

**COLUMBIA COUNTY
FLORIDA
DEPARTMENT OF BUILDING AND ZONING INSPECTION**

M/H O C C U P A N C Y

COLUMBIA COUNTY, FLORIDA

Department of Building and Zoning Inspection

This Certificate of Occupancy is issued to the below named permit holder for the building and premises at the below named location, and certifies that the work has been completed in accordance with the Columbia County Building Code.

Parcel Number 19-4S-16-03062-210

Building permit No. 000028610

Permit Holder RONNIE NORRIS

Owner of Building JUSTIN & CHRISTI BOULTER

Location: 1886 SW SALEM ROAD, LAKE CITY, FL

Date: 06/15/2010



[Signature]

Building Inspector

POST IN A CONSPICUOUS PLACE
(Business Places Only)

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

1' ASH

For Office Use Only

(Revised 1-10-08)

Zoning Official

BLK 28.05.10

Building Official

HD 5-26-10

AP#

1005-47

Date Received

5/21

By

JW

Permit #

28610

Flood Zone

X

Development Permit

N/A

Zoning

A-3

Land Use Plan Map Category

A-3

Comments

FEMA Map#

N/A

Elevation

N/A

Finished Floor

1st floor

River

N/A

In Floodway

N/A

☒ Site Plan with Setbacks Shown

☒ EH #

10-0265

☒ EH Release

☒ Well letter

☒ Existing well

☐ Recorded Deed or Affidavit from land owner

☐ Letter of Auth. from installer

☐ State Road Access

☐ Parent Parcel #

☐ STUP-MH

☐ F W Comp. letter

IMPACT FEES: EMS

Fire

Corr

Road/Code

School

= TOTAL

85.00

Property ID #

19-45-16-03062-210

Subdivision

Sun Park Woods unrec lot 10

New Mobile Home

☒

Used Mobile Home

MH Size

32x52

Year

09

Applicant

Wendy Grennell

Phone #

386-288-2428

Address

3104 SW Old Wire Rd

Ft White FL 32038

Name of Property Owner

Justin + Christi Baulter

Phone#

386-984-0255

911 Address

1886 SW Salem Rd

Lake City FL 32024

Circle the correct power company -

FL Power & Light

-

Clay Electric

(Circle One) -

Suwannee Valley Electric

-

Progress Energy

Name of Owner of Mobile Home

Justin + Christi Baulter

Phone #

386-984-0255

Address

3040 SW Windson Cir #207

Lake City FL

32025

Relationship to Property Owner

Same

Current Number of Dwellings on Property

0

Lot Size

Total Acreage

10.01

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

No

Driving Directions to the Property

90 West, TL on CR 252

TL

on Birkey Rd, TR on Salem Rd 2/10 mile bare

left staying on Salem Rd 1 1/2 miles to site

on L

6th lot past Anderson St.

Name of Licensed Dealer/Installer

Ronnie Norris

Phone #

386-623

Installers Address

1004 SW Charles Terr

Lake City FL 32024

License Number

IH1025145/1

Installation Decal #

217

Left a message on Wendy's cell phone 5-28-10 LH

PERMIT WORKSHEET

page 1 of 2

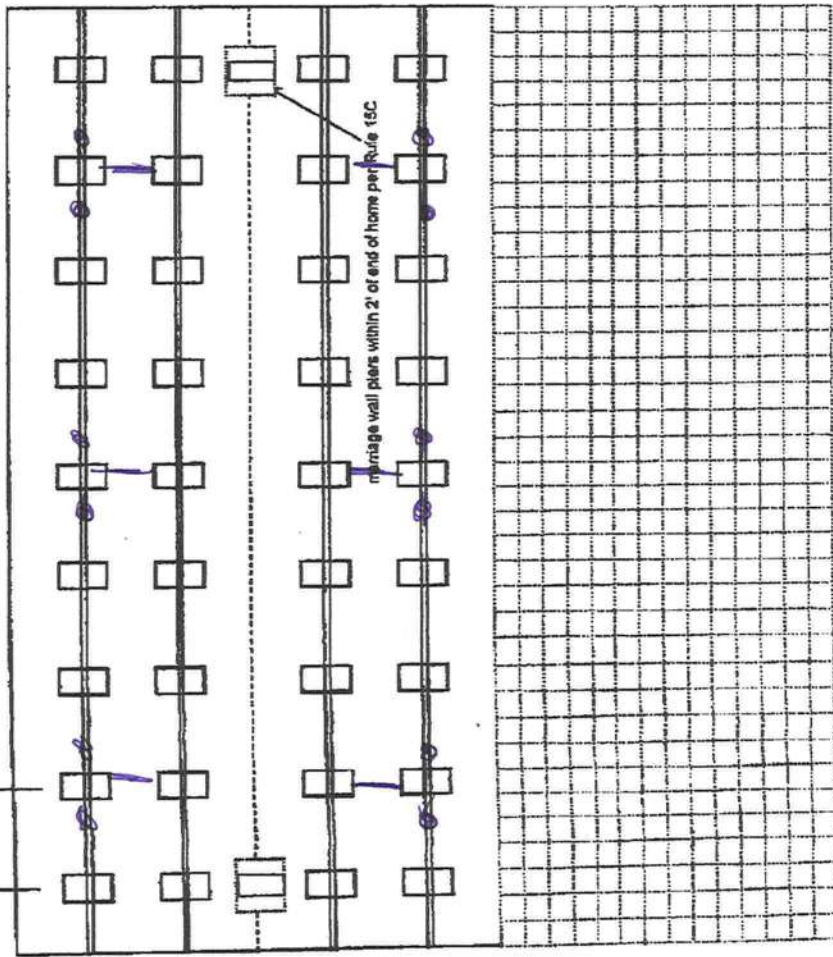
PERMIT NUMBER

Installer Bonnie D. Norris License # IA/1025145/1
 Address of home being installed 1886 SW Salem Rd
Lake City FL 32024
 Manufacturer Live Oak Length x width 32x52

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

I understand Lateral Arm Systems cannot be used on any home (new or used)
 where the sidewall ties exceed 5 ft 4 in. 32

Installer's initials



New Home ☒ Used Home ☐
 Home installed to the Manufacturer's Installation Manual ☒
 Home is installed in accordance with Rule 15-C ☐
 Single wide ☐ Wind Zone II ☒ Wind Zone III ☐
 Double wide ☒ Installation Decal # # 217
 Triple/Quad ☐ Serial # _____

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity	Footer size (sq in)	16" x 16" (256)	18 1/2" x 18 1/2" (342)	20" x 20" (400)	22" x 22" (484)*	24" x 24" (576)*	28" x 28" (676)
1000 psf	3'	4'	4'	5'	6'	7'	8'
1500 psf	4'	4'	4'	5'	6'	7'	8'
2000 psf	6'	6'	6'	6'	6'	6'	6'
2600 psf	7'	6'	6'	6'	6'	6'	6'
3000 psf	8'	6'	6'	6'	6'	6'	6'
3500 psf	8'	6'	6'	6'	6'	6'	6'

* Interpolated from Rule 15C-1 pier spacing table.

PIER PAD SIZES

I-beam pier pad size 12x25
 Perimeter pier pad size NA
 Other pier pad sizes (required by the mfg.) 16x16

POPULAR PAD SIZES

Pad Size	Sq In
16 x 16	256
16 x 18	288
18.5 x 18.5	342
16 x 22.5	360
17 x 22	374
13 1/4 x 26 1/4	348
20 x 20	400
17 3/16 x 25 3/16	441
17 1/2 x 25 1/2	446
24 x 24	576
28 x 28	676

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 4'8" Pier pad size 23x31
6'4" 17x25
4 17x25

ANCHORS
 4 ft 6 ft

FRAME TIES

within 2' of end of home spaced at 5' 4" oc

TIEDOWN COMPONENTS

OTHER TIES

Longitudinal Stabilizing Device (LSD)
 Manufacturer _____
 Longitudinal Stabilizing Device w/ Lateral Arms
 Manufacturer _____
 Number _____
 Sidewall _____
 Longitudinal _____
 Marriage wall _____
 Shearwall _____

PERMIT NUMBER

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 150 psf or check here to declare 1000 lb. soil without testing.

150 x 150 x 150

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.

150 x 150 x 150

TORQUE PROBE TEST

The results of the torque probe test is 275 inch pounds or check here if you are declaring 5' anchors without testing 275. A test showing 275 inch pounds or less will require 4 foot anchors.

Note: A state approved lateral arm system is being used and 4 ft. anchors are allowed at the sidewall locations. I understand 6 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 requires anchors with 4000 lb holding capacity.

Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Date Tested

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.

Plumbing

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

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

Site Preparation

Debris and organic material removed ☒ Swale ☒ Pad ☒ Other

Fastening multi wide units

Floor: Type Fastener: 1/4" Length: 6" Spacing: 24"
Walls: Type Fastener: 1/4" Length: 6" Spacing: 16"
Roof: Type Fastener: 3/8" Length: 6" Spacing: 16"
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

Type gasket Pg.

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

Weatherproofing

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

Miscellaneous

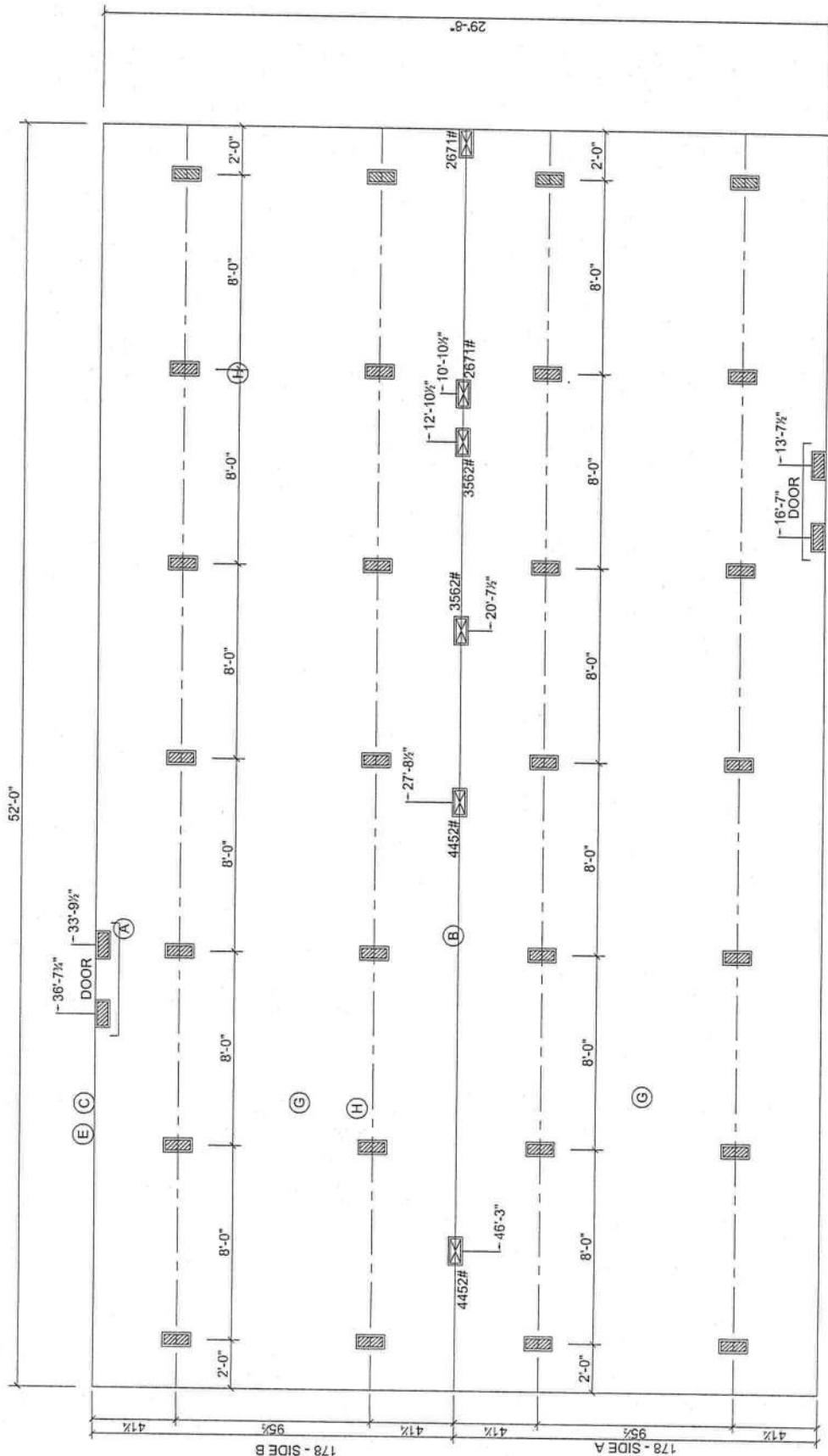
Skirting to be installed. Yes No
Dryer vent installed outside of skirting Yes N/A
Range downflow vent installed outside of skirting. Yes
Drain lines supported at 4 foot intervals. Yes
Electrical crossovers protected. Yes
Other:

Installer verifies all information given with this permit worksheet is accurate and true based on the

Installer Signature

Date

4-3-10



MARRIAGE LINE OPENING SUPPORT PIERTYP.
SUPPORT PIERTYP

8/12/09

FOUNDATION NOTES:

- THIS DRAWING IS DESIGNED FOR THE STANDARD WIND ZONE AND IS TO BE USED IN CONJUNCTION WITH THE INSTALLATION MANUAL AND ITS 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.

Live Oak Homes
MODEL: M-3524B - 32 X 52
4-BEDROOM / 2-BATH

- | | |
|------------------------------|---|
| (A) MAIN ELECTRICAL | (G) DUCT CROSSOVER |
| (B) ELECTRICAL CROSSOVER | (H) SEWER DROPS |
| (C) WATER INLET | (I) RETURN AIR (W/OPT. HEAT PUMP OH DUCT) |
| (D) WATER CROSSOVER (IF ANY) | (J) SUPPLY AIR (W/OPT. HEAT PUMP OH DUCT) |
| (E) GAS INLET (IF ANY) | |
| (F) GAS CROSSOVER (IF ANY) | |

M-3524B

MOBILE HOME INSTALLER AFFIDAVIT

As per Florida Statutes Section 320.8249 Mobile Home Installers License

Any person who engages in mobile home installation shall obtain a mobile home installer's license from the Bureau of Mobile Home and Recreational Vehicle Construction, of the Department of Highway Safety and Motor Vehicles pursuant to this section. Said license shall be renewed annually, and each licensee shall pay a fee of \$150

I, Ronnie Norris, license number I H0000049

state that the installation of the manufactured home for owner

Justin Boulter at

911 Address: _____ City Lake City

will be done under my supervision.

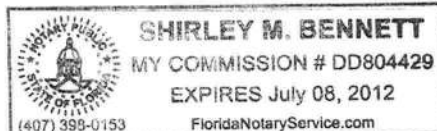
Signed: [Signature]
Mobile Home Installer

Sworn to and described before me this 3 day of April 2010

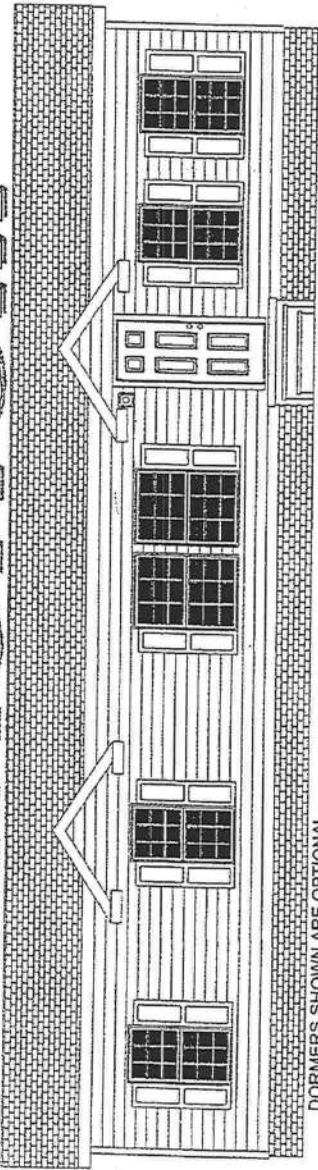
[Signature]
Notary public

Shirley M Bennett Personally known _____
Notary Name

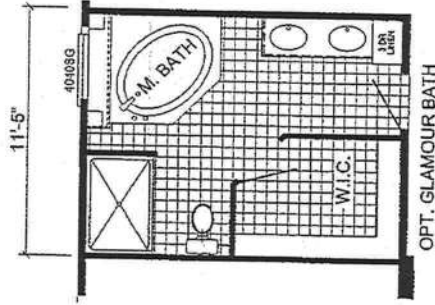
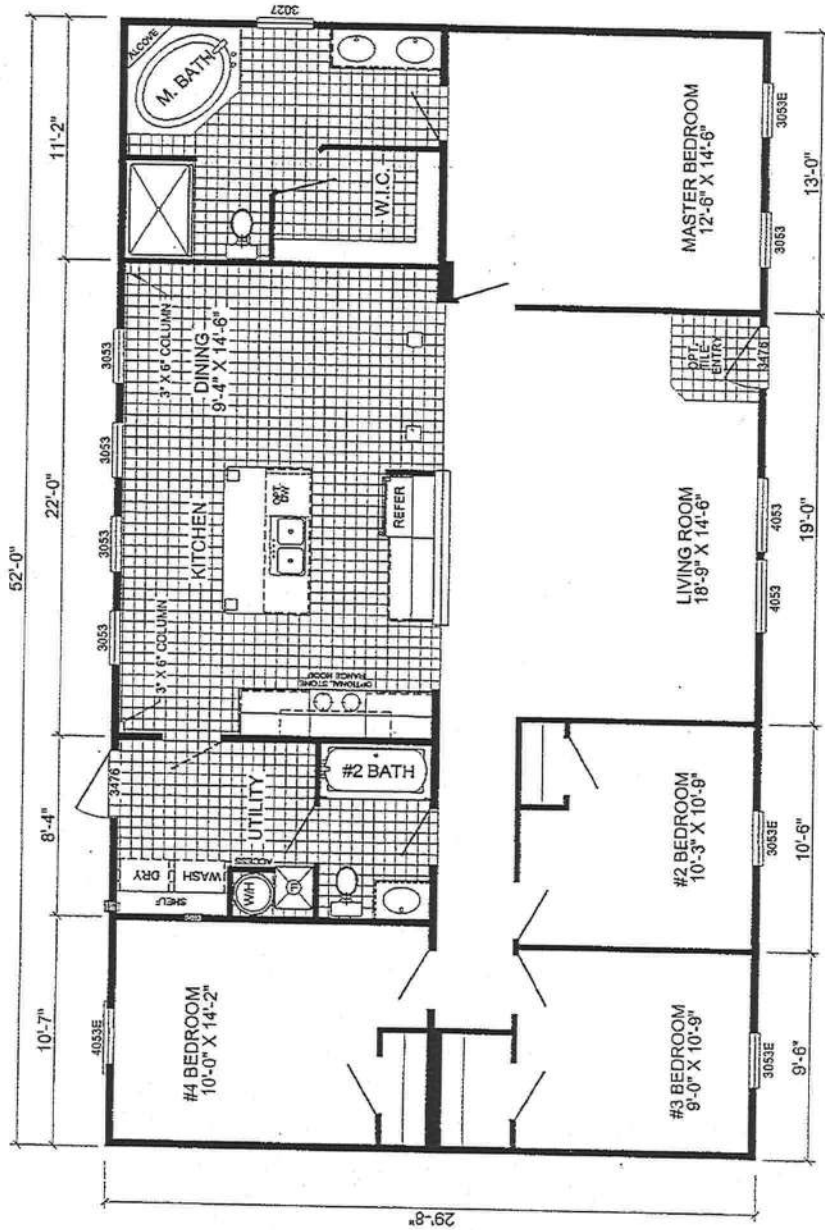
DL ID ✓



MAGNUM



DORMERS SHOWN ARE OPTIONAL



M-3524B

4-BEDROOM / 2-BATH

32 x 56 - Approx. 1549 Sq. Ft.

Date: 4/28/09

* All room dimensions include closets and square footage figures are approximate.

10.00
371.00
53,000.00

This Instrument Prepared by & return to:

Name: msandage.ncf, an employee of
NORTH CENTRAL FLORIDA TITLE,
LLC
Address: 343 NW COLE TERRACE, SUITE 101
LAKE CITY, FLORIDA 32055
File No. 10Y-05001ATL

Inst: 201012007889 Date: 5/18/2010 Time: 3:54 PM
Doc Stamp: Deed: 371.00
DC, P DeWitt Cason, Columbia County Page 1 of 1 B: 1194 P: 1606

Parcel I.D. #: 03062-210

SPACE ABOVE THIS LINE FOR PROCESSING DATA

SPACE ABOVE THIS LINE FOR RECORDING DATA

THIS WARRANTY DEED Made the 14th day of May, A.D. 2010, by DONALD W. ARTH, A SINGLE PERSON, hereinafter called the grantor, to JUSTIN R. BOULTER and CHRISTI LYNN BOULTER, HIS WIFE, whose post office address is 3040 SW WINDSONG CIRCLE #207, LAKE CITY, FLORIDA 32025, hereinafter called the grantees:

(Wherever used herein the terms "grantor" and "grantees" include all the parties to this instrument, singular and plural, the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporations, wherever the context so admits or requires.)

Witnesseth: That the grantor, for and in consideration of the sum of \$10.00 and other valuable consideration, receipt whereof is hereby acknowledged, does hereby grant, bargain, sell, alien, remise, release, convey and confirm unto the grantees all that certain land situate in Columbia County, State of Florida, viz:

A PART OF THE NW ¼ OF SECTION 19, TOWNSHIP 4 SOUTH, RANGE 16 EAST LYING SOUTH OF TROY ROAD, BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:

COMMENCE AT THE NORTHWEST CORNER OF THE SW ¼ OF THE NW ¼ OF SECTION 19 AND RUN S 02°40'03" E ALONG THE WEST LINE THEREOF, 12.0 FEET TO THE SOUTHERLY RIGHT-OF-WAY LINE OF TROY ROAD; THENCE N 71°44'19" E ALONG SAID RIGHT-OF-WAY LINE, 268.26 FEET; THENCE N 61°29'10" E ALONG SAID RIGHT-OF-WAY LINE, 99.0 FEET FOR A POINT OF BEGINNING; THENCE CONTINUE N 61°29'10" E ALONG SAID RIGHT-OF-WAY LINE, 400.0 FEET; THENCE S 28°30'50" E, 1090.0 FEET; THENCE S 61°29'10" W, 400.0 FEET; THENCE N 28°30'50" W, 1090.0 FEET TO THE POINT OF BEGINNING. COLUMBIA COUNTY, FLORIDA. ALSO KNOWN AS LOT 10, SUN PARK WOODS, UNRECORDED.

SUBJECT TO RESTRICTIONS, RESERVATIONS, AND EASEMENTS OF RECORD; EASEMENTS SHOWN ON THE PLAT OF THE PROPERTY; LOCAL BUILDING AND ZONING REGULATIONS; LAND USE REGULATIONS; AND TAXES FOR 2010 AND SUBSEQUENT YEARS.

Together with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

To Have and to Hold the same in fee simple forever.

And the grantor hereby covenants with said grantees that he is lawfully seized of said land in fee simple; that he has good right and lawful authority to sell and convey said land, and hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever, and that said land is free of all encumbrances, except taxes accruing subsequent to December 31, 2009.

In Witness Whereof, the said grantor has signed and sealed these presents, the day and year first above written.

Signed, sealed and delivered in the presence of:


Witness Signature MARY SANDAGE

Printed Name

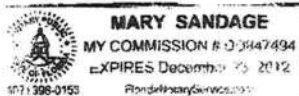

Witness Signature Regina Simpkins

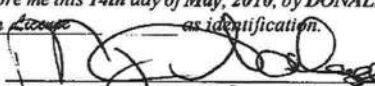
Printed Name


L.S.
DONALD W. ARTH
Address:
3722 SW SALEM ROAD, LAKE CITY, FLORIDA
32024

STATE OF FLORIDA
COUNTY OF COLUMBIA

The foregoing instrument was acknowledged before me this 14th day of May, 2010, by DONALD W. ARTH, who is known to me or who has produced *Driver's License* as identification.




Notary Public
My commission expires 12-31-2012

Columbia County Property Appraiser

DB Last Updated: 1/28/2010

Parcel: 19-4S-16-03062-210

Tax Record

Property Card

Interactive GIS Map

Print

2009 Tax Year

*Previous Owner
see deed*

Owner & Property Info

Search Result: 1 of 7

Next >>

Owner's Name	ARTH DONALD W		
Site Address	SUN PARK WOODS UNREC		
Mailing Address	3722 SW SALEM ROAD LAKE CITY, FL 32024		
Use Desc. (code)	VACANT (000000)		
Neighborhood	019416.01	Tax District	3
UD Codes	MKTA02	Market Area	02
Total Land Area	10.010 ACRES		
Description	AKA TRACT 10 SUN PARK WOODS UNREC: COMM NW COR OF SW1/4 OF NW1/4, RUN S 12 FT TO S R/W TROY RD, N 71 DEG E E 268.26 FT, N 61 DEG E 99 FT FOR POB, CONT N 61 DEG E ALONG R/W 400 FT, S 28 DEG E 1090 FT, S 61 DEG W 400 FT, N 28 DEG W 1090 FT TO POB. ORB 747-1039 THRU 1041, 799-767, 955-633, 974-1336, WD 995-2719.		

GIS Aerial



Property & Assessment Values

Mkt Land Value	cnt: (1)	\$36,395.00
Ag Land Value	cnt: (0)	\$0.00
Building Value	cnt: (0)	\$0.00
XFOB Value	cnt: (0)	\$0.00
Total Appraised Value		\$36,395.00

Just Value	\$36,395.00
Class Value	\$0.00
Assessed Value	\$36,395.00
Exemptions	\$0.00
Total Taxable Value	County: \$36,395.00 City: \$36,395.00 Other: \$36,395.00 School: \$36,395.00

Sales History

Sale Date	Book/Page	Inst. Type	Sale VImp	Sale Qual	Sale RCode	Sale Price
9/29/2003	995/2719	WD	V	Q		\$25,000.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
NONE						

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
NONE						

Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
000000	VAC RES (MKT)	0000010.010 AC	1.00/1.00/1.00/0.70	\$3,635.86	\$36,395.00

Columbia County Property Appraiser

DB Last Updated: 1/28/2010

1 of 7

Next >>

COLUMBIA COUNTY 9-1-1 ADDRESSING

P. O. Box 1787, Lake City, FL 32056-1787

PHONE: (386) 758-1125 * FAX: (386) 758-1365 * Email: ron_croft@columbiacountyfla.com

Addressing Maintenance

To maintain the Countywide 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 assigning 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 Service 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 REQUESTED: 4/10/2010 DATE ISSUED: 4/13/2010

ENHANCED 9-1-1 ADDRESS:

1886 SW SALEM RD

LAKE CITY FL 32024

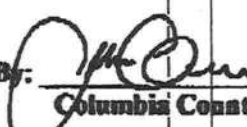
PROPERTY APPRAISER PARCEL NUMBER:

19-4S-16-03062-210

Remarks:

AKA TRACT 10 SUN PARK WOODS UNREC

Address Issued By:


Columbia County 9-1-1 Addressing / GIS Department

NOTICE: THIS ADDRESS WAS ISSUED BASED ON LOCATION INFORMATION RECEIVED FROM THE REQUESTER. SHOULD, AT A LATER DATE, THE LOCATION INFORMATION BE FOUND TO BE IN ERROR, THIS ADDRESS IS SUBJECT TO CHANGE.

A & B Well Drilling, Inc.
5673 NW Lake Jeffery Road
Lake City, FL, 32055
(O) 386-758-3409
(F) 386-758-3410
(C) 386-623-3151

11/6/2009

To: Columbia County Building Department

Description of well to be installed for Customer: residential 4" well
Located at Address: 1886 SW Salem Road

1 hp 15 GPM Submersible Pump, 1 1/4" drop pipe, 86 gallon captive tank and back flow prevention, With SRWMD permit.

Bruce N Park
Sincerely
Bruce Park
President

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER

1005-41

CONTRACTOR

Bonnie Norris

PHONE

386-623-7716

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 _____ License #: _____	Signature _____ Phone #: _____
MECHANICAL/ A/C	Print Name _____ License #: _____	Signature _____ Phone #: _____
PLUMBING/ GAS	Print Name <u>Bonnie D. Norris</u> License #: <u>IH/1025145/1</u>	Signature <u>[Signature]</u> Phone #: <u>623-7716</u>
ROOFING	Print Name _____ License #: _____	Signature _____ Phone #: _____
SHEET METAL	Print Name _____ License #: _____	Signature _____ Phone #: _____
FIRE SYSTEM/ SPRINKLER	Print Name _____ License #: _____	Signature _____ Phone #: _____
SOLAR	Print Name _____ License #: _____	Signature _____ Phone #: _____

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			
FRAMING			
INSULATION			
STUCCO			
DRYWALL			
PLASTER			
CABINET INSTALLER			
PAINTING			
ACOUSTICAL CEILING			
GLASS			
CERAMIC TILE			
FLOOR COVERING			
ALUM/VINYL SIDING			
GARAGE DOOR			
METAL BLDG ERECTOR			

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.

SUBCONTRACTOR VERIFICATION FORM

Boulter

APPLICATION NUMBER 1005-97

CONTRACTOR Ronnie Norris

PHONE 386-623-

7716

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ELECTRICAL 210 ✓	Print Name: John M. Courson License #: EC0002038	Signature: [Signature] Phone #: 386-152-8575
MECHANICAL/ A/C	Print Name: _____ License #: _____	Signature: _____ Phone #: _____
PLUMBING/ GAS	Print Name: _____ License #: _____	Signature: _____ Phone #: _____
ROOFING	Print Name: _____ License #: _____	Signature: _____ Phone #: _____
SHEET METAL	Print Name: _____ License #: _____	Signature: _____ Phone #: _____
FIRE SYSTEM/ SPRINKLER	Print Name: _____ License #: _____	Signature: _____ Phone #: _____
SOLAR	Print Name: _____ License #: _____	Signature: _____ Phone #: _____

MASON			
CONCRETE FINISHER			
FRAMING			
INSULATION			
STUCCO			
DRYWALL			
PLASTER			
CABINET INSTALLER			
PAINTING			
ACOUSTICAL CEILING			
GLASS			
CERAMIC TILE			
FLOOR COVERING			
ALUM/VINYL SIDING			
GARAGE DOOR			
METAL BLOK ERECTOR			

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.

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER

1005-47

CONTRACTOR

Ronnie Norris

PHONE

386-623-7716

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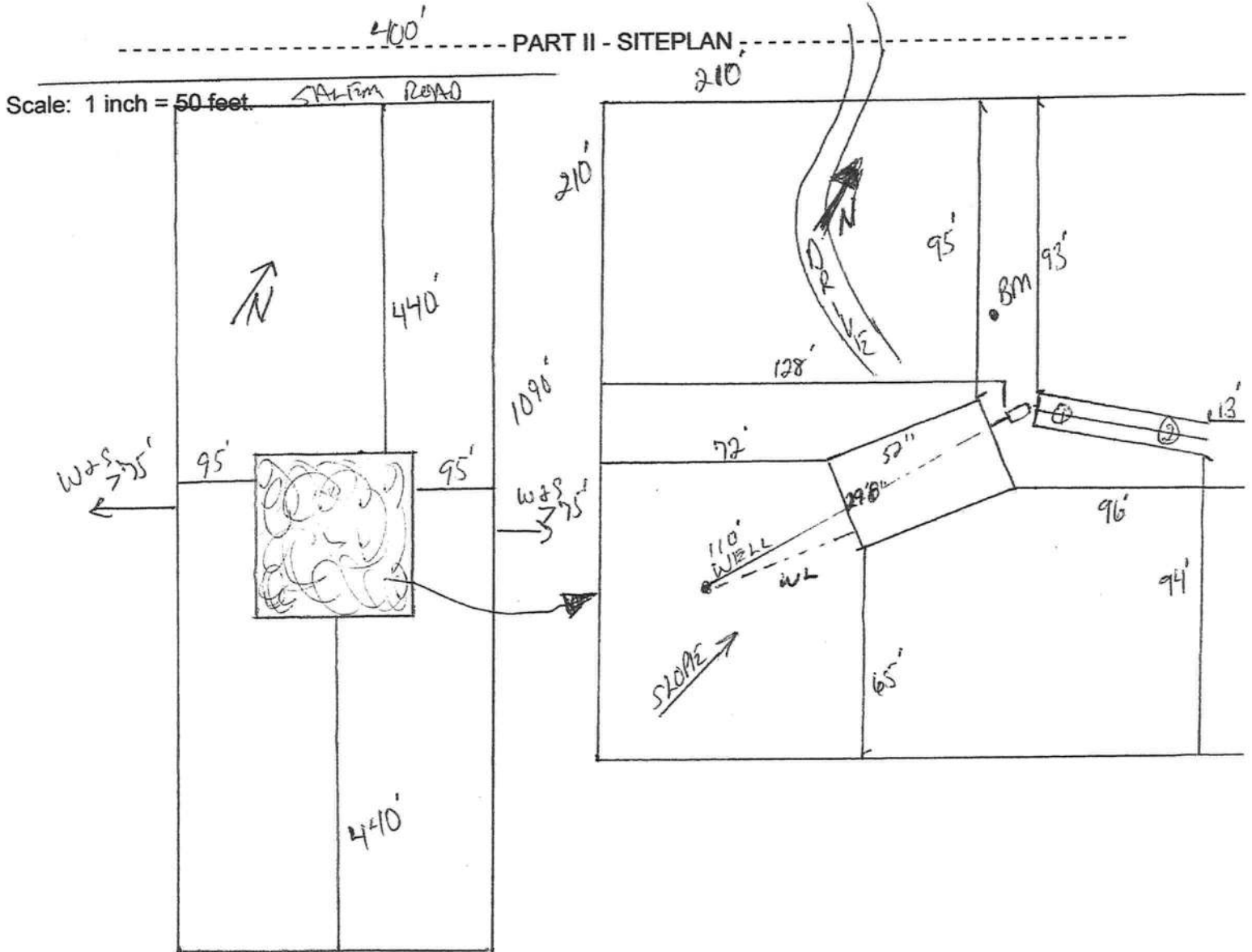
ELECTRICAL	Print Name _____ License #: _____	Signature _____ Phone #: _____
MECHANICAL/ A/C 701 ✓	Print Name <u>Robert Grant</u> License #: <u>CAC 1814931</u>	Signature <u>[Signature]</u> Phone #: <u>800-859-3708</u>
PLUMBING/ GAS	Print Name _____ License #: _____	Signature _____ Phone #: _____
ROOFING	Print Name _____ License #: _____	Signature _____ Phone #: _____
SHEET METAL	Print Name _____ License #: _____	Signature _____ Phone #: _____
FIRE SYSTEM/ SPRINKLER	Print Name _____ License #: _____	Signature _____ Phone #: _____
SOLAR	Print Name _____ License #: _____	Signature _____ Phone #: _____

Specialty License	License Number	Sub-Contractor's Printed Name	Sub-Contractor's Signature
MASON			
CONCRETE FINISHER			
FRAMING			
INSULATION			
STUCCO			
DRYWALL			
PLASTER			
CABINET INSTALLER			
PAINTING			
ACOUSTICAL CEILING			
GLASS			
CERAMIC TILE			
FLOOR COVERING			
ALUM/VINYL SIDING			
GARAGE DOOR			
METAL BLDG ERECTOR			

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.

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

Permit Application Number _____



Notes: 1 of 10 Acres

Site Plan submitted by: *Rock D 7-0*

Plan Approved _____ Not Approved _____

By _____ Date _____ County Health Department

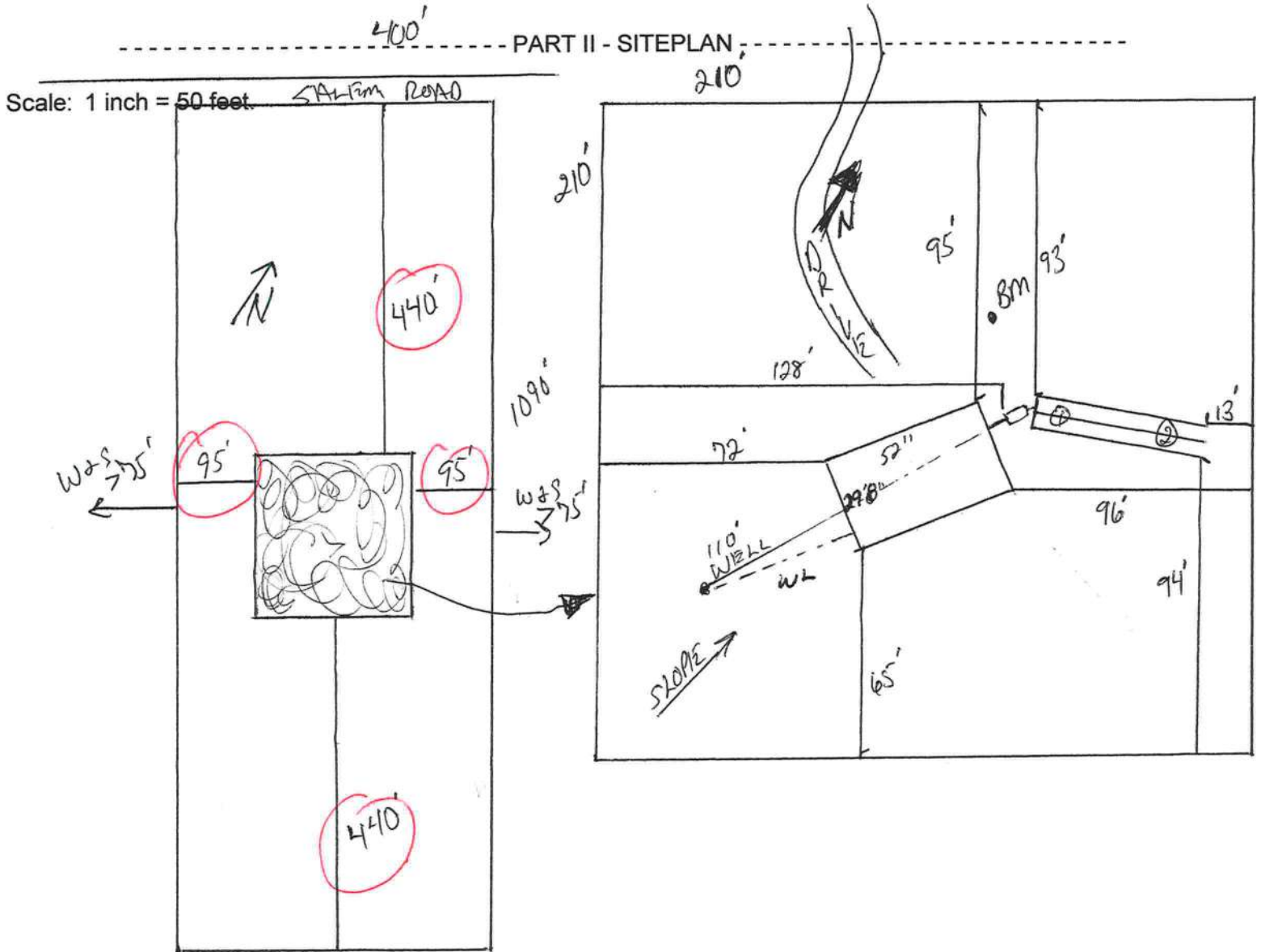
MASTER CONTRACTOR

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

App #

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

Permit Application Number 10-0265



Notes: 1 of 10 ACRES

Site Plan submitted by: Rock D F
Plan Approved: Sally Ford EH Director Not Approved: _____
By: Sally Ford EH Director

MASTER CONTRACTOR
Date: 5/28/10
County Health Department

Columbia CHD

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT