

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 # 33-55-16-03751-206 Subdivision South Wind Lot# 6

New Mobile Home _____ Used Mobile Home MH Size 14x48 Year 1997

Applicant Luis Anuez Phone # 386-365-4340

Address 310 SW Amelia Ct Ft White FL 32038

Name of Property Owner Luis Anuez Phone# 386-365-4340

911 Address 310 SW Amelia ct Ft white FL 32038

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

Name of Owner of Mobile Home Luis Anuez Phone # 386-365 4340

Address 310 SW Amelia Ct Ft white FL 32038

Relationship to Property Owner na

Current Number of Dwellings on Property zero

Lot Size _____ Total Acreage 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 Replacement

Driving Directions to the Property take rd 47 south for 10 min / 10 miles look for sun view street on the right take that road and then take amelia ct on the left its the last property on the right

Name of Licensed Dealer/Installer Robert Sheppard Phone # 386-623-2203

Installers Address 6355 SE CR 245 Lake City FL 32025

License Number IH1025386 Installation Decal # 49872

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.

<p>ELECTRICAL</p>	<p>Print Name <u>Luis Anvez</u> License #: <u>Owner</u></p> <p>Qualifier Form Attached <input type="checkbox"/></p>	<p>Signature <u>[Signature]</u> Phone #: <u>(386) 365-4340</u></p>
<p>MECHANICAL/ A/C</p>	<p>Print Name <u>Luis Anvez</u> License #: <u>Owner</u></p> <p>Qualifier Form Attached <input type="checkbox"/></p>	<p>Signature <u>[Signature]</u> Phone #: <u>(386) 365-4340</u></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.

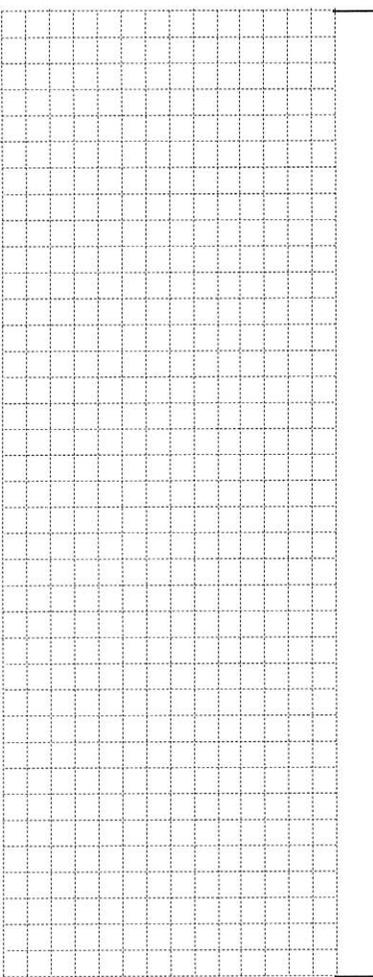
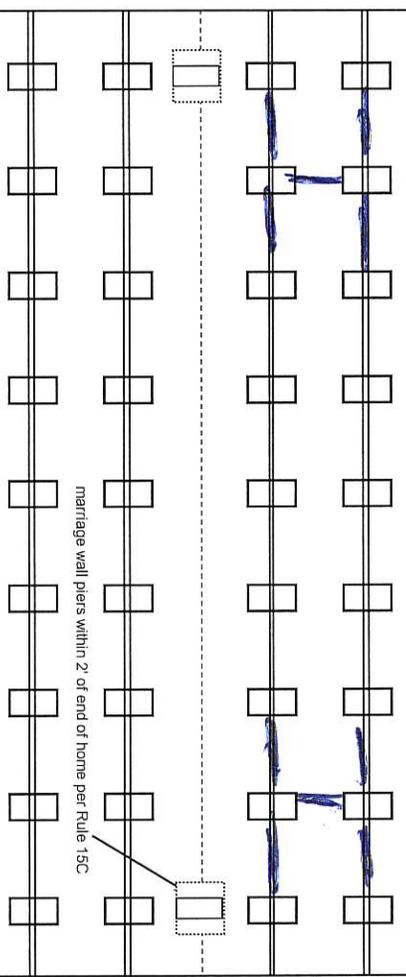
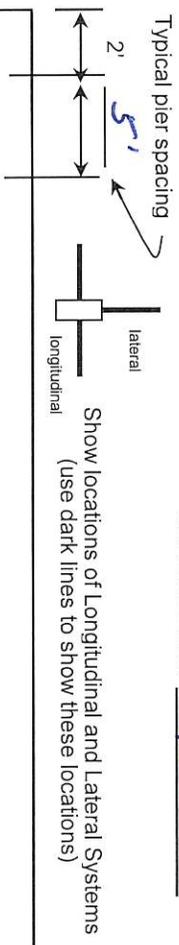
Mobile Home Permit Worksheet

Application Number: _____ Date: _____

Installer: Robert Sheppard License # IH 1005386
 Address of home being installed: 310 Sw Amelio Ct
FT White FL, 32037
 Manufacturer: Homes of Merit Length x width: 148' x 48'

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



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 # 49872
 Triple/Quad Serial # FLHMV L 281308-17505

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (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

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

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 _____ Pier pad size _____

ANCHORS

4 ft 5 ft _____

FRAME TIES

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

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD) _____
 Manufacturer _____
 Longitudinal Stabilizing Device w/ Lateral Arms _____
 Manufacturer Oliver 1101V

OTHER TIES _____
 Sidewall _____
 Longitudinal _____
 Marriage wall _____
 Shearwall _____

Mobile Home Permit Worksheet

POCKET PENETROMETER TEST

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

X 1100 X 1100 X 1600

- 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 1600 X 1600 X 1600

TORQUE PROBE TEST

The results of the torque probe test is 295 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 Robert Shepard
 Date Tested 4-20-20

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. 29

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 28
 Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 28

Application Number: _____ Date: _____

Site Preparation

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

Fastening multi wide units

Floor:	Type Fastener:	Length:	Spacing:
Walls:	Type Fastener:	Length:	Spacing:
Roof:	Type Fastener:	Length:	Spacing:

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 RS

Type gasket Foam Installed: _____
 Pg. 22 Between Floors 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 Shepard Date 4-20-20



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

only, 310 SW Amelia Ct, FT white, FL, 32098, 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)
Lois Arwez.	<i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input checked="" 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.

Robert Shepard License Holders Signature (Notarized) IH1025386 License Number 4-20-20 Date

NOTARY INFORMATION:
 STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Robert Shepard, personally appeared before me and is known by me or has produced identification (type of I.D.) personally known on this 20 day of April, 2020.

Anna Mendoza
 NOTARY'S SIGNATURE



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 Luis Anwez PHONE _____ CELL (386) 365-4340

ADDRESS 310 SW Amelia Ct, Ft White, 32038

MOBILE HOME PARK _____ SUBDIVISION _____

DRIVING DIRECTIONS TO MOBILE HOME Take US 47 S for 40 mins/10 miles, Take (R) on Sunview St, Take (L) on Amelia Ct, destination on the (R) AT the end of the road

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

MOBILE HOME INFORMATION

MAKE Homes of Merit YEAR 1997 SIZE 14 X 48 COLOR Tan

SERIAL No. FLHML 2B1308-17525

WIND ZONE 2 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:

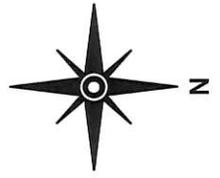
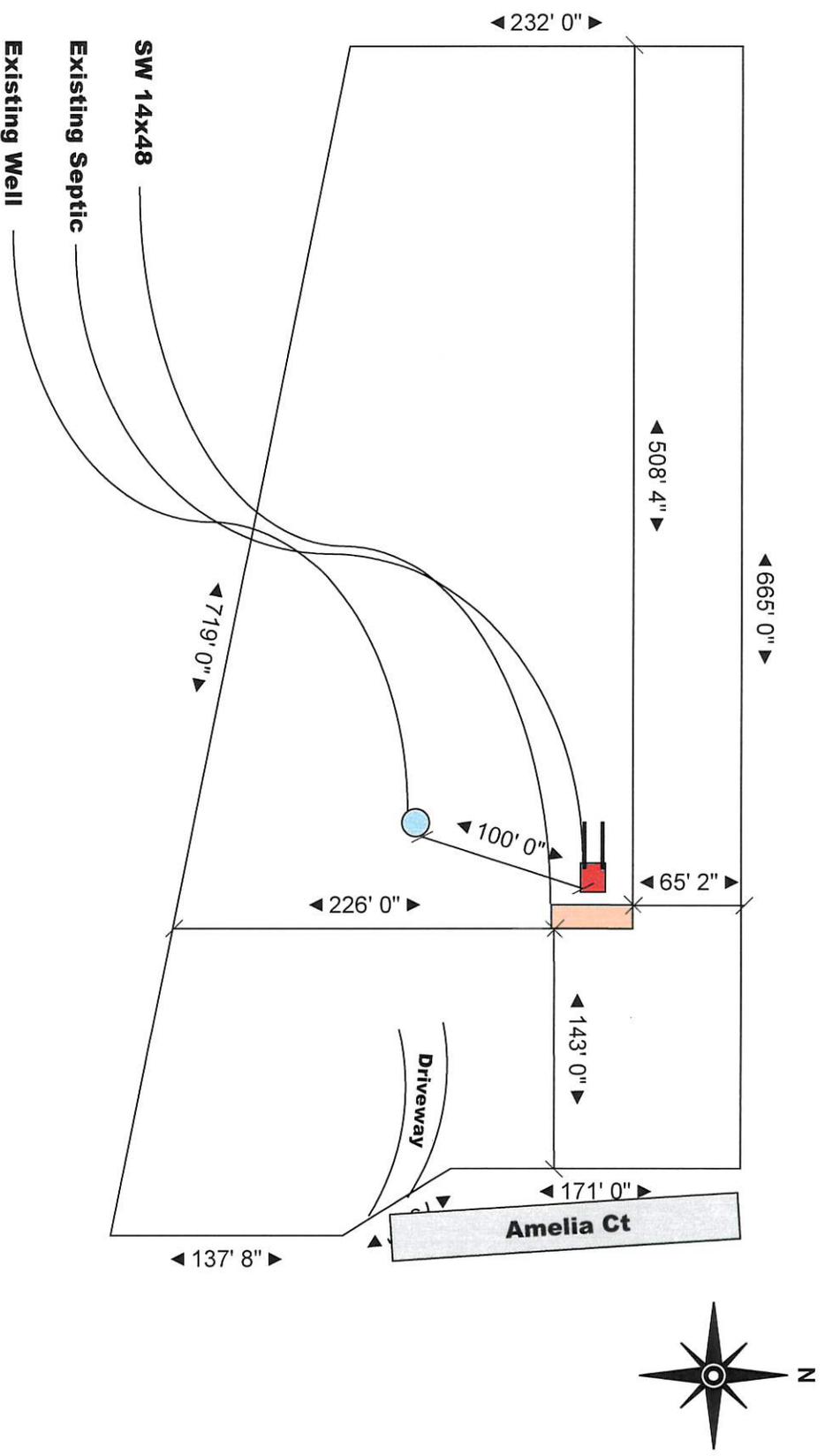
- _____ WALLS / SIDING () LOOSE SIDING () STRUCTURALLY UNSOUND () NOT WEATHERTIGHT () NEEDS CLEANING
- _____ WINDOWS () CRACKED/ BROKEN GLASS () SCREENS MISSING () WEATHERTIGHT
- _____ ROOF () APPEARS SOLID () DAMAGED

STATUS

APPROVED _____ WITH CONDITIONS: _____

NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE _____ ID NUMBER _____ DATE _____



Parcel ID: 33-5S-16-03751-206

Site: 310 Amelia Ct, Fort White	Drawing: 801310	Project: 0000310	Drawn: Heide M	Notes:
Title: Luis Anuez	Scale: 1"=100'	Date: 05/24/20	Rev: A	H&L Customer Service, LLC 301 SW Faul Ct Lake City, FL, 32024 (386)984-9334

This Instrument Prepared by & return to:
Name: **LUIS ANUEZ**
Address: **285 SW KEMP CT.
LAKE CITY, FLORIDA 32024**

Inst: 201812002803 Date: 02/09/2018 Time: 4:57PM
Page 1 of 1 B: 1353 P: 966, P.DeWitt Cason, Clerk of Court
Columbia, County, By: BD
Deputy Clerk Doc Stamp-Mort: 79.80

Parcel I.D. #: **03751-206**

SPACE ABOVE THIS LINE FOR PROCESSING DATA

SPACE ABOVE THIS LINE FOR RECORDING DATA

THIS WARRANTY DEED Made the 9th day of **January**, A.D. 2018, by **ANTONETTE T. LAWSON**,
A SINGLE WOMAN, hereinafter called the grantors, to **LUIS ANUEZ**, whose post office address is **285 SW KEMP
CT, LAKE CITY, FL 32024**, hereinafter called the grantee:

(Wherever used herein the terms "grantors" 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 grantors, for and in consideration of the sum of \$10.00 and other valuable consideration, receipt whereof is hereby acknowledged, do 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:

LOT 6, SOUTHWIND, A SUBDIVISION AS RECORDED IN PLAT BOOK 6, PAGE 179, COLUMBIA COUNTY, FLORIDA, SUBJECT TO RESTRICTIONS RECORDED IN O.R. BOKK 847, PAGE 1391-1392, COLUMBIA COUNTY, FLORIDA, AND SUBJECT TO POWER LINE EASEMENT.

THIS DEED WAS PREPARED WITHOUT THE BENEFIT OF A TITLE SEARCH OR SURVEY AND MAKES NO WARRANTIES AGAINST SAME.

GRANTEE HEREIN DOES HEREBY AGREE TO ASSUME THAT CERTAIN MORTGAGE EXECUTED BY DELMOND O. LAWSON AND ANTONETTE T. LAWSON IN FAVOR OF AMERICAN GENERAL HOME EQUITY, INC., DATED 10/20/06, RECORDED 10/25/06, IN O.R. BOOK 1100, PAGE 289, IN THE PUBLIC RECORDS OF COLUMBIA COUNTY, FLORIDA.

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 grantors hereby covenant with said grantee that they are lawfully seized of said land in fee simple; that they have good right and lawful authority to sell and convey said land, and hereby fully warrant 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, 2018.

In Witness Whereof, the said grantors have signed and sealed these presents, the day and year first above written.

Signed, sealed and delivered in the presence of:

Patricia Lang
Witness Signature
PATRICIA LANG

Printed Name
Mary Ann Tomlinson
Witness Signature

Printed Name
Mary Ann Tomlinson

Antonette Lawson L.S.
ANTONETTE T. LAWSON
Address: **260 SW AMELIA CT, FORT WHITE, FL 32038**

STATE OF FLORIDA
COUNTY OF COLUMBIA

The foregoing instrument was acknowledged before me this 9th day of **January**, 2018, by **ANTONETTE T. LAWSON**, who are known to me or who have produced Driver's License as identification.



Patricia Lang
Notary Public
My commission expires 2-5-19

STATE OF FLORIDA, COUNTY OF COLUMBIA
I HEREBY CERTIFY that the above and foregoing is a true copy of the original filed in this office.
P. DEWITT CASON, CLERK OF COURTS

By *[Signature]* Deputy Clerk
Date 3-18-20

Identification Number FLHML2B130817525	Year 1998	Make MERI	Body HS	WT-L-BHP 56'	Vessel Regis. No.	Title Number 73666081
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Registered Owner: **BEATRICE COLEGROVE OR DELORIS HALL WILSEY**
RT 2 BOX 3889
LAKE CITY, FL 32024-9645

Date of Issue: **04/08/2020**

Lien Release
Interest in the described vehicle is hereby released
By _____
Title _____
Date _____

IMPORTANT INFORMATION

1. When ownership of the vehicle described herein is transferred, the seller MUST complete in full the Transfer of Title by Seiler section at the bottom of the certificate of title.
2. Upon sale of this vehicle, the seller must complete the notice of sale on the reverse side of this form.
3. Remove your license plate from the vehicle.
4. See the web address below for more information and the appropriate forms required for the purchaser to title and register the vehicle, mobile home or vessel: <http://www.hsmv.state.fl.us/html/titinf.html>

Mail To:
BEATRICE COLEGROVE
RT 2 BOX 3889
LAKE CITY, FL 32024-9645

CERTIFICATE OF TITLE

Identification Number FLHML2B130817525	Year 1998	Make MERI	Body HS	WT-L-BHP 56'	Vessel Regis. No.	Title Number 73666081
Prev. State FL	Color DNK	Primary Brand	Secondary Brand	No. of Brands	Use PRIVATE	Prev. Issue Date 01/04/2002
Odometer Status or Vessel Manufacturer or OH use				Engine Drive	Hull Material	Prop 04/08/2020

Lien Release
Interest in the described vehicle is hereby released
By _____
Title _____
Date _____

Registered Owner **BEATRICE COLEGROVE OR DELORIS HALL WILSEY**
RT 2 BOX 3889
LAKE CITY, FL 32024-9645

DUPLICATE

1st Lienholder
NONE

DIVISION OF MOTORIST SERVICES

TALLAHASSEE



FLORIDA

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

Robert R. Kynoch

Terry L. Rhodes

Robert R. Kynoch
Director

Control Number **144811246**

Terry L. Rhodes
Executive Director

29 /1 144811246

TRANSFER OF TITLE BY SELLER (This section must be completed at the time of sale.)

Federal and/or state law require that the seller state the mileage, purchaser's name, selling price and date sold in connection with the transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment. This title is warranted to be free from any liens except as noted on the face of the certificate and the motor vehicle or vessel described is hereby transferred to:

Seller Must Enter: Purchaser's Name: _____

Address: _____

Seller Must Enter: Selling Price: _____

Seller Must Enter Date Sold: _____

I/We state that this 5 or 6 digit odometer now reads: _____ (no terms) miles, date read _____ and I hereby certify that to the best of my knowledge the odometer reading 1 reflects ACTUAL MILEAGE 2 is IN EXCESS OF ITS MECHANICAL LIMITS. 3 is NOT THE ACTUAL MILEAGE.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

SELLER Must Sign Here: _____

CO-SELLER Must Sign Here: _____

Print Here: _____

Print Here: _____

Selling Dealer's License Number: _____

Tax No.: _____

Tax Collected: _____

Auction Name: _____

License Number: _____

PURCHASER Must Sign Here: _____

CO-PURCHASER Must Sign Here: _____

Print Here: _____

Print Here: _____

NOTICE: PENALTY IS REQUIRED BY LAW IF NOT SUBMITTED FOR TRANSFER WITHIN 30 DAYS AFTER DATE OF PURCHASE

STATE OF FLORIDA

LIEN SATISFACTION

VOID IF ALTERED

Columbia County Property Appraiser

Jeff Hampton

2020 Working Values

updated: 4/17/2020

Parcel: << **33-5S-16-03751-206** >>

Owner & Property Info				Result: 1 of 2
Owner	ANUEZ LUIS 285 SW KEMP CT LAKE CITY, FL 32024			
Site	310 AMELIA CT, FORT WHITE			
Description*	LOT 6 SOUTH WIND S/D. 941-21, WD 1035-645, DC 1351- 694, WD 1353-966,			
Area	5 AC	S/T/R	33-5S-16E	
Use Code**	VACANT (000000)	Tax District	3	
<small>*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.</small>				

Property & Assessment Values			
2019 Certified Values		2020 Working Values	
Mkt Land (2)	\$26,200	Mkt Land (2)	\$28,750
Ag Land (0)	\$0	Ag Land (0)	\$0
Building (0)	\$0	Building (0)	\$0
XFOB (0)	\$0	XFOB (0)	\$0
Just	\$26,200	Just	\$28,750
Class	\$0	Class	\$0
Appraised	\$26,200	Appraised	\$28,750
SOH Cap [?]	\$0	SOH Cap [?]	\$0
Assessed	\$26,200	Assessed	\$28,750
Exempt	\$0	Exempt	\$0
Total Taxable	county:\$26,200 city:\$26,200 other:\$26,200 school:\$26,200	Total Taxable	county:\$28,750 city:\$28,750 other:\$28,750 school:\$28,750



Sales History						
Sale Date	Sale Price	Book/Page	Deed	V/I	Quality (Codes)	RCode
1/8/2018	\$11,400	1353/0966	WD	V	Q	01
12/15/2004	\$52,100	1035/0645	WD	V	Q	

Building Characteristics						
Bldg Sketch	Bldg Item	Bldg Desc*	Year Blt	Base SF	Actual SF	Bldg Value
NONE						

Extra Features & Out Buildings (Codes)						
Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
NONE						

Land Breakdown					
Land Code	Desc	Units	Adjustments	Eff Rate	Land Value
000000	VAC RES (MKT)	1.000 LT - (5.000 AC)	1.00/1.00 1.00/0.85	\$22,950	\$22,950
009945	WELL/SEPT (MKT)	1.000 UT - (0.000 AC)	1.00/1.00 1.00/1.00	\$3,250	\$3,250

Search Result: 1 of 2