PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

1/18 Building Official For Office Use Only Zoning Official (Revised 7-1-15) AP# 1811-54 Date Received_11-19-18 UH Permit # Zoning A - 3 Land Use Plan Map Category_ Development Permit Plat requires Minimum floor elevation of Comments Confirmation Finished Floor 88 1 FEMA Map# Elevation In Floodway □ Recorded Deed or Property Appraiser PO Site Plan (EH #_ 18-0474 □ Well letter OR □ FW Comp. letter □ App Fee Paid ∠ Land Owner Affidavit ∠ Installer Authorization □ DOT Approval □ Parent Parcel # □ STUP-MH □ Ellisville Water Sys □ Assessment Rait! on Property □ Qut County □ In County □ Sub VF Form Property ID # 34-5S-16-03752-412 Subdivision Southern Meadows Ph 2 Lot# 12 New Mobile Home X Used Mobile Home MH Size 32 x 48 Year 2019 Applicant Dale Burd 386-365-7674 _____ Phone # Address 20619 County Road 137, Lake City, FL, 32024 Bullard-Denune Name of Property Owner 386-755-4050 Phone# 911 Address 853 SW Baron Glen White Circle the correct power company -FL Power & Light Clay Electric (Circle One) -Suwannee Valley Electric 786-762-1324 Name of Owner of Mobile Home Phone # PO Box 772096, Orlando, FL, 32877 Address Relationship to Property Owner Agreement for deed Current Number of Dwellings on Property 0 Lot Size 327' x 635' 4.78 Total Acreage Do you : Have Existing Drive or Private Drive or need Culvert Permit or Culvert Waiver (Circle one) (Blue Road Sign) (Putting in a Culvert) (Not existing but do not need a Culvert) Nο Is this Mobile Home Replacing an Existing Mobile Home Driving Directions to the Property 47 South, TL SW Baron Glen, 3/4 mile to address 853 on right Name of Licensed Dealer/Installer Robert Sheppard Phone # 386-623-2203 Installers Address 6355 SE CR 245, Lake City, FL, 32025 License Number IH-1025386 Installation Decal # 53817

Dale knows what is revoled.

COLUMBIA COUNTY PERMIT WORKSHEET

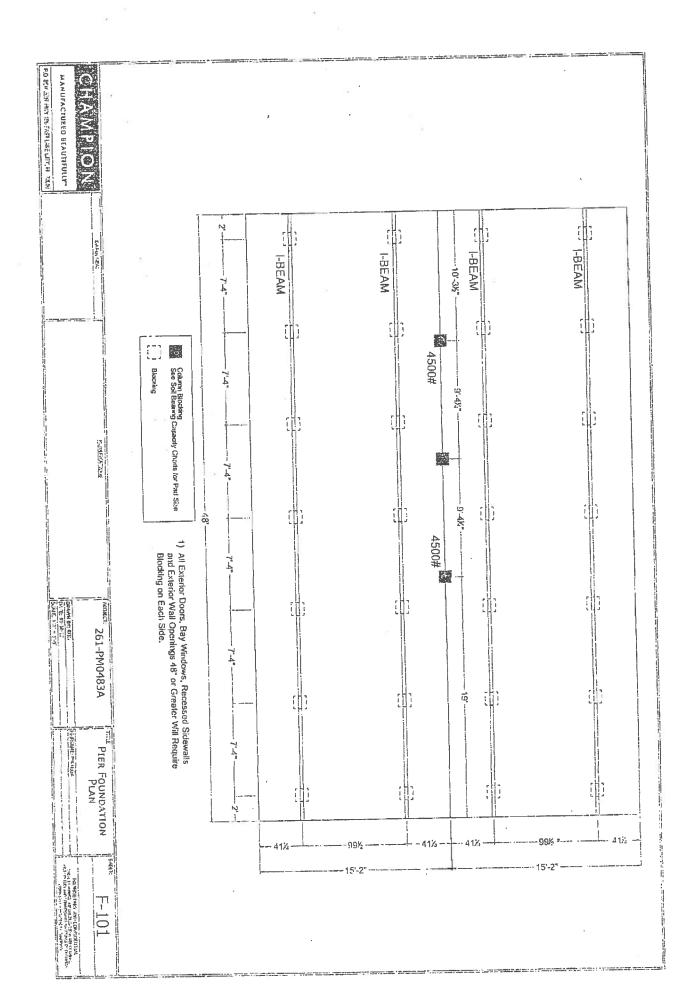
page 1 of 2

home is being installed. 911 Address where These worksheets must be completed and signed by the installar. Submit the originals with the packet. Manufacturer Installer Typical pier spacing 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 Kobert Shepterd B 5 long/nudirust 8 Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations) SARDA memage wall plers within 2' of and of home pr 0 Length x width Installer's initials License # 1 H 1025 386 # 78×87 0 2038 Fluid 15C capacity Buuren Home is installed in accordance with Rule 15-C Home installed to the Manufacturer's Installation Manual Load Other pler pad sizes (required by the mig.) interpolated from Rule 15C-1 pier spacing table. Double wide Single wide New Hame Perimeter pier pad size Longitudinal Stabilizing Device (LSD)
Menufacturer List all marriage wall openings greater than 4 foot and their pier pad sizes below. I-beam pier pad size Triple/Quad Longitudinal Stabilizing Device w/ Lateral Arms 2000 pst 2500 pst 1000 psi Opening Draw the approximate locations of marriage wall openings 4 foot or greater. Use this symbol to show the piers (pq in) Fooler size TIEDOWN COMPONENTS 10" × 16" Q PIER SPACING TABLE FOR USED HOMES Q PIER PAD SIZES (256)Installation Decal Wind Zone II Used Home Serial# 18 1/2" x 18 1,2" (342) Pier pad size 17825 4129 7 20" x 20" JG1-0674-410288 JAS Q (400) Wind Zone III 22" x 22" (484)* Longitucinal Marriage walf Shearwall 44 within 2' of end of home spaced at 5' 4" oc Sidewall POPULAR PAD SIZES 13 1/4 × 26 1/4 20 × 20 7 3/16 × 25 3/16 17 1/2 × 25 1/2 16 x 16 16 x 18 18.5 x 18.5 Pad Size 26 x 26 OTHER TIES 24" X 24" FRAME TIES (576)* ANCHORS 5 11 Ę 26" x 26" (676)

| Connect all potable water supply piping to an existing water mater, water tap, or other independent water supply systems. Pg | Connect all sewer drains to an existing sewer top or septic tank. Pg. 26 | Plumbing | Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between multi-wide units. Fig. 29 | Elocirlosi | | Date Tested 11-17-/8 | 유 | requires another with 4000 ib boding capacity. | Note: A state approved lateratism system is being used and 4 ft, anchors are allowed at the sidewall locations, I understand 5 ft | The results of the torque probe sest to 225 inch pounds or check here if you are declaring 5' anchors without testing A last showing 275 high pounds or less will require 6 foot anchors. | TORAUE PROBE TEST | x 1500 × 1700 × 1600 | reading and round down to that increhent. | | | POCKET PENETROMETER TESTING METHOD | x 1500 x 1600 x 1600 | The pocket penetrometer tests are rounded down to 1000 psf or check here to riectare 1000 b. soil without testing. | POCKET PENETROMETER TEST | |
|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------|-------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------|
| Installer Signature Karly Wy Date 11-17 | is accurate and time pased on the | Installer verifies all information given with this permit worksheet | | 1 1 | niervals. Yes | Skirting to be installed. Yes No Dryer yent installed outside of skirting. Yes NIA Renge downflow yent installed outside of skirting. Yes | Miscolinicous | The bottomboard will be repaired end/or laped. Yes Pg. Pg. Skiing on units is installed to manufacturer's epecifications. Yes Fireplace orunney installed so so not to allow intrusion of rain water. Yes | Weedverproofing | Type gaskel Par Installed: Between Flours Yes Between Walls Yes Bottom of ridgebeam Yes | installer's initials (A.S. | | I understand a properly installed gasket is a requirement of all new and used homes and that condensation, make we are buckled instribute walls are | Gaakat (washermaniku rupularnan) | will be centered over the peak of the roof and fastened with galv. rooting noits at 2" on center on both sides of the centerline. | Type Fastener: 2006 Length: Type Fastener: 2006 Langth: Type Fastener: 2006 Langth: | Floor: Two Escioner 1655 conth: 5 1 Spacing 16 1 | Water drainage: Natural Swale Pad Other | Debris and organio makerial removed | Sile Preparation |

| Installer verifles all information given with this permit worksheet is accurate and true based on the | Skirling to be installed. Yes No No Niver very installed outside of skirling. Yes Niver very installed outside of skirling. Yes Niver Nive | Stiling on units is installed to manufacturer's epectifications. Yes Fireplace of immey installed so se not to allow initusion of rain water. Yes |
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Date 11-17:18



OLIVER TECHNOLOGIES, INC. FLORIDA INSTALLATION INSTRUCTIONS FOR THE MODEL 1101 "V" SERIES ALL STEEL FOUNDATION SYSTEM

MODEL 1101"V" (Steps 1-14)
LONGITUDINAL ONLY: Follow Steps 1-9
LATERAL ONLY: Follow Steps 1-3 and Steps 10-14
FOR CONCRETE APPLICATIONS: Follow Steps 15-18

ENGINEERS STAMP

ENGINEERS STAMP

1.50"

Tube Length

- 1. SPECIAL CIRCUMSTANCES: If the following conditions occur STOP! Contact Oliver Technologies at 1-800-284-7437:
 - a) Pier height exceeds 48"

PIER HEIGHT

- c) Roof eaves exceed 16"
- e) Location is within 1500 feet of coast

- b) length of home exceeds 76'
- d) Sidewall height exceed 96"

INSTALLATION OF GROUND PAN

2. Remove weeds and debris in an approximate two foot square to expose firm soil for each ground pan (C).

1.50"

3. Place ground pan (C) directly below chassis I-beam. Press or drive pan firmly into soil until flush or below soil then install pier per manufacturer's instructions or per Florida Regs.

SPECIAL NOTE: The longitudinal "V" brace system may also serve as a pier under the home and should be loaded as any other pier. It is recommended that after leveling piers, and one-third inch (1/3") before home is lowered completely on to piers, complete steps 4 through 9 below then remove jacks.

INSTALLATION OF LONGITUDINAL "V" BRACE SYSTEM (Model 1101 L "V")

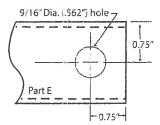
NOTE: WHEN INSTALLING THE LONGITUDINAL SYSTEM ONLY, A MINIMUM OF 2 SYSTEMS PER FLOOR SECTION IS REQUIRED. SOIL TEST PROBE SHOULD BE USED TO DETERMINE CORRECT TYPE OF ANCHOR PER SOIL CLASSIFICATION. IF PROBE TEST READINGS ARE BETWEEN 175 & 275 A 5 FOOT ANCHOR MUST BE USED. IF PROBE TEST READINGS ARE BETWEEN 276 & 350 A 4 FOOT ANCHOR MAY BE USED. USE GROUND ANCHORS WITH DIAGONAL TIES AND STABILIZER PLATES EVERY 5'4". VERTICAL TIES ARE ALSO REQUIRED ON HOMES SUPPLIED WITH VERTICAL TIE CONNECTION POINTS (PER FLORIDA REG.).

4. Choose one of the approved longitudinal tube installations; either Diagram A or B. Then select the correct square tube (E) length from the diagram for appropriate pier height at support location or cut and drill 1.5" square tube to achieve appropriate length.

| | (40° Min 45° Max.) | Tube Length | Tube Length | |
|---|---------------------|-------------|-------------|---|
| | 7 3/4" to 25" | 22' | 18" | _ |
| | 24 3/4" to 32 1 /4" | 32" | 18" | |
| | 33" to 41" | 44" | 18" | |
| Γ | 40" to 48" | 54" | 18" | |

1.25"





| (40 191111. 00 | Max., Tabe Length |
|----------------|-------------------|
| 14" to 18' | 20" |
| 18" to 25' | 28" |
| 24" to 35" | 39" |
| 30" to 40' | 44" |
| 36" to 48' | 54" |
| | |

PIER HEIGHT

(40° Min ~ 60° Max)

Diagram B

- 5. Install (2) of the 1.50" square tubes (E) into the "U" bracket (J), insert carriage bolt and leave nut loose for final adjustment.
- 6. Place I-beam connector (F) loosely on the bottom flange of the I-beam.
- 7. (For Diagram A installation) Slide the selected 1.25" tube (E) into a 1.50" tube (E) and attach to I-beam connectors (F) and fasten loosely with bolt and nut. (For Diagram B installation) Attach the selected 1.5" tubes (E) to the I-beam connectors (F) and fasten loosely with bolts and nuts.
- 8. Repeat steps 6 through 7 to create the "V" pattern of the square tubes loosely in place.
- 9. Using standard hand tools tighten all nuts and bolts. (For Diagram A installation only, secure 1.25" and 1.50" tubes using four(4) 1.4"-14 x 3/4" self-tapping screws in pre-drilled holes.)

INSTALLATION OF LATERAL TELESCOPING TRANSVERSE ARM SYSTEM (Model 1101 T "V")

THE MODEL 1101 "V" (LONGITUDINAL & LATERAL PROTECTION) ELIMINATES THE NEED FOR STABILIZER PLATES & FRAMETIES.

NOTE: THE USE OF THIS SYSTEM REQUIRES VERTICAL TIES SPACED AT 5'4".

FOUR FOOT (4') GROUND ANCHOR MAY BE USED EXCEPT WHERE THE HOME MANUFACTURER SPECIFIES DIFFERENT.

- 10. Install remaining vertical tie-down straps and 4' ground anchors per home manufacturer's instructions. NOTE: Centerline anchors to be sized according to soil torque condition. Any manufacturer's specifications for sidewall anchor loads in excess of 4,000 lbs. require a 5' anchor per Florida Code.
- 11. Select the correct square tube brace (H) length for set-up lateral transverse at support location. The lengths come in either 60" or 72" lengths. (With the 1.50" tube as the bottom tube, and the 1.25" tube as the inserted tube.)
- 12. Install the 1.50 transverse brace (H) to the ground pan connector (D) with bolt and nut.
- 13. Slide 1.25" transverse brace into the 1.50" brace and attach to adjacent I-beam connector (I) with bolt and nut.
- 14. Secure 1.50" transverse arm to 1.25" transverse arm using four (4) 1/4" 14 x 3/4" self-tapping screws in pre-drilled holes.

Page |

INSTALLATION USING CONCRETE RUNNER/ FOOTER

- 15. A concrete runner, footer or slab may be used in place of the steel ground pan.
 - a) The concrete shall be minimum 2500 psi mix
 - b) A concrete runner may be either longitudinal or transverse, and must be a minimum of 8" deep with a minimum width of 16 inches longitudinally or 18 inches transverse to allow proper distance between the concrete bolt and the edge of the concrete (see below).
 - c) Footers must have minimum surface area of 441 sq. in. (i.e. 21" square), and must be a minimum of 8" deep.
 - d) If a full slab is used, the depth must be a 4" minimum. Special inspection of the system bracket installation is not required. Footers must allow for at least 4" from the concrete bolt to the edge of the concrete.

NOTE: The bottom of all footings, pads, slabs and runners must be per local jurisdiction.

LONGITUDINAL: (Model 1101 LC "V")

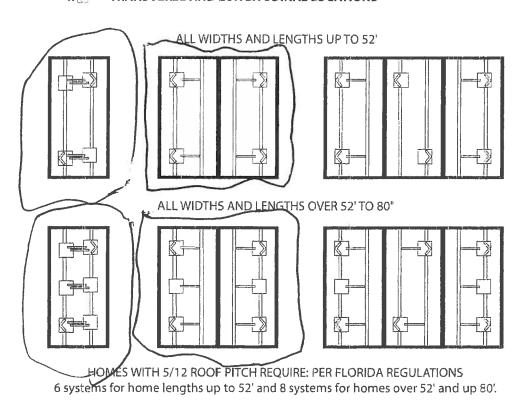
16. When using Part# 1101-W-CPCA (wetset) simply install the bracket in runner/footer **OR** When installing in cured concrete use Part# 101-D-CPCA (dryset). The 1101 (dryset) CA bracket is attached to the concrete using (2) 5/8"x3" concrete wedge bolts (Simpson part # S162300H 5/8" X 3" or Powers equivalent). Place the CA bracket in desired location. Mark bolt hole locations, then using a 5/8" diameter masonry bit, drill a hole to a minimum depth of 3". Make sure all dust and concrete is blown out of the holes. Place wedge bolts into drilled holes, then place 1101 (dry set) CA bracket onto wedge bolts and start wedge bolt nuts. Take a hammer and lightly drive the wedge bolts down by hitting the nut (making sure not to hit the top of threads on bolt). The sleeve of concrete wedge bolt needs to be at or below the top of concrete. Complete by tightening nuts.

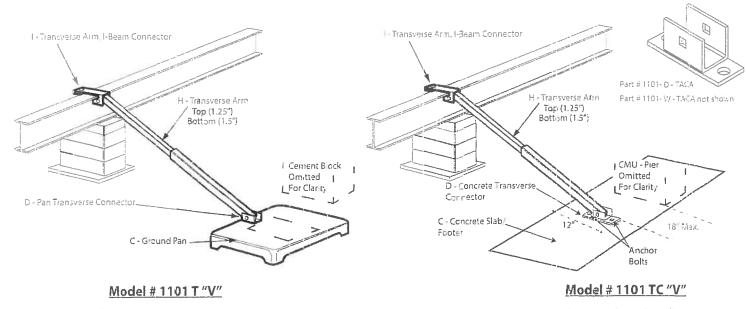
LATERAL: (Model 1101 TC "V")

- 17. For wet set (part # 1101-W-TACA) installation simply install the anchor bolt into runner/footer. For dry set installation (part # 1101-D-TACA) mark bolt hole locations, then using a 5/8" diam. masonry bit. drill a hole to a minimum depth of 3". Make sure all dust and concrete is blown out of the hole. Place wedge bolts (Simpson part #5162300H 5/8" X 3" or Powers equivalent) into (D) concrete dry transverse connector and into drilled hole. If needed, take a hammer and lightly drive the wedge bolts down by hitting the nut (making sure not to hit the top of threads on bolt), then remove the nut. The sleeve of concrete wedge bolt needs to be at or below the top of concrete.
- 18 When using part# 1101 CVW (wetset) or 1101 CVD (dryset), install per steps 17 & 18.

Notes:

- 1. LENGTH OF HOUSE IS THE ACTUAL BOX SIZE
- 2. LOCATION OF TRANSVERSE BRACING ONLY
- 3 🖾 = LOCATION OF LONGITUDINAL BRACING ONLY
- 4. = TRANSVERSE AND LONGITUDINAL LOCATIONS





Florida approved 4' ground anchors may be used in all locations except where home manufacturers specifications for sidewall straps are in excess of 4,000 lbs. These locations require a 5' anchor. Per Florida code.

C = GROUND PAN / CONCRETE FOOTER OR RUNNER

D = GROUND PAN / CONCRETE U BRACKETS TRANSVERSE CONNECTOR (connects with grade 5 - 1/2" x 2" 1/2" carriage bolt and nut)

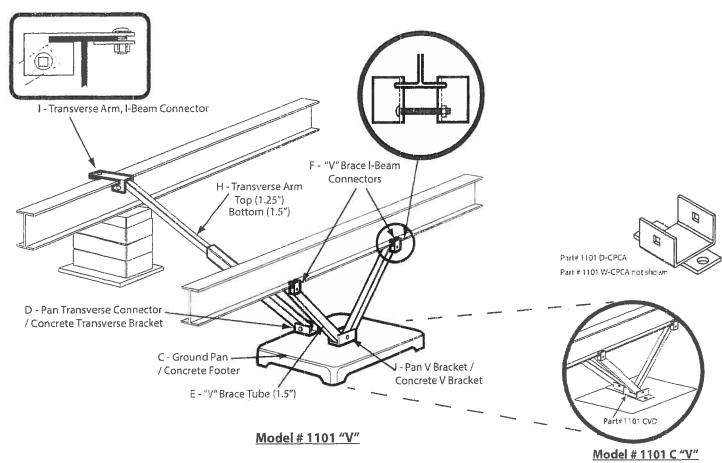
E = TELESCOPING V BRACE TUBE ASSEMBLY (1.5" TUBE BOTTOM AND 1.25" TUBE INSERT) OR 1.5" TUBE

F = "V" BRACE I-BEAM CONNECTOR ASSEMBLY

H = TELESCOPING TRANSVERSE ARM ASSEMBLY

I = TRANSVERSE ARM I-BEAM CONNECTOR (connects with grade 5 - 1/2" x 2" 1/2" carriage bolt and nut)

J = V PAN BRACKET (connects with grade 5 - 1/2" x 2" 1/2" carriage bolt and nut)



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SECTION 34 & 35, TOWNSHIP COLUMBIA COUNTY, FLORIDA (J) EAST.

ALL PLATTED UTILITY EASEMENTS SHALL PROVIDE THAT SUCH EASEMENTS SHALL PROVIDE THAT SUCH EASEMENTS SHALL PROVIDE THAT SUCH EASEMENTS SHALL PROVIDE AND DEVERTING OF CASE EAST SUCH CONSTRUCTION OF CASE EAST SUCH CONSTRUCTION OF CASE EAST SUCH CONSTRUCTION OF AND EAST SUCH OF CASE EAST SUCH EAST SHALL HIS FACE OF ELECTRIC PUSING SHALL BUT SUCH EAST SHALL HIS FACE OF EAST SHALL FOR SHALL BUT SUCH EAST SHALL BE SULFELY RESPONSIBLE FOR THE DANAGES OF EAST SHALL BE SULFELY RESPONSIBLE FOR THE DANAGES. MOTICE:
THIS PLAT AS RECORDED IN ITS GRAPHICAL FORM, IS THE OFFICIAL DEPICTION OF THE
SUBDININGS DASSEMBED HEREIN AND WILL IN NO CIRCUMSTANCES BE SUPPLANTED IN
AUTHORITY BY OTHER GRAPHICAL OR DIGITAL FORM OF THE PLAT, THERE MAY BE ADDITIONAL
RESTRICTIONS THAT ARE NOT RECORDED ON THIS PLAT THAT MAY BE FOUND IN THE PUBLIC
RECORDS OF THIS COUNTY.

SCALE: 1"

11 200

N.S.G

SYMBOL LEGEND

A.F.E

MINIMUM FLOOR ELEVATION

4°X4° CONCRETE MONUMENT

PERMANENI CONTROL POINT

10

CENTERLINE

PROFESSIONAL LAND SURVEYOR

PERMANENT REFERENCE MONUMENT

717

TYPICAL

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NET ACREAGE GROSS ACREAGE

LICENSED BUSINESS

9

RAINAGE EASEMENT \$300 ACRES, \$ (G) 478 Acres \$ (N) AFE 9200" 5.00 4.78 00 ACRES, ± (G) 78 ACRES, ± (N) MF.E. 84.00' FENCE ENDS 972 FEET SOUTH AND 49.0 FEET EAST \$ 00°39'52'E 5.00 ACRES, ± (G) 4.77 Acres, ± (N) MF.E. 93.00 20' UTILITY EASEMENT 5.00 ACRES, ± (G) 4.78 Acres, ± (N) MF.E. 84.00' RETENTION AREA -S# BAH 2.00.45.11.E 634.80 5.00 ACRES : (G) 477 ACRES : (H) MFE 92.00 5.00 ACRES, ± (G) 478 Acres, ± (N) N.F.E. 82.00 227.50 30 NOTES AND EDUCATE CONT.

SOUND FOR THE CONT.

NOTES AND EDUCATE CONT. 29 POINT OF BEGINNING 10 INCRESS AND EGGESS EATERS FIR MAINTENANCE ONLY

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SHANNA MEADDWS ZONING "A-3" PLAT BOOK T PAGE 16-17

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N.00°42'11'W

LIME TABLE Distance

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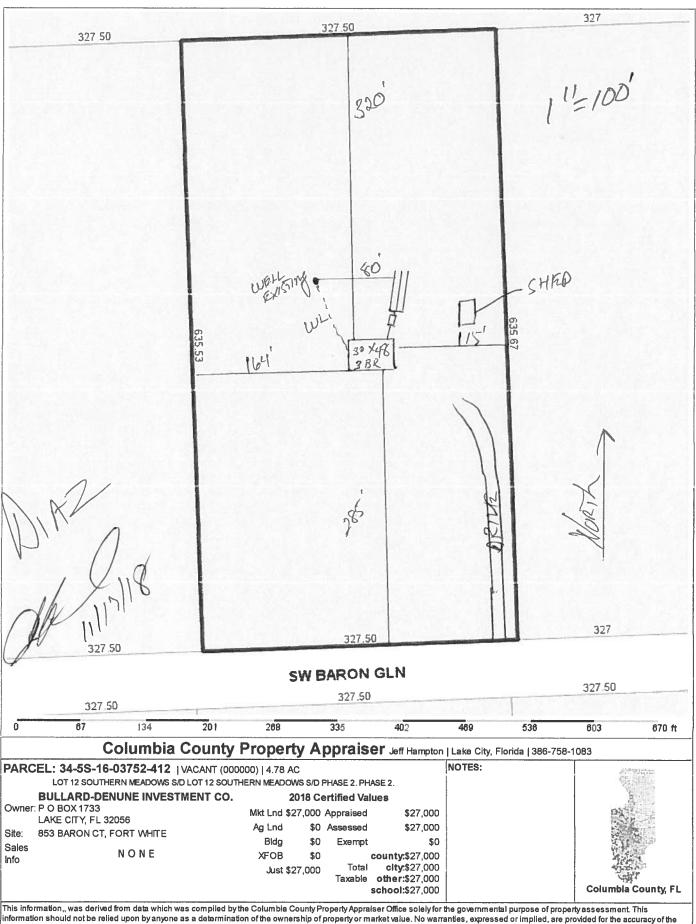
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E CL FILDRIDA 320 YURS AND MAPPERS (386) XA 32055 752-5570

WORK WEST R # -- 20372



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 District No. 1 - Ronald Williams District No. 2 - Rusty DePratter District No. 3 - Bucky Nash District No. 4 - Everett Phillips District No. 5 - Tim Murphy



BOARD OF COUNTY COMMISSIONERS • COLUMBIA COUNTY

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:

5/22/2018 12:40:24 PM

Address:

853 SW BARON Gln

City:

FORT WHITE

State:

FL

Zip Code

32038

Parcel ID

03752-412

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

263 NW Lake City Ave., Lake City, FL 32055 Telephone: (386) 758-1125 Email: gis@columbiacountyfla.com Parcel:

34-5S-16-03752-412



Owner & Property Info

| Owilei & Fi | operty into | Res | Result: 2 of 12 | | | |
|--------------|----------------------------------------------------------------------|--------------------------------|-----------------|--|--|--|
| Owner | BULLARD-DENUNE INVESTMENT CO. P O BOX 1733 LAKE CITY, FL 32056 | | | | | |
| Site | 853 BARON | CT, FORT WHIT | Έ | | | |
| Description* | | THERN MEADOW MEADOWS S/D PI | | | | |
| Area | 4.78 AC | S/T/R | 34-5S-16E | | | |
| Use Code** | VACANT (000000) | Tax District | 3 | | | |

^{*}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.

| Property & | Assessment V | /alues | |
|--------------|-----------------|--------------|-----------------|
| 2018 Cert | ified Values | 2019 Wor | king Values |
| Mkt Land (1) | \$27,000 | Mkt Land (1) | \$27,000 |
| Ag Land (0) | \$0 | Ag Land (0) | \$0 |
| Building (0) | \$0 | Building (0) | \$0 |
| XFOB (0) | \$0 | XFOB (0) | \$0 |
| Just | \$27,000 | Just | \$27,000 |
| Class | \$0 | Class | \$0 |
| Appraised | \$27,000 | Appraised | \$27,000 |
| SOH Cap [?] | \$0 | SOH Cap [?] | \$0 |
| Assessed | \$27,000 | Assessed | \$27,000 |
| Exempt | \$0 | Exempt | \$0 |
| | county:\$27,000 | - | county:\$27,000 |
| Total | city:\$27,000 | Total | city:\$27,000 |
| Taxable | other:\$27,000 | Taxable | other:\$27,000 |
| | school:\$27,000 | | school:\$27,000 |

l of 1 11/16/2018, 12:29 PM

STATE OF FLORIDA LAND OWNER AFFIDAVIT COUNTY OF COLUMBIA

| This is to certify that I, (We), Bullard-Deni | unelny / Audrey Bullard , |
|-----------------------------------------------------------------------------------------------------|---------------------------------------|
| as the owner of the below described propert | y: |
| Property tax Parcel ID number 34-5S-16 | -03752-412 |
| Subdivision (Name, lot, Block, Phase) Souther | n Meadows, Lot 12, Ph 2 |
| Give my permission forJoey Diaz | JOSE DIAZ to place a |
| Circle one Mobile Home Travel Trailer / Barn - Sned - Garage / Culver | |
| permit on the property number I (we) have assessment for solid waste and fire protection | on services levied on this property. |
| Owner Signature | 11-19-18 Date |
| Owner Signature | Date |
| Owner Signature | Date |
| Sworn to and subscribed before me this 1 | 9 day of Nov , 20 18. This |
| (These) person(s) are personally known to | (Type) |
| Holly CH cenoner Notary Public Signature | Holly CHanover Notary Printed Name |
| Notary Stamp/ HOLLY C. HANOVER Commission # GG 176 Expires May 18, 2022 Bonded Thru Troy Fain Issue | |

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

| APPLICATION NUM | MBER | 811-54 | CONTRACTOR_ | Robert Sheppa | ard PHONE 386-623-2203 |
|-------------------------------|------------------------------|---------------------------------------------|-----------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| | | THIS FORM MUS | T BE SUBMITTED PRIC | OR TO THE ISSUANCE OF | FA PERMIT Diaz |
| records of the Ordinance 89-6 | subcontract 6, a contract | ors who actually d tor shall require all | id the trade speci subcontractors to | fic work under the population provide evidence (| ITE. It IS KEQUIKED that we have permit. Per Florida Statute 440 and of workers' compensation or le in Columbia County. |
| | • | | | - | g submitted to this office prior to the rk orders and/or fines. |
| ELECTRICAL | Print Name | Glenn Whi | ttington | Signature | |
| | License #: _ | | 157 Qualifier Form Attac | | 886-792-1700 |
| | | | Quaimer Form Attac | nea [X] | |
| MECHANICAL/ | Print Name | Ronald Bo | nds Sr. | Signature | |
| A/C | License #: | CAC18176 | 658 | Phone #:8 | 00-259-3470 |
| | | | Qualifier Form Attac | hed 🔀 | |
| Qualifier Forn | ns cannot b | pe submitted for a | any Specialty Lice | ense. | |
| Specialty Li | icense | License Number | Sub-Contracto | ors Printed Name | Sub-Contractors Signature |
| MASON | | | | | |
| CONCRETE FIN | IISHER | | | | |
| | | | | | |

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. Charl WiTTIngton | (license holder name), licensed qualifier |
|------------------------------------------------------------------------------------------------------|-------------------------------------------|
| 1. Charl Whitington ELECTER S | The (company name) do certify that |
| W | • |
| 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 | |
| Printed Name of Person Authorized | Signature of Authorized Person |
| No la Call | |
| 1. (18/2) | |
| 2. Kecky tond | 2. (m/2) |
| 3. | 3. |
| 4. | 4. |
| 5. | 5. |
| 0. | 0. |
| I, the license holder, realize that I am responsible | |
| under my license and fully responsible for compl Local Ordinances. I understand that the State ar | |
| authority to discipline a license holder for violation | ons committed by him/her, his/her agents, |
| officers, or employees and that I have full responant ordinances inherent in the privilege granted | |
| | |
| 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 prev | |
| unauthorized persons to use your name and/or I | icense number to obtain permits. |
| 11/2 1/4 | record apple |
| Licensed Qualifiers Signature (Notafized) | |
| Licensed Qualifiers Signature (Notarized) | License Number Date |
| NOTARY INFORMATION: | a 1 1: |
| | Colmbia |
| The above license holder, whose name is | ENN Whottington |
| personally appeared before me and is known by (type of I.D.) | me or has produced identification |
| (type of I.D.) | this, 20_/C |
| Lier Daid no | |
| NOTARY'S SIGNATURE | Seal/Stamply R BISHOP |
| 1 | Notary Public - State of Florida |



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

| | ER AUTHORIZATION |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Konald E Bond SE | (license holder name). licensed qualifier |
| FOR STIPE CARST ENTERPENSES | In C (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 | m is/are contracted/hired by me, the license lugh an employee leasing arrangement; or, is ar in Florida Statutes Chapter 468, and the said I control and is/are authorized to purchase and |
| Printed Name of Person Authorized | Signature of Authorized Person |
| 1. DALE BURD | 1. |
| 2. Rock, Ford | 2. (bel3) 7-1 |
| Kally Bishap | 3. Kelly Brishof |
| 4. | 4. |
| 5. | 5. |
| officers, or employees and that I have full responant ordinances inherent in the privilege granted | by issuance of such permits. |
| If at any time the person(s) you have authorized officer(s), you must notify this department in writing authorization form, which will supersede all previous form. | ng of the changes and submit a new letter of ous lists. Failure to do so may allow |
| upauthorized persons to use your name and/or line with the second of the | CRC 1817658 2-16-14 License Number Date |
| NOTARY INFORMATION: STATE OF:COUNTY OF: | Bay |
| The above license holder, whose name is Rombersonally appeared before me and is known by type of I.D.)on the | gld Edward Bonds SR me or has produced identification his 16th day of FEB , 20 16. |
| Struy Gna ldupe'ns | (Seal/Stamp) |
| | *************************************** |



SSOCOF #: 143804459 done on 06/12/18)



DEPARTMENT OF HEALTH ONSITE SEWAGE TREATMENT AND DISPOSAL

| PERMIT NO. | 18-0474 |
|------------|---------|
| DATE PAID: | 41/31/8 |
| FEE PAID: | 30.00 |
| RECEIPT #: | 13/9215 |

| APPLICATION FOR CONSTRUCTION PERMIT |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| APPLICATION FOR: New System [] Existing System [] Holding Tank [] Innovative [] Repair [] Abandonment [] Temporary [] |
| APPLICANT: JOEY DIAZ - Bullard Denune Inv. |
| AGENT: Ronald Ford - Ford's Septic TELEPHONE: 386-755-6288 |
| MAILING ADDRESS: 116 NW Lawtey Way Lake City, Florida 32055 |
| 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 APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS. |
| PROPERTY INFORMATION SOUTHERN MEADOWS |
| LOT: 12 BLOCK: SUBDIVISION: PHASE: 2 PLATTED: |
| PROPERTY ID #: 34-5S-16-03752-412 ZONING: I/M OR EQUIVALENT: [Y / N()] |
| PROPERTY SIZE: 4.78 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC []<=2000GPD []>2000GPD |
| IS SEWER AVAILABLE AS PER 381.0065, FS? [Y/N] DISTANCE TO SEWER: VALABLE |
| PROPERTY ADDRESS: 853 SW BARON GLEN FORT WHITE, FLORIDA 32038 |
| DIRECTIONS TO PROPERTY: 47 South. (L) on Baron Glen |
| (approx. 112 miles past SW Watson Street) |
| #853 on left. |
| BUILDING INFORMATION [RESIDENTIAL [] COMMERCIAL |
| Unit Type of No. of Building Commercial/Institutional System Design No Establishment Bedrooms Area Sqft Table 1, Chapter 64E-6, FAC |
| 1 S.F.R 3 1454 |
| 3 |
| 4 |
| [] Floor/Equipment Drains/ [] Other (Specify) |
| SIGNATURE: R C Fund DATE: 6-11-2018 |

STATE OF FLORIDA DEPARTMENT OF HEALTH

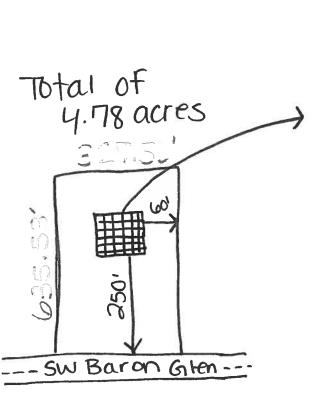
APPLICATION FOR CONSTRUCTION PERMIT

| COCHON FERWIT | 10 | , , | . 1 | 4 / |
|---------------------------|----|-----|-----|-----|
| Permit Application Number | | -0 | 4 | 74 |

North

PART II - SITEPLAN ----

*scale: one inch = 50 feet one acre details



210'

So'

Neil 75'

Neil 75'

Neil 75'

Nome 30x48

25'

| Notes: | | | | |
|---------------------------------|--------------|----------|----------|------------------|
| 853 SW Baro | n gien | | | |
| Fort White, F | 10nda 32038 | | | |
| Site Plan submitted by: Q c Fan | ./ | | | |
| Plan Approved | Not Approved | | Date | 6/14/18 |
| By Gen Voun | ESI | Columbia | County H | lealth Departmen |

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT