

Good afternoon Troy,

I am submitting two mobile home packets for used homes. One is for Leslie Earl Peeler and one is for Hunter Peeler. When I met with Mr Peeler, he said you two have spoken, you are aware of the situation and that he is doing his own inspection that I don't need to submit the documents for that or pay for the pre-inspections.

He said you can give him a call if there was any issues. 386-623-4914

Thank you

Sonya North

863-517-5701

**PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION**

<i>For Office Use Only</i> (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			

Part of 6

Property ID # 11-LES-16-03815-106 Subdivision Cardinal Farms Lot# \_\_\_\_\_

- New Mobile Home \_\_\_\_\_ Used Mobile Home ☒ MH Size 32x74 Year 2013
- Applicant Sonya North Phone # 863-517-5701
- Address 3311 SW State Rd 247 Lake City FL 32024
- Name of Property Owner Leslie Earl Peeler Phone# 386-623-4914
- 911 Address SW old wire Rd Ford White FL
- Circle the correct power company - FL Power & Light - Clay Electric  
 (Circle One) - Suwannee Valley Electric - Duke Energy
- Name of Owner of Mobile Home Leslie Earl Peeler Phone # 386-623-4914  
 Address PO Box 2238 Lake City FL 32056
- Relationship to Property Owner \_\_\_\_\_
- Current Number of Dwellings on Property 1 - will only be this one
- Lot Size \_\_\_\_\_ Total Acreage 5.01
- 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 \_\_\_\_\_

Email Address for Applicant: provisionpermitting@gmail.com

- Name of Licensed Dealer/Installer Rusty Knowles Phone # 386-397-0886
- Installers Address 5801 SW SR 47 Lake City FL 32024
- License Number TH1038219 Installation Decal # 103189



MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER \_\_\_\_\_

CONTRACTOR

Rusty Knowles PHONE 386-397-0886

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>Marcus Matthews</u> License #: <u>EC13005459</u> Qualifier Form Attached <input type="checkbox"/>	Signature <u>Ma Matthews</u> Phone #: <u>386-344-2029</u>
MECHANICAL/ A/C _____	Print Name _____ License #: _____ Qualifier Form Attached <input type="checkbox"/>	Signature _____ Phone #: _____

**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.

## MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER \_\_\_\_\_ CONTRACTOR Rusty Knowles PHONE 386-397-0886

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.

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<b>ELECTRICAL</b>	<p>Print Name _____ Signature _____</p> <p>License #: _____ Phone #: _____</p> <p>Qualifier Form Attached <input type="checkbox"/></p>
<b>MECHANICAL/ A/C _____</b>	<p>Print Name <u>Harry Moseler</u> Signature <u>Harry Moseler</u></p> <p>License #: <u>RA0030316</u> Phone #: <u>386-2889300</u></p> <p>Qualifier Form Attached <input type="checkbox"/></p>

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**Columbia County Fla. 911 Addressing  
911 Address Application #62160**



*Peeler*

**APPLICANT:** LESLIE EARL PEELET

**PHONE:** 3866234914

**EMAIL:** PROVISIONPERMITTING@GMAIL.COM

**PARCEL ID:** 11-6S-16-03815-106

**SUBDIVISION:** CARDINAL FARMS UNR

**LOT:** 6

**BLOCK:**

**PHASE:**

**UNIT:**

**IS THIS 911 ADDRESS REQUESTED FOR SELF OR IS IT  
BEING REQUESTED FOR A COMPANY?:**

Requested for Self

**THIS ADDRESS IS FOR A::**

Habitable structure (family home,  
business, etc.)







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, Rusty Knowles, give this authority and I do certify that the below  
Installers Name

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
Soupa North	Soupa North	

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.

[Signature] License Holders Signature (Notarized) 7410229 License Number 8-7-23 Date

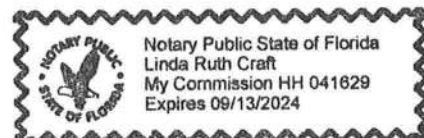
NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

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 7th day of August, 2023.

Linda Ruth Craft  
NOTARY'S SIGNATURE

(Seal/Stamp)





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

only, Sw old wire Rd Fort White, 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)
<u>Sonja North</u>	<u>Sonja North</u>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner

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[Signature] License Holders Signature (Notarized) 14-1038219 License Number 8-7-23 Date

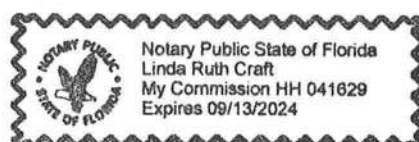
NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

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 7th day of August, 2023.

Linda Ruth Craft  
NOTARY'S SIGNATURE

(Seal/Stamp)





# Mobile Home Permit Worksheet

Double wide

Application Number: \_\_\_\_\_

Date: \_\_\_\_\_

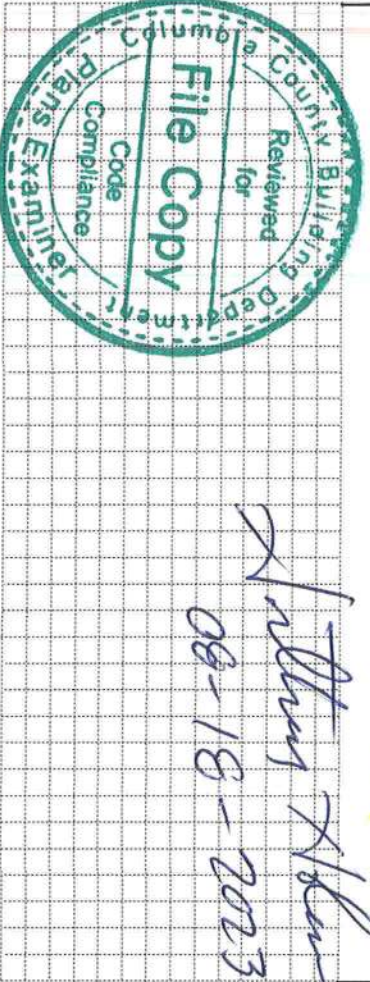
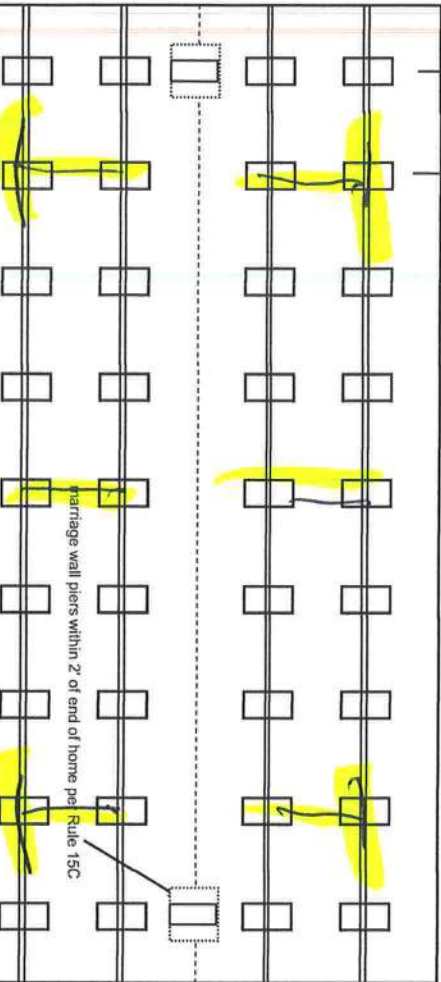
Installer: Rusty Knowles License # ETH1038219

Address of home being installed East White Fl Sw Old Wire Rd

Manufacturer CAVALIER Length x width 76 x 32

**NOTE:** If home is a single wide fill out one half of the blocking plan  
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 RLK



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 # 103189

Triple/Quad ☐ Serial # 9830

## PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	Footer size (256)	18 1/2" x 18 (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 23 1/4 x 31 1/4  
Perimeter pier pad size 16x16  
Other pier pad sizes (required by the mfg.) 16x16

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 15'4" Pier pad size 24x24

## TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)  
Manufacturer \_\_\_\_\_  
Longitudinal Stabilizing Device w/ Lateral Arms  
Manufacturer Oliver Tech

## 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

## FRAME TIES

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

## OTHER TIES

Sidewall Longitudinal Marriage wall Shearwall  
Number 34  
34  
34  
34



# 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 ✓ 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 NA 110 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.

PKC Installer's Initials

### ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Rachel Knudsen

Date Tested

8-7-23

### 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. 15C-1

### Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 15C-1

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 15C-1

### Site Preparation

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

### Fastening multi wide units

Roof: \_\_\_\_\_  
Type Fastener: lugs Length: 6" Spacing: 20"  
Type Fastener: lugs Length: 4" Spacing: 14"  
Type Fastener: lugs Length: 6" Spacing: 14"  
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

PKC

Type gasket Cell foam  
Pg. 15C-1

Installed:

Between Floors Yes ✓  
Between Walls Yes ✓  
Bottom of ridgebeam Yes ✓

### Weatherproofing

The bottomboard will be repaired and/or taped. Yes ✓ Pg. 15C-1  
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

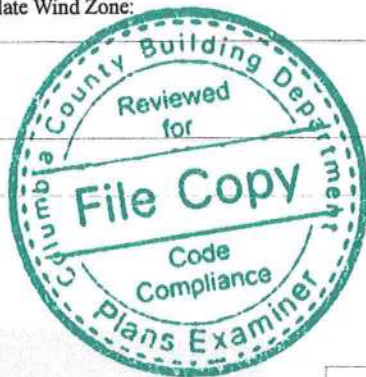
[Signature]

Date

8-7-23

License Number: IH / 1038219 / 1 Name: RUSTY L. KNOWLES

Order #: 5930	Label #: 103189	Manufacturer:	(Check Size of Home)
Homeowner:		Year Model:	Single _____
Address:		Length & Width:	Double _____
			Triple _____
City/State/Zip:		Type Longitudinal System:	HUD Label #:
Phone #:		Type Lateral Arm System:	Soil Bearing / PSF:
Date Installed:		New Home: _____ Used Home: _____	Torque Probe / in-lbs:
Installed Wind Zone:		Data Plate Wind Zone:	Permit #:
Note:			



STATE OF FLORIDA  
INSTALLATION CERTIFICATION LABEL

103189

LABEL #

DATE OF INSTALLATION

RUSTY L. KNOWLES

NAME

IH / 1038219 / 1

5930

LICENSE #

ORDER #

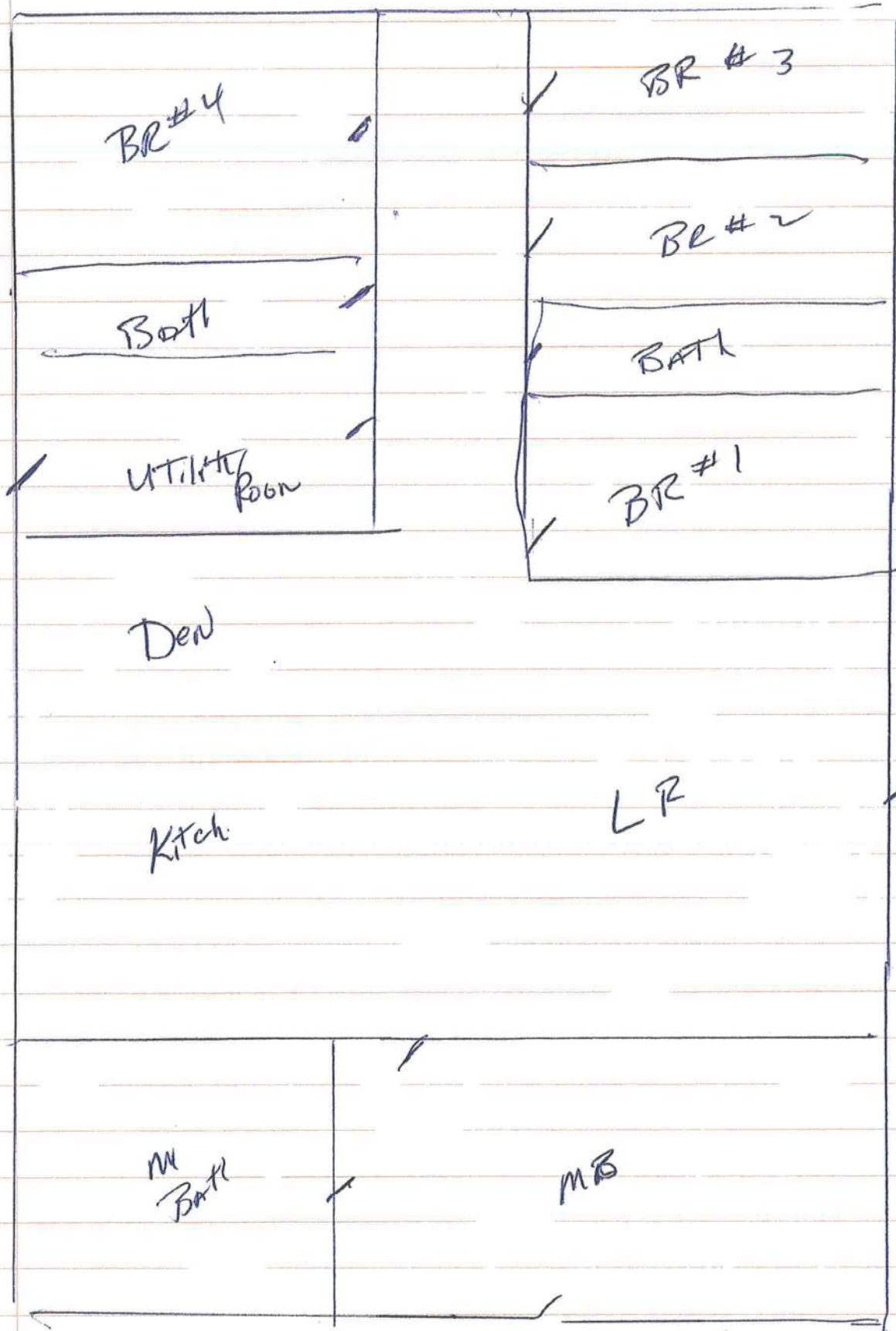
CERTIFIES THAT THE INSTALLATION OF THIS MOBILE HOME IS  
IN ACCORDANCE WITH FLORIDA STATUTES 320.8249, 320.8325  
AND RULES OF THE HIGHWAY SAFETY AND MOTOR VEHICLES.

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.



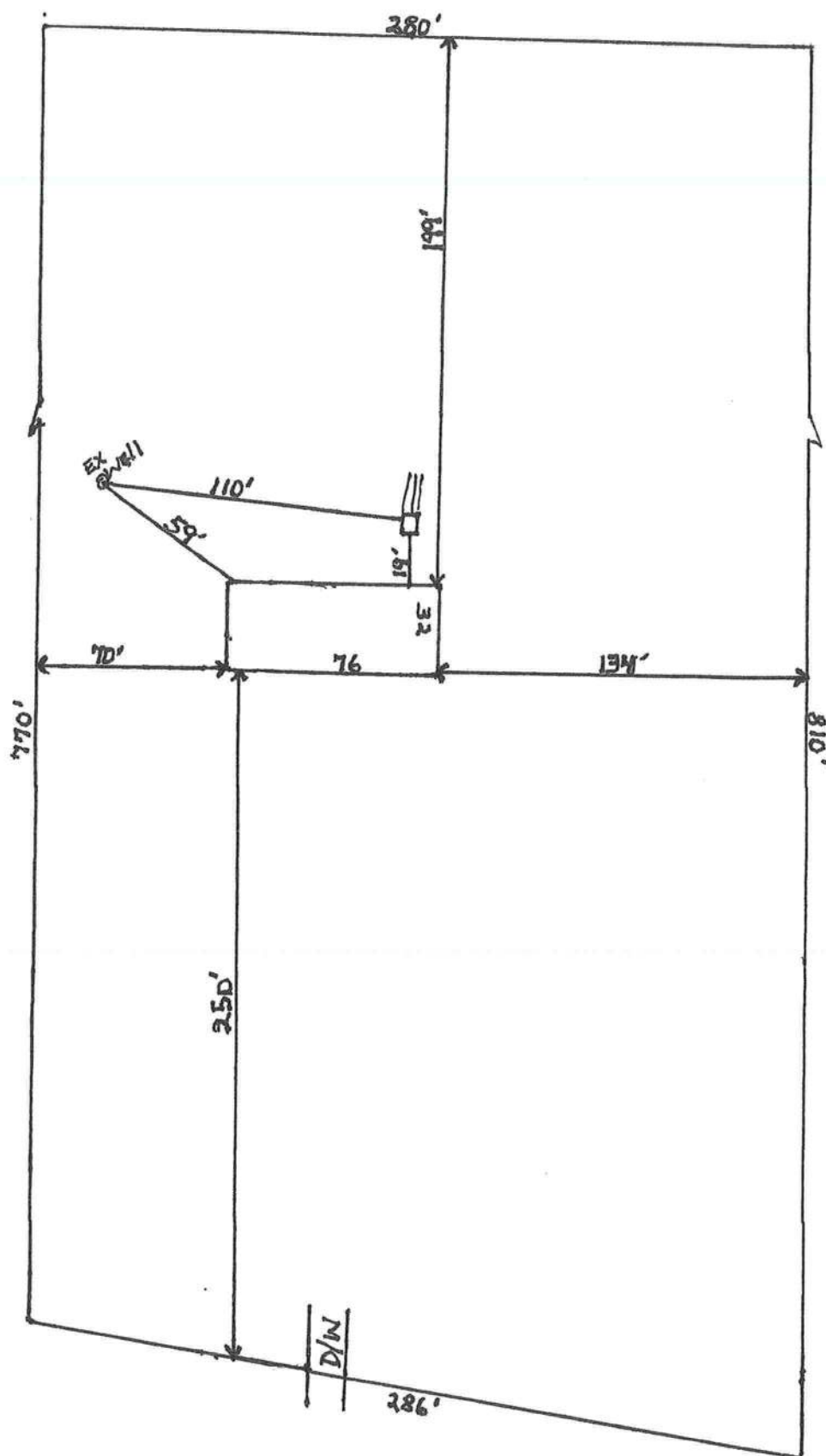
32x74





1" = 60'

300'



SW Old Wire

Peeler