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 other units existing - address to remain

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 #_____ Subdivision _____ Lot#____

- New Mobile Home_____ Used Mobile Home ✓ MH Size 16x76 Year 1995
- Applicant John Greek Phone # [redacted] - 863-701-4218
- Address 1494 SW Bobcat Drive
- Name of Property Owner John Greek Phone# 863-701-4218
- 911 Address 1494 SW Bobcat Drive Lake City FL
- Circle the correct power company - FL Power & Light - Clay Electric
  (Circle One) - Suwannee Valley Electric - Duke Energy
- Name of Owner of Mobile Home John Daniel Greek Phone # 863-701-4218
  Address 1543 S.W. Bobcat Dr. Ft. White FL. 32038
- Relationship to Property Owner Self
- Current Number of Dwellings on Property_____
- Lot Size_____ Total Acreage 1.25 Acres
- 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 27 south right on 138 right on Bobcat Dr. quarter mile on the left.

Email Address for Applicant: Pattyroe516@gmail.com

- Name of Licensed Dealer/Installer Robert Shepard Phone # 386-623-2203
- Installers Address 6355 SE CR 245 Lake City FL 32025
- License Number IH1025386 Installation Decal # 69854

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR Robert Sheppard PHONE 386-623-2203

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 John Greek Signature John Greek License #: _____ Phone #: 863-701-4218 Qualifier Form Attached ☐
MECHANICAL/ A/C _____	Print Name Wilson Heat & Air Inc. Signature _____ License #: CAC057886 Phone #: 386-496-9000 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

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, Robert Sheppard (Installer License Holder Name), give this authority for the job address show below only, 1494 SW Bobcat Dr., Ft. White, FL 32038 (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)
John Greek	John Greek	___ 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.

Robert Sheppard — License Holders Signature (Notarized)
IH1025386 — License Number
1-19-23 — Date

NOTARY INFORMATION:
STATE OF: Florida COUNTY OF: Suwannee

The above license holder, whose name is Robert Sheppard, personally appeared before me and is known by me or has produced identification (type of I.D.) Drivers License on this 30th day of January, 2023.

Lisa L Paul
NOTARY'S SIGNATURE

(Seal/Stamp)

LISA L PAUL
Notary Public - State of Florida
Commission # GG 344051
My Comm. Expires Jun 11, 2023
Bonded through National Notary Assn.

Mobile Home Permit Worksheet

Application Number: _____ Date: _____

Installer: Robert Sheppard License # IH1025386

Address of home being installed: 1494 SW Bobcat Drive, Lake City FL

Manufacturer SAD Length x width 16X76

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 Zone III ☐

Double wide ☐ Installation Decal # 69854

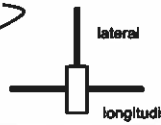
Triple/Quad ☐ Serial # FLFLS70A23226 SB21

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

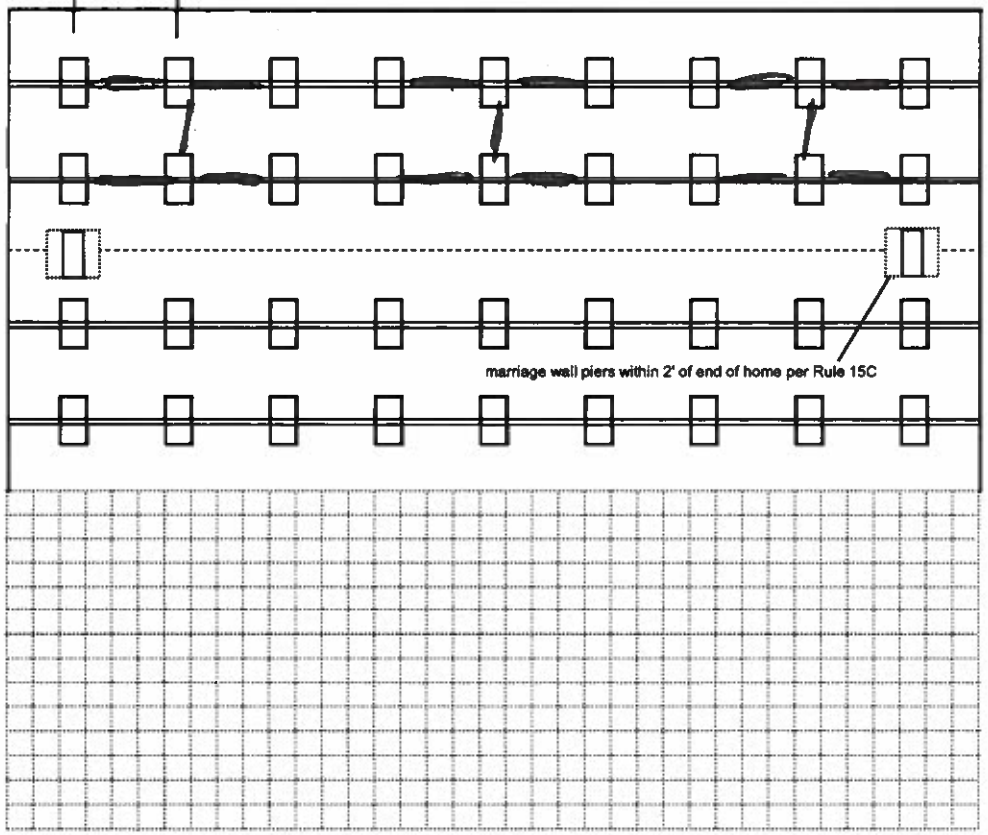
I understand Lateral Arm Systems cannot be used on any home (new or used) where the sidewall ties exceed 5 ft 4 in.

Installer's initials RS

Typical pier spacing 2' 5'



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



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'	8'	8'
2000 psf		6'	8'	8'	8'	8'	8'
2500 psf		7' 6"	8'	8'	8'	8'	8'
3000 psf		8'	8'	8'	8'	8'	8'
3500 psf		8'	8'	8'	8'	8'	8'

* 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.) 17x25

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	Pier pad size

POPULAR PAD SIZES

Pad Size	Sq In
16 x 16	256
16 x 18	288
18.5 x 18.5	342
16 x 22.5	360
17 x 22	374
13 1/4 x 26 1/4	348
20 x 20	400
17 3/16 x 25 3/16	441
17 1/2 x 25 1/2	446
24 x 24	576
26 x 26	676

ANCHORS

4 ft ☑ 5 ft

FRAME TIES

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

OTHER TIES

	Number
Sidewall	26
Longitudinal	6
Marriage wall	
Shearwall	4

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer

Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer Oliver 1101 ☑

Mobile Home Permit Worksheet

Application Number: _____ **Date:** _____

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 1500 psf or check here to declare 1000 lb. soil without testing.

x 1600 x 1600 x 1700

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 1700 x 1600 x 1600

TORQUE PROBE TEST

The results of the torque probe test is 275 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.

RS Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Robert Sheppard

Date Tested 1-19-23

Electrical

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between mult-wide units. Pg. 28

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 29

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 29

Site Preparation

✓

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

Fastening multi wide units

Floor:	Type Fastener: lags	Length: 5"	Spacing: 16"
Walls:	Type Fastener: screws	Length: 4"	Spacing: 16"
Roof:	Type Fastener: lags	Length: 6"	Spacing: 16"

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, meldew 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 RS

Type gasket Foam
Pg. 22

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 Robert Sheppard Date 1-19-23

CODE ENFORCEMENT

PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED _____ BY ____ IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? NO

OWNERS NAME John Greek PHONE 386-454-0778 CELL 863-701-4218

ADDRESS 1543 S.W. Bobcat Dr. Ft. White Fl.

MOBILE HOME PARK _____ SUBDIVISION _____

DRIVING DIRECTIONS TO MOBILE HOME 27 south to 138 left. 1st road to right. Go down 1/4 mile trailer on left.

MOBILE HOME INSTALLER Robert Sheppard PHONE 386-623-2203 CELL _____

MOBILE HOME INFORMATION

MAKE SADD YEAR 1995 SIZE 16x76 X _____ COLOR White

SERIAL No. FLFLS7DA232265B21

WIND ZONE II 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 ( ) 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 _____

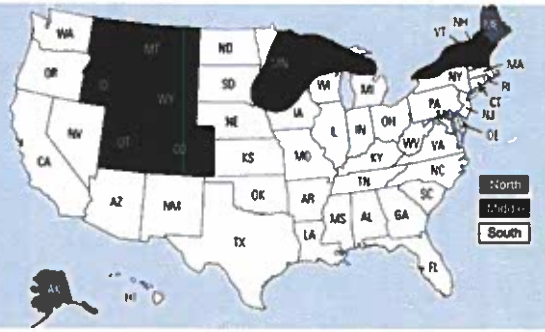
Institute for Building Technology and Safety (IBTS)
a 501(c)(3) not-for-profit corporation

MANUFACTURED HOME PERFORMANCE VERIFICATION CERTIFICATE©

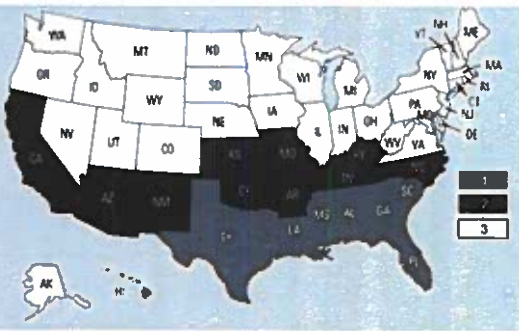
Issue Date:	1/17/2017
Verification:	IBTS's Manufactured Home Data Verification Team has researched regulatory records on the Fleetwood, Auburndale, FL, manufactured home having the serial number(s) and date of manufacture identified below. Based on shipment records maintained by IBTS, as required by the U.S. Department of Housing and Urban Development pursuant to 24 CFR 3282.552 and provided by the home manufacturer, IBTS verifies the following home performance information corresponding to the home's initial destination and the construction standards set forth in 24 CFR 3280 at the time the home was labeled.
Serial Number(s):	FLFLS70A23226-SB21
Date of Manufacture:	4/14/1995

Wind Zone: Zone II

Roof Load Zone: South



Thermal Zone: Zone 1



Verification Provided by the Institute for Building Technology and Safety

Chief Executive Officer

This information is applicable only to the home having serial numbering and date of manufacture noted above. IBTS provides this verification based on the production reports provided by the home manufacturer and the zone requirements in effect at the time the home was labeled by the home manufacturer. IBTS is not liable for changes to the home's construction or subsequent home moves that may affect the home performance information verified.

IBTS Verification Seal

THE INSTITUTE FOR BUILDING TECHNOLOGY AND SAFETY
VERIFIED

The Institute for Building Technology and Safety ♦ 45207 Research Place, Ashburn, VA 20147
703.481.2000 ♦ www.ibts.org
A 501(c)(3) not-for-profit corporation

Sales Price
$ 38,000.00
Doc Stamps
$ 266.00

PREPARED BY & RETURN TO:

Name: Jenna Nettles, an employee of

Address: 757 W. DUVAL STREET
LAKE CITY, FL 32055

File No. 21-04077

Parcel No.: R10068-036

Inst: 202112011092 Date: 06/03/2021 Time: 3:47PM
Page 1 of 1 B: 1439 P: 185, James M Swisher Jr, Clerk of Court
Columbia, County, By: VC
Deputy ClerkDoc Stamp-Deed: 266.00

SPACE ABOVE THIS LINE FOR PROCESSING DATA | *SPACE ABOVE THIS LINE FOR RECORDING DATA*

This **WARRANTY DEED**, made the 2nd day of June, 2021, by **PENTECOSTAL CHURCH OF GOD OF AMERICA, FLORIDA DISTRICT, INC.**, A FLORIDA NOT FOR PROFIT CORPORATION, hereinafter called the Grantor, to **JOHN D GREEK** and **PATRICIA GREEK, HIS WIFE**, and **JOHN DERRICK GREEK, AS JOINT TENANTS WITH RIGHTS OF SUVIVORSHIP**, whose post office address is **1543 SW BOBCAT DR, FT. WHITE, FL 32038**, hereinafter called the Grantees:

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 Grantees all that certain land situate in County of Columbia, State of Florida, viz:

LOT 36 OF SASSAFRAS ACRES, A SUBDIVISION LOCATED IN SECTIONS 19 AND 30, TOWNSHIP 7 SOUTH, RANGE 17 EAST, COLUMBIA COUNTY, FLORIDA, AS RECORDED IN PLAT BOOK 4, PAGE 8 AND 8A OF THE PUBLIC RECORDS OF COLUMBIA COUNTY, FLORIDA.

TOGETHER WITH all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

SUBJECT TO TAXES FOR THE YEAR 2021 AND SUBSEQUENT YEARS, RESTRICTIONS, RESERVATIONS, COVENANTS AND EASEMENTS OF RECORD, IF ANY.

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

And the Grantor hereby covenants with the Grantees 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 and that the Grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever. Grantor further warrants that said land is free of all encumbrances, except as noted herein and except taxes accruing subsequent to December 31, 2021.

IN WITNESS WHEREOF, the said Grantor has caused these presents to be executed in its name and its corporate seal to be hereunto affixed by its proper officers thereunto duly authorized, the day and year first above written.

Signed, sealed and delivered in the presence of:

Jenna A. Nettles
Witness Signature
Printed Name: Jenna A. Nettles

Maria M Landin
Witness Signature
Printed Name: Maria M. Landin

PENTECOSTAL CHURCH OF GOD OF AMERICA, FLORIDA DISTRICT, INC.

By: Lemuel W. Howard L.S.
Name: LEMUEL W. HOWARD
Title: PRESIDENT
Address (Principal Place of Business):
PO BOX 5128, PLANT CITY, FL 33563

By: L.S.
Name: JACK DUNN JR.
Title: SECRETARY AND TREASURER
Address (Principal Place of Business):
PO BOX 5128, PLANT CITY, FL 33563

STATE OF FLORIDA
COUNTY OF COLUMBIA

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this 2nd day of June, 2021, by LEMUEL W. HOWARD (*name*), PRESIDENT (*title*) and JACK DUNN JR. (*name*) SECRETARY AND TREASURER (*title*) of PENTECOSTAL CHURCH OF GOD OF AMERICA, FLORIDA DISTRICT, INC., A FLORIDA NOT FOR PROFIT CORPORATION, on behalf of the corporation. He (she) is personally known to me or has produced Driver's License as identification.

Maria M Landin
Signature of Notary
Printed Name: Maria M. Landin
My commission expires: 5/10/22

Notary Public State of Florida
Maria M Landin
My Commission GG 238853
Expires 05/10/2022

Columbia County Property Appraiser

Jeff Hampton

2023 Working Values
updated: 2/2/2023

Parcel: << 30-7S-17-10068-036 (37888) >>

Aerial Viewer | Pictometery | Google Maps

2022 | 2019 | 2016 | 2013 | 2010 | Sales

Owner & Property Info

Owner	GREEK JOHN D GREEK PATRICIA 1543 SW BOBCAT DR FORT WHITE, FL 32038		
Site	1494 SW BOBCAT DR, FORT WHITE 1490 SW BOBCAT DR		
Description*	LOT 36 SASSAFRAS ACRES S/D. 654-207, 722-062, 755-180,181, 801-2380, 860-1329, WD 1439-185,		
Area	1.74 AC	S/T/R	30-7S-17
Use Code**	MOBILE HOME (0200)	Tax District	3

*The Description above is not to be used as the Legal Description for this parcel in any legal transaction.
**The Use Code 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 Values

2022 Certified Values		2023 Working Values	
Mkt Land	$17,400	Mkt Land	$17,400
Ag Land	$0	Ag Land	$0
Building	$14,204	Building	$14,204
XFOB	$13,890	XFOB	$13,890
Just	$45,494	Just	$45,494
Class	$0	Class	$0
Appraised	$45,494	Appraised	$45,494
SOH Cap [?]	$0	SOH Cap [?]	$0
Assessed	$45,494	Assessed	$45,494
Exempt	$0	Exempt	$0
Total Taxable	county:$45,494 city:$0 other:$0 school:$45,494	Total Taxable	county:$45,494 city:$0 other:$0 school:$45,494

Sales History

Sale Date	Sale Price	Book/Page	Deed	V/I	Qualification (Codes)	RCode
6/2/2021	$38,000	1439/0185	WD	I	U	17
6/11/1998	$28,000	0860/1329	WD	I	Q	
2/15/1995	$0	0801/2380	QC	I	U	01
1/6/1992	$18,000	0755/0181	WD	I	Q	
12/20/1991	$0	0755/0180	WD	I	U	02 (Multi-Parcel Sale) - show
6/8/1990	$27,000	0722/0062	CD	I	U	
6/6/1988	$28,900	0654/0207	WD	I	U	
4/1/1986	$29,000	0591/0360	W	I	U	01
1/1/1986	$20,000	0583/0288	WD	V	U	01

Building Characteristics

Bldg Sketch	Description*	Year Blt	Base SF	Actual SF	Bldg Value
Sketch	MOBILE HME (0800)	1972	1358	1518	$14,204

*Bldg Desc determinations are used by the Property Appraisers office solely for the purpose of determining a property's Just Value for ad valorem tax purposes and should not be used for any other purpose.

Extra Features & Out Buildings (Codes)

Code	Desc	Year Blt	Value	Units	Dims
0200	GARAGE F	0	$2,720.00	1.00	24 x 20
0296	SHED METAL	2003	$120.00	48.00	6 x 8
9945	Well/Sept		$3,250.00	1.00	0 x 0
0030	BARN,MT	2012	$5,400.00	600.00	24 x 25
0296	SHED METAL	2017	$1,600.00	1.00	0 x 0
0294	SHED WOOD/VINYL	2017	$800.00	1.00	0 x 0

Land Breakdown

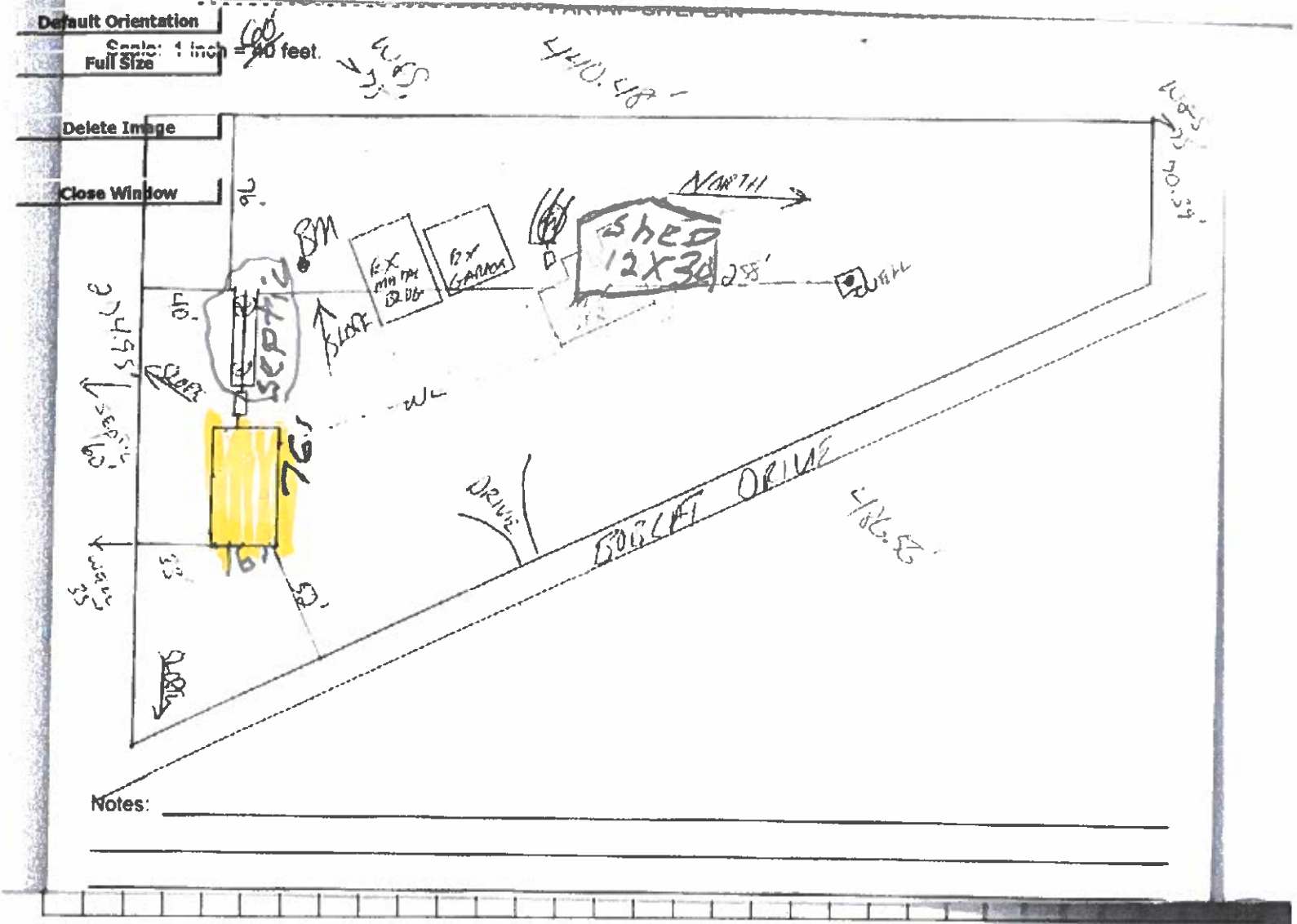
Code	Desc	Units	Adjustments	Eff Rate	Land Value
0200	MBL HM (MKT)	1.740 AC	1.0000/1.0000 1.0000/ /	$10,000 /AC	$17,400

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number_____

PART II - SITEPLAN

Default Orientation
Full Size
Scale: 1 inch = 60 feet.
Delete Image
Close Window



Notes: _____

Notes: _____

Site Plan submitted by: John Anek Agent: _____ Owner: ✓ Date: 1-31-23

Plan Approved_____ Not Approved_____ Date_____

By_____ COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated: 64E-6.001, FAC
(Stock Number: 5744-002-4015-6)