

DATE 08/06/2010

# Columbia County Building Permit

PERMIT  
000028779

This Permit Must Be Prominently Posted on Premises During Construction

APPLICANT JEFF LINZY PHONE 352 359-3379  
 ADDRESS 435 SW BYRON CT. FT. WHITE FL 32038  
 OWNER RONALD HAMMER PHONE 497-1970  
 ADDRESS 1965 SW NEWARK DR FT. WHITE FL 32038  
 CONTRACTOR ERNEST JOHNSON PHONE 352 342-6591  
 LOCATION OF PROPERTY 47S, TR ON WILSON SPRINGS, TR ON NEWARK, 1 MILE  
ON RIGHT, LOT BEFORE COPPERHEAD

TYPE DEVELOPMENT MH,UTILITY ESTIMATED COST OF CONSTRUCTION 0.00  
 HEATED FLOOR AREA \_\_\_\_\_ TOTAL AREA \_\_\_\_\_ HEIGHT \_\_\_\_\_ STORIES \_\_\_\_\_  
 FOUNDATION \_\_\_\_\_ WALLS \_\_\_\_\_ ROOF PITCH \_\_\_\_\_ FLOOR \_\_\_\_\_  
 LAND USE & ZONING A-3 MAX. HEIGHT \_\_\_\_\_  
 Minimum Set Back Requirments: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00  
 NO. EX.D.U. 0 FLOOD ZONE X DEVELOPMENT PERMIT NO. \_\_\_\_\_

PARCEL ID 36-6S-15-01384-000 SUBDIVISION 3 RIVERS ESTATES  
 LOT 149 BLOCK \_\_\_\_\_ PHASE \_\_\_\_\_ UNIT 21 TOTAL ACRES \_\_\_\_\_

IH0000359  
 Culvert Permit No. \_\_\_\_\_ Culvert Waiver \_\_\_\_\_ Contractor's License Number \_\_\_\_\_ Applicant/Owner/Contractor Jeff Linzy  
 EXISTING 10-362 BK \_\_\_\_\_ TC \_\_\_\_\_ Y \_\_\_\_\_  
 Driveway Connection \_\_\_\_\_ Septic Tank Number \_\_\_\_\_ LU & Zoning checked by \_\_\_\_\_ Approved for Issuance \_\_\_\_\_ New Resident \_\_\_\_\_

COMMENTS: ONE FOOT ABOVE THE ROAD, MH BEING PLACED ON LOT 149,

Check # or Cash 1960

## FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

Temporary Power \_\_\_\_\_ date/app. by \_\_\_\_\_ Foundation \_\_\_\_\_ date/app. by \_\_\_\_\_ Monolithic \_\_\_\_\_ date/app. by \_\_\_\_\_  
 Under slab rough-in plumbing \_\_\_\_\_ date/app. by \_\_\_\_\_ Slab \_\_\_\_\_ date/app. by \_\_\_\_\_ Sheathing/Nailing \_\_\_\_\_ date/app. by \_\_\_\_\_  
 Framing \_\_\_\_\_ date/app. by \_\_\_\_\_ Insulation \_\_\_\_\_ date/app. by \_\_\_\_\_  
 Rough-in plumbing above slab and below wood floor \_\_\_\_\_ date/app. by \_\_\_\_\_ Electrical rough-in \_\_\_\_\_ date/app. by \_\_\_\_\_  
 Heat & Air Duct \_\_\_\_\_ date/app. by \_\_\_\_\_ Peri. beam (Lintel) \_\_\_\_\_ date/app. by \_\_\_\_\_ Pool \_\_\_\_\_ date/app. by \_\_\_\_\_  
 Permanent power \_\_\_\_\_ date/app. by \_\_\_\_\_ C.O. Final \_\_\_\_\_ date/app. by \_\_\_\_\_ Culvert \_\_\_\_\_ date/app. by \_\_\_\_\_  
 Pump pole \_\_\_\_\_ date/app. by \_\_\_\_\_ Utility Pole \_\_\_\_\_ date/app. by \_\_\_\_\_ M/H tie downs, blocking, electricity and plumbing \_\_\_\_\_ date/app. by \_\_\_\_\_  
 Reconnection \_\_\_\_\_ date/app. by \_\_\_\_\_ RV \_\_\_\_\_ date/app. by \_\_\_\_\_ Re-roof \_\_\_\_\_ date/app. by \_\_\_\_\_

BUILDING PERMIT FEE \$ 0.00 CERTIFICATION FEE \$ 0.00 SURCHARGE FEE \$ 0.00  
 MISC. FEES \$ 250.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 12.84 WASTE FEE \$ 33.50  
 FLOOD DEVELOPMENT FEE \$ \_\_\_\_\_ FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$ \_\_\_\_\_ TOTAL FEE 371.34

INSPECTORS OFFICE [Signature] CLERKS OFFICE CH

NOTICE: IN ADDITION TO THE REQUIREMENTS OF THIS PERMIT, THERE MAY BE ADDITIONAL RESTRICTIONS APPLICABLE TO THIS PROPERTY THAT MAY BE FOUND IN THE PUBLIC RECORDS OF THIS COUNTY. AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.

"WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT."

EVERY PERMIT ISSUED SHALL BECOME INVALID UNLESS THE WORK AUTHORIZED BY SUCH PERMIT IS COMMENCED WITHIN 180 DAYS AFTER ITS ISSUANCE, OR IF THE WORK AUTHORIZED BY SUCH PERMIT IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AFTER THE TIME THE WORK IS COMMENCED. A VALID PERMIT RECIEVES AN APPROVED INSPECTION EVERY 180 DAYS. WORK SHALL BE CONSIDERED NOT SUSPENDED, ABANDONED OR INVALID WHEN THE PERMIT HAS RECIEVED AN APPROVED INSPECTION WITHIN 180 DAYS OT THE PREVIOUS INSPECTION.

The Issuance of this Permit Does Not Waive Compliance by Permittee with Deed Restrictions.

CK# 1960

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

*For Office Use Only* (Revised 1-10-08) Zoning Official BLK 05-09-10 Building Official J.C. 8-5-10  
 AP# 100804 Date Received 8/3/10 By G Permit # 28779  
 Flood Zone X Development Permit N/A Zoning A-3 Land Use Plan Map Category A-3  
 Comments MH being placed on Lot 149

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FEMA Map# N/A Elevation N/A Finished Floor 1' above Rd River N/A In Floodway N/A  
 Site Plan with Setbacks Shown  EH # \_\_\_\_\_  EH Release  Well letter  Existing well  
 Recorded Deed or Affidavit from land owner  Letter of Auth. from installer  State Road Access  
 Parent Parcel # \_\_\_\_\_  STUP-MH \_\_\_\_\_  F W Comp. letter \_\_\_\_\_  
 IMPACT FEES: EMS \_\_\_\_\_ Fire \_\_\_\_\_ Corr \_\_\_\_\_ Road/Code \_\_\_\_\_  
 School \_\_\_\_\_ = TOTAL \_\_\_\_\_ Impact Fees Suspended March 2009  VF

Property ID # 01384-000 Subdivision Three Rivers Est. Unit 21 Lot 149/150  
 ▪ New Mobile Home  Used Mobile Home \_\_\_\_\_ MH Size 13x40 <sup>SW</sup> Year 2010  
 ▪ Applicant Jeff Linzy Phone # 352-359-3379  
 ▪ Address 435 SW Byron Ct Fort White FLA.  
 ▪ Name of Property Owner Ronald Hammer Phone # 386-497-1970  
 ▪ 911 Address 1967 Newark Dr Ft. White FLA. 32038  
 ▪ Circle the correct power company - FL Power & Light - Clay Electric  
 (Circle One) - Suwannee Valley Electric - Progress Energy  
 ▪ Name of Owner of Mobile Home Ronald D. Hammer Phone # 386-497-1970  
 Address 1965 SW Newark Dr. Ft White FLA 32038  
 ▪ Relationship to Property Owner (Daughter)  
 ▪ Current Number of Dwellings on Property Lot 50 ONE - Lot 49 - NONE  
 ▪ Lot Size 100' x 400' 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 NO (owe)  
 ▪ Driving Directions to the Property 47 South to Ft White (R)  
on Willison Spring to Popes Store Make (R) on  
S.W. Newark Dr Lot 49 Lot before Copperhead on  
the (R)  
 ▪ Name of Licensed Dealer/Installer Ernest Johnson Phone # 352-342-6591  
 ▪ Installers Address 22204 SE US Highway 301, Hawthorne, FL 32640  
 ▪ License Number IH0000359 Installation Decal # 365120

Spoke to Jeff  
8-5-10

\$ 371.34

# COLUMBIA COUNTY PERMIT WORKSHEET

These worksheets must be completed and signed by the installer.  
 Submit the originals with the packet.

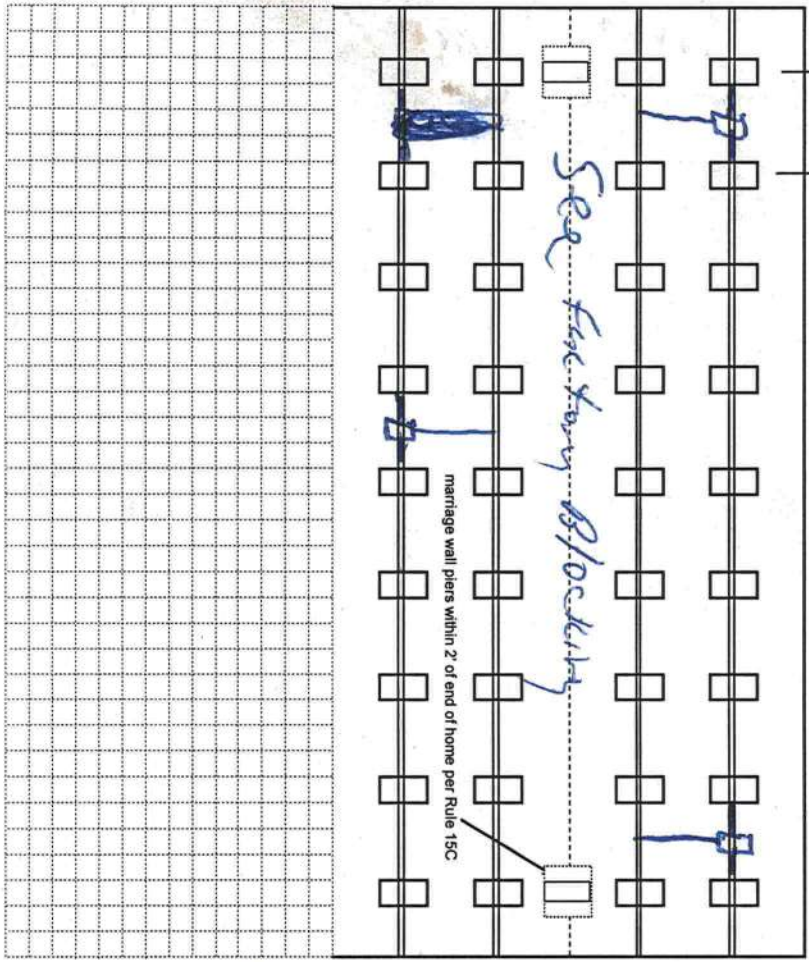
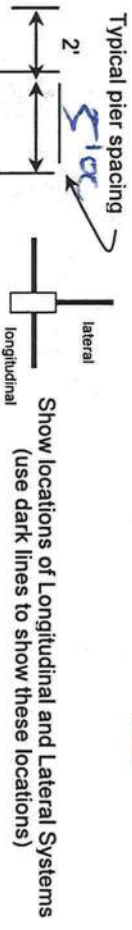
Installer Ernie Scott Bush License # TH0000359

911 Address where home is being installed. \_\_\_\_\_

Manufacturer \_\_\_\_\_ Length x width \_\_\_\_\_

**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. ER



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 # 365120

Triple/Quad  Serial # TBD

### PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	Footer size (256)	18 1/2" x 18 (342)	20" x 20" (400)	22" x 22" (484)*	24" x 24" (576)*	26" x 26" (676)
1000 dsf	3'	4'	5'	6'	7'	8'
1500 dsf	4', 6"	6'	7'	8'	8'	8'
2000 dsf	6'	8'	8'	8'	8'	8'
2500 dsf	7', 6"	8'	8'	8'	8'	8'
3000 dsf	8'	8'	8'	8'	8'	8'
3500 dsf	8'	8'	8'	8'	8'	8'

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

### PIER PAD SIZES

I-beam pier pad size 17.5 x 25.5

Perimeter pier pad size 17.5 x 25.5

Other pier pad sizes (required by the mfg.) N/A

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 \_\_\_\_\_

### ANCHORS

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

### FRAME TIES

### OTHER TIES

Oliver 1101 v system

Longitudinal Marriage wall Shearwall \_\_\_\_\_

400  
 Reg.  
 446  
 provided

**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 275 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

**ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER**

Installer Name Ernest Scott Johnson

Date Tested 7/29/10

Electrical \_\_\_\_\_

Plumbing \_\_\_\_\_

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between multi-wide units. Pg. 2-30

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 2-30

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 2-30

**Site Preparation**

Debris and organic material removed  Swale \_\_\_\_\_ Pad \_\_\_\_\_ Other \_\_\_\_\_

**Fastening multi wide units**

Floor: \_\_\_\_\_ Type Fastener: 1/4x5 Length: 5"11 Spacing: 2  
 Walls: \_\_\_\_\_ Type Fastener: 1/4x5 Length: 5"11 Spacing: 2  
 Roof: \_\_\_\_\_ Type Fastener: 1/4x5 Length: 5"11 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 [Signature]

Type gasket 1/4" Installed: \_\_\_\_\_  
 Pg. 1/4" Between Floors Yes \_\_\_\_\_  
 Between Walls Yes \_\_\_\_\_  
 Bottom of ridgebeam Yes \_\_\_\_\_

**Weatherproofing**

The bottomboard will be repaired and/or taped. Yes \_\_\_\_\_ Pg. 2-30  
 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

Installer Signature Ernest Scott Johnson Date 7/29/10



Recording Fees \$ \_\_\_\_\_  
Documentary Stamps \* \_\_\_\_\_  
Total \$ \_\_\_\_\_

EX 0877 PG 1517  
OFFICIAL RECORDS  
99-05506

FILED AND RECORDED IN PUBLIC RECORDS OF COLUMBIA COUNTY, FL

1999 MAR 31 AM 9:00

Prepared By and Return To:  
**SOUTHEAST TITLE GROUP, LLP**  
Address: 2016 So First Street  
Lake City, FL 32056  
SE File #99Y-03080JK/JOYCE KIRPACH

Property Appraiser's Parcel ID Number(s):  
09-00-00-01384-000  
Grantee(s) S S # (s):  
[REDACTED]

**WARRANTY DEED**

THIS WARRANTY DEED made and executed the 30 day of March, 1999 by JEFF MCMEEKIN and MARGARET MCMEEKIN, HIS WIFE, hereinafter called the Grantor, to RONALD D. HAMMER and PHYLLIS HAMMER, HIS WIFE, whose post office address is: 7941 PENNFIELD RD., BATTLE CREEK, MI. 49017, hereinafter called the Grantee:

(Wherever used herein the terms "Grantor" and "Grantee" shall include singular and plural, heirs, legal representatives, and assigns of individuals, and the successors and assigns of corporations, wherever the context so admits or requires.)

**WITNESSETH:** That the Grantor, for and in consideration of the sum of TEN DOLLARS (\$10.00) and other valuable considerations, receipt whereof is hereby acknowledged, by these presents does grant, bargain, sell, alien, remise, release, convey and confirm unto the Grantee all that certain land situate, lying and being in COLUMBIA County, State of Florida, viz:

**LOT 149, UNIT 21, THREE RIVERS ESTATES, A SUBDIVISION AS RECORDED IN PLAT BOOK 6, PAGE 15 OF THE PUBLIC RECORDS OF COLUMBIA COUNTY, FLORIDA,**

If this box is checked, the Grantor warrants that the above described property is not homestead. He/she resides at P.O. Box 128, Hawthorne, FL 32640-0128.

**SUBJECT TO MINERAL CONVEYANCE RECITED ON WARRANTY DEED RECORDED IN O.R. BOOK 227, PAGE 406.**

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

**TO HAVE AND TO HOLD** the same in fee simple forever.

AND the Grantor hereby covenants with said Grantee that the Grantor is lawfully seized of said land in fee simple; that the Grantor has good right and lawful authority to sell and convey said land, and hereby warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances, except easements, restrictions and reservations of record, if any, and taxes accruing subsequent to December 31, 1998.

**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  
Bonita Hadwin  
Witness: Bonita Hadwin  
Joyce L. Kirpach  
Witness: Joyce L. Kirpach

Jeff McMeekin  
JEFF MCMEEKIN  
Address: P.O. BOX 128

[REDACTED]  
Address: P.O. BOX 128  
HAWTHORNE, FL. 32640-0128

Witness: \_\_\_\_\_  
Witne.. \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF COLUMBIA

I hereby certify that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgements, personally appeared JEFF MCMEEKIN and MARGARET MCMEEKIN, HIS WIFE, who produced the identification described below, and who acknowledged before me that they executed the foregoing instrument. Witness my hand and official seal in the county and state aforesaid this 30 day of March, 1999.

Bonita Hadwin  
Notary Public:  
Identification Examined: \_\_\_\_\_

  
BONITA HADWIN  
COMMISSION # CC 476215  
EXPIRES AUG 10, 1999  
BONDED THROUGH  
ATLANTIC BONDING CO., INC.

Documentary Stamp \$ 32.90  
Intangible Tax \_\_\_\_\_  
P. DeWitt Cason  
Clerk of Court  
By MCK D.C.



00-00-00-01384-000  
 HAMMER RONALD D &  
 1.836AC | 12/27/2000 - \$4,000 - V/U

**Columbia County Property Appraiser**

J. Doyle Crews - Lake City, Florida 32055 | 386-758-1083

**PARCEL: 00-00-00-01384-000 - MOBILE HOM (000200)**

LOTS 149 & 150 UNIT 21 THREE RIVERS EST ORB 417-659, 877-1517, 880-054 & 917-957, QC 1120-1283,1284,1285

Name: HAMMER RONALD D &

Site: 1965 SW NEWARK DR

PHYLIS A HAMMER

Mail: 1965 SW NEWARK DR

FT WHITE, FL 32038

Sales 3/8/2007

Info 12/27/2000

\$100.00 I/U

\$4,000.00 V/U

**2009 Certified Values**

Land \$29,200.00

Bldg \$45,989.00

Assd \$98,629.00

Exmpt \$50,000.00

Taxbl Cnty: \$48,629

Other: \$48,629 | Schl: \$73,629

**NOTES:**



This information, GIS Map Updated: 5/6/2010, 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. The assessed values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

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1008-04



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

PERMIT NO. A09731667  
DATE PAID: 310.00  
FEE PAID: 7/27/10  
RECEIPT #: 12-PLD-1433780

APPLICATION FOR:

New System       Existing System       Holding Tank       Innovative  
 Repair       Abandonment       Temporary     

APPLICANT: Ronald Hammer

AGENT: ROCKY FORD, A & B CONSTRUCTION

TELEPHONE: 386-497-2311

MAILING ADDRESS: P.O. BOX 39 FT. WHITE, FL, 32038

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3)(m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION

LOT: 149 BLOCK: na SUB: Three Rivers Estates unit 21 PLATTED: 4/64

PROPERTY ID #: 00-00-00-01334-000 ZONING: Res I/M OR EQUIVALENT:  Y  N

PROPERTY SIZE: .91 ACRES WATER SUPPLY:  PRIVATE PUBLIC   $\leq 2000\text{GPD}$    $> 2000\text{GPD}$

IS SEWER AVAILABLE AS PER 381.0065, FS?  Y  N DISTANCE TO SEWER:        FT

PROPERTY ADDRESS: SW Newark Drive, Fort White, FL, 32038

DIRECTIONS TO PROPERTY: 47 South, TR on Wilson Springs Road, TR on Newark Dr,

1 mile to property on right, turn in at address 1965

BUILDING INFORMATION

RESIDENTIAL       COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	SF Residential	1	520	
2				Zone x
3				

Floor/Equipment Drains       Other (Specify)       

SIGNATURE: Ronald D. Ford DATE: 7/27/2010

RECEIVED  
7/27/10

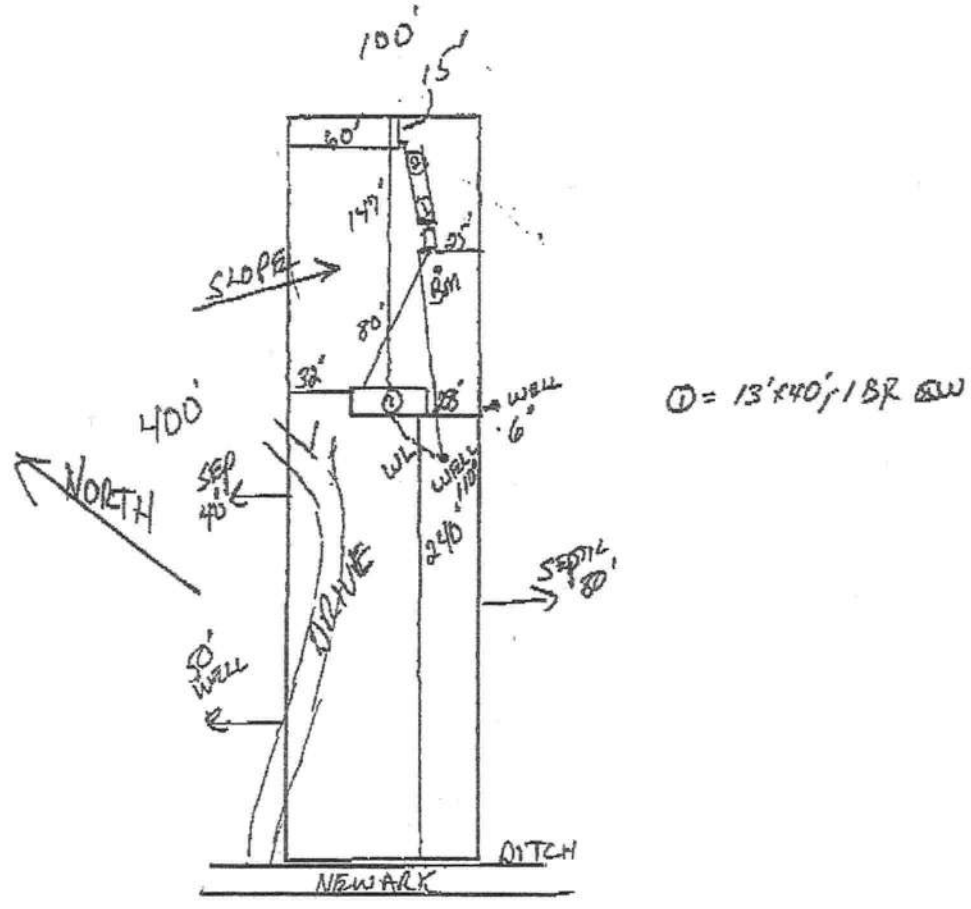
RECEIVED  
EUKSF

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

Permit Application Number 10-0362-N

Hammock ----- PART II - SITEPLAN -----

Scale: 1 inch = 40 feet.



Notes: \_\_\_\_\_

Site Plan submitted by: [Signature]

MASTER CONTRACTOR

Plan Approved [initials] Not Approved \_\_\_\_\_

Date \_\_\_\_\_

By [Signature] County Health Department

**ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT**



**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>Ronald Hammer</u> Signature <u>Ronald Hammer</u> License #: _____ Phone #: _____
<b>MECHANICAL/ A/C</b>	Print Name _____ Signature _____ License #: _____ Phone #: _____
<b>PLUMBING/ GAS</b>	Print Name <u>Ronald Hammer</u> Signature <u>Ronald Hammer</u> License #: _____ Phone #: _____
<b>ROOFING</b>	Print Name _____ Signature _____ License #: _____ Phone #: _____
<b>SHEET METAL</b>	Print Name _____ Signature _____ License #: _____ Phone #: _____
<b>FIRE SYSTEM/ SPRINKLER</b>	Print Name _____ Signature _____ License #: _____ Phone #: _____
<b>SOLAR</b>	Print Name _____ Signature _____ License #: _____ Phone #: _____

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			
FRAMING			
INSULATION			
STUCCO			
DRYWALL			
PLASTER			
CABINET INSTALLER			
PAINTING			
ACOUSTICAL CEILING			
GLASS			
CERAMIC TILE			
FLOOR COVERING			
ALUM/VINYL SIDING			
GARAGE DOOR			
METAL BLDG ERECTOR			

**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.



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, Ernest Scott Johnson, give this authority for the job address show below  
Installer License Holder Name  
 only, 1967 Newland Dr. Ft White Fla. 32092, 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)
Jeff L. 1024		<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.

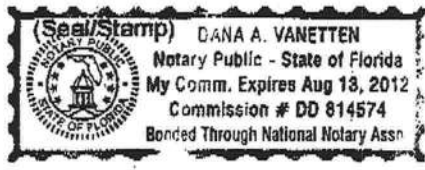
Ernest S Johnson License Holders Signature (Notarized)      IH000359 License Number      Aug 4 2010 Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Alachua

The above license holder, whose name is Ernest S Johnson personally appeared before me and is known by me or has produced identification (type of I.D.) \_\_\_\_\_ on this 4 day of Aug, 2010.

[Signature]  
 NOTARY'S SIGNATURE



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**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>Ronald Hammer</u> License #: _____	Signature: <u>Ronald Hammer</u> Phone #: _____
MECHANICAL/ A/C	Print Name: <u>MICHAEL BOLAND</u> License #: <u>CAC1816480</u>	Signature: <u>M. Boland</u> Phone #: <u>850-576-5113</u>
PLUMBING/ GAS	Print Name: <u>Ronald Hammer</u> License #: _____	Signature: <u>Ronald Hammer</u> Phone #: _____
ROOFING	Print Name: _____ License #: _____	Signature: _____ Phone #: _____
SHEET METAL	Print Name: _____ License #: _____	Signature: _____ Phone #: _____
FIRE SYSTEM/ SPRINKLER	Print Name: _____ License #: _____	Signature: _____ Phone #: _____
SOLAR	Print Name: _____ License #: _____	Signature: _____ Phone #: _____

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			
FRAMING			
INSULATION			
STUCCO			
DRYWALL			
PLASTER			
CABINET INSTALLER			
PAINTING			
ACOUSTICAL CEILING			
GLASS			
CERAMIC TILE			
FLOOR COVERING			
ALUM/VINYL SIDING			
GARAGE DOOR			
METAL BLDG ERECTOR			

**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 440.3B, and shall be presented each time the employer applies for a building permit.

Contractor-Permit-Subcontractor Form: 9/00

# COLUMBIA COUNTY 9-1-1 ADDRESSING

P. O. Box 1787, Lake City, FL 32056-1787  
PHONE: (386) 758-1125 \* FAX: (386) 758-1365 \* Email: ron\_croft@columbiacountyfla.com

## Addressing Maintenance

To maintain the Countywide Addressing Policy you must make application for a 9-1-1 Address at the time you apply for a building permit. The established standards for assigning and posting numbers to all principal buildings, dwellings, businesses and industries are contained in Columbia County Ordinance 2001-9. The addressing system is to enable Emergency Service Agencies to locate you in an emergency, and to assist the United States Postal Service and the public in the timely and efficient provision of services to residents and businesses of Columbia County.

DATE REQUESTED: 7/28/2010 DATE ISSUED: 8/2/2010

### ENHANCED 9-1-1 ADDRESS:


1967 SW NEWARK DR  
FORT WHITE FL 32038

### PROPERTY APPRAISER PARCEL NUMBER:

00-00-00-01384-000

### Remarks:

LOT 150 UNIT 21

Address Issued By:   
Columbia County 9-1-1 Addressing / GIS Department

**NOTICE: THIS ADDRESS WAS ISSUED BASED ON LOCATION INFORMATION RECEIVED FROM THE REQUESTER. SHOULD, AT A LATER DATE, THE LOCATION INFORMATION BE FOUND TO BE IN ERROR, THIS ADDRESS IS SUBJECT TO CHANGE.**

1784

PO BOX 1787, LAKE CITY, FL 32056-1787  
Phone: (386) 758-1125  
Fax: (386) 758-1365  
E-mail: ron\_croft@columbiacountyfla.com

**COLUMBIA COUNTY  
9-1-1 ADDRESSING /  
GIS DEPARTMENT**

# Fax

**To:** BUILDING AND ZONING: **From:** John  
ATTN: Gale

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**Fax:** (386) 758-2160 **Pages:** 2 Total including cover page

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**Phone:** (386) 758-1008 **Date:** August 4, 2010

---

**Fax:** R-01384-000 **CC:**

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Urgent     For Review     Please Comment     Please Reply     Please Recycle

● **Comments:**

Gale,

I believe this is the one in question; the other address on property is 1965 SW Newark Dr

Lot 149

**CONFIDENTIALITY NOTICE:** This Fax message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential, proprietary, and/or privileged information protected by law. If you are not the intended recipient, you may not use, copy, distribute this Fax message or its attachments. If you believe you have received this Fax message in error, please contact the sender by Fax, E-mail or telephone immediately and destroy all copies of the original message.

**E-Mail Warning:** Under Florida law, email addresses are public records. If you do not want your email address released in response to a public records request, do not send electronic mail to this entity. Instead, contact this office by phone or in writing.