

Mobile Home Application #74645

Monday, December 22, 2025 10:45 AM



Checklist:

___ Address	___ Application Submitted	
___ Drive/ROW	___ Zoning Review	___ Legal Lot of Record
___ Septic	___ Plans Reviewed	___ Flood Zone
___ Site Use Approved	___ Required Inspections Assigned	___ FDEP Needed
___ Docs Reviewed/Accepted	___ Invoiced	

APPLICANT: _____ PHONE: _____

ADDRESS: _____

OWNER: CROWDER CONNIE, _____ PHONE: 386.365.8921

ADDRESS: 684 NW CORINTH DR LAKE CITY, FL 32055

PARCEL ID: 17-2S-17-04721-000 SUBDIVISION: _____

LOT: _____ BLOCK: _____ PHASE: _____ UNIT: _____ ACRES: 11.81

CONTRACTOR	TYPE	LIC#	BUSINESS NAME
CROWDER, HOYLE	Air Conditioner		OWNER
CROWDER, HOYLE	Electrician		OWNER
BRENT M STRICKLAND	General	IH1104218	

MOBILE HOME DETAILS

Is this a new or used home? _____ Used

Mobile Home is a: _____

Year Built _____

Color of mobile home? _____

How many of bedrooms does this home have? _____

How many bathrooms does this home have? _____

Width (Ft.In) _____

Length (Ft.In) _____

Total Area (Ft.In) _____

Wind Zone? _____ 2

Serial # _____

Installation Decal # _____

Power Company _____

Service Amps _____

Estimated Mechanical Cost _____ 0.00

Residential or Commercial Use? _____ Residential

Is this replacing an existing Home? _____ Yes

Number of homes now on property? _____ 2

Driveway access to home: _____ Existing Drive

Relationship to property owner? _____

Name of person this mobile home home is for?

Resident's Phone #

Are you applying for a 5 year temporary permit?

Special temporary use permit number:

Septic # (00-0000) or (X00-000)

Setback Info

Site Plan Setbacks Front

Site Plan Setbacks Side 1

Site Plan Setbacks Side 2

Site Plan Setbacks Rear

Optional Job Notes

Review Notes: