

**PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION**

<b>For Office Use Only</b>	(Revised 7-1-15)	Zoning Official _____	Building Official _____
AP# <u>100798</u>	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 # 04-4S-16-02772-054 Subdivision \_\_\_\_\_ Lot# \_\_\_\_\_

- New Mobile Home \_\_\_\_\_ Used Mobile Home  MH Size 14X66 Year 92
- Applicant Gerald Murphy Phone # 304-813-4957
- Address 291 SW MAGICAL TER LAKE CITY FL
- Name of Property Owner Gerald Murphy Phone# 304-813-4957
- 911 Address 291 SW MAGICAL TER LAKE CITY FL
- Circle the correct power company - FL Power & Light - Clay Electric  
(Circle One) - Suwannee Valley Electric - Duke Energy
- Name of Owner of Mobile Home Gerald Murphy Phone # 304-813-4957  
Address 291 SW MAGICAL TER LAKE CITY FL
- Relationship to Property Owner Self
- Current Number of Dwellings on Property 0
- Lot Size \_\_\_\_\_ Total Acreage 1.53
- 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 take 90 to Jay Davis turn right Go to  
Pinemount turn left then Go to magical turn left go down to  
fifth drivay on right across from church..
- Email Address for Applicant: Williams966@yahoo.com
- Name of Licensed Dealer/Installer Glenn Williams Phone # 386-344-3669
- Installers Address 660 Se Putnam St Lake City FL
- License Number 1H 1054958 Installation Decal # 100917



## Mobile Home Permit Worksheet

Application Number: \_\_\_\_\_

New Home  Used Home  Date: \_\_\_\_\_

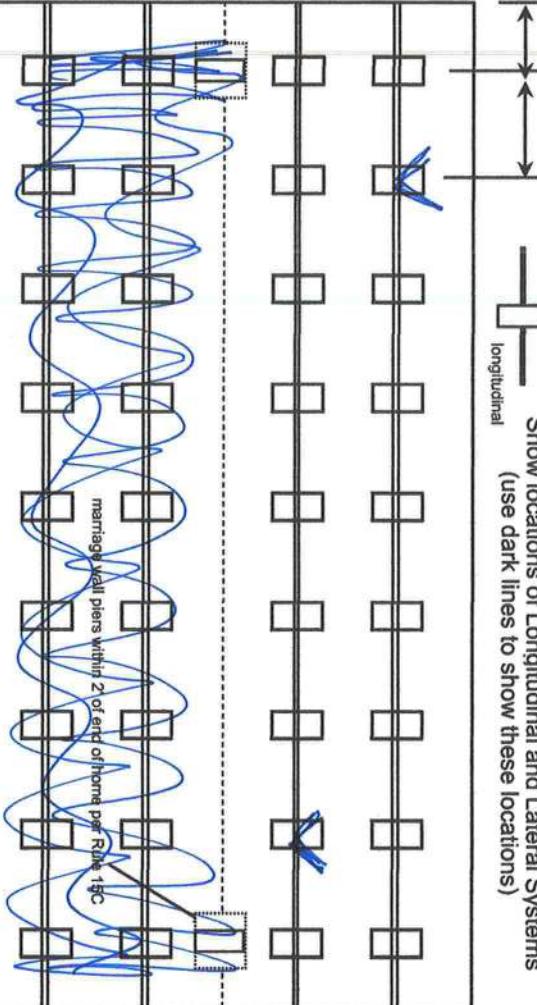
Installer: Glenn Williams License # 14 1054858  
 Address of home 291 SW magical ter Lake City FL  
 being installed

Manufacturer \_\_\_\_\_ Length x width 14 x 66

**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



Load bearing capacity	Footer size (sq in)	16" x 16" (256)	18 1/2" x 18 (400)	20" x 20" (484)*	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 16 x 16

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 foot and their pier pad sizes below.

Opening \_\_\_\_\_

Pier pad size \_\_\_\_\_

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 \_\_\_\_\_

Number	Sidewall	Longitudinal	Marriage wall	Shearwall
1	24	—	—	—

## Mobile Home Permit Worksheet

Application Number: \_\_\_\_\_

Date: \_\_\_\_\_

### POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 1500 psf or check here to declare 1000 lb. soil without testing.

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.

1500       1500

### TORQUE PROBE TEST

The results of the torque probe test is 275 inch pounds or check here if you are declaring 5' anchors without testing 275. 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 Glen Williams

Date Tested 4-10-23

### 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.

### 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: N Length: \_\_\_\_\_ Spacing: \_\_\_\_\_  
Walls: Type Fastener: N Length: / Spacing: /  
Roof: Type Fastener: \_\_\_\_\_ Length: \_\_\_\_\_  
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)  
Installer's initials N/A

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.

Type gasket N/A  
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  
Other: \_\_\_\_\_

### Miscellaneous

Skirting to be installed. Yes No  
Dyer 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 Glen Williams Date 4-10-23  
Installer 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, Glenn Williams Jr, give this authority for the job address show below  
Installer License Holder Name

only, 291 SW MAGICAL TER, 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>Gerald Murphy</u>	<u>Gerald Murphy</u>	<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.

Glenn Williams  
License Holders Signature (Notarized)

1141054858  
License Number

4-12-23  
Date

**NOTARY INFORMATION:**

STATE OF: Florida COUNTY OF: \_\_\_\_\_

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.) \_\_\_\_\_ on this 12 day of April, 2023.

Emaleigh Williams  
NOTARY'S SIGNATURE

(Seal/Stamp)



EMALEIGH WILLIAMS  
MY COMMISSION # HH 323283  
EXPIRES: October 18, 2026

## MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER \_\_\_\_\_

CONTRACTOR Glenn Williams JrPHONE 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.***

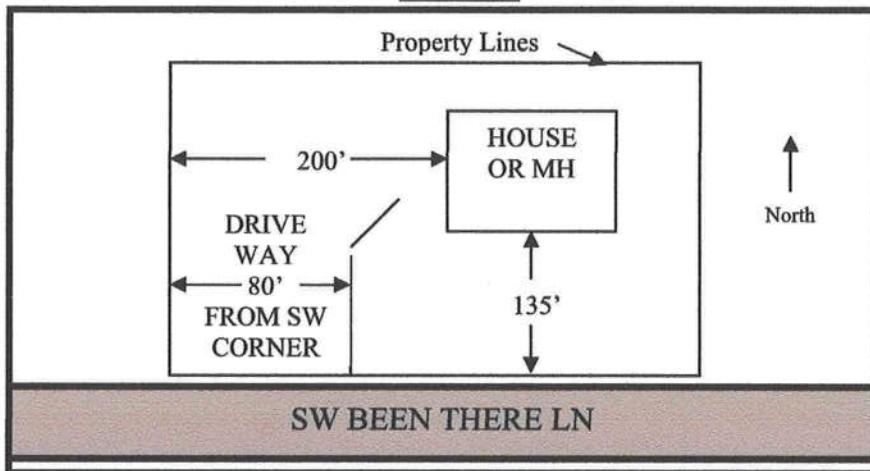
ELECTRICAL A/C _____	Print Name <u>Gerald Murphy</u> License #: <u>      </u> Qualifier Form Attached <input type="checkbox"/>	Signature <u>Gerald Murphy</u> Phone #: <u>304-813-4957</u>
MECHANICAL/ A/C _____	Print Name <u>Gerald Murphy</u> License #: <u>      </u> Qualifier Form Attached <input type="checkbox"/>	Signature <u>Gerald Murphy</u> Phone #: <u>304-813-4957</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.

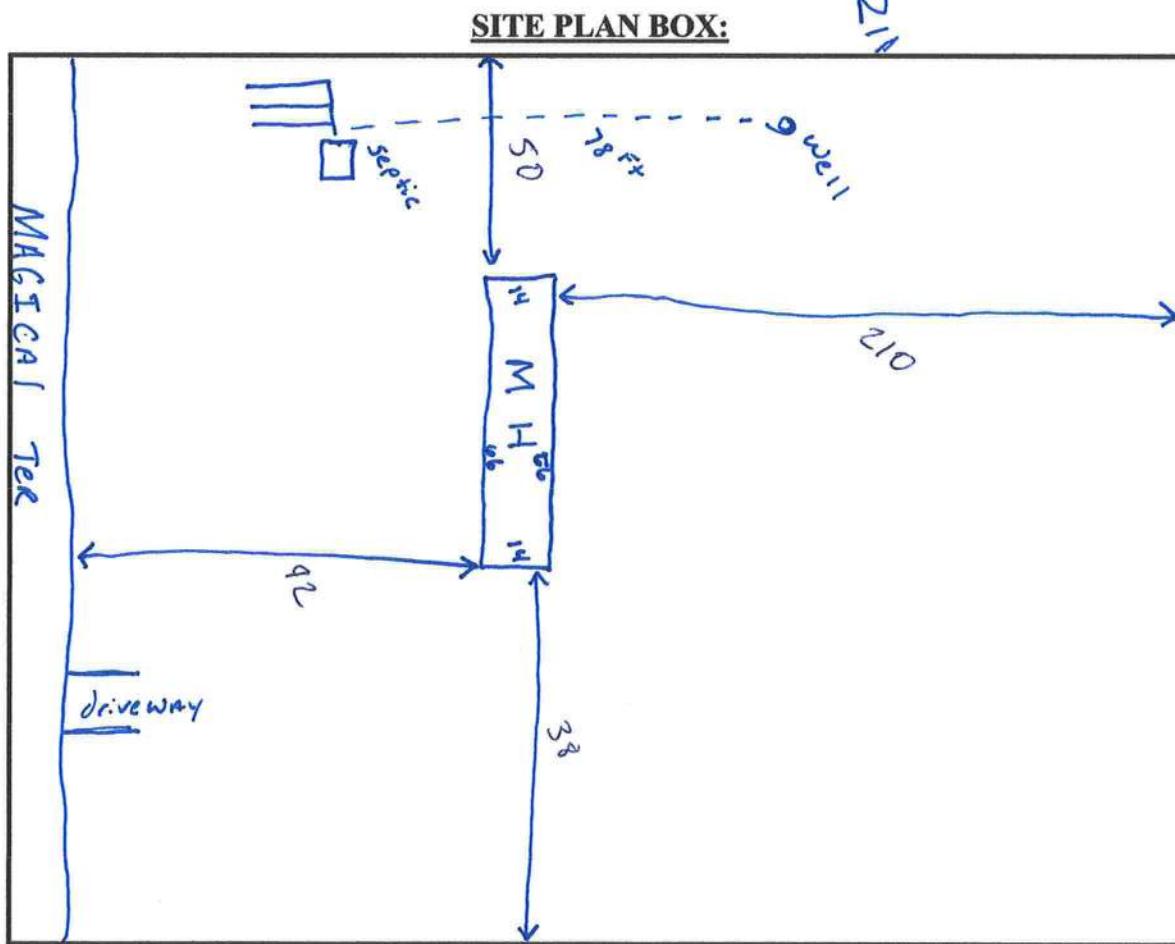
## Page 2, Site Plan for 9-1-1 Address Application From

1. A PLAT, PLAN, OR DRAWING SHOWING THE PROPERTY LINES OF THE PARCEL.
2. LOCATION OF PLANNED RESIDENT OR BUSINESS STRUCTURE ON THE PROPERTY WITH DISTANCES FROM AT LEAST TWO OF THE PROPERTY LINES TO THE STRUCTURE (SEE SAMPLE BELOW).
3. LOCATION OF THE ACCESS POINT (DRIVEWAY, ETC.) ON THE ROADWAY FROM WHICH LOCATION IS TO BE ADDRESSED WITH A DISTANCE FROM A PARALLEL PROPERTY LINE AND OR PROPERTY CORNER (SEE SAMPLE BELOW).
4. TRAVEL OF THE DRIVEWAY FROM THE ACCESS POINT TO THE STRUCTURE (SEE SAMPLE BELOW).

### SAMPLE:



### SITE PLAN BOX:





STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
ONSITE SEWAGE TREATMENT AND DISPOSAL  
SYSTEM (OSTDS)

PERMIT NO. 23-0233  
DATE PAID: 3/27/23  
FEE PAID: 00.00  
RECEIPT #: AP1955101

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

New System  Existing System  Holding Tank  Innovative  
 Repair  Abandonment  Temporary

APPLICANT: Derald Murphy Jr. EMAIL: gerrymp1947@gmail.com  
AGENT: \_\_\_\_\_ TELEPHONE: 304-813-4957

MAILING ADDRESS: 291 SW Magical Terr. Lake City, FL 32024

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

OSTDS REMEDIATION PLAN? [ Y / N ]

LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_ PLATTED: \_\_\_\_\_

PROPERTY ID #: 04-45-16-02772-051 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: [ Y / N ]

PROPERTY SIZE: 1.53 ACRES WATER SUPPLY: [ ] PRIVATE PUBLIC [ ] <=2000GPD [ ] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [ Y / N ] DISTANCE TO SEWER: \_\_\_\_\_ FT

PROPERTY ADDRESS: 291 SW magical terr. Lake City 32024

DIRECTIONS TO PROPERTY: \_\_\_\_\_

BUILDING INFORMATION

RESIDENTIAL  COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table I, Chapter 62-5, FAC
1	<u>New mH</u>	<u>2</u>	<u>924</u>	
2	<u>OLD mH</u>	<u>3</u>	<u>1300</u>	
3				
4				

Floor/Equipment Drains  Other (Specify) \_\_\_\_\_

SIGNATURE: Derald Murphy Jr. DATE: 3-27-23

DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)

Incorporated 62-6.004, FAC

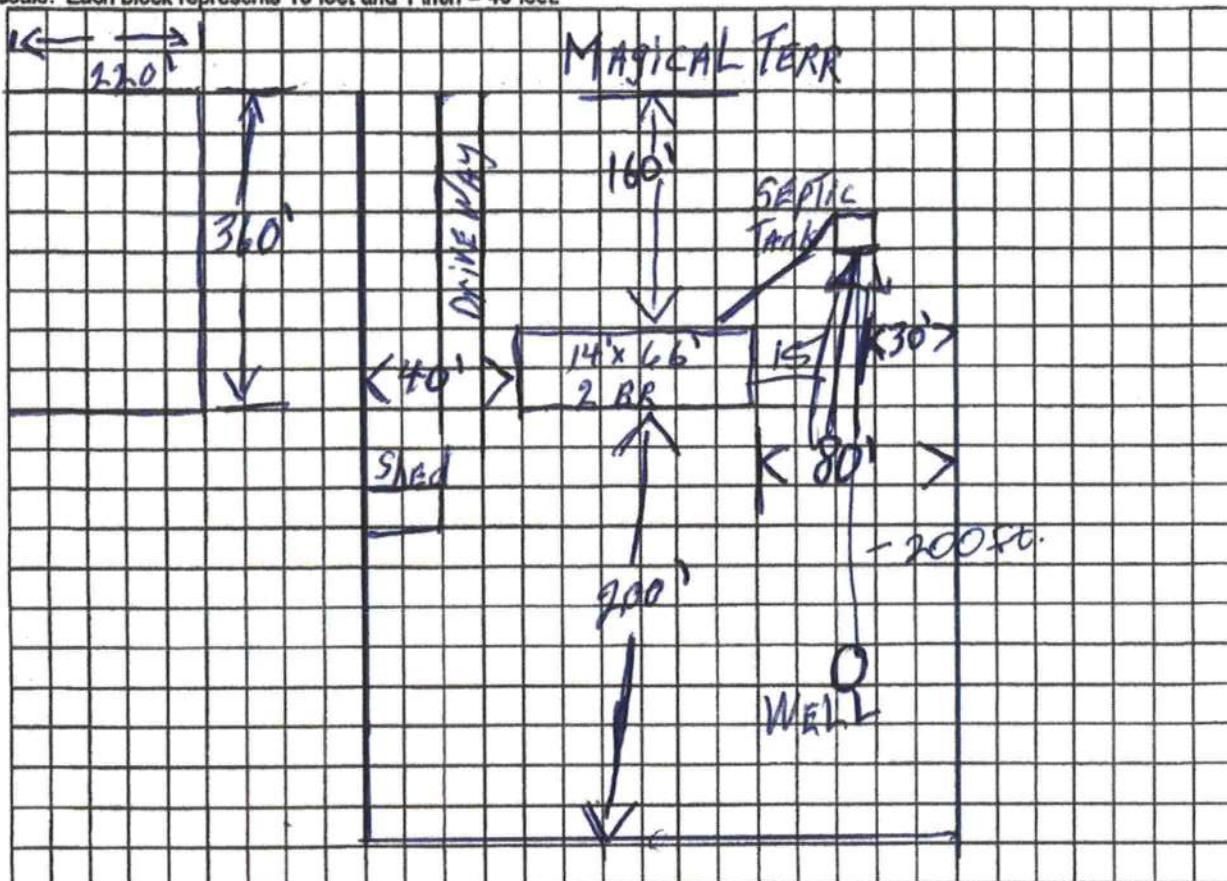
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STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 23-0233

----- PART II - SITEPLAN -----

Scale: Each block represents 10 feet and 1 inch = 40 feet.



Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Site Plan submitted by: X. Donald Murphy Jr. 3-27-23

Plan Approved ✓ S. J. Not Approved \_\_\_\_\_ Date 3/29/23  
By \_\_\_\_\_ ES Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)

Incorporated: 62-6.004, F.A.C.

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