

Event
- Govt - N/C -

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-11) Zoning Official BLK 19 Nov. 2013 Building Official TM 11/19/13
AP# 1311-36 Date Received 11/19 By JW Permit # 31604
Flood Zone X Development Permit N/A Zoning A-3 Land Use Plan Map Category A-3
Comments _____
FEMA Map# N/A Elevation N/A Finished Floor above River N/A In Floodway N/A
☒ Site Plan with Setbacks Shown ☒ EH # 13-0559 ☐ EH-Release ☐ Well letter ☒ Existing well
☒ Recorded Deed or Affidavit from land owner ☒ 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
Road/Code _____ School _____ = TOTAL _____ Suspended March 2009 ☐ Ellisville Water Sys

FIRE STATION
#49

Property ID # 31-65-17-09818-101 Subdivision NA

- * New Mobile Home ☒ Used Mobile Home _____ MH Size 16x70 Year 2014
- * Applicant Wendy Grennell Phone # 386-288-2428
- * Address 3104 SW Old Wire Rd Ft White FL 32038
- * Name of Property Owner Columbia County Phone # 386-758-1326
- * 911 Address 3303 SW CR 18 Ft. White FL 32038
- * Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Progress Energy
- * Name of Owner of Mobile Home Columbia County Phone # 386-758-1326
Address PO Box 1529 Lake City FL 32056
- * Relationship to Property Owner same
- * Current Number of Dwellings on Property 1 Firestation
- * Lot Size _____ Total Acreage 5
- * 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 SR 47 S to US 27 TL, to CR 18
TL to property on NE corner of 18 + Cooper Terr
- * Name of Licensed Dealer/Installer Robert Sheppard Phone # 386-623-2203
- * Installers Address 6355 SE CR 245 Lake City FL 32025
License Number IH1025386 Installation Decal # 19667

JW spoke w/ Wendy 11.19.13

COLUMBIA COUNTY PERMIT WORKSHEET

page 1 of 2

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

Installer Robert Shapard License # FW 1025386

911 Address where home is being installed 3303 SW CR 18

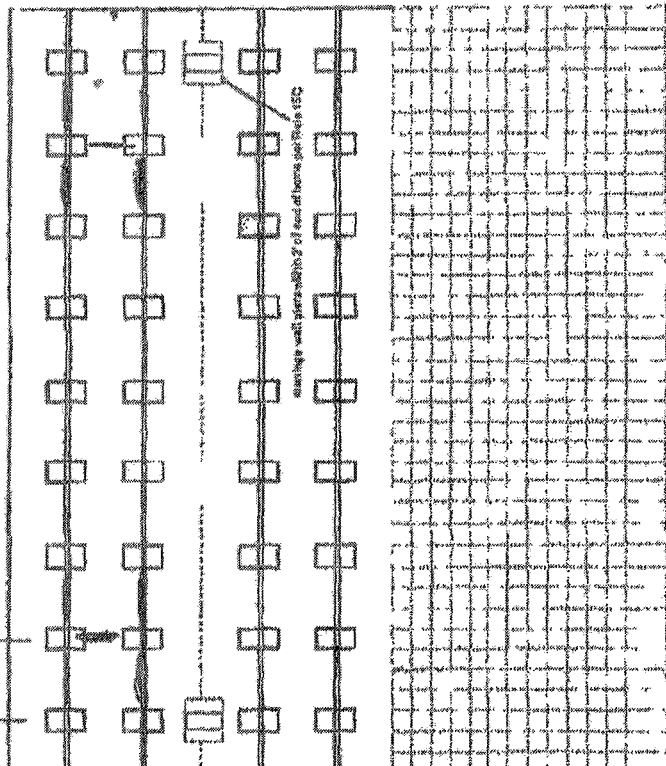
Fort White FL 32038

Manufacturer Champion Length x width 70x16

NOTE: If home is a single wide fill out one half of the blocking plan.
If home is a double or quad wide submit in remainder of forms

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

Installer's Initials RS



PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq ft)	16' x 16' (256)	16' 1/2" x 16' (264)	20' x 20' (400)	22' x 22' (484)	24' x 24' (576)	26' x 26' (676)
1000 lbs	3'	4'	5'	6'	7'	8'
1500 lbs	4'	5'	6'	7'	8'	9'
2000 lbs	5'	6'	7'	8'	9'	10'
2500 lbs	6'	7'	8'	9'	10'	11'
3000 lbs	7'	8'	9'	10'	11'	12'
3500 lbs	8'	9'	10'	11'	12'	13'

* 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.) 17x25

Draw the approximate locations of marriage wall openings 4 feet or greater. Use this symbol to show the piers.

List all marriage wall openings greater than 4 feet and their pier pad sizes below

Opening Pier pad size

POPULAR PAD SIZES

Pad Size	50 lb
16' x 16'	256
16' 1/2' x 16'	264
18' 5' x 18' 5'	342
19' 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'	440
24' x 24'	576
26' x 26'	676

ANCHORS

4 # 5 #

FRAME TIES

within 2' of end of home spaced at 5' or less

OTHER TIES

Number	24
Side wall	Longitudinal
Marriage wall	Longitudinal
Shear wall	Longitudinal

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer Champion
Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer Champion Order # 1101

COLUMBIA COUNTY PERMIT WORKSHEET

page 2 of 2

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 1500 psi or check here to declare 1000 lb. soil without testing.

x 1700 x 1700 x 1600

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 1700 x 1600 x 1600

TORQUE PROBE TEST

The results of the torque probe test is 270 inch pounds or check here if you are declaring by anchors without testing. A test showing 275 inch pounds or less will require 5 foot anchors.

Note: A site approved lateral arm system is being used and 4 ft anchors are allowed at the sidewalk locations. I understand 5 ft anchors are required at all remaining 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.

Installers Initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Robert Shepard

Date Tested

11-14-13

Electrical

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

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 28

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 29

Site Preparation

Debris and organic material removed ☒ Swale ☐ Pad ☒ Other ☐

Fastening multi-wire units

Floor Type Fastener Length Spacing
Walls Type Fastener Length Spacing
Roof Type Fastener Length Spacing
For used homes a min 30 gauge 3" 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 eave line.

Gasket requirements (optional)

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:

Between Floors Yes
Between Walls Yes
Bottom of ridgebeam Yes

Weatherstripping

The bottomboard will be repaired and/or taped. Yes ☒ Pg. _____
Sliding 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

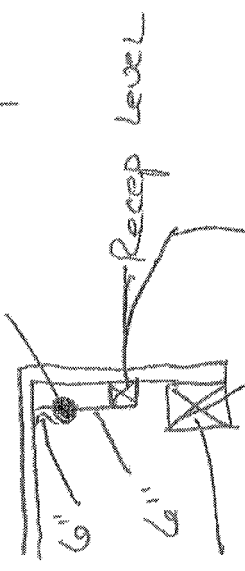
Robert Shepard

Date

11-14-13

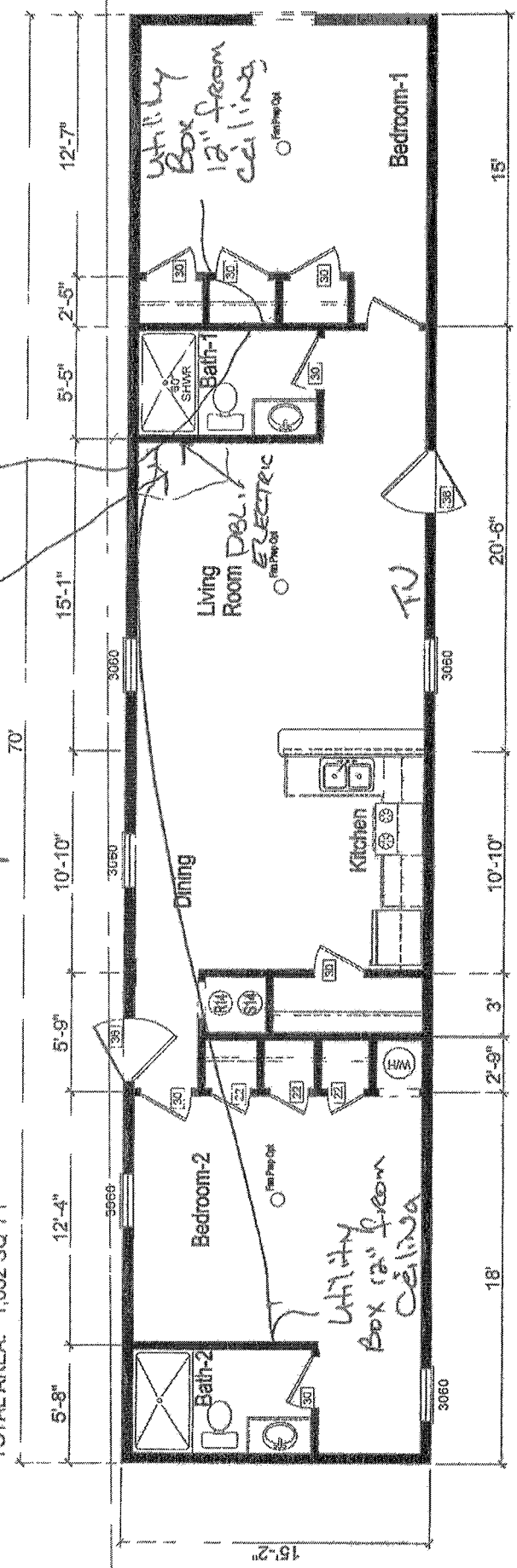
11/15/2013

1" PVC Pipe (12" Above & Below)



MODEL 261-LY0440
2 BEDROOM 2 BATH
ACTUAL SIZE 15'-2" x 70'-0"
TOTAL AREA 1,062 SQ. FT.

Disl. Electric
Recep



David L. Poirer

		MODEL 261-LY0440 fire house		SHEET
		TITLE: LITERATURE PLAN		L-101
PROPRIETARY AND CONFIDENTIAL THESE DRAWINGS AND SPECIFICATIONS ARE ORIGINAL PROPRIETARY AND CONFIDENTIAL MATERIALS OF CHAMPION COPYRIGHT © 2007 BY CHAMPION		DRAWN BY: RCD		DATE: 11-11-13
P.O. BOX 2097 HWY 100 EAST LAKE CITY, FL 32056				

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1311-36 CONTRACTOR Robert Shoppard PHONE 386 623-2203

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 _____ License # _____	Signature _____ Phone # _____
MECHANICAL/ A/C -701	Print Name <u>Robert Grant</u> License # <u>CAC1814931</u>	Signature <u>[Signature]</u> Phone # <u>800-859-3708</u>
PLUMBING/ GAS	Print Name <u>Robert Shoppard</u> License # <u>EH1025386</u>	Signature <u>[Signature]</u> Phone # <u>386-623-2203</u>

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.

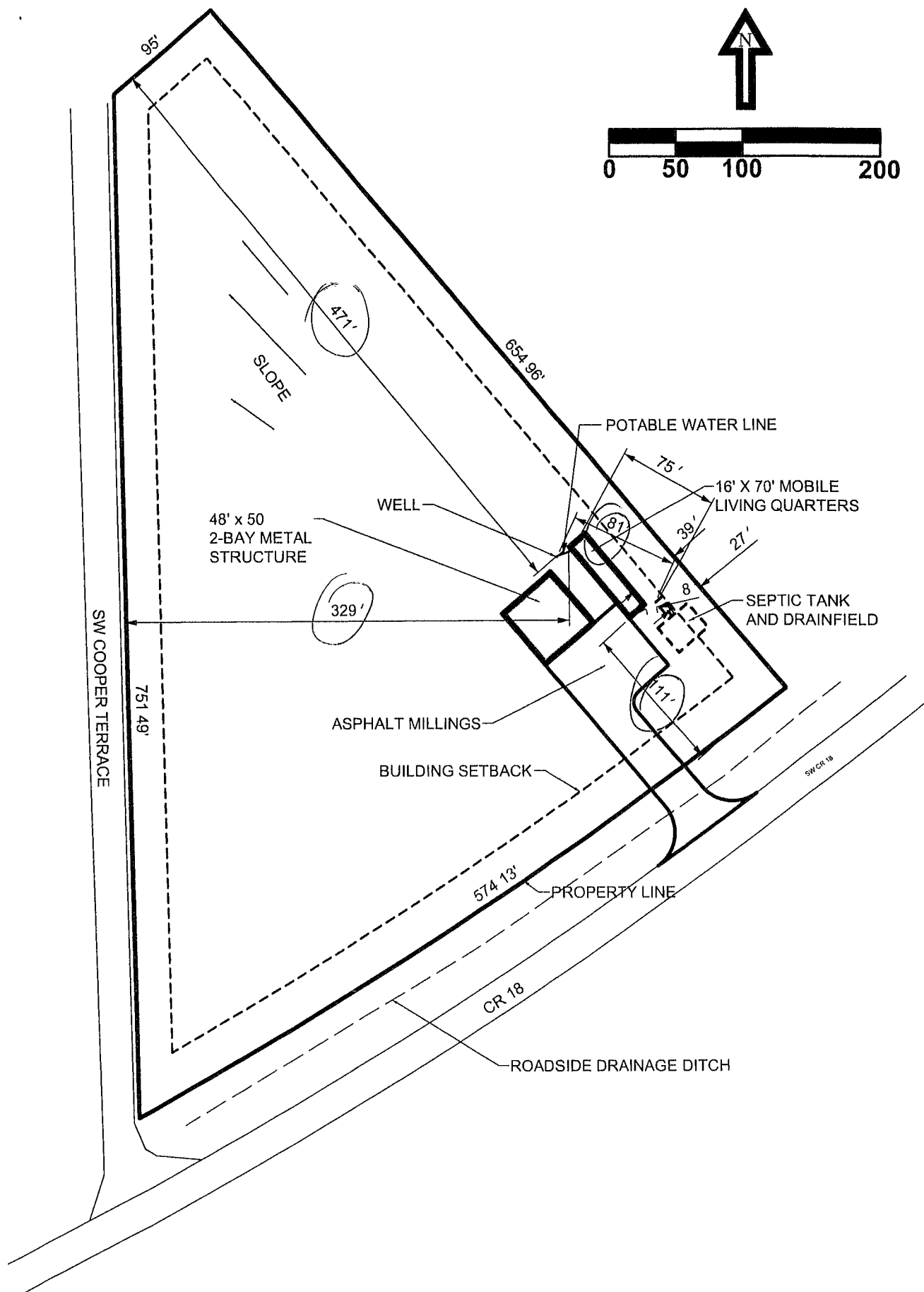
Continued on Form 3800-Subcontractor form 1/11

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

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

This image shows a full page of blank graph paper. The grid consists of small, equal-sized squares formed by thin black lines. There are 20 columns and 20 rows of squares, creating a total of 400 square units. The paper is otherwise completely empty, with no margins, text, or other markings.

Page 2 of 4



350 298 303439



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

PERMIT NO. 13-2559
DATE PAID: _____
FEE PAID: NO
RECEIPT #: 1127638

APPLICATION FOR:

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

APPLICANT: Columbia County BOCC

AGENT: Kevin Kirby, Operations Manager TELEPHONE: 386-758-1019

MAILING ADDRESS: 607 NW Quinten St.

=====

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 #: 31-6S-17-09818-101 ZONING: A-3 I/M OR EQUIVALENT: ☐ Y / ☐ N]

PROPERTY SIZE: 5.01 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐]<=2000GPD ☐]>2000GPD

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

PROPERTY ADDRESS: 3355 SW CR 18, Ft. White, FL 32038

DIRECTIONS TO PROPERTY: South US 441, Right SW Tustenuggee Ave, Right CR 18, Property 1 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>Mobile Home</u>	<u>2</u>	<u>1031</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: [Signature] DATE: 12-2-13



0 200 400 800



COLUMBIA COUNTY
BOARD OF COUNTY
COMMISSIONERS

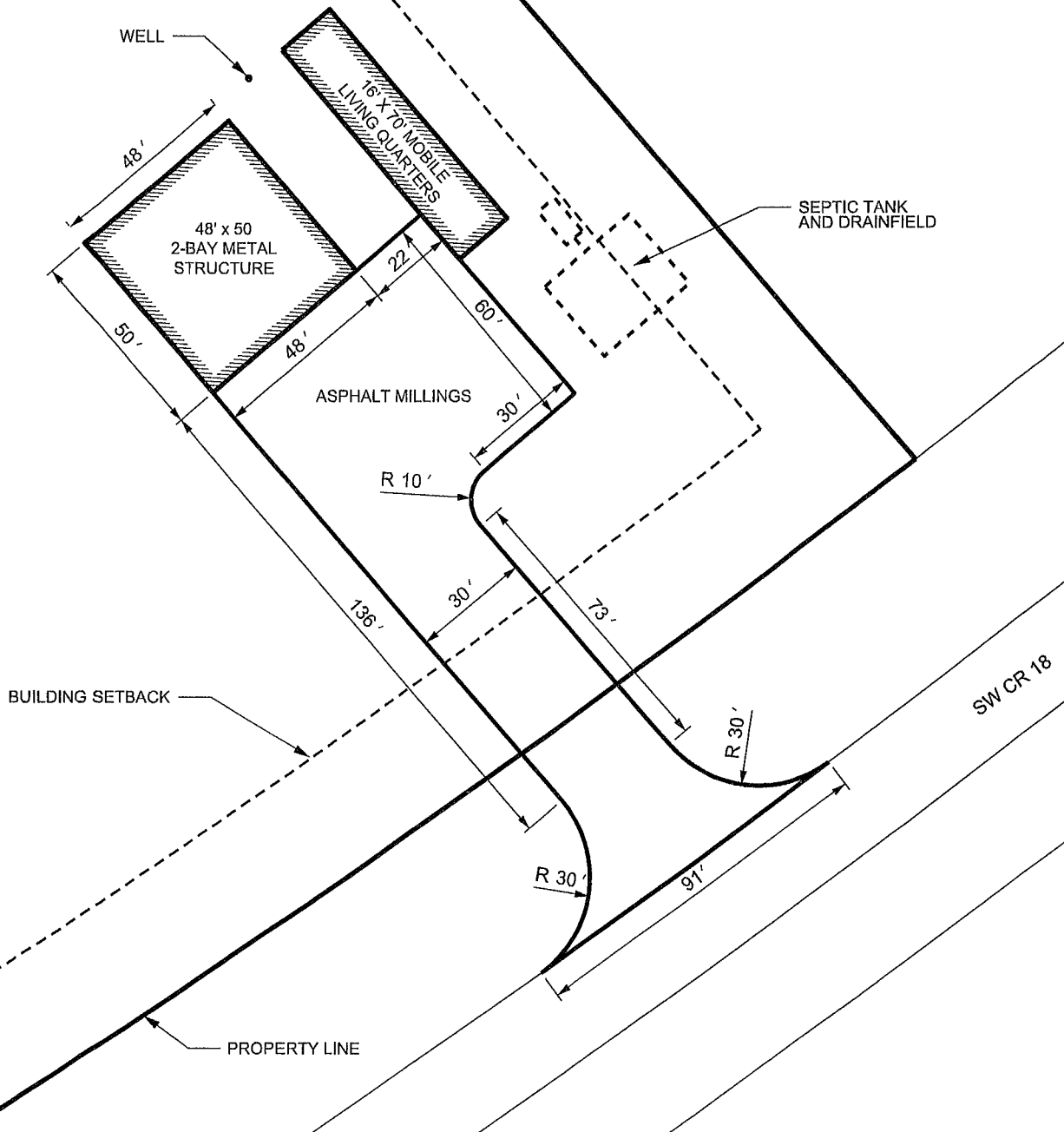
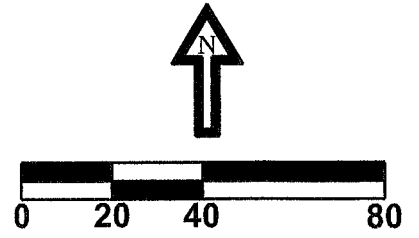


STATION # 49
COUNTY ROAD 18

LOCATION MAP

SHEET NO

1-2



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: 11/1/2013 DATE ISSUED: 11/1/2013

ENHANCED 9-1-1 ADDRESS:

3303 SW COUNTY ROAD 18

FORT WHITE FL 32038

PROPERTY APPRAISER PARCEL NUMBER:

31-6S-17-09818-101

Remarks:

ADDRESS FOR PROPOSED FIRE STATION ON PARCEL.

Address Issued By: SIGNED: / RONAL N. CROFT
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.**

Janice Williams

From: WENDY GRENNELL [wendyg226@bellsouth.net]
Sent: Tuesday, November 19, 2013 1:47 PM
To: Janice Williams
Subject: Re: 3rd application

Decal #'s

Station 49 Application 1311-36 # 19667 ✓

Station 50 Application 1311-37 # 19668 ✓

Station 51 Application 1311-38 # 19669 ✓

From: Janice Williams <janice_williams@columbiacountyfla.com>
To: 'WENDY GRENNELL' <wendyg226@bellsouth.net>
Sent: Tuesday, November 19, 2013 11:00 AM
Subject: RE: 3rd application

WE NEED DECAL NUMBERS!

APPLICATION NUMBERS IN SEQUENTIAL ORDER RE: FIRE STATIONS. ..

1311-36-STATION 49

1311-37-STATION 50

1311-38-STATION 51

THANKS JLW. .

From: WENDY GRENNELL [mailto:wendyg226@bellsouth.net]
Sent: Tuesday, November 19, 2013 10:23 AM
To: Laurie Hodson
Cc: Janice Williams
Subject: 3rd application

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1311-36 CONTRACTOR ROBERT VNEPPARD PHONE 386.623.2203

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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>Kevin Kirby</u>	Signature <u>[Signature]</u>	Phone #: <u>386.752.5955</u>
MECHANICAL/ A/C _____	Print Name _____	Signature _____	Phone #: _____
PLUMBING/ GAS _____	Print Name _____	Signature _____	Phone #: _____

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.

Contractor Forms: Subcontractor form: 1/11

CERTIFICATE OF OCCUPANCY

M/H OCCUPANCY

COLUMBIA COUNTY, FLORIDA

Department of Building and Zoning Inspection

This Certificate of Occupancy is issued to the below named permit holder for the building and premises at the below named location, and certifies that the work has been completed in accordance with the Columbia County Building Code.

Parcel Number 31-6S-17-09818-101

Building permit No. 000031604

Permit Holder ROBERT SHEPPARD

Owner of Building COLUMBIA COUNTY, FLORIDA

Location: 3303 SW CR-18, FT WHITE, FL 32038

Date: 12/30/2013




Building Inspector

POST IN A CONSPICUOUS PLACE
(Business Places Only)