

# 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 # 32-28-16-01809-105 Subdivision Indian Ridge phase I Lot# 5

▪ New Mobile Home ☒ Used Mobile Home \_\_\_\_\_ MH Size 28x76 Year 2021

▪ Applicant Oda price Phone # 386-931-9678

▪ Address 3360 150th PL Lake City FL 32024

▪ Name of Property Owner Westridge Inc. Phone# 321-360-8296

▪ 911 Address 577 NW Indian Ridge Lane Lake city FL 32055

▪ Circle the correct power company - FL Power & Light - Clay Electric  
(Circle One) - Suwannee Valley Electric - Duke Energy

▪ Name of Owner of Mobile Home Rebecca presher Phone # 321-360-8296

Address 577 NW Indian Ridge Lane Lake City FL 32055

▪ Relationship to Property Owner Purchaser

▪ Current Number of Dwellings on Property 0

▪ Lot Size 26.43 Total Acreage 26.43

▪ 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 NID

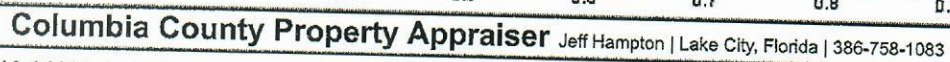
▪ Driving Directions to the Property Head North on Hernando Ave, turn (L) on Madison st, Turn (R) onto US-41 North, turn (L) onto Bascom Norris Dr, turn (R) onto Lake Jeffery Rd, turn (R) onto NW Leonia Way turn (R) onto NW Indian Ridge Lane.

▪ Name of Licensed Dealer/Installer William R. Price Phone # 407-448-0953

▪ Installers Address 3360 150th PL Lake City FL 32024

▪ License Number 1H 1041936 Installation Decal # 79551





Columbia County, FL

GrizzlyLogic.com



Parcel #

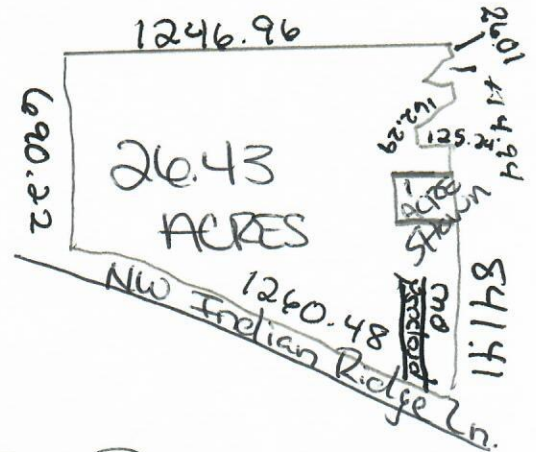
32-25-16-01809-105

Westridge Inc.

577 NW Indian Ridge Lane

Jake City FL 32055

N  
↑  
Scale  
1"=40'



Site Plan  
Relative



NW Indian Ridge Lane

District No. 1 - Ronald Williams  
District No. 2 - Rocky Ford  
District No. 3 - Robby Hollingsworth  
District No. 4 - Toby Witt  
District No. 5 - Tim Murphy

**BOARD OF COUNTY COMMISSIONERS • COLUMBIA COUNTY**



**Address Assignment and Maintenance Document**

To maintain the county wide Addressing Policy you must make application for a 9-1-1 Address at the time you apply for a building permit. The established standards for addressing and posting numbers to all principal buildings, dwellings, businesses and industries are contained in Columbia County Ordinance 2001-9. The addressing system is to enable Emergency Services Agencies to locate you in an emergency, and to assist the United States Postal Service and the public in the timely and efficient provision of services to residents and businesses of Columbia County

Date/Time Issued: **7/29/2021 7:19:06 PM**  
Address: **577 NW INDIAN RIDGE Ln**  
City: **LAKE CITY**  
State: **FL**  
Zip Code **32055**  
Parcel ID **01809-105**

REMARKS: Address for proposed structure on parcel.

**NOTICE: THIS ADDRESS WAS ISSUED BASED ON LOCATION AND ACCESS INFORMATION RECEIVED FROM THE REQUESTER. SHOULD, AT A LATER DATE, THE LOCATION AND/OR ACCESS INFORMATION BE FOUND TO BE IN ERROR OR CHANGED, THIS ADDRESS IS SUBJECT TO CHANGE.**

Address Issued By: **Signed:/ Matt Crews**

Columbia County GIS/911 Addressing Coordinator

COLUMBIA COUNTY  
911 ADDRESSING / GIS DEPARTMENT

263 NW Lake City Ave., Lake City, FL 32055 Telephone: (386) 758-1125  
Email: [gis@columbiacountyfla.com](mailto:gis@columbiacountyfla.com)



This Instrument Prepared by & return to:

Address: Westridge, Inc.  
P.O. Box 1733  
Lake City, FL 32056-1733

Property Appraisers Parcel ID Number(s)  
R01809-105

Space above this line for processing data

WARRANTY DEED

Consideration: 98,700.00  
Rec: 10.00  
Doc: 690.90

Inst: 201112003169 Date: 3/2/2011 Time: 4:31 PM

Doc Stamp: Deed 690.90

Doc: P. DeWitt Cason, Columbia County Page 1 of 1 B: 1210 P: 1737

Space above this line for recording data

*This Warranty Deed*, Made and executed the 25<sup>th</sup> Day of February, 2011, by HAROLD L.

SMITH, not residing on the property, whose post office address is: 5950 SW 20<sup>th</sup> AVE #53, GAINESVILLE, FL 32607, hereinafter called the grantor, to WESTRIDGE, INC., A FLORIDA CORPORATION, whose post office address is: PO BOX 1733, LAKE CITY, FL 32056, hereinafter called the Grantee,

(Wherever used herein the terms Grantor and Grantee include all the parties to this instrument, singular and plural, and the heirs, legal representatives, and assigns of individuals, and the successors and assigns of corporations, wherever the context so admits or requires.)

*Witnesseth*, That said Grantor, for and in consideration of the sum of \$10.00 (Ten Dollars) and other valuable considerations to said Grantor in hand paid by said Grantee, the receipt of which is hereby acknowledged, has granted, bargained, and sold to the said Grantee, and Grantee's heirs and assigns forever, the following described land, situate, lying and being in Columbia County, State of Florida, to-wit:

Lot 5, INDIAN RIDGE, PHASE ONE, a subdivision according to the map or plat thereof as recorded in Plat Book 9, Pages 72-79, public records, Columbia County, Florida

Parcel Identification Number: R01809-105

SUBJECT TO any valid and existing oil, gas or mineral right, reservation, royalty transfer or mineral deed conveying or reserving any interest in the oil, gas or minerals underlying said lands, or any portion thereof, heretofore executed and duly recorded in the public records of said county.

FURTHER SUBJECT TO covenants, conditions, restrictions, easements, reservations and limitations of record, road rights of way and utility easements, and rules, regulations and permitting requirements of Suwannee River Water Management District, if any. Further subject to all matters contained on the Plat of Indian Ridge, Phase One, as recorded in Plat Book 9, Pages 72-79, inclusive, and Declaration of Restrictions as recorded in Official Records Book 1162, Page 799, public records, Columbia County, Florida.

N.B. IT IS THE INTENT OF THE GRANTOR AND GRANTEE THAT THE CONVEYANCE OF THE ABOVE-DESCRIBED PROPERTY TO WESTRIDGE, INC. WILL NOT ACT IN ANY WAY AS SATISFACTION OF THE NOTE AND MORTGAGE FROM HAROLD L. SMITH, TO WESTRIDGE, INC. RECORDED IN OFFICIAL RECORDS BOOK 1185 AT PAGES 802-803, PUBLIC RECORDS OF COLUMBIA COUNTY, FLORIDA. IT IS THE EXPRESS INTENT OF THE PARTIES HEREIN THAT THE ABOVE-DESCRIBED NOTE AND MORTGAGE WILL NOT MERGE WITH THE INTEREST OF WESTRIDGE, INC. ACQUIRED PURSUANT TO THIS DEED.

*In Witness Whereof*, the said Grantor has caused these presents to be executed the day and year first above written.

Signed, sealed and delivered in the presence of:

Douglas Griffith  
Witness Signature  
Douglas Griffith  
Printed Name  
Esther Mallard  
Witness Signature  
Esther Mallard  
Printed Name

[Signature]  
Grantor (Signature)  
HAROLD L. SMITH  
Grantor's Printed Name  
5950 SW 20<sup>th</sup> AVE #53, GAINESVILLE, FL 32607  
Grantor's Post Office Address

STATE OF FLORIDA  
COUNTY OF Alachua

I hereby Certify that on this day, before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared HAROLD L. SMITH, known to me to be the person in whose name the foregoing instrument was executed, and that they severally acknowledged executing the same, freely and voluntarily, and that an oath was not taken. Said persons are personally known to me or produced FLDL as identification.

Witness my hand and official seal in the County and State last aforesaid this 25<sup>th</sup> of February 2011.



Notary Signature

Esther Mallard



# Wayne Frier Home Center of Macclenny LLC

DATE OF BIRTH  
BUYER: 07105178  
CO-BUYER: 04107175

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

DRIVER'S LICENSE  
BUYER:  
CO-BUYER:

BUYER(S) Rebecca & Walter Presher PHONE (321) 360-8296 DATE 5/14/21  
ADDRESS (321) 987-6085 SALESPERSON LIC. # EH  
DELIVERY ADDRESS TBD NW Indian Ridge Ln Lake City FL 32055 COLUMBIA CO.  
MAKE & MODEL Live Oak Home L-2764D YEAR 2021 BEDROOMS 4 FLOOR SIZE L 76 W 28 L 80 HITCH SIZE W STOCK NUMBER  
SERIAL NUMBER LOHGA20036989 AB ☒ NEW ☐ USED PROPOSED DELIVERY DATE KEY NUMBERS

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 releveing 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)  
Delivery  
Setup  
New A/C  
New Steps  
New Skirting

BALANCE CARRIED TO OPTIONAL EQUIPMENT \$

## NOTE: WARRANTY, EXCLUSIONS AND LIMITATIONS OF DAMAGES ON THE REVERSE SIDE

DESCRIPTION OF TRADE IN YEAR SIZE  
MAKE MODEL BEDROOMS X  
TITLE NO SERIAL NO COLOR  
AMOUNT OWING TO WHOM

ANY DEBT BUYER OWES ON THE TRADE-IN IS TO BE PAID BY ☐ DEALER ☐ 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.

BASE PRICE OF UNIT	\$ 119900	00
OPTIONAL EQUIPMENT		
SUB-TOTAL	\$ 119900	00
SALES TAX	7244	00
NON-TAXABLE ITEMS		
VARIOUS FEES AND INSURANCE		
Improvements	30500	00
CASH PURCHASE PRICE	\$ 157644	00
TRADE-IN ALLOWANCE	\$	
Less: BAL. DUE ON ABOVE	\$	
NET ALLOWANCE	\$	
CASH DOWN PAYMENT	\$ 11000	00
CASH AS AGREED	\$	
LESS TOTAL CREDITS	\$ 11000	00
SUB-TOTAL	\$	
SALES TAX (If Not Included Above)		
Unpaid Balance of Cash Sale Price	\$ 146644	00

## REMARKS:

NO VERBAL AGREEMENTS WILL BE HONORED.  
Initial: \_\_\_\_\_

Liquidated Damages are agreed to be \$ \_\_\_\_\_ or 10% of the cash price, whichever is greater.  
REFER TO PARAGRAPH #6 ON THE REVERSE SIDE 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  
By \_\_\_\_\_ Approved \_\_\_\_\_  
DEALER

SIGNED X \_\_\_\_\_ BUYER  
SOCIAL SECURITY NO. \_\_\_\_\_ / /  
SIGNED X \_\_\_\_\_ BUYER  
SOCIAL SECURITY NO. \_\_\_\_\_ / /





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, \_\_\_\_\_, 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
<u>Amy Johnson</u>	<u>[Signature]</u>	<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.

[Signature]  
License Holders Signature (Notarized) 1H1041936 6-23-21  
License Number Date

## NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Sumner

The above license holder, whose name is William R. Price,  
personally appeared before me and is known by me or has produced identification  
(type of I.D.) \_\_\_\_\_ on this 23rd day of June, 2021.

[Signature]  
NOTARY'S SIGNATURE







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
oda Price		Price Rite Enterprise
Jessie Shepard		Price Rite Enterprise
Amy Johnson		Price Rite Enterprise

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.

License Holders Signature (Notarized)

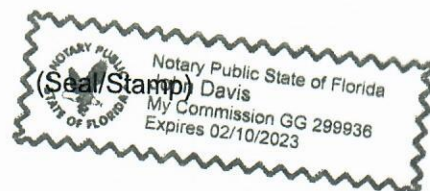
14-1041936  
License Number

6-23-21  
Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Seminole

The above license holder, whose name is William R. Price,  
personally appeared before me and is known by me or has produced identification  
(type of I.D.) \_\_\_\_\_ on this 23rd day of June, 20 21.

  
NOTARY'S SIGNATURE



# MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER \_\_\_\_\_ CONTRACTOR William Price PHONE 407-448-0957

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>Dillon Whittington</u> Signature <u>Dillon Whittington</u> License #: <u>EC13002957</u> Phone #: <u>386 972 1400</u> Qualifier Form Attached <input type="checkbox"/>
MECHANICAL/ A/C	Print Name _____ Signature _____ License #: _____ 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.





Ron DeSantis, Governor

Halsey Beshears, 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, 2022**

Always verify licenses online at [MyFloridaLicense.com](http://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.





# MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

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

CONTRACTOR William Price

PHONE 407-448-8953

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>CAC1817658</u>	Signature <u>Ronald E. Bonds SR</u> Phone #: <u>850.768.1853</u> Qualifier Form Attached <input type="checkbox"/>

**F. S. 440.105 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.





Ron DeSantis, Governor

Halsey Beshears, 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, 2022**

Always verify licenses online at [MyFloridaLicense.com](http://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.





# Mobile Home Permit Worksheet

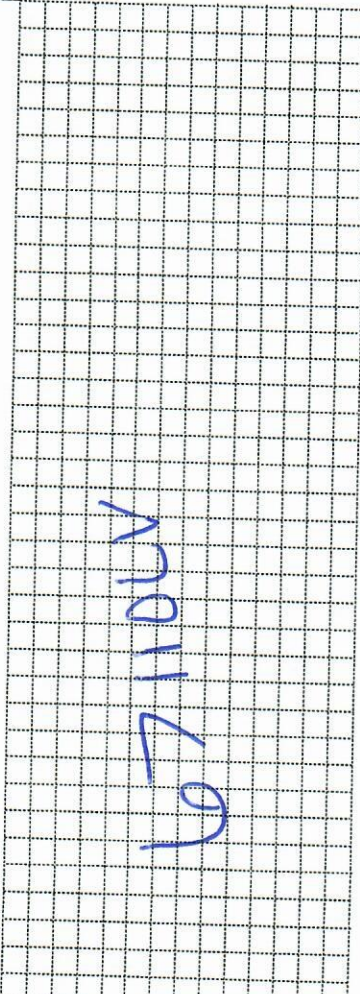
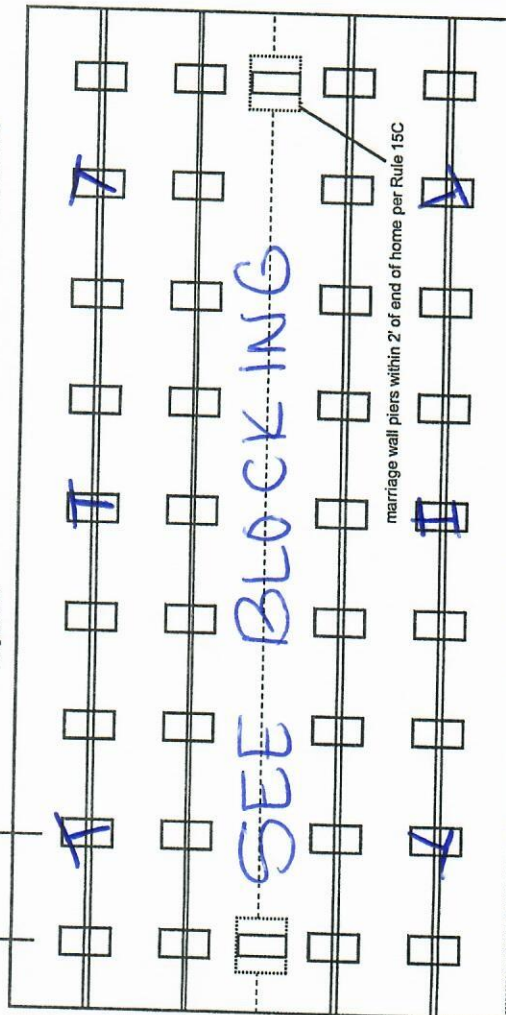
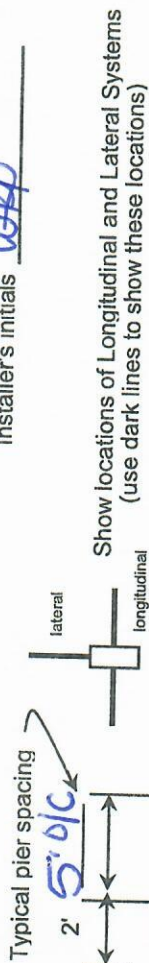
Installer: William R. Price License # 1H1041936

Address of home being installed \_\_\_\_\_

Manufacturer Wayne Erie masonry Length x width 28x76

**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 WRP



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 # 79551

Triple/Quad ☐ Serial # LOH642003098946

## 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'	4'	5'	6'	7'	8'
1500 psf	4'	6'	6'	7'	8'	8'	8'
2000 psf	6'	8'	8'	8'	8'	8'	8'
2500 psf	7'	8'	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 17x35

Perimeter pier pad size 11x16

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

Large

23x31

## ANCHORS

4 ft xx 5 ft

## FRAME TIES

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

## TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)

Manufacturer \_\_\_\_\_

Longitudinal Stabilizing Device w/ Lateral Arms

Manufacturer \_\_\_\_\_

Oliver Tech

## OTHER TIES

Number

Sidewall

Longitudinal

Marriage wall

Shearwall



# Mobile Home Permit Worksheet

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

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

## POCKET PENETROMETER TEST

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

x 1000 x 1000 x 1000

## 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 1000 x 1000 x 1000

## TORQUE PROBE TEST

The results of the torque probe test is 280 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 R. Price

Date Tested

6-23-21

## 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. ✓

## Site Preparation

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

## Fastening multi wide units

Floor: Type Fastener: Loose Length: 18" Spacing: 18"  
Walls: Type Fastener: screws Length: 18" Spacing: 18"  
Roof: Type Fastener: metal/screws Length: 18" Spacing: 18"  
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 WEP

Type gasket

foam

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

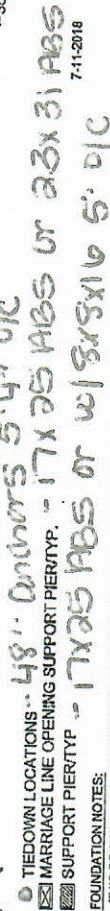
Installer Signature

[Signature]

Date

6-23-21





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.

- Live Oak Homes**  
**MODEL: L-2764D - 28 X 80**  
**4-BEDROOM / 2-BATH**
- |                              |   |
|------------------------------|---|
| (A) MAIN ELECTRICAL          | (G) DUCT CROSSOVER                        |
| (B) ELECTRICAL CROSSOVER     | (H) SEWER DROPS                           |
| (C) WATER INLET              | (I) RETURN AIR (W/OPT. HEAT PUMP OH DUCT) |
| (D) WATER CROSSOVER (IF ANY) | (J) SUPPLY AIR (W/OPT. HEAT PUMP OH DUCT) |
| (E) GAS INLET (IF ANY)       |   |
| (F) GAS CROSSOVER (IF ANY)   |   |

**Live Oak Homes**  
**MODEL: L-2764D - 28 X 80**  
**4-BEDROOM / 2-BATH**

1-Diver System

7. Double frame TIC-48". Anchor 5' from end

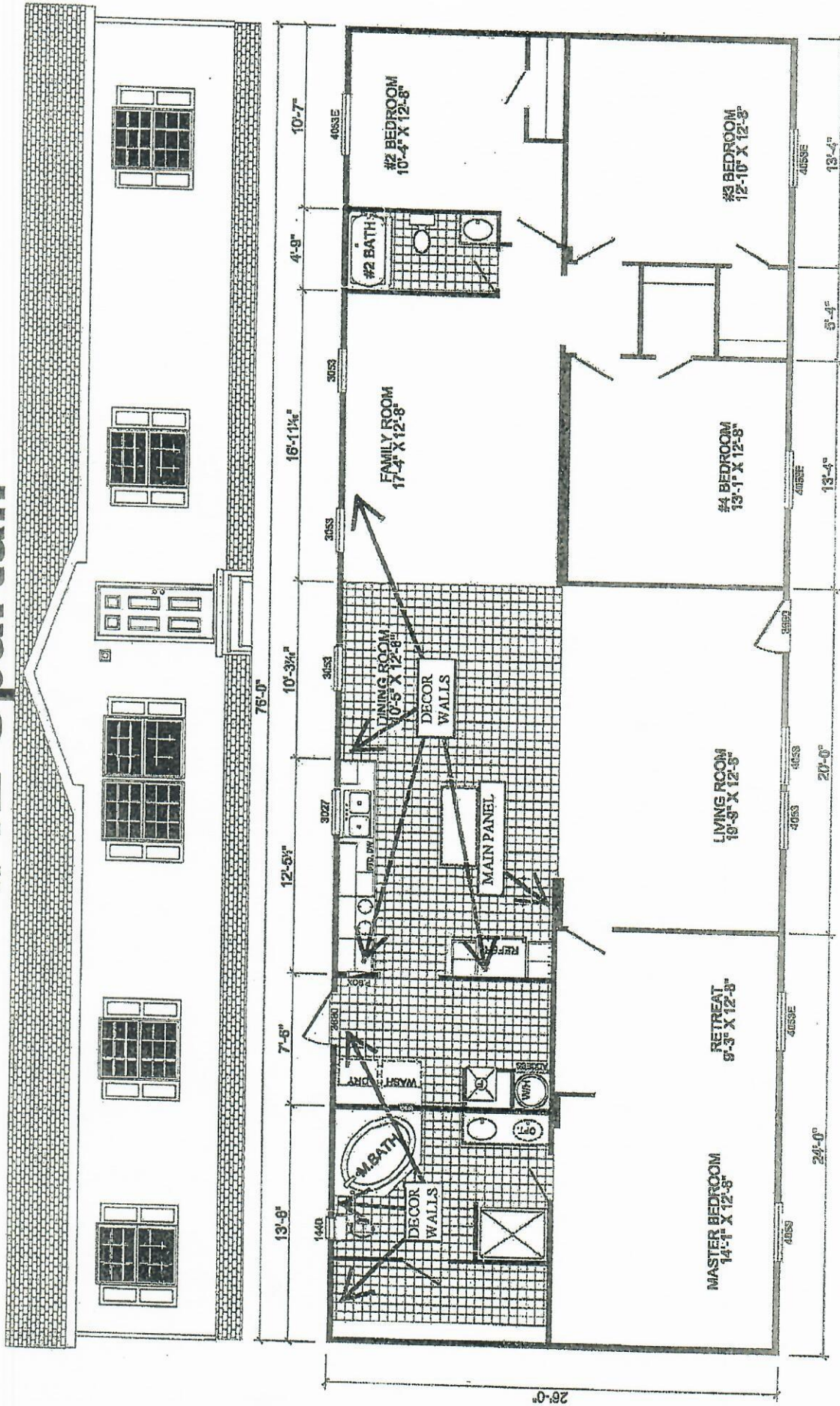
\* - an perimeter doors 16x16

\* All Centerline anchors - 60" and greater diam.

L-2764D



# #12 Spartan



**L-2764D Runner Series**  
**4-Bedroom / 2-Bath**  
**28 x 80 - Approx. 1976 Sq. Ft.**

0-2-2013  
 \* All room dimensions include closets and square footage figures are approximate.  
 \* Tenant choices are available on optional 8'-0" overhead houses only.  
 \* Underpinning shown is optional.



Preshner

Columbia

28x76

License Number: IH / 1041936 / 1 Name: WILLIAM R PRICE

Order #: 4868	Label #: 79551	Manufacturer:	(Check Size of Home)
Homeowner:		Year Model:	Single _____
Address:		Length & Width:	Double _____
City/State/Zip:			Triple _____
Phone #:		Type Longitudinal System:	HUD Label #:
Date Installed:		Type Lateral Arm System:	Soil Bearing / PSF:
Installed Wind Zone:		New Home: _____ Used Home: _____	Torque Probe / in-lbs:
Note:		Data Plate Wind Zone:	Permit #:

STATE OF FLORIDA  
INSTALLATION CERTIFICATION LABEL

79551

LABEL #

DATE OF INSTALLATION

WILLIAM R PRICE

NAME

IH / 1041936 / 1

4868

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.