

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 7-1-15) Zoning Official LW Building Official _____

AP# 46510 Date Received 6/17/20 By MS Permit # _____

Flood Zone X Development Permit _____ Zoning A-3 Land Use Plan Map Category Ag

Comments _____

FEMA Map# _____ Elevation _____ Finished Floor _____ River _____ In Floodway _____

Recorded Deed or Property Appraiser PO Site Plan EH # 20-0454 Well letter OR

Existing well Land Owner Affidavit Installer Authorization FW Comp. letter App Fee Paid

DOT Approval Parent Parcel # _____ STUP-MH _____ 911 App *ok per Map-14*

Ellisville Water Sys Assessment owed Out County In County Sub VF Form *passed 6/19/20*

Property ID # 15-75-D-09986-022 Subdivision Happy Valley Lot# 20

- New Mobile Home _____ Used Mobile Home MH Size 26x42 Year 2000
- Applicant Damarius Williams Phone # 386 406 3833
- Address 211 NE Hi Hat Pl 32055
- Name of Property Owner Pedro v Vega Phone# 334 750 2173
- 911 Address 486 Happy Valley Glen High Springs Fl 32643
- **Circle the correct power company -** FL Power & Light - Clay Electric
 (Circle One) - Suwannee Valley Electric - Duke Energy
- Name of Owner of Mobile Home Pedro Vega Phone # 334 750 2173
 Address 486 Happy Valley Glen High Springs Fl 32643
- Relationship to Property Owner Customer
- Current Number of Dwellings on Property 0
- Lot Size _____ 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 NO
- Driving Directions to the Property _____

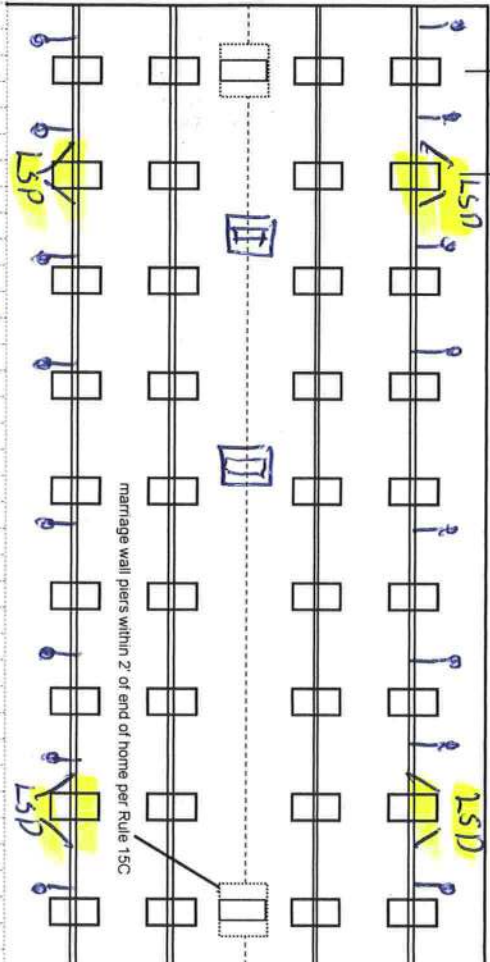
- Name of Licensed Dealer/Installer Damarius A Williams Phone # 386 406 3833
- Installers Address 211 NE Hi Hat Pl
- License Number JH 1128217 Installation Decal # 68542

Mobile Home Permit Worksheet

Installer: Dennis Williams License # FH1128217
 Address of home being installed: 486 Happy Valley Glen High Springs FL

Manufacturer: _____ Length x width: 26 x 42

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.



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 # 68512

Triple/Quad Serial # 46281A/B

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity	Footer size (sq in)	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: 17x25
 Perimeter pier pad size: 16x16
 Other pier pad sizes (required by the mfg.): _____

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

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: 16x16

FRAME TIES

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

OTHER TIES

Longitudinal Stabilizing Device (LSD) _____ Number: 0
 Manufacturer: B
 Longitudinal Stabilizing Device w/ Lateral Arms _____ Number: 4
 Manufacturer: _____

Mobile Home Permit Worksheet

Application Number: _____

Date: _____

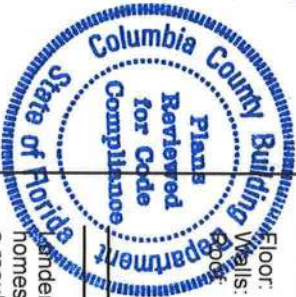
POCKET PENETROMETER TEST

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

X 1500 X 1500 X 1500

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.



TORQUE PROBE TEST

The results of the torque probe test is 2600 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.

X 1500 X 1500 X 1500

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 the points where the torque test reading is 275 or less and where the mobile home manufacturer may requires anchors with 4000 lb holding capacity.

Installer's initials RL

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name _____

Date Tested _____

Electrical _____

Plumbing _____

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 104-107

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 104-107

Site Preparation

Debris and organic material removed 90%
 Water drainage: Natural _____ Swale 90% Pad 90% Other _____

Fastening multi wide units

Floor: _____ Walls: _____
 Type Fastener: Legs Length: 6"n Spacing: 24"n
 Type Fastener: Legs Length: 6"n Spacing: 24"n
 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 RL

Type gasket reg sealant
 Pg. 97

Installed: _____
 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

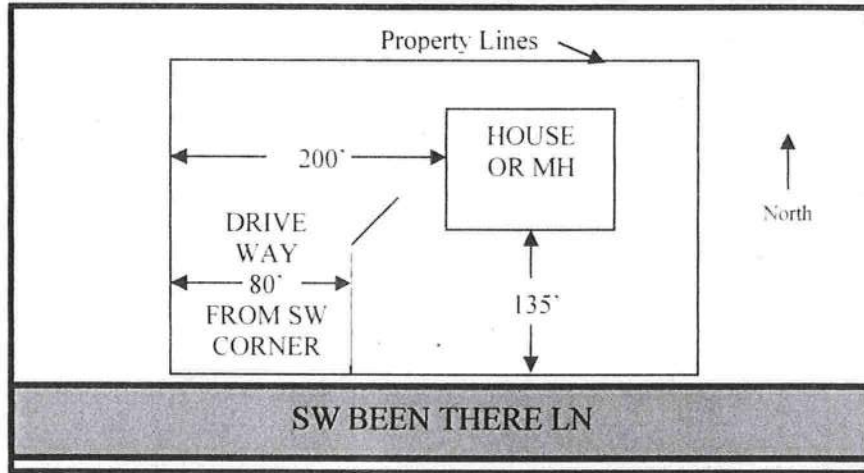
Installer Signature _____

Date 01/01/11

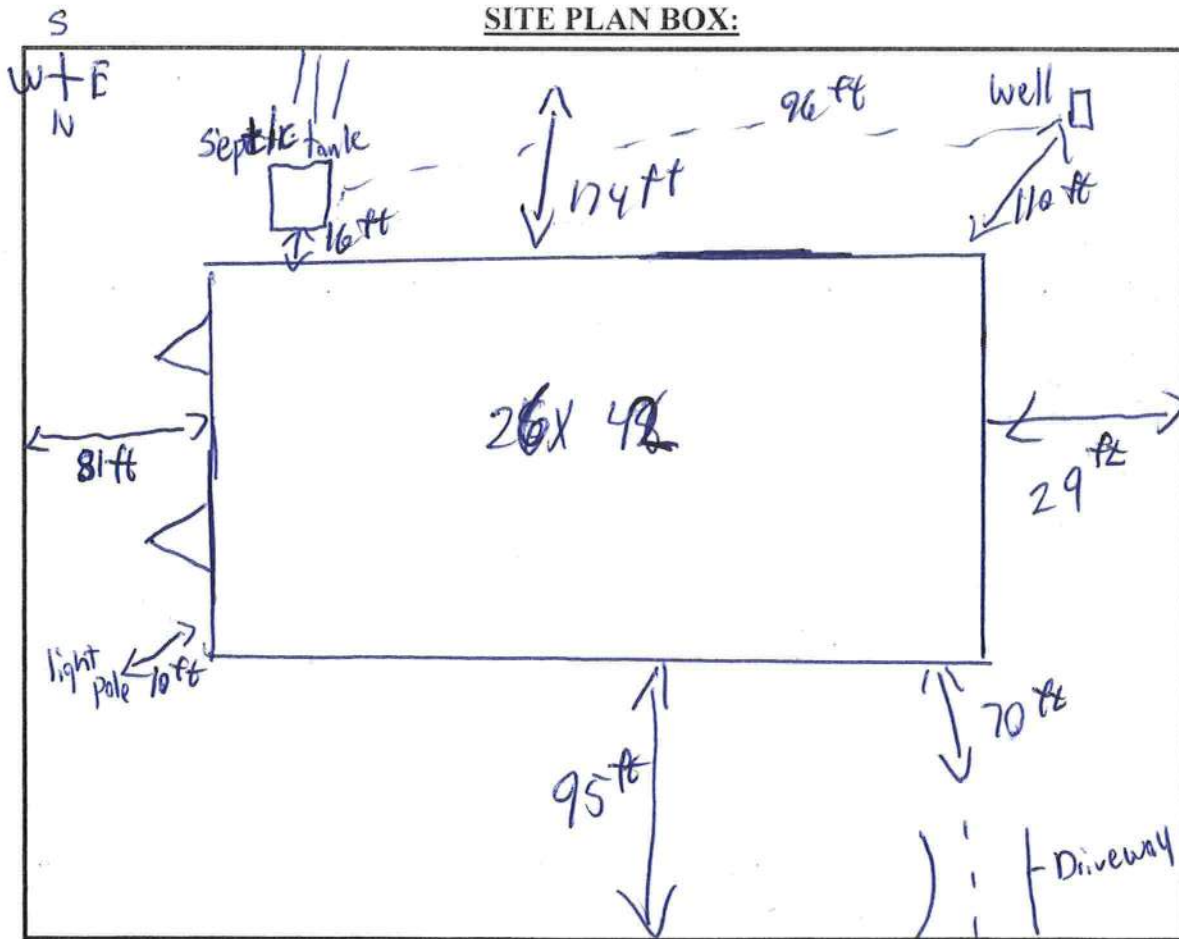
Page 2, Site Plan for 9-1-1 Address Application From

1. A PLAT, PLAN, OR DRAWING SHOWING THE PROPERTY LINES OF THE PARCEL.
2. LOCATION OF PLANNED RESIDENT OR BUSINESS STRUCTURE ON THE PROPERTY WITH DISTANCES FROM AT LEAST TWO OF THE PROPERTY LINES TO THE STRUCTURE (SEE SAMPLE BELOW).
3. LOCATION OF THE ACCESS POINT (DRIVEWAY, ETC.) ON THE ROADWAY FROM WHICH LOCATION IS TO BE ADDRESSED WITH A DISTANCE FROM A PARALLEL PROPERTY LINE AND OR PROPERTY CORNER (SEE SAMPLE BELOW).
4. TRAVEL OF THE DRIVEWAY FROM THE ACCESS POINT TO THE STRUCTURE (SEE SAMPLE BELOW).

SAMPLE:



SITE PLAN BOX:



MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 46510 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 <u>Owner Pedro Vega</u> License #: _____ Qualifier Form Attached <input type="checkbox"/>	Signature <u></u> Phone #: _____
MECHANICAL/ A/C _____	Print Name <u>owner Pedro Vega</u> License #: _____ Qualifier Form Attached <input type="checkbox"/>	Signature <u></u> Phone #: _____

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.