PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

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

AP# 53489 Date Received_____ By MG 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 paid ~~Out~~ County ☑ In County ~~Sub VF~~ Form

Property ID # 21-35-16-02215-028 Subdivision N/A Lot# 4

- New Mobile Home_____ Used Mobile Home ✓ MH Size 64' Year 1986
- Applicant Rafal Gonzalez Phone # 701-681-0267
- Address 15061 SR 51 Live Oak, FL. 32060
- Name of Property Owner Rafal Gonzalez Phone# 701-681-0267
- 911 Address 5666 NW. Yates Loop Lot #4 Lake City
- Circle the correct power company - (FL Power & Light) - Clay Electric
  (Circle One) - Suwannee Valley Electric - Duke Energy
- Name of Owner of Mobile Home Rafal Gonzalez Phone # 701-681-0267
  Address 15061 SR 51 Live Oak, FL. 32060
- Relationship to Property Owner self
- Current Number of Dwellings on Property 6 mobile Homes
- Lot Size 2.5 acre Total Acreage 2.5
- 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
- Driving Directions to the Property 90 West to Turner, Right on Turner to Ash, left on Ash to NW. Yates Loop mobile Home last on left
- Name of Licensed Dealer/Installer_____ Phone #_____
- Installers Address_____
- License Number_____ Installation Decal #_____

rafalgetcliff@yahoo.com

SW on Lot Effective

License Number: IH / 1078536 / 1 Name: JAMES FOLEY

Order #: 5121 Label #: 84887	Manufacturer:	(Check Size of Home) Single ____ Double ____ Triple ____
Homeowner:	Year Model:	
Address:	Length & Width:	
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

84887

LABEL # DATE OF INSTALLATION

JAMES FOLEY

NAME

IH / 1078536 / 1 5121

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.

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.

Mobile Home Permit Worksheet

Application Number: _____ Date: _____

Installer : James Foley License # IH1078536

Address of home being installed _____

_____

Manufacturer _____ Length x width _____

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 # 84887

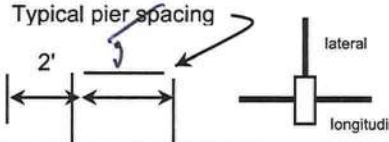
Triple/Quad ☐ Serial # _____

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

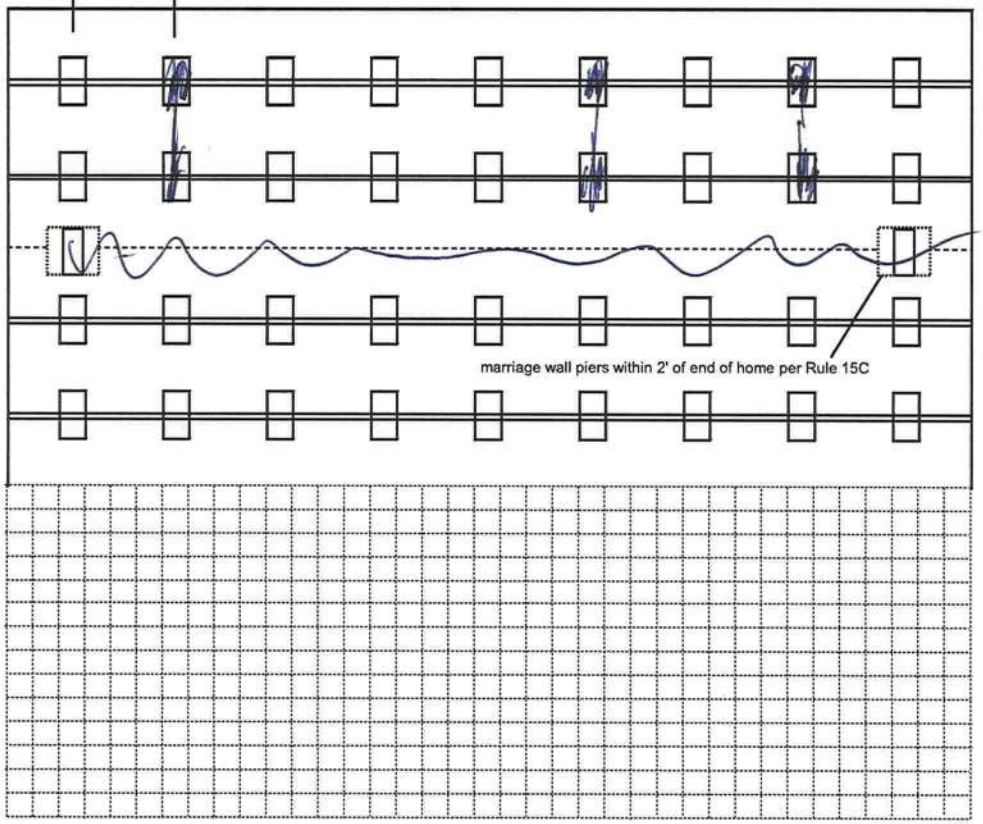
I understand Lateral Arm Systems cannot be used on any home (new or used) where the sidewall ties exceed 5 ft 4 in.

Installer's initials _____

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 17½ 22½

Perimeter pier pad size 16X16

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
None	

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

Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer

OTHER TIES

	Number
Sidewall	2
Longitudinal	6
Marriage wall	0
Shearwall	1

Mobile Home Permit Worksheet

Application Number: _____ **Date:** _____

POCKET PENETROMETER TEST

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

X___ 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___

TORQUE PROBE TEST

The results of the torque probe test is 5 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 _____

Date Tested _____

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. 2

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 2

Site Preparation

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

Fastening multi wide units

Floor: Type Fastener: SW Length: _____ Spacing: _____
Walls: Type Fastener: SW 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, 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 SW
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 _____ Date 7-6-21

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 Karol Gonzalez Signature Karol Gonzalez License #: owner Phone #: 701-681-0262 Qualifier Form Attached ☐
MECHANICAL/ A/C _____	Print Name Karol Gonzalez Signature Karol Gonzalez License #: owner Phone #: 701-681-0262 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.

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 _____

OWNERS NAME Raul Gonzalez PHONE 01-681-0267 CELL _____

INSTALLER James Foley PHONE 386-249-3967 CELL 3862493994

INSTALLERS ADDRESS 7562 173 Rd Live Oak Fl

MOBILE HOME INFORMATION

MAKE Omni YEAR 1986 SIZE 14 x 64

COLOR Grey / Blue trim SERIAL No. 010206

WIND ZONE II SMOKE DETECTOR ✓

INTERIOR:
FLOORS good

DOORS good

WALLS good

CABINETS good

ELECTRICAL (FIXTURES/OUTLETS) _____

EXTERIOR:
WALLS / SIDDING good

WINDOWS good

DOORS good

INSTALLER: APPROVED _____ NOT APPROVED _____

INSTALLER OR INSPECTORS PRINTED NAME _____

Installer/Inspector Signature _____ License No. IH1078536 Date 7-2-21

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 _____

SW

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, James Foley, give this authority for the job address show below
Installer License Holder Name

only, _____, 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)
Carol Gonzales		___ 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.

License Holders Signature (Notarized) | License Number: CH 1078536 | Date: 7-2-21

NOTARY INFORMATION:
STATE OF: Florida COUNTY OF: Suwannee

The above license holder, whose name is JAMES Foley, personally appeared before me and is known by me or has produced identification (type of I.D.) _____ on this 2 day of Feb., 2020.

NOTARY'S SIGNATURE (Seal/Stamp)

TREEA A. FOSTER
Notary Public - State of Florida
Commission # HH 198074
My Comm. Expires Dec 17, 2025
Bonded through National Notary Assn.

Mail Lien Satisfaction to: Dept of Highway Safety and Motor Vehicles, Neil Kirkman Building, Tallahassee, FL 32399-0500

T# 1558297401
B# 865759

Identification Number	Year	Make	Body	WT-L-BHP	Vessel Regis. No.	Title Number
010206	1986	OMNI	HS	64'		45740299

Registered Owner: Date of Issue 11/18/2021

KAROL JEAN GONZALEZ AND ALEJANDRO GONZALEZ FIGUEROA
15061 SR 51
LIVE OAK, FL 32060-4333

Mail To:
KAROL JEAN GONZALEZ
15061 SR 51
LIVE OAK, FL 32060-4333

Lien Release
Interest in the described vehicle is hereby released
By____
Title____
Date____

IMPORTANT INFORMATION

1. When ownership of the vehicle described herein is transferred, the seller MUST complete in full the Transfer of Title by Seller section at the bottom of the certificate of title.
2. Upon sale of this vehicle, the seller must complete the notice of sale on the reverse side of this form.
3. Remove your license plate from the vehicle.
4. See the web address below for more information and the appropriate forms required for the purchaser to title and register the vehicle, mobile home or vessel: http://www.hsmv.state.fl.us/html/titlinf.html

STATE OF FLORIDA — LIEN SATISFACTION

CERTIFICATE OF TITLE

Identification Number	Year	Make	Body	WT-L-BHP	Vessel Regis. No.	Title Number
010206	1986	OMNI	HS	64'		45740299

Prev State	Color	Primary Brand	Secondary Brand	No of Brands	Use	Prev Issue Date
FL	UNK				PRIVATE	04/13/2021

Odometer Status or Vessel Manufacturer or OH use	Engine Drive	Hull Material	Prop	Date of Issue
				11/18/2021

Lien Release
Interest in the described vehicle is hereby released
By____
Title____
Date____

Registered Owner
KAROL JEAN GONZALEZ AND ALEJANDRO GONZALEZ FIGUEROA
15061 SR 51
LIVE OAK, FL 32060-4333

1st Lienholder
NONE

DIVISION OF MOTORIST SERVICES TALLAHASSEE FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

Robert R. Kynoch
Director

Control Number 153383148

Terry L. Rhodes
Executive Director

31 /1 153383148

TRANSFER OF TITLE BY SELLER (This section must be completed at the time of sale.)

Federal and/or state law require that the seller state the mileage, purchaser's name, selling price and date sold in connection with the transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment.

This title is warranted to be free from any liens except as noted on the face of the certificate and the motor vehicle or vessel described is hereby transferred to:

Seller Must Enter Purchaser's Name:____ Address:____

Seller Must Enter Selling Price:____ Seller Must Enter Date Sold:____

I/We state that this ☐ 5 or ☐ 6 digit odometer now reads |_|_|_|_|_|_|X| (no tenths) miles, date read ____ and I hereby certify that to the best of my knowledge the odometer reading:
☐ 1. reflects ACTUAL MILEAGE. ☐ 2. is IN EXCESS OF ITS MECHANICAL LIMITS. ☐ 3. is NOT THE ACTUAL MILEAGE.

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

SELLER Must Sign Here:____ CO-SELLER Must Sign Here:____

Print Here:____ Print Here:____

Selling Dealer's License Number:____ Tax No.:____ Tax Collected:____

Auction Name:____ License Number:____

PURCHASER Must Sign Here:____ CO-PURCHASER Must Sign Here:____

Print Here:____ Print Here:____

NOTICE: PENALTY IS REQUIRED BY LAW IF NOT SUBMITTED FOR TRANSFER WITHIN 30 DAYS AFTER DATE OF PURCHASE.

VOID IF ALTERED

HSMV 82250 (REV. 3/15) STATE OF FLORIDA

Columbia County Property Appraiser

Jeff Hampton

2022 Working Values
updated: 2/10/2022

Parcel: << **21-3S-16-02215-028 (7513)** >>

Owner & Property Info

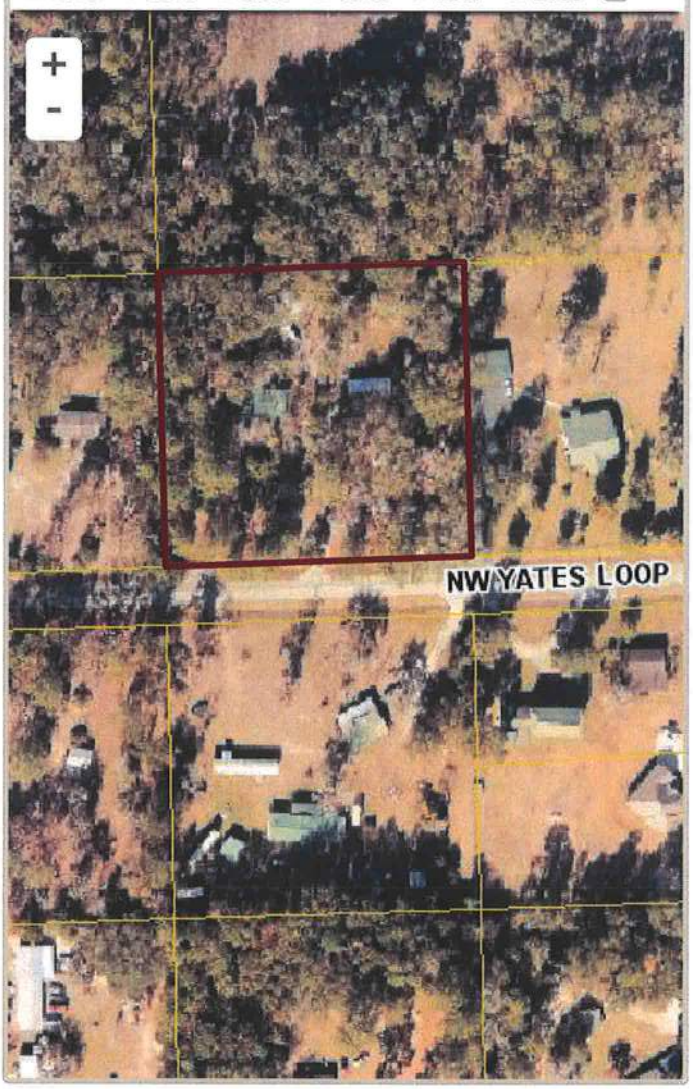
Result: 1 of 1

Owner	**GONZALEZ ALEJANDRO & GONZALEZ KAROL JEAN** KAROL JEAN GONZALEZ 15061 SR 51 LIVE OAK, FL 32060		
Site	566 NW YATES Loop, LAKE CITY		
Description*	NW1/4 OF NW1/4 OF SW1/4 OF NE1/4, EX RD R/W. (AKA LOT 19 OF AN UNR S/D). 447-403, 808- 1935, PB 897-2068, 949-1065, WD 1363-1909,		
Area	2.5 AC	S/T/R	21-3S-16
Use Code**	MH PARK (2802)	Tax District	2

*The Description above is not to be used as the Legal Description for this parcel in any legal transaction.
**The Use Code is a FL Dept. of Revenue (DOR) code and is not maintained by the Property Appraiser's office. Please contact your city or county Planning & Zoning office for specific zoning information.

Aerial Viewer | Pictometery | Google Maps

2019 | 2016 | 2013 | 2010 | 2007 | 2005 | Sales



Property & Assessment Values

2021 Certified Values		2022 Working Values	
Mkt Land	$20,000	Mkt Land	$20,000
Ag Land	$0	Ag Land	$0
Building	$46,003	Building	$46,003
XFOB	$29,000	XFOB	$29,000
Just	$95,003	Just	$95,003
Class	$0	Class	$0
Appraised	$95,003	Appraised	$95,003
SOH Cap [?]	$3,061	SOH Cap [?]	$0
Assessed	$95,003	Assessed	$95,003
Exempt	$0	Exempt	$0
Total Taxable	county:$91,942 city:$0 other:$0 school:$95,003	Total Taxable	county:$95,003 city:$0 other:$0 school:$95,003

Sales History

Sale Date	Sale Price	Book/Page	Deed	V/I	Qualification (Codes)	RCode
6/29/2018	$92,000	1363/1909	WD	I	Q	01

Building Characteristics

Bldg Sketch	Description*	Year Blt	Base SF	Actual SF	Bldg Value
Sketch	MOBILE HME (0800)	1973	564	564	$4,210
Sketch	MOBILE HME (0800)	1971	552	552	$4,121
Sketch	MOBILE HME (0800)	1972	672	672	$5,017
Sketch	MOBILE HME (0800)	1981	1560	1824	$17,896
Sketch	MOBILE HME (0800)	1971	720	874	$7,621
Sketch	MOBILE HME (0800)	1986	848	848	$7,138

*Bldg Desc determinations are used by the Property Appraisers office solely for the purpose of determining a property's Just Value for ad valorem tax purposes and should not be used for any other purpose.

Extra Features & Out Buildings (Codes)

Code	Desc	Year Blt	Value	Units	Dims
0021	BARN,FR AE	0	$800.00	1.00	0 x 0