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 # 22-3S-16-02244-109 Subdivision Brande Estates Lot# 9

- New Mobile Home ✓ Used Mobile Home_____ MH Size 28'x60' Year 2022
- Applicant Charles Robinson Phone # 352-474-3914
- Address 466 SW Deputy J. Davis Ln Lake City, FL, 32024
- Name of Property Owner Freedom Homes Phone# 386-752-5355
- 911 Address 192 NW Whitney Glen Lake city FL, 32024
- 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 J. Davis Ln. Lake City FL, 32024
- Relationship to Property Owner_____
- Current Number of Dwellings on Property 0
- Lot Size 58'x301'x40'x112'x287' Total Acreage 0.7
- 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/R onto US-90 W/W Duval St for 4.5 mi T/R onto NW Turner Ave for 2.1 mi T/R onto NW Whitney Glen for 0.1 mi Job Site on the right
- Name of Licensed Dealer/Installer David Albright Phone # 386-344-3645
- Installers Address 353 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 [signature] Phone #: 386 972 1700
MECHANICAL/ A/C ____	Print Name STYLECREST License #: CAC1817658 Qualifier Form Attached ☐	Signature [signature] Phone #: 850-769-1453

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

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
PAUL A BARNEY	Paul A Barney	FREEDOM HOMES
STEVE SMITH	Steve Smith	FREEDOM HOMES
CHARLES ROBINSON	Charles Robinson	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)

IH-1129420-1 — License Number

5-4-2021 — 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.) PERSONALLY KNOWN on this 4th day of MAY, 2021.

Linda Penhaligon
NOTARY'S SIGNATURE

(Seal/Stamp)

LINDA PENHALIGON
Commission #GG 157551
My Commission Expires
November 5, 2021

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, 272 NW WHITNEY GLEN, LAKE CITY, FL 32055 (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)
PAUL A BARNEY	Paul A Barney	✓ Agent ___ Officer ___ Property Owner
STEVE SMITH	Steve Smith	___ Agent ✓ Officer ___ Property Owner
CHARLES ROBINSON	C R	✓ Agent ___ Officer ___ Property Owner

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(Seal/Stamp)
LINDA PENHALIGON
Commission #GG 157551
My Commission Expires
November 5, 2021

COLUMBIA COUNTY
911 ADDRESSING / GIS DEPARTMENT

P. O. Box 1787, Lake City, FL 32056-1787
263 NW Lake City Ave., Lake City, FL 32055
Telephone: (386) 758-1125 * Fax: (386) 758-1365 * Email: gis@columbiacountyfla.com

Application for 9-1-1 Address Assignment Form

***NOTE:* ADDRESS ASSIGNMENT MAY REQUIRE UP TO 10 WORKING DAYS.**
IF THE ADDRESSING DEPARTMENT NEEDS TO CONDUCT ON SITE GPS LOCATION IDENTIFICATION OR OTHER ACTIONS, ADDITIONAL TIME MAY BE REQUIRED.

Date of Request: _____

REQUESTER Last Name: Robinson

First Name: Charles

Contact Telephone Number: 352-474-3914

(Cell Phone Number if Provided): Same

Requested for Self: ☐ or Requested for Company: ☑
(check one)

If Address is Requested by a Company, Provide Name of Requesting Company:

Freedom Homes

Parcel Identification Number: 22-3S-16-02244-109

If in Subdivision, Provide Name Of Subdivision:

