19572

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

	10
!	For Office Use Only (Revised 7-1-15) Zoning Official Building Official
1	AP# 1807-53 Date Received 7-17-18 By UJ Permit # 37013
1	Flood Zone X Development Permit Zoning $A3$ Land Use Plan Map Category A
(Comments
F	EMA Map# Elevation Finished Floor above In Floodway In Floodway In Floodway Elevation Finished Floor Finished F
Z	Recorded Deed or & Property Appraiser PO Site Plan (SEH # 18 - 0651 Well letter OR
1 1	Existing well
	DOT Approval Parent Parcel # STUP-MH 11 App
	Ellisville Water Sys Assessment Fand on Property Out County In County Sub VF Form
_	
Pro	operty ID #
•	New Mobile Home X Used Mobile Home MH Size 32 x 66 Year 2019
•	Applicant Dale Burd or Rocky Ford Phone # 386-497-2311
•	Address 546 SW Dortch Street, Fort White, FL, 32038
•	Name of Property Owner David Johnson Phone# 386-365-2559 911 Address 2707 Sw County Rd 18 fort White for 32038
•	911 Address 2707 Sw County Rd 18, fort white, for 32038
	Circle the correct power company - FL Power & Light - (Clay Electric)
	(Circle One) - Suwannee Valley Electric - Duke Energy
	(ended and)
	Name of Owner of Mobile Home Same Phone # Same
-	
	Address P.O. Box 1376, High Springs, FL, 32655
•	Relationship to Property Owner Same
•	Current Number of Dwellings on Property 0
•	Lot Size 522 x 796 Total Acreage 6.02
•	Do you : Have Existing Drive (Currently using) or Private Drive (Blue Road Sign) or need Culvert Permit (Putting in a Culvert) or Culvert Waiver (Circle one) (Not existing but do not need a Culvert)
•	Is this Mobile Home Replacing an Existing Mobile Home No
	Driving Directions to the Property US 441, TR CR 18, 3/10ths mile on right past Tustenuggee
(6.0	Name of Linear of Declarificatellar Dennis Namia Bhara # 200 000 7740
	Name of Licensed Dealer/Installer Ronnie Norris Phone # 386-623-7716
	Installers Address 1004 SW Charles Terr, LC, FL, 32024
•	License Number IH-1025145 Installation Decal # 51476

36962 - Strape BLD

	myriage wall piers within 2' of end of home per Rule 15C			where the sidewall ties exceed 5 ft 4 in. Installer's initials 2' Show locations of Longitudinal and Lateral Systems ongitudinal (use dark lines to show these locations)	Nanufacturer A POSSEN Length x width X X 6 6 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)	1) License # 17/025/ x 1) SW LR 18 1) JUNIA 184 32038	Mobile Home Permit Worksheet
Opening Pier pad size 4 ft 5 ft 1723 Within 2' of end of home spaced at 5' 4" oc Ingitudinal Stabilizing Device (LSD) Longitudinal Stabilizing Device w/ Lateral Arms Manufacturer Manufacturer Manufacturer Manufacturer Manufacturer Manufacturer Manufacturer Manufacturer	### 13 1/4 x 26 1/4 ### 20 x 20 ### 21 x 25 1/2 ### 24 x 24 ### 26 x 26 ### 26 x 26 ### 26 x 26 ### 26 x 26 ### 20 x 20 ### 20	7X25 7X25	8' 8' 8' C-1 pier spacing table.	Load Footer 16" x 16" 18 1/2" x 18 20" x 20" 22" x 22" 24" X 24" 26" capacity (sq in) (256) 1/2" (342) (400) (484)* (576)* (6 7) (400) psf 3' 4' 5' 6' 7' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8'	PIER SP	Home installed to the Manufacturer's Installation Manual Home is installed in accordance with Rule 15-C Single wide	Application Number:Date:

Mobile Home Permit Worksheet

The pocket penetrometer tests are rounded down to check here to declare 1000 lb. soil 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. S. W. X. S. W
--

TORQUE PROBE TEST

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

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 reading is 275 or less and where the mobile home manufacturer may anchors are allowed at the sidewall locations. I understand 5 ft requires anchors with 4000 lb folding capacity.

Installer's initials

ALL TESTS MUST BEFERFORMED BY A LICENSED INSTALLER

Installer Name

Date Tested

me 28-018

Electrical

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

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.

Application Number:
Date:

Gasket (weatherproofing requirement)	Floor: Type Fastener: Length: Spacing: 27 Walls: Type Fastener: Length: Spacing: 6 Roof: Type Fastener: Length: Spacing: 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.	Fastening multi wide units	Debris and organic material removed Water drainage: Natural Swale Pad Other .	Site Preparation
--------------------------------------	---	----------------------------	---	------------------

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

Installer's initials

Type gasket

Between Walls Yes Bottom of ridgebeam Between Floors Yes nstalled:

Weatherproofing

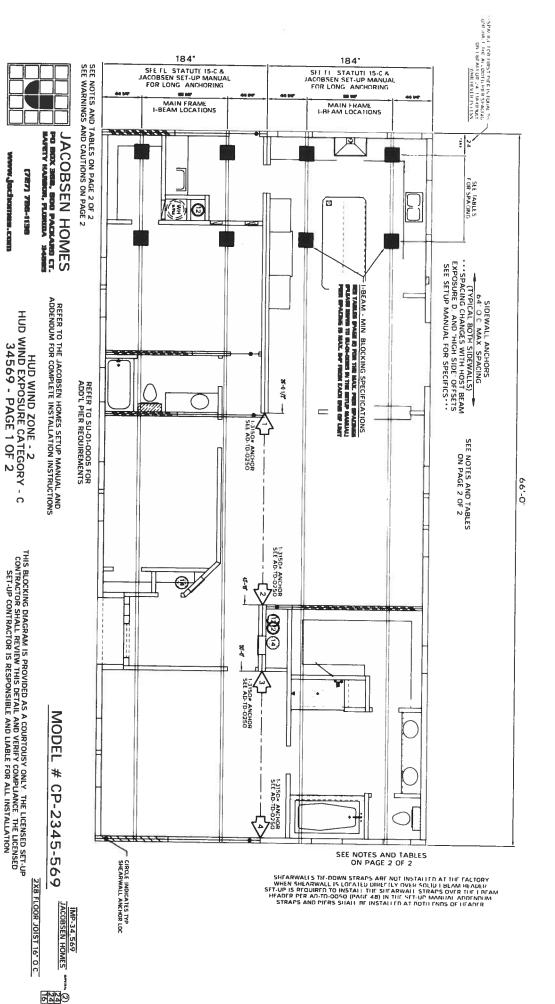
Fireplace chimney installed so as not to allow intrusion of rain water. Siding on units is installed to manufacturer's specifications. Yes The bottomboard will be repaired and/or taped. Yes Yes

Miscellaneous

Skirting to be installed. Yes Other: Electrical crossovers protected. Drain lines supported at 4 foot intervals. Yes Range downflow vent installed outside of skirting. Dryer vent installed outside of skirting. Yes Yes N

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



REFER TO SU-01-0020, SU-01-0021, AND OTHER DETAILS IN THE SET-UP MANUAL FOR MAXIMUM HEIGHT (THIS IS NOT DESIGNED, NOR INTENDED, TO BE A STILT FOUNDATION)

www.jachames.com

THIS BLOCKING DIAGRAM IS PROVIDED AS A COURTOUSY ONLY. THE LICENSED SET-UP CONTRACTOR SHALL REVIEW THIS DETAIL AND VERIFY COMPLIANCE. THE LICENSED SET-UP CONTRACTOR IS RESPONSIBLE AND LIABLE FOR ALL INSTALLATION

NIC = MEE NOTE 10. REFER TO SU-01-0005 POR ADDITIONAL PIER RESUMMENT R TO AD-10-0250 THROUGH IS4 FOR COLUMN ANCHOR SIZES. AD-TD-O S COPYRIGHT G, COLUMN TI, [m]D 0) Z <u>S</u> MINIMUM PIER PAD SIZE (sq.in.) Ó 432.875 17'-10" 342.25 sq. in 17'-10" 15'-7" 400 sq. in. SPAN INFO. 256 sq. in. Q Q Q Q Q Q 2015, JACOBSEN HOMES, SAMETY HARBOR, PLORIDA, ALL RIGHTS RESERVED. <u>'</u>7 sq. sq. sq. in. TABLE sq. in LOAD O SAFETY HARBOR, FLORIDA PO 80X 368, 600 PACKARD CT. JACOBSEN HOMES Par soil È B -www.Jachomes.com O COLUMN PAD - MIN. S par soil (727) 726-1138 2 1 I-BEAM PIER SPACING NO R ps/ soll NIO NIO 5 N I N N N N Ş ps/ sol PAT 50L No Se N E N N N O N N **1** SIZES (sq. ps/ Soll per soll OIN N 2 3 N I OEN OF O SN ĕ j j psr son p-7 Soft N N N N OIN D N N N N NIO NI N N soft HUD WIND ZONE - 2 HUD WIND EXPOSURE CATEGORY - C N NOTES: CONTRACTOR SHALL INSURE/REQUIRE THAT SAFE AND PROPER TECHNIQUES ARE UTILIZED THAT ALL PERSONNEL, ON THE JOB SITE, BE QUALIFIED AND PROPERLY/ADEQUATELY TRAINED A STATE LICENSED SETUP CONTRACTOR IS REQUIRED TO BE RESPONSIBLE FOR ALL SAFETY INITIATIVES, PROGRAMS, POLICIES, AND/OR PROCEDURES THAT MAY BE MANDATED BY OSHA MANUFACTURED BUILDINGS/STRUCTURES CAN WEIGH SEVERAL TONS IT IS VERY IMPORTANT INITIATIVES, PROGRAMS, POLICIES, AND/OR PROCEDURES THAT MAY BE MANDATED IF YOU ARE NOT QUALIFIED AND/OR DO NOT HAVE THE PROPER TOOLS AND/OR EQUIPMENT IN EXTENSIVE/COSTLY DAMAGE TO THE BUILDING/STRUCTURE NEVER ATTEMPT INSTALLATION IN ADDITION TO THE DANGER TO PERSONNEL, IMPROPER SETUP/INSTALLATION COULD RESULT IMPROPER PROCEDURES AND/OR TECHNIQUES COULD RESULT IN SERIOUS INJURY OR DEATH QUALIFIED PERSONNEL SHOULD ATTEMPT TO INSTALL A MANUFACTURED STRUCTURE/BUILDING INSTALLING A MANUFACTURED STRUCTURE/BUILDING CAN BE EXTREMELT DANGEROUS WARNING: CAUTION: MATING LINE PIER SPACING Par soll MAX. PIER SPACINS ON STI-SEAM IS SET. MAX. PRIES SPACINS ON 10" OR 15" I-SEAM IS 150'. SET NOTE 4 ON PASES SUICI-COME THEOLOGIS. THE AND ANXIOUS AND NOT INCLUDE. CHES ST-CH-CODE AND ST-CH-COOKS, WHEN THE ATTACHES STRUCTURE HAS PURIFIED WAYL. APPLY STRUCTURE THAN 45° CL. MAXINEELS STRUCTURE HAS ALLATION, SERVE TO THE ALLACEMENT HERBES STRUCTURE HAS STRUCTURE. THE STRUCTURE HAS ALLACEMENT WAYLE. ALLACEMENT HAS STRUCTURE HAS ALLACEMENT TO THE ATTACHES STRUCTURE HAS PURIFIED WAYLE. ALL 2-6 FLOOR SYSTEMS WIDER THAN 144' REQUIRE PERMETER AND MATING LIVE BLOCKY ALL 194" WIDE FLIGH SYSTEMS REQUIRE POLINETER AND MATINE LINE ELOCUNG. RESTRA TO THE APPROVED PLOOR PLAN WOR SPECIFIC COLLARY LOCATIONAL COLLARY PERSONAL P REPER TO AD-TD-100 FOR INSTANWALL APPLICATIONS AND TIS-DOWNS. neter to the approved floor flav for exearwall locations and loads. refer to the jacobery homes getly manajal and accending for co Petralitions, pers can be relocated andige spars bucksaged fer PETER TO SC-01-0005 FOR ADDITIONAL PER REQUE RESTER TO THE MODEL APPROVAL FOR PLAN SPECIFIC INFORMATION. psr son par son ps/ Soil Ps/ Solt par soil PERIMETER PIER SPACING ps/ son PAGE par sou THE BETTE DATALLATION par son N 유 ps/ sat ONLY

REFER TO SU-01-0020, SU-01-0021, AND OTHER DETAILS IN THE SET-UP MANUAL FOR MAXIMUM HEIGHT (THIS IS NOT DESIGNED, NOR INTENDED, TO BE A STILT FOUNDATION)

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



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:

6/15/2018 10:33:19 AM

Address:

2707 SW COUNTY ROAD 18

City:

FORT WHITE

State:

FL

Zip Code

32038

Parcel ID

09813-020

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 **Columbia County Property Appraiser**

updated: 6/4/2018

Description

Parcel: 30-6S-17-09813-020

Owner & Property Info

& BRYANT

2017 Tax Year

Search Result: 1 of 1

Owner's Name	NELSON MELANIE & BRYANT				
Mailing Address	MCDIARMID & VICTORIA POGOSE 22/13 NW 191ST LANE HIGH SPRINGS, FL 32643				
Site Address					
Use Desc. (code)	VACANT (000000	0)	7.53		
Tax District	3 (County)	Neighborhood	30617		
Land Area	6.020 ACRES	Market Area	02		
T					

BEG AT INTER OF W LINE OF SE1/4 OF SEC & N R/W SR 18, RUN N 796,36 FT, E 431.55 FT, S 421 FT TO N R/W SR 18, SW 522,23 FT TO POB. 391-787, 483-561, 766-354, DC 970-2347, WD 977-1952, WD 995- 153, WD 1107-543, DC 1225-181, DC 1332-2497, PB 1337-1732,

NOTE: This description is not to be used as the Legal

Description for this parcel in any legal transaction.

Property & Assessment Values

2017 Certified Values				
Mkt Land Value	cnt: (0)	\$24,417.00		
Ag Land Value	cnt: (1)	\$0.00		
Building Value	cnt: (0)	\$0.00		
XFOB Value	cnt: (0)	\$0.00		
Total Appraised Value		\$24,417.00		
Just Value		\$24,417.00		
Class Value		\$0.00		
Assessed Value		\$24,417.00		
Exempt Value		\$0.00		
Total Taxable Value		Cnty: \$24,417		
Total Taxable value	Other: \$24,417 Schl: \$24,417			

2018 Working Values		(Hide Values)		
Mkt Land Value	cnt: (0)	\$26,859.00		
Ag Land Value	cnt: (1)	\$0.00		
Building Value	cnt: (0)	\$0.00		
XFOB Value	cnt: (0)	\$0.00		
Total Appraised Value		\$26,859.00		
Just Value		\$26,859.00		
Class Value		\$0.00		
Assessed Value		\$26,859.00		
Exempt Value		\$0.00		
Total Taxable Value	Other: \$26	Cnty: \$26,859 6,859 Schl: \$26,859		

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

Inst. Number: 201812011218 Book: 1361 Page: 1392 Page 1 of 5 Date: 6/1/2018 Time: 1:52 PM P.DeWitt Cason Clerk of Courts, Columbia County, Florida Doc Deed: 266.00 Int Tax: 0.00 Doc Mort: 0.00

WARRANTY DEED

(STATUTORY FORM - SECTION 689.02, F.S.) This document prepared by and to be returned to: Kyle E. Petteway
Grunder & Petteway, P. A.
23349 NW CR 236, Suite 10
High Springs, Florida, 32643

Tax Parcel Number: 30-6S-17-09813-020

THIS INDENTURE made May 25, 2018,

BETWEEN Melanie Nelson, whose post office address is 22713 NW 191st Lane, High Springs, Florida, 32643, Bryant McDiarmid, whose post office address is 2021 Bunting Dr., North Augusta, SC 29841, Victoria Pogose, whose post office address is 11435 Carolina Circle, Crown Point, IN 46307 and Cari Conway, whose post office address is 12858 Wahl St., Blue Island, IL 60406, herein called Grantor, and

David Keith Johnson and Diane Ruth Johnson, husband and wife, whose post office address is PO Box 1376, High Springs, FL 32655, herein called Grantee,

Witnesseth that said grantor, for and in consideration of the sum of TEN AND NO/100 (\$10.00) Dollars, and other good and valuable considerations to said grantor in hand paid by said grantee, the receipt whereof is hereby acknowledged, has granted, bargained and sold to the said grantee, and grantee's heirs and assigns forever, the following described land, situate, lying and being in the county(ies) of Columbia state of Florida, to wit:

A part of Section 30, Township 6 South, Range 17 East, being more particularly described as follows:

Begin at the intersection of the West line of the Southeast 1/4 of said Section 30 and the Northerly right-of-way line of State Road No. 18 and run North 00 deg. 13 min. 14 sec. West, along said West line of the Southeast 1/4, 796.36 feet; thence South 86 deg. 19 min. 43 sec. East, 431.55 feet; thence South 00 deg. 11 min. 30 sec. East, 421.00 feet to the North right-of-way line of said State Road No. 18; thence South 50 deg. 58 min. 27 sec. West, 522.23 feet to the Point of Beginning. All lying and being in Columbia County, Florida

AND SAID GRANTOR does hereby fully warrant the title to said land, and will defend the same against the lawful claims of all persons whomsoever.

The subject property is not the homestead of any Grantor.

Inst. Number: 201812011218 Book: 1361 Page: 1393 Page 2 of 5 Date: 6/1/2018 Time: 1:52 PM P.DeWitt Cason Clerk of Courts, Columbia County, Florida Doc Deed: 266.00 Int Tax: 0.00 Doc Mort: 0.00

Grantor and grantee are used for singular or plural, as context requires.

In Witness Whereof, grantor has hereunto set grantor's hand and seal the day and year first above written.

State of Florida County of Alachua

The foregoing instrument was acknowledged before me this 25 day of May, 2018 by Melanie Nelson who

(v) is personally known to me

) who has produced a valid Florida driver's license as identification

) who produced _ _____ as identification

(SEAL)

Notary Public at Large, State of Florida



Inst. Number: 201812011218 Book: 1361 Page: 1394 Page 3 of 5 Date: 6/1/2018 Time: 1:52 PM P.DeWitt Cason Clerk of Courts, Columbia County, Florida Doc Deed: 266.00 Int Tax: 0.00 Doc Mort: 0.00

Lena & Bennett	Buja Mc Oum
Witness 1: Print Name LENA B. DEL	Bryant McDiarmid
Witness 2: Print Name Ramon A. Spice	
State of South Calding County of Arker The foregoing instrument was acknowledge	2154 M
The foregoing instrument was acknowledge 2018 by Bryant McDiarmid who	ed before me this Alay of May,
() is personally known to me () who has produced a valid () who produced Notary Public at Large, State of SAH	driver's license as identification as identification as identification
	Cober 8, 20 4

Inst. Number: 201812011218 Book: 1361 Page: 1395 Page 4 of 5 Date: 6/1/2018 Time: 1:52 PM P.DeWitt Cason Clerk of Courts, Columbia County, Florida Doc Deed: 266.00 Int Tax: 0.00 Doc Mort: 0.00

Witness 2: Print Name Dona Brown Witness 2: Print Name Dona Brown
State of
() is personally known to me () who has produced a valid driver's license as identification () who produced as identification (SEAL)
Notary Public at Large, State of INDIANA OFFICIAL SEAL MARGARET SCHERER NOTARY PUBLIC - INDIANA LAKE COUNTY My Comm. Expires 04/23/2023

Inst. Number: 201812011218 Book: 1361 Page: 1396 Page 5 of 5 Date: 6/1/2018 Time: 1:52 PM P.DeWitt Cason Clerk of Courts, Columbia County, Florida Doc Deed: 266.00 Int Tax: 0.00 Doc Mort: 0.00

11437

Witness 1: Print Name Autorest Ciesiu Witness 2: Print Name Julia (10)	Cari Conway Sill
State of Ilinois County of COX The foregoing instrument was acknowledged 2018 by Cari Conway who	before me this 23 day of May.
is personally known to me who has produced a valid	driver's license as identification
() who produced	as identification
Notary Public at Darge, State of Tiling's	MY COMMERCIA SURVING COMME

Dans Saff af Wamman Dand

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER			CONTRACTOR	Ronnie Norris	S	PHONE 386-623-7716			
	THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT								
					Johnso	on			
records of the Ordinance 89- exemption, ge	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	Glen Whitti	ngton	Signatur					
ELECTRICAL		EC 13002957			386-972-170	00			
	License #.		Qualifier Form Atta						
MECHANICAL/	Print Nam	Michael Bolar	nd	Signatur	M				
A/C	License #:	CAC181771	6	Phone #:	352-274-932	26			
			Qualifier Form Atta	ched X					
Qualifier Forms cannot be submitted for any Specialty License.									
Specialty L	icense	License Number	Sub-Contract	ors Printed Name	Sub	-Contractors Signature			
MASON									
CONCRETE FIN	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

LICENSED QUALIFIE	ER AUTHORIZATION
1. Chand Whittington	(license holder name), licensed qualifier
for WhitIngton ELECKIC S	(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 ugh an employee leasing arrangement; or, is an 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. WALSUR	1
2. Recky Ford	2. Sinh D
3.	3.
4.	4.
5.	5.
I, the license holder, realize that I am responsible under my license and fully responsible for complication. Local Ordinances. I understand that the State are authority to discipline a license holder for violation officers, or employees and that I have full responsand ordinances inherent in the privilege granted. If at any time the person(s) you have authorized officer(s), you must notify this department in write authorization form, which will supersede all previous unauthorized persons to use your name and/or in the person of	liance with all Florida Statutes, Codes, and and County Licensing Boards have the power and one committed by him/her, his/her agents, asibility for compliance with all statutes, codes by issuance of such permits. is/are no longer agents, employee(s), or ing of the changes and submit a new letter of ious lists. Failure to do so may allow
Licensed Qualifiers Signature (Notarized)	License Number Date
NOTARY INFORMATION: STATE OF:COUNTY OF	Cohmbin
The above license holder, whose name is	me or has produced identification this day of , 20, 20 Seal/Stargely R BISHOP Notary Public - State of Florida Commission # FF 243986 My Comm. Expires Jun 24, 2019



COLUMBIA COUNTY BUILDING DEPARTMENT 135 NE Hemando Ave, Suite B-21, Lake City, FL 32055

Phone: 386-758-1008 Fax: 386-758-2160

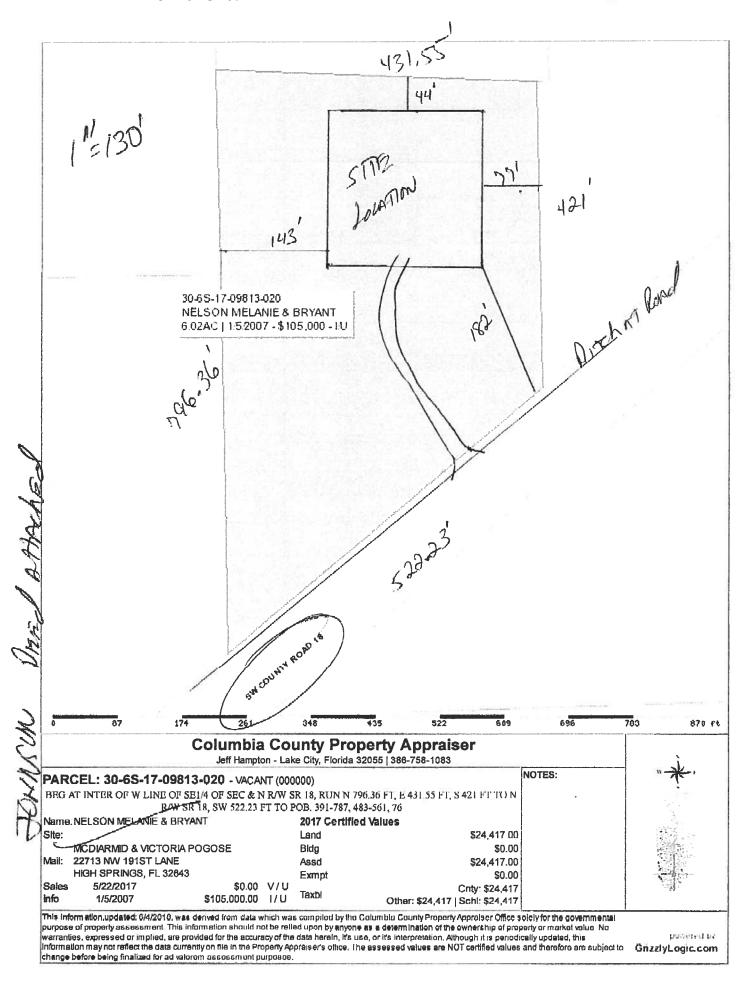
TOTAL	
LICENSED QUALIFI.	ER AUTHORIZATION
1 MyhARIA DOLAND	(license holder name), licensed qualifier
for / CE A/L OF OCKA	(company name), do certify that
the below referenced person(s) listed on this for holder, or is/are employed by me directly or throughout officer of the corporation; or, partner as defined person(s) is/are under my direct supervision and sign permits; call for inspections and sign subcompany.	ough an employee leasing arrangement; or, is an in Florida Statutes Chapter 468, and the said dontrol and is/are authorized to purchase and
Printed Name of Person Authorized	Signature of Authorized Person
1. DAla RAd	1.6
2. 1/5/1/2 Distant	2. Kelly Bishop
3. Leva, Fore	3. Feel, 1)1
4.	4.
5.	5.
under my license and fully responsible for comp Local Ordinances. I understand that the State at authority to discipline a license holder for violatic officers, or employees and that I have full responsed ordinances inherent in the privilege granted officer (s), you must notify this department in writ authorization form, which will supersede all prevunauthorized persons to use your name and/or limited.	nd County Licensing Boards have the power and cons committed by him/her, his/her agents, insibility for compliance with all statutes, codes by issuance of such permits. is/are no longer agents, employee(s), or ing of the changes and submit a new letter of ious lists. Failure to do so may allow
Licensed Qualiflers Signature (Notarized)	AURITIU ESIXUSU License Number Date 1117/6
NOTARY INFORMATION STATE OF YOUR COUNTY OF	Marion
The above license holder whose name is Micopersonally appeared before me and is known by (type of I D) on	
NOTARY'S SIGNATURE	(Seal/Stamp)
	AMANDA FLOOD MY COMMISSION # FF 106012 EXPIRES: April 5, 2018 Bondad Thru Notary Public Uniderwitters

STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

			Permit Application	Number	
J01/L	son	PART II - SITE	PLAN	46	
Scale: 1 inch = 40 feet.	Driver of the state of the stat	Mich	PLAN	1500 - CON -	105' 80'
Notes:	1 00 0		111		
1 85	6.02 Acars) Fix	Atrachad	· · · · · · · · · · · · · · · · · · ·	
	3 4	- A	7		
Site Plan submitted by:	Roch D	7		MARTER	ONTRACTOR
	MBOO!	Not Approved			
Plan Approved	•	Not Approved_			la alth Danadanad
By				County H	lealth Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



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

7/17/2018

To: Colini	County B	uilding Departi	nent		
	well to be installe			410201	
Located at Add	dress:	2707 5W	CR 18	FW	
-	Submersible Pumpn, With SRWMD		pe, 86 gallon	captive tank	and back
Tour	c Park				
Sincerely					
Bruce Park					

President



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

PERMIT NO.	18-0651
DATE PAID:	7118118
FEE PAID:	1310.00
RECEIPT #:	1355565

APPLICATION FOR: [X] New System [] Ex [] Repair [] Ab	ıstıng Syst andonment	em [] ;	Holding Temporar	Tank Ty	[[]	Innovative
APPLICANT: David Johnson								
AGENT: ROCKY FORD, A & B CONS	IRUCTION				TEL	EPHO	NE :	386-497-2311
MAILING ADDRESS: 546 SW Docto								
TO BE COMPLETED BY APPLICANT BY A PERSON LICENSED PURSUANT APPLICANT'S RESPONSIBILITY TO PLATTED (MM/DD/YY) IF REQUEST	OR APPLICAN TO 489.105 PROVIDE DO ING CONSIDE	RT'S AUTHOR (3)(m) OR CUMENTATION CRATION OF	IZED 489=! N OF STATU	AGENT. 552, FLO THE DAT UTORY GR	SYST ORIDA TE THE RANDFA	EMS N STATU LOT THER	MUSI UTES WAS PRO	F BE CONSTRUCTED THE SECREATED OR OVISIONS.
PROPERTY INFORMATION								
KOT: naBLOCK: naS	UR: Metes	& Bounds					P1	LATTED:
PROPERTY ID #: 30-65-17-0981	3-020	ZONING	G:		I/M OI	R EQU	JIVN	LENT: [Y(n)]
PROPERTY SIZE: 6.02 ACRES	WATER SUPPI	Y: [\] PR	IVATI	E PUBL	IC []<=20	0000	GPD []>2000GPD
IS SEWER AVAILABLE AS PER 381	.0065, FS?	[Y/W]			DÍSTA	ACE T	ro s	EWER: For
PROPERTY ADDRESS: SW C	R 18, FW							
DIRECTIONS TO PROPERTY: US 44	ll South,	TR CR 18,	3/10	the to	prop	erty	on	right
BUILDING INFORMATION	[X] RESID	DENTIAL		[] CO	MERCI	AL		
Unit Type of No Establishment		Building Area Saft						l System Design FAC
1 SF Residential	3	2024						
2	_							
3								
[Floor/Equipment Drains	_[V] Oth	er (Specif	አ)					
SIGNATURE:	-					DATE	1: 7.	/17/201A

DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated 64E-6.001, FAC

STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

ALL ELONHORS ON OHOR	72 0277, 102 0107 007.	Permit Application	Number	18-065
J01/1030	PART II - SITEF			
Scale: 1 inch = 40 feet.			/	
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Notes:	8			
1 or 602 Ha	ri in	Atrologic		* ** *** *****************************
) !	and and			
Site Plan submitted by:	D James SI		MAŞTER C	CONTRACTOR
Plan Approved	Not Approved_		Date_	7/18/18
By Scan John	ESI	Columbia	County F	Health Departmen

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT