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 # 32-6S-17-09827-008 Subdivision McClinton Farm Lot# 8

- New Mobile Home X Used Mobile Home_____ MH Size 32'x72'/76' Year 2022
- Applicant Christal Willett Phone # 352-701-7206
- Address 466 SW Dep. V. Davis Ln. Lake City, FL 32024
- Name of Property Owner James Rhodes Sr. Phone# 352-231-5015
- 911 Address 519 SW Atlantis Pl. Fort White, FL 32038
- Circle the correct power company - (Circle One) - FL Power & Light - Clay Electric - Suwannee Valley Electric - Duke Energy
- Name of Owner of Mobile Home Freedom Homes Phone # 386-752-5355
  Address 466 SW Deputy V. Davis Ln. Lake City FL. 32024
- Relationship to Property Owner _____
- Current Number of Dwellings on Property Ø
- Lot Size 695'x341'x623'x137'x 218' Total Acreage _____
- Do you : Have Existing Drive (Currently using) or Private Drive (Blue Road Sign) or need Culvert Permit (Putting in a Culvert) or Culvert Waiver (Not existing but do not need a Culvert) (Circle one)
- Is this Mobile ~~Home~~ Replacing an Existing Mobile Home NO
- Driving Directions to the Property T/L onto NE Madison for 200 ft T/L on US-441S/ N Marion Ave for 2.9 miles. T/L on US-441S for 15 miles. T/R on CR 18 For 1.1 mi. T/L on McClinton Rd. for 0.7 miles. T/R on SW Atlantis Pl. for 0.4 miles. Jobsite will be on the right.
- Name of Licensed Dealer/Installer David Albright Phone # 386-344-3645
- Installers Address 358 SW Mauldin Ave. Lake City FL. 32024
- License Number IH-1129420 Installation Decal # _____

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR DAVID ALBRIGHT PHONE (386)344-3645

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 WHITTINGTON ELECTRIC License #: EC13002957 Qualifier Form Attached ☐	Signature William Whittington Phone #: 386 972 1700
MECHANICAL/ A/C ____	Print Name STYLECREST License #: CAC1817658 Qualifier Form Attached ☐	Signature Ronald E Brodi SR Phone #: 850-769-4453

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

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

FW

PERMIT NO. 21-1043
DATE PAID: 12/22/21
FEE PAID: 310.00
RECEIPT #: 1772321

APPLICATION FOR:
[✓] New System [ ] Existing System [ ] Holding Tank [ ] Innovative
[ ] Repair [ ] Abandonment [ ] Temporary [ ] _____

APPLICANT: JAMES RHODES (FREEDOM HOMES)

AGENT: ROBERT FORD III- 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: 8 BLOCK: — SUBDIVISION: MCCLINTON FARM PLATTED: 1987

PROPERTY ID #: 32-6S-17-09827-008 ZONING: MH I/M OR EQUIVALENT: [No]

PROPERTY SIZE: 5.05 ACRES WATER SUPPLY: [✓] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [No] DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: 515 SW ATLANTIS PL, FW FLA 32038

DIRECTIONS TO PROPERTY: 475, L on 175, Exit 441, R on Hwy 18, L on Mcclinton Dr, R Atlantis Pl, to 515

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	MH	5	2136	
2				
3				
4				

[ ] Floor/Equipment Drains [ ] Other (Specify) _____

SIGNATURE: Robert Ford III DATE: 12-22-2021

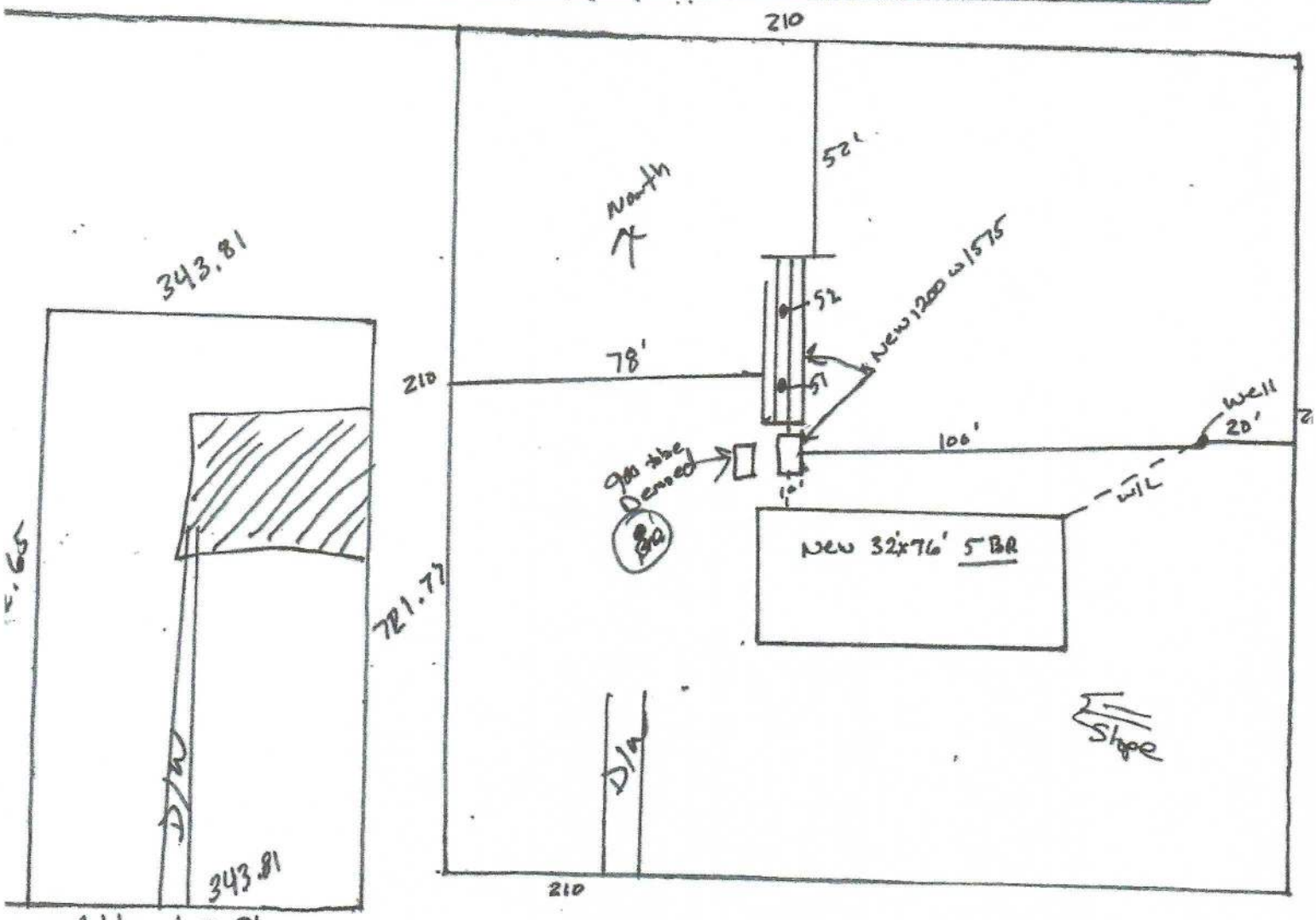
DH 4015, 08/09 (Obsoletes previous editions which may not be used)
Incorporated 64E-6.001, FAC

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 21-1043

1"=40

Rhodes



Address: Atlantis Pl.

Old Home Already Demoed WAS 28 x 60
3 BR.

Plan submitted by: Robert W. Rhodes III. Date 12-22-2021

Approved ✓ Not Approved ____ Date 12/28/21

ESz Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

RHodes
ok

5K L-3725B

page 1 of 2

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

Installer DAVID ALBRIGHT License # IH/ 1129420

911 Address where home is being installed. 519 SW Atlantic Place Ft. White FL, 32038

Manufacturer LIVE OAK HOMES Length x width 32 x 72/76

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 nA

New Home ☒ Used Home ☐

Home installed to the Manufacturer's Installation Manual ☒

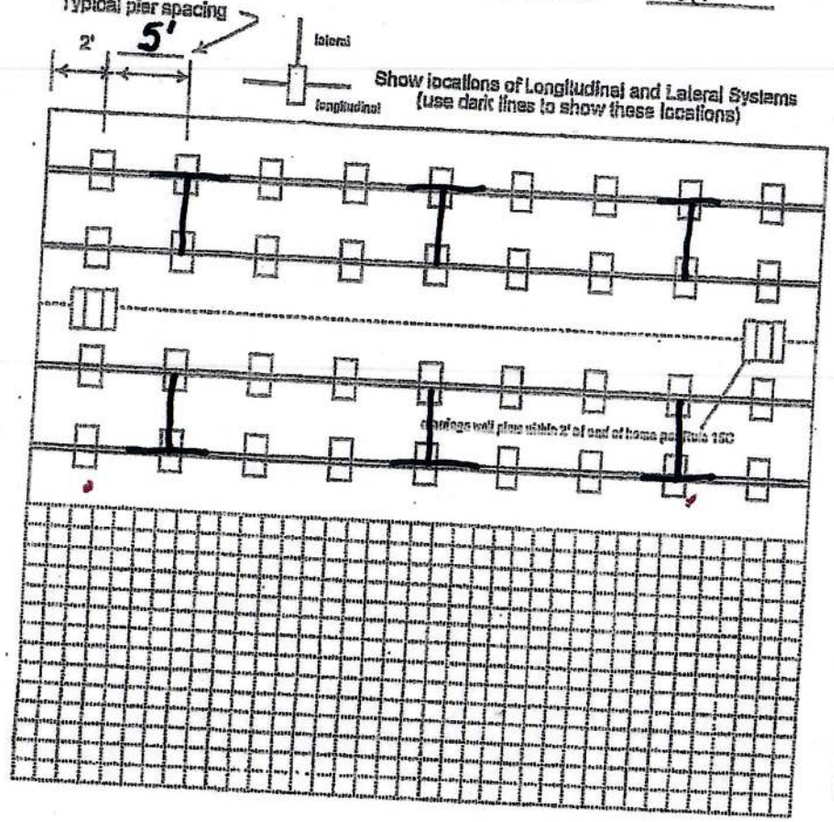
Home is installed in accordance with Rule 15-C ☐

Single wide ☐ Wind Zone II ☒ Wind Zone III ☐

Double wide ☒ Installation Decal # 85939

Triple/Quad ☐ Serial # LOHGA 20037743AB

Typical pier spacing



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'	4'	5'	6'	7'	8'
1500 psf		4' 6"	6'	7'	8'	8'	8'
2000 psf		6'	8'	8'	8'	8'	8'
2500 psf		7' 6"	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

I-beam pier pad size 17 x 25

Perimeter pier pad size 16 x 16

Other pier pad sizes (required by the mfg.) 23 x 31

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

POPULAR PAD SIZES

Pad Size	Sq In
16 x 16	256
16 x 18	288
18.5 x 18.5	342
18 x 22.5	360
17 x 22	374
13 1/4 x 26 1/4	348
20 x 20	400
17 3/16 x 25 3/16	441
17 1/2 x 25 1/2	445
24 x 24	576
26 x 26	676

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

Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer OTI

OTHER TIES

	Number
Sidewall	28
Longitudinal	4
Marriage wall	8-4'
Shearwall	2

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 __X__ 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 255 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 holding capacity.

_____ Installer's initials

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 mult-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 dependent water supply systems. Pg. 78-110

Site Preparation

Debris and organic material removed X.
Water drainage: Natural _____ Swale _____ Pad X 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, meldew 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 FACTORY
Pg. 41

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

Weatherproofing

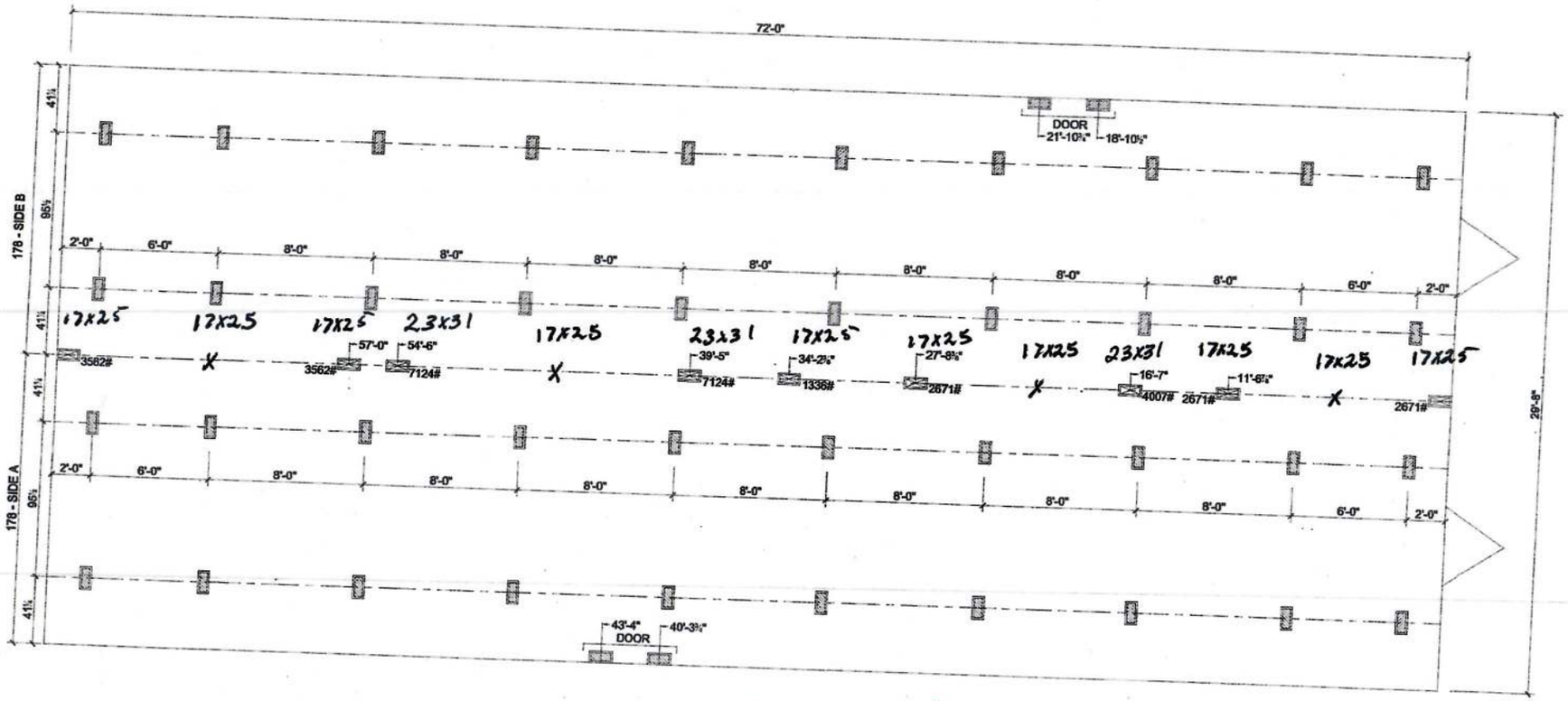
The bottomboard will be repaired and/or taped. Yes X. Pg. 124
Siding on units is installed to manufacturer's specifications. Yes X
Fireplace chimney installed so as not to allow intrusion of rain water. Yes X

Miscellaneous

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



MARRIAGE LINE OPENING SUPPORT PIER/TYP.

SUPPORT PIER/TYP

7-5-2016

FOUNDATION NOTES:

- THIS DRAWING IS DESIGNED FOR THE STANDARD WIND ZONE AND IS TO BE USED IN CONJUNCTION WITH THE INSTALLATION MANUAL AND IT'S 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-3725B - 32 X 76
5-BEDROOM / 3-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 OH DUCT)
- (J) SUPPLY AIR (W/OPT. HEAT PUMP OH DUCT)

5K

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

Order #: 5175 Label #: 85939	Manufacturer: LIVE OAK	(Check Size of Home)
Homeowner: RHODES	Year Model: 2022	Single ____
Address: 519 SW. ATLANTIC PL.	Length & Width:	Double X
City/State/Zip: FT. WHITE FL 32038	Type Longitudinal System: 6 OTI	Triple ____
Phone #:	Type Lateral Arm System: 6 OTI	HUD Label #:
Date Installed:	New Home: X Used Home: ____	Soil Bearing / PSF:
Installed Wind Zone: II	Data Plate Wind Zone: II	Torque Probe / in-lbs:
Note:		Permit #:

STATE OF FLORIDA
INSTALLATION CERTIFICATION LABEL

85939
LABEL #

DATE OF INSTALLATION

DAVID E ALBRIGHT
NAME

IH / 1129420 / 1
LICENSE #

5175
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.

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 (Installer License Holder Name), give this authority for the job address show below only, 519 SW Atlantis Pl. Fort White, FL. 32038 (Job Address), and I do certify that 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)
Christal Willett	Christal Willett	X Agent ___ Officer ___ Property Owner
Paul Barney	Paul A Barney	X Agent ___ Officer ___ Property Owner
Steven Smith	Steven Smith	X Agent ___ Officer ___ 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)
HH1129420 — License Number
2/8/22 — 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.) ___ on this 8th day of February, 2022.

Christy Lynne Coburn
NOTARY'S SIGNATURE

(Seal/Stamp)

CHRISTY LYNNE COBURN
Notary Public - State of Florica
Commission # HH 169705
My Comm. Expires Aug 25, 2025
Bonded through National Notary Assn.

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 (Installers Name), give this authority and I do certify that 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	Agents Company Name
Christal Willett	Christal Willett	Freedom Homes
Paul Barney		Freedom Homes
Steven Smith		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)
IH1129430 — License Number
2/8/2022 — 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.) _____ on this 8th day of February, 2022.

Christy Lynne Coburn
NOTARY'S SIGNATURE

(Seal/Stamp)

CHRISTY LYNNE COBURN
Notary Public - State of Florida
Commission # HH 169705
My Comm. Expires Aug 25, 2025
Bonded through National Notary Assn.

PK 0867 PG 0576

Recording Fees: $10.50
Documentary Stamps: $126.00
Total: $136.50

Prepared By And Return To
SOUTHEAST TITLE GROUP, LLP
Address 4421 NW 39th Avenue
Building 2, Suite 2
Gainesville, FL 32606
SE File #98G-09056/SB/Jannette Boyd

98-16359

FILED AND RECORDED IN PUBLIC RECORDS OF COLUMBIA COUNTY
1998 OCT -9 AM 11:58

Property Appraisers Parcel I.D. Number(s):
32-6S-[redacted]

Grantee(s) S.S.#(s):

WARRANTY DEED

THIS WARRANTY DEED made and executed the 5th day of October, 1998, by **DLC CATTLE CO., INC.**, a corporation existing under the laws of State of Florida, and having its principal place of business at Rt. 3, Box 79, Lake City, FL 32025, hereinafter called the Grantor, to **JAMES R. RHODES, SR. and PATRICIA ANN RHODES, Husband and Wife**, whose post office address is: ROUTE 3, BOX 1998, FORT WHITE, FLORIDA 32038, hereinafter called the Grantee:

(Wherever used herein the terms "first party" and "second party" shall include singular and plural, heirs, legal representatives, and assigns of individuals, and the successors and assigns of corporations, wherever the context so admits or requires.)

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, by these presents does grant, bargain, sell, alien, remise, release, convey and confirm unto the Grantee all that certain land situate, lying and being in COLUMBIA County, State of Florida, viz:

LOT 8, McCLINTON FARM SUBDIVISION, A SUBDIVISION ACCORDING TO PLAT THEREOF RECORDED IN PLAT BOOK 4, PAGE 41A AND 41B OF THE PUBLIC RECORDS OF COLUMBIA COUNTY, FLORIDA.

THIS CONVEYANCE IS GRANTED WITH FULL AND COMPLETE SATISFACTION OF THAT CERTAIN UNRECORDED AGREEMENT FOR DEED BETWEEN GRANTOR AND TAMMY MARIE SMITH DATED 12/15/93 WITH ASSIGNMENT TO PATRICIA ANN RHODES DATED 8/21/95.

Subject to Restrictions, Reservations and Easements of Record.

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 [illegible] right and lawful authority to sell and convey said land, and hereby warrants the title to said land and [illegible] defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances.

IN WITNESS WHEREOF, the said Grantor has caused these presents to be executed in its name, and its corporate seal to be hereunto affixed, by its proper officers thereunto duly authorized, the day and year first above written.

Signed, sealed and delivered
in the presence of:

Witness Signature: Patricia King
Printed Name: PATRICIA LANG

Witness Signature: Juanita Hadwin
Printed Name: Juanita Hadwin

DLC CATTLE CO., INC.

BY: Rodney S. Dicks
RODNEY DICKS, President
Addr: Rt 3 Box 79
LAKE CITY, FL 32025

ATTEST: _____
Secretary
(CORPORATE SEAL)

Documentary Stamp $126.00
Intangible Tax _____
P. DeWitt Cason
Clerk of Court
By MCR D.C.

\F\WDCOR.DEE

BK 0867 PG 0577

OFFICIAL RECORDS

STATE OF FLORIDA
COUNTY OF COLUMBIA

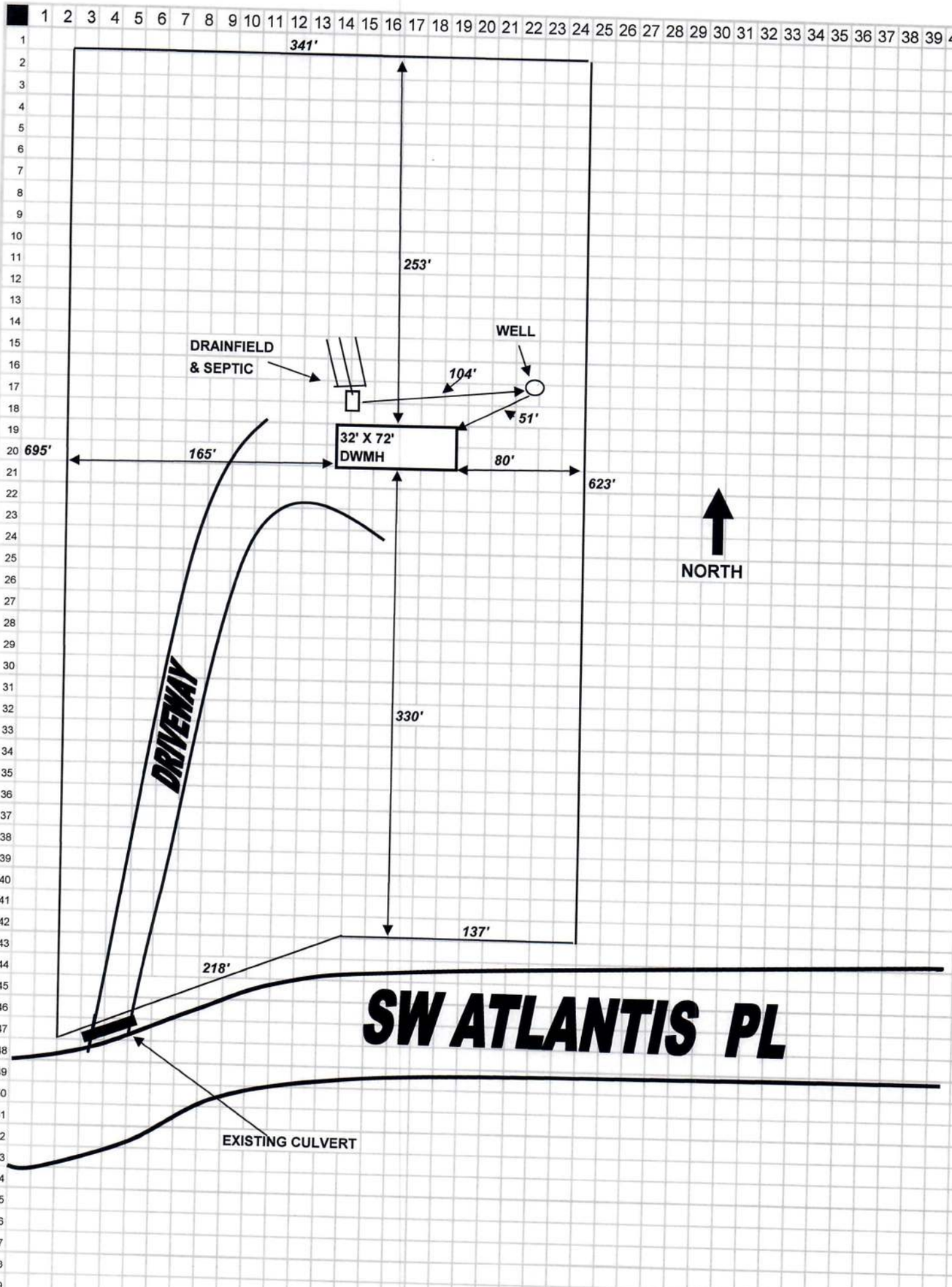
I hereby certify that on this day, before me, an officer duly authorized in the state aforesaid and in the county aforesaid to take acknowledgements, personally appeared **RODNEY DICKS**, well known to me to be the _____ President and N/A respectively of the corporation named as Grantor in the foregoing deed, who are personally known to me and who took an oath that they severally acknowledged executing the same in the presence of two subscribing witnesses freely and voluntarily under authority duly vested in them by said corporation, and that the seal affixed thereto is the true corporate seal of said corporation.

Witness my hand and official seal in the county and state aforesaid this 5th day of October, 1998.

Notary Public Sign Above
Print Name: _____
My Commission #: _____
My Commission expires: _____

NOTARY PUBLIC STATE OF FLORIDA

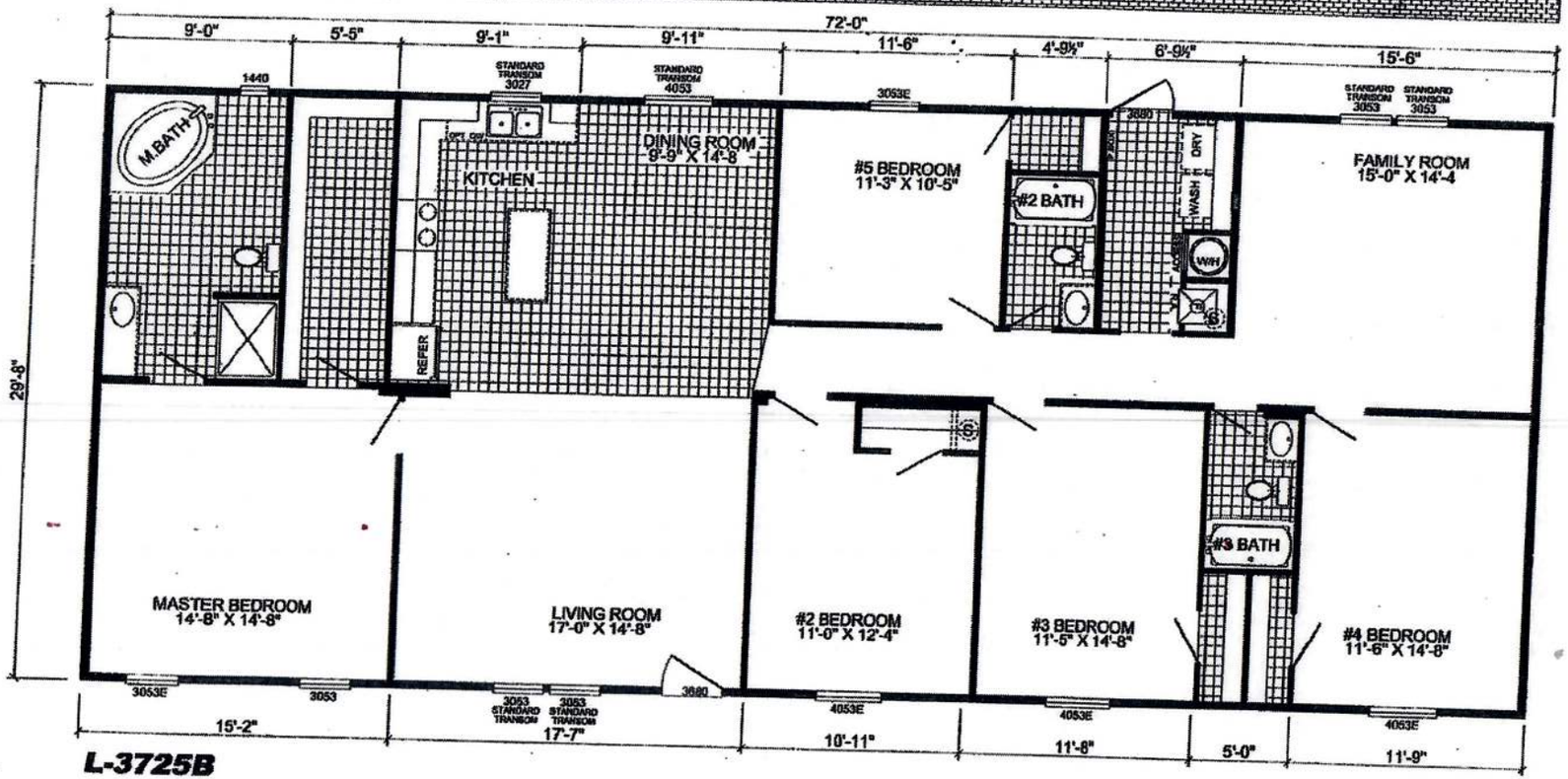
BONITA HADWIN
[redacted] # CC 478215
EXPIRES AUG 10, 1999
BONDED THRU
ATLANTIC BONDING CO., INC.



BUYER **JAMES RHODES** PARCEL ID# **32-6S-17-09827-008** DATE DRAWN **2/8/2022**

ACREAGE **5.05** DEALER: FREEDOM HOMES 386-752-5355

5K



L-3725B

5-BEDROOM / 3-BATH

32 X 76 - Approx. 2136 Sq. Ft.

2-9-2018

* All room dimensions include closets and square footage figures are approximate.
* Transom windows are available on optional 9'-0" sidewall houses only.
* Underpinning shown is optional.