

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

<i>For Office Use Only</i> (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 _____
<input type="checkbox"/> Recorded Deed or <input type="checkbox"/> Property Appraiser PO <input type="checkbox"/> Site Plan <input type="checkbox"/> EH # _____ <input type="checkbox"/> Well letter OR <input type="checkbox"/> Existing well <input type="checkbox"/> Land Owner Affidavit <input type="checkbox"/> Installer Authorization <input type="checkbox"/> FW Comp. letter <input type="checkbox"/> App Fee Paid <input type="checkbox"/> DOT Approval <input type="checkbox"/> Parent Parcel # _____ <input type="checkbox"/> STUP-MH _____ <input type="checkbox"/> 911 App <input type="checkbox"/> Ellisville Water Sys <input type="checkbox"/> Assessment _____ <input type="checkbox"/> Out County <input type="checkbox"/> In County <input type="checkbox"/> 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 HWY"
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 ON
RIGHT.
- Name of Licensed Dealer/Installer RONNIE DOMINGUEZ Phone # 386-623-7716
- Installers Address 1004 SW CHARLES TERRACE LAKE CITY, FL
- License Number FH10251951 Installation Decal # _____

Mobile Home Permit Worksheet

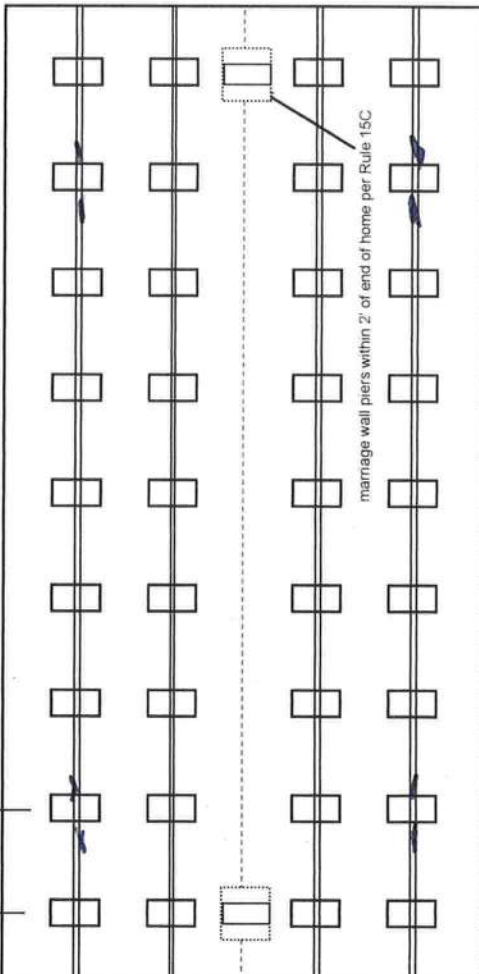
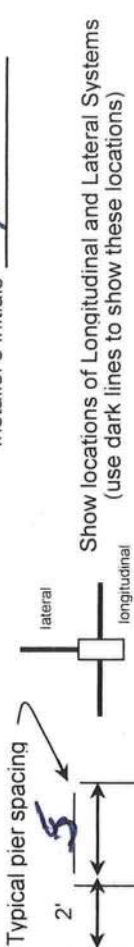
Installer: Ronn. v. Potts License # I 410251451

Address of home being installed _____

Manufacturer _____ Length x width 16x16

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



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)	Footer size (256)	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'	4'	5'	6'	7'	8'
1500 psf	4' 6"	6'	6'	7'	8'	8'	8'
2000 psf	6'	8'	8'	8'	8'	8'	8'
2500 psf	7' 6"	8'	8'	8'	8'	8'	8'
3000 psf	8'	8'	8'	8'	8'	8'	8'
3500 psf	8'	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 8 Pier pad size 16x16

4 16x16

4 16x16

ANCHORS

4 ft

5 ft

FRAME TIES

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

OTHER TIES

Number 22

Sidewall 4
Longitudinal 2
Marriage wall 2
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 without testing.

100 x 100 x 100

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.

