

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

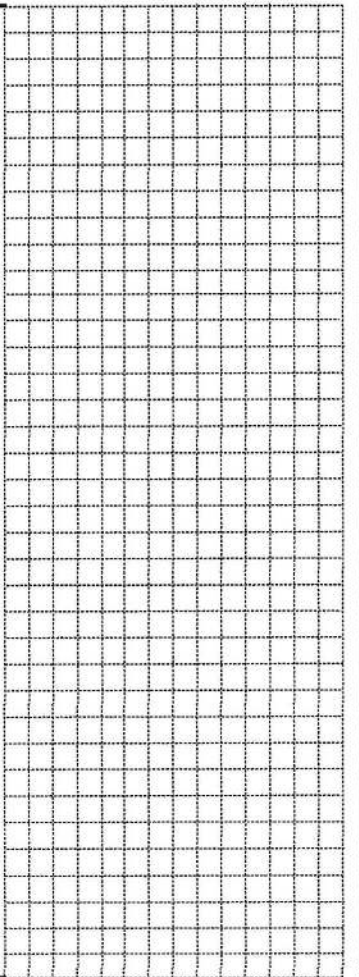
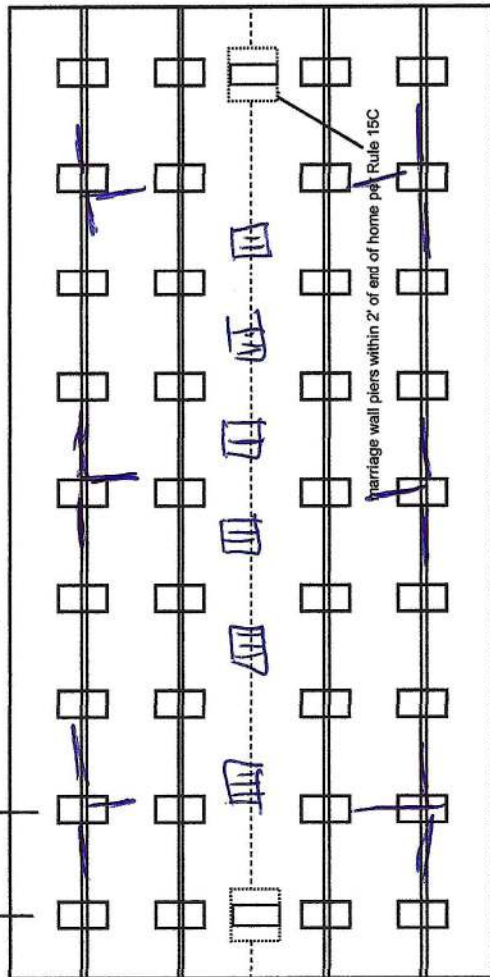
Property ID # 31-35-16.02414-003 Subdivision N/A Lot# N/A

- New Mobile Home Used Mobile Home _____ MH Size 32x66 Year 2022
- Applicant Permitting Services + More LLC Phone # (386) 288-9673
- Address 301 SW Faul Court Lake City FL 32024
- Name of Property Owner Joshua Thomas Phone# (386) 344-2558
- 911 Address 360 SW Arbor Ln Lake City FL 32024
- Circle the correct power company - FL Power & Light - Clay Electric
 (Circle One) - Suwannee Valley Electric - Duke Energy
- Name of Owner of Mobile Home Pamela Moore Phone # 386 344-2558
 Address 360 SW Arbor Lane Lake city FL 32024
- Relationship to Property Owner Mother
- Current Number of Dwellings on Property 0
- Lot Size 5 Total Acreage 5
- 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 (B) N Marion Ave, (C) NW Justice St, (D) NW Columbia Ave, (E) W Dural, (F) SW Thomas Terr, (A) SW Arbor Ln
- Name of Licensed Dealer/Installer Justus Lari CIA Phone # (904) 945-6508
- Installers Address 6330 Old Kings Rd North Jacksonville FL 32254
- License Number 1H/1127039 Installation Decal # 84582

Mobile Home Permit Worksheet

Installer: Justus Larrigan License # 14/1127039
 Address of home being installed: 320 SW Arbor Lane
Lacey City, WA 98504
 Manufacturer: Nesting Length x width: 32x110

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.



Application Number: _____

Date: 5/5/2022

New Home
 Used Home

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

Single wide
 Double wide
 Triple/Quad

Wind Zone II
 Wind Zone III

Installation Decal # 84582
 Serial # DISHILLESLOGAAB

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"	6'	7'	8'	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 17x25
 Perimeter pier pad size 14x14
 Other pier pad sizes (required by the mfg.) 17x25

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 _____
 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

Sidewall _____ Number 222
 Longitudinal _____
 Marriage wall _____
 Shearwall _____

bliver 1101

Mobile Home Permit Worksheet

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 _____ 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 _____ X _____

TORQUE PROBE TEST

The results of the torque probe test is 290 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.

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Justin Davis
Date Tested 5/5/2008

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. 29

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 28

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 26

Application Number: _____ Date: _____

Site Preparation

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

Fastening multi wide units

Floor: Type Fastener: lags Length: 4 Spacing: 16
Walls: Type Fastener: screws Length: 4 Spacing: 16
Roof: Type Fastener: lags Length: 4 Spacing: 16
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 RS

Type gasket Foam
Pg. 22
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 Justin Davis Date 5/5/2008

PREPARED BY & RETURN TO:

Name: JOSHUA AND NICKI THOMAS

Address: 261 SW GUNTHER CT. LAKE CITY, FL 32024

Parcel No.: R-02414-002

Inst: 202212006541 Date: 04/05/2022 Time: 9:21AM
Page 1 of 2 B: 1463 P: 1391, James M Swisher Jr, Clerk of Court
Columbia, County, By: BS
Deputy ClerkDoc Stamp-Deed: 0.70

SPACE ABOVE THIS LINE FOR PROCESSING DATA

SPACE ABOVE THIS LINE FOR RECORDING DATA

This **QUITCLAIM DEED**, made the 4th day of April, 2022, by **JOSHUA L. THOMAS** and **BRANDON J. THOMAS**, EACH CONVEYING NON-HOMESTEAD PROPERTY, hereinafter called the Grantors to, **JOSHUA L. THOMAS** and **NICKI L. THOMAS**, HUSBAND AND WIFE, whose post office address is 261 SW GUNTHER CT. LAKE CITY, FL 32024, hereinafter called the Grantee:

WITNESSETH: That the Grantor, for and in consideration of the sum of \$10.00 and other valuable consideration, receipt whereof is hereby acknowledged, does hereby remise, release, convey and quitclaim unto the Grantee all the right, title, interest, claim and demand which the Grantor has in and to that certain land situate in County of Columbia, State of Florida, viz:

COMMENCE AT THE NE CORNER OF THE SW ¼ OF THE NE ¼ OF SECTION 31, TOWNSHIP 3 SOUTH, RANGE 16 EAST, COLUMBIA COUNTY, FLORIDA AND RUN S 04° 15' 45" W, ALONG THE EAST LINE OF SAID SW ¼ OF NE ¼, 20.69 FEET TO THE SOUTHERLY MAINTAINED RIGHT-OF-WAY LINE OF A COUNTY GRADED ROAD, SW ARBOR LANE AND TO THE POINT OF BEGINNING; THENCE CONTINUE ALONG SAID EAST LINE OF SW ¼ OF NE ¼, S 04° 13' 33" W, 1041.80 FEET; THENCE S 89° 43' 38" W, 210.02 FEET; THENCE N 04° 13' 18" E, 1041.80 FEET TO THE AFOREMENTIONED SOUTHERLY MAINTAINED RIGHT-OF-WAY; THENCE N 89° 43' 41" E, ALONG SAID MAINTAINED RIGHT-OF-WAY LINE, 210.02 FEET TO THE POINT OF BEGINNING.

LEGAL PROVIDED BY GRANTOR

THIS DEED WAS PREPARED WITHOUT THE BENEFIT OF A TITLE SEARCH AND MAKES NO WARRANTIES AGAINST THE SAME

TOGETHER WITH all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

SUBJECT TO TAXES FOR THE YEAR 2022 AND SUBSEQUENT YEARS, RESTRICTIONS, RESERVATIONS, COVENANTS AND EASEMENTS OF RECORD, IF ANY.

IN WITNESS WHEREOF, the said Grantor has signed and sealed these presents, the day and year first above written.

Signed, sealed and delivered in the presence of:

Jenna A. Nettles
Witness Signature
Printed Name: Jenna A. Nettles

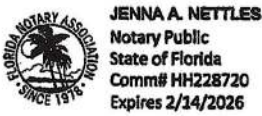
Joshua L. Thomas L.S.
Name: JOSHUA L. THOMAS
Address: 261 SW GUNTHER CT. LAKE CITY, FL 32024

Jessica L. Nettles
Witness Signature
Printed Name: Jessica L. Nettles

STATE OF FLORIDA
COUNTY OF COLUMBIA

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 4th day of February, 2022, by JOSHUA L. THOMAS, who is personally known to me or who has produced Driver's License as identification.

Jenna A. Nettles
Signature of Notary
Printed Name: Jenna A. Nettles
My commission expires: 2-14-26



Signed, sealed and delivered in the presence of:

Keshira Cobb
Witness Signature
Printed Name: Keshira Cobb

Daphne M. Card
Witness Signature
Printed Name: Daphne M. Card

Brandon J. Thomas L.S.
Name: BRANDON J. THOMAS
Address: 4320 OAK GLEN DR., WINSTON SALEM, NC 27107

STATE OF NORTH CAROLINA
COUNTY OF FORSYTH

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 30 day of February, 2022, by BRANDON J. THOMAS, who is personally known to me or who has produced NCDL March as identification.



Morgan T. Farrington
Signature of Notary
Printed Name: Morgan T. Farrington
My commission expires: 7/30/25



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM

PERMIT #: 12-SC-2502388
APPLICATION #: AP1830792
DATE PAID: 4/26/22
FEE PAID: 310.00
RECEIPT #: _____
DOCUMENT #: PR1762550

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: JOSHUA**22-0369 THOMAS
PROPERTY ADDRESS: 360 SW ARBOR Lake City FL 32024
LOT: _____ BLOCK: _____ SUBDIVISION: _____
PROPERTY ID #: 02414-003 [SECTION, TOWNSHIP, RANGE, PARCEL NUMBER]
[OR TAX ID NUMBER]

SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF SECTION 381.0065, F.S., AND CHAPTER 64E-6, F.A.C. DEPARTMENT APPROVAL OF SYSTEM DOES NOT GUARANTEE SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN MATERIAL FACTS, WHICH SERVED AS A BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT TO MODIFY THE PERMIT APPLICATION. SUCH MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE NULL AND VOID. ISSUANCE OF THIS PERMIT DOES NOT EXEMPT THE APPLICANT FROM COMPLIANCE WITH OTHER FEDERAL, STATE, OR LOCAL PERMITTING REQUIRED FOR DEVELOPMENT OF THIS PROPERTY.

SYSTEM DESIGN AND SPECIFICATIONS

T [900] GALLONS / GPD New Multi-Chambered Septic CAPACITY
A [] GALLONS / GPD N/A CAPACITY
N [] GALLONS GREASE INTERCEPTOR CAPACITY (MAXIMUM CAPACITY SINGLE TANK:1250 GALLONS)
K [] GALLONS DOSING TANK CAPACITY [] GALLONS @ [] DOSES PER 24 HRS #Pumps []
D [375] SQUARE FEET Drainfield SYSTEM
R [] SQUARE FEET N/A SYSTEM
A TYPE SYSTEM: [X] STANDARD [] FILLED [] MOUND []
I CONFIGURATION: [X] TRENCH [] BED []

F LOCATION OF BENCHMARK: Nail in fence post E of site
I ELEVATION OF PROPOSED SYSTEM SITE [12.00] [INCHES] [FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [42.00] [INCHES] [FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [] INCHES

O
T
H
E
R
The system is sized for 3 bedrooms with a maximum occupancy of 6 persons (2 per bedroom), for a total estimated flow of 300 gpd.

SPECIFICATIONS BY: William D Bishop II TITLE: Master Septic Contractor
APPROVED BY: [Signature] TITLE: Environmental Specialist I Columbia CHD
DATE ISSUED: 04/29/2022 EXPIRATION DATE: 10/29/2023

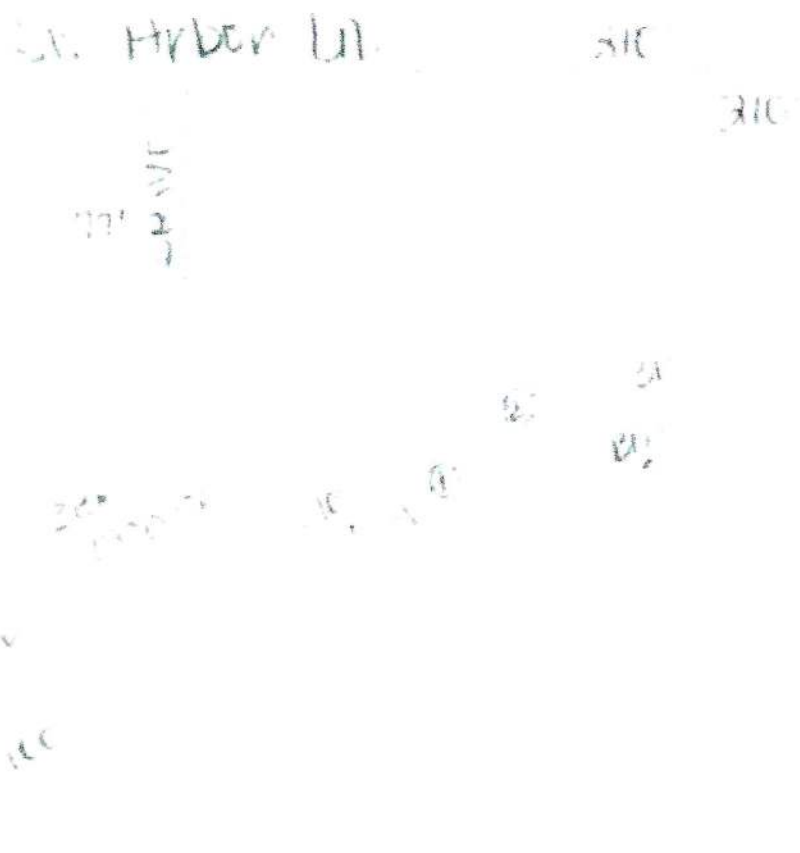
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 22-0349

Thomas

PART II - SITEPLAN

Scale: 1 inch = 40 feet



Notes _____

1 acre of S.

Site Plan submitted by _____

MASTER CONTRACTOR

Plan Approved Not Approved _____

Date 4-20-22

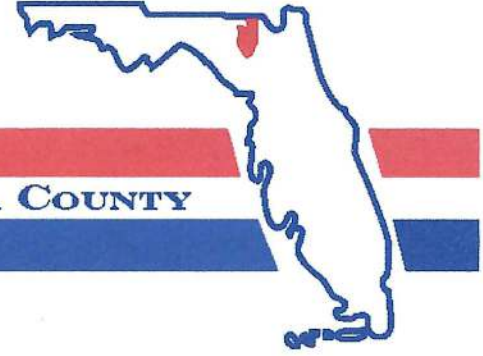
By [Signature] ES2 Columbia

County Health Department
4/29/22

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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

**BUILDING AND ZONING
DEPARTMENT**



BOARD OF COUNTY COMMISSIONERS • COLUMBIA COUNTY

**MOBILE HOME INSTALLER
OBLIGATION LETTER**

I, Justus Larricior Jr mobile Home Services, license number _____
(Print Name) (Company Name)

IH 1127039, do hereby agree to affix the installation decal onto this manufactured home as required by law and provide a copy of this decal to the permitting authority.

I further understand that once these decals become available I must provide them to obtain any further permits in Columbia County, Florida.

Justus Larricior
Signature - Licensed Mobile Home Installer

04.13.22
Date

Job Information

Job Name: Thomas

Location: 360 SW Arbor Ln Lake City FL 32024

Application or Permit #: _____

BOARD MEETS FIRST AND THIRD THURSDAY AT 5:30 P.M.

P.O. BOX 1529

LAKE CITY, FLORIDA 32056-1529

PHONE (386) 755-4100

Columbia County Property Appraiser

Jeff Hampton

2022 Working Values

updated: 4/7/2022

Retrieve Tax Record

2021 TRIM (pdf)

Property Card

Parcel List Generator

Show on GIS Map

Print

Parcel: << **31-3S-16-02414-003 (45223)** >>

Owner & Property Info

<< Result: 4 of 5 >>

Owner	THOMAS JOSHUA L THOMAS NICKI L 261 SW GUNTHER CT LAKE CITY, FL 32024		
Site	360 SW Arbor Ln Lake City FL 32024		
Description*	COMM NE COR OF SW1/4 OF NE1/4, S 4 DEG W 20.69 FT TO S R/W OF SW ARBOR LN & POB, CONT S 1041.80 FT, W 210.02 FT, N 4 DEG E 1041.80 FT TO S R/W OF SW ARBOR LN, E 210.02 FT TO POB. LE 332 591, 757-1645, 871- 807, QC 1463-1391		
Area	5 AC	S/T/R	31-3S-16
Use Code**	PASTURE CLS33 (6200)	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

2021 Certified Values	2022 Working Values	
There are no 2021 Certified Values for this parcel	Mkt Land	\$0
	Ag Land	\$1,325
	Building	\$0
	XFOB	\$0
	Just	\$40,000
	Class	\$1,325
	Appraised	\$1,325
	SOH Cap [?]	\$0
	Assessed	\$1,325
	Exempt	\$0
Total Taxable	county:	\$1,325
	city:	\$0
	other:	\$0
	school:	\$1,325



Sales History

Show Similar Sales within 1/2 mile

Fill out Sales Questionnaire

Sale Date	Sale Price	Book/Page	Deed	V/I	Qualification (Codes)	RCode
4/4/2022	\$100	1463/1391	QC	V	U	11

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

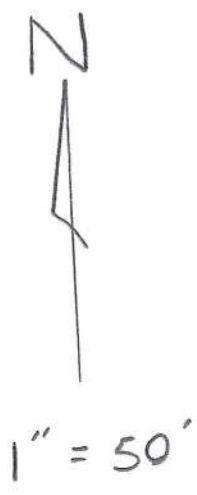
Code	Desc	Units	Adjustments	Eff Rate	Land Value
6200	PASTURE 3 (AG)	5.000 AC	1.0000/1.0000 1.0000/ /	\$265 /AC	\$1,325
9910	MKT.VAL.AG (MKT)	5.000 AC	1.0000/1.0000 1.0000/ /	\$8,000 /AC	\$40,000

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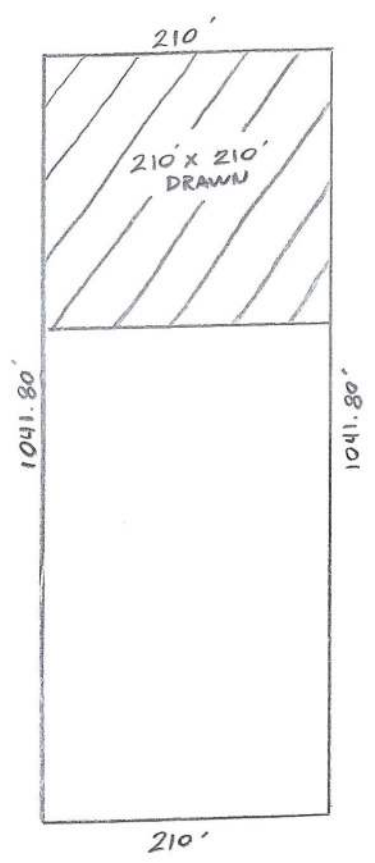
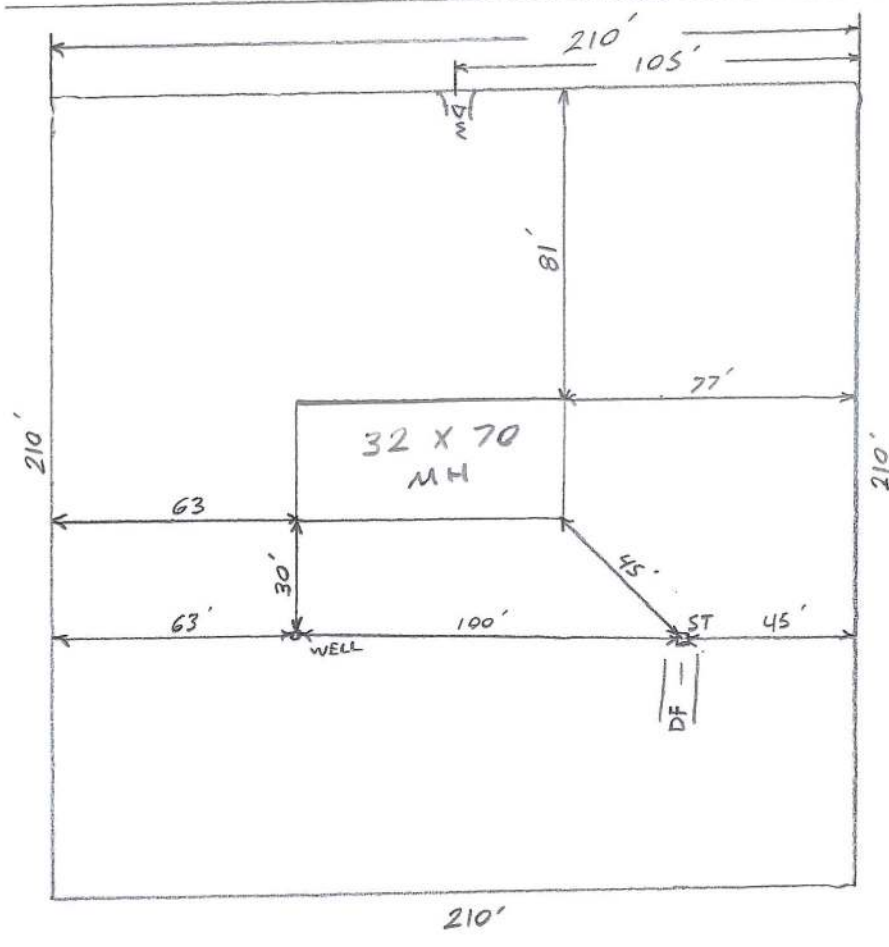
Search Result: 4 of 5

Next >>

Joshua Thomas
 3135-16-02414-003
 261 SW Gunther Ct
 Lake City FL 32024



SW ARBOR LAVE



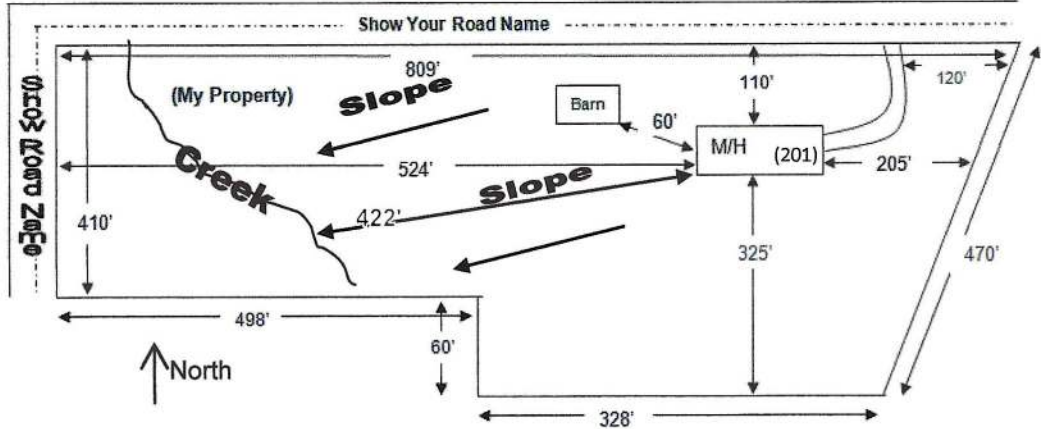
Permitting Services + more, LLC
 Lamanda Mote
 386-288-9673
 lamanda.mote@gmail.com

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 7/11/15



NOTE:

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

Please see attached
Siteplan to scale -
Thanks



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

only, 360 S.W. Arbor Ln Lake city Fl 32024, 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)
Permitting Services more LLC Lamanda Mote	<i>Lamanda Mote</i>	<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.

Justus Lariccia License Holders Signature (Notarized) 1H1127039 License Number 04.13.22 Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Justus Lariccia, personally appeared before me and is known by me or has produced identification (type of I.D.) personally known on this 13 day of April, 20 22.

Connie L. Bivins
 NOTARY'S SIGNATURE



MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR Justus Lauriccia PHONE (904) 945-6508

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.

<p>ELECTRICAL</p>	<p>Print Name: <u>Glenn Whittington</u> License #: <u>13002957</u></p> <p align="center">Qualifier Form Attached <input type="checkbox"/></p>	<p>Signature: <u>[Signature]</u> Phone #: <u>386 972-1701</u></p>
<p>MECHANICAL/ A/C</p>	<p>Print Name: <u>Timothy Shatto</u> License #: <u>CAC 057875</u></p> <p align="center">Qualifier Form Attached <input type="checkbox"/></p>	<p>Signature: <u>[Signature]</u> Phone #: <u>386 496-8224</u></p>

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.