

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only

(Revised 7-1-15)

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 # _____ ☐ 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 # 08-6S-17-69626-121 Subdivision TUSTENUGEE 1A1/S Lot# 21

▪ New Mobile Home X Used Mobile Home _____ MH Size 16x76 Year 2023

▪ Applicant PATRICIA HATFIELD Phone # 321-794-7337

▪ Address 5210 BLOUYS RIDGE Rd mims FL 32754

▪ Name of Property Owner PATRICIA HATFIELD Phone# 321-794-7337

▪ 911 Address TBD SW NEWTON CIR Ft White

▪ Circle the correct power company - FL Power & Light - Clay Electric

(Circle One) - Suwannee Valley Electric Duke Energy

▪ Name of Owner of Mobile Home PATRICIA HATFIELD Phone # 321-794-7337

Address 5210 BLOUYS RIDGE Rd mims FL 32754

▪ Relationship to Property Owner SAME

▪ Current Number of Dwellings on Property 0

▪ Lot Size SEE SURVEY Total Acreage 5.21

▪ 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 SEE MAP

Email Address for Applicant: ELLAMIA LLC@GMAIL.COM

▪ Name of Licensed Dealer/Installer Wendell Crews Phone # 352-351-6100

▪ Installers Address 4650 NE 35th St Ocala FL 34479

▪ License Number IH1025316 Installation Decal # TBD



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, Wendell Crews, give this authority for the job address show below
Installer License Holder Name

only, TBD 50 NEWTON CIRCLE FT WHITE, 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)
"SAM" SALVATORE MARTORANA		<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
		<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.

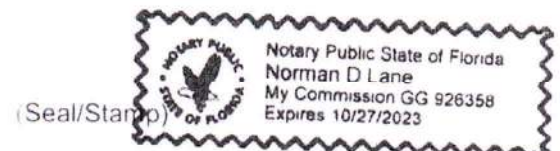
Wendell Crews TH1025316 4-17-23
License Holders Signature (Notarized) License Number Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: MARION

The above license holder, whose name is WENDELL CREWS
personally appeared before me and is known by me or has produced identification
(type of I.D.) _____ on this 17th day of APRIL, 2023.

Norman D. Lane
NOTARY'S SIGNATURE



Mobile Home Permit Worksheet

Application Number: _____

Date: _____

Installer: Wendell Crews

License # IH1025316

Address of home being installed

52 Newton Cir
FT White

Manufacturer Clayton

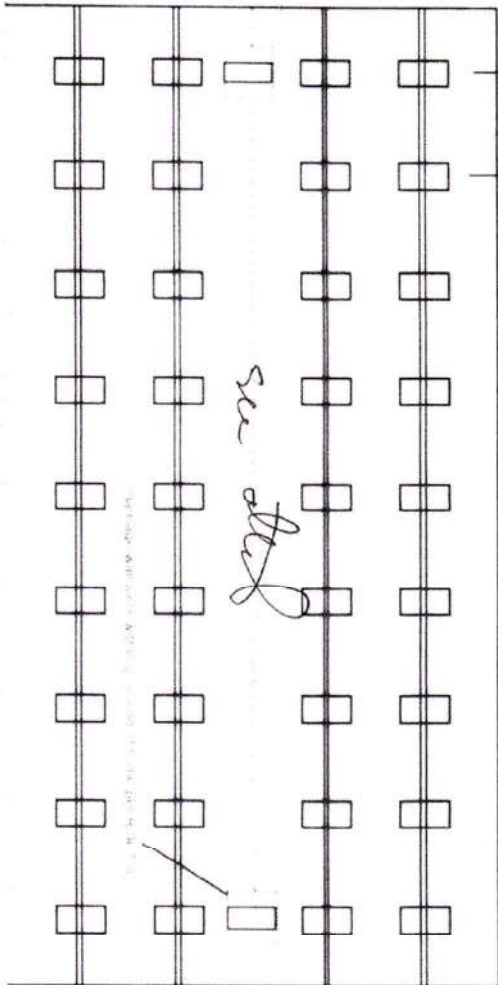
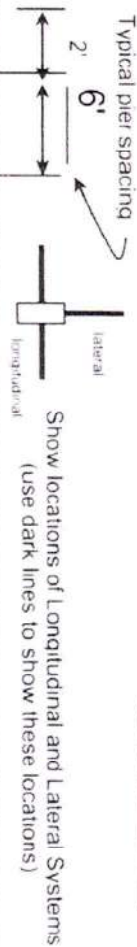
Length x width

76x16

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 WC



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 # TBD

Triple/Quad ☐

Serial # TBD

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	Footer size (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

24x24

Perimeter pier pad size

N/A

Other pier pad sizes (required by the mfg.)

16x16 Doors

Draw the approximate locations of marriage wall openings 4 foot or greater. Use this symbol to show the piers.

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

4 ft X 5 ft

FRAME TIES

within 2' of end of home spaced at 5' 4" OC N/A

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer Oliver 1101V

OTHER TIES

Number 5/4" OC
Sidewall Collivers
Longitudinal N/A
Marriage wall Collivers
Shearwall Collivers

Mobile Home Permit Worksheet

Application Number: _____

Date: _____

POCKET PENETROMETER TEST

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

X 1500 X 1500 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 1500

TORQUE PROBE TEST

The results of the torque probe test is N/A 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 require anchors with 4000 lb bending capacity

Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Wendell Crews

Date Tested 4/17/2023

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. N/A

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 39

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 39

Site Preparation

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

Fastening multi wide units

Floor: Type Fastener: N/A Length: - Spacing: -
Walls: Type Fastener: N/A Length: - Spacing: -
Roof: Type Fastener: N/A Length: -
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 W

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

Weatherproofing

The bottomboard will be repaired and/or taped Yes X Pg. 13
Siding on units is installed to manufacturer's specifications Yes X
Fireplace chimney installed so as not to allow intrusion of rain water Yes X

Miscellaneous

Skirting to be installed: Yes X No
Dryer vent installed outside of skirting Yes X N/A
Range downflow vent installed outside of skirting Yes X N/A
Drain lines supported at 4 foot intervals Yes X
Electrical crossovers protected Yes X
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 Wendell Crews

Date 4-17-23

Manufacturer
Length x Width

Soil Bearing Capacity	Probe test / anchor length	I-beam Pier Pad size	Perimeter Pier Pad size
1550	N/A, 4+5 Ft	17x25	16x16

on loads over 2150#

Perimeter Pier Pad size 16 x 16
~~DOCK~~

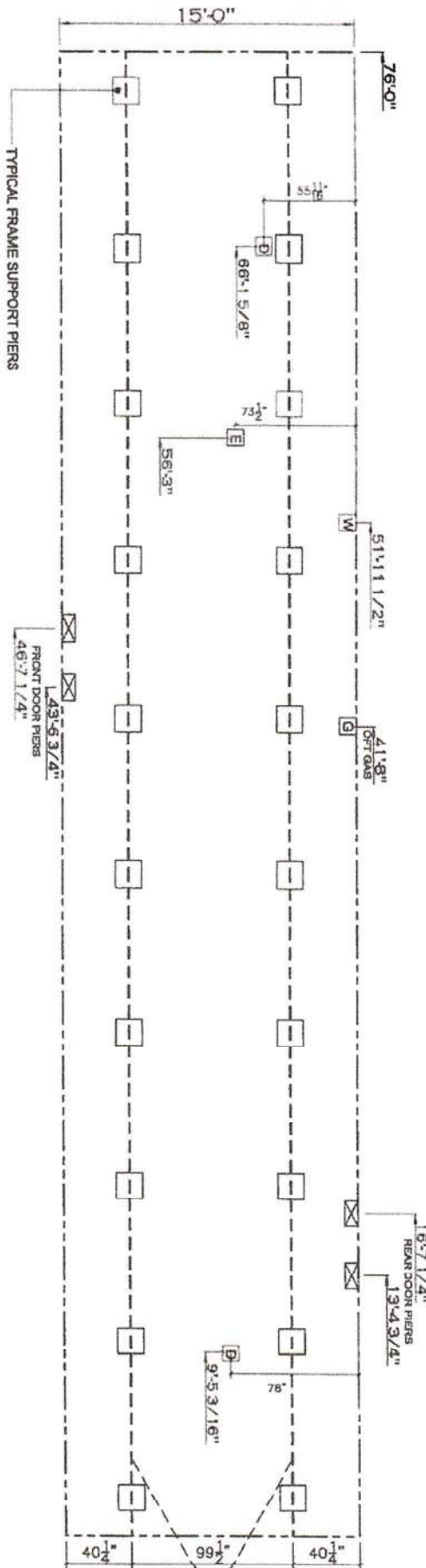
Pier Spacing based on
Manual
for 1500 PSF Soil.
Model 1100 All Steel Foundation system
by Oliver Technologies.
4 ft ground anchors except where loads
exceed 3150 lbs. then 5 ft anchors

20 lb ROOF LOAD		SIDEWALL OPENING (FT)					
SIDEWALL OPENING PIER LOAD		REQUIRED PIER LOAD (LBS)					
16" BOX WIDTH		3	4	5	6	8	10
		1244	1413	1581	1750	2088	2425

*FOR 30 lb & 40 lb ROOF LOAD REFER TO TABLES 7 & 7a IN THE INSTALLATION MANUAL.

PIER LEGEND	
<input type="checkbox"/>	*PIER MAIN BEAM
<input type="checkbox"/>	*PIER PERIMETER
<input type="checkbox"/>	*PIER POOR/DECEASED ENTRY

SERVICE DROP LEGEND	
<input type="checkbox"/>	*ELECTRICAL DROP
<input type="checkbox"/>	*WATER INLET
<input type="checkbox"/>	*DWV PLUMBING DROP
<input type="checkbox"/>	*GAS INLET



- NOTES:
- REFER TO TABLES 6 AND 6a IN THE INSTALLATION MANUAL FOR LOAD ON FRAME PIER FOOTINGS FOR HOMES THAT DO NOT REQUIRE PERIMETER BLOCKING. REFER TO TABLES 7 AND 7a IN THE INSTALLATION MANUAL FOR LOAD ON FRAME PIER FOOTINGS FOR HOMES THAT REQUIRE PERIMETER BLOCKING. REFER TO TABLES 10 AND 10a TO DETERMINE FOOTING SIZE FOR ALL PIERS.
 - REFER TO TABLE 9 FOR PIER CONFIGURATION AND MAXIMUM ALLOWABLE HEIGHTS. CROSS REFERENCE THE PIER HEIGHT WITH THE MAXIMUM ALLOWABLE FLOOR HEIGHT LISTED IN THE FRAME TIEDOWN CHARTS (TABLE 18, 19, AND 20).
 - THE MAXIMUM SPACING FOR FRAME SUPPORT PIERS FOR 8" I-BEAMS IS 8 FEET, 10" & 12" I-BEAMS IS 10 FEET.
 - SERVICE DROP LOCATIONS IDENTIFIED ARE APPROXIMATE.
 - FLOOR WIDTH SHOWN IS FOR STANDARD PRODUCT ONLY. CONTACT THE MFG FACILITY FOR SPECIFICATIONS OF OPTIONS ORDERED.

MODEL NAME Sydney MODEL NO. CEA16763AH BOX SIZE 16' x 76' MODEL SQ. FT. 1,140		REVISION DATE	
DESIGN BY Alex Whitley DATE DRAWN 11/25/2019 DATE PRINTED 3/1/2022		SCALE 3/16"=1' SHEET NAME 99.5FRAME PIERS SU-1	



SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____ JOB NAME _____

THIS FORM MUST BE SUBMITTED BEFORE A PERMIT WILL BE ISSUED


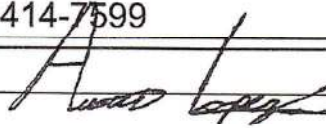
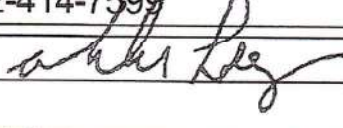
Columbia County issues combination permits. One permit will cover all trades doing work at the permitted site. It is **REQUIRED** that we have records of the subcontractors who actually did the trade specific work under the general contractors permit.

