

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only

(Revised 7-1-15)

Zoning Official _____ Building Official _____

AP# _____ Date Received _____ By _____ Permit # _____

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

Comments _____

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

☐ Recorded Deed or ☐ Property Appraiser PO ☐ Site Plan ☐ EH # _____ ☐ Well letter OR

☐ Existing well ☐ Land Owner Affidavit ☐ Installer Authorization ☐ FW Comp. letter ☐ App Fee Paid

☐ DOT Approval ☐ Parent Parcel # _____ ☐ STUP-MH _____ ☐ 911 App

☐ Ellisville Water Sys ☐ Assessment _____ ☐ Out County ☐ In County ☐ Sub VF Form

Property ID # 10-5S-16-03525-103 Subdivision Sunny Acres Lot# 3

▪ New Mobile Home X Used Mobile Home _____ MH Size 56x28 Year 2021

▪ Applicant Gregory Webb Phone # 904-338-6145

▪ Address 5339 Morgan Horse Drive N. Jacksonville FL 32257

▪ Name of Property Owner Gregory Webb Phone# 904-338-6145

▪ 911 Address 253 SW Sunny Acres Glen Lake City FI 32024

▪ Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Duke Energy

▪ Name of Owner of Mobile Home Gregory Webb Phone # 904-338-6145

Address 339 Morgan Horse Drive N. Jacksonville FL 32257

▪ Relationship to Property Owner Self

▪ Current Number of Dwellings on Property _____

▪ Lot Size _____ Total Acreage 4.85

▪ 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 the 1st left onto NE Madison St. Take the 1st left onto N Marion Ave/US-441 S/FL-47/County Hwy-250.
Take the 2nd right onto W Duval St/US-90 W/FL-47/FL-10/FL-100.
Turn left onto N 1st St/US-41 S/FL-25/FL-47/FL-100. Continue to follow US-41 S/FL-25/FL-47.

Keep right at the fork to go on SW State Road 47/FL-47. Turn right onto SW County Road 240/County Hwy-240. TLN SW Hwy 47/FL-47. Turn right onto SW Sunny Acres Blvd.

▪ Name of Licensed Dealer/Installer Lax's Housing Center, Inc. Phone # 386-328-6193

▪ Installers Address 290 S. US Hwy 17 E Palatka FL 32131

▪ License Number IH1130066 Installation Decal # 77351

Mobile Home Permit Worksheet

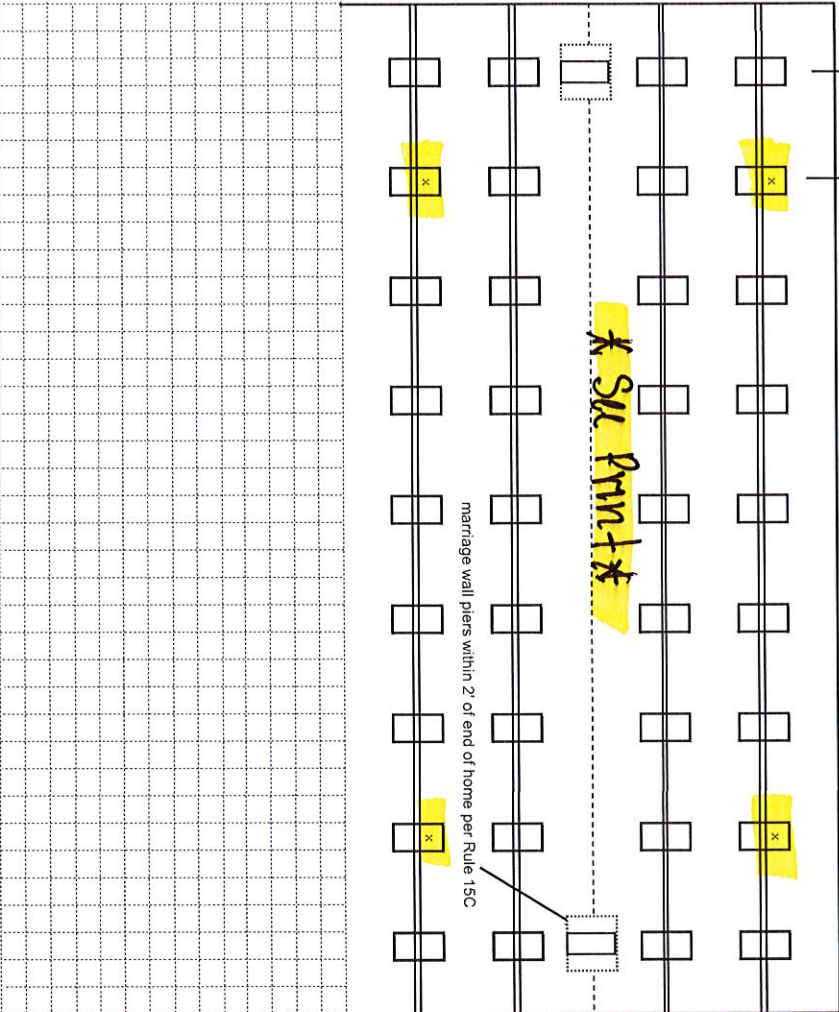
Installer : Lake's Housing Center, Inc License # LH1130066
Address of home 253 SW Sunny Acres Glen Lake City FL 32024
being installed

Manufacturer Destiny Homes Length x width 56x28

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 Rf



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 (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'	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

17.5x25.5

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

I-beam pier pad size
Perimeter pier pad size
Other pier pad sizes (required by the mfg.)

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

ANCHORS

4 ft

5 ft

* declared

FRAME TIES

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

TIEDOWN COMPONENTS

OTHER TIES

Longitudinal Stabilizing Device (LSD)
Manufacturer
Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer

Sidewall
Longitudinal Marriage wall
Shearwall

Number

Mobile Home Permit Worksheet

POCKET PENETROMETER TEST

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

X _____ X _____ X _____

POCKET PENETROMETER TESTING METHOD

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

X _____ X _____ X _____

TORQUE PROBE TEST

The results of the torque probe test is _____ inch pounds or check here if you are declaring 5' anchors without testing _____. A test showing 275 inch pounds or less will require 5 foot anchors.

Note: A state approved lateral arm system is being used and 4 ft. anchors are allowed at the sidewall locations. I understand 5 ft anchors are required at all centerline the points where the torque test reading is 275 or less and where the mobile home manufacturer may requires anchors with 4000 lb holding capacity.

Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name _____ Lake's Housing Center, Inc _____

Date Tested _____

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. 1-7.5

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 1-7.1

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 1-7.3

Application Number: _____ Date: _____

Site Preparation

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

Fastening multi wide units

Floor: Type Fastener: Laas Length: 4" Spacing: 24"
Walls: Type Fastener: Screws Length: 4.5" Spacing: 24"
Roof: Type Fastener: Metal Cap Length: 30GAX Spacing: Nails 2" OC
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 Foam _____ Installed: _____
Pg. 1-4.28 Between Floors Yes x
Between Walls Yes x
Bottom of ridgebeam Yes x

Weatherproofing

The bottomboard will be repaired and/or taped. Yes x Pg. 1-4.10
Siding on units is installed to manufacturer's specifications. Yes x
Fireplace chimney installed so as not to allow intrusion of rain water. Yes

Miscellaneous

Skirting to be installed. Yes x No _____
Dryer vent installed outside of skirting. Yes x N/A _____
Range downflow vent installed outside of skirting. Yes _____ N/A x
Drain lines supported at 4 foot intervals. Yes x
Electrical crossovers protected. Yes x
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 _____

10/5/2021

Pier Pad #1, #2, #3, #6: 16"x16"

Pier Pad #4, #5: 23.25"x31.25"

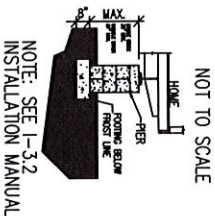
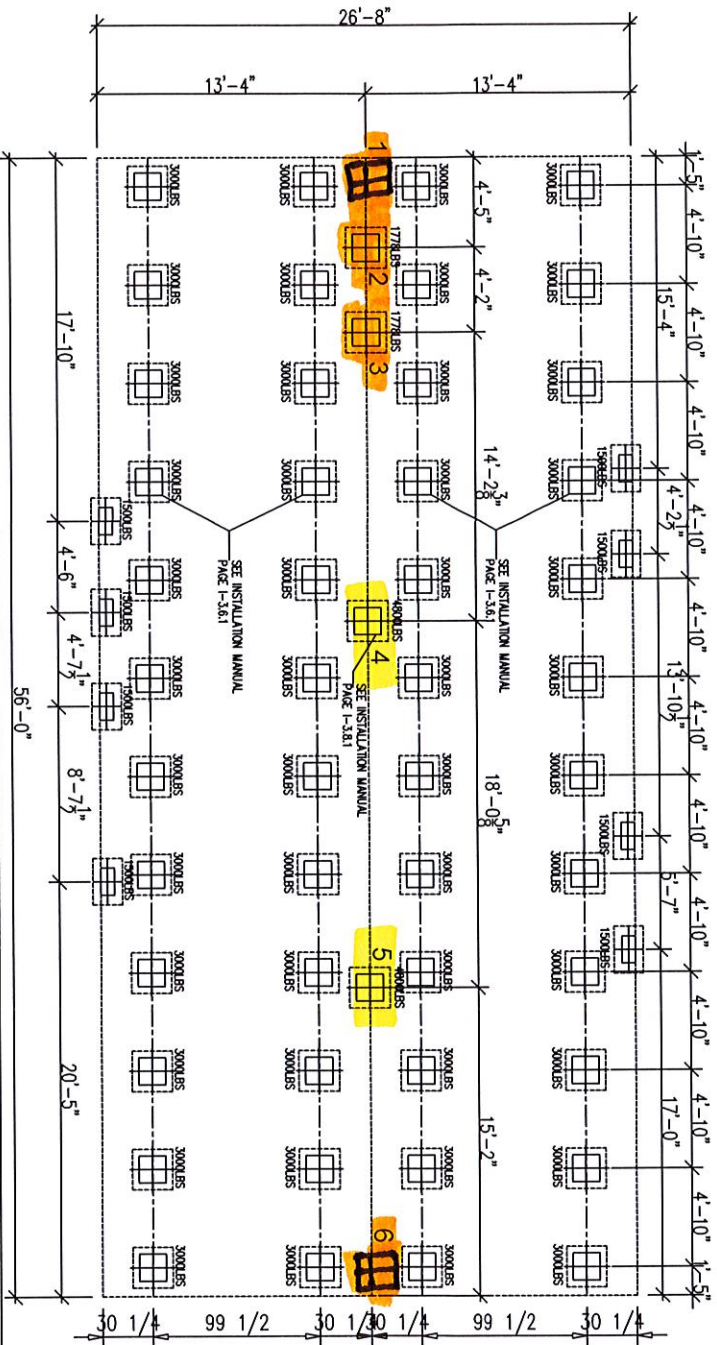
SOIL BEARING LOAD 1000LBS

1500LBS=16"x16" ABS FOOTER

1778LBS=16"x16" ABS FOOTER

3000LBS=17.5"x25.5" ABS FOOTER

4800LBS=23.25"x31.25" ABS FOOTER



MAXIMUM SPAN BETWEEN PIERS UNDER I-BEAMS (FEET)			
PAD SIZE (SQ. FT.)	PAD AREA (SQ. FT.)	BOX WIDTH (IN.)	
		SINGLE WIDE	DOUBLE WIDE
16'x18.5"	2.00	3.30	3.37
17.5'x25.5"	4.00	4.55	5.06
21'x29"	4.00	6.61	7.54
23.25'x31.25"	4.80	7.93	9.05
16'x16"	1.78	2.94	2.64
13'x28"	2.35	3.88	3.48
18.5'x18.5"	2.38	3.93	3.53
20'x20"	2.78	4.59	4.12
24'x24"	4.00	6.61	5.33

MAXIMUM CLEAR SPAN FOR MATING LINE SUPPORTS (FEET)			
PAD SIZE (SQ. FT.)	PAD AREA (SQ. FT.)	BOX WIDTH (IN.)	
		SINGLE WIDE	DOUBLE WIDE
16'x18.5"	2.00	N/A	N/A
17.5'x25.5"	4.00	N/A	N/A
21'x29"	4.00	N/A	N/A
23.25'x31.25"	4.80	N/A	N/A
16'x16"	1.78	N/A	N/A
13'x28"	2.35	N/A	N/A
18.5'x18.5"	2.38	N/A	N/A
20'x20"	2.78	N/A	N/A
24'x24"	4.00	N/A	N/A

