

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 7-1-15)		Zoning Official _____	Building Official _____
AP# <u>48115</u>	Date Received <u>1/7</u>	By <u>MG</u>	Permit # _____
Flood Zone _____	Development Permit _____	Zoning _____	Land Use Plan Map Category _____
Comments _____			
FEMA Map# _____	Elevation _____	Finished Floor _____	River _____ In Floodway _____
☐ Recorded Deed or ☒ Property Appraiser PO	☒ Site Plan	☐ EH # _____	☐ Well Letter OR
☐ Existing well	☒ Land Owner Affidavit	☒ Installer Authorization	☐ FW Comp. letter ☒ App Fee Paid
☐ DOT Approval	☒ Parent Parcel # _____	☒ STUP-MH _____	☐ 911 App
☐ Ellisville Water Sys	☒ Assessment <u>owed</u>	☒ Out County ☒ In County	☐ Sub VF Form

Property ID # 00-00-00-01422-019 Subdivision Three Rivers Estates Lot# 19+20

- New Mobile Home ☒ Used Mobile Home _____ MH Size 32 x 68 Year _____
- Applicant Sonip Crews Phone # 863-517-5701
- Address 3311 SW State Rd 247 Lake City, FL 32024
- Name of Property Owner Amy Brown Phone# 561-414-3440
- 911 Address 1138 SW Utah St Ft White, FL 32038
- Circle the correct power company - FL Power & Light - Clay Electric
 (Circle One) - Suwannee Valley Electric - Duke Energy
- Name of Owner of Mobile Home Amy Brown Phone # 561-414-3440
 Address 1138 SW Utah St Ft White, FL 32038
- Relationship to Property Owner -
- Current Number of Dwellings on Property 1 - this makes #2
- Lot Size 200 x 400 / 100 x 400 Total Acreage .918
- Do you : Have Existing Drive or Private Drive or need Culvert Permit or Culvert Waiver (Circle one)
 (Currently using) (Blue Road Sign) (Putting in a Culvert) (Not existing but do not need a Culvert)
- Is this Mobile Home Replacing an Existing Mobile Home Replacing an old house
- Driving Directions to the Property Head on 90w toward SR 247, turn L on SR 247, L on CR-137, L on US-27, R onto SW Riverside Ave, L onto SW Utah St, property on R
- Name of Licensed Dealer/Installer Rusty Knowles Phone # 386-397-0886
- Installers Address 5801 SW SR 47 Lake City, FL 32024
- License Number FH1038219 Installation Decal # 77214

STATE OF FLORIDA
COUNTY OF COLUMBIA

LAND OWNER AFFIDAVIT

This is to certify that I, (We), Raymond Gerner Jr,
as the owner of the below described property:

Property tax Parcel ID number 00-00-00-01422-019

Subdivision (Name, lot, Block, Phase) Three Rivers Estates Lots 19 & 20
Blk 1 Unit 23

Give my permission for Amy Brown to place a

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.

[Signature]
Owner Signature

1/6/21
Date

Owner Signature

Date

Owner Signature

Date

Sworn to and subscribed before me this 6th day of January, 2021. This

(These) person(s) are personally known to me or produced ID FLDL.
(Type)

Linda Ruth Craft
Notary Public Signature

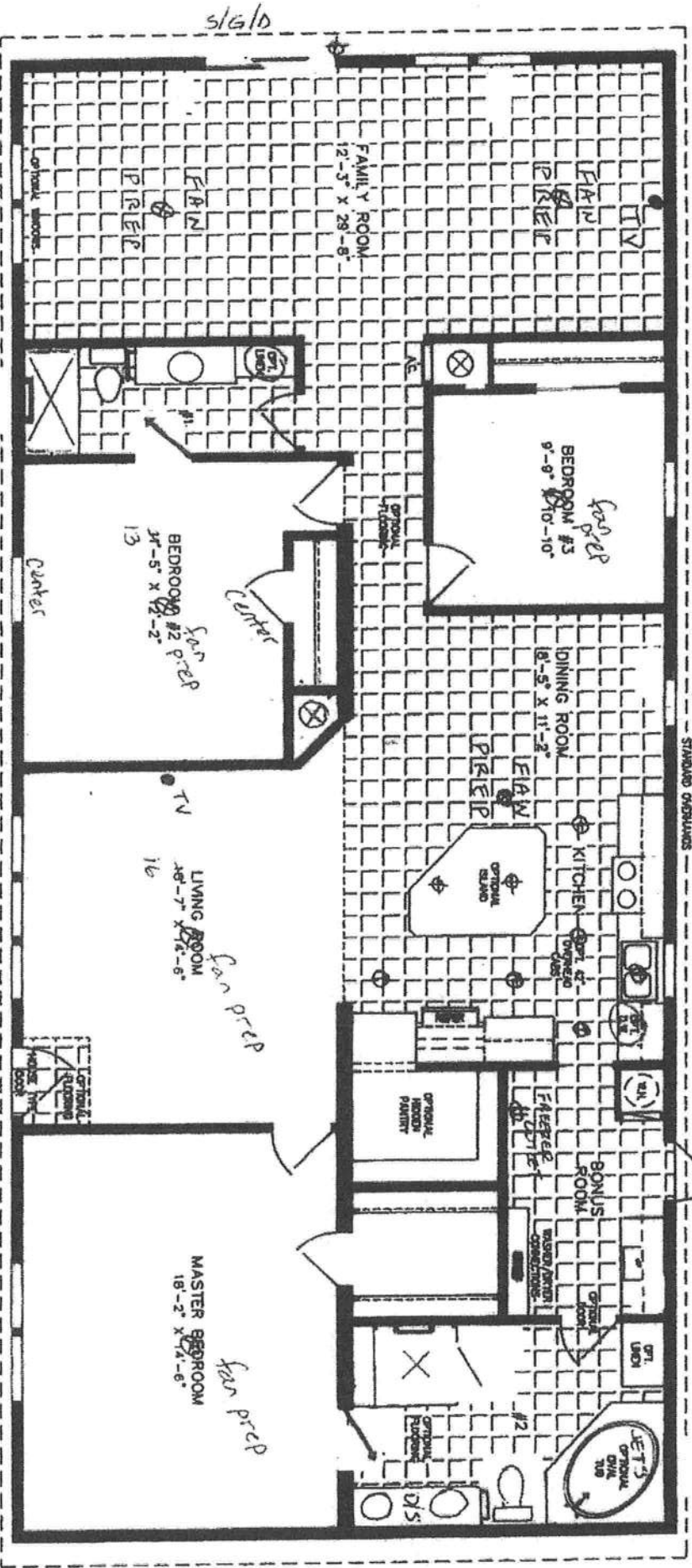
Linda Ruth Craft
Notary Printed Name

Notary Stamp/



JAC LE "BROWN"

The Imperial



No Enclosure

NOTE:
CHECK WITH YOUR SALESPERSON
TO IDENTIFY OPTIONAL ITEMS
THAT ARE ON THIS PRINT

32' X 68'

2,085 SQUARE FEET

Model IMP-46822W-32694

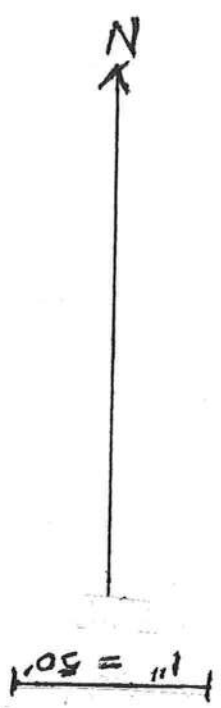
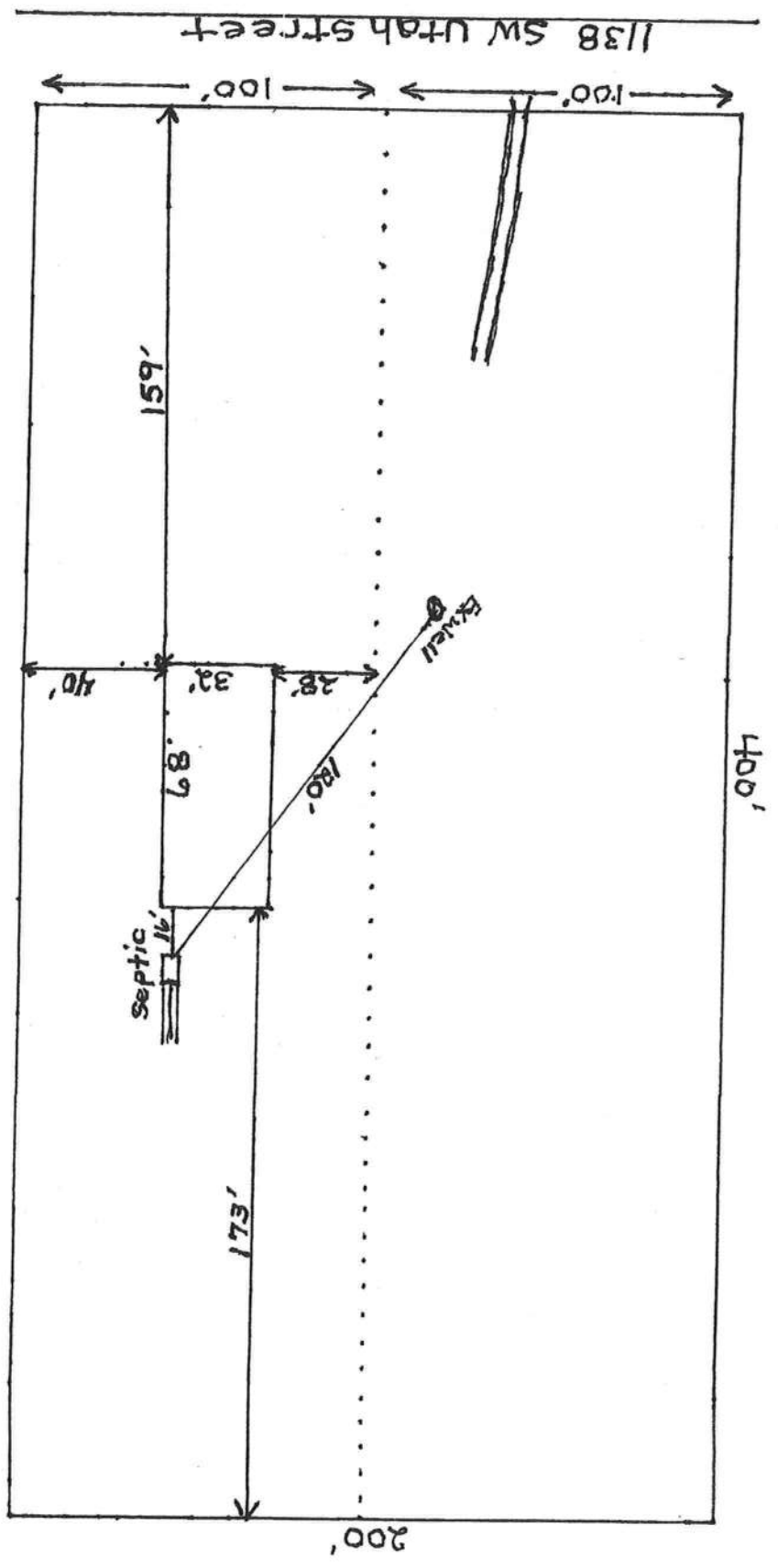
2020

(ALL SIZES ARE APPROX.)
REVISION END TRAILER II 3, 11



600 Rockford Court & Safety Harbor, Florida 34695 • Telephone (727) 726-1138
www.jachomes.com/Floor-Plans

BROWN





Jacobsen Homes of Lake City

3973 W. U.S. Hwy. 90
Lake City, Florida 32055

Ph. 386-438-8458 • Fax: 386-438-8472

PURCHASE AGREEMENT

Locally Owned and Operated

SOLD TO <i>James A. Brown</i> <i>Amey E. Brown</i>		PHONE <i>(501) 414-3440</i>	DATE <i>7/27/20</i>
ADDRESS <i>1138 SW Utah St</i> <i>FL White FL 32038</i>		COUNTY <i>Columbia</i>	SALESMAN <i>Morin</i>
Subject to the Terms and Conditions Stated on Both Sides of this Agreement Seller Agrees to Sell and the Purchaser Agrees to Purchase the Following Described Property:			
YEAR <i>2021</i>	MAKE <i>Jacobsen</i>	MODEL <i>IMP 46822 W</i>	B. ROOMS <i>3</i>
FLOOR SIZE <i>68' x 32'</i>		HITCH SIZE <i>7.2' x 3.2'</i>	
SERIAL NUMBER <i>JAC FL 001232 A/B</i>	☒ NEW ☐ USED	COLOR <i>TBD</i>	PROPOSED DELIVERY DATE <i>ASAP</i>
OPTIONAL EQUIPMENT, LABOR AND ACCESSORIES		PRICE OF UNIT <i>\$136,983.00</i>	
<i>Standard Set up & Delivery, AC with Heat pump, Set of 2 Set of Code Steps Standard white T-Lock Skirting</i>		OPTIONAL EQUIPMENT	
		COST OF SET-UP PARTS	
		SUB-TOTAL	
		SALES TAX <i>6% + \$50.00</i> <i>8268.98</i>	
		NON-TAXABLE ITEMS	
		VARIOUS FEES	
		1. CASH PRICE <i>\$145,251.98</i>	
		TRADE-IN ALLOWANCE \$	
		LESS BAL. DUE ON ABOVE \$	
		NET ALLOWANCE	
		CASH DOWN PAYMENT <i>10,000.00</i>	
		2. LESS TOTAL CREDITS	
		3. UNPAID BALANCE OF CASH SALE PRICE <i>\$135,251.98</i>	
<i>Improvements are as followed of \$10,000.00 Any overage will be customers responsibility for the following:</i>		Title to said equipment shall remain in the Seller until the agreed purchase price therefor is paid in full in cash or by the execution of a Retail Installment Contract, or a Security Agreement and its acceptance by a financing agency; thereupon title to the within described unit passes to the buyer as of the date of either full cash payment or on the signing of said credit instruments even though the actual physical delivery may not be made until a later date.	
<i>Permits, Septic, dirt & House pad (9 loads), Under ground power</i>		IT IS MUTUALLY UNDERSTOOD THAT THIS AGREEMENT IS SUBJECT TO NECESSARY CORRECTIONS, AND ADJUSTMENTS CONCERNING CHANGES IN NET PAYOFF ON TRADE-IN TO BE MADE AT THE TIME OF SETTLEMENT.	
<i>The above price does not include: Survey, flood zone requirements or any other State/County requirements unknown at this time.</i>		Purchaser represents he/she examined the product and found it suitable for his/her particular needs, and that it is of acceptable quality and that purchaser relied upon his/her judgement and inspection in making this determination.	
Seller is not permitted to make plumbing or electrical connections connecting of certain natural gas or propane appliances where state or local ordinances require a licensed plumber or electrician so to do. Special building ordinances or laws requiring plumbing, electrical or construction changes are not the responsibility of Seller or the manufacturer. Seller is not responsible for obtaining health or sanitation permits, nor for local, county or state permits involving restrictive zoning. Cost of changes needed for compliance must be borne by Buyer. It is solely the Buyers responsibility to assure their chosen home site is acceptable for home placement without violation of any local, state, or federal guidelines.		There is no assurance a mobile home can remain level when placed, upon any surface other than of blacktop or concrete.	
Seller is not responsible or liable for any delays caused by the manufacturer, accidents, strikes, fires, Acts of God or any other cause beyond Seller's control.		Purchaser certifies that the matter printed on the back hereof has been read and agreed to as a part of this agreement the same as though it were printed above the signatures: that buyers are of statutory age or older; or have been legally emancipated; that the within described merchandise, the optional equipment and accessories thereon and, insurance if included, has been voluntarily purchased. The property being traded in is free from all encumbrances whatsoever, except as noted above. Purchaser agrees each paragraph and provision of this contract on both front and back is severable; if one portion thereof is invalid the remaining portion shall, nevertheless, remain in full force and effect.	
TRADE-IN DEBT TO BE PAID BY ☐ DEALER ☐ CUSTOMER			

Jacobsen Homes of Lake City DEALER

Not Valid Unless Signed and Accepted by an officer of the Company

By *[Signature]*
Approved, Subject to acceptance of financing by bank or finance company.

I, OR WE, HEREBY ACKNOWLEDGE RECEIPT OF A COPY OF THIS ORDER

SIGNED X *[Signature]* PURCHASER

SIGNED X *[Signature]* PURCHASER


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

PARCEL: 00-00-00-01422-019 HX H3 | SINGLE FAM (000100) | 0.918 AC

LOTS 19 & 20 BLOCK 1 UNIT 23 THREE RIVERS ESTATES. 835-284, 835-285, 830-1391, WD 1059-723 QC 1316-487,

GERNER RAYMOND E JR &

 Owner: **AMY E BROWN (JTWS)**
 1138 SW UTAH ST
 FORT WHITE, FL 32038

Site: 1138 UTAH ST, FORT WHITE

 Sales 6/3/2016 \$100 I (U)
 Info 9/16/2005 \$120,000 I (Q)
 2/14/1997 \$5,300 V (Q)

2021 Working Values

Mkt Lnd	\$15,250	Appraised	\$79,730
Ag Lnd	\$0	Assessed	\$78,609
Bldg	\$54,980	Exempt	\$50,000
XFOB	\$9,500		
Just	\$79,730	Total	county:\$28,021
		Taxable	city:\$28,021
			other:\$28,021
			school:\$53,609

NOTES:


Columbia County, FL

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, it's use, or it's interpretation. Although it is periodically updated, this information may not reflect the data currently on file in the Property Appraiser's office.

GrizzlyLogic.com

Mobile Home Permit Worksheet

POCKET PENETROMETER TEST

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

X 1000 X 1000 X 1000

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 1000 X 1000 X 1000

TORQUE PROBE TEST

The results of the torque probe test is N/A using 110 lb 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.

Red Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Rusty L. Pwolsky

Date Tested 1-4-21

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. 1521

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 1521

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 1521

Application Number: _____

Date: _____

Site Preparation

Debris and organic material removed ☒ Pad ☒ Other ☐
Water drainage: Natural ☒ Swale ☐

Fastening multi wide units

Floor: Type Fastener: Ways Length: 6" Spacing: 18"
Walls: Type Fastener: Ways Length: 6" Spacing: 18"
Roof: Type Fastener: Ways Length: 6" Spacing: 18"
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 Red

Type gasket Factory

Pg. 1521 Installed: Between Floors Yes ☒
Between Walls Yes ☒
Bottom of ridgebeam Yes ☒

Weatherproofing

The bottomboard will be repaired and/or taped. Yes ☒ Pg. 1521
Siding on units is installed to manufacturer's specifications. Yes ☒
Fireplace chimney installed so as not to allow intrusion of rain water. Yes ☒

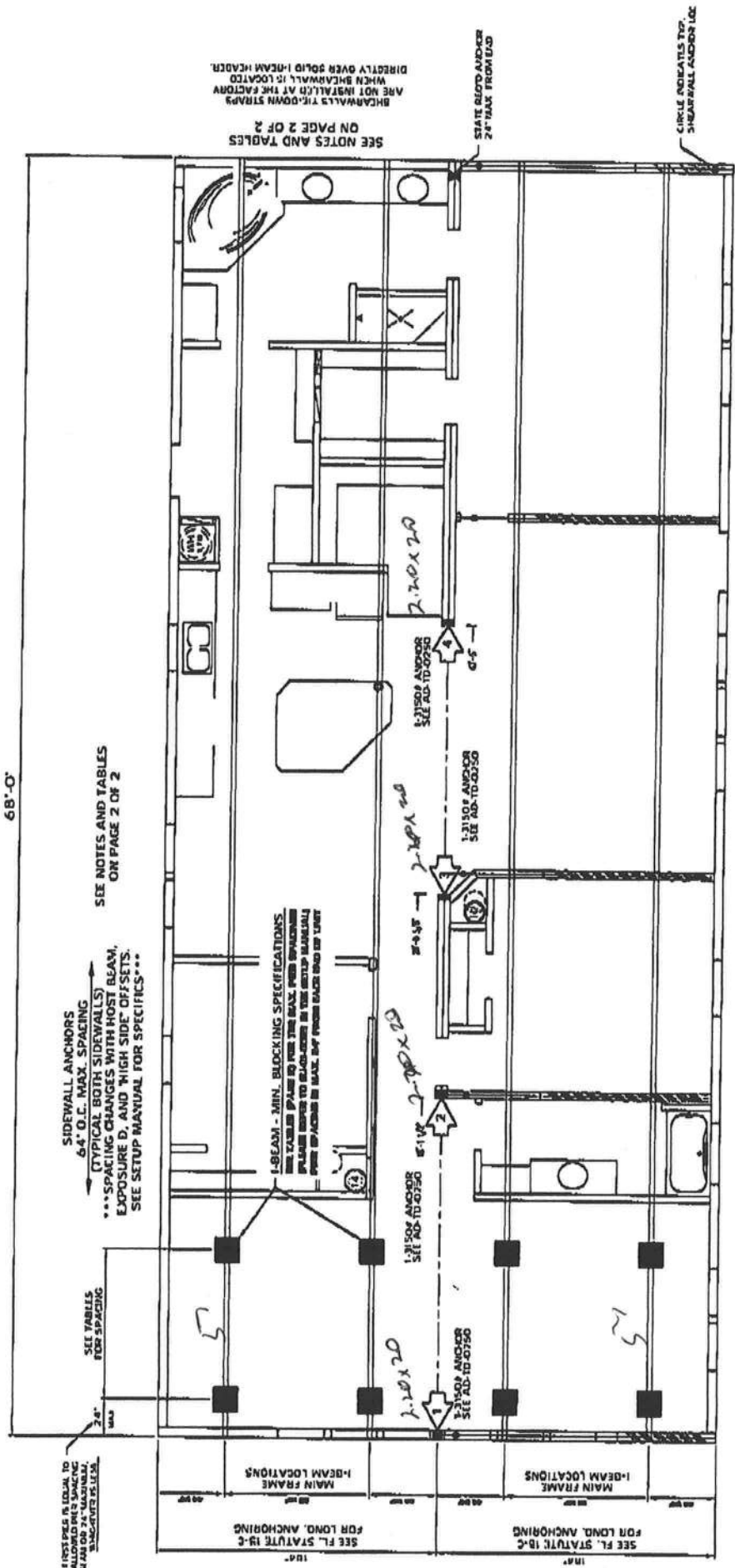
Miscellaneous

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

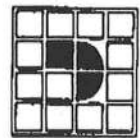
Installer verifies all information given with this permit worksheet is accurate and true based on the manufacturer's installation instructions and or Rule 15C-1 & 2

Installer Signature [Signature]

Date 1-4-21



SEE NOTES AND TABLES ON PAGE 2 OF 2
SEE WARNINGS AND CAUTIONS ON PAGE 2



JACOBSSEN HOMES
PO BOX 358, 600 PACKARD CT.
SAFETY HARBOR, FLORIDA 34695

(727) 785-1138

WWW.JACOBSSENHOMES.COM

REFER TO SU-01-0005 FOR
ADD'L PIER REQUIREMENTS



REFER TO THE JACOBSSEN HOMES SETUP MANUAL AND
ADDENDUM FOR COMPLETE INSTALLATION INSTRUCTIONS

HUD WIND ZONE - 2
HUD WIND EXPOSURE CATEGORY - C
32694 - PAGE 1 OF 2

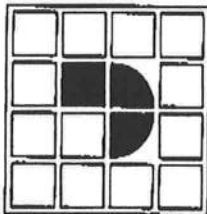
THIS BLOCKING DIAGRAM IS PROVIDED AS A COURTESY ONLY. THE LICENSED SET-UP
CONTRACTOR SHALL REVIEW THIS DETAIL AND VERIFY COMPLIANCE. THE LICENSED
SET-UP CONTRACTOR IS RESPONSIBLE AND LIABLE FOR ALL INSTALLATION.

REFER TO SU-01-0020, SU-01-0021, AND OTHER DETAILS IN THE SET-UP MANUAL FOR MAXIMUM HEIGHT
(THIS IS NOT DESIGNED, NOR INTENDED, TO BE A STILT FOUNDATION)

IMP-32.69AAC
JACOBSSEN HOMES
CP-2195-694

SEE NOTES AND TABLES
ON PAGE 2 OF 2
BHEARWALLS VIF-000N STRAPS
ARE NOT INSTALLED AT THE FACTORY
WHEN BHEARWALL IS LOCATED
DIRECTLY OVER SOLID I-BEAM HEADR.

CIRCLE INDICATES TOP
SHEAR WALL ANCHOR LOC.



JACOBSEN HOMES
PO BOX 368, 600 PARKWAY CT.
SAFETY HARBOR, FLORIDA 34695

(727) 725-1138

www.jacobshomes.com

COLUMN INFO. TABLE		COLUMN PAD - MIN. SIZES (sq. in.)									
COL. NUM.	SPAN	LOAD PT. FOUND.	1000 PT. SOL.	1500 PT. SOL.	2000 PT. SOL.	2500 PT. SOL.	3000 PT. SOL.	3500 PT. SOL.			
1	17'-8"	5215	751	501	375	300	300	300			
2	17'-8"	5215	751	501	375	300	300	300			
3	14'-5"	5215	751	501	375	300	300	300			
4	14'-5"	5215	751	501	375	300	300	300			
5	0"	0	0	0	0	0	0	0			
6	0"	0	0	0	0	0	0	0			
7	0"	0	0	0	0	0	0	0			
8	0"	0	0	0	0	0	0	0			
9	0"	0	0	0	0	0	0	0			
10	0"	0	0	0	0	0	0	0			

RETURN TO AD-TO-DOES FOR COLLAPSE AND/OR BUCKLE.

MINIMUM PIER PAD SIZE (sq. in.)		I-BEAM PIER SPACING									
A	256 sq. in.	1000 PT. SOL.	1500 PT. SOL.	2000 PT. SOL.	2500 PT. SOL.	3000 PT. SOL.	3500 PT. SOL.				
B	342.25 sq. in.	42	65 1/2	80 1/2	115 1/4	N/D	N/D				
C	396 sq. in.	49	77 1/2	105 1/2	N/D	N/D	N/D				
D	400 sq. in.	48 1/2	78 1/2	107 1/2	N/D	N/D	N/D				
E	432.875 sq. in.	54	85	115 1/4	N/D	N/D	N/D				
F	576 sq. in.	74	115 1/4	N/D	N/D	N/D	N/D				
G	676 sq. in.	87 1/2	N/D	N/D	N/D	N/D	N/D				

ADDITIONAL PIER REQUIREMENTS.
SEE NOTE 10.

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WARNING:

INSTALLING A MANUFACTURED STRUCTURE/BUILDING CAN BE EXTREMELY DANGEROUS. ONLY QUALIFIED PERSONNEL SHOULD ATTEMPT TO INSTALL A MANUFACTURED STRUCTURE/BUILDING. IMPROPER PROCEDURES AND/OR TECHNIQUES COULD RESULT IN SERIOUS INJURY OR DEATH. IN ADDITION TO THE DANGER TO PERSONNEL, IMPROPER SETUP/INSTALLATION COULD RESULT IN EXTENSIVE/COSTLY DAMAGE TO THE BUILDING/STRUCTURE. NEVER ATTEMPT INSTALLATION IF YOU ARE NOT QUALIFIED AND/OR DO NOT HAVE THE PROPER TOOLS AND/OR EQUIPMENT.

CAUTION:

MANUFACTURED BUILDINGS/STRUCTURES CAN WEIGH SEVERAL TONS. IT IS VERY IMPORTANT THAT ALL PERSONNEL, ON THE JOB SITE, BE QUALIFIED AND PROPERLY/ADEQUATELY TRAINED. A STATE LICENSED SETUP CONTRACTOR IS REQUIRED TO BE RESPONSIBLE FOR ALL SAFETY INITIATIVES, PROGRAMS, POLICIES, AND/OR PROCEDURES THAT MAY BE MANDATED BY OSHA AND/OR ANY OTHER LOCAL, STATE, AND/OR FEDERAL CODES AND/OR REQUIREMENTS. THE CONTRACTOR SHALL INSURE/REQUIRE THAT SAFE AND PROPER TECHNIQUES ARE UTILIZED.

NOTES:

1. REFER TO THE MODEL APPROVAL FOR PLAN SPECIFIC DIMENSIONS.
2. REFER TO THE JACOBSSEN SETUP MANUAL AND ADDENDUM FOR COMPLETE INSTALLATION INSTRUCTIONS. PIERES CAN BE RELOCATED AND/OR SPANS INCREASED FOR THE SETUP MANUAL.
3. REFER TO EACH CODE FOR ADDITIONAL PIER REQUIREMENTS.
4. REFER TO THE APPROVED FLOOR PLAN FOR REARWALL LOCATIONS AND LOADS.
5. REFER TO AD-TO-DOES FOR REARWALL APPLICATIONS AND TIE-DOWNS.
6. REFER TO THE APPROVED FLOOR PLAN FOR SPECIFIC COLLAPSE LOCATIONS. COLLAPSE PIERES SHALL BE LOCATED WITHIN 6" OF EITHER SIDE OF THE COLLAPSE. ADDITIONAL PIERES MAY BE REQUIRED ALONG THE MATING LINE. SEE THE SETUP MANUAL FOR SPECIFICS.
7. ALL BEAM FLOOR SYSTEMS REQUIRE PROPERLY AND MATING LINE BLOCKING.
8. ALL BEAM FLOOR SYSTEMS REQUIRE PROPERLY AND MATING LINE BLOCKING.
9. ANY REARWALL AREA WITH A BEAM BEAM OR A STRUCTURAL ATTACHMENT SHALL HAVE PIERES AND ANCHORS SPACED NO FURTHER THAN 4' O.C. MAXIMUM. OTHER THAN REAR WALLS MAY REQUIRE COLLAPSE INSTALLATION. REFER TO THE JACOBSSEN SETUP MANUAL FOR SPECIFICS.
10. SEE EACH CODE AND EACH CODE. WHEN THE ATTACHED STRUCTURE HAS JOINTS WALL CONNECTIONS OR IS DESIGNER AND CONSTRUCTION TO BE SELF SUPPORTING, THESE ADDITIONAL PIERES AND ANCHORS ARE NOT REQUIRED.
11. MAX. PIER SPACING ON 1-BEAM IS 10'. MAX. PIER SPACING ON 10' OR 12' I-BEAM IS 18'0". SEE NOTE 4 FOR PIERES BL-TO-DOES THROUGH BL-TO-DOES.

REFER TO SU-01-0020, SU-01-0021, AND OTHER DETAILS IN THE SET-UP MANUAL FOR MAXIMUM HEIGHT (THIS IS NOT DESIGNED, NOR INTENDED, TO BE A STILL FOUNDATION).

THIS BLOCKING DIAGRAM IS PROVIDED AS A COURTESY ONLY. THE LICENSED CONTRACTOR SHALL REVIEW THIS DETAIL AND VERIFY COMPLIANCE. THE LICENSED SET-UP CONTRACTOR IS RESPONSIBLE AND LIABLE FOR ALL INSTALLATION.



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

MOBILE HOME INSTALLERS AGENT AUTHORIZATION

I, Rusty K. Knowles, give this authority and I do certify that the below
Installers Name

referenced person(s) listed on this form 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 Authorized Person	Signature of Authorized Person	Agents Company Name
Sonja Crews	Sonja Crews	

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and I am fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances.

I understand that the State Licensing Board has the power and authority to discipline a license holder for violations committed by him/her or by his/her authorized person(s) through this document and that I have full responsibility for compliance granted by issuance of such permits.

[Signature]
License Holders Signature (Notarized) TH103B219 1-4-21
License Number Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Rusty Knowles,
personally appeared before me and is known by me or has produced identification
(type of I.D.) _____ on this 4 day of January, 2021.

[Signature]
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

MOBILE HOME INSTALLERS LETTER OF AUTHORIZATION

I, Rusty L. Knauer, give this authority for the job address show below
Installer License Holder Name

only, SW Utah St Ft White, FL 32038, and I do certify that
Job Address

the below referenced person(s) listed on this form 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 Authorized Person	Signature of Authorized Person	Authorized Person is... (Check one)
Sonya Crews	Sonya Crews	☒ Agent ☐ Officer ☐ Property Owner
		☐ Agent ☐ Officer ☐ Property Owner
		☐ Agent ☐ Officer ☐ Property Owner

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and I am fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances.

I understand that the State Licensing Board has the power and authority to discipline a license holder for violations committed by him/her or by his/her authorized person(s) through this document and that I have full responsibility for compliance granted by issuance of such permits.

[Signature] License Holders Signature (Notarized) JH-1038219 License Number 1-4-21 Date

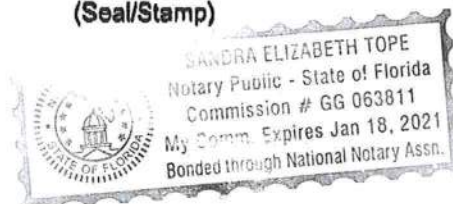
NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columb.

The above license holder, whose name is Rusty Knauer, personally appeared before me and is known by me or has produced identification (type of I.D.) [Signature] on this 4 day of January, 2021.

[Signature]
NOTARY'S SIGNATURE

(Seal/Stamp)



MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR Rusty Knowles PHONE 386-397-0886

THIS FORM MUST BE SUBMITTED 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 start of that subcontractor beginning any work. Violations will result in stop work orders and/or fines.

ELECTRICAL	Print Name <u>Glen Whittington</u> License #: <u>EC13002957</u>	Signature <u>Glen Whittington</u> Phone #: <u>386-684-16001</u>
	Qualifier Form Attached ☐	
MECHANICAL/ A/C	Print Name _____ License #: _____	Signature _____ Phone #: _____
	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

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR Rusty Knowles PHONE 386-397-0886

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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 _____ Signature _____ License #: _____ Phone #: _____ Qualifier Form Attached ☐
MECHANICAL/ A/C _____	Print Name <u>Manoel A. Boland</u> Signature <u>[Signature]</u> License #: <u>CAC1817716</u> Phone #: <u>(352) 274-9326</u> 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.