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 # 15-5S-16-03626-085 Subdivision _____ Lot#____

- New Mobile Home ✓ Used Mobile Home_____ MH Size 32'x76'6" Year 2021
- Applicant Charles Robinson Phone # 352-474-3914
- Address 466 SW Deputy J Davis Ln Lake City FL, 32024
- Name of Property Owner Cody Spin Phone# 386-288-0742
- 911 Address 690 SW Gull Dr Lake City FL, 32024
- Circle the correct power company - FL Power & Light - Clay Electric
  (Circle One) - 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_____
- Lot Size 156'x302'x156'x302' Total Acreage 1.09
- 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 T/R onto W Duval St for 0.1mi T/L onto SW Main Blvd for 1.4mi slight right onto FL-47S go 9.3mi T/R onto Eagle Rd/SW Pickerel Pl go 450ft T/L onto Gull Rd for 0.3mi Jobsite is going to be on the right
- Name of Licensed Dealer/Installer David Albright Phone # 386-344-3645
- Installers Address 353 SW Mavi Din AVE
- License Number IH-1129420 Installation Decal # _____

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR _____ 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.

ELECTRICAL	Print Name WHITTINGTON ELECTRIC Signature Willem Whittington License #: EC13002957 Phone #: 386 972 1700 Qualifier Form Attached ☐
MECHANICAL/ A/C ____	Print Name STYLECREST Signature Ronald E. Bonds SR License #: CAC1817658 Phone #: 850-769-4453 Qualifier Form Attached ☐

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 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

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 III
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 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

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:	**6/3/2021 7:11:46 PM**
Address:	**690 SW GULL DR**
City:	**LAKE CITY**
State:	**FL**
Zip Code	**32024**
Parcel ID	**15-5S-16-03626-085**

REMARKS: **This address is a verified address in the county's addressing system.**

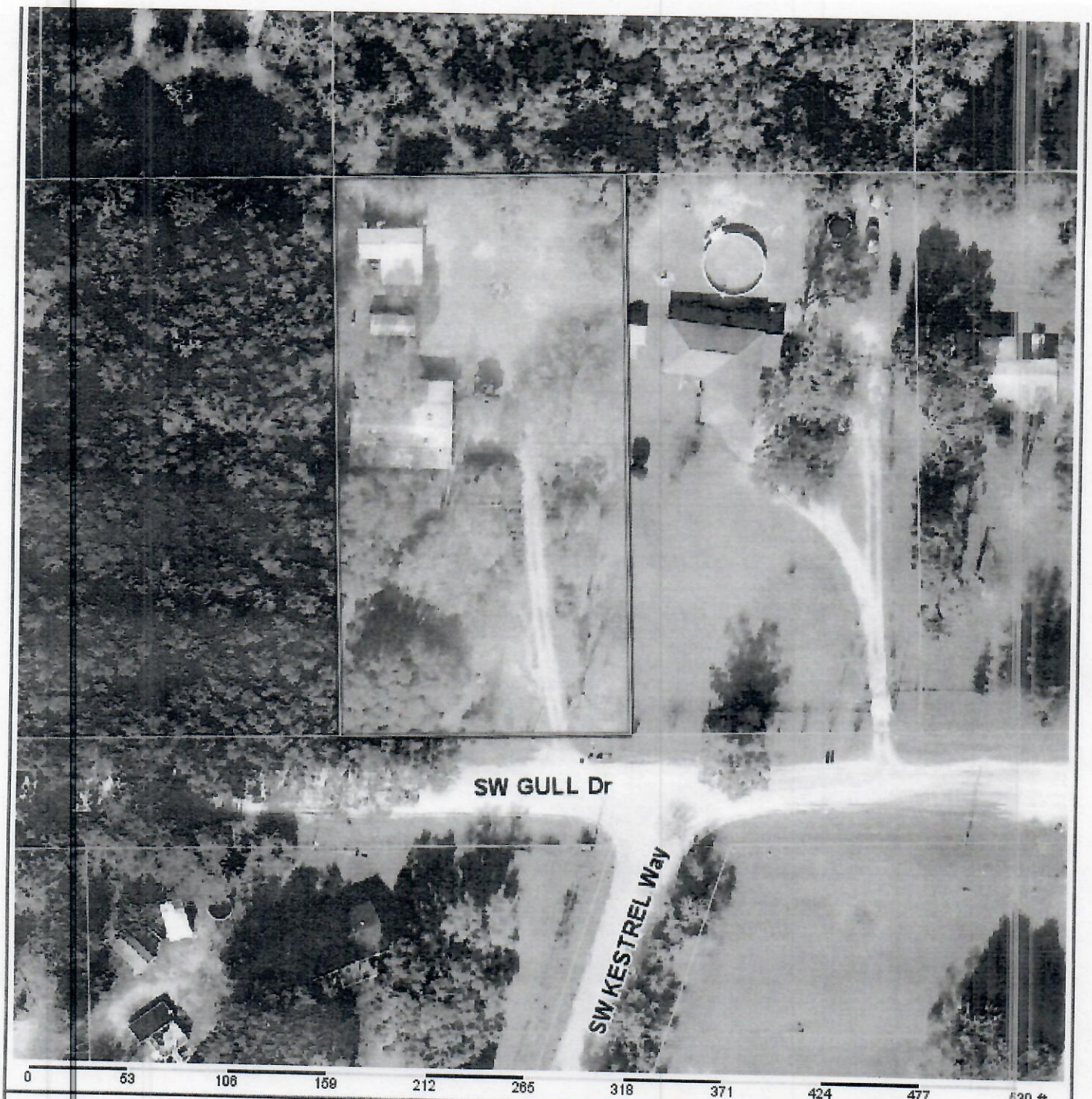
Verification ID: c207b925-ea02-4d07-87db-385d0ad058ef

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: GIS Specialist

Columbia County GIS/911 Addressing Coordinator

Columbia County
Department of Information Technology
135 NE Hernando Ave. Lake City, FL 32055
Telephone 386-719-1456



Columbia County Property Appraiser

Jeff Hampton | Lake City, Florida | 386-758-1083

PARCEL: 15-5S-16-03626-085 (17859) | MOBILE HOME (0200) | 1.09 AC

W1/2 OF LOT 85 HI-DRI ACRES UNIT 2. 591-531, 691-017, 698-605, 739-655, 744-770, DC 940-724, WD 1064-345, LE 1179-937, DC 1182-360, WD 1182-361, WD 1

Owner: **SPIN CODY EDWARD**
13244 COUNTY ROAD 137
WELLBORN, FL 32094

Site: 690 SW GULL DR, LAKE CITY

Sales Info

1/25/2021	$100	I (U)
12/15/2009	$31,400	I (Q)
10/7/2009	$100	I (U)

2021 Working Values

Mkt Lnd	$11,207	Appraised	$32,232
Ag Lnd	$0	Assessed	$32,232
Bldg	$18,325	Exempt	$0
XFOB	$2,700		county:$32,044
Just	$32,232	Total Taxable	city:$0
			other:$0
			school:$32,232

NOTES:

Columbia County, FL

Extra Features & Out Buildings (Codes)

Code	Desc	Year Blt	Value	Units	Dims
0040	BARN,POLE	0	$300.00	1.00	0 x 0
0296	SHED METAL	1995	$400.00	1.00	0 x 0
0190	FPLC PF	1993	$1,200.00	1.00	0 x 0
0296	SHED METAL	1993	$800.00	160.00	10 x 16

Land Breakdown

Code	Desc	Units	Adjustments	Eff Rate	Land Value
0200	MBL HM (MKT)	1.090 AC	1.0000/1.0000 1.0000/ /	$7,296 /AC	$7,953
9945	WELL/SEPT (MKT)	1.000 UT (0.000 AC)	1.0000/1.0000 1.0000/ /	$3,250 /UT	$3,250

When recorded, mail to:

Name: Mary Spin
Address: 13244 County Rd 137
Wellborn Fla
City/State/Zip Code: 32094

Inst: 202112001348 Date: 01/26/2021 Time: 3:52PM
Page 1 of 2 B: 1428 P: 2317, James M Swisher Jr, Clerk of Court
Columbia, County, By: BR
Deputy ClerkDoc Stamp-Deed: 0.70

SPACE ABOVE THIS LINE FOR RECORDER'S USE

QUITCLAIM DEED

KNOW ALL MEN BY THESE PRESENTS:

That I(we), Chad Spin Mary Spin

the undersigned releasor(s), for the consideration of Ten Dollars ($10.00), and other valuable considerations, by these presents, do hereby release, remise and forever quitclaim unto Cody Edward Spin

all rights, title and interest in that certain real property situated in the County of Columbia, State of FLA, and legally described as follows:

West 1/2 of Lot 85, HI-DRI ACRES, Paradise, Unit 2, according to the map or plat thereof as recorded in Plat Book 4, Page 9-9A, of the Public Records of Columbia County, Florida.

IN WITNESS WHEREOF, I(we) have hereunto set my(our) hand(s) and seal(s) this 25 day of January, 2021.

Chad Spin
Printed Name of Releasor

Signature of Releasor

Mary Spin
Printed Name of Co-Releasor

Mary Spin
Signature of Co-Releasor

Kaelin Miller
Signature of Witness No. 1

Donald Shugart
Signature of Witness No. 2

KAELIN Miller
Printed Name of Witness No. 1

DONALD SHUGART
Printed Name of Witness No. 2

1468 SW MAIN BLVD. STE 105
Address

1468 SW MAIN BLVD. STE 105
Address

Lake City FL 32025
City/State/Zip Code

LAKE City FL 32025
City/State/Zip Code

Acknowledgment

State of Florida)
) ss.
County of Columbia)

The foregoing instrument was acknowledged before me, the undersigned Notary Public, this 25 day of January, 2021, by Chad Spin AND Mary Spin, known to me to be the individual(s) who executed the foregoing instrument and acknowledged the same to be his(her)(their) free act and deed.

My Commission Expires: 8-23-2021

Donald G Shugart
Notary Public

If acknowledged in the State of Florida, complete the section below:
(check one) [ ] Personally Known. [✓] Produced Identification.
Type of Identification produced: FLDL - Both Physically Appeared

DONALD G. SHUGART
MY COMMISSION # GG 137388
EXPIRES: August 23, 2021
Bonded Thru Notary Public Underwriters

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

Order #: 5034 Label #: 83023	Manufacturer: LIVE OAK	(Check Size of Home)	
Homeowner: SPIN	Year Model: 2022	Single ____	
Address: 640 SW GULL DR.	Length & Width: 76 x 32	Double ✓	
City/State/Zip: LAKE CITY FL 32024	Type Longitudinal System: 6 OTI	Triple ____	HUD Label #:
Phone #:	Type Lateral Arm System: 6 OTI		Soil Bearing / PSF:
Date Installed:	New Home: ✓ Used Home: ____		Torque Probe / in-lbs:
Installed Wind Zone: II	Data Plate Wind Zone: II		Permit #:
Note:			

STATE OF FLORIDA
INSTALLATION CERTIFICATION LABEL

83023

LABEL # DATE OF INSTALLATION

DAVID E ALBRIGHT

NAME

IH / 1129420 / 1 5034

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.

Mobile Home Permit Worksheet

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 # _____

Triple/Quad ☐ Serial # _____

Installer: David Albright License # IH-1129420

Address of home being installed 690 SW Gull DR Lake City FL 32024

Manufacturer Live Oak Length x width 32'x76'180

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.

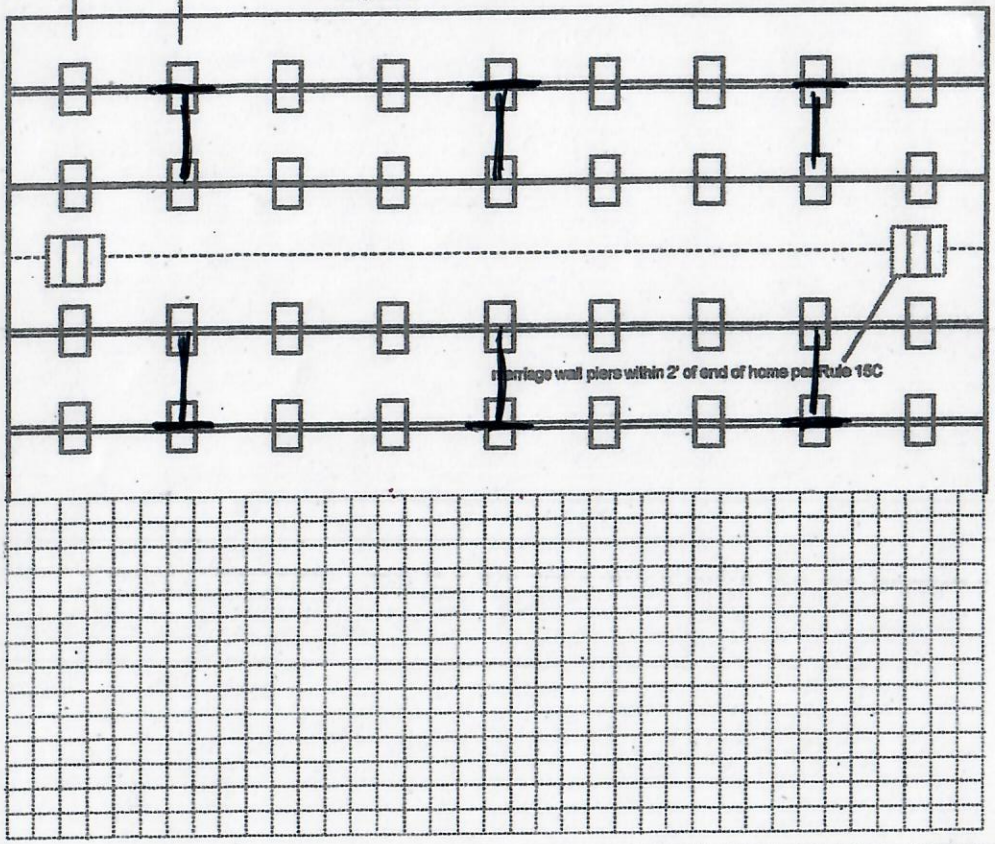
Installer's initials _____

Typical pier spacing 2' 4'6"

lateral

longitudinal

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.) 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

4ft 5ft

FRAME TIES

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

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer OTI (6)

Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer OTI (6)

OTHER TIES

	Number
Sidewall	28
Longitudinal	6
Marriage wall	8-5'6-4'
Shearwall	2

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 AIBRIGHT

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: LAG Length: 6" Spacing: 2'
Walls: Type Fastener: SCREWS Length: 4" Spacing: 18"
Roof: Type Fastener: LAG 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 ENDWALLS
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

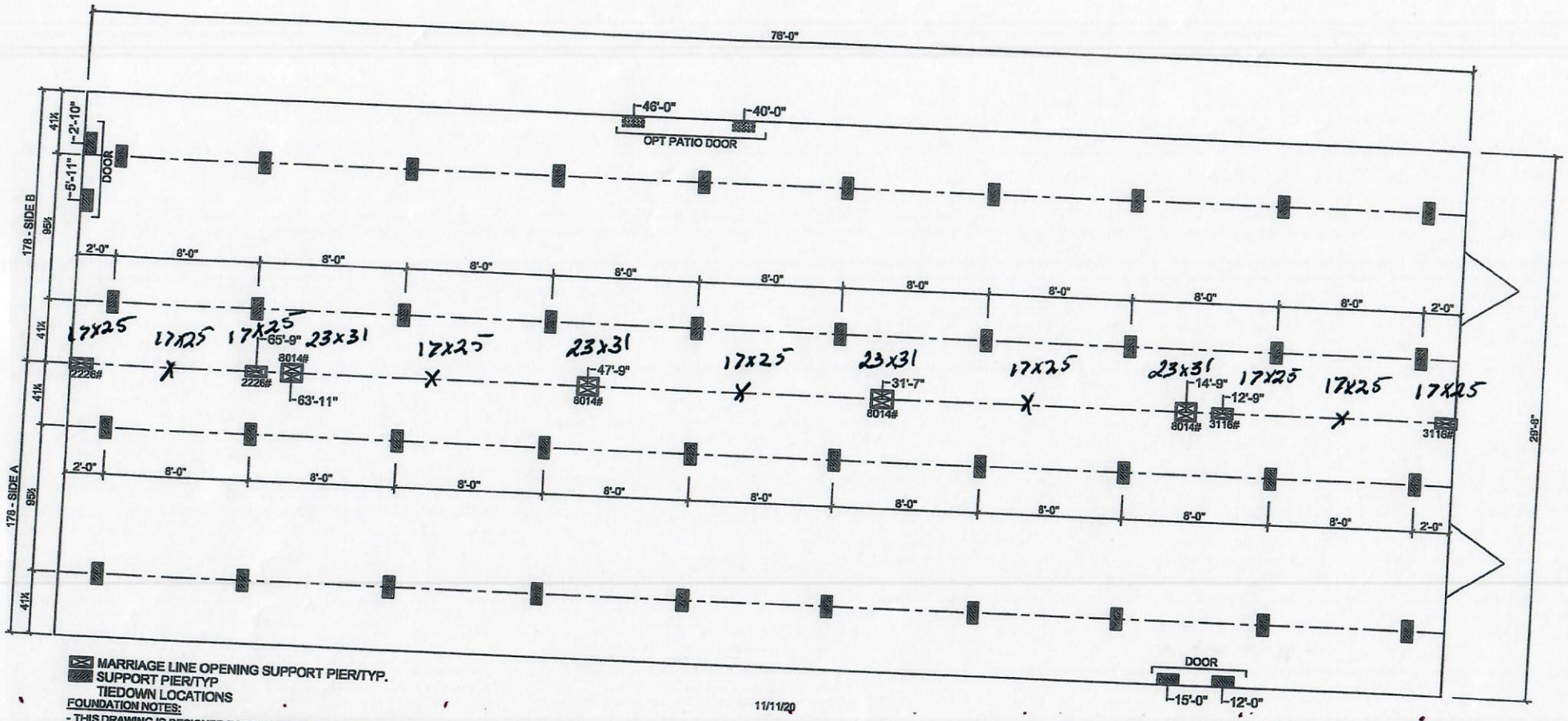
Miscellaneous

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 _____

HIGHLANDER



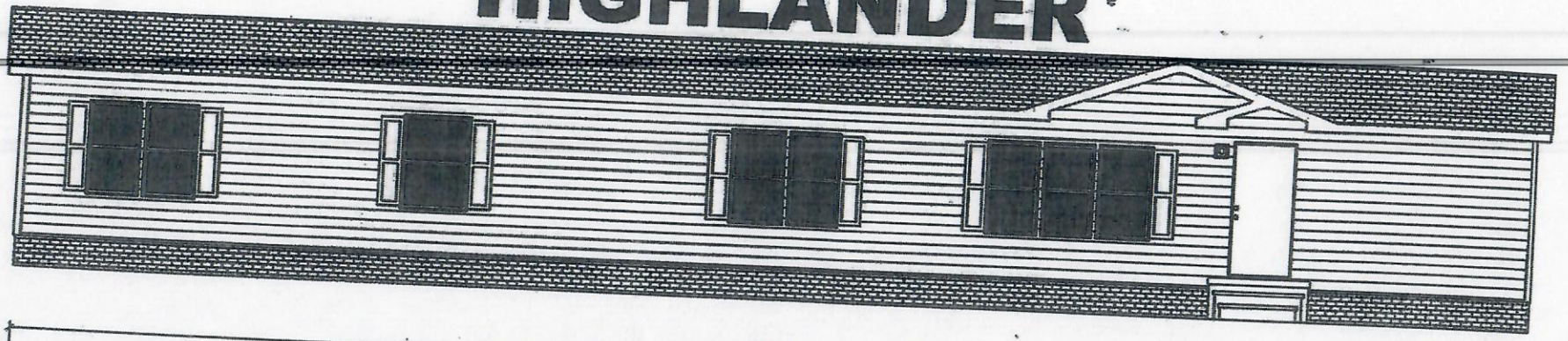
FOUNDATION NOTES:

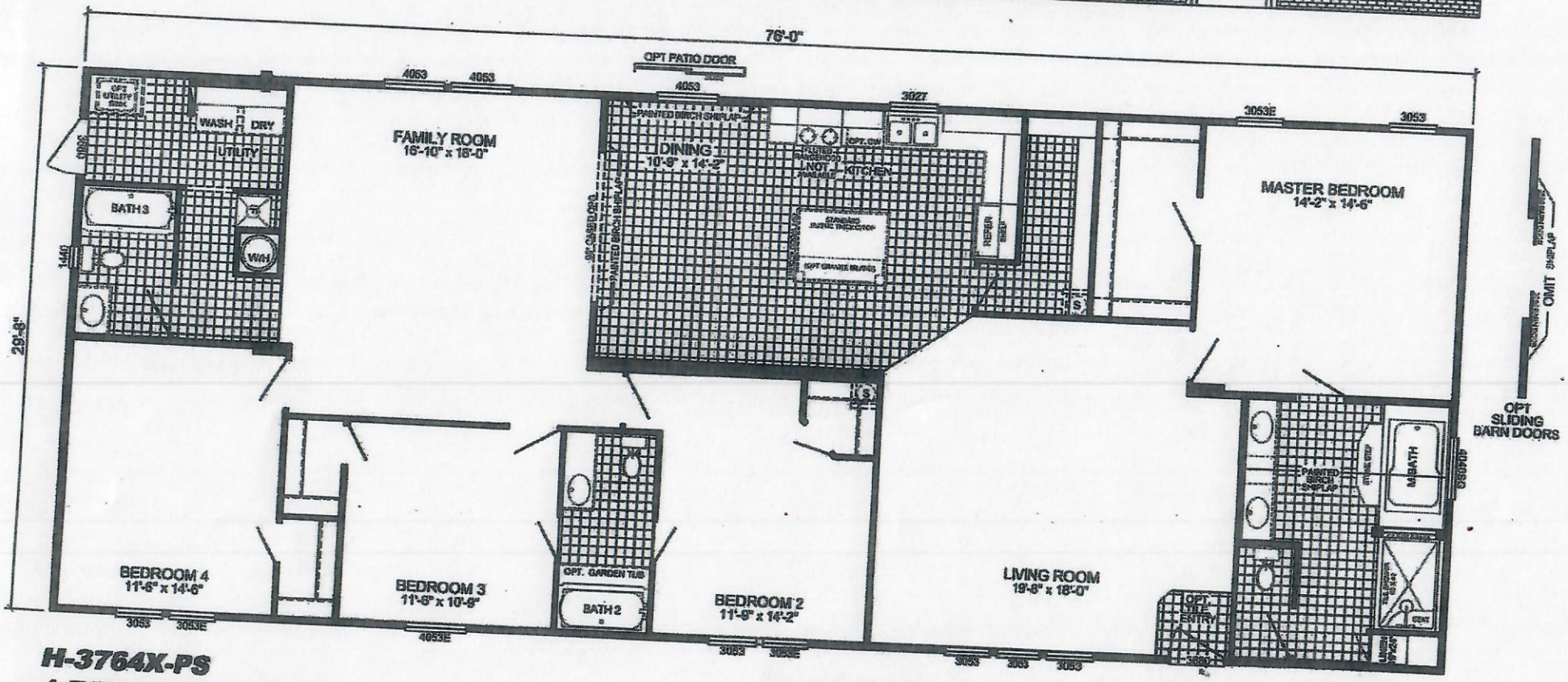
- THIS DRAWING IS DESIGNED FOR THE STANDARD WIND ZONE AND IS TO BE USED IN CONJUNCTION WITH THE INSTALLATION MANUAL AND IT'S SUPPLEMENTS.
- FOOTINGS ARE SHOWN FOR EXAMPLE ONLY QUANTITY AND SPACING MAY VARY BASED ON PAD TYPE, SOIL CONDITION, ETC.
- FOOTINGS ARE REQUIRED AT SUPPORT POSTS, SEE INSTALLATION MANUAL FOR REQUIREMENTS.

Live Oak Homes
MODEL: H-3764X-PS - 32 X 80
4-BEDROOM / 3-BATH

H-3764X-PS

HIGHLANDER





H-3764X-PS

4-BEDROOM / 3-BATH

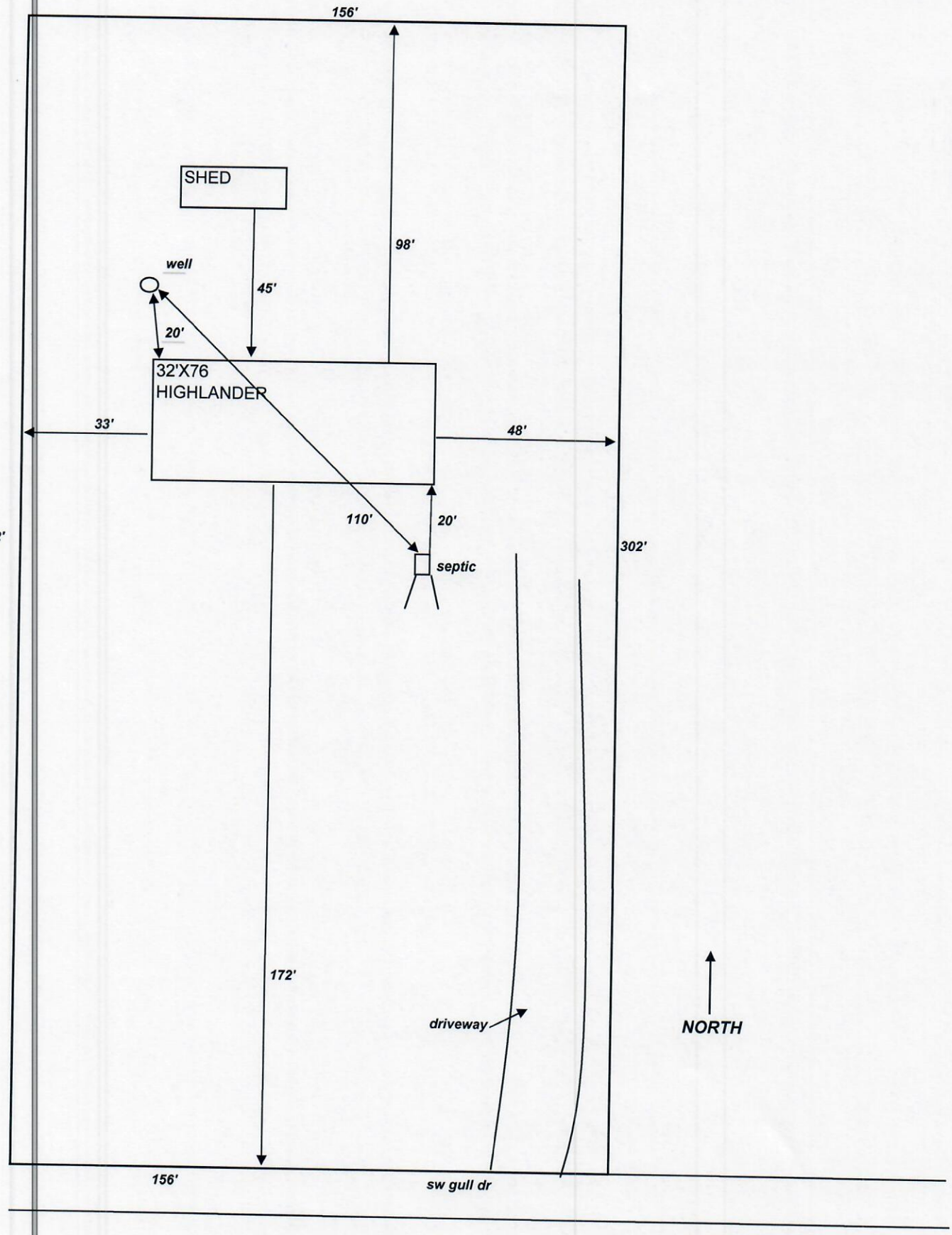
32 X 80 - Approx. 2254 Sq. Ft.

Date: 06/12/20

* All room square footage figures are approximate.
* 9'-0" ceilings are NOT AVAILABLE for this model.
* Live Oak Homes reserves the right to modify product offering at any time.

HIGHLANDER

DELUXE DRYWALL SERIES



BUYER **CODY SPIN** PARCEL ID# **15-5S-16-03626-085** DATE DRAWN 13-Oct

ACREAGE 1.09 DEALER: FREEDOM HOMES 386-752-5355