PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-11) Zoning Official BK 26 Oct 2012 Building Official T.C. 10-29-12

AP# 1240-49 Date Received 10/23 By LW Permit # 30602

Flood Zone X Development Permit N/A Zoning I Land Use Plan Map Category I

Comments Section 2.3.8 Replacing existing MH in park

FEMA Map# N/A Elevation N/A Finished Floor 1' above River N/A In Floodway N/A

☑ Site Plan with Setbacks Shown ☑ EH # 12-464M ☑ EH Release ☑ Well letter ☐ Existing well

☑ Recorded Deed or Affidavit from land owner (Release in box) ☑ Installer Authorization ☑ State Rd Access ☑ 911 Sheet

☐ Parent Parcel # ☐ STUP-MH ☑ F W Comp. letter ☑ App Fee Pd ☑ VF Form

IMPACT FEES: EMS Fire Corr ☑ Out County ☑ In County Approved w/ the Condition

Road/Code School = TOTAL Suspended March 2009 ☑ Ellisville Water Sys

Property ID # 36-35-17-07448-000 Subdivision College Manor Blk D Lot 79 Ut-2

- New Mobile Home Used Mobile Home MH Size 24/48 Year 1981
- Applicant John Beckham Phone # 386.454.4981
- Address 495 SW Atlas Dr. Ft White Fl. 32038
- Name of Property Owner Lois Pearce Phone# 386-365-5291
- 911 Address 193 NE Michael Dr Lake City Fl. 32055
- Circle the correct power company - (Circle One) - FL Power & Light - Clay Electric - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home Lois Pearce Phone # 386-365-5291
  Address 206 NW Neptune Ct Lake City Fl. 32055
- Relationship to Property Owner Same.
- Current Number of Dwellings on Property 0
- Lot Size 125' x 60' Total Acreage
- 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 Yes
- Driving Directions to the Property Hwy 90 East to Easy St (TR) to Michael's Dr. (TR) 2nd on Lt.
- Name of Licensed Dealer/Installer John Beckham Phone # 365-6948 386.454.4981 - JOHN STAY 623-58
- Installers Address 495 SW Atlas Dr Ft White Fl. 32038
  - License Number IH 105 4204 Installation Decal # ~~13003~~ 13003

Spoke to Stacy 10-31-12 375.00

COLUMBIA COUNTY PERMIT WORKSHEET

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

Installer John Beckham License # IH105204

911 Address where home is being installed 193 NE Michael Pl Lake City FL 32055

Manufacturer Fleetwood Length x width 24/48

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 JB

New Home ☐ Used Home ☑

Home installed to the Manufacturer's Installation Manual ☐

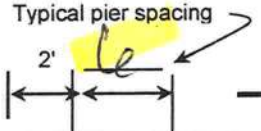
Home is installed in accordance with Rule 15-C ☑

Single wide ☐ Wind Zone II ☑ Wind Zone III ☐

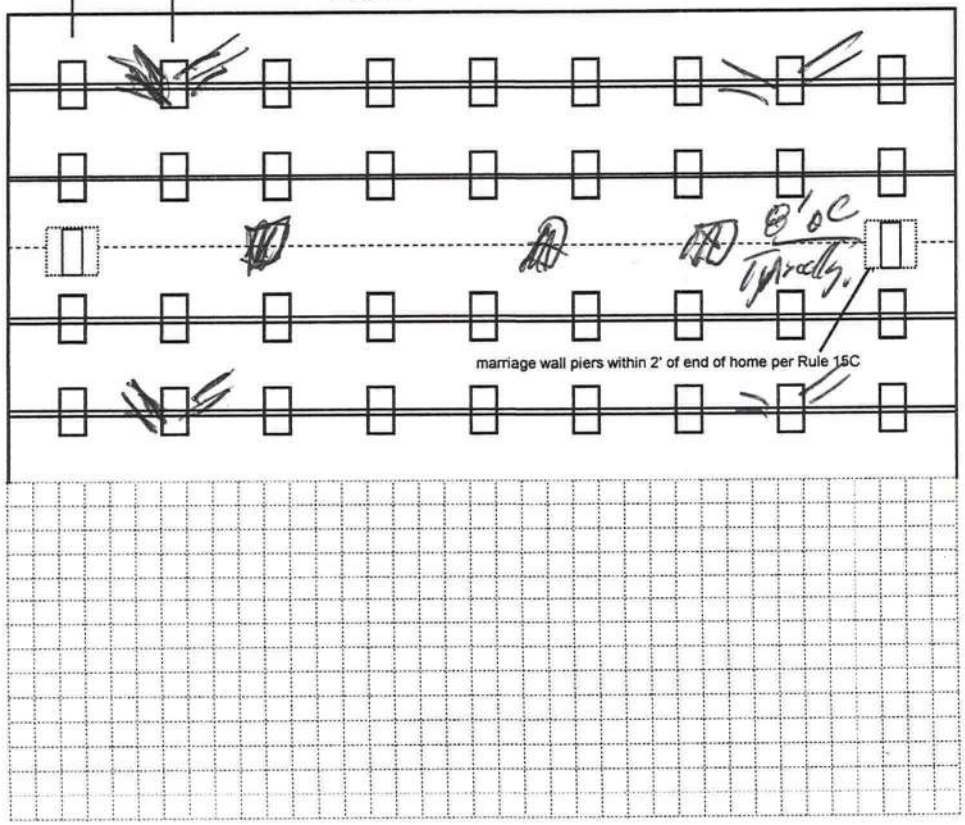
Double wide ☑ Installation Decal # 13603

Triple/Quad ☐ Serial # GEO147097 - GEO147098 (374)

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 17x22

Perimeter pier pad size 16x16

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

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

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 Other Tech.

Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer _____

OTHER TIES

	Number
Sidewall	16
Longitudinal	
Marriage wall	2
Shearwall	

COLUMBIA COUNTY PERMIT WORKSHEET

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 1000 x 1500

TORQUE PROBE TEST

The results of the torque probe test is 295 inch pounds or check here if you are declaring 5' anchors without testing _____. A test showing 275 inch pounds or less will require 5 foot anchors.

Note: A state approved lateral arm system is being used and 4 ft. anchors are allowed at the sidewall locations. I understand 5 ft anchors are required at all centerline tie points where the torque test reading is 275 or less and where the mobile home manufacturer may requires anchors with 4000 lb holding capacity.

_____ Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name John Beckham

Date Tested 10/12/12

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. 15

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 15

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 15

Site Preparation

Debris and organic material removed Yes.

Water drainage: Natural ___ Swale _____ Pad _____ Other _____.

Fastening multi wide units

Floor:	Type Fastener:		Length: 6"	Spacing: 16"	
Walls:	Type Fastener:		Length: 4"	Spacing: 12"	
Roof:	Type Fastener:		Length: 6"	Spacing: 16"	

For used homes a min. 30 gauge, 8" wide, galvanized metal strip will be centered over the peak of the roof and fastened with galv. roofing nails at 2" on center on both sides of the centerline.

Gasket (weatherproofing requirement)

I understand a properly installed gasket is a requirement of all new and used homes and that condensation, mold, 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 JR

Type gasket Foam

Pg. 15

Installed:

Between Floors Yes ___

Between Walls Yes ___

Bottom of ridgebeam Yes ___

Weatherproofing

The bottomboard will be repaired and/or taped. Yes ___. Pg. 15

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

Installer Signature _____ **Date** 10/17/12

CODE ENFORCEMENT

PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 10/23 BY [illegible] IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? Yes

OWNERS NAME Lois Pearce PHONE ________ CELL 305-529

ADDRESS ________

MOBILE HOME PARK Oak Harbor MHP SUBDIVISION Wiese Manor LOT 19 U-2-BU

DRIVING DIRECTIONS TO MOBILE HOME 90 East to Easy St (TL) to Michael's Pl (TR) to Double Wide on Lt

MOBILE HOME INSTALLER John Beckham PHONE 386.454.4981 CELL 386.454.4981

MOBILE HOME INFORMATION

MAKE FLEETWOOD YEAR 24X48 SIZE 24 X 48 COLOR White/Brown

SERIAL No. GEO147097-GEO147098

WIND ZONE 2 Must be wind zone II or higher NO WIND ZONE I ALLOWED

1210-49

INSPECTION STANDARDS

INTERIOR:

(P or F) - P= PASS F= FAILED

P SMOKE DETECTOR (✓) OPERATIONAL ( ) MISSING

P FLOORS (✓) SOLID ( ) WEAK ( ) HOLES DAMAGED LOCATION ________

P DOORS (✓) OPERABLE ( ) DAMAGED

P WALLS (✓) SOLID ( ) STRUCTURALLY UNSOUND

P WINDOWS (✓) OPERABLE ( ) INOPERABLE

P PLUMBING FIXTURES (✓) OPERABLE ( ) INOPERABLE ( ) MISSING

P CEILING (✓) SOLID ( ) HOLES ( ) LEAKS APPARENT

F ELECTRICAL (FIXTURES/OUTLETS) ( ) OPERABLE (✓) EXPOSED WIRING ( ) OUTLET COVERS MISSING (✓) LIGHT FIXTURES MISSING

EXTERIOR:

P WALLS / SIDDING ( ) LOOSE SIDING ( ) STRUCTURALLY UNSOUND ( ) NOT WEATHERTIGHT (✓) NEEDS CLEANING

P WINDOWS ( ) CRACKED/ BROKEN GLASS ( ) SCREENS MISSING ( ) WEATHERTIGHT

P ROOF ( ) APPEARS SOLID ( ) DAMAGED

STATUS

APPROVED ✓ WITH CONDITIONS: Light Fixtures, Bath Surround

NOT APPROVED ________ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS ________

SIGNATURE [signature] ID NUMBER 304 DATE 10-24-1[illegible]

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1210-49 CONTRACTOR JOHN BECKHAM PHONE 386.365.5291

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

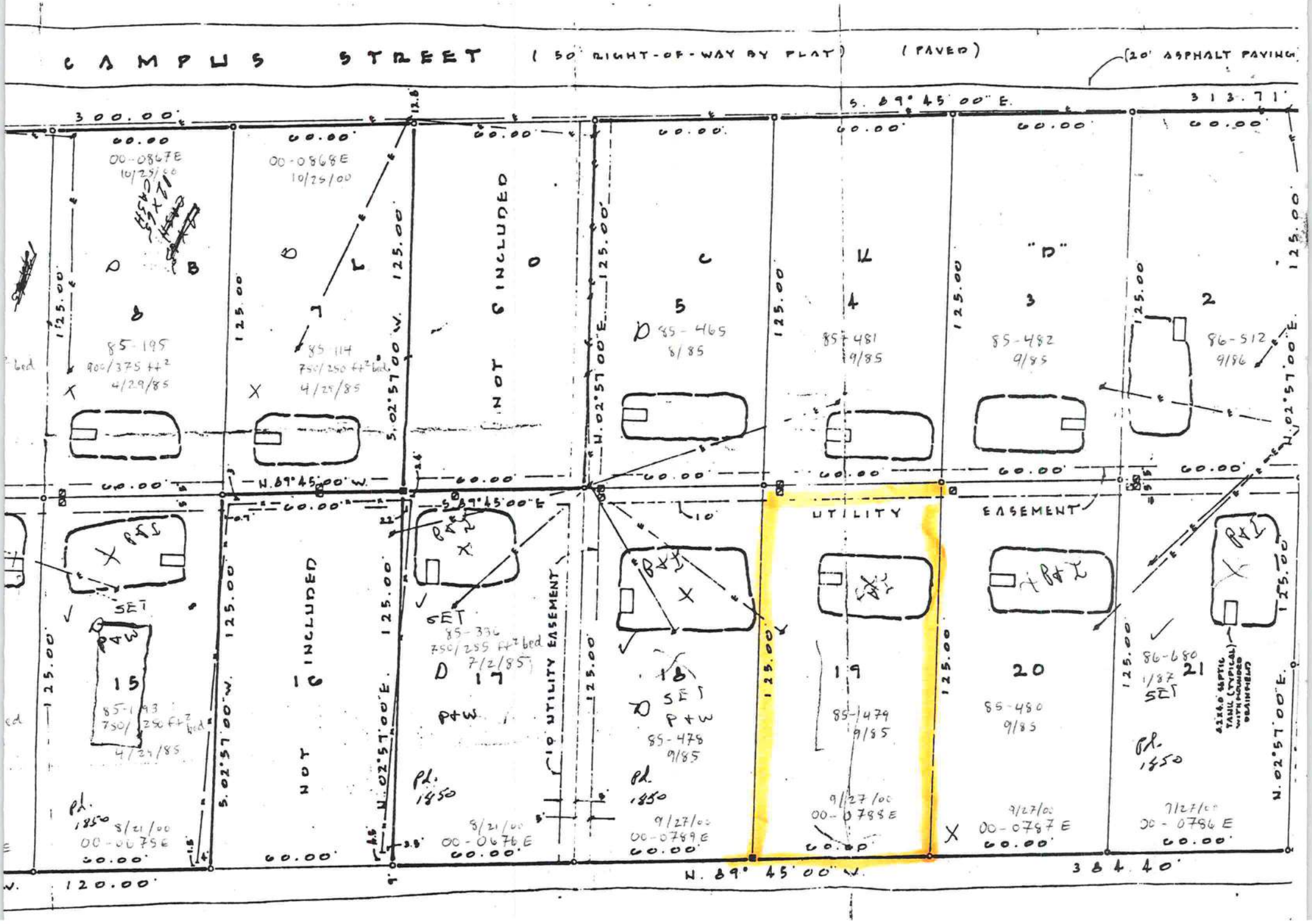
In Columbia County one permit will cover all trades doing work at the permitted site. It is REQUIRED that we have records of the subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and Ordinance 89-6, a contractor shall require all subcontractors to provide 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 Lois Pearce.	Signature Lois Pearce
	License #: Owner	Phone #: 305-5291
MECHANICAL/ A/C ____	Print Name Lois Pearce.	Signature Lois Pearce
	License #: Owner	Phone #: 305-5291
PLUMBING/ GAS	Print Name Lois Pearce	Signature Lois Pearce
	License #: Owner.	Phone #: 305-5291

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.


CAMPUS STREET (50' RIGHT-OF-WAY BY PLAT) (PAVED)
(20' ASPHALT PAVING)
S. 89° 45' 00" E.
313.71'
300.00'
N. 89° 45' 00" W.
384.40'
120.00'
S. 02° 57' 00" W.
N. 02° 57' 00" E.
125.00'
60.00'
NOT INCLUDED
10' UTILITY EASEMENT
UTILITY EASEMENT
00-0867E 10/25/00
00-0868E 10/25/00
85-195 900/375 ft² 4/29/85
85-114 750/250 ft² bed 4/29/85
85-465 8/85
85-481 9/85
85-482 9/85
86-512 9/86
85-193 750/250 ft² bed 4/29/85
85-336 750/255 ft² bed 7/2/85
85-478 9/85
85-479 9/85
85-480 9/85
86-680 1/87
8/21/00 00-0675E
8/21/00 00-0676E
9/27/00 00-0789E
9/27/00 00-0788E
9/27/00 00-0787E
7/27/00 00-0786E
Pd. 1850
SET
P+W
4226.0 SEPTIC TANK (TYPICAL) WITH REQUIRED DRAINFIELD
B
C
D
1
2
3
4
5
15
18
19
20
21

@ CAM110M01 S CamaUSA Appraisal System Columbia County
10/23/2012 16:04 **Property Maintenance** **29918 Land 001 ***
Year T Property Sel **AG 000**
2013 R 36-3S-17-07448-000 ... **37463 Bldg 015 ***
Owner PEARCE LOIS E & + Conf **19350 Xfea 001 ***
Addr E WAYNE PEARCE TRUSTEES UNDER **86731 TOTAL C**
THE LOIS E PEARCE LIVING TRUST -Cap?- **3.200** Total Acres
3350 LEX JONES RD SOH 10% ApYr ERnwl ARnwl Notc
City,St GLEN ST MARY FL Zip 32040 5546 N N
Country (PUD1) (PUD2) (PUD3) MKTA06
Splt/Co JVChgCd pud4 pud5 pud6
Appr By HCTW Date 5/14/2009 AppCode UseCd 002802 **MH PARK**
TxDist Nbhd MktA ExCode Exemption/% TxCode Units Tp
002 36317.01 06
COLLEGE MA
House# 193 Street MICHAEL MD PL Dir NE #
- City LAKE CITY Zip
Subd **N/A** Condo .00 **N/A**
Sect 36 Twn 3S Rnge 17 Subd Blk Lot
Legals LOTS 1, 2, 3, 4, 5, 7, 8, 9, 10, 11, 14, 15, 17, 18, 19,
20, 21 & 22 BLOCK D COLLEGE MANOR UNIT 2. (ANNIE'S MOBILE +
Map# Mnt **5/06/2011 THRESA**
F1=Task F2=ExTx F3=Exit F4=Prompt F11=Docs F10=GoTo PgUp/PgDn F24=More

COLUMBIA COUNTY 9-1-1 ADDRESSING

P. O. Box 1787, Lake City, FL 32056-1787
PHONE: (386) 758-1125 * FAX: (386) 758-1365 * Email: ron_croft@columbiacountyfla.com

Addressing Maintenance

To maintain the Countywide 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 assigning 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 Service 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 REQUESTED: 10/15/2012 **DATE ISSUED:** 10/17/2012

ENHANCED 9-1-1 ADDRESS:

193 NE MICHAEL PL

LAKE CITY FL 32055

PROPERTY APPRAISER PARCEL NUMBER:

36-3S-17-07448-000

Remarks:

RE-ISSUE OF EXISTING ADDRESS FOR REPLACEMENT STRUCTURE ON PARCEL.

Address Issued By: _____

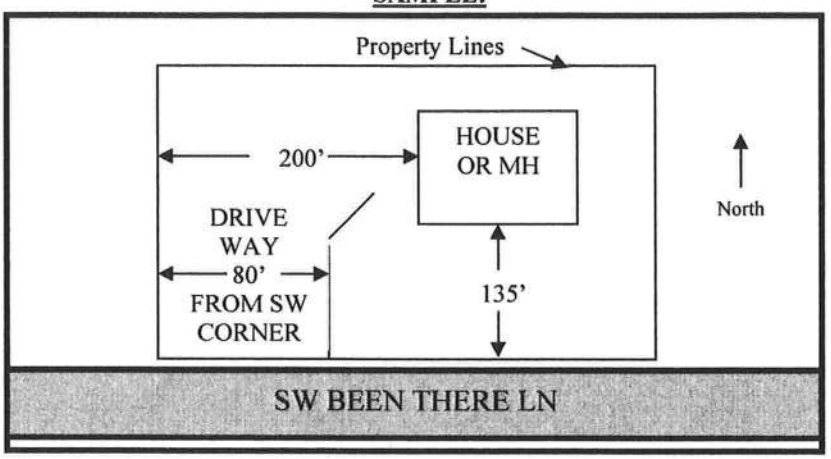
Columbia County 9-1-1 Addressing / GIS Department

NOTICE: THIS ADDRESS WAS ISSUED BASED ON LOCATION INFORMATION RECEIVED FROM THE REQUESTER. SHOULD, AT A LATER DATE, THE LOCATION INFORMATION BE FOUND TO BE IN ERROR, THIS ADDRESS IS SUBJECT TO CHANGE.

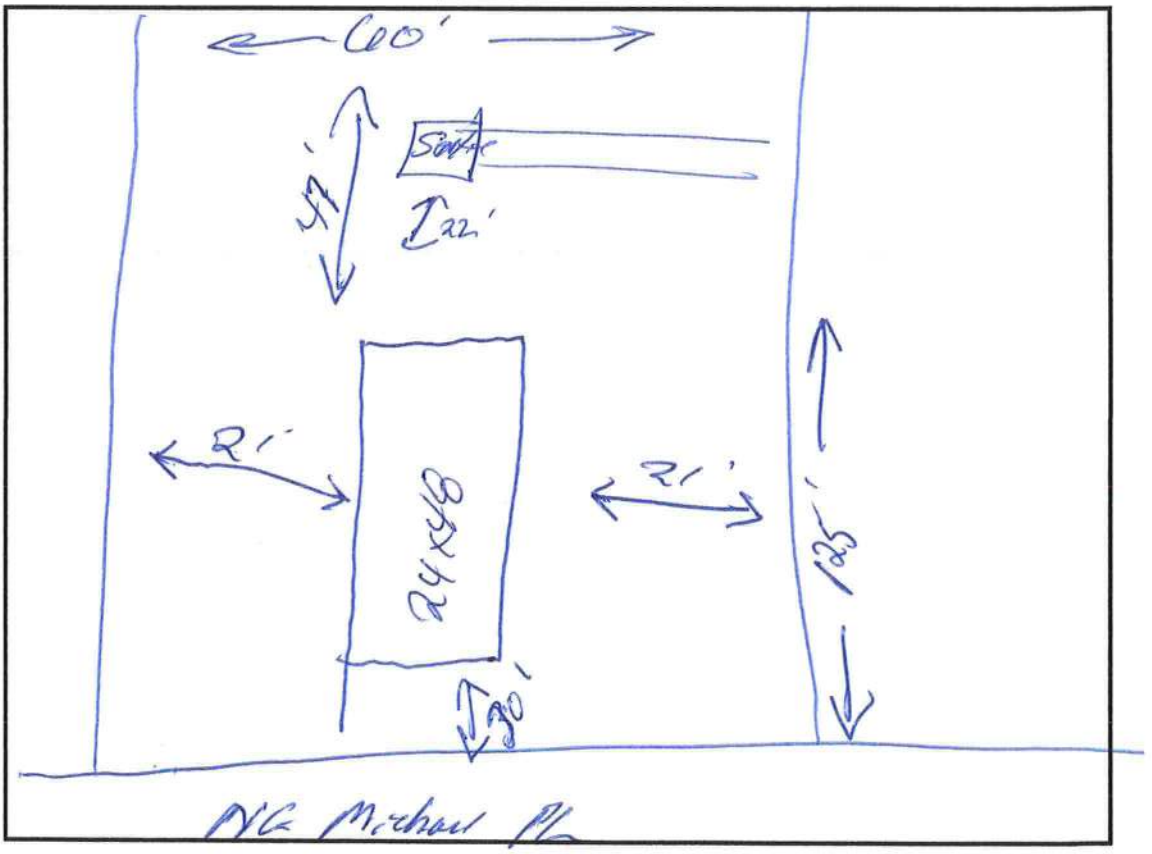
2385

1. A PLAT, PLAN, OR DRAWING SHOWING THE PROPERTY LINES OF THE PARCEL.
2. LOCATION OF PLANNED RESIDENT OR BUSINESS STRUCTURE ON THE PROPERTY WITH DISTANCES FROM AT LEAST TWO OF THE PROPERTY LINES TO THE STRUCTURE (SEE SAMPLE BELOW).
3. LOCATION OF THE ACCESS POINT (DRIVEWAY, ETC.) ON THE ROADWAY FROM WHICH LOCATION IS TO BE ADDRESSED WITH A DISTANCE FROM A PARALLEL PROPERTY LINE AND OR PROPERTY CORNER (SEE SAMPLE BELOW).
4. TRAVEL OF THE DRIVEWAY FROM THE ACCESS POINT TO THE STRUCTURE (SEE SAMPLE BELOW).

SAMPLE:



SITE PLAN BOX:

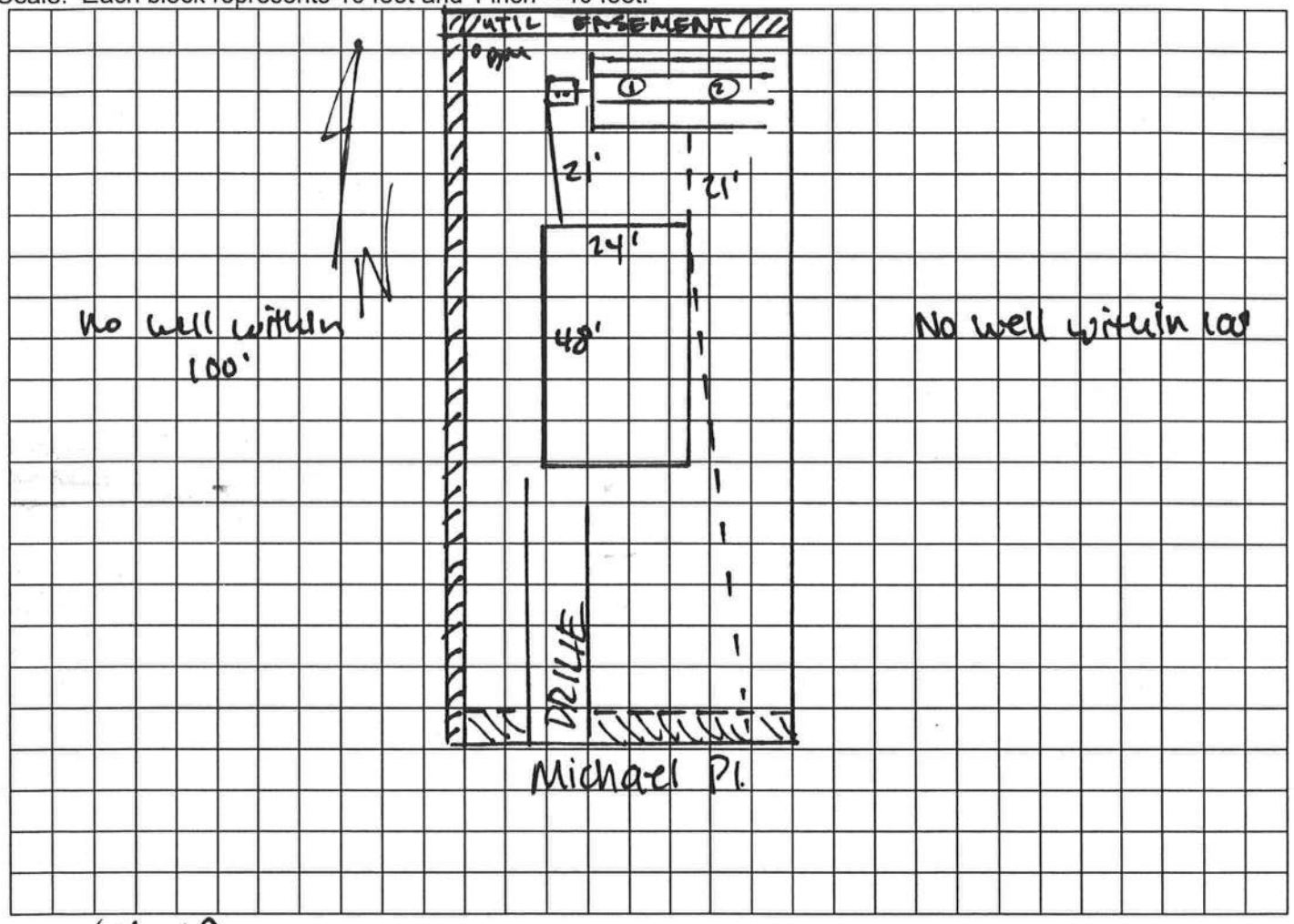


STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 12-0404M

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

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



Notes: Lot 19

Site Plan submitted by: _____

Plan Approved X Not Approved ____ Date 11/2/12

By _____ Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT