

Mobile Home Permit Worksheet

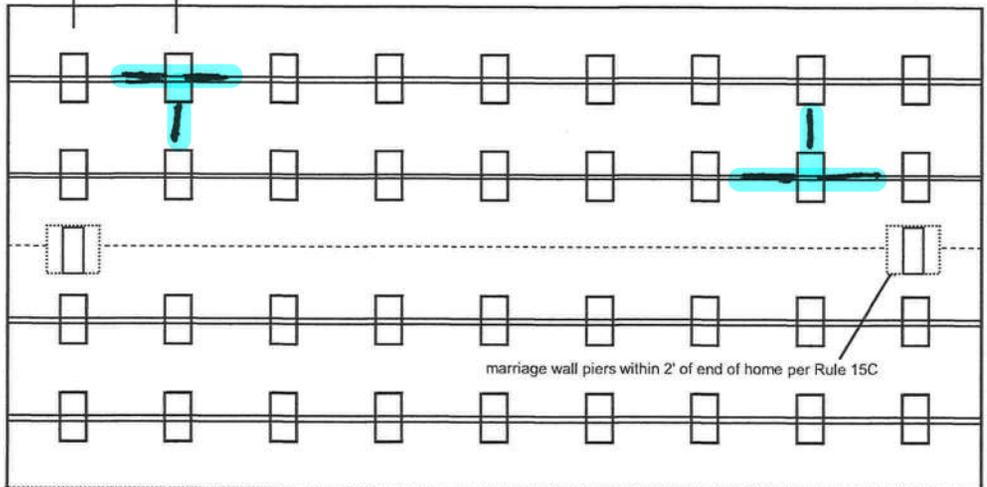
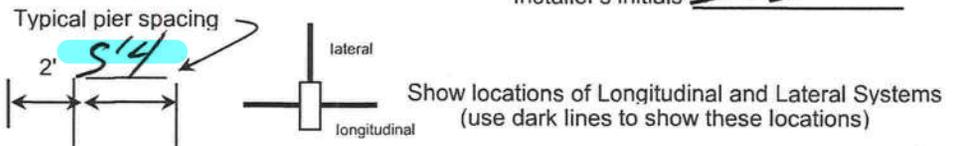
Installer: Ronald "Ripon" Norris License # IH 1135009
 Address of home being installed: ~~1215~~ 510 Newark Dr
Fort White, FL
 Manufacturer: Skyline Length x width: 16'6" x 13'8"

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 # 88028
 Triple/Quad Serial # 49610562J

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 *RN*



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 17.5 x 25.5
 Perimeter pier pad size 16 x 16
 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 |
| <u>17 1/2 x 25 1/2</u> | <u>446</u> |
| 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 |
|---------|---------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

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 1101VOT1
 Longitudinal Stabilizing Device w/ Lateral Arms
 Manufacturer 1101VOT1

OTHER TIES

| | Number |
|---------------|-----------|
| Sidewall | <u>22</u> |
| Longitudinal | <u>4</u> |
| Marriage wall | _____ |
| Shearwall | _____ |



Anthony Islan
 02-07-2022

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 1000 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 require anchors with 4000 lb holding capacity.

Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Ronald Ryan Norris

Date Tested 1-3-2022

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. NA

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 104-107

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 104-107

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

Weatherproofing

The bottomboard will be repaired and/or taped. Yes Pg. 114
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 NA
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

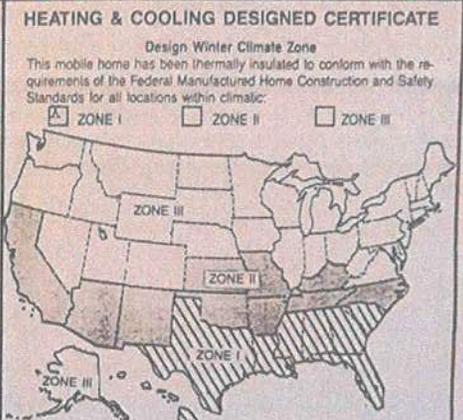
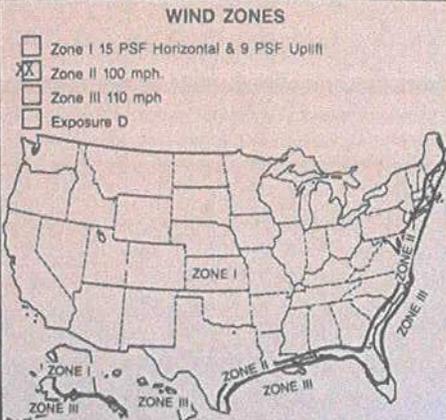
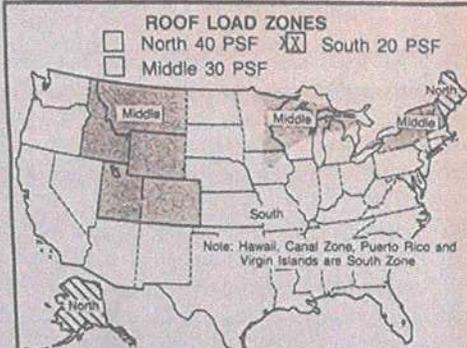
Installer Signature _____ Date 1-3-2022

Manufacturer Data Report

HUD LABEL # FLA- 601987
 M.H. ID # 4561-0562-J
 DATE MANUFACTURED 10-17-96
 MODEL # BRV1470-CT YEAR 97
 MFR. NAME SKYLINE CORPORATION
 P.O. BOX 2648
 ADDRESS Ocala, Florida 34478
 City State Zip

State of Florida
 Department of Highway Safety and Motor Vehicles
 Division of Motor Vehicles
 Neil Kirkman Building, 2900 Apalachee Parkway (Room A 139) Tallahassee, FL 32399 0640
 DESIGNATION (State) FLORIDA Single Double Triple
 SIZE 66'X13'108" Unit A Unit B Unit C
 EXCLUDE HITCH INCLUDE HITCH

DEALER'S NAME CIRCLE B MH SALES
 ADDRESS US HWY 90 WEST
 LAKE CITY, FL 32055
 DAPA NAME UNDERWRITER'S LABORATORIES
 ADDRESS 333 PFINGSTEN ROAD
 NORTHBROOK, IL 60062
 City State Zip



| Equipment | Manufacturer | Model Designation |
|-----------------------------|----------------|-------------------|
| Clothes Washer | PLUMB/WIRE FOR | |
| Clothes Dryer | WIRE/VENT FOR | |
| Dishwasher | NONE | |
| Food Waste | NONE | |
| Water Heater | STATE | SC1201HMTG6OK |
| Smoke Detector | FIREX | AD |
| Air Conditioning () BTU/hr | NONE | INSTALLED |
| Comfort Heating () BTU/hr | COLEMAN | EB10B |
| Cooking Range | GE | JBS05V1WH |
| MICROWAVE | NONE | |
| FIREPLACE | NONE | |
| Refrigerator | GE | TEX14SADR6H |

This home has has not (checked by manufacturer) been equipped with storm shutters or other protective coverings for windows and exterior door openings. For homes designed to be located in Wind Zones II and III, which have not been provided with shutters or equivalent covering devices, it is strongly recommended that the home be made ready to be equipped with these devices in accordance with the method recommended in the manufacturers printed instructions.

Manufacturer shall provide "U" factors as designed below.

| | | |
|---------------------------------|-------|------|
| Walls (without windows & doors) | "U" = | .095 |
| Ceilings & roofs of light color | "U" = | .054 |
| Ceilings & roofs of dark color | "U" = | .054 |
| Floors | "U" = | .099 |
| Air Ducts in floor | "U" = | .099 |
| Air Ducts in ceiling | "U" = | NONE |
| Air Ducts installed outside | "U" = | NONE |

**** FOR TALLAHASSEE CENTRAL OFFICE USE ONLY ****

RED TAG # _____ REGION _____
 COMPLAINTANT'S NAME _____
 ADDRESS _____
 REGION _____

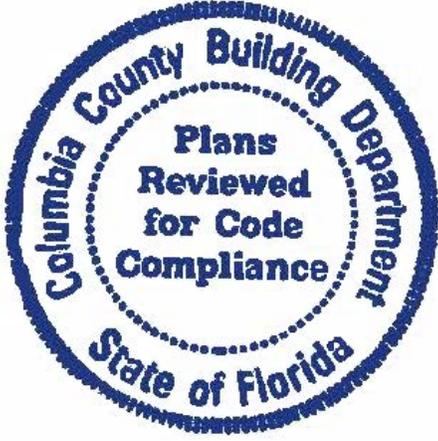
This home has has not been designed for the higher wind pressures and anchoring provisions required for ocean/coastal areas and should not be located within 1500' of the coastline in Wind Zones II and III, unless the home and its anchoring and foundation system have been designed for the increased requirements specified for Exposure D in ANSISASCE 7-88.

Heat transfer area to outside of home from air ducts located:
 Inside Home Sq. Ft. _____
 Outside Home Sq. Ft. NONE

The 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 (97 1/4%) is not higher than _____ °F.

The above information has been calculated assuming a maximum wind velocity of 15 MPH at standard atmospheric pressure.
 The supply air distribution system installed in this home is sized:
 Not designed for A/C A/C Ready A/C Installed

This mobile home is designed to conform with the Federal Manufactured Home Construction and Safety Standards in force at the time of manufacture.
 SIGNED *Vaughn Housworth* VAUGHN HOUSWORTH / DIVISION MANAGER NOV 08 1996 OCTOBER 31, 1996
 Authorized Representative of Manufacturer Type or Print Name Date



License Number IH / 1135009 / 1 Name: RONALD "RYAN" NORRIS

| | | | |
|----------------------|---------------|----------------------------------|------------------------|
| Order # 5288 | Label # 88028 | Manufacturer: | (Check Size of Home) |
| Homeowner | | Year Model: | Single _____ |
| Address: | | Length & Width: | Double _____ |
| City/State/Zip | | Type Longitudinal System: | Triple _____ |
| Phone # | | Type Lateral Arm System: | HUD Label # |
| Date Installed | | New Home: _____ Used Home: _____ | Soil Bearing / PSF |
| Installed Wind Zone: | | Data Plate Wind Zone: | Torque Probe / in-lbs. |
| | | | Permit # |

Note

**STATE OF FLORIDA
INSTALLATION CERTIFICATION LABEL**

88028

LABEL #

DATE OF INSTALLATION

RONALD "RYAN" NORRIS

NAME

IH / 1135009 / 1

5288

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.

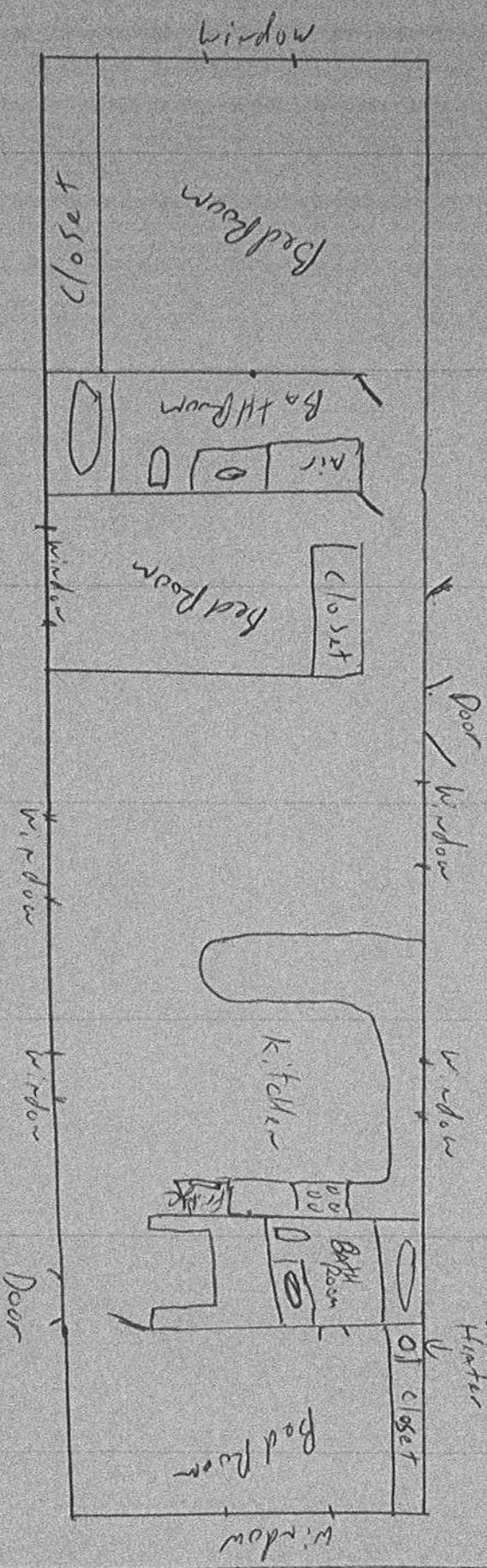
INSTRUCTIONS

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.



Front

14 x 24
3/2



Back

A00174

Mail Lien Satisfaction to: Dept of Highway Safety and Motor Vehicles, Neil Kirkman Building, Tallahassee, FL 32399-0500

| | | | | | | |
|-----------------------|------|------|------|----------|------------------|--------------|
| Identification Number | Year | Make | Body | WT-L-BIP | Vessel Regs. No. | Title Number |
| 49610562J | 1997 | BIRC | HS | 66' | | 74173023 |

Registered Owner:

WILLIAM A JONES AND
MARY ELLEN MCKUGH-JONES
19 16TH ST
WADING RIVER NY 11792

Date of Issue 11/20/2006

Lien Release

Interest in the described vehicle is hereby released

By _____

Title _____

Date _____

IMPORTANT INFORMATION

- 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.
- Upon sale of this vehicle, the seller must complete the notice of sale on the reverse side of this form.
- Remove your license plate from the vehicle.
- 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/him/tilinf.html>

Mail To:

WILLIAM A JONES
19 16TH ST
WADING RIVER NY 11792

CERTIFICATE OF TITLE

| | | | | | | |
|-----------------------|------|------|------|----------|------------------|--------------|
| Identification Number | Year | Make | Body | WT-L-BIP | Vessel Regs. No. | Title Number |
| 49610562J | 1997 | BIRC | HS | 66' | | 74173023 |

Lien Release

Interest in the described vehicle is hereby released

| | | | | | | |
|------------|-------|---------------|-----------------|--------------|---------|-----------------|
| Prev State | Color | Primary Brand | Secondary Brand | No of Brands | Use | Prev Issue Date |
| FL | UNK | | | | PRIVATE | 03/29/2004 |

By _____

Title _____

| | | | |
|--|---------------|------|---------------|
| Odometer Status or Vessel Manufacturer or CH use | Hull Material | Prop | Date of Issue |
| | | | 11/20/2006 |

Date _____

Registered Owner

WILLIAM A JONES AND
MARY ELLEN MCKUGH-JONES
19 16TH ST
WADING RIVER NY 11792

1st Lienholder

NONE

DIVISION OF MOTOR VEHICLES

TALLAHASSEE

FLORIDA

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

Carl A. Ford
Director

Control Number 81255332



Fred O. Dickinson, III
Executive Director

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

Buyer and/or state law require that the seller state the vehicle's make, 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 this certificate and the motor vehicle or vessel described is hereby transferred to:

Seller Must Enter Purchaser's Name

Seller Must Enter Selling Price

Do you have the title? Yes No

Do you have the actual mileage? Yes No

NOTE: \$10.00 PENALTY IS REQUIRED BY LAW IF NOT SUBMITTED FOR TRANSFER WITHIN 30 DAYS AFTER DATE OF PURCHASE

STATE OF FLORIDA

VOID IF ALTERED

VOID IF ALTERED