

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 7-1-15) Zoning Official HL Building Official TM 2/20/18

AP# 1802-53 Date Received 2/15 By JCO Permit # 36356

Flood Zone A Development Permit _____ Zoning A3 Land Use Plan Map Category A

Comments Floodzone 'A' on property, home is in Floodzone X per site plan.

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

☒ Recorded Deed or ☒ Property Appraiser PO ☒ Site Plan ☒ EH # 18-0117 ☐ 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 AIC Mike +950

Property ID # 06-5S-18-10568-012 Subdivision Parkwood Lot# 12

- New Mobile Home X Used Mobile Home _____ MH Size 32 x 72 Year 2018
- Applicant Dale Burd or Rocky Ford Phone # 386-497-2311
- Address 546 SW Dortch Street, Fort White, FL, 32038
- Name of Property Owner Charles Raulerson Phone# 386-984-6107
- 911 Address 172 SE MALLOY GLEN, LC, FL, 32025
- 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 388 NW Desoto Street, Lake City, FL, 32055
- Relationship to Property Owner Same
- Current Number of Dwellings on Property 0
- Lot Size 329 x 563 Total Acreage 4.16
- 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 41 South, TL CR 252, TR CR 245, TL Ebenzer, TR Doretha, TR Malloy, Straight off end to property on left
- Name of Licensed Dealer/Installer Robert Sheppard Phone # 386-623-2203
- Installers Address 6355 SE CR 245, Lake City, FL, 32025
- License Number IH-1025386 Installation Decal # 48534

- MS RAULERSON called 2.21.18 .
TW left message 2.21.18
Ut 1st time 2.21.18

COLUMBIA COUNTY PERMIT WORKSHEET

page 1 of 2

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

Installer Robert Sheppard License # TH1025386

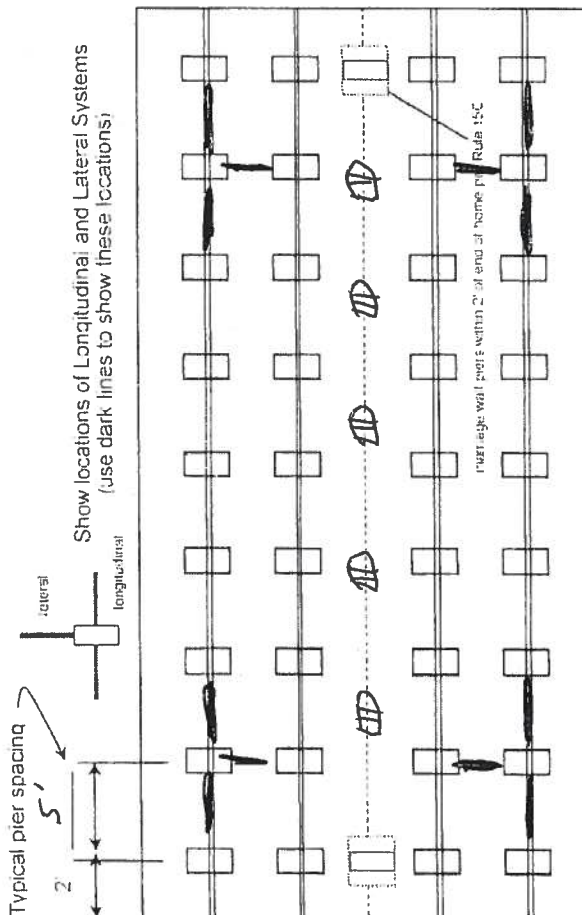
911 Address where home is being installed 172 SE MARLOW GLAN

Manufacturer LINCOLN Length x width 32 x 12

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 RS



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 # 48354
Triple/Quad ☐ Serial # 20H6A-1018528 AS

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'	3'	4'	5'	6'	7'	8'
1500 psf	4 6"	4 6"	6'	7'	8'	9'	10'
2000 psf	6'	6'	8'	9'	10'	11'	12'
2500 psf	7 6"	7 6"	9'	10'	11'	12'	13'
3000 psf	8'	8'	10'	11'	12'	13'	14'
3500 psf	8'	8'	10'	11'	12'	13'	14'

* interpolated from Rule 15-C-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 in s 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 over 1101V

OTHER TIES

Number

26

4

8

4

Sidewall

Longitudinal

Marriage wall

Shearwall

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 _____ 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 290 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.

RS Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Robert Sheppard

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. 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 ☒
Water drainage Natural Swale Pad ☒ Other

Fastening multi wide units

Floor: Type Fastener 1695 Length 5" Spacing 16"
Walls: Type Fastener scabs Length 4" Spacing 16"
Roof: Type Fastener 1695 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 24v 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 marnage 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 RS

Type gasket 22 Foam

Installed:
Between Floors Yes ☒
Between Walls Yes ☒
Bottom of ridgebeam Yes ☒

Weatherproofing

The bottomboard will be repaired and/or taped. Yes ☒ Pg.
Siding or 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

Installer Signature Robert Sheppard Date _____



~~1~~ - 6-110 IV all steel foundations

- TIEDOWN LOCATIONS (FOR CONCRETE SLAB SET)
- 105 MARRIAGE LINE OPENING SUPPORT PIER/PT.
- SUPPORT PIER/PT 6" O.C. 2' 9" x 3' 1/4 Abbr pads

● TIEDOWN LOCATIONS (FOR CONCRETE SLAB SET)
SEE WARRAGE LINE OPENING SUPPORT PERIOTYP.

SUPPORT PIETYP 6'6" 22. 232

NOTATION NO. 15:
- THE DRAWING IS DESIGNED FOR THE STANDARD 100

FOOTINGS ARE SHOWN FOR EXAMPLE ONLY. CLUMPTITY AND FOOTINGS ARE REQUIRED AT SUPPORT POINTS. SEE INSTALLATION INSTRUCTIONS FOR MORE DETAILS.

PER METER PERS THOUGH ARE FOR TYPE AND VOLUME PER

Live Oak Homes

MODEL: S-3725A - 32 X

5-BEDROOM / 3 BATH

Living / Moving

Live Oak Homes
MODEL: S-3725A - 32 X 76
5-BEDROOM / 3-BATH

S-3725A

(A)	MAIN ELECTRICAL	(G)	DUCT CROSSOVER
(B)	ELECTRICAL CROSSOVER	(H)	SEWER DRAINS
(C)	WATER INLET	(I)	RETURN AIR IN/OUT
(D)	WATER CROSSOVER (IF ANY)	(J)	SUPPLY AIR IN/OUT
(E)	GAS INLET (IF ANY)		
(F)	GAS CROSSOVER (IF ANY)		

[illegible]

***PERIMETER PERS SHOWN ARE FOR TAPE AND TEXTURE BLOCKING ONLY AND ARE NOT REQUIRED ON A KONA TAPE AND TEXTURE HOME. EXTERIOR FINISHINGS STILL REQUIRE BLOCKING PER SETUP MANUAL.**

Five Oak Homes

MODEL: S-3725A - 32 X 76

① WATER CROSSOVER (IF ANY) ② SUPPLY AIR (NO PT. HEAT PUMP ON DUCT)

(E) GAS INLET (IF ANY)

(F) GAS CIRCUMFERENTIAL FLOW

[illegible]

5

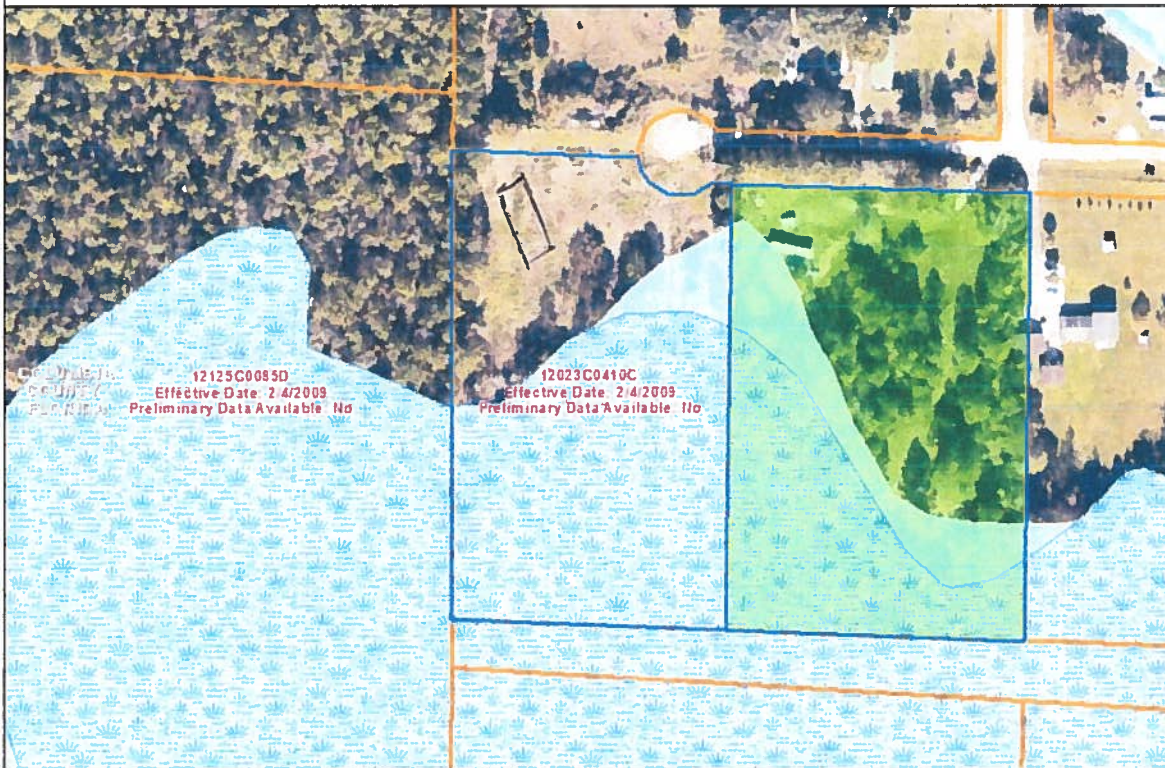
30

No. 0829 P. 3

Family Home Center

Feb. 13. 2018 1:37PM

Suwannee River Water Management District Effective Flood Information Report



LOCATION

Date: 1-29-2018
Parcel: 06-5S-18-10568-012
County: COLUMBIA
STR: S006 T05 R18
 Columbia Flood Hazard Areas Status
 Effective: 02/04/2009

FLOOD INFORMATION

Special Flood Hazard Area?
 (SFHA): Yes

Flood Zone(s): A

Floodway: No

**1% Annual Chance
 Flood Elev (BFE):** Not Applicable

**10% Annual Chance
 Flood Elev:** Not Applicable

**50% Annual Chance
 Flood Elev:** Not Applicable

Note: Elevations are based on NAVD88

FIRM Panel(s): 12023C0410C

Effective Flood Zones described on
 Page 2

SFHA - AE w/Floodway
 SFHA - Zones AE, AH, AO

SFHA - Zone VE
 SFHA - Zone A
 0.2% (shaded X)

Wetlands
 FIRM Panel
 State Lands

Counties
 SRWMD
 Parcels

Depressions
 BFE
 Cross Sections

The Federal Emergency Management Agency (FEMA) maintains information about map features, such as street locations and names, in or near designated flood hazard areas. The information herein represents the best available data as of the effective date shown. The applicable Flood Insurance Study and a Digital Flood Insurance Rate Map is available online (<http://www.srwmdfloodreport.com>). To obtain more detailed information in areas where Base Flood Elevations (BFEs) and/or floodways have been determined, users are encouraged to also consult the FEMA Map Service Center at 1-800-358-9616 (<http://www.msc.fema.gov>) for information on available products associated with this FIRM panel. Available products from the Map Service Center may include previously issued Letters of Map Change. Requests to revise flood information in or near designated flood hazard areas may be provided to FEMA during the community review period on preliminary maps, or through the Letter of Map Change process for effective maps.

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: **2/13/2018 10:48:01 AM**
Address: **172 SE MALLOY Gln**
City: **LAKE CITY**
State: **FL**
Zip Code **32025**

Parcel ID **10568-012**

REMARKS: Address for proposed structure on 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

Permit Application Number_____

PART II - SITEPLAN

[illegible]

Notes: _____

Site Plan submitted by:

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)

Sales Price \$18,000.00
Doc Stamps \$126.00

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. 18-01025TL**

Inst: 201812002679 Date: 02/08/2018 Time: 2:54PM
Page 1 of 1 B: 1353 P: 670 P.DeWitt Cason, Clerk of Court
Columbia, County, By: BD
Deputy Clerk Doc Stamp-Deed: 126.00

Parcel I.D. #: **R10568-012**

SPACE ABOVE THIS LINE FOR PROCESSING DATA

SPACE ABOVE THIS LINE FOR RECORDING DATA

THIS WARRANTY DEED Made the **6th** day of **February**, A.D. 2018, by **DONALD D. DICKS**,
CONVEYING NON-HOMESTEAD PROPERTY, hereinafter called the grantor, to **CHARLES A. RAULERSON**
and **TERESA M. RAULERSON**, whose post office address is **388 NW DESOTO STREET, LAKE CITY, FL 32055**,
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 12, of **PARKWOOD**, according to the Plat thereof, as recorded in Plat Book 5, at Page 21, of the Public Records of Columbia County, Florida.

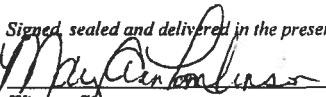
Together with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

To Have and to Hold the same in fee simple forever.

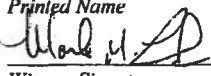
And the grantor hereby covenants with said grantees that he is lawfully seized of said land in fee simple; that he has good right and lawful authority to sell and convey said land, and hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever, 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:


Witness Signature **Mary Ann Tomlinson**

Printed Name


Witness Signature **Maria M. Landin**

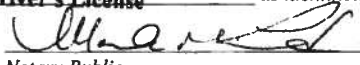
Printed Name

 L.S.
DONALD D. DICKS
Address:
12028 NW CR 241, LAKE BUTLER, FL 32054

STATE OF FLORIDA
COUNTY OF COLUMBIA

The foregoing instrument was acknowledged before me this **6th** day of **February**, 2018, by **DONALD D. DICKS**, who is known to me or who has produced **Driver's License** as identification.




Notary Public
My commission expires **7/16/18**

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1802-53 CONTRACTOR Robert Sheppard PHONE 386-623-2203

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

Raulerson

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.

✓ 1338 ELECTRICAL	Print Name <u>Micheal 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"/>
✓ 950 MECHANICAL/ A/C	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



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 Acme LLC 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>Derek 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)

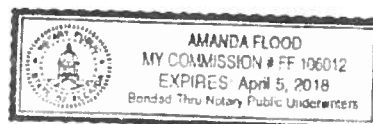
CAC1817716 / ES120426
License Number Date 11/17/15

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 ID) _____ on this 17th day of November 20 15

[Signature]
NOTARY'S SIGNATURE

(Seal/Stamp)





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 Leader (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>Dale R. Sural</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) EL13702515 License Number 11/2/15 Date

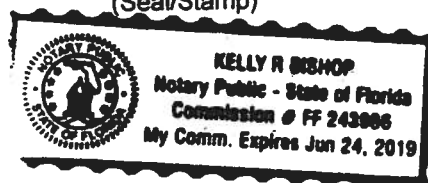
NOTARY INFORMATION:

STATE OF: FL COUNTY OF: Columbia

The above license holder, whose name is Michael Leader
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)





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

PERMIT NO. 18-0117
DATE PAID: 2/14/18
FEE PAID: 310.00
RECEIPT #: 1328791

APPLICATION FOR:

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

APPLICANT: Charles RaulersonAGENT: ROCKY FORD, A & B CONSTRUCTIONTELEPHONE: 386-497-2311MAILING 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)(a) 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: 12 BLOCK: na SUB: Parkwood PLATTED: 4/10/82
065518

