

**PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION**

**For Office Use Only**

(Revised 7-1-15)

Zoning Official \_\_\_\_\_

Building Official \_\_\_\_\_

AP# \_\_\_\_\_

Date Received 1/19/2021

By LH

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 \_\_\_\_\_ ☐ Out County ☐ In County ☐ Sub VF Form

Property ID # 17-05-116-03852-001 Subdivision Palawan Estates Lot# 1

▪ New Mobile Home \_\_\_\_\_ Used Mobile Home X MH Size 14'x56' Year 1997

▪ Applicant Kelly Bishop Phone # 381-623-2151

▪ Address 1161 SW Brighton Ct. Ft. White FL 32038

& WILLIAM II

▪ Name of Property Owner Kelly Bishop Phone# 381-623-2151

▪ 911 Address 1828 Centerville Ave. Ft. White FL 32038

▪ Circle the correct power company - FL Power & Light - Clay Electric

(Circle One) - Suwannee Valley Electric - Duke Energy

▪ Name of Owner of Mobile Home Kelly Bishop Phone # 381-623-2151

Address 1161 SW Brighton Ct. Ft. White FL 32038

▪ Relationship to Property Owner owner

▪ Current Number of Dwellings on Property 0

▪ Lot Size 0.95 Total Acreage 0.95

▪ 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 47 South R on Elin Church  
R on Centerville 2nd lot on left

▪ Name of Licensed Dealer/Installer Robert Sheppard Phone # 623-2203

▪ Installers Address 6355 SE CR 240 Lake City FL 32025

▪ License Number 1H-1025386 Installation Decal # \_\_\_\_\_

# Mobile Home Permit Worksheet

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

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

## POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to \_\_\_\_\_ 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 295 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.

R.S. Installer's initials

## ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Robert Sheppard

Date Tested 1-8-2021

## 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. 27

## Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 29  
Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 29

## Site Preparation

Debris and organic material removed ☒  
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 R.S.

Type gasket \_\_\_\_\_ 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 ☒  
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 Robert Sheppard

Date 1-8-2021



# Mobile Home Permit Worksheet

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

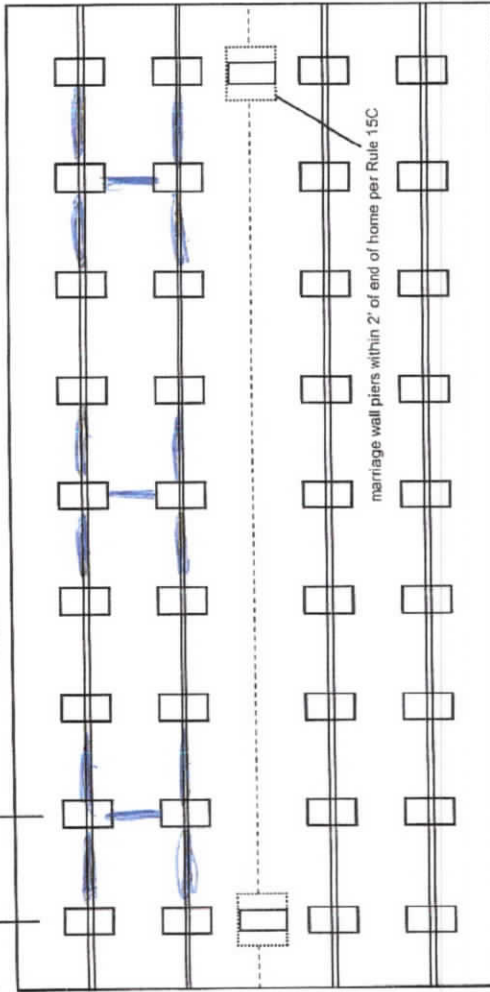
Date: \_\_\_\_\_

☐ 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 # \_\_\_\_\_  
 Triple/Quad ☐ Serial # \_\_\_\_\_

Installer: Robert Sheppard License # TH1025386  
 Address of home being installed: 1828 SW Centerville Ave  
Ft. White FL 32038  
 Manufacturer: \_\_\_\_\_ Length x width 14' x 54'

**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 R.S.



## 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 17x25  
 Perimeter pier pad size 16x16  
 Other pier pad sizes (required by the mfg.) 17x25

## 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.

## ANCHORS

Opening \_\_\_\_\_ Pier pad size \_\_\_\_\_  
 4 ft ☒ 5 ft

## FRAME TIES

within 2' of end of home spaced at 5' 4" oc ☒

## OTHER TIES

Number \_\_\_\_\_

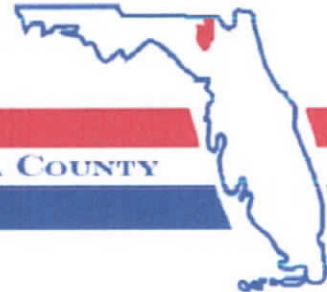
## TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)  
 Manufacturer \_\_\_\_\_  
 Longitudinal Stabilizing Device w/ Lateral Arms  
 Manufacturer OLIVER 1101V

Sidewall \_\_\_\_\_  
 Longitudinal \_\_\_\_\_  
 Marriage wall \_\_\_\_\_  
 Shearwall \_\_\_\_\_

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

**BOARD OF COUNTY COMMISSIONERS • COLUMBIA COUNTY**



**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

Date/Time Issued:	1/15/2021 5:18:25 PM
Address:	1828 SW CENTERVILLE Ave
City:	FORT WHITE
State:	FL
Zip Code	32038
Parcel ID	03852-001

REMARKS: Address Verification.

**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.**

Address Issued By: **Signed:/ Matt Crews**

Columbia County GIS/911 Addressing Coordinator

**COLUMBIA COUNTY  
911 ADDRESSING / GIS DEPARTMENT**

263 NW Lake City Ave., Lake City, FL 32055 Telephone: (386) 758-1125  
Email: [gis@columbiacountyfla.com](mailto:gis@columbiacountyfla.com)



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, Robert Sheppard, give this authority for the job address show below  
Installer License Holder Name

only, 1828 Centerville Ave Ft. White FL 32088 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)
Kelly Bishop	Kelly R Bishop	<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.

Robert Sheppard

License Holders Signature (Notarized)

14-1025380

License Number

5/28/19

Date

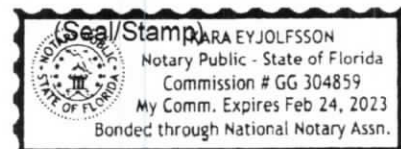
## NOTARY INFORMATION:

STATE OF: Florida

COUNTY OF: Columbia

The above license holder, whose name is Robert Sheppard, personally appeared before me and is known by me or has produced identification (type of I.D.) FLDL on this 28 day of May, 2019.

Kara E. Jolsson  
NOTARY'S SIGNATURE





**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.***

<b>ELECTRICAL</b>	Print Name <u>Whittington Elect.</u> License #: <u>EC13002957</u>  Qualifier Form Attached <input checked="" type="checkbox"/>	Signature <u>Kerry R. Bishop</u> Phone #: <u>386-497-2311</u>
<b>MECHANICAL/ A/C</b>	Print Name <u>Shatto Heat &amp; Air</u> License #: <u>CAC057875</u>  Qualifier Form Attached <input checked="" type="checkbox"/>	Signature <u>Kerry R. Bishop</u> Phone #: <u>386-497-2311</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.



SHATTO HEATING & AIR, INC.  
595 WEST MAIN STREET  
LAKE BUTLER, FL 32054  
Office (386)496-8224 Fax (386)496-9065  
service@shattoair.com

**Contractor Affidavit for Agency:**

DATE: 01/18/2021

I hereby authorize: Kelly R. Bishop, to be my

Authorized Agent for: SHATTO HEATING & AIR, INC.  
(Name of Company)

This authorization becomes effective of the date this affidavit is notarized.

This authorization acts a Durable Power of Attorney ONLY for the purpose of applying and signing for the HVAC (Mechanical) permit for: A+B Construction

The undersigned understands the liabilities involved in the granting of this agency and accepts full responsibility for any and all of the actions of the agent named related to this acquisition for the aforementioned company.

Timothy D. Shatto  
(Print Name)

1-18 2021  
(Date)

Timothy D. Shatto  
(Qualifier's Signature)

Owner  
(Title)

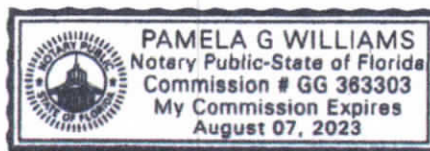
STATE OF FLORIDA  
COUNTY OF: UNION

The foregoing instrument was acknowledged before me this 18 day of Jan, 2021 by

Timothy D. Shatto, who is personally known to me ☒ - or has produced  
as identification.

Pamela G. Williams  
Notary Signature

Pamela G Williams  
Notary Printed Signature





COLUMBIA COUNTY BUILDING DEPARTMENT  
LETTER OF AUTHORIZATION TO SIGN FOR PERMITS  
135 NE Hernando Ave, Suite B-21, Lake City, FL 32055  
Phone: 386-758-1008 Fax: 386-758-2160

I, Glenn Whittington (license holder name), licensed qualifier  
for Whittington Electric (company name), do certify that  
the below referenced person(s) listed on this form is/are employed by me directly or through an  
employee leasing arrangement; or, is an officer of the corporation; or, partner as defined in  
Florida Statutes Chapter 468, and the said person(s) 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 Person Authorized	Signature of Authorized Person
1. <u>Kelly Bishop</u>	1. <u>Kelly R Bishop</u>
2.	2.
3.	3.
4.	4.
5.	5.

I, the license holder, realize that I am responsible for all permits purchased, and all work done  
under my license and fully responsible for compliance with all Florida Statutes, Codes, and  
Local Ordinances. I understand that the State and County Licensing Boards have the power and  
authority to discipline a license holder for violations committed by him/her, his/her agents,  
officers, or employees and that I have full responsibility for compliance with all statutes, codes  
and ordinances inherent in the privilege granted by issuance of such permits.

If at any time the person(s) you have authorized is/are no longer employee(s), or officer(s), you  
must notify this department in writing of the changes and submit a new letter of authorization  
form, which will supersede all previous lists. Failure to do so may allow unauthorized persons to  
use your name and/or license number to obtain permits.

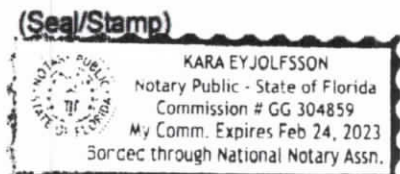
Glenn Whittington License Holders Signature (Notarized) EC13002957 License Number \_\_\_\_\_ Date \_\_\_\_\_

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Glenn Whittington,  
personally appeared before me and is known by me or has produced identification  
(type of I.D.) FLDL on this 19<sup>th</sup> day of January, 2021.

Kara E. Joffson  
NOTARY'S SIGNATURE





**CODE ENFORCEMENT  
PRELIMINARY MOBILE HOME INSPECTION REPORT**

DATE RECEIVED \_\_\_\_\_ BY \_\_\_\_\_ IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? \_\_\_\_\_

OWNERS NAME Kelly R Bishop PHONE 3812-497-2311 CELL 3812-123-2451

ADDRESS 1828 Centerville Ave. Ft. White Fl 32038

MOBILE HOME PARK NO SUBDIVISION Palawan Estates

DRIVING DIRECTIONS TO MOBILE HOME 47 South Right on Elm Church Rd.  
Right on Centerville 2nd lot on Right.

MOBILE HOME INSTALLER Robert Sheppard PHONE 123-2203 CELL \_\_\_\_\_

**MOBILE HOME INFORMATION**

MAKE \_\_\_\_\_ YEAR \_\_\_\_\_ SIZE \_\_\_\_\_ X \_\_\_\_\_ COLOR \_\_\_\_\_

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

WIND ZONE \_\_\_\_\_ 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 \_\_\_\_\_