

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 # 33-35-16-02440-000 Subdivision Twin Springs MH Park Lot# 313

▪ New Mobile Home _____ Used Mobile Home ☒ MH Size 24'x42' Year 1984

▪ Applicant Charles Robinson Phone # (352)-474-3914

▪ Address 466 SW Deputy J Davis Ln Lake City FL 32024

▪ Name of Property Owner Raymond Kneppar Phone# (386)-965-7068

▪ 911 Address NW Park Dr. Lake City FL 32055

▪ Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Duke Energy

▪ Name of Owner of Mobile Home Raymond Kneppar Phone # (386)-965-7068

Address P.O. Box 3338 Lake City FL 32056

▪ Relationship to Property Owner Same

▪ Current Number of Dwellings on Property 8

▪ Lot Size 56'x288'x642'x664'x151'x345'x143'x183'x485'x197'x92'x288' Total Acreage 2.6

▪ 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 go west on US-90 to Turner Rd T/R go 0.3 mi T/L onto NW Park Dr go 0.2 mil 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 Installation Decal # 4824

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____

CONTRACTOR DAVID ABRICHTPHONE (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 <u>WHITTINGTON ELECTRIC</u>	Signature <u>[Signature]</u>
	License #: <u>EC13002957</u>	Phone #: <u>386 972 1700</u>
	Qualifier Form Attached <input type="checkbox"/>	
MECHANICAL/ A/C _____	Print Name <u>STYLECREST</u>	Signature <u>[Signature]</u>
	License #: <u>CAE1817658</u>	Phone #: <u>850-769-7453</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



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, give this authority for the job address show below
Installer License Holder Name
only, 272 NW WHITNEY GLEN, LAKE CITY, FL 32055, 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)
PAUL A BARNEY	<i>Paul A Barney</i>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
STEVE SMITH	<i>Steve Smith</i>	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Property Owner
CHARLES ROBINSON	<i>Charles Robinson</i>	<input checked="" 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.

David Albright
License Holders Signature (Notarized)

1H-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, 20 21.

Linda Penhaligon
NOTARY'S SIGNATURE





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	<i>Paul A Barney</i>	FREEDOM HOMES
STEVE SMITH	<i>Steve Smith</i>	FREEDOM HOMES
CHARLES ROBINSON	<i>Charles Robinson</i>	FREEDOM HOMES

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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, 20 21.

Linda Perhaligon
NOTARY'S SIGNATURE

(Seal/Stamp)





COLUMBIA COUNTY

911 ADDRESSING / GIS DEPARTMENT

P. O. Box 1787, Lake City, FL 32056-1787
263 NW Lake City Ave., Lake City, FL 32055
Telephone: (386) 758-1125 * Fax: (386) 758-1365 * Email: gis@columbiacountyfla.com



Application for 9-1-1 Address Assignment Form

**NOTE: ADDRESS ASSIGNMENT MAY REQUIRE UP TO 10 WORKING DAYS.
IF THE ADDRESSING DEPARTMENT NEEDS TO CONDUCT ON SITE GPS LOCATION
IDENTIFICATION OR OTHER ACTIONS, ADDITIONAL TIME MAY BE REQUIRED.**

Date of Request: _____

REQUESTER Last Name: Robinson

First Name: Charles

Contact Telephone Number: (352) 474-3914

(Cell Phone Number if Provided): _____

Requested for Self: ☐ or Requested for Company: ☒
(check one)

If Address is Requested by a Company, Provide Name of Requesting Company:

Freedom Homes

Parcel Identification Number: 33-35-16-02440-000

If in Subdivision, Provide Name Of Subdivision:

Twin Springs MH Park

Phase or Unit Number (if any): _____ Block Number (if any): _____

Lot Number: 313 Just confirming the Address

Attach Site Plan or you may use page 2 of Application Form for Site Plan:

Requirements for Site Plan Are Listed on page 2 of Application Form:

**(NOTE: Site Plan Does NOT have to be a survey or to scale; FURTHER a
Environmental Health Dept. Site Plan showing only a 210 by 210 cutout of a
property will NOT suffice for Addressing Application Requirements.)**

Addressing / GIS Department Use Only:

Date Received: _____

Received by: Walk in: _____ Fax: _____ Email: _____ Other: _____

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED _____ BY _____ IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? _____

OWNERS NAME RAYMOND KNEPPER PHONE _____ CELL 386-965-7068

ADDRESS PARK DR. LOT 4313 LAKE CITY FL 32056

MOBILE HOME PARK TWIN SPRINGS SUBDIVISION _____

DRIVING DIRECTIONS TO MOBILE HOME _____

MOBILE HOME INSTALLER DAVID AIBRIGHT PHONE _____ CELL 386-344-3645

MOBILE HOME INFORMATION

MAKE _____ YEAR 1984 SIZE 42/46 X 24 COLOR _____

SERIAL No. SH51WGA14846395A

WIND ZONE II Must be wind zone II or higher NO WIND ZONE I ALLOWED

INSPECTION STANDARDS

INTERIOR:

(P or F) - P= PASS F= FAILED

_____ SMOKE DETECTOR () OPERATIONAL () MISSING

_____ FLOORS (✓) SOLID () WEAK (✓) HOLES DAMAGED LOCATION LIVINGRM, KITCHEN, HALL BATH

_____ DOORS () OPERABLE () DAMAGED

_____ WALLS (✓) SOLID () STRUCTURALLY UNSOUND

_____ WINDOWS (✓) OPERABLE () INOPERABLE

_____ PLUMBING FIXTURES (✓) OPERABLE () INOPERABLE () MISSING

_____ CEILING (✓) SOLID () HOLES () LEAKS APPARENT

_____ ELECTRICAL (FIXTURES/OUTLETS) (✓) OPERABLE () EXPOSED WIRING () OUTLET COVERS MISSING () LIGHT
FIXTURES MISSING

EXTERIOR:

_____ WALLS / SIDING () LOOSE SIDING () STRUCTURALLY UNSOUND (✓) NOT WEATHERTIGHT () NEEDS CLEANING

_____ WINDOWS () CRACKED/ BROKEN GLASS (✓) SCREENS MISSING (✓) WEATHERTIGHT

_____ ROOF (✓) APPEARS SOLID () DAMAGED

STATUS

APPROVED _____ WITH CONDITIONS: _____

NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE _____ ID NUMBER _____ DATE _____

CODE ENFORCEMENT DEPARTMENT
COLUMBIA COUNTY, FLORIDA
OUT OF COUNTY MOBILE HOME INSPECTION REPORT

COUNTY THE MOBILE HOME IS BEING MOVED FROM NASSAU
OWNERS NAME RAYMOND KNEPPAR PHONE _____ CELL 386-965-7068
INSTALLER DAVID AIBRIGHT PHONE _____ CELL 386-344-3645
INSTALLERS ADDRESS 353 SW MAULDIN AVE LAKE CITY FL 32024

MOBILE HOME INFORMATION

MAKE _____ YEAR 1984 SIZE 42/46 X 24
COLOR _____ SERIAL No. 5H51WGA148463967A
WIND ZONE II SMOKE DETECTOR _____

INTERIOR:

FLOORS _____
DOORS _____
WALLS _____
CABINETS _____
ELECTRICAL (FIXTURES/OUTLETS) _____

EXTERIOR:

WALLS / SIDING _____
WINDOWS _____
DOORS _____

INSTALLER: APPROVED _____ NOT APPROVED _____

INSTALLER OR INSPECTORS PRINTED NAME _____

Installer/Inspector Signature _____ License No. _____ Date _____

NOTES: _____

ONLY THE ACTUAL LICENSE HOLDER OR A BUILDING INSPECTOR CAN SIGN THIS FORM.

NO WIND ZONE ONE MOBILE HOMES WILL BE PERMITTED. MOBILE HOMES PRIOR TO 1977 ARE PRE-HUD AND THE WIND ZONE MUST BE PROVEN TO BE PERMITTED.

