

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

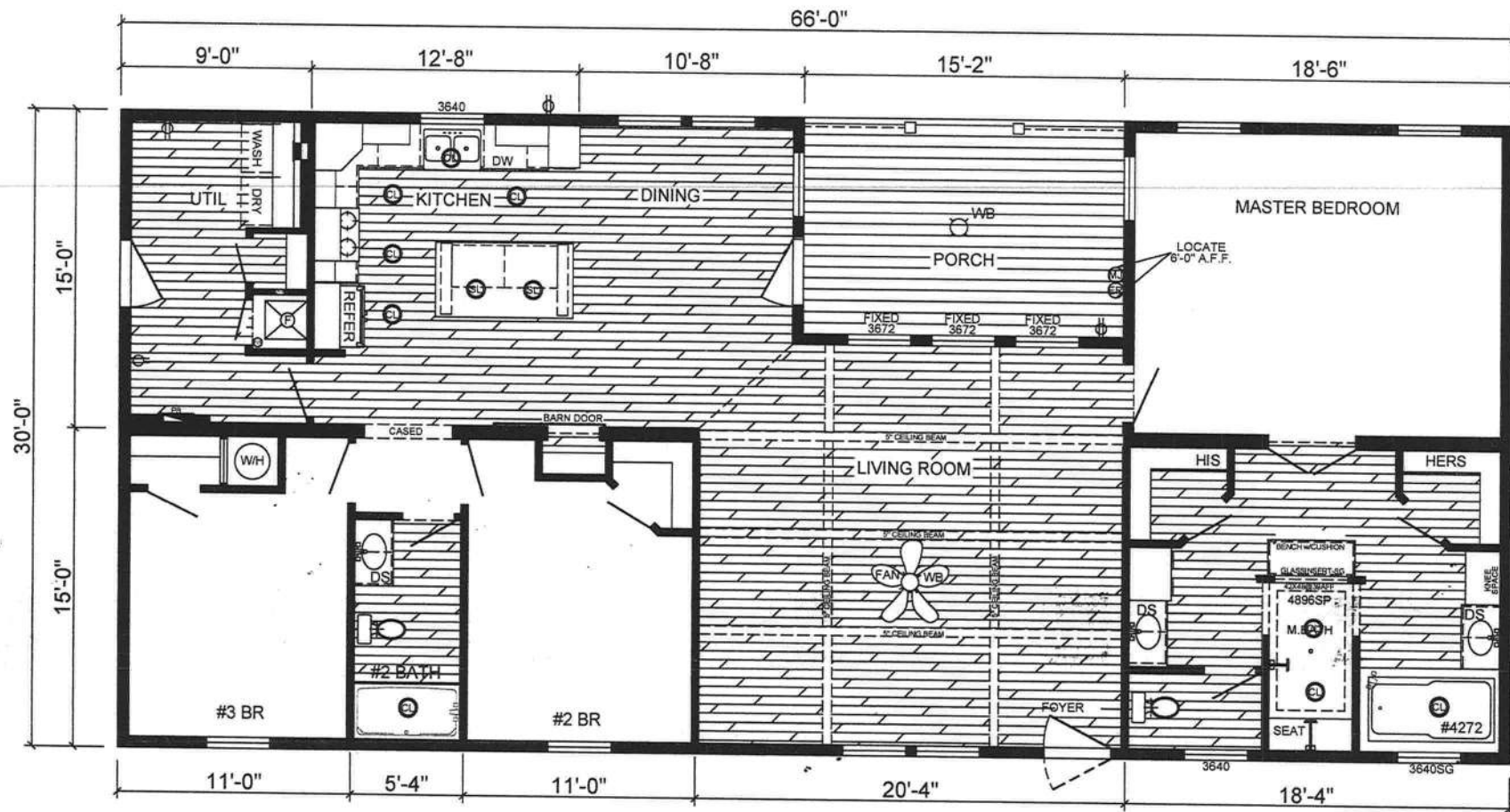
For Office Use Only (Revised 7-1-15)		Zoning Official _____	Building Official _____
AP# <u>48774</u>	Date Received _____	By _____	Permit # _____
Flood Zone _____	Development Permit _____	Zoning _____	Land Use Plan Map Category _____
Comments <u>Steve Bell-ld</u>			
FEMA Map# _____	Elevation _____	Finished Floor _____	River _____ In Floodway _____
<input checked="" type="checkbox"/> Recorded Deed or <input checked="" type="checkbox"/> Property Appraiser PO <input checked="" type="checkbox"/> Site Plan <u>VEH #21-0211</u>		<input checked="" type="checkbox"/> Well Letter OR	
<input checked="" type="checkbox"/> Existing well	<input type="checkbox"/> Land Owner Affidavit	<input checked="" type="checkbox"/> Installer Authorization	<input type="checkbox"/> FW Comp. letter <input type="checkbox"/> App Fee Paid
<input type="checkbox"/> DOI Approval	<input type="checkbox"/> Parent Parcel # _____	<input checked="" type="checkbox"/> STUP-MH <u>801-ld</u>	<input type="checkbox"/> 911 App
<input type="checkbox"/> Pittsville Water Sys	<input checked="" type="checkbox"/> Assessment <u>Dued</u>	<input type="checkbox"/> Out County	<input type="checkbox"/> In County <input checked="" type="checkbox"/> Sub VF Form

Property ID # 12-65-16-03816-135 Subdivision _____ Lot# 35

- New Mobile Home X Used Mobile Home _____ MH Size 32x70 Year 2021
- Applicant Joe + Deborah Miller Phone # 386-365-0394
- Address 963 Sw Scout Glen Fort White FL 32038
- Name of Property Owner Joe + Deborah Miller Phone# 386 365 0394
- 911 Address TBD
- Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Duke Energy
- Name of Owner of Mobile Home Joe + Deborah Miller Phone # 386 365 0394
- Address 963 Sw Scout Glen Fort White FL 32038
- Relationship to Property Owner Same
- Current Number of Dwellings on Property 1
- Lot Size 10.18 Total Acreage 10.18 acres
- 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 441 south to CR131 right on CR 131 to Herkings / then Herkings / left on Old Lane left on Scout Glen - to end / 963 Sw Scout Glen

- Name of Licensed Dealer/Installer Ernest Johnson Phone # 386 752 3743
- Installers Address 23804 SE 15 Hwy 801 Hawthorne, FL 32640
- License Number 1H1025249 Installation Decal # 77940

jmdarkhorse963@gmail.com DVAL12109333AB



SERIAL: ELVIS692
MODEL: WL-7012B
3-BEDROOM / 2-BATH
 32 x 70 - Approx. 1980 Sq. Ft.



DEER VALLEY HOMEBUILDERS, INC.
Woodland Homes Series
"STOCK"

For more information visit us at
www.deervalleyhb.com

*All rooms dimensions include closets
 and square footage are approximate.
 *Drawing layout subject to change if
 required by engineering review.

DATE:
 08/05/2019

Drawn By:
 JM

Mobile Home Permit Worksheet

Installer: Ernest S Johnson License # IH 1025249

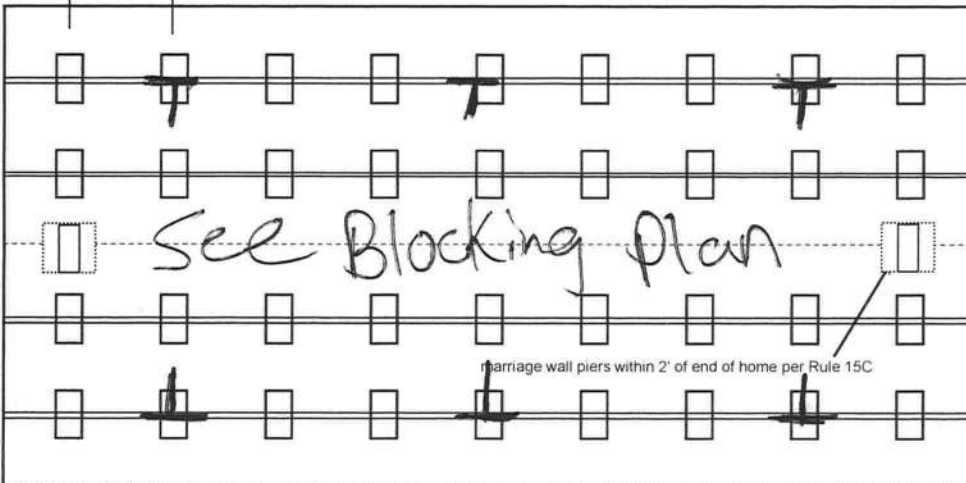
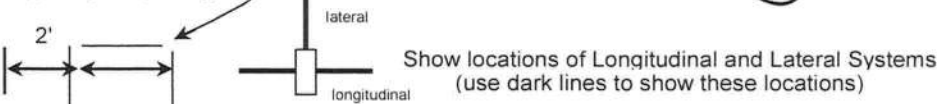
Address of home being installed _____

Manufacturer Deer Valley Length x width 66 X 30

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 ES

Typical pier spacing



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 # 77940

Triple/Quad ☐ Serial # DVAL12109333AB

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 23X31 6.6 oc
Oliver 105
Perimeter pier pad size 11 or 17.5X25.5

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
<u>See Blocking Plan</u>	<u>17.5X25.5</u>
	<u>17.5X25.5</u>
	<u>17.5X25.5</u>

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)

Manufacturer _____

Longitudinal Stabilizing Device w/ Lateral Arms

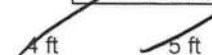
Manufacturer _____

Oliver 1101 V

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



FRAME TIES

within 2' of end of home
spaced at 5' 4" oc

OTHER TIES

	Number
Sidewall	<u>32</u>
Longitudinal	<u>0</u>
Marriage wall	<u>10</u>
Shearwall	<u>2</u>

Mobile Home Permit Worksheet

POCKET PENETROMETER TEST

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

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 _____ 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.

[Signature] Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Ernest S Johnson

Date Tested Assumed Oliver 11/01 v uses 455 foot Anchors

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. _____

Application Number: _____ Date: _____

Site Preparation

Debris and organic material removed _____
Water drainage: Natural _____ Swale _____ Pad (X) Other _____

Fastening multi wide units

Floor: Type Fastener: 1475 Length: 7 Spacing: 18
Walls: Type Fastener: 1475 Length: 6 Spacing: 10
Roof: Type Fastener: 1475 Length: 7 Spacing: 18
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 [Signature]

Type gasket R11 Installed: _____
Pg. _____ 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 Ernest S Johnson Date _____



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, Ernest S Johnson, give this authority for the job address show below
Installer License Holder Name

only, _____, 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)
Joe Miller		<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.

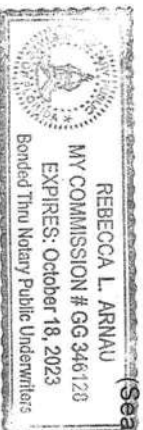
I understand that the State Licensing Board has the power and authority to discipline a license
holder for violations committed by him/her or by his/her authorized person(s) through this
document and that I have full responsibility for compliance granted by issuance of such permits.

Ernest S Johnson License Number TH1025249 Date 3.10.21
License Holders Signature (Notarized)

NOTARY INFORMATION:
STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Ernest S. Johnson,
personally appeared before me and is ~~known by me~~ has produced identification
(type of I.D.) _____ on this 12 day of March, 20 21.

Rebecca L Arnaud
NOTARY'S SIGNATURE (Seal/Stamp)



RECEIVED 03/03/2021 08:40AM 3864969065

SHATTO HEATING & AIR

2021-03-03 09:46

C&G Mfg. Homes 3867552386 >> 3864969065

P 1/1

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 _____ License #: _____ Qualifier Form Attached <input type="checkbox"/>	Signature _____ Phone #: _____
MECHANICAL A/C _____	Print Name <u>Imothy D Shatto</u> License #: <u>CAC051875</u> Qualifier Form Attached <input type="checkbox"/>	Signature <u>Imothy D. Shatto</u> Phone #: <u>386-4406-8224</u>

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.

Revised 4/27/2017

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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>Joseph Miller</u> Signature <u>Joseph Miller</u> License #: <u>owner</u> Phone #: <u>1386-365-0394</u> Qualifier Form Attached <input type="checkbox"/>
MECHANICAL/ A/C _____	Print Name <u>Joseph Miller</u> Signature <u>Joseph Miller</u> License #: _____ 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 Property Appraiser

Jeff Hampton

2021 Working Values
updated: 3/11/2021

Parcel: << 12-6S-16-03816-135 (19594) >>

Owner & Property Info

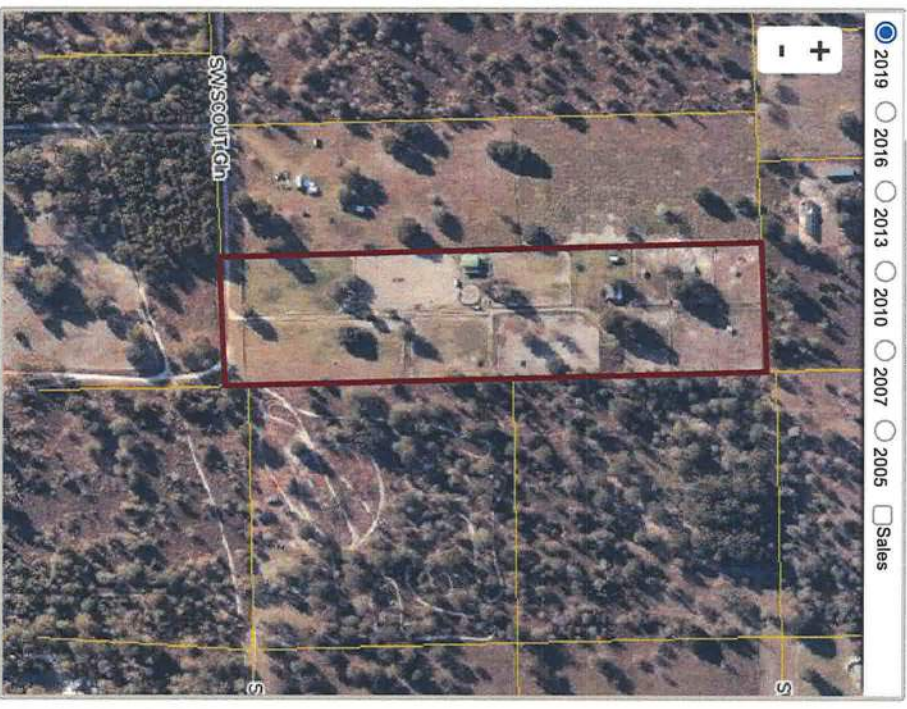
Result: 1 of 1

Owner	MILLER JOSEPH MILLER DEBRAH 963 SW SCOUT GLEN FORT WHITE, FL 32038		
Site	963 SCOUT GLN, FORT WHITE		
Description *	COMM SE COR OF W1/2 OF SEC. RUN N 1298.71 FT FOR POB, RUN W 325.84 FT, N 1359.31 FT, E 327.15 FT, S 1358.71 FT TO POB. (AKA LOT 35 CROSS ROADS S/D UNREC) ORB 942-608.		
Area	10.18 AC	S/T/R	11-6S-16E
Use Code **	IMPROVED AG (5000)	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

2020 Certified Values		2021 Working Values	
Mkt Land	\$7,704	Mkt Land	\$7,704
Ag Land	\$2,221	Ag Land	\$2,222
Building	\$27,295	Building	\$27,618
XFOB	\$12,516	XFOB	\$12,516
Just	\$88,403	Just	\$88,726
Class	\$49,736	Class	\$50,060
Appraised	\$49,736	Appraised	\$50,060
SOH Cap [?]	\$4,399	SOH Cap [?]	\$4,118
Assessed	\$45,337	Assessed	\$45,942
Exempt	HX H3	Exempt	HX HB
	\$25,000		\$25,000
Total Taxable	county:\$20,337 city:\$20,337 other:\$20,337 school:\$20,337	Total	county:\$20,942 city:\$0 other:\$0 school:\$20,942



Sales History

Sale Date	Sale Price	Book/Page	Deed	V/I	Qualification (Codes)	RCode
11/15/2001	\$29,000	0942/0608	WD	V	Q	

Building Characteristics

Bldg Sketch	Description *	Year Blt	Base SF	Actual SF	Bldg Value
Sketch	MANUF 1 (0200)	2001	864	1440	\$27,618

*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
0294	SHED WOOD/INYL	2001	\$1,100.00	200.00	10 x 20
0166	CONC.PAVMT	2010	\$200.00	1.00	0 x 0
0327	STABLES-SMALL	2010	\$11,016.00	1296.00	36 x 36
0166	CONC.PAVMT	2010	\$200.00	1.00	0 x 0

Land Breakdown

Code	Desc	Units	Adjustments	Eff Rate	Land Value
0200	MBL HM (MKT)	1.000 AC	1.0000/1.0000 1.0000/	\$4,454 /AC	\$4,454
6200	PASTURE 3 (AG)	9.180 AC	1.0000/1.0000 1.0000/	\$242 /AC	\$2,222
9910	MKT.VAL.AG (MKT)	9.180 AC	1.0000/1.0000 1.0000/	\$4,454 /AC	\$40,888
9945	WELL/SEPT (MKT)	1.000 UT (0.000 AC)	1.0000/1.0000 1.0000/	\$3,250 /UT	\$3,250

SSD062103864



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

PERMIT NO. 21-02211
DATE PAID: 2/13/2021
FEE PAID: 485.00
RECEIPT #: 1625115

APPLICATION FOR:

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

APPLICANT: Joseph Miller

AGENT: Randy Howard

TELEPHONE: 590-4864

MAILING ADDRESS: 22694 CR 49 Obrien

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: 35 BLOCK: _____ SUBDIVISION: Cross Roads PLATTED: _____

PROPERTY ID #: 12-65-16-03816-135 ZONING: _____ I/M OR EQUIVALENT: ☒ Y / ☒ N

PROPERTY SIZE: 10.18 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

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

PROPERTY ADDRESS: 963 Scout Glen Fox White

DIRECTIONS TO PROPERTY: _____

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	MH	3	1980	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

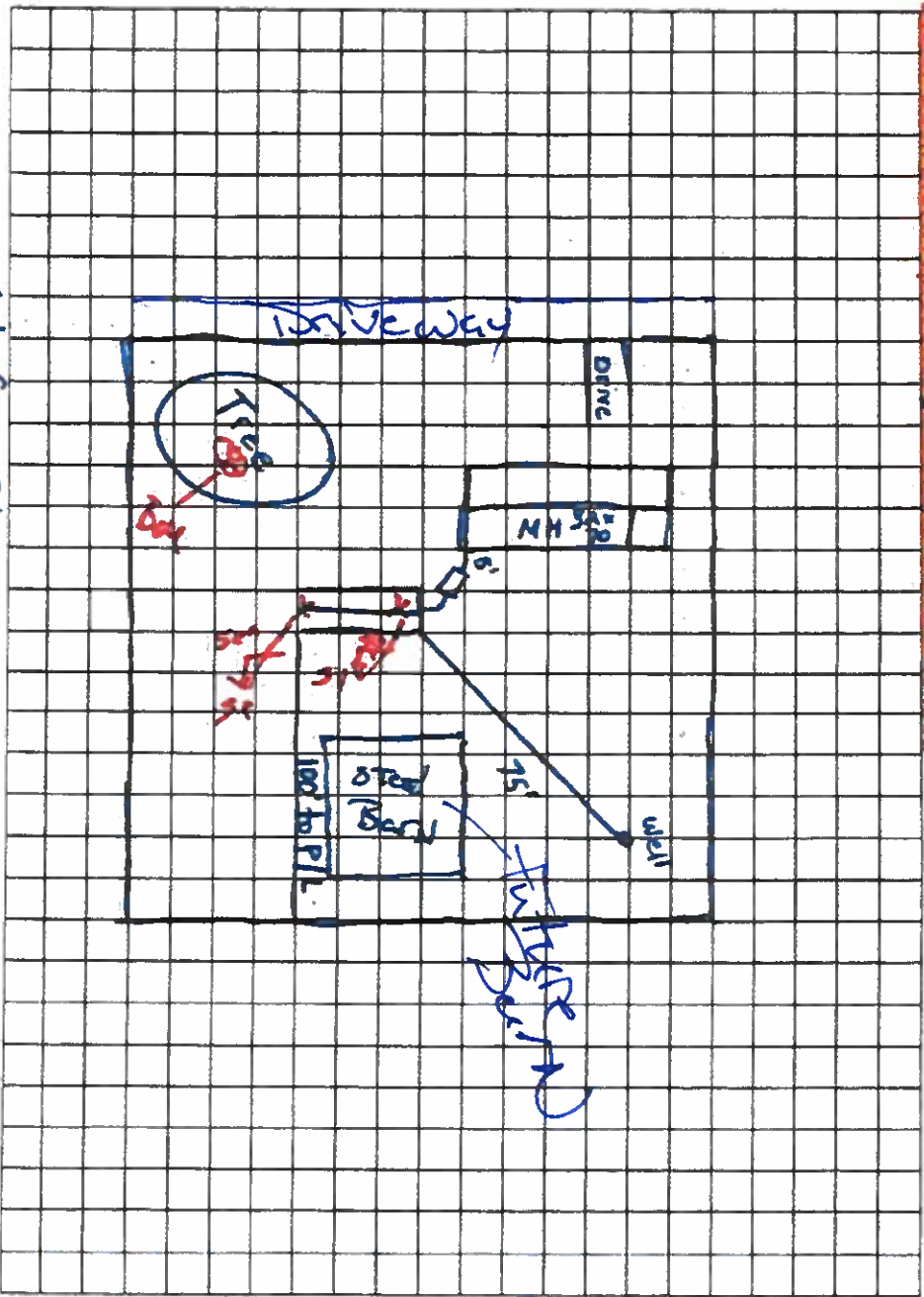
SIGNATURE: Randy Howard DATE: 2/18/2021

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 21-0211

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

Scale: Each block represents 15 feet and 1 inch = 40 feet. 1 acre out of 10.18



Notes: SW Scott Glen

Site Plan submitted by: Randy Arnold Agent: ✓ Owner: _____ Date: 2/17/2021
Plan Approved X Not Approved _____ Date 5/10/21
By [Signature] COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

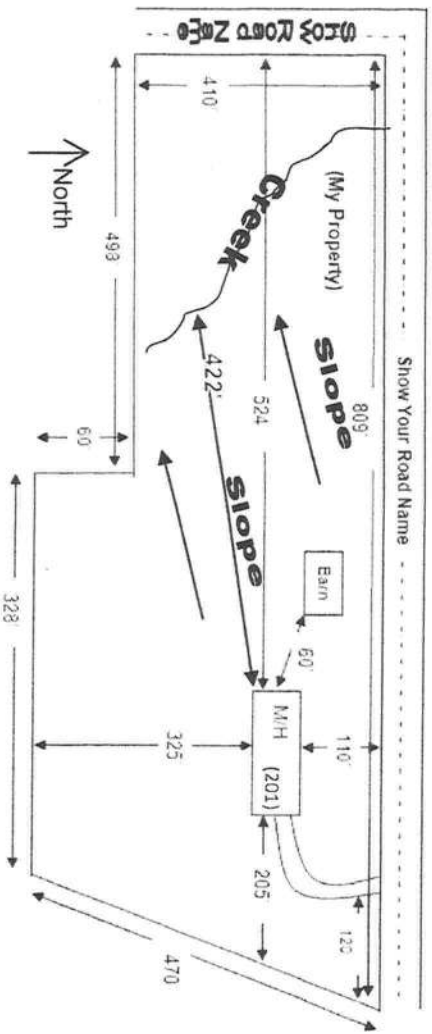
SITE PLAN CHECKLIST

- 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.



Scout Glen

