PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 12/2023) Zoning Official_____ Building Official_____

AP# 165520 Date Received_____ By EW 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 #_____

☐ Land Owner Affidavit ☐ Installer Authorization ☐ FW Comp. letter ☐ App Fee Paid ☐ 911 App

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

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

*This page not required if Online Submission

Property ID # 21-4S-17-08631-004 Subdivision _____ Lot#____

- New Mobile Home_____ Used Mobile Home ✓ MH Size 32x80 Year 2000
- Applicant Damarquis Williams Phone # 386 965 7955
- Address 427 NW credo way lake city Fl
- Name of Property Owner Rosalinda Caballero Phone# 386 965 7240
- 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 Rosalinda Caballero Phone # 386 965 7240
  Address 226 NW Whitley Glen lake city Fl
- Relationship to Property Owner Customer
- Current Number of Dwellings on Property 0
- Lot Size_____ Total Acreage 10.55 AC
- 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 ✓ No
- Name of Licensed Dealer/Installer IH1128217 Phone # 386 965 7955
- Installers Address 427 NW credo way lake City Fl
- License Number: IH1128217 Installation Decal # 96582

Is the mobile home currently located in Columbia County? Yes ☐ No ☑ (Only required for used homes)

Applicant Email Address: Damarquiswilliams@yahoo.com

(This is where application updates will be sent)

Mobile Home Permit Worksheet

Application Number: _____ Date: _____

Installer : Damarquis Wilson License # JH1128217

Address of home being installed [redacted] Race Track Road

Manufacturer Homes of Merit Length x width [redacted] 32x80

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 # 96582

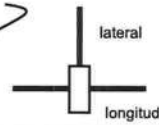
Triple/Quad ☐ Serial # FLHML3B3597222958A B

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

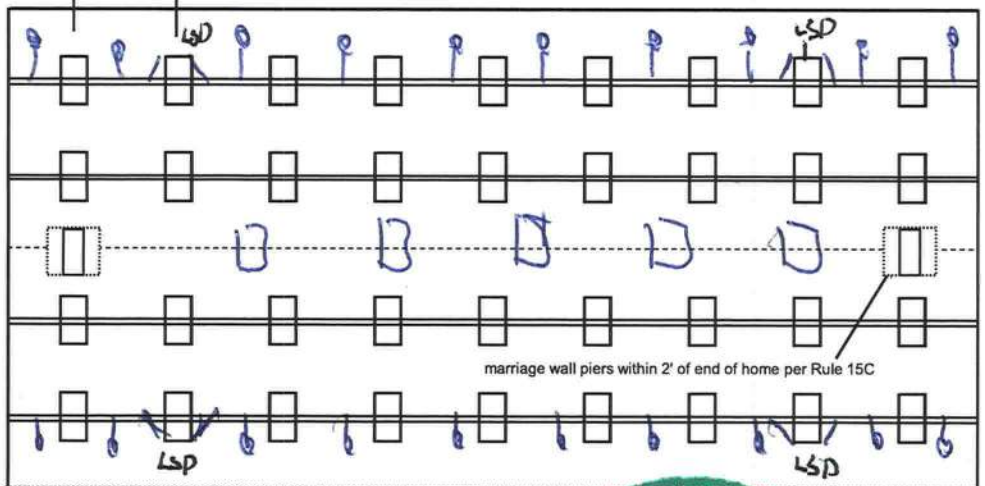
I understand Lateral Arm Systems cannot be used on any home (new or used) where the sidewall ties exceed 5 ft 4 in.

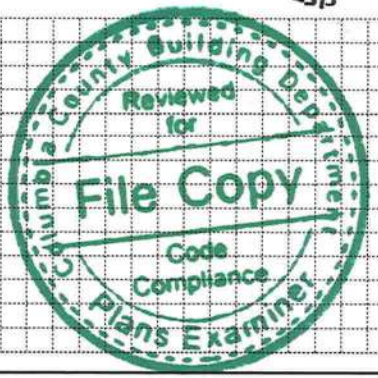
Installer's initials _____

Typical pier spacing 2' 6'



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 17x25

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	Pier pad size

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

Columbia County Building Department — Reviewed for — File Copy — Code Compliance — Plans Examiner

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.

2500 Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Donna

Date Tested _____

Site Preparation

Debris and organic material removed 90% .
Water drainage: Natural Swale (Pad) Other .

Fastening multi wide units

Floor:	Type Fastener:	6d	Length:	6in	Spacing: 24in
Walls:	Type Fastener:	Lags	Length:	6in	Spacing: 24in
Roof:	Type Fastener:	Lags	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
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 : _____

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. _____

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 4/25/24

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 Rosalinda Caballero Signature Rosalinda Caballero License #: _____ Phone #: _____ Company Name: _____ ☐ Qualifier Form Attached
MECHANICAL/ A/C _____	Print Name Rosalinda Caballero Signature Rosalinda Caballero License #: _____ Phone #: _____ Company Name: _____ ☐ 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

