

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only

(Revised 7-1-15)

Zoning Official LH

Building Official JMA

AP# 1812-65

Date Received 12-26-18

By LH

Permit # 37599

Flood Zone X

Development Permit _____

Zoning RSE2

Land Use Plan Map Category RLA

Comments replacing existing mobile home

FEMA Map# _____ Elevation _____ Finished Floor 1100 River _____ In Floodway _____

☐ Recorded Deed or ☒ Property Appraiser PO ☐ Site Plan ☒ EH # 18-0984 ☐ 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-16-03086-122 Subdivision Loblolly S/D BLK B _____ Lot# 2

▪ New Mobile Home X Used Mobile Home _____ MH Size 28 x 48 Year 2019

▪ Applicant Dale Burd Phone # 386-365-7674

▪ Address 20619 CR 137, Lake City, FL, 32024

▪ Name of Property Owner Jacqueline Servay Phone# 352-222-2500

▪ 911 Address 466 SW Lamboy Cir 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 466 Lamboy Circle, Lake City, FL, 32024

▪ Relationship to Property Owner Same

▪ Current Number of Dwellings on Property 2 (1 to be replaced)

▪ Lot Size 329 x 385 Irregular Total Acreage 4.22

▪ 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 Yes

▪ Driving Directions to the Property US 90 West, TR Sisters Welcome Road, TR Tunsil St,
TL Sparrow Terr, TR Lamboy Circle, 4/10ths mile to address on left

▪ Name of Licensed Dealer/Installer Brent Strickland Phone # 386-365-7043

▪ Installers Address 1294 Hamp Farmer Road, LC, FL, 32055

▪ License Number IH-1104218 Installation Decal # 56766

DALE IS AWARE OF WHAT'S NEEDED .. 12.26.18

JA Sent emai: 1/4/19

PERMIT NUMBER

PERMIT WORKSHEET

Installer Brent Strickland License # IH 1104218

Installer Mobile Phone # 386-365-7043

Address of home being installed

406 SW Lamboy Circle
LAKE CITY, FL 32024

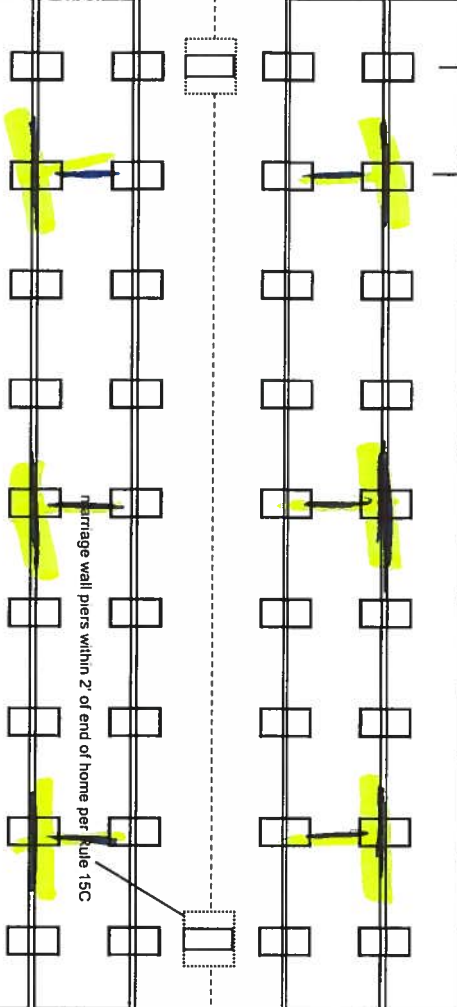
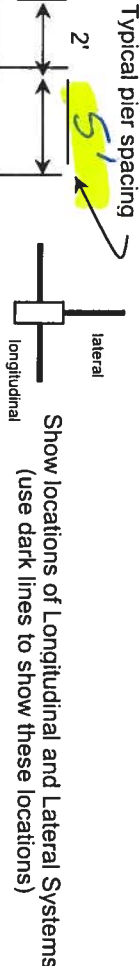
Manufacturer

Live Oak Length x width 52X28

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 B.S.



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 # LOH6A21833788

Roof System: Typical Hinged

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

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

PIER PAD SIZES

I-beam pier pad size

17x25

Perimeter pier pad size

16x16

Other pier pad sizes (required by the mfg.)

17x25

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

4 ft 5 ft

FRAME TIES

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

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)

Manufacturer

Longitudinal Stabilizing Device w/ Lateral Arms

Manufacturer

Oliver 1101V

OTHER TIES

Number

Sidewall

Longitudinal

Marriage wall

Shearwall

28
8
5

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 1500 psf or check here to declare 1000 lb. soil without testing.

x 1500 x 1600 x 1600

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 1500 x 1500 x 1600

TORQUE PROBE 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.

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.

BS Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Brent Strickland

Date Tested 12-20-18

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. 29

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 28

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

Site Preparation

Debris and organic material removed ☒ Swale ☒ Pad ☒ Other ☐

Fastening multi wide units

Floor: Type Fastener: 10gs Length: 5 Spacing: 16"
Walls: Type Fastener: scabers Length: 4 Spacing: 16"
Roof: Type Fastener: 10gs Length: 6 Spacing: 16"
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 BS

Type gasket Foam
Pg. 2
Installed: Between Floors Yes ☒
Between Walls Yes ☒
Bottom of ridgebeam Yes ☒

Weatherproofing

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 ☒

Miscellaneous

Skirting to be installed. Yes ☒ No ☐
Dryer vent installed outside of skirting. Yes ☐ N/A ☒
Range downflow vent installed outside of skirting. Yes ☐ N/A ☒
Drain lines supported at 4 foot intervals. Yes ☒
Electrical crossovers protected. Yes ☒
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 Brent Strickland Date 12/20/18

[illegible]

SUPPORT PLERSTYP

FOUNDATION NOTES:

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

Live Oak Homes
MODEL: L-24831 - 28 X 52
3-BEDROOM / 2-BATH

- | | | | |
|---|--------------------------|---|--|
| A | MAIN ELECTRICAL | H | DUCT CROSSOVER |
| B | ELECTRICAL CROSSOVER | I | SEWER DROPS |
| C | WATER INLET | J | RETURN AIR (NO OPT.) HEAT PUMP ON DUCT |
| D | WATER CROSSOVER (IF ANY) | K | SUPPLY AIR (NO OPT.) HEAT PUMP ON DUCT |
| E | GAS INLET (IF ANY) | L | |
| F | GAS CROSSOVER (IF ANY) | | |

L-24831

Columbia County Property Appraiser

Jeff Hampton

2018 Tax Roll Year

updated: 12/14/2018

Parcel: **22-4S-16-03086-122****Owner & Property Info**

Result: 1 of 1

Owner	SERVAY JACQUELINE DIANE 466 LAMBOY CIR LAKE CITY, FL 32024		
Site	466 LAMBOY CIR, LAKE CITY		
Description*	LOT 2 BLOCK B LOBLOLLY S/D. ORB 831-1516, PROB 1129-933, WD 1148-1422, WD 1233-93		
Area	0 AC	S/T/R	22-4S-16E
Use Code**	MOBILE HOM (000202)	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

2018 Certified Values		2019 Working Values	
Mkt Land (4)	\$20,338	Mkt Land (4)	\$20,338
Ag Land (0)	\$0	Ag Land (0)	\$0
Building (2)	\$14,172	Building (2)	\$14,687
XFOB (6)	\$2,500	XFOB (6)	\$2,500
Just	\$37,010	Just	\$37,525
Class	\$0	Class	\$0
Appraised	\$37,010	Appraised	\$37,525
SOH Cap [?]	\$743	SOH Cap [?]	\$743
Assessed	\$36,267	Assessed	\$37,097
Exempt	HX H3 \$22,163	Exempt	HX H3 \$22,828
Total Taxable	county:\$14,104 city:\$14,104 other:\$14,104 school:\$14,104	Total Taxable	county:\$14,269 city:\$14,269 other:\$14,269 school:\$14,269

2016 2013 2010 2007 2005 2004 1999 Sales parcel) click hover

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

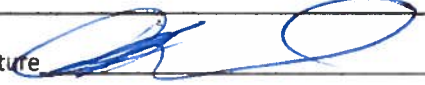

APPLICATION NUMBER 1812-65 CONTRACTOR Brent Strickland PHONE 386-365-7043

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

Servay

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>Glenn Whittington</u>	Signature 
	License #: <u>EC 13002957</u>	Phone #: <u>386-972-1700</u>
Qualifier Form Attached <input checked="" type="checkbox"/>		
MECHANICAL/ A/C <u>5/</u>	Print Name <u>Michael Boland</u>	Signature 
	License #: <u>CAC 1817716</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



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, Glen Whittington (license holder name), licensed qualifier
for Whittington Electric Inc (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>Dave Ford</u>	1. <u>[Signature]</u>
2. <u>Rocky Ford</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] License Qualifiers Signature (Notarized) EL13002957 License Number 3/7/16 Date

NOTARY INFORMATION:

STATE OF: FL COUNTY OF: Columbia

The above license holder, whose name is Glen Whittington,
personally appeared before me and is known by me or has produced identification
(type of I.D.) FL DL on this 7 day of MARCH, 20 16.

[Signature]
NOTARY'S SIGNATURE





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 ACE 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>Dan Eard</u>	1. <u>[Signature]</u>
2. <u>Kelly Bishop</u>	2. <u>Kelly Bishop</u>
3. <u>Rocky 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.

Michael A Boland
Licensed Qualifiers Signature (Notarized)

CAC1817716 License Number
ES120926 Date
11/17/15

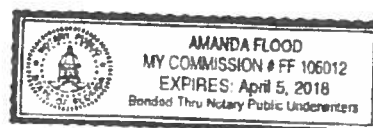
NOTARY INFORMATION:

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.) _____ on this 17th day of November, 20 15

Amanda Flood
NOTARY'S SIGNATURE

(Seal/Stamp)



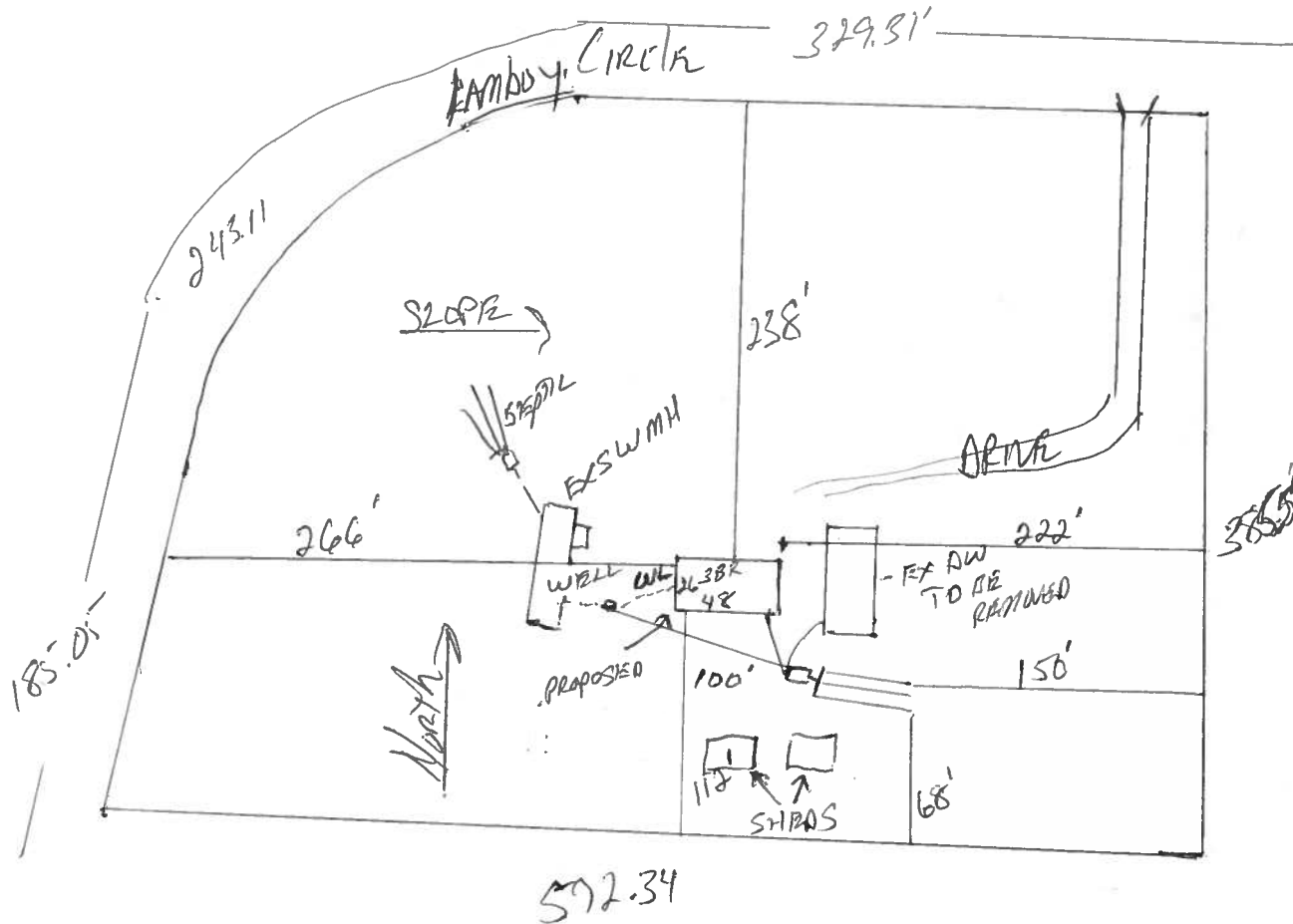
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number _____

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

Scale: 1 inch = ~~40~~ feet.

100



Notes: _____

12/24/18

Site Plan submitted by: _____

CONTRACTOR

Plan Approved _____

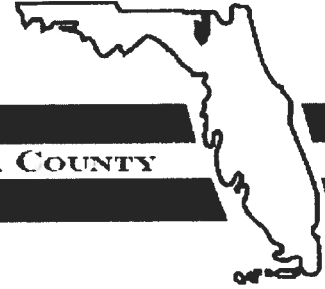
Not Approved _____

Date _____

By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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: **1/7/2019 2:40:04 PM**
Address: **466 SW LAMBOY Cir**
City: **LAKE CITY**
State: **FL**
Zip Code **32024**

Parcel ID **03086-122**

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**

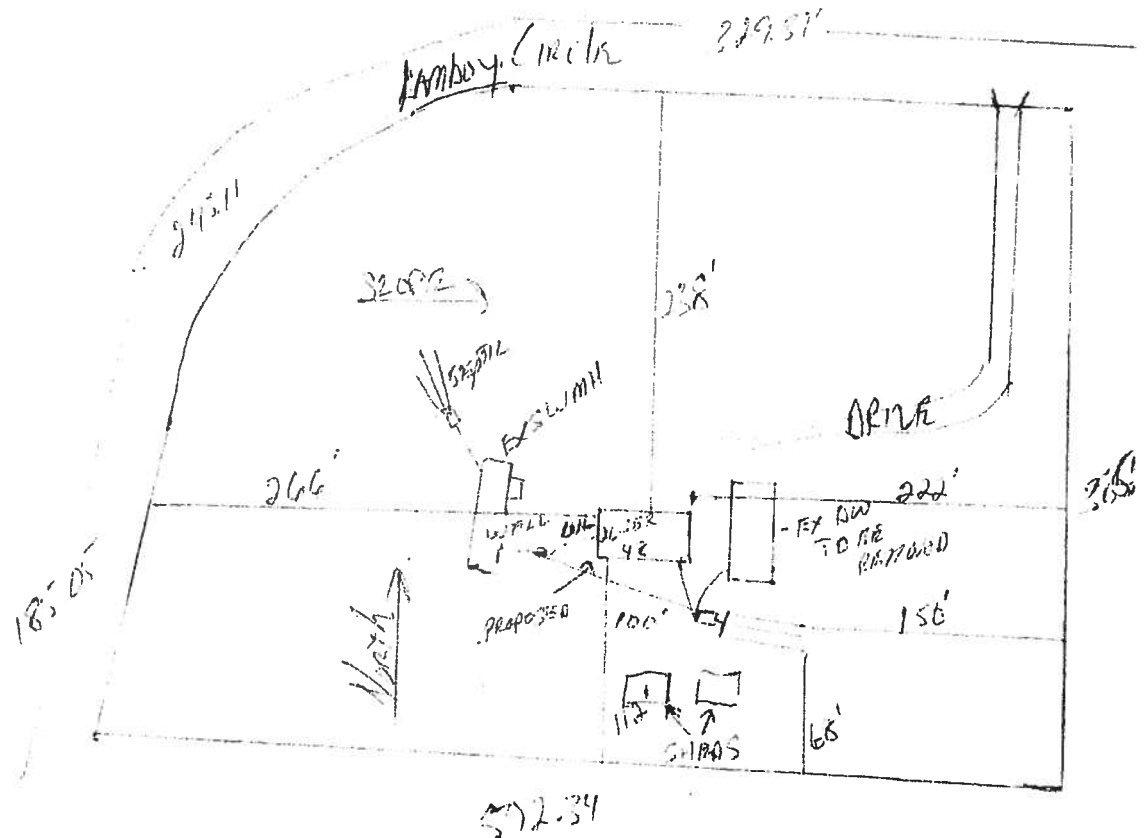
263 NW Lake City Ave., Lake City, FL 32055 Telephone: (386) 758-1125
Email: gis@columbiacountyfla.com

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

Permit Application Number

18-0984

----- *SEPA* ----- PART II - SITEPLAN -----

Scale: 1 inch = ~~40~~ feet.*100*

Notes:

*12/24/18*Site Plan submitted by: *[Signature]*

CONTRACTOR

Plan Approved ☒Not Approved ☐Date *1/4/18*By *[Signature]**ESI**Columbia*

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. 18-0984DATE PAID: 12-18-18FEE PAID: 128.00RECEIPT #: 1398451

APPLICATION FOR:

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

APPLICANT: Jacqueline ServayAGENT: Dale Burd / Dale Burd LLCTELEPHONE: 386-365-7674MAILING ADDRESS: 20619 County Road 137, 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: 2 BLOCK: B SUBDIVISION: Loblolly S/D PLATTED: na / 984PROPERTY ID #: 22-4S-16-03086-122 ZONING: I/M OR EQUIVALENT: ☐ No ☐PROPERTY SIZE: 4.22 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ☐ ≤2000GPD ☐ >2000GPDIS SEWER AVAILABLE AS PER 381.0065, FS? ☐ No ☐ DISTANCE TO SEWER: na FTPROPERTY ADDRESS: 466 Lamboy Circle, Lake City, FL, 32024DIRECTIONS TO PROPERTY: US 90 West, TL Sisters Welcome Road, TR Tunsil St, TL Sparrow Terr, TR Lamboy Circle,4/10ths mile to address 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	1244	3BR 1244 for 3BR 1318 Sq replacement
2				Previous approved permit attached
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) SIGNATURE: DATE: 12/24/2018