Parcel:

Owner

01-68-15-00491-001 (2396)

### Owner & Property Info

Result: 3 of 3

GAMBLE JOSHUA L

GAMBLE JESSICA L

1085 SW SPRUCE RD

FORT WHITE, FL 32038

Site 849 SW SPRUCE Rd, FORT WHITE

COMM SE COR OF SE1/4 OF NW1/4, RUN N 668.78 FT, W 52.42 FT FOR POB, CONT W 614.49 FT,

Description\* N 334.00 FT, E 403.46 FT, SE 392.95 FT TO POB, EX RD R/W. (AKA PARCEL 10). 846-965, 930-

2132, CT 1026-2378, QC 1031-687, WD 1052-713, TD 1293-319, FJ 1303-670, WD 1450-286, <

Area 3.03 AC

03 AC S/T/R 01-6S-15

Use Code\*\* VACANT (0000) Tax District 3

#### MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUI	MBER CONTR	ACTOR Brent Stricklar	nd P	THONE 386-365-7043
	THIS FORM MUST BE SUBMITT	ED PRIOR TO THE ISSUANCE O	F A PERMIT	
		Jo	shua Gamble	
records of the Ordinance 89- exemption, ge Any changes, it	subcontractors who actually did the trades doing subcontractors who actually did the trades of a contractor shall require all subcontractor and a valid Certification of the permitted contractor is responsible for abcontractor beginning any work. Violating	e specific work under the ctors to provide evidence cate of Competency licens or the corrected form being	permit. Per Florid of workers' comp se in Columbia Co ang submitted to to	da Statute 440 and pensation or punty.  This office prior to the
ELECTRICAL	Print Name Glenn Whittington  License #: EC 13002957  Qualifier Form	Signature Phone #: 3	386-972-1700	
MECHANICAL			A.	
MECHANICAL/	Print Name Michael Boland  License #: CAC 1817716	Signature  Phone #: 3	352-274-9326	

Qualifier Forms cannot be submitted for any Specialty License.

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			

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.

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. CHAND WATTINGTON	(license holder name), licensed qualifier
for WhitThaten ELRENC S	(company name), do certify that
the below referenced person(s) listed on this form holder, or is/are employed by me directly or through officer of the corporation; or, partner as defined in person(s) is/are under my direct supervision and sign permits; call for inspections and sign subcontact.	ugh 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. CARSURD  2. Recky Fond	2. 8 22 13 13
3.	3.
4.	4.
5.	5.
I, the license holder, realize that I am responsible under my license and fully responsible for complet Local Ordinances. I understand that the State are authority to discipline a license holder for violatic 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 prevenauthorized persons to use your name and/or I licensed Qualifiers Signature (Notarized)	iance 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
NOTARY INFORMATION:	
STATE OF:COUNTY OF:	Colmbia
personally appeared before me and is known by	me or has produced identification this day of, 20_6  seal/Starkenly R BISHOP  Notary Public - State of Florida



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

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

LICENSED QUALIFIE	ER AUTHORIZATION
1. Illy hARI A DOLAND	(license holder name), licensed qualifier
for ACIE A/C DE OCA/A	ALC (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 discontrol and is/are authorized to purchase and
Printed Name of Person Authorized	Signature of Authorized Person
1. DAIR EAR	1678
2. Kally Bishop	2. Kelly Brishop
3. Locky toke	3. fahy1) / of
4.	4.
5.	5.
under my license and fully responsible for compl Local Ordinances. I understand that the State ar authority to discipline a license holder for violation officers, or employees and that I have full responsand ordinances inherent in the privilege granted	and County Licensing Boards have the power and consciously by him/her, his/her agents, assibility 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 life.	ing of the changes and submit a new letter of ious lists. Failure to do so may allow
Licensed Qualifiers Signature (Notarized)	(A1317716 ES)2090 License Number Date 1117/15
NOTARY INFORMATION: STATE OF: COUNTY OF:	maia
The above license holder, whose name is \( \frac{\omega_0}{\omega} \) personally appeared before me and \( \frac{\omega_0}{\omega} \) (type of I.D.) \( \text{on} \)	me or has produced identification this day of 100 em 01, 20
NOTARY'S SIGNATURE	(Seal/Stamp)
	AMANDA FLOOD MY COMMISSION # FF 106012 EXPIRES: April 5, 2018 Bonded Thru Notary Public Underwriters

	narriage wall plers within 2' of end of home per Rule 150		I understand Lateral Arm Systems cannot be used on any home (new or used) where the sidewall ties exceed 5 ft 4 in. Installer's initials  Typical pier spacing  Installer's initials  Show locations of Longitudinal and Lateral Systems longitudinal (use dark lines to show these locations)	Installer Brent Strickland License # IH 1104218 Installer Mobile Phone # 386-365-7043  Address of home being installed  Manufacturer LIVE ON L. Length x width 50 KZ8  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
within 2' of end of home spaced at 5' 4" oc	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  Opening Pier pad size	B'	PIER SPACING TABLE FOR USED HOMES  16" x 16"	New Home

or check here to declare The pocket penetrometr

	Site Preparation
POCKET PENETROMETER TEST	
	]
trometer tests are rounded down to psf	Water drainage: Natural Swale Pad Cher
declare 1000 lb. soil without lesting.	
	rastening mutt wide units
×1000 ×1000	
POCKET PENETROMETER TESTING METHOD	S Length
	To used notices a min. or garde, o whose garvanization with active

1000 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 of tape will not serve as a gasket I understand a properly installed gasket is a requirement of all new and used 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)

Type gasket + Dalm Installer's initials Bottom of ridgebeam Yes Between Walls Yes Between Floors Yes

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

Drain lines supported at 4 foot intervals. Yes Range downflow vent installed outside of skirting. Dryer vent installed outside of skirting. Yes Skirting to be installed. Yes Electrical crossovers protected. Yes 8 Yes NA Z

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

× COCC

Using 500 lb. increments, take the lowest

reading and round down to that increment

1. Test the perimeter of the home at 6 locations

Take the reading at the depth of the footer

TORQUE PROBE TEST

showing 275 inch pounds or less will require 5 foot anchors here if you are declaring 5' anchors without testing The results of the torque probe test is 290 inch pounds or check A test

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

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

installer's initials

Installer Name

Date Tested

Electrical

