### PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

	For Office Use Only (Revised 12/2023) Zoning Official Building Official
	<u>AP#</u> Date ReceivedBy Permit #
	Flood Zone Development Permit Zoning Land Use Plan Map Category
	Comments
	FEMA Map# Elevation Finished Floor River In Floodway
ě	□ Recorded Deed or □ Property Appraiser PO □ Site Plan □ EH #
	□ Land Owner Affidavit □ Installer Authorization □ FW Comp. letter □ App Fee Paid □ 911 App
9	□ DOT Approval □ Parent Parcel # □ STUP-MH
	□ Ellisville Water Sys □ Assessment □ In County □ Sub VF Form
	- Linsvine Water Sys - Assessment in County - Sub VF Form
	*This page not required if Online Submission
P	operty ID # 05-3S-16-01809-118
100 100	New Mobile Home Used Mobile Home MH Size 32x66 Year 2024
40	
<b>5</b>	Applicant Frier Finance Inc Phone #386-362-2720
	Address 12788 Hwy 90 West Live Oak FL 32060
	Name of Property Owner Frier Finance, Inc Phone# 386-362-2720
	911 Address TBD Indian Ridge Lane Lake City FL 32055
	Circle the correct power company - FL Power & Light - Clay Electric
	(Circle One) - Suwannee Valley Electric - Duke Energy
	Name of Owner of Mobile Home Frier Finance Inc Phone #386-362-2720
-	Address 12788 Hwy 90 West Live Oak FL 32060
	Address 12700 TWy 50 West Live Oak TE 52500
	Relationship to Property Owner Self
ш	Current Number of Dwellings on Property 0
	Lot Size 5.01 Acres  Total Acreage 5.01 acres
	Do you : Have Existing Drive (Currently using) or Drivate 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 (Yes)
	Name of Licensed Dealer/Installer Dale Houston Phone # 386-623-6522
10	Installers Address 136 SW Barrs Glen Lake City FL 32024
15	License Number!H1133271 Installation Decal # 107694
	Is the mobile home currently located in Columbia County? Yes No Conly required for used homes)
	Applicant Email Address: phyllismurray@windstream.net
	(This is where application updates will be sent)

#### SITE PLAN CHECKLIST

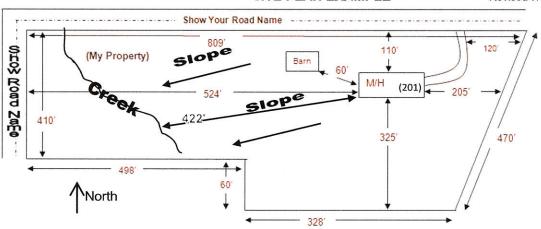
- 1) Property Dimensions
- \_2) Footprint of proposed and existing structures (including decks), label these with existing addresses
- \_\_3) Distance from structures to all property lines
- 4) Location and size of easements
- 5) Driveway path and distance at the entrance to the nearest property line
- \_\_\_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

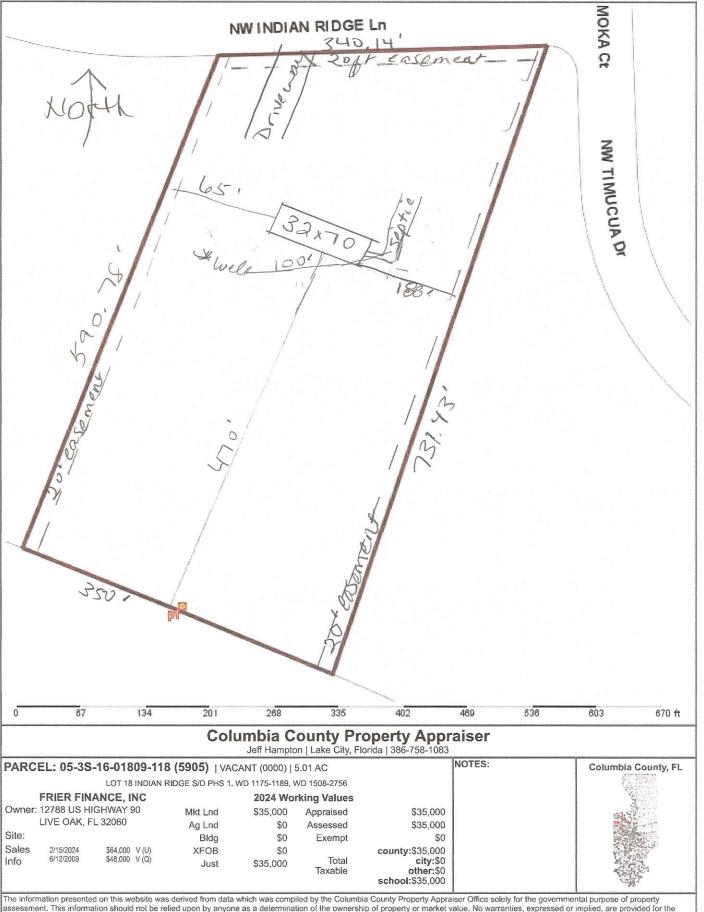
Revised 7/1/15

### NOTE:

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



See affachsel



The information presented on this website was derived from data which was compiled by the Columbia County Property Appraiser Office solely for the governmental purpose of property assessment. This information should not be relied upon by anyone as a determination of the ownership of property or market value. No warranties, expressed or implied, are provided for the accuracy of the data herein, it's use, or it's interpretation. This website was last updated: 4/11/2024 and may not reflect the data currently on file at our office.

GrizzlyLogic.c GrizzlyLogic.com

#### MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUM	ONTRACTOR Dale Houston PHONE 36-623-652
	THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT
records of the s Ordinance 89-6	unty one permit will cover all trades doing work at the permitted site. It is <u>REQUIRED</u> that we have subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and 6, a contractor shall require all subcontractors to provide evidence of workers' compensation or neral liability insurance and a valid Certificate of Competency license in Columbia County.
Any changes, t start of that su	he permitted contractor is responsible for the corrected form being submitted to this office prior to the abcontractor beginning any work. Violations will result in stop work orders and/or fines.
ELECTRICAL	Print Name         Los Jackson         Signature         Juniture           License #:         E 5 1 200 1176         Phone #:         386-638-7025   Qualifier Form Attached
MECHANICAL/	Print Name Ron & Bonds Signature Rou & Bonds License #: CAC 1817658 Phone #: 850-545-8664  Qualifier Form Attached

**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.

## LIMITED POWER OF ATTORNEY

I, Todd Frier	, do hereby authorize Phyllis Murray	to be
my representative and act on r	ny behalf in all aspects of applying for a building	
permit to be placed on my prop	perty described as: Sec _05 Twp3	S
Rge 16 E Tax Parcel No.		da.
(Property Owner Signature)		
4/20/2024 (Date)		
Sworn to and subscribed befor	re me this day ofApril, 20_24	
Brand H Canoll Notary Public		
My Commission expires: 11/au Commission No. 1/4 185328 Personally known:		



## 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, Dole Housto	,give this authority f	or the job address show below
only, TRO India	Job Address Lake	Coly FL 30 That I do certify that
the below referenced person(s)	listed on this form is/are under m	y direct supervision and control
and is/are authorized to purcha	se permits, call for inspections an	d sign on my behalf.
Printed Name of Authorized Person	Signature of Authorized Person	Authorized Person is (Check one)
Phyllis Murrey	Phyles rougher	Agent Officer Property Owner
	0	Agent Officer Property Owner
-		Agent Officer Property Owner
	t I am responsible for all permits presponsible for compliance with a	
holder for violations committed by	nsing Board has the power and au by him/her or by his/her authorized sponsibility for compliance granted	d person(s) through this
Nale Hanta License Holders Signature (Nota	TAII: arized) License Nu	33271 <u>4/24/202</u> 2
NOTARY INFORMATION: STATE OF:Florida	COUNTY OF: Suwanne	<u></u>
The above license holder, whose personally appeared before me (type of I.D.)	and is known by me or has produc	ced identification of $April$ , $2024$ .
NOTARY'S SIGNATURE  BRENDAH, CARROLL		seal/Stamp)
Commission # HH 185328	Na contract of the contract of	

Bonded Thru Troy Fain Insurance 809-385-7019

### **Mobile Home Permit Worksheet**

	PO	CKET PENETROME	TER TEST	
		sts are rounded down 00 lb. soil wi		
	x	x	X	
		PENETROMETER TE		
	2. Take the 3. Using 500	perimeter of the home reading at the depth 0 lb. increments, take and round down to the	of the footer.	
	х	X	х	
		TORQUE PROBE	TEST	
here if you a	are declaring 5' a	obe test is 285 anchors without testin r less will require 5 fo	ng A test	neck
anch anch read	hors are allowed hors are required ling is 275 or les lires anchors wit	teral arm system is be at the sidewall locati d at all centerline tie p ss and where the mob th 4000 lb holding cap	ions. I understand 5 points where the torcoile home manufactu	que test
ALL TI	ESTS MUST BE	PERFORMED BY A	LICENSED INSTA	LLER
Installer Name	Dolp	Houston		
Date Tested	4/2			
	The state of the s	Electrical		
		etween multi-wide uni ng wire between mult-		in power
Maria de la Companya del Companya de la Companya de la Companya del Companya de la Companya de l		Dlumbing		

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

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

plication	1 Number:			Date:				
		SCEASON SECTION OF THE PROPERTY OF THE PROPERT						
		Site Preparat	ion					
	Debris and organic material removed Water drainage: Natural Swale Pad Other .							
		Fastening multi w						
Floor: Walls: Roof:	For used homes will be centered or roofing nails at 2"	a min. 30 gauge, 8 over the peak of the " on center on both	B" wide, ga roof and t sides of th	ne centerline.				
		Gasket (weatherproofing	g requirement)					
homes a	understand a properly installed gasket is a requirement of all new and used nomes 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 Pg. Form Between Floors Yes Between Walls Yes Bottom of ridgebeam Yes							
	Weatherproofing							
Siding or	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							
Dryer ve Range d Drain line	to be installed. Yes ent installed outside lownflow vent instal es supported at 4 fo	of skirting. Yes lled outside of skirti oot intervals. Yes	N/A ng. Yes	N/A				
Insta		nformation giver		is permit worksheet				

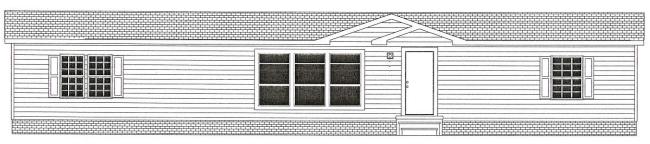
manufacturer's installation instructions and or Rule 15C-1 & 2

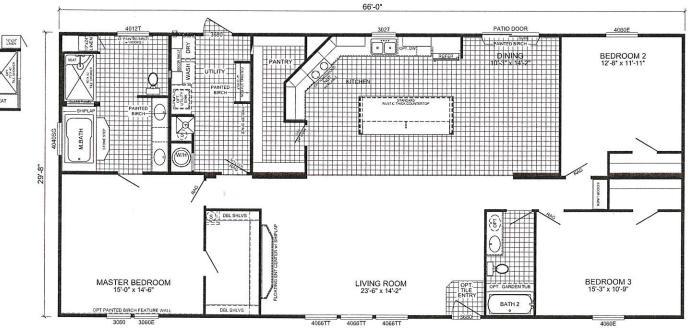
Installer Signature Pah Hartun

Date

## **CHARGER**

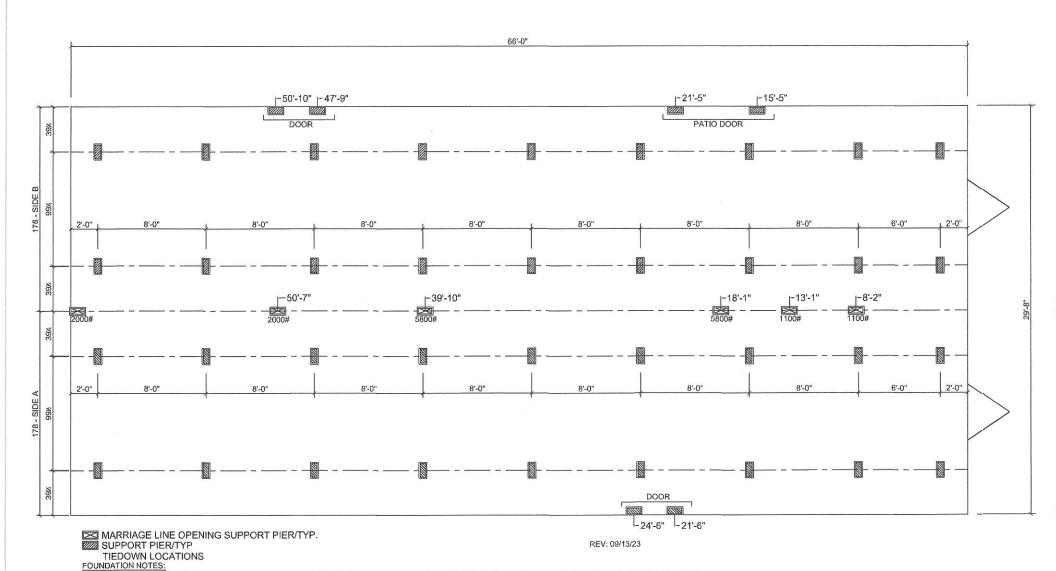






D-3663A 3-BEDROOM / 2-BATH 32 X 70 - Approx. 1958 Sq. Ft.

- \* All room square footage figures are approximate.
- \*9"-0" ceilings are NOT AVAILABLE for this model.
   \*Live Oak Homes reserves the right to modify product offering at any time.
   \*Skirting shown is optional.



- THIS DRAWING IS DESIGNED FOR THE STANDARD WIND ZONE AND IS TO BE USED IN CONJUNCTION WITH THE INSTALLATION MANUAL AND IT'S SUPPLEMENTS.
- FOOTINGS ARE SHOWN FOR EXAMPLE ONLY QUANTITY AND SPACING MAY VARY BASED ON PAD TYPE, SOIL CONDITION, ETC.

- FOOTINGS ARE REQUIRED AT SUPPORT POSTS, SEE INSTALLATION MANUAL FOR REQUIREMENTS.

Live Oak Homes MODEL: D-3663A - 32 X 66 (BOX) 3-BEDROOM / 2-BATH

(99-1/2" I-BEAM SPACING)

D-3663A

	Mobile	Home P	ermit	Worksh	neet			Application	Numbe	r:			Date	):	
								New H	ome		Used Home				
	sale Ho						11				anufacturer's Ins ordance with Ru		anual	2	
Address of hon being installed	ne TBD Leck	e Co	ly FI	- 1910 L 3:	2055	_		Single	wide		Wind Zone II	partitions.	Wind Zon	parents	
Manufacturer	Live Oak	Hon	Len	igth x widtl	h _3	227	0	Double			Installation Dec	cal # / <u>/</u> /	769	#	<del>una mandra de la cont</del>
if	home is a single	or quad wi	ide sketc	ch in rema	inder of h	ome		Triple/0	Juad	PIER SI	Serial #	FOR USE	D HOME	s	
	l Lateral Arm Syst dewall ties exceed				als			Load bearing	Footer	16" x 16"	18 1/2" x 18	20" x 20"	22" x 22"	24" X 24"	26" x 26
Typical pier spa		eral			2000.			capacity	(sq in)	(256)	1/2" (342)	(400)	(484)*	(576)*	(676)
2'					tudinal and show these			1000 1500 2000 2500	psf psf	3' 4' 6" 6' 7' 6"	4' 6' 8' 8'	5' 7' 8' 8'	6' 8' 8'	8' 8' 8'	8' 8' 8' 8'
		***************************************	- III					3000 3500	psf	8' 8'	8'	8' 8'	8' 8'	8' 8'	8'
								* interpola	ated from		1 pier spacing tab	ile.	POP	ULAR PAI	SIZES
<u></u>			$\perp$			1		I-beam	pier pad		234		_	ad Size 6 x 16	Sq I
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		П	harriage	wall piers withi	n 2' of end of ho	me per Rule 1	5C		marriage		enings greater th	nan 4 foot	2	24 x 24 26 x 26	576 676
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									nariti (10000 1000 1000)				140-04-05-05-05-05-05-05-05-05-05-05-05-05-05-	mmol/2/258 - 8	

32×70 In Indian Ridge Log Cookie

Order #: 6113	Label #: 107694	Manufacturer:	(Check Size of Home)
omeowner:	77708 tota 5 = 1 ( 0) (****)*	Year Model:	Single
ddress:		Length & Width:	Double
City/State/Zip:		Type Longitudinal System:	Triple
hone #:		Type Lateral Arm System:	HUD Label #:
ate Installed:	A A Charles of the control of the co	New Home: Used Home:	Soil Bearing / PSF:  Torque Probe / in-lbs:
stalled Wind Zone:		Data Plate Wind Zone:	Permit #:

### STATE OF FLORIDA INSTALLATION CERTIFICATION LABEL

LABEL#

DATE OF INSTALLATION

DALE HOUSTON

**NAME** 

IH / 1133271 / 1

6113

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.

### Wayne Frier Home Center of Live Oak, LLC

Date of Birth Buyer:

Co-Buyer:

12788 US 90 West Live Oak, Florida 32060 Phone 386-362-6306 Fax 386-362-4771 Drivers License Buyer: Co-Buyer:

PHONE BUYER(S) 386-362-2720 04/23/24 Frier Finance, Inc. MAILING ADDRESS 12788 US 90 W Live Oak FL 32060 DELIVERY ADDRESS: TBD Indian Ridge Lane Lake City FL 32055 STOCK NUMBER FLOOR SIZE HITCH SIZE MAKE & MODEL Bedrooms WF600 32 70 w 32 2024 3 66 w Live Oak Homes COLOR PROPOSED DELIVERY DATE SALES PERSON SERIAL NUMBER LOHGA30074430AB ✓ NEW USED Josh BASE PRICE OF UNIT 111,356.00 LOCATION **THICKNESS** TYPE OF INSULATION **R-VALUE** OPTIONAL EQUIPMENT \$ CEILING PROCESSING FEE \$ **EXTERIOR** 111,356.00 SUB-TOTAL \$ **FLOORS** THIS INSULATION INFORMATION WAS FURNISHED BY THE MANUFACTURER AND IS DISCLOSED IN SALES TAX COMPLIANCE WITH THE FEDERAL TRADE COMMISSION RULE 16CRF, SECTION 460.16. \$ 3,340.68 \$ 75.00 OPTIONAL EQUIPMENT, LABOR & ACCESSORIES COUNTY SUR TAX ESTIMATED TAG & TITLE FEES \$ 329.70 Delivered & Set-up. Up to 3 block high \$ VARIOUS FEES & INSURANCE \$ **PERMITS** Tied Down \$ LAND IMPROVEMENTS 1. CASH PURCHASE PRICE 115,101.38 Connect water & sewer up to edge of home only TRADE-IN ALLOWANCE \$ \$ LESS BAL DUE ON ABOVE No warranty on furniture or décor pkgs. Furnished \$ Unfurnished NET ALLOWANCE \$ CASH DOWN PAYMENT CASH AS AGREED SEE REMARKS \$ Customer responsible for any tractor / dozier fees incurred 2. LESS TOTAL CREDITS during set-up of new home and / or removal of trade Agree SUB TOTAL 115,101.38 \$ SALES TAX (If not Included Above) Wheels & axles deleted from sale price of home. Will lend 3. Unpaid Balance of Cash Sale Price 115,101,38 for a local move. Agree REMARKS: NO VERBAL AGREEMENTS WILL BE HONORED. Customer responsible for any gas or electrical hookups to home. (Dealer not licensed) Agree Customer responsible for releveling of home after initial setup. Can not be responsible for settling of land. We will re-level home, but there will be a charge. Agree Options include extra: (List) BALANCE CARRIED TO OPTIONAL EQUIPMENT NOTE: WARRANTY, EXCLUSIONS AND LIMITATIONS OF DAMAGES ON THE REVERSE SIDE DESCRIPTION OF TRADE-IN MAKE MODEL BEDROOMS TITLE NO SFRIAL COLOR AMOUNT OWING TO WHOM Liquidated Damages are agreed to be \$ 10% of the cash price, whichever is greater ANY DEBT BUYER OWES ON THE TRADE-IN IS TO BE PAID BY DEALER BUYER 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 the other side of this 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 bee voluntary, that Buyer's trade-in is free from all claims whatsoever, except as noted. BUYER ACKNOWLEDGES RECEIPT OF A COPY OF THIS ORDER AND THAT BUYER HAS READ AND UNDERSTANDS THE BACK OF THIS AGREEMENT BUYER SIGNED X Wayne Frier Home Center of Live Oak, LLC Not Valid Unless Signed and Accepted by an Officer of the Company or an Authorized Agent SOCIAL SECURITY NO. SIGNED X Ву BUYER SOCIAL SECURITY NO.

### Confirmation Completed: Columbia County FL. 911 Address Application #65052

From: addressing@columbiacountyfla.com

Wed, Apr 24, 2024 03:55 PM

Subject : Confirmation Completed: Columbia County FL. 911 Address

Application #65052

To:phyllismurray@windstream.net



# Columbia County Fla. 911 Addressing Application Confirmation

Dear FRIER FINANCE INC.

Thank you for confirming your online application for a new 911 address.

**Parcel No** 05-3S-16-01809-118

**Block No** 

Lot No 18

Unit No

Phase No

Owner FRIER FINANCE, INC,
Applicant FRIER FINANCE INC

Email phyllismurray@windstream.net

**Phone** 386-362-2720

**Comments** 

Is this 911 address requested for self or is it being

requested for a company?

If Address is Requested by a Company, Provide Name

of Requesting Company:

Requested for Company

Frier finance inc

Habitable structure (family home,

business, etc.)

This address is for a:

### **Uploaded Documents**

indian ridge site plan.pdf

Your application number is #65052.

An email will be sent upon address assignment.

### 911 Addressing

135 NE Hernando Avenue, Suite 203 Lake City, FL 32055 386-719-1456