

**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

New Mobile Home ☒ Used Mobile Home ☐ MH Size 28x48 Year 2021  
 Applicant Sonya Crews Phone # 863-517-5201  
 Address 3311 SW State Rd 247 Lake City, FL 32024  
 Name of Property Owner Glenda Heft Phone# 386-454-3090  
 911 Address SE Adams St High Springs, FL 32643  
 Circle the correct power company - FL Power & Light - Clay Electric  
 (Circle One) - Suwannee Valley Electric - Duke Energy  
 Name of Owner of Mobile Home Robin Durden Phone # 352-495-2060  
 Address 469 SE Adams St High Springs, FL 32643  
 Relationship to Property Owner daughter  
 Current Number of Dwellings on Property There is 1 this will be # 2  
 Lot Size \_\_\_\_\_ Total Acreage 4.23  
 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 Head S on SE Hernando toward SE Camp St,  
R on SE Baya, L after McDonalds, R on FL-47S, L on I-75S,  
take exit 414, keep R at fork towards High Springs, R on US-41S,  
L on SE Adams St, property on L (main address is 469 SE Adams St)  
 Name of Licensed Dealer/Installer Rusty Knowles Phone # 386-397-0886  
 Installers Address 5801 SW SE 47 Lake City, FL 32024  
 License Number IH1038219 Installation Decal # \_\_\_\_\_



**Columbia County Property Appraiser**

Jeff Hampton

**2020 Preliminary Certified**

updated: 10/9/2020

Parcel: &lt;&lt; 10-7S-17-09970-002 &gt;&gt;

Aerial Viewer Pictometry Google Maps

**Owner & Property Info**

Result: 1 of 1

Owner	HEFT BUERL A & GLENDA J 469 SE ADAMS ST HIGH SPRINGS, FL 32643		
Site	469 ADAMS ST, HIGH SPRINGS		
Description*	COMM NE COR OF SE1/4 OF NW1/4, RUN W 412.5 FT FOR POB, RUN S 629.95 FT, W 293.53 FT, N 629.92 FT, E 291.56 FT TO POB. (AKA PART OF LOT 6 CARMELLA'S UNREC) ORB 391-805, 395-322, 395-322, 844-1603, 881-210,		
Area	4.23 AC	S/T/R	10-7S-17
Use Code**	SINGLE FAM (000100)	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**

2019 Certified Values		2020 Preliminary Certified	
Mkt Land (2)	\$28,387	Mkt Land (2)	\$28,387
Ag Land (0)	\$0	Ag Land (0)	\$0
Building (1)	\$63,396	Building (1)	\$68,769
XFOB (8)	\$7,900	XFOB (8)	\$7,900
Just	\$99,683	Just	\$105,056
Class	\$0	Class	\$0
Appraised	\$99,683	Appraised	\$105,056
SOH Cap [?]	\$27,286	SOH Cap [?]	\$30,994
Assessed	\$72,397	Assessed	\$74,062
Exempt	HX H3 \$47,397	Exempt	HX H3 \$49,062
Total Taxable	county:\$25,000 city:\$25,000 other:\$25,000 school:\$47,397	Total Taxable	county:\$25,000 city:\$25,000 other:\$25,000 school:\$49,062

**▼ Sales History**

Sale Date	Sale Price	Book/Page	Deed	V/I	Quality (Codes)	RCode
5/5/1999	\$0	881/0210	WD	V	U	01
8/6/1997	\$59,000	844/1603	AD	I	U	01

**▼ Building Characteristics**

Bldg Sketch	Bldg Item	Bldg Desc*	Year Blt	Base SF	Actual SF	Bldg Value
Sketch	1	SINGLE FAM (000100)	1940	1341	1755	\$68,769

\*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.

**▼ Extra Features & Out Buildings (Codes)**

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0296	SHED METAL	1993	\$500.00	1.000	0 x 0 x 0	(000.00)



# Jacobsen Homes of Lake City

3973 W. U.S. Hwy. 90  
Lake City, Florida 32055

Ph. 386-438-8458 • Fax: 386-438-8472

## PURCHASE AGREEMENT

Locally Owned and Operated

SOLD TO <u>Robin Darden</u>		PHONE <u>352-445-7222</u>		DATE <u>11/11/2020</u>	
ADDRESS <u>P.O. Box 144 Archer FL 32008</u>		COUNTY <u>Alachua</u>		SALESMAN <u>Bruce Carter</u>	
Subject to the Terms and Conditions Stated on Both Sides of this Agreement Seller Agrees to Sell and the Purchaser Agrees to Purchase the Following Described Property:					
YEAR <u>2021</u>	MAKE <u>Jacobsen</u>	MODEL <u>IMET-A4818B-343</u>	B. ROOMS <u>3</u>	FLOOR SIZE <u>1461</u> W <u>209</u> L <u>52</u>	HITCH SIZE <u>17</u> W <u>23</u>
SERIAL NUMBER <u>Special order</u>		<input checked="" type="checkbox"/> NEW <input type="checkbox"/> USED	COLOR	PROPOSED DELIVERY DATE <u>ASAP</u>	
OPTIONAL EQUIPMENT, LABOR AND ACCESSORIES			PRICE OF UNIT <u>\$172,315.00</u>		
Home Delivered & Set-up with options LISTED Below			OPTIONAL EQUIPMENT <u>INC</u>		
① 2 Ton 14 seer pkg Heat pump A/C			COST OF SET-UP PARTS <u>INC</u>		
② 2 sets of Code steps Installed			SUB-TOTAL <u>\$172,315.00</u>		
③ White vinyl Floor covering Installed			SALES TAX <u>6% + 50" B.C.</u> <u>\$4,388.90</u>		
④ Copy stock model serial # <u>37099</u>			NON-TAXABLE ITEMS		
with changes LISTED Below			VARIOUS FEES <u>\$450.00</u>		
⑤ Omit all carpet, Vinyl Rolled goods			1. CASH PRICE <u>\$171,539.00</u>		
1/2 Home			TRADE-IN ALLOWANCE \$		
⑥ Omit STD Refrigerator, ADD GE GNE27			LESS BAL. DUE ON ABOVE \$		
JBMWW - Double door Refrigerator, freezer on bottom - white			NET ALLOWANCE		
⑦ Omit STD SEE SAW, ADD DRY SELF-CLEANING			CASH DOWN PAYMENT <u>\$50,000.00</u>		
ELEC. SMOOTH TOP			2. LESS TOTAL CREDITS <u>\$150,000.00</u>		
⑧ All Appliances white			3. UNPAID BALANCE OF CASH SALE PRICE <u>\$27,153.90</u>		
⑨ See proposal # <u>For specs on special order Jacobsen Home</u>			Title to said equipment shall remain in the Seller until the agreed purchase price therefor is paid in full in cash or by the execution of a Retail Installment Contract, or a Security Agreement and its acceptance by a financing agency; thereupon title to the within described unit passes to the buyer as of the date of either full cash payment or on the signing of said credit instruments even though the actual physical delivery may not be made until a later date.		
⑩ NOT INCLUDED IN Sales Price, Customer to pay			IT IS MUTUALLY UNDERSTOOD THAT THIS AGREEMENT IS SUBJECT TO NECESSARY CORRECTIONS, AND ADJUSTMENTS CONCERNING CHANGES IN NET PAYOFF ON TRADE-IN TO BE MADE AT THE TIME OF SETTLEMENT.		
⑪ Cash above contract price. ⑫ Part for horse pad			Purchaser represents he/she examined the product and found it suitable for his/her particular needs, and that it is of acceptable quality and that purchaser relied upon his/her judgement and inspection in making this determination.		
⑬ Paints for cabinet, ⑭ NO SEPTAGE			There is no assurance a mobile home can remain level when placed, upon any surface other than of blacktop or concrete.		
⑮ ELECTRIC Hook-up ⑯ NO SEPTAGE			Purchaser certifies that the matter printed on the back hereof has been read and agreed to as a part of this agreement the same as though it were printed above the signatures; that buyers are of statutory age or older; or have been legally emancipated; that the within described merchandise, the optional equipment and accessories thereon and, insurance if included, has been voluntarily purchased. The property being traded in is free from all encumbrances whatsoever, except as noted above. Purchaser agrees each paragraph and provision of this contract on both front and back is severable; if one portion thereof is invalid the remaining portion shall, nevertheless, remain in full force and effect.		
<p>Seller is not permitted to make plumbing or electrical connections, or connecting of portable natural gas to portable appliances, without first or last certifying to a qualified licensed plumber or electrician so to do. Special building ordinances requiring plumbing, electrical or construction changes are not the responsibility of Seller or the manufacturer. Seller is not responsible for obtaining health or sanitation permits, nor for local, county or state permits involving restrictive zoning. Cost of changes needed for compliance must be borne by Buyer. It is solely the Buyer's responsibility to assure their chosen home site is acceptable for home placement without violation of any local, state, or federal guidelines.</p> <p>Seller is not responsible or liable for any delays caused by the manufacturer, accidents, strikes, fires, Acts of God or any other cause beyond Seller's control.</p>					
TRADE-IN DEBT TO BE PAID BY <input type="checkbox"/> DEALER <input type="checkbox"/> CUSTOMER					
<p><b>Jacobsen Homes of Lake City</b> DEALER</p> <p>Not Valid Unless Signed and Accepted by an officer of the Company</p> <p>By <u>[Signature]</u></p> <p>Approved, Subject to acceptance of financing by bank or finance company.</p>					
<p>I, OR WE, HEREBY ACKNOWLEDGE RECEIPT OF A COPY OF THIS ORDER</p> <p>SIGNED X <u>Robin Darden</u> PURCHASER</p> <p>SIGNED X _____ PURCHASER</p>					



Return to: (enclose self-addressed stamped envelope)

Name: Buerl A. Heft  
Address: RR 2 Box 648 A  
High Springs, Fl. 32643-9321

This Instrument Prepared by:

Name: Buerl A. Heft  
Address: RR2 Box 648A  
High Springs, fl. 32643-9321

Property Appraiser's Parcel Identification

Folio Numbers: 10-75-17-05970-002 AND

Grantee(s) S.S. # (s) 10-75-17-05970-003

377-40-1929

265-56-9530

Documentary Stamp

Intangible Tax

P. DeWitt Cason

Clerk of Court

By MCK D.C.

FILED AND RECORDED IN PUBLIC  
RECORDS OF COLUMBIA COUNTY, FL

1999 MAY 25 AM 10:56

99-08997

RECORDS MAINTAINED

MCK

SPACE ABOVE THIS LINE FOR PROCESSING DATA

SPACE ABOVE THIS LINE FOR RECORDING DATA

This Warranty Deed, Made the 5th day of May, 1999, by  
Richard A. Nail and Lulu E. Nail, his wife

hereinafter called the Grantor, to Buerl A. Heft and Glenda J. Heft his wife  
whose post office address is RR 2 Box 648A, High Springs, Fl. 32643-9321  
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 corporations, wherever the context so admits or requires.)

Witnesseth, That the Grantor, for and in consideration of the sum of \$ 33,346.00 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, State of Florida, viz:

Commence at the Northwest corner of the Southwest Quarter of the  
Northeast Quarter of Section 10, Township 7 South, Range 17 East,  
and run South 88°21'20" West, 412.5 feet, to the Point of Beginning;  
thence run South 20°23'49" East, 629.95 feet, more or less to the  
North right-of-way line of Adams Road (60 feet wide); thence South  
88°21'20" West along said right-of-way 293.53 feet; thence North  
20°17' West, 629.92 feet; thence North 88°21'20" East, 291.56 feet,  
more or less to the Point of Beginning. All lying and being in  
Columbia County, Florida. Doc Stamps were paid 27 AUG 1997 and  
Recorded in Book 0844 Page 03

Together, with all the 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, and hereby 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 December 31, 19

In Witness Whereof, the said Grantor has signed and sealed these presents the day and year first above  
written.

Signed, sealed and delivered in the presence of:

Witness Signature (as to first Grantor)  
Laudelino Arnaldi  
Printed Name

Witness Signature (as to first Grantor)  
Kenneth L. Parrish  
Printed Name

Witness Signature (as to Co-Grantor, if any)  
Laudelino Arnaldi  
Printed Name

Witness Signature (as to Co-Grantor, if any)  
Kenneth L. Parrish  
Printed Name

STATE OF Florida )  
COUNTY OF ALACHUA )

Richard A. Nail & Lula E. Nail, His Wife  
known to me to be the person S described in and who executed the foregoing instrument, who acknowledged before me that they  
executed the same, and an oath was not taken. (Check one: ) ☐ Said person(s) is/are personally known to me. ☐ Said person(s) provided the  
following type of identification:

NOTARY RUBBER STAMP SEAL



Kenneth L. Parrish, Sr.  
MY COMMISSION # CC592594 EXPIRES  
October 10, 2000  
BONDED THRU TROY FAIR INSURANCE, INC.

Witness my hand and official seal in the County and State last aforesaid

this 5th day of May, A.D. 1999

Notary Signature

Printed Name

Kenneth L. Parrish

I hereby Certify that on this day before me, or on a duly authorized  
to administer oaths and take acknowledgments, personally appeared

BK 0881 PG 0210

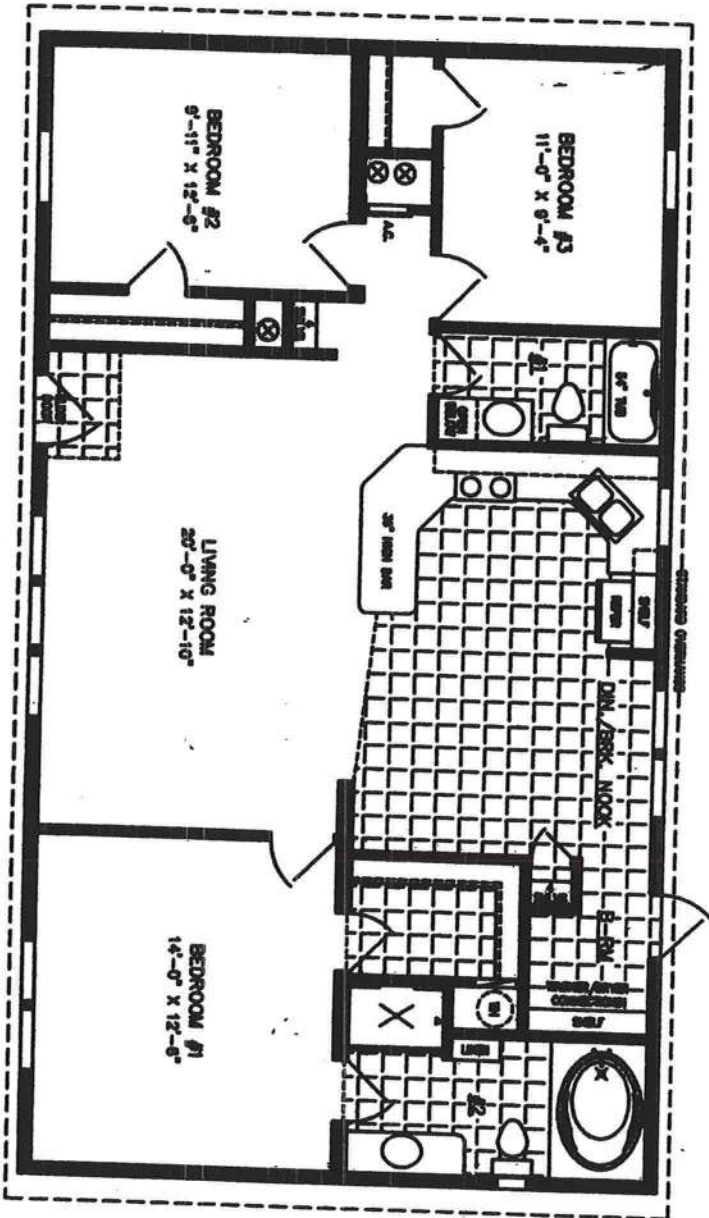
Richard A. Nail  
Grantor Signature  
RICHARD A. NAIL  
Printed Name

Lula E. Nail  
Co-Grantor Signature, (if any)  
LULA E. NAIL  
Printed Name

Post Office Address

*Edwin Darden - Bruce  
De Leve city*

# The Imperial Limited



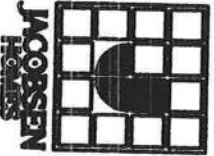
**88' X 48'**  
1,280 SQUARE FEET

**Model IMLT-44818B-898**

**2013**

(ALL SIZES ARE APPROX.)  
DESIGNED FOR ZONES B & C

© 02-02-13



600 Pockard Court ■ Safety Harbor, Florida 34695 ■ Telephone (727) 726-1139  
[www.jachomes.com/Floor-Plans](http://www.jachomes.com/Floor-Plans)



11-13-2020

Glenda Heft  
11/25/1939  
403954  
David Lefkowitz MD -

To Whom It May Concern,

Glenda Heft is a patient currently under my care. I understand her daughter will be living on her property to assist Glenda given her medical issues. She requests a special temporary use permit to allow this to proceed. I think this would be quite reasonable and I would hope she could obtain such a permit. Please feel free to contact my office should there be any confusion.

Regards,

  
David Lefkowitz, MD

**MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM**

APPLICATION NUMBER \_\_\_\_\_ CONTRACTOR Rusty Knowles PHONE 386-397-0886

**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.***

<b>ELECTRICAL</b>	Print Name <u>Glen Whittington</u> License #: <u>EC13002957</u>	Signature <u><i>Glen Whittington</i></u> Phone #: <u>386-684-6001</u>
	Qualifier Form Attached <input type="checkbox"/>	
<b>MECHANICAL/ A/C</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____
	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.



## MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER \_\_\_\_\_

CONTRACTOR Rusty KnowlesPHONE 386-397-0886

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*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.*

<b>ELECTRICAL</b>	Print Name _____	Signature _____
	License #: _____	Phone #: _____
	Qualifier Form Attached <input type="checkbox"/>	
<b>MECHANICAL/ A/C</b>	Print Name <u>Michael A. Boland</u>	Signature <u>[Signature]</u>
	License #: <u>CAC1817716</u>	Phone #: <u>(352) 274-9326</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



291'

1" = 60'

N

629'

456'

629'

EX Well

113'

195'

32'

48'

39'

125'

SE Adams St 293'

Durden





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, Rusty L. Knowles, give this authority for the job address show below  
Installer License Holder Name  
only, SE Adams St High Springs, FL 32043, 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>Sonip Crews</u>	<u>Sonip Crews</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.

[Signature] License Holders Signature (Notarized) TH-1038219 License Number 11-18-20 Date

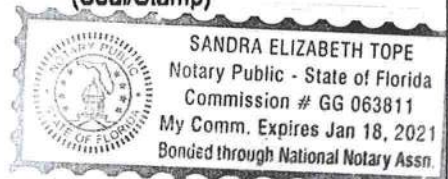
#### NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Rusty Knowles, personally appeared before me and is known by me or has produced identification (type of I.D.) 18 on this 18 day of November, 2020.

[Signature]  
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, Rusty L Knowles, 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
Sony's Crews	Sony's Crews	

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.

[Signature]  
License Holders Signature (Notarized)

14-1038215 11-18-20  
License Number Date

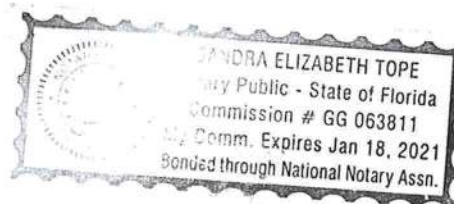
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STATE OF: Florida COUNTY OF: Columbia

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personally appeared before me and is known by me or has produced identification  
(type of I.D.) \_\_\_\_\_ on this 18 day of November, 2020.

[Signature]  
NOTARY'S SIGNATURE

(Seal/Stamp)

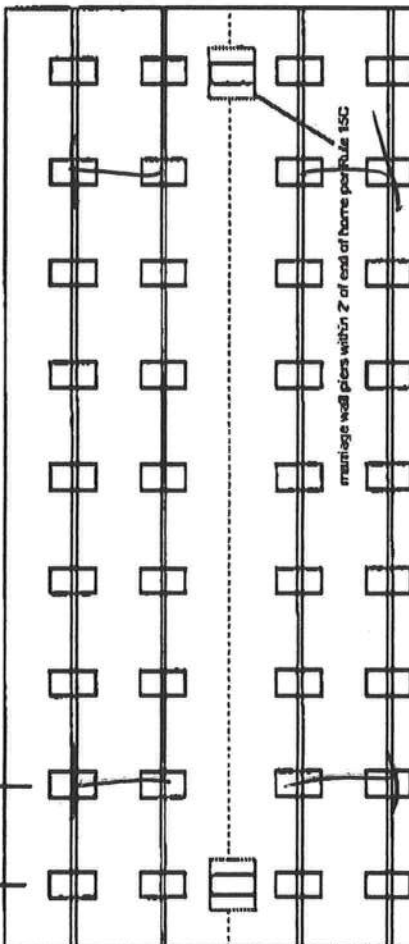




## Mobile Home Permit Worksheet

Installer: Ruby L. Kuwale License # 14-1038218Address of home being installed: SE Adams StHigh Springs, FL 32143Manufacturer: Jacobsen Length x width: 28x48NOTE: 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: RK

Typical pier spacing

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

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

Date: \_\_\_\_\_

New Home ☒ Used Home ☐Home installed to the Manufacturer's Installation Manual  
Home is installed in accordance with Rule 15-CSingle wide ☐ Wind Zone II ☒ Wind Zone III ☐Double wide ☒ Installation Decal # 72897Triple/Quad ☐ Serial # ordered

## 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'	4'	5'	6'	7'	8'
1500 psf	4' 6"	6'	6'	7'	8'	8'	8'
2000 psf	6'	8'	8'	8'	8'	8'	8'
2500 psf	7' 6"	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 24x24Perimeter pier pad size 16x16Other pier pad sizes (required by the mfg.) 16x16

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

17'10"

Pier pad size

2-17.5x25.5

## ANCHORS

4 ft ☒ 5 ft ☒

## FRAME TIES

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

## OTHER TIES

Number

Sidewall

Longitudinal

Marriage wall

Shearwall

## TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)

Manufacturer

Longitudinal Stabilizing Device w/ Lateral Arms

Manufacturer Oliver Technologies

## Mobile Home Permit Worksheet

## POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 1500 psf or check here to declare 1000 lb. soil ☒ 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 110 inch pounds or check here if you are declaring 5' anchors without testing 110. 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.

RUX Installer's initials

## ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Randy L. Woules

Date Tested 11-18-20

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. 15C-1

Plumbing

Connect all sewer drains to an existing sewer lap or septic tank. Pg. 15C-1

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 15C-1

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

Date: \_\_\_\_\_

## Site Preparation

Debris and organic material removed ☒  
Water drainage: Natural ☒ Swale ☒ Pad ☒ Other ☒

## Fastening multi wide units

Floor: Type Fastener: lags Length: 6" Spacing: 18"  
Walls: Type Fastener: lags Length: 4" Spacing: 18"  
Roof: Type Fastener: lags Length: 6" Spacing: 18"  
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 RUX

Type gasket Factory

Installed:

Between Floors Yes ☒  
Between Walls Yes ☒  
Bottom of ridgebeam Yes ☒

## Weatherproofing

The bottomboard will be repaired and/or taped. Yes ☒  
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 ☒  
Drain lines supported at 4 foot intervals. Yes ☒  
Electrical crossovers protected. Yes ☒  
Other: \_\_\_\_\_

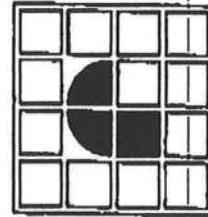
Installer verifies all information given with this permit worksheet is accurate and true based on the manufacturer's installation instructions and or Rule 15C-1 & 2

Installer Signature [Signature]

Date 11-18-20







**JACOBSEN HOMES**  
PO BOX 368, 500 PARKWAY CT.  
SAFETY HARBOR, FLORIDA 34685

(727) 726-1138

www.jacobshomes.com

### COLUMN INFO. TABLE

COL. NUM.	SPAN	LOAD PT. TON	1000 PT. TON	1500 PT. TON	2000 PT. TON	2500 PT. TON	3000 PT. TON	3500 PT. TON
1	17'-10"	5215	751	501	375	300	300	300
2	17'-10"	5215	751	501	375	300	300	300
3	15'-7"	5215	751	501	375	300	300	300
4	15'-7"	5215	751	501	375	300	300	300
5	0"	0	0	0	0	0	0	0
6	0"	0	0	0	0	0	0	0
7	0"	0	0	0	0	0	0	0
8	0"	0	0	0	0	0	0	0
9	0"	0	0	0	0	0	0	0
10	0"	0	0	0	0	0	0	0

### MINIMUM PIER PAD SIZE (sq. in.)

	1000 PT. TON	1500 PT. TON	2000 PT. TON	2500 PT. TON	3000 PT. TON	3500 PT. TON
A	256 sq. in.	400	400	400	400	400
B	342.25 sq. in.	400	400	400	400	400
C	396 sq. in.	400	400	400	400	400
D	400 sq. in.	400	400	400	400	400
E	432.875 sq. in.	400	400	400	400	400
F	576 sq. in.	400	400	400	400	400
G	676 sq. in.	400	400	400	400	400

### I-BEAM PIER SPACING

	1000 PT. TON	1500 PT. TON	2000 PT. TON	2500 PT. TON	3000 PT. TON	3500 PT. TON
A	96	96	96	96	96	96
B	96	96	96	96	96	96
C	96	96	96	96	96	96
D	96	96	96	96	96	96
E	96	96	96	96	96	96
F	96	96	96	96	96	96
G	96	96	96	96	96	96

### MATING LINE PIER SPACING

	1000 PT. TON	1500 PT. TON	2000 PT. TON	2500 PT. TON	3000 PT. TON	3500 PT. TON
A	96	96	96	96	96	96
B	96	96	96	96	96	96
C	96	96	96	96	96	96
D	96	96	96	96	96	96
E	96	96	96	96	96	96
F	96	96	96	96	96	96
G	96	96	96	96	96	96

### PERIMETER PIER SPACING

	1000 PT. TON	1500 PT. TON	2000 PT. TON	2500 PT. TON	3000 PT. TON	3500 PT. TON
A	96	96	96	96	96	96
B	96	96	96	96	96	96
C	96	96	96	96	96	96
D	96	96	96	96	96	96
E	96	96	96	96	96	96
F	96	96	96	96	96	96
G	96	96	96	96	96	96

## WARNING:

INSTALLING A MANUFACTURED STRUCTURE/UNIT CAN BE EXTREMELY DANGEROUS. ONLY QUALIFIED PERSONNEL SHOULD ATTEMPT TO INSTALL A MANUFACTURED STRUCTURE/UNIT. IMPROPER PROCEDURES AND/OR TECHNIQUES COULD RESULT IN SERIOUS INJURY OR DEATH. IN ADDITION TO THE DANGER TO PERSONNEL, IMPROPER SET-UP/INSTALLATION COULD RESULT IN EXTENSIVE/COSTLY DAMAGE TO THE BUILDING/STRUCTURE. NEVER ATTEMPT INSTALLATION IF YOU ARE NOT QUALIFIED AND/OR DO NOT HAVE THE PROPER TOOLS AND/OR EQUIPMENT.

## CAUTION:

MANUFACTURED BUILDINGS/STRUCTURES CAN WEIGH SEVERAL TONS. IT IS VERY IMPORTANT THAT ALL PERSONNEL, ON THE JOB SITE, BE QUALIFIED AND PROPERLY/ADAPTLY TRAINED. A STATE LICENSED SET-UP CONTRACTOR IS REQUIRED TO BE RESPONSIBLE FOR ALL SAFETY INITIATIVES, PROGRAMS, POLICIES, AND/OR PROCEDURES THAT MAY BE MANDATED BY OSHA, AND/OR ANY OTHER LOCAL, STATE, AND/OR FEDERAL CODES AND/OR REQUIREMENTS. THE CONTRACTOR SHALL INSURE/ACQUIRE THAT SAFE AND PROPER TECHNIQUES ARE UTILIZED.

## NOTES:

1. REFER TO THE SET-UP MANUAL, APPROPRIATE FOR YOUR SPECIFIC REQUIREMENTS.
2. REFER TO THE JACOBSEN HOMES SET-UP MANUAL AND ASSUMPTIONS FOR COMPLETE INSTALLATION. PERSONS MUST BE QUALIFIED AND TRAINED TO FOLLOW THE SET-UP MANUAL.
3. REFER TO THE JACOBSEN HOMES SET-UP MANUAL FOR THE SET-UP MANUAL.
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REFER TO SU-01-0020, SU-01-0021, AND OTHER DETAILS IN THE SET-UP MANUAL FOR MAXIMUM HEIGHT (THIS IS NOT DESIGNED, NOR INTENDED, TO BE A STILT FOUNDATION)

THIS BLOCKING DIAGRAM IS PROVIDED AS A COURTESY ONLY. THE LICENSED SET-UP CONTRACTOR SHALL REVIEW THIS DETAIL AND VERIFY COMPLIANCE. THE LICENSED SET-UP CONTRACTOR IS RESPONSIBLE AND LIABLE FOR ALL INSTALLATION.