

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

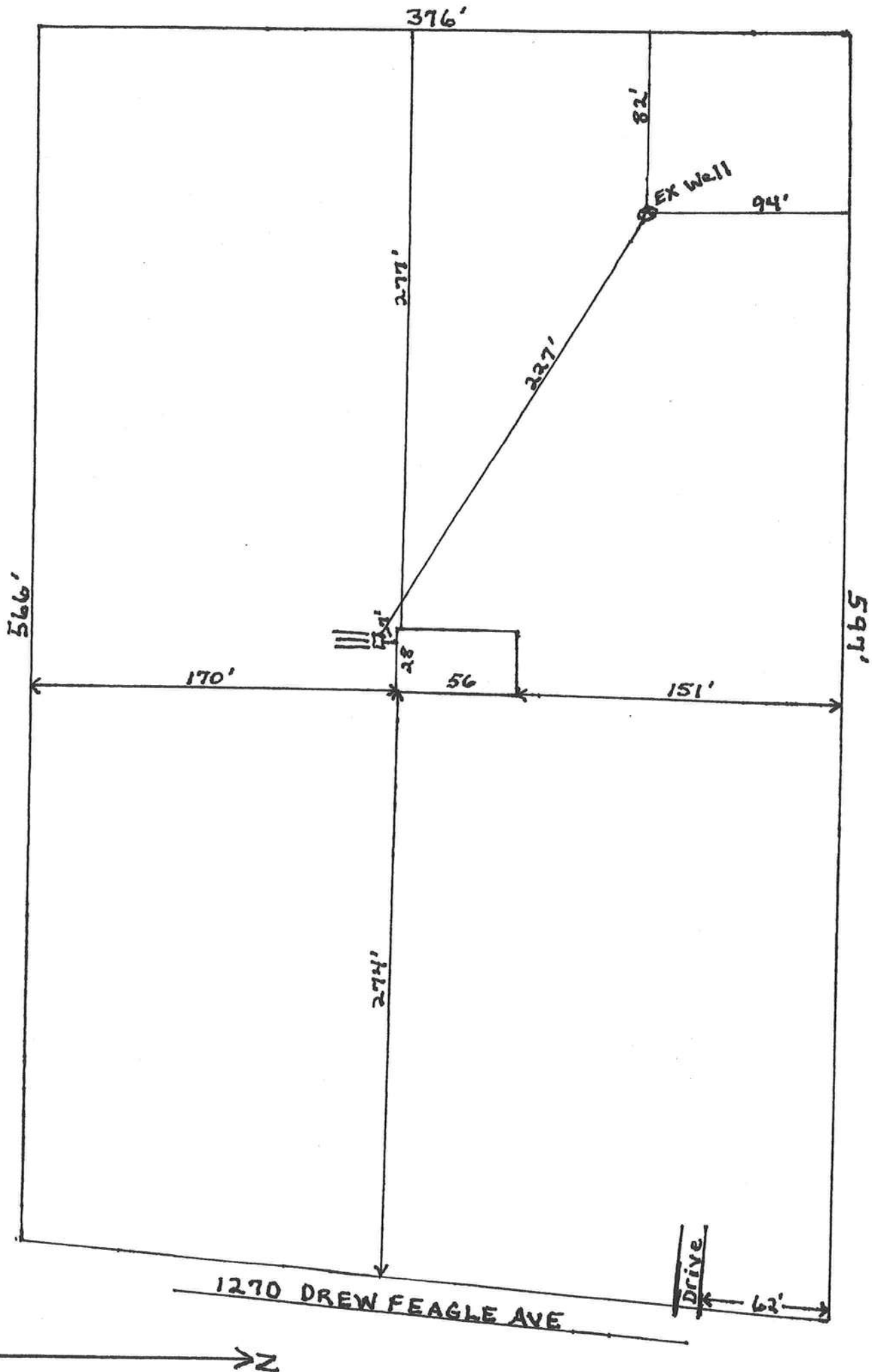
10/17

For Office Use Only (Revised 7-1-15)		Zoning Official <u>ms</u>	Building Official <u>ms</u>
AP# <u>47195</u>	Date Received <u>9/1</u>	By <u>SW</u>	Permit # _____
Flood Zone _____	Development Permit _____	Zoning _____	Land Use Plan Map Category _____
Comments _____			
FEMA Map# _____	Elevation _____	Finished Floor _____	River _____ In Floodway _____
<input type="checkbox"/> Recorded Deed or <input checked="" type="checkbox"/> Property Appraiser PO	<input type="checkbox"/> Site Plan	<input checked="" type="checkbox"/> EH # <u>20-0709</u>	<input type="checkbox"/> Well letter OR
<input type="checkbox"/> Existing well	<input type="checkbox"/> Land Owner Affidavit	<input checked="" type="checkbox"/> Installer Authorization	<input type="checkbox"/> FW Comp. letter <input checked="" type="checkbox"/> App Fee Paid
<input type="checkbox"/> DOT Approval	<input type="checkbox"/> Parent Parcel # _____	<input type="checkbox"/> STUP-MH _____	<input checked="" type="checkbox"/> 911 App
<input type="checkbox"/> Ellisville Water Sys	<input checked="" type="checkbox"/> Assessment <u>owed</u>	<input type="checkbox"/> Out County <input type="checkbox"/> In County	<input checked="" type="checkbox"/> Sub VF Form <u>Serial</u>

Property ID # 31-55-16-03744-414 **Subdivision** _____ **Lot#** _____

- **New Mobile Home** ☒ **Used Mobile Home** _____ **MH Size** 28x56 **Year** 2021
- **Applicant** Sonup Crews **Phone #** 863-517-5701
- **Address** 3311 SW State Road 247 Lake City, FL 32024
- **Name of Property Owner** Constance Malone **Phone#** 386-365-9471
- **911 Address** 1270 Drew Feagle Ave, Ft White
- **Circle the correct power company -** FL Power & Light - Clay Electric
 (Circle One) - Suwannee Valley Electric - Duke Energy
- **Name of Owner of Mobile Home** Constance Malone **Phone #** 386-365-9471
Address 1270 Drew Feagle Ave, Ft White 32030
- **Relationship to Property Owner** _____
- **Current Number of Dwellings on Property** 0
- **Lot Size** 376 x 597 **Total Acreage** 5.02
- **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** R on SE Baya, L after McD's, Slight R on FL-475, R on SW Watson St., L to stay on Watson, L on Drew Feagle Rd, property on R
- **Name of Licensed Dealer/Installer** JUSTUS LARICCIA **Phone #** 904-945-6508
- **Installers Address** _____
- **License Number** IH 1127039 **Installation Decal #** 73113

MALONE



1270 DREW FEAGLE AVE

Drive

62'

$$\Gamma = 60^\circ$$
 $\rightarrow \infty$



Columbia County Property Appraiser Jeff Hampton | Lake City, Florida | 386-758-1083

PARCEL: 31-5S-16-03744-414 | MISC RES (000700) | 5.02 AC

COMM AT SW COR OF SE 1/4 OF SE 1/4, RUN E 715.15 FT, NW 533.24 FT, CONT N 960.81 FT FOR POB, CONT N 376.13 FT, E 597.23 FT TO W RW OF DREW FEAGLE RD,

MALONE WILLIAM M & CONSTANCE S

Owner: 1417 JACKSONVILLE AVE
PORT ST LUCE, FL 349536522
Site: 1270 DREW FEAGLE AVE, FORT WHITE

Sales 12/10/2004 \$30,000 V (Q)
Info 8/13/2001 \$29,000 V (U)

2020 Preliminary Certified

Mkt Lnd	\$33,062	Appraised	\$33,812
Ag Lnd	\$0	Assessed	\$33,812
Bldg	\$0	Exempt	\$0
XFOB	\$750		
Just	\$33,812		
		Total	county:\$33,812
		Taxable	city:\$33,812
			other:\$33,812
			school:\$33,812

NOTES:



Columbia County, FL

This information, was derived from data which was compiled by the Columbia County Property Appraiser Office solely for the governmental purpose of property assessment. This information should not be relied upon by anyone as a determination of the ownership of property or market value. No warranties, expressed or implied, are provided for the accuracy of the data herein, it's use, or it's interpretation. Although it is periodically updated, this information may not reflect the data currently on file in the Property Appraiser's office.

GrizzlyLogic.com



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>William M. Malone</u>		PHONE <u>(386) 365-9471</u>	DATE <u>8/7/2020</u>
ADDRESS <u>1270 SW Drew Feagle Ave</u>		COUNTY <u>Columbia</u>	SALESMAN <u>JC</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>IMP 28x54</u>	MODEL <u>Jacobsen</u>	B. ROOMS <u>3</u>
			FLOOR SIZE <u>50' x 28'</u>
			HITCH SIZE <u>60' x 28'</u>
SERIAL NUMBER <u>TBD</u>	<input checked="" type="checkbox"/> NEW <input type="checkbox"/> USED	COLOR <u>TBD</u>	PROPOSED DELIVERY DATE <u>ASAP</u>
OPTIONAL EQUIPMENT, LABOR AND ACCESSORIES		PRICE OF UNIT <u>89,755.00</u>	
Standard Set up & Delivery		OPTIONAL EQUIPMENT	
Standard AC / Heat pump		COST OF SET-UP PARTS	
2 Sets Steps Codes.		SUB-TOTAL	
Standard White TSK's		SALES TAX <u>6% + 50.00</u> <u>5,435.30</u>	
permits (Home)		Various NON-TAXABLE ITEMS <u>450.00</u>	
house pad		VARIOUS FEES	
dirt pad.		L CASH PRICE <u>\$95,640.30</u>	
		TRADE-IN ALLOWANCE \$	
		LESS BAL DUE ON ABOVE \$	
		NET ALLOWANCE	
		CASH DOWN PAYMENT <u>49,000.00</u>	
		2. LESS TOTAL CREDITS	
		3. UNPAID BALANCE OF CASH SALE PRICE <u>\$46,640.30</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.			
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.			
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.			
There is no assurance a mobile home can remain level when placed, upon any surface other than of blacktop or concrete.			
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 certain natural gas or propane appliances where state or local ordinances require a licensed plumber or electrician so to do. Special building ordinances or laws 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 Buyers 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>Jacobsen Homes of Lake City DEALER</p> <p>Net 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 <u>William Malone</u> PURCHASER</p> <p>SIGNED <u>Constance Malone</u> PURCHASER</p>	



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, JUSTUS LaRocca, give this authority for the job address show below
Installer License Holder Name

only, 1270 Drew Feagle Ave Ft White, FL, 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)
Song Crews	Song Crews	<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)

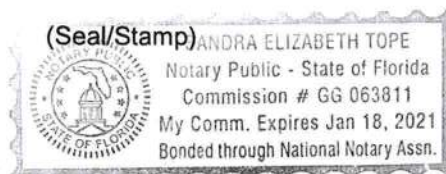
14127039 08/25/2020
License Number Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Justus Larocca, personally appeared before me and is known by me or has produced identification (type of I.D.) on this 25 day of August, 2020.

[Signature]
NOTARY'S SIGNATURE



MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 47195 CONTRACTOR Justus LaRiccia PHONE _____

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 1072	Print Name <u>Glen Whittington</u> License #: <u>EC 13002957</u> Qualifier Form Attached <input type="checkbox"/>	Signature <u>Glen Whittington</u> Phone #: <u>386-972-1700</u>
MECHANICAL/ A/C	Print Name _____ License #: _____ Qualifier Form Attached <input type="checkbox"/>	Signature _____ Phone #: _____

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

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ELECTRICAL	Print Name _____	Signature _____
	License #: _____	Phone #: _____
	Qualifier Form Attached <input type="checkbox"/>	
MECHANICAL/ A/C 950	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			

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