

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only

(Revised 7-1-15)

Zoning Official _____

Building Official _____

AP# 00889 Date Received _____ By _____ Permit # _____

Flood Zone _____ Development Permit _____ Zoning _____ Land Use Plan Map Category _____

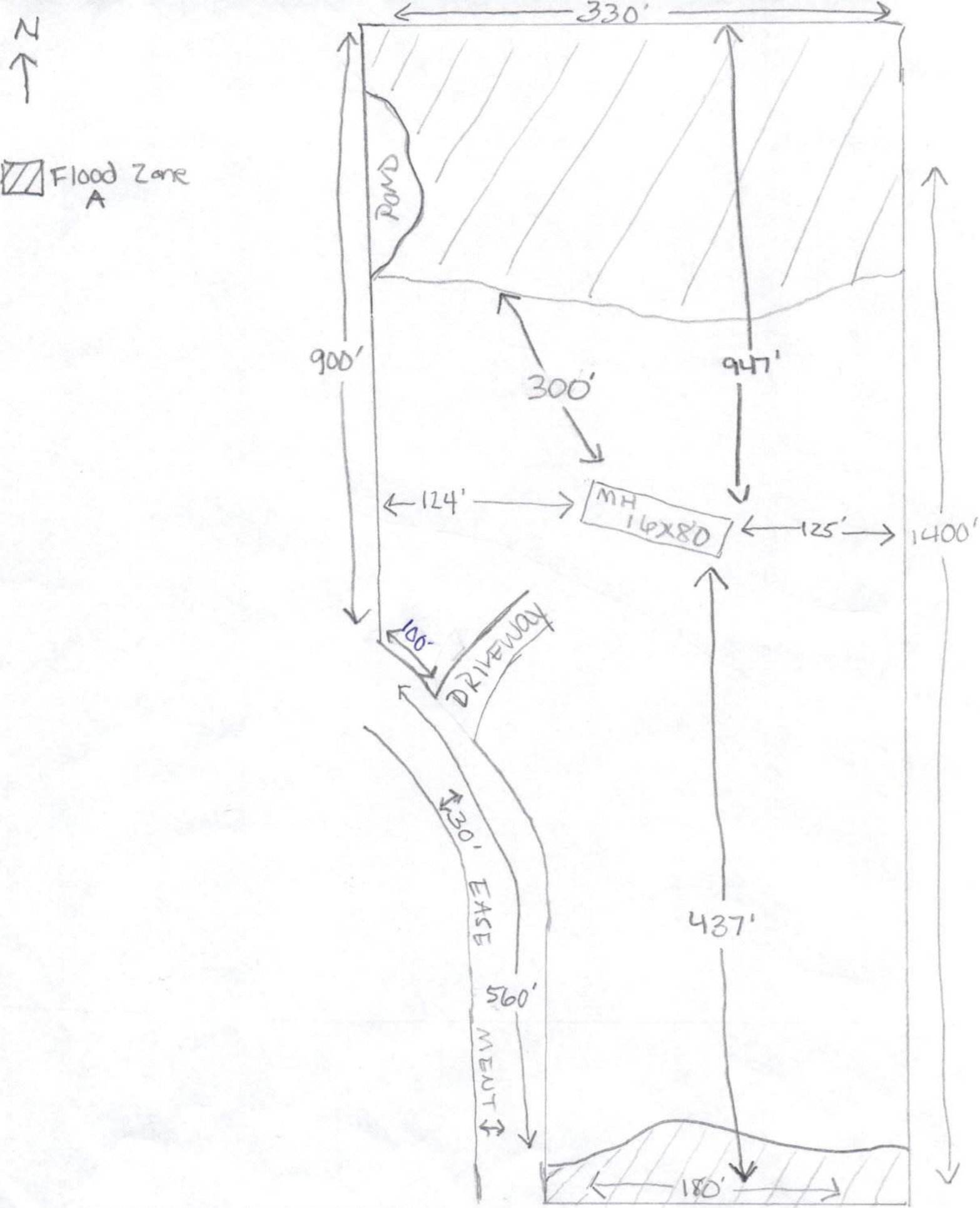
Comments _____

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 # 22-25-17-04620-002 Subdivision N/A Lot# _____

- New Mobile Home ☒ Used Mobile Home _____ MH Size 16x80 Year 2023
- Applicant Shannon Langford Phone # 386-288-4811
- Address 849 NW Cripple Creek St. Lake City, FL 32055
- Name of Property Owner Shannon Langford Phone# 386-288-4811
- 911 Address 849 NW Cripple Creek St. 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 Shannon Langford Phone # 386-288-4811
Address 849 NW Cripple Creek St. Lake City, FL 32055
- Relationship to Property Owner Self
- Current Number of Dwellings on Property 1
- Lot Size _____ Total Acreage 10 acres
- 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-N past I-10 approx 8miles turn left on Cripple Creek St. 3rd gate on Right past 2nd MH.
- Email Address for Applicant: Michelle Langford 78@yahoo.com
- Name of Licensed Dealer/Installer Busty Knowles Phone # 386-377-0586
- Installers Address 3801 SW SR 47 Lake City, FL 32024
- License Number IH 10382191 Installation Decal # 94489



← CRIPPLE CREEK Street →

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>Leo Jackson Jr</u> License #: <u>ES12001176</u>	Signature <u>[Signature]</u> Phone #: <u>386-688-3821</u>
Qualifier Form Attached ☐		
MECHANICAL/ A/C _____	Print Name <u>Shannon Braun-Layfield</u> License #: <u>N/A</u>	Signature <u>[Signature]</u> Phone #: <u>386-288-4811</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.



Address Assignment and Maintenance Document

To maintain compliance with the county's Addressing Policy you must make application for a 9-1-1 Address at the time you apply for a building permit. The standards for addressing and posting numbers to all principal buildings, dwellings, businesses and industries are in accordance with Chapter 102, Article IV of the Columbia County Code of Ordinances. The addressing system better enables Emergency Services and Law Enforcement Agencies to respond in the event of an emergency. This address is also used by the United States Postal Service and delivery services in the timely and efficient provision of services.

Date/Time Issued: **3/15/2023 4:02:26 PM**

Address: **849 NW CRIPPLE CREEK St**

City: **LAKE CITY**

State: **FL**

Zip Code **32055**

Parcel ID **04620-000**

REMARKS: **New address for Habitable structure (family home, business, etc.) on the parcel.**

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: **MOORE, DAVID R.**

2023/MAR/29/WED 14:21

FAX No.

P. 002



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, Rusty L. Knowles, give this authority for the job address show below
Installer License Holder Name

only, _____, 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)
Shannon B. Langford	Shannon B. Langford	☒ 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)

HH-1038219
License Number

3-30-23
Date

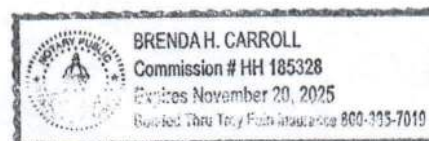
NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Suwannee

The above license holder, whose name is Rusty L. Knowles, personally appeared before me and is known by me or has produced identification (type of I.D.) _____ on this 30th day of March, 2023.

Brenda H. Carroll
NOTARY'S SIGNATURE

(Seal/Stamp)



Quitclaim Deed

RECORDING REQUESTED BY Shannon Michelle Brown-Langford
AND WHEN RECORDED MAIL TO:

849 NW Cripple Creek St, Grantee(s)
Lake City, FL 32055

Consideration: \$ 10.00

Property Transfer Tax: \$ _____

Assessor's Parcel No.: _____

PREPARED BY: Karen T. Brown certifies herein that he or she has prepared
this Deed.

Karen T. Brown
Signature of Preparer

4-4-2023
Date of Preparation

Karen T. Brown
Printed Name of Preparer

THIS QUITCLAIM DEED, executed on 4-4-2023 in the County of
Columbia, State of Florida

by Grantor(s), William L. Brown, Karen T. Brown,
whose post office address is 772 NE Cemetery Loop Lake City, FL 32055
to Grantee(s), Shannon Michelle Brown-Langford,
whose post office address is 849 NW Cripple Creek St. Lake City, FL 32055

WITNESSETH, that the said Grantor(s), William L. Brown, Karen T. Brown
for good consideration and for the sum of Ten Dollars and 00/100
(\$ 10.00) paid by the said Grantee(s), the receipt whereof is hereby acknowledged,
does hereby remise, release and quitclaim unto the said Grantee(s) forever, all the right, title,

Exhibit "A"

A parcel of land containing 10 Acres.

Located in 32-1S-T7

Parcel number 4620-000

Beginning at SE corner of parcel 04620-000
going N approx. 1400 Ft., W 330 Ft.,
S approx. 900 Ft. to existing private drive
ditch, cont. S approx. 560 Ft. along
private drive ditch, back to county road,
then E back to point of beginning.

Also to include easement for access
along existing private drive. 30 Ft. wide
beginning at county road running to Western
line of above mentioned property.

NOTARY ACKNOWLEDGMENT

State of Florida

County of Columbia

On April 4th, 2023, before me, Ashley Adams, a notary public in and for said state, personally appeared, Shannon Brown-Langsford, Karen Brown, and William Brown

who are known to me (or proved to me on the basis of satisfactory evidence) to be the persons whose names are subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacities, and that by their signatures on the instrument the persons, or the entity upon behalf of which the persons acted, executed the instrument.

WITNESS my hand and official seal.

Ashley Adams
Signature of Notary

Affiant Known _____ Produced ID ☒

Type of ID Florida Drivers License



PERMIT NUMBER

PERMIT WORKSHEET

Installer Billy G. Anderson License # 7-14-10-383-218
 Installer Mobile Phone # 386-347-0886
 Address of home being installed _____

Manufacturer Lin Oak Length x width 16x20

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

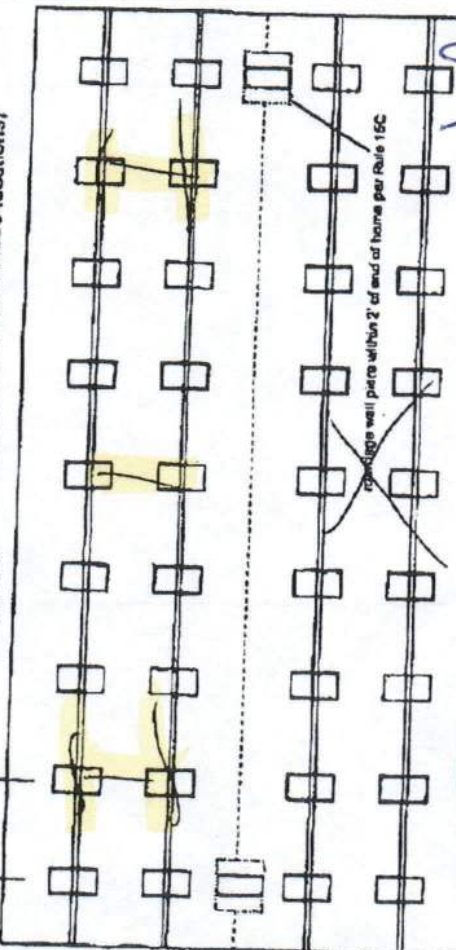
I understand Lateral Arm Systems cannot be used on any home (new or used) where the sidewall ties exceed 5 ft 4 in.

Installer's initials RUC

Typical pier spacing



Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)



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

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 _____

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)

Manufacturer _____
 Longitudinal Stabilizing Device w/ Lateral Arms _____
 Manufacturer Don Tiedown

page 1 of 2

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 Detail # 34483

Triple/Quad ☐ Serial # _____

Order LOHGA10023413

Roof System:

Typical

Hinged

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (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"	5"	6"	7"	8"	8"
2000 psf	5"	6"	7"	8"	8"	8"
2500 psf	6"	7"	8"	8"	8"	8"
3000 psf	7"	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

24x24

Perimeter pier pad size

NA

Other pier pad sizes (required by the mfg.)

16x16

POPULAR PAD SIZES

Pad Size	Sq In
16 x 16	256
18 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

FAX NO.

P. 003

p.4



PERMIT NUMBER

PERMIT WORKSHEET

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 1500 psf or check here to declare 1000 lb. soil without testing.

X 15 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 X

TORQUE PROBE TEST

The results of the torque probe test is 1111 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.

Installer's Initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Date Tested

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between multi-wide units. Pg. 152d

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 152d
Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 152d

page 2 of 2

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 (per manufacturer's requirements)

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
Between Walls Yes
Bottom of ridgebeam Yes

Weatherproofing

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

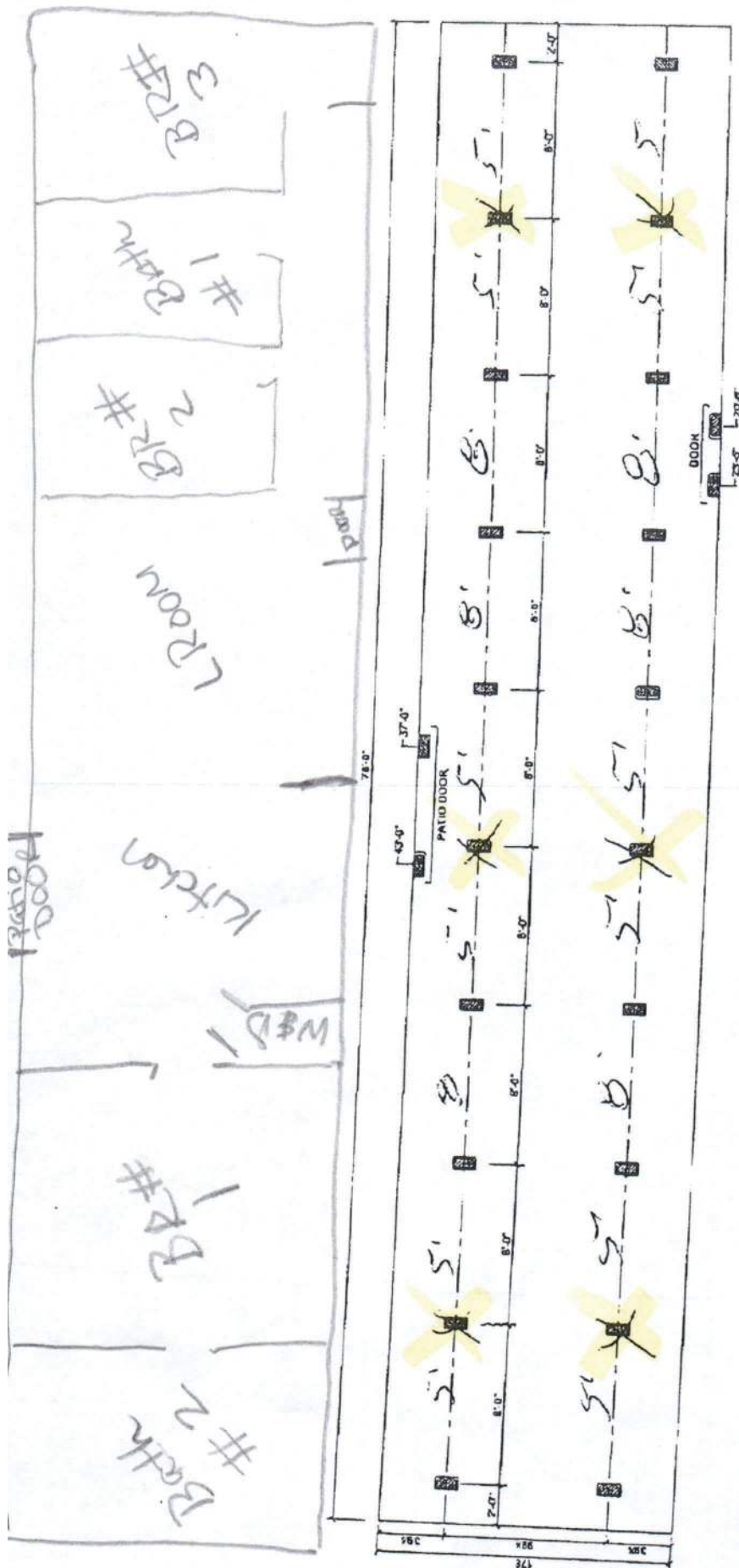
Miscellaneous

Skirting to be installed. Yes
Dryer vent installed outside of skirting. Yes
Range downflow vent installed outside of skirting. Yes
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

Date



24 SUPPORT PIERTYP

FOUNDATION NOTES:

- THIS DRAWING IS DESIGNED FOR THE STANDARD WIND ZONE AND IS TO BE USED IN CONJUNCTION WITH THE INSTALLATION MANUAL AND ITS SUPPLEMENTS.
- FOOTINGS ARE SHOWN FOR EXAMPLE ONLY. QUANTITY AND SPACING MAY VARY BASED ON PAD TYPE, SOIL CONDITION, ETC.
- FOOTINGS ARE REQUIRED AT SUPPORT POSTS, SEE INSTALLATION MANUAL FOR REQUIREMENTS.

02/11/22

Live Oak Homes
MODEL: M-57630 - 16 X 80
3-BEDROOM / 2-BATH



(99.5" I-BEAM SPAN)

M-57630

Handwritten signature

License Number: IH / 1038219 / 1 Name: RUSTY L. KNOWLES		
Order #: 5586	Label #: 94489	Manufacturer: _____
Homeowner: _____	Year Model: _____	(Check Size of Home) Single _____
Address: _____	Length & Width: _____	Double _____
City/State/Zip: _____	Type Longitudinal System _____	Triple _____
Phone #: _____	Type Lateral Arm System _____	HUD Label #: _____
Date Installed: _____	New Home _____ Used Home: _____	Soil Bearing / PSF _____
Installed Wind Zone: _____	Data Plate Wind Zone: _____	Torque Probe / in-lbs _____
Note: _____		Permit #: _____

**STATE OF FLORIDA
INSTALLATION CERTIFICATION LABEL**

94489

LABEL #

DATE OF INSTALLATION

RUSTY L. KNOWLES

NAME

IH / 1038219 / 1

5586

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.