BEFORE THE MOBILE HOME CAN BE MOVED INTO COLUMBIA COUNTY THIS FORM MUST BE COMPLETED AND RETURNED TO THE COLUMBIA COUNTY BUILDING DEPARTMENT.

ONCE MOVED INTO COLUMBIA COUNTY AN INSPECTOR MUST COMPLETE A PRELIMINARY INSPECTION ON THE MOBILE HOME. CALL 386-758-1008 TO SET UP THIS INSPECTION. NO PERMIT WILL BE ISSUED BEFORE THIS IS DONE.

Code Enforcement Approval Signature _____ Date _____

#1

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

Order #: 4824	Label #: 78667	Manufacturer:	(Check Size of Home)
Homeowner: RAY KNEPPAR	Year Model: 1984		Single _____
Address:	Length & Width: 42 x 24		Double <input checked="" type="checkbox"/> _____
City/State/Zip:	Type Longitudinal System:		Triple _____
Phone #:	Type Lateral Arm System:		HUD Label #:
Date Installed:	New Home: _____ Used Home: <input checked="" type="checkbox"/>		Soil Bearing / PSF:
Installed Wind Zone: II	Data Plate Wind Zone: II		Torque Probe / in-lbs:
Note:			Permit #:

**STATE OF FLORIDA
INSTALLATION CERTIFICATION LABEL**

78667

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.

DATE 3/17/2021		Freedom Mobile Home Sales, Inc		CONTRACT DATE 3/17/2021	
Sales Person: Don Downs		C# 904.483.0367		PROCESSING WORKSHEET	
DOB Buyer: 02/03/52				Drivers License	
DOB Co Buyer:		PROCESSOR		Buyer: K516-730-52-043-0	
				Co Buyer:	
Last First and Middle		Last First		Cell # 386.965.7068	
Buyer: MH PARK, LLC TWIN SPRINGS		Co Buyer: Kneppar Raymond Joseph		Co Work:	
Address: PO BOX 3338 Lake City FL 32056				Home#	
Delivery Address: Park Dr Lot#313 Lake City FL				Work #	
COUNTY COLUMBIA		CO BUYER C #		email teriandray@att.net	
Make		Model:		year	bedrooms
Serial Number SHS1WGA14846395A				1984	3
				Floor Size 24X42	Hitch Size 24X46
Location		R-Value	Thickness	Type of Insulation	
Ceiling				ROCKWOOL	
Exterior				FIBERGLASS	
Floors				FIBERGLASS	
<p>NOTE... THE WHEELS AND AXLES ON THIS HOME BELONG TO DAVID ALBRIGHT 6 AXLES 12 TIRES OR \$750.00</p>				HOME ONLY PRICE	
				Sub Total: \$0.00	
				County Tax: \$50.00	
				Sales Tax 6%: \$0.00	
				TAG AND TITLE \$239.20	
				NON TAXABLE ITEMS \$875.00	
CASH				1, CASH PURCHASE PRICE \$1,164.20	
<p>OVER-HEIGHT? YES</p> <p>THIS IS A USED HOME NO WARRANTY EXPRESSED OR IMPLIED... NO A/C COMES WITH THIS HOME</p>		PERMITS \$875.00		Trade in allowance \$0.00	
		DIRT PAD / visqueen NO		Less bal due on above	
		PUMP SEPTIC NO		Net trade \$0.00	
		SEPTIC TANK NO		CASH DOWN PAYMENT	
		WELL NO			
		CULVERT NO		LESS TOTAL CREDITS \$0.00	
		3rd party fees(FHA) NO		BALANCE DUE TO FREEDOM \$1,164.20	
		POLE WIRING NO		LAND PAYOFF	
		TOTAL NON TAXABLE \$875.00		CLOSING COST FINANCED BY LENDER	
		DELIVER & SET NO		INSURANCE	
		TRIM NO		BALANCE DUE 1,164.20	
		PLUMBING NO		Seller will pay up to \$0.00	
				OF BUYERS CLOSING COST AND PREPAIDS	
Skirting Color:				LAND PAYOFF TO:	
Type of A/C				PHONE # ACRES:	
STEPS				POWER COMPANY	
buyer will pay whittington direct for electrical		AGREE		<p>TYPE OF LOAN</p> <p>CASH</p> <p>LENDER</p> <p>CASH</p>	
USED A/C DID NOT COME WITH THIS HOME.		AGREE			
BUYER TO PAY RANDY HOWARD FOR DIRT PAD& TO PUMP AND RECERTIFY SEPTIC		AGREE			
buyer agrees to pay david albright direct for delivery set up and trim		AGREE			
TOTAL TAXABLE SERVICES \$0.00					
TOTAL ESTIMATED ALLOWANCES NON TAXABLE AND TAXABLE: \$875.00					
TRADE INFORMATION MUST BE 1977 OR NEWER					
Make		Size N/A	Br/Ba N/A	Serial Number N/A	
Title Number N/A		Trade in Year N/A		DATA PLATE??	
Lien Holder N/A		Phone N/A		Payoff N/A	
ANY DEBT BUYER OWES ON THE TRADE IN IS TO BE PAID BY					
Ins Coverage: Southern Homes (Mandy) 386-362-6330					
THIS AGREEMENT CONTAINS THE ENTIRE UNDERSTANDING BETWEEN DEALER AND BUYER AND NO OTHER REPRESENTATION OR INDUCEMENT, VERBAL OR WRITTEN HAS BEEN MADE WHICH IS NOT CONTAINED					
DOWNPAYMENTS WILL NOT BE REFUNDED ON ORDERED HOMES, AND ANY PROCESSING FEES APPRAISAL, TITLE SEARCH, OR SURVEY FEES WILL BE SUBTRACTED FROM REFUNDS					
AGREEMENTS ON THIS FORM PREVAIL IF ANY INFORMATION ON ANY OTHER FORM DIFFERS FROM WHAT IS ON THIS SHEET.					
THIS FORM IS ONLY VALID IF SIGNED BY STEVE SMITH VICE PRESIDENT					
Freedom Mobile Home Sales, Inc		SIGNED X		SOCIAL SECURITY NO. Raymond J. Kneppar	
By Steve Smith		SIGNED X		SOCIAL SECURITY NO.	
ADVISORY.. IN FLORIDA, A MFG HOME OLDER THAN 1977 IS NOT A HUD HOME AND WILL NOT BE PERMITTED					
Special notes WE ARE ESTIMATING SERVICES ONLY. ON FINANCED DEALS WE RECOMMEND ESTIMATING HIGH, SO YOU ARE NOT REQUIRED TO PAY OUT OF YOUR POCKET. PLEASE READ 18A SERVICES PROVIDED BY DEALER.					
Land legal					
PRICING QUOTED IS FOR THE LOT MODEL ONLY. ORDERED HOMES ARE SUBJECT TO FACTORY PRICE INCREASES UNTIL ACTUAL ORDER IS PLACED.					

Mobile Home Permit Worksheet

Application Number: _____ Date: _____

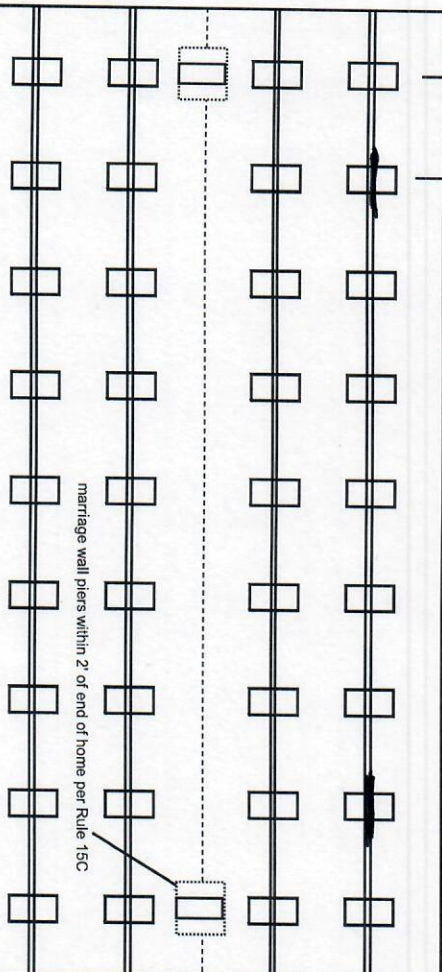
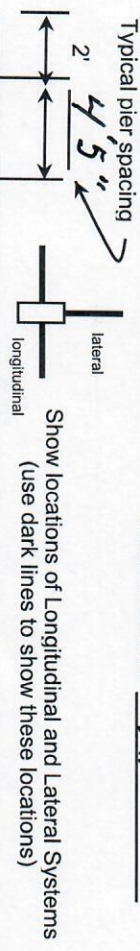
Installer: DAVID AIRBRIGHT License # 1H-1129420

Address of home being installed: _____

Manufacturer: _____ Length x width: 42'46" x 24

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: DAV



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 # 78667

Triple/Quad ☐ Serial # 5H51WGA14846395A

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (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 17x26
Perimeter pier pad size 16x16
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 _____ Pier pad size _____

4 ft 5 ft

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

Sidewall _____
Longitudinal _____
Marriage wall _____
Shearwall _____
Number 18

Mobile Home Permit Worksheet

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to _____ 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 275 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.

WJA Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name _____

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. 17 15-C

Plumbing

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

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

Application Number: _____

Date: _____

Site Preparation

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

Fastening multi wide units

Floor: Type Fastener: LAS Length: 5" Spacing: 2'
Walls: Type Fastener: SAWS Length: 6" Spacing: 18"
Roof: Type Fastener: LAS 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, 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 WJA

Type Gasket Pg. 15-C

Installed:
Between Floors Yes END UNITS
Between Walls Yes END UNITS
Bottom of ridgebeam Yes END UNITS

Weatherproofing

The bottomboard will be repaired and/or taped. Yes _____ Pg. 17 15-C
Siding on units is installed to manufacturer's specifications. Yes _____
Fireplace chimney installed so as not to allow intrusion of rain water. Yes _____

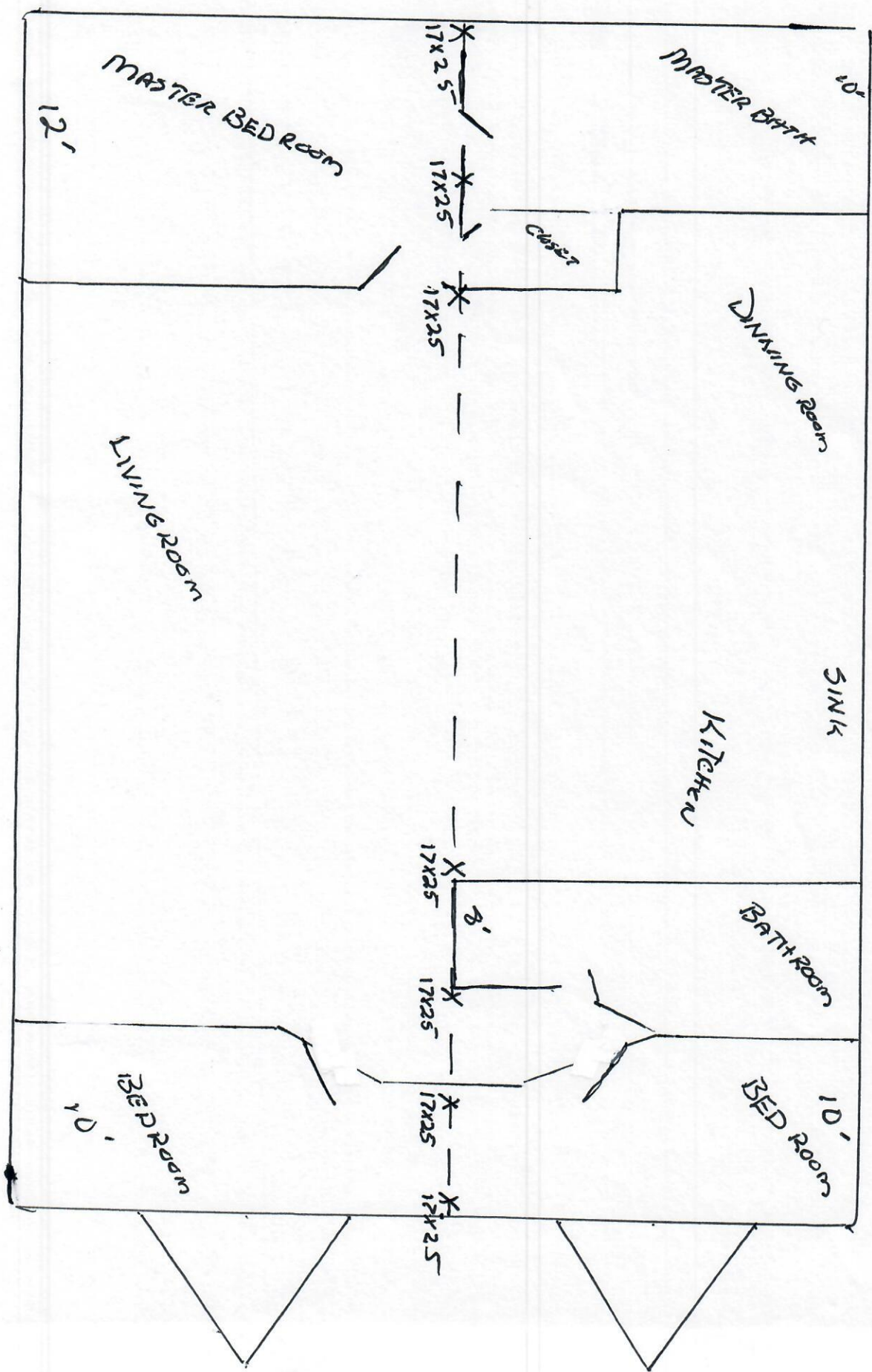
Miscellaneous

Skirting to be installed. Yes _____ No NA
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 WJA

Date _____



Freedom Mobile Home Sales, Inc

3344

DATE OF BIRTH
BUYER: 02/03/52
CO-BUYER:
EMAIL teriandray@att.net

466 SW DEPUTY J DAVIS LN,
LAKE CITY, FLORIDA 32024
(386) 752-5355 Fax: (386) 752-4757

DRIVER'S LICENSE
BUYER: K516-730-52-043-0
CO-BUYER: 0

BUYER(S) TWIN SPRINGS MH PARK, LLC & Raymond Joseph Kneppar		PHONE 386.965.7068	DATE 03/01/21
ADDRESS PO BOX 3338 Lake City FL 32056		Salesperson: Don Downs	
DELIVERY ADDRESS Park Dr Lot#313 Lake City FL			
MAKE & MODEL		YEAR 1984	BEDROOMS 3
SERIAL NUMBER SHS1WGA14846395A		FLOOR SIZE L 24 W 42	HITCH SIZE L 24 W 46
New or Used 0		COLOR	STOCK NUMBER 0
PROPOSED DELIVERY DATE		KEY NUMBERS	
LOCATION	R-VALUE	THICKNESS	TYPE OF INSULATION
CEILING	0	0	ROCKWOOL
EXTERIOR	0	0	FIBERGLASS
FLOORS	0	0	FIBERGLASS
THIS INSULATION INFORMATION WAS FURNISHED BY THE MANUFACTURER AND IS DISCLOSED IN COMPLIANCE WITH THE FEDERAL TRADE COMMISSION RULE 16 CFR, SECTION 460.16.			
OPTIONAL EQUIPMENT, LABOR, AND ACCESSORIES			
Delivered and Set Up:		No	
Trim			
Tied Down:		No	
Dirt Pad			
land clearing			
Connect water and sewer within 20 feet of existing facility		No	
Furnished		\$ NO	
Unfurnished		AGREE	
Customer responsible for any wrecker fees incurred on lot.		AGREE	
Wheels & axles deleted from sale price of home.		AGREE	
Electrical Hookup		No	
Type of A/C		0 No	
Type of Skirting		0.00 No	
Type of steps		0.00 No	
BALANCE CARRIED TO OPTIONAL EQUIPMENT		Included	
NOTE: WARRANTY, EXCLUSIONS AND LIMITATIONS OF DAMAGES ON THE REVER			
DESCRIPTION OF TRADE-IN	YEAR	BEDROOMS	SIZE
MAKE	N/A	N/A	N/A
TITLE NO.	SERIAL	COLOR	
N/A	N/A		
LIEN HOLDER	PHONE NO	AMOUNT	
N/A	N/A	N/A	
TRADE PAYOFF IS TO BE PAID BY 0			
THIS AGREEMENT CONTAINS THE ENTIRE UNDERSTANDING BETWEEN DEALER AND BUYER AND NO OTHER REPRESENTATION OR INDUCEMENT, VERBAL OR WRITTEN HAS BEEN MADE WHICH IS NOT CONTAINED IN THIS CONTRACT. Dealer and Buyer certify that the additional terms and conditions printed on Page 2 of this contract are agreed to as part of the contract and accessories, the insurance as described has been voluntary, the Buyer's trade-in is free of all claims whatsoever except as noted.			

BASE PRICE OF UNIT \$0.00	
OPTIONAL EQUIPMENT INCL	
SUB-TOTAL \$0.00	
COUNTY TAX \$50.00	
SALES TAX 6% \$0.00	
TAG AND TITLE \$239.20	
0	
0	
0	
0	
0	
WELL SEPTIC CLEARING PERMITS NON TAXABLE \$875.00	
1, CASH PURCHASE PRICE \$1,164.20	
TRADE-IN ALLOWANCE	\$0.00
LESS BAL. DUE ON ABOVE	\$0.00
NET ALLOWANCE	\$0.00
CASH DOWN PAYMENT	\$0.00
0	\$0.00
LESS TOTAL CREDITS	\$0.00
BALANCE DUE TO FREEDOM	\$1,164.20
LAND PAYOFF	\$0.00
CLOSING COST FINANCED BY LENDER	\$0.00
INSURANCE	\$0.00
BALANCE DUE	\$1,164.20

Initial: _____

NO VERBAL AGREEMENTS WILL BE HONORED.

SELLER AGREES TO PAY UP TO 6% \$0.00 OF BUYERS CLOSING COST AND PREPAIDS

The U.S. Department of Housing and Urban Development (HUD) Manufactured Home Dispute Resolution Program is available to resolve disputes among manufacturers, retailers, or installers concerning defects in manufactured homes. Many states also have a consumer assistance or dispute resolution program. For additional information about these programs see sections titled "Dispute Resolution Process" and "additional Information -- HUD Manufactured Home Dispute Resolution Program" in the consumer manual required to be provided to the purchaser. These programs are not warranty programs and do not replace the manufacturer's or any other person's warranty program. _____

Liquidated Damages are agreed to \$900.00 or 10% of the cash price, whichever is greater.

REFER TO PARAGRAPH #6 ON THE REVERSE SIDE OF THIS CONTRACT

Freedom Mobile Home Sales, Inc DEALER
Not Valid Unless Signed by Steve Smith (Vice Pres)

SIGNED X
SOCIAL SECURITY NO. 000-00-0000

Raymond J. Kneppar BUYER

BY _____
Agent

SIGNED X
SOCIAL SECURITY NO. _____ BUYER

