

# PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

Serial #

For Office Use Only

(Revised 7-1-15)

Zoning Official [Signature]

Building Official TM 11/16/17

AP# 1711-30

Date Received 11-9-17

By UH

Permit # 36054

Flood Zone X Development Permit \_\_\_\_\_ Zoning A-3 Land Use Plan Map Category A

Comments \_\_\_\_\_

FEMA Map# \_\_\_\_\_ Elevation \_\_\_\_\_ Finished Floor 1' above River \_\_\_\_\_ In Floodway \_\_\_\_\_

☒ Recorded Deed or ☐ Property Appraiser PO ☒ Site Plan ☒ EH # 17-0708 ☒ Well letter OR

☐ Existing well ☒ Land Owner Affidavit ☒ Installer Authorization ☐ FW Comp. letter ☒ App Fee Paid

☐ DOT Approval ☐ Parent Parcel # \_\_\_\_\_ ☐ STUP-MH \_\_\_\_\_ ☒ 911 App

☐ Ellisville Water Sys ☐ Assessment Paid on Property ☐ Out County ☒ In County ☒ Sub VF Form

Property ID # 00-00-00-01330-057 Subdivision Three Rivers Estates Lot# 57

▪ New Mobile Home ☒ Used Mobile Home \_\_\_\_\_ MH Size 28X56 Year 2017

▪ Applicant Kim Han Phone # 386-497-2311

▪ Address 546 SW Dartch St. Fort White FL 32038

▪ Name of Property Owner Lexington Estates Phone# 288-9723

▪ 911 Address 437 SW Trenton Ter. Ft White, FL 32038

▪ Circle the correct power company - FL Power & Light - Clay Electric  
(Circle One) - Suwannee Valley Electric - Duke Energy

▪ Name of Owner of Mobile Home Rebecca Knight Phone # 288-9723

Address 437 SW Trenton Ter. Ft White, FL 32038

▪ Relationship to Property Owner Agreement for Deed

▪ Current Number of Dwellings on Property 0

▪ Lot Size \_\_\_\_\_ Total Acreage 1.836 AC

▪ 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 FL-47S, TR W Right-Of-way St,  
TL Wilson Springs Rd, TR SW Newmark Dr,  
TR SW Copperhead Ln, TL SW Trenton Terrace,  
Property on left

▪ Name of Licensed Dealer/Installer Robert Sheppard Phone # 623-2203

▪ Installers Address 6355 SE CR 245, 32025

▪ License Number IH-1025386 Installation Decal # 49704

UH-Spoke to Dale 11-14-17

UH-Spoke to Rebecca 11-29-17

Tony spoke w/ Rebecca 11-30-17

STW Sent email 12-1-17  
Rebecca called... Spoke w/ Mary 12-1-17

## COLUMBIA COUNTY PERMIT WORKSHEET

page 1 of 2

These worksheets must be completed and signed by the installer.  
Submit the originals with the packet.

Installer Robert Shepard License # IIH025386

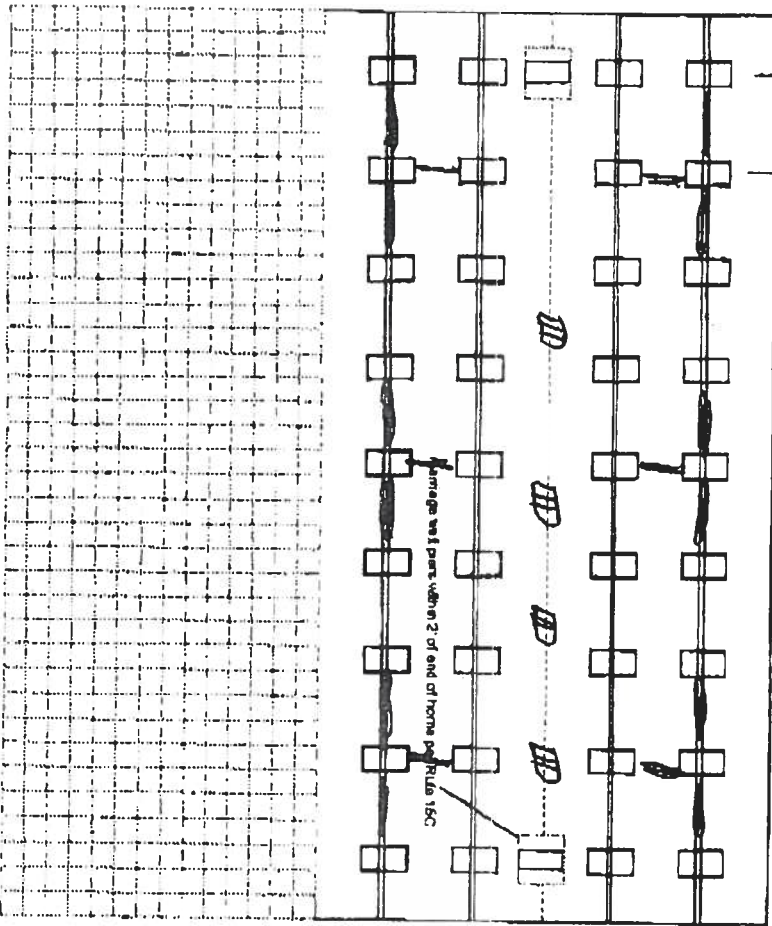
911 Address where home is being installed.

Manufacturer Live Oak Length x width 28x56

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

Installer's initials RS

Typical pier spacing 2' 5'  
Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)



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 Detail # 49704  
Triple/Quad ☐ Serial # 189397 A/B

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	16" x 16" (256)	18 1/2" x 18 (342)	20" x 20" (400)	22" x 22" (484)	24" x 24" (576)	26" x 26" (676)
1000 dsl	3'	4'	5'	6'	7'	8'
1500 dsl	4'	5'	6'	7'	8'	9'
2000 dsl	5'	6'	7'	8'	9'	10'
2500 dsl	6'	7'	8'	9'	10'	11'
3000 dsl	7'	8'	9'	10'	11'	12'
3500 dsl	8'	9'	10'	11'	12'	13'

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

PIER PAD SIZES

POPULAR PAD SIZES

1-beam pier pad size	<u>17x25</u>	Pad Size	Sq In
Perimeter pier pad size	<u>16x16</u>	16 x 16	256
Other pier pad sizes (required by the mfg.)	<u>17x25</u>	16 x 18	288
		18.5 x 18.5	342
		16 x 22.5	360
		17 x 22	374
		13 1/4 x 25 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
		26 x 26	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 Pier pad size

ANCHORS

4 ft ☒ 5 ft

FRAME TIES

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

TIEDOWN COMPONENTS

OTHER TIES

Longitudinal Stabilizing Device (LSD)  
Manufacturer Oliver  
Longitudinal Stabilizing Device w/ Lateral Arms  
Manufacturer Oliver

Sidewall Longitudinal Marriage wall Shearwall  
Number 26  
6  
8  
4

# COLUMBIA COUNTY PERMIT WORKSHEET

page 2 of 2

## POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 1500 psi or check here to declare 1000 lb. soil          without testing.

x 1500 x 1600 x 1600

### 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

x 1500 x 1600 x 1600

## TORQUE PROBE TEST

The results of the torque probe test is 295 inch pounds or check here if you are declaring 5" anchors without testing         . A test showing 275 inch pounds or less will require 5 foot anchors.

**Note:** A state approved lateral arm system is being used and 4 ft. anchors are allowed at the sidewall locations. I understand 5 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 require anchors with 4000 lb holding capacity.

Installer's initials RS

### ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Robert Shepard

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. 29

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 28

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 28

## Site Preparation

Debris and organic material removed ✓  
Water drainage: Natural          Swale          Pad          Other         

### Fastening multi wide units

Floor: Type Fastener: 1495 Length: 5" Spacing: 16"  
Walls: Type Fastener: 36003 Length: 4" Spacing: 16"  
Roof: Type Fastener: 1495 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 RS

Type gasket Form

Installed

Between Floors Yes ✓  
Between Walls Yes ✓  
Bottom of ridgebeam Yes ✓

### Weatherproofing

The bottomboard will be repaired and/or lapped 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          N/A ✓  
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

Robert Shepard

Date 11-8-17

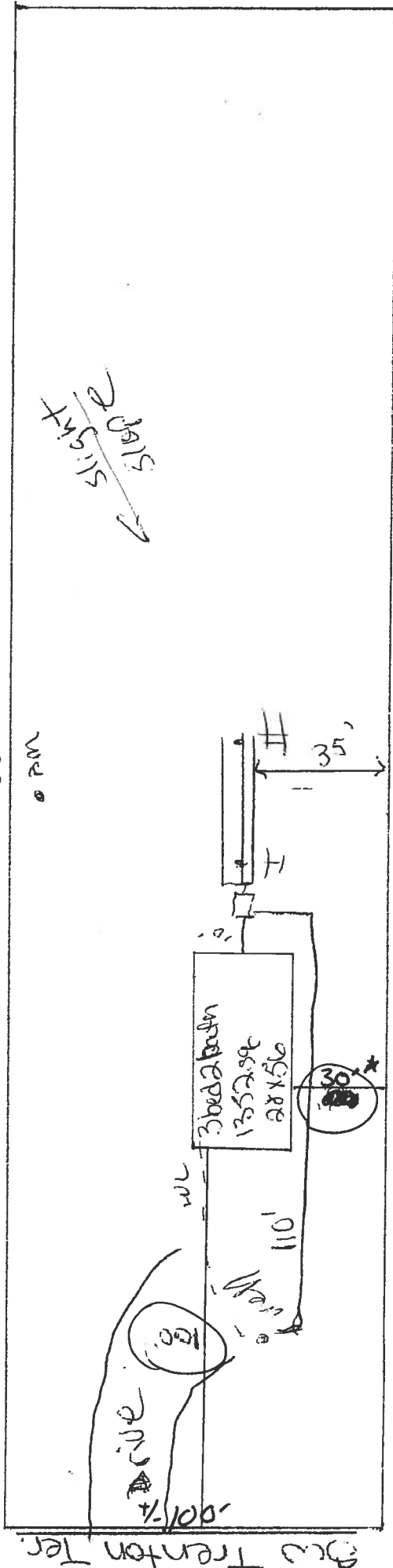
↑ north

1"=40'

Lot 57 unit 21  
Three River  
Est.

4400'

0 PM



SW Copperhead LN

★ talked to  
Dale Byrd on  
11-17-17 @ 1:24  
pm & told section  
on SW Copper  
head Ln is  
30'.

Rach D

**Columbia County Property Appraiser**

updated: 10/27/2017

**2017 Tax Year****Parcel:** 00-00-00-01330-057

Tax Collector

Tax Estimator

Property Card

Parcel List Generator

&lt;&lt; Next Lower Parcel   Next Higher Parcel &gt;&gt;

2017 TRIM (pdf)

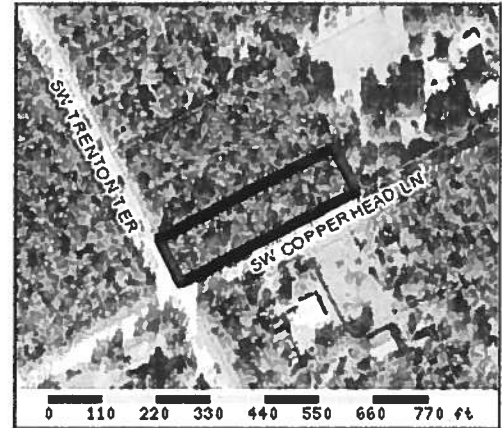
Interactive GIS Map

Print

**Owner & Property Info**

Search Result: 1 of 1

<b>Owner's Name</b>	LEXINGTON ESTATES LLC		
<b>Mailing Address</b>	20638 NW 78TH AVE ALACHUA, FL 32615		
<b>Site Address</b>	437 SW TRENTON TER		
<b>Use Desc. (code)</b>	VACANT (000000)		
<b>Tax District</b>	3 (County)	<b>Neighborhood</b>	100000
<b>Land Area</b>	1.836 ACRES	<b>Market Area</b>	02
<b>Description</b>	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction. LOT 57 UNIT 21 THREE RIVERS ESTATES. TD 1284-2398, QUIET TITLE 1293-1982,		

**Property & Assessment Values**

<b>2017 Certified Values</b>		
<b>Mkt Land Value</b>	cnt: (0)	\$10,800.00
<b>Ag Land Value</b>	cnt: (1)	\$0.00
<b>Building Value</b>	cnt: (0)	\$0.00
<b>XFOB Value</b>	cnt: (0)	\$0.00
<b>Total Appraised Value</b>		\$10,800.00
<b>Just Value</b>		\$10,800.00
<b>Class Value</b>		\$0.00
<b>Assessed Value</b>		\$10,800.00
<b>Exempt Value</b>		\$0.00
<b>Total Taxable Value</b>	Cnty: \$10,800 Other: \$10,800   Schl: \$10,800	

<b>2018 Working Values</b>		
<b>Mkt Land Value</b>	cnt: (0)	\$10,800.00
<b>Ag Land Value</b>	cnt: (1)	\$0.00
<b>Building Value</b>	cnt: (0)	\$0.00
<b>XFOB Value</b>	cnt: (0)	\$0.00
<b>Total Appraised Value</b>		\$10,800.00
<b>Just Value</b>		\$10,800.00
<b>Class Value</b>		\$0.00
<b>Assessed Value</b>		\$10,800.00
<b>Exempt Value</b>		\$0.00
<b>Total Taxable Value</b>	Cnty: \$10,800 Other: \$10,800   Schl: \$10,800	

**NOTE: 2018 Working Values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.**

**Sales History**

Show Similar Sales within 1/2 mile

Sale Date	OR Book/Page	OR Code	Vacant / Improved	Qualified Sale	Sale RCode	Sale Price
NONE						

**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)	2 LT - (0000001.836AC)	1.00/1.00/0.90/1.00	\$5,400.00	\$10,800.00

Columbia County Property Appraiser

updated: 10/27/2017

**DISCLAIMER**

This information was derived from data which was compiled by the Columbia County Property Appraiser Office solely for the governmental purpose of property assessment. This information should not be relied upon by anyone as a determination of the ownership of property or market value. No warranties, expressed



[Department of State](#) / [Division of Corporations](#) / [Search Entities](#) / [Database Usernames and Passwords](#)

## Detail by Entity Name

Florida Limited Liability Company  
LEXINGTON ESTATES, LLC

### Filing Information

**Document Number** L07000019639  
**FEI/EIN Number** 20-8538932  
**Date Filed** 02/21/2007  
**State** FL  
**Status** ACTIVE

### Principal Address

20638 N.W. 78TH AVENUE  
ALACHUA, FL 32615

### Mailing Address

20638 N.W. 78TH AVENUE  
ALACHUA, FL 32615

Changed: 02/22/2009

### Registered Agent Name & Address

SULLIVAN, MARK P  
20638 NW 78TH AVENUE  
ALACHUA, FL 32615

### Authorized Person(s) Detail

#### **Name & Address**

Title MGRM

SULLIVAN, MARK P  
20638 NW 78TH AVENUE  
ALACHUA, FL 32615

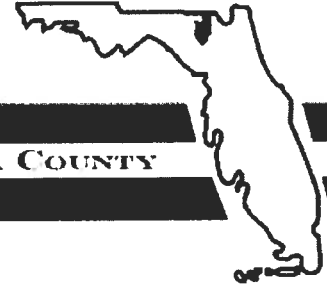
Title MGRM

SULLIVAN, NANCY J  
20638 NW 78TH AVENUE  
ALACHUA, FL 32615

### Annual Reports

Report Year	Filed Date
-------------	------------

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: **12/1/2017 2:59:17 PM**  
Address: **437 SW TRENTON Ter**  
City: **FORT WHITE**  
State: **FL**  
Zip Code **32038**

Parcel ID **01330-057**

REMARKS: Address Verification.

**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](mailto:gis@columbiacountyfla.com)

# Dependable Well Drilling

2139 NW 50TH ST

BELL, FL 32619

(C) 352-225-1618

(F) 386-935-0087

#1711-50

11/14/2017

To: Columbia County Building Department

Description of well to be installed for Customer: Knight

Located at Address: 2118 Binton Trail

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

Randy Smith  
Sincerely  
Randy Smith



STATE OF FLORIDA  
COUNTY OF COLUMBIA

## LAND OWNER AFFIDAVIT

This is to certify that I, (We), Lexington Estates, LLC  
as the owner of the below described property:

Property tax Parcel ID number 01330-057

Subdivision (Name, lot, Block, Phase) 3 Rivers, Unit 21, Lot 57

Give my permission for Rebecca L. Knight to place a

Circle one - Mobile Home / Travel Trailer / Utility Pole Only / Single Family Home /  
Barn - Shed - Garage / Culvert / Other \_\_\_\_\_

I (We) understand that the named person(s) above will be allowed to receive a building permit on the property number I (we) have listed above and this could result in an assessment for solid waste and fire protection services levied on this property.

[Signature]  
Owner Signature

11-30-17  
Date

[Signature]  
Owner Signature

11-30-17  
Date

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

Sworn to and subscribed before me this 30<sup>th</sup> day of November, 2017. This  
(These) person(s) are personally known to me or produced ID \_\_\_\_\_  
(Type)

[Signature]  
Notary Public Signature

FAITH M. BROOKER  
Notary Printed Name

Notary Stamp/



FAITH M. BROOKER  
MY COMMISSION # FF 117433  
EXPIRES: April 28, 2018  
Bonded Thru Budget Notary Services

Mark P. & Nancy J. Sullivan  
20638 NW 78<sup>th</sup> Ave  
Alachua, FL 32615

# Fax

<b>To:</b> Laurie	<b>From:</b> Nancy Sullivan
<b>Fax:</b> 386-758-2160	<b>Pages:</b> 2
<b>Phone:</b>	<b>Date:</b> 11/30/17
<b>Re:</b> Rebecca Knight	<b>cc:</b>

☐ Urgent    ☐ For Review    ☐ Please Comment    ☐ Please Reply    ☐ Please Recycle

Laurie,

Attached is the Authorization for Rebecca Knight. Please let me know if you need anything further. Thank you so much for your assistance.

I can be reached by phone at 352-215-1018 or via e-mail at [sullivan1776@windstream.net](mailto:sullivan1776@windstream.net)

Thank you so much for help!

Nancy Sullivan

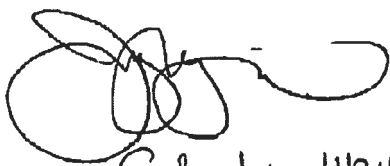
Lexington Est

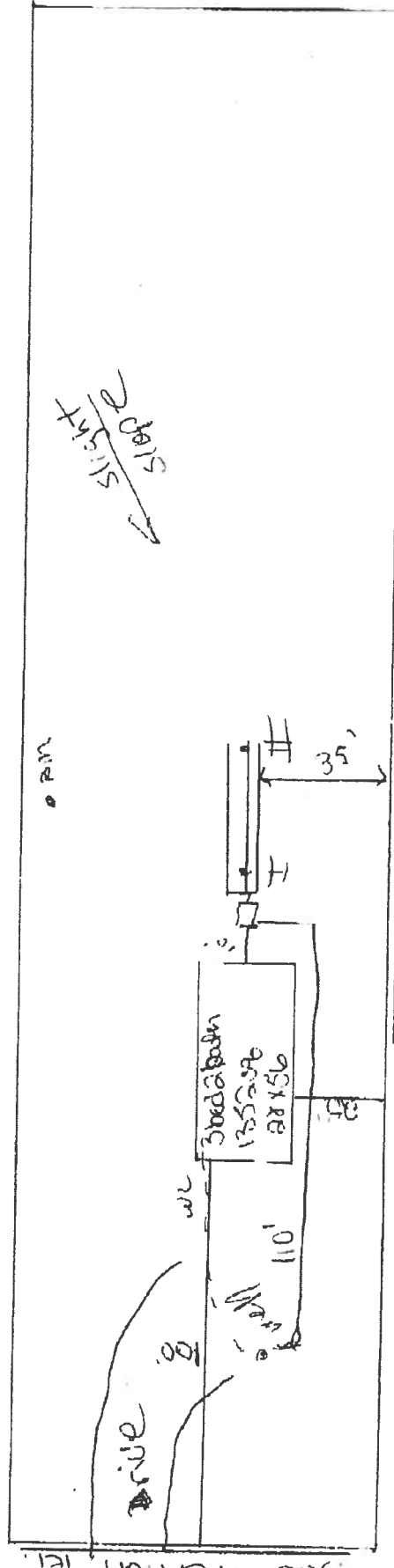
17-0708

Lot 57 unit 21  
Three River  
Est

i=40'

North  
↑

  
Celestine 11/21/17



Ruby D



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

PERMIT NO. 17-0708  
DATE PAID: 11/9/17  
FEE PAID: 310.00  
RECEIPT #: 1314823

## APPLICATION FOR:

☒ New System ☐ Existing System ☐ Holding Tank ☐ Innovative  
☐ Repair ☐ Abandonment ☐ Temporary ☐

APPLICANT: Lexington Estates LLCAGENT: ROCKY FORD, A & B CONSTRUCTIONTELEPHONE: 386-497-2311MAILING ADDRESS: 546 SW Dortch Street, FT. WHITE, FL, 32038

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

LOT: 57 BLOCK: NA SUB: Three Rivers Estates U21 PLATTED: 1964PROPERTY ID #: 00-00-00-01330-057 ZONING: I/M OR EQUIVALENT: ☒ Y ☐ NPROPERTY SIZE: 1.836 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ <=2000GPD ☐ >2000GPDIS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y ☐ N DISTANCE TO SEWER: 119 FTPROPERTY ADDRESS: SW Trenton Ter

DIRECTIONS TO PROPERTY: FL-47 S, TR W Right-Of-Way St, TL Wilson Springs Rd, TR SW Newark Dr, TR SW Copperhead Ln, TL SW Trenton Terrace. first property on left.

## BUILDING INFORMATION

☒ RESIDENTIAL ☐ COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	SF Residential	3	1352	Out of Flood.
2				
3				

☐ Floor/Equipment Drains ☐ Other (Specify)SIGNATURE: Rocky Ford DATE: 11/2/2017



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, Robert Sheppard (license holder name), licensed qualifier  
for Robert Sheppard, mobile home setup, LLC (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. <u>Kimberly Heen</u>	1. <u>Kimberly Heen</u>
2.	2.
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 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.

Robert Sheppard  
License Holders Signature (Notarized)

TH-1025386 11/8/17  
License Number Date

#### NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Robert Sheppard,  
personally appeared before me and is known by me or has produced identification  
(type of I.D.) FLID on this 8<sup>th</sup> day of November, 20 17.

Kelly R Bishop  
NOTARY'S SIGNATURE



## MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1711-30 CONTRACTOR Robert Sheppard PHONE \_\_\_\_\_

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.**

<b>ELECTRICAL</b>	Print Name <u>Madison Services LLC</u>	Signature <u>[Signature]</u>
✓ 1338	License #: <u>EC13002315</u>	Phone #: <u>850-973-0111</u>
	Qualifier Form Attached <input checked="" type="checkbox"/>	
<b>MECHANICAL/</b>	Print Name <u>Ace A/C of Ocala</u>	Signature <u>[Signature]</u>
✓ A/C 950	License #: <u>CAC181716</u>	Phone #: <u>352-274-9326</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, Michael Reader (license holder name), licensed qualifier  
for Madison Services LLC (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. <u>Richard Ford</u>	1. <u>[Signature]</u>
2. <u>Nate R. Sured</u>	2. <u>[Signature]</u>
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.

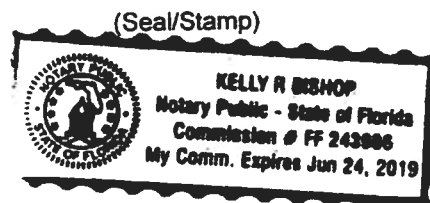
Michael Reader License Number EL137M2S15 Date 11/2/15  
Licensed Qualifiers Signature (Notarized)

### NOTARY INFORMATION:

STATE OF: FL COUNTY OF: Columbia

The above license holder, whose name is Michael Reader,  
personally appeared before me and is known by me or has produced identification  
(type of I.D.) \_\_\_\_\_ on this 2 day of Nov, 2015.

Kelly Bishop  
NOTARY'S SIGNATURE





**COLUMBIA COUNTY BUILDING DEPARTMENT**  
**LETTER OF AUTHORIZATION TO SIGN FOR PERMITS**  
 135 NE Hernando Ave, Suite B-21, Lake City, FL 32055  
 Phone: 386-758-1008 Fax: 386-758-2160

I, Michael Boland (license holder name), licensed qualifier  
 for Ace A/C of Ocala (company name), do certify that  
 the below referenced person(s) listed on this form 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 permits, call for inspections, and sign on my behalf.

Printed Name of Person Authorized	Signature of Authorized Person
1. <u>Kimberly Heon</u>	1. <u>Kimberly Heon</u>
2.	2.
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 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.

Michael Boland License Holders Signature (Notarized) CAC1817716 License Number 10/23/17 Date

**NOTARY INFORMATION:**

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Michael Boland,  
 personally appeared before me and is known by me or has produced identification  
 (type of I.D.) FLDL on this 23 day of October, 20 17.

Kelly R Bishop  
 NOTARY'S SIGNATURE

