



Mobile Home Permit Worksheet

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to _____ 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.

Assumed 1000

X _____ X _____ X _____

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' anchors.

Note: A state approved lateral arm system is being used and 4 ft. anchors are allowed at the sidewall locations. 1 understand 5' 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.

Installer's initials DH

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Dale Houston

Date Tested _____

_____ ELECTRICAL _____

_____ PLUMBING _____

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between multi-wide units. Pg. 69

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 68

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 67

Permit Number: _____ Date: _____

Site Preparation

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

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 (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 _____

Type gasket: N/A
Pg. _____

Installed:

Between Floors: N/A Yes _____ No _____

Between Walls: N/A Yes _____ No _____

Bottom of ridge beam: N/A Yes _____ No _____

Weatherproofing

The bottom board will be repaired and/or taped: _____ Yes No _____ Pg. 112

Siding on units is installed to manufacturer's specifications: _____ Yes _____ No _____

Fireplace chimney installed so as not to allow intrusion of rain water: _____ Yes No _____

Miscellaneous

Skirting to be installed: _____	Yes _____	No _____	N/A _____
Dryer vent installed outside of skirting: _____	Yes <input checked="" type="checkbox"/>	No _____	N/A _____
Range downflow vent installed outside of skirting: _____	Yes _____	No _____	N/A _____
Drain lines supported at 4' intervals: _____	Yes <input checked="" type="checkbox"/>	No _____	N/A _____
Electrical crossovers protected: _____	Yes _____	No _____	N/A <input checked="" type="checkbox"/>
Other: _____	Yes _____	No _____	N/A _____

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's Signature Dale Houston Date 1/22/2026

License Number: IH / 1133271 / 1 Name: DALE HOUSTON

Order # : 6743	Label # : 123582	Homeowner	MALVA
Address	294 SW BOUNDARY WAY	City/State/Zip	PORT WORTH FL.
Phone #	254-273-1691	Date Installed	1/20/26
Installed Wind Zone:		New Home	<input checked="" type="checkbox"/>
		Used Home	<input type="checkbox"/>
Manufacturer	CLAYTON	Year Model	2026
		Length & Width	76 x 16
		Type Longitudinal System:	
		Type Lateral Arm System:	
(Check Size of Home)		Single	<input checked="" type="checkbox"/>
		Double	<input type="checkbox"/>
		Triple	<input type="checkbox"/>
HUD Label #		Soil Bearing / PSF	
Permit #		Torque Probe / in-lbs	

Note:

STATE OF FLORIDA
INSTALLATION CERTIFICATION LABEL

123582
DATE OF INSTALLATION 1/20/26

LABEL # DATE OF INSTALLATION

NAME IH / 1133271 / 1 6743

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. PROVIDE COPIES WHEN REQUESTED.



Columbia County Building Department
 126 NE Hernando Ave, Suite B-21
 Lake City, FL 32055
 Phone: 386.758.1008

Please email request to bidinfo@columbiacountyfla.com

Change of General Contractor Request

FOR OFFICIAL USE ONLY
DATE RECEIVED
APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/>
COMPLETED CHANGE <input type="checkbox"/> YES <input type="checkbox"/>
DATE PROCESSED
PROCESSED BY
NOTES

*Note: If the property owner will now be acting as Owner-Builder, please check below and attach an Owner Disclosure Statement.
 The Owner will now be acting as Owner-Builder:

Reason for Change:

Important Information & Requirements

- This form must be fully completed and notarized by all parties as indicated below.
 - A new building permit application must be submitted with the new contractor's notarized signature.
 - Updated plans may be required depending on the scope of work and current permit status.
 - Licensing and insurance documentation for the new contractor is required.
 - If the original contractor's signature cannot be obtained, the property owner must submit a notarized letter affirming that the contractor has been terminated.
 - Depending on the circumstances, a new permit may be required.
- Hold harmless, acknowledge, and indemnify**
 The undersigned agree to indemnify and hold harmless the Columbia County Building Department, its officers, agents, and employees from any claim, action, or liability arising out of or related to this Change of Contractor.

Signatures (All must be notarized)

Property Owner:
 Printed Name: Melina Sasha Conner
 Signature: Melina Sasha Conner
 Date: 1/21/26

The foregoing instrument was acknowledged before me, by means of physical presence or online notarization, this 21st day of January, 2026, by Sasha Melina, who is personally known to me or has provided the following identification:

Notary Printed Name: Paula Dupree
 Notary Signature: Paula Dupree
 State: FL
 County: Columbia

Original Contractor:
 Printed Name: Don Hardin
 Signature: Don Hardin
 Date: 1/21/26

The foregoing instrument was acknowledged before me, by means of physical presence or online notarization, this 21st day of January, 2026, by Don Hardin, who is personally known to me or has provided the following identification:

Notary Printed Name: Paula Dupree
 Notary Signature: Paula Dupree
 State: FL
 County: Columbia

New Contractor:
 Printed Name: Don Hardin
 Signature: Don Hardin
 Date: 1/21/26

The foregoing instrument was acknowledged before me, by means of physical presence or online notarization, this 21st day of January, 2026, by Don Hardin, who is personally known to me or has provided the following identification:

Notary Printed Name: Paula Dupree
 Notary Signature: Paula Dupree
 State: FL
 County: Columbia

New Contractor:
 Printed Name: Don Hardin
 Signature: Don Hardin
 Date: 1/21/26

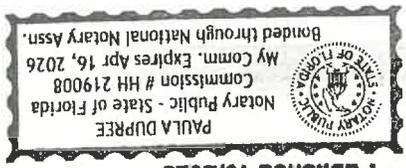
The foregoing instrument was acknowledged before me, by means of physical presence or online notarization, this 21st day of January, 2026, by Don Hardin, who is personally known to me or has provided the following identification:

Notary Printed Name: Paula Dupree
 Notary Signature: Paula Dupree
 State: FL
 County: Columbia

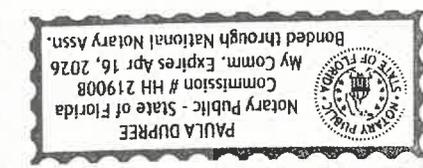
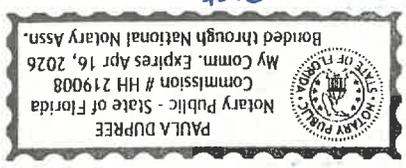
New Contractor:
 Printed Name: Paula Dupree
 Signature: Paula Dupree
 Date: 1/21/26

The foregoing instrument was acknowledged before me, by means of physical presence or online notarization, this 21st day of January, 2026, by Paula Dupree, who is personally known to me or has provided the following identification:

Notary Printed Name: Paula Dupree
 Notary Signature: Paula Dupree
 State: FL
 County: Columbia



Published 10/2025



Clayton30: Foundation Plan Summary

Order Number: N/A
 Model Number: 004-TR19167004 ASPEN
 Home Building Footing: 808

Home Width: 48 FT 0 IN
 Home Length: 78 FT 0 IN
 Outigger Length (O.P.): 40.25 IN
 Grade Spacing: 84.8 IN

Roof Load: 20 psf
 Soil Bearing Cap: 1500 psf
 Min. Beam Size: 12 IN
 Calculated Beam Overhang: 6 IN

Pier Configuration: Single stacked
 Footer Size: 8 IN x 10 IN x 8 IN
 10 IN x 10 IN x 8 IN

TABLE 1: WALL PIERING
 Pier Spacing: TYP. 6 FT 0 IN
 Pier Configuration: Single stacked
 Footer Size: 20 IN x 24 IN x 8 IN
 20 IN x 24 IN x 8 IN

TABLE 2: EXTENSION PIERS
 Pier ID: L1, L2
 R1, R2
 (Table 5)

Use the QR Code to access DDP/A approved plans referenced within the design. Have your phone camera over the code. For Android and other devices, download a QR Code reader. Questions? Email info@claytonbuilt.com

