



Town of Fort White
 P.O. Box 129 Fort White, FL 32038
 386-497-2321 Fax: 386-4974946

APPLICATION FOR BUILDING PERMIT/COMPLIANCE

\$50.00 FEE *paid ck # 14406*

FILE No. _____ RECPT No. _____

Applicant's Name: Sam's Mobile Home Service Phone: (813) 763-9347

Address: PO BOX 762 Crystal River FL 34423

Owner's Name: Steven Braden Phone: (909) 268-5578

Address: 26702 NW 160th PL High Springs FL 32643

Contractor's Name: Sam's Mobile Home Service LLC

Address: PO BOX 762 Crystal River FL 34423

****Location of property: SW Mount Hope DR Fort White FL 32038

****Type of development: Manufactured home setup
Parcel # 04-75-16-04131-005

Land use & zoning: _____

Minimum set-back: Street-front/side 30' rear 25' side 25'

Legal Description (acres): N 1/2 of S 1/2 of NW 1/4 of NW 1/4 25-471, 528-137,
674-139, 776-2186, 839-2052, 893-2422, WD 1315-2645, WD 1368-326,
330, 334 (QC) 1410-69, WD 1484-2565, WD 1517-2794 (10 AC)

I certify that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction and that all the foregoing information is accurate and all work will be done in compliance with all laws regulating construction and zoning.

TH/1029434 Monica Uvabe Contractor's
 License Number Applicant/Owner Contractor

Rosie Johnson 4/17/25 Date Approved
 by Reviewing Clerk

****IF PROPERTY IS NOT OWNED BY APPLICANT, A STATEMENT FROM THE OWNER AUTHORIZING USE OF PROPERTY FOR THE TYPE OF DEVELOPMENT STATED ON THIS APPLICATION WILL BE REQUIRED.