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 # 33-3S-16-02440-000 Subdivision Twin springs MH Park Lot# 285

- New Mobile Home_____ Used Mobile Home ✓ MH Size 28'x44' Year 1982
- Applicant Charles Robinson Phone # 352-474-3914
- Address 466 SW Deputy J. Davis Ln lake city Williams.
- Name of Property Owner Raymond Sneppar Phone# (386)-965-7068
- 911 Address Park Dr lot 11 ~~285~~ Lake City FL, 32005
- Circle the correct power company - (Circle One) - **FL Power & Light** - **Clay Electric** - **Suwannee Valley Electric** - **Duke Energy**
- Name of Owner of Mobile Home Freedom Homes Phone # 386-752-5355
  Address 466 SW Deputy J. Davis Ln lake city Florida
- Relationship to Property Owner _____
- Current Number of Dwellings on Property 8
- Lot Size 50'x288'x642'x664'x151'x345'x1,143'x83'x418'x96'x288' Total Acreage 26
- 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 go west on us-90 to turner Rd T/R go 0.3 mi T/L onto NW Park Dr. go 0.2mi Job site on right
- Name of Licensed Dealer/Installer David Albright Phone # 386-344-3645
- Installers Address 353 SW
- License Number IH-1129420 Installation Decal # _____

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR DAVID ALBRICHT PHONE (386) 344-3645

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 WHITTINGTON ELECTRIC License #: EC13002957 Qualifier Form Attached ☐	Signature William White Huntington Phone #: 386 972 1700
MECHANICAL/ A/C ____	Print Name STYLECREST License #: CAC1817658 Qualifier Form Attached ☐	Signature Ronald E Brodie SR Phone #: 850-769-1453

Qualifier Forms cannot be submitted for any Specialty License.

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			

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 10/30/2015

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, DAVID ALBRIGHT (Installer License Holder Name), give this authority for the job address show below only, 272 NW WHITNEY GLEN, LAKE CITY, FL 32055 (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)
PAUL A BARNEY	Paul A Barney	✓ Agent ___ Officer ___ Property Owner
STEVE SMITH	Steve Smith	___ Agent ✓ Officer ___ Property Owner
CHARLES ROBINSON	C R	___ 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.

David Albright
License Holders Signature (Notarized)

IH-1129420-1
License Number

5-4-2021
Date

NOTARY INFORMATION:
STATE OF: Florida COUNTY OF: COLUMBIA

The above license holder, whose name is DAVID ALBRIGHT, personally appeared before me and is known by me or has produced identification (type of I.D.) PERSONALLY KNOWN on this 4th day of MAY, 2021.

Linda Penhaligon
NOTARY'S SIGNATURE

(Seal/Stamp)
LINDA PENHALIGON
Commission #GG 157551
My Commission Expires
November 5, 2021

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, DAVID ALBRIGHT (Installers Name), give this authority 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	Agents Company Name
PAUL A BARNEY	Paul A Barney	FREEDOM HOMES
STEVE SMITH	Steve Smith	FREEDOM HOMES
CHARLES ROBINSON	C L	FREEDOM HOMES

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.

David B Albright Jr
License Holders Signature (Notarized)

IH-1129420-1
License Number

5-4-2021
Date

NOTARY INFORMATION:
STATE OF: Florida COUNTY OF: COLUMBIA

The above license holder, whose name is DAVID ALBRIGHT personally appeared before me and is known by me or has produced identification (type of I.D.) PERSONALLY KNOWN on this 4th day of MAY, 2021.

Linda Penhaligon
NOTARY'S SIGNATURE

(Seal/Stamp)

LINDA PENHALIGON
Commission #GG 157651
My Commission Expires
November 8, 2021

Freedom Mobile Home Sales, Inc

466 SW DEPUTY J DAVIS LN,
LAKE CITY, FLORIDA 32024
(386) 752-5355 Fax: (386) 752-4757

DATE OF BIRTH
BUYER: 02/03/52
CO-BUYER: _____
EMAIL teriandray@att.net

DRIVER'S LICENSE
BUYER: K516-730-52-043-0
CO-BUYER: 0

BUYER(S)	TWIN SPRINGS MH PARK, LLC & Raymond Joseph Kneppar	PHONE 386.965.7068	DATE 08/15/21
ADDRESS	PO BOX 3338 Lake City FL 32056		
DELIVERY ADDRESS	Park Dr Lot#??? Lake City FL		Salesperson: Don Downs
MAKE & MODEL			
SERIAL NUMBER	COSGACO12134 A/B	New or Used PEACHTREE	

YEAR	BEDROOMS	FLOOR SIZE	HITCH SIZE	STOCK NUMBER
1982	3	L 28 W 44	L 28 W 48	424
COLOR	PROPOSED DELIVERY DATE			KEY NUMBERS

LOCATION	R-VALUE	THICKNESS	TYPE OF INSULATION
CEILING	0	0	ROCKWOOL
EXTERIOR	0	0	FIBERGLASS
FLOORS	0	0	FIBERGLASS

THIS INSULATION INFORMATION WAS FURNISHED BY THE MANUFACTURER AND IS DISCLOSED IN COMPLIANCE WITH THE FEDERAL TRADE COMMISSION RULE 16 CRF, SECTION 460.16.

OPTIONAL EQUIPMENT, LABOR, AND ACCESSORIES

Delivered and Set Up:		No
Trim		
Tied Down:		No
Dirt Pad		
land clearing		
Connect water and sewer within 20 feet of existing facility		No
Furnished	$	NO
Unfurnished		AGREE
Customer responsible for any wrecker fees incurred on lot.		AGREE
Wheels & axles deleted from sale price of home.		AGREE
Electrical Hookup		No
Type of A/C	0	No
Type of Skirting	0.00	No
Type of steps	0.00	No
BALANCE CARRIED TO OPTIONAL EQUIPMENT		Included

NOTE: WARRANTY, EXCLUSIONS AND LIMITATIONS OF DAMAGES ON THE REVER

DESCRIPTION OF TRADE-IN	YEAR	BEDROOMS	SIZE
	N/A	N/A	N/A
MAKE	MODEL		
TITLE NO.	SERIAL	COLOR	
N/A	N/A		
LIEN HOLDER	PHONE NO	AMOUNT	
N/A	N/A	N/A	

TRADE PAYOFF IS TO BE PAID BY 0

BASE PRICE OF UNIT	$16,150.00
OPTIONAL EQUIPMENT	INCL
SUB-TOTAL	$16,150.00
COUNTY TAX	$50.00
SALES TAX 6%	$969.00
TAG AND TITLE	$214.20
0	
0	
0	$0.00
0	$0.00
	$0.00
WELL SEPTIC CLEARING PERMITS NON TAXABLE	$0.00
1, CASH PURCHASE PRICE	$17,383.20
TRADE-IN ALLOWANCE $0.00	
LESS BAL. DUE ON ABOVE $0.00	
NET ALLOWANCE $0.00	
CASH DOWN PAYMENT $0.00	
0 $0.00	
LESS TOTAL CREDITS	$0.00
BALANCE DUE TO FREEDOM	$17,383.20
LAND PAYOFF	$0.00
CLOSING COST FINANCED BY LENDER	$0.00
INSURANCE	$0.00
BALANCE DUE	$17,383.20

Initial: _____

NO VERBAL AGREEMENTS WILL BE HONORED.
SELLER AGREES TO PAY UP TO 6% $0.00
OF BUYERS CLOSING COST AND PREPAIDS

The U.S. Department of Housing and Urban Development (HUD) Manufactured Home Dispute Resolution Program is available to resolve disputes among manufacturers, retailers, or installers concerning defects in manufactured homes. Many states also have a consumer assistance or dispute resolution program. For additional information about these programs see sections titled " Dispute Resolution Process" and "additional Information -- HUD Manufactured Home Dispute Resolution Program" in the consumer manual required to be provided to the purchaser. These programs are not warranty programs and do not replace the manufacturer's or any other person's warranty program. _____ _____

Liquidated Damages are agreed to $900.00 or 10% of the cash price, whichever is greater.

REFER TO PARAGRAPH #6 ON THE REVERSE SIDE OF THIS CONTRACT

THIS AGREEMENT CONTAINS THE ENTIRE UNDERSTANDING BETWEEN DEALER AND BUYER AND NO OTHER REPRESENTATION OR INDUCEMENT, VERBAL OR WRITTEN HAS BEEN MADE WHICH IS NOT CONTAINED IN THIS CONTRACT. Dealer and Buyer certify that the additional terms and conditions printed on Page 2 of this contract are agreed to as part of the contract are agreed to as part of this agreement, the same as if printed above the signatures. Buyer is purchasing the above described trailer, manufactured home, or vehicle the optional equipment and accessories, the insurance as described has been voluntary, the Buyer's trade-in is free of all claims whatsoever except as noted.

Freedom Mobile Home Sales, Inc DEALER
Not Valid Unless Signed by Steve Smith (Vice Pres)

SIGNED X _____ BUYER
SOCIAL SECURITY NO. 000-00-0000 Raymond J. Kneppar

BY _____
Agent

SIGNED X _____ BUYER
SOCIAL SECURITY NO.

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 Raymond knepper PHONE _____ CELL 386-965-7068

ADDRESS Park Dr. Lot # 3285 Lake City FL 32056

MOBILE HOME PARK Twin Springs SUBDIVISION _____

DRIVING DIRECTIONS TO MOBILE HOME _____

MOBILE HOME INSTALLER David Albright PHONE _____ CELL 386-344-3645

MOBILE HOME INFORMATION

MAKE PeachTREE YEAR 1982 SIZE 28' X 44' COLOR _____

SERIAL No. CoSGACo12134 A/B

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 ( ) 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 _____

CODE ENFORCEMENT DEPARTMENT
COLUMBIA COUNTY, FLORIDA
OUT OF COUNTY MOBILE HOME INSPECTION REPORT

COUNTY THE MOBILE HOME IS BEING MOVED FROM Suwannee

OWNERS NAME Raymond Knepper PHONE _____ CELL 386-965-7068

INSTALLER David Albright PHONE _____ CELL 386-344-3645

INSTALLERS ADDRESS _____

MOBILE HOME INFORMATION

MAKE Peach Tree YEAR 1982 SIZE 28' X 44'

COLOR _____ SERIAL No. COSGACO12134A/B

WIND ZONE 2 SMOKE DETECTOR _____

INTERIOR:
FLOORS GOOD

DOORS GOOD

WALLS GOOD

CABINETS GOOD

ELECTRICAL (FIXTURES/OUTLETS) GOOD

EXTERIOR:
WALLS / SIDDING FAIR

WINDOWS GOOD

DOORS GOOD

INSTALLER: APPROVED ✓ NOT APPROVED _____

INSTALLER OR INSPECTORS PRINTED NAME DAVID AIBRIGHT

Installer/Inspector Signature David Albright License No. IH-1129420 Date _____

NOTES: _____

ONLY THE ACTUAL LICENSE HOLDER OR A BUILDING INSPECTOR CAN SIGN THIS FORM.

NO WIND ZONE ONE MOBILE HOMES WILL BE PERMITTED. MOBILE HOMES PRIOR TO 1977 ARE PRE-HUD AND THE WIND ZONE MUST BE PROVEN TO BE PERMITTED.

BEFORE THE MOBILE HOME CAN BE MOVED INTO COLUMBIA COUNTY THIS FORM MUST BE COMPLETED AND RETURNED TO THE COLUMBIA COUNTY BUILDING DEPARTMENT.

ONCE MOVED INTO COLUMBIA COUNTY AN INSPECTOR MUST COMPLETE A PRELIMINARY INSPECTION ON THE MOBILE HOME. CALL 386-758-1008 TO SET UP THIS INSPECTION. NO PERMIT WILL BE ISSUED BEFORE THIS IS DONE.

Code Enforcement Approval Signature _____ Date _____

License Number: IH / 1129420 / 1 Name: DAVID E ALBRIGHT

Order #: 4950 Label #: 81266	Manufacturer: PEACH TREE	(Check Size of Home)	
Homeowner: RAY MIZAPER	Year Model: 1982	Single	____
Address: PARK DR. LOT # 285	Length & Width: 44 x 28'	Double	✓
City/State/Zip: LAKE CITY FL 32056	Type Longitudinal System:	Triple	____
Phone #:	Type Lateral Arm System: 4 OTI	HUD Label #:	
Date Installed:	New Home:____ Used Home:____	Soil Bearing / PSF:	
Installed Wind Zone: II	Data Plate Wind Zone: II	Torque Probe / in-lbs:	
Note:		Permit #:	

STATE OF FLORIDA
INSTALLATION CERTIFICATION LABEL

81266
LABEL #

DATE OF INSTALLATION

DAVID E ALBRIGHT
NAME

IH / 1129420 / 1
LICENSE #

4950
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.

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.

Mobile Home Permit Worksheet

Application Number: _____ Date: _____

Installer: DAVID AIBRIGHT License # IH-1129420

Address of home being installed: Park Dr lot 285 lake city FL, 32056

Manufacturer: PeachTREE Length x width: 44'x28'

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 # 81266

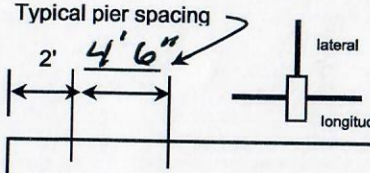
Triple/Quad ☐ Serial # _____

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

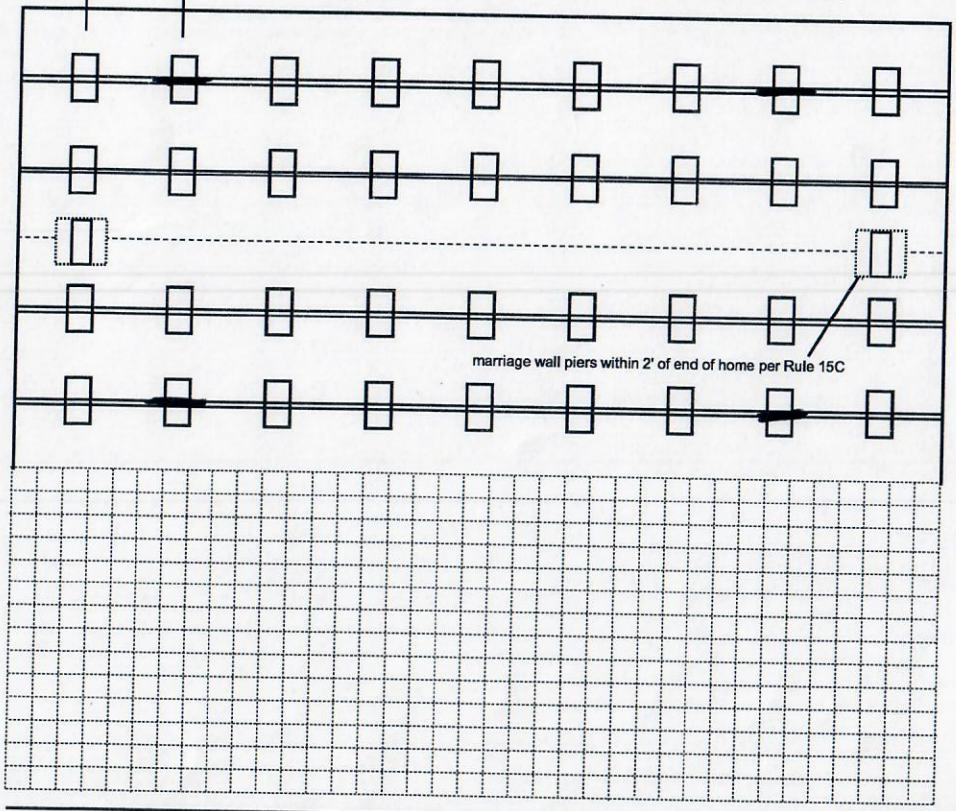
I understand Lateral Arm Systems cannot be used on any home (new or used) where the sidewall ties exceed 5 ft 4 in.

Installer's initials: LBA

Typical pier spacing



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.): _____

☐ 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
	17x25

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

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer OTI

Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer

OTHER TIES

	Number
Sidewall	18
Longitudinal	4
Marriage wall	4
Shearwall	

Mobile Home Permit Worksheet

Application Number: _____ **Date:** _____

POCKET PENETROMETER TEST

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

X___ X___ X___

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___ X___ X___

TORQUE PROBE TEST

The results of the torque probe test is 270 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 DAVID AIBRIGHT

Date Tested _____

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. 15 15-C

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 15 15-C

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

Site Preparation

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

Fastening multi wide units

Floor:	Type Fastener: LAG	Length: 6"	Spacing: 2'
Walls:	Type Fastener: SCREWS	Length: 3"	Spacing: 18"
Roof:	Type Fastener: LAG	Length: 6"	Spacing: 2'

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 _____

Type gasket FOAM
Pg. _____

Installed:
Between Floors Yes ✓
Between Walls Yes ENDS
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 ____

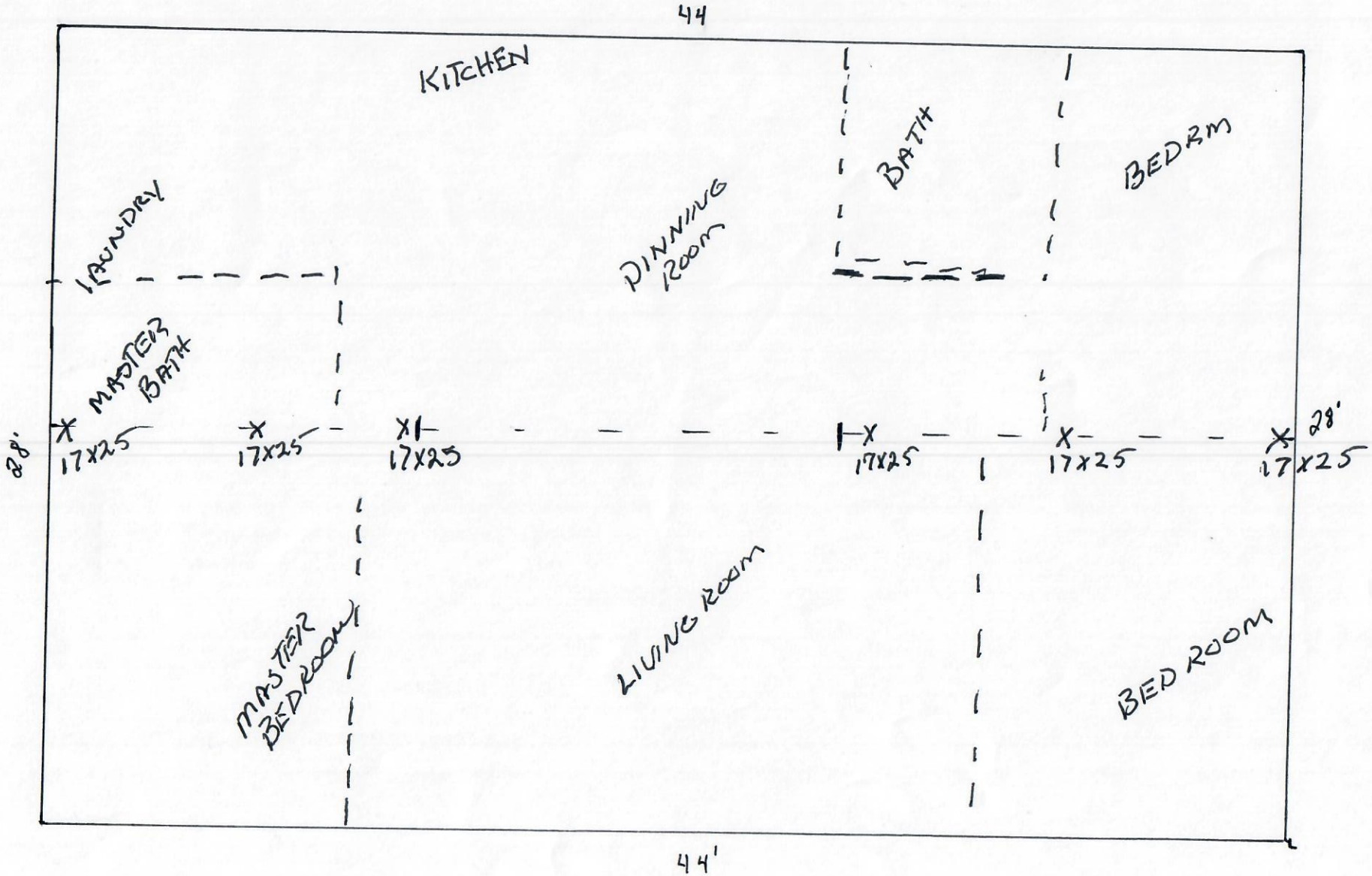
Miscellaneous

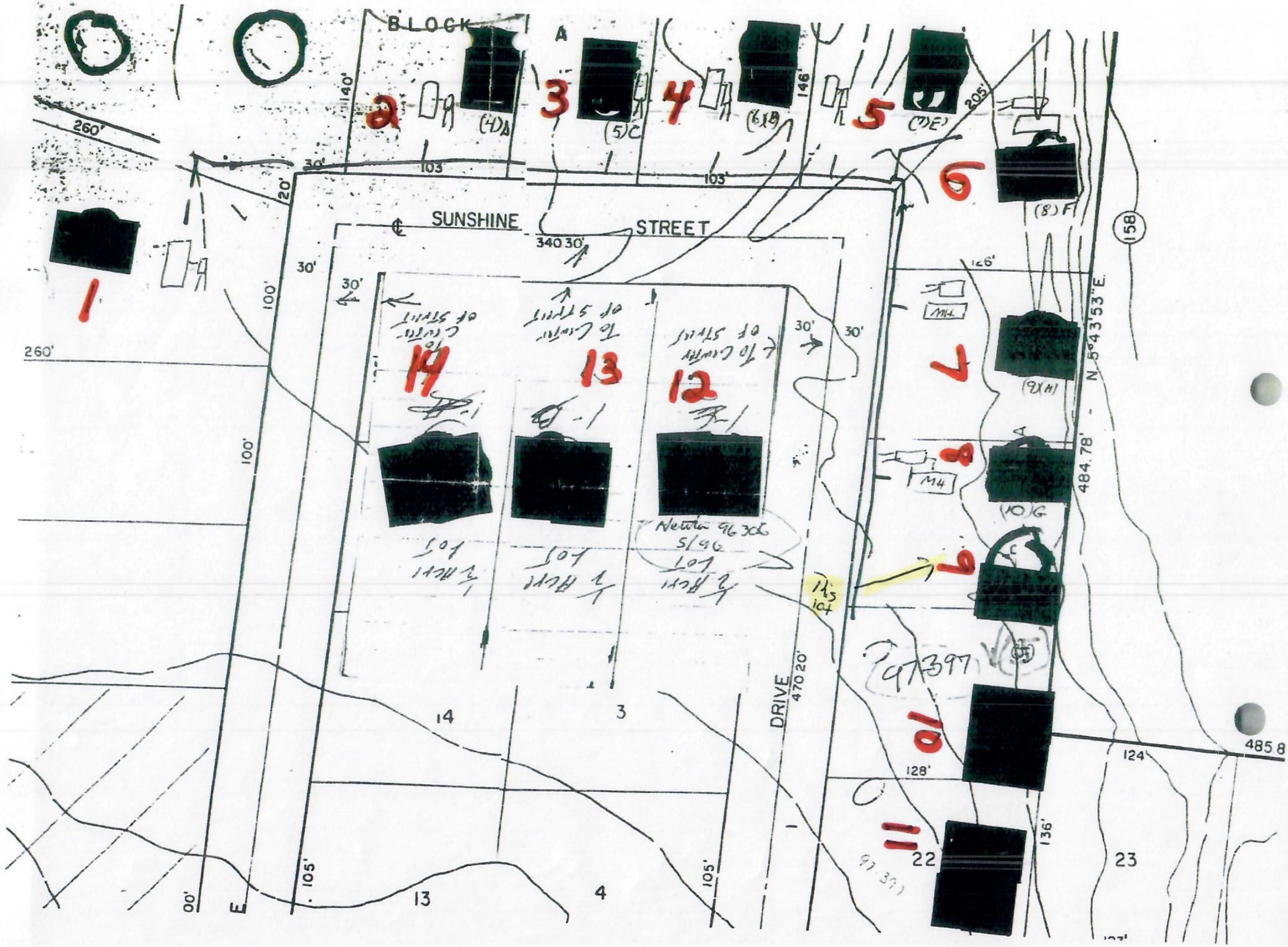
Skirting to be installed. Yes _____ No —
Dryer vent installed outside of skirting. Yes N/A —
Range downflow vent installed outside of skirting. Yes N/A —
Drain lines supported at 4 foot intervals. Yes ✓
Electrical crossovers protected. Yes ✓
Other : _____

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 _____ Date _____

1 CM = 2'


44
KITCHEN
BATH
BEDRM
LAUNDRY
DINNING ROOM
MASTER BATH
28'
17x25
17x25
17x25
17x25
17x25
28'
MASTER BEDROOM
LIVING ROOM
BED ROOM
44'


BLOCK A
SUNSHINE STREET
DRIVE
340 30'
470 20'
484.78'
N 5°43'53"E
485 8
158
260'
140'
146'
205'
126'
128'
124'
136'
103
103'
100'
105'
30'
20'
14
3
13
4
22
23
1
2
3
4
5
6
7
8
9
10
11
12
13
14
(4)A
(5)C
(6)B
(7)E
(8)F
(9)(H)
(10)G
M4
To Center of Street
½ Acre Lot
This lot
97397

July 26, 2016

VIA ELECTRONIC MAIL

David Mrvica
17051 27th Place
Lake City, Fl 32024

Re: Statement of Land Use and Zoning
Tax Parcel 02440-000

Dear Mr. Mrvica,

In response to your request for a statement of land use and zoning for Tax Parcel 02440-000, the subject property has a Future Land Use Map Designation of Residential, Low Density and a Zoning Designation of Residential, Single Family-2 ("RSF-2"). The existing use as a Mobile Home Park is a legal nonconforming use. In accordance with Section 2.3.8 of the Land Development Regulations ("LDRs"), the use as a Mobile Home Park is approved for up to fourteen (14) mobile home dwelling units.

If you have any additional questions, please do not hesitate to contact me via email or phone at bstubbs@columbiacountyfla.com or (386) 754-7119.

Sincerely,

Brandon M. Stubbs
County Planner/LDR Admin.
Building & Zoning