

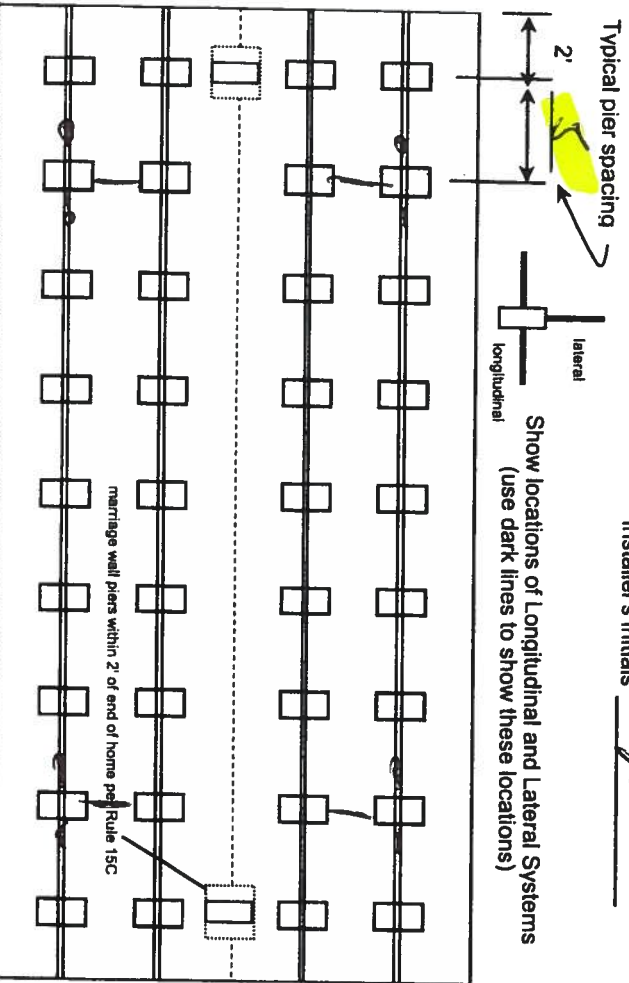


# Mobile Home Permit Worksheet

Installer: FORNIE WORKS License # IH11025145/1  
 Address of home being installed: 510 NEWARK DR  
Fort White, FL 32038  
 Manufacturer: SPRESSLER Length x width: 32-52

**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: [Signature]



Application Number: \_\_\_\_\_ Date: \_\_\_\_\_

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 # 526168  
 Triple/Quad  Serial # JACFL35758A1B

### 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 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: 17x25  
 Perimeter pier pad size: 16x14  
 Other pier pad sizes (required by the mfg.): 16x14

### 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
17.5" 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: 4 ft Pier pad size: 17x25  
4 ft 16x16

ANCHORS: 4 ft 5 ft SWS  
 FRAME TIES: \_\_\_\_\_  
 OTHER TIES: \_\_\_\_\_

Longitudinal Stabilizing Device (LSD) Manufacturer: \_\_\_\_\_  
 Longitudinal Stabilizing Device w/ Lateral Arms Manufacturer: \_\_\_\_\_

Sidewall Longitudinal Marriage wall Shearwall: \_\_\_\_\_  
 Number: 22

# Mobile Home Permit Worksheet

Application Number: \_\_\_\_\_

Date: \_\_\_\_\_

## POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 1500 psf or check here to declare 1000 lb. soil without testing.

x 1500 x 1500 x 1500

### POCKET PENETROMETER TESTING METHOD

1. Test the perimeter of the home at 6 locations.
2. Take the reading at the depth of the footer.
3. Using 500 lb. increments, take the lowest reading and round down to that increment.

x 1500 x 1500 x 1500

## TORQUE PROBE TEST

The results of the torque probe test is 285 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

James Lane

Date Tested

6-13-018

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. \_\_\_\_\_

Plumbing

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

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

## Site Preparation

Debris and organic material removed

Water drainage: Natural

Swale

Pad

Other

### Fastening multi wide units

Floor: Type Fastener: lg Length: 6 Spacing: 24  
 Walls: Type Fastener: lg Length: 6 Spacing: 16  
 Roof: Type Fastener: lg Length: 6 Spacing: 24  
 For used homes, trim, 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 RL

Type gasket Pg. \_\_\_\_\_

Installed: Between Floors Yes RL  
 Between Walls Yes RL  
 Bottom of ridgebeam Yes RL

### 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  No  N/A  
 Range downflow vent installed outside of skirting. Yes  No  N/A  
 Drain lines supported at 4 foot intervals. Yes  No   
 Electrical crossovers protected. Yes  No   
 Other: \_\_\_\_\_

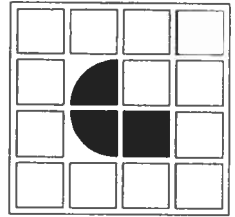
Installer verifies all information given with this permit worksheet is accurate and true based on the manufacturer's installation instructions and or Rule 15C-1 & 2

Installer Signature

James Lane

Date

6-13-018



**JACOBSEN HOMES**  
 PO BOX 368, 600 PACKARD CT.  
 SAFETY HARBOR, FLORIDA 34695

(727) 726-1138

www.jachomes.com

REFER TO AD-TD-0250 THROUGH  
 AD-TD-0254 FOR COLUMN ANCHOR SIZES.

COLUMN INFO. TABLE			COLUMN PAD - MIN. SIZES (sq. in.)					
COL. NUM.	SPAN	LOAD (#F FOUNDATION)	1000 #F SOIL	1500 #F SOIL	2000 #F SOIL	2500 #F SOIL	3000 #F SOIL	3500 #F SOIL
1	18'-9"	5215	751	501	375	300	300	300
2	18'-9"	5215	751	501	375	300	300	300
3	0"	0	0	0	0	0	0	0
4	0"	0	0	0	0	0	0	0
5	0"	0	0	0	0	0	0	0
6	0"	0	0	0	0	0	0	0
7	0"	0	0	0	0	0	0	0
8	0"	0	0	0	0	0	0	0
9	0"	0	0	0	0	0	0	0
10	0"	0	0	0	0	0	0	0

N10 = SEE NOTE 10,  
 REFER TO SU-01-0005 FOR  
 ADDITIONAL PIER REQUIREMENTS.

MINIMUM PIER PAD SIZE (sq.in.)	I-BEAM PIER SPACING						MATING LINE PIER SPACING						PERIMETER PIER SPACING					
	1000 #F SOIL	1500 #F SOIL	2000 #F SOIL	2500 #F SOIL	3000 #F SOIL	3500 #F SOIL	1000 #F SOIL	1500 #F SOIL	2000 #F SOIL	2500 #F SOIL	3000 #F SOIL	3500 #F SOIL	1000 #F SOIL	1500 #F SOIL	2000 #F SOIL	2500 #F SOIL	3000 #F SOIL	3500 #F SOIL
A	256 sq. in.	30	48 1/2	66 1/2	85	103*	N10	N10	N10	N10	N10	N10	N10	N10	N10	N10	N10	N10
B	342.25 sq. in.	42	66 1/2	90 1/2	115*	N10	N10	N10	N10	N10	N10	N10	N10	N10	N10	N10	N10	N10
C	396 sq. in.	49	77 1/2	105 1/2*	N10	N10	N10	N10	N10	N10	N10	N10	N10	N10	N10	N10	N10	N10
D	400 sq. in.	49 1/2	78 1/2	107 1/2*	N10	N10	N10	N10	N10	N10	N10	N10	N10	N10	N10	N10	N10	N10
E	432.875 sq. in.	54	85	115*	N10	N10	N10	N10	N10	N10	N10	N10	N10	N10	N10	N10	N10	N10
F	576 sq. in.	74	115*	N10	N10	N10	N10	N10	N10	N10	N10	N10	N10	N10	N10	N10	N10	N10
G	676 sq. in.	87 1/2	N10	N10	N10	N10	N10	N10	N10	N10	N10	N10	N10	N10	N10	N10	N10	N10

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N10 WIND ZONE - 2  
 HUD WIND EXPOSURE CATEGORY - C

35509 - PAGE 2 OF 2

REFER TO SU-01-0020, SU-01-0021, AND OTHER DETAILS IN THE SET-UP MANUAL FOR MAXIMUM HEIGHT  
 (THIS IS NOT DESIGNED, NOR INTENDED, TO BE A STILL FOUNDATION)

THIS BLOCKING DIAGRAM IS PROVIDED AS A COURTOUSY ONLY. THE LICENSED SET-UP  
 CONTRACTOR SHALL REVIEW THIS DETAIL AND VERIFY COMPLIANCE. THE LICENSED  
 SET-UP CONTRACTOR IS RESPONSIBLE AND LIABLE FOR ALL INSTALLATION.

**WARNING:**

INSTALLING A MANUFACTURED STRUCTURE/BUILDING CAN BE EXTREMELY DANGEROUS. ONLY  
 QUALIFIED PERSONNEL SHOULD ATTEMPT TO INSTALL A MANUFACTURED STRUCTURE/BUILDING  
 IMPROPER PROCEDURES AND/OR TECHNIQUES COULD RESULT IN SERIOUS INJURY OR DEATH  
 IN ADDITION TO THE DANGER TO PERSONNEL, IMPROPER SETUP/INSTALLATION COULD RESULT  
 IN EXTENSIVE/COSTLY DAMAGE TO THE BUILDING/STRUCTURE. NEVER ATTEMPT INSTALLATION  
 IF YOU ARE NOT QUALIFIED AND/OR DO NOT HAVE THE PROPER TOOLS AND/OR EQUIPMENT

**CAUTION:**

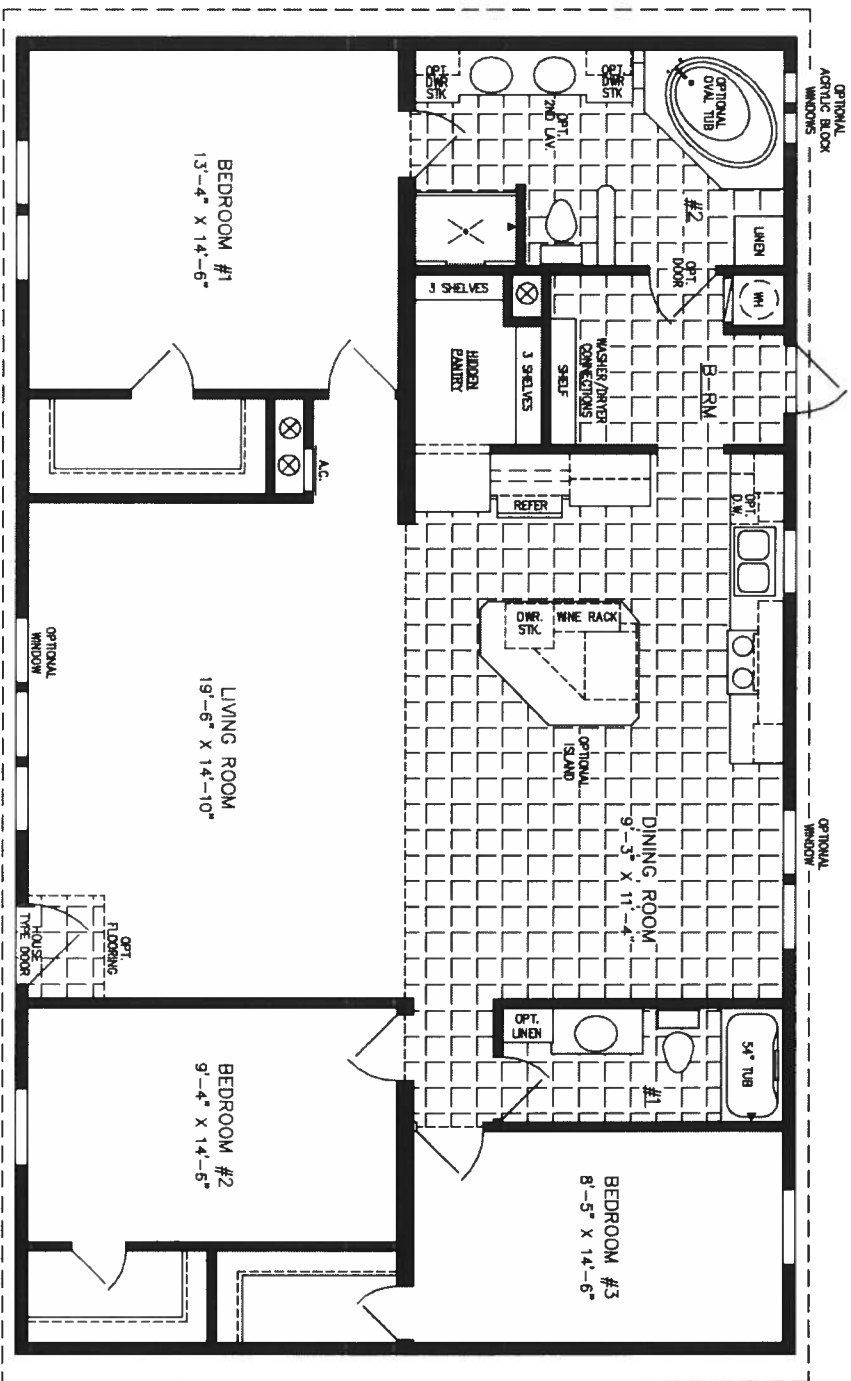
MANUFACTURED BUILDINGS/STRUCTURES CAN WEIGH SEVERAL TONS. IT IS VERY IMPORTANT  
 THAT ALL PERSONNEL, ON THE JOB SITE, BE QUALIFIED AND PROPERLY/APPROPRIATELY TRAINED.  
 A STATE LICENSED SETUP CONTRACTOR IS REQUIRED TO BE RESPONSIBLE FOR ALL SAFETY  
 INITIATIVES, PROGRAMS, POLICIES, AND/OR PROCEDURES THAT MAY BE MANDATED BY OSHA  
 AND/OR ANY OTHER LOCAL, STATE, AND/OR FEDERAL CODES AND/OR REQUIREMENTS. THE  
 CONTRACTOR SHALL INSURE/REQUIRE THAT SAFE AND PROPER TECHNIQUES ARE UTILIZED.

**NOTES:**

1. REFER TO THE MODEL APPROVAL FOR PLAN SPECIFIC INFORMATION.
2. REFER TO THE JACOBSEN HOMES SETUP MANUAL AND ADDENDUM FOR COMPLETE INSTALLATION INSTRUCTIONS. PIERES CAN BE REDUCED AND/OR SPANS INCREASED PER THE SETUP MANUAL.
3. REFER TO SU-01-0005 FOR ADDITIONAL PIER REQUIREMENTS.
4. REFER TO THE APPROVED FLOOR PLAN FOR SHEARWALL LOCATIONS AND LOADS.
5. REFER TO AD-TD-100 FOR SHEARWALL APPLICATIONS AND TIE-DOWNS.
6. REFER TO THE APPROVED FLOOR PLAN FOR SPECIFIC COLUMN LOCATIONS. COLUMN PIERS SHALL BE LOCATED WITHIN 6" OF EITHER SIDE OF THE COLUMN. ADDITIONAL PIERS MAY BE REQUIRED ALONG THE MATING LINE. SEE THE SETUP MANUAL FOR SPECIFICS.
7. ALL 184" WIDE FLOOR SYSTEMS REQUIRE PERIMETER AND MATING LINE BLOCKING.
8. ALL 2x6 FLOOR SYSTEMS UNDER THAN 144" REQUIRE PERIMETER AND MATING LINE BLOCKING.
9. ANY SIDEWALL AREA WITH A HOIST BEAM OR A STRUCTURAL ATTACHMENT SHALL HAVE PIERS AND ANCHORS SPACED NO FURTHER THAN 48" O.C. MAXIMUM. SOME WIND ZONE AREAS MAY REQUIRE CLOSER INSTALLATION. REFER TO THE JACOBSEN HOMES SETUP MANUAL FOR SPECIFICS (SEE SU-01-0005 AND SU-01-0008). WHEN THE ATTACHED STRUCTURE HAS FOURTH WALL CONSTRUCTION OR IS DESIGNED AND CONSTRUCTED TO BE SELF SUPPORTING, THESE ADDITIONAL PIERS AND ANCHORS ARE NOT REQUIRED.
10. MAX. PIER SPACING ON 8" I-BEAM IS 96". MAX. PIER SPACING ON 10" OR 12" I-BEAM IS 120". SEE NOTE 4 ON PAGES SU-01-0023 THROUGH SU-01-0025.



# The Imperial



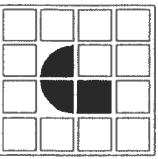
NOTE:  
ORDER WITH YOUR SUBMITTER  
TO AVOID OPTICAL ILLUSIONS  
THAT ARE IN THE PLAN!

**32' X 52'**  
1,595 SQUARE FEET

**Model IMP-45214 W-309**

**2013**

(ALL SIZES ARE APPROX.)  
DESIGNED FOR ZONES II & III



**JACOBSEN  
HOMES**

600 Packard Court ■ Safety Harbor, Florida 34695 ■ Telephone (727) 726-1138

[www.jachomes.com/Floor-Plans](http://www.jachomes.com/Floor-Plans)

District No. 1 - Ronald Williams  
District No. 2 - Rusty DePratter  
District No. 3 - Bucky Nash  
District No. 4 - Everett Phillips  
District No. 5 - Tim Murphy



**BOARD OF COUNTY COMMISSIONERS • COLUMBIA COUNTY**

**Address Assignment and Maintenance Document**

To maintain the county wide 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 addressing 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 Services 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/Time Issued: **7/16/2018 1:57:47 PM**  
Address: **2586 SW NEWARK Dr**  
City: **FORT WHITE**  
State: **FL**  
Zip Code **32038**

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Parcel ID **00607-000**

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REMARKS: Address for proposed structure on parcel.

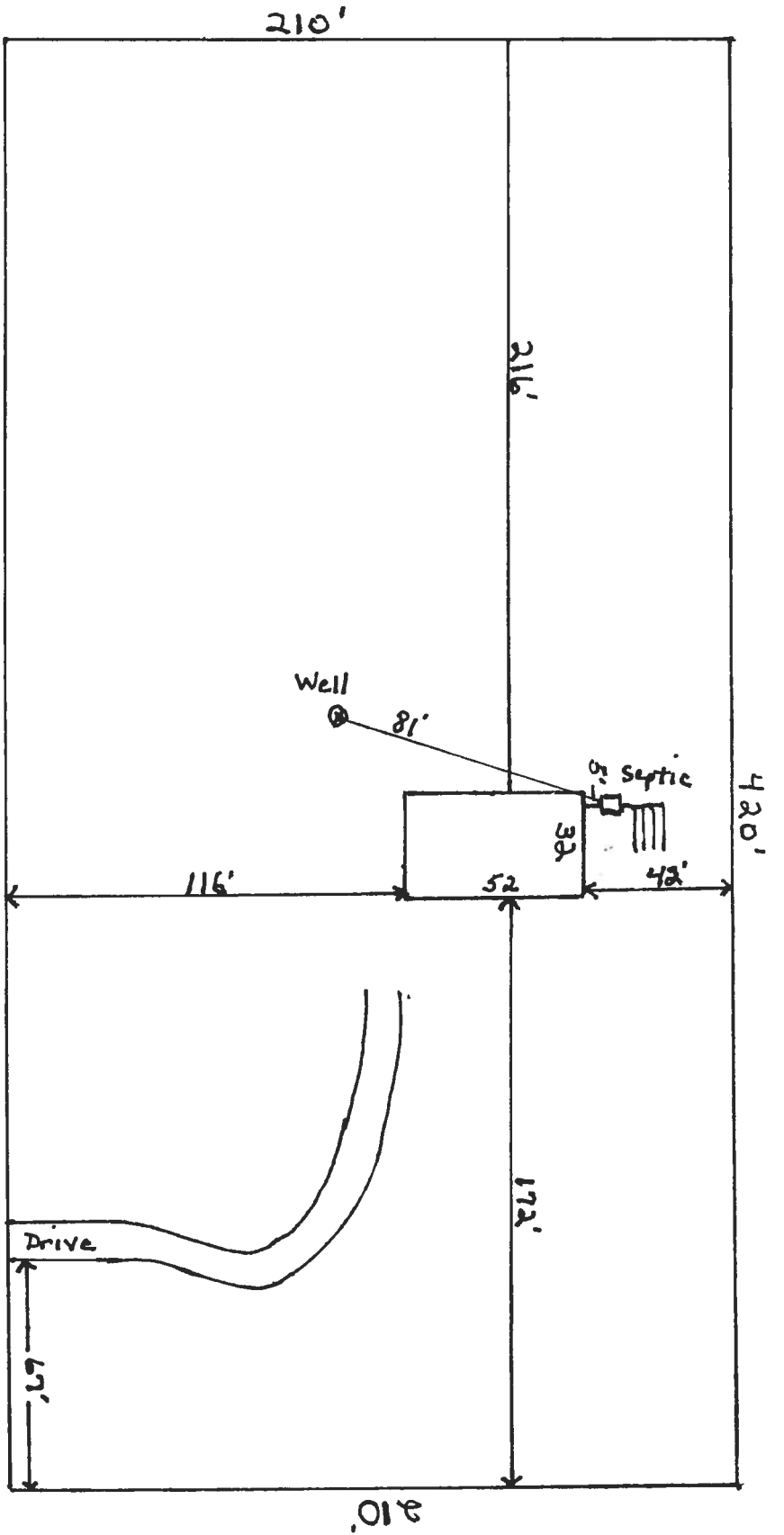
**NOTICE: THIS ADDRESS WAS ISSUED BASED ON LOCATION AND ACCESS INFORMATION RECEIVED FROM THE REQUESTER. SHOULD, AT A LATER DATE, THE LOCATION AND/OR ACCESS INFORMATION BE FOUND TO BE IN ERROR OR CHANGED, THIS ADDRESS IS SUBJECT TO CHANGE.**

Address Issued By: **Signed:/ Matt Crews**

Columbia County GIS/911 Addressing Coordinator

**COLUMBIA COUNTY  
911 ADDRESSING / GIS DEPARTMENT**

263 NW Lake City Ave., Lake City, FL 32055 Telephone: (386) 758-1125  
Email: [gis@columbiacountyfla.com](mailto:gis@columbiacountyfla.com)



Robles



# Columbia County Property Appraiser

updated: 6/4/2018

**2017 Tax Year**

**Parcel:** 00-00-00-00607-000

<< Next Lower Parcel    Next Higher Parcel >>

Tax Collector    Tax Estimator    Property Card

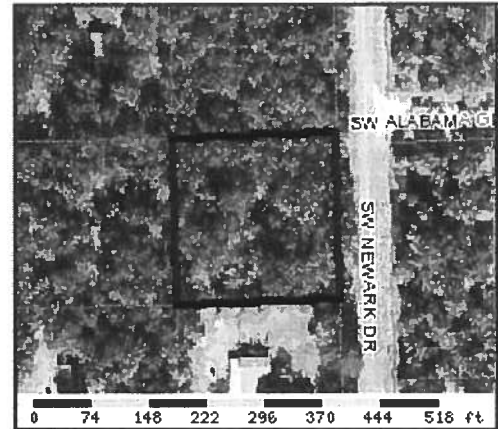
Parcel List Generator

2017 TRIM (pdf)    Interactive GIS Map    Print

Search Result: 1 of 1

## Owner & Property Info

<b>Owner's Name</b>	ROBLES FEDERICO &		
<b>Mailing Address</b>	MARILYN MUNRO 2420 SW NEWARK DRIVE FORT WHITE, FL 32038		
<b>Site Address</b>			
<b>Use Desc. (code)</b>	VACANT (000000)		
<b>Tax District</b>	3 (County)	<b>Neighborhood</b>	100000
<b>Land Area</b>	1.012 ACRES	<b>Market Area</b>	02
<b>Description</b>	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction. LOT 16 UNIT 4 THREE RIVERS ESTATES. 466-130, TD 1353-1210 WD 1356-2490.		



## Property & Assessment Values

2017 Certified Values		
<b>Mkt Land Value</b>	cnt: (0)	\$10,000.00
<b>Ag Land Value</b>	cnt: (1)	\$0.00
<b>Building Value</b>	cnt: (0)	\$0.00
<b>XFOB Value</b>	cnt: (0)	\$0.00
<b>Total Appraised Value</b>		\$10,000.00
<b>Just Value</b>		\$10,000.00
<b>Class Value</b>		\$0.00
<b>Assessed Value</b>		\$10,000.00
<b>Exempt Value</b>		\$0.00
<b>Total Taxable Value</b>	Cnty: \$10,000 Other: \$10,000   Schl: \$10,000	

2018 Working Values <small>( Hide Values )</small>		
<b>Mkt Land Value</b>	cnt: (0)	\$11,000.00
<b>Ag Land Value</b>	cnt: (1)	\$0.00
<b>Building Value</b>	cnt: (0)	\$0.00
<b>XFOB Value</b>	cnt: (0)	\$0.00
<b>Total Appraised Value</b>		\$11,000.00
<b>Just Value</b>		\$11,000.00
<b>Class Value</b>		\$0.00
<b>Assessed Value</b>		\$11,000.00
<b>Exempt Value</b>		\$0.00
<b>Total Taxable Value</b>	Cnty: \$11,000 Other: \$11,000   Schl: \$11,000	

**NOTE: 2018 Working Values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.**

## Sales History

Show Similar Sales within 1/2 mile

Sale Date	OR Book/Page	OR Code	Vacant / Improved	Qualified Sale	Sale RCode	Sale Price
3/29/2018	1356/2490	WD	V	Q	01	\$12,500.00
2/12/2018	1353/1210	TD	V	U	18	\$7,800.00

## Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
NONE						

## Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
NONE						

## Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
000000	VAC RES (MKT)	1 LT - (0000001.012AC)	1.00/1.00/1.00/1.00	\$11,000.00	\$11,000.00

Return to:  
Federico Robles-Lopez  
2420 SW Newark Drive  
Fort White, Florida 32038

Inst: 201812012841 Date: 06/22/2018 Time: 2:11PM  
Page 1 of 1 B: 1363 P: 33, P.DeWitt Cason, Clerk of Court Colum  
County, By: BD  
Deputy ClerkDoc Stamp-Deed: 0.70

Parcel ID No: R00607-000

### Quit Claim Deed

Made this June 22, 2018

by **FEDERICO ROBLES - LOPEZ a/k/a FEDERICO ROBLES**, a single man, and **MARILYN J. MUNRO a/k/a MARILYN MUNRO**, single woman, whose post office address is: **2420 SW Newark Drive, Fort White, Florida 32038**, hereinafter called the grantor,

to **FEDERICO ROBLES - LOPEZ and MARILYN J. MUNRO**, whose post office address is: **2420 SW Newark Drive, Fort White, Florida 32038**, hereinafter called the grantee:

(Whenever used herein the term "grantor" and "grantee" include all the parties to this instrument and the heirs, legal re-presentatives and assigns of individuals, and the successors and assigns of corporations)

**Witnesseth**, that the grantor, for and in consideration of the sum of \$ **TEN AND NO/100 DOLLARS (\$10.00)** and other valuable considerations, receipt whereof is hereby acknowledged, does hereby remise, release, and quit claim unto the grantee forever, all the right, title, interest, claim and demand which the said grantor has in and to, all that certain land situate in Columbia County, Florida, viz:

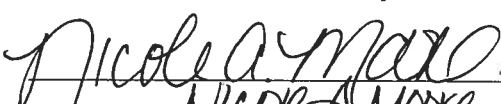

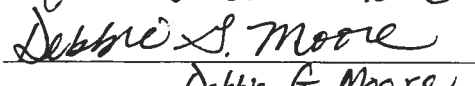
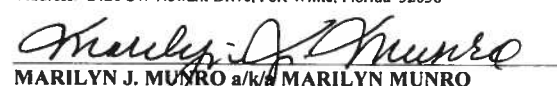
**LOT 16, UNIT 4, THREE RIVERS ESTATES**, a subdivision according to the plat thereof as recorded in Plat Book 4 page 116 of the public records of **COLUMBIA COUNTY, FLORIDA**.

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

**To Have and to Hold**, the same together with all and singular the appurtenances thereunto belonging or in anywise appertaining, and all the estate, right, title, interest, lien, equity and claim whatsoever of the said grantor, either in law or equity, to the only proper use, benefit and behoof of the said grantee forever.

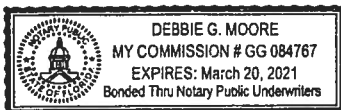
**In Witness Whereof**, the said grantor has signed and sealed these presents the day and year first above written.

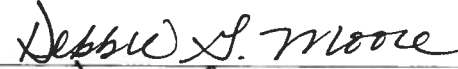
Signed, sealed and delivered in our presence:

		(Seal)
Witness Printed Name <u>NICOLE A. MOORE</u>	<b>FEDERICO ROBLES-LOPEZ a/k/a FEDERICO ROBLES</b>	Address: 2420 SW Newark Drive, Fort White, Florida 32038
		(Seal)
Witness Printed Name <u>Debbie G. Moore</u>	<b>MARILYN J. MUNRO a/k/a MARILYN MUNRO</b>	Address: 2420 SW Newark Drive, Fort White, Florida 32038

State of Florida  
County of Columbia

The foregoing instrument was acknowledged before me this 22nd day, of June, 2018, by **FEDERICO ROBLES-LOPEZ a/k/a FEDERICO ROBLES and MARILYN J. MUNRO a/k/a MARILYN MUNRO**, who is personally known to me or who has produced FL DRIVERS LICENSES as identification.



  
Notary Public  
Print Name Debbie G. Moore  
My Commission Expires: 3-20-21



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

only, SW Newark Dr Ft. White, FL 32038, 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>Sonya Crews</u>	<u>Sonya Crews</u>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
<u>Linda Craft</u>	<u>Linda Craft</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

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] IH 1025145/1 7-10-18  
License Holders Signature (Notarized) License Number Date

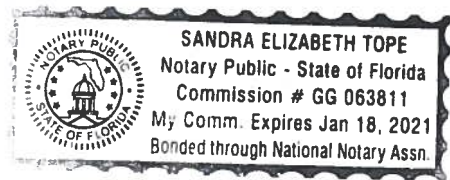
**NOTARY INFORMATION:**

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Ronnie Morris, personally appeared before me and is known by me or has produced identification (type of I.D.) \_\_\_\_\_ on this 10 day of July, 2018.

[Signature]  
 NOTARY'S SIGNATURE

(Seal/Stamp)





COLUMBIA COUNTY BUILDING DEPARTMENT  
 135 NE Hernando Ave, Suite B-21, Lake City, FL 32055  
 Phone: 386-758-1008 Fax: 386-758-2160

MOBILE HOME INSTALLERS AGENT AUTHORIZATION

I, Ronnie Morris, give this authority and I do certify that the below  
Installer's Name

referenced person(s) listed on this form is/are under my direct supervision and control and is/are authorized to purchase permits, call for inspections and sign on my behalf.

Printed Name of Authorized Person	Signature of Authorized Person	Agents Company Name
Sonya Crews	Sonya Crews	
Linda Craft	Linda Craft	

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) IH 1025145/1 License Number 7-10-18 Date

**NOTARY INFORMATION:**

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Ronnie Morris, personally appeared before me and is known by me or has produced identification (type of I.D.) \_\_\_\_\_ on this 10 day of July, 2018.

[Signature]  
 NOTARY'S SIGNATURE



MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM


APPLICATION NUMBER 1807-29 CONTRACTOR Ronnie Norris PHONE # 623-7714

THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

Robles

In Columbia County one permit will cover all trades doing work at the permitted site. It is the contractor's responsibility to maintain records of the subcontractors who actually did the trade specific work under the permit. Per Florida Statute 489.041 and Ordinance 89-6, a contractor shall require all subcontractors to provide evidence of workers' compensation, liability insurance, 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>Glenn Whittington</u>	Signature 
	License # <u>EC13002957</u>	Phone # <u>386-972-1700</u>
	Qualifier Form Attached <input checked="" type="checkbox"/>	
MECHANICAL/ A/C	Print Name _____	Signature _____
	License # _____	Phone # _____
	Qualifier Form Attached <input type="checkbox"/>	

*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, at the time of applying for and receiving a building permit, show proof and certify to the permit issuer that it has secured and is providing compensation for its employees under this chapter as provided in ss. 440.10 and 440.32, and shall be penalized 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

LICENSED QUALIFIER AUTHORIZATION

I, [Signature] (license holder name) licensed qualifier  
 for [Signature] (company name) do certify that

the below referenced person(s) listed on this form is/are contracted/hired by me, the license holder, or is/are employed by me directly or through an employee leasing arrangement or is an officer of the corporation or partner as defined in Florida Statutes Chapter 408, and the said person(s) is/are under my direct supervision and control and is/are authorized to purchase and sign permits, call for inspections and sign subcontractor verification forms on my behalf.

Printed Name of Person Authorized	Signature of Authorized Person
1. <u>[Signature]</u>	1. <u>[Signature]</u>
2. <u>[Signature]</u>	2. <u>[Signature]</u>
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____

I, the license holder, realize that I am responsible for all permits purchased and all work done under my license and fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances. I understand that the State and County Licensing Boards have the power and authority to discipline a license holder for violations committed by him/her, his/her agents, officers, or employees and that I have full responsibility for compliance with all statutes, codes, and ordinances inherent in the privilege granted by issuance of such permits.

If at any time the person(s) you have authorized is/are no longer agents, employee(s), or officer(s), you must notify this department in writing of the changes and submit a new letter of authorization form, which will supersede all previous lists. Failure to do so may allow unauthorized persons to use your name and/or license number to obtain permits.

[Signature]  
 Licensed Qualifiers Signature (Notarized) License Number Date

NOTARY INFORMATION  
 STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

The above license holder, whose name is [Signature]  
 personally appeared before me and is known by me or has produced identification  
 (type of I.D.) \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

NOTARY'S SIGNATURE \_\_\_\_\_



**MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM**

APPLICATION NUMBER 1907-29 CONTRACTOR Ronnie Norris PHONE 623-7716

**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 _____ Signature _____
	License #: _____ Phone #: _____
	Qualifier Form Attached <input type="checkbox"/>
<b>MECHANICAL/ A/C</b>	Print Name <u>Michael A. Boland</u> Signature <u>[Signature]</u>
	License #: <u>CAC1817716</u> Phone #: <u>(352) 274-9326</u>
	Qualifier Form Attached <input type="checkbox"/>

***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.

**A & B Well Drilling, Inc.**

**5673 NW Lake Jeffery Road**

**Lake City, FL, 32055**

**(O) 386-758-3409**

**(F) 386-758-3410**

**(C) 386-623-3151**

6/22/2018

To: Colombia County Building Department

Description of well to be installed for Customer: 1 1/2"

Located at Address: 5720 NW 10th St

1 hp 15 GPM Submersible Pump, 1 1/4" drop pipe, 86 gallon captive tank and back flow prevention, With SRWMD permit.

Bruce Park  
Sincerely  
Bruce Park  
President

FW



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

PERMIT NO. 18-0625  
DATE PAID: 7/10/18  
FEE PAID: 810.00  
RECEIPT #: 1354718

APPLICATION FOR:

- New System       Existing System       Holding Tank       Innovative
- Repair             Abandonment         Temporary

APPLICANT: Federico Robles + Marilyn Munro

AGENT: Sonja Crews / Linda Craft      TELEPHONE: 305-210-9146

MAILING ADDRESS: 2420 SW Newark Dr Fort 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

Unit 4

LOT: 14      BLOCK:      SUBDIVISION: Three Rivers Estates      PLATTED:

PROPERTY ID #: R00607-000      ZONING: RES      I/M OR EQUIVALENT: (N)  
210 x 420

PROPERTY SIZE:      ACRES      WATER SUPPLY: [X] PRIVATE      PUBLIC [ ]

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y] (N)      DISTANCE TO SEWER:      FT

PROPERTY ADDRESS: SW Newark Dr Fort White FL 32038

DIRECTIONS TO PROPERTY: 47 South (R) Hwy 27 in Fort White (L) SW Cullen Ave and that will become SW Wilson Springs Rd (R) on SW Newark Dr and the property will be on the (L) just before the curve

BUILDING INFORMATION

[X] RESIDENTIAL      [ ] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	Mobile Home	3	1575	
2				
3				
4				

[ ] Floor/Equipment Drains      [ ] Other (Specify)

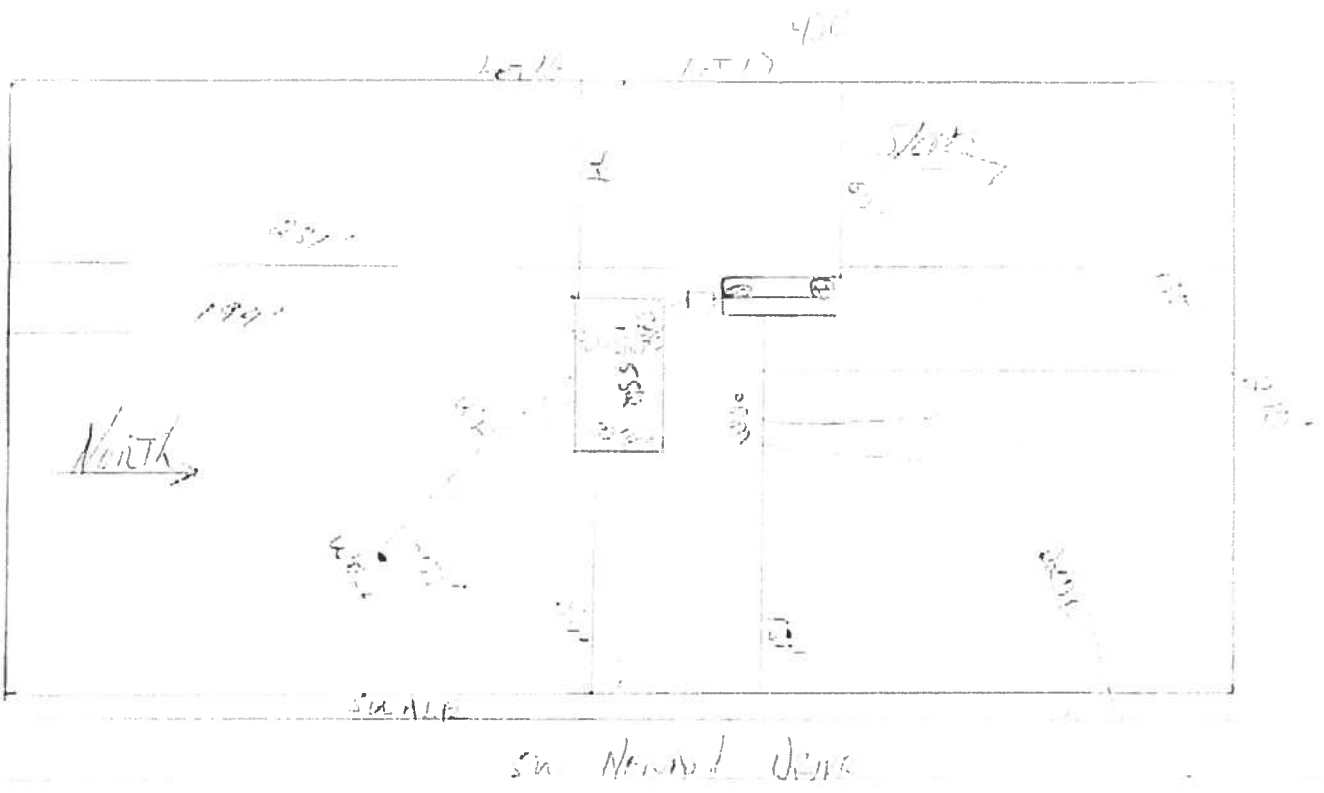
SIGNATURE: Sonja Crews      Linda Craft      DATE: 7/10/18

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

Permit Application Number 18-8635

----- *Redlines* PART II - SITEPLAN -----

Scale: 1 inch = 40 feet.



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

Site Plan submitted by: *Rocky D F* MASTER CONTRACTOR  
Plan Approved  Not Approved  Date 7/17/18  
By *Gen. [Signature]* County Health Department

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