

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

<i>For Office Use Only</i> (Revised 7-1-15)		Zoning Official _____	Building Official _____
AP# <u>52037</u>	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 <u>owed</u>	☐ Out County ☐ In County	☒ Sub VF Form

Property ID # 34-25-16-01844-113 Subdivision _____ Lot# _____

- New Mobile Home ☒ Used Mobile Home _____ MH Size 32X60 Year 2022
- Applicant TREEA Foster Phone # 386-590-4207
- Address 10314 U.S. Hwy. 90 E Live oak, FL 32060
- Name of Property Owner Dawn Erickson Phone# 941-916-1797
- 911 Address 327 NW Credo way 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 Dawn Erickson Phone # 941-916-1797
 Address 327 NW Credo way Lake city, FL 32055
- Relationship to Property Owner Self
- Current Number of Dwellings on Property 2
- Lot Size _____ 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 TAke 41 N 7.4 miles turn (L) Onto Fiddlers Lane g 0.5 miles turn (L) onto Credo way go 0.4 miles on corner on (L)
- Name of Licensed Dealer/Installer James Foley Phone # 386 249 3994
- Installers Address 7862 173rd RD Live oak FL 32060
- License Number IH/1078536 Installation Decal # 84881



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, James Foley, give this authority for the job address show below
Installer License Holder Name
only, 327 NW Credo Way Lake City, 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	Authorized Person is... (Check one)
TREEA Foster		☒ Agent ☐ Officer ☐ Property Owner
		☐ Agent ☐ Officer ☐ Property Owner
		☐ Agent ☐ Officer ☐ 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.

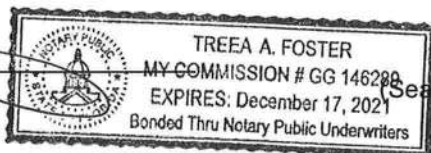
License Holders Signature (Notarized)
141078536 License Number 11-11-21 Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Suwannee

The above license holder, whose name is James Foley,
personally appeared before me and is known by me or has produced identification
(type of I.D.) PERSONALLY KNOWN on this 11 day of NOV, 2021.

NOTARY'S SIGNATURE



(Seal/Stamp)

LIMITED POWER OF ATTORNEY

I, JAMES FOLEY, do hereby authorize TREEA Foster to be
my representative and act on my behalf in all aspects of applying for a Building Permit
permit to be placed on property in Suwannee County, Florida described as follows:

Owner's Name: DAWN miles Erickson

Section 34 Twp 25 Rge 16

Tax Parcel No. 01844-113

[Signature] JH1078536
(Contractor's Signature & License Number)

11-6-21
(Date)

Sworn to and subscribed before me this 6 day of Nov., 2021.

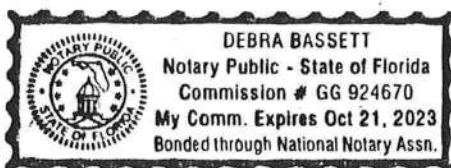
[Signature]
Notary Public

My Commission expires: _____

Commission No: _____

Personally Known: _____

Produced ID (Type): DL



SITE PLAN CHECKLIST

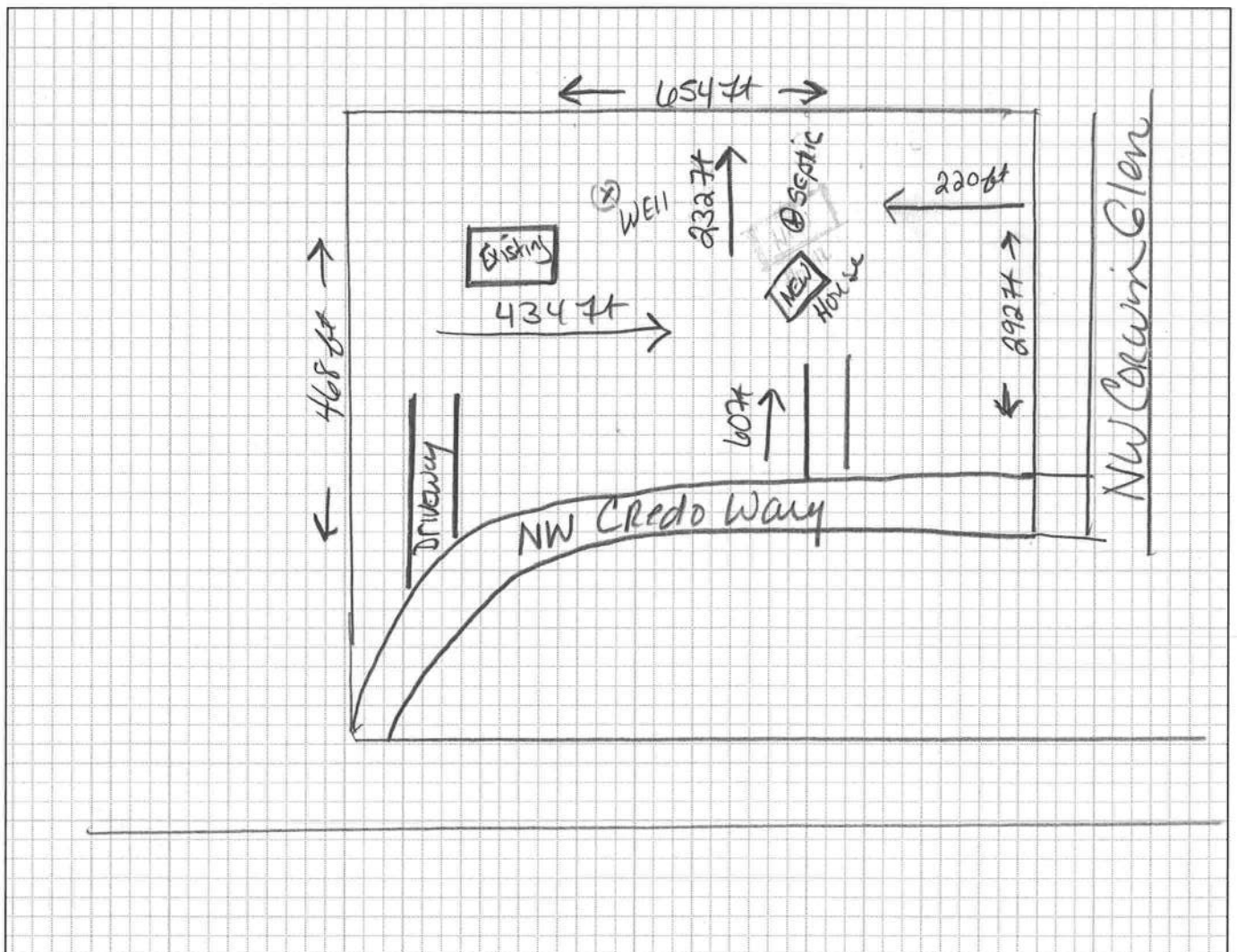
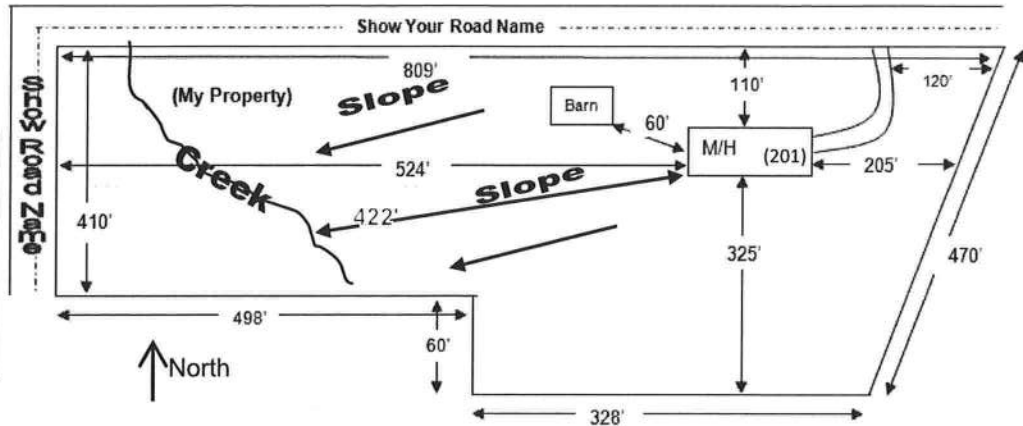
- ☐ 1) Property Dimensions
- ☐ 2) Footprint of proposed and existing structures (including decks), label these with existing addresses
- ☐ 3) Distance from structures to all property lines
- ☐ 4) Location and size of easements
- ☐ 5) Driveway path and distance at the entrance to the nearest property 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.



PARCEL:	34-2S-16-01844-113 (6072)		VACANT (0000)	5 AC
LOT 13 WOODGLEN S/D, UNREC INSTR DLC TO ALFORD, UNREC QC BACK TO D.LC. WD 1041-2953, QC 1041-2954, WD 1077-395, 398, WD 1432-200.				
Owner:	MILES-ERICKSON DAWN			
Site:	327 NW CREDO WAY LAKE CITY, FL 32055			
	261 NW CREDO Way, LAKE CITY			
Sales Info	3/5/2021	\$79,000	(Q)	
	3/3/2006	\$50,000	V (O)	
		\$85,000	V (U)	
Appraised	\$44,500	Mkt Lnd		
Assessed	\$0	Ag Lnd		
Exempt	\$0	Bldg		
Total Taxable	\$44,500	XFOB		
county:\$32,898		Just		
city:\$0				
other:\$0				
school:\$44,500				

Columbia County Property Appraiser Jeff Hampton | Lake City, Florida | 386-758-1083



Columbia County Property Appraiser

Jeff Hampton

Parcel: 34-2S-16-01844-113 (6072)

2022 Working Values
updated: 11/4/2021

Aerial Viewer Pictometry Google Maps

2019 2016 2013 2010 2007 2005 Sales



Owner & Property Info			
Result: 15 of 15			
Owner	MILES-ERICKSON DAWN 327 NW CREDO WAY LAKE CITY, FL 32055		
Site	261 NW CREDO Way, LAKE CITY		
Description*	LOT 13 WOODGLEN S/D, UNREC INSTR DLC TO ALFORD, UNREC QC BACK TO DLC, WD 1041-2953, QC 1041-2954, WD 1077-395, 398, WD 1432-200,		
Area	5 AC	S/T/R	34-2S-16
Use Code**	VACANT (0000)	Tax District	3
*The Description above is not to be used as the Legal Description for this parcel in any legal transaction. **The Use Code is a FL Dept. of Revenue (DOR) code and is not maintained by the Property Appraiser's office. Please contact your city or county Planning & Zoning office for specific zoning information.			

Property & Assessment Values			
2021 Certified Values			
2022 Working Values			
Mkt Land	\$44,500	Mkt Land	\$44,500
Ag Land	\$0	Ag Land	\$0
Building	\$0	Building	\$0
XFOB	\$2,688	XFOB	\$0
Just	\$47,188	Just	\$44,500
Class	\$0	Class	\$0
Appraised	\$47,188	Appraised	\$44,500
SOH Cap [?]	\$17,281	SOH Cap [?]	\$11,602
Assessed	\$47,188	Assessed	\$44,500
Exempt	\$0	Exempt	\$0
Total Taxable	county:\$29,907 city:\$0 other:\$0	Total Taxable	county:\$32,898 city:\$0 other:\$0
	school:\$47,188		school:\$44,500

Sales History

Sale Date	Sale Price	Book/Page	Deed	V/I	Qualification (Codes)	RCode
3/5/2021	\$79,000	1432/2000	WD	I	Q	01
3/3/2006	\$50,000	1077/0395	WD	V	Q	
3/3/2006	\$85,000	1077/0398	WD	V		09
3/31/2005	\$18,300	1041/2953	WD	V		08
3/31/2005	\$100	1041/2954	QC	V		01
6/9/1993	\$0	0000/0000	QC	I		01
1/11/1991	\$18,000	0000/0000	AG	I		13

Building Characteristics

Bldg Sketch	Description*	Year Blt	Base SF	Actual SF	Bldg Value
NONE					

Extra Features & Out Buildings (Codes)

Code	Desc	Year Blt	Value	Units	Dims
NONE					

Land Breakdown

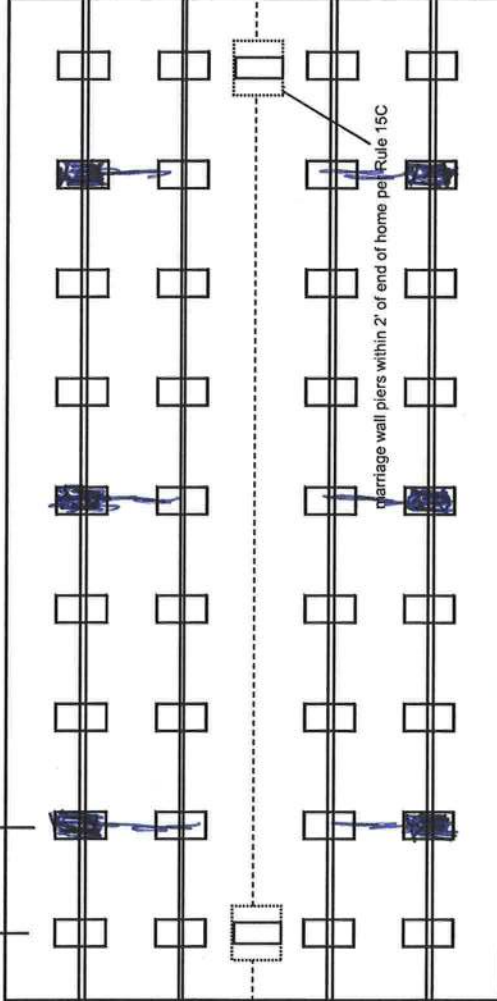
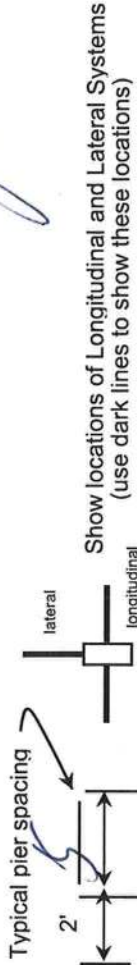
PERMIT NUMBER

Installer James Foley License # FA 0078536
 Installer Mobile Phone # 386 249 3994
 Address of home being installed 327 Credo Way
 Manufacturer Fleetwood Length x width 32 x 100

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 ff



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 # 84881
 Triple/Quad ☐ Serial # 1034AB

Roof System: Typical Hinged

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 dsf	3'	4'	4'	5'	6'	7'	8'
1500 dsf	4'	6'	6'	7'	8'	8'	8'
2000 dsf	6'	8'	8'	8'	8'	8'	8'
2500 dsf	7'	8'	8'	8'	8'	8'	8'
3000 dsf	8'	8'	8'	8'	8'	8'	8'
3500 dsf	8'	8'	8'	8'	8'	8'	8'

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

PIER PAD SIZES

I-beam pier pad size 24x24

Perimeter pier pad size 16x16

Other pier pad sizes (required by the mfg.) 26x31

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 26x31

ANCHORS

4 ft 5 ft

FRAME TIES

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

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)

Manufacturer

Longitudinal Stabilizing Device w/ Lateral Arms

Manufacturer

OTHER TIES

Number

Sidewall 1

Longitudinal 1

Marriage wall 2

Shearwall 1

PERMIT NUMBER

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 1000 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 0.74 inch pounds or check here if you are declaring 5' anchors without testing 4. 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.

Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name JAMES P. LEE
Date Tested 11-7-21

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. 2

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 3

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 3

Site Preparation

Debris and organic material removed
Water drainage: Natural Swale Pad Other

Fastening multi wide-units

Floor: Type Fastener: SPAP Length: 3 Spacing: 2
Walls: Type Fastener: SPAP Length: 3 Spacing: 2
Roof: Type Fastener: SPAP Length: 2 Spacing: 2
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:
Between Floors Yes 1
Between Walls Yes 1
Bottom of ridgebeam Yes 1

Weatherproofing

The bottomboard will be repaired and/or taped. Yes 1 Pg. 1
Siding on units is installed to manufacturer's specifications. Yes 1
Fireplace chimney installed so as not to allow intrusion of rain water. Yes 1

Miscellaneous

Skirting to be installed. Yes 1 No 1
Dryer vent installed outside of skirting. Yes 1 N/A 1
Range downflow vent installed outside of skirting. Yes 1 N/A 1
Drain lines supported at 4 foot intervals. Yes 1
Electrical crossovers protected. Yes 1
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 James P. Lee Date 11-7-21

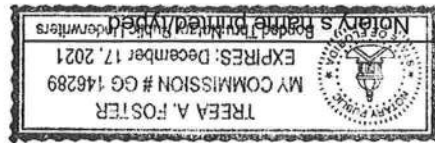
MOBILE HOME INSTALLER AFFIDAVIT

I certify that the following described mobile home being placed on the referenced parcel is not a Wind Zone 1 mobile home.

Customer's Name: Dawn Miles Erickson
Property ID: Sec: 34 Twp: 25 Rge: 16 Tax Parcel No: 01844-113
Lot: _____ Block: _____ Subdivision: _____
Mobile Home Year/Make: 2022- Fleetwood Size: 32x60
Vin #: 1034AB

Signature of Mobile Home Installer _____
James Foley
Mobile Home Installer's name printed/typed _____
386 249-3794
Mobile Phone Number _____

Sworn to and subscribed before me this 11 day of Nov, 2021,
by James Foley



Notary Public, State of Florida
Commission No. _____
Personally Known: _____
Produced ID (type) _____

James N. Foster

MOBILE HOME INSTALLER AFFIDAVIT

As per Florida Statutes Section 320.8249 Mobile Home Installers License:

Any person who engages in mobile home installation shall obtain a mobile home installer's license from the Bureau of Mobile Home and Recreational Vehicle Construction of the Department of Highway Safety and Motor Vehicles pursuant to this section. Said license shall be renewed annually, and each licensee shall pay a fee of \$150.

As per Suwannee County Land Development Regulations, Section 14.8:

It shall be deemed a violation of these land development regulations for any person, firm, corporation, or other entity to place or erect any mobile home on any lot or parcel of land within any area subject to these land development regulations for private use without **FIRST** having secured a mobile home move-on (building) permit from the Land Development Regulation Administrator (Building Department). Such permit shall be deemed to authorize placement, erection, and use of the mobile home only at the location specified in the permit. **The responsibility of securing a mobile home move-on (building) permit shall be that of the person causing the mobile home to be moved.** The move-on (building) permit shall be posted prominently on the mobile home before such mobile home is moved onto the site.

I, James Foster, license number IH 1878536,
do hereby state that the installation of the manufactured home for
Dawn Erickson at 327 Ardo Way
Applicant Job Address
will be done under my supervision.

Mobile Home Installer's Signature
Mobile Phone #
[Signature]

Sworn to and subscribed before me this 11 day of November, 2021.

Notary Public: [Signature]
Signature
My Commission Expires: TREEA A. FOSTER
MY COMMISSION # GG 146289
EXPIRES: December 17, 2021
Bonded Thru Notary Public Underwriters

License Number: IH / 1078536 / 1 Name: JAMES FOLEY

Order #: 5121	Label #: 84881	Manufacturer: <u>Flectwood</u>	(Check Size of Home)
Homeowner:		Year Model:	Single ☐
Address:		Length & Width: <u>32 X 60</u>	Double ☒
City/State/Zip:		Type Longitudinal System: <u>OT</u>	Triple ☐
Phone #:		Type Lateral Arm System: <u>OT</u>	HUD Label #:
Date Installed:		New Home: ☒ Used Home: ☐	Soil Bearing / PSF:
Installed Wind Zone:		Data Plate Wind Zone:	Torque Probe / in-lbs:
			Permit #:

Note:

STATE OF FLORIDA INSTALLATION CERTIFICATION LABEL

84881

LABEL # DATE OF INSTALLATION

JAMES FOLEY

NAME

IH / 1078536 / 1

5121

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.

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>Harold Sapp</u> Signature <u>[Signature]</u> License #: <u>EC 13006009</u> Phone #: <u>386-590-6567</u>
Qualifier Form Attached ☐	
MECHANICAL/ A/C	Print Name <u>Ronald E. Bonds Sr.</u> Signature <u>[Signature]</u> License #: <u>CAC1817658</u> Phone #: <u>850-872-8339</u>
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.