

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only

(Revised 7-1-15)

Zoning Official _____

Building Official _____

AP# 48476

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 # ROL500-000

Subdivision Capalla Mobile Home Park

Lot# _____

- New Mobile Home _____ Used Mobile Home ☒ MH Size 28x64 Year 1999
- Applicant Dana Capalla Phone # 904-718-1371
- Address 112 SW Capalla Blvd Lake City FL 32024
- Name of Property Owner Dana Capalla Phone# 904-718-1371
- 911 Address 199 NE James Ave Lake City FL 32055
- Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Duke Energy
- Name of Owner of Mobile Home Dana Capalla Phone # 904-718-1371
Address 199 NE James Ave Lake City FL 32055
- Relationship to Property Owner Self
- Current Number of Dwellings on Property 12
- Lot Size Please Refer to ROL500-000 Total Acreage _____
- 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 Yes
- Driving Directions to the Property go 90 east past Cant house
pass Save a Lot favel Store 2nd Street
after Greens Maine make Left go to last
driveway on Right home to immediate left
- Name of Licensed Dealer/Installer Andrey Carmichael Phone # 904-364-6383
- Installers Address 13188 SW 83rd AVE Starke FL 32091
- License Number 1H10251656 Installation Decal # 76249

CODE ENFORCEMENT DEPARTMENT
COLUMBIA COUNTY, FLORIDA
OUT OF COUNTY MOBILE HOME INSPECTION REPORT

COUNTY THE MOBILE HOME IS BEING MOVED FROM Bradford
OWNERS NAME Dana Capallia PHONE 904-718-1371 CELL " "
INSTALLER Rodney Carmichael PHONE 904-364-6383 CELL " "
INSTALLERS ADDRESS 13188 SW 83rd Ave Starke FL 32091

MOBILE HOME INFORMATION

MAKE Skyline YEAR 1999 SIZE 28 X 64
COLOR Cream SERIAL No. 846204781A
WIND ZONE 2 SMOKE DETECTOR good

INTERIOR:
FLOORS solid
DOORS operation
WALLS good
CABINETS good
ELECTRICAL (FIXTURES/OUTLETS) working order

EXTERIOR:
WALLS / SIDING good
WINDOWS good
DOORS good operation
INSTALLER: APPROVED ✓ NOT APPROVED _____

INSTALLER OR INSPECTORS PRINTED NAME Rodney Carmichael
Installer/Inspector Signature [Signature] License No. 74102566 Date 2-2-21
NOTES: Nice home

ONLY THE ACTUAL LICENSE HOLDER OR A BUILDING INSPECTOR CAN SIGN THIS FORM.

NO WIND ZONE ONE MOBILE HOMES WILL BE PERMITTED. MOBILE HOMES PRIOR TO 1977 ARE PRE-HUD AND THE WIND ZONE MUST BE PROVEN TO BE PERMITTED.

BEFORE THE MOBILE HOME CAN BE MOVED INTO COLUMBIA COUNTY THIS FORM MUST BE COMPLETED AND RETURNED TO THE COLUMBIA COUNTY BUILDING DEPARTMENT.

ONCE MOVED INTO COLUMBIA COUNTY AN INSPECTOR MUST COMPLETE A PRELIMINARY INSPECTION ON THE MOBILE HOME. CALL 386-758-1008 TO SET UP THIS INSPECTION. NO PERMIT WILL BE ISSUED BEFORE THIS IS DONE.

Code Enforcement Approval Signature _____ Date _____

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 2-2-21 BY PC IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? no

OWNERS NAME Dane Capilla PHONE _____ CELL _____

ADDRESS _____

MOBILE HOME PARK _____ SUBDIVISION _____

DRIVING DIRECTIONS TO MOBILE HOME _____

MOBILE HOME INSTALLER Rodney Carmichael PHONE 904-364-6383 CELL same

MOBILE HOME INFORMATION

MAKE Skyline YEAR 1999 SIZE 28 X 64 COLOR _____

SERIAL No. 04PC24665 A2B

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

P SMOKE DETECTOR ☒ OPERATIONAL () MISSING

P FLOORS ☒ SOLID () WEAK () HOLES DAMAGED LOCATION _____

P DOORS ☒ OPERABLE () DAMAGED

P WALLS ☒ SOLID () STRUCTURALLY UNSOUND

P WINDOWS ☒ OPERABLE () INOPERABLE

P PLUMBING FIXTURES ☒ OPERABLE () INOPERABLE () MISSING

P CEILING ☒ SOLID () HOLES () LEAKS APPARENT

P ELECTRICAL (FIXTURES/OUTLETS) ☒ OPERABLE () EXPOSED WIRING () OUTLET COVERS MISSING () LIGHT FIXTURES MISSING

EXTERIOR:

P WALLS / SIDING () LOOSE SIDING ☒ STRUCTURALLY UNSOUND () NOT WEATHERTIGHT () NEEDS CLEANING

P WINDOWS () CRACKED/ BROKEN GLASS () SCREENS MISSING ☒ WEATHERTIGHT

P ROOF ☒ APPEARS SOLID () DAMAGED

STATUS

APPROVED ☒ WITH CONDITIONS: _____

NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE [Signature] ID NUMBER IH/1025656 DATE 2-2-21

License Number: IH / 1025656 / 1 Name: RODNEY A. CARMICHAEL

Order #: 4692	Label #: 76249	Manufacturer: <i>Skyline</i>	(Check Size of Home)
Homeowner: <i>Dana Capilla</i>	Year Model:	Single _____	
Address:	Length & Width: <i>28x64</i>	Double <input checked="" type="checkbox"/> _____	
City/State/Zip:	Type Longitudinal System:	Triple _____	
Phone #:	Type Lateral Arm System:	HUD Label #:	
Date Installed:	New Home: _____ Used Home: _____	Soil Bearing / PSF:	
Installed Wind Zone:	Data Plate Wind Zone:	Torque Probe / in-lbs:	
Note:		Permit #:	

STATE OF FLORIDA INSTALLATION CERTIFICATION LABEL	
76249	
LABEL #	DATE OF INSTALLATION
RODNEY A. CARMICHAEL	
NAME	
IH / 1025656 / 1	4692
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
STAMP TO HOME
PERMANENT INK

KEEP THIS INFORMATION
SAFE AND KEEP ON FILE
FOR A MINIMUM OF 2 YEARS.
YOU ARE REQUIRED TO
PROVIDE COPIES WHEN
REQUESTED

Mobile Home Permit Worksheet

Application Number: _____

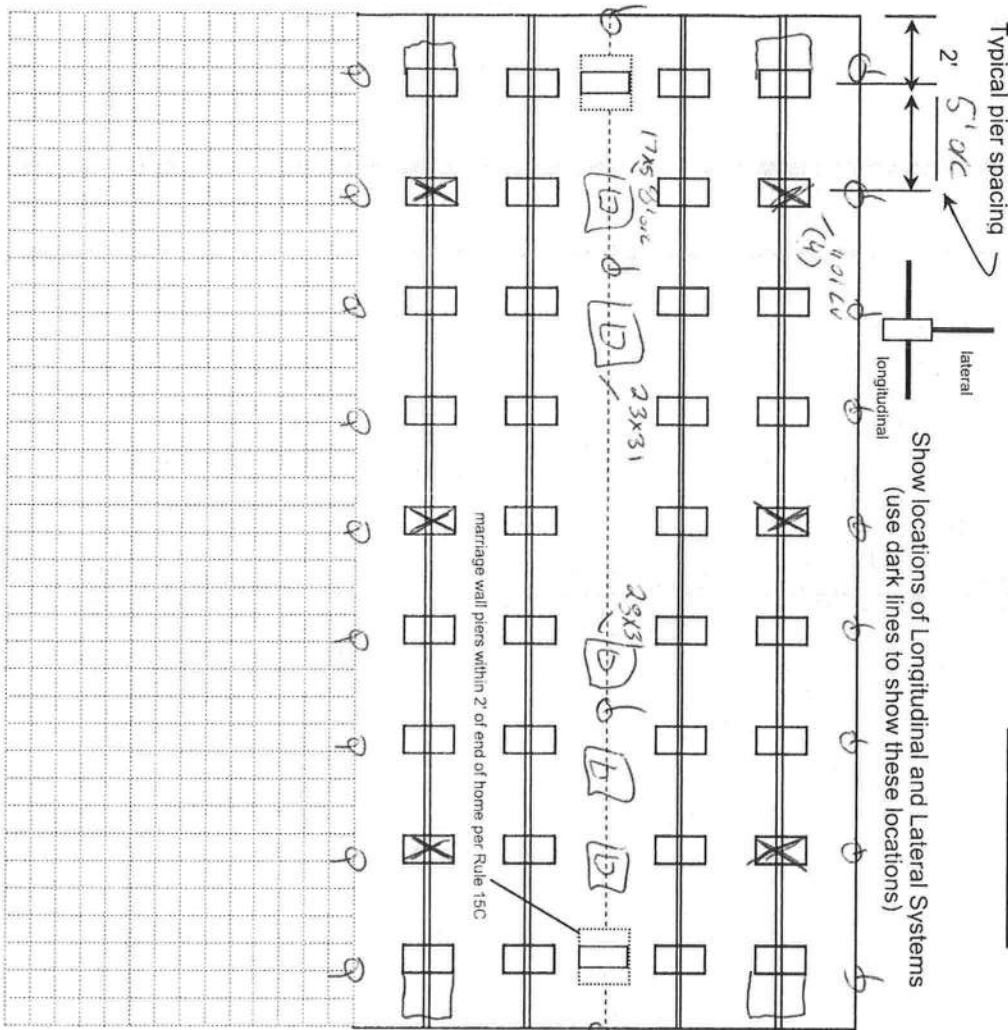
Date: _____

Installer: Prodney Carmichael license # 1410251056
Address of home being installed: 199 NE James Avenue
Law City FL 32055

Manufacturer: Skylar Length x width: 28' x 44'

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: RC



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 # 76249

Triple/Quad ☐ Serial # GAFL24665 A+B

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	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'	8'
1500 psf	4' 6"	6'	7'	8'	8'	8'	8'
2000 psf	6'	8'	8'	8'	8'	8'	8'
2500 psf	7' 6"	8'	8'	8'	8'	8'	8'
3000 psf	8'	8'	8'	8'	8'	8'	8'
3500 psf	8'	8'	8'	8'	8'	8'	8'

* Interpolated from Rule 15C-1 pier spacing table.

PIER PAD SIZES

I-beam pier pad size: 17' x 25'

Perimeter pier pad size: 16' x 16'

Other pier pad sizes (required by the mfg.): 23' x 31'

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: 23' x 31' Pier pad size: 18' opening

8' oc 17' x 25'

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) 1101

Manufacturer: Oliver Technologies

Longitudinal Stabilizing Device w/ Lateral Arms 1101

Manufacturer: Oliver Technologies

OTHER TIES

Number: 26

Sidewall: 6

Longitudinal: 4

Marriage wall: 4

Shearwall: 8

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 Assumed 1000 psf 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 Assumed 1000 psf X _____

TORQUE PROBE TEST

The results of the torque probe test is 300 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. 1 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.

PC Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Rodney Cervantes

Date Tested

2-2-21

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. 10-20

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 10-20

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 10-22

Application Number: _____

Date: _____

Site Preparation

Debris and organic material removed ☒ Swale _____ Pad _____ Other _____

Fastening multi wide units

Floor: _____ Type Fastener: lag Length: 6" Spacing: 1'0"lc
Walls: _____ Type Fastener: Scrw Length: 4" Spacing: 2'0"lc
Roof: _____ Type Fastener: lag Length: 6" Spacing: 1'0"lc
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 PC

Type gasket rolled foam
Pg. 8-15

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

[Signature]

Date 2-2-21

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 <u>Self Dana Capallia</u> License #: _____ Qualifier Form Attached <input type="checkbox"/>	Signature <u>Dana Capallia</u> Phone #: <u>904-718-1371</u>
MECHANICAL/ A/C _____	Print Name <u>Self Dana Capallia</u> License #: _____ Qualifier Form Attached <input type="checkbox"/>	Signature <u>Dana Capallia</u> Phone #: <u>904-718-1371</u>

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.

Legend

Addresses

Parcels

SRWMD Wetlands



2009 Flood Zones

0.2 PCT ANNUAL CHANCE



A

AE

AH

2018 Flood Zones

0.2 PCT ANNUAL CHANCE



A

AE

AH

2018Aerials



Roads

Roads

others



Interstate



Main



Other



Paved



Private

OfficialZoningAtlas

others



A-1



A-2



A-3



CG



CHI



CI



CN



CSV



ESA-2



I



ILW



MUD-I



PRD



PRRD



RMF-1



RMF-2



RO



RR



RSF-1



RSF-2



RSF-3



RSF/MH-1



RSF/MH-2



RSF/MH-3



DEFAULT



FutureLandUseMap

Mixed Use Development



Light Industrial



Industrial



Highway Interchange



Commercial



Residential High Density



(< 20 d.u. per acre)



Residential Medium/High Density



(< 14 d.u. per acre)



Residential Medium Density



(< 8 d.u. per acre)



Residential Moderate Density



(< 4 d.u. per acre)

Residential Low Density

(< 2 d.u. per acre)

Residential Very Low Density

(< 1 d.u. per acre)

Agriculture - 3

(< 1 d.u. per 5 acres)

Agriculture - 2

Columbia County, FLA - Building & Zoning Property Map

Printed: Wed Feb 17 2021 16:20:41 GMT-0500 (Eastern Standard Time)



Parcel Information

Parcel No: 33-3S-17-06500-000

Owner: CAPALLIA DANA & FRANK

Subdivision: HIGHLAND ESTATES

Lot:

Acres: 3.62126946

Deed Acres: 2.98 Ac

District: District 1 Ronald Williams

Future Land Uses: Commercial

Flood Zones:

Official Zoning Atlas: CI

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