

Mobile Home Permit Worksheet

SW

Installer: DAVID AIBRIGHT License # 1H-1129420

Address of home being installed TBD W Salem RD Lake City FL 32024

Manufacturer Live Oak Length x width 16x76/80

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.

Typical pier spacing

2' 4' 6'



Show locations of Longitudinal and Lateral Systems
(use dark lines to show these locations)

Installer's initials DA

marriage wall piers within 2' of end of home per Rule 15C



08-28-2023

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 # 103266

Triple/Quad ☐ Serial # LOHGA30074095

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	4	5	6	7	8	9
2000 psf	6	6	7	8	9	10	11
2500 psf	7	7	8	9	10	11	12
3000 psf	8	8	9	10	11	12	13
3500 psf	8	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 16x16

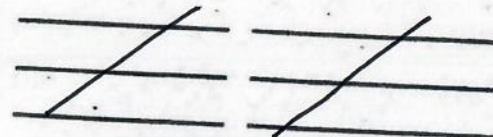
Other pier pad sizes (required by the mfg.) _____

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



TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer OLIVER TECHNOLOGIES
Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer OLIVER TECHNOLOGIES

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 28 1/4	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

ANCHORS

4 ft 5 ft

FRAME TIES

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

OTHER TIES

Sidewall _____
Longitudinal _____
Marriage wall _____
Shearwall _____

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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 250 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 AIRBRIGHT 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. _____

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 70

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 107

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 mobile homes and that condensation, mold, mildew and buckled marriage walls are the result of a poorly installed or no gasket being installed. I understand a strip tape will not serve as a gasket.

Installer's initials _____

Type gasket Pg. 1

Installed:
Between Floors Yes ☒
Between Walls Yes ☒
Bottom of ridgebeam Yes ☒

Weatherproofing

The bottomboard will be repaired and/or taped. Yes ☒ Pg. 119
Siding on units is installed to manufacturer's specifications. Yes ☒
Fireplace chimney installed so as not to allow intrusion of rain water. Yes ☒

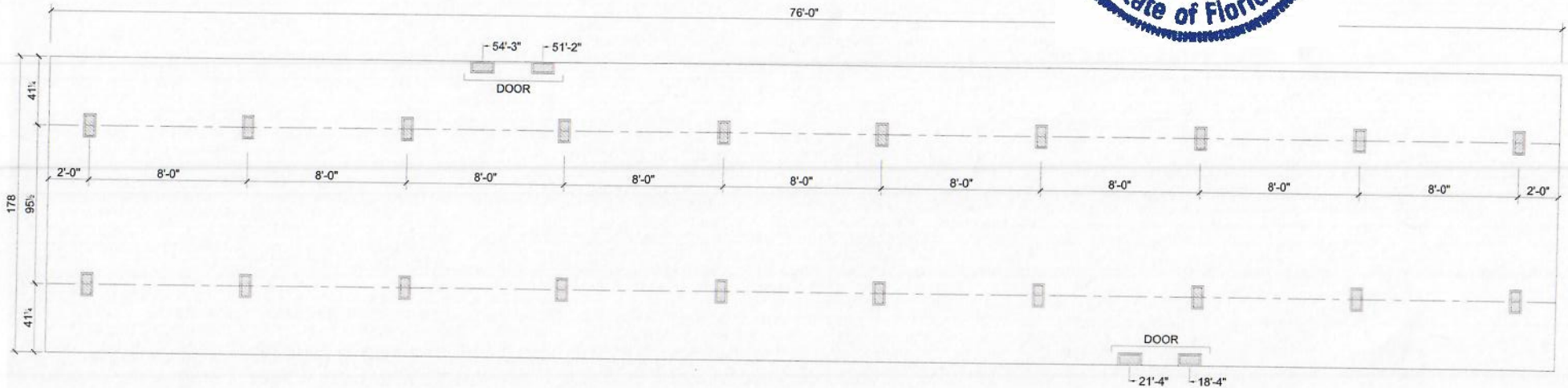
Miscellaneous

Skirting to be installed. Yes _____ No ☒
Dryer vent installed outside of skirting. Yes _____ N/A ☒
Range downflow vent installed outside of skirting. Yes _____ 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 _____



■ SUPPORT PIER/TYP

09/01/20

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: D-5763Q - 16 X 80
3-BEDROOM / 2-BATH

D-5763Q

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

Order #: 5934	Label #: 103265	Manufacturer: LIVE OAK	(Check Size of Home)
Homeowner: HOWLAND		Year Model: 2024	Single X
Address: W SALEM RD		Length & Width: 76/80 X 16	Double _____
City/State/Zip: LAKE CITY FL 32024		Type Longitudinal System: OTI (6)	Triple _____
Phone #:		Type Lateral Arm System: OTI (6)	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

103265

LABEL #

DATE OF INSTALLATION

DAVID E ALBRIGHT

NAME

IH / 1129420 / 1

5934

LICENSE #

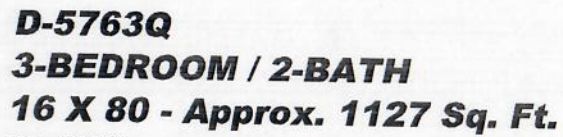
ORDER #

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.

OPTIONAL DORMER



* All room dimensions include closets and square footage figures are approximate.
* Wind Zone III is NOT available for this model.