

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 # 10-4S-16-02847-007 Subdivision NA Lot# NA

▪ New Mobile Home _____ Used Mobile Home X MH Size 14x60 Year 2020
 ▪ Applicant Wendy Grennell Phone # 386-984-6274

▪ Address 3104 SW Old Wire Rd Fort White, FL 32038

▪ Name of Property Owner Norbie + Martha Ann Ronsonet Phone# 867-4160

▪ 911 Address 186 SW Oxford Ct Lake City, FL 32024

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

▪ Name of Owner of Mobile Home Norbie & Martha Ann Ronsonet Phone # 867-4160

Address PO Box 1446 Lake City FL 32056

▪ Relationship to Property Owner Same

▪ Current Number of Dwellings on Property 0

▪ Lot Size _____ Total Acreage 1.2

▪ 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 old home removed

▪ Driving Directions to the Property Hwy 90 West to CR 252B turn Left to Troy Rd turn Right to SW Oxford Ct turn Right 2nd property on Left

▪ 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 # 67943



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, 186 SW Oxford Ct, 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)
Wendy Grennell	Wendy Grennell	☒ 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 102586 3-31-23
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.) _____ on this 31 day of March, 20 23.

Shirley M. Bennett
NOTARY'S SIGNATURE



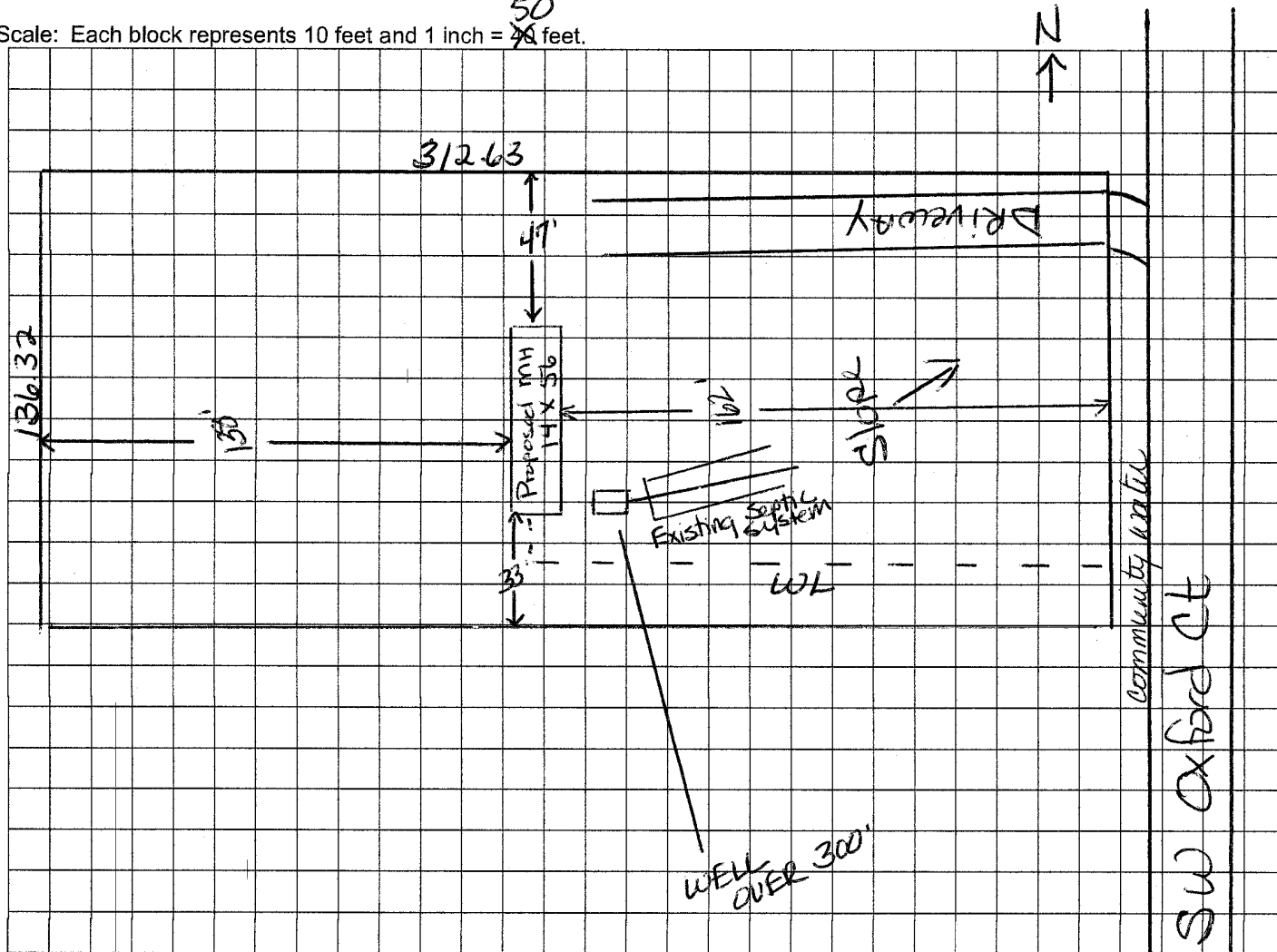
Shirley M. Bennett
Notary Public
State of Florida
Comm# HH097095
Expires 2/24/2025

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number _____

----- PART II - SITEPLAN -----

Scale: Each block represents 10 feet and 1 inch = ⁵⁰~~75~~ feet.



Notes: _____

Site Plan submitted by: Wendy Shennell Agent _____
 Plan Approved _____ Not Approved _____ Date _____
 By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)

Incorporated: 62-6.004, F.A.C.

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED _____ BY _____ IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? No

OWNERS NAME Norbie Ransonet PHONE _____ CELL 867-4160

ADDRESS 186 SW Oxford Ct Lake City FL 32024

MOBILE HOME PARK _____ SUBDIVISION _____

DRIVING DIRECTIONS TO MOBILE HOME Hwy 90 E to SR 100 veer R to
Price Creek Rd (CR 245) turn (R) to 6355 on (L)
small gray doublewide immediately on (R)

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

MOBILE HOME INFORMATION

MAKE Live Oak YEAR 2020 SIZE 14 x 60 COLOR Gray

SERIAL No. LOH6A22035164 56' Box

WIND ZONE II 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 (X) OPERATIONAL () MISSING

P FLOORS (X) SOLID () WEAK () HOLES DAMAGED LOCATION _____

P DOORS (X) OPERABLE () DAMAGED

P WALLS (X) SOLID () STRUCTURALLY UNSOUND

P WINDOWS (X) OPERABLE () INOPERABLE

P PLUMBING FIXTURES (X) OPERABLE () INOPERABLE () MISSING

P CEILING (X) SOLID () HOLES () LEAKS APPARENT

P ELECTRICAL (FIXTURES/OUTLETS) () OPERABLE () EXPOSED WIRING () OUTLET COVERS MISSING () LIGHT
FIXTURES MISSING

EXTERIOR:

P WALLS / SIDING () 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 _____

Mobile Home Permit Worksheet

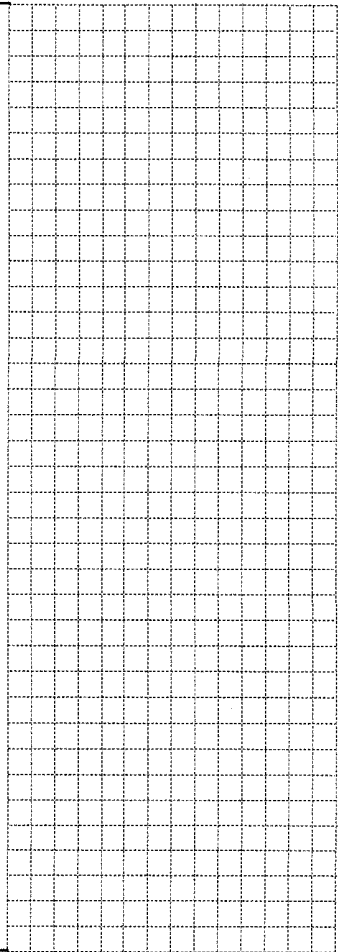
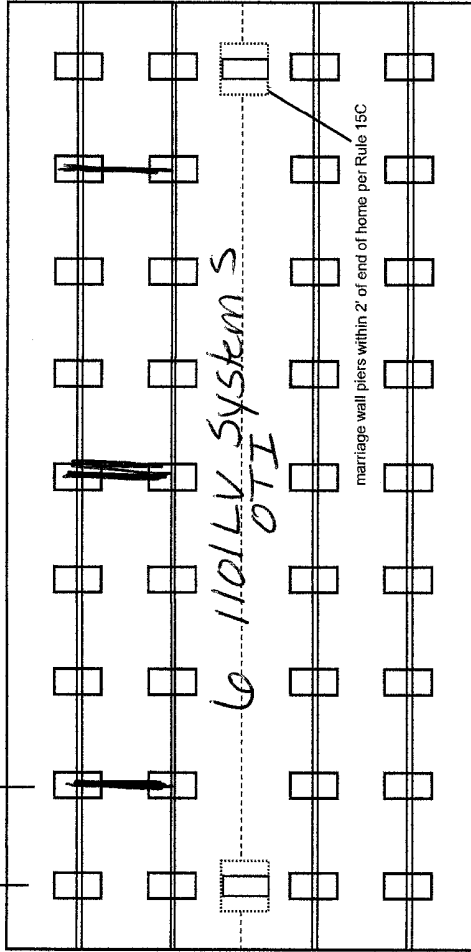
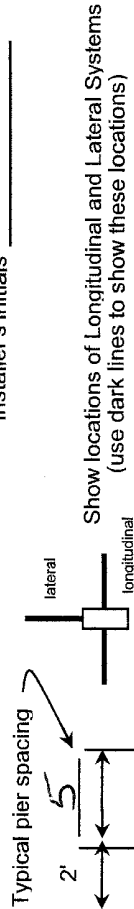
Installer : Robert Sheppard License # IH1025386

Address of home being installed 186 SW Oxford Ct
Lake City FL 32024

Manufacturer Live Oak Length x width 60 x 14

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



Application Number:

Date:

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 # 67943

Triple/Quad ☐ Serial # LOH6A22035164

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'	3'	4'	5'	6'	7'	8'
1500 psf	4' 6"	4' 6"	6'	7'	8'	8'	8'
2000 psf	6'	6'	8'	8'	8'	8'	8'
2500 psf	7' 6"	7' 6"	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 17 x 25

Perimeter pier pad size 16 x 16

Other pier pad sizes (required by the mfg.)

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

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

ANCHORS

4 ft X 5 ft

FRAME TIES

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

OTHER TIES

Number 30

Sidewall Longitudinal Marriage wall Shearwall

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD) Manufacturer OTI

Longitudinal Stabilizing Device w/ Lateral Arms Manufacturer OTI

Mobile Home Permit Worksheet

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 _____ 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.

Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Robert Sheppard

Date Tested 3-31-23

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. 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

Application Number: _____

Date: _____

Site Preparation

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

Fastening multi wide units

Floor: 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 NA _____ Installed: _____
Pg. _____ 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 _____

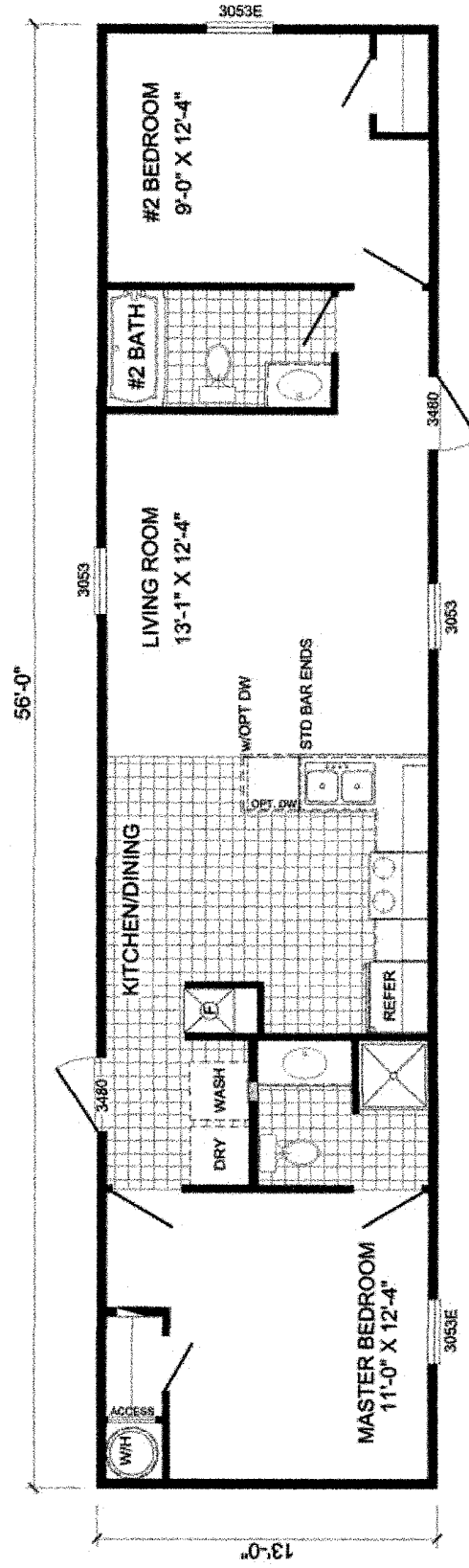
Miscellaneous

Skirting to be installed. Yes 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 NA _____
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 3/31/23

RUNNER



MODEL: LIGHTNING L-4562A

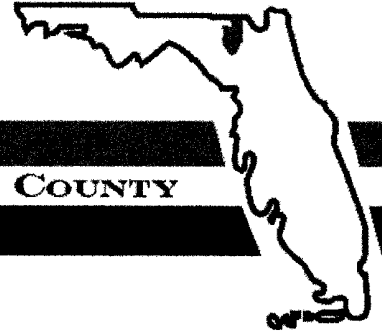
14'-0" x 56'-0" 728 Sq.Ft

2 Beds 2 Baths

Due to continued improvements and material change, specifications may change without notice. Room sizes are approximate.

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, Robert Sheppard, of Robert Sheppard Mobile Home, ^{Set up} license number
(Print Name) (Company Name)

IH 1025386, 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.

Robert Sheppard
Signature – Licensed Mobile Home Installer

3-31-23
Date

Job Information

Job Name: Ransonet

Location: 186 SW Oxford Ct Lake City FL 32024

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