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 # 31-3S-16-02413-008 Subdivision _____ Lot#____

- New Mobile Home_____ Used Mobile Home ✓ MH Size 28x52 Year 2012
- Applicant TREEA Foster Phone # 386-590-4207
- Address 10314 US Hwy 90 E. Live Oak, FL 32060
- Name of Property Owner Haylee DEAS Phone# 386-688-1085
- 911 Address 219 SW Arbor Lane
- Circle the correct power company - (Circle One) - FL Power & Light - Clay Electric - Suwannee Valley Electric - Duke Energy

- Name of Owner of Mobile Home Haylee Deas Phone # 386-688-1085
  Address 219 SW Arbor Lane
- Relationship to Property Owner Owner
- Current Number of Dwellings on Property —
- Lot Size_____ Total Acreage 5.68
- Do you : Have Existing Drive (Currently using) or Private Drive (Blue Road Sign) or need Culvert Permit (Putting in a Culvert) or Culvert Waiver (Circle one) (Not existing but do not need a Culvert)
- Is this Mobile Home Replacing an Existing Mobile Home NO
- Driving Directions to the Property 90 West toward Live Oak to SW Thomas Terrace on (R) go Down to Arbor (SW) Lane. Make (R) go 0.2 miles on (R)
- Name of Licensed Dealer/Installer James Foley Phone # 386-249-3994
- Installers Address 7862 173rd Live Oak, FL 32060
- License Number IH/1078536 Installation Decal # 90781

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

COUNTY THE MOBILE HOME IS BEING MOVED FROM Suwannee

OWNERS NAME Haylee Deas PHONE 386-688-1085 CELL

INSTALLER James Foley PHONE 386-249-3994 CELL

INSTALLERS ADDRESS 7862 173rd Live Oak, FL 32060

MOBILE HOME INFORMATION

MAKE Live Oak YEAR 2017 SIZE 28 X 52

COLOR White SERIAL No. LOHGA1111308IAB

WIND ZONE II SMOKE DETECTOR ✓

INTERIOR:
FLOORS good

DOORS good

WALLS good

CABINETS good

ELECTRICAL (FIXTURES/OUTLETS) good

EXTERIOR:
WALLS / SIDDING good

WINDOWS good

DOORS good

INSTALLER: APPROVED ✓ NOT APPROVED

INSTALLER OR INSPECTORS PRINTED NAME

Installer/Inspector Signature ✓ License No IH10185536 Date June-23

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 _____

Columbia County Property Appraiser

Jeff Hampton

2022 Working Values
updated: 7/7/2022

Parcel: << 31-3S-16-02413-008 (43423) >>

Owner & Property Info

Result: 16 of 40

Owner	DEAS HAYLEE A 161 SW ARBOR LN LAKE CITY, FL 32024-3501		
Site	219 SW ARBOR Ln, LAKE CITY		
Description*	COMM AT NE COR, RUN S 475.81 FT, W 38.10 FT TO SE COR OF HILLS OF WINDSOR, W 550.78 FT TO POB, S 825.10 FT TO S LINE NE1/4 OF NE/14, W 300.82 FT, N 824.99 FT TO S LINE OF HILLS OF WINDSOR, THENCE E 300.83 FT TO POB. QC 1429-2630, QC 1468-825,		
Area	5.68 AC	S/T/R	31-3S-16
Use Code**	MISC IMPROVED (0700)	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.

Aerial Viewer Pictometery Google Maps

Property & Assessment Values

2021 Certified Values		2022 Working Values	
Mkt Land	$35,216	Mkt Land	$36,920
Ag Land	$0	Ag Land	$0
Building	$0	Building	$0
XFOB	$0	XFOB	$23,570
Just	$35,216	Just	$60,490
Class	$0	Class	$0
Appraised	$35,216	Appraised	$60,490
SOH Cap [?]	$0	SOH Cap [?]	$0
Assessed	$35,216	Assessed	$60,490
Exempt	$0	Exempt	$0
Total Taxable	county:$35,216 city:$0 other:$0 school:$35,216	Total Taxable	county:$60,490 city:$0 other:$0 school:$60,490

Sales History

Sale Date	Sale Price	Book/Page	Deed	V/I	Qualification (Codes)	RCode
6/1/2022	$100	1468/0825	QC	I	U	11
2/1/2021	$100	1429/2630	QC	V	U	11

Building Characteristics

Bldg Sketch	Description*	Year Blt	Base SF	Actual SF	Bldg Value
NONE					

Extra Features & Out Buildings (Codes)

Code	Desc	Year Blt	Value	Units	Dims
0030	BARN,MT	2021	$9,000.00	1.00	x
0166	CONC,PAVMT	2021	$120.00	40.00	2 x 20
9945	Well/Sept		$3,250.00	1.00	0 x 0
0001	RES MISC	2021	$10,800.00	1.00	x
0261	PRCH, UOP	2021	$400.00	1.00	x

Land Breakdown

Code	Desc	Units	Adjustments	Eff Rate	Land Value
0700	MISC RES (MKT)	5.680 AC	1.0000/1.0000 1.0000/ /	$6,500 /AC	$36,920

Search Result: 16 of 40

License Number: IH / 1078536 / 1 Name: JAMES FOLEY

Order #: 5418 Label #: 90781	Manufacturer: Live Oak	(Check Size of Home)
Homeowner: DEAS, Hayley	Year Model: 2017	Single ____
Address: 219 SW Arbor Lane	Length & Width: 52 x 20	Double ✓
City/State/Zip: Lake City, FL	Type Longitudinal System:	Triple ____
Phone #:	Type Lateral Arm System:	HUD Label #:
Date Installed:	New Home: ____ Used Home: ✓	Soil Bearing / PSF:
Installed Wind Zone:	Data Plate Wind Zone:	Torque Probe / in-lbs:
Note:		Permit #:

STATE OF FLORIDA
INSTALLATION CERTIFICATION LABEL

90781
LABEL # DATE OF INSTALLATION

JAMES FOLEY
NAME

IH / 1078536 / 1 5418
LICENSE # 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.

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 Haylee Deas PHONE 386-688-1085 CELL _____

ADDRESS 219 S W Arbor Lane Lake City, FL

MOBILE HOME PARK _____ SUBDIVISION _____

DRIVING DIRECTIONS TO MOBILE HOME 90 W To Thoms Terrace S W Take (L) go to Arbor Lane. on (R) go 0.2 miles on (R)

MOBILE HOME INSTALLER James Gley PHONE 386 249-3994 CELL _____

MOBILE HOME INFORMATION

MAKE Live Oak YEAR 2012 SIZE 28 x 52 COLOR White

SERIAL No. LOHGA1111301AB

WIND ZONE II 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 I#1078[illegible] DATE JUL 23-22

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

only, 219 SW Albon Lane, 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)
TREEA Foster		___ Agent ___ Officer ___ Property Owner
		___ Agent ___ Officer ___ Property Owner
		___ 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.

License Holders Signature (Notarized) | License Number: RH1078136 | Date: June 23-22

NOTARY INFORMATION:
STATE OF: Florida COUNTY OF: Suwannee

The above license holder, whose name is James Foley, personally appeared before me and is known by me or has produced identification (type of I.D.) personally known on this 23 day of June, 2022.

NOTARY'S SIGNATURE (Seal/Stamp)

TREEA A. FOSTER
Notary Public - State of Florida
Commission # HH 198074
My Comm. Expires Dec 17, 2025
Bonded through National Notary Assn.

Haylee Deas

Mobile Home Permit Worksheet

Installer: James Gray License # IH-1078536

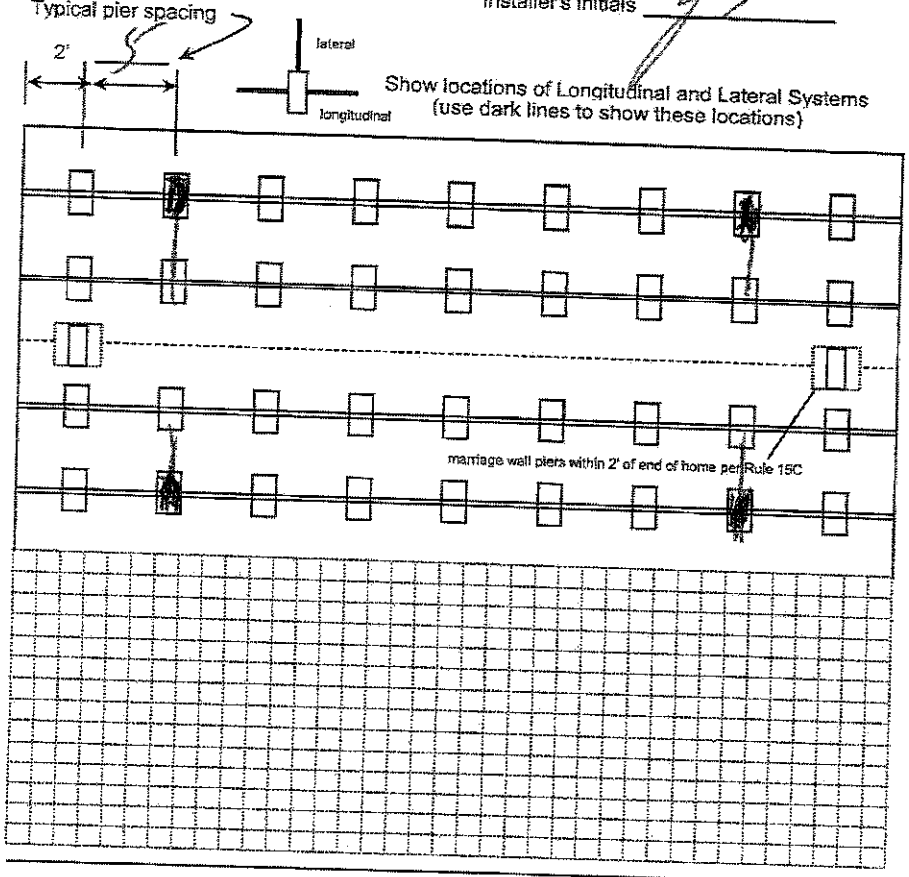
Address of home being installed 219 SW Arbor Lane
Lake City FL

Manufacturer Live Oak Length x width 52x28

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

Typical pier spacing



Application Number: _____ Date: _____

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 # 90781

Triple/Quad ☐ Serial # 13081

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 17½ 22½

Perimeter pier pad size 16x16

Other pier pad sizes (required by the mfg.) 21x21

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
1	26x31

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
Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer

OTHER TIES

	Number
Sidewall	2
Longitudinal	4
Marriage wall	
Shearwall	2

Mobile Home Permit Worksheet

Application Number: _____ **Date:** _____

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 650 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 0 T 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 James Fitz

Date Tested June 23-22

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. 7

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 7

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

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: Lag	Length: 6	Spacing: 2
Roof:	Type Fastener: Screw	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 Seal
Pg. 5

Installed:
Between Floors Yes ✓
Between Walls Yes ✓
Bottom of ridgebeam Yes ✓

Weatherproofing

The bottomboard will be repaired and/or taped. Yes ✓ Pg. 7
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 June 23-22

Prepared By

Name: Lisa G Deas
Address: 161 SW Arbor LN
Lake City, FL 32024

After Recording Return To

Name: Haylee A Deas
Address: 161 SW Arbor LN
Lake City, FL 32024

TAX PARCEL ID # 31-3S-16-02413-008 (43423)

Inst: 202212011024 Date: 06/03/2022 Time: 4:25PM
Page 1 of 2 B: 1468 P: 825, James M Swisher Jr, Clerk of Court
Columbia, County, By: OA
Deputy ClerkDoc Stamp-Deed: 0.70

Space Above This Line for Recorder's Use

FLORIDA QUIT CLAIM DEED

STATE OF FLORIDA

COLUMBIA COUNTY

THIS QUIT CLAIM DEED, executed this 1st day of JUNE, 2022, between first party, as Grantor, Daniel Andrew Deas and Lisa Gwen Deas, a married couple, whose post office address is 161 SW Arbor LN, County of Columbia, City of Lake City, State of Florida 32024, and second party, as Grantee, Haylee A Deas, a biological daughter of Grantor's and a single individual, whose post office address is 161 SW Arbor LN, County of Columbia, City of Lake City, State of Florida 32024.

WITNESSETH, that Grantor, and in consideration of Zero Dollars/Gift ($_0.00_), and other good and valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, does hereby remise, release and forever quitclaim unto the Grantee, all the rights, title, interest, and claim in or to the following described parcel of land, and improvements and appurtenances thereto, in Columbia County, Florida, to-wit:

Book 1429/Page 2630 Family Lot Deed – changing to Gift Dependent Deed 5+ acres

Commence at the Northeast corner of Section 31, Township 3 South, Range 16 East, Columbia County, Florida and run thence S 05*21'00" W, along the East line of said section 31, 475.81 Feet; thence N 88*51'58" W, 38.10 Feet to the Southeast corner of Hills of Windsor, a planned rural residential development, according to plat thereof as recorded in PRRD Book 1, Pages 1 through 3 of the Public Records of Columbia County, Florida; thence continue N 88*51'58" W, along the South line of said Hills of Windsor, 550.78 Feet to the point of beginning; thence S 05*23'17" E, 825.10 Feet to the South line of the NE ¼ of NE ¼ ; thence N 88*51'19" W, along said South line,

300.82 Feet; thence N 05*23'17" E, 824.99 Feet to the aforesaid South line of Hills of Windsor; thence S 88*51'58" E, along said South line, 300.83 Feet to the point of beginning. Containing 5.68 acres, more or less. Subject to the county maintained right of way for SW Arbor Lane along the South side thereof.

To have and to hold, the same together with all and singular the appurtenances thereunto belonging or in anywise appertaining, and all the estate, right, title, interest, lien, equity and claim whatsoever for the said first party, either in law or equity, to the only proper use, benefit and behoof of the said second party forever.

IN WITNESS WHEREOF, Grantor has executed and delivered this Quit Claim Deed under seal as of the day and year first above written.

Daniel A. Deas
Grantor's Signature

Daniel A. Deas
Grantor's Name

161 SW Arbor LN
Address

Lake City, FL 32024
City, State & Zip

Gwen Kirkland
Witness's Signature

Gwen Kirkland
Witness's Name

Lisa Gwen Deas
Grantor's Signature

Lisa Gwen Deas
Grantor's Name

161 SW Arbor LN
Address

Lake City, FL 32024
City, State & Zip

Jane Moore
Witness's Signature

Jane Moore
Witness's Name

STATE OF FLORIDA)

COUNTY OF Suwannee)

The foregoing instrument was acknowledged before me by means of ☑ physical presence or ☐ online notarization, this 1st day of June, 2022, by Lisa Gwen Deas who is personally known to me or who has produced Daniel A. Deas as identification.

Tracy K Baldwin
Notary Public (SEAL)

TRACY K. BALDWIN
Notary Public - State of Florida
Commission # GG 313910
My Comm. Expires May 7, 2023
Bonded through National Notary Assn.

My Commission Expires:

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 Richard H. Shaw License #: EC13006007 Qualifier Form Attached ☐	Signature Richard H Shaw Phone #: 386-362-4068
MECHANICAL/ A/C _____	Print Name Ronald E Brooks Sr. License #: CAC1817658 Qualifier Form Attached ☐	Signature Ronald E Brooks Sr. Phone #: 850-872-8339

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.

SITE PLAN CHECKLIST

___1) Property Dimensions
___2) Footprint of proposed and existing structures (including decks), label these with existing addresses
___3) Distance from structures to all property lines
___4) Location and size of easements
___5) Driveway path and distance at the entrance to the nearest property line
___6) Location and distance from any waters; sink holes; wetlands; and etc.
___7) Show slopes and or drainage paths
___8) Arrow showing North direction

SITE PLAN EXAMPLE

Revised 7/1/15

NOTE:
This site plan can be copied and used with the 911 Addressing Dept. application forms.