PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION 34

For Office Use Only (Revised 7-1-15) Zoning Official_____ Building Official_____

AP# 63117 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 # _____ Subdivision _____ Lot#____

- New Mobile Home_____ Used Mobile Home X MH Size 28x70 Year 1998
- Applicant Lourdes Nava Jacobo Phone # 904 514 6501
- Address 6725 Boy BLUE Rd. Jacksonville FL 32210
- Name of Property Owner Lourdes Nava Phone# 904 514 6501
- 911 Address 410 SW ~~South~~ Quail Ridge dR Lake City FL. 32024
- Circle the correct power company - FL Power & Light - Clay Electric
  (Circle One) - Suwannee Valley Electric - Duke Energy
- Name of Owner of Mobile Home Lourdes Nava J. Phone # 904 514 6501
  Address 6725 Boy BLUE Rd. Jacksonville. FL. 32210
- Relationship to Property Owner _____
- Current Number of Dwellings on Property N/A
- Lot Size_____ Total Acreage_____
- 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 but existing Mobile Home was been de
- Driving Directions to the Property_____

Email Address for Applicant: Lourdes Nava 233@Gmail.com

- Name of Licensed Dealer/Installer Dennis Riedel Phone # 904-982-3984
- Installers Address 11319 Simmons Rd Jax FL 32218
- License Number IH1025162 Installation Decal # 105120

X Carolina Navaa21@gmail.com.

Mobile Home Permit Worksheet

Application Number: _____ Date: _____

Installer: Dennis Riedel License # IH1025169

Address of home being installed: 410 Quail Ridge Dr, Lake City FL

Manufacturer: FLT Length x width: 70 x 28

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 # 105120

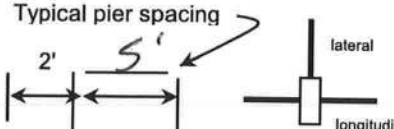
Triple/Quad ☐ Serial # GAFLV05A26973CW22

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

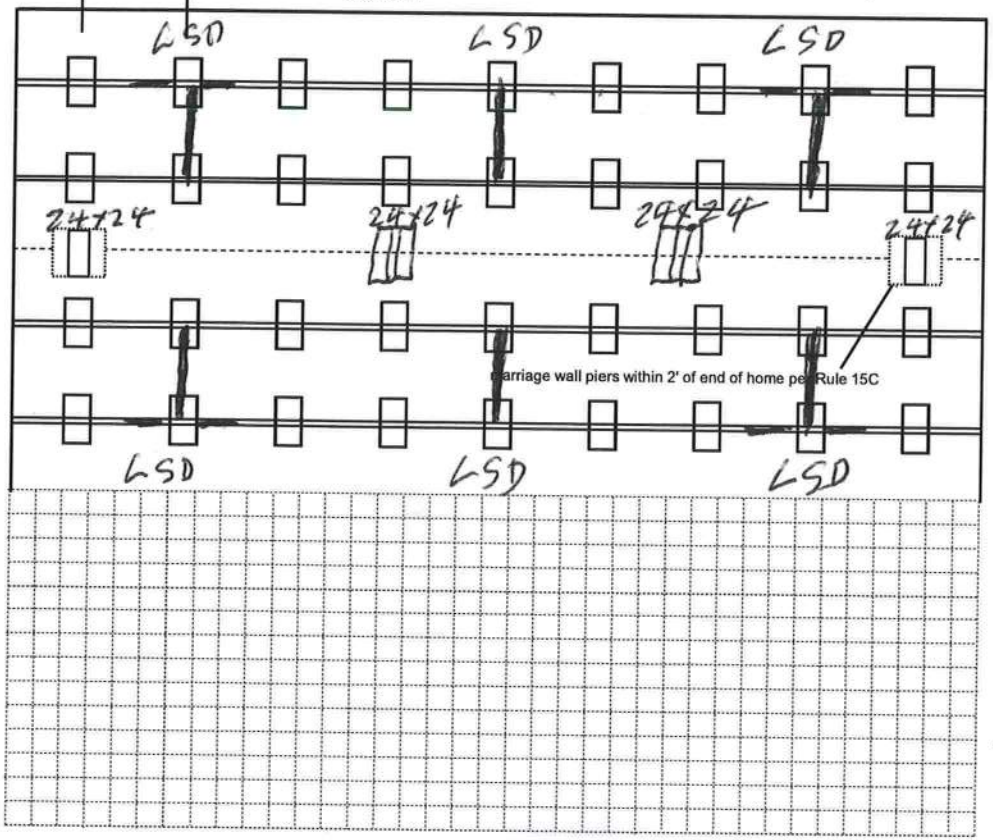
I understand Lateral Arm Systems cannot be used on any home (new or used) where the sidewall ties exceed 5 ft 4 in.

Installer's initials: DSR

Typical pier spacing



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: 12x22

Perimeter pier pad size: 16x16

Other pier pad sizes (required by the mfg.): 24x24

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
	24x24
	24x24
24x24	24x24

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: OT

Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer: OT

OTHER TIES

	Number
Sidewall	26
Longitudinal	
Marriage wall	4
Shearwall	2

NCL

Mobile Home Permit Worksheet

Application Number: _____ **Date:** _____

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 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

TORQUE PROBE TEST

The results of the torque probe test is 285 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.

DSC Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Dennis Riedel

Date Tested 10-5-23

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. OK

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

Site Preparation

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

Fastening multi wide units

Floor: Type Fastener: Lag Length: 6" Spacing: 42
Walls: Type Fastener: 11 Length: screw Spacing: 8
Roof: Type Fastener: #7 Length: Flathy Spacing: staled

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. Town

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

Weatherproofing

The bottomboard will be repaired and/or taped. Yes X 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 X No ____
Dryer vent installed outside of skirting. Yes X N/A
Range downflow vent installed outside of skirting. Yes X 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 _____ Date 10-5-23

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 Josh Latimer Signature _____ License #: EC13005459 Phone #: 386 344 2029 Qualifier Form Attached ☐
MECHANICAL/ A/C _____	Print Name Richard Mark Touchstone Signature _____ License #: CAC058099 Phone #: 386-496-3467 Qualifier Form Attached ☐ Touchstone Heating and Air Inc.

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

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

COUNTY THE MOBILE HOME IS BEING MOVED FROM Clay Cardy

OWNERS NAME Lasdes Nova PHONE 904-514-6801 CELL

INSTALLER Dennis Sicdel PHONE 904-982-3984 CELL

INSTALLERS ADDRESS 11319 Simmons Rd Jacksonville FL. 32218

MOBILE HOME INFORMATION

MAKE FLT YEAR 1998 SIZE 70 X 28

COLOR Tan SERIAL No. GAFLV05A26973CW22 A&B

WIND ZONE II SMOKE DETECTOR yes

INTERIOR:
FLOORS Plywood / Carpet / Panels

DOORS Wood

WALLS sheetrock

CABINETS Wood

ELECTRICAL (FIXTURES/OUTLETS)

EXTERIOR:
WALLS / SIDDING Vinel / Wood

WINDOWS Plastic / almin / Glass

DOORS Wood

INSTALLER: APPROVED _____ NOT APPROVED _____

INSTALLER OR INSPECTORS PRINTED NAME _____

Installer/Inspector Signature _____ License No. _____ Date _____

NOTES: _____

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 _____

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, Dennis Riedel (Installer License Holder Name), give this authority for the job address show below only, 410 Quail Ridge Dr Lake City (Job Address), and I do certify that 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)
Lourdes Nava	Lourdes N.	___ Agent ___ Officer ___ Property Owner
		___ Agent ___ Officer ___ Property Owner
		___ Agent ___ Officer ___ 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.

Dennis Riedel — License Holders Signature (Notarized)
IH1025162 — License Number
9-29-23 — Date

NOTARY INFORMATION:
STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Dennis Riedel, personally appeared before me and is known by me or has produced identification (type of I.D.) FL DL on this 3 day of October, 2023.

Wendy Coody
NOTARY'S SIGNATURE

WENDY COODY
Notary Public - State of Florida
Commission # GG 940825
My Comm. Expires Dec 18, 2023
Seal/Stamp