

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 7-1-15) Zoning Official _____ Building Official _____
 AP# 59313 Date Received 3/22 By JW Permit # 46883
 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 # 03-58-16-03455-023 Subdivision _____ Lot# _____

- New Mobile Home ☒ Used Mobile Home _____ MH Size 28x56 Year 2023
- Applicant Sonya North Phone # 863-512-5701
- Address 3311 SW State Rd 247 Lake City FL 32024
- Name of Property Owner Ralph Martin Phone# 386-854-5423
- 911 Address SW Summerhill Glen Lake City FL 32001
- Circle the correct power company - FL Power & Light - Clay Electric
 (Circle One) - Suwannee Valley Electric - Duke Energy
- Name of Owner of Mobile Home Ralph Martin Phone # 386-854-5423
 Address SW Summerhill Glen Lake City FL 32001
- Relationship to Property Owner _____
- Current Number of Dwellings on Property only this one ~~one~~
- Lot Size _____ Total Acreage 1
- 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 _____

Email Address for Applicant: provisionpermitting@gmail.com

- Name of Licensed Dealer/Installer Robert Sheppard Phone # 386-623-2203
- Installers Address 6355 SE CR 245 Lake City FL 32025
- License Number IH-1025386 Installation Decal # 99222

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 <u>Glenn Whittington</u> License #: <u>EC13002957</u>	Signature <u>Glenn Whittington</u> Phone #: <u>386-972-1701</u> Qualifier Form Attached <input type="checkbox"/>
MECHANICAL/ A/C	Print Name _____ License #: _____	Signature _____ Phone #: _____ Qualifier Form Attached <input type="checkbox"/>

Qualifier Forms cannot be submitted for any Specialty License.

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			

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 10/30/2015

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____

CONTRACTOR

Robert Sheppard

PHONE

386-423-2203

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 _____ License #: _____ Qualifier Form Attached <input type="checkbox"/>	Signature _____ Phone #: _____
X MECHANICAL/ A/C _____	Print Name <u>Timothy D Shatto</u> License #: <u>CAC057875</u> Qualifier Form Attached <input type="checkbox"/>	Signature <u>Timothy D. Shatto</u> Phone #: <u>386-496-8224</u>

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

MOBILE HOME INSTALLERS LETTER OF AUTHORIZATION

I, Robert Sheppard, give this authority for the job address show below
Installer License Holder Name

only, SW Summerhill Gln 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	Authorized Person is... (Check one)
Sonya North	Sonya North	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
Dylan Hinson		<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> 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

License Holders Signature (Notarized)

IH 1025386

License Number

2/28/2023

Date

NOTARY INFORMATION:

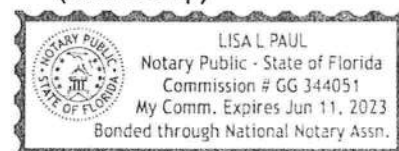
STATE OF: Florida COUNTY OF: Suwannee

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.) Driver's License on this 28th day of February, 2023.

Lisa L. 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

MOBILE HOME INSTALLERS AGENT AUTHORIZATION

I, Robert Sheppard, 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
Sony North	Sony North	

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

License Holders Signature (Notarized)

IH 1025386

License Number

2/28/2023

Date

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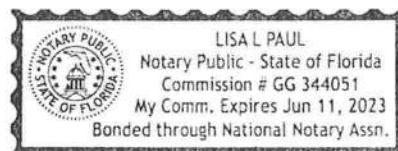
STATE OF: Florida COUNTY OF: Suwannee

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.) Driver's License on this 28th day of February, 2023.

Lisa L. Paul

NOTARY'S SIGNATURE

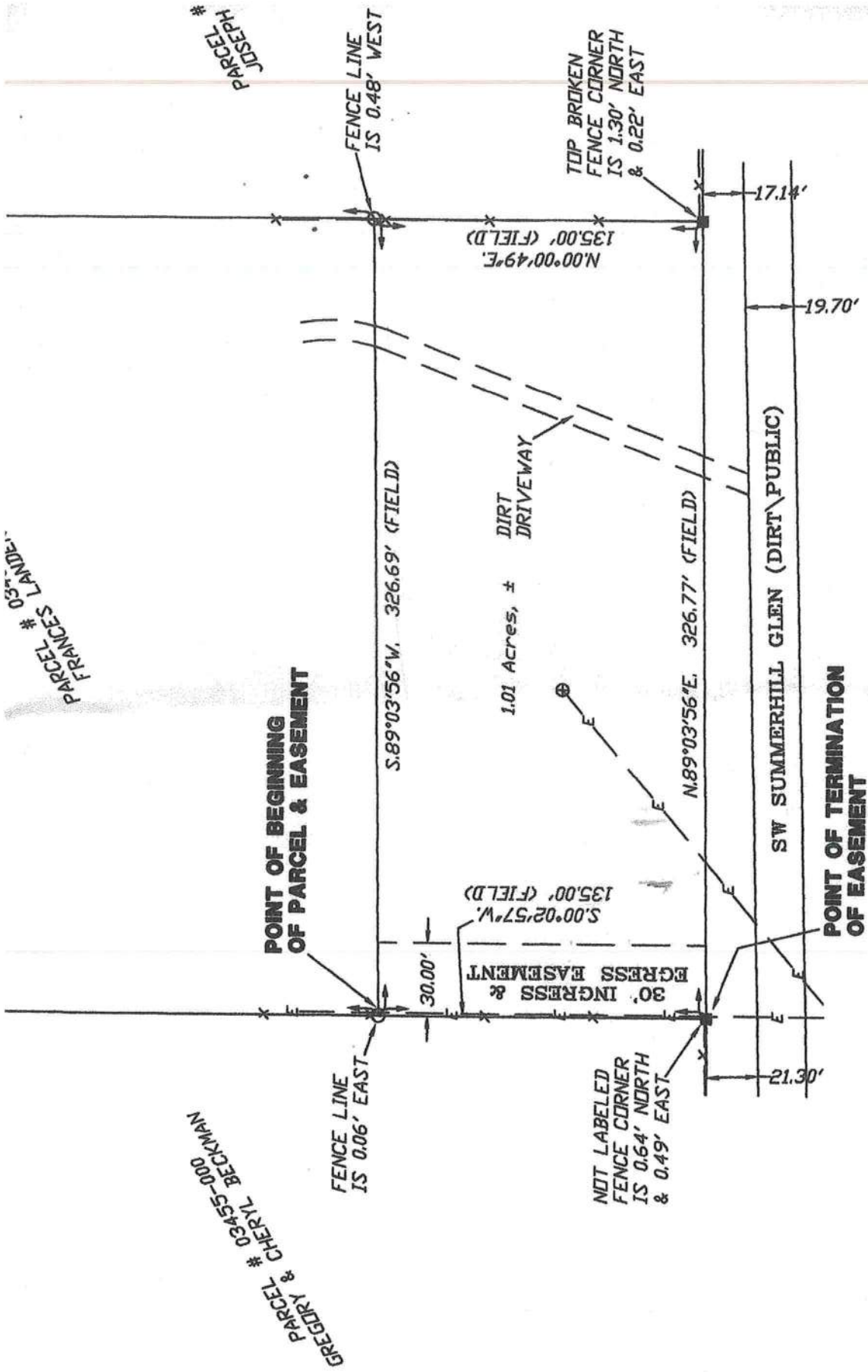
(Seal/Stamp)



2023

03-55-16-03455-023

[illegible]



CERTIFIED TO:

FRANCES LANDERS

SURVEYOR'S

I HEREBY CERTIFY THAT THIS SURVEY WAS MADE
TECHNICAL STANDARDS AS SET FORTH BY THE FL
IN CHAPTER 5J-17, FLORIDA ADMINISTRATIVE CODE

12/07/22
FIELD SURVEY DATE

01/09/23
DRAWING DATE

NOTE: UNLESS IT BEARS THE ORIGINAL SIGNATURE AND
AND MAPPER THIS DRAWING, SKETCH, PLAT OR MAP

DESCRIPTION:

COMMENCE AT THE NW CORNER OF THE SE 1/4 OF THE NW 1/4 OF SECTION 3, TOWNSHIP 5 SOUTH, RANGE 16 EAST, COLUMBIA COUNTY, FLORIDA AND RUN N.88°58'00"E., 14.98 FEET; THENCE S.00°02'57"W., 505.48 FEET TO THE POINT OF BEGINNING; THENCE CONTINUE S.00°02'57"W., 135.00 FEET TO THE NORTHERLY MAINTAINED RIGHT-OF-WAY LINE OF SW SUMMERHILL GLEN; THENCE N.89°03'56"E., ALONG SAID MAINTAINED RIGHT-OF-WAY LINE, 326.77 FEET; THENCE N.00°00'49"E., 135.00 FEET; THENCE S.89°03'56"W., 326.69 FEET TO THE POINT OF BEGINNING.

SUBJECT TO AN EASEMENT FOR INGRESS AND EGRESS AS LIES 30.00 FEET TO THE LEFT (EAST) OF THE FOLLOWING DESCRIBED LINE:

COMMENCE AT THE NW CORNER OF THE SE 1/4 OF THE NW 1/4 OF SECTION 3, TOWNSHIP 5 SOUTH, RANGE 16 EAST, COLUMBIA COUNTY, FLORIDA AND RUN N.88°58'00"E., 14.98 FEET; THENCE S.00°02'57"W., 505.48 FEET TO THE POINT OF BEGINNING OF SAID LINE; THENCE CONTINUE S.00°02'57"W., 135.00 FEET TO THE NORTHERLY MAINTAINED RIGHT-OF-WAY LINE OF SW SUMMERHILL GLEN AND TO THE POINT OF TERMINATION OF SAID LINE. SAID EASEMENT IS TO EXTEND OR CONTRACT AS NEEDED TO CREATE THE BOUNDARIES THEREOF.

SURVEYOR'S NOTES:

1. BOUNDARY BASED ON MONUMENTATION FOUND.
2. BEARINGS ARE BASED ON A BEARING OF N.88°58'00"E. FOR THE NORTH LINE OF SE 1/4 OF NW 1/4, SECTION 3.
3. IT IS APPARENT THAT THIS PARCEL IS IN ZONE "X" AND IS DETERMINED TO BE OUTSIDE THE 500 YEAR FLOOD PLAIN AS PER FLOOD RATE MAP, DATED 4 FEBRUARY, 2009 FIRM PANEL NUMBER 12023C0379C. HOWEVER, THE FLOOD INSURANCE RATE MAPS ARE SUBJECT TO CHANGE.
4. THE IMPROVEMENTS, IF ANY, INDICATED ON THIS SURVEY DRAWING ARE AS LOCATED ON DATE OF FIELD SURVEY AS SHOWN HEREON.
5. IF THEY EXIST, NO UNDERGROUND ENCROACHMENTS AND/OR UTILITIES WERE LOCATED FOR THIS SURVEY EXCEPT AS SHOWN HEREON.
6. THIS SURVEY WAS COMPLETED WITHOUT THE BENEFIT OF A TITLE COMMITMENT OR A TITLE POLICY.
7. DIMENSIONS SHOWN HEREON ARE IN FEET AND DECIMAL PARTS THEREOF.
8. THIS SURVEY DOES NOT REFLECT OR DETERMINE OWNERSHIP.
9. THE ADJACENT OWNERSHIP INFORMATION AS SHOWN HEREON IS BASED ON THE COUNTY PROPERTY APPRAISERS GIS SYSTEM, UNLESS OTHERWISE DENOTED.

BRITT SURVEYING & MAPPING, LLC

LAND SURVEYORS AND MAPPERS, L.B. # 8016
1438 SW MAIN BLVD,
LAKE CITY, FLORIDA, 32025

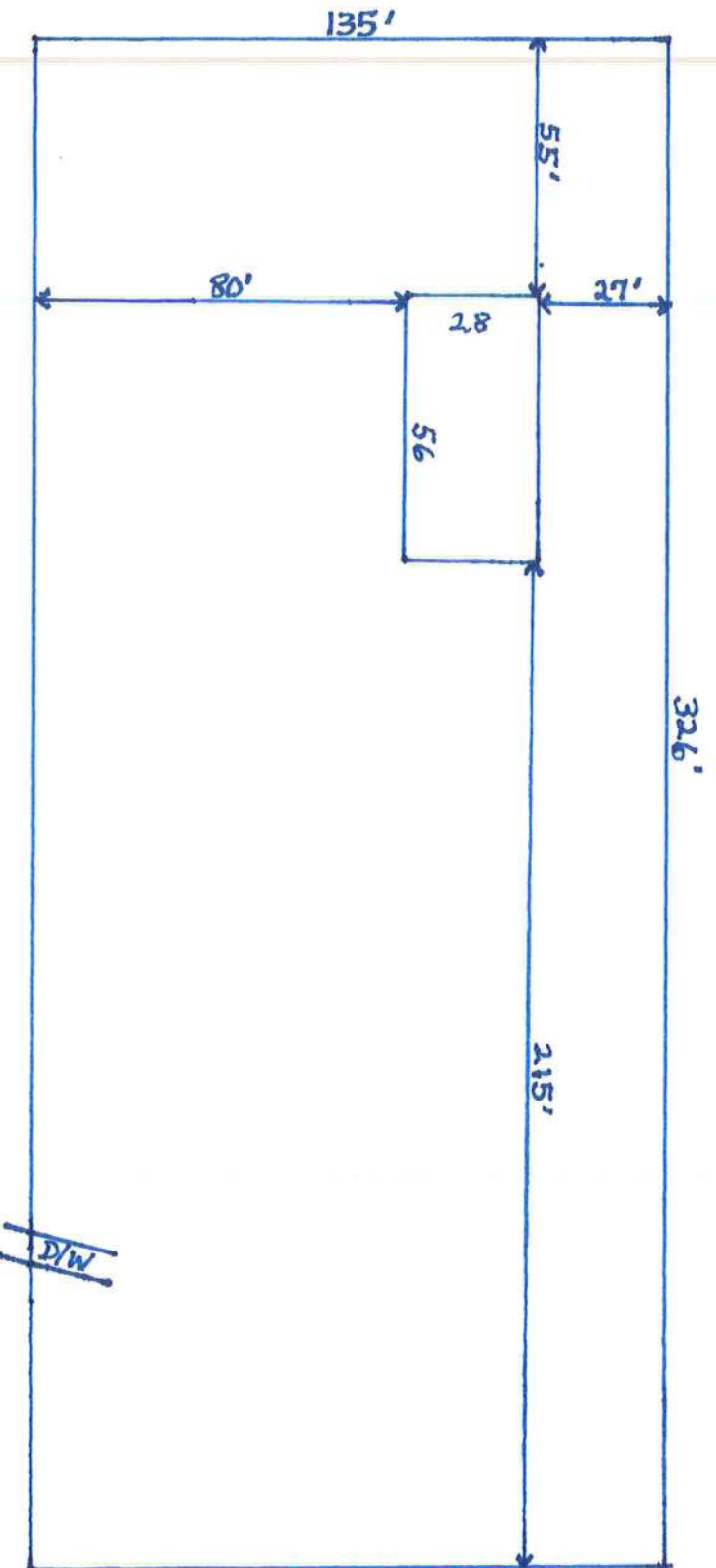


littsurvey.com

PHONE: (386) 752-7163 FAX: (386) 752-5573

WORK ORDER # 1 000000

1" = 40'

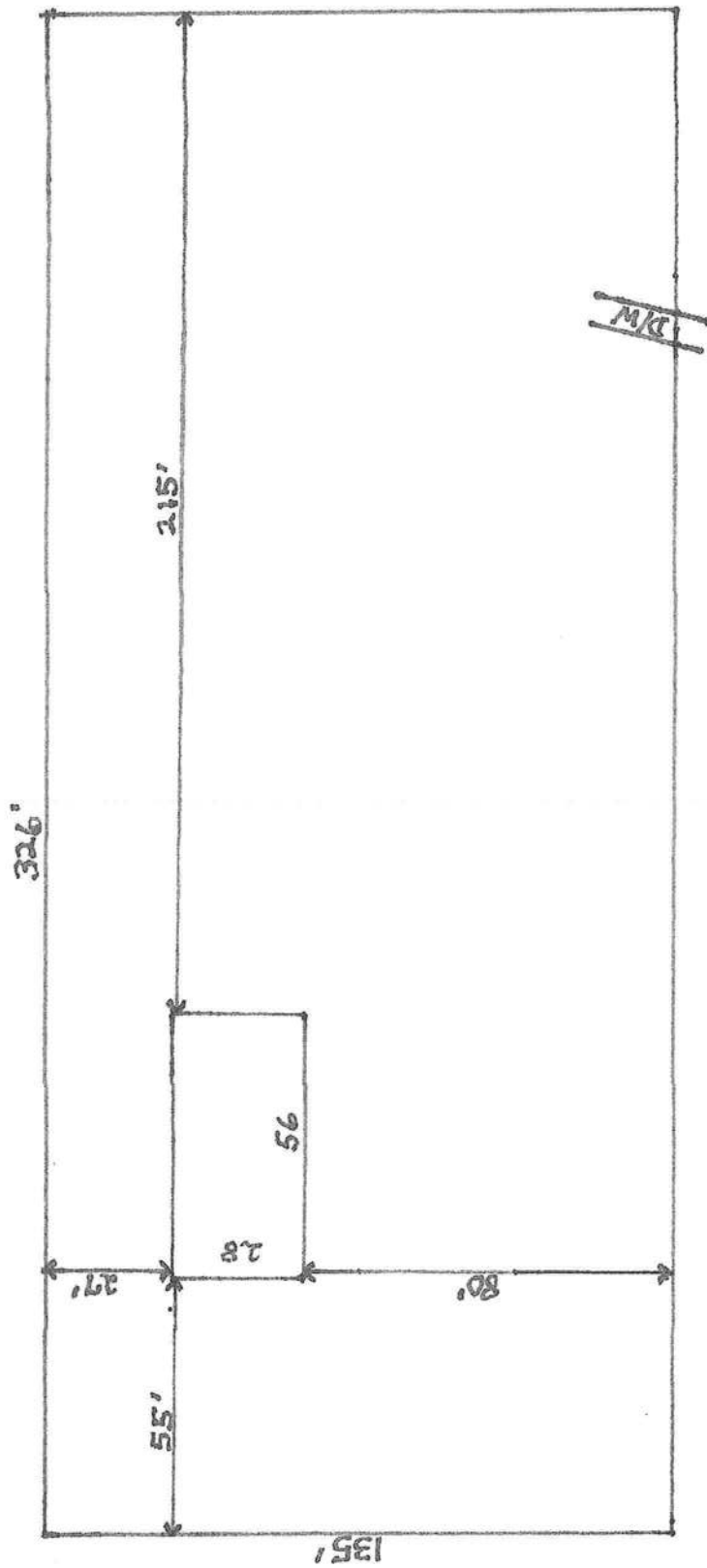


SW Summerhill Glen

Martin

59313

1" = 40'



SW Summerhill Glen

Martin

**THIS INSTRUMENT PREPARED BY
AND RETURN TO:**

MARLIN M. FEAGLE, ESQUIRE
MARLIN M. FEAGLE, ATTORNEY AT LAW, P.A.
153 NE Madison Street
Post Office Box 1653
Lake City, Florida 32056-1653
Florida Bar No. 0173248

The preparer of this instrument has performed no title examination nor has the preparer issued any title insurance or furnished any opinion regarding the title, existence of liens, the quantity of lands included, or the location of the boundaries. The names, addresses, tax identification numbers and legal description were furnished by the parties to this instrument.

Inst: 202312004746 Date: 03/20/2023 Time: 1:15PM
Page 1 of 3 B: 1486 P: 2070, James M Swisher Jr, Clerk of Court
Columbia, County, By: AM *RN*
Deputy Clerk

27.00

CORRECTIVE WARRANTY DEED

THIS INDENTURE, made this 16th day of March, 2023, between FRANCES A. LANDERS an unremarred widow, whose mailing address is 395 SW Summerhill Gln., Lake City, Florida 32024 and MICHAEL O'BRIEN, a single person, whose mailing address is 8363 258th Place, O'Brien, Florida 32071 party of the first part, Grantors, and RALPH MARTIN whose mailing address is 395 SW Summerhill Gln., Lake City, Florida 32024 party of the second part, Grantee.

W I T N E S S E T H:

That said grantor, for and in consideration of the sum of TEN AND NO/100 (\$10.00) DOLLARS, and other good and valuable considerations to said grantor in hand paid by said grantee, the receipt whereof is hereby acknowledged, has granted, bargained and sold to the said grantee, and grantee's heirs, successors and assigns forever, the following described land, situate, lying and being in Columbia County, Florida, to-wit:

SEE ATTACHED EXHIBIT "A"

Tax Parcel No.: 03-5S-16-03455-020 (Parent parcel)

N.B. This Corrective Warranty Deed is to show the family relationship between Grantor, Frances A. Landers who is the sister to the Grantee, Ralph Martin. They are brother and sisters. The original Warranty Deed was executed on February 14, 2023 and recorded in Official Records Book 1484, Page 1908, public records of Columbia County, Florida.

TOGETHER WITH all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

TO HAVE AND TO HOLD the same in fee simple forever.

AND the Grantor hereby covenants with said Grantee that the Grantor is lawfully seized of said land in fee simple; that the Grantor has good right and lawful authority to sell and convey said land; that the Grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances, except taxes accruing subsequent to December 31, 2021.

IN WITNESS WHEREOF, the said Grantor has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered
in the presence of:

Teri B. Brown Frances A. Landers (SEAL)
Witness FRANCES A. LANDERS
Teri B. Brown
Print or type name

Jami Lee
Witness
Jami Lee
Print or type name

STATE OF FLORIDA
COUNTY OF COLUMBIA

The foregoing instrument was acknowledged before me by means of ☒ physical presence or
☐ online notarization this 16th day of March, 2023 by **FRANCES A. LANDERS**, who is
personally known to me.



Signed, sealed and delivered
in the presence of:

Teri B. Brown

Witness
Teri B. Brown
Print or type name

Jami Lee
Witness
Jami Lee
Print or type name

STATE OF FLORIDA
COUNTY OF COLUMBIA

The foregoing instrument was acknowledged before me by means of ☒ physical presence or
☐ online notarization this 20th day of March, 2023 by **MICHAEL O'BRIEN**, who is personally
known to me.



Teri B. Brown
Notary Public, State of Florida

My Commission Expires: 8/30/2025

EXHIBIT "A"

DESCRIPTION:

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BOARD OF COUNTY COMMISSIONERS • COLUMBIA COUNTY

Address Assignment and Maintenance Document

To maintain compliance with the county's Addressing Policy you must make application for a 9-1-1 Address at the time you apply for a building permit. The standards for addressing and posting numbers to all principal buildings, dwellings, businesses and industries are in accordance with Chapter 102, Article IV of the Columbia County Code of Ordinances. The addressing system better enables Emergency Services and Law Enforcement Agencies to respond in the event of an emergency. This address is also used by the United States Postal Service and delivery services in the timely and efficient provision of services.

Date/Time Issued:	3/22/2023 10:35:39 AM
Address:	393 SW SUMMERHILL Gln
City:	LAKE CITY
State:	FL
Zip Code	32024

Parcel ID	03455-023
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REMARKS: New address for Habitable structure (family home, business, etc.) on the parcel.

NOTICE: THIS ADDRESS WAS ISSUED BASED ON LOCATION AND ACCESS INFORMATION RECEIVED FROM THE REQUESTER. SHOULD, AT A LATER DATE, THE LOCATION AND/OR ACCESS INFORMATION BE FOUND TO BE IN ERROR OR CHANGED, THIS ADDRESS IS SUBJECT TO CHANGE.

Address Issued By: **SCHOFIELD, LINCOLN C.**



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

23-0197
PERMIT NO. _____
DATE PAID: 3-13-23
FEE PAID: 310.00
RECEIPT #: _____

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: MARTIN RALPH EMAIL: nflsepticTank@comcast.net

AGENT: Robert Ford III- NORTH FLORIDA SEPTIC TANK INC TELEPHONE: 3867556372

MAILING ADDRESS: 741 SE STATE ROAD 100, LAKE CITY FL 32025

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: _____ BLOCK: _____ SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: 03-55-16-03455-020 ZONING: _____ I/M OR EQUIVALENT: ☐ Y ☒ N

PROPERTY SIZE 1.01 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ <=2000GPD ☐ >2000GPD

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

PROPERTY ADDRESS: 395 SW Summerhill Gl LLC

DIRECTIONS TO PROPERTY: _____

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	mh	3	1387	
2				
3				
4				

RECEIVED
MAR 15 2023
BY: _____

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Robert Ford 999 DATE: 3-13-2023

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

1'±40'

Permit Application Number 23-0197

----- PART II - SITEPLAN ----- Landers/Manning

see att

Site Plan submitted by: Robert Ford 999 Date: 3-13-2023

Plan Approved X Not Approved _____

By [Signature] Columbus Date 3/14/23
County Health Department

MASTER CONTRACTOR

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Mapping Job
1" = 40'
Robt. J. Jole
3-13-2023

Hand-drawn site plan of a property. The plan is rectangular with overall dimensions of 135' by 326.71'. The top boundary is labeled 135'. The right boundary is labeled 326.71'. The bottom boundary is labeled 135'. The left boundary is labeled 326.109'. A curved line on the left side is labeled 'Drive way'. A rectangular area in the upper right is labeled '26.8 x 56', '3.82', and '1387 sq ft'. A dashed line labeled 'with 100'' connects this area to a point on the right boundary. A north arrow points towards the top right. A small rectangular structure is shown near the top left corner, with two points labeled 'S1' and 'S2' nearby. A circular feature is shown in the top left corner. The text 'Proposed well' is written near the dashed line. The text '30' minimum' is written near the top boundary. The text '135'' is written near the top boundary.

MAR 14

BY:

Mobile Home Permit Worksheet

Application Number: _____

Date: _____

Installer: Robert Sheppard License # _____

Address of home being installed _____

510 Summerhill Ln
Lave City FI 32024

Manufacturer Four Homes

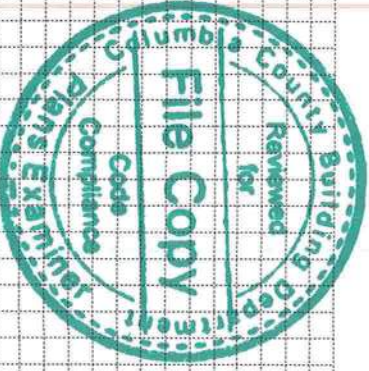
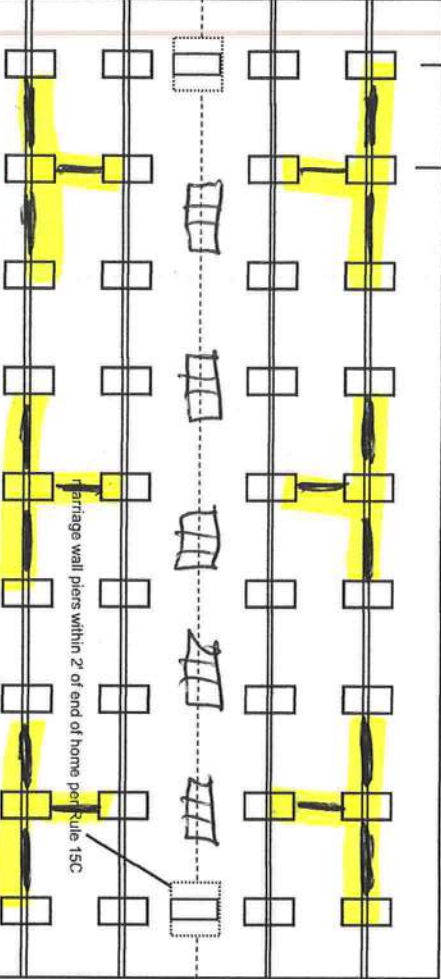
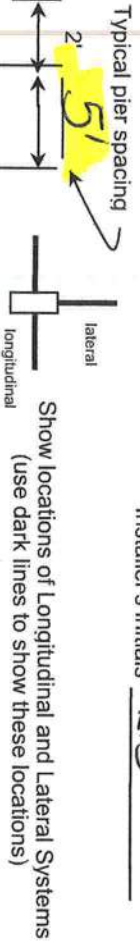
Length x width

56 x 28

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 R.S.



03-22-2023

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 # 99222

Triple/Quad ☐ Serial # _____

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	Footer size (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'
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.) 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.

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

Opening Pier pad size

FRAME TIES

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

TIEDOWN COMPONENTS

OTHER TIES

Longitudinal Stabilizing Device (LSD)
Manufacturer DIIVER 1101V

Sidewall Longitudinal Marriage wall Shearwall

Number 26

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 240 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. 1 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 require anchors with 4000 lb holding capacity.

R.S. Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Robert Shepard

Date Tested

2-28-2023

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. 29

Site Preparation

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

Fastening multi wide units

For roof: Type Fastener: lags Length: 5'1" Spacing: 16'1"
Type Fastener: lags Length: 4'1" Spacing: 16'1"
Type Fastener: lags Length: 6'1" Spacing: 16'1"
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 R.S.

Type gasket Foam

Installed:
Between Floors Yes ☒
Between Walls Yes ☒
Bottom of ridgebeam Yes ☒

Weatherproofing

The bottomboard will be repaired and/or taped. Yes ☒ Pg. 29
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 Shepard Date 2-28-2023

License Number: IH / 1025386 / 1 Name: ROBERT D. SHEPPARD

Order #: 5786

Label #: 99222

Manufacturer:

Town Homes

(Check Size of Home)

Homeowner:

Ralph Alfred Martin

Year Model:

2023/2862-636

Single

Double

X

Triple

Address:

TBD SW Summerhill Gln.

Length & Width:

56x28

City/State/Zip:

Lake City, FL 32024

Type Longitudinal System:

Driver/HV

HUD Label #:

Phone #:

886-854-5423/386-292-9288

Type Lateral Arm System:

Date Installed:

New Home: X

Used Home: _____

Soil Bearing / PSF:

1000

Torque Probe / in-lbs:

290

Installed Wind Zone:

II

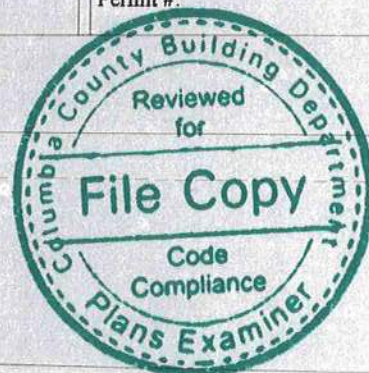
Data Plate Wind Zone:

II

Permit #:

Note:

Mike's Col. Co. deal



STATE OF FLORIDA
INSTALLATION CERTIFICATION LABEL

99222

LABEL #

DATE OF INSTALLATION

ROBERT D. SHEPPARD

NAME

IH / 1025386 / 1

5786

LICENSE #

ORDER #

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.