

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 7-1-15) Zoning Official _____ Building Official _____

AP# 63448 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 # 16-55-17-109267-012 Subdivision English Acres Lot# 12-13

- New Mobile Home _____ Used Mobile Home MH Size 28x52 Year 1998
- Applicant Southern North Phone # 863-577-5701
- Address 3311 SW State Rd 247 Lake City, FL 32024
- Name of Property Owner The Fish Camp LLC Phone# 941-232-9152
- 911 Address 219 SW Churchill way Lake City
- Circle the correct power company - FL Power & Light - Clay Electric
 (Circle One) - Suwannee Valley Electric - Duke Energy
- Name of Owner of Mobile Home Advanta IRA Services ^{FBO Larry Camp} Phone # 941-232-9152
 Address 8260 Vico Court Unit A Sarasota FL 34246
- Relationship to Property Owner _____
- Current Number of Dwellings on Property _____
- Lot Size _____ Total Acreage 1.997
- 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 Yes
- Driving Directions to the Property _____

Email Address for Applicant: provisionpermitting@gmail.com

- Name of Licensed Dealer/Installer Damarquis Williams Phone # 386-628-8502
- Installers Address _____
- License Number ZH112847 Installation Decal # 96872

**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 Advanta IRA Services ^{FBO Larry Campa} PHONE _____ CELL 941-232-9152
ADDRESS 219 SW Churchill way Lake City FL
MOBILE HOME PARK _____ SUBDIVISION _____
DRIVING DIRECTIONS TO MOBILE HOME _____

MOBILE HOME INSTALLER Damarquis Williams PHONE _____ CELL 386-628-8502

MOBILE HOME INFORMATION

MAKE Skyline YEAR 1998 SIZE 28 X 52 COLOR _____

SERIAL No. LeJL630194KB A/B

WIND ZONE 2 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 _____
- _____ 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 _____

Columbia County Property Appraiser

Jeff Hampton

2024 Working Values

updated: 11/9/2023

Parcel: << 16-5S-17-09267-012 (33951) >>

Owner & Property Info

Result: 1 of 1

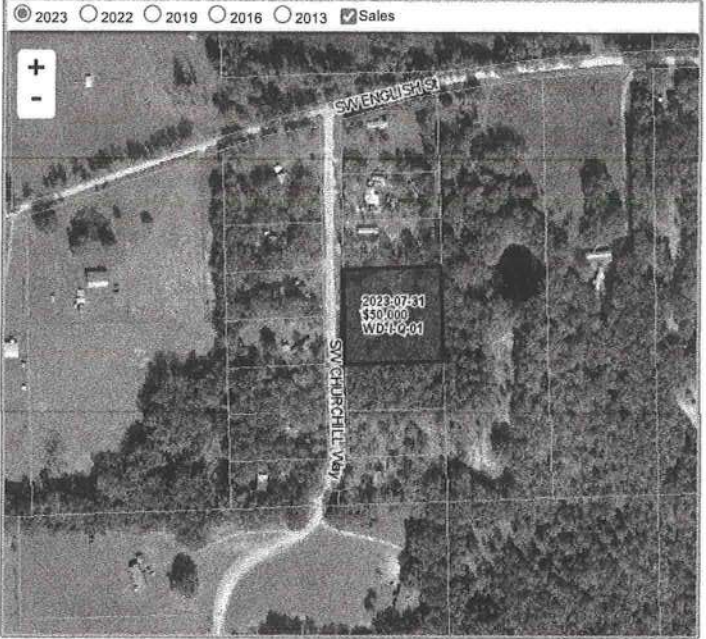
Owner	THE FISH CAMP LLC 8260 VICO COURT UNIT A SARASOTA, FL 34240		
Site	219 SW CHURCHILL WAY, LAKE CITY		
Description*	LOTS 12 & 13 ENGLISH ACRES S/D. 642-018, 801-006, 832-2523, DC 1451-2091, WD 1487-985, WD 1496-697.		
Area	1.997 AC	S/T/R	16-5S-17
Use Code**	MOBILE HOME/M HOME (0202)	Tax District	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

2023 Certified Values		2024 Working Values	
Mkt Land	\$21,250	Mkt Land	\$25,000
Ag Land	\$0	Ag Land	\$0
Building	\$5,399	Building	\$5,399
XFOB	\$7,000	XFOB	\$7,000
Just	\$33,649	Just	\$37,399
Class	\$0	Class	\$0
Appraised	\$33,649	Appraised	\$37,399
SOH Cap [?]	\$7,477	SOH Cap [?]	\$7,401
Assessed	\$26,642	Assessed	\$30,282
Exempt	HX HB WX DX \$26,172	Exempt	HX HB WX DX \$29,998
Total Taxable	county:\$0 city:\$0 other:\$0 school:\$0	Total Taxable	county:\$0 city:\$0 other:\$0 school:\$0

Aerial Viewer Pictometry Google Maps



Sales History

Sale Date	Sale Price	Book/Page	Deed	V/I	Qualification (Codes)	RCode
7/31/2023	\$50,000	1496/0697	WD	I	Q	01
3/29/2023	\$25,000	1487/0985	WD	I	U	37
12/30/1996	\$9,000	0832/2523	WD	I	U	03
1/25/1995	\$0	0801/0006	WD	V	U	03
8/1/1977	\$3,700	0558/0096	AG	V	U	01

Building Characteristics

Bldg Sketch	Description*	Year Blt	Base SF	Actual SF	Bldg Value
Sketch	MOBILE HME (0800)	1971	624	624	\$3,066
Sketch	MOBILE HME (0800)	1973	540	540	\$2,333

*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)

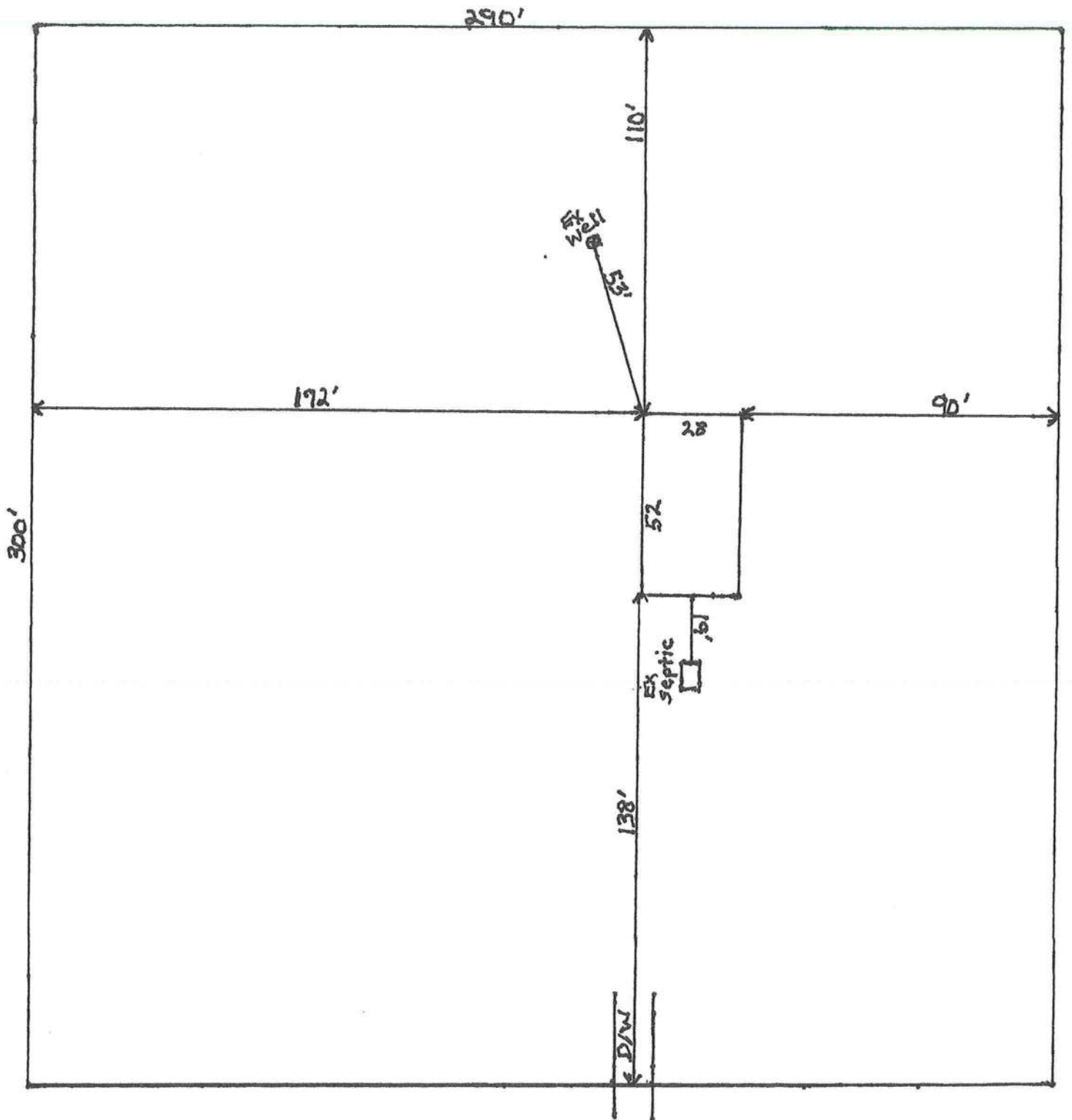
Code	Desc	Year Blt	Value	Units	Dims
9945	Well/Sept		\$7,000.00	1.00	0 x 0

