

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 7-1-15) Zoning Official MA Building Official MA
 AP# 43974 Date Received 11/5/19 By MG Permit # 39838
 Flood Zone _____ Development Permit _____ Zoning _____ Land Use Plan Map Category _____
 Comments See Computer notes
 FEMA Map# _____ Elevation _____ Finished Floor _____ River _____ In Floodway _____
☒ Recorded Deed or ☐ Property Appraiser PO ☐ Site Plan ☒ EH # 20-0045 ☐ Well letter OR
☒ Existing well ☐ Land Owner Affidavit ☒ Installer Authorization ☐ FW Comp. letter ☒ App Fee Paid
☐ DOT Approval ☐ Parent Parcel # _____ ☐ STUP-MH _____ ☒ 911 App OK per LH
☐ Ellisville Water Sys ☒ Assessment paid ☐ Out County ☒ In County ☐ Sub VF Form

#15949

* Need 50. wpr - Twp.
 ✓ Fee

1/28 - MG spoke w/

waiting on check # - ready for issuance

Property ID # 02-35-15-00141-002 Subdivision _____ Lot# _____
 ▪ New Mobile Home _____ Used Mobile Home ☒ MH Size 14x70 Year 1997
 ▪ Applicant Elton Smith JR Phone # 386-752-5222
 ▪ Address 1617 NW Union Park Rd Wellborn FL 32094
 ▪ Name of Property Owner Elton Smith JR Phone# _____
 ▪ 911 Address SAME
 ▪ Circle the correct power company - FL Power & Light - Clay Electric
 (Circle One) - Suwannee Valley Electric - Duke Energy
 ▪ Name of Owner of Mobile Home Elton Smith JR Phone # 386-752-5222
 Address SAME
 ▪ Relationship to Property Owner SAME
 ▪ Current Number of Dwellings on Property 1
 ▪ Lot Size _____ Total Acreage 5.8
 ▪ 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 Lake Jeffery towards wellborn
Right on Union Park Approx 1/2 mile on Right
 ▪ Name of Licensed Dealer/Installer Brent Strickland Phone # 386-365-7043
 ▪ Installers Address 1294 NW Hamp Farmer Rd Lake City FL
 ▪ License Number IH1104218 Installation Decal # 53905

Nonhabitable Affidavit
 demaslaw@bellsouth.net

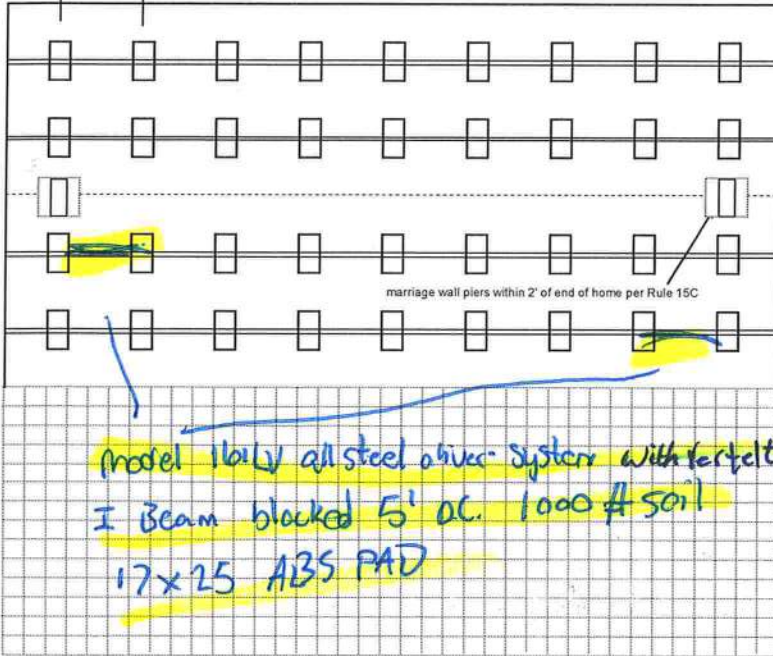
Mobile Home Permit Worksheet

Installer: Brent Strickland License # IH1104218
 Address of home being installed 1617 NW Union Park Rd
Wellborn Fl
 Manufacturer Skyline Length x width 14x66

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 BS

Typical pier spacing 2'
 Show locations of Longitudinal and Lateral Systems
 (use dark lines to show these locations)



Application Number: _____ Date: _____

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 # 53905

Triple/Quad ☐ Serial # 496103735

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'	8'	8'
2000 psf	6'	6'	8'	8'	8'	8'	8'
2500 psf	7' 6"	7' 6"	8'	8'	8'	8'	8'
3000 psf	8'	8'	8'	8'	8'	8'	8'
3500 psf	8'	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.) _____

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 N A 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 oliver

Longitudinal Stabilizing Device w/ Lateral Arms

Manufacturer _____

OTHER TIES

Number _____

Sidewall 2

Longitudinal 2

Marriage wall 2

Shearwall _____

Mobile Home Permit Worksheet

Application Number: _____ Date: _____

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 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 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.

BS Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Brent Strickland

Date Tested 10/30/19

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. _____

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 ☒ Swale ☒ Pad ☒ Other _____

Fastening multi wide units

Floor: Type Fastener: _____ Length: _____ Spacing: _____
Walls: Type Fastener: _____ Length: _____ Spacing: N/A
Roof: Type Fastener: _____ Length: _____ Spacing: N/A
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 N/A

Type gasket Pg. _____

Installed: N/A
Between Floors Yes
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 Brent Strickland

Date 10/31/19

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 <u>Elton Smith Jr</u> Signature <u>Elton Smith</u> License #: <u>OWNER</u> Phone #: _____ Qualifier Form Attached <input type="checkbox"/>
MECHANICAL/ A/C _____	Print Name <u>Elton Smith Jr</u> Signature <u>Elton Smith</u> License #: <u>OWNER</u> Phone #: _____ Qualifier Form Attached <input type="checkbox"/>

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.



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, Brent Strickland, give this authority for the job address show below
Installer License Holder Name

only, 1617 NW Union Park Rd Wellborn FL., 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)
<u>Tommy Demas</u>	<u>[Signature]</u>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> 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.

[Signature] License Holders Signature (Notarized) 1H1104218 License Number 10/31/19 Date

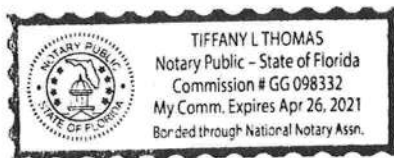
NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Brent Strickland, personally appeared before me and is known by me or has produced identification (type of I.D.) 31st on this October day of 2019.

[Signature]
NOTARY'S SIGNATURE

(Seal/Stamp)



Columbia County Property Appraiser

Jeff Hampton

2020 Working Values

updated: 10/30/2019

Parcel: << **02-3S-15-00141-002** >>**Owner & Property Info**

Result: 1 of 1

Owner	SMITH ELTON JR 1617 NW UNION PARK RD WELLBORN, FL 32094		
Site	1617 UNION PARK RD, WELLBORN		
Description*	COMM NE COR OF S1/2 OF NW1/4 OF SE1/4, RUN W 724.91 FT FOR POB, SW 596.13 FT, W 283.22 FT, N 210 FT, W 210 FT, N APPROX 370 FT, E 670 FT TO POB 785-32, 856-1127, QC 1084-1073 QC 1145-519, LE 1145-521,		
Area	5.82 AC	S/T/R	02-3S-15
Use Code**	SINGLE FAM (000100)	Tax District	3

*The Description above is not to be used as the Legal Description for this parcel in any legal transaction.

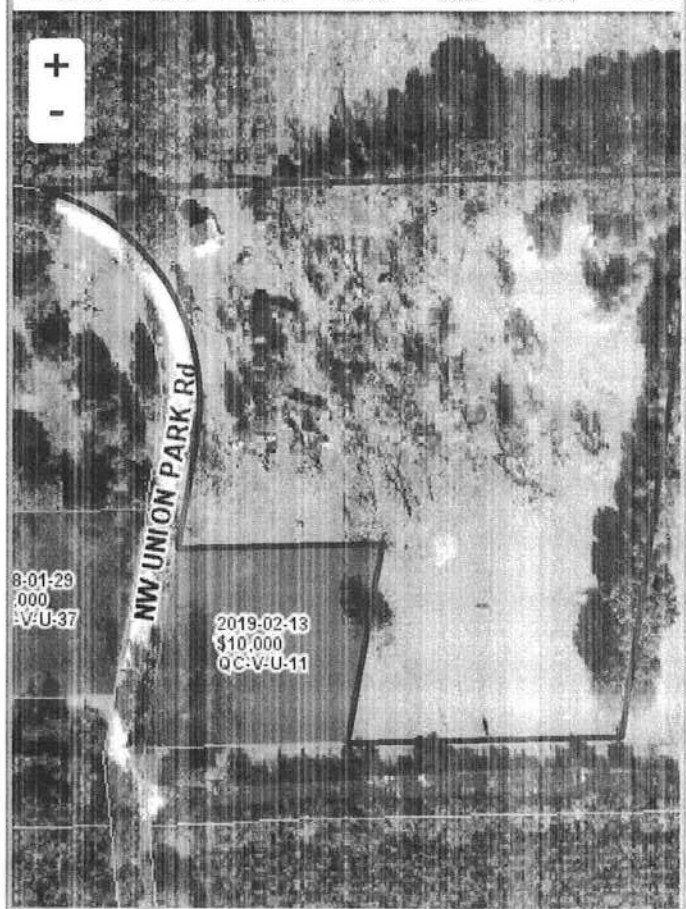
**The Use Code is a FL Dept. of Revenue (DOR) code and is not maintained by the Property Appraiser's office. Please contact your city or county Planning & Zoning office for specific zoning information.

Property & Assessment Values

2019 Certified Values		2020 Working Values	
Mkt Land (1)	\$29,083	Mkt Land (1)	\$29,083
Ag Land (0)	\$0	Ag Land (0)	\$0
Building (1)	\$25,552	Building (1)	\$25,985
XFOB (2)	\$1,480	XFOB (2)	\$1,480
Just	\$56,115	Just	\$56,548
Class	\$0	Class	\$0
Appraised	\$56,115	Appraised	\$56,548
SOH Cap [?]	\$27,491	SOH Cap [?]	\$27,065
Assessed	\$28,624	Assessed	\$29,483
Exempt	HX H3 \$25,000	Exempt	HX H3 \$25,000
Total Taxable	county:\$3,624 city:\$3,624 other:\$3,624 school:\$3,624	Total Taxable	county:\$4,483 city:\$4,483 other:\$4,483 school:\$4,483

Aerial Viewer Pictometry Google Maps

2019 2016 2013 2010 2007 2005 Sales

**▼ Sales History**

Sale Date	Sale Price	Book/Page	Deed	V/I	Quality (Codes)	RCode
2/18/2008	\$52,000	1145/0521	WD	I	U	01
3/6/2006	\$100	1084/1073	WD	I	U	01
3/25/1998	\$0	856/1127	WD	I	U	01
12/20/1993	\$0	785/0030	PR	V	U	02 (Multi-Parcel Sale) - show

▼ Building Characteristics

Bldg Sketch	Bldg Item	Bldg Desc*	Year Blt	Base SF	Actual SF	Bldg Value
Sketch	1	SINGLE FAM (000100)	1945	1056	1402	\$25,985

*Bldg Desc determinations are used by the Property Appraisers office solely for the purpose of determining a property's Just Value for ad valorem tax purposes and should not be used for any other purpose.

▼ Extra Features & Out Buildings (Codes)

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0120	CLFENCE 4	1993	\$480.00	320.000	0 x 0 x 0	(000.00)
0285	SALVAGE	2005	\$1,000.00	1.000	0 x 0 x 0	(000.00)

Legend

SRWMD Wetlands



Roads

Roads

others

Dirt

Interstate

Main

Other

Paved

Private

Parcels

2018 Aerials



2018 Flood Zones

0.2 PCT ANNUAL CHANCE

A

AE

AH

Addresses

Columbia County, FLA - Building & Zoning Property Map

Printed: Thu Nov 07 2019 18:39:08 GMT-0500 (Eastern Standard Time)



Parcel Information

Parcel No: 02-3S-15-00141-002

Owner: SMITH ELTON JR

Subdivision:

Lot:

Acres: 5.87995148

Deed Acres: 5.82 Ac

District: District 3 Bucky Nash

Future Land Uses: Agriculture - 3

Flood Zones:

Official Zoning Atlas: A-3

- ① Write what each structure is?
- ② Circle home being converted to storage BLDG.
- ③ Draw new m/h placement

dennaslawa@bellsouth.net

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.

SITE PLAN CHECKLIST

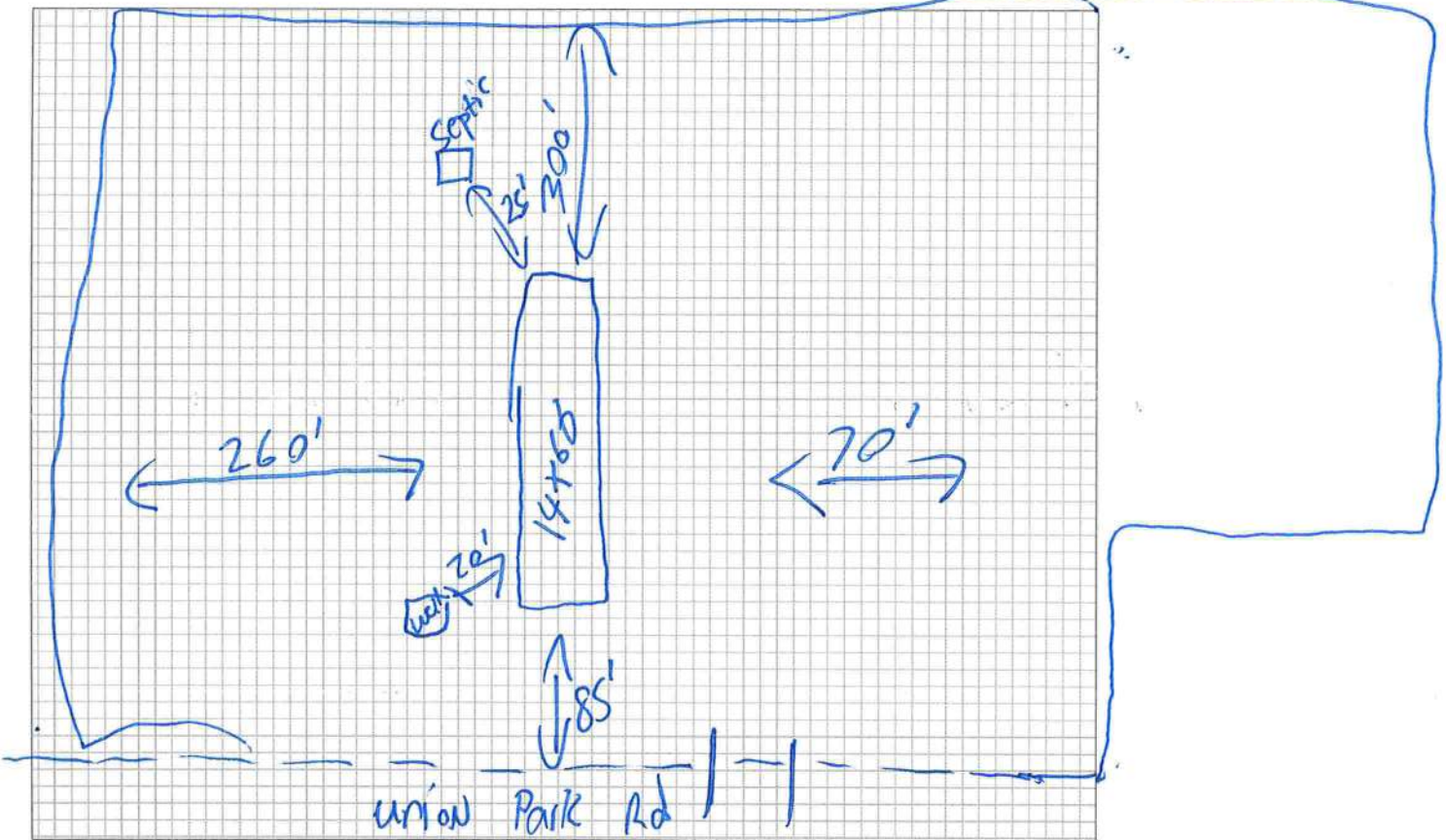
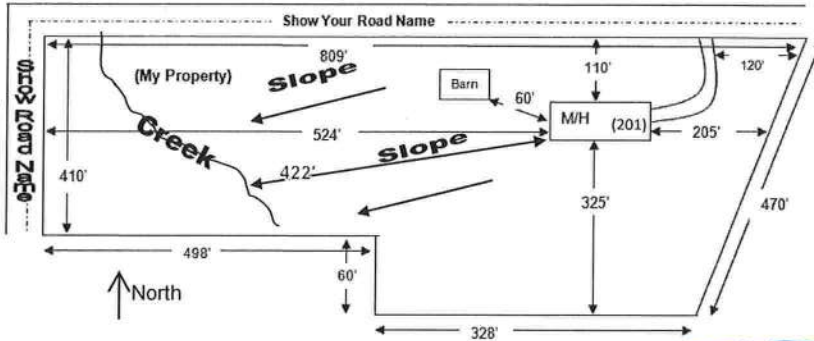
- ___ 1) Property Dimensions
- ___ 2) Footprint of proposed and existing structures (including decks), label these with existing addresses
- ___ 3) Distance from structures to all property lines
- ___ 4) Location and size of easements
- ___ 5) Driveway path and distance at the entrance to the nearest 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

SITE PLAN EXAMPLE

Revised 7/1/15

NOTE:

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



Manufacturer Data Report

State of Florida
Department of Highway Safety and Motor Vehicles
Division of Motor Vehicles

Neil Kirkman Building, 2900 Apalachee Parkway (Room A 139) Tallahassee, FL 32399-0640

DESIGNATION (State)

FLORIDA

☒ Single ☐ Double ☐ Triple

SIZE 66'x13'0"

☒ EXCLUDE HITCH ☐ INCLUDE HITCH

CIRCLE B MH SALES

DEALER'S NAME
ADDRESS
US HWY 90 WEST
LAKE CITY, FL 32055

DAPA NAME UNDERWINTER'S LABORATORIES

ADDRESS 333 PINGSTEN ROAD

CITY NORTHROCK, IL 60062

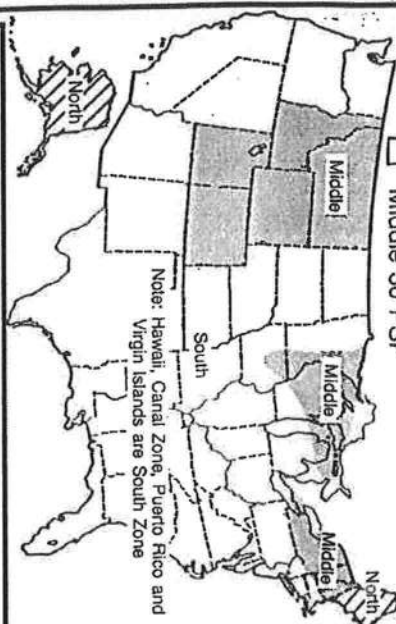
State

Zip

HLID LABEL # FLA- 599067
M.H. ID # 4661-0373-J
DATE MANUFACTURED 8-23-96
MODEL # SKYLINE CORPORATION YEAR 19 97
MFR. NAME P.O. BOX 2648
ADDRESS OCALA, FLORIDA 34478
City State Zip

ROOF LOAD ZONES

☐ North 40 PSF ☒ Middle 30 PSF ☐ South 20 PSF



WIND ZONES

☒ Zone I 15 PSF Horizontal & 9 PSF Uplift
☒ Zone II 100 mph.
☐ Zone III 110 mph
☐ Exposure D

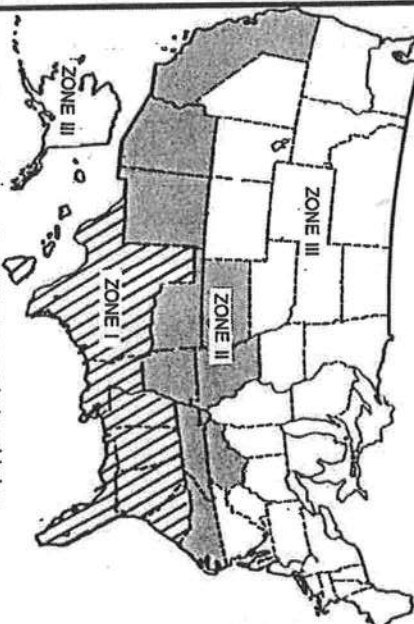


HEATING & COOLING DESIGNED CERTIFICATE

Design Winter Climate Zone

This mobile home has been thermally insulated to conform with the requirements of the Federal Manufactured Home Construction and Safety Standards for all locations within climatic:

☒ ZONE I ☐ ZONE II ☐ ZONE III



Manufacturer shall provide "U" factors as designed below.

Walls (without windows & doors)..... .095
Ceilings & roofs of light color..... .075
Ceilings & roofs of dark color..... .089
Floors..... .089
Air Ducts in floor..... .089
Air Ducts in ceiling..... .089
Air Ducts installed outside..... .089
Heat transfer area to outside of home from air ducts located: 80.00

Inside Home Sq. Ft. NONE
Outside Home Sq. Ft. NONE

The heating equipment has the capacity to maintain an average 70° F temperature in this home at outdoor temperatures of 22° F. To maximize furnace operating economy and to conserve energy, it is recommended that this home be installed where the outdoor winter design temperature (97.4%) is not higher than 22° F. The above information has been calculated assuming a maximum wind velocity of 15 MPH at standard atmospheric pressure. The supply air distribution system installed in this home is sized:

☐ Not designed for A/C ☒ A/C Ready ☐ A/C Installed

Equipment

Clothes Washer..... WIRE/VENT FOR
Clothes Dryer..... WIRE/VENT FOR
Food Waste..... NONE
Water Heater..... STATE SC2101HT960K
Smoke Detector..... FIREX AD
Air Conditioning () BTU/hr. NONE INSTALLED
Comfort Heating () BTU/hr. COLEMAN EB10B
Cooling Range..... GE JBS03VIMH
MICROWAVE..... NONE
FIREPLACE..... NONE
Refrigerator..... GE TBX14SAXKRMH

** FOR TALLAHASSEE CENTRAL OFFICE USE ONLY **

RED TAG # REGION
COMP/PLANT/NTS
NAME
ADDRESS
REGION
CITY STATE ZIP

SIGNED *[Signature]* This mobile home is designed to comply with the Federal Manufactured Home Construction and Safety Standards in force at the time of manufacture.
Authorized Representative of Manufacturer

VAUGHN HOUSSWORTH / DIVISION MANAGER

AUGUST 31, 1996

Date

SEP 10 1996

CHANGE OF USE AFFIDAVIT

STATE OF FLORIDA
COUNTY OF COLUMBIA

FILE COPY

BEFORE ME the undersigned Notary Public personally appeared.

The undersigned, Elton Smith Jr, (herein "Owner"), whose physical 911 address on the property is 1617 NW Union Park Rd, Wellborn, FL 32094, hereby understands by executing this Affidavit, that within 30 days after the issuance of a Certificate of Occupancy for a new residential dwelling (mobile home), the existing residential dwelling (single family home) shall have all cooking facilities removed and that no other person or persons shall reside in the existing residential dwelling in order to comply with density requirements of the Columbia County Comprehensive Plan and Land Development Regulations (LDR's) on Owner's property, particularly described by reference with Columbia County Property Appraiser Tax Parcel No. 02-3S-15-00141-002.

Owner has made application to COLUMBIA COUNTY, FLORIDA for a mobile home permit which as by definition in the Columbia County LDR's is a residential dwelling to replace the existing residential dwelling on the above reference property. Affiant understands this changes the use of the existing residential dwelling into a storage building and any other use of this existing building such as its occupancy would constitute a violation of the LDR's and is a misdemeanor of the second degree, punishable as provided in Chapter 775, Florida Statutes, as amended.

Owner is also aware and has been advised that any future uses shall comply with the LDR's and shall obtain any additional permitting or approval as required by the LDR's for such uses. This Affidavit is made and given by Affiant with full knowledge and accept the terms of the Affidavit and agree to comply with it.

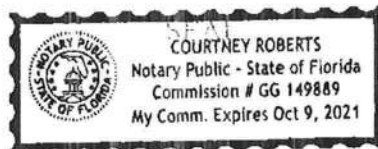
Owner and any future transferee of the property will at all times comply with this agreement and the Columbia County Comprehensive Plan and Land Development Regulations regarding any development upon the property.

x Elton Smith Jr
Owner Signature

Elton Smith Jr
Typed or Printed Name

Subscribed and sworn to (or affirmed) before me this 17th day of December, 2019,
by Elton Smith Jr (Owner) who is personally known to me or has produced
Florida Driver License as identification.

Courtney Roberts
Notary Public



CHANGE OF USE AFFIDAVIT

FILE COPY

STATE OF FLORIDA
COUNTY OF COLUMBIA

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Owner and any future transferee of the property will at all times comply with this agreement and the Columbia County Comprehensive Plan and Land Development Regulations regarding any development upon the property.

Owner Signature

Elton Smith Jr

Typed or Printed Name

Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20____,
by _____ (Owner) who is personally known to me or has produced
_____ as identification.

Notary Public

SEAL



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

PERMIT NO. 20-004
DATE PAID: 1/14/20
FEE PAID: 608.88
RECEIPT #: 1462182

APPLICATION FOR:

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

APPLICANT: Elton Smith JrAGENT: Tommy DemasTELEPHONE: (326) 752-5222MAILING ADDRESS: P.O. Box 1933 Lake City FL 32056

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: _____ PLATTED: _____

PROPERTY ID #: 02-35-15-00141-002 ZONING: _____ I/M OR EQUIVALENT: ☐ Y / ☐ N]PROPERTY SIZE: 5.82 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐]<=2000GPD ☐]>2000GPDIS SEWER AVAILABLE AS PER 381.0065, FS? ☐ Y / ☐ N] DISTANCE TO SEWER: 40 FTPROPERTY ADDRESS: 11617 NW Union Park, WellbornDIRECTIONS TO PROPERTY: Lake Jeffrey towards Wellborn Right on
Union Park approx 1/2 mile 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>14x66 Mobile Home</u>	<u>2</u>	<u>924</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: _____

DATE: 11/5/19

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

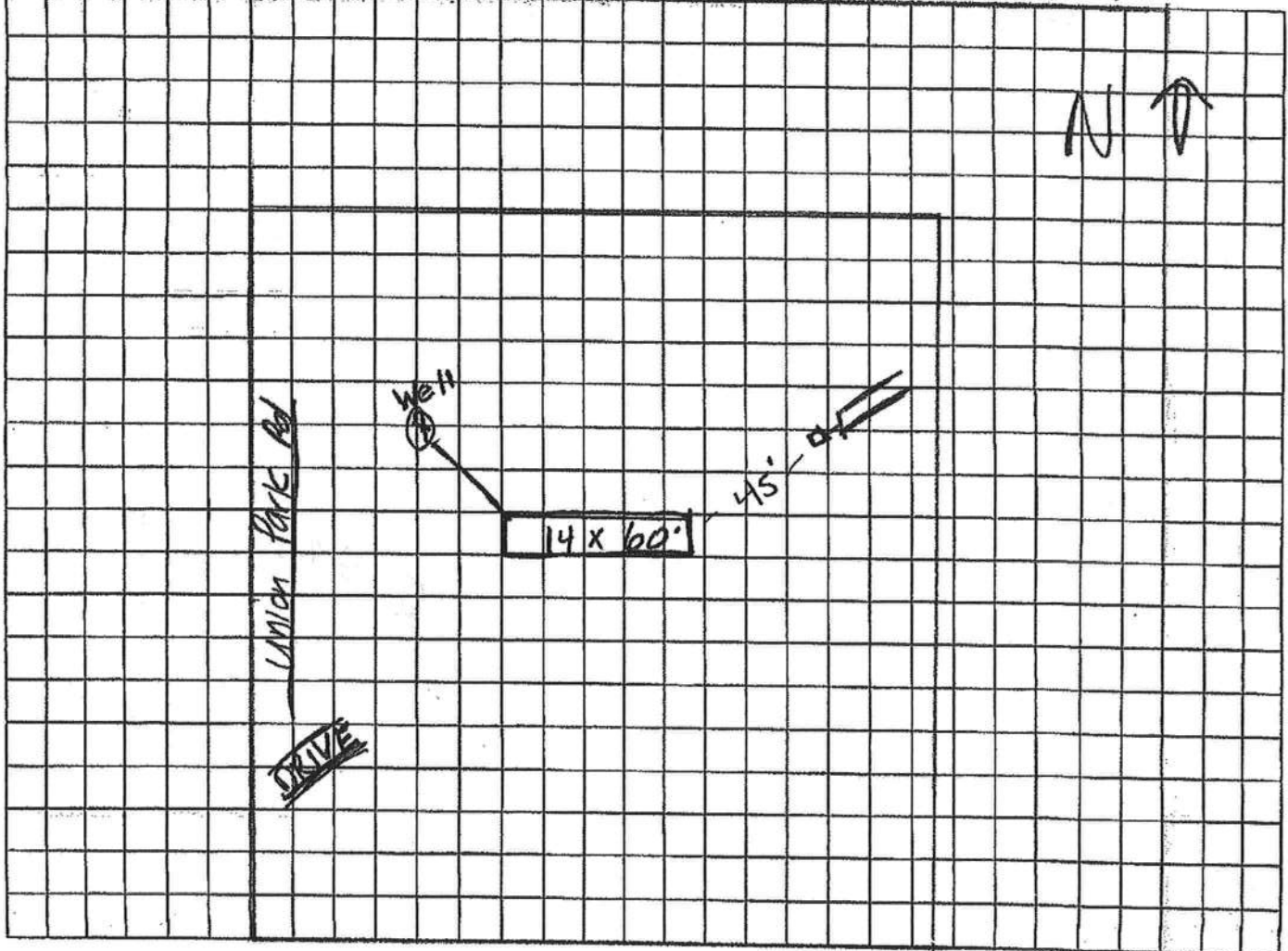
20-8845

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

Scale: Each block represents 10 feet and 1 inch = 20 feet.

E Smith

N ↑



Notes: _____

Site Plan submitted by: _____

TITLE _____

DATE: _____

Plan Approved X

Not Approved _____

Date 1/23/20

By: _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT