

**PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION**

*Ready*

<i>For Office Use Only</i> (Revised 7-1-15)		Zoning Official _____	Building Official _____
AP# _____	Date Received _____	By _____	Permit # _____
Flood Zone _____	Development Permit _____	Zoning _____	Land Use Plan Map Category _____
Comments _____			
FEMA Map# _____	Elevation _____	Finished Floor _____	River _____ In Floodway _____
<input type="checkbox"/> Recorded Deed or <input type="checkbox"/> Property Appraiser PO <input type="checkbox"/> Site Plan <input type="checkbox"/> EH # _____ <input type="checkbox"/> Well letter OR <input type="checkbox"/> Existing well <input type="checkbox"/> Land Owner Affidavit <input type="checkbox"/> Installer Authorization <input type="checkbox"/> FW Comp. letter <input type="checkbox"/> App Fee Paid <input type="checkbox"/> DOT Approval <input type="checkbox"/> Parent Parcel # _____ <input type="checkbox"/> STUP-MH _____ <input type="checkbox"/> 911 App <input type="checkbox"/> Ellisville Water Sys <input type="checkbox"/> Assessment _____ <input type="checkbox"/> Out County <input type="checkbox"/> In County <input type="checkbox"/> Sub VF Form			

Property ID # 24-45-16-03103-011 Subdivision \_\_\_\_\_ Lot# 55

- New Mobile Home \_\_\_\_\_ Used Mobile Home ☒ MH Size 14x66 Year 1984
- Applicant Scarp North Phone # 863-517-5701
- Address 3311 SW State Rd 247 Lake City FL 32024
- Name of Property Owner Robert Sanchez Phone# 786-317-7054
- 911 Address 284 SW Santos Ter Lake City FL 32024 Lot# 55
- Circle the correct power company - FL Power & Light - Clay Electric  
 (Circle One) - Suwannee Valley Electric - Duke Energy
- Name of Owner of Mobile Home Robert Sanchez Phone # 786-317-7054  
 Address 1217 N Greenway Dr Coral Gables FL 33134
- Relationship to Property Owner \_\_\_\_\_
- Current Number of Dwellings on Property MH Park
- Lot Size \_\_\_\_\_ 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 \_\_\_\_\_

Email Address for Applicant: provisionpermitting@gmail.com

- Name of Licensed Dealer/Installer Fernon Jones Phone # 352-318-4711
- Installers Address 6508 SW 159th Ave Lake Butler FL 32051
- License Number EH1025418 Installation Decal # 84805



**Application Number:**

Date:

	New Home	Used Home
<input type="checkbox"/>		<input checked="" type="checkbox"/>

Used Home

License # \_\_\_\_\_

Installer: Fernon Jones License # \_\_\_\_\_

Address of home  
being installed

286 SW Santos Per

Wave	City	FI	32024	lot#	#SS
Wave	City	FI	32024	lot#	#SS

Manufacturer	3	Length x width	14x76
Manufacturer	3	Length x width	14x76

**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 7.01

Typical pier spacing

/ locations of Longitudinal and Lateral Systems  
(use dark lines to show these locations)

lateral

longitudinal

percentage wall piers within 2' of end of home per Rule 15C

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

Perimeter pier pad size

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 feet and their pier pad sizes below.

## 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 *UDS*

## OTHER TIES

Sidewall  
Longitudinal  
Marriage wall  
Shearwall

## TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)  
Manufacturer  
Longitudinal Stabilizing Device w/ Lateral Arms  
Manufacturer

Page 1 of 2



# Mobile Home Permit Worksheet

## POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 500 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 276 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

Felmon Jones

Date Tested

5-6-23

## 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. 15

## Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 15

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 15

Application Number:

Date:

## Site Preparation

Debris and organic material removed yes  
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

Type gasket

Pg. 17

Installed:

Between Floors Yes  
Between Walls Yes  
Bottom of ridgebeam Yes owner

## Weatherproofing

The bottomboard will be repaired and/or taped. Yes owner Pg. 17  
Siding on units is installed to manufacturer's specifications. Yes owner  
Fireplace chimney installed so as not to allow intrusion of rain water. Yes ☒

## Miscellaneous

Skirting to be installed. Yes owner 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 owner  
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

Felmon Jones

Date 5-9-23

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

COUNTY THE MOBILE HOME IS BEING MOVED FROM IN County

OWNERS NAME \_\_\_\_\_ PHONE \_\_\_\_\_ CELL \_\_\_\_\_

INSTALLER Ferman Jones PHONE 352-318-4211 CELL \_\_\_\_\_

INSTALLERS ADDRESS 6506 SW 59<sup>th</sup> LN Lake Butler, FL 32054

**MOBILE HOME INFORMATION**

MAKE \_\_\_\_\_ YEAR \_\_\_\_\_ SIZE 14 X 66

COLOR \_\_\_\_\_ SERIAL No. \_\_\_\_\_

WIND ZONE II SMOKE DETECTOR \_\_\_\_\_

**INTERIOR:**

FLOORS good

DOORS good

WALLS good

CABINETS Fair

ELECTRICAL (FIXTURES/OUTLETS) good

**EXTERIOR:**

WALLS / SIDING good

WINDOWS good

DOORS good

INSTALLER: APPROVED yes NOT APPROVED \_\_\_\_\_

INSTALLER OR INSPECTORS PRINTED NAME Ferman Jones

Installer/Inspector Signature Ferman Jones License No. IA110254146 Date 5/6/23

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 \_\_\_\_\_



**CODE ENFORCEMENT**  
**PRELIMINARY MOBILE HOME INSPECTION REPORT**

DATE RECEIVED \_\_\_\_\_ BY \_\_\_\_\_ IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? YES  
OWNERS NAME Robert Sanchez PHONE \_\_\_\_\_ CELL 786-317-7056  
ADDRESS 2816 SW Santos Ter Lake City FL 32024 Lot # 55  
MOBILE HOME PARK Canaan Creek M/H Park SUBDIVISION \_\_\_\_\_  
DRIVING DIRECTIONS TO MOBILE HOME \_\_\_\_\_

MOBILE HOME INSTALLER Fernon Jones PHONE \_\_\_\_\_ CELL 352-318-4711

**MOBILE HOME INFORMATION**

MAKE Coun YEAR 1986 SIZE 14 X 66 COLOR \_\_\_\_\_  
SERIAL No. 1274  
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 \_\_\_\_\_



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, Fermon Jones, give this authority for the job address show below  
Installer License Holder Name Lot # 55  
only, 286 SW Santos Ter Lake City FL 32024, 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>Sonye North</u>	<u>Sonye North</u>	<input checked="" 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
		<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.

Fermon Jones License Holders Signature (Notarized)  
IH1025418 License Number  
5-9-23 Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Fermon Jones, personally appeared before me and is known by me or has produced identification (type of I.D.) personally known on this 9 day of May, 2023.

Teresa Joyner  
NOTARY'S SIGNATURE







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 AGENT AUTHORIZATION

I, Fermon Jones, give this authority and I do certify that the below  
Installers Name

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	Agents Company Name
Sorip North	Sorip North	

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.

Fermon Jones 1H025418 5-9-23  
License Holders Signature (Notarized) License Number Date

NOTARY INFORMATION:

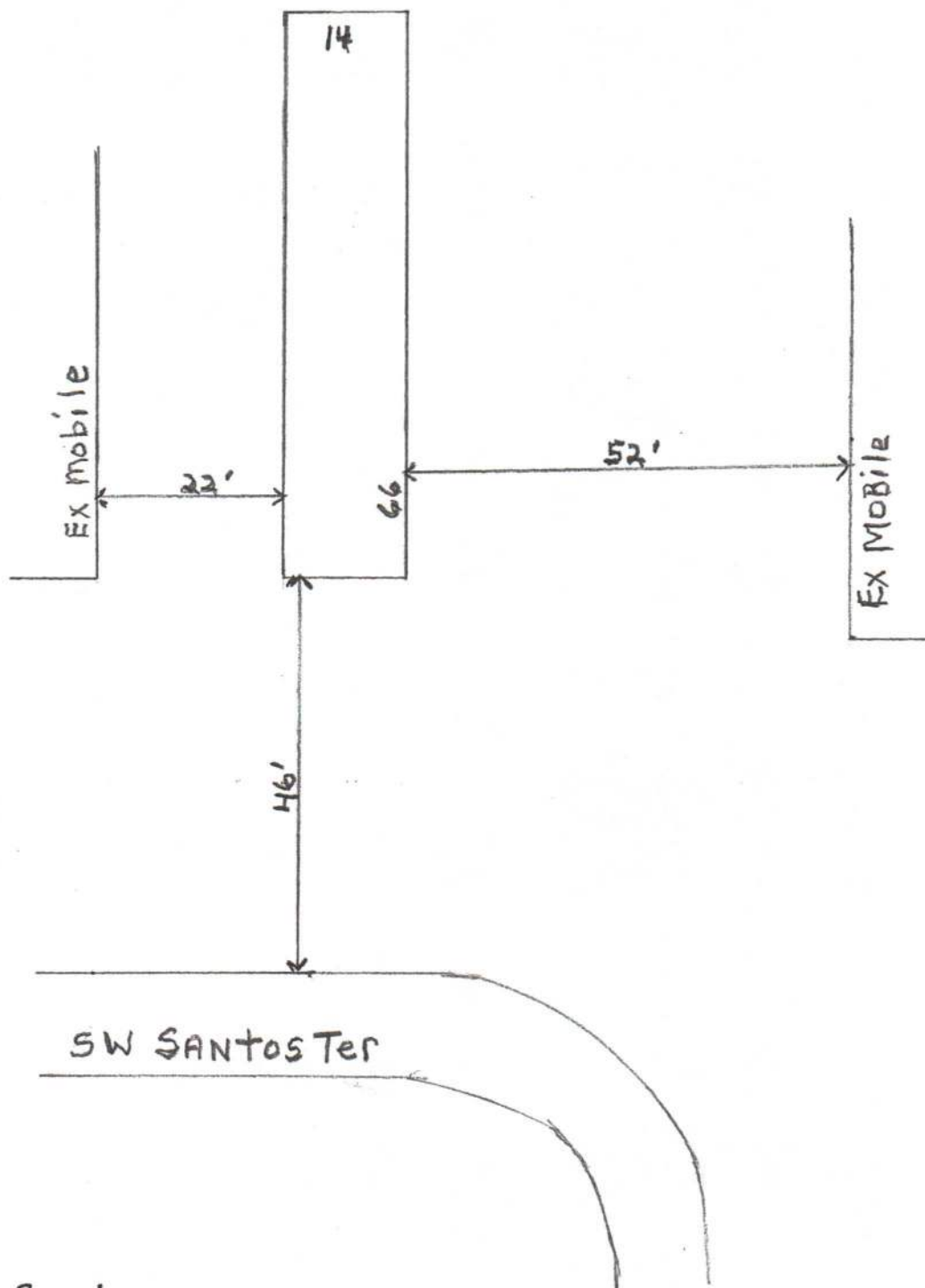
STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Fermon Jones,  
personally appeared before me and is known by me or has produced identification  
(type of I.D.) personally on this 9 day of May, 2023.

Teresa Joyner  
NOTARY'S SIGNATURE



1" = 20'

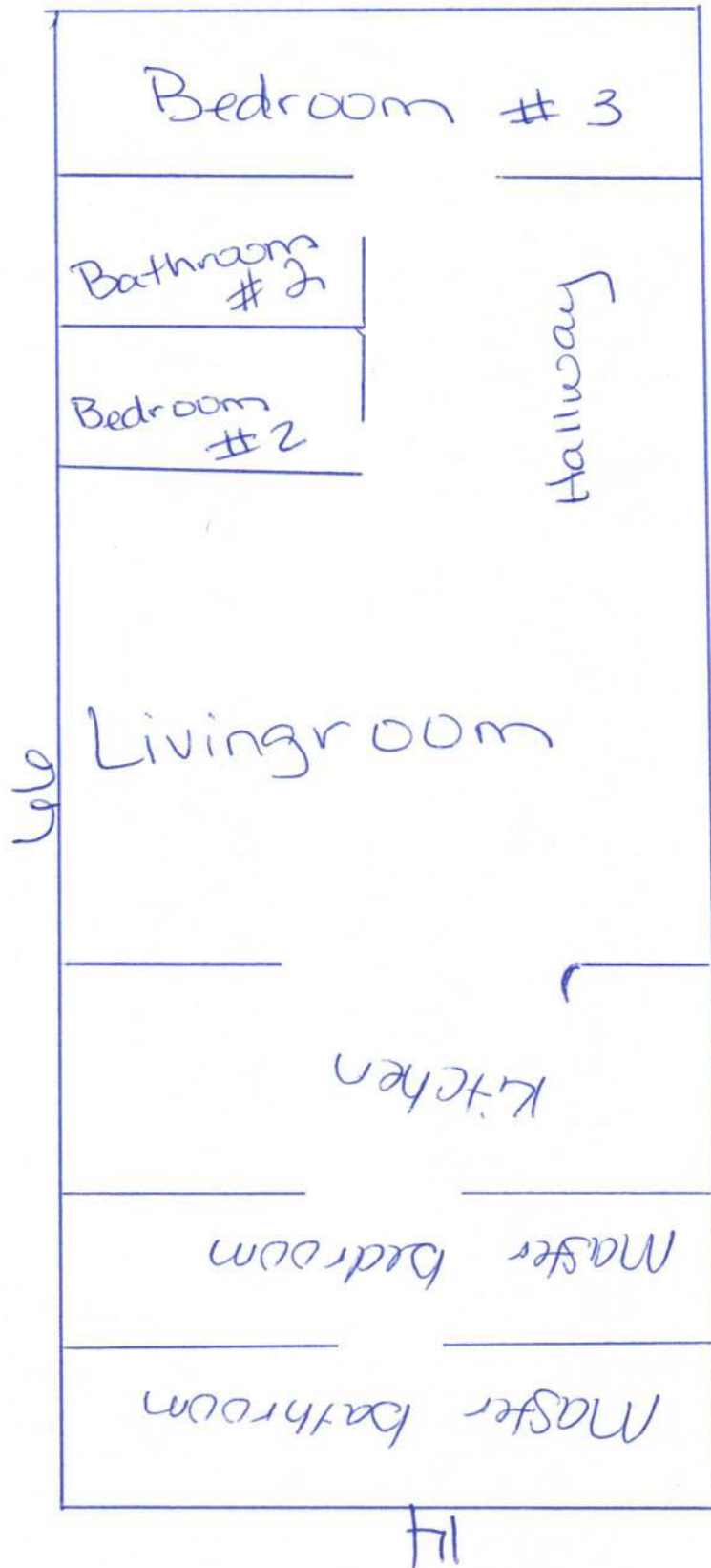


Sanchez

Lot # 55  
2846 SW Santos Ter  
Lake City FL 32024



3/2







CERTIFICATE OF TITLE

1274	1886	CDM	145	06	43825595
FL	UNK				06/22/1983
DATE OF SALE					10/14/1988

REGISTERED OWNER  
LINDA LEE BOSTIC  
DORCAS WAY BOSTIC  
1689 SW 18TH STREET  
TALAMON FL 32080-5073

10/11/1988  
GOLDEN WEST MFD. HSG  
PO BOX 537 HWY 18  
CHIEFLAND FL 32644-0537

TALAMON FL 32080-5073



DEPARTMENT OF HIGHWAY SAFETY  
AND MOTOR VEHICLES  
TAMPA, FLORIDA

41127608

*Handwritten signature*



UNDER PENALTY OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

*Handwritten signature*

*Handwritten signature*

460

**MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM**

APPLICATION NUMBER \_\_\_\_\_ CONTRACTOR Fernan Jones PHONE 352-318-4711

**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.***

<b>ELECTRICAL</b>	Print Name <u>Robert Sanchez</u>	Signature <u>[Signature]</u>
	License #: <u>O/B</u>	Phone #: <u>305 773 1190</u>
	Qualifier Form Attached <input type="checkbox"/>	
<b>MECHANICAL/ A/C _____</b>	Print Name <u>Window unit</u>	Signature _____
	License #: _____	Phone #: _____
	Qualifier Form Attached <input type="checkbox"/>	

**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 Property Appraiser** Jeff Hampton | Lake City, Florida | 386-758-1083

**PARCEL: 24-4S-16-03103-011 (14942)** | MH PARK (2802) | 10.4 AC  
 COMM SW COR OF NE 1/4, RUN E ALONG S LINE 1460.03 FT, NW 32.85 FT FOR POB, RUN NW 1062.26 FT, E 576.97 FT, SE 1062.26 FT, W 576.97 FT TO POB EX COMM SW

**NOTES:**

<b>Owner:</b> 1217 N GREENWAY DR CORAL GABLES, FL 33134		<b>2023 Working Values</b>	
<b>Site:</b> 115 SW LASSO DR, LAKE CITY		Mkt Lnd	\$78,000
<b>Sales Info</b>		Ag Lnd	\$0
6/2/2021	\$1,800,000 I (Q)	Bldg	\$755,078
4/11/2018	\$1,125,000 I (Q)	XFOB	\$252,800
3/1/1995	\$208,700 I (U)	Just	\$1,085,878
		Total Taxable	county:\$996,486 city:\$0 school:\$1,085,878



Columbia County, FL

This information, was derived from data which was compiled by the Columbia County Property Appraiser Office solely for the governmental purpose of property assessment. This information should not be relied upon by anyone as a determination of the ownership of property or market value. No warranties, expressed or implied, are provided for the accuracy of the data herein, it's use, or it's interpretation. Although it is periodically updated, this information may not reflect the data currently on file in the Property Appraiser's office.



## Address Assignment and Maintenance Document

To maintain the county wide Addressing Policy you must make application for a 9-1-1 Address at the time you apply for a building permit. The established standards for addressing and posting numbers to all principal buildings, dwellings, businesses and industries are contained in Columbia County Ordinance 2001-9. The addressing system is to enable Emergency Services Agencies to locate you in an emergency, and to assist the United States Postal Service and the public in the timely and efficient provision of services to residents and businesses of Columbia County

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Date/Time Issued: **6/22/2020 2:45:53 PM**

Address: **286 SW SANTOS TER**

City: **LAKE CITY**

State: **FL**

Zip Code **32024**

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Parcel ID **24-4S-16-03103-011**

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REMARKS: **This address is a verified Current address in the county's addressing system.**  
**Verification ID: d9c804be-71fb-4d08-ae3f-72cccc66d149**  
**Address was reassigned from old address: NA ROUTE 15**

**NOTICE: THIS ADDRESS WAS ISSUED BASED ON LOCATION AND ACCESS INFORMATION RECEIVED FROM THE REQUESTER. SHOULD, AT A LATER DATE, THE LOCATION AND/OR ACCESS INFORMATION BE FOUND TO BE IN ERROR OR CHANGED, THIS ADDRESS IS SUBJECT TO CHANGE.**

**Issuance of a 9-1-1 address for your property should not be construed by you or anyone else to mean that your property is buildable pursuant to the Columbia County Land Development Regulations. To determine whether your property is eligible for a building permit please contact the Building and Zoning Department.**

Address Issued By: **GIS Specialist**

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Columbia County GIS/911 Addressing Coordinator

Columbia County  
Department of Information Technology  
135 NE Hernando Ave. Lake City, FL 32055  
Telephone 386-719-1456