Permit Application / Manufactured Home Installation Application

| For Office Use Only (Revised 6/24) Zoning Office | alBu | ilding Official | |
|---|----------------------------|----------------------|---------------------|
| AP# Date Received | Ву | Permi | t # |
| Flood Zone Development Permit | Zoning Land | Use Plan Map Cate | gory |
| Comments | | 950 | |
| Comments Elevation I | inished Floor Riv | er In Flo | odway |
| ☐ Recorded Deed or ☐ Property Appraiser PO | | | |
| □ Land Owner Affidavit □ Installer Authorization □ FW Comp. letter □ App Fee Paid □ 911 App □ DOT Approval □ Parent Parcel # □ STUP-MH □ Ellisville Water Sys □ Assessment □ In County □ Sub VF For | | | |
| ☐ Ellisville Water Sys ☐ Assessment | ☐ In County ☐ Sub VF F | or | |
| *This page not required if Online Submission | | | |
| Property ID # 25-45 - 17 - 08738 | | | Lot# |
| | | | LOt# |
| | | | |
| ■ Mew Mobile Home Used Mobile Home MH Size 32 x 1/2 Year 2025 | | | |
| ■ Applicant <u>Song North</u> Phone# <u>863-517-5701</u> | | | |
| ■ Address 3311 Sw State | Rd 247 Lai | le City F | 71 32024 |
| ■ Name of Property Owner William | + Brianna Phone | #33 386-6 | 984-6281 |
| ■911Address 524 SE High Falls Rd Lake City Fl 32025 | | | |
| ■ Circle the correct power company - □FL Power & Light □Clay Electric | | | |
| (Circle One) | | | |
| -N CO CALLET WA'TE | | | |
| - Name of Owner of Mobile Home William & Brianna Sentings | | | |
| ■ Name of Owner of Mobile Home William + Briana Jennings ■ Phone # 384-984-49 Address 504 SE High Falls Rd Lake City Fl ■ Relationship to Property Owner | | | |
| Relationship to Property Owner# of Bed/bath_4/3.5 | | | |
| ■ Current # of Dwellings on Property | | # of Bed/bath | 4/3.5 |
| ■ Lot Size ■ Do you:(Circle one) Have Existing Drive | Total Acreage | 5. 19 | 1 |
| ■ Do you:(Circle one) Have Existing Drive | | a Driveway Perm | nit |
| (Currently using) | (Blue Road Sign) | | 21 to 4 5 (1920) |
| *Please be advised all MH applications may pron | ipt a driveway permit rega | rdless of existing/j | private driveway*** |
| ■ Is this Mobile Home Replacing an Existing Mobile Home □Yes □No | | | |
| ■ Name of Licensed Dealer/Installer Rusty Knowles | | | |
| ■ Installers Phone #_386-391-0886 | | | |
| ■ Installers Address S801 SW SR 47 Lake Cide F1 32024 | | | |
| ■ License Number: | | | |
| ■ Installation Decal # 119130 | | | |
| ■ Is the mobile home currently located in Columbia County? ☐Yes ☐No | | | |
| (Only required for used mobile homes) | | | |
| | | | |
| Applicant Email Address: Provision permitting @ gmail, com | | | |
| (This is where application undates will be sent) | | | |