

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 # 36-5S-15-00488-067 Subdivision SPRING HILLS Lot# 1

- New Mobile Home X Used Mobile Home _____ MH Size 28 X 56 Year 2023
- Applicant Kimberly Koon Phone # 386-688-2345
- Address 1154 NW Noegel Rd Lake city fl 32055
- Name of Property Owner John Anderson Phone# 386-288-3074
- 911 Address 329 SW Plum Ct. Fort 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 John Anderson Phone # 386-288-3074
Address 329 SW PlumCt. Fort white fl 32038
- Relationship to Property Owner Same
- Current Number of Dwellings on Property 1 to be removed.
- Lot Size 1.039 Total Acreage 1.039
- 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 Yes
- Driving Directions to the Property From US-90, TL onto FL-247/ SW State Rd. 247 11 miles,
TL SW Ichetucknee Ave, TR SW Curtain Ln, TL Spruce Rd, TR SW Merciful PI, TR Plum ct.
property to the Right of the cul-de-sac.
- Name of Licensed Dealer/Installer Ernest Johnson Phone # 352.494.8099
- Installers Address 22204 SE US Hwy 301, Hawthorne FL 32640
- License Number IH-1025249 Installation Decal # 106107

Columbia County Property Appraiser

Jeff Hampton

2024 Working Values

updated: 11/23/2023

Parcel: << 36-5S-15-00488-067 (2321) >>

Owner & Property Info

Result: 1 of 1

Owner	ANDERSON JOHN ANDERSON BRANDY LYN 329 SW PLUM CT FORT WHITE, FL 32038		
Site	329 SW PLUM CT, FORT WHITE		
Description*	LOT 1 BLOCK D SPRING HILLS S/D. 631-34, 786-1507, 847-1780, 936-1545, PB 1342-124, PR 1344-1692,		
Area	1.039 AC	S/T/R	36-5S-15
Use Code**	MOBILE HOME (0200)	Tax District	3

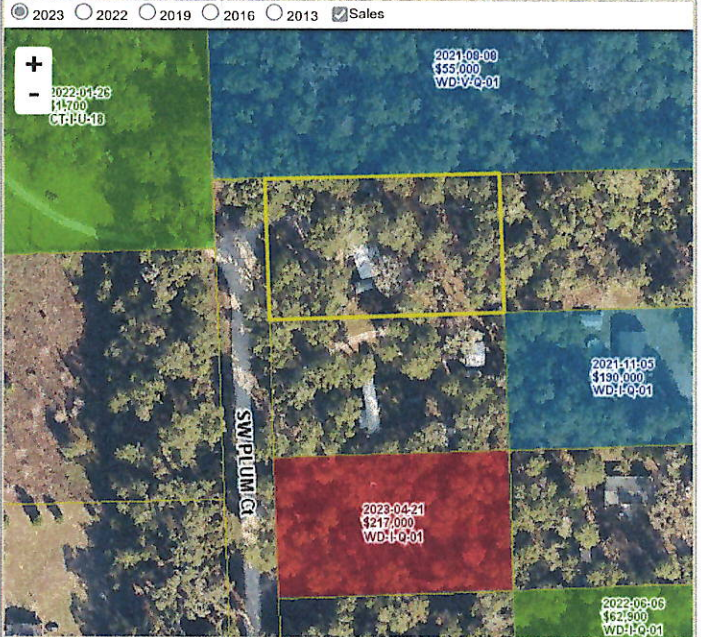
*The Description above is not to be used as the Legal Description for this parcel in any legal transaction.

**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

2023 Certified Values		2024 Working Values	
Mkt Land	\$12,500	Mkt Land	\$12,500
Ag Land	\$0	Ag Land	\$0
Building	\$29,819	Building	\$29,819
XFOB	\$7,100	XFOB	\$7,100
Just	\$49,419	Just	\$49,419
Class	\$0	Class	\$0
Appraised	\$49,419	Appraised	\$49,419
SOH Cap [?]	\$6,705	SOH Cap [?]	\$2,434
Assessed	\$49,419	Assessed	\$49,419
Exempt	\$0	Exempt	\$0
Total	county:\$42,714 city:\$0	Total	county:\$46,985 city:\$0
Taxable	other:\$0 school:\$49,419	Taxable	other:\$0 school:\$49,419

Aerial Viewer Pictometry Google Maps



Sales History

Sale Date	Sale Price	Book/Page	Deed	V/I	Qualification (Codes)	RCode
9/22/2017	\$25,000	1344/1692	PR	I	U	19
9/26/2001	\$5,000	0936/1545	WD	V	Q	
10/15/1997	\$5,500	0847/1780	WD	V	Q	
7/16/1993	\$0	0786/1507	QC	V	U	01
8/24/1987	\$2,100	0631/0034	WD	V	U	

Building Characteristics

Bldg Sketch	Description*	Year Blt	Base SF	Actual SF	Bldg Value
Sketch	MOBILE HME (0800)	1993	1496	1496	\$29,819

*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.

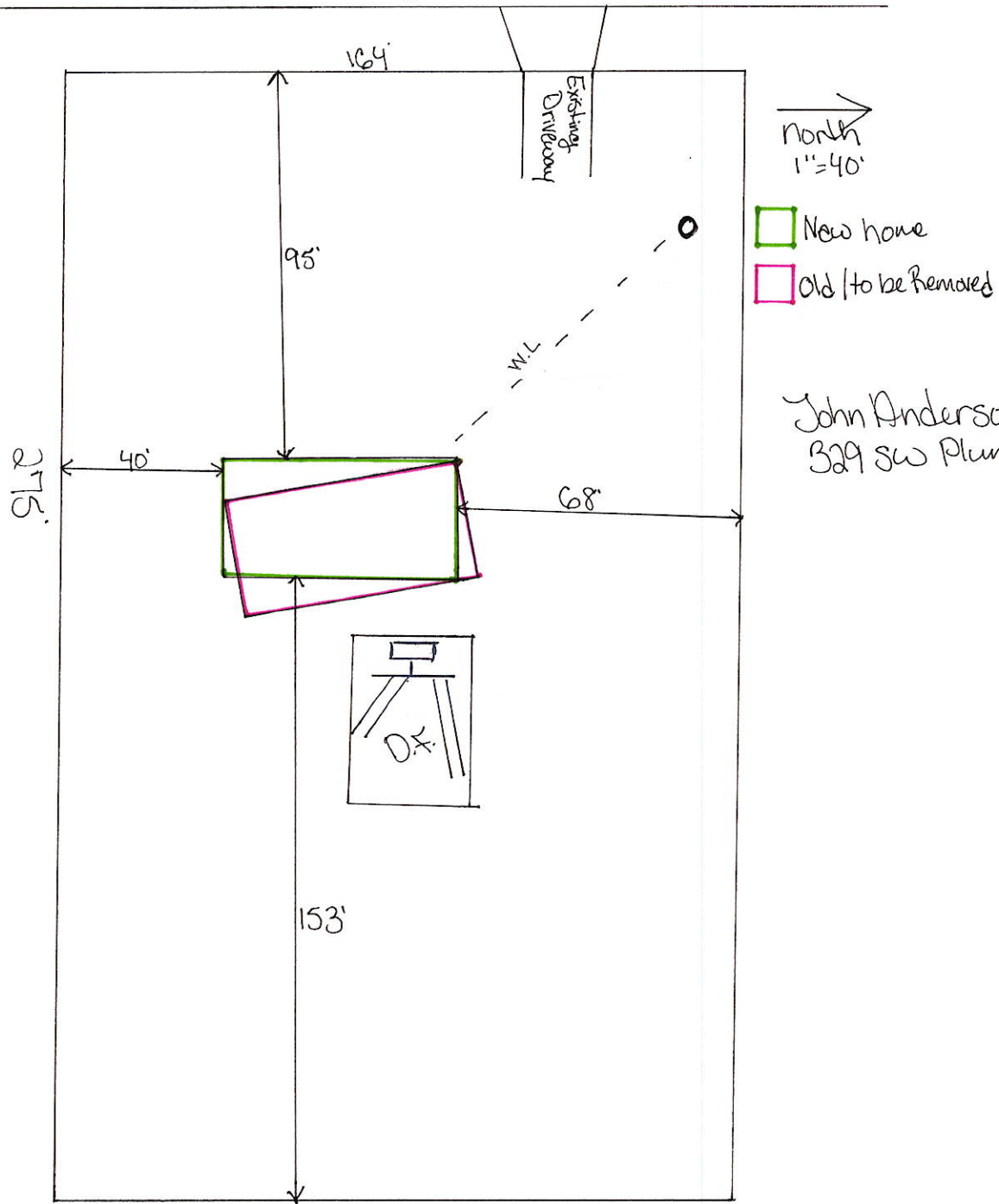
Extra Features & Out Buildings (Codes)

Code	Desc	Year Blt	Value	Units	Dims
0294	SHED WOOD/VINYL	2013	\$100.00	1.00	0 x 0
9945	Well/Sept		\$7,000.00	1.00	0 x 0

Land Breakdown

Code	Desc	Units	Adjustments	Eff Rate	Land Value
0200	MBL HM (MKT)	1.000 LT (1.039 AC)	1.0000/1.0000 1.0000/ /	\$12,500 /LT	\$12,500

SW Plum Ct.



John Anderson
329 SW Plum Ct.

Drawn by Kimberly Haan
11/20/23 Kimberly Haan
386.688.2395

HOME BUILDERS

233 W. 86th STREET, SUITE 1000 NEW YORK, NY 10024
PHONE: 212/411-7000

1) THE MANUFACTURER ASSUMES NO RESPONSIBILITY FOR ACTUAL FOUNDATION DESIGN AND CONSTRUCTION.




2) ADDITIONAL BLOCCING IS REQUIRED AT EACH SIDE OF EXTERIOR DOORS, AND AT EACH SIDE OF SIDEWALL OPENINGS GREATER THAN FEET IN WIDTH (E. PATIO DOORS, PICTURE WINDOWS ETC.).

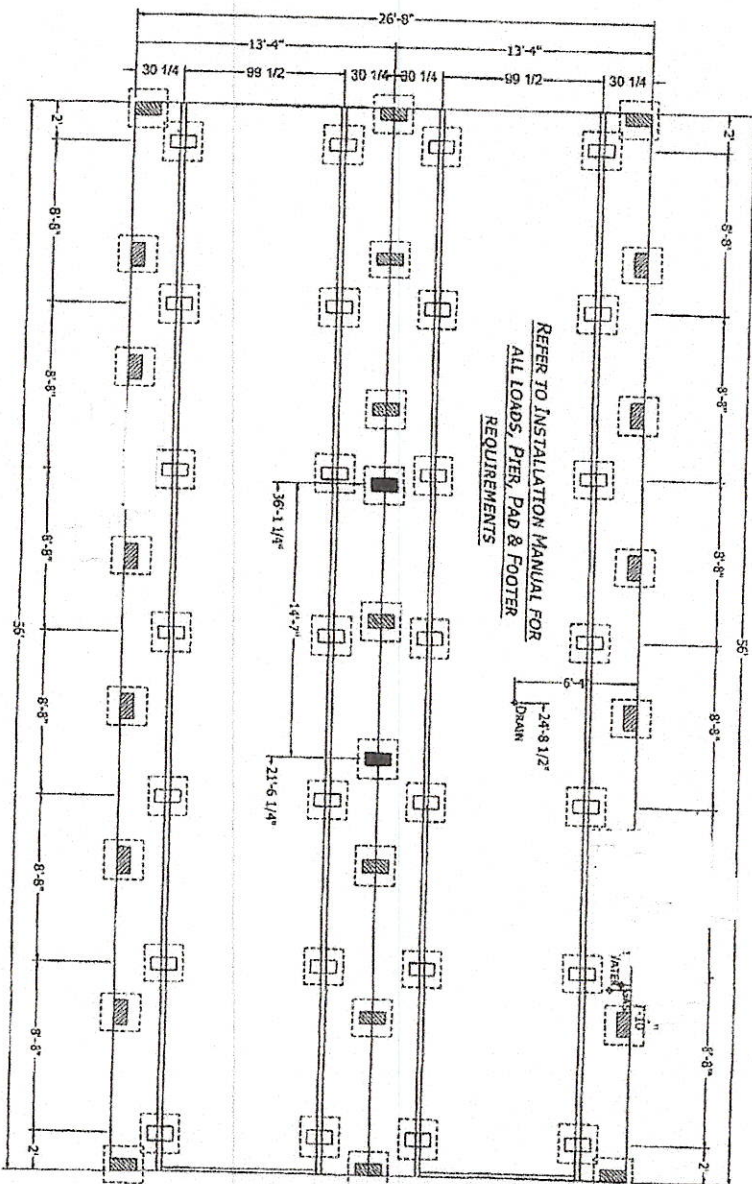
3) FOR BERTH REQUIREMENTS AT ENDWALL SEE FIGURE 8 IN THE INSTALLATION MANUAL.

4) ALL D/W, PLUMBING, GAS SUPPLY, ETC., DIMENSIONS ON PRINT MAY BE +OR - 1/2".

MANUFACTURED GILWELER NOTICE: THIS PLEA PRINT IS FOR HOMES PRODUCED ON OR AFTER JUNE 1ST 2025.
 6) AND UNDERSTAND THE FOLLOWING INFORMATION: THE MANUFACTURER DOES NOT DO FOUNDATION INSTALLATION OF HOMES
 THE RESPONSIBILITY OF THE DEALERSHIP CONTRACTOR TO INSURE THAT ALL SITE WORK WILL CORRELATE WITH THE UNIT
 HOME INSTALLERS: MANUFACTURED HOMES WEIGH SEVERAL TONS, DO NOT ATTEMPT TO INSTALL ANY HOME ON SITE WITHOUT
 EXPERIENCE, KNOWLEDGE, AND UNDERSTANDING OF ALL INSTALLATION REQUIREMENTS. FAILURE TO MEET THESE REQUIREMENTS
 IN SERIOUS RISK OF DEATH TO ANY EXPERIENCED INSTALLER. INSTALLERS, PLEASE READ AND UNDERSTAND THE SET-UP
 AND INSTALLATION MANUAL SUPPLIED WITH THE HOME BEFORE ATTEMPTING ANY INSTALLATION OF ANY MANUFACTURED HOME.
 5) IT WILL BE THE RESPONSIBILITY OF THE SITE CONTRACTOR
 TO VERIFY THE PROPER LOCATION OF COLUMN SUPPORT
 BLOCKING AND TO VERIFY THE PROPER MATING LINE GROWTH
 DIMENSIONS BASED UPON ACTUAL SITE CONDITIONS AND
 REQUIREMENTS (DOUBLE WIDES ONLY).
 6) ALLOW 1/2" AT MATING LINE FOR MALE UP GROWTH,
 7) SEE SET-UP AND INSTALLATION MANUAL FOR PERIMETER
 BLOCKING REQUIREMENTS.
 PERMANENT FOUNDATIONS: CHECK LOCAL BUILDING
 AND CONSULT A REGISTERED PROFESSIONAL. ONCE
 YOU ARE SITING YOUR HOME ON A PERMANENT F
 FOUNDATION, CRYAL SHOWN

PERMANENT FOUNDATIONS: CHECK LOCAL BUILDING CODES AND REGULATIONS AND CONSULT A REGISTERED PROFESSIONAL OR STRUCTURAL ENGINEER WHEN YOU ARE SITTING YOUR HOME ON A PERMANENT FOUNDATION (SUCH AS A FULL BASEMENT, CRAWL SPACE, OR LOAD BEARING PERIMETER FOUNDATION).

-  = FRAME PIER
-  = POINT LOAD PIER
-  = PERIMETER PIER



MODIFICATIONS

PROJECT: JOECL122000

56'-0" X 26'-8"
3 BD 2 BT

DELLA D. E. C. A. 1911

PLATE

1

PIER FOUNDATION PLAN

PR-101

THE DEATHS AND SUFFERINGS ARE ORIGINALLY
FROM LAY AND CONFIDENTIAL MATERIALS OF QUESTION
CONTACT = 1975-222 BY GUY P. POOL

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR _____ PHONE _____

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 <u>Glen Whittington</u> License #: <u>EC13002959</u>	Signature <u>Glen Whittington</u> Phone #: <u>386-684-4601</u>
Qualifier Form Attached <input checked="" type="checkbox"/>		
MECHANICAL/ A/C	Print Name <u>Timothy Shatto</u> License #: <u>CAC057875</u>	Signature <u>Timothy Shatto</u> Phone #: <u>386-496-8224</u>
Qualifier Form Attached <input checked="" type="checkbox"/>		

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.



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

LETTER OF AUTHORIZATION TO SIGN FOR PERMITS

I, Ernest "Scott" Johnson (license holder name), licensed qualifier
for Dependable mobile Home Service LLC (company name), do certify that
the below referenced person(s) listed on this form is/are contracted/hired by me, the license
holder, or is/are employed by me directly or through an employee leasing arrangement; or, is an
officer of the corporation; or, partner as defined in Florida Statutes Chapter 488, and the said
person(s) 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 Person Authorized	Signature of Authorized Person
1. <u>Kimberly Hoon</u>	1. <u>Kimberly Hoon</u>
2.	2.
3.	3.
4.	4.
5.	5.

I, the license holder, realize that I am responsible for all permits purchased, and all work done
under my license and fully responsible for compliance with all Florida Statutes, Codes, and
Local Ordinances. I understand that the State and County Licensing Boards have the power and
authority to discipline a license holder for violations committed by him/her, his/her agents,
officers, or employees and that I have full responsibility for compliance with all statutes, codes
and ordinances inherent in the privilege granted by issuance of such permits.

If at any time the person(s) you have authorized is/are no longer agents, employee(s), or
officer(s), you must notify this department in writing of the changes and submit a new letter of
authorization form, which will supersede all previous lists. Failure to do so may allow
unauthorized persons to use your name and/or license number to obtain permits.

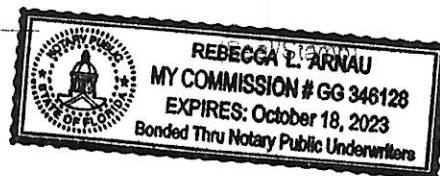
Ernest S. Johnson TH1025249 9.25.19
License Holders Signature (Notarized) License Number Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Ernest S. Johnson,
personally appeared before me and is known by me or has produced identification
(type of I.D.) _____ on this 25 day of September, 2019.

Rebecca L Arnan
NOTARY'S SIGNATURE



WHITTINGTON ELECTRIC INC

164 QUEENS COUNTRY RD, INTERLACHEN FLORIDA 32148

PHONE: 386-684-4601 CELL: 386-972-1700 OR 1701

FAX: 386-684-3906 E-FAX#:866-496-3066 EMAIL:-whitt1954@gmail.com

This letter is to state that I, Glenn Whittington, state certified electrical contractor #EC13002957 authorize Kimberly koon to act on my behalf in obtaining permits in any county or city in the state of florida.

This authorization is to remain in effect indefinitely, unless cancelled by me in writing.

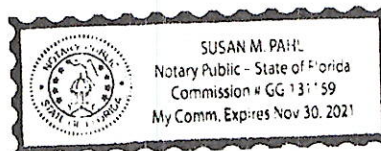
Glenn Whittington

Sworn to and subscribed to before me this 19 day of Aug 2019 by Glenn Whittington who is personally known to me.

Susan M. Pahl

Notary public

My commission expires 11-30-21.





SHATTO HEATING & AIR, INC.
595 WEST MAIN STREET
LAKE BUTLER, FL 32054
Office (386)496-8224 Fax (386)496-9065
service@shattoair.com

Contractor Affidavit for Agency:

DATE: 09/16/2021

I hereby authorize: KDK PERMITTING, to be my

Authorized Agent for: SHATTO HEATING & AIR, INC.
(Name of Company)

This authorization becomes effective of the date this affidavit is notarized.

This authorization acts a Durable Power of Attorney ONLY for the purpose of applying and signing for the HVAC (Mechanical) permit for: MOBILE HOME PERMITS.

The undersigned understands the liabilities involved in the granting of this agency and accepts full responsibility for any and all of the actions of the agent named related to this acquisition for the aforementioned company.

Timothy D. Shatto
(Print Name)

09/16/ 2021
(Date)

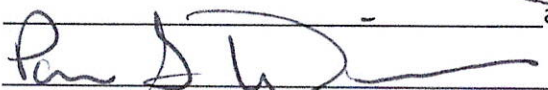

(Qualifier's Signature)

Owner
(Title)

STATE OF FLORIDA
COUNTY OF: UNION

The foregoing instrument was acknowledged before me this 16 day of September, 2021 by

Timothy D. Shatto who is personally known to me ☒ - or has produced
as identification.


Notary Signature

Pamela G Williams
Notary Printed Signature