Branden Estates

Phase or Unit Number (if any): _____ Block Number (if any): _____

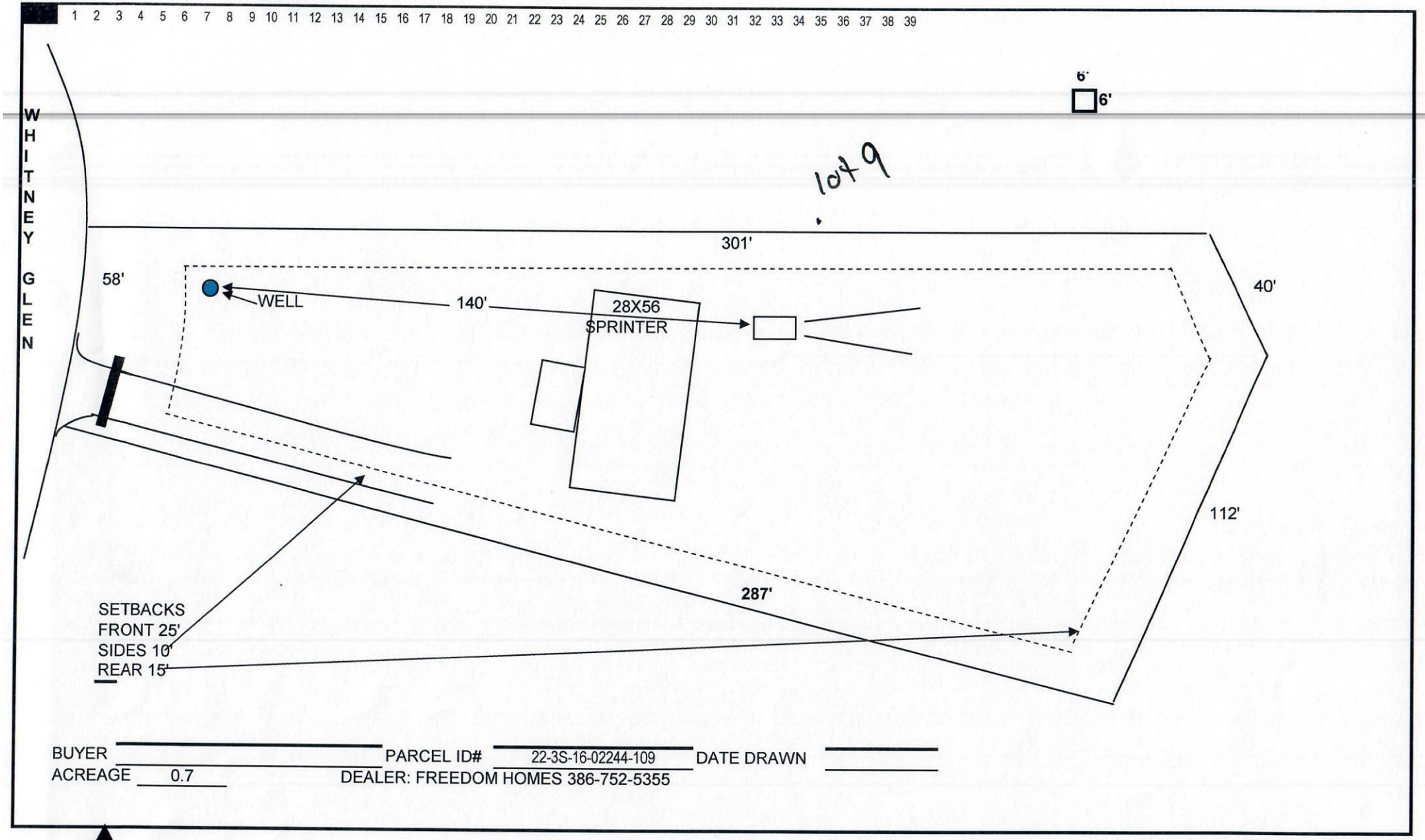
Lot Number: 9

Attach Site Plan or you may use page 2 of Application Form for Site Plan: Requirements for Site Plan Are Listed on page 2 of Application Form: (NOTE: Site Plan Does NOT have to be a survey or to scale; FURTHER a Environmental Health Dept. Site Plan showing only a 210 by 210 cutout of a property will NOT suffice for Addressing Application Requirements.)

Addressing / GIS Department Use Only:

Date Received: _____

Received by: Walk in: _____ Fax: _____ Email: _____ Other: _____


1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39
WHITNEY GLEN
6'
6'
1079
301'
58'
40'
WELL
140'
28X56
SPRINTER
112'
287'
SETBACKS
FRONT 25'
SIDES 10'
REAR 15'
BUYER
PARCEL ID# 22-3S-16-02244-109
DATE DRAWN
ACREAGE 0.7
DEALER: FREEDOM HOMES 386-752-5355

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

Order #: 5175 Label #: 85933	Manufacturer: LIVE OAK	(Check Size of Home)
Homeowner: LOT #9 BRANDON EST	Year Model: 2022	Single ____
Address: 192 NW WHITNEY GLEN.	Length & Width: 56/60 x 28	Double X
City/State/Zip: LAKE CITY FL 32024	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

85933
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.

Lot 9
Branden Estates

SPRINTER L-2563G

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. 192 NW whitney Glen Lake City FL 32024

Manufacturer LIVE OAK HOMES Length x width 28x56/60

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

New Home [X] Used Home [ ]

Home installed to the Manufacturer's Installation Manual [X]

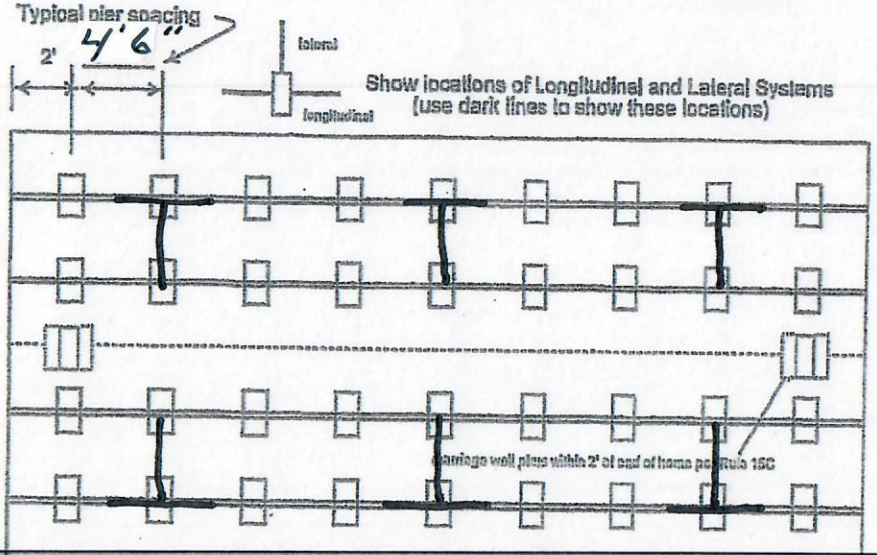
Home is installed in accordance with Rule 15-C [ ]

Single wide [ ] Wind Zone II [X] Wind Zone III [ ]

Double wide [X] Installation Decal # 85933

Triple/Quad [ ] Serial # LOHGA2003692 6AB

Typical pier spacing 2' 4'6"



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.) 23x31

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
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 ✓ SHEARWALL MATELINE

FRAME TIES

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

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD) Manufacturer OTI

Longitudinal Stabilizing Device w/ Lateral Arms Manufacturer OTI

OTHER TIES

	Number
Sidewall	13 PER SIDE
Longitudinal	6
Marriage wall	3
Shearwall	4

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 260 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 independent 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

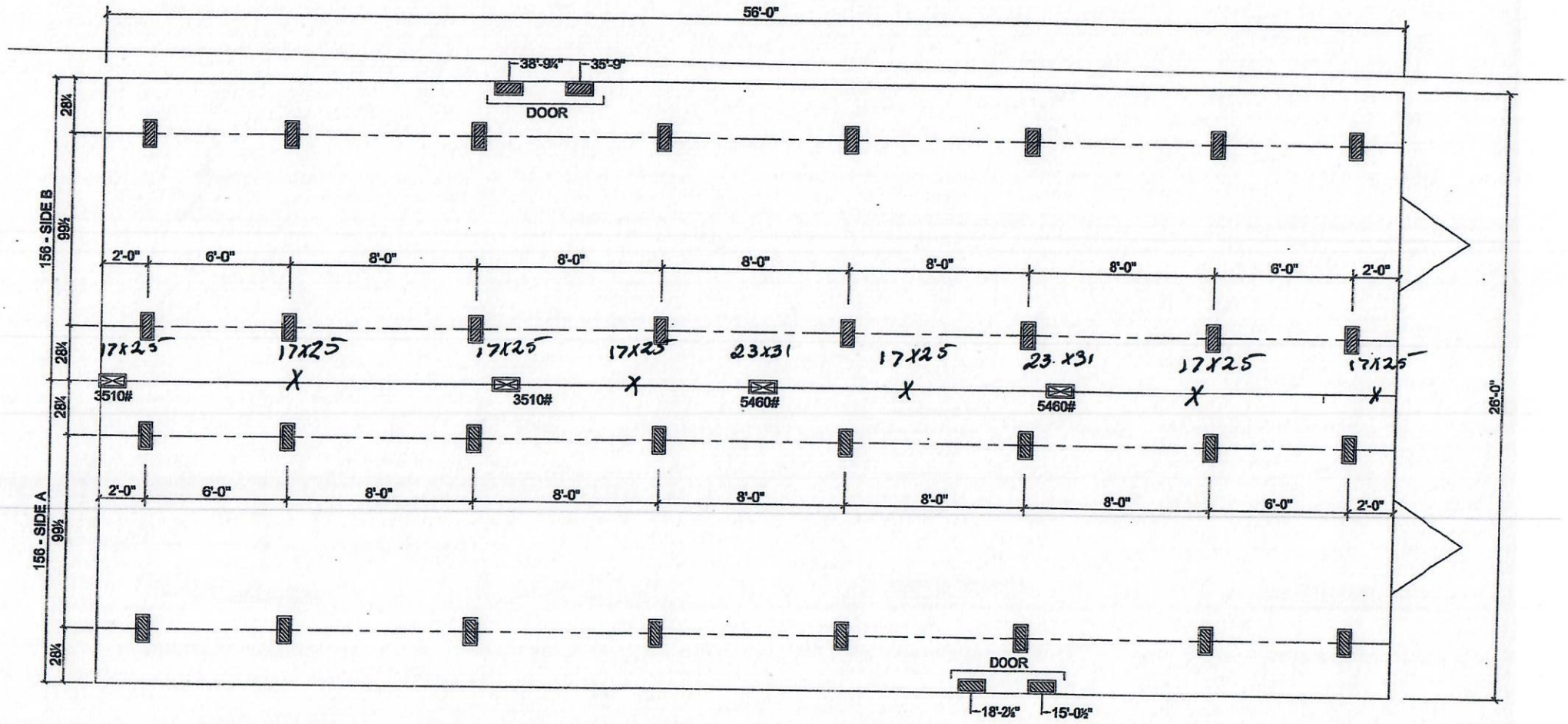
The bottomboard will be repaired and/or taped. Yes X. Pg. 124
Siding on units is installed to manufacturer's specifications. Yes X
Fireplace chimney installed so as not to allow intrusion of rain water. Yes X

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

1-9-2014

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-2563G - 28 X 56
3-BEDROOM / 2-BATH

SPRINTER

(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)

L-2563G

Freedom Mobile Home Sales, Inc

DATE OF BIRTH
BUYER: _____
CO-BUYER: _____

466 SW DEPUTY J DAVIS LN,
LAKE CITY, FLORIDA 32024
(386) 752-5355 Fax: (386) 752-4757

DRIVER'S LICENSE
BUYER: 0
CO-BUYER: 0

BUYER(S)			PHONE -	DATE	01/00/00
ADDRESS	0			Salesperson: -	
DELIVERY ADDRESS	TBD NW WHITNEY GLN, LAKE CITY FL.				
MAKE & MODEL	LIVE OAK L-2563G-R		YEAR 2022	BEDROOMS 3/2	FLOOR SIZE L 28 W 56 / HITCH SIZE L 28 W 60 / STOCK NUMBER 1806
SERIAL NUMBER	LOHGA20036926AB	New or Used SPRINTER	COLOR	PROPOSED DELIVERY DATE	KEY NUMBERS

LOCATION	R-VALUE	THICKNESS	TYPE OF INSULATION
CEILING	27	9	ROCKWOOL
EXTERIOR	11	3 1/2	FIBERGLASS
FLOORS	22	7	FIBERGLASS

THIS INSULATION INFORMATION WAS FURNISHED BY THE MANUFACTURER AND IS DISCLOSED IN COMPLIANCE WITH THE FEDERAL TRADE COMMISSION RULE 16 CRF, SECTION 460.16.

OPTIONAL EQUIPMENT, LABOR, AND ACCESSORIES

Delivered and Set Up:		Included
Trim		
Tied Down:		Included
Dirt Pad		
land clearing		
Connect water and sewer within 20 feet of existing facility		Included
Furnished	$	NO
Unfurnished		AGREE
Customer responsible for any wrecker fees incurred on lot.		AGREE
Wheels & axles deleted from sale price of home.		AGREE
Electrical Hookup		Included
Type of A/C	PKG HP	Included
Type of Skirting	STONE	Included
Type of steps	WOOD CODE	Included
BALANCE CARRIED TO OPTIONAL EQUIPMENT		Included

NOTE: WARRANTY, EXCLUSIONS AND LIMITATIONS OF DAMAGES ON THE REVER

DESCRIPTION OF TRADE-IN	YEAR	BEDROOMS	SIZE
	N/A	N/A	N/A

MAKE: | MODEL:

TITLE NO. | SERIAL | COLOR

N/A | N/A

LIEN HOLDER	PHONE NO	AMOUNT
N/A	N/A	N/A

TRADE PAYOFF IS TO BE PAID BY 0

BASE PRICE OF UNIT	$115,765.00
OPTIONAL EQUIPMENT	INCL
SUB-TOTAL	$115,765.00
COUNTY TAX	$50.00
SALES TAX 6%	$6,945.90
TAG AND TITLE	$0.00
OTHER	
OTHER	
0	$0.00
LAND OWNED BY FREEDOM	$28,900.00
0	$0.00
WELL SEPTIC CLEARING PERMITS NON TAXABLE	$31,500.00
1, CASH PURCHASE PRICE	$183,160.90
TRADE-IN ALLOWANCE $0.00	
LESS BAL. DUE ON ABOVE $0.00	
NET ALLOWANCE $0.00	
CASH DOWN PAYMENT $0.00	
0 $0.00	
LESS TOTAL CREDITS	$0.00
BALANCE DUE TO FREEDOM	$183,160.90
LAND PAYOFF	$0.00
CLOSING COST FINANCED BY LENDER	$0.00
INSURANCE	$0.00
ESTIMATED FINAL LOAN AMOUNT	$183,160.90

Initial:_____

NO VERBAL AGREEMENTS WILL BE HONORED.

SELLER AGREES TO PAY UP TO $0.00 OF BUYERS CLOSING COST AND PREPAIDS

The U.S. Department of Housing and Urban Development (HUD) Manufactured Home Dispute Resolution Program is available to resolve disputes among manufacturers, retailers, or installers concerning defects in manufactured homes. Many states also have a consumer assistance or dispute resolution program. For additional information about these programs see sections titled " Dispute Resolution Process" and "additional Information -- HUD Manufactured Home Dispute Resolution Program" in the consumer manual required to be provided to the purchaser. These programs are not warranty programs and do not replace the manufacturer's or any other person's warranty program. _____ _____

Liquidated Damages are agreed to $900.00 or 10% of the cash price, whichever is greater.

REFER TO PARAGRAPH #6 ON THE REVERSE SIDE OF THIS CONTRACT

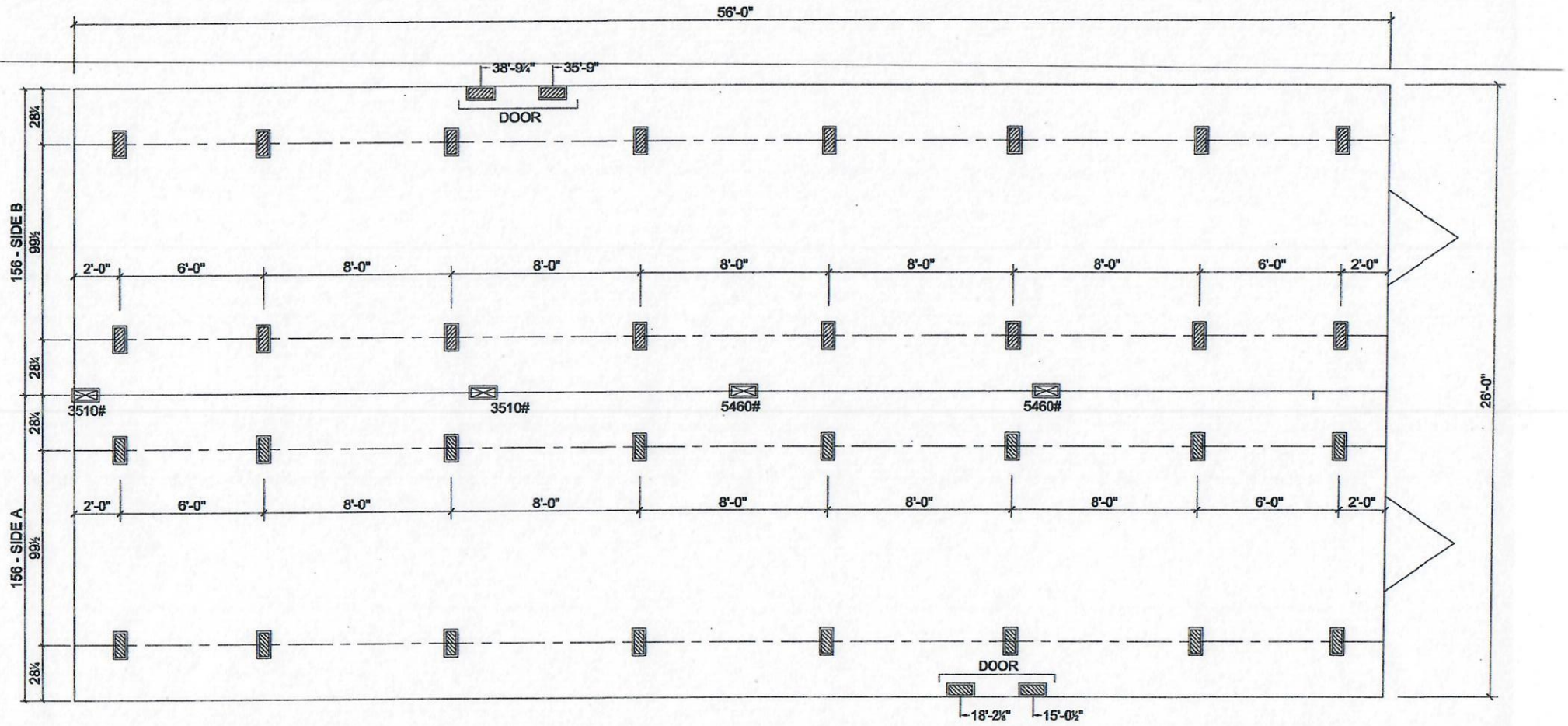
THIS AGREEMENT CONTAINS THE ENTIRE UNDERSTANDING BETWEEN DEALER AND BUYER AND NO OTHER REPRESENTATION OR INDUCEMENT, VERBAL OR WRITTEN HAS BEEN MADE WHICH IS NOT CONTAINED IN THIS CONTRACT. Dealer and Buyer certify that the additional terms and conditions printed on Page 2 of this contract are agreed to as part of the contract are agreed to as part of this agreement, the same as if printed above the signatures. Buyer is purchasing the above described trailer, manufactured home, or vehicle the optional equipment and accessories, the insurance as described has been voluntary, the Buyer's trade-in is free of all claims whatsoever except as noted.

Freedom Mobile Home Sales, Inc DEALER
Not Valid Unless Signed by Steve Smith (Vice Pres)

SIGNED X _____ BUYER
SOCIAL SECURITY NO. 000-00-0000

BY_____
Agent

SIGNED X _____ BUYER
SOCIAL SECURITY NO.



~~MARRIAGE LINE OPENING SUPPORT PIER/TYP.~~

SUPPORT PIER/TYP

1-9-2014

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Live Oak Homes
MODEL: L-2563G - 28 X 56
3-BEDROOM / 2-BATH

SPRINTER

(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)
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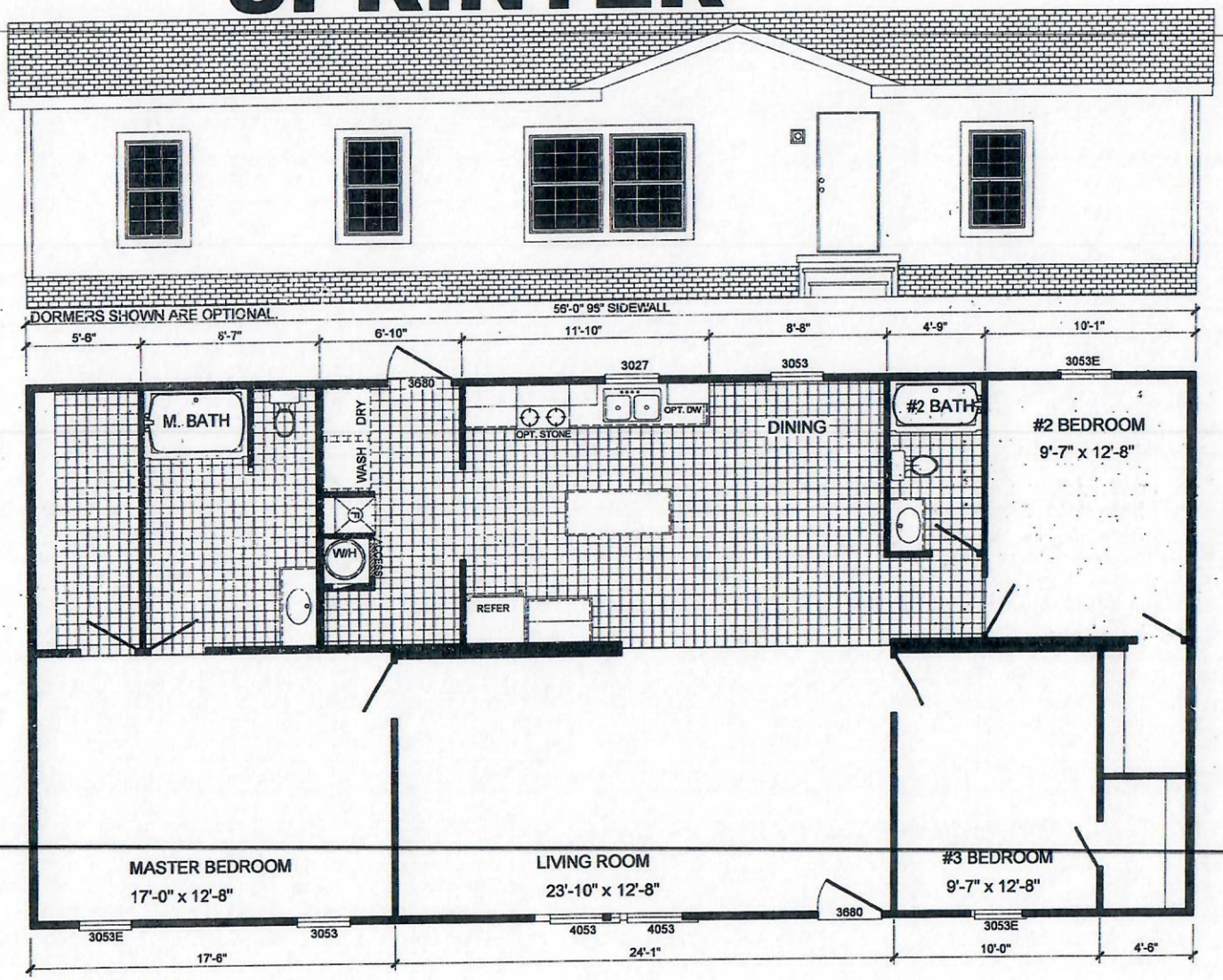
L-2563G

SPRINTER



L-2563G

3-BEDROOM / 2-BATH

28 x 60 - Approx. 1456 Sq. Ft.

Date: 10-30-2013

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