

Record Affidavit

Pictur of
DATA SHEET

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 7-1-15) Zoning Official JK Building Official JK
AP# 1903-50 Date Received 3/13 By JK Permit # 07908
Flood Zone X Development Permit _____ Zoning A-3 Land Use Plan Map Category A8
Comments 5 year Temp Use for Daughter, 2nd unit on property for immediate family member
FEMA Map# _____ Elevation _____ Finished Floor 1st floor River _____ In Floodway _____
☐ Recorded Deed or ☒ Property Appraiser PO ☒ Site Plan ☒ EH # 19-0195 ☐ Well letter OR
☒ Existing well ☐ Land Owner Affidavit ☒ Installer Authorization ☐ FW Comp. letter ☒ App Fee Paid
☐ DOT Approval ☐ Parent Parcel # _____ ☒ STUP-MH 1903-06 ☒ 911 App
☐ Ellisville Water Sys ☒ Assessment paid for ☐ Out County ☒ In County 3.15.19 ☒ Sub VF Form

2 units

Property ID # 17-65-17-0960-003 Subdivision _____ Lot# _____

- New Mobile Home _____ Used Mobile Home ☒ MH Size 14'x70' Year 1986
- Applicant WYNONA POLVERE Phone # 386-365-1631
- Address 1069 SW Jim Ward St. Ft. White, FL 32038
- Name of Property Owner Jennifer Daniels Phone# 386-288-6261
- 911 Address 1071 SW Jim Ward St. Ft. White, FL 32038
- Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Duke Energy



SCANNED

Mobile Home Wynona Polvere Phone # 386-365-1631
Address 1071 SW Jim Ward St Ft White, FL 32038

- Relationship to Property Owner Daughter
- Current Number of Dwellings on Property 1
- Lot Size 29.73 Total Acreage 29.73
- 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 441 S, (R) Turn ussee, (L) Jim Ward, 1st on (L) to rear of property to S/W mobile home

Name of Licensed Dealer/Installer Paul Albright Phone # 386-365-5314
Installers Address 199 SW THOMAS TERRACE LAKE CITY, FL 32024
License Number TA1025739 Installation Decal # 58709

\$325.00

Mobile Home Permit Worksheet

Application Number: _____

Date: _____

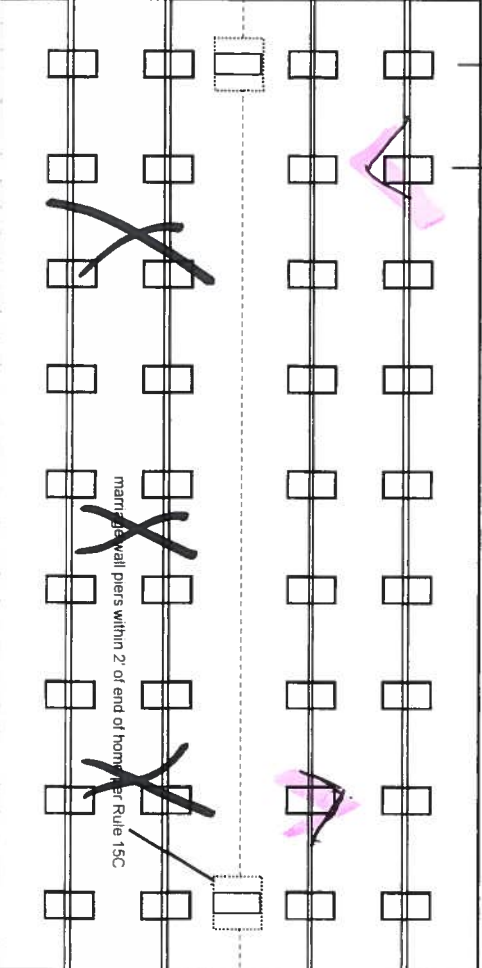
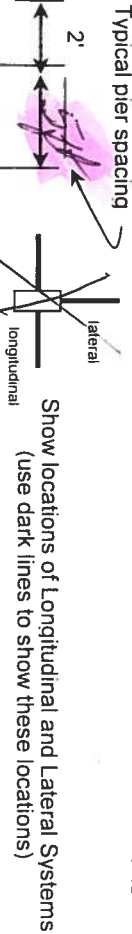
Installer: Paul C. Alford License # TH1025239

Address of home being installed: _____

Manufacturer: SCOTT BILT Length x width: 14x70

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: PA



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 # 58709

Triple/Quad ☐ Serial # 10869844

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	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: 17x22
Perimeter pier pad size: 16x16
Other pier pad sizes (required by the mfg.): N/A

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: _____
17x22
16x16

ANCHORS

FRAME TIES

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer: _____
Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer: _____

OTHER TIES

Sidewall: _____ Number: 12
Longitudinal: _____
Marriage wall: 2x4
Shearwall: 2x4

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 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.

X 1500 X 1500 X 1500

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.

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

Paul C. M... ..

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. N/A

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. N/A
Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. N/A

Site Preparation

Debris and organic material removed ☒ Swale ☐ Pad ☒ Other ☐

Fastening multi wide units

Floor: ☒ Type Fastener Length: ☒ Spacing: ☒
Walls: ☒ Type Fastener Length: ☒ Spacing: ☒
Roof: ☒ Type Fastener Length: ☒ Spacing: ☒
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

Type gasket

X Installed: ☒ Between Floors Yes ☒
Pg. N/A 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: N/A

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

Paul C. M... ..

Date

Legend

2016Aerials



Parcels



Roads

Roads

others

Dirt

Interstate

Main

Other

Paved

Private

DevZones1

others

A-1

A-2

A-3

CG

CHI

CI

CN

CSV

ESA-2

I

ILW

MUD-1

PRD

PRRD

RMF-1

RMF-2

RO

RR

RSF-1

RSF-2

RSF-3

RSF/MH-1

RSF/MH-2

RSF/MH-3

DEFAULT

2018 Flood Zones

0.2 PCT ANNUAL CHANCE

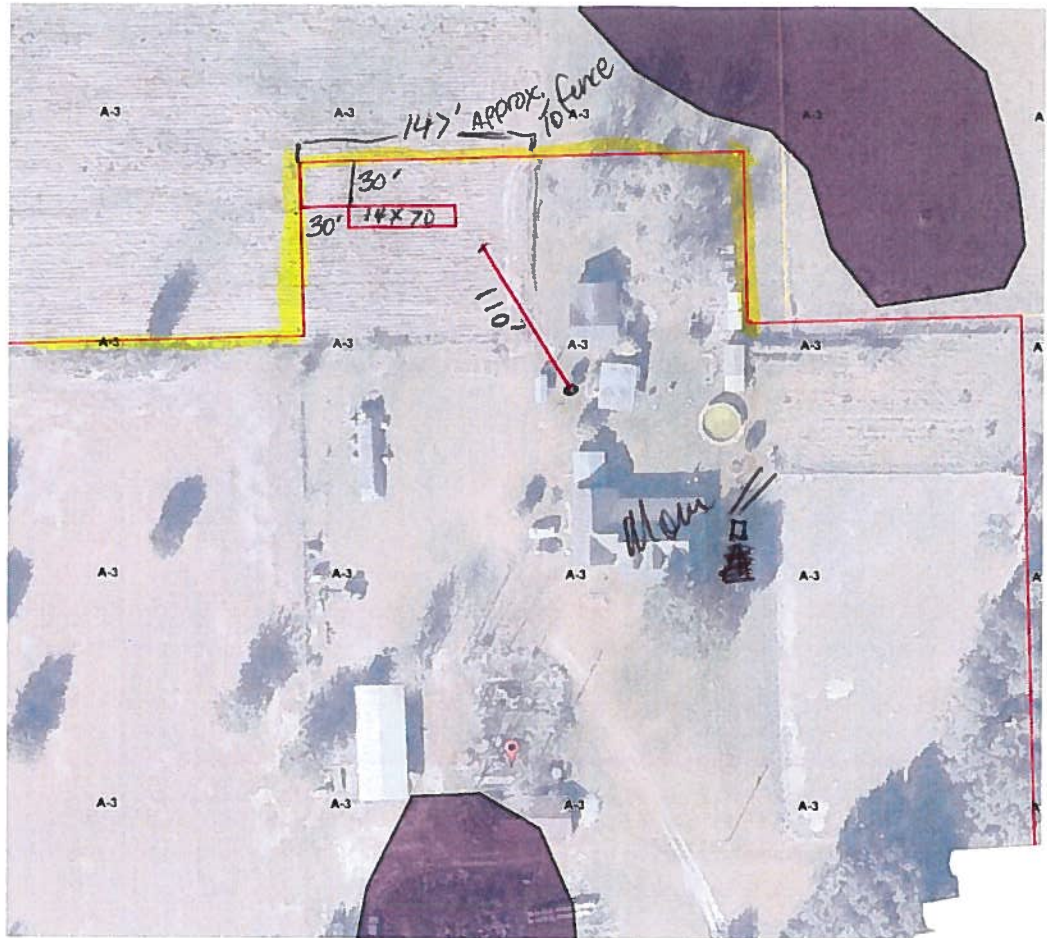
A

AE

AH

Columbia County, FLA - Building & Zoning Property Map

Printed: Thu Feb 28 2019 16:44:15 GMT-0500 (Eastern Standard Time)



Parcel Information

Parcel No: 17-6S-17-09690-003

Owner: DANIELS JENNIFER L

Subdivision:

Lot:

Acres: 29.4991646

Deed Acres: 29.73 Ac

District: District 4 Toby Witt

Future Land Uses: Agriculture - 3

Flood Zones: A,

Official Zoning Atlas: A-3

All data, information, and maps are provided "as is" without warranty or any representation of accuracy, timeliness of completeness. Columbia County, FL makes no warranties, express or implied, as to the use of the information obtained here. There are no implied warranties of merchantability or fitness for a particular purpose. The requester acknowledges and accepts all limitations, including the fact that the data, information, and maps are dynamic and in a constant state of maintenance, and update.



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, Paul E Albright, give this authority for the job address show below
Installer License Holder Name
only, 1071 SW Jim Ward St. Fort White FLA 32038, 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>Wynona Polvere</u>	<u>Wynona Polvere</u>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
		<input 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.

Paul E Albright EH1025239 3/7/19
License Holders Signature (Notarized) License Number Date

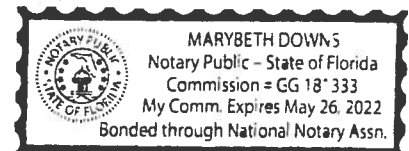
NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Paul Albright, personally appeared before me and is known by me or has produced identification (type of I.D.) 7th on this March, 20 19.

Marybeth Downs
NOTARY'S SIGNATURE

(Seal/Stamp)



Columbia County Property Appraiser

Jeff Hampton

2018 Tax Roll Year

updated 3/5/2019

Parcel: << 17-6S-17-09690-003 >>

Aerial Viewer Pictometry Google Maps

Owner & Property Info

Result: 1 of 1

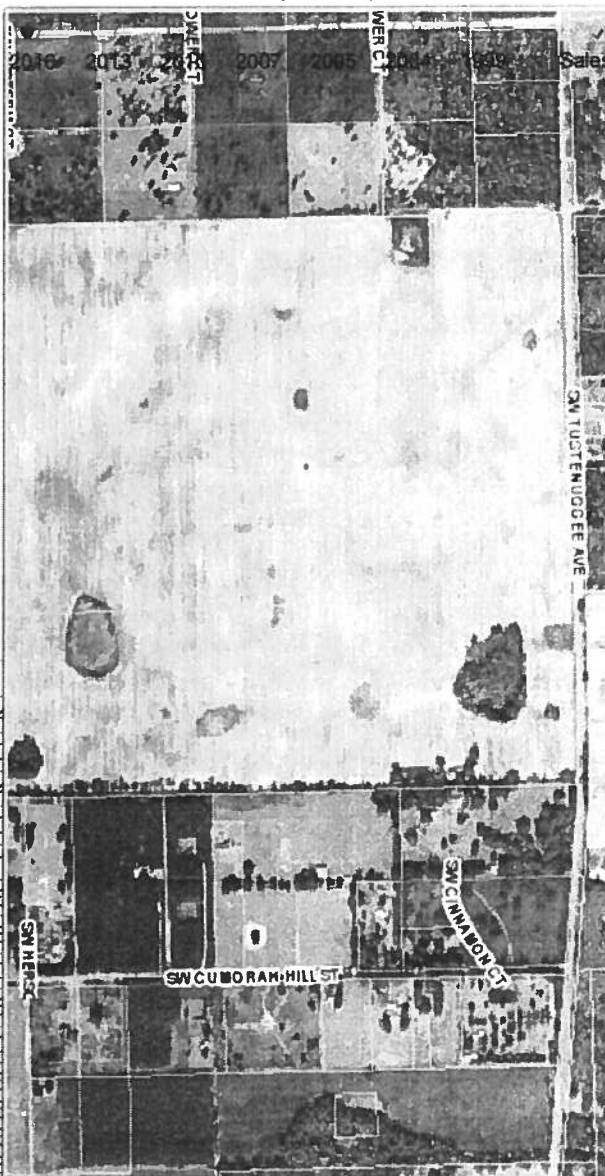
Owner	DANIELS JENNIFER L 1069 SW JIM WARD ST FT WHITE, FL 32038		
Site	1069 JIM WARD ST, FORT WHITE		
Description*	COMM SW COR OF SEC, RUN E 1144.48 FT FOR POB, N 7.98 FT TO N R/W HAMMOCK RD, CONT N 1308.72 FT, CONT N 115 FT, E 290.24 FT, S 115 FT, E 183.09 FT, S 1307.61 FT TO N R/W HAMMOCK RD, CONT S 7.35 FT, W 469.14 FT TO POB, EX RD & COMM SW COR SEC, RUN E 657.54 FT more>>>		
Area	29.73 AC	S/T/R	17-6S-17
Use Code**	IMPROVED A (005000)	Tax District	3

*The Description above is not to be used as the Legal Description for this parcel in any legal transaction

**The Use Code is a FL Dept of Revenue (DOR) code and is not maintained by the Property Appraiser's office. Please contact your city or county Planning & Zoning office for specific zoning information.

Property & Assessment Values

2018 Certified Values		2019 Working Values	
Mkt Land (4)	\$67,324	Mkt Land (4)	\$67,824
Ag Land (1)	\$3,360	Ag Land (1)	\$3,360
Building (1)	\$247,112	Building (1)	\$248,954
XFOB (9)	\$13,290	XFOB (9)	\$13,290
Just	\$383,249	Just	\$385,591
Class	\$331,086	Class	\$333,428
Appraised	\$331,086	Appraised	\$333,428
SOH Cap [?]	\$6,150	SOH Cap [?]	\$0
Assessed	\$327,620	Assessed	\$333,428
Exempt	HX H3 \$50,000	Exempt	HX H3 \$50,000
Total Taxable	county:\$277,620 city:\$277,620 other:\$277,620 school:\$302,620	Total Taxable	county:\$283,103 city:\$283,103 other:\$283,103 school:\$308,428

**▼ Sales History**

Sale Date	Sale Price	Book/Page	Deed	V/I	Quality (Codes)	RCode
11/7/2007	\$118,000	1136/0718	WD	V	U	07
10/29/2007	\$16,100	1135/0184	WD	V	U	03
7/23/2007	\$34,500	1126/0510	WD	I	U	04
10/26/1995	\$26,900	813/0670	WD	V	Q	
4/25/1990	\$34,500	737/0105	AG	V	U	13

▼ Building Characteristics

Bldg Sketch	Bldg Item	Bldg Desc*	Year Blt	Base SF	Actual SF	Bldg Value
Sketch	2	SINGLE FAM (000100)	2009	2938	4764	\$248,954

*Bldg Desc determinations are used by the Property Appraisers office solely for the purpose of determining a property's Just Value for ad valorem tax purposes and should not be used for any other purpose.

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1903.50 CONTRACTOR Paul Albright PHONE 386.365.5314

THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

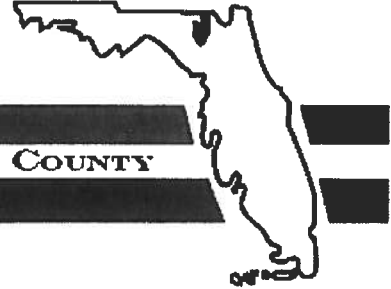
In Columbia County one permit will cover all trades doing work at the permitted site. It is **REQUIRED** that we have records of the subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and Ordinance 89-6, a contractor shall require all subcontractors to provide 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 <div style="color: red; font-size: 2em; font-weight: bold;">✓ 1074</div>	Print Name <u>Glenn Whittington</u> Signature <u>Glenn Whittington</u> License #: <u>EC 13002957</u> Phone #: <u>386 972 1700</u> <p align="center">Qualifier Form Attached <input type="checkbox"/></p>
MECHANICAL/ A/C	Print Name <u>N/A</u> Signature <u>N/A</u> License #: <u>N/A</u> Phone #: <u>N/A</u> <p align="center">Qualifier Form Attached <input type="checkbox"/></p>

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.

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:	3/7/2019 10:14:21 AM
Address:	1071 SW JIM WARD St
City:	FORT WHITE
State:	FL
Zip Code	32038
Parcel ID	09690-003

REMARKS: Address for proposed structure on parcel. 3rd address for this 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

License Number: IH / 1025239 / 1 Name: PAUL E. ALBRIGHT

Order #: 3724

Label #: 58709

Manufacturer:

Scott Bilt

Homeowner:

Year Model:

1986

Address:

Length & Width:

70 X 14

City/State/Zip:

Type Longitudinal System:

2

Phone #:

Type Lateral Arm System:

Date Installed:

New Home: _____ Used Home: ☒

Installed Wind Zone:

Z

Data Plate Wind Zone:

(Check Size of Home)

Single ☒

Double _____

Triple _____

HUD Label #:

Soil Bearing / PSF:

1500

Torque Probe / in-lbs:

285

Permit #:

Note:

STATE OF FLORIDA
INSTALLATION CERTIFICATION LABEL

58709

LABEL #

DATE OF INSTALLATION

PAUL E. ALBRIGHT

NAME

IH / 1025239 / 1

3724

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.

Mobile Home

Applicant: WYNONA POLVERE (386.365.1631) Application Date: 3/14/2019

Convert To ▾

1. ACTION
JOB LOCATION

Completed Inspections

Add Inspection

Release Power

2. CONTRACTOR

Schedule Inspection (ScheduleInspection.aspx?id=40484)

3. MOBILE HOME
DETAILS

Inspection	Date	By	Notes
Passed: Mobile Home - In County Pre-Mobile Home before set-up	3/15/2019	TROY CREWS	S E



PICTURE OF DATA SHEET NEEDED!!

4. APPLICANT

5. REVIEW

The completion date must be set To release Certifications to the public.

6. FEES/PAYMENT

Permit Completion Date
(Releases Occupancy and Completion Forms)

7.
DOCUMENTS/REPORTS
(3)

Permit Closed On

8.
NOTES/DIRECTIONS

Incomplete Requested Inspections

9. INSPECTIONS (1)

Inspection	Date	By	Notes
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STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

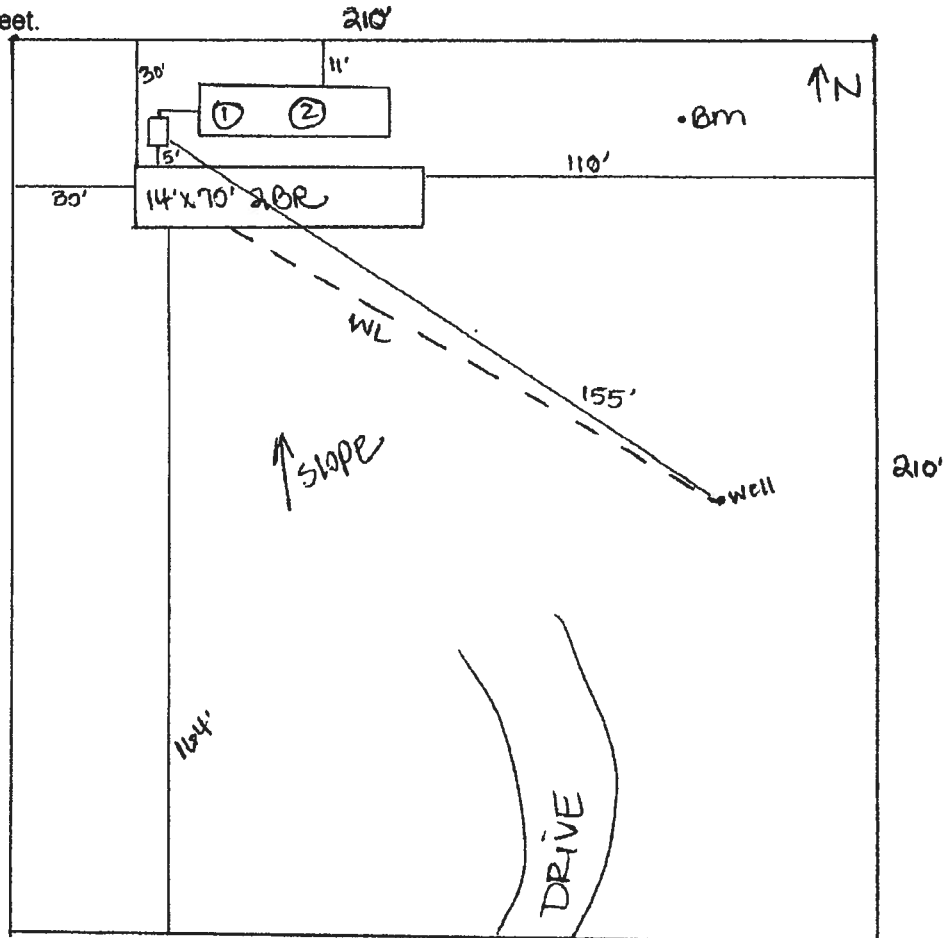
Permit Application Number

19-0195

V. Daniels (paver)

----- PART II - SITEPLAN -----

Scale: 1 inch = 40 feet.



Notes:

Site Plan submitted by:

Rocky D 7

MASTER CONTRACTOR

Plan Approved

Not Approved

Date 3/13/19

By

ESL

Columbia

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. 19-0195
DATE PAID: 3/8/19
FEE PAID: 310.00
RECEIPT #: 1400329

APPLICATION FOR:

☒ New System ☐ Existing System ☐ Holding Tank ☐ Innovative
☐ Repair ☐ Abandonment ☐ Temporary ☐

APPLICANT: Jennifer DanielsAGENT: ROCKY FORD, A & B CONSTRUCTIONTELEPHONE: 386-497-2311MAILING ADDRESS: 546 SW Dortch Street, FT. WHITE, FL, 32038

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3) (m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION

LOT: NA BLOCK: NA SUB: NA PLATTED: _____

PROPERTY ID #: 17-6S-17-09690-003 ZONING: _____ I/M OR EQUIVALENT: ☐ Y / ☐ N]

PROPERTY SIZE: 29.73 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐]<=2000GPD ☐]>2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ Y / ☒ N] DISTANCE TO SEWER: NA FT

PROPERTY ADDRESS: Jim Ward St Fort WhiteDIRECTIONS TO PROPERTY: 41 South Right on 131 Left on Jim Ward 1st drive on Left

#1069

BUILDING INFORMATION

☒ RESIDENTIAL ☐ COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	SF Residential	2	980	
2				
3				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Rocky Ford DATE: 3/7/2019

DH 4015, 08/09 (Obsoletes previous editions which may not be used)
Incorporated 64E-6.001, FAC

HOU

HOUSING SYSTEMS, INC.

Route 4 Box 285E
Waycross, Georgia 31501

SC7014 2BR 2 BATH 888.3 SF

Date of Manufacture 3-7-86	Plant Number #1	HUD No. GEO/410720
--------------------------------------	---------------------------	------------------------------

Manufacturer's Serial Number and Model Unit Designation

SHS1WGA10869844

Design Approval by (D.A.P.I.A.)

HNC

This mobile home is designed to comply with the federal mobile home construction and safety standards in force at time of manufacture.
(For additional information, consult owner's manual.)

The factory installed equipment includes:

Equipment	Manufacturer	Model Designation
For heating	<u>Coleman</u>	<u>7956-856</u>
For air cooling	<u>Brown</u>	<u>MPM210</u>
For cooking	<u>Whirl Pool</u>	<u>ET145K</u>
Refrigerator	<u>MacFlo</u>	<u>2FER325K</u>
Water heater		
Washer		
Clothes Dryer		
Dishwasher		
Garbage Disposal		
Fireplace	<u>Ten Tek</u>	<u>JL-910</u>
Smoke Detector	<u>Soundesign</u>	<u>5956</u>
	<u>Whirl Pool</u>	<u>MW810XR</u>

DESIGN WIND
ZONE MAP

<input type="checkbox"/> Zone I Standard Wind 15 PSF Horizontal 9 PSF Uplift	<input checked="" type="checkbox"/> Zone II Hurricane Resistant 25 PSF Horizontal 15 PSF Uplift
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HEATING AND COOLING DESIGN BASIS CERTIFICATE

This federal heating and cooling design basis certificate is required for all mobile homes manufactured after January 1, 1974. The certificate is to be filled out by the manufacturer and submitted to the HUD office in the state where the mobile home is manufactured. The certificate is to be kept on file by the manufacturer for a period of five years from the date of manufacture. The certificate is to be submitted to the HUD office in the state where the mobile home is manufactured. The certificate is to be kept on file by the manufacturer for a period of five years from the date of manufacture.

Walls (without windows)
Ceilings and roofs
Floors
Air ducts in floor
Air ducts in ceiling
Air ducts installed on exterior
The following are the minimum requirements for the installation of air conditioning equipment:
Air ducts in floor
Air ducts in ceiling
Air ducts outside
To determine the required cooling load (heat gain), location and the type of air conditioning equipment and provide the greatest cooling load. Each home