# LIMITED POWER OF ATTORNEY

I, Elizabeth Hrapski, do hereby authorize James Warren to be my representative and act on my behalf in all aspects of applying for a Building permit to be placed on my property described as:

Sec 08 Twp 4s Rge 16 Parcel No. 02812 013 in Columbia County, Florida.

Elizabeth Hrapski
(Owner Signature)

3/16/2023
(Date)

Sworn to and subscribed before me this 16th day of March, 20 23.

Christy Lynne Coburn
Notary Public

My commission expires: Aug 25, 2025
Commission No. HH169705
Personally known:
Produced ID (Type) FL DL

CHRISTY LYNNE COBURN
Notary Public - State of Florida
Commission # HH 169705
My Comm. Expires Aug 25, 2025
Bonded through National Notary Assn.

## 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 # 08-4S-16-02812-013 Subdivision _____ Lot#____

- New Mobile Home X Used Mobile Home_____ MH Size 32x58/62 Year 2022
- Applicant James Warren Phone #386-752-5355
- Address 466 Sw Deputy J Davis Lane Lake City FL 32024
- Name of Property Owner Elizabeth Hrapski Phone# 386-365-3985
- 911 Address 209 NW Old Mill Dr. Lake City 32055
- Circle the correct power company - **FL Power & Light** - **Clay Electric**
  (Circle One) - **Suwannee Valley Electric** - **Duke Energy**
- Name of Owner of Mobile Home Elizabeth Hrapski Phone #386-365-3985
  Address 209 NW old Mill Rd Lake City Fl 32055
- Relationship to Property Owner Self
- Current Number of Dwellings on Property 0
- Lot Size 417'x417' Total Acreage 4
- 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 NO
- Driving Directions to the Property US 90 W, 3.9 miles Left onto Co RD 252B, right onto deputy j davis lane .9 miles right onto pinemount, 1.6 miles left onto SW Birley Ave,.8 miles left adress apporox 800 feet on left
  Email Address for Applicant: permits@freedomhomesinc.com
- Name of Licensed Dealer/Installer David Albright Phone # 386-344-3645
- Installers Address 353 SW Mauldin Ave Lake City 32024
- License Number IH-1129420 Installation Decal # 98736

# COLUMBIA COUNTY
# 911 ADDRESSING / GIS DEPARTMENT

P. O. Box 1787, Lake City, FL 32056-1787
263 NW Lake City Ave., Lake City, FL 32055
Telephone: (386) 758-1125 * Fax: (386) 758-1365 * Email: gis@columbiacountyfla.com

## Application for 9-1-1 Address Assignment Form

***NOTE:* ADDRESS ASSIGNMENT MAY REQUIRE UP TO 10 WORKING DAYS. IF THE ADDRESSING DEPARTMENT NEEDS TO CONDUCT ON SITE GPS LOCATION IDENTIFICATION OR OTHER ACTIONS, ADDITIONAL TIME MAY BE REQUIRED.**

Date of Request: 3/22/2023

REQUESTER Last Name: Hrapski

First Name: Elizabeth

Contact Telephone Number: 386-365-3985

(Cell Phone Number if Provided): _____

Requested for Self: X or Requested for Company: ☐
(check one)

If Address is Requested by a Company, Provide Name of Requesting Company:

_____

Parcel Identification Number: 08 -4S -16 - 02812 - 016

If in Subdivision, Provide Name Of Subdivision:

_____

Phase or Unit Number (if any): _____ Block Number (if any): _____

Lot Number: _____

**Attach Site Plan or you may use page 2 of Application Form for Site Plan: Requirements for Site Plan Are Listed on page 2 of Application Form: (NOTE: Site Plan Does NOT have to be a survey or to scale; FURTHER a Environmental Health Dept. Site Plan showing only a 210 by 210 cutout of a property will NOT suffice for Addressing Application Requirements.)**

***Addressing / GIS Department Use Only:***

Date Received: _____

Received by: Walk in: _____ Fax: _____ Email: _____ Other: _____

SW BIRLEY

MOTHER OF OWNER SITE BUILT HOME

Shared Easement

SON/DAUGHTER

SON/DAUGHTER

Well

180'

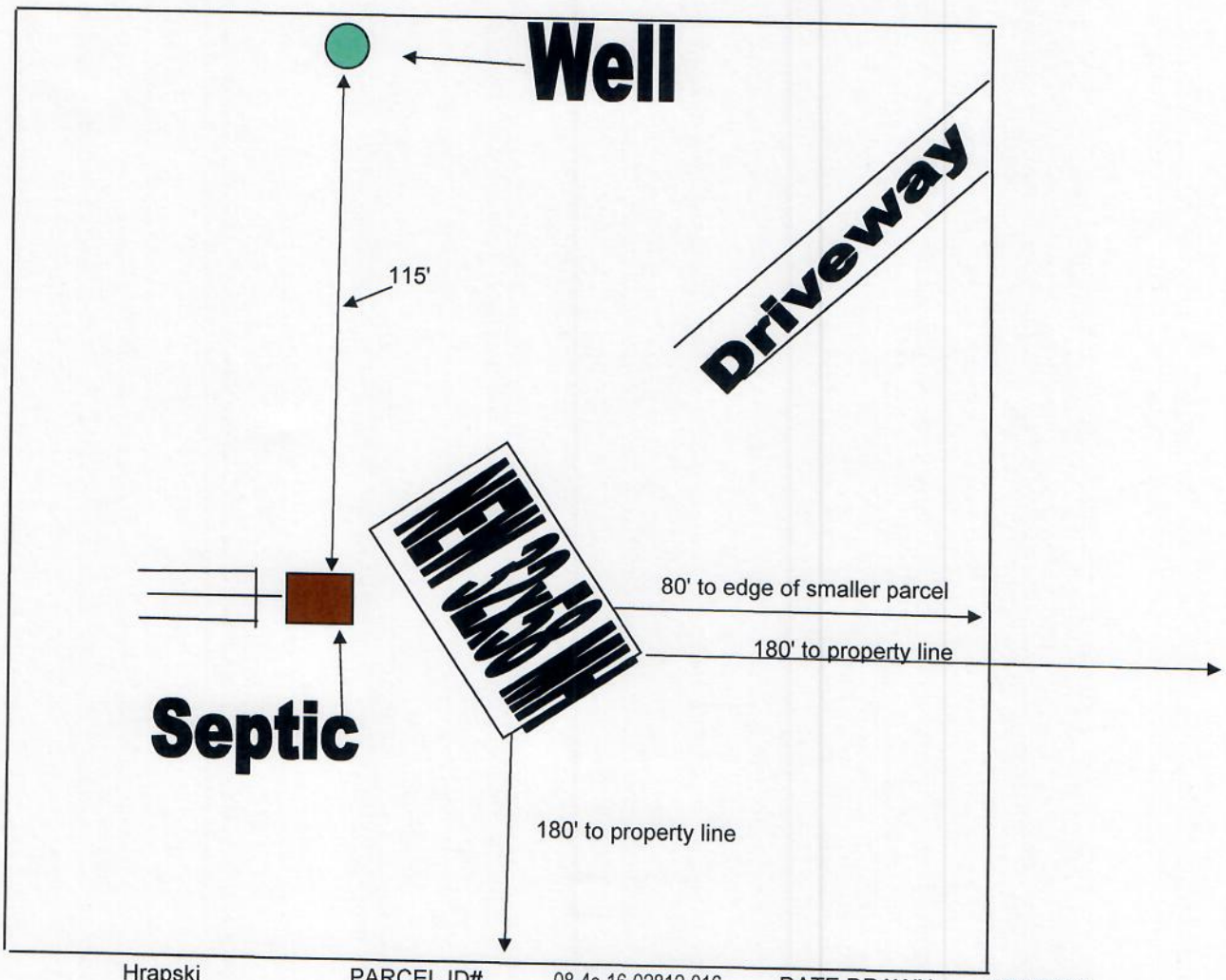
115'

180'

Septic

NEW 32x58 MH

210x210 Home Site Enlarged for detail




BUYER Hrapski PARCEL ID# 08-4s-16-02812-016 DATE DRAWN 3/23/2023

ACREAGE 4 DEALER: FREEDOM HOMES 386-752-5355

**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 #: EC 13002957<br>Qualifier Form Attached ☐ | Signature Glenn Whittington<br>Phone #: (386) 972-1700 |
| **MECHANICAL/ A/C** A/C | Print Name STYLECREST<br>License #: CAC 1817658<br>Qualifier Form Attached ☐ | Signature Ronald E Bonds SR<br>Phone #: (850) 769-1453 |

*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

# MOBILE HOME INSTALLER AFFIDAVIT

I certify that the following described mobile home being placed on the referenced parcel is not a Wind Zone 1 mobile home.

Customer's Name: Elizabeth Hrapski

Property ID: Sec: 08 Twp: 4s Rge: 16 Tax Parcel No: 02812-013

Lot: _____ Block: _____ Subdivision: _____

Mobile Home Year/Make: 2023 Live Oak

Vin #: LOHGA30073926 AB Size: 32x58/62

David E Albright
Signature of Mobile Home Installer

DAVID E ALBRIGHT
Mobile Home Installer's name printed/typed

(386) 344-3645
Mobile Phone Number

Sworn to and subscribed before me this _____ day of _____ 20 _____

by DAVID ALBRIGHT.

LINDA PENHALIGON
Notary's name printed/typed

NOTARY PUBLIC STATE OF FLORIDA
LINDA PENHALIGON
Commission #GG 157551
My Commission Expires
November 5, 2021

Linda Penhaligon
Notary Public, State of Florida
Commission No. GG 157551
Personally Known: ✓
Produced ID (type) _____

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 |
|---|---|---|
| JAMES WARREN | James Warren | FREEDOM MOBILE HOME SALES, INC |
| STEVE SMITH | Steve Smith | FREEDOM MOBILE HOME SALES, INC |
| | | |

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 D Albright — License Holders Signature (Notarized)

IH-1129420 — License Number

12-20-22 — 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.)_____ on this 20th day of DECEMBER, 20 22.

Linda Penhaligon
NOTARY'S SIGNATURE

(Seal/Stamp)

LINDA PENHALIGON
Notary Public - State of Florida
Commission # HH 167843
My Comm. Expires Nov 5, 2025
Bonded through National Notary Assn.

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 AIBRIGHT (Installer License Holder Name), give this authority for the job address show below only, 8698 NW US Hwy 41 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) |
|---|---|---|
| Wayne Hatch | | X Agent ___ Officer ___ Property Owner |
| David Dowds | | X Agent ___ Officer ___ Property Owner |
| James Walton | | X 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.

License Holders Signature (Notarized) | IH-1129420 License Number | 12-14-22 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.) ___ on this 14th day of Dec, 2022.

NOTARY'S SIGNATURE

(Seal/Stamp)

STEVEN LYNN SMITH
Notary Public - State of Florida
Commission # HH 219026
My Comm. Expires Jan 23, 2026
Bonded through National Notary Assn.

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

| | | |
|---|---|---|
| Order #: 5763 Label #: 98736 | Manufacturer: LIVE OAK | (Check Size of Home) |
| Homeowner: HRAPSKI | Year Model: 2023 | Single ___ |
| Address: | Length & Width: 76' x 32' | Double X |
| City/State/Zip: LAKE CITY FL | 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: II | Data Plate Wind Zone: II | Torque Probe / in-lbs: |
| Note: | | Permit #: |

## STATE OF FLORIDA
## INSTALLATION CERTIFICATION LABEL

98736
LABEL #

DATE OF INSTALLATION

DAVID E ALBRIGHT
NAME

IH / 1129420 / 1
LICENSE #

5763
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.

HRAPSKI

# Mobile Home Permit Worksheet

DW

Application Number: _____ Date: _____

Installer: DAVID AIBRIGHT License # IH-1129420

Address of home being installed _____

_____

Manufacturer LIVE OAK Length x width 76'x32'

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 # 98736

Triple/Quad ☐ Serial # _____

**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 _____

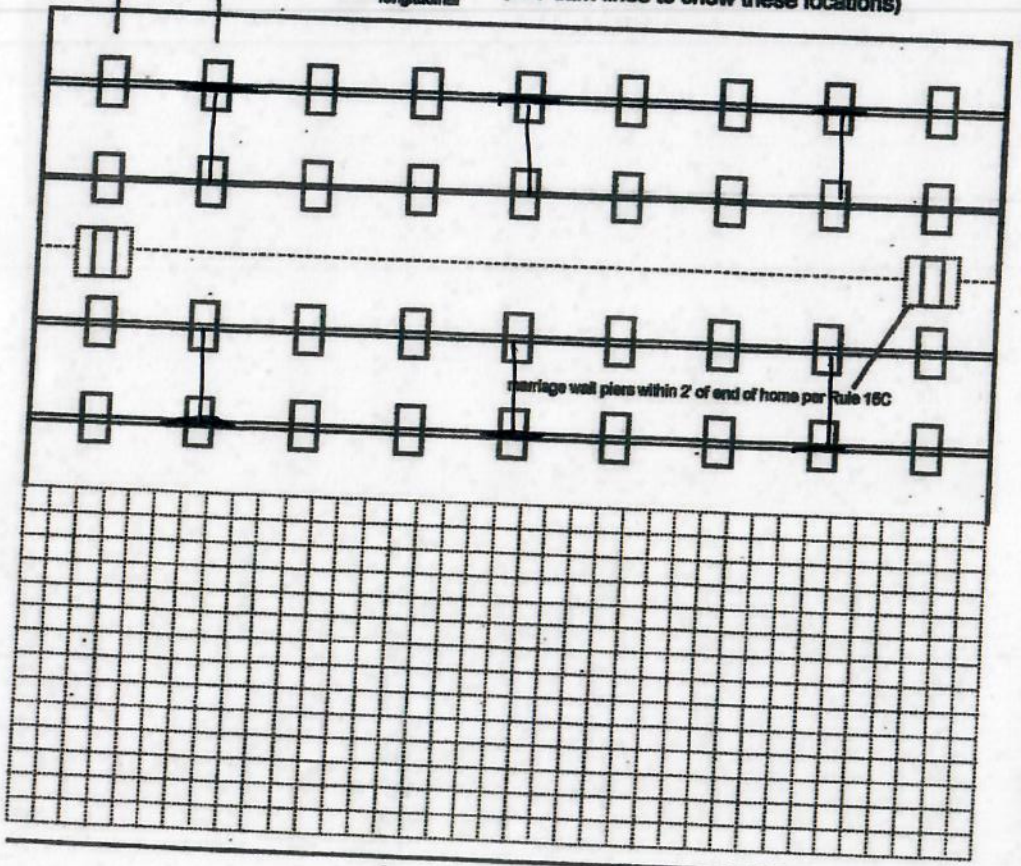
Typical pier spacing

2' 4'6"

lateral

longitudinal

Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)




## 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 17x26

Perimeter pier pad size 16x16

Other pier pad sizes (required by the mfg.) 23x31

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 |
|---|---|
| FACTORY | DIAGRAM |
| | |
| | |

### 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 |

### ANCHORS

4 ft 5 ft

### FRAME TIES

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

### TIEDOWN COMPONENTS

***Longitudinal Stabilizing Device (LSD)***
Manufacturer OLIVER TECHNOLOGIES

***Longitudinal Stabilizing Device w/ Lateral Arms***
Manufacturer OLIVER TECHNOLOGIES

### OTHER TIES

| | Number |
|---|---|
| Sidewall | 27 |
| Longitudinal | 6 |
| Marriage wall | 7-5'6-4' |
| Shearwall | 4 |

# Mobile Home Permit Worksheet

DW

Application Number: _____ Date: 1

## POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 1500 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 245 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 DAVID AIRBRIGHT 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 mult-wide units. Pg. 64-68

## Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 70

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 107

## Site Preparation

Debris and organic material removed X
Water drainage: Natural Swale Pad X Other

## Fastening multi wide units

Floor: Type Fastener: LAG Length: 6" Spacing: 2'
Walls: Type Fastener: SCREWS Length: 4" Spacing: 16"
Roof: Type Fastener: LAG 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, 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. 36

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. 119
Siding on units is installed to manufacturer's specifications. Yes
Fireplace chimney installed so as not to allow intrusion of rain water. Yes

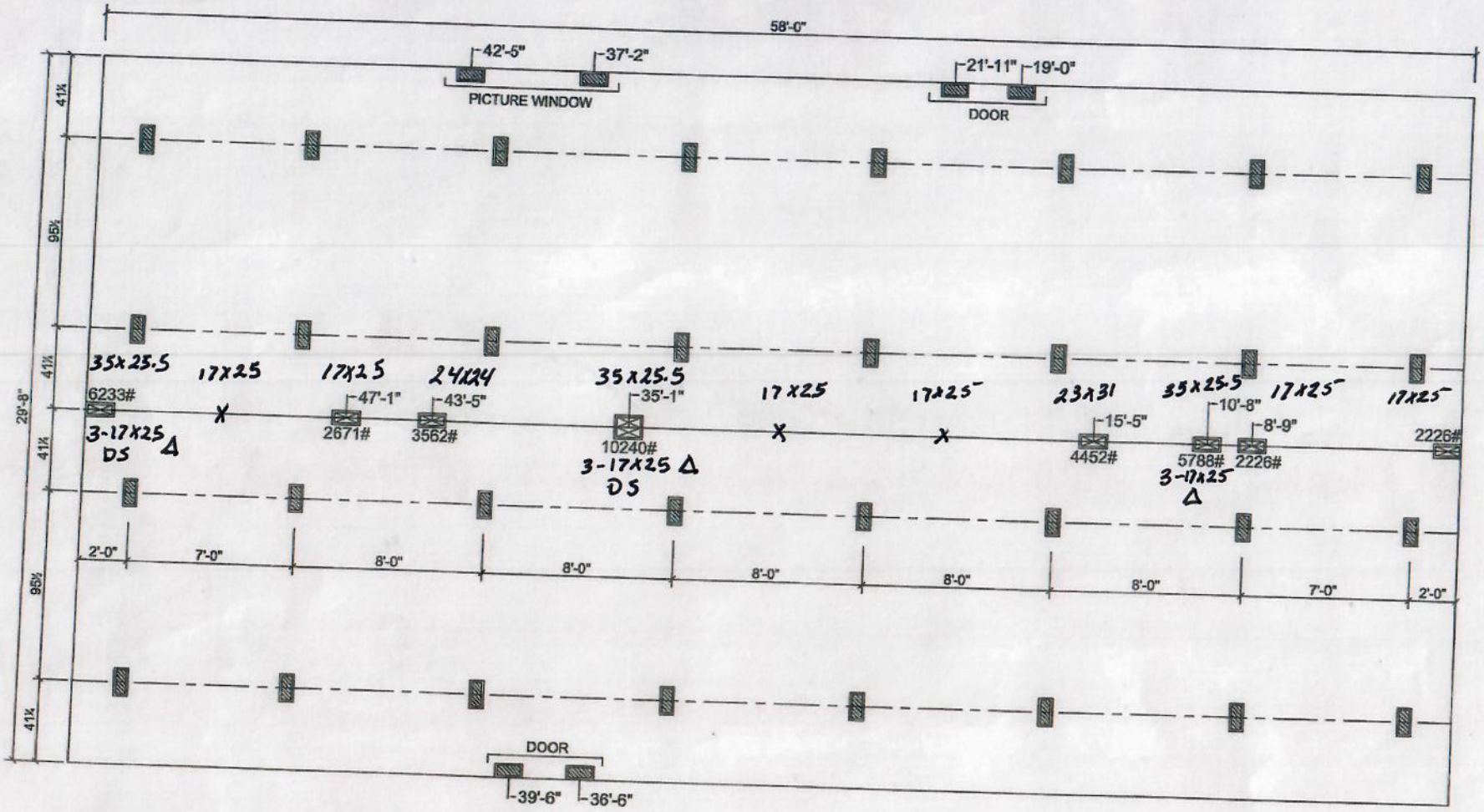
## Miscellaneous

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 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 A Wright Date

# BLUE RIDGE




FOUNDATION NOTES:

REFERENCE HOME INSTALLATION MANUAL FOR OPTIONAL PIER SPACING AND LOADING (I.E. FIREPLACES, ETC.)
SINGLE STACK PIERS MAX. 36" HIGH; DOUBLE STACK PIERS MAX. 80" HIGH.
ALL DIMENSIONS ARE FROM REAR OF HOME UNLESS OTHERWISE NOTED.

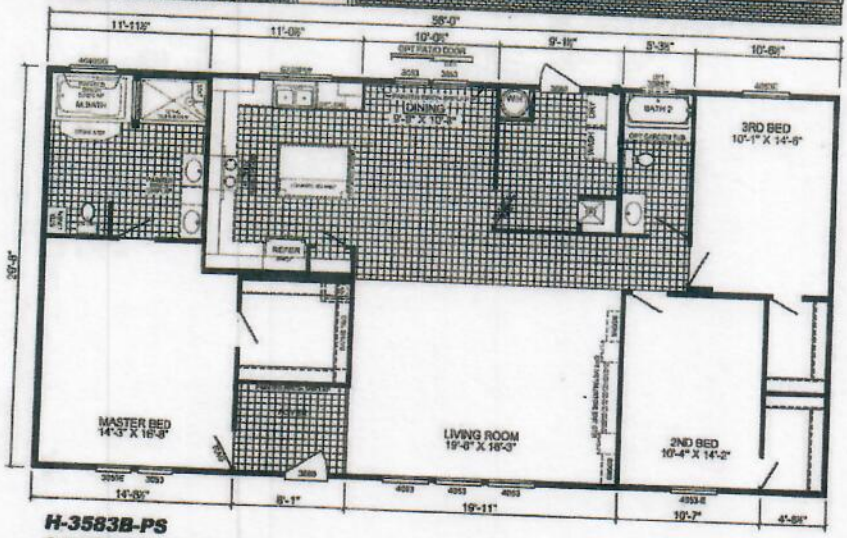
02/19/20

**LIVE OAK HOMES**
**MODEL: H-3583B-PS**
**3-BEDROOM / 2-BATH**

H-3583B-PS

EXTERIOR VINYL SHAKER PACKAGE
(OPT)

# BLUE RIDGE




**H-3583B-PS**
**3-BEDROOM / 2-BATH**
**32 x 62 - Approx. 1720 Sq. Ft.**

Date: 04/09/20

* All room dimensions include closets and square footage figures are approximate.
* Live Oak Homes reserves the right to modify product offering at any time.

**BLUE RIDGE**

**DELUXE DRYWALL SERIES**