

**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 # 23-65-17-09754-000

Subdivision \_\_\_\_\_

NA

Lot# NA

- New Mobile Home \_\_\_\_\_ Used Mobile Home X MH Size 14x60 Year 1992
- Applicant Kelly Bishop - A&B Const. Phone # 386-497-2311
- Address 5410 SW Dorton St. Ft. White FL 32038
- Name of Property Owner Justin Slaymaker Phone# \_\_\_\_\_
- 911 Address 1061 SE Sidney St. 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 Justin Slaymaker Phone # \_\_\_\_\_  
Address Same as above
- Relationship to Property Owner Property owner
- Current Number of Dwellings on Property 0
- Lot Size .5 Acres 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 NO
- Driving Directions to the Property 441 to Ellisville left on Sidney St. to lot on left.

Email Address for Applicant: \_\_\_\_\_

- Name of Licensed Dealer/Installer Brent Strickland Phone # 386-365-7043
- Installers Address 1294 Hamp Farmer Rd. Lake City FL 32055
- License Number TH-1104218 Installation Decal # 439105

**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>Whittington Electric</u> Signature <u>K. Bishop</u> License #: <u>EC 13002957</u> Phone #: <u>386-972-1700</u>  Qualifier Form Attached <input checked="" type="checkbox"/>
<b>MECHANICAL/ A/C</b>	Print Name <u>Property owner</u> Signature <u>John S. [unclear]</u> License #: _____      Phone #: <u>386-365-7764</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.



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

LICENSED QUALIFIER AUTHORIZATION

I, Glenn Whittington (license holder name), licensed qualifier  
for Whittington Electric Inc (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 and  
sign permits; call for inspections and sign subcontractor verification forms on my behalf.

Printed Name of Person Authorized	Signature of Authorized Person
1. <u>Dan Burd</u>	1. <u>[Signature]</u>
2. <u>Rocky Ford</u>	2. <u>[Signature]</u>
3. <u>Kelly Bishop</u>	3. <u>K Bishop</u>
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.

Glenn Whittington EL13002957 3/7/16  
Licensed Qualifiers Signature (Notarized) License Number Date

NOTARY INFORMATION:

STATE OF: FL COUNTY OF: Columbia

The above license holder, whose name is Glenn Whittington,  
personally appeared before me and is known by me or has produced identification  
(type of I.D.) FL DL on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

**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 Justin Slaymaker PHONE \_\_\_\_\_ CELL \_\_\_\_\_

ADDRESS 1041 SE Sidney St. Lake City Fl 32024

MOBILE HOME PARK NA SUBDIVISION NA

DRIVING DIRECTIONS TO MOBILE HOME 441 S through Ellisville left on Sidney St. to lot on left.

MOBILE HOME INSTALLER Brent Strickland PHONE 365-7043 CELL \_\_\_\_\_

**MOBILE HOME INFORMATION**

MAKE Skyline YEAR 1992 SIZE 14 X 66 COLOR White

SERIAL No. 1310104E

WIND ZONE \_\_\_\_\_ Must be wind zone II or higher NO WIND ZONE I ALLOWED

**INSPECTION STANDARDS**

**INTERIOR:**

(P or F) - P= PASS F= FAILED

\_\_\_\_\_ SMOKE DETECTOR ( ) OPERATIONAL ( ) MISSING

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

\_\_\_\_\_ DOORS ( ) OPERABLE ( ) DAMAGED

\_\_\_\_\_ WALLS ( ) SOLID ( ) STRUCTURALLY UNSOUND

\_\_\_\_\_ WINDOWS ( ) OPERABLE ( ) INOPERABLE

\_\_\_\_\_ PLUMBING FIXTURES ( ) OPERABLE ( ) INOPERABLE ( ) MISSING

\_\_\_\_\_ CEILING ( ) SOLID ( ) HOLES ( ) LEAKS APPARENT

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

**EXTERIOR:**

\_\_\_\_\_ WALLS / SIDING ( ) LOOSE SIDING ( ) STRUCTURALLY UNSOUND ( ) NOT WEATHERTIGHT ( ) NEEDS CLEANING

\_\_\_\_\_ WINDOWS ( ) CRACKED/ BROKEN GLASS ( ) SCREENS MISSING ( ) WEATHERTIGHT

\_\_\_\_\_ ROOF ( ) APPEARS SOLID ( ) DAMAGED

**STATUS**

APPROVED \_\_\_\_\_ WITH CONDITIONS: \_\_\_\_\_

NOT APPROVED \_\_\_\_\_ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS \_\_\_\_\_

SIGNATURE \_\_\_\_\_ ID NUMBER \_\_\_\_\_ DATE \_\_\_\_\_

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

COUNTY THE MOBILE HOME IS BEING MOVED FROM Columbia  
OWNERS NAME Justin Slaymaker PHONE \_\_\_\_\_ CELL \_\_\_\_\_  
INSTALLER Brent Strickland PHONE 365-7043 CELL \_\_\_\_\_  
INSTALLERS ADDRESS 1294 Hamp Farmer Rd. Lake City FL 32024

**MOBILE HOME INFORMATION**

MAKE Skyline YEAR 1992 SIZE 14 X 60P  
COLOR White SERIAL No. 13610104E  
WIND ZONE \_\_\_\_\_ SMOKE DETECTOR \_\_\_\_\_

**INTERIOR:**

FLOORS \_\_\_\_\_  
DOORS \_\_\_\_\_  
WALLS \_\_\_\_\_  
CABINETS \_\_\_\_\_

ELECTRICAL (FIXTURES/OUTLETS) \_\_\_\_\_

**EXTERIOR:**

WALLS / SIDING \_\_\_\_\_  
WINDOWS \_\_\_\_\_  
DOORS \_\_\_\_\_

INSTALLER: APPROVED \_\_\_\_\_ NOT APPROVED \_\_\_\_\_

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

Installer/Inspector Signature \_\_\_\_\_ License No. \_\_\_\_\_ Date \_\_\_\_\_

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 \_\_\_\_\_ Date \_\_\_\_\_



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 AGENT AUTHORIZATION

I, Brent Strickland, give this authority and I do certify that the below  
Installers Name

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	Agents Company Name
Kelly Bishop	K Bishop	A&B Const. Inc.

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.

[Signature]  
License Holders Signature (Notarized)

IH-1104218 10/18/22  
License Number Date

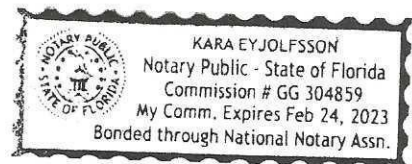
## NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Brent Strickland,  
personally appeared before me and is known by me or has produced identification  
(type of I.D.) October on this 18 day of October, 20 22.

[Signature]  
NOTARY'S SIGNATURE

(Seal/Stamp)





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, Brent Strickland, give this authority for the job address show below  
Installer License Holder Name

only, 10181 SE Sidney St. Lake City FL 32024, 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>Kelly Bishop</u>	<u>KBishop</u>	<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.

Brent Strickland  
License Holder's Signature (Notarized)

IH-1104218  
License Number

10/18/22  
Date

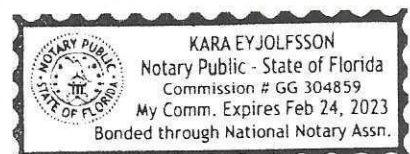
## NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Brent Strickland, personally appeared before me and is known by me or has produced identification (type of I.D.) \_\_\_\_\_ on this 18 day of October, 2022.

Kara E. Jolfsson  
NOTARY'S SIGNATURE

(Seal/Stamp)



Identification Number	Year	Make	Body	WT-L-BHP	Vessel Regis. No.	Title Number
13610104E	1992	SKYL	HS	66'		63066360
Registered Owner:				Date of Issue 12/30/2019		

AARON HALL  
164 SW GULLIVER CT  
HIGH SPRINGS FL 32643

Lien Release  
Interest in the described vehicle is hereby released  
By \_\_\_\_\_  
Title \_\_\_\_\_  
Date \_\_\_\_\_

- IMPORTANT INFORMATION**
- When ownership of the vehicle described herein is transferred, the seller MUST complete in full the Transfer of Title by Seller section at the bottom of the certificate of title.
  - Upon sale of this vehicle, the seller must complete the notice of sale on the reverse side of this form.
  - Remove your license plate from the vehicle.
  - See the web address below for more information and the appropriate forms required for the purchaser to title and register the vehicle, mobile home or vessel: <http://www.flhsmv.gov/html/titlinfo.html>

Mail To:

AARON HALL  
164 SW GULLIVER CT  
HIGH SPRINGS FL 32643-1113



## CERTIFICATE OF TITLE

Identification Number	Year	Make	Body	WT-L-BHP	Vessel Regis. No.	Title Number	Lien Release
13610104E	1992	SKYL	HS	66'		63066360	Interest in the described vehicle is hereby released
Prev. State	Color	Primary Brand	Secondary Brand	No. of Brands	Use	Prev Issue Date	By
FL	UNK				PRIVATE	05/14/2019	Title
Odometer Status or Vessel Manufacturer or OH use				Hull Material	Prop	Date of Issue	Date
						12/30/2019	

Registered Owner

AARON HALL  
164 SW GULLIVER CT  
HIGH SPRINGS FL 32643

1st Lienholder

ELECTRONIC TITLE PRIOR TO 09/01/2022

NONE

DIVISION OF MOTORIST SERVICES

TALLAHASSEE

FLORIDA

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

*Robert R. Kynoch*

Control Number 159525942

*Terry L. Rhodes*

Terry L. Rhodes  
Executive Director

Robert R. Kynoch  
Director

TRANSFER OF TITLE BY SELLER (This section must be completed at the time of sale.)

Federal and/or state law require that the seller state the mileage, purchaser's name, selling price and date sold in connection with the transfer of ownership.  
Failure to complete or providing a false statement may result in fines and/or imprisonment.  
This title is warranted to be free from any liens except as noted on the face of the certificate and the motor vehicle or vessel described is hereby transferred to:

Seller Must Enter Purchaser's Name:

Seller Must Enter Selling Price:

I/We state that this ☐ 5 or ☐ 6 digit odometer now reads  (no tens) miles, date read

Address:

Seller Must Enter Date Sold:

and I hereby certify that to the best of my knowledge the odometer reading:

☐ 1. reflects ACTUAL MILEAGE. ☐ 2. is IN EXCESS OF ITS MECHANICAL LIMITS. ☐ 3. is NOT THE ACTUAL MILEAGE.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

SELLER Must  
Sign Here:

Print Here:

Selling Dealer's License Number:

Auction Name:

(CO-SELLER Must  
Sign Here:

Print Here:

Tax No.:

License Number:

Tax Collected:

PURCHASER Must

Sign Here:

Print Here:

(CO-PURCHASER Must

Sign Here:

Print Here:

NOTICE: PENALTY IS REQUIRED BY LAW IF NOT SUBMITTED FOR TRANSFER WITHIN 30 DAYS AFTER DATE OF PURCHASE.

STATE OF FLORIDA

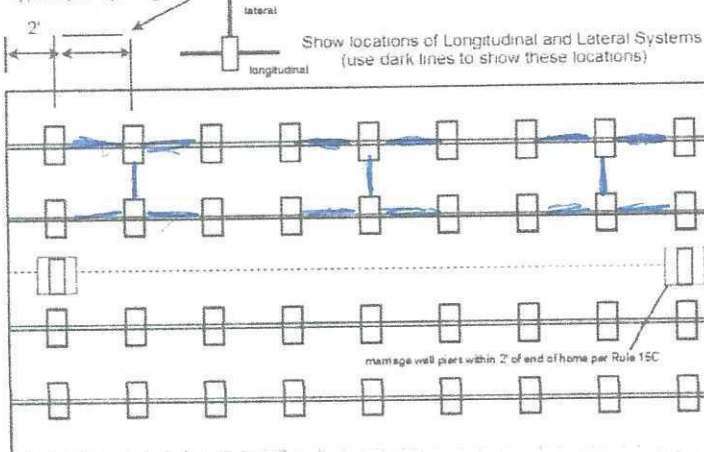
# Mobile Home Permit Worksheet

Installer: Brent Strickland License # TH-1104218  
 Address of home being installed: 10121 SE Sidney St.  
Lake City, FL 32024  
 Manufacturer: Skyline Length x width: 66 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: B.S.

