

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 7-1-15)		Zoning Official _____	Building Official _____
AP# <u>50437</u>	Date Received <u>9/1/21</u>	By <u>MG</u>	Permit # _____
Flood Zone _____	Development Permit _____	Zoning _____	Land Use Plan Map Category _____
Comments _____			
FEMA Map# _____	Elevation _____	Finished Floor _____	River _____ In Floodway _____
<input type="checkbox"/> Recorded Deed or <input checked="" type="checkbox"/> Property Appraiser PO	<input checked="" type="checkbox"/> Site Plan	<input type="checkbox"/> EH # _____	<input type="checkbox"/> Well letter OR
<input checked="" type="checkbox"/> Existing well	<input type="checkbox"/> Land Owner Affidavit	<input checked="" type="checkbox"/> Installer Authorization	<input type="checkbox"/> FW Comp. letter <input checked="" type="checkbox"/> App Fee Paid
<input type="checkbox"/> DOT Approval	<input type="checkbox"/> Parent Parcel # _____	<input type="checkbox"/> STUP-MH _____	<input checked="" type="checkbox"/> 911 App
<input checked="" type="checkbox"/> Ellisville Water Sys	<input checked="" type="checkbox"/> Assessment <u>Owed</u>	<input type="checkbox"/> Out County <input checked="" type="checkbox"/> In County	<input checked="" type="checkbox"/> Sub VF Form

Property ID # 00-00-00-00935-000 Subdivision Three River Estates Lot# 1-2

- New Mobile Home _____ Used Mobile Home ☒ MH Size 14x40 Year 2017
- Applicant Sonya North Phone # 863-517-5701
- Address 3311 Sw State Rd 247 Lake City, FL 32024
- Name of Property Owner Tiffany Browning Phone# _____
- 911 Address Sw Central Ter Ft 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 Tiffany Browning Phone # 352-215-1044
 Address 1 8884 S US Hwy 441 High Springs, FL 32643
- Relationship to Property Owner _____
- Current Number of Dwellings on Property 1 - this one
- Lot Size Lot 1 100x400 200x400 Lot 2 100x400 Total Acreage 1.837
- 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 90 W, turn L on SR 247, turn L on CR 137, turn L on US-27, turn R on Sw Riverside Ave, turn L Sw Utah, R on Sw Central, Property on R (corner of Montana & Sw Central)
- Name of Licensed Dealer/Installer Rusty Knowles Phone # _____
- Installers Address 5801 Sw SR 47 Lake City FL 32024
- License Number JH1038219 Installation Decal # 82054

Columbia County Property Appraiser

Jeff Hampton

2021 Working Values

updated: 8/12/2021

Parcel: << 00-00-00-00935-000 (3402) >>

Owner & Property Info

Result: 1 of 1

Owner	BROWNING TIFFANY LADESIC WILLIAM 18884 S US HIGHWAY 441 HIGH SPRINGS, FL 32643		
Site			
Description*	LOTS 1 & 2 UNIT 17 THREE RIVERS ESTATES. WD 1053-1381, WD 1057-1062, WD 1423-1881, WD 1441-265,		
Area	1.837 AC	S/T/R	25-6S-15
Use Code**	VACANT (0000)	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 & Zoning office for specific zoning information.

Property & Assessment Values

2020 Certified Values		2021 Working Values	
Mkt Land	\$12,000	Mkt Land	\$20,000
Ag Land	\$0	Ag Land	\$0
Building	\$0	Building	\$0
XFOB	\$0	XFOB	\$0
Just	\$12,000	Just	\$20,000
Class	\$0	Class	\$0
Appraised	\$12,000	Appraised	\$20,000
SOH Cap [?]	\$0	SOH Cap [?]	\$0
Assessed	\$12,000	Assessed	\$20,000
Exempt	\$0	Exempt	\$0
Total Taxable	county:\$12,000 city:\$12,000 other:\$12,000 school:\$12,000	Total Taxable	county:\$20,000 city:\$0 other:\$0 school:\$20,000

Aerial Viewer Pictometry Google Maps



▼ Sales History

Sale Date	Sale Price	Book/Page	Deed	V/I	Qualification (Codes)	RCode
6/28/2021	\$49,000	1441/0265	WD	V	Q	01
11/6/2020	\$22,000	1423/1881	WD	V	Q	01
8/25/2005	\$38,000	1057/1062	WD	V	Q	
7/22/2005	\$16,500	1053/1381	WD	V	U	08

▼ 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
0000	VAC RES (MKT)	2.000 LT (1.837 AC)	1.0000/1.0000 1.0000/ /	\$10,000 /LT	\$20,000

CNTY# AGY# SUB# RPT#

29 1 KEH 5698

AUDIT #


 L# 2281494
 TR 1495081569
 B# 1378413
 S# 85606708

 STATE OF FLORIDA
 APPLICATION FOR VEHICLE/VESSEL
 CERTIFICATE OF TITLE

TITLE NUMBER	VEHICLE/VESSEL IDENTIFICATION #	YR. MAKE	MAKE or MANUFACTURER	BODY TYPE	VEHICLE COLOR	WT/LENGTH	GW/LOC		
127915313	LOHGA11718038	2017	LIOH	HS		40'			
DATE OF ISSUE MO. DAY YEAR	TRANS CODE	VEHICLE USE	HULL MATERIAL	PROPULSION	FUEL	VESSEL TYPE	WATER	FL NUMBER	AUTH DESTRUCTION
07 19 21	TRT	PRIVATE							

 Applicant/Owner's Name & Address
 TIFFANY GAIL BROWNING
 18886 S US HIGHWAY 441
 HIGH SPRINGS, FL 32643-1157

BIRTHDATE SEX MO. DAY YEAR	Y	RESIDENT N	ALIEN	CNTY RES.#
F 06 04 89		X		29

1st OWNER FL/DL# OR F.E.I.D.# 2nd OWNER FL/DL# OR UNIT #

B655807897041

VOLUNTARY CONTRIBUTIONS

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AGENCY FEE	TITLE FEE	SALES TAX	GRAND TOTAL
4.75	73.50	0.00	78.25

Action Requested: TRANSFER TITLE

Brands:

PREV. STATE	DATE ACQUIRED	NEW	USED	ODOMETER / VESSEL MANUFACTURER	ODOMETER DECLARATION CERTIFICATION
FL	07/19/2021		XX		<input type="checkbox"/>

LIEN INFORMATION	DATE OF LIEN	RECEIVED DATE	FEID # OR FL / DL AND SEX AND DATE OF BIRTH	DMV ACCOUNT #
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NAME OF FIRST LIENHOLDER:

ADDRESS

SALVAGE TYPE

SELLER INFORMATION

NAME OF SELLER, FLORIDA DEALER, OR OTHER PREVIOUS OWNER

ADDRESS

DEALER LICENSE NO.

CONSUMER OR SALES TAX EXEMPTION #

SALES TAX AND USE REPORT

 TRANSFER OF TITLE ☐ PURCHASER HOLDS VALID
 IS EXEMPT FROM EXEMPTION CERTIFICATE
 FLORIDA SALES OR ☐ VEHICLE / VESSEL WILL BE
 USE TAX FOR THE USED EXCLUSIVELY FOR RENTAL
 REASON(S) CHECKED ☒ OTHER GIFT

INDICATE TOTAL PURCHASE PRICE, INCLUDING ANY UNPAID BALANCE DUE SELLER, BANK OR OTHERS \$ 0.00

INDICATE SALES OR USE TAX DUE AS PROVIDED BY CHAPTER 212, FLORIDA STATUTES \$ 0.00

☐ SELLING PRICE VERIFIED

APPLICANT CERTIFICATION

I/WE HEREBY CERTIFY THAT THE VEHICLE/VESSEL TO BE TITLED WILL NOT BE OPERATED UPON THE PUBLIC HIGHWAYS/WATERWAYS OF THIS STATE.

I CERTIFY THAT THE CERTIFICATE OF TITLE IS LOST OR DESTROYED.

I CERTIFY THAT THIS MOTOR VEHICLE/VESSEL WAS REPOSSESSED UPON DEFAULT OF THE LIEN INSTRUMENT AND IS NOW IN MY POSSESSION.

I/WE HEREBY CERTIFY THAT I/WE LAWFULLY OWN THE ABOVE DESCRIBED VEHICLE/VESSEL, AND MAKE APPLICATION FOR TITLE. IF LIEN IS BEING RECORDED NOTICE IS HEREBY GIVEN THAT THERE IS AN EXISTING WRITTEN LIEN INSTRUMENT INVOLVING THE VEHICLE/VESSEL DESCRIBED ABOVE AND HELD BY LIENHOLDER SHOWN ABOVE. I/WE FURTHER AGREE TO DEFEND THE TITLE AGAINST ALL CLAIMS.

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

Signature of Applicant/Owner

Signature of Applicant/Co-Owner

HSMV 82041 REVISED 02/08

SCAN CODE

MVT

I UNDERSTAND THAT MY DRIVER LICENSE AND REGISTRATIONS WILL BE SUSPENDED IMMEDIATELY IF THE INSURER DENIES THE INSURANCE INFORMATION SUBMITTED FOR THIS REGISTRATION.

 Florida Department of
 Health Department
 FL 32055

386-758-1000

SW Central Ter.

SW Montana st.

400'

200'

120'

well

40'

52'

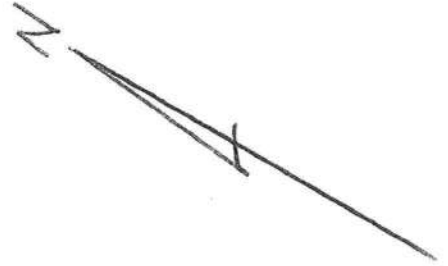
46'

14

40

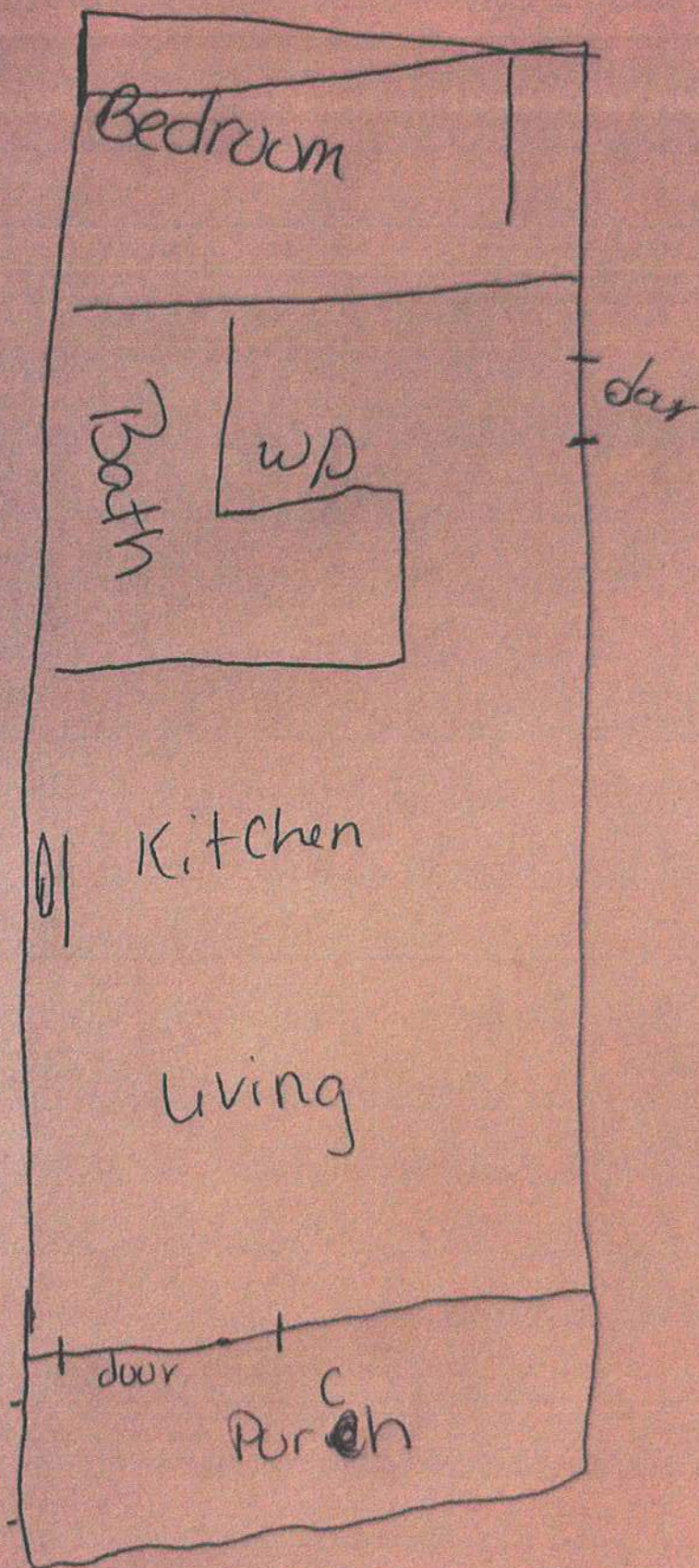
10

owner:
Tiffany Browning



1" = 50'

Steps



MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR Rusty Knowles PHONE 386-397-0886

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 <u>Glen Whittington</u> License #: <u>EC13002957</u> Qualifier Form Attached <input type="checkbox"/>	Signature <u>Glen Whittington</u> Phone #: <u>386-684-6001</u>
MECHANICAL/ A/C	Print Name _____ License #: _____ Qualifier Form Attached <input type="checkbox"/>	Signature _____ Phone #: _____

Qualifier Forms cannot be submitted for any Specialty License.

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			

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.

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

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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 _____ License #: _____ Qualifier Form Attached <input type="checkbox"/>	Signature _____ Phone #: _____
MECHANICAL/ A/C <input checked="" type="checkbox"/>	Print Name <u>Spencer Taylor</u> <u>Alr America Heating Cooling</u> License #: <u>CMC1250300</u> Qualifier Form Attached <input type="checkbox"/>	Signature <u>[Signature]</u> Phone #: <u>386 454 0859</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.

Mobile Home Permit Worksheet

Application Number: _____

Date: _____

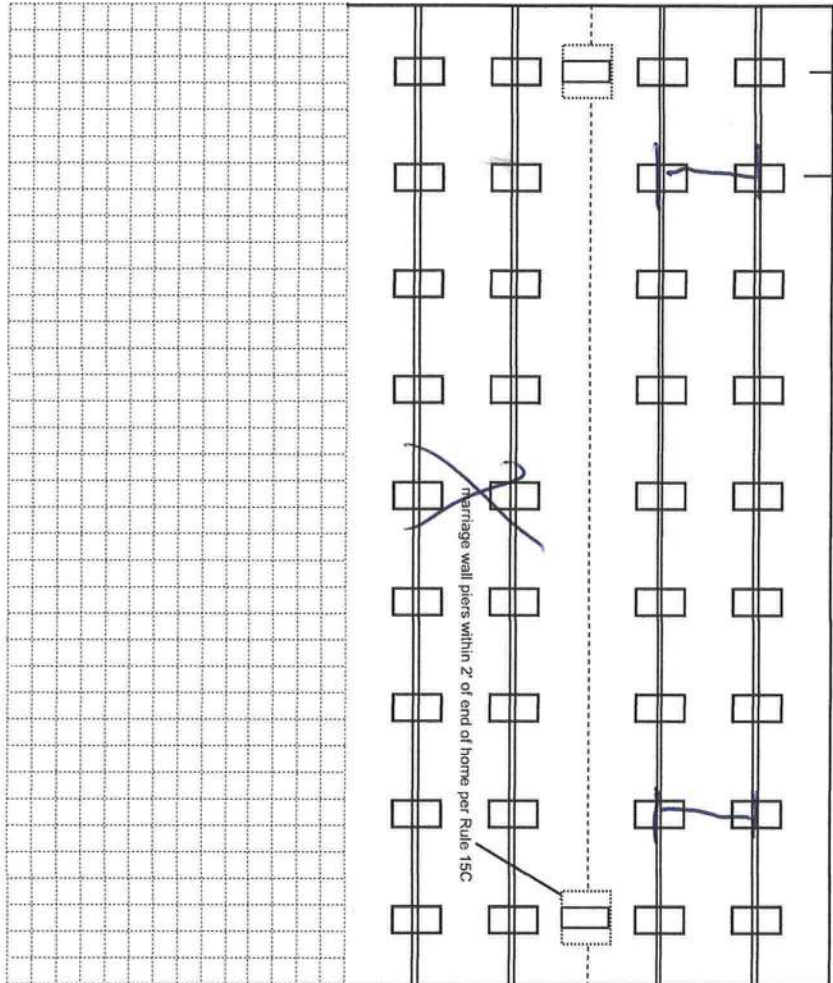
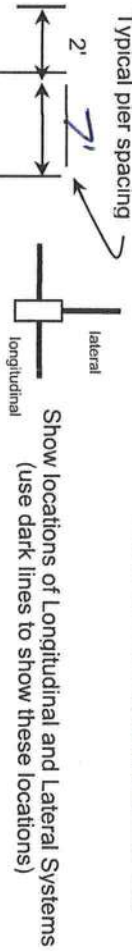
Installer: Rusty Knowles License # EH-1038219

Address of home being installed: East White, FL 32038

Manufacturer: LIQH Length x width: 40 x 14

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: RL



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 # 82054
Triple/Quad ☐ Serial # LOHGA11718038

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	16" x 16" (256)	18 1/2" x 18 (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: 23 1/4 x 31 1/4
Perimeter pier pad size: 16 x 16
Other pier pad sizes (required by the mfg.): _____

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: _____

_____ NA _____

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer: _____
Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer: Oliver Tech Industries

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 ☒

OTHER TIES

Sidewall Longitudinal Marriage wall Shearwall
Number: 16
8
2

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 1100 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 require anchors with 4000 lb holding capacity.

Installer's initials RLC

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Anthony L. Kuehn

Date Tested 8-27-24

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: _____ Length: _____ Spacing: _____
Walls: Type Fastener: WA 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 _____ Installed: _____
Pg. _____ Between Floors Yes _____
Between Walls Yes _____
Bottom of ridgebeam Yes _____

Weatherproofing

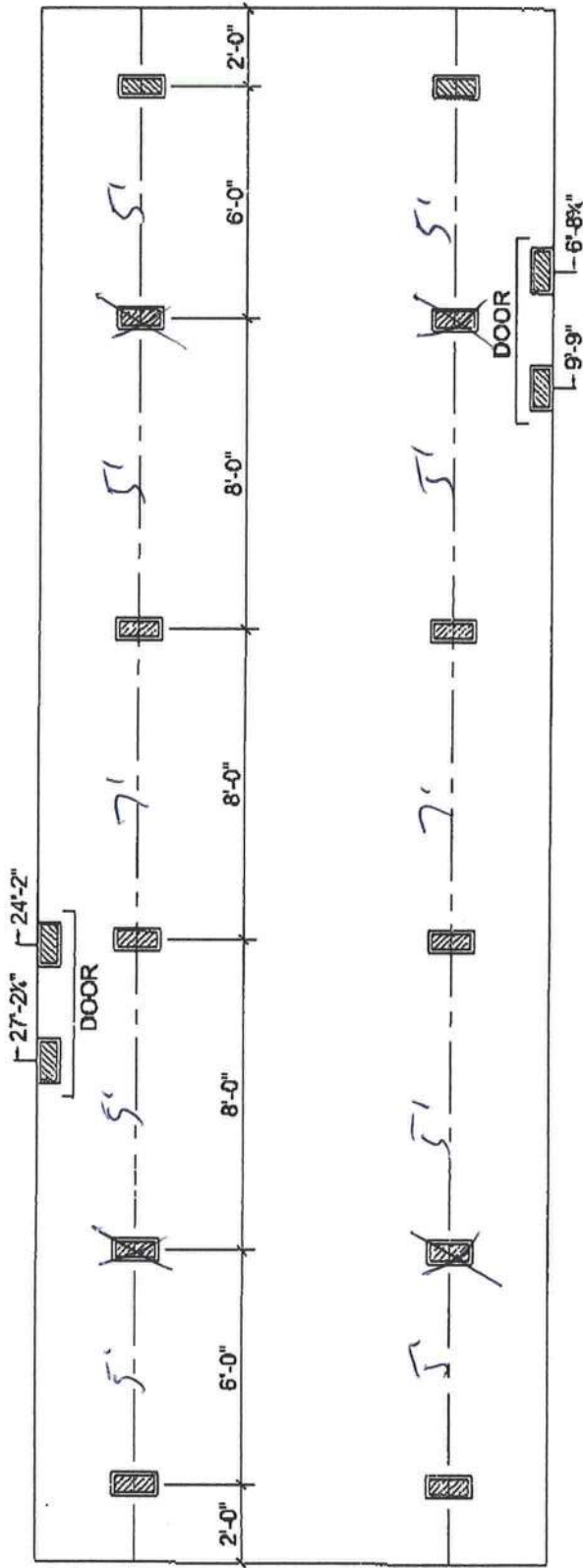
The bottomboard will be repaired and/or taped. Yes ☒ Pg. 15C-1
Siding on units is installed to manufacturer's specifications. Yes ☒
Fireplace chimney installed so as not to allow intrusion of rain water. Yes ☒

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 NA
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 8-27-24



SUPPORT PIER/TYP

7-11-2016

FOUNDATION NOTES:

- THIS DRAWING IS DESIGNED FOR THE STANDARD WIND ZONE AND IS TO BE USED IN CONJUNCTION WITH THE INSTALLATION MANUAL AND ITS SUPPLEMENTS.
- FOOTINGS ARE SHOWN FOR EXAMPLE ONLY QUANTITY AND SPACING MAY VARY BASED ON PAD TYPE, SOIL CONDITION, ETC.

Live Oak Homes
MODEL: S-4401D-SVS - 14 X 40
1-BEDROOM / 1-BATH

S-4401D-SVS



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

PARCEL: 00-00-00-00935-000 (3402) | VACANT (0000) | 1.837 AC

LOTS 1 & 2 UNIT 17 THREE RIVERS ESTATES, WD 1053-1381, WD 1057-1062, WD 1423-1881, WD 1441-265,

BROWNING TIFFANY

Owner: **LADESIC WILLIAM**
18884 S US HIGHWAY 441
HIGH SPRINGS, FL 32643

2021 Working Values

Mkt Lnd	\$20,000	Appraised	\$20,000
Ag Lnd	\$0	Assessed	\$20,000
Bldg	\$0	Exempt	\$0
XFOB	\$0	county:	\$20,000
Just	\$20,000	city:	\$0
		other:	\$0
		school:	\$20,000
		Total Taxable	

Site:

Sales	6/28/2021	\$49,000	V (Q)
Info	11/6/2020	\$22,000	V (Q)
	8/25/2005	\$38,000	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, 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

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED _____ BY _____ IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? NO

OWNERS NAME Tiffany Browning PHONE _____ CELL 352-215-1094

Home is sitting at
ADDRESS 18884/18888 S US Hwy 441 32643

MOBILE HOME PARK _____ SUBDIVISION _____

DRIVING DIRECTIONS TO MOBILE HOME R on N marion Ave, L on NW madison, L at 3rd
Cross street onto main Blvd, R on 47S, L on I-75S, take exit 414
Keep R for High Springs, R on US 441, property on R

MOBILE HOME INSTALLER Rusty Knowles PHONE _____ CELL _____

MOBILE HOME INFORMATION

MAKE LIDH YEAR 2017 SIZE 14 X 40 COLOR _____

SERIAL No. LOHGA 11718038

WIND ZONE 2 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 _____