## PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

*For Office Use Only* *(Revised 7-1-15)* Zoning Official_____ Building Official_____

AP#_____ Date Received_____ By_____ Permit #_____

Flood Zone_____ Development Permit_____ Zoning_____ Land Use Plan Map Category_____

Comments_____

FEMA Map# _____ Elevation_____ Finished Floor_____ River_____ In Floodway_____

☐ Recorded Deed or ☐ Property Appraiser PO ☐ Site Plan ☐ EH #_____ ☐ Well letter OR

☐ Existing well ☐ Land Owner Affidavit ☐ Installer Authorization ☐ FW Comp. letter ☐ App Fee Paid

☐ DOT Approval ☐ Parent Parcel #_____ ☐ STUP-MH _____ ☐ 911 App

☐ Ellisville Water Sys ☐ Assessment _____ ☐ Out County ☐ In County ☐ Sub VF Form

Property ID # 33-1S-17-04634-001 Subdivision _____ Lot#____

- New Mobile Home ✓ Used Mobile Home_____ MH Size 16x76'180 Year 2022
- Applicant Chaz Robinson Phone # 352.474.3914
- Address 466 SW Deputy J Davis Ln Lake City, FL 32024
- Name of Property Owner James Anderson Phone# 561.315.1657
- 911 Address 11762 N US Highway 441, Lake City FL. 32024
- Circle the correct power company - **FL Power & Light** - **Clay Electric**
  (Circle One) - **Suwannee Valley Electric** - **Duke Energy**
- Name of Owner of Mobile Home Freedom Homes Phone # 386.752.5355
  Address 466 SW Deputy J Davis Ln Lake City FL. 32024
- Relationship to Property Owner _____
- Current Number of Dwellings on Property 1
- Lot Size 529'x300'x525'x284' Total Acreage 3.6
- Do you : Have **Existing Drive** (Currently using) or **Private Drive** (Blue Road Sign) or need **Culvert Permit** (Putting in a Culvert) or **Culvert Waiver** (Not existing but do not need a Culvert) (Circle one)
- Is this Mobile Home Replacing an Existing Mobile Home yes
- Driving Directions to the Property T/L onto NE Madison St. for 200ft T/R on US-441 N/N. Marion Ave for 12 Mi. Job site on left.
- Name of Licensed Dealer/Installer David Albright Phone # 386.344.3645
- Installers Address 353 SW Mauldin Ave. Lake City FL. 32024
- License Number IH-1129420 Installation Decal # _____

COLUMBIA COUNTY BUILDING DEPARTMENT
135 NE Hernando Ave, Suite B-21, Lake City, FL 32055
Phone: 386-758-1008 Fax: 386-758-2160

# MOBILE HOME INSTALLERS LETTER OF AUTHORIZATION

I, DAVID ALBRIGHT (Installer License Holder Name), give this authority for the job address show below only, 272 NW WHITNEY GLEN, LAKE CITY, FL 32055 (Job Address), and I do certify that the below referenced person(s) listed on this form is/are under my direct supervision and control and is/are authorized to purchase permits, call for inspections and sign on my behalf.

| Printed Name of Authorized Person | Signature of Authorized Person | Authorized Person is… (Check one) |
|---|---|---|
| PAUL A BARNEY | Paul A Barney | ✓ Agent ___ Officer ___ Property Owner |
| STEVE SMITH | Steve Smith | ___ Agent ✓ Officer ___ Property Owner |
| CHARLES ROBINSON | C R | ___ Agent ___ Officer ✓ 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)

IH-1129420-1
License Number

5-4-2021
Date

**NOTARY INFORMATION:**
STATE OF: Florida COUNTY OF: COLUMBIA

The above license holder, whose name is DAVID ALBRIGHT, personally appeared before me and is known by me or has produced identification (type of I.D.) PERSONALLY KNOWN on this 4th day of MAY, 2021.

Linda Penhaligon
NOTARY'S SIGNATURE

Seal/Stamp

LINDA PENHALIGON
Commission #GG 157551
My Commission Expires
November 5, 2021

COLUMBIA COUNTY BUILDING DEPARTMENT
135 NE Hernando Ave, Suite B-21, Lake City, FL 32055
Phone: 386-758-1008 Fax: 386-758-2160

# MOBILE HOME INSTALLERS AGENT AUTHORIZATION

I, DAVID ALBRIGHT (Installers Name), give this authority and I do certify that the below referenced person(s) listed on this form is/are under my direct supervision and control and is/are authorized to purchase permits, call for inspections and sign on my behalf.

| Printed Name of Authorized Person | Signature of Authorized Person | Agents Company Name |
|---|---|---|
| PAUL A BARNEY | Paul A Barney | FREEDOM HOMES |
| STEVE SMITH | Steve Smith | FREEDOM HOMES |
| CHARLES ROBINSON | C L | FREEDOM HOMES |

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David Albright
License Holders Signature (Notarized)

IH-1129420-1
License Number

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STATE OF: Florida COUNTY OF: COLUMBIA

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Linda Penhaligon
NOTARY'S SIGNATURE

(Seal/Stamp)

LINDA PENHALIGON
Commission #GG 157551
My Commission Expires
November 5, 2021

# MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR DAVID ALBRIGHT PHONE (386)344-3645

**THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT**

In Columbia County one permit will cover all trades doing work at the permitted site. It is REQUIRED that we have records of the subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and Ordinance 89-6, a contractor shall require all subcontractors to provide evidence of workers' compensation or exemption, general liability insurance and a valid Certificate of Competency license in Columbia County.

***Any changes, the permitted contractor is responsible for the corrected form being submitted to this office prior to the start of that subcontractor beginning any work. Violations will result in stop work orders and/or fines.***

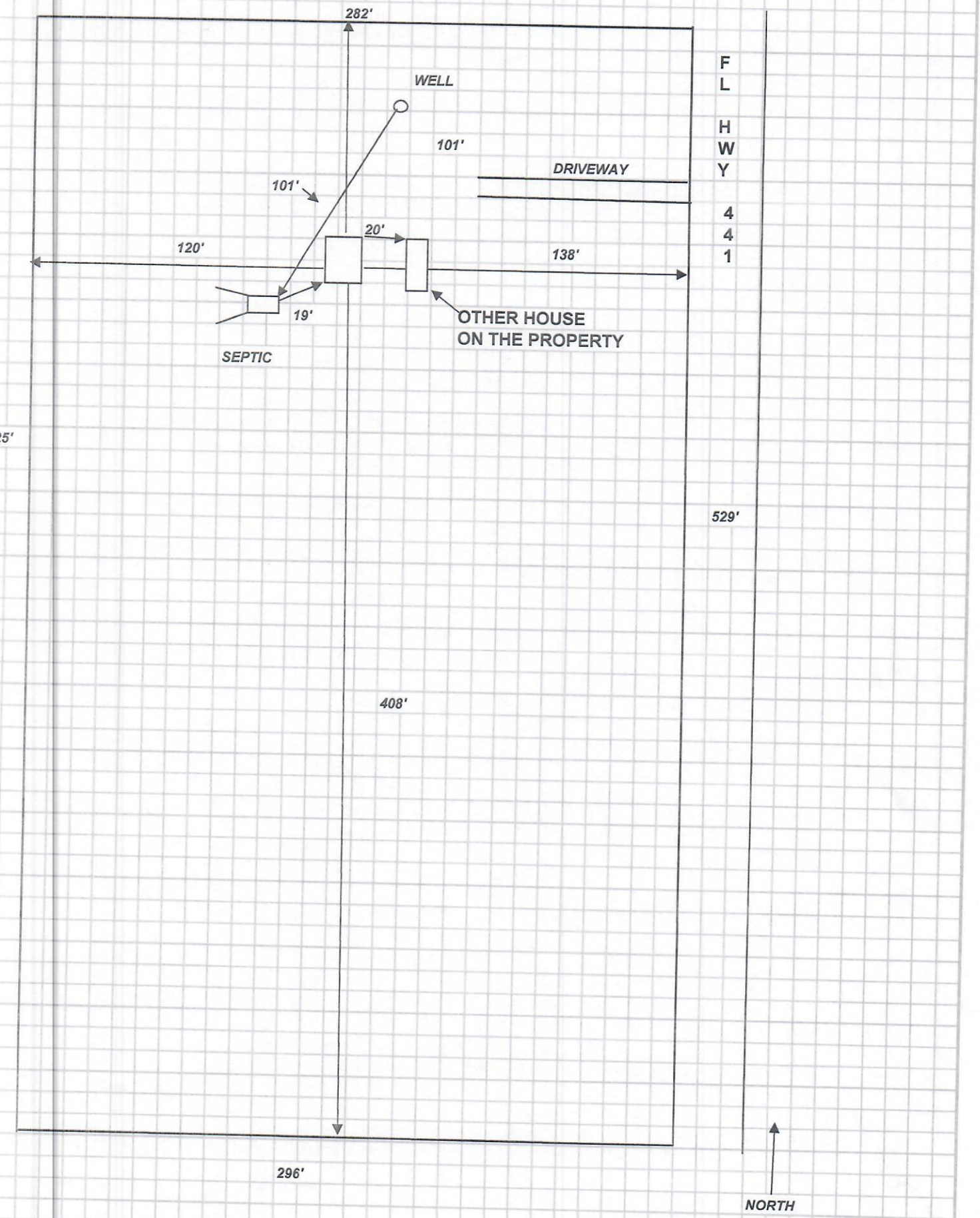
| | | |
|---|---|---|
| ELECTRICAL | Print Name WHITTINGTON ELECTRIC<br>License #: EC13002957<br>Qualifier Form Attached ☐ | Signature Allen Whittington<br>Phone #: 386 972 1700 |
| MECHANICAL/ A/C ____ | Print Name STYLECREST<br>License #: CAC1817658<br>Qualifier Form Attached ☐ | Signature Ronald E. Brooks SR<br>Phone #: 850-769-4453 |

*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




BUYER JAMES ANDERSON PARCEL ID# 33-1S-17-04634-001 DATE DRAWN

ACREAGE 3.6 DEALER: FREEDOM HOMES 386-752-5355

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

| | | |
|---|---|---|
| Order #: 5175 Label #: 85943 | Manufacturer: LIVE OAK | (Check Size of Home) |
| Homeowner: ANDERSON | Year Model: 2022 | Single X |
| Address: 11762 N. US Hwy 441 | Length & Width: 76/80 x 16 | Double ____ |
| City/State/Zip: LAKE CITY FL 32025 | Type Longitudinal System: 6 OTI | Triple ____ |
| Phone #: | Type Lateral Arm System: 6 OTI | HUD Label #: |
| Date Installed: | New Home: X Used Home: ____ | Soil Bearing / PSF: |
| Installed Wind Zone: III | Data Plate Wind Zone: III | Torque Probe / in-lbs: |
| Note: | | Permit #: |

STATE OF FLORIDA
INSTALLATION CERTIFICATION LABEL

85943
LABEL #

DATE OF INSTALLATION

DAVID E ALBRIGHT
NAME

IH / 1129420 / 1 5175
LICENSE # ORDER #

CERTIFIES THAT THE INSTALLATION OF THIS MOBILE HOME IS IN ACCORDANCE WITH FLORIDA STATUTES 320.8249, 320.8325 AND RULES OF THE HIGHWAY SAFETY AND MOTOR VEHICLES.

INSTRUCTIONS

PLEASE WRITE DATE OF INSTALLATION AND AFFIX LABEL NEXT TO HUD LABEL. USE PERMANENT INK PEN OR MARKER ONLY. COMPLETE INFORMATION ABOVE AND KEEP ON FILE FOR A MINIMUM OF 2 YEARS. YOU ARE REQUIRED TO PROVIDE COPIES WHEN REQUESTED.

Anderson
CL

AUGUSTINE U-5763E

page 1 of 2

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

Installer DAVID ALBRIGHT License # IH/ 1129420

911 Address where home is being installed 11762 N US Hwy 441 Lake City FL, 32025

Manufacturer LIVE OAK HOMES Length x width 16 x 76/80

*NOTE: If home is a single wide fill out one half of the blocking plan*
*If home is a triple or quad wide sketch in remainder of home*

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

New Home [X] Used Home [ ]

Home installed to the Manufacturer's Installation Manual [X]

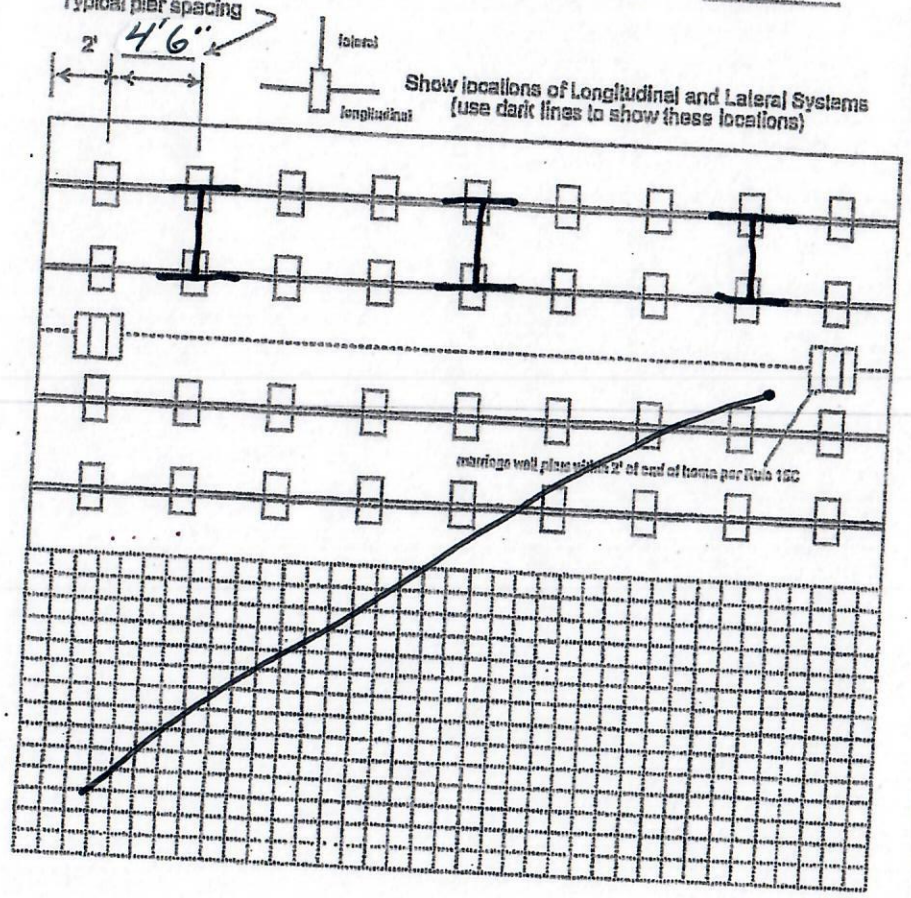
Home is installed in accordance with Rule 15-C [ ]

Single wide [X] Wind Zone II [X] Wind Zone III [ ]

Double wide [ ] Installation Decal # 85943

Triple/Quad [ ] Serial # LOHGA100 22337

Typical pier spacing 2' 4'6"




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' | 4' | 5' | 6' | 7' | 8' |
| 1500 psf | | 4' 6" | 6' | 7' | 8' | 8' | 8' |
| 2000 psf | | 6' | 8' | 8' | 8' | 8' | 8' |
| 2500 psf | | 7' 6" | 8' | 8' | 8' | 8' | 8' |
| 3000 psf | | 8' | 8' | 8' | 8' | 8' | 8' |
| 3500 psf | | 8' | 8' | 8' | 8' | 8' | 8' |

* Interpolated from Rule 15C-1 pier spacing table.

PIER PAD SIZES

I-beam pier pad size 17 x 25

Perimeter pier pad size 16 x 16

Other pier pad sizes (required by the mfg.) —

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 25 3/16 | 441 |
| 17 1/2 x 25 1/2 | 446 |
| 24 x 24 | 576 |
| 26 x 26 | 676 |

[ ] 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 Y 5 ft X SHEARWALLS

FRAME TIES

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

TIEDOWN COMPONENTS

*Longitudinal Stabilizing Device (LSD)* Manufacturer OTI

*Longitudinal Stabilizing Device w/ Lateral Arms* Manufacturer OTI

OTHER TIES

| | Number |
|---|---|
| Sidewall | 32 |
| Longitudinal | 6 |
| Marriage wall | — |
| Shearwall | 6 |

## POCKET PENETROMETER TEST

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

X____ X____ X____

**POCKET PENETROMETER TESTING METHOD**

1. Test the perimeter of the home at 6 locations.
2. Take the reading at the depth of the footer.
3. Using 500 lb. increments, take the lowest reading and round down to that increment.

X____ X____ X____

## TORQUE PROBE TEST

The results of the torque probe test is 260 inch pounds or check here if you are declaring 5' anchors without testing _____. A test showing 275 inch pounds or less will require 5 foot anchors.

Note: A state approved lateral arm system is being used and 4 ft. anchors are allowed at the sidewall locations. I understand 5 ft anchors are required at all centerline tie points where the torque test reading is 275 or less and where the mobile home manufacturer may requires anchors with 4000 lb holding capacity.

DA Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name DAVID AIBRIGHT

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. _____

## 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: _____ 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, meldew and buckled marriage walls are a result of a poorly installed or no gasket being installed. I understand a strip of tape will not serve as a gasket.

Installer's Initials _____

Type gasket _____
Pg. _____

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

## Weatherproofing

The bottomboard will be repaired and/or taped. Yes X. Pg. 124
Siding on units is installed to manufacturer's specifications. Yes _____
Fireplace chimney installed so as not to allow intrusion of rain water. Yes ____

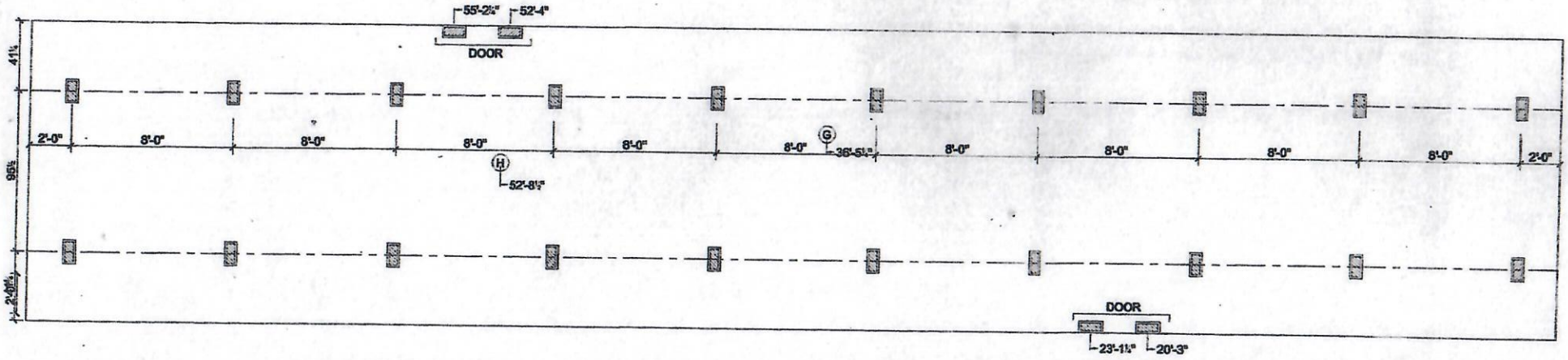
## Miscellaneous

Skirting to be installed. Yes _____ No 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 _____
Other: _____

**Installer verifies all information given with this permit worksheet is accurate and true based on the**

Installer Signature David Albright Date _____

# AUGUSTINE




SUPPORT PIER/TYP

10/18/2010

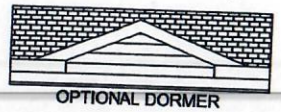
**FOUNDATION NOTES:**

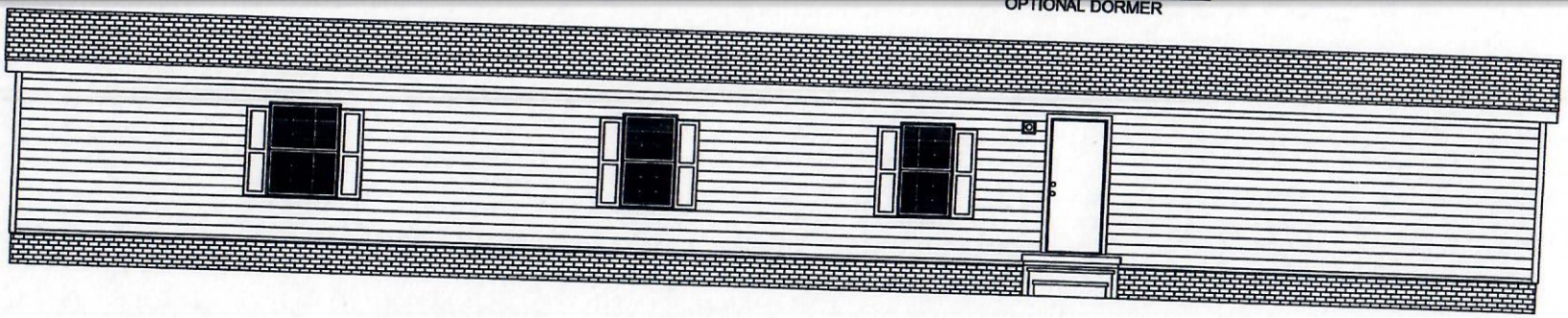
- THIS DRAWING IS DESIGNED FOR THE STANDARD WIND ZONE AND IS TO BE USED IN CONJUNCTION WITH THE INSTALLATION MANUAL AND IT'S SUPPLEMENTS.
- FOOTINGS ARE SHOWN FOR EXAMPLE ONLY QUANTITY AND SPACING MAY VARY BASED ON PAD TYPE, SOIL CONDITION, ETC.
- FOOTINGS ARE REQUIRED AT SUPPORT POSTS, SEE INSTALLATION MANUAL FOR REQUIREMENTS.

## Live Oak Homes
## MODEL: U-5763E - 16 X 80
## 3-BEDROOM / 2-BATH

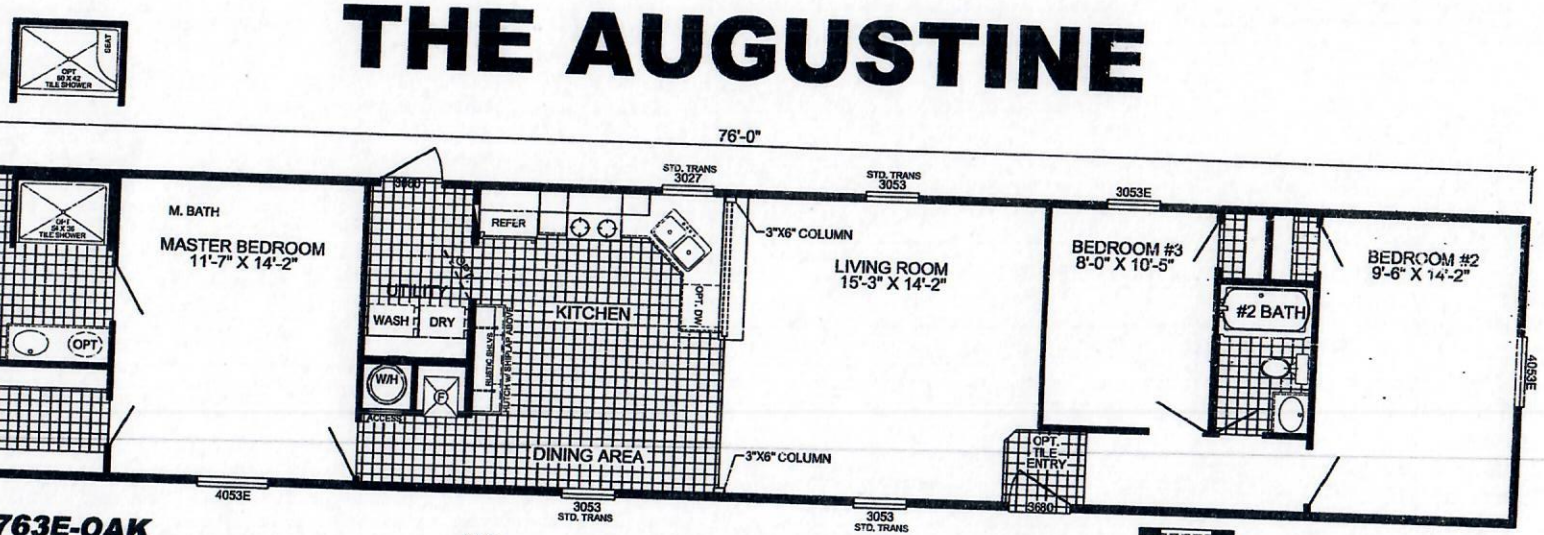
- (A) MAIN ELECTRICAL
- (B) ELECTRICAL CROSSOVER
- (C) WATER INLET
- (D) WATER CROSSOVER (IF ANY)
- (E) GAS INLET (IF ANY)
- (F) GAS CROSSOVER (IF ANY)
- (G) DUCT CROSSOVER
- (H) SEWER DROPS
- (I) RETURN AIR (W/OPT. HEAT PUMP OH DUCT)
- (J) SUPPLY AIR (W/OPT. HEAT PUMP OH DUCT)

U-5763E



# THE AUGUSTINE



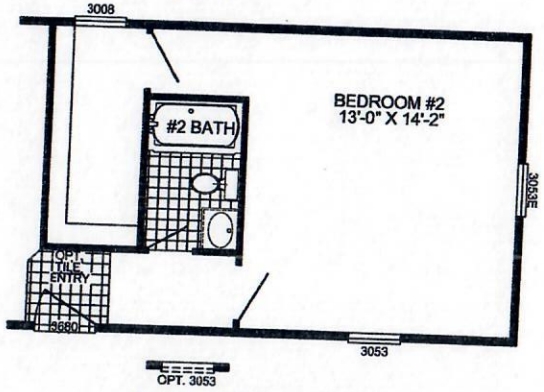

**U-5763E-OAK**

**3-BEDROOM / 2-BATH**

**16 X 80 - Approx. 1130 Sq. Ft.**

Date: 04/15/19

* All room dimensions include closets and square footage figures are approximate.
* Transom windows are available on optional 9'-0" sidewall houses only.
* Live Oak Homes reserves the right to modify product offering at any time.
* WIND ZONE 3 IS NOT AVAILABLE FOR THIS MODEL.




**OPT. 2 BEDROOM**

4/15/2019 6:19:04 PM

# Columbia County Property Appraiser

Jeff Hampton

**2022 Working Values**
updated: 1/6/2022

Parcel: << **33-1S-17-04634-001 (23699)** >>

## Owner & Property Info

Result: 1 of 1

| | |
|---|---|
| Owner | **ANDERSON JAMES**<br>**ANDERSON TERESA**<br>11762 N US HWY 441<br>LAKE CITY, FL 32055 |
| Site | 11762 N US HIGHWAY 441, LAKE CITY |
| Description* | COMM SW COR OF N1/2 OF NW1/4 OF SE1/4, RUN S 819.47 FT, W 16.21 FT TO W R/W US-441 FOR POB, CONT SW ALONG 540.60 FT, W 216.75 FT, NE 7 DEG 525.57 FT, E 200 FT TO POB & COMM SE COR OF SW1/4 OF SW1/4, N 333.10 FT, E 844.45 FT, N 842.71 FT, E 178.71 FOR POB, ...more>>> |

| | | | |
|---|---|---|---|
| Area | 3.63 AC | S/T/R | 33-1S-17 |
| Use Code** | MOBILE HOME (0200) | 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.

Aerial Viewer | Pictometery | Google Maps

2019 | 2016 | 2013 | 2010 | 2007 | 2005 | Sales


## Property & Assessment Values

| 2021 Certified Values | | 2022 Working Values | |
|---|---|---|---|
| Mkt Land | $26,280 | Mkt Land | $26,280 |
| Ag Land | $0 | Ag Land | $0 |
| Building | $6,843 | Building | $6,843 |
| XFOB | $1,300 | XFOB | $1,300 |
| Just | $34,423 | Just | $34,423 |
| Class | $0 | Class | $0 |
| Appraised | $34,423 | Appraised | $34,423 |
| SOH Cap [?] | $3,784 | SOH Cap [?] | $2,795 |
| Assessed | $30,890 | Assessed | $31,779 |
| Exempt | HX HB SX $29,640 | Exempt | HX HB SX $30,529 |
| Total Taxable | county:$999<br>city:$0<br>other:$0<br>school:$5,890 | Total Taxable | county:$1,099<br>city:$0<br>other:$0<br>school:$6,779 |

## Sales History

| Sale Date | Sale Price | Book/Page | Deed | V/I | Qualification (Codes) | RCode |
|---|---|---|---|---|---|---|
| 6/21/2011 | $39,000 | 1217/0084 | WD | I | Q | 01 |
| 3/9/2005 | $100 | 1217/0080 | WD | I | U | 01 |
| 3/9/2005 | $100 | 1051/0573 | WD | V | U | 04 |
| 6/10/2002 | $30,000 | 0956/0451 | AG | V | U | 01 |
| 1/18/1991 | $0 | 0740/1661 | WD | V | U | 03 |

## Building Characteristics

| Bldg Sketch | Description* | Year Blt | Base SF | Actual SF | Bldg Value |
|---|---|---|---|---|---|
| Sketch | MOBILE HME (0800) | 1959 | 760 | 1047 | $6,843 |

*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 |
|---|---|---|---|---|---|