

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------|----------------------------------|
| <i>For Office Use Only</i> (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 _____ |
| <input type="checkbox"/> Recorded Deed or <input type="checkbox"/> Property Appraiser PO <input type="checkbox"/> Site Plan <input type="checkbox"/> EH # _____ <input type="checkbox"/> Well letter OR <input type="checkbox"/> Existing well <input type="checkbox"/> Land Owner Affidavit <input type="checkbox"/> Installer Authorization <input type="checkbox"/> FW Comp. letter <input type="checkbox"/> App Fee Paid <input type="checkbox"/> DOT Approval <input type="checkbox"/> Parent Parcel # _____ <input type="checkbox"/> STUP-MH _____ <input type="checkbox"/> 911 App <input type="checkbox"/> Ellisville Water Sys <input type="checkbox"/> Assessment _____ <input type="checkbox"/> Out County <input type="checkbox"/> In County <input type="checkbox"/> Sub VF Form | | | |

Property ID # 28-165-17-09795-000 Subdivision N/A Lot# N/A

- New Mobile Home ☒ Used Mobile Home _____ MH Size 16x56 Year 2021
- Applicant Debra Price or Jessie Shepard Phone# 386-963-4298
- Address 3360 150th Place Lake City FL 32024
- Name of Property Owner Wilhelmina Gocsek Phone# 904-219-2021
- 911 Address 263 SW County Rd 18 Highsprings FL 32643
- Circle the correct power company - FL Power & Light - Clay Electric
 (Circle One) - Suwannee Valley Electric - Duke Energy

- Name of Owner of Mobile Home Vincent Gocsek Phone # 904-219-2021
- Address 263 SW County Rd 18 Highsprings FL 32643
- Relationship to Property Owner Son
- Current Number of Dwellings on Property 3
- Lot Size 55.23 Total Acreage 55.23

- 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 Head N on NE Hernando @ NE Madison St
DN Marion Ave @ W Duval St @ 3rd cross st onto SW Main Blvd
Slight R FL 47-S, turn @ merge onto I-75S take exit 414
Keep @ at Fork @ onto US 41 @ CR 18

- Name of Licensed Dealer/Installer William R. Price Phone # 386-963-4298
- Installers Address 3360 150th Place Lake City FL 32024
- License Number 14-1041936 Installation Decal # 68257

Columbia County Property Appraiser

Jeff Hampton

2020 Working Values

updated: 4/17/2020

Retrieve Tax Record

2019 TRIM (pdf)

Property Card

Parcel List Generator

Show on GIS Map

Print

Parcel: << 28-6S-17-09795-000 >>

Owner & Property Info

Result: 1 of 2 >>

| | | | |
|--------------|-------------------------------------------------------------------------------|--------------|----------|
| Owner | GOCEK FRANK L & WILHELMINA 265 SW COUNTY ROAD 18 HIGH SPRINGS, FL 32643 | | |
| Site | 179 COUNTY ROAD 18, HIGH SPRINGS | | |
| Description* | SE1/4 OF NE1/4 & NE1/4 OF SE1/4 LYING N OF CR-18. 576-644 | | |
| Area | 55.23 AC | S/T/R | 28-6S-17 |
| Use Code** | IMPROVED A (005000) | Tax District | 3 |

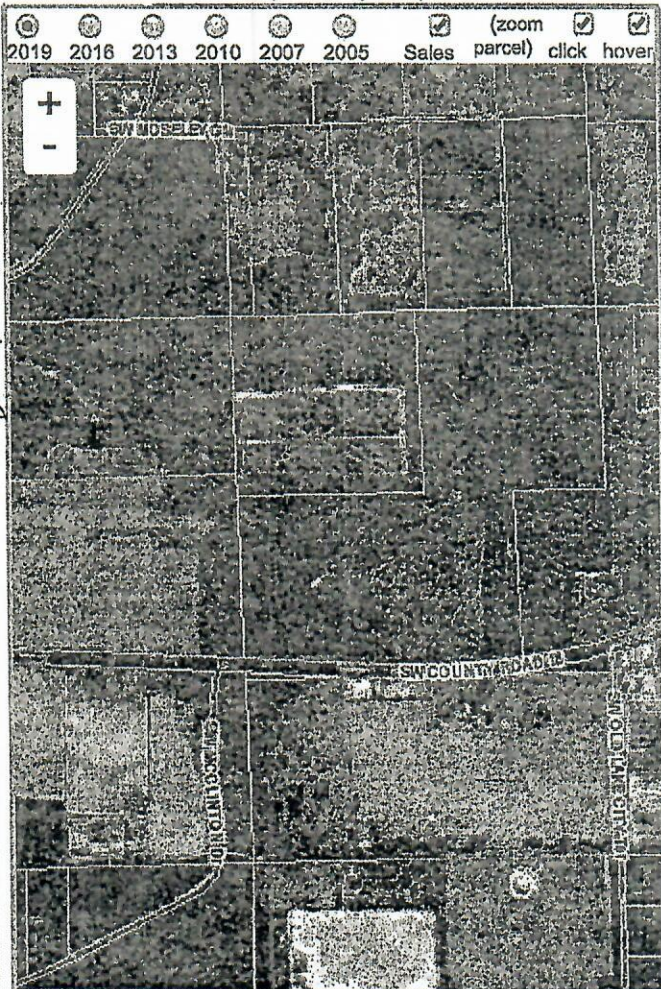
*The Description above is not to be used as the Legal Description for this parcel in any legal transaction.

**The Use Code is a FL Dept. of Revenue (DOR) code and is not maintained by the Property Appraiser's office. Please contact your city or county Planning & Zoning office for specific zoning information.

Property & Assessment Values

| 2019 Certified Values | | 2020 Working Values | |
|-----------------------|-----------------------------------------------------------------------|---------------------|-----------------------------------------------------------------------|
| Mkt Land (a) | \$24,146 | Mkt Land (a) | \$24,146 |
| Ag Land (1) | \$12,796 | Ag Land (1) | \$12,796 |
| Building (1) | \$11,323 | Building (1) | \$11,880 |
| XFOB (a) | \$15,770 | XFOB (a) | \$15,770 |
| Just | \$196,602 | Just | \$197,159 |
| Class | \$64,035 | Class | \$64,592 |
| Appraised | \$64,035 | Appraised | \$64,592 |
| SOH Cap [?] | \$3,709 | SOH Cap [?] | \$3,371 |
| Assessed | \$60,326 | Assessed | \$61,221 |
| Exempt | HX H3 \$26,694 | Exempt | HX H3 \$27,589 |
| Total Taxable | county:\$33,395 city:\$33,395 other:\$33,395 school:\$35,326 | Total Taxable | county:\$33,632 city:\$33,632 other:\$33,632 school:\$36,221 |

Aerial Viewer Pictometry Google Maps



Sales History

Show Similar Sales within 1/2 mile

Fill out Sales Questionnaire

| Sale Date | Sale Price | Book/Page | Deed | V/I | Quality (Codes) | RCode |
|------------|------------|-----------|------|-----|-----------------|-------|
| 1/1/1986 | \$68,000 | 576/0844 | WD | V | U | 01 |
| 10/22/1985 | \$113,640 | 576/0644 | QC | I | U | 01 |
| 10/1/1985 | \$113,640 | 576/0644 | QC | I | U | 01 |

Building Characteristics

| Bldg Sketch | Bldg Item | Bldg Desc* | Year Blt | Base SF | Actual SF | Bldg Value |
|-------------|-----------|---------------------|----------|---------|-----------|------------|
| Sketch | 1 | MOBILE HME (000800) | 1986 | 1344 | 1632 | \$11,323 |

*Bldg Desc determinations are used by the Property Appraisers office solely for the purpose of determining a property's Just Value for ad valorem tax purposes and should not be used for any other purpose.

Extra Features & Out Buildings (Codes)

| Code | Desc | Year Blt | Value | Units | Dims | Condition (% Good) |
|------|------------|----------|------------|-------|-------------|--------------------|
| 0263 | PRCH, USP | 0 | \$360.00 | 1.000 | 10 x 24 x 0 | (000.00) |
| 0040 | BARN, POLE | 0 | \$1,382.00 | 1.000 | 24 x 72 x 0 | (000.00) |
| 0040 | BARN, POLE | 0 | \$200.00 | 1.000 | 0 x 0 x 0 | (000.00) |

Wayne Frier Home Center of Macclenny LLC

DATE OF BIRTH
BUYER:
CO-BUYER:

8981 South State Road 228
MACCLENNY, FLORIDA 32063
(904) 259-HOME

DRIVER'S LICENSE
BUYER:
CO-BUYER:

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| BUYER(S) <u>Vincent E. Goeck</u> <u>Dorria L. Goeck</u> PHONE <u>904-219-2021</u> DATE <u>5-13-20</u> | |
| ADDRESS <u>263 SW CR 18</u> <u>High Springs, FL 32043</u> SALESPERSON <u>Columbia</u> | |
| DELIVERY ADDRESS <u>Same</u> | |
| MAKE & MODEL <u>Live Oak Homes SSS62B OK</u> | YEAR <u>2021</u> BEDROOMS <u>2</u> FLOOR SIZE <u>56</u> <u>16</u> HITCH SIZE <u>16</u> STOCK NUMBER |
| SERIAL NUMBER <u>LONGH12421172</u> | COLOR <u>Gray</u> PROPOSED DELIVERY DATE KEY NUMBERS |
| <input checked="" type="checkbox"/> NEW <input type="checkbox"/> USED | |
| LOCATION | R-VALUE THICKNESS TYPE OF INSULATION |
| CEILING | |
| EXTERIOR | |
| FLOORS | |
| THIS INSULATION INFORMATION WAS FURNISHED BY THE MANUFACTURER AND IS DISCLOSED IN COMPLIANCE WITH THE FEDERAL TRADE COMMISSION RULE 16CFR, SECTION 460.16. | |
| OPTIONAL EQUIPMENT, LABOR AND ACCESSORIES | |
| Delivered & Set-up. | \$ |
| Connect water & sewer within 20 feet to existing facilities only. | |
| Furnished | \$ |
| Unfurnished | |
| Buyer is responsible for any wrecker fees incurred on lot. | |
| Wheels & axles deleted from sale price of home. Will lend for a local move. | |
| Buyer is responsible for any gas or electrical hookups. (Not licensed.) | |
| Buyer is responsible for releveling of home after initial setup. | |
| Cannot be responsible for settling of land. We will do again, but there will be a charge. | |
| CASH | |
| On all cash purchases, homes will be paid in full before delivery. | |
| Options include extra: (List) | |
| <u>Deliver</u> | <u>Lat metal</u> |
| <u>Black</u> | <u>Spek enclosed</u> |
| <u>Level</u> | |
| <u>Friction</u> | |
| <u>2 TON HC</u> | |
| <u>white vinyl skirting</u> | |
| <u>Steps</u> | |
| <u>Trim @ it</u> | |
| BALANCE CARRIED TO OPTIONAL EQUIPMENT | \$ |
| NOTE: WARRANTY, EXCLUSIONS AND LIMITATIONS OF DAMAGES ON THE REVERSE SIDE | |
| DESCRIPTION OF TRADE-IN | YEAR SIZE X |
| MAKE | MODEL BEDROOMS |
| TITLE NO. | SERIAL NO. COLOR |
| AMOUNT OWING TO WHOM | |
| ANY DEBT BUYER OWES ON THE TRADE-IN IS TO BE PAID BY <input type="checkbox"/> DEALER <input type="checkbox"/> BUYER | |
| THIS AGREEMENT CONTAINS THE ENTIRE UNDERSTANDING BETWEEN DEALER AND BUYER AND NO OTHER REPRESENTATION OR INDUCEMENT, VERBAL OR WRITTEN, HAS BEEN MADE WHICH IS NOT CONTAINED IN THIS AGREEMENT. Dealer and Buyer certify that the additional terms and conditions printed on the other side of this Agreement are agreed to as a part of this Agreement, the same as if printed above the signatures. Buyer is purchasing the above described trailer, manufactured home or vehicle; the optional equipment and accessories, the insurance as described has been voluntary; that Buyer's trade-in is free from all claims whatsoever, except as noted. | |
| BUYER ACKNOWLEDGES RECEIPT OF A COPY OF THIS ORDER AND THAT BUYER HAS READ AND UNDERSTANDS THE BACK OF THIS AGREEMENT. | |
| Wayne Frier Home Center of Macclenny LLC Not Valid Unless Signed and Accepted by an Officer of the Company or an Authorized Agent | DEALER |
| By <u>[Signature]</u> | Approved |
| SIGNED X <u>[Signature]</u> BUYER | |
| SOCIAL SECURITY NO. <u>263 63 8367</u> | |
| SIGNED X _____ BUYER | |
| SOCIAL SECURITY NO. _____ | |

60616

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____

CONTRACTOR William Price

PHONE 407-448-0953

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>William W. Hittington</u> License #: <u>EC 13022957</u> | Signature <u>William W. Hittington</u> Phone #: <u>386 972 1400</u> Qualifier Form Attached <input type="checkbox"/> |
| MECHANICAL/ A/C _____ | Print Name _____ License #: _____ | Signature _____ Phone #: _____ Qualifier Form Attached <input type="checkbox"/> |

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.



RICK SCOTT, GOVERNOR

JONATHAN ZACHEM, SECRETARY

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

ELECTRICAL CONTRACTORS LICENSING BOARD

THE ELECTRICAL CONTRACTOR HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

WHITTINGTON, GLENN

WHITTINGTON ELECTRIC INC
164 QUEENS COUNTRY RD
INTERLACHEN FL 32148

LICENSE NUMBER: EC13002957

EXPIRATION DATE: AUGUST 31, 2020

Always verify licenses online at MyFloridaLicense.com

Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.



LIMITED POWER OF ATTORNEY

I Glenn Whittington DO HEREBY AUTHORIZE Oda Price or
Jessie Shepard

TO FULL MY PERMITS AND ACT ON MY BEHALF IN ALL ASPECTS OF
APPLYING FOR A MOBILE HOME PERMIT.

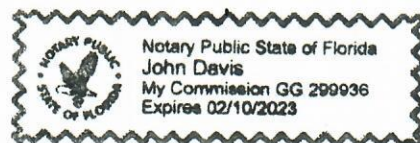
Glenn Whittington
SIGNATURE
5/28/20
DATE

Gocek
243 SW CR 18
High Springs FL

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 28 DAY OF May 2020

John Davis
NOTARY PUBLIC

MY COMMISSION EXPIRES: 02/10/2023
COMMISSION NO. 46294936
PERSONALLY KNOWN: XV
PRODUCED ID. (TYPE): _____



Gucek

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR William Price PHONE 407-448-0953

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 _____ License #: _____ | Signature _____ Phone #: _____ |
| | Qualifier Form Attached <input type="checkbox"/> | |
| MECHANICAL/ A/C _____ | Print Name <u>Ronald E Bonds SR</u> License #: <u>CAC 1817658</u> | Signature <u>Ronald E Bonds SR</u> Phone #: <u>850.769.1453</u> |
| | Qualifier Form Attached <input type="checkbox"/> | |

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.



RICK SCOTT, GOVERNOR

JONATHAN ZACHEM, SECRETARY



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

THE CLASS B AIR CONDITIONING CONTRACTOR HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

BONDS, RONALD EDWARD SR

STYLE-CREST, INC.
2901 E 15TH ST
PANAMA CITY FL 32405

LICENSE NUMBER: CAC1817658

EXPIRATION DATE: AUGUST 31, 2020

Always verify licenses online at MyFloridaLicense.com

Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.





Date: DECEMBER 13TH, 2019

State of Florida

PERMIT AUTHORIZATION LETTER

I, RONALD E BONDS, SR, Mechanical License number CAC1817658, Electrical License number EC13007246, hereby authorize the following to obtain a mechanical HVAC permit and corresponding electrical permit needed for ANY HVAC install in the STATE OF FLORIDA, on behalf of Stylecrest, Inc.

ODA PRICE

JESSE SHEPARD

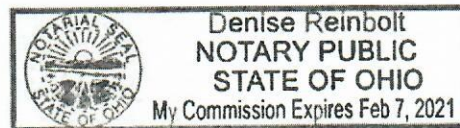
This authorization is to remain in effect indefinitely, unless cancelled by me in writing.

Contractor's Signature

Sworn to and subscribed to before me this 18th day of December, 2019 by RONALD E BONDS, SR who is personally known to me or has produced _____ as identification and who did/did not take an oath.

Notary Public

My commission expires: 2-7-21





Goeck

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, William R. Price, give this authority for the job address show below
Installer License Holder Name
only, 203 SW CR 18 Highsprings FL, 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) |
|-----------------------------------|--------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <u>Oda Price</u> | <u>[Signature]</u> | <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner |
| <u>Jessie Shepard</u> | <u>[Signature]</u> | <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner |
| | | <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.

[Signature] License Holders Signature (Notarized) 14-1041936 License Number 5-28-20 Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Shannon

The above license holder, whose name is William Price,
personally appeared before me and is known by me or has produced identification
(type of I.D.) _____ on this 20 day of May, 2020.

[Signature]
NOTARY'S SIGNATURE





Guck

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, William R. Price, give this authority and I do certify that the below
Installers Name
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 |
|-----------------------------------|--------------------------------|---------------------------|
| Ada Price | | Price Rite Enterprise Inc |
| Jessie Shepard | | Price Rite Enterprise 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.

William R. Price
License Holders Signature (Notarized)
14-1041936
License Number
5-28-20
Date

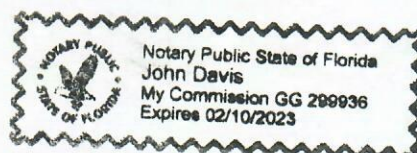
NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Suwannee

The above license holder, whose name is William Price,
personally appeared before me and is known by me or has produced identification
(type of I.D.) _____ on this 28th day of May, 20 20.

John Davis
NOTARY'S SIGNATURE

(Seal/Stamp)



STATE OF FLORIDA
COUNTY OF COLUMBIA

LAND OWNER AFFIDAVIT

This is to certify that I, (We), Wilhelmina Gocsek,
as the owner of the below described property:

Property tax Parcel ID number 28-45-17-09795-000

Subdivision (Name, lot, Block, Phase) _____

Give my permission for Vincent and Donna Gocsek to place a

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

☐ This is to allow a 2nd Mobile Home on the above listed property for a family member
through Columbia County's Special Temporary Use provision.

Family Members Name _____

Relationship to Lessee _____

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.

Wilhelmina Gocsek
Owner Signature

5/22/20
Date

Owner Signature

Date

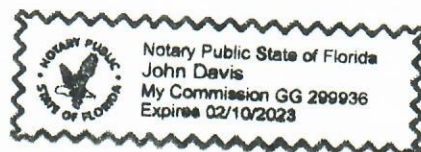
Sworn to and subscribed before me this 22nd day of May, 20 20. This

(These) person(s) are personally known to me or produced ID _____
(Type)

John Davis
Notary Public Signature

John Davis
Notary Printed Name

Notary Stamp/

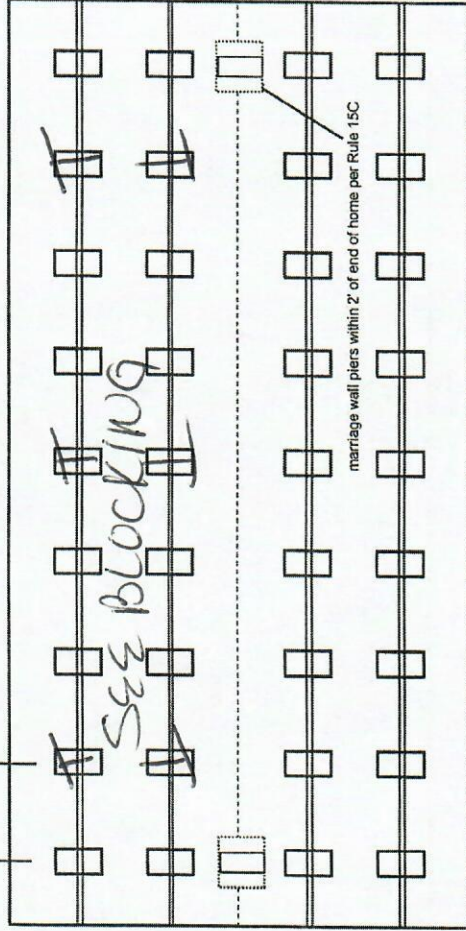
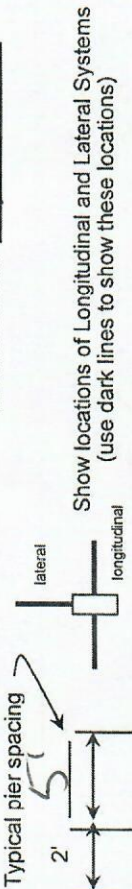


Mobile Home Permit Worksheet

Installer: William E. Price License # 263 SWCR 18
 Address of home being installed Highways FL 321043
 Manufacturer LOH Length x width 10x56

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 WEP



WYHOLV
Oliver System

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 # 68257
 Triple/Quad ☐ Serial # 1046412021172

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' | 3' | 4' | 5' | 6' | 7' | 8' |
| 1500 psf | 4' 6" | 4' 6" | 6' | 7' | 8' | 8' | 8' |
| 2000 psf | 6' | 6' | 8' | 8' | 8' | 8' | 8' |
| 2500 psf | 7' 6" | 7' 6" | 8' | 8' | 8' | 8' | 8' |
| 3000 psf | 8' | 8' | 8' | 8' | 8' | 8' | 8' |
| 3500 psf | 8' | 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 10x16
 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 _____

ANCHORS

4 ft XX 5 ft _____

FRAME TIES

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

OTHER TIES

Number _____
 Sidewall _____
 Longitudinal _____
 Marriage wall W/A
 Shearwall _____

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD) _____
 Manufacturer _____
 Longitudinal Stabilizing Device w/ Lateral Arms _____
 Manufacturer Oliver System

Mobile Home Permit Worksheet

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 150 psf or check here to declare 1000 lb. soil without testing.

x 150 x 150 x 150

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 150 x 150 x 150

TORQUE PROBE TEST

The results of the torque probe test is 185 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

William K Prie

Date Tested

5/28/20

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. _____

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

Application Number: _____

Date: _____

Site Preparation

Debris and organic material removed 90% yes
Water drainage: Natural _____ Swale _____ Pad XX 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:

Between Floors Yes _____
Between Walls Yes _____
Bottom of ridgebeam Yes _____

Weatherproofing

The bottomboard will be repaired and/or taped. Yes _____ Pg. _____
Siding on units is installed to manufacturer's specifications. Yes _____
Fireplace chimney installed so as not to allow intrusion of rain water. Yes _____

Miscellaneous

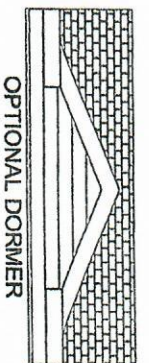
Skirting to be installed. Yes _____ No _____
Dryer vent installed outside of skirting. Yes _____ N/A _____
Range downflow vent installed outside of skirting. Yes _____ N/A _____
Drain lines supported at 4 foot intervals. Yes _____
Electrical crossovers protected. Yes _____
Other: _____

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

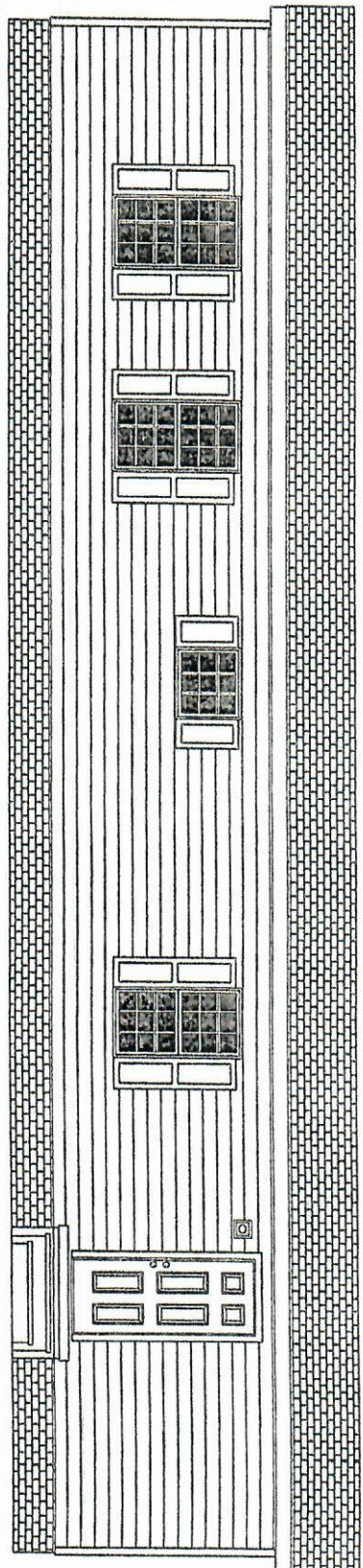
Installer Signature

Date

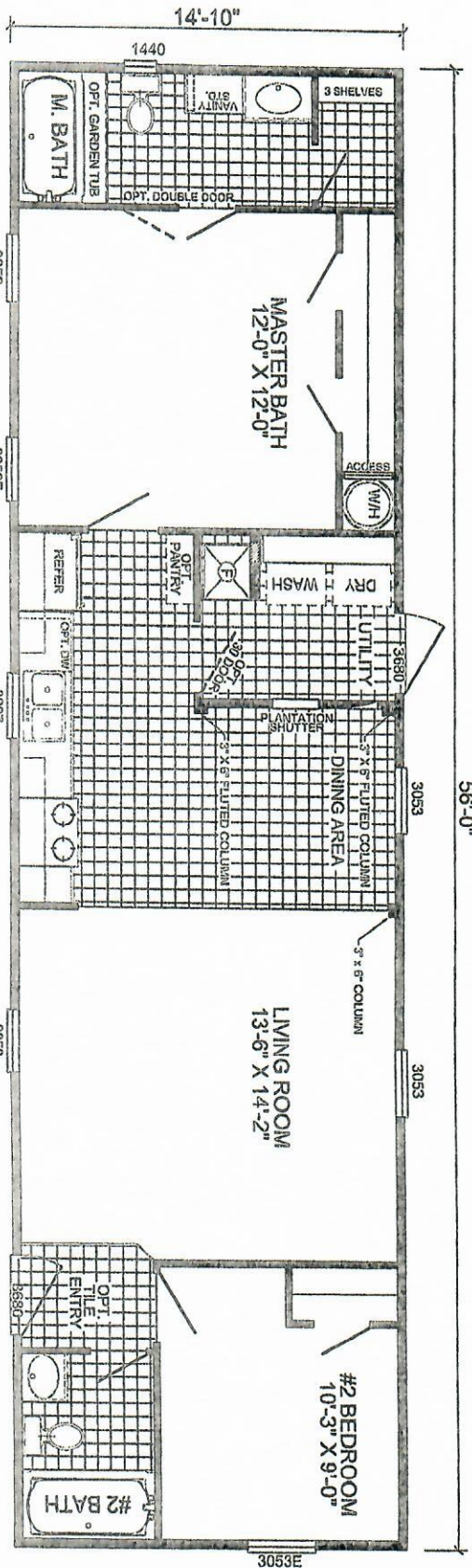
5/28/20



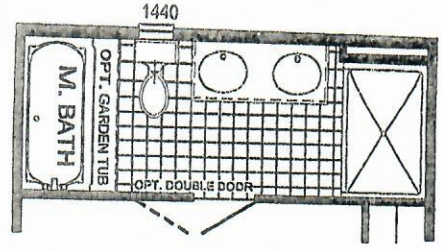
OPTIONAL DORMER



OPT. 30" X 60" SHWR



OPTIONAL MASTER BATH



S-5562B

2-BEDROOM / 2-BATH

16 X 60 - Approx. 830 Sq. Ft.

Date: 6-8-2011

* All room dimensions include closets and square footage figures are approximate.



Columbia
NF MAC

| | | | |
|----------------------|----------------|----------------------------------|------------------------|
| Order #: 4261 | Label #: 68257 | Manufacturer: | (Check Size of Home) |
| Homeowner: | | Year Model: | Single _____ |
| Address: | | Length & Width: | Double _____ |
| | | | Triple _____ |
| City/State/Zip: | | Type Longitudinal System: | HUD Label #: |
| Phone #: | | Type Lateral Arm System: | Soil Bearing / PSF: |
| Date Installed: | | New Home: _____ Used Home: _____ | Torque Probe / in-lbs: |
| Installed Wind Zone: | | Data Plate Wind Zone: | Permit #: |
| Note: | | | |

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.

THE FBI WILL USE INK PEN
 INFORMATION ONLY.
 COMPLETE INFORMATION
 ABOVE AND KEEP ON FILE
 FOR A MINIMUM OF 2 YEARS.
 YOU ARE REQUIRED TO
 FILE WHEN