DATE 04/30/2010

Columbia County Building Permit

PERMIT

This Permit Must Be Prominently Posted on Premises During Construction 000028523

APPLICANT ROCKY FORD	PHONE 386.497.2311
ADDRESS POB 39	FT. WHITE FL 32038
OWNER JOHNNY MCCLOUD	PHONE 376.755.8889
ADDRESS 281 NE BONDS STREET	LAKE CITY FL 32055
CONTRACTOR BERNIE THRIFT	PHONE 386.623.0046
LOCATION OF PROPERTY 90-E TO SR 100,TL(BASCOM N	NORRIS) CROSS TRACKS,TL ON BONDS
AND IT'S 2/10 OF A MILE ON F	R.(PAST AMERICAN LEGION)
TYPE DEVELOPMENT M/H/UTILITY ES	STIMATED COST OF CONSTRUCTION 0.00
HEATED FLOOR AREA TOTAL AR	EA HEIGHT STORIES
FOUNDATION WALLS	ROOF PITCH FLOOR
LAND USE & ZONING I	MAX. HEIGHT
Minimum Set Back Requirments: STREET-FRONT 25.00	REAR 15.00 SIDE 10.00
NO. EX.D.U. 0 FLOOD ZONE X	DEVELOPMENT PERMIT NO.
PARCEL ID 33-3S-17-06265-000 SUBDIVISIO	ON REESE
LOT 5 BLOCK PHASE UNIT	TOTAL ACRES 1.15
IH00000750	Rock D To
Culvert Permit No. Culvert Waiver Contractor's License Nu	mber Applicant/Owner/Contractor
EXISTING 10-0205-E BLK	<u>HD N</u>
	ing checked by Approved for Issuance New Resident
COMMENTS: M/H ON PROPERTY PRIOR TO CHANGE IN REGU	ILATIONS 1998. SEE ATTACHED
COPY OF OLD PERMIT. 1 FOOT ABOVE ROAD.	Check # or Cash 6388
FOR BUILDING & ZONII	NG DEPARTMENT ONLY (footer/Slah)
Temporary Power Foundation	Monolithic (footer/Slab)
date/app. by	date/app. by date/app. by
Under slab rough-in plumbing Slab	Sheathing/Nailing
date/app. by	date/app. by
Framing Insulation date/app. by	te/app. by
Rough-in plumbing above slab and below wood floor	Electrical rough-in date/app. by
Heat & Air Duct Peri. beam (Lint	
date/app. by	date/app. by date/app. by
Permanent power C.O. Final	date/app. by date/app. by
Pump pole Utility Pole M/H tie o	date/app. by date/app. by downs, blocking, electricity and plumbing
date/app. by date/app. by	date/app. by
Reconnection RV	date/app. by Re-roof date/app. by
BUILDING PERMIT FEE \$ 0.00 CÉRTIFICATION FE	
MISC. FEES \$ 300.00 ZONING CERT. FEE \$ 50.00	
FLOOD ZONE FEE \$ 25.0	CULVERT FEE \$ TOTAL FEE 514.02

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.

THE ISSUANCE OF THIS PERMIT DOES NOT WAIVE COMPLIANCE BY PERMITEE WITH ALL DEED RESTRICTIONS. BUILDING.

COLUMBIA COUNTY

Permit

ALL DEED RESTRICTION		NG PER	MIT/APPL	ICATION	Nº	
DATEJUNE 12, 199	6				NEW RESIDENT_	
APPLICANT'S NAME & ADDRE	SS_HERCULES 1	MAXWELL, 116	1 W. JEFFERSON	ST. LC PRIONE	755-0836	
OWNER'S NAME & ADDRESS_				PHONE		
CONTRACTOR'S NAME				PHONE		
LOCATION OF PROPERTY	REES, NEXT AMERIC	SE S/D LOT CAN LEAGE.	#5 (SEABOARD BRIEGE MOBILE	COSTAL LINE RO HOME	OAD)	
TYPE DEVELOPMENT	NEW MOBILE	HOME	ESTIMATED C	OST OF CONSTRUCT	ION \$	
FLOOR AREA	HEIGHT		_STORIES	WALLS	22	
FOUNDATION		ROOF (type	& pitch)	FLOOR		
LAND USE & ZONING	RSF-2 LU	I RLD		MAX. HE	EIGHT	
MINIMUM SET BACK: STREE						
NO. EX. D. U. NONE	_ FLOOD ZONE	OUT C	CERT. DATEN/A	DEV. PR	ERMIT	N/A
LEGAL DESCRIPTION (acres) 33-3S-17-06265-000					9-1	,
96-324 Septic Tank Number	s License Number	JANICE BRY			RJ/JW roved for issuance by	
FOF	BUILDIN	G & ZON	ING DEPART	MENT ONL	Y (Footer / Slab)	
Temporary Power		Foundation	data / one by	Monolithic	data ta un bui	
Under slab rough-in plumbing	ite / app.by	slab	date / app. by	framing	date / app. by	
Rough-in plumbing above slab an	date / app. by d below wood floor_		date / app. by		date / app. by	
Electrical rough-in		Heat and Air [ate / app. by Peri. beam_		
	ate / app. by	Final	date / app.by	Pool	date /app. by	
	ate /app. by		date / app. by		date / app. by	
COMMENTS: REPLACEIN	G MOBILE HOM			-		
Culvert EXISTING	OTHER		F INSPECTION			
date / app		M / H IIA GOWDS	blacking alaskinik, and a	IIIMAINA		
	1 7	/ / 10 00 00 00,	blocking, electricity and p	idmong	date / app. by	-
Utility Poledate/app. by	P ump pole	date/app. by	Reconnection	d	late/app. by	12
Utility Poledate/app. by BUILDING PERMIT FEE \$	1 7	date/app. by	Reconnection	25.00 OTHER	late/app. by	to/
Utility Poledate/app. by	Pump pole	date lapp. by	Reconnection NING CERT. FEE \$CLERKS OF	25.00 OTHER	late/app. by	46

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.

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PLEASE NOTIFY THE COLUMBIA COUNTY BUILDING DEPARTMENT AT LEAST 24 HOURS IN ADVANCE OF EACH INSPECTION, IN ORDER THAT IT MAY BE MADE WITHOUT DELAY OR INCONVIENCE, PHONE 758-1008. THIS PERMIT IS NOT VALID UNLESS THE WORK AUTHORIZED BY IT IS COMMENCED WITHIN 6 MONTHS AFTER ISSUANCE.

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

0. W m 04.10
For Office Use Only (Revised 1-10-08) Zoning Official Building Official 40 4-28-10
AP# 1004-35 Date Received 4/21 By JW Permit # 28523
Flood Zone X Development Permit VA Zoning Land Use Plan Map Category T
Comments MH or Property prior to chase in Regs 1998
See attacked copy of old plant
FEMA Map# N/A Elevation WA Finished Floor GlackRiver N/A In Floodway N/A
Site Plan with Setbacks Shown WEH # 10 -0 705 - E Ma EH Release Well letter Existing well
Recorded Deed or Affidavit from land owner D 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_ V F (SI
Property ID # 33-35-17-06265-000 Subdivision REESE 5/0 LOTS
New Mobile Home Used Mobile Home MH Size 28 × 44 Year 20/0
Applicant UA/E Buld on lock ford Phone # 386-497-2311
Address PO Box 39 Fort White, FL, 32038
Name of Property Owner Johnny McLloud Phone# 155-8889
911 Address 281 NE BONDS ST. LAKE Cong 32056
Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Progress Energy
(0100000)
Name of Owner of Mobile Home McCloud Phone #
Address 1566 NIE BASCOM NORMS DR, LC, FL, 32055
on and
Relationship to Property Owner
Current Number of Dwellings on Property
• Lot Size <u>934523 ×94 ×537</u> Total Acreage /./5
Do you : Have Existing Drive or Private Drive or need Culvert Permit (Rutting in a Culvert) or Culvert Waiver (Circle one (Not existing but do not need a Culvert)
■ Is this Mobile Home Replacing an Existing Mobile Home NO COWES
■ Driving Directions to the Property 90 EAST, TL on SR-100 (BASCON NOWLYS)
Cross TRACKS, TLON BONDS ST. 2/10THS ON RIGHT, 503T
PAST AMERICAN LEGION
Name of Licensed Dealer/Installer BERNIE Their Phone # 623-0046
Installers Address 555) NW Falling Crisik Road, White Springs, 91, 3209
License Number +H-0000075 Installation Decal # 307805
= A × 1/ ± , 200

CK# . 6388

STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Scale: 1 inch = 30 feet. PART II - SITEPLAN Scale: 1 inch = 30 feet. PART II - SITEPLAN Scale: 1 inch = 30 feet. PART II - SITEPLAN Scale: 1 inch = 30 feet.	Site Plan submitted by:_ Plan Approved By	Not Approved	MASTER CONTRACTOR Date County Health Department
Scale: 1 inch = 20 feet. 94' 100 feet. 10	Notes:		
Scale: 1 inch = 50 feet.	Notes:	100 CH 200 7300 7300 7300 7300 7300 7300 7300	
102/ 104	Scale: 1 inch = 50 feet.	94'	
		Permit Applic	ation Number

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

			marriage wall piers within 2' of end of home ped Rule 15C				2' Show locations of Longitudinal and Lateral Systems longitudinal (use dark lines to show these locations)	l understand Lateral Arm Systems cannot be used on any home (new or used) where the sidewall ties exceed 5 ft 4 in.	NOTE: If home is a single wide fill out one half of the blocking plan Note: If home is a triple or quad wide sketch in remainder of home	er of A this Mobile Hom	staller Berniether Horse Length xi Width 44x28
TIEDOWN COMPONENTS Longitudinal Stabilizing Device (LSD) Manufacturer Longitudinal Stabilizing Device w/ Lateral Arms Marriage wall Manufacturer phodel (LO / LO / LO) Manufacturer phodel (LO / LO / LO) Manufacturer phodel (LO / LO / LO / LO) Manufacturer phodel (LO / LO	within 2' of end of home spaced at 5' 4" oc	er pad size	17 1/2 24 han 4 foot 26	e mfg.) 17 x 22.5 17 x 22 17 x 22 13 1/4 x 26 1/4 13 1/4 x 26 1/4 20 x 20 enings 4 foot or greater. Use this 17 3/16 x 25 3/16	d size (1 X Z) Pad Size (1 16 x 16 16 x 18 16 x 18 18.5 x 18.5	8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8'	x 18 20" x 20" 22" x 22" 24" 42) (400) (484)* (5 5' 6' 8' 8' 8'	PIER SPACING TABLE FOR USED HOMES	Double wide ✓ Installation Decal # 307805 Triple/Quad □ Serial # /9/5 A '8	ed in accordance with Rule 15-C Wind Zone II Wind Zone III	New Home \int Used Home \int Year \frac{2010}{2010}

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- 1

The pocket penetrometer tests are rounded down to 200 psf or check here to declare 1000 lb. soil without testing.

x 2500

x 2000

7500

1

V_a

RNS

POCKET PENETROMETER TESTING METHOD

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

×2000

200

O GOLX

ORQUE PROBE TEST

The results of the torque probe test is 240 inch pounds or check here if you are declaring 5' anchors without testing. A test showing 275 inch pounds or less will require 4 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 requires anchors with 4000 lb holding capacity.

Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Date Tested

+-18-10

5

Electrical

connect electrical conductors between multi-wide units, but not to the main power ource. This includes the bonding wire between multi-wide units. Pg. 5

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 idependent water supply systems. Pg. 5

Type Fastener: 26 Lasking multi wide units Type Fastener: 26 Lasking Length: 5 11 Spacing: 24 16 Spacing: 18 18: Type Fastener: 27 Spacing: 18 19 Spacing:

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

homes and that condensation, mold, meldew and buckled marriage walls are

I understand a properly installed gasket is a requirement of all new and used

Installer's initials by Installed:

Pg. Between Floors Yes

Between Walls Yes

Bottom of ridgebeam Yes

Weatherproofing

The bottomboard will be repaired and/or taped. Yes _____ Pg. 18
Siding on units is installed to manufacturer's specifications. Yes
Fireplace chimney installed so as not to allow intrusion of rain water. Yes

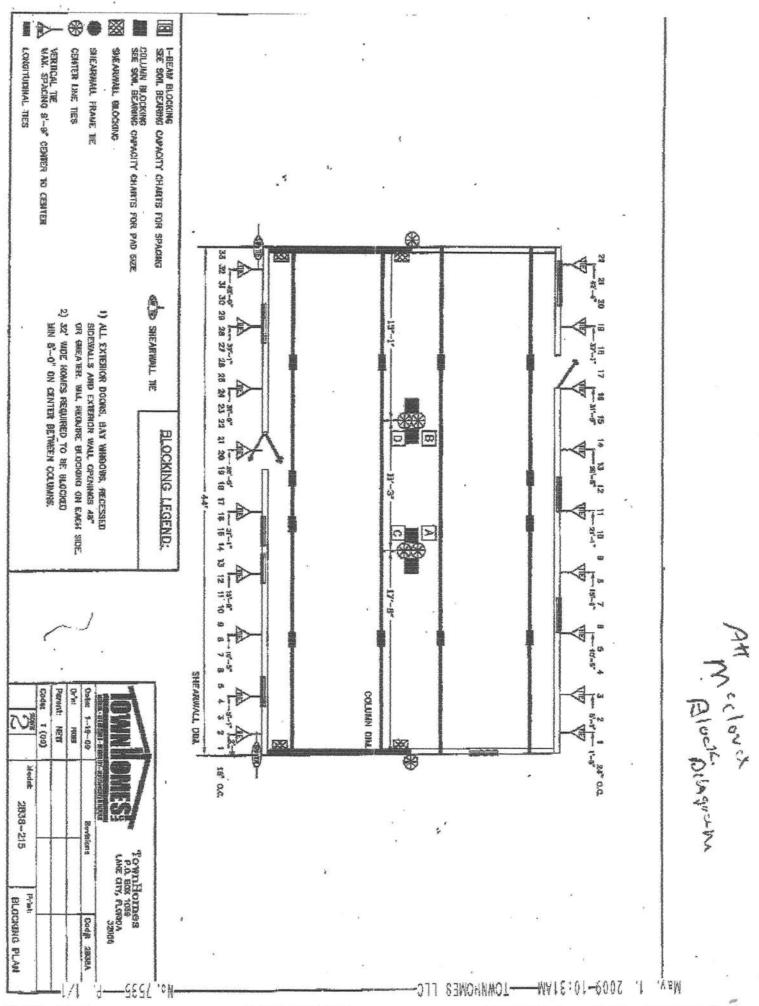
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Skirting to be installed. Yes No
Dryer vent installed outside of skirting. Yes N/A
Range downflow vent installed outside of skirting. Yes N/A
Drain lines supported at 4 foot intervals. Yes
Electrical crossovers protected. Yes
Other:

Installer verifies all information given with this permit worksheet is accurate and true based on the

Date 4-19-10

Installer Signature



PAGE 02/02

SHUWCASE HUMES

68898G/98F

/b:at ataz/91/6a

Columbia County Property **Appraiser** DEER DREMED

DB Last Updated: 3/29/2010

Parcel: 33-3S-17-06265-000

<< Next Lower Parcel Next Higher Parcel >>

Owner & Property Info

Owner's Name	MAXWELL HERCL	MAXWELL HERCULES					
Mailing Address		615 NW JEFFERSON ST LAKE CITY, FL 32055					
Site Address	281 SW BONDS	ST					
Use Desc. (code)	VACANT (000000)						
Tax District	2 (County)	Neighborhood	33317				
Land Area	1.150 ACRES	Market Area	06				
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction.						
LOT 5 IN N1/2 OF NE1/4	4 OF NE1/4 REESE S	/D					

2009 Tax Roll Year

Tax Collector Tax Estimator Property Card Parcel List Generator Interactive GIS Map Print

Search Result: 1 of 1



Property & Assessment Values

2009 Certified Values		
Mkt Land Value	cnt: (0)	\$5,834.00
Ag Land Value	cnt: (2)	\$0.00
Building Value	cnt: (0)	\$0.00
XFOB Value	cnt: (0)	\$0.00
Total Appraised Value		\$5,834.00
Just Value		\$5,834.00
Class Value		\$0.00
Assessed Value		\$5,834.00
Exempt Value		\$0.00
Total Taxable Value	Other: \$5	Cnty: \$5,834 5,834 Schl: \$5,834

2010 Working Values

NOTE:

2010 Working Values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

Show Working Values

Sales History

Show Similar Sales within 1/2 mile

Sale Date	OR Book/Page	OR Code	Vacant / Improved	Qualified Sale	Sale RCode	Sale Price
8/1/1985	572/740	WD	٧	U	01	\$4,000.00

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)	1.15 AC	1.00/1.00/1.00/1.00	\$3,001.05	\$3,451.00
009945	WELL/SEPT (MKT)	1 UT - (0000000.000AC)	1.00/1.00/1.00/1.00	\$2,000.00	\$2,000.00

Columbia County Property Appraiser

DB Last Updated: 3/29/2010

Inst. Number: 201012005886 Book: 1192 Page: 1817 Date: 4/15/2010 Time: 9:04:58 AM Page 1 of 1

Pre pared by:
Elaine R. Davis
American Title Services of Lake City, Inc.
321 SW Main Boulevard, Suite 105
Lake City, Florida 32025

File Number: 10-080

Inst:201012005886 Date: 4/15/2010 Time:9:04 AM Dop Stamp-Deed,94,50 DC:P DeWitt Cason, Columbia County Page 1 of 1 B:1192 P.1817

Warranty Deed

Made this April 14, 2010 A.D.

By HERCULES MAXWELL, hereinafter called the grantor,

TO JOHNNY MCCLOUD, SR. AND BETTY J. MCCLOUD, his wife, whose address is: 1566 NE Bascom Norris Drive, Lake City, Florida 32055, hereinafter called the grantee:

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

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, hereby grants, bargains, sells, aliens, remises, releases, conveys and confirms unto the grantee, all that certain land situate in Columbia County, Florida, viz:

TOWNSHIP 3 SOUTH, RANGE 17 EAST

SECTION 33: Lot No. 5, in the N 1/2 of the NE 1/4 of the NE 1/4, REESE SUBDIVISON.

Said property is not the homestead of the Grantor(s) under the laws and constitution of the State of Florida in that neither Grantor(s) or any members of the household of Grantor(s) reside thereon.

Parcel ID Number: 06265-000

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; that the grantor hereby fully 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 taxes accruing subsequent to December 31, 2009.

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

signea, seatea ana aetiverea in our presence.	-1/ 1	
Elavie R. Davis	Macula // Kwell	(Seal)
Witness Printed Name Quine, R. Davis	_	
Johnny m. Homm	_	(Seal)
Witness Printed Name Johnny M. HAMM	1_	
State of Florida		
County of COLUMBIA		
The foregoing instrument was acknowledged before me this known to me or who has produced Drives license	14th day of April, 2010, by HERCULES MAXWELL, very as identification. Clause R. David Notary Public Print Name:	rho is/arc personally
	HAINE R. DAVIS	
	MY COMMISSION # DD 709588 EXPIRES: October 14, 2011	
	Bondad Thru Notary Public Underwriters	

THE STATE OF T				
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SEE STREET STREET ES	PERSON TO SUPPLY	W. S. J. Walle St.		The state of the s

APPLICATION NUMBER	CONTRACTOR Th =: F+Mobile Home Servations 623 0046
ra i sioni i i i i i i i i i i i i i i i i i i	THE RESERVE A THE PARTY AND ADDRESS OF A SHARP AND A S
	THE CAME AS ICT WE COMPARTED BRIDG TO THE RESIGNICE OF A PERMIT

THIS FORM MUST BE SUMMITTED 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 ninning any work. Violetiene will result in stem work orders and/or fines.

start of that su				Will the penin	Man states and a fund	
ELECTRICAL	ticense #: ER 13012438			Signature		
MECHANICAL/	License #: C	AC0574	The state of the s		Phone #: 755-5792	
PLUMBING/ GAS GOOD	Print Name	CH-0000	arti 255	Signature	Bennie The 20 Phone #: 623-0046	
ROOFING	Print Name			Signature	Phone It:	
SHEET METAL	Print Name ticense #:			Signature	Phone #:	
FIRE SYSTEM/ SPRINKLER	Print Name_ Licensell:			Signature	Phone #:	
SOLAR	Print Name License #:	1		Signature	Phone #:	
specially :	g 1930 - 13.	1 1 2 x 2 2 1 1 1 1			Style Court of the Congress Artes	
MASON						
CONCRETE FIR	VISHER					
FRAMING						
INSULATION						
STUCCO						
DRYWALL						
PLASTER		/	1			
CABINET INST	ALLER	/				
PAINTING		/				
ACOUSTICAL	CEILING					
GLASS	1					
CERAMIC TIL		1		- AND COLOR		
FLOOR COVE						
ALUM/VIMPL						
GARAGE DOC	A STATE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.					
METAL BLDG	A common					

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 Contractor Forms; Subsumpeter form; 6/09 time the employer applies for a building permit.

GLASS

FLOOR COVERING
ALUM/VINYL SIDING
GARAGE DOOR

P. 2

	SUB	CONTRACTOR VERNILATION COMM	0 - 100 - 11/
	200	CONTRACTOR ThifH	Mabile Home ServiFASNE 623 0046
Application Num	TO IRI REDAY SHOP	e submitted builds to the individual	M. M. M. Bernanda
records of the s Ordinance 89-6 exemption, gen	unty one permit will cover all tra subcontractors who actually did i, a contractor shall require all su	ades doing work at the permitte the trade specific work under t ubcontractors to provide evider lid Certificate of Competency lic	ed site, it is <u>REQUIRED</u> that we have the permit. Per Fiorida Statute 440 and nce of workers' compensation or cense in Columbia County. helps submitted to this office prior to the
ELECTRICAL	Print Name PANDAL TEACH	IAS Signature	
	License #: ER 13012438	8	
MECHANICALL A/C _ Good	. A A nah 110	PAN HRATING-SVE ¹⁵ Signature	Phone #: 753-9792
	Print Name BERNIR THR	Signature_	
PLUMBING/ GAS	License #: TH-00000'	55	Phone #: 623-0046
		Signature	
ROOFING	Print Name		Phone #:
	Print Name	Signature	
SHEET METAL	Escense #:		Phone #:
mula properties of	Print Narge	Signature	
FIRE SYSTEM/ SPRINKLER	License#:		Phone #:
SOLAR	Print Name	Signature	
SULAR	Ucense #:		Phone #:
Specialty	Lizense License Number	Sub-Contractors Printed Non	ne Sub-Contractors Signature
MASON			
CONCRETE FI	NISHER		
FRAMING			
INSULATION			
STUCCO			
DRYWALL			
PLASTER			1
CABINET INS	TALLER		1
PAINTING			
ACOUSTICAL	CEILING		

F. 5. 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.

SUBCONTRACTOR VERIFICATION FORM

		BERNARD They ST	PHONE 623-0046
APPLICATION NUMBER	CONTRACTOR	DEGRAMA INCIST	PHONE 000
	THIS FORM MUST BE SUBMITTED PRICE	OR TO THE ISSUANCE OF A PE	RMIT

In Columbia County one permit will cover all trades doing work at the permitted site. It is <u>REQUIRED</u> 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.

						1 1 1 1 1 1	\neg
ELECTRICAL	Print Name	MIK CONNE	R	Signature_		ichsel & Comen	╪
V God	License #:	ER 1301519	72		Phone #:	386-391-0909	_
MECHANICALT	Print Name			Signature_			-1
A/C	License #:	>			Phone #:		┙
PLUMBING/	Print Name			Signature_		/	-1
GAS	License #:			Phone #:			
ROOFING	Print Name			Signature_	/		-
	License #:				Phone #:		4
SHEET METAL	Print Name			Signature			-
	License #:				Phone #:		
FIRE SYSTEM/	Print Name			Signature			-
SPRINKLER	License#:				Phone #:		_
SOLAR	Print Name			Signature_		\	-
	License #:				Phone #:		
Specialty L	icense	License Number	Sub-Contract	ors Printed Nami	e	Sub-Contractors Signature	
MASON			/				_
CONCRETE FI	NISHER						
FRAMING							_
INSULATION							
STUCCO				4			_
DRYWALL							
PLASTER							
CABINET INST	TALLER						
PAINTING							_
ACOUSTICAL	CEILING			100			_
GLASS							
CERAMIC TILE	E						
FLOOR COVE	RING						_
ALUM/VINYL	SIDING						
GARAGE DOC	OR						_
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.

Contractor forms: Subcontractor forms 6/1



COLUMBIA COUNTY 911 ADDRESSING / GIS DEPARTMENT



P. O. Box 1787, Lake City, FL 32056-1787
Telephone: (386) 758-1125 * Fax: (386) 758-1365 * Email: ron_croft@columbiacountyfla.com

ADDRESS ASSIGNMENT DATA

The Columbia County Board of County Commissioners has passed Ordinance 2001-9, which provides for a uniform numbering system. A copy of this ordinance is available in the Clerk of Court records, located in the courthouse. This new numbering system will increase the efficiency of POLICE, FIRE AND EMERGENCY MEDICAL vehicles responding to calls within Columbia County by immediately identifying the location of the caller.

A Residential or Other Structure(s) on Parcel Number: 33-3S-17-06265-000 (LOT'S IN N1/2 OF NE1/4 OF NE1/4 REESE S/D)

Address Assignment(s): 281 SW BONDS ST, LAKE CITY, FL, 32055

Any questions concerning this information should be referred to the Columbia County 911 Addressing / GIS Department at the address or telephone number above.

STATE OF FLORIDA

DEPARTMENT OF HE	ALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYS	nit Application Number 10-005E.
Pem	nit Application Number 117 Congression
The Choud PART II - SITEPLAN	
OO	
Scale: 1 inch = 50 feet.	
Scale: 1 inch = 50 feet. PART II - SITEPLAN Scale: 1 inch = 50 feet. PART II - SITEPLAN PART II - SITEPLAN South 50 feet. 53 feet. 5	application #: 1004-35
2	
	MARTIN CONTRACTOR
Site Plan submitted by: Not Approved	MASTER CONTRACTOR
Plan Approved 1/	Imbia CHD County Health Departmen
By Saulu Ford EH Director Colu	IMDIA CHD County Health Departmen
ALL CHANGES MUST BE APPROVED BY THE CO	DUNTY HEALTH DEPARTMENT

DH 4015, 10/96 (Replaces HRS-H Form 4016 which may be used)

Page 2 of 4

(Stock Number: 5744-002-4015-6)



MI OCCUPAZO

COLUMBIA COUNTY, FLORIDA

epartment of Building and Zoning Inspection

This Certificate of Occupancy is issued to the below named permit holder for the building and premises at the below named location, and certifies that the work has been completed in accordance with the Columbia County Building Code.

Building permit No. 000028523

Parcel Number 33-3S-17-06265-000

Permit Holder

lolder BERNIE THRIFT

Owner of Building JOHNNY MCCLOUD

Location: 281 NE BONDS ST., LAKE CITY, FL

Date:

05/10/2010

Building Inspector

POST IN A CONSPICUOUS PLACE (Business Places Only)