

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 # 11-4S-15-00337-002 Subdivision _____ Lot# _____

▪ New Mobile Home ☒ Used Mobile Home _____ MH Size 28x56 Year 2023

▪ Applicant Lamanda Mote Phone # 386 288 9673

▪ Address 301 SW Faul Court Lake City FL 32024

▪ Name of Property Owner Kenneth Sweet Phone# 904-437-6882

▪ 911 Address 535 SW Nugget Way Lake City FL 32024

▪ Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Duke Energy

▪ Name of Owner of Mobile Home Hunter Sweet Phone # 904-437-6882

Address 535 SW Nugget Way Lake City FL 32024

▪ Relationship to Property Owner Son

▪ Current Number of Dwellings on Property 1

▪ Lot Size 11.5 acres Total Acreage 11.5 acres

▪ 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 (R) onto N. Marion Ave, (R) onto NW Justice St,
(L) onto NW Columbia Ave, (R) onto N. Duval St, (L) onto SW CR 252B,
(R) onto SW Deputy J Davis Lane, (L) onto SW Pinemount Rd, (L) SW Nugget way
*Lamanda.Mote@gmail.com

▪ Name of Licensed Dealer/Installer Stephen Weeks Phone # 904 219-9801

▪ Installers Address 1357 Blackmon Rd Greencove Springs FL 32043

▪ License Number 1H / 1025306 Installation Decal # 95380

Sheet

PERMIT WORKSHEET

PERMIT NUMBER

Installer Stephen Weeks License # 11/1025306

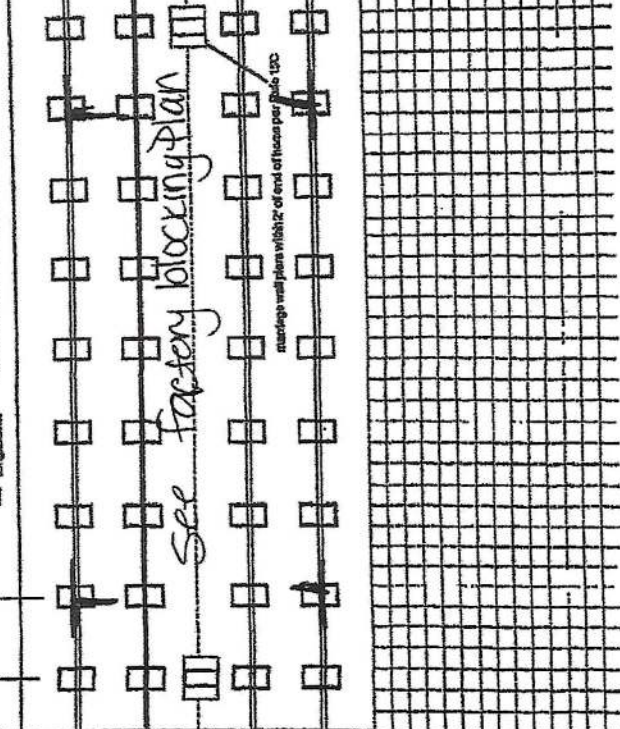
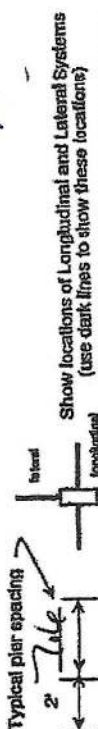
Owner Name & Address of home being installed
5014 SW Ichetucknee Ave
Alt White Fl 32033

Manufacturer Dayton Length x width 29x48

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]



page 1 of 2

New Home ☒ Used Home ☐ Year Model ☐

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 Detail # 74430

Triple/Quad ☐ Serial # DS290923-131016

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity	Footer size (sq in)	18" x 18" (256)	18" x 12" x 18" (342)	20" x 20" (400)	22" x 22" (484)	24" x 24" (576)	26" x 26" (676)
1000 psf	3'	3'	4'	5'	6'	7'	8'
1500 psf	4'	4'	5'	6'	7'	8'	9'
2000 psf	5'	5'	6'	7'	8'	9'	10'
2500 psf	6'	6'	7'	8'	9'	10'	11'
3000 psf	7'	7'	8'	9'	10'	11'	12'
3500 psf	8'	8'	9'	10'	11'	12'	13'

* Interpolated from Rule 15C-1 pier spacing table

PIER PAD SIZES

Pad Size	Sq in
18" x 18"	256
18" x 16"	288
16" x 18"	288
18.5" x 18.5"	342
16" x 22.5"	360
17" x 22"	374
13.75" x 26.75"	368
20" x 20"	400
17.12" x 22.12"	432
17.375" x 25.375"	441
24" x 24"	576
26" x 26"	676

I-beam pier pad size 23x31
Pier pad size or 17.5x25.5
Other pier pad sizes (required by the mfg.) _____

Draw the approximate locations of manfage wall openings 4 foot or greater. Use this symbol to show the plans.

List all manfage wall openings greater than 4 foot and their pier pad sizes below.

Opening See e Pier pad size _____

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

OTHER TIES blocking plan

ANCHORS _____

Number _____

Sidewall _____

Longitudinal _____

Manfage wall _____

Shearwall _____

Longitudinal Stabilizing Device (LSD) Manufacturer _____

Longitudinal Stabilizing Device w/ Lateral Arms Manufacturer _____

011021 1101V

PERMIT WORKSHEET

page 2 of 2

PERMIT NUMBER

POCKET PENETROMETER TEST

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

x1000 x1000 x1000

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.

x1000 x1000 x1000

TORQUE PROBE TEST

The results of the torque probe test is _____ inch pounds or check here if you are declaring 5' anchors without testing 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 sidewalk locations. 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 _____ 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.

Site Preparation

Debris and organic material removed _____
Water drainage: Natural _____ Swale _____ Pad _____ Other _____

Fastening multi-wide units

Floor: Type Fastener: 1945 Length: 3 Spacing: 20
Walls: Type Fastener: 1945 Length: 6 Spacing: 20
Roof: 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 (weatherstripping requirement)

I understand a properly installed gasket is a requirement of all new and used homes and that condensation, mild, mildew and buckled interior 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

Pg. R11

Installed:

Between Floors Yes
Between Walls Yes
Bottom of ridgebeam Yes

Weatherproofing

The bottomboard will be repaired and/or taped. Yes
Siding on units is installed to manufacturer's specifications. Yes
Flaplace chimney installed so as not to allow intrusion of rain water. Yes

Miscellaneous

Siding to be installed. Yes
Dryer vent installed outside of skirting. Yes
Range downflow vent installed outside of skirting. Yes
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

Installer Signature

Stephen Weeks

All information on this worksheet must be filled out completely to be accepted.

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR Stephen Weeks 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>Glenn Whittington</u> License #: <u>13002957</u>	Signature <u>Glenn Whittington</u> Phone #: <u>386 972-1701</u>
<p align="center">Qualifier Form Attached <input type="checkbox"/></p>		
MECHANICAL/ A/C	Print Name <u>Timothy Shatto</u> License #: <u>CAC 059875</u>	Signature <u>Timothy Shatto</u> Phone #: <u>386 496-8224</u>
<p align="center">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.

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Ron DeSantis
Governor

Joseph A. Ladapo, MD, PhD
State Surgeon General

Vision : To be the Healthiest State in the Nation

May 10, 2023

(PERMITTING SERVICES & MORE, LLC)
283 SW FAUL
Fort White, FL 32038

RE: Contingency Letter
Application Document No: AP1964417
Centrax Permit Number: 12-SC-2705978
OSTDS Number:
535 SW NUGGET
Lake City, FL 32024

Lot: Block: Subdivision:

Dear Applicant:

This will acknowledge receipt of an application dated 05/09/2023 for a permit to use an existing onsite sewage treatment and disposal system located on the above referenced property.

From a review of your completed application, it has been determined that your existing system appears to meet the minimum standards of F.A.C. 64E-6 for the proposed use. It is approved for use with the plans submitted to this office. If this system should fail, causing an unsanitary condition to exist, steps must be taken to bring the system into compliance immediately. Department approval of the system does not guarantee satisfactory performance for any specific period of time. Any change in material facts which served as a basis for issuance of this approval requires the applicant to modify the permit application. Such modification may result in this approval being made null and void. Issuance of this approval does not exempt the applicant from compliance with other Federal, State, or Local Permitting required for development of this property.

If you have any questions on this matter, please call our office at (386) 758-1058.

Sincerely,

Cassandra Bonds, Environmental Specialist I

Enclosures
cc:

SS

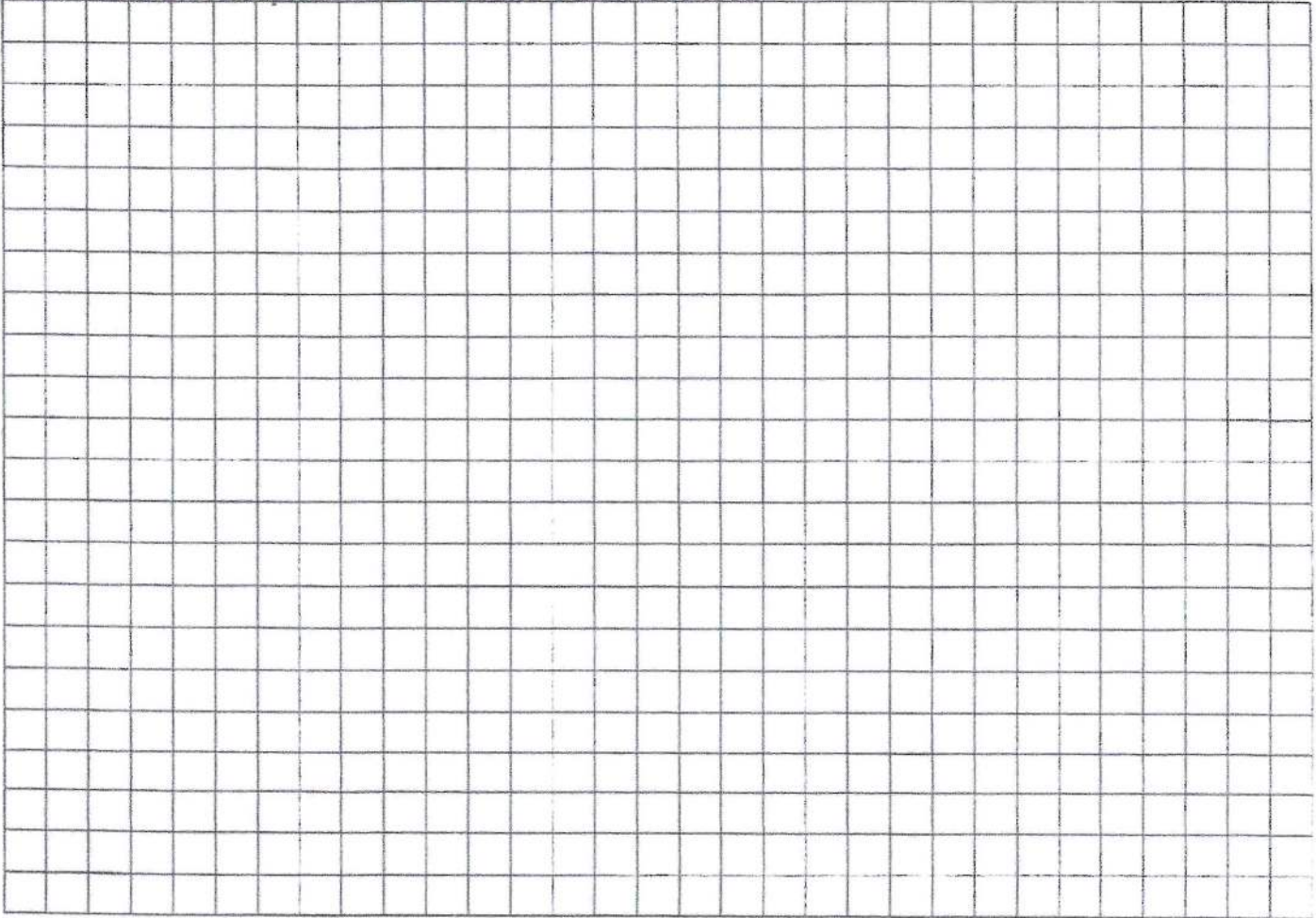
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 23-0346

Customer: Sweet

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

Scale: Each block represents 10 feet and 1 inch = 40 feet.



Notes:

Please see attached to scale site plan
Thank you

Site Plan submitted by: Lamanda Hille Agent: ☒ Owner: _____ Date: 5/9/2003
Plan Approved ☒ Not Approved _____ Date 6/10/23
By Lamanda Bonds ESI Columbia COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



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

PERMIT NO. 230344
DATE PAID: 5/9/23
FEE PAID: 40.00
RECEIPT #: 1964417

APPLICATION FOR:

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

APPLICANT: Kenneth Sweet

AGENT: Permitting Services / Lamanda Mote

TELEPHONE: 386 288-9673

MAILING ADDRESS: 301 SW Faul CT Lake City FL 32024

Lamanda.Mote@gmail.com

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: _____ BLOCK: _____ SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: 11-4S-15-00337-002 ZONING: _____ I/M OR EQUIVALENT: ☒ Y ☐ N

PROPERTY SIZE: 11.5 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ <=2000GPD ☐ >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y ☐ N DISTANCE TO SEWER: 165 FT

PROPERTY ADDRESS: 535 SW Nugget Way Lake City FL 32024

DIRECTIONS TO PROPERTY: (R) onto N. Marion Ave, (L) onto NW Justice St, (L) onto NW Columbia Ave

(R) onto W Duval St, (R) onto SW CR 252B, (R) onto SW Deputy J Davis Ln,

(L) onto SW Pinemount Rd, (L) SW Nugget way

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
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1	<u>Old Home</u>	<u>3</u>	<u>1277</u>	
2	<u>New Home</u>	<u>3</u>	<u>1493</u>	<u>ORIGINAL ATTACHED</u>
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Lamanda Mote

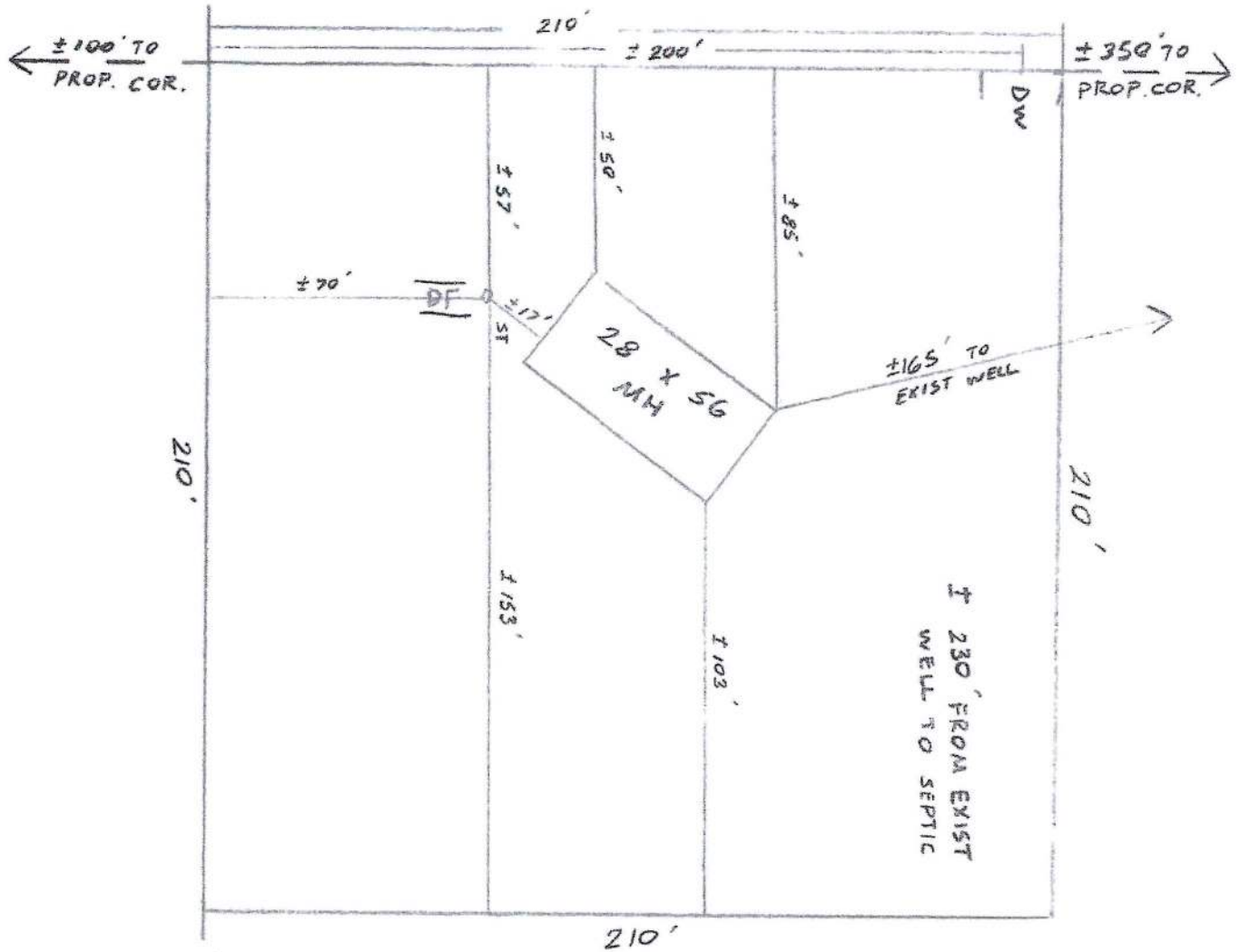
DATE: 5/7/2023

Sweet
parcel #

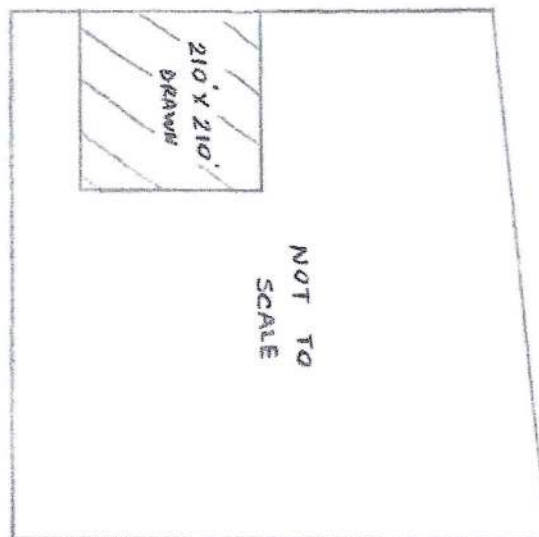
11-4S-15-00337-002

23-0344

SW NUGGET WAY



± 545' TO
PROP. LINE



1" = 40'

Permitting Services
(386) 288-9673
Lamanda Mote

Y Mote 4/15/2003



BOARD OF COUNTY COMMISSIONERS • COLUMBIA COUNTY

Address Assignment and Maintenance Document

To maintain compliance with the county's Addressing Policy you must make application for a 9-1-1 Address at the time you apply for a building permit. The standards for addressing and posting numbers to all principal buildings, dwellings, businesses and industries are in accordance with Chapter 102, Article IV of the Columbia County Code of Ordinances. The addressing system better enables Emergency Services and Law Enforcement Agencies to respond in the event of an emergency. This address is also used by the United States Postal Service and delivery services in the timely and efficient provision of services.

Date/Time Issued: **5/5/2023 4:17:56 PM**

Address: **535 SW NUGGET Way**

City: **LAKE CITY**

State: **FL**

Zip Code **32024**

Parcel ID **00337-002**

REMARKS: New address for Habitable structure (family home, business, etc.) on the parcel.

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: **SCHOFIELD, LINCOLN C.**

This instrument was prepared by:
DUANE E. THOMAS, ESQ.
206 S. Marion Ave.
Lake City, FL 32025

Inst: 202312003693 Date: 03/03/2023 Time: 8:03AM
Page 1 of 2 B: 1485 P: 2008, James M Swisher Jr, Clerk of Court
Columbia, County, By: VCM
Deputy ClerkDoc Stamp-Deed: 0.70

WARRANTY DEED

This indenture, made this 17th day of February A.D 2023, between KENNETH N. SWEET, aka, KENNETH NEIL SWEET, a widower, and the surviving spouse of SUSAN R. SWEET aka, SUSAN FRANCIS SWEET, deceased, who died on November 29, 2022 in Columbia County, FL, whose residence address is 477 SW Nugget Way, Lake City, FL 32024, as GRANTOR, and, PAUL LORNE SWEET, a married man, whose residence address is 397 SW Nugget Way, Lake City, FL 32024, and KENNETH WAYNE SWEET, A MARRIED MAN, whose residence address is PO Box 250, Colmesneil, Texas 75938, GRANTEES, receiving this conveyance as tenants in common, and NOT as joint tenants; **RESERVING UNTO GRANTOR A LIFE ESTATE IN THE PARCEL HEREIN DESCRIBED FOR THE DURATION OF HIS NATURAL LIFE.**

WITNESSETH: That the said GRANTOR, for and in consideration of the sum of ten dollars (\$10.00), and other valuable considerations to him in hand paid by the said GRANTEES, the receipt whereof is hereby acknowledged, has granted, bargained and sold to the said GRANTEES and grantee's heirs and assigns forever, the following described land, situate, lying in and being in Columbia County, Florida, to wit:

11-4S-15 5000/5000 11.50 Acres
THE WEST 759 FT OF SE1/4 OF NW1/4 EX APPROX THE NORTH 661.16 FT AS MEASURED ON WEST SIDE EXCEPTION BEING DESC IN ORB 1094-934 & 1094-936: Columbia County Property Appraiser Parcel ID# 11-4S-15-R00337-002. **RESERVING UNTO GRANTOR A LIFE ESTATE IN THE AFORE DESCRIBED PARCEL.**

Subject to restrictions of record.

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 Grantees that the Grantor is lawfully seized of said land in fee simple; that the Grantor has good rights and lawful authority to sell and convey said land; that the Grantor 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 12/31/2022.

In Witness Whereof, the said grantor has hereunto set grantor's hand and seal the day and year first above written.

Signed, sealed and delivered in our presence:

Signature: _____

Witness printed name: Taylor Strickland

Signature: Stephanie Ambros

Witness printed name: Stephanie Ambros

Kenneth N. Sweet
KENNETH N. SWEET, aka, KENNETH NEIL SWEET
GRANTOR

State of Florida:

County of COLUMBIA:

The foregoing instrument was acknowledged before me this 7th day of February, 2023 by

KENNETH N. SWEET, aka, KENNETH NEIL SWEET

personally known to the undersigned. Witness my hand and official seal.

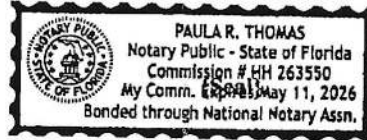
Paula R. Thomas
Notary Public

Print Name:

Paula R. Thomas

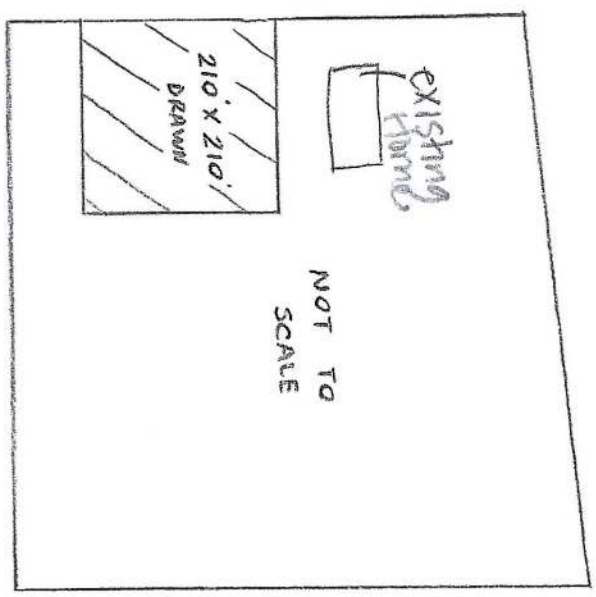
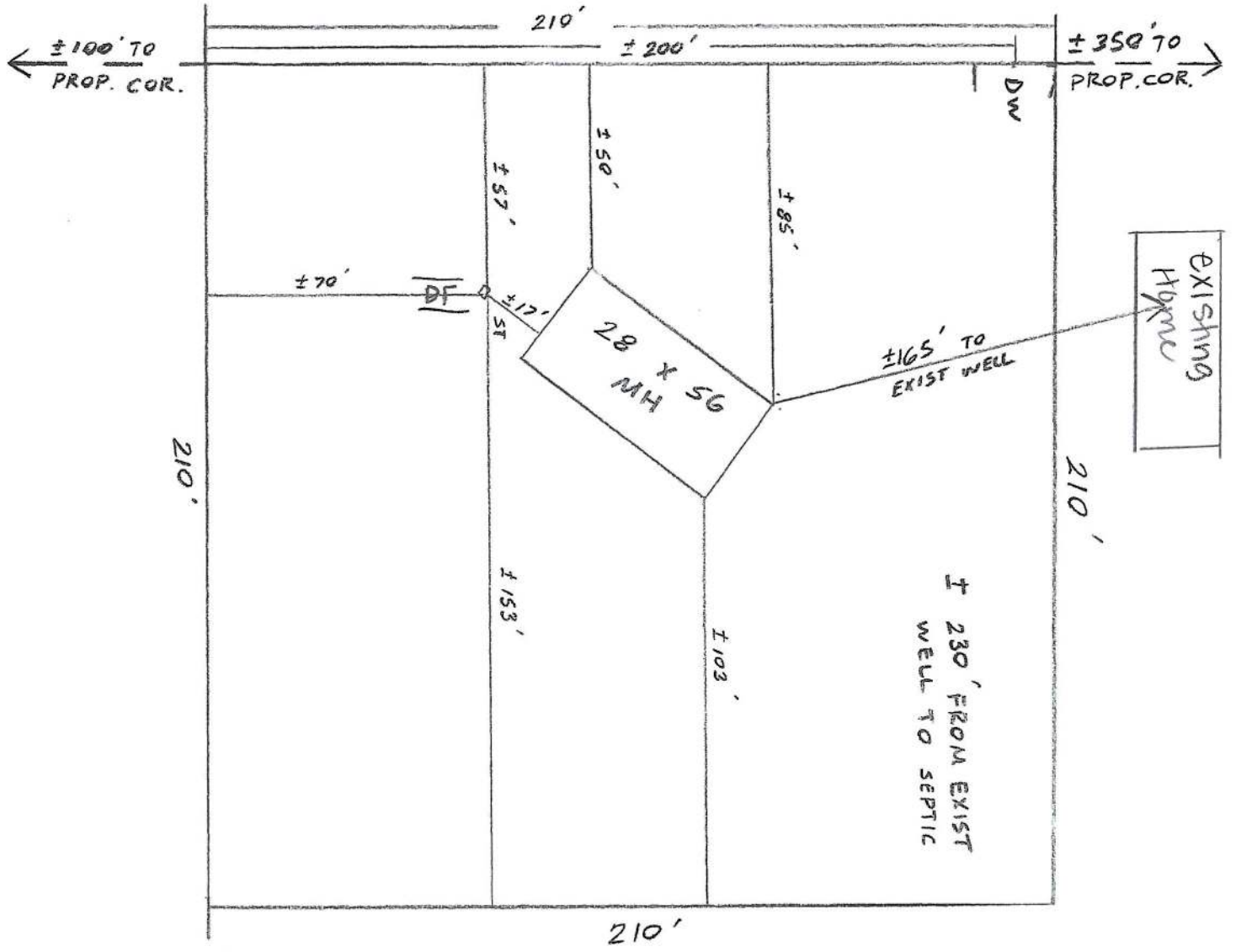
My Commision Expires

May 11, 2026



Sweet
 parcel #
 11-4S-15-0033T-002

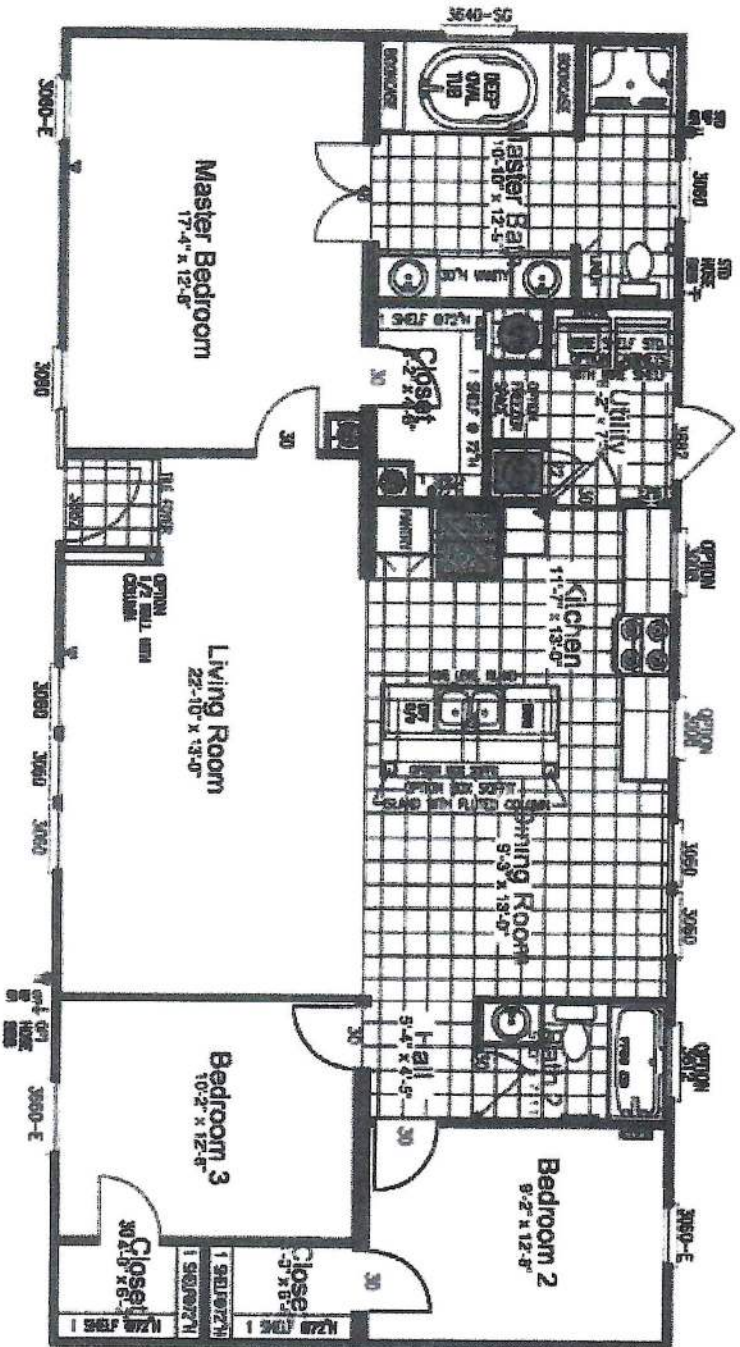
SW NUGGET WAY



1" = 40'

Permitting Services
 (386) 288-9673
 Lamanda Mote
 Note 4/15/2023

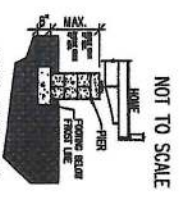
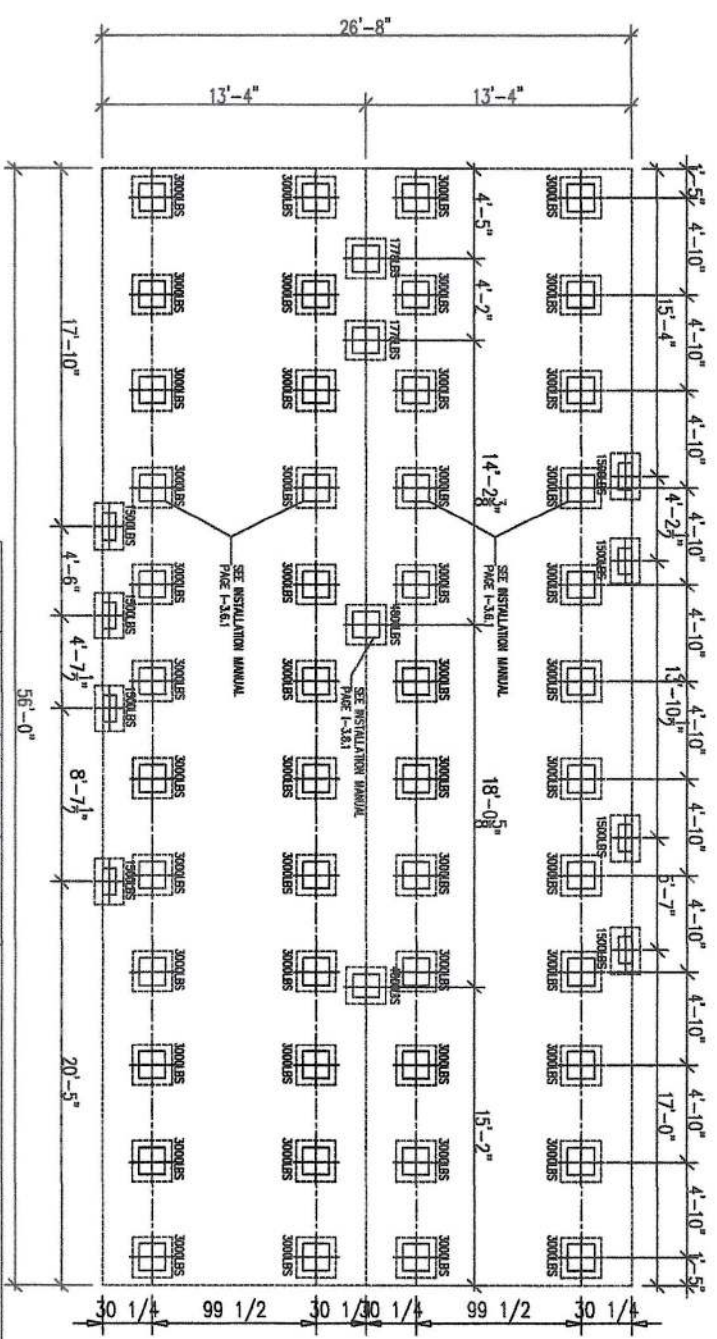
New home



MODEL: 290TE28563F 3 BR. ~ 2 BA.
28'-0" X 56'-0" ~ 1493 SQ. FT.

Jazz backup

SOIL BEARING LOAD 1000LBS
 1500LBS=16"x16" ABS FOOTER
 1778LBS=16"x16" ABS FOOTER
 3000LBS=17.5"x25.5" ABS FOOTER
 4800LBS=23.25"x31.25" ABS FOOTER



NOTE: SEE I-3.2
 INSTALLATION MANUAL

MAXIMUM SPAN BETWEEN PIERS UNDER I-BEAMS (FEET)				MAXIMUM CLEAR SPAN FOR MATTING LINE SUPPORTS (FEET)				MAX. LOAD FOR MAX. LOAD FOR MAX. LOAD FOR			
PAD SIZE	PAD AREA (SQ. FT.)	SINGLE WIDE	DOUBLE WIDE	PAD SIZE	PAD AREA (SQ. FT.)	SINGLE WIDE	DOUBLE WIDE	16' X 18.5"	17.5' X 25.5"	20' X 31.25"	23.25' X 31.25"
16' X 18.5"	2.00	3.30	2.97	16' X 18.5"	2.00	3.30	2.97	2,000	3,000	4,000	5,000
17.5' X 25.5"	4.00	6.61	5.93	17.5' X 25.5"	4.00	6.61	5.93	4,000	6,000	8,000	10,000
20' X 31.25"	6.25	10.92	9.89	20' X 31.25"	6.25	10.92	9.89	6,000	9,000	12,000	15,000
23.25' X 31.25"	7.35	12.86	11.69	23.25' X 31.25"	7.35	12.86	11.69	8,000	12,000	16,000	20,000
16' X 16"	1.78	2.94	2.64	16' X 16"	1.78	2.94	2.64	1,778	2,667	3,556	4,444
17.5' X 16"	2.35	3.88	3.48	17.5' X 16"	2.35	3.88	3.48	2,347	3,521	4,694	5,867
18.5' X 18.5"	2.38	3.93	3.53	18.5' X 18.5"	2.38	3.93	3.53	2,377	3,562	4,735	5,908
20' X 20"	2.78	4.59	4.12	20' X 20"	2.78	4.59	4.12	2,778	4,167	5,556	6,944
24' X 24"	4.00	6.61	5.93	24' X 24"	4.00	6.61	5.93	4,000	6,000	8,000	10,000

THIS LETTER SHALL CERTIFY THAT ABS FOUNDATION PADS MANUFACTURED BY OLIVER TECHNOLOGIES, INC. MAY BE USED IN THE MANNER SHOWN ON THE CHART & DOUBLE STACKED FOUNDATION PERS PROVIDED THE FOLLOWING CRITERIA ARE MET:

1. THE ABS PADS MUST BE INSTALLED PER OLIVER TECHNOLOGIES INSTALLATION INSTRUCTIONS.
2. THE PIER LOADS APPLIED TO THE ABS PADS MAY NOT EXCEED THE VALUES NOTED IN THE CHART BELOW.
3. THE ABS PADS MAY BE USED TO SUPPORT A CONTINUOUS FOUNDATION WALL. THE PADS MAY ONLY BE USED FOR INDIVIDUAL FOUNDATION PIERS.
4. ABS PADS MAY BE COMBINED TO COVER A LARGER AREA. IN THIS CASE THE MAX. ALLOWABLE LOADS MAYBE COMBINED AS WELL.
5. IF THE REQUIREMENTS OF DESTINY IND. INSTALLATION MANUAL, CONFLICT WITH THE REQUIREMENTS OF THE OLIVER TECHNOLOGIES INSTALLATIONS THE MORE STRINGENT REG. SHALL BE USED.

230 E.W. BRYANT ROAD
 MOUNTAIN, GEORGIA 31768
 PHONE: 1-866-782-6600

REVISIONS

NO.	DESCRIPTION	DATE
1	1000LBS ABS PAD FOUNDATION PLAN	7/14/2022

DRAWING FILE INFORMATION

28X60 3BR-2B

DESIGNED BY: JEREMY RIVERS

SHEET 1-C17

PRODUCT: TIMBERLINE

DATE: 7/14/2022

MODEL NO.: DSH11617

SO. FT.: 1493

REVISION: -



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, Stephen Weeks, 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
Lamanda Mote	<i>Lamanda Mote</i>	Permitting Services of Mote LLC

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.

Stephen Weeks

License Holders Signature (Notarized)

1H/1025306
License Number

5/13/2023
Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Stephen Weeks,
personally appeared before me and is known by me or has produced identification
(type of I.D.) personally known on this 13th day of May, 20 23.

Connie L. Bivins
NOTARY'S SIGNATURE

(Seal/Stamp)





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, Stephen Weeks, give this authority for the job address show below
Installer License Holder Name

only, 535 SW Nugget way Lake City FL 32054, 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)
Lamanda Mott		<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
		<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.

Stephen Weeks License Holders Signature (Notarized) 1H/1025306 License Number 5/13/2023 Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Stephen Weeks,
personally appeared before me and is known by me or has produced identification
(type of I.D.) personally known on this 13th day of May, 2023.

NOTARY'S SIGNATURE



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

**BUILDING AND ZONING
DEPARTMENT**



BOARD OF COUNTY COMMISSIONERS • COLUMBIA COUNTY

**MOBILE HOME INSTALLER
OBLIGATION LETTER**

I, Stephen Weeks, of SFR MOVERS, license number
(Print Name) (Company Name)

IH 1025306, do hereby agree to affix the installation decal onto this manufactured home as required by law and provide a copy of this decal to the permitting authority.

I further understand that once these decals become available I must provide them to obtain any further permits in Columbia County, Florida.

Stephen Weeks
Signature - Licensed Mobile Home Installer

5/13/2003
Date

Job Information

Job Name: Sweet

Location: 535 SW Nogget Way Lake City FL 32004

Application or Permit #: _____

BOARD MEETS FIRST AND THIRD THURSDAY AT 5:30 P.M.

P.O. BOX 1529

LAKE CITY, FLORIDA 32056-1529

PHONE (386) 755-4100