

# PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

(Revised 7-1-15)

Zoning Official LW

Building Official \_\_\_\_\_

AP# 49012

Date Received 4-9-21

By MG

Permit # \_\_\_\_\_

Flood Zone X Development Permit \_\_\_\_\_

Zoning A-3

Land Use Plan Map Category Ag

Comments STUP 2103-17

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 2103-17 ☐ 911 App

☐ Hillsville Water Sys ☒ Assessment owed ☒ Out County ☐ In County ☒ Sub VF Form

Property ID # 18651709696215 Subdivision Tustenuggee Ridge First Addition Lot# 15

New Mobile Home \_\_\_\_\_ Used Mobile Home X Yes MH Size 24X40 Year 1986

Applicant Dinora Martinez Phone # 386-984-5363

Address 11702 Tustenuggee Ave, Ft. White

Name of Property Owner Martin J & Dinora D Martinez Phone# 386-984-5000

911 Address 386 984-5363

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

(Circle One) - Suwannee Valley Electric - Duke Energy

Name of Owner of Mobile Home Jose Martinez Phone # 386-984-6018

\*Address 11704 SW Tustenuggee Ave. Ft. White, FL 32038

Relationship to Property Owner Son

Current Number of Dwellings on Property 1

Lot Size \_\_\_\_\_ Total Acreage 6 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 NO

Driving Directions to the Property Turn left onto US 441 S drive 0.9 mi and Turn right onto SW Tustenuggee Ave. drive 12 mi, house is on the right.

Name of Licensed Dealer/Installer James Harris Phone # 904-253-9497

Installers Address 9406 SW 937 St Starke Fl.

License Number IH/1129595 Installation Decal # \_\_\_\_\_

email: Salmo23y119@gmail.com



# Mobile Home Permit Worksheet

Application Number: \_\_\_\_\_

Date: \_\_\_\_\_

Installer: Jones (new) License # 1H11129595

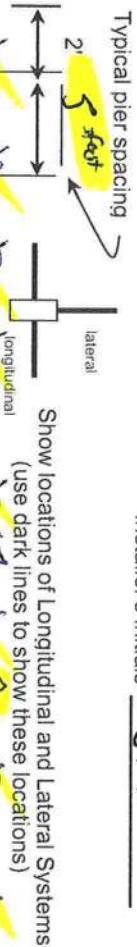
Address of home being installed \_\_\_\_\_

Manufacturer \_\_\_\_\_ Length x width 24x40

**NOTE:** if home is a single wide fill out one half of the blocking plan

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 JFH



marriage wall piers within 2' of end of home per Rule 15C



04-14-2021

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 # X

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

17 1/2 x 25 1/2

I-beam pier pad size

Perimeter pier pad size

Other pier pad sizes (required by the mfg.)

None

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

Living room 17 1/2 x 25 1/2

Kitchen 17 1/2 x 25 1/2

## TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)  
Manufacturer \_\_\_\_\_  
Longitudinal Stabilizing Device w/ Lateral Arms  
Manufacturer \_\_\_\_\_

## OTHER TIES

Sidewall Longitudinal Marriage wall Shearwall  
Number 8  
4  
2

## FRAME TIES

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

## ANCHORS

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



# Mobile Home Permit Worksheet

## POCKET PENETROMETER TEST

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

X 2000 X 2000 X 2000

### 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 2000

## 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 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.

JFH Installer's initials

## ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Tom Herry

Date Tested 3-21-2020

## 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. ✓

## Plumbing

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

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

Application Number: \_\_\_\_\_ Date: \_\_\_\_\_

## Site Preparation

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

## Fastening multi wide units

Floor: Type Fastener: 6" Lag Length: 6" in Spacing: 24" in  
Walls: Type Fastener: 6" in Length: 6" in Spacing: 24" in  
Roof: Type Fastener: 6" in Length: 6" in Spacing: 24" in  
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 JFH

Type gasket Pg. form

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 Tom Herry Date 3-21-2020

**MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM**

APPLICATION NUMBER \_\_\_\_\_ CONTRACTOR \_\_\_\_\_ PHONE \_\_\_\_\_

**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.***

<b>ELECTRICAL</b>	Print Name <u>Dinora Martinez-owner</u> Signature <u>Dinora D Martinez</u> License #: _____ Phone #: <u>386-984-5000</u> Qualifier Form Attached <input type="checkbox"/>
<b>MECHANICAL/ A/C _____</b>	Print Name <u>Dinora Martinez-owner</u> Signature <u>Dinora D Martinez</u> License #: _____ Phone #: <u>386-984-5000</u> Qualifier Form Attached <input type="checkbox"/>

**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.

**CODE ENFORCEMENT**  
**PRELIMINARY MOBILE HOME INSPECTION REPORT**

DATE RECEIVED \_\_\_\_\_ BY \_\_\_\_\_ IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? \_\_\_\_\_

OWNERS NAME \_\_\_\_\_ PHONE \_\_\_\_\_ CELL \_\_\_\_\_

ADDRESS \_\_\_\_\_

MOBILE HOME PARK \_\_\_\_\_ SUBDIVISION \_\_\_\_\_

DRIVING DIRECTIONS TO MOBILE HOME \_\_\_\_\_

MOBILE HOME INSTALLER Jane Harris PHONE 904-253-9998 CELL \_\_\_\_\_

**MOBILE HOME INFORMATION**

MAKE \_\_\_\_\_ YEAR \_\_\_\_\_ SIZE \_\_\_\_\_ X \_\_\_\_\_ COLOR \_\_\_\_\_

SERIAL No. \_\_\_\_\_

WIND ZONE \_\_\_\_\_ 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 ( ) OPERATIONAL ( ) MISSING

P FLOORS ( ) SOLID ( ) WEAK ( ) HOLES DAMAGED LOCATION \_\_\_\_\_

P DOORS ( ) OPERABLE ( ) DAMAGED

P WALLS ( ) SOLID ( ) STRUCTURALLY UNSOUND

P WINDOWS ( ) OPERABLE ( ) INOPERABLE

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

P CEILING ( ) 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 Jane Harris ID NUMBER LH/1129595 DATE 3-21-2020





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, James Harris, give this authority for the job address show below  
Installer License Holder Name

only, \_\_\_\_\_, 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)
<u>Dinora Martinez</u>	<u>Dinora Martinez</u>	<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
		<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.

James Harris  
License Holders Signature (Notarized)

XIH1129595  
License Number

3-21-2021  
Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Alachua

The above license holder, whose name is James Harris,  
personally appeared before me and is known by me or has produced identification  
(type of I.D.) \_\_\_\_\_ on this 21 day of March, 2021.

Teresa Joyner  
NOTARY'S SIGNATURE



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



**BOARD OF COUNTY COMMISSIONERS • COLUMBIA COUNTY**

**Address Assignment and Maintenance Document**

To maintain the county wide Addressing Policy you must make application for a 9-1-1 Address at the time you apply for a building permit. The established standards for addressing and posting numbers to all principal buildings, dwellings, businesses and industries are contained in Columbia County Ordinance 2001-9. The addressing system is to enable Emergency Services Agencies to locate you in an emergency, and to assist the United States Postal Service and the public in the timely and efficient provision of services to residents and businesses of Columbia County

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Date/Time Issued:	4/7/2021 5:43:49 PM
Address:	11704 SW TUSTENUGGEE Ave
City:	FORT WHITE
State:	FL
Zip Code	32038

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Parcel ID	09696-215
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REMARKS: Address for proposed structure on 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: **Signed:/ Matt Crews**

Columbia County GIS/911 Addressing Coordinator

**COLUMBIA COUNTY  
911 ADDRESSING / GIS DEPARTMENT**

263 NW Lake City Ave., Lake City, FL 32055 Telephone: (386) 758-1125  
Email: [gis@columbiacountyfla.com](mailto:gis@columbiacountyfla.com)

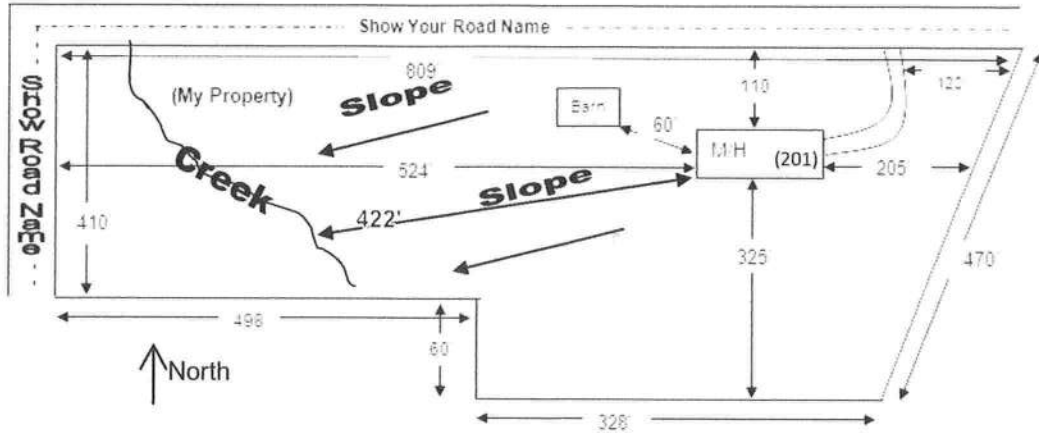
Dinora Martinez

**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

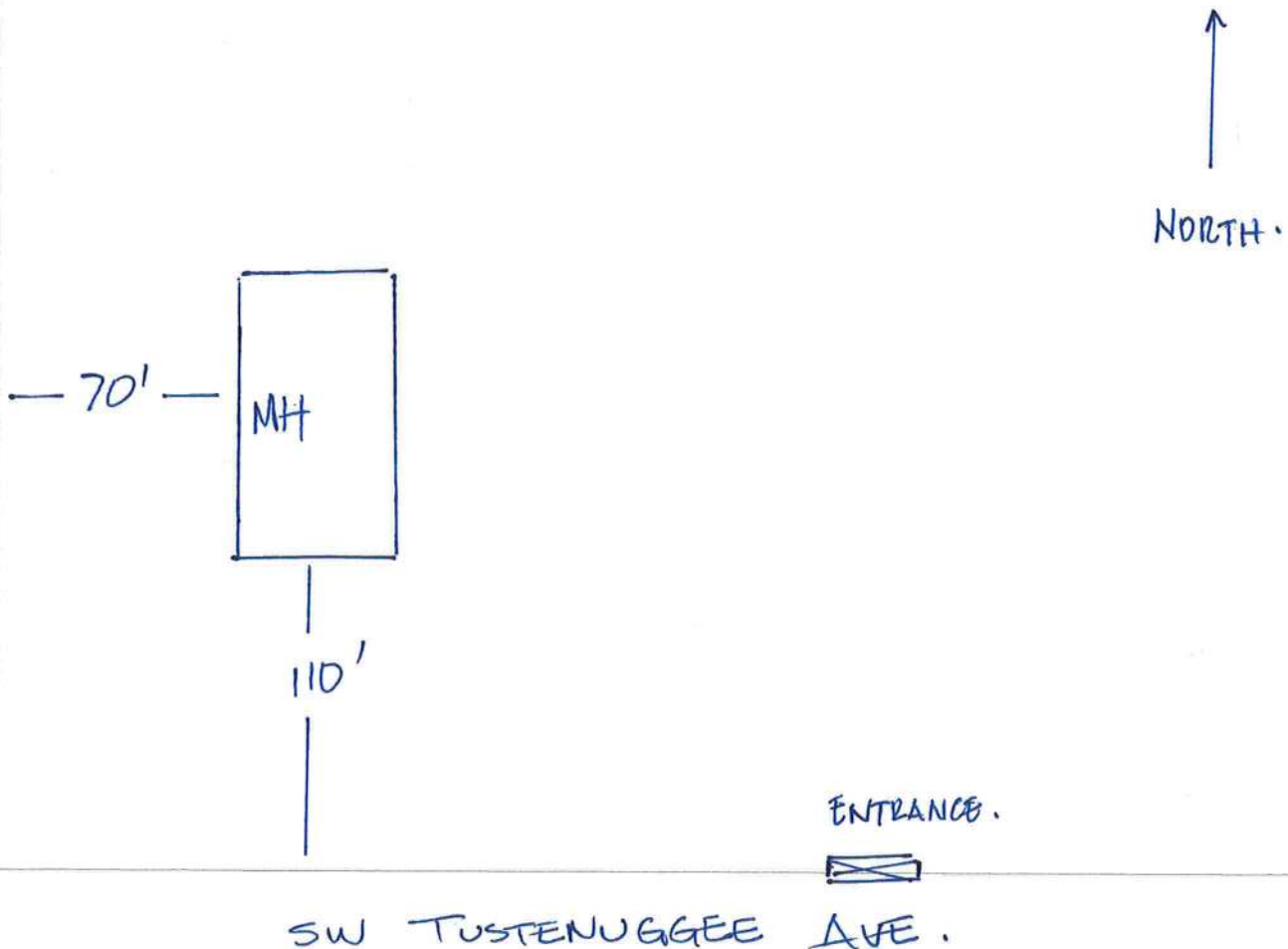
**SITE PLAN EXAMPLE**

Revised 7/1/15



**NOTE:**

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





**CODE ENFORCEMENT DEPARTMENT**  
**COLUMBIA COUNTY, FLORIDA**  
**OUT OF COUNTY MOBILE HOME INSPECTION REPORT**

COUNTY THE MOBILE HOME IS BEING MOVED FROM Union  
OWNERS NAME MARTIN MATINER PHONE \_\_\_\_\_ CELL 386.984.5363  
INSTALLER Jones Hors PHONE \_\_\_\_\_ CELL 904.253.9497  
INSTALLERS ADDRESS 9406 SW 13TH ST, STARK, FL 32091

**MOBILE HOME INFORMATION**

MAKE X YEAR 80 SIZE 24 X 40  
COLOR Brown SERIAL No. X  
WIND ZONE II SMOKE DETECTOR No

**INTERIOR:**

FLOORS good  
DOORS good  
WALLS good / some repair out side wall  
CABINETS good  
ELECTRICAL (FIXTURES/OUTLETS) good

**EXTERIOR:**

WALLS / SIDING good  
WINDOWS good  
DOORS good

INSTALLER: APPROVED ✓ yes NOT APPROVED \_\_\_\_\_

INSTALLER OR INSPECTORS PRINTED NAME \_\_\_\_\_

Installer/Inspector Signature Jones Hors License No. IHI 119593 Date 3-21-2020

NOTES: \_\_\_\_\_

**ONLY THE ACTUAL LICENSE HOLDER OR A BUILDING INSPECTOR CAN SIGN THIS FORM.**

NO WIND ZONE ONE MOBILE HOMES WILL BE PERMITTED. MOBILE HOMES PRIOR TO 1977 ARE PRE-HUD AND THE WIND ZONE MUST BE PROVEN TO BE PERMITTED.

**BEFORE THE MOBILE HOME CAN BE MOVED INTO COLUMBIA COUNTY THIS FORM MUST BE COMPLETED AND RETURNED TO THE COLUMBIA COUNTY BUILDING DEPARTMENT.**

**ONCE MOVED INTO COLUMBIA COUNTY AN INSPECTOR MUST COMPLETE A PRELIMINARY INSPECTION ON THE MOBILE HOME. CALL 386-758-1008 TO SET UP THIS INSPECTION. NO PERMIT WILL BE ISSUED BEFORE THIS IS DONE.**

Code Enforcement Approval Signature [Signature] Date 4-14-2021