

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 7-1-15) Zoning Official LW/LH Building Official MA

AP# 44536 Date Received 2/14/20 By MG Permit # 39393/39394

Flood Zone X Development Permit _____ Zoning A-3 Land Use Plan Map Category A3

Comments _____

1" above road

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

☒ Recorded Deed or ☒ Property Appraiser PO ☒ Site Plan ☒ EH # 20-0141 ☒ Well letter OR

☒ Existing Well ☒ Land Owner Affidavit ☒ Installer Authorization ☐ FW Comp. letter ☒ App Fee Paid

☐ DOT Approval ☒ Parent Parcel # _____ ☒ STUP-MH 2001-07 ☒ 911 App

☐ Ellisville Water Sys ☒ Assessment owed ☐ Out County ☐ In County ☒ Sub VF Form

Property ID # 02-55-16-03437-006 Subdivision N/A Lot# N/A

▪ New Mobile Home ☒ Used Mobile Home _____ MH Size 16x76 Year 2020

▪ Applicant Paul Barney Phone # 386-209-0906

▪ Address 466 SW. DEP. J. DAVIS LN LAKE CITY, FL 32024

▪ Name of Property Owner SMITH, NANCY N Phone# 386-292-3005

▪ 911 Address 918 S.W. WALTER AVE, 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 PEIKER, ETHAN Phone # 386-292-3005

Address 338 SW. TINY GLN LAKE CITY, FL 32024

▪ Relationship to Property Owner GRANDSON

▪ Current Number of Dwellings on Property 0

▪ Lot Size 200' x 200' Total Acreage .92 (OF 74.28)

▪ 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 US 90 TO 441 SOUTH TO 47 (R) GO TO WALTER AVE T/L TO SITE ON RIGHT AT CORNER (SW) OF S.W. WALTER & SW TINY GLN.

▪ Name of Licensed Dealer/Installer DAVID ALBRIGHT 2182 Phone # 386-344-3645

▪ Installers Address 353 S.W. MAULDIN AVE, LAKE CITY, FL 32024

▪ License Number 1H1129420 Installation Decal # 64007

LH-Spoke to Paul 2/26/20

654.734
1.55.67

PERMIT NUMBER

PERMIT WORKSHEET

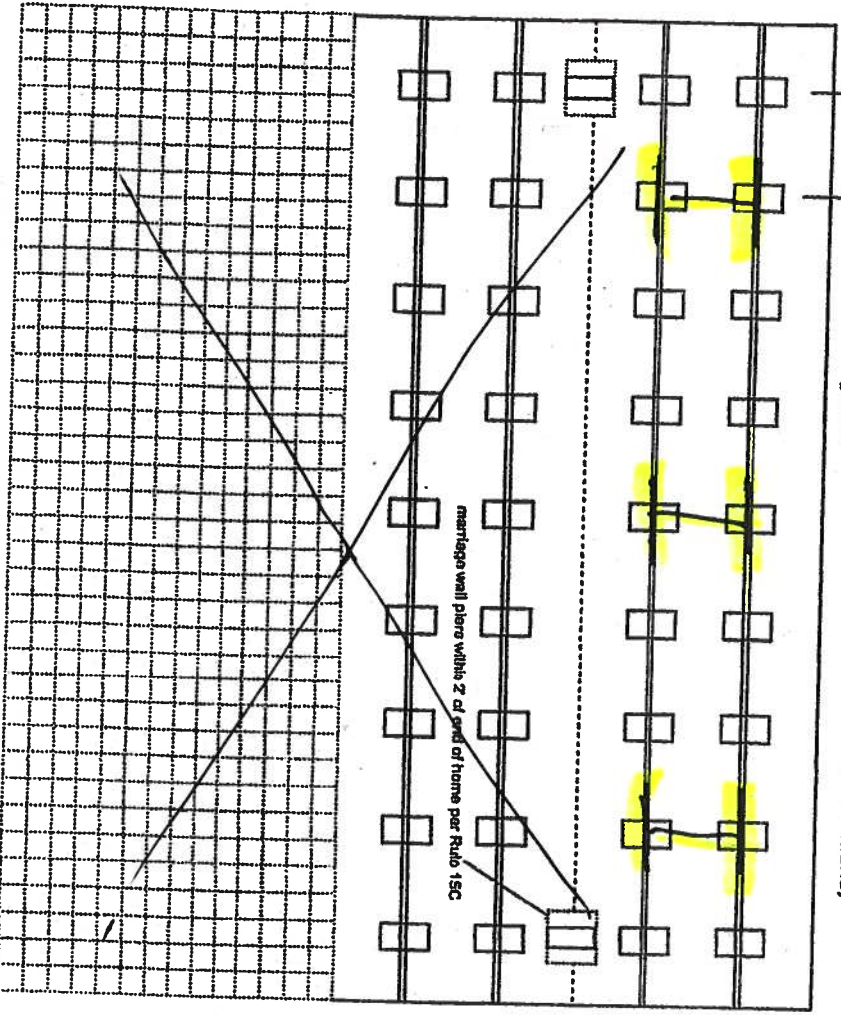
Installer DAVID ALBRECHT License # 1H 1129430

Address of home being installed 1800 WALTER LAKE LANE LAKE CITY FL 32024

Manufacturer LIVE ORK Length x width 80 x 16

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 DA



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 # 64007

Triple/Quad ☐ Serial # 780

PIER SPACING TABLE FOR USED HOMES

| Load bearing capacity (sq in) | Footer size (256) | 18 1/2" x 18 (342) | 20" x 20" (400) | 22" x 22" (484) | 24" x 24" (576) | 28" x 28" (676) |
|-------------------------------|-------------------|--------------------|-----------------|-----------------|-----------------|-----------------|
| 1000 psf | 3" | 4" | 5" | 6" | 7" | 8" |
| 1500 psf | 4" | 5" | 6" | 7" | 8" | 8" |
| 2000 psf | 6" | 6" | 7" | 8" | 8" | 8" |
| 2500 psf | 7" | 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 17x25

Perimeter pier pad size 16x16

Other pier pad sizes (required by the mfg.) _____

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 1/2 x 22 1/2 | 432 |
| 17 3/16 x 25 3/16 | 441 |
| 24 x 24 | 576 |
| 26 x 26 | 676 |

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 _____

ANCHORS _____

FRAME TIES _____



TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD) _____

Manufacturer _____

Longitudinal Stabilizing Device w/ Lateral Arms _____

Manufacturer _____

OTHER TIES

Sidewall _____

Longitudinal _____

Marriage wall _____

Shearwall _____

PERMIT NUMBER

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 1500 X 1500

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 1500

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. 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 the points where the torque test reading is 275 or less and where the mobile home manufacturer may requires anchors with 4000 ~~lb~~ ft lifting capacity.

Installer's initials AD

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name DAVID RIBEIGHT

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. 1

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 29480

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 18410

Site Preparation

Debris and organic material removed ✓ Swale ✓ Pad ✓ Other

Fastening multi wide units

Floor: Type Fastener: X Length: X Spacing: X
Walls: Type Fastener: X Length: X Spacing: X
Roof: Type Fastener: X Length: X Spacing: X
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 AD

Type gasket X Installed: Between Floors Yes X
Pg. 1 Between Walls Yes X
Bottom of ridgebeam Yes X

Weatherproofing

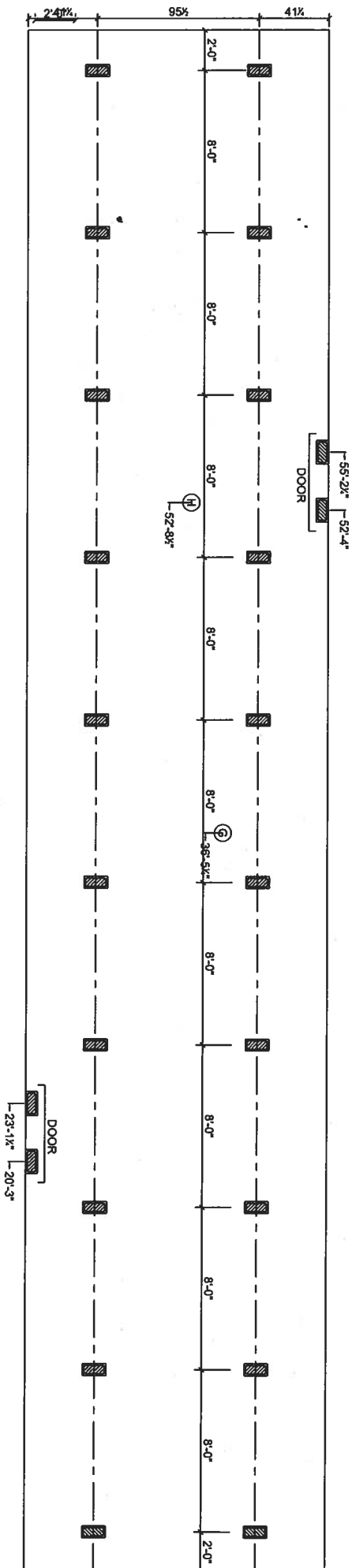
The bottomboard will be repaired and/or taped. Yes ✓ Pg. 1
Siding on units is installed to manufacturer's specifications. Yes ✓
Fireplace chimney installed so as not to allow intrusion of rain water. Yes ✓

Miscellaneous

Skirting to be installed. Yes ✓ No ✓ N/A ✓
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 David Ribright Date



10/18/2010

SUPPORT PIERTYP

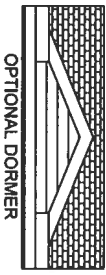
FOUNDATION NOTES:

- THIS DRAWING IS DESIGNED FOR THE STANDARD WIND ZONE AND IS TO BE USED IN CONJUNCTION WITH THE INSTALLATION MANUAL AND ITS 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.

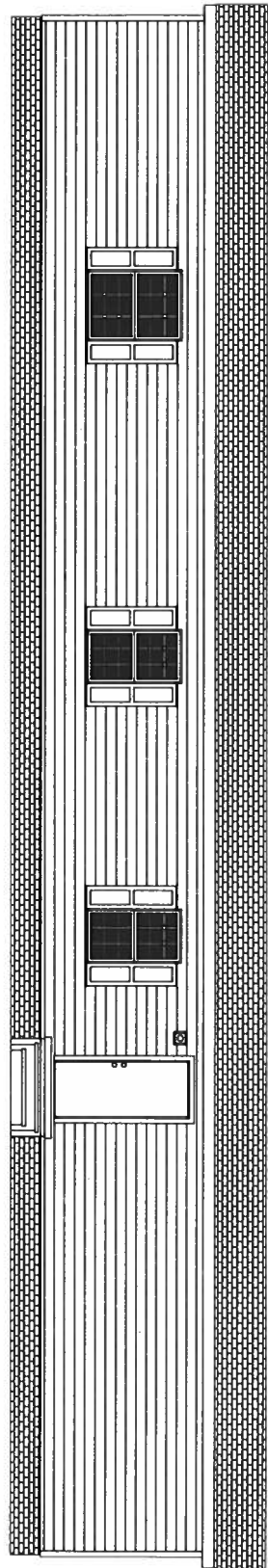
Live Oak Homes MODEL: U-5763E - 16 X 80 3-BEDROOM / 2-BATH

- (A) MAIN ELECTRICAL
- (B) ELECTRICAL CROSSOVER
- (C) WATER INLET
- (D) WATER CROSSOVER (IF ANY)
- (E) GAS INLET (IF ANY)
- (F) GAS CROSSOVER (IF ANY)
- (G) DUCT CROSSOVER
- (H) SEWER DROPS
- (I) RETURN AIR (W/OPT. HEAT PUMP ON DUCT)
- (J) SUPPLY AIR (W/OPT. HEAT PUMP ON DUCT)

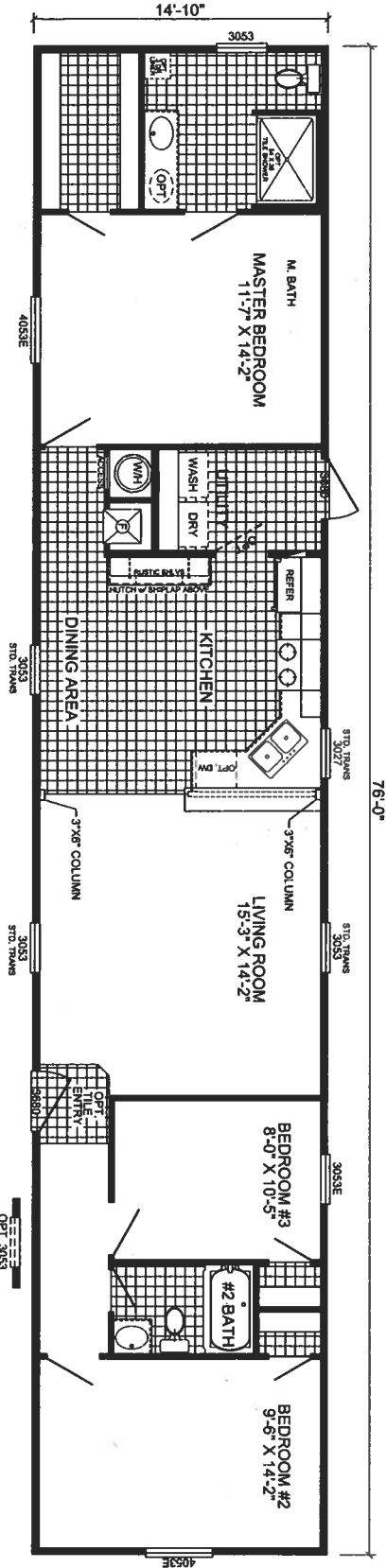
U-5763E



OPTIONAL DORMER

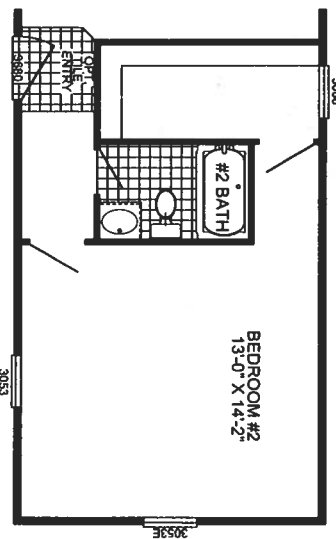


THE AUGUSTINE



U-5763E-OAK 3-BEDROOM / 2-BATH 16 X 80 - Approx. 1130 Sq. Ft.

Date: 04/15/19
* All room dimensions include closets and square footage figures are approximate.
* Transom windows are available on optional 9'-0" side wall houses only.
* Live Oak Homes reserves the right to modify product offering at any time.
* WIND ZONE 3 IS NOT AVAILABLE FOR THIS MODEL.



OPT. 2 BEDROOM

License Number: IH / 1129420 / 1 Name: DAVID E ALBRIGHT

| | | | |
|---|---|--|----------------------|
| Order #: 4017 | Label #: 64007 | Manufacturer: LIVE OAK | (Check Size of Home) |
| Homeowner: PEIKER | Year Model: 2020 | Single <input checked="" type="checkbox"/> | |
| Address: WATER LANE | Length & Width: 90 X 16 | Double <input type="checkbox"/> | |
| City/State/Zip: LAKE CITY FL 32024 | Type Longitudinal System: OTI | Triple <input type="checkbox"/> | |
| Phone #: | Type Lateral Arm System: OTI | HUD Label #: | |
| Date Installed: | New Home: <input checked="" type="checkbox"/> Used Home: <input type="checkbox"/> | Soil Bearing / PSF: | |
| Installed Wind Zone: II | Data Plate Wind Zone: II | Torque Probe / in-lbs: | |
| | | Permit #: | |

Note:

STATE OF FLORIDA
INSTALLATION CERTIFICATION LABEL

64007

LABEL #

DATE OF INSTALLATION

DAVID E ALBRIGHT

NAME

IH / 1129420 / 1

4017

LICENSE #

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.

Legend

Parcels

SRWMD Wetlands

2018 Flood Zones

0.2 PCT ANNUAL CHANCE

A

AE

AH

2018 Aerials

Lidar Elevations

X

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Columbia County, FLA - Building & Zoning Property Map

Printed: Fri Feb 21 2020 09:13:05 GMT-0500 (Eastern Standard Time)



Parcel Information

Parcel No: 02-5S-16-03437-006

Owner: SMITH NANCY N

Subdivision:

Lot:

Acres: 69.5643539

Deed Acres: 74.28 Ac

District: District 5 Tim Murphy

Future Land Uses: Agriculture - 3, Environmentally Sensitive Areas -1

Flood Zones:

Official Zoning Atlas: A-3

Roads

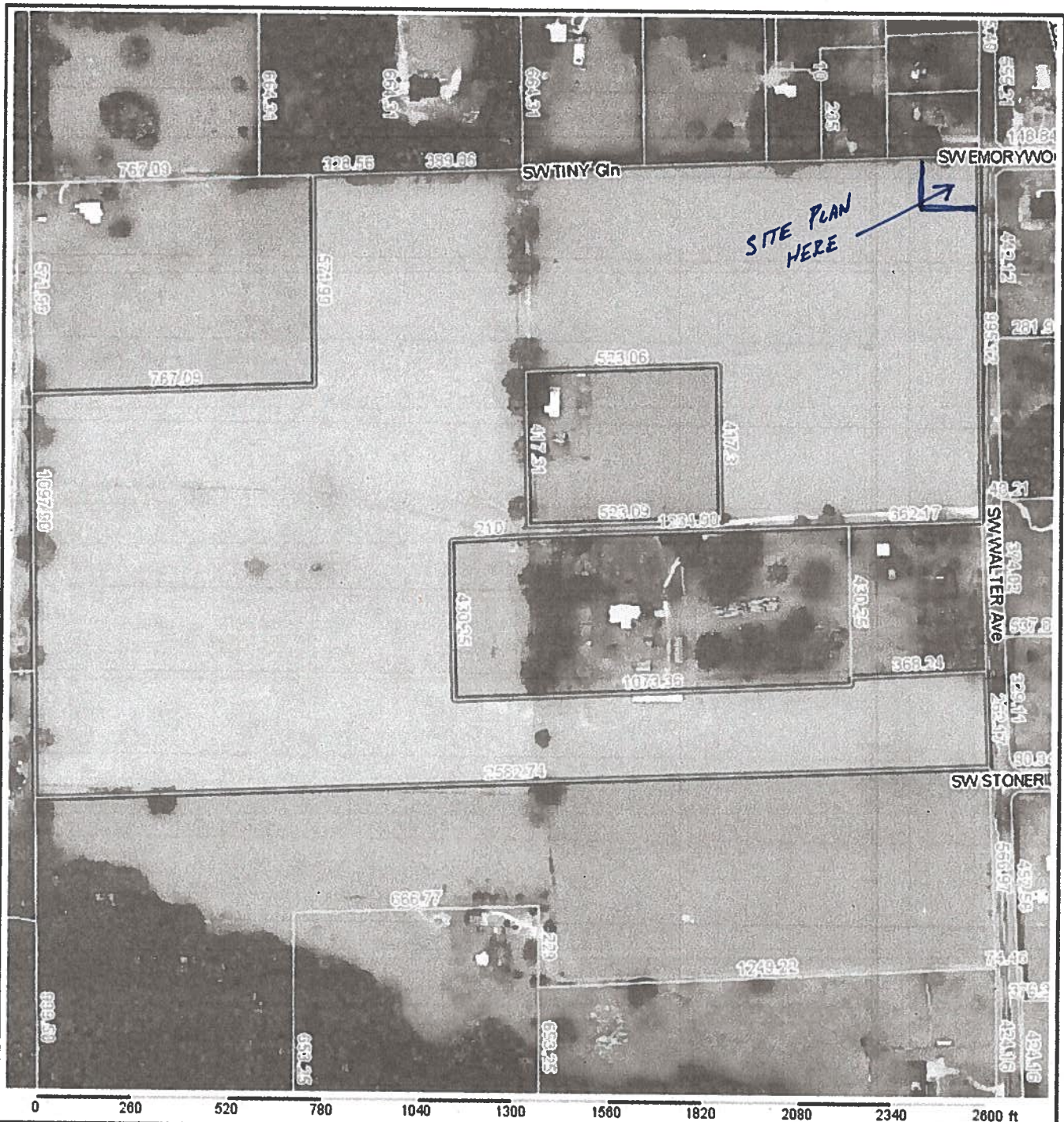
Roads

others

Dirt

Interstate

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 implied 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.



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

PARCEL: 02-5S-16-03437-006 | PASTURELAN (006200) | 74.28 AC

BEG AT NW COR OF NE1/4 OF SE 1/4, RUN E 1242.17 FT TO W RAW OF SW WALTER AVE, S ALONG RAW 995.12 FT, W 1234.90 FT, NORTH 29.85 FT, E 523.09 FT, NORTH

SMITH NANCY N

Owner: 882 SW WALTER AVE
LAKE CITY, FL 32024

Site:

Sales

Info

4/19/2012 \$100 V(U)

2020 Working Values

| | | | |
|---------|-----------|-----------|-----------------|
| Mkt Lnd | \$0 | Appraised | \$17,827 |
| Ag Lnd | \$17,827 | Assessed | \$17,827 |
| Bldg | \$0 | Exempt | \$0 |
| XFOB | \$0 | | |
| Just | \$234,298 | Total | county:\$17,827 |
| | | Taxable | city:\$17,827 |
| | | | other:\$17,827 |
| | | | school:\$17,827 |

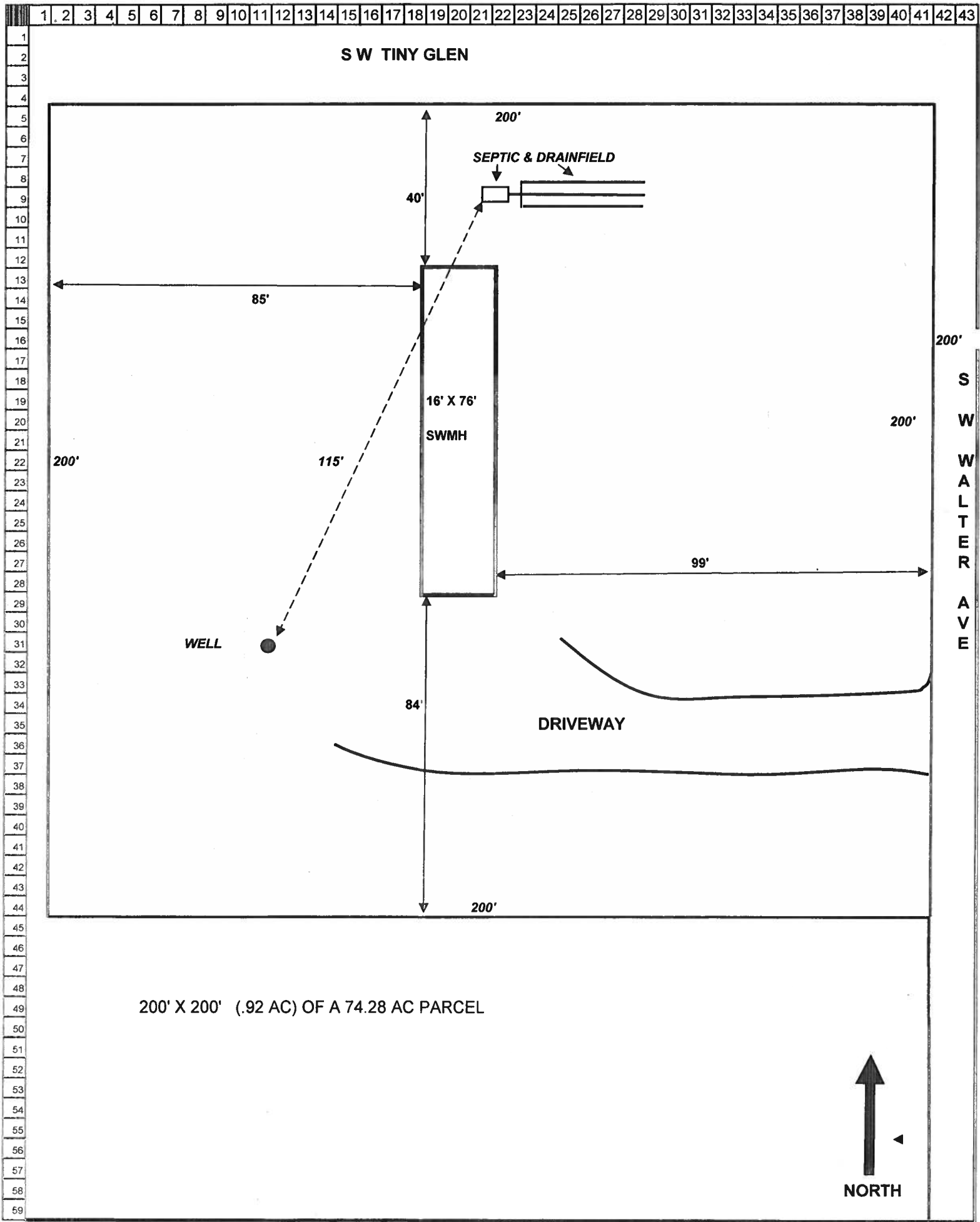
NOTES:



Columbia County, FL

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



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

Inst: 202012002545 Date: 01/31/2020 Time: 2:16PM
Page 1 of 2 B: 1404 P: 1837, P.DeWitt Cason, Clerk of Court
Columbia, County, By: KV
Deputy Clerk

STATE OF FLORIDA
COUNTY OF COLUMBIA

BEFORE ME the undersigned Notary Public personally appeared, Nancy Smith
_____, the Owner of the parcel which is being used to place an additional dwelling (mobile
home) as a primary residence for a family member of the Owner, Ethan Peiber
the Family Member of the Owner, and who intends to place a mobile home as the family member's
primary residence as a temporarily use. The Family Member is related to the Owner as grand -
son and both individuals being first duly sworn according to law, depose 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. 02-55-16-03437-006.
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 5 year(s) as of date of issuance of the mobile home move-on permit, then the Family Member shall comply with the Columbia County Land Development Regulations as amended.
6. This Special Temporary Use Permit on Parcel No. 02-55-16-03437-006 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.

Nancy Smith
Owner

ETHAN PEIKER
Family Member

Nancy Smith
Typed or Printed Name

ETHAN PEIKER
Typed or Printed Name

Subscribed and sworn to (or affirmed) before me this 29th day of January, 2020, by Nancy Smith (Owner) who is personally known to me or has produced _____ as identification.

L. Michelle Holloway
Notary Public



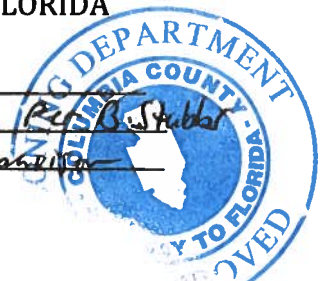
Subscribed and sworn to (or affirmed) before me this 31st day of January, 2020, by Ethan Peiker (Family Member) who is personally known to me or has produced _____ as identification.

L. Michelle Holloway
Notary Public

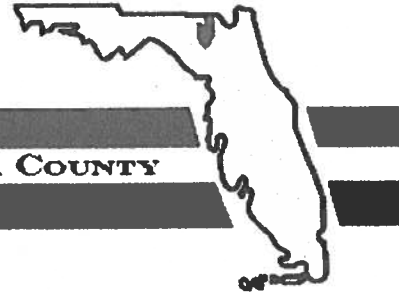
COLUMBIA COUNTY, FLORIDA



By: [Signature]
Name: Lauree Hodson
Title: Admin Supervisor



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: **2/13/2020 9:00:24 PM**
Address: **916 SW WALTER Ave**
City: **LAKE CITY**
State: **FL**
Zip Code **32024**

Parcel ID **03437-006**

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

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

DATE 2-14-20

CUSTOMER Preiker
916 SW Walter Ave
Lake City, FL 32024

LOCATION Par# 02-55-16-03437-006

WE WILL CONSTRUCT A 4" WATER WELL COMPLETE WITH 4" WATER WELL STEEL CASING, 1HP SUBMERSIBLE PUMP WITH 1 1/4" DROP PIPE, AND AN 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 COMMENCEMENT OF THE INDIVIDUAL JOB.

THANK YOU

NOT RESPONSIBLE FOR THE QUALITY OF WATER



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 AGENT AUTHORIZATION

I, DAVID ALBRIGHT, give this authority and I do certify that the below
Installers Name
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 | Agents Company Name |
|-----------------------------------|--------------------------------|---------------------|
| PAUL A. BARNEY | <i>Paul A. Barney</i> | FREEDOM HOMES |
| STEVE SMITH | <i>Steve Smith</i> | FREEDOM HOMES |
| LINDA PENHALIGON | <i>Linda Penhaligon</i> | FREEDOM HOMES |

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.

David Albright License Holders Signature (Notarized) 1H1129420 License Number 7-31-2019 Date

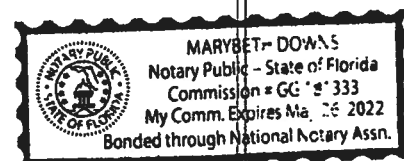
NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is David Albright, personally appeared before me and is known by me or has produced identification (type of I.D.) personally known on this 31 day of July, 20 19.

Marybeth Downs
NOTARY'S SIGNATURE

(Seal/Stamp)



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 1074 ✓ | Print Name <u>WATKINSON ELECTRIC</u> License #: <u>EC13002957</u> Qualifier Form Attached <input type="checkbox"/> | Signature <u>[Signature]</u> Phone #: <u>386 972 1700</u> |
| MECHANICAL A/C 1469 ✓ | Print Name <u>STYLECREST</u> License #: <u>CAC1817658</u> Qualifier Form Attached <input type="checkbox"/> | Signature <u>[Signature]</u> Phone #: <u>850-769-1453</u> |

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

PEIKER



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ON-SITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM

PERMIT #: 12-SC-2042088
APPLICATION #: AP1469630
DATE PAID: 2/25/20
FEE PAID: 310.00
RECEIPT #: _____
DOCUMENT #: PR1305044

CONSTRUCTION PERMIT FOR: OSTDS NewAPPLICANT: NANCY**20-0141 SMITHPROPERTY ADDRESS: SW WALTER Ave Lake City, FL 32024

LOT: _____ BLOCK: _____ SUBDIVISION: _____

PROPERTY ID #: 03437-006

[SECTION, TOWNSHIP, RANGE, PARCEL NUMBER]
[OR TAX ID NUMBER]

SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF SECTION 381.0065, F.S., AND CHAPTER 64E-6, F.A.C. DEPARTMENT APPROVAL OF SYSTEM DOES NOT GUARANTEE SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN MATERIAL FACTS, WHICH SERVED AS A BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT TO MODIFY THE PERMIT APPLICATION. SUCH MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE NULL AND VOID. ISSUANCE OF THIS PERMIT DOES NOT EXEMPT THE APPLICANT FROM COMPLIANCE WITH OTHER FEDERAL, STATE, OR LOCAL PERMITTING REQUIRED FOR DEVELOPMENT OF THIS PROPERTY.

SYSTEM DESIGN AND SPECIFICATIONS

T [900] GALLONS / GPD Septic Tank CAPACITY
A [] GALLONS / GPD N/A CAPACITY
N [] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK:1250 GALLONS]
K [] GALLONS DOSING TANK CAPACITY [] GALLONS @ [] DOSES PER 24 HRS #Pumps []

D [375] SQUARE FEET Drainfield SYSTEM
R [] SQUARE FEET N/A SYSTEM

A TYPE SYSTEM: [x] STANDARD [] FILLED [] MOUND []

I CONFIGURATION: [x] TRENCH [] BED []

N
F LOCATION OF BENCHMARK: 10" oak tree.I ELEVATION OF PROPOSED SYSTEM SITE [24.00] INCHES FT [] ABOVE BELOW BENCHMARK/REFERENCE POINTB BOTTOM OF DRAINFIELD TO BE [44.00] INCHES FT [] ABOVE BELOW BENCHMARK/REFERENCE POINT

L
D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [0.00] INCHES

O
T
H
E
R
The system is sized for 3 bedrooms with a maximum occupancy of 6 persons (2 per bedroom), for a total estimated flow of 300 gpd.

All address shall be required

SPECIFICATIONS BY: Robert W FordTITLE: N. Con

APPROVED BY: _____

Dustin W Jones

TITLE: Environmental Specialist II

Columbia CHD

DATE ISSUED: 02/25/2020EXPIRATION DATE: 08/25/2021

DE 4016, 08/09 (Obsoletes all previous editions which may not be used)

Incorporated: 64E-6.003, FAC

v 1.1.4

AP1469630

SE1254542

Page 1 of 3

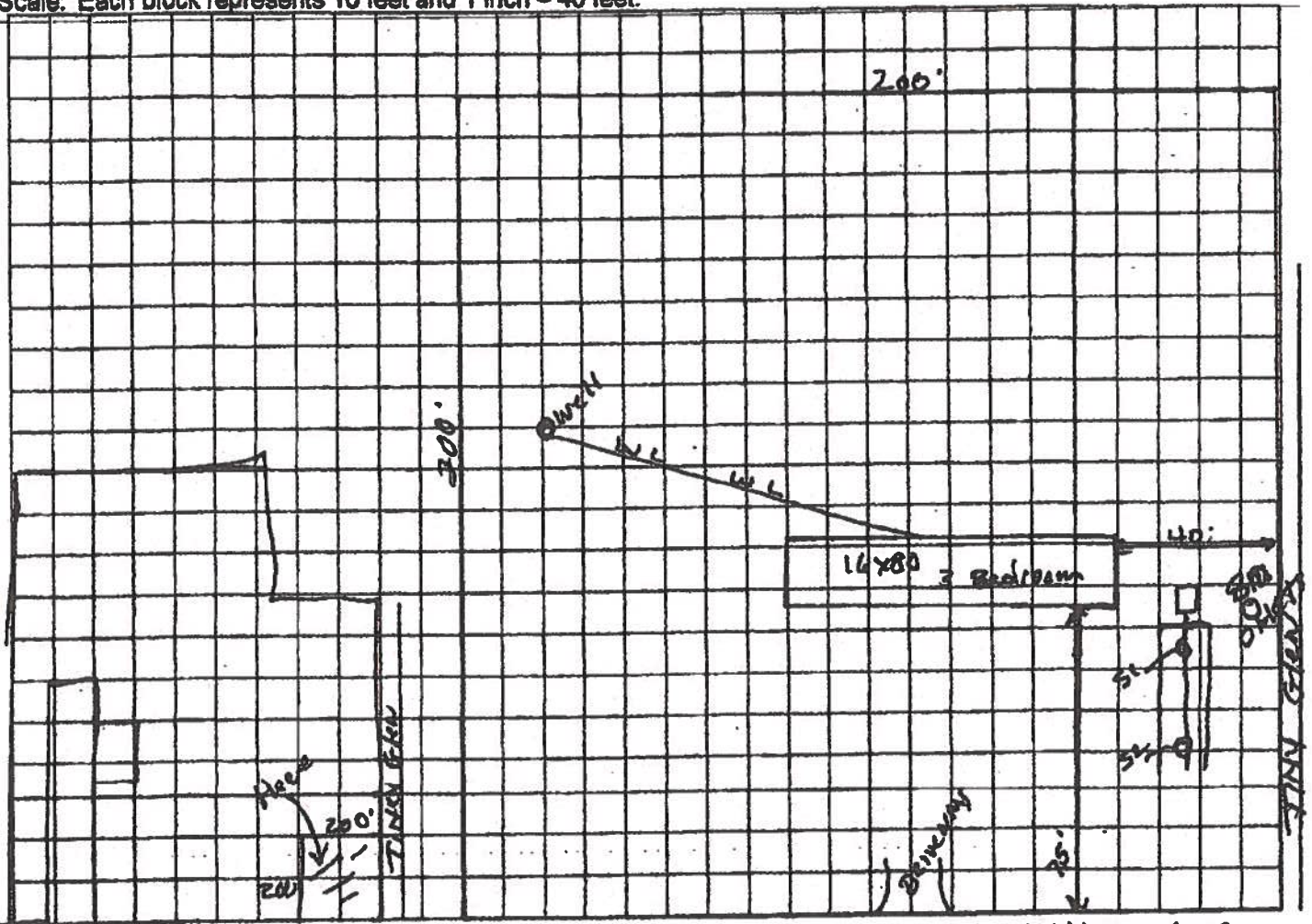
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

20-0141

Smith (Pickett)

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



Notes: Walter Ave

WALTER AVE

Site Plan submitted by: Robert W. Furd Jr. Date 2/20/2020

Plan Approved X

Not Approved

Date 2/25/20

By

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: 200141
DATE PAID: 2/25/20
FEE PAID: 310.00
RECEIPT #: 1464680

APPLICATION FOR:

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

APPLICANT: Nancy Smith (Tyler Peiker) Freedom
AGENT: Robert W Ford Jr NEST, INC TELEPHONE: 386-755-6376
MAILING ADDRESS: 7418 E State Rd 100 Lake City FL 32025

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: BLOCK: SUBDIVISION: -NA- PLATTED: WA

PROPERTY ID #: 02-55-16-03437-004 ZONING: Res. Land I/M OR EQUIVALENT: ☐ Y ☒ N

PROPERTY SIZE: 74.28 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

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

PROPERTY ADDRESS: TBD Water Lane Lake City

DIRECTIONS TO PROPERTY: Hwy 475 to SW Walter Ave TL Follow to site on Right

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 | <u>M. Home</u> | <u>3</u> | <u>1130</u> | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

☐ Floor/Equipment Drains ☐ Other (Specify)

SIGNATURE: Robert W Ford Jr DATE: 2/20/2020