

## 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 <u>WHITTINGTON ELECTRIC</u> License #: <u>EC 13002957</u>	Signature <u>[Signature]</u> Phone #: <u>386 972 1700</u>
Qualifier Form Attached <input type="checkbox"/>		
MECHANICAL/ A/C _____	Print Name <u>STYLECREST</u> License #: <u>CAC 1817658</u>	Signature <u>[Signature]</u> Phone #: <u>850-769-1453</u>
Qualifier Form Attached <input type="checkbox"/>		

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





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, Bedenbaugh LN Lake City FL 32025, 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)
WAYNE HATCH	<i>Wayne Hatch</i>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
STEVE SMITH	<i>Steve Smith</i>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
LINDA PENHALIGON	<i>Linda Penhaligon</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)  
IH-1129420 License Number  
6-15-22 Date

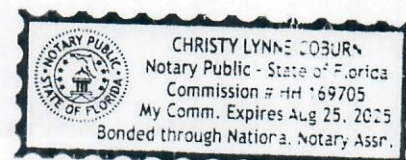
## NOTARY INFORMATION:

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 15th day of JUNE, 20 22.

*Christy Lynne Coburn*  
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
WAYNE HATCH	<i>Wayne Hatch</i>	FREEDOM HOMES
STEVE SMITH	<i>Steve Smith</i>	FREEDOM HOMES
LINDA PENHALIGON	<i>Linda Penhaligon</i>	FREEDOM HOMES

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document and that I have full responsibility for compliance granted by issuance of such permits.

*David Albright*  
License Holders Signature (Notarized)

TH-1129420  
License Number

6/15/22  
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 15<sup>th</sup> day of JUNE, 20 22.

*Christy Lynne Coburn*  
NOTARY'S SIGNATURE

(Seal/Stamp)





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

Order #: 5299	Label #: 88246	Manufacturer: <b>LIVE OAK</b>	(Check Size of Home)
Homeowner: <b>NOELL</b>		Year Model: <b>2022</b>	Single _____
Address: <b>BEDENBAUGH LN</b>		Length & Width: <b>56/60 x 28</b>	Double <b>X</b>
City/State/Zip: <b>LAKE CITY FL 32025</b>		Type Longitudinal System: <b>6 OTI</b>	Triple _____
Phone #:		Type Lateral Arm System: <b>6 OTI</b>	HUD Label #:
Date Installed:		New Home: <b>X</b> Used Home: _____	Soil Bearing / PSF:
Installed Wind Zone: <b>II</b>		Data Plate Wind Zone: <b>II</b>	Torque Probe / in-lbs:
Note:			Permit #:

STATE OF FLORIDA  
INSTALLATION CERTIFICATION LABEL

88246

LABEL #

DATE OF INSTALLATION

DAVID E ALBRIGHT

NAME

IH / 1129420 / 1

5299

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**

911 Address where home is being installed **TBD Redenbaugh Ln.**

**Lake City, FL 32025**

Manufacturer **LIVE OAK HOMES**

Length x width

**48 x 56/60**

NOTES:

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

Underland Lateral Arm Systems cannot be used on any home (new or used)  
where the sidewall ties exceed 5 ft 4 in.

Installer's initials **DA**

**SPARK L-2564F**

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 # **88246**  
Triple/quad ☐ Serial # **LOHGA 20036644AB**

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq ft)	Foiler size (256)	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 psf	3'	4'	5'	6'	7'	8'	9'
1500 psf	4'	5'	6'	7'	8'	9'	10'
2000 psf	5'	6'	7'	8'	9'	10'	11'
2500 psf	6'	7'	8'	9'	10'	11'	12'
3000 psf	7'	8'	9'	10'	11'	12'	13'
3500 psf	8'	9'	10'	11'	12'	13'	14'
Interpolated from Rule 15C-1 pier spacing table.							

PIER PAD SIZES

L-beam pier pad size **17x22**  
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 **FACTORY** Pier pad size **DIAGRAM**

POPULAR PAD SIZES

Pad Size	Sq ft
16 x 16	256
16 x 18	288
18 x 18	324
18 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	445
24 x 24	576
26 x 26	676

ANCHORS

4 ft ☒ 5 ft ☒

FRAME TIES

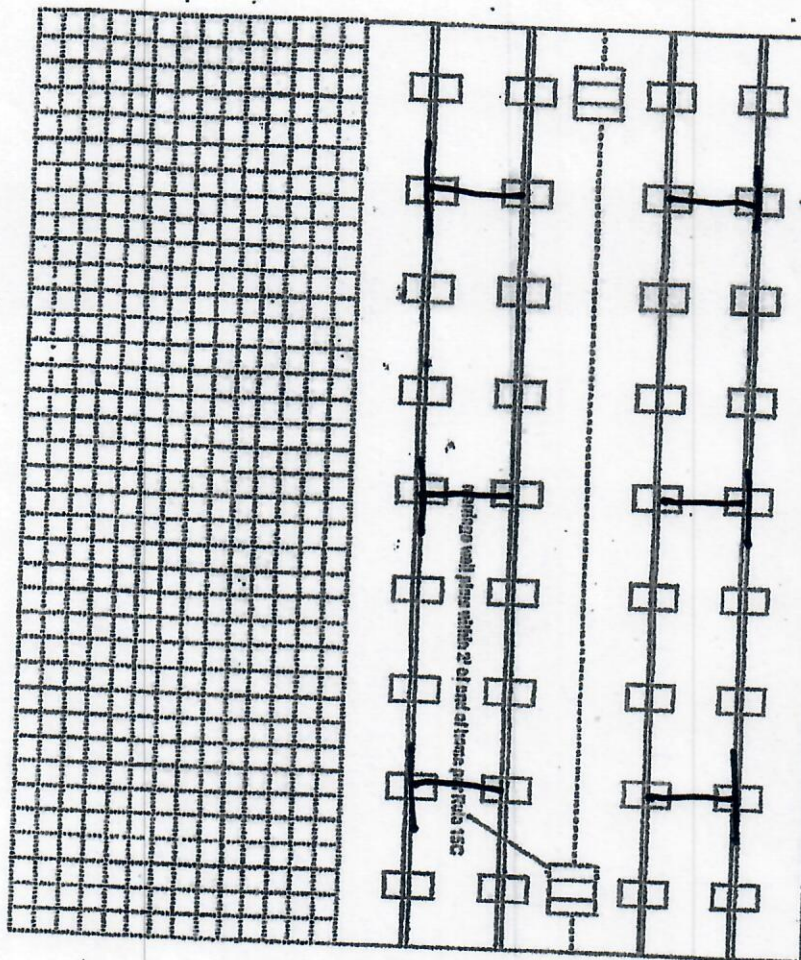
within 2' of end of home spaced at 5' 4" oc

TIEDOWN COMPONENTS

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

OTHER TIES

Number **23**  
Sidewall Longitudinal Marriage wall Shearwall **5-4'-6-5'**  
**2**





# Mobile Home Permit Worksheet

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

Date: 6/15/22

## 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 250 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 AK

### 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 AK

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

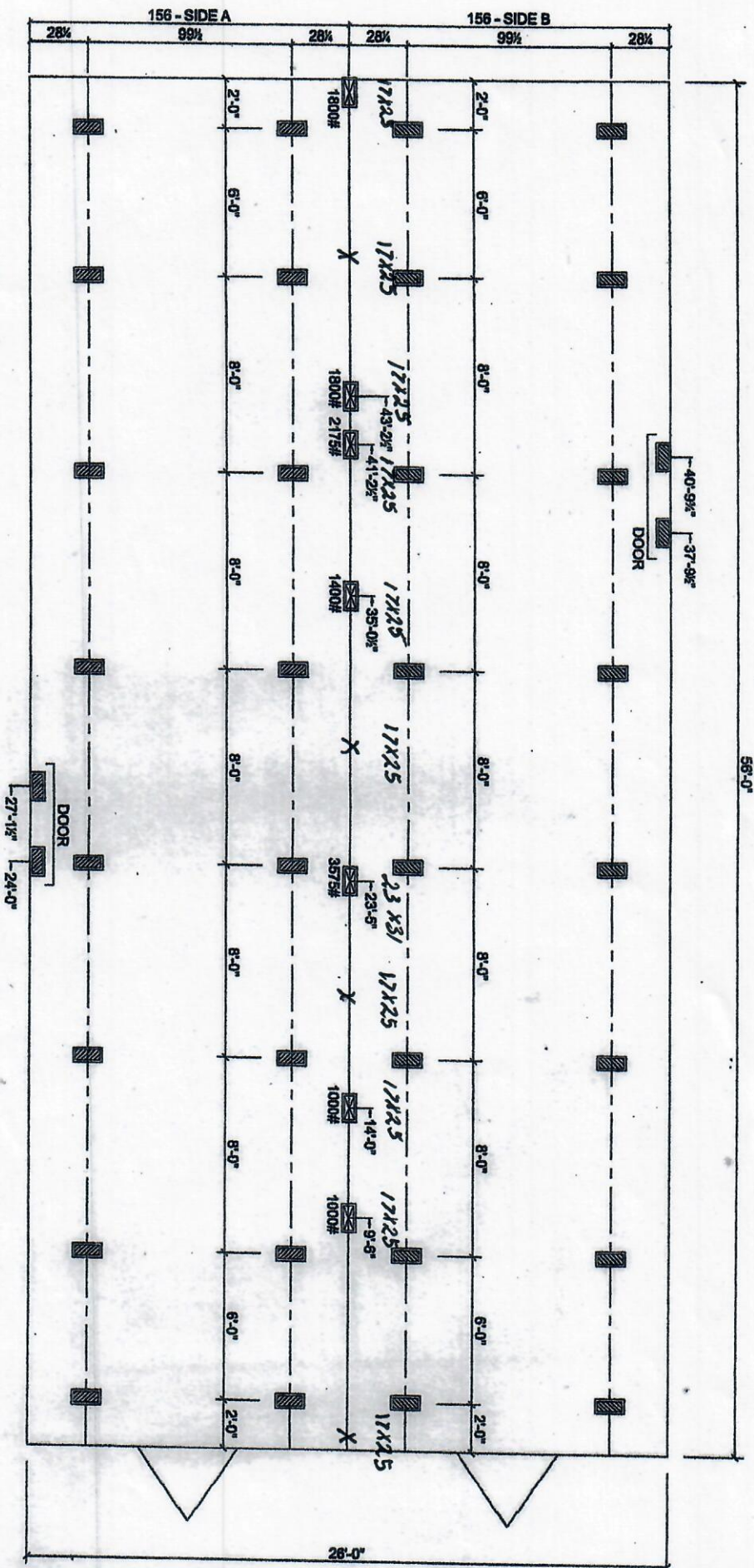
Skirting to be installed. Yes \_\_\_\_\_ No X  
Dryer vent installed outside of skirting. Yes \_\_\_\_\_ N/A X  
Range downflow vent installed outside of skirting. Yes \_\_\_\_\_ N/A X  
Drain lines supported at 4 foot intervals. Yes X  
Electrical crossovers protected. Yes X  
Other: \_\_\_\_\_

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 6/15/22



SPARK



☒ 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.

5-10-2018

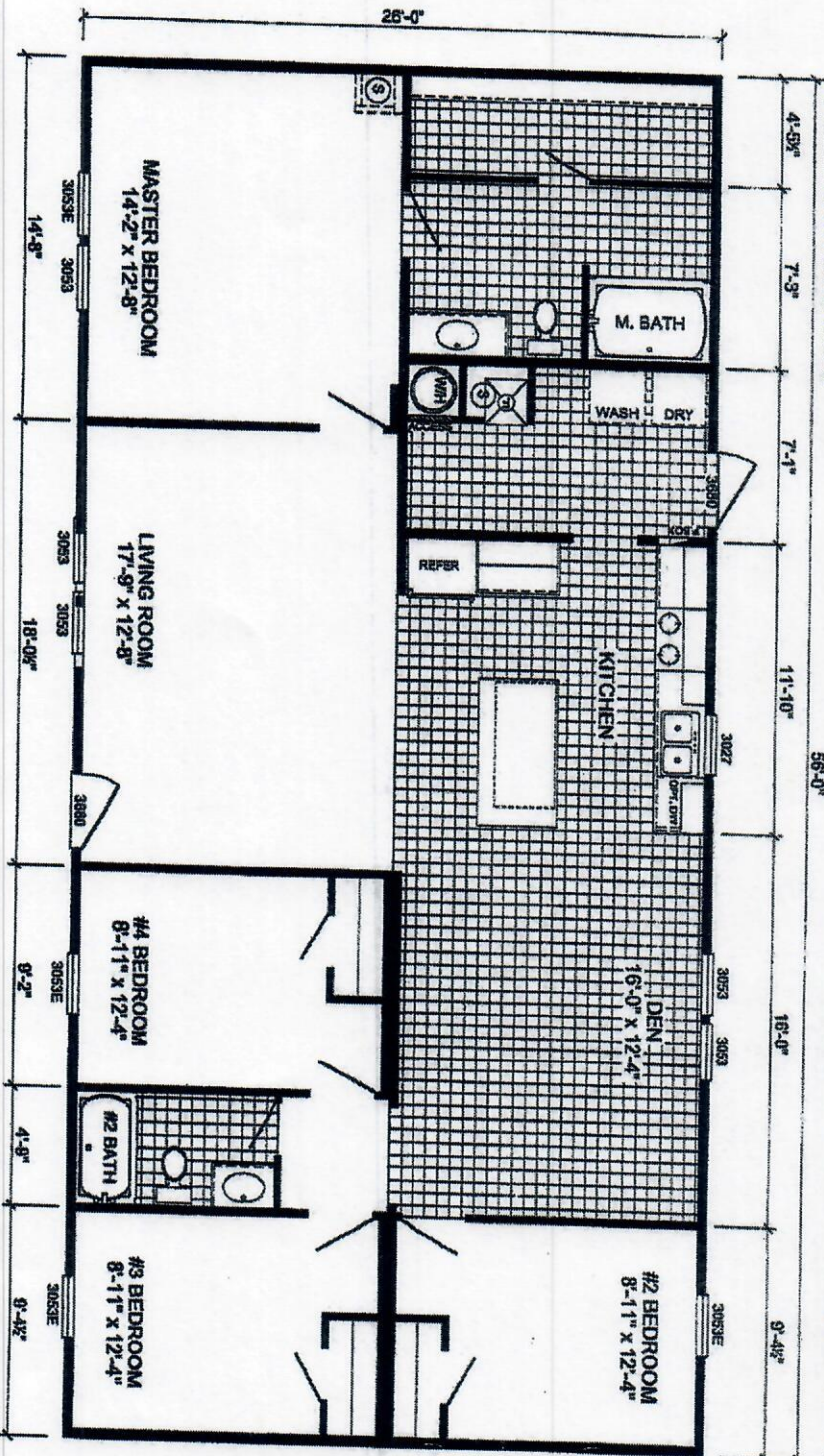
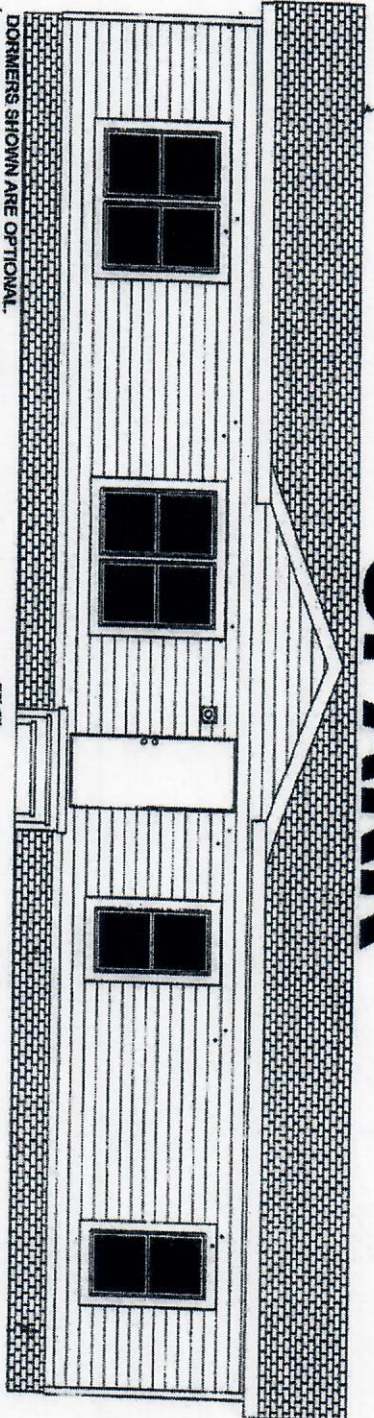
- |                              |   |
|------------------------------|---|
| (A) MAIN ELECTRICAL          | (G) DUCT CROSSOVER                        |
| (B) ELECTRICAL CROSSOVER     | (H) SEWER DROPS                           |
| (C) WATER INLET              | (I) RETURN AIR (W/OPT. HEAT PUMP OR DUCT)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

**Live Oak Homes**  
**MODEL: L-2564F - 28 X 56**  
**3-BEDROOM / 2-BATH**  
**SPARK**

L-2564F



# SPARK



**L-2564F**

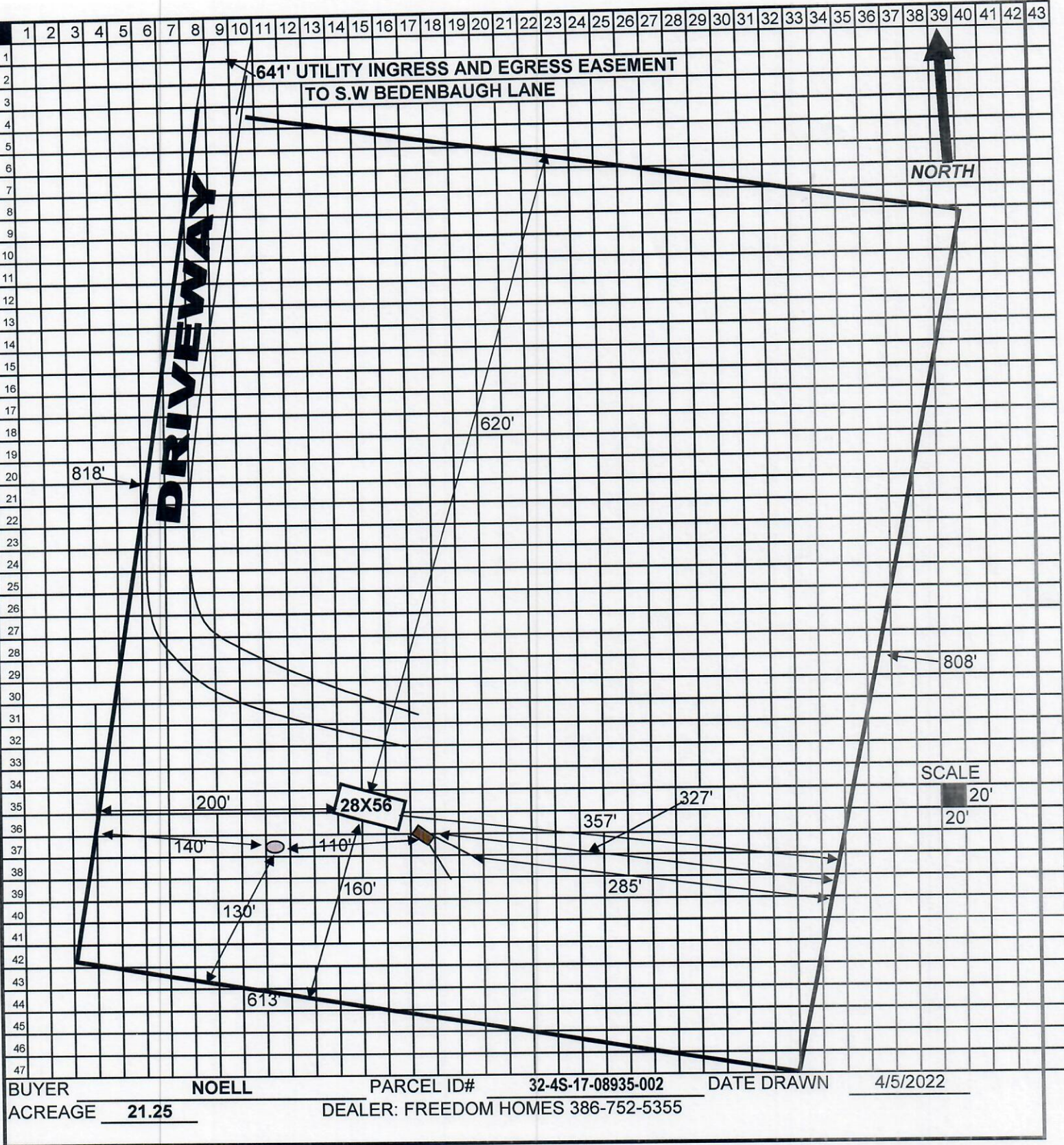
**4-BEDROOM / 2-BATH**

**28 x 60 - Approx. 1456 Sq. Ft.**

Date: 4-4-2018

\* All room dimensions include closets and square footage figures are approximate.  
\* Transom windows are available on optional 9'-0" sidewall houses only.





BUYER NOELL PARCEL ID# 32-4S-17-08935-002 DATE DRAWN 4/5/2022  
ACREAGE 21.25 DEALER: FREEDOM HOMES 386-752-5355