Parcel:

02-68-15-00502-225 (2530)

## Owner & Property Info

Result: 4 of 4

BALDREE WILLIAM S

Owner BALDREE LISA D

843 SW LONCALA LOOP FORT WHITE, FL 32038

Site 843 SW LONCALA Loop, FORT WHITE

Description\* LOT 25 BLOCK B ICHETUCKNEE FOREST PHASE 2. 683-421, DC 1314-2795, WD 1314-2797, WD

1316-253, AG 1407-1541, WD 1412-940,

Area 5.01 AC

S/T/R 02-6S-15E

Use Code\*\* MOBILE HOME (0200)

Tax District 3

#### MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER	CONTRACTOR	Ernest Scott Johnson	PHONE	352-494-8099

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

#### Baldree

In Columbia County one permit will cover all trades doing work at the permitted site. It is <u>KEQUIKED</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	Glenn Whittington	Signatue
	License #:	EC 13002957	Phone #: 386-972-1700
		Qualifier Fo	rm Attached X
MECHANICAL/	Print Name_	Michael Boland	Signature
A/C	License #:	CAC 1817716	Phone #: 352-274-9326
		Qualifier Fo	rm Attached 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 QUALIFIER AUTHORIZATION

1. (Jans Whitington	(license holder name), licensed qualifier						
for Whittington ELREKK ?	(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. JAKSUR	1						
2. Lecky tona	2. Jones 1) -						
3.	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.							
& Com attetting to	EC13002957 3/7/16						
Licensed Qualifiers Signature (Notarized)	License Number Date						
NOTARY INFORMATION: STATE OF: County OF: Columbia							
personally appeared before me and is known by	me or has produced identification this day of, 20						
NOTARY'S SIGNATURE	Notary Public - State of Florida Commission # FF 243986 My Comm. Expires Jun 24, 2019						



# COLUMBIA COUNTY BUILDING DEPARTMENT 135 NE Hernando Ave, Suite B-21, Lake City, FL 32055 Phone: 386-758-1008 Fax: 386-758-2160

1. MyhARIA IolAnd	ER AUTHORIZATION (license holder name), licensed qualifier					
the below referenced person(s) listed on this for holder, or is/are employed by me directly or throughout officer of the corporation; or, partner as defined person(s) is/are under my direct supervision and sign permits; call for inspections and sign subcontact.	ough an employee leasing arrangement; or, is an in Florida Statutes Chapter 468, and the said control and is/are authorized to purchase and					
Printed Name of Person Authorized	Signature of Authorized Person					
1. DAIR S.Rd	1.48					
2. Kally Bistop  3. Rock Ford	2. Kelly Pashop					
4.	4.					
5.	5.					
authority to discipline a license holder for violatic officers, or employees and that I have full respor and ordinances inherent in the privilege granted	nsibility for compliance with all statutes, codes by issuance of such permits.					
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.	ing of the changes and submit a new letter of ious lists. Failure to do so may allow					
Licensed Qualiffers Signature (Notarized)	License Number Date 1117/15					
NOTARY INFORMATION: COUNTY OF: WILLIAM						
The above license holder, whose name is \( \sum_{\text{O}} \) personally appeared before me and \( \text{is known by} \) (type of I.D.) \( \text{on } \)	me or has produced identification this day of November, 20					
NOTARY'S SIGNATURE	(Seal/Stamp)					
	AMANDA FLOOD MY COMMISSION # FF 106012 EXPIRES: April 5, 2018 Bonded Thru Notary Public Underwriters					

10

Plumbing  Connect all sewer drains to an existing sewer tap or septic tank. Pg.	Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between multi-wide units. Pg	Date Tosted Assumed Oliver 1101 VISES	Installer Name Expest Scott Ichason	reading is 275 or less and where the mobile home manufacturer may requires anchors with 4000 lb bolding capacity.  Installer's initials	Note: A state approved lateral arm system is being used and 4 ft. anchors are allowed at the sidewall locations. I understand 5 ft	The results of the torque probe test is inch pounds or check here if you are declaring 5' anchors without testing A test showing 275 inch pounds or less will require 5 foct anchors	TORQUE PROBE TEST	× × × (Doc)	<ol> <li>Using 500 ib. increments, take the lowest reading and round down to that increment.</li> </ol>	Take the reading at the depth of the footer.	POCKET PENETROMETER TESTING METHOD	× × 1000 ×	The pocket penetrometer tests are rounded down to or check here to declare 1000 ib, soil without testing.	POCKET PENETROMETER TEST
installer verifies all information given with this permit worksheet is accurate and true based on the		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 Electrical crossovers protected. Yes Other:		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		Type gasket  Pg. + Between Floors Yes  Between Walls Yes  Bottom of ridgebeam Yes	Installer's initials	a result of a poorly installed or no gasket being installed. I understand a strip of tape will not serve as a gasket.	Gasket (weatherscooling (saultement)  I understand a properly installed gasket is a requirement of all new and used homes and that condensation model methewand broken.		Walls: Type Fastener: (A.S.) Length: Spacing: 2.0  Walls: Type Fastener: (A.S.) Length: Spacing: 2.0  For used homes a min. 30 gauge. 8" wide calvanized materials aring.	Fastening	Debris and organic material removed  Water drainage: Natural Swale Pad Other	Site Preparation

independent water supply systems. Pg.\_

Connect all potable water supply piping to an existing water meter, water tap, or other

Installer Signature

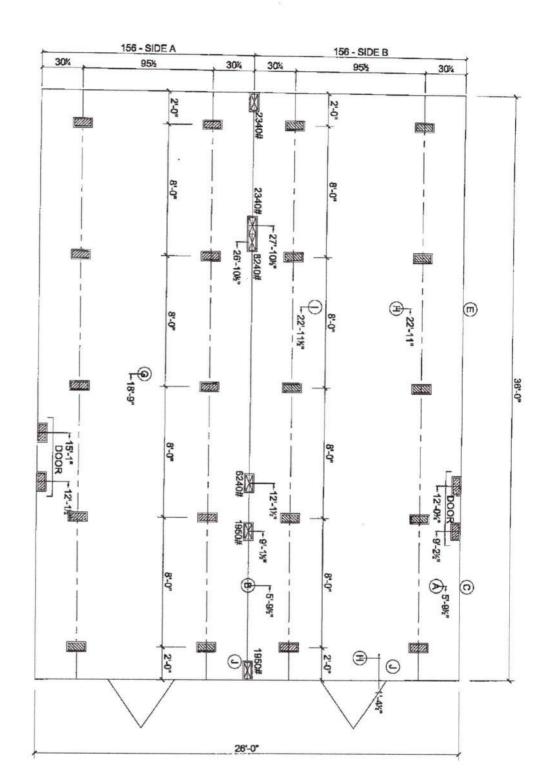
The state of the s

Date 2/28/20

manufacturer's installation instructions and or Rule 15C-1 & 2

Plumbing

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



# 3-BEDROOM / 2-BATH MODEL: L-2363C - 28 X 36 Live Oak Homes

FOUNDATION NOTES:

MARRIAGE LINE OPENING SUPPORT PIER/TYP.

2-22-2016

TIEDOWN LOCATIONS (FOR CONCRETE SLAB SET)

I-BEAM 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. 300000 MAIN ELECTRICAL
  - ELECTRICAL CROSSOVER
  - WATER INLET
  - WATER CROSSOVER (IF ANY)

GAS CROSSOVER (IF ANY)

- GAS INLET (IF ANY)
- (E)(G) DUCT CROSSOVER
- SEWER DROPS
- © RETURN AIR (WIDPT, HEAT PUMP OH DUCT)

  (J) SUPPLY AIR (WIDPT, HEAT PUMP OH DUCT)

