

**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 \_\_\_\_\_

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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 # 01-4S-15-00314-004 Subdivision \_\_\_\_\_ Lot# \_\_\_\_\_

- New Mobile Home  Used Mobile Home \_\_\_\_\_ MH Size 28x48/52 Year 2021
- Applicant Charles Robinson Phone # 352-474-3914
- Address 466 sw Deputy J. Davis Ln. Lake city FL, 32024
- Name of Property Owner Michaela Johnson Phone# 386-438-0712
- 911 Address 2838 sw Mayo Rd 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 Freedom Homes Phone # 386-752-5355  
 Address 466 Sw Deputy J. Davis Ln Lake city FL, 32024
- Relationship to Property Owner \_\_\_\_\_
- Current Number of Dwellings on Property 0
- Lot Size 501' x 873' x 14' Total Acreage 5.01
- 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 Take US-90 W/W Duval st for 3.7 mi T/L onto CR 252B for 300ft Then T/R onto sw deputy J. Davis Ln for .9mi then T/L onto Pinermont Rd for 3.2 mi then T/R onto sw Mayo Rd go .2mi Jobsite on the right
- Name of Licensed Dealer/Installer David Albright Phone # 386-344-3645
- Installers Address 353 sw Mauldin AVE Lake City FL, 32024
- License Number IH-1129420 Installation Decal # \_\_\_\_\_

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>WHITTINGTON 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>CAC 1817658</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



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 A Barney</i>	FREEDOM HOMES
STEVE SMITH	<i>Steve Smith</i>	FREEDDM HOMES
CHARLES ROBINSON	<i>Charles Robinson</i>	FREEDDM 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)      IH-1129420-1 License Number      5-4-2021 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 4<sup>th</sup> day of MAY, 2021.

*Linda Penhaligon*  
 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 LETTER OF AUTHORIZATION

I, DAVID ALBRIGHT, give this authority for the job address show below  
Installer License Holder Name  
 only, 272 NW WHITNEY GLEN, 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 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
CHARLES ROBINSON	<i>C.R.</i>	<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.

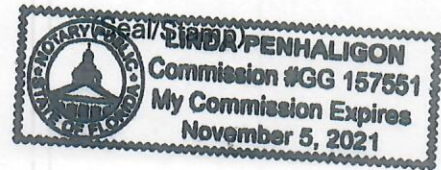
I understand that the State Licensing Board has the power and authority to discipline a license holder for violations committed by him/her or by his/her authorized person(s) through this document and that I have full responsibility for compliance granted by issuance of such permits.

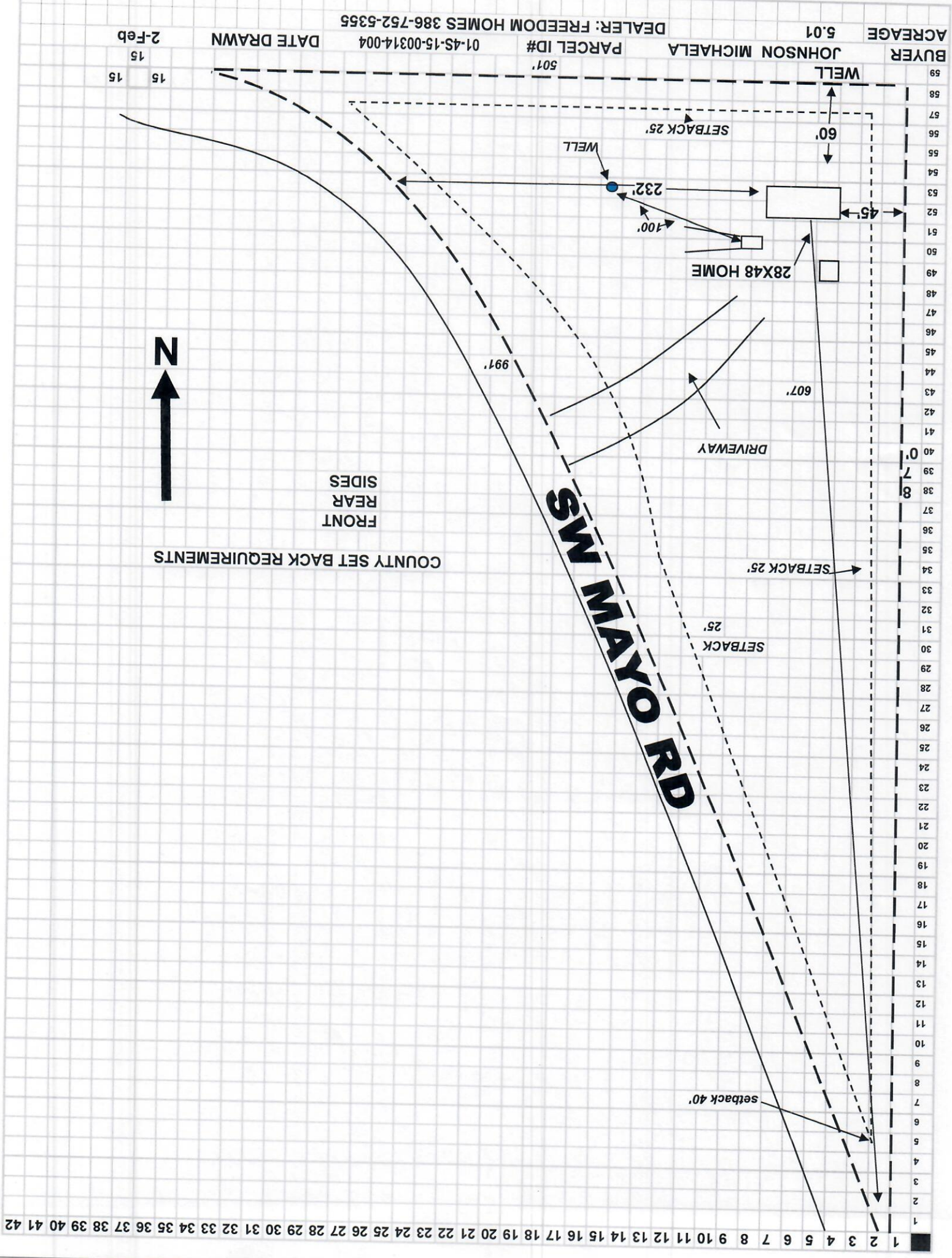
*David Albright*  
 License Holders Signature (Notarized) License Number 1H-1129420-1 Date 5-4-2021

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 4<sup>th</sup> day of MAY, 2021.

*Linda Penhaligon*  
 NOTARY'S SIGNATURE





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: **2/4/2021 6:12:03 PM**  
Address: **2838 SW MAYO Rd**  
City: **LAKE CITY**  
State: **FL**  
Zip Code **32024**

Parcel ID **00314-004**

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)

License Number: IH / 1129420 / 1 Name: DAVID E ALBRIGHT		
Order #: 4950	Label #: 81277	Manufacturer: <b>LIVE OAK</b>
Homeowner: <b>JOHNSON</b>		Year Model: <b>2021</b>
Address: <b>2838 SW MAYO RD</b>		Length & Width: <b>48/52 x 28</b>
City/State/Zip: <b>LAKE CITY FL 32024</b>		Type Longitudinal System: <b>4 OTI</b>
Phone #:		Type Lateral Arm System: <b>4 OTI</b>
Date Installed:		New Home: <input checked="" type="checkbox"/> Used Home: <input type="checkbox"/>
Installed Wind Zone: <b>II</b>		Data Plate Wind Zone: <b>II</b>
Note:		

(Check Size of Home)

Single

Double

Triple

HUD Label #:

Soil Bearing / PSF:

Torque Probe / in-lbs:

Permit #:

**STATE OF FLORIDA  
INSTALLATION CERTIFICATION LABEL**  
81277

LABEL #	DATE OF INSTALLATION
DAVID E ALBRIGHT	
NAME	
IH / 1129420 / 1	4950
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.

SIERRA

S-2483G

These worksheets must be completed and signed by the installer. Submit the originals with the packet.

page 1 of 2

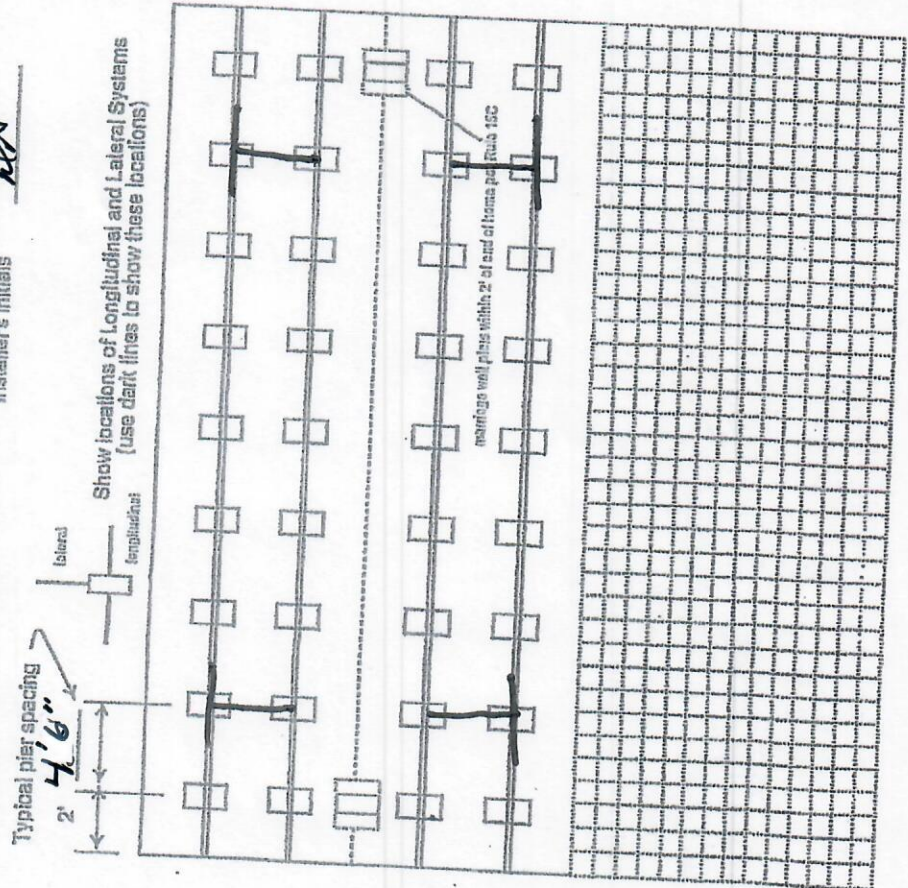
Installer DAVID ALBRIGHT License # IHI 1129420

911 Address where home is being installed 2838 SW Mayo Rd Lake City FL 32024

Manufacturer LIVE OAK HOMES Length x width 28x48\52

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 DA



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 # 81277

Triple/Quad  Serial # LOHGA 30072606 AB

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity	18" 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 dsf	3'	4'	5'	6'	7'	8'
1500 dsf	4'	5'	6'	7'	8'	9'
2000 dsf	5'	6'	7'	8'	9'	10'
2500 dsf	6'	7'	8'	9'	10'	11'
3000 dsf	7'	8'	9'	10'	11'	12'
3500 dsf	8'	9'	10'	11'	12'	13'

\* Interpolated from Rule 15C-1 pier spacing table.

PIER PAD SIZES

I-beam pier pad size 17x25

Perimeter pier pad size 14x16

Other pier pad sizes (required by the mfg.) 23x31

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

FACTORY DIAGRAM

ANCHORS

4 ft 5 ft

FRAME TIES

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

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD) OTI

Manufacturer OTI

Longitudinal Stabilizing Device w/ Lateral Arms OTI

Manufacturer OTI

OTHER TIES

Sidewall Number 24

Longitudinal Marriage wall 9

Shearwall 8

# 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 270 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 require anchors with 4000 lb holding capacity.

Installer's initials DA

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name DAVID ALBRIGHT MOBILE HOME SVC

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. 73-77

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 79-80

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 78-110

## Site Preparation

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

### Fastening multi wide units

Floor: Type Fastener: LAGS Length: 6" Spacing: 2"  
 Walls: Type Fastener: SCREWS Length: 3" Spacing: 18"  
 Roof: Type Fastener: LAGS Length: 6" Spacing: 2"

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 DA

Type gasket FACTORY

Pg. 41

Installed:  
 Between Floors Yes   
 Between Walls Yes  END WALLS  
 Bottom of ridgebeam Yes

### Weatherproofing

The bottomboard will be repaired and/or taped. Yes   
 Siding on units is installed to manufacturer's specifications. Yes  Pg. 124  
 Fireplace chimney installed so as not to allow intrusion of rain water. Yes

### Miscellaneous

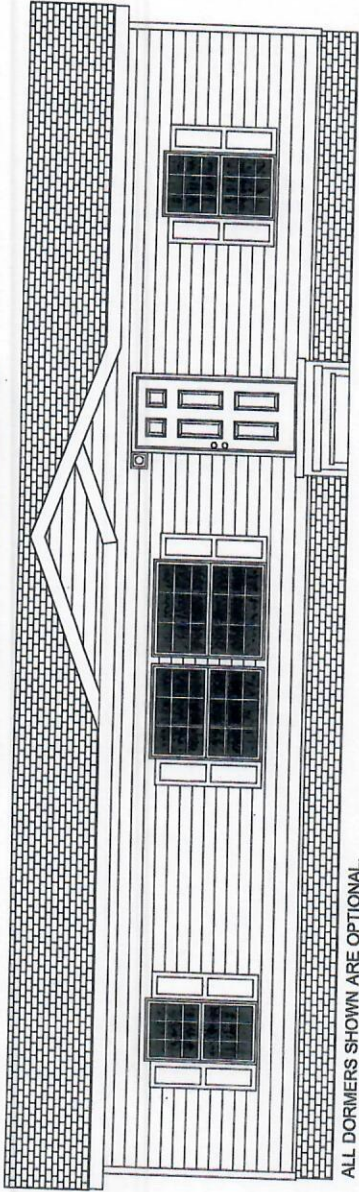
Skirting to be installed. Yes  No   
 Dryer vent installed outside of skirting. Yes  No  N/A   
 Range downflow vent installed outside of skirting. Yes  No  N/A   
 Drain lines supported at 4 foot intervals. Yes   
 Electrical crossovers protected. Yes   
 Other: \_\_\_\_\_

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

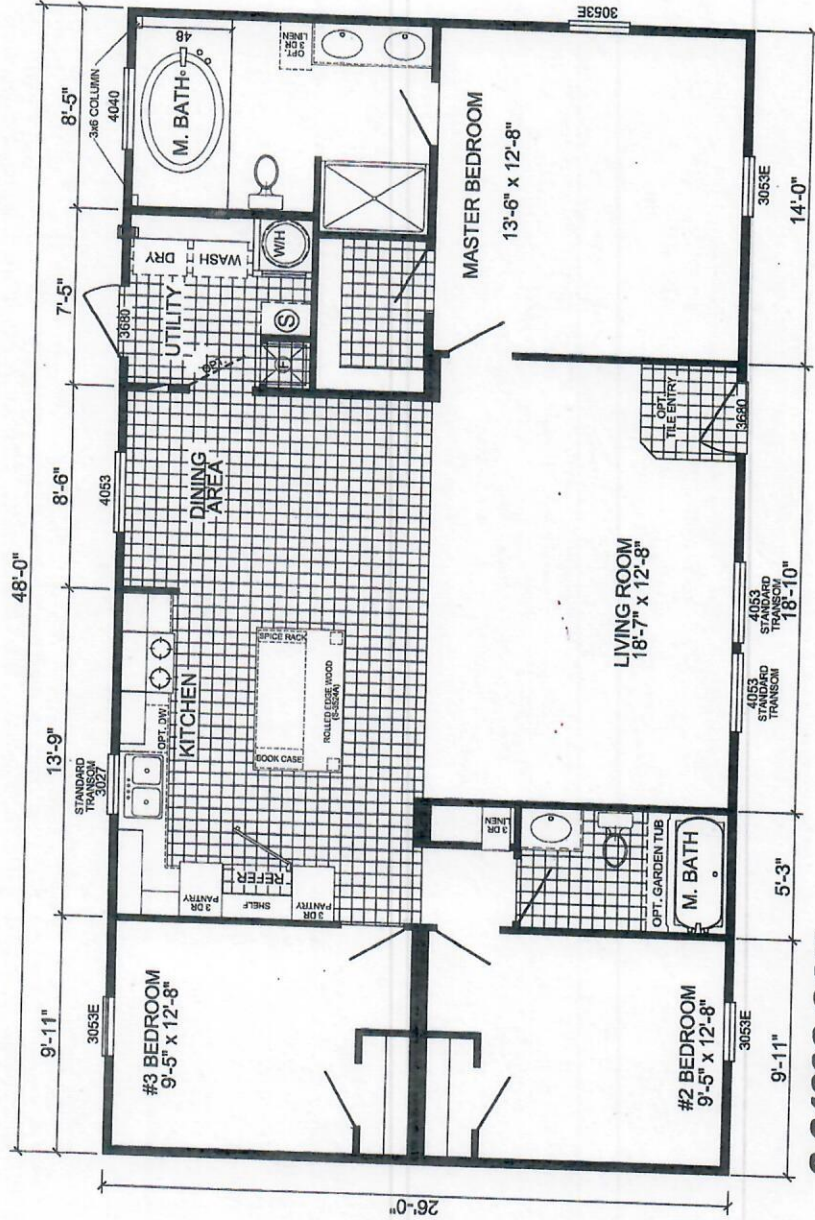
Installer Signature David Albright Date \_\_\_\_\_



# SIERRA



ALL DORMERS SHOWN ARE OPTIONAL.



**S-2483G-OAK**  
**3-BEDROOM / 2-BATH**  
**28 x 52 - Approx. 1248 Sq. Ft.**

Date: 5-21-2018

- \* All room dimensions and square footage figures are approximate.
- \* Transom windows are available on optional 9'-0" sidewalk houses only.
- \* Live Oak Homes reserves the right to modify product offering at any time.