

Parcel:

07-7S-17-09939-000 (36775)

**Owner & Property Info**

Owner	<b>LUMPKIN ELOUISE</b> <b>SCOTT BETTY G</b> 2739 SW CR 778 FORT WHITE, FL 32038		
Site	2739 SW COUNTY ROAD 778, FORT WHITE		
Description*	SE1/4 OF SW1/4, EX RD & EX COMM INTERS N LINE OF SE1/4 OF SW1/4 & E R/W OF GRD RD ON W SIDE OF SE1/4 OF SW1/4 FOR POB, RUN E 210 FT, S 420 FT, W 210 FT, N 420 FT TO POB. EX 1 AC DESC IN ORB 1003-127 & EX 18.29 AC DESC WD 1286-1617. JTWRS ORB 536-568, DC W NIBLACK 888-1167, QCD 1003-127. <<<less		
Area	16.4 AC	S/T/R	07-7S-17
Use Code**	IMPROVED AG (5000)	Tax District	3

**MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM**

APPLICATION NUMBER \_\_\_\_\_ CONTRACTOR Robert Sheppard PHONE 386-623-2203

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

**Bronwyn Fleming**

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>Glenn Whittington</u>	Signature 
	License #: <u>EC 13002957</u>	Phone #: <u>386-972-1700</u>
	Qualifier Form Attached <input checked="" type="checkbox"/>	
<b>MECHANICAL/ A/C</b>	Print Name <u>Ronald Bonds Sr.</u>	Signature 
	License #: <u>CAC1817658</u>	Phone #: <u>800-259-3470</u>
	Qualifier Form Attached <input checked="" 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.



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, Glen Whittington (license holder name), licensed qualifier for Whittington Electric Inc (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 468, 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>Darius</u>	1. <u>[Signature]</u>
2. <u>Rocky Ford</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.

Glen Whittington  
 Licensed Qualifiers Signature (Notarized)      EC13002957      3/7/16  
 License Number      Date

NOTARY INFORMATION:

STATE OF: FL COUNTY OF: Columbia

The above license holder, whose name is Glen Whittington, personally appeared before me and is known by me or has produced identification (type of I.D.) FL DL on this 7 day of MARCH, 2016.

Kelley R Bishop  
 NOTARY'S SIGNATURE





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, Ronald E Bond Sr (license holder name), licensed qualifier for Style Crest Enterprises, Inc (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 468, 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. Dale Burd	1.
2. Rocky Ford	2.
3. Kelly Bishop	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.

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Licensed Qualifiers Signature (Notarized)      CRC 1817658      2-16-14  
 License Number      Date

NOTARY INFORMATION:

STATE OF: FL COUNTY OF: Bay

The above license holder, whose name is Ronald Edward Bonds Sr personally appeared before me and is known by me or has produced identification (type of I.D.) \_\_\_\_\_ on this 16<sup>th</sup> day of FEB, 2014.

Stacey Ann Hopkins  
 NOTARY'S SIGNATURE

(Seal/Stamp)



**PERMIT NUMBER**

Installer Robert Sheppard License # IH 1025386

Installer Mobile Phone # 386-623-2203

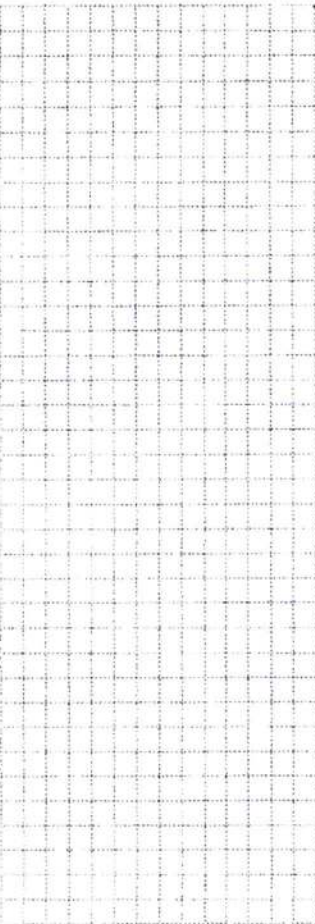
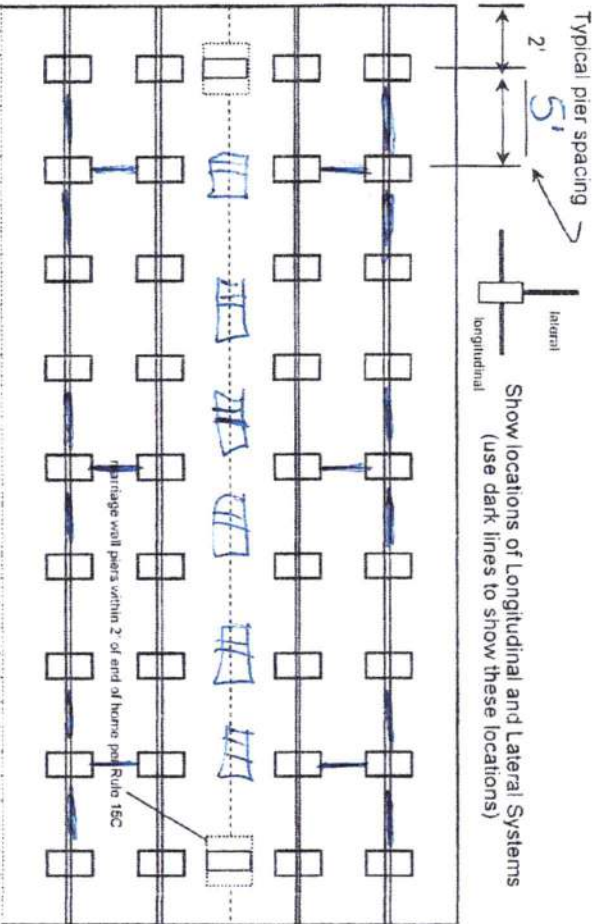
Address of home being installed 141 SW Parkway Fort Worth, TX 76108

Manufacturer Champion Length x width 76x32

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 R.S.



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 # 65824

Triple/Quad  Serial # LOHGA 3007291478

Roof System:  Typical  Hinged

**PIER SPACING TABLE FOR USED HOMES**

Load bearing capacity (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)	25" x 25" (576)
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**

L-beam pier pad size 17x25

Perimeter pier pad size 16x16

Other pier pad sizes (required by the mfg.) 17x25

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 \_\_\_\_\_

\_\_\_\_\_ Pier pad size \_\_\_\_\_

\_\_\_\_\_ Pier pad size \_\_\_\_\_

**TIEDOWN COMPONENTS**

Longitudinal Stabilizing Device (LSD) Manufacturer DIVERSIV

Longitudinal Stabilizing Device w/ Lateral Arms Manufacturer DIVERSIV

**ANCHORS**

4 ft  5 ft

**FRAME TIES**

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

**OTHER TIES**

Sidewall Longitudinal Marriage wall Shearwall Number 4

PERMIT NUMBER

POCKET PENETROMETER TEST

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

X 1000 X 1000 X 1000

POCKET PENETROMETER TESTING METHOD

1. Test the penmeter 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 1000 X 1000 X 1000

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.

R.S. Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Robert Sheppard

Date Tested

10-22-2021

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. 29

Site Preparation

Debris and organic material removed  Swale  Pad  Other

Fastening multi wide units

Floor: Type Fastener: lags Length: 5" Spacing: 16"  
 Walls: Type Fastener: SCWWS Length: 4" Spacing: 16"  
 Roof: Type Fastener: lags Length: 6" 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 R.S.

Type gasket FOAM

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  N/A   
 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 Robert Sheppard

Date 10-22-2021

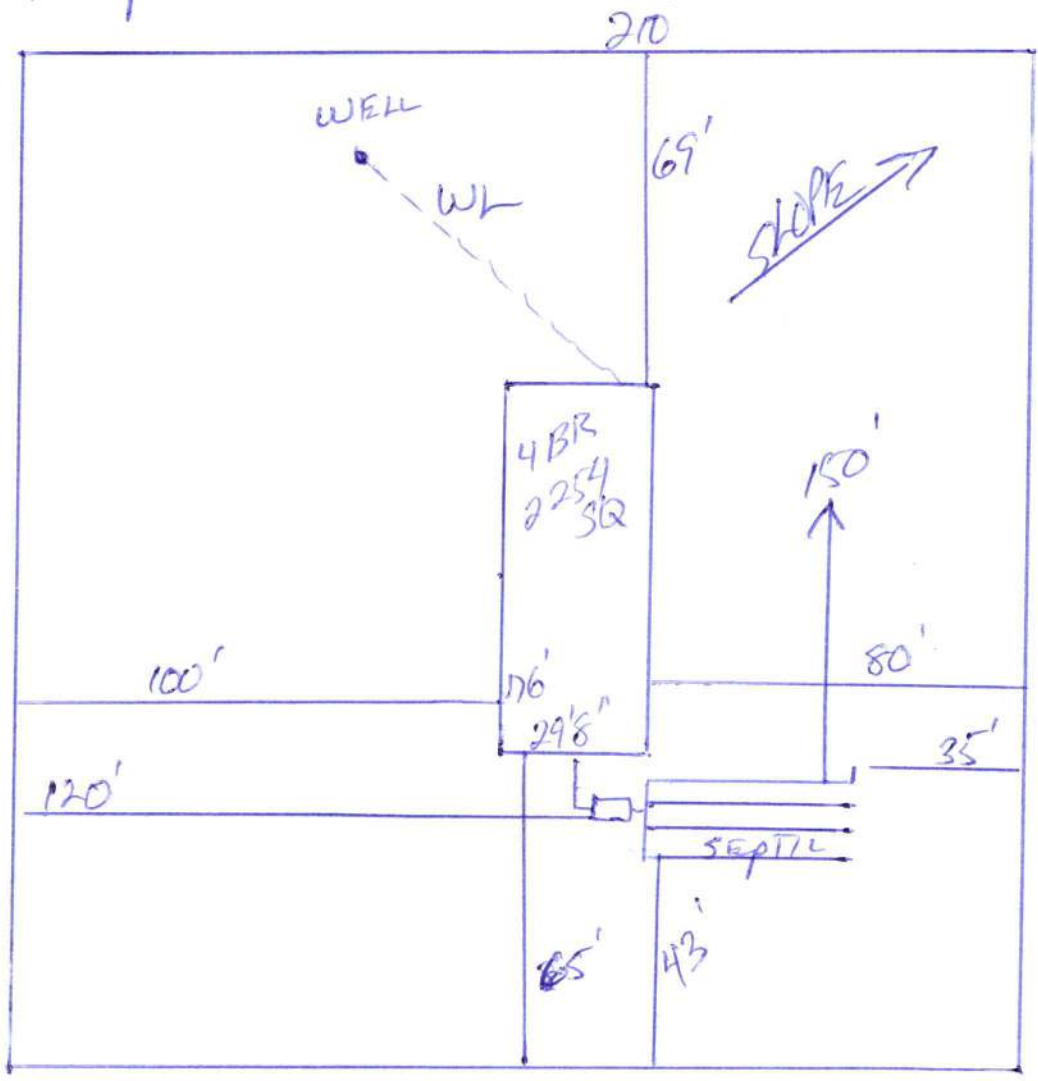


STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number \_\_\_\_\_

----- *FLEMING/Lumpkin* ----- PART II - SITEPLAN -----

Scale: 1 inch = 40 feet.



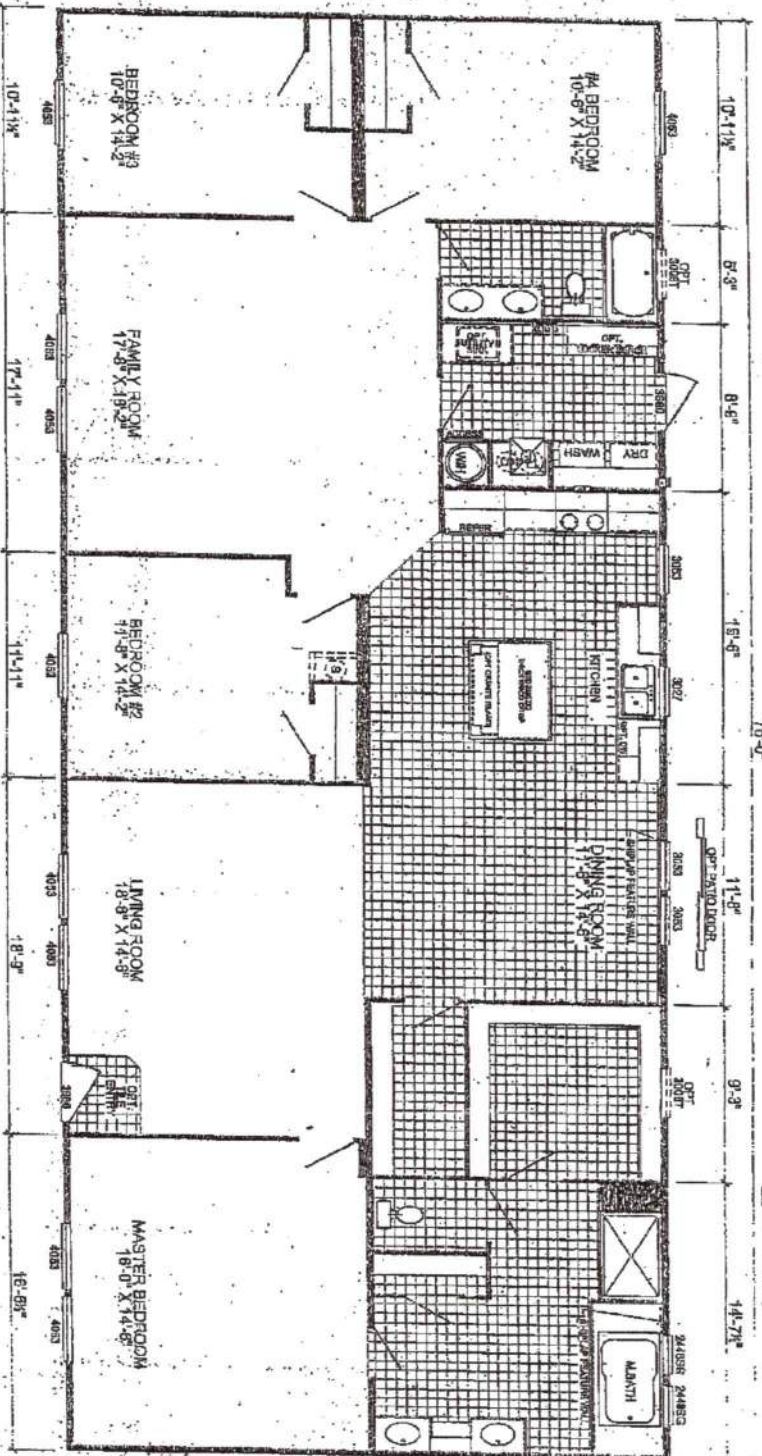
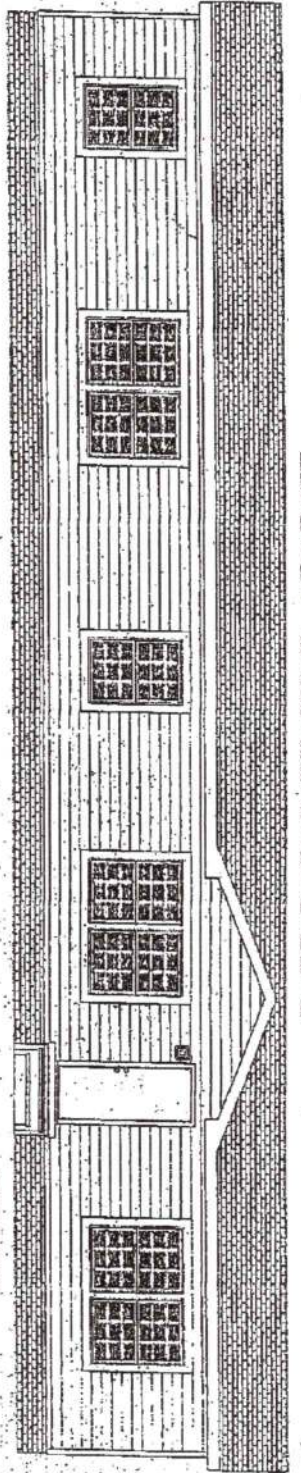
Notes: \_\_\_\_\_  
 \_\_\_\_\_ *1 of 16.4 Acres* \_\_\_\_\_  
 \_\_\_\_\_ *PLEASE SEE ATTACHED* \_\_\_\_\_

Site Plan submitted by: \_\_\_\_\_ CONTRACTOR  
 Plan Approved \_\_\_\_\_ Not Approved \_\_\_\_\_ Date \_\_\_\_\_  
 By \_\_\_\_\_ County Health Department

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

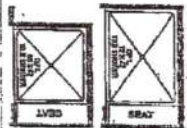


# BIG KAHUNA



11'8" x 14'8"

79'-0"



**D-3764W**  
**4-BEDROOM / 2-BATH**  
**32 X 80 - Approx. 2254 Sq. Ft.**

Date: 04/10/18  
 All room dimensions include closets and egress footings. Square feet approximate.  
 \* Trimmer windows are available on optional 8'-0" elevated lotline only.  
 Siding shown is optional.  
 Stair format is optional only.



**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

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Date/Time Issued: **10/20/2021 7:56:27 PM**

Address: **141 SW ROCK Way**

City: **FORT WHITE**

State: **FL**

Zip Code **32038**

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Parcel ID **09939-000**

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REMARKS: **New address for Habitable structure (family home, business, etc.) on the 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: **MOORE, DAVID R.**