

Parcel:

**11-4S-17-08309-000 (30354)**

**Owner & Property Info**

Result: 1 of 1

Owner	<b>FEAGLE WENDELL</b> 662 SE FEAGLE AVE (PARADISE VILLAGE MH PARK) LAKE CITY, FL 32025		
Site	195 BIKINI DR		
Description*	W1/2 OF SE1/4 OF NE1/4, EX THE S 5 AC & EX RD. (PARADISE VILLAGE MH PARK)		
Area	14.49 AC	S/T/R	11-4S-17
Use Code**	RV/MH PARK SMALL (2801)	Tax District	3

STATE OF FLORIDA  
COUNTY OF COLUMBIA

LAND OWNER AFFIDAVIT

This is to certify that I, (We) Wendell Seagr  
as the owner of the below described property:

Property tax Parcel ID number 22 45 17 08309 000

Subdivision (Name, lot, Block, Phase) Paradise Village Estates

Give my permission for First Coast Model Home

Circle one  Mobile Home  Travel Trailer / Utility Pole Only / Single Family Home /  
 Barn - Shed - Garage / Culvert / Other

I (We) understand that the named person(s) above will be allowed to receive a building permit on the property number I (we) have listed above and this could result in an assessment for solid waste and fire protection services levied on this property.

Wendell Seagr 2/17/21  
Owner Signature Date

Owner Signature Date

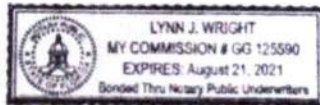
Owner Signature Date

Sworn to and subscribed before me this 18<sup>th</sup> day of January, 2021. This

(These) person(s) are personally known to me or produced ID FL Driver License  
(Type) in person

[Signature] Lynn J. Wright  
Notary Public Signature Notary Printed Name

Notary Stamp/



**MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM**

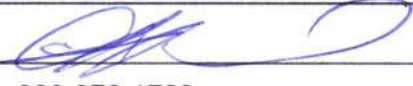

APPLICATION NUMBER \_\_\_\_\_ CONTRACTOR Brent Strickland PHONE 386-365-7043

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

Allen Wittmeyer

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>James Dale Williams</u>	Signature 
	License #: <u>EC 13007092</u>	Phone #: <u>386-972-1700</u>
	Qualifier Form Attached <input checked="" type="checkbox"/>	
<b>MECHANICAL/ A/C</b>	Print Name <u>Michael Boland</u>	Signature 
	License #: <u>CAC 1817716</u>	Phone #: <u>386-972-1700</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.

Revised 10/30/2015



COLUMBIA COUNTY BUILDING DEPARTMENT  
 LETTER OF AUTHORIZATION TO SIGN FOR PERMITS  
 135 NE Hernando Ave, Suite B-21, Lake City, FL 32055  
 Phone 386-758-1008 Fax 386-758-2160

I, Dale Williams (license holder name), licensed qualifier  
 for Affordable Electric (company name), do certify that

the below referenced person(s) listed on this form 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 permits, call for inspections, and sign on my behalf

Printed Name of Person Authorized	Signature of Authorized Person
1. Dale Burd	1.
2.	2.
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 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.

James D. Williams License Holders Signature (Notarized)      EC13007092 License Number      1-07-19 Date

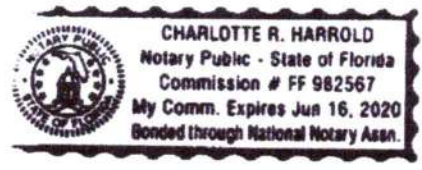
NOTARY INFORMATION:

STATE OF Florida COUNTY OF Columbia

The above license holder, whose name is James D. Williams personally appeared before me and is known by me or has produced identification (type of I.D.) \_\_\_\_\_ on this 7th day of January, 2019

Charlotte R. DeDanez (Harold)  
 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

LICENSED QUALIFIER AUTHORIZATION

I, Michael A Boland (license holder name), licensed qualifier  
 for ACE A/C of Ocala, LLC (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>Dale Ford</u>	1. <u>[Signature]</u>
2. <u>Kelly Bishop</u>	2. <u>[Signature]</u>
3. <u>Rocky Ford</u>	3. <u>[Signature]</u>
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)

CA1817716 / ES1200200  
 License Number Date 11/17/15

NOTARY INFORMATION:  
 STATE OF: Florida COUNTY OF: Marion

The above license holder, whose name is Michael A. Boland  
 personally appeared before me and is known by me or has produced identification  
 (type of I.D.) \_\_\_\_\_ on this 17th day of November, 2015

[Signature]  
 NOTARY'S SIGNATURE

(Seal/Stamp)

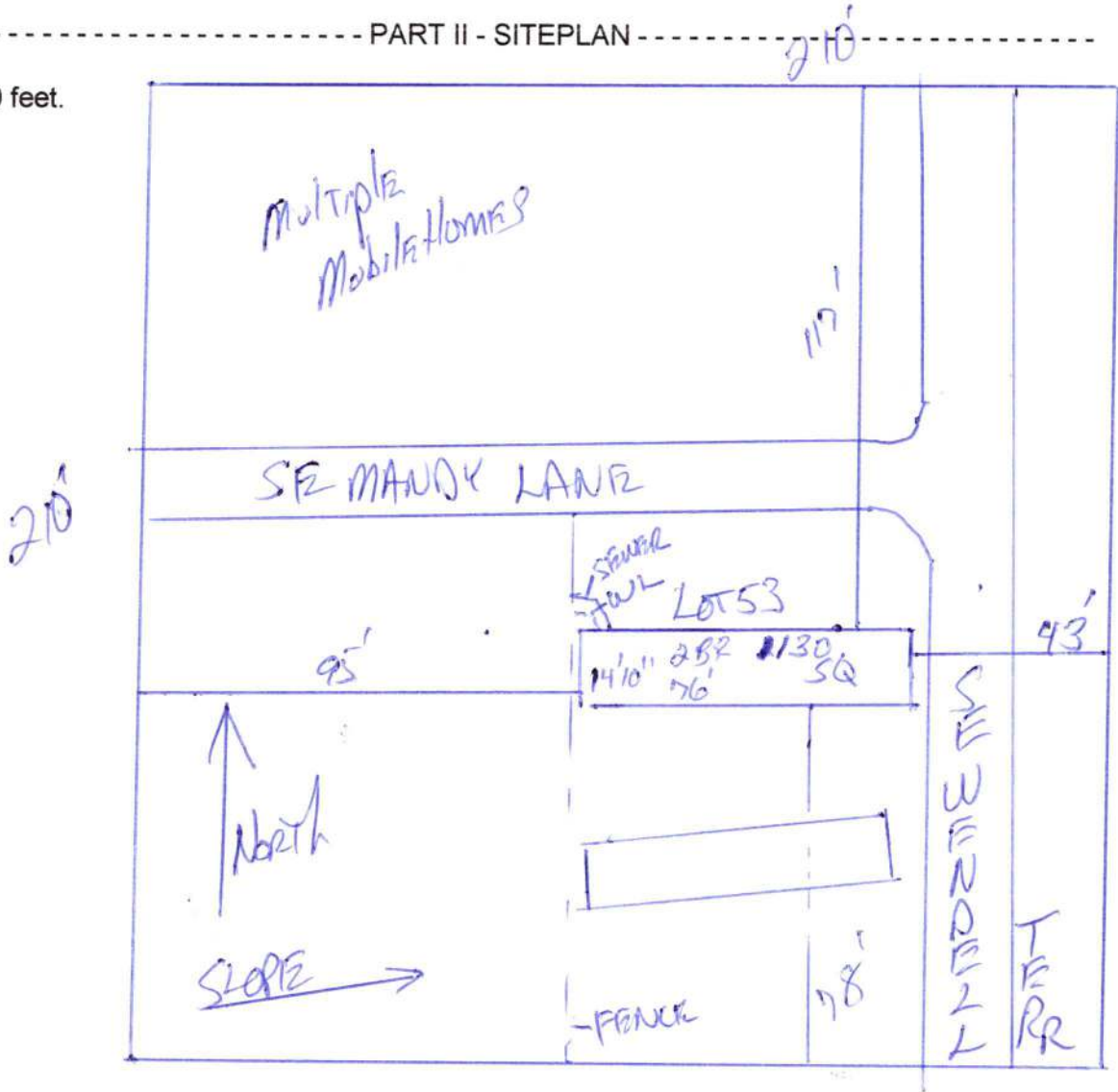


STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

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

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

Scale: 1 inch = 40 feet.



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

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

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



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

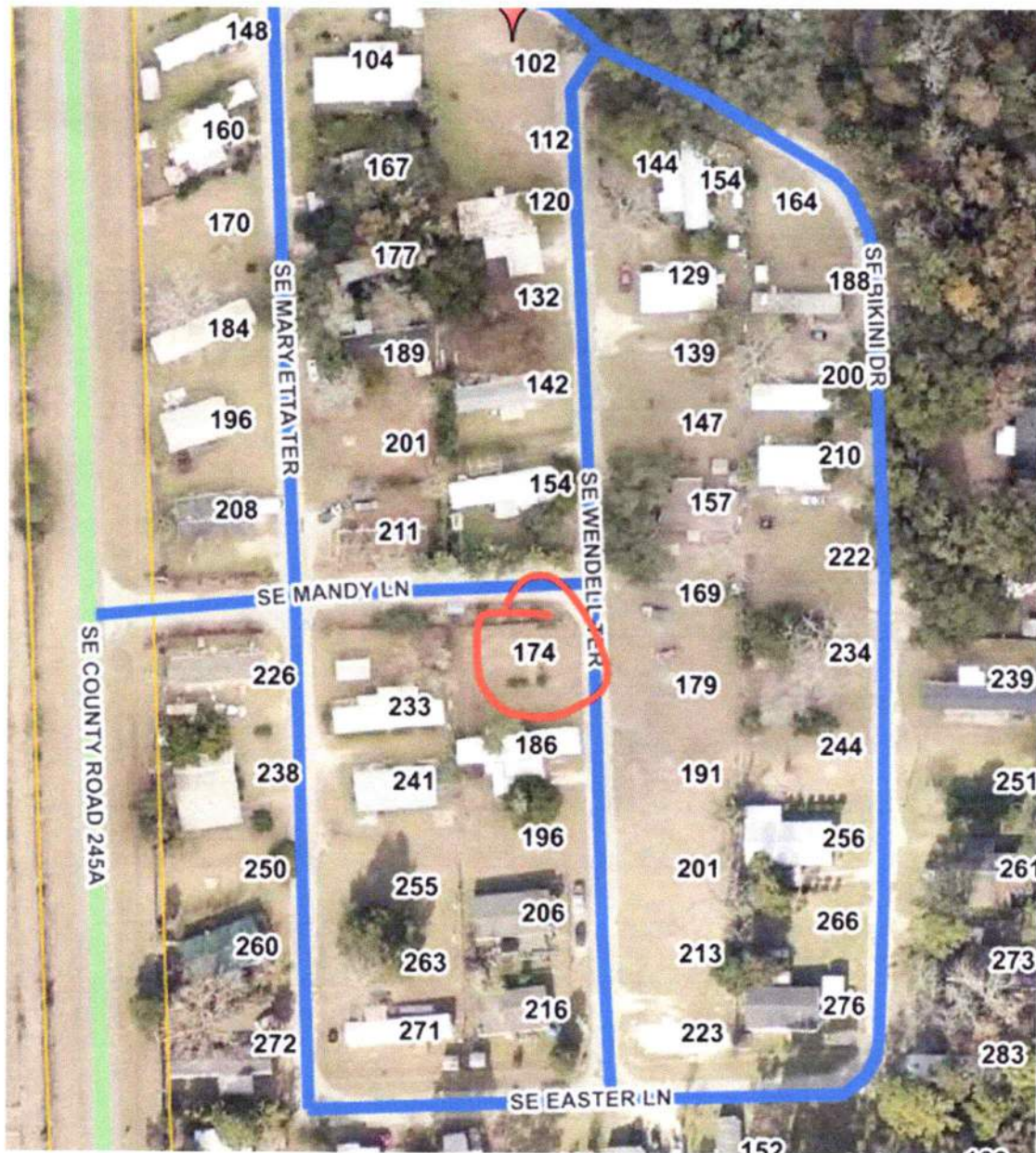
**PARCEL: 11-4S-17-08309-000 (30354)** | RV/MH PARK SMALL (2801) | 14.49 AC  
 W1/2 OF SE1/4 OF NE1/4, EX THE S 5 AC & EX RD. (PARADISE VILLAGE MH PARK)

NOTES:

<b>FEAGLE WENDELL</b>		<b>2021 Working Values</b>		
Owner:	662 SE FEAGLE AVE (PARADISE VILLAGE MH PARK) LAKE CITY, FL 32025	Mkt Lnd	\$62,440	Appraised \$327,915
Site:	195 BIKINI DR	Ag Lnd	\$0	Assessed \$327,915
Sales Info	NONE	Bldg	\$70,697	Exempt \$0
		XFOB	\$194,778	county:\$327,915
		Just	\$327,915	city:\$0
				other:\$0
				school:\$327,915



This information was derived from data which was compiled by the Columbia County Property Appraiser Office solely for the governmental purpose of property assessment. This information should not be relied upon by anyone as a determination of the ownership of property or market value. No warranties, expressed or implied, are provided for the accuracy of the data herein, its use, or its interpretation. Although it is periodically updated, this information may not reflect the data currently on file in the Property Appraiser's office. [GrizzlyLogic.com](http://GrizzlyLogic.com)



PERMIT WORKSHEET

PERMIT NUMBER \_\_\_\_\_

Installer Brent Strickland License # IH 1104218

Installer Mobile Phone # 386-365-7043

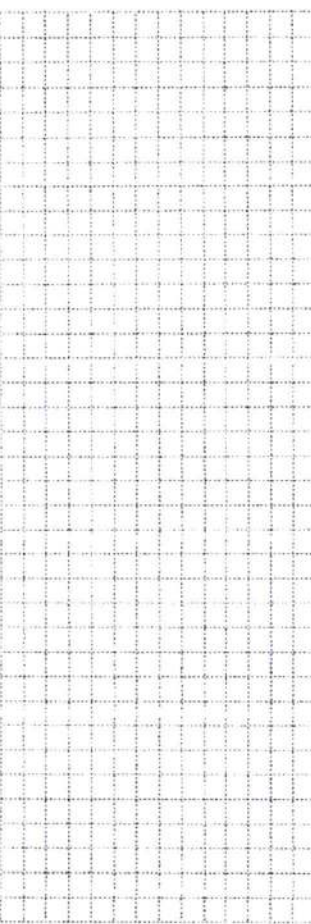
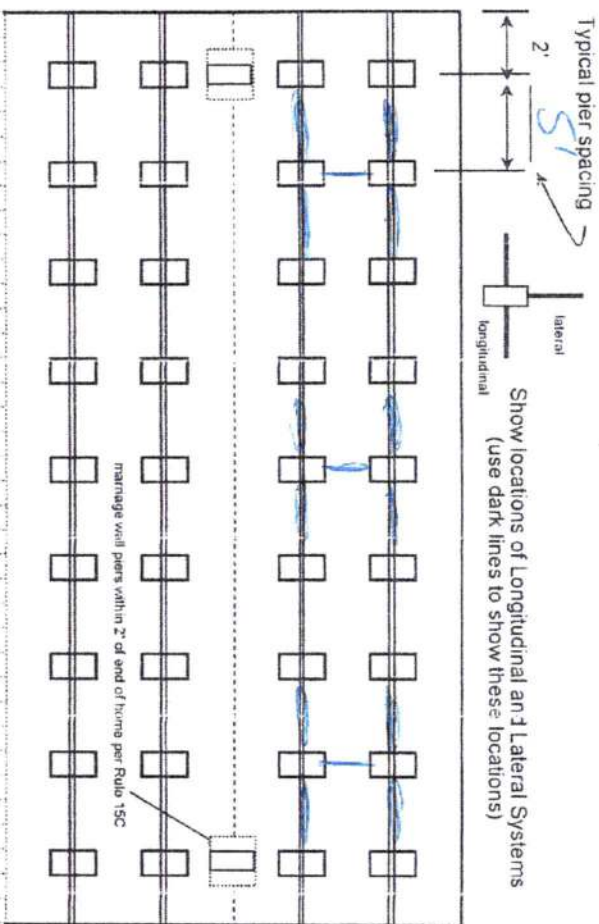
Address of home being installed 154 SW Wackerl Trl  
Lake City, FL, 32025

Manufacturer LUCAR Length x width 7x16

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 BS



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 # 65786

Triple/Quad  Serial # LDHGA-12021698

Roof System:  Typical  Hinged

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	16" x 16" (256)	18 1/2" x 18 (342)	20" x 20" (400)	22" x 22" (484)*	24" x 24" (576)*	26" x 26" (676)
1000 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 16x16  
Perimeter pier pad size 17x25  
Other pier pad sizes (required by the mfg.) 16x16

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

OTHER TIES

Number \_\_\_\_\_

TIEDOWN COMPONENTS

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

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

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 245 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.

B.S. Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Bronx Strickland

Date Tested

2-17-2021

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. 144

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. 28

Site Preparation

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

Fastening multi wide units

Floor: Type Fastener: \_\_\_\_\_ Length: \_\_\_\_\_ Spacing: \_\_\_\_\_  
 Walls: Type Fastener: \_\_\_\_\_ Length: \_\_\_\_\_ Spacing: \_\_\_\_\_  
 Roof: Type Fastener: \_\_\_\_\_ Length: \_\_\_\_\_ Spacing: \_\_\_\_\_  
 For used homes a min. 30 gauge, 8" wide, galvanized metal strip will be centered over the peak of the roof and fastened with galv. roofing nails at 2" on center on both sides of the centerline.

Gasket (weatherproofing requirement)

I understand a properly installed gasket is a requirement of all new and used homes and that condensation, mold, mildew and buckled marriage walls are a result of a poorly installed or no gasket being installed. I understand a strip of tape will not serve as a gasket.

Installer's initials \_\_\_\_\_

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

Installed: \_\_\_\_\_  
 Between Floors Yes \_\_\_\_\_  
 Between Walls Yes \_\_\_\_\_  
 Bottom of ridgebeam Yes \_\_\_\_\_

Weatherproofing

The bottomboard will be repaired and/or taped. Yes  Pg. \_\_\_\_\_  
 Siding on units is installed to manufacturer's specifications. Yes   
 Fireplace chimney installed so as not to allow intrusion of rain water. Yes

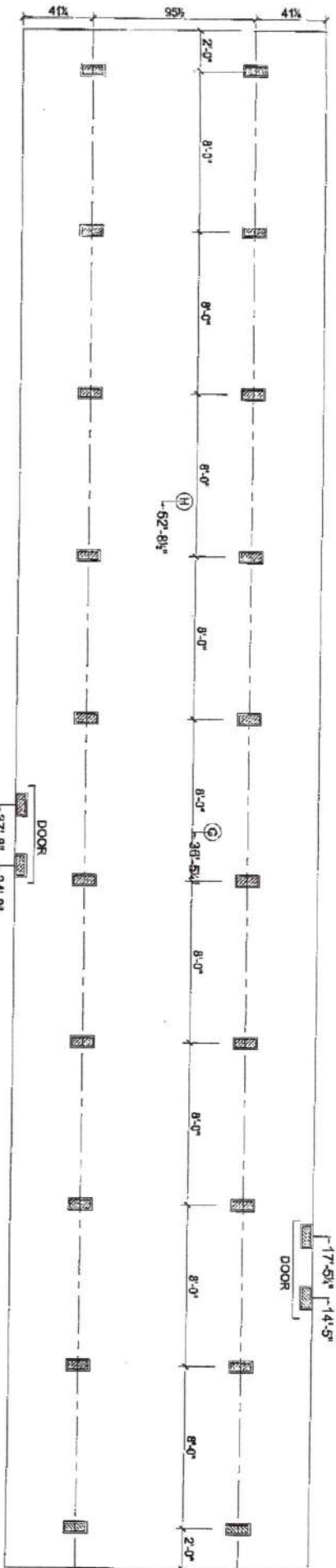
Miscellaneous

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

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

Installer Signature

[Signature] Date 2-17-2021



**SUPPORT PIER/TYP**

**FOUNDATION NOTES:**

- THIS DRAWING IS DESIGNED FOR THE STANDARD WIND ZONE AND IS TO BE USED IN CONJUNCTION WITH THE INSTALLATION MANUAL AND ITS SUPPLEMENTS.
- FOOTINGS ARE SHOWN FOR EXAMPLE ONLY QUANTITY AND SPACING MAY VARY BASED ON PAD TYPE, SOIL CONDITION, ETC.
- FOOTINGS ARE REQUIRED AT SUPPORT POSTS, SEE INSTALLATION MANUAL FOR REQUIREMENTS.

6-1-2014

**Live Oak Homes**  
**MODEL: L-5762B-SVS - 16 X 80**  
**2-BEDROOM / 2-BATH**

- (A) MAIN ELECTRICAL
- (B) ELECTRICAL CROSSOVER
- (C) WATER INLET
- (D) WATER CROSSOVER (IF ANY)
- (E) GAS INLET (IF ANY)
- (F) GAS CROSSOVER (IF ANY)
- (G) DUCT CROSSOVER
- (H) SEWER DROPS
- (I) RETURN AIR (W/OPT. HEAT PUMP OR DUCT)
- (J) SUPPLY AIR (W/OPT. HEAT PUMP OR DUCT)

L-5762B

