PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

AD#	Only (Revised 7-1-15) Zor	ning Official	Building Official
AF#	Date Received	By	Permit #
riodd Zone	Development Permit	Zoning	Land Use Plan Map Category
Recorded Dee	d or Property Appreion DO	ished Floor	River In Floodway
Fristing wall	a of a Property Appraiser PO	Site Plan 🗆 EH #	□ Well letter OR
DOT Approval	□ Land Owner Affidavit □ Insta	aller Authorization	□ FW Comp. letter □ App Fee Paid
Elliquille Weter	Parent Parcel #	STUP-MH	□ 911 Арр
I Ellisville water	r Sys Assessment	_ □ Out County □	In County □ Sub VF Form
operty ID# 2	2-35-16-02244-119	Subdivision $B_{\ell \alpha}$	inden Estates Lot#1
New Mobile I	Home Used Mobi	ile Home	MH Size_3zk7z Year_2o2
Applicant _(harles Kobinson	Pho	ne #_352-474-3914
Address 46	66 SW Deputy J Davis	LN Lake City	FL 32024
			Phone# 386-762 - 5355
911 Address	233 NW whitney Gle	en Lake Cit.	FI 31055
Circle the cor	233 NW whitney Ste	EL Power & Light	Clay Floatric
	(Circle One) - Suw	annee Valley Electri	ic - Duke Energy
Name of Own	ier of Mobile Home Freedow	1 Homes	Phone # <u>(386) - 752- 535</u>
Address 460	6 SW Deputy I Davis	LN Lake City	El 22024
Relationship	to Property Owner Same	ache ciry	76,32029
	ber of Dwellings on Property		
Lot Size_[O	5' × 187' × 116' × 191'	Total Acreage	
Do you : Have	Existing Drive (Currently using) or Private Drive (Blue Road Sign)	e or need Culvert Pe	ermit or <u>Culvert Waiver</u> (Circle on
Is this Mobile	Home Replacing an Existing N	(Figure 1)	(Not existing but do not need a Culve
Driving Direct	tions to the Property US 90 V	Alest to tucoes	20 7/2 () 5 / 0
Payene	nt to NW whiteen Glr	TIR follows	Le road around the bend
1000	3/11/11/29 /21	1011000	around the bend
and job	site will on the left.		
901, 51479	site will on the left.		Phone # (20x) - 21111 - 21
Name of Licen	nsed Dealer/Installer David ress 353 Sw Mauldin	Albrigh+	Phone #(386) - 344-360

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER	CONTRACTOR DAVID ALBRICHY	PHONE (386) 344-3645
THIS FOR	M MUST BE SUBMITTED BRICE TO THE	

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 <u>REQUIRED</u> 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.

		result in stop work orders and/or fines.
ELECTRICAL	Print Name WAFTT	TNG TON ELECTRIC Signature Allem Whitington
MECHANICAL/		Qualifier Form Attached Phone #: 386 972 1700
A/C	Print Name Sty License #: CAC	1817658 Signature Resident Divide SR
		Qualifier Form Attached

Qualifier Forms cannot be submitted for any Specialty License.

Specialty License License Number	Sub-Contractors Printed Name	
CONCRETE FINISHER		Sub-Contractors Signature
F. S. 440.103 Building permission		

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

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

MOBILE HO	ME INSTALLERS AGENT A	I THORIZATION
I. DAVID ALBRIGH	¹ T	
Installers Name	give this author	ity and I do certify that the below
referenced person(s) listed on is/are authorized to purchase re	this form is/are under	
is/are authorized to purchase	is/are under my direct	t supervision and control and
is/are authorized to purchase p	ermits, call for inspections and	sign on my behalf
Printed Name of Authorized		o and my soriali.
Person	Signature of Authorized Person	Agents Company Name
PAUL A BARNEY	Varola Bam	FREEDOM HOMES
STEVE SMITH (Musmak	FREEDOM HOMES
CHARLES ROBINSON	a li	FREEDOM HOMES
I, the license holder		
I, the license holder, realize that under my license and I am fully I	I am responsible for all permits	s purchased, and all work done all Florida Statutes, Codes, and
Local Ordinances	esponsible for compliance with	all Florida Statutes, Codes, and
I understand that the State Licen	sing Board has the power and	
I understand that the State Licen holder for violations committed by	v him/hor or but it is	authority to discipline a license
holder for violations committed by document and that I have full res	nilities of by his/her authoriz	ed person(s) through this
document and that I have full res	ponsibility for compliance grant	ted by issuance of such pormits
0 0		or such permits.
11-26,81		
Mario Alber he	TH .	20.15
icense Holders Signature (Notar	ized)	29420-1 5-4-2021 umber Date
OTARY INFORMATION:	License N	umber Date
TATE OF: Florida	00111-	
	COUNTY OF: COLUMBI	A
he above license holder, whose i	name is DAVID ALBA	211.15
ersonally appeared before me anype of I.D.) PERSONALLY KI	d is known by me or has produ	(IGH)
PERSONALLY KI	on this 42 day	of May
Sinda Perlalian		or
TARY'S SIGNATURE		
O O	(5	Seal/Stamp)
		END LINE A SERVICE





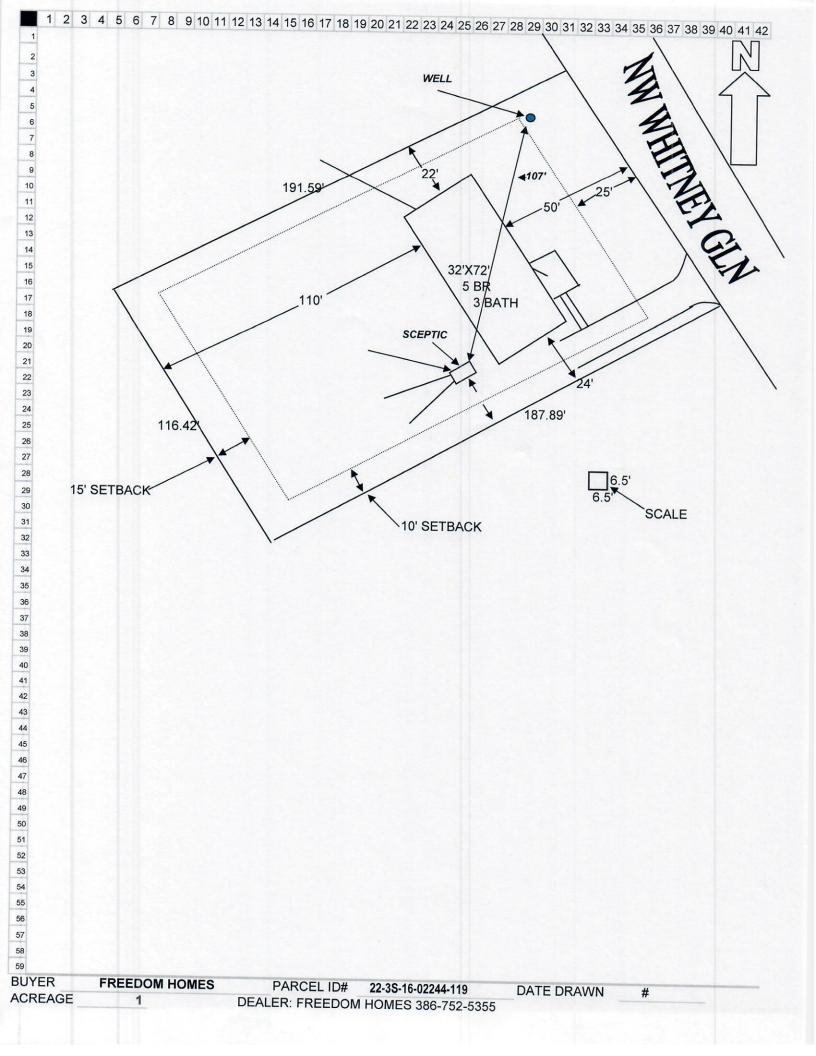
COLUMBIA COUNTY BUILDING DEPARTMENT 135 NE Hernando Ave, Suite B-21, Lake City, FL 32055

Phone: 386-758-1008 Fax: 386-758-2160

MOBILE HOME INSTALLERS LETTER OF AUTHORIZATION

, DAVID ALBRIGH	T	
Installer License Holder Na	give this authority	for the job address show below
only, 272 NW WHITNEY	GLEN, LAKE CITY, FL 3. Job Address	2055 and I do contifut
the below referenced person(s)	listed on this form is/are under r	ny direct supervision and control
and is/are authorized to purcha	ise permits, call for inspections a	nd sign on my behalf.
Printed Name of Authorized	Signature of Authorized	Authorizato
Person	Person	Authorized Person is (Check one)
PAUL A BARNEY	Jacolt Barnug	Agent Officer Property Owner
STEVE SMITH (Thu milk	AgentOfficerProperty Owner
CHARLES ROBINSON	al.	Agent Officer Property Owner
I understand that the State Licer	responsible for compliance with a	uthority to discipline a license
License Holders Signature (Nota	TH-11a	19420-1 5-4-2021
NOTARY INFORMATION:		Date
STATE OF: Florida	COUNTY OF: COLUME	BIA
The above license holder, whose personally appeared before me a (type of I.D.) PERSONALLY Linda Terhalige	and is known by	ced identification
NOTARY'S SIGNATURE	GLEV TO	eal/Sinda/PENHALIGON

Commission #GG 157551 My Commission Expires November 5, 2021



License Number: IH / 1129420 / 1 Name: DAVID E	ALBRIGHT	
Order #: 4824 Label #: 78678	Manufacturer:	(Check Size of Home)
Homeowner: BRANDON ESTATES	Year Model: 202/	Single
Address:	Length & Width: 80/32 Type Longitudinal System: 6075	Double Triple
City/State/Zip:	Type Longitudinal System: 6071	HUD Label #:
Phone #:	Type Lateral Arm System: 607 I	Soil Bearing / PSF:
Date Installed:	New Home:	Torque Probe / in-lbs:
Installed Wind Zone:	Data Plate Wind Zone:	Permit #:
Note:		_11

STATE OF FLORIDA INSTALLATION CERTIFICATION LABEL

78678

LABEL#

DATE OF INSTALLATION

DAVID E ALBRIGHT

NAME

IH / 1129420 / 1

4824

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.

Mobile Home Permit Worksheet

Application Number:	New Home Used Home	Home installed to the Manufacturer's Installation Manual Home is installed in accordance with Rule 15-C	Single wide	Double wide 🔲 Installation Decal # 73678	Triple/Quad Serial #	PIER SPACING TABLE FOR USED HOMES		(sq in) (==0, (==0, (==0) (==0, (==0) (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, (==0, ==0, ==))))))))))))))	4,6" 6' 6' 7' 8" 8' 9' 9' 9' 9' 9' 9' 9' 9' 9' 9' 9' 9' 9'	\$\overline{\pi}\$ \$\over	interpolated from Rule 15C-1 pier spacing table. POPULAR PAD SIZES PIER PAD SIZES	17x25 Pad 8	180	18.5 x 18.5 16 x 22.5 17 x 22	ations of marriage 20 x 20 174 x 25 3/16 x 25 3/16	171	List all marriage wall openings greater than 4 foot 26 x 26 676 and their pier pad sizes below.	ening Pier pad size 4 ft	FRAME TIES	within 2' of end of home spaced at 5' 4" oc	TIEDOWN COMPONENTS Alimpos		Manufacturer Shearwall Shearwall Shearwall
Applicat	Nev	=		Dot Dot	1		Load bearing	capacity		32	* inter	-pe	Peri	Othe (requ		ј —	and					Long Manu Long	Manu
		129420	2000	32 x 77 17	ng plan	of home ew or usedly	XX		Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)			E				f home per Rule 15C							
laalis	F	111			e blockii	home (n	tials		gitudinal show the		+		P		中	in 2' of end o	þ						
		License # [Lenath x width	alf of th	ch in ren d on any	Installer's initials		is of Long k lines to		+				+	iarriage wall piers within 2' of end of home per	þ						
		_	_		out one !	<i>ide sket</i> e ot be use	Inst		v locatior (use dar		-	E			-	marriage							
		Mhitne.		Oak Homes	if home is a single wide fill out one half of the blocking	If nome is a triple or quad wide sketch in remainder of home and Lateral Arm Systems cannot be used on any home (new or usedowall ties exceed E. #. 1 in	200	lateral	Shov	Г	-				4								
	A 111	100 E			s a single	Arm Syst	- cs cyceer	at	f						—								
	7.	0 1	ا ا	Live.	f home is	If nome I: Id Lateral	pacing -	1	<u></u>	<u> </u>		4				E							
	-	Installer: VAN Address of home	being installed	Manufacturer	NOTE:	It nome is a triple or quad wide sketch in remainder of home I understand Lateral Arm Systems cannot be used on any home (new or use where the sidewall ties exceed 5.4.4 in	Typical pier spacing	2 46	1	- [

Application Number:

Dafe:

	pse
JEITER TIEST	Of TWN
T PENETRON	is are rounded do
POCKE	mefer tests an
	icket penetro sk here to de
ı	or che

WHILIDOUR RESIMING.

× 28

23

Pocket Penetrometer Testing Method

- 1. Test the perimeter of the home at 6 locations.
- Take the reading at the depth of the footer. N
- reading and round down to that increment. Using 500 lb, increments, take the lowest ത്

28

TORQUE PROBETIES

inch pounds or check The results of the torque probe test is 272 inch pounds of you are declaring 5 anchors without testing showing 275 inch pounds or less will require 5 foot anchors.

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

Installer's initials

all tests must be performed by a licensed installer Installer Name

DAVID ALBRIGHT MOBILE HOME SVC

Date Tested

electrical conductors between multi-wide units, but not to the main power. This includes the bonding wire between mult-wide units. Pg. 73-77 Connect COURCE.

Electrical

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 idependent water supply systems. Pg. 78-110

-

For used homes a min. 30 gauge, 6" 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. Other Pad X Fastening mulii wide units alle Preparation Length: 6"
Length: 3" Length: Debris and organic material removed X Water drainage: Natural Swale Type Fastener: LAGS
Type Fastener: SCREWS
Type Fastener: LAGS Type Fastener: Floor Roof.

Gasket (veninoprosiles requirem

a result of a poorly installed or no gasket being installed. I understand a sinjo homes and that condensation, mold, meldew and buckled marriage walls are l understand a properly installed gasket is a requirement of all new and used of tape will not serve as a gasket.

installer's initials

Type gasket FACTORY Pg. 41

Between Floors Yes X Between Walls Yes END WALLS Bottom of ridgebeam Yes X

Weatherproofing

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

Macellaneous

NA X Skirting to be installed. Yes

Diyer vent installed outside of skirting. Yes

Range downflow vent installed outside of skirting. Yes Drain lines supported at 4 foot intervals. Yes X Electrical crossovers protected. Yes X

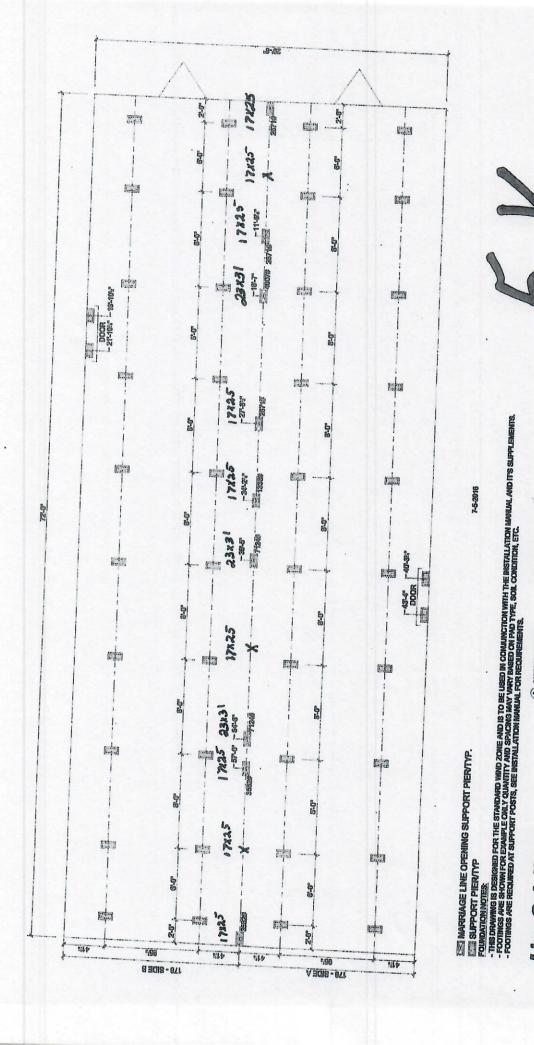
NA X

installer verifies all information given with this permit worksheet manufacturer's installation instructions and or Rule 15C-1 & 2 is accurate and true based on the

Installer Signature 11/12

Defe

Page 2 of 2

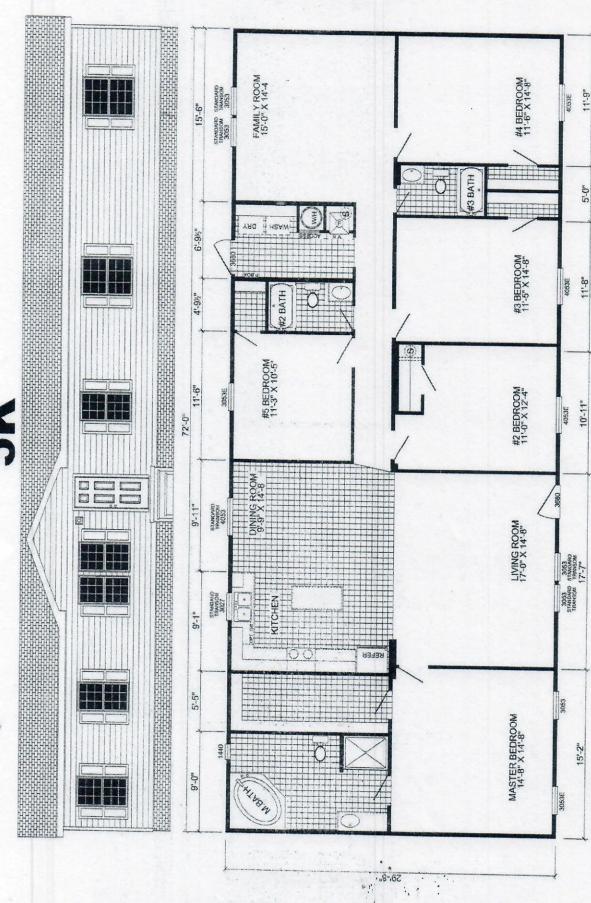


(G) DUCT CROSSOVER
(H) SEWER DROPS
(T) RETURN AIR (WIOPT, HEAT PUMP OH DUCT)
(J) SUPPLY AIR (WIOPT, HEAT PUMP OH DUCT)

(A) MANN ELECTRICAL
(B) ELECTRICAL CROSSOVER
(C) WATER INLET
(D) WATER CROSSOVER (F ANY)
(E) GAS INLET (F ANY)
(F) GAS CROSSOVER (F ANY) 5-BEDROOM / 3-BATH

10DEL: L-3725B - 32 X 76

Live Oak Homes



5-BEDROOM / 3-BATH L-3725B

32 X 76 - Approx. 2136 Sq. Ft. 2-9-2016

* All noom dimensions include closets and square foolage figures are approximate. * Transom windows are available on optional 9-0" sidewall houses only. * Underplaning shown is optional.

Freedom Mobile Home Sales, Inc

757

DRIVER'S LICENSE BUYER: R520-541-68-639-0 CO-BUYER: 0

DATE OF BIRTH		466 SW DEPUTY J DAVIS LN
BUYER: 04/19/68	NAME OF TAXABLE PARTY.	LAKE CITY, FLORIDA 32024
O-BUYER:		(386) 752-5355 Fax: (386) 752-4
EMAIL ladymarine143		

BUYER(S)	Melissa Ann Ra					PHONE	352.239.9	072	ATE 04/06/21
ADDRESS	996 SW Centra	al Ter Ft. White FL 320	38					alesperson: De	
DELIVERY ADDRESS	TBD WHITNEY	GLN LAKE CITY, FL 3	32024 (LOT 19	BRANDEN ES	STATES)		06	alesperson. De	DIT DOWNS
MAKE & MODEL				The second second	YEAR	BEDROOMS	FLOOR SIZE	HITCH SIZE	STOCK NUMBER
LIVE OAK L-3725 SERIAL NUMBER					2022	5X3	L 32 w 7		
SERIAL NUMBER	ORD			New or Used	COLOR	PROPOSED DELIV			KEY NUMBERS
LOCATION		THOMESO		5K					
CEILING	R-VALUE	THICKNESS		INSULATION			BASE PF	RICE OF UNIT	\$131,092.08
	27	9 1/5	ROCI	KWOOL	OPTIONAL E	QUIPMENT			INCL
EXTERIOR	11	3 1/2	FIBER	RGLASS				SUB-TOTA	
FLOORS	22	7	FIBER	RGLASS				COUNTY TAX	
THIS INSULATION INFO	RMATION WAS FURNI	SHED BY THE MANUFACTURE	R AND IS DISCLOSED	OIN		The state of the s			
COMPLIANCE WITH TH	E FEDERAL TRADE CO	OMMISSION RULE 16 CRF, SECT	TION 460 16					SALES TAX 69	
		PMENT, LABOR, AND AC						TAG AND TITLE	\$0.00
Delivered and Set	tiln:	WENT, LABOR, AND AC	CCESSURIES		1		0		
Trim	тор.			Included			0		A THE RESERVE
1000000				Included		SMITHVI	LLE LOT 19		\$34,000.00
Tied Down:				Included		THE STREET	0		\$0.00
Dirt Pad				Included					\$0.00
land clearing				Included	WELL	SEPTIC CLEAR	INC DEDMIT	NON TAYADI	
Connect water an	d sewer within 20	feet of existing facility		Included	1 CASH DUE	RCHASE PRICE	-	S NON TAXABI	
		3		moraded	I, CASH FUI				\$186,000.00
						TRADE-IN AL		\$0.0	0
Furnished						LESS BAL. DUE	ON ABOVE	\$0.0	0
				NO		NET AL	LOWANCE	\$0.0	0
Unfurnished				AGREE		CASH DOWN	PAYMENT	\$1,000.0	
							0	\$0.0	
Customer respons	sible for any wreck	cer fees incurred on lot.		AGREE					
				TOTALL				TOTAL CREDIT	
Wheels & axles de	eleted from sale n	rice of home		AODEE			BALANCE DU	E TO FREEDO	
The second second	biotou ironi baic p	nce of fiorne.		AGREE				LAND PAYOR	F \$0.00
Electrical Hookup						CLOSING (COST FINANC	ED BY LENDE	R \$0.00
Electrical Hookup				Included				INSURANC	
						ESTIM	ATED FINAL	LOAN AMOUN	T \$185,000.00
					Initial:			LOT II T TIMOOT	\$105,000.00
						AGREEMENTS	NAME DE LIC	NODED	
					SELLED	AGREES 1	O DVV III		040 000 00
					OFR	LIVEDO OL	O PAY UF	106%	\$10,960.08
Type of A/C		HP	-		UF B	UYERS CLO	JSING CO	ST AND PR	REPAIDS
Type of Skirting				Included	The U.S	. Department o	f Housing and	Urban Develo	pment (HUD)
		VA		Included	Manufacture	ed Home Disnu	te Resolution	Program is ave	ailable to resolve
Type of steps		0.00		Included	disputos ama	na manufacture	no resolution	riogram is ava	aliable to resolve
					uisputes arrio	ng manufacture	ers, retailers, o	or installers cor	ncerning defects in
BALAN	ICE CARRIED TO	OPTIONAL EQUIPMEN	NT	Included	manufacture	ed homes. Man	y states also	have a consum	ner assistance or
NOTE: WARRAN	TY, EXCLUSION:	S AND LIMITATIONS OF	E DAMACES OF	N THE DEVE		esolution progra	am. For addition	onal informatio	n about these
DESCRIPTION OF TRADE-IN	YE	EAR	BEDROOMS	SIZE	programs see	sections titled	" Dispute Res	colution Proces	ss" and "additional
	N/	A	N/A	N/A	Information	LILID Manufa	of model in	D' I TIOCES	s and additional
MAKE	MOI		100	INA	illormation	HUD Manuta	ctured Home	Dispute Resolu	ition Program" in
William Co. Land					the consum	ner manual requ	uired to be pro	vided to the pu	urchaser. These
TITLE NO.	SERIAL		COLOR		programs are	not warranty pr	rograms and c	o not replace t	the manufacturer's
					or any	other person's	warranty prog	rom	ine manufacturer 5
					or arry	other persons	warranty prog	ram	
N/A	N/A								
IEN HOLDER		PHONE NO		AMOUNT	Liquidated Dam	ages are agreed	to \$900.00	or	
V/A		N/A		N/A		price, whichever		_"	
T	RADE PAYOFF IS	TO BE PAID BY	0)					
THIS AGREEMENT CONTA	TAINS THE ENTIRE UNI	DERSTANDING BETWEEN DEAL	LER AND BUYER AND	D NO OTHER REPR	RESENTATION OR IN	DUCEMENT VERB	THE REVERSE	SIDE OF THIS C	CONTRACT
are agreed to as part of this	s agreement, the same a	s if printed above the signatures	HUVOT IC T	nurchacina	conditions printed	on Page 2 of this	contract are ag	reed to as part of	the contract
and accessories, the insurance	ce as described has been v	oluntary, the Buyer's trade-in is free or	of all claims whatsoever e	except as noted	the above describ	ped trailer, manufac	tured home, or ve	hicle the optional e	quipment
Freedom Mobile	Home Sales, Inc	DEALER		OLONED W					
Not Valid Unless Signed by	y Steve Smith (Vice Pre	s)		SIGNED X					BUYER
			SOCIAL	SECURITY NO.	593-12-6990				
									AN ENGLISHED
BY				SIGNED X					
Age	ent		000141						BUYER
			SOCIAL	SECURITY NO.					
							The state of the s		