

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 # 19-45-16-03068-000 Subdivision _____ Lot# _____

▪ New Mobile Home _____ Used Mobile Home _____ MH Size _____ Year _____

▪ Applicant Chaz Robinson Phone # 352-474-3914

▪ Address 466 SW Deputy J Davis Ln. Lake City FL 32024

▪ Name of Property Owner Minnie Jones Phone# 386-867-5568

▪ 911 Address 195 SW Splender Ct. 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 7

▪ Lot Size 1298' x 1339' x 173' x 202' x 204' x 204' x 1012' x 891' x 206' x 206' x 555' Total Acreage 37.16

▪ 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 yes

▪ Driving Directions to the Property T/L on N Marion Ave for 500ft. T/R on US-90 W for 2 mi. T/L on FL-2475 for 5.6 mi. T/L on Co Rd 242A for 1.4 mi. T/L on SW Splender Ct for 300ft. Jobsite on left.

▪ 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 # _____



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

only, 272 NW WHITNEY GLEN, LAKE CITY, FL 32055, 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)
PAUL A BARNEY	<i>Paul A Barney</i>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
STEVE SMITH	<i>Steve Smith</i>	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Property Owner
CHARLES ROBINSON	<i>CL</i>	<input checked="" 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.

David Albright

License Holders Signature (Notarized)

1H-1129420-1
License Number

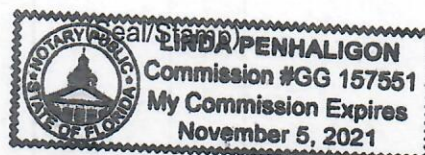
5-4-2021
Date

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, 20 21.

Linda Penhaligon
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, 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	<i>Paul A Barney</i>	FREEDOM HOMES
STEVE SMITH	<i>Steve Smith</i>	FREEDOM HOMES
CHARLES ROBINSON	<i>Charles Robinson</i>	FREEDOM HOMES

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David Albright
License Holders Signature (Notarized)

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License Number

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Date

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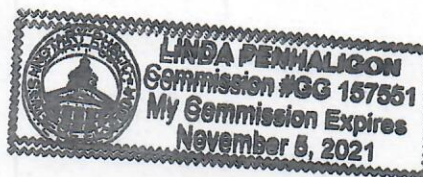
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COUNTY OF: COLUMBIA

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Linda Penhaligon
NOTARY'S SIGNATURE

(Seal/Stamp)



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 <u>WATKINSON ELECTRIC</u> License #: <u>EC13002957</u>	Signature <u>[Signature]</u> Phone #: <u>386 972 1700</u>
Qualifier Form Attached <input type="checkbox"/>		
MECHANICAL/ A/C	Print Name <u>STYLECREST</u> License #: <u>CAC1817658</u>	Signature <u>[Signature]</u> Phone #: <u>850-769-1453</u>
Qualifier Form Attached <input type="checkbox"/>		

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

Sales Price
Doc Stamp: .704

This Instrument Prepared by & return to:

Name: **MINNIE JONES**
Address: **590 SW MCGUIRE TERRACE**
Lake City, FL 32024

Inst: 202012013935 Date: 08/25/2020 Time: 4:29PM
Page 1 of 2 B: 1417 P: 2707, James M Swisher Jr, Clerk of Court
Columbia, County, By: BR
Deputy Clerk Doc Stamp-Deed: 0.70

Parcel I.D. #: **PARCEL#03068-000**

SPACE ABOVE THIS LINE FOR PROCESSING DATA

SPACE ABOVE THIS LINE FOR RECORDING DATA

THIS WARRANTY DEED Made the 21st day OF AUGUST, A.D. 2020, by **GLEN JONES, LYNN JONES AND TONITA JONES, CONVEYING NON-HOMESTEAD PROPERTY**, hereinafter called the grantors, to **MINNIE JONES AND SHIRLEY M. FISHER AS JOINT TENANTS WITH RIGHTS OF SURVIVORSHIP**, whose post office address is **590 SW MCGUIRE TERRACE, LAKE CITY, FLORIDA 32024**, hereinafter called the grantees:

(Wherever used herein the terms "grantors" and "grantees" include all the parties to this instrument, singular and plural, the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporations, wherever the context so admits or requires.)

Witnesseth: That the grantors, for and in consideration of the sum of \$10.00 and other valuable consideration, receipt whereof is hereby acknowledged, do hereby grant, bargain, sell, alien, remise, release, convey and confirm unto the grantees all that certain land situate in **Columbia County, State of Florida**, viz:

THE SOUTHWEST QUARTER OF THE SOUTHEAST QUARTER OF SECTION NINETEEN (19), TOWNSHIP FOUR (4) SOUTH, RANGE SIXTEEN (16) EAST, COLUMBIA COUNTY, FLORIDA.

LESS AND EXCEPT THAT PARCEL AS DESCRIBED IN O.R. BOOK 318 PAGE 296 OF THE OFFICIAL RECORDS OF COLUMBIA COUNTY, FLORIDA.

THIS DEED WAS PREPARED WITHOUT THE BENEFIT OF A TITLE SEARCH OR SURVEY AND MAKES NO WARRANTY AGAINST SAME.

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

To Have and to Hold the same in fee simple forever.

And the grantors hereby covenant with said grantees that they are lawfully seized of said land in fee simple; that they have good right and lawful authority to sell and convey said land, and hereby fully warrant the title to said land and will defend the same against the lawful claims of all persons whomsoever, and that said land is free of all encumbrances, except taxes accruing subsequent to December 31, 2019.

In Witness Whereof, the said grantors have signed and sealed these presents, the day and year first above written.

Signed, sealed and delivered in the presence of:

Patricia Lang
Witness Signature
PATRICIA LANG

Printed Name
Mary Ann Tomlinson
Witness Signature
MARY ANN TOMLINSON
Printed Name

Glenn Jones L.S.
GLENN JONES
Address: 438 SW McGuire Ter
LAKE CITY, FLORIDA LAKE CITY FL 32024

Lynn Jones L.S.
LYNN JONES
Address: 468 S.W. McGuire Ter
LAKE CITY, FLORIDA 32024

Tonita Booth L.S.
TONITA BOOTH
Address: 2395 W Splendor CT
LAKE CITY, FLORIDA 32024

STATE OF FLORIDA
COUNTY OF COLUMBIA

The foregoing instrument was acknowledged before me this 21st day of AUGUST, 2020, by **GLENN JONES, LYNN JONES AND TONITA BOOTH** who are known to me or who have produced Driver's License as identification.

Patricia Lang
Notary Public
My commission expires 2-5-23



STATE OF FLORIDA
COUNTY OF COLUMBIA

LAND OWNER AFFIDAVIT

This is to certify that I, (We), MINNIE JONES AND SHIRLEY M. FISHER
(State Corporation Name as it appears on the Property Appraisers Office website)
as the owner of the below described property:

Property tax Parcel ID number 03068-000

Subdivision (Name, lot, Block, Phase) N/A

Give my permission for MARY FORD to place a

Circle one Mobile Home / Travel Trailer / Utility Pole Only / Single Family Home /
or more — Barn — Shed — Garage / Culvert / Other _____

I (We) understand that the named person(s) above will be allowed to receive a building permit on the property number I (we) have listed above and this could result in an assessment for solid waste and fire protection services levied on this property.

Shirley Fisher
Owner Signature

7/6/21
Date

Minnie Jones
Owner Signature

7/6-21
Date

Owner Signature _____

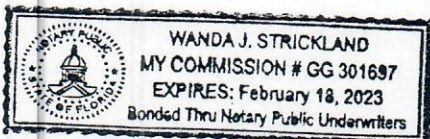
Date _____

Sworn to and subscribed before me this 6 day of July, 2021, by
X physical presence or _____ online notarization and this (these) person(s) are
personally known to me _____ or produced ID FLDL F260-790-58-918-0
FLID JS20-553-32-404-0

Wanda J. Strickland
Notary Public Signature

Wanda J. Strickland
Notary Printed Name

Notary Stamp/



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

Order #: 5175	Label #: 85947	Manufacturer: LIVE OAK	(Check Size of Home)
Homeowner: FORD/GIBSON	Year Model: 2022	Single <input checked="" type="checkbox"/>	
Address: 195 SW SPIENDER CT	Length & Width: 76/80 x 16	Double <input type="checkbox"/>	
City/State/Zip: LAKE CITY FL 32024	Type Longitudinal System: 6 OTI	Triple <input type="checkbox"/>	
Phone #:	Type Lateral Arm System: 6 OTF	HUD Label #:	
Date Installed:	New Home: <input checked="" type="checkbox"/> Used Home: <input type="checkbox"/>	Soil Bearing / PSF:	
Installed Wind Zone: II	Data Plate Wind Zone: II	Torque Probe / in-lbs:	
Note:		Permit #:	

STATE OF FLORIDA
INSTALLATION CERTIFICATION LABEL

85947

LABEL #

DATE OF INSTALLATION

DAVID E ALBRIGHT

NAME

IH / 1129420 / 1

5175

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.

CTIONS

MARKER ONLY.
COMPLETE INFORMATION
ABOVE AND KEEP ON FILE
FOR A MINIMUM OF 2 YEARS.
YOU ARE REQUIRED TO
KEEP COPIES WHEN
TESTED.

Ford-Gibson
ck

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. **195 SW Splender Ct Lake City FL 32024**

Manufacturer **LIVE OAK HOMES** Length x width **16 x 76/80**

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.

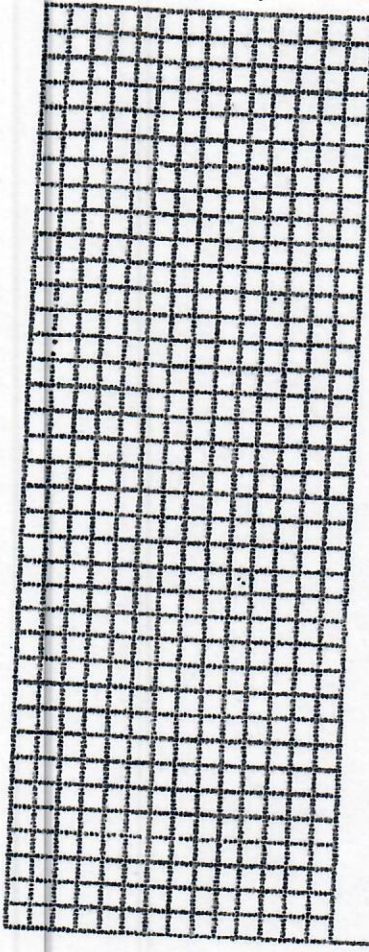
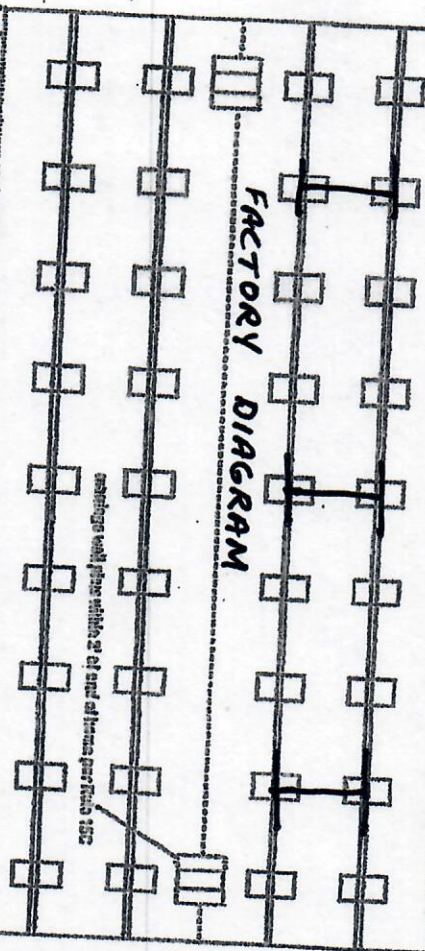
Underland Lateral Arm Systems cannot be used on any home (new or used) where the sidewall tie exceed 5 ft 4 in.

Installer initials **LA**

Typical pier spacing **2' 4 1/2"**



FACTORY DIAGRAM



BOLT L-5763 I

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 Detail # ☐

Triple/Quad ☐ Serial # **LOHGA 20037511**

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq ft)	16' x 16" (256)	16' 1/2" x 18' (342)	20' x 20" (400)	22' x 22" (484)	24' x 24" (576)	28' x 28" (784)
1000 sq ft	3'	4'	5'	6'	7'	8'
1500 sq ft	4'	5'	6'	7'	8'	9'
2000 sq ft	5'	6'	7'	8'	9'	10'
2500 sq ft	6'	7'	8'	9'	10'	11'
3000 sq ft	7'	8'	9'	10'	11'	12'
3500 sq ft	8'	9'	10'	11'	12'	13'

* Interpolated from Rule 15C-1 pier spacing table.

PIER PAD SIZES

I-beam pier pad size **17 x 25**

Perimeter pier pad size **16 x 16**

Other pier pad sizes (required by the mfg.)

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

4 ft ☒ 5 ft ☒ **SHEARWALLS**

FRAME TIES

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

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD) **OT1**

Manufacturer **Longitudinal Stabilizing Device w/ Lateral Arms** **671**

OTHER TIES

Number **17**
Shearwall **17**
Longitudinal Marriage wall **N/A**
Shearwall **4**

Mobile Home Permit Worksheet

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 the 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

Date Tested

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. 79-80

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 78-110

Application Number: _____

Date: _____

Site Preparation

Debris and organic material removed X

Water drainage: Natural X Swale _____ Pad X Other _____

Fastening multi wide units

Floor: _____ Walls: _____ Roof: _____

Type Fastener: _____ Type Fastener: _____

Length: _____ Length: _____

Spacing: _____ 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 _____

Pg. _____

Installed:

Between Floors Yes

Between Walls Yes

Bottom of ridgebeam Yes

Weatherproofing

The bottomboard will be repaired and/or taped. Yes X Pg. 124

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 X

Dryer vent installed outside of skirting. Yes _____

Range downflow vent installed outside of skirting. Yes _____

Drain lines supported at 4 foot intervals. Yes X N/A _____

Electrical crossovers protected. Yes _____

Other: _____

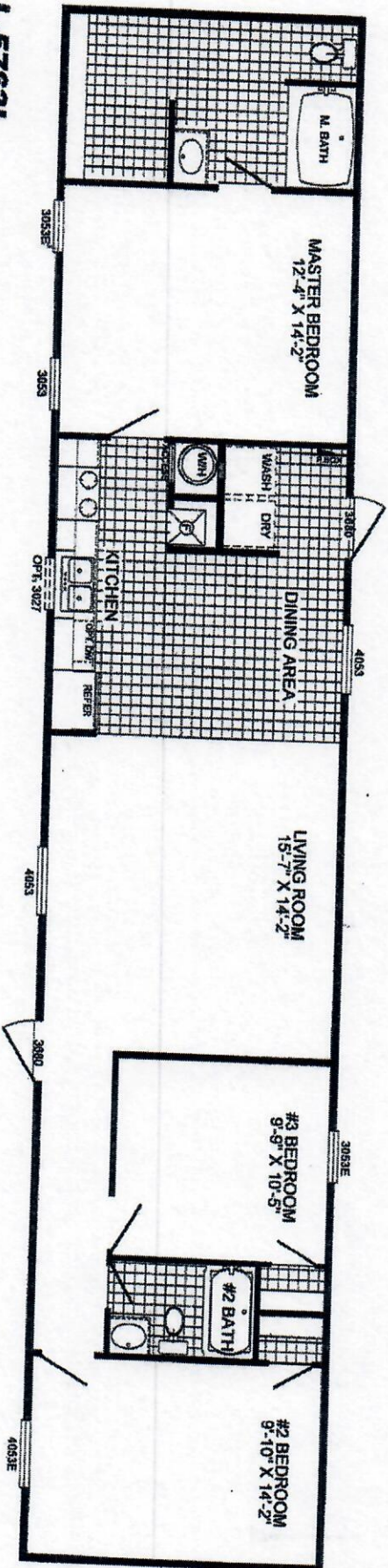
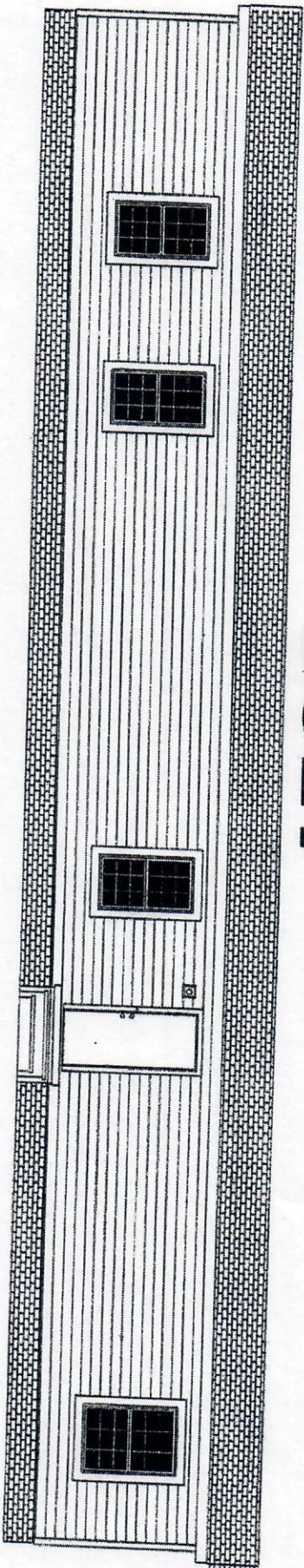
Installer verifies all information given with this permit worksheet is accurate and true based on the manufacturer's installation instructions and or Rule 15C-1 & 2

Installer Signature

David Albrigh

Date

BOLT



L-57631

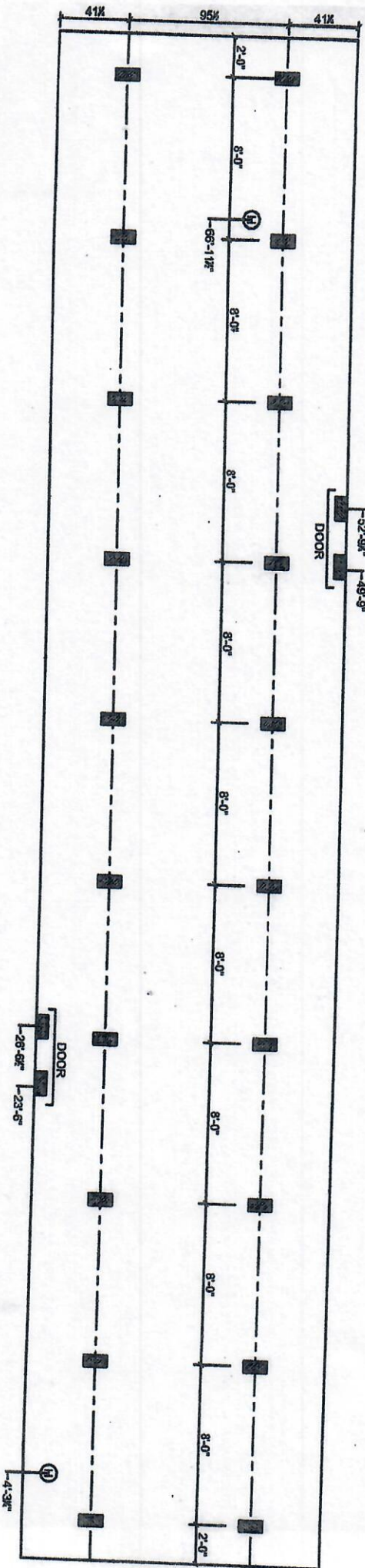
3-BEDROOM / 2-BATH

16 X 80 - Approx. 1130 Sq. Ft.

Date: 8-8-2013

- * All room dimensions include closets and square footage figures are approximate.
- * Transom windows are available on optional 9.0" sidewall houses only.
- * Available with Linolea or Shutters around windows.

BOLT



SUPPORT PIER/TYP

FOUNDATION NOTES:

- THIS DRAWING IS DESIGNED FOR THE STANDARD WIND ZONE AND IS TO BE USED IN CONJUNCTION WITH THE INSTALLATION MANUAL AND ITS 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.

11-25-2013

**Live Oak Homes
MODEL: L-57631 - 16 X 80
3-BEDROOM / 2-BATH**

- | | |
|------------------------------|---|
| (A) MAIN ELECTRICAL | (G) DUCT CROSSOVER |
| (B) ELECTRICAL CROSSOVER | (H) SEWER DROPS |
| (C) WATER INLET | (I) RETURN AIR (W/OPT. HEAT PUMP OR DUCT) |
| (D) WATER CROSSOVER (IF ANY) | (J) SUPPLY AIR (W/OPT. HEAT PUMP OR DUCT) |
| (E) GAS INLET (IF ANY) | |
| (F) GAS CROSSOVER (IF ANY) | |

L-57631