(34)

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only *(Revised 7-1-15)* Zoning Official _____ Building Official _____

AP# S2023 Date Received 10/6 By JW Permit # 43052

Flood Zone _____ Development Permit _____ Zoning _____ Land Use Plan Map Category _____

Comments _____

FEMA Map# _____ Elevation _____ Finished Floor _____ River _____ In Floodway _____

☐ Recorded Deed or ☑ Property Appraiser PO ☑ Site Plan ☑ EH # 21-0756 ☐ Well letter OR

☐ ~~Existing well~~ ☑ Land Owner Affidavit ☑ Installer Authorization ☐ FW Comp. letter ☐ App Fee Paid

☐ DOT Approval ☐ Parent Parcel # _____ ☐ STUP-MH yes needed ☑ 911 App

☐ Ellisville Water Sys ☐ Assessment _____ ☐ ~~Out~~ County ☐ ~~In~~ County ☑ Sub VF Form SW/OK -

Property ID # 15-5S-17-09250-003 Subdivision _____ Lot# ____

- New Mobile Home ✓ Used Mobile Home _____ MH Size 28x48 Year 2021
- Applicant Treea Foster Phone # 386.623.9948
- Address 10314 Hwy 90 E Live Oak FL 32060
- Name of Property Owner Janie L Reed Phone# 386-623-8143
- 911 Address 741 SW English St Lake City FL 32025
- Circle the correct power company - FL Power & Light - (Clay Electric)
  (Circle One) - Suwannee Valley Electric - Duke Energy
- Name of Owner of Mobile Home Latasha Reed Phone # 386-623-8143
  Address 1678 SW Camellia DR Lake City FL 32025
- Relationship to Property Owner Daughter
- Current Number of Dwellings on Property 2
- Lot Size _____ Total Acreage 10.0
- Do you : Have ~~Existing Drive~~ (Currently using) or Private Drive (Blue Road Sign) or need Culvert Permit (Putting in a Culvert) or Culvert Waiver (Not existing but do not need a Culvert) (Circle one)
- Is this Mobile Home Replacing an Existing Mobile Home NO
- Driving Directions to the Property Take Hwy 90 E towards Lake City take I-75 South go 4.6 miles take exit 423 turn left onto FL-47 N go 0.3 miles turn right onto CR 242A go 2.2 miles turn right onto US-41 South go 5 miles turn right onto SW English St go 0.7 miles property is on the right
- Name of Licensed Dealer/Installer James Foley Phone # 386-249-3994
- Installers Address 7862 173rd RD Live Oak FL, 32060
- License Number IH/1078536 Installation Decal # 77104

(30274 Existing Grandfathered

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.

ELECTRICAL	Print Name Ace Electric License #: EC13006007 Qualifier Form Attached ☐	Signature Kirkland H. Sapp Phone #: 386-590-6567
MECHANICAL/ A/C _____	Print Name Style Crest License #: CAC1817658 Qualifier Form Attached ☐	Signature Ronald E Bowles SR Phone #: 800-760-5053

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.

Columbia County, FLA - Building & Zoning Property Map

Printed: Mon Oct 18 2021 09:23:39 GMT-0400 (Eastern Daylight Time)

Revised Site Plan 10/18/2021

Latasha Reed 10/18/2021

Parcel No: 15-5S-17-09250-003
Owner: REED JANIE L
Subdivision:
Lot:
Acres: 9.861287
Deed Acres: 10 Ac
District: District 4 Toby Witt
Future Land Uses: Agriculture - 3
Flood Zones:
Official Zoning Atlas: A-3

Columbia County Property Appraiser

Jeff Hampton

2021 Working Values
updated: 8/19/2021

Parcel: << **15-5S-17-09250-003 (33914)** >>

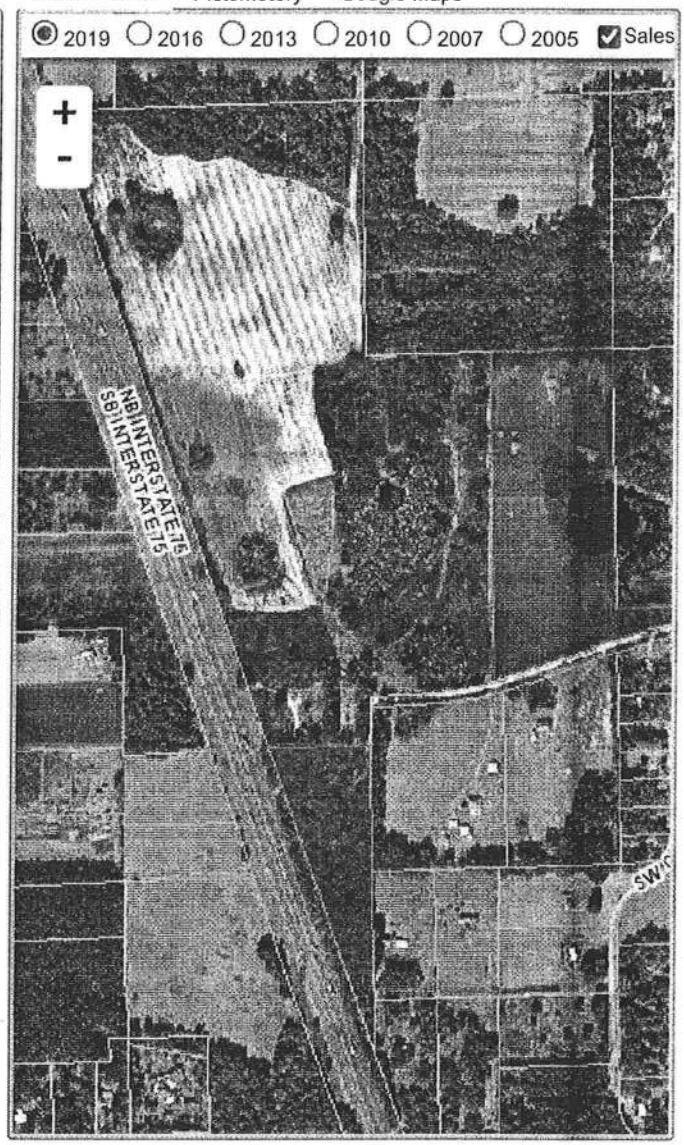
Owner & Property Info

Result: 25 of 52

Owner	**REED JANIE L** 745 SW ENGLISH STREET LAKE CITY, FL 32025		
Site	745 SW ENGLISH ST, LAKE CITY		
Description*	COMM NE COR OF NW1/4 OF SW1/4, RUN W 888.87 FT FOR POB, RUN S 1331.45 FT, W 437.68 FT, N 969.08 FT, E 362.18 FT, N 362.18 FT, E 77.13 FT TO POB, EX N 52.5 FT N OF CO RD. 654-242 ESTATE BY ENTIRETY, DC 1363-1436,		
Area	10 AC	S/T/R	15-5S-17
Use Code**	SINGLE FAMILY (0100)	Tax District	3

*The Description above is not to be used as the Legal Description for this parcel in any legal transaction.
**The Use Code 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.

Aerial Viewer Pictometery Google Maps



Property & Assessment Values

2020 Certified Values		2021 Working Values	
Mkt Land	$47,790	Mkt Land	$48,250
Ag Land	$0	Ag Land	$0
Building	$130,491	Building	$140,706
XFOB	$1,000	XFOB	$1,000
Just	$179,281	Just	$189,956
Class	$0	Class	$0
Appraised	$179,281	Appraised	$189,956
SOH Cap [?]	$16,419	SOH Cap [?]	$24,814
Assessed	$162,862	Assessed	$165,142
Exempt	HX H3 OTHER $50,500	Exempt	HX HB WX $50,500
Total Taxable	county:$112,362 city:$112,362 other:$112,362 school:$137,362	Total Taxable	county:$114,642 city:$0 other:$0 school:$139,642

Sales History

Sale Date	Sale Price	Book/Page	Deed	V/I	Qualification (Codes)	RCode
4/23/1988	$27,500	0654/0242	WD	V	Q	

Building Characteristics

Bldg Sketch	Description*	Year Blt	Base SF	Actual SF	Bldg Value
Sketch	SINGLE FAM (0100)	1990	2605	3533	$140,706

*Bldg Desc determinations are used by the Property Appraisers office solely for the purpose of determining a property's Just Value for ad valorem tax purposes and should not be used for any other purpose.

Extra Features & Out Buildings (Codes)

Code	Desc	Year Blt	Value	Units	Dims
0285	SALVAGE	1997	$1,000.00	1.00	0 x 0

Land Breakdown

Code	Desc	Units	Adjustments	Eff Rate	Land Value
0100	SFR (MKT)	1.000 AC	1.0000/1.0000 1.0000/ /	$4,500 /AC	$4,500
9900	AC NON-AG (MKT)	9.000 AC	1.0000/1.0000 1.0000/ /	$4,500 /AC	$40,500

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, James Foley ,give this authority for the job address show below
Installer License Holder Name

only, _____, and I do certify that
Job Address

the below referenced person(s) listed on this form is/are under my direct supervision and control and is/are authorized to purchase permits, call for inspections and sign on my behalf.

Printed Name of Authorized Person	Signature of Authorized Person	Authorized Person is… (Check one)
Treea Foster	Treea	___ Agent ___ Officer ___ Property Owner
		___ Agent ___ Officer ___ Property Owner
		___ Agent ___ Officer ___ Property Owner

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and I am fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances.

I understand that the State Licensing Board has the power and authority to discipline a license holder for violations committed by him/her or by his/her authorized person(s) through this document and that I have full responsibility for compliance granted by issuance of such permits.

_____ I H 1078536 8-25-20
License Holders Signature (Notarized) License Number Date

NOTARY INFORMATION:
STATE OF: Florida COUNTY OF: Suwannee

The above license holder, whose name is James Foley, personally appeared before me and is known by me or has produced identification (type of I.D.)_____ on this 29 day of Sept, 20 21.

_____
NOTARY'S SIGNATURE

(Seal/Stamp)

WENDI LOU TULLIS
Notary Public - State of Florida
Commission # GG 220200
My Comm. Expires May 21, 2022
Bonded through National Notary Assn.

FW Please email permit to: info@BronsonSeptic.com

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

PERMIT NO. 21-0756
DATE PAID: 9/14/21
FEE PAID: 310.00
RECEIPT #: 1730172

APPLICATION FOR:
[✓] New System [ ] Existing System [ ] Holding Tank [ ] Innovative
[ ] Repair [ ] Abandonment [ ] Temporary [ ] _____

APPLICANT: Janie Reed

AGENT: Bronson Septic Service TELEPHONE: 386-487-8007

MAILING ADDRESS: 13976 74th street, Live Oak Fl 32060

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: NA BLOCK: NA SUBDIVISION: NA PLATTED: _____

PROPERTY ID #: 15-5S-17-09250-003 (33914) ZONING: _____ I/M OR EQUIVALENT: [No]

PROPERTY SIZE: 10 ACRES WATER SUPPLY: [✓] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [No] DISTANCE TO SEWER: NA FT

PROPERTY ADDRESS: 745 SW ENGLISH STREET LAKE CITY, FL 32025

DIRECTIONS TO PROPERTY: South on US 441. Turn right on SW English. Continue 0.6 mile to property on right.

BUILDING INFORMATION [✓] RESIDENTIAL [ ] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	SFR MH	3	1263	
2				
3				
4				

[ ] Floor/Equipment Drains [ ] Other (Specify) _____

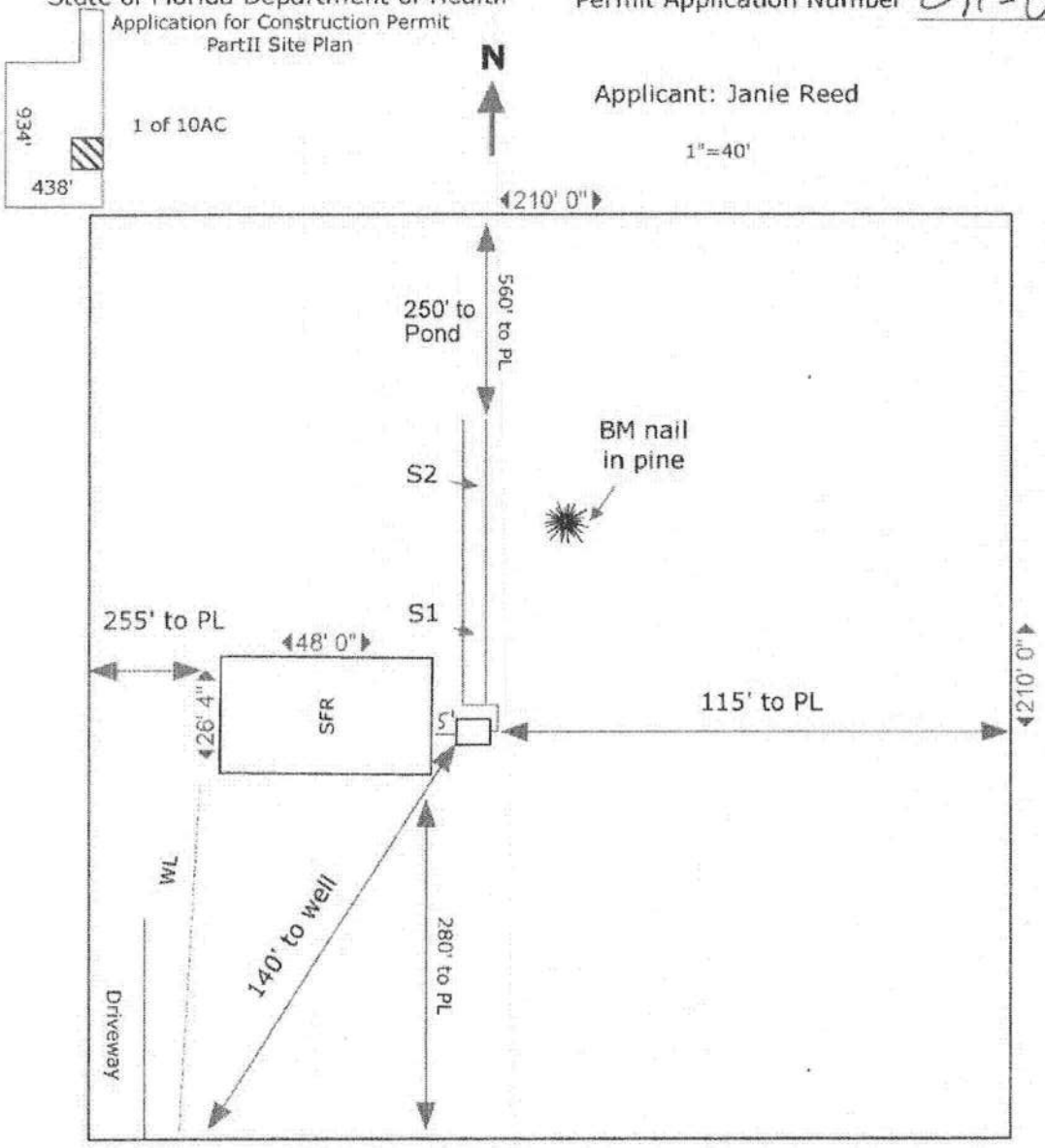
SIGNATURE: Ellis Bronson DATE: 9/6/21

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

State of Florida Department of Health

Application for Construction Permit
PartII Site Plan

Permit Application Number 21-0756



Applicant: Janie Reed

Notes: _____

Site Plan Submitted BY: Elliot Bronson 9/6/21

Elliot Bronson 19-1789

Plan Approved ✓ Not Approved _____ Date 9/16/2021

By _____ County Health Department

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 21-0756

---------- PART II - SITEPLAN ----------

Scale: Each block represents 10 feet and 1 inch = 40 feet.

SEE ATTACHED

Notes: _____

Site Plan submitted by: Elliot Bronson 9/6/21

Plan Approved ✓ Not Approved ____ Date 9/16/2021

By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DATE OF BIRTH:
BUYER:
CO/BUYER:

NORTH FLORIDA HOME CENTER, LLC
DBA JERRY CORBETT'S HOME CENTER, INC.
10314 Hwy. 90 East • Live Oak, Florida 32060
(386) 362-4948 • Fax: (386) 364-1979

DRIVER'S LICENSE:
BUYER:
CO/BUYER:

In this contract the words I, ME and MY refer to the Buyer and Co-Buyer signing this contract. The words YOU and YOUR refer to the Dealer. Subject to the terms and conditions on both sides of this agreement you agree to sell and I agree to purchase the following described unit.

BUYER(S) LaTasha Reed & Catrissa Griffin PHONE 386-623-8193 DATE 8/20/21

ADDRESS 1178 SW Camellia SALESPERSON Tina Foster

DELIVERY ADDRESS 745 SW English St Lake City, FL COUNTY Columbia

MAKE & MODEL	YEAR	BD ROOMS	SIZE	STOCK NUMBER
Cardinal Manor	2021	3	48 L / 28 W	KY31

SERIAL NUMBER FLE26CGA21666644AB ☒ NEW ☐ USED COLOR PROPOSED DELIVERY DATE

LOCATION	R-VALUE	THICKNESS	TYPE OF INSULATION
CEILING			
EXTERIOR			
FLOORS			

THIS INSULATION INFORMATION WAS FURNISHED BY THE MANUFACTURER AND IS DISCLOSED IN COMPLIANCE WITH THE FEDERAL TRADE COMMISSION RULE 16CRF, SECTION 460 16.

OPTIONAL EQUIPMENT, LABOR AND ACCESSORIES

• Delivered, Set-Up & Tied Down.	$	
• Furnished _____; Unfurnished _____.		
• Customer is responsible for any tractor or bulldozer fees incurred on lot.		
• Standard Set-Up is 32". Customer responsible for having site ready. If site for placement of home is not relatively level before home is set-up, customer will be responsible for additional costs if set-up is over 32".		
• Wheels and axles are deleted from home price.		
• Dealer will stub out sewer line to side wall of home only. Connections of sewer lines to septic and water supply line to home is customer's responsibility.		
• Customer is responsible for Gas and Electric Hook-ups.		
• All Homes must have Insurance before delivery.		
• DEALER CAN NOT BE RESPONSIBLE FOR SETTLING OF LAND; CUSTOMER IS RESPONSIBLE FOR ANY RELEVELING AFTER INITIAL SET-UP AND COVERING DITCHES.		
• DEPOSIT/DOWN PAYMENT NON-REFUNDABLE UPON APPROVAL.		
• USED HOMES SOLD AS IS (NO WARRANTY).		
• Permits are the responsibility of the customer. Dealer can procure, if desired, at cost plus time basis.		
BALANCE CARRIED TO OPTIONAL EQUIPMENT	$	

NOTE: WARRANTY, EXCLUSIONS AND LIMITATIONS OF DAMAGES ON REVERSE SIDE

BASE PRICE OF UNIT		$ 90,000 00
OPTIONAL EQUIPMENT		
SUB-TOTAL		$ 90,000 00
SALES TAX		5400 00
SUR-TAX		50 00
NON-TAXABLE ITEMS		250 00
VARIOUS FEES AND INSURANCE		
DEALER FEE		500 00
NEW 3 Optic Electric		11,900 00
1. CASH PURCHASE PRICE		$ 102,200 00
TRADE IN ALLOWANCE	$	
LESS BAL DUE ON ABOVE	$	
NET ALLOWANCE	$	
CASH DOWN PAYMENT	1000	CK
CASH AS AGREED SEE REMARKS	$	
2. LESS TOTAL CREDITS		$
SUB-TOTAL		$ 107,300 00
SALES TAX (IF NOT INCLUDED ABOVE)		
3. Unpaid Balance of Cash Sale Price		$ 107,200 00

Remarks:
Home Delivered Setup 32" High
3 Ridin, Installed NEW
2 Sets of Steps A/C NEW
Well up TO 100 ft.
Septic Standard 1050 gal up
375 ft Drain Field Installed 45

You and I certify that the additional terms and conditions printed on the other side of this contract are agreed to as part of this agreement, the same as if printed above described unit; the optional equipment, accessories and insurance, if included, voluntarily. My trade-in is free from all claims whatsoever except as noted. You and I agree that if any paragraph or provision violates the law and is unenforceable, the rest of the contract will be valid.
Liquidated damages are agreed to be $ _____ or 10% of the cash price, whichever is greater.

This agreement contains the entire understanding between you and me and no other representation or inducement, Verbal or written, has been made which is not contained in this contract. You and I certify that the additional terms and conditions printed on the other side of this contract are agreed to as part of this agreement, the same as is printed above the signatures. I am purchasing the above described trailer, manufactured home or vehicle; the optional equipment and accessories, the insurance as described has been voluntary; that my trade-in is free from all claims whatsoever, except as noted.
I, OR WE, ACKNOWLEDGE RECEIPT OF A COPY OF THIS ORDER AND THAT I, OR WE, HAVE READ AND UNDERSTAND THE BACK OF THIS AGREEMENT.

JERRY CORBETT'S HOME CENTER, INC. DEALER
NOT VALID UNLESS SIGNED AND ACCEPTED BY AN OFFICER OF THE COMPANY

OFFICER: _____ APPROVED

SALES PERSON: _____ APPROVED

SIGNED X LaTasha Reed BUYER
SOCIAL SECURITY NO. ___/___/___
SIGNED X Catrissa Griffin BUYER
SOCIAL SECURITY NO. / /

RP-31 28x48

Mobile Home Permit Worksheet

Application Number: _____ Date: _____

Installer: James Foley License # IH1078536

Address of home being installed _____

Manufacturer Electwood Length x width 28x48

New Home ☑ Used Home ☐

Home installed to the Manufacturer's Installation Manual ☑
Home is installed in accordance with Rule 15-C

Single wide ☐ Wind Zone II ☑ Wind Zone III ☐

Double wide ☑ Installation Decal # 77104

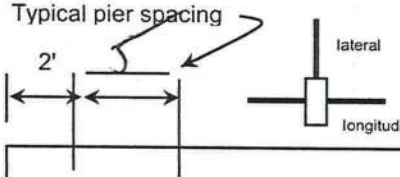
Triple/Quad ☐ Serial # FLE260GA21666 44 AB

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

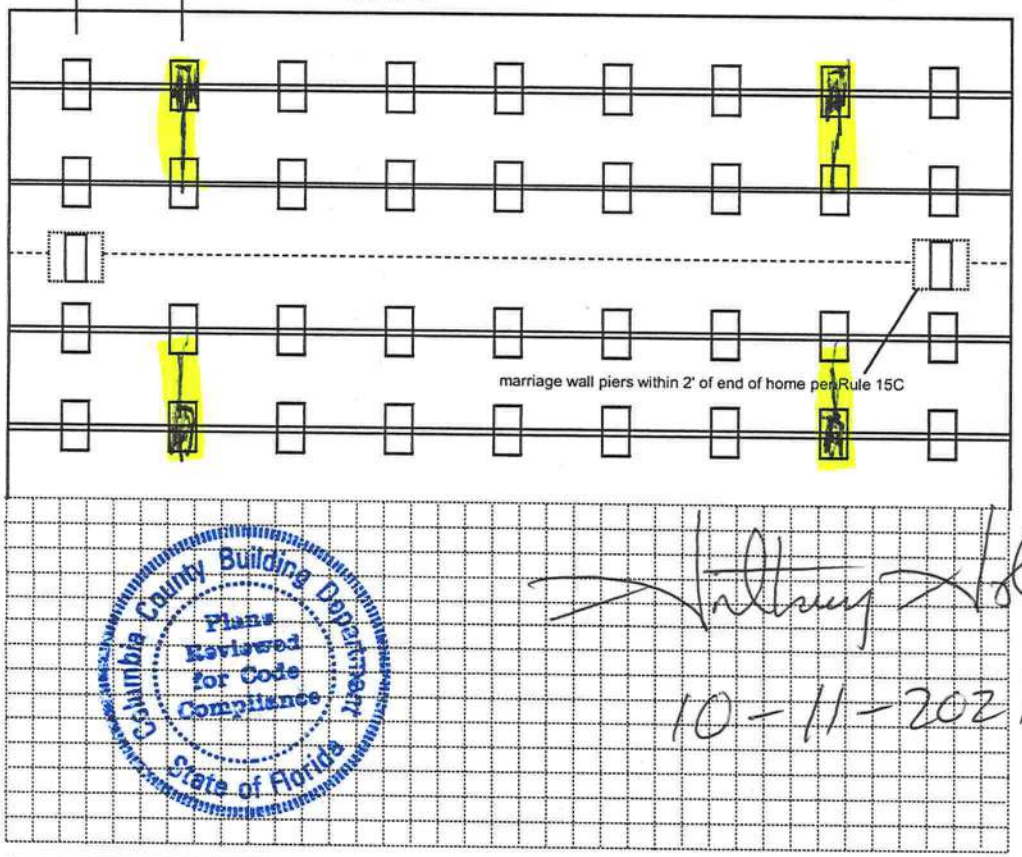
I understand Lateral Arm Systems cannot be used on any home (new or used) where the sidewall ties exceed 5 ft 4 in.

Installer's initials _____

Typical pier spacing



Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)



Columbia County Building Department
Plans Reviewed for Code Compliance
State of Florida

10-11-2021

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity	Footer size (sq in)	16" x 16" (256)	18 1/2" x 18 1/2" (342)	20" x 20" (400)	22" x 22" (484)*	24" X 24" (576)*	26" x 26" (676)
1000 psf		3'	4'	5'	6'	7'	8'
1500 psf		4' 6"	6'	7'	8'	8'	8'
2000 psf		6'	8'	8'	8'	8'	8'
2500 psf		7' 6"	8'	8'	8'	8'	8'
3000 psf		8'	8'	8'	8'	8'	8'
3500 psf		8'	8'	8'	8'	8'	8'

* interpolated from Rule 15C-1 pier spacing table.

PIER PAD SIZES

I-beam pier pad size 24x24

Perimeter pier pad size 16x16

Other pier pad sizes (required by the mfg.) _____

Draw the approximate locations of marriage wall openings 4 foot or greater. Use this symbol to show the piers.

List all marriage wall openings greater than 4 foot and their pier pad sizes below.

Opening	Pier pad size
1	26x26

POPULAR PAD SIZES

Pad Size	Sq In
16 x 16	256
16 x 18	288
18.5 x 18.5	342
16 x 22.5	360
17 x 22	374
13 1/4 x 26 1/4	348
20 x 20	400
17 3/16 x 25 3/16	441
17 1/2 x 25 1/2	446
24 x 24	576
26 x 26	676

ANCHORS

(4 ft) 5 ft

FRAME TIES

within 2' of end of home spaced at 5' 4" oc

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer

Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer

OTHER TIES

	Number
Sidewall	2
Longitudinal	4
Marriage wall	2
Shearwall	2

Mobile Home Permit Worksheet

Application Number: _____ **Date:** _____

POCKET PENETROMETER TEST

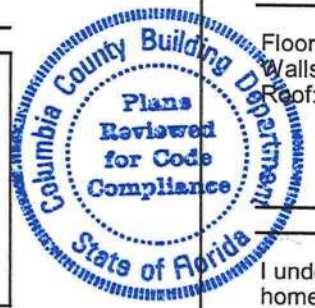
The pocket penetrometer tests are rounded down to 1000 psf or check here to declare 1000 lb. soil without testing.

X___ X___ 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.
3. Using 500 lb. increments, take the lowest reading and round down to that increment.

X___ X___ X___



TORQUE PROBE TEST

The results of the torque probe test is 600 inch pounds or check here if you are declaring 5' anchors without testing ___. A test 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 lb holding capacity.

_____ Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name James Foley

Date Tested 8-27-21

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.

Plumbing

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

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

Site Preparation

Debris and organic material removed
Water drainage: Natural _____ Swale _____ Pad _____ Other _____.

Fastening multi wide units

Floor:	Type Fastener:	TRG	Length:	5	Spacing: 7
Walls:	Type Fastener:	Screw	Length:	4	Spacing: 2
Roof:	Type Fastener:	Staple	Length:	2	Spacing: 2

For used homes a min. 30 gauge, 8" wide, galvanized metal strip will be centered over the peak of the roof and fastened with galv. 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 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 of tape will not serve as a gasket.

Installer's initials _____

Type gasket Seal
Pg. _____

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

Weatherproofing

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

Miscellaneous

Skirting to be installed. Yes No
Dryer vent installed outside of skirting. Yes N/A
Range downflow vent installed outside of skirting. Yes N/A
Drain lines supported at 4 foot intervals. Yes
Electrical crossovers protected. Yes
Other : _____

Installer verifies all information given with this permit worksheet is accurate and true based on the manufacturer's installation instructions and or Rule 15C-1 & 2

Installer Signature _____ Date 8-29-21

28X48 RMSI

License Number: IH / 1078536 / 1 Name: JAMES FOLEY

Order #: 4744 Label #: 77104 Manufacturer:

Homeowner:

Address:

City/State/Zip:

Phone #:

Date Installed:

Installed Wind Zone:

Note:

Year Model:

Length & Width:

Type Longitudinal System:

Type Lateral Arm System:

New Home:____ Used Home:____

Data Plate Wind Zone:

(Check Size of Home)

Single ____

Double ____

Triple ____

HUD Label #:

Soil Bearing / PSF:

Torque Probe / in-lbs:

Permit #:

STATE OF FLORIDA
INSTALLATION CERTIFICATION LABEL

77104

LABEL # DATE OF INSTALLATION

JAMES FOLEY

NAME

IH / 1078536 / 1 4744

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.

52023

(09250-003) Oct 16, 2021

RE: To Whom it may Concern

I Janie L Reed - Property Owner
at 745 SW English St, Lake city FlA 32025

TO by here: Give my Daughter LaTasha
Reed and Tresa Griffin permission to
Move a Double wide mobile home on
my property which is locate at 745
SW tnglish St, LAke city FlA 32025

Sincerly
Janie L Reed
Janie L Reed

Signed before me on this day
October 16, 2021 by Janie Lee Reed
whom provided a valid state of Florida
Driver License as identification.

LEIGH ANN HOLLAND
Notary Public - State of Florida
Commission # GG 110448
My Comm. Expires Jun 1, 2021