

**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 # 22-25-16-01717-001 (5431) Subdivision N/A Lot# \_\_\_\_\_

▪ New Mobile Home X Used Mobile Home \_\_\_\_\_ MH Size 16'x60'x14' Year 2022

▪ Applicant Christal Willett Phone # 352.701.7206

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

▪ Name of Property Owner Nancy Mitchell Phone# 561.358.8747

▪ 911 Address 306 NW Austin Way, Lake City, FL. 32055

▪ 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 N/A

▪ Current Number of Dwellings on Property 0

▪ Lot Size 110' x 145' Total Acreage 0.332

▪ 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 US-90 to NW Beal Terrace, T/L onto Beal Terrace for 0.5 mi. T/L on NW Bascom Norris Dr. for 2.8 mi. T/L on US-41 N for 7.2 mi. T/L on NW Sparr Ln for 400 ft. T/R on NW Austin Way for 250 ft. Site 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, 306 NW Austin Way, 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)
Steve Smith	<i>Steve Smith</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
Paul Barney	<i>Paul Barney</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
Christal Willett	<i>Christal Willett</i>	<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.

*David Albright*  
License Holders Signature (Notarized)

1H-1129420  
License Number

5/6/22  
Date

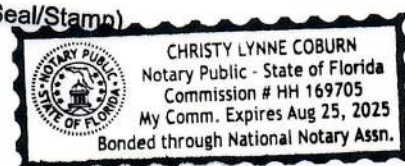
## NOTARY INFORMATION:

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.) 6th day of May, 20 22

*Christy Lynne Coburn*  
NOTARY'S SIGNATURE

(Seal/Stamp)







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
Steve Smith		Freedom Mobile Home Sales Inc.
Paul Barney		Freedom Mobile Home Sales Inc.
Christal Willett		Freedom Mobile Home Sales Inc.

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.

  
License Holders Signature (Notarized)

TH-1129420  
License Number

5/6/22  
Date

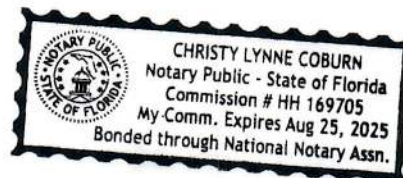
## NOTARY INFORMATION:

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.) \_\_\_\_\_ on this 6th day of May, 2022.

  
NOTARY'S SIGNATURE

(Seal/Stamp)



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

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



## APPLICATION AGENT AUTHORIZATION FORM

TO: Columbia County Zoning Department  
135 NE Hernando Avenue  
Lake City, FL 32055

### Authority to Act as Agent

On my/our behalf, I appoint Paul Barney  
(Name of Person to Act as my Agent)

for Freedom Mobile Home Sales Inc.  
(Company Name for the Agent, if applicable)

to act as my/our agent in the preparation and submittal of this application  
for mobile home permit  
(Type of Application)

I acknowledge that all responsibility for complying with the terms and conditions for approval of this application, still resides with me as the Applicant/Owner.

Applicant/Owner's Name: Nancy Mitchell

Applicant/Owner's Title: \_\_\_\_\_

On Behalf of: N/A  
(Company Name, if applicable)

Telephone: 561-358-8747 Date: 5-18-22

Applicant/Owner's Signature: Nancy Mitchell

Print Name: Nancy Mitchell

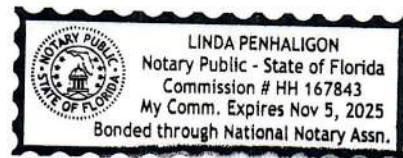
STATE OF FLORIDA  
COUNTY OF FLORIDA, COLUMBIA

The Foregoing instrument was acknowledged before me this 18<sup>th</sup> day of MAY, 20 22, by \_\_\_\_\_  
whom is personally known by me ☒ OR produced identification ☐.  
Type of Identification Produced \_\_\_\_\_

Linda Penhaligon  
(Notary Signature)

(SEAL)

Expired 11-05-2025



District No. 1 - Ronald Williams  
District No. 2 - Rocky Ford  
District No. 3 - Robby Hollingsworth  
District No. 4 - Toby Witt  
District No. 5 - Tim Murphy

**BUILDING AND ZONING  
DEPARTMENT**



**BOARD OF COUNTY COMMISSIONERS • COLUMBIA COUNTY**

**MOBILE HOME INSTALLER  
OBLIGATION LETTER**

I, David Albright, of David Albright Mobile Home Suc., license number  
(Print Name) (Company Name)

IH - 1129420, do hereby agree to affix the installation decal onto this manufactured home as required by law and provide a copy of this decal to the permitting authority.

I further understand that once these decals become available I must provide them to obtain any further permits in Columbia County, Florida.

*David Albright*  
Signature - Licensed Mobile Home Installer

5/17/22  
Date

**Job Information**

Job Name: Mitchell

Location: 306 NW Austin Way, Lake City, FL 32065

Application or Permit #: \_\_\_\_\_

BOARD MEETS FIRST AND THIRD THURSDAY AT 5:30 P.M.

P.O. BOX 1529

LAKE CITY, FLORIDA 32056-1529

PHONE (386) 755-4100

License Number: IH / 1129420 / 1 Name: DAVID E ALBRIGHT			
Order #: 5175	Label #: 85945	Manufacturer: <u>LIVE OAK</u>	(Check Size of Home)
Homeowner: <u>MITCHELL</u>		Year Model: <u>2022</u>	Single <u>X</u>
Address: <u>306 NW AUSTIN WAY</u>		Length & Width: <u>60/64 X 16</u>	Double
<u>LAKE CITY FL 32055</u>		Type Longitudinal System: <u>60TI</u>	Triple
Phone #:		Type Lateral Arm System: <u>60TI</u>	HUD Label #:
Date Installed:		New Home: <input checked="" type="checkbox"/> Used Home: <input type="checkbox"/>	Soil Bearing / PSF:
Installed Wind Zone: <u>II</u>		Data Plate Wind Zone: <u>II</u>	Torque Probe / in-lbs:
Note:			Permit #:

**STATE OF FLORIDA  
INSTALLATION CERTIFICATION LABEL**

85945

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.

**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.



# Nancy Mitchell Columbia

## Mobile Home Permit Worksheet

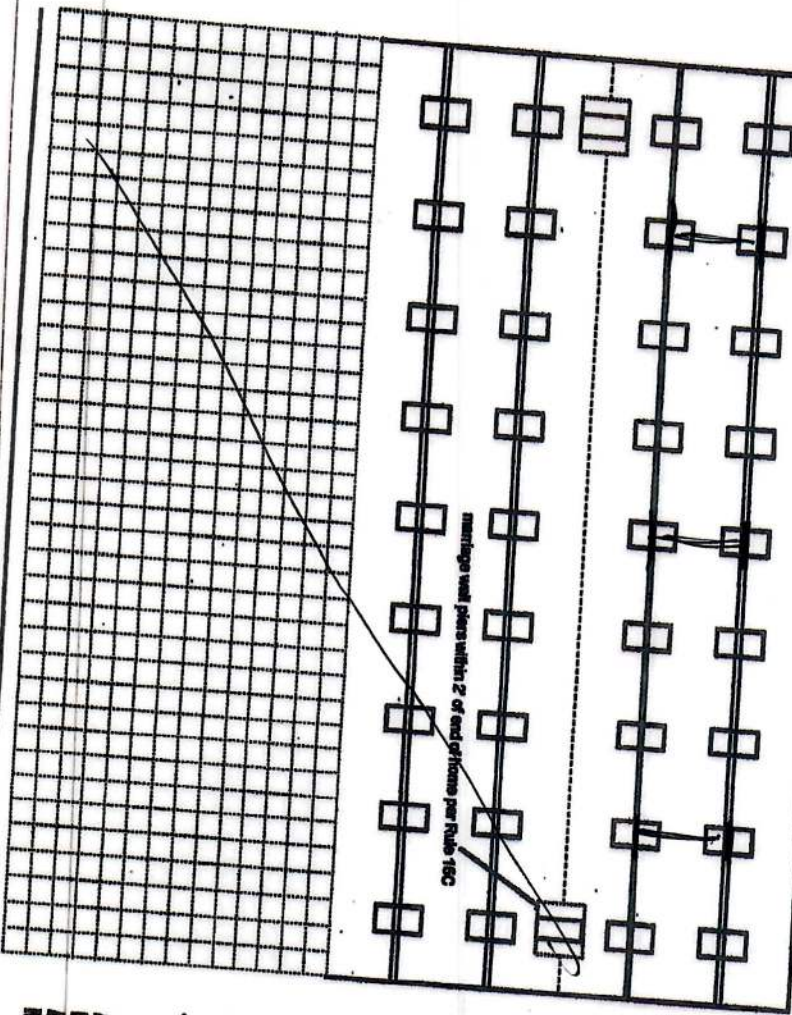
Installer: DAVID ALBRIGHT License # 1H-1129420  
 Address of home being installed: 306 NW Austin Way  
Lake City, FL 32055  
 Manufacturer: LIVE OAK Length x width: 60'6" x 16'

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 where the sidewall ties exceed 5 ft 4 in.

Typical pier spacing

Installer's initials

Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)



Application Number:

SW

New Home ☒ Used Home ☐ Date: \_\_\_\_\_  
 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 # 85945  
 Triple/Quad ☐ Serial # LOHGA10022316

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq ft)	Footer size (250)	16' x 16'	16' 1/2" x 18'	20' x 20'	22' x 22'	24' x 24'	26' x 26'
1000 psf	3'	4'	5'	6'	7'	8'	8'
1500 psf	4'	5'	6'	7'	8'	9'	9'
2000 psf	5'	6'	7'	8'	9'	10'	10'
2500 psf	6'	7'	8'	9'	10'	11'	11'
3000 psf	7'	8'	9'	10'	11'	12'	12'
3500 psf	8'	9'	10'	11'	12'	13'	13'

\* 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.) \_\_\_\_\_

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 \_\_\_\_\_

### POPULAR PAD SIZES

Pad Size	Sq ft
18 x 18	256
18 x 18	288
18.5 x 18.5	342
16 x 22.5	360
17 x 22	374
13 1/4 x 25 1/4	348
20 x 20	400
17 3/16 x 25 3/16	441
17 1/2 x 25 1/2	448
24 x 24	576
25 x 25	625

### ANCHORS

4 ft 5 ft SHENKMAN'S

### FRAME TIES

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

### TIEDOWN COMPONENTS

Longitudinal Strapping Device (LSD)  
 Manufacturer SHENKMAN'S  
 Longitudinal Stabilizing Device w/ Lateral Arms  
 Manufacturer OLIVER TECHNOLOGIES

### OTHER TIES

Sidewall \_\_\_\_\_  
 Longitudinal \_\_\_\_\_  
 Marriage wall \_\_\_\_\_  
 Shearwall \_\_\_\_\_



# Mobile Home Permit Worksheet

SW

## POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to \_\_\_\_\_ psf or check here to declare 1000 lb. soil ☒ 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 250 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.

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name DAVID ALBRIGHT Mobile Home SVC  
Date Tested \_\_\_\_\_ Installer's initials \_\_\_\_\_

### 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. 70  
Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 108

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

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

### 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 4 min. 30 gauge, 8" wide, galvanized metal strip 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. 119

Installed: Between Floors Yes ☒  
Between Walls Yes ☒  
Bottom of ridgebeam Yes ☒

### Weatherproofing

The bottomboard will be repaired and/or taped. Yes ☒ Pg. 119  
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: \_\_\_\_\_

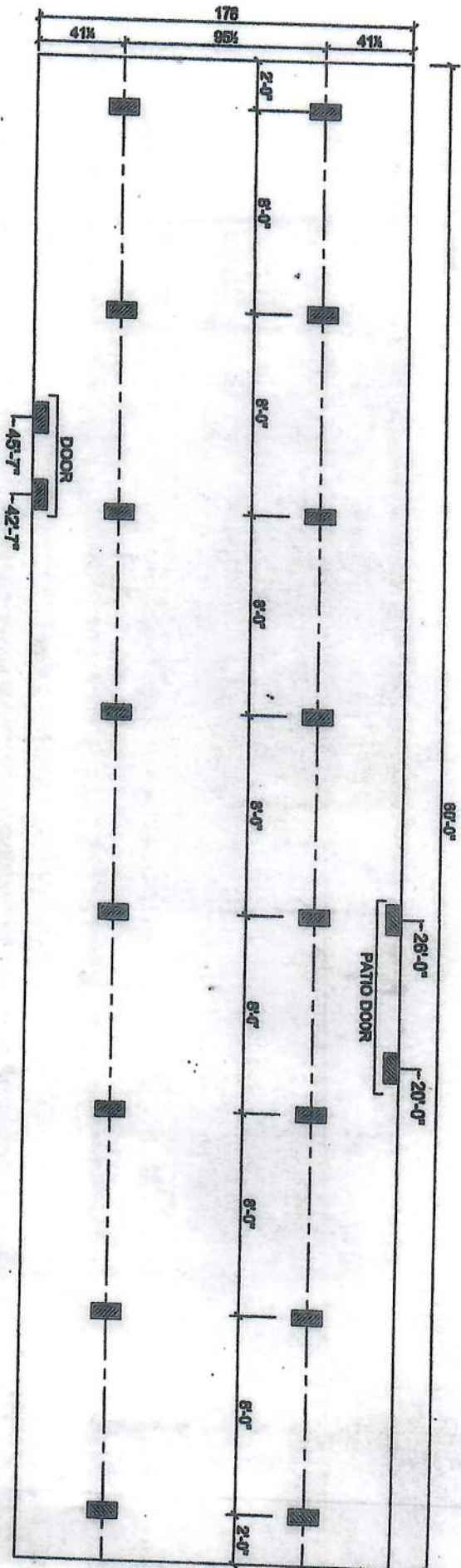
Installer verifies all information given with this permit worksheet is accurate and true based on the manufacturer's installation instructions and or Rule 15C-1 & 2

Installer Signature \_\_\_\_\_

Date \_\_\_\_\_

DARIEN

U-5602B



08/16/19

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.

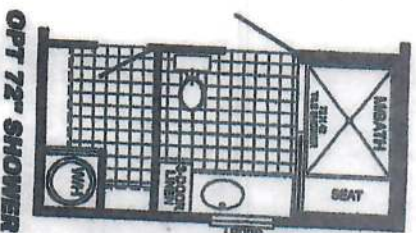
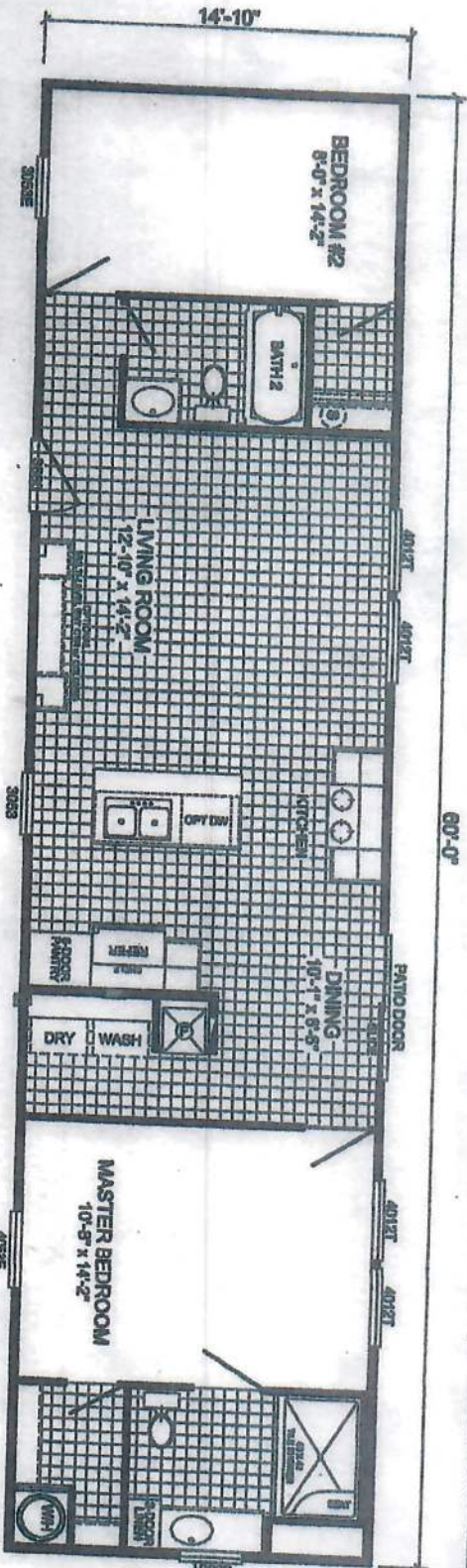
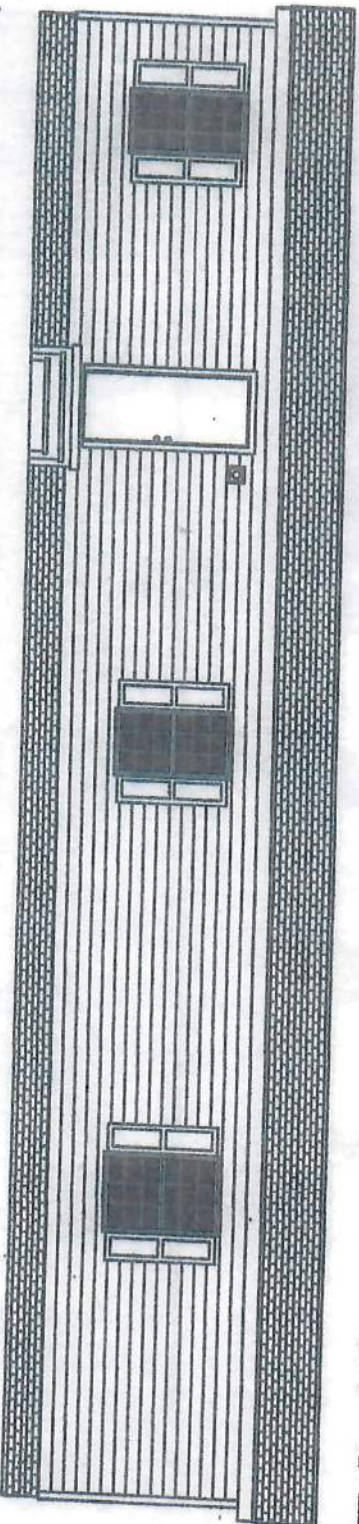
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OPTIONAL DORMER

# THE DARLIEEN



OPT 72" SHOWER

**U-5602B - OAK**  
**2-BEDROOM / 2-BATH**  
**16 X 64 - Approx. 890 Sq. Ft.**  
 Date: 07/02/19

- \* All room dimensions include closets and square footage figures are approximate.
- \* Available with Linens or Shutters around windows.
- \* Live Oak Homes reserves the right to modify product offering at any time.