NOTE: It shall be the responsibility of the general contractor to make sure that all of the subcontractors are licensed with the Columbia County Building Department.

Use website to confirm licenses: <http://www.columbiacountyfla.com/PermitSearch/ContractorSearch.aspx>

NOTE: If this should change prior to completion of the project, it is your responsibility to have a corrected form submitted to our office, before that work has begun.

Violations will result in stop work orders and/or fines.

ELECTRICAL <input type="checkbox"/> CC# _____	Print Name <u>Melvin Lopez</u> Signature <u></u> Company Name: <u>Advanced Electric & Security</u> License #: <u>EC13005725</u> Phone #: <u>352-414-7599</u>	<u>Need</u> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
MECHANICAL/ A/C <input type="checkbox"/> CC# _____	Print Name <u>Austin Lopez</u> Signature <u></u> Company Name: <u>Advanced Electric & Security</u> License #: <u>CAC 1820846</u> Phone #: <u>352-414-7599</u>	<u>Need</u> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
PLUMBING/ GAS <input type="checkbox"/> CC# _____	Print Name <u>Melvin Lopez</u> Signature <u></u> Company Name: <u>Advanced Electric & Security</u> License #: <u>CFC 1428953</u> Phone #: <u>352-414-7599</u>	<u>Need</u> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
ROOFING <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SHEET METAL <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
FIRE SYSTEM/ SPRINKLER <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SOLAR <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
STATE <input type="checkbox"/> SPECIALTY CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE



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: 5/15/23
REQUESTER Last Name: HATFIELD
First Name: PATRICIA
Contact Telephone Number: 352-390-4219
(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: 08-65-17-09626 - 121
If in Subdivision, Provide Name Of Subdivision:
TVSTENUGEE HILLS
Phase or Unit Number (if any): _____ Block Number (if any): _____
Lot Number: 21

**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: _____

District No. 1 - Ronald Williams
District No. 2 - Rocky Ford
District No. 3 - Robby Hollingsworth
District No. 4 - Toby Witt
District No. 5 - Tim Murphy

**BUILDING AND ZONING
DEPARTMENT**



BOARD OF COUNTY COMMISSIONERS • COLUMBIA COUNTY

**MOBILE HOME INSTALLER
OBLIGATION LETTER**

I, Wendell Crews, of FLORIDA MOBILE MASTER, license number
(Print Name) (Company Name)

IH 1025316, do hereby agree to affix the installation decal onto this manufactured home as required by law and provide a copy of this decal to the permitting authority.

I further understand that once these decals become available I must provide them to obtain any further permits in Columbia County, Florida.

[Signature]
Signature - Licensed Mobile Home Installer

5/15/23
Date

Job Information

Job Name: HATFIELD

Location: TBD SW NEWTON Cir Ft White

Application or Permit #: _____

BOARD MEETS FIRST AND THIRD THURSDAY AT 5:30 P.M.

P.O. BOX 1529

LAKE CITY, FLORIDA 32056-1529

PHONE (386) 755-4100



THOROUGHbred

WHC029575GA

3 beds • 2 baths

1,140 sq. ft.



(352) 629-1346

Monday - Friday: 9am - 6pm

Saturday: 9am - 5pm Sunday: Closed

CLAYTON HOMES-OCALA

8150 SOUTH PINE AVENUE

OCALA, FL 34480

Our home building facilities invest in continuous product and process improvements. Plans, dimensions, features, materials, specifications, and availability are subject to change without notice or obligation. Renderings and floor plans are representative likenesses of our homes and many differ from actual homes. We invite you to tour a Home Center near you and inspect the highest value in quality housing available or call (352) 629-1346 to speak with a Home Consultant. ©2023, CMH. All rights reserved.

HATFIELD
08-65-17-09626-121
(25/10/77)

