



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, Rodney Feagle, 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
Dale Burd		A+B CONST
Rocky Ford		A+B CONST
Kelly Bishop		A+B CONST

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.

License Holders Signature (Notarized) JH1025288 8-5-16
License Number Date

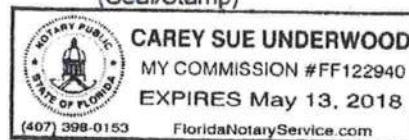
NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Levy

The above license holder, whose name is Rodney Feagle,
personally appeared before me and is known by me or has produced identification
(type of I.D.) 5th on this Aug day of 2016.

NOTARY'S SIGNATURE

(Seal/Stamp)



MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM


 APPLICATION NUMBER 40185 CONTRACTOR Rodney Feagle PHONE 352-949-8383

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

Richard Hilton

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>Mr. Hilton</u>	Signature _____
	License #: <u>SEE PREVIOUS</u>	Phone #: _____
	Qualifier Form Attached <input type="checkbox"/>	
MECHANICAL/ A/C _____	Print Name <u>Ronald Bonds Sr.</u>	Signature <u>[Signature]</u>
	License #: <u>CAC1817658</u>	Phone #: <u>800-259-3470</u>
	Qualifier Form Attached <input checked="" type="checkbox"/>	

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

I, Ronald E Bond Sr (license holder name), licensed qualifier for Style Crest Enterprises, Inc (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. Dale Burr	1.
2. Rocky Ford	2.
3. Kelly Bishop	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.

Ronald E Bond Sr License Number CRC 1817658 Date 2-16-14
Licensed Qualifiers Signature (Notarized)

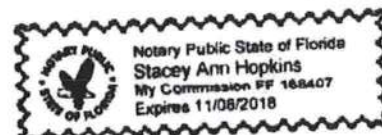
NOTARY INFORMATION:

STATE OF: FL COUNTY OF: Bay

The above license holder, whose name is Ronald Edward Bond Sr personally appeared before me and is known by me or has produced identification (type of I.D.) _____ on this 16th day of FEB, 20 14.

Stacey Ann Hopkins
NOTARY'S SIGNATURE

(Seal/Stamp)



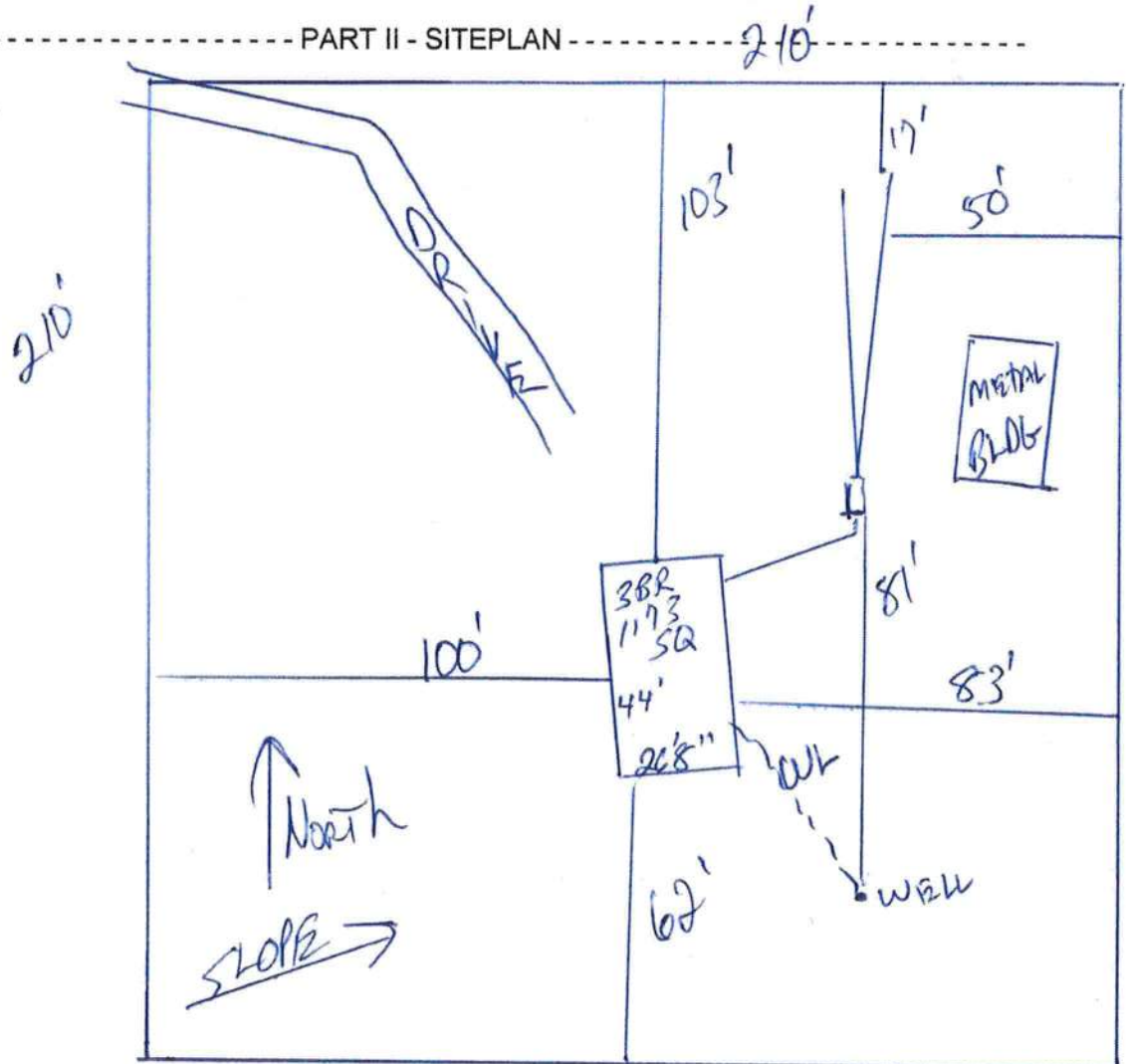
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT



Permit Application Number _____

PART II - SITEPLAN

Scale: 1 inch = 40 feet.



Notes: _____

1 of 10.01 Acres

SEE ATTACHED

Site Plan submitted by: _____

CONTRACTOR

Plan Approved _____ Not Approved _____

Date _____

By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

RECEIVED
DEC 17 2020
By _____

[Signature] 7/16/20

Hilton 14-200'

