

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 7-1-15) Zoning Official _____ Building Official 50297
 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 # 26-48-17-08749-129 (32501) Subdivision Brandon Heights Lot# 9

▪ New Mobile Home ☒ Used Mobile Home _____ MH Size 726 Ft² Year 2021

▪ Applicant Brianha BOOKER Phone # 813-696-4707

▪ Address 149 S.E. Tom BULLOCK PL, LAKE CITY FL 32025

▪ Name of Property Owner SUSAN SAYRE Phone# _____

▪ 911 Address 149 SE Tom BULLOCK PL

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

▪ Name of Owner of Mobile Home SUSAN SAYRE Phone # _____

Address 149 S.E. Tom BULLOCK PL

▪ Relationship to Property Owner SELF

▪ Current Number of Dwellings on Property 1

▪ Lot Size _____ Total Acreage .5

▪ 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

▪ Driving Directions to the Property _____

▪ Name of Licensed Dealer/Installer SHELBY JOHNSON Phone # 850-209-3852

▪ Installers Address 2207 sandridge CHURCH rd. grand ridge, FL

▪ License Number 1H1029295 Installation Decal # _____

#34

Mobile Home Permit Worksheet

Application Number: _____ Date: _____

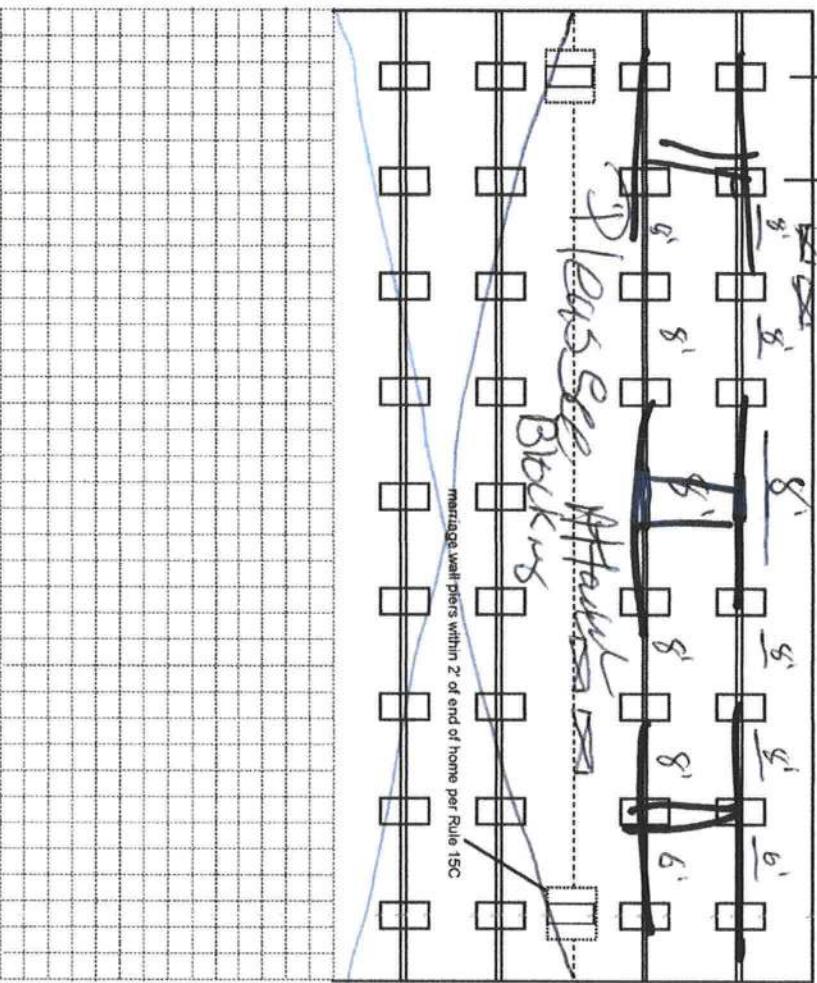
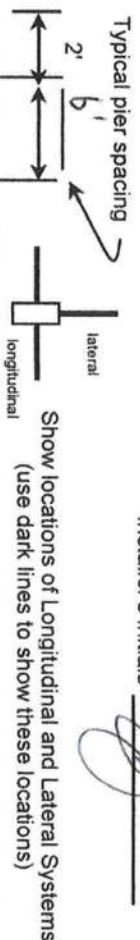
Installer: SHELBY JOHNSON License # 1H1029295

Address of home being installed 149 SE TOWN BULLOCK PL.
LAKE CITY FL 32025

Manufacturer SCOTBILT Length x width 13x56

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. 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 [Signature]



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 # _____

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	Footer size (256)	16" x 16"	18 1/2" x 18 1/2"	20" x 20"	22" x 22"	24" x 24"	26" x 26"
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 17.5x8.5

Perimeter pier pad size 16x13

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 _____

Single

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD) _____

Manufacturer _____

Longitudinal Stabilizing Device w/ Lateral Arms _____

Manufacturer _____

OTHER TIES

Number 20

FRAME TIES

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

ANCHORS

4 ft _____ 5 ft _____

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 1500 X 1500 X 1600

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 1600 X 1500

TORQUE PROBE TEST

The results of the torque probe test is 281 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

SHELBY DOHNSON

Date Tested

8/17/21

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. Sm 67

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. Sm 66

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. Sm 68

Application Number: _____

Date: _____

Site Preparation

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

Fastening multi wide units

Floor: Type Fastener: LAG Length: 6" Spacing: 12"
Walls: Type Fastener: SCHEW Length: 6" Spacing: 12"
Roof: Type Fastener: LAG Length: 6" Spacing: 12"
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 framing 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 FOAM

Pg. Sm 21

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

Weatherproofing

The bottomboard will be repaired and/or taped. Yes ☒ Pg. Sm 72
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

[Signature] Date 8/11/21

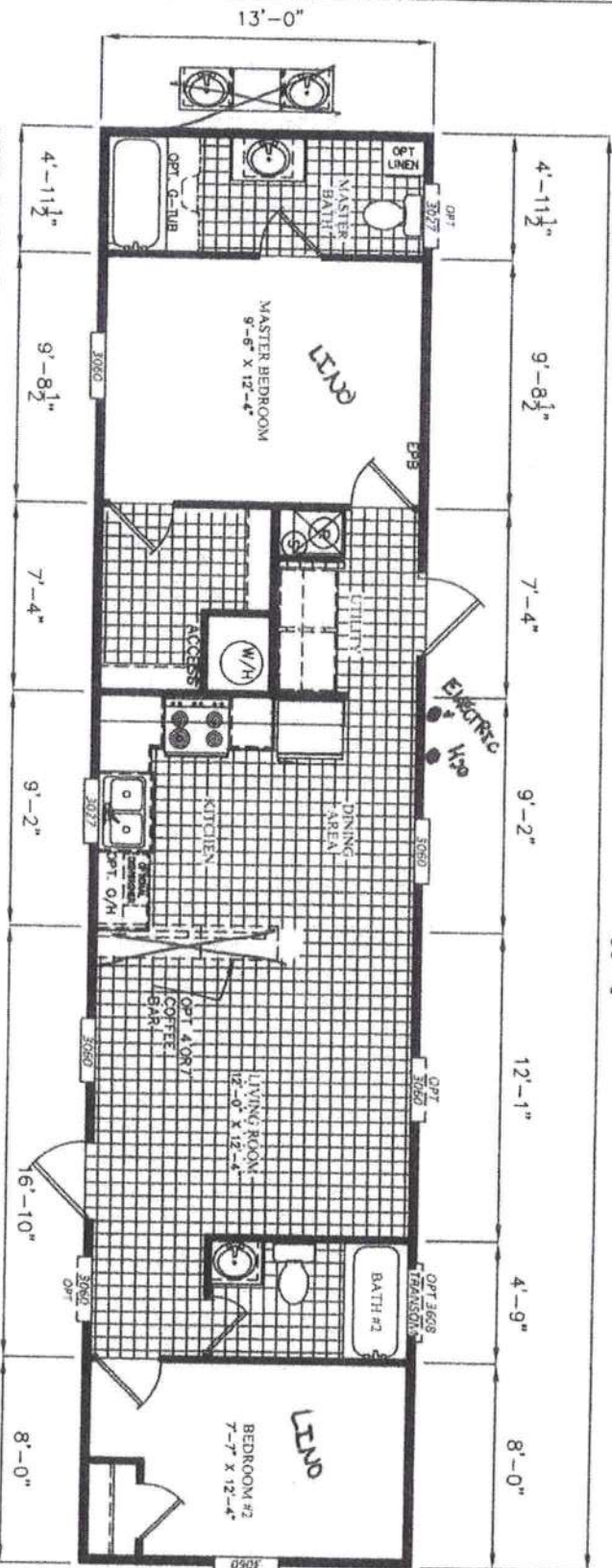
ScotBilt
HOMES, INC.



— THIS DRAWING IS DESIGNED FOR THE STANDARD WIND ZONE AND IS TO BE USED IN CONJUNCTION WITH THE INSTALLATION MANUAL AND ITS SUPPLEMENTS.

DATE: 01/06/2016		TOTAL: 728 ft ²		UNIT SPECIFICATIONS:	DRAWING/MODEL NUMBER:
VERSION: 0		LIVING SPACE: 728 ft ²			
REFERENCE: M194		PORCH: 0 ft ²			
		AREA		HOME RUN 14' X 60' 2 BEDROOM / 2 BATH	
1456194HRN					

“0-0”




NOTE: GARDEN TUB NOT AVAILABLE WITH OPT. DOUBLE LAVS

5010:132543

CHARLIE JOHNSON a

*UPDRAFT FURNACE
NOT AVAILABLE

3*NOT AVAILABLE WIND ZONE 3
W/9'-0" WALLS

DATE:	01-04-2021	
VERSION	E	
REFERENCE:	M194	
AREA		
TOTAL:	728 ft ²	UNIT SPECIFICATIONS:
LIVING SPACE:	728 ft ²	
PORCH:	0 ft ²	
HOME RUN 14' X 60' 2 BEDROOM / 2 BATH		DRAWING/MODEL NUMBER:
1456194HRN		

HITCH-END

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 checked="" type="checkbox"/>	Print Name <u>MELVIN LOPEZ</u> Signature <u>[Signature]</u> Company Name: <u>ADVANCED ELECTRIC & AIR</u> License #: <u>EC 13005725</u> Phone #: <u>561-662-0688</u>	Need <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 checked="" type="checkbox"/>	Print Name <u>TREVON IVERSON</u> Signature <u>[Signature]</u> Company Name: <u>ADVANCED ELECTRIC & AIR</u> License #: <u>CAC 1815770</u> Phone #: <u>561-662-0688</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
PLUMBING/ GAS <input checked="" type="checkbox"/>	Print Name <u>SHGLBY JOHNSON</u> Signature <u>[Signature]</u> Company Name: <u>CSJ CONSTRUCTIONS</u> License #: <u>IH 1029295</u> Phone #: <u>850-209-3852</u>	Need <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"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <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"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <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"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <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"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
STATE SPECIALTY <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE



COLUMBIA COUNTY BUILDING DEPARTMENT
135 NE Hernando Ave, Suite B-21, Lake City, FL 32055
Phone: 386-758-1008 Fax: 386-758-2160

LETTER OF AUTHORIZATION TO SIGN FOR PERMITS

I, SHELBY JOHNSON (license holder name), licensed qualifier
for CSJ CONSTRUCTIONS LLC (company name), do certify that

the below referenced person(s) listed on this form is/are contracted/hired by me, the license holder, or is/are employed by me directly or through an employee leasing arrangement; or, is an officer of the corporation; or, partner as defined in Florida Statutes Chapter 468, and the said person(s) 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 Person Authorized	Signature of Authorized Person
1. BRIANNA BOOKER	1. <i>BD</i>
2. Marcus Benal	2. <i>Marcus Benal</i>
3.	3.
4.	4.
5.	5.

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances. I understand that the State and County Licensing Boards have the power and authority to discipline a license holder for violations committed by him/her, his/her agents, officers, or employees and that I have full responsibility for compliance with all statutes, codes and ordinances inherent in the privilege granted by issuance of such permits.

If at any time the person(s) you have authorized is/are no longer agents, employee(s), or officer(s), you must notify this department in writing of the changes and submit a new letter of authorization form, which will supersede all previous lists. Failure to do so may allow unauthorized persons to use your name and/or license number to obtain permits.

[Signature]
License Holders Signature (Notarized)

1H1029295
License Number

8/17/21
Date

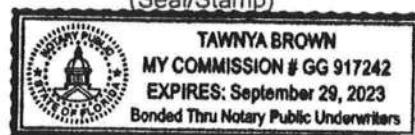
NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Pasco

The above license holder, whose name is SHELBY JOHNSON,
personally appeared before me and is known by me or has produced identification
(type of I.D.) FLDL on this 17th day of AUG, 20 21.

[Signature]
NOTARY'S SIGNATURE

(Seal/Stamp)



26-4S-17-08749-129

SAYRE SUSAN ANN
149 SE TOM BULLOCK PL
LAKE CITY, FL 32025

COLUMBIA COUNTY PROPERTY PAGE 1 of 1
VALUATION SUMMARY

VALUATION BY	Tax Dist:	STANDARD
Tax Group: 3		
BUILDING MARKET VALUE	10,156	
TOTAL MARKET OBNF VALUE	200	
TOTAL LAND VALUE - MARKET	13,250	
TOTAL MARKET VALUE	23,606	
SOH/AGL Deduction	1,757	
ASSESSED VALUE	21,849	
TOTAL EXEMPTION VALUE	21,849	
BASE TAXABLE VALUE	0	
TOTAL JUST VALUE	23,606	
INCOME VALUE		
PREVIOUS YEAR MKT VALUE		21,690
XFOB:1:1: SKYL MH		

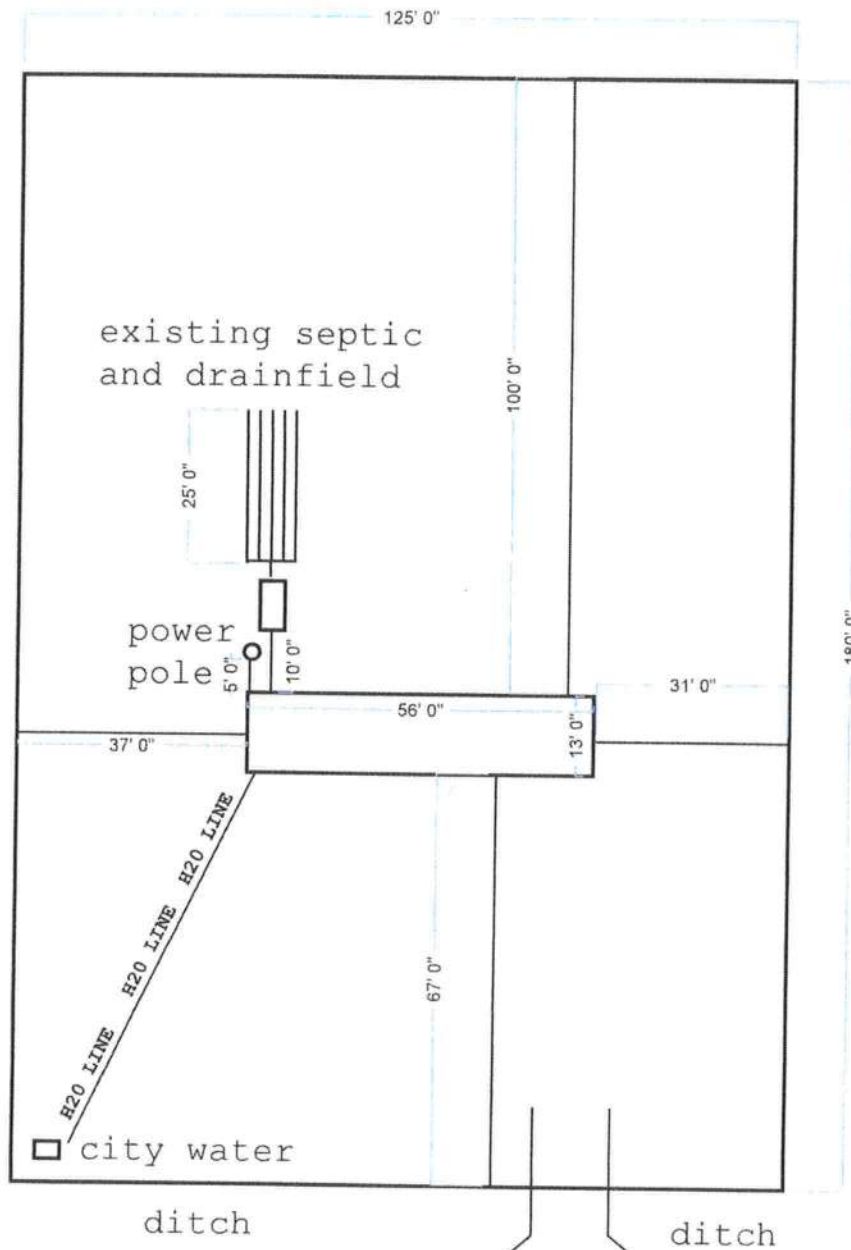
[illegible][illegible]

OFF RECORD	DATE	TYPE	Q	V	RSN	SALE PRICE
Number		INST	U	I	CD	
1138/2346	12/17/2007		Q	I		50,000
GRANTOR: LOIS W DAMEROSIO (GRD)						
GRANTEE: SUSAN ANN SAYRE						
0855/1955	3/26/1998	WD	Q	I		27,000
GRANTOR: LEWIS						
GRANTEE: LEGGETT						

BUILDING DIMENSIONS

[illegible]

Common: 13,250 PRINTED 08/12/2021



SE Tom Bullock PL.

Name: Topping	Drawing: 801506	Project: 0000416	Drawn: Marcus	Notes: TnT Permitting 39850 Stewart Rd. Zephyrhills, FL. 33540 TnTPermitting@gmail.com
Cat: 149 SE Tom Bullock PL. Lake City FL, 32025	Scale: 1"=30'	Date: 8/17/21	Rev: A	