

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

18312

For Office Use Only (Revised 7-1-15) Zoning Official LE Building Official 7.6 2-5-18

AP# 1861-91 Date Received 1801-91 By JW Permit # 36287 / 2537

Flood Zone X Development Permit _____ Zoning RR Land Use Plan Map Category RKD

Comments _____

FEMA Map# _____ Elevation _____ Finished Floor 1' above road River _____ In Floodway _____

☒ Recorded Deed or ☐ Property Appraiser PO ☒ Site Plan ☒ EH # 18-0075 ☒ 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 Paid on Property ☐ Out County ☐ In County ☒ Sub VF Form

Property ID # 22-4S-16-03090-314 Subdivision Blaine Estates PH 3 Lot# 14

- New Mobile Home X Used Mobile Home _____ MH Size 28 X 44 Year 2018
- Applicant Dale Burd or Rocky Ford or Kimberly Koon Phone # 386-497-2311
- Address 546 SW Dortch Street, Fort White, FL, 32038
- Name of Property Owner Jefferson Smith Phone# 904-303-1370
- 911 Address** 159 SW Meredith Ln, 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 Same Phone # Same
Address 159 SW Meredith Lane, Lake City, FL, 32024
- Relationship to Property Owner Same
- Current Number of Dwellings on Property 0
- Lot Size 150 x 290 Total Acreage _____
- 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 47 South, TR CR 242, TR Friendship Way, TR Buchanan Drive, TR Meredith Lane, 2nd lot on left

Name of Licensed Dealer/Installer Ernest Scott Johnson Phone # 352-494-8099

Installers Address 22204 SE US Hwy 301, Hawthorne, FL, 32640

License Number IH-1025249 Installation Decal # 48105

 **SCANNED**

675.36
upcurren

JW sent email 2.5.18

COLUMBIA COUNTY PERMIT WORKSHEET

These worksheets must be completed and signed by the installer.
Submit the originals with the packet.

page 1 of 2

Installer Ernest S Johnson License # TH 1025249

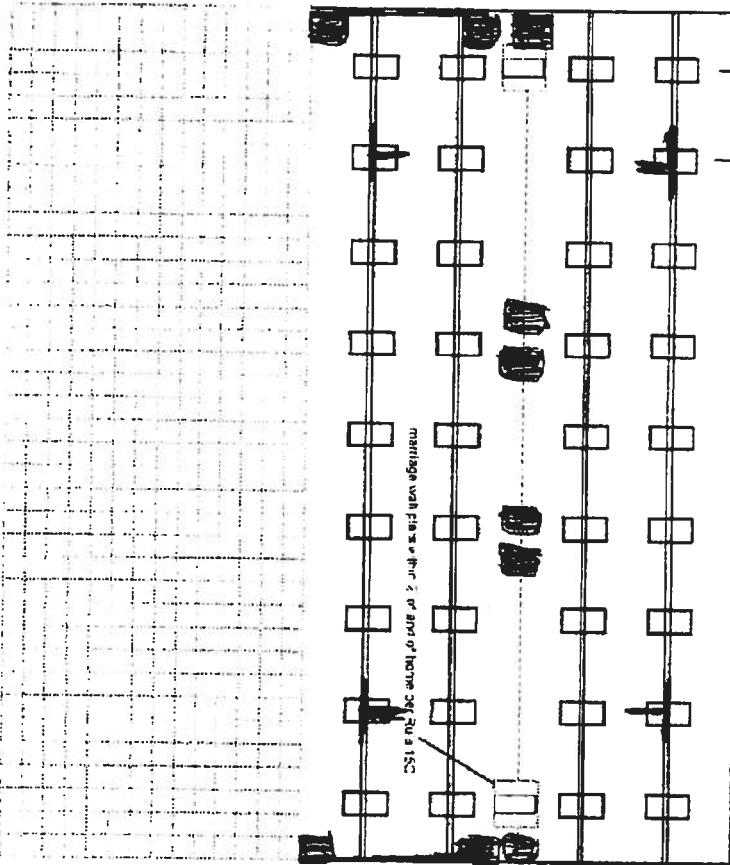
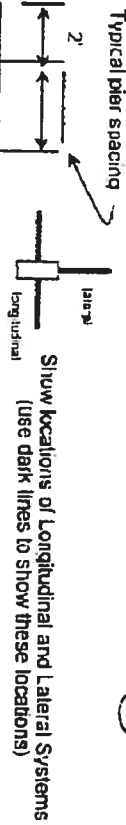
911 Address where home is being installed 153 Mendocino Ave Lake City, CA 92024

Manufacturer Town Length x width 41' x 28'

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 ES



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 # 48015
Triple/Quad ☐ Serial # FTHLC26286-3426AAS

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'	5'	6'	7'	8'	9'
2000 psf	5'	6'	7'	8'	9'	10'
2500 psf	6'	7'	8'	9'	10'	11'
3000 psf	7'	8'	9'	10'	11'	12'
3500 psf	8'	9'	10'	11'	12'	13'

* interpolated from Rule 15C-1 pier spacing table.

PIER PAD SIZES

I-beam pier pad size 23X31 70c
Perimeter pier pad size 015x28 1055-11 OR 16x19

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.

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
25 x 26	676

ANCHORS

Opening Pier pad size 4 ft 5 ft

FRAME TIES

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

OTHER TIES

TEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer Oliver 1161V

Sidewall Longitudinal Marriage wall Shearwall
Number 2

COLUMBIA COUNTY PERMIT WORKSHEET

page 2 of 2

POCKET PENETROMETER TEST

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

x 1000 x 1000 x 1000

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 1000 x 1000 x 1000

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. 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 400 lb. holding capacity.

Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Ernest S. Johnson

Date Tested

Assured October 11/11
Uses 4 ft. anchors

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. _____

Site Preparation

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

Fastening multi wide units

Floor: Type Fastener *lag 5* Length *8 1/2* Spacing *24*
Walls: Type Fastener *lag 5* Length *8 1/2* Spacing *16*
Roof: Type Fastener *lag 5* Length *8 1/2* Spacing *16*
For used homes at 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 *ELL*

Installed: *ES*
Between Floors Yes *11*
Between Walls Yes *11*
Bottom of ridgebeam Yes *11*

Weatherproofing

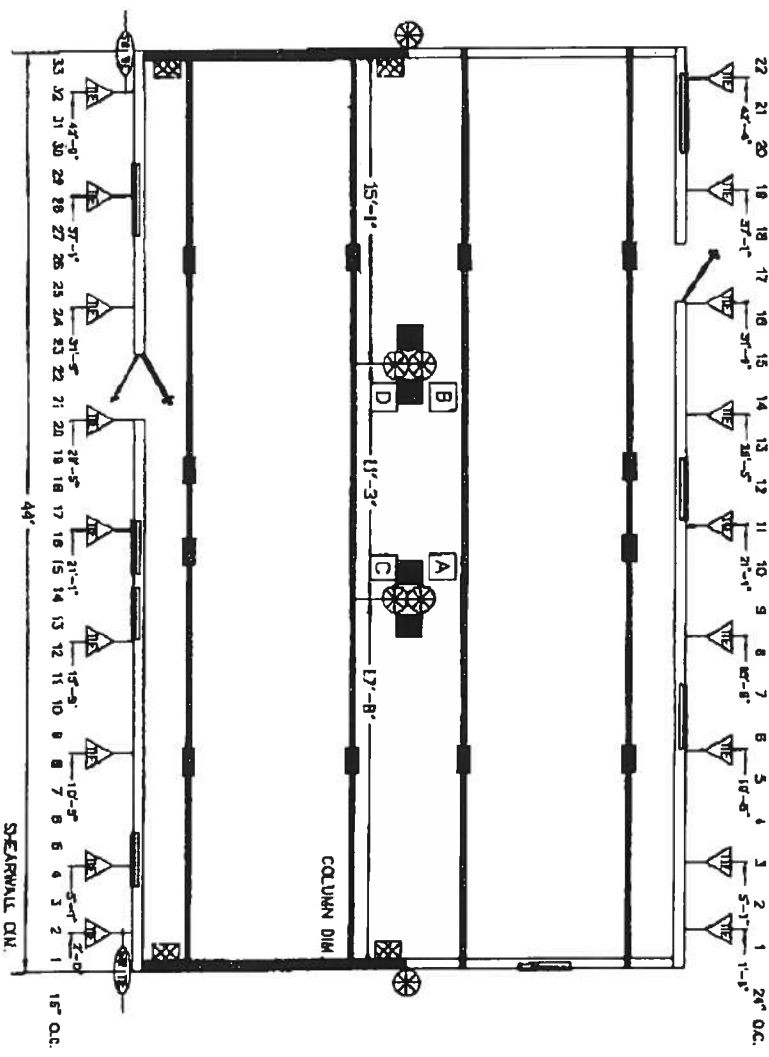
The bottomboard will be repaired and/or taped. Yes *11* No *11*
Siding on units is installed to manufacturer's specifications. Yes *11* No *11*
Fireplace chimney installed so as not to allow intrusion of rain water. Yes *11* No *11*

Miscellaneous

Skirting to be installed. Yes *11* No *11*
Dryer vent installed outside of skirting. Yes *11* No *11*
Range downlow vent installed outside of skirting. Yes *11* No *11*
Drain lines supported at 4 foot intervals. Yes *11* No *11*
Electrical crossovers protected. Yes *11* No *11*
Other _____

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

Installer Signature *Ernest S. Johnson* Date _____



1-BEAM BLOCKING
SIE SOIL BEARING CAPACITY CHARTS FOR SE AGING
COLUMNS BLOCKING
SIE SOIL BEARING CAPACITY CHARTS FOR PAD SIZE
SHEARWALL BLOCKING
SHEARWALL FRAME TIE
CENTER LINE TIES
VERTICAL TIE
MAX. SPACING 8'-8" CENTER TO CENTER
LONGITUDINAL TIES

BLOCKING LEGEND:

- 1) ALL EXTERIOR DOORS, BAY WINDOWS, RECESSED SIDEWALLS AND EXTERIOR WALL OPENINGS 48" OR GREATER, WILL REQUIRE BLOCKING ON EACH SIDE.
- 2) 32" WIDE HOMES REQUIRED TO BE BLOCKED MIN 8'-0" ON CENTER BETWEEN COLUMNS.

TownHomes P.O. BOX 1095 LAKE CITY, FLORIDA 32095	
Date: 4-4-14 Rev: 001 Project: NEW Code: 1 (15) Model: 203B-215	Revision: Date: 203B/15 C&G: AL/15 W/ETH Part: BLOCKING PLAN

Sales Price \$ 26,143.00
Doc Stamps \$ 183.40

This Instrument Prepared by & return to:
Name: TRISH LANG, an employee of
Integrity Title Services, LLC
Address: 343 NW Cole Terrace, #101
Lake City, FL 32055
File No. 18-01007TL

Inst: 201812001727 Date: 01/29/2018 Time: 9:42AM
Page 1 of 1 R: 1352 P: 851, P.DeWitt Cason, Clerk of Court
Columbia County, By: BD
Deputy Clerk Doc Stamp Deed: 183.40

Parcel I.D. #: 03090-314

SPACE ABOVE THIS LINE FOR PROCESSING DATA

SPACE ABOVE THIS LINE FOR RECORDING DATA

THIS WARRANTY DEED Made the 24th day of January, A.D. 2018, by JOHN GOLINO, CONVEYING NON-HOMESTEAD PROPERTY, hereinafter called the grantor, to JEFFERSON R. SMITH and DONNA W. SMITH, HUSBAND AND WIFE, whose post office address is 159 SW MEREDITH LANE, LAKE CITY, FL 32024, hereinafter called the grantees:

(Wherever used herein the terms "grantor" and "grantees" include all the parties to this instrument, singular and plural, the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporations wherever the context so admits or requires)

Witnesseth: That the grantor, for and in consideration of the sum of \$10.00 and other valuable consideration, receipt whereof is hereby acknowledged, does hereby grant, bargain, sell, alien, remise, release, convey and confirm unto the grantees all that certain land situate in Columbia County, State of Florida, viz:

Lot 14 of BLAINE ESTATES, PHASE III, according to the Plat thereof recorded in Plat Book 8, Pages 132-134, of the Public Records of Columbia County, Florida.

Together with all the 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 grantees that he is lawfully seized of said land in fee simple; that he has good right and lawful authority to sell and convey said land, and 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 December 31, 2018.

In Witness Whereof, the said grantor has signed and sealed these presents, the day and year first above written.

Signed, sealed and delivered in the presence of:

Patricia Lang
Witness Signature
PATRICIA LANG

Mary Ann Tomlinson
Printed Name
Witness Signature
Mary Ann Tomlinson

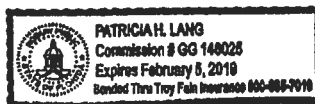
Printed Name

John Golino
JOHN GOLINO BY ANTHONY GOLINO HIS
ATTORNEY IN FACT
Address:
293 SW ARROWBEND DRIVE, LAKE CITY

STATE OF FLORIDA
COUNTY OF COLUMBIA

The foregoing instrument was acknowledged before me this 24th day of January, 2018, by ANTHONY GOLINO ATTORNEY IN FACT FOR JOHN GOLINO who is known to me or who has produced Driver's License as identification.

Patricia Lang
Notary Public
My commission expires 2-5-19





COLUMBIA COUNTY BUILDING DEPARTMENT
135 NE Hernando Ave, Suite B-21, Lake City, FL 32055
Phone: 386-758-1008 Fax: 386-758-2160

LICENSED QUALIFIER AUTHORIZATION

I, Michael Reader (license holder name), licensed qualifier
for Madison Services LLC (company name), do certify that

the below referenced person(s) listed on this form is/are contracted/hired by me, the license holder, or is/are employed by me directly or through an employee leasing arrangement; or, is an officer of the corporation; or, partner as defined in Florida Statutes Chapter 468, and the said person(s) is/are under my direct supervision and control and is/are authorized to purchase and sign permits; call for inspections and sign subcontractor verification forms on my behalf.

Printed Name of Person Authorized	Signature of Authorized Person
1. <u>Richard Ford</u>	1. <u>[Signature]</u>
2. <u>DAVID SUREL</u>	2. <u>[Signature]</u>
3.	3.
4.	4.
5.	5.

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances. I understand that the State and County Licensing Boards have the power and authority to discipline a license holder for violations committed by him/her, his/her agents, officers, or employees and that I have full responsibility for compliance with all statutes, codes and ordinances inherent in the privilege granted by issuance of such permits.

If at any time the person(s) you have authorized is/are no longer agents, employee(s), or officer(s), you must notify this department in writing of the changes and submit a new letter of authorization form, which will supersede all previous lists. Failure to do so may allow unauthorized persons to use your name and/or license number to obtain permits.

[Signature]
Licensed Qualifiers Signature (Notarized)

EL1372515
License Number

11/2/15
Date

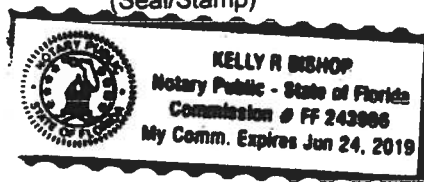
NOTARY INFORMATION:

STATE OF: FL COUNTY OF: Columbia

The above license holder, whose name is Michael Reader,
personally appeared before me and is known by me or has produced identification
(type of I.D.) _____ on this 2 day of Nov, 2015

[Signature]
NOTARY'S SIGNATURE

(Seal/Stamp)



A & B Well Drilling, Inc.

5673 NW Lake Jeffery Road

Lake City, FL, 32055

(O) 386-758-3409

(F) 386-758-3410

(C) 386-623-3151

1/26/2018

To: Columbia County Building Department

Description of well to be installed for Customer: Smith

Located at Address: 155 MacArthur Lane, LC, FL 32024

1 hp 15 GPM Submersible Pump, 1 1/4" drop pipe, 86 gallon captive tank and back flow prevention, With SRWMD permit.

Bruce Park
Sincerely
Bruce Park
President

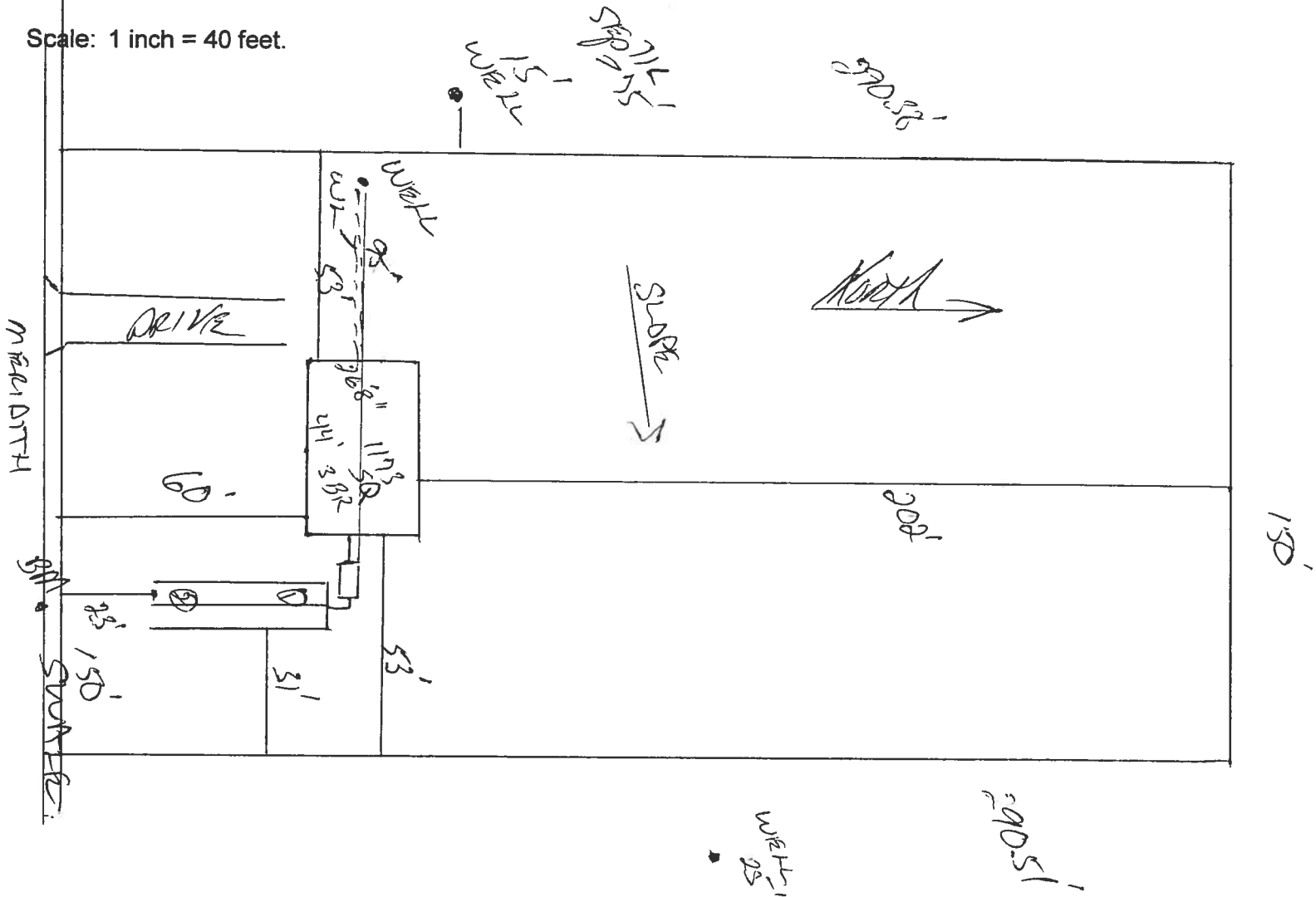
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 18-0035

Smith

PART II - SITEPLAN

Scale: 1 inch = 40 feet.



Notes: _____

Site Plan submitted by: *Robert D. F...*

MASTER CONTRACTOR

Plan Approved *[Signature]* Not Approved _____

Date 1/30/18

By *[Signature]* *Calabria* 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
APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. 18-0075
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____

APPLICATION FOR:

☒ New System ☐ Existing System ☐ Holding Tank ☐ Innovative
☐ Repair ☐ Abandonment ☐ Temporary ☐ _____

APPLICANT: Jefferson Smith

AGENT: ROCKY FORD, A & B CONSTRUCTION

TELEPHONE: 386-497-2311

MAILING ADDRESS: 546 SW Dortch Street, FT. WHITE, FL, 32038

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: 14 BLOCK: na SUB: Blaine Estates PH 3 PLATTED: _____

PROPERTY ID #: 22-4S-16-03090-314 ZONING: _____ I/M OR EQUIVALENT: ☒ Y ☐ N

PROPERTY SIZE: 1 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ <=2000GPD ☐ >2000GPD

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

PROPERTY ADDRESS: 159 SW Meridith Lane, LC, 32024

DIRECTIONS TO PROPERTY: 47 South, TR CR ²⁴² 252, TR Friendship Way, TR Buchanan Dr, TR Meridith Lane, 2nd lot on left

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

SF Residential

3

1173

2

3

☒ Floor/Equipment Drains ☒ Other (Specify) _____

SIGNATURE: _____

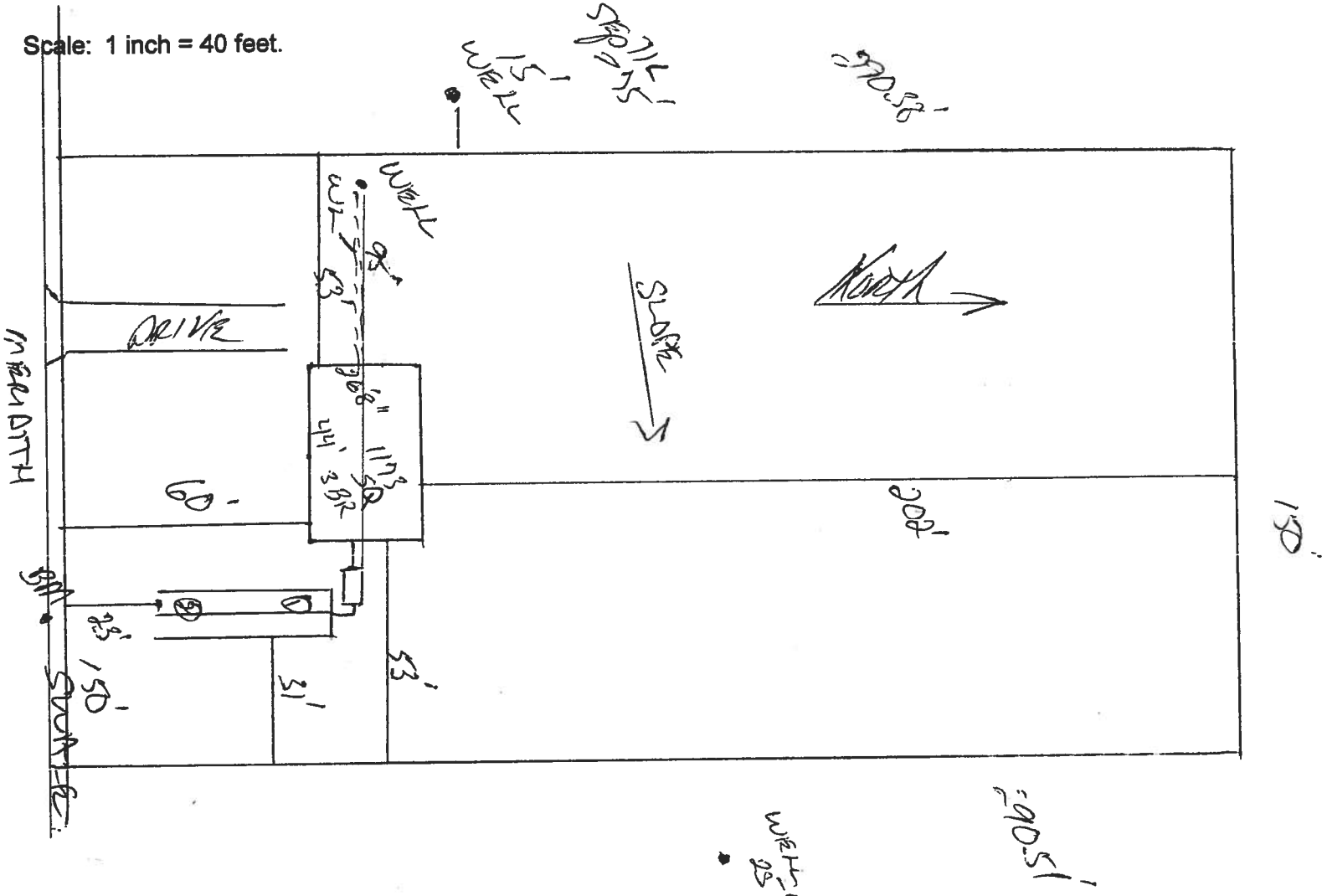
DATE: 1/26/2018

Permit Application Number _____

Smith

PART II - SITEPLAN

15-15-15



Notes: _____

Site Plan submitted by: 123456789

MASTER CONTRACTOR

Plan Approved_____

Not Approved_____

Date _____

By _____ County Health Department

DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated: 64E-6.001, FAC
(Stock Number: 5744-002-4015-6)



COLUMBIA COUNTY BUILDING DEPARTMENT
135 NE Hernando Ave, Suite B-21, Lake City, FL 32055
Phone: 386-758-1008 Fax: 386-758-2160

LICENSED QUALIFIER AUTHORIZATION

I, Michael A Boland (license holder name), licensed qualifier
for ICE A/C of Ocala, LLC (company name), do certify that
the below referenced person(s) listed on this form is/are contracted/hired by me, the license
holder, or is/are employed by me directly or through an employee leasing arrangement; or, is an
officer of the corporation, or, partner as defined in Florida Statutes Chapter 468, and the said
person(s) is/are under my direct supervision and control and is/are authorized to purchase and
sign permits call for inspections and sign subcontractor verification forms on my behalf

Printed Name of Person Authorized	Signature of Authorized Person
1. <u>Dale Reed</u>	1. <u>[Signature]</u>
2. <u>Kelly Bishop</u>	2. <u>Kelly Bishop</u>
3. <u>Kelly Ford</u>	3. <u>[Signature]</u>
4.	4.
5.	5.

I, the license holder, realize that I am responsible for all permits purchased, and all work done
under my license and fully responsible for compliance with all Florida Statutes, Codes, and
Local Ordinances. I understand that the State and County Licensing Boards have the power and
authority to discipline a license holder for violations committed by him/her, his/her agents,
officers, or employees and that I have full responsibility for compliance with all statutes, codes
and ordinances inherent in the privilege granted by issuance of such permits.

If at any time the person(s) you have authorized is/are no longer agents, employee(s), or
officer(s), you must notify this department in writing of the changes and submit a new letter of
authorization form, which will supersede all previous lists. Failure to do so may allow
unauthorized persons to use your name and/or license number to obtain permits.

[Signature]
Licensed Qualifiers Signature (Notarized)

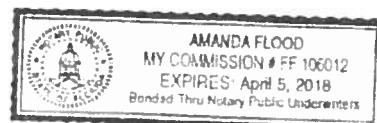
CA1817716 ; ES/20926
License Number Date 11/17/15

NOTARY INFORMATION
STATE OF Florida COUNTY OF Marion

The above license holder whose name is Michael A. Boland
personally appeared before me and is known by me or has produced identification
(type of I D) 17th on this 17th day of November 20 15

[Signature]
NOTARY'S SIGNATURE

(Seal/Stamp)



MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 18DL-91 CONTRACTOR Ernest Scott Johnson PHONE 352-494-8099

THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

Smith

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 ✓ 1338	Print Name ⁴⁸ <u>Michael Reader / Madison Services</u> Signature <u>[Signature]</u> License #: <u>EC13002315</u> Phone #: <u>850-973-0111</u> Qualifier Form Attached <input checked="" type="checkbox"/>
MECHANICAL/ A/C 950 ✓	Print Name <u>Michael Boland / Ace A/C of Ocala</u> Signature <u>[Signature]</u> License #: <u>CAC1817716</u> Phone #: <u>352-274-9326</u> Qualifier Form Attached <input checked="" type="checkbox"/>

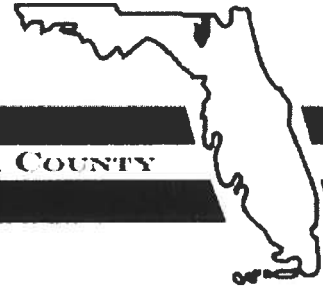
Qualifier Forms cannot be submitted for any Specialty License.

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

District No. 1 - Ronald Williams
District No. 2 - Rusty DePratter
District No. 3 - Bucky Nash
District No. 4 - Everett Phillips
District No. 5 - Tim Murphy



BOARD OF COUNTY COMMISSIONERS • COLUMBIA COUNTY

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:	2/5/2018 9:28:32 AM
Address:	159 SW MERIDITH Ln
City:	LAKE CITY
State:	FL
Zip Code	32024
Parcel ID	03090-314

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