

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 7-1-15) Zoning Official LW Building Official _____

AP# 48299 Date Received 2/18 (he) By MG Permit # _____

Flood Zone X Development Permit _____ Zoning A-3 Land Use Plan Map Category _____

Comments [] DEC #

FEMA Map# _____ Elevation _____ Finished Floor _____ River _____ In Floodway _____

Recorded Deed or Property Appraiser PO Site Plan EH # 21-0267 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 # 00-00-00-01313-000 Subdivision Three Rivers Estates Lot# 29 4 or 11 21

- New Mobile Home Used Mobile Home NO MH Size 16x62 Year 2021
- Applicant Peter J. Ramos Phone # 954-873-6656
- Address 9800 Bay Harbor Cir #201 bld Ft Meyers FL 33919
- Name of Property Owner Peter J. Ramos Phone# 954-873-6656
- 911 Address 306 SW Trenton Ter. Ft White FL 32038
- Circle the correct power company - FL Power & Light - Clay Electric
 (Circle One) - Suwannee Valley Electric - Duke Energy
- Name of Owner of Mobile Home Peter J. Ramos Phone # 954-873-6656
 Address 9800 Bay Harbor Cir #201 bld Ft Meyers FL 33919
- Relationship to Property Owner (Self)
- Current Number of Dwellings on Property _____
- Lot Size .918 acre Total Acreage .918
- 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
- Driving Directions to the Property 306 SW Trenton Terrace

SCANNED

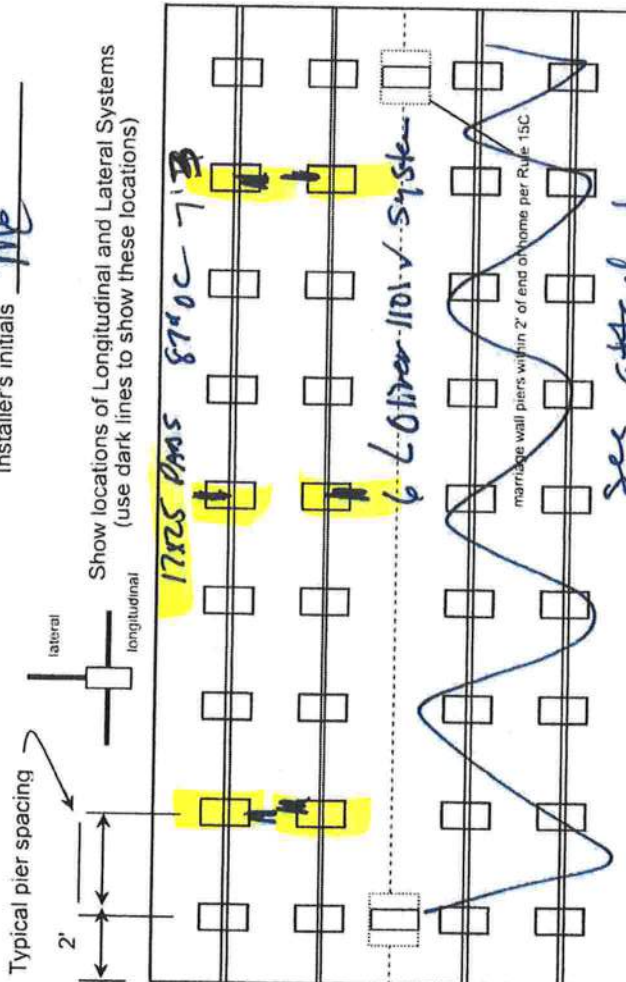
- Name of Licensed Dealer/Installer Michael Earnest Phone # 352-427-5986
- Installers Address 2731 SW 36th Drive Ocala, FL 34424
- License Number TH/1121539 Installation Decal # _____

Mobile Home Permit Worksheet

Installer: Michael Earnest License # JK1121539
 Address of home being installed: 306 Sw Trenton Ter
PA White, PA 32038
 Manufacturer: Nobility Length x width: 16 x 62

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: ME



[Signature]
 2/24/2021

Application Number: 48299 Date: 2-10-21

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 # NI-16074
 Triple/Quad Serial # NI-16074

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'	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: NA
 Other pier pad sizes (required by the mfg.): _____

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

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: NA Pier pad size: 17 X 25
4 ft 5 ft

ANCHORS

FRAME TIES: _____
 within 2' of end of home spaced at 5' 4" oc

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD) Manufacturer: _____
 Longitudinal Stabilizing Device w/ Lateral Arms Manufacturer: Oliver 1101 v system

OTHER TIES

Sidewall Longitudinal Marriage wall Shearwall Number: NA

Mobile Home Permit Worksheet

Application Number: _____ Date: 2-10-21

POCKET PENETROMETER TEST

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

x 1500 x 1500 x 1700

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

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.

_____ Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Michael Earnest

Date Tested 2-10-21

_____ 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. _____

_____ 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. _____

Site Preparation

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

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 ME

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
Drain lines supported at 4 foot intervals. Yes
Electrical crossovers protected. Yes N/A _____
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 Michael Earnest

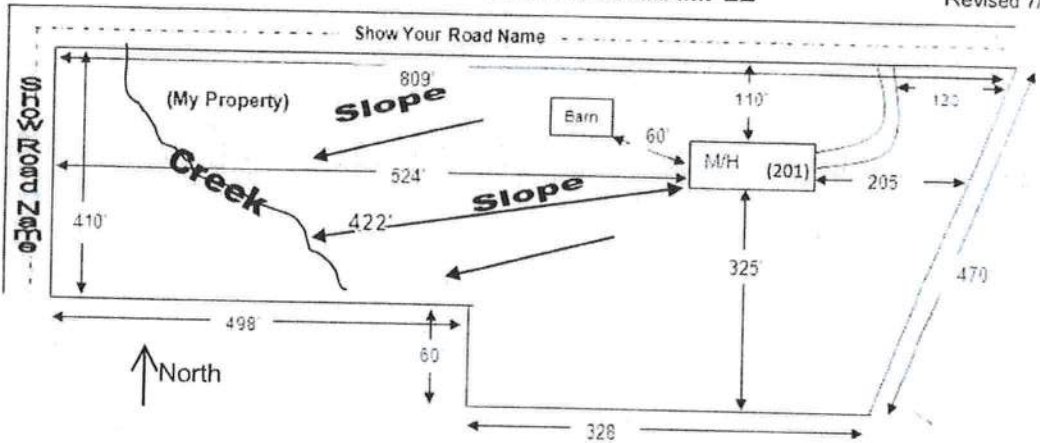
Date 2-10-21

SITE PLAN CHECKLIST

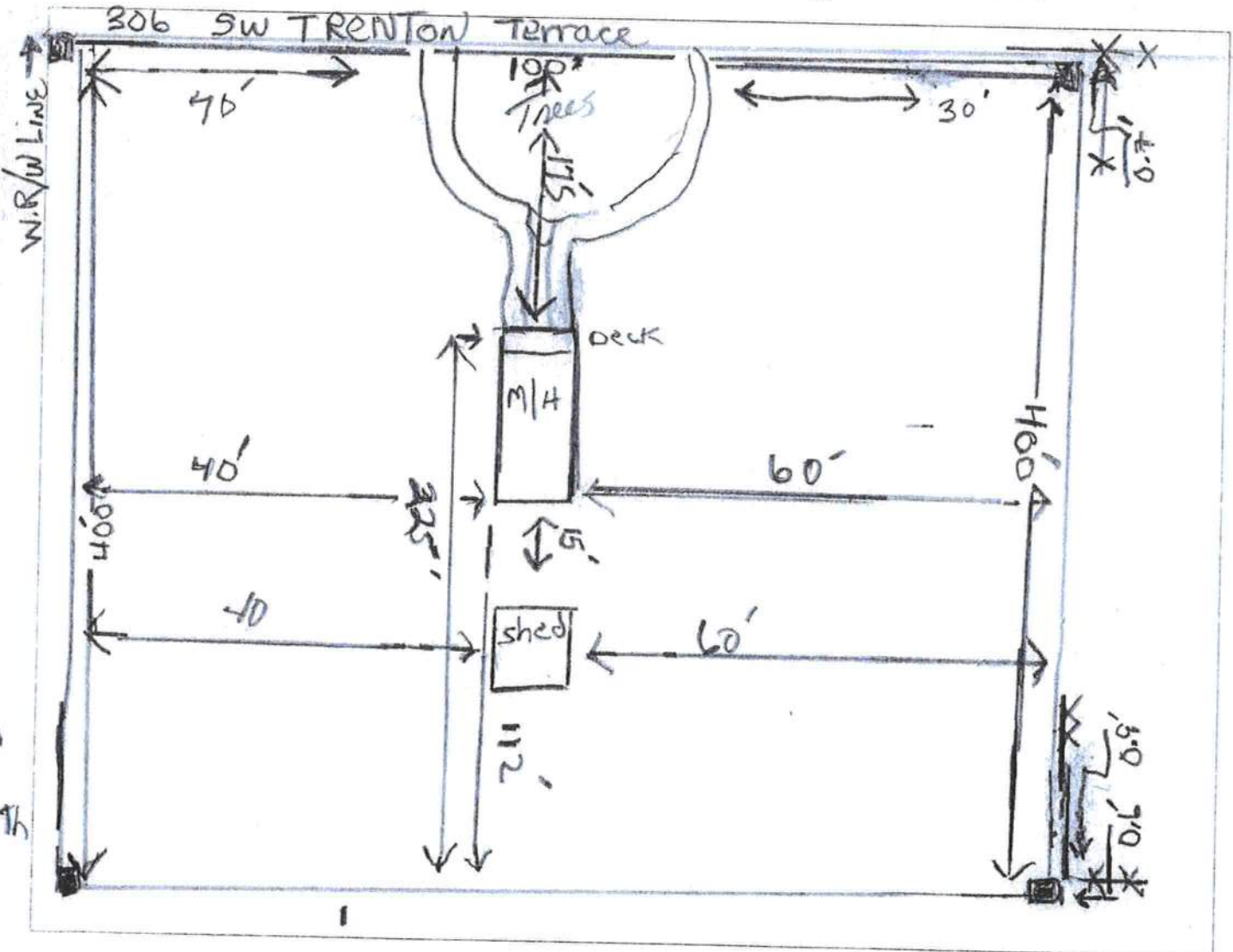
- ✓ 1) Property Dimensions
- ✓ 2) Footprint of proposed and existing structures (including decks), label these with existing addresses
- ✓ 3) Distance from structures to all property lines
- ✓ 4) Location and size of easements
- ✓ 5) Driveway path and distance at the entrance to the nearest property 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.





MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 48299 CONTRACTOR _____ PHONE 954.873.656

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>Peter Ramos</u> License #: <u>OWNER</u> Qualifier Form Attached <input type="checkbox"/>	Signature <u><i>Peter Ramos</i></u> Phone #: <u>954 873-6656</u>
MECHANICAL/ A/C <u>1463</u>	Print Name <u>Ronald Coderre</u> License #: <u>CAC 1813422</u> Qualifier Form Attached <input type="checkbox"/>	Signature <u><i>Ronald Coderre</i></u> Phone #: <u>813-363-8285</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.



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

only, 306 SW Trenton Terr, Ft. White, FL 32038, 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)
Peter J. Ramos	<i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input checked="" 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

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.

Michael Earnest
 License Holders Signature (Notarized) FH/1121539 2-10-21
License Number Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Marion

The above license holder, whose name is Michael Earnest, personally appeared before me and is known by me or has produced identification (type of I.D.) _____ on this 10 day of February, 2021.

Angela M...
 NOTARY SIGNATURE

(Seal/Stamp)



FW



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. 21-0247
DATE PAID: 3/19/21
FEE PAID: 310.00
RECEIPT #: 1239147

APPLICATION FOR:

New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary _____

APPLICANT: Peter Ramos

AGENT: Robert W Ford III NFST, INC TELEPHONE: 386-455-6372

MAILING ADDRESS: 741 SE State Road 100 Lake City, FL 32025

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3)(m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION

LOT: 29 BLOCK: U21 SUBDIVISION: Three River Estates PLATTED: _____

PROPERTY ID #: 0000-00-01313-000 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 0.918 ACRES WATER SUPPLY: PRIVATE PUBLIC]<=2000GPD]>2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? Y N DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: 300 Trenton Ter, FW Fla (SW)

DIRECTIONS TO PROPERTY: 475 to Right of way SW Wilson Springs Rd in FW, follow + Newark Dr to SW Trenton Ter 300

BUILDING INFORMATION RESIDENTIAL COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	<u>m home</u>	<u>2</u>	<u>823.5</u>	
2				
3				
4				

Floor/Equipment Drains Other (Specify) _____

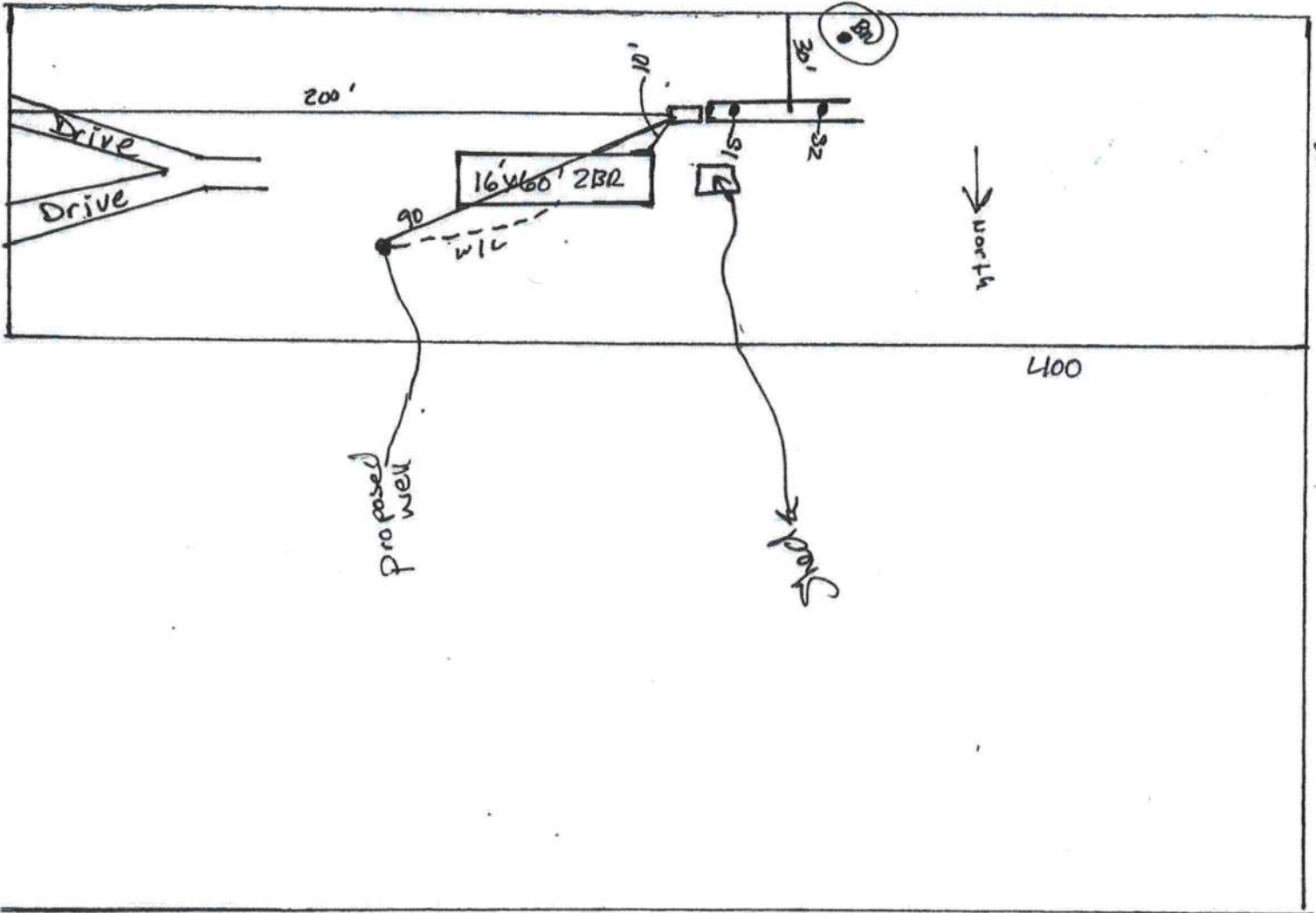
SIGNATURE: Robert W Ford DATE: 3-17-2021

STATE OF FLORIDA
 DEPARTMENT OF HEALTH
 APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 21-02207

1" = 50'

RAMDS



Issue: _____

The Plan submitted by: Robert W. Ford, III Date 3-17-2021
 Approved Not Approved Date 3/23/2021
Kellie B. Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT