

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 _____
<input type="checkbox"/> Recorded Deed or <input type="checkbox"/> Property Appraiser PO <input type="checkbox"/> Site Plan <input type="checkbox"/> EH # _____ <input type="checkbox"/> Well letter OR <input type="checkbox"/> Existing well <input type="checkbox"/> Land Owner Affidavit <input type="checkbox"/> Installer Authorization <input type="checkbox"/> FW Comp. letter <input type="checkbox"/> App Fee Paid <input type="checkbox"/> DOT Approval <input type="checkbox"/> Parent Parcel # _____ <input type="checkbox"/> STUP-MH _____ <input type="checkbox"/> 911 App <input type="checkbox"/> Ellisville Water Sys <input type="checkbox"/> Assessment _____ <input type="checkbox"/> Out County <input type="checkbox"/> In County <input type="checkbox"/> Sub VF Form			

Property ID # 32-3S-16-02420-008 Subdivision NA Lot# NA

- New Mobile Home _____ Used Mobile Home X MH Size 24x66 Year 1989
- Applicant Wendy Grennell Phone # 386-984-6274
- Address 3104 SW Old Wire Road Fort White FL 32038
- Name of Property Owner Robert Monds Phone# 386 965-0558
- 911 Address 523 SW Birley Ave Lake City, FL
- Circle the correct power company - FL Power & Light - Clay Electric
 (Circle One) - Suwannee Valley Electric - Duke Energy
- Name of Owner of Mobile Home Robert Monds Phone # 386-965-0558
 Address 1614 NW Moore Road Lake City, FL 32055
- Relationship to Property Owner Same
- Current Number of Dwellings on Property 0
- Lot Size _____ Total Acreage 9.81
- 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 US Hwy 90 West to Birley Ave
turn (D) first drive past community center on (D)
follow back to end turn (L) enter property to
site on hill to the Right
- Name of Licensed Dealer/Installer Robert Sheppard Phone # 386-623-2203
- Installers Address _____
- License Number TH 1025386 Installation Decal # 86629

MONDS ROBERT
1614 NW MOORE
LAKE CITY, FL

2022

32-3S-16-02420-008

[illegible]

Inst: 200912013174 Date: 8/7/2009 Time: 10:26 AM
Doc Stamp-Deed: 276 50
DC, P DeWitt Cason, Columbia County Page 1 of 1 B: 1178 P: 1588

WARRANTY DEED

This Warranty Deed made and executed the 17th day of July A.D. 2009, by SUBRANDY LIMITED PARTNERSHIP, a Florida limited partnership, hereinafter called the grantor, to ROBERT ALLEN MONDS AND THERESA DAVIS MONDS, HIS WIFE, Whose post office address is 1614 NW MOORE ROAD, LAKE CITY, FL 32055, hereinafter called the grantee:

(Wherever used herein the terms "Grantor" and "Grantee" include all the parties to this instrument and the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporation)

Witneseth: That the grantor, for the consideration of the sum of \$ 10.00 and other valuable considerations, receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliens, remises, releases, conveys and confirms unto the grantee, all that certain land situate in Columbia County, Florida, viz

Lot 8, Moore Haven, a subdivision as recorded in Plat Book 6, Pages 198-199, Columbia County, Florida, subject to Deed Restrictions recorded in O.R. Book 857, Pages 655-656, Columbia County, Florida, and Subject to Power Line Easement.

N.B. Subject to a Corrective Grant of Easement recorded in O.R. Book 1151, Page 1293, Columbia County, Florida, described as follows:

A perpetual non-exclusive fishing and recreational easement over and across lands described as follows: A portion of Lot 8, Moore Haven Subdivision, a subdivision as recorded in Plat Book 6, Pages 198 & 199, Public Records of Columbia County, Florida, located in the SW corner of Lot 8, more particularly described as follows: For a POINT OF BEGINNING, begin at the SW corner of said Lot 8, and run thence N 88° 29'52" E along the South boundary of said Lot 8 a distance of 100 feet; thence N 01° 30'08" W a distance of 40 feet; thence S 88° 29'52" W a distance of 95 feet, more or less, to the West boundary of said Lot 8; thence S 05° 09'35" W along the West line of said Lot 8 a distance of 40 feet, more or less, to the SW corner of said Lot 8 and the POINT OF BEGINNING.

Together with all the tenements, hereditaments and appurtenances thereto belong or in any-wise appertaining.

To Have and to Hold, the same in fee simple forever.

And the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple: that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances, except taxes accruing subsequent to December 31, 2008.

In Witness Whereof, the said grantor has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in our presence:

Nanci Brinkley
Witness: Nanci Brinkley

Bradley N. Dicks
Bradley N. Dicks, General Partner
Subrandy Limited Partnership

W. Brian Brinkley
Witness: W. Brian Brinkley

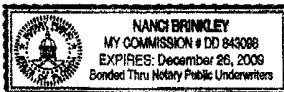
State of Florida
County of Columbia

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared Bradley N. Dicks, who is personally known to me to be the person described in and who executed the foregoing instrument, who was not required to furnish identification, and he acknowledged before me that he executed the same and who did not take an oath.

WITNESS my hand and official seal in the County and State last aforesaid this 17th day of July, A.D. 2009

Nanci Brinkley
Notary Public, State of Florida

This instrument prepared by: Bradley N. Dicks
Address: P.O. Box 513 Lake City, FL 32056



Hand-drawn site plan showing property boundaries, setbacks, and proposed structures. The plan includes a "Proposed 24 x 66 mlt" building, a "Proposed septic system" with three lines, and various setback dimensions: 210' on the top, 120' on the left, 103' on the bottom, and 83' on the right. A diagonal line indicates a 120' distance from the building to the right boundary.

A hand-drawn site plan of a property. The plan shows a large rectangular area with a smaller square structure inside. The dimensions are as follows:

- Left boundary: 504.37
- Top boundary: 983.82
- Right boundary: 307.33
- Bottom boundary: 1152.55
- Distance from left boundary to the square structure: 269'
- Distance from the square structure to the right boundary: 504'
- Distance from the top boundary to the square structure: 114'
- Distance from the square structure to the bottom boundary: 180'

Other features include:

- A well symbol (a circle with a cross) labeled "WELL" in the top right corner.
- A road or path labeled "To Burley" at the bottom left, with a curved line indicating a turn.

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 Robert Monds PHONE _____ CELL 386-965-0558

ADDRESS 523 SW Birley Rd Lake City FL

MOBILE HOME PARK _____ SUBDIVISION _____

DRIVING DIRECTIONS TO MOBILE HOME Bernie Thrift property - 5557 NW Falling Creek Rd
US 441 North to NW Lassie Black turn (L) to NW Falling
Creek Rd turn (R) to 5557 on (R) - mobile home sits to (L) of driveway

MOBILE HOME INSTALLER Robert Sheppard PHONE _____ CELL 386-623-2203

MOBILE HOME INFORMATION

MAKE Echo YEAR 1989 SIZE 24 x 66 COLOR Beige w/ Brown metal roof

SERIAL No. H4900GLAB

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 _____

District No. 1 - Ronald Williams
District No. 2 - Rocky Ford
District No. 3 - Robby Hollingsworth
District No. 4 - Toby Witt
District No. 5 - Tim Murphy

**BUILDING AND ZONING
DEPARTMENT**



BOARD OF COUNTY COMMISSIONERS • COLUMBIA COUNTY

**MOBILE HOME INSTALLER
OBLIGATION LETTER**

I, Robert Sheppard, of _____, license number
(Print Name) (Company Name)

IH 1025386, do hereby agree to affix the installation decal onto this manufactured home as required by law and provide a copy of this decal to the permitting authority.

I further understand that once these decals become available I must provide them to obtain any further permits in Columbia County, Florida.

Robert Sheppard
Signature - Licensed Mobile Home Installer

1-20-2022
Date

Job Information

Job Name: Monds

Location: 523 SW Birley Ave Lake City FL

Application or Permit #: _____

BOARD MEETS FIRST AND THIRD THURSDAY AT 5:30 P.M.

P.O. BOX 1529

LAKE CITY, FLORIDA 32056-1529

PHONE (386) 755-4100



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, Robert Sheppard 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
Wendy Grennell	Wendy Grennell	

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.

Robert Sheppard 1025386 1-20-2022
License Holders Signature (Notarized) License Number Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Robert Sheppard, personally appeared before me and is known by me or has produced identification (type of I.D.) _____ on this 20 day of January, 20 22.

Shirley M. Bennett
NOTARY'S SIGNATURE



Shirley M. Bennett
Notary Public
State of Florida
Comm# HH097095
Expires 2/24/2025



Shirley M. Bennett
Notary Public
State of Florida
Comm# HH097095
Expires 2/24/2025

Mobile Home Permit Worksheet

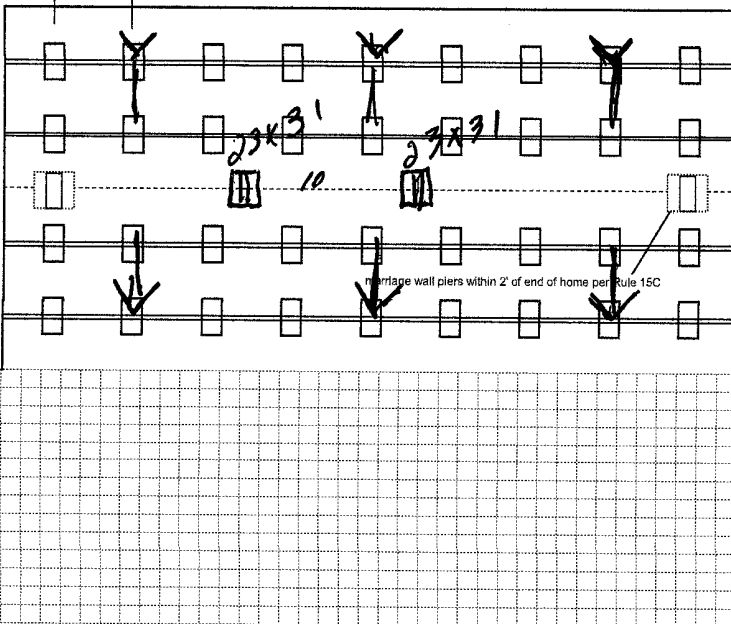
Installer: Robert Shepard License # 102536
 Address of home being installed 523 SW Birley Ave
Lake City FL
 Manufacturer Echo Length x width 66x24

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 RS

Typical pier spacing

2' 5' lateral longitudinal
 Show locations of Longitudinal and Lateral Systems
 (use dark lines to show these locations)



Application Number: _____ Date: _____

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 # 86629
 Triple/Quad ☐ Serial # H4900BL AB

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 12x25
 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 1 Pier pad size 23x31

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 OTI
 Longitudinal Stabilizing Device w/ Lateral Arms
 Manufacturer OTI

OTHER TIES

Number
 Sidewall 30
 Longitudinal 2
 Marriage wall 2
 Shearwall _____

Mobile Home Permit Worksheet

POCKET PENETROMETER TEST

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

x 1 x 1 x 1

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 1 x 1 x 1

TORQUE PROBE TEST

The results of the torque probe test is _____ 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 require anchors with 4000 lb. holding capacity.

RS Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Robert Sheppard
Date Tested 1-20-22

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. _____

Application Number: _____ Date: _____

Site Preparation

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

Fastening multi wide units

Floor: Type Fastener: lss Length: 6" Spacing: 24"
Walls: Type Fastener: sew Length: 12 Spacing: 12" oc
Roof: Type Fastener: 3/16" Length: Flash 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, 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 RS

Type gasket
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 NA

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 Robert Sheppard Date 1-20-22

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____ JOB NAME Monds

THIS FORM MUST BE SUBMITTED BEFORE A PERMIT WILL BE ISSUED

Columbia County issues combination permits. 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 general contractors permit.

NOTE: It shall be the responsibility of the general contractor to make sure that all of the subcontractors are licensed with the Columbia County Building Department.

Use website to confirm licenses: <http://www.columbiacountyfla.com/PermitSearch/ContractorSearch.aspx>

NOTE: If this should change prior to completion of the project, it is your responsibility to have a corrected form submitted to our office, before that work has begun.

Violations will result in stop work orders and/or fines.

ELECTRICAL <input type="checkbox"/>	Print Name <u>Robert Monds</u> Signature <u><i>Rob M</i></u> Company Name: <u>Owner</u> CC# _____ License #: _____ Phone #: <u>386-965-0558</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
MECHANICAL/A/C <input type="checkbox"/>	Print Name <u>Robert Monds</u> Signature <u><i>Rob M</i></u> Company Name: <u>Owner</u> CC# _____ License #: _____ Phone #: <u>386-965-0558</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
PLUMBING/GAS <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
ROOFING <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SHEET METAL <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
FIRE SYSTEM/SPRINKLER <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SOLAR <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
STATE SPECIALTY <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE