

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

Replacement

Property ID # 22-4S-16-03086-007 Subdivision _____ Lot# _____

- New Mobile Home _____ Used Mobile Home 0 MH Size 28x76 Year 2010
- Applicant TREEA Foster Phone # 386-5904207
- Address 10314 US Hwy 90 E Live
- Name of Property Owner Depoe Rose marie Phone# 386-961-8296
- 911 Address 942 SW Sparrow Ter lake city FL
- Circle the correct power company - FL Power & Light - Clay Electric
 (Circle One) - Suwannee Valley Electric - Duke Energy
- Name of Owner of Mobile Home Rose Depoe Phone # 386-961-8296
 Address P.O. Box 1124 Lake City, FL
- Relationship to Property Owner OWNER
- Current Number of Dwellings on Property 1
- Lot Size _____ Total Acreage 1.5
- 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 YES
- Driving Directions to the Property go N To Sister's Welcome Rd take (L)
go 4.2 miles turn (R) Steedly Dr. go 1/2 mile on (R)
take SW Sparrow terrace go to (942) ON (R) (L)
- Email Address for Applicant: _____
- Name of Licensed Dealer/Installer JAMES Foley Phone # 386-249-3994
- Installers Address 7862 173rd Rd Live Oak, FL 32060
- License Number 14/1078536/1 Installation Decal # 90811

Columbia County Property Appraiser

Jeff Hampton

2023 Working Values

updated: 2/2/2023

Parcel: << 22-4S-16-03086-007 (14628) >>

Owner & Property Info

Result: 3 of 3

Owner	DEPOE ROSE MARIE P O BOX 1124 LAKE CITY, FL 32056		
Site	942 SW SPARROW TER, LAKE CITY		
Description*	COMM SE COR OF SE1/4 OF NE1/4, RUN N 387.07 FT TO POB, RUN W 383.07 FT, N 454 FT, E 383.20 FT, S 454 FT TO POB, EX THE W 95.85 FT DESC ORB 885-1668 & EX 1.33 AC DESC ORB 1386-42. (PART OF PARCEL 4), 1102-904, QC 1141-1755, LE 1349-1851, LE 1352-1011, DC 1 ...more>>>		
Area	1.5 AC	S/T/R	22-4S-16
Use Code**	AC/XFOB (9901)	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.			

Property & Assessment Values

2022 Certified Values		2023 Working Values	
Mkt Land	\$12,000	Mkt Land	\$12,000
Ag Land	\$0	Ag Land	\$0
Building	\$8,348	Building	\$0
XFOB	\$5,200	XFOB	\$3,700
Just	\$25,548	Just	\$15,700
Class	\$0	Class	\$0
Appraised	\$25,548	Appraised	\$15,700
SOH Cap (?)	\$0	SOH Cap (?)	\$0
Assessed	\$25,548	Assessed	\$15,700
Exempt	\$0	Exempt	\$0
Total	county:\$25,548 city:\$0 other:\$0 school:\$25,548	Total	county:\$15,700 city:\$0 other:\$0 school:\$15,700
Taxable		Taxable	

Aerial Viewer Pictometry Google Maps

2022 2019 2016 2013 2010 Sales



Sales History

Sale Date	Sale Price	Book/Page	Deed	V/I	Qualification (Codes)	RCode
4/15/2022	\$100	1465/0114	LE	I	U	14
12/17/2017	\$100	1352/1011	LE	I	U	14
12/17/2017	\$100	1349/1851	LE	I	U	14
1/4/2008	\$100	1141/1755	QC	I	U	01
11/17/2006	\$100	1102/0904	QC	I	U	06

Building Characteristics

Bldg Sketch	Description*	Year Blt	Base SF	Actual SF	Bldg Value
NONE					

Extra Features & Out Buildings (Codes)

Code	Desc	Year Blt	Value	Units	Dims
0296	SHED METAL	1993	\$150.00	1.00	8 x 10
0296	SHED METAL	2007	\$300.00	1.00	0 x 0
9945	Well/Sept		\$3,250.00	1.00	0 x 0

Land Breakdown

Code	Desc	Units	Adjustments	Eff Rate	Land Value
9901	AC/XFOB (MKT)	1.500 AC	1.0000/1.0000 1.0000/ /	\$8,000 /AC	\$12,000

Search Result: 3 of 3

© Columbia County Property Appraiser | Jeff Hampton | Lake City, Florida | 386-758-1083

by: GrizzlyLogic.com

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED _____ BY _____ IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? _____

OWNERS NAME Rose DeBe PHONE _____ CELL _____

ADDRESS 942 SW Sparrow Terrace, Lake City, FL 32055

MOBILE HOME PARK _____ SUBDIVISION _____

DRIVING DIRECTIONS TO MOBILE HOME GO W TO Sister's Welcome take (D) go 4.2 miles (R) onto Steedly Dr go 1/2 mile take (R) onto SW Sparrow Terrace go to (942) on (L)

MOBILE HOME INSTALLER JAMES Foley PHONE _____ CELL 38-249-3554

MOBILE HOME INFORMATION

MAKE Live Oak YEAR 2016 SIZE 28 X 76 COLOR _____

SERIAL No. FLTHLCT2875L2936 AB

WIND ZONE II Must be wind zone II or higher NO WIND ZONE I ALLOWED

INSPECTION STANDARDS

INTERIOR:

(P or F) - P= PASS F= FAILED

_____ SMOKE DETECTOR () OPERATIONAL () MISSING

_____ FLOORS () SOLID () WEAK () HOLES DAMAGED LOCATION _____

_____ DOORS () OPERABLE () DAMAGED

_____ WALLS () SOLID () STRUCTURALLY UNSOUND

_____ WINDOWS () OPERABLE () INOPERABLE

_____ PLUMBING FIXTURES () OPERABLE () INOPERABLE () MISSING

_____ CEILING () SOLID () HOLES () LEAKS APPARENT

_____ ELECTRICAL (FIXTURES/OUTLETS) () OPERABLE () EXPOSED WIRING () OUTLET COVERS MISSING () LIGHT FIXTURES MISSING

EXTERIOR:

_____ WALLS / SIDING () LOOSE SIDING () STRUCTURALLY UNSOUND () NOT WEATHERTIGHT () NEEDS CLEANING

_____ WINDOWS () CRACKED/ BROKEN GLASS () SCREENS MISSING () WEATHERTIGHT

_____ ROOF () APPEARS SOLID () DAMAGED

STATUS

APPROVED _____ WITH CONDITIONS: _____

NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE _____ ID NUMBER _____ DATE _____



COLUMBIA COUNTY

911 ADDRESSING / GIS DEPARTMENT

P. O. Box 1787, Lake City, FL 32056-1787
263 NW Lake City Ave., Lake City, FL 32055
Telephone: (386) 758-1125 * Fax: (386) 758-1365 * Email: gis@columbiacountyfla.com



Application for 9-1-1 Address Assignment Form

NOTE: ADDRESS ASSIGNMENT MAY REQUIRE UP TO 10 WORKING DAYS.
IF THE ADDRESSING DEPARTMENT NEEDS TO CONDUCT ON SITE GPS LOCATION
IDENTIFICATION OR OTHER ACTIONS, ADDITIONAL TIME MAY BE REQUIRED.

Date of Request: 2/6/23 (942 SW Sparrow
Tennace Lake City)

REQUESTER Last Name: DEBE, Rose

First Name: Rose

Contact Telephone Number: 386-961-8296

(Cell Phone Number if Provided): _____

Requested for Self: ☐ or Requested for Company: ☒
(check one)

If Address is Requested by a Company, Provide Name of Requesting Company:
North Florida Home Center

Parcel Identification Number: 22-45-16-03086-007-

If in Subdivision, Provide Name Of Subdivision:

Phase or Unit Number (if any): _____ Block Number (if any): _____

Lot Number: _____

Attach Site Plan or you may use page 2 of Application Form for Site Plan:
Requirements for Site Plan Are Listed on page 2 of Application Form:
(NOTE: Site Plan Does NOT have to be a survey or to scale; FURTHER a
Environmental Health Dept. Site Plan showing only a 210 by 210 cutout of a
property will NOT suffice for Addressing Application Requirements.)

Addressing / GIS Department Use Only:

Date Received: _____

Received by: Walk in: _____ Fax: _____ Email: _____ Other: _____

COUNTY THE MOBILE HOME IS BEING MOVED FROM SWANNEE

OWNERS NAME Rose DePoe PHONE CELL 386-961-5296

INSTALLER Foley mobile home trans-port PHONE CELL

INSTALLERS ADDRESS 7862 173rd Rd Live Oak, FL

INSTALLER: APPROVED _____ NOT APPROVED _____
 INSTALLER OR INSPECTORS PRINTED NAME JAMES Foley
 Installer/Inspector Signature _____ License No. IA/1078536/1 Date 2/7/23
 NOTES: _____

Code Enforcement Approval Signature _____ Date _____

Mobile Home Permit Worksheet

Application Number: _____

Date: _____

DEHSE

Installer: Tamara Davis License # 1878536

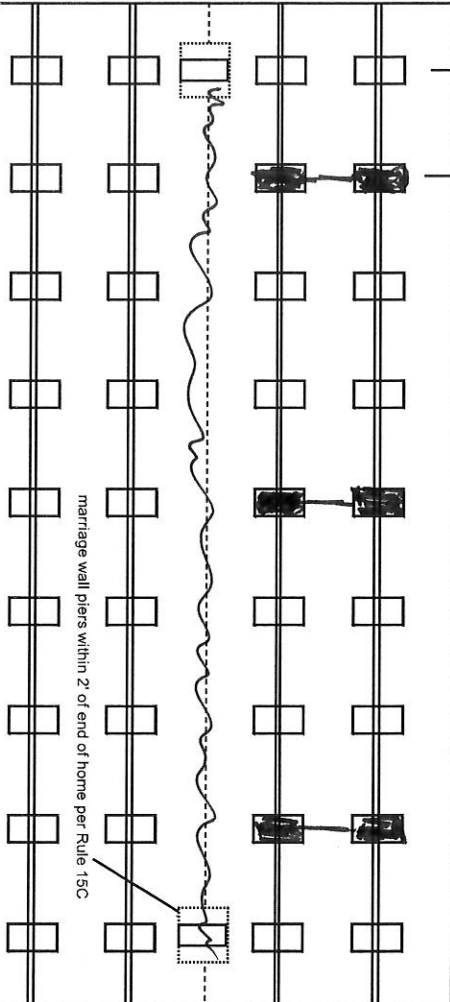
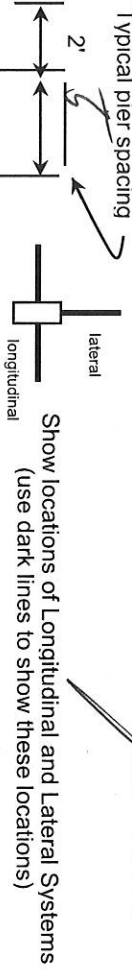
Address of home being installed: 942 SW Sparrows Terrace

Male City, FL

Manufacturer: Low Home Length x width: 76x28

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: [Signature]



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 # 90811

Triple/Quad ☐ Serial # FLTHLCT2875L-2936AB

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	Footer size (256)	18 1/2" x 18 (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: 17 1/2 x 22 1/2

Perimeter pier pad size: 11 x 16

Other pier pad sizes (required by the mfg.): 23-31

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

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: 5'6" Pier pad size: _____

ANCHORS

FRAME TIES

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

TIEDOWN COMPONENTS

OTHER TIES

Longitudinal Stabilizing Device (LSD)
Manufacturer: _____

Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer: _____

Sidewall: _____
Longitudinal Marriage wall: _____
Shearwall: _____

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

Order #: 5418	Label #: 90811	Manufacturer:	(Check Size of Home)
Homeowner: Toucheaton Scnr7	Year Model: 501310	Single	<input checked="" type="checkbox"/>
Address:	Length & Width: 16x76	Double	<input type="checkbox"/>
City/State/Zip:	Type Longitudinal System:	Triple	<input type="checkbox"/>
Phone #:	Type Lateral Arm System:	HUD Label #:	
Date Installed:	New Home: <input type="checkbox"/> Used Home: <input type="checkbox"/>	Soil Bearing / PSF:	
Installed Wind Zone:	Data Plate Wind Zone:	Torque Probe / in-lbs:	
		Permit #:	
Note:			

STATE OF FLORIDA
INSTALLATION CERTIFICATION LABEL
90811

LABEL #	DATE OF INSTALLATION
JAMES FOLEY	
NAME	
IH / 1078536 / 1	5418
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.

Mobile Home Permit Worksheet

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 1050 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 ___ 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. bedding capacity.

Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Date Tested

Electrical

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between multi-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.

Application Number:

Date:

Site Preparation

Debris and organic material removed

Water drainage: Natural ___ Swale ___ Pad ___ Other ___

Fastening multi wide units

Floor: Type Fastener: SC Length: ___ Spacing: ___
Walls: Type Fastener: ___ Length: ___ Spacing: ___
Roof: Type Fastener: ___ Length: ___ 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 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, mildew 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 SC

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

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.

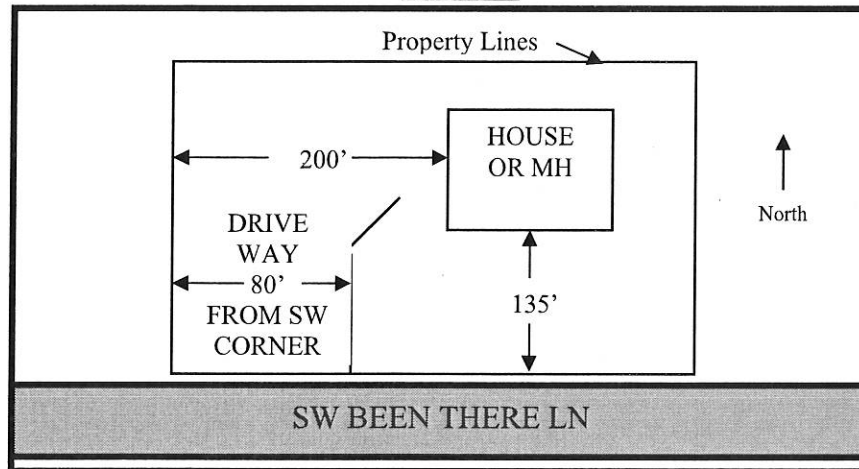
ELECTRICAL	Print Name <u>Richard H. SAPP</u> License #: <u>EC13006002</u>	Signature <u>[Signature]</u> Phone #: <u>386-362-4048</u>
Qualifier Form Attached <input type="checkbox"/>		
MECHANICAL/ A/C _____	Print Name <u>Ronald E Bonds Sr</u> License #: <u>CAC1817658</u>	Signature <u>[Signature]</u> Phone #: <u>850.872.8339</u>
Qualifier Form Attached <input type="checkbox"/>		

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.

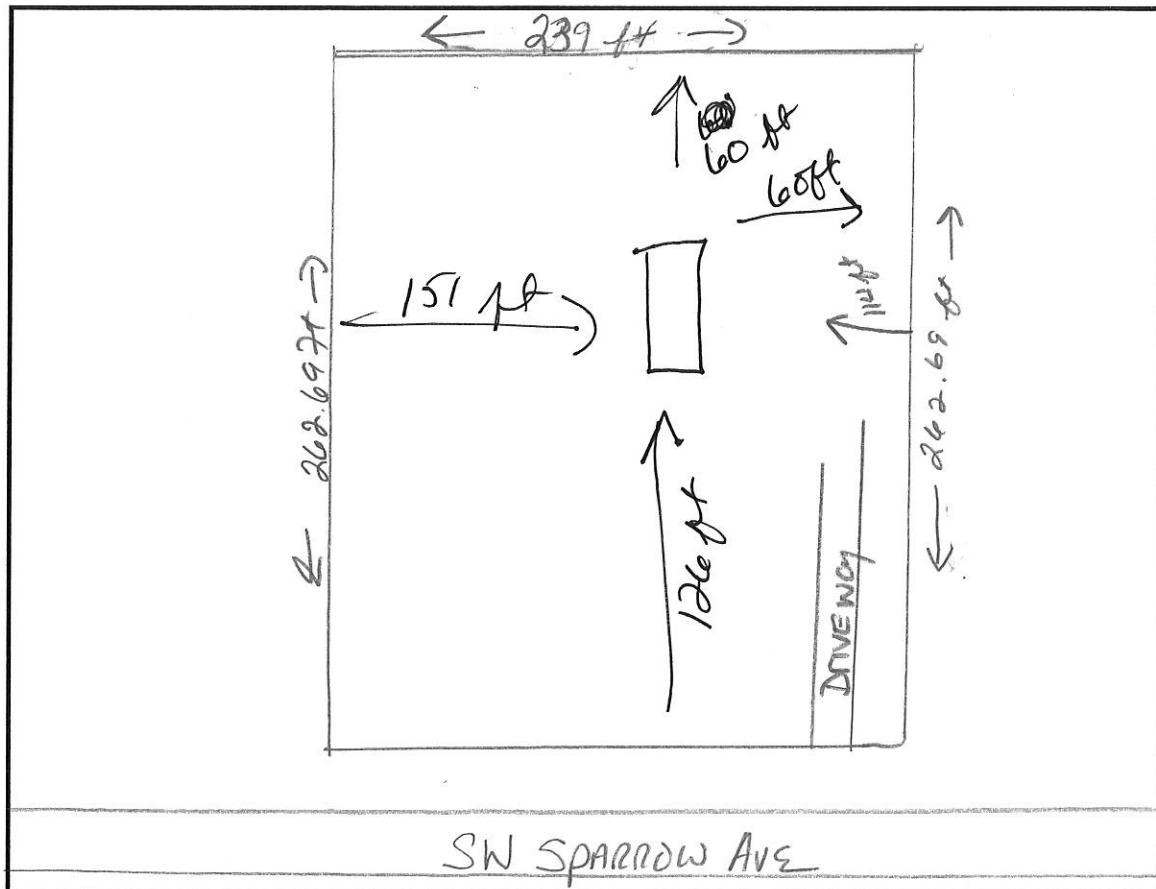
Page 2, Site Plan for 9-1-1 Address Application From

1. A PLAT, PLAN, OR DRAWING SHOWING THE PROPERTY LINES OF THE PARCEL.
2. LOCATION OF PLANNED RESIDENT OR BUSINESS STRUCTURE ON THE PROPERTY WITH DISTANCES FROM AT LEAST TWO OF THE PROPERTY LINES TO THE STRUCTURE (SEE SAMPLE BELOW).
3. LOCATION OF THE ACCESS POINT (DRIVEWAY, ETC.) ON THE ROADWAY FROM WHICH LOCATION IS TO BE ADDRESSED WITH A DISTANCE FROM A PARALLEL PROPERTY LINE AND OR PROPERTY CORNER (SEE SAMPLE BELOW).
4. TRAVEL OF THE DRIVEWAY FROM THE ACCESS POINT TO THE STRUCTURE (SEE SAMPLE BELOW).

SAMPLE:



SITE PLAN BOX:

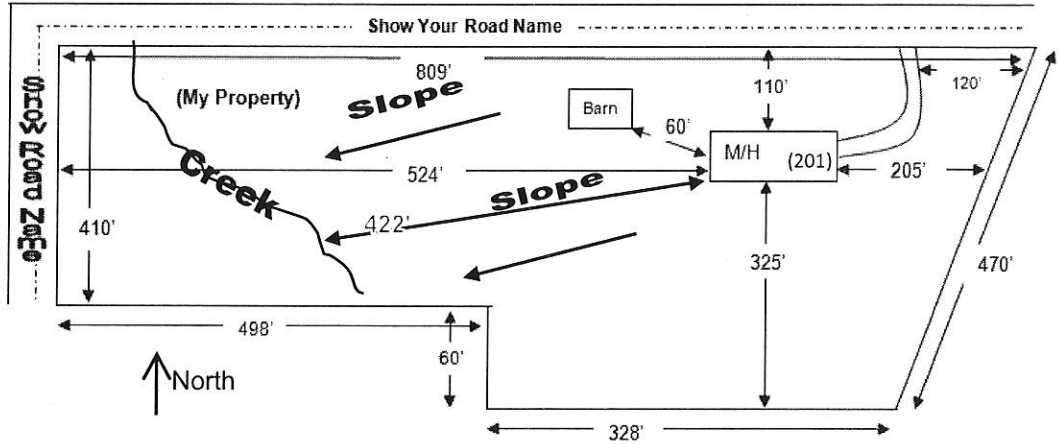


SITE PLAN CHECKLIST

- ___ 1) Property Dimensions
- ___ 2) Footprint of proposed and existing structures (including decks), label these with existing addresses
- ___ 3) Distance from structures to all property lines
- ___ 4) Location and size of easements
- ___ 5) Driveway path and distance at the entrance to the nearest property line
- ___ 6) Location and distance from any waters; sink holes; wetlands; and etc.
- ___ 7) Show slopes and or drainage paths
- ___ 8) Arrow showing North direction

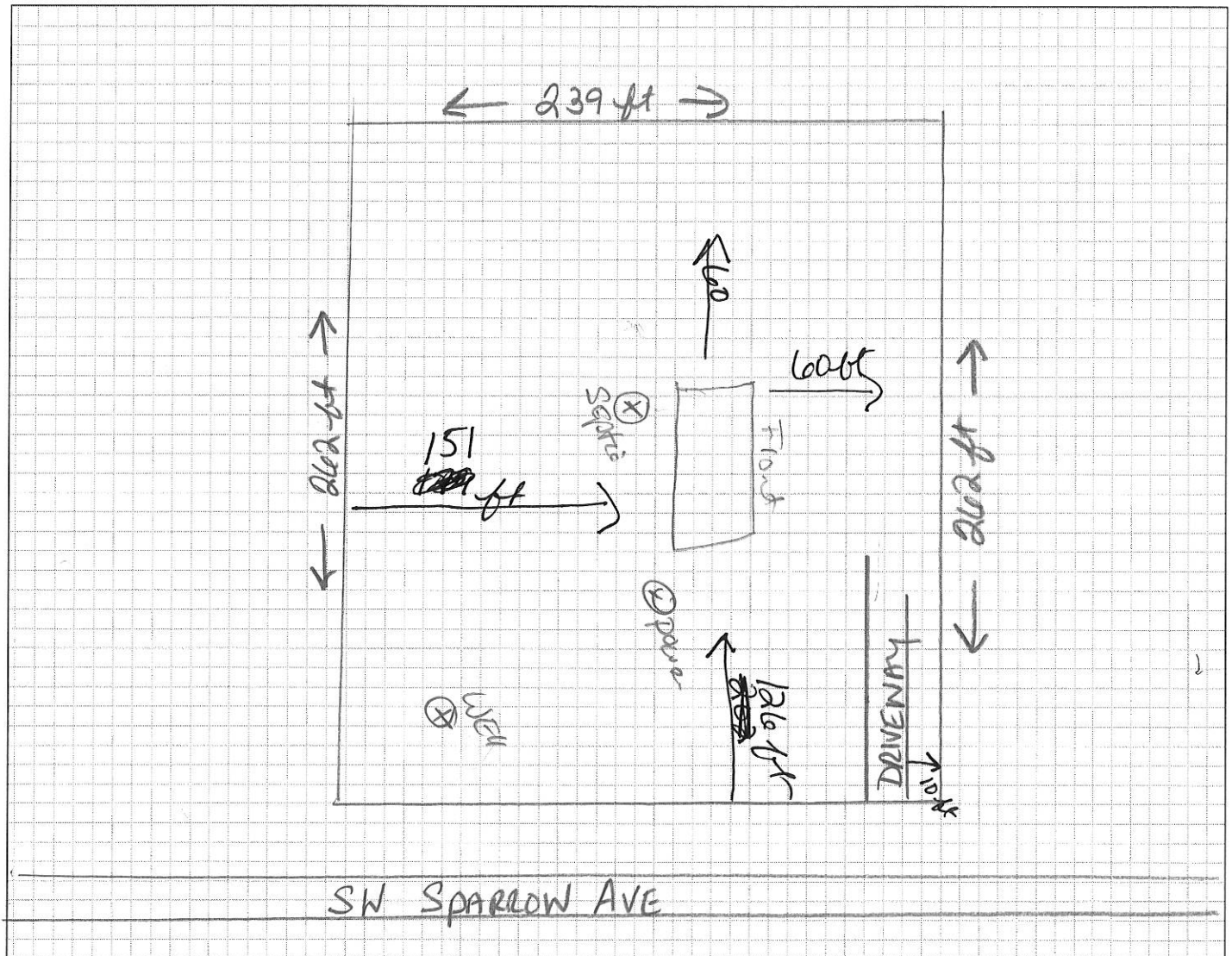
SITE PLAN EXAMPLE

Revised 7/1/15



NOTE:

This site plan can be copied and used with the 911 Addressing Dept. application forms.





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, James Foley, give this authority and I do certify that the below
Installers Name

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	Agents Company Name
TREEA FOSTER		North Florida Home Center

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.

License Holders Signature (Notarized)

1078530 2-1-23
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 1st day of February, 20 23.

NOTARY'S SIGNATURE

(Seal/Stamp)

