PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

AP#	(Revised 7-1-15) Date Rece	Zoning OfficialBivedB	Building C	official
	Development Permit	Zoning	Permit #	Man Cata
Comments		3	zana ose i ian	map Category
FEMA Map#	Elevation	Finished Floor	River	n Floodway
Existing well 5.1	Property Appraise	r PO 🗆 Site Plan 🗆 EH	#	_ □ Well letter OR
DOT Approval = 1	and Owner Affidavit	□ Installer Authorizatio	n DFW Comp. lette	r 🗆 App Fee Paid
Filisville Water Suc	arent Parcel #	D STUP	'-MH	□ 911 App
- Cinovine water bys	Assessment	□ Out Count	y □ In County □ Si	ub VF Form
operty ID# 27-	32-18-1030	$8-00$ subdivision_		Lot#
New Mobile Hom	eUse	d Mobile Home	MILI Size	1100 2021
Applicant 4	ste shepa	rd	Phone # 28/1	9103-4768
Address 331	O ISOM P	tall lak	1 (Thi Fi	32020
Name of Property	Owner TIITE	1 Department	of Convect	ins
911 Address 43	OSE BUR	valan B	Tone#	be C. b (C)
	power company -	FL Power & Lie	tht - Clay E	CUMFC
	(Circle One) -	Suwannee Valley El		Electric Energy
Name of Owner o	f Mobile Home Ch	amele from		384-234-04
Relationship to P	roperty Owner 💋			
	of Dwellings on Prop	perty		
Lot Size 30.7	8	Total Acreag	e 30.78	
			ert Permit or Culver	t Waiver (Circle one) ing but do not need a Culvert)
	ne Replacing an Exi	sting Mobile Home	10	
Driving Directions tum Omto Continue Ust Cn	to the Property H AFF Heman Strangent of SS SF Cur	ado tumo 1 ento US-go ardian G/E	Winds Aver	Don NE Hema anto US-90 rections way
Name of Licensed		Midm P.ti	20 Phone #	2810-0102-11991
Installers Address	33/00/504	Il Jake	(1/2 F/3	2024
License Number_	1H-1041436	Instal	lation Decal #	742110

Columbia County Property Appraiser

Retrieve Tax Parcel - 27-3S-18-10308-001 (38273) Aerial Viewer Pictometer Owner & Property Info · 2019 2016 2013 Result. 1 of 1 THITF/DEPT OF CORRECTIONS C/O DEP Owner 3900 COMMONWEALTH BLVD TALLAHASSEE FL 32399-3000 Site 306 GUARDIAN GLN, LAKE CITY COMM SE COR OF SEC. RUN W 1000 FT FOR POB, RUN N 748 48 FT TO S R/W US-90, SW ALONG R/W 3514 03 FT, S 30 98 Description' FT TO SEC LINE IF ALONG SEC LINE 3440 FT TO POB ORB 725-041, 725-553 30.78 AC Area S/T/R 27-35-18 STATE THITE (8710) Use Code Tax District 3 R) code and a not mantered by the Property Appraisant office. Please contact your cay or county Planning & Zoning office for Property & Assessment Values 2020 Certified Values 2021 Working Values Mkt Land 528,810 Mkt Land \$28,810 Ag Land S0 Ag Land 50 Building S0 Building 50 **XFOB** 50 XFOB 50 Just \$28,810 Just 528,810 Class 50 Class 50 Appraised \$28,810 Appraised \$28,810 SOH Cap [?] 50 SOH Cap [?] 50 Assessed \$28,810 Assessed 528,810 Exempt DIHER \$28,810 Exempt 528,810 Total county \$0 city \$0 Total county \$0 city \$0 Taxable other SO school SO Taxable other 50 school 50

Marianne Pridgen, FCCM

Field Office Manager Columbia Correctional Institution Florida Department of Corrections 216 SE Corrections Way Lake City, Florida 32025

Office: 386-292-7266 Fax: 386-754-1226



Inspiring Success by Transforming One Life at a Time

Respect * Integrity * Courage * Selfless Service * Compassion

CONFIDENTIALITY & PUBLIC RECORDS NOTICE: This message and any attachments are for the sole use of the intended recipient(s) and may contain confidential and privileged information that is exempt from public disclosure. Any unauthorized review, use, disclosure, or distribution is prohibited. If you have received this message in error, please contact the sender by phone and destroy the original and all copies. Please be aware that the State of Florida has a broad public records law and that any correspondence sent to this email address may be subject to public disclosure.

From: Mitchell, Shelby [mailto:Shelby.Mitchell@ClaytonHomes.com]

Sent: Monday, March 8, 2021 9:44 AM

FLORIDA DEPARTMENT OF CORRECTIONS REQUEST FOR STAFF HOUSING

Name: Churck Junes	People First ID#: 785 99
Job Title: Captain	Institution: Columbia C1
Staff Housing Address: \$43C 5E 6 U91	dign Glan Phone#: _ 386 6787158
Staff Housing Requested: Please mark one. If housing is a person	ally owned mobile home and mobile home space is marked, provide employee mental mobile home, apartment, or home, indicate the number of bedrooms.
Indicate the Appropriate Housing Type	Employee Portion of State Utilities
☐ House = Code 0186, \$75.00 Biweekly	House Utilities = Code 0188, \$50.00 Biweekly
☐ Duplex = Code 0186, \$50.00 Biweekly	Duplex Utilities = Code 0188, \$35.00 Biweekly
Mobile Home = Code 187, \$25.00 Biweekly	Mobile Home Utilities = Code 188, \$25.00 Biweekly
☐ Trailer Pad = Code 187, \$25.00 Biweekly	Trailer Pad Utilities = Code 188, \$25.00 Biweekly
☐ Single Occupant Housing = Code 158, \$50.00 Biweekly	Employee will solely pay for utilities
Number of Bedrooms: I. AGREEMENT BY EMPLOYEE A. I acknowledge receiving and agree to comply with	requirements set forth in the Department's "Agreement of Occupancy on
employees and Correctional Officers available of	nce institutional security and critical operations by having key Department during their non-duty hours for immediate response in emergencies. of emergency when requested by the Warden or her/his representative. I
understand that failure to respond in an emerg	greement," DC6-2082C when I terminate this housing agreement.
	2/22/21
Signature of Employee	Date Signed
II. ACTION BY WARDEN OR DESIGNEE:	
Approved: (*) Yes () No	Move in date: 3/12/21
Housing Type & Number Assigned: Lot 12	Institution Name: Columbia Cat
Print Name of Warden Signature of Warden	3/10/21 Date Signed
II. ACTION BY SERVICING PERSONNEL OFFICE:	
Biweekly Payroll Deductions at Fixed Rate: SRe	ent (Code:) \$ Utilities (Code:)
Signature of Servicing Personnel Representative	Title Date Processed

FLORIDA DEPARTMENT OF CORRECTIONS AGREEMENT OF OCCUPANCY ON INSTITUTIONAL GROUNDS

	TOL:
	This agreement shall replace any preexisting staff housing rules and is between the Florida Department of Corrections (FDC) and
	(Position and Location)
	WHEREAS, FDC and the employee recognize that residency on the grounds of Correctional Institution) can assure greater security of the state's real and personal property and can assist FDC in the performance of its mission of providing care, custody, and control of inmates, and
	WHEREAS, FDC desires to have the employee residing in the immediate vicinity to enhance institutional security and critical operations and to be available during non-duty hours for immediate response to emergencies, and
	WHEREAS, the employee is not obligated to live on the grounds of the institution as a condition of employment, and
	WHEREAS, the employee voluntarily desires to reside on the grounds of the institution,
	NOW THEREFORE, this Agreement of Occupancy is made to provide for such benefits and services subject to the following terms and conditions.
. 1.	The employee may be subject to being called out during non-duty hours to perform institutional security activities. The employee is not deemed to be "On-Call" while residing on institutional grounds. The employee will be compensated for actual time worked or time may be adjusted when deemed appropriate by the Warden. Nothing herein shall prevent the Warden from delegating her/his responsibilities to a designee.
2.	The employee agrees to all obligations set forth in chapter 83.52, F.S.
3.	This agreement is valid up to one year, terminating on June 30 th following the date of execution. The agreement is terminable by the employee or FDC at will with 30 days prior written notice. It may also be terminated in accordance with chapter 83.56 F.S.,
4.	If FDC has to enforce this agreement in court, the employee shall pay all costs of litigation including but not limited to, actual attorney's fees, and including any consequent appeal.
5.	The employee shall be allowed to occupy the following location on institutional grounds: Legal Description: Physical Address: 430 560 CO Florid (the "Premises"), subject to all provisions and restrictions noted herein.

- FDC shall insure that the premises is habitable and in compliance with building, housing, fire
 safety and health codes. If the premises is a mobile home lot, FDC shall ensure that utilities
 are available for employee access.
- The employee shall comply with the provisions of all statutes, FDC rules, policies and procedures accessible by electronic links on the DCWeb Homepage.
- 8. The employee shall pay FDC monthly staff housing or mobile home lot rent in the amount of \$ 25.00 BluestyFDC shall utilize payroll deduction to collect rent.

Bi-weekly Rental and Utility Rates

	Type of Rental	Utilities Paid By	Maintenance	Utilities	Total
Class A	House/Duplex/State-owned Trailer	Occupant	\$75.00	n/a	\$75.00
Class A	House/Duplex/State-owned Trailer	Department	\$75.00	\$50.00	\$125.00
Class B	House/Duplex/State-owned Trailer	Occupant	\$50.00	n/a	\$50.00
Class B	House/Duplex/State-owned Trailer	Department	\$50.00	\$35.00	\$85.00
Class C	House/Duplex/State-owned Trailer	Occupant	\$25.00	n/a	\$25.00
Class C	House/Duplex/State-owned Trailer	Department	\$25.00	\$25.00	\$50.00
->	Mobile Home Pad	Occupant	\$25.00	n/a	\$25.00
	SOH/Efficiency Apt.	n/a	\$50.00	n/a	\$50.00

- 10. FDC shall provide a refrigerator and stove/oven in houses and duplexes upon and throughout the occupancy. In the event the employee desires to upgrade any appliances or fixtures, the employee may do so with the Warden's approval. Upgraded appliances or temporary unattached fixtures are the property of the employee and the employee is to ensure the appliances and/or temporary fixtures present upon occupancy are placed back in the housing unit in working order when vacating the residence. Permanently attached fixtures become the property of FDC and are to remain attached to the premises upon vacating the residence.
- 11. The employee may have guests stay at the premises not to exceed 30 days. Should a guest stay beyond 30 days, s/he will be considered an occupant and the employee shall comply with the notice requirements below. Employees shall not allow guests to circumvent the 30 day duration provision by temporary breaks in residence.
- 12. The employee shall notify FDC, in writing, of the name and relationship of all occupants (#13) and the residence phone number (#32). Occupants may be subject to a criminal background check at the discretion of the Warden. All changes in occupants must be approved by FDC, in writing, in advance.
- 13. In addition to the employee, the occupants of the residence will be:

ME	RELATIONSHIP TO EMPLOYEE
Jali 44a Jumes	_ W ø ifc
Chamilan James	daugh ter
Makay la Janes	daughter
Chamele Jumes Jr	400

14. No employee or occupant may assign, lease, rent or otherwise allow use of all or any part of the premises identified in (#5). Long-term guests of the employee must also be disclosed in accordance with (#12-13) and shall be subject to removal for any reason, per the Warden's sole discretion.

- 15. The employee shall, during the term of occupancy, keep the residence, outbuildings, and the assigned area upon which it is located in good, clean, orderly, and sanitary condition and must conform to generally accepted grounds keeping practices. The employee shall be responsible for routine building and grounds maintenance of these areas during off duty time. All structures shall be free from mildew or other vegetative growth. Mobile home owners must have side skirting properly attached that is free from defects. The area assigned to each residence shall be designated by the Warden.
- 16. The employee shall exercise good judgment regarding personal conduct on the premises by themselves, family members and guests, so as to avoid criticism and unfavorable public reaction or publicity. Conduct that interferes with the operations of the institution, is a public nuisance, or that violates Florida Statutes, FDC rules, policies and procedures, will not be tolerated. Any violation of this proviso may subject the employee or other occupants to removal from the premises, per the Warden's sole discretion.
- 17. The employee is required to notify FDC of damage or defects to the premises within 48 hours of their occurrence. The employee shall be responsible for the cost of repair for any damage that occurs as a result of the employee's or her/his occupant or guests conduct. FDC shall have the right of first refusal to conduct any repairs to state owned premises, at the employee's expense.
- 18. The employee shall make no modifications to the premises, including but not limited to, wiring, plumbing, HVAC, carports, outbuildings, mobile home pads, or the land which alters it in any way. Any changes shall require prior approval from the Warden.
- 19. The employee shall be responsible for the care and appearance of the premises and grounds. Yards, carports and other areas shall be kept free of clutter, trash or junk, including but not limited to abandoned or junked vehicles. No pools requiring an electrical or filter component will be permitted. Any personal items that contain or have collected standing water must be emptied daily.
- 20. The employee and occupants shall be considerate and not make excessive noise, particularly due to the shift schedules of other employee occupants. Loud music is prohibited.
- 21. The employee may have household pets (including hunting dogs) on the premises but must maintain control and not allow them to run free. Exotic animals are not permitted. Household pets shall be subject to removal for any reason per the Warden's sole discretion,
- 22. The employee and occupants may have firearms, weapons, ammunition and related supplies on the premises, subject to the limitations of chapter 790, F.S. Additionally, the storage of more than one full case of ammunition per firearm and any type of propellant powder in excess of 20 pounds, is expressly prohibited. Any violation of this proviso may subject the employee or other occupants to removal from the premises, per the Warden's sole discretion.
- 23. Smoking is prohibited in all state owned buildings in accordance with "Use of Tobacco Products by Employees," Procedure 605.005.

- 24. No business or trade that requires the physical presence of others shall be conducted from the premises. Advertising or solicitation is prohibited. The employee shall consult the Warden on parking or storing any specialized equipment.
- 25. FDC shall not be liable for any damage to or loss of a housing unit or other property of the employee except for damage or loss, which occurs as a result of actions of the FDC. In the event a premises is partially or wholly destroyed by fire or other causes, which are a result of actions of FDC, FDC will make a good faith effort to provide temporary or alternate housing for the residents up to 30 days. Employees are required to obtain their own insurance to cover personal liability and property contents in case of fire, theft or other casualty. Employees are required to submit proof of insurance to FDC within 30 days of submitting this agreement.
- 26. The Warden or her/his designee shall have authority to enter staff housing units, upon reasonable notice, and at reasonable times, when accompanied by the employee for the purpose of inspection to ensure performance of maintenance and adherence to safety and energy efficiency standards are occurring. The Warden is responsible to ensure an inspection is completed at a minimum annually.
- 27. All notices to vacate the premises shall be made in writing and delivered to the employee's address identified in (#32). FDC may also e-mail a courtesy copy of the request to the employee's personal e-mail address.
- 28. Upon the employee's receipt of written notice that FDC is pursuing the termination of her/his employment, s/he shall have 30 days to vacate the premises and to remove all other occupants, pets, property, furnishings, and belongings. Failure to remove personal property within the requisite time may result in its disposal pursuant to chapter 715, F.S. FDC expressly reserves the right to extend this deadline for any reason or to assess liquidated damages in the amount of \$30.00 per day, for each day that the employee occupies the premises beyond the deadline. FDC reserves the right to use payroll deduction to collect liquidated damages.
- 29. Upon vacating for any reason, the employee shall surrender to FDC full possession of the premises in as good condition as it was at the time of occupancy, ordinary wear and tear excepted. The premises shall be inspected by the Warden or her/his designee immediately after employee has vacated. If applicable, the employee shall remove her/his personal mobile home from state property within 60 days of vacating the premises. FDC expressly reserves the right to extend this deadline for any reason or to allow another employee to purchase and occupy the personal mobile home, per the Warden's sole discretion.

- 30. Radon is a naturally occurring radioactive gas that, when it has accumulated in a building in sufficient quantities, may present health risks to persons who are exposed to it over time. Levels of radon that exceed federal and state guidelines have been found in buildings in Florida. Additional information regarding radon and radon testing may be obtained from your county public health unit.
- 31. This agreement is between the FDC and the employee and is not intended nor shall it be construed as granting any rights, or privileges or interest to any third party, including any other occupant.
- 32. Any and all notices shall be mailed or delivered to the parties at the following address and copies may be sent to the e-mail address or facsimile listed below:

EMPLOYEE: FDC: 205 4E Micric Ct 206 SE Correction Way Employee's Mailing Address Institution's Mailing Address City, State, Zip Lake City Fl City, State, Zip Jerres Charele 19 gmin 1. Com 386-754-1632 E-mail Facsimile 306 628 7740 386-754-7600 Phone

- 33. The above terms and conditions constitute the entire agreement of the parties. Any revisions, additions, or waivers of provisions herein shall be valid only when they have been provided in writing, approved by the Warden and Regional Director, duly signed by each of the parties hereto, and attached to the original of this agreement.
- 34. Special Conditions: (If any)

IN WITNESS WHEREOF, the parties hereto have caused this agreement to be executed on the day and year last written below.

EMPLOYEE:

| 1/22/3|
| DATE |
| DATE |
| SIGNATURE OF EMPLOYEE |
| SIGNATURE OF WARDEN |
| DATE |

The employee agrees and accepts the terms and conditions of this agreement by the signature

PRINTED NAME OF WARDEN

below.



Home Location: 430 SE Guardian Glenn, Lake City, FL 32025

RE: Flood zone determination

Dear Applicant(s): Jalissa and Chamele James

Vanderbilt Mortgage and Finance, Inc. ("Vanderbilt") requested a Standard Flood Hazard Determination to ascertain if your home will be/is located in a Special Flood Hazard Area ("SFHA"). SFHAs are delineated on flood maps issued by the Federal Emergency Management Agency ("FEMA").

A flood determination provided by an independent third party indicates that your home location is <u>not</u> in a SFHA based on the property location referenced above on this letter. Therefore, Vanderbilt <u>does not require</u> you to purchase flood insurance in conjunction with the closing of your loan, or if your property location changed after closing, in conjunction with the funding of your loan. If, however, at some future date, FEMA designates the area where your home is located to be a Special Flood Hazard Area, we will require you to obtain flood insurance.

FEMA statistics indicate that a large percentage of flood losses are outside Special Flood Hazard Areas. Please consider the ramifications of uninsured flood damage as you review your insurance needs with a qualified insurance agent of your choice. If you do not have flood insurance on your property, any flood losses would be your responsibility. The obligation to repay Vanderbilt for your loan remains your responsibility and will not be eliminated or reduced by an uninsured flood loss.

If you have any questions about the Standard Flood Hazard Determination results, please call our insurance tracking service, HomeFirst Agency, at (800) 804-9389. Their regular office hours are Monday - Friday from 8:30 a.m. to 5:30 p.m. EST.

Sincerely,

Vanderbilt Mortgage and Finance, Inc.

I/We acknowledge receipt of this Flood Zone Determination letter at the time of closing and of being advised prior to closing regarding the results of the flood zone determination. If the property location was revised after closing, we acknowledge receipt of this Flood Zone Determination letter after closing but prior to loan funding.

Borrower's Signature

Date

Borrower's Signature

Date

App ID # 4346100

City Sewer City Water アーニュウ Scale Cole Houses 355 SE Guardian Glen 504 Proposed 25×86 Address 20 water liver proposed 40' 13217 Orive way 6 521+ Swysky S twy go 430 SE Guericlian Glen 27-35-18-10308-001 parcel # MITF Dept of Corrections SE Guardian Glen 3481, 3550 30.78 SLL

Application Number:	New Home Home installed to the Manufacturer's Installation Manual Home is installed in accordance with Rule 15-C Single wide Unitallation Decal# Triple/Quad PIER SPACING TABLE FOR USED HOMES	Load Footer 16" x 16" 18 1/2" x 18 20" x 20" 22" x 22" 24" x 24" 26" x 26	Perimeter place Continued by the mfg.	26 ICHORS 5 ft. AME TIES end of hom 5' 4" oc	Manufacturer Manufacturer Manufacturer Manufacturer Manufacturer Manufacturer Manufacturer Shearwall Shearwall
Mobile Home Permit Worksheet	Installer: William R. M. License # 14-111/1936 Address of home 430 St. 544,000 St. 100 Deting installed Manufacturer Manufacturer Manufacturer Manufacturer Manufacturer if home is a triple or quad wide sketch in remainder of home I understand Lateral Arm Systems cannot be used on any home (sew egusph)	Typical pier spacing 2' Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)	Time per Rule 15c		Page 1 of 2

Application Number:

Date:

Site and organic material removed drainage: Natural Swale Fastening	Roof: Type Fastener: Roof: Spacing: Spacing: Spacing: Spacing: Spacing: Spacing: Spacing: For used homes a min. 30 gauge, 8" wide, galvanized metal strip will be centered over the peak of the roof and fastened with call.	roofing nails at 2" on center on both sides of the centerline.	Gasket (weatherproofing requirement) I understand a properly installed gasket is a requirement of all new and used	nomes 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 of tape will not serve as a gasket.	Type gasket 10999 Installed: Pg. 10 Between Floors Yes Between Walls Yes Bottom of ridgebeam Yes	Weatherproofing	The bottomboard will be repaired and/or taped. Yes Siding on units is installed to manufacturer's specifications. Yes Fireplace chimney installed so as not to allow intrusion of rain water. Yes	The state of the s
The pocket penetrometer tests are rounded down to 1500 psf or check here to declare 1000 lb. soil x 1000 x	POCKET PENETROMETER TESTING METHOD 1. Test the perimeter of the home at 6 locations.	2. Take the reading at the depth of the footer,	 Using 500 Ib. increments, take the lowest reading and round down to that increment. 	× XII × XII ×	The results of the torque probe test is electrical inch pounds or check here if you are declaring 5' anchors without testing showing 275 inch pounds or less will require 5 foot anchors.	Note: A state approved lateral arm system is being used and 4 ft	anchors are allowed at the sidewall locations. I understand 5 ft anchors are required at all centerline tie points where the torque test reading is 275 or less and where the mobile home manufacturer may requires anchors with 4000 to probabing capacity.	mistainer's initials

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

Installer Signature

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

Connect all sewer drains to an existing sewer tap or septic tank. Pg.

Connect electrical conductors between multi-wide units, but not to the main power

Electrical

This includes the bonding wire between mult-wide units. Pg.

Plumbing

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

William

Installer Name Date Tested

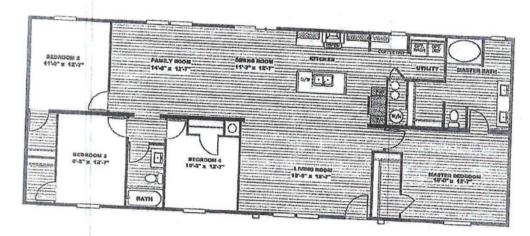
N

3.9.

3-9-5

Date

Page 2 of 2



MODEL #CEA28684AH DRAWING # CE-M026-68-4 28'X68' MOROCCO

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

C. James Dringe 4074 1480953 APPLICATION NUMBER

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.

Comment of the country of the same	
ELECTRICAL	Print Name RUILLE POMILS SIgnature RUILLE BONDS BYPOA JUNE Shipe License #: EC1300 7246 Phone #: 850-259-3470
	Qualifier Form Attached
MECHANICAL/	Print Name Kinula Panals signature flow all fands by PM Jelle Ucense #: CAE 1817458 Phone #: 850-254-3470
	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.

Revised 4/27/2017



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 AGENT AUTHORIZATION I fam tille

Installers Name	give this authori,	ty and I do certify that the below
referenced person(s) listed on t	his form is/are under mouth	and the below
is/are authorized to purchase p	ermits, call for inspections and	supervision and control and
	our for inspections and	sign on my behalf.
Printed Name of Authorized Person	Signature of Authorized Person	Agents Company Name
Cita Pince	(U.B.	PRIORIE ENLINE
Jessit Shapara	gille	Trice lix Enterpo
the license hald		
the license holder, realize that	I am responsible for all permits	Durchased and all
under my license and I am fully a	esponsible for annul	parchased, and all work done
Local Ordinances.	capanaliste for compliance with	all Florida Statutes, Codes, and
godi Ordinances.		
understand that the State Li-		
holder for violations committed by	sing Board has the power and	authority to discipline a license
Department of the continued of the conti	y him/her or by his/her authoris	and an array of the state of th
document and that I have full res	ponelbility f	ea person(s) through this
and the rain les	ponsibility for compliance gran	ted by issuance of such permits
7		pormito.
11 12 1 71		
- Mecel	1 H-10	1-29-21 Jumber Date
License Holders Signature (Notai	rized) License N	1-29-21 Number Date
	License I	Number Date
NOTARY INFORMATION:	-	
STATE OF: Florida	COUNTY OF: Salace	4.
The above license holder whose		
personally appeared before me a (type of I.D.)	nd is known by me or has prod	Hood identify if
(type or i.D.)	on this 21 day	
	uay	of 1615 , 2021.
the UIN	\$30000 and	
NOTARY'S SIGNATURE	S SURT PLE NOTANIE	~~~~~~
TO TAKE 9 SIGNATURE	John D	Public State of Florida Seal/Stamp) Mission GG 299936 22/10/2023
	My Com	mission GG 299936 02/10/2023
	annous	2010/2023
		2000000

Note:

28×68

Columbia. Clayfin V.

License Number: JH / J	041936 / 1 Name: WILL	JAM R PRICE	
Order #: 4594	Label #: 74306	Manufacturer:	
Homeowner:		Year Model:	(Check Size of Home) Single
Address:		Length & Width;	Double
City/State/Zip;		Type Longitudinal System:	Triple
Phone #:		Type Lateral Arm System:	HUD Label #:
Date Installed:		New Home: Used Home:	Soil Bearing / PSF:
astalled Wind Zone:		Data Plate Wind Zone:	Torque Probe / in-lbs: Permit #:
distant.		· ·	

STATE OF FLORIDA INSTALLATION CERTIFICATION LABEL 74306

LABEL# DATE OF INSTALLATION WILLIAM R PRICE NAME IH/1041936/1 4594 LICENSE # CERTIFIES THAT THE INSTALLATION OF THIS MOBILE HOME IS ORDER# 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. QUIRED TO OPIES WHEN EQUESTED.

Price Rite Enterprise Inc.

"Where Quality Meets Value"

386-963-4298

Authorized Agent Form

ODA PRICE
JESSIE SHEPARD

TO PULL MY PERMITS A AGENT, IN ALL ASPECTS	ND ACT ON MY BEHALF AS MY AUTHORIZED OF APPLYING FOR A MOBILE HOME PERMIT
SIGNATURE	- 430 SE Guardian Glen Lake City FL
3/10/2 DATE	- Late l'inj Fl
SWORN TO AND SUBSCRIB	ED BEFORE ME ON THIS 10th DAY OF March 2021
CM Pal	CAITLIN M. PALMER
Caitlin M. Palmer	Expires September 9, 2024 Bonded Thru Troy Fain Insurance 800-385-7019
MV COMMISSION EVEN	ra Cartanal or a 20011
MY COMMISSION EXPIR COMMISSION NO: H PERSONALLY KNOWN:	1040583
PRODUCED ID. (TYPE):_	FL DL