

**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 \_\_\_\_\_

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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 \_\_\_\_\_  Out County  In County  Sub VF Form

Property ID # 16-45-16-03041-002 Subdivision \_\_\_\_\_ Lot# \_\_\_\_\_

- New Mobile Home \_\_\_\_\_ Used Mobile Home XXX MH Size 26x44 Year 2001
- Applicant CANDICE HUGGINS Phone # 386-288-6103
- Address 619 SW LEGION DR. LAKE CITY FL 32024
- Name of Property Owner EARL HOPPER Phone# 386-288-6103
- 911 Address 643 SW LEGION DR. 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 CANDICE HUGGINS Phone # 386-288-6103  
 Address \_\_\_\_\_
- Relationship to Property Owner DAUGHTER
- Current Number of Dwellings on Property \_\_\_\_\_
- Lot Size \_\_\_\_\_ Total Acreage 2.52
- 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 TAKE Hwy 90 to 247 "BRANFORD Hvr"  
Go APPX 4 MILES to TAMARAC LN. TAKE A  
RIGHT ROAD CURVES TO RIGHT THEN SW LEGION  
DR. IS ON LEFT. Go DOWN APPX 1 MILE, Property <sup>ON</sup>
- Name of Licensed Dealer/Installer RONNIE NORRIS Phone # 386-623-7716
- Installers Address 1004 SW CHARLES TERRACE LAKE CITY, FL.
- License Number FH10251951 Installation Decal # \_\_\_\_\_

# Mobile Home Permit Worksheet

Installer: Ronniv Parks License # IA110251451

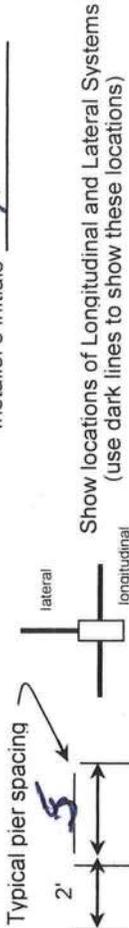
Address of home being installed \_\_\_\_\_

Manufacturer \_\_\_\_\_ Length x width 16

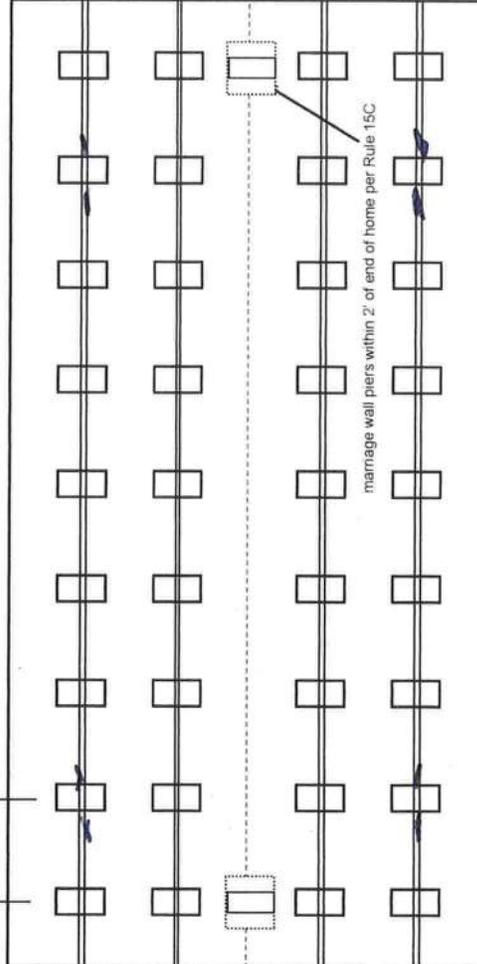
NOTE: if home is a single wide fill out one half of the blocking plan if home is a triple or quad wide sketch in remainder of home

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

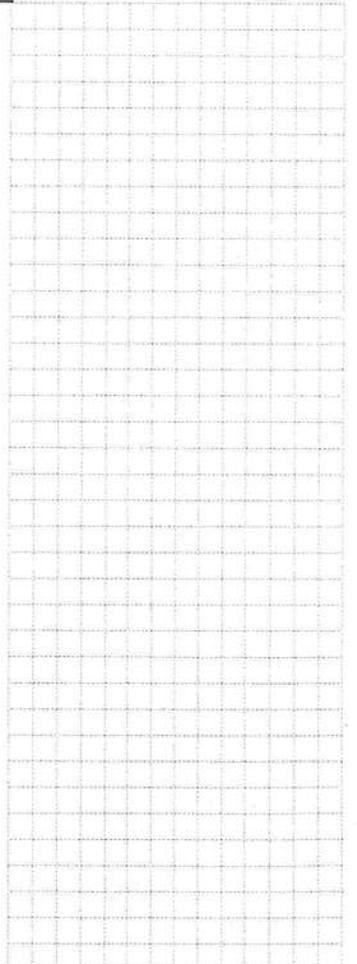
Installer's initials RP



Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)



marriage wall piers within 2' of end of home per Rule 15C



Application Number: \_\_\_\_\_

Date: \_\_\_\_\_

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 # \_\_\_\_\_

Triple/Quad  Serial # \_\_\_\_\_

## PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (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 17x25

Perimeter pier pad size NO

Other pier pad sizes (required by the mfg.) 16x16

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
<u>8</u>	<u>16x16</u>
<u>4</u>	<u>16x16</u>
<u>4</u>	<u>16x16</u>

## 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#

## FRAME TIES

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

## OTHER TIES

Number	Other Ties
<u>22</u>	Sidewall
<u>4</u>	Longitudinal
<u>2</u>	Marriage wall
<u>2</u>	Shearwall

## TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)

Manufacturer \_\_\_\_\_

Longitudinal Stabilizing Device w/ Lateral Arms

Manufacturer \_\_\_\_\_

# Mobile Home Permit Worksheet

## POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 100 psf or check here to declare 1000 lb. soil 100 without testing. 100 x 100

## POCKET PENETROMETER TESTING METHOD

- Test the perimeter of the home at 6 locations. 100 x 100
- Take the reading at the depth of the footer. 100 x 100
- Using 500 lb. increments, take the lowest reading and round down to that increment. 100 x 100

## TORQUE PROBE TEST

The results of the torque probe test is 285 inch pounds or check here if you are declaring 5' anchors without testing 9. 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 require anchors with 4000 lb. bonding capacity.

## ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name James Installer's initials JK  
 Date Tested 6-15-2020

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. \_\_\_\_\_

Application Number: \_\_\_\_\_

Date: \_\_\_\_\_

## Site Preparation

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

## Fastening multi wide units

Floor: Type Fastener: LP Length: 6 Spacing: 24  
 Walls: Type Fastener: LP Length: 6 Spacing: 24  
 Roof: Type Fastener: LP Length: 6 Spacing: 24  
 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 JK

Type gasket N  
 Pg. \_\_\_\_\_

Installed:  
 Between Floors Yes N  
 Between Walls Yes N  
 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 James Date 6-15-2020

**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.*

ELECTRICAL	Print Name <u>CANDACE HUGGINS</u> Signature <u><i>Candace Huggins</i></u> License #: _____ Phone #: _____ Qualifier Form Attached <input type="checkbox"/>
MECHANICAL/ A/C _____	Print Name <u>CANDACE HUGGINS</u> Signature <u><i>Candace Huggins</i></u> License #: _____ Phone #: _____ Qualifier Form Attached <input type="checkbox"/>

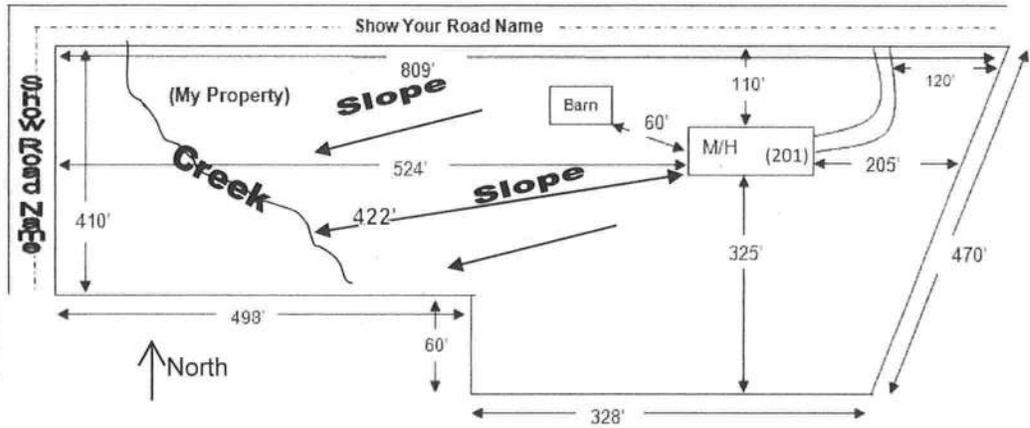
**F. S. 440.103 Building permits; identification of minimum premium policy.**--Every employer shall, as a condition to applying for and receiving a building permit, show proof and certify to the permit issuer that it has secured compensation for its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each time the employer applies for a building permit.

**SITE PLAN CHECKLIST**

- \_\_\_ 1) Property Dimensions
- \_\_\_ 2) Footprint of proposed and existing structures (including decks), label these with existing addresses
- \_\_\_ 3) Distance from structures to all property lines
- \_\_\_ 4) Location and size of easements
- \_\_\_ 5) Driveway path and distance at the entrance to the nearest property line
- \_\_\_ 6) Location and distance from any waters; sink holes; wetlands; and etc.
- \_\_\_ 7) Show slopes and or drainage paths
- \_\_\_ 8) Arrow showing North direction

**SITE PLAN EXAMPLE**

Revised 7/1/15



**NOTE:**  
This site plan can be copied and used with the 911 Addressing Dept. application forms.

SEE ATTACHED

**CODE ENFORCEMENT**  
**PRELIMINARY MOBILE HOME INSPECTION REPORT**

DATE RECEIVED \_\_\_\_\_ BY \_\_\_\_\_ IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? \_\_\_\_\_

OWNERS NAME \_\_\_\_\_ PHONE \_\_\_\_\_ CELL \_\_\_\_\_

ADDRESS \_\_\_\_\_

MOBILE HOME PARK \_\_\_\_\_ SUBDIVISION \_\_\_\_\_

DRIVING DIRECTIONS TO MOBILE HOME \_\_\_\_\_

MOBILE HOME INSTALLER \_\_\_\_\_ PHONE \_\_\_\_\_ CELL \_\_\_\_\_

**MOBILE HOME INFORMATION**

MAKE \_\_\_\_\_ YEAR \_\_\_\_\_ SIZE \_\_\_\_\_ X \_\_\_\_\_ COLOR \_\_\_\_\_

SERIAL No. \_\_\_\_\_

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

\_\_\_\_\_ 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 \_\_\_\_\_



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, Ronnie Norris, give this authority for the job address show below  
Installer License Holder Name

only, \_\_\_\_\_, 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)
<u>CANDACE HOGAN</u>	<u>[Signature]</u>	<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
		<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.

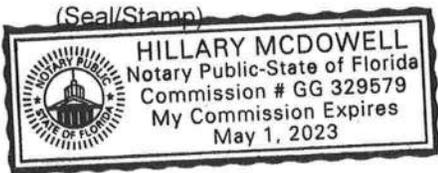
[Signature]  
 License Holders Signature (Notarized)      7 H/025145/1      6-15-200  
 License Number      Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: COLUMBIA

The above license holder, whose name is RONNIE NORRIS, personally appeared before me and is known by me or has produced identification (type of I.D.) DRIVERS LICENSE on this 15<sup>th</sup> day of JUNE, 2020.

Hillary McDowell  
 NOTARY'S SIGNATURE





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 AGENT AUTHORIZATION

I, Ronnie Morris, give this authority and I do certify that the below  
Installers Name

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	Agents Company Name
Sally E Huggins	<i>Sally E Huggins</i>	
* CANDACE HUGGINS	<i>Candace Huggins</i>	

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.

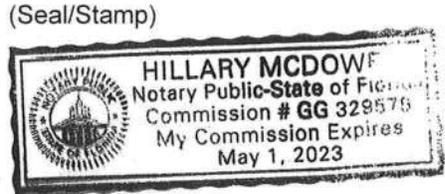
*Ronnie Morris*  
 License Holders Signature (Notarized)      TH1025145/16-152020  
 License Number      Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: COLUMBIA

The above license holder, whose name is RONNIE MORRIS, personally appeared before me and is known by me or has produced identification (type of I.D.) Drivers License on this 15 day of JUNE, 2020

*Hillary McDowf*  
 NOTARY'S SIGNATURE





# COLUMBIA COUNTY

## 911 ADDRESSING / GIS DEPARTMENT



P. O. Box 1787, Lake City, FL 32056-1787  
 263 NW Lake City Ave., Lake City, FL 32055  
 Telephone: (386) 758-1125 \* Fax: (386) 758-1365 \* Email: [gis@columbiacountyfla.com](mailto:gis@columbiacountyfla.com)

### Application for 9-1-1 Address Assignment Form

**NOTE: ADDRESS ASSIGNMENT MAY REQUIRE UP TO 10 WORKING DAYS.**  
**IF THE ADDRESSING DEPARTMENT NEEDS TO CONDUCT ON SITE GPS LOCATION IDENTIFICATION OR OTHER ACTIONS, ADDITIONAL TIME MAY BE REQUIRED.**

Date of Request: \_\_\_\_\_

REQUESTER Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

(Cell Phone Number if Provided): \_\_\_\_\_

Requested for Self:  or Requested for Company:

If Address is Requested by a Company, Provide Name of Requesting Company:

ALREADY DONE

Parcel Identification Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

If in Subdivision, Provide Name Of Subdivision:

Phase or Unit Number (if any): \_\_\_\_\_ Block Number (if any): \_\_\_\_\_

Lot Number: \_\_\_\_\_

**Attach Site Plan or you may use page 2 of Application Form for Site Plan:**  
**Requirements for Site Plan Are Listed on page 2 of Application Form:**  
**(NOTE: Site Plan Does NOT have to be a survey or to scale; FURTHER a**  
**Environmental Health Dept. Site Plan showing only a 210 by 210 cutout of a**  
**property will NOT suffice for Addressing Application Requirements.)**

***Addressing / GIS Department Use Only:***

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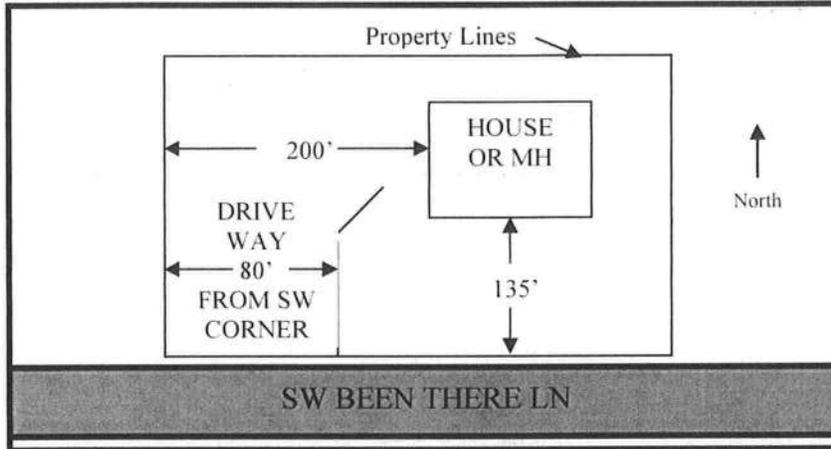
Date Received: \_\_\_\_\_

Received by: Walk in: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_ Other: \_\_\_\_\_

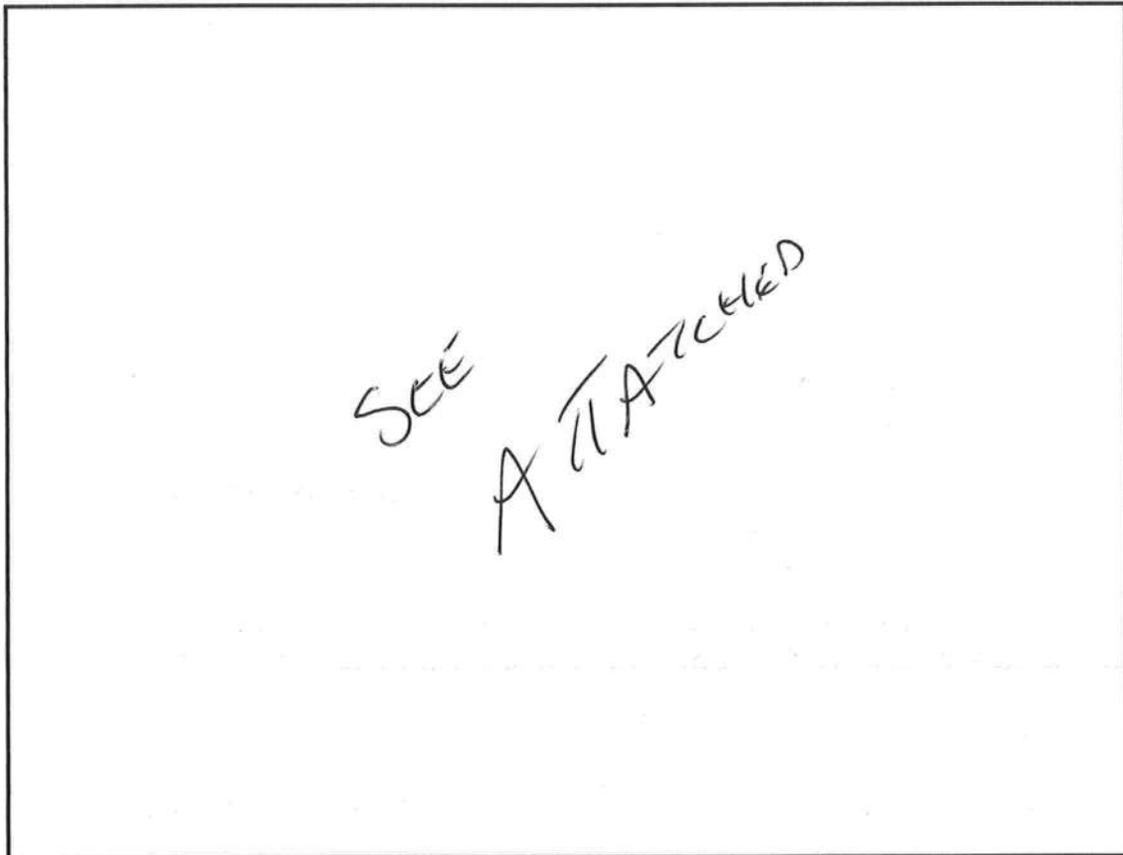
## Page 2, Site Plan for 9-1-1 Address Application From

1. A PLAT, PLAN, OR DRAWING SHOWING THE PROPERTY LINES OF THE PARCEL.
2. LOCATION OF PLANNED RESIDENT OR BUSINESS STRUCTURE ON THE PROPERTY WITH DISTANCES FROM AT LEAST TWO OF THE PROPERTY LINES TO THE STRUCTURE (SEE SAMPLE BELOW).
3. LOCATION OF THE ACCESS POINT (DRIVEWAY, ETC.) ON THE ROADWAY FROM WHICH LOCATION IS TO BE ADDRESSED WITH A DISTANCE FROM A PARALLEL PROPERTY LINE AND OR PROPERTY CORNER (SEE SAMPLE BELOW).
4. TRAVEL OF THE DRIVEWAY FROM THE ACCESS POINT TO THE STRUCTURE (SEE SAMPLE BELOW).

### SAMPLE:



### SITE PLAN BOX:



### **SECTION III. MINIMUM STANDARDS**

1. No manufactured home or recreational vehicle shall be issued a permit for occupancy as a permanent residence unless it has a minimum of 450 square feet of net living area (not including garages, carports, porches, balconies, storage areas or cabanas). It shall be unlawful to join together two or more such homes for residential purposes when not intended by the manufacturer.
2. No manufactured home or recreational vehicle shall be issued a permit for occupancy as a permanent residence in Columbia County unless it measures at least 10 feet in width, including attached additions.
3. No new or used manufactured home or recreational vehicle shall be issued a permit for setting up or occupancy as a permanent residence unless the same shall meet at least one of the following codes:
  - a. The Federal Mobile Home Construction and Safety Standards for single family mobile homes, promulgated by the Department of Housing and Urban Development; or
  - b. The Uniform Standards Code approved by the United States of American Standards Institute (ANSI Code) for duplex mobile homes; or
  - c. The Uniform Standards Code approved by American National Standards Institute (ANSI Code); or
  - d. The minimum housing code of Columbia County, if applicable; and meet the following requirements :
    - (1) The unit is in clean and sound condition; and
    - (2) All windows are in place with no broken panes; and
    - (3) The unit has and operates from an electric meter separate from any other unit.
    - (4) The outdoor electrical panel box is in proper working order and the service entrance conductors are no less #8 gauge aluminum wire or equivalent copper; and
    - (5) All heating equipment where applicable is or appears to be in proper working order; and
    - (6) At least one set of steps providing access to the unit is in place; and
    - (7) All exterior doors and door hardware are in place; and
    - (8) Properly working washing machine connections are in place, if applicable; and
    - (9) There are smoke alarm systems, which is or appears to be in proper working order.
4. All permits issued pursuant to this Ordinance or a copy thereof shall be displayed in the window next to the front door of the manufactured home or recreational vehicle.
5. All used mobile homes placed or relocated in Columbia County must have a pre-inspection form completed before home is moved to the new location. Any homes that do not meet wind zone ii or higher requirements can not be moved into Columbia County. Most homes built before 1976 do not meet wind zone II requirements therefore cannot be placed or set up in Columbia County.

## **AFTER THE PERMIT HAS BEEN ISSUED**

### **FINAL POWER RELEASE FOR MOBILE HOMES**

1. The final inspection of blocking, tie downs, electrical, plumbing, and culvert / driveway connection, must be requested and passed. Please call the Columbia County Building Department at (386)758-1008 to request an inspection. Make sure you have the permit number when you call. Please call and give at least 24 hours notice. All inspections are to be scheduled and made at one time, including the Certificate of Occupancy.
2. The final septic tank approval must be given to the Columbia County Building Department. Please contact the Columbia County Environmental Health Department (386) 758-1058 to request final inspection on septic tank and to have septic tank release given to Building Department.
3. If your permit required a Development permit, we will need a certified finished floor elevation from the surveyor before the power can be release

**Columbia County Property Appraiser**

Jeff Hampton

**2020 Working Values**

updated: 3/9/2020

Parcel: << **16-4S-16-03041-002** >>

Aerial Viewer Pictometry Google Maps

**Owner & Property Info**

Result: 17 of 44

Owner	HOPPER EARL G & HUGGINS SALLY E & DAVID E HOPPER (JTWRs) 619 SW LEGION DR LAKE CITY, FL 320248700		
Site	619 LEGION DR, LAKE CITY		
Description*	BEG SE COR OF E1/2 OF NE1/4 OF NW1/4 OF SW1/4, RUN W 180.86 FT, N 267.96 FT, E 171.19 FT, S 267.96 FT TO POB. & N 366.95 FT OF E 171.19 FT OF E1/2 OF NE1/4 OF NW1/4 OF SW1/4. ORB 379-663, DC 903-912, 903-914, WD 1253-187		
Area	2.52 AC	S/T/R	16-4S-16
Use Code**	MOBILE HOM (000202)	Tax District	3

\*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.

**Property & Assessment Values**

2019 Certified Values		2020 Working Values	
Mkt Land (4)	\$23,236	Mkt Land (4)	\$23,236
Ag Land (0)	\$0	Ag Land (0)	\$0
Building (2)	\$78,433	Building (2)	\$83,210
XFOB (3)	\$1,400	XFOB (3)	\$1,400
Just	\$103,069	Just	\$107,846
Class	\$0	Class	\$0
Appraised	\$103,069	Appraised	\$107,846
SOH Cap [?]	\$11,679	SOH Cap [?]	\$14,354
Assessed	\$91,390	Assessed	\$93,492
Exempt	OTHER H3 \$50,500	Exempt	OTHER H3 \$50,500
Total Taxable	county:\$40,890 city:\$40,890 other:\$40,890 school:\$40,890	Total Taxable	county:\$42,992 city:\$42,992 other:\$42,992 school:\$42,992



**Sales History**

Sale Date	Sale Price	Book/Page	Deed	V/I	Quality (Codes)	RCode
4/15/2013	\$100	1253/0189	WD	I	U	30
4/15/2013	\$100	1253/0187	WD	I	U	30

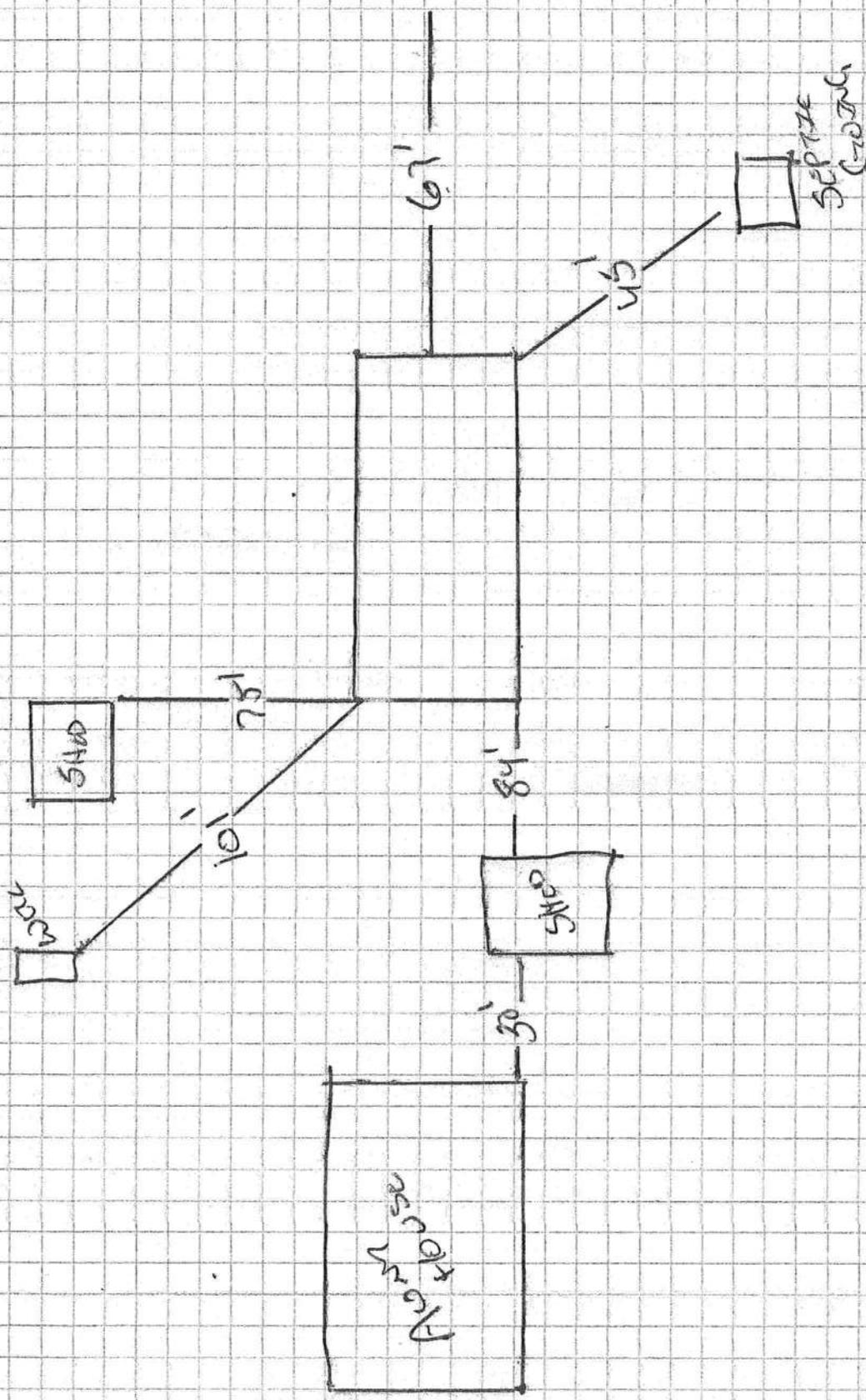
**Building Characteristics**

Bldg Sketch	Bldg Item	Bldg Desc*	Year Blt	Base SF	Actual SF	Bldg Value
Sketch	1	MOBILE HME (000800)	1988	1714	2260	\$17,121
Sketch	5	SFR MANUF (000200)	2006	2052	2052	\$61,312

\*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.

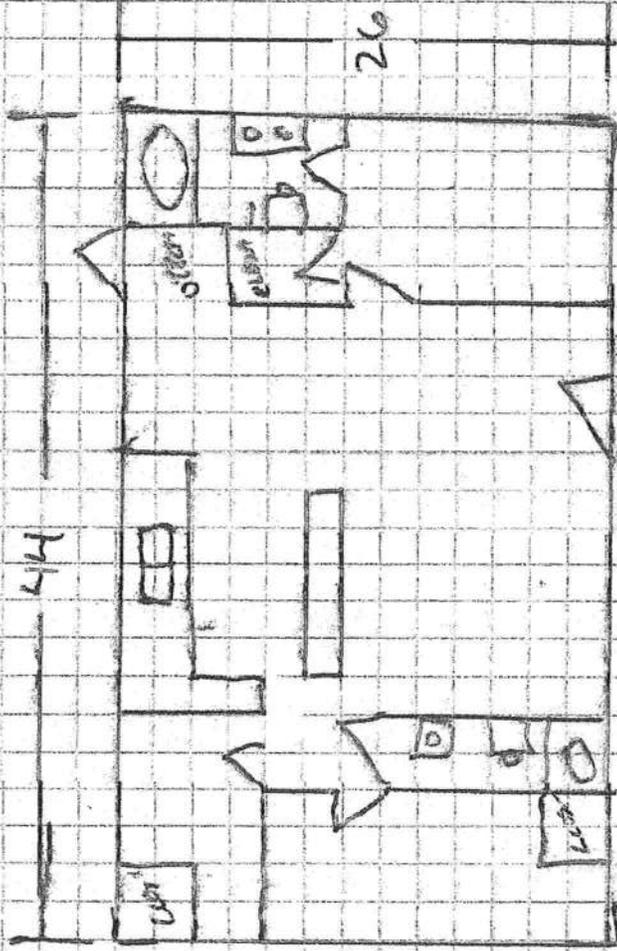
**Extra Features & Out Buildings (Codes)**

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0296	SHED METAL	1993	\$1,000.00	1.000	0 x 0 x 0	(000.00)
0296	SHED METAL	2007	\$100.00	1.000	0 x 0 x 0	(000.00)



HUGGINS

□ = 2 FEET



Candace Murray

OWNER: CANDACE HUGGESS  
HOME LOCATION: 6019 SW LEGION DR  
LAKE CITY, FL 32034

HOME MAKE: GENERAL  
YEAR: 2001  
SERIAL #: GMMH6A6010401639 BA  
COLOR: WHITE  
SQ FOOTAGE: 1144 Double wide  
WIND ZONE: II



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

PERMIT NO. 20-0526  
DATE PAID: 6/29/20  
FEE PAID: 310.85  
RECEIPT #: 1512532

APPLICATION FOR:

New System     Existing System     Holding Tank     Innovative  
 Repair     Abandonment     Temporary   

APPLICANT: Earl Hopper

AGENT: Robert W Ford Jr NFST, INC    TELEPHONE: 386 455-6372

MAILING ADDRESS: 741 SE State Road 100 Lake City, FL 32025

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:    BLOCK:    SUBDIVISION: -NA- PLATTED:   

PROPERTY ID #: 16-45-16-03041-002 ZONING:    I/M OR EQUIVALENT:  Y  N

PROPERTY SIZE: 2.52 ACRES WATER SUPPLY:  PRIVATE PUBLIC   ≤2000GPD  >2000GPD

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

PROPERTY ADDRESS: 619 SW Legion Dr Lake City, FL

DIRECTIONS TO PROPERTY: (TL) on 441, (TR) on 90, (TL) on SR 247, (TR) on Tamarack Loop, (TL) on SW Legion Dr to 619

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	<u>M Home</u>	<u>3</u>	<u>1232/1144</u>	
2				
3				
4				

Floor/Equipment Drains     Other (Specify)   

SIGNATURE: Robert W. Ford Jr

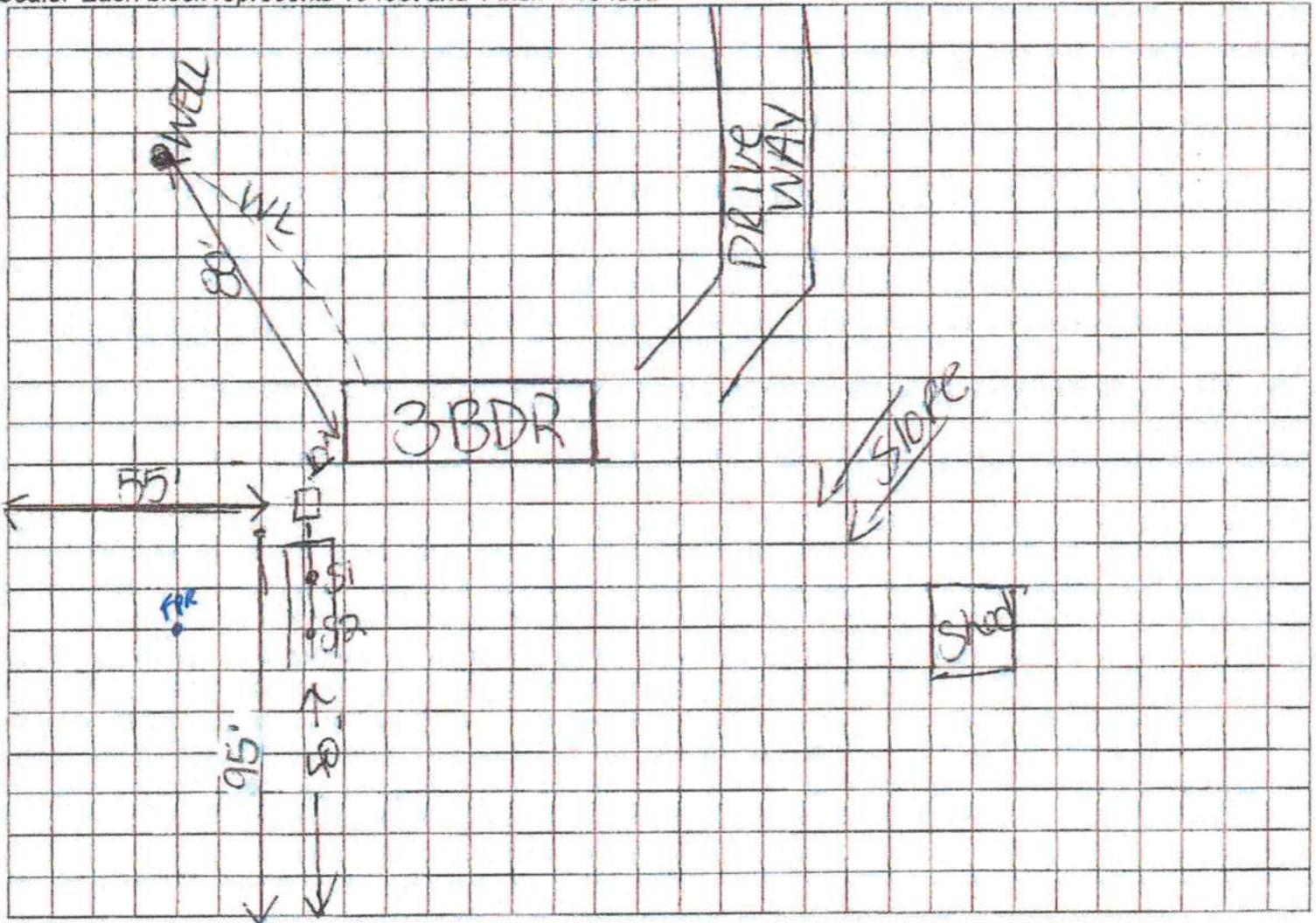
DATE: 6/11/2020

STATE OF FLORIDA  
 DEPARTMENT OF HEALTH  
 APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 20-0586

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

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



Notes: \_\_\_\_\_

Site Plan submitted by: Robert W. Ford Jr. Date 4/4/2020  
 Plan Approved  Not Approved \_\_\_\_\_ Date 6/29/2020  
 By Kellie Ray ESI 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

*emailed*

PERMIT #: 12-SC-2094963  
APPLICATION #: AP1512532  
DATE PAID: 6/29/2020  
FEE PAID: 310<sup>00</sup>  
RECEIPT #: 12-PI-4468266  
DOCUMENT #: PR1355363

CONSTRUCTION PERMIT FOR: OSTDS New  
APPLICANT: EARL\*\*20-0506 HOPPER  
PROPERTY ADDRESS: 619 LEGION Lake City, FL 32025  
LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_  
PROPERTY ID #: 03041-002 [SECTION, TOWNSHIP, RANGE, PARCEL NUMBER]  
[OR TAX ID NUMBER]

SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF SECTION 381.0065, F.S., AND CHAPTER 64E-6, F.A.C. DEPARTMENT APPROVAL OF SYSTEM DOES NOT GUARANTEE SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN MATERIAL FACTS, WHICH SERVED AS A BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT TO MODIFY THE PERMIT APPLICATION. SUCH MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE NULL AND VOID. ISSUANCE OF THIS PERMIT DOES NOT EXEMPT THE APPLICANT FROM COMPLIANCE WITH OTHER FEDERAL, STATE, OR LOCAL PERMITTING REQUIRED FOR DEVELOPMENT OF THIS PROPERTY.

SYSTEM DESIGN AND SPECIFICATIONS

T [ 900 ] GALLONS / GPD New Septic CAPACITY  
A [ ] GALLONS / GPD N/A CAPACITY  
N [ ] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK:1250 GALLONS]  
K [ ] GALLONS DCSING TANK CAPACITY [ ] GALLONS @ [ ] DOSES PER 24 HRS #Pumps [ ]

D [ 375 ] SQUARE FEET Drainfield SYSTEM  
R [ ] SQUARE FEET N/A SYSTEM  
A TYPE SYSTEM: [X] STANDARD [ ] FILLED [ ] MOUND [ ]  
I CONFIGURATION: [X] TRENCH [ ] BED [ ]

F LOCATION OF BENCHMARK: Nail in power pole  
I ELEVATION OF PROPOSED SYSTEM SITE [ 24.00 ] [ INCHES ] FT [ ] ABOVE / [X] BELOW BENCHMARK/REFERENCE POINT  
E BOTTOM OF DRAINFIELD TO BE [ 54.00 ] [ INCHES ] FT [ ] ABOVE / [X] BELOW BENCHMARK/REFERENCE POINT  
L  
D FILL REQUIRED: [ 0.00 ] INCHES EXCAVATION REQUIRED: [ ] INCHES

The system is sized for 3 bedrooms with a maximum occupancy of 6 persons (2 per bedroom), for a total estimated flow of 300 gpd.

SPECIFICATIONS BY: Robert Ford TITLE: Master Contractor

APPROVED BY: Kelli Rogers TITLE: Environmental Specialist II Columbia CHD

DATE ISSUED: 06/29/2020 EXPIRATION DATE: 12/29/2021

DH 4016, 08/09 (Obsoletes all previous editions which may not be used)  
Incorporated: 64E-6.003, FAC

## NOTICE OF RIGHTS

A party whose substantial interest is affected by this order may petition for an administrative hearing pursuant to sections 120.569 and 120.57, Florida Statutes. Such proceedings are governed by Rule 28-106, Florida Administrative Code. A petition for administrative hearing must be in writing and must be received by the Agency Clerk for the Department, within twenty-one (21) days from the receipt of this order. The address of the Agency Clerk is 4052 Bald Cypress Way, BIN A-02, Tallahassee, Florida 32399. The Agency Clerk's facsimile number is 850-413-8743.

Mediation is not available as an alternative remedy.

Your failure to submit a petition for hearing within 21 days from receipt of this order will constitute a waiver of your right to an administrative hearing, and this order shall become a 'final order'.

Should this order become a final order, a party who is adversely affected by it is entitled to judicial review pursuant to Section 120.68, Florida Statutes. Review proceedings are governed by the Florida Rules of Appellate Procedure. Such proceedings may be commenced by filing one copy of a Notice of Appeal with the Agency Clerk of the Department of Health and a second copy, accompanied by the filing fees required by law, with the Court of Appeal in the appropriate District Court. The notice must be filed within 30 days of rendition of the final order.



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

PERMIT NO. 20-0526  
DATE PAID: 6/24/20  
FEE PAID: 310.00  
RECEIPT #: 1512532

APPLICATION FOR:

New System     Existing System     Holding Tank     Innovative  
 Repair     Abandonment     Temporary   

APPLICANT: Earl Hopper

AGENT: Robert W Ford Jr NFST, INC

TELEPHONE: 386-455-6372

MAILING ADDRESS: 741 SE State Road 100 Lake City, FL 32025

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2				
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4				

Floor/Equipment Drains     Other (Specify)   

SIGNATURE: Robert W. Ford Jr

DATE: 6/11/2020

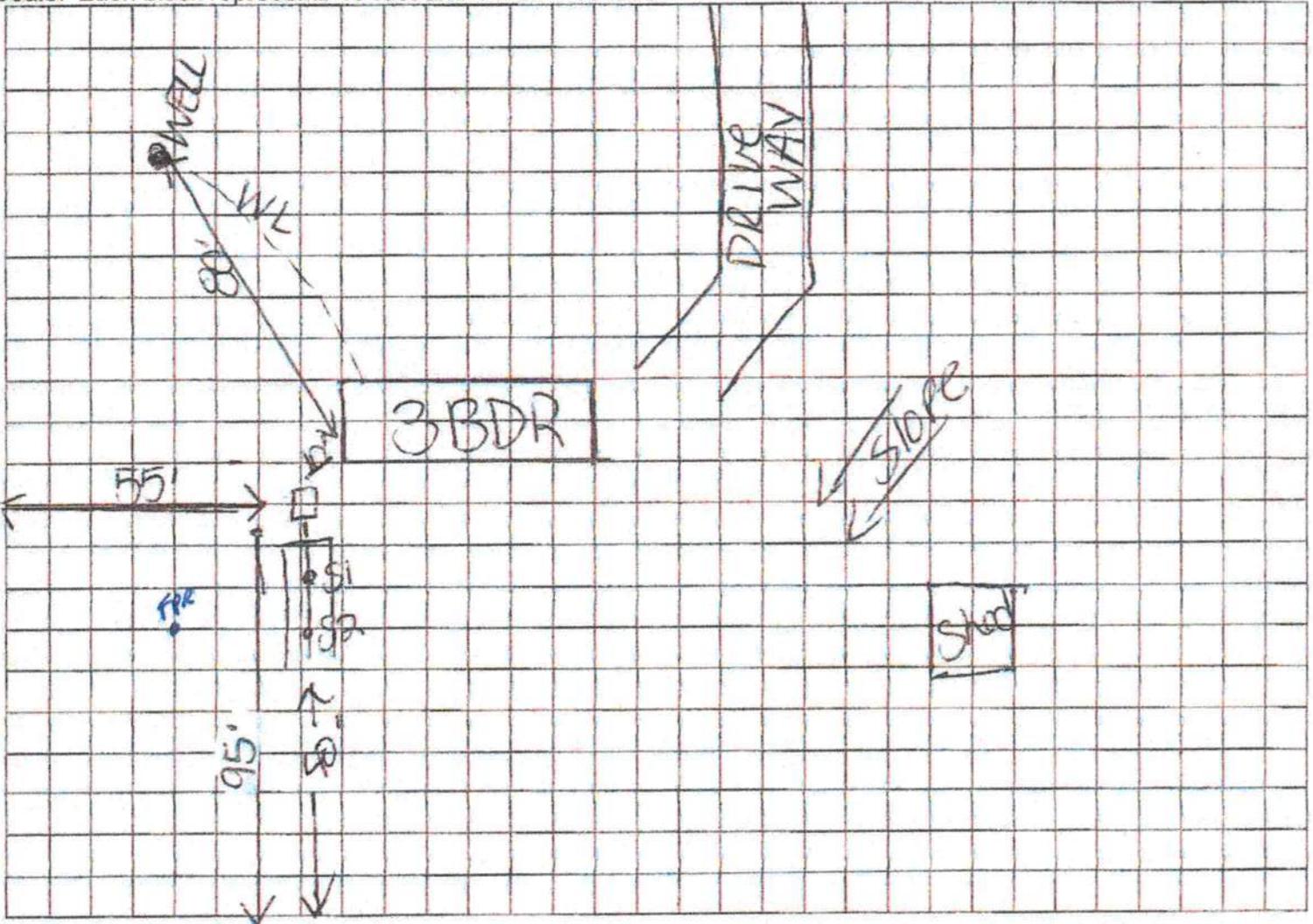
STATE OF FLORIDA  
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 APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 20-0586

PART II - SITEPLAN

Hopper

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



Notes: \_\_\_\_\_

Site Plan submitted by: Robert W. Ford Jr. Date: 4/4/2020

Plan Approved  Not Approved \_\_\_\_\_ Date: 6/29/2020

By: Kell Rep ESI Columbia County Health Department

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DEPARTMENT OF HEALTH  
ONSITE SEWAGE TREATMENT AND DISPOSAL  
SYSTEM

*emailed*

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DATE PAID: 6/29/2020  
FEE PAID: 310<sup>00</sup>  
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APPLICANT: EARL\*\*20-0506 HOPPER  
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