

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 # 22-3S-16-02244-117

Subdivision Branden Estates

Lot# 17

- New Mobile Home ☒ Used Mobile Home _____ MH Size 32'x62' Year 2021
- Applicant Charles Robinson Phone # (352) 474-3914
- Address 466 SW Deputy J Davis Ln Lake City FL 32024
- Name of Property Owner Freedom Homes Phone# (386)-752-5355
- 911 Address 259 NW Whitney Gln 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 Freedom Homes Phone # (386) 752-5355
Address 466 SW Deputy J Davis Ln Lake City FL 32024
- Relationship to Property Owner SAME
- Current Number of Dwellings on Property 0
- Lot Size _____ Total Acreage _____
- 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 US-90 west to Turner Rd T/R on to Turner Rd go to the end of the pavement then T/R onto NW Whitney Gln Rd go all the way to the end of the road Site on left right at the beginning of the Caudisac
- 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	<i>Paul A 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
CHARLES ROBINSON	<i>Charles Robinson</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)

1H-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





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	<i>Paul A Barney</i>	FREEDOM HOMES
STEVE SMITH	<i>Steve Smith</i>	FREEDOM HOMES
CHARLES ROBINSON	<i>Charles Robinson</i>	FREEDOM HOMES

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David Albright
License Holders Signature (Notarized)

1H-1129420-1
License Number

5-4-2021
Date

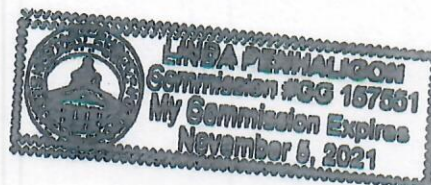
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Linda Penhaligon
NOTARY'S SIGNATURE

(Seal/Stamp)



MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____

CONTRACTOR DAVID ALBRIGHTPHONE (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.

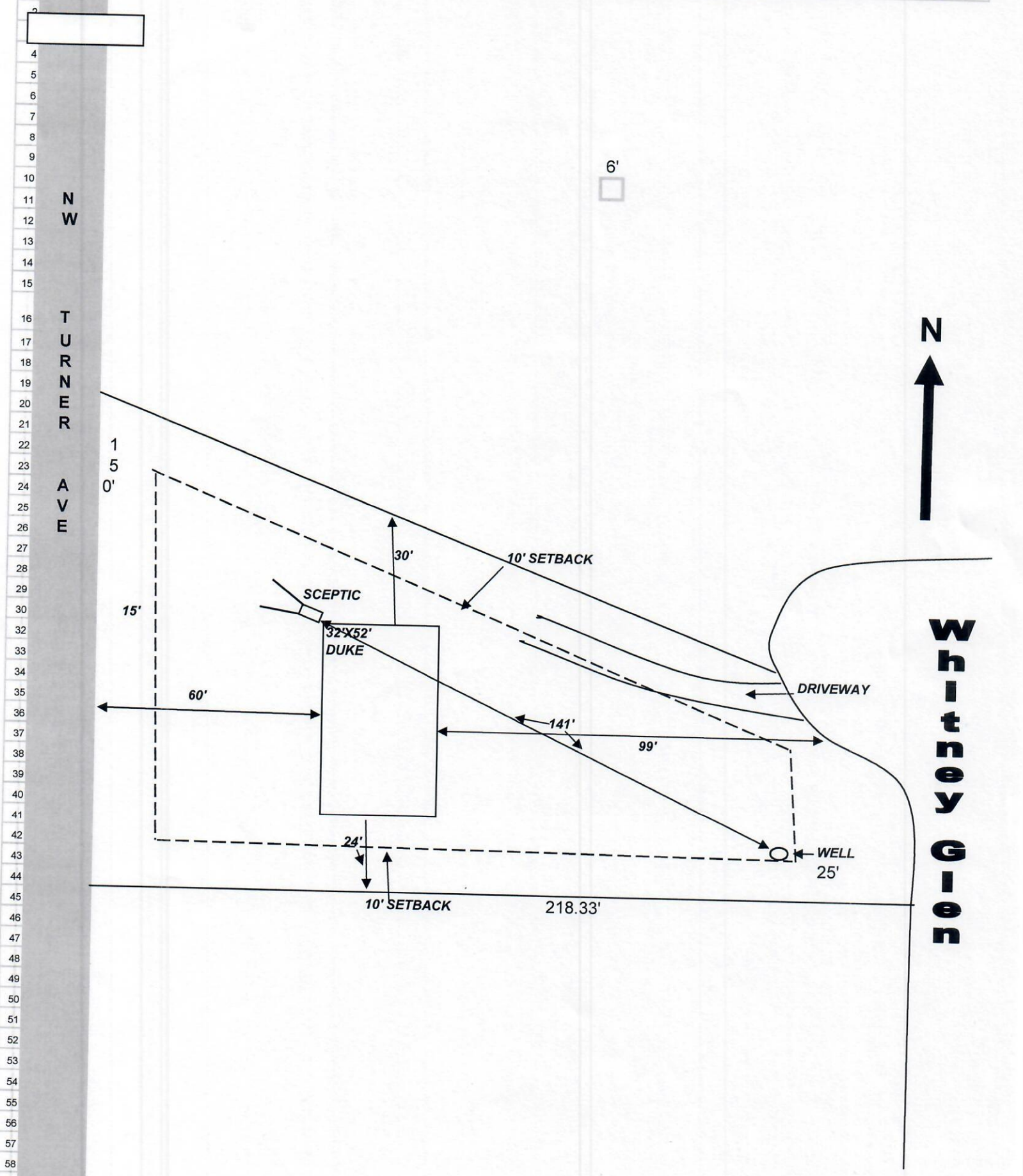
ELECTRICAL	Print Name <u>WHITTINGTON ELECTRIC</u> License #: <u>EG 13002957</u> Qualifier Form Attached <input type="checkbox"/>	Signature <u>[Signature]</u> Phone #: <u>386 972 1700</u>
MECHANICAL/ A/C _____	Print Name <u>STYLECREST</u> License #: <u>CAC 1817658</u> Qualifier Form Attached <input type="checkbox"/>	Signature <u>[Signature]</u> 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



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

Order #: 4824

Label #: 78679

Manufacturer:

LIVE OAK

(Check Size of Home)

Homeowner: BRANDON ESTATES

Year Model:

2021

Single

Address:

259 NW WHITNEY GLEN

Length & Width:

52/56 x 32

Double ☒

Triple

City/State/Zip:

LAKE CITY FL 32055

Type Longitudinal System:

4 OTI

HUD Label #:

Phone #:

Type Lateral Arm System:

4 OTI

Soil Bearing / PSF:

Date Installed:

New Home: ☒

Used Home: ☐

Torque Probe / in-lbs:

Installed Wind Zone:

II

Data Plate Wind Zone:

II

Permit #:

Note:

STATE OF FLORIDA
INSTALLATION CERTIFICATION LABEL

78679

LABEL #

DATE OF INSTALLATION

DAVID E ALBRIGHT

NAME

IH / 1129420 / 1

4824

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.

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

Installer **DAVID ALBRIGHT**

License # **IH/1129420**

971 Address where home is being installed.

259 NW Whitney Ln Lake City FL 32055

Manufacturer **LIVE OAK HOMES**

Length x width

32 x 52 / 56

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
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]

DUKE 4-3524D

page 1 of 2

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 #

78679

Triple/Quad

☐

Serial #

L0HGA

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq ft)	Footprint size (sq ft)	18' x 18' (324)	18' 1/2" x 18' (342)	20' x 20' (400)	22' x 22' (484)	24' x 24' (576)	26' x 26' (676)
1000 sq ft	3'	4'	4'	5'	6'	7'	8'
1500 sq ft	4'	5'	6'	7'	8'	9'	10'
2000 sq ft	5'	6'	7'	8'	9'	10'	11'
2500 sq ft	6'	7'	8'	9'	10'	11'	12'
3000 sq ft	7'	8'	9'	10'	11'	12'	13'
3500 sq ft	8'	9'	10'	11'	12'	13'	14'
4000 sq ft	9'	10'	11'	12'	13'	14'	15'

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

PIER PAD SIZES

l-beam pier pad size

17 x 26

Perimeter pier pad size

16 x 16

Other pier pad sizes (required by the mfg.)

23 x 31



Draw the approximate locations of marriage well openings 4 foot or greater. Use this symbol to show the piers.

List all marriage well openings greater than 4 foot and their pier pad sizes below.

Opening

15

Pier pad size

32 x 23

4

17 x 25

3

17 x 25

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD) **OT1**
Manufacturer
Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer **OT1**

ANCHORS

4 ft

☒

5 ft

CTR

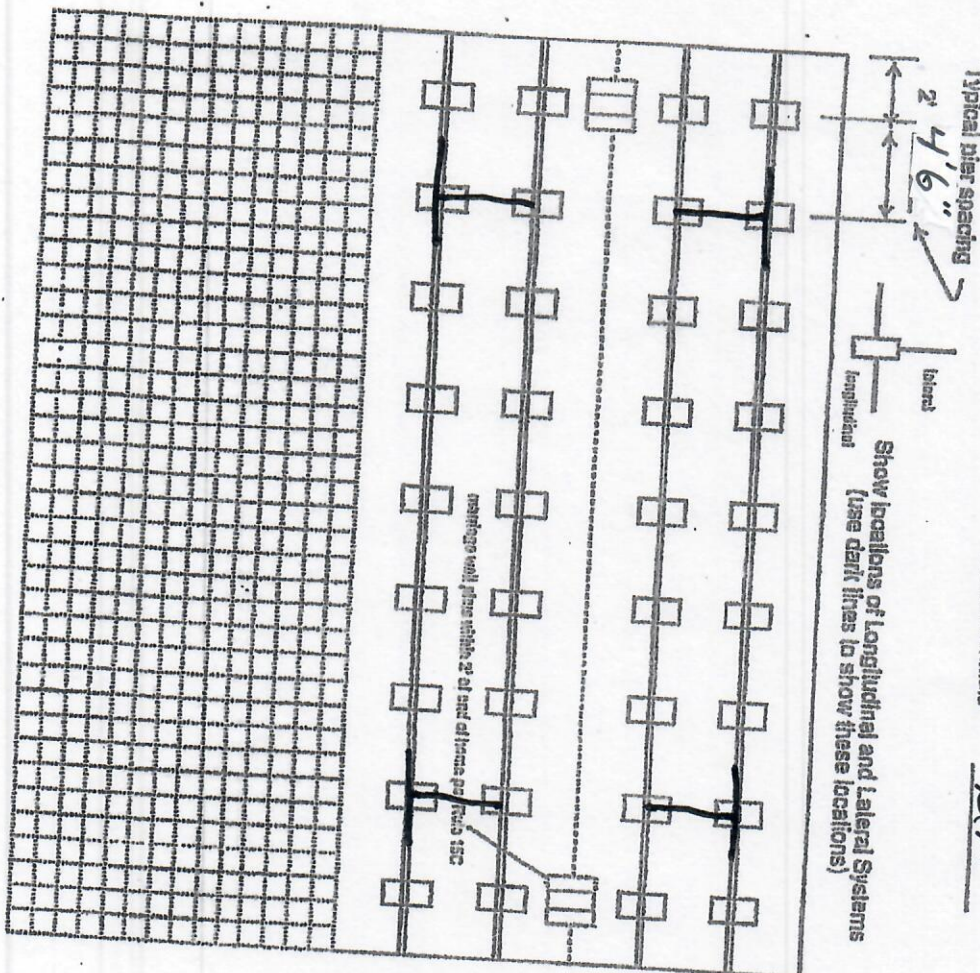
FRAME TIES

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

OTHER TIES

Number

Stairwell **23**
Longitudinal Marriage wall **4**
Shearwall **3**



Mobile Home Permit Worksheet

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to _____ psf or check here to declare 1000 lb. soil ☒ 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 270 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 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 ☒
Water drainage: Natural ☒ Swale ☐ Pad ☒ Other ☐

Fastening multi wide units

Floor: Type Fastener: LAGS Length: 6" Spacing: 2'
Walls: Type Fastener: SCREWS Length: 3" Spacing: 16"
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 ☒
Between Walls Yes ☒ END WALLS
Bottom of ridgebeam Yes ☒

Weatherproofing

The bottomboard will be repaired and/or taped. Yes ☒ 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

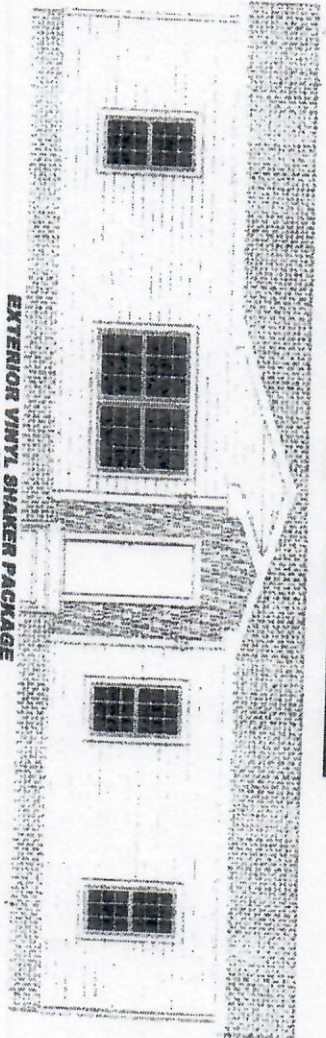
Skirting to be installed. Yes ☐ No ☒
Dryer vent installed outside of skirting. Yes ☐ N/A ☒
Range downflow vent installed outside of skirting. Yes ☐ N/A ☒
Drain lines supported at 4 foot intervals. Yes ☒
Electrical crossovers protected. Yes ☒
Other: _____

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

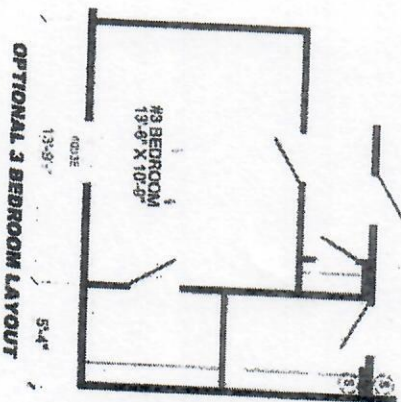
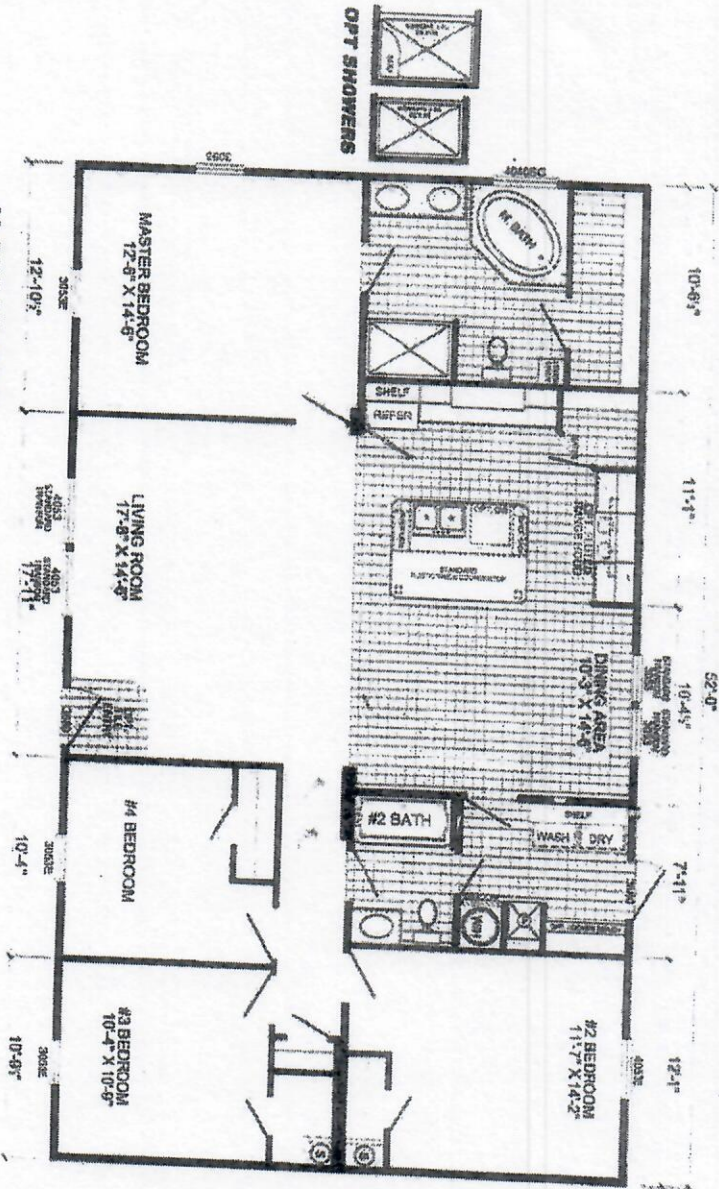
Installer Signature David Albright

Date _____

DUKE



EXTERIOR VINYL SHAKER PACKAGE
(STD)



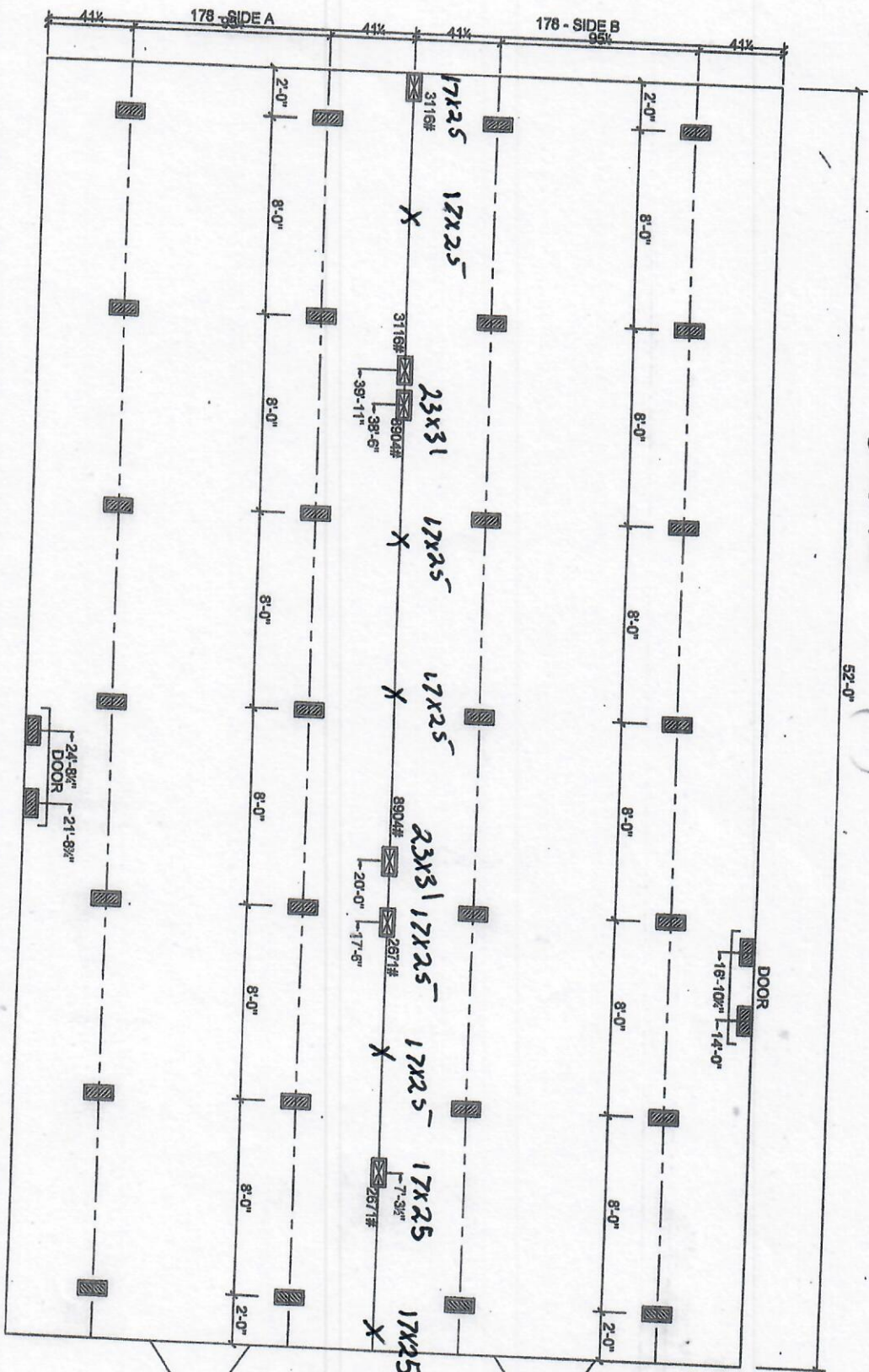
OPTIONAL 3 BEDROOM LAYOUT

U-3524D-OAK
4-BEDROOM / 2-BATH
32 X 56 - Approx. 1525 Sq. Ft.

Date: 08/23/18
All room dimensions include closets and angles. Features are approximate.
Kitchen windows are available on optional 9'0" sided houses only.
Live Oak features reserve the right to modify product without any notice.

OAKS
Signature
Saves

52'-0"



DUKE

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: U3524D - 32 X 52
4-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)

U-3524D

Freedom Mobile Home Sales, Inc

DATE OF BIRTH
BUYER: 05/17/90
CO-BUYER:
EMAIL TRCARTER08@HOTMAIL.COM

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

DRIVER'S LICENSE
BUYER:
CO-BUYER: 0

BUYER(S) TRAVIS CARTER		PHONE (904) 408-2162		DATE 02/22/21	
ADDRESS 367 SE LILLIAN LOOP APT 101 LAKE CITY FL 32025		Salesperson: BRIAN SMITH			
DELIVERY ADDRESS TBD WHITNEY GLEN LAKE CITY FL 32055					
MAKE & MODEL LIVE OAK U-3524D		YEAR 2021	BEDROOMS 4X2	FLOOR SIZE L 32 W 52	HITCH SIZE L 32 W 56
SERIAL NUMBER 0		COLOR	PROPOSED DELIVERY DATE		STOCK NUMBER 0
New or Used DUKE		KEY NUMBERS			
LOCATION	R-VALUE	THICKNESS	TYPE OF INSULATION		BASE PRICE OF UNIT \$120,183.00
CEILING	27	9 1/5	ROCKWOOL		
EXTERIOR	11	3 1/2	FIBERGLASS		
FLOORS	22	7	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.					SUB-TOTAL \$120,183.00
OPTIONAL EQUIPMENT, LABOR, AND ACCESSORIES					COUNTY TAX \$50.00
Delivered and Set Up:					SALES TAX 6% \$7,210.98
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				WELL 3000, SEPTIC 3300 \$15,100.00
Furnished	\$ NO				1, CASH PURCHASE PRICE \$167,443.98
Unfurnished	AGREE				TRADE-IN ALLOWANCE \$0.00
Customer responsible for any wrecker fees incurred on lot.	AGREE				LESS BAL. DUE ON ABOVE \$0.00
Wheels & axles deleted from sale price of home.	AGREE				NET ALLOWANCE \$0.00
Electrical Hookup	Included				CASH DOWN PAYMENT \$5,700.00
					0 \$0.00
					LESS TOTAL CREDITS \$5,700.00
					BALANCE DUE TO FREEDOM \$161,743.98
					0 \$0.00
					CLOSING COST FINANCED BY LENDER \$9,500.00
					INSURANCE \$0.00
					ESTIMATED FINAL LOAN AMOUNT \$171,243.98
Type of A/C	PKG HP				Initial:
Type of Skirting	LAP TO GROUND				NO VERBAL AGREEMENTS WILL BE HONORED.
Type of steps	WOOD CODE				SELLER AGREES TO PAY UP TO 6% \$0.00
					OF BUYERS CLOSING COST AND PREPAIDS
NOTE: WARRANTY, EXCLUSIONS AND LIMITATIONS OF DAMAGES ON THE REVER					The U.S. Department of Housing and Urban Development (HUD)
DESCRIPTION OF TRADE-IN					Manufactured Home Dispute Resolution Program is available to resolve
MAKE	YEAR	BEDROOMS	SIZE	disputes among manufacturers, retailers, or installers concerning defects in	
N/A	N/A	N/A	N/A	manufactured homes. Many states also have a consumer assistance or	
TITLE NO.	SERIAL	COLOR	dispute resolution program. For additional information about these		
N/A	N/A	N/A	programs see sections titled "Dispute Resolution Process" and "additional		
LIEN HOLDER	PHONE NO	AMOUNT	Information -- HUD Manufactured Home Dispute Resolution Program" in		
N/A	N/A	N/A	the consumer manual required to be provided to the purchaser. These		
TRADE PAYOFF IS TO BE PAID BY 0					programs are not warranty programs and do not replace the manufacturer's
THIS AGREEMENT CONTAINS THE ENTIRE UNDERSTANDING BETWEEN DEALER AND BUYER AND NO OTHER REPRESENTATION OR INDUCEMENT, VERBAL OR WRITTEN HAS BEEN MADE					or any other person's warranty program. _____
are agreed to as part of this agreement, the same as it printed above the signatures. Buyer is purchasing					Liquidated Damages are agreed to \$900.00 or
and accessories, the insurance as described has been voluntary, the Buyer's trade-in is free of all claims whatsoever except as noted.					10% of the cash price, whichever is greater.
REFER TO PARAGRAPH #6 ON THE REVERSE SIDE OF THIS CONTRACT					
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					
Freedom Mobile Home Sales, Inc DEALER			SIGNED X BUYER		
Not Valid Unless Signed by Steve Smith (Vice Pres)			SOCIAL SECURITY NO. [REDACTED]		
BY Agent			SIGNED X BUYER		
			SOCIAL SECURITY NO.		