

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 12/2023) Zoning Official _____ Building Official _____
 AP# 104578 Date Received _____ By FW Permit # 49643
 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 # _____
☐ Land Owner Affidavit ☐ Installer Authorization ☐ FW Comp. letter ☐ App Fee Paid ☐ 911 App
☐ DOT Approval ☐ Parent Parcel # _____ ☐ STUP-MH _____
☐ Ellisville Water Sys ☐ Assessment _____ ☐ In County ☐ Sub VF Form

**This page not required if Online Submission*

Property ID # 00-00-00-0127-000 Subdivision Three rivers Estates Lot# 7a

- New Mobile Home _____ Used Mobile Home ☒ MH Size 14x76 Year _____
- Applicant Westley Schofield Phone # 386-623-1307
- Address 199 SW Schofield Ct Ft White FL
- Name of Property Owner Westley Schofield Phone# 386-623-1307
- 911 Address 1215 SW Central ter Fort White FL
- Circle the correct power company - ☐ FL Power & Light - ☒ Clay Electric
 (Circle One) - ☐ Suwannee Valley Electric - ☐ Duke Energy
- Name of Owner of Mobile Home Westley Schofield Phone # 386-623-1307
 Address 199 SW Schofield Ct Ft White FL
- Relationship to Property Owner Self
- Current Number of Dwellings on Property 1
- Lot Size _____ Total Acreage .92
- 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 ☐ No
- Name of Licensed Dealer/Installer Glenn Williams Phone # 386-344-3669
- Installers Address 6600 Se Putnam St Lake City FL
- License Number: 1H1054858 Installation Decal # _____

Is the mobile home currently located in Columbia County? Yes ☒ No ☐ (Only required for used homes)

Applicant Email Address: freemonkeyexp@gmail.com

(This is where application updates will be sent)



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

***Use to authorize
property owners to
pull permit on
Installers behalf.**

MOBILE HOME INSTALLERS LETTER OF AUTHORIZATION

I, Glenn Williams, give this authority for the job address show below
Installer License Holder Name

only, 1215 SW Central Ave Fort White FL, 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
Westley Schofield	Westley Schofield

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.

Glenn Williams
License Holders Signature (Notarized)

1H1054858
License Number

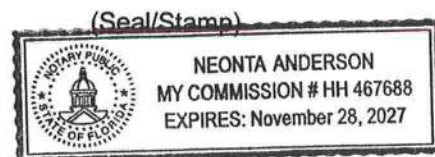
7-13-24
Date

NOTARY INFORMATION:

STATE OF: FL COUNTY OF: Columbia

The above license holder, whose name is Glenn Williams,
personally appeared before me and is known by me or has produced identification
(type of I.D.) FL DL on this 13 day of March, 20 24

Neonta Anderson
NOTARY'S SIGNATURE



MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR Glenn Williams PHONE 386-344-3669

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.

ELECTRICAL	Print Name <u>Westley Schofield</u> Signature <u>Westley Schofield</u> License #: _____ Phone #: <u>386-623-1307</u> Company Name: _____ <input type="checkbox"/> Qualifier Form Attached
MECHANICAL/ A/C _____	Print Name <u>Westley Schofield</u> Signature <u>Westley Schofield</u> License #: _____ Phone #: <u>386-623-1307</u> Company Name: _____ <input type="checkbox"/> Qualifier Form Attached

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.



STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM (OSTDS)

Revised

PERMIT NO. 24-0189
DATE PAID: 3/4/24
FEE PAID: 240.00
RECEIPT #: 2044118

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

☐ New System ☒ Existing System ☐ Holding Tank ☐ Innovative
☐ Repair ☐ Abandonment ☐ Temporary ☐

APPLICANT: Westley Schofield EMAIL: rockyford@windstream.net
AGENT: A&B Construction TELEPHONE: 351-497-2311
MAILING ADDRESS: 546 SW Dortch St, Ft. White, FL 32038

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3)(m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION

LOT: 79 BLOCK: NA SUBDIVISION: Three Rivers Estates PLATTED: 4/19 OSTDS REMEDIATION PLAN? [Y / ☒ N]

PROPERTY ID #: 00-00-00-01207-000 ZONING: I/M OR EQUIVALENT: [Y / ☒ N]

PROPERTY SIZE: 0.92 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / ☒ N] DISTANCE TO SEWER: NA FT

PROPERTY ADDRESS: 1215 SW Central Trl, Ft. White, FL

DIRECTIONS TO PROPERTY: IL onto US Hwy 27S, TR onto SW Riverside Ave, TR onto Utah Pkwy, TR onto Central Blvd

BUILDING INFORMATION

☒ RESIDENTIAL ☐ COMMERCIAL

Unit No. Type of Establishment No. of Bedrooms Building Area Sqft Commercial/Institutional System Design Table I, Chapter 62-6, FAC

1	SF Residential	3	1280	(add for plan)
2	MH			
3				
4				

[] Floor/Equipment Drains [] Other (Specify)

SIGNATURE: William J. Bishop II DATE: 2-29-24

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

Incorporated 62-6.004, FAC

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 24-0189

Schofield

PART II - SITEPLAN

Scale: Each block represents 10 feet and 1 inch = 40 feet.

See
attached

Notes:

Site Plan submitted by: William C. Bishop II

master contractor

Plan Approved [Signature]

Not Approved [Signature]

Date 3/1/24

By [Signature]

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)

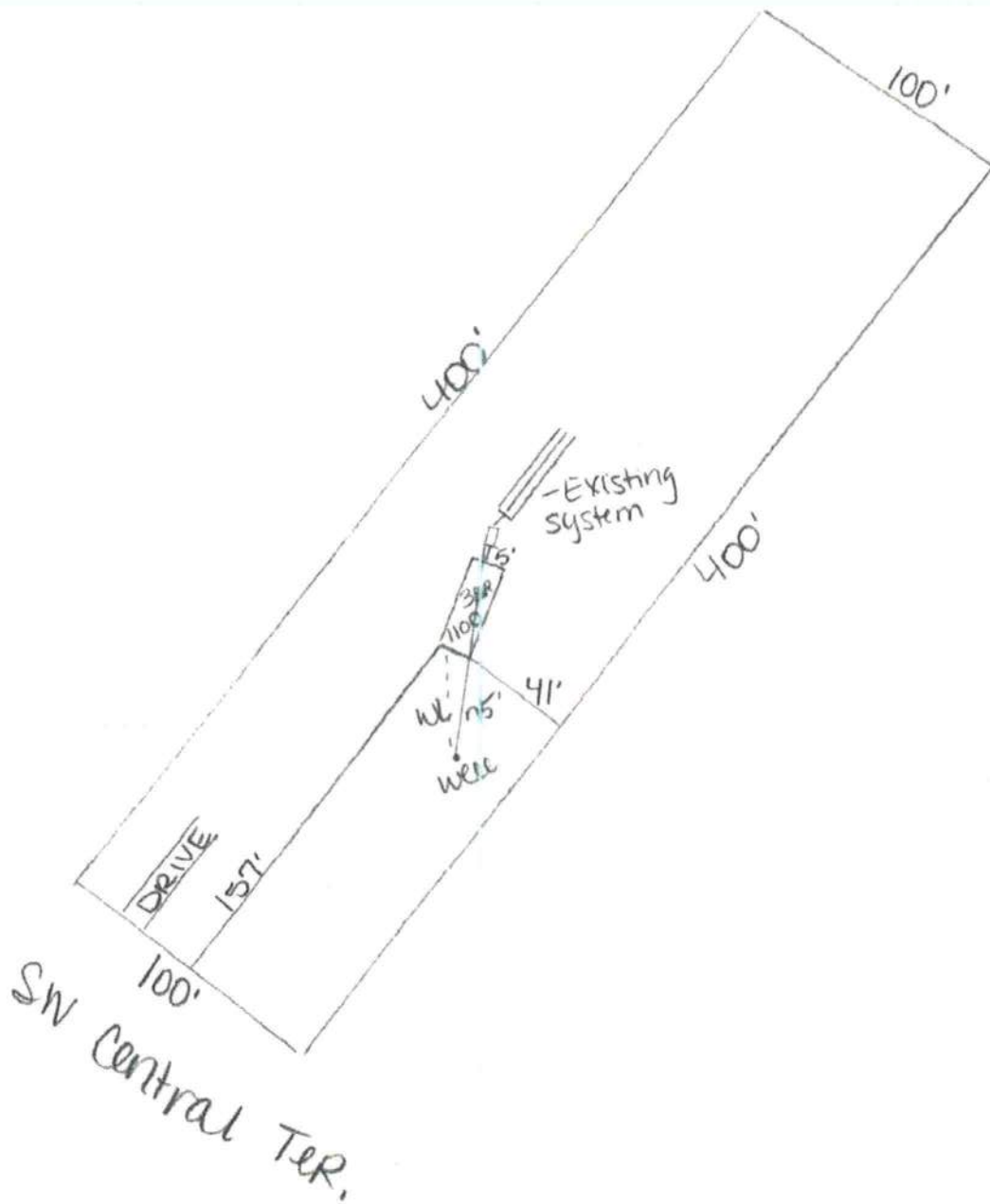
Incorporated: 62-6.004, F.A.C.

Page 2 of 4

↑N

Schofield
lin=60 ft.
2-20-24

54-8189



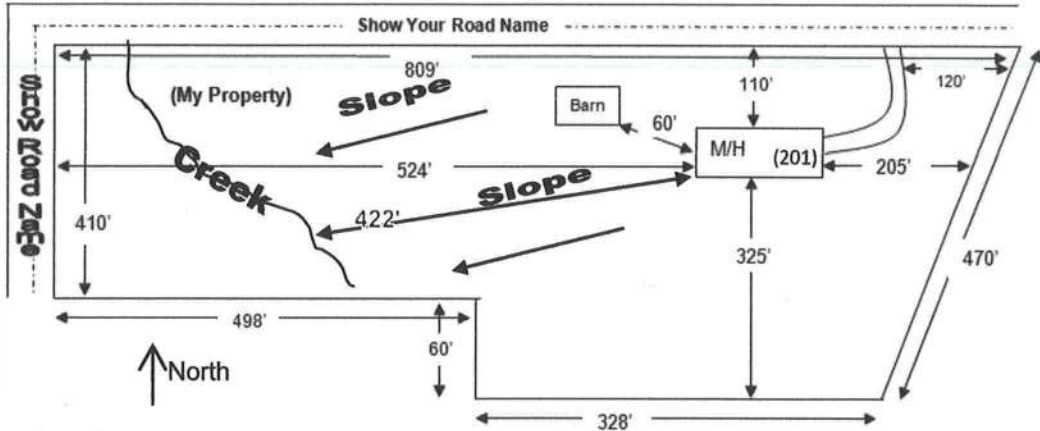
William L. Bishop II

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

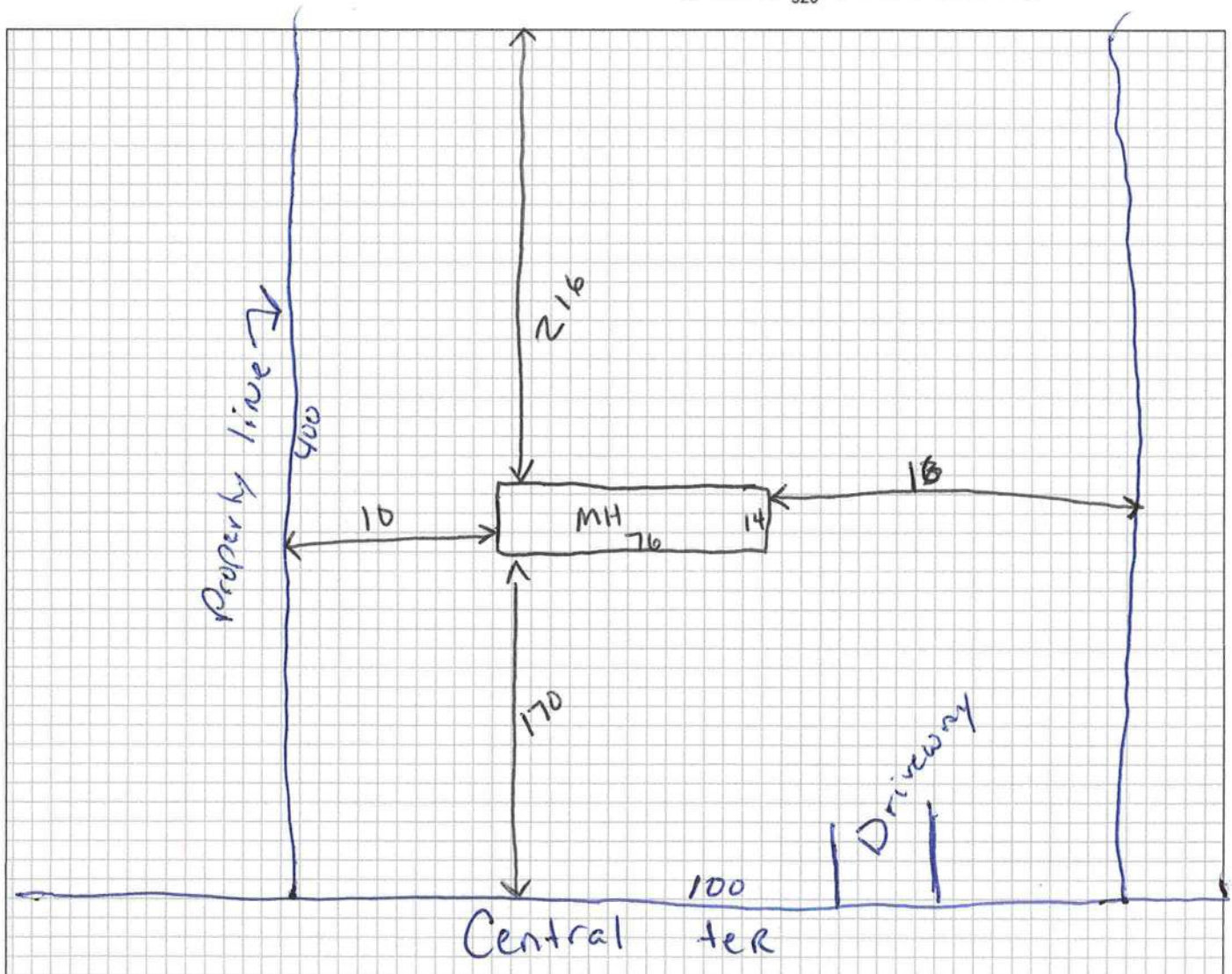
SITE PLAN EXAMPLE

Revised 7/1/15



NOTE:

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



Mobile Home Permit Worksheet

Application Number: _____

Date: _____

Installer: Glenn Williams License # 1H 1054858

Address of home being installed 1215 SW Central Ave

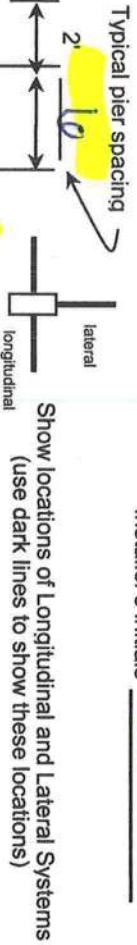
Ford White FC1

Manufacturer Length x width 14x76

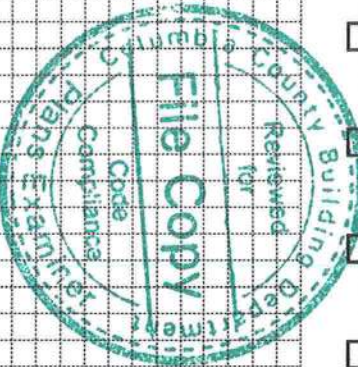
NOTE: if home is a single wide fill out one half of the blocking plan

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.



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



Anthony Blair
03/10/2024

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 # 107384

Triple/Quad ☐ Serial # _____

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'	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

L-beam pier pad size

17x25

Perimeter pier pad size

16x16

Other pier pad sizes (required by the mfg.)

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

4 ft ☒ 5 ft ☐

FRAME TIES

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer 2
Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer _____

OTHER TIES

Sidewall 6
Longitudinal 6
Marriage wall 0
Shearwall 0

Mobile Home Permit Worksheet

Application Number: _____

Date: _____

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 1500

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 1500

TORQUE PROBE TEST

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: 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 4000 lb holding capacity.

Installer's initials _____

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Glen Williams

Date Tested

1-13-24

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. _____

Site Preparation

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

Fastening multi wide units

Floor: _____ Type Fastener: N Length: _____ Spacing: A
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 N/A

Type gasket Pg. _____

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

Glen Williams

Date

3-12-24