## PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

| For Office Use Only         | (Revised 7-1-15)                        | Zoning Official         | Building                              | Official                           |
|-----------------------------|---|-------------------------|---------------------------------------|------------------------------------|
| AP# 53919                   | Date Recei                              | vedBy                   | Permit #_                             |                                    |
|                             |   |                         |                                       | an 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               | nd Owner Affidavit                      | Installer Authorization | □ FW Comp. le                         | tter DApp Fee Paid                 |
| DOT Approval Pa             | arent Parcel #                          | <u> </u>                | ин <u>22 - 018</u>                    | ₫-911 App                          |
| ☐ Ellisville Water Sys      | Assessment _                            | wed Dut County          | - In County i□                        | Sub VF Form                        |
|                             |   |                         |                                       |                                    |
| Property ID # <u>31- 45</u> | 3-17-08915-                             | 101_ Subdivision H      | lawks La                              | nding Lot#1                        |
|                             |   |                         |                                       | 32 x 66 Year 2021                  |
| • Applicant <u>Son</u>      | up North                                | F                       | Phone #                               | -517-5701                          |
| Address <u>33/1</u>         | Sw State                                | Rd 247 la14             | CHy Fl.                               | 32024                              |
| Name of Property            | Owner Ida 1                             | Fallet                  | Phone# <u>35</u>                      | 52-942-4713                        |
|                             |   | no Dr Lake              |                                       |                                    |
| Circle the correct          | power company -                         | FL Power & Lig          | ht - Cla                              | y Electric                         |
|                             | (Circle One) -                          | Suwannee Valley Ele     | ectric - <u>Dul</u>                   | ke Energy                          |
| Name of Owner of            | Mobile Home                             | da Fallet               | Phone #                               | 352-942-47                         |
|                             |   | Dr Lake a               |                                       | 004                                |
|                             | operty Owner                            |                         |                                       |                                    |
|                             | of Dwellings on Pro                     |                         |                                       |                                    |
| Lot Size 270                | -                                       |                         | e le. le3                             |                                    |
|                             | sting Drive or Priva                    | ate Drive or need Culve | rt Permit or <u>Cul</u>               | vert Waiver (Circle one)           |
| 12                          |   |                         | 100                                   | existing but do not need a Culvert |
|                             |   | isting Mobile Home      | 2 / - /                               | 10 1110 0                          |
|                             | to the Property_ <u>L</u><br>UStenuggee | on US-4415              | , Con l                               | 10-410, K                          |
| on 12                       | stenugger                               | HW Sharp K              | on Bung                               | or, proper                         |
|                             |   |                         | i i i i i i i i i i i i i i i i i i i | -0.700 0                           |
|                             |   | Rusty L. KNOWLS         | 4 11 71                               | # <u>386397, 0886</u>              |
| Installers Address          |   |                         | wy va or                              | <u></u>                            |
| License Number_             | I 4.1038219                             | Instal                  | lation Decal #_                       | 88488                              |

## MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

| APPLICATION NUM                                      | BERCONTRACTOR RUS   | Sty Knowles PHONE 386-397-088   |
|--|---|---|
|  | THIS FORM MUST BE SUBMITTED PRIOR TO  | THE ISSUANCE OF A PERMIT  |
| records of the s<br>Ordinance 89-6<br>exemption, ger | unty one permit will cover all trades doing work at the subcontractors who actually did the trade specific work, a contractor shall require all subcontractors to prover a liability insurance and a valid Certificate of Combine permitted contractor is responsible for the correspondence of beginning any work. Violations will res | ork under the permit. Per Florida Statute 440 and vide evidence of workers' compensation or petency license in Columbia County.  Steed form being submitted to this office prior to the |
| ELECTRICAL   | Print Name  | SignaturePhone #:   |
| MECHANICAL/  | Print Name Milliag P. Britand  License #: CAC 18 1771 G  Qualifier Form Attached  | Signature/1/1980/2019  Phone #: (352) 274- 933/a  |

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

### MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

| APPLICATION NUM  | ON NUMBER CONTRACTOR RUSTY KNOW LLS PHONE 386-397-08  |                |   |              |   |   |  |
|--|---|----------------|---|--------------|---|---|--|
| 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 <u>REQUIRED</u> 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. |   |                |   |              |   |   |  |
|  |   |                | sponsible for the corr<br>ork. Violations will re |              |   | to this office prior to the<br>/or fines. |  |
| ELECTRICAL   | Print Name Glenn Whittington Signature Menn Whattier form  License #: EC 1300 2957 Phone #: 386 - 684 - 41gb    Qualifier Form Attached |                |   |              |   |   |  |
| MECHANICAL/  | Print Name  |                |   | _ Signature  | *************************************** |   |  |
| A/C  | /C License #: Phone #: Qualifier Form Attached  |                |   |              |   |   |  |
|  |   |                |   |              |   |   |  |
| Qualifier Forms cannot be submitted for any Specialty License.   |   |                |   |              |   |   |  |
| Specialty L  | icense  | License Number | Sub-Contractors                                   | Printed Name | Sub-                                    | Contractors Signature                     |  |
| MASON  |   |                |   | •            |   |   |  |
| CONCRETE FIR   | VISHER  |                |   |              |   |   |  |

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

| Order #: 5310 Label #: 88488 | Manufacturer:             | (Check Size of Home)   |
|------------------------------|---------------------------|------------------------|
| Homeowner:                   | Year Model:               | Single                 |
| Address:                     | Length & Width:           | Double                 |
| Cit In the second            |                           | Triple                 |
| City/State/Zip:              | Type Longitudinal System: | HUD Label #:           |
| Phone #:                     | Type Lateral Arm System:  | Soil Bearing / PSF:    |
| Date Installed:              | New Home: Used Home:      | Torque Probe / in-lbs: |
| Installed Wind Zone:         | Data Plate Wind Zone:     | Permit #:              |
| Note:                        |                           |                        |

| STATE        | E OF FLORIDA               |
|--------------|----------------------------|
| INSTALLATION | <b>CERTIFICATION LABEL</b> |

88488

LABEL#

DATE OF INSTALLATION

RUSTY L. KNOWLES

NAME

IH / 1038219 / 1

5310

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.

### 26" x 26" 446 676 348 Number POPULAR PAD SIZES 400 (929)within 2' of end of home spaced at 5' 4" oc FRAME TIES OTHER TIES ANCHORS 34 7 24" X 24" (929) 16 x 18 18.5 x 18.5 ad Size Marriage wall Shearwall 1/4 x 26 16 x 16 16 x 22. $20 \times 20$ 26 x 26 $24 \times 24$ Longitudinal 00000 Wind Zone III Sidewall PIER SPACING TABLE FOR USED HOMES Date: 22" x 22" (484)\* 4代 Home installed to the Manufacturer's Installation Manual Noch Draw the approximate locations of marriage wall openings 4 foot or greater. Use this symbol to show the piers. Longitudinal Stabilizing Device w/ Lateral Arms Manufacturer 〇しん アムルメダラ・ル 20" x 20" List all marriage wall openings greater than 4 foot and their pier pad sizes below. Tchodogy (400) Home is installed in accordance with Rule 15-C OXI Ò Installation Decal # 42 × 4 X interpolated from Rule 15C-1 pier spacing table Pier pad size Longitudinal Stabilizing Device (LSD) Wind Zone II 18 1/2" x 18 TIEDOWN COMPONENTS Used Home 1/2" (342) 24124 3 2424 Serial # ထ် ထ PIER PAD SIZES 16" x 16" Perimeter pier pad size (256)4' 6" (required by the mfg.) I-beam pier pad size Other pier pad sizes ? $\Box$ 101/6 Application Number: 7 (sq in) Footer 11 Opening size Manufacturer Double wide Single wide Triple/Quad New Home 2000 psf 2500 psf 3000 psf 3500 psf psd psi 1500 capacity bearing Load Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations) 7 4 1038718 urriage wall piers within 2' of end of home per Rule 15C 32 x 6C 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. Mobile Home Permit Worksheet Installer's initials Length x width License # BUCC D Knowles longitudinal 831 SW A10150 20 Rush Typical pier spacing Address of home being installed Manufacturer Installer N

# C

| t Worksneet                  | ROMETER TEST             | d down to psf without testing.  | × | ER TESTING METHOD                  | home at 6 locations.                              | depth of the footer.                            |
|------------------------------|--------------------------|---|---|------------------------------------|---|---|
| Mobile Home Permit Worksheet | POCKET PENETROMETER TEST | The pocket penetrometer tests are rounded down to or check here to declare 1000 lb. soil without testing. | × | POCKET PENETROMETER TESTING METHOD | 1. Test the perimeter of the home at 6 locations. | 2. Take the reading at the depth of the footer. |

## TORQUE PROBE TEST

×

×

×

inch pounds or check A test showing 275 inch pounds or less will require 5 foot anchors. here if you are declaring 5' anchors without testing The results of the torque probe test is 11010

reading is 275 or less and where the mobile home manufacturer may anchors are required at all centerline tie points where the torque test anchors are allowed at the sidewall locations. I understand 5 ft A state approved lateral arm system is being used and 4 ft. Installer's initials requires anchors with 4000 lb holding capacity Note:

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

2.15 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 mult-wide units. Pg.

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|   | 2 |   |   |
|   | i | f |   |

Connect all sewer drains to an existing sewer tap or septic tank. Pg.  $ot \bot$ 

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

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Date:

| danoil   | Pad Other | ti wide units              | th: 4 Spacing: 8 1 spacing: 8 1 spacing: 8 1 spacing: 8 1 spacing: 14 1 spacing: 15 1 |
|--|-----------|----------------------------|---|
| in the state of th | 1         | Fastening multi wide units | Floor: Type Fastener: 1967: Length: 47 Spacing: 1877 Roof: Type Fastener: 1975 Roof: Type Fastener: 1975 For used homes a min. 30 gauge, 8" wide, galvanized metal strength will be centered over the peak of the roof and fastened with galvanidal nails at 2" on center on both sides of the centerline.  |

## Gasket (weatherproofing requirement)

homes and that condensation, mold, meldew and buckled marriage walls are a result of a poorly installed or no gasket being installed. I understand a strip nderstand a properly installed gasket is a requirement of all new and used of tape will not serve as a gasket

Installer's initials Lackon Type gasket

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

## Weatherproofing

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

## Miscellaneous

N/A Yes Range downflow vent installed outside of skirting. Yes Dryer vent installed outside of skirting. Yes Drain lines supported at 4 foot intervals. Electrical crossovers protected. Yes Skirting to be installed. Yes Other: Installer verifies all information given with this permit worksheet manufacturer's installation instructions and or Rule 15C-1 & 2 is accurate and true based on the

2.25,22 Date 0 Installer 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 LETTER OF AUTHORIZATION

| I, Rush L. Kushling<br>Installer License Holder Nar                                   | "give                | this authority f | or the job address show below  |
|---|----------------------|------------------|--|
| only, 831 SW Bung   | Job Address          | City FI          | , and I do certify that  |
| the below referenced person(s)  | listed on this form  | is/are under m   | y direct supervision and control   |
| and is/are authorized to purchas  | se permits, call for | inspections an   | d sign on my behalf.   |
| Printed Name of Authorized  | Signature of Aut     | horized          | Authorized Person is   |
| Person  | Person               |                  | (Check one)  |
| Sonya North   | Sonip No             | 14h              | Agent Officer Property Owner   |
| Sonya North<br>Dylan Hinsun   |                      |                  | Agent Officer Property Owner   |
| •   |                      |                  | Agent Officer Property Owner   |
| I, the license holder, realize that under my license and I am fully Local Ordinances. |                      |                  |  |
|   |                      |                  |  |
| I understand that the State Lice  |                      |                  |  |
| holder for violations committed I   | 76 FFR 50            |                  |  |
| document and that I have full re  | sponsibility for con | ipilarice grante | d by issuance of such permits.   |
|   |                      |                  |  |
|   |                      | -1/              | 7024 77500   |
| License Holders Signature (Note   | arized)              | License No       |  |
| NOTARY INFORMATION:<br>STATE OF: Florida  | COUNTY OF:           | Colum            | hie  |
| 10.44 M 500 00 00 00 00   |                      | 1106             | Knowles  |
| The above license holder, whos<br>personally appeared before me                       |                      | e or has produ   | ced identification   |
| (type of I.D.)  |                      |                  |  |
| 120. 80-L   | of fam               |                  | 0  |
| NOTARY'S SIGNATURE  | or John              | (\$              | Seal/Stamp)  |
|   |                      |                  | SANDRA ELIZABETH TOPE Notary Public - State of Florida Commission # HH 079583 My Comm. Expires Jan 18, 2025 Bonced through National Notary Assn. |



## COLUMBIA COUNTY BUILDING DEPARTMENT

135 NE Hernando Ave, Suite B-21, Lake City, FL 32055 Phone: 386-758-1008 Fax: 386-758-2160

| MOBILE HON  | ME INSTALLERS AGENT AUT              | HORIZATION                       |  |  |  |  |
|---|--------------------------------------|----------------------------------|--|--|--|--|
| I, Rush La lista<br>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 po  | ermits, call for inspections and sig | gn on my behalf.                 |  |  |  |  |
| Printed Name of Authorized Person   | Signature of Authorized<br>Person    | Agents Company Name              |  |  |  |  |
| Sonya North   | Song North                           |                                  |  |  |  |  |
| Sonya North<br>Oylan Hinson   |                                      |                                  |  |  |  |  |
|   |                                      |                                  |  |  |  |  |
| TURE THOUGHT IN THE TOTAL CONTROL OF THE CAN  | t I am responsible for all permits p |                                  |  |  |  |  |
|   | responsible for compliance with a    | all Florida Statutes, Codes, and |  |  |  |  |
| Local Ordinances.   |                                      |                                  |  |  |  |  |
| I understand that the State Lice  | nsing Board has the power and a      | uthority to discipline a license |  |  |  |  |
| holder for violations committed   | by him/her or by his/her authorize   | ed person(s) through this        |  |  |  |  |
| document and that I have full re  | sponsibility for compliance grante   | ed by issuance of such permits.  |  |  |  |  |
|   |                                      |                                  |  |  |  |  |
|   |                                      |                                  |  |  |  |  |
|   | IH-103                               | 38218 2-25-22                    |  |  |  |  |
| License Holders Signature (Not  | arized) License N                    | umber Date                       |  |  |  |  |
| NOTARY INFORMATION: STATE OF: Florida COUNTY OF: Columbia                                   |                                      |                                  |  |  |  |  |
| STATE OF: Florida   | COUNTY OF: LUM                       |                                  |  |  |  |  |
| The above license holder, whos  |                                      | ,                                |  |  |  |  |
| (type of I.D.)  | and is known by me or has produ      | of Februar 20 97                 |  |  |  |  |
| 00-   | D                                    | 0                                |  |  |  |  |
| Jandia Scalal   | Love                                 |                                  |  |  |  |  |
| NOTARY'S SIGNATURE  |                                      | Seal/Stamp)                      |  |  |  |  |
|   |                                      | SANDRA ELIZABETH TOPE            |  |  |  |  |
|   |                                      | Notary Public - State of Florida |  |  |  |  |

Commission # HH 079583 by Comm. Expires Jan 18, 2025 Bonded through National Notary Assn.

ACING FOR FIRST MER IS EQUAL TO HALF THE ALLOWED PIER SPACING ON 1-BEAM OR 24" MAXWUM, 184" 184" SEE FL. STATUTE 15-C & JACOBSEN SET-UP MANUAL FOR LONG. ANCHORING SEE FL. STATUTE 15-C & JACOBSEN SET-UP MANUAL FOR LONG. ANCHORING SEE NOTES AND TABLES ON PAGE 2 OF 2 SEE WARNINGS AND CAUTIONS ON PAGE 2 WHICHEVER IS LESS. 44 1/4" 95 1/2" 44 1/4" 44 1/4" 44 1/4" 95 1/2" MAIN FRAME I-BEAM LOCATIONS MAIN FRAME I-BEAM LOCATIONS JACOBSEN HOMES
PO BOX 368, 600 PACKARD CT.
SAFETY HARBOR, FLORIDA 34695 MAX SEE TABLE FOR MAX. SPACING - STATE REO'D ANCHOR (727) 726-1138 (TYPICAL BOTH SIDEWALLS)
\*\*\*SPACING CHANGES WITH HOST BEAM,
EXPOSURE D, AND "HIGH SIDE" OFFSETS.
SEE SETUP MANUAL FOR SPECIFICS\*\*\* SEE TABLE ON PAGE 2 FOR MAXIMUM PIER SPACING (PLEASE REFER TO SU-01-0025 IN THE SETUP MANUAL) PIER SPACING IS MAXIMUM 24" FROM EACH END OF UNIT I-BEAM - MIN, BLOCKING SPECIFICATIONS SIDEWALL ANCHORS 64" O.C. MAX. SPACING **HUD WIND EXPOSURE CATEGORY - C** REFER TO THE JACOBSEN HOMES SETUP MANUAL AND ADDENDUM FOR COMPLETE INSTALLATION INSTRUCTIONS HUD WIND ZONE - 2 2/10-20 REFER TO SU-01-0005 FOR ADD'L PIER REQUIREMENTS 1-24424 1-3150¢ ANCHOR SEE NOTES AND TABLES ON PAGE 2 OF 2 66'-0" THIS BLOCKING DIAGRAM IS PROVIDED AS A COURTOUSY 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. E F====4 CIRCLE INDICATES TYP.
SHEARWALL ANCHOR LOC MODEL IMP-5661W-509 500 SEE AD-TD-0250 とががだり 1-12 1-3150# AND SEE AD-TD JACOBSEN HOMES IMP-37,509 SEE NOTES AND TABLES ON PAGE 2 OF 2

www.jachomes.com

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)

37509 - PAGE 1 OF 2

SHEARWALLS TIE-DOWN STRAPS ARE NOT INSTALLED AT THE FACTORY WHEN SHEARWALL IS LOCATED DIRECTLY OVER SOLID -BEAM HEADER. SET. UP IS REQUIRED TO INSTALL THE SHEARWALL STRAPS OVER THE -BEAM HEADER PER AD-TO-050 (PAGE 48) IN THE SET. UP MANUAL ADDENDUM. STRAPS AND PIERS SHALL BE INSTALLED AT BOTH ENDS OF HEADER.

N10 = SEE NOTE 10.
REFER TO SU-01-0005 FOR
ADDITIONAL PIER REQUIREMENTS. REFER TO AD-TD-0250 THROUGH AD-TD-0254 FOR COLUMN ANCHOR SIZES. COL. NUM. COPYRIGHT 'n COLUMN INFO. m) D (7) m) SIZE (sq.in.) MINIMUM PIER PAD SPAN 17'-10" 17'-10" 15'-7" 15'-7" 432.875 sq. in. Q Q Q Q Q 342.25 sq. in. 2013, JACOBSEN HOMES, SAFETY HARBOR, FLORIDA, ALL RIGHTS RESERVED 576 sq. 396 sq. in. 256 sq. in. 400 sq. in. TABLE sq. LOAD N POUNDS) PO BOX 368, 600 PACKARD CT. SAFETY HARBOR, FLORIDA 34695 **JACOBSEN HOMES** www.jachomes.com par soil 49 1/2 pst SOIL COLUMN PAD - MIN. SIZES (sq. in.) (727) 726-1138 par SOIL 48 1/2 par SOIL 78 1/2 56 1/2 77 1/2 I-BEAM PIER SPACING NID NID 115 105 1/2 par SOIL 107 1/2 psf SOIL 30 1/2 66 1/2 NIO. NID par SOIL pst SOIL NIO NIO N10 NIO OIN OIN OEN par soil NIO S DIN NIO NIO NIO OUN NIO pat SOIL psf SOIL NIO NIO OIL NI O OIN NIO OIL N O NIO NIO pst SOIL HUD WIND ZONE - 2 HUD WIND EXPOSURE CATEGORY - C 10. μ MANUFACTURED BUILDINGS/STRUCTURES CAN WEIGH SEVERAL TONS. IT IS VERY IMPORTANT THAT ALL PERSONNEL, ON THE JOB SITE, BE QUALIFIED AND PROPERLY/ADEQUATELY TRAINED. A STATE LICENSED SETUP CONTRACTOR IS REQUIRED TO BE RESPONSIBLE FOR ALL SAFETY IF YOU ARE NOT QUALIFIED AND/OR DO NOT HAVE THE PROPER TOOLS AND/OR EQUIPMENT IN EXTENSIVE/COSTLY DAMAGE TO THE BUILDING/STRUCTURE. NEVER ATTEMPT INSTALLATION QUALIFIED PERSONNEL SHOULD ATTEMPT TO INSTALL A MANUFACTURED STRUCTURE/BUILDING. IMPROPER PROCEDURES AND/OR TECHNIQUES COULD RESULT IN SERIOUS INJURY OR DEATH. IN ADDITION TO THE DANGER TO PERSONNEL, IMPROPER SETUP/INSTALLATION COULD RESULT WARNING: NOTES: 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 INSTALLING A MANUFACTURED STRUCTURE/BUILDING CAN BE EXTREMELY DANGEROUS. CONTRACTOR SHALL INSURE/REQUIRE THAT SAFE AND PROPER TECHNIQUES ARE UTILIZED AND/OR ANY OTHER LOCAL, STATE, AND/OR FEDERAL CODES AND/OR REQUIREMENTS. CAUTION: MATING LINE PIER SPACING pst SOIL ANY SIDEMALL AREA WITH A HOST BEAM OR A STRUCTURAL ATTACHMENT SHALL HAVE PIERS AND ANCHORS SPACED NO FURTHER THAN 48° O.C. MAXIMUM. SOME WIND ZONE AREAS MAY REQUIRE CLOSER INSTALLATION, REFER TO THE L'ACCOSSEN HOMES SETUP MANUAL FOR SPECIFICS REFER TO AD-TD-100 FOR SHEARWALL APPLICATIONS AND TIE-DOWNS REFER TO THE APPROVED FLOOR PLAN FOR SHEARWALL LOCATIONS AND LOADS REFER TO SU-01-0005 FOR ADDITIONAL PIER REQUIREMENTS REFER TO THE JACOBSEN HOMES SETUP MANUAL AND ADDENDUM FOR COMPLETE INSTALLATION INSTRUCTIONS, PIERS CAN BE RELOCATED AND/OR SPANS INCREASED PER THE SETUP MANUAL SEE NOTE 4 ON PAGES SU-01-0023 THROUGH SU-01-0026 MAX. PIER SPACING ON 8" I-BEAM IS 96". MAX. PRIER SPACING ON 10" OR 12" I-BEAM IS 120" ALL 2x6 FLOOR SYSTEMS WIDER THAN 144" REQUIRE PERIMETER AND MATING LINE BLOCKING ALL 184" WIDE FLOOR SYSTEMS REQUIRE PERIMETER AND MATING LINE BLOCKING ALONG THE MATING LINE, SEE THE SETUP MANUAL FOR SPECIFICS BE LOCATED WITHIN 6" OF EITHER SIDE OF THE COLUMN. ADDITIONAL PIERS MAY BE REQUIRED REFER TO THE APPROVED FLOOR PLAN FOR SPECIFIC COLUMN LOCATIONS. COLUMN PIERS SHALL REFER TO THE MODEL APPROVAL FOR PLAN SPECIFIC INFORMATION PIERS AND ANCHORS ARE NOT REQUIRED (SEE SU-01-0005 AND SU-01-0008). per SOIL per SOIL AND CONSTRUCTED TO BE SELF SUPPORTING, THESE ADDITIONA WHEN THE ATTACHED STRUCTURE HAS FOURTH WALL pst SOIL pst SOIL psf SOIL PERIMETER PIER SPACING pst SOIL 37509 -psf SQIL PAGE psf SOIL psf SOIL N ONLY 

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)

N

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## **Jacobsen Homes** of Lake City

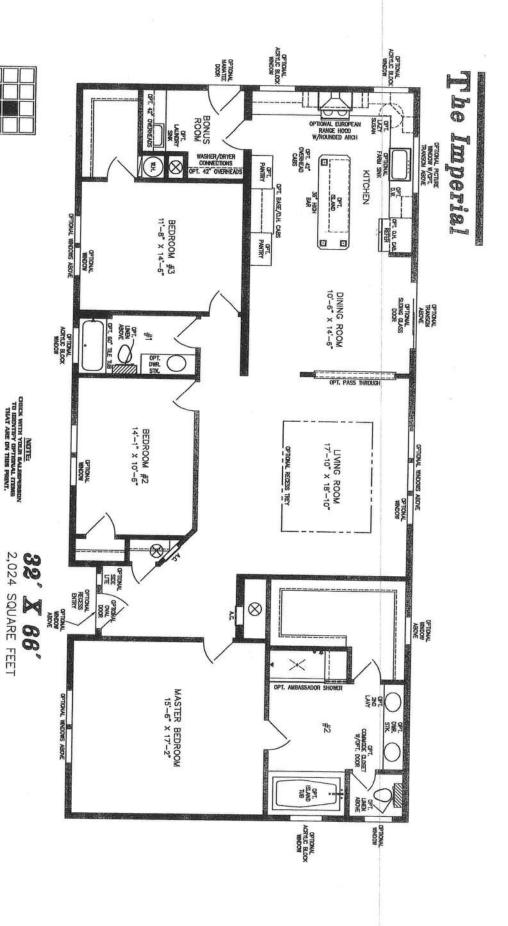
**PURCHASE AGREEMENT** 

**Locally Owned and Operated** 

3973 W. U.S. Hwy. 90 Lake City, Florida 32055 Ph. 386-438-8458 · Fax: 386-438-8472

| SOLD TO I da Fallet   | PHON         | IE 350-945                                     | 2-4713 DAT  | re //17/22   |
|---|--------------|--|---|--|
| 10 11 0 01  | OUNTY (      | Columbra                                       | SALESM/   |  |
| YEAR MAKE 2021 Jucobsen Hoodel I by Jucobsen  |              | D 000  | MS   FLOOR SIZE   | HITCH SIZE   |
| SERIAL NUMBER   | D'NEW        | COLOR  | PROPOSED  | L W  |
| Vac FL 3/309AB  | Ŭ USED       | 1000   | DELIVERY DATE   | 1 12 111   |
| OPTIONAL EQUIPMENT, LABOR AND ACCESSORIES Standard Delivert & Satur   | ,            |  | PRICE OF UNIT   | \$165,500-   |
| Standard Steps 35=As  |              | OPTIONAL EQUIPME                               | ENT   |  |
| ACHERTPING 4TON<br>Startard Starting VINI M   |              | COST OF SET-UP PA                              | ARTS  |  |
| Startard SKINTOR VINII N  | hite         |  | SUB-TOTAL   |  |
| 2   |              | SALES TAX                                      |   | 9,9800   |
|   |              | A1101  | vances  | 20,500.00  |
|   |              | NON  | I-TAXABLE ITEMS   |  |
|   |              | VARIOUS FEES                                   |   |  |
|   |              | I. CASH PRICE                                  |   | \$ 195,980°  |
|   |              | TRADE-IN<br>ALLOWANCE                          | \$  |  |
|   |              | ON ABOVE                                       | \$  |  |
|   |              | CASH DOWN<br>PAYMENT                           |   |  |
|   |              | 2. LESS TOTAL CREDI                            | TS  |  |
|   |              | 3. UNPAID BALANCE (                            |   | \$195,9865   |
|   |              |  |   | Seller until the agreed                              |
|   |              | purchase price there                           | for is paid in full in cash                                 | or by the execution of a                             |
|   |              | by a financing agen                            | cy; thereupon title to the                                  | ement and its acceptance<br>ne within described unit |
|   |              |  |   | full cash payment or on<br>ough the actual physical  |
|   |              | delivery may not be                            | made until a later date.                                    | REEMENT IS SUBJECT TO                                |
|   |              | NECESSARY CORRECT                              | TIONS, AND ADJUSTMENTS                                      | S CONCERNING CHANGES                                 |
|   |              |  | ADE-IN TO BE MADE AT THE                                    |  |
|   |              |  | s he/she examined the p<br>cular needs, and that it         |  |
|   |              | and that purchaser re<br>making this determine | elied upon his/her judge<br>nation.                         | ement and inspection in                              |
| Seller is not permitted to make plumbing or electrical connections, or connecting of certain or propane appliances where state or local ordinances require a licensed plumber or elec-            |              | There is no assura                             |   | an remain level when                                 |
| do. Special building ordinances or laws requiring plumbing, electrical or construction char   | nges are not |  | at the matter printed on t                                  |  |
| the responsibility of Seller or the manufacturer. Seller is not responsible for obtaining health of permits, nor for local, county or state permits involving restrictive zoning. Cost of changes |              | read and agreed to a                           | s a part of this agreeme<br>signatures: that buyers a       | nt the same as though it                             |
| compliance must be borne by Buyer. It is solely the Buyers responsibility to assure their chose is acceptable for home placement without violation of any local, state, or federal guidelines.    |              | or have been legally e                         | mancipated; that the within and accessories thereon         | n described merchandise,                             |
| Seller is not responsible or liable for any delays caused by the manufacturer, accidents, strike  |              | has been voluntarily pu                        | rchased. The property being<br>ever, except as noted above  | ng traded in is free from all                        |
| of God or any other cause beyond Seller's control.  | s, mes, Acts |  | of this contract on both fro<br>valid the remaining portion |  |
| TRADE-IN DEBT TO BE PAID BY DEALER CUSTOMER   |              | in full force and effect.                      |   |  |
| Jacobsen Homes of Lake City   |              |  |   |  |
| Net Valid Unless Signed and Accepted by an officer of the Company   | I, OR WE     | HEREBY ACKNOW                                  | EDGE RECEIPT OF A   | COPY OF THIS ORDER                                   |
| A Common of the Company   |              | 24 122   | Farm  |  |
| WOON  | SIGNI        | ED X fda 7                                     | au  | PURCHASER  |
| ByApproved. Subject to acceptance of financing by bank or finance company.  | SIGNI        | ED X   |   | PURCHASER  |

Approved, Subject to acceptance of financing by bank or finance company.



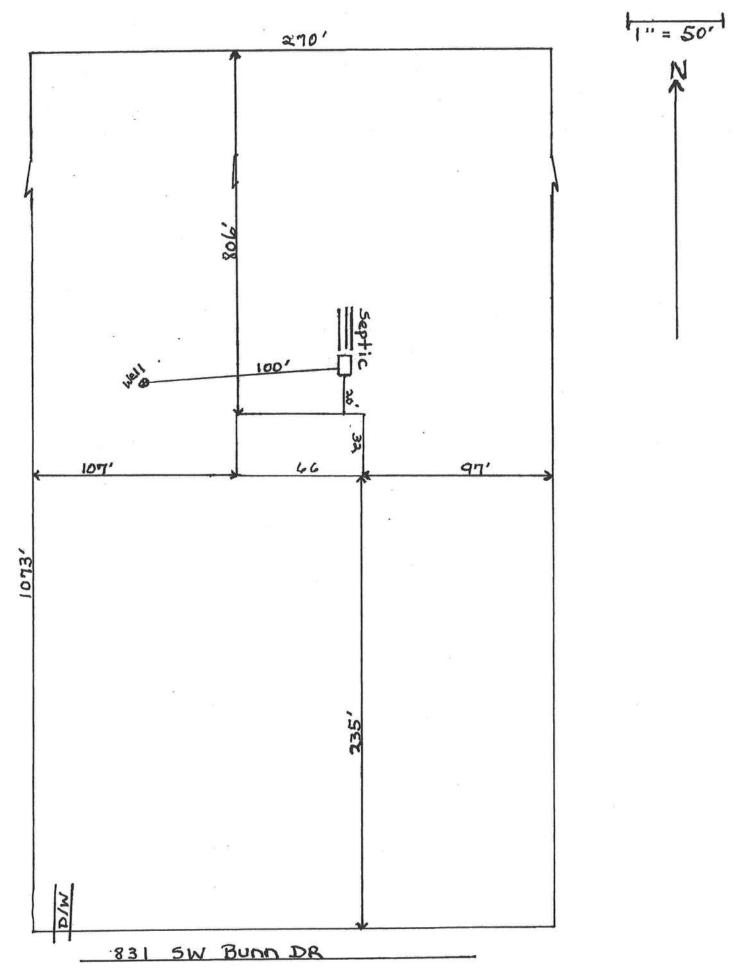
600 Packard Court 8 Safety Harbor, Florida 34895 8 Telephone (727) 726-1138

www.jachomes.com/Floor-Plans

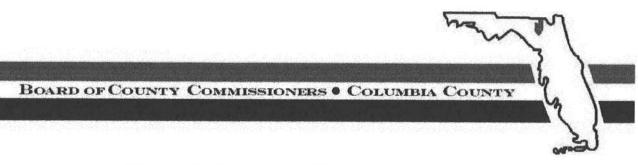
1808

(ALL SIZES ARE APPROX.)

Model IMP-5661W-37509



FALLET



## **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:

10/1/2021 7:58:54 PM

Address:

831 SW BUNN DR

City:

LAKE CITY

State:

FL

Zip Code

32024

Parcel ID

31-4S-17-08915-101

REMARKS:

This address is a verified address in the county's addressing system.

Verification ID: e5adba0a-f9bb-4bc6-bd64-b54a0b0747ca

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.

Address Issued By:

**GIS Specialist** 

Columbia County GIS/911 Addressing Coordinator

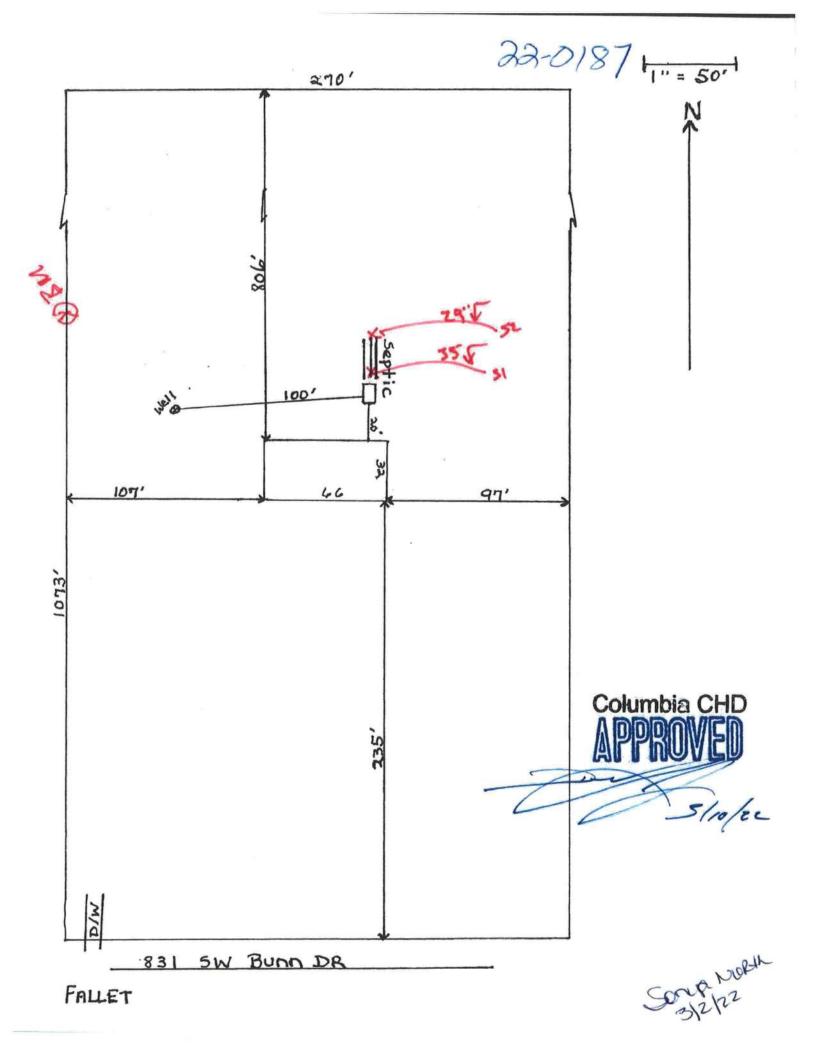


STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT

| PERMIT NO  | 120187  |
|------------|---------|
| DATE PAID: | 314/22  |
| FEE PAID:  | 425.00  |
| RECEIPT #: | 1808370 |

| AFFEICATION FOR CONSTRUCTION PERMIT   |
|---|
| APPLICATION FOR: [ ] New System [ ] Existing System [ ] Holding Tank [ ] Innovative [ ] Repair [ ] Abandonment [ ] Temporary [ ]  APPLICANT: Ida Fallet   |
| AGENT: Sorg Worth TELEPHONE: 352-942-47 MAILING ADDRESS: 831 Sw Burn Dr Lave Coty F1  |
|   |
| TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3)(m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS. |
| PROPERTY INFORMATION  |
| LOT: BLOCK: SUBDIVISION: Hours Sanding PLATTED:   |
| PROPERTY ID #: 31-45-17-08915-101 ZONING: I/M OR EQUIVALENT: [ Y / N]   |
| PROPERTY SIZE: L. LOS ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [ ] <= 2000GPD [ ]>2000GPD   |
| IS SEWER AVAILABLE AS PER 381.0065, FS? [ Y / N ] DISTANCE TO SEWER:FT  |
| PROPERTY ADDRESS: 831 SW Bunn Dr Lake Coty FI   |
| DIRECTIONS TO PROPERTY: Lon US-4415, Lon US-415   |
| Ron Sw Tusteruggee Are, Sharp Ron   |
| Bunn Or, property on  |
| BUILDING INFORMATION [X] RESIDENTIAL [ ] COMMERCIAL   |
| Unit Type of No. of Building Commercial/Institutional System Design No Establishment Bedrooms Area Sqft Table 1, Chapter 64E-6, FAC   |
| 1 mobile Home 3 2,024   |
| 2   |
| 3   |
| 4   |
| [ ] Floor/Equipment Drains [ ] Other (Specify)  |
| SIGNATURE: SON P NOITH DATE: 3/2/22   |
|   |

DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated 64E-6.001, FAC



## Columbia County Property Appraiser

P O BOX 1468 HOMOSASSA, FL 34447

6.63 AC

Use Code VACANT (0000)

Jeff Hampton

Owner

Site

Area

Owner & Property Info

Parcel: << 31-4S-17-08915-101 (43767) >>

831 SW BUNN Dr, LAKE CITY Description\* HAWK'S LANDING LOT 1. WD 1460-88,

31-45-17

Tax District

Result: 1 of 1 FALLET IDA E REVOCABLE LIVING TRUST DATED 06/08/2020 Aerial Viewer

\*The <u>Description</u> above is not to be used as the Legal Description for this parcel in any legal transaction.
\*\*The <u>Use Code</u> 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           |                  |   |
|--|------------------|---|
| 2021 Certified Values                  | 2022             | Working Values  |
| There are no 2021 Certified Values for | Mkt Land         | \$41,106  |
| this parcel                            | Ag Land          | \$0   |
|  | Building         | \$0   |
|  | XFOB             | \$0   |
|  | Just             | \$41,106  |
|  | Class            | \$0   |
|  | Appraised        | \$41,106  |
|  | SOH Cap [?]      | \$0   |
|  | Assessed         | \$41,106  |
|  | Exempt           | \$0   |
|  | Total<br>Taxable | county:\$41,106 city:\$0<br>other:\$0 school:\$41,106 |

## Pictometery Google Maps ② 2019 ○ 2016 ○ 2013 ○ 2010 ○ 2007 ○ 2005 □ Sales

| ales History |            |           |      |     |                       |       |
|--------------|------------|-----------|------|-----|-----------------------|-------|
| Sale Date    | Sale Price | Book/Page | Deed | V/I | Qualification (Codes) | RCode |
| 2/14/2022    | \$69,900   | 1460/0088 | WD   | V   | Q                     | 01    |

|             | and the second s |          |         |           |            |
|-------------|--|----------|---------|-----------|------------|
| Bldg Sketch | Description*   | Year Blt | Base SF | Actual SF | Bldg Value |

| ra Features & C | Out Buildings (Codes) |          |       |       |      |
|-----------------|-----------------------|----------|-------|-------|------|
| Code            | Desc                  | Year Blt | Value | Units | Dims |

| Land Bre | eakdown       |          |                         |             |            |
|----------|---------------|----------|-------------------------|-------------|------------|
| Code     | Desc          | Units    | Adjustments             | Eff Rate    | Land Value |
| 0000     | VAC RES (MKT) | 6.630 AC | 1.0000/1.0000 1.0000/ / | \$6,200 /AC | \$41,106   |

Search Result: 1 of 1

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

by: GrizzlyLogic.com

2022 Working Values updated: 3/10/2022