### PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

| For Office Use Only (Revised 7-1-15) Zoning Official LW  | _Building Official   |
|--|--|
| AP# 55378 Date Received ByM6   | Permit #   |
| Flood Zone X Development Permit JA Zoning A-3 Lar  | nd Use Plan Map Category Aq  |
| Comments   |  |
|  |  |
| FEMA Map# Elevation Finished Floor River   |  |
| □ 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 Co   | ounty 🗆 Sub VF Form  |
| 2  |  |
| Property ID # 29-48-16-03970-033 Subdivision Rolling   | Acres Lot# 3   |
|  |  |
| New Mobile Home Used Mobile Home N   |  |
| - Applicant Sorg North Phone #   | 863-517-5701   |
| - Address 3311 Sw State Rd 247 (alle Ca  | Hy FI 32024  |
| Name of Property Owner Maria Diver James Lucepho   | one# 386-466-2683  |
| = 911 Address 245 Sw Rolling Glen Ft white   | F1 32058   |
| ■ Circle the correct power company - FL Power & Light -  |  |
| (Circle One) - Suwannee Valley Electric -  | <b>Duke Energy</b>   |
| N.:  | 28 111 216   |
| Name of Owner of Mobile Home Maria Oliver  | Phone # 380-440-2483   |
| Address 245 Sw Rolling Gilen Ft White  | e F1 32038   |
| Relationship to Property Owner   |  |
| ■ Current Number of Dwellings on Property   - this one   | )  |
| ■ Lot Size 258 x 470 Total Acreage 2.  | 79   |
| Do you : Have Existing Drive or Private Drive or need Culvert Permi (Currently using) (Blue Road Sign) (Putting in a Culvert | t or <u>Culvert Waiver</u> (Circle one) (Not existing but do not need a Culvert) |
| Is this Mobile Home Replacing an Existing Mobile Home  |  |
| Driving Directions to the Property   |  |
|  |  |
|  |  |
|  |  |
| Name of Licensed Dealer/Installer Roald "Ryas" Norris  | Phone # 384 - 234 - 1005   |
| Installers Address 1004 Sw Charles Ferr Lake Cote  |  |
| ■ License Number <u>TH 1135009</u> Installation De   | ecal # 9 3023  |



### **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:

3/8/2022 8:48:30 PM

Address:

245 SW ROLLING GLN

City:

FORT WHITE

State:

FL

Zip Code

32038

Parcel ID

29-6S-16-03970-033

REMARKS:

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

Verification ID: 1ccb7dc8-10ed-4b5a-86d8-3b59949f5915

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 Property Appraiser**

Jeff Hampton

Parcel: << 29-6S-16-03970-033 (44101) >>

2022 Working Values updated: 6/9/2022

**Owner & Property Info LUCENN JAMES R OLIVER MARIA** Owner

331 SW ROLLING GLN FORT WHITE, FL 32038

Site

LOT 3 ROLLING ACRES S/D. 683-115, 707-22, 808-676, 814-1420, 894-1214, DC 1446-317, QC 1452-Description\* 999, WD 1454-1736, PB 1457-1122, WD 1457-2217 S/T/R 29-6S-16 Area

Use Code\*\* VACANT (0000) Tax District 3

\*The <u>Description</u> above is not to be used as the Legal Description for this parcel in any legal transaction.
\*\*The <u>Use Code</u> 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 Va    | alues            |   |
|-----------------------------|------------------|---|
| 2021 Certified Values       | 2022 Wor         | king Values   |
| There are no 2021 Certified | Mkt Land         | \$13,950  |
| Values for this parcel      | Ag Land          | \$0   |
|                             | Building         | \$0   |
|                             | XFOB             | \$0   |
|                             | Just             | \$13,950  |
|                             | Class            | \$0   |
|                             | Appraised        | \$13,950  |
|                             | SOH Cap [?]      | \$0   |
|                             | Assessed         | \$13,950  |
|                             | Exempt           | \$0   |
|                             | Total<br>Taxable | county:\$13,950<br>city:\$0<br>other:\$0<br>school:\$13,950 |

|                 |        | ictometery |        |        |          |        |
|-----------------|--------|------------|--------|--------|----------|--------|
| 2019            | O 2016 | O 2013     | O 2010 | O 2007 | O 2005   | Sale   |
| +               |        |            |        |        | /elewist |        |
|                 |        |            |        |        | ONG      | SWINEW |
|                 |        |            |        |        |          |        |
| WOSEPH @        |        |            |        |        |          | WROLL  |
| <i>ই</i><br>প্র |        |            |        |        | in di    |        |
|                 | Thus,  | ionnal z   |        |        |          |        |
|                 |        |            |        | Surre  | icite.   |        |
|                 |        | 4          |        |        |          |        |

| Sales History |            |           |      |     |                       |       |
|---------------|------------|-----------|------|-----|-----------------------|-------|
| Sale Date     | Sale Price | Book/Page | Deed | V/I | Qualification (Codes) | RCode |
| 1/22/2022     | \$100      | 1457/2217 | WD   | V   | U                     | 11    |

| the second section of the second section is a second section of | Y            |          |         |           |            |
|---|--------------|----------|---------|-----------|------------|
| Bldg Sketch   | Description* | Year Blt | Base SF | Actual SF | Bldg Value |

| Code | Desc | Year Blt | Value | Units | Dims |
|------|------|----------|-------|-------|------|
|------|------|----------|-------|-------|------|

| ▼ Land Breakdown |               |          |                         |             |            |  |
|------------------|---------------|----------|-------------------------|-------------|------------|--|
| Code             | Desc          | Units    | Adjustments             | Eff Rate    | Land Value |  |
| 0000             | VAC RES (MKT) | 2.790 AC | 1.0000/1.0000 1.0000/ / | \$5,000 /AC | \$13,950   |  |



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

NOTES:

### PARCEL: 29-6S-16-03970-033 (44101) | VACANT (0000) | 2.79 AC

LOT 3 ROLLING ACRES S/D. 683-115, 707-22, 808-676, 814-1420, 894-1214, DC 1446-317, QC 1452-999, WD 1454-1736, PB 1457-1122, WD 1457-2217

**LUCENN JAMES R** 2022 Working Values Owner: OLIVER MARIA Mkt Lnd \$13,950 Appraised \$13,950 \$0 Assessed \$13,950 331 SW ROLLING GLN Ag Lnd FORT WHITE, FL 32038 Bldg \$0 Exempt \$0 Site: **XFOB** \$0 county:\$13,950 Total city:\$0 Sales Just \$13,950 1/22/2022 \$100 V (U) Taxable other:\$0 Info school:\$13,950



This information,, was derived from data which was compiled by the Columbia County Property Appraiser Office solely for the governmental purpose of property assessment. This information should not be relied upon by anyone as a determination of the ownership of property or market value. No warranties, expressed or implied, are provided for the accuracy of the data herein, it's use, or it's interpretation. Although it is periodically updated, this information may not reflect the data currently on file in the Property Appraiser's office.

GrizzlyLogic.co GrizzlyLogic.com Date of Birth Buyer,

Approved

### FIRST COAST HOMES 3909 HWY 90 WEST AKE CITY, FLORIDA 32055

Drivers License Buyer: Co-Buyer:

| Buyar;<br>Co-Buyer; (3   | 86) 752-14   | 52 . Fax: (386   | ) 752-1371 Co                    | Buyer:                   |  |
|--|--|--|----------------------------------|--------------------------|--|
| BUYER(S) MCONC IV MINIMI   |  | PHOP   | 16                               | DATE.                    |  |
|  | Drive  | E WIL  | THE CHESTERN                     | FL                       |  |
| MATE & MODEL  MA | ng Cu  | N FORL   | FLOOR SIZE HITCH SIZE            | 20030 sroc               | CK NUMBER  |
| LOVE OCIK I LIVE OUL 2010  | BEDRU Z  | DOMS L   | -0 w 30 664 W                    | 30                       | NUMBERS  |
| SERIAL NUMBER  | GOL  |  | PROPOSED DELIVERY DATE           |                          |  |
| LOHGA 109 11 SS ARRIVEW USED   |  |  | II BASE                          | PRICE OF UNIT            | (63,958)   |
| CEILING R-VALUE THICKNESS  | AND RESIDENCE OF THE PARTY OF T | INSULATION   | OPTIONAL EQUIPMENT               |                          | 5  |
| EXTERIOR   |  | ellulose<br>erglass  | PROCESSING FEE                   |                          | 408  |
| FLOORS   | AND DESCRIPTION OF THE PERSON NAMED IN   | erglass  |                                  | SUB-TOTAL                | S  |
| THE INSTITUTE OF COLUMNATION AS STREETED BY THE MARRIED THE  |  | A STREET, SHARP SHAPE AND ADDRESS OF THE PARTY OF THE PAR |                                  |                          | \$3,837.42   |
| COMPANY WAS BELLE THE THE TELES T LY TOE COMMISSION AND THE BUTHE SECTION  | THE REST. THE  |  | SALES TAX                        |                          | 30.00  |
| OPTIONAL EQUIPMENT, LABOR & A  | CCESSOR  | ES IN HER  | COUNTY SURTAX                    |                          | 354.00   |
| Delivered & Set-Up   |  | -INCLUDED  | TAG & TITLE                      | IDANCE                   | 4085.14  |
| Tied Down  |  |  | VARIOUS FEES & INSU              | (allowance)              |  |
| neu Down   |  | INCLUDED   | ESCROW De                        | ADS. F                   | \$ 180.84  |
|  |  |  | 1. GASH PURCHASE                 | PRICE                    | \$109,893  |
|  | OL STREET  |  | TRADE-IN ALLOWANCE               |                          |  |
| Furnished  |  | THE RESERVE OF   | LESS BAL DUE ON ABOVE            | \$ -                     |  |
| Unfurnished  |  | THE STATE OF STREET  | NET ALLOWANCE                    | -5- 4                    | $\forall$  |
|  |  |  | CASH DOWN PAYMENT.               | \$5000 00                |  |
| Customer responsible for any tractor / dozier fees inc   | urred  |  | GASH-AS-AGREED-MEREN             | 3-1-3                    | \$64,873   |
| during set-up of new name and / or removal of trade  | e de la companya de l | Asn  | 2. LESS TOTAL CREE               | ITS                      | AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUM |
|  |  |  |                                  | SUB TOT                  | CF . C . C   |
| Wheels & axles deleted from sale price of home. Will   | lend   |  | 5 PROCES 3. Unpaid Balance of    | SINS                     | 304.46   |
| for a local move.  |  | <b>通信</b> 》和"区域"   | 3. Unpaid Balance of             | Cash Sale Price          | 1 30 4 48  |
|  |  |  | REMARKS:                         |                          | HONORED  |
| Customer responsible for any and all hook-ups, Unles   | S  |  | NO VERBAL AGREET                 | NENTS WILL BE            | HONOINES.  |
| otherwise noted on "Promise Agreement" (see attach   | ed)  | Ben.   | Initial:                         |                          |  |
|  |  |  |                                  |                          |  |
| Customer responsible for releveling of home after initi  |  |  |                                  |                          |  |
| setup. Can not be responsible for settling of land. We   | will   |  |                                  |                          |  |
| re-level home, but there will be a charge.   |  |  |                                  |                          |  |
|  |  |  |                                  |                          |  |
| Options Inc. in Price: Delivery Set  | 92   | INCLUDE  | D                                |                          |  |
| ALC SKURLING STEEDS  |  |  |                                  |                          |  |
|  |  |  |                                  |                          |  |
| BALANCE CARRIED TO OPTIONAL EQUIPM   | ENT  | S -  |                                  |                          |  |
| DTE: WARRANTY, EXCLUSIONS AND LIMITATIONS OF DAMAG   | ES ON THE  |  |                                  |                          |  |
| SCRIPTION OF TRADE-IN YEAR   |  | SIZE   |                                  |                          |  |
| KE MODEL 86  | DROOMS   |  |                                  |                          |  |
| OH 3.  | 5 45   |  |                                  |                          |  |
| SCIUTE STATE OF THE STATE OF TH | DLOR .   |  |                                  | F 2                      |  |
| OUNT OWING TO AHOM . NO  | )  |  | Liquidated Damages are agr       |                          |  |
| (5537 011/57 01/57 |  |  | 10% of the cash price, which     |                          | es es sué consta   |
| AGREEMENT CONTAINS THE ENTIRE UNDERSTANDING BETWEEN C  | DEAL   |  |                                  |                          |  |
| HIS NOT CONTAINED IN THIS CONTRACT. Dealer and Buyer certify the   |  |  |                                  |                          |  |
| ted above the signatures. Buyer is burchasing the above described trailer,   | manufactured   | home or vehicle, th  | e optional equipment and accesso | ries, the insurance as o | tescribed has bee volu   |
| s rade-in is free from all claims whatsoever, except as noted. BUYER AC  | KNOWLEDGE  | S RECEIPT OF A C   | COPY OF THIS ORDER AND THA       | TBUYER HAS READ          | AND UNDERSTANDS  |
|  |  | ATT ATT  | SIGNED X Mari                    | a H al                   | 1 m  |
| FIRST COOST Homes  | DEALER   |  | Induce Induce                    | - , we                   | roo  |
| ic Unless Signed and Accepted by an Officer of the Company or an Author  | Management of the latest of th |  | SCCIAL SECURITY NO.              | <b>电</b> 。 建设计           |  |
| O THE STATE OF THE |  |  | ACOME SECONITY NO.               |                          |  |
| $\bigcirc$ $\sim$ $\sim$   |  | 1  | SIGNED X                         |                          |  |

SOCIAL SECURITY NO.

|  | vvaycross, GA 3  | 1503   | Heating equipment manufacturer and model (see list at left)  |  |  |
|--|--|--|--|--|--|
|  | 912-287-9015   |  | The above heating equipment has the capacity to maintain an ave<br>temperature in this home at an outdoor temperature of   |  |  |
|  |  |  | To maximize furnace operating economy, ant to conserve energy.   |  |  |
|  |  | t Number 1   | this home be installed where the outdoor winter temperature (97%  N/A degrees F.   | i) is not highter th   |  |
| of Manufa<br>/2009   | A CONTROL OF THE PROPERTY OF T | 191790/GEO1491791  | The above information has been calculated assuming a maximum   | wind velocity of t   |  |
| STATE OF THE PARTY | Serial Number and Mo   |  | standard atmosphere pressure   |  |  |
| 172  |  |  | COMFORT COOLIN   | IG   |  |
| GA109115   |  | L-3603A  | Air conditioner manufacturer and model (see that at lef  | ft)  |  |
|  | Design Approval by (D  | ).A.P.I.A.)  | Certified capacity B.T.U appropriate air conditioning and refrigeration institute s  | I. / hr. in accord   |  |
| This manufac   | NTA, Inc. tured home is designed to comply with  | the federal manufactured home  | The central air conditioning system provided in this hon   | me has been six  |  |
| con  | struction and safety standard in force a<br>(For additional information, consult of  | t time of manufacture.   | an orientation of the front (hitch end) of the home facing<br>on this basis the system is designed to mnaintain an inc   | door temperatu   |  |
| The  |  |  | degrees F when outdoor temperatures are F dry bulb and   |  |  |
| The second second  | factory installed equip  |  | The temperature to which this home can be coloed will  | change depend  |  |
| oment  | Manufacturer   | Model Designation  | amount of exposure of the windows of this home to the<br>Therefore, the homes heat gains will vary dependent up  | on its orentatio   |  |
| ing  | N/A  | N/A  | and any permanent shading provided. Information conc<br>cooling loads at various locations, window exposures an  | nd shadings are  |  |
| king   | WHIRLPOOL  | RF263LXTB  | in Chapter 22 of the 1987 edition of the ASHRAE Handb<br>Information necessary to calculate coloing loads at vario   | book of Fundam   |  |
| gerator  | WHIRLPOOL  | W8TXNWFWB  | is provided in the special comfort coloing information pro   | vided with this  |  |
| er Heater  | BRADFORD WHITE   | M240T1DS   | Air conditioning not provided at factory (Alternate II)  |  |  |
| washer   | N/A  | N/A  | The air distribution systems of this home is suitable for the conditioning.  |  |  |
| olace  | N/A  | N/A  | The supply air distribution system installed in this home is sized home central air conditioning system of up to 43,800  |  |  |
| eo   | N/A  | N/A  | rated capacity which are certified in accordance with the appropri conditioning & refrigeration institute standards, when the air circula  |  |  |
| owave  | N/A  | N/A  | cooling air delivered to the manufactured home supply air dust analysis  |  |  |
| E CONSTRU  | ICTED FOR WIND ZONE  |  | Information necessary to calculate coloing loads at various is provided in the special comfort coloing information provided in the special color | e Inantiana e an   |  |
| the home and its<br>ments specified t<br>me has<br>we covering for v<br>one II and III whi<br>y recommended  | designed for the higher wind pressure it should not be located within 1600 of it anchoring and foundation system have or Exposure D in ANSI/ASCE 7-88. has not XXX been equipped with windows and exterior door openings. For  | been designed for the increased  in storm shutters or other in homes designed to be located in it or equivalent covering devices, it is perfectly the services in accordance one   | Air conditioning not recommended (alternate III) The air distribution system of this home has not been design of its use with a central air conditioning system.  INFORMATION PROVIDED BY THE MANUNECESSARY TO CALCULATE SENSIBLE  | IEACTURER  |  |
| L'va7  | The same and a same  | NOT THE LAW  | Walls (without windows & doors)"U"   | .093   |  |
| 100  | MI NO MIN FACE   | A TABLE  | Ceilings and roofs of light color"U"   | .039   |  |
| TH   | m 20 /m  | May Ton  | Ceilings and roofs of dark color. "U"  | .039   |  |
| Y a m  | ur co  | IN CH WAS DE   | Air ducts in floor"U"  | .076<br>N/A  |  |
| 1. 1   | KS MO  | 1 710 A  | Air ducts in ceiling   | .144   |  |
| 1  | AZ MA CON AR   | AS AL GA SE  | Air ducts installed outside the home"U"  | .46  |  |
|  | 2 "  |  | The following are the duct areas in this home:   |  |  |
| Start .  | H S TOO  | (4)  | Air ducts in floor   | MARKET STREET,   |  |
| Zone III   |  |  | Air ducts in ceiling   |  |  |
| SIGN ROOF  | ection 3280.305(c) (2) for areas   | included in each Wind Zone   | TO SECULIAR IN THE PROPERTY OF A PROPERTY OF | and the same of th |  |
| 10 10 mg   | 50 50 50 50 50 50 50 50 50 50 50 50 50 5   | SPF XX South 20 PSF  | a cooling load (heat gain) calculation is required. The cooling load is dependent or cooling load is the structure of the home. Central air conditioners operate provide the greatest comfort when their capacity closely approximates the load. Each homes air conditioner should be sized in accordance with Chapter Society of Heating. Refrigerating and Air Conditioning Engineers (ASHRAE) Fundamentals once the location & orientation are known.  U/O Value Zone Map for Manufactured   | ndent of the erate most efficient calculated cooling or 22 of the America Handbook of  |  |
| 7  | AZ MAN OK MIN  | MI CONTRACTOR OF THE PARTY OF T | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |  |  |

Comes: Sinson THE COM Garley S Alusker bush in Foot for KITCHEN DIMINING TOSOM E E 3/2 VION 27

### MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

| APPLICATION NUM  | CONTRACTOR ROYALD "Ryan" Norri SPHONE 386-234-100   |
|--|---|
|  | THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT   |
| records of the<br>Ordinance 89-6<br>exemption, get<br>Any changes, t | ounty one permit will cover all trades doing work at the permitted site. It is <a href="REQUIRED">REQUIRED</a> that we have subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and 5, a contractor shall require all subcontractors to provide evidence of workers' compensation or neeral liability insurance and a valid Certificate of Competency license in Columbia County.  The permitted contractor is responsible for the corrected form being submitted to this office prior to the abcontractor beginning any work. Violations will result in stop work orders and/or fines. |
| ELECTRICAL   | Print Name Maria Dliver Signature Maria Olinec  License #: Phone #: 386-466-2683  |
| MECHANICAL/<br>A/C   | Print Name Maria Dli Vev Signature Maria Olica Signature Phone #: 386-466-2683  |

**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.

Qualifier Form Attached



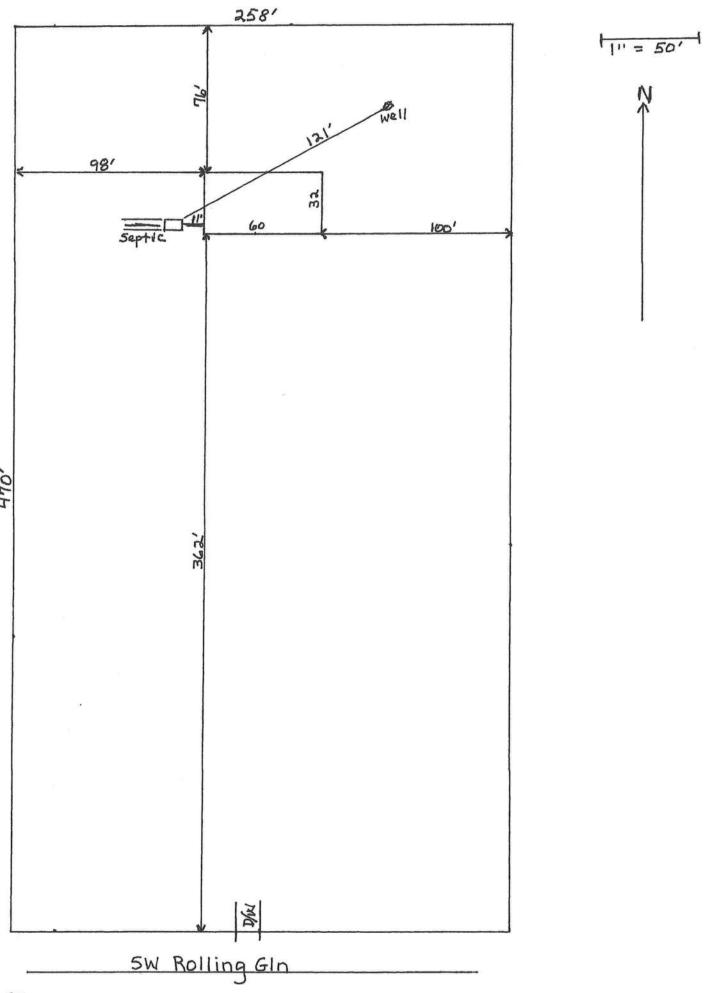
### COLUMBIA COUNTY BUILDING DEPARTMENT 135 NE Hernando Ave, Suite B-21, Lake City, FL 32055 Phone: 386-758-1008 Fax: 386-758-2160

### MOBILE HOME INSTALLERS AGENT AUTHORIZATION

| MODILE HON  | TE HISTALEELING AGENT ACTI   | IORIZATION                          |  |  |  |
|---|--|-------------------------------------|--|--|--|
| 1, Royald "Ryan" N<br>Installers Name   | give this authority a  | and I do certify that the below     |  |  |  |
| referenced person(s) listed on the  | his form is/are under my direct su   | pervision and control and           |  |  |  |
| is/are authorized to purchase pe  | ermits, call for inspections and sig   | n on my behalf.                     |  |  |  |
| Printed Name of Authorized Person   | Signature of Authorized Person   | Agents Company Name                 |  |  |  |
| Songe North   | Sonya North  |                                     |  |  |  |
| Sonya North<br>Dylan Hinson   | U  |                                     |  |  |  |
|   |  |                                     |  |  |  |
| 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 Lice  | nsing Board has the power and au   | uthority to discipline a license    |  |  |  |
| holder for violations committed I   | by him/her or by his/her authorized  | d person(s) through this            |  |  |  |
| document and that I have full re  | sponsibility for compliance grante   | d by issuance of such permits.      |  |  |  |
|   |  |                                     |  |  |  |
|   | 741  |                                     |  |  |  |
| License Holders Signature (Note   | arized) License Nu   | 35009 4/21/22 Date                  |  |  |  |
| - ,   | 211204)  | Date Date                           |  |  |  |
| NOTARY INFORMATION:<br>STATE OF: Florida  | county of: Columb  | ia                                  |  |  |  |
|   |  |                                     |  |  |  |
| personally appeared before me   | e name is Rorald Ryar<br>and is known by me or has produ<br>on this 21 <sup>st</sup> day o | ced identification                  |  |  |  |
| (type of I.D.)  | on this 21st day   | of June, 2022.                      |  |  |  |
|   |  |                                     |  |  |  |
| Linde Rith Craf   | <b>*</b>   | Sort Notary Public State of Florida |  |  |  |

### 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 Maria Oliver PHONE CELL 386-4166-2683  |
| ADDRESS 245 Sw Rolling Glen FT White F1 3 2038   |
| MOBILE HOME PARKSUBDIVISION  |
| Lon NE madison St Lon N marion R on Duval, Lon Main,  Lon HT R on Sw Flin Church Rd, Lon Centerville R on Rolling Glen,  mobile Home installer Royald "Ryan"   Norri Phone 386-231-100cell   |
| MOBILE HOME INFORMATION  |
| MAKE LIVE DAK YEAR 2010 SIZE 32 X LOD COLOR_   |
| SERIAL No. LOHGA 1091152 AB  |
| WIND ZONE 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 / SIDDING ( ) LOOSE SIDING ( ) STRUCTURALLY UNSOUND ( ) NOT WEATHERTIGHT ( ) NEEDS CLEANING   |
| WINDOWS 7. Lendows I seems and a seems and |
| 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   |



OLIVER

Inst. Number: 202212001592 Book: 1457 Page: 2217 Page 1 of 2 Date: 1/27/2022 Time: 3:17 PM

James M Swisher Jr Clerk of Courts, Columbia County, Florida Doc Deed: 0.70

Inst: 202212001592 Date: 01/27/2022 Time: 3:17PM
Page 1 of 2 B: 1457 P: 2217, James M Swisher Jr, Clerk of Court
Columbia, County, By: VC
Deputy ClerkDoc Stamp-Deed: 0.70

### THIS INSTRUMENT PREPARED BY AND SHOULD BE RETURNED TO:

Andrew J. Decker, III Andrew J. Decker, III PLLC 320 White Avenue Live Oak, Florida 32064

The Preparer of this Instrument has Performed No Title Examination nor has the Preparer Issued any Title Insurance or Furnished any Opinion Regarding the Title, Existence of Liens, the Quantity of Lands included, or the Location of the Boundaries. The Names, Addresses, Tax Identification Numbers and Legal Description Furnished by Parties to this Instrument.

### SPECIAL WARRANTY DEED

THIS INDENTURE, made this 22 day of January, 2022, by and between Emmett Miles Rigdon, whose address is 5021 Foxwood Boulevard, Lakeland, Florida 33810, hereinafter referred to as Grantor, and James R. Lucenn, a/k/a James R. Lucena and Maria Oliver, a/k/a Maria Hernandez Oliver, whose address is 331 S.W. Rolling Glen, Fort White, Florida 32038, hereinafter referred to as Grantees,

### WITNESSETH:

THE GRANTOR, for and in consideration of the sum of Ten and 00/100 Dollars (\$10.00) to them in hand paid by the Grantees, the receipt and sufficiency whereof are hereby acknowledged, has granted, conveyed, transferred, bargained and sold unto the Grantees, their successors and assigns forever, the following described land situate, lying and being in Columbia County, Florida:

Lot 3, Rolling Acres Subdivision, as per plat thereof recorded in Plat Book 4, Page 78, Public Records of Columbia County, Florida.

Note 1: This Special Warranty Deed is intended to correct that certain Warranty Deed dated December 13, 2021, recorded in Official Record Book 1454, Pages 1736 through 1737, Public Records of Columbia County, Florida. As the result of a good faith but mistaken understanding that a Power of Attorney granted by Raymond Elegy Rigdon to Shelby Pittman would still be valid after the principal's death, the Grantor conveyed the subject property referenced herein to the Grantees. However, with the death of Raymond Elegy Rigdon on October 1, 2021, the Power of Attorney ceased to have any force, authority or legal effect. The subject real property was vested in fee simple absolute in the Grantor by virtue of that certain Order of Summary Administration - Intestate and Order Determining Homestead Real Property dated January 20, 2022, in Columbia County Probate Case No. 2022-015-CP

Inst. Number: 202212001592 Book: 1457 Page: 2218 Page 2 of 2 Date: 1/27/2022 Time: 3:17 PM

James M Swisher Jr Clerk of Courts, Columbia County, Florida Doc Deed: 0.70

Note 2: The Grantor does not reside upon the subject property or claim it as his homestead.

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 does hereby covenant that the Grantor is lawfully seized of said land in fee simple; that the Grantor has good right and lawful authority to sell and convey said land; that the Grantor does fully warrant the title to said land will defend the same against the lawful claims of all persons claiming by, through or under the said Grantor.

IN WITNESS WHEREOF the Grantor has executed this Special Warranty Deed on the date first above written.

Signed, sealed and delivered in the presence of these witnesses:

Witness Signature
Witness Name: SUZAME GOIK

EMMETT MILES RIGDON

Witness Signature

Witness Name: JAMES GOIK

STATE OF FLORIDA COUNTY OF POLK

I CERTIFY that the foregoing instrument, Special Warranty Deed, was acknowledged before me by □ physical presence or □ online notarization, on this \_\_\_\_\_ day of January, 2022, by Emmett Miles Rigdon, and he acknowledged before me that he executed the same for the purposes expressed therein having produced a Florida Driver's License and being duly authorized so to do.

WITNESS MY HAND AND OFFICIAL SEAL in the County and State last of aforesaid this day of January, 2022.

Notary Stamp:

LOURIE M. MAYLONE
MY COMMISSION # GG302099
EXPIRES: February 14, 2023

Notary Signature

Notary Public: \_\_\_\_

# Mobile Home Permit Worksheet

### Application Number: Date:

| TO TO | CK ICHI OUR   |                           | Serial #  |           | ribie/Quad                       |
|-------|---------------|---------------------------|---|-----------|----------------------------------|
| りつか   | 3=1           | 一三日で                      |   | ]         | 0                                |
|       | 22026         | Decal #                   | Installation Decal #  | 凶         | ouble wide                       |
|       | Wind Zone III | _<br>  X                  | Wind Zone II  |           | ingle wide                       |
| ET.   | Manual        | Installation<br>Rule 15-C | ome installed to the Manufacturer's Installation Manual ome is installed in accordance with Rule 15-C | led in ac | fome installed<br>fome is instal |
| ]     |               | Ŋ,                        | Used Home   |           | lew Home                         |
|       |               |                           |   |           |                                  |

## PIER SPACING TABLE FOR USED HOMES

| internolated from             | 3500 p | 3000 ps | 2500 ps | 2000 ps | 1500 ps | 1000 pst | Load<br>bearing<br>capacity |
|-------------------------------|--------|---------|---------|---------|---------|----------|-----------------------------|
| ed from                       | psf    | sf      | sf      | sf      | sf      | sf       | Footer<br>size<br>(sq in)   |
| Rule 150-1                    | ω.     | 82      | 7' 6"   | o,      | 4' 6"   | ω        | 16" x 16"<br>(256)          |
| Rule 15C-1 pier spacing table | ω,     | 8       | 8       | 8       | 6'      | 4'       | 18 1/2" × 18<br>1/2" (342)  |
| olo                           | 80     | Φ.      | 8       | 8,      | 7'      | ي<br>ت   | 20" x 20"<br>(400)          |
|                               | Φ.     | œ       | œ       | φ,      | 8       | තු       | 22" x 22"<br>(484)*         |
|                               | ထ္     | œ       | œ       | œ       | œ       | 7'       | 24" X 24"<br>(576)*         |
|                               | 8      | ω.      | ω,      | œ       | œ       | ω_       | 26" x 26"<br>(676)          |

### PIER PAD SIZES 7.5 ×25.5

POPULAR PAD SIZES

Pad Size

n pier pad size

eter pier pad size

16×16

16 x 16 16 x 18 18.5 x 18.5 16 x 22.5 17 x 22

288

pier pad sizes red by the mfg.)

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

13 1/4 × 26 1/4 20 × 20 17 3/16 × 25 3/16 17 1/2 × 25 1/2

400 441

348

24 x 24

I marriage wall openings greater than 4 foot eir pier pad sizes below.

gening 7.5x2s.5 Pier pad size

### TIEDOWN COMPONENTS

itudinal Stabilizing Device (LSD) facturer 1701 V 073 itudinal Stabilizing Device w/ Lateral Arms facturer/101 V 071

| ANCHO | 26 x 26 |
|-------|---------|
| DRS   | 676     |

4 ft 5ft

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

FRAME TIES

### OTHER TIES

Longitudinal Marriage wall Shearwall Sidewall



## **Mobile Home Permit Worksheet**

| Application N |
|---------------|
| lumber:       |
|               |
|               |
| Da            |
| Date:         |
|               |

Site Preparation

| ı         |   |
|-----------|---|
| ı         |   |
| L         |   |
| 12        |   |
| ۱۶        |   |
| TOCAL     |   |
| 'n        |   |
| -         |   |
| 13        |   |
| N         |   |
| LENE KOME |   |
| 15        |   |
| lâ        |   |
| Ì         |   |
| ī         |   |
|           |   |
| تزا       |   |
| -         |   |
| 7         | 1 |
| U         | 1 |
| Ι-        |   |
| ı         |   |
|           |   |

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

×1000

Saga

X/200

# POCKET PENETROMETER TESTING METHOD

Test the perimeter of the home at 6 locations.

Columbia

for Co

- Take the reading at the depth of the footer.
- Using 500 lb. increments, take the lowest reading and round down to that increment.



XIOOC

X/000

To of Horida

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 holding capacity.

Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Date Tested

-21-2022

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. 18/16

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 11/6

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 15/

Department a result of a poorly installed or no gasket being installed. of tape will not serve as a gasket. Skirting to be installed. Yes Fireplace chimney installed so as not to allow intrusion of rain water. Siding on units is installed to manufacturer's specifications. Yes Other: Electrical crossovers protected. Yes Drain lines supported at 4 foot intervals. Range downflow vent installed outside of skirting. Dryer vent installed outside of skirting. Yes The bottomboard will be repaired and/or taped. Yes Type gasket \*com homes and that condensation, mold, meldew and buckled marriage walls are Walls: Floor Water drainage: Natural Debris and organic material removed Xoot: understand a properly installed gasket is a requirement of all new and used roofing nails at 2" on center on both sides of the centerline. will be centered over the peak of the roof and fastened with galv For used homes a min. 30 gauge, 8" wide, galvanized metal strip Type Fastener: 13/ Type Fastener: 19 69 Gasket (weatherproofing requirement) Fastening multi wide units Swale Weatherproofing Miscellaneous Installer's initials No Between Walls Yes Length: \ Bottom of ridgebeam Between Floors Length: Length C Installed Pad Yes Z Yes Spacing: Spacing: I understand a strip Yes Other Pg. X 5

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 6-21-202 C

| Order #: 5475 Label #: 92022 | Manufacturer:             | (Check Size of Home) Single |
|------------------------------|---------------------------|-----------------------------|
| Homeowner:                   | Year Model:               |                             |
| Address:                     | Length & Width:           | 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 #:                   |

### STATE OF FLORIDA INSTALLATION CERTIFICATION LABEL 92022

LABEL#

DATE OF INSTALLATION

for Code

RONALD "RYAN" NORRIS

NAME

IH/1135009/1

5475

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.

Oliver

### 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.