Parcel:

35-48-15-00407-220 (43499)

Owner & Property Info

Result: 2 of 11

BRIDGES DAVID RONALD BRIDGES CHERYL JO

Owner

650 SW HORSE WAY LAKE CITY, FL 32024

Site

Description* BEG NW CORN OF LOT 20 CYPRESS LAKE HILLS, THENCE E 230.60 FT, S 190.87 FT, W 230.42

FT, N 190.87 FT TO POB. WD 1434-1503,

1.01 AC Area S/T/R 35-4S-15

Use Code** VACANT (0000) Tax District 3

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NU	MBER CONTRACTOR 3	not Smickland	PHONE 386-365-704
	THIS FORM MUST BE SUBMITTED PRIOR TO	THE ISSUANCE OF A PERMIT	
Ordinance 89-	ounty one permit will cover all trades doing work at the subcontractors who actually did the trade specific wo 6, a contractor shall require all subcontractors to pro- neral liability insurance and a valid Certificate of Com	he permitted site. It is <u>REQU</u> ork under the permit. Per Flo vide evidence of workers' co	orida Statute 440 and mpensation or
Any changes, t start of that su	the permitted contractor is responsible for the correctibe subcontractor beginning any work. Violations will res	cted form being submitted t ult in stop work orders and/	o this office prior to the for fines.
ELECTRICAL	Print Name DAVID Redects License #: Qualifier Form Attached	Signature & cecal Phone #: 386 - 38	Die 8 6-0248
MECHANICAL/ A/C	Print Name License #: Qualifier Form Attached	SignaturePhone #:	
	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.

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

	THIS FORM MUST BE SUBMITTED PRIC	OR TO THE ISSUANCE OF A PERMIT	
		David 6	& Cheryl Bridges
records of the su Ordinance 89-6, exemption, gene Any changes, the	nty one permit will cover all trades doing work becontractors who actually did the trade special contractor shall require all subcontractors to real liability insurance and a valid Certificate of the permitted contractor is responsible for the contractor beginning any work. Violations with	fic work under the permit. Per loop provide evidence of workers' of Competency license in Columb corrected form being submitted	Florida Statute 440 and compensation or bia County.
ELECTRICAL F	Print Name	Signature	
ı	License #:	Phone #:	
	Qualifier Form Attac	thed	
MECHANICAL/	Print Name Michael Boland	Signature	
A/C	License #: CAC 1817716	Phone #: 352-274-93	26
	Qualifier Form Attac	thed X	

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 QUALIFI	ER AUTHORIZATION
1 My hAR/ A GOLAND	(license holder name), licensed qualifier
Ass All Coch	11/
for ACA AICO COAM	(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	ough an employee leasing arrangement; or, is an
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
1. DAIR EAD	1.688
2. Krlly Dishop	2. Kelly Bishop
3. Locky Ford	3. fach, 1) - of
4.	4.
5.	5.
I, the license holder, realize that I am responsible under my license and fully responsible for comp Local Ordinances. I understand that the State at authority to discipline a license holder for violation officers, or employees and that I have full responsed ordinances inherent in the privilege granted.	liance with all Florida Statutes, Codes, and nd County Licensing Boards have the power and ons committed by him/her, his/her agents, nsibility for compliance with all statutes, codes
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 prevunauthorized persons to use your name and/or limited.	ting of the changes and submit a new letter of rious lists. Failure to do so may allow
Licensed Qualifiers Signature (Notarized)	(A1317716 ESDOODU License Number Date 111716
NOTARY INFORMATION: STATE OF COUNTY OF	maico
The above license holder, whose name is Micropersonally appeared before me and is known by (type of I.D.) on	me or has produced identification this day of November, 20 15
MOTARY'S SIGNATURE	(Seal/Stamp)
	AMANDA FLOOD



	Show local function (use	Installer Brent Strickland License # IH 1104218 Installer Mobile Phone # 386-365-7043
within 2' of end of home spaced at 5' 4" oc Longitudinal Stabilizing Device (LSD) Manufacturer Longitudinal Stabilizing Device w/ Lateral Arms Manufacturer Di Di Cir C C C C C C C	Single wide	New Home

PERMIT NUMBER

The pocket penetrometer tests are rounded down to or check here to declare 1000 lb. soil without ×1600 POCKET PENETROMETER TEST without testing

POCKET PENETROMETER TESTING METHOD

- Test the perimeter of the home at 6 locations
- N Take the reading at the depth of the footer
- w Using 500 lb. increments, take the lowest reading and round down to that increment

TORQUE PROBE TEST

The results of the torque probe test is 29 showing 275 inch pounds or less will require 5 foot anchors. here if you are declaring 5' anchors without testing inch pounds or check A test

Note: A state approved lateral arm system is being used and 4 ft anchors are required at all centerline tie points where the torque test anchors are allowed at the sidewall locations. I understand 5 ft reading is 275 or less and where the mobile home manufacturer may requires anchors with 4000 lb holding capacity. installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

installer Name

Date Tested

Electrical

source. This includes the bonding wire between mult-wide units. Pg Connect electrical conductors between multi-wide units, but not to the main power

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

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

independent water supply systems. Pg.

0.5		Type Fastener: 149's Length: 5'	Fastening multi wide units	ebris and organic material removed atter drainage. Natural Swale Pad Other	Site Preparation
livanized metal strip fastened with galv. ne centerline.	Spacing: /6	Spacing: (6		Other	

NST |

SO

a result of a poorly installed or no gasket being installed. I understand a strip homes and that condensation, mold, meldew and buckled marriage walls are I understand a properly installed gasket is a requirement of all new and used of tape will not serve as a gasket

Installer's initials

installed: Bottom of ridgebeam Yes Between Walls Yes Between Floors Yes

Weatherproofing

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

Miscellaneous	
istalled. Yes No	,
alled outside of skirting. Yes	NA
w vent installed outside of skirting. Yes,	es N/A
ported at 4 foot intervals. Yes	l
sovers protected. Yes	

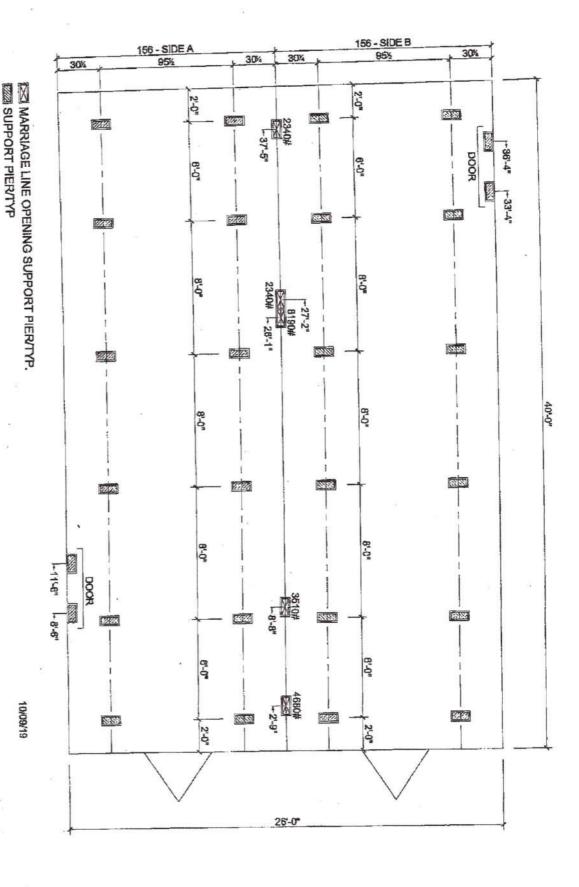
Range downflo

Dryer vent inst Skirting to be in

Electrical cros Drain lines sup

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

Installer Signature

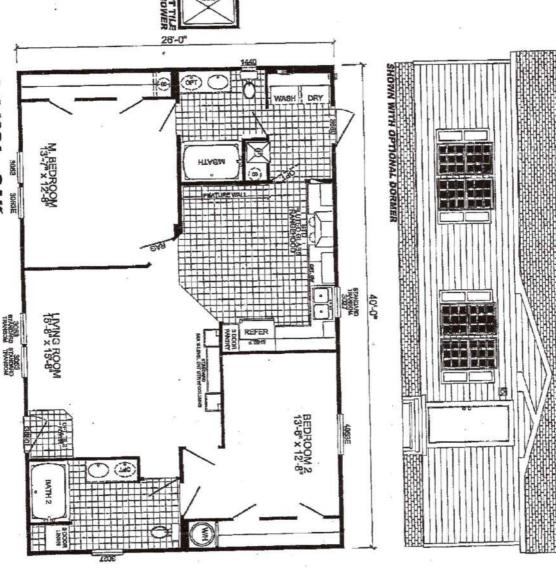


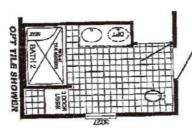
Live Oak Homes MODEL: L-2402A - 28 X 40 2-BEDROOM / 2-BATH

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.

L-2402A

SOUTHERN CHARM





2-BEDROOM / 2-BATH

28 x 44 - Approx. 1040 Sq. Ft. (997 SF Heated)

Date: 11/4/19

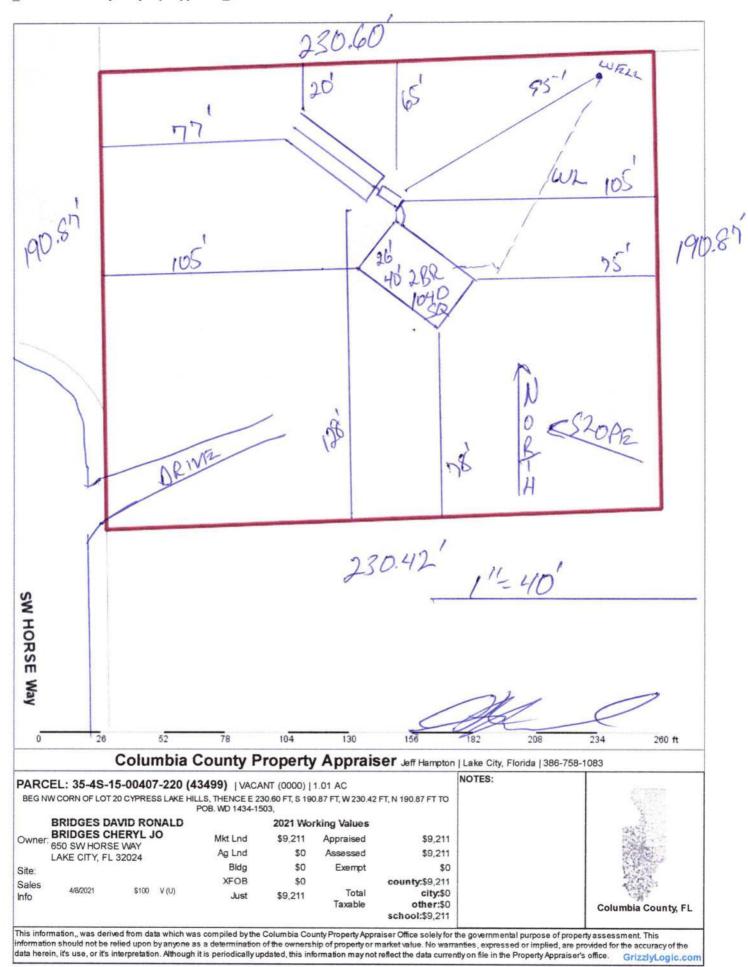
*All room dimensions include closeste and square fooluge figures are approximate.

*Transom windows are available on optional 8'-0" sidewall houses only.

*Live Oak Homes reserves the right to change the product offering at any time.

L-2402A - OAK





District No. 1 - Ronald Williams

District No. 2 - Rocky Ford

District No. 3 - Robby Hollingsworth

District No. 4 - Toby Witt



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:

4/12/2021 1:47:56 PM

Address:

650 SW HORSE Way

City:

LAKE CITY

State:

FL

Zip Code

32024

Parcel ID

00407-220

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