Typical pier spacing



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 # 93833  
 Triple/Quad ☐ Serial # 13610104E

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'	4'	5'	6'	7'	8'	
1500 psf	4' 6"	6'	7'	8'	9'	10'	
2000 psf	6'	8'	9'	10'	11'	12'	
2500 psf	7' 6"	9'	10'	11'	12'	13'	
3000 psf	9'	10'	11'	12'	13'	14'	
3500 psf	10'	11'	12'	13'	14'	15'	

\* interpolated from Rule 15C-1 pier spacing table

## PIER PAD SIZES

I-beam pier pad size: 17x25  
 Perimeter pier pad size: 16x16  
 Other pier pad sizes (required by the mfg): 17x25

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: \_\_\_\_\_

\_\_\_\_\_

## TIEDOWN COMPONENTS

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

## POPULAR PAD SIZES

Pad Size	Sq In
16 x 16	256
16 x 18	288
18 5/8 x 18 5/8	342
16 x 22 5/8	360
17 x 22 5/8	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

4 ft ☒ 5 ft ☐

## FRAME TIES

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

## OTHER TIES

Number: \_\_\_\_\_  
 Sidewall: 26  
 Longitudinal: 16  
 Marriage wall: 8  
 Shearwall: 8

# Mobile Home Permit Worksheet

## POCKET PENETROMETER TEST

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

x 1000 x 1000 x 1000

## POCKET PENETROMETER TESTING METHOD

1. Test the penmeter 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 290 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 1000 lb holding capacity.

B.S. Installer's initials

## ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Brent Strickland

Date Tested

10-19-22

## 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 29

## Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg 28

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg 29

Application Number:

Date:

## Site Preparation

Debris and organic material removed ☒  
Water drainage: Natural ☒ Swale ☐ Pad ☒ 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 ☐ 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 ☒ No ☐  
Dryer vent installed outside of skirting. Yes ☐ N/A ☒  
Range downdraft 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

B.S.

Date 10-19-22

License Number: IH / 1104218 / 1 Name: BRENT STICKLAND

Order #: 5559

Label #: 93833

Homeowner: Slaymaker

Address: 1061 SE Sidney St.

City/State/Zip: Lake City, FL

Phone #:

Date Installed:

Installed Wind Zone: II

Manufacturer: Skyrline

Year Model: 1992 SKYL

Length & Width: 66x14

Type Longitudinal System: Over 1101V

Type Lateral Arm System:

New Home: Used Home: X

Data Plate Wind Zone: II

(Check Size of Home)

Single X

Double

Triple

HUD Label #:

Soil Bearing / PSF: 1000

Torque Probe / in-lbs: 290

Permit #:

Note: Slaymaker Used SW Col. Co. A+B Const.

STATE OF FLORIDA  
INSTALLATION CERTIFICATION LABEL

93833

LABEL #

DATE OF INSTALLATION

BRENT STICKLAND

NAME

IH / 1104218 / 1

5559

LICENSE #

ORDER #

CERTIFIES THAT THE INSTALLATION OF THIS MOBILE HOME IS  
IN ACCORDANCE WITH FLORIDA STATUTES 320.8249, 320.8325  
AND RULES OF THE HIGHWAY SAFETY AND MOTOR VEHICLES.

INSTRUCTIONS

PLEASE WRITE DATE OF  
INSTALLATION AND AFFIX  
LABEL NEXT TO HUD LABEL.  
USE PERMANENT INK PEN  
OR MARKER ONLY.  
COMPLETE INFORMATION  
ABOVE AND KEEP ON FILE  
FOR A MINIMUM OF 2 YEARS.  
YOU ARE REQUIRED TO  
PROVIDE COPIES WHEN  
REQUESTED.