

\$6500

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only

(Revised 7-1-15)

Zoning Official _____

Building Official _____

AP# 54870

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 # 21-1009 ☐ 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 owed ☐ Out-County ☒ In County ☒ Sub VF Form

Property ID # 36-55-15E

Subdivision _____

Lot# _____

▪ New Mobile Home _____ Used Mobile Home ☒ MH Size 14x46 Year 1989

▪ Applicant SEAN M Boyle Phone # 352-745-0497

▪ Address 678 SW Quarry Circle Fort White, FL 32038

▪ Name of Property Owner SEAN & Leighann Boyle Phone# 352-745-0497

▪ 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 SEAN Boyle Phone # 352-745-0497

Address 678 SW Quarry Circle Fort White, FL 32038

▪ Relationship to Property Owner N/A

▪ Current Number of Dwellings on Property 0

▪ Lot Size 287x577x358x273 Total Acreage 1.40/1.56

▪ 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 NO

▪ Driving Directions to the Property Left onto NE HERNANDO AVE, Left onto US41N/US441N, Rt onto 4th, Rt onto CR 240, Left onto Ichotucknee Ave, slight, Rt onto Yale ter., @ second Lot on 2nd.

▪ Name of Licensed Dealer/Installer _____ Phone # 386-341-3669

▪ Installers Address 660 SE Ruffin St

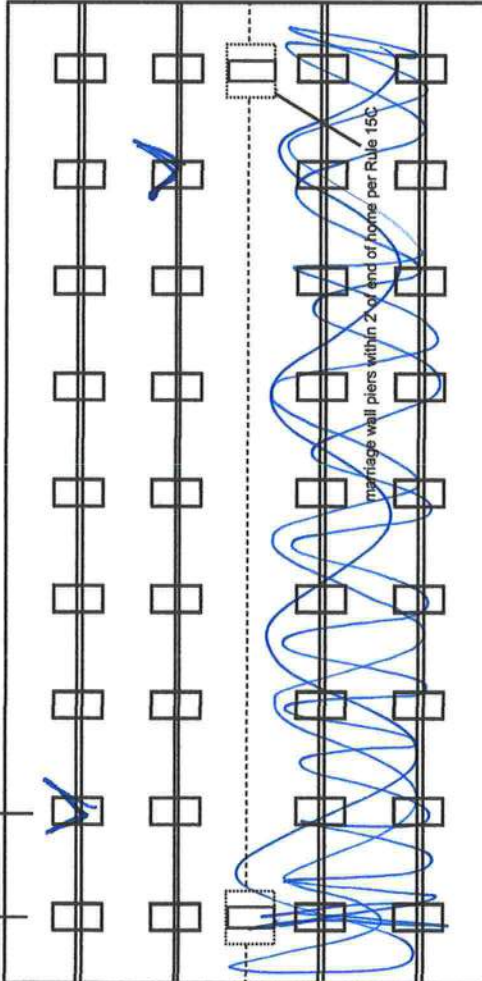
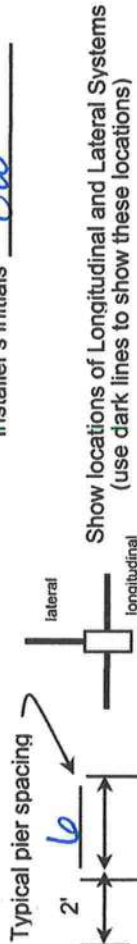
▪ License Number 1H1054858 Installation Decal # 89023

Mobile Home Permit Worksheet

Installer: Glen Williams License # 1141054858
 Address of home being installed: TBD
 Manufacturer: _____ Length x width: 14 x 56

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: GW



Application Number: _____

Date: _____

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 # 89023
 Triple/Quad ☐ Serial # _____

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'	4'	5'	6'	7'	8'
1500 psf	4'	6'	6'	7'	8'	8'	8'
2000 psf	6'	8'	8'	8'	8'	8'	8'
2500 psf	7'	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 18" 17 x 25
 Perimeter pier pad size _____
 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 _____ Pier pad size _____

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 _____
 Longitudinal Stabilizing Device w/ Lateral Arms
 Manufacturer _____

OTHER TIES

Number _____
 Sidewall _____
 Longitudinal _____
 Marriage wall _____
 Shearwall _____

Mobile Home Permit Worksheet

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

TORQUE PROBE TEST

The results of the torque probe test is 250 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.

Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Glenn Williams

Date Tested

5-10-22

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.

Application Number:

Date:

Site Preparation

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

Fastening multi wide units

Floor: Type Fastener: Length: Spacing: A
Walls: Type Fastener: Length: Spacing: A
Roof: Type Fastener: Length: Spacing: A
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
Pg. N/A

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

Glenn Williams

Date

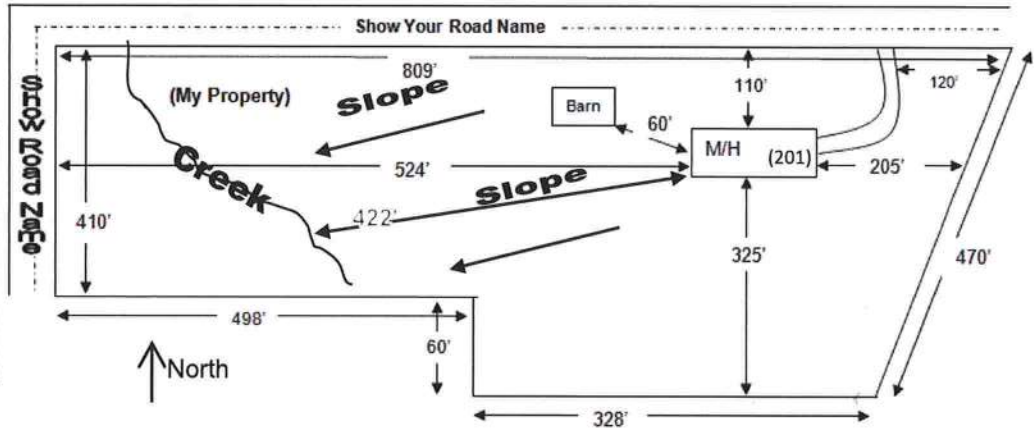
5-10-22

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

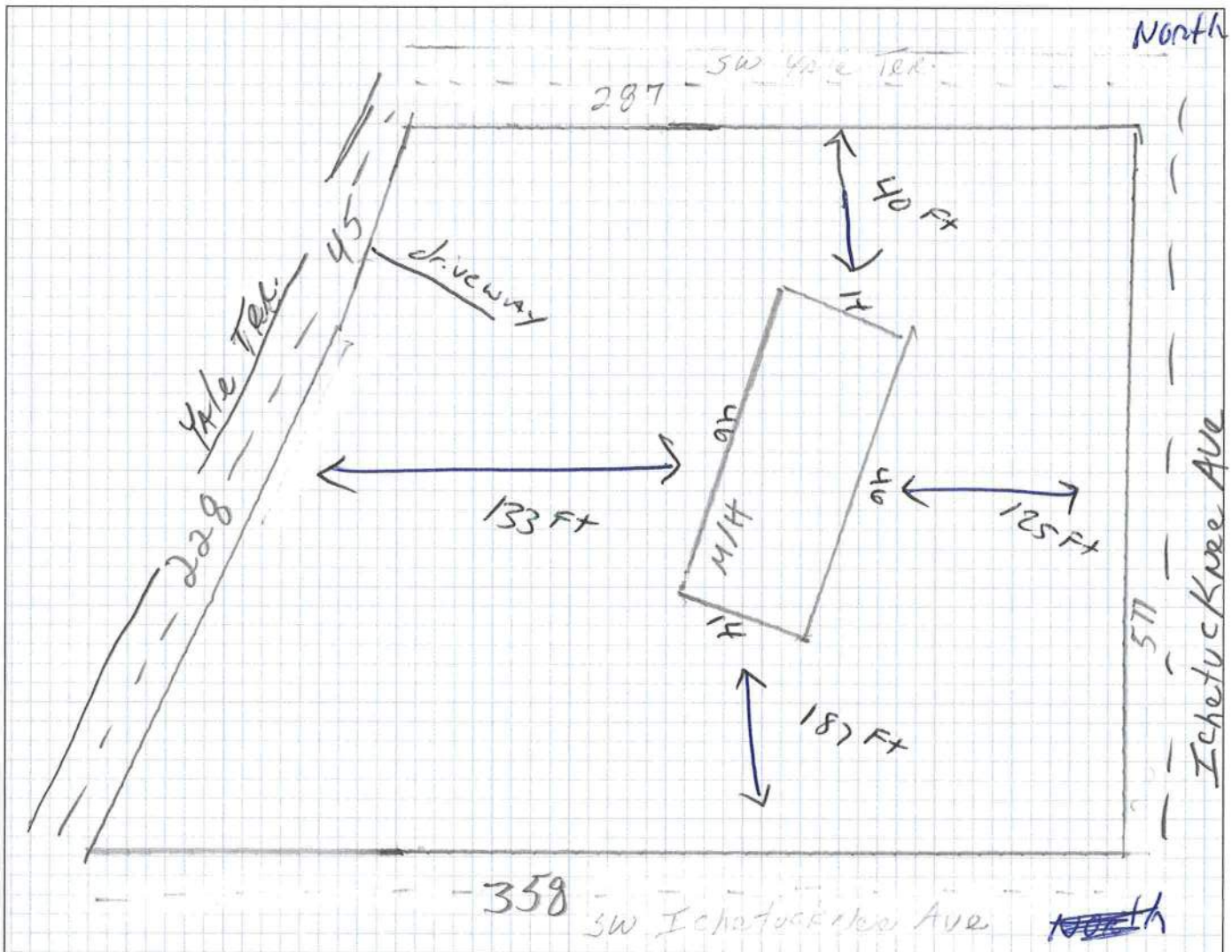
SITE PLAN EXAMPLE

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 _____ CONTRACTOR Glenn Williams PHONE 386-344-3669

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>Sean Boyle</u> Signature <u>[Signature]</u> License #: _____ Phone #: <u>352-745-0497</u> Qualifier Form Attached ☐
MECHANICAL/ A/C _____	Print Name <u>Sean Boyle</u> Signature <u>[Signature]</u> License #: _____ Phone #: <u>352-745-0497</u> 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.



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

FW

PERMIT NO. 21-1009
DATE PAID: 12/8/21
FEE PAID: 310.00
RECEIPT #: 1248980

APPLICATION FOR:

☒ New System ☐ Existing System ☐ Holding Tank ☐ Innovative
☐ Repair ☐ Abandonment ☐ Temporary ☐

APPLICANT: Sean and Leighann Boyle

AGENT: ROCKY FORD, A & B CONSTRUCTION

TELEPHONE: 386-497-2311

MAILING ADDRESS: 546 SW Dortch Street, FT. WHITE, FL, 32038

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: NA BLOCK: NA SUB: NA PLATTED: _____

PROPERTY ID #: 36-5S-15-00487-007 ZONING: _____ I/M OR EQUIVALENT: ☐ Y / ☐ N]

PROPERTY SIZE: 1.56 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐]<=2000GPD ☐]>2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y ☒ N] DISTANCE TO SEWER: NA FT

PROPERTY ADDRESS: SW Ichetucknee Ave, Fort White, FL

DIRECTIONS TO PROPERTY: TL onto Main Blvd, TR onto FL-47S, TR onto Co. Rd. 240, TL onto SW Ichetucknee Ave.

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
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1	<u>MH</u> SF Residential	<u>2</u>	<u>14x46</u>	<u>= 644 SF</u>
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2				
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3				
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☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: William D. Bishop II DATE: 12/3/2021

STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 21-1009

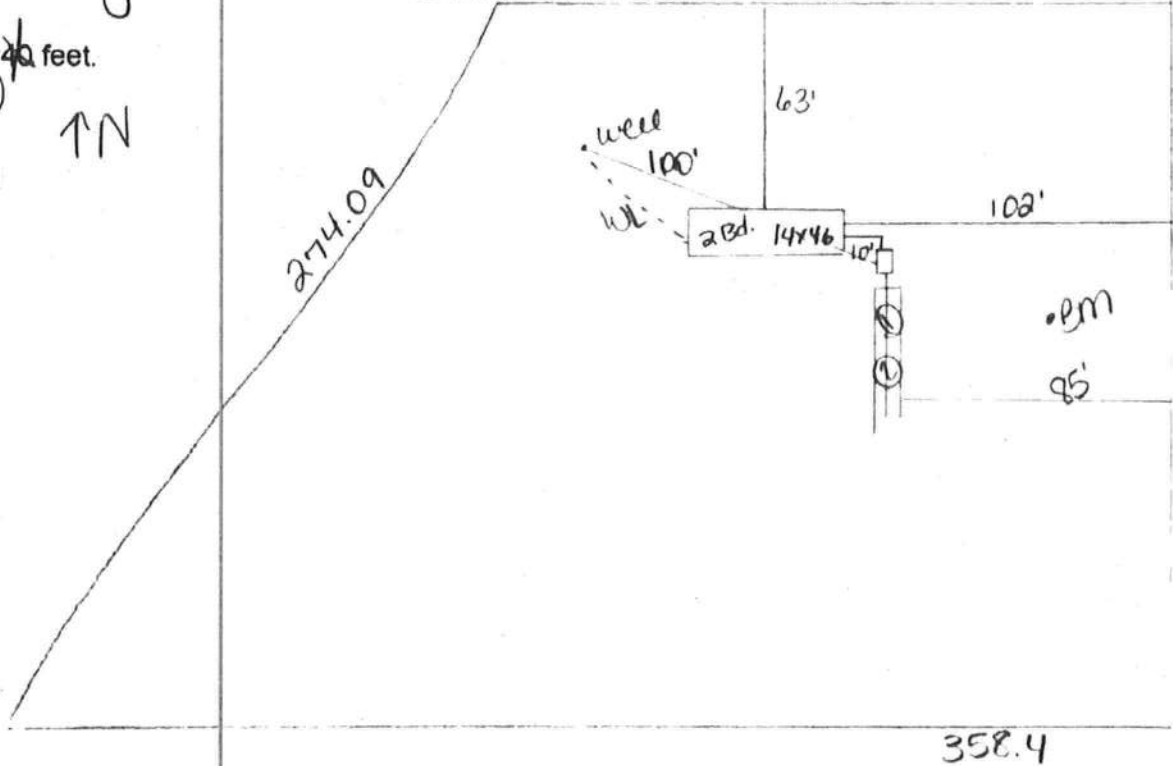
Boyle

PART II - SITEPLAN

211.73

Scale: 1 inch = 40 feet.

100'
↑N



Notes:

Site Plan submitted by: William D. Bishop II

MASTER CONTRACTOR

Plan Approved X

Not Approved

Date 12-3-21

By [Signature]

County Health Department

12/14/21

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



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, Glenn Williams, give this authority for the job address show below
Installer License Holder Name

only, TBD, 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)
<u>Sean Boyle</u>	<u>[Signature]</u>	☐ 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.

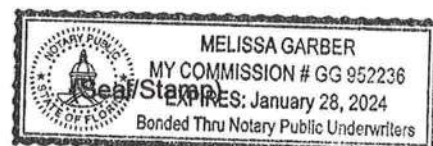
[Signature] 1H1054858 5-10-22
License Holders Signature (Notarized) License Number Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Glenn Williams,
personally appeared before me and is known by me or has produced identification
(type of I.D.) N/A on this 11th day of May, 2022.

[Signature]
NOTARY'S SIGNATURE



CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 5/11/22 BY _____ IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? Yes

OWNERS NAME Sean Boyle PHONE 352-745-0497 CELL 352-745-0497

ADDRESS TBD

MOBILE HOME PARK N/A SUBDIVISION N/A

DRIVING DIRECTIONS TO MOBILE HOME Left onto NE Hernandez Ave, Left onto
US 41/US 44, Rt onto 47, Rt onto CR 240, Left onto
Icheucknee Ave, Slight Rt onto Yale Ter, second lot on Left

MOBILE HOME INSTALLER Glen Williams PHONE _____ CELL 386-344-3669

MOBILE HOME INFORMATION

MAKE Rebel YEAR 1989 SIZE 14 X 56 COLOR Brown + Tan

SERIAL No. 48499074

WIND ZONE 2 Must be wind zone II or higher NO WIND ZONE I ALLOWED

INSPECTION STANDARDS

INTERIOR:

(P or F) - P= PASS F= FAILED

_____ SMOKE DETECTOR () OPERATIONAL () MISSING

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

_____ DOORS () OPERABLE () DAMAGED

_____ WALLS () SOLID () STRUCTURALLY UNSOUND

_____ WINDOWS () OPERABLE () INOPERABLE

_____ PLUMBING FIXTURES () OPERABLE () INOPERABLE () MISSING

_____ CEILING () SOLID () HOLES () LEAKS APPARENT

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

EXTERIOR:

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

_____ WINDOWS () CRACKED/ BROKEN GLASS () SCREENS MISSING () WEATHERTIGHT

_____ ROOF () APPEARS SOLID () DAMAGED

STATUS

APPROVED _____ WITH CONDITIONS: _____

NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE _____ ID NUMBER _____ DATE _____