Parcel:

20-3S-17-05481-001 (45457)

Owner & Property Info

Result: 3 of 3

Owner

KLOPP HAILEY M 1872 N US HIGHWAY 441

LAKE CITY, FL 32055

Site

LOTS 6 & 13 BLOCK 1 GLEN ECHO S/D. 632-504, 755-665, 756-221, WD 1037-1183 1073-2766, DC Description*

1178-1924, WD 1207-1179, QC 1469-1864,

Area

0.24 AC

S/T/R

20-3S-17

Use Code** VACANT (0000)

Tax District 2

RSFMH-2

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER	CONTRACTOR	Brent Strickland	PHONE 386-365-7043
THE CHICAGO THOMAS CO.			

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

Hailey Klopp

In Columbia County one permit will cover all trades doing work at the permitted site. It is <u>KEQUIKED</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 #:	James Dale Williams EC 13002957 Qualifier Form	Signature
MECHANICAL/	Print Name_	Michael Boland	Signature
A/C	License #:	CAC 1817716	Phone #: 352-251-3926
3 1310000		Qualifier Form	Attached X

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 Hemando Ave, Suite B-21, Lake City, FL 32055

Phone 386-758-1008 Fax. 386-758-2160

, Dale Williams	(license holder name), licensed qualifier
for Affordable Electric	(company name), do certify that
the below referenced person(s) listed on this for employee leasing arrangement; or, is an officer Florida Statutes Chapter 468, and the said pers control and is/are authorized to purchase permit	of the corporation; or, partner as defined in on(s) is/are under my direct supervision and
Printed Name of Person Authorized	Signature of Authorized Person
1. Dale Burd	1.
2.	2.
3.	3.
4.	4.
5.	5.
authority to discipline a license holder for violatic officers, or employees and that I have full respond and ordinances inherent in the privilege granted life at any time the person(s) you have authorized must notify this department in writing of the chartom, which will supersede all previous lists. Fail use your name and/or license number to obtain placense Holders Signature (Notarized)	by issuance of such permits is/are no longer employee(s), or officer(s), you not and submit a new letter of authorization ourse to do so may allow unauthorized persons to
The above license holder, whose name is to personally appeared before me and is known by (type of I.D.) on	me or has produced identification this 7th day of January 20/9





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

LICENSED QUALIFII	ER AUTHORIZATION
1. My hAR/ A IN/AND	(license holder name), licensed qualifier
for ACIE A/C OF OCA/A	ALC (company name), do certify that
the below referenced person(s) listed on this for holder, or is/are employed by me directly or thro officer of the corporation; or, partner as defined person(s) is/are under my direct supervision and sign permits; call for inspections and sign subco	ugh an employee leasing arrangement; or, is an in Florida Statutes Chapter 468, and the said control and is/are authorized to purchase and
Printed Name of Person Authorized	Signature of Authorized Person
1. DAla EAd	1.678
2. Kally Bishop	2. Kelly Bishop
3. Locky Ford	3. Jahr Dal
4.	4.
5.	5.
I, the license holder, realize that I am responsible under my license and fully responsible for comp Local Ordinances. I understand that the State are authority to discipline a license holder for violation officers, or employees and that I have full responsand ordinances inherent in the privilege granted	liance with all Florida Statutes, Codes, and and County Licensing Boards have the power and cons committed by him/her, his/her agents, insibility for compliance with all statutes, codes
If at any time the person(s) you have authorized officer(s), you must notify this department in writ authorization form, which will supersede all prevunauthorized persons to use your name and/or leads to the persons to use your name and/or leads to the persons to use your name and/or leads to the persons to use your name and/or leads to the persons to use your name and/or leads to the persons to use your name and/or leads to the persons to use your name and/or leads to the persons to use your name and/or leads to the persons to use your name and/or leads to the persons to use your name and/or leads to the persons to use your name and/or leads to the persons to use your name and/or leads to the persons to use your name and/or leads to the persons to use your name and/or leads to the persons to use your name and/or leads to the persons to use your name and/or leads to the persons to use your name and/or leads to the persons to use your name and/or leads to the persons to use your name and/or leads to the persons to use your name and/or leads to the persons to use your name and/or leads to the persons to use your name and/or leads to the persons to use your name and/or leads to the persons to use your name and/or leads to the persons to use your name and/or leads to the persons to use your name and/or leads to the persons to use your name and/or leads to the persons to use your name and/or leads to the persons to use your name and/or leads to the persons to use your name and/or leads to the persons to use your name and/or leads to the persons to use your name and/or leads to the persons to use your name and/or leads to the persons to use your name and/or leads to the persons to use your name and/or leads to the persons to use your name and/or leads to the persons to use your name and/or leads to the persons to use your name and/or leads to the persons to use your name and/or leads to the persons to use your name and/or leads to the persons	ing of the changes and submit a new letter of jous lists. Failure to do so may allow
Licensed Qualiflers Signature (Notarized)	(AC1317714 ES)20004 License Number Date 111716
NOTARY INFORMATION: STATE OF COUNTY OF	marion
The above license holder, whose name is Micropersonally appeared before me and is known by (type of I.D.) on	me or has produced identification this day of Nemon, 20 15
MOTARYS SIGNATURE	(Seal/Stamp)
	AMANDA FLOOD



	Installer Brent Strickland License # IH 1104218 Home in staller Mobile Phone # 386-365-7043 Address of home being installed LALK CAS Length x width UXX8 Manufacturer LALK CAS Length x width UXX8 More 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 lies exceed 5 ft 4 in. Installer's initials Show locations of Longitudinal and Lateral Systems capacity (use dark lines to show these locations) Load bearing capacity (use dark lines to show these locations) Load bearing capacity (use dark lines to show these locations) Load bearing capacity (required to the control of the permitted to the control of the capacity (required to the capacity capacity) Load bearing capacity (use dark lines to show these locations) Load bearing capacity (required to the capacity capacity capacity) Load bearing capacity (required to the capacity c
within 2' of end of home spaced at 5' 4" oc	New Home Manufacturer's Installation Manual Manual Home is installed in accordance with Rule 15-C

PERMIT NUMBER

						The pocks or check i	
	× 1000	3. Using 500 li reading and	2. Take the re-	Test the per	POCKET PE	The pocket penetrometer tests are round or check here to declare 1000 lb. scil	POCK
TORQUE PROBE TEST	×1000	Using 500 lb. increments, take the lowest reading and round down to that increment.	Take the reading at the depth of the footer.	 Test the perimeter of the home at 6 locations 	POCKET PENETROMETER TESTING METHOD	The pocket penetrometer tests are rounded down to or check here to declare 1000 lb. scil without testing.	POCKET PENETROMETER TEST
	×1000	west ament.	ooter.	ocations.	METHOD	esting. psf	EST

showing 275 inch pounds or less will require 5 foot anchors. The results of the torque probe test is 40 inch pounds or check

Note: A state approved lateral arm system is being used and 4 ft. anchors are required at all centerline tie points where the torque test anchors are allowed at the sidewall locations. I understand 5 ft requires anchors with 4000 lb holding capacity reading is 275 or less and where the mobile home manufacturer may Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Ir staller Name

Date Tested

Electrical

source. This includes the bonding wire between mult-wide units. Pg Connect electrical conductors between multi-wide units, but not to the main power

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.

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

installer's initials_

Type gasket

installed: Between Floors Yes Bottom of ridgebeam Yes Between Walls Yes

Weatherproofing

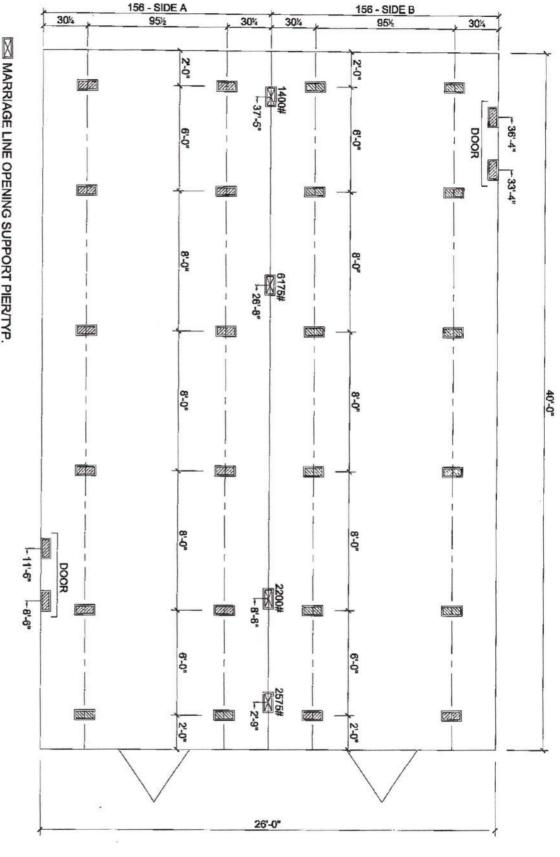
Fireplace chimney installed so as not to allow intrusion of rain water. Yes___ Siding on units is installed to manufacturer's specifications. Yes. The bottomboard will be repaired and/or taped. Yes,

Miscellaneous

Electrical crossovers protected. Yes Drain lines supported at 4 foot intervals. Yes, Range downflow vent installed outside of skirting. Yes-Dryer vent installed outside of skirting. Yes Skirting to be installed. Yes S NA Z

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

Installer Signature Date 11-22-2022



MARRIAGE LINE OPENING SUPPORT PIER/TYP.

SUPPORT PIER/TYP

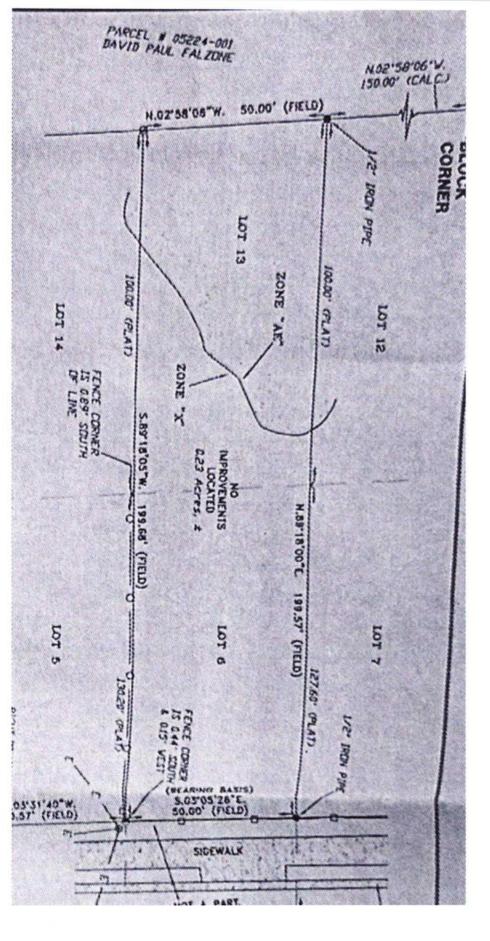
FOUNDATION NOTES:

- THIS DRAWING IS DESIGNED FOR THE STANDARD WIND ZONE AND IS TO BE USED IN CONJUNCTION WITH THE INSTALLATION MANUAL AND IT'S 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.

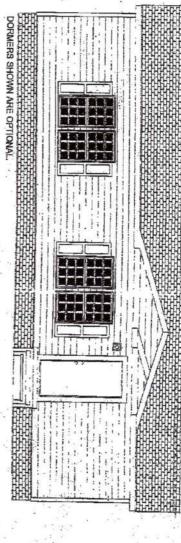
REV: 05/03/22

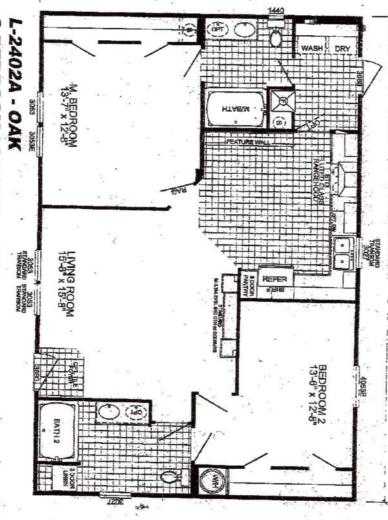
MODEL: L-2402A - 28 x 40 (BOX) 2-BEDROOM / 2-BATH Live Oak Homes

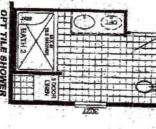
CITY HAO & SEWER 公安 133.68 SITE BLAN WATER 1985) 199.68 relector W. るち ango. 306 200 8. LDD-SN N 888



SOUTHERN CHARM D











3-BEDROOM / 2-BATH 28 x 44 - Approx. 1040 Sq. Ft.

EFFECTIVE FLOOD INFORMATION REPORT



Location Information

COLUMBIA

Parcel: 20-3S-17-05481-000

Flood Zone: AE, X

Flood Risk: HGH

1% Annual Chance Base Flood Elev*

Not Available

10% Annual Chance Flood Elev*

Not Available

50% Annual Chance Flood Elev*

Not Available

the note below are derived from FEMA flood mapping products, rounded to the nearest tenth of a foot. For more information, please see Flood Elevations shown on this report are in NAVD 88 and

Legend with Flood Zone Designations

Watershed						2
hed		0.2% Flood-Sha (Moderate Risk)	1% Flood (HighRisk)	1% Flood - (HighRisk)	1% Flood Risk)	1% Flood Risk)
Upper Suwannee		0.2% Flood-Shaded Zone X (Moderate Risk)	1% Flood - Zone VE (HighRisk)	1% Flood - Zone A (HighRisk)	1% Flood - Zone AE (High Risk)	1% Flood -Floodway (High Risk)
nee		}				
Map Effective Date	Supplemental Inf	BaseFlood Elevations (BFE)	Depressions	SFHA Increase	SFHA Decrease	Area Not Included
11/2/2018	ormation	X	D		Б	1
Special Flood Hazard Area		River Marks	Parcels	FIRM Panel Index	County Boundaries	CrossSections
d Area						
Yes						Wetlands

Anywhere it can rain, it can flood Know your risk.



www.srwmdfloodreport.com

and/or floodways have been determined and previously issued Letters of Map Change. Requests to revise flood information may be provided to the District during the community review period on preliminary maps, or through the appropriate process with FEMA Change Your Flood Zone Designation | FEMA.gov. Information about flood insurance may be obtained at (https://msc.fema.gov) maintains the database of Flood Insurance Studies and Digital Flood Insurance Rate Maps, as well as additional information such as how the Base Flood Elevations (BFEs) The information herein represents the best available data as of the effective map date shown. The Federal Emergency Management Agency (FEMA) Flood Map Service Center (https://www.floodsmart.com)

Panel(s)

FIRM

12023C0284D



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:

6/22/2020 2:46:38 PM

Address:

1872 N US HIGHWAY 441

City:

LAKE CITY

State:

FL

Zip Code

32055

Parcel ID

20-3S-17-05481-001

REMARKS:

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

Verification ID: 35356af4-826d-45ea-aea4-4c8371efb4d3

Address was reassigned from old address: NA ROUTE 25

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