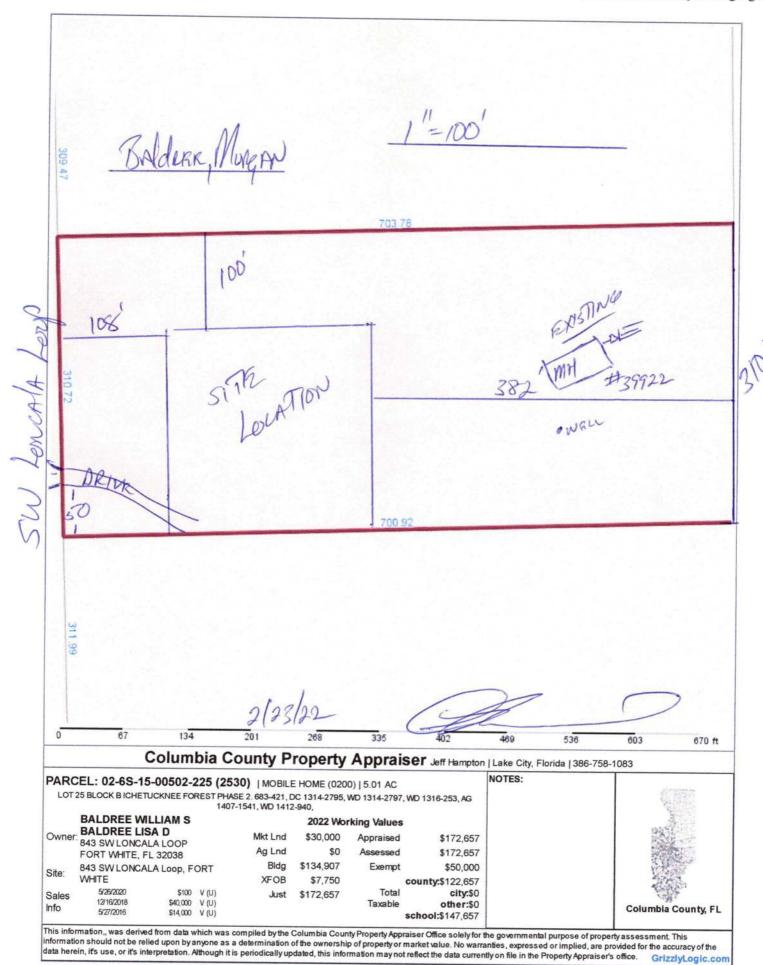
  L-2363C

# STATE OF FLORIDA DEPARTMENT OF HEALTH

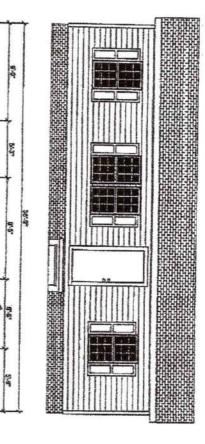
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

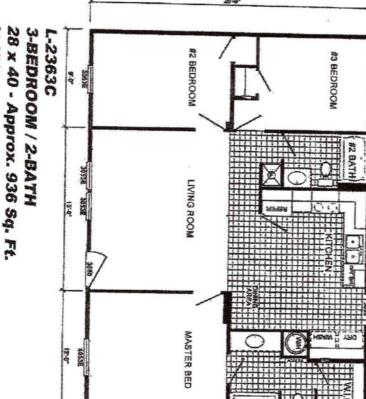
0 11	Permit Application Number					
BALDREE	PART II - SITEPLAN	210				
Scale: 1 inch = 40 feet.	North 96	93				
210	128					
	STOPE 382 82' 382 936 SIQ 26' 96' 18' DRIVEZ	68'				
Notes:	£ 5.01 Acres	1				
	Sha Attre	had				
Site Plan submitted by:		CONTRACTOR				
Plan Approved	Not Approved	Date				
Ву		County Health Department				

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



# FLASH





Date: 2-22-2016

\* All room dimensions include closets and square foolege figures are approximate. Domer is optional.

\* Transom whiteves are available on optional 8-0" sidewall houses only.



### 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:

3/1/2022 1:08:25 PM

Address:

845 SW LONCALA Loop

City:

FORT WHITE

State:

FL

Zip Code

32038

Parcel ID

00502-225

REMARKS: New address for Habitable structure (family home, business, etc.) on the 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:

MOORE, DAVID R.