Parcel:

28-4S-17-08815-000

Owner & Property Info

Result: 1 of 1

STRICKLAND BRENT MATHEW

Owner

5233 NW FALLING CREEK RD

WHITE SPRINGS, FL 32095

Site

172 DAYLILY GLN, LAKE CITY

LOT 1 BLK 4 FLORA CREST FARMS UNIT A, EX .55 AC DESC IN ORB

Description* 942-586 & EX 1.33 AC DESC IN ORB 1039-600, 360-687, 719-424, 750-572,

523 -2325, TD 1371-440, TD 1372- 1726, QC 1396-2203,

Area

1.75 AC

S/T/R

28-4S-17

Use Code**

MH PARK (002802) Tax District

2

*The <u>Description</u> above is not to be used as the Legal Description for this parcel in any legal transaction.

**The <u>Use Code</u> is a FL Dept. of Revenue (DOR) code and is not maintained by the Property Appraiser's office. Please contact your city or county Planning & Zoning office for specific zoning information.

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUM	MBER CONTRACTO	Brent Stricklar	nd PHONE 386-365-7043
	THIS FORM MUST BE SUBMITTED P	RIOR TO THE ISSUANCE O	F A PERMIT
			Samuels - Gonzalez
records of the Ordinance 89-0 exemption, ge	sunty one permit will cover all trades doing we subcontractors who actually did the trade specific account actor shall require all subcontractors neral liability insurance and a valid Certificate the permitted contractor is responsible for the abcontractor beginning any work. Violations	ecific work under the s to provide evidence of Competency licen se corrected form bei	permit. Per Florida Statute 440 and of workers' compensation or se in Columbia County. In a submitted to this office prior to the
ELECTRICAL	Print Name Glenn Whittington License #: EC 13002957 Qualifier Form At	- 111011c #	386-972-1700
	Qualifier Form At	tacried	100
MECHANICAL/	Print Name Michael Boland	Signature	ASS.
A/C	License #: CAC 1817716	Phone #:	386-972-1700

Qualifier Forms cannot be submitted for any Specialty License.

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			

Qualifier Form Attached

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					
1. Chans Whitington	(license holder name), licensed qualifier				
for Whittington ELRENK S	Twc(company name), do certify that				
the below referenced person(s) listed on this form holder, or is/are employed by me directly or throu officer of the corporation; or, partner as defined in person(s) is/are under my direct supervision and sign permits; call for inspections and sign subcon-	ugh an employee leasing arrangement; or, is an n 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. 45500	1				
2. Merchy Fond	2. Jones 1)				
3.	3.				
4.	4.				
5.	5.				
I, the license holder, realize that I am responsible under my license and fully responsible for complete 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. If at any time the person(s) you have authorized officer(s), you must notify this department in write authorization form, which will supersede all prevenuauthorized persons to use your name and/or licensed Qualifiers Signature (Notarized).	iance with all Florida Statutes, Codes, and and County Licensing Boards have the power and ans committed by him/her, his/her agents, asibility for compliance with all statutes, codes by issuance of such permits. is/are no longer agents, employee(s), or ing of the changes and submit a new letter of ious lists. Failure to do so may allow				
NOTARY INFORMATION: STATE OF:COUNTY OF:	Cohnbia				
The above license holder, whose name is	me or has produced identification this day of, 20				
LICE POSHOP NOTARY'S SIGNATURE	eal/Starkelly R BISHOP Notary Public - State of Florida Commission # FF 243986 My 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 QUALIFI	ER AUTHORIZATION ,
1. IllichARIA LOLAND	(license holder name), licensed qualifier
for ACIE-A/G DCA/A	LLC (company name), do certify that
- Control of the Cont	,
the below referenced person(s) listed on this for holder, or is/are employed by me directly or thro	bugh 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 sign permits; call for inspections and sign subco	d control and is/are authorized to purchase and
Printed Name of Person Authorized	Signature of Authorized Person
1. 1)A/2 DAd	1.665
2. Kally Bishop	2. Kelly Bishop
3. Kocky Ford	3. Jahr Dol
4.	4.
5.	5.
 the license holder, realize that I am responsible under my license and fully responsible for comp 	e for all permits purchased, and all work done
Local Ordinances. I understand that the State ar	nd County Licensing Boards have the power and
authority to discipline a license holder for violatic officers, or employees and that I have full respon	ons committed by him/her, his/her agents.
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 writ	ing of the changes and submit a new letter of
authorization form, which will supersede all prev unauthorized persons to use your name and/or l	ious lists. Failure to do so may allow icense number to obtain permits.
1- Nol Bons	American & Frimora
Licensed Qualifiers Signature (Notarized)	License Number Date / 17/1/
	Date 1111/16
NOTARY INFORMATION: STATE OF COUNTY OF:	much
~	
The above license holder, whose name is \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	me anhas produced identification
	this Way of Novemon, 20
imans thank	-
NOTARY'S SIGNATURE	(Seal/Stamp)
. 0	* Consideration of the Constitution of the Con
	AMANDA FLOOD MY COMMISSION A FF 105012



		forriage wall plers within 2' of and of home political 15C			Typical pier spacing	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	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	Manufacturer LUPDOK Length x width 52x32	Mobile Phone # 386-365-7043 of home 174 SUCR 242 A	Installer Brent Strickland License # IH 1104218
within 2' of end of home spaced at 6' 4" oc Longitudinal Stribilizing Device (LSD) Longitudinal Stribilizing Device w/ Lateral Arms Manufacturer Manufacturer Manufacturer Manufacturer Manufacturer Stribilizing Device w/ Lateral Arms Marriage wall Shearwall	Opening Pier pad size 4 it 5 ft FRAME TIES	20 x 20 716 x 25 3/16 712 x 25 7/2 24 x 24 26 x 26	Perimeter pier pad size 16 x 16 256 16 x 18 288 288 288 288 285 342 286 256 266 266 266 266 266 266 266 266 26	from Rule 15C-1 pier spacing table. PIER PAD SIZES 17 X 2 Pad Size Pad Size Pad Size	(sq in) (256) 1/2" (342) (400) (464)* (576)* Dosf	PIER SPAC	Triple/Quad Serial # LOHGH 2803 646 M	Single wide Wind Zone II Wind Zone III Double wide Installation Decal # 65750	Home installed to the Manufacturer's Installation Manus! Home is installed in accordance with Rule 15-C	New Home S Used Homs

Site Preparation

PERMIT NUMBER

Connect electrical conductors between multi-wide units, but not to the main power	FOULTS OF THE PROPERTY OF THE	Date Tested 8.5-2020	Installer Name	reading is 275 or less and where the mobile home manufacturer may requires anchors with 4000/lb holding capacity.	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 tile points where the torque test	TORQUE PROBE TEST The results of the torque probe test is 295 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.	×1/200 ×1500 ×1500	Using 500 lb. increments, take the lowest reading and round down to that increment.	1. Test the perimeter of the home at 6 locations. 2. Take the reading at the depth of the fcoter.	×1500 ×1500 ×1600	The pocket pene rometer tests are rounded down to 500 psf or check here to Jedare 1000 lb. soi without lesting.	The second secon
	Other;	Range downflow vent installed outside of skirting. Yes N/A L Drain lines supported at 4 foot intervals. Yes Electrical crossovers protected. Yes 0	bellar eous	The bottomboard will be repaired and/or taped. Yes Pg. Pg. Siding on units is installed to manufacturer's specifications. Yes Fireplace chimney installed so as not to allow intrusion of rain water. Yes L	Weatherproofing	Type gasket Foa M Installed: Pg. 22 Between Walls Yes Bottom of ridgebeam Yes	a result of a poorly installed or no gasket being installed. I understand a strip of tape will not serve as a gasket. ⚠	Gasket (weatherstowned) 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	Roof: Type Fastener: 124 Dength: A spacing: 144 Spacing: 145 Spacing: 146 Spacing:	Fastening multi wide units Type Fastener: Length: S	Det ris and organic material removed V Waler drainage: Natural Swale Pad COlher	TATAL VALUE AND A STATE OF THE PROPERTY OF THE

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

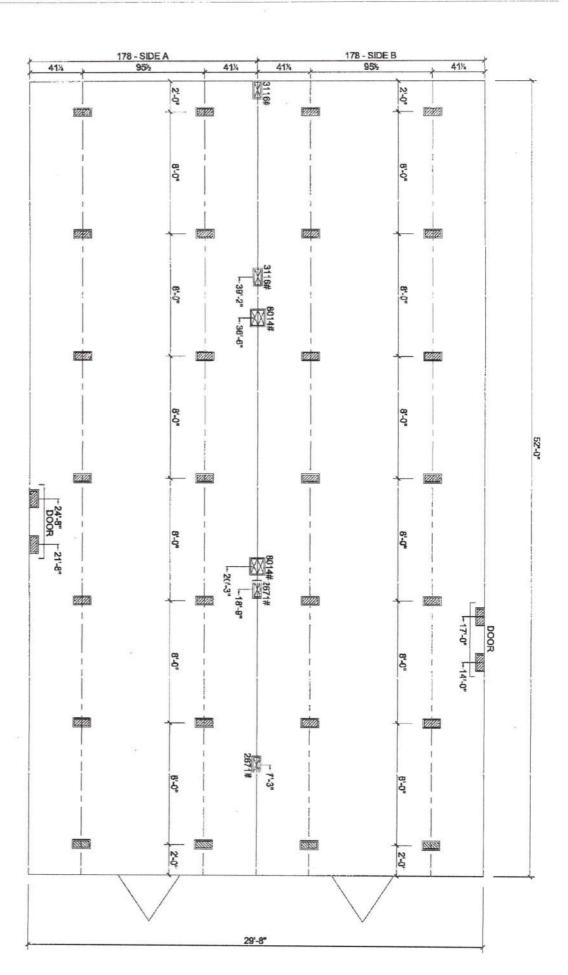
independent water supply systems. Pg. ...

Connect all potable water supply piping to an existing water meter, water tap, or other

Connect all sewer drains to an existing sewer tap or septic tank. Pg.

source.

This includes the bonding wire between mult-wide units. Pg.



-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, SCIL CONDITION, ETC. -FOOTINGS ARE REQUIRED AT SUPPORT 1908TS, SEE INSTALLATION MANUAL FOR REQUIREMENTS. Live Oak Homes

SUPPORT PIER/TYP

MARRIAGE LINE OPENING SUPPORT PIER/TYP.

07/08/19

MODEL: V-3524G - 32 X 52 4-BEDROOM / 2-BATH

THE TUTORD

SAMUELS JAR22 GUNZAR22 MASTER BEDROOM 12'-8" X 14'-8" 12'-11%" 17'-8" X 14'-6" 17:11" WALLS 10'-08" BEDROOM 4 10'-1" X 10'-9" 10'-4" #2 BEDROOM 11'-7" X 14'-2" BEDFIOOM 3 10'-4" X 10'-9" 12-1" 10'-94"



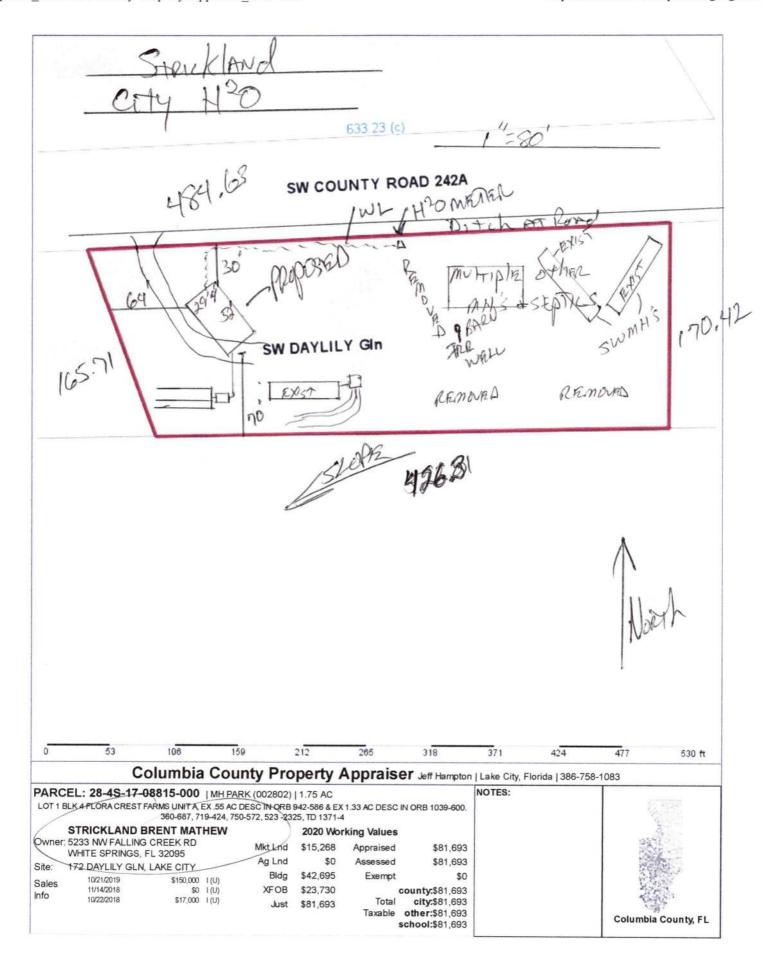


All rown dimensions include clossis and square foctage ligates are approxime Transom wholows are available an optional 3-0° sidewall floures only.

32 X 52 - Approx. 1525 Sq. Ft.

4-EJEDROOM / 2-BATH

V-3524G - SUWANNEE VALLEY



STATE OF FLORIDA COUNTY OF COLUMBIA

LAND OWNER AFFIDAVIT

This is to certify that I, (We), Brent Strickland							
as the owner of the below described property:							
Property tax Parcel ID number28-4S-17-088	815-000						
Subdivision (Name, lot, Block, Phase) Lot 1, Blk 4,	Flora Crest Farms, Unit A						
Give my permission for Meauvell Samuels & S	Sandra Gonzalez to place a						
Circle one Mobile Home Travel Trailer / Utility Pole Only / Single Family Home / Barn – Snea – Garage / Culvert / Other							
permit on the property number I (we) have liste	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.						
Brent Terrella 1 Owner Signature Date							
Owner Signature De	ate						
Owner Signature De	ate						
Sworn to and subscribed before me this 15 day of 30, 20 20. This							
(These) person(s) are personally known to me or produced ID (Type)							
Ale C							
Notary Public Signature Nota	ary Printed Name						
Notary Stamp/ Dale R. Burd NOTARY PUBLIC STATE OF FLORIDA Comm# GG231750 Expires 7/16/2022							