PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION
For Office Use Only (Revised 7-1-15) Zoning Official Building Official
AP# 1902-27 Date Received 2/12 By Permit # 37779
Flood Zone X Development Permit Zoning A - 3 Land Use Plan Map Category ESA
Comments
1.06000
FEMA Map# Elevation Finished Floor / Lovel River In Floodway
□ Recorded Deed or ☑ Property Appraiser PO ☑ Site Plan ☑ H # 19-0074
□ 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 wed □ Out County □ In County □ Sub VF Form
Property ID# 24.55-15-00472-015 Subdivision FORD LANE Highland of
■ New Mobile Home
Applicant Paul BARNEY Phone # 386-209-0906
- Address 466 SW DEP. J. DAVIS LN , LAKE CITY, FL 32024
■ Name of Property Owner BKL-DENUNE INC Phone# 954-897-897
911 Address 612 Sky JOE MARKHAM DA
■ Circle the correct power company - FL Power & Light - Clay Electric LAKE CTO
(Circle One) - <u>Suwannee Valley Electric</u> - <u>Duke Energy</u> 320
Name of Owner of Mobile Home Dauls, PANKEW LENAFEE Phone # 954-892-8930
Address 7281 N.W. 9th ST. PLANTATION, FL 33317
■ Relationship to Property Owner
Current Number of Dwellings on Property
■ Lot Size 18.82 Total Acreage 18.82
Do you : Have Existing Drive or Private Drive or need Culvert Permit (Putting 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
■ Driving Directions to the Property U5 90 TO SR 247 TO (R 240 T/L TO ICHETACKNEE
AVE T/R, TO FORD RD TURN RIGHT TO LITHITY RIGHT OF WAY (ATAPOK 1/2
T/R TO LOT AT END OF LITHITY EASEMENT ON RIGHT.
Name of Licensed Dealer/Installer Faux E. ALBRIGHT Phone # 386-365-5314
Installers Address 199 SW THOMAS TERR, LAKE CITY, FL 32024
License Number 1 H 102 523 9 Installation Decal # 54 839
. 0 . 0

Ut-Sert Paul an email 2-19-19

640.83

		marriage well plus within 2' of end of horse per Rule 16C	Testar Treation	snow locations of Longitudinal and Lateral Systems (use dark lines to show these locations)	Typical pier spacing Continue of the space of the spac	Manufacturer LIUE DAK 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 understand Lateral Arm Systems cannot be used on any home (new or used)	license # 314
Longitudinal Stabilizing Device (LSD) Longitudinal Stabilizing Device (LSD) Longitudinal Stabilizing Device w/ Lateral Arms Marriage wall Shearwall Shearwall	within 2' of end of home AST spaced at 5' 4" oc	Draw the approximate locations of marriage wall openings 4 foot or greater. Use this symbol to show the piers. List all marriage wall openings greater than 4 foot and their pier pad sizes below. Opening Pier pad size ANCHORS	Pad Size 16 x 16 16 x 18 18.5 x 18.5 16 x 22.5 17 x 22	acing table.	PIER SPACING TABLE FOR USED H 16" x 16"	Single wide Wind Zone II W Wind Zone III Double wide Installation Decal # 54829 Triple/Quad Serial # 201469 218 33902 Roof System: Typical Hinged	New Home Used Home Home installed to the Manufacturer's Installation Manual Home is installed in accordance with Rule 15-C

ependent water supply systems. Pa. A.C.	nnect all sewer drains to an existing sewer tap or septic tank. Pg. PSF	nnect electrical conductors between multi-wide units, but not to the main power urce. This includes the bonding wire between multi-wide units. Pg. 1/1/	Date Tested	Installer Name	reading is 275 or less and where the mobile home manufacturer may requires anchors with 4000 lb holding capacity. Installer's initials	anchors are required at all centerline tie points where the torque test		TORQUE PROBE TEST	× 1520 × 1500 × 1500	3. Using 500 lb. increments, take the lowest	2. Take the reading at the depth of the footer.	70	x 7300 X 7300 X X X X X X X X X X X X X X X X X X	The pocket penetrometer tests are rounded down to or check here to declare 1000 lb. soil without testing.	POCKET PENETROMETER TEST
installer Signature All & Male M	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		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 F/A Electrical crossovers protected. Yes N/A	8	es Pg. Incations. Yes	Weatherproofing	Type gasket Installed: Between Foors Vis Between Valls Vis Oottom- if ridgebeam Ves	Instally's initials	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 a result of a poorly installed or no gasket being installed. I understand a strip of tape will not serve as a gasket.	Gasket (weatherproofing requirement)	a names a min 30 gauge, 8" wide, lawy entered over the peak of the roof and fast rails at 2" on center on both sides of the c		Fastening multi wide units	Debris and organic material removed Water drainage: Natural Swale Pad Other	Site Preparation

installer Signature ctions and or Rule 15C-1 & 2 e based on the en with this permit worksheet Date

License Number: IH / 1025239 / 1 Name: PAUL E. ALBRIGHT Order #: 3507 Label #: 54839 Manufacturer: Live BAL (Check Size of Home) Homeowner: Year Model: Single Too Markham DR. Lake City Address: Length & Width: Double City/State/Zip: Triple Type Longitudinal System: HUD Label #: Phone #: Type Lateral Arm System: Soil Bearing / PSF: Date installed: New Home: Used Home: Torque Probe / in-lbs: Installed Wind Zone: Data Plate Wind Zone: Permit #: Note:

STATE OF FLORIDA INSTALLATION CERTIFICATION LABEL 54839 LABEL # DATE OF INSTALLATION PAUL E. ALBRIGHT NAME IH / 1025239 / 1 3507 LICENSE # ORDER # CERTIFIES THAT THE INSTALLATION OF THIS MOBILE HOME IS IN ACCORDANCE WITH FLORIDA STATUTES 320.8249, 320.8325 AND RULES OF THE HIGHWAY SAFETY AND MOTOR VEHICLES.

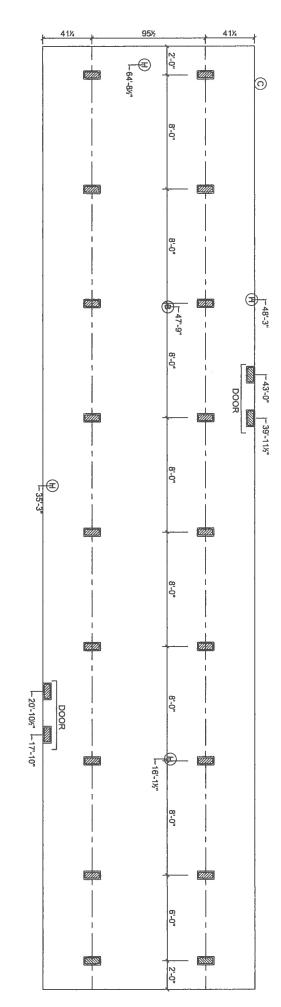
INSTRUCTIONS

EASE WRITE DATE OF LAST ALLATION AND AFFIX LABEL NEXT TO HUD LABEL.

PERMANENT INK PEN

ALKER ONLY.

NFORMATION
WE AND KEEP ON FILE
RAMINIMUM OF 2 YEARS.
YOU ARE REQUIRED TO
PROVIDE COPIES WHEN
REQUESTED.



SUPPORT PIER/TYP

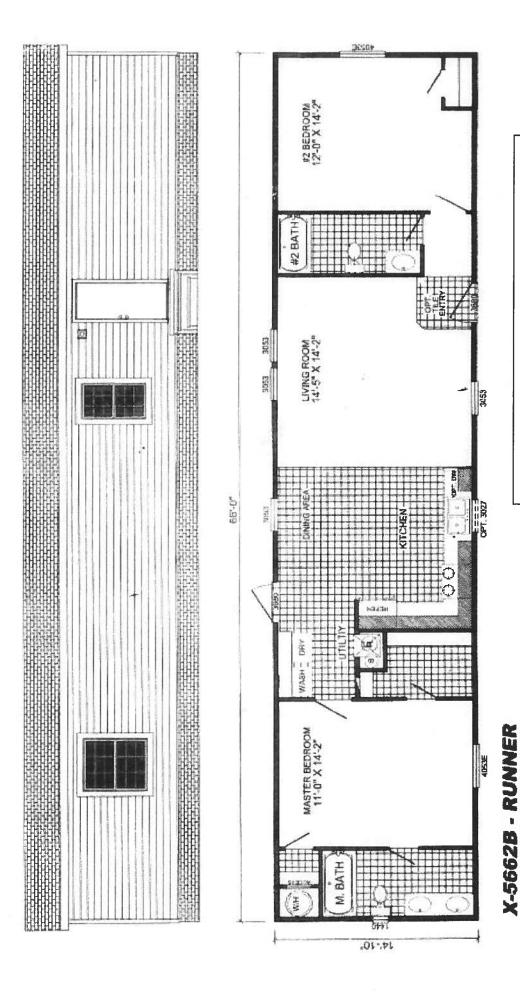
- THIS DRAWING IS DESIGNED FOR THE STANDARD WIND ZONE AND IS TO BE USED IN CONJUNCTION WITH THE INSTALLATION MANUAL AND IT'S SUPPLEMENTS.
- FOOTINGS ARE SHOWN FOR EXAMPLE ONLY QUANTITY AND SPACING MAY VARY BASED ON PAD TYPE, SOIL CONDITION, ETC.
- FOOTINGS ARE REQUIRED AT SUPPORT POSTS, SEE INSTALLATION MANUAL FOR REQUIREMENTS.

8-10-2018

(A) MAIN ELECTRICAL
(B) ELECTRICAL DROP
(C) WATER INLET
(D) WATER CROSSOVER (IF ANY)
(E) GAS INLET (IF ANY)
(F) GAS CROSSOVER (IF ANY)

3-BEDROOM / 2-BATH MODEL: X-5662B - 16 X 70 Live Oak Homes

- B DUCT CROSSOVER
 H SEWER DROPS
 N RETURN AIR (W/OPT. HEAT PUMP OH DUCT)
 SUPPLY AIR (W/OPT. HEAT PUMP OH DUCT)

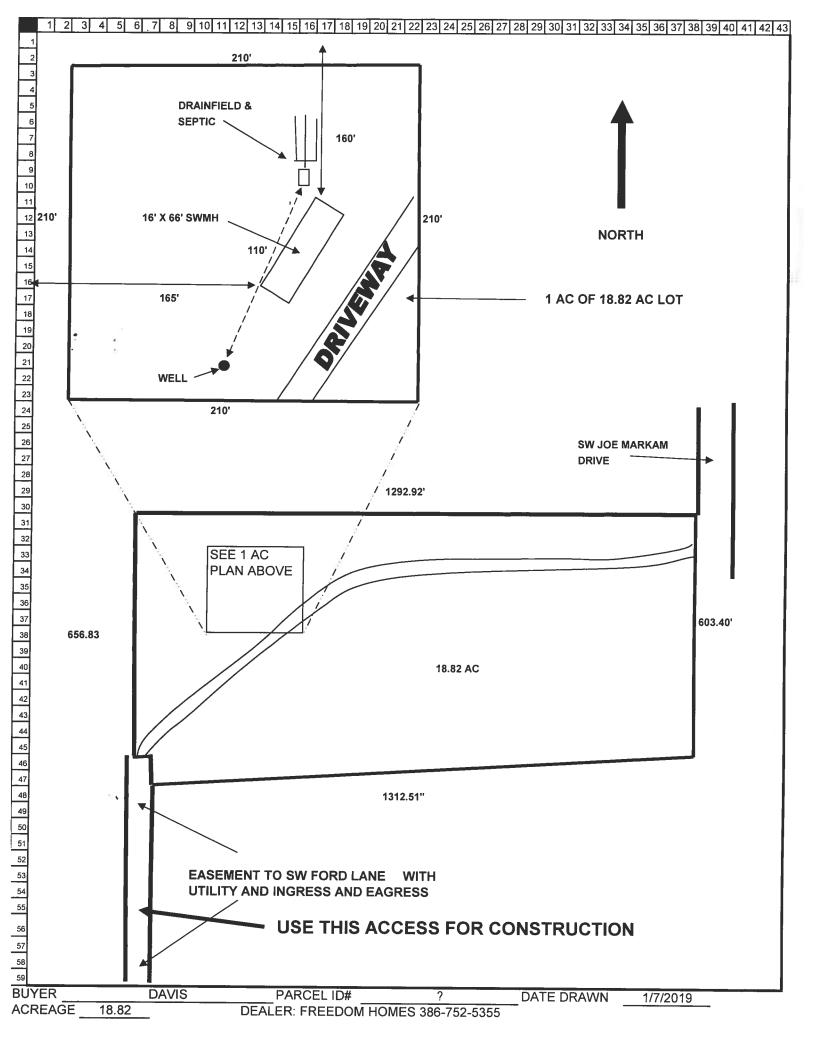


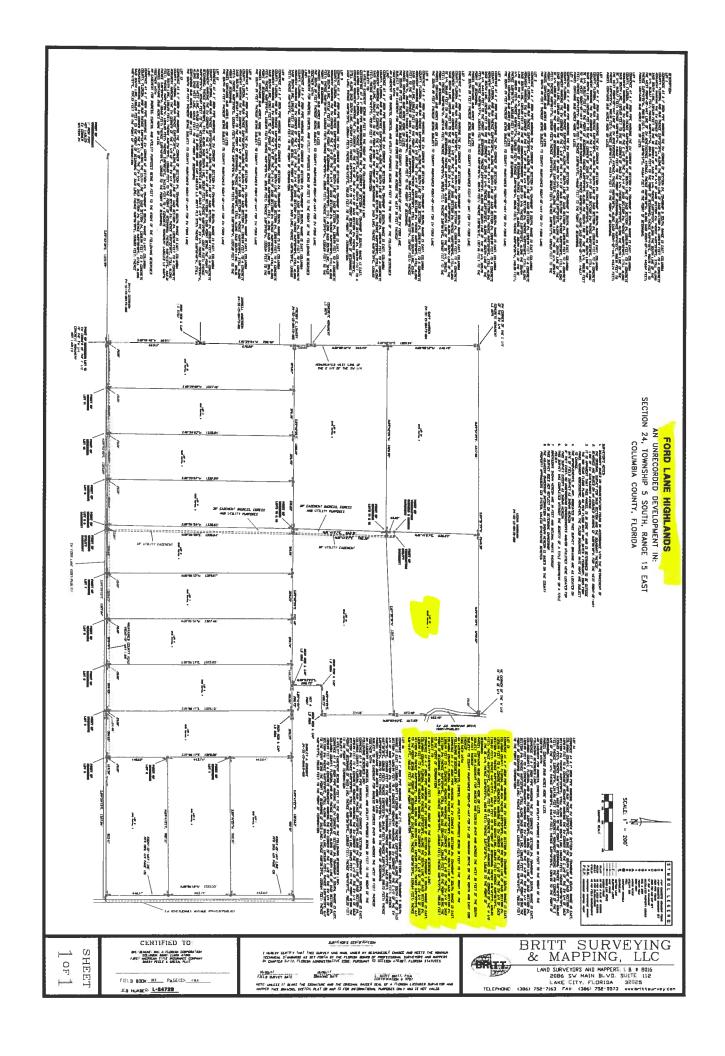
Date: 8-10-2018

16 X 70 - Approx. 979 Sq. Ft.

2 BEDROOM / 2-BATH

Ag room dimensions include closets and square foolage figures are approximate.
 Live Oak Homes reserves the right to modify product offering at any time.





District No. 1 - Ronald Williams District No. 2 - Rocky Ford District No. 3 - Bucky Nash District No. 4 - Toby Witt District No. 5 - Tim Murphy



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: 1/31/2019 2:01:40 PM

Address: 612 SW JOE MARKHAM Dr

City: LAKE CITY

State: FL

Zip Code 32024

Parcel ID 00472-015

REMARKS: Address for proposed structure on parcel.

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: Signed:/ Matt Crews

Columbia County GIS/911 Addressing Coordinator

COLUMBIA COUNTY 911 ADDRESSING / GIS DEPARTMENT

STATE OF FLORIDA COUNTY OF COLUMBIA

LAND OWNER AFFIDAVIT

This is to certify that I (We), BKL-Denune, Inc.
as the owner of the below described property:
Property Tax Parcel ID Number P/O R DD 472 - 000
Subdivision (Name, Lot, Block, Phase) Lot 15 For a Lang Highland
Give my permission for Andrew Davis + Jennifer Davis to place a
Circle one - Mobile Home Travel Trailer / Utility Pole Only / Single Family Home / Barn Shed / Garage / Culvert Power Pole / Well / Septic 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.
Owner Signature Date
Owner Signature Date
Sworn to and subscribed before me this 1 day of February, 20 19. This (These) person(s) are personally known to me or produced ID
Notary Public Signature (Type) Holly C. Hanover Notary Printed Name
Notary Stamp



Florida Department of State Department of State



Department of State / Division of Corporations / Search Records / Detail By Document Number /

Detail by Entity Name

Florida Profit Corporation BKL-DENUNE, INC.

Filing Information

 Document Number
 P05000058944

 FEI/EIN Number
 20-2683239

 Date Filed
 04/18/2005

State FL
Status ACTIVE

Last Event AMENDMENT
Event Date Filed 07/21/2017
Event Effective Date NONE

Principal Address 2753 E US HWY 90 LAKE CITY, FL 32055

Changed: 03/06/2009

Mailing Address

PO BOX 3176

LAKE CITY, FL 32056

Registered Agent Name & Address

BULLARD, AUDREY S

2753 E US 90

LAKE CITY, FL 32055

Officer/Director Detail

Name & Address

Title SD

BULLARD, AUDREY S POB 1733

LAKE CITY, FL 32056

Title PD

KHACHIGAN, MARTHA J 362 NW STREAMSIDE CT LAKE CITY, FL 32055 Title VD

BULLARD, CHRIS A POB 1432 LAKE CITY, FL 32056

Title DT

LANE, SUE D 421 SW HARMONY LN LAKE CITY, FL 32025

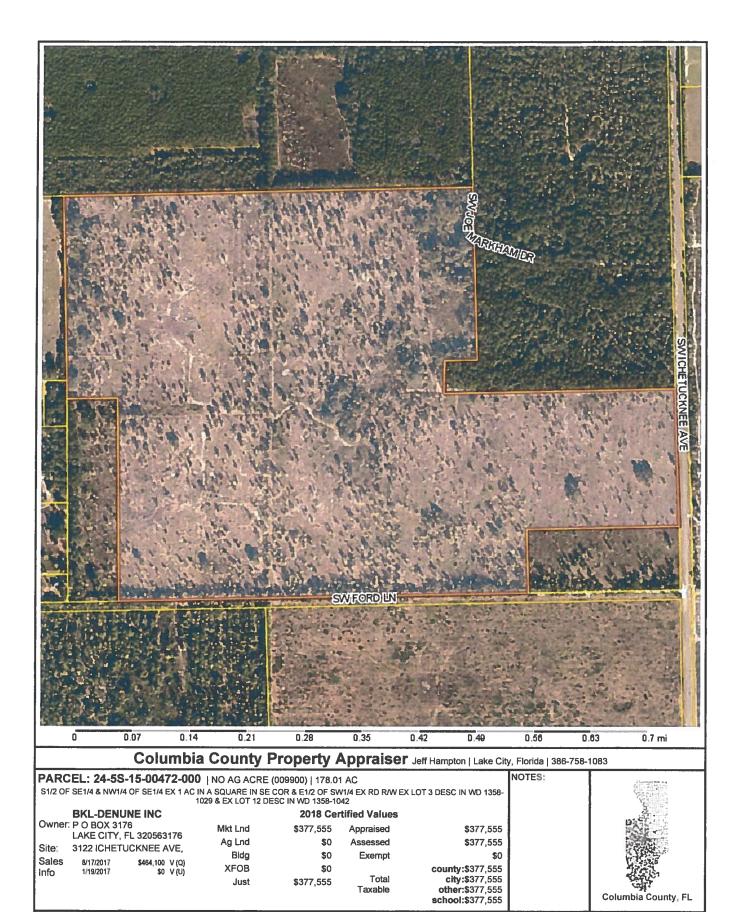
Annual Reports

Report Year	Filed Date
2016	02/10/2016
2017	01/16/2017
2018	01/17/2018

Document Images

01/17/2018 - ANNUAL REPORT	View image in FDF format
07/21/2017 Amendment	View image in PDF format
01/16/2017 - ANNUAL REPORT	View image in PDL format
02/10/2016 - ANNUAL REPORT	View image in PDF format
02/18/2015 ANNUAL REPORT	View image in PDF format
02/03/2014 ANNUAL REPORT	View image in PDF format
03/05/2013 ANNUAL REPORT	View image in PDF format
02/20/2012 - ANNUAL REPORT	View image in PDF format
03/08/2011 - ANNUAL REPORT	View image in PDF format
02/08/2010 ANNUAL REPORT	View image in FDF format
03/06/2009 ANNUAL REPORT	View image in PDF format
02/19/2008 ANNUAL REPORT	View image in PDF format
01/25/2007 ANNUAL REPORT	View image in PDF format
02/06/2006 ANNUAL REPORT	View image in PDF format
04/18/2005 - Domestic Profit	View image in PDF format

there is the measure of those or each strong univer-



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 INSTALLATION SUBCONTRACTOR VERIFICATION FORM

3.97			
APPLICATION NUMBER	1902-27	CONTRACTOR TAY A NEW TH	PHONE 36 365 5314

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 <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 WHITTING TON ELECTRIC Signature Wan Whittington
10201	Litense #: £C13002957 Phone #: 386972 1700
10/-1	Qualifier Form Attached
MECHANICAL/	Print Name STYLECREST. Signature Rosald E. Brish S.R.
A/C 1665	License #: <u>CAL 1817658</u> Phone #: 850-769-1453
	Qualifier Form Attached

Qualifier Forms cannot be submitted for any Specialty License.

Specialty License Licen	se Number Sub-Contract	ors Printed Name	Sub-Conteactors Seasons
MASON			and control of the state of the
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

	MOBILE HOME INSTALLERS AGENT AUTHORIZATION					
. You	E DIBRIGHT , give this authority and I do certify that 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	Agents Company Name
PAUL BARNEY	Hand albanas	FREEDOM HOMES
LINDA PENHALIGON	Sinda Perhaligon	FREE SOM HOMES
	0	

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.

Yaul Callonghol	IH102 5139	11-8-17
License Holders Signature (Notarized)	License Number	Date
NOTARY INFORMATION: STATE OF:FloridaCOUNTY OF: 5	, UWANNEE	
personally appeared before me and is known by me of	E ALBRIL or has produced iden 8 day of Nove	tification
Hanl a Barney		, 20
NOTARY'S SIGNATURE	(Seal/Stam	p)
/	eV no.	

MY COMMISSION # GG 040180

Bonded Thru Budget Notary Services

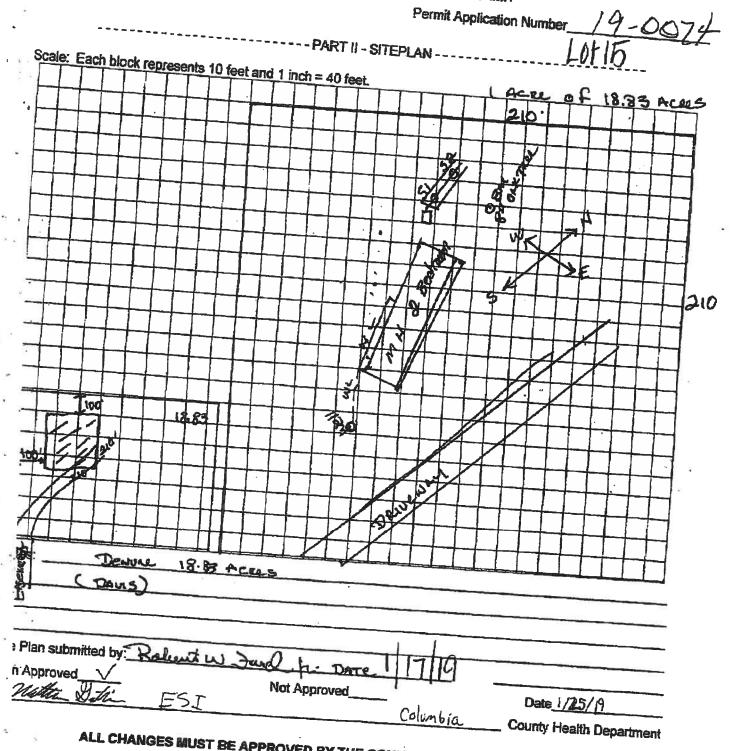


STATE OF FLORIDA DEPARTMENT OF HEALTH ONSITE SEWAGE TREATME

PERMIT NO. DATE PAID:	19-0074
FEE PAID: RECEIPT #:	1393422

ONSITE SEWAGE TREATMENT AND DISPOSAL DATE PAID: APPLICATION APPLICATION TO THE PAID SEED PAID: APPLICATION TO THE PAID SEED PAID SEED PAID:
APPLICATION FOR: RECEIPT #: 12924 2 2
New System [] Existing System
APPLICANT: DKL-DENUNCINC (ANDREW DAVIS) AGENT: Robert W Ford JR NFST INC. MAILING ADDRESS: 7111 5 5 -637-
MAILING ADDRESS: 741 SE STATE Rd 100 LC FIA 32025 TO BE COMPLETED BY ADDRESS
TO BE COMMENT
TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3)(m) OR 489.552, FLORIDA STATUTES. IT IS THE PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF THE DATE THE LOT WAS CREATED OR PROPERTY INFORMATION
PROPERTY ID # ON 55-15 ON ASC AGO
15 #: 24-00 10-004 1/-144)
PROPERTY SIZE: 18.82 ACRES WATER SUPPLY: [V] PRIVATE PUBLIC []<=2000GPD []>2000GPD
IS SEWER AVAILABLE AS PER 381 0065 Too 1
PROPERTY ADDRESS: TOCA DISTANCE TO SEWER: HA
DIRECTIONS TO PROPERTY.
DIRECTIONS TO PROPERTY: Huy 475 TO CR 240- toen Right Follow To Old Icht. TL Follow to Ford Rd TR Follow to EASERICE LOT 9 TR Follow to End
Early TR Follow to End
BUILDING INFORMATION [VI RESIDENTIAL
No of No of
1 M Area Sqft Table 1, Chapter 64E-6, FAC
2 9.79; New
3
4
[] Floor/Equipment Drains [] Other (Sec. 15)
SIGNATURE: (Specify)
DH 4015, 08/09 (Obsoletes previous editions which may not be used)
editions which may not be used)

STATE OF FLORIDA DEPARTMENT OF HEALTH APPLICATION FOR CONSTRUCTION PERMIT



ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

015, 08/09 (Obsoletes previous editions which may not be used) Incorporated: 64E-6.001 FAC k Number: 5744-002-4015-5)

Page 2 of 4

PAT LYNCH LYNCH DRILLING CORP P O Box 934 Branford, FL 32008 (386)935-1076

DATE 2-12-19

CUSTOMER Archew + Jennifer Davis (12 SW Joe Markham Dr. Lake City, FL 32024

LOCATION Par# 24-58-15-00472-000

WE WILL CONSTRUCT A 4" WATER WELL COMPLETE WITH 4" WATER WELL STEEL CASING, HP SUBMERSIBLE PUMP WITH 1 1/4" DROP PIPE, AND AN STEEL GALLON CAPTIVE AIR TANK (21.9 GALLON DRAWDOWN).

WELL WILL BE COMPLETE AT THE WELL SITE, WE DO NOT INCLUDE ELECTRICAL NOR PLUMBING CONNECTIONS FROM THE WELL TO THE HOME AND/OR POWER POLE.

ANY VARIATIONS OF THE ABOVE ARE SUBJECT TO APPROVAL FROM THE CUSTOMER AND.OR CONTRACTOR PRIOR TO COMMENSMENT OF THE INDIVIDUAL JOB.

THANK YOU

NOT RESPONSIBLE FOR THE QUALITY OF WATER