DATA SHEET LGCID 12.21.17

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

SERIAL #

For Office Use Only (Revised 7-1-15) Zoning Official [signature] Building Official T.C 12-15-17

AP# 171226 Date Received 12/12 By [initials] Permit # 36129

Flood Zone X Development Permit _____ Zoning RSF/MH-2 Land Use Plan Map Category RLD

Comments Replacing Exist MH

FEMA Map# _____ Elevation _____ Finished Floor _____ River _____ In Floodway _____

☐ Recorded Deed or ☑ Property Appraiser PO ☐ Site Plan ☑ EH # 17-0788 ☐ 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 # 20-3S-17-05217-003 Subdivision DAVIS RENTALS MHP Lot# 3

- New Mobile Home _____ Used Mobile Home ✓ MH Size 14x60 Year 1998
- Applicant JAY S. DAVIS Phone # 386 961-1982
- Address PO Box 1508 LCFL 32056
- Name of Property Owner JAY S DAVIS Phone# 386 961 1982
- ✓ 911 Address 302 NW GERSON LN Lot 3 LAKE CITY, FL 32055
- Circle the correct power company - FL Power & Light - Clay Electric
  (Circle One) - Suwannee Valley Electric - Duke Energy
- Name of Owner of Mobile Home JAY S DAVIS Phone # 386 961-1982
  Address PO Box 1508 LCFL 32056
- Relationship to Property Owner SELF/OWNER
- Current Number of Dwellings on Property 8
- Lot Size _____ Total Acreage 2.46
- 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 Yes
- Driving Directions to the Property 441 (i) GERSON M.H. PARK on Corner of GERSON & MARCO

- Name of Licensed Dealer/Installer Robert Sheppard Phone # 386.623.2203
- Installers Address 6355 SE CR 245 LAKE CITY, FL 32025
- License Number IH-102S386 Installation Decal # 48708

JAY is aware of what is needed

Mobile Home Permit Worksheet

Application Number: _____ Date: _____

Installer: Robert Shepard License # IH1025386

Address of home being installed 302 NW Gerson Ln Lot 3 CCF137055

Manufacturer Fleetwood Length x width 14x60

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 # 48708

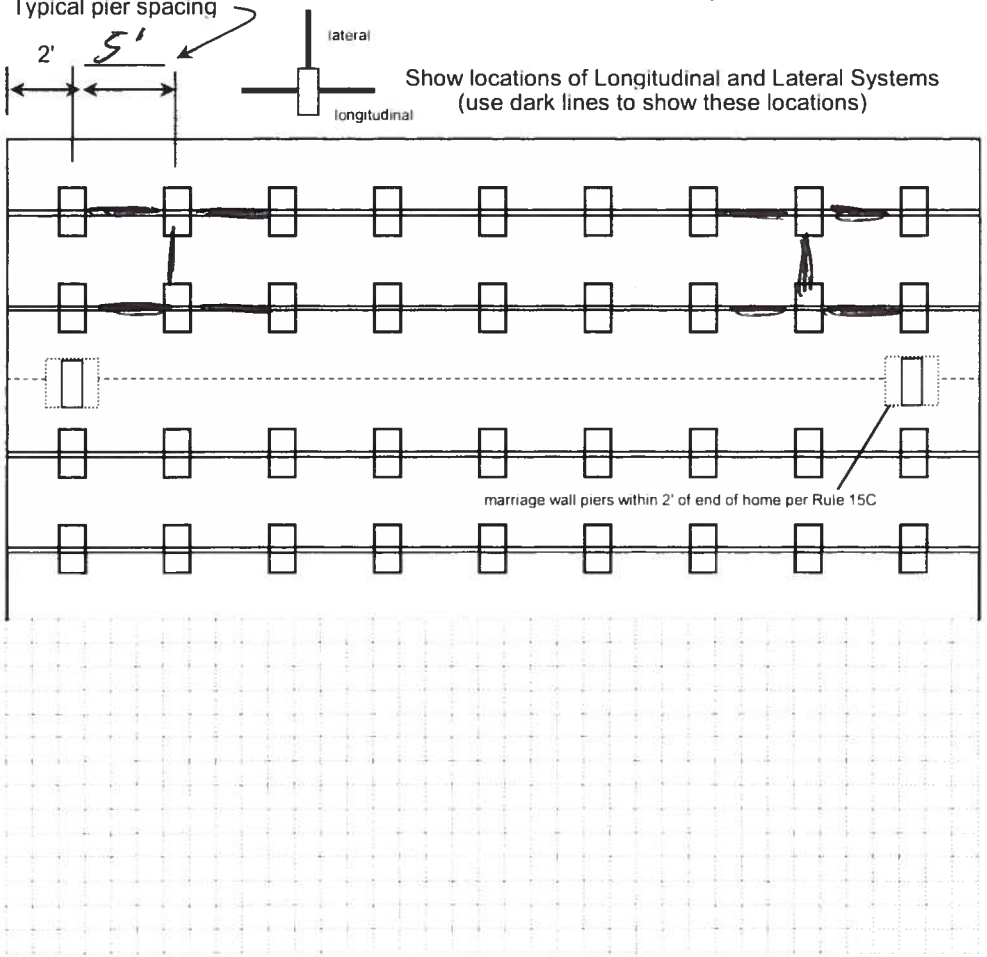
Triple/Quad ☐ Serial # GAE0133660

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 RS

Typical pier spacing



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

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 17x25

Perimeter pier pad size 16x16

Other pier pad sizes (required by the mfg.) 17x25

☐ 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

POPULAR PAD SIZES

Pad Size	Sq In
16 x 16	256
16 x 18	288
18.5 x 18.5	342
16 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	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 ✓

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer

Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer Oliver 110 IV

OTHER TIES

	Number
Sidewall	24
Longitudinal	4
Marriage wall	
Shearwall	4

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 1600 x 1600 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 1700 x 1600 x 1600

TORQUE PROBE TEST

The results of the torque probe test is 290 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.

RS Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Robert Sheppard

Date Tested 11-29-17

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. 28

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 29

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 28

Site Preparation

Debris and organic material removed ✓

Water drainage: Natural _____ Swale _____ Pad ✓ Other _____

Fastening multi wide units

Floor: Type Fastener: lags Length: _____ Spacing: _____

Walls: Type Fastener: screws Length: _____ Spacing: _____

Roof: Type Fastener: lags 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, 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 _____ Pg. _____

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

Weatherproofing

The bottomboard will be repaired and/or taped. Yes ✓ Pg. _____

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 Robert Sheppard Date 11-29-17

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1712-26 CONTRACTOR Robert Shepard PHONE 386 623 2003

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 JAY DAVIS Signature [signature] License #: [redacted] Phone #: 961-1VBZ Qualifier Form Attached ☐
✓ **MECHANICAL/ A/C** ____	Print Name JAY DAVIS Signature [signature] License #: [redacted] Phone #: 961-1VBZ Qualifier Form Attached ☐

