NEW OWNER

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

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

AP#_____ Date Received_____ By_____ Permit # 39218

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 # 25-4S-17-08739-017 Subdivision Huckleberry Hill Lot# 17

- New Mobile Home_____ Used Mobile Home ✓ MH Size 28-70 Year 87
- Applicant Michael S. McHenry Phone # 850-843-0787
- Address 1524 N.E. Main Blvd.
- Name of Property Owner Christopher Sharpe Phone# 386-867-3227
- 911 Address 274 Doppler ct. Lake City fla 32025
- Circle the correct power company - FL Power & Light - Clay Electric
  (Circle One) - Suwannee Valley Electric - Duke Energy
- Name of Owner of Mobile Home Michael S. McHenry Phone # 850-843-0787
- Address 274 Doppler ct. Lake City
- Relationship to Property Owner ~~Self~~ / Friend
- Current Number of Dwellings on Property 1
- Lot Size_____ Total Acreage 2.350
- 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_____
- Name of Licensed Dealer/Installer_____ Phone #_____
- Installers Address_____
- License Number_____ Installation Decal #_____

MCHVPH@Yahoo.com

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

Serial #'s ☑ DESN'T DATA SHEET

For Office Use Only *(Revised 7-1-15)* Zoning Official ZMB Building Official ZMB DOESN'T MATTER

AP# 44214 Date Received 12-18-19 By LH Permit # 39218

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

Comments See Computer Notes

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

☐ Recorded Deed or ☑ Property Appraiser PO ☑ Site Plan ☑ EH # 19-0506 ☑ 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 Owed ☑ Out County ☐ In County 12.31.19 ☑ Sub VF Form

Signatures missing

Property ID # 25-4S-17-08739-017 Subdivision Huckleberry Hill Lot# 17

VOID

- New Mobile Home _____ Used Mobile Home ✓ MH Size 28x70 Year 87
- Applicant Hollie Greene (Eva Greene) Phone # 386-984-7031
- Address 297 Olustee ave Lake City FL 32025
- Name of Property Owner Christopher sharpe Phone# 386-867-3227
- 911 Address 274 Doppler Ct 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 Hollie Greene Phone # 386 984-7031
  Address 274 Doppler ct Lake City FL
- Relationship to Property Owner lease
- Current Number of Dwellings on Property 0
- Lot Size _____ Total Acreage 2.350
- 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 100A to price creek rd turn right on price creek go down to duane turn left come to doppler turn teft 3rd to last on left side
- Name of Licensed Dealer/Installer Glenn williams Phone # 386-344-3469
- Installers Address 1000 SE Putnam St Lake City FL 32025
- License Number IH 1054858 Installation Decal # 83771

SCANNED

JW spoke w/ GLENN 1.29.20
Glenn knows what is needed. LH

williamg66@yahoo.com

JW spoke w/ Glenn 1. 2. 20
MG spoke w/ Glenn 1.11.20

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

COUNTY THE MOBILE HOME IS BEING MOVED FROM Union County

OWNERS NAME Hollie Greene PHONE _____ CELL 386-984-7031

INSTALLER Glenn Williams PHONE _____ CELL 386-344-3669

INSTALLERS ADDRESS 1060 SE Putnam St Lake City Fl

MOBILE HOME INFORMATION

MAKE Fleetwood YEAR 87 SIZE 28 X 70

COLOR Brown SERIAL No. _____

WIND ZONE 2 SMOKE DETECTOR _____

INTERIOR:
FLOORS Fair

DOORS Fair

WALLS Fair

CABINETS Fair

ELECTRICAL (FIXTURES/OUTLETS) _____

EXTERIOR:
WALLS / SIDDING BACK Needs work

WINDOWS Fair

DOORS Fair

INSTALLER: APPROVED ✓ NOT APPROVED _____

INSTALLER OR INSPECTORS PRINTED NAME Glenn Williams

Installer/Inspector Signature Glenn Williams License No. IH1054808 Date 12-17-19

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 12-18-19

BOARD OF COUNTY COMMISSIONERS • COLUMBIA COUNTY

Address Assignment and Maintenance Document

To maintain the county wide Addressing Policy you must make application for a 9-1-1 Address at the time you apply for a building permit. The established standards for addressing and posting numbers to all principal buildings, dwellings, businesses and industries are contained in Columbia County Ordinance 2001-9. The addressing system is to enable Emergency Services Agencies to locate you in an emergency, and to assist the United States Postal Service and the public in the timely and efficient provision of services to residents and businesses of Columbia County

Date/Time Issued:	**6/22/2020 2:42:58 PM**
Address:	**274 SE DOPPLER CT**
City:	**LAKE CITY**
State:	**FL**
Zip Code	**32025**
Parcel ID	**25-4S-17-08739-017**

REMARKS: **This address is a verified address in the county's addressing system.**

Verification ID: 10978ea2-83da-493b-8bc2-41cf09144836

NOTICE: THIS ADDRESS WAS ISSUED BASED ON LOCATION AND ACCESS INFORMATION RECEIVED FROM THE REQUESTER. SHOULD, AT A LATER DATE, THE LOCATION AND/OR ACCESS INFORMATION BE FOUND TO BE IN ERROR OR CHANGED, THIS ADDRESS IS SUBJECT TO CHANGE.

Address Issued By: GIS Specialist

Columbia County GIS/911 Addressing Coordinator

Columbia County
Department of Information Technology
135 NE Hernando Ave. Lake City, FL 32055
Telephone 386-719-1456

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 THOMAS S. THOMAS Signature J. Stevens Thomas License #: EC 0001121 Phone #: 386-752-5125 Qualifier Form Attached ☐
MECHANICAL/ A/C _____	Print Name Michael S. McHenry Signature License #: _____ Phone #: 850-843-0787 Qualifier Form Attached ☐

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.

Revised 4/27/2017

STATE OF FLORIDA
COUNTY OF COLUMBIA

LAND OWNER AFFIDAVIT

This is to certify that I, (We), Christopher Sharpe,
(State Corporation Name as it appears on the Property Appraisers Office website)
as the owner of the below described property:

Property tax Parcel ID number _____

Subdivision (Name, lot, Block, Phase) _____

Give my permission for _____ to place a

Circle one (Mobile Home) / Travel Trailer / Utility Pole Only / Single Family Home / or more — Barn – Shed – Garage / Culvert / Other _____

I (We) understand that the named person(s) above will be allowed to receive a building permit on the property number I (we) have listed above and this could result in an assessment for solid waste and fire protection services levied on this property.

Chi Sharpe — Owner Signature
8-9-22 — Date

_____ — Owner Signature
_____ — Date

_____ — Owner Signature
_____ — Date

Sworn to and subscribed before me this 9th day of August, 2022, by ✓ physical presence or ____ online notarization and this (these) person(s) are personally known to me ____ or produced ID FLDL.

Melissa Garber — Notary Public Signature
Melissa Garber — Notary Printed Name

Notary Stamp/

MELISSA GARBER
Notary Public - State of Florida
Commission # GG 952236
My Comm. Expires 01-28-2024
Bonded Through
Notary Public Underwriters

Revised 5/21/2021

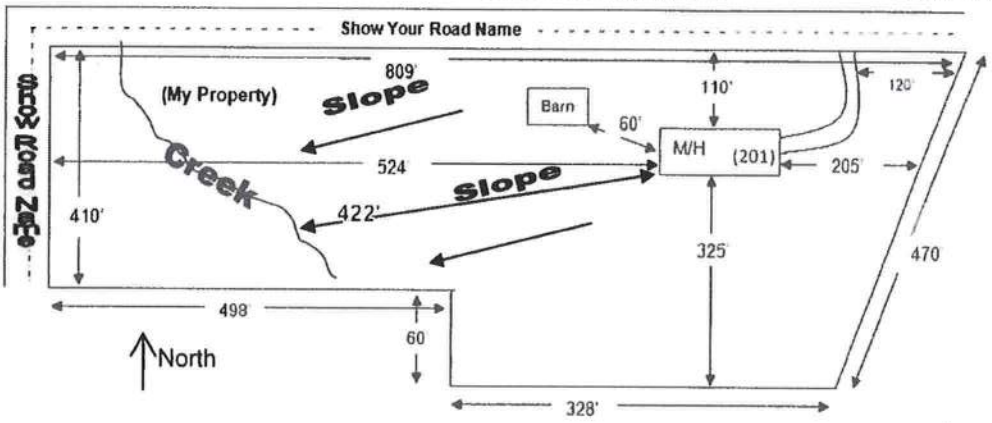
SITE PLAN CHECKLIST

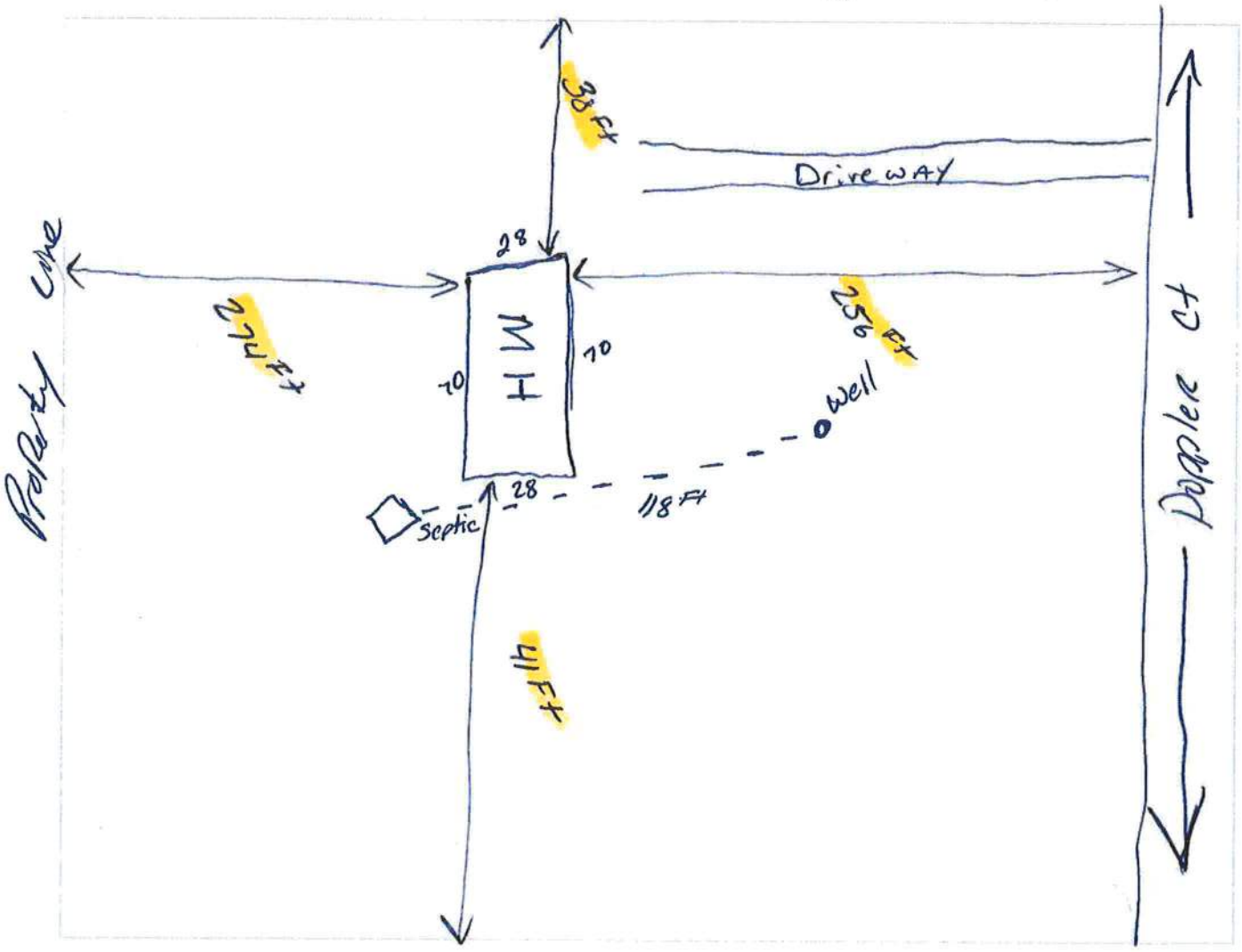
___1) Property Dimensions
___2) Footprint of proposed and existing structures (including decks), label these with existing addresses
___3) Distance from structures to all property lines
___4) Location and size of easements
___5) Driveway path and distance at the entrance to the nearest property line
___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.





Legend

2018Aerials

SRWMD Wetlands

LidarElevations

Roads

Roads

others

Dirt

Interstate

Main

Other

Paved

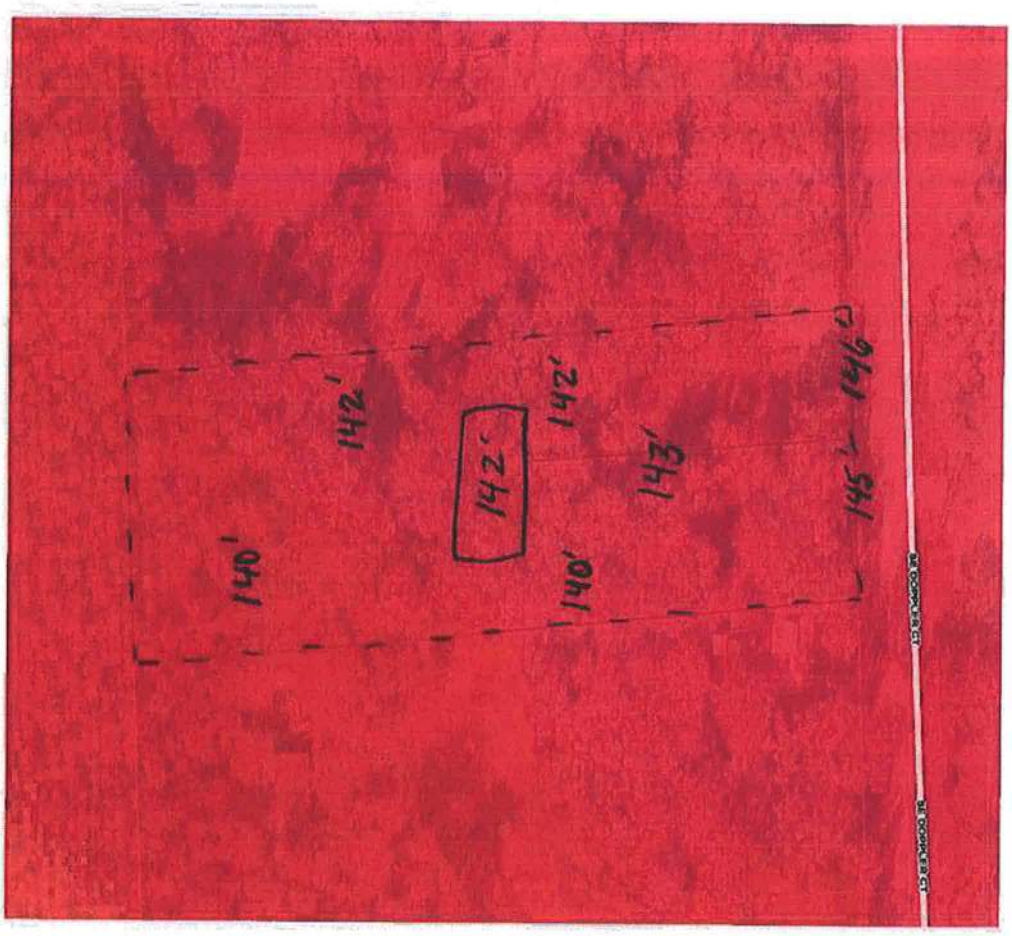
Private

Parcels

Addresses

Columbia County, FLA - Building & Zoning Property Map

Printed: Wed Dec 18 2019 14:10:19 GMT-0500 (Eastern Standard Time)



Parcel Information

Parcel No: 25-4S-17-08739-017

Owner: SHARPE CHRISTOPHER D

Subdivision: HUCKLEBERRY HILL

Lot: 17

Acres: 2.3471868

Deed Acres: 2.35 Ac

District: District 4 Toby Witt

Future Land Uses: Agriculture - 3

Flood Zones:

Official Zoning Atlas: A-3

44214

COMPLIANCE CERTIFICATE

HOMES OF MERIT
P.O. BOX 2097
LAKE CITY, FLORIDA 32056
Plant Number

10-15-80 13-306974 A-306975
Manufacturer's Serial Number and Model Unit Designation

0 FLOOR 090 - 1202 AB 4

HILLBORN, WERNER & CARTER

This mobile [illegible] conforms to Federal mobile home construction and safety standards in effect on the date of manufacture.
(For additional information, consult owner's manual.)

The factory installed equipment includes:

Equipment	Manufacturer	Model Designation
For heating	COLEMAN	7566 859
For air cooling		
For cooking	Whirlpool	SF311PSKW0
Refrigerator	Whirlpool	ET1KIKAMWL9
Water heater	STATE	SGI30 1HS1
Washer		
Clothes Dryer		
Dishwasher	Whirlpool	DU2900SM-0
Garbage Disposer		
Fan/Hood	Magnetic	PA75336
ICE MAKER	Whirlpool	ECKM18 3
MICRO WAVE	Whirlpool - MW 3000	
Smoke Detector	Pro ba	201

STRUCTURAL DESIGN BASIS CERTIFICATE

DESIGN WIND ZONE MAP

☐ Zone I: Standard Wind, 15 PSF Horizontal, 8 PSF Uplift

☒ Zone II: Hurricane Resistive, 20 PSF Horizontal, 15 PSF Uplift

DESIGN ROOF LOAD ZONE MAP

North 40 PSF
Middle 30 PSF
XX South 20 PSF
Other ____ PSF

HEATING AND COOLING DESIGN BASIS CERTIFICATE

COMFORT HEATING

This mobile home has been thermally designed to conform with the requirements of the federal mobile home construction and safety standard for [illegible] climatic zone.

ZONE 1

Heating equipment manufacturer and model (see list at left):

The above heating equipment has the capacity to maintain an inside temperature of 70 F. [illegible]

this home at outdoor temperatures of -3 F.

To maximize furnace operating economy, and to conserve energy, it is recommended that this home be installed where the outdoor winter design temperature is not higher than +32 degrees Fahrenheit.

The above information has been calculated assuming a [illegible] and sea level or standard atmospheric pressure.

COMFORT COOLING

☐ Air conditioner provided at factory (Alternate I)

Air conditioner manufacturer and model (see list at left):

Certified capacity ____ B.T.U./hour in accordance with the appropriate air conditioning and refrigeration institute standards.

The central air conditioning system provided in this home has been sized assuming an orientation of the front (or rear) of the home facing ____. On this basis the system is designed to maintain an indoor temperature of 75° F when outdoor temperatures are ____ F dry bulb and ____ F wet bulb.

The temperature to which this home can be cooled will change depending upon the amount of exposure of the windows of this home to the sun's radiant heat. Therefore, the home's heat gains will very dependent upon its orientation to the sun and any permanent shading provided. Information concerning the calculation of cooling loads at various locations, window exposures and shadings are provided in Chapter 23 of the 1973 edition of the ASHRAE Handbook of Fundamentals.

Information necessary to calculate cooling loads at various locations and orientations is provided in the special comfort cooling information provided with this mobile home.

☒ Air conditioner not provided at factory (Alternate II)

The air distribution system of this home is suitable for the installation of central air conditioning.

The supply air distribution system installed in this home is sized for mobile home central air conditioning system of up to 26,566 B.T.U./hr. rated capacity which are certified in accordance with the appropriate air conditioning and refrigeration institute standards, where the air temperature of such air conditioners are rated at 0.3 inch water column static pressure or greater for the cooling air delivered to the mobile home supply air duct system.

[illegible] necessary to calculate cooling loads at various locations and orientations is provided in the special comfort cooling information provided with this mobile home.

☐ Air conditioner not recommended (Alternate III)

The air distribution system of this home has not been designed in anticipation of its use with a central cooling system.

INFORMATION PROVIDED BY THE MANUFACTURER NECESSARY TO CALCULATE SENSIBLE HEAT GAIN

Windows and doors	U = .097
Ceilings and roofs of light color	U = .074
Ceilings and roofs of dark color	U = ____
Floors	U = .074
Air ducts in floor	U = .23
Air ducts in ceiling	U = ____
Air ducts outside the home	U = .23

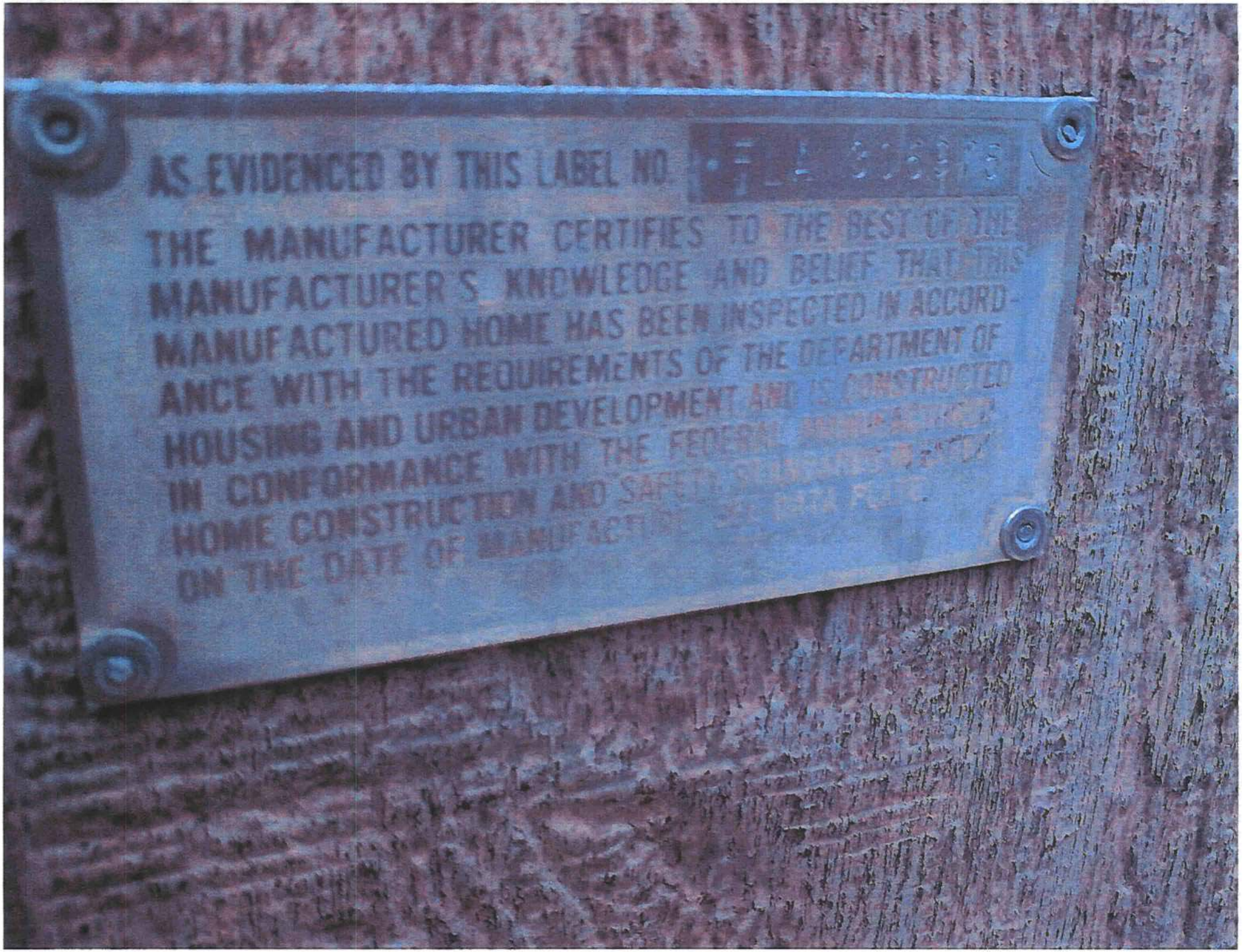
The following are the duct areas in this home:

Air ducts in floor	150 sq. ft.
Air ducts in ceiling	____ sq. ft.
Air ducts outside the home	38 sq. ft.

To determine the required capacity of equipment to cool a home efficiently and economically, a cooling load (heat gain) calculation is required. The cooling load is dependent on the orientation, location and the structure of the home. Central air conditioners operate most efficiently and provide the greatest comfort when their capacity closely approximates the calculated cooling load. Each home's air conditioner should be sized in accordance with Chapter 23 of the American Society of Heating, Refrigerating and Air Conditioning Engineers (ASHRAE) Handbook of Fundamentals, once the location and orientation are known.

OUTDOOR WINTER DESIGN TEMP. ZONES

HOLLY
Green


AS EVIDENCED BY THIS LABEL NO.
THE MANUFACTURER CERTIFIES TO THE BEST OF THE
MANUFACTURER'S KNOWLEDGE AND BELIEF THAT THIS
MANUFACTURED HOME HAS BEEN INSPECTED IN ACCORD-
ANCE WITH THE REQUIREMENTS OF THE DEPARTMENT OF
HOUSING AND URBAN DEVELOPMENT AND IS CONSTRUCTED
IN CONFORMANCE WITH THE FEDERAL
HOME CONSTRUCTION AND
ON THE DATE OF

550 2049099267

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

PERMIT NO. 22-0685
DATE PAID: 60.00
FEE PAID:
RECEIPT #:

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

APPLICANT: Christopher D Sharpe

AGENT: _____ TELEPHONE: 386 867-3227

MAILING ADDRESS: 366 SW Thistledown Gln. LkCy, Fl 32024

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: 17 BLOCK: ____ SUBDIVISION: Huckleberry Hill PLATTED: 1976

PROPERTY ID #: 25-4S-17-28139-017 ZONING: _____ I/M OR EQUIVALENT: [Y / (N)]

PROPERTY SIZE: 2.35 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / (N)] DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: 274 SE Doppler Ct LkCy, Fl.

DIRECTIONS TO PROPERTY: 90E (2) SR 100 (2) C-245 (1) Orange (1) Doppler 3 or 4 lot on (2)

BUILDING INFORMATION [X] RESIDENTIAL [ ] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	28x70 D/W	3	1960	L41
2				
3				
4				

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

SIGNATURE: Chris Sharpe DATE: 8/9/22

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

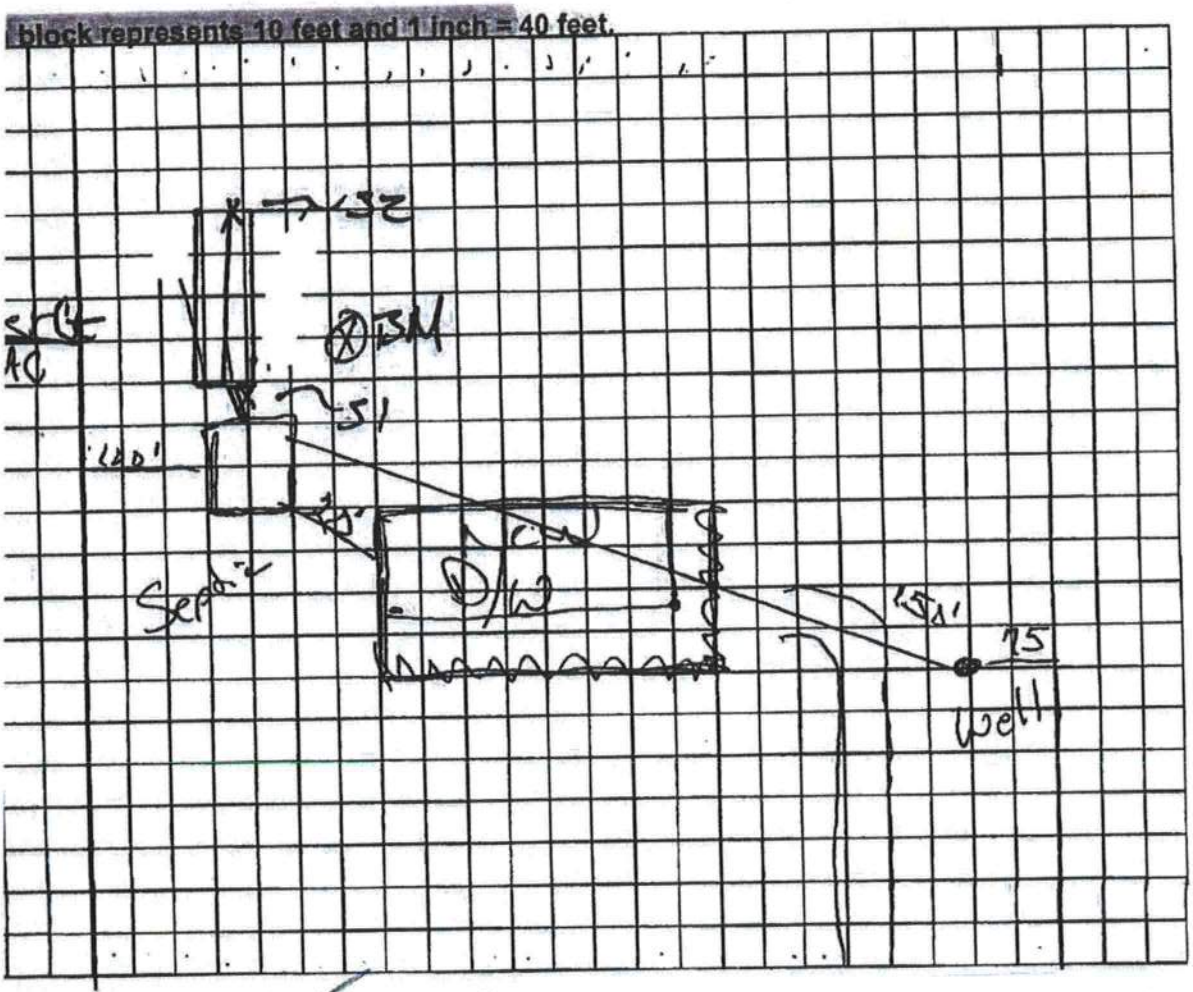
STATE OF FLORIDA

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 19-0556

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

block represents 10 feet and 1 inch = 40 feet.



itted by: _____ TITLE _____ DATE: 8-9-22

Not Approved_____ Date 8/9/22

_____ EPH Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

386-344-3669

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, Glenn Williams (Installer License Holder Name), give this authority for the job address show below only, _____ (Job Address), and I do certify that 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)
Michael S. McHenry		___ 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.

License Holders Signature (Notarized) | CH 1054858 License Number | 8-24-22 Date

NOTARY INFORMATION:
STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Glenn Williams, personally appeared before me and is known by me or has produced identification (type of I.D.) N/A on this 24th day of August, 20 22.

NOTARY'S SIGNATURE

(Seal/Stamp)

MELISSA GARBER
MY COMMISSION # GG 952236
EXPIRES: January 28, 2024
Bonded Thru Notary Public Underwriters