Permit Application / Manufactured Home Installation Application

For Office Use Only (Revised 6/24) Zoning Official _____ Building Official A.C. 8-16-24

AP# 000487 Date Received _____ By _____ Permit # 50808

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 # _____

☐ Land Owner Affidavit ☐ Installer Authorization ☐ FW Comp. letter ☐ App Fee Paid ☐ 911 App

☐ DOT Approval ☐ Parent Parcel # _____ ☐ STUP-MH _____

☐ Ellisville Water Sys ☐ Assessment _____ ☐ In County ☐ Sub VF For

***This page not required if Online Submission**

Property ID # _____ Subdivision Hi Dri Acres Lot# 71

- ☐ New Mobile Home ☑ Used Mobile Home MH Size 16' x 76' Year 1999
- Applicant Larry D. Schmidt Phone# 386-269-8055
- Address 275 SW Wheat PL LAKE City 32024
- Name of Property Owner Larry + Mary Schmidt Phone# 386-755-9180
- 911Address _____
- Circle the correct power company - ☐FL Power & Light - ☑Clay Electric

(Circle One) ☐- Suwannee Valley Electric - ☐Duke Energy

- Name of Owner of Mobile Home Lisa Bryan
- Phone # 386-269-8055 Address 275 SW Wheat PL LAKE City
- Relationship to Property Owner daughter
- Current # of Dwellings on Property 2 # of Bed/bath 3/2
- Lot Size _____ Total Acreage 2.14
- Do you:(Circle one) ☑Have Existing Drive (Currently using) ☐Private Drive ☐Need a Driveway Permit (Blue Road Sign)

Please be advised all MH applications may prompt a driveway permit regardless of existing/private driveway

- Is this Mobile Home Replacing an Existing Mobile Home ☑Yes ☒No
- Name of Licensed Dealer/Installer Kenneth Bamlett
- Installers Phone # 904-626-3958
- InstallersAddress 5405 cr 218 Middleburg 32068
- License Number: EH1025216
- Installation Decal # 114095
- Is the mobile home currently located in Columbia County? ☐Yes ☑No

(Only required for used mobile homes)

Applicant Email Address: bryanlisa562@gmail.com

(This is where application updates will be sent)

Mobile Home Permit Worksheet

Application Number: _____ Date: _____

Installer : Kenneth Bramlett License # IH1025216

Address of home being installed _____

Manufacturer Fleetwood Length x width 16x76

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 # _____

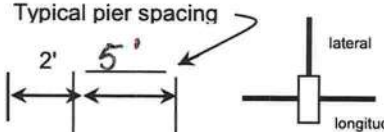
Triple/Quad ☐ Serial # FLW07A43513CE22

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

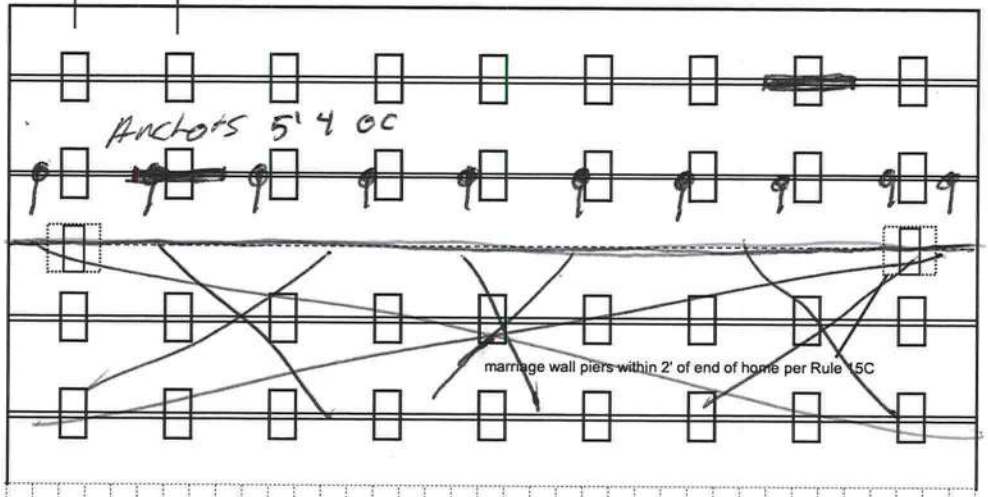
I understand Lateral Arm Systems cannot be used on any home (new or used) where the sidewall ties exceed 5 ft 4 in.

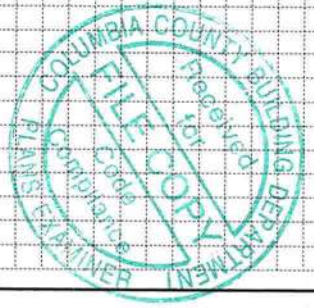
Installer's initials KMB

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 17X25

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
NA	

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer

Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer

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

OTHER TIES

	Number
Sidewall	4
Longitudinal	2
Marriage wall	NA
Shearwall	NA

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 _____ inch pounds or check here if you are declaring 5' anchors without testing 5'. 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.

KWB Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Kenneth Bramlett

Date Tested ~~DS~~ -15C-1 -1000

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. _____

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: _____	Length: _____	Spacing: _____
Walls:	Type Fastener: _____	Length: _____	Spacing: _____
Roof:	Type Fastener: _____	Length: _____	Spacing: _____

NA 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 _____
Pg. _____

NA

Installed:
Between Floors Yes _____
Between Walls Yes _____
Bottom of ridgebeam Yes _____

Weatherproofing

NA 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 7-29-24

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 Lisa Byrd Signature Lisa Byrd License #: _____ Phone #: _____ Company Name: OWNER ☐ Qualifier Form Attached
MECHANICAL/ A/C _____	Print Name Lisa Byrd Signature Lisa Byrd License #: _____ Phone #: _____ Company Name: OWNER ☐ 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
(Only required for used homes)

COUNTY THE MOBILE HOME IS BEING MOVED FROM _____

OWNERS NAME _____ PHONE _____ CELL _____

INSTALLER Kenneth Bramlett PHONE 904-626-3958 CELL same

INSTALLERS ADDRESS 5404A cr 218 middleburg 32068

MOBILE HOME INFORMATION

MAKE Fleetwood YEAR 1999 SIZE 16 X 76

COLOR White SERIAL No. FLW07A43513CE22

WIND ZONE II SMOKE DETECTOR ✓

INTERIOR:
FLOORS good

DOORS good

WALLS good

CABINETS good

ELECTRICAL (FIXTURES/OUTLETS) good

EXTERIOR:
WALLS / SIDDING good

WINDOWS good

DOORS good

INSTALLER: APPROVED yes NOT APPROVED _____

INSTALLER OR INSPECTORS PRINTED NAME Kenneth Bramlett

License No. IH1025216 Date 7-29-24

NOTES: _____

ONLY THE ACTUAL LICENSE HOLDER 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 386-719-2023 TO SET UP THIS INSPECTION. NO PERMIT WILL BE ISSUED BEFORE THIS IS DONE.

Licensed Installer Approval Signature _____ Date 7-29-24

Revised 12/2023

COLUMBIA COUNTY BUILDING DEPARTMENT
135 NE Hernando Ave, Suite B-21, Lake City, FL 32055
Phone: 386-758-1008 Fax: 386-758-2160

***Use to authorize property owners to pull permit on Installers behalf.**

MOBILE HOME INSTALLERS LETTER OF AUTHORIZATION

I, Kenneth Bramlett (Installer License Holder Name), give this authority for the job address show below only, 275 SW Wheat PL LAKE City 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
Lawrence Schneiders	

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: IH10252216 | Date: 7-30-24

NOTARY INFORMATION:
STATE OF: FL COUNTY OF: Baker

The above license holder, whose name is Kenneth Bramlett, personally appeared before me and is known by me or ~~has~~ produced identification (type of I.D.) FL Drivers Lic. Exp 01/28/26 on this 30th day of July, 20 24.

Roxana R. Morris
NOTARY'S SIGNATURE

(Seal/Stamp)

ROXANA R MORRIS
Notary Public - State of Florida
Commission # HH 239247
My Comm. Expires Mar 13, 2026

Institute for Building Technology and Safety (IBTS)

MANUFACTURED HOME PERFORMANCE VERIFICATION CERTIFICATE©

Order#: LVDP505096 **Issue Date:** 07/08/2024

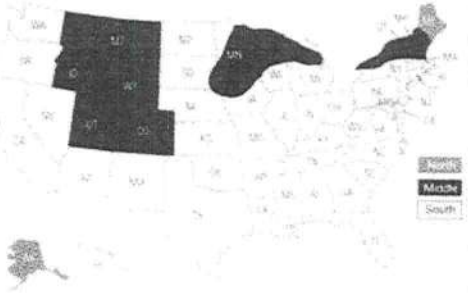
Reference No: N/A

Verification: IBTS's Manufactured Home Data Verification Team has researched regulatory records on the **Fleetwood Enterprises/Westfield #7, Douglas, GA,** manufactured home having the serial number(s) and date of manufacture identified below. Based on shipment records maintained by IBTS, as required by the U.S. Department of Housing and Urban Development, provided by the home manufacturer and pursuant to 24 CFR 3282.552, IBTS verifies the following home performance information listed below corresponds to the home's initial destination and the construction standards set forth in 24 CFR 3280 at the time the home was labeled.

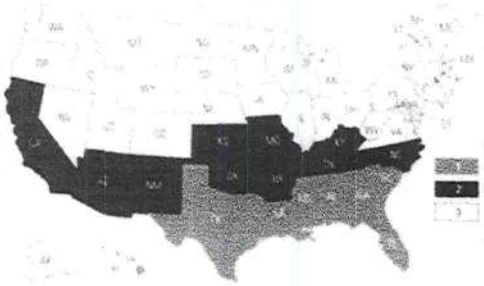
Serial Number(s): GAFLW07A43513-CE22 **Manufacture Date:** 08-28-1998

Wind Zone: Zone II

Roof Load Zone: South



Thermal Zone: Zone 1, 2



Verification Provided by the Institute for Building Technology and Safety

Ashok K. Gowrani

President

IBTS Verification Seal

DISCLAIMER: This information is applicable only to the home having serial numbering and date of manufacture noted above. IBTS provides this verification based on the production reports provided by the home manufacturer and the zone requirements in effect at the time the home was labeled by the home manufacturer. IBTS makes no representations beyond those set forth herein and is not liable for modifications to the home's construction or subsequent home moves that may affect the home performance information verified above.

The Institute for Building Technology and Safety
(a nonprofit organization)

45207 Research Place, Ashburn VA 20147 | 866-482-8868 | www.ibts.org

ORIGINAL

STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE DISPOSAL SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT
Authority: Chapter 381, FS

CENTRAX #: 12-SC-02731
DATE PAID: 8-3-01
FEE PAID: $ 200.00
RECEIPT :
OSTDSNBR: 01-0629-N

Released 8/13/01

01-0629-N

APPLICATION FOR:

[X] New System [ ] Existing System [ ] Holding Tank [ ] Innovative
[ ] Repair [ ] Abandonment [ ] Temporary [NA]

APPLICANT: Schneiders, Lawrence & Mary TELEPHONE: 904 758-9621

AGENT: 000000130 , Ronnie Norris,

MAILING ADDRESS: Rt 14 Box 321 Lc 32024

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. ATTACH BUILDING PLAN AND TO-SCALE SITE PLAN SHOWING PERTINENT FEATURES REQUIRED BY CHAPTER 64E-6, FLORIDA ADMINISTRATIVE CODE.

PROPERTY INFORMATION [IF LOT IS NOT IN A RECORDED SUBDIVISION, ATTACH LEGAL DESCRIPTION OR DEED]

LOT: 71 BLOCK: _____ SUBDIVISION: Hi Dri Acres/Unit 2 PLATTED: 7/1/88

PROPERTY ID #: 15-05-16-03626-071 ZONING: _____ I / M OR EQUIVALENT: [Y / (N)]

PROPERTY SIZE: 2.14 ACRES [Sqft/43560] PROPERTY WATER SUPPLY: [X] PRIVATE [ ] PUBLIC

IS SEWER AVAILABLE AS PER 381.0065, FLORIDA STATUTES? [Y / (N)] DISTANCE TO SEWER: — FT

PROPERTY STREET ADDRESS: Tarkin Terr, Lake City

DIRECTIONS TO PROPERTY:
47s to columbia city tr on c r 240tl on mauldin rd, tl on tarkin ter, 3rd place on left with brown dwmh with screened porch, property fenced (site will br behind existing dwmh)

BUILDING INFORMATION [X] RESIDENTIAL [ ] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	# Persons Served	Business Activity For Commercial Only
0	3 Bdrm Single/Multi Fa	3	1280	5	

[N] Floor/Equipment Drains [N] Other (Specify) _____

APPLICANT'S SIGNATURE: Ronnie Norris DATE: 8/3/01

DH 4015, 03/97 (Obsoletes previous editions which may not be used)
(Stock Number: 5744-001-4015-1) [ostds_appl_4015-1]

Page 1 of 4

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number _____

PART II - SITEPLAN

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

Rotate 180°

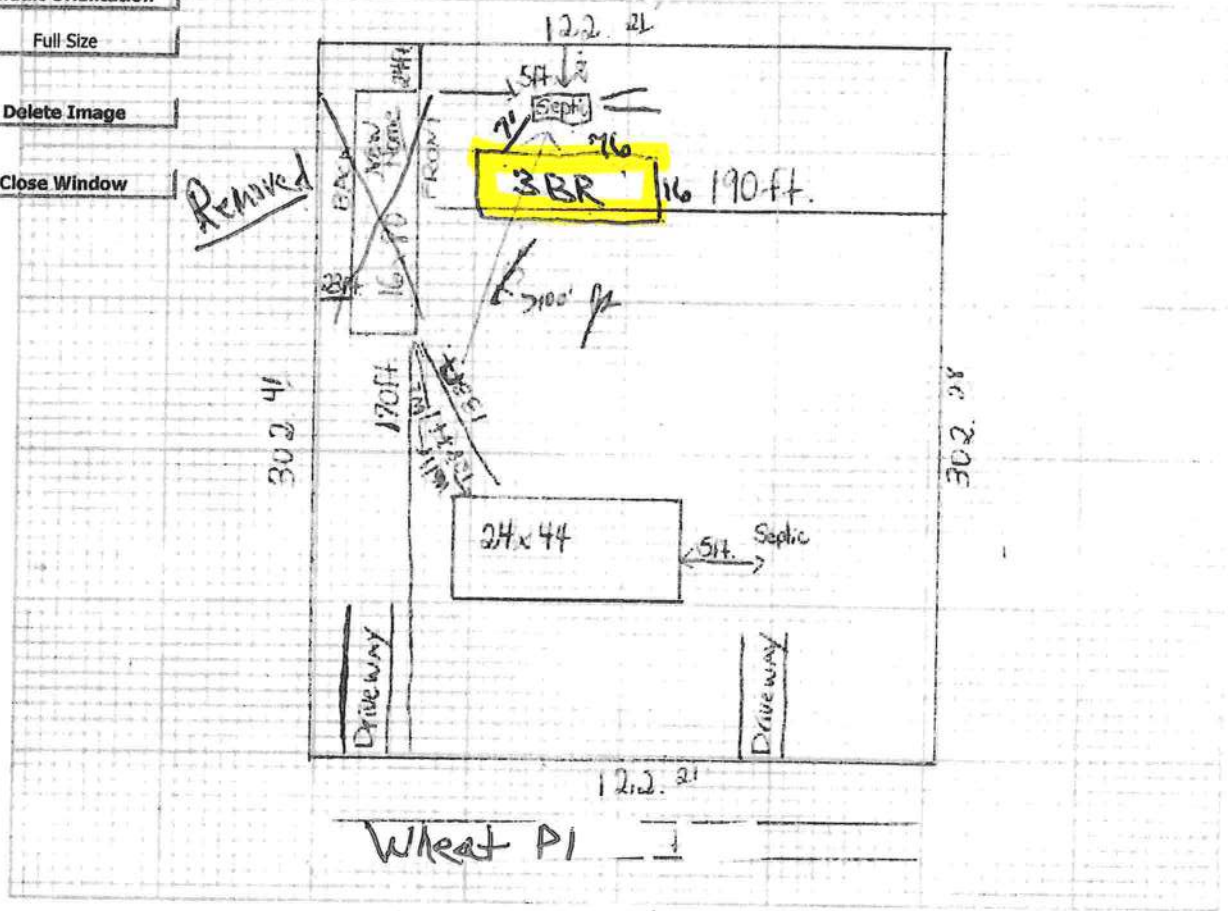
Default Orientation

Full Size

Delete Image

Close Window

Scale: Each block represents 5 feet and 1 inch = 50 feet.



Notes: _____

Site Plan submitted by _____

Plan Approved _____ Not Approved _____ Date _____

By _____ 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: 62-8.004, F.A.C.

OSTDS Site Plan
Page #1

Rotate Left 90°
Rotate Right 90°
Rotate 180°
Default Orientation
Full Size
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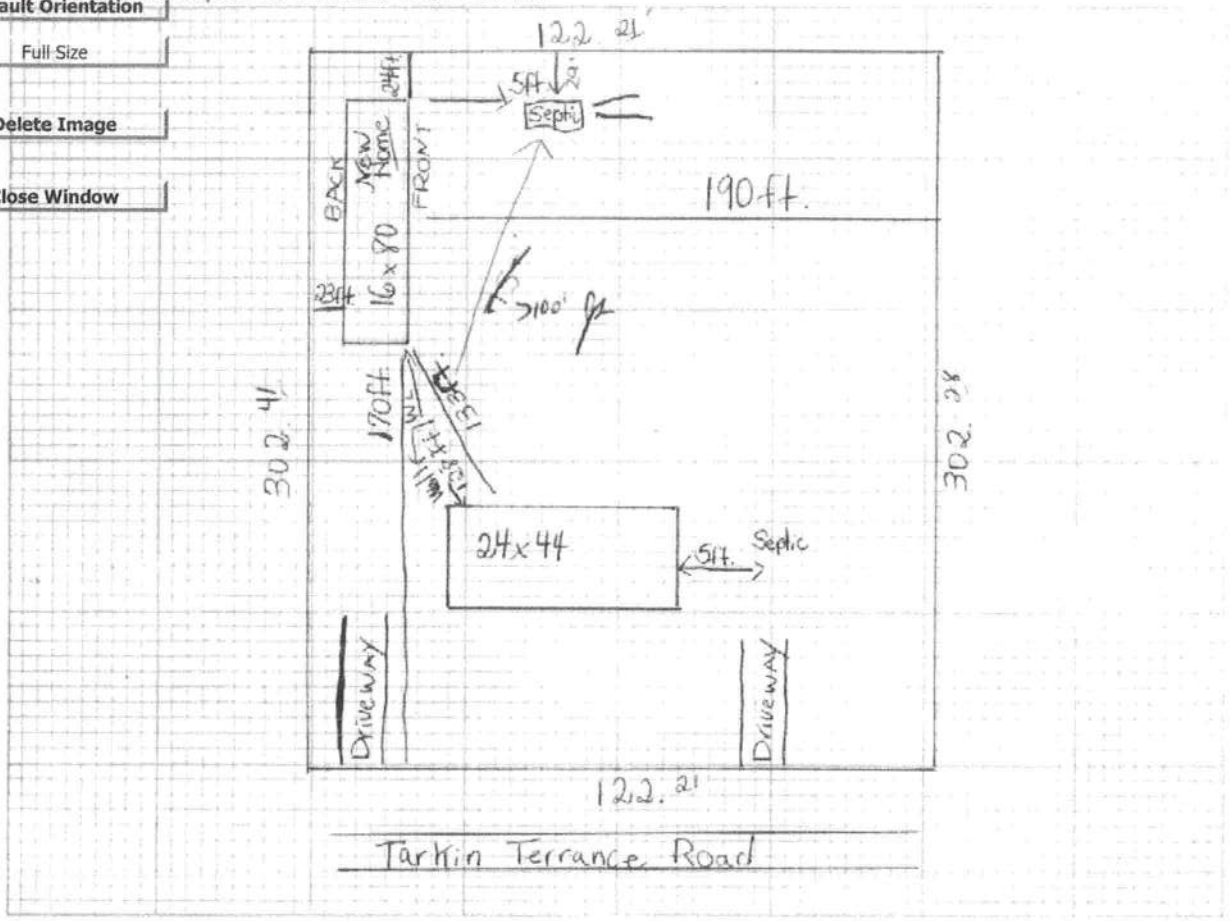
STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 01-0629-N

PART II - SITE PLAN

Scale: Each block represents 5 feet and 1 inch = 50 feet.



Notes: _____

Site Plan submitted by: _____ (Signature) agent (Title)

Plan Approved X Not Approved _____ Date 8/7/01

By _____ Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DH 4015, 10/96 (Replaces HRS-H Form 4015 which may be used)
(Stock Number: 5744-002-4015-8)

Page 2 of 3

OSTDS Final Approval
Page # 1

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Rotate 180°
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STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
CONSTRUCTION INSPECTION AND FINAL APPROVAL

CENTRAX #: 12-SC-02731
DATE PAID: 8/3/01
FEE PAID : 200.00
RECEIPT : 5010803003
OSTDSNBR : 01-0629-N

01-0629-N

APPLICANT: Schneiders, Lawrence & Mary AGENT: 000000130,

PROPERTY STREET ADDRESS: Tarkin Terr Lake City FL 32055

LOT: 71 BLOCK: _____ SUBDIVISION: Hi Dri Acres/Unit 2
[Section/Township/Range/Parcel No.]
PARCEL ID #: 15-05-16-03626-071 [OR TAX ID NUMBER]

CHECKED [X] ITEMS ARE NOT IN COMPLIANCE WITH CHAPTER 64E-6, FLORIDA ADMINISTRATIVE CODE.

TANK INSTALLATION
[Y] [01] TANK SIZE [1] 900 [2] _____
[Y] [02] TANK MATERIAL PRECAST
[Y] [03] OUTLET DEVICE
[Y] [04] MULTI-CHAMBERS
[Y] [05] LEGEND 34-107-098
[Y] [06] WATERTIGHT
[Y] [07] LEVEL
[Y] [08] DEPTH OF LID

DRAINFIELD INSTALLATION
[Y] [09] AREA [1] 336 [2] _____ SQFT
[Y] [10] DISTRIBUTION (BOX) HEADER
[Y] [11] NUMBER OF DRAINLINES 2
[Y] [12] DRAINLINE SEPARATION
[Y] [13] DRAINLINE SLOPE

[Y] [14] DEPTH OF COVER
[Y] [15] SYSTEM ELEVATION 53" below BM
[Y] [16] SYSTEM LOCATION
[N/A] [17] DOSING PUMPS
[Y] [18] AGGREGATE SIZE
[Y] [19] AGGREGATE SOURCE five chips
[Y] [20] AGGREGATE WASHED
[Y] [21] AGGREGATE DEPTH

FILL/EXCAVATION MATERIAL
[Y] [22] FILL AMOUNT
[Y] [23] FILL TEXTURE
[Y] [24] EXCAVATION DEPTH
[Y] [25] EXCAVATION AREA
[Y] [26] REPLACEMENT MATERIAL

SETBACKS
[Y] [27] SURFACE WATER
[Y] [28] DITCHES
[Y] [29] PRIVATE WELLS
[N/A] [30] PUBLIC WELLS
["] [31] IRRIGATION WELLS
[ ] [32] POTABLE WATER LINES
[Y] [33] BUILDING FOUNDATION
[Y] [34] PROPERTY LINES
[N/A] [35] OTHER _____

FILLED/MOUND SYSTEM
[N/A] [36] DRAINFIELD COVER
["] [37] SHOULDERS
["] [38] SLOPES
["] [39] STABILIZATION MATERIAL _____

ADDITIONAL INFORMATION
[Y] [40] UNOBSTRUCTED AREA
[Y] [41] STORMWATER RUNOFF
[N/A] [42] ALARMS
["] [43] MAINTENANCE AGREEMENT
[Y] [44] BUILDING AREA
[ ] [45] PLUMBING FIXTURES
[Y] [46] FINAL SITE GRADING
[Y] [47] CONTRACTOR Jetline (8/9) 11:30
[N/A] [48] OTHER _____

ABANDONMENT
[N/A] [49] TANK PUMPED _____
["] [50] TANK CRUSHED AND FILLED _____

EXPLANATION OF VIOLATIONS:

CONSTRUCTION [APPROVE/DISAPPROVE] John Hall Columbia CHD Date: 8/9/01

FINAL SYSTEM [APPROVE/DISAPPROVE] John Hall Columbia CHD Date: 8/9/01

DH 4016, 03/97 (Obsoletes previous editions which may not be used)
(Stock Number: 5744-002-4016-4) [ostds_cins_4016-2]

Page 2 of 2

OSTDS Site Plan
Page 1 of 1

Rotate Left 90°
Rotate Right 90°
Rotate 180°
Default Orientation
Full Size
Delete Image
Close Window

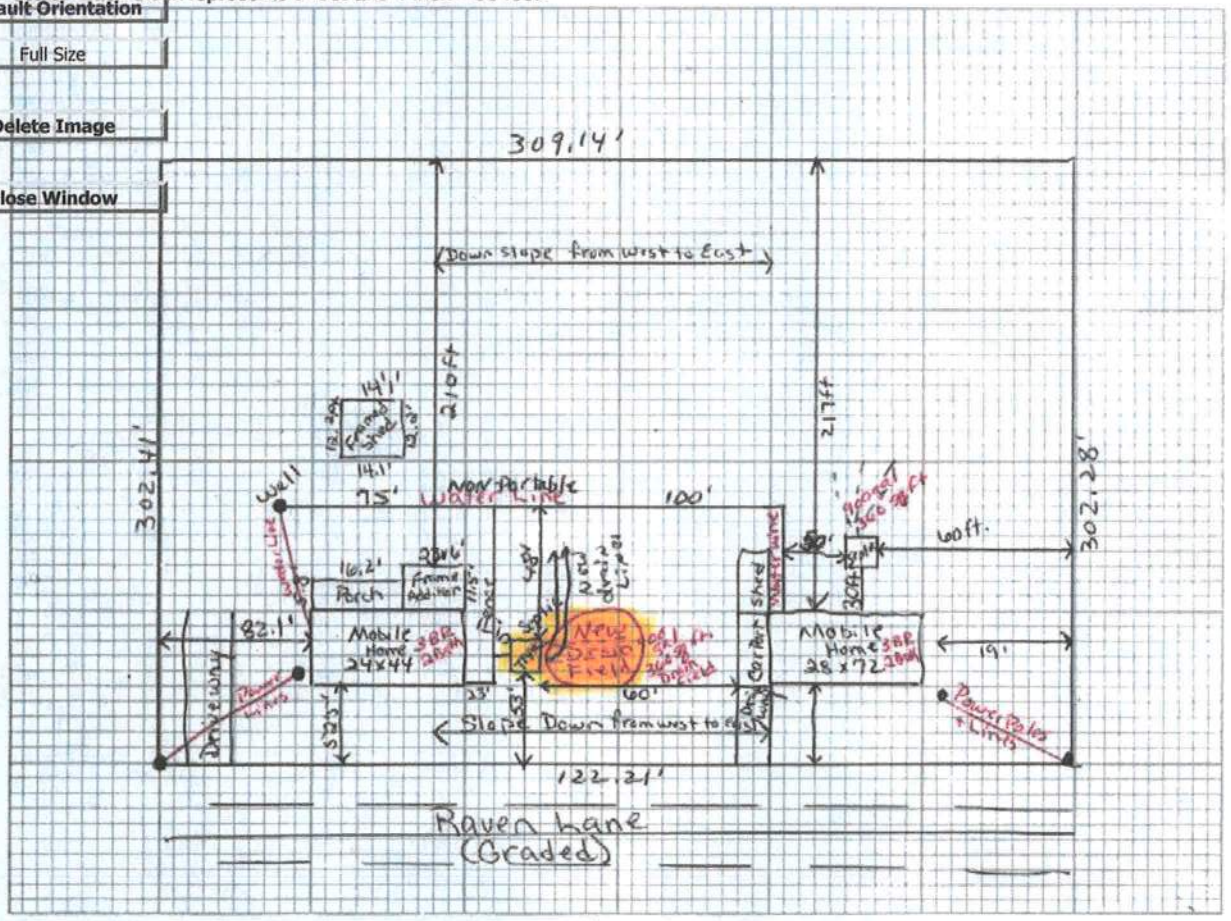
STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 01-0606-K

PART II - SITE PLAN

Scale: Each block represents 5 feet and 1 inch = 50 feet.



Notes: New Drain field area circled

Site Plan submitted by: Mary Schneider (Signature) owner (Title)

Plan Approved ✓ Not Approved ____ Date 7/27/01

By John Hall Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DH 4015, 10/96 (Replaces HRS-H Form 4015 which may be used)
(Stock Number: 5744-002-4015-6)

Page 2 of 3