

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 7-1-15) Zoning Official _____ Building Official _____
 AP# 47678 Date Received 10/30 By MG 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 # 00-00-00-01438-008 Subdivision THREE RIVERS ESTATES Lot# 8

- New Mobile Home Used Mobile Home _____ MH Size 32 x 46 Year 2019
 - Applicant PAUL BARNEY Phone # 386-209-0906
 - Address 466 SW DEP. J. DAVIS LN LAKE CITY, FL 32024
 - Name of Property Owner STACIE KEEN Phone# 386-361-1690
 - 911 Address 680 SW UTAH FORT WHITE, FL 32038
 - Circle the correct power company - FL Power & Light - Clay Electric
 (Circle One) - Suwannee Valley Electric - Duke Energy
 - Name of Owner of Mobile Home STACIE KEEN Phone # 386-361-1690
 Address 293 S.W. GREENWOOD TERR FORT WHITE, FL. 32038
 - Relationship to Property Owner SELF
 - Current Number of Dwellings on Property 0
 - Lot Size 100' x 400' Total Acreage 0.918
 - 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 SR-47 SOUTH TO US-27 WEST TO UTAH ST T/K THEN FOLLOW UTAH TO SITE ON LEFT
-
- Name of Licensed Dealer/Installer DAVID ALBRIGHT Phone # 386-344-3645
 - Installers Address 353 S.W. MAULDIN AVE. LAKE CITY, FL 32024
 - License Number 1H1129420 Installation Decal # 74927

Freedom Mobile Home Sales, Inc

DATE OF BIRTH
BUYER: 08/09/88
CO-BUYER: _____

466 SW DEPUTY J DAVIS LN,
LAKE CITY, FLORIDA 32024
(386) 752-5355 Fax: (386) 752-4757

DRIVER'S LICENSE
BUYER: K500-796-88-789-0
CO-BUYER: 0

BUYER(S) Stacie Renee Keen		PHONE 386.361.1690	DATE 05/11/20
ADDRESS 293 SW Greenwood Ter Fort White FL 32038		Salesperson: Don Downs	
DELIVERY ADDRESS 680 SW UTAH , FT. WHITE FL 32038			
MAKE & MODEL LIVE OAK L-3463C	YEAR 2019	BEDROOMS 3X2	FLOOR SIZE L 32 w 46
SERIAL NUMBER LOHGA21834180AB	HITCH SIZE L 32 w 50		STOCK NUMBER 1621
New or Used 0		KEY NUMBERS	
LOCATION	R-VALUE	THICKNESS	TYPE OF INSULATION
CEILING	21	7 1/4	ROCKWOOL
EXTERIOR	11	3 1/2	FIBERGLASS
FLOORS	11	3 1/2	FIBERGLASS
THIS INSULATION INFORMATION WAS FURNISHED BY THE MANUFACTURER AND IS DISCLOSED IN COMPLIANCE WITH THE FEDERAL TRADE COMMISSION RULE 16 CRF, SECTION 460.16.			BASE PRICE OF UNIT \$72,219.00
OPTIONAL EQUIPMENT, LABOR, AND ACCESSORIES			SUB-TOTAL \$72,219.00
			COUNTY TAX \$50.00
Delivered and Set Up:			SALES TAX 6% \$4,009.56
Trim	Included		TAG AND TITLE \$0.00
Tied Down:	Included		
Dirt Pad	Included		
land clearing	NO		
Connect water and sewer within 20 feet of existing facility	Included		
Furnished	NO		
Unfurnished	AGREE		
Customer responsible for any wrecker fees incurred on lot.	AGREE		
Wheels & axles deleted from sale price of home.	AGREE		
Electrical Hookup	No		
Type of A/C	HP		
Type of Skirting	FHA LAP		
Type of steps	WOOD CODE		
NOTE: WARRANTY, EXCLUSIONS AND LIMITATIONS OF DAMAGES ON THE REVERSE			
DESCRIPTION OF TRADE-IN	YEAR	BEDROOMS	SIZE
MAKE	N/A	N/A	N/A
TITLE NO.	SERIAL	COLOR	
N/A	N/A		
LIEN HOLDER	PHONE NO	AMOUNT	
N/A	N/A	N/A	
TRADE PAYOFF IS TO BE PAID BY 0			
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 CONTRACT. Dealer and Buyer certify that the additional terms and conditions printed on Page 2 of this contract are agreed to as part of the contract are agreed to as part of this agreement, the same as if printed above the signatures. Buyer is purchasing and accessories, the insurance as described has been voluntary, the Buyer's trade-in is free of all claims whatsoever except as noted.			
Freedom Mobile Home Sales, Inc		DEALER	SIGNED X _____ BUYER
Not Valid Unless Signed by Steve Smith (Vice Pres)		SOCIAL SECURITY NO. 252-67-5209	
BY _____		Agent	SIGNED X _____ BUYER
		SOCIAL SECURITY NO.	

SW UTAH ST

(COUNTY GRADE ROAD)

100'

DRIVEWAY

WELL

N

32' X 50'
DWMH

70'

16'

34'

100'

SEPTIC &
DRAINFIELD

100'

298'

SCALE: 1/4" = 7'

SETBACKS
FRONT: 50'
SIDES: 15'
REAR: 30'

4
0
0'

4
0
0'

100'

Sales Price
Doc Stamps
1704

This Instrument Prepared by & return to:
Name: **TRISH LANG, an employee of Integrity Title Services, LLC**
Address: **757 WEST DUVAL STREET Lake City, FL 32055 File No. 20-08061TL**

Inst: 202012018017 Date: 10/27/2020 Time: 11:52AM
Page 1 of 2 B: 1422 P: 2080, James M Swisher Jr, Clerk of Court
Columbia, County, By: KV
Deputy ClerkDoc Stamp-Deed: 0.70

Parcel I.D. #: **R01438-008**

SPACE ABOVE THIS LINE FOR PROCESSING DATA

SPACE ABOVE THIS LINE FOR RECORDING DATA

THIS WARRANTY DEED Made the 13th day of October, A.D. 2020, by **JOHN W. KEEN, CONVEYING NON-HOMESTEAD PROPERTY**, hereinafter called the grantor, to **STACIE R. KEEN**, whose post office address is **293 SW GREENWOOD TERRACE, FORT WHITE, FL 32038**, hereinafter called the grantee:

(Wherever used herein the terms "grantor" and "grantee" 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 grantor, for and in consideration of the sum of \$10.00 and other valuable consideration, receipt whereof is hereby acknowledged, does hereby grant, bargain, sell, alien, remise, release, convey and confirm unto the grantee all that certain land situate in **Columbia County, State of Florida**, viz:

See Exhibit "A"

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 grantor hereby covenants with said grantee that he is lawfully seized of said land in fee simple; that he has good right and lawful authority to sell and convey said land, and hereby fully warrants 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, 2020.

In Witness Whereof, the said grantor has 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

John W. Keen L.S.
JOHN W. KEEN
Address:
293 SW GREENWOOD TERRACE, FORT WHITE,
FL 32038

STATE OF FLORIDA
COUNTY OF COLUMBIA

The foregoing instrument was acknowledged before me this 13th day of October, 2020, by **JOHN W. KEEN**, who is known to me or who has produced Driver's License as identification.

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

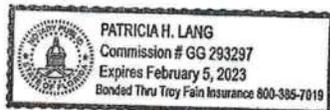


Exhibit "A"

Lot 8, Block 4, THREE RIVERS ESTATES UNIT NO. 23, according to the map or plat thereof, as recorded in Plat Book 4, Page(s) 80 and 80A, of the Public Records of Columbia County, Florida.

**PAT LYNCH
LYNCH DRILLING CORP
P O Box 934
Branford, FL 32008
(386)935-1076**

DATE 10-29-20

CUSTOMER Keen

680 SW Utah St.
Ft. White, FL 32038

LOCATION 00-00-00-01438-008

WE WILL CONSTRUCT A 4" WATER WELL COMPLETE WITH 4" WATER WELL STEEL CASING, 1HP SUBMERSIBLE PUMP WITH 1 1/4" DROP PIPE, AND AN 81 GALLON CAPTIVE AIR TANK (21.9 GALLON DRAWDOWN).

WELL WILL BE COMPLETE AT THE WELL SITE, WE DO NOT INCLUDE ELECTRICAL NOR PLUMBING CONNECTIONS FROM THE WELL TO THE HOME AND/OR POWER POLE.

ANY VARIATIONS OF THE ABOVE ARE SUBJECT TO APPROVAL FROM THE CUSTOMER AND/OR CONTRACTOR PRIOR TO COMMENSMENT OF THE INDIVIDUAL JOB.

THANK YOU

NOT RESPONSIBLE FOR THE QUALITY OF WATER



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. 20-0529
DATE PAID: 7/8/20
FEE PAID: 310.00
RECEIPT #: 1521314

APPLICATION FOR:
 New System Existing System Holding Tank Innovative.
 Repair Abandonment Temporary

APPLICANT: John Keen (Freedom)

AGENT: Robert W. Ford North Florida Septic Tank Inc; TELEPHONE: 386-755-6372

MAILING ADDRESS: 741 SE State Road 100 Lake City, Fla 32025

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3) (a) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION

LOT: 8 BLOCK: 4 SUBDIVISION: Unit 23 Three Rivers PLATTED: _____

PROPERTY ID #: 00-00-00-01438-008 ZONING: _____ I/M OR EQUIVALENT: Y N

PROPERTY SIZE: 0.918 ACRES WATER SUPPLY: PRIVATE PUBLIC ≤ 2000 GPD > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? Y N DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: 680 UTAH ST FW FL

DIRECTIONS TO PROPERTY: 475 to FW TR on US27 to Utah ST
TL follow to site on left

BUILDING INFORMATION RESIDENTIAL COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table I, Chapter 64E-6, FAC
1	<u>mhome</u>	<u>3</u>	<u>1304</u>	
2				
3				
4				

Floor/Equipment Drains Other (Specify) _____

SIGNATURE: William A. Bishop II DATE: 7-5-2020



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM

limited

PERMIT #: 12-SC-2107523
APPLICATION #: AP1524344
DATE PAID: 7/6/2020
FEE PAID: 310⁰⁰
RECEIPT #: 12-PI0-7496384
DOCUMENT #: PR1376881

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: JOHN**20-0529 KEEN
PROPERTY ADDRESS: 680 UTAH St Fort White, FL 32038
LOT: B BLOCK: A SUBDIVISION: 3 Rivers Est U-23
PROPERTY ID #: 01438-008 [SECTION, TOWNSHIP, RANGE, PARCEL NUMBER]
[OR TAX ID NUMBER]

SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF SECTION 381.0065, F.S., AND CHAPTER 64E-6, F.A.C. DEPARTMENT APPROVAL OF SYSTEM DOES NOT GUARANTEE SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN MATERIAL FACTS, WHICH SERVED AS A BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT TO MODIFY THE PERMIT APPLICATION. SUCH MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE NULL AND VOID. ISSUANCE OF THIS PERMIT DOES NOT EXEMPT THE APPLICANT FROM COMPLIANCE WITH OTHER FEDERAL, STATE, OR LOCAL PERMITTING REQUIRED FOR DEVELOPMENT OF THIS PROPERTY.

SYSTEM DESIGN AND SPECIFICATIONS

T [900] GALLONS / GPD New Sedic CAPACITY
A [] GALLONS / GPD N/A CAPACITY
N [] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK:1250 GALLONS]
K [] GALLONS DOSING TANK CAPACITY [] GALLONS @ [] DOSES PER 24 HRS #Pumps []
D [375] SQUARE FEET Dranfield SYSTEM
R [] SQUARE FEET N/A SYSTEM
A TYPE SYSTEM: [x] STANDARD [] FILLED [] MOUND []
I CONFIGURATION: [x] TRENCH [] BED []
N
F LOCATION OF BENCHMARK: Nail in 20" oak tree SW of site
I ELEVATION OF PROPOSED SYSTEM SITE [24.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [54.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [] INCHES

The system is sized for 3 bedrooms with a maximum occupancy of 6 persons (2 per bedroom), for a total estimated flow of 300 gpd.

SPECIFICATIONS BY: WILLIAM D BISHOP TITLE: SA0890009; SM0081587
APPROVED BY: Kelli Rogers TITLE: Environmental Specialist II Columbia CHD
DATE ISSUED: 07/09/2020 EXPIRATION DATE: 01/08/2022

DH 4016, 08/09 (Obsoletes all previous editions which may not be used)
Incorporated: 64E-6.003, FAC

KEEN

These worksheets must be completed and signed by the installer.
 Submit the originals with the packet.

CANNONBALL L-3463C

page 1 of 2

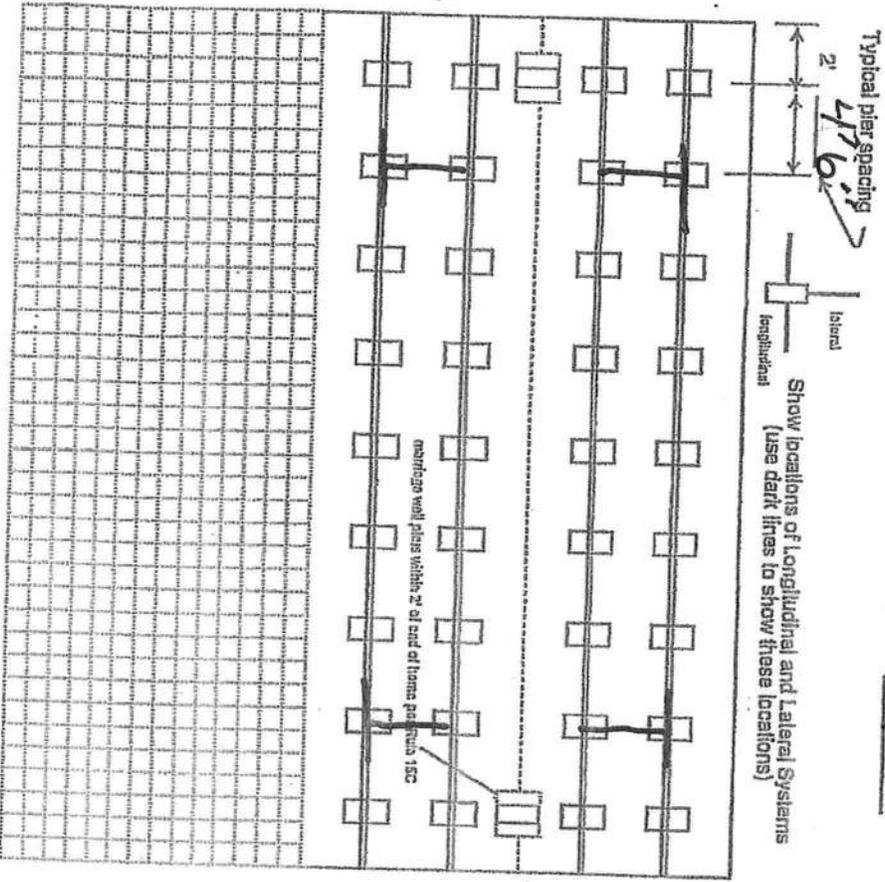
Installer DAVID ALBRIGHT License # IH/1129420

911 Address where home is being installed. 680 S.W. UTAH ST. FORT WHITE, FL 32038

Manufacturer LIVE OAK HOMES Length x width 32x46/50

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 [Signature]



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 # 74927

Triple/Quad Serial # LOHGA 21834180 A/B

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	Foatler size (256)	16 1/2" x 18 (342)	20" x 20" (400)	22" x 22" (484)	24" x 24" (576)	26" x 26" (676)
1000 dsf	3'	4'	5'	6'	7'	8'
1500 dsf	4' 6"	6'	7'	8'	9'	10'
2000 dsf	6'	8'	9'	10'	11'	12'
2500 dsf	7' 6"	9'	10'	11'	12'	13'
3000 dsf	9'	10'	11'	12'	13'	14'
3500 dsf	10'	11'	12'	13'	14'	15'

* 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 FACTORY Pier pad size DIAGRAM

Longitudinal Stabilizing Device (LSD) OTI

Manufacturer OTI

Longitudinal Stabilizing Device w/ Lateral Arms OTI

Manufacturer OTI

Other Ties

Number 19

Other Ties

Number 6544

POPULAR PAD SIZES

Pad Size	Sq In
16 X 16	256
16 X 18	288
18.5 X 18.5	342
15 X 22.5	360
17 X 22	374
13 1/4 X 26 1/4	346
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

4 ft 5 ft

FRAME TIES

within 2' of end of home spaced at 9' 4" oc

OTHER TIES

Number

Number

Mobile Home Permit Worksheet

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 1500 psf or check here to declare 1000 lb. soil without testing.

X 1500 X 1500 X 1500

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 1500 X 1500 X 1500

TORQUE PROBE TEST

The results of the torque probe test is 285 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 DA

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

Application Number:

Date:

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:	18"
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

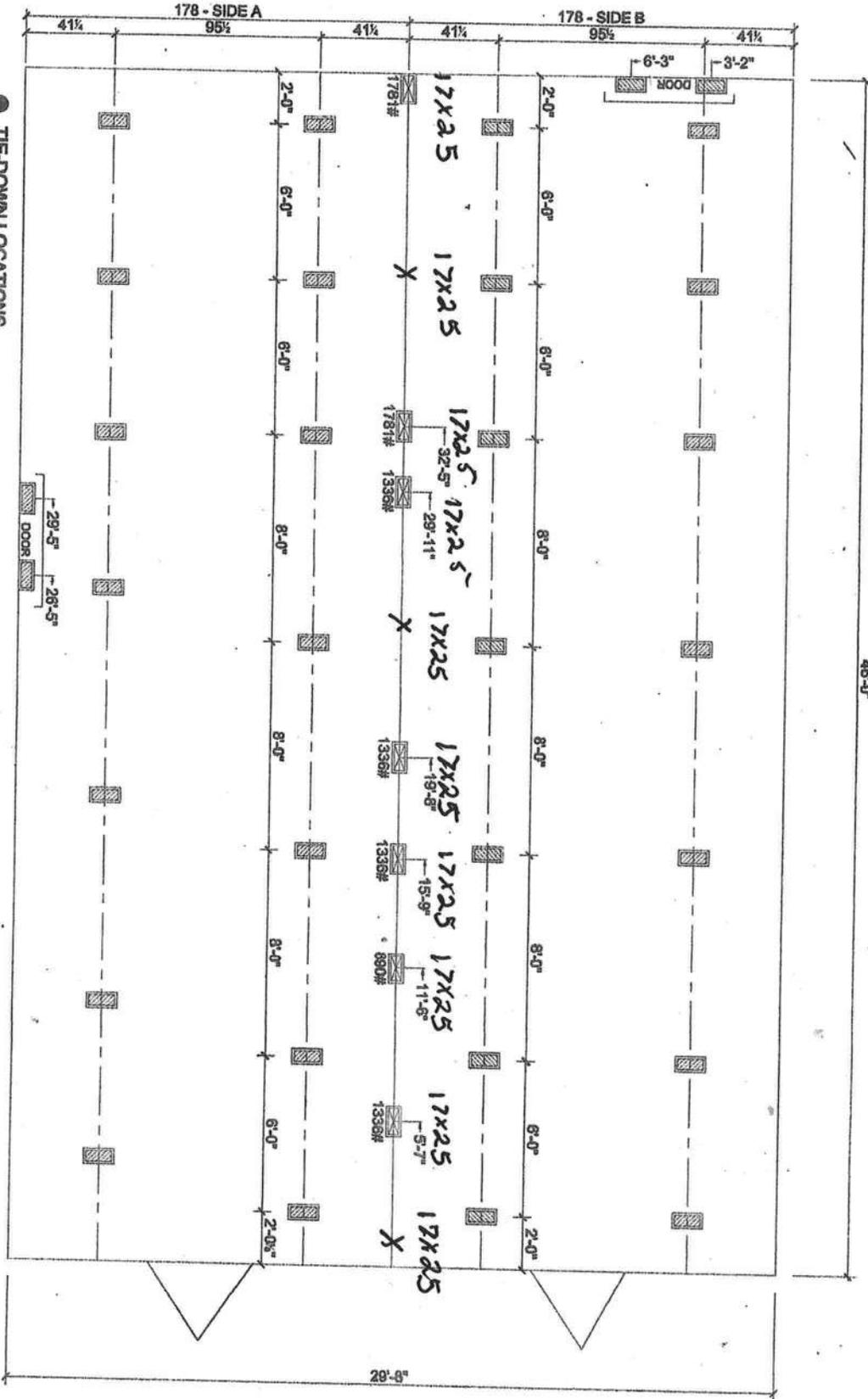
Miscellaneous

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 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



- TIE-DOWN LOCATIONS
- ▣ MARRIAGE LINE OPENING SUPPORT PIER/TYP.
- ▣ 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.

2-9-2012

Live Oak Homes
MODEL: L-3463C - 32 X 50
3-BEDROOM / 2-BATH

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

CANNONBALL

L-3463C

Freedom Mobile Home Sales, Inc

3275

DATE OF BIRTH
BUYER: 08/09/88
CO-BUYER: _____

466 SW DEPUTY J DAVIS LN,
LAKE CITY, FLORIDA 32024
(386) 752-5355 Fax: (386) 752-4757

DRIVER'S LICENSE
BUYER: K500-796-88-789-0
CO-BUYER: 0

BUYER(S) Stacie Renee Keen		PHONE 386.361.1690	DATE 10/08/20
ADDRESS 293 SW Greenwood Ter Fort White FL 32038		Salesperson: Don Downs	
DELIVERY ADDRESS 680 SW UTAH, FT. WHITE FL 32038			
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OPTIONAL EQUIPMENT, LABOR, AND ACCESSORIES			SUB-TOTAL \$72,219.00
			COUNTY TAX \$50.00
Delivered and Set Up:			SALES TAX 6% \$4,009.56
Trim	Included		TAG AND TITLE \$0.00
Tied Down:	Included		
Dirt Pad	Included		
land clearing	NO		LAND \$15,000.00
Connect water and sewer within 20 feet of existing facility	Included		\$0.00
			WELL SEPTIC CLEARING PERMITS NON TAXABLE \$12,983.44
			1, CASH PURCHASE PRICE \$104,262.00
			TRADE-IN ALLOWANCE \$0.00
			LESS BAL. DUE ON ABOVE \$0.00
			NET ALLOWANCE \$0.00
			CASH DOWN PAYMENT \$0.00
			LAND EQUITY \$15,000.00
			LESS TOTAL CREDITS \$15,000.00
			BALANCE DUE TO FREEDOM \$89,262.00
			LAND PAYOFF \$0.00
			CLOSING COST AND PREPAY \$4,130.00
			FHA MIP \$1,634.36
			ESTIMATED FINAL LOAN AMOUNT \$95,026.36
			Initial: _____
			NO VERBAL AGREEMENTS WILL BE HONORED.
			SELLER AGREES TO PAY UP TO 6 PERCENT OF BUYERS CLOSING COST AND PREPAIDS
			The U.S. Department of Housing and Urban Development (HUD) Manufactured Home Dispute Resolution Program is available to resolve disputes among manufacturers, retailers, or installers concerning defects in manufactured homes. Many states also have a consumer assistance or dispute resolution program. For additional information about these programs see sections titled "Dispute Resolution Process" and "additional Information -- HUD Manufactured Home Dispute Resolution Program" in the consumer manual required to be provided to the purchaser. These programs are not warranty programs and do not replace the manufacturer's or any other person's warranty program. _____
NOTE: WARRANTY, EXCLUSIONS AND LIMITATIONS OF DAMAGES ON THE REVERSE			
DESCRIPTION OF TRADE-IN	YEAR	BEDROOMS	SIZE
MAKE	N/A	N/A	N/A
	MODEL		
TITLE NO.	SERIAL	COLOR	
N/A	N/A		
LIEN HOLDER	PHONE NO	AMOUNT	
N/A	N/A	N/A	
TRADE PAYOFF IS TO BE PAID BY			0
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 CONTRACT. Dealer and Buyer certify that the additional terms and conditions printed on Page 2 of this contract are agreed to as part of the contract and accessories, the insurance as described has been voluntary, the Buyer's trade-in is free of all claims whatsoever except as noted.			
Liquidated Damages are agreed to <u>\$900.00</u> or 10% of the cash price, whichever is greater.			REFER TO PARAGRAPH #6 ON THE REVERSE SIDE OF THIS CONTRACT
Freedom Mobile Home Sales, Inc DEALER			
Not Valid Unless Signed by Steve Smith (Vice Pres)		SIGNED X _____ BUYER	SOCIAL SECURITY NO. 252-67-5209
BY _____ Agent			
SIGNED X _____ BUYER		SOCIAL SECURITY NO. _____	

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

Order #: 4626	Label #: 74927	Manufacturer: LIVE OAK	(Check Size of Home)
Homeowner: KEEN		Year Model: 2019	Single _____
Address: 680 SW UTAH ST.		Length & Width: 46 x 32	Double <input checked="" type="checkbox"/>
City/State/Zip: PT WHITE FL 32038		Type Longitudinal System: 41 OTE	Triple _____
Phone #:		Type Lateral Arm System: 4 OTE	HUD Label #:
Date Installed:		New Home: <input checked="" type="checkbox"/> Used Home: _____	Soil Bearing / PSF:
Installed Wind Zone: H		Data Plate Wind Zone: 7	Torque Probe / in-lbs:
Note:			Permit #:



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.



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, 680 SW. UTAH ST. FORT WHITE, FL 32038, 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 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
LINDA PENHALIGON	<i>Linda Penhaligon</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) 1H1129420 License Number 7-31-2019 Date

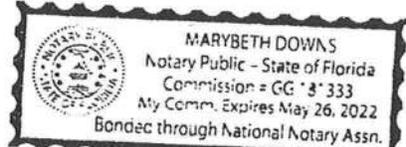
NOTARY INFORMATION:

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 31 day of July, 2019.

Marybeth Downs
 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, 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
PAUL A. BARNEY	<i>Paul Barney</i>	FREEDOM HOMES
STEVE SMITH	<i>Steve Smith</i>	FREEDOM HOMES
LINDA PENHALIGON	<i>Linda Penhaligon</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) 1H1129420 License Number 7-31-2019 Date

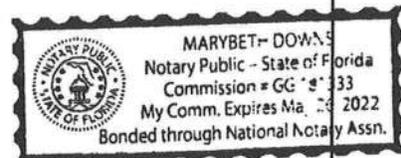
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Marybeth Downs
 NOTARY'S SIGNATURE

(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>WHITTINGTON ELECTRIC</u> License #: <u>EG13002957</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>CAE 1817658</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