

**PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION**

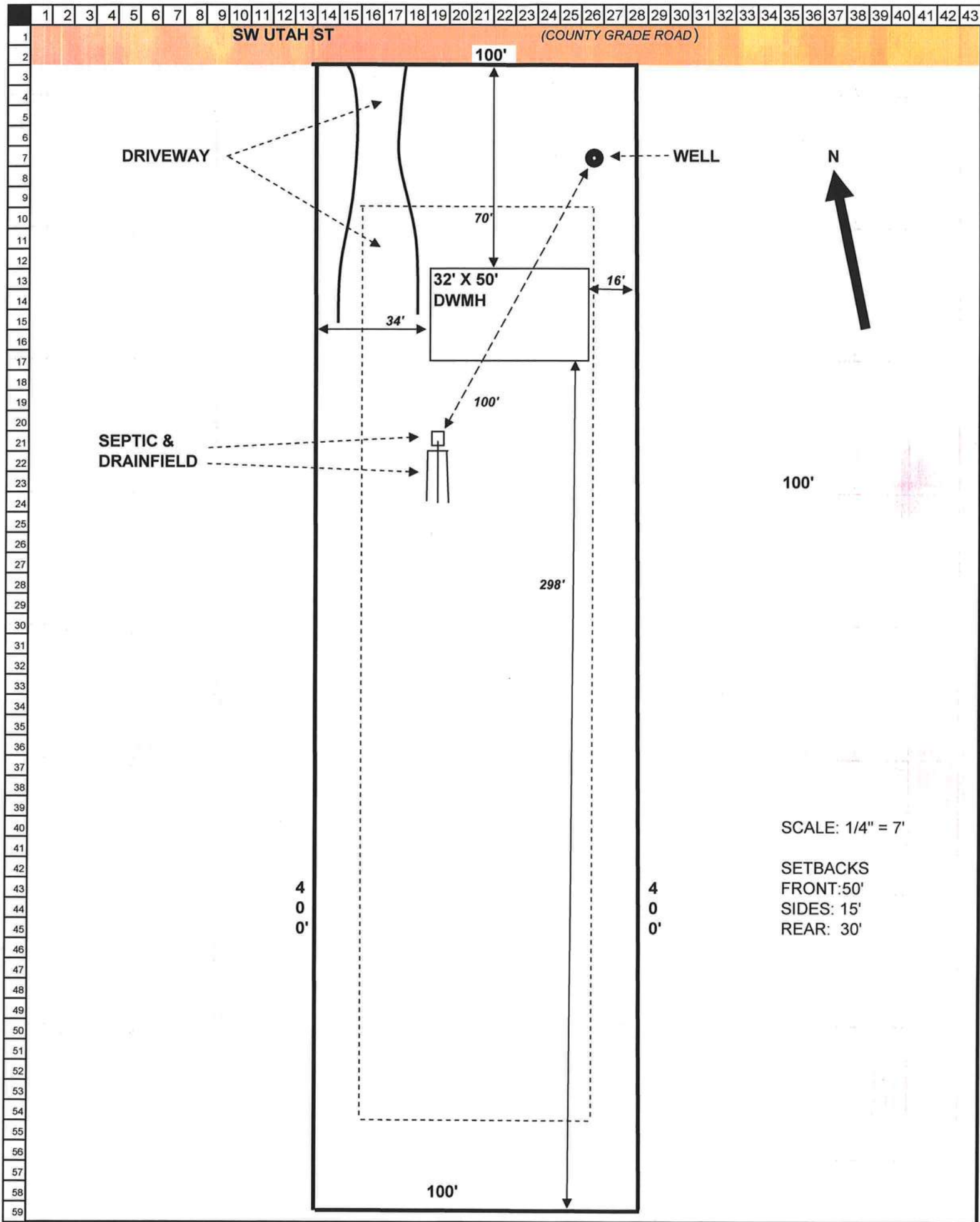
|  |                            |                       |                                  |
|--|----------------------------|-----------------------|----------------------------------|
| <i>For Office Use Only</i> (Revised 7-1-15)  |                            | Zoning Official _____ | Building Official _____          |
| AP# <u>47678</u>   | Date Received <u>10/30</u> | By <u>MG</u>          | 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<br><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<br><input type="checkbox"/> DOT Approval <input type="checkbox"/> Parent Parcel # _____ <input type="checkbox"/> STUP-MH _____ <input type="checkbox"/> 911 App<br><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 # 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/L 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

CO-BUYER: 0

Page 1 of 2 pages





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:

Witness Signature

**PATRICIA LANG**  
Printed Name

Witness Signature

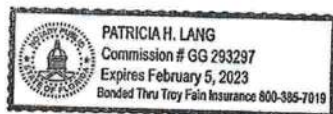
**MARY ANN TOMLINSON**  
Printed Name

**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.



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 #: 1521344

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) (b) 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 ☐  $\leq 2000$  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 1, Chapter 64E-6, FAC |
|---------|-----------------------|-----------------|--------------------|--|
| 1       | <u>mhome</u>          | <u>3</u>        | <u>1364</u>        |  |
| 2       |                       |                 |                    |  |
| 3       |                       |                 |                    |  |
| 4       |                       |                 |                    |  |

☐ Floor/Equipment Drains ☐ Other (Specify) \_\_\_\_\_

SIGNATURE: William A. Bishop II

DATE: 7-5-2020

Permit Application Number 20-0529

Keen

[illegible]

**Notes:**

William D. Bishop Jr

Site Plan submitted by: Robert W. Ford III Date 7-5-2020

Plan Approved            Not Approved           

Date 7/9/2020

By Kath Rogers Columbia County Health Department

**ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT**





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: 310.00  
RECEIPT #: 12-P10-4496384  
DOCUMENT #: PR1376881

CONSTRUCTION PERMIT FOR: OSTDS New  
APPLICANT: JOHN\*\*20-0529 KEEN  
PROPERTY ADDRESS: 680 UTAH St Fort White, FL 32038  
LOT: 8 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 Sodic 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 Drainfield 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: SA0690009; SM0061587  
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

Installer DAVID ALBRIGHT License # IH/1129420

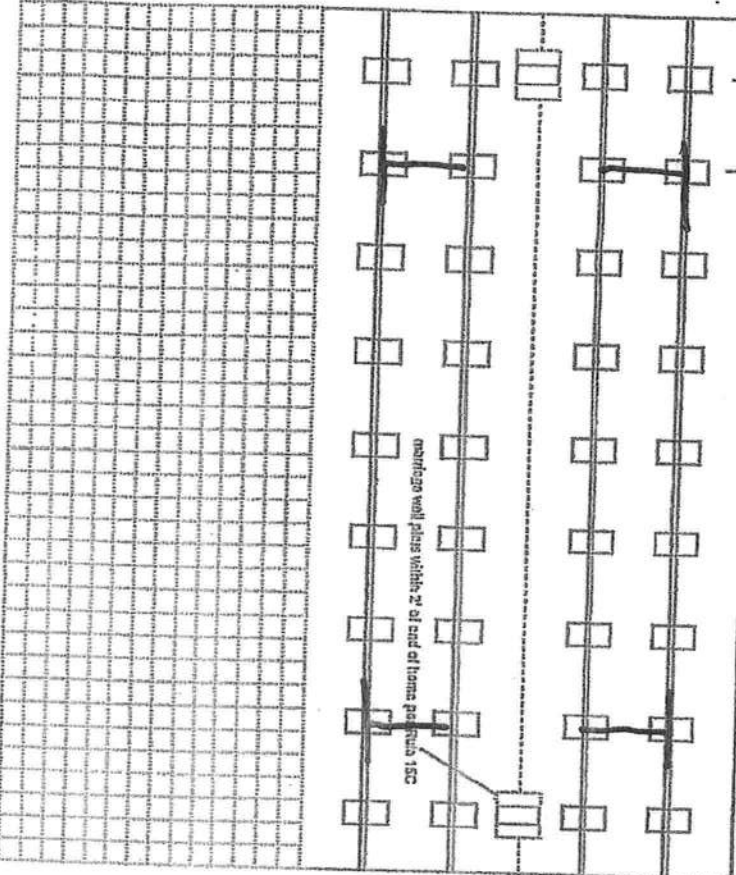
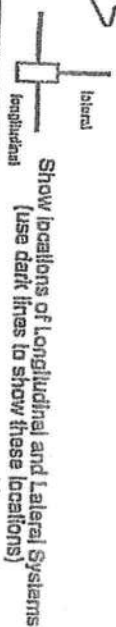
911 Address where home is being installed. 680 S.W. UTAH ST.

Manufacturer LIVE OAK HOMES Length x width 32x46/50

NOTE: If home is a single wide till 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 sidewall ties exceed 5 ft. 4 in.

Typical pier spacing 47'6"



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) | Footprint size (sq in) | 16' x 16' (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'              | 4'                   | 5'              | 6'              | 7'              | 8'              |
| 1500 dsf                      | 4' 6"                  | 6'              | 6'                   | 7'              | 8'              | 9'              | 10'             |
| 2000 dsf                      | 6'                     | 8'              | 8'                   | 9'              | 10'             | 11'             | 12'             |
| 2500 dsf                      | 7' 6"                  | 9'              | 9'                   | 10'             | 11'             | 12'             | 13'             |
| 3000 dsf                      | 9'                     | 10'             | 10'                  | 11'             | 12'             | 13'             | 14'             |
| 3500 dsf                      | 10'                    | 11'             | 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.

POPULAR PAD SIZES

| Pad Size          | Sq In |
|-------------------|-------|
| 16 x 16           | 256   |
| 16 x 18           | 288   |
| 18.5 x 18.5       | 342   |
| 16 x 22.5         | 360   |
| 17 x 22           | 374   |
| 13 1/4 x 26 1/4   | 348   |
| 20 x 20           | 400   |
| 17 3/16 x 26 3/16 | 441   |
| 17 1/2 x 26 1/2   | 446   |
| 24 x 24           | 576   |
| 26 x 26           | 676   |

Opening FACTORY PIER PAD SIZE DIAGRAM

Opening 4 ft ☒ 5 ft ☐

FRAME TIES

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

OTHER TIES

Longitudinal Stabilizing Device (LSD) OTI

Manufacturer

Longitudinal Stabilizing Device w/ Lateral Arms

Manufacturer

OTI

Number 19

65'4"4"

# Mobile Home Permit Worksheet

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

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

## POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 1500 psi 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

#### 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

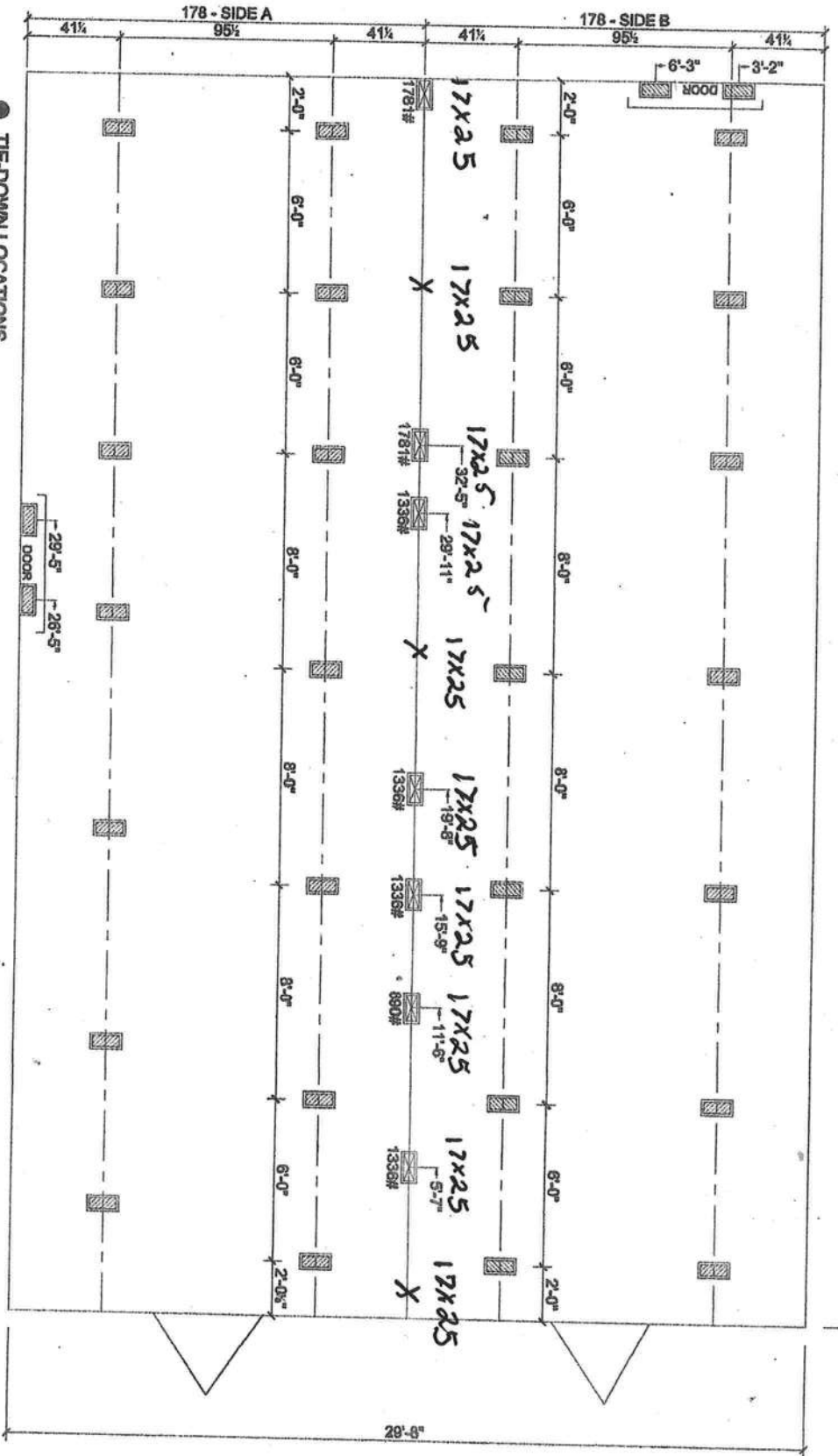
Skirting to be installed. Yes \_\_\_\_\_ No X  
Dryer vent installed outside of skirting. Yes \_\_\_\_\_ N/A X  
Range downflow vent installed outside of skirting. Yes \_\_\_\_\_ N/A X  
Drain lines supported at 4 foot intervals. Yes X  
Electrical crossovers protected. Yes X  
Other: \_\_\_\_\_

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 \_\_\_\_\_



46'-0"



● 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)

CANNON BALL

L-3463C



DORMER SHOWN IS OPTIONAL.

**Overall Dimensions:**  
 Total Width: 29'-8"  
 Total Depth: 46'-0"

**Room Dimensions and Layout:**

- Master Bedroom:** 13'-3" x 14'-6" (Top Left)
- Living Room:** 18'-4" x 14'-2" (Middle Left)
- #3 Bedroom:** 10'-1" x 11'-1" (Bottom Left)
- Dining:** 10'-0" x 14'-2" (Center)
- Kitchen:** 9'-9" x 9'-5" (Middle Right)
- Bedroom 2:** 13'-1" x 9'-5" (Far Right)
- Bath 2:** 5'-0" x 7'-6" (Bottom Right)
- Bath:** 5'-0" x 7'-6" (Top Right)
- Meath:** 5'-0" x 7'-6" (Top Center)
- Utility:** 5'-0" x 7'-6" (Top Center)
- Entry:** 5'-0" x 7'-6" (Center Left)
- Refr:** 5'-0" x 7'-6" (Middle Right)

**Other Features:**  
 The plan includes a central hallway, multiple closets, and a fireplace in the living room. Room numbers 3053, 3055E, 4053, 3027, and 4053E are marked on the walls.

- \* All room dimensions include closets and square footage figures are approximate.
- \* Transom windows are available on optional 9'-0" sidewalk houses only.
- \* Live Oak Homes reserves the right to modify product offering at any time.

# 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  |  |                           |                 |   |                         |
| MAKE & MODEL<br>LIVE OAK L-3463C  |  | YEAR<br>2019              | BEDROOMS<br>3X2 | FLOOR SIZE<br>L 32 W 46   | HITCH SIZE<br>L 32 W 50 |
| SERIAL NUMBER<br><b>LOHGA21834180AB</b>   |  | NEW or Used<br><b>NEW</b> |                 | STOCK NUMBER<br>1621  |                         |
| 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   |                         |
| Delivered and Set Up:   |  |                           |                 | COUNTY TAX \$50.00  |                         |
| Trim  |  |                           |                 | Included  |                         |
| Tied Down:  |  |                           |                 | Included  |                         |
| Dirt Pad  |  |                           |                 | Included  |                         |
| land clearing   |  |                           |                 | NO  |                         |
| Connect water and sewer within 20 feet of existing facility   |  |                           |                 | Included  |                         |
| Furnished \$ NO   |  |                           |                 | LAND \$15,000.00  |                         |
| Unfurnished AGREE   |  |                           |                 | \$0.00  |                         |
| Customer responsible for any wrecker fees incurred on lot. AGREE  |  |                           |                 | \$0.00  |                         |
| Wheels & axles deleted from sale price of home. AGREE   |  |                           |                 | WELL SEPTIC CLEARING PERMITS NON TAXABLE \$12,983.44  |                         |
| Electrical Hookup No  |  |                           |                 | 1, CASH PURCHASE PRICE \$104,262.00   |                         |
| Type of A/C HP Included   |  |                           |                 | TRADE-IN ALLOWANCE \$0.00   |                         |
| Type of Skirting FHA LAP Included   |  |                           |                 | LESS BAL. DUE ON ABOVE \$0.00   |                         |
| Type of steps WOOD CODE Included  |  |                           |                 | NET ALLOWANCE \$0.00  |                         |
| NOTE: WARRANTY, EXCLUSIONS AND LIMITATIONS OF DAMAGES ON THE REVERSE  |  |                           |                 | CASH DOWN PAYMENT \$0.00  |                         |
| DESCRIPTION OF TRADE-IN   |  |                           |                 | LAND EQUITY \$15,000.00   |                         |
| YEAR  |  |                           |                 | LESS TOTAL CREDITS \$15,000.00  |                         |
| MAKE  |  |                           |                 | BALANCE DUE TO FREEDOM \$89,262.00  |                         |
| MODEL   |  |                           |                 | LAND PAYOFF \$0.00  |                         |
| TITLE NO.   |  |                           |                 | CLOSING COST AND PREPAY \$4,130.00  |                         |
| SERIAL  |  |                           |                 | FHA MIP \$1,634.36  |                         |
| COLOR   |  |                           |                 | ESTIMATED FINAL LOAN AMOUNT \$95,026.36   |                         |
| N/A   |  |                           |                 | Initial: _____  |                         |
| LIEN HOLDER   |  |                           |                 | NO VERBAL AGREEMENTS WILL BE HONORED.   |                         |
| PHONE NO  |  |                           |                 | SELLER AGREES TO PAY UP TO 6 PERCENT OF BUYERS CLOSING COST AND PREPAIDS  |                         |
| AMOUNT  |  |                           |                 | 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. _____ |                         |
| TRADE PAYOFF IS TO BE PAID BY 0   |  |                           |                 | Liquidated Damages are agreed to \$900.00 or 10% of the cash price, whichever is greater.   |                         |
| 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 the above described trailer, manufactured home, or vehicle the optional equipment and accessories, the insurance as described has been voluntary, the Buyer's trade-in is free of all claims whatsoever except as noted. |  |                           |                 | REFER TO PARAGRAPH #6 ON THE REVERSE SIDE OF THIS CONTRACT  |                         |
| 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.   |                         |

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

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

STATE OF FLORIDA  
INSTALLATION CERTIFICATION LABEL

74927

LABEL #

DATE OF INSTALLATION

DAVID E ALBRIGHT

NAME

IH / 1129420 / 1

4626

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.



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 A. Barney</i>          | <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Officer<br><input type="checkbox"/> Property Owner |
| STEVE SMITH                       | <i>Steve Smith</i>             | <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Officer<br><input type="checkbox"/> Property Owner |
| LINDA PENHALIGON                  | <i>Linda Penhaligon</i>        | <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Officer<br><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

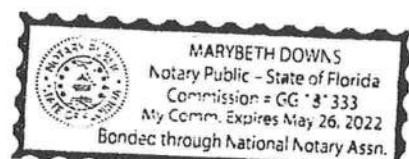
## NOTARY INFORMATION:

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, 20 19.

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 A. 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

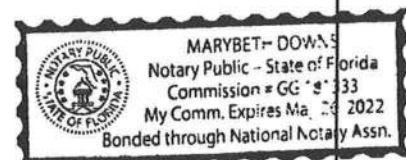
## NOTARY INFORMATION:

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)



## 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><br>License #: <u>EC13002957</u><br>Qualifier Form Attached <input type="checkbox"/> | Signature <u>[Signature]</u><br>Phone #: <u>386 972 1700</u> |
| MECHANICAL/<br>A/C _____ | Print Name <u>STYLECREST</u><br>License #: <u>CAE1817658</u><br>Qualifier Form Attached <input type="checkbox"/>           | Signature <u>[Signature]</u><br>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