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

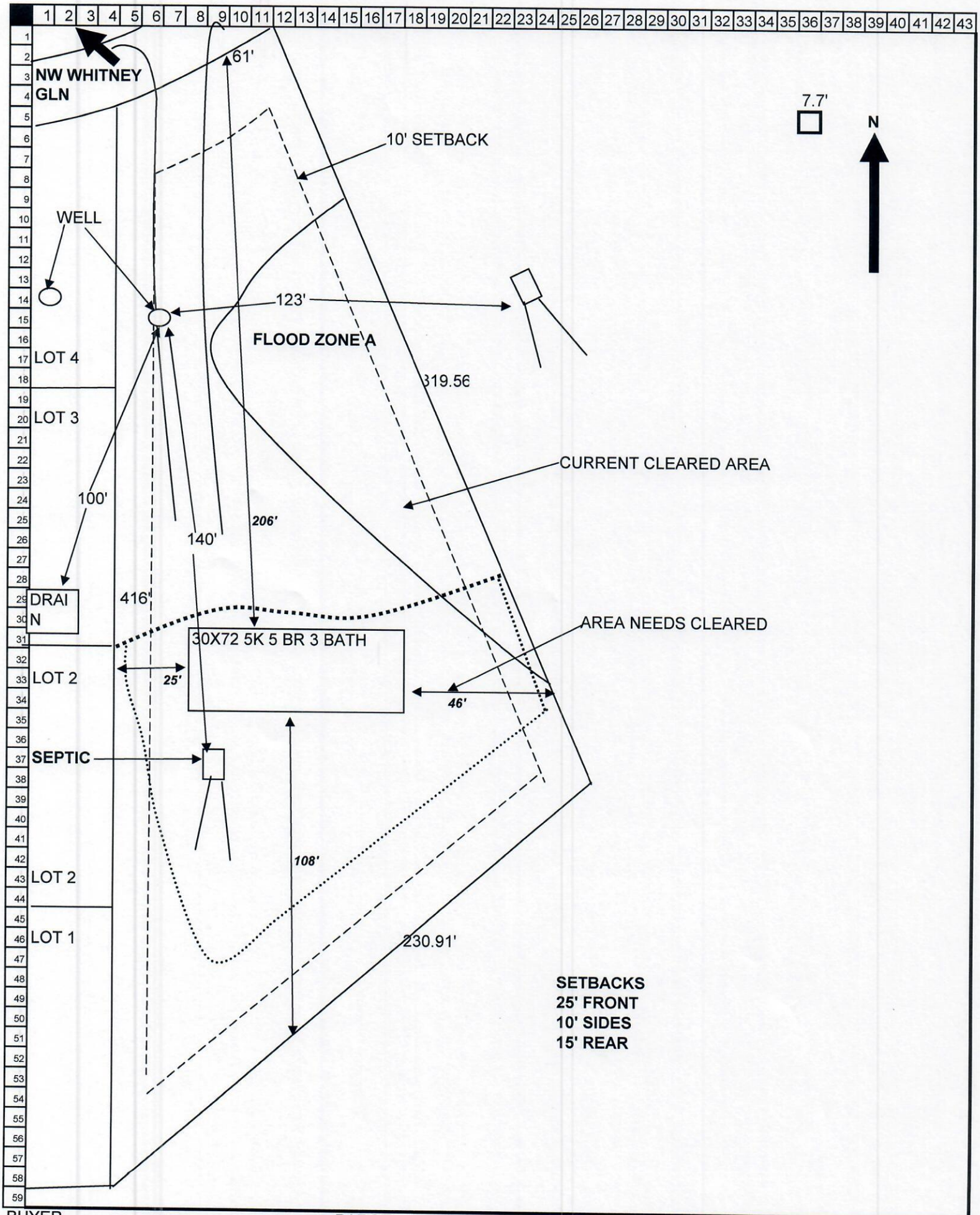
☐ Existing well ☐ Land Owner Affidavit ☐ Installer Authorization ☐ FW Comp. letter ☐ App Fee Paid

☐ DOT Approval ☐ Parent Parcel #_____ ☐ STUP-MH _____ ☐ 911 App

☐ Ellisville Water Sys ☐ Assessment _____ ☐ Out County ☐ In County ☐ Sub VF Form

Property ID # 22-3S-16-02244-105 Subdivision Brandon Estates Lot# 5

- New Mobile Home ✓ Used Mobile Home_____ MH Size 32x72 Year 2021
- Applicant Charles Robinson Phone # (352) 424-3914
- Address 466 SW Deputy J Davis Ln Lake City FL, 32024
- Name of Property Owner Freedom Homes Phone# (386) 752-5355
- 911 Address 150 NW Whitney Glen Lake City FL, 32024
- Circle the correct power company - (Circle One) - **FL Power & Light** - **Clay Electric** - **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 416'x61'x319'x230' Total Acreage 1.05
- 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 west to Turner Rd T/R go to End of Pavement T/R onto NW Whitney Gln and Job site on Right
- Name of Licensed Dealer/Installer David Albright Phone # 386-344-3645
- Installers Address 353 SW Mauldin Ave Lake City FL, 32024
- License Number IH-1129420-1 Installation Decal # 78677



BUYER _____ PARCEL ID# 22-3S-16-02244-105 DATE DRAWN _____

ACREAGE 1.05 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 License #: EC13002957 Qualifier Form Attached ☐	Signature [signature] Phone #: 386 972 1700
MECHANICAL/ A/C ____	Print Name STYLECREST License #: CAC1817658 Qualifier Form Attached ☐	Signature Ronald E Brooks SR Phone #: 850-769-4453

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 (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	Paul A Barney	FREEDOM HOMES
STEVE SMITH	Steve Smith	FREEDOM HOMES
CHARLES ROBINSON	Charles Robinson	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 — License Holders Signature (Notarized)
IH-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

(Seal/Stamp)

LINDA PENHALIGON
Commission #GG 157551
My Commission Expires
November 5, 2021

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	Paul A Barney	✓ Agent ___ Officer ___ Property Owner
STEVE SMITH	Steve Smith	___ Agent ✓ Officer ___ Property Owner
CHARLES ROBINSON	C R	✓ Agent ___ Officer ___ Property Owner

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David Albright
License Holders Signature (Notarized)

IH-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

(Seal/Stamp)
NOTARY PUBLIC STATE OF FLORIDA
LINDA PENHALIGON
Commission #GG 157551
My Commission Expires
November 5, 2021

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

Order #: 4824 Label #: 78677	Manufacturer: LIVE OAK	(Check Size of Home)	
Homeowner: DAVIS	Year Model: 2021	Single	____
Address: WHITNEY GLEN	Length & Width: 72/76 x 32	Double	✓
City/State/Zip: LAKE CITY FL 32024	Type Longitudinal System: 6 OTI	Triple	____
Phone #:	Type Lateral Arm System: 6 OTI	HUD Label #:	
Date Installed:	New Home: ✓ 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

78677

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.

Davis

5K L-3725B

page 1 of 2

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 Whitney Glen Lake City FL 32024

Manufacturer LIVE OAK HOMES Length x width 32 x 72/76

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

New Home [X] Used Home [ ]

Home installed to the Manufacturer's Installation Manual [X]

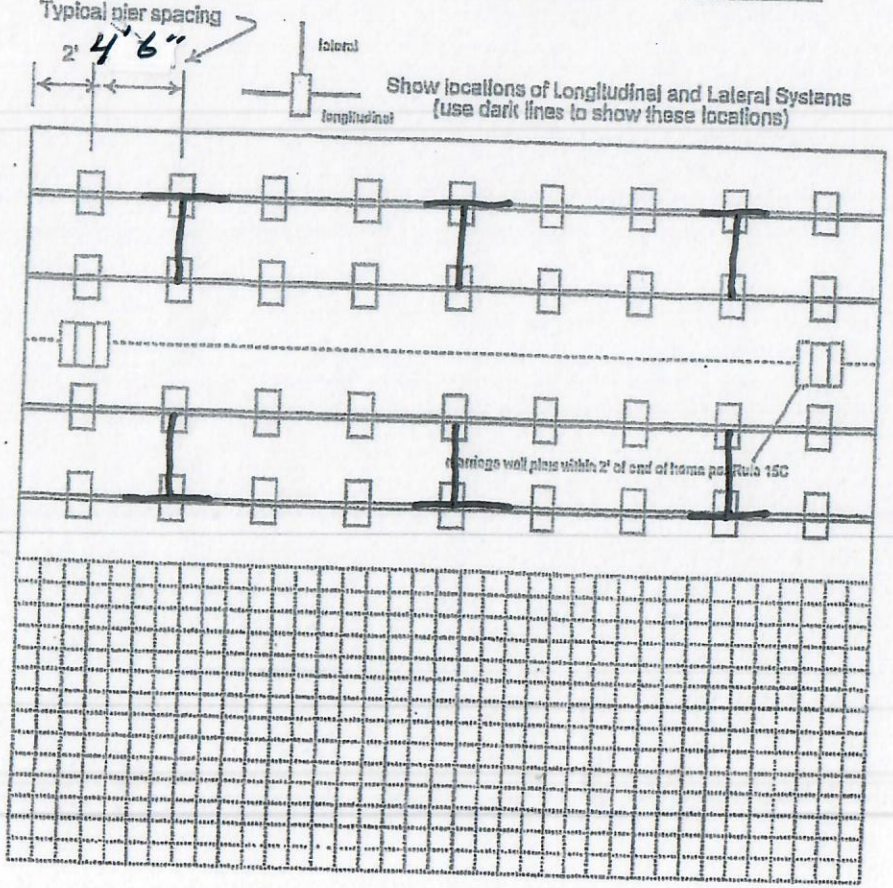
Home is installed in accordance with Rule 15-C [ ]

Single wide [ ] Wind Zone II [X] Wind Zone III [ ]

Double wide [X] Installation Decal # 78677

Triple/Quad [ ] Serial # LOHGA

Typical pier spacing



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 17 x 25

Perimeter pier pad size 16 x 16

Other pier pad sizes (required by the mfg.) 23 x 31

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
15 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 OTI

Longitudinal Stabilizing Device w/ Lateral Arms Manufacturer OTI

OTHER TIES

	Number
Sidewall	28
Longitudinal	6
Marriage wall	8-6'
Shearwall	2

Mobile Home Permit Worksheet

Application Number: _____ Date: _____

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 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

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 mult-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, 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 FACTORY
Pg. 41

Installed:
Between Floors Yes X
Between Walls Yes END WALLS
Bottom of ridgebeam Yes X

Weatherproofing

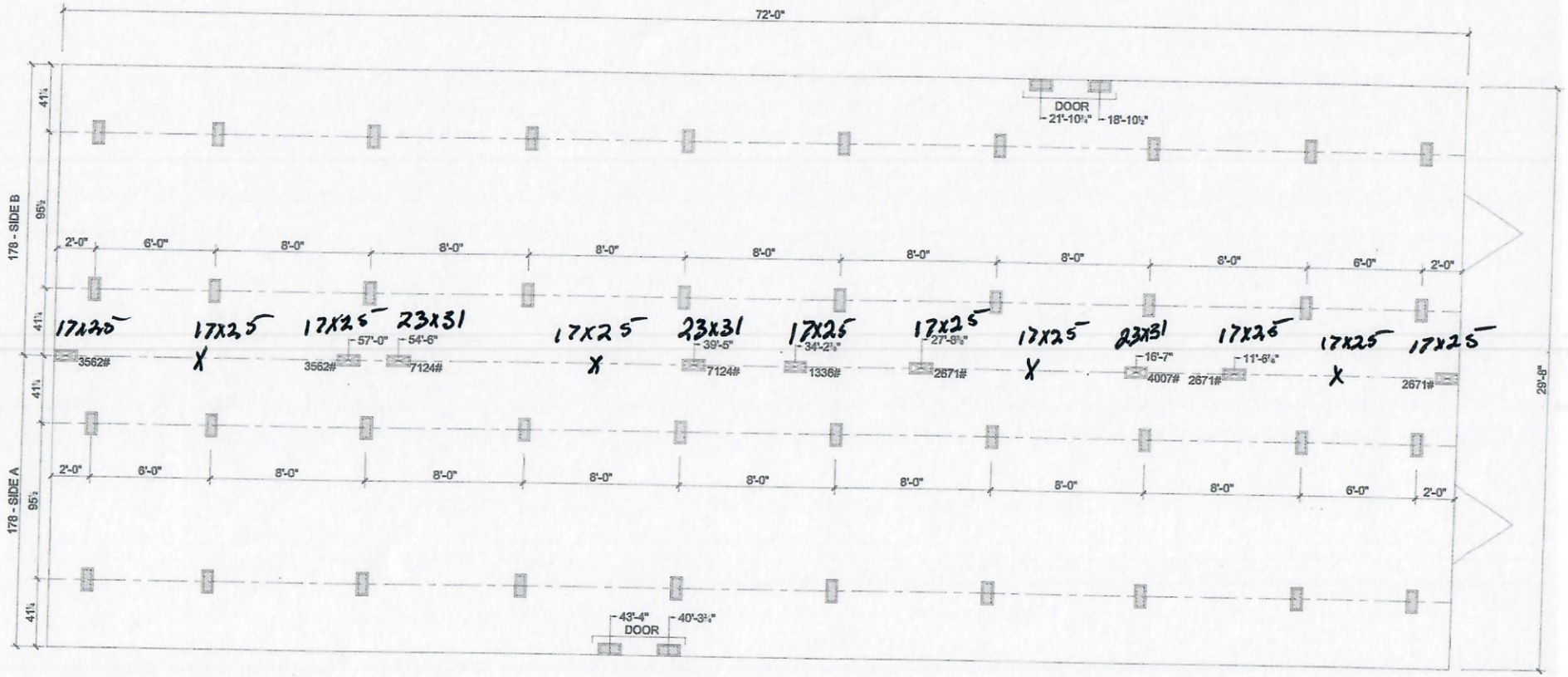
The bottomboard will be repaired and/or taped. Yes X. Pg. 124
Siding on units is installed to manufacturer's specifications. Yes X
Fireplace chimney installed so as not to allow intrusion of rain water. Yes X

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 _____ Date _____



MARRIAGE LINE OPENING SUPPORT PIER/TYP.

SUPPORT PIER/TYP

7-5-2016

FOUNDATION NOTES:

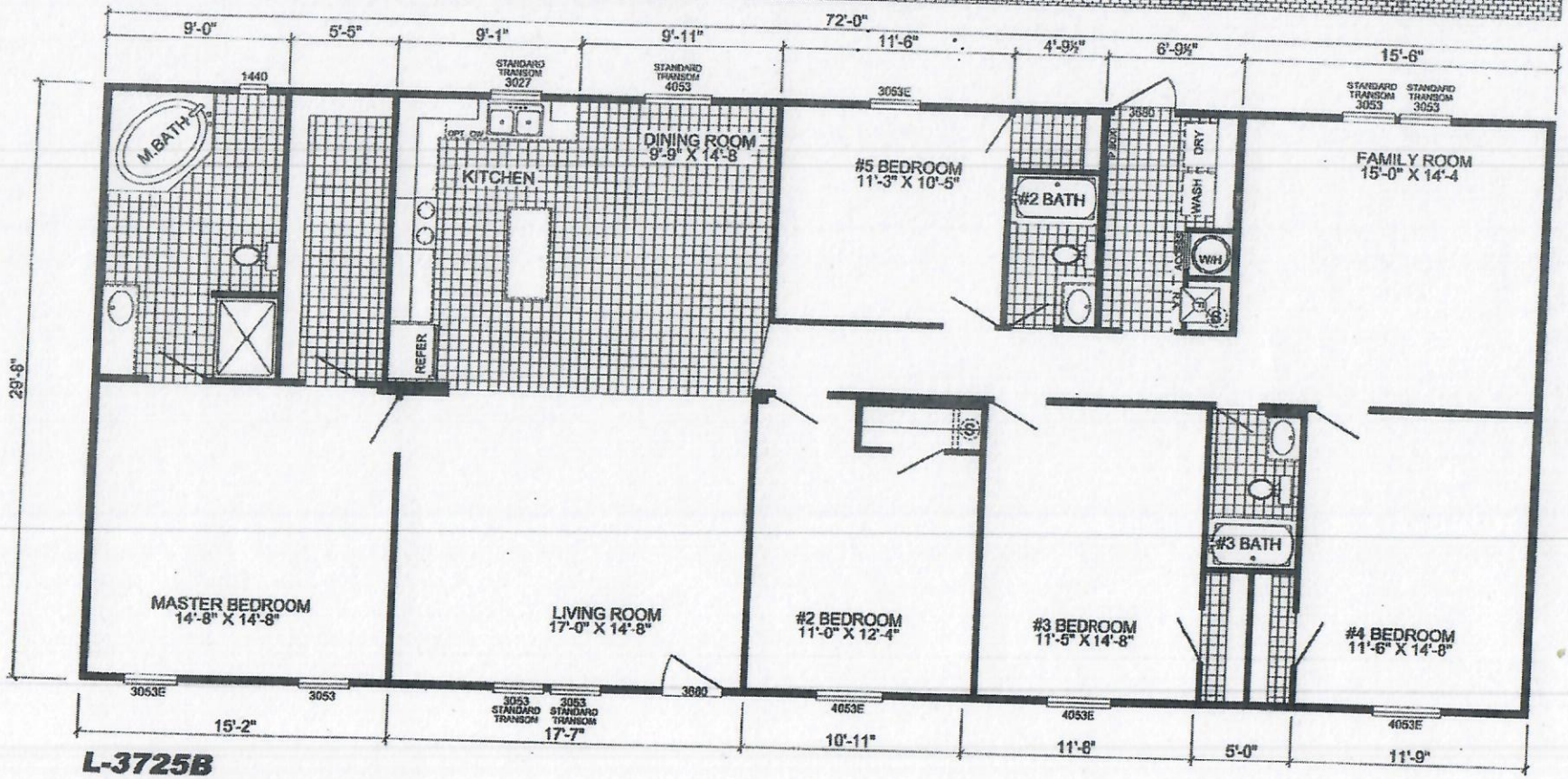
- THIS DRAWING IS DESIGNED FOR THE STANDARD WIND ZONE AND IS TO BE USED IN CONJUNCTION WITH THE INSTALLATION MANUAL AND IT'S SUPPLEMENTS.
- FOOTINGS ARE SHOWN FOR EXAMPLE ONLY QUANTITY AND SPACING MAY VARY BASED ON PAD TYPE, SOIL CONDITION, ETC.
- FOOTINGS ARE REQUIRED AT SUPPORT POSTS, SEE INSTALLATION MANUAL FOR REQUIREMENTS.

Live Oak Homes
MODEL: L-3725B - 32 X 76
5-BEDROOM / 3-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 OH DUCT)
- (J) SUPPLY AIR (W/OPT. HEAT PUMP OH DUCT)

5K

5K



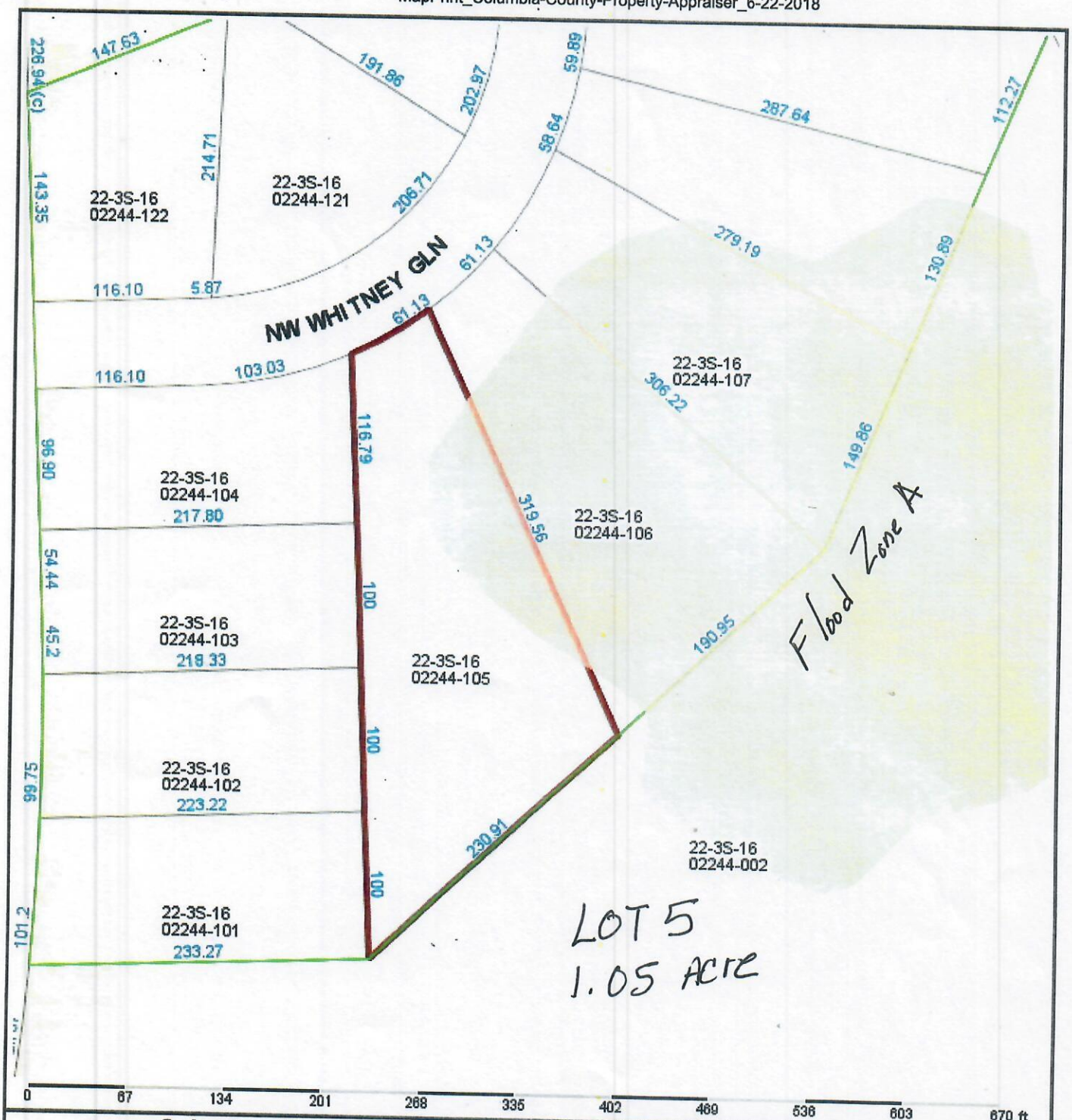
L-3725B

5-BEDROOM / 3-BATH

32 X 76 - Approx. 2136 Sq. Ft.

2-9-2016

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



Columbia County Property Appraiser

Jeff Hampton | Lake City, Florida | 386-758-1083

PARCEL: 22-3S-16-02244-105 | VACANT (000000) | 1.05 AC

LOT 5 BRANDEN ESTATES S/D. ORB 828-071,SWD 1053-2736, QC 1180-2797, WD 1181-1871, QC 1206-485

Owner: HARRELL VICKI L TRUSTEE OF THE BRANDEN ESTATES LAND TRUST
111 EAST HOWARD ST
LIVE OAK, FL 32064

Site: ,

Sales Info			
	12/7/2010	$100	V (U)
	6/25/2009	$5,000	V (U)
	5/13/2009	$7,000	V (U)

2017 Certified Values

Mkt Lnd	$15,113	Appraised	$15,113
Ag Lnd	$0	Assessed	$15,113
Bldg	$0	Exempt	$0
XFOB	$0		county:$15,113
Just	$15,113	Total Taxable	city:$15,113
			other:$15,113
			school:$15,113

NOTES:

Columbia County, FL