

**PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION**

**For Office Use Only**

(Revised 7-1-15)

Zoning Official LW

Building Official JMS

AP# 47712 Date Received 11/5/20 By MG Permit # \_\_\_\_\_

Flood Zone X Development Permit \_\_\_\_\_ Zoning A-3 Land Use Plan Map Category Ag

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 # 14-35-15-00180-002 Subdivision \_\_\_\_\_ Lot# \_\_\_\_\_

▪ New Mobile Home \_\_\_\_\_ Used Mobile Home XXX MH Size 16x76 Year 2015

▪ Applicant BARRY JOYE Phone # 386-867-4756

▪ Address 10153 W. US Hwy 90 LAKE CITY, FL. 32055

▪ Name of Property Owner BARRY JOYE Phone# 386-867-4756

▪ 911 Address 10153 W. US Hwy 90 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 BARRY JOYE Phone # 386-867-4756

Address 10153 West US Hwy 90 LAKE CITY, FL. 32055

▪ Relationship to Property Owner NIA

▪ Current Number of Dwellings on Property 0

▪ Lot Size \_\_\_\_\_ Total Acreage 189.29 Acres

▪ 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 FROM COURT HOUSE GET ON Hwy 90 Go "WEST" TOWARDS LIVE OAK. Go SEVERAL MILES WHEN YOU SEE ENTERING SUWANNEE COUNTY SIGN ON RIGHT. DRIVEWAY IS NEXT TO SIGN ON RIGHT

▪ Name of Licensed Dealer/Installer Rush L. Knodes Phone # 386-397-0386

▪ Installers Address 5801 W. 5th Ave Ft. Lauderdale FL 33304

▪ License Number TH-1038219 Installation Decal # 72888

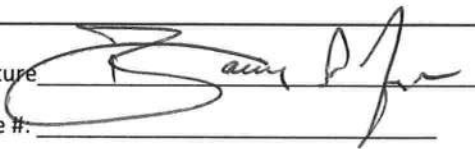

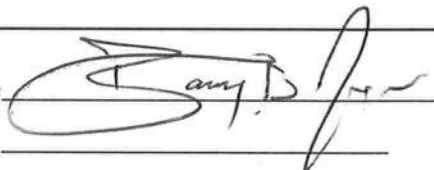
**MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM**

APPLICATION NUMBER \_\_\_\_\_ CONTRACTOR \_\_\_\_\_ 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.***

<b>ELECTRICAL</b>	Print Name <u>BARRY P. JOYE</u> Signature <u></u> License #: _____      Phone #: _____ <p align="center">Qualifier Form Attached <input type="checkbox"/></p>
<b>MECHANICAL/ A/C</b>	Print Name <u> BARRY P. JOYE</u> Signature <u></u> License #: _____      Phone #: _____ <p align="center">Qualifier Form Attached <input type="checkbox"/></p>

**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.

**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 BARRY JOYE PHONE 886-867-4136 CELL SAME

ADDRESS 10153 US Hwy 90 LAKE CITY, FL 32055

MOBILE HOME PARK \_\_\_\_\_ SUBDIVISION \_\_\_\_\_

DRIVING DIRECTIONS TO MOBILE HOME 475 to 5801 SW 5th Ave Lake City Fl. 32024

MOBILE HOME INSTALLER Rusty L. Knicker PHONE 336-312-0886 CELL same

**MOBILE HOME INFORMATION**

MAKE Line Oak YEAR 2015 SIZE 16x80 X 80 COLOR \_\_\_\_\_

SERIAL No. \_\_\_\_\_

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

P SMOKE DETECTOR ( ) OPERATIONAL ( ) MISSING  
P FLOORS ( ) SOLID ( ) WEAK ( ) HOLES DAMAGED LOCATION \_\_\_\_\_  
P DOORS ( ) OPERABLE ( ) DAMAGED  
P WALLS ( ) SOLID ( ) STRUCTURALLY UNSOUND  
P WINDOWS ( ) OPERABLE ( ) INOPERABLE  
P PLUMBING FIXTURES ( ) OPERABLE ( ) INOPERABLE ( ) MISSING  
P CEILING ( ) SOLID ( ) HOLES ( ) LEAKS APPARENT  
P ELECTRICAL (FIXTURES/OUTLETS) ( ) OPERABLE ( ) EXPOSED WIRING ( ) OUTLET COVERS MISSING ( ) LIGHT  
FIXTURES MISSING

**EXTERIOR:**

P WALLS / SIDING ( ) LOOSE SIDING ( ) STRUCTURALLY UNSOUND ( ) NOT WEATHERTIGHT ( ) NEEDS CLEANING  
P WINDOWS ( ) CRACKED/ BROKEN GLASS ( ) SCREENS MISSING ( ) WEATHERTIGHT  
P ROOF ( ) APPEARS SOLID ( ) DAMAGED

**STATUS**

APPROVED ✓ WITH CONDITIONS: \_\_\_\_\_

NOT APPROVED \_\_\_\_\_ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS \_\_\_\_\_

SIGNATURE [Signature] ID NUMBER JH-1038219 DATE 11.5.10