



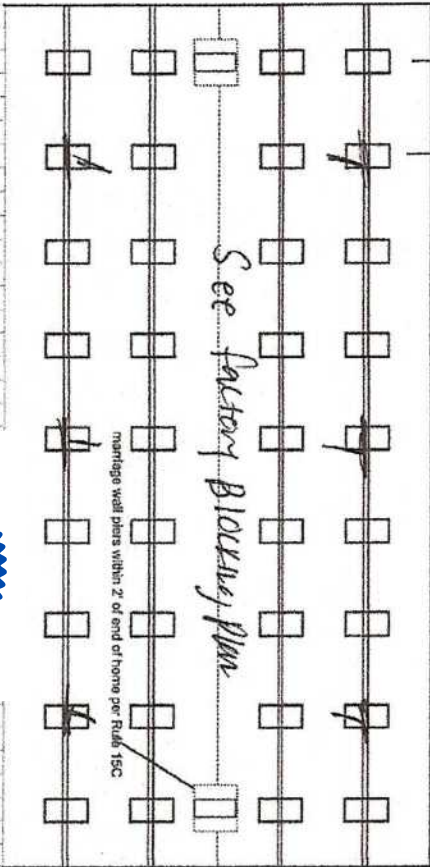
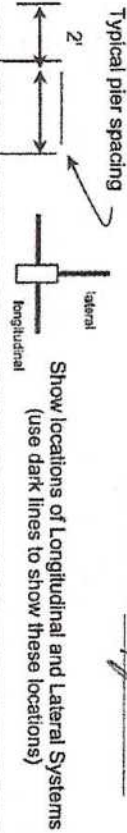
Mobile Home Permit Worksheet

Installer: Kyle Johnson License # JH-1124657
 Address of home being installed: 300 Hill top Ter. Fort White FL 32038

Manufacturer: Decor Valley Length x width: 76 x 32

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: KJ



Permit 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 # 128948
 Triple/Quad Serial # _____

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq ft)	Footer size (sq ft)	18 1/2" x 18 (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 1/2"	6'	8'	8'	8'	8'
2000 psf	6"	8'	8'	8'	8'	8'
2500 psf	7 1/2"	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

L-beam pier pad size 23.5 x 31.5
 Ollivyr 1055-11
 Perimeter pier pad size 17.5 x 25.5

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 _____

See factory Blocking Plan

TIEDOWN COMPONENTS _____

Longitudinal Stabilizing Device (LSD)
 Manufacturer _____
 Longitudinal Stabilizing Device w/ Lateral Arms
 Manufacturer Ollivyr 1101 V

POPULAR PAD SIZES

Pad Size	Sq Ft
16 x 16	256
18 x 18	288
18.5 x 18.5	342
16 x 22.5	360
17 x 22	374
13 1/2 x 26 1/2	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

4 ft 5 ft

ANCHORS _____
 FRAME TIES _____

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

OTHER TIES _____
 Number _____
 Sidewall _____
 Longitudinal Marriage Wall _____
 Shear Wall _____



Mobile Home Permit Worksheet

POCKET PENETROMETER TEST

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

X Assumed 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 Assumed. A test showing 275 inch pounds or less will require 5' anchors.

Note: A state approved lateral arm system is being used and 4 ft. anchors are allowed at the sidewall locations. 1 understand 5' anchors are required at all centerline the points where the torque test reading is 275 or less and where the mobile home manufacturer may require anchors with 4000 lb. holding capacity.

Installer's initials AK

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Kyle Johnson

Date Tested Assumed Oliver 10/10/25 4x5' anchors

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. _____

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. _____

Permit Number: _____

Date: _____

Site Preparation

Debris and organic material removed _____
Water drainage: Natural _____ Swale _____ Pad _____ Other _____

Fastening multi wide units

Floor- Type Fastener: <u>LAGS</u>	Length: <u>7</u>	Spacing: <u>20</u>
Walls- Type Fastener: <u>LAGS</u>	Length: <u>4</u>	Spacing: <u>10</u>
Roof- Type Fastener: <u>LAGS</u>	Length: <u>7</u>	Spacing: <u>20</u>

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 AK

Type gasket: FALCON TAP
Pg. _____

Installed:

Between Floors: _____ Yes AK

Between Walls: _____ Yes AK

Bottom of ridge beam: _____ Yes AK

Weatherproofing

The bottom board 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

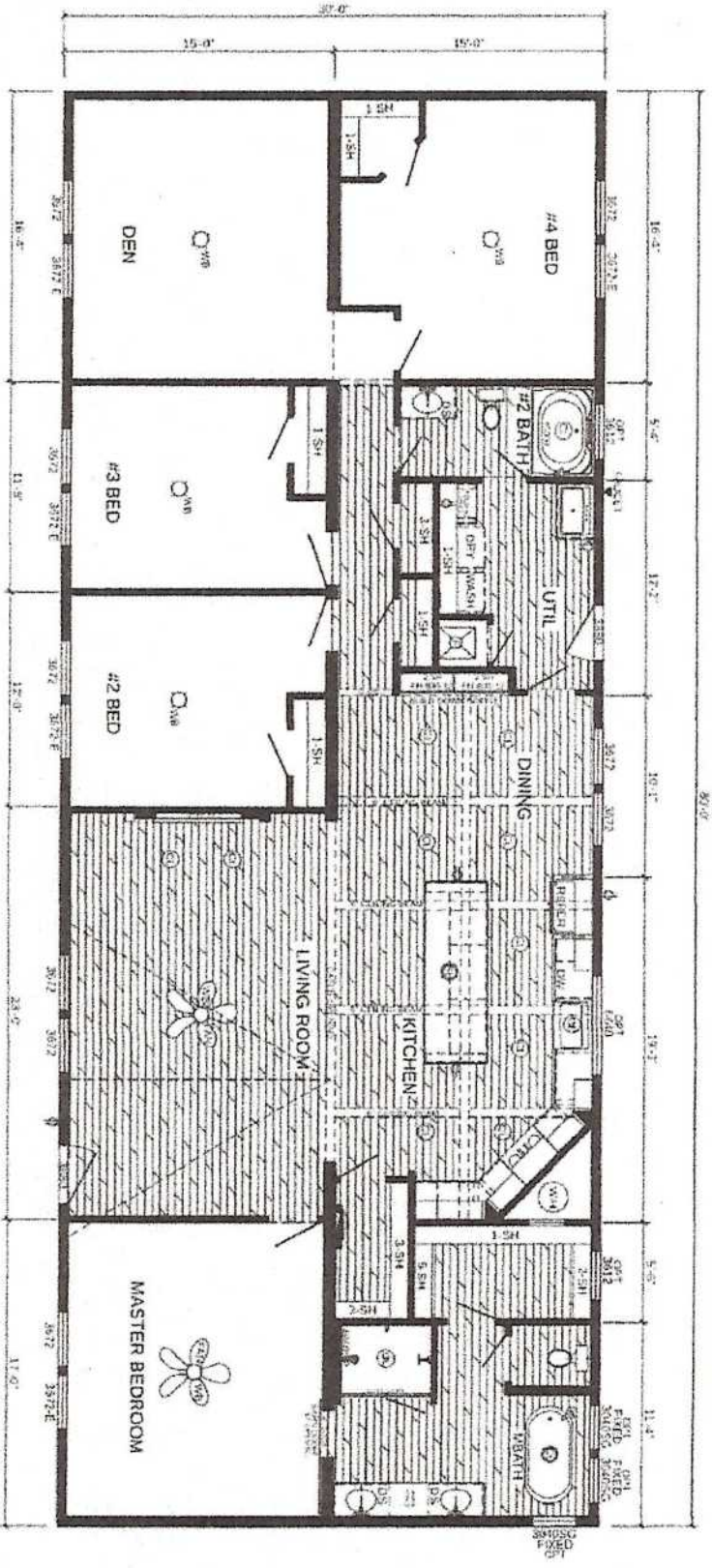
Skirting to be installed: _____	Yes _____	No _____	N/A _____
Dryer vent installed outside of skirting: _____	Yes _____	No _____	N/A _____
Range downflow vent installed outside of skirting: _____	Yes _____	No _____	N/A _____
Drain lines supported at 4' intervals: _____	Yes _____	No _____	N/A _____
Electrical crossovers protected: _____	Yes _____	No _____	N/A _____
Other: _____	Yes _____	No _____	N/A _____

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's Signature Kyle Johnson

Date 4/12/26

SIGNATURE SERIES



MODEL: The Oasis DVHBSS-8414B
 32'-0" x 84'-0" 2,400 Sq.Ft.
 4 Beds 2 Baths

Due to continued improvements and material change, specifications may change without notice. Room sizes are approximate.

Smith

License Number: IH / 1126657 / 1 Name: KYLE JOHNSON		
Order #: 6984	Label #: 128948	Manufacturer: Deer Valley
Homeowner: Smith	Year Model:	(Check Size of Home)
Address:	Length & Width: 80 x 32	Single _____
City/State/Zip:	Type Longitudinal System:	Double _____
Phone #:	Type Lateral Arm System:	Triple _____
Date Installed:	New Home: _____ Used Home: _____	HUD Label #:
Installed Wind Zone:	Data Plate Wind Zone:	Soil Bearing / PSF:
Note:		Torque Probe / in-lbs:
		Permit #:

STATE OF FLORIDA
INSTALLATION CERTIFICATION LABEL

128948

LABEL #	DATE OF INSTALLATION
KYLE JOHNSON	
NAME	
IH / 1126657 / 1	6984
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.

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.