

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 7-1-15) Zoning Official LW Building Official _____
 AP# 57113 Date Received _____ By _____ Permit # 46222
 Flood Zone X Development Permit _____ Zoning A-3 Land Use Plan Map Category Ag
 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 # 29-5S-17-09451-026 Subdivision Joy Acres Lot# 25

▪ New Mobile Home _____ Used Mobile Home X MH Size 28x48 Year 2015
 ▪ Applicant Claudio veras / TIEEA Foster Phone # 386-590-0393
 ▪ Address 11206 S Hwy 441 lake city FL 32025

▪ Name of Property Owner Claudio veras Phone# 386-590-0393
 ▪ 911 Address 456 SW Sherri Cir. lake city

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

▪ Name of Owner of Mobile Home Claudio veras Phone # 386-590-0393
 Address 11206 S Hwy 441 lake city FL 32025

▪ Relationship to Property Owner owner

▪ Current Number of Dwellings on Property 1

▪ Lot Size _____ Total Acreage _____

▪ 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 441 S To 41 S go to Trust enuggee Take
@ go 8.3 mile turn @ onto city Rd. 349 go 1/2 mile turn @ onto SW
Sherri Circle turn @ stay on Sherri circle about 0.3 miles

Email Address for Applicant: treeafoster@yahoo.com

▪ Name of Licensed Dealer/Installer JAMES Foley Phone # 386-249-3594

▪ Installers Address 7862 173rd Rd Live Oak FL

▪ License Number TH 1028536 Installation Decal # 90803

This home is owned by 21st Mortgage Corporation and there are no warranties or guarantees implied or expressed, unless otherwise provided by law. Buyer has had reasonable **OPPORTUNITY TO INSPECT** the home and appliances and accepts their present condition. Buyer acknowledges that the home is sold **WHERE IS** and agrees to indemnify and hold harmless the Seller against any claims arising from the property owner as a result of the home being situated on or removed from the property. It is the responsibility of the Buyer to coordinate acceptable arrangements with the property owner for the home to either remain where it is or be removed. Buyer further acknowledges receipt of a true copy of this agreement and the complete transaction is understood; the specifications, price, and all other aspects and terms of the transaction are accepted. Seller and Buyer agree that this sale has been closed and acknowledges **THERE IS NO RIGHT AND/OR WAIVES ANY FURTHER RIGHT OF RESCISSION.**

SPECIAL CONDITIONS AND/OR CONTINGENCIES:

Sold as is where is

This home is being financed by:

☐ 21st Mortgage

☐ Local Bank or Lender

Name of Local Bank or Lender: _____

☒ This home is being purchased for cash, no loan.

This home will be used for: (check one)

☐ Primary Residence

☐ Vacation Home or Secondary Residence

☐ Relative Residence

☒ Rental Property

☐ Re-sale

Mail Title To

Name: Lora & Claudio Veras

Address: 11206 S us hwy 441

City: Lake City

State: FL

Zip: 32025

Phone # 386 590 0393

Lora Veras
Buyer

Claudio Veras

8-17-22

Driver's License or ID# Issued by State

FL

V620-532-67-793-0

His

V620-100-66-443-0

His

Expiration Date

8-13-2026

12-3-2026

Issuing State

FL

Seller - 21st Mortgage

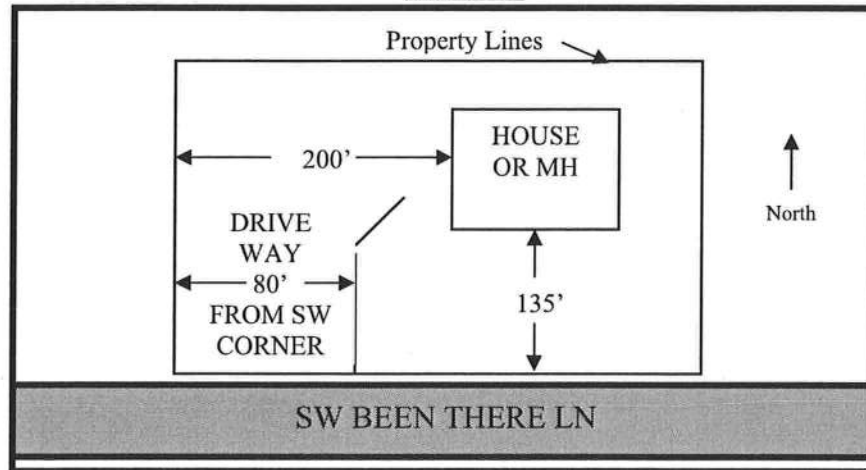
Date

Not valid unless signed by an authorized representative of Seller.

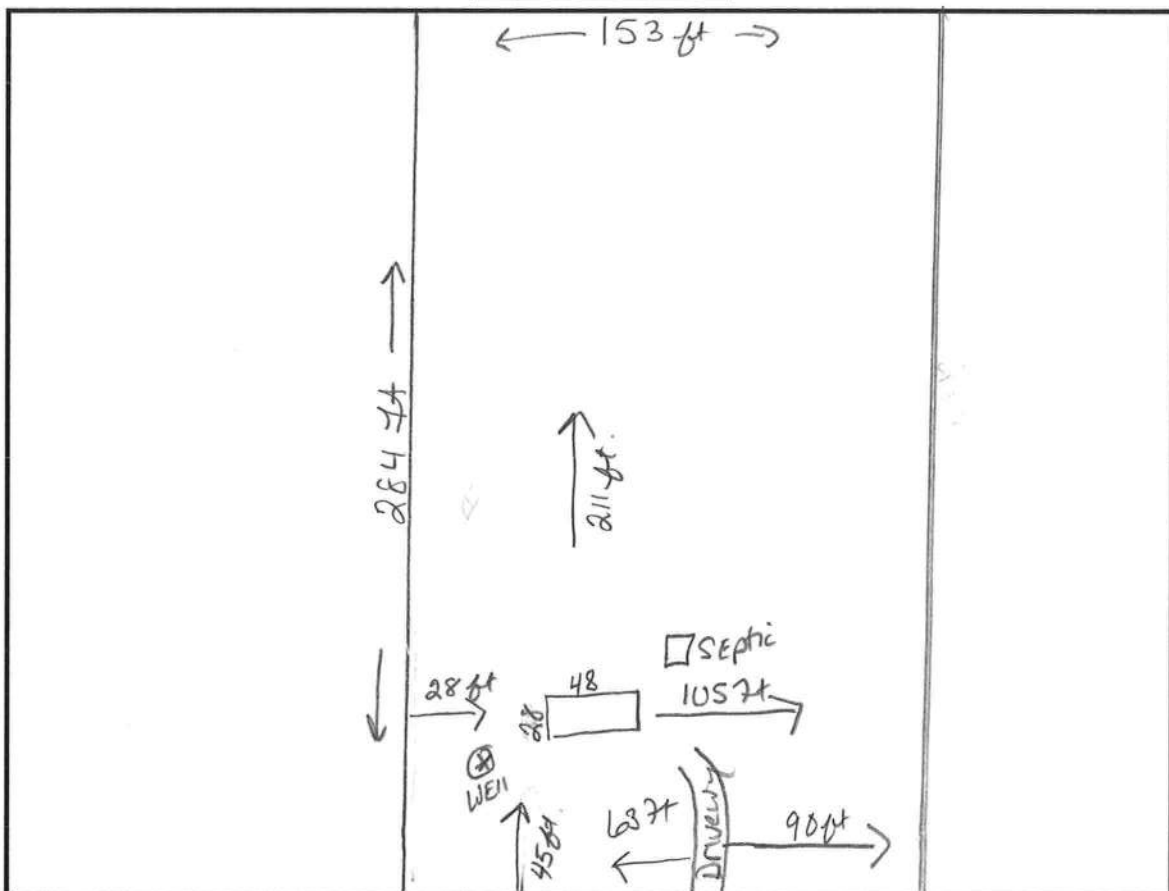
Page 2, Site Plan for 9-1-1 Address Application From

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:



SITE PLAN BOX:





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

PARCEL: 29-5S-17-09451-026 (34676) | MOBILE HOME (0200) | 1 AC
 LOT 25 JOY ACRES S/D. ORB 797-1307. POA 1111-834, WD 1252-1587

VERAS CLAUDIO

Owner: VERAS LORA LYNN
 11206 S US HIGHWAY 441
 LAKE CITY, FL 32025
Site: 456 SW SHERRI Cir, LAKE CITY

Sales Info
 4/9/2013 \$125,000 I(U)
 9/26/1994 \$5,000 V(O)
 10/1/1984 \$1,000 V(U)

2022 Working Values

Mkt Lnd	\$15,000	Appraised	\$27,779
Ag Lnd	\$0	Assessed	\$27,779
Bldg	\$9,529	Exempt	\$0
XFOB	\$3,250		
Just	\$27,779	Total Taxable	county:\$27,779 city:\$0 other:\$0 school:\$27,779

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

GrizzlyLogic.com

House going To -



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 Foley, give this authority for the job address show below
Installer License Holder Name

only, Shenice, 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)
<u>TRENT Foster</u>	<u>[Signature]</u>	<input checked="" 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
		<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)

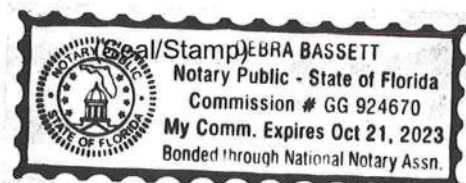
JH1078531 11-1-22
License Number Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Sumner

The above license holder, whose name is James Foley, personally appeared before me and is known by me or has produced identification (type of I.D.) personally from on this 1 day of Nov., 2022.

[Signature]
NOTARY'S SIGNATURE
Debra Bassett



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 <u>Richard H. SAPP</u> Signature <u>[Signature]</u> License #: <u>EC13006002</u> Phone #: <u>386-362-4048</u> Qualifier Form Attached <input type="checkbox"/>
MECHANICAL/ A/C _____	Print Name <u>Ronald E Bonds Sr</u> Signature <u>[Signature]</u> License #: <u>CAC1817658</u> Phone #: <u>850.822.8339</u> Qualifier Form Attached <input type="checkbox"/>

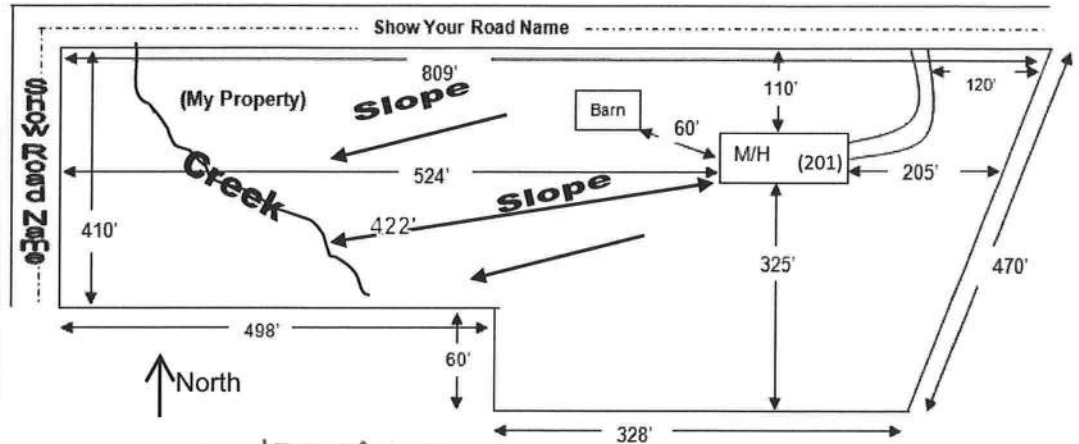
F. S. 440.103 Building permits; identification of minimum premium policy.--Every employer shall, as a condition to applying for and receiving a building permit, show proof and certify to the permit issuer that it has secured compensation for its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each time the employer applies for a building permit.

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

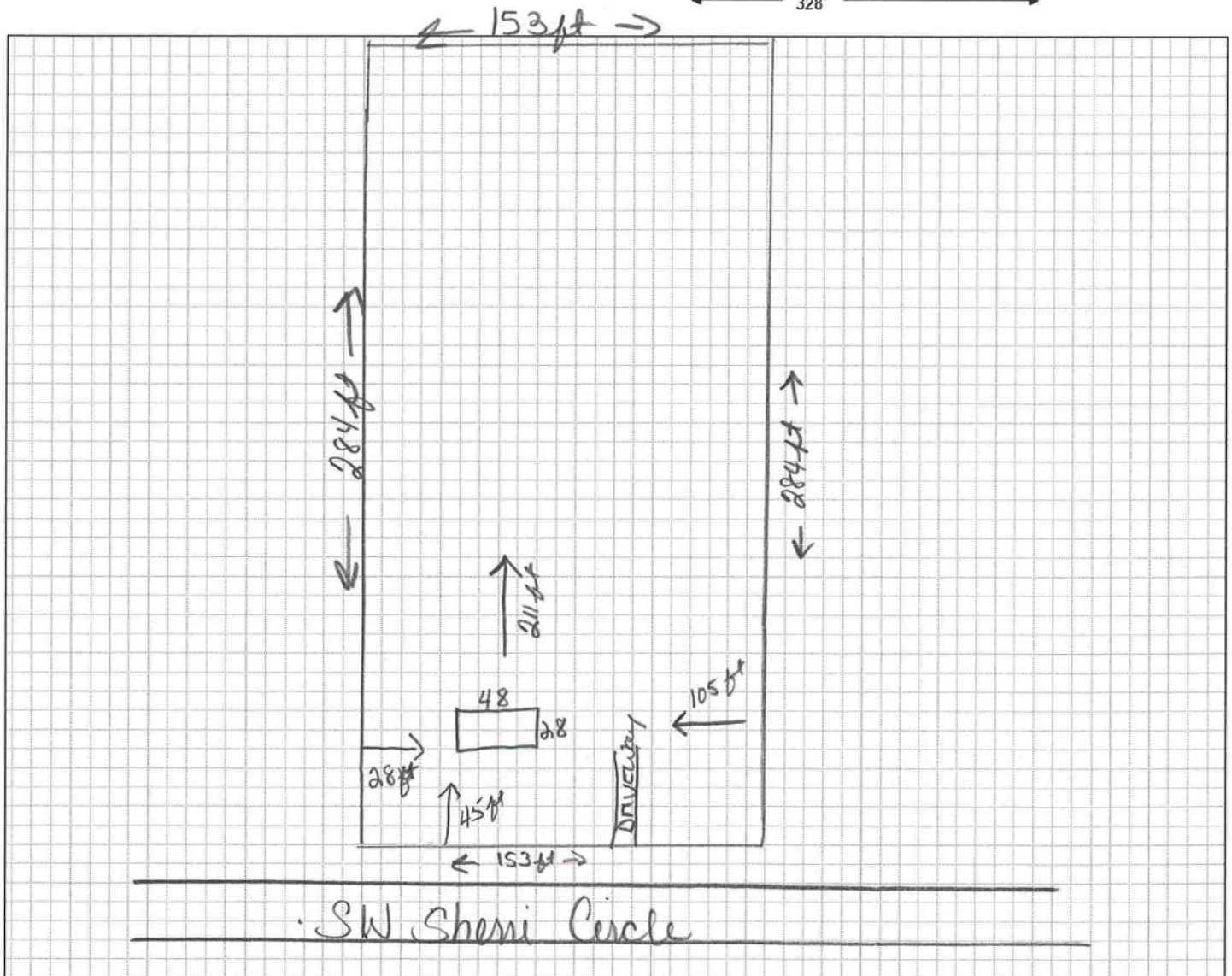
SITE PLAN EXAMPLE

Revised 7/1/15



NOTE:

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





**PURCHASE AGREEMENT
(FLORIDA)**

The undersigned party or parties (the "Buyer") hereby agrees to purchase from Seller identified below (the "Seller") the manufactured home described below. Seller hereby agrees to sell the "Home" described below to the Buyer and Conditions of Sale indicated below for the cash price indicated herein, upon the terms and provisions set forth herein.

SELLER: 21st Mortgage Corporation
Remarketing Department
620 Market Street, Suite 100
Knoxville, TN 37902
800-955-0021

BUYER: Lora Lynn Veras
Claudio Veras

Repo ID # 323950
Manufactured Home

Manufacturer: Live Oak
Year Model 2015
Approx Size 28x48

Model: Live Oak
Serial # 16127ab

Current Home Location: 10314 us hwy 90 east
Street Address
Live Oak, FL 32060
City, State, and Zip Code
Suwannee
County

TERMS:

● PURCHASE PRICE	\$ 64,900.00
STATE SALES TAX	<u>3894.00</u>
COUNTY SALES TAX	<u>50.00</u>
TITLE FEE	\$ 156.50
TAG FEE	\$ 93.70
SALES PROCESSING FEE	\$ 150.00

* Sales tax must be collected based on the location of the home at the time of this agreement.

TOTAL FROM ABOVE 69,244.20

- NA agrees to pay any personal property taxes that may be due at time of closing on the above referenced home.
- NA agrees to pay any lot rent or park fees that may be due on the above referenced home.
- THIS HOME IS A USED HOME AND IS SOLD AS IS.
- Funds must be received by _____ OR THE AGREEMENT MAY, AT THE SELLER'S DISCRETION, BE DECLARED NULL AND VOID.

x [Signature]
Buyer Initials

x C.V
Seller Initials

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

COUNTY THE MOBILE HOME IS BEING MOVED FROM Suwannee
OWNERS NAME Claudio Veras PHONE 386-590-0393 CELL _____
INSTALLER James Foley PHONE 386-249-3994 CELL _____
INSTALLERS ADDRESS 7862 173rd Rd Live Oak, FL

MOBILE HOME INFORMATION

MAKE Live Oak YEAR 2015 SIZE 28 X 48
COLOR GREY SERIAL No. 16127ab
WIND ZONE II SMOKE DETECTOR ☒

INTERIOR:

FLOORS good
DOORS good
WALLS good
CABINETS good
ELECTRICAL (FIXTURES/OUTLETS) good

EXTERIOR:

WALLS / SIDING good
WINDOWS good
DOORS good

INSTALLER: APPROVED ☒ NOT APPROVED _____

INSTALLER OR INSPECTORS PRINTED NAME James Foley

Installer/Inspector Signature [Signature] License No. IH 1078536 Date 10/25/02

NOTES: _____

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 _____ Date _____



Florida Mobile Home Installer
License

LICENSEE: JAMES FOLEY
LICENSE NUMBER: JH1078536
EFFECTIVE DATE: 09/29/2022

EXPIRATION DATE: 09/30/2023

THE LICENSEE IS HEREBY CERTIFIED UNDER THE PROVISIONS OF SECTION 320.8249,
FLORIDA STATUTES TO CONDUCT AND CARRY ON BUSINESS AS AN INSTALLER OF
MOBILE HOMES IN THE STATE OF FLORIDA

Robert R. Kynard

Director, Division of Motorist Services
State of Florida - Department of Highway Safety and Motor Vehicles - Division of Motorist Services

JAMES FOLEY

Mobile Home Permit Worksheet

Application Number: _____

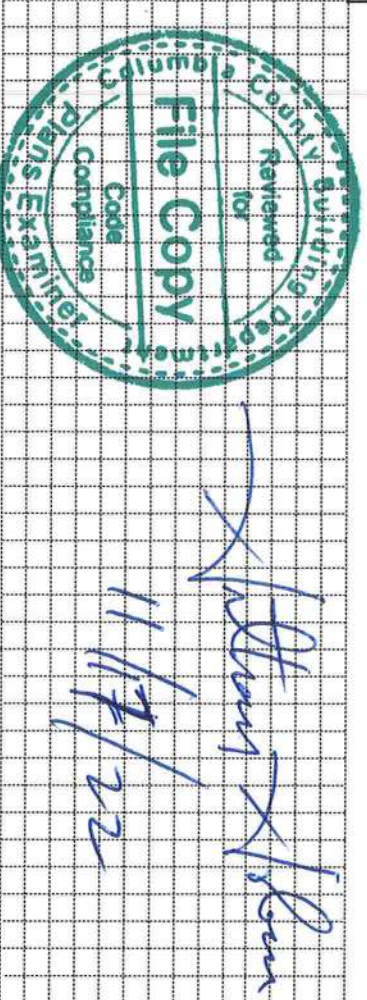
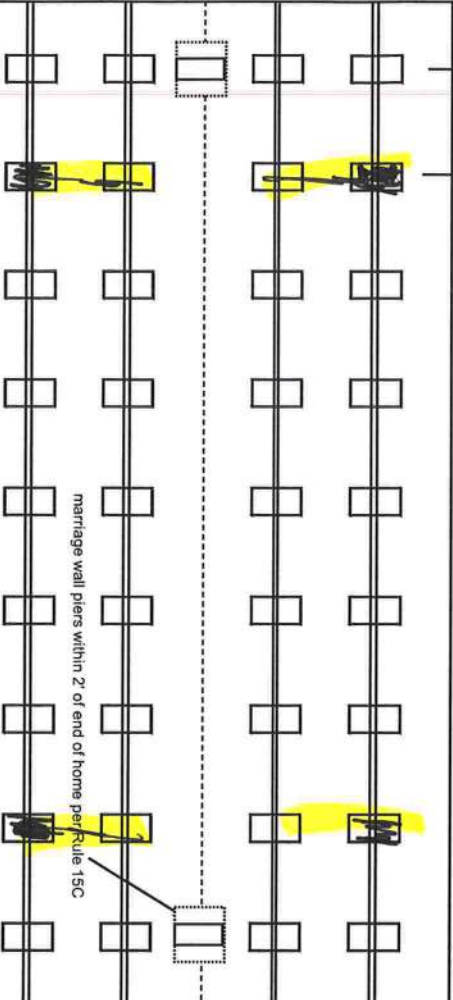
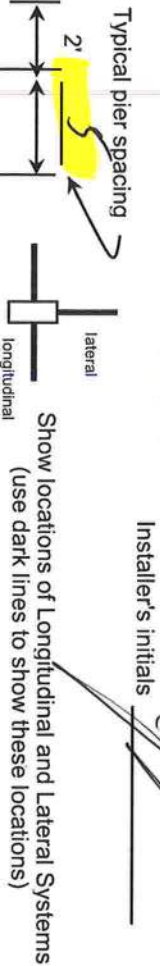
Date: _____

Installer: James Foley License # TH 1078536

Address of home being installed: Sheari Circle
Lake City, FL

Manufacturer: Live Dal Length x width: 48x28

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.



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 # 40803

Triple/Quad ☐ Serial # 16127AB

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	Footer size (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'	4'	5'	6'	7'	8'
1500 psf	4' 6"	6'	6'	7'	8'	8'	8'
2000 psf	6'	8'	8'	8'	8'	8'	8'
2500 psf	7' 6"	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: 22 1/4 x 17 1/2

Perimeter pier pad size: 16 x 14

Other pier pad sizes (required by the mfg.): 26 x 31

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

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: 22 x 31

_____ Pier pad size: _____

_____ Pier pad size: _____

_____ Pier pad size: _____

_____ Pier pad size: _____

_____ Pier pad size: _____

_____ Pier pad size: _____

_____ Pier pad size: _____

_____ Pier pad size: _____

_____ Pier pad size: _____

_____ Pier pad size: _____

_____ Pier pad size: _____

_____ Pier pad size: _____

_____ Pier pad size: _____

_____ Pier pad size: _____

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)

Manufacturer _____

Longitudinal Stabilizing Device w/ Lateral Arms

Manufacturer _____

OTHER TIES

Number _____

FRAME TIES

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

Mobile Home Permit Worksheet

Application Number: _____

Date: _____

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 1000 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 07 inch pounds or check here if you are declaring 5" anchors without testing 07. 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. 1 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.

Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

ATMAC 5012 X

Date Tested

11-1-22

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. 2

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 3

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 PHS Length: 4 Spacing: 2
Walls: Type Fastener PHS Length: 4 Spacing: 2
Roof: Type Fastener PHS Length: 4 Spacing: 2
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 SEA

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

[Signature]

Date

11-1-22

License Number: IH / 1078536 / 1 Name: JAMES FOLEY

Order #: 5418

Label #: 90803

Homeowner:

James Foley

Address:

City/State/Zip:

Phone #:

Date Installed:

Installed Wind Zone:

Manufacturer:

Year Model:

Length & Width:

Type Longitudinal System:

Type Lateral Arm System:

New Home: _____ Used Home: _____

Data Plate Wind Zone:

(Check Size of Home)

Single

Double

Triple

HUD Label #:

Soil Bearing / PSF:

Torque Probe / in-lbs:

Permit #:

STATE OF FLORIDA
INSTALLATION CERTIFICATION LABEL
90803

LABEL #

DATE OF INSTALLATION

JAMES FOLEY

NAME

IH / 1078536 / 1

5418

LICENSE #

ORDER #

CERTIFIES THAT THE INSTALLATION OF THIS MOBILE HOME IS
IN ACCORDANCE WITH FLORIDA STATUTES 320.8249, 320.8325
AND RULES OF THE HIGHWAY SAFETY AND MOTOR VEHICLES.

INSTRUCTIONS

PLEASE WRITE DATE OF
INSTALLATION AND AFFIX
LABEL NEXT TO HUD LABEL.
USE PERMANENT INK PEN
OR MARKER ONLY.
COMPLETE INFORMATION
ABOVE AND KEEP ON FILE
FOR A MINIMUM OF 2 YEARS.
YOU ARE REQUIRED TO
PROVIDE COPIES WHEN
REQUESTED.

