

**PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION**

**For Office Use Only** (Revised 7-1-15)      Zoning Official PLS      Building Official TM 11/16/17  
 AP# 1711-33      Date Received 11-9-17      By UH      Permit # 36027  
 Flood Zone X      Development Permit \_\_\_\_\_      Zoning A-3      Land Use Plan Map Category A  
 Comments \_\_\_\_\_

FEMA Map# \_\_\_\_\_ Elevation \_\_\_\_\_ Finished Floor 1' above River \_\_\_\_\_ In Floodway \_\_\_\_\_  
☒ Recorded Deed or ☒ Property Appraiser PO ☒ Site Plan ☒ EH # 17-0998 ☐ 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 owed ☒ ~~Out County~~ ☒ ~~In County~~ ☒ Sub VF Form

Property ID # 06-65-17-09615-107      Subdivision HIGHLAND FARMS S/D      Lot# 7

- New Mobile Home ☒      Used Mobile Home \_\_\_\_\_      MH Size 16x76      Year 2017
- Applicant PAUL BARNEY      Phone # 386-209-0906
- Address 466 SW DEP. J. DAVIS LN, LAKE CITY, FL 32024
- Name of Property Owner LINDA M. EZELL      Phone# \_\_\_\_\_
- 911 Address 436 SW Norma Jean Glen, 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 MATTHEW SCOTT EZELL      Phone # \_\_\_\_\_  
 Address 465 SW RANDALL TERR, LAKE CITY 32024

- Relationship to Property Owner SON
- Current Number of Dwellings on Property 0
- Lot Size 80' x 250'      Total Acreage \_\_\_\_\_

▪ 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 441/41 SOUTH TO TUSTENUGUEE, TR GO ABOUT 10 MILES TO NORMA JEAN GLN T/R. SITE STRAIGHT AHEAD WHEN NORMA JEAN MAKES 90° RIGHT TURN.

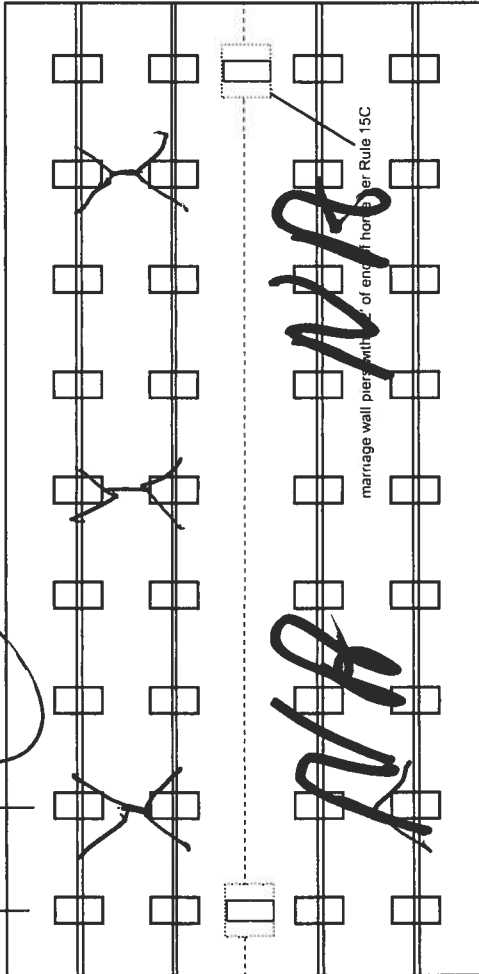
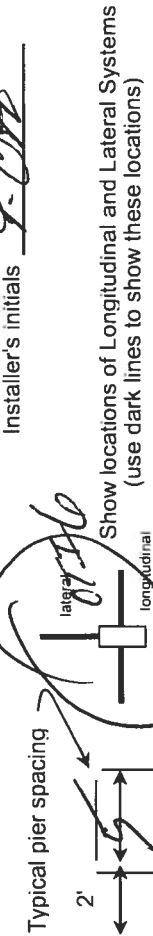
- Name of Licensed Dealer/Installer PAUL E ALBRIGHT      Phone # 386-365-5314
- Installers Address 199 SW THOMAS TERR, LAKE CITY, FL 32024
- License Number 1H 1025239      Installation Decal # 45837

\$703.62  
CH# 35545

# Mobile Home Permit Worksheet

Installer: Paul C. Albright License # 1025239  
 Address of home being installed: Matthew Scott Ezell  
436 Sul Norace Lane - Lake City  
 Manufacturer: Live Oak Length x width: 16 x 80

**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.



Application 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 # 45837

Triple/Quad ☐ Serial # 31973

## 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'	3'	4'	5'	6'	7'	8'
1500 psf	4' 6"	4' 6"	6'	7'	8'	8'	8'
2000 psf	6'	6'	8'	8'	8'	8'	8'
2500 psf	7' 6"	7' 6"	8'	8'	8'	8'	8'
3000 psf	8'	8'	8'	8'	8'	8'	8'
3500 psf	8'	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.) N/A

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

## ANCHORS

4 ft ☒ 5 ft Shurwells

## FRAME TIES

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

## TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)

Manufacturer

Longitudinal Stabilizing Device w/ Lateral Arms

Manufacturer

## OTHER TIES

Number

Sidewall

Longitudinal

Marriage wall

Shearwall

# Mobile Home Permit Worksheet

Application Number: \_\_\_\_\_

Date: \_\_\_\_\_

## 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. 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. bonding capacity.

\_\_\_\_\_  
Installer's initials

**ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER**

Installer Name \_\_\_\_\_

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. \_\_\_\_\_

## Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 101

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 101

## 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: \_\_\_\_\_  
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 \_\_\_\_\_

Type gasket \_\_\_\_\_  
Pg. \_\_\_\_\_

Installed: \_\_\_\_\_  
Between Floors \_\_\_\_\_ Yes  
Between Walls \_\_\_\_\_ Yes  
Bottom of ridge beam \_\_\_\_\_ Yes

## Weatherproofing

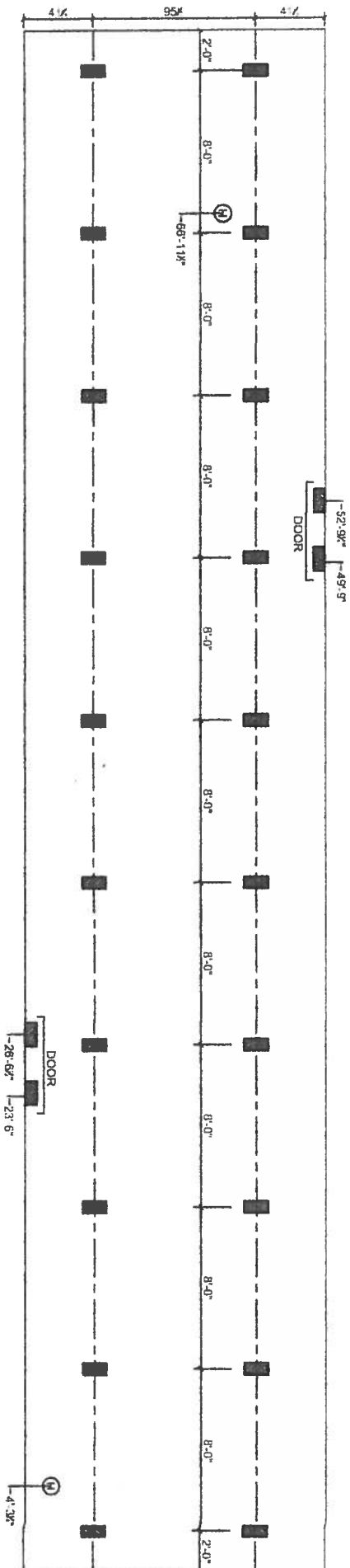
The bottomboard will be repaired and/or taped. Yes \_\_\_\_\_ Pg. \_\_\_\_\_  
Siding on units is installed to manufacturer's specifications. Yes N/A  
Fireplace chimney installed so as not to allow intrusion of rain water. Yes N/A

## Miscellaneous

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



# **SUPPORT PIER/TYP**

11-25-2013

## **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

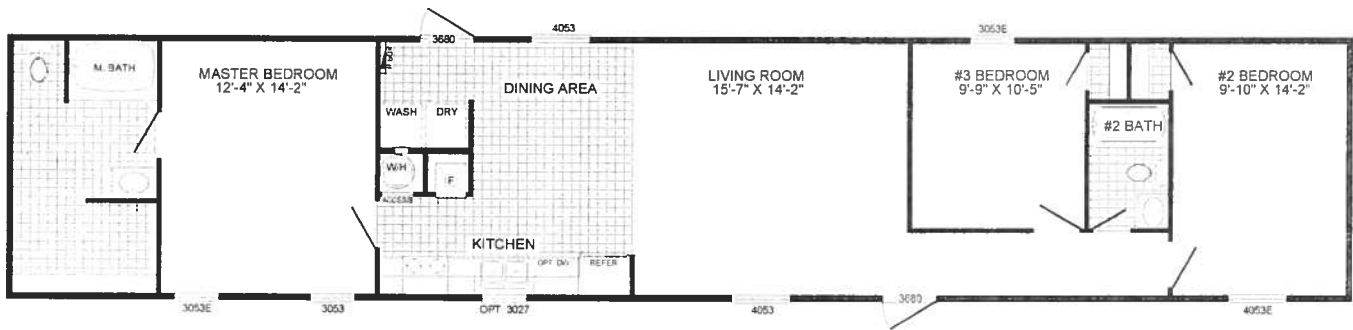
**Live Oak Homes**  
**MODEL: L-57631 - 16 X 80**  
**3-BEDROOM / 2-BATH**

- |                            |  |
|----------------------------|--|
| Ⓐ MAIN ELECTRICAL          | ⓖ DUCT CROSSOVER                       |
| Ⓑ ELECTRICAL CROSSOVER     | ⓓ SEWER DROPS                          |
| Ⓒ WATER INLET              | ⓓ RETURN AIR (W/OPT HEAT PUMP OR DUCT) |
| Ⓓ WATER CROSSOVER (IF ANY) | ⓓ SUPPLY AIR (W/OPT HEAT PUMP OR DUCT) |
| Ⓔ GAS INLET (IF ANY)       |  |
| Ⓕ GAS CROSSOVER (IF ANY)   |  |

BOLT

L-57631

# BOLT



**L-5763I**

**3-BEDROOM / 2-BATH**

**16 X 80 - Approx. 1130 Sq. Ft.**

Date: 8-8-2013

\* All room dimensions include closets and square footage figures are approximate

\* Transom windows are available on optional 9'-0" sidewall houses only

\* Available with Lineals or Shutters around windows

License Number: IH / 1025239 / 1 Name: PAUL E. ALBRIGHT

Order #: 2989	Label #: 45837	Manufacturer: <u>LIVE ORK</u>	(Check Size of Home)
Homeowner: <u>Matthew Ezell</u>	Year Model: <u>2017</u>	Single <input checked="" type="checkbox"/>	
Address: <u>436 SW NORMAN JEWELL</u>	Length & Width: <u>16 X 80</u>	Double <input type="checkbox"/>	
City/State/Zip: <u>Lake City - 71</u>	Type Longitudinal System: <u>6</u>	Triple <input type="checkbox"/>	
Phone #:	Type Lateral Arm System:	HUD Label #:	
Date Installed:	New Home: <input checked="" type="checkbox"/> Used Home: <input type="checkbox"/>	Soil Bearing / PSF: <u>1500</u>	
Installed Wind Zone: <u>2</u>	Data Plate Wind Zone: <u>2</u>	Torque Probe / in-lbs: <u>285</u>	
		Permit #:	

Note:

STATE OF FLORIDA  
INSTALLATION CERTIFICATION LABEL

45837

LABEL #

DATE OF INSTALLATION

PAUL E. ALBRIGHT

NAME

IH / 1025239 / 1

2989

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.

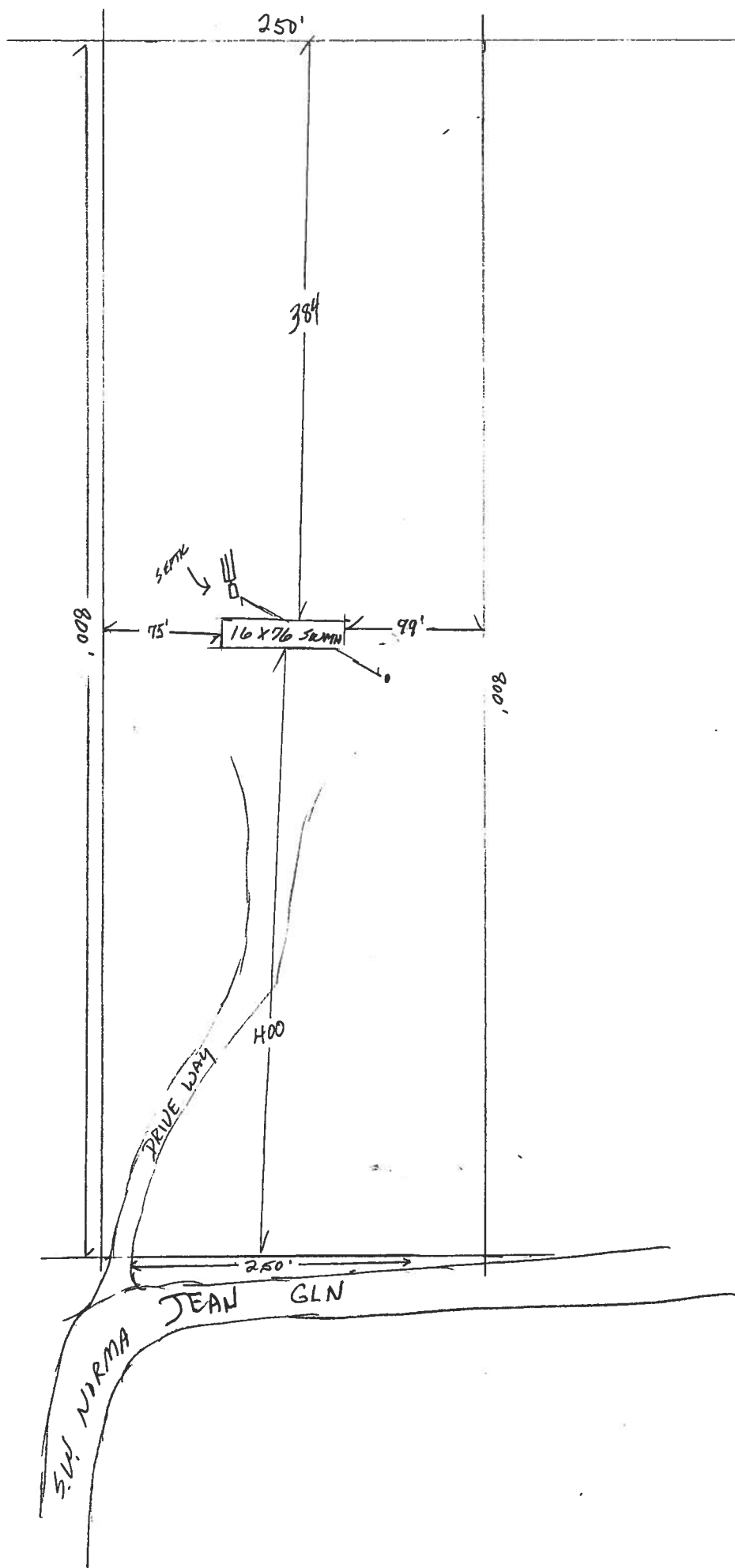
INSTRUCTIONS


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.

EZELL JOB

DRAWN BY: PAUL BARBER, DATE: 11-8-17, SCALE 1"=100'

PARCEL ID: 06-65-17-09615-107





SW NORMA JEAN CEN

SW DAWN LN

0 0.01 0.02 0.03 0.04 0.05 0.06 0.07 0.08 0.09 0.1 mi

### Columbia County Property Appraiser

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

**PARCEL: 06-6S-17-09615-107 | VACANT (000000) | 0 AC**  
LOT 7 HIGHLAND FARMS S/D: 867-1967, 997-2118, OC 1312-1564, WD 1345-768.

EZELL LINDA M		2017 Certified Values			
Owner	485 SW RANDALL TER LAKE CITY, FL 32024	Mkt Lnd	\$27,127	Appraised	\$27,127
		Ag Lnd	\$0	Exempt	\$0
Site		Bldg	\$0	Assessed	\$27,127
Sales	9/2/2017 \$25,000 V (U)	XFOB	\$0	Total	county:\$27,127 city:\$27,127
Info	3/19/2016 \$180 V (U)	Just	\$27,127	Taxable	other:\$27,127 school:\$27,127
	10/6/198 \$12,300 V (U)	Class	\$0		

NOTES:

This information, updated: 10/27/2017, was derived from data which was compiled by the Columbia County Property Appraiser's Office solely for the governmental purpose of property assessment. This information should not be relied upon by anyone as a determination of the ownership of property or market value. No warranties, expressed or implied, are provided for the accuracy of the data herein, its use, or its interpretation. Although it is periodically updated, this information may not reflect the data currently on file in the Property Appraiser's office.

by  
GrizzlyLogic.com



Prepared by:  
Valarie Benz  
American Title Services of Lake City, Inc.  
321 SW Main Boulevard, Suite 105  
Lake City, Florida 32025

File Number: 17-568

Inst: 201712017999 Date: 10/03/2017 Time: 3:42PM  
Page 1 of 1 B: 1345 P: 769, P.DeWitt Cason, Clerk of Court  
Columbia, County, By: PT  
Deputy Clerk Doc Deed: 175.00

### General Warranty Deed

Made this September 29, 2017 A.D.

By **GEORGE ATHANASIADIS**, a single person 1015 Bowsprit Lane, Holiday, Florida 34691, hereinafter called the grantor,

To **LINDA M. EZELL**, whose post office address is: 465 SW Randall Terrace, Lake City, Florida 32024, hereinafter called the grantee:

(Whenever used herein the term "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 corporations)

**Witnesseth**, that the grantor, for and in consideration of the sum of Ten Dollars, (\$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, viz:

**LOT 7, HIGHLAND FARMS SUBDIVISION**, a subdivision according to the plat thereof as recorded in Plat Book 5 page 87 of the public records of **COLUMBIA COUNTY, FLORIDA**.

Parcel ID Number: 09615-107

**Together** with all the 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 December 31, 2016.

**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:*

Nicole A. Moore  
Witness Printed Name Nicole A. Moore

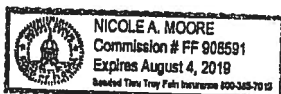
G. Athanasiadis (Seal)  
GEORGE ATHANASIADIS  
Address: 1015 Bowsprit Lane, Holiday, Florida 34691

Valarie Benz  
Witness Printed Name Valarie Benz

State of Florida

County of Columbia

The foregoing instrument was acknowledged before me this 29th day of September, 2017, by **GEORGE ATHANASIADIS**, a single person, who is/are personally known to me or who has produced **DRIVERS LICENSE** as identification.



Nicole A. Moore  
Notary Public  
Print Name: Nicole A. Moore  
My Commission  
Expires: \_\_\_\_\_

# 1248-12  
# 2179259-0



# COLUMBIA COUNTY

## 911 ADDRESSING / GIS DEPARTMENT

263 NW Lake City Ave., Lake City, FL 32055

Telephone: (386) 758-1125 x 1 \* Fax: (386) 758-1365 \* Email: [gis@columbiacountyfla.com](mailto:gis@columbiacountyfla.com)



### 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:	10/5/2017 1:15:31 PM
Address:	436 SW NORMA JEAN Gln
City:	LAKE CITY
State:	FL
Zip Code	32024
<hr/>	
Parcel ID	09615-107

REMARKS: Address for proposed structure on parcel.

Address Issued By: Signed:/ Ronal N. Croft

Columbia County GIS/911 Addressing Department

**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.**



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, PAUL E 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 BARNEY	<i>Paul Barney</i>	FREEDOM HOMES
LINDA PENHALIGON	<i>Linda Penhaligon</i>	FREE DOM 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.

*Paul E Albright*  
License Holders Signature (Notarized)

TH1025239  
License Number

11-8-17  
Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: SUWANNEE

The above license holder, whose name is PAUL E ALBRIGHT,  
personally appeared before me and is known by me or has produced identification  
(type of I.D.) \_\_\_\_\_ on this 8 day of NOVEMBER, 20 17.

*Paul Barney*  
NOTARY'S SIGNATURE

(Seal/Stamp)



PAUL A BARNEY  
MY COMMISSION # GG 040180  
EXPIRES: October 19, 2020  
Bonded Thru Budget Notary Services

12/30/2016 10:30 Freedom Mobile Home Sales  
Dec 30 16, 04:01p Whittington electric inc,

(FAX)3867524757

P.002/002

3866843906

p.1

12/29/2016 15:57 Freedom Mobile Home Sales

(FAX)3867524757

P.002/002

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1711-33 CONTRACTOR Paul Albright 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> Signature <u>[Signature]</u> License #: <u>E1300 2957</u> Phone #: <u>386 972 1706</u> Qualifier Form Attached <input type="checkbox"/>
MECHANICAL/ A/C	Print Name <u>STYLECREST</u> Signature <u>[Signature]</u> License #: <u>CAC1817658</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.

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR CONSTRUCTION PERMIT

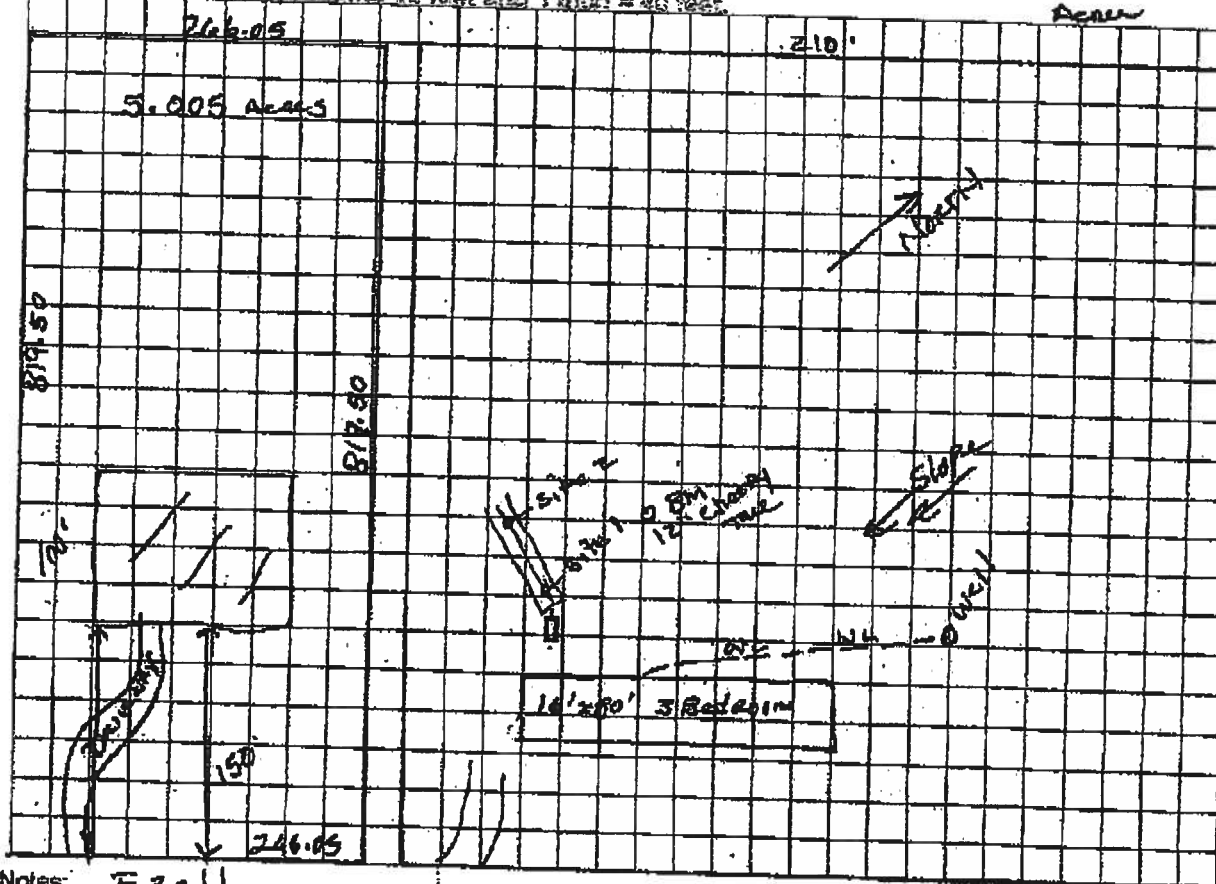
Permit Application Number 17-0695

EZEL

- PART II - SITEPLAN

1 Acre of 5.005  
Acre

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



Notes: F2c11

5.005 Acres

LOT 7 Highland

06-45-17-09615-107

Site Plan submitted by: Robert W. Forch 11-1-17

Plan Approved 10

**Not Approved**

Ag. P. W.

Date 4/24/17

County Health Department

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

386752187

03:13:13 p.m. 11-21-2017

4/6



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

**TAXED**

PERMIT #: **12-SC-1800339**  
APPLICATION #: **AP1313868**  
DATE PAID: **11/31/17**  
FEE PAID: **310.00**  
RECEIPT #: **3129676**  
DOCUMENT #: **PR1083123**

CONSTRUCTION PERMIT FOR: **OSTDS New**

APPLICANT: **LINDA\*\*17-0688 EZELL**

PROPERTY ADDRESS: **465 SW RANDELL Ter Lake City, FL 32024**

LOT: **7** BLOCK: SUBDIVISION: **Highland Farm**

PROPERTY ID #: **09615-017** [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 CHANGES 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 [ 300 ] GALLONS / GPD Septic CAPACITY  
A [ ] GALLONS / GPD N/A CAPACITY  
N [ ] GALLONS GREASE INTERCEPTOR CAPACITY DRAINAGE CAPACITY SINGLE TANK: 1250 GALLONS  
K [ ] GALLONS DOSING TANK CAPACITY [ ] GALLONS [ ] DOSES PER 24 HRS #Pumps [ ]

D [ 375 ] SQUARE FEET Drainfield SYSTEM  
R [ ] SQUARE FEET N/A SYSTEM  
A TYPE SYSTEM: [X] STANDARD [ ] FILLED [ ] MOOND [ ]  
I CONFIGURATION: [X] TRENCH [ ] BED [ ]

P LOCATION OF BENCHMARK: **12" Cherry tree.**

I ELEVATION OF PROPOSED SYSTEM SITE [ 24.00 ] [ INCHES ] FT [ ] ABOVE [ ] BELOW BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [ 54.00 ] [ INCHES ] FT [ ] ABOVE [ ] BELOW BENCHMARK/REFERENCE POINT

L FILL REQUIRED: [ 0.00 ] INCHES EXCAVATION REQUIRED: [ 0.00 ] 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 The licensed contractor installing the system is responsible for installing the minimum category of tank in accordance with s. 64E-6.013(3)(b), FAC.

SPECIFICATIONS BY: **Robert W Ford**

TITLE: **Master Contractor**

APPROVED BY: **Jarvis K Clifford**

TITLE: **Environmental Specialist I**

**Columbia CHD**

DATE ISSUED: **11/21/2017**

EXPIRATION DATE: **05/21/2019**

OR 4016, 08/09 (incorporates all previous editions which may not be used)

Incorporated: **64E-6.003, FAC**

v 1.1.4

AP1313868

SE1054422

Page 1 of 3

# Freedom Mobile Home Sales, Inc

DATE OF BIRTH  
BUYER: 04/03/87  
CO-BUYER:

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

DRIVER'S LICENSE  
BUYER E240-557-87-123-0  
CO-BUYER: 0

BUYER(S) MATTHEW SCOTT EZELL		PHONE -		DATE 09/21/17	
ADDRESS 465 SW RANDALL TERR LAKE CITY FL 32024-000		Salesperson: MIKE COX			
DELIVERY ADDRESS 436 SW NORMA JEAN GLEN LAKE CITY 32024					
MAKE & MODEL LIVE OAK L-5763I		YEAR 2017	BEDROOMS 3X2	FLOOR SIZE 16 w 76	HITCH SIZE 16 w 80
SERIAL NUMBER LOHGA21731973		COLOR	PROPOSED DELIVERY DATE		STOCK NUMBER 1457
New or Used 0		KEY NUMBERS			
LOCATION	R-VALUE	THICKNESS	TYPE OF INSULATION		BASE PRICE OF UNIT
CEILING	27	9 1/5	ROCKWOOL		\$51,295.00
EXTERIOR	11	3 1/2	FIBERGLASS		
FLOORS	22	7	FIBERGLASS		
THIS INSULATION INFORMATION WAS FURNISHED BY THE MANUFACTURER AND IS DISCLOSED IN					SUB-TOTAL \$51,295.00
COMPLIANCE WITH THE FEDERAL TRADE COMMISSION RULE 16 CRF, SECTION 460.16					COUNTY TAX \$50.00
OPTIONAL EQUIPMENT, LABOR, AND ACCESSORIES					SALES TAX 6% \$3,077.70
Delivered and Set Up: Included					TAG AND TITLE \$0.00
Tied Down: Included					
Connect water and sewer within 20 feet of existing facility Included					
Furnished \$ NO					1. CASH PURCHASE PRICE \$54,422.70
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 Included					CASH DOWN PAYMENT \$6,000.00
					0 \$0.00
					LESS TOTAL CREDITS \$6,000.00
					BALANCE DUE TO FREEDOM \$48,422.70
					LAND PAYOFF \$0.00
					CLOSING COST FINANCED BY LENDER \$0.00
					INSURANCE \$0.00
					ESTIMATED FINAL LOAN AMOUNT \$48,422.70
Type of A/C 0 Included					Initial:
Type of Skirting 0.00 Included					NO VERBAL AGREEMENTS WILL BE HONORED.
Type of steps 0.00 Included					SELLER AGREES TO PAY UP TO \$0.00
					OF BUYERS CLOSING COST AND PREPAIDS
NOTE: WARRANTY, EXCLUSIONS AND LIMITATIONS OF DAMAGES ON THE REVERSE					The U.S. Department of Housing and Urban Development (HUD)
DESCRIPTION OF TRADE IN YEAR BEDROOMS SIZE					Manufactured Home Dispute Resolution Program is available to resolve
MAKE N/A MODEL N/A					disputes among manufacturers, retailers, or installers concerning defects in
TITLE NO SERIAL COLOR					manufactured homes. Many states also have a consumer assistance or
N/A N/A					dispute resolution program. For additional information about these
LIEN HOLDER PHONE NO AMOUNT					programs see sections titled "Dispute Resolution Process" and "additional
N/A N/A					information -- HUD Manufactured Home Dispute Resolution Program" in
TRADE PAYOFF IS TO BE PAID BY 0					the consumer manual required to be provided to the purchaser. These
THIS AGREEMENT CONTAINS THE ENTIRE UNDERSTANDING BETWEEN DEALER AND BUYER AND NO OTHER REPRESENTATION OR INDUCEMENT, VERBAL OR WRITTEN HAS BEEN MADE					programs are not warranty programs and do not replace the manufacturer's
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					or any other person's warranty program.
are agreed to as part of this agreement, the same as it printed above the signatures. Buyer is purchasing					
and accessories, the insurance as described has been voluntary, the Buyer's trade-in is free of all claims whatsoever except as noted					
Freedom Mobile Home Sales, Inc DEALER					Liquidated Damages are agreed to \$900.00 or
Not Valid Unless Signed by Steve Smith ( Vice Pres )					10% of the cash price, whichever is greater.
SIGNED X BUYER					REFER TO PARAGRAPH #6 ON THE REVERSE SIDE OF THIS CONTRACT
SOCIAL SECURITY NO. 592-50-4550					
BY Agent					
SIGNED X BUYER					
SOCIAL SECURITY NO.					