PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 7-1-15) Zoning Official Building Official
AP# 1908-03 Date Received 8/1/19 By M6 Permit # 38483
Flood Zone X Development Permit Zoning A-3 Land Use Plan Map Category As
Comments floor one foot above the road
Special Trap Use permit for Son
FEMA Map# Elevation Finished Floor River In Floodway
Recorded Deed or Property Appraiser PO Site Plan FEH# 19-0586 Well letter OR
Land Owner Affidavit Installer Authorization FW Comp. letter App Fee Paid
DOT Approval Parent Parcel # STUP-MH 1908-46 1911 App
□ Ellisville Water Sys Assessment □ Out County □ In County □ Sub VF Form 30 From
paid for home
Plant III
Property ID# 36-65-16-04076-138 Subdivision PARKER Woods 56 Lot# 38
New Mobile Home Used Mobile Home MH Size 16 x 72 Year 2020
* Applicant PAUL BAKNEY Phone # 386-209-0906
Address 466 S.W. DEP. J. DAVIS LN, LAKE CITY, FL 32024
Name of Property Owner MASON, EARL & NANCY Phone# 772-267-6393
911 Address 188 S.W. OLD NIBLACK AVE, FT. WHITE, FL 32028
Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Duke Energy
Name of Owner of Mobile Home FARL & KENDRA MASON Phone # 772-247-6393
Address 190 SW. OLD NIBLAK AVE, FT. WHITE , FL 32038
Relationship to Property Owner 50N & DAUGHTER - IN-LAW
Current Number of Dwellings on Property
Lot Size 5 Total Acreage 5.53
Do you : Have Existing Drive or Private Drive or need Culvert Permit (Putting in a Culvert) or Culvert Waiver (Circle one) (Not existing but do not need a Culvert)
Is this Mobile Home Replacing an Existing Mobile Home
Driving Directions to the Property I-75 South TO 441 TR 60 TO CR-18 T/R TO
S.W. OLD NIBLACK, T/L TO SITE ON RIGHT @ 190 5W OLD NIBLACE
AVE.
Name of Licensed Dealer/Installer DAVID ALBRIGHT Phone # 386-344-3645
Installers Address 353 SW MAULDIN AVE, LAKE CITY, FL 32024
License Number 1 H-/129 4 Z O Installation Decal # 43995

LH-Emailed Paul 8-7-19

843,83 total Including

AFFIDAVIT AND AGREEMENT OF SPECIAL TEMPORARY USE FOR IMMEDIATE FAMILY MEMBERS FOR PRIMARY RESIDENCE

STATE OF FLORIDA COUNTY OF COLUMBIA Inst: 201912018998 Date: 08/16/2019 Time: 12:02PM Page 1 of 2 B: 1391 P: 1198, P.DeWitt Cason, Clerk of Cour Columbia, County, By: LK Denuty Clerk

BEFORE ME the undersigned Notary Public personally appeared.

	DEPORE ME the undersigned Notary I ablic personally appeared.
dwelli	ng (mobile home) as a primary residence for a family member of the Owner, and L. MASON _, the Family Member of the Owner, who intends to place a mobile
to the	as the family member's primary residence as a temporarily use. The Family Member is related Owner as, and both individuals being first duly sworn according to law, e and say:
1.	Family member is defined as parent, grandparent, step-parent, adopted parent, sibling, child, step-child, adopted child or grandchild.
2.	Both the Owner and the Family Member have personal knowledge of all matters set forth in this Affidavit and Agreement.
3.	The Owner holds fee simple title to certain real property situated in Columbia County, and more particularly described by reference with the Columbia County Property Appraiser Tax Parcel No. 36-65-16-04076-138
4.	No person or entity other than the Owner claims or is presently entitled to the right of possession or is in possession of the property, and there are no tenancies, leases or other occupancies that affect the Property.
5.	This Affidavit and Agreement is made for the specific purpose of inducing Columbia County to issue a Special Temporary Use Permit for a Family Member on the parcel per the Columbia County Land Development Regulations. This Special Temporary Use Permit is valid for
6.	This Special Temporary Use Permit on Parcel No. 36-65-16-04076 - 138 is a "one time only" provision and becomes null and void if used by any other family member or person other than the named Family Member listed above. The Special Temporary Use Permit is to allow the named Family Member above to place a mobile home on the property for his primary residence only. In addition, if the Family Member listed above moves away, the mobile home shall be removed from the property within 60 days of the Family Member departure or the mobile home is found to be in violation of the Columbia County Land Development Regulations.

7. The site location of mobile home on property and compliance with all other conditions not conflicting with this section for permitting as set forth in these land development regulations. Mobile homes shall not be located within required yard setback areas and shall not be located within twenty (20) feet of any other building.

- 8. The parent parcel owner shall be responsible for non ad-valorem assessments.
- 9. Inspection with right of entry onto the property, but not into the mobile home by the County to verify compliance with this section shall be permitted by owner and family member. The Land Development Regulation Administrator, and other authorized representatives are hereby authorized to make such inspections and take such actions as may be required to enforce the provisions of this Section.
- 10. The mobile home shall be hooked up to appropriate electrical service, potable well and sanitary sewer facilities (bathroom and septic tank) that have been installed pursuant to permits issued by the Health Department and County Building and Zoning Department, where required.
- 11. Recreational vehicles (RV's) as defined by these land development regulations are not allowed under this provision (see Section 14.10.2#10).
- 12. Upon expiration of permit, the mobile home shall be removed from the property within six (6) months of the date of expiration, unless extended as herein provided by Section 14.10.2 (#7).
- 13. This Affidavit and Agreement is made and given by Affiants with full knowledge that the facts contained herein are accurate and complete, and with full knowledge that the penalties under Florida law for perjury include conviction of a felony of the third degree.

We Hereby Certify that the facts represented by us in this Affidavit are true and correct and we accept the terms of the Agreement and agree to comply with it. Family Member EARL L. MASON
Typed or Printed Name Typed or Printed Name Subscribed and sworn to (or affirmed) before me this 16 day of Aubust, 2019, by EARL MASON (Owner) who is personally known to me or has produced DR. LIC. as identification. _ MY COMMISSION # GG 040180 EXPIRES: October 19, 2020 Notary Public Bonded Thru Budget Notary Services Subscribed and sworn to (or affirmed) before me this /6 day of August .20 /9, by EARL L. MASON (Family Member) who is personally known to me or has produced FL-DR. L/C. as identification. PAUL A BARNEY _ MY COMMISSION # GG 040180 Notary Public EXPIRES: October 19, 2020 COLUMBIA COU **Bonded Thru Budget Notary Services**

Title: Administr

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	0800	DECKING	2010	\$400.00	1.000	0 x 0 x 0	(000.00)	
	0020	BARN,FR	2010	\$1,800.00	1.000	0 x 0 x 0	(000.00)	

Land Bre	eakdown				
Land Code	Desc	Units	Adjustments	Eff Rate	Land Value
000200	MBL HM (MKT)	5.530 AC	1.00/1.00 1.00/1.00	\$4,407	\$24,368
009945	WELL/SEPT (MKT)	1.000 UT - (0.000 AC)	1.00/1.00 1.00/1.00	\$3,250	\$3,250

Search Result: 1 of 1 © Columbia County Property Appraiser | Jeff Hampton | Lake City, Florida | 386-758-1083

by: GrizzlyLogic.com

Legend

Parcels

2018Aerials

200

Addresses

2018 Flood Zones

0.2 PCT ANNUAL CHANCE

A P

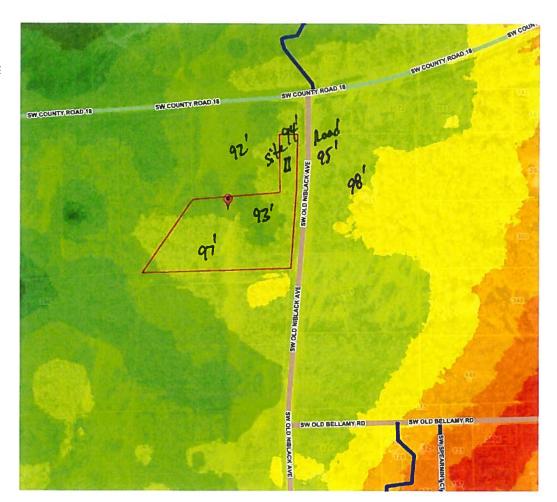
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■ AH

LidarElevations

Columbia County, FLA - Building & Zoning Property Map

Printed: Wed Aug 07 2019 12:23:59 GMT-0400 (Eastern Daylight Time)



Parcel Information

Parcel No: 36-6S-16-04076-138 Owner: MASON EARL & NANCY Subdivision: PARKER WOODS

Lot:

Acres: 5.529158 Deed Acres: 5.53 Ac

District: District 2 Rocky Ford Future Land Uses: Agriculture - 3

Flood Zones:

Official Zoning Atlas: A-3



All data, information, and maps are provided as is without warranty or any representation of accuracy, timeliness of completeness. Columbia County, FL makes no warranties, express or implied, as to the use of the information obtained here. There are no implies warranties of merchantability or fitness for a particular purpose. The requester acknowledges and accepts all limitations, including the fact that the data, information, and maps are dynamic and in a constant state of maintenance, and update.

Legend

Parcels

2018Aerials



Addresses

2018 Flood Zones

0.2 PCT ANNUAL CHANCE

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AE AE

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Roads

nuau

Roads

others

Dirt

Interstate

Main

Other

Paved

Private

SRWMD Wetlands

Columbia County, FLA - Building & Zoning Property Map

Printed: Wed Aug 07 2019 12:29:23 GMT-0400 (Eastern Daylight Time)



Parcel Information

Parcel No: 36-6S-16-04076-138 Owner: MASON EARL & NANCY Subdivision: PARKER WOODS

Lot:

Acres: 5.529158 Deed Acres: 5.53 Ac

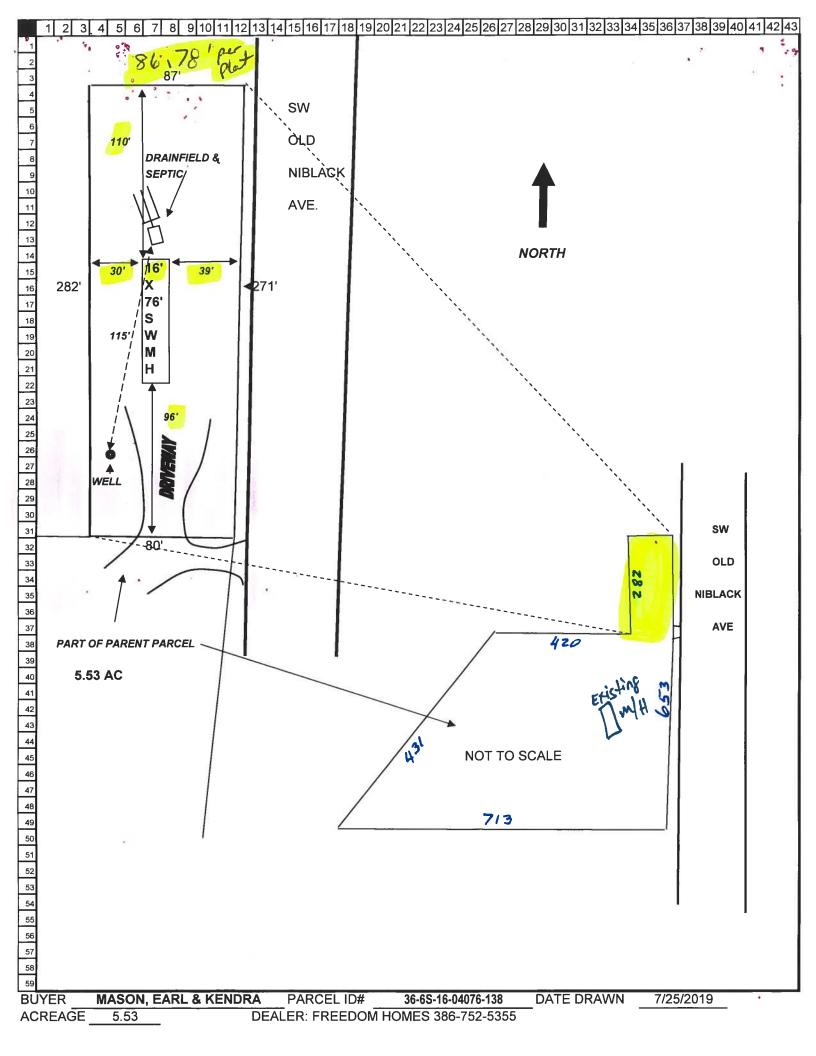
District: District 2 Rocky Ford Future Land Uses: Agriculture - 3

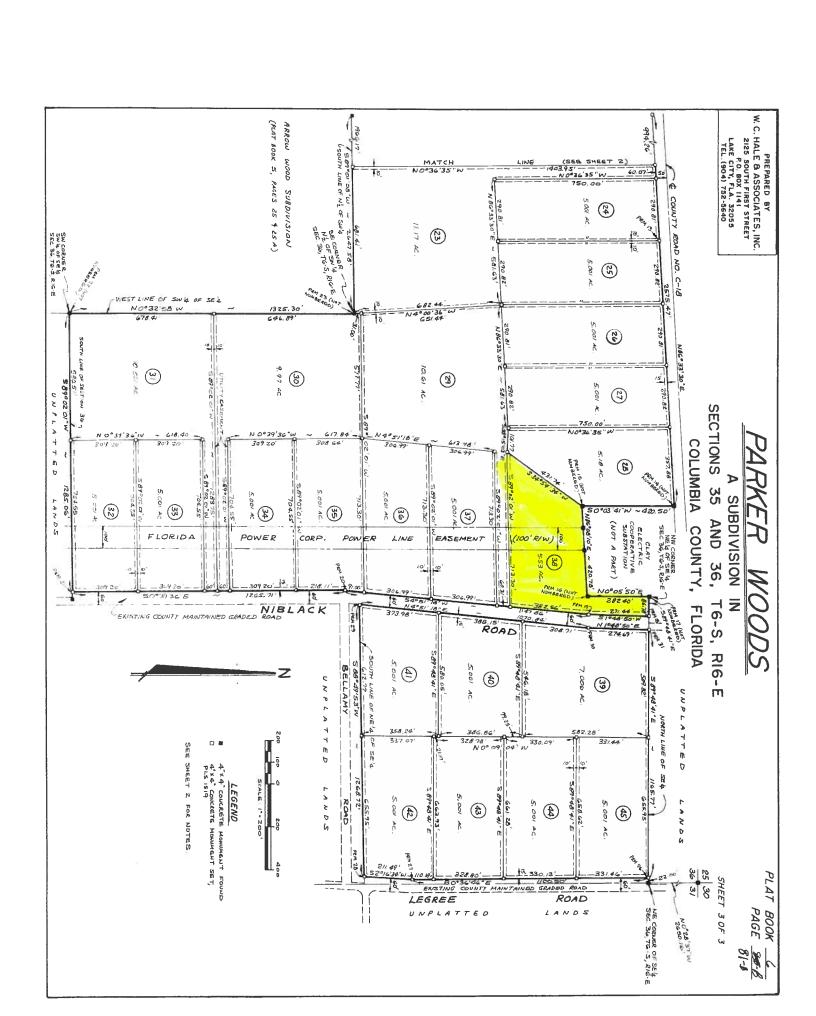
Flood Zones:

Official Zoning Atlas: A-3

existing mobile home on property.

(Need STUP or STLP.)





The state of the s	warrings weil plans within 2 of control has appear Rule 1sc	Typical pier spacing Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)	Installer DAVD ALBRIGHT License # 1/4-1/29 420 Installer Mobile Phone # 386 - 344 - 3645 Address of home 780 - 010 NIBLALK AVE being installed FT. WHITE FL 32038 Manufacturer LIVE OAK Length x width 16 x 76 / 80 NOTE: if home is a triple or quad wide sketch in remainder of home
THEDOWN COMPONENTS Longitudinal Stabilizing Device (LSD) Manufacturer Longitudinal Stabilizing Device w/ Lateral Arms Marriage wall Shearwall Shearwall	ize 16 x 16 locations of marriage 4 foot or greater. Use this w the piers. Pler pad size Pler pad size	AD 8	New Home Used Home

Debris and organic material removed Water drainage: Natural Swale

Site Preparation

Fastening mutti wide units

Pad

Root Floor: Walls:

> Type Fastener. Type Fastener

Type Fastener

Length:

Sparring:

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.

Length:

Spacing: Spacing: Spacing:

Length:

roofing nails at 2" on center on both sides of the centerline

Gasket (weatherproofing requirement)

ependent water supply piping to an existing water meter, water tap, or other ependent water supply systems. Pg. 78, 110 nnect electrical conductors between multi-wide units, but not to the main power urce. This includes the bonding wire between mult-wide units. Pg. nnect all sewer drains to an existing sewer tap or septic tank. Pg. Date Tested installer Name Note showing 275 inch pounds or less will require 5 foot anchors. here if you are declaring 5' anchors without testing The results of the torque probe test is 275 The pocket penetrometer tests are rounded down to or check here to declare 1000 lb. soll withou ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER A state approved lateral arm system is being used and 4 ft. requires anchors with 4000 Jb Appling capacity reading is 275 or less and where the mobile home manufacturer may anchors are required at all centerline tie points where the torque test anchors are allowed at the sidewall locations. I understand 5 ft X 1500 SZ/X 3. Using 500 lb. increments, take the lowest Ņ 1. Test the perimeter of the home at 6 locations POCKET PENETROMETER TESTING METHOD Take the reading at the depth of the footer. reading and round down to that increment POCKET PENETROMETER TEST TORQUE PROBE TEST Electrical X 1500 without testing. Installer's initials inch pounds or check X 1500 × 1500 79-80

of tape will not serve as a gasket

Type gasket

a result of a poorty installed or no gasket being installed. I understand a strip

installer's initials

installed:

SeX

Bottom of ridgebeam Yes Between Walls Yes Between Floors homes and that condensation, mold, meldew and buckled marriage walls are I understand a properly installed gasket is a requirement of all new and used

					-	9
	ins in the	3	is accurate and true based on the	ing.		Other:
	Installer Signature A Quid Much	9	E-State	3	4	•••
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		6				
	Date	manufacturer's installation instructions and or Rule 15C-1 & 2	Š	5	1	
		-2	30			
		1/2 No	TO SERVICE			
			- 1		- 6	

Electrical crossovers protected. Yes_ Drain lines supported at 4 foot intervals. Yes Range downflow vent installed outside of skirting. Dryer vent installed outside of skirting. Yes

Skirting to be installed. Yes

Fireplace chimney installed so as not to allow intrusion of rain water. Yes.

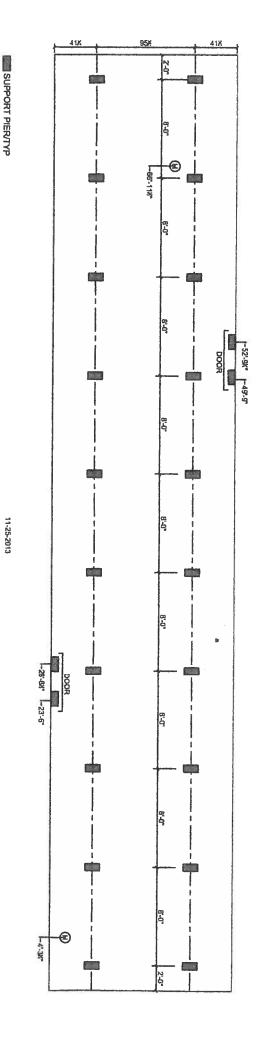
Miscellamous

3

Yes S Siding on units is installed to manufacturer's specifications. The bottomboard will be repaired and/or taped. Yes

Yes Pg Weatherproofing

ependent water supply systems. Pg.



3-BEDROOM / 2-BATH **Live Oak Homes** MODEL: L-57631 - 16 X 80

FOUNDATION NOTES:
- 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.

- (a) MAIN ELECTRICAL
 (b) BLECTRICAL CROSSOVER
 (c) WATER INLET
 (c) WATER CROSSOVER (IF ANY)
 (d) SUPPLY AIR (WIOPT. HEAT PUMP OH DUCT)
 (e) GAS INLET (IF ANY)
 (f) GAS CROSSOVER (IF ANY)
 (g) BUCT CROSSOVER
 (if) ANY
 (j) SUPPLY AIR (WIOPT. HEAT PUMP OH DUCT)
 (e) GAS INLET (IF ANY)

BOLT

L-57631

Order #: 4017 Label #: 63995	Manufacturer: Live OAK	(Check Size of Home)
Homeowner: MASON	Year Model:	Single
Address: TBD-Old NIBlack A	Length & Width:	Double
	76×16	Triple
City/State/Zip: Ft white FL 3203	Type Longitudinal System: 077	HUD Label #:
Phone #: 772 - 267 - 6393	Type Lateral Arm System: 07 I	Soil Bearing / PSF:
Date Installed: 7-26-19	New Home: Used Home:	Torque Probe / in-lbs:
Installed Wind Zone:	Data Plate Wind Zone:	Permit #:
Note:		

STATE OF FLORIDA INSTALLATION CERTIFICATION LABEL 63995

LABEL#

DATE OF INSTALLATION

DAVID E ALBRIGHT

NAME

IH / 1129420 / 1

4017

ORDER# CERTIFIES THAT THE INSTALLATION OF THIS MOBILE HOME IS IN ACCORDANCE WITH FLORIDA STATUTES 320.8249, 320.8325 AND RULES OF THE HIGHWAY SAFETY AND MOTOR VEHICLES.

INSTRUCTIONS

PLEASE WRITE DATE OF INSTALLATION AND AFFIX LABEL NEXT TO HUD LABEL. USE PERMANENT INK PEN OR MARKER ONLY. **COMPLETE INFORMATION** ABOVE AND KEEP ON FILE FOR A MINIMUM OF 2 YEARS. YOU ARE REQUIRED TO PROVIDE COPIES WHEN REQUESTED.

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUM	BER	908-03	CONTRACTOR _	David	Albright	PHONE	
	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 start of that sul	ne permitte bcontractor	d contractor is respo beginning any wor	onsible for the co k. Violations will	prrected for result in sto	m being submitted op work orders an	to this office prior to the d/or fines.	
ELECTRICAL		WHITINGTON		Signatur	e Allem less	Ethington	
1074	License #: _	£ <u>C 1300</u> 2 957 Qu	alifier Form Attach		: 386 97a	170/	
MECHANICAL/	Print Name	STYLECRE	57	Signatu	re Road E	Bride SK	
A/C /669	License #:	CAC 1817	658 alifier Form Attach		#: 850-76	9-1453	
				(4)			
Qualifier Form	s cannot b	e submitted for an	y Specialty Lice	nse.	8 •		
Specialty Lie MASON	Cense"	License Number	Sub-Contracto	rs Printed Na	mente Sul	b-Contractors Signature	
CONCRETE FIN	ISHER		-	•			

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

MOBILE HOME INSTALLERS LETTER OF AUTHORIZATION

1. DAVID ALBRIGHT	,give this authority f	for the job addre	ss show below
Installer License Holder Na	me		
only,		, and I	do certify that
	Job Address		
the below referenced person(s)	listed on this form is/are under m	y direct supervis	ion and control
and is/are authorized to purcha	se permits, call for inspections an	d sign on my be	half.
Printed Name of Authorized Person	Signature of Authorized Person	Authorized Po (Check one)	erson is
PAUL A. BARNEY STEVE SMITH	Val a Barry	Agent Property	Officer Owner
	Din Smill	Agent Property	Officer Owner
LINDA PENHALIGON	Sinda Penkaligon	Agent Property	Officer Owner
	t I am responsible for all permits p		i)
	responsible for compliance with a	III Florida Statute	es, Codes, and
Local Ordinances.			
I understand that the State Lice	nsing Board has the power and a	uthority to discin	line a license
	by him/her or by his/her authorize		
	sponsibility for compliance grante		
D'AM H		a 11	
Have I beneget	1 # 1129		7-31-2019
License Holders Signature (Note	arized) License Nu	umber	Date
NOTARY INFORMATION:	<i>A</i> .		
STATE OF: Florida	COUNTY OF: Co-Cubent	Lui	
The above license holder, whos	e name is Down & al	right	
personally appeared before me (type of I.D.)	and is known by me or has produ Luciano on this 31 day o	ced identification	, 20 19
Marsher Down	J	U	
NOTARY'S SIGNATURE	(5)	Seal/Stamp)	
		_	



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:

8/8/2019 7:54:52 PM

Address:

188 SW OLD NIBLACK Ave

City:

FORT WHITE

State:

FL

Zip Code

32038

Parcel ID

04076-138

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 PAT LYNCH LYNCH DRILLING CORP P O Box 934 Branford, FL 32008 (386)935-1076

DATE 8-8-19

CUSTOMER Earl Mason Old Niblack Ave Ft. White, FL 32038

LOCATION 36-65-16-04076-138

WE WILL CONSTRUCT A 4" WATER WELL COMPLETE WITH 4" WATER WELL STEEL CASING, \(\(\frac{\pm\rho}{\ph\rho}\) SUBMERSIBLE PUMP WITH 1 1/4" DROP PIPE, AND AN \(\text{85}\) GALLON CAPTIVE AIR TANK (21.9 GALLON DRAWDOWN).

WELL WILL BE COMPLETE AT THE WELL SITE, WE DO NOT INCLUDE ELECTRICAL NOR PLUMBING CONNECTIONS FROM THE WELL TO THE HOME AND/OR POWER POLE.

ANY VARIATIONS OF THE ABOVE ARE SUBJECT TO APPROVAL FROM THE CUSTOMER. AND OR CONTRACTOR PRIOR TO COMMENSMENT OF THE INDIVIDUAL JOB.

THANK YOU

NOT RESPONSIBLE FOR THE QUALITY OF WATER

Hew Columbin

SYSTEM	LORIDA OF HEALTH AGE TREATMENT AND N FOR CONSTRUCTION	dispos <u>a</u> l M PERMIT	PERMIT NO. 12-050 DATE BAID: WITH RECEIPT #: 14202
New System [] [] Repair [] APPLICANT: []	Existing System Abandonment	[] Holding Ta	nk [] Innovative
AGENT: Robert W Ford	DR HEST		366 TELEPHONE: 755-6372
MATLING ADDRESS: THE	E STATE Rd	100 LC F	16 32025
TO BE COMPLETED BY APPLICAN BY A PERSON LICENSED PURSUA APPLICANT'S RESPONSIBILITY PLATTED (MM/DD/YY) IF REQUE	NT OR APPLICANT'S AUT INT TO 489 105 (3) (m)	HORIZED AGENT. SY	STEMS MUST BE CONSTRUCTED
DECENTED SIGNATURE	SUBDIVISION: PAY	Ker	DEATTED: 2000
SHOPERTY ID #: UV U.)-	110-1240 110-1260%	1 1 3 4	OR EQUIVALENT: [Y / N]
PROPERTY SIZE: 1 ACRES	WATER SUPPLY: ()	DDTTT]<=2000GPD []>2000GPD
IS SEWER AVAILABLE AS PER 38	31.0065, FS? [F / N	•	
PROPERTY ADDRESS:	DW DICKYIN	DIDON ALL	ANCE TO SEVER: FT
DIRECTIONS TO PROPERTY: H	W4 47 5 to	Hwy 27 T	TI VVIII
on Right)	old wiblack to	Follow to	Site on Right (154
BUILDING INFORMATION	1		
Unit Type of	[V] RESIDENTIAL	[] COMMERC:	TAT.
No Establishment	No. of Building Bedrooms Area Sqf	Commercial/Inst: Table 1. Chapter	itutional System Design
1 M Home	3 1130)	72. U. 19. U
3			
4			
Floor/Equipment Drains	[] Other (Special	ÿ)	
	rand h		DATE: 12619
DH 4015, 08/09 (Obsoletes prev Incorporated 645-6.001, FAC	vious editions which	may not be used)	
			Page 1 of 4

STATE OF FLORIDA DEPARTMENT OF HEALTH APPLICATION FOR CONSTRUCTION PERMIT

