

**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 # 25-55-16-03716-108 Subdivision \_\_\_\_\_ Lot# \_\_\_\_\_

▪ New Mobile Home ☒ Used Mobile Home \_\_\_\_\_ MH Size 28x52 Year 2020

▪ Applicant Kimberly Hoon Phone # 386 688 2345

▪ Address 1154 nw Nagel Rd Lake City FL 32055

▪ Name of Property Owner Dexter & Reda Finhley Phone# 386-466-9237

▪ 911 Address 260 SW mystic way Fort white FL 32086

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

▪ Name of Owner of Mobile Home Dexter & Reda Finhley Phone # 386-466-9237

Address 260 SW mystic way Fort white FL 32086

▪ Relationship to Property Owner Same

▪ Current Number of Dwellings on Property 2 (1 to be removed)

▪ Lot Size 21.26 Total Acreage 21.26

▪ 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 yes

▪ Driving Directions to the Property TL Marion, TR Duval, TL main Blvd, Slight R FL-475, TL SW Walter Ave, TL Land Run, TR mystic way Property 0.2 miles on (R) \* ~~map~~ map has address as "myste" 911 has it as "mystic"

▪ Name of Licensed Dealer/Installer Ernest "Scott" Johnson Phone # 352-494-8099

▪ Installers Address 22204 SE US Hwy 301

▪ License Number IH-1025249 Installation Decal # 72776

**MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM**

APPLICATION NUMBER \_\_\_\_\_ CONTRACTOR \_\_\_\_\_ PHONE \_\_\_\_\_

**THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT**

In Columbia County 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 permit. Per Florida Statute 440 and Ordinance 89-6, a contractor shall require all subcontractors to provide evidence of workers' compensation or exemption, general liability insurance and a valid Certificate of Competency license in Columbia County.

***Any changes, the permitted contractor is responsible for the corrected form being submitted to this office prior to the start of that subcontractor beginning any work. Violations will result in stop work orders and/or fines.***

<b>ELECTRICAL</b>	Print Name <u>Glenn Whittington</u> License #: <u>EC13002957</u>  Qualifier Form Attached <input checked="" type="checkbox"/>	Signature <u>Glenn Whittington</u> Phone #: <u>386 972 1701</u>
<b>MECHANICAL/ A/C</b>	Print Name <u>Timothy Shatto</u> License #: <u>CAC057875</u>  Qualifier Form Attached <input checked="" type="checkbox"/>	Signature <u>Timothy Shatto</u> Phone #: <u>386 496 8224</u>

**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.

# WHITTINGTON ELECTRIC INC

164 QUEENS COUNTRY RD, INTERLACHEN FLORIDA 32148

PHONE: 386-684-4601 CELL: 386-972-1700 OR 1701

FAX: 386-684-3906 E-FAX#:866-496-3066 EMAIL:-whitt1954@gmail.com

This letter is to state that I, Glenn Whittington, state certified electrical contractor #EC13002957 authorize Kimberly koon to act on my behalf in obtaining permits in any county or city in the state of florida.

This authorization is to remain in effect indefinitely, unless cancelled by me in writing.

Glenn Whittington

Sworn to and subscribed to before me this 19 day of Aug 2019 by Glenn Whittington who is personally known to me.

Susan M. Paul

Notary public

My commission expires 11-30-21.







SHATTO HEATING & AIR, INC.  
595 WEST MAIN STREET  
LAKE BUTLER, FL 32054  
Office (386)496-8224 Fax (386)496-9065  
service@shattoair.com

**Contractor Affidavit for Agency:**

DATE: 08/31/2018

I hereby authorize: Kimberly Koon, to be my  
Authorized Agent for: C & G Homes  
(Name of Company)

This authorization becomes effective of the date this affidavit is notarized.

This authorization acts a Durable Power of Attorney ONLY for the purpose of applying and signing for the HVAC (Mechanical) permit for: \_\_\_\_\_

The undersigned understands the liabilities involved in the granting of this agency and accepts full responsibility for any and all of the actions of the agent named related to this acquisition for the aforementioned company.

Timothy D. Shatto  
(Print Name)

Timothy D. Shatto  
(Qualifiers Signature)

08/31/2018  
Date:

Owner  
(Title)

STATE OF FLORIDA  
COUNTY OF: UNION

The foregoing instrument was acknowledged before me this 31<sup>st</sup> day of August, 2018 by

\_\_\_\_\_, who is personally known to me ☒ - or has produced  
\_\_\_\_\_ as identification.

Kimberly D. Rose  
Notary Signature

Kimberly D. Rose  
Notary Printed Signature



KIMBERLY D ROSE  
Commission # GG 244299  
Expires July 31, 2022  
Bonded Thru Budget Notary Services