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

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

☐ Ellisville Water Sys ☐ Assessment _____ ☐ Out County ☐ In County ☐ Sub VF Form

Property ID # 16-4S-16-03037.002 Subdivision _____ Lot#____

- New Mobile Home_____ Used Mobile Home ✓ MH Size 1456 Year 2007
- Applicant Jamie Williams Phone # 386-288-7615
- Address 582 NW Yates Lp. Lake City, FL 32055
- Name of Property Owner Jamie Williams Phone# 386-288-7615
- 911 Address 241 SW Tamarack Lp
- Circle the correct power company - FL Power & Light - (Clay Electric)
  (Circle One) - Suwannee Valley Electric - Duke Energy
- Name of Owner of Mobile Home Debi Bennefield Phone # 386-288-1208
  Address 460 SW Silver Palm Dr, Lake City, FL 32024
- Relationship to Property Owner Friend/Boss
- Current Number of Dwellings on Property 0
- Lot Size 1.12 ac Total Acreage 1.12
- 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 yes
- Driving Directions to the Property SR 247, Right onto Upchurch, Left on Tamarack, Third property on right.
- Name of Licensed Dealer/Installer James Harris Phone # 904-253-9497
- Installers Address 9406 SW 137th St. Starke, FL 32091
- License Number IH / 1129595 Installation Decal # _____

Mobile Home Permit Worksheet

Application Number: _____ Date: _____

Installer : James Harris License # IH/1295 95

Address of home being installed _____

_____

Manufacturer _____ Length x width _____

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 # 73209

Triple/Quad ☐ Serial # _____

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 JFH

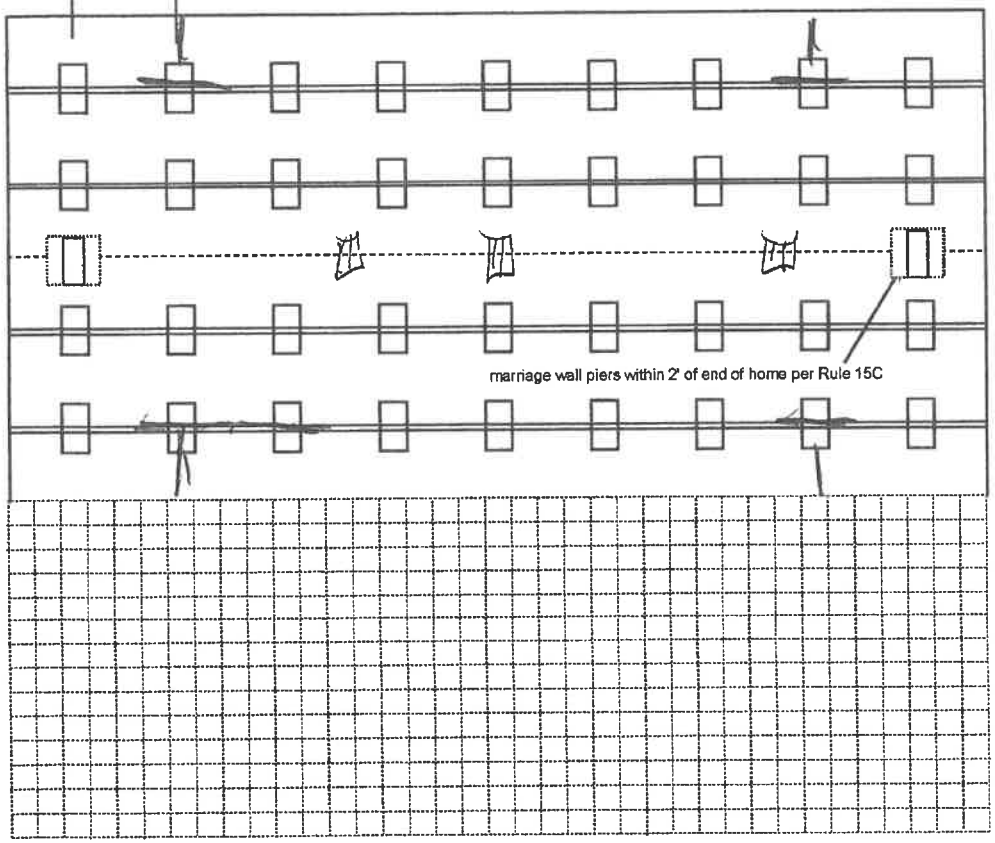
Typical pier spacing

2' 5 feet

lateral

longitudinal

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 2 17 1/2 x 25 1/2

Perimeter pier pad size 16 x 16

Other pier pad sizes (required by the mfg.) None

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
Kitchin	17 1/2 x 25 1/2
Living room	17 1/2 x 25 1/2

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

Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer

OTHER TIES

	Number
Sidewall	0
Longitudinal	4
Marriage wall	4
Shearwall	2

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 1700 X 1700 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 2000 X 1500 X 1500

TORQUE PROBE TEST

The results of the torque probe test is 295 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.

JFH Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name James Harris

Date Tested 8-19-2020

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 ✓

Water drainage: Natural _____ Swale ✓ Pad _____ Other _____.

Fastening multi wide units

Floor:	Type Fastener: Lags	Length: 6 in	Spacing: 24 in
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 (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 JFH

Type gasket foam

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 James Harris Date 8-19-2020

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 Jamie Williams Signature Jami Williams License #: Owner Phone #: 386-288-7615 Qualifier Form Attached ☐
MECHANICAL/ A/C _____	Print Name Jamie Williams Signature Jami Williams License #: Owner Phone #: 386-288-7615 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.

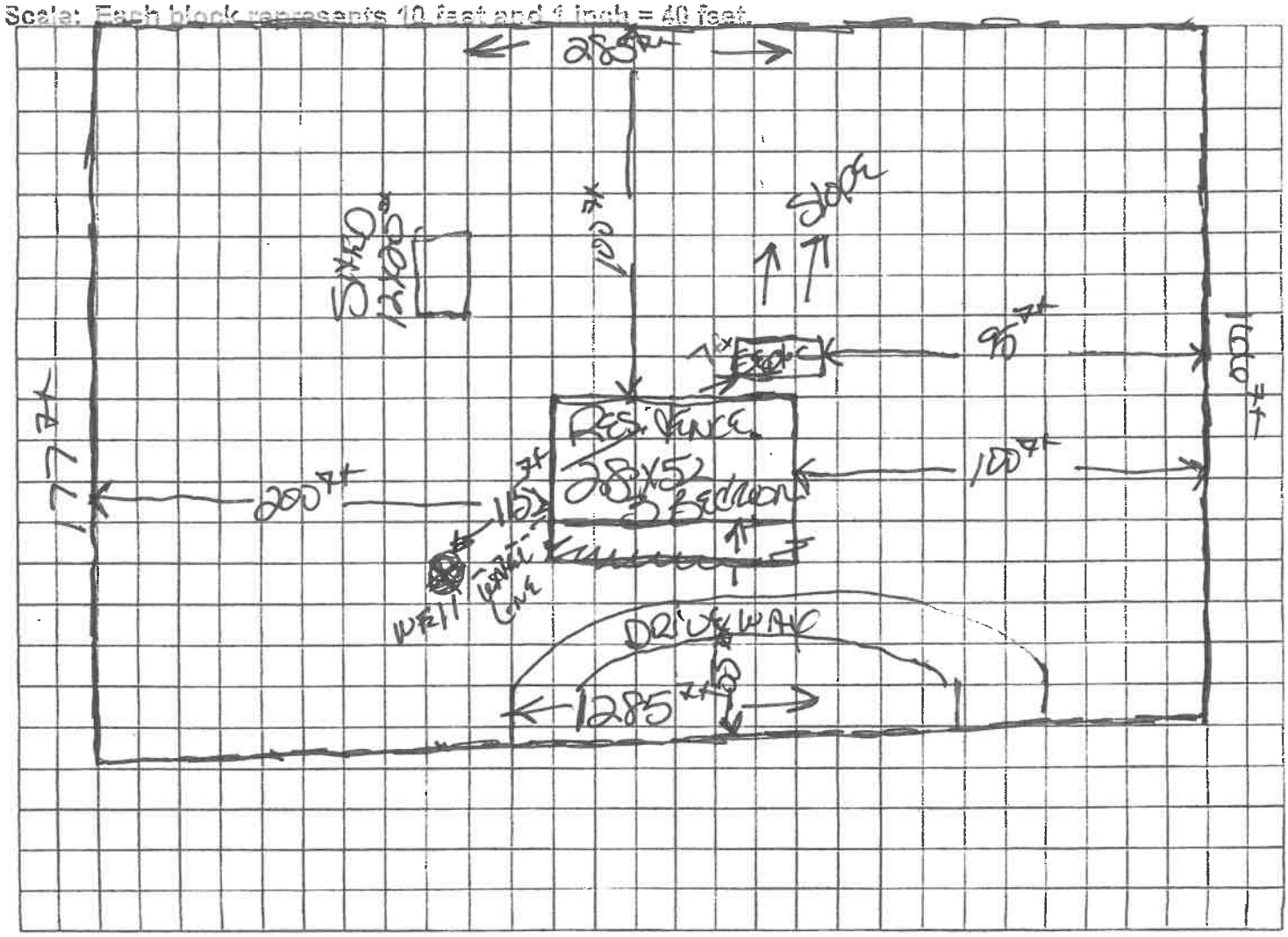
Revised 4/27/2017

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number_____

---------- PART II - SITEPLAN ----------

Scale: Each block represents 10 feet and 1 inch = 40 feet.



Notes: _____

Site Plan submitted by: Jamie Williams Owner TITLE DATE: 8-6-20

Plan Approved_____ Not Approved_____ Date_____

By_____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

CODE ENFORCEMENT

PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED _____ BY ____ IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? No

OWNERS NAME Debi Bennefield PHONE _____ CELL 288-1208

ADDRESS 582 NW Yates Lp. Lake City, FL 32055

MOBILE HOME PARK _____ SUBDIVISION _____

DRIVING DIRECTIONS TO MOBILE HOME Turner Road, left on Ash Dr, Right on 2nd Yates Lp. Second house on the left.

MOBILE HOME INSTALLER James Harris PHONE 904-253-9497 CELL 904-253-9497

MOBILE HOME INFORMATION

MAKE Destiny YEAR 2007 SIZE 28 X 52 COLOR Off White

SERIAL No. DISH027 80A (B)

WIND ZONE _____ 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 / SIDDING ( ) 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 _____

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 AGENT AUTHORIZATION

I James Harris (Installers Name) give this authority and I do certify that 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	Agents Company Name
Jamie Williams	Jamie Williams	

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.

James Harris
License Holders Signature (Notarized)

TH/1129595
License Number

8-19-20
Date

NOTARY INFORMATION:
STATE OF: Florida COUNTY OF: Bradford

The above license holder, whose name is James Harris, personally appeared before me and is known by me or has produced identification (type of I.D.) DL-H620446982040 on this 19 day of August, 2020.

NOTARY'S SIGNATURE

KAYLA FISHBURN
MY COMMISSION # GG 275311
EXPIRES: November 9, 2022
Seal/Stamp Notary Public Underwriters

For James Harris signature only

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

only. 241 S.W. Tamarack loop, lakecity, 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)
Jamie Williams	Jamie Williams	___ Agent ___ Officer X 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.

James Harris
License Holders Signature (Notarized)

IH/1129595 8-19-20
License Number Date

NOTARY INFORMATION:
STATE OF: Florida COUNTY OF: Bradford

The above license holder, whose name is James Harris
personally appeared before me and is known by me or has produced identification
(type of I.D.) DL-H620446820400 on this 14 day of August, 2020

NOTARY'S SIGNATURE

KAYLA FISHBURN
MY COMMISSION # GG 275311
EXPIRES: November 9, 2022
Seal/Stamp Notary Public Underwriters

for James Harris signature only

STATE OF FLORIDA
COUNTY OF COLUMBIA

LAND OWNER AFFIDAVIT

This is to certify that I, (We), Jamie Williams,

as the owner of the below described property:

Property tax Parcel ID number 16-4S-16-03037-002

Subdivision (Name, lot, Block, Phase) _____

Give my permission for James Harris to place a

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

☐ This is to allow a 2nd Mobile Home on the above listed property for a family member through Columbia County's Special Temporary Use provision.

Family Members Name _____

Relationship to Lessee _____

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.

Jami Williams
Owner Signature

8-19-20
Date

_____
Owner Signature

_____
Date

Sworn to and subscribed before me this 19 day of August, 2020. This

(These) person(s) are personally known to me or produced ID _____.
(Type)

Gracie Morton
Notary Public Signature

Gracie Morton
Notary Printed Name

Notary Stamp/

GRACIE MORTON
Notary Public
State of Florida
Comm# GG987884
Expires 6/24/2024