PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only *(Revised 7-1-15)* Zoning Official JHH 5-9-18 Building Official JHH 5-9-18

AP# 1804-133 Date Received 4-30-18 By LH Permit # 36925

Flood Zone X Development Permit N/A Zoning A-3 Land Use Plan Map Category Ag

Comments

FEMA Map# _____ Elevation _____ Finished Floor 1 ft above Rd River _____ In Floodway _____

☑ Recorded Deed or ☐ Property Appraiser PO ☑ Site Plan ☑ EH # 18-0452 ☐ 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 owed ☐ Out County ☑ In County ☑ Sub VF Form

Property ID # R00611-000 Subdivision 3 Rivers Estates Lot# 32

- New Mobile Home _____ Used Mobile Home X MH Size 14X64 Year 1995
- Applicant Wilbur + Barbara Wood Phone # 386-965-1833
- Address 916 SW Herlong St. Lake City fl 32024
- Name of Property Owner Wilbur + Barbara Wood Phone# 386 758 1993
- 911 Address 412 SW Hawaii Ter 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 Wilbur + Barbara Wood Phone # 386-758-1993
  Address 916 SW Herlong ST LKCTY FL 32024
- Relationship to Property Owner same
- Current Number of Dwellings on Property 0
- Lot Size 210' X 210' Total Acreage 1
- Do you : Have (Existing Drive (Currently using)) or Private Drive (Blue Road Sign) or need Culvert Permit (Putting in a Culvert) or Culvert Waiver (Not existing but do not need a Culvert) (Circle one)
- Is this Mobile Home Replacing an Existing Mobile Home NO
- Driving Directions to the Property ~~[illegible]~~ FROM FORT WHITE- Willson spgs rd TO STOP LIGHT TO FIRST RD (Bridge LN) LEFT TO FIRST RD (HAWAII TER) RIGHT 2nd LOT ON LEFT
- Name of Licensed Dealer/Installer Ronnie Nukes Phone # 623 7716
- Installers Address 1004 SW Chart TR
- License Number IH0025451 Installation Decal # 50237

LH Spoke to Wilbur 5-10-18

428.26

Mobile Home Permit Worksheet

Application Number: 1804-133 Date:

Installer: Ronnie Wells License # IH1025145I

Address of home being installed: 412 SW Hawaii Terr, Fort White FL 32038

Manufacturer: Fleetwood Length x width: 14X70

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 # 50237

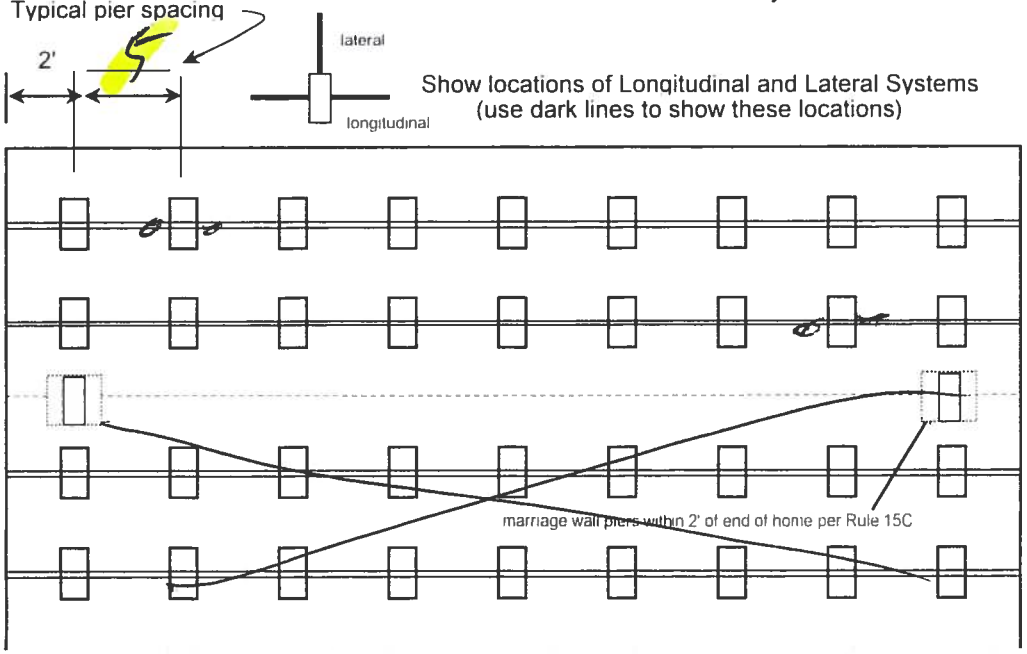
Triple/Quad ☐ Serial # GAFLR39A01895VH

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 RW

Typical pier spacing



Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)

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'
~~1500 psf~~		4' 6"	6'	7'	8'	8'	8'
2000 psf		6'	8'	8'	8'	8'	8'
2500 psf		7' 6"	8'	8'	8'	8'	8'
3000 psf		8'	8'	8'	8'	8'	8'
3500 psf		8'	8'	8'	8'	8'	8'

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

PIER PAD SIZES

I-beam pier pad size: ~~17 X 25~~

Perimeter pier pad size: NA

Other pier pad sizes (required by the mfg.): NA

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
SW	SW
SW	SW
SW	SW

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

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

Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer

OTHER TIES

	Number
Sidewall	22
Longitudinal	2
Marriage wall	
Shearwall	

Mobile Home Permit Worksheet

Application Number: _____ **Date:** _____

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 1000 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 285 inch pounds or check here if you are declaring 5' anchors without testing ___4___. 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 4000lb holding capacity.

_____ Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name _____

Date Tested 4-28-18

Electrical

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between mult-wide units. Pg. _____

Plumbing

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

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

Site Preparation

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

Fastening multi wide units

Floor: Type Fastener: _____ Length: _____ Spacing: _____
Walls: Type Fastener: _____ Length: _____ Spacing: _____
Roof: Type Fastener: _____ Length: _____ Spacing: _____
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, meldew 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 SW

Type gasket SW
Pg. _____

Installed:
Between Floors Yes SW
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 _____ Date _____

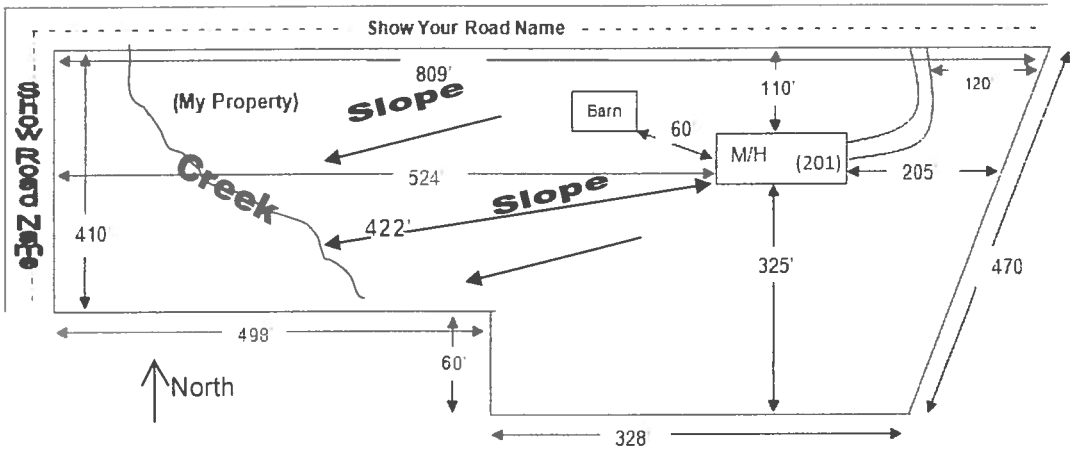
SITE PLAN CHECKLIST

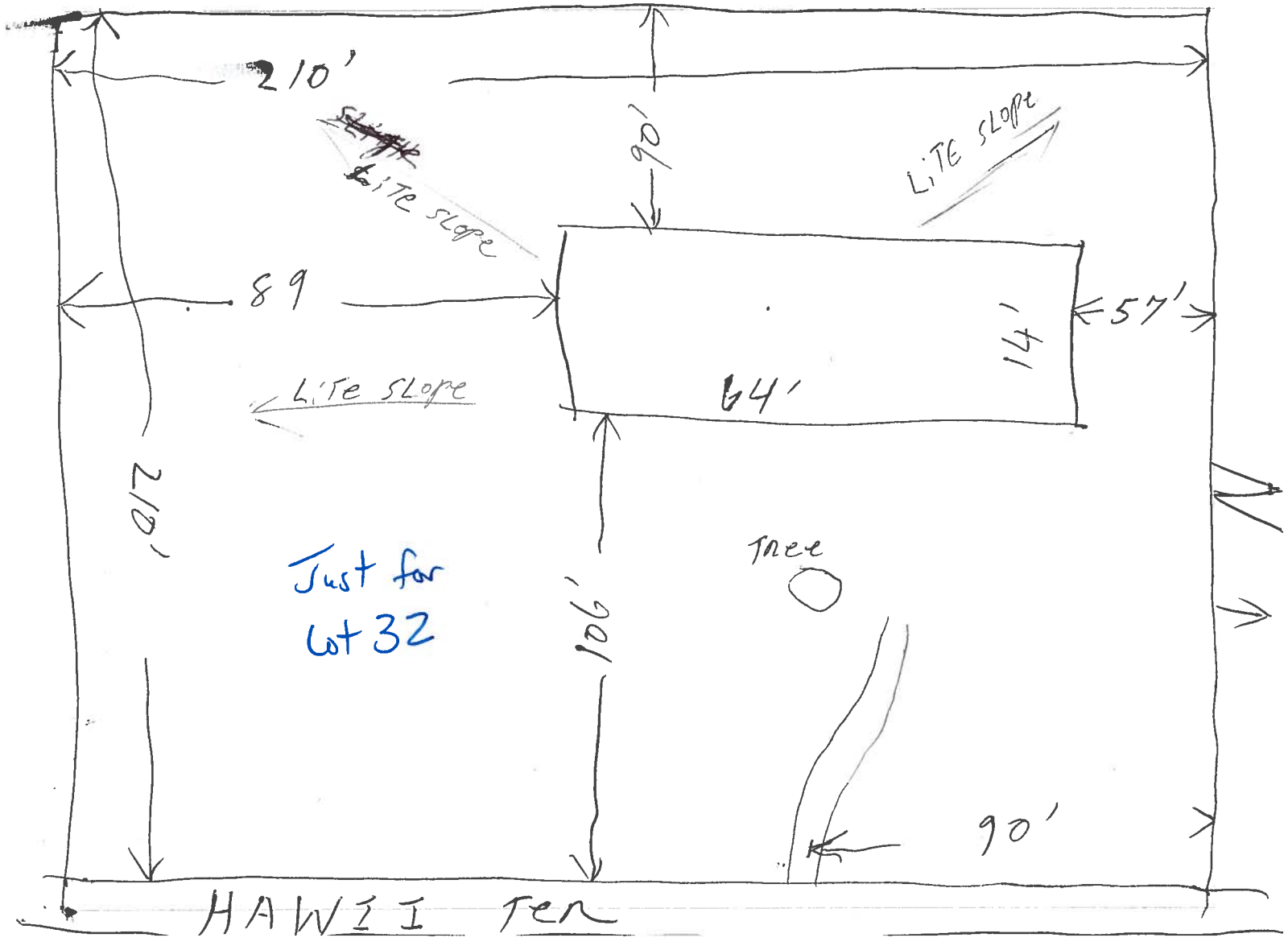
___1) Property Dimensions
___2) Footprint of proposed and existing structures (including decks), label these with existing addresses
___3) Distance from structures to all property lines
___4) Location and size of easements
___5) Driveway path and distance at the entrance to the nearest property line
___6) Location and distance from any waters; sink holes; wetlands; and etc.
___7) Show slopes and or drainage paths
___8) Arrow showing North direction

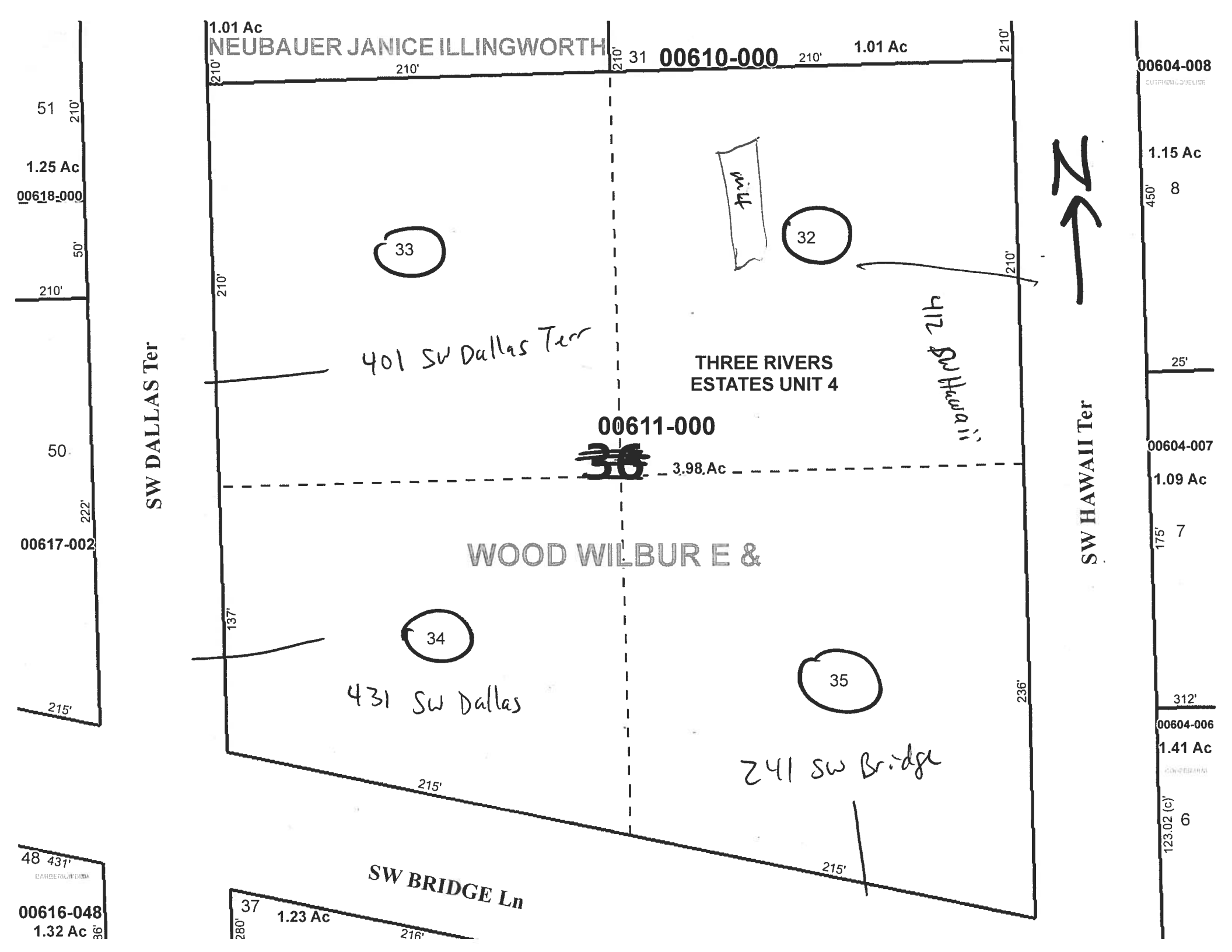
NOTE:
This site plan can be copied and used with the 911 Addressing Dept. application forms.

SITE PLAN EXAMPLE

Revised 7/1/15






1.01 Ac
NEUBAUER JANICE ILLINGWORTH
210'
210'
31
00610-000
210'
1.01 Ac
210'
00604-008
51
210'
1.25 Ac
00618-000
50'
210'
1.15 Ac
450'
8
33
32
210'
210'
401 SW Dallas Terr
THREE RIVERS
ESTATES UNIT 4
417 SW Hawaii Rd
00611-000
50
36
3.98 Ac
25'
00604-007
1.09 Ac
SW DALLAS Ter
SW HAWAII Ter
222'
00617-002
175'
7
WOOD WILBUR E &
137'
34
35
431 SW Dallas
241 SW Bridge
312'
00604-006
1.41 Ac
215'
236'
215'
123.02 (c)'
6
48
431'
SW BRIDGE Ln
00616-048
1.32 Ac
37
1.23 Ac
280'
216'

Mobile Home

Applicant: wilbur wood (386-965-1833) Application Date: 4/30/2018

Action ▾

1. JOB LOCATION

2. CONTRACTOR

3. MOBILE HOME DETAILS

4. APPLICANT

5. REVIEW

6. FEES/PAYMENT

7. DOCUMENTS/REPORTS (1)

8. NOTES/DIRECTIONS

9. INSPECTIONS (1)

Completed Inspections

Add Inspection | Release Power

Schedule Inspection (ScheduleInspection.aspx?Id=37674)

Inspection	Date	By	Notes
Passed: Mobile Home - In County Pre-Mobile Home before set-up	5/1/2018	TROY CREWS	RE PAI

Repair Ceilings Prior to Final - Data Plate picture Attached.

The completion date must be set To release Certifications to the public.

Permit Completion Date
(Releases Occupancy and Completion Forms)

Incomplete Requested Inspections

Inspection	Date	By	Notes

Ronnie Norris
623-7716

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:	**5/8/2018 10:32:25 AM**
Address:	**412 SW HAWAII Ter**
City:	**FORT WHITE**
State:	**FL**
Zip Code	**32038**
Parcel ID	**00611-000**

REMARKS: Address for proposed structure on parcel. 3rd address on 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

Sale Price $ 30,000.00
Mtg $
Doc $ 210.00

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. 18-01030TL***

Parcel I.D. #: ***R00611-000***

SPACE ABOVE THIS LINE FOR PROCESSING DATA

Inst: 201812006190 Date: 03/29/2018 Time: 9:16AM Page 1 of 1 B: 1356 P: 2128, P.DeWitt Cason, Clerk of Court Columbia, County, By: BD Deputy Clerk Doc Stamp-Deed: 210.00

SPACE ABOVE THIS LINE FOR RECORDING DATA

THIS WARRANTY DEED *Made the* ***9th*** *day of* ***February****, A.D.* ***2018****, by* ***MICHAEL H. TOUCHTON, INDIVIDUALLY AND AS TRUSTEE OF THE MICHAEL H. TOUCHTON LIVING TRUST FOR SHAYLA MARIA TOUCHTON U/A/D JANUARY 5, 2018****, hereinafter called the grantor, to* ***WILBUR E. WOOD*** *and* ***BARBARA J. WOOD, HUSBAND AND WIFE,*** *whose post office address is* ***916 SW HERLONG, FORT WHITE, FL 32038,*** *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.*

Lots 32, 33, 34, and 35 of THREE RIVERS ESTATES UNIT NO. 4, according to the Plat thereof as recorded in Plat Book 4, Page(s) 116, 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
PATRICIA LANG
Printed Name

Witness Signature
Mary Ann Tomlinson
Printed Name

L.S.
MICHAEL H. TOUCHTON, INDIVIDUALLY AND AS TRUSTEE OF THE MICHAEL H. TOUCHTON LIVING TRUST FOR SHAYLA MARIA TOUCHTON u/a/d JANUARY 5, 2018
Address:
176 SW BRIDGE LANE, FORT WHITE, FL 32038

STATE OF FLORIDA
COUNTY OF COLUMBIA

The foregoing instrument was acknowledged before me this ***9th*** *day of* ***February, 2018****, by* ***MICHAEL H. TOUCHTON, INDIVIDUALLY AND AS TRUSTEE OF THE MICHAEL H. TOUCHTON LIVING TRUST FOR SHAYLA MARIA TOUCHTON u/a/d JANUARY 5, 2018****, who is known to me or who has produced* ***Driver's License*** *as identification.*

Notary Public
My commission expires 2-5-19

PATRICIA H. LANG
Commission # GG 146025
Expires February 5, 2019
Bonded Thru Troy Fain Insurance 800-385-7019

Legend

2016Aerials

Addresses

Parcels

Roads
- Roads
- others
- Dirt
- Interstate
- Main
- Other
- Paved
- Private

Water Lines
- Others
- CANAL / DITCH
- CREEK
- STREAM / RIVER

Flood Zones
- 0.2 PCT ANNUAL CHANCE
- A
- AE
- AH

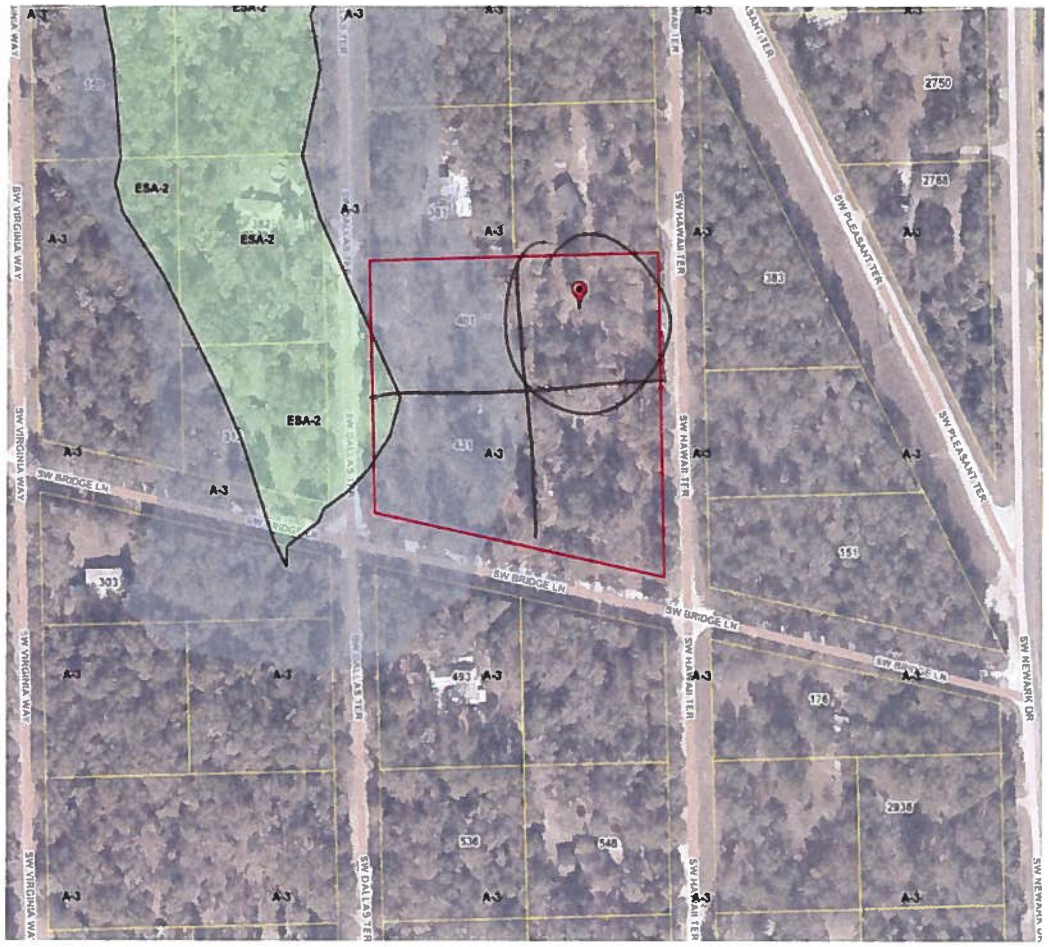
DevelopmentZones
- others
- A-1
- A-2
- A-3
- CG
- CHI
- CI
- CN
- CSV
- ESA-2
- I
- ILW
- MUD-I
- PRD
- PRRD
- RMF-1
- RMF-2
- RO
- RR
- RSF-1
- RSF-2
- RSF-3
- RSF/MH-1
- RSF/MH-2
- RSF/MH-3
- DEFAULT

SRWMD Wetlands

Flood Zones
- 0.2 PCT ANNUAL CHANCE
- A
- AE
- AH

Columbia County, FLA - Building & Zoning Property Map

Printed: Wed May 09 2018 18:06:01 GMT-0400 (Eastern Daylight Time)



Parcel Information

Parcel No: 00-00-00-00611-000

Owner: TOUCHTON MICHAEL H

Subdivision: THREE RIVERS ESTATES UNIT 4

Lot:

Acres: 3.826995

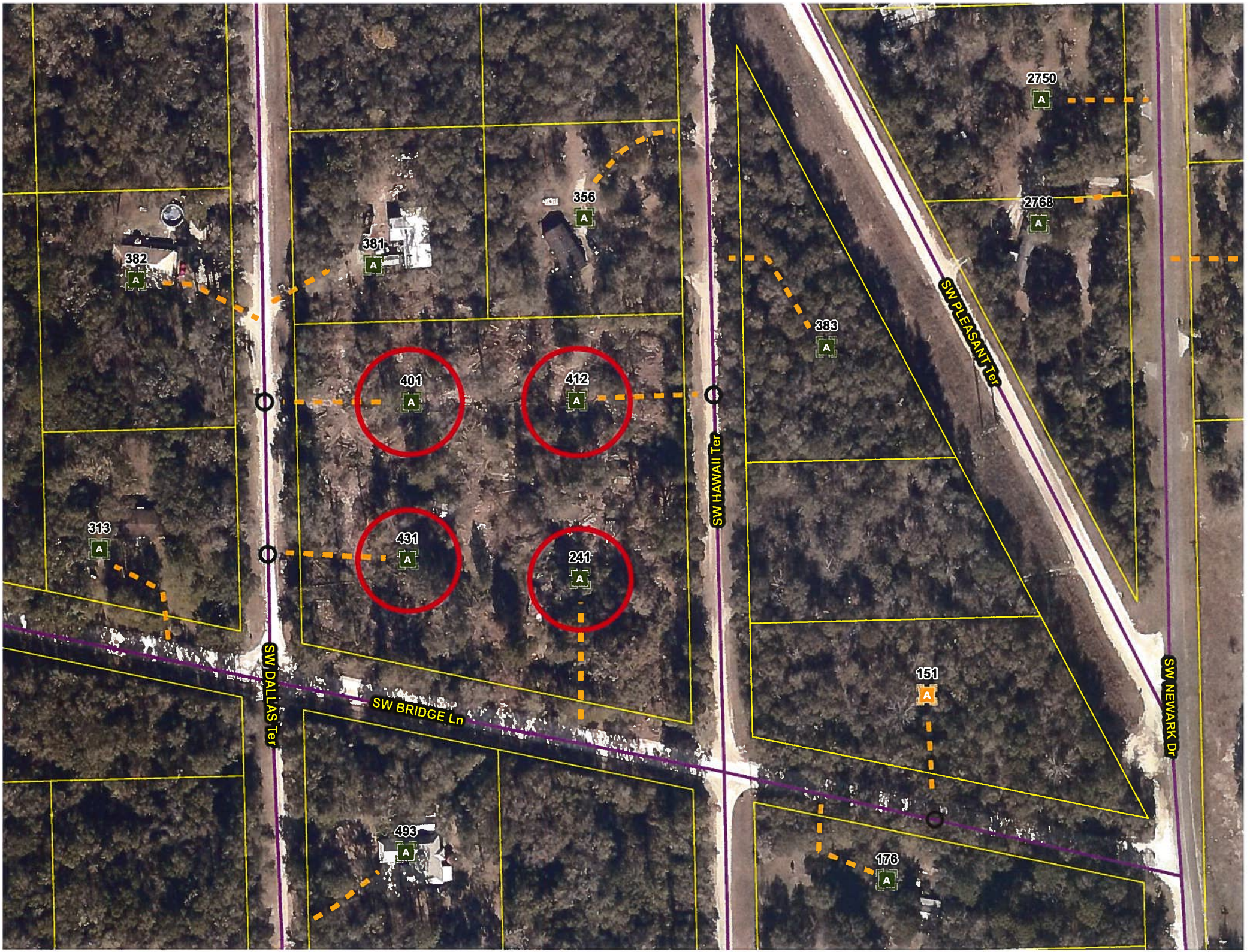
Deed Acres: 3.98 Ac

District: District 2 Rusty DePratter

Future Land Uses: Agriculture - 3

Flood Zones: 0.2 PCT ANNUAL CHANCE FLOOD HAZARD,

Official Zoning Atlas: A-3, ESA-2


2750
A
2768
A
356
A
381
A
382
A
383
A
401
A
412
A
313
A
431
A
241
A
151
A
493
A
176
A
SW PLEASANT Ter
SW HAWAII Ter
SW DALLAS Ter
SW BRIDGE Ln
SW NEWARK Dr

JSU 1628080457

FW

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

PERMIT NO. 18-D452
DATE PAID: 6/4/18
FEE PAID: 485.00
RECEIPT #: 1347049

APPLICATION FOR:
[X] New System [ ] Existing System [ ] Holding Tank [ ] Innovative
[ ] Repair [ ] Abandonment [ ] Temporary [ ] _____

APPLICANT: Wilbur Wood

AGENT: _____ TELEPHONE: 386 965 1833

MAILING ADDRESS: 916 SW Herlong ST LKCTY 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: 32 BLOCK: unit 4 SUBDIVISION: Three Rivers PLATTED: 1978

PROPERTY ID #: 00611 000 (DD-DD-DD) ZONING: Res. I/M OR EQUIVALENT: [Y / (N)]

PROPERTY SIZE: 1 ACRES WATER SUPPLY: [✓] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / (N)] DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: 412 Hawaii Ter Ft White FL 32038

DIRECTIONS TO PROPERTY: 47 South to Ft White take Wilson Springs rd to stop at Newark turn right to 1st on left (Coridge Ln) take Bridge to the 1st street Hawaii-Ter turn right to first lot on left

BUILDING INFORMATION [X] RESIDENTIAL [ ] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	mobile Home	2	896	
2				
3				
4				

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

SIGNATURE: Wilbur Wood DATE: 6-1-18

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

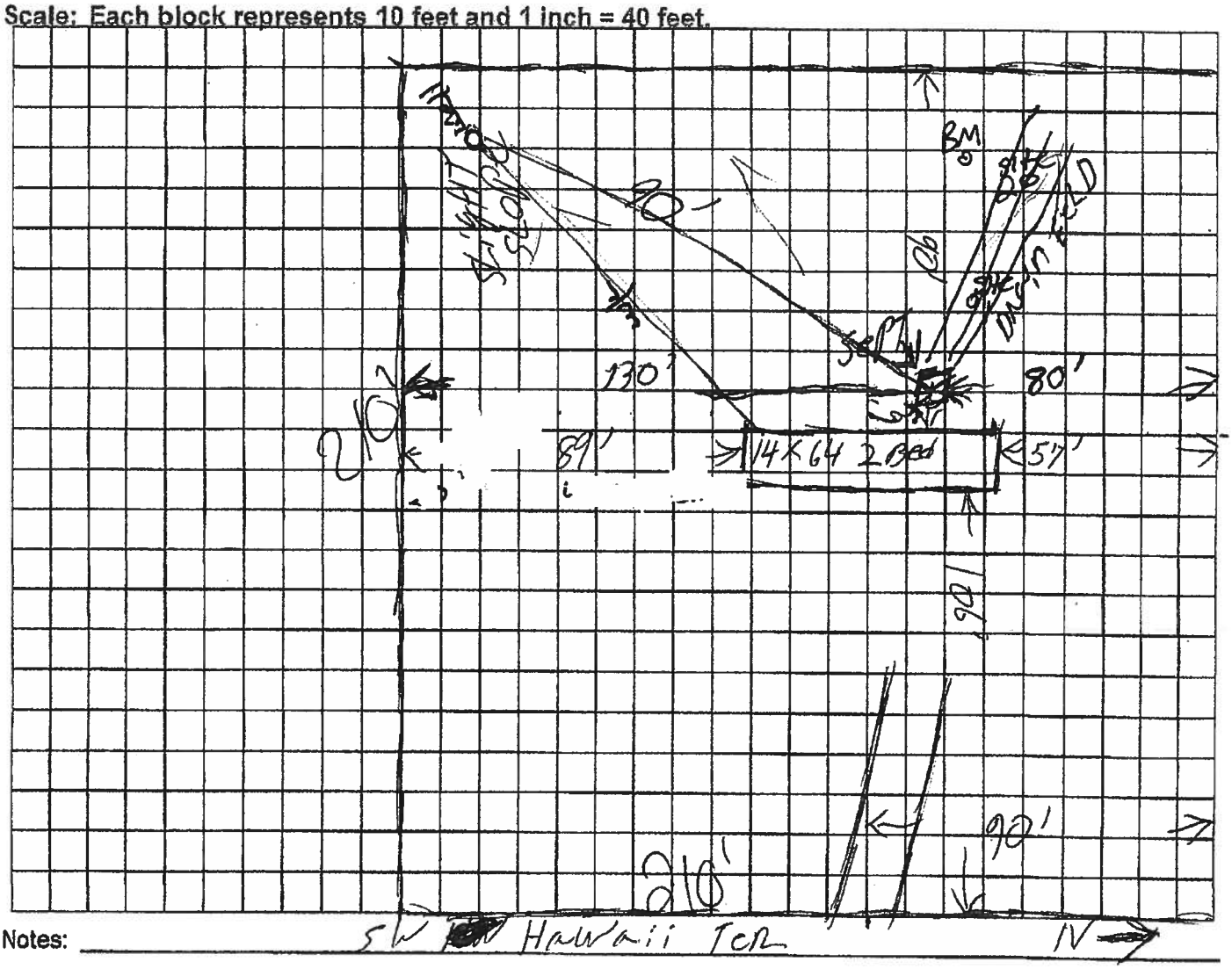
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

1804-133

Permit Application Number 18-0452

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

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



Notes: _____

Site Plan submitted by: Wm Wood

Plan Approved ✓ Not Approved ____ Date 6.21.18

By _____ ESI Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR _____ 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 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 Wilbur Wood Signature Wilbur Wood License #: Owner Phone #: 386 965 1833 Qualifier Form Attached ☐
MECHANICAL/ A/C _____	Print Name Wilbur Wood Signature Wilbur Wood License #: Owner Phone #: 386-965-1833 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.

Revised 4/27/2017

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

I, Ronnie Norris ,give this authority for the job address show below
Installer License Holder Name

only, 412 SW Hawaii Ter Fort White FL 32038 and I do certify that
Job Address

the below 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	Authorized Person is... (Check one)
BARBARA Wood	Barbara Wood	___ Agent ___ Officer ___ Property Owner
Wilbur Wood	Wilbur Wood	___ Agent ___ Officer ___ Property Owner
		___ Agent ___ Officer ___ Property Owner

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.

Ronnie Norris — License Holders Signature (Notarized)

RR0025145 — License Number

4-25-18 — Date

NOTARY INFORMATION:
STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Ronnie Norris, personally appeared before me and is known by me or has produced identification (type of I.D.)_____ on this 30 day of April, 20 18.

NOTARY'S SIGNATURE

LAURIE HODSON
MY COMMISSION # FF 976102
EXPIRES: July 14, 2020
Bonded Thru Notary Public Underwriters

(Seal/Stamp)