PROPERTY ID #: 10568-012 ZONING: Res. T/M OR EQUIVALENT: ☐ Y ☒ N

PROPERTY SIZE: 4.16 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

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

PROPERTY ADDRESS: SE Malley Glen, LC

DIRECTIONS TO PROPERTY: 41 South, TL CR 252, TR CR 245, TL Ebenezer, TR Doretha Terr, TR Malley, To end 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	5	2136	
2				
3				

☒ Floor/Equipment Drains ☒ Other (Specify)

SIGNATURE: Rocky D Ford DATE: 2/12/2018

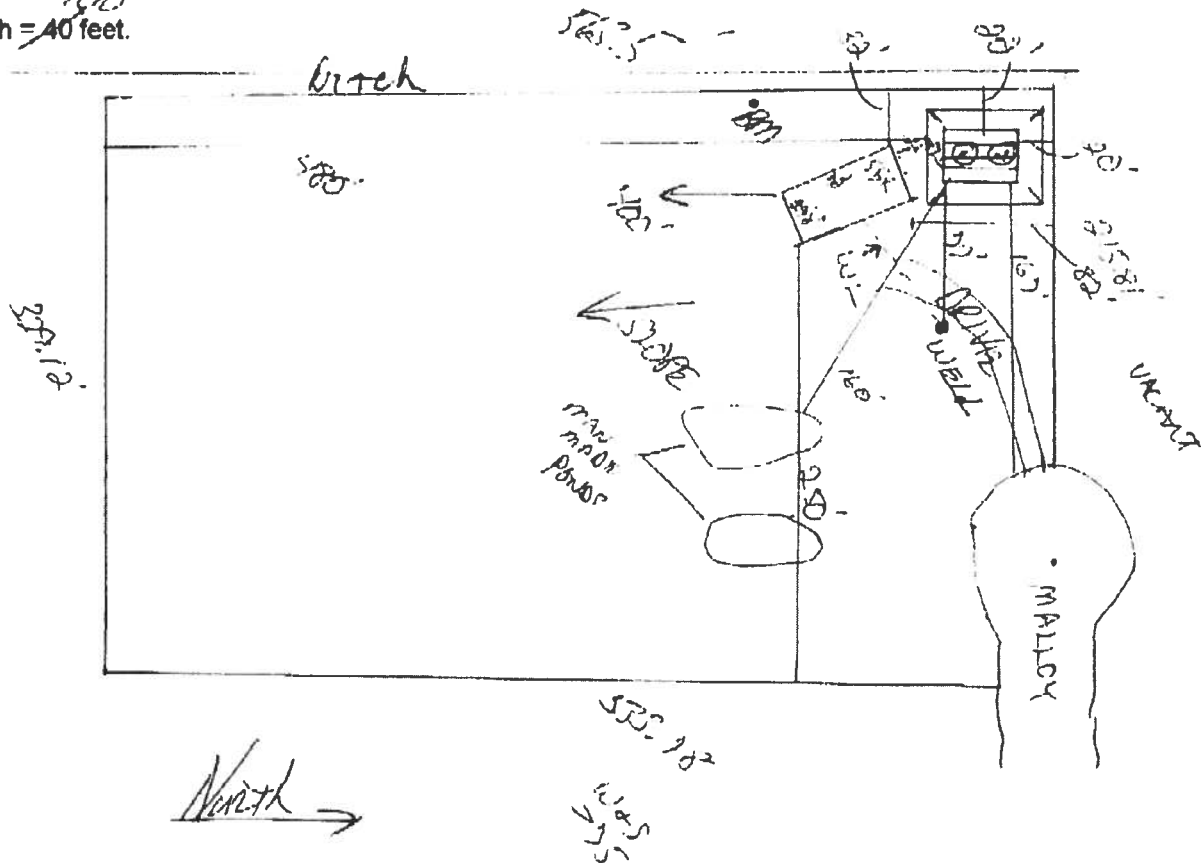
DH 4015, 08/09 (Obsoletes previous editions which may not be used)
Incorporated 64E-6.001, FAC

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

Permit Application Number

18-0117Paulson

PART II - SITEPLAN

Scale: 1 inch = ~~40~~ ¹⁰⁰ feet.

Notes:

Site Plan submitted by:

Rocky D F

MASTER CONTRACTOR

Plan Approved

Not Approved

Date 2/17/18

By

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT