

**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 # 30-25-17-04800-106 Subdivision PINES OF FALLING CREEK Lot# 6

New Mobile Home  Used Mobile Home \_\_\_\_\_ MH Size 28x60/64 Year 2021

Applicant PAUL BARNEY, Agent Phone # 386-209-0906

Address 466 S.W. DEP. J. DAVIS LN LAKE CITY, FL 32024

Name of Property Owner COUCH, DONALD SCOTT Phone# 770-313-5666

911 Address 241 N.W. IAN CT LAKE CITY, FL 32055

Circle the correct power company -  
 (Circle One) - FL Power & Light - Suwannee Valley Electric - Clay Electric - Duke Energy

Name of Owner of Mobile Home COUCH, DONALD SCOTT Phone # 770-313-5666

Address 1586 S.E. COUNTRY CLUB RD, LAKE CITY, FL 32025

Relationship to Property Owner SELF

Current Number of Dwellings on Property 0

Lot Size 251' x 275' Total Acreage 1.26

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 US 41 NORTH (JUST PAST 1-10) TO FALLING CREEK RD T/R, GO APPROX 3 MILES TO TAYLOR MAGEE T/R, GO 300' 10 N.W. IAN CT T/L GO TO CUL-DE-SAC TO SITE ON RIGHT IN CUL-DE-SAC

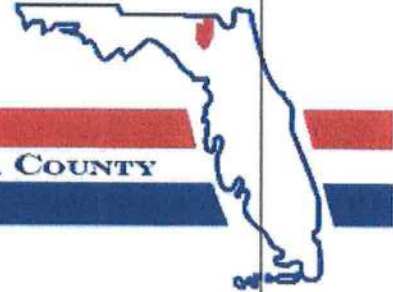
Name of Licensed Dealer/Installer DAVID ALBRIGHT Phone # 386-344-3645

Installers Address 353 S.W. MAULDIN AVE, LAKE CITY, FL 32024

License Number 14-1129420 Installation Decal # 71608

Couch

District No. 1 - Ronald Williams  
District No. 2 - Rocky Ford  
District No. 3 - Bucky Nash  
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: **5/19/2020 8:41:20 PM**  
Address: **241 NW IAN Ct**  
City: **LAKE CITY**  
State: **FL**  
Zip Code **32055**

Parcel ID **04800-106**

REMARKS: Address for proposed structure on 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: **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)

Prepared by:  
Michael H. Harrell  
Abstract Trust Title, LLC  
283 NW Cole Terrace  
Lake City, FL 32055

Inst: 201912003821 Date: 02/18/2019 Time: 12:22PM  
Page 1 of 1 B: 1378 P: 1225, P.DeWitt Cason, Clerk of Court  
Columbia, County, By: PT  
Deputy Clerk Doc Stamp-Deed: 105.00

ATT# 4-8743

# Warranty Deed

Individual to Individual

THIS WARRANTY DEED made the 7th day of February, 2019 by Mine of Lake City, Inc., a Florida Corporation, hereinafter called the grantor, to Donald Scott Couch, a single person, whose post office address is: 7507 SW State Road 47, Lake City, FL 32024 hereinafter called the grantee:

(Wherever used herein the terms "grantor" and "grantee" include all the parties to this instrument and the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporation)

Witnesseth: That the grantor, for and in consideration of the sum of \$10.00 and other valuable considerations, receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliens, remises, releases, conveys, and confirms unto the grantee, all that certain land situate in COLUMBIA County, Florida:

Lot 6, Pines of Falling Creek, according to the map or plat thereof, as recorded in PRRD Book 1, Page(s) 26 through 27, of the Public Records of Columbia County, Florida.

TOGETHER with all tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

TO HAVE AND TO HOLD, the same in fee simple forever.

AND the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances, except taxes accruing subsequent to the prior year.

IN WITNESS WHEREOF, the said grantor has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in our presence:

[Signature]  
Witness:  
Ann D'Annunzio  
Printed Name:  
Brandi Lynn Lea  
Witness:  
Brandi Lynn Lea  
Printed Name:

Mine of Lake City, Inc., a Florida Corporation  
BY: [Signature]  
Guy N. Williams, As Director  
BY: [Signature]  
Dale M. Williams, As Director

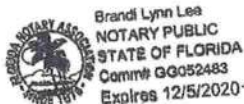
STATE OF FLORIDA

COUNTY OF COLUMBIA

The foregoing instrument was acknowledged before me this 7th day of February, 2019 by GUY N. WILLIAMS AND DALE M. WILLIAMS, AS DIRECTORS OF MINE OF LAKE CITY, INC., A FLORIDA CORPORATION personally known to me or, if not personally known to me, who produced DC for identification and who did not take an oath.

[Signature]  
Notary Public

(Notary Seal)



Couch

PERMIT NUMBER

PERM WORKSHEET

Page 1 of 2

Installer DAVID ALBRIGHT

License # 1H1129420

Address of home being installed 241 NW 19th Ct.

LAKE CITY FL 32055

Manufacturer LIVE OAK Length x width 28x60/64

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

*[Signature]*

New Home  Used Home

Home installed to the Manufacturer's Installation Manual

Home is installed in accordance with Rule 15C

Single wide  Wind Zone II  Wind Zone III

Double wide  Installation Decal # 71608

Triple/Quad  Serial # LAH6A 22035647 A/B

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq ft)	Footer size (288)	18 1/2" x 18 (342)	20" x 20" (400)	22" x 22" (484)	24" x 24" (576)	28" x 28" (676)
1000 psf	3'	4'	5'	6'	7'	8'
1500 psf	4'	5'	6'	7'	8'	9'
2000 psf	5'	6'	7'	8'	9'	10'
2500 psf	6'	7'	8'	9'	10'	11'
3000 psf	7'	8'	9'	10'	11'	12'
3500 psf	8'	9'	10'	11'	12'	13'

Interpolated from Rule 15C-1 pier spacing table.

PIER PAD SIZES

I-beam pier pad size 17x22  
 Perimeter pier pad size 16x16  
 Other pier pad sizes (required by the mfg.) 23x31

POPULAR PAD SIZES

Pad Size	Sq In
16 x 16	256
16 x 18	288
16.5 x 18.5	342
16 x 22.5	360
17 x 22	374
13 1/4 x 28 1/4	348
20 x 20	400
17 1/2 x 22 1/2	432
17 3/16 x 25 3/16	441
24 x 24	576
28 x 28	676

ANCHORS

GA GA

FRAME TIES

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

OTHER TIES

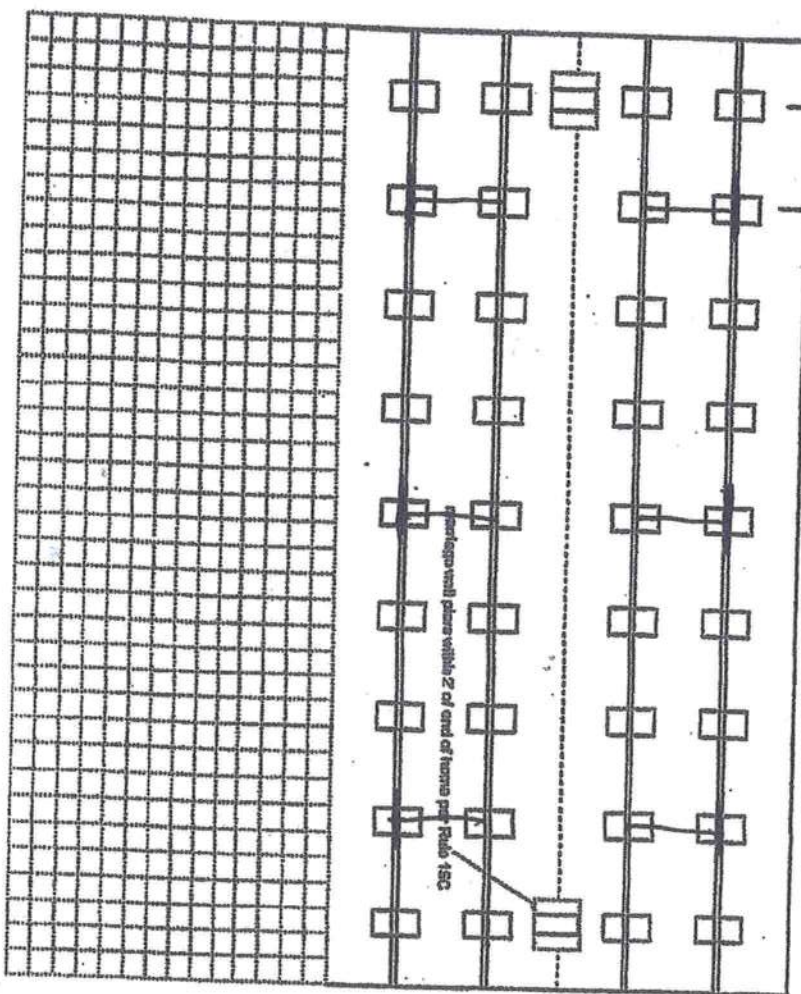
Number 24  
 Longitudinal Marlage wall 25' 5 1/2'  
 Shearwall 2'

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)  
 Manufacturer  
 Longitudinal Stabilizing Device w/ Lateral Arms  
 Manufacturer

FACTORY DIAGRAM

Opening Pier pad size



Typical pier spacing



Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)

Draw the approximate locations of marriage wall openings 4 foot or greater. Use this symbol to show the piers.

POCKET PENETROMETER TEST

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

X 1500 X 1500 X 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.

X 1500 X 1500 X 1500

TORQUE PROBE TEST

The results of the torque probe test is 285 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, 1 underground 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 require anchors with 4000 lb. testing capacity.

Installer's initials AW

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name DAVID RIBBRIGHT

Date Tested

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. 13-17

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 79-90

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 78

Site Preparation

Debris and organic material removed  Swale  Pad  Other

Fastening multi-wide units

Floor: Type Fastener: 1900s Length: 6" Spacing: 2'  
 Walls: Type Fastener: 3000s Length: 3" Spacing: 15"  
 Roof: Type Fastener: 1900s Length: 6" Spacing: 2'  
 For used homes a min. 30 gauge, 8" wide, galvanized metal ship will be centered over the peak of the roof and fastened with girth roofing nails at 2" on center on both sides of the centerline.

Gasket fastening requirements

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 AW

Type of gasket FACTORY

Installer:

Between Floors Yes ENDS  
Between Walls Yes ENDS  
Bottom of ridgebeam Yes ENDS

Weatherproofing

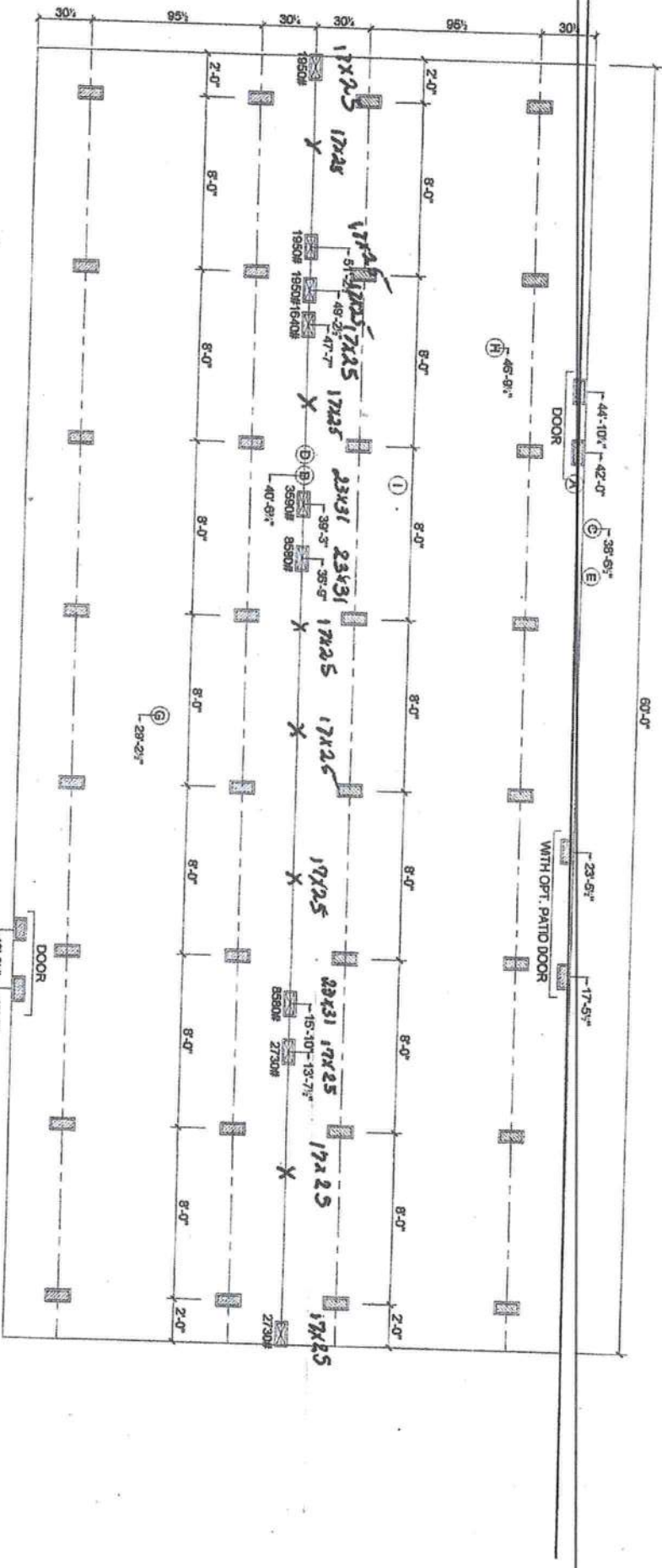
The bottomboard will be repaired and/or taped. Yes ENDS Pg. ENDS  
Sliding on units is installed to manufacturer's specifications. Yes ENDS  
Flue/chimney installed so as not to allow intrusion of rain water. Yes ENDS

Miscellaneous

Skirting to be installed. Yes ENDS No ENDS  
 Drier vent installed outside of skirting. Yes ENDS No ENDS  
 Range downflow vent installed outside of skirting. Yes ENDS No ENDS  
 Drain lines supported at 4 foot intervals. Yes ENDS No ENDS  
 Electrical crossovers protected. Yes ENDS No ENDS  
 Other: ENDS

Installer verifies all information given with this permit worksheet is accurate and true based on the

Installer Signature David Ribbright Date



MARRIAGE LINE OPENING SUPPORT PIER/TYP.  
 SUPPORT PIER/TYP.

FOUNDATION NOTES:

- THIS DRAWING IS DESIGNED FOR THE STANDARD WIND ZONE AND IS TO BE USED IN CONJUNCTION WITH THE INSTALLATION MANUAL AND ITS SUPPLEMENTS.  
 - FOOTINGS ARE SHOWN FOR EXAMPLE ONLY. QUANTITY AND SPACING MAY VARY BASED ON PAD TYPE, SOIL CONDITION, ETC.  
 - FOOTINGS ARE REQUIRED AT SUPPORT POSTS. SEE INSTALLATION MANUAL FOR REQUIREMENTS.

10-30-08

**Live Oak Homes**  
**MODEL: L-2603G - 28 X 60**  
**3-BEDROOM / 2-BATH**

- (A) MAIN ELECTRICAL
- (B) ELECTRICAL CROSSOVER
- (C) WATER INLET
- (D) WATER CROSSOVER (IF ANY)
- (E) GAS INLET (IF ANY)
- (F) GAS CROSSOVER (IF ANY)
- (G) DUCT CROSSOVER
- (H) SEWER DROPS
- (I) RETURN AIR (W/OPT. HEAT PUMP OR DUCT)
- (J) SUPPLY AIR (W/OPT. HEAT PUMP OR DUCT)

L-2603G

License Number: IH / 1129420 / 1 Name: DAVID E ALBRIGHT

Order #: 4444 Label #: 71608

Homeowner: COUCH

Address: 241 N.W. MAU CT.

City/State/Zip: LAKE CITY FL 32065

Phone #:

Date Installed:

Installed Wind Zone: *Z*

Manufacturer: LIVE OAK

Year Model: 2020

Length & Width: 60/64 x 28

Type Longitudinal System: OTI

Type Lateral Arm System: OTI

New Home:  Used Home:

Data Plate Wind Zone: *Z*

(Check Size of Home)

Single

Double

Triple

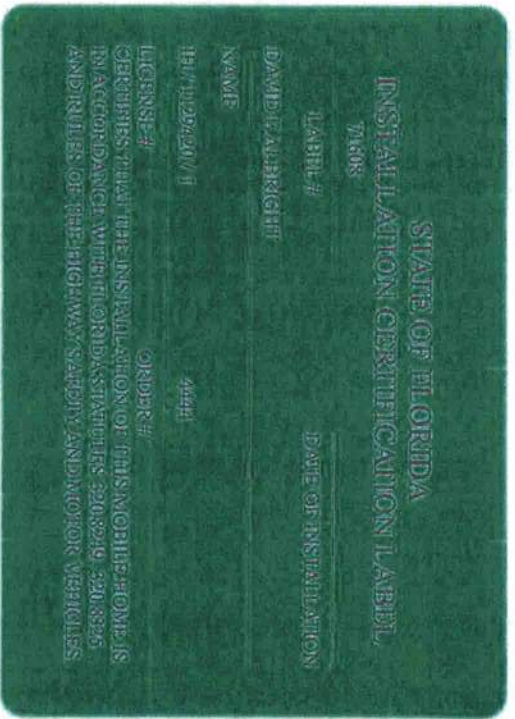
HUD Label #:

Soil Bearing / PSF:

Torque Probe / in-lbs:

Permit #:

Note:



**INSTRUCTIONS**

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.



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

PERMIT #: 12-SC-2082976  
APPLICATION #: AP1504229  
DATE PAID: 5/13/20  
FEE PAID: 310  
RECEIPT #:  
DOCUMENT #: PR1348408

CONSTRUCTION PERMIT FOR: OSTDS New  
APPLICANT: Donald 20-0362 Couch  
PROPERTY ADDRESS: Ian Ct Lake City, FL 32024  
LOT: 6 BLOCK: SUBDIVISION: Pines at Falling Creek  
PROPERTY ID #: 04800-106 [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

T [ 900 ] GALLONS / GPD Septic Tank CAPACITY  
A [ ] GALLONS / GPD N/A CAPACITY  
N [ ] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK:1250 GALLONS]  
K [ 225 ] GALLONS DOSING TANK CAPACITY [ 50.00 ] GALLONS [ 6 ] DOSES PER 24 HRS #Pumps [ 1 ]  
D [ 375 ] SQUARE FEET Drainfield SYSTEM  
R [ ] SQUARE FEET N/A SYSTEM  
A TYPE SYSTEM: [ ] STANDARD [ ] FILLED [x] MOUND [ ]  
I CONFIGURATION: [x] TRENCH [ ] BED [ ]

F LOCATION OF BENCHMARK: Pine tree E. of site.  
I ELEVATION OF PROPOSED SYSTEM SITE [ 24.00 ] [ INCHES / FT ] [ ABOVE / BELOW ] BENCHMARK/REFERENCE POINT  
E BOTTOM OF DRAINFIELD TO BE [ 8.00 ] [ INCHES / FT ] [ ABOVE / BELOW ] BENCHMARK/REFERENCE POINT  
L  
D FILL REQUIRED: [ 34.00 ] INCHES EXCAVATION REQUIRED: [ 28.00 ] INCHES

C The system is sized for 3 bedrooms with a maximum occupancy of 6 persons (2 per bedroom), for a total estimated flow of 300 gpd.  
T  
H Performing Lift Dosing  
E Pumps must be certified as suitable for distributing sewage effluent.  
R

SPECIFICATIONS BY: Ronald Ford TITLE: [Signature]

APPROVED BY: [Signature] TITLE: Environmental Specialist II Columbia CHD

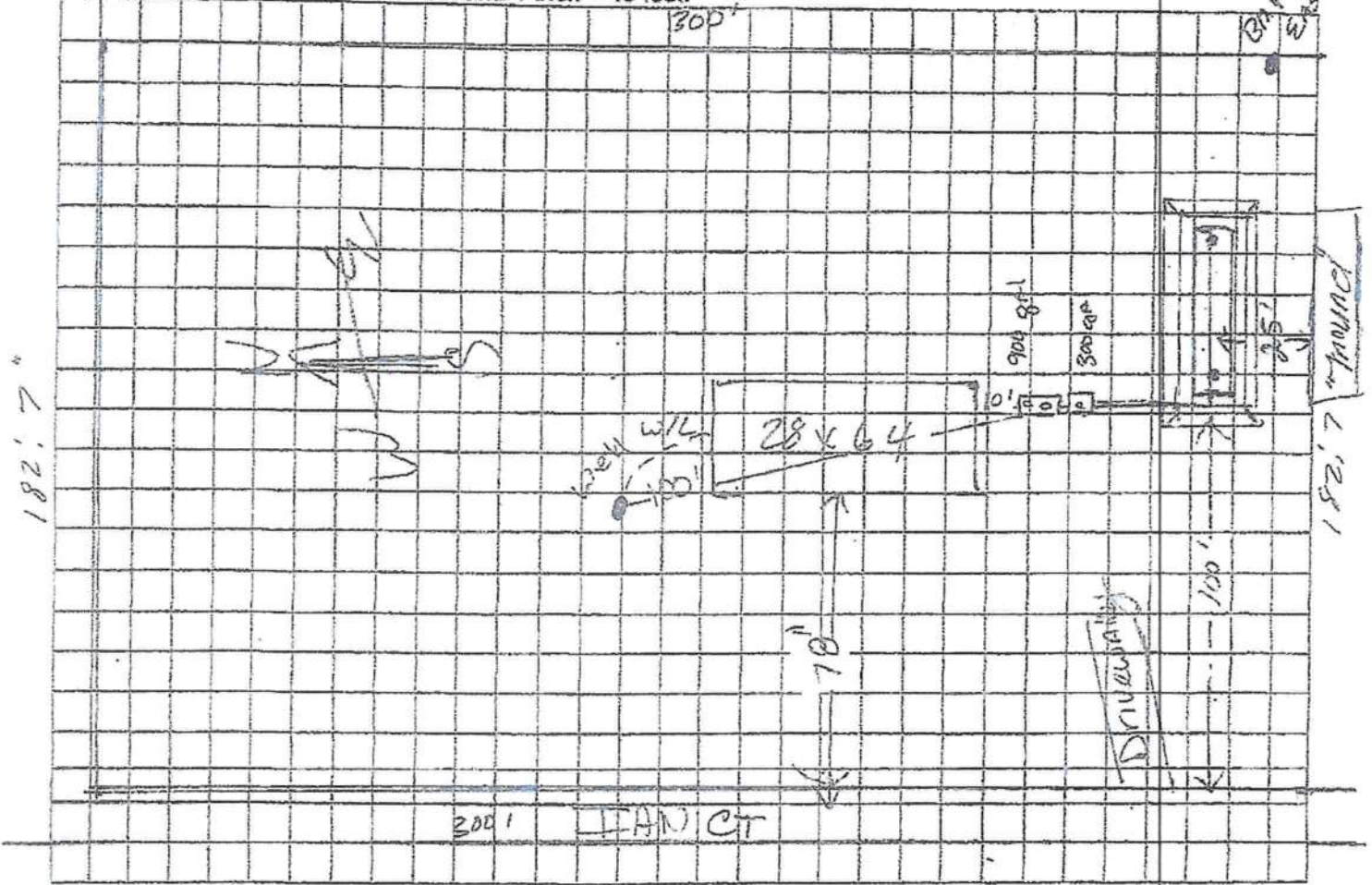
DATE ISSUED: 05/14/2020 EXPIRATION DATE: 11/14/2021

DH 4016, 08/09 (Obsoletes all previous editions which may not be used)  
Incorporated: 64E-6.003, FAC Page 1 of 3

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 20-0362

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



Notes:

Site Plan submitted by: Robert W. Jand III Date 5/12/2020 Agent [Signature]  
 Plan Approved [Signature] Not Approved \_\_\_\_\_ Date 5/14/20  
 By [Signature] Columbia CHD County Health Department

**ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT**



STATE OF FLORIDA  
 DEPARTMENT OF HEALTH  
 ONSITE SEWAGE TREATMENT AND DISPOSAL  
 SYSTEM  
 APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. 20-6362  
 DATE PAID: 5.13.20  
 FEE PAID: 310.00  
 RECEIPT #: AP1507229

APPLICATION FOR:

- New System     Existing System     Holding Tank     Innovative  
 Repair     Abandonment     Temporary

APPLICANT: Donald Couch (Freedom)

AGENT: Robert W. Ford North Florida Septic Tank Inc. TELEPHONE: 386-755-6372

MAILING ADDRESS: 741 SE State Road 100 Lake City, Fla 32025

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

LOT: 6 BLOCK: --- SUBDIVISION: Pines of Falling Creek PLATTED: ---

PROPERTY ID #: 30-28-17-04900-106 ZONING: S1F I/M OR EQUIVALENT:  Y  N

PROPERTY SIZE: 1.26 ACRES WATER SUPPLY:  PRIVATE PUBLIC   ≤2000GPD  >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS?  Y  N  DISTANCE TO SEWER: 5 FT

PROPERTY ADDRESS: TBD JAN Ct.

DIRECTIONS TO PROPERTY: MI N to Falling Creek Rd + 1/2 to NW Taylor Magee Pl + 1/2 to Jan Ct. + 1/4 to EWO ON (R)

BUILDING INFORMATION

RESIDENTIAL     COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	<u>4M/H</u>	<u>3</u>	<u>1560</u>	
2				
3				
4				

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

SIGNATURE: R. C. Ford Donald Couch DATE: 5-12-2020

# Freedom Mobile Home Sales, Inc

3246

DATE OF BIRTH  
BUYER: 08/21/70  
CO-BUYER: 12/27/77

466 SW DEPUTY J DAVIS LN,  
LAKE CITY, FLORIDA 32024  
(386) 752-5355 Fax: (386) 752-4757

DRIVER'S LICENSE  
BUYER: C200-197-70-301-0  
CO-BUYER: C200-104-77-967-0

BUYER(S) DONALD SCOTT COUCH & CRISTINA DAWN COUCH				PHONE 770-313-5666	DATE 05/07/20
ADDRESS 1586 SE COUNTRY CLUB RD. LOT 26 LAKE CITY FLORIDA 32025				Salesperson: WAYNE HATCH	
DELIVERY ADDRESS 241 NW IAN CT LAKE CITY FL 32055					
MAKE & MODEL LIVE OAK		YEAR 2021	BEDROOMS 3X2	FLOOR SIZE 28 w 60	HITCH SIZE 28 w 64
SERIAL NUMBER LOHGA22035647AB		New or Used NEW		STOCK NUMBER 1698	KEY NUMBERS
LOCATION	R-VALUE	THICKNESS	TYPE OF INSULATION	BASE PRICE OF UNIT \$79,737.00	
CEILING	27	9 1/5	ROCKWOOL		
EXTERIOR	11	3 1/2	FIBERGLASS	SUB-TOTAL \$79,737.00	
FLOORS	22	7	FIBERGLASS	COUNTY TAX \$50.00	
THIS INSULATION INFORMATION WAS FURNISHED BY THE MANUFACTURER AND IS DISCLOSED IN COMPLIANCE WITH THE FEDERAL TRADE COMMISSION RULE 16 CR1 SECTION 480 16				SALES TAX 6% \$4,784.22	
OPTIONAL EQUIPMENT, LABOR, AND ACCESSORIES				TAG AND TITLE \$0.00	
Delivered and Set Up:			Included		
Tied Down:			Included		
Connect water and sewer within 20 feet of existing facility			Included	WELL \$4,800.00	
Furnished			NO	1, CASH PURCHASE PRICE \$89,371.22	
Unfurnished			AGREE	TRADE-IN ALLOWANCE \$0.00	
Customer responsible for any wrecker fees incurred on lot.			AGREE	LESS BAL. DUE ON ABOVE \$0.00	
Wheels & axles deleted from sale price of home.			AGREE	NET ALLOWANCE \$0.00	
Electrical Hookup			No	CASH DOWN PAYMENT \$500.00	
				g \$31,600.00	
				LESS TOTAL CREDITS \$32,100.00	
				BALANCE DUE TO FREEDOM \$57,271.22	
				LAND PAYOFF \$0.00	
				CLOSING COST FINANCED BY LENDER \$0.00	
				INSURANCE \$0.00	
				ESTIMATED FINAL LOAN AMOUNT \$57,271.22	
Type of A/C			PKG HP	Included	
Type of Skirting			STONE SKIRTING	Included	
Type of steps			WOODCODE	Included	
NOTE: WARRANTY, EXCLUSIONS AND LIMITATIONS OF DAMAGES ON THE REVER					
DESCRIPTION OF TRADE-IN	YEAR	BEDROOMS	SIZE	Initial: _____	
MAKE	MODEL	N/A	N/A	NO VERBAL AGREEMENTS WILL BE HONORED.	
TITLE NO	SERIAL	COLOR		SELLER AGREES TO PAY UP TO \$0.00	
N/A	N/A			OF BUYERS CLOSING COST AND PREPAIDS	
LIEN HOLDER	PHONE NO	AMOUNT		The U.S. Department of Housing and Urban Development (HUD)	
N/A	N/A	N/A		Manufactured Home Dispute Resolution Program is available to resolve	
TRADE PAYOFF IS TO BE PAID BY 0				disputes among manufacturers, retailers, or installers concerning defects in	
THIS AGREEMENT CONTAINS THE ENTIRE UNDERSTANDING BETWEEN DEALER AND BUYER AND NO OTHER REPRESENTATION OR INDUCEMENT, VERBAL OR WRITTEN HAS BEEN MADE WHICH IS NOT CONTAINED IN THIS CONTRACT. Dealer and Buyer certify that the additional terms and conditions printed on Page 2 of this contract are agreed to as part of the contract are agreed to as part of this agreement, the same as it printed above the signatures. buyer is purchasing the above described trailer, manufactured home, or vehicle the optional equipment and accessories. the insurance as described has been voluntary, the Buyer's trade-in is free of all claims whatsoever except as noted.				dispute resolution program. For additional information about these	
				programs see sections titled " Dispute Resolution Process" and "additional	
				Information -- HUD Manufactured Home Dispute Resolution Program" in	
				the consumer manual required to be provided to the purchaser. These	
				programs are not warranty programs and do not replace the manufacturer's	
				or any other person's warranty program. _____	
				Liquitated Damages are agreed to \$900.00 or	
				10% of the cash price, whichever is greater.	
				REFER TO PARAGRAPH #6 ON THE REVERSE SIDE OF THIS CONTRACT	
				SIGNED X _____ BUYER	
				SOCIAL SECURITY NO. 592-12-8534	
				SIGNED X _____ BUYER	
				SOCIAL SECURITY NO. 243-65-3271	



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, DAVID ALBRIGHT, give this authority for the job address show below  
Installer License Holder Name

only, 241 N.W. 1st CT. LAKE CITY, FL 32055, 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)
PAUL A. BARNEY	<i>Paul A. Barney</i>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
STEVE SMITH	<i>Steve Smith</i>	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Property Owner
LINDA PENHALIGON	<i>Linda Penhaligon</i>	<input checked="" 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.

*David Albright* License Holders Signature (Notarized)      1H1129420 License Number      7-31-2019 Date

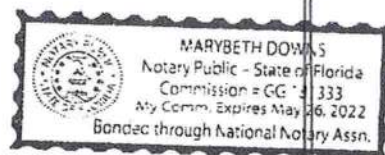
NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is David Albright personally appeared before me and is known by me or has produced identification (type of I.D.) Personally known on this 31 day of July, 2019.

*Marybeth Downs*  
 NOTARY'S SIGNATURE

(Seal/Stamp)





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 AGENT AUTHORIZATION

I, DAVID ALBRIGHT, give this authority and I do certify that the below  
Installers Name  
 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	Agents Company Name
PAUL A. BARNEY	<i>Paul Barney</i>	FREEDOM HOMES
STEVE SMITH	<i>Steve Smith</i>	FREEDOM HOMES
LINDA PENHALIGON	<i>Linda Penhaligon</i>	FREEDOM HOMES

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.

*David Albright* License Holders Signature (Notarized)      1H1129420 License Number      7-31-2019 Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is David Albright, personally appeared before me and is known by me or has produced identification (type of I.D.) personally known on this 31 day of July, 2019.

*Marybet Downs*  
 NOTARY'S SIGNATURE

(Seal/Stamp)



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.

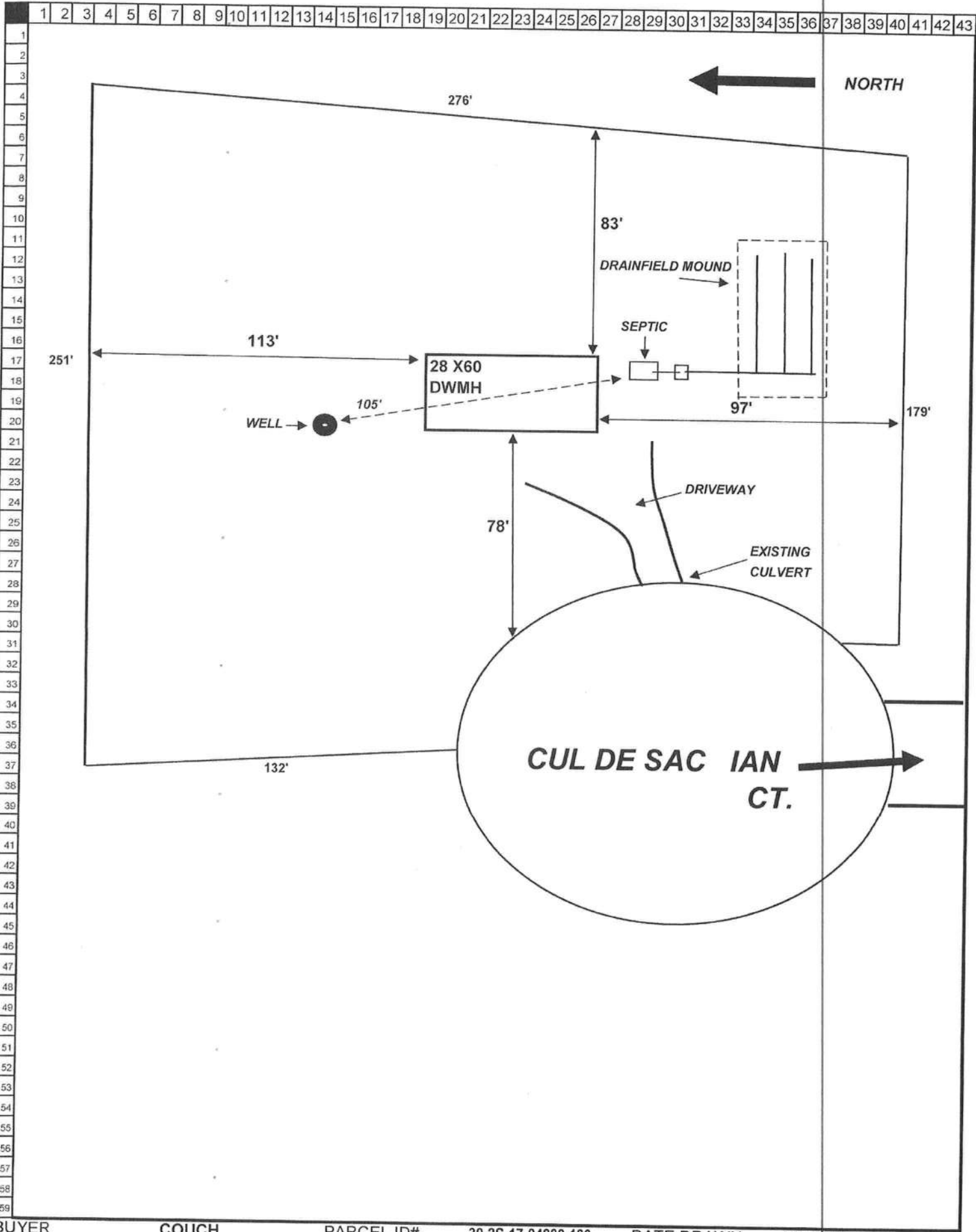
ELECTRICAL	Print Name <u>WARRINGTON ELECTRIC</u> License #: <u>EG13002957</u>	Signature <u>[Signature]</u> Phone #: <u>386 972 1700</u>
Qualifier Form Attached <input type="checkbox"/>		
MECHANICAL/ A/C _____	Print Name <u>STYLECREST</u> License #: <u>CAE1817658</u>	Signature <u>[Signature]</u> Phone #: <u>850-769-1453</u>
Qualifier Form Attached <input type="checkbox"/>		

Qualifier Forms cannot be submitted for any Specialty License.

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			

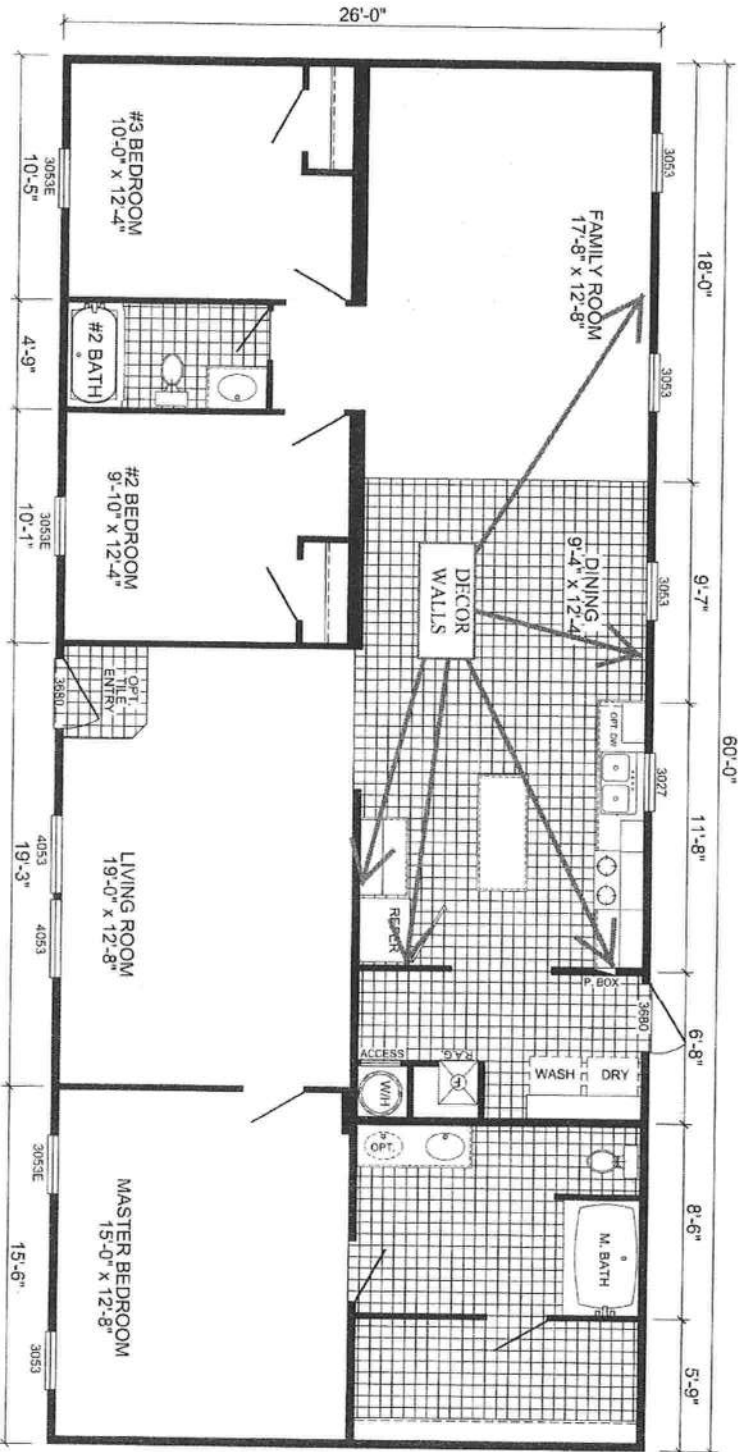
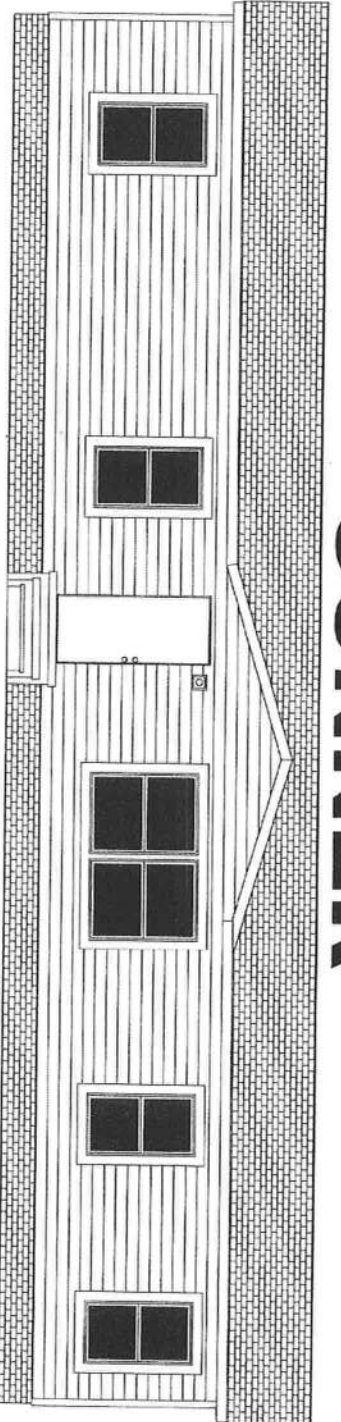
F. S. 440.103 Building permits; identification of minimum premium policy.—Every employer shall, as a condition to applying for and receiving a building permit, show proof and certify to the permit issuer that it has secured compensation for its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each time the employer applies for a building permit.

Revised 10/30/2015



BUYER COUCH PARCEL ID# 30-2S-17-04800-106 DATE DRAWN 7/9/2020  
 ACREAGE 1.26 DEALER: FREEDOM HOMES 386-752-5355

# GUNNER



**L-2603G-RUNNER**  
**3-BEDROOM / 2-BATH**  
**28 x 64 - Approx. 1560 Sq. Ft.**

Date: 02/08/19

\* All room dimensions include closets and square footage figures are approximate.  
 \* Live Oak Homes reserves the right to change product offering at any time.