



Town of Fort White
P.O. Box 129 Fort White, FL 32038
386-497-2321 Fax: 386-4974946

APPLICATION FOR BUILDING PERMIT/COMPLIANCE

\$50.00 FEE

paid ck # 14406

FILE No. _____ RECPT No. _____

Applicant's Name: Sam's Mobile Home Service Phone: (813) 763-9347

Address: PO Box 762 Crystal River FL 34423

Owner's Name: Steven Braden Phone: (909) 268-5518

Address: 26762 NW 160th PL High Springs FL 32643

Contractor's Name: Sam's Mobile Home Service LLC

Address: PO Box 762 Crystal River FL 34423

****Location of property: SW Mount Hope DR Fort White FL 32038

****Type of development: Manufactured home setup
Panel # 04-75-16-04131-005

Land use & zoning: _____

Minimum set-back: Street-front/side 30' rear 25' side 25'

Legal Description (acres): N 1/2 of S 1/2 of NW 1/4 of NW 1/4 25-471, 528-132.

674-139, 776-2186, 839-2052, 893-2422, WD 1315-2645, WD 1368-326,

330, 334 (QC 1410-69, WD 1488-2565, WD 1517-2794 (10 AC))

I certify that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction and that all the foregoing information is accurate and all work will be done in compliance with all laws regulating construction and zoning.

14/1029134

Monica Wahle

Contractor's

License Number Applicant/Owner Contractor

Date Approved

by Reviewing Clerk

****IF PROPERTY IS NOT OWNED BY APPLICANT, A STATEMENT FROM THE OWNER AUTHORIZING USE OF PROPERTY FOR THE TYPE OF DEVELOPMENT STATED ON THIS APPLICATION WILL BE REQUIRED.

File No. _____

Town of Fort White
Building Compliance Check List

Name of Applicant SAMS mobile Home Service LLC

Address PO BOX 762 Crystal River FL 34423

Phone (813) 763-9347

Physical location of site and current zoning 18 SW Mount Hope DR Fort White FL 32038

Type of Construction ☒ New ☐ remodel/renovation/fire damage

Describe Construction Manufactured home setup

- ☐ Authorized owner or builder signs compliance application.
- ☐ Zoning is appropriate for type of construction.
- ☐ Property will ☐ will not require application to SRWMD for water use/runoff permit.
- ☐ Property will require curb cut or access/culvert over road right of way from:
☐ DOT ☐ Columbia County ☐ Town of Fort White
- ☐ Property will ☐ will not require Health Dept. Sanitary Waste/Water Permit.
- ☐ Property will ☐ will not require potable fresh water supply from:
☐ private well ☐ Town of Fort White municipal water works.
- ☐ Property will require slab to be at least 1 foot above elevation (crown) of roadway.
- ☐ Property will ☐ will not require approval of solid waste removal facilities.
- ☐ Property will ☐ will not require permit for infill or land removal.

- ☐ Applicant understands that a copy of the Town of Fort White Land Use Certification must be taken to Columbia County Building Department for application and issuance of building permit. Certification of land use or zoning by the Town of Fort White is NOT a building permit.

- ☐ **Other steps required for Building Compliance: Property Owner will be responsible for submitting a copy of the Columbia County Building Permit to the Town of Fort White.**

The applicant and Town of Fort White Clerk's Office have reviewed the foregoing information and the information is true and correct.

Monica Wake

Signature of Applicant

12/30/24

Date

Signature of Reviewing Clerk

Compliance given to applicant on

Date _____