Land Breakdown

Code	Desc	Units	Adjustments	Eff Rate	Land Value
0102	SFR/MH (MKT)	2.000 LT (1.997 AC)	1.0000/1.0000 1.0000/ /	\$12,500 /LT	\$25,000

Search Result: 1 of 1

1" = 40'



SW Church Hill Dr



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: **6/22/2020 2:42:21 PM**
Address: **219 SW CHURCHILL WAY**
City: **LAKE CITY**
State: **FL**
Zip Code **32025**

Parcel ID **16-5S-17-09267-012**

REMARKS: **This address is a verified Current address in the county's addressing system.**
Verification ID: 3c9eabb6-8eb5-4bbc-8157-265c5b1d3c2f
Address was reassigned from old address: 131-8 ROUTE 3

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.

Issuance of a 9-1-1 address for your property should not be construed by you or anyone else to mean that your property is buildable pursuant to the Columbia County Land Development Regulations. To determine whether your property is eligible for a building permit please contact the Building and Zoning Department.

Address Issued By: **GIS Specialist**

Columbia County GIS/911 Addressing Coordinator

Identification Number 6J630194KB	Year 1998	Make SKYL	Body HS	WT-L-BHP 56'	Vessel Regs. No.	Title Number 73666247
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Registered Owner:
WILLIAM ROBERT NELSON
 164 SW JOYCE GLN
 LAKE CITY, FL 32024-4761

Date of Issue 04/19/2022

Lien Release
 Interest in the described vehicle is hereby released
 By _____
 Title _____
 Date _____

IMPORTANT INFORMATION

- When ownership of the vehicle described herein is transferred, the seller MUST complete in full the Transfer of Title by Seller section at the bottom of the certificate of title.
- Upon sale of this vehicle, the seller must complete the notice of sale on the reverse side of this form.
- Remove your license plate from the vehicle.
- See the web address below for more information and the appropriate forms required for the purchaser to title and register the vehicle, mobile home or vessel. <http://www.hsmv.state.fl.us/htmvtitinf.html>

Mail To:
WILLIAM ROBERT NELSON
 164 SW JOYCE GLN
 LAKE CITY, FL 32024-4761

STATE OF FLORIDA

LIEN SATISFACTION

CERTIFICATE OF TITLE

Identification Number 6J630194KB	Year 1998	Make SKYL	Body HS	WT-L-BHP 56'	Vessel Regs. No.	Title Number 73666247
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Lien Release Interest in the described vehicle is hereby released

Plate State FL	Color UNK	Primary Brand	Secondary Brand	No of Brands	Use PRIVATE	Prev Issue Date 04/19/2022
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By _____
 Title _____
 Date _____

Owner Status of Vessel Manufacturer or OH Use	Engine Drive	Hull Material	Prop	Date of Issue 04/19/2022
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By _____
 Title _____
 Date _____

Registered Owner
WILLIAM ROBERT NELSON
 164 SW JOYCE GLN
 LAKE CITY, FL 32024-4761

1st Lienholder NONE

DIVISION OF MOTORIST SERVICES

TALLAHASSEE



FLORIDA

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

Robert R. Kynoch

Robert R. Kynoch
Director

Terry L. Rhodes

Terry L. Rhodes
Executive Director

Control Number **156538841**
 29 / 1 156538841

TRANSFER OF TITLE BY SELLER (This section must be completed at the time of sale.)

Federal and/or state law require that the seller state the mileage, purchaser's name, selling price and date sold in connection with the transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment. This sale is warranted to be free from any liens except as noted on the face of this certificate and the motor vehicle or vessel described is hereby transferred to:

Seller Must Enter Purchaser's Name _____ Address _____

Seller Must Enter Selling Price _____ Seller Must Enter Debt Paid _____

If we state that this is or is 6 digit odometer now reads _____ (no further) miles, date read _____ and I hereby certify that to the best of my knowledge the odometer reading 1. reflects ACTUAL MILEAGE 2. is IN EXCESS OF ITS MECHANICAL LIMITS 3. is NOT THE ACTUAL MILEAGE

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

SELLER Must Sign Here *William R. Nelson* CO-SELLER Must Sign Here _____

Print Name *William R. Nelson* Print Name _____

Selling Dealer's License Number _____ Tax No _____ Tax Collected _____

Auction Name _____ License Number _____

PURCHASER Must Sign Here _____ CO-PURCHASER Must Sign Here _____

Print Name _____ Print Name _____

NOTICE: PENALTY IS REQUIRED BY LAW IF NOT SUBMITTED FOR TRANSFER WITHIN 30 DAYS AFTER DATE OF PURCHASE.

VOID IF ALTERED

VOID IF ALTERED

Florida Mobilehome Brokers LLC

Date of Birth
Buyer:
Co-Buyer:

29685 59th Drive lot 8
Branford, Fl. 32008
(386)269-2070. Fax: (386) 243-8966

Drivers License
Buyer:
Co-Buyer:

BUYER'S: Advanta IRA Services FBO Larry Campbell PHONE: _____ DATE: 9-27-23
MAILING ADDRESS: 13191 Starkey Rd, Suite 2 Largo FL 33773 SALES PERSON: Will Miller
DELIVERY ADDRESS: _____

MAKE & MODEL: Skyline Camran YEAR: 1998 BEDROOMS: _____ FLOOR SIZE: 52' x 28' HITCH SIZE: 56' x 28' STOCK NUMBER: _____
SERIAL NUMBER: 6JL630194 KB A/B COLOR: _____ PROPOSED DELIVERY DATE: ASAP KEY NUMBERS: _____
 NEW USED

LOCATION	R-VALUE	THICKNESS	TYPE OF INSULATION	BASE PRICE OF UNIT
CEILING			Cellulose	45,000.00
EXTERIOR			Fiberglass	
FLOORS			Fiberglass	

OPTIONAL EQUIPMENT, LABOR & ACCESSORIES

OPTIONAL EQUIPMENT, LABOR & ACCESSORIES	SALES TAX
We do not endorse any vendors, we can supply you with a list. However we are not associated or responsible for any vendors. Which includes time frame, cost, etc.	COUNTY SURTAX
<input checked="" type="checkbox"/> JS	TAG & TITLE
	VARIOUS FEES & INSURANCE
	LAND IMPROVEMENTS (allowance)
	1. CASH PURCHASE PRICE
	TRADE-IN ALLOWANCE
	LESS BAL DUE ON ABOVE
	NET ALLOWANCE
	CASH DOWN PAYMENT
	CASH AS AGREED (SEPERATE)
	2. LESS TOTAL CREDITS
	SUB TOTAL
	Pre-Paid Items
	3. Unpaid Balance of Cash Sale Price

Customer responsible for any tractor / dozer fees incurred during set-up of new home and / or removal of trade JS

Customer agrees to have home removed off property by 40 Days or additional fees will occur

Customer responsible for any and all hook-ups. Unless otherwise noted on "Promise Agreement!" (see attached) JS

Customer responsible for releveling of home after initial setup. Can not be responsible for settling of land. We will re-level home, but there will be a charge. JS

Options Inc. in Price: Metal Roof, Tape/texture home on marriage line and Crack in dry wall from shipping.

BALANCE CARRIED TO OPTIONAL EQUIPMENT JS

NOTE WARRANTY, EXCLUSIONS AND LIMITATIONS OF DAMAGES ON THE REVERSE SIDE

REMARKS:
NO VERBAL AGREEMENTS WILL BE HONORED JS
Initial X JS
Home only. Home sold as is no warranties.

THIS AGREEMENT CONTAINS THE ENTIRE UNDERSTANDING BETWEEN DEALER AND BUYER AND NO OTHER REPRESENTATION OR INDUCEMENT, VERBAL OR WRITTEN, HAS BEEN MADE BY THE DEALER OR CONTAINED IN THIS CONTRACT. Dealer and Buyer certify that the additional terms and conditions printed on the other side of this contract are a part of this agreement. The same shall printed above the signatures. Buyer is purchasing the above described trailer, manufactured home or vehicle, the options & equipment and accessories, the insurance is described that specifications that Buyers made in a free form & dealer's endorsement attached to this. BUYER ACKNOWLEDGES RECEIPT OF A COPY OF THIS ORDER.

SIGNED BY: Jason Smith BUYER
SOCIAL SECURITY NO: 20-0182452
SIGNED BY: _____ BUYER
SOCIAL SECURITY NO: _____ BUYER

DEALER: _____
Not Valid unless Signed and Accepted by an Officer of the Company or an Authorized Agent

By: [Signature] Approved

BUYERS GUIDE

IMPORTANT: Spoken promises are difficult to enforce. Ask the dealer to put all promises in writing. Keep this form.

Skyline Camion 1998 6J630194 KB A/B

WARRANTIES FOR THIS VEHICLE:



AS IS - NO DEALER WARRANTY

THE DEALER DOES NOT PROVIDE A WARRANTY FOR ANY REPAIRS AFTER SALE.



DEALER WARRANTY



FULL WARRANTY.



LIMITED WARRANTY. The dealer will pay _____% of the labor and _____% of the parts for the covered systems that fail during the warranty period. Ask the dealer for a copy of the warranty, and for any documents that explain warranty coverage, exclusions, and the dealer's repair obligations. Implied warranties under your state's laws may give you additional rights.

SYSTEMS COVERED:

DURATION:

_____	_____
_____	_____
_____	_____
_____	_____

NON-DEALER WARRANTIES FOR THIS VEHICLE:

MANUFACTURER'S WARRANTY STILL APPLIES. The manufacturer's original warranty has not expired on some components of the vehicle.

MANUFACTURER'S USED VEHICLE WARRANTY APPLIES.

OTHER USED VEHICLE WARRANTY APPLIES.

Ask the dealer for a copy of the warranty document and an explanation of warranty coverage, exclusions, and repair obligations.

SERVICE CONTRACT. A service contract on this vehicle is available for an extra charge. Ask for details about coverage, deductible, price, and exclusions. If you buy a service contract within 90 days of your purchase of this vehicle, implied warranties under your state's laws may give you additional rights.

ASK THE DEALER IF YOUR MECHANIC CAN INSPECT THE VEHICLE ON OR OFF THE LOT.

OBTAIN A VEHICLE HISTORY REPORT AND CHECK FOR OPEN SAFETY RECALLS. For information on how to obtain a vehicle history report, visit fti.gov/usedcars. To check for open safety recalls, visit safercar.gov. You will need the vehicle identification number (VIN), shown above, to make the best use of the resources on these sites.

SEE OTHER SIDE for important additional information, including a list of major defects that may occur in used motor vehicles.

Si el concesionario gestiona la venta en español, pídale una copia de la Guía del Comprador en español.

JS

MOBILE HOME BILL OF SALE

In consideration of the sum of \$ 45,000.00 paid by:

Advanta IRA Services FBO Larry Cooper with a mailing address of:

13191 Starkley Rd Suite 2 Largo FL 33773 (Hereinafter known as the

"Buyer") to Florida Mobile Home Brokers with a mailing address of

1706 NW Main Blvd. Lake City FL (Hereinafter known as the

"Seller") grants the transfer of sale of the following described mobile home:

Manufacturer: Skyline Model: Camron

Serial #: 65630194 KB A/B Size: 28X56

Year (Manufactured): 1998 Location of Home: Columbia Co.

The above, described mobile home is sold free and clear of any liens, encumbrances, or mortgage. Seller certifies that they are a legal Mobile Home Broker and has rights to sell the mobile home as he/she chooses. After exchange of payment in full, the buyer renders full rights and ownership of the mobile home (s) listed above.

The mobile home is to be sold in "as-is" condition with the following conditions:

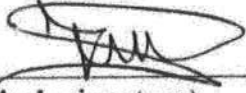
Metal roof installed, tape/texture home on Marriage line and
cracks in drywall from shipping.



Upon contracted agreement is made and herein signed, the buyer is responsible to complete payment in full before delivery of the mobile home(s). If buyer defaults on contract agreement/ no longer wishes to purchase mobile home(s), purchaser must wait for seller to resale their mobile home to receive refund. The following terms will apply:

Off the market fee of 10% of half full cost 2350.00

Resale fee of 5% of full cost 2250.00

 Wil Miller 9-27-23
(Seller's signature) (print) (Date)

Jason Smith Jason Smith, Authorized Signatory 09/29/2023 02:28 PM
(Purchaser's signature) (print) (Date)

(Witness's signature) (print) (Date)



MOBILE HOME INSTALLERS AGENT AUTHORIZATION

[Signature], 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
Soupe North	Soupe North	

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)

IH1128217
License Number

10/20/23
Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Damarcus Williams, personally appeared before me and is known by me or has produced identification (type of I.D.) _____ on this 20 day of November, 2023.

[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 LETTER OF AUTHORIZATION

I, Damarquis Williams, give this authority for the job address show below
Installer License Holder Name

only, 219 SW Churchill way lake city, 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>Sonyq North</u>	<u>Sonyq North</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) IH 1128211 License Number 11/18/23 Date

NOTARY INFORMATION:
 STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Damarquis Williams, personally appeared before me and is known by me or has produced identification (type of I.D.) _____ on this 20 day of November, 2023.

Emaleigh Williams
 NOTARY'S SIGNATURE



POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 1500 psf or check here to declare 1000 lb. soil without testing.

x 1500 x 1200 x 1500

POCKET PENETROMETER TESTING METHOD

1. Test the perimeter of the home at 6 locations.
2. Take the reading at the depth of the footer.
3. Using 500 lb. increments, take the lowest reading and round down to that increment.

x 1500 x 1500 x 1500

TORQUE PROBE TEST

The results of the torque probe test is 2900 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 require anchors with 4000 lb holding capacity.

Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Date Tested

11/18/23

Electrical

Plumbing

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between multi-wide units. Pg.

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 dependent water supply systems. Pg.

Site Preparation

Debris and organic material removed Swale Pad Other

Fastening multi wide units

Floor: Type Fastener: LEG Length: 6in Spacing: 24in
 Walls: Type Fastener: 1/2" Length: 6" Spacing: 24"
 Roof: Type Fastener: 1/2" Length: 6" Spacing: 24"
 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 R

Type gasket Pg.

Installed:

Between Floors Yes
Between Walls Yes
Bottom of ridgebeam Yes

Weatherproofing

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

Miscellaneous

Skirting to be installed. Yes No
Dryer vent installed outside of skirting. Yes
Range downflow vent installed outside of skirting. Yes N/A
Drain lines supported at 4 foot intervals.
Electrical crossovers protected.
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 11/18/23 Date 11/18/23

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR Damarquis Williams PHONE 386-628-8502

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 _____	Signature _____
	License #: _____	Phone #: _____
	Qualifier Form Attached <input type="checkbox"/>	
MECHANICAL/ A/C	Print Name <u>Dannie Skipper</u> <u>Mechanical and Electrical</u>	Signature <u>Dannie Skipper</u>
	License #: <u>RM0050077</u>	Phone #: <u>386-365-1406</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.

BUYERS GUIDE

6051 - 6052

Manufacturer's Name and Address SKATLINE CORP - CAMERON PO BOX 2168 Ocala FL 34478		HUD No. FLA 625316 FLA 625317	
Plant No. 0538	Model Designation 6116-CT	Serial No. 6763-0194-KAB	Date of Mfg. 09/04/97

This manufactured home is designed to comply with the Federal Manufactured Home Construction and Safety Standard in force at the time of manufacture. Design Approval by Underwriters Laboratories, Inc.

Factory Installed Equipment Includes:

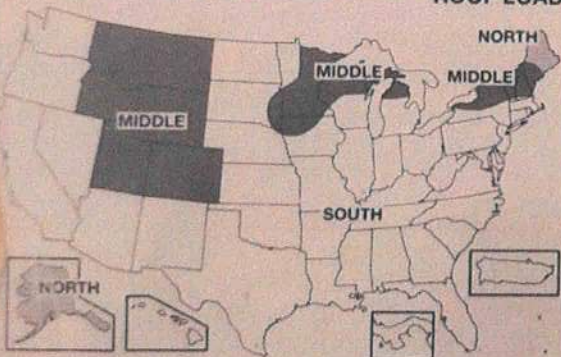
EQUIPMENT	MANUFACTURER	MODEL DESIGNATION	RATING OF FACTORY INSTALLED CIRCUIT (APPLIANCE NOT FACTORY INSTALLED)
Comfort Heating			
Air Conditioning			
Cooking Range	GE	JBS03V3WH	
Boil-in Oven			
Counter-top Cooking Unit			
Refrigerator	GE	TBX14SAZBRWH	
Water Heater	STATE	SCI301HMS960E	
Clothes Washer			20A, 120V
Clothes Dryer			30A, 220V
Dishwasher	GE	GSD500X-73WB	
Food Waste	GE	GFC300RRO2	
Smoke Detector	FIREX	ADC	
Fireplace	FMI	36ECMTI	

Instructions for all work to be performed in the field are located in the kitchen drawer.

The maps in this box define the design loads for each geographical area. This manufactured home has been designed for the roof and wind load zones as checked:

- North 40 PSF South 20 PSF
 Middle 30 PSF Other _____ PSF

ROOF LOAD

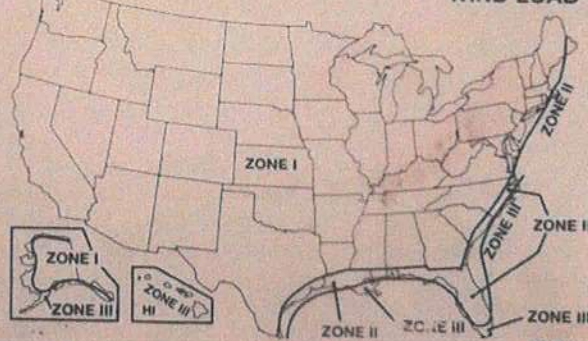


HOME CONSTRUCTED FOR Zone I Zone II Zone III

This home has not been designed for the higher wind pressure and anchoring provisions required for ocean/coastal areas and should not be located within 1500' of the coastline in Wind Zones II and III, unless the home and its anchoring and foundation system have been designed for the increased requirements specified for Exposure D in ANSI/ASCE 7-88.

This home has has not been equipped with storm shutters or other protective coverings for windows and exterior door openings. For homes designed to be located in Wind Zones II and III, which have not been provided with shutters or equivalent covering devices, it is strongly recommended that the home be made ready to be equipped with these devices in accordance with the method recommended in manufacturer's printed instructions.

WIND LOAD



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Sky. 2/2