100 x 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 6. 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.

Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Date Tested

June 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 ☒ 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

Type gasket ✓
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 ✓ No ✓
Range downflow vent installed outside of skirting. Yes ✓ No ✓
Drain lines supported at 4 foot intervals. Yes ✓ No ✓
Electrical crossovers protected. Yes ✓ No ✓
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

Date

June 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"/>

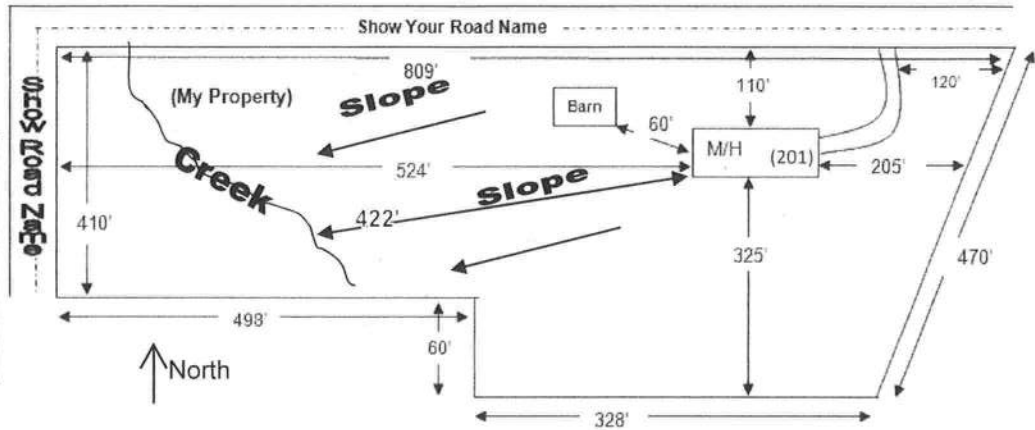
F. S. 440.103 Building permits; identification of minimum premium policy.--Every employer shall, as a condition to applying for and receiving a building permit, show proof and certify to the permit issuer that it has secured compensation for its employees under this chapter as provided in ss. 440.10 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 HUGGINS</u>	<u>Candace Huggins</u>	<input checked="" 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.

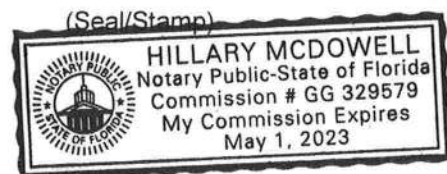
[Signature] License Holders Signature (Notarized) 7 H/025/45/1 License Number 6-15200 Date

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 15th 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)

TH1025145/1 6-15-2020
License Number Date

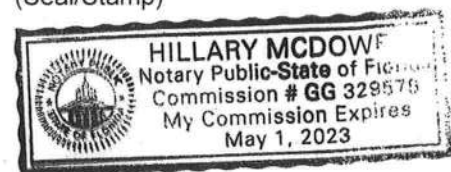
NOTARY INFORMATION:

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, 20 20

Hillary McDowf
NOTARY'S SIGNATURE

(Seal/Stamp)





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



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:

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:

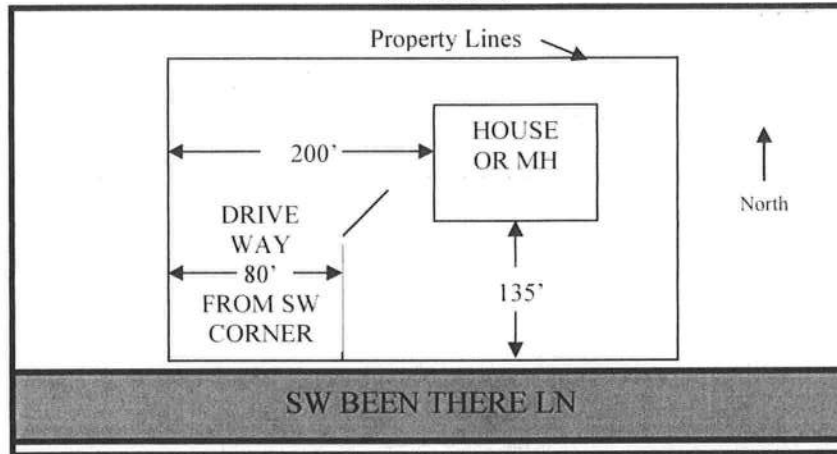
Date Received: _____

Received by: Walk in: _____ Fax: _____ Email: _____ Other: _____

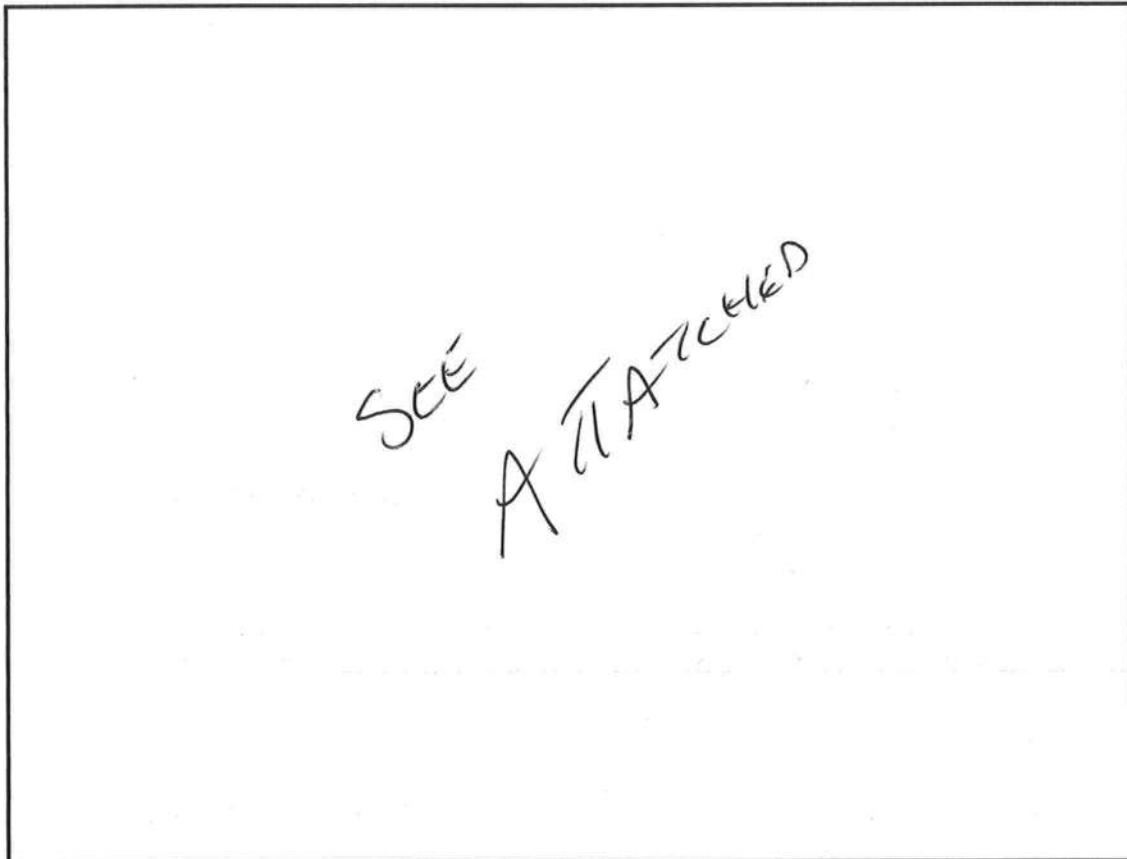
Page 2, Site Plan for 9-1-1 Address Application From

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** >>**Owner & Property Info**

Result: 17 of 44

Owner	HOPPER EARL G & HUGGINS SALLY E & DAVID E HOPPER (JTWSR) 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

Aerial Viewer Pictometry Google Maps

**▼ 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

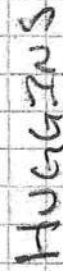
▼ Building Characteristics

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

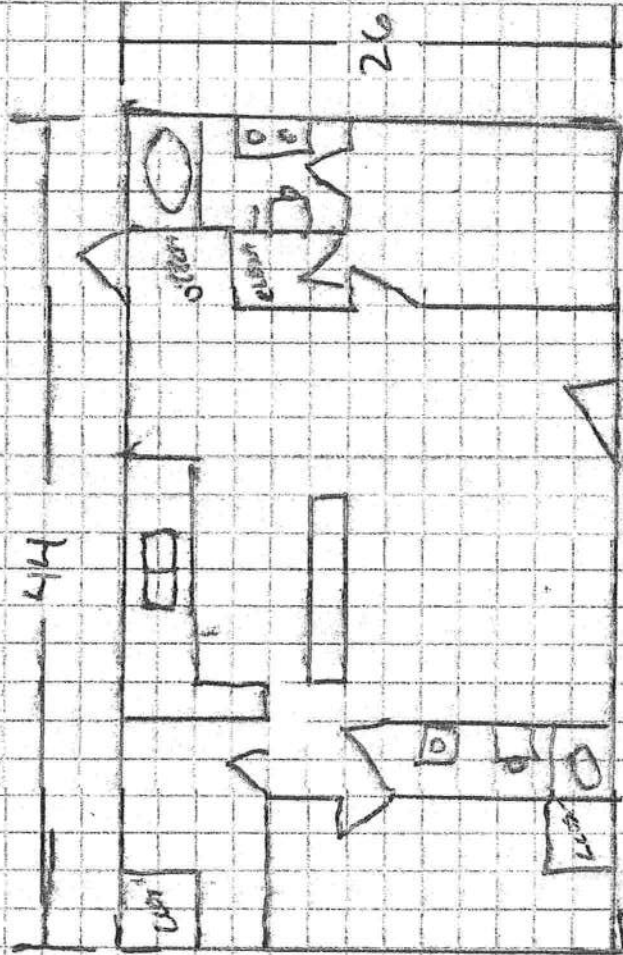
*Bldg Desc determinations are used by the Property Appraisers office solely for the purpose of determining a property's Just Value for ad valorem tax purposes and should not be used for any other purpose.

▼ 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)



1" = 2 FEET



Candace Higgins

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

HOME MAKE: GENERAL
YEAR: 2001
SERIAL #: GMDH6A6010401639 BA
COLOR: WHITE

SQ FOOTAGE: 1144 Double wide
WIND ZONE: II



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ON-SITE 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: 386-456372

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 ☐ ≤ 2000 GPD ☐ > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y ☐ X DISTANCE TO SEWER: — FT

PROPERTY ADDRESS: 619 SW Legion Dr Lake City, FL

DIRECTIONS TO PROPERTY: (TD) on 441, (TR) on 90, (TD) 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 M Home 3 1232/144

2

3

4

☐ Floor/Equipment Drains ☐ Other (Specify) —

SIGNATURE: Robert W. Ford Jr

DATE: 6/11/2020

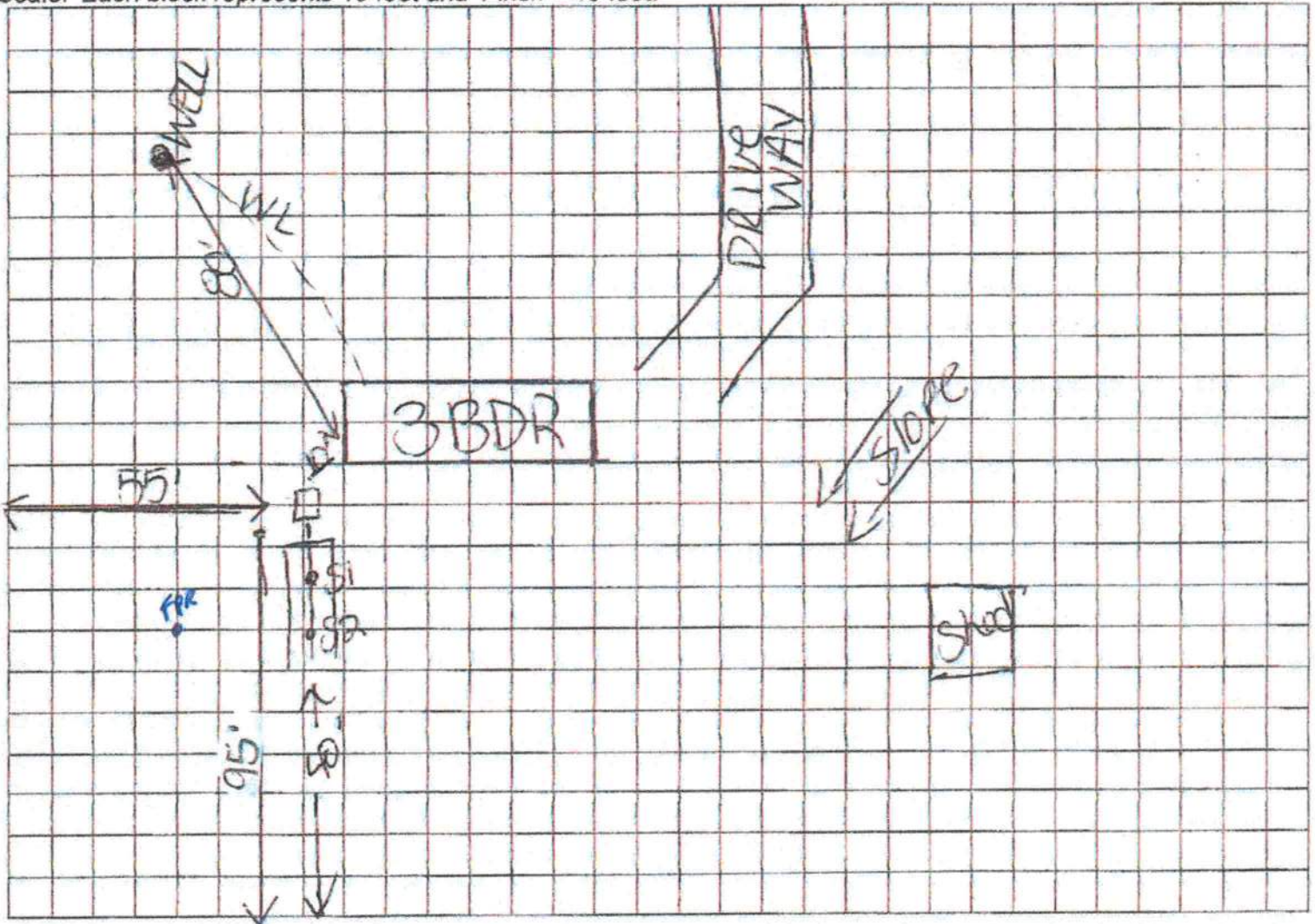
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 20-0586

PART II - SITEPLAN

Hopper

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



Notes: _____

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

Plan Approved ☒ Not Approved _____ Date 6/29/2020

By Kell Rep 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: 310⁰⁰
RECEIPT #: 12-P12 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 DOSING 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 / [] BELOW BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [54.00] [INCHES] FT [] ABOVE / [] BELOW BENCHMARK/REFERENCE POINT

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: 6/15/20
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

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 ☐ ≤ 2000 GPD ☐ > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y ☐ X 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 M Home 3 1232/1144

2

3

4

☐ Floor/Equipment Drains ☐ Other (Specify) —

SIGNATURE: Robert W. Ford Jr

DATE: 6/15/2020

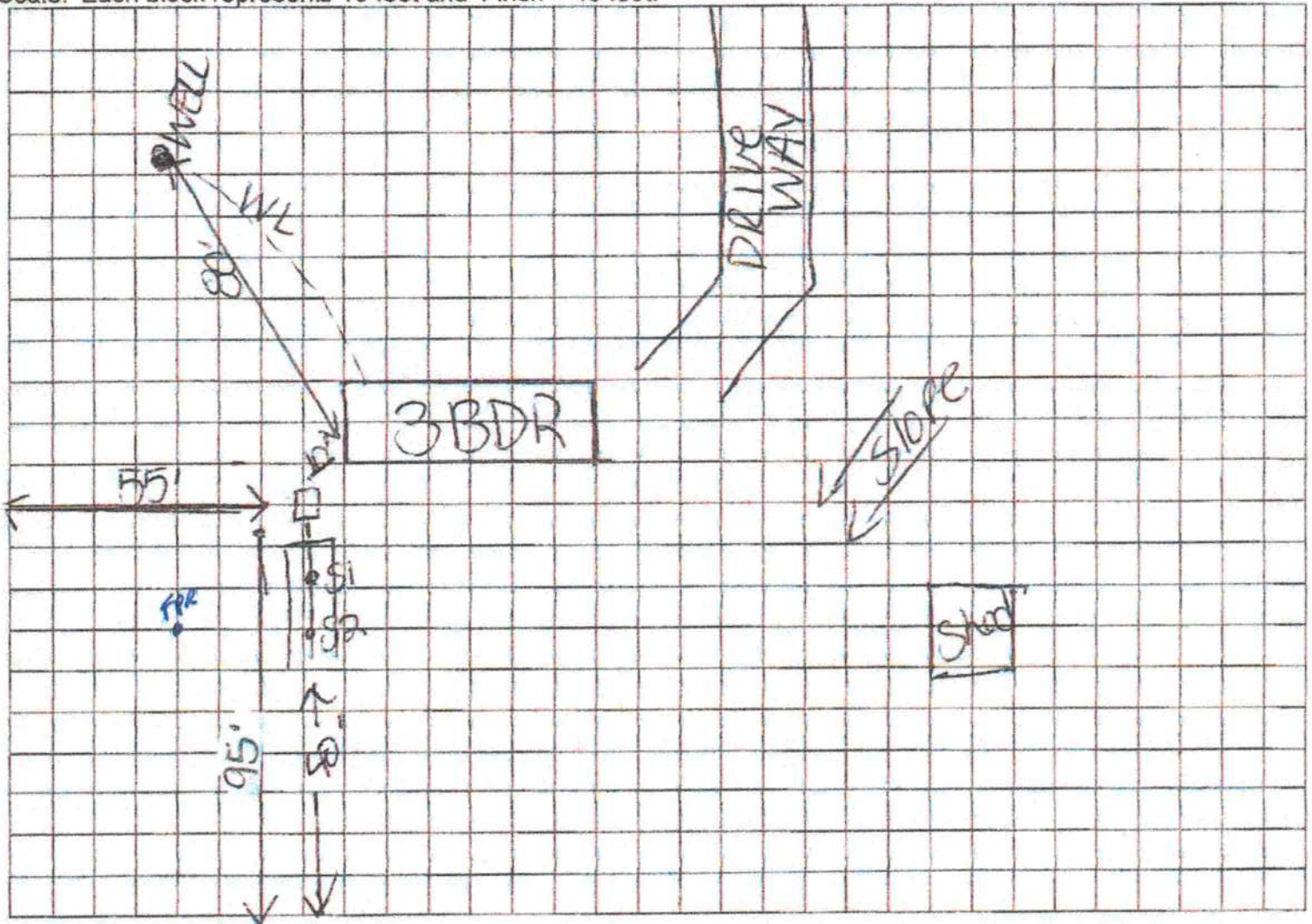
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

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: Rahent W. Ford Jr. Date: 4/4/2020

Plan Approved ☒ Not Approved ☐ Date: 6/29/2020

By: Kell Rep 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: 310⁰⁰
RECEIPT #: 12-P12-4468266
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 DOSING 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 []
N
F LOCATION OF BENCHMARK: Nail in power pole
I ELEVATION OF PROPOSED SYSTEM SITE [24.00] [INCHES] FT [] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [54.00] [INCHES] FT [] [ABOVE / 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.