PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

| | For Office Use Only | (Revised 7-1-15) | Zoning Official_ | Build | ing Official |
|-----|--|----------------------------------|-----------------------|--|--|
| | AP# | Date Recei | ved | _By Permi | t # |
| | | | | | Plan Map Category |
| | Comments | | | | |
| - | | | | | |
| | | | | | In Floodway |
| 100 | | | | | □ Well letter OR |
| С | ☐ Existing well ☐ Lan | d Owner Affidavit | □ Installer Authoriza | ation 🗆 FW Comp | . letter 🗆 App Fee Paid |
| | DOT Approval 🗆 Pa | rent Parcel # | a si | TUP-MH | 🗆 911 Арр |
| | Ellisville Water Sys | | | | |
| | 11 11 11 11 11 11 11 11 11 11 11 11 11 | | | The second secon | |
| Dr | operty ID # 2U-55 | -11 02707-01 | 2 | | Lot# |
| 1 1 | | | | | |
| | New Mobile Home_ | Used | d Mobile Home | MH Siz | e32x80 Year 2020 |
| 8 | Applicant HaL | Customer Si | ervice, LLC | _ Phone #(3 | 36) 984-9334 |
| | Address 301 Su | w Faul CT, | LAKE Cily, | F1, 32004 | |
| 85 | Name of Property (| Owner Eddie | Deamoo | Phone# (| 386) 247-3077 |
| = | | | | | , 32004 |
| 88 | Circle the correct p | | | and the second s | |
| | • | | Suwannee Valley | | The state of the s |
| | | er e | 1. | | , |
| | Name of Owner of I | Mobile Home <u>A</u> | ngela Hursi | Phone | # (376) 247 - 3077 |
| | Address TBD | Sw Infinit | by Pl, LAKE | City, FI, 3 | 32024 |
| | Relationship to Pro | perty Owner | Dazuter | • | |
| | Current Number of | Dwellings on Prop | erty/ | | |
| | Lot Size | 0.02 Acres | Total Acre | eage10.0 | 02 acres |
| | Do you : Have Exist | ting Drive or Privat (Blue Ro | e Drive or need Cu | ulvert Permit or Citing in a Culvert) | ulvert Waiver (Circle one) ot existing but do not need a Culvert) |
| | Is this Mobile Home | Replacing an Exis | sting Mobile Home | No | |
| ı | Driving Directions t | o the Property | orn (1) onto 1 | YE MAdison | ST, Turn (D) onlo |
| | NW MARA BL | d , Keep risti | Tonto SR- 4 | is, Turn (2) | onto Sw Walter Ave |
| | | 15 | | | s on your (2) |
| | | | · • | | |
| ĺ | Name of Licensed D | ealer/Installer_R | bert Sheppa | rd Phone | e # (386) 2203 |
| | Installers Address_(| 1355 SE CR | 245, LAILE | | |
| | License Number 3 | | | stallation Decal # | |

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

| APPLICATION NUM | MBER CONTRACTOR Robert Sheppard PHONE (386)623-20 |
|--|---|
| | THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT |
| records of the solution of the | unty one permit will cover all trades doing work at the permitted site. It is REQUIRED that we have subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and 5, 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. The 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 Glenn Whithington License #: <u>FC 1300 2952</u> Qualifier Form Attached Output Signature <u>When Whithing ton</u> Phone #: (386) 972-1701 |
| MECHANICAL/ A/C | Print Name Charles Thomas Signature Charles Thomas. License #: CAC 1813820 Phone #: (419) 680 - 2023 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.

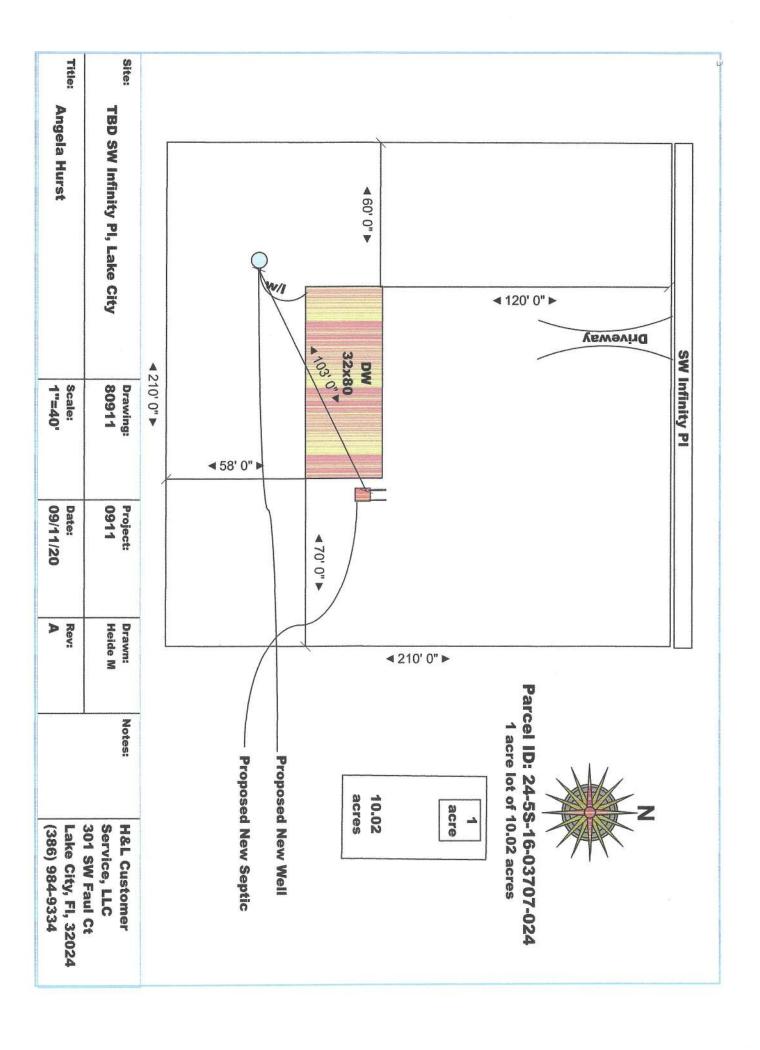


COLUMBIA COUNTY BUILDING DEPARTMENT 135 NE Hernando Ave, Suite B-21, Lake City, FL 32055

Phone: 386-758-1008 Fax: 386-758-2160

MOBILE HOME INSTALLERS AGENT AUTHORIZATION

| Robert Shepp | ard, give this authority a | and I do certify that the below | | |
|--|---|--|--|--|
| Installers Name | | | | |
| retailors Name eferenced person(s) listed on this form is/are under my direct supervision and control and share authorized to purchase permits, call for inspections and sign on my behalf. Printed Name of Authorized Person Agents Company Name Person Het adome Serve Amarda Hote Localore Serve | | | | |
| s/are authorized to purchase pe | | | | |
| Printed Name of Authorized Person | | Agents Company Name | | |
| Herde Hornson | Anformson | HAL Ostomer Service | | |
| Lamarda Mote | Lawardakfole | HAL Customer Service | | |
| | | | | |
| I, the license holder, realize tha | t I am responsible for all permits presponsible for compliance with a | ourchased, and all work done all Florida Statutes, Codes, and | | |
| | TCGDOTIONOTO 14. | | | |
| | | suthority to discipline a license | | |
| I understand that the State Lice | nsing Board has the power and a | ad person(s) through this | | |
| Installers Name eferenced person(s) listed on this form is/are under my direct supervision and control and signer authorized to purchase permits, call for inspections and sign on my behalf. Printed Name of Authorized Signature of Authorized Agents Company Name Person Herde Hornson Hulland Signature of Authorized Agents Company Name Person Herde Hornson Hulland Signature of Authorized Agents Company Name Person Herde Hornson Hulland Signature of Authorized Agents Company Name Person Herde Hornson Hulland Signature of Authorized Agents Company Name Person Herde Hornson Hulland Signature Service Amanda Hote James | | | | |
| document and that I have full re | esponsibility for compliance grant | su by issualion of out. Permiss | | |
| | | | | |
| Installers Name sterenced person(s) listed on this form is/are under my direct supervision and control and stare authorized to purchase permits, call for inspections and sign on my behalf. Printed Name of Authorized Signature of Authorized Person Agents Company Name Person Het a Salvands Signature of Authorized Agents Company Name Person Het a Coolone Salvands H | | | | |
| NOTARY INFORMATION: STATE OF: Florida | COUNTY OF: Columbia | Dį | | |
| The above license holder, whose name is Robert Steeppard personally appeared before me and is known by me or has produced identification | | | | |
| MOTARY'S SIGNATURE | <u></u> | (Seal/Stamp) | | |
| | } | Lamanda Mote My Commission GG 363938 | | |



Mobile Home Permit Worksheet

Typical pier spacing Address of home being installed Manufacturer Installer: RoberT if home is a triple or quad wide sketch in remainder of home understand Lateral Arm Systems cannot be used on any home (new or used) where the sidewall ties exceed 5 ft 4 in. NOTE: if home is a single wide fill out one half of the blocking plan Live Oak Homes Length x width Ė Sheppard LAKE CAS COR lateral longitudinal Cody, Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations) 申 marriage wall piers within 2' of end of home per Rule 15C はいいかにな Installer's initials 力 固 License # 32024 周 IH/1025386 4 32X80 E cap be Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer 0000 1101 V Longitudinal Stabilizing Device (LSD)
Manufacturer 四口 30 U

| Double wide |
|-------------|
|-------------|

| | | TIVE SELECTION OF HOMES | | DITOME | U | |
|--|---------------------------|--|--------------------|---------------------|---------------------|--------------------|
| _oad Footer paring size pacity (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 | ω | 4' | υ <u></u> | 0] | 7 | 00 |
| 1500 psf | 4'6" | ග ු | 7: | Φ. | ω. | Φ. |
| 2000 psf | <u>ත</u> | Φ. | Φ. | 00 | 02 | 00 |
| 2500 psf | 7' 6" | Φ. | 02 | 00 | 00 | 00 |
| 3000 psf | Φ. | œ | 00 | 00 | 00 | 00 |
| 3500 psf | 8 | œ | Φ | Φ. | 00 | 0 |
| nterpolated from | Rule 15C-1 | nterpolated from Rule 15C-1 pier spacing table. | e. | | | |
| | PIER PAD SIZES | SIZES | | POP | POPULAR PAD SIZES | SIZES |
| -beam pier pad size | size | Sexti | 2 | Pa | Pad Size | Sqin |
| | | | | 1 | 16 x 16 | 256 |
| erimeter pier pad size | oad size | るによる | 2 | _ | 16 x 18 | 288 |
| | | 5 | | 18. | 8.5 x 18.5 | 342 |
| other pier pad sizes | sizes | SPXFI | 0,0 | 16 | 6 x 22.5 | 360 |
| required by the mfg.) | mfg.) | | | | 17 x 22 | 374 |
| ; | | | | 13 | 1/4 x 26 1/4 | 348 |
| Draw th | e approxin | Draw the approximate locations of marriage | of marriage | | 20 x 20 | 400 |
| wall ope | nings 4 fo | wall openings 4 foot or greater. L | Use this | 17 | 3/16 x 25 3/16 | 3 441 |
| symbol | symbol to show the piers. | e piers. | | 17 1/ | 1/2 x 25 1/2 | 446 |
| | | | | 2 | 24 x 24 | 576 |
| ist all marriage | wall open | Ist all marriage wall openings greater than 4 foot | an 4 foot | 2 | 26 x 26 | 676 |
| Illa men blet bad sizes below | an sizes be | SIOW. | | 7 | ANCHORS | _ |
| Opping | | Dio: 11 L 11 L | | ſ | - | |

Opening

Pier pad size

4 ft

5 ft

within 2' of end of home spaced at 5' 4" oc

FRAME TIES

OTHER TIES

TIEDOWN COMPONENTS

Longitudinal Marriage wall Shearwall

Sidewall

Number

Mobile Home Permit Worksheet

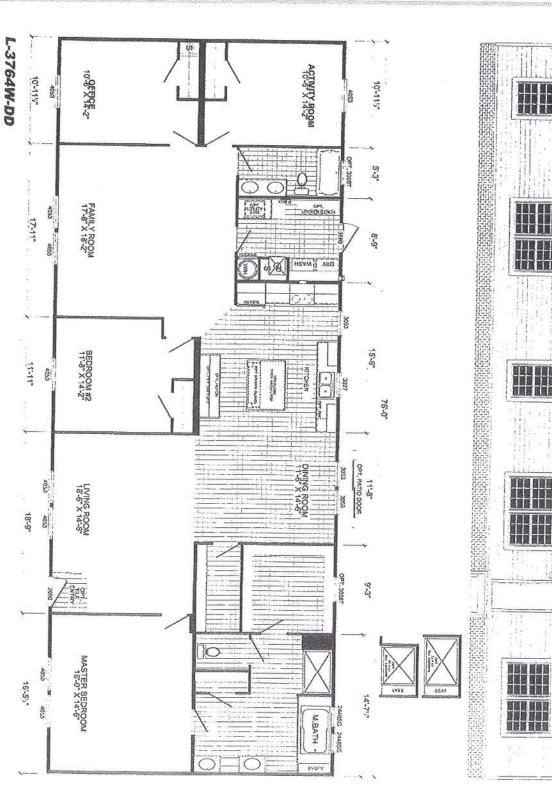
| | Connect all sewer drains to an existing sewer tap or septic tank. Pg. 28 |
|-----------------------------------|--|
| | Plumbing |
| Inst | Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between multi-wide units. Pg. 29 |
| | Electrical |
| Electric Other: | Date Tested |
| Skirting Dryer vo Range | ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER Installer Name Robert Steppord |
| The bot Siding of Fireplace | 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 by bolding capacity. Installer's initials |
| Pg. | The results of the torque probe test is 240 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. |
| Type ga | TORQUE PROBE LEST |
| a result of tape | × |
| l under | Using 500 lb. increments, take the lowest reading and round down to that increment. |
| | 2. Take the reading at the depth of the footer. |
| | 1. Test the perimeter of the home at 6 locations. |
| Walls: Roof: | POCKET PENETROMETER TESTING METHOD |
| Floor: | × |
| Water | The pocket penetrometer tests are rounded down to psf or check here to declare 1000 lb. soil without testing. |
| | POCKET PENETROMETER TEST |

| Debris and organic material removed Water drainage: Natural Swale Pad Other Water drainage: Natural Swale Pad Other Fastening multi wide units Floor: Type Fastener: Loss Length: Spacing: 16 Roof: Type Fastener: Loss Length: Spacing: 16 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. | Application Number:Date: |
|--|--|
| | Site sand organic material removed chainage: Natural Swa Fastener: Swa Type Fastener: Type Fastener: Type Fastener: Type Fastener: Type Fastener: Logs For used homes a min. 30 will be centered over the percoofing nails at 2" on center |

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 Hobbet Chepart. Date 09/15/20

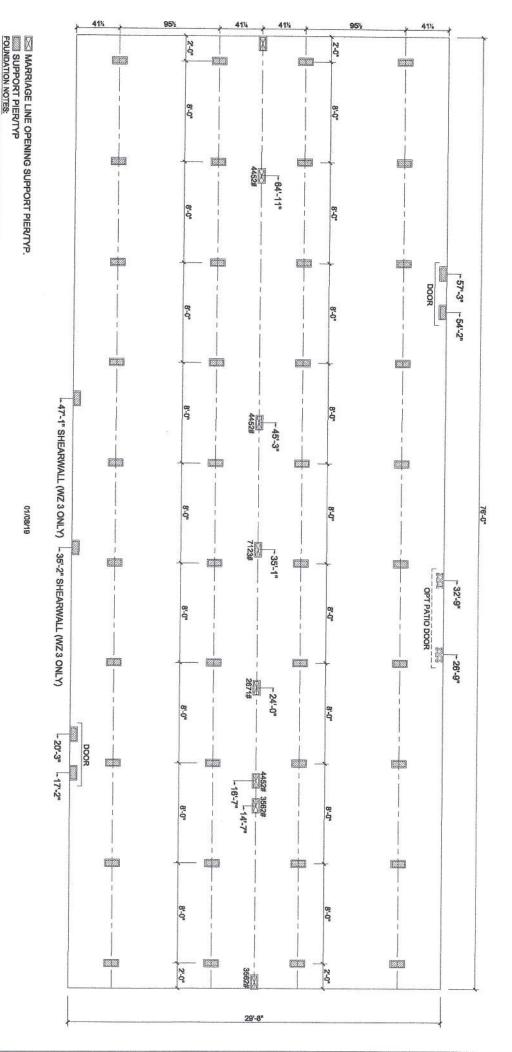
BIG KATUNA



32 X 80 - Approx. 2254 Sq. Ft. 4-BEDROOM / 2-BATH

Dato: 11/27/18

All room dimensions include closets and square footage figures are approximate,
 Transcom windows are available on optional 9-0° sidowall houses only,
 Skifting shown is optional.
 Small domner is optional only



Live Oak Homes MODEL: D-3764W - 32 X 76 4-BEDROOM / 2-BATH - 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.

IRONWOOD HOMES OF LAKE CITY LLC 4109 US 90 WEST Lake City, Florida 32055

Ph (386) 754-8844 Fax (386) 754-0190

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|--|--|--|--|--|--|--------------------------|---------------------|----------------|--|
| JYER(S) #4/ | NG-G | LAD. | HURST | | PHONE | Table Services | 54- DATE | 8-31- | 20 |
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| Will lend for a local r | move. | | | | | ash Sale Price | | 1955 | 000 |
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| TOLOGO | | | | 10% of the | cash price, | whichever is gre | ater. | | |
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SOCIAL SECURITY NO.

TITL LIEN

THIS

n Off

H&L Customer Service, LLC 301 SW Faul Court, Lake City, Florida 32024 LIMITED POWER OF ATTORNEY

| do hereby authorize H&L nd/or Lamanda Mote, to act fully on my , and picking up permits as needed for the liress; |
|---|
| 9-9-2020 Date |
| on this day of If ID provided, type of state issued ID |
| Notary Public State of Florida Lamanda Mote My Commission GG 363938 Expires 08/08/2023 |
| |

H&L Customer Service, LLC 301 SW Faul Court, Lake City, Florida 32024 LIMITED POWER OF ATTORNEY

| Customer Service, LLC and it's members, Heide Morrisbehalf in all aspects of applying for permits, pulling perinstallation of a new mobile home located at the belomatic of the below of the belomatic of the belomatic of the belomatic of the below of the belomatic of the belomatic of the belomatic of the below of the belomatic of the belomatic of the belomatic of the below of the belomatic of the belomatic of the belomatic of the below of the belomatic of the belomatic of the belomatic of the below of the belomatic of the belomatic of the belomatic of the below of the belomatic of the belomatic of the belomatic of the below of the belomatic of the belomatic of the belomatic of the below of the belomatic of the belomatic of the belomatic of the below of the belomatic of the belomatic of the belomatic of the below of the belomatic of the belomatic of the below of the b | w address; |
|--|---|
| Angela Hussa Signature | 09/09/2020 Date |
| State of Florida County of Columbia This Instrument was signed or acknowledged before September 2020 by Angla Hurst provided personally Known | e me on this day of |
| My Commission Expires: 08/08/2023 | Notary Public State of Florida Lamanda Mote My Commission GG 363938 Expires 08/08/2023 |
| | ' |

September 09, 2020

Eddie Dentmon

506 SW Infinity Place

Lake City, FL 32024

RE: Parcel Number: 24-5S-16-03707-024

Address: 506 SW Infinity Place Lake City FL 32024

To Whom it May Concern,

I give my daughter, Angela Hurst, permission to place a mobile home at the address above.

Thank you,

Eddie Dentmon

Eddie Dentros





Aerial Viewer

Pictometery

Columbia County Property Appraiser

Jeff Hampton

Parcel: << 24-5S-16-03707-024 >>

| Owner & P | roperty Info | Result: | 1 of 1 |
|--------------------------|--|---|----------|
| Owner | DENTMON EDDIE D & 9 506 SW INFINITY PL LAKE CITY, FL 32024 | SUSAN E | |
| Site | 506 INFINITY PL, LAKE | CITY | |
| Description ⁶ | 77.49 FT FOR POB RUN S PARADISE SOUTH S/D, R 965.90 FT, E 451.09 FT TO | COR OF SW1/4, RUN S 1049.47 FT, DR POB RUN S 969.30 FT TO N LINE SOUTH S/D, RUN W 451.09 FT, N E 451.09 FT TO POB.(AKA TRACT 2- UTH TIMBER UNREC) ORB 801-557 | |
| Area | 10.02 AC | S/T/R | 24-5S-16 |
| Use Code** | MOBILE HOM (000200) | Tax District | 3 |

*The Description above is not to be used as the Legal Description for this parcel

in any logal 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.

Property & Assessment Values 2020 Preliminary Certified 2019 Certified Values Mkt Land (2) \$47,879 Mkt Land (2) \$47,879 Ag Land (0) \$0 Ag Land (0) \$0 Building (1) \$47,072 Building (1) \$54,918 XFOB (7) \$7,050 XFOB (7) \$7,050 Just \$102,001 Just \$109,847 Class \$0 Class \$0 Appraised \$102,001 Appraised \$109,847 SOH Cap [?] \$12,780 SOH Cap [?] \$18,574 Assessed \$91,273 \$89,221 Assessed Exempt HX H3 \$50,000 Exempt HX H3 \$50,000 county:\$39,221 county:\$41,273 Total city:\$39,221 Total city:\$41,273 other:\$41,273 Taxable other:\$39,221 Taxable school:\$66,273 school:\$64,221

2020 Preliminary Certified updated: 8/12/2020

Google Mans

| 1 | Pictometery G | oogie waps | | |
|---------|-----------------|----------------|------|---------|
| | 2016 🔾 2013 🔾 2 | 010 0 2007 | 2005 | Sales |
| + 1 - 1 | SW REGENTS Gin | SW OLD WIRE RU | 2005 | o dales |
| | | | | |

| Sale Date | Sale Price | Book/Page | Deed | V/I | Quality (Codes) | RCode |
|-----------|------------|-----------|------|-----|-----------------|-------|
| 7/14/2000 | \$75,000 | 906/0674 | WD | I | Q | |
| 6/10/1998 | \$59,900 | 860/1794 | WD | ı | Q | |
| 6/24/1997 | \$64,800 | 842/1576 | WD | I | U | 11 |
| 1/11/1996 | \$66,000 | 816/0225 | WD | 1 | Q | |
| 1/25/1995 | \$22,400 | 801/0557 | WD | V | Q | |

| Building Cha | racteristics | | | | | |
|--------------|--------------|------------------|----------|---------|-----------|------------|
| Bldg Sketch | Bldg Item | Bldg Desc* | Year Blt | Base SF | Actual SF | Bldg Value |
| Sketch | 1 | MANUF 1 (000200) | 1995 | 2148 | 2508 | \$54,918 |

*Bldg Desc determinations are used by the Property Appraisers office solely for the purpose of determining a property's Just Value for ad valorem tax purposes and should not be used for any other purpose.

| Code | Desc | Year Blt | Value | Units | Dims | Condition (% Good |
|------|---------|----------|------------|-------|-----------|-------------------|
| 0190 | FPLC PF | 1995 | \$1,200.00 | 1.000 | 0 x 0 x 0 | (000.00) |

Columbia County Property Appraiser

| 0294 | SHED WOOD/ | 1995 | \$300.00 | 1.000 | 8 x 8 x 0 | (000.00) |
|------|------------|------|------------|---------|-------------|-------------|
| 0294 | SHED WOOD/ | 1995 | \$675.00 | 120.000 | 10 x 12 x 0 | AP (025.00) |
| 0294 | SHED WOOD/ | 1995 | \$675.00 | 120.000 | 10 x 12 x 0 | AP (025.00) |
| 0031 | BARN,MT AE | 2014 | \$3,900.00 | 1.000 | 0 x 0 x 0 | (000.00) |

| Land Brea | akdown | | | | |
|-----------|-----------------|-----------------------|---------------------|----------|------------|
| Land Code | Desc | Units | Adjustments | Eff Rate | Land Value |
| 009945 | WELL/SEPT (MKT) | 1.000 UT - (0.000 AC) | 1.00/1.00 1.00/1.00 | \$3,250 | \$3,250 |
| 000200 | MBL HM (MKT) | 10.020 AC | 1.00/1.00 1.00/1.00 | \$4,454 | \$44,629 |

Search Result: 1 of 1

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

by: GrizzlyLogic.com



COMM NE COR OF SW1/4, RUN S 1049.47 FT, W 77.49 FT FOR POB RUN S 969.30 FT TO N LINE OF PARADISE SOUTH S/D, RUN W 451.09 FT, N 965.90 FT, E 451.09 FT

| | | SOUTH S/D, RU | JN W 451.0 | 9 FT, N 965.90 | FT, E 451.09 | FT | | |
|-------|----------------------------|----------------------|----------------|----------------------------|--------------|------------------|--|--|
| | DENTMON EDDIE D & SUSAN E | | | 2020 Preliminary Certified | | | | |
| Owner | 506 SW INFINITY F | PL | | Mkt Lnd | \$47,879 | Appraised | \$109,847 | |
| | LAKE CITY, FL 320 | 24 | | Ag Lnd | \$0 | Assessed | \$91,273 | |
| Site: | 506 INFINITY PL, LAKE CITY | | | Bldg | \$54,918 | Exempt | \$50,000 | |
| Sales | 7/14/2000 | \$75,000 | 1(Q) | XFOB | \$7,050 | | county:\$41,273 | |
| Info | 6/10/1998 6/24/1997 | \$59,900 \$64,800 | I (Q) I (U) | Just | \$109,847 | Total Taxable | city:\$41,273 other:\$41,273 school:\$66,273 | |



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

GrizzlyLogic.com

A&B Well Drilling, Inc.

5573 NW Lake Jeffery Road Lake City, FL 32055 Telephone: (386) 758-3409 Cell: (386) 623-3151 Fax: (386) 758-3410 Owner: Bruce Park

| To: Columbia County Building Department |
|---|
| Description of Well to be installed for Customer Angela Hurst |
| Located @ Address: TBD SW Infinity Pl, LAKE City FI, 32004 |
| 1 HP 15 GPM submersible pump, 1" drop pipe, 35 gallon captive tank, and backflow prevention. With SRWMD permit. |
| Bruce Park Sincerely, |
| N. Park President |