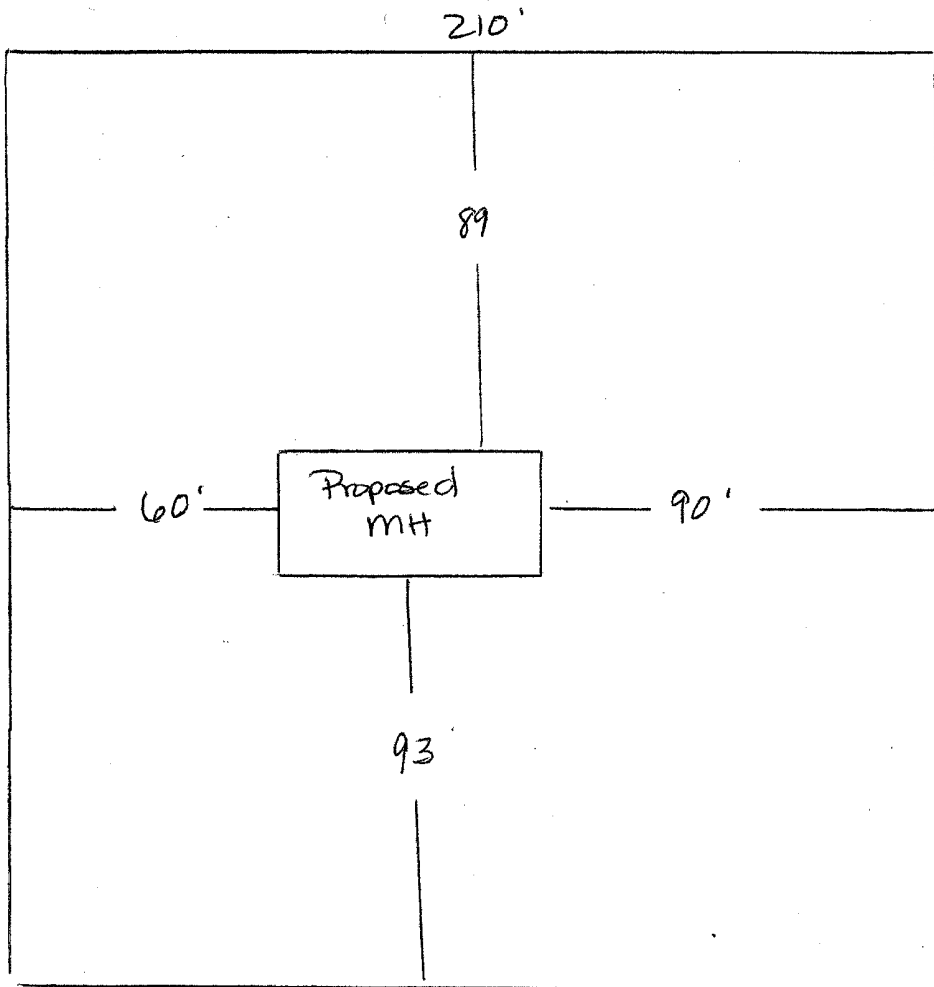


PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

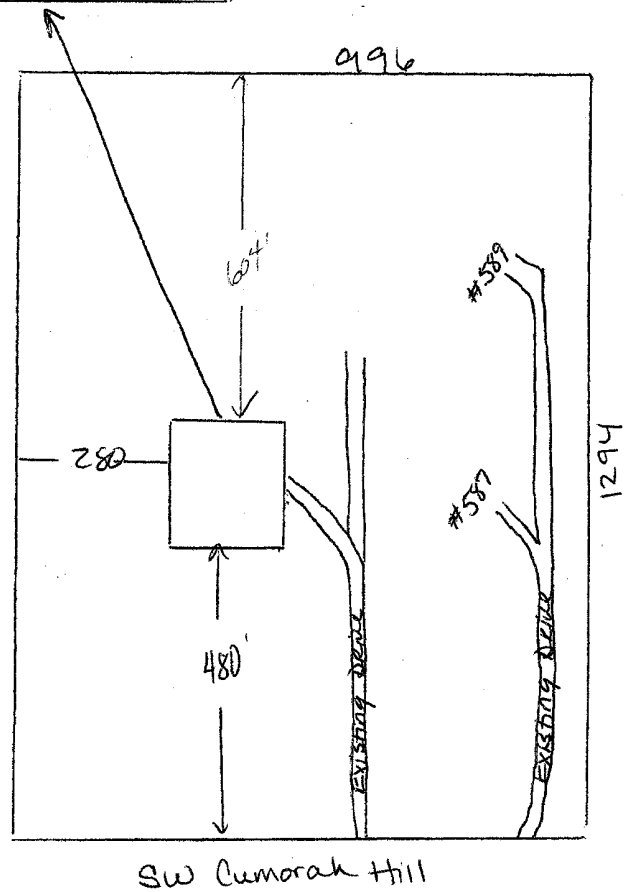
<u>For Office Use Only</u>	(Revised 7-1-15)	Zoning Official _____	Building Official _____
AP# _____	Date Received _____	By _____	Permit # _____
Flood Zone _____	Development Permit _____	Zoning _____	Land Use Plan Map Category _____
Comments _____			
FEMA Map# _____	Elevation _____	Finished Floor _____	River _____ In Floodway _____
<input type="checkbox"/> Recorded Deed or <input type="checkbox"/> Property Appraiser PO <input type="checkbox"/> Site Plan <input type="checkbox"/> EH # _____ <input type="checkbox"/> Well letter OR <input type="checkbox"/> Existing well <input type="checkbox"/> Land Owner Affidavit <input type="checkbox"/> Installer Authorization <input type="checkbox"/> FW Comp. letter <input type="checkbox"/> App Fee Paid <input type="checkbox"/> DOT Approval <input type="checkbox"/> Parent Parcel # _____ <input type="checkbox"/> STUP-MH _____ <input type="checkbox"/> 911 App <input type="checkbox"/> Ellisville Water Sys <input type="checkbox"/> Assessment _____ <input type="checkbox"/> Out County <input type="checkbox"/> In County <input type="checkbox"/> Sub VF Form			

Property ID # 19-6S-17-09698-015 Subdivision NA Lot# NA

- New Mobile Home _____ Used Mobile Home X MH Size 28x60 Year 2005
- Applicant Wendy Grennell Phone # 386-984-6274
- Address 3104 SW Old Wire Rd Fort White, FL 32038
- Name of Property Owner Jeanne Rice Phone# 386-965-4737
- 911 Address _____
- Circle the correct power company - FL Power & Light - Clay Electric
 (Circle One) - Suwannee Valley Electric - Duke Energy
- Name of Owner of Mobile Home Jeanne Rice Phone # 386-965-4737
 Address 819 SW Cumorah Hill St. Fort White, FL 32038
- Relationship to Property Owner Same
- Current Number of Dwellings on Property 2
- Lot Size _____ Total Acreage 30
- 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 US Hwy 41 South to Tustenugee turn Right to SW Cumorah Hill Street turn Right to existing drive on right just past 587 drive site will be on the left
- Name of Licensed Dealer/Installer Robert Sheppard Phone # 386-623-2203
- Installers Address 6355 SE CR 245 Lake City FL 32025
- License Number IH 1025386 Installation Decal # 89548



Jeanne L Rice
 19-65-17-09698-015



Mobile Home Permit Worksheet

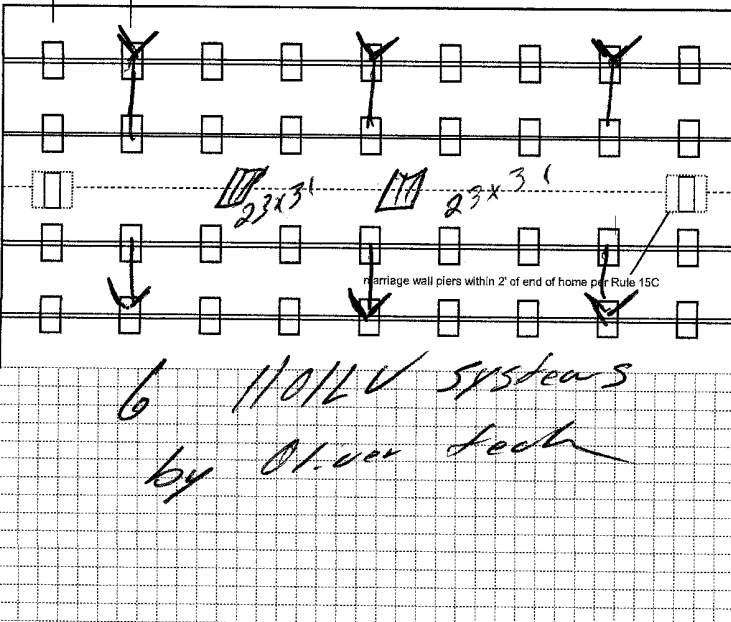
Installer: Robert Sheppard License # IH1025386
 Address of home being installed SW Cumorah Hill Street
Fort White, FL 32038
 Manufacturer Homes of Merit Length x width 60x28

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 RS

Typical pier spacing

2' 5 lateral
 longitudinal
 Show locations of Longitudinal and Lateral Systems
 (use dark lines to show these locations)



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 # 89548

Triple/Quad ☐ Serial # ELMHMB116525782AR

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'	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

I-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 1 Pier pad size 23x31

TIEDOWN COMPONENTS

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

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

ANCHORS

4 ft 5 ft

FRAME TIES

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

OTHER TIES

Number
 Sidewall 30
 Longitudinal 875
 Marriage wall 875
 Shearwall _____

Mobile Home Permit Worksheet

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 1 psf or check here to declare 1000 lb. soil _____ without testing.

X 1000 X 1000 X 1000

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 1000 X 600 X 1000

TORQUE PROBE TEST

The results of the torque probe test is _____ 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.

RS Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Robert Shepard
Date Tested 4-14-22

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. _____

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: 1232 Length: 6" Spacing: 24"
Walls: Type Fastener: 3/8" Length: 10" Spacing: 12"
Roof: Type Fastener: Flash Length: _____ Spacing: Continuous
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 Pg. factory installed
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 Robert Shepard Date 4-14-22



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, Robert Sheppard, give this authority for the job address show below
Installer License Holder Name

only, SW Cumorah Hill Street, 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)
Wendy Grennell	Wendy Grennell	<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.

Robert Sheppard
License Holders Signature (Notarized)

LH1025356
License Number

4-14-22
Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Robert Sheppard, personally appeared before me and is known by me or has produced identification (type of I.D.) _____ on this 14 day of April, 2022.

Shirley M. Bennett
NOTARY'S SIGNATURE



Shirley M. Bennett
Notary Public
State of Florida
Comm# HH097095
Expires 2/24/2025

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____

CONTRACTOR

Robert Sheppard

PHONE

386-623-
2203

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	<div>Print Name <u>Jeanne Rice</u> Signature <u>Jeanne L Rice</u></div> <div>License #: <u>owner</u> Phone #: <u>386-965-4737</u></div> <div>Qualifier Form Attached <input type="checkbox"/></div>
MECHANICAL/ A/C	<div>Print Name <u>Jeanne Rice</u> Signature <u>Jeanne L Rice</u></div> <div>License #: <u>owner</u> Phone #: <u>386-965-4737</u></div> <div>Qualifier Form Attached <input type="checkbox"/></div>

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? Yes
OWNERS NAME Jeanne Rice PHONE _____ CELL 386 965-4737
ADDRESS 819 SW Cumorah Hill St Fort White 32038
MOBILE HOME PARK NA SUBDIVISION NA
DRIVING DIRECTIONS TO MOBILE HOME 41 South TR on Tustenuggee
TR on SW Cumorah Hill St to drive on (R) just
past #587 - site on (L)
MOBILE HOME INSTALLER Robert Sheppard PHONE _____ CELL 386 623-2203

MOBILE HOME INFORMATION

MAKE Homes of Merit YEAR 2005 SIZE 28 x 60 COLOR Cream
SERIAL No. FLMHMBA165251782AB
WIND ZONE II 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 _____