## PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

|          | For Office Use Only (Revised 7-1-15) Zoning Official Building Official   |
|----------|--|
| 1        | AP# 471 39 Date Received 9/2/2020 By 15t Permit #  |
|          | Flood Zone Development Permit Zoning Land Use Plan Map Category  |
| (        | Comments 1 2   |
| -        | EMA Map#   |
| 1        | Recorded Deed or Property Appraiser PO Site Plan PEH# Well letter OR   |
|          | Existing well  |
|          |  |
|          | DOT Approval   |
|          | Assessment Own County Usub VF Form   |
|          | child the st   |
| Pre      | operty ID# 02377-128 Subdivision Magnolia Hills S/D Lot# 28  |
|          | New Mobile Home Used Mobile Home Du Mt MH Size 16705 gft Year 1991   |
|          | Applicant Deliz Colon Maranto Phone # 386 365-7402   |
|          | Address 621 SW Suwanner Downs DR Lake City FL 32024  |
| -        |  |
| •        | Name of Property Owner Deliz Calon Phone# (386) 365-7402   |
|          | 911 Address 35/ NN Katelyn Way lake City Fr 32055  |
|          | Circle the correct power company - FL Power & Light - Clay Electric  |
|          | (Circle One) - <u>Suwannee Valley Electric</u> - <u>Duke Energy</u>  |
|          | Name of Owner of Mobile Home Deliz Colon Maranh Phone # 386 365 7402   |
|          | Address  |
|          | Relationship to Property Owner Self  |
|          | Current Number of Dwellings on Property  |
|          | 06   |
| •        | Lot Size Total Acreage   |
|          | Do you : Have Existing Drive or Private Drive (Blue Road Sign) or need Culvert Permit (Putting in a Culvert) or Culvert Waiver (Circle one) (Not existing but do not need a Culvert)   |
|          | (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  |
|          | Driving Directions to the Property US 90 west right on Brown Rd  |
|          | 1st left on Ethan Place Left on Ratelin War 15th   |
|          | cleaned latin acht side 1951 May Motol & man   |
| *        | The state of the s |
|          | Name of Licensed Dealer/Installer May sel & Canna Phone # 386-590-5280   |
| <b>.</b> | Installers Address 5/07 CR 252   |
|          | License Number 1025390 Installation Decal # 58611  |
|          |  |

## LIMITED POWER OF ATTORNEY

|   | 1 Manuel Brannon Do hereby Authorize Deliz Colon Maranto   |
|---|--|
|   | To pull my permits and act on my behalf in all aspects of applying for a Mobile Home Permit                |
|   | located in Columbia County for   |
|   | Deliz Glon Maranto   |
|   | Manuel (Suran  |
| 1 | Signature  |
|   | 9/2/2020   |
|   | Date / /   |
|   | Sworn to and Subscribed before me on this 2 Day of September 20 20.  |
|   | MUMMA  |
|   | WILLIAM PHILIP CREWS MY COMMISSION # GG 345063   |
|   | MY Commission Expires: 8-11-2023  MY Commission Expires: 8-11-2023  Bonded Thru Notary Public Underwriters |
|   | Commission No. 66 345063   |
|   | Personally Known:  |
|   | Produced ID. (Type):   |

## MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

CONTRACTOR

owner

PHONE 386 365-7/9

|   | 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 <a href="REQUIRED">REQUIRED</a> 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. |  |  |  |
| Start of that st  | incontractor beginning any work, violations will result in stop work orders ana/or jines.  |  |  |  |
| ELECTRICAL  | Print Name Deliz Con Maranto Signature Neg C Wart  License #: Phone #:   |  |  |  |
|   | Qualifier Form Attached  |  |  |  |
| MECHANICAL/   | Print Name Deliz Colon Maranto Signature Ney C Mart  |  |  |  |
| A/C   | License #: Phone #:  |  |  |  |
|   | Qualifier Form Attached  |  |  |  |
|   |  |  |  |  |

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.

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APPLICATION NUMBER