

**PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION**

**For Office Use Only**

(Revised 7-1-15)

Zoning Official \_\_\_\_\_ Building Official \_\_\_\_\_

AP# \_\_\_\_\_ Date Received \_\_\_\_\_ By \_\_\_\_\_ Permit # \_\_\_\_\_

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 # \_\_\_\_\_ ☐ 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 # 19-25-16-01654-030 Subdivision Parkmeadow Lot# 30

▪ New Mobile Home X Used Mobile Home \_\_\_\_\_ MH Size 56x28 Year 2020

▪ Applicant him boon Phone # 386-688 2345

▪ Address TBD Sophie Dr. white springs FL

▪ Name of Property Owner Reginald boon Phone# 386-234-1613

▪ 911 Address \_\_\_\_\_

▪ Circle the correct power company - FL Power & Light - Clay Electric

(Circle One) - Suwannee Valley Electric - Duke Energy

▪ Name of Owner of Mobile Home Reginald boon Phone # 386-234-1613

Address 236 nw Sophie Dr. white Springs FL

▪ Relationship to Property Owner Same

▪ Current Number of Dwellings on Property 1

▪ Lot Size 4.02 Total Acreage 4.02

▪ 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 TR US-41 N, TL NW Bascom Norris,  
TR NW Lake Jeffery, TR Leonia way, TL NW Queen Rd,  
TL NW Suwannee Vally Rd, TR White Springs Rd,  
TR NW Sophie Dr, property 3rd Drive way on R

▪ Name of Licensed Dealer/Installer Ernest "Scott" Johnson Phone # 352-494-8099

▪ Installers Address 22204 SE US Hwy 301 Hawthorne, FL 32640

▪ License Number TH-1025249 Installation Decal # 74417

**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>Glenn Whittington</u> License #: <u>EC 13002954</u> Qualifier Form Attached <input checked="" type="checkbox"/>	Signature <u>Glenn Whittington</u> Phone #: <u>362-972-1700</u>
<b>MECHANICAL/ A/C _____</b>	Print Name <u>Timothy Shatto</u> License #: <u>CA6057875</u> Qualifier Form Attached <input checked="" type="checkbox"/>	Signature <u>Timothy Shatto</u> Phone #: <u>386-496-8224</u>

**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 BUILDING DEPARTMENT  
135 NE Hernando Ave., Suite B-21, Lake City, FL 32055  
Phone: 386-758-1008 Fax: 386-758-2169

# LETTER OF AUTHORIZATION TO SIGN FOR PERMITS

I, Ernest "Scott" Johnson (license holder name) licensed qualifier  
for Dependable mobile Home Service LLC (company name) do certify that

the below referenced person(s) listed on this form is/are contracted/hired by me, the license holder, or is/are employed by me directly or through an employee leasing arrangement, or is an officer of the corporation, or partner as defined in Florida Statutes Chapter 498, and the said person(s) 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 Person Authorized	Signature of Authorized Person
1 <u>Kimberly Hearn</u>	1 <u>Kimberly Hearn</u>
2	2
3	3
4	4
5	5

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances. I understand that the State and County Licensing Boards have the power and authority to discipline a license holder for violations committed by him/her, his/her agents, officers, or employees and that I have full responsibility for compliance with all statutes, codes and ordinances inherent in the privilege granted by issuance of such permits.

If at any time the person(s) you have authorized is/are no longer agents, employees, or officer(s), you must notify this department in writing of the changes and submit a new letter of authorization form, which will supersede all previous lists. Failure to do so may allow unauthorized persons to use your name and/or license number to obtain permits.

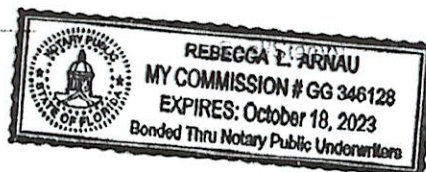
Ernest S. Johnson License Holders Signature (Notarized) TH1025249 License Number 9.25.19 Date

## NOTARY INFORMATION:

STATE OF Florida COUNTY OF Columbia

The above license holder, whose name is Ernest S. Johnson  
personally appeared before me and is known by me or has produced identification  
(type of I.D.) on this 25 day of September, 2019

Rebecca L. Arnaud  
NOTARY'S SIGNATURE





# WHITTINGTON ELECTRIC INC

164 QUEENS COUNTRY RD, INTERLACHEN FLORIDA 32148

PHONE: 386-684-4601 CELL: 386-972-1700 OR 1701

FAX: 386-684-3906 E-FAX#:866-496-3066 EMAIL:-whitt1954@gmail.com

This letter is to state that I, Glenn Whittington, state certified electrical contractor #EC13002957 authorize Kimberly koon to act on my behalf in obtaining permits in any county or city in the state of florida.

This authorization is to remain in effect indefinitely, unless cancelled by me in writing.

Glenn Whittington

Sworn to and subscribed to before me this 19 day of Aug 2019 by Glenn Whittington who is personally known to me.

Susan M. Pate

Notary public

My commission expires 11-30-21.





## LIMITED POWER OF ATTORNEY

I, Reginald Hoon, do hereby authorize Kimberly Hoon to be my representative and act on my behalf in all aspects of applying for a mobile home permit to be placed on my property described as: Sec 19 Twp. 2 S Rge 16 E Tax Parcel No. 01654-030.

Reginald S. Hoon

(Property Owner Signature)

11/4/2020

(Date)

Sworn to and subscribed before me this 4<sup>th</sup> day of November, 20 2020.

Rebecca L. Arnau

Notary Public

My Commission expires: \_\_\_\_\_

Commission No. \_\_\_\_\_

Personally known: \_\_\_\_\_

Produced ID (Type) \_\_\_\_\_

