PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (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_____

☐ 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 + pre

☐ DOT Approval ☐ Parent Parcel #_____ ☐ STUP-MH _____ ☐ 911 App

☐ Ellisville Water Sys ☑ Assessment Deed ☐ Out County ☐ In County ☑ Sub VF Form

Property ID # 27-25-16-01770-141 Subdivision _____ Lot#____

- New Mobile Home_____ Used Mobile Home ✓ MH Size 28x40 Year 2002
- Applicant Damarquis Williams Phone # 386 406 3833
- Address 427 credo way lake city Fl
- Name of Property Owner Errol Baker Phone#_____
- 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 Errol Baker Phone # 386 867 0174
  Address 150 IVE derby terrance
- Relationship to Property Owner Customer
- Current Number of Dwellings on Property 0
- Lot Size 27-25-16 Total Acreage 2.5
- Do you : Have Existing Drive (Currently using) or Private Drive (Blue Road Sign) or need Culvert Permit (Putting in a Culvert) or Culvert Waiver (Not existing but do not need a Culvert) (Circle one)
- Is this Mobile Home Replacing an Existing Mobile Home NO
- Driving Directions to the Property Right on Marion left on Bascom Norris Right on 441 left on Baugh
- Name of Licensed Dealer/Installer Damarquis Williams Phone # 386 406 3833
- Installers Address 427 Credo way lake city Fl
- License Number IH1128217 Installation Decal # 72950

Mobile Home Permit Worksheet

Application Number: _____ Date: _____

Installer : Damarquis Williams License # IH1128217

Address of home being installed _____

Manufacturer 28 X 40 King Length x width 28x40

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 # 72750

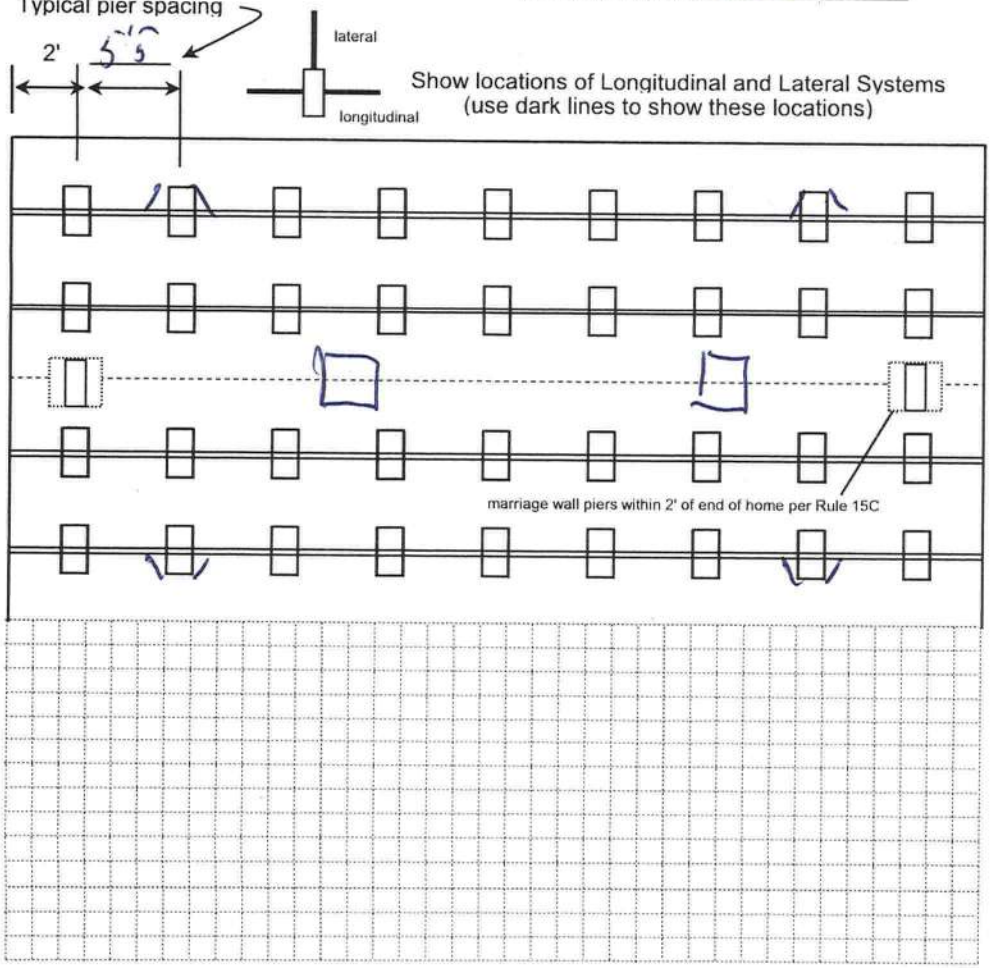
Triple/Quad ☐ Serial # NS10291A

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 DL

Typical pier spacing



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

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 17x5

Perimeter pier pad size _____

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
_____	16x16
_____	_____
_____	_____

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

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer 4

Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer

OTHER TIES

	Number
Sidewall	8
Longitudinal	
Marriage wall	
Shearwall	

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 2500 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 _____

Electrical

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between mult-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 90%
Water drainage: Natural Swale Pad Other .

Fastening multi wide units

Floor: Type Fastener: Leg S Length: 6in Spacing: 24in
Walls: Type Fastener: Leg S Length: 6in Spacing: 24in
Roof: Type Fastener: Leg S Length: 6in Spacing: 24in
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, meldew 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 Reg Standard
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 _____ Date _____

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 Errol Baker Signature Errol B License #: _____ Phone #: _____ Qualifier Form Attached ☐
MECHANICAL/ A/C _____	Print Name Errol Baker Signature Errol B License #: _____ Phone #: _____ 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.

Revised 4/27/2017

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 Errol Baker PHONE 386 867 1074 CELL _____

ADDRESS 150 NE Derby terrace

MOBILE HOME PARK _____ SUBDIVISION _____

DRIVING DIRECTIONS TO MOBILE HOME _____

MOBILE HOME INSTALLER Dimaggio Williams PHONE 386 406 3833 CELL _____

MOBILE HOME INFORMATION

MAKE King YEAR 2002 SIZE 28 X 40 COLOR _____

SERIAL No. IV8102971A

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

P SMOKE DETECTOR ( ) OPERATIONAL ( ) MISSING

P FLOORS ( ) SOLID ( ) WEAK ( ) HOLES DAMAGED LOCATION _____

P DOORS ( ) OPERABLE ( ) DAMAGED

P WALLS ( ) SOLID ( ) STRUCTURALLY UNSOUND

P WINDOWS ( ) OPERABLE ( ) INOPERABLE

P PLUMBING FIXTURES ( ) OPERABLE ( ) INOPERABLE ( ) MISSING

P CEILING ( ) SOLID ( ) HOLES ( ) LEAKS APPARENT

P ELECTRICAL (FIXTURES/OUTLETS) ( ) OPERABLE ( ) EXPOSED WIRING ( ) OUTLET COVERS MISSING ( ) LIGHT FIXTURES MISSING

EXTERIOR:

P WALLS / SIDDING ( ) LOOSE SIDING ( ) STRUCTURALLY UNSOUND ( ) NOT WEATHERTIGHT ( ) NEEDS CLEANING

P WINDOWS ( ) CRACKED/ BROKEN GLASS ( ) SCREENS MISSING ( ) WEATHERTIGHT

P ROOF ( ) APPEARS SOLID ( ) DAMAGED

STATUS

APPROVED _____ WITH CONDITIONS: _____

NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE _____ ID NUMBER IH1128217 DATE _____

Columbia County Property Appraiser

Jeff Hampton

2021 Working Values
updated: 6/10/2021

Parcel: << **27-2S-16-01770-141 (5619)** >>

Owner & Property Info

Result: 1 of 1

Owner	**BAKER ERROL B** **MULLINS THAYLA D** 463 NW BAUGHN ST LAKE CITY, FL 32055		
Site	306 BAUGHN ST, LAKE CITY		
Description*	LOT 1 BLOCK B COUNTRY LANE ESTATES S/D. 835-453, WD 1397-1158, WD 1404-811,		
Area	5.01 AC	S/T/R	27-2S-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

2020 Certified Values		2021 Working Values	
Mkt Land	$23,037	Mkt Land	$40,000
Ag Land	$0	Ag Land	$0
Building	$0	Building	$0
XFOB	$0	XFOB	$0
Just	$23,037	Just	$40,000
Class	$0	Class	$0
Appraised	$23,037	Appraised	$40,000
SOH Cap [?]	$0	SOH Cap [?]	$0
Assessed	$23,037	Assessed	$40,000
Exempt	$0	Exempt	$0
Total Taxable	county:$23,037 city:$23,037 other:$23,037 school:$23,037	Total Taxable	county:$40,000 city:$0 other:$0 school:$40,000

Aerial Viewer Pictometery Google Maps

2019 2016 2013 2010 2007 2005 Sales

Sales History

Sale Date	Sale Price	Book/Page	Deed	V/I	Qualification (Codes)	RCode
1/15/2020	$46,000	1404/0811	WD	V	Q	01
10/11/2019	$17,000	1397/1158	WD	V	U	37
2/19/1997	$12,000	0835/0453	WD	V	Q	

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

Code	Desc	Units	Adjustments	Eff Rate	Land Value
0000	VAC RES (MKT)	1.000 LT (5.010 AC)	1.0000/1.0000 1.0000/ /	$40,000 /LT	$40,000

Search Result: 1 of 1

by: GrizzlyLogic.com

MANUFACTURING PLANT

NOBILITY HOMES
PO BOX 779
BELLEVIEW, FL 34421

COMPLIANCE CERTIFICA

9- 26-01 — FLA 713282-FLA

Date of Manufacture — HUD Label Numb

N8-10291AB — 36C2H(2)

Manufacturer's Serial Number and Model Unit Designat

HILBORN, WERNER, CARTER & ASSOC

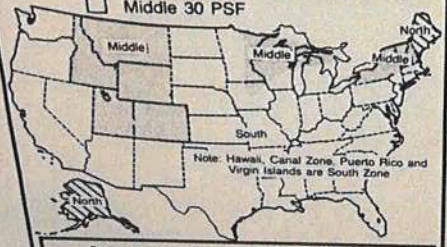
Design approval by (D.A.P.I.A.)

This manufactured home is designed to comply with the Federal Manufactured Home Construction and Safety Standards in force at the time of manufactu

STRUCTURAL DESIGN BASIS CERTIFICATE

ROOF LOAD ZONES

☐ North 40 PSF ☒ South 20 PSF
☐ Middle 30 PSF



Note: Hawaii, Canal Zone, Puerto Rico and Virgin Islands are South Zone

Equipment	Manufactuer	Model Designation
Clothes Washer		
Clothes Dryer		
Dishwasher	WHIRLPOOL	DU810SWKQO
Food Waste		
Water Heater	STATE	SCI-30-1HMSE
Smoke Detector	USI ELEC	USI 1213
Air Conditioning (_____) BTU/hr		
Comfort Heating (_____) BTU/hr		
Cooking Range	WHIRLPOOL	RF3020XKQ
Built-In Oven		
Counter-Top Cooking Unit		
Refrigerator	WHIRLPOOL	ET4WSKYKQO

WIND ZONES

☐ Zone I 15 PSF Horizontal & 9 PSF Uplift
☒ Zone II 100 mph.
☐ Zone III 110 mph
☐ Exposure D

NOTE: See Section 3280.305(c)(2) for areas included in each Wind Zone.

This home has ☐ has not ☒ (checked by manufacturer) been equipped with storm shutters or other protective coverings for windows and exterior door openings. For homes designed to be located in Wind Zones II and III, which have not been provided with shutters or equivalent covering devices, it is strongly recommended that the home be made ready to be equipped with these devices in accordance with the method recommended in the manufacturers printed instructions.

This home has ☐ has not ☒ been designed for the higher w pressures and anchoring provisions required for ocean/coastal areas should not be located within 1500' of the coastline in Wind Zones II a III, unless the home and its anchoring and foundation system have be designed for the increased requirements specified for Exposure D ANSI/ASCE 7-88.

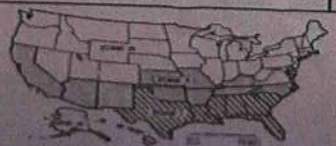
Answers to most questions regarding operation, installation, maintenance and design capabilities are fou propriate sections of the owner's maintenance and information manual and installation instructions furnished

If questions regarding the operation, maintenance, warranty or performance of this mobile home e dealer from whom it was purchased, the manufacturing plant listed above or:

HEATING AND COOLING DESIGN BASIS CERTIFICATE

COMFORT HEATING CERTIFICATE

COMFORT COOLING CE



STATE OF FLORIDA
COUNTY OF COLUMBIA

LAND OWNER AFFIDAVIT

This is to certify that I, (We), Thayla Mullins,
(State Corporation Name as it appears on the Property Appraisers Office website)
as the owner of the below described property:

Property tax Parcel ID number 27-2S-16-01770-141(5219)

Subdivision (Name, lot, Block, Phase) Country Lake Estates

Give my permission for Emol Baker to place a

Circle one - Mobile Home / Travel Trailer / Utility Pole Only / Single Family Home / or more — Barn – Shed – Garage / Culvert / Other _____

I (We) understand that the named person(s) above will be allowed to receive a building permit on the property number I (we) have listed above and this could result in an assessment for solid waste and fire protection services levied on this property.

_____ _____
Owner Signature Date

_____ 6/14/2021
Owner Signature Date

_____ _____
Owner Signature Date

Sworn to and subscribed before me this 14 day of June, 2021, by ____ physical presence or ____ online notarization and this (these) person(s) are personally known to me ✓ or produced ID Florida Drivers License.

Timini Lenora Jernigan Timini Lenora Jernigan
Notary Public Signature Notary Printed Name

Notary Stamp/

NOTARY PUBLIC STATE OF FLORIDA
TIMINI LENORA JERNIGAN
Commission # GG 234928
Expires July 4, 2022
Bonded Thru Budget Notary Services

Revised 5/21/2021