

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only

(Revised 12/2023)

Zoning Official _____

Building Official _____

AP# 10303

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 # 3145-17-08915-105 Subdivision Hawk's Landing Lot# 5

▪ New Mobile Home _____ Used Mobile Home ☒ MH Size 16x66 Year 1997

▪ Applicant Wayne Scott Nettles Phone # 386-697-3231

▪ Address 2355 SW King St., Lake City, FL 32024

▪ Name of Property Owner Wayne Scott Nettles Phone# 386-397-0816

▪ 911 Address 671 SW Bunn Drive

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

▪ Name of Owner of Mobile Home Wayne Scott Nettles Phone # 386-397-0816

Address 2355 SW King St. Lake City, FL 32024

▪ Relationship to Property Owner Property owner

▪ Current Number of Dwellings on Property 0

▪ Lot Size _____ Total Acreage 5.16

▪ 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 No

▪ Name of Licensed Dealer/Installer Robert Sheppard Phone # 386-623-2203

▪ Installers Address 6355 SE CR 245 Lake City FL 32025

▪ License Number: IH1025386 Installation Decal # 63845

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

Applicant Email Address: Wtfarms12@gmail.com

(This is where application updates will be sent)

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	<div>Print Name: <u>Donald R. Hollingsworth</u> Signature: <u>[Signature]</u></div> <div>License #: <u>EC 13005429</u> Phone #: <u>386-733-5944</u></div> <div>Qualifier Form Attached <input type="checkbox"/></div>
MECHANICAL/A/C <input checked="" type="checkbox"/>	<div>Print Name: <u>Rodney L. Cribbs</u> Signature: <u>[Signature]</u></div> <div>License #: <u>RA 13067616</u> Phone #: <u>386-288-8034</u></div> <div>Qualifier Form Attached <input type="checkbox"/></div>

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.



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, Robert Sheppard, give this authority for the job address show below
Installer License Holder Name
only, 671 SW Burn Dr. Lake City, FL 32024, 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
Tracy Nettles	Tracy Nettles

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 FH1025386 1-2-24
License Holders Signature (Notarized) License Number Date

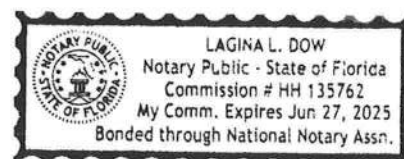
NOTARY INFORMATION:

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.) FLDLS163764724066 on this 2nd day of January, 20 24.

Lagina L Dow 01/02/2024
NOTARY'S SIGNATURE

(Seal/Stamp)



Mobile Home Permit Worksheet

Application Number: _____

Date: _____

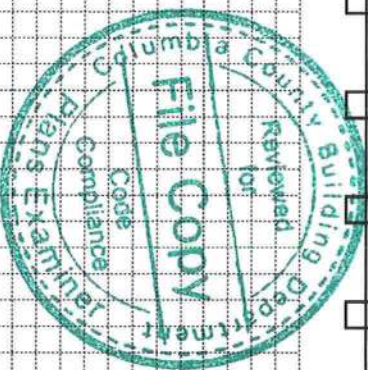
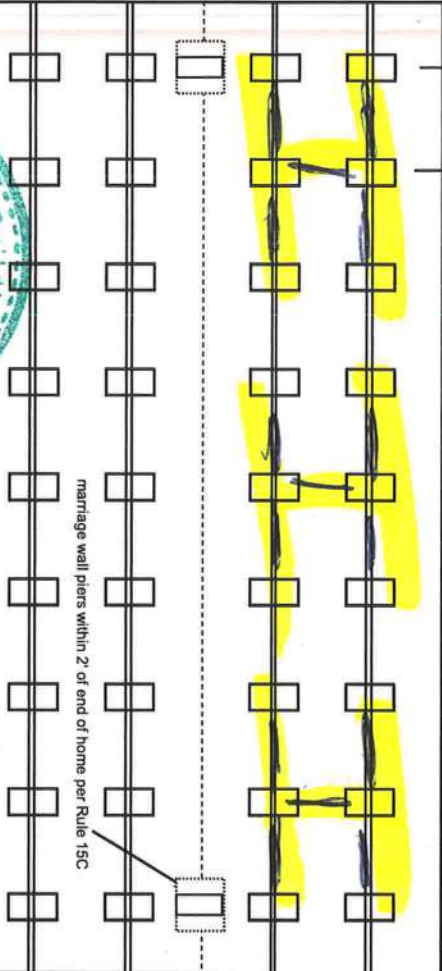
Installer: Robert Sheppard License # IH1025386

Address of home being installed 671 SW Burn Dr.
Lake City, FL 33024

Manufacturer Skyline Length x width 16x66

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



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 # _____

Triple/Quad ☐ Serial # 496102695

PIER SPACING TABLE FOR USED HOMES

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

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 _____

4 ft ☒ 5 ft ☐

FRAME TIES

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

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer Oliver 1101V

OTHER TIES

Number _____
Sidewall Longitudinal Marriage wall Shearwall 4

Mobile Home Permit Worksheet

Application Number: _____

Date: 11/5/24

POCKET PENETROMETER TEST

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

X 1700

X 1700

X 1700

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 1600

X 1600

X 1700

TORQUE PROBE TEST

The results of the torque probe test is 295 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 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.

KS Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Robert Sheppard

Date Tested

12-29-23

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. 28

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 ☐

Water drainage: Natural

Fastering multi wide units

Roof: Type Fastener: _____ Length: _____ 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, 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

Type gasket Pg. _____

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

Robert Sheppard

Date

12-29-23

Permit Application Number:

Permit Application Number:

Scale: Each block represents 10 feet and 1 inch = 40 feet.



County Health Department

Page 2 of 4



STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM (OSTDS)

PERMIT NO. 23-0825
DATE PAID: 2/15/23
FEE PAID: 22500
RECEIPT #: 225741

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

☒ New System ☐ Existing System ☐ Holding Tank ☐ Innovative
☐ Repair ☐ Abandonment ☐ Temporary ☐

APPLICANT: Tracy L. Nettles

EMAIL: Wtfarms12@gmail.com

AGENT: Tracy L. Nettles

TELEPHONE: 386-697-3231

MAILING ADDRESS: 671 SW Bunn Dr., Lake City, FL 32024

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3) (m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION

OSTDS REMEDIATION PLAN? ☐ Y ☒ N

LOT: 5 BLOCK: _____ SUBDIVISION: Hawk's Landing PLATTED: _____

PROPERTY ID #: 31-45-17-08915-105 ZONING: _____ I/M OR EQUIVALENT: ☐ Y ☒ N

PROPERTY SIZE: 5.16 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ Y ☒ N DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: 671 SW Bunn Dr., Lake City, FL 32024

DIRECTIONS TO PROPERTY: 47 South, Left onto Wester Rd, Left onto Bunn Dr.

BUILDING INFORMATION

☒ RESIDENTIAL ☐ COMMERCIAL

Unit No.	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table I, Chapter 62-6, FAC
1	SW-Mobile Home	3	1056	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Tracy L. Nettles

DATE: 2.15.23

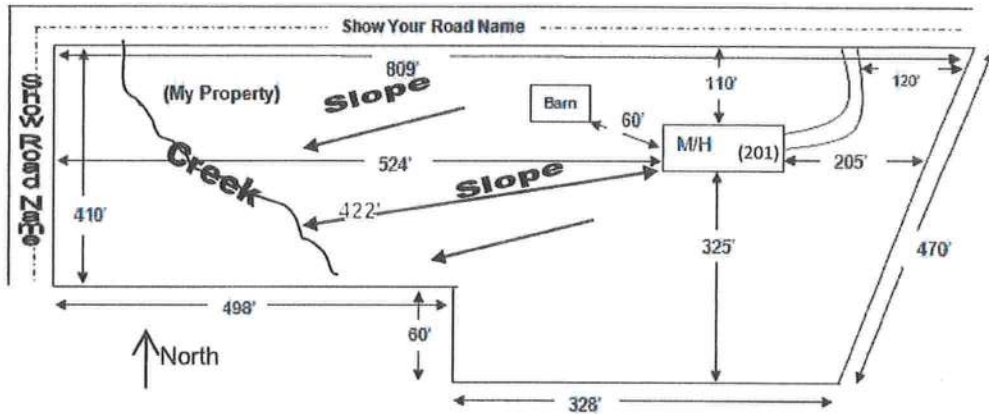
#63803

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

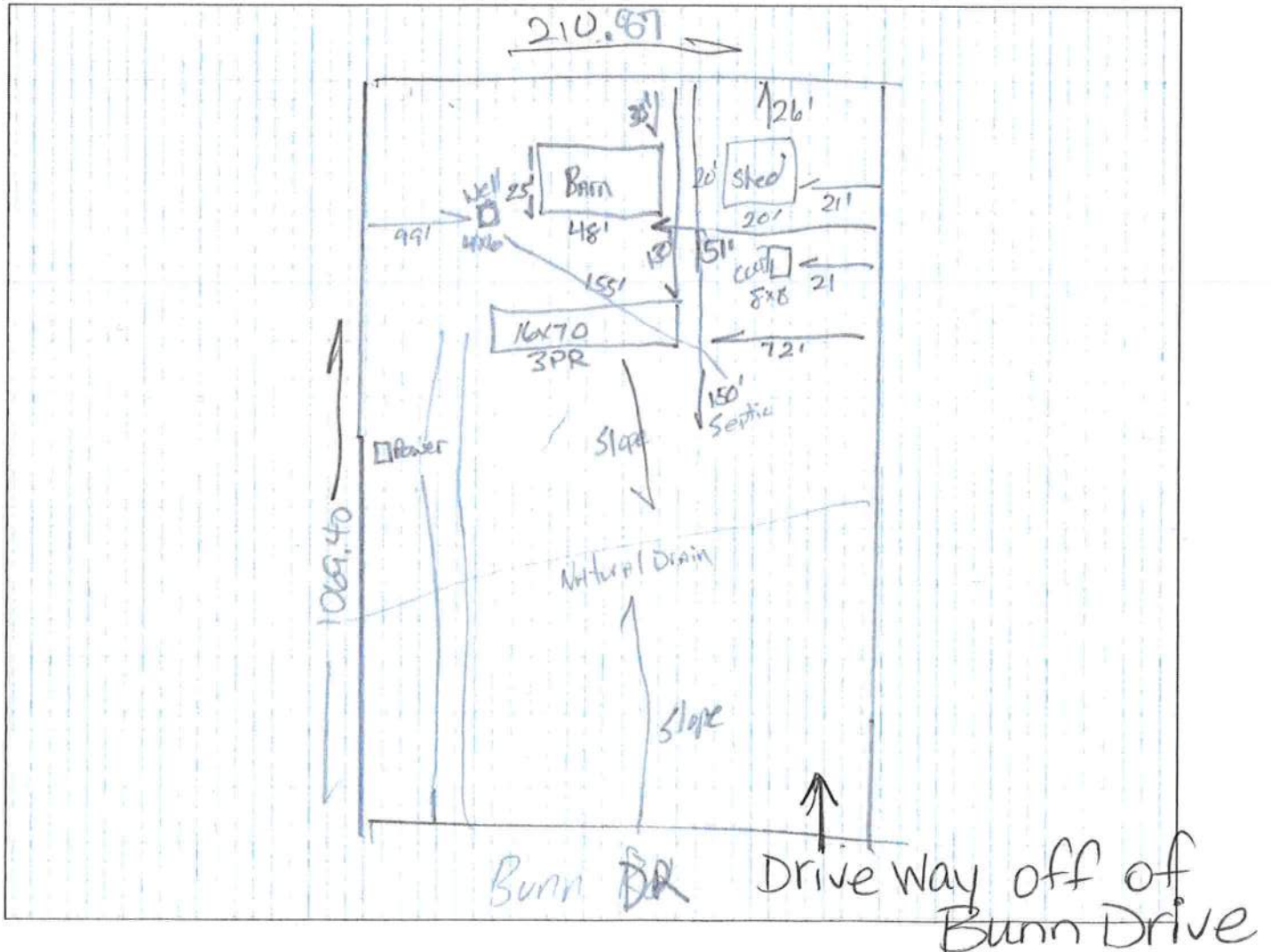
SITE PLAN EXAMPLE

Revised 7/1/15



NOTE:

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





Building and Zoning Department

Mobile Home Application

Invoice

63803

Applicant Information

TRACY NETTLES
2355 SW KING ST
LAKE CITY, FL 32024

Invoice Date

01/18/2024

Permit

Amount Due

\$682.27

Job Location

Parcel: 31-4S-17-08915-105
Owner: NETTLES WAYNE SCOTT, NETTLES TRACY LUCAS
Address: 671 SW BUNN DR
LAKE CITY, FL 32024

Contractor Information

ROBERT D SHEPPARD
MELVINS MOBILE HOME
SERVICE
6355 SE CR 245
LAKE CITY, FL 32025

Contact Us

Phone:
(386) 758-1008

Customer Service Hours:
Monday-Friday
From 8:00 A.M. to 4:30 P.M.

Email:
bldginfo@columbiacountyfla.com

Website:
<http://www.columbiacountyfla.com/BuildingandZoning.asp>

Address:
Building and Zoning Ste. B-21
135 NE Hernando Ave.
Lake City, FL 32055

Invoice History

<u>Date</u>	<u>Description</u>	<u>Amount</u>
01/09/2024	Payment: Check 2845	(\$65.00)
01/09/2024	Fee: Application Fee	\$15.00
01/09/2024	Fee: Pre-Inspections	\$50.00
01/18/2024	Fee: Mobile Home - Single Wide	\$250.00
01/18/2024	Fee: Certificate Fee	\$2.50
01/18/2024	Fee: DBPR - Surcharge / Radon	\$3.75
01/18/2024	Fee: Flood Zone Certification Fee	\$25.00
01/18/2024	Fee: Zoning Certification Fee	\$50.00
01/18/2024	Fee: Fire Assessment Residential < 6 Acres	\$202.48
01/18/2024	Fee: Solid Waste Assessment	\$148.54
Amount Due:		\$682.27

Credit card payments can be made online here (fees apply)

***Fee balances are not immediately updated using online Credit Card.
If you have paid permit fees using the online application site or by another
method such as check or cash, please allow time for your payment to be
processed.***

1st 1-18

Inspection Office Hours

Monday - Friday
From 8:00 AM to 10:00 AM
and
From 1:30 PM to 3:00 PM

Regular Inspection Schedules

All areas North of County Road 242
From 10:00 AM to Noon

All areas South of County Road 242
From 3:00 PM to 5:00 PM

Inspection Requests

Online: (Preferred Method)
www.columbiacountyfla.com/InspectionRequest.asp

Voice Mail: 386-719-2023 or Phone: 386-758-1008

All Driveway Inspections: 386-758-1019

Septic Release Inspections: 386-758-1058

IMPORTANT NOTICE:

Any inspection requested after 4:30 pm, no matter the method, will be received the next business day and will be scheduled by the earliest time slot.

All inspections require 24 hours notice.

Emergencies will be inspected as soon as possible.

Mobile Home Application #63803

Friday, January 5, 2024 3:28 PM



APPLICANT: TRACY NETTLES

PHONE: 386-697-3231

ADDRESS: 2355 SW KING ST LAKE CITY, FL 32024

OWNER: NETTLES WAYNE SCOTT, NETTLES TRACY LUCAS

PHONE: 386-397-0816

ADDRESS: 671 SW BUNN DR LAKE CITY, FL 32024

PARCEL ID: 31-4S-17-08915-105

SUBDIVISION: HAWKS LANDING

LOT: 5

BLOCK:

PHASE:

UNIT:

ACRES: 5.18

CONTRACTOR	TYPE	LIC#	BUSINESS NAME
ROBERT D SHEPPARD	General	IH1025386	MELVINS MOBILE HOME SERVICE

MOBILE HOME DETAILS

Is this a new or used home? Used

Mobile Home is a: Single Wide

Year Built 1997

Color of mobile home?

Width (Ft.In) 16

Length (Ft.In) 66

Total Area (Ft.In)

Wind Zone? 2

Serial # 49610269j

Installation Decal #

Power Company Clay Electric

Service Amps 200

Estimated Mechanical Cost 0.00

Residential or Commercial Use? Residential

Is this replacing an existing Home? No

Number of homes now on property?

Driveway access to home:

Relationship to property owner?

Name of person this mobile home home is for?

Resident's Phone #

Are you applying for a 5 year temporary permit?

Special temporary use permit number:

Septic # (00-0000) or (X00-000)

Setback Info

Site Plan Setbacks Front

Site Plan Setbacks Side 1

Site Plan Setbacks Side 2

Site Plan Setbacks Rear

Optional Job Notes