uld# 20939

I Need Original Africavit to Signifhen Kelly lan Record it - Ut Emanted Kelly. PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION (Revised 7-1-15) Zoning Official **Building Official** Date Received 3 Permit # 3791 8 **Development Permit** Zoning dayster Finished Floor / Load River_ FEMA Map# □ Recorded Deed or 🗗 Property Appraiser PO 🐷 Site Plan 📝 🖽 # Well letter OR ☐ FW Comp. letter ☐ App Fee Paid ☐ Land Owner Affidavit ☐ Installer Authorization STUP-MH /903-05 □ DOT Approval □ Parent Parcel # □ Ellisville Water Sys Assessment oved for □ Out County □ In County □ Sub VF Form NA Property ID # 14-105-112-03820-000 Subdivision Lot# MA MH Size 52 4 32 Year 2019 New Mobile Home Used Mobile Home Phone # 3812-497-Applicant Kelly Rober 7 Phone# 352-3110-2514 Name of Property Owner 911 Address 7678 Circle the correct power company -**FL Power & Light** Clay Electric (Circle One) -**Suwannee Valley Electric Duke Energy** Name of Owner of Mobile Home Frank Roberts JR Phone # 352-3110-2514 Address TIDTID SU Relationship to Property Owner NY OPENTA OWNEY **Current Number of Dwellings on Property** Lot Size Total Acreage Do you : Have Existing Drive or Private Drive or need Culvert Permit or Culvert Waiver (Circle one) (Blue Road Sign) (Putting in a Culvert) (Not existing but do not need a Culvert) Is this Mobile Home Replacing an Existing Mobile Home べんち Driving Directions to the Property 47 Soutu Maplewood 40 ross Low Name of Licensed Dealer/Installer Robert Shappaur Phone # いる3~3303 Installers Address 4355 SECR 245 Citu 32025 License Number 1H-1025381p Installation Decal # 5104 LH- Emailed Kully 3-11-19 JU SPUKE YKE/14 3.22.19

	And	Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)	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 Typical pier spacing > 1	Installer Robert Sheppard License # IH 1025386 Installer Mobile Phone # 386-623-2203 Address of home being installed Manufacturer Lise Ca K Length x width 28360	PERMIT NUMBER
within 2' of end of home spaced at 5' 4" oc Longitudinal Stabilizing Device (LSD) Manufacturer Manufacturer Manufacturer Manufacturer Manufacturer Manufacturer Manufacturer Mithin 2' of end of home spaced at 5' 4" oc Longitudinal Stabilizing Device (LSD) Number Sidewall Amma Marriage wall Shearwall	Other pier pad sizes (required by the mfg.) The pier pad sizes The pier	Dosf 4' 6'' 6' 7' Dosf 4' 6'' 6' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8'	Triple/Quad Serial # Hinged	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 Double wide Installation Decal # 56478	

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between multi-wide units. Pg. 29	Flactical		Date Tested 2-15-19 19	ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER Installer Name	reading is 275 or less and where the mobile home manufacturer may requires anchors with 4000 lb holding capacity. Installer's initials	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	The results of the torque probe test is 295 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.	× 1600 × 1500 × 1600	3. Using 500 lb. increments, take the lowest reading and round down to that increment.		POCKET PENETROMETER TESTING METHOD 1. Test the perimeter of the home at 6 locations.	x 1000 x 1000 x 1000	er tests are ro	POCKET PENETROMETER TEST
	Other:	Drain lines supported at 4 foot intervals. Yes	side of skirting. Yes N/A N/A	Skirting to be installed. Yes No	The bottomboard will be repaired and/or taped. Yes Pg Siding on units is installed to manufacturer's specifications. Yes Fireplace chimney installed so as not to allow intrusion of rain water. Yes	Weatherproofing	Type gasket Fogm Installed: Pg. 22 Between Floors Yes F	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 1	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	roofing nails at 2" on center on both sides of the centerline.			Debris and organic material removed Water drainage: Naturel Swale Pad Other	Site Preparation

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 28

Installer Signature _

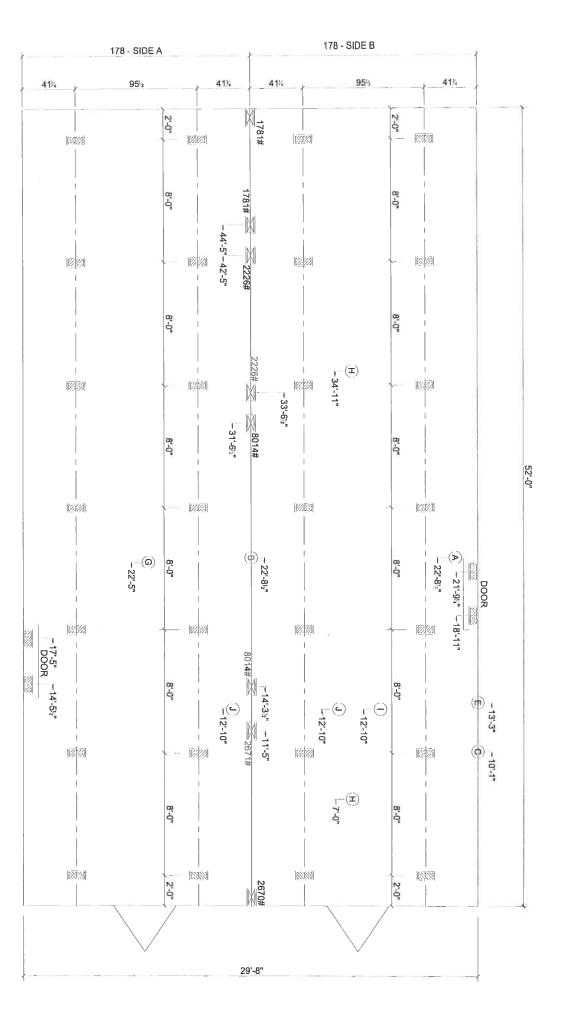
Date 2-15-19

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

Plumbing

Installer verifies all information given with this permit worksheet

manufacturer's installation instructions and or Rule 15C-1 & 2 is accurate and true based on the



4-BEDROOM / 2-BATH MODEL: L-3524F - 32 X 52 Live Oak Homes

mOmpMAIN ELECTRICAL - THIS DRAWING IS DESIGNED FOR THE STANDARD WIND ZONE AND IS TO BE USED IN CONJUNCTION WITH THE INSTALLATION MANUAL AND IT'S SUPPLEMENTS. - FOOTINGS ARE SHOWN FOR EXAMPLE ONLY QUANTITY AND SPACING MAY VARY BASED ON PAD TYPE, SOIL CONDITION, ETC. - FOOTINGS ARE REQUIRED AT SUPPORT POSTS, SEE INSTALLATION MANUAL FOR REQUIREMENTS.

6-26-09

FOUNDATION NOTES: SUPPORT PIER/TYP MARRIAGE LINE OPENING SUPPORT PIER/TYP.

ELECTRICAL CROSSOVER

(I)(i)

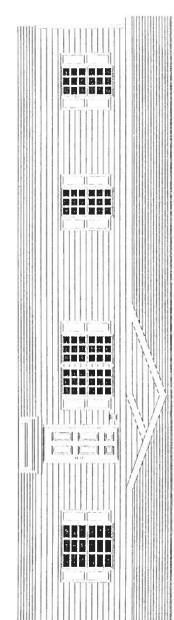
DUCT CROSSOVER SEWER DROPS

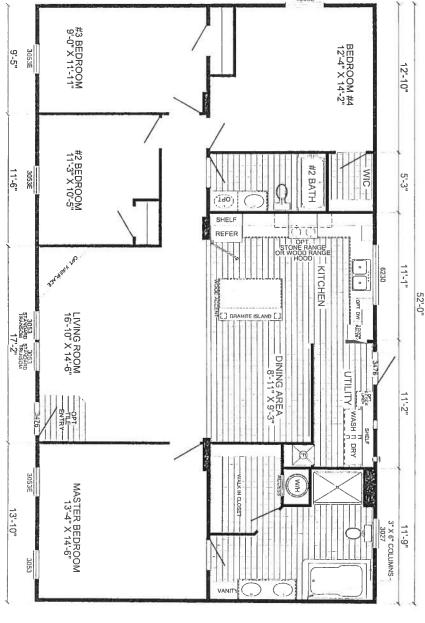
- WATER INLET
- WATER CROSSOVER (IF ANY)

GAS CROSSOVER (IF ANY) GAS INLET (IF ANY)

- (I) RETURN AIR (W/OPT. HEAT PUMP OH DUCT)
 (J) SUPPLY AIR (W/OPT. HEAT PUMP OH DUCT)

RAPIO R





29'-8"



L-3524F-OAKS

4-BEDROOM / 2-BATH

32 X 56 - Approx. 1525 Sq. Ft.

Date: 9-19-2018

All room dimensions include closets and square foolage figures are approximate. Transom windows are available on optional 9-0' sidewall houses only.

LIMITED POWER OF ATTORNEY

Robert Suppard Do hereby Authorize Kerry Bishop
To pull my permits and act on my behalf in all aspects of applying for a Mobile Home Permit ocated in Columbia County for
Grank Roberts Up
(Home Owner)
Lahl Sheppl
Signature //
3/4/19
Date
Sworn to and Subscribed before me on this Day of <u>Mach</u> 20_ <u>19</u> .
Lua Golfsen
MY Commission Expires: 2-24-23 Commission No. GG 304859 Personally Known: V Produced ID. (Type):

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 193-16	CONTRACTOR STEPPALO	PHONE 386623 2703
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THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

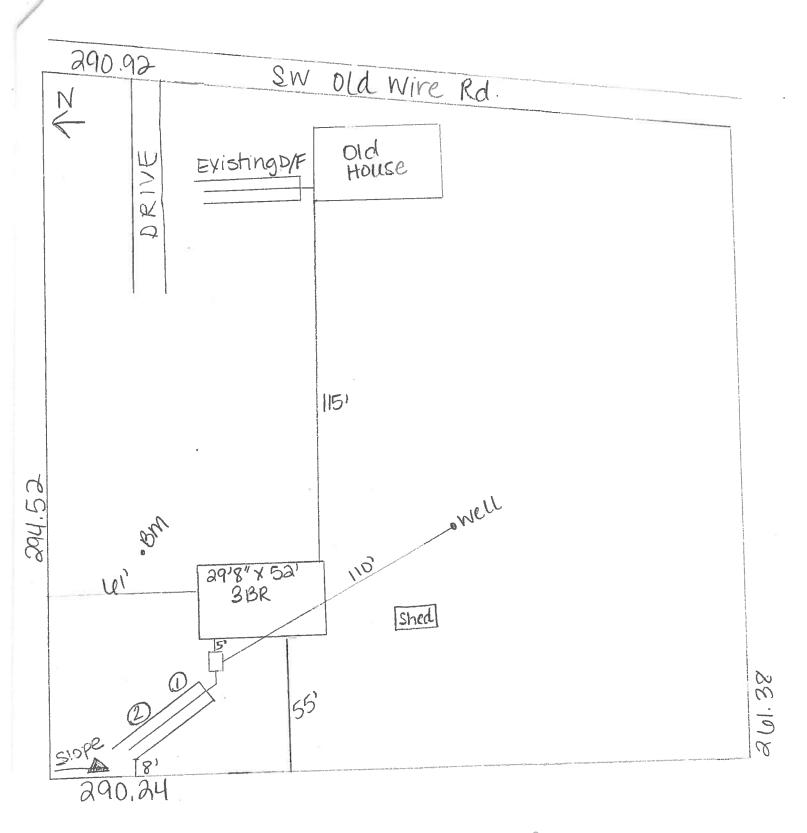
In Columbia County one permit will cover all trades doing work at the permitted site. It is <u>REQUIRED</u> that we have records of the subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and Ordinance 89-6, a contractor shall require all subcontractors to 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.

	fight
ELECTRICAL	Print Name Frank Roberts JR Signature License #: Phone #: 352-3110-2514
	Qualifier Form Attached
MECHANICAL/ A/C 1669	Print Name RONALD & 150005 SR Signature Brilly & Prishop License #: CAC1517LP58 Phone #: 800-359-3470
	Qualifier Form Attached

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.

- Roberts JR..



Poch 1 7-19



Columbia County Property Appraiser Jeff Hampton | Lake City, Florida | 386-758-1083

PARCEL: 14-6S-16-03820-000 HX H3 | MOBILE HOM (000200) | 1.71 AC BEG SW COR OF NW1/4 OF SE1/4, RUN N 290 FT, E 335 FT, S 290 FT, W 335 FT TO POB ORB 310-562, ORB 883-2337 QC 1107-1354 & EX CO RD RW TAKEN PROL #73

	ROBERTS FRA				2018 Cer	tified Values	
Owner	r: 7676 SW OLD WIF FT WHITE, FL 320			Mkt Lnd	\$18,345	Appraised	\$34,296
Site:	7676 OLD WIRE R		HITE	Ag Lnd	\$0	Assessed	\$30,860
Sales	4/28/2014	\$0	I (U)	Bldg	\$10,701	Exempt	\$25,000
Info	1/9/2007	\$100	I (U)	XFOB	\$5,250		county:\$5,860
				Just	\$34,296	Total Taxable	city:\$5,860 other:\$5,860 school:\$5,860



This information, was derived from data which was compiled by the Columbia County Property Appraiser Office solely for the governmental purpose of property assessment. This information should not be relied upon by anyone as a determination of the ownership of property or market value. No warranties, expressed or implied, are provided for the accuracy of the data herein, it's use, or it's interpretation. Although it is periodically updated, this information may not reflect the data currently on file in the Property Appraiser's office.

GrizzlyLogic.com



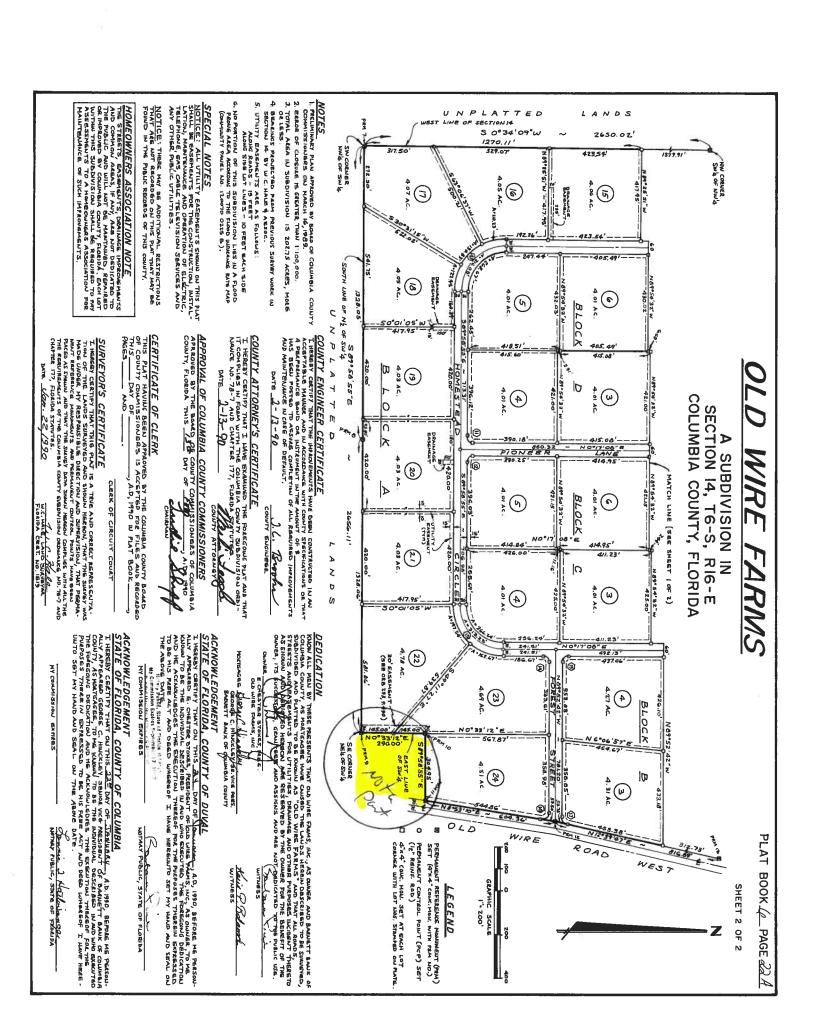
COLUMBIA COUNTY BUILDING DEPARTMENT

135 NE Hemando Ave, Suite B-21, Lake City, F1, 32055 Phone: 386-758-1008 Fax: 386-758-2160

LICENSED QUALIFIER AUTHORIZATION

11100 10	(license holder name), licensed qualifier					
	(license noider name), licensed qualifier					
for STIPE CHEST ENTERPRISE	Tn L (company name), do certify that					
the below referenced person(s) listed on this for holder, or is/are employed by me directly or through officer of the corporation; or, partner as defined	orm is/are contracted/hired by me, the license ough an employee leasing arrangement; or, is an in Florida Statutes Chapter 468, and the said d control and is/are authorized to purchase and					
Printed Name of Person Authorized	Signature of Authorized Person					
1. DALE BURN	1.					
2. Rocky Ford	2 1/2/37) 7-1					
3. Kally Bishap	3 Kelly Bishof					
4.	4.					
5.	5.					
I, the license holder, realize that I am responsible under my license and fully responsible for complication. Local Ordinances. I understand that the State are authority to discipline a license holder for violation officers, or employees and that I have full responsand ordinances inherent in the privilege granted.	liance with all Florida Statutes. Codes, and and County Licensing Boards have the power and one committed by him/her, his/her agents, asibility for compliance with all statutes, codes					
If at any time the person(s) you have authorized officer(s), you must notify this department in writi authorization form, which will supersede all previous	ng of the changes and submit a new letter of our lists. Failure to do so may allow					
unauthorized persons to use your name and/or li	cense number to obtain permits.					
Licensed Qualifiers Signature (Notarized)	CRC 1817658 2-16-14 License Number Date					
NOTARY INFORMATION COUNTY OF	Bay					
The above license holder, whose name is Ronglo Edward Bonds 50 personally appeared before me and is known by me or has produced identification (type of ID)						
Stauv Gnn ldopkins NOTARY'S SIGNATURE	(Seal/Stamp)					
	· view					

Notary Public State of Florida Stacey Arm Hopkins My Commassion FF 188407 Expires 11/08/2018



Columbia County Tax Collector

generated on 3/12/2019 5:17:38 PM EDT

Tax Record

Last Update: 3/12/2019 5:16:33 PM EDT

Register for eBill

Escrow Code

Ad Valorem Taxes and Non-Ad Valorem Assessments

The information contained herein does not constitute a title search and should not be relied on as such

Account Number	Tax Type	Tax Year	
R03820-000	REAL ESTATE	2018	
Mailing Address ROBERTS FRANK JR	Property Address 7676 OLD WIRE SW FORT WHITE		
7676 SW OLD WIRE RD FT WHITE FL 32038	GEO Number		

Exempt Amount Taxable Value See Below See Below

Exemption Detail Millage Code

25000

Legal Description (click for full description)

14-6S-16 0200/02001.71 Acres BEG SW COR OF NW1/4 OF SE1/4, RUN N 200 FT, E 335 FT, S 290 FT, W 335 FT TO POB. ORB 310-562, ORB 883-2337 QC 1107-1354 & EX CO RD R/W TAKEN PRCL #73 AS DESC ORB 1274-876, CORR QC 1274-874,

Ad Valorem Taxes						
Taxing Authority	Rate	Assessed I Value	Exemption Amount	Taxable Value	Taxes Levied	
BOARD OF COUNTY COMMISSIONERS	8.0150	30,299	25,000	\$5,299	0.11.1	
COLUMBIA COUNTY SCHOOL BOARD						
DISCRETIONARY	0.7480	30,266	25,000	\$5,000	7 6	
LOCAL	4,2010	30,299	25,000	\$4,299	9.51 . 21	
CAPITAL OUTLAY	1.5000	30,299	25,000	\$5,099	\$7∉ 15	
SUWANNEE RIVER WATER MGT DIST	0.3948	30,299	25,000	\$5,249	\$2 _m 019	
LAKE SHORE HOSPITAL AUTHORITY	0.9620	30,299	25,000	\$5,299	\$5.10	

Total Millage 15.8208 Total Taxes \$83.83

Non-Ad Valorem Assessments

Levying Authority Code FFIR FIRE ASSESSMENTS SOLID WASTE - ANNUAL GGAR

Amount \$219.98 \$193.00

Total As:	sessments	\$412.98
Taxes & As	sessments	\$496.81

If Paid By	Amount Due
	\$0.00

Date Paid	Transaction	Receipt	Item	Amount Paid

District No. 1 - Ronald Williams District No. 2 - Rocky Ford District No. 3 - Bucky Nash District No. 4 - Toby Witt 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:

3/11/2019 2:35:58 PM

Address:

7678 SW OLD WIRE Rd

City:

FORT WHITE

State:

FL

Zip Code

32038

Parcel ID

03820-000

REMARKS: Address for proposed structure on parcel. 2nd address for this parcel.

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 Frank Sers Jan



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

PERMIT #: 1 2-SC-1931367
APPLICATION #: AP1402494
DATE PAID: 2/27/19
FEE PAID: 30.00
RECEIPT #:
DOCUMENT #: PR1207536

CONSTRUCTION PERMIT	FOR: OSTDS New					
APPLICANT: FRANK	19-0173 ROBERTS					
PROPERTY ADDRESS:	7676 OLD WIRE Rd Fo	ort White, FL 32038				
LOT:	BLOCK:	SUBDIVISION:				
PROPERTY ID #: 03	820-000		[SECTION, TOWNSH:	IP, RANGE, PARC	EL NUMBER]	
SYSTEM MUST BE 381.0065, F.S., A SATISFACTORY PERFO WHICH SERVED AS PERMIT APPLICATION ISSUANCE OF THIS	CONSTRUCTED IN A ND CHAPTER 54E-6, RMANCE FOR ANY SP A BASIS FOR ISSUAN	CCORDANCE WITH F.A.C. DEPART ECIFIC PERIOD NCE OF THIS P CONS MAY RESULT EXEMPT THE AP	ERMIT, REQUIRE ' IN THIS PERMIT PLICANT FROM CO	F SYSTEM DOES CHAPGE IN THE APPLICANT BEING MADE	NOT GUAR MATERIAL F TO MODIFY NULL AND	ACTS, THE
SYSTEM DESIGN AND S	PECIFICATIONS					
A [] GALLON	ONS / GPD New Mul ONS / GPD IS GREASE INTERCEPTOR OF TANK CAPACIT	* N/A CAPACITY [MAXIM	CAPACITY AM CAPACITY SINGLE		•	1
R [] SQUARE A TYPE SYSTEM: I CONFIGURATION:	FEET	SYSTEM []				
N F LOCATION OF BENCH	MARK: Nail in live oak E	of site				
I ELEVATION OF PROP	OSED SYSTEM SITE	[9.00] [INCHES				
D FILL REQUIRED:	[0.00] INCHES	EXCAVATION REC	UIRED: [] IN	ICHES		
The system is sized for 300 gpd.	or 3 bedrooms with a maxim	um occupancy of 6 pe	ersons (2 per bedroom),	for a total estimated	I flow of	
н						
E	· · · · · · · · · · · · · · · · · · ·					
R			10 mm			
SPECIFICATIONS BY:	Rocky D Ford	·	TITLE: Master	- Contractor		
APPROVED BY:	OUL BOULD	TITLE: Environe	ental Specialist I		Columbia	CHD
DATE ISSUED:	03/18/2019		EX	PIRATION DATE:	09/18/202	0
•	oletes all previous ed 6.003, FAC	ditions which may			Page 1 of	3
	-, -		70		-	

AC1452494

SE1157301

v 1 1 4



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

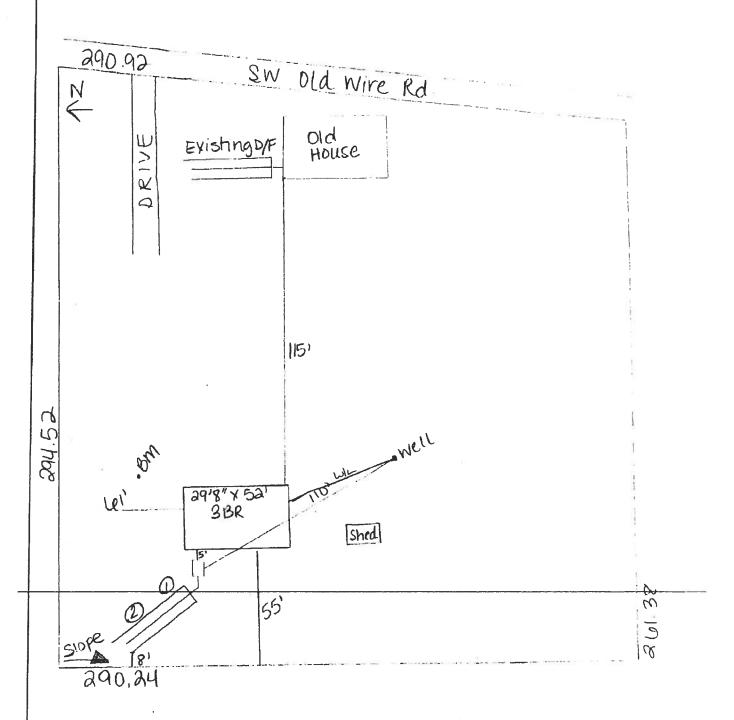
PERMIT NO.	19-0173
DATE PAID:	2-27-19
FEE PAID:	310,00
RECEIPT #:	

APPLICATION FOR: [New System [] Existing System [] Holding Tank [] Innovative [] Repair [] Abandonment [] Temporary []
APPLICANT: Frank Roberts Jr
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: NA BLOCK: NA SUB: NA PLATTED:
PROPERTY ID #: 14-68-16-03820-000 ZONING: I/M OR EQUIVALENT: [Y / N]
PROPERTY SIZE: 1.71 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC []<=2000GPD []>2000GPD
IS SEWER AVAILABLE AS PER 381.0065, FS? [Y/N] DISTANCE TO SEWER: VA
PROPERTY ADDRESS: 7676 Old Wire Rd, Fort White
DIRECTIONS TO PROPERTY: TOUCH NE Franklin St, left onto NW
main Blvd, right onto FL-475, 1eft onto SW Walter Aut
continue on to SW old Wire Rd to 7476.
BUILDING INFORMATION [X] RESIDENTIAL [] COMMERCIAL
Unit Type of No. of Building Commercial/Institutional System Design No Establishment Bedrooms Area Sqft Table 1, Chapter 64E-6, FAC
SF Residential 3 1525
3
[] Floor/Equipment Prains [] Other (Specify) SIGNATURE: DATE: 2/22/2019

DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated 64E-6.001, FAC

France Roberts JR. 1 inch = 40 feet

19-0173



See Approval Sheet 3/18/19 Sean Havens