

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

8726.65

43872

For Office Use Only (Revised 7-1-15) Zoning Official MA Building Official MA
 AP# 44060 Date Received 11/19/19 By MG Permit # 39016
 Flood Zone _____ Development Permit _____ Zoning _____ Land Use Plan Map Category _____
 Comments See Computer Notes

FEMA Map# _____ Elevation _____ Finished Floor _____ River _____ In Floodway _____
☒ Recorded Deed or ☒ Property Appraiser PO ☒ Site Plan ☒ EH # 19-0873 ☒ 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 owed ☐ Out County ☐ In County ☒ Sub VF Form

Property ID # 00-00-00-00604-010 Subdivision THREE RIVERS ESTATES Unit 4 Lot# 10

- New Mobile Home ☒ Used Mobile Home _____ MH Size 28x44 Year 2020
- Applicant PAUL BARNEY Phone # 386-209-0906
- Address 466 SW DEP. J. DAVIS LN, LAKE CITY, FL. 32024
- Name of Property Owner CHRISTIAN, LAURA L. Phone# 352-318-4883
- 911 Address 2750 SW NEWARK DR, FT. WHITE, FL 32038
- Circle the correct power company - FL Power & Light - Clay Electric
 (Circle One) - Suwannee Valley Electric - Duke Energy
- Name of Owner of Mobile Home CHRISTIAN, LAURA L. Phone # 352-318-4883
 Address 136 S.W. NEVADA LN, FT WHITE, FL 32038
- Relationship to Property Owner SELF
- Current Number of Dwellings on Property 0
- Lot Size 210'x 225'x 235'x 320' Total Acreage 1.32
- 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 SR-47 TO FT. WHITE (US-27) T/R TO UTAH ST
T/L, FOLLOW UTAH TO SW. NEWARK T/L FOLLOW TO SITE ON RIGHT.
(APPROX 2 MILES ON SW. NEWARK.)
- 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 # 64000

SCANNED

12/9 - emailed Paul - ready for issuance MG

PERMIT NUMBER

44060

PERMIT WORKSHEET

Installer DAVID ALBRIGHT License # 1141129420

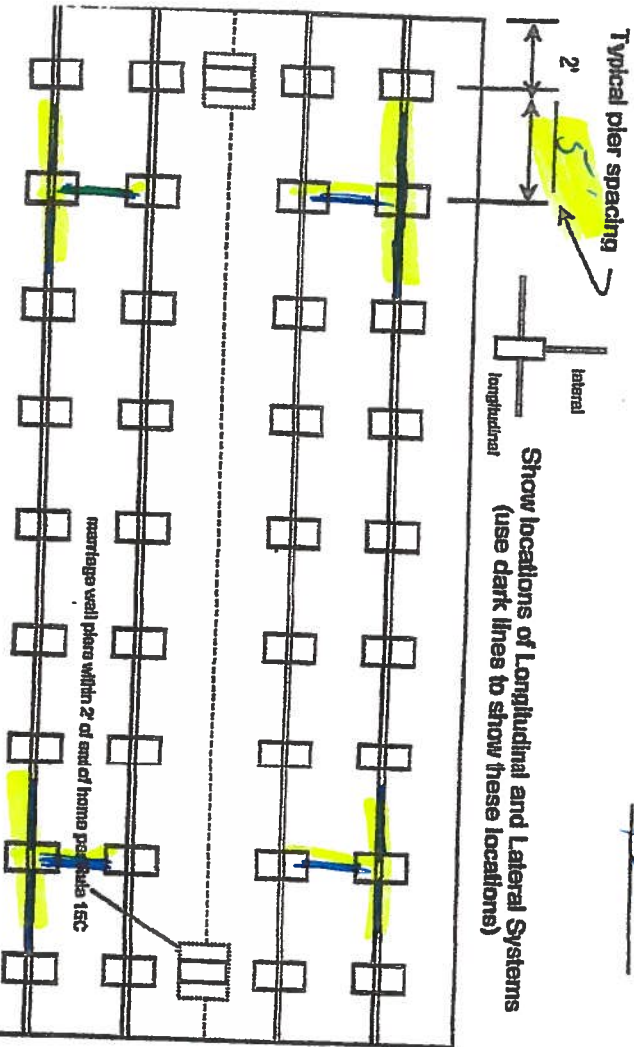
Installer Mobile Phone # 386-344-3645
Address of home being installed 2750 SW NEWARK DR, FORT WHITE FL 32038

Manufacturer LIVE OAK Length x width 28 x 44

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 DA

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



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 # 64200

Triple/Quad ☐ Serial # LONGA 21934636 A/B

Roof System: Typical ☐ Hinged ☐

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	16" x 16" (256)	18 1/2" x 18 (342)	20" x 20" (400)	22" x 22" (484)*	24" x 24" (576)*	28" x 28" (676)
1000 msf	3'	4'	5'	6'	7'	8'
1500 msf	4' 6"	6'	7'	8'	8'	8'
2000 msf	6'	8'	8'	8'	8'	8'
2500 msf	7' 6"	8'	8'	8'	8'	8'
3000 msf	8'	8'	8'	8'	8'	8'
3500 msf	8'	8'	8'	8'	8'	8'

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

PIER PAD SIZES

I-beam pier pad size 17x22

Perimeter pier pad size 16x16

Other pier pad sizes (required by the mfg.) 23x31-17x25

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 Factor 17x25; 13x31

Factor 17x25; 13x31

POPULAR PAD SIZES

Pad Size	Sq in
16 x 16	256
16 x 18	288
18.5 x 18.5	342
18 x 22.5	360
17 x 22	374
13 1/4 x 26 1/4	346
20 x 20	400
17 3/16 x 25 3/16	441
17 1/2 x 25 1/2	446
24 x 24	576
28 x 28	676

ANCHORS

4 ft 5 ft

FRAME TIES

within 2' of end of home spaced at 8' 4" oc

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)

Manufacturer Longitudinal Stabilizing Device w/ Lateral Arms Manufacturer

OTHER TIES

Sidewall Longitudinal Marriage wall Shearwall

Number

4 5

44660

POCKET PENETROMETER TEST

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

X 1500

X 1500

X 1500

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.

TORQUE PROBE TEST

The results of the torque probe test is 285 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.

X 1500

X 1500

X 1500

Note: A state approved lateral arm system is being used and 4 ft.

anchors are allowed at the sidewall locations. 1 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.

USA Installer's Initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

David Wright

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. 23-177

Plumbing

connect all sewer drains to an existing sewer tap or septic tank. Pg. 29-80

connect all potable water supply piping to an existing water meter, water tap, or other dependent water supply systems. Pg. 29-110

Site Preparation

Debris and organic material removed _____
Water drainage: Natural _____ Swale _____

Pad

Other _____

Fastening multi wide units

Floor: Type Fastener: 1/4" Length: 6" Spacing: 18"
Walls: Type Fastener: 3/16" Length: 3" Spacing: 18"
Roof: Type Fastener: 1/4" Length: 6" Spacing: 24"
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 (weatherstripping 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

USA

Type gasket Pg. 41

Installed:

Between Floors Yes ✓
Between Walls Yes ✓
Bottom of ridgebeam Yes ✓

Weatherproofing

The bottomboard will be repaired and/or taped. Yes ✓. Pg. 41
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 N/A
Dryer vent installed outside of skirting. Yes ✓ No N/A
Range downflow vent installed outside of skirting. Yes ✓ No N/A
Drain lines supported at 4 foot intervals. Yes ✓
Electrical crossovers protected. Yes ✓

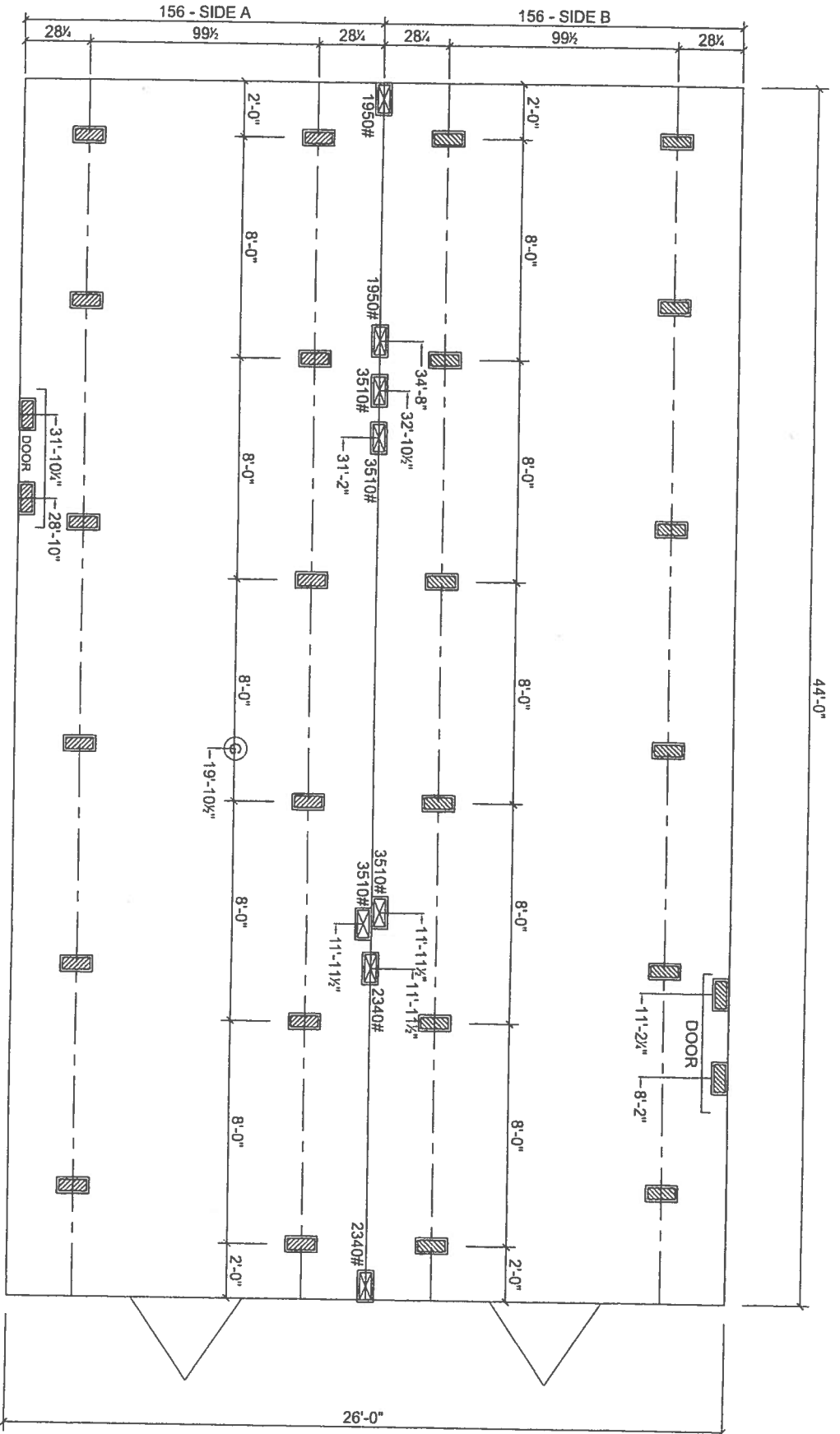
Other: _____

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 Wright

Date



MARRIAGE LINE OPENING SUPPORT PIERTYP.
 SUPPORT PIERTYP

10-12-2011

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-2443D - 28 X 44
3-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) | |

L-2443D

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

Order #: 4017	Label #: 64000	Manufacturer: <u>Live Oak</u>	(Check Size of Home)
Homeowner: <u>CHRISTIAN</u>	Year Model: <u>2019</u>	Single	_____
Address: <u>2750 S.W. NEWARK DR</u>	Length & Width: <u>44x28</u>	Double <input checked="" type="checkbox"/>	_____
City/State/Zip: <u>Fort White FL 32038</u>	Type Longitudinal System: <u>OTI LI</u>	Triple	_____
Phone #: <u>352-318-4883</u>	Type Lateral Arm System:	HUD Label #:	_____
Date Installed:	New Home: <input checked="" type="checkbox"/> Used Home: _____	Soil Bearing / PSF:	_____
Installed Wind Zone: <u>II</u>	Data Plate Wind Zone: <u>II</u>	Torque Probe / in-lbs:	_____
		Permit #:	_____

Note:

STATE OF FLORIDA
INSTALLATION CERTIFICATION LABEL

64000

LABEL #

DATE OF INSTALLATION

DAVID E ALBRIGHT

NAME

IH / 1129420 / 1

4017

LICENSE #

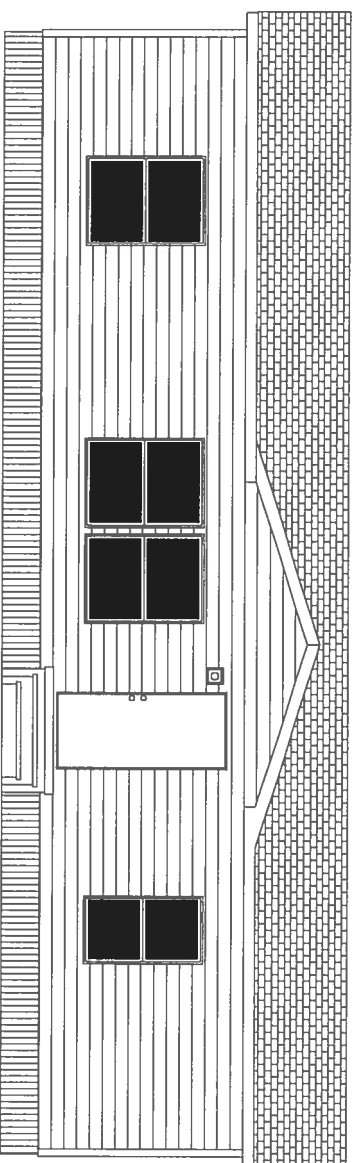
ORDER #

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.

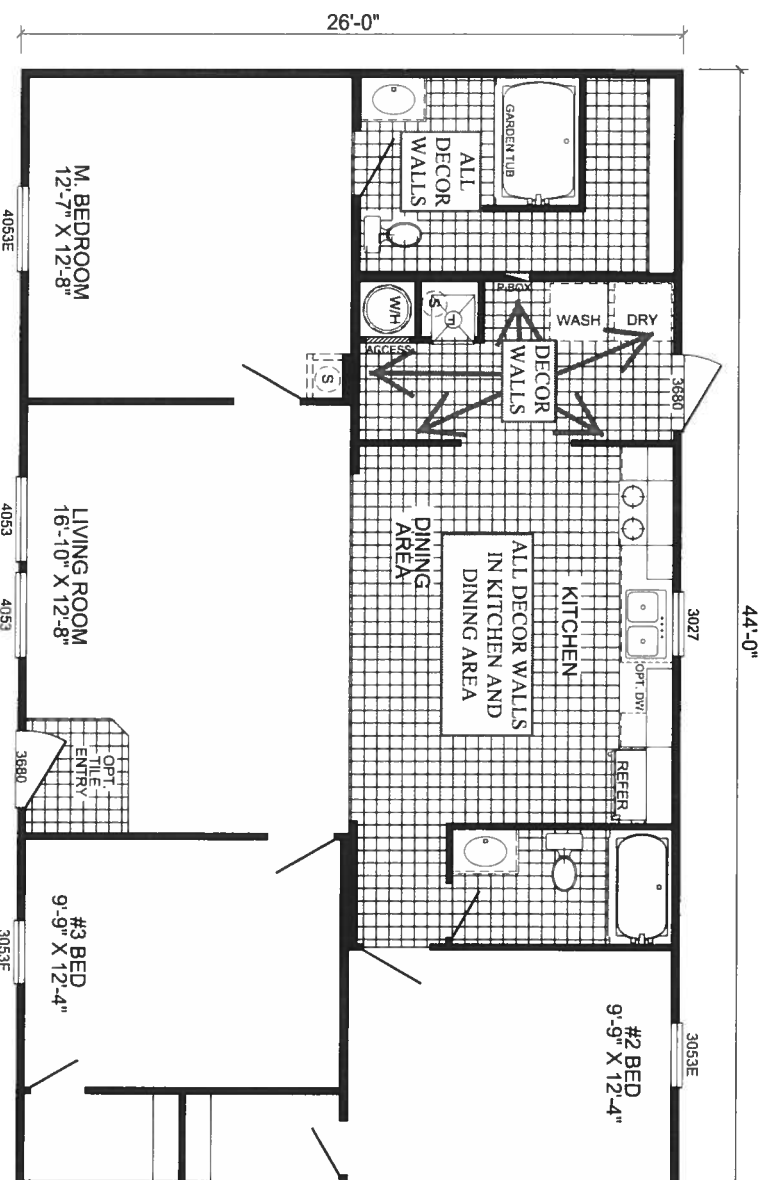
INSTRUCTIONS

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.

HAMILTON



NOTE: DORMER SHOWN IS AN OPTION



V-2443G

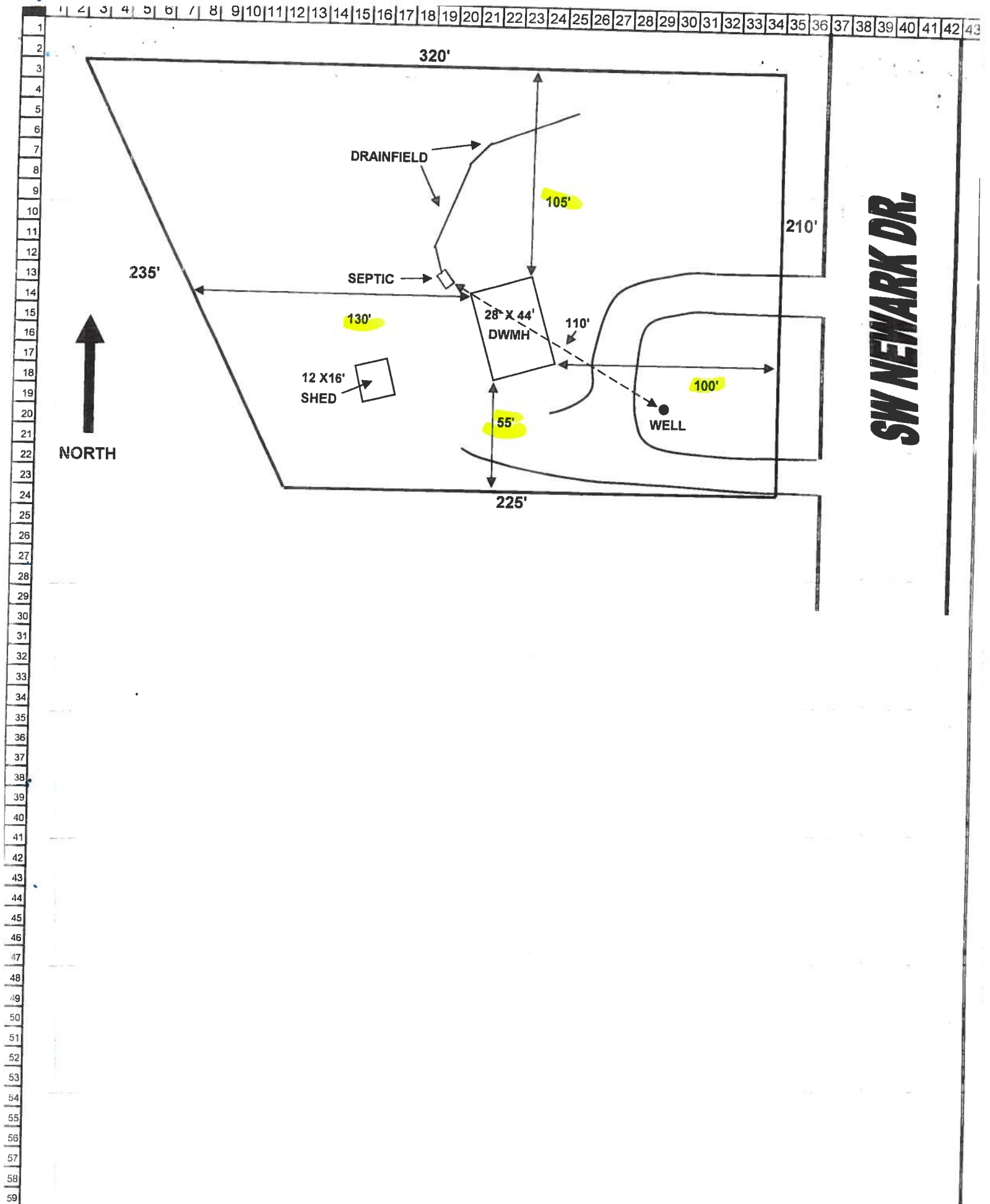
3-BEDROOM / 2-BATH

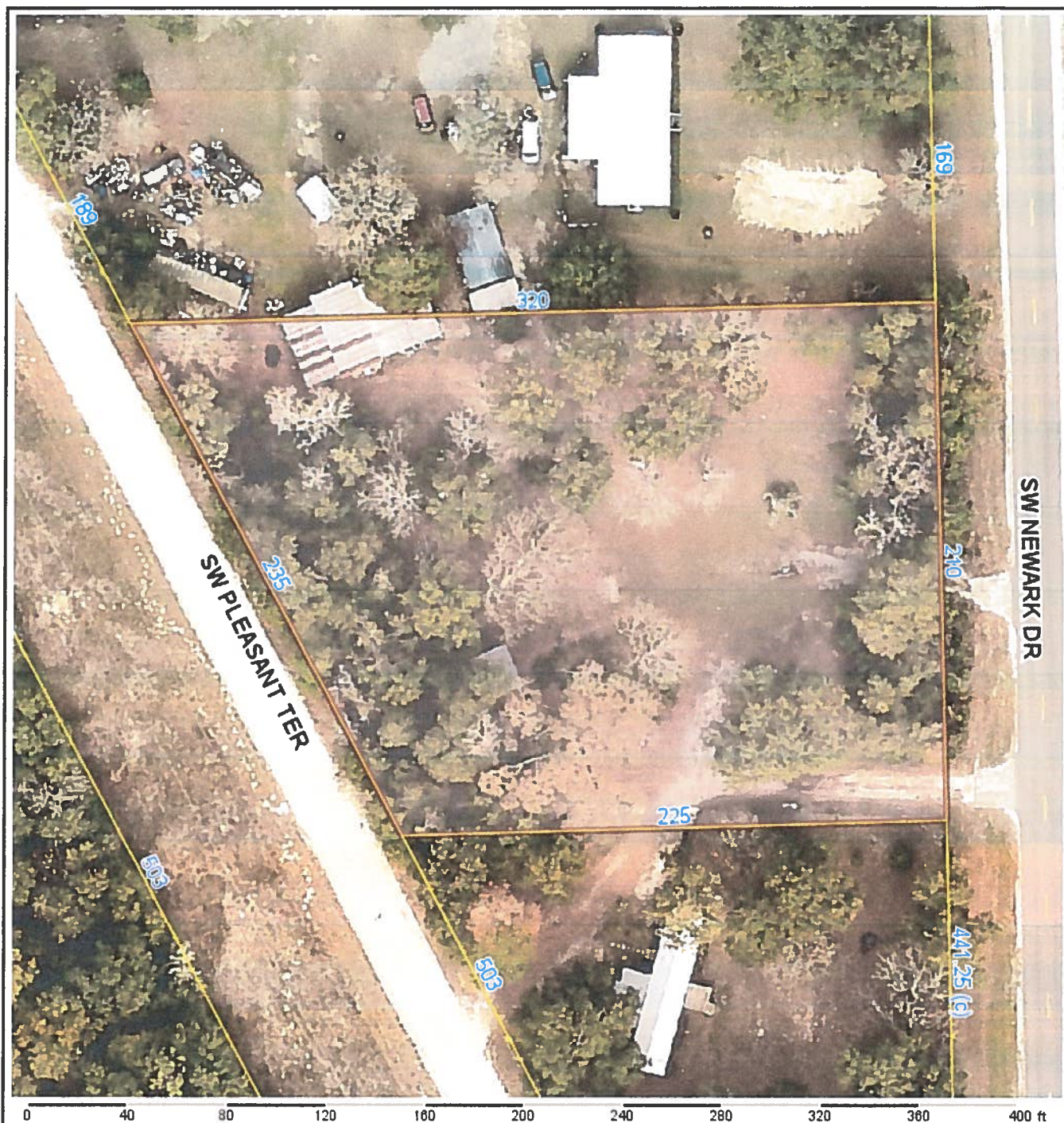
28 X 48 - Approx. 1144 Sq. Ft.

Date: 02/11/19

* All room dimensions include closets and square footage figures are approximate.

* Transom windows are available on optional 9'-0" sidewall houses only.





Columbia County Property Appraiser Jeff Hampton | Lake City, Florida | 386-758-1083

PARCEL: 00-00-00-00604-010 | MISC RES (000700) | 1.32 AC
 LOT 10 UNIT 4 THREE RIVERS ESTATES 823-1715, DC 1209- 1888, QC 1385-1369,

CHRISTIAN LAURA L
 Owner: 136 SW NEVADA LN
 FORT WHITE, FL 32038
 Site: 2750 NEWARK DR, FORT
 WHITE

Sales 5/30/2019 \$100 V(U)
 Info 8/13/1996 \$8,100 V(U)

2018 Certified Values

Mkt Lnd	\$12,250	Appraised	\$12,730
Ag Lnd	\$0	Assessed	\$12,730
Bldg	\$0	Exempt	\$0
XFOB	\$480	county:	\$12,730
Just	\$12,730	city:	\$12,730
		other:	\$12,730
		school:	\$12,730
		Total Taxable	

NOTES:



This information, was derived from data which was compiled by the Columbia County Property Appraiser Office solely for the governmental purpose of property assessment. This information should not be relied upon by anyone as a determination of the ownership of property or market value. No warranties, expressed or implied, are provided for the accuracy of the data herein, it's use, or it's interpretation. Although it is periodically updated, this information may not reflect the data currently on file in the Property Appraiser's office.

GrizzlyLogic.com

When recorded, mail to:

Name: LAURA CHRISTIAN

Address: 136 SW NEVADA AVE

City/State/Zip Code: FORT WHITE
FLORIDA 32038

Inst: 201912012247 Date: 05/30/2019 Time: 10:45AM
Page 1 of 2 B: 1385 P: 1369, P.DeWitt Cason, Clerk of Court
Columbia, County, By: BD
Deputy Clerk/Doc Stamp-Deed: 0.70

SPACE ABOVE THIS LINE FOR RECORDER'S USE

QUITCLAIM DEED

KNOW ALL MEN BY THESE PRESENTS:

That I(we), Jerry O Starling
136 SW NEVADA AVE FORT WHITE FL 32038

the undersigned releasor(s), for the consideration of Ten Dollars (\$10.00), and other valuable considerations, by these presents, do hereby release, remise and forever quitclaim unto LAURA L. CHRISTIAN
136 SW NEVADA AVE FORT WHITE FL 32038

all rights, title and interest in that certain real property situated in the County of COLUMBIA, State of FLORIDA, and legally described as follows:

Lot 10 of unit 4 Three Rivers Estates
as per Plat thereof as recorded in Plat
Book 4, Pages 116-116A of the Public Records
of Columbia County Florida

IN WITNESS WHEREOF, I(we) have hereunto set my(our) hand(s) and seal(s) this 30 day of May, 2019.

Jerry O Sterling
Printed Name of Releasor

Jerry O Sterling
Signature of Releasor

Printed Name of Co-Releasor

Signature of Co-Releasor

Donald S Hugart
Signature of Witness No. 1

Wanda Strickland
Signature of Witness No. 2

DONALD S HUGART
Printed Name of Witness No. 1

Wanda Strickland
Printed Name of Witness No. 2

1468 SW Main Blvd. Ste 105
Address

1468 SW Main Blvd. Ste 105
Address

Lake City, FL 32025
City/State/Zip Code

Lake City, FL 32025
City/State/Zip Code

Acknowledgment

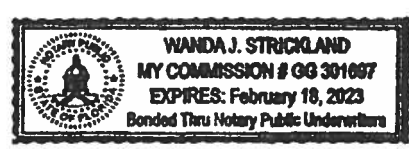
State of Florida)
County of Columbia) ss.

The foregoing instrument was acknowledged before me, the undersigned Notary Public, this 30 day
of May, 2019, by Jerry O Sterling, known to me to be the indi-
vidual(s) who executed the foregoing instrument and acknowledged the same to be his(her)(their) free act and deed.

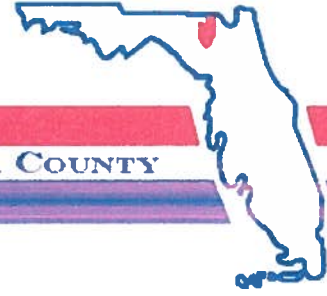
My Commission Expires: 02-18-2023

Wanda J. Strickland
Notary Public
Wanda J. Strickland

If acknowledged in the State of Florida, complete the section below:
(check one) ☐ Personally Known. ☒ Produced Identification.
Type of Identification produced:
FLDL-5364-434-41-107-0



District No. 1 - Ronald Williams
District No. 2 - Rocky Ford
District No. 3 - Bucky Nash
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: **8/27/2019 8:04:36 PM**
Address: **2750 SW NEWARK Dr**
City: **FORT WHITE**
State: **FL**
Zip Code **32038**

Parcel ID **00604-010**

REMARKS: Address Verification.

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

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 44060 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 <u>1074</u>	Print Name <u>WHITTINGTON ELECTRIC</u> License #: <u>EG13002957</u> Qualifier Form Attached <input type="checkbox"/>	Signature <u>William Whittington</u> Phone #: <u>386 972 1700</u>
MECHANICAL/ <u>AR 29</u>	Print Name <u>STYLECREST</u> License #: <u>CAC1817658</u> Qualifier Form Attached <input type="checkbox"/>	Signature <u>Ronald E. Brudi SR</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



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
PAUL A. BARNEY	<i>Paul A. Barney</i>	FREEDOM HOMES
STEVE SMITH	<i>Steve Smith</i>	FREEDOM HOMES
LINDA PENHALIGON	<i>Linda Penhaligon</i>	FREEDOM HOMES

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 1H1129420 7-31-2019
License Holders Signature (Notarized) License Number Date

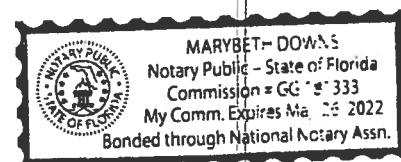
NOTARY INFORMATION:

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 31 day of July, 2019.

Marybeth Downs
NOTARY'S SIGNATURE

(Seal/Stamp)





PERMIT NO. 1-183
DATE PAID: 10-2-64
FEE PAID: 203.25
RECEIPT #: 111-12

<input type="checkbox"/> New System	<input type="checkbox"/> Existing System	<input type="checkbox"/> Holding Tank	<input checked="" type="checkbox"/> Innovative
<input type="checkbox"/> Repair	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Temporary	<input checked="" type="checkbox"/> Modification

(Frederick)

TELEPHONE: 388-755-6372

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE COMPLETED BY A PERSON LICENSED PURSUANT TO 489.105(3) (a) OR 489.502, FLOORING DIVISION. IT IS APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE FORM WAS COMPLETED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATEMENT SIGNATURE FOR FLOORING.

LOT: 10 UN: 4 SUBDIVISION: Three Rivers DATE: 1971

PROPERTY ID #: 00-00-00-00000-00 ZONING: MH 1/4 OF DISTRICT: 1 Y

PROPERTY SIZE: 1.32 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ 14-2000000 ☐ 12-2000000

IS SEVEN AVAILABLE AS PER 361 PAGE, EFG (No 3 DISCUSS TO 3

PROPERTY ADDRESS: 2150th Newark Dr Fort White

DIRECTIONS TO EXHIBIT: (L) on SW Main 415, (R) on (P) on N (TR) on N
 Rightway St, take the 1st (L) on to SW Wilson Spring Rd, (TR) on to SW
 Newkirk Dr, 2nd on (L)

☒ RESIDENTIAL ☐ COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Other Information
1	mhome	3	1144	Table 1, Unadvised 643-6, BAC
2				
3				
4				

☐ Floor/Equipment Damage ☐ Other (Spec. LGS)

SIGNATURE: Robert W. Surdick

DATE: 11/20/11

