

SCANNED

Burnt M/H - No fee for Permit

34

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only

(Revised 7-1-15)

Zoning Official

Building Official

AP# 52430

Date Received

10/26/2021

By

Permit #

43394

Flood Zone

Development Permit

Zoning

Land Use Plan Map Category

Comments

Replacing existing sfd that has been removed. other m/h on property is grand-fathered in on property.

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

other

☐ Out County

☒ In County

☒ Sub VF Form

Property ID #

R05021-000

Subdivision

Lot#

New Mobile Home

Used Mobile Home

X

MH Size

14x66

Year

1988

Applicant

Shela Brady

Phone #

386-288-6339

Address

159 NE Freedom Ct. Lake City, FL 32055

Name of Property Owner

Shela Brady

Phone#

386-288-6339

911 Address

159 NE Freedom Ct. Lake City, FL 32055

Circle the correct power company -

FL Power & Light

Clay Electric

(Circle One) -

Suwannee Valley Electric

Duke Energy

Name of Owner of Mobile Home

Shela Brady

Phone #

386-288-6339

Address

159 NE Freedom Ct. Lake City, FL 32055

Relationship to Property Owner

Self

Current Number of Dwellings on Property

1

Lot Size

Total Acreage

3.3

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 - removed

Driving Directions to the Property

441 N. Turn Right on Sunnybrook, turn left on double run Rd. Turn left on Freedom Ct. to end.

Name of Licensed Dealer/Installer

Brent Strickland

Phone #

386-365-7043

Installers Address

5233 NW Falling Creek Rd white springs, FL 32096

License Number

IH1104218

Installation Decal #

43905

Shela Shela brady@yahoo.com

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.

ELECTRICAL	Print Name <u>Shela Brady</u> License #: <u>owner</u> Qualifier Form Attached <input type="checkbox"/>	Signature <u>Shela Brady</u> Phone #: <u>386-288-10339</u>
MECHANICAL/ A/C	Print Name <u>Shela Brady</u> License #: <u>owner</u> Qualifier Form Attached <input type="checkbox"/>	Signature <u>Shela Brady</u> Phone #: <u>386-288-10339</u>

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.

BOARD OF COUNTY COMMISSIONERS • COLUMBIA COUNTY



Address Assignment and Maintenance Document

To maintain the county wide Addressing Policy you must make application for a 9-1-1 Address at the time you apply for a building permit. The established standards for addressing and posting numbers to all principal buildings, dwellings, businesses and industries are contained in Columbia County Ordinance 2001-9. The addressing system is to enable Emergency Services Agencies to locate you in an emergency, and to assist the United States Postal Service and the public in the timely and efficient provision of services to residents and businesses of Columbia County

Date/Time Issued: **6/22/2020 2:43:23 PM**

Address: **159 NE FREEDOM Ct**

City: **LAKE CITY**

State: **FL**

Zip Code **32055**

Parcel ID **05021-000**

REMARKS: **This address is a verified address in the county's addressing system.**

Verification ID: 0cd8dd1d-af99-4455-b33f-3f53c72b647a

NOTICE: THIS ADDRESS WAS ISSUED BASED ON LOCATION AND ACCESS INFORMATION RECEIVED FROM THE REQUESTER. SHOULD, AT A LATER DATE, THE LOCATION AND/OR ACCESS INFORMATION BE FOUND TO BE IN ERROR OR CHANGED, THIS ADDRESS IS SUBJECT TO CHANGE.

Address Issued By: **GIS Specialist**

Columbia County GIS/911 Addressing Coordinator

Columbia County
Department of Information Technology
135 NE Hernando Ave. Lake City, FL 32055
Telephone 386-719-1456



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

only, 159 NE Freedom Ct Lake City, FL 32055, 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)
Shela Brady	Shela Brady	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Officer <input checked="" 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 Stickland License Holders Signature (Notarized) 1H10428 License Number 9/22/21 Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Brent Stickland, personally appeared before me and is known by me or has produced identification (type of I.D.) on this 22nd day of October, 2021.

Sharon Y. Blackmon
NOTARY'S SIGNATURE



A	FDID 29091 ★	State FL ★	Incident Date 03 21 2021 ★	Station 048 ★	Incident Number 0001316 ★	Exposure 000 ★	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity	NFIRS-1 Basic
B	Location Type ★ <input type="checkbox"/> Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B, "Alternative Location Specification." Use only for wildland fires.							
	<input checked="" type="checkbox"/> Street address <input type="checkbox"/> Intersection 105 NE FREEDOM CT <small>Number/Milepost Prefix Street or Highway Street Type Suffix</small> <input type="checkbox"/> In front of <input type="checkbox"/> Rear of <input type="checkbox"/> Adjacent to LAKE CITY FL 32055 <small>Apt./Suite/Room City State ZIP Code</small> <input type="checkbox"/> Directions <input type="checkbox"/> U.S. National Grid <small>Cross Street, Directions or National Grid, as applicable</small>							
C	Incident Type ★ 121 Fire in mobile home us... <small>Incident Type</small>							
D	Aid Given or Received ★ <input type="checkbox"/> None 1 <input type="checkbox"/> Mutual aid received 2 <input checked="" type="checkbox"/> Auto. aid received 3 <input type="checkbox"/> Mutual aid given 4 <input type="checkbox"/> Auto. aid given 5 <input type="checkbox"/> Other aid given <small>Their FID Their State Their Incident Number</small>							
E1	Dates and Times <small>Midnight is 0000</small> Check boxes if dates are the same as Alarm Date. Alarm 03 21 2021 0130 <small>Month Day Year Hour Min</small> ARRIVAL required, unless canceled or did not arrive <input checked="" type="checkbox"/> Arrival 0141 <small>CONTROLLED optional, except for wildland fires</small> <input type="checkbox"/> Controlled <input checked="" type="checkbox"/> Last Unit Cleared 0359 <small>LAST UNIT CLEARED, required except for wildland fires</small>							
E2	Shifts and Alarms <small>Local Option</small> A 0 D51 <small>Shift or Platoon Alarms District</small>							
E3	Special Studies <small>Local Option</small> Special Study ID# Special Study Value							
F	Actions Taken ★ Extinguishment by 11 fire service personnel <small>Primary Action Taken (1)</small> 12 Salvage & overhaul <small>Additional Action Taken (2)</small> <small>Additional Action Taken (3)</small>							
G1	Resources ★ <input checked="" type="checkbox"/> Check this box and skip this block if an Apparatus or Personnel Module is used. Apparatus Personnel Suppression EMS Other <input type="checkbox"/> Check box if resource counts include aid received resources.							
G2	Estimated Dollar Losses and Values LOSSES: <small>Required for all fires if known. Optional for non-fires.</small> None Property \$ 000 045 000 Contents \$ 000 003 500 PRE-INCIDENT VALUE: <small>Optional</small> Property \$ 000 060 000 Contents \$ 000 003 500							
H1	Casualties ★ <input checked="" type="checkbox"/> None Deaths Injuries Fire Service Civilian							
H2	Detector <small>Required for confined fires.</small> <input type="checkbox"/> Detector alerted occupants <input type="checkbox"/> Detector did not alert them <input type="checkbox"/> Unknown							
H3	Hazardous Materials Release <input type="checkbox"/> None 1 <input type="checkbox"/> Natural gas: slow leak, no evacuation or HazMat actions 2 <input type="checkbox"/> Propane gas: <21-lb tank (as in home BBQ grill) 3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container 4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage 5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable storage 6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only 7 <input type="checkbox"/> Motor oil: from engine or portable container 8 <input type="checkbox"/> Paint: from paint cans totaling <55 gallons 0 <input type="checkbox"/> Other: special HazMat actions required or spill > 55 gal <small>(Please complete the HazMat form.)</small>							
I	Mixed Use Property <input type="checkbox"/> Not mixed 10 <input type="checkbox"/> Assembly use 20 <input type="checkbox"/> Education use 33 <input type="checkbox"/> Medical use 40 <input type="checkbox"/> Residential use 51 <input type="checkbox"/> Row of stores 53 <input type="checkbox"/> Enclosed mall 58 <input type="checkbox"/> Business & residential 59 <input type="checkbox"/> Office use 60 <input type="checkbox"/> Industrial use 63 <input type="checkbox"/> Military use 65 <input type="checkbox"/> Farm use 00 <input type="checkbox"/> Other mixed use							
J	Property Use ★ <input type="checkbox"/> None Structures 131 <input type="checkbox"/> Church, place of worship 161 <input type="checkbox"/> Restaurant or cafeteria 162 <input type="checkbox"/> Bar/Tavern or nightclub 213 <input type="checkbox"/> Elementary school, kindergarten 215 <input type="checkbox"/> High school, junior high 241 <input type="checkbox"/> College, adult education 311 <input type="checkbox"/> Nursing home 331 <input type="checkbox"/> Hospital Outside 124 <input type="checkbox"/> Playground or park 655 <input type="checkbox"/> Crops or orchard 669 <input type="checkbox"/> Forest (timberland) 807 <input type="checkbox"/> Outdoor storage area 919 <input type="checkbox"/> Dump or sanitary landfill 931 <input type="checkbox"/> Open land or field 341 <input type="checkbox"/> Clinic, clinic-type infirmary 342 <input type="checkbox"/> Doctor/Dentist office 361 <input type="checkbox"/> Prison or jail, not juvenile 419 <input checked="" type="checkbox"/> 1- or 2-family dwelling 429 <input type="checkbox"/> Multifamily dwelling 439 <input type="checkbox"/> Rooming/Boarding house 449 <input type="checkbox"/> Commercial hotel or motel 459 <input type="checkbox"/> Residential, board and care 464 <input type="checkbox"/> Dormitory/Barracks 519 <input type="checkbox"/> Food and beverage sales 539 <input type="checkbox"/> Household goods, sales, repairs 571 <input type="checkbox"/> Gas or service station 579 <input type="checkbox"/> Motor vehicle/boat sales/repairs 599 <input type="checkbox"/> Business office 615 <input type="checkbox"/> Electric-generating plant 629 <input type="checkbox"/> Laboratory/Science laboratory 700 <input type="checkbox"/> Manufacturing plant 819 <input type="checkbox"/> Livestock/Poultry storage (barn) 882 <input type="checkbox"/> Non-residential parking garage 891 <input type="checkbox"/> Warehouse 936 <input type="checkbox"/> Vacant lot 938 <input type="checkbox"/> Graded/Cared for plot of land 946 <input type="checkbox"/> Lake, river, stream 951 <input type="checkbox"/> Railroad right-of-way 960 <input type="checkbox"/> Other street 961 <input type="checkbox"/> Highway/Divided highway 962 <input type="checkbox"/> Residential street/driveway 981 <input type="checkbox"/> Construction site 984 <input type="checkbox"/> Industrial plant yard Look up and enter a Property Use code and description only if you have NOT checked a Property Use box.							

Mobile Home Permit Worksheet

Application Number: _____

Date: _____

Installer: Bert Stickle License # TH110428

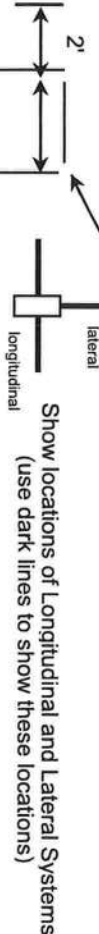
Address of home being installed: 159 NE Freedom Ct. Lake City, FL 32055

Manufacturer: West Length x width: 14x66

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: BS

Typical pier spacing



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



Modu Wall Olive system

beam backed 5' oc

ABS pad 1000# sat

11-15-2021

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 # 43905

Triple/Quad ☐ Serial # GACL175 A6413802E

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	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'	9'	10'	11'
2000 psf	6'	8'	9'	10'	11'	12'	13'
2500 psf	7' 6"	8'	9'	10'	11'	12'	13'
3000 psf	8'	8'	9'	10'	11'	12'	13'
3500 psf	8'	8'	9'	10'	11'	12'	13'

* 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 14' 4" Pier pad size _____

_____ Pier pad size _____

_____ Pier pad size _____

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 _____
Longitudinal _____
Marriage wall _____
Shearwall _____

Mobile Home Permit Worksheet

Application Number: _____

Date: _____

POCKET PENETROMETER TEST

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

X _____ X _____ X _____

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 _____ X _____ X _____

TORQUE PROBE TEST

The results of the torque probe test is 285 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.

BS Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Brent Skickler

Date Tested

9/22/21

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. _____

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: Length: Spacing: N/A
Walls: Type Fastener: Length: Spacing: N/A
Roof: Type Fastener: Length: Spacing: N/A
For used homes a min. 30 gauge, 8" wide, galvanized metal strip will be centered over the peak of the roof and galvanized 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: Between Floors Yes N/A
Pg. _____ 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

[Signature]

Date

9/22/21

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 Sheila Brady PHONE 386-288-6339 CELL _____

ADDRESS 159 NE Freedom Ct

MOBILE HOME PARK _____ SUBDIVISION _____

DRIVING DIRECTIONS TO MOBILE HOME On the property in front yard

MOBILE HOME INSTALLER Brent Strickland PHONE _____ CELL 386 365 7043

MOBILE HOME INFORMATION

MAKE 88 YEAR 88 SIZE 14 X 66 COLOR White/brown

SERIAL No. GAFI 175A04138WE

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 _____