

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only

(Revised 12/2023)

Zoning Official _____

Building Official _____

AP# _____

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 # _____

☐ Land Owner Affidavit ☐ Installer Authorization ☐ FW Comp. letter ☐ App Fee Paid ☐ 911 App

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

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

***This page not required if Online Submission**

Property ID # 24-45-17-08720-003 Subdivision _____ Lot# ✓

▪ New Mobile Home ☒ Used Mobile Home _____ MH Size 16x80 Year 2022

▪ Applicant Heide Morrison Phone # (386) 984-9334

▪ Address 8767 SW Old Wire Rd, Ft white, FL, 32038

▪ Name of Property Owner Ida Michelle Causey Phone# 850-274-7184

▪ 911 Address 680 SE Weeks Ln, Lake City, FL, 32025

▪ Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Duke Energy

▪ Name of Owner of Mobile Home Ida Michelle Causey Phone # 850-274-7184
Address 680 SE Weeks Ln, Lake City, FL, 32025

▪ Relationship to Property Owner self.

▪ Current Number of Dwellings on Property 1 to be replaced by new mobile home

▪ Lot Size 18.45 Acres. Total Acreage 18.45 Acres.

▪ 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 Yes/No

▪ Name of Licensed Dealer/Installer Arnon Lemieux Phone # 850-688-5961

▪ Installers Address 275 Goodson Rd, Quincy, FL, 32351

▪ License Number: TH1143475 Installation Decal # 108731

Is the mobile home currently located in Columbia County? Yes No (Only required for used homes)

Applicant Email Address: heidemorrison@gmail.com

(This is where application updates will be sent)

Mobile Home Permit Worksheet

Application Number: _____ Date: _____

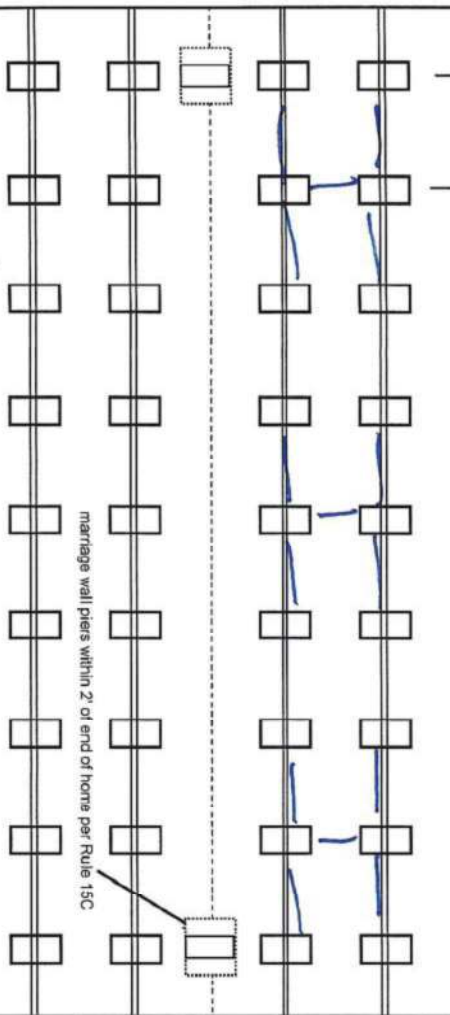
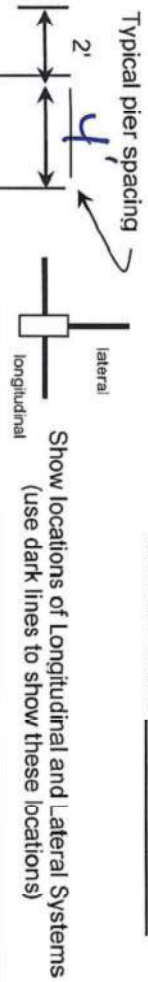
Installer: Arnon Lemieux License # 114143435

Address of home being installed: 680 SE Weeks Ln, Lake City, FL, 32024

Manufacturer: Live Oak Homes Length x width: 80x16

NOTE: if home is a single wide fill out one half of the blocking plan
if home is a triple or quad 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: _____



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 # 108731

Triple/Quad ☐ Serial # LOHGA20037816

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'	4'	5'	6'	7'	8'
1500 psf	4' 6"	6'	7'	8'	8'	8'	8'
2000 psf	6'	8'	8'	8'	8'	8'	8'
2500 psf	7' 6"	8'	8'	8'	8'	8'	8'
3000 psf	8'	8'	8'	8'	8'	8'	8'
3500 psf	8'	8'	8'	8'	8'	8'	8'

* Interpolated from Rule 15C-1 pier spacing table.

PIER PAD SIZES

I-beam pier pad size: 24x24
Perimeter pier pad size: N/A
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.

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

Opening: _____ Pier pad size: _____

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: Olive

OTHER TIES

Sidewall Longitudinal Marriage wall Shearwall
Number: 114

Mobile Home Permit Worksheet

Application Number: _____

Date: _____

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to _____ 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. lifting capacity.

AL. Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Arnon Lemieux

Date Tested 01/05/2004

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. 29

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 27

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 28

Site Preparation

Debris and organic material removed ☒ Swale ☒ Pad ☒ Other ☒

Fastening multi wide units

Floor: Type Fastener: N/A Length: N/A Spacing: N/A
Walls: Type Fastener: N/A Length: N/A Spacing: N/A
Roof: Type Fastener: N/A Length: N/A Spacing: N/A
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 PN

Type gasket Factory Installed: Between Floors Yes N/A
Pg. 22 Between Walls Yes N/A
Bottom of ridgebeam Yes N/A

Weatherproofing

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

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 Arnon Lemieux

Date 01/05/2004

License Number: IH / 1143475 / 1 Name: AARON B. LEMIEUX

Order #: 6155	Label #: 108731	Manufacturer:	(Check Size of Home)	
Homeowner:		Year Model:	Single	_____
Address:		Length & Width:	Double	_____
City/State/Zip:		Type Longitudinal System:	Triple	_____
Phone #:		Type Lateral Arm System:	HUD Label #:	_____
Date Installed:		New Home: _____ Used Home: _____	Soil Bearing / PSF:	_____
Installed Wind Zone:		Data Plate Wind Zone:	Torque Probe / in-lbs	_____
Note:	Permit # _____			

STATE OF FLORIDA
INSTALLATION CERTIFICATION LABEL

108731
DATE OF INSTALLATION

LABEL #

AARON B. LEMIEUX

NAME

6155

IH / 1143475 / 1

ORDER #

LICENSE #
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 BUILDING DEPARTMENT
135 NE Hernando Ave, Suite B-21, Lake City, FL 32055
Phone: 386-758-1008 Fax: 386-758-2160

***Use to authorize
Agent to pull
permit on Installers
behalf.**

MOBILE HOME INSTALLERS AGENT AUTHORIZATION

I, Arion Lemieux, give this authority and I do certify that the below
Installers Name

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	Agents Company Name
Heide Thomson	<i>Heide Thomson</i>	N. H. Building permits, LLC

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.

Arion Lemieux License Holders Signature (Notarized) 14/1143475 License Number 01/05/2024 Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Suwannee

The above license holder, whose name is Ryan Norris,
personally appeared before me and is known by me or has produced identification
(type of I.D.) Driver's License on this 5th day of January, 2024.

Lisa Lee Paul
NOTARY'S SIGNATURE

(Seal/Stamp)





COLUMBIA COUNTY BUILDING DEPARTMENT
135 NE Hernando Ave, Suite B-21, Lake City, FL 32055
Phone: 386-758-1008 Fax: 386-758-2160

***Use to authorize
property owners to
pull permit on
Installers behalf.**

MOBILE HOME INSTALLERS LETTER OF AUTHORIZATION

I, Aaron Lemieux, give this authority for the job address show below
Installer License Holder Name

only, 680 SE Weeks Ln., 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
Hesde Holmison	Holmison.

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.

[Signature]
License Holders Signature (Notarized)

1H/1143425
License Number

01/05/2024
Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Suwannee

The above license holder, whose name is Ryan Norris,
personally appeared before me and is known by me or has produced identification
(type of I.D.): Driver's License on this 5th day of January, 2024.

[Signature]
NOTARY'S SIGNATURE

