

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only

(Revised 7-1-15)

Zoning Official _____

Building Official _____

AP# 47577

Date Received 10/21

By MG

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 # 20-0794 ☐ 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 owed ☐ Out County ☐ In County ☐ Sub VF Form

Need electrical

Property ID # 24-2S-15-00087-000 Subdivision N/A Lot# N/A

▪ New Mobile Home X Used Mobile Home N/A MH Size 28X56 Year 2020

▪ Applicant KAREN FASE Phone # 561-767-6391

▪ Address 1003 NW TIGER DRAIN RD, WHITE SPRINGS 32096

▪ Name of Property Owner KRIS FASE & KAREN FASE Phone# 561-644-1284

▪ 911 Address 1003 NW TIGER DRAIN RD, WHITE SPRINGS 32096 561-767-6391

▪ Circle the correct power company - FL Power & Light - Clay Electric

(Circle One) - Suwannee Valley Electric - Duke Energy

▪ Name of Owner of Mobile Home KRIS FASE & KAREN FASE Phone # 561-644-1284

Address 1003 NW TIGER DRAIN RD, WHITE SPRINGS FL 32096

▪ Relationship to Property Owner SELF

▪ Current Number of Dwellings on Property 0

▪ Lot Size 1326' X 2652' Total Acreage 80

▪ 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 NO

▪ Driving Directions to the Property 90 to 75 NORTH, EXIT 439 136 WHITE SPRINGS. TURN RIGHT ON WHITE SPRINGS RD appX 1-1/2 MILES TURN RIGHT ONTO NW NOVA LANE. TRAVEL 1 MILE TO STOP SIGN - TURN LEFT ON TIGER DRAIN RD. 1/2 MILE TO

▪ Name of Licensed Dealer/Installer JUSTUS LARICCIA Phone # 904-945-6508

▪ Installers Address 6330 Old Kings Rd N. Jacksonville, FL 32254

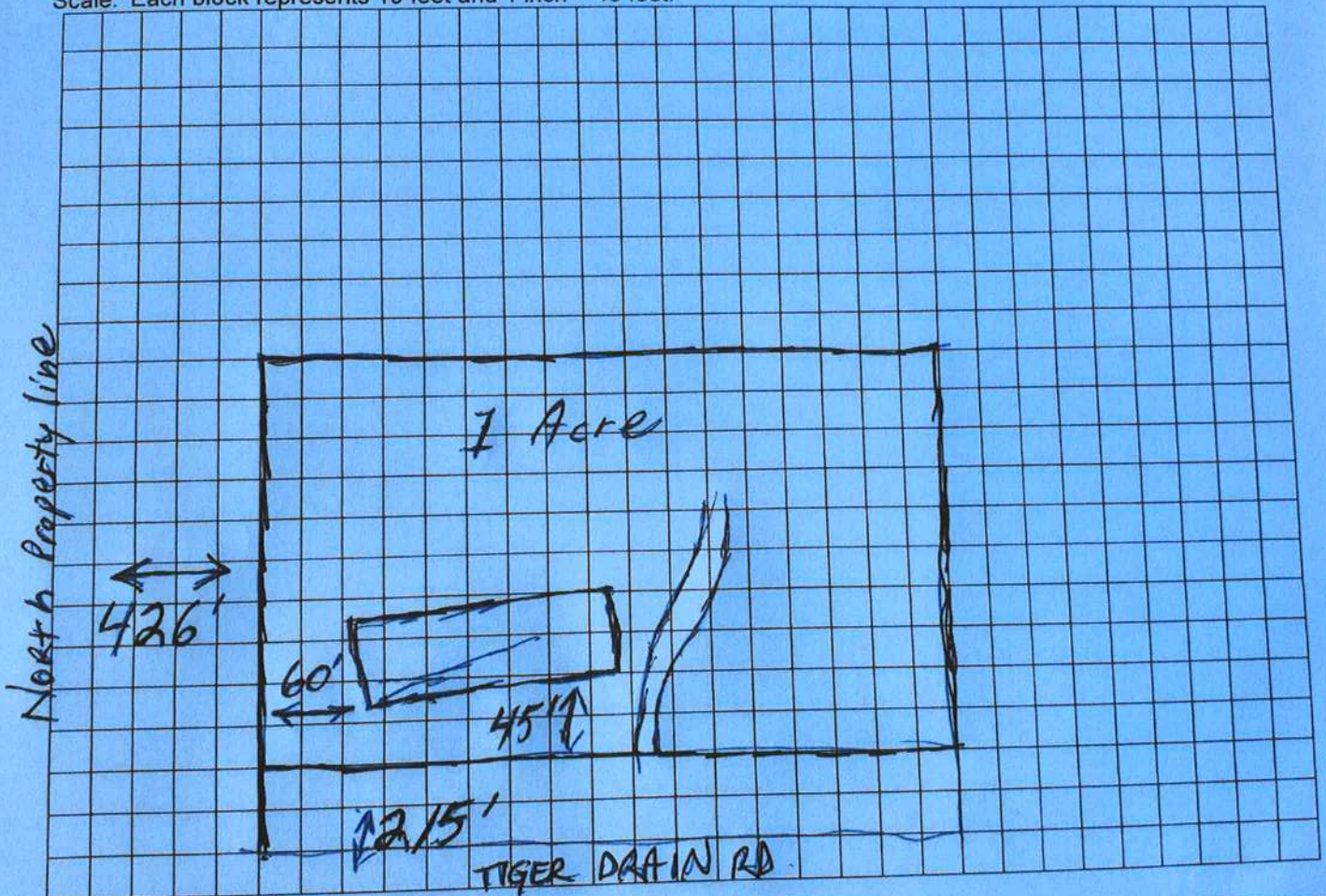
▪ License Number 11127039 Installation Decal # 75274

Email : Fasetales@yahoo.com

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

MOBILE HOME APPLICATION PERMIT Application Number
FASE 1 ACRE OF 80 ACRES
PART II - SITEPLAN APPX 210 X 290

Scale: Each block represents 10 feet and 1 inch = 40 feet.



Notes:

Site Plan submitted by: Karen Jase 561-767-6391

Plan Approved _____

Not Approved _____

Date 10/23/20

County Health Department

By _____

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



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

only, 1003 NW Tiger DRAIN Rd, white SPRINGS FL 32096, 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)
* KAREN FASE	* Karen Fase	<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.

[Signature]
License Holders Signature (Notarized)

IH1127039
License Number

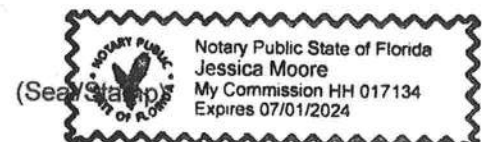
10/06/2020
Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is JUSTUS LaRiccia, personally appeared before me and is known by me or has produced identification (type of I.D.) DL on this Oct day of 19, 20 20.

Jessica Moore
NOTARY'S SIGNATURE



Columbia County Property Appraiser

Jeff Hampton

2020 Preliminary Certified

updated: 10/9/2020

Parcel: << **24-2S-15-00087-000** >>**Owner & Property Info**

Result: 2 of 2

Owner	FASE KRISTOPHER J & KAREN 1003 NW TIGER DRAIN RD WHITE SPRINGS, FL 32096		
Site			
Description*	S1/2 OF NW1/4. 313-476, DC 1185-692, PR DEED 1185-702, WD 1251-1082,		
Area	80 AC	S/T/R	24-2S-15
Use Code**	NO AG ACRE (009900)	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

2019 Certified Values		2020 Preliminary Certified	
Mkt Land (1)	\$83,397	Mkt Land (1)	\$83,397
Ag Land (0)	\$0	Ag Land (0)	\$0
Building (0)	\$0	Building (0)	\$0
XFOB (0)	\$0	XFOB (0)	\$0
Just	\$83,397	Just	\$83,397
Class	\$0	Class	\$0
Appraised	\$83,397	Appraised	\$83,397
SOH Cap [?]	\$0	SOH Cap [?]	\$0
Assessed	\$83,397	Assessed	\$83,397
Exempt	\$0	Exempt	\$0
Total Taxable	county:\$83,397 city:\$83,397 other:\$83,397 school:\$83,397	Total Taxable	county:\$83,397 city:\$83,397 other:\$83,397 school:\$83,397

Aerial Viewer Pictometry Google Maps

☒ 2019 ☐ 2016 ☐ 2013 ☐ 2010 ☐ 2007 ☐ 2005 ☒ Sales
**▼ Sales History**

Sale Date	Sale Price	Book/Page	Deed	V/I	Quality (Codes)	RCode
3/15/2013	\$140,000	1251/1082	WD	V	Q	01
12/7/2009	\$100	1185/0702	PR	V	U	16

▼ 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
009900	AC NON-AG (MKT)	80.000 AC	1.00/1.00 1.00/1.00	\$1,042	\$83,397

Search Result: 2 of 2

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by: GrizzlyLogic.com

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____

CONTRACTOR

HOMEOWNER
KRIS FASE
KAREN FASE

PHONE

561-644-1284
561-767-6391

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>KAREN FASE HOME OWNER</u> Signature <u>Karen Fase</u> License #: <u>owner</u> Phone #: <u>561-767-6391</u> Qualifier Form Attached <input type="checkbox"/>
MECHANICAL/ A/C	Print Name <u>KAREN FASE</u> Signature <u>Karen Fase</u> License #: <u>owner</u> Phone #: <u>561-767-6391</u> Qualifier Form Attached <input type="checkbox"/>

SHOWCASE HOMES SAID THEY HAVE AN INSTALLER TO Hook UP A/C. 386-758-9538

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.



Hall's Pump and Well Services, Inc.

904 NW Main Blvd.

Lake City, FL 32055

hallspumpandwell@bellsouth.net

Contractor #

1503

Submitted By

Benjamin D. Dicks

9/29/2020

Parcel ID 24-2S-15-00087-000

Well Letter of Compliance

Property Owners: Kris and Karen Fase

Columbia County, Tiger Drain Rd., Lake City, FL 32055

Drop pipe size, 1-1/4" inch

4 Inch black steel well casing, 235mm wall thickness

Tank sized, PC 244, 81 gallon, will supply a 23.9 gal. draw down at 40/60 pressure setting.

All wells will have a pump and tank combination that will be sufficient for 1 minute of runtime

If you have any questions please call our office @ 386-752-1854

Pump size 1.0 hp, 230 volt, single ph, pump and motor
or 4" in diameter

Benjamin Dicks,

Office Coordinator,

Hall's Pump and Well Services, Inc.

904 NW Main Blvd.

Lake City, FL 32055

(P): (386)752-1854

Thanks,