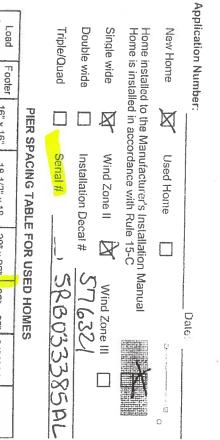
	PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION
	For Ciffice Use Only (Revised 7-1-15) Zoning Official DA Building Official AP# 1908 50 Date Received 8/15 By CV Permit # 38551
1	
	Flood Zone Development Permit Zoning 4-3 Land Use Plan Map Category
1	Comments floor one fast above the read
1	lineal Decemberts and lot of record from 1983
	FEMA Map# Elevation Finished Floor River In Floodway
•	Recorded Deed or Property Appraiser PO Site Plan (FH# 19-0324 DWell letter OR
Ε	□ Existing well Cand Owner Affidavit □ Installer Authorization □ FW Comp. letter ♠ Fee Paid
	DOT Approval Parent Parcel # STUP-MH STUP-MH
	□ Ellisville Water Sys
D	operty ID # <u>06-75-16-04146-003</u> Subdivision <i>NA</i> Lot#
FI	
8	New Mobile Home Used Mobile Home NA MH Size 1460 Year 201
	Applicant Tyles Kenet Phone # 386. 266. 33
ø	Address 520 NE CARTANA RD BRANFORD FL 32008
•	Name of Property Owner Tylen, Keast Phone# 352 751-1999 Ca
	911 Address 225 SW NICE CT Ft 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 19/20 Cast Phone # 352 -35 1 990
	Address [20 NE Lantons And Brian Line Fl 32008
1	Relationship to Property Owner MA
	Current Number of Dwellings on Property
ī	Lot Size 2 Acnes t Total Acreage 2,13 Ac
ı	Do you : Have Existing Drive or Private Drive or need Culvert Permit (Blue Road Sign) Or Culvert Waiver (Circle of (Not existing but do not need a Culvert)
i	Is this Mobile Home Replacing an Existing Mobile Home 1/0
l	Driving Directions to the Property From Subway At Fl White Yake
	Wilson Springs Rd to Nice Ct - Right on Nice Ct
	thru pacts to drive on right
	in emore cour
	Name of Licensed Dealer/Installer Fl. Mehile Master day Phone # 752)3(1-6/00
	Installers Address 450 NE 3515 St Dewle FL 34479
	License Number TH-1025316 Installation Decal # 57632 1
	modulation beday #
	JW SENT EMEGI 8.16.19

Wobile Home Permit Worksheet

		narriago wall piers within 2' of end of home per Rule 15C	See allake					(STIONALIZED IOCANDIS)	Show locations of Longitudinal and Lateral Systems	Halorzi	Installer's initials	I understand Lateral Arm Systems cannot be used on any home (new or used) where the sidewall ties exceed 5 ft 4 in.	NOTE: If home is a single wide fill out one half of the blocking plan	Manufacturer Townsone Length x width 60 X 14		MICE CT F	Installer () Parkell ()	
Opening	List all marriage wand their pier pad	Draw the wall openi symbol to	Other pier pad sizes (required by the mfq.)	Perimeter pier pad size	f-beam nier nad size	interpolated from	3000 psf 3500 psf	2500 psf	1500 psf	-	Load Footer bearing size		Triple/Quad	Double wide	Single wide	Home installed Home is install	New Home	
	e wall openings ad sizes below.	ne approxi enings 4 fo fo show the	sizes mfq.)	pad size	PIER PA	Rule 15C	ಹೆ ಹ	7' 6"	4. 6.	(256)	16" x 16"	PIER S			Ø	to the M	×	
Pier pad size	List all marriage wall openings greater tha and their pier pad sizes below.	Draw the approximate locations of wall openings 4 foot or greater. Usymbol to show the piers.	1/x	ZA	PIER PAD SIZES	interpolated from Rule 15C-1 pier spacing table	සු සූ	ලු ල	6,4	1/2" (342)	18 1/2" x 18	PIER SPACING TABLE	Serial #	Installation Dec	Wind Zone II	Home installed to the Manufacturer's Inst Home is installed in accordance with Ruh	Used Home	



r than 4 foot ns of marriage XIGOR table. 20" x 20" (400) ග් ග් ග් ග් 22" x 22" 24" X 24" (484)* POPULAR PAD SIZES Pad Size 16 x 16 16 x 18 18 x 18.5 16 x 22.5 17 x 22 13 1/4 x 26 1/4 20 x 20 7 3/16 x 25 3/16 24 x 24 26 x 26 1/2 x 25 1/2 $(576)^*$ ထထြထ 26" x 26" (676)576 676 ක් ක් ක් ක් ක් ක්

Longitudinal Stabilizing Device (LSD)
Manufacturer
Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer
OLIVE (10)

Longitudinal Marriage wall Shearwall

Sidewall

TIEDOWN COMPONENTS

Spaced at 5' 4" oc

FRAME TIES

OTHER TIES

4 # **7**

5 ft

ANCHORS

Mobile Ho

or check here to declare 100 The pocket penetrometer te

X ISS

	<u>COSI x QOSI x QOSI</u>	Using 500 lb. increments, take the lowest reading and round down to that increment.	Take the reading at the depth of the footer.	1. Test the perimeter of the home at 6 locations.	POCKET PENETROMETER TESTING METHOD	1500 × 150) ×1500	ter tests are a re 1000 lb. so	POCKET PENETROMETER TEST	Nobile Home Permit Worksheet
Today is the second and the second a	a result of a poorly installed or no gasket being installed. I understand a striot of tape will not serve as a gasket. Installer's initials	I understand a properly installed gasket is a requirement of all new and used homes and that condensation mold meldaw and huckled marriage walls are	rouling halls at 2 on center on both sides of the cententine.	will be centered over the peak of the roof and fastened with galv.	Type Fastener: A Length: Length:	Floor: Type Fastener: NA Length: Spacing:	Water drainage: Natural Swale Pad Wother	Site Preparation	Application Number: Date:

TORQUE PROBE TEST

Type gasket NA

x)SS

N ယ

The results of the torque probe test is ______ inch pour here if you are declaring 5' anchors without testing _____ showing 275 inch pounds or less will require 5 foot anchors. 280 inch pounds or check A test

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

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER ender

Installer Name

Date Tested

0-20-19

Electrical

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

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

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

Miscellaneous	Fireplace chimney installed so as not to allow intrusion of rain water. Yes	I ne bottomboard will be repaired and/or taped. Yes Pg. ISding on units is installed to manufacturer's specifications. Yes
---------------	---	--

Pg. 13

Weatherproofing

Between Floors Yes
Between Walls Yes Bottom of ridgebeam

Yes

Installed:

erstand a strip age walls are ew and used

Other: Dryer vent installed outside of skirting. Yes ~ N// Range downflow vent installed outside of skirting. Yes Drain lines supported at 4 foot intervals. Yes Electrical crossovers protected. Yes Skirting to be installed. Yes 8 NA N/Ar

Installer verifies all information given with this permit worksheet manufacturer's installation instructions and or Rule 15C-1 & 2 is accurate and true based on the

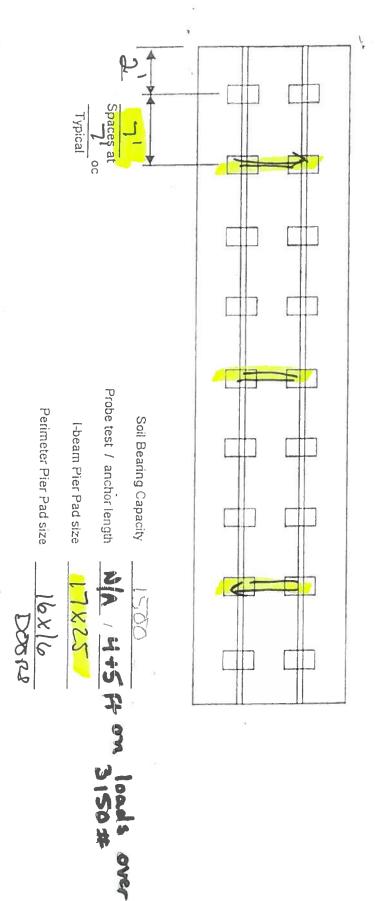
Installer Signature

Date 6-20-19

BLOCKING PLAN

Manufacturer Length x Width

Trubane



Pier Spacing based on set-up manual for 1502 PSF Soil.

Model 1100 All Steel Foundation system by Oliver Technologies

4ft ground anchors except were loads exceed 3150 lbs then 5 ft anchors.

Z/1 56 1200) F11111 1/2 14.8" 17.61/2" FRONT 32.43/4 £ 3813" 42'01/2" PECAR DOOR PIETES 44.23/B 45'6 1/2" 2260 10 THYCAL FRAME SUPPORT IZERS TOR 20 ID & 40 IN ROOF LOAD REFER TO TABLES 7 & TO BY THE BRETALLATION MANAJAL. 1950 100 8/c as 1640 ROWEN PER LOND & LOS CARCOLL DRENGING (FT) Ç 1485 1330 1175 .8.51 SEPTIME OFFICE PER LOAD 20 Ib ROOF LOND SP BOX WITH

Tith howe does not eacide plembeton for four fact and each consistent at the pictor. Will once the best designed with a design for each for the form eupport at the extentor roser underland SELLD-144 (or SLLG-D4).

SO.FT. (STD PLAN "CONDITIONED") (W/OPT. PORCH/RECESS "CONDITIONED") B20 SO.FI.

TRUPE Street 6-12 Beds 165 TRUE 14'x 60 Pep

FRAME DIEDO Inches Designer: Muteral

IND BIDD ASSESSED OOD

1. REFER TO TABLES 6 AND 63 IN THE RISTRELATION MANAMERY FOR I DAY OF FRAME PIER POOTONS FOR INDUSE THAT ON OWN REQUIRE PROMETER ILLOCKNO. REFER TO TABLES TO MAN TO IN THE RISTRELATION MANUAL FOR LOAD ON FRAME FIRST POOTINGS FOR HORIES THAT REQUIRE PERMETERS LICKNOS. REFER TO TABLES IN THAT REQUIRE DESIGNATE FOOTING BIZE FOR ALL PRING. MOTES

REFER TO THE BEOR PHER CONFIGURATION AND MANDREAD ALCOWING HER HEROTHE, CHICKS INFERENCE THE FIRST RECONT WITH THE MANDRIM ALLOWING EALOGY HERBYT LETTED IN THE FRAME THEODYNI CHARTE (TABLE

PIER LEGEND

SERVICE DROP LEGEND

E ABECTADA GADA B - FREE RE

N

THE MAXIMUM EPACENE FOR FRAME SUPPORT PLETS FOR SPECIAL SPECIAL STATES FOR SERVICE DROPE LOCATIONS INSTITUTED AVE

FLOOR WIDTH SHOWN IS FOR STANDARD PRODUCT ONLY. COMMOT THE MFG FACULTY FOR SPECIFICATENIS OF SPIKINS ORDERED.

* PERTURNACE SERVICE

de efullibilities - ANTARAGEM

D = DMYR, WASHED DATE

G = GENET

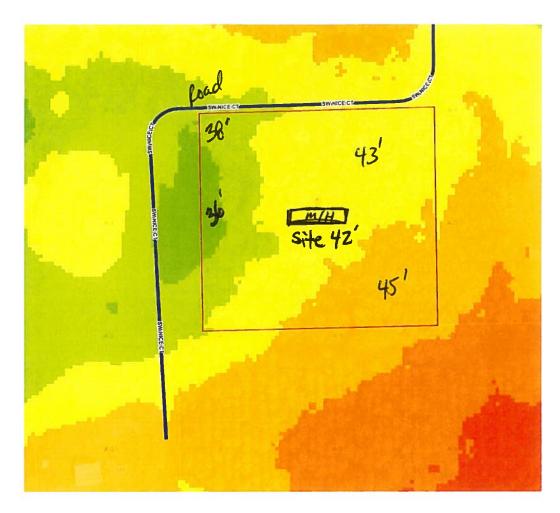
上りなる 7.0

Legend

LidarElevations

Columbia County, FLA - Building & Zoning Property Map

Printed: Thu Aug 29 2019 08:00:33 GMT-0400 (Eastern Daylight Time)



Parcel Information

Parcel No: 06-7S-16-04146-003

Owner: NORTHERN ALACHUA HOLDINGS LL

Subdivision:

Lot:

Acres: 2.12220478 Deed Acres: 2.13 Ac

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

Flood Zones:

Official Zoning Atlas: A-3

Parcels

2018Aerials

Addresses

SRWMD Wetlands

2018 Flood Zones

0.2 PCT ANNUAL CHANCE

B A

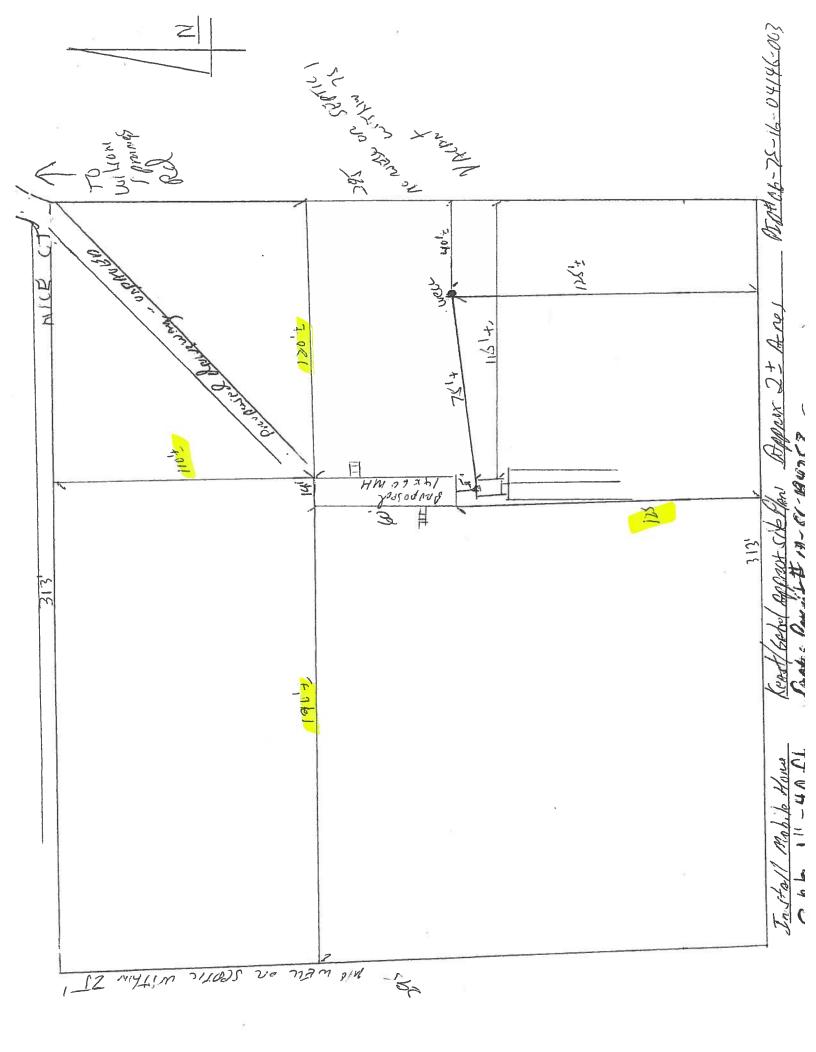
AE

AH

DevZones1

others □ A-1

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



AFFIDAVIT

STATE OF FLORIDA COUNTY OF COLUMBIA

This is to certify that I. (We), <u>NORTHERN ALACHUA HOLDINGS, LLC</u> as the owner of the below described property:

Notary Printed Name

Notary Stamp

Notary Public Signature



Florida Department of State



Department of State / Division of Corporations / Search Records / Detail By Document Number /

Detail by Entity Name

Florida Limited Liability Company
NORTHERN ALACHUA HOLDINGS, LLC

Filing Information

 Document Number
 £07000019665

 FEI/EIN Number
 20-8538880

 Date Filed
 02/21/2007

 State
 FL

Status ACTIVE

Principal Address

20638 NW 78TH AVENUE ALACHUA, FL 32615

Mailing Address

20638 NW 78TH AVENUE ALACHUA, FL 32615

Registered Agent Name & Address

SULLIVAN, MARK P 20638 NW 78TH AVENUE ALACHUA, FL 32615

Authorized Person(s) Detail

Name & Address

Title MGRM

SULLIVAN, MARK P 20638 NW 78TH AVENUE ALACHUA, FL 32615

Title MGRM

SUŁLIVAN, NANCY J 20638 NW 78TH AVENUE ALACHUA, FL 32615

Annual Reports

Report Year Filed Date 2017 01/20/2017

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:

4/18/2019 1:39:27 PM

Address:

225 SW NICE Ct

City:

FORT WHITE

State:

FL

Zip Code

32038

Parcel ID

04146-003

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

550 109905743



STATE OF FLORIDA DEPARTMENT OF HEALTH ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM

PERMIT NO.	19-0324
DATE PAID:	4118119
FEE PAID:	4435.70
RECEIPT #:	WX9/21/

APPLICATION	FOR CONSTRUCTION	N PERMIT		-0100
APPLICATION FOR: [X] New System [] : [] Repair [] : APPLICANT:	Abandonment	[] Holding To	ank [] Enno	vative
AGENT:	J		TELEPHONE: 38	6-766-377
mailing address: 570	NE Contana	Rd Branturd	fl. 3200	F
TO BE COMPLETED BY APPLICAN BY A PERSON LICENSED PURSUA APPLICANT'S RESPONSIBILITY ! PLATTED (MM/DD/YY) IF REQUE	T OR APPLICANT'S AU NT TO 489.105(3)(m) TO PROVIDE DOCUMENT	THORIZED AGENT. OR 489.552, FLOR	IDA STATUTES. I	T IS THE
PROPERTY INFORMATION				
LOT: BLOCK:	SUBDIVISION:		PLATTE	:D:
PROPERTY ID #: 06-75-16- PROPERTY SIZE: 2.13				
is sewer available as per 30 property address: 225	51.0065, FS? [x / l	t FORT L	STANCE TO SEWER:	32038
DIRECTIONS TO PROPERTY:		,		
BUILDING INFORMATION	[X RESIDENTIAL	. • [] COMM	ERCIAL	
Unit Type of No Establishment	No. of Build: Bedrooms Area	ing Commercial/In Sqft Table 1, Chap	nstitutional Syspter 64E-6, FAC	tem Design
1 Mobile homa	3 1,2	18		
3			м	
4		***************************************		The second second
[] Floor/Equipment Drain	s [] Other (Sp	ecify)		10110
SIGNATURE:			DATE: 4//	8//7
DH 4015, 08/09 (Obsoletes p	revious editions wh	ich may not be us	nd)	•

Incorporated 64E-6.001, FAC

STATE OF FLORIDA DEPARTMENT OF HEALTH APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 19-0324

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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

MOBILE HOM	E INSTALLERS LETTER OF A	JIHORIZATION
1, Wender Crew Installer License Holder Na	give this authority	for the job address show below
only, TRO NICE	Job Address	, and I do certify that
the below referenced person(s)) listed on this form is/are under n	ny direct supervision and control
	ise permits, call for inspections ar	
Printed Name of Authorized Person	Signature of Authorized Person	Authorized Person is (Check one)
Tyler Kenst	V 33	Agent Officer Property Owner
SOUTHERN COMFORT MOBILE HOME CENTER OBVIO SHE SLIV, BOO (1/4/2)	INC. SOUTHERN COMFORT MOBILE HOME CENTER	Agent Officer Property Owner
/-		Agent Officer Property Owner
under my license and I am fully Local Ordinances. I understand that the State Licen holder for violations committed it	t I am responsible for all permits presponsible for compliance with a name of the power and a by him/her or by his/her authorize sponsibility for compliance grante	uthority to discipline a license d person(s) through this
License Holders Signature (Nota	THINS License Nu	316 6-20-19 umber Date
NOTARY INFORMATION: STATE OF: Florida	COUNTY OF: MARCON	
The above license holder, whose personally appeared before me a (type of I.D.)	and is known by me or has produ	CRESTO Ced identification of JUNE , 2019.
NOTARY'S SIGNATURE	O o la	Seal/Stamp) NORMAN D LANE
NOTARY INFORMATION: STATE OF: Florida The above license holder, whose personally appeared before me a	COUNTY OF: MALCON e name isCOUNTY OF: MALCON and is known by me or has produ	Date Oscib Ced identification
NOTARY'S SIGNATURE) o Ohe	Seal/Stamp) NORMAN D LANE

Andrews Site Prep, Inc. 8230 SW State Road 121 Lake Butler, Fl. 32054 386-867-0572 Well Lic # 2699

May 1, 2019

To: Columbia County Building Department

We will be drilling a 4" well for Tyler Keast located at 225 Sw Nice Ct. Fort White Fl. 32038. Parcel # 06-7S-16-04146-003. The well should go approximately 100 feet with a casing depth of 80 feet. We will install a 1hp aermotor submersible pump and a 32 gallon challenger bladder tank.

Thank you,

Barton Andrews Jr.

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1908-56	CONTRACTOR	WENDELL CREWS	PHONE 352. 351. 19
----------------------------	------------	---------------	--------------------

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

In Columbia County one permit will cover all trades doing work at the permitted site. It is <u>REQUIRED</u> that we have records of the subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and Ordinance 89-6, a contractor shall require all subcontractors to provide evidence of workers' compensation or exemption, general liability insurance and a valid Certificate of Competency license in Columbia County.

Any changes, the 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_Tylte_KEAST Signature License #: Owner Phone #: 786-266-3372	_
\checkmark	Qualifier Form Attached	
MECHANICAL/	Print Name Tyler KEAST Signature License #: Dwner Phone #: J86-266-3372	_
	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.