Columbia County Building Permit 05/19/2004 PERMIT This Permit Expires One Year From the Date of Issue 000021885 PHONE APPLICANT JEFF HARDEE 352 490-5418 NW 72ND LANE ADDRESS CHIEFLAND 32626 **OWNER** DOROTHY ROBAN **PHONE** 454-3095 **ADDRESS** 2836 SW CR 138 FT. WHITE FL 32038 CONTRACTOR BEN CREAMER LOCATION OF PROPERTY 47S, TL ON CR 138, ABOUT 4.5 MILES ON RIGHT TYPE DEVELOPMENT MH, UTILITY ESTIMATED COST OF CONSTRUCTION HEATED FLOOR AREA TOTAL AREA **STORIES** FOUNDATION WALLS ROOF PITCH **FLOOR** LAND USE & ZONING A-3 MAX. HEIGHT Minimum Set Back Requirments: STREET-FRONT 30.00 25.00 NO. EX.D.U. FLOOD ZONE DEVELOPMENT PERMIT NO. PARCEL ID 26-7S-16-04327-001 SUBDIVISION BLOCK PHASE 30.00 TOTAL ACRES Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor **EXISTING** 04-0542-N **Driveway Connection** Septic Tank Number LU & Zoning checked by Approved for Issuance COMMENTS: ONE FOOT ABOVE THE ROAD Check # or Cash FOR BUILDING & ZONING DEPARTMENT ONLY (footer/Slab) Temporary Power date/app. by date/app. by Under slab rough-in plumbing Sheathing/Nailing date/app. by date/app. by date/app. by Framing Rough-in plumbing above slab and below wood floor date/app. by date/app. by Electrical rough-in Heat & Air Duct Peri. beam (Lintel) date/app. by date/app. by date/app. by Permanent power C.O. Final date/app. by date/app. by date/app. by M/H tie downs, blocking, electricity and plumbing date/app. by date/app. by Reconnection Pump pole Utility Pole date/app. by date/app. by Travel Trailer Re-roof date/app. by date/app. by date/app. by

CULVERT FEE \$

TOTAL FEE 250.00

INSPECTORS OFFICE TO LE LE CLERKS OFFI

CLERKS OFFICE

NOTICE: IN ADDITION TO THE REQUIREMENTS OF THIS PERMIT, THERE MAY BE ADDITIONAL RESTRICTIONS APPLICABLE TO THIS PROPERTY THAT MAY BE FOUND IN THE PUBLIC RECORDS OF THIS COUNTY. AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.

"WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT."

This Permit Must Be Prominently Posted on Premises During Construction

PLEASE NOTIFY THE COLUMBIA COUNTY BUILDING DEPARTMENT AT LEAST 24 HOURS IN ADVANCE OF EACH INSPECTION, IN ORDER THAT IT MAY BE MADE WITHOUT DELAY OR INCONVIENCE, PHONE 758-1008. THIS PERMIT IS NOT VALID UNLESS THE WORK AUTHORIZED BY IT IS COMMENCED WITHIN 6 MONTHS AFTER ISSUANCE.

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only	Zoning Official BLK 17.05.04 Building Official HO 5-17-09 Received 5-10-0 9 By CH Permit # 21885
Flood Zone Development	Permit N/A Zoning A-3 Land Use Plan Map Category A-3
Comments	
Site Plan with Setbacks shown	Environmental Health Signed Site Plan Env. Health Release
Need a Culvert Permit 🐧 Need	Waiver Permit Well letter provided Existing Well
Γ	
2/21/	AU 722 - 40 /
	Must have a copy of the property deed
	Used Mobile Home Year
 Subdivision Information/ 	V4
7 6 1/ 1	752 490-5418
- Applicant Jell Hardee	In chiefland KC 32626
 Address 6450 NW 72 	LN Chiefland FC 32626
■ Name of Property Owner C	Phone# 386-454-3095
Name of Property Owner	orthy F Roban Phone# 386-454-3095 VCT 138 FL White
911 Address	211 136 17 241
 Name of Owner of Mobile Ho 	omePhone #
Address	
 Relationship to Property Ow 	ner
 Current Number of Dwelling 	s on Property
Lot Size (SZO A (SZO)	Total Acreage 30
 Explain the current driveway 	Existing DW Replacement
 Driving Directions 	47 5 0 (1 138 go 4.5
miles proporty	as Rt
10000	
	This is to it the
 Is this Mobile Home Replaci 	ng an Existing Mobile Home (Yes) This is twie 24
	386)362-9392
 Name of Licensed Dealer/Ins 	staller <u>Ben (ream +) Phone # 352 - 490 - 6100</u>
Installers Address 2701 70	W 17 THE CHICKIEN PE SEEL
■ License Number TH 0000	Installation Decal # 221226
ACTION OF THE STATE OF THE STAT	

	marriage wail piers wilthin Z oi end of home per Rule 15C	understand Lateral Arm Systems cannot be used on any home (new or used) here the sidewall lies exceed 5 ft 4 in. Installer's initials Show locations of Longitudinal and Lateral Systems Show locations of show these locations)	Iller Ben Creamer License # <u>IH0000344</u> ess of home 3836 Swcr 138 7 ufacturer Fleetwood Length x width 32 X 56 OTE: 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
TEDOWN COMPONENTS Longitudinal Stabilizing Device W Lateral Arms Manufacturer Longitudinal Stabilizing Device W Lateral Arms Manufacturer Manufacturer	pad size I sizes I sizes The mfg.) The approximate penings 4 foot of the show the pening pad sizes beloe	Fooler 16" x 16" 18\(\frac{1}{2}\) 1/2" x 18 1/2" 20" x 20" 22" 24" x 24" 26" (sq in) (sq in) (342) (400) (484)" (576)" (60) (484)" (60) (48	New Home Used Home

POCKET PENETROMETER TEST Pocket presented down to the post
POCKET PENETROMETER TESTING METHOD
 Test the perimeter of the home at 6 locations Take the reading at the depth of the footer
Using 500 lb increments, take the lowest reading and round down to that increment.
×
TORQUE PROBE TEST The results of the lorque probe test is 390 inch pounds or check here if you are declaring 5' anchors wilhoul 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 (I. anchors are allowed at the sidewall locations. I understand 5 (It 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 by holding capacity. [Solution 1] Installer's initials
Installer Name Ben Creamer
Dale Tesled
Electrical
panect electrical conductors between multi-wide units, but not to the main power purce. This includes the bonding wire between multi-wide units. Pq. γ CS
Phymbing
onnect all sewer drains to an existing sewer tap or septic tank. Pg. 405

connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pq. ηes

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 Dely (reamen

Date

Site Preparation
bris and organic malerial removed YCS Compacted fill
Fastening multi wide units
Type Fastener: 5 Crew Length: 6 Spacing: 16 Spacing: 1
Gasket (weatherproofing requirement)
nderstand a property installed gasket is a requirement of all new and used mes and that condensation, mold, meldew and buckled marriage walls are esult of a poorty installed or no gasket being installed. I understand a strip tape will not serve as a gasket.
Installer's initials BC
pe gasket Factory Installed: Belween Floors (es) Belween Walls (res) Bollom of ridgebeam (es)
Weatherproofing
e bollomboard will be repaired and/or laped. (Ves) ding on units is installed to manufacturer's specifications. (Ves) replace chimneγ installed so as not to allow intrusion of rain water. (Ves)
Miscellaneous
ver vent installed. (Yes) ver vent installed outside of skirting. Yes ange downflow vent installed outside of skirting. Yes rain lines supported at 4 foot intervals. (Yes) ectrical crossovers protected. (Yes) ther: (1) 9 + 6 (Yes) 55006 if

TIN + URNA

Minimum Permitting Requirements: A building permit by the local building authority must be obtained prior to the installation of any new or used mobile/manufactured home. The building permit application shall include, but not limited to a scale drawing of all pier block locations and foundation or footer dimensions and the soil load bearing capacity at the installation site. The soil load bearing capacity can be determined by a penetrometer test performed by a licensed installer, a general soil load bearing capacity declaration by a local building official or a test performed by a geotechnical testing company. When the soil load bearing capacity is not known, pier placement shall be based on soil load bearing capacity of 1,000 psf. (See example of pocket penetrometer test)

POCKET PENETROMETER TEST

$\mathbf{X}^{'}$	\mathbf{X}	X
	,	
	1. Test the perimeter of the home at six (6) locations	
	 Take the reading at the depth of the footer Using 500 lb. increment, take the lowest reading and rour 	nd down to that
	increment	
	ASSUME 1000 PS. Bon Creamer IH000034	I
	Bom Cramer IH000034	4
X	X	\mathbf{X}

X - Test locations around perimeter of home



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. 2/0 615 PARTO 1321 300 Notes: Site Plan submitted by: Plan Approved 1 Not Approved _ Date_

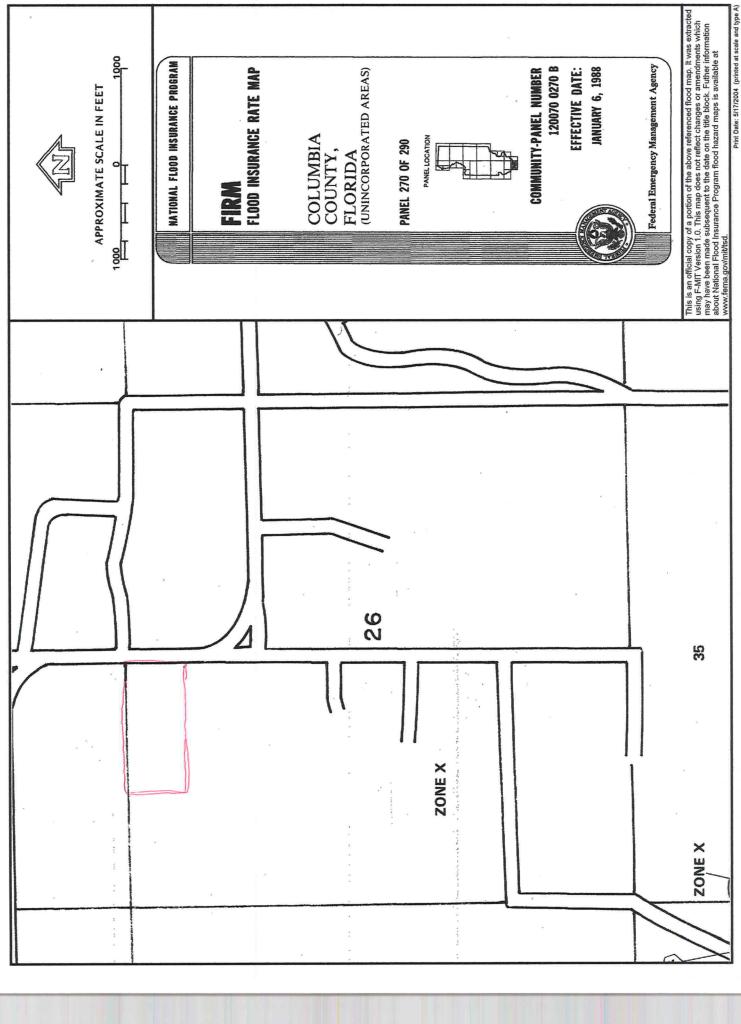
ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DH 4015, 10/96 (Replaces HRS-H Form 4015 which may be used) (Stock Number: 5744-002-4015-6)

Page 2 of 3

County Health Department

0405-32



DLIVER TECHNOLOGIES, INC. FLORIDA INSTALLATION INSTRUCTIONS FOR THE MODEL 1181 "V" BERRES ALL STEEL FOUNDATION SYSTEM MODEL 1181 "V" LOWGITUDINAL ONLY: FOR ADDING LATERAL ARM: FOR ADDING LATERAL ARM: FORMS STEPS 1-5

ENGINEERS TYPHS

ENCINEEND STAMP

SPECIAL CIRCUMSTANCES: If the following conditions occur - STOP! Contact Oliver Technologies at 1-890-284-7437:
 Pier height exceeds 48"
 Longth of home exceeds 78° e) Roof eaves exceed 16° d) Sidewall height exceed 86° e) Location is within 1500 feet of coast

INSTALLATION OF GROUND PAN

2. Remove weeds and debris in an approximate two foot, equare to expose firm soil for each ground pan (C).

3. Place ground pan (C) Streetly below chassis I-beam. Press or drive pan firmly into soil until flush with or below soil. SPECIAL NOTE: The longitudinal "V" brace system serves as a pier under the home and should be loaded as any other pier. It is recommended that after leveling piers, and one-hair inch (1/2") before home is lowered completely on to piers, complete steps 4 through 9 below.

INSTALLATION OF LONGITUDINAL "V" BRACE SYSTEM

RDTE: WHEN INSTALLING THE MODEL OF 18ML TV" LONGITUDINAL SYSTEM <u>PRILL</u>, A MINIMUM OF 18 SYSTEMS PER FLOOR SECTION IS

REQUIRED, SOIL TEST PROSE SHOULD BE USED TO DETERMINE CORRECT TYPE OF ANCHOR PER SOIL CLASSIFICATION. IF PROSE TEST

READINGS ARE BETWEEN 175 & 276 A 5 FOOT ANCHOR MUST BE USED. IF PROSE TEST READINGS ARE BETWEEN 175 & 350 A 4 FOOT ANCHOR

MAY SE USED. USE GROUND ANCHORS WITH DIAGONAL TIES AND STABILIZER PLATES EVERY 54", VERTICAL TIES ARE ALSO REQUIRED ON

MODES SUPPLIED WITH VERTICAL TIE CONNECTION POINTS (PER FLORIDA REG.).

4. Select the correct square tube brace (E) length for set - up (pier) height at support location. (The 18" tube is always used as the bottom part of the longitudinal arm). Note: Either tube can be used by itself, cut and drilled to length as long as a 40 to 45 degree angle is maintained.

PIER MEIGHT (Approx. 45 degrees Max.)	1.25" ADJUSTABLE Tube Length	1.50" ADJUSTABLE Tube Length
7 3/4 3c 25	Later Carlo March 1980	The state of the s
24 3/4" to 32 1/4"	32'	18
37.0-91	1.50 Til 1. 44 10 ta delleme	· control to a recommendation of the second
40" (o 48"	54	18'

- 5. Install (2) of the 1.50" square tubes (E. (16" tube)) into the "U" bracket (J), insert carriage bolt and leave not loose for final adjustment

- Place Heam connector (F) loosely on the bottom flange of the Libeam.
 Stide the selected 1.25" tube (E) into a 1.50" tube (E) and affect to 1-beam connectors (F) and faster loosely with bolt and nut.
 Repeat steps 6 through 7 to create the "V" pattern of the square tubes loosely in place. The angle is not to exceed 45. degree and not below 40 degrees.
- 9. After all bolts are tightened, secure 1.25° and 1.50° tubes using four(4) 1/4"-14 x 3/4" self-tapping screws in pre-drilled notes.

INSTALLATION OF LATERAL TELESCOPING TRANSVERSE ARM SYSTEM
THE MODEL 1101 "V" (LONGITUDINAL & LATERAL PROTECTION) ELIMINATES THE NEED FOR MOST STABILIZER PLAYES & FRAME TIES.
MOTE: THE USE OF THIS SYSTEM REQUIRES VERTICAL TIES SPACED AT 94".
FOUR FOOT (4") CROUND ANCHOR HAY BE USED EXCEPT WHERE THE HOME MANUFACTURER SPECIFIES DIFFERENT.

- 10. Install remaining vertical tie-down straps and 4' ground anchors per home monufacturer's instructions. NOTE: Centerline anchors to be sized according to sell tengue condition. Any manufacturer's specifications for sidewall anchor loads in excess of 4.000 lbs. require a 5' anchor.
- 11 NOTE: Each system is required to have a frame tie and stabilizer attached at each lateral arm stabilizing location. This frame tie & stabilizer plate needs to be located within 18" from of center ground pan.

 12. Soled the correct square tube brace (H) length for set-up lateral transverse at support lacation. The lengths come in either 60"
- 13. Install the 1.50" tube as the bottom tube, and the 1.25" tube as the inserted tube.)

 13. Install the 1.50 trensverse brace (H) to the ground pan connector (D) with bott and nut.

 14. Slide 1.25" bensverse brace into the 1.50" brace and attach to adjacent 1-beam connector (T) with bolt and nut.

 15. Secure 1.50 transverse arm to 1.25 transverse arm using tour (4) 174" 14 x 3/4" self-tapping screws in pre-dinited holes.

MANUFAUTURED HOUSING FOUNDATION SYSTEMS A DIVISION OF OLIVER TECHNOLOGIES, INC.

1-800-284-7437

Telephone: 931-796-4655 Fest: 031-789-6811 mo. 19 la bionnashavila unua

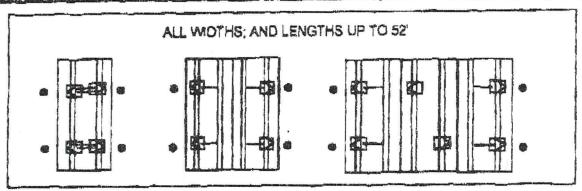
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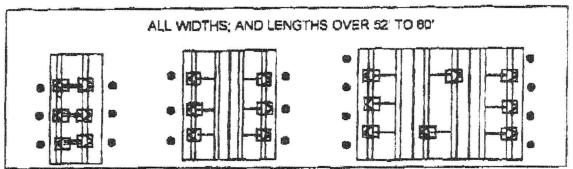
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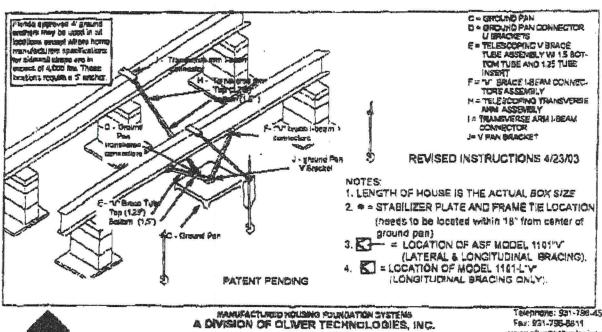
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REQUIRED NUMBER AND LOCATION OF MODEL 1101 "V" BRACES FOR UP TO 4/12 ROOF PITCH





HOMES WITH \$12 ROOF PITCH REQUIRE. PER FEORIDA REGULATIONS:
6 systems for home lengths up to 52 and 8 systems for homes over 52 and 50 cone stabilizer plate and frame tie required at each lateral bracing system.

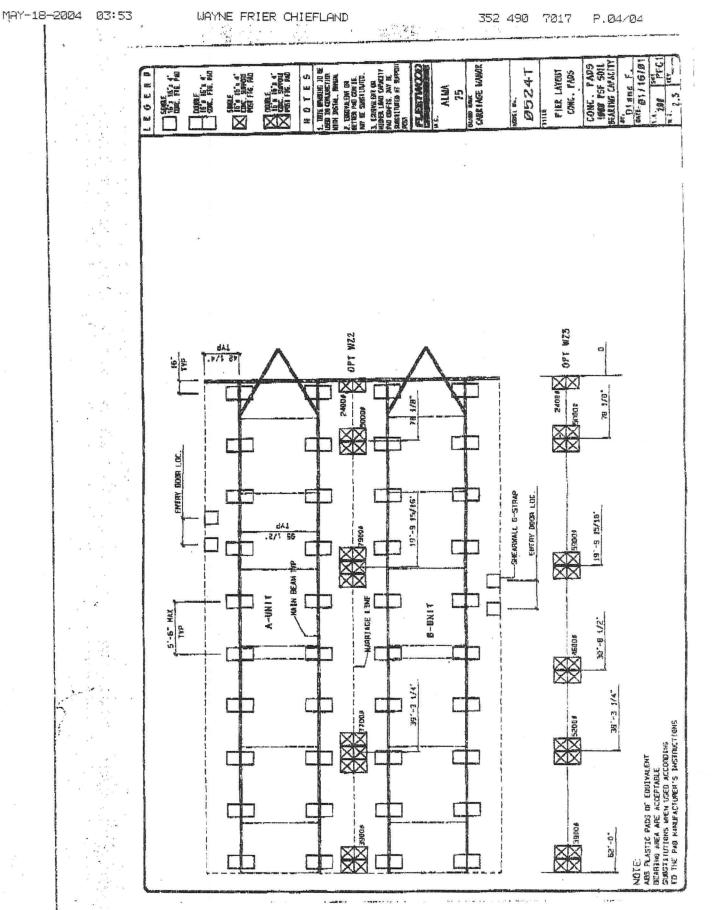


Telephone: \$31-796-4555 Fax: \$31-796-6614 www.allog/ite/hiplogies.com

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STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

PART II - SITE PLAN - -Scale: Each block represents 5 feet and 1 inch = 50 feet. 210 200 Notes: Site Plan submitted by: Plan Approved Not Approved Date County Health Departmen ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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Page 2 of :

