

**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 # 22-35-16-02244-004 Subdivision Branden Estates Lot# 23

▪ New Mobile Home ☒ Used Mobile Home \_\_\_\_\_ MH Size 32x80' 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 TBD NW Turner Ave 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 0

▪ Lot Size 297'x 58'x 301'x 40'x 112' Total Acreage 0.5 Ac

▪ 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 T/R onto US-90 W for 4.5 mi T/R onto NW Turner Ave  
go 2.1 mi Jobsite on the right

▪ Name of Licensed Dealer/Installer David Albright Phone # 386-344-3645

▪ Installers Address 353 SW Maudlin AVE Lake City FL, 32024

▪ License Number IH-1129420

Installation Decal # \_\_\_\_\_



## MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER \_\_\_\_\_

CONTRACTOR DAVID ALBRIGHTPHONE (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>WHITTINGTON 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





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

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

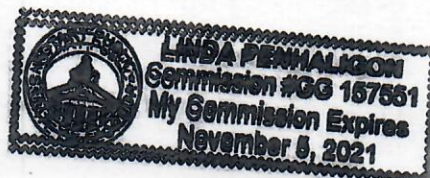
## NOTARY INFORMATION:

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 4<sup>th</sup> day of MAY, 20 21.

*Linda Penhaligon*  
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 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>Charles Robinson</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner

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*David Albright*

License Holders Signature (Notarized)

1H-1129420-1  
License Number

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*Linda Penhaligon*  
NOTARY'S SIGNATURE







# 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](mailto: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: ☒

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

Freedom Homes

Parcel Identification Number: 22-35-16-02244 - 004

If in Subdivision, Provide Name Of Subdivision:

Branden Estates

Phase or Unit Number (if any): \_\_\_\_\_ Block Number (if any): \_\_\_\_\_

Lot Number: 23

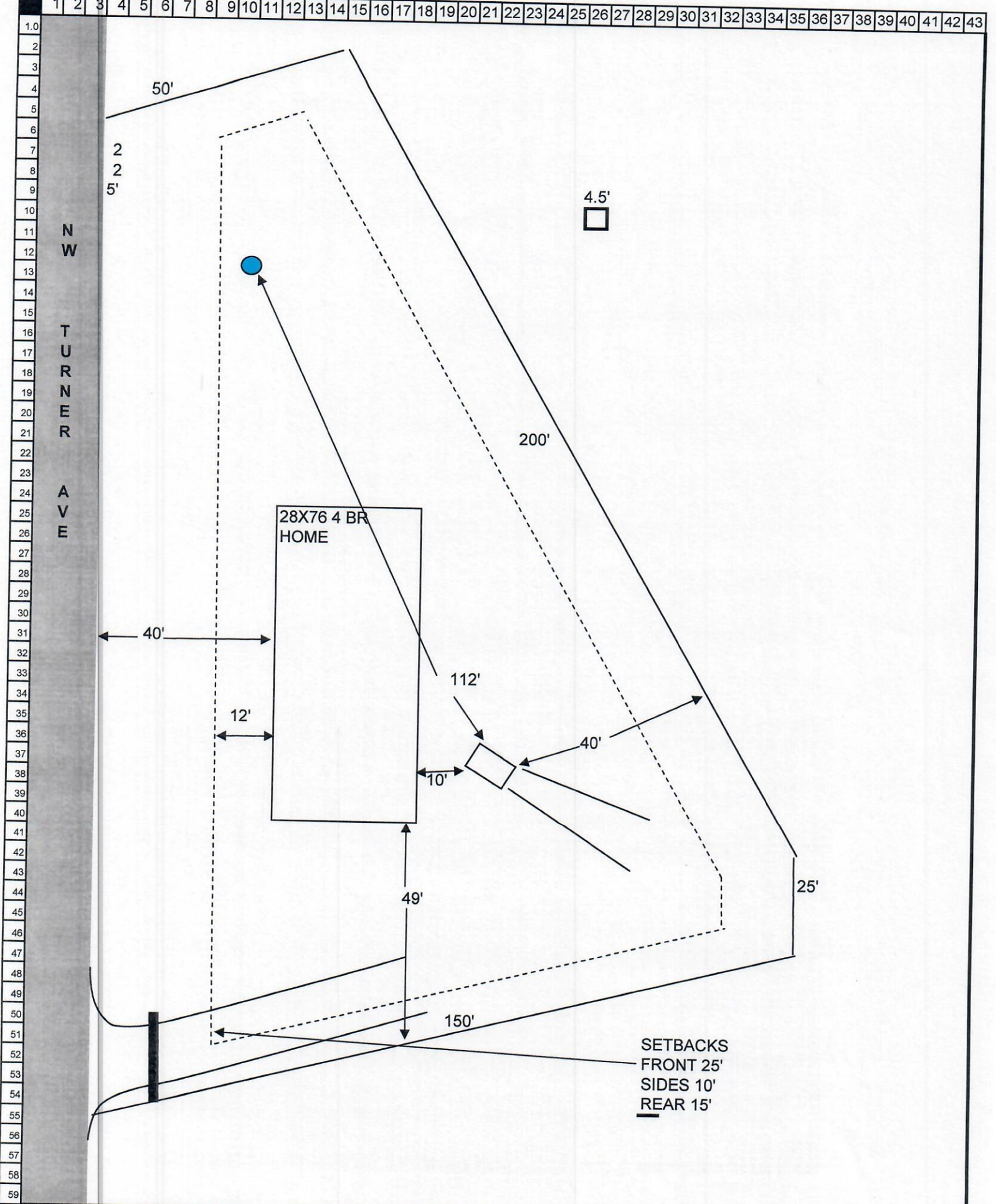
**Attach Site Plan or you may use page 2 of Application Form for Site Plan:**  
**Requirements for Site Plan Are Listed on page 2 of Application Form:**  
**(NOTE: Site Plan Does NOT have to be a survey or to scale; FURTHER a**  
**Environmental Health Dept. Site Plan showing only a 210 by 210 cutout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

**Addressing / GIS Department Use Only:**

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

Received by: Walk in: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_ Other: \_\_\_\_\_







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

Order #: 5175	Label #: 85934	Manufacturer: <u>LIVE OAK</u>	(Check Size of Home)
Homeowner: <u>#LOT 23</u>		Year Model: <u>2022</u>	Single _____
Address: <u>NW TURNER AVE</u>		Length & Width: <u>76/80 X 32</u>	Double <u>X</u>
City/State/Zip: <u>LAKE CITY FL 32024</u>		Type Longitudinal System: <u>6 OTI</u>	Triple _____
Phone #:		Type Lateral Arm System: <u>6 OTI</u>	HUD Label #:
Date Installed:		New Home: <u>X</u> Used Home: _____	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

85934

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.



Lot 23  
Brandon  
Estates

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. **130 NW Turner Ave**

**Live City FL 32021**

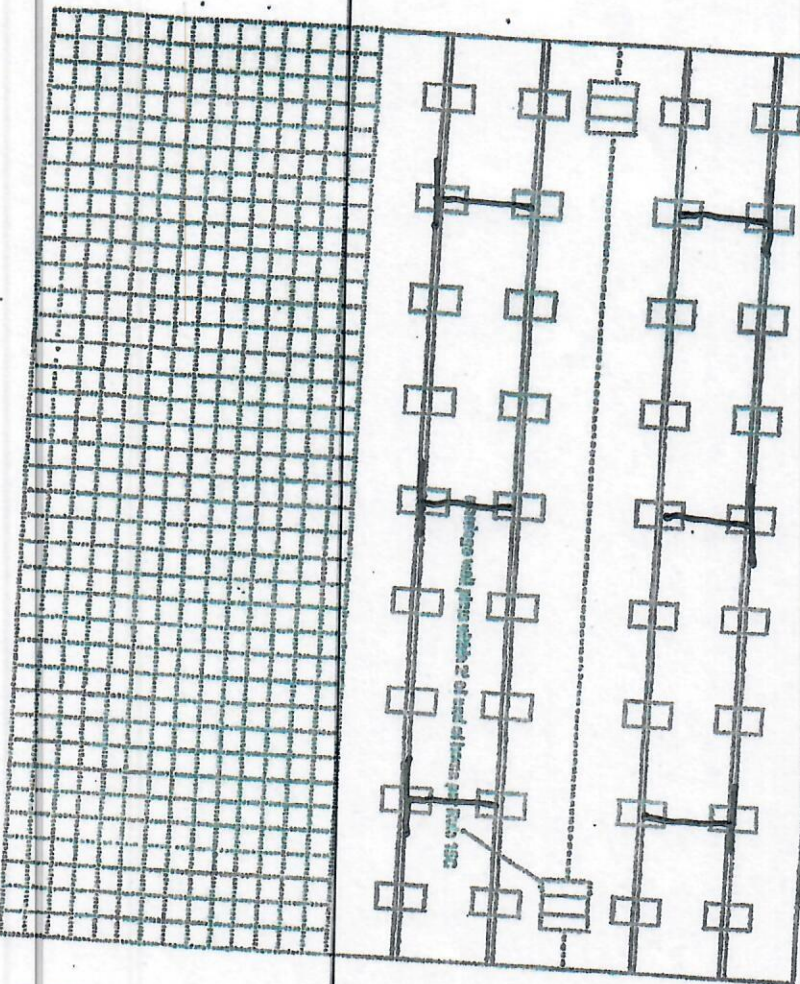
Manufacturer **LIVE OAK HOMES**

Length x width **32 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. Understand Lateral Arm Systems cannot be used on any home (new or used) where the sketched ties exceed 5 ft 4 in.

Typical pier spacing

Installer's initials **DA**



**IRONMAN L-3764 V**

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 # **85934**  
Triple/Quad ☐ Serial # **LOHGA**

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq ft)	10' x 16' (256)	16 1/2' x 18 (342)	20' x 20' (400)	25' x 22' (550)	24' x 24' (576)	25' x 28' (700)
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

L-beam pier pad size **17 x 25**  
Particular pier pad size **16 x 16**  
Other pier pad sizes (required by the mfg.) **23 x 31**

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.

PIER PAD SIZES	36 in	28 in	24 in	20 in	18 in	16 in	14 in	12 in	10 in	8 in	6 in
16 x 16	208	168	128	96	72	56	40	28	16	8	4
18 x 18	288	224	176	128	96	72	56	40	28	16	8
20 x 20	400	312	240	180	144	108	72	48	28	16	8
22 x 22	484	376	288	216	168	128	84	56	32	18	9
24 x 24	576	448	324	240	192	144	96	64	36	20	10
26 x 26	676	528	384	288	224	176	112	72	40	22	11

Factory **DIAGRAM**

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD) **OT1**

Manufacturer **OT1**

**OT1**

OTHER TIES

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

FRAME TIES

4 ft

5 ft

Manufacturer **36**

Sidewall Longitudinal Marriage wall Shearwall



# 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 require 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 multi-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: 16"

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, 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 DA

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 X 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 David Albright

Date \_\_\_\_\_



[illegible]

**SUPPORT PIER/TYP**  
**FOUNDATION NOTES:**

## EXPLANATION

LOADINGS ARE REQUIRED AT SUPPORT POSTS, SEE INSTALLATION MANUAL FOR REQUIREMENTS.

5-15-2018

**Live Oak Homes  
MODEL: L-3764V - 32 X 80  
4-BEDROOM / 2-BATH**

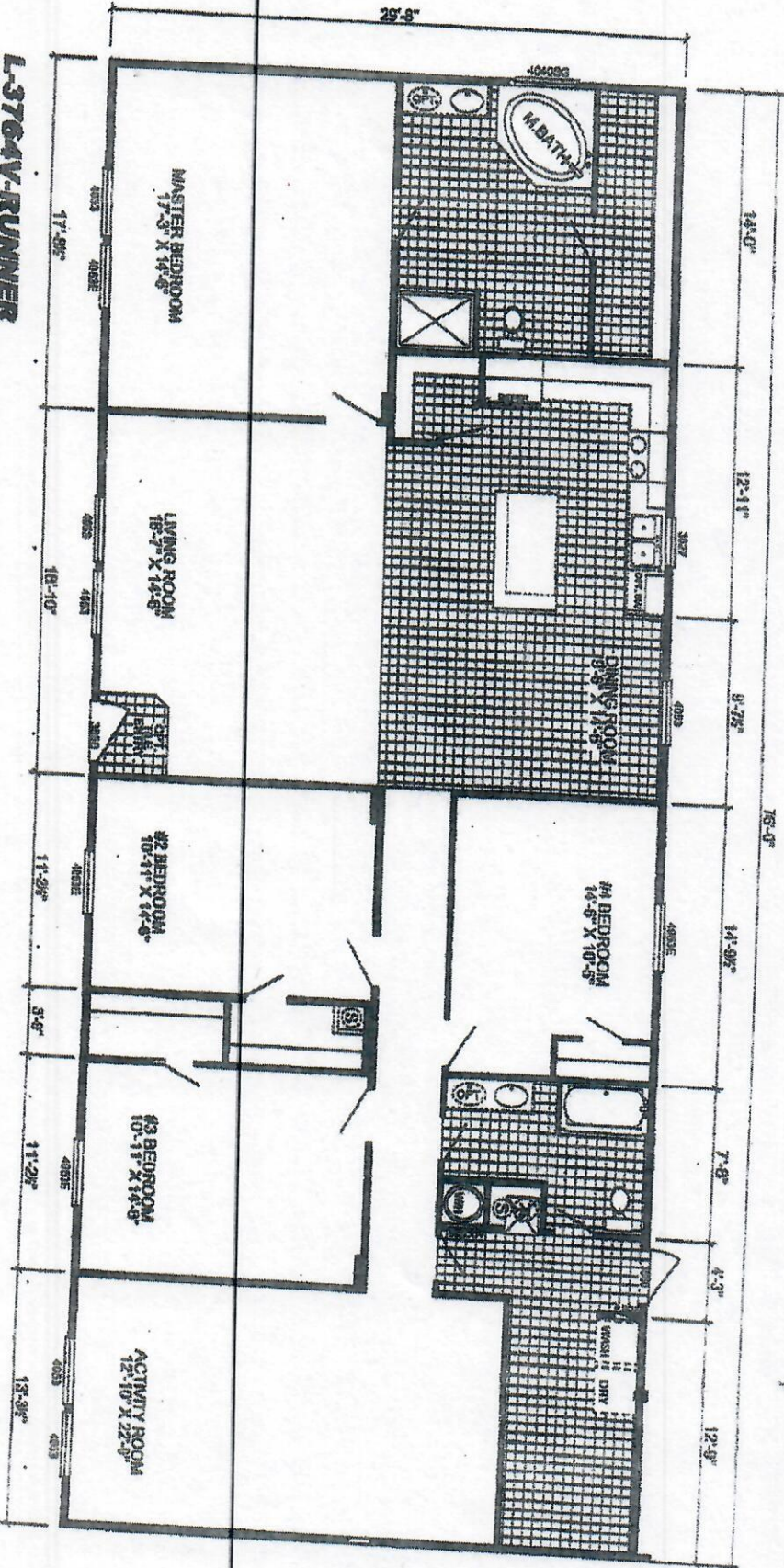
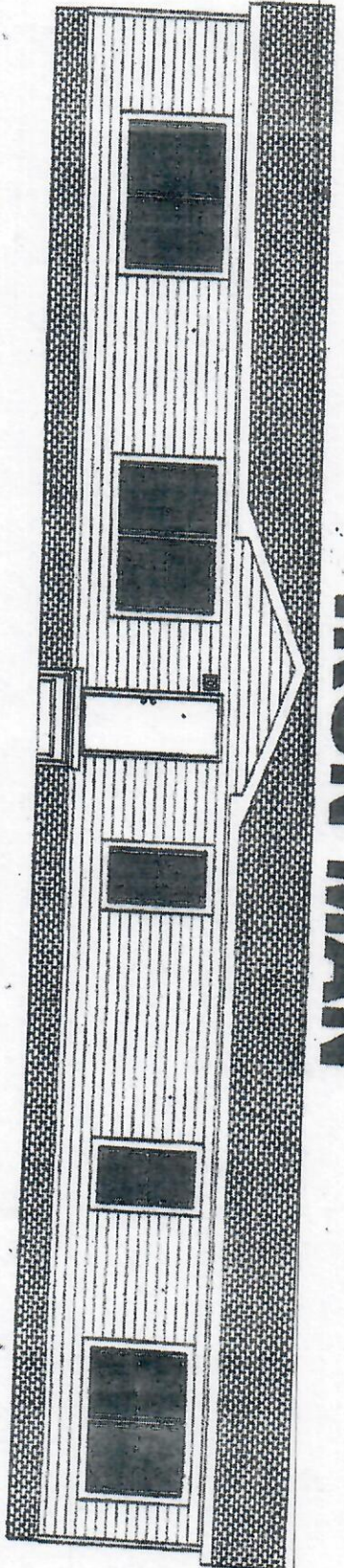
- |                              |   |
|------------------------------|---|
| (A) MAIN ELECTRICAL          | (G) DUCT CROSSOVER                        |
| (B) ELECTRICAL CROSSOVER     | (H) SEWER DROPS                           |
| (C) WATER INLET              | (I) RETURN AIR (W/OPT. HEAT PUMP OH DUCT)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

# IRONMAN

L-3764V



# IRON MAN



**L-3764V-RUNNER**

**4-BEDROOM / 2-BATH**

**32 X 80 - Approx. 2254 Sq. Ft.**

\*All room dimensions include closets and square footage figures are approximate.  
\*Trusses and windows are available on optional 8'-0" skinned houses only.  
\*Standard dimensions by manufacturer.