### PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

|     | For Office Use Only (Revised 7-1-15) Zoning OfficialBuilding Official |
|-----|---|
| F   | Flood Zone Development Permit Zoning Land Use Plan Map Category   |
| -0  | EMA Map# Elevation Finished Floor River In Floodway Recorded Deed or Property Appraiser PO Site Plan EH # DWell letter OR Existing well Land Owner Affidavit Installer Authorization FW Comp. letter App Fee Paid   |
| P   | BOT Approval Parcel # STUP-MH PAT App  Ettisville Water Sys Assessment Owld Quit County In County Sub VF Form   |
| Pro | perty ID # <u>23 -5S -15 - 0044/8 -003</u> Subdivision Lot#   |
|     | New Mobile Home Used Mobile Home MH Size 28x 68 Year 2022   |
|     | Applicant Son W. North - Provision Hermett 8103 - 517-5701  |
|     | Address 3311 Sw State Rd 247 Lake City, FI 32024 Name of Property Department of Property Patrick + Department Reptation 172-293-1297  |
|     | Name of Property Owner Patrick + Debra Fletcher 772-293-1297  |
|     | 911 Address 1084 Daisy Rd Lake City, A  |
|     | Circle the correct power company - FL Power & Light - Clay Electric   |
|     | (Circle One) - Suwannee Valley Electric - Duke Energy   |
| •   | Name of Owner of Mobile Home Potrick + Oebra Fletcher 772-293-1291  Address 81001 North Blud Fort Pierce, F1 34951  |
|     | Relationship to Property Owner SAME   |
|     | Current Number of Dwellings on Property   |
| •   | Lot Size Total Acreage 4.34   |
| •   | Do you : Have Existing Drive or Private Drive (Currently using) or need Culvert Permit (Putting in a Culvert) or Culvert Waiver (Circle one) (Not existing but do not need a Culvert)   |
| •   | Is this Mobile Home Replacing an Existing Mobile Home   |
| •   | Driving Directions to the Property Hury 40 w, turn Lon SR 247 turn Lon Daisy Rd, Ron Sw Hartford way, Lon Sw Daisy Rd, property on R  |
|     | Name of Licensed Dealer/Installer Rusty Knowles Phone # 386-397-0886  |
| •   | Installers Address 5801 Sw SR 47 Lake City PI 32024   |
| •   | License Number <u>TH1038219</u> Installation Decal # 82041  |

### MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

| APPLICATION NUN   | CONTRACTOR RUSTY KNOWLES PHONE 386-397-                       |  |  |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|--|--|
|   | 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 <a href="REQUIRED"><u>REQUIRED</u></a> 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 Signature  |  |  |  |  |  |  |  |  |
|   | License #: Phone #:   |  |  |  |  |  |  |  |  |
|   | Qualifier Form Attached                                       |  |  |  |  |  |  |  |  |
| MECHANICAL/   | Print Name McNavl A. Boland Signature/114/114                 |  |  |  |  |  |  |  |  |
| A/C   | License #: (1AC 1817714 Phone #: (352) 274- 9324              |  |  |  |  |  |  |  |  |
|   | Qualifier Form Attached                                       |  |  |  |  |  |  |  |  |

Qualifier Forms cannot be submitted for any Specialty License.

| Specialty License | License Number | Sub-Contractors Printed Name | Sub-Contractors Signature |
|-------------------|----------------|------------------------------|---------------------------|
| MASON             |                |                              | 7                         |
| CONCRETE FINISHER |                |                              |                           |

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.

Revised 10/30/2015

#### MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

| Application num  | CONTRACTOR RUSTY KNOWLES PHONE 3810-397-0886   |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  | THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT  |  |  |  |  |  |  |  |  |
| records of the<br>Ordinance 89-6<br>exemption, gen<br>Any changes, t | In Columbia County one permit will cover all trades doing work at the permitted site. It is <a href="REQUIRED">REQUIRED</a> 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 Glen Whi-Hington Signature Mem letherhore License #: EC 1300 2957 Phone #:  Qualifier Form Attached   |  |  |  |  |  |  |  |  |
| MECHANICAL/<br>A/C   | Print Name         Signature           License #:         Phone #:           Qualifier Form Attached   |  |  |  |  |  |  |  |  |
|  | *  |  |  |  |  |  |  |  |  |

Qualifier Forms cannot be submitted for any Specialty License.

| Specialty License | License Number | Sub-Contractors Printed Name | Sub-Contractors Signature |
|-------------------|----------------|------------------------------|---------------------------|
| MASON             |                |                              |                           |
| CONCRETE FINISHER |                |                              | -                         |

**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.

Revised 10/30/2015

### **Columbia County Property Appraiser**

Jeff Hampton

Parcel: << 23-5S-15-00468-003 (2055) >>>

**Aerial Viewer** 

**Pictometery** 

Google Maps

2021 Working Values

updated: 6/3/2021

**Owner & Property Info** FLETCHER PATRICK & **FLETCHER DEBRA** Owner DEBRA FLETCHER 8601 NORTH BLVD FORT PIERCE, FL 34951 Site 1084 DAISY RD, LAKE CITY S1/2 OF SE1/4 OF SE1/4, EX THE W 436.55 FT & EX N 344.26 FT. 657-449, WD 1358-1871, Description\* Area 6.34 AC S/T/R 23-5S-15E PASTURE CLS33 Use Code\*\* Tax District 3 (6200)

\*The Description above is not to be used as the Legal Description for this parcel

in any legal transaction.

\*\*The <u>Use Code</u> 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 & A     | Assessment Va   | lues                |   |  |
|------------------|---|---------------------|---|--|
| 2020 Cert        | tified Values   | 2021 Working Values |   |  |
| Mkt Land         | \$8,022   | Mkt Land            | \$8,050   |  |
| Ag Land          | \$1,292   | Ag Land             | \$1,292   |  |
| Building         | \$0   | Building            | \$0   |  |
| XFOB             | \$1,200   | XFOB                | \$1,200   |  |
| Just             | \$34,705  | Just                | \$34,734  |  |
| Class            | \$10,514  | Class               | \$10,542  |  |
| Appraised        | \$10,514  | Appraised           | \$10,542  |  |
| SOH Cap [?]      | \$0   | SOH Cap [?]         | \$0   |  |
| Assessed         | \$10,514  | Assessed            | \$10,542  |  |
| Exempt           | \$0   | Exempt              | \$0   |  |
| Total<br>Taxable | county:\$10,514<br>city:\$10,514<br>other:\$10,514<br>school:\$10,514 |                     | county:\$10,542<br>city:\$0<br>other:\$0<br>school:\$10,542 |  |

| <b>②</b> 2019   | O 2016 | O 2013                                     | 02010 | 02007    | O 2005   | Sale              |
|-----------------|--------|--|-------|----------|--|-------------------|
| +               | 1/74   | 40.07                                      |       | W        |  |                   |
| - 4             |        |  |       | 7        |  |                   |
| 4               |        |  |       | ď.       |  | 1 .               |
| 7               |        | " / ["                                     |       |          | $V_{i}$  | 14                |
| , ,             |        |  |       | <b>)</b> | Y  | 1                 |
| NHAS            | lew"   | ,<br>, , , , , , , , , , , , , , , , , , , |       |          |  |                   |
| Stores          | 等注:    |  | V     |          | 11.77  |                   |
| No.             | A)     | 1  |       | 1/2      |  | () <sup>(1)</sup> |
|                 |        |  | - (-  |          |  |                   |
|                 | /F     |  |       | J.W.S    |  |                   |
| ,               | 140    | 4 1  |       | ACKS     | 41   |                   |
|                 |        |  |       | ON CO    | 11   | <b>A</b>          |
|                 | 74     | ,,,  |       |          | 14   | 11                |
| 1               |        |  |       |          | Dist.  | <b>3</b> 7        |
| 4               | Letter | 7.7  | sw w  | EATHERB  | V (P)  | Kar.              |
|                 |        |  |       | 2 %      |  |                   |
|                 | 7.0    |  |       | 17       | W AS   | 6.                |
|                 | ,      |  | 1     | 7 Total  | 1.70   |                   |
| - Communication |        |  | 200   |          | AND LONG OF SECTION AND ADDRESS OF SECTION AND ADDRESS OF SECTION ADDRESS OF SE | DE 28 A 11        |

| Sales History |            |           |      |     |                       |       |  |
|---------------|------------|-----------|------|-----|-----------------------|-------|--|
| Sale Date     | Sale Price | Book/Page | Deed | V/I | Qualification (Codes) | RCode |  |
| 4/25/2018     | \$33,800   | 1358/1871 | WD   | V   | Q                     | 01    |  |

| Bldg Sketch | December *   | V DII    | D 05    |           | 1          |
|-------------|--------------|----------|---------|-----------|------------|
| blug Sketch | Description* | Year Blt | Base SF | Actual SF | Bldg Value |

| Extra Featu | res & Out Buildings (Codes) |          |            |       |       |
|-------------|-----------------------------|----------|------------|-------|-------|
| Code        | Desc                        | Year Blt | Value      | Units | Dims  |
| 0296        | SHED METAL                  | 2017     | \$1,200.00 | 1.00  | 0 x 0 |

| Code | Desc             | Units               | Adjustments             | Eff Rate    | Land Value |
|------|------------------|---------------------|-------------------------|-------------|------------|
| 0000 | VAC RES (MKT)    | 1.000 AC            | 1.0000/1.0000 1.0000//  | \$4,800 /AC | \$4,800    |
| 6200 | PASTURE 3 (AG)   | 5.340 AC            | 1.0000/1.0000 1.0000/ / | \$242 /AC   | \$1,292    |
| 9910 | MKT.VAL.AG (MKT) | 5.340 AC            | 1.0000/1.0000 1.0000/ / | \$4,772 /AC | \$25,484   |
| 9945 | WELL/SEPT (MKT)  | 1.000 UT (0.000 AC) | 1.0000/1.0000 1.0000//  | \$3,250 /UT | \$3,250    |



# Jacobsen Homes of Lake City

### **PURCHASE AGREEMENT**

**Locally Owned and Operated** 

777 - 297,100

3973 W. U.S. Hwy. 90 Lake City, Florida 32055

Ph. 386-438-8458 • Fax: 386-438-8472

|  |                    |  | 112   | 15-1071  |   |
|--|--------------------|--|---|--|---|
| SOLD TO Par Debra Fletchen   | - 1/ ,             | PHON   | IE 772-29   | 73-1291 DAT  | re 6/4/21   |
| ADDRESS 1084 SW Daisy Ro C   | ITY COL            | JNTY   | Columbu   | L SALESMA  | AN TRAVIS   |
| Subject to the Terms and Conditions Stated on Both Sides of this Agreement YEAR MAKE MODEL | Seller Agreement S | Seller Agrees  | to Sell and the Purchaser Ag  | rees to Purchase the Following   |   |
|  | perial             | 2  | B. ROS  | 168 M. 28  | B L7Z W 88  |
| Masolo   |                    | NEW  | COLOR   | PROPOSED<br>DELIVERY DATE  | ACAP  |
| OPTIONAL EQUIPMENT, LABOR AND ACCES  | SSORIES            |  |   | PRICE OF UNIT  | \$167,281   |
| SET UP, De, SK   | 1126               | ``   | OPTIONAL EQUIPME  | ENT  |   |
| 2 × 2 2 2 2 5  | D                  | ,  | COST OF SET-UP PA   | ARTS   |   |
| 2 × CoDE STOPS   | -                  |  |   | SUB-TOTAL  |   |
|  |                    |  | SALES TAX   |  | 10036   |
|  |                    |  | <   | SURTAX   | 50  |
| Sweet Bone 100 @ SMAN. CON   | 1                  |  | NON   | I-TAXABLE ITEMS  | 450   |
| SWEETBONE LE @ Coma . Com  |                    |  | VARIOUS FEES  |  |   |
| SWEET HONE CE COM  |                    |  | I. CASH PRICE   |  | \$177817.8  |
|  | 1 00               | 0  | TRADE-IN<br>ALLOWANCE   | \$   |   |
| Balance ding as soon as home   | X PE               |  | LESS BAL. DUE<br>ON ABOVE   | \$   |   |
| is on property   | V PF               | DP   | NET ALLOWANCE  CASH DOWN  | 94 02  |   |
|  | ~                  |  | 2. LESS TOTAL CREDI   | 88 90B. 93   |   |
|  |                    |  | Z. LEGO TOTAL ONEDI   | 10   | A7  |
|  |                    |  | 3. UNPAID BALANCE (   | OF CASH SALE PRICE   | \$ 99 908-4   |
|  |                    |  | purchase price theref<br>Retail Installment Con<br>by a financing agend | for is paid in full in cash<br>stract, or a Security Agree<br>by; thereupon title to th  | Seller until the agreed<br>or by the execution of a<br>ment and its acceptance<br>e within described unit |
| 1 2 2  |                    |  | the signing of said cre   | edit instruments even the  | full cash payment or on<br>ough the actual physical   |
|  |                    |  | IT IS MITTIALLY LINDS   | nade until a later date.<br>RSTOOD THAT THIS AGR   | CEMENT IO OUR MOY 22  |
|  |                    |  | NECESCADA CUDDECT   | IONE AND AD HIGH   | EEMENT IS SUBJECT TO  |
| ,  |                    |  | IN NET PAYOFF ON TRA  | IONS, AND ADJUSTMENTS<br>DE-IN TO BE MADE AT THE   | TIME OF SETTLEMENT.   |
|  |                    |  | Purchaser represents  | he/she examined the pro-   | oduct and found it suit-  |
|  |                    |  | able for his/her partic   | cular needs, and that it is  | s of acceptable quality   |
|  |                    | The second second  | making this determin  |  |   |
| Seller is not permitted to make plumbing or electrical connections, or connect             | ing of certain nat | ural gas   | There is no assurant placed, upon any su                                | nce a mobile home ca   | an remain level when  |
|  |                    | THE RESERVE OF THE PARTY OF THE |   | The state of the s | CHICAGO OF ANTIOCOCO.   |

2, CPTIDEAL OPTIDALLY WOOM ARROTTE SAGEY MOTORIA SAGEN MASTER BEDROOM PT. STATEMAN SUMER DEBONAL DEBONAL WHOLAD WHOLAD SEE SEE 1.45 MORNA MORNA MINTALS BEDF 2 12'-5' ~-'-6" BONUS ROOM ADBY SHOUNES THOUSA DEN NADRAWERS BELOW MODIEN MODIEN CODITY THE DINING ROOM 8'-8" X 12'-6" MODE STATES TO A STATE STATES TO A STATE A STATES TO A STATES TO A STATES TO A STATES TO A STATE A STATES TO A STATE A STATES TO A STATES TO A STATE A STATES TO A STATES TO A STATE A STATES TO A STATES TO A STATE A STATES TO A STATES TO A STATE A STATES TO A STATES TO A STATE A STATES TO A STATES TO A STATE A STATES TO A WOODEN ABOVE BOX BAY 到五 MEMME CAMBE TAKER RUGA ME Patrick & Ith K

CHERTH CLEANER FROM MAN TIME HOLES

941-758-3633 5327 14th Street W Bradenton, FL 34207

Visit us online at the second second

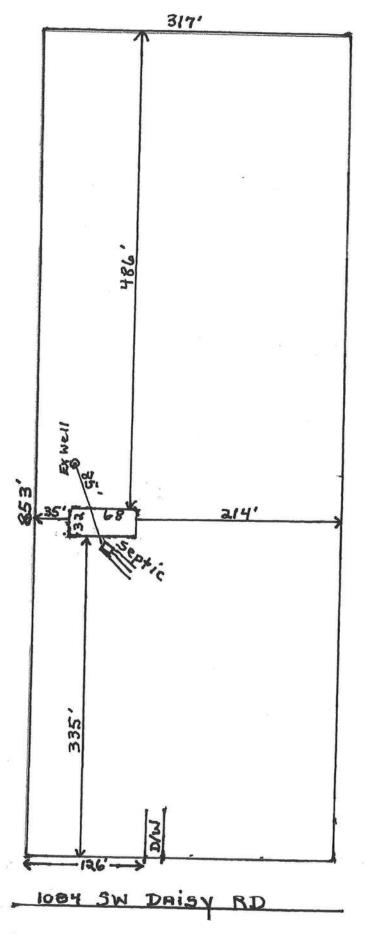
HEDL WITH YOUR SALESPERSON TO IDENTIFY SIPTIMAL ITERS THAT ARE ON THIS PRINT.

000 1,539 SQUARE FEET X 57'-8"

Model IMP-5573B-37054

(ALL SIZES ARE APPROX.)

· © 08-12-20



Fletcher



## 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

|   | S II IO I I I I I I I I I I I I I I I I | 1 MOTHORIZATION  |  |  |
|---|---|--|--|--|
| I, Restable License Holder Na   | ,give this auth                         | ority for the job address show below   |  |  |
| only, 1084 Dai  | Sy Rd Lall Job Address                  | e Cofe_, and I do certify that   |  |  |
| the below referenced person(s)  | listed on this form is/are und          | der my direct supervision and control  |  |  |
| and is/are authorized to purcha   |   |  |  |  |
| Printed Name of Authorized<br>Person  | Signature of Authorized<br>Person       | Authorized Person is<br>(Check one)  |  |  |
| Sonya Norsen<br>Dylan Hinson  | Sonya Non                               | Agent Officer Property Owner   |  |  |
| Dylan Hinson  |   | Agent Officer Property Owner   |  |  |
| d   | -                                       | Agent Officer Property Owner   |  |  |
| 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 coal Ordinances.  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. |   |  |  |  |
| Acense Holders Signature (Nota  | arized)                                 | H-1038218 7-20-21<br>se Number Date  |  |  |
| NOTARY INFORMATION:<br>STATE OF:Florida   | COUNTY OF: Cold                         | embr   |  |  |
| The above license holder, whos personally appeared before me (type of I.D.)   |   | thouse the state of the state o |  |  |
| And The delle   | C Figure Bor                            | SANDRA ELIZABETH TOPE Not(S) Galf (States) f Florida Commission # HH 079583 My Comm. Expires Jan 18, 2025 ided through National Notary Assn.   |  |  |

## being installed Address of home Installer: B **Mobile Home Permit Worksheet** 3 VAIS License # H-1058218 200

Manufacturer 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. Length x width X

20

Typical pier spacing lateral longitudinal Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations) arriage wall piers within 2' of end of home Installer's initials pe Rule 15C

# Application Number:

|   | balo          | order                 | Serial #  |          | Triple/Quad                      |
|---|---------------|-----------------------|---|----------|----------------------------------|
|   | 82041         | cal#                  | Installation Decal #  | Q        | Double wide                      |
|   | Wind Zone III | 向                     | Wind Zone II  |          | Single wide                      |
| Щ | Manual        | stallation<br>le 15-C | Home installed to the Manufacturer's Installation Manual Home is installed in accordance with Rule 15-C | to the M | Home installed<br>Home is instal |
|   |               |                       | Used Home   | Q        | New Home                         |
|   | Date:         |                       |   |          |                                  |

# PIER SPACING TABLE FOR USED HOMES

|                                  | _                            | _   | -          | T                           | -                 | _             |                            |
|----------------------------------|------------------------------|-----|------------|-----------------------------|-------------------|---------------|----------------------------|
| intornal                         | 1500<br>2000<br>2500<br>3500 |     |            | Load<br>bearing<br>capacity |                   |               |                            |
| 100                              | psf                          | pst | psf<br>psf |                             | psf<br>psf<br>psf |               | Footer<br>size<br>(sq in)  |
| Dide AEC                         | 00                           | 00  | 7.6"       | 6                           | 4.6               | ω <sub></sub> | 16" x 16"<br>(256)         |
| ptomolated from Bills 450 4 -iii | ထ္                           | ω_  | ω <u>.</u> | ω_                          | ത്                | 4'            | 18 1/2" × 18<br>1/2" (342) |
|                                  | ထ္                           | 00, | 02         | 02                          | 7'                | 51            | 20" x 20"<br>(400)         |
|                                  | ω_                           | ω.  | ω,         | 00                          | 00                | 6             | 22" x 22"<br>(484)*        |
|                                  | ω_                           | ω_  | œ̃         | œ                           | œ                 | 7"            | 24" X 24"<br>(576)*        |
| -                                | œ                            | œ   | 00         | œ                           | œ                 | 00            | 26" x 26"<br>(676)         |

Other pier pad sizes (required by the mfg.) Perimeter pier pad size I-beam pier pad size Draw the approximate locations of marriage wall openings 4 foot or greater. Use this symbol to show the piers. PIER PAD SIZES 24×24 16×16 16×16

List all marriage wall openings greater than 4 foot and their pier pad sizes below.

Opening 1.0° 7.5 x 25.5 23/402/19 23/4×31/2 Pier pad size

# TIEDOWN COMPONENTS

Manufacturer Longitudinal Stabilizing Device (LSD)

Longitudinal Stabilizing Device w/ Lateral Arms 1 columbologies

| 63  | 26 x 26           |
|-----|-------------------|
| 57  | 24 x 24           |
| 44  | 17 1/2 x 25 1/2   |
| 44  | 17 3/16 x 25 3/16 |
| 40  | 20 x 20           |
| 34  | 13 1/4 x 26 1/4   |
| 37, | 17 x 22           |
| 360 | 16 x 22.5         |
| 34  | 18.5 x 18.5       |
| 28  | 16 x 18           |
| 25  | 16 x 16           |
| Sq  | Pad Size          |

## FRAME TIES 5 ft

ANCHORS

4 ft

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

# OTHER TIES

Longitudir Marriage v Shearwall Sidewall

| _    | wall | 1            |
|------|------|--------------|
| N.3. | de   | Number<br>22 |

# **Mobile Home Permit Worksheet**

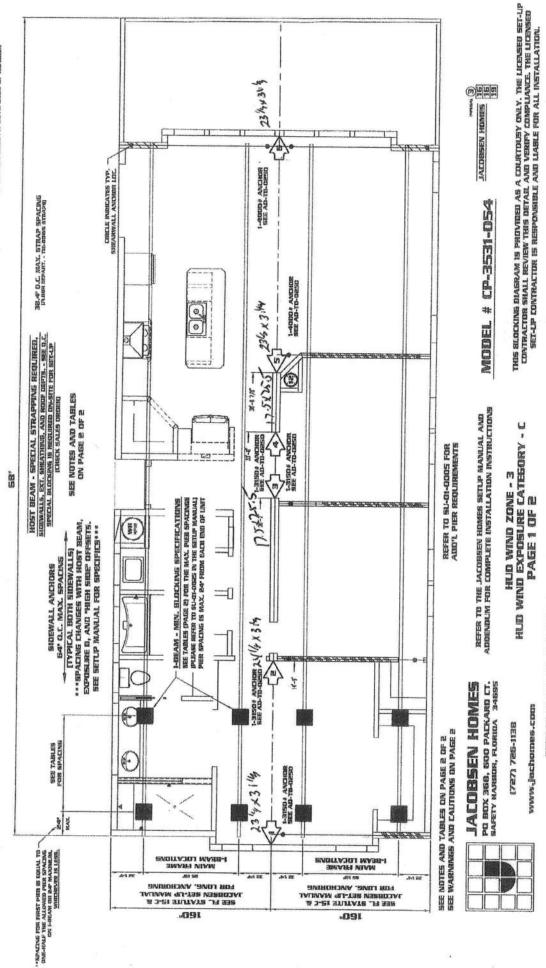
| Connect all sewer drains to an existing sewer tap or septic tank. Pg. 1521  Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg.  |
|--|
|  |
| Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between mult-wide units. Pg. 1/2-/  |
| Electrical   |
| Date Tested 7.28-21  |
| Installer Name  Rush L Kaoda   |
| 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 |
| TORQUE PROBE TEST  The results of the torque probe test is MA WAY Nich 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.  |
| ×  |
| <ol> <li>Using 500 lb. increments, take the lowest<br/>reading and round down to that increment.</li> </ol>  |
|  |
| POCKET PENETROMETER TESTING METHOD   |
| ×   ×     ×  |
| The pocket penetrometer tests are rounded down to or check here to declare 1000 lb. soil without testing.  |
| POCKET PENETROMETER TEST   |
|  |

| The bottomboard will be repaired and/or taped. Yes 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 Dryer vent installed outside of skirting. Yes Range downflow vent installed outside of skirting. Yes Drain lines supported at 4 foot intervals. Yes Electrical crossovers protected. Yes Other: | I understand a properly installed gasket (weatherproofing requirement)  I understand a properly installed gasket is a requirement of all new and used homes and that condensation, mold, meldew 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 fact that Installed:  Between Floors Yes  Between Walls Yes  Bottom of ridgebeam Yes | Floor: Type Fastener: Length: Length: Spacing: 18"  Walls: Type Fastener: Length: Length: Spacing: 18"  Roof: Type Fastener: Length: Length: Spacing: 18"  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. | Site Preparation  Debris and organic material removed  Water drainage: Natural Swale Pad Other | Application Number:Date: |
|---|--|--|--|--------------------------|
|---|--|--|--|--------------------------|

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 7.20.20

CAS PARENTE DE REPAIRE ME PARTIED AT THE PACTORY WEIGH SHEARM STRAPS ARE NOT METALLED AT THE PACTORY WEIGH SHEARWALL IS LICKATED LINEETLY UVER SOUTH PEICAM NEADER NEETLY DISTRAPS OFTEN THE PEECAM NEADER OF THE PACTORY OF THE PACTOR



NEFER TO SU-01-0020, SU-01-0021, AND OTNER DETAILS IN THE SET-UP MANUAL FOR MAXIMUM HEIGHT (THIS IS NOT DESIGNED, NOR INTENDED, TO BE A STILT FOLNDATION)

REFER TO SU-O1-0020, SU-O1-0021, AND OTHER DETAILS IN THE SET-UP MANUAL FOR MAXIMUM HEIGHT (THIS IS NOT DESIGNED, NOR INTENDED, TO BE A STILT FOUNDATION)

# JACOBSEN HOMES

· 1...s.

WARNING

PO BOX 368, 600 PACKARD CT. 34695 SAFETY HARBOR, FLORIDA

(7e7) 7e6-1138

www.jachomes.com

QUALIFIED PERSONNEL SHOULD ATTEMPT TO INSTALL A MANUFACTURED STRUCTURE/BUILDING IMPROPER PROCEDURES AND/OR TECHNIQUES COULD RESULT IN <u>BERIOUS INJURY OR DEATH</u> IN ADDITION TO THE DANGER TO PERSONNEL, IMPROPER SETUP/INSTALLATION COULD RESULT IN EXTENSIVE/COSTLY DAMAGE TO THE BUILDING/STRUCTURE. NEVER ATTEMPT INSTALLATION YOU ARE NOT QUALIFIED AND/OR DO NOT HAVE THE PROPER TOOLS AND/OR EQUIPMENT INSTALLING A MANUFACTURED STRUCTURE/BUILDING CAN

ONLY

# CAUTION

INITIATIVES, PROGRAMS, POLICIES, AND/OR PROCEDURES THAT MAY BE MANDATED BY OBHA AND/OR ANY OTHER LOCAL, STATE, AND/OR PEDERAL CODES AND/OR REQUIREMENTS. THE CONTRACTOR SHALL INSURE/REQUIRE THAT SAFE AND PROPER TECHNIQUES ARE UTILIZED. IT IS VERY IMPORTANT THAT ALL PERSONNEL, ON THE JOB SITE, BE QUALIFIED AND PROPERLY/ADEQUATELY TRAINED A STATE LICENSED SETUP CONTRACTOR IS REQUIRED TO DE RESPONSIBLE FOR ALL SAFETY

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COLUMN PAD - MIN.

COLLIMN INFO. TABLE

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MANUFACTURED BUILDINGS/STRUCTURES CAN WEIGH SEVERAL TONS.

## NOTES:

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264

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- REFER TO THE MODIE. APPROVAL FOR PLAN IRPECIFIC INFORMATION.
- ngger to the jacobbed hower betup manual and addemolm for complete diretaliation Instructions, piers can be relocated anachs spans increased per the setup manual.
  - REPER TO INL-OI-DOOS FOR ADDITIONAL PIER REQUIREMENTS.
- RETER TO THE APPROVED PLODE PLAN FOR SHEARWALL LOCATIONS AND LOADS.
- REFER TO THE APPROVED FLOOR PLAN FOR SPECIFIC COLLININ LOCATIONS, COLLININ PIERS SHALL be located within 6" of estror bide of the colling. Additional piers may be reguined along the matting line, see the setup manual for specificial REFER TO AD-TD-100 FOR SHEARWALL APPLICATIONS AND TELDOWNS. ui.

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ALL 184" WIDE FLOOR INTITEMS REQUIRE PERIMETER AND MATTING LINE INLOCKING.

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- ALL BAS FLUOR SYTTEMS WIDER THAN 144" REGLIRE PERIMETER AND MATRING LINE BLOCKING VACED NO FLIFTHER THAN 40° O.C. MAXCHILM, BONE WIND ZONE AREAS MAY INSTALLATION, REFER TO THE JACOBSEN HOMES BETLIP MANUAL FOR SPECE any eidewall area with a high beam dr a structural attachment exall have piers N 0 0
- THE RLOG-GOOS AND BL-OT-GOOS), WHEN THE ATTACHED STRUCTURE HAS FOURTH WALL. CONSTRUCTION OR IN DESIGNED AND CONSTRUCTED TO BE SELF BLEFORTING, THESE ADDITIONAL
  - LEEAM IS 180 MAX. PRIEN SPACING ON 10" OR 18" MAX. PIER SPACING ON 8° L-BEAM IS 96°. MAX. PRIER IREE NOTE 4 ON PAKES SCLOI-DOME THROUGH SIL-01-00 ē

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MATING LINE PIER SPACING

PERIMETER PIER SPACING

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PO P PAGE

OPOSURE CATESORY - C

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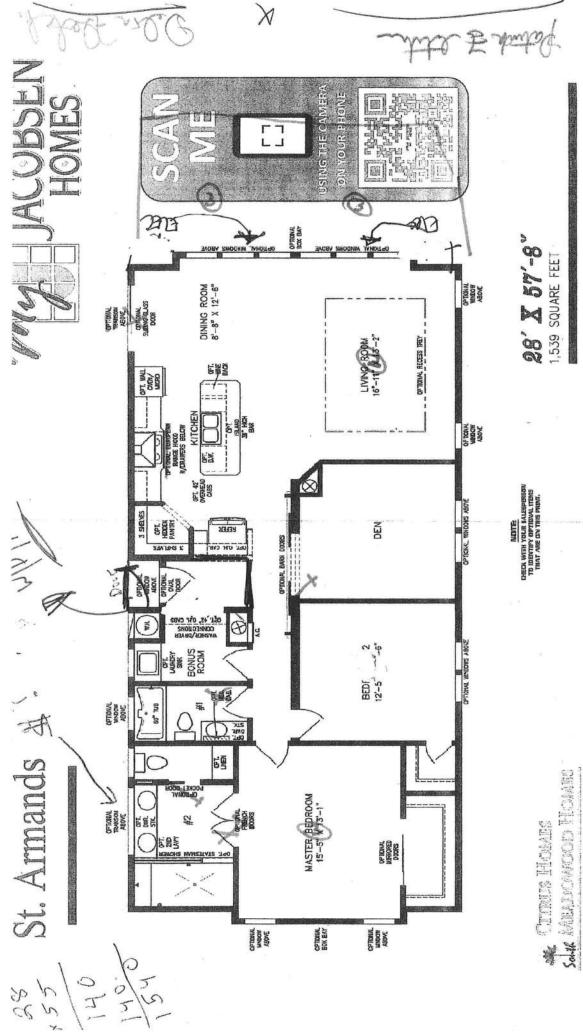
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| <                | HOMES,  |
| o/o sq. m.       | 2013, JACOBSEN HOMES, BAPETY HARBOR, PLORIDA, ALL RIGHTS RESERVED |
|                  | 2013,   |
|                  | 0   |
|                  | THO   |

**УООШОМУТ ЫЕМ МЕЙГИМЕМЕЛЛЯ"** NO = SEE NOTE 10. SPER TO IN-O1-0005 FOR



Model IMP-5573B-37054

© 08-12-20

(ALL SIZES ARE APPROX.)

180 SZ

5327 14th Street W Bradenton, FL 34207

Visit us online at 11 941-758-3633

District No. 1 - Ronald Williams District No. 2 - Rocky Ford

District No. 3 - Robby Hollingsworth

District No. 4 - Toby Witt



#### 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:

7/27/2021 7:49:24 PM

Address:

1084 SW DAISY Rd

City:

LAKE CITY

State:

FL

Zip Code

32024

Parcel ID

00468-003

REMARKS: Address Verification.

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:

Signed:/ Matt Crews

Columbia County GIS/911 Addressing Coordinator

COLUMBIA COUNTY 911 ADDRESSING / GIS DEPARTMENT

263 NW Lake City Ave., Lake City, FL 32055 Telephone: (386) 758-1125 Email: gis@columbiacountyfla.com