Permit Application / Manufactured Home Installation Application

| For Office Use Only (Revised 6/24) Zoning Official | | Building Official | | |
|---|------------------------------|-------------------------|------------------|--------------------------------|
| AP# | Date Received | | By | Permit # |
| | opment Permit | | | |
| Comments | | | | Thup outegory |
| FEMA Map# | Elevation Finish | ed Floor | River | In Floodway |
| \square Recorded Deed or \square P | Property Appraiser PO 🗌 Sit | e Plan 🗌 EH # | | |
| □ Land Owner Affidavit □ Installer Authorization □ FW Comp. letter □ App Fee Paid □ 911 App □ DOT Approval □ Parent Parcel # □ STUP-MH □ Ellisville Water Sys □ Assessment □ In County □ Sub VF For | | | | |
| ☐ Ellisville Water Sys ☐ | Assessment \[\square \] I | □ STOP n County □ Su | ib VF For | |
| | | | | |
| *This page not required if Online Submission Property ID #12-4S-17-08332-062 Subdivision PRICE CREEK ACRES Lot#2 | | | | |
| Property ID # 12-48-17- | <u> </u> | oaivision PR | ICE CREEK ACRE | LOT#2LOT#2 |
| | | | | |
| ■ New Mobile H | ome □Used Mobile | Home MH | I Size28X48 | Year2025 |
| | RTH | | | |
| | E RD 247 LAKE CITY FL 32024 | | | |
| ■ Name of Property Owner PHILLIP AND MIRANDA COON Phone# 3864667248 | | | | |
| ■ 911Address 388/390 SE BEAR RUN ST LAKE CITY FL 32025 | | | | |
| ■ Circle the correct power company - ■FL Power & Light - □Clay Electric | | | | |
| (Circle One) | | | | |
| (Circle One) □- Suwannee Valley Electric - □Duke Energy | | | | |
| ■ Name of Owner of Mobile Home PHILLIP AND MIRANDA COON | | | | |
| ■ Phone #3864667248 | Address 390 SE BE | AR RUN ST LAK | E CITY FL 32025 | |
| ■ Relationship to Property Owner | | | | |
| - | lings on Property | | | ed/bath ^{3/2} |
| | To | | | |
| ■ Do you:(Circle one) ■ Have Existing Drive □ Private Drive □ Need a Driveway Permit | | | | |
| (Currently using) (Blue Road Sign) | | | | |
| *Please be advised all MH | applications may prompt a | driveway peri | mit regardless o | f existing/private driveway*** |
| ■ Is this Mobile Hon | ne Renlacing an Fyist | ing Mobile | Home V | es □No |
| Is this Mobile Home Replacing an Existing Mobile Home ■Yes □No Name of Licensed Dealer/Installer RUSTY KNOWLES | | | | |
| ■ Installers Phone #3863970886 | | | | |
| - | 5801 SW SR 47 LAKE CITY FL 3 | <u> </u> | | |
| License Number: IH1038219 | | | | |
| ■ Installation Decal # 108534 | | | | |
| <u> </u> | | | | |
| ■ Is the mobile home currently located in Columbia County? ☐Yes ☐No (Only required for used mobile homes) | | | | |
| | (Omy required for u | sca modne | nomes) | |
| Applicant Email Ad | dress: PROVISIONPERMITTI | NG@GMAIL.COM | М | |

(This is where application updates will be sent)