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 4/27/2017

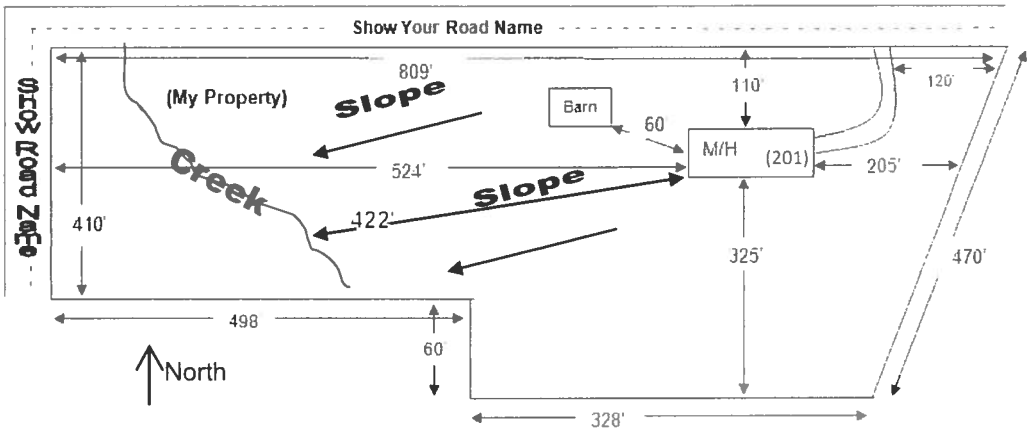
SITE PLAN CHECKLIST

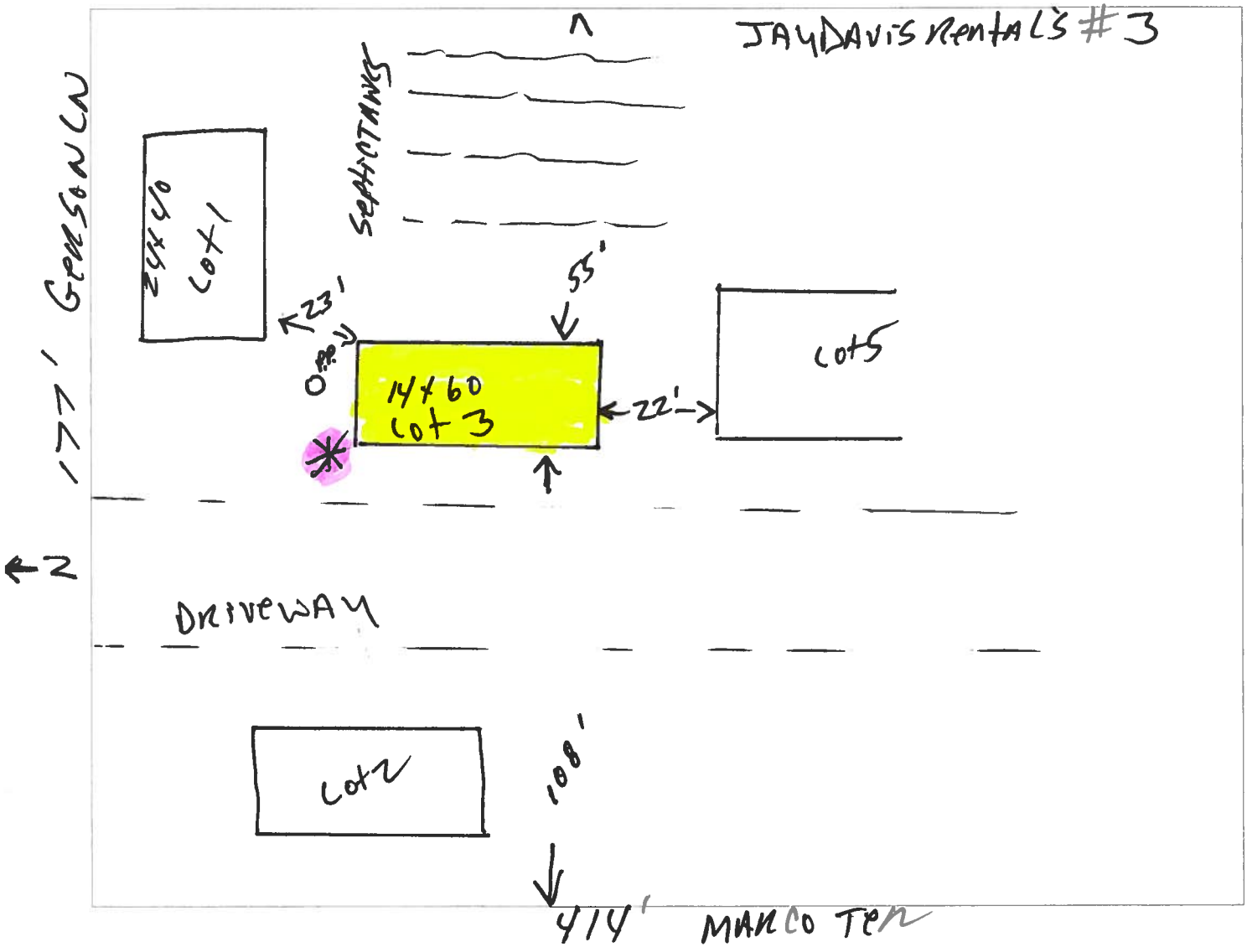
___1) Property Dimensions
___2) Footprint of proposed and existing structures (including decks), label these with existing addresses
___3) Distance from structures to all property lines
___4) Location and size of easements
___5) Driveway path and distance at the entrance to the nearest property line
___6) Location and distance from any waters; sink holes; wetlands; and etc.
___7) Show slopes and or drainage paths
___8) Arrow showing North direction

SITE PLAN EXAMPLE

Revised 7/1/15

NOTE:
This site plan can be copied and used with the 911 Addressing Dept. application forms.





Columbia County Property Appraiser

updated: 12/6/2017

2017 Tax Year

Tax Collector | Tax Estimator | Property Card | Parcel List Generator

Parcel: 20-3S-17-05217-002

<< Next Lower Parcel | Next Higher Parcel >>

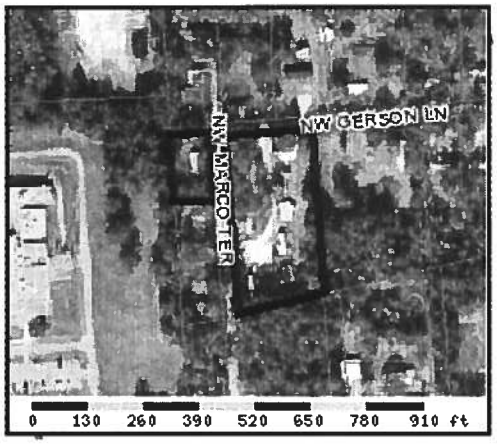
2017 TRIM (pdf) | Interactive GIS Map | Print

<< Prev Search Result: 8 of 10 Next >>

Owner & Property Info

Owner's Name	DAVIS JAY S		
Mailing Address	P O BOX 1508 LAKE CITY, FL 32056		
Site Address	302 NW GERSON LN		
Use Desc. (code)	MH PARK &S (002801)		
Tax District	2 (County)	**Neighborhood**	20317
Land Area	2.460 ACRES	**Market Area**	06
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction.		

COMM NW COR, RUN S 557 FT, NE 126.25 FT FOR POB, RUN N 442.83 FT, E 205.38 FT, S 411.71 FT, SW 208.81 FT TO POB. ALSO COMM NW COR, RUN S 95.34 FT FOR POB, RUN E 125.4 FT TO C/L THOMAS RD, S 159.89 FT, W 125.04 FT, N 155.56 FT TO POB. ORB 704-08, 705-592, 705-593,



Property & Assessment Values

2017 Certified Values		
Mkt Land Value	cnt: (0)	$13,304.00
Ag Land Value	cnt: (1)	$0.00
Building Value	cnt: (9)	$50,240.00
XFOB Value	cnt: (5)	$28,590.00
Total Appraised Value		$92,134.00
Just Value		$92,134.00
Class Value		$0.00
Assessed Value		$92,134.00
Exempt Value		$0.00
Total Taxable Value		Cnty: $92,134 Other: $92,134 | Schl: $92,134

2018 Working Values (Hide Values)		
Mkt Land Value	cnt: (0)	$14,634.00
Ag Land Value	cnt: (1)	$0.00
Building Value	cnt: (9)	$54,179.00
XFOB Value	cnt: (5)	$28,590.00
Total Appraised Value		$97,403.00
Just Value		$97,403.00
Class Value		$0.00
Assessed Value		$97,403.00
Exempt Value		$0.00
Total Taxable Value		Cnty: $97,403 Other: $97,403 | Schl: $97,403

NOTE: **2018 Working Values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.**

Sales History

Show Similar Sales within 1/2 mile

Sale Date	OR Book/Page	OR Code	Vacant / Improved	Qualified Sale	Sale RCode	Sale Price
NONE						

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
2	MOBILE HME (000800)	1986	WD ON PLY (08)	1080	1176	$8,664.00
3	MOBILE HME (000800)	1969	BELOW AVG. (03)	672	784	$1,790.00
4	MOBILE HME (000800)	1985	AVERAGE (05)	672	842	$4,194.00
5	MOBILE HME (000800)	1975	BELOW AVG. (03)	1060	1124	$3,731.00
6	MOBILE HME (000800)	1986	BELOW AVG. (03)	924	988	$6,832.00

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, Robert Sheppard (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
JAY DAVIS		

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.

Robert Sheppard — License Holders Signature (Notarized)
IH1025386 — License Number
11-29-17 — Date

NOTARY INFORMATION:
STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Robert Sheppard, personally appeared before me and is known by me or has produced identification (type of I.D.)_____ on this 12th day of Dec., 2017.

Lisa Huchingson
NOTARY'S SIGNATURE

(Seal/Stamp)

LISA HUCHINGSON
MY COMMISSION # FF 167877
EXPIRES: October 23, 2018
Bonded Thru Notary Public Underwriters

1712-26

CODE ENFORCEMENT

PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 12/12 BY [signature] IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? NO

OWNERS NAME JAY DAVIS PHONE _____ CELL 386 461-1482

ADDRESS _____

MOBILE HOME PARK _____ SUBDIVISION _____

DRIVING DIRECTIONS TO MOBILE HOME ROYAL'S M.H. SALES 90 WEST

SEE BO

MOBILE HOME INSTALLER Robert Sheppard PHONE _____ CELL 623 2203

MOBILE HOME INFORMATION

MAKE Fleetwood YEAR 98 SIZE 14 x 60 COLOR Grey

SERIAL No. GEO 11336O HEAD

WIND ZONE ? Must be wind zone II or higher NO WIND ZONE I ALLOWED

INSPECTION STANDARDS

INTERIOR:

(P or F) - P= PASS F= FAILED

P SMOKE DETECTOR ( ) OPERATIONAL ( ) MISSING

P FLOORS ( ) SOLID ( ) WEAK ( ) HOLES DAMAGED LOCATION _____

P DOORS ( ) OPERABLE ( ) DAMAGED

P WALLS ( ) SOLID ( ) STRUCTURALLY UNSOUND

P WINDOWS ( ) OPERABLE ( ) INOPERABLE

P PLUMBING FIXTURES ( ) OPERABLE ( ) INOPERABLE ( ) MISSING

P CEILING ( ) SOLID ( ) HOLES ( ) LEAKS APPARENT

P ELECTRICAL (FIXTURES/OUTLETS) ( ) OPERABLE ( ) EXPOSED WIRING ( ) OUTLET COVERS MISSING ( ) LIGHT FIXTURES MISSING

EXTERIOR:

P WALLS / SIDDING ( ) LOOSE SIDING ( ) STRUCTURALLY UNSOUND ( ) NOT WEATHERTIGHT ( ) NEEDS CLEANING

P WINDOWS ( ) CRACKED/ BROKEN GLASS ( ) SCREENS MISSING ( ) WEATHERTIGHT

P ROOF ( ) APPEARS SOLID ( ) DAMAGED

STATUS

APPROVED ✓ WITH CONDITIONS: _____

NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS _____

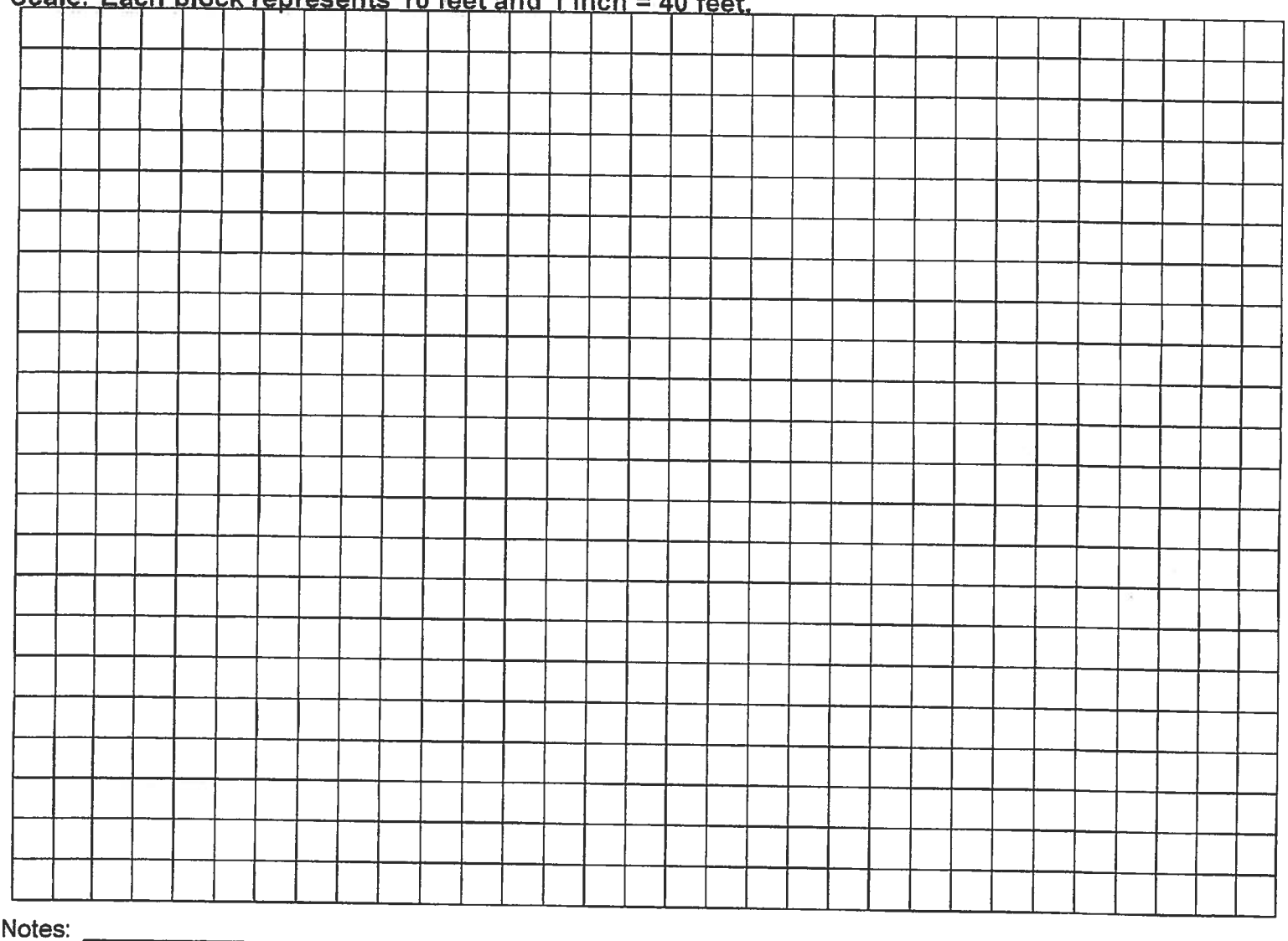
SIGNATURE [signature] ID NUMBER 306 DATE 12-14-17

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 17-0488

---------- PART II - SITEPLAN ----------

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



Notes: _____

Site Plan submitted by: _____

Plan Approved ✓ Not Approved ____ Date 12/11/17

By _____ Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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

PERMIT NO. 17-0788E
DATE PAID: 12/12/17
FEE PAID: 650.00
RECEIPT #: 1519125

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

APPLICANT: JAY S DAVIS

AGENT: _____ TELEPHONE: 386 961-1482

MAILING ADDRESS: PO Box 1508 LCFL 32056

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 JAY DAVIS Rentals #3 Gekson LN.

*LOT: 3 BLOCK: _____ SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: _____ ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 2 ACRES WATER SUPPLY: [✓] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y /(N)] DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: 302 NW Gekson LN

DIRECTIONS TO PROPERTY: 441 N (L) Gekson LN. ON L Lot 3

BUILDING INFORMATION [ ] RESIDENTIAL [ ] COMMERCIAL

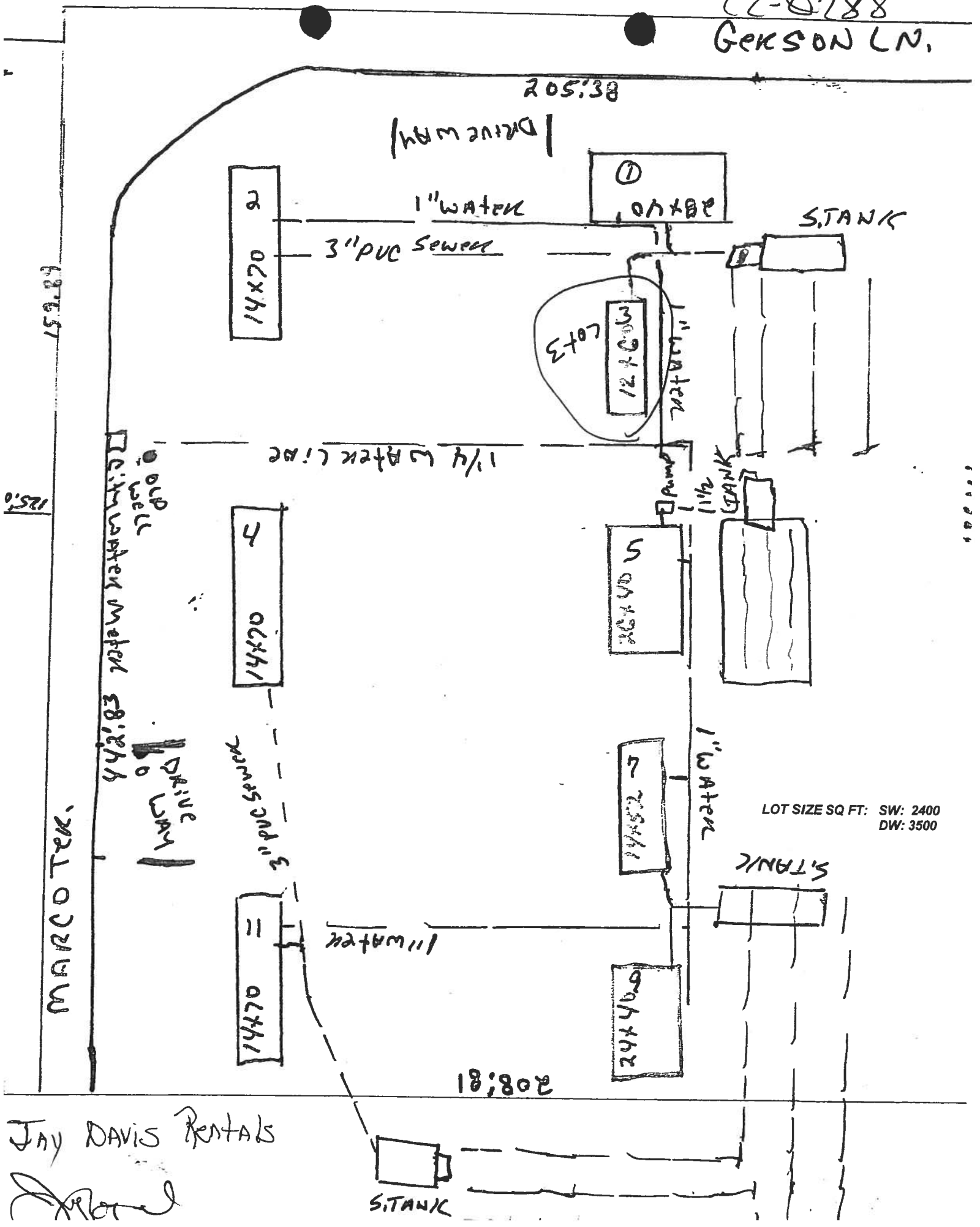
Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	Mobile Home	2	14x60	
2			840	
3				
4				

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

SIGNATURE: _____ DATE: 12-12-17

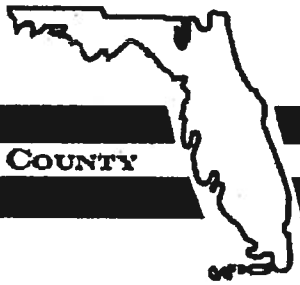
DH 4015, 08/09 (Obsoletes previous editions which may not be used)
Incorporated 64E-6.001, FAC

17-0788
GEKSON LN.



LOT SIZE SQ FT: SW: 2400
DW: 3500

JAY DAVIS RENTALS



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:	12/20/2017 11:19:00 AM
Address:	302 NW GERSON Ln LOT 3
City:	LAKE CITY
State:	FL
Zip Code	32055
Pracel ID	05217-002

REMARKS: Address Verification.

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

leetwood Homes of Georgia, Inc.
4 Stuart Way/P.O. Box 5007
itzgerald GA 31750 Plant Number #39

acture	HUD Label No.(s)
	GEO 1133660

's Serial Number and Model Unit Designation
GAFLW39A11985V421 2602L

RADCO

roval by (D.A.P.I.A.)

ctured home is designed to comply with the federal manufactured home
struction and safety standards in force at time of manufacture
(For additional information, consult owner's manual.)

ory installed equipment includes:

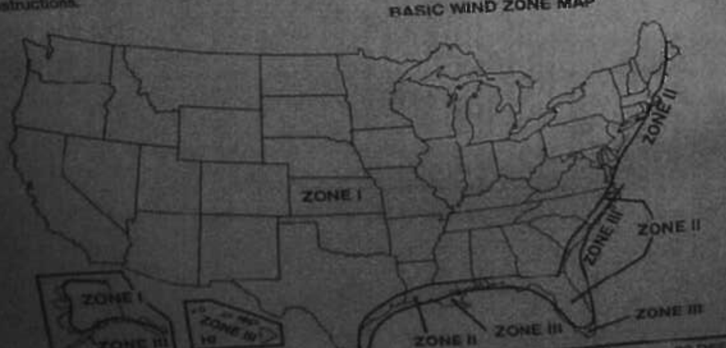
	Manufacturer	Model Designation
ent	Coleman	EB/oB
ting		
cooling	Maytag	MeF4110
oking		MTB1542
erator	Maytag	77-205
Heater	Rheem	
her		
hes Dryer		
hwasher		
rbage Disposal		
eplace		
ereo		
moke Detector	Fyrnetics	1275E

CONSTRUCTED FOR XX Zone I XX Zone II ☐ Zone III

me has not been designed for the higher wind pressure and anchoring provisions required for oastal areas and should not be located within 1500' of the coastline in Wind Zones II and III, unless me and its anchoring and foundation system have been designed for the increased requirements ed for Exposure D in ANSI/ASCE 7-88.

ome has ___ has not X been equipped with storm shutters or other protective coverings for windows xterior door openings. For homes designed to be located in Wind Zones II and III, which have not been ded with shutters or equivalent covering devices, it is strongly recommended that the home be made to be equipped with these devices in accordance with the method recommended in manufacturers ed instructions.

BASIC WIND ZONE MAP



DESIGN ROOF LOAD ZONE MAP ___ North 40 PSF XX South 20 PSF ___ Middle 30 PSF ___ Other ___ PSF

COMFORT HEATING

This manufactured home has been thermally insulated to conform wi of the federal manufactured home construction and safety standar

within U/O value zone 1.
Heating equipment manufacturer and model (see list at left).
The above heating equipment has the capacity to maintain an average 70

this home at outdoor temperatures of 3 °F.
To maximize furnace operating economy, and to conserve energy, it is recom home be installed where the outdoor winter design temperature (97 1/2%) is

13 degrees Fahrenheit.
The above information has been calculated assuming a maximum wind veloci standard atmospheric pressure.

COMFORT COOLING

☐ **Air conditioner provided at factory (Alternate I)**

Air conditioner manufacturer and model (see list at left).

Certified capacity ______ B.T.U./hour in accordance with the air conditioning and refrigeration institute standards.
The central air conditioning system provided in this home has been sized

orientation of the front (hitch end) of the home facing ______. On this system is designed to maintain an indoor temperature of 75° F when

temperatures are ______ °F dry bulb and ______ °F wet bulb.

The temperature to which this home can be cooled will change depending u amount of exposure of the windows of this home to the sun's radiant heat. Theref home's heat gains will vary dependent upon its orientation to the sun and any pe shading provided. Information concerning the calculation of cooling loads at locations, window exposures and shadings are provided in Chapter 22 of the 1989 of the ASHRAE Handbook of Fundamentals.

Information necessary to calculate cooling loads at various locations and orientatio provided in the special comfort cooling information provided with this home.

XX **Air conditioner not provided at factory (Alternate II)**
The air distribution system of this home is suitable for the installation of centra conditioning.

The supply air distribution system installed in this home is sized for a manufactured ho central air conditioning system of up to 23,700 B.T.U./hr. rated capacity which a certified in accordance with the appropriate air conditioning and refrigeration institu standards, when the air circulators of such air conditioners are rated at 0.3 inch wat column static pressure or greater for the cooling air delivered to the manufactured home supply air duct system.
Information necessary to calculate cooling loads at various locations and orientations is provided in the special comfort cooling information provided with this manufactured home.

☐ **Air conditioning not recommended (Alternate III)**
The air distribution system of this home has not been designed in anticipation of its use with a central air conditioning system.

To determine the required capacity of equipment to cool a home efficiently and economically, a cooling load (heat gain) calculation is required. The cooling load is dependent on the orienta tion, location and the structure of the home. Central air conditioners operate most efficiently and provide the greatest comfort when their capacity closely approximates the calculated cooling load. Each home's air conditioner should be sized in accordance with Chapter 22 of the American Society of Heating, Refrigerating and Air Conditioning Engineers (ASHRAE) Handbook of Fundamentals 1989 edition, once the location and orientation are known.

INFORMATION PROVIDED BY THE MANUFACTURER NECESSARY TO CALCULATE SENSIBLE HEAT GAIN

	"U" .09
Walls (without windows and doors)	"U" .06
Ceilings and roofs of light color	"U" .06
Ceilings and roofs of dark color	"U" .07
Floors	"U" .14
Air ducts in floor	"U" .00
Air ducts in ceiling	"U" .00
Air ducts installed outside the home	
The following are the duct areas in this home:	44.0 sq. ft.
Air ducts in floor	.00 sq. ft.
Air ducts in ceiling	.00 sq. ft.
Air ducts outside the home	

U/O VALUE ZONE MAP