MAX. LOAD FOR MAX. LOAD FOR MAX. LOAD FOR			
PAD SIZE (SQ. FT.)	PAD AREA (SQ. FT.)	BOX WIDTH (IN.)	
		SINGLE WIDE	DOUBLE WIDE
16'x18.5"	2.00	1,000 PSF	1,500 PSF
17.5'x25.5"	4.00	1,500 PSF	2,000 PSF
21'x29"	4.00	2,000 PSF	2,500 PSF
23.25'x31.25"	4.80	2,500 PSF	3,000 PSF
16'x16"	1.78	1,000 PSF	1,500 PSF
13'x28"	2.35	1,500 PSF	2,000 PSF
18.5'x18.5"	2.38	1,500 PSF	2,000 PSF
20'x20"	2.78	2,000 PSF	2,500 PSF
24'x24"	4.00	2,500 PSF	3,000 PSF

- THIS LETTER SHALL CERTIFY THAT ABS FOUNDATION PADS MANUFACTURED BY OLIVER TECHNOLOGIES, INC. MAY BE USED IN THE LIEU OF POURED CONCRETE FOOTINGS AS A SUPPORT FOR SINGLE & DOUBLE STACKED FOUNDATION PIERS PROVIDED THE FOLLOWING CRITERIA ARE MET:
1. THE ABS PADS MUST BE INSTALLED PER OLIVER TECHNOLOGIES INSTALLATION INSTRUCTIONS.
 2. THE PIER LOADS APPLIED TO THE ABS PADS MAY NOT EXCEED THE VALUES NOTED IN THE CHART BELOW.
 3. THE ABS PADS MAY BE USED TO SUPPORT A CONTINUOUS FOUNDATION WALL. THE PADS MAY ONLY BE USED FOR INDIVIDUAL FOUNDATION PIERS.
 4. ABS PADS MAY BE COMBINED TO COVER A LARGER AREA IN THIS CASE THE MAX. ALLOWABLE LOADS MUST BE COMBINED AS WELL.
 5. IF THE REQUIREMENTS OF DESTINY IND. INSTALLATION MANUAL, CONFLICT WITH THE REQUIREMENTS OF THE OLIVER TECHNOLOGIES INSTALLATIONS THE MORE STRINGENT REQ. SHALL BE USED.



PHONE: 866-782-6600 FAX: 229-873-6620
WWW.DESTINYINDUSTRIALS.COM

1000LBS ABSPAD FOUNDATION PLAN

DRAWING FILE INFORMATION 28X60 3BR-2B

DRAWN BY: DONNY TRULL

PRODUCT TIMBERLINE

DATE: 11/13/2013

SHEET 1-C17

MODEL NO. 603-824-96

SO. FT. 1493

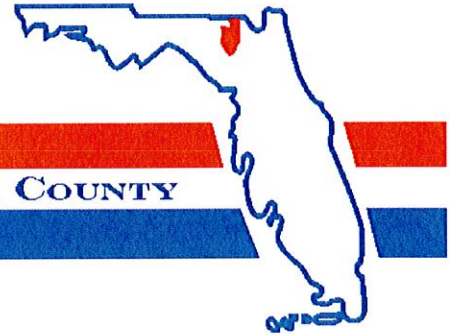
OPTION 1



MODEL D603-824 3BR ~ 2BA
28'-0" X 60'-0" ~ 1,493 SQ. FT.
ALSO AVAILABLE 32' WIDE

District No. 1 - Ronald Williams
District No. 2 - Rocky Ford
District No. 3 - Robby Hollingsworth
District No. 4 - Toby Witt
District No. 5 - Tim Murphy

**BUILDING AND ZONING
DEPARTMENT**



BOARD OF COUNTY COMMISSIONERS • COLUMBIA COUNTY

**MOBILE HOME INSTALLER
OBLIGATION LETTER**

I, Robert A. Lake, of Lake's Housing Center, Inc, license number
(Print Name) (Company Name)

IH 1130066, do hereby agree to affix the installation decal onto this manufactured home as required by law and provide a copy of this decal to the permitting authority.

I further understand that once these decals become available I must provide them to obtain any further permits in Columbia County, Florida.


Signature – Licensed Mobile Home Installer

10/5/2021
Date

Job Information

Job Name: Webb

Location: 253 SW Sunny Acres Glen Lake City 32257

Application or Permit #: _____

BOARD MEETS FIRST AND THIRD THURSDAY AT 5:30 P.M.

P.O. BOX 1529

LAKE CITY, FLORIDA 32056-1529

PHONE (386) 755-4100



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, Robert A. Lake, 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
Kelly R. Lake		Lake's Housing Center, Inc
Jessica N. Benavides Lake		Lake's Housing Center, Inc
Heather M Jervis		Lake's Housing Center, Inc

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.


License Holders Signature (Notarized)

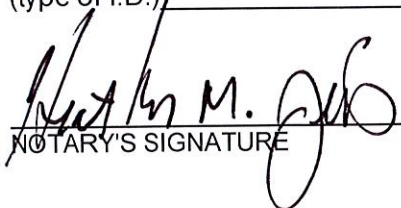
IH1130066
License Number

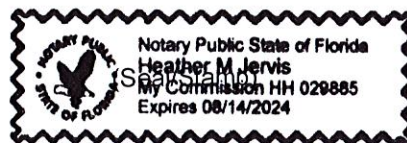
9/16/2021
Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Putnam

The above license holder, whose name is Robert A. Lake,
personally appeared before me and is known by me or has produced identification
(type of I.D.) _____ on this 16 day of September, 2021.


NOTARY'S SIGNATURE





STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM

PERMIT #: 12-SC-2336605
APPLICATION #: AP1701069
DATE PAID: 7/31/2021
FEE PAID: 3/00
RECEIPT #: 12-PID-5107460
DOCUMENT #: PR1600227

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: Gregory**21-0667 Webb
PROPERTY ADDRESS: 253 SW Sunny Acres Gln Lake City, FL 32024
LOT: 3 BLOCK: SUBDIVISION: Sunny Acres U-1
PROPERTY ID #: 10-5S-16-03525-103 [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 New 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 oak tree E of site

I ELEVATION OF PROPOSED SYSTEM SITE [12.00] [INCHES] FT [] ABOVE / BELOW BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [42.00] [INCHES] FT [] ABOVE / BELOW BENCHMARK/REFERENCE POINT

L
D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [] INCHES

O 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.

T
H
E
R
SPECIFICATIONS BY: William D Bishop II TITLE: Master Septic Contractor

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

DATE ISSUED: 08/02/2021 EXPIRATION DATE: 02/03/2023

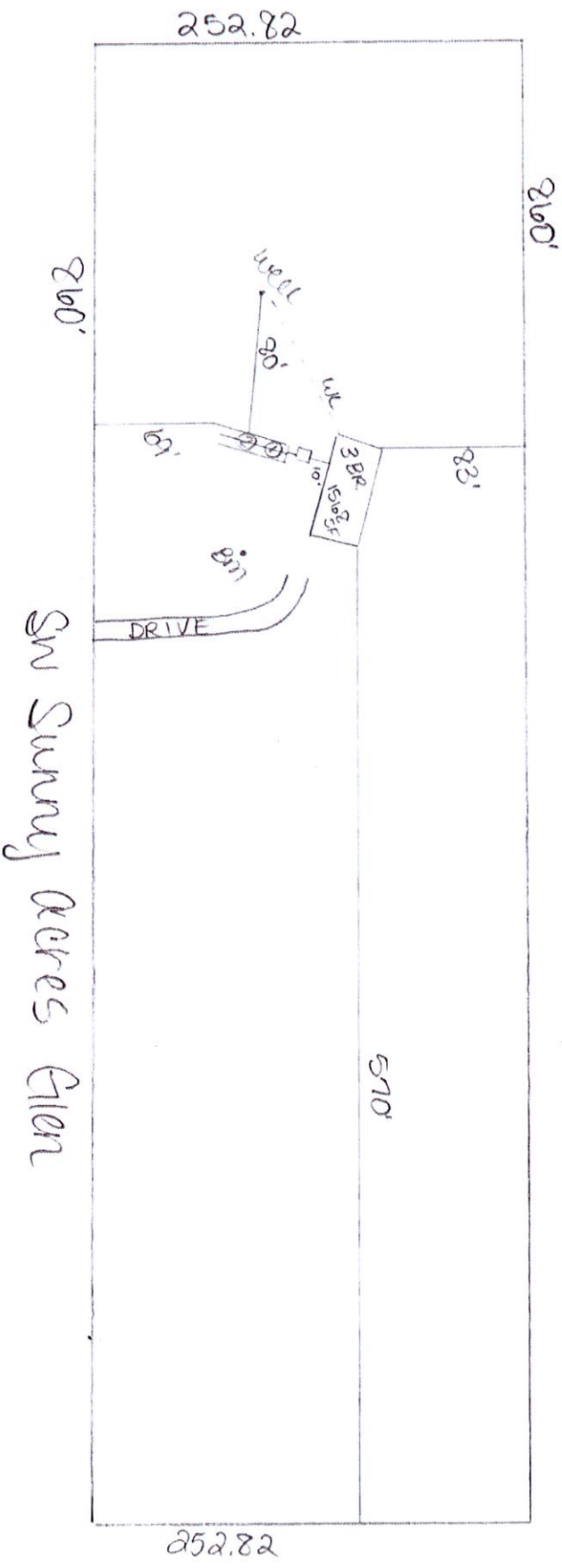
DH 4016, 08/09 (Obsoletes all previous editions which may not be used)

Incorporated: 64E-6.003, FAC

Wb Bb
 1,1n = 1004
 7-28-21

↖
 ↗

William D. Bishop III



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

Permit Application Number 21-0667

Webb

..... PART II - SITEPLAN

Scale 1 inch = ~~40~~ feet

100

*All
attached*

Notes _____

Site Plan submitted by *William A. Bishop II*

Plan Approved ☒ Not Approved ☐

By *Kell Roy*

MASTER CONTRACTOR

7/31/21
(Columbia)

Date *7-28-21*

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



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: 10/5/2021
REQUESTER Last Name: Webb
First Name: Gregory
Contact Telephone Number: 386 328 6193 Lake's Housing Center
(Cell Phone Number if Provided): 904-338-6145

Requested for Self: ☒ or Requested for Company: ☐
(check one)

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

Parcel Identification Number: 10 - 53 - 16 - 03525 - 103

If in Subdivision, Provide Name Of Subdivision:

Sunny Acres U-1

Phase or Unit Number (if any): _____ Block Number (if any): _____

Lot Number: 3

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: _____

Prepared by:
Michael H. Harrell
Abstract Trust Title, LLC
283 NW Cole Terrace
Lake City, FL 32055

COPY

4-10386

Warranty Deed

Individual to Individual

THIS WARRANTY DEED made the 8 day of February, 2021, by Jose A. Cruz, hereinafter called the grantor, to Gregory Webb and his wife, Patricia Webb whose address is: 5339 Morgan Horse Drive North, Jacksonville, FL 32257 hereinafter called the grantee:

(Wherever used herein the terms "grantor" and "grantee" include all the parties to this instrument and the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporation)

Witneseth: That the grantor, for and in consideration of the sum of \$10.00 and other valuable considerations, receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliens, remises, releases, conveys, and confirms unto the grantee, all that certain land situate in COLUMBIA County, Florida:

Lot 3, Sunny Acres, according to the map or plat thereof, as recorded in Plat Book 6, Page(s) 44, of the Public Records of Columbia County, Florida.

The above described property is not, nor has it ever been the Homestead of the Grantor.

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

TO HAVE AND TO HOLD, the same in fee simple forever.

AND the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances, except taxes accruing subsequent to the prior year.

COPY

IN WITNESS WHEREOF, the said grantor has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in our presence:

Sergio Cartagena
Witness:
Sergio CARTAGENA
Printed Name:

Jose A. Cruz
Jose A. Cruz

Miriam I. Cruz - Cartagena
Witness:
Miriam I. Cruz - Cartagena
Printed Name:

STATE OF Florida
COUNTY OF Pasco

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 8 day of February, 2021 by Jose A. Cruz, personally known to me or, if not personally known to me, who produced Driver as identification. License.

[Signature]
Notary Public

(Notary Seal)

