


PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

5 ERIN H

For Office Use Only (Revised 7-1-15) Zoning Official JW Building Official JMA
AP# 1812-16 Date Received 12/6 By JW Permit # 37540 / 1217
Flood Zone X Development Permit _____ Zoning A-3 Land Use Plan Map Category A8
Comments _____
FEMA Map# _____ Elevation _____ Finished Floor 1' above flood River _____ In Floodway _____
☒ Recorded Deed or ☐ Property Appraiser PO ☐ Site Plan ☒ EH # 18-0954 ☒ 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 SLF KIC

34-55-16
Property ID # 03752-203 Subdivision Ancient Oaks Lot# 3
▪ New Mobile Home X Used Mobile Home _____ MH Size 32x58 Year 2019
▪ Applicant Timothy McKinney Phone # 850-624-8544
▪ Address 969 SW Morning Star Gl, Ft. White, FL 32038
▪ Name of Property Owner Timothy McKinney Phone# 850-624-8544
▪ 911 Address 969 SW Morning Star Gl 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 same as above Phone # _____
Address _____
▪ Relationship to Property Owner self
▪ Current Number of Dwellings on Property 1
▪ Lot Size 5 acres Total Acreage 5 acres
▪ 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 From SR 47 turn onto SW Morning Star Gl, then the property is down on the left. Right next to 979
▪ Name of Licensed Dealer/Installer Kyle Johnson Phone # 352-339-3543
▪ Installers Address 3229 SW 40th St, Bell, FL 32619
▪ License Number IH 1126697 Installation Decal # 56283

SCANNED

JW sent email 12.6.18 + 12.11.18 + JW spoke w/ Erika 12.11.18
- w/ Receipt -

Mobile Home Permit Worksheet

Application Number: _____ Date: _____

Installer: Kyle Johnson License # I41126657

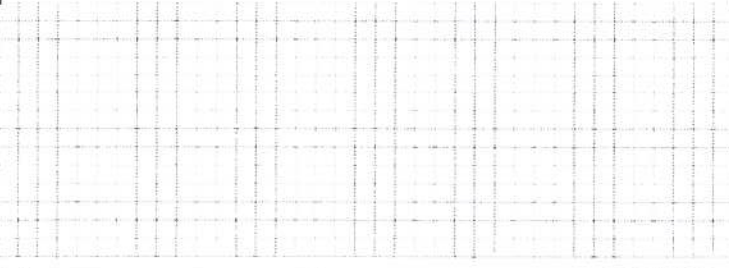
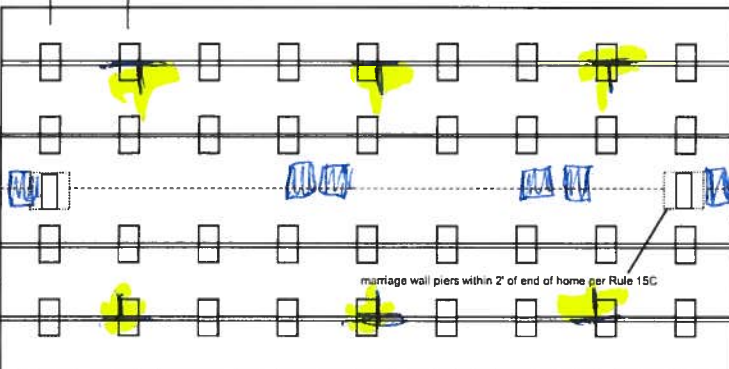
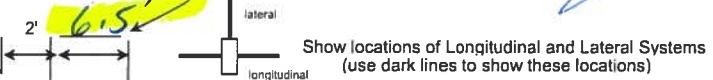
Address of home being installed _____

Manufacturer Live Oak Length x width 58 x 32

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 KJ

Typical pier spacing



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 # 56283

Triple/Quad ☐ Serial # LOHGA31870764 A3

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 23x31 6 1/2
 Perimeter pier pad size 105511 OK 16x18
 Other pier pad sizes (required by the mfg.) _____

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 11' 5" x 25.5" Pier pad size 5 Triple 17.5 x 25.5
21' 7.5" x 25.5"
3 Triple 17.5 x 25.5
4 Triple 17.5 x 25.5

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

Opening 11' 5" x 25.5" Pier pad size 5 Triple 17.5 x 25.5
21' 7.5" x 25.5"
3 Triple 17.5 x 25.5
4 Triple 17.5 x 25.5

FRAME TIES

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

TIEDOWN COMPONENTS

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

OTHER TIES

Number _____
 Sidewall _____
 Longitudinal 28
 Marriage wall 10
 Shearwall 2

Oliver 1101V

Mobile Home Permit Worksheet

Application Number: _____ Date: _____

POCKET PENETROMETER TEST

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

X 1000 X 1000 X 1000

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 1000 X 1000 X 1000

TORQUE PROBE TEST

The results of the torque probe test is _____ 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

Kyle Johnson

Date Tested

Assumed Oliver 10/1/18
485 foot anchors

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. _____

Plumbing

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

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

Site Preparation

Debris and organic material removed _____
Water drainage: Natural _____ Swale _____ Pad (circled) Other _____

Fastening multi wide units

Floor: Type Fastener: lags Length: 6 Spacing: 20
Walls: Type Fastener: 1" Length: 64 Spacing: 20
Roof: Type Fastener: 1" Length: 64 Spacing: 20
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 KJ

Type gasket Pg. R11

Installed:
Between Floors Yes
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 _____

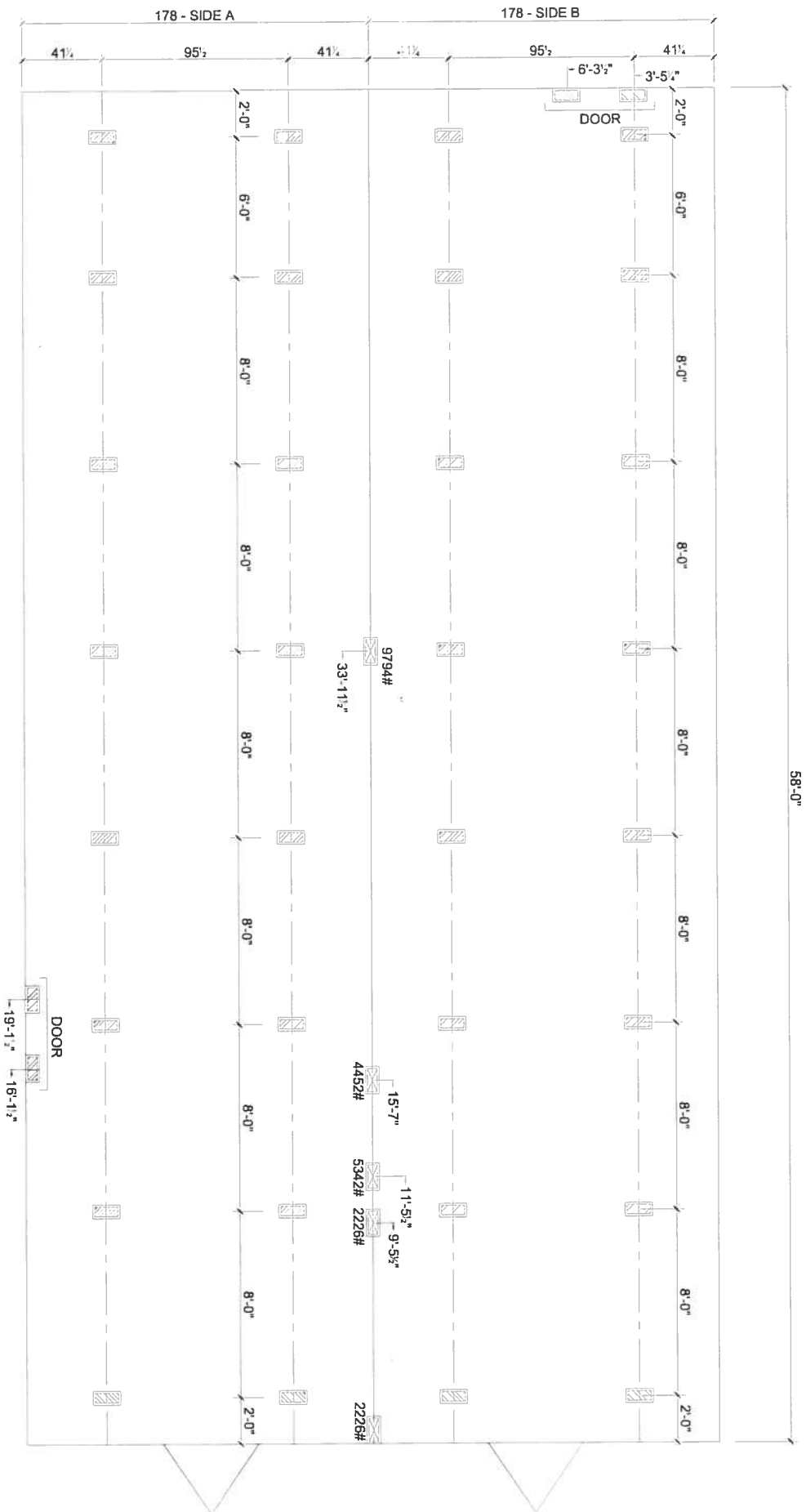
Miscellaneous

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: _____

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

Kyle Johnson Date 12/5/18



 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.

Live Oak Homes
MODEL: S-3583A-SVS - 32 X 58
3-BEDROOM / 2-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)
- S-3583A**

11-19-2015

S-3583A-SVS

Prepared by:
Michael H. Harrell
Abstract Trust Title, LLC
283 NW Cole Ter
Lake City, FL 32055

Inst: 201812022586 Date: 11/01/2018 Time: 10:08AM
Page 1 of 1 B: 1371 P: 2191, P. DeWitt Cason, Clerk of Court
Columbia, County, By: BD
Deputy Clerk/Doe Stamp-Deed: 245.00

ATT# 4-8547

Warranty Deed

Individual to Individual

THIS WARRANTY DEED made the 26th day of October, 2018, Beverly Elaine Wilberforce F/K/A Beverly E. Munn, hereinafter called the grantor, to Timothy D. McKinney whose post office address is: 15203 NW 150th Rd, Apt 2073, Alachua, FL 32615 hereinafter called the grantee:

(Wherever used herein the terms "grantor" and "grantee" include all the parties to this instrument and the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporation)

Witnesseth: That the grantor, for and in consideration of the sum of \$10.00 and other valuable considerations, receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliens, remises, releases, conveys, and confirms unto the grantee, all that certain land situate in COLUMBIA County, Florida, viz:

Lot 3, Ancient Oaks, according to the map or plat thereof, as recorded in Plat Book 7, Page(s) 78, of the Public Records of Columbia County, Florida.

The above described property is not the Homestead of the Grantor, nor has it ever been the Homestead of same, who in fact resides at: 7540 Greenhill RD. Philadelphia, PA 19151.

TOGETHER with all tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

TO HAVE AND TO HOLD, the same in fee simple forever.

AND the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances, except taxes accruing subsequent to the prior year.

IN WITNESS WHEREOF, the said grantor has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in our presence:

Witness

Printed Name:

Witness

Printed Name:

Beverly Elaine Wilberforce
Beverly Elaine Wilberforce F/K/A Beverly E. Munn

STATE OF PA

COUNTY OF Montgomery

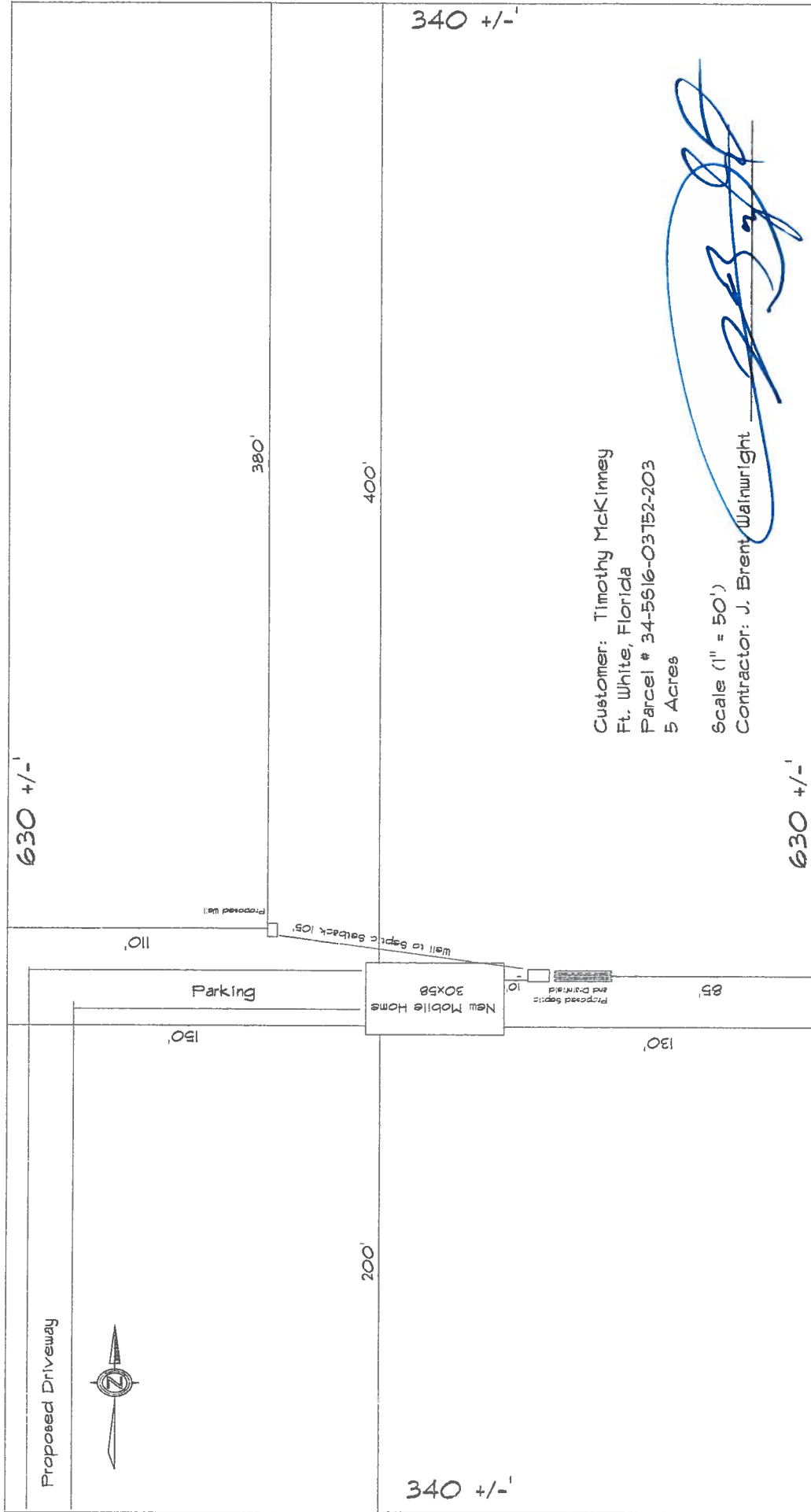
The foregoing instrument was acknowledged before me this 26th day of October, 2018 by BEVERLY ELAINE WILBERFORCE F/K/A BEVERLY E. MUNN personally known to me or, if not personally known to me, who produced PA DRIVER'S License for identification and who did not take an oath.

Notary Public

(Notary Seal)

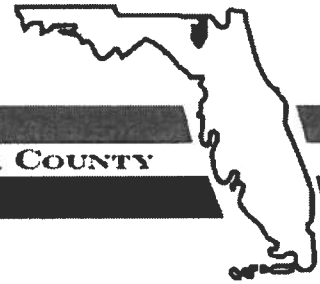
NOTARIAL SEAL
Christopher Mulligan, Notary Public
Lower Merion Twp., Montgomery County
My Commission Expires March 30, 2021

Developed Neighbors Parcel - Well & Septic More than 200'



Developed Neighbors Parcel - Well & Septic More than 200'

District No. 1 - Ronald Williams
District No. 2 - Rusty DePratter
District No. 3 - Bucky Nash
District No. 4 - Everett Phillips
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: **12/3/2018 1:18:18 PM**
Address: **969 SW MORNING STAR Gln**
City: **FORT WHITE**
State: **FL**
Zip Code **32038**

Parcel ID **03752-203**

REMARKS: Address for proposed structure on 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



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, Kyle Johnson, give this authority for the job address show below
Installer License Holder Name
only, 969 SW Morning Star Gln, 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)
Erika Ashley		<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.

Kyle Johnson
License Holders Signature (Notarized)

IH1126657 12/5/18
License Number Date

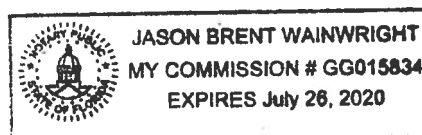
NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Alachua

The above license holder, whose name is Kyle Johnson,
personally appeared before me and is known by me or has produced identification
(type of I.D.) 5th on this December, 2018.

Jason Brent Wainwright
NOTARY'S SIGNATURE

(Seal/Stamp)



LIMITED POWER of ATTORNEY

Consents for County Permit Applications

I, Timothy McKinney, do hereby authorize Erika Ashley to be my representative and act on my behalf in all aspects of applying for a Manufactured Home Permit and a Health Department permit, to be placed on my property described as:

Sec. 34, Twp. 5 S, Rge. 16 E

Tax Parcel No. 03752-203

Lot: 3, Block: _____, Subdivision: _____

Manufacturer: Live Oak Model: Live Oak Year: _____

Length: _____ Width: _____ Serial # _____

Dated this 30th day of October, 2018.

Witness: [Signature]

Owner: Timothy McKinney

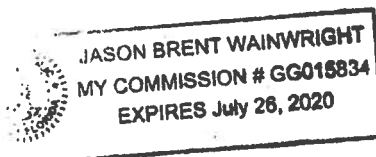
Witness: _____

Owner: _____

Sworn to and described before me this 30th day of October, 2018.

By: Timothy McKinney
Property Owner's Name

[Signature]
Notary's Name



MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1812-16 CONTRACTOR Kyle Johnson PHONE 352-339-3543

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.

✓ 1074 ELECTRICAL	Print Name <u>Glenn Whittington</u> Signature <u>Glenn Whittington</u> License #: <u>EC130029570</u> Phone #: <u>386-684-4601</u> Qualifier Form Attached <input type="checkbox"/>
MECHANICAL/ A/C <u>1766</u>	Print Name <u>Duane West</u> Signature <u>Duane E West</u> License #: <u>CAC1818176</u> Phone #: <u>352-317-0176</u> Qualifier Form Attached <input type="checkbox"/>

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.



COLUMBIA COUNTY BUILDING DEPARTMENT
135 NE Hernando Ave, Suite B-2 Lake City, FL 32055
Phone: 386-758-1008 Fax: 386-758-2160

MOBILE HOME INSTALLERS LETTER OF AUTHORIZATION

I, KYLE JOHNSON, give this authority for the job address show below
Installer License Holder Name

only, 969 SW Morning Star Cir Ft White FL 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)
Timothy McKinney		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input checked="" 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.

Kyle Johnson
License Holders Signature (Notarized)

FL 1126657
License Number

12/1/18
Date

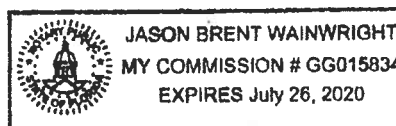
NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Alachua

The above license holder, whose name is Kyle Johnson,
personally appeared before me and is known by me or has produced identification
(type of I.D.) _____ on this 1st day of December, 20 18.

Jason Brent Wainwright
NOTARY'S SIGNATURE

(Seal/Stamp)





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

PERMIT NO. 18-0954
DATE PAID: 12/4/18
FEE PAID: 425.00
RECEIPT #: 138121213

APPLICATION FOR:

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

APPLICANT: Timothy McKimney

AGENT: Erika Ashley

TELEPHONE: 386-418-0424

MAILING ADDRESS: 12426 NW US Hwy 441 Alachua FL 32615

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: 3 BLOCK: 345316 SUBDIVISION: Ancient Oaks PLATTED: PB 7pg 78

PROPERTY ID #: 03752-203 ZONING: I/M OR EQUIVALENT: ☒ Y ☐ N

PROPERTY SIZE: 5 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

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

PROPERTY ADDRESS: 969 SW Morning Star Glh Ft. White, FL 32038

DIRECTIONS TO PROPERTY: off of SR 47 (neighbor 979)

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	<u>New DW MH</u>	<u>3</u>	<u>1,720</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify)

SIGNATURE: Erika Ashley

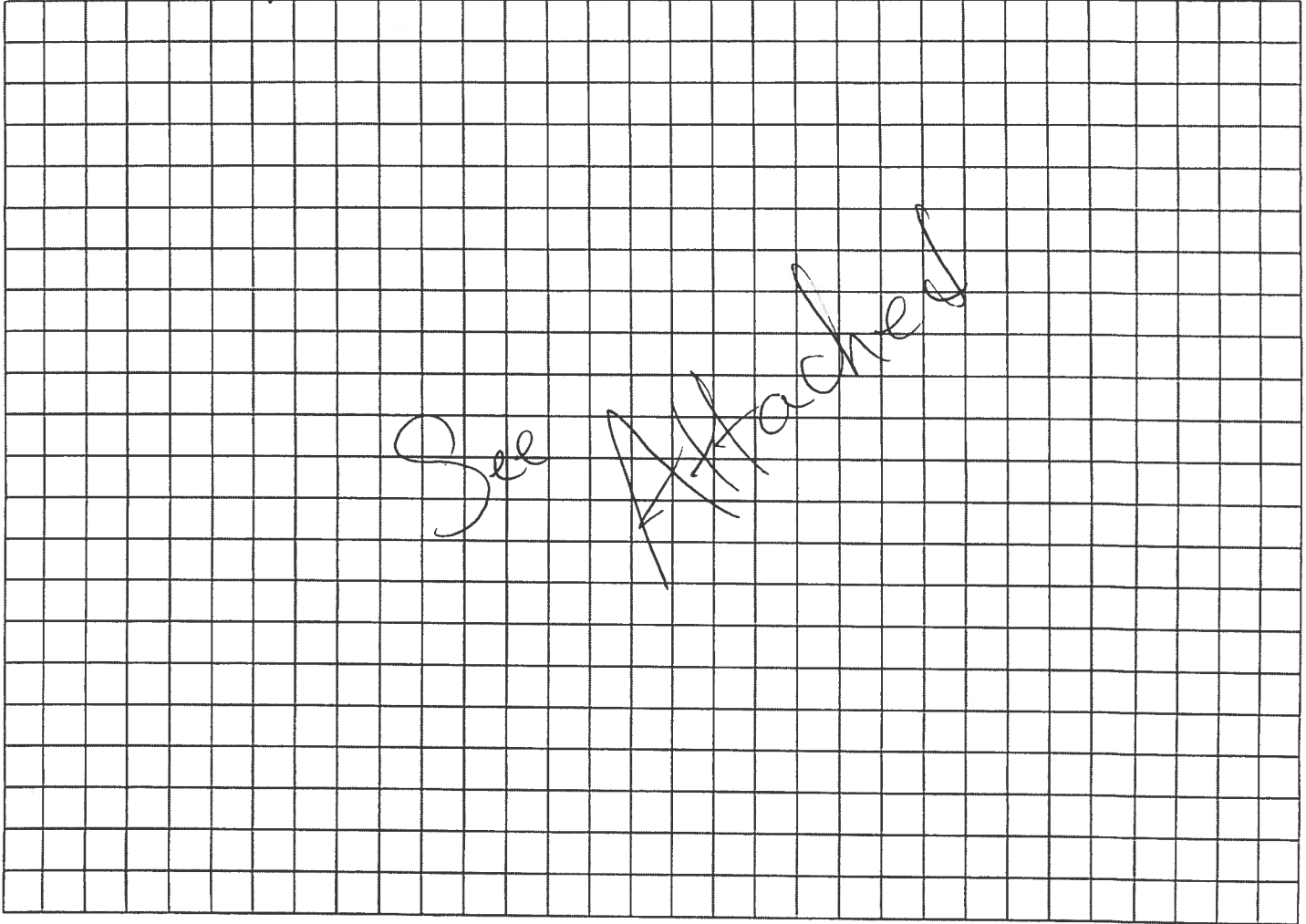
DATE: 12/4/18

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 18-0954

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

Scale: Each block represents 10 feet and 1 inch = 40 feet.



Notes: _____

Site Plan submitted by: [Signature]

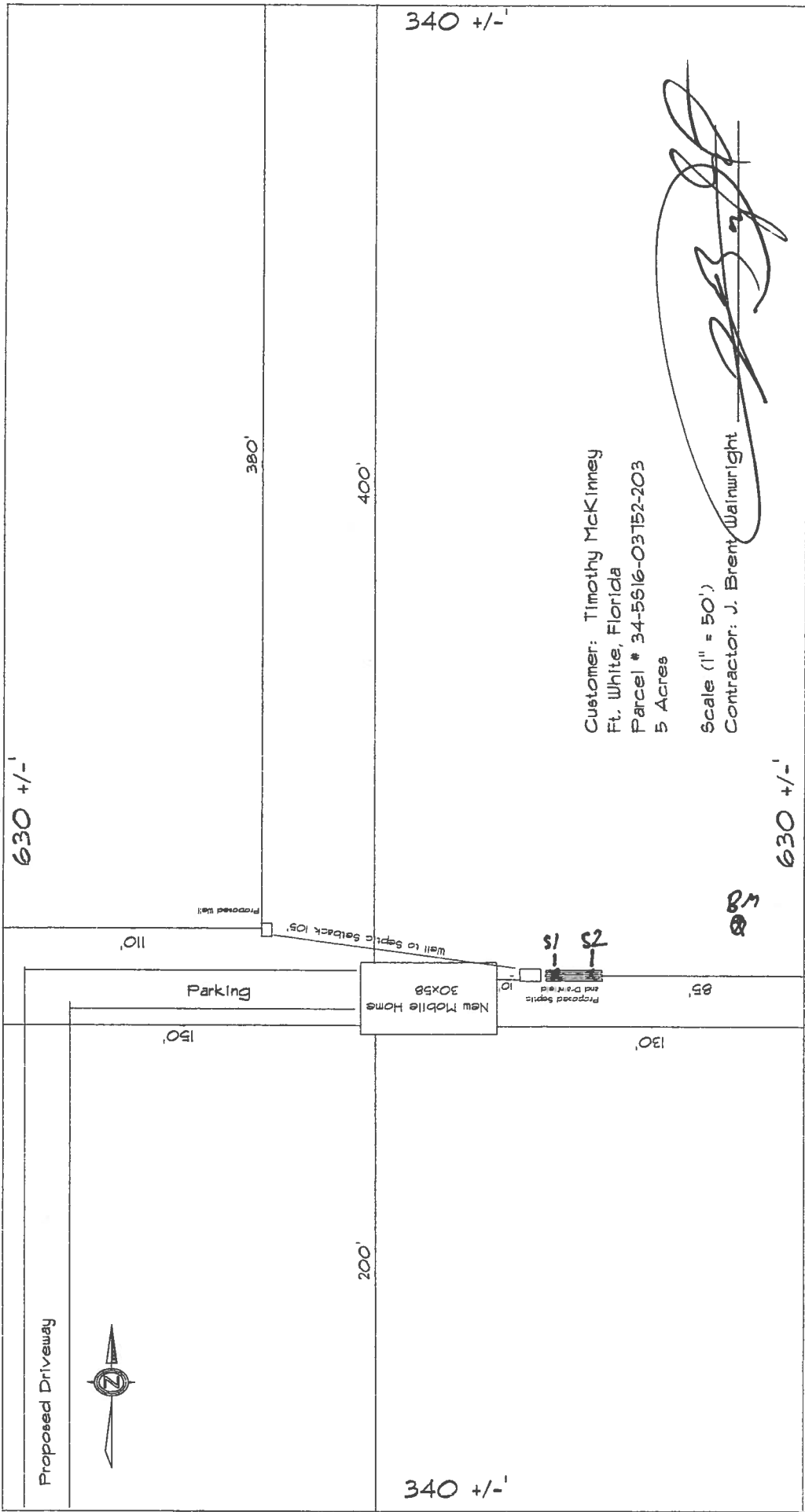
Plan Approved X Not Approved _____ Date _____

By [Signature] ESTI Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

18-0954

Developed Neighbors Parcel - Well & Septic More than 200'



Customer: Timothy McKinney
Ft. White, Florida
Parcel # 34-5516-03152-203
5 Acres
Scale (1" = 50')
Contractor: J. Brent Wainwright

630 +/-'

Developed Neighbors Parcel - Well & Septic More than 200'

Bell Feed & Farm, Well & Pump

5179 NW 57th PL

Bell, FL 32619

386-288-2118

bffwp@windstream.net

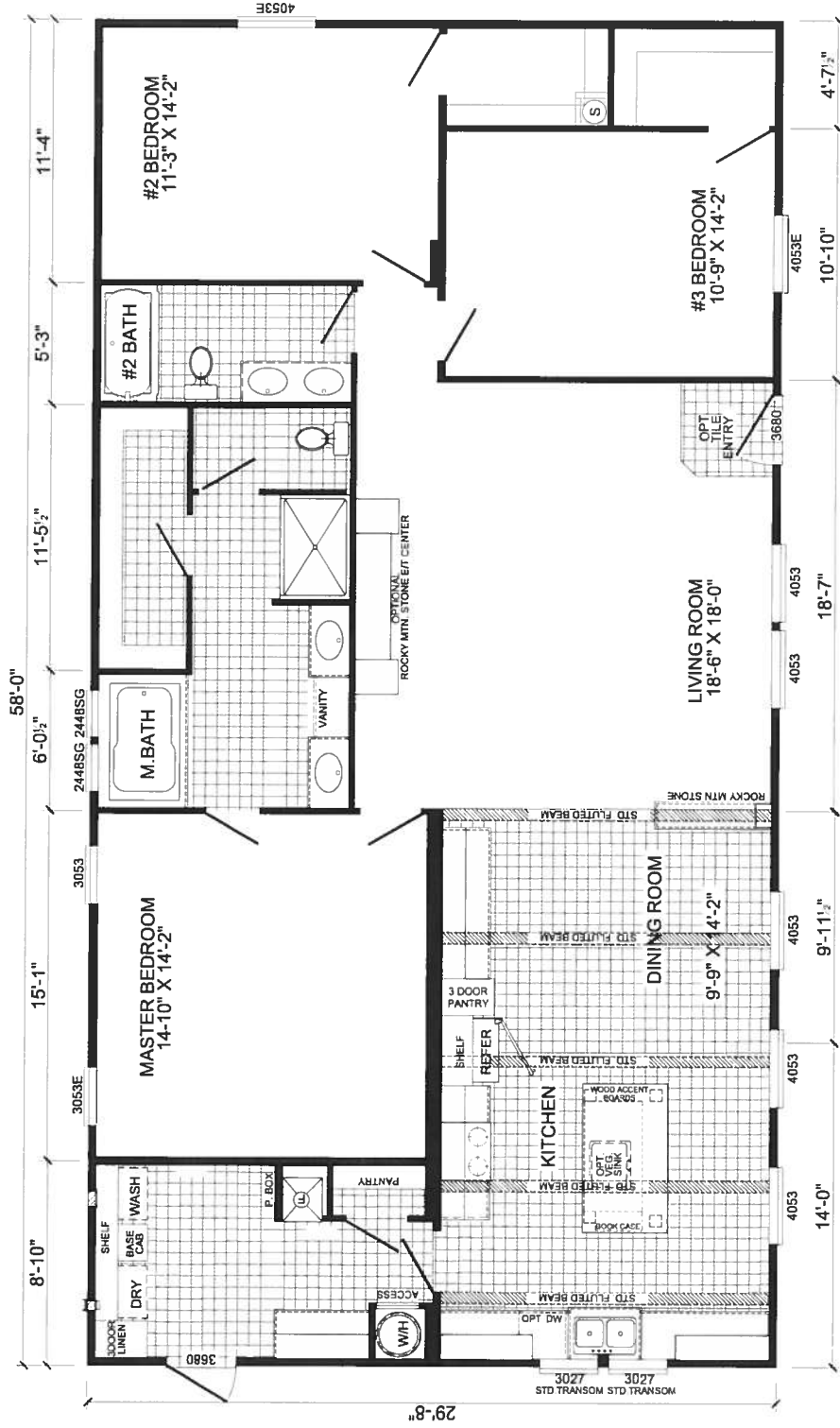
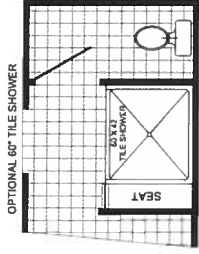
To whom it may concern:

We will be constructing a well for Timothy McKinney at 969 MORNING STAR GLN, FORT WHITE, Florida. Property ID # 34-5s-16-03752-203, it will have a 1HP submersible pump with a 32 gal. bladder tank.

Thank you,

Joseph Daniel Hart
BFFWP

BUCKHEAD



S-3583A-SVS 3-BEDROOM / 2-BATH 32 X 62 - Approx. 1,720 Sq. Ft.

- Date: 8-31-2015
- * 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.
 - * Shutters not available because of kitchen window location.

License Number: IH / 1126657 / 1 Name: KYLE JOHNSON

Order #: 3592	Label #: 56283	Manufacturer: <i>1.12 Oak</i>	(Check Size of Home)
Homeowner: <i>McKinney</i>		Year Model:	Single _____
Address:		Length & Width: <i>32x55 30x</i>	Double _____
City/State/Zip:		Type Longitudinal System:	Triple _____
Phone #:		Type Lateral Arm System:	HUD Label #:
Date Installed:		New Home: <input checked="" type="checkbox"/> Used Home: _____	Soil Bearing / PSF:
Installed Wind Zone:		Data Plate Wind Zone: <i>II</i>	Torque Probe / in-lbs:
Note:			Permit #:

Columbia County

STATE OF FLORIDA
INSTALLATION CERTIFICATION LABEL

56283

LABEL #

DATE OF INSTALLATION

KYLE JOHNSON

NAME

IH / 1126657 / 1

3592

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
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