

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 1000

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 _____

x 1000

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 Ernest S Johnson

Date Tested Assumed Oliver 11/01/12 uses 485 foot

Anchors together

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: 1445 Length: 7 Spacing: 20
Walls: Type Fastener: 1445 Length: 7 Spacing: 18
Roof: Type Fastener: 1445 Length: 7 Spacing: 20
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 ESJ

Type gasket Factory
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 _____

Miscellaneous

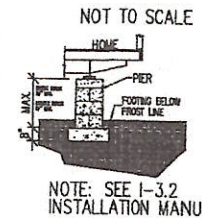
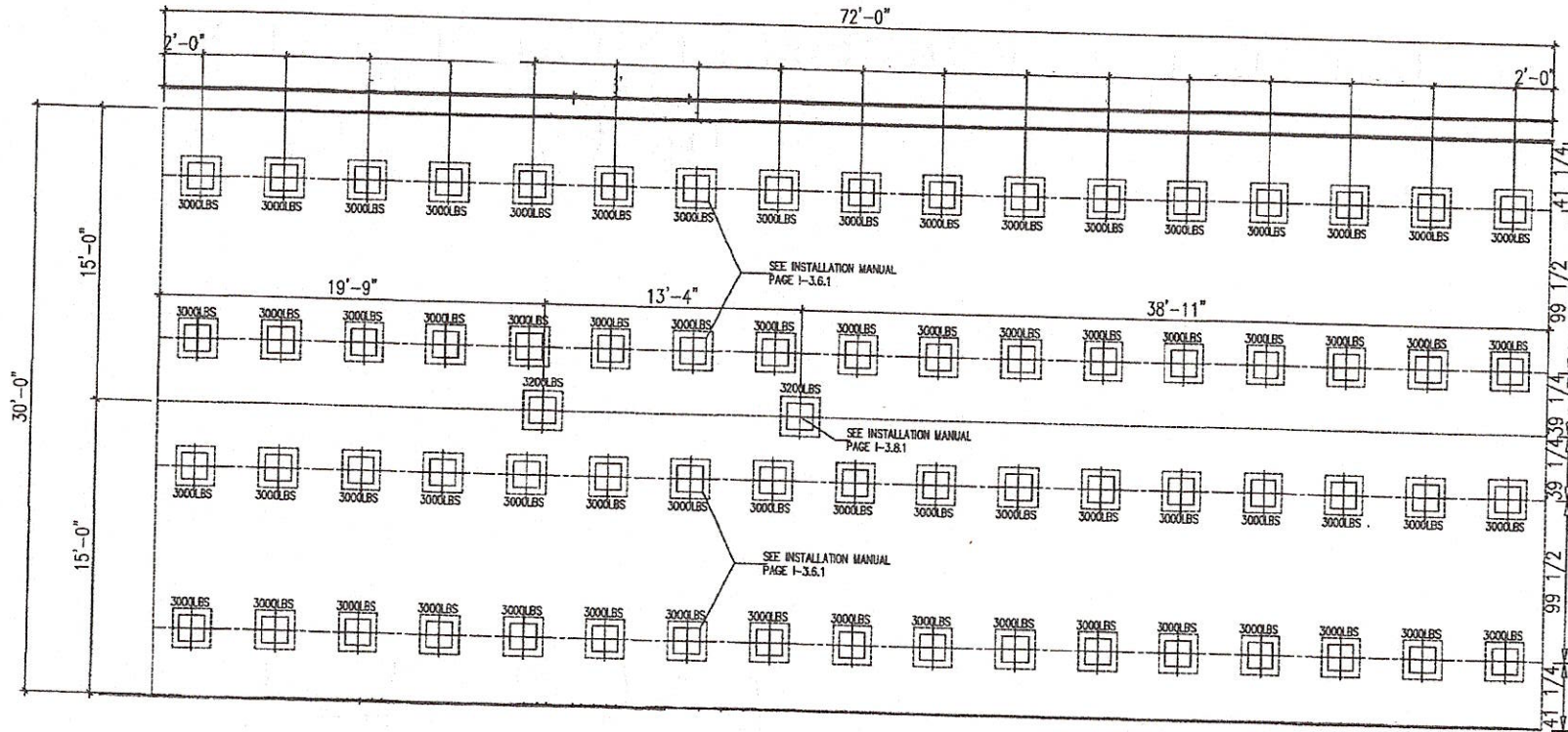
Skirting to be installed. Yes _____ No _____
Dryer vent installed outside of skirting. Yes _____ N/A _____
Range downflow vent installed outside of skirting. Yes _____ N/A _____
Drain lines supported at 4 foot intervals. Yes _____
Electrical crossovers protected. Yes _____
Other: _____

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 Ernest S Johnson Date _____



SOIL BEARING LOAD 1000LBS
1500LBS=16"x16" ABS FOOTER
3000LBS=17.5"x25.5" ABS FOOTER



V BETWEEN PIERS UNDER I-BEAMS (FEET)						MAXIMUM CLEAR SPAN FOR MATING LINE SUPPORTS (FEET)										OVAL PAD SIZES		MAX. LOAD FOR 1000 PSF SOIL CAPACITY	MAX. LOAD FOR 1500 PSF SOIL CAPACITY	MAX. LOAD FOR 2000 PSF SOIL CAPACITY
PAD AREA (SQ. FT.)	BOX WIDTH (IN.)					PAD SIZE	PAD AREA (SQ. FT.)	BOX WIDTH (IN.)					16"x18.5"	17.5"x25.5"	21"x29"	23.25"x31.25"	2.000"	3.000"	4.000"	
	SINGLE WIDE	DOUBLE WIDE						SINGLE WIDE	DOUBLE WIDE											
2.00	164	186	140	160	180	16"x18.5"	2.00	N/A	N/A	11.43	10.00	8.89	16"x18.5"	17.5"x25.5"	21"x29"	23.25"x31.25"	2.000"	3.000"	4.000"	
3.00	3.30	2.97	3.77	3.37	3.05	17.5"x25.5"	3.00	N/A	N/A	17.14	15.00	13.33	N/A	N/A	N/A	N/A	4.000"	6.000"	8.000"	
4.00	6.61	5.93	7.54	6.75	6.10	21"x29"	4.00	N/A	N/A	22.86	20.00	17.78	N/A	N/A	N/A	N/A	6.000"	8.000"	9.388"	
4.80	7.93	7.12	9.05	8.09	7.32	23.25"x31.25"	4.80	N/A	N/A	27.43	24.00	21.33	SQUARE PAD SIZES							
1.78	2.94	2.64	3.35	3.00	2.71	16"x16"	1.78	N/A	N/A	10.16	8.89	7.90	16"x16"	1.778"			2.667"		3.556"	
2.35	3.88	3.48	4.42	3.96	3.58	13"x26"	2.35	N/A	N/A	13.41	11.74	10.43	13"x26"	2.347"			3.521"		4.694"	
2.38	3.93	3.53	4.48	4.01	3.63	18.5"x18.5"	2.38	N/A	N/A	13.58	11.89	10.56	18.5"x18.5"	2.377"			3.565"		4.753"	
2.78	4.59	4.12	5.24	4.68	4.24	20"x20"	2.78	N/A	N/A	15.87	13.89	12.36	20"x20"	2.778"			4.167"		5.556"	
4.00	6.61	5.93	7.54	6.75	6.10	24"x24"	4.00	N/A	N/A	22.86	20.00	17.78	24"x24"	4.000"			6.000"		8.000"	
REVISIONS																				

THIS LETTER SHALL CERTIFY THAT ABS FOUNDATION PADS MANUFACTURED BY OLIVER TECHNOLOGIES, INC MAY BE USED IN THE LIEU OF POURED CONCRETE FOOTINGS AS A SUPPORT FOR SINGLE & DOUBLE STACKED FOUNDATION PIERS PROVIDED THE FOLLOWING CRITERIA ARE MET

1. THE ABS PADS MUST BE INSTALLED PER OLIVER TECHNOLOGIES INSTALLATION INSTRUCTIONS.
2. THE PIER LOADS APPLIED TO THE ABS PADS MAY NOT EXCEED THE VALUES NOTED IN THE CHART BELOW.
3. THE ABS PADS MAY BE USED TO SUPPORT A CONTINUOUS FOUNDATION WALL. THE PADS MAY ONLY BE USED FOR INDIVIDUAL FOUNDATION PIERS.
4. ABS PADS MAY BE COMBINED TO COVER A LARGER AREA. IN THIS CASE THE MAX. ALLOWABLE LOADS MAYBE COMBINED AS WELL.
5. IF THE REQUIREMENTS OF DESTINY IND. INSTALLATION MANUAL CONFLICT WITH THE REQUIREMENTS OF THE OLIVER TECHNOLOGIES INSTALLATIONS THE MORE STRINGENT REG. SHALL BE USED.



REVISIONS	

DRAWING TITLE

ABS FOUNDATION PLAN

DRAWING FILE INFORMATION

DRAWN BY :

JEREMY RIVERS

PRODUCT

LIFESTYLE

SERIAL NO.

DES290GA24-13614AB

DATE:

5/8/2024

MODEL NO.

290LY32724A

SHEET

1-C17

SQ. FT.

2160

License Number: IH / 1025249 / 1 Name: ERNEST SCOTT JOHNSON

Order #: 6221	Label #: 110717	Manufacturer:	(Check Size of Home)
Homeowner:		Year Model:	Single _____
Address:		Length & Width:	Double _____
			Triple _____
City/State/Zip:		Type Longitudinal System:	HUD Label #:
Phone #:		Type Lateral Arm System:	Soil Bearing / PSF:
Date Installed:		New Home: _____ Used Home: _____	Torque Probe / in-lbs:
Installed Wind Zone:		Data Plate Wind Zone:	Permit #:

Note:



STATE OF FLORIDA
INSTALLATION CERTIFICATION LABEL

110717

LABEL #

DATE OF INSTALLATION

ERNEST SCOTT JOHNSON

NAME

IH / 1025249 / 1

6221

LICENSE #

ORDER #

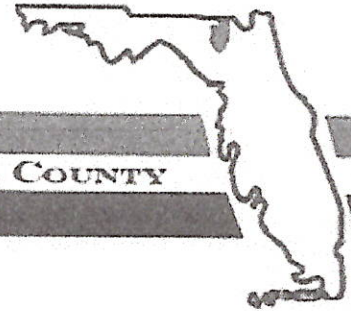
CERTIFIES THAT THE INSTALLATION OF THIS MOBILE HOME IS
IN ACCORDANCE WITH FLORIDA STATUTES 320.8249, 320.8325
AND RULES OF THE HIGHWAY SAFETY AND MOTOR VEHICLES.

INSTRUCTIONS

PLEASE WRITE DATE OF
INSTALLATION AND AFFIX
LABEL NEXT TO HUD LABEL.
USE PERMANENT INK PEN
OR MARKER ONLY.
COMPLETE INFORMATION
ABOVE AND KEEP ON FILE
FOR A MINIMUM OF 2 YEARS.
YOU ARE REQUIRED TO
PROVIDE COPIES WHEN
REQUESTED.

District No. 1 - Ronald Williams
District No. 2 - Rocky Ford
District No. 3 - Robby Hollingsworth
District No. 4 - Toby Witt
District No. 5 - Tim Murphy

**BUILDING AND ZONING
DEPARTMENT**



BOARD OF COUNTY COMMISSIONERS • COLUMBIA COUNTY

**MOBILE HOME INSTALLER
OBLIGATION LETTER**

I, Ernest S Johnson, of Dependable M.H.S., license number
(Print Name) (Company Name)

IH 10252-49, do hereby agree to affix the installation decal onto this manufactured home as required by law and provide a copy of this decal to the permitting authority.

I further understand that once these decals become available I must provide them to obtain any further permits in Columbia County, Florida.

Ernest S Johnson 05/14/2024
Signature - Licensed Mobile Home Installer Date

Job Information

Job Name: Markham/ Johnson

Location: SE CR 245 Lulu fl 32061

Application or Permit #: _____

BOARD MEETS FIRST AND THIRD THURSDAY AT 5:30 P.M.

P.O. BOX 1529

LAKE CITY, FLORIDA 32056-1529

PHONE (386) 755-4100