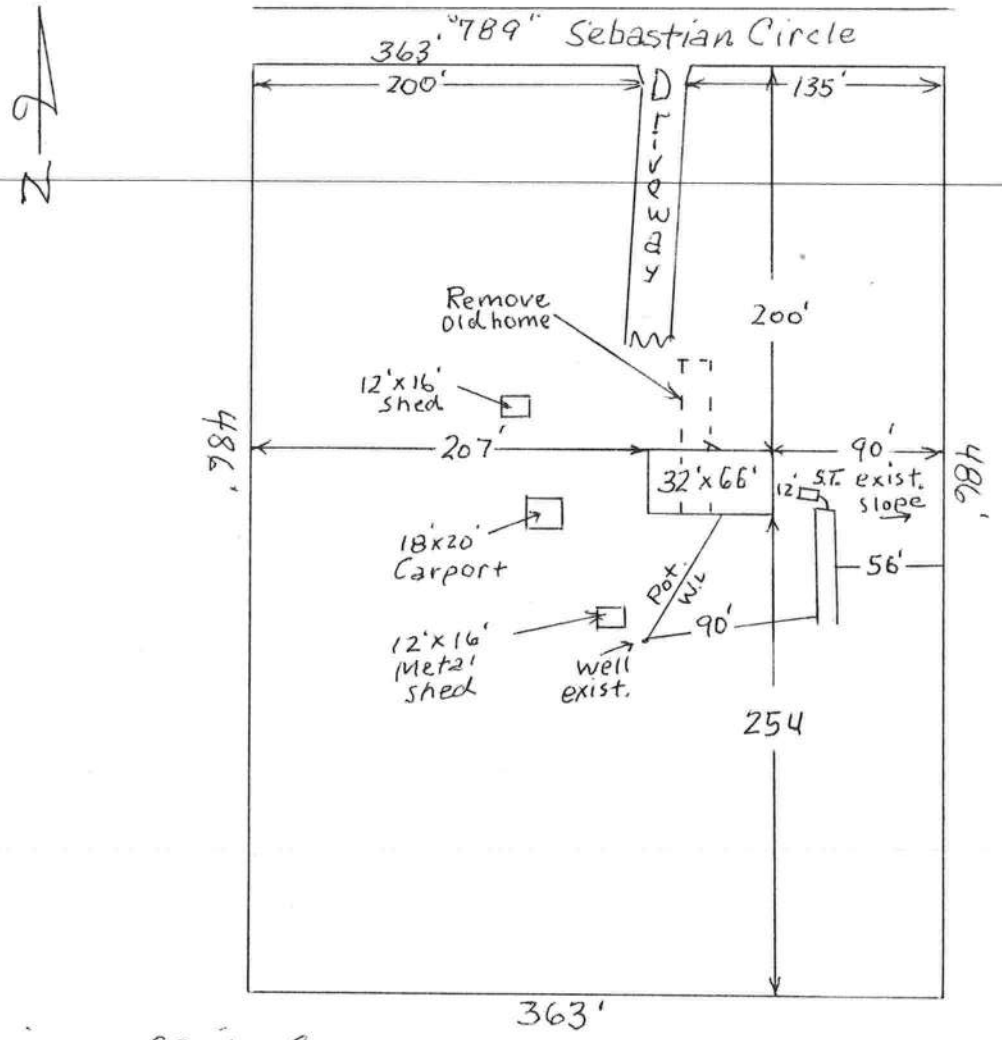
NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS

SIGNATURE _____ ID NUMBER 302 DATE 7/23/12

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 12-1335E

Giorgianni, Marsha ---- PART II - SITEPLAN ---- 1 inch = 100 Feet



Notes: No pertinent offsite features

Site Plan submitted by: Robert Merrill 07-06-12 Agent

Plan Approved X Not Approved ____ Date 7/23/12

By ____ Cdubia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT