

License Number: IH / 1150540 / 1 Name: JOHN P. HARDEN

Order #: 6866	Label #: 125973	Manufacturer:	(Check Size of Home)
Homeowner: Melinda Jones	Year Model: 2016		Single _____
Address: 8295 W US Hwy 90	Length & Width: 37x30		Double ☒ _____
City/State/Zip: Lake City, FL	Type Longitudinal System: OTI		Triple _____
Phone #: (386) 984-8043	Type Lateral Arm System: OTI		HUD Label #:
Date Installed:	New Home: _____ Used Home: ☒		Soil Bearing / PSF:
Installed Wind Zone: 2	Data Plate Wind Zone: 2		Torque Probe / in-lbs:
			Permit #:

Note:

STATE OF FLORIDA
INSTALLATION CERTIFICATION LABEL

125973
LABEL #

DATE OF INSTALLATION

JOHN P. HARDEN
NAME

IH / 1150540 / 1 6866
LICENSE # ORDER #

CERTIFIES THAT THE INSTALLATION OF THIS MOBILE HOME IS
IN ACCORDANCE WITH FLORIDA STATUTES 320.8249, 320.8325
AND RULES OF THE HIGHWAY SAFETY AND MOTOR VEHICLES.

INSTRUCTIONS

PLEASE WRITE DATE OF
INSTALLATION AND AFFIX
LABEL NEXT TO HUD LABEL.
USE PERMANENT INK PEN
OR MARKER ONLY.
COMPLETE INFORMATION
ABOVE AND KEEP ON FILE
FOR A MINIMUM OF 2 YEARS.
YOU ARE REQUIRED TO
PROVIDE COPIES WHEN
REQUESTED.



Columbia County, Florida

Mobile/Manufactured Home Application



**Scan QR Code to
complete application online.

For Office Use Only Application # _____ Permit # _____

Comments/Notes _____

*This page not required for Online submissions.

New Mobile Home _____ Used Mobile Home ☒ MH Size 30x37 Year 2016
beds 2 # baths 1 ☐ Septic Permit No. 12-SC-4043453 OR ☐ City Water

Serial # CE0CFLO2016514211

Decal # _____

Parcel # 25-35-15-00214-001

Melinda Jones

Applicant Barbara C Albright Rev Living Trust

Phone # 386-984-8043

Applicant Address 8295 W US Hwy 90 Lake City

Contact Email (updates sent here) Melinda.dblp@att.net

Owners Name Barbara C Albright Rev Living Trust

Phone # 386-984-8043

Job Site Address 8295 W US Hwy 90 Lake City

Current # of existing dwellings on property 0

Is this replacing an existing home? ☐ Yes ☒ No

Is this a STUP? ☐ Yes ☒ No

Who is the home for? Applicant

Relationship to property owner? Trustee/dughter

Is the mobile home currently located in Columbia County? ☒ Yes ☐ No

***If NO, please have installer complete 'Out of County' form.

Actual Distance of Structure from Property Lines -

Front 35 Side 35 Side 39 Rear 120

Please be advised you will still need to provide a site plan drawing along with filling in the above section

☒ Have Existing Drive ☐ Need a Right-of-way Permit ☐ Right-of-way Permit #

Please be advised all Mobile Home applications may prompt a right-of-way permit regardless of existing private driveway

Power Company - ☒ FI Power & Light - ☐ Clay Electric - ☐ Suwannee Valley - ☐ Duke Energy

Name of Licensed Installer John Harden Phone # (386) 623-2182

Installers Address 201 SE Brantley Ct. Lula, FL 32061

License Number 1H1150540

MINIMUM MOBILE HOME STANDARDS (See Pg. for more detailed information.)

1. Homes must have at least 450 sq. ft. and be 10 feet wide. Must meet HUD, ANSI, or county codes.
2. Home must be in sound condition with working windows, doors, electric, and heating.
3. Used homes must pass pre-inspection and meet wind zone II requirements.
4. Final inspections for blocking, tie-downs, steps, mechanical, electrical, plumbing, and septic must be completed.

Published 10/2025

Columbia County, Florida

Mobile Home Letter of Authorization from Property Owner

(Required for Mobile Home Placement Permits)

This form confirms that the property owner is aware of and consents to the mobile home permit application being submitted for their property.

PROPERTY INFORMATION

Property Address: 8295 W US Highway 90
City/State/Zip: Lake City FL 32055
Parcel ID #: 25-35-15-00814-001

OWNER INFORMATION

Owner Name(s): Barbara C Albright Rev. Living Trust
Mailing Address: P.O. Box 141
City/State/Zip: Wichita FL 32094
Phone Number: 386-984-8043
Email: melinda.dbl.parkton@gmail.com

AUTHORIZED STATEMENT

I, the undersigned **property owner**, acknowledge that a **mobile home permit application** is being submitted for placement of a mobile home on the above-referenced property.

I confirm that I am **aware of this application** and hereby **consent to the placement of a mobile home** on my property in accordance with all applicable Columbia County regulations, the Florida Building Code, and any zoning or floodplain requirements.

I understand that as the property owner, I remain **responsible for ensuring full compliance** with all local and state requirements related to this mobile home placement.

OWNER SIGNATURE

Owner Signature: [Signature]
Printed Name: Melinda Jones Trustee
Date: 11/03/25

If property is Co-Owned, both owners must sign and Landowner Affidavit must be provided with application.

Co-Owner Signature: N/A
Printed Name: _____
Date: _____

NOTARY ACKNOWLEDGEMENT

State of Columbia
County of FL

The foregoing instrument was acknowledged before me this 3 day of November, 2025, by Melinda Jones who is () personally known to me or (X) has produced the following identification: FL DL

Notary Public

Notary Printed Name: Emaleigh Ward Notary Seal: _____
Notary Signature: [Signature]



Published 10/2025

NOTICE TO APPLICANT/OWNER REGARDING FLOODING

Please read carefully before you begin your construction project!

WARNING: The degree of flood protection required by County's floodplain ordinance and the Florida Building Code are considered as minimum regulatory purposes only. The floodplain ordinance and Florida Building Code are based on scientific and engineering considerations, but do not include actual, observed events of flooding that may have occurred at your property. You should also keep in mind that larger floods have, can, and will occur from time to time. Flood heights may be increased by man-made or natural causes. Approval of your permit under the floodplain ordinance does not imply that the permitted structure will be free from flooding or flood damage. The Special Flood Hazard Areas and Base Flood elevations are contained in the Flood Insurance Study and shown on Flood Insurance Rate Maps. The County adopts these maps for purposes of compliance with the National Flood Insurance Program, but makes no representations or assurances of their accuracy or reliability. The County does not maintain, track, or provide flood history data for any particular parcel of land.

THERE IS NO GUARANTY OF VESTED USE, EXISTING USE, OR FUTURE USE CREATED BY YOUR COMPLIANCE WITH THE FLOODPLAIN ORDINANCE. YOU ARE RESPONSIBLE FOR ASSESSING YOUR OWN PARTICULAR FLOOD RISK AND YOU ARE ENCOURAGED TO SPEAK WITH NEIGHBORING OWNERS AND THE PREVIOUS OWNERS OF YOUR LAND TO OBTAIN FIRST-HAND KNOWLEDGE OF YOUR PROPERTY'S SPECIFIC FLOOD HISTORY.

DISCLAIMER OF LIABILITY. The County floodplain ordinance does not create liability on the part of Board of County Commissioners of Columbia County or any officer or employee thereof for any flood damage that results from reliance on the ordinance, or any administrative decision lawfully made thereunder. Again, it is your responsibility to assess your property's flood risk and build accordingly.

For more information, see the Columbia County Code of Ordinances, Land Development Regulations, Article 8, at: https://library.municode.com/fl/columbia_county. Additional information can also be found on the County Building Department's web page: <https://www.columbiacountyfla.com/BuildingandZoning.asp>.

ACKNOWLEDGEMENT

I have read and understand the foregoing **NOTICE TO APPLICANT/OWNER REGARDING FLOOD ZONES**. I understand it is my responsibility to determine my property's flood risk, and that the County has made me no assurances that my property can not or will not flood.

OWNER SIGNATURE: _____

PRINT NAME: _____

PARCEL # OR ADDRESS: _____



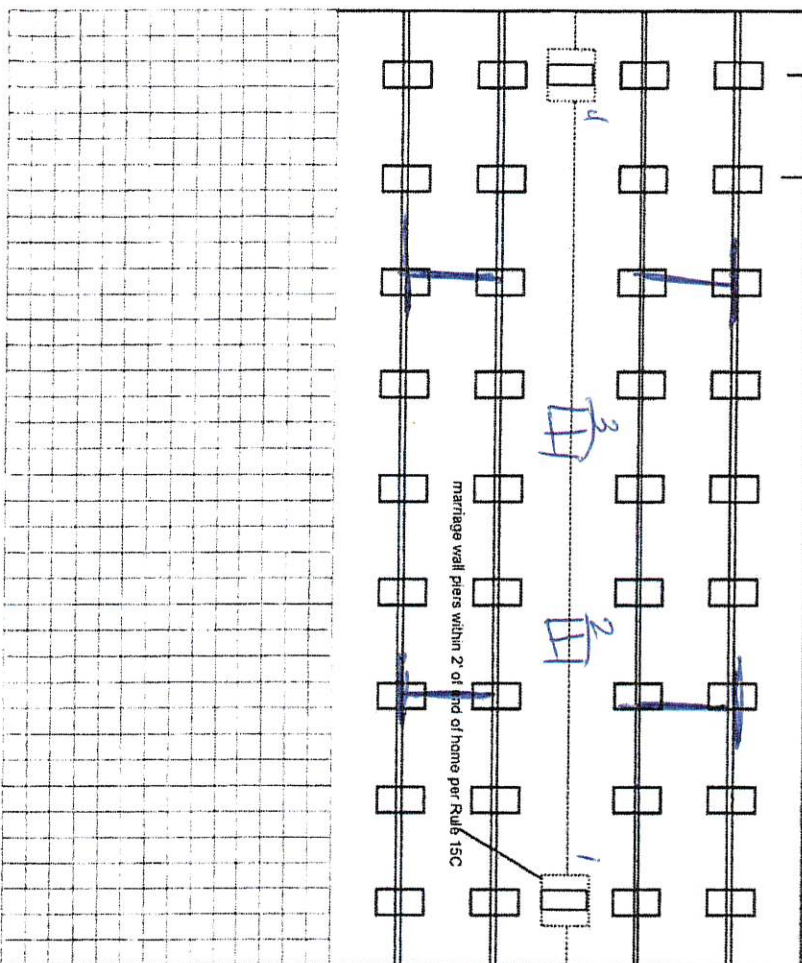
Mobile Home Permit Worksheet

Installer: John Harden License # 1H1150546
Address of home being installed 8895 W US Hwy 90
Lake City FL

Manufacturer _____ Length x width 37x30

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.

Typical pier spacing 5' 2' lateral longitudinal
Show locations of Longitudinal and Lateral Systems
(use dark lines to show these locations)
Installer's initials PH



Permit 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 # 125973

Triple/Quad ☐ Serial # CECFL02010514211

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	Footer size (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'	7'	8'	8'	8'
2000 psf	6'	8'	8'	8'	8'	8'
2500 psf	7'	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 17' x 25'

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 _____

1-4 84' x 24'

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 1/2 x 26 1/2	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 ☒

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)

Manufacturer OTI

Longitudinal Stabilizing Device w/ Lateral Arms

Manufacturer OTI

OTHER TIES

Number

Longitudinal

Marriage Wall

Shear Wall



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 _____ X _____ X _____

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 _____ X _____ X _____

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' anchors.

Note: A state approved lateral arm system is being used and 4 ft. anchors are allowed at the sidewall locations. I understand 5' 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 PH

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name John Harder

Date Tested _____

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. _____

Permit Number: _____

Date: _____

Site Preparation

Debris and organic material removed ☒.
Water drainage: Natural _____ Swale ☒ Pad ☒ Other _____

Fastening multi wide units

Floor- Type Fastener: lag Length: 7" Spacing: 16oc
Walls- Type Fastener: scabo Length: 6" Spacing: 16oc
Roof- Type Fastener: lag Length: 7" Spacing: 16oc

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 PH

Type gasket: fcsm

Installed:

Between Floors: _____ Yes ☒

Between Walls: _____ Yes ☒

Bottom of ridge beam: _____ Yes ☒

Weatherproofing

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

Miscellaneous

Skirting to be installed: _____ Yes _____ No _____ N/A _____
Dryer vent installed outside of skirting: _____ Yes _____ No _____ N/A _____
Range downflow vent installed outside of skirting: _____ Yes _____ No _____ N/A _____
Drain lines supported at 4' intervals: _____ Yes ☒ No _____ N/A _____
Electrical crossovers protected: _____ Yes ☒ No _____ N/A _____
Other: _____ Yes _____ No _____ N/A _____

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's Signature PH

Date 11/18/25

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 INSTALLER LETTER OF AUTHORIZATION (JOB SPECIFIC)

Use if only authorized for a specific address

I, JH Contracting
John Harden, give this authority for the job address shown below ONLY,
(Installer License Holder's Name)
8295 W US Hwy 90 LL, and I do certify that the below referenced person(s)
(Job Site Address)
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 Person Authorized	Signature of Person Authorized
1. Melinda Jones	1. 
2.	2. 
3.	3. 
4.	4. 
5.	5. 

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license. I understand that 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.

JH
License Holder's Signature (Notarized)

1H1150540
License Number

11/20/25
Date

NOTARY INFORMATION:

STATE OF: Florida

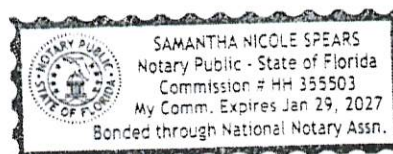
COUNTY OF: Columbia

The above license holder, whose name is John Harden, personally appeared before me and is ☒ known by me or ☐ has produced identification (type of I.D.) _____ on this 20th day of November, 2025.

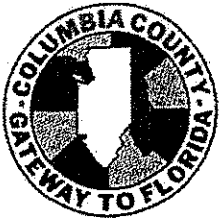
(Seal/Stamp)

Samantha Spears
Notary's Signature

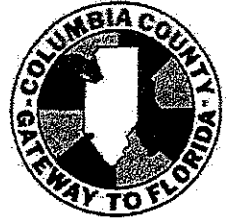
Samantha Spears
Notary's Printed Name



Published 10/2025



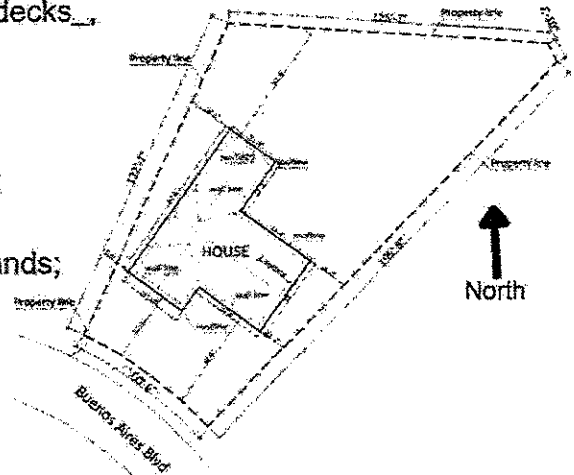
PROPOSED SITE PLAN



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 from any waters; sink holes; wetlands; and etc.
- ___ 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



Parcel

25-35-15-00214-001

