PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only *(Revised 7-1-15)* Zoning Official_____ Building Official_____

AP# 160701 Date Received_____ By EW Permit #_____

Flood Zone_____ Development Permit_____ Zoning_____ Land Use Plan Map Category_____

Comments_____

FEMA Map# _____ Elevation_____ Finished Floor_____ River_____ In Floodway_____

☐ Recorded Deed or ☐ Property Appraiser PO ☐ Site Plan ☐ EH #_____ ☐ Well letter OR

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

☐ DOT Approval ☐ Parent Parcel #_____ ☐ STUP-MH _____ ☐ 911 App

☐ Ellisville Water Sys ☐ Assessment _____ ☐ Out County ☐ In County ☐ Sub VF Form

Property ID # 18S17-10017-010 Subdivision _____ Lot#____

- New Mobile Home_____ Used Mobile Home X MH Size 40' Year 2014
- Applicant Curtis and Kimberly Stamper Phone # 352-359-2785
- Address P.O. Box 462, High Springs, FL 32655
- Name of Property Owner Curtis & Kimberly Stamper Phone# 352-359-2785
- 911 Address Applied For
- Circle the correct power company - FL Power & Light - (Clay Electric)
  (Circle One) - Suwannee Valley Electric - Duke Energy

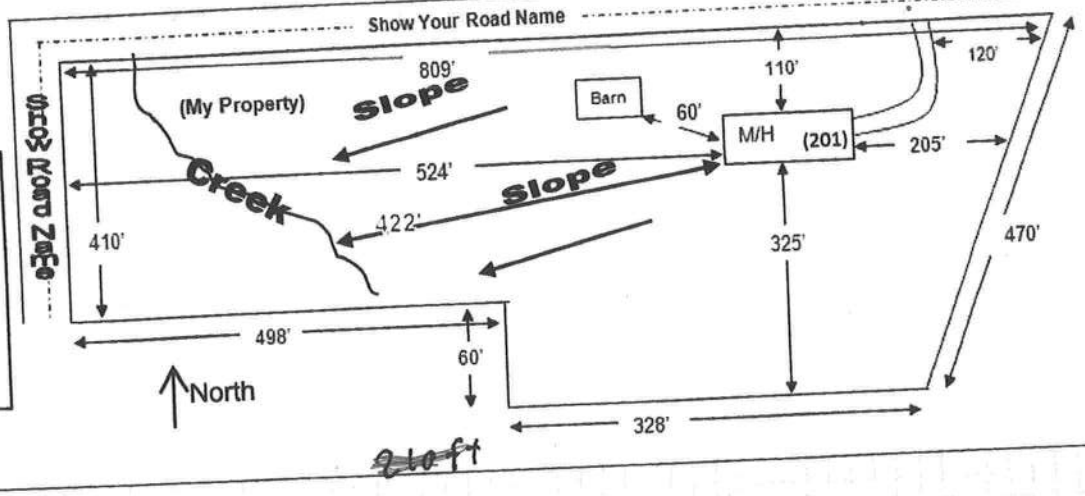
- Name of Owner of Mobile Home Curtis or Kimberly Stamper Phone # 352-359-2785
  Address P.O. Box 462, High Springs, FL 32655
- Relationship to Property Owner Self
- Current Number of Dwellings on Property 0
- Lot Size X.1-Acre (1 Acre) Total Acreage 7.19
- Do you : Have (Existing Drive) (Currently using) or Private Drive (Blue Road Sign) or need Culvert Permit (Putting in a Culvert) or Culvert Waiver (Not existing but do not need a Culvert) (Circle one)
- Is this Mobile Home Replacing an Existing Mobile Home no
- Driving Directions to the Property 441 to County Rd 778, right on 778, lot is on the left, Believe address next to driveway 26161 CR 778, FL White
  Email Address for Applicant: cstamper2006@windstream.net
- Name of Licensed Dealer/Installer Dennis Riedel Phone # 904-982-3984
- Installers Address 11319 Simmons Rd Jax FL 32218
- License Number IH1025162 Installation Decal # 87166

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

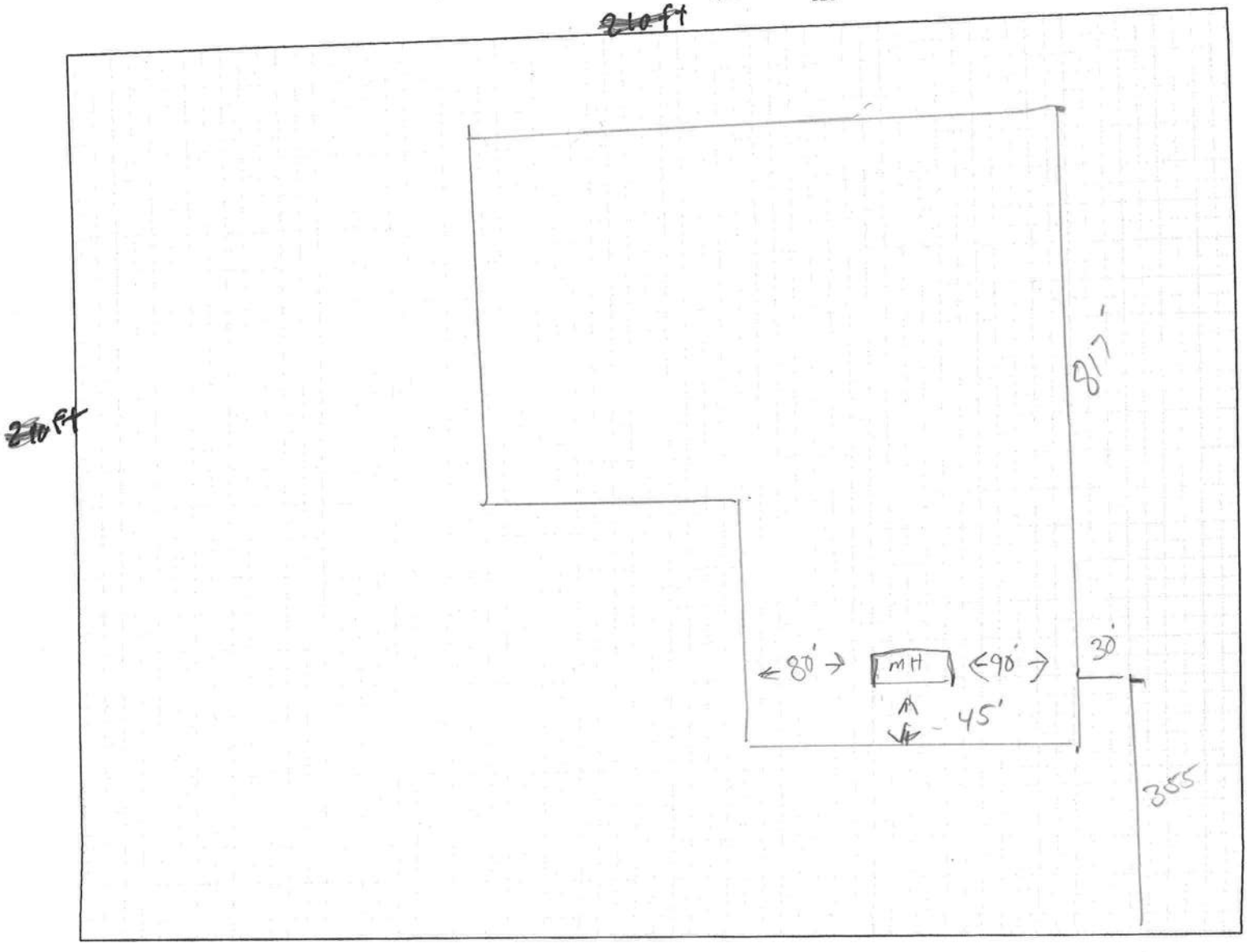
SITE PLAN EXAMPLE

Revised 7/1/15



NOTE:
This site plan can be copied and used with the 911 Addressing Dept. application forms.

~~210 ft~~



CODE ENFORCEMENT DEPARTMENT
COLUMBIA COUNTY, FLORIDA
OUT OF COUNTY MOBILE HOME INSPECTION REPORT

COUNTY THE MOBILE HOME IS BEING MOVED FROM Alachua

OWNERS NAME Curtis or Kimberly Stamper PHONE 352 359-2785 CELL _____

INSTALLER Dennis Riedel PHONE 904-982-3984 CELL same

INSTALLERS ADDRESS 11319 Simmons Rd Jax FL 32218

MOBILE HOME INFORMATION

MAKE LIOH YEAR 2014 SIZE 40' X 14

COLOR white green SERIAL No. _____

WIND ZONE II SMOKE DETECTOR Yes

INTERIOR:
FLOORS P

DOORS P

WALLS P

CABINETS P

ELECTRICAL (FIXTURES/OUTLETS) _____

EXTERIOR:
WALLS / SIDDING P

WINDOWS P

DOORS P

INSTALLER: APPROVED [signature] NOT APPROVED _____

INSTALLER OR INSPECTORS PRINTED NAME Dennis Riedel

Installer/Inspector Signature [signature] License No. IH1025162 Date 3-28-23

NOTES: Home is in very good Cond.

ONLY THE ACTUAL LICENSE HOLDER OR A BUILDING INSPECTOR CAN SIGN THIS FORM.

NO WIND ZONE ONE MOBILE HOMES WILL BE PERMITTED. MOBILE HOMES PRIOR TO 1977 ARE PRE-HUD AND THE WIND ZONE MUST BE PROVEN TO BE PERMITTED.

BEFORE THE MOBILE HOME CAN BE MOVED INTO COLUMBIA COUNTY THIS FORM MUST BE COMPLETED AND RETURNED TO THE COLUMBIA COUNTY BUILDING DEPARTMENT.

ONCE MOVED INTO COLUMBIA COUNTY AN INSPECTOR MUST COMPLETE A PRELIMINARY INSPECTION ON THE MOBILE HOME. CALL 386-758-1008 TO SET UP THIS INSPECTION. NO PERMIT WILL BE ISSUED BEFORE THIS IS DONE.

Code Enforcement Approval Signature _____ Date _____

CODE ENFORCEMENT

PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED _____ BY ____ IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? _____

OWNERS NAME Curtis or Kimberly Stamper PHONE _____ CELL 352-359-2785

ADDRESS P.O. Box 462, High Springs, FL 32655

MOBILE HOME PARK _____ SUBDIVISION _____

DRIVING DIRECTIONS TO MOBILE HOME _____

_____

_____

MOBILE HOME INSTALLER Dennis Riedel PHONE 904-982-3984 CELL same

MOBILE HOME INFORMATION

MAKE X _____ YEAR X _____ SIZE X _____ X 14 COLOR _____

SERIAL No. _____

WIND ZONE II Must be wind zone II or higher NO WIND ZONE I ALLOWED

INSPECTION STANDARDS

INTERIOR:

(P or F) - P= PASS F= FAILED

P SMOKE DETECTOR ( ) OPERATIONAL ( ) MISSING

P FLOORS ( ) SOLID ( ) WEAK ( ) HOLES DAMAGED LOCATION None

P DOORS ( ) OPERABLE ( ) DAMAGED

P WALLS ( ) SOLID ( ) STRUCTURALLY UNSOUND

P WINDOWS ( ) OPERABLE ( ) INOPERABLE

P PLUMBING FIXTURES ( ) OPERABLE ( ) INOPERABLE ( ) MISSING

P CEILING ( ) SOLID ( ) HOLES ( ) LEAKS APPARENT

P ELECTRICAL (FIXTURES/OUTLETS) ( ) OPERABLE ( ) EXPOSED WIRING ( ) OUTLET COVERS MISSING ( ) LIGHT FIXTURES MISSING

EXTERIOR:

P WALLS / SIDDING ( ) LOOSE SIDING ( ) STRUCTURALLY UNSOUND ( ) NOT WEATHERTIGHT ( ) NEEDS CLEANING

P WINDOWS ( ) CRACKED/ BROKEN GLASS ( ) SCREENS MISSING ( ) WEATHERTIGHT

P ROOF ( ) APPEARS SOLID ( ) DAMAGED

STATUS

APPROVED _____ WITH CONDITIONS: _____

NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS _____

_____

SIGNATURE _____ ID NUMBER _____ DATE _____

Mobile Home Permit Worksheet

Application Number: _____ Date: _____

Installer: Dennis Riedel License # IH1025162

Address of home being installed: 11319 Simmons Rd Jax FL 32218

Manufacturer _____ Length x width x 14

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 # 87164

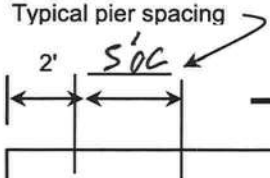
Triple/Quad ☐ Serial # xLOHGA11415120

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

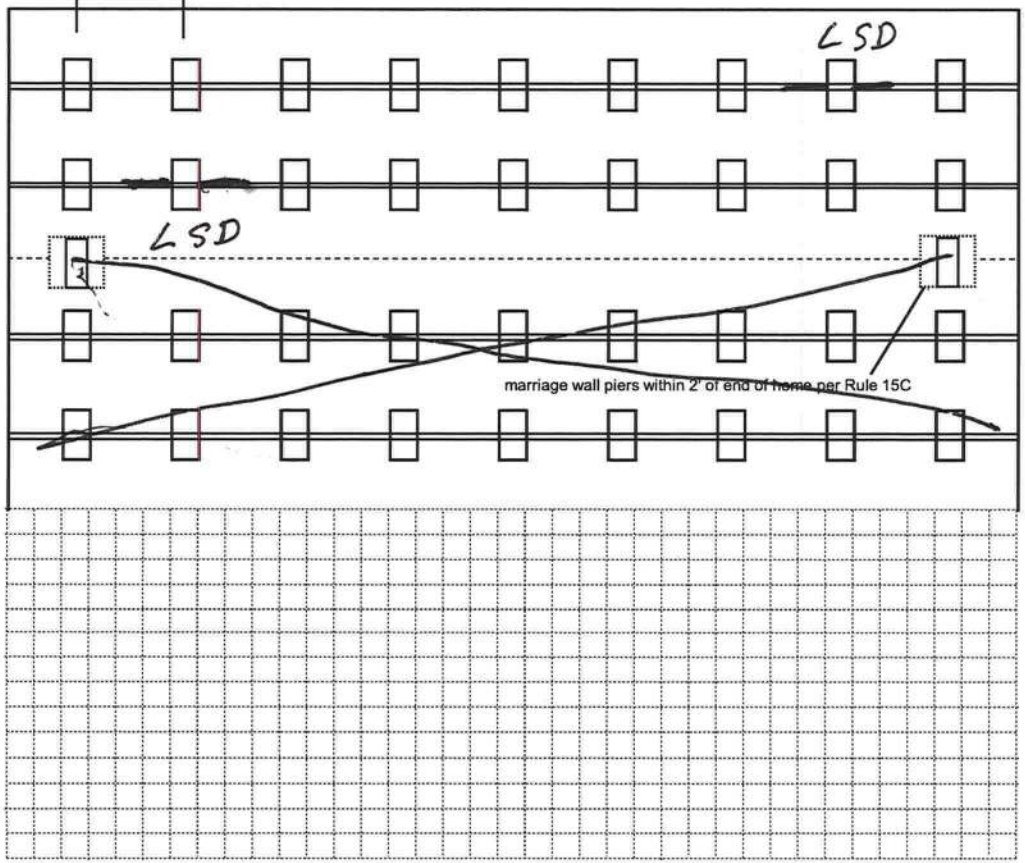
I understand Lateral Arm Systems cannot be used on any home (new or used) where the sidewall ties exceed 5 ft 4 in.

Installer's initials DSR

Typical pier spacing



Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)



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 17x22 ABS

Perimeter pier pad size 16x16 ABS

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

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

4 ft 5 ft

FRAME TIES

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

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer

Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer

OTHER TIES

	Number
Sidewall	8
Longitudinal	
Marriage wall	
Shearwall	

Mobile Home Permit Worksheet

Application Number: _____ **Date:** 3-28-23

POCKET PENETROMETER TEST

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

x 1500 x 1600 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.

x 1500 x 1500 x 1600

TORQUE PROBE TEST

The results of the torque probe test is 275 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.

_____ Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Dennis Riedel

Date Tested 3-28-23

Electrical

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between mult-wide units. Pg. 17

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 17

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

Site Preparation

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

Fastening multi wide units

Floor:	Type Fastener:	X	Length:	X	Spacing:
Walls:	Type Fastener:		Length:		Spacing:
Roof:	Type Fastener:		Length:		Spacing:

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, meldew 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 X

Pg. _____

Installed:
Between Floors Yes X
Between Walls Yes _____
Bottom of ridgebeam Yes _____

Weatherproofing

The bottomboard will be repaired and/or taped. Yes X . 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 X 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 : Vented skirting

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 Dennis Riedel Date 3-28-23

COLUMBIA COUNTY
911 ADDRESSING / GIS DEPARTMENT

P. O. Box 1787, Lake City, FL 32056-1787
263 NW Lake City Ave., Lake City, FL 32055
Telephone: (386) 758-1125 * Fax: (386) 758-1365 * Email: gis@columbiacountyfla.com

Application for 9-1-1 Address Assignment Form

***NOTE:* ADDRESS ASSIGNMENT MAY REQUIRE UP TO 10 WORKING DAYS.**
IF THE ADDRESSING DEPARTMENT NEEDS TO CONDUCT ON SITE GPS LOCATION IDENTIFICATION OR OTHER ACTIONS, ADDITIONAL TIME MAY BE REQUIRED.

Date of Request: _____

REQUESTER Last Name: _____

First Name: _____

Contact Telephone Number: _____

(Cell Phone Number if Provided): _____

Requested for Self: ☐ or Requested for Company: ☐
(check one)
If Address is Requested by a Company, Provide Name of Requesting Company:

_____

Parcel Identification Number: ____ - ____ - ____ - ____

If in Subdivision, Provide Name Of Subdivision:

_____

Phase or Unit Number (if any): _____ Block Number (if any): _____

Lot Number: _____

Attach Site Plan or you may use page 2 of Application Form for Site Plan:
Requirements for Site Plan Are Listed on page 2 of Application Form:
(NOTE: Site Plan Does NOT have to be a survey or to scale; FURTHER a Environmental Health Dept. Site Plan showing only a 210 by 210 cutout of a property will NOT suffice for Addressing Application Requirements.)

Addressing / GIS Department Use Only:

Date Received: _____

Received by: Walk in: _____ Fax: _____ Email: _____ Other: _____

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, Dennis Edward Riedel ,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)
Curtis Stamper		___ Agent ___ Officer ___ Property Owner
		___ Agent ___ Officer ___ Property Owner
		___ Agent ___ Officer ___ 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.

Dennis Riedel — IH1025162 — 3-28-23
License Holders Signature (Notarized) — License Number — Date

NOTARY INFORMATION:
STATE OF: Florida COUNTY OF: ALACHUA

The above license holder, whose name is Dennis E Riedel, personally appeared before me and is known by me or has produced identification (type of I.D.) FL DRIVERS LICENSE on this 28 day of MARCH, 2023.
Signed in my physical presence.

NOTARY'S SIGNATURE

MARLA COPELAND ESTY (Seal/Stamp)
MY COMMISSION # HH 050684
EXPIRES: November 3, 2024
Bonded Thru Notary Public Underwriters

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR Dennis Riedel PHONE 904-982-3984

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 Curtis Stamper Signature _____ License #: _____ Phone #: 352-359-2785 Qualifier Form Attached ☐
MECHANICAL/ A/C _____	Print Name Curtis Stamper Signature _____ License #: _____ Phone #: 352-359-2785 Qualifier Form Attached ☐

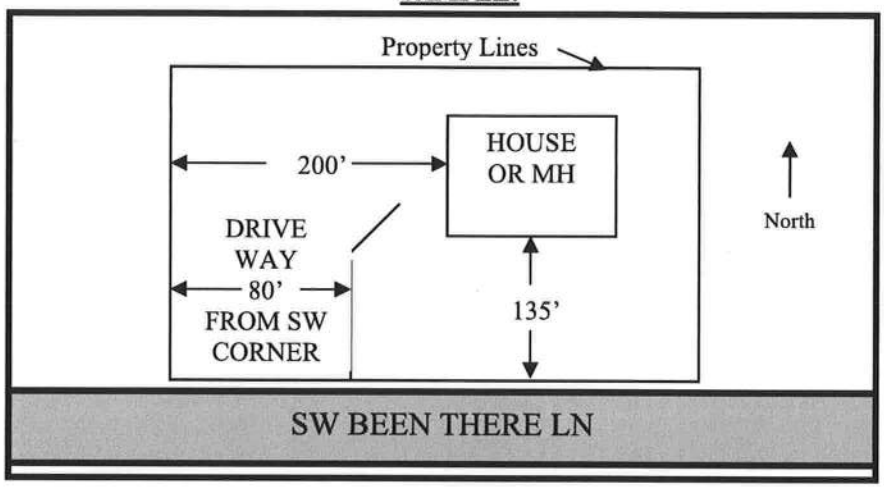
F. S. 440.103 Building permits; identification of minimum premium policy.--Every employer shall, as a condition to applying for and receiving a building permit, show proof and certify to the permit issuer that it has secured compensation for its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each time the employer applies for a building permit.

Revised 4/27/2017

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: