

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

Serial #

For Office Use Only (Revised 7-1-15)

AP# 43947 Date Received 10/1 Zoning Official [Signature] Building Official [Signature] Permit # 38886

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 # 19-0792 ☐ 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 pd ☐ Out County ☐ In-County ☒ Sub VF Form ☒ AC Signature

Property ID # 29-55-17-091451-002 Subdivision Joy Acres Lot# 20

- New Mobile Home ☒ Used Mobile Home \_\_\_\_\_ MH Size 32X16 Year 2019
- Applicant Jessie Shepar Phone # 351-943 4291
- Address 3360 15th Place Lake City FL 32635
- Name of Property Owner Gabriel Lopez Calderon Phone# 386-965-4660
- 911 Address 227 SW Sherri Circle Lake City FL 32624
- Circle the correct power company - FL Power & Light - Clay Electric  
(Circle One) - Suwannee Valley Electric - Duke Energy

- Name of Owner of Mobile Home Gabriel Lopez Calderon Phone # 386-965-4660
- Address 227 SW Sherri Circle Lake City FL 32624
- Relationship to Property Owner Self
- Current Number of Dwellings on Property 1
- Lot Size 1 acre Total Acreage 1 acre

- 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 Head N on 9th Highway towards 4th Street  
Go onto Madison St (US-44) SH Madison Ave (US-41) US44-5  
Go SW CR 349 (R) onto SW Sherri Cir. Destination will be  
on Left
- Name of Licensed Dealer/Installer William R Price Phone # 351-963 4291
- Installers Address 3360 15th Pl Lake City FL 32624
- License Number 1A-1041936 Installation Decal # 66456

sent email 10.30.19  
11.8.19

# Mobile Home Permit Worksheet

Installer: William R. Price License # 14-1041936  
 Address of home being installed: 227 SW Sherrill Circle  
Lake City FL 32024  
 Manufacturer: CMH Length x width: 32x80

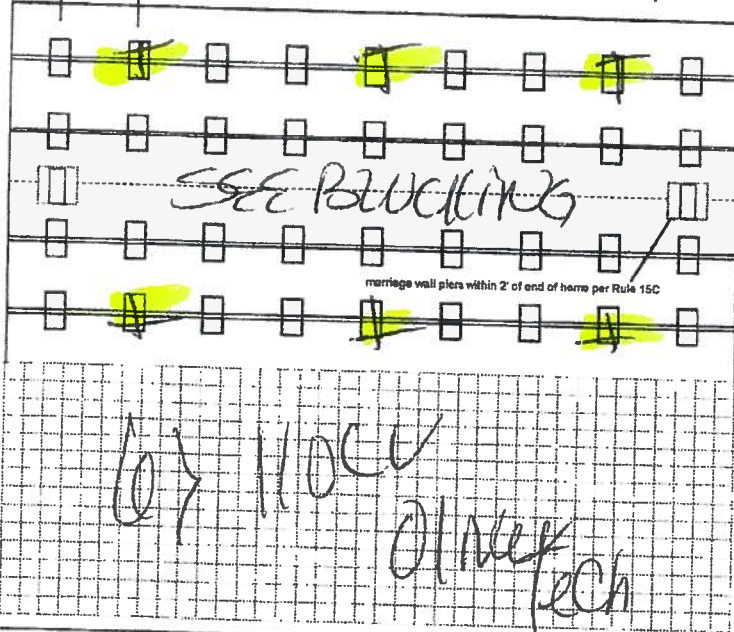
NOTE: if home is a single wide fill out one half of the blocking plan  
 if home is a triple or quad wide sketch in remainder of home  
 I understand Lateral Arm Systems cannot be used on any home (new or used)  
 where the sidewall ties exceed 5 ft 4 in.

Installer's Initials: WRP

Typical pier spacing



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



Application Number: \_\_\_\_\_

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 Z ☐

Double wide ☒ Installation Decal # 11646

Triple/Quad ☐ Serial # WHC02 3858 GAAB

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"	9"	10"	
2000 psf	6"	8"	9"	10"	11"	12"	
2500 psf	7" 6"	8"	9"	10"	11"	12"	
3000 psf	8"	8"	9"	10"	11"	12"	
3500 psf	8"	8"	9"	10"	11"	12"	

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

## PIER PAD SIZES

I-beam pier pad size

17x25

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 6x8 Pier pad size 23x31

## POPULAR PAD SIZES

Pad Size	sq ft
16 x 16	256
16 x 18	288
18 1/2 x 18 1/2	342
16 x 22 1/2	360
17 x 22	374
13 1/4 x 26 1/2	354
20 x 20	400
17 3/4 x 25 3/4	454
17 1/2 x 25 1/2	446
2 x 24	76
26 x 26	676

NCHORS

4 ft XX

WALL TIES

with n... of home  
 spac... to 4 ft

## TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)

Manufacturer

Longitudinal Stabilizing Device w/ Lateral Arms

Manufacturer

CMR System

Sidewall

Longitudinal

Marriage

Shear II

Number

4

4

4

## Mobile Home Permit Worksheet

### POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 150 psf or check here to declare 1000 lb. soil without testing

x 150 x 150 x 150

### 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 150 x 150 x 150

### TORQUE PROBE TEST

The results of the torque probe test is 285 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 require anchors with 4000 lb holding capacity.

Installer's initials WPA

ALL TESTS MUST BE REPERFORMED BY A LICENSED INSTALLER

Installer Name William R. Price

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 9090 Yes  
Water drainage: Natural        Swale        Pad xx Other       

### Fastening multi wide units

Floor: Type Fastener: NAS Length:        Spacing: 18"  
Walls: Type Fastener: SCRD Length:        Spacing: 18"  
Roof: Type Fastener: metal Length:        Spacing: 18"  
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 WPA

Type gasket FOAM  
Pg. III

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 W. PRICE

Date 11/19





*JoAnne Cruz*

*32480*

*Columbie  
Shawnee*

License Number: IH / 1041936 / 1 Name: WILLIAM R PRICE

Order #: 4159

Label #: 66486

Manufacturer:

Homeowner:

Year Model:

(Check Size of Home)

Address:

Length & Width:

Single

Double

Triple

City/State/Zip:

Type Longitudinal System:

HUD Label #:

Phone #:

Type Lateral Arm System:

Soil Bearing / PSF:

Date Installed:

New Home: \_\_\_\_\_ Used Home: \_\_\_\_\_

Torque Probe / in-lbs:

Installed Wind Zone:

Data Plate Wind Zone:

Permit #:

Note:

STATE OF FLORIDA  
INSTALLATION CERTIFICATION LABEL

66486

LABEL #

DATE OF INSTALLATION

WILLIAM R PRICE

NAME

IH / 1041936 / 1

4159

LICENSE #

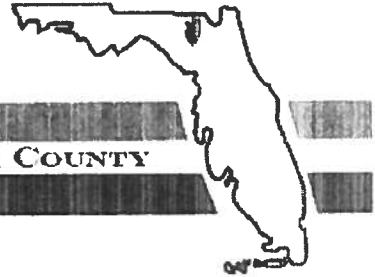
ORDER #

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.

District No. 1 - Ronald Williams  
District No. 2 - Rocky Ford  
District No. 3 - Bucky Nash  
District No. 4 - Toby Witt  
District No. 5 - Tim Murphy



## 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: 10/31/2019 5:38:46 PM

Address: 227 SW SHERRI Cir

City: LAKE CITY

State: FL

Zip Code: 32024

Parcel ID: 09451-002

REMARKS: Address Verification.

**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: Signed:/ Matt Crews

Columbia County GIS/911 Addressing Coordinator

COLUMBIA COUNTY  
911 ADDRESSING / GIS DEPARTMENT

263 NW Lake City Ave., Lake City, FL 32055 Telephone: (386) 758-1125  
Email: [gis@columbiacountyfla.com](mailto:gis@columbiacountyfla.com)



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, William R Price, give this authority for the job address show below  
Installer License Holder Name  
only, 227 SW Sherri Cir Lake City 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)
<u>Ada Price</u>	<u>[Signature]</u>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
<u>Jessie Shepard</u>	<u>[Signature]</u>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> 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

[Signature] License Holders Signature (Notarized) 14-1041936 License Number 10-23-19 Date

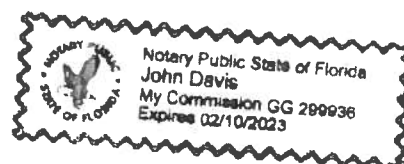
NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: SW

The above license holder, whose name is William R. Price  
personally appeared before me and is known by me or has produced identification  
(type of I.D.) on this 23rd day of October, 2019

[Signature]  
NOTARY'S SIGNATURE

(Seal/Stamp)





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

PERMIT NO. 19-0793  
DATE PAID: 10/24/19  
FEE PAID: 318.00  
RECEIPT #: 1450001

APPLICATION FOR:

☒ New System    ☐ Existing System    ☐ Holding Tank    ☐ Innovative  
☐ Repair    ☐ Abandonment    ☐ Temporary    ☐

APPLICANT: Amparo Euvargain

AGENT: ROCKY FORD, A & B CONSTRUCTION

TELEPHONE: 386-497-2311

MAILING ADDRESS: 546 SW Dortch Street, FT. WHITE, FL, 32038

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: 20 BLOCK: NA SUB: Joy Acres PLATTED: 12/31/74

PROPERTY ID #: 29-5S-17-09451-002 ZONING: Res. I/M OR EQUIVALENT: ☐ Y ☒ N

PROPERTY SIZE: 1 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐  $\leq 2000\text{GPD}$  ☐  $> 2000\text{GPD}$

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ Y ☒ N DISTANCE TO SEWER: NA FT

PROPERTY ADDRESS: 227 Sherri Circle Lake City FL

DIRECTIONS TO PROPERTY: 441 South Right on 131 Left on 349 Left on Sherri Circle  
Right at T to site on Right at 90' curve

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	SF Residential	4	2432	
2				
3				

☐ Floor/Equipment Drains    ☐ Other (Specify) \_\_\_\_\_

SIGNATURE: Rocky D Ford

DATE: 10/24/2019



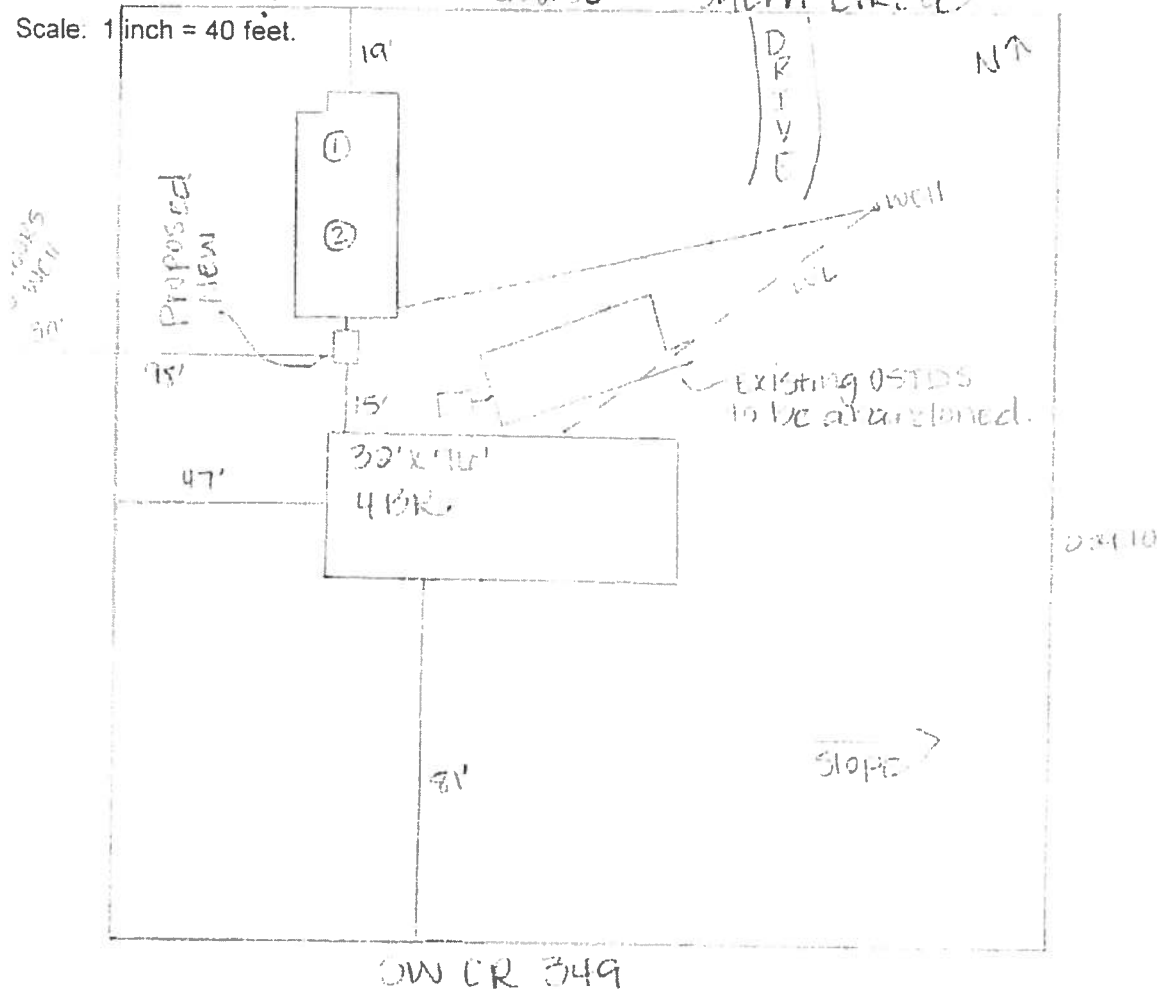
STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 19-0793

Lopez / Amparo

PART II - SITEPLAN

Scale: 1 inch = 40 feet.



Notes:

Site Plan submitted by: [Signature]

Plan Approved

Not Approved

MASTER CONTRACTOR

Date 10/24/19

By

County Health Department

**ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT**

**This Instrument Prepared by & return to:**  
Name: **Marla Landin, an employee of**  
**Integrity Title Services, LLC**  
Address: **757 W. DUVAL STREET**  
**LAKE CITY, FL 32055**  
File No. **19-08052**

Inst: 201912021001 Date: 09/10/2019 Time: 4:25PM  
Page 1 of 2 B: 1394 P: 555, P. DeWitt Cason, Clerk of Court Colum  
County, By: BD  
Deputy Clerk Doc Stamp-Deed: 168.00

Parcel I.D. #: **29-5S-17-09451-002**

SPACE ABOVE THIS LINE FOR PROCESSING DATA

SPACE ABOVE THIS LINE FOR RECORDING DATA

**THIS WARRANTY DEED** Made the **9th** day of **September**, A.D. **2019**, by **EUVARGAIN AMPARO, A**  
**SINGLE MAN**, hereinafter called the grantor, to **GABRIEL LOPEZ CALDERON**, whose post office address is **227**  
**SW SHERRI CIRCLE, LAKE CITY, FL 32024**, hereinafter called the grantee:

(Wherever used herein the terms "grantor" and "grantee" include all the parties to this instrument singular and plural, the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporations, wherever the context so admits or requires.)

**Witnesseth:** That the grantor, for and in consideration of the sum of \$10.00 and other valuable consideration, receipt whereof is hereby acknowledged, does hereby grant, bargain, sell, alien, remise, release, convey and confirm unto the grantee all that certain land situate in **Columbia County, State of Florida**, viz:

**See Exhibit "A"**


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

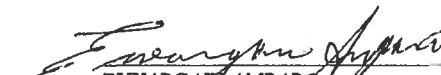
**To Have and to Hold** the same in fee simple forever.

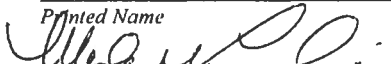
**And** the grantor hereby covenants with said grantee that he is lawfully seized of said land in fee simple; that he has good right and lawful authority to sell and convey said land, and hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever, and that said land is free of all encumbrances, except taxes accruing subsequent to December 31, 2019.

**In Witness Whereof**, the said grantor has signed and sealed these presents, the day and year first above written.

Signed, sealed and delivered in the presence of:

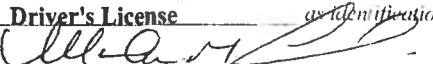
  
Witness Signature **MARY ANN TOMLINSON**

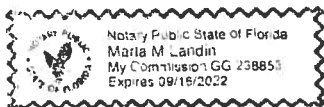
 L.S.  
**EUVARGAIN AMPARO**  
Address:  
**PO BOX 1302, LAKE CITY, FL 32056**

Printed Name  
  
Witness Signature  
**Marla M. Landin**  
Printed Name

STATE OF FLORIDA  
COUNTY OF COLUMBIA

The foregoing instrument was acknowledged before me this **9th** day of **September**, **2019**, by **EUVARGAIN AMPARO**, who is known to me or who has produced **Driver's License** as identification.

  
Notary Public  
My commission expires **9/14/22**



MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER \_\_\_\_\_

CONTRACTOR

William R. Price

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 _____ Signature _____ License #: _____ Phone #: _____ Qualifier Form Attached <input type="checkbox"/>
MECHANICAL A/C 770	Print Name <u>Timothy D Shatto</u> Signature <u>Timothy D Shatto</u> License #: <u>CACD57875</u> Phone #: <u>386-4916-8224</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.

Revised 4/27/2017

Gabriel Lopez

227 SW  
Shelbi Cir.

Cm12

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER \_\_\_\_\_ CONTRACTOR William Price PHONE 407-448-0952

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.

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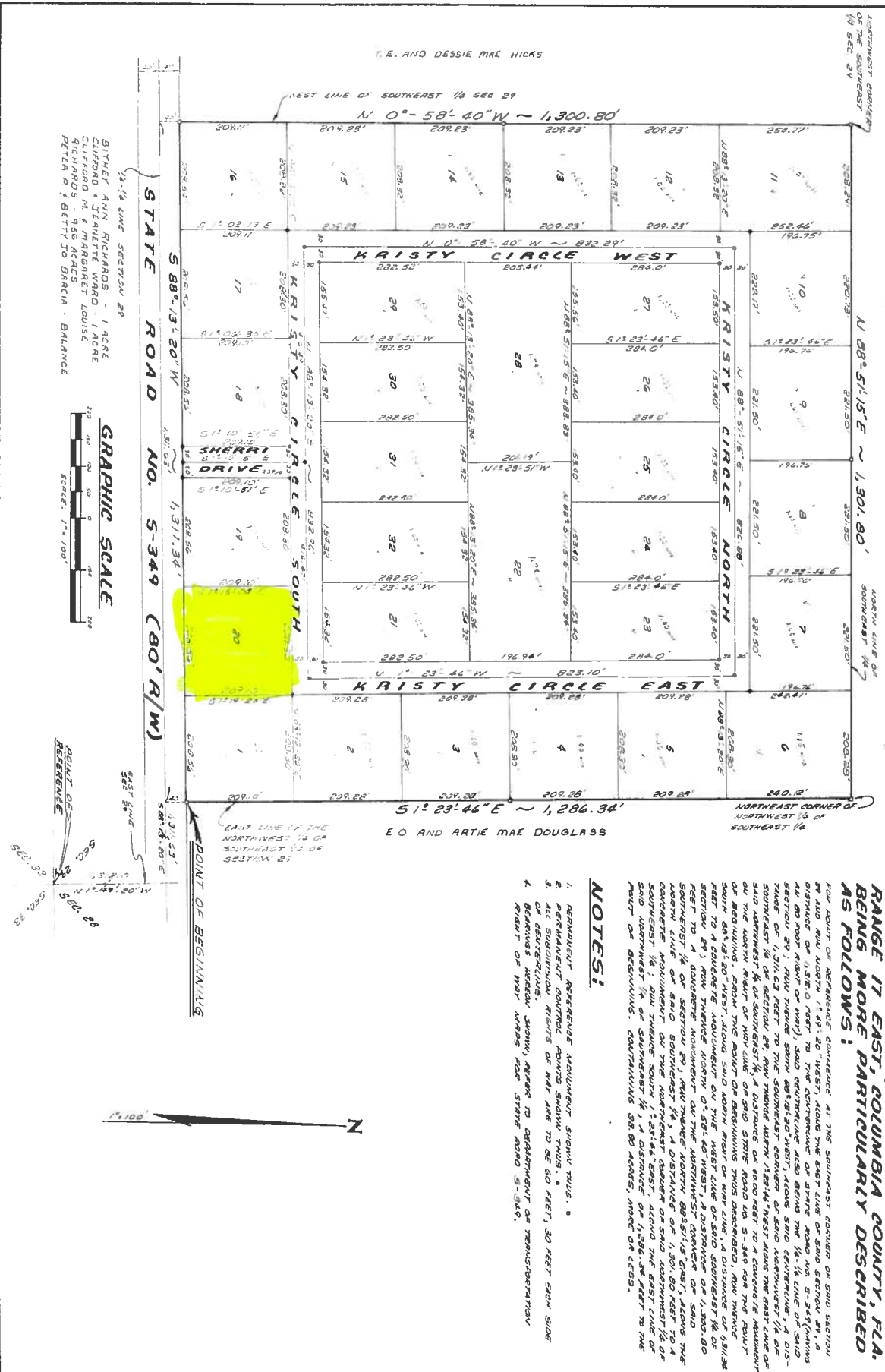
<p>ELECTRICAL</p> <p>✓ 1079</p>	<p>Print Name <u>William Whittington</u> Signature <u>William Whittington</u></p> <p>License #: <u>EG13002957</u> Phone #: <u>386 972 1700</u></p> <p>Qualifier Form Attached <input type="checkbox"/></p>
<p>MECHANICAL/ A/C</p>	<p>Print Name _____ Signature _____</p> <p>License #: _____ Phone #: _____</p> <p>Qualifier Form Attached <input type="checkbox"/></p>

**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.

# JOY ACRES

## COLUMBIA COUNTY, FLORIDA

CLIFFORD SR. AND OLMA MAE DICKS



**CAPTION:**  
PART OF THE NORTHWEST 1/4 OF THE SOUTHEAST 1/4 OF SECTION 29, TOWNSHIP 5 SOUTH, RANGE 17 EAST, COLUMBIA COUNTY, FLA. BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:

FOR POINT OF BEGINNING, COMMENCE AT THE SOUTHWEST CORNER OF SAID SECTION 29 AND RUN NORTH 1° 49' 20\"

**NOTES:**

1. PERMANENT REFERENCE MONUMENT SHOWN TRUE.
2. PERMANENT CORNER POINTS SHOWN TRUE.
3. ALL SUBDIVISION MEASUREMENTS TO BE 50 FEET, 50 FEET EACH SIDE OF CENTERLINE.
4. BEARINGS HEREIN SHOWN, REFER TO DEPARTMENT OF TRANSPORTATION RIGHT OF WAY LINES FOR STATE ROAD 5-349.

## Legend

### Parcels

#### 2018 Flood Zones

0.2 PCT ANNUAL CHANCE

- A
- AE
- AH

#### Lidar Elevations



### Addresses

#### SRWMD Wetlands



#### 2018 Aerials



#### Roads

- Roads
- others



# Columbia County, FLA - Building & Zoning Property Map

Printed: Thu Nov 07 2019 17:36:23 GMT-0500 (Eastern Standard Time)



## Parcel Information

Parcel No: 29-5S-17-09451-002

Owner: AMPARO EUVARGAIN

Subdivision: JOY ACRES

Lot: 20

Acres: 0.9983082

Deed Acres:

District: District 4 Toby Witt

Future Land Uses: Agriculture - 3

Flood Zones:

Official Zoning Atlas: A-3

All data, information, and maps are provided "as is" without warranty or any representation of accuracy, timeliness of completeness. Columbia County, FL makes no warranties, express or implied, as to the use of the information obtained here. There are no implied warranties of merchantability or fitness for a particular purpose. The requester acknowledges and accepts all limitations, including the fact that the data, information, and maps are dynamic and in a constant state of maintenance, and update.



# LIMITED POWER OF ATTORNEY

I William Price DO HERBY AUTHORIZE  
ODA PRICE  
JESSIE SHEPARD Gabriel Lopez  
Salin Cruz

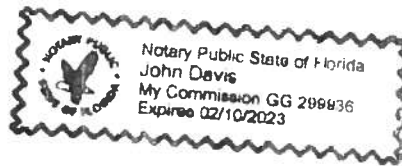
TO PULL MY PERMITS AND ACT ON MY BEHALF IN ALL ASPECTS OF  
APPLYING FOR A MOBILE HOME PERMIT.



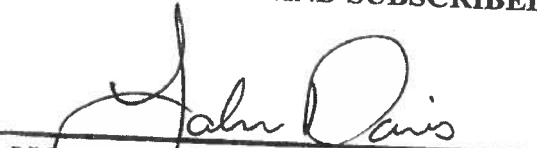
SIGNATURE

11-12-19

DATE

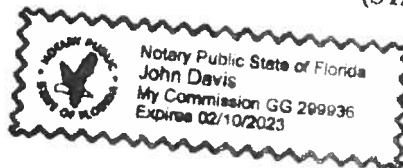


SWORN TO AND SUBSCRIBED BEFOR ME ON THIS 12 DAY OF Nov 2019

  
NOTARY PUBLIC

John Davis  
NOTARY PUBLIC PRINT

(STAMP)



MY COMMISSION EXPIRES: 2-10-23  
COMMISSION NO: GG299936  
PERSONALLY KNOWN: x  
PRODUCED ID. (TYPE): \_\_\_\_\_