Parcel:

03-68-16-03767-102 (19139)

Owner	&	Property	Info
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Owner of I	operty mit	Result: 1 of 1
Owner	TRAVIS CHRISTOPHER TRAVIS KERI 8104 SW 53 PL GAINESVILLE, FL 32608	
Site	180 SW SEDGEFIELD Ln, FORT WHITE	
Description*	LOT 2 SEDGEFIELD S/D PHASE 1. 992-68 088, WD 1216-1110, WD 1464-2068,	6, WD 1023-831, WD 1026-877, QC 1140-729, CT 1203-
Area	5.02 AC	S/T/R 03-6S-16
Use Code**	VACANT (0000)	Tax District 3

STATE OF FLORIDA **COUNTY OF COLUMBIA**

This is to certify that I, (We),Christopher Travis,
as the owner of the below described property:
Property tax Parcel ID number 06-6S-16-03767-102
Subdivision (Name, lot, Block, Phase) Lot 2, SedgefieldS/D PH 1
Give my permission for Keri Travis to place a
Circle one Mobile Home Travel Trailer / Utility Pole Only / Single Family Home / Barn – Sned – Garage / Culvert / Other
I (We) understand that the named person(s) above will be allowed to receive a building

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.

Owner Signature

-24-02 Date

Owner Signature

Date

Owner Signature

Date

Sworn to and subscribed before me this $2\frac{1}{2}$ day of $\frac{1}{2}$, 20 22. This (These) person(s) are personally known to me or produced ID (Type) Notary Public Signature Notary Printed Name Notary Stamp/ Dale R. Burd NOTARY PUBLIC STATE OF FLORIDA Comm# GG231750 Expires 7/16/2022

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

Keri Travis

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.

ELECTRICAL	Print Name License #:	Glenn Whittington EC 13002957 Qualifier Form	Signature Phone #: Attached X	386-972-1700	
MECHANICAL/	Print Name	Ronald Bonds Sr.	Signature	AC	\mathcal{O}
A/C	License #:	CAC1817658	Phone #:	800-259-3470	
		Qualifier Form	Attached		

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

LICENSED QUALIFIER AUTHORIZATION

(license holder name), licensed qualifier

(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. DAEBER	1.
2. Locky Ford	2. Jorts Da
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.

Licensed Qualifiers Signature (Notarized) NOTARY INFORMATION: COUNTY OF: Combin STATE OF: The above license holder, whose name is _____ personally appeared before me and is known by me or has produced identification) day of 💋 (type of I.D.) on this NOTARY'S SIGNATURE al/Stance Y R BISHOP Notary Public - State of Florida Commission # FF 243986 y Comm. Expires Jun 24, 2019

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 Lonel (license holder name), licensed qualifier EST ENTERDENES (company name), do certify that for 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 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 upauthorized persons to use your name and/or license number to obtain permits.

CAC 1817658 2-16-14 License Number Date Licensed Qualifiers Signature (Notarized) NOTARY INFORMATION:

STATE OF: TL

COUNTY OF: The above license holder, whose name is Kongld

personally appeared before me and is known by me or has produced identification (type of I.D.) on this 14 day of 8r

Ging loopeins

(Seal/Stamp)



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page 1 of 2

	arriage wall plers within 2' of end of home pol Rule 15C		Typical pier spacing listeral listeral show locations of Longitudinal and Lateral Systems locations)	PERMIT NUMBER Installer Robert Sheppard License # IH 1025386 Installer Mobile Phone # 386-623-2203 License # IH 1025386 Address of home 780 500 Log 5700 Cr Manufacturer May Mpi D/A Length x width Log X2X 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 Am Systems cannot be used on any home (new or used) I I
FRAME TIES TIEDOWN COMPONENTS Longitudinal Stabilizing Device (LSD) Manufacturer Longitudinal Stabilizing Device w/ Lateral Arms Manufacturer Manufacturer </td <td>Draw the approximate locations of marriage wall openings 4 foot or greater. Use this symbol to show the piers. 20 × 20 400 List all marriage wall openings greater than 4 foot and their pier pad sizes below. 17 3/16 × 25 3/16 440 Opening Pier pad size 400 17 3/16 × 25 3/16 440 List all marriage wall openings greater than 4 foot 24 × 24 5/6 5/6 Opening Pier pad size 4 ft 5 ft</td> <td>I from Rule 15C-1 pier spacing table. POPUL AR PAD SIZE PIER PAD SIZES 174 2.5 ar pad size 174 2.5 pier pad size 10 1/1 4.25 16 x 18 16 x 18 16 x 18 16 x 22.5 16 x 18 17 x 22 17 x 22 16 x 26 17 x 22 17 x 22 13 1/4 x 26 1/4 x 26</td> <td>22" 24" X 24" 26" (576)* (6 8" 8" 8" 8"</td> <td>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 Double wide Installation Decal # Triple/Quad Serial # Roof System: Typical PIER SPACING TABLE FOR USED HOMES</td>	Draw the approximate locations of marriage wall openings 4 foot or greater. Use this symbol to show the piers. 20 × 20 400 List all marriage wall openings greater than 4 foot and their pier pad sizes below. 17 3/16 × 25 3/16 440 Opening Pier pad size 400 17 3/16 × 25 3/16 440 List all marriage wall openings greater than 4 foot 24 × 24 5/6 5/6 Opening Pier pad size 4 ft 5 ft	I from Rule 15C-1 pier spacing table. POPUL AR PAD SIZE PIER PAD SIZES 174 2.5 ar pad size 174 2.5 pier pad size 10 1/1 4.25 16 x 18 16 x 18 16 x 18 16 x 22.5 16 x 18 17 x 22 17 x 22 16 x 26 17 x 22 17 x 22 13 1/4 x 26 1/4 x 26	22" 24" X 24" 26" (576)* (6 8" 8" 8" 8"	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 Double wide Installation Decal # Triple/Quad Serial # Roof System: Typical PIER SPACING TABLE FOR USED HOMES

Site Preparation Debris and organic material removed	Connect all sewer drains to an existing sewer tap or septic tank. Pg.	Electrical Connect electrical conductors between multi-wide units, but not to the menopower source. This includes the bonding wire between mult-wide units. Pg.	Date Tested 5-21-22	Installer Name Karokin Stratparto on	ESTS MUST BE PERF	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	TORQUE PROBE TEST The results of the torque probe test is MS 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.	0001× 0001× 0001×	 Using 500 lb. increments, take the lowest reading and round down to that increment. 	Take the reading at the depth of the footer.	U	DUT ×	The pocket penetrometer tests are rounded down to psf or check here to declare 1000 lb soil without testing.	POCKET PENETROMETER TEST
	manufacturer's installation instructions and or Rule 15C-1	Installer verifies all information given	Range downflow vent installed outside of skirting	Dryer vent installed outside of skirting. Yes	M	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.	e pasket FOUM	of tape will not serve as a gasket.	I understand a properly installed gasket is a requirement of all new and used homes and that condensation, mold, meldew and buckled marriage walls are	Gasket (weatherproofing requirement)			Natural	



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

	Permit Application N	Number
TRAUS	PART II - SITEPLAN	
	2	10 5
Scale: 1 inch = 40 feet.		5
210	45' 71541' 3BR 18205Q 30'41'60'	More Sign
	102 100 100	DRIVE 8' O WELL
Notes:	- 5.02 ACRE SEE ATTACI	hed
	80	
Site Plan submitted by	Alat Annun and	CONTRACTOR
Plan Approved	Not Approved	County Health Department
Ву		

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated: 64E-6.001, FAC (Stock Number: 5744-002-4015-6)



Cypress Manor 0603A

1820 Square Feet, 3 Bedrooms, 2 Bathrooms, Multi-Section

This manufactured home is built to the federal (HUD) building code for manufactured housing.

Floor Plan

OPTIONS





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	d: 6/22/2020 2:45:55 PM
Address:	180 SW SEDGEFIELD LN
City:	FORT WHITE
State:	FL
Zip Code	32038
Parcel ID	03-6S-16-03767-102
REMARKS: TI	his address is a verified address in the county's addressing system.

REMARKS: This address is a verified address in the county's addressing system

Verification ID: de4a1afd-37a9-41b3-bb28-04526feeaa83

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:

GIS Specialist

Columbia County GIS/911 Addressing Coordinator

Columbia County Department of Information Technology 135 NE Hernando Ave. Lake City, FL 32055 Telephone 386-719-1456