

**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 # 18-25-16-01642-007 Subdivision \_\_\_\_\_ Lot# \_\_\_\_\_

▪ New Mobile Home \_\_\_\_\_ Used Mobile Home Y MH Size 14x56 Year 2017  
 ▪ Applicant Treela Foster Phone # 386-362-4948  
 ▪ Address 10314 U.S. HWY 90E Live Oak, FL 32060  
 ▪ Name of Property Owner Tara Lamontagne, Allen Perkins Phone # 941-730-5703  
 ▪ 911 Address \_\_\_\_\_

▪ Circle the correct power company - FL Power & Light - Clay Electric  
 (Circle One) - Suwannee Valley Electric - Duke Energy

▪ Name of Owner of Mobile Home Lamontagne Tara & Perkins Allen Phone # 941-730-5703  
 Address 3210 23rd Ave W Bradenton, FL 34205

▪ Relationship to Property Owner Owner

▪ Current Number of Dwellings on Property \_\_\_\_\_

▪ Lot Size 5.01 Total Acreage 5.01

▪ 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 \_\_\_\_\_

▪ Driving Directions to the Property take NE madison st to NW main Blv / US Hwy 41W  
US Hwy 41 to NW suwannee valley rd, take white springs rd  
to NW sleepy ct last place. on (L)

Email Address for Applicant: \_\_\_\_\_

▪ Name of Licensed Dealer/Installer JAMES Foley Phone # 386-245-3994  
 ▪ Installers Address 7862 173rd Rd Live Oak, FL 32060  
 ▪ License Number 141078531 Installation Decal # 90809

DATE OF BIRTH:  
BUYER:  
CO/BUYER:

**NORTH FLORIDA HOME CENTER, LLC**  
**DBA JERRY CORBETT'S HOME CENTER, INC.**  
10314 Hwy. 90 East • Live Oak, Florida 32060  
(386) 362-4948 • Fax: (386) 364-1979

DRIVER'S LICENSE:  
BUYER:  
CO/BUYER:

In this contract the words I, ME and MY refer to the Buyer and Co-Buyer signing this contract. The words YOU and YOUR refer to the Dealer. Subject to the terms and conditions on both sides of this agreement you agree to sell and I agree to purchase the following described unit.

BUYER(S) <i>Heikins Allen &amp; LAMONTAGNE Taira</i>		PHONE <i>941-807-2473</i>		DATE <i>12/30/22</i>	
ADDRESS <i>4107 55th Ave Dr. E Braden, FL 34203</i>		SALESPERSON <i>TRECA</i>			
DELIVERY ADDRESS <i>NW Steep Court White Springs, FL Columbia</i>		COUNTY <i>22046</i>			
MAKE & MODEL <i>Live Oak</i>		YEAR <i>2017</i>	BD ROOMS <i>5</i>	SIZE <i>14</i>	STOCK NUMBER <i>KY 10</i>
SERIAL NUMBER <i>21861</i>		COLOR		PROPOSED DELIVERY DATE	
LOCATION		R-VALUE	THICKNESS	TYPE OF INSULATION	
CEILING					
EXTERIOR					
FLOORS					
THIS INSULATION INFORMATION WAS FURNISHED BY THE MANUFACTURER AND IS DISCLOSED IN COMPLIANCE WITH THE FEDERAL TRADE COMMISSION RULE 16CRF, SECTION 460 16.					
OPTIONAL EQUIPMENT, LABOR AND ACCESSORIES					
• Delivered, Set-Up & Tied Down.		\$			
• Furnished _____; Unfurnished _____					
• Customer is responsible for any tractor or bulldozer fees incurred on lot.					
• <u>Standard Set-Up is 32"</u> . Customer responsible for having site ready. If site for placement of home is not relatively level before home is set-up, customer will be responsible for additional costs if set-up is over 32".					
• Wheels and axles are deleted from home price.					
• Dealer will stub out sewer line to side wall of home only. Connections of sewer lines to septic and water supply line to home is customer's responsibility.					
• Customer is responsible for Gas and Electric Hook-ups.					
• All Homes must have Insurance before delivery.					
• DEALER CAN NOT BE RESPONSIBLE FOR SETTLING OF LAND;					
• CUSTOMER IS RESPONSIBLE FOR ANY RELEVELING AFTER INITIAL SET-UP AND COVERING DITCHES.					
• DEPOSIT/DOWN PAYMENT NON-REFUNDABLE UPON APPROVAL.					
• USED HOMES SOLD AS IS (NO WARRANTY).					
• Permits are the responsibility of the customer. Dealer can procure, if desired, at cost plus time basis.					
BALANCE CARRIED TO OPTIONAL EQUIPMENT		\$			
NOTE: WARRANTY, EXCLUSIONS AND LIMITATIONS OF DAMAGES ON REVERSE SIDE					

BASE PRICE OF UNIT		\$ 34,050.00	
OPTIONAL EQUIPMENT			
SUB-TOTAL		\$ 34,050.00	
SALES TAX		2043.00	
SUR-TAX		50.00	
NON-TAXABLE ITEMS		250.00	
VARIOUS FEES AND INSURANCE			
DEALER FEE		500.00	
Well + Septic		10,750.00	
1. CASH PURCHASE PRICE		\$ 47,143.00	
TRADE IN ALLOWANCE		\$	
LESS BAL DUE ON ABOVE		\$	
NET ALLOWANCE		\$	
CASH DOWN PAYMENT			
CASH AS AGREED SEE REMARKS		\$	
2. LESS TOTAL CREDITS		\$	
SUB-TOTAL		\$ 47,143.00	
SALES TAX (IF NOT INCLUDED ABOVE)			
3. Unpaid Balance of Cash Sale Price		\$ 47,143.00	
Remarks: <i>Home sold as is where is where is.</i> <i>Well installed up to 100 ft. after 100 ft customer to pay standard septic 900 gal 375 dg ft. DRAIN</i> You and I 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 described unit; the optional equipment, accessories and insurance, if included, voluntarily. My trade-in is free from all claims whatsoever except as noted. You and I agree that if any paragraph or provision violates the law and is unenforceable, the rest of the contract will be valid. Liquidated damages are agreed to be \$ _____ or 10% of the cash price, whichever is greater.			

This agreement contains the entire understanding between you and me and no other representation or inducement, Verbal or written, has been made which is not contained in this contract. You and I 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. I am purchasing the above described trailer, manufactured home or vehicle; the optional equipment and accessories, the insurance as described has been voluntary; that my trade-in is free from all claims whatsoever, except as noted. I, OR WE, ACKNOWLEDGE RECEIPT OF A COPY OF THIS ORDER AND THAT I, OR WE, HAVE READ AND UNDERSTAND THE BACK OF THIS AGREEMENT.

**JERRY CORBETT'S HOME CENTER, INC.** DEALER

NOT VALID UNLESS SIGNED AND ACCEPTED BY AN OFFICER OF THE COMPANY

OFFICER:

SALES PERSON:

APPROVED

APPROVED

SIGNED X *[Signature]* BUYER

SOCIAL SECURITY NO. *[Signature]*

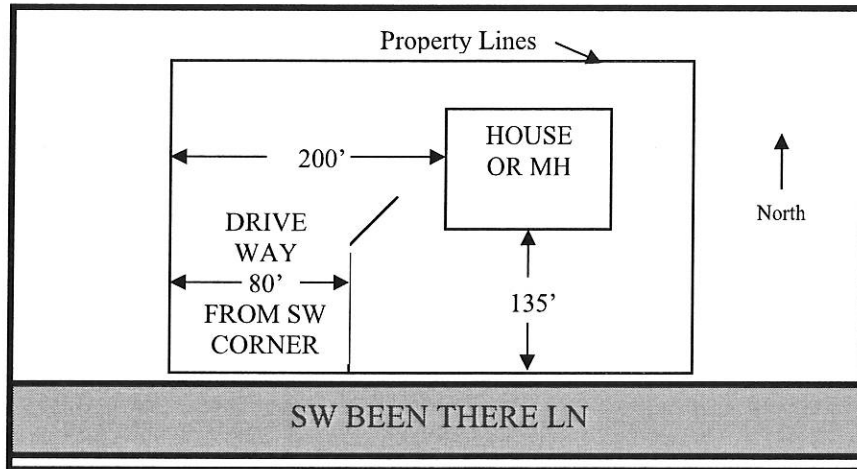
SIGNED X *[Signature]* BUYER

SOCIAL SECURITY NO. *[Signature]*

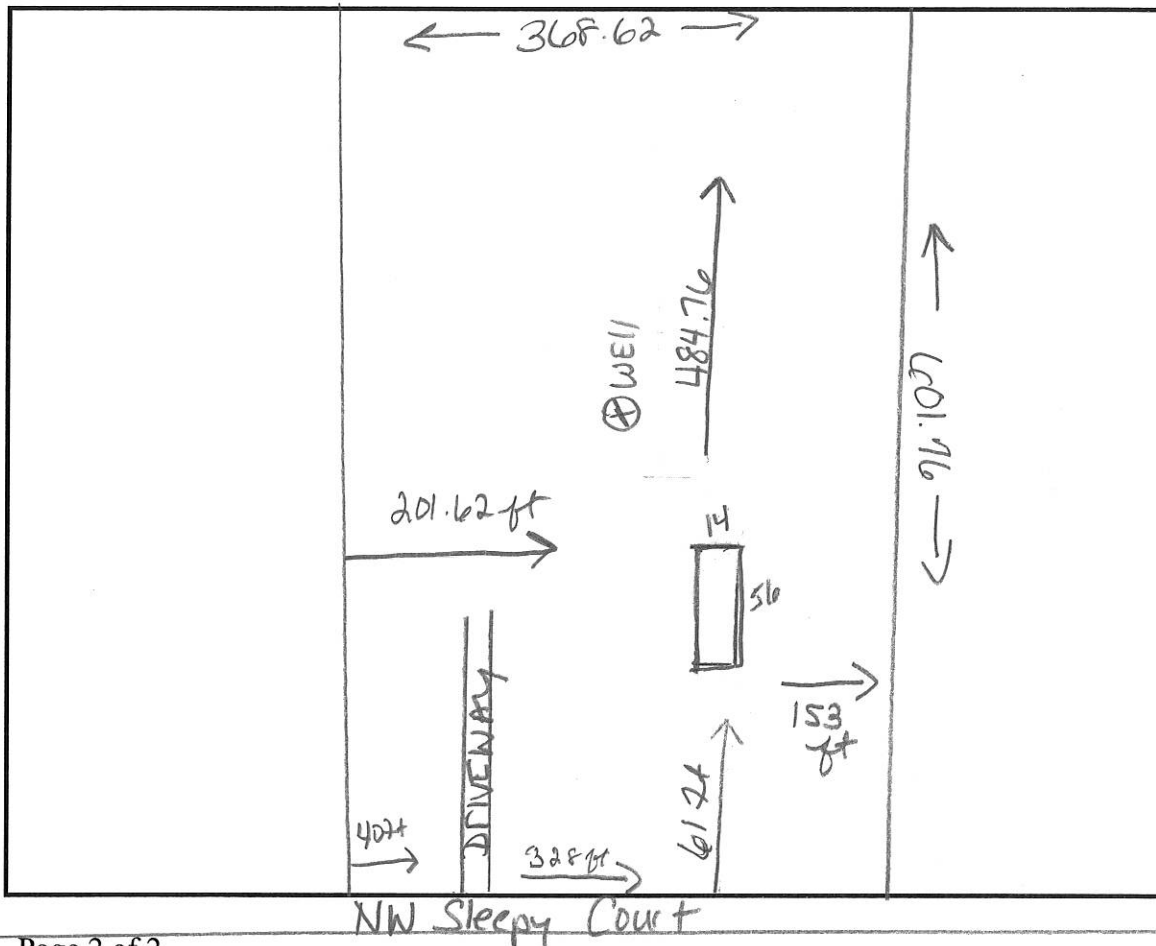
## Page 2, Site Plan for 9-1-1 Address Application From

1. A PLAT, PLAN, OR DRAWING SHOWING THE PROPERTY LINES OF THE PARCEL.
2. LOCATION OF PLANNED RESIDENT OR BUSINESS STRUCTURE ON THE PROPERTY WITH DISTANCES FROM AT LEAST TWO OF THE PROPERTY LINES TO THE STRUCTURE (SEE SAMPLE BELOW).
3. LOCATION OF THE ACCESS POINT (DRIVEWAY, ETC.) ON THE ROADWAY FROM WHICH LOCATION IS TO BE ADDRESSED WITH A DISTANCE FROM A PARALLEL PROPERTY LINE AND OR PROPERTY CORNER (SEE SAMPLE BELOW).
4. TRAVEL OF THE DRIVEWAY FROM THE ACCESS POINT TO THE STRUCTURE (SEE SAMPLE BELOW).

### SAMPLE:



### SITE PLAN BOX:



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

COUNTY THE MOBILE HOME IS BEING MOVED FROM suwannee  
OWNERS NAME Tara Lamontagne PHONE 941-730-5703 CELL \_\_\_\_\_  
INSTALLER James Foley PHONE \_\_\_\_\_ CELL 386-249-3994  
INSTALLERS ADDRESS 2862- 173<sup>rd</sup> Rd Live Oak, FL 32060

**MOBILE HOME INFORMATION**

MAKE Live Oak YEAR 2017 SIZE 14 X 56  
COLOR White SERIAL No. 31881  
WIND ZONE II SMOKE DETECTOR ☒

**INTERIOR:**

FLOORS ☒  
DOORS ☒  
WALLS ☒  
CABINETS ☒  
ELECTRICAL (FIXTURES/OUTLETS) ☒

**EXTERIOR:**

WALLS / SIDING ☒  
WINDOWS ☒  
DOORS ☒

INSTALLER: APPROVED \_\_\_\_\_ NOT APPROVED \_\_\_\_\_

INSTALLER OR INSPECTORS PRINTED NAME James Foley  
Installer/Inspector Signature [Signature] License No. 1H 1078531 Date 1/20/23

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 \_\_\_\_\_

**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 Tara Lamontagne PHONE 941-730-5703 CELL \_\_\_\_\_

ADDRESS 4107 55<sup>th</sup> Ave Dr. E. Braden, FL 34203

MOBILE HOME PARK \_\_\_\_\_ SUBDIVISION \_\_\_\_\_

DRIVING DIRECTIONS TO MOBILE HOME  Hwy 41 N to NW Sumner Valley Rd. on (D) go to NW Sleepy Ct (L) last place on (L)

MOBILE HOME INSTALLER James Foley PHONE \_\_\_\_\_ CELL 386-249-3994

**MOBILE HOME INFORMATION**

MAKE Live Oak YEAR 2017 SIZE 14 X 56 COLOR \_\_\_\_\_

SERIAL No. 31881

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 / SIDING ( ) 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 \_\_\_\_\_ DATE \_\_\_\_\_



# COLUMBIA COUNTY

## 911 ADDRESSING / GIS DEPARTMENT

P. O. Box 1787, Lake City, FL 32056-1787  
263 NW Lake City Ave., Lake City, FL 32055  
Telephone: (386) 758-1125 \* Fax: (386) 758-1365 \* Email: gis@columbiacountyfla.com



### Application for 9-1-1 Address Assignment Form

**NOTE: ADDRESS ASSIGNMENT MAY REQUIRE UP TO 10 WORKING DAYS.**  
**IF THE ADDRESSING DEPARTMENT NEEDS TO CONDUCT ON SITE GPS LOCATION**  
**IDENTIFICATION OR OTHER ACTIONS, ADDITIONAL TIME MAY BE REQUIRED.**

Date of Request: 1/23/23

REQUESTER Last Name: Lamontagne

First Name: Tara

Contact Telephone Number: 941-730-5703

(Cell Phone Number if Provided): \_\_\_\_\_

Requested for Self: ☐ or Requested for Company: ☒

If Address is Requested by a Company, Provide Name of Requesting Company:

JEFFERY CORBETTS

Parcel Identification Number: 18 - 25 - 10 - 01042 - 007

If in Subdivision, Provide Name Of Subdivision:

\_\_\_\_\_

Phase or Unit Number (if any): \_\_\_\_\_ Block Number (if any): \_\_\_\_\_

Lot Number: \_\_\_\_\_

**Attach Site Plan or you may use page 2 of Application Form for Site Plan:**

**Requirements for Site Plan Are Listed on page 2 of Application Form:**

**(NOTE: Site Plan Does NOT have to be a survey or to scale; FURTHER a Environmental Health Dept. Site Plan showing only a 210 by 210 cutout of a property will NOT suffice for Addressing Application Requirements.)**

#### Addressing / GIS Department Use Only:

Date Received: \_\_\_\_\_

Received by: Walk in: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_ Other: \_\_\_\_\_

**Columbia County Property Appraiser**

Jeff Hampton

**2023 Working Values**

updated: 12/29/2022

Parcel: &lt;&lt; 18-2S-16-01642-007 (5099) &gt;&gt;

**Owner & Property Info**

Result: 1 of 1

Owner	LAMONTAGNE TARA L PERKINS ALLEN RAY 3210 23RD AVE W BRADENTON, FL 34205		
Site			
Description*	COMM AT SE COR OF E1/2 OF SW 1/4 OF SEC 18, RUN N 423.10 FT TO POB, CONT N 362.72 FT, WEST 601.76 FT, S 362.72, E 601.76 FT TO POB, 1041-1621, WD 1144-1283, QC 1476-601.		
Area	5.01 AC	S/T/R	18-2S-16E
Use Code**	NON AG ACREAGE (9900)	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 &amp; Zoning office for specific zoning information.

**Property & Assessment Values**

2022 Certified Values		2023 Working Values	
Mkt Land	\$30,060	Mkt Land	\$30,060
Ag Land	\$0	Ag Land	\$0
Building	\$0	Building	\$0
XFOB	\$0	XFOB	\$0
Just	\$30,060	Just	\$30,060
Class	\$0	Class	\$0
Appraised	\$30,060	Appraised	\$30,060
SOH Cap [?]	\$0	SOH Cap [?]	\$0
Assessed	\$30,060	Assessed	\$30,060
Exempt	\$0	Exempt	\$0
Total	county:\$30,060 city:\$0	Total	county:\$30,060 city:\$0
Taxable	other:\$0 school:\$30,060	Taxable	other:\$0 school:\$30,060

Aerial Viewer Pictometry Google Maps

© 2022 ○ 2019 ○ 2016 ○ 2013 ○ 2010 ☒ Sales**▼ Sales History**

Sale Date	Sale Price	Book/Page	Deed	V/I	Qualification (Codes)	RCode
9/26/2022	\$100	1476/0601	QC	V	U	11
2/29/2008	\$100	1141/1283	WD	V	U	01
3/28/2005	\$30,000	1041/1621	WD	V	Q	

**▼ 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
NONE					

**▼ Land Breakdown**

Code	Desc	Units	Adjustments	Eff Rate	Land Value
9900	AC NON-AG (MKT)	5.010 AC	1.0000/1.0000 1.0000/ /	\$6,000 /AC	\$30,060

Search Result: 1 of 1

© Columbia County Property Appraiser | Jeff Hampton | Lake City, Florida | 386-758-1083

by: GrizzlyLogic.com

Herkins

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

Order #: 5418 Label #: 90809

Homeowner: *Herkins, Allen*

Address: *new sleep court*

City/State/Zip: *White Springs*

Phone #:

Date Installed:

Installed Wind Zone:

Note:

Manufacturer: *Five Fork Hvac*

Year Model:

Length & Width: *14x55*

Type Longitudinal System:

Type Lateral Arm System:

New Home: ☐ Used Home: ☒

Data Plate Wind Zone:

(Check Size of Home)

Single ☒

Double ☐

Triple ☐

HUD Label #:

Soil Bearing / PSF:

Torque Probe / in.-lbs:

Permit #:

STATE OF FLORIDA  
INSTALLATION CERTIFICATION LABEL  
90809

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.

Herkins

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

Order #: 5418

Label #: 90809

Homeowner

Address:

Herkins, Allen

new sleep court

City/State/Zip:

Phone #:

White Springs

Date Installed:

Installed Wind Zone:

Note:

Manufacturer:

Year Model:

Length & Width:

Type Longitudinal System:

Type Lateral Arm System:

New Home: ☒ Used Home: ☐

Data Plate Wind Zone:

(Check Size of Home)

Single

Double

Triple

HUD Label #:

Soil Bearing / PSF:

Torque Probe / in-lbs:

Permit #:

## STATE OF FLORIDA

### INSTALLATION CERTIFICATION LABEL

90809

LABEL #

DATE OF INSTALLATION

JAMES FOLEY

NAME

IH / 1078536 / 1

5418

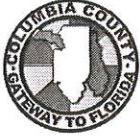
LICENSE #

ORDER #

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## 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  
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REQUESTED.



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

only, NW Sleepy Ct. White Springs, FL, 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)
<u>TREEN Foster</u>	<u>[Signature]</u>	<input checked="" 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
		<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)

LIH1078531  
License Number

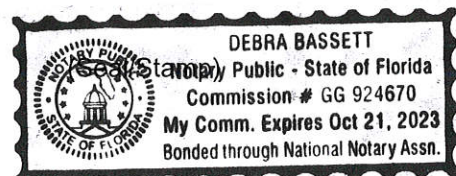
Date

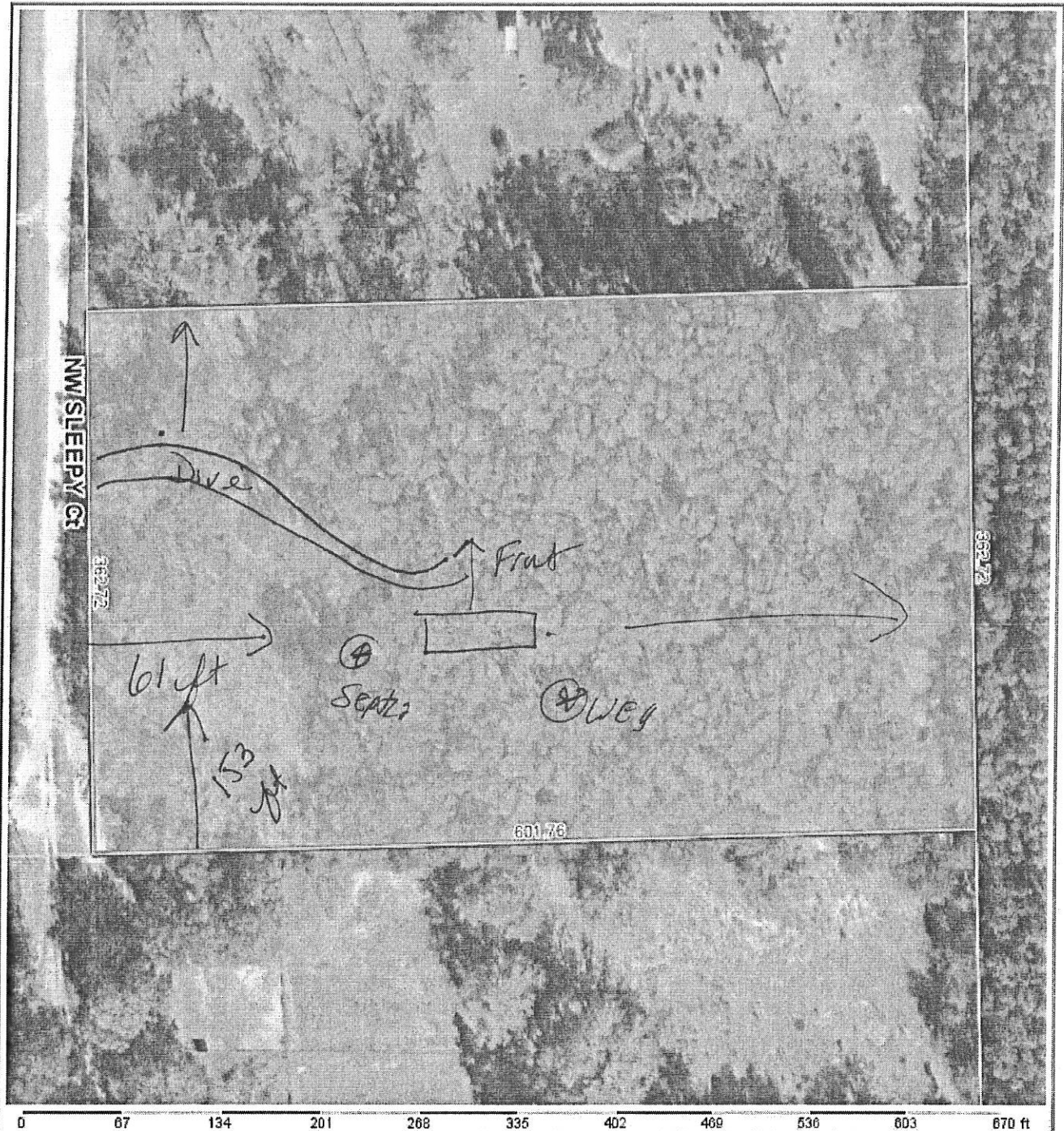
## NOTARY INFORMATION:

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.) by me on this Jan day of 23rd, 20 23.

[Signature]  
NOTARY'S SIGNATURE





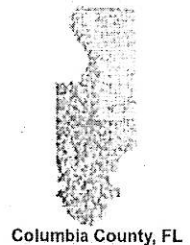
### Columbia County Property Appraiser Jeff Hampton | Lake City, Florida | 386-758-1083

**PARCEL: 18-2S-16-01642-007 (5099) | NON AG ACREAGE (9900) | 5.01 AC**

COMM AT SE COR OF E1/2 OF SW 1/4 OF SEC 18, RUN N 423.10 FT TO POB, CONT N 362.72 FT, WEST 601.76 FT, S 362.72, E 601.76 FT TO POB, 1041-1621, WD 114

Owner:		2023 Working Values			
LAMONTAGNE TARA L		Mkt Lnd	\$30,060	Appraised	\$30,060
PERKINS ALLEN RAY		Ag Lnd	\$0	Assessed	\$30,060
3210 23RD AVE W		Bldg	\$0	Exempt	\$0
BRADENTON, FL 34205		XFOB	\$0	Total	county:\$30,060
Site:		Just	\$30,060	Taxable	city:\$0
Sales					other:\$0
Info					school:\$30,060
9/26/2022	\$100 V(U)				
2/29/2008	\$100 V(U)				
3/28/2005	\$30,000 V(Q)				

NOTES:



Columbia County, FL

This information 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, its use, or its interpretation. Although it is periodically updated, this information may not reflect the data currently on file in the Property Appraiser's office.

GrizzlyLogic.com

# PERMIT NUMBER

# PERMIT WORKSHEET

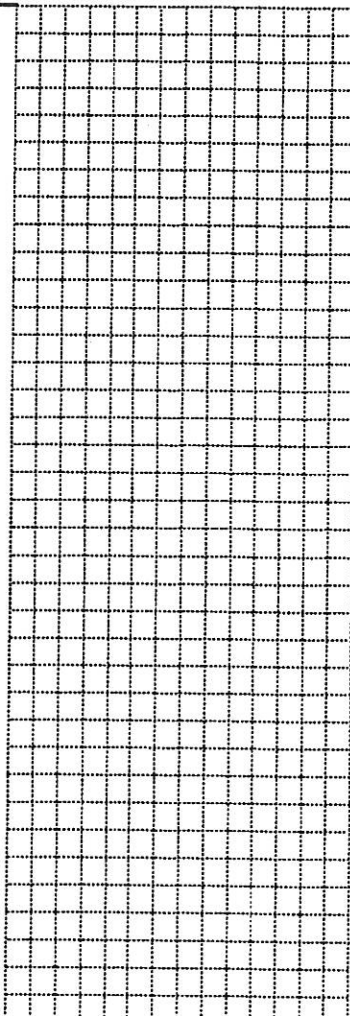
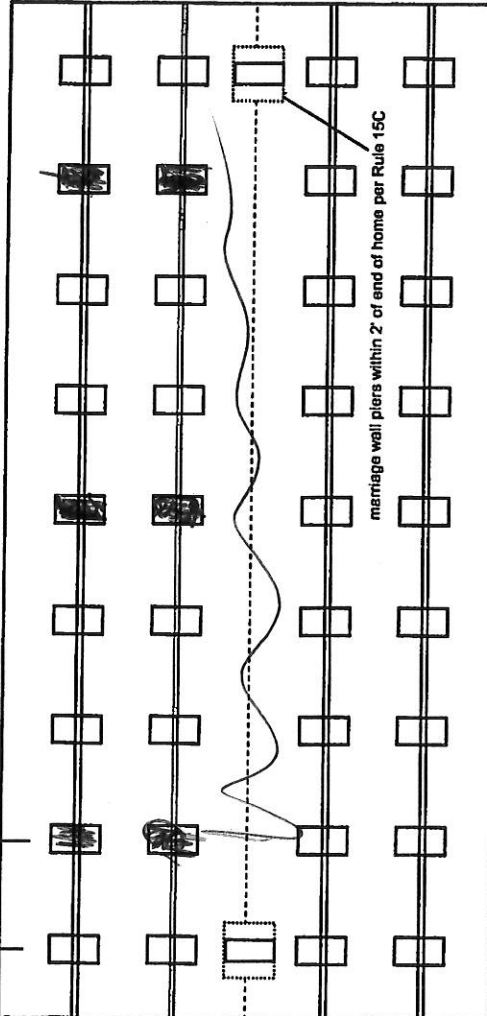
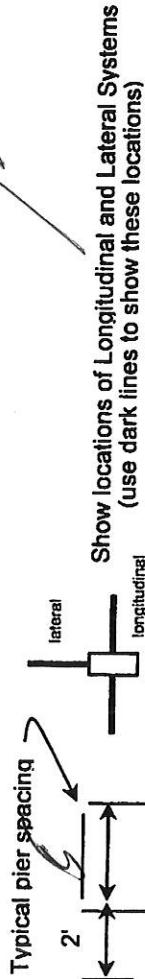
page 1 of 2

Installer Jamy Eaker License # TH1078534  
 Installer Mobile Phone # \_\_\_\_\_  
 Address of home being installed NW Sleepy Court  
White Springs, FL  
 Manufacturer Live Oak Length x width 56x14

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 [Signature]



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 # 90809  
 Triple/Quad ☐ Serial # 31881

Roof System:

Typical Hinged

## 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 dsf	3'	4'	5'	6'	7'	8'	8'
1500 dsf	4' 6"	6'	7'	8'	9'	10'	11'
2000 dsf	6'	8'	9'	10'	11'	12'	13'
2500 dsf	7' 6"	9'	10'	11'	12'	13'	14'
3000 dsf	8'	10'	11'	12'	13'	14'	15'
3500 dsf	8'	10'	11'	12'	13'	14'	15'

\* interpolated from Rule 15C-1 pier spacing table.

## PIER PAD SIZES

I-beam pier pad size

Perimeter pier pad size

Other pier pad sizes (required by the mfg.)

7 1/2 x 22 1/2

60 x 16

26 x 31

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

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

Longitudinal

Marriage wall

Shearwall

# PERMIT NUMBER

## POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 1000 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 07 inch pounds or check here if you are declaring 5' anchors without testing 4. 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

Date Tested

## Electrical

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between multi-wide units. Pg. 2

## Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 2

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 2

## Site Preparation

Debris and organic material removed  
Water drainage: Natural Swale Pad Other

## Fastening multi wide units

Floor: Type Fastener: SW Length: Spacing:  
Walls: Type Fastener: Length: Spacing:  
Roof: Type Fastener: Length: Spacing:  
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, mildew 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.     

Installed:

Between Floors Yes       
Between Walls Yes       
Bottom of ridgebeam Yes     

## Weatherproofing

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

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

1-6-23

## MOBILE HOME INSTALLER AFFIDAVIT

I certify that the following described mobile home being placed on the referenced parcel is not a Wind Zone 1 mobile home.

Customer's Name: TARA Lamontagne

Property ID: Sec: 18 Twp: 25 Rge: 16 Tax Parcel No: 01642-007

Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Mobile Home Year/Make: 2017 Live Oak Size: 14x56

Vin #: 318F1

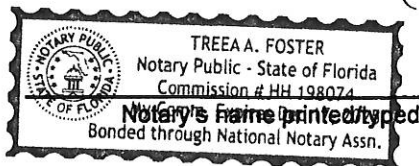
  
Signature of Mobile Home Installer

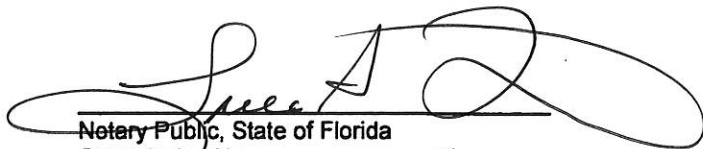
James Foley  
Mobile Home Installer's name printed/typed

386-249-3984  
Mobile Phone Number

Sworn to and subscribed before me this 23 day of January, 2023

by James Foley



  
Notary Public, State of Florida

Commission No. \_\_\_\_\_

Personally Known: \_\_\_\_\_

Produced ID (type) \_\_\_\_\_

## MOBILE HOME INSTALLER AFFIDAVIT

As per Florida Statutes Section 320.8249 Mobile Home Installers License:

Any person who engages in mobile home installation shall obtain a mobile home installer's license from the Bureau of Mobile Home and Recreational Vehicle Construction of the Department of Highway Safety and Motor Vehicles pursuant to this section. Said license shall be renewed annually, and each licensee shall pay a fee of \$150.

As per Suwannee County Land Development Regulations, Section 14.8:

It shall be deemed a violation of these land development regulations for any person, firm, corporation, or other entity to place or erect any mobile home on any lot or parcel of land within any area subject to these land development regulations for private use without **FIRST** having secured a mobile home move-on (building) permit from the Land Development Regulation Administrator (Building Department). Such permit shall be deemed to authorize placement, erection, and use of the mobile home only at the location specified in the permit. **The responsibility of securing a mobile home move-on (building) permit shall be that of the person causing the mobile home to be moved.** The move-on (building) permit shall be posted prominently on the mobile home before such mobile home is moved onto the site.

I, James Foley, license number IH 1078536  
Please Print

do hereby state that the installation of the manufactured home for

Tara Lamortange at Sleepy Ct.  
Applicant Job Address

will be done under my supervision.

[Signature]  
Mobile Home Installer's Signature

Mobile Phone # 386-291-3844

Sworn to and subscribed before me this 23 day of January, 2022.

Notary Public: [Signature]

Signature

My Commission Expires

