PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only *(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_____

☐ 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 # 09-6S-17-09630-021 Subdivision Heatherwood Lot# 21

- New Mobile Home_____ Used Mobile Home ✓ MH Size 16X76 Year 1995
- Applicant H&L Customer Service, LLC Phone # 386 288-9673
- Address 301 SW Faul Court Lake City Florida 32024
- Name of Property Owner Althea Baker Phone# 386 466-5083
- 911 Address 180 SW Skinner Gln Lake City FL 32024
- Circle the correct power company - FL Power & Light - Clay Electric
  (Circle One) - Suwannee Valley Electric - Duke Energy

- Name of Owner of Mobile Home Althea Baker Phone # 386 466-5083
  Address 134 SW Stell Glen Lake City FL 32024
- Relationship to Property Owner self
- Current Number of Dwellings on Property 0
- Lot Size 4.02 Total Acreage 4.02
- 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 NO
- Driving Directions to the Property (R) onto SE Saint Johns st, (L) onto SW main Blvd, (R) onto SR47S, Merge onto I75S, exit 414 onto US441, US-41 toward high Springs (R) onto SW Howell st, (L) onto SW Marion Mann Terr, (L) onto SW Manning place, (R) onto SW Crockett way, (R) onto Skinner Glen destination on (L)
- Name of Licensed Dealer/Installer Robert Sheppard Phone # 386 623-2203
- Installers Address 6355 SE CR 245 Lake City FL 32024
- License Number IH/10253886 Installation Decal # 78425

BUILDING DEPARTMENT Application #_____
COLUMBIA COUNTY, FLORIDA
OUT OF COUNTY MOBILE HOME INSPECTION REPORT

COUNTY THE MOBILE HOME IS BEING MOVED FROM Alachua

OWNERS NAME Althea Baker PHONE 3864666-5083 CELL _____

INSTALLER Robert Sheppard PHONE _____ CELL 3866623-2203

INSTALLERS ADDRESS 6355 SE CR 245 Lake City FL 32024

MOBILE HOME INFORMATION

MAKE West YEAR 1995 SIZE 16 X 76

COLOR Cream SERIAL No. GAFLS75A24D72WE21

WIND ZONE II SMOKE DETECTOR pass

INTERIOR:
FLOORS pass

DOORS pass

WALLS pass

CABINETS pass

ELECTRICAL (FIXTURES/OUTLETS) pass

EXTERIOR:
WALLS / SIDDING pass

WINDOWS pass

DOORS pass

INSTALLER: APPROVED ✓ NOT APPROVED _____

INSTALLER OR INSPECTORS PRINTED NAME Robert Sheppard

Mobile Home Installer Signature Robert Sheppard **License No.** IH/1025386 **Date** 3/18/22

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.

FOR OFFICE USE

Building Inspectors 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, Robert Sheppard (Installer License Holder Name), give this authority for the job address show below only, 180 SW SKinner Glen Lake City FL 32024 (Job Address), and I do certify that 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)
H&L Customer Servcie	Samanda Mata	✓ 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.

Robert Sheppard
License Holders Signature (Notarized)

IH/10253876
License Number

3/18/2022
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.) personally known · on this 18th day of March, 20 22.

Connie L Bivins
NOTARY'S SIGNATURE

(Seal/Stamp)

Notary Public State of Florida
Connie L. Bivins
My Commission
HH 223904
Exp. 2/2/2026

PERMIT NUMBER

PERMIT WORKSHEET

Installer Robert Sheppard License # IH/1025386

Address of home being installed 180 SW Skinner Gln
Lake City FL 32024

Manufacturer West ngth x width 16 x 76

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 RS

New Home ☐ Used Home ☒

Home installed to the Manufacturer's Installation Manual ☒

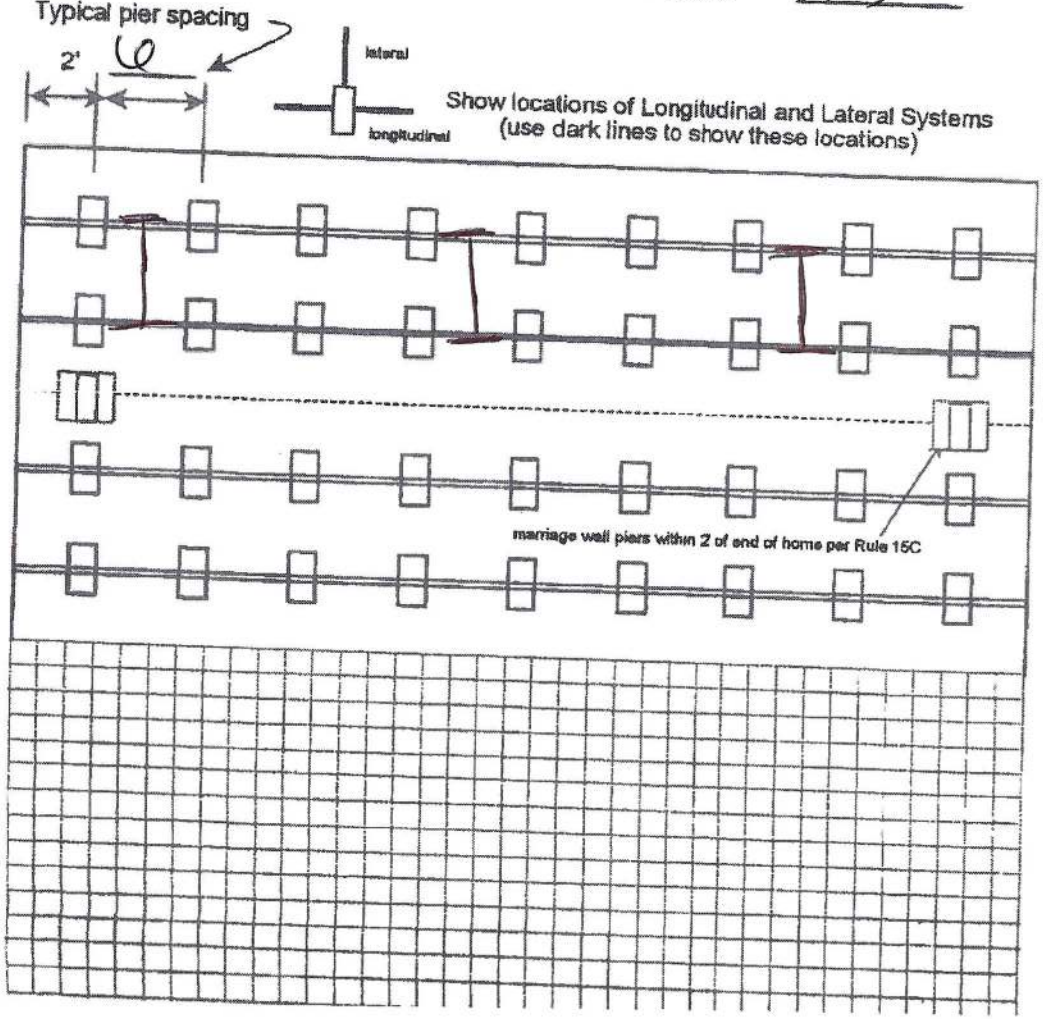
Home is installed in accordance with Rule 15-C ☐

Single wide ☒ Wind Zone II ☒ Wind Zone III ☐

Double wide ☐ Installation Decal # 78425

Triple/Quad ☐ Serial # GAFLS75A2407WE21

Typical pier spacing



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 17 x 25

Perimeter pier pad size 16 x 16

Other pier pad sizes (required by the mfg.) 17 x 25

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
large	17 x 25

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 01 12V 10

OTHER TIES

	Number
Sidewall	0
Longitudinal	0
Marriage wall	2
Shearwall	

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 240 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.

RS Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Robert Sheppard

Date Tested 2/9/22

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. 29

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 28

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 28

Site Preparation

Debris and organic material removed ✓

Water drainage: Natural _____ Swale _____ Pad ✓ Other _____.

Fastening multi wide units

Floor:	Type Fastener: lags	Length: 5	Spacing: 16
Walls:	Type Fastener: screws	Length: 4	Spacing: 16
Roof:	Type Fastener: lags	Length: 6	Spacing: 16

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 Foam

Pg. 22

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 ✓

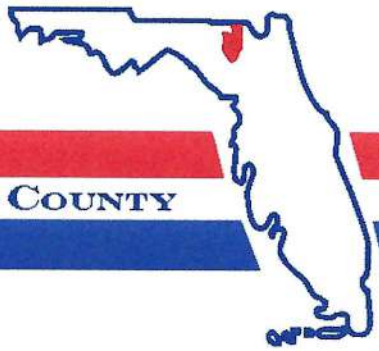
Other : _____

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 Robert Sheppard Date 2/9/22

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, Robert Sheppard, of Robert Sheppard Mobile Home Set up. license number
(Print Name) (Company Name)

IH 1025366, 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.

Robert Sheppard
Signature – Licensed Mobile Home Installer

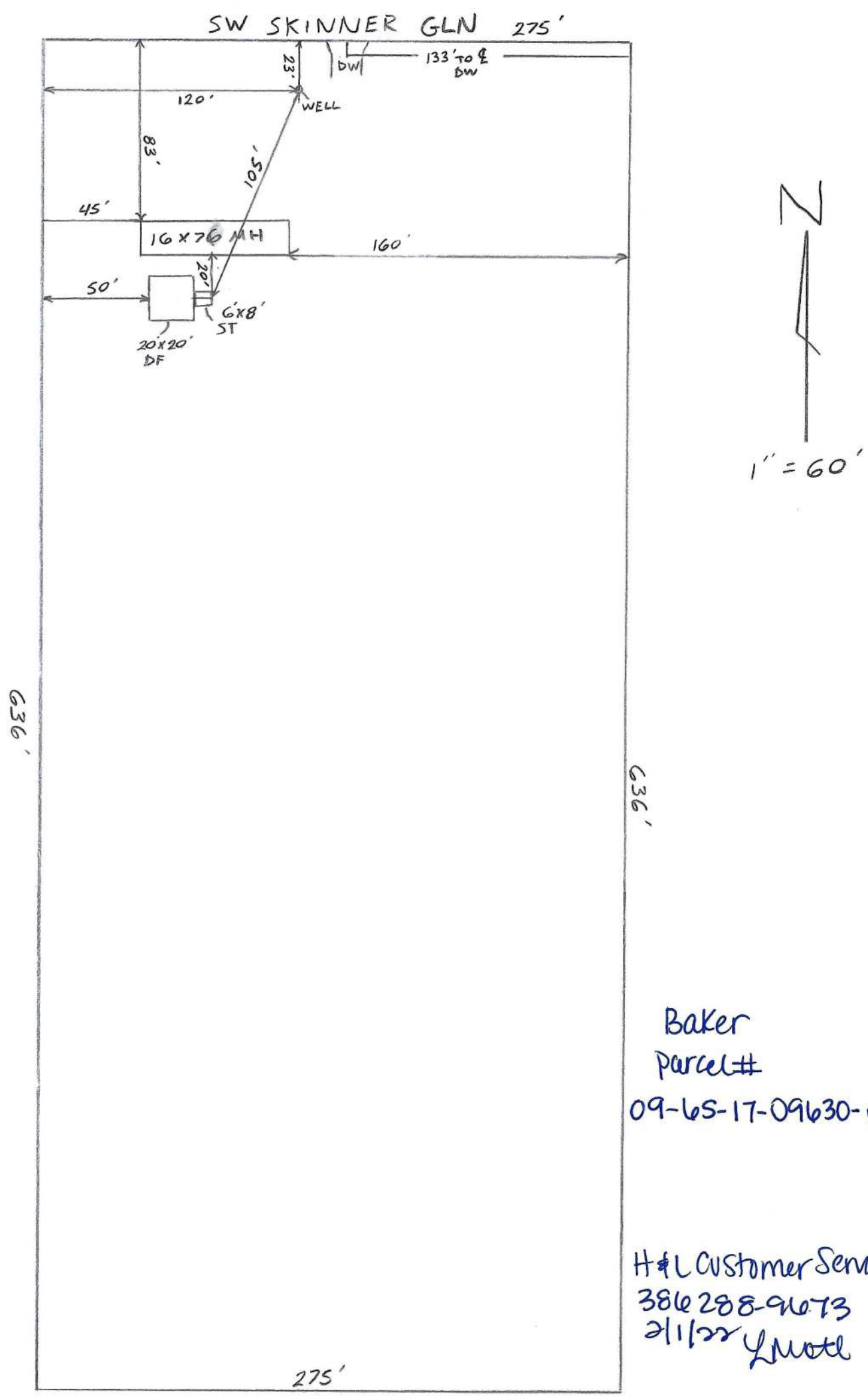
3/18/22
Date

Job Information

Job Name: Baker

Location: 180 SW Skinner Gln Lake City FL 32024

Application or Permit #: _____



Baker
Parcel #
09-6S-17-09630-021

H&L Customer Service
386 288-9673
2/1/22 LMott

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:	**2/2/2022 3:02:11 PM**
Address:	**180 SW SKINNER Gln**
City:	**LAKE CITY**
State:	**FL**
Zip Code	**32024**
Parcel ID	**09630-021**

REMARKS: **New address for Habitable structure (family home, business, etc.) on the parcel.**

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: MOORE, DAVID R.

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

Columbia County Property Appraiser

Jeff Hampton | Lake City, Florida | 386-758-1083

PARCEL: 09-6S-17-09630-021 (35504) | VACANT (0000) | 4.02 AC

LOT 21 HEATHERWOOD S/D. 756-1182, LE 1423-1357,

BAKER DAVID WILLARD

Owner: **BAKER ALTHEA BARROW**
134 SW STELL GLN
LAKE CITY, FL 32024

Site:

Sales Info
11/4/2020 $100 V (U)
12/30/1991 $11,500 V (Q)

2022 Working Values

Mkt Lnd	$26,934	Appraised	$26,934
Ag Lnd	$0	Assessed	$26,934
Bldg	$0	Exempt	$0
XFOB	$0		**county:**$26,934
Just	$26,934	Total Taxable	**city:**$0
			other:$0
			school:$26,934

NOTES:

Columbia County, FL

STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM

PERMIT #: 12-SC-2470230
APPLICATION #: AP1805476
DATE PAID: 2/22/22
FEE PAID: 310.00
RECEIPT #:
DOCUMENT #: PR1740459

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: DAVID**22-0144 BAKER

PROPERTY ADDRESS: SW SKINNER Lake City, FL 32024

LOT: 21 BLOCK: SUBDIVISION: Heatherwood Estates

PROPERTY ID #: 09630-021 [SECTION, TOWNSHIP, RANGE, PARCEL NUMBER] [OR TAX ID NUMBER]

SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF SECTION 381.0065, F.S., AND CHAPTER 64E-6, F.A.C. DEPARTMENT APPROVAL OF SYSTEM DOES NOT GUARANTEE SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN MATERIAL FACTS, WHICH SERVED AS A BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT TO MODIFY THE PERMIT APPLICATION. SUCH MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE NULL AND VOID. ISSUANCE OF THIS PERMIT DOES NOT EXEMPT THE APPLICANT FROM COMPLIANCE WITH OTHER FEDERAL, STATE, OR LOCAL PERMITTING REQUIRED FOR DEVELOPMENT OF THIS PROPERTY.

SYSTEM DESIGN AND SPECIFICATIONS

TANK [900] GALLONS / GPD New Multi-Chambered Septic CAPACITY
TANK [ ] GALLONS / GPD N/A CAPACITY
[ ] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK:1250 GALLONS]
[ ] GALLONS DOSING TANK CAPACITY [ ]GALLONS @[ ]DOSES PER 24 HRS #Pumps [ ]

DRAIN [308] SQUARE FEET Drainfield SYSTEM
DRAIN [ ] SQUARE FEET N/A SYSTEM
TYPE SYSTEM: [ ] STANDARD [ ] FILLED [x] MOUND [ ]
CONFIGURATION: [x] TRENCH [ ] BED [ ]
LOCATION OF BENCHMARK: Nail in oak tree west of site
ELEVATION OF PROPOSED SYSTEM SITE [24.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
BOTTOM OF DRAINFIELD TO BE [20.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
FILL REQUIRED: [22.00] INCHES EXCAVATION REQUIRED: [ ] INCHES

OTHER
The system is sized for 2 bedrooms with a maximum occupancy of 4 persons (2 per bedroom), for a total estimated flow of 200 gpd.

SPECIFICATIONS BY: Robert Ford TITLE: Master Contractor

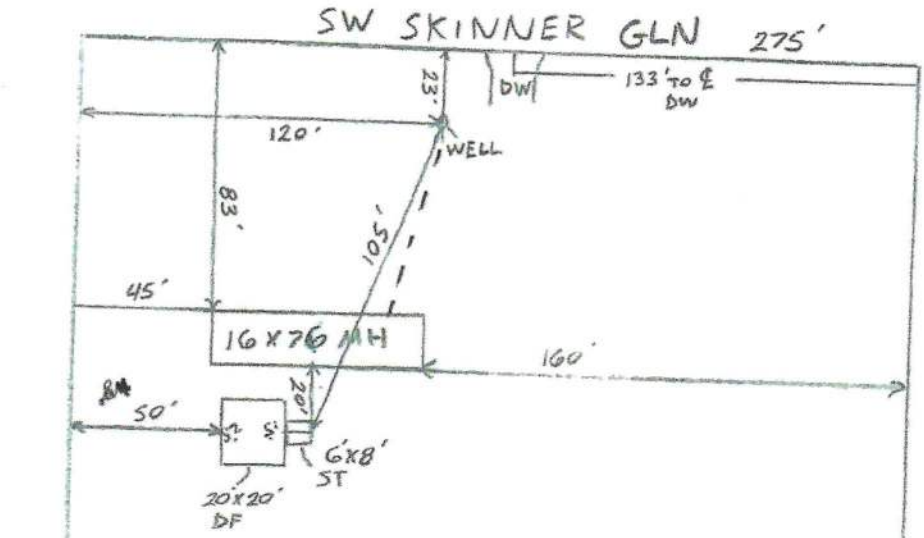
APPROVED BY: Sean P Havens TITLE: Environmental Specialist I Columbia CHD

DATE ISSUED: 03/03/2022 EXPIRATION DATE: 09/03/2023

DH 4016, 08/09 (Obsoletes all previous editions which may not be used)
Incorporated: 64E-6.003, FAC

v 1.1.4 AP1805476 SE1657458

22-0144



N

1" = 60'

636'

636'

275'

2/17/22
Robert Ford (N)

Baker
Parcel #
09-6S-17-09630-021

H&L Customer Servie
386 288-9673
2/1/22 LMotl

STATE OF FLORIDA

A01160

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

Identification Number	Year	Make	Body	WT-L-BHP	Vessel Regis. No.	Title Number
GAFLS75A24072WE21	1995	WEST	HS	76'		68430136

Registered Owner:

KRISTI KIMBERLY HAWLEY
13563 NW 8TH ROAD
JONESVILLE FL 32669

Date of Issue 05/05/2020

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.flhsmv.gov/html/titlinf.html

Mail To:

KRISTI KIMBERLY HAWLEY
13563 NW 8TH ROAD
JONESVILLE FL 32669-3328

CERTIFICATE OF TITLE

Identification Number	Year	Make	Body	WT-L-BHP	Vessel Regis. No.	Title Number
GAFLS75A24072WE21	1995	WEST	HS	76'		68430136

Prev State	Color	Primary Brand	Secondary Brand	No of Brands	Use	Prev Issue Date
FL	UNK				PRIVATE	12/15/2014

Odometer Status or Vessel Manufacturer or OH use	Hull Material	Prop	Date of Issue
			05/05/2020

Lien Release
Interest in the described vehicle is hereby released
By_____
Title_____
Date_____

Registered Owner

KRISTI KIMBERLY HAWLEY
13563 NW 8TH ROAD
JONESVILLE FL 32669

1st Lienholder

NONE

VOID IF ALTERED

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

Robert R. Kynoch
Robert R. Kynoch
Director

Control Number 146073044

Terry L. Rhodes
Executive Director

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 milege, 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: Althea Baker or David Baker Address: 1345 W Stell Glen LC FL 320
Seller Must Enter Selling Price: 12,500 Seller Must Enter Date Sold: 1-25-22

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: X Kristi Hawley
Print Here: KRISTI HAWLEY
CO-SELLER Must Sign Here:
Print Here:
Selling Dealer's License Number: Tax No.: Tax Collected:
Auction Name License Number:

PURCHASER Must Sign Here: Althea Baker
Print Here: Althea Baker
CO-PURCHASER Must Sign Here: David Baker
Print Here: David Baker

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