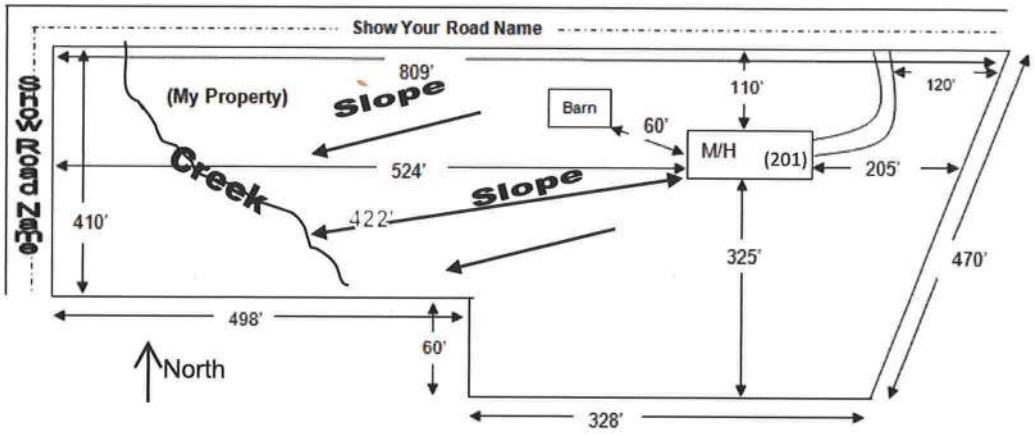
SITE PLAN CHECKLIST

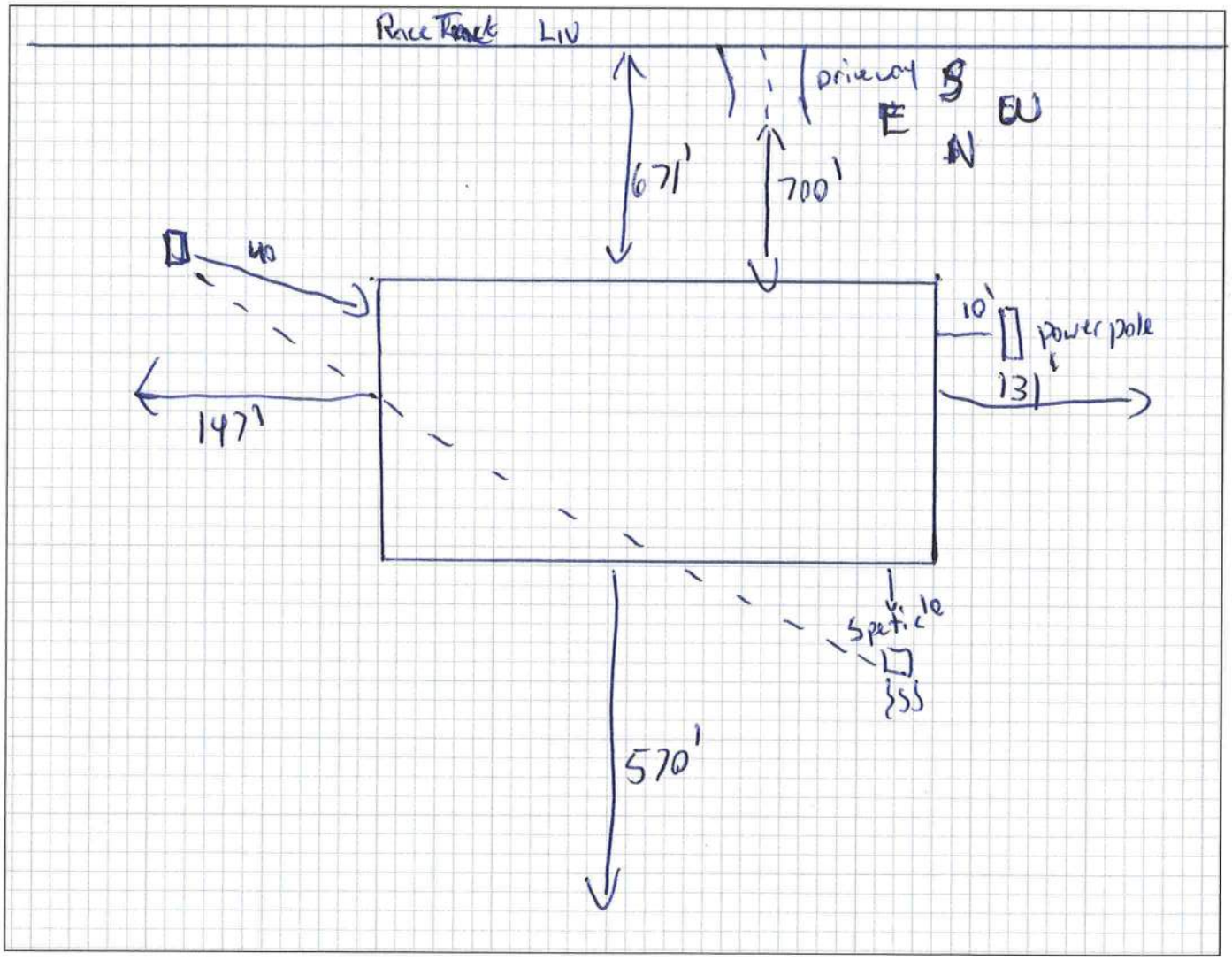
___1) Property Dimensions
___2) Footprint of proposed and existing structures (including decks), label these with existing addresses
___3) Distance from structures to all property lines
___4) Location and size of easements
___5) Driveway path and distance at the entrance to the nearest property line
___6) Location and distance from any waters; sink holes; wetlands; and etc.
___7) Show slopes and or drainage paths
___8) Arrow showing North direction

SITE PLAN EXAMPLE

Revised 7/1/15

NOTE:
This site plan can be copied and used with the 911 Addressing Dept. application forms.





License Number: IH / 1128217 / 1 Name: DAMARQUIS A. WILLIAMS		
Order #: 5675 Label #: 96575	Manufacturer:	(Check Size of Home) Single ____ Double ____ Triple ____
Homeowner:	Year Model:	
Address:	Length & Width:	
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

96575
LABEL # DATE OF INSTALLATION

DAMARQUIS A. WILLIAMS
NAME

IH / 1128217 / 1 5675
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.