

**PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION**

<b>For Office Use Only</b> (Revised 7-1-15)		Zoning Official <u>LW</u>	Building Official _____
AP# _____	Date Received _____	By _____	Permit # _____
Flood Zone <u>X</u>	Development Permit _____	Zoning <u>A-3</u>	Land Use Plan Map Category <u>Ag</u>
Comments _____			
FEMA Map# _____	Elevation _____	Finished Floor _____	River _____ In Floodway _____
<input type="checkbox"/> Recorded Deed or <input type="checkbox"/> Property Appraiser PO <input type="checkbox"/> Site Plan <input type="checkbox"/> EH # _____ <input type="checkbox"/> Well letter OR <input type="checkbox"/> Existing well <input type="checkbox"/> Land Owner Affidavit <input type="checkbox"/> Installer Authorization <input type="checkbox"/> FW Comp. letter <input type="checkbox"/> App Fee Paid <input type="checkbox"/> DOT Approval <input type="checkbox"/> Parent Parcel # _____ <input type="checkbox"/> STUP-MH _____ <input type="checkbox"/> 911 App <input type="checkbox"/> Ellisville Water Sys <input type="checkbox"/> Assessment _____ <input type="checkbox"/> Out County <input type="checkbox"/> In County <input type="checkbox"/> Sub VF Form			

Property ID # 00-00-00-00961-050 Subdivision Three River Estates Lot# 51

▪ New Mobile Home \_\_\_\_\_ Used Mobile Home ☒ MH Size 28x66 Year 1983

▪ Applicant Song North Phone # 863-517-5701

▪ Address 3311 Sw State Rd 247 Lake City FL 32024

▪ Name of Property Owner Dual Thumbs Holdings LLC Phone# 561-305-3645

▪ 911 Address 1099 Sw Boston Ter Fort white FL 32038

▪ Circle the correct power company - FL Power & Light - Clay Electric  
 (Circle One) - Suwannee Valley Electric - Duke Energy

▪ Name of Owner of Mobile Home Dual Thumbs Holdings LLC Phone # 561-305-3645

Address 6046 South Military Trl Deer field Beach FL 33442

▪ Relationship to Property Owner \_\_\_\_\_

▪ Current Number of Dwellings on Property 1 - this one

▪ Lot Size 100 x 400 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 \_\_\_\_\_

Email Address for Applicant: provisionpermitting@gmail.com

▪ Name of Licensed Dealer/Installer Dale Houston Phone # 386-623-6522

▪ Installers Address 1346 Sw Barrs Glen Lake city FL 32024

▪ License Number IH1025142 Installation Decal # 90867

**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: **10/25/2022 8:47:18 AM**

Address: **1099 SW BOSTON Ter**

City: **FORT WHITE**

State: **FL**

Zip Code **32038**

Parcel ID **00961-050**

REMARKS: New address for Habitable structure (family home, business, etc.) on the parcel.

**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: **SCHOFIELD, LINCOLN C.**





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, Dale Houston, give this authority for the job address show below  
Installer License Holder Name

only, 1099 Sw Boston Ter Fort White FL 32038, and I do certify that  
Job Address

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)
Sonja North	Sonja North	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
Dylan Hinson		<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> 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.

Dale Houston License Holders Signature (Notarized) IH1025142 License Number                      Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is DALE Houston, personally appeared before me and is known by me or has produced identification (type of I.D.)                      on this 14th day of OCT, 2022.

Linda Ruth Craft  
NOTARY'S SIGNATURE





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, Dale Houston, 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
Soupe North	Soupe North	
Dylan Hinson		

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.

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personally appeared before me and is known by me or has produced identification  
(type of I.D.)                      on this 14th day of Oct, 20 22.

Linda Ruth Craft  
NOTARY'S SIGNATURE



**CODE ENFORCEMENT**  
**PRELIMINARY MOBILE HOME INSPECTION REPORT**

DATE RECEIVED \_\_\_\_\_ BY \_\_\_\_\_ IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? \_\_\_\_\_  
OWNERS NAME Dual Thumbs Holdings LLC PHONE \_\_\_\_\_ CELL 561-305-3645  
ADDRESS Sw Boston Ter Fort White FL 32038  
MOBILE HOME PARK \_\_\_\_\_ SUBDIVISION Three River Estates  
DRIVING DIRECTIONS TO MOBILE HOME L on 247, L on 137, L on 27, R on SW  
Riverside, L on SW Utah, R on SW Newark, R on SW  
Montana, L on SW Boston Terr, property on L  
MOBILE HOME INSTALLER Dale Houston PHONE \_\_\_\_\_ CELL 386-623-6522  
MOBILE HOME INFORMATION  
MAKE Cran YEAR 1983 SIZE 28 X 66 COLOR \_\_\_\_\_  
SERIAL No. GDL CFL 28836 561AB  
WIND ZONE 2 Must be wind zone II or higher NO WIND ZONE I ALLOWED

**INSPECTION STANDARDS**

**INTERIOR:**

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

\_\_\_\_\_ SMOKE DETECTOR ( ) OPERATIONAL ( ) MISSING  
\_\_\_\_\_ FLOORS ( ) SOLID ( ) WEAK ( ) HOLES DAMAGED LOCATION \_\_\_\_\_  
\_\_\_\_\_ DOORS ( ) OPERABLE ( ) DAMAGED  
\_\_\_\_\_ WALLS ( ) SOLID ( ) STRUCTURALLY UNSOUND  
\_\_\_\_\_ WINDOWS ( ) OPERABLE ( ) INOPERABLE  
\_\_\_\_\_ PLUMBING FIXTURES ( ) OPERABLE ( ) INOPERABLE ( ) MISSING  
\_\_\_\_\_ CEILING ( ) SOLID ( ) HOLES ( ) LEAKS APPARENT  
\_\_\_\_\_ ELECTRICAL (FIXTURES/OUTLETS) ( ) OPERABLE ( ) EXPOSED WIRING ( ) OUTLET COVERS MISSING ( ) LIGHT  
FIXTURES MISSING

**EXTERIOR:**

\_\_\_\_\_ WALLS / SIDING ( ) LOOSE SIDING ( ) STRUCTURALLY UNSOUND ( ) NOT WEATHERTIGHT ( ) NEEDS CLEANING  
\_\_\_\_\_ WINDOWS ( ) CRACKED/ BROKEN GLASS ( ) SCREENS MISSING ( ) WEATHERTIGHT  
\_\_\_\_\_ ROOF ( ) APPEARS SOLID ( ) DAMAGED

**STATUS**

APPROVED \_\_\_\_\_ WITH CONDITIONS: \_\_\_\_\_

NOT APPROVED \_\_\_\_\_ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS \_\_\_\_\_

SIGNATURE \_\_\_\_\_ ID NUMBER \_\_\_\_\_ DATE \_\_\_\_\_



**MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM**

APPLICATION NUMBER \_\_\_\_\_ CONTRACTOR Dale Houston 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.*

<b>ELECTRICAL</b>	Print Name <u>Cindy LeFort</u> License #: _____ Qualifier Form Attached <input type="checkbox"/>	X Signature <u>Cindy LeFort</u> Phone #: _____
<b>MECHANICAL/ A/C _____</b>	Print Name <u>Cindy LeFort</u> License #: _____ Qualifier Form Attached <input type="checkbox"/>	X Signature <u>Cindy LeFort</u> Phone #: _____

**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.



# Vacant Land Contract



1. **Sale and Purchase ("Contract"):** BRUCE PARK & NATALIE PARK ("Seller")  
and DUAL THUMBS HOLDINGS LLC ("Buyer")  
(the "parties") agree to sell and buy on the terms and conditions specified below the property ("Property")  
described as:

Address: TBD SW BOSTON TER, FORT WHITE, FL 32038 (LOT 51)  
Legal Description: TBD SW Boston Terrace, Fort White, FL 32038  
LOT 51 UNIT 17 THREE RIVERS ESTATES. TD 1284-2404

SEC 25 / TWP / 65 / RNG 15 of COLUMBIA County, Florida. Real Property ID No.: 00-00-00-00961-000  
including all improvements existing on the Property and the following additional property:

2. **Purchase Price:** (U.S. currency) ..... \$ 37,500.00  
All deposits will be made payable to "Escrow Agent" named below and held in escrow by:  
Escrow Agent's Name: LAKE CITY TITLE  
Escrow Agent's Contact Person:  
Escrow Agent's Address: 426 SW Commerce Dr #145, Lake City, FL 32025  
Escrow Agent's Phone: (386) 758-1880  
Escrow Agent's Email:

(a) Initial deposit (\$0 if left blank) (Check if applicable)  
☒ accompanies offer  
☒ will be delivered to Escrow Agent within 3 days (3 days if left blank) ..... \$ 5,000.00  
after Effective Date

(b) Additional deposit will be delivered to Escrow Agent (Check if applicable)  
☐ within \_\_\_\_\_ days (10 days if left blank) after Effective Date ..... \$ 0.00  
☐ within \_\_\_\_\_ days (3 days if left blank) after expiration of Due Diligence Period ..... \$ 0.00

(c) Total Financing (see Paragraph 6) (express as a dollar amount or percentage) ..... \$ 0.00

(d) Other: .....  
(e) Balance to close (not including Buyer's closing costs, prepaid items, and prorations) ..... \$ 32,500.00  
to be paid at closing by wire transfer or other Collected funds

(f) ☐ (Complete only if purchase price will be determined based on a per unit cost instead of a fixed price.) The  
unit used to determine the purchase price is ☐ lot ☐ acre ☐ square foot ☐ other (specify):  
prorating areas of less than a full unit. The purchase price will be \$ \_\_\_\_\_ per unit based on a  
calculation of total area of the Property as certified to Seller and Buyer by a Florida licensed surveyor in  
accordance with Paragraph 8(c). The following rights of way and other areas will be excluded from the  
calculation:

3. **Time for Acceptance; Effective Date:** Unless this offer is signed by Seller and Buyer and an executed copy  
delivered to all parties on or before September 12, 2022, this offer will be withdrawn and Buyer's deposit, if  
any, will be returned. The time for acceptance of any counter-offer will be 3 days after the date the counter-offer is  
delivered. The "Effective Date" of this Contract is the date on which the last one of the Seller and Buyer  
has signed or initialed and delivered this offer or the final counter-offer.

4. **Closing Date:** This transaction will close on September 27, 2022 ("Closing Date"), unless specifically  
extended by other provisions of this Contract. The Closing Date will prevail over all other time periods including,  
but not limited to, Financing and Due Diligence periods. However, if the Closing Date occurs on a Saturday,  
Sunday, or national legal holiday, it will extend to 5:00 p.m. (where the Property is located) of the next business  
day. In the event insurance underwriting is suspended on Closing Date and Buyer is unable to obtain property  
insurance, Buyer may postpone closing for up to 5 days after the insurance underwriting suspension is lifted. If  
this transaction does not close for any reason, Buyer will immediately return all Seller provided documents and  
other items.

5. **Extension of Closing Date:** If Paragraph 6(b) is checked and Closing Funds from Buyer's lender(s) are not  
available on Closing Date due to Consumer Financial Protection Bureau Closing Disclosure delivery requirements

Buyer (MW) (CL) and Seller ( ) ( ) acknowledge receipt of a copy of this page, which is 1 of 8 pages.



Prepared by and return to:

Rob Stewart  
Lake City Title  
426 Southwest Commerce Drive  
#145  
Lake City, FL 32025  
(386) 758-1880  
File No 2022-6437MS

Parcel Identification No 00-00-00-00961-000

[Space Above This Line For Recording Data]

## **WARRANTY DEED**

(STATUTORY FORM -- SECTION 689.02, F.S.)

**This indenture** made the **4th** day of October, 2022 between **Bruce Park and Natalie Park, Husband and Wife**, whose post office address is **5673 Northwest Lake Jeffery Road, Lake City, FL 32055**, of the County of Columbia, State of Florida, Grantors, to **Dual Thumbs Holdings, LLC, a Florida Limited Liability Company**, whose post office address is **606 South Military Trail, Deerfield Beach, FL 33442**, of the County of Broward, State of Florida, Grantee:

**Witnesseth**, that said Grantors, for and in consideration of the sum of TEN DOLLARS (U.S.\$10.00) and other good and valuable considerations to said Grantors in hand paid by said Grantee, the receipt whereof is hereby acknowledged, has granted, bargained, and sold to the said Grantee, and Grantee's heirs and assigns forever, the following described land, situate, lying and being in Columbia, Florida, to-wit:

Lots 50 and 51, Three Rivers Estates, Unit No. 17, according to the Plat thereof, recorded in Plat Book 6 , Page(s) 11, of the Public Records of Columbia County, Florida.

**Together with** all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

**Subject to** taxes for 2022 and subsequent years, not yet due and payable; covenants, restrictions, easements, reservations and limitations of record, if any.

**TO HAVE AND TO HOLD** the same in fee simple forever.

**And** Grantors hereby covenant with the Grantee that the Grantors are lawfully seized of said land in fee simple, that Grantors have good right and lawful authority to sell and convey said land and that the Grantors hereby fully warrant the title to said land and will defend the same against the lawful claims of all persons whomsoever.



**In Witness Whereof**, Grantors have hereunto set Grantors' hand and seal the day and year first above written.

*Signed, sealed and delivered  
in our presence:*

Lyndsi M. Nahabetian

WITNESS

PRINT NAME: Lyndsi M. Nahabetian

Bruce Park

Bruce Park

Amber H. Smith

WITNESS

PRINT NAME: Amber H. Smith

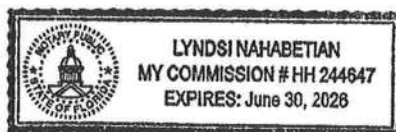
Natalie Park

Natalie Park

STATE OF FLORIDA  
COUNTY OF COLUMBIA

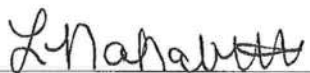
The foregoing instrument was acknowledged before me by means of ☒ physical presence or ( ) online notarization this 4 day of October, 2022, Bruce Park and Natalie Park, who are personally known to me or have produced DL as identification.

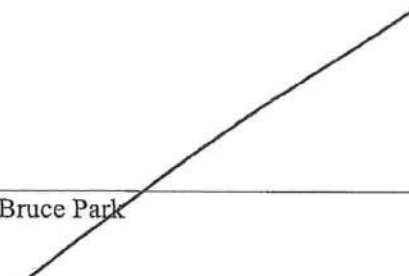
Lyndsi M. Nahabetian  
Signature of Notary Public




**In Witness Whereof**, Grantors have hereunto set Grantors' hand and seal the day and year first above written.

*Signed, sealed and delivered  
in our presence:*

  
WITNESS  
PRINT NAME: Lyndsi M. Nahabetian

  
Bruce Park

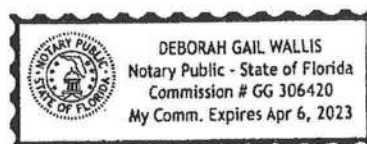
  
WITNESS  
PRINT NAME: Noemi Alvarez

  
Natalie Park

STATE OF FLORIDA  
COUNTY OF COLUMBIA

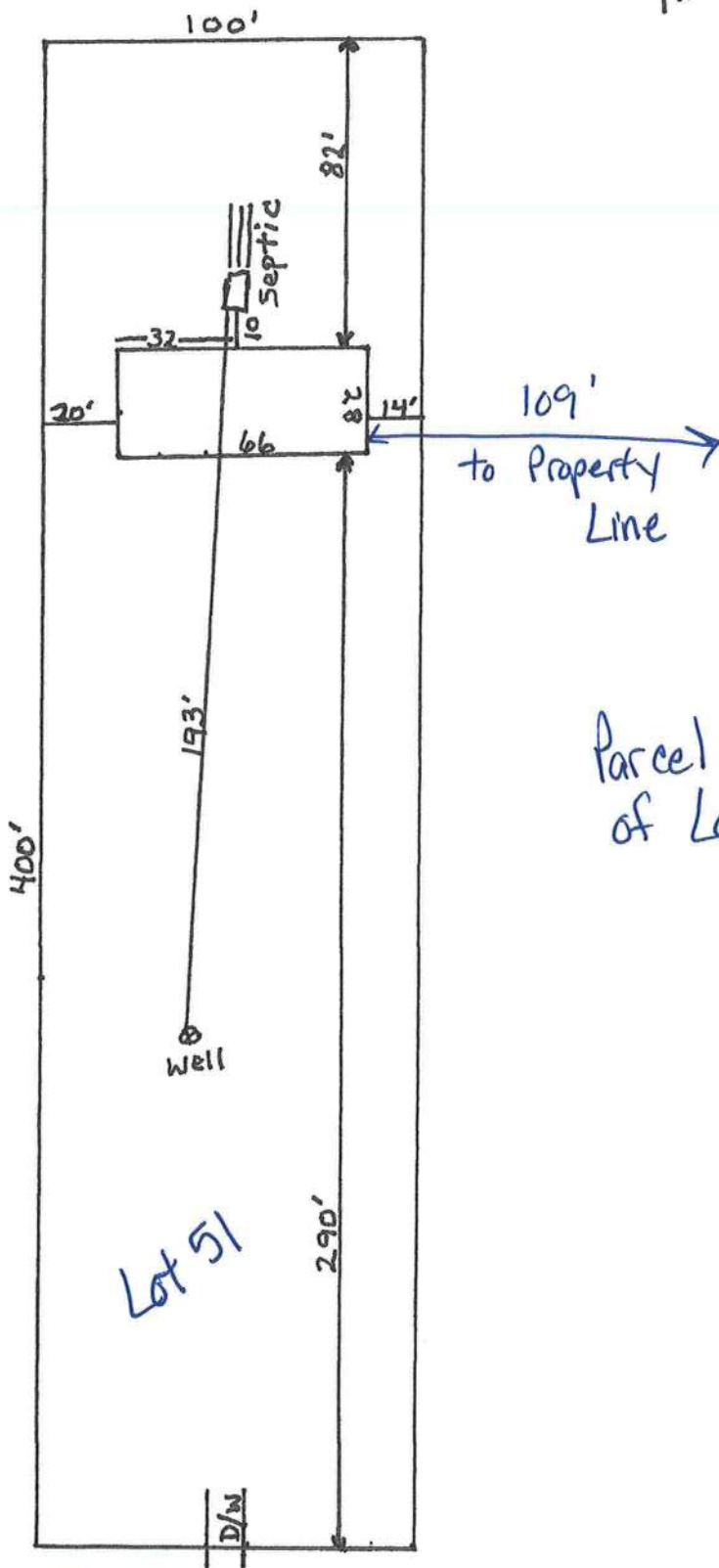
The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization this 4th day of ~~September~~ October, 2022, Bruce Park and Natalie Park, who are personally known to me or have produced \_\_\_\_\_ as identification.

  
Signature of Notary Public





1" = 50'



Parcel consists  
of Lots 50 + 51

1099  
SW Boston Ter

Lot 51

Dual Thumbs LLC

# Mobile Home Permit Worksheet

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

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

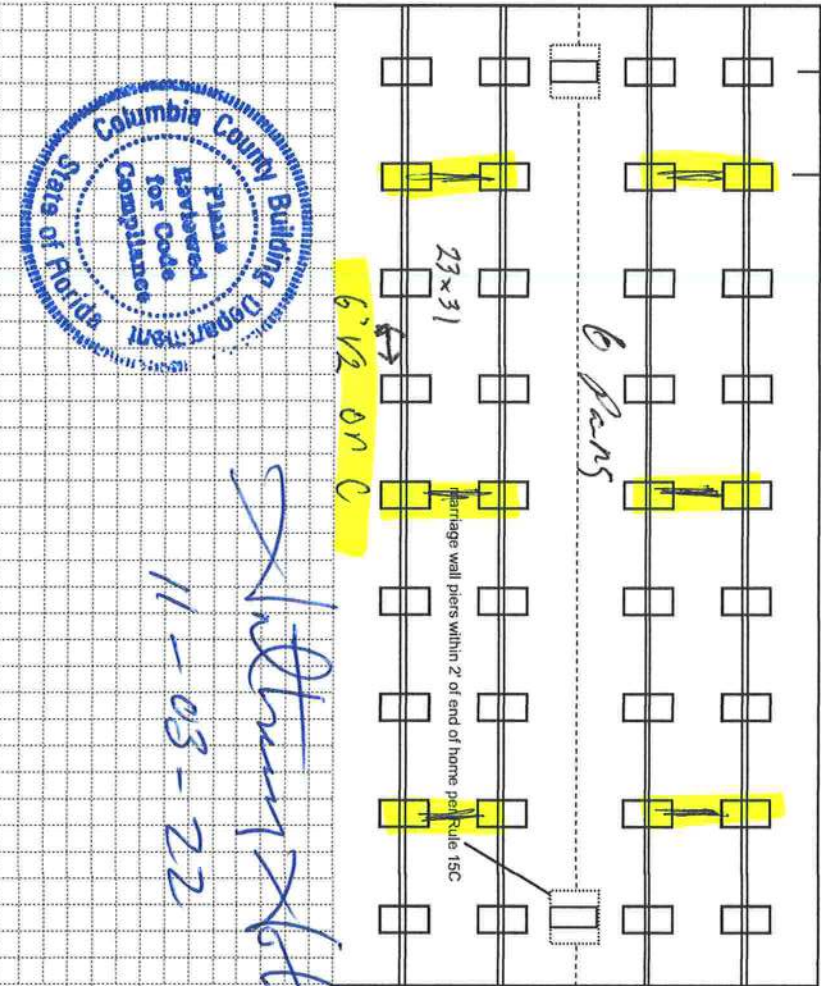
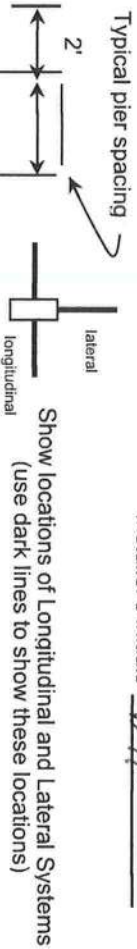
Installer : Dale Houston License # 14H1095149

Address of home being installed 10641 SW Boston Ter

Manufacturer Fort White FL 32038 Length x width 6'12" x 28'

**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 DH



*[Handwritten signature]*

11-03-22

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 # 90867

Triple/Quad ☐ Serial # GDLCFL 288316561AB

## PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	Footer size (256)	18 1/2" x 18 (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 23x31 on C

Perimeter pier pad size 16x16

Other pier pad sizes (required by the mfg.) \_\_\_\_\_

## 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

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 23x31

## ANCHORS

4 ft ✓ 5 ft ✓

## FRAME TIES

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

## OTHER TIES

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)

Manufacturer \_\_\_\_\_

Longitudinal Stabilizing Device w/ Lateral Arms

Manufacturer \_\_\_\_\_

Number

Sidewall \_\_\_\_\_

Longitudinal \_\_\_\_\_

Marriage wall \_\_\_\_\_

Shearwall \_\_\_\_\_



# 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 ☒ without testing.

X ~~400~~ X ~~1000~~ X ~~1000~~

### 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 ~~1000~~ X ~~1000~~ X ~~1000~~

### 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 holding capacity.

DA Installer's initials

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

Installer Name

Dale Houston

Date Tested

10/14/22

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. \_\_\_\_\_

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

## Site Preparation

Debris and organic material removed \_\_\_\_\_  
Water drainage: Natural \_\_\_\_\_ Swale ☒ Pad ☒ Other \_\_\_\_\_

### Fastening multi wide units

Floor: Type Fastener: 1095 Length: 6' Spacing: 18"  
Walls: Type Fastener: 1" Length: 1' Spacing: 1'  
Roof: Type Fastener: 1" Length: 1' Spacing: 1'  
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 FOAM

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

Dale Houston

Date





COMPLIANCE CERTIFICATE

Manufacturer Address \_\_\_\_\_

Print Number 381

Print # 384

Model Unit Designation 2870B420

Design Approval by (D.A.P.I.A.)

Print # 384 1680SF IMC

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

The factory installed equipment includes:

Equipment	Manufacturer	Model Designation
For heating	Intertec	FEH 67 HA
For air cooling	Whisper	35CA-9W
For cooking	Whisper	ET9 JK LURD
Refrigerator	Whisper	PK30-2
Water heater	Whisper	
Washer		
Clothes Dryer		
Dishwasher	Whisper	DU 300 VL-2
Garbage Disposal	Whisper	MH-36
Fireplace		

STRUCTURAL DESIGN BASIS CERTIFICATE

DESIGN WIND ZONE MAP

Zone I Standard Wind 15 PSF Horizontal 9 PSF Uplift

Zone II Hurricane Resistant 25 PSF Horizontal 15 PSF Uplift

DESIGN ROOF LOAD ZONE MAP

North 40 PSF Middle 30 PSF South 20 PSF Other 15 PSF

HEATING AND COOLING DESIGN BASIS CERTIFICATE

**COMFORT HEATING**

This mobile home has been thermally insulated to conform with the requirements of the federal mobile home construction and safety standards for all locations within climatic zone 1.

Heating equipment manufacturer and model (see list at left).

The above heating equipment has the capacity to maintain an average 70° F temperature in this home at outdoor temperatures of \_\_\_\_\_ F.

To maximize furnace operating economy, and to conserve energy, it is recommended that this home be installed where the outdoor winter design temperature (87° F) is not higher than +21° degrees Fahrenheit.

The above information has been calculated assuming a maximum wind velocity of 13 mph at 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 appropriate air conditioning and refrigeration institute standards.

The central air conditioning system provided in this home has been sized assuring an orientation of the front (hitch end) of the home facing \_\_\_\_\_ On this basis the system is designed to maintain an indoor temperature of 75° F when outdoor temperatures are \_\_\_\_\_ F dry bulb and \_\_\_\_\_ F wet bulb.

The temperature in which this home can be cooled will change depending upon the amount of exposure of the windows of this home to the sun's radiant heat. Therefore, the home's heat gains will vary dependent upon its orientation to the sun and any permanent shading provided. Information concerning the calculation of cooling loads at various locations, window exposures and shadings are provided in Chapter 22 of the 1972 edition of the ASHRAE Handbook of Fundamentals.

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

☐ Air conditioner not provided at factory (Alternate II)

The air distribution system of this home is suitable for the installation of central air conditioning.

The supply air distribution system installed in this home is sized for mobile home central air conditioning system of up to 52800 B.T.U./hr. rated capacity which are certified in accordance with the appropriate air conditioning and refrigeration institute standards, when the air circulators of such air conditioners are rated at 3.3 inch water column static pressure or greater for the cooling air delivered to the mobile 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 mobile 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.

**INFORMATION PROVIDED BY THE MANUFACTURER NECESSARY TO CALCULATE SENSIBLE HEAT GAIN**

Walls (without windows and doors) 1317

Ceilings and roofs of light color 1087

Ceilings and roofs of dark color 1087

Floors 1087

Air ducts in floor 1087

Air ducts in ceiling 1087

Air ducts installed outside the home 1087

The following are the duct areas in this home:

Air ducts in floor 1087

Air ducts in ceiling 1087

Air ducts outside the home 1087

To determine the required capacity of heating equipment for this home, determine the design and a cooling load (heat gain) calculation is required. The required heat is determined by the location, location and the exposure of the home. Factors of climate, orientation, shading, etc., and window size, window exposure, window shading, window orientation, etc., are used to determine the required capacity of heating equipment. The required capacity of heating equipment is determined by the location, location and the exposure of the home. Factors of climate, orientation, shading, etc., and window size, window exposure, window shading, window orientation, etc., are used to determine the required capacity of heating equipment. The required capacity of heating equipment is determined by the location, location and the exposure of the home. Factors of climate, orientation, shading, etc., and window size, window exposure, window shading, window orientation, etc., are used to determine the required capacity of heating equipment.





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Master Bedroom

Master Bath

Laundry  
Room

~~Living~~  
Room

Kitchen

Front of house

Room

Guest  
Bathroom

Room

Room

1010



Mail Lien Satisfaction to: Dept of Highway Safety and Motor Vehicles, Nell Kirkman Building, Tallahassee, FL 32389-0600

T# 1659582475  
B# 1438493

Identification Number GDLCL28836561A	Year 1983	Make CRAN	Body HS	WT-L-BHP 66'	Vessel Regs. No.	Title Number 18051251
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Registered Owner:  
WILLIAM ROBERT NELSON  
164 SW JOYCE GLN  
LAKE CITY, FL 32024-4761

Date of Issue 05/31/2022

Lien Release  
Interest in the described vehicle is hereby released  
By \_\_\_\_\_  
Title \_\_\_\_\_  
Date \_\_\_\_\_

**IMPORTANT INFORMATION**

1. When ownership of the vehicle described herein is transferred, the seller MUST complete in full the Transfer of Title by Seller section at the bottom of the certificate of title.
2. Upon sale of this vehicle, the seller must complete the notice of sale on the reverse side of this form.
3. Remove your license plate from the vehicle.
4. See the web address below for more information and the appropriate forms required for the purchaser to title and register the vehicle, mobile home or vessel.  
<http://www.hsmv.state.fl.us/html/titinf.html>

Mail To:  
WILLIAM ROBERT NELSON  
164 SW JOYCE GLN  
LAKE CITY, FL 32024-4761

## CERTIFICATE OF TITLE

Identification Number GDLCL28836561A	Year 1983	Make CRAN	Body HS	WT-L-BHP 66'	Vessel Regs. No.	Title Number 18051251
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Lien Release  
Interest in the described vehicle is hereby released

Prev State FL	Color	Primary Brand	Secondary Brand	No of Brands	Use PRIVATE	Prev Issue Date 11/03/2020
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By \_\_\_\_\_  
Title \_\_\_\_\_

Odometer Status or Vessel Manufacturer or CH use	Engine Drive	Hull Material	Prop	Date of Issue 05/31/2022
--	--------------	---------------	------	-----------------------------

Date \_\_\_\_\_

Registered Owner  
WILLIAM ROBERT NELSON  
164 SW JOYCE GLN  
LAKE CITY, FL 32024-4761

1st Lienholder  
NONE

DIVISION OF MOTORIST SERVICES

TALLAHASSEE



FLORIDA

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

*Robert R. Kynoch*

Robert R. Kynoch  
Director

Control Number **156539453**  
29 / 1 156539453

*Terry L. Rhodes*

Terry L. Rhodes  
Executive Director

**TRANSFER OF TITLE BY SELLER (This section must be completed at the time of sale.)**

Federal and/or state law require that the seller state the mileage, purchaser's name, selling price and date sold in connection with the transfer of ownership.  
Failure to complete or providing a false statement may result in fines and/or imprisonment.  
This title is warranted to be free from any liens except as noted on the face of the certificate and the motor vehicle or vessel described is hereby transferred to:

Seller Must Enter Purchaser's Name \_\_\_\_\_

Address \_\_\_\_\_

Seller Must Enter Selling Price \_\_\_\_\_

Seller Must Enter Date Sold \_\_\_\_\_

We state that this ☐ 3 or ☐ 6 digit odometer now reads \_\_\_\_\_ (X) (two tenths) miles, date read \_\_\_\_\_ and I hereby certify that to the best of my knowledge the odometer reading ☐ 1 reflects ACTUAL MILEAGE ☐ 2 is IN EXCESS OF ITS MECHANICAL LIMITS ☐ 3 is NOT THE ACTUAL MILEAGE.

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.**

SELLER Must

Sign Here \_\_\_\_\_

CO-SELLER Must

Sign Here \_\_\_\_\_

Print Here \_\_\_\_\_

Print Here \_\_\_\_\_

Selling Dealer's License Number \_\_\_\_\_

Tax No \_\_\_\_\_

Tax Collected \_\_\_\_\_

Auction Name \_\_\_\_\_

License Number \_\_\_\_\_

PURCHASER Must

Sign Here \_\_\_\_\_

CO-PURCHASER Must

Sign Here \_\_\_\_\_

Print Here \_\_\_\_\_

Print Here \_\_\_\_\_

**NOTICE: PENALTY IS REQUIRED BY LAW IF NOT SUBMITTED FOR TRANSFER WITHIN 30 DAYS AFTER DATE OF PURCHASE.**

HSMV 82250 (REV. 3/15)

STATE OF FLORIDA