#### PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only	(Revised 7-1-15)	Zoning Official_	Build	ding Official
AP#	Date Recei	ved	By Perm	nit #
				e Plan Map Category
Comments				
-				In Floodway
				□ Well letter OR
				p. letter □ App Fee Paid
				□ 911 App
□ Ellisville Water Sys	□ Assessment	Dut Co	ounty   In County	□ Sub VF Form
				DESTATES Lot# 26
New Mobile Hom	e Use	d Mobile Home $X$	XX MH S	<sub>ize</sub> 24X40 <sub>Year</sub> 1984
Applicant STE	PHANIE TALL	EY	Phone #	
Address 1120	SW SILOAM S	STREET LAK	E CITY, FL	32024
Name of Property	Owner ROBER	TA WADE	Phone#	
911 Address 11	y <sub>Owner_</sub> ROBER 18 SW SILOAN	I STREET L	AKE CITY, F	L 32024
	t power company -			
		Suwannee Valle	L	
	BC	DEET WADE	= 111	ne #386-697-7634
Name of Owner of 1118	SW SILOAM S	STREET LAK	<del>-,'''</del> Phor F CITY FI	32024
			L OIII, I L	02024
Relationship to F	Property Owner SC	N		
<b>Current Number</b>	of Dwellings on Pro	perty		
Lot Size_340.5	0' X 256.50'	Total Ac	reage 2.01 AC	RES
Do you : Have Ex	xisting Drive or Priva	ate <u>Drive</u> or need <u>C</u> Road Sign)	Culvert Permit or Putting in a Culvert)	Culvert Waiver (Circle one) (Not existing but do not need a Culvert)
Is this Mobile Ho	me Replacing an Ex	isting Mobile Hom	<sub>e</sub> NO	
<b>Driving Direction</b>	s to the Property 📙	ROM BUILDIN	IG DEPARTI	MENT TURN RIGHT
				7 FOR 9.7 MILES.
				E. TURN LEFT
	DRIVEWAY ON			206 607 7624
Name of License	d Dealer/Installer_ <sup>S</sup> s <u>s_</u> 1120 SW SIL	OAM STREET	TAKE CITY	one # 386-697-7634 7 FL 32024
Installers Addres	is 1120 377 312 IH / 1124852 / 1		nstallation Decal	# 95912
License Number	,	<u> </u>	nstaliation Decal	#

### **Mobile Home Permit Worksheet**

									Applicatio	n Numb	er:			Date	e:	
	TED. (A					1944 10 W - Alberton (2			New H	lome		Used Home	X			
Installer : 5	DIEPHA	NIE TALLE	Y / TALLE	Y TRANS	License #	IH / 1124	852 / 1		Home	installe	d to the Ma	anufacturer's In	stallation M	lanual		1
Address of being insta		TBD - 11	18 SW SIL	DAM STRE	ET				Home	is instal	led in acc	ordance with Ru	ule 15-C	iaituai	X	1
being insta	ilea	LAKE CIT	TY, FLORIE	A 32024					Single	wide		Wind Zone II	X	Wind Zor	ne III	]
Manufactur	er HAF	RR		Ler	ngth x wid	lth 2	8 X 40		Double	e wide	X	Installation De	ecal # 95	5912		
NOTE:	if hom	e is a sing	le wide fill	out one h	nalf of the	e blocking	g plan		Triple/	Quad		Serial # H	HJFL1684	0049A&B		
I underst	and Late	eral Arm S	e or quad	not he use	<i>ch in rem</i> d on any	<i>ainder of</i> home (ne	worused)				PIER SI	PACING TABLE	E FOR USE	D HOME	s	
where th	e sidewa	all ties exce	ed 5 ft 4 in		tallarla ini	tiolo	cA		Load	Footer		ACCUMULATION OF THE STATE OF TH	Laseron personal			
Typical pier	spacing			1115	taller's ini	uais	X		bearing	size	16" x 16"	18 1/2" x 18	20" x 20"	22" x 22"	24" X 24"	26" x 26"
<sub>a</sub> 5'			lateral				O		capacity	(sq in)	(256)	1/2" (342)	(400)	(484)*	(576)*	(676)
2' 1		Д	01						1000	psf	3'	4'	5'	6'	7'	8'
<del>&lt; &gt;</del>	->			ow location	is of Long	gitudinal a	nd Lateral Se locations	Systems	1500		4' 6"	6'	7'	8'	8'	8'
		ч	longitudinal	(use uar	v illies fo	Show the	se locations	5)	2000 2500	psf	6' 7' 6"	8'	8'	8'	8'	8'
									1 3000		8'	8' 8'	8'	8' 8'	8' 8'	8'
					-	_		_	3500	psf	8'	8'	8'	8'	8'	8' 8'
	-	=	= + +	=	$\Rightarrow \models$				* interpol	ated from	Rule 15C-	pier spacing tab	le.			
1	4		Ш		L	Ш	щ			Γ	PIER PA	O SIZES		POP	JLAR PAC	SIZES
П				_	-	_	-	-	I-beam	pier pa	d size	17 X 25		P	ad Size	Sq In
_	$\dashv \vdash$	-+		+	$\rightarrow \vdash$	_ _						40 V 40			6 x 16	256
		Д	DITIONAL	PIERS EC			$\mathbf{L} L L L$	Ц	Perime	ter pier	pad size	16 X 16			6 x 18	288
[[[[]]		[]				DOIABIL	.,,,		Other r	oier pad	eizee	16 X 16			5 x 18.5	342
L.L.J		Ш	П	Ш	Ш	Ш	ш	ТШ:		ed by the		-			7 x 22.5	360 374
П	П		П	П							50 CONTRACTOR			13 1/	4 x 26 1/4	348
					=	$\rightarrow$	$\rightarrow$	++-		Draw th	e approxi	mate locations	of marriage	2	0 x 20	400
No. 1755. 17	9 <del>3</del> 00	11	-	marriane	wall niers with	in 2' of and of	home per Rule 15	. LJ		symbol	to show th	oot or greater.	Use this		6 x 25 3/16 2 x 25 1/2	
	rh			- I	run piera witi	m 2 d end or	nome per Rule 13								4 x 24	446 576
Ш			$-\Box$		+	++			List all	marriage	e wall oper ad sizes b	nings greater th	an 4 foot		6 x 26	676
••••							(). <del>   </del>	_		pening	uu 51203 D	Pier pad size	<u>-</u>		ANCHORS	3
			-							permig		riei pau size	•	4ft XX	X 5ft	
			+ + + +					1-1-1-1		-					FRAME TIE	ES 🗸
									-	-	-		8	within 2	of end of	home
+++-						7-1-1		1111	-						at 5' 4" oc	
+++=				1111					120			OMPONENTS	J		THER TIES	SI Number
				1111	++++	++++	++++	++	Longita	udinal S	tabilizing	<b>Device (LSD)</b> CH		Sidewal	l _	
									Longit	udinal S	tabilizing	Device w/ Late	eral Arme	Longitud Marriage		=-
++++			4-1-1-	+++-	$\parallel \parallel \parallel \parallel$	4-1-1-1			Manufa	cturer_	-	_ STICE W/ Lat	oral AlliiS	Shearwa		5'
				dlll	<u> </u>			1 1 1 1 1							-	

**Application Number:** 

### **Mobile Home Permit Worksheet**

	PC	OCKET PENETROMETE	R TEST				
The por ch	pocket penetrometer t eck here to declare 10	ests are rounded down to	o 1500 psf out testing.				
	X 1500	X 1500	X 1500				
		PENETROMETER TES					
		perimeter of the home a					
		reading at the depth of					
	3. Using 50 reading	00 lb. increments, take th and round down to that i	ne lowest increment.				
	X 1500	X 1500	X 1500				
		TORQUE PROBE TE	ST				
nere i	The results of the torque probe test is 280 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:	anchors are allowed anchors are require reading is 275 or les	ss and where the mobile th 4000 lb/holding capac	s. I understand 5 ft  nts where the torque test  home manufacturer may				
-	ALL TESTS MUST BE	PERFORMED BY A LI	CENSED INSTALLER				
Installer	Name STEPH	ANIE TALLEY					
Date Tes	sted 10/08/2	022					
		Electrical					
				-			
onnect el ource. Th	lectrical conductors be is includes the bonding	etween multi-wide units, ig wire between mult-wid	but not to the main power le units. Pg. 4				
		Plumbing					
onnect all	sewer drains to an ex	xisting sewer tap or septi	c tank. Pg. 4				
onnect all depender	potable water supply nt water supply system	piping to an existing wat is. Pg. 4	ter meter, water tap, or other				

plicatio	n Number: Date:
	Site Preparation
Debris a Water d	and organic material removed YES rainage: Natural Swale Pad XXX Other
	Fastening multi wide units
Floor: Walls: Roof:	Type Fastener: LAG Length: 6" Spacing: 18" Type Fastener: SCREWS Length: 4" Spacing: 24" Type Fastener: SCREWS Length: 6" Spacing: 24" 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)
nomes a a result of of tape v	tand a properly installed gasket is a requirement of all new and used and that condensation, mold, meldew and buckled marriage walls are of a poorly installed or no gasket being installed. I understand a strip vill not serve as a gasket.  Installer's initials  Installed:  Between Floors Yes XXX Between Walls Yes XXX Bottom of ridgebeam Yes XXX
	Weatherproofing
Siding or	omboard will be repaired and/or taped. Yes XXX Pg n units is installed to manufacturer's specifications. Yes XXX e chimney installed so as not to allow intrusion of rain water. Yes N/A
	Miscellaneous
Oryer ve Range d Orain line	o be installed. Yes XXX No not installed outside of skirting. Yes XXX N/A ownflow vent installed outside of skirting. Yes N/A XXX es supported at 4 foot intervals. Yes XXX or crossovers protected. Yes XXX
	ller verifies all information given with this permit worksheet is accurate and true based on the nufacturer's installation instructions and or Rule 15C-1 & 2

Installer Signature Halley

10 10 | 22 Date

#### MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUM	BER 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 <a href="REQUIRED">REQUIRED</a> 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, t start of that su	he permitted contractor is responsible for the corre bcontractor beginning any work. Violations will re	ected form being submitted to this office prior to the sult in stop work orders and/or fines.						
ELECTRICAL	Print NameROBERTA WADE  License #: OWNER	Signature <b>Rolite</b> Wad Phone #: 386 - 965 - 5444						
	Qualifier Form Attached							
MECHANICAL/	Print Name_ ROBERTA WADE  License #: OWNER	Signature <i>Rolito Wad</i> Phone #: 386 - 965 - 5444						
	Qualifier Form Attached							
* Will	utilize window AlC units							

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

COUNTY THE MOBILE HOME IS BEING MOVED FROM _	DUVAL COUNTY
OWNERS NAME MATTHEW MERRILL	PHONE 904-551-8724 CELL
INSTALLER STEPHANIE TALLEY / TALLEY TRANSPORT, LI	
INSTALLERS ADDRESS 1120 SW SILOAM STREET LAKE	
MOBILE HOME INFORMATION	
MAKE HARR YEAR _	1984 SIZE 28' X 40'
COLOR BROWN SERIAL No	HHJFL16840049 A&B
WIND ZONE II (2)	SMOKE DETECTOR YES
INTERIOR: FLOORS GOOD	
DOORS GOOD	•
WALLS GOOD	
CABINETS GOOD	
ELECTRICAL (FIXTURES/OUTLETS) GOOD	
EXTERIOR: WALLS / SIDDING GOOD	+
WINDOWS GOOD	
DOORS GOOD	
INSTALLER: APPROVED XX	NOT APPROVED
INSTALLER OR INSPECTORS PRINTED NAMESTEPHA	
Installer/Inspector Signature	License No. H / 1124852 / 1 Date 10/08/2022
NOTES:NONE	
ONLY THE ACTUAL LICENSE HOLDER OR A	BUILDING INSPECTOR CAN SIGN THIS FORM.
	ED. MOBILE HOMES PRIOR TO 1977 ARE PRE-HUD AND
BEFORE THE MOBILE HOME CAN BE MOVED INTO COL AND RETURNED TO THE COLUMBIA COUNTY BUILDING	LUMBIA COUNTY THIS FORM MUST BE COMPLETED G DEPARTMENT.
ONCE MOVED INTO COLUMBIA COUNTY AN INSPECTO THE MOBILE HOME. CALL 386-758-1008 TO SET UP THIS THIS IS DONE.	R MUST COMPLETE A PRELIMINARY INSPECTION ON SINSPECTION. NO PERMIT WILL BE ISSUED BEFORE
Code Enforcement Approval Signature	Data

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, Stephanie Talley	, of	Talley Transport, LLC	, license number
(Print Name)		(Company Name)	
IH_1124852 / 1, do	hereby agre	e to affix the installation decal of	onto this manufactured
home as required by law	and provide	a copy of this decal to the perm	itting authority.
I further understand that further permits in Column	bia County,	ecals become available I must p Florida.  10/10/2022  Date	rovide them to obtain any
		Job Information	
Job Name: WADE	1	V-y-	
Location: 1118 SW SILOA	M STREET LA	AKE CITY, FL 32024	
Application or Permit #:			

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



