STATE OF FLORIDA

A00029

FLHMLCP6329981A | 1993 | MERI | HS | 60' | 12/19/2012

TIMOTHY DUANE HOWELL
LAKE CITY FL 32025

Mail To:

TIMOTHY DUANE HOWELL
148 SW SANDPIPER CT
LAKE CITY FL 32025-1935

Interest in the described vehicle is hereby released

Title _____

IMPORTANT INFORMATION

transferred, the seller MUST complete in full the Transfer of Title by Seller section at the bottom of the certificate of title.

2. Upon sale of this vehicle, the seller must complete

3. Remove your license plate from the vehicle

the appropriate forms required for the purchaser to

http://www.flhsmv.gov/mobilehomes.html

LIEN SATISFACTION

VOID IF ALTERED

CERTIFICATE OF TITLE

Identification Number	Year	Make	Body	WT-L-DHP	Vessel Regis. No.	Title Number
FLHMLCP6329981A	1993	MERI	HS	60'		85376148

Prev. State	Color	Primary Brand	Secondary Brand	No. of Brands	Use	Prev Issue Date
FL	UNK				PRIVATE	11/26/2012

Odometer Status or Vessel Manufacturer or OH use	Hull Material	Prop	Date of Issue
			12/19/2012

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

Registered Owner

TIMOTHY DUANE HOWELL
148 SW SANDPIPER CT
LAKE CITY FL 32025

1st Lienholder

NONE

DIVISION OF MOTORIST SERVICES TALLAHASSEE FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

Clayton B. Walden
Clayton Boyd Walden
Director

Control Number 109942666

Julie L. Jones
Executive Director

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

...squire 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.
...e 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 ☐ 5 or ☐ ... |_|_|_|,|_|_|_|_| X | (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 PEN... ...ARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

SELLER Must Sign Here: Timothy Duane Howell
Print Here: Timothy Duane Howell

CO-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

HSMV 82250 (REV. 04/08)

STATE OF FLORIDA

VOID IF ALTERED

A00030

Identification Number	Year	Make	Body	WT-L-BHP	Vessel Regis. No.	Title Number
FLHMLCP6329981B	1993	MERI	HS	60'		65376149

12/19/2012

TIMOTHY DUANE HOWELL
148 SW SANDPIPER CT
LAKE CITY FL 32025

Interest in the described vehicle is hereby released
By
Title

IMPORTANT INFORMATION

transferred, the seller MUST complete in full the Transfer of Title by Seller section at the bottom of the certificate of title.

2. Upon sale of this vehicle, the seller must complete the release of sale on the reverse side of this form.
3. Remove your license plate from the vehicle.

the appropriate forms required for the purchaser to title and register the vehicle, mobile home or vessel. http://www.hsmv.state.fl.us/html/titles.html

Mail To:

TIMOTHY DUANE HOWELL
148 SW SANDPIPER CT
LAKE CITY FL 32025-1455

STATE OF FLORIDA

LIEN SATISFACTION

VOID IF ALTERED

CERTIFICATE OF TITLE

Identification Number	Year	Make	Body	WT-L-BHP	Vessel Regis. No.	Title Number
FLHMLCP6329981B	1993	MERI	HS	60'		65376149

Prev. State	Color	Primary Brand	Secondary Brand	No. of Brands	Use	Prev Issue Date
FL	UNK				PRIVATE	11/26/2012

Odometer Status or Vessel Manufacturer or OH use	Hull Material	Prop	Date of Issue
			12/19/2012

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

Registered Owner

TIMOTHY DUANE HOWELL
148 SW SANDPIPER CT
LAKE CITY FL 32025

1st Lienholder

NONE

DIVISION OF MOTORIST SERVICES — TALLAHASSEE — FLORIDA — DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

Clayton Boyd Walden
Director

Control Number 109942665

Julie L. Jones
Executive Director

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

require that the seller state the mileage, purchaser's name, selling price and date sold in connectic
Failure to complete or providing a false statement may result in fines and/or imprisonment.
be free from any liens except as noted on the face of the certificate and the motor vehicle or ves

Seller Must Enter Purchaser's Name:
Address:
Seller Must Enter Selling Price
Seller Must Enter Date Sold
I/We state that this [ ] [ ] [ ] [ ] [ ] [ ] [X] (no tenths) miles, date read and I hereby cer
[ ] 1. reflects ACTUAL MILEAGE. [ ] 2. is IN EXCESS OF ITS MECHANICAL LIMITS. [ ] 3. is NOT THE ACTUAL MILEAGE

UNDER P CLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS R

SELLER Must Sign Here: Timothy Duane Howell
Print Here: Timothy Duane Howell

CO-SELLER Must Sign Here:
Print Here:

Selling Dealer's License Number:
Tax No.:
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

HSMV 82250 (REV. 04/08)

STATE OF FLORIDA

VOID IF ALTERED

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: 5/4/2021

REQUESTER Last Name: Magley

First Name: Jason

Contact Telephone Number: 941-536-5495

(Cell Phone Number if Provided): SAME as above

Requested for Self: ☑ or Requested for Company: ☐
(check one)

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

Parcel Identification Number: - R09-7S-024 -

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: _____

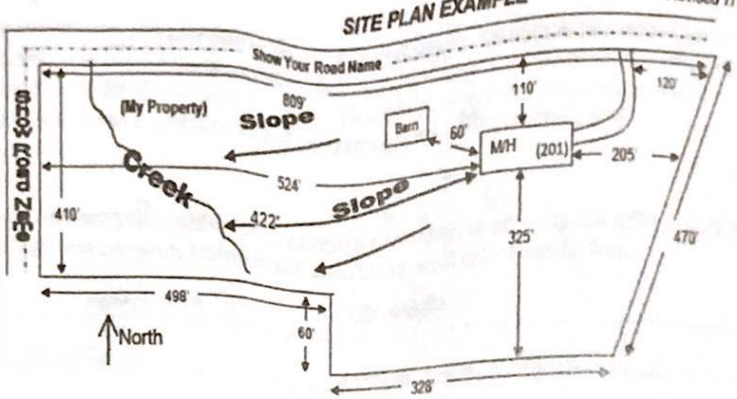
SITE PLAN CHECKLIST

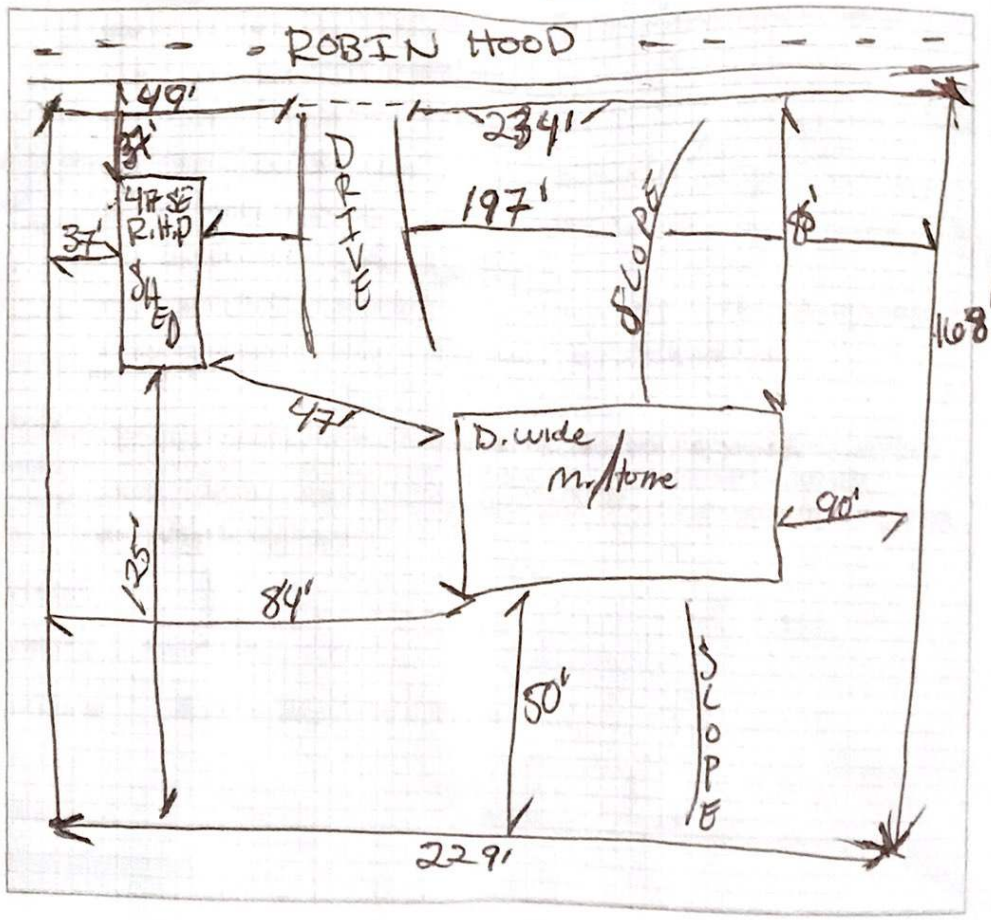
___1) Property Dimensions
___2) Footprint of proposed and existing structures (including decks), label these with existing addresses
___3) Distance from structures to all property lines
___4) Location and size of easements
___5) Driveway path and distance at the entrance to the nearest property line
___6) Location and distance from any waters; sink holes; wetlands; and etc.
___7) Show slopes and or drainage paths
___8) Arrow showing North direction

NOTE:
This site plan can be copied and used with the 911 Addressing Dept. application forms.

SITE PLAN EXAMPLE

Revised 7/1/15





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.

ELECTRICAL	Print Name Owner License #: _____ Qualifier Form Attached ☐	Signature _____ Phone #: _____
MECHANICAL/ A/C _____	Print Name Owner License #: _____ Qualifier Form Attached ☐	Signature _____ Phone #: _____

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.

Revised 4/27/2017

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 # R09976-024 Subdivision _____ Lot# _____

- New Mobile Home _____ Used Mobile Home X MH Size 28x60 Year 98
- Applicant Jason Magley Phone # 941-536-5495
- Address 417 S.E. Robin Hood Pl, High Springs FL
- Name of Property Owner Jason Magley Phone# 941-536-5495
- 911 Address 417 S.E. Robin Hood Pl, Highsprings FL
- Circle the correct power company - FL Power & Light - (Clay Electric)
  (Circle One) - Suwannee Valley Electric - Duke Energy

- Name of Owner of Mobile Home Jason Magley Phone # 941-536-5495
  Address 417 SE Robin hood Pl, highsprings FL
- Relationship to Property Owner Owner
- Current Number of Dwellings on Property 1
- Lot Size _____ Total Acreage 1 acre
- Do you : Have (Existing Drive) (Currently using) or Private Drive (Blue Road Sign) or need Culvert Permit (Putting in a Culvert) or Culvert Waiver (Not existing but do not need a Culvert) (Circle one)
- Is this Mobile Home Replacing an Existing Mobile Home Yes
- Driving Directions to the Property 441 to Robin hood Place

- Name of Licensed Dealer/Installer James Harris Phone # 904-253-9497
- Installers Address 9406 S.W. 134th St Starke FL, 32091
- License Number IH/1129595 Installation Decal # _____

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 Harris (Installer License Holder Name) give this authority for the job address show below only, 417 S.E. Robin Hood Pl, High Springs FL (Job Address), and I do certify that 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)
Jason Magley	Jason Mgly	___ Agent ___ Officer X Property Owner
		___ Agent ___ Officer ___ Property Owner
		___ Agent ___ Officer ___ 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.

James Morris — License Holders Signature (Notarized)
IW1129595 — License Number
4-14-21 — Date

NOTARY INFORMATION:
STATE OF: Florida COUNTY OF: Bradford

The above license holder, whose name is James Morris, personally appeared before me and is known by me or has produced identification (type of I.D.) DL-H620446882010 on this 14 day of April, 2021.

NOTARY'S SIGNATURE

(Seal/Stamp)
For James Morris Signature only

KAYLA FISHBURN
MY COMMISSION # GG 275311
EXPIRES: November 9, 2022
Bonded Thru Notary Public Underwriters

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

COUNTY THE MOBILE HOME IS BEING MOVED FROM _____

OWNERS NAME Jason Mayley PHONE _____ CELL 941-536-5495

INSTALLER James Harris PHONE _____ CELL 904-253-9497

INSTALLERS ADDRESS 9406 S.W. 137th St Starke FL 32091

MOBILE HOME INFORMATION

MAKE MERI YEAR 1993 SIZE 28 x 60

COLOR UNK SERIAL No. FLHMLCP6329981A/B

WIND ZONE II SMOKE DETECTOR Yes

INTERIOR:
FLOORS Yes

DOORS Yes

WALLS Yes

CABINETS Yes

ELECTRICAL (FIXTURES/OUTLETS) Yes

EXTERIOR:
WALLS / SIDDING Yes

WINDOWS Yes

DOORS Yes

INSTALLER: APPROVED ✓ NOT APPROVED _____

INSTALLER OR INSPECTORS PRINTED NAME James Harris

Installer/Inspector Signature James Harris License No. IH/1129595 Date 4-14-21

NOTES: Signed by Installer

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 James Harris Date 4-14-21

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 4-14-21 BY James Harris IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? Yes

OWNERS NAME Jason Mosley PHONE _____ CELL 941-536-5495

ADDRESS 467 S.E. Robin Hood Pl. High Springs FL

MOBILE HOME PARK No SUBDIVISION No

DRIVING DIRECTIONS TO MOBILE HOME 441 to Robin Hood place, High Springs FL

MOBILE HOME INSTALLER James Harris PHONE _____ CELL 904-253-9497

MOBILE HOME INFORMATION

MAKE MERI YEAR 1993 SIZE 28 x 60 COLOR UNKOWN

SERIAL No. FLHMLCP632998IA/B

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

P SMOKE DETECTOR ( ) OPERATIONAL ( ) MISSING

P FLOORS ( ) SOLID ( ) WEAK ( ) HOLES DAMAGED LOCATION _____

P DOORS ( ) OPERABLE ( ) DAMAGED

P WALLS ( ) SOLID ( ) STRUCTURALLY UNSOUND

P WINDOWS ( ) OPERABLE ( ) INOPERABLE

P PLUMBING FIXTURES ( ) OPERABLE ( ) INOPERABLE ( ) MISSING

P CEILING ( ) SOLID ( ) HOLES ( ) LEAKS APPARENT

P ELECTRICAL (FIXTURES/OUTLETS) ( ) OPERABLE ( ) EXPOSED WIRING ( ) OUTLET COVERS MISSING ( ) LIGHT FIXTURES MISSING

EXTERIOR:

P WALLS / SIDDING ( ) LOOSE SIDING ( ) STRUCTURALLY UNSOUND ( ) NOT WEATHERTIGHT ( ) NEEDS CLEANING

P WINDOWS ( ) CRACKED/ BROKEN GLASS ( ) SCREENS MISSING ( ) WEATHERTIGHT

P ROOF ( ) APPEARS SOLID ( ) DAMAGED

STATUS

APPROVED ✓ WITH CONDITIONS: _____

NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE James F Harris ID NUMBER IH12595 DATE 4-14-21

Mobile Home Permit Worksheet

Application Number: _____ Date: 4-14-21

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to _____ psf
or check here to declare 1000 lb. soil ✓ without testing.

x 1500 x 1500 x 2000

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 1500 x 1500 x 2000

TORQUE PROBE TEST

The results of the torque probe test is 288 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 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.

JFH Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name James Harris

Date Tested 4-14-21

Electrical

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

Plumbing

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

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

Site Preparation

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

Fastening multi wide units

Floor: Type Fastener: 6 in Lag Length: 6 in Spacing: 24 in
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 (weathergasketing requirement)

I understand a properly installed gasket is a requirement of all new and used homes and that condensation, mold, meldew 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 JFH

Type gasket
Pg Foam

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 James Harris Date 4-14-21

Mobile Home Permit Worksheet

Application Number: _____ Date: 4-14-21

Installer: James Harris License # IH/1129595

Address of home being installed 417 S.E. RobinHood Dr, Highsprings FL

Manufacturer Homes of Merrit Length x width 28X60

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 JFH

New Home ☐ Used Home ☒

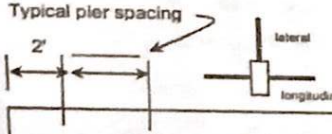
Home installed to the Manufacturer's Installation Manual ☒
Home is installed in accordance with Rule 15-C

Single wide ☐ Wind Zone II ☒ Wind Zone III ☐

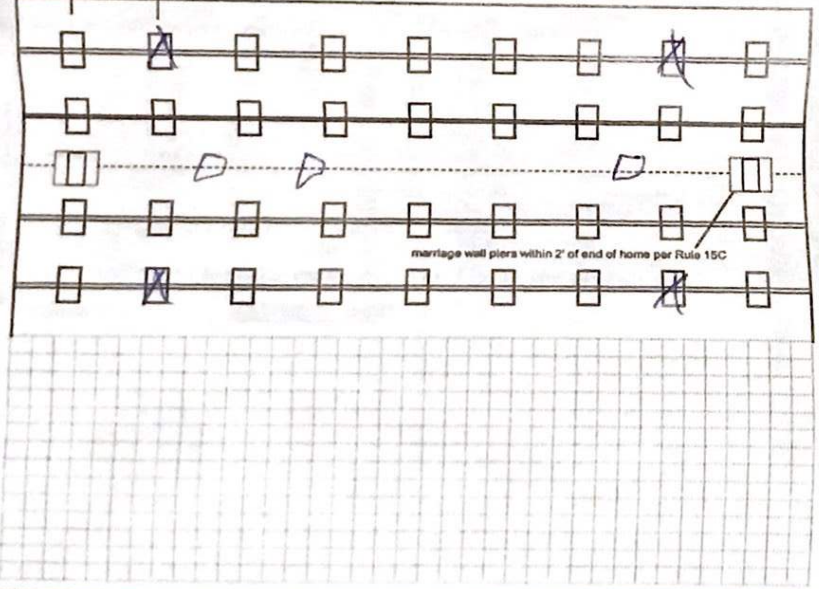
Double wide ☒ Installation Decal # _____

Triple/Quad ☐ Serial # FLHML CP63299 81 A/B

Typical pier spacing



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



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'
1500 psf		4' 6"	6'	7'	8'	8'	8'
2000 psf		6'	8'	8'	8'	8'	8'
2500 psf		7' 6"	8'	8'	8'	8'	8'
3000 psf		8'	8'	8'	8'	8'	8'
3500 psf		8'	8'	8'	8'	8'	8'

* Interpolated from Rule 15C-1 pier spacing table.

PIER PAD SIZES

I-beam pier pad size 17½ 25½

Perimeter pier pad size 16x16

Other pier pad sizes (required by the mfg.) NONE

POPULAR PAD SIZES

Pad Size	Sq In
16 x 16	256
18 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

☐ 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
Living R	17½ x 25½
Kitchen 1	1

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

OTHER TIES

	Number
Sidewall	3 on each side
Longitudinal	4
Marriage wall	4
Shearwall	2

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

I, James Harris (Installers Name) give this authority and I do certify that 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	Agents Company Name
Jason Mayly	Jason Mayly	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.

James Harri — License Holders Signature (Notarized)
IH0129595 — License Number
_____ — Date

NOTARY INFORMATION:
STATE OF: Florida COUNTY OF: Bradford

The above license holder, whose name is James Harris, personally appeared before me and is known by me or has produced identification (type of I.D.) DL-H620446082040 on this 6 day of May, 2021.

NOTARY'S SIGNATURE (Seal/Stamp)

KAYLA FISHBURN
MY COMMISSION # GG 275311
EXPIRES: November 9, 2022
Bonded Thru Notary Public Underwriters

For James Harris signature only