

ex 1108
↑

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 7-1-15) Zoning Official MD Building Official MD
AP# 1905-71 Date Received 5/21 By SW Permit # 38218/2824
Flood Zone X Development Permit _____ Zoning A-3 Land Use Plan Map Category Ag
Comments 5 year Temp permit for Grandson, 2nd Unit on property
FEMA Map# _____ Elevation _____ Finished Floor 1 1/2' above River _____ In Floodway _____
☒ Recorded Deed or ☒ Property Appraiser PO ☒ Site Plan ☒ EPH # 19-0242 ☐ Well letter OR
☒ Existing well ☐ Land Owner Affidavit ☒ Installer Authorization ☐ FW Comp. letter ☒ App Fee Paid
☐ DOT Approval ☐ Parent Parcel # _____ ☒ STUP-MH 1905-27 ☐ 911 App
☐ Ellisville Water Sys ☒ Assessment owed for ☐ Out County ☒ In County 5.22.19 ☒ Sub VF Form
2nd unit

Property ID # 12-75-16-04184-001 Subdivision _____ Lot# _____

▪ New Mobile Home _____ Used Mobile Home ☒ MH Size 28x52 Year 1998

▪ Applicant Judy Glenn Phone # 386.438.9954

▪ Address 367 SW Kayla Ct, Fort White FL 32038

▪ Name of Property Owner Judy Glenn Phone# 386-438-9954

▪ 911 Address 303 SW Kayla Ct, Fort White, FL 32038

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

▪ Name of Owner of Mobile Home Judy Glenn / 1. Joel Glenn III Phone # 386-438-9954

Address 367 SW Kayla Ct, Ft White, FL 32038

▪ Relationship to Property Owner Grand Son

▪ Current Number of Dwellings on Property 1

▪ Lot Size 1 acre Total Acreage 24.75

▪ 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 NO

▪ Driving Directions to the Property From intersection Hwy 47 & Hwy 27, (Fort White) travel south on Hwy 27 3 miles to Timuqua Terr turn left travel 2.5 miles to Bear Lane turn right travel 4 miles to SW Kayla Ct, turn left (N), 2 miles property on right

▪ Name of Licensed Dealer/Installer Rusty L. Knowles Phone # 386-397-0936

▪ Installers Address 5801 SW SR 47 Lake City FL 32024

▪ License Number IH-1038219 Installation Decal # 6112

SW spoke w/mr. Nelson 6.6.19
SW spoke w/Rusty Knowles 6.10.19

SCANNED

Mobile Home Permit Worksheet

Application Number: _____

Date: _____

Installer: Rusty L. Harkins License # ILH-1038219

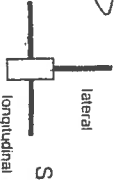
Address of home being installed _____

Manufacturer Nobility Length x width 28 x 32

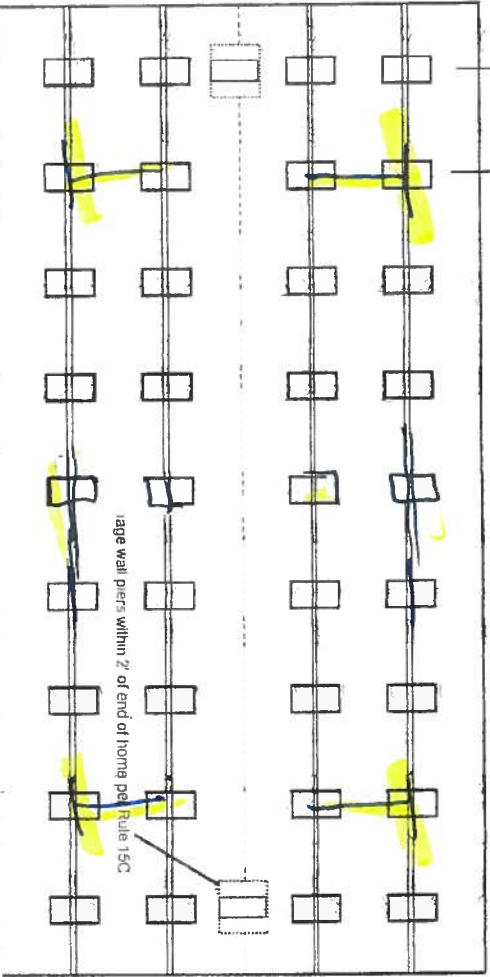
NOTE: If home is a single wide fill out one half of the blocking plan. If home is a triple or quad wide sketch in remainder of home. Understand Lateral Arm Systems cannot be used on any home (new or used) where the sidewall lies exceed 5 ft 4 in.

Installer's initials RL

Typical pier spacing



Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)



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 # 41112

Triple/Quad ☐ Serial # 1160183

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 psf	3'	4'	5'	6'	7'	8'	8'
1500 psf	4'	6'	7'	8'	8'	8'	8'
2000 psf	6'	8'	8'	8'	8'	8'	8'
2500 psf	7'	8'	8'	8'	8'	8'	8'
3000 psf	8'	8'	8'	8'	8'	8'	8'
3500 psf	8'	8'	8'	8'	8'	8'	8'

* Interpolated from Rule 15C-1 pier spacing table

PIER PAD SIZES

I-beam pier pad size 23'4" x 31'4"
 Perimeter pier pad size 14'
 Other pier pad sizes (required by the mfg.) 16x16

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 15' Pier pad size 24 x 24

POPULAR PAD SIZES

Pad Size	Sq In
16 x 16	256
16 x 18	288
18.5 x 18.5	342
16 x 22.5	360
17 x 22	374
13 1/4 x 26 1/4	348
20 x 20	400
17 3/16 x 25 3/16	441
17 1/2 x 25 1/2	446
24 x 24	576
26 x 26	676

ANCHORS

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 11-14-17 Tech Industries

OTHER TIES

Sidewall Longitudinal Marriage wall Shearwall
 Number 26
41
2000

Mobile Home Permit Worksheet

Application Number: _____

Date: _____

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to _____ 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 44 1/2" 110 lb 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

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 the 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 RLK

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Rudy L. Kroll

Date Tested

5.6.19

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. 15C-1

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 15C-1

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 15C-1

Site Preparation

Debris and organic material removed ☒ Swale ☐ Pad ☒ Other ☐

Fastening multi wide units

Floor: Type Fastener: WAS 3 Length: 6" Spacing: 24"
Walls: Type Fastener: 5/16" x 3" Length: 4" Spacing: 24"
Roof: Type Fastener: 5/16" x 3" Length: 1 3/4" Spacing: 18"
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

RLK

Type gasket Roll Form
Pg. 15C-1

Installed ☒
Between Floors Yes ☒
Between Walls Yes ☒
Bottom of ridgebeam Yes ☒

Weatherproofing

The bottomboard will be repaired and/or taped. Yes ☒ Pg. 15C-1
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 5.6.19

District No. 1 - Ronald Williams
District No. 2 - Rocky Ford
District No. 3 - Bucky Nash
District No. 4 - Toby Witt
District No. 5 - Tim Murphy



BOARD OF COUNTY COMMISSIONERS • COLUMBIA COUNTY

Address Assignment and Maintenance Document

To maintain the county wide Addressing Policy you must make application for a 9-1-1 Address at the time you apply for a building permit. The established standards for addressing and posting numbers to all principal buildings, dwellings, businesses and industries are contained in Columbia County Ordinance 2001-9. The addressing system is to enable Emergency Services Agencies to locate you in an emergency, and to assist the United States Postal Service and the public in the timely and efficient provision of services to residents and businesses of Columbia County

Date/Time Issued: **5/16/2019 10:34:06 AM**

Address: **303 SW KAYLA Ct**

City: **FORT WHITE**

State: **FL**

Zip Code **32038**

Parcel ID **04184-001**

REMARKS: Address for proposed structure on parcel. 2nd address for this parcel.

NOTICE: THIS ADDRESS WAS ISSUED BASED ON LOCATION AND ACCESS INFORMATION RECEIVED FROM THE REQUESTER. SHOULD, AT A LATER DATE, THE LOCATION AND/OR ACCESS INFORMATION BE FOUND TO BE IN ERROR OR CHANGED, THIS ADDRESS IS SUBJECT TO CHANGE.

Address Issued By: **Signed:/ Matt Crews**

Columbia County GIS/911 Addressing Coordinator

**COLUMBIA COUNTY
911 ADDRESSING / GIS DEPARTMENT**

263 NW Lake City Ave., Lake City, FL 32055 Telephone: (386) 758-1125
Email: gis@columbiacountyfla.com

Columbia County Property Appraiser

updated: 3/29/2019

2018 Tax Roll Year

Parcel: 12-7S-16-04184-001

Tax Collector

Tax Estimator

Property Card

Parcel List Generator

<< Next Lower Parcel

Next Higher Parcel >>

2018 TRIM (pdf)

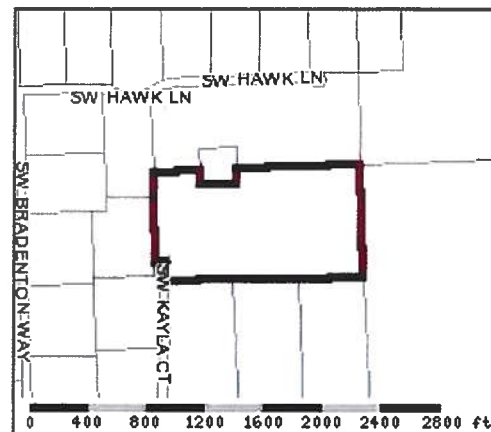
Interactive GIS Map

Print

Owner & Property Info

Search Result: 1 of 1

Owner's Name	GLENN JUDY J		
Mailing Address	P O BOX 66 FT WHITE, FL 32038		
Site Address	367 SW KAYLA CT		
Use Desc. (code)	IMPROVED A (005000)		
Tax District	3 (County)	Neighborhood	12716
Land Area	24.750 ACRES	Market Area	02
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction.		
THE N APPROX 820 FT OF NW1/4 OF NE1/4 LYING N OF GLENN FARMS S/D UNR. DC 1121-572			



Property & Assessment Values

2018 Certified Values		
Mkt Land Value	cnt: (1)	\$8,156.00
Ag Land Value	cnt: (1)	\$5,652.00
Building Value	cnt: (1)	\$94,072.00
XFOB Value	cnt: (4)	\$6,240.00
Total Appraised Value		\$114,120.00
Just Value		\$197,427.00
Class Value		\$114,120.00
Assessed Value		\$101,238.00
Exempt Value	(code: HX H3 VX WX)	\$55,500.00
Total Taxable Value	Cnty: \$45,738 Other: \$45,738 Schl: \$70,738	

2019 Working Values		
Mkt Land Value	cnt: (1)	\$8,156.00
Ag Land Value	cnt: (1)	\$5,652.00
Building Value	cnt: (1)	\$94,446.00
XFOB Value	cnt: (4)	\$6,240.00
Total Appraised Value		\$114,494.00
Just Value		\$197,801.00
Class Value		\$114,494.00
Assessed Value		\$103,054.00
Exempt Value	(code: HX H3 VX WX)	\$55,500.00
Total Taxable Value	Cnty: \$47,554 Other: \$47,554 Schl: \$72,554	

NOTE: 2019 Working Values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

Sales History

Show Similar Sales within 1/2 mile

Sale Date	OR Book/Page	OR Code	Vacant / Improved	Qualified Sale	Sale RCode	Sale Price
NONE						

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	SINGLE FAM (000100)	1987	CB STUCCO (17)	1950	2502	\$94,446.00
Note: All S.F. calculations are based on exterior building dimensions.						

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0166	CONC,PAVMT	0	\$980.00	0000001.000	0 x 0 x 0	(000.00)
0294	SHED WOOD/	1993	\$3,960.00	0000528.000	12 x 44 x 0	(000.00)
0294	SHED WOOD/	1993	\$900.00	0000120.000	10 x 12 x 0	(000.00)
0070	CARPORT UF	2010	\$400.00	0000001.000	0 x 0 x 0	(000.00)

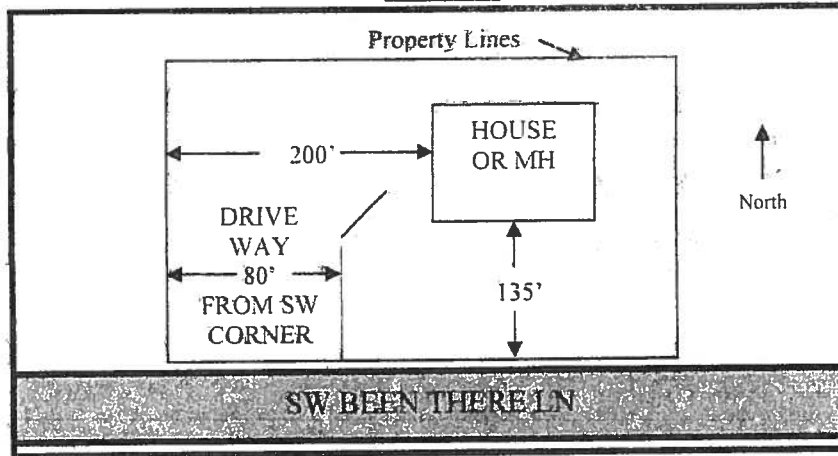
Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
005600	TIMBER 3 (AG)	23.75 AC	1.00/1.00/1.00/1.00	\$238.00	\$5,652.00
000100	SFR (MKT)	1 AC	1.00/1.00/1.00/1.00	\$8,156.43	\$8,156.00
009910	MKT.VAL.AG (MKT)	23.75 AC	1.00/1.00/1.00/1.00	\$0.00	\$88,959.00

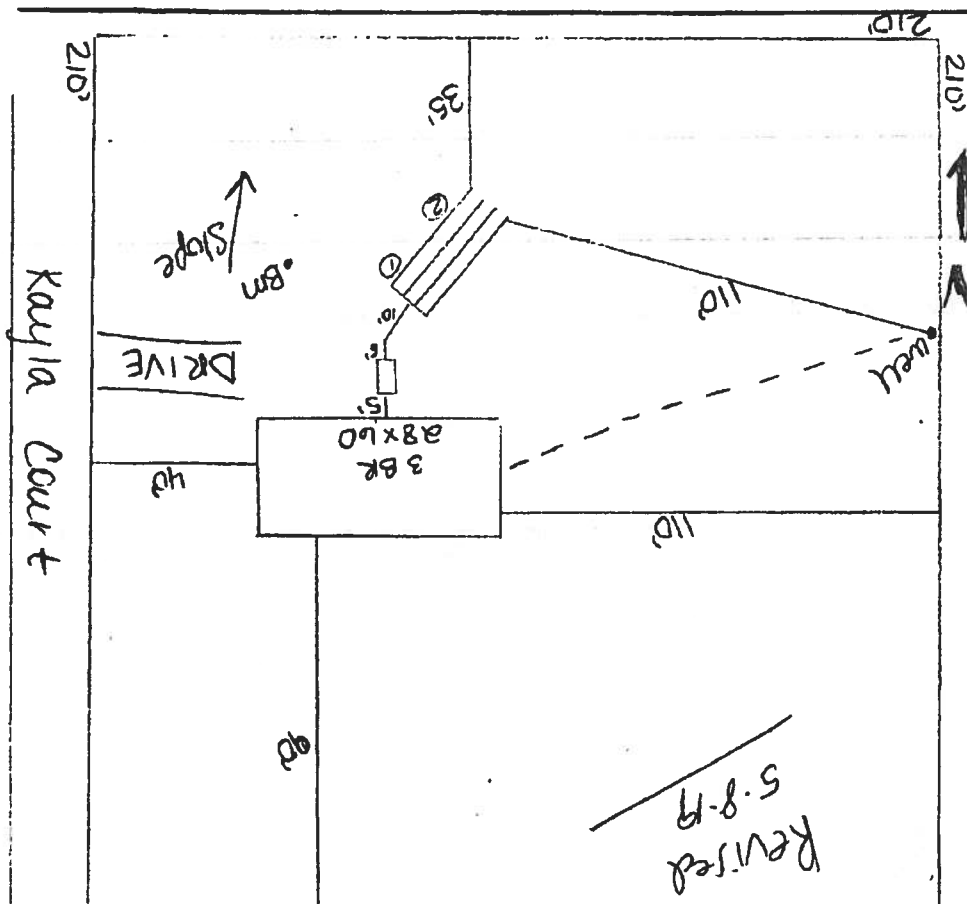
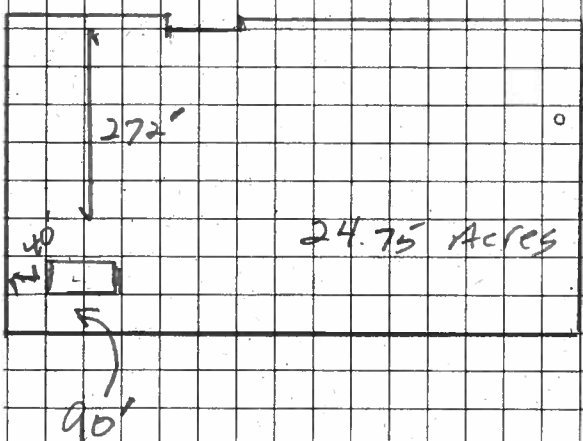
Page 2, Site Plan for 9-1-1 Address Application From

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:



One Acre of 24.75





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, Roslyn Knowles, give this authority for the job address show below
Installer License Holder Name
only, 303 SW Kayla Ct, Fort White FL 32038 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)
Judy Glenn	Judy Glenn	<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input checked="" 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) 24-1038219 License Number 5-6-19 Date

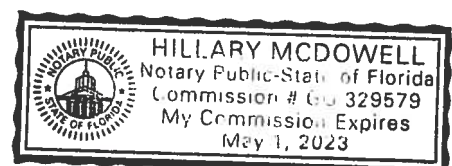
NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Roslyn Knowles, personally appeared before me and is known by me or has produced identification (type of I.D.) Drivers License on this 6 day of MAY, 20 19.

Hillary McDowell
NOTARY'S SIGNATURE

(Seal/Stamp)



SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 1905-91 JOB NAME Judy Glenn

THIS FORM MUST BE SUBMITTED BEFORE A PERMIT WILL BE ISSUED

Columbia County issues combination permits. One permit will cover all trades doing work at the permitted site. It is **REQUIRED** that we have records of the subcontractors who actually did the trade specific work under the general contractors permit.

NOTE: It shall be the responsibility of the general contractor to make sure that all of the subcontractors are licensed with the Columbia County Building Department.

Use website to confirm licenses: <http://www.columbiacountyfla.com/PermitSearch/ContractorSearch.aspx>

NOTE: If this should change prior to completion of the project, it is your responsibility to have a corrected form submitted to our office, before that work has begun.

Violations will result in stop work orders and/or fines.

ELECTRICAL <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
MECHANICAL/A/C <input checked="" type="checkbox"/>	Print Name <u>Stephen Brisbois</u> Signature <u>[Signature]</u> Company Name: <u>Epic A/C Service</u> License #: <u>CAC1819412</u> Phone #: <u>386-623-1609</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
PLUMBING/GAS <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
ROOFING <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SHEET METAL <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
FIRE SYSTEM/SPRINKLER <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SOLAR <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
STATE SPECIALTY <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 1955.91 JOB NAME Judy Glenn

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ELECTRICAL <input checked="" type="checkbox"/> CC# <u>1074</u>	Print Name <u>Glenn Whittington</u> Signature <u>Glenn Whittington</u> Company Name: <u>Whittington Electric Inc</u> License #: <u>EC 13002957</u> Phone #: <u>386 972 1700</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
MECHANICAL/ A/C <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
PLUMBING/ GAS <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
ROOFING <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SHEET METAL <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
FIRE SYSTEM/ SPRINKLER <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SOLAR <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
STATE SPECIALTY <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE

Identification Number	Year	Make	Body	WT-L-BHP	Vessel Regis. No.	Title Number
N16018B	1996	REGE	HS	52'		75261075

Registered Owner:

Date of Issue 04/11/2019



Lien Release

Interest in the described vehicle is hereby released

By

Title

Date

NORTH FLORIDA PUBLISHING COMPANY INC
367 SW KAYLA CT
FORT WHITE FL 32038-3238

Mail To:

NORTH FLORIDA PUBLISHING COMPANY INC
367 SW KAYLA CT
FORT WHITE FL 32038-3238

IMPORTANT INFORMATION

- When ownership of the vehicle described herein is transferred, the seller MUST complete in full the Transfer of Title by Seller section at the bottom of the certificate of title.
- Upon sale of this vehicle, the seller must complete the notice of sale on the reverse side of this form.
- Remove your license plate from the vehicle.
- See the web address below for more information and the appropriate forms required for the purchaser to title and register the vehicle, mobile home or vessel: <http://www.flhsmv.gov/html/titinf.html>

**CERTIFICATE OF TITLE**

Identification Number	Year	Make	Body	WT-L-BHP	Vessel Regis. No.	Title Number	Lien Release
N16018B	1996	REGE	HS	52'		75261075	Interest in the described vehicle is hereby released
Prev State	Color	Primary Brand	Secondary Brand	No of Brands	Use	Prev Issue Date	By
FL	UNK				PRIVATE	09/26/2018	
Odometer Status or Vessel Manufacturer or OH use				Hull Material	Prop	Date of Issue	Date
						04/11/2019	

Registered Owner

NORTH FLORIDA PUBLISHING COMPANY INC
367 SW KAYLA CT
FORT WHITE FL 32038-3238

1st Lienholder

NONE

DIVISION OF MOTORIST SERVICES

TALLAHASSEE



FLORIDA

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

Robert R. Kynoch
Director

Control Number

140773847

Terry L. Rhodes
Executive Director

TRANSFER OF TITLE BY SELLER (This section must be completed at the time of sale.)

Federal and/or state law require that the seller state the mileage, purchaser's name, selling price and date sold in connection with the transfer of ownership.
Failure to complete or providing a false statement may result in fines and/or imprisonment.

This title is warranted to be free from any liens except as noted on the face of the certificate and the motor vehicle or vessel described is hereby transferred to:

Seller Must Enter Purchaser's Name:

Address:

Seller Must Enter Selling Price:

Seller Must Enter Date Sold:

I/We state that this ☐ 3 or ☐ 6 digit odometer now reads (no tens) miles, date read and I hereby certify that to the best of my knowledge the odometer reading:☐ 1. reflects ACTUAL MILEAGE.☐ 2. is IN EXCESS OF ITS MECHANICAL LIMITS.☐ 3. is NOT THE ACTUAL MILEAGE.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

SELLER Must

Sign Here:

Print Here:

Selling Dealer's License Number:

Tax No.:

Tax Collected:

Auction Name

License Number:

PURCHASER Must

Sign Here:

Print Here:

CO-PURCHASER Must

Sign Here:

Print Here:

NOTICE: PENALTY IS REQUIRED BY LAW IF NOT SUBMITTED FOR TRANSFER WITHIN 30 DAYS AFTER DATE OF PURCHASE



Identification Number	Year	Make	Body	WT-L-BHP	Vessel Regis. No.	Title Number
N16018A	1996	REGE	HS	52'		75261074
Registered Owner:				Date of Issue 04/11/2019		

NORTH FLORIDA PUBLISHING COMPANY INC
367 SW KAYLA CT
FORT WHITE FL 32038-3238

Lien Release
Interest in the described vehicle is hereby released
By _____
Title _____
Date _____

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2. Upon sale of this vehicle, the seller must complete the notice of sale on the reverse side of this form.
3. Remove your license plate from the vehicle.
4. See the web address below for more information and the appropriate forms required for the purchaser to title and register the vehicle, mobile home or vessel: <http://www.flhsmv.gov/html/titinf.html>

Mail To:

NORTH FLORIDA PUBLISHING COMPANY INC
367 SW KAYLA CT
FORT WHITE FL 32038-3238

**CERTIFICATE OF TITLE**

Identification Number	Year	Make	Body	WT-L-BHP	Vessel Regis. No.	Title Number	Lien Release
N16018A	1996	REGE	HS	52'		75261074	Interest in the described vehicle is hereby released
Prev State	Color	Primary Brand	Secondary Brand	No of Brands	Use	Prev Issue Date	By
FL	UNK				PRIVATE	09/26/2018	Title
Odometer Status or Vessel Manufacturer or OH use				Hull Material	Prop	Date of Issue	Date
						04/11/2019	

Registered Owner

NORTH FLORIDA PUBLISHING COMPANY INC
367 SW KAYLA CT
FORT WHITE FL 32038-3238

1st Lienholder

NONE

DIVISION OF MOTORIST SERVICES

TALLAHASSEE



FLORIDA

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

Robert R. Kymoch
Robert R. Kymoch
Director

Control Number

140773846

Terry L. Rhodes
Terry L. Rhodes
Executive Director

TRANSFER OF TITLE BY SELLER (This section must be completed at the time of sale.)

Federal and/or state law require that the seller state the mileage, purchaser's name, selling price and date sold in connection with the transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment.

This title is warranted to be free from any liens except as noted on the face of the certificate and the motor vehicle or vessel described is hereby transferred to:

Seller Must Enter Purchaser's Name: _____

Address: _____

Seller Must Enter Selling Price: _____

Seller Must Enter Date Sold: _____

I/We state that this ☐ 3 or ☐ 6 digit odometer now reads (no tenths) miles, date read _____ and I hereby certify that to the best of my knowledge the odometer reading ☐ 1. reflects ACTUAL MILEAGE. ☐ 2. is IN EXCESS OF ITS MECHANICAL LIMITS. ☐ 3. is NOT THE ACTUAL MILEAGE.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

SELLER Must

Sign Here: _____

CO-SELLER Must

Sign Here: _____

Print Here: _____

Print Here: _____

Selling Dealer's License Number: _____

Tax No.: _____

Tax Collected: _____

Auction Name: _____

License Number: _____

PURCHASER Must

Sign Here: _____

CO-PURCHASER Must

Sign Here: _____

Print Here: _____

Print Here: _____

NOTICE: PENALTY IS REQUIRED BY LAW IF NOT SUBMITTED FOR TRANSFER WITHIN 30 DAYS AFTER DATE OF PURCHASE

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 19-0242

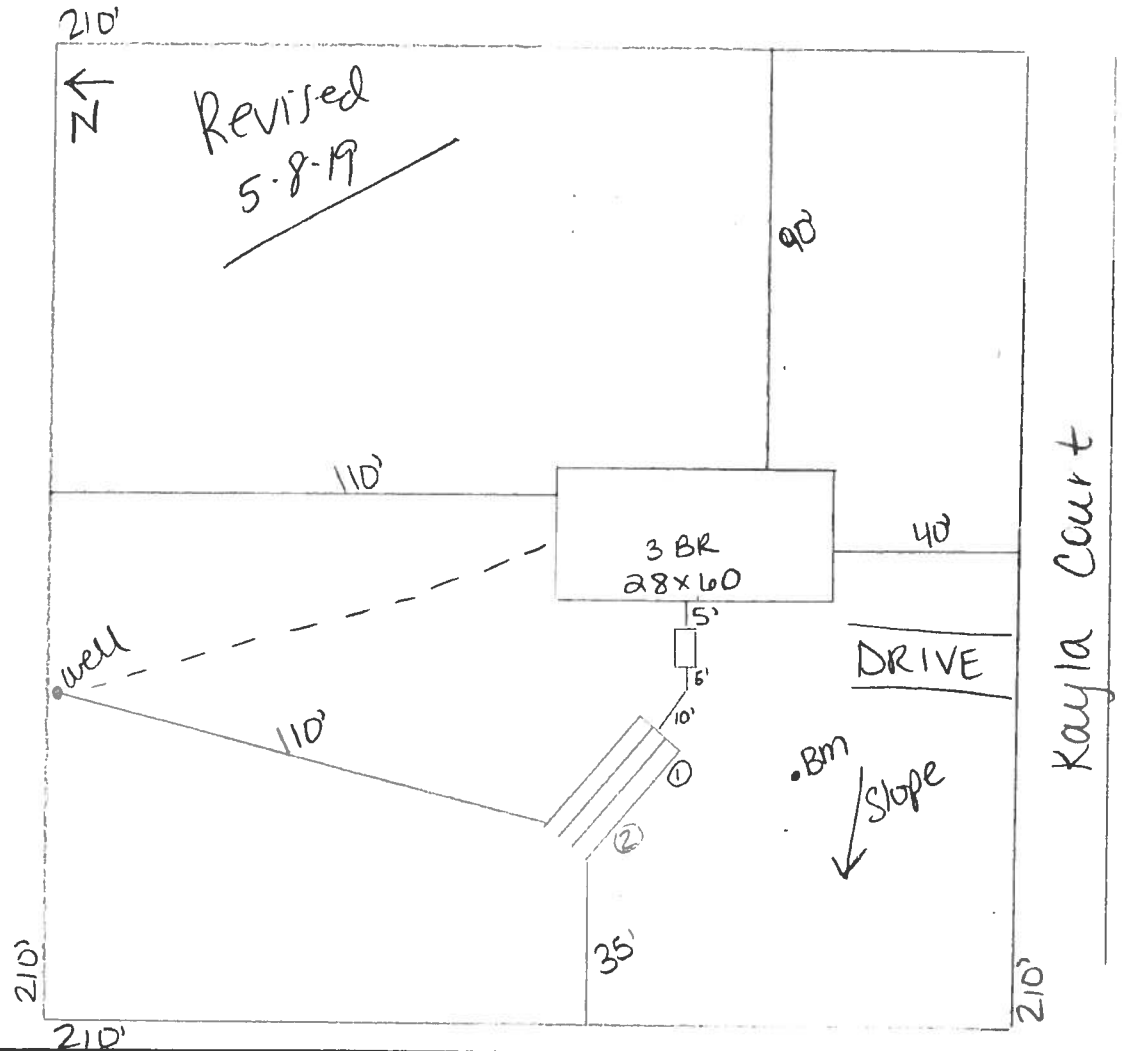
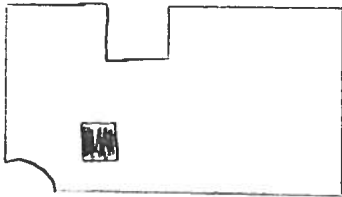
Glenn

----- PART II - SITEPLAN -----

Scale: 1 inch = 40 feet.

NO wells
within 75'
of prop line

1 acre of 24.75



Notes:

1 acre of 24.75

Site Plan submitted by: Roddy D. D. 5-8-19 MASTER CONTRACTOR
Plan Approved X Not Approved _____ Date 5/8/19
By Salli Ford Env Health Director - Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. 19-0242
DATE PAID: 3/25/19
FEE PAID: 50.00
RECEIPT #: AP1405024

APPLICATION FOR:

☒ New System ☐ Existing System ☐ Holding Tank ☐ Innovative
☐ Repair ☐ Abandonment ☐ Temporary

APPLICANT: Judy Glenn

AGENT: ROCKY FORD, A & B CONSTRUCTION

TELEPHONE: 386-497-2311

MAILING ADDRESS: 546 SW Dortch Street, FT. WHITE, FL, 32038

=====

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3) (m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

=====

PROPERTY INFORMATION

LOT: NA BLOCK: NA SUB: Glenn Farms PLATTED: _____

PROPERTY ID #: 12-7S-16-04184-001 ZONING: _____ I/M OR EQUIVALENT: ☒ Y / ☐ N

PROPERTY SIZE: 24.75 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐]<=2000GPD ☐]>2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y / ☐ N DISTANCE TO SEWER: NA FT

PROPERTY ADDRESS: 367 SW Kayla Ct, Fort White

DIRECTIONS TO PROPERTY: W on NE Franklin St, TL onto NW main Blvd,
R onto FL-47S, TL onto US-27S, TL onto SW Timuquua Terr,
TR onto SW Bear Ln, TL onto SW Kayla Ct.

BUILDING INFORMATION

☒ RESIDENTIAL ☐ COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
---------	-----------------------	-----------------	--------------------	--

1	SF Residential	3	1848	
2				
3				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Rocky Ford DATE: 3/21/2019

Mobile Home

Applicant: JUDY GLENN (386.438.9954) Application Date: 5/21/2019

Convert To ▾

Action ▾

1. JOB LOCATION

2. CONTRACTOR

3. MOBILE HOME
DETAILS

4. APPLICANT

5. REVIEW

6. FEES/PAYMENT

7.
DOCUMENTS/REPORTS
(2)

8. NOTES/DIRECTIONS

9. INSPECTIONS (1)

Completed Inspections

Add Inspection

Release Power

Schedule Inspection (ScheduleInspection.aspx?Id=40896)

Inspection	Date	By	Notes
Passed: Mobile Home - In County Pre-Mobile Home before set-up	5/22/2019	TROY CREWS	

The completion date must be set To release Certifications to the public.

Permit Completion Date
(Releases Occupancy and Completion Forms)

Permit Closed On

Incomplete Requested Inspections

Inspection	Date	By	Notes
------------	------	----	-------

AFFIDAVIT AND AGREEMENT OF SPECIAL
TEMPORARY USE FOR IMMEDIATE
FAMILY MEMBERS FOR
PRIMARY RESIDENCE

STATE OF FLORIDA
COUNTY OF COLUMBIA

Inst: 201912012685 Date: 06/06/2019 Time: 11:42 AM
Page 1 of 2 B: 1385 P: 2678 P: DeWitt Cason, Clerk of Court
Columbia, County, By: KV
Deputy Clerk

BEFORE ME the undersigned Notary Public personally appeared.

Judy Glenn, the Owner of the parcel which is being used to place an additional dwelling (mobile home) as a primary residence for a family member of the Owner, and Thomas Joel Glenn III, the Family Member of the Owner, who intends to place a mobile home as the family member's primary residence as a temporarily use. The Family Member is related to the Owner as grandson, and both individuals being first duly sworn according to law, depose and say:

1. Family member is defined as parent, grandparent, step-parent, adopted parent, sibling, child, step-child, adopted child or grandchild.
2. Both the Owner and the Family Member have personal knowledge of all matters set forth in this Affidavit and Agreement.
3. The Owner holds fee simple title to certain real property situated in Columbia County, and more particularly described by reference with the Columbia County Property Appraiser Tax Parcel No. 12-75-16-04184-001
4. No person or entity other than the Owner claims or is presently entitled to the right of possession or is in possession of the property, and there are no tenancies, leases or other occupancies that affect the Property.
5. This Affidavit and Agreement is made for the specific purpose of inducing Columbia County to issue a Special Temporary Use Permit for a Family Member on the parcel per the Columbia County Land Development Regulations. This Special Temporary Use Permit is valid for 5 year(s) as of date of issuance of the mobile home move-on permit, then the Family Member shall comply with the Columbia County Land Development Regulations as amended.
6. This Special Temporary Use Permit on Parcel No. 12-75-16-04184-001 is a "one time only" provision and becomes null and void if used by any other family member or person other than the named Family Member listed above. The Special Temporary Use Permit is to allow the named Family Member above to place a mobile home on the property for his primary residence only. In addition, if the Family Member listed above moves away, the mobile home shall be removed from the property within 60 days of the Family Member departure or the mobile home is found to be in violation of the Columbia County Land Development Regulations.
7. The site location of mobile home on property and compliance with all other conditions not conflicting with this section for permitting as set forth in these land development regulations. Mobile homes shall not be located within required yard setback areas and shall not be located within twenty (20) feet of any other building.

8. The parent parcel owner shall be responsible for non ad-valorem assessments.
9. Inspection with right of entry onto the property, but not into the mobile home by the County to verify compliance with this section shall be permitted by owner and family member. The Land Development Regulation Administrator, and other authorized representatives are hereby authorized to make such inspections and take such actions as may be required to enforce the provisions of this Section.
10. The mobile home shall be hooked up to appropriate electrical service, potable well and sanitary sewer facilities (bathroom and septic tank) that have been installed pursuant to permits issued by the Health Department and County Building and Zoning Department, where required.
11. Recreational vehicles (RV's) as defined by these land development regulations are not allowed under this provision (see Section 14.10.2#10).
12. Upon expiration of permit, the mobile home shall be removed from the property within six (6) months of the date of expiration, unless extended as herein provided by Section 14.10.2 (#7).
13. This Affidavit and Agreement is made and given by Affiants with full knowledge that the facts contained herein are accurate and complete, and with full knowledge that the penalties under Florida law for perjury include conviction of a felony of the third degree.

We Hereby Certify that the facts represented by us in this Affidavit are true and correct and we accept the terms of the Agreement and agree to comply with it.

Judy Glenn
Owner

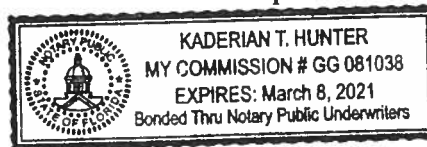
Judy Glenn
Typed or Printed Name

Joel Glenn
Family Member

Thomas Joel Glenn III
Typed or Printed Name

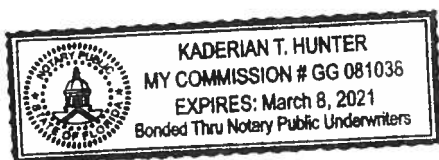
Subscribed and sworn to (or affirmed) before me this 22 day of May, 2019, by
Judy Glenn (Owner) who is personally known to me or has produced
Florida Drivers License as identification.

Kaderian T. Hunter
Notary Public



Subscribed and sworn to (or affirmed) before me this 22 day of May, 2019, by
Thomas J. Glenn III (Family Member) who is personally known to me or has produced
Florida Drivers License as identification.

Kaderian T. Hunter
Notary Public



COLUMBIA COUNTY, FLORIDA

By: B.M.S.
Name: Brandon M. Skiles
Title: County Planner / CDR Admin.

