

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 7-1-15) Zoning Official _____ Building Official _____

AP# 52780 Date Received _____ By MG 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 # 21-0976 Wet 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 owed Out County In County Sub VF Form

Property ID # 06-7S-16-04145-009 Subdivision Wilson Springs Lot# 5

- New Mobile Home _____ Used Mobile Home MH Size _____ Year _____
- Applicant Sonya North Phone # 863-517-5701
- Address 3311 SW State Rd 247 Lake City FL 32024
- Name of Property Owner Lorie Lucas Phone# 386-209-0420
- 911 Address 822 SW Coles Ct Fort White FL 32038
- Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Duke Energy
- Name of Owner of Mobile Home Lorie Lucas Phone # 386-209-0420
Address 822 SW Coles Ct Fort white, FL 32038
- Relationship to Property Owner _____
- Current Number of Dwellings on Property None - this will be 1
- Lot Size _____ Total Acreage 10.19
- 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 L on NE Madison St, L on N Maribon Ave,
R on W Duval St, L on Main Blvd, R on FL-47S,
R on SW Wilson Springs Rd, R on SW Coles Ct, property
on L
- Name of Licensed Dealer/Installer Ronald "Ryan" Norris Phone # 386-234-1005
- Installers Address 1004 SW Charles Terr Lake City FL 32024
- License Number IH135009 Installation Decal # _____

**CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT**

DATE RECEIVED _____ BY _____ IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? NO

OWNERS NAME Lorie Lucas PHONE _____ CELL 386-209-0420

ADDRESS 822 SW Coles Ct Ft White FL 32038

MOBILE HOME PARK _____ SUBDIVISION _____

DRIVING DIRECTIONS TO MOBILE HOME Currently located at 266 SW Coles Ct Ft White
L on NE Madison St, L on Marion, R on Duval, L on Main Blvd, R on
FL-475, R on Wilson Springs, R on SW Coles Ct, property on L

MOBILE HOME INSTALLER Ronald "Ryno" Norris PHONE 386-234-1005 CELL _____

MOBILE HOME INFORMATION

MAKE Fleetwood YEAR 1997 SIZE 24 X 48 COLOR _____

SERIAL No. GAFLVS4A81077-ET22/GA FLV54B81077-ET22

WIND ZONE 2 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 _____

Fleetwood Homes Of GA, Inc.
 Hwy. 82 West
 Repton, GA 31642

Plant Number 54

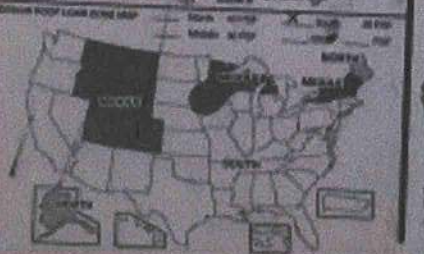
7-8-77
 CEO 195338/10/30/38
 Manufacturer's Serial Number and Model Unit Designation
 GAFLV54A8TD77-ET22/GAFLV54B81077-ET22 24635

Design Approved by U.S. F.I.S.I. **BAINCO**
 This manufacturer bears no responsibility for any other manufacturer's form construction and code standards in force at time of manufacture.
 The additional construction, outside major's control.

The factory installed equipment includes:

Equipment	Manufacturer	Model Designation
Fan heating	Colman	DGA70
Fan air cooling		
Air zoning	Logic Chef	31800
Relocatable	Logic Chef	31800
Refrigerator	Sharp	71-523
Washer		
Clothes Dryer		
Dishwasher		
Stove		
Central Air Conditioning	Furness's	1275E
Smoke Detector	Furness's	5275E

WORK CONDITION FOR THIS UNIT:
 This unit has not been changed by the buyer and remains in the original condition as delivered by the manufacturer. The unit is in good condition and is ready for use. The unit is in good condition and is ready for use. The unit is in good condition and is ready for use.



GENERAL NOTES
 The manufacturer bears no responsibility for any other manufacturer's form construction and code standards in force at time of manufacture.
 The additional construction, outside major's control.

SECTION 1
 The manufacturer bears no responsibility for any other manufacturer's form construction and code standards in force at time of manufacture.
 The additional construction, outside major's control.

SECTION 2
 The manufacturer bears no responsibility for any other manufacturer's form construction and code standards in force at time of manufacture.
 The additional construction, outside major's control.

SECTION 3
 The manufacturer bears no responsibility for any other manufacturer's form construction and code standards in force at time of manufacture.
 The additional construction, outside major's control.



97'

Fleetwood

GAFLV54A8TD77-ET22/GAFLV54B81077-ET22

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR Ronald "Rip" Norris PHONE 386-234-1025

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>Lorie Lucas</u> License #: <u>O/B</u>	Signature <u>Lorie Lucas</u> Phone #: _____ Qualifier Form Attached <input type="checkbox"/>
MECHANICAL/ A/C	Print Name <u>Lorie Lucas</u> License #: _____	Signature <u>Lorie Lucas</u> Phone #: _____ Qualifier Form Attached <input type="checkbox"/> <u>Window Unit</u>

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.

Columbia County Property Appraiser

Jeff Hampton

2022 Working Values

updated: 11/18/2021

Parcel: << 06-7S-16-04145-009 (21637) >>

Aerial Viewer Pictometry Google Maps

Owner & Property Info

Owner	LUCAS LORIE 822 SW COLES CT FORT WHITE, FL 32038		
Site	822 SW COLES Ct, FORT WHITE		
Description*	COMM SE COR, RUN W 1316.24 FT, N 2579.72 FT FOR POB, RUN W 645.07 FT, N 649.35 FT TO C/L OF A 60 FT EASEMENT, RUN E 725 FT, S 654.13 FT TO POB. (AKA LOT 5 COLE'S UNR S/D WILSON SPRINGS). 921-235, WD 1335-1991, FJ 1416-2411		
Area	10.19 AC	S/T/R	06-7S-16E
Use Code**	MISC IMPROVED (0700)	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

2021 Certified Values		2022 Working Values	
Mkt Land	\$39,934	Mkt Land	\$39,934
Ag Land	\$0	Ag Land	\$0
Building	\$0	Building	\$0
XFOB	\$2,402	XFOB	\$2,402
Just	\$42,336	Just	\$42,336
Class	\$0	Class	\$0
Appraised	\$42,336	Appraised	\$42,336
SOH Cap [?]	\$0	SOH Cap [?]	\$0
Assessed	\$42,336	Assessed	\$42,336
Exempt	\$0	Exempt	\$0
Total Taxable	county:\$42,336 city:\$0 other:\$0 school:\$42,336	Total Taxable	county:\$42,336 city:\$0 other:\$0 school:\$42,336



Sales History

Sale Date	Sale Price	Book/Page	Deed	V/I	Qualification (Codes)	RCode
4/25/2017	\$50,000	1335/1991	WD	V	Q	01
2/21/2001	\$18,000	0921/0235	WD	V	Q	

Building Characteristics

Bldg Sketch	Description*	Year Blt	Base SF	Actual SF	Bldg Value
NONE					

Extra Features & Out Buildings (Codes)

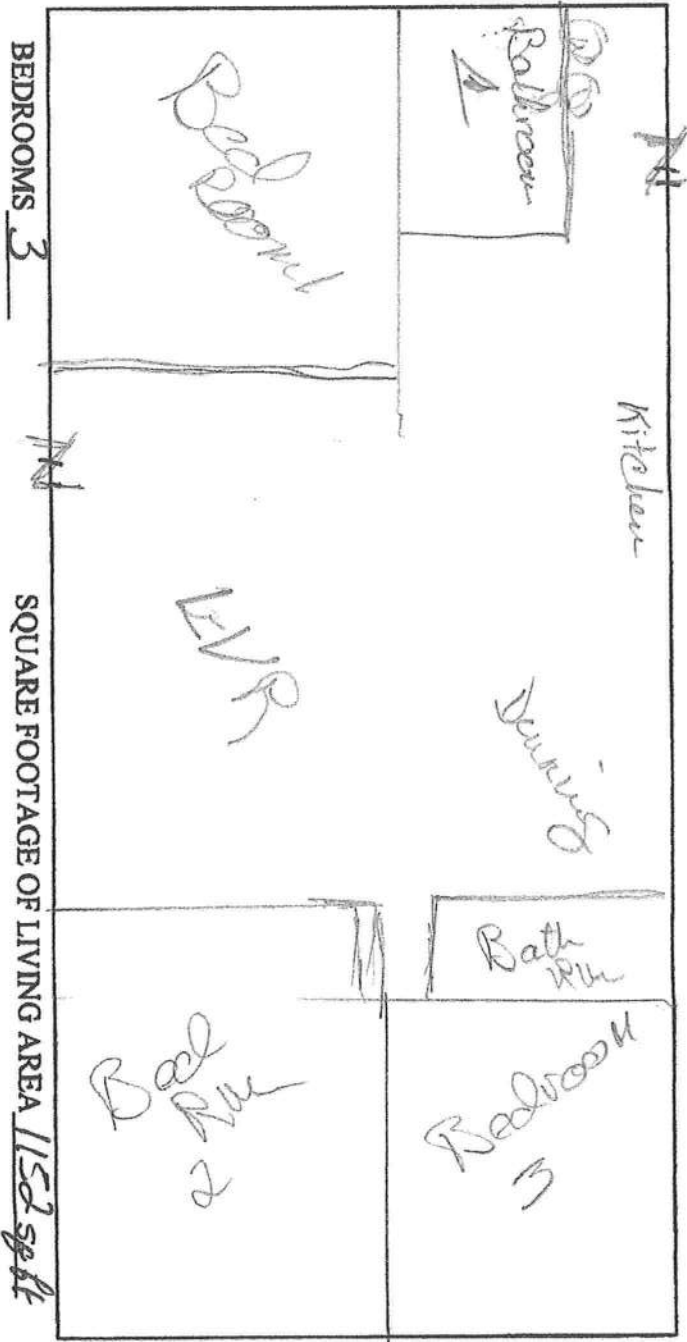
Code	Desc	Year Blt	Value	Units	Dims
0294	SHED WOOD/VINYL	2008	\$2,352.00	168.00	8 x 21
0252	LEAN-TO W/O FLOOR	2008	\$50.00	1.00	0 x 0

Land Breakdown

Code	Desc	Units	Adjustments	Eff Rate	Land Value
0700	MISC RES (MKT)	10.190 AC	1.0000/1.0000 1.0000/.8000000 /	\$3,600 /AC	\$36,684

FLOORPLAN

LENGTH 48'



WIDTH 24'

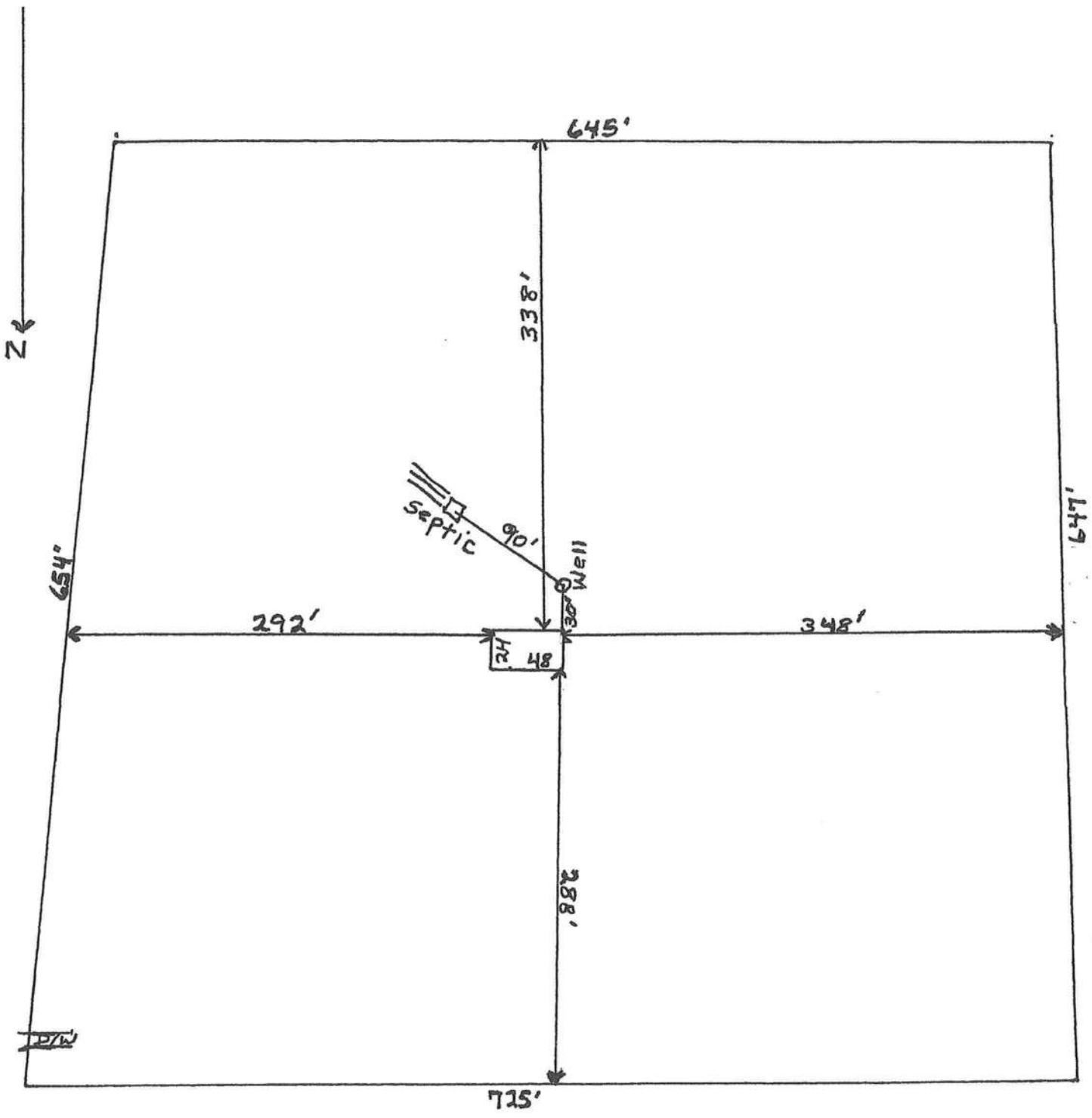
BEDROOMS 3

SQUARE FOOTAGE OF LIVING AREA 1152 sq ft

PLEASE NOTE THAT A FLOORPLAN OF YOUR HOME OR STRUCTURE IS REQUIRED. WE DO NOT REQUIRE ACTUAL BLUEPRINTS. IF YOUR DEALER HAS PROVIDED A FLOORPLAN, WE PREFER IT, IF NOT, PLEASE SKETCH ONE SHOWING OUTSIDE DIMENSIONS AND INSIDE ROOM LAYOUT. USE REVERSE SIDE IF NOT A MOBILE HOME.

DATE: 11/13/91 SUBMITTED BY Shirley Steel

1" = 100'



822 SW Coles Ct

LUCAS



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: **6/22/2020 2:42:24 PM**

Address: **822 SW COLES CT**

City: **FORT WHITE**

State: **FL**

Zip Code **32038**

Parcel ID **06-7S-16-04145-009**

REMARKS: **This address is a verified address in the county's addressing system.
Verification ID: fcd1ba5d-f54e-4ccd-a7ef-bf28a9bb96f4**

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: **GIS Specialist**

Columbia County GIS/911 Addressing Coordinator

Columbia County
Department of Information Technology
135 NE Hernando Ave. Lake City, FL 32055
Telephone 386-719-1456

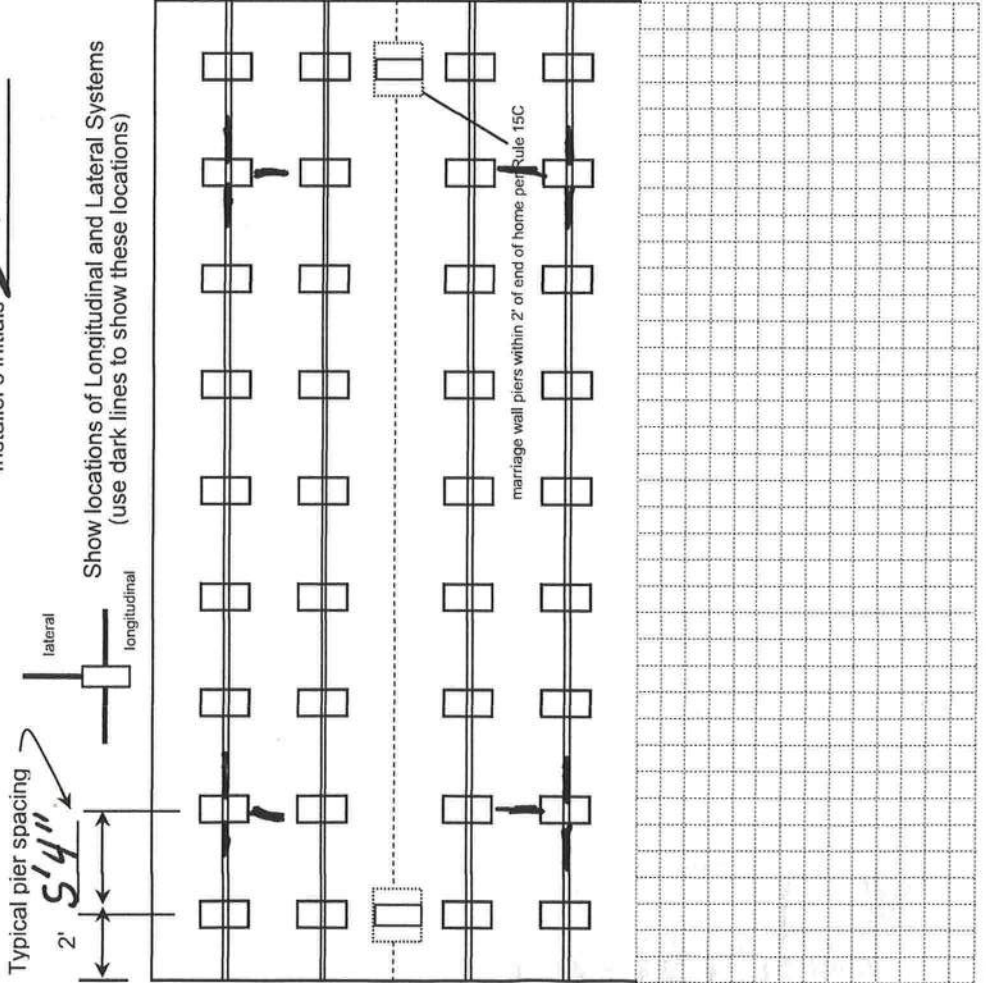
Mobile Home Permit Worksheet

Application Number: _____ Date: _____

Installer: Ronald "Ryan" Norris License # JH1135009
 Address of home being installed: 822 Sw Coles Ct Ft White FL 32038
 Manufacturer: Fleetwood Length x width: 48 x 24

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: [Signature]



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 # GAFVLS481077-ET22

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity	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'	5'	6'	7'	8'	8'
1500 psf	4' 6"	6'	7'	8'	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: 17.5x25.5
 Perimeter pier pad size: 16x16
 Other pier pad sizes (required by the mfg.): _____

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

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
8'0"/c 17.5x25.5
8'0"/c 16x16

ANCHORS

4 ft 5 ft

FRAME TIES

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

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
 Manufacturer: 1801/OT
 Longitudinal Stabilizing Device w/ Lateral Arms
 Manufacturer: 1161V OT

OTHER TIES

Sidewall _____
 Longitudinal _____
 Marriage wall _____
 Shearwall _____

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 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 205 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 tie points where the torque test reading is 275 or less and where the mobile home manufacturer may require anchors with 4000 lb. holding capacity.

Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Ronald Ryan Norris
Date Tested 11-25-2021

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. 108-105

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 104-107

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 104-107

Application Number: _____

Date: _____

Site Preparation

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

Fastening multi wide units

Floor: Type Fastener: lag Length: 6" Spacing: 16"
Walls: Type Fastener: metal Length: _____ Spacing: end to end
Roof: Type Fastener: metal Length: _____ Spacing: end to end
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:
Between Floors Yes
Between Walls Yes
Bottom of ridgebeam Yes

Weatherproofing

The bottomboard will be repaired and/or taped. Yes Pg. 114
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 11-25-2021



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, Ronald "Ryan" Norris, 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
Sonya North	Sonya North	
Dylan Hinson		

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)

IH1135 009

License Number

11-23-2021

Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Ronald Ryan Norris,
 personally appeared before me and is known by me or has produced identification
 (type of I.D.) _____ on this 23rd day of November, 20 21.

Linda Ruth Craft
 NOTARY'S SIGNATURE

(Seal/Stamp)





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

PERMIT NO: 210974
 DATE PAID: 11/29/01
 FEE PAID: 600.00
 RECEIPT #: 766700

APPLICATION FOR:

- New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary

APPLICANT: Lorie Lucas
 AGENT: Sonja North TELEPHONE: 803-517-5701
 MAILING ADDRESS: 3311 SW State Rd 247 Lake City FL 32024

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: 5 BLOCK: _____ SUBDIVISION: Wilson Springs PLATTED: _____
 PROPERTY ID #: 06-75-16-04115-009 ZONING: _____ I/M OR EQUIVALENT: [Y / N]
 PROPERTY SIZE: 10.19 ACRES WATER SUPPLY: PRIVATE PUBLIC [] <=2000GPD [] >2000GPD
 IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTANCE TO SEWER: _____ FT
 PROPERTY ADDRESS: 822 SW Coles Ct Fort White, FL 32038
 DIRECTIONS TO PROPERTY: L on Madison, L on Marion, R on Duval, L on Main, R on FL-475, R on Wilson Springs, R on SW Coles Ct, property on L

BUILDING INFORMATION RESIDENTIAL [] COMMERCIAL

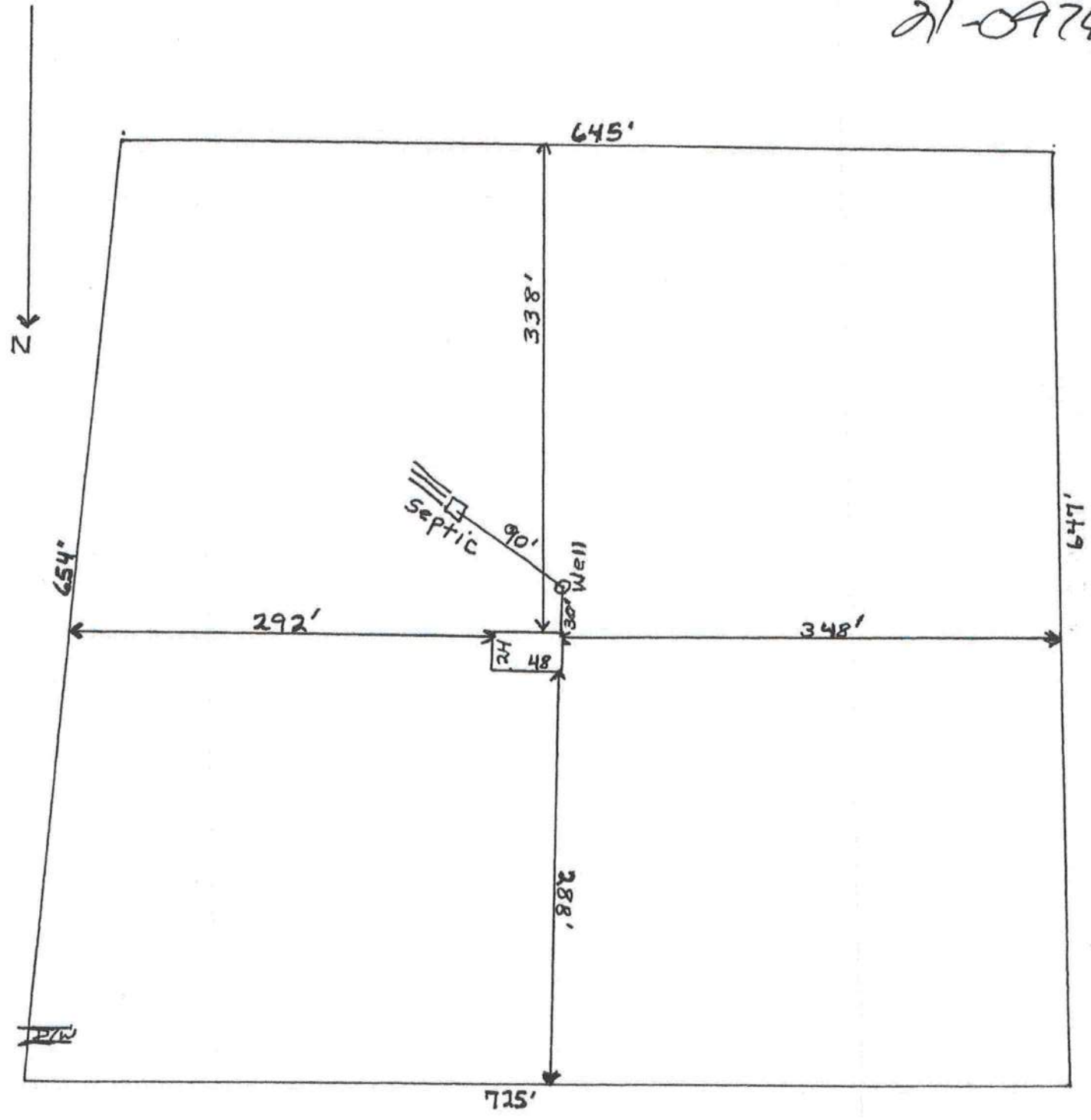
Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	<u>Mobile Home</u>	<u>3</u>	<u>1152</u>	ORIGINAL ATTACHED
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

[] Floor/Equipment Drains [] Other (Specify) _____

SIGNATURE: Sonja North DATE: 11/22/01

1" = 100'

21-0974



822 SW Coles Ct

LUCAS

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 21-0974

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

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

Notes: _____

Site Plan submitted by: Sonop Nestor _____
Plan Approved X Not Approved _____ Date 12-3-21
By Jillie Ford Env Health Director _____ County Health Department
Columbix

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT