PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION $675.00

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

AP# 55043 Date Received_____ By_____ 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 OWed ☐ ~~Out County~~ ☑ In County ☑ Sub VF Form

Property ID # 08-1S-17-04501-004 Subdivision _____ Lot#____

- New Mobile Home_____ Used Mobile Home X MH Size 14'0" x 56'0" SW Year 2016
- Applicant Timothy Hall Jr. Phone # 386-438-3874
- Address 152 NW Ernest Gln, White Springs, FL 32096
- Name of Property Owner Timothy Hall "Timmy" Phone# 386-758-5888
- 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 Timothy Hall Jr. Phone # 386-438-3874
  Address 152 NW Ernest Gln, White Springs, FL 32096
- Relationship to Property Owner Son
- Current Number of Dwellings on Property 0
- Lot Size_____ Total Acreage 24.39 acres
- 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 Head north on Highway 441, go 12 miles from the I-10 underpass to Little Creek bridge take the next left past Ernest Glen. You will enter through a metal gate and wooden fence.
- Name of Licensed Dealer/Installer Robert Shepard Phone # 386-623-2203
- Installers Address 6355 SE CR 245 Lake City FL 32025
- License Number 1025386 Installation Decal # 89547

email halltj1017@gmail.com

Columbia County Property Appraiser
Jeff Hampton

2022 Working Values
updated: 5/12/2022

Parcel: << **08-1S-17-04501-004 (23433)**

Aerial Viewer | Pictometery | Google Maps

Owner & Property Info

Owner	**HALL TIMOTHY** 1590 NW OAKLAND AVE LAKE CITY, FL 32055
Site	
Desc*	COMM NW COR, RUN S 2772.55 F CREEK, RUN ALONG C/L OF CREE 2743. ALSO, BEG SW COR OF NW
Area	24.39 AC
Use Code**	TIMBERLAND 70-79 (5600)

*The Description above is not to be used as the Legal Descrip
**The Use Code is a FL Dept. of Revenue (DOR) code and is
for specific zoning information.

Property & Assessment Values

	2021 Certified Values		2022 Working Values
Mkt Land			
Ag Land			
Building			
XFOB			
Just			
Class			
Appraised			
SOH Cap [?]			
Assessed			
Exempt	$0	Exempt	$0
Total Taxable	county:$3,904 city:$0 other:$0 school:$3,904	Total Taxable	county:$3,904 city:$0 other:$0 school:$3,904

Sales History

Sale Date	Sale Price	Bk/Pg	Deed	V/I	Qual (Codes)	RCode
2/28/2019	$0	1379/1821	LE	V	U	14
2/12/2001	$45,000	0920/1019	WD	V	Q	
2/12/2000	$100	0920/2224	WD	V	U	01

Building Characteristics

Bldg Sketch	Description*	Year Blt	Base SF	Actual SF	Bldg Value
NONE					

Extra Features & Out Buildings (Codes)

Code	Desc	Year Blt	Value	Units	Dims
NONE					

Land Breakdown

Code	Desc	Units	Adjustments	Eff Rate	Land Value
5600	TIMBER 3 (AG)	12.900 AC	1.0000/1.0000 1.0000/ /	$267 /AC	$3,444
5910	SWAMP/CYPRESS (AG)	11.490 AC	1.0000/1.0000 1.0000/ /	$40 /AC	$460
9910	MKT.VAL.AG (MKT)	24.390 AC	1.0000/1.0000 1.0000/ /	$2,938 /AC	$71,652

Search Result: 1 of 1

by: GrizzlyLogic.com

Mobile Home Permit Worksheet

Application Number: _____ Date: _____

Installer: Robert Shepard License # 1025386

Address of home being installed: TBD

Manufacturer: Live Oak Length x width: 66x14

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 # 89547

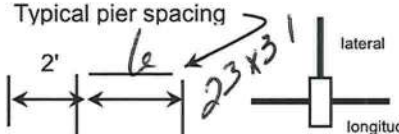
Triple/Quad ☐ Serial # X ~~1025386~~ LOHGA21530706

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

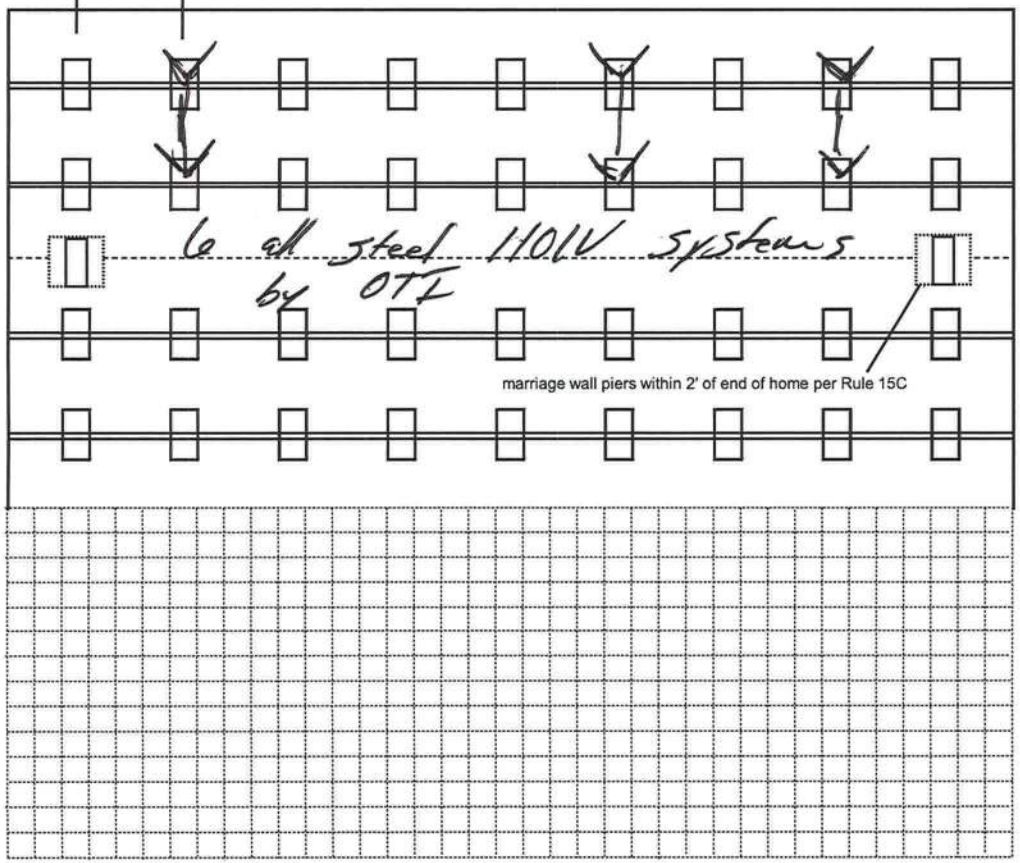
I understand Lateral Arm Systems cannot be used on any home (new or used) where the sidewall ties exceed 5 ft 4 in.

Installer's initials: RS

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: 23x31

Perimeter pier pad size: 16x16

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: OTI

Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer: OTI

OTHER TIES

	Number
Sidewall	30
Longitudinal	
Marriage wall	
Shearwall	

Mobile Home Permit Worksheet

Application Number: _____ **Date:** 5-17-22

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 1000 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 285 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.

RS Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Robert Sheppard

Date Tested _____

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. NA

Plumbing

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

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

Site Preparation

Debris and organic material removed ✓

Water drainage: Natural _____ Swale _____ Pad ✓ Other _____.

Fastening multi wide units

Floor: Type Fastener: NA Length: _____ Spacing: _____

Walls: Type Fastener: NA Length: _____ Spacing: _____

Roof: Type Fastener: NA 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 RS

Type gasket NA Pg. _____

Installed:
Between Floors Yes NA
Between Walls Yes NA
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 NA

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 Robert Sheppard Date

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR Robert Sheppard PHONE 386-623-2203

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 Self (Timothy Hall) Signature Timothy Hall License #: _____ Phone #: 386 438-3874 Qualifier Form Attached ☐
MECHANICAL/ A/C _____	Print Name Self (Timothy Hall) Signature Timothy Hall License #: _____ Phone #: 386-438-3874 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

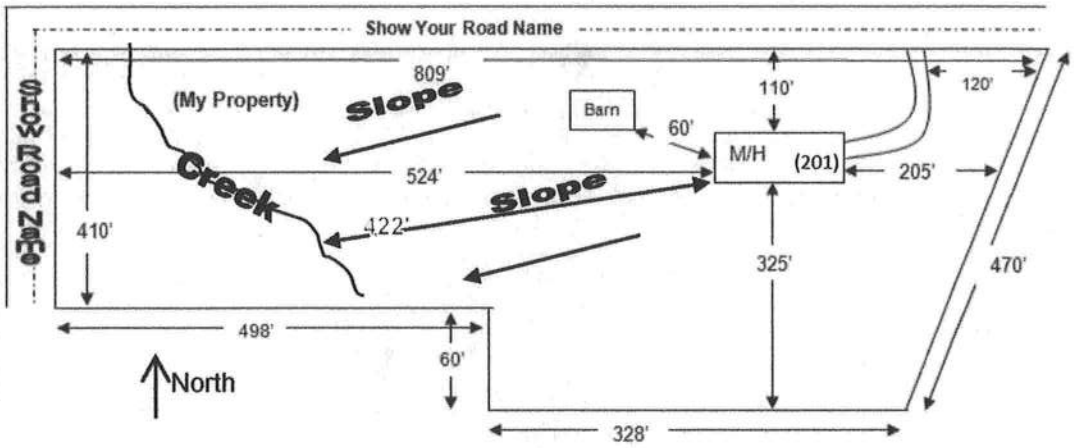
SITE PLAN CHECKLIST

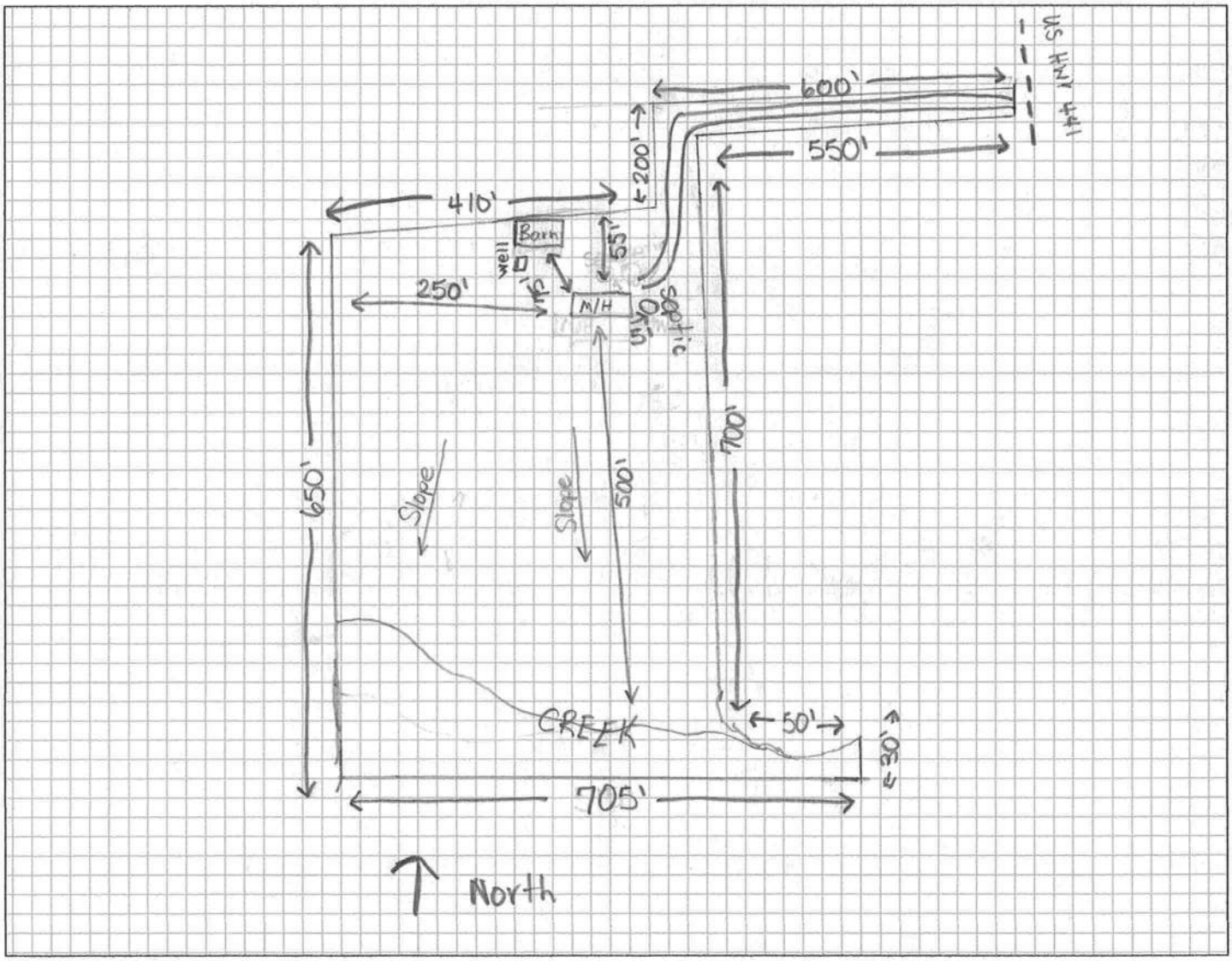
___1) Property Dimensions
___2) Footprint of proposed and existing structures (including decks), label these with existing addresses
___3) Distance from structures to all property lines
___4) Location and size of easements
___5) Driveway path and distance at the entrance to the nearest property line
___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.





CODE ENFORCEMENT

PRELIMINARY MOBILE HOME INSPECTION REPORT

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

OWNERS NAME Timothy Hall jr PHONE _____ CELL 386-438-3874

ADDRESS _____

MOBILE HOME PARK _____ SUBDIVISION _____

DRIVING DIRECTIONS TO MOBILE HOME _____

MOBILE HOME INSTALLER Robert Hoppard PHONE _____ CELL 386-623-2203

MOBILE HOME INFORMATION

MAKE Live Oak YEAR 2016 SIZE 56 X 14 COLOR Tan

SERIAL No. X LOHGA21530706

WIND ZONE 2 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 _____

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 _____

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, Robert Sheppard ,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)
Timothy Hall	Timothy Hall	___ 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.

Robert Sheppard 1025386 5-17-22
License Holders Signature (Notarized) License Number Date

NOTARY INFORMATION:
STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Robert Sheppard,
personally appeared before me and is known by me or has produced identification
(type of I.D.) N/A on this 18th day of May, 20 22.

M Garber
NOTARY'S SIGNATURE

(Seal/Stamp)
MELISSA GARBER
MY COMMISSION # GG 952236
EXPIRES: January 28, 2024
Bonded Thru Notary Public Underwriters

STATE OF FLORIDA
COUNTY OF COLUMBIA

LAND OWNER AFFIDAVIT

This is to certify that I, (We), Timothy Hall,
(State Corporation Name as it appears on the Property Appraisers Office website)
as the owner of the below described property:

Property tax Parcel ID number 08-1S-17-04501-004

Subdivision (Name, lot, Block, Phase) _____

Give my permission for Timothy Hall Jr. to place a

Circle one (Mobile Home) / Travel Trailer / Utility Pole Only / Single Family Home / or more — Barn – Shed – Garage / Culvert / Other _____

I (We) understand that the named person(s) above will be allowed to receive a building permit on the property number I (we) have listed above and this could result in an assessment for solid waste and fire protection services levied on this property.

Owner Signature — Date: 5-8-22

Owner Signature — Date

Owner Signature — Date

Sworn to and subscribed before me this 8th day of May, 2022, by ✓ physical presence or ____ online notarization and this (these) person(s) are personally known to me ✓ or produced ID _____.

Notary Public Signature — Notary Printed Name: Samuel Wesley Markham

Notary Stamp/

SAMUEL WESLEY MARKHAM
MY COMMISSION # HH 089540
EXPIRES: February 7, 2025
Bonded Thru Notary Public Underwriters

Revised 5/21/2021