

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 7-1-15)		Zoning Official _____	Building Official _____
AP# <u>47671</u>	Date Received <u>10/29</u>	By <u>MG</u>	Permit # _____
Flood Zone _____	Development Permit _____	Zoning _____	Land Use Plan Map Category _____
Comments _____			
FEMA Map# _____	Elevation _____	Finished Floor _____	River _____ In Floodway _____
<input checked="" type="checkbox"/> Recorded Deed or	<input checked="" type="checkbox"/> Property Appraiser PO	<input checked="" type="checkbox"/> Site Plan	<input type="checkbox"/> EH # _____ <input type="checkbox"/> Well letter OR
<input checked="" type="checkbox"/> Existing well	<input type="checkbox"/> Land Owner Affidavit	<input checked="" type="checkbox"/> Installer Authorization	<input type="checkbox"/> FW Comp. letter <input checked="" type="checkbox"/> App Fee Paid
<input type="checkbox"/> DOT Approval	<input type="checkbox"/> Parent Parcel # _____	<input type="checkbox"/> STUP-MH _____	<input checked="" type="checkbox"/> 911 App
<input type="checkbox"/> Ellisville Water Sys	<input checked="" type="checkbox"/> Assessment <u>owed</u>	<input type="checkbox"/> Out County	<input type="checkbox"/> In County <input checked="" type="checkbox"/> Sub VF Form

Property ID # 00-00-00-00865-069 Subdivision Three Rivers Estate Lot# 65

- New Mobile Home ~~ERROR~~ Used Mobile Home ☒ MH Size 56x20 Year 1989
- Applicant Mary Sapp Phone # 386 249 5629
- Address 237 SW OHIO PL Fort White FL 32038
- Name of Property Owner Mary Sapp Phone# 386 249 5629
- 911 Address 237 SW OHIO PL Fort White FL 32038
- Circle the correct power company - FL Power & Light - Clay Electric (Circle One) - Suwannee Valley Electric - Duke Energy
- Name of Owner of Mobile Home Mary Sapp Phone # 386 249 5629
- Address 237 SW OHIO PL Fort White FL 32038
- Relationship to Property Owner Self
- Current Number of Dwellings on Property NONE
- Lot Size 100.11 x 400.00 Total Acreage _____
- 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 27 @ Riverside Ave @ Utah @
SW Newark @ Alberta @ OHIO
- Name of Licensed Dealer/Installer Manuel Brannan Phone # 590-3289
- Installers Address 5107 CR 252 Wellborn Fla.
- License Number 1025396 Installation Decal # 16409

202 9th Ave Wellborn, FL 32094

LIMITED POWER OF ATTORNEY

I Manuel Branner Do hereby Authorize Mary Sapp

To pull my permits and act on my behalf in all aspects of applying for a Mobile Home Permit located in _____ County for

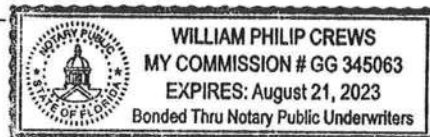
Mary Sapp
(Home Owner)

Manuel Branner
Signature

10-20-20
Date

Sworn to and Subscribed before me on this 27th Day of October 2020.

[Signature]
Notary Public



MY Commission Expires: 8-21-2023
Commission No. GG345063
Personally Known: ✓
Produced ID. (Type): _____

**CODE ENFORCEMENT DEPARTMENT
COLUMBIA COUNTY, FLORIDA
OUT OF COUNTY MOBILE HOME INSPECTION REPORT**

COUNTY THE MOBILE HOME IS BEING MOVED FROM Suwannee
OWNERS NAME Mary Sapp PHONE — CELL 386249-5629
INSTALLER Manuel Brannan PHONE 590-3289 CELL —
INSTALLERS ADDRESS 5107 CR 252 Welbourn Fla. 32094

MOBILE HOME INFORMATION

MAKE MER-I YEAR 90 ~~9-26-89~~ ^{error} SIZE 20 X 56
COLOR blue SERIAL No. HMLCP28362855008A
WIND ZONE II SMOKE DETECTOR 2

INTERIOR:

FLOORS Laminate
DOORS wood
WALLS paneling
CABINETS brown
ELECTRICAL (FIXTURES/OUTLETS) all good

EXTERIOR:

WALLS (SIDING) Lt Blue
WINDOWS good
DOORS white

INSTALLER: APPROVED _____ NOT APPROVED _____

INSTALLER OR INSPECTORS PRINTED NAME Manuel Brannan

Installer/Inspector Signature Manuel Brannan License No. 1025396 Date 10-26-20

NOTES: _____

ONLY THE ACTUAL LICENSE HOLDER OR A BUILDING INSPECTOR CAN SIGN THIS FORM.

NO WIND ZONE ONE MOBILE HOMES WILL BE PERMITTED. MOBILE HOMES PRIOR TO 1977 ARE PRE-HUD AND THE WIND ZONE MUST BE PROVEN TO BE PERMITTED.

BEFORE THE MOBILE HOME CAN BE MOVED INTO COLUMBIA COUNTY THIS FORM MUST BE COMPLETED AND RETURNED TO THE COLUMBIA COUNTY BUILDING DEPARTMENT.

ONCE MOVED INTO COLUMBIA COUNTY AN INSPECTOR MUST COMPLETE A PRELIMINARY INSPECTION ON THE MOBILE HOME. CALL 386-758-1008 TO SET UP THIS INSPECTION. NO PERMIT WILL BE ISSUED BEFORE THIS IS DONE.

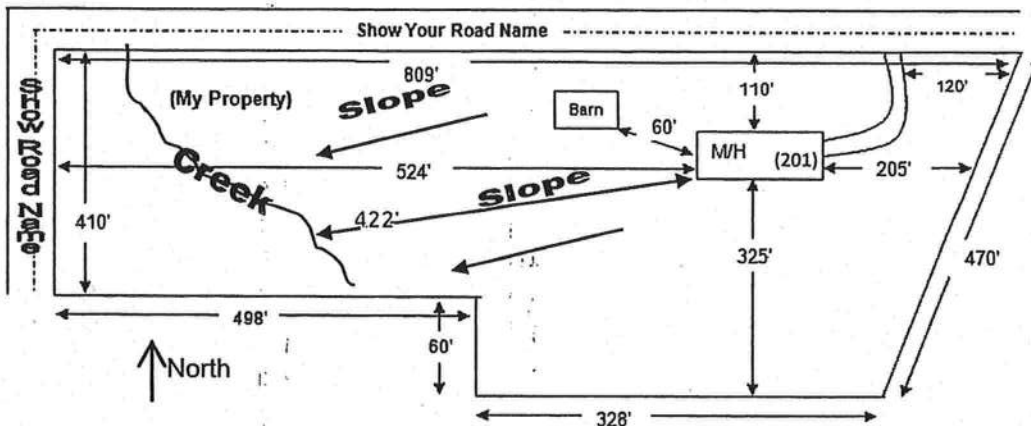
Code Enforcement Approval Signature _____ Date _____

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

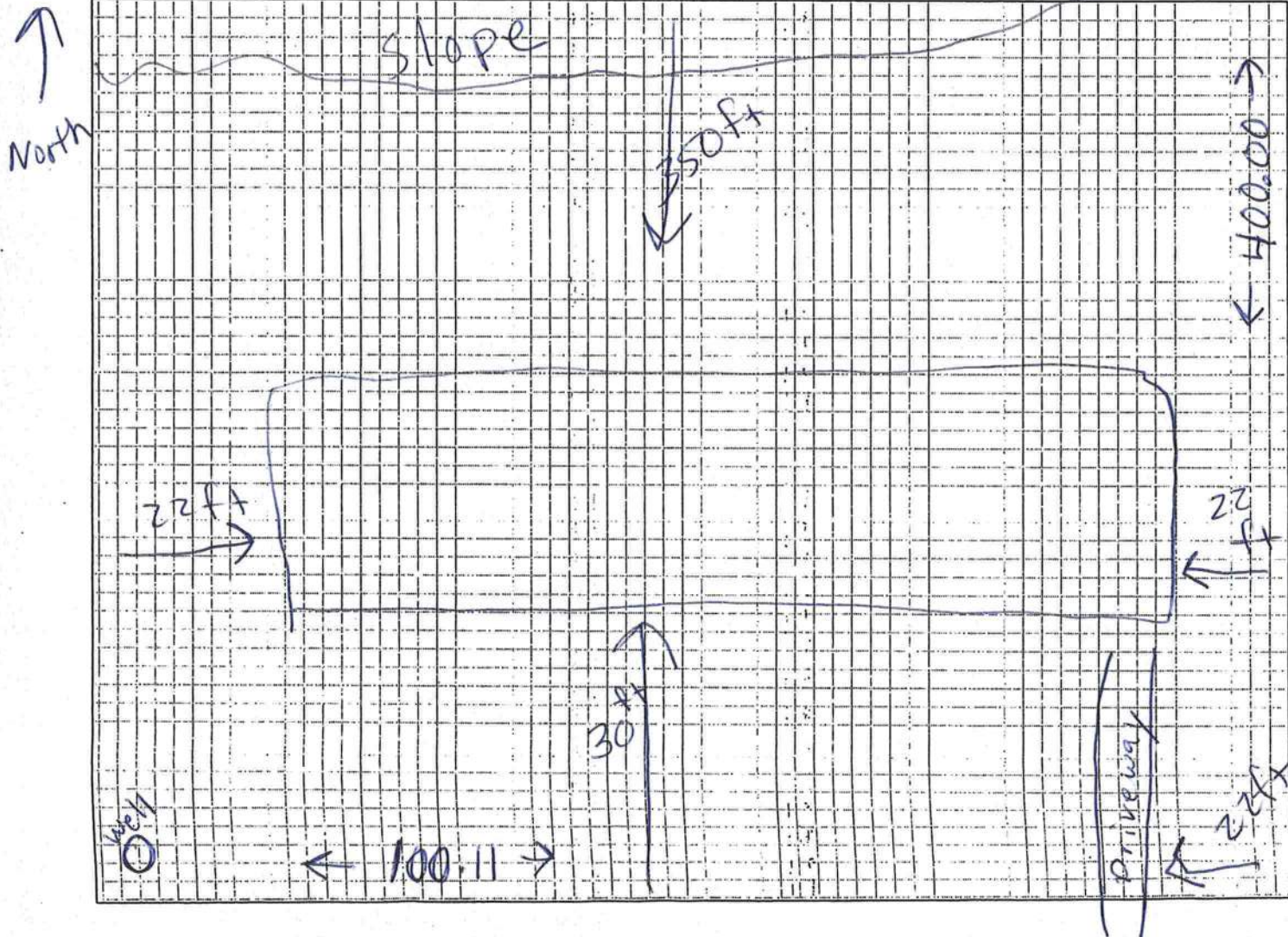
SITE PLAN EXAMPLE

Revised 7/1/15



NOTE:

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



OHIO

Prepared by and return to:
Crystal Curran
Alachua Title Services, LLC
16407 Northwest 174th Drive
Suite C
Alachua, FL 32615
(386) 418-8183
File No 20-290

Parcel Identification No 00-00-00-00865-064 (PART OF)

[Space Above This Line For Recording Data]

WARRANTY DEED

(STATUTORY FORM - SECTION 689.02, F.S.)

This indenture made the **1st day of July, 2020** between **Michael Cartwright and Darcy Cartwright, husband and wife**, whose post office address is **27269 41st Rd, Branford, FL 32008**, of the County of Suwannee, State of Florida, Grantors, to **Mary Elizabeth Sapp, an unmarried woman**, whose post office address is **202 9th Avenue, Wellborn, FL 32094**, of the County of Suwannee, State of Florida, Grantee:

Witnesseth, that said Grantors, for and in consideration of the sum of TEN DOLLARS (U.S.\$10.00) and other good and valuable considerations to said Grantors in hand paid by said Grantee, the receipt whereof is hereby acknowledged, has granted, bargained, and sold to the said Grantee, and Grantee's heirs and assigns forever, the following described land, situate, lying and being in Columbia, Florida, to-wit:

Lot 65, THREE RIVERS ESTATES UNIT NO. 12, according to the map or plat thereof, as recorded in Plat Book 4, Page(s) 117, of the Public Records of Columbia County, Florida.

Together with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

Subject to taxes for 2020 and subsequent years, not yet due and payable; covenants, restrictions, easements, reservations and limitations of record, if any.

TO HAVE AND TO HOLD the same in fee simple forever.

And Grantors hereby covenant with the Grantee that the Grantors are lawfully seized of said land in fee simple, that Grantors have good right and lawful authority to sell and convey said land and that the Grantors hereby fully warrant the title to said land and will defend the same against the lawful claims of all persons whomsoever.

In Witness Whereof, Grantors have hereunto set Grantors' hand and seal the day and year first above written.

Signed, sealed and delivered in our presence:

[Signature]
WITNESS #1
PRINT NAME: KYLE POLANSKY
[Signature]
WITNESS #2
PRINT NAME: Crystal L. Curran

[Signature]
Michael Cartwright

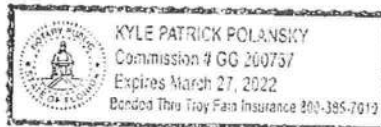
[Signature]
WITNESS #1
PRINT NAME: KYLE POLANSKY
[Signature]
WITNESS #2
PRINT NAME: Crystal L. Curran

[Signature]
Darcy Cartwright

STATE OF FLORIDA
COUNTY OF ALACHUA

The foregoing instrument was acknowledged before me by means of in physical presence or () online notarization this 29th day of JUNE, 2020, by Michael Cartwright and Darcy Cartwright.

[Signature]
Signature of Notary Public
Print, Type/Stamp Name of Notary



Personally Known: _____ OR Produced Identification: X
Type of Identification
Produced: Driver's License



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: ron_croft@columbiacountyfla.com



Application for 911 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: _____

Requester Last Name: Sapp

First Name: Mary Sapp

Contact Telephone Number: 386 249 5629

(Cell Phone Number if Provided): 386 249 5629

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

If Address is Requested by a Company, Provide Name of Requesting Company:

Parcel Identification Number: 00-00-00-00865-064

If in Subdivision, Provide Name Of Subdivision:
Three Rivers Estate

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

Lot Number: 65

Attach Site Plan or you may use back of Request Form for Site Plan:

Requirements for Site Plan Are Listed on Back of Request 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 Requirements.)

Addressing / GIS Department Use Only:

Date Received: _____

Date Assigned: _____

ID Number: _____

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>Mary Sapp</u> License #: <u>Owner</u> Qualifier Form Attached <input type="checkbox"/>	Signature <u>Mary Sapp</u> Phone #: <u>386 249 5629</u>
MECHANICAL/ A/C _____	Print Name <u>Mary Sapp</u> License #: <u>Owner</u> Qualifier Form Attached <input type="checkbox"/>	Signature <u>Mary Sapp</u> Phone #: <u>386-249-5629</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.