

PERMIT
000028316

Check # or Cash CASH

The Issuance of this Permit Does Not Waive Compliance by Permittee with Deed Restrictions.

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-10-08) Zoning Official: BLK 07.01.10 Building Official: WA 1-5-09

AP# 1001-01 Date Received 1/4/10 By GT Permit # 28316

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

Comments Section 4.5.6(#2)(e) Residents as an accessory use for employee

FEMA Map# N/A Elevation N/A Finished Floor 1st floor River N/A In Floodway N/A

☒ Site Plan with Setbacks Shown ☐ EH # 09-436 ☐ EH Release ☐ Well letter ☒ Existing well

☒ Recorded Deed or Affidavit from land owner ☒ Letter of Auth. from installer ☐ State Road Access

☐ Parent Parcel # _____ ☐ STUP-MH _____ ☐ F W Comp. letter _____

IMPACT FEES: EMS _____ Fire _____ Corr _____ Road/Code _____

School _____ = TOTAL N/A Suspended ☒ Pre-Inspection
replacing existing dwelling

Property ID # 34-6S-17-09854-000 Subdivision _____

- New Mobile Home _____ Used Mobile Home yes MH Size 16x80 Year 2005
- Applicant Kenneth Bullard Phone # 386-365-6789
- Address _____
- Name of Property Owner State of Florida Phone# _____
- 911 Address 971 Sprite Loop High Springs FL
- Circle the correct power company - FL Power & Light - Clay Electric
 (Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home Kenneth Bullard Phone # _____
 Address _____
- Relationship to Property Owner Employee
- Current Number of Dwellings on Property 1
- Lot Size 10 Ac Total Acreage _____
- 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 yes pd
- Driving Directions to the Property 441 South to Oleno State park
left at tower.

- Name of Licensed Dealer/Installer Jesse I Cooper Phone # 1-386-752-710
- Installers Address 173 N.W. orbison dr Lake city FL 32055
- License Number IH000092 Installation Decal # 306424

left message
to Jesse
installation

PERMIT WORKSHEET

page 1 of 2

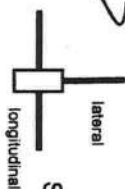
Installer Jesse L Cooper License # IH000092
 Manufacturer Fleet wood Length x Width 16 x 80
 Name of Owner of this Mobile Home Kenneth Bullard
 Phone 386365 6789
 Address _____

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

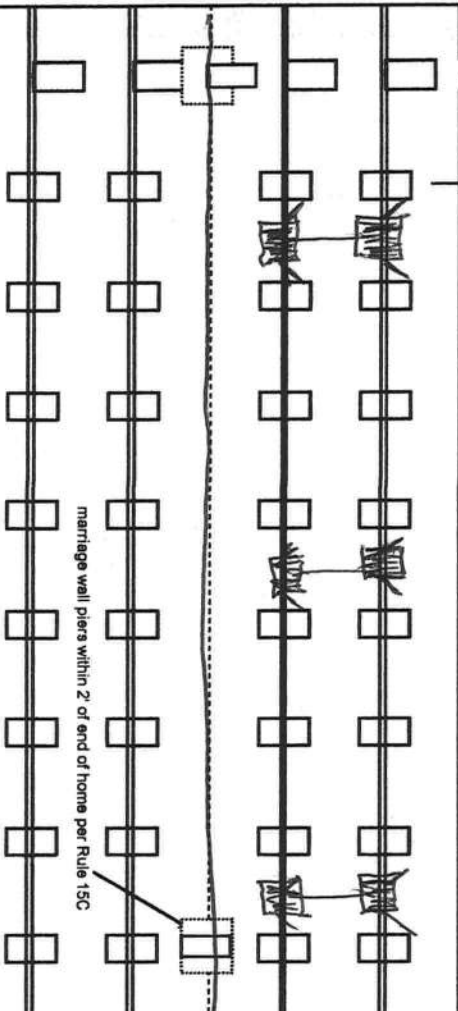
I understand Lateral Arm Systems cannot be used on any home (new or used)
 where the sidewall ties exceed 5 ft 4 in.

Installer's initials

Typical pier spacing



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



New Home ☐ Used Home ☒ Year 2005
 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 # 306424
 Triple/Quad ☐ Serial # 52667

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	16" x 16" (256)	18 1/2" x 18 (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 23 1/4 x 31 1/4
 Perimeter pier pad size 16 x 16

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 _____

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 1101V System Over Tech
 C11Steel

OTHER TIES

Number _____
 Sidewall _____
 Longitudinal _____
 Marriage wall _____
 Shearwall _____

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to _____ without testing.

2500 psf 1000 psf

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 2905 inch pounds or check here if you are declaring 5' anchors without testing. A test showing 275 inch pounds or less will require 4 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 require anchors with 4000 lb holding capacity.

Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

John Lopez

Date Tested

12-31-09

Electrical

Plumbing

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between multi-wide units. Pg. 100

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 100
Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 100

Site Preparation

Debris and organic material removed ☒ 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, 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

Type gasket

Installed:

Pg. 100 Between Floors Yes
Between Walls Yes
Bottom of ridgebeam Yes

Weatherproofing

The bottomboard will be repaired and/or taped. Yes ☒ Pg. 100
Siding on units is installed to manufacturer's specifications. Yes ☒ Pg. 100
Fireplace chimney installed so as not to allow intrusion of rain water. Yes ☒ Pg. 100

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

John Lopez

Date 12-31-09

NO
Application
Submitted

CITY OF ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 10/22/09 BY G IS THE MR. ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? No

OWNERS NAME Kenneth Ballard PHONE 367-3305 CELL 365-6789

ADDRESS _____

MOBILE HOME PARK _____ SUBDIVISION _____

DRIVING DIRECTIONS TO MOBILE HOME 4415, 15 miles, TL into
Oleno State Park, at base of fire tower.

MOBILE HOME INSTALLER John Shipp PHONE _____ CELL _____

MOBILE HOME INFORMATION

MAKE Fleetwood YEAR 2005 SIZE 16x80 COLOR Beige

SERIAL No. 52677

WIND ZONE II Must be wind zone II or higher No WIND ZONE I ALLOWED

INSPECTION STANDARDS

INTERIOR:

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

- ☒ SMOKE DETECTOR () OPERATIONAL () MISSING
- ☒ FLOORS () SOLID () WEAK () HOLES DAMAGED LOCATION _____
- ☒ DOORS () OPERABLE () DAMAGED
- ☒ WALLS () SOLID () STRUCTURALLY UNBOUND
- ☒ WINDOWS () OPERABLE () INOPERABLE
- ☒ PLUMBING FIXTURES () OPERABLE () INOPERABLE () MISSING
- ☒ CEILING () SOLID () HOLES () LEAKS APPARENT
- ☒ ELECTRICAL (FIXTURES/OUTLETS) () OPERABLE () EXPOSED WIRING () OUTLET COVERS MISSING () LIGHT FIXTURES MISSING

EXTERIOR:

- ☒ WALLS / SIDING () LOOSE SIDING () STRUCTURALLY UNBOUND () NOT WEATHERTIGHT () NEEDS CLEANING
- ☒ WINDOWS () CRACKED / BROKEN GLASS () SCREENS MISSING () WEATHERTIGHT
- ☒ ROOF () APPEARS SOLID () DAMAGED

STATUS

APPROVED ☒ WITH CONDITIONS: _____

NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE Jeff S. Powell ID NUMBER 402 DATE 10-23-09



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, Jesse L Cooper, give this authority for the job address show below
Installer License Holder Name
 only, 971 sprite Loop High springs 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>Kenneth Bullard</u> <u>Roland Tardif</u>		<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
		<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.

Jesse L Cooper TH0000992 12-31-09
License Holders Signature (Notarized) License Number Date

NOTARY INFORMATION:

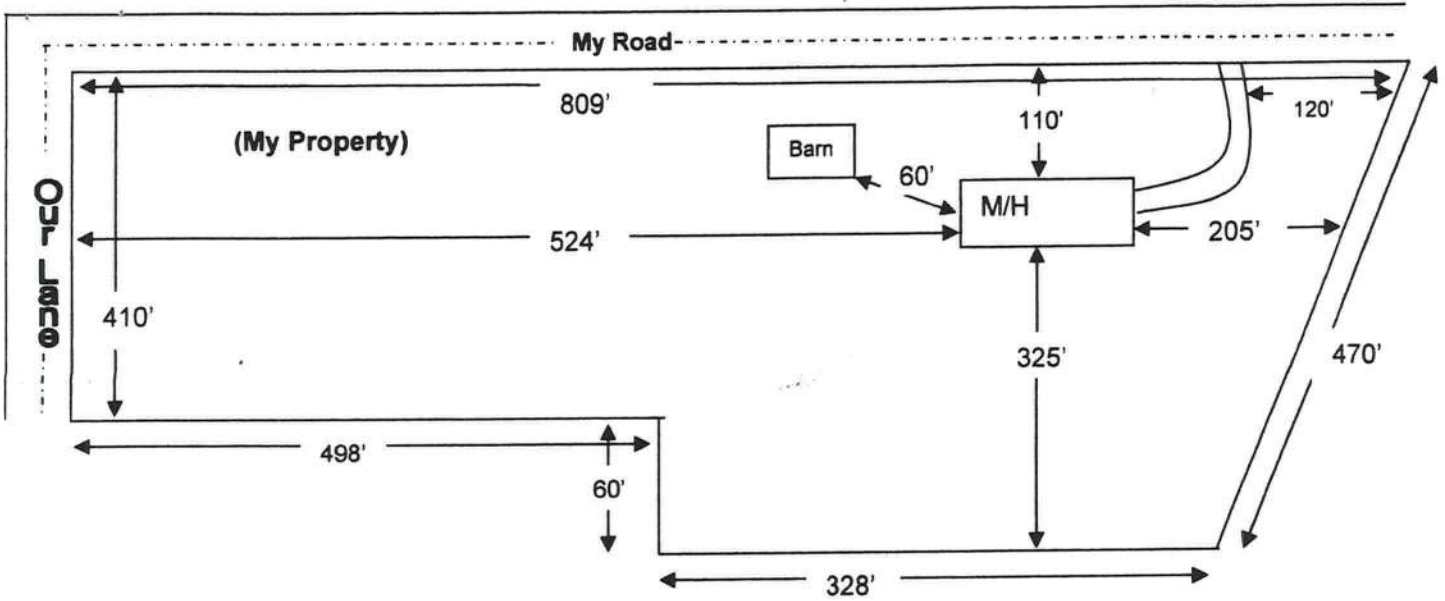
STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Jesse L Cooper,
 personally appeared before me and is known by me or has produced identification
 (type of I.D.) Personally Known on this 30 day of December, 2009.

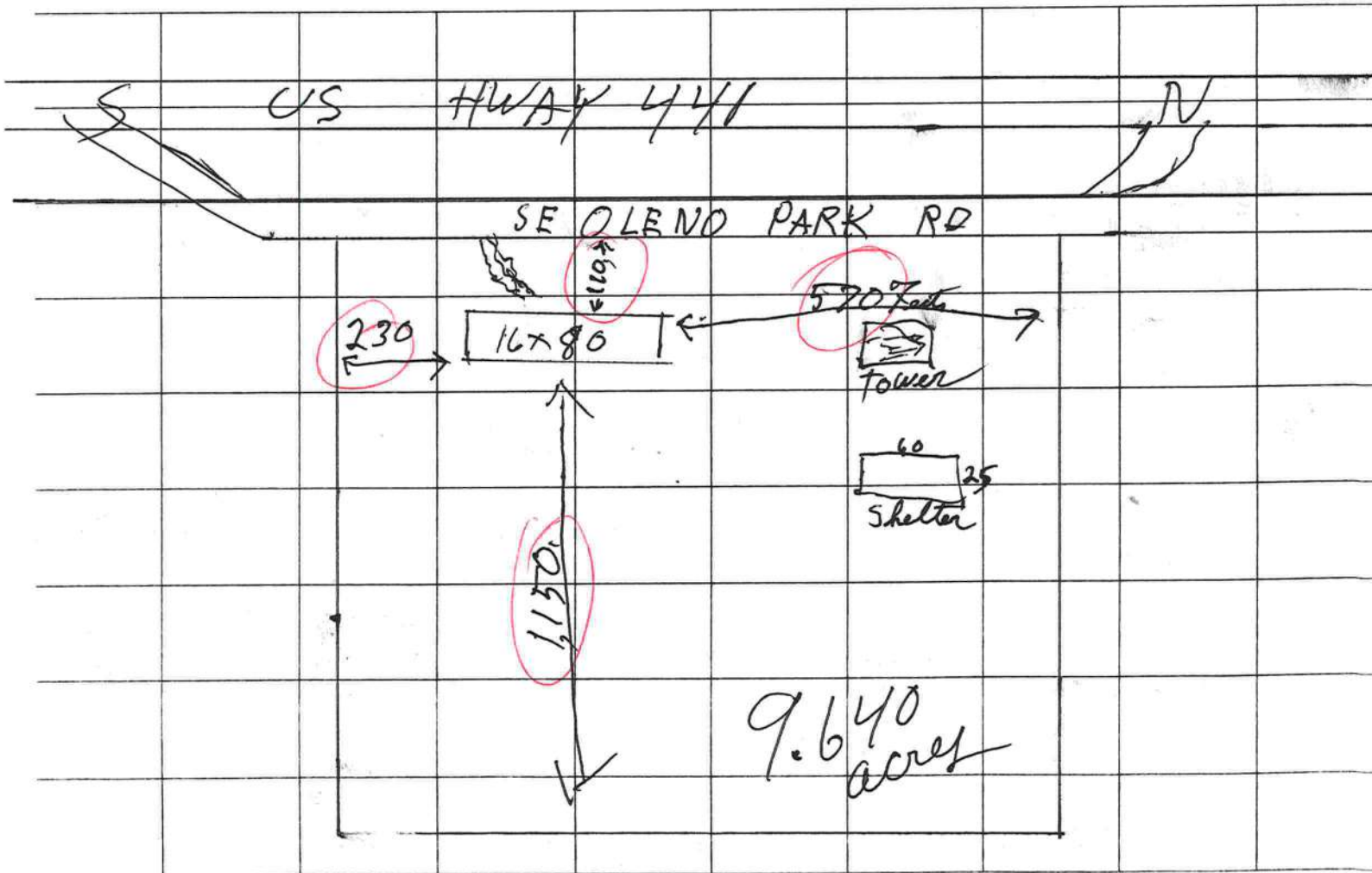
Roland L Tardif
NOTARY'S SIGNATURE

NOTARY PUBLIC-STATE OF FLORIDA
 Roland L. Tardif
 Commission #DD728674
 OCT. 24, 2011
 BONDED THRU ATLANTIC BONDING CO., INC.

SITE PLAN EXAMPLE / WORKSHEET



Use this example to draw your own site plan. Show all existing buildings and any other homes on this property and show the distances between them. Also show where the roads or roads are around the property. This site plan can also be used for the 911 Addressing department if you include the distance from the driveway to the nearest property line.



AFFIDAVIT

**STATE OF FLORIDA
COUNTY OF COLUMBIA**

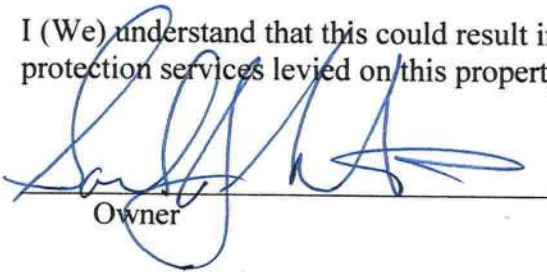
This is to certify that I, (We), FLORIDA Division of FORESTRY
owner of the below described property:

Tax Parcel No. 34-65-17-09854-000 05

Subdivision (name, lot, block, phase) _____

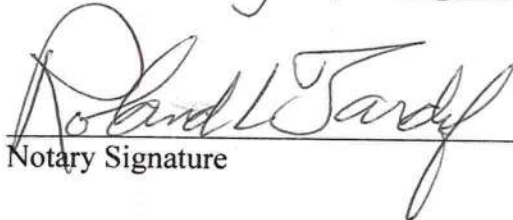
Give my permission to KENNETH BULLARD to place a
mobile home/travel trailer/single family home (circle one) on the above mentioned
property.

I (We) understand that this could result in an assessment for solid waste and fire
protection services levied on this property.


Owner

Owner

SWORN AND SUBSCRIBED before me this 4 day of January,
20 10. This (these) person(s) are personally known to me or produced
ID Personally Known.


Notary Signature

NOTARY PUBLIC-STATE OF FLORIDA
Roland L. Tardif
Commission # DD728674
Expires: OCT. 24, 2011
BONDED THRU ATLANTIC BONDING CO., INC.



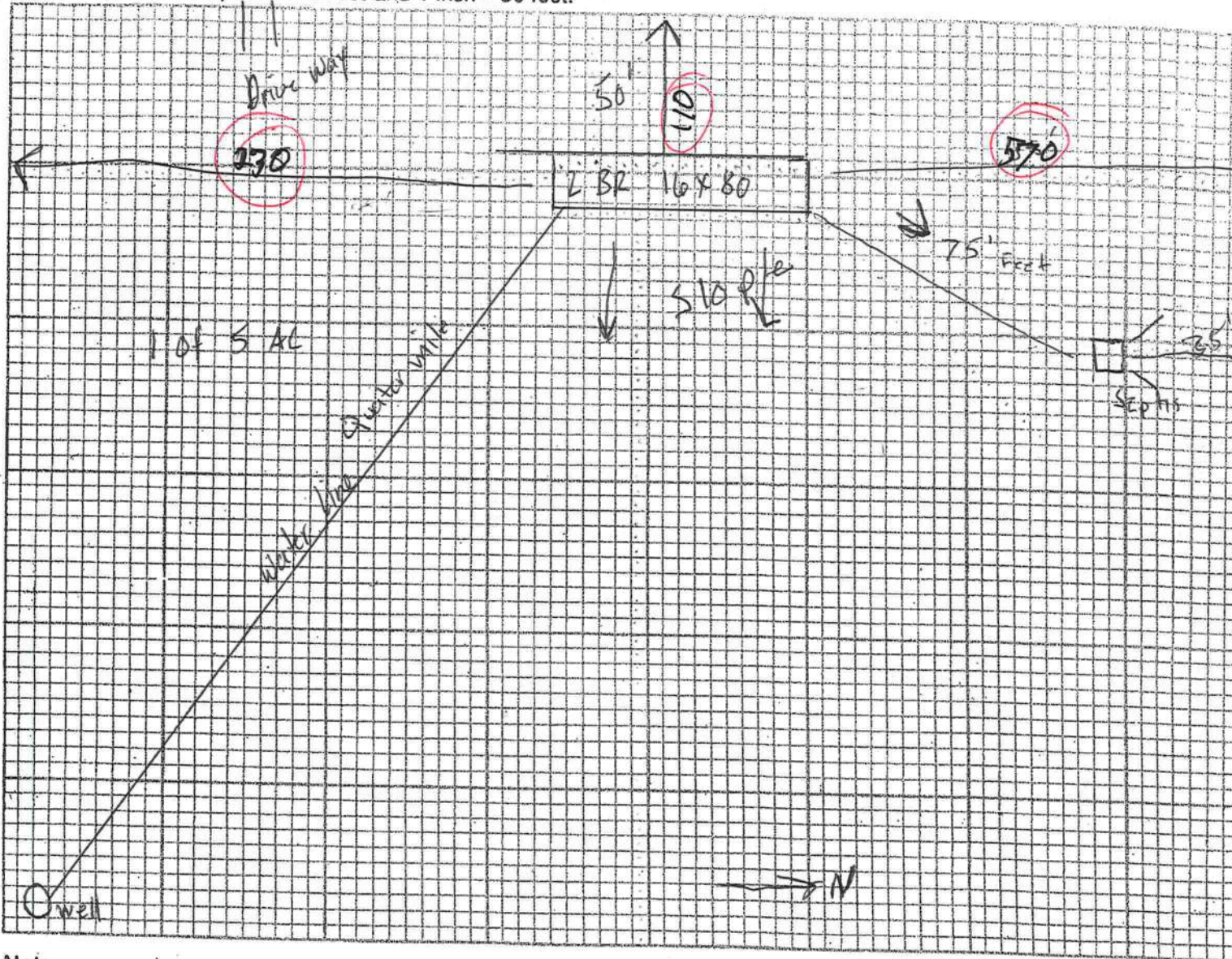
STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number _____

PART II - SITE PLAN

Scale: Each block represents 5 feet and 1 inch = 50 feet.



Notes: _____

Site Plan submitted by: _____

Plan Approved _____ Not Approved _____

By _____ Date _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Columbia County Property Appraiser

DB Last Updated: 11/13/2009

2009 Tax Year

Tax Record

Property Card

Interactive GIS Map

Print

Parcel: 34-6S-17-09854-000 05

Owner & Property Info

Search Result: 1 of 16

Next >>

Owner's Name	TIITF/AGRICULTURE-FORESTRY		
Site Address	SPRITE		
Mailing Address	OLENO TOWERSITE 3900 COMMONWEALTH BLVD TALLAHASSEE, FL 32399		
Use Desc. (code)	STATE (008700)		
Neighborhood	034617.00	Tax District	3
UD Codes	MKTA02	Market Area	02
Total Land Area	9.640 ACRES		
Description	COMM SW COR, RUN N 1341 FT, E 100 FT FOR POB, CONT E 600.6 FT, N 699.6 FT, W 600.6 FT, S 699.6 FT TO POB. BEIN IN NW1/4 OF SW1/4.		

GIS Aerial



Property & Assessment Values

Mkt Land Value	cnt: (2)	\$57,634.00
Ag Land Value	cnt: (0)	\$0.00
Building Value	cnt: (1)	\$40,574.00
XFOB Value	cnt: (2)	\$1,088.00
Total Appraised Value		\$99,296.00

Just Value	\$99,296.00
Class Value	\$0.00
Assessed Value	\$99,296.00
Exemptions	(code: 05) \$99,296.00
Total Taxable Value	County: \$0.00 City: \$0.00 Other: \$0.00 School: \$0.00

Sales History

Sale Date	Book/Page	Inst. Type	Sale VImp	Sale Qual	Sale RCode	Sale Price
NONE						

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	SINGLE FAM (000100)	1965	Common BRK (19)	1056	1472	\$40,574.00
Note: All S.F. calculations are based on exterior building dimensions.						

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0296	SHED METAL	0	\$576.00	0000001.000	18 x 18 x 0	(000.00)
0296	SHED METAL	0	\$512.00	0000001.000	8 x 16 x 0	(000.00)

Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
008700	STATE (MKT)	0000009.640 AC	1.00/1.00/1.00/1.00	\$5,771.25	\$55,634.00
009945	WELL/SEPT (MKT)	0000001.000 UT - (0000000.000AC)	1.00/1.00/1.00/1.00	\$2,000.00	\$2,000.00



1001-01



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

SSO # 230901939

09-0436

PERMIT NO. A0932996
DATE PAID: 2/17/09
FEE PAID: 145.00
RECEIPT #: 12-PH-1175882

APPLICATION FOR:

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

APPLICANT: TIITF / Agriculture - Forestry

AGENT: Kenneth Bullard

TELEPHONE: 386 3656

MAILING ADDRESS: 761 SE Spritz Loop High Springs FL

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3)(a) OR 489.552, FLORIDA STATUTES.

PROPERTY INFORMATION

LOT: 34-65-171 BLOCK: Meets & Bounds PLATTED: Unkn

PROPERTY ID #: 09854-000 ZONING: Res. I/M OR EQUIVALENT: ☒ Y ☐ N

PROPERTY SIZE: 10 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ <=2000GPD ☐ >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y ☐ N DISTANCE TO SEWER: 85

PROPERTY ADDRESS: 810 Spritz Loop High Springs FL

DIRECTIONS TO PROPERTY: 441 South to Olene park turn left at Olene Fire tower. (Forestry)

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	Mobile Home	2	1216	
2				
3				
4				

☐ Floor/Equipment Drains ☒ Other (Specify)

SIGNATURE: [Signature]

DATE: 8-17-09

RECEIVED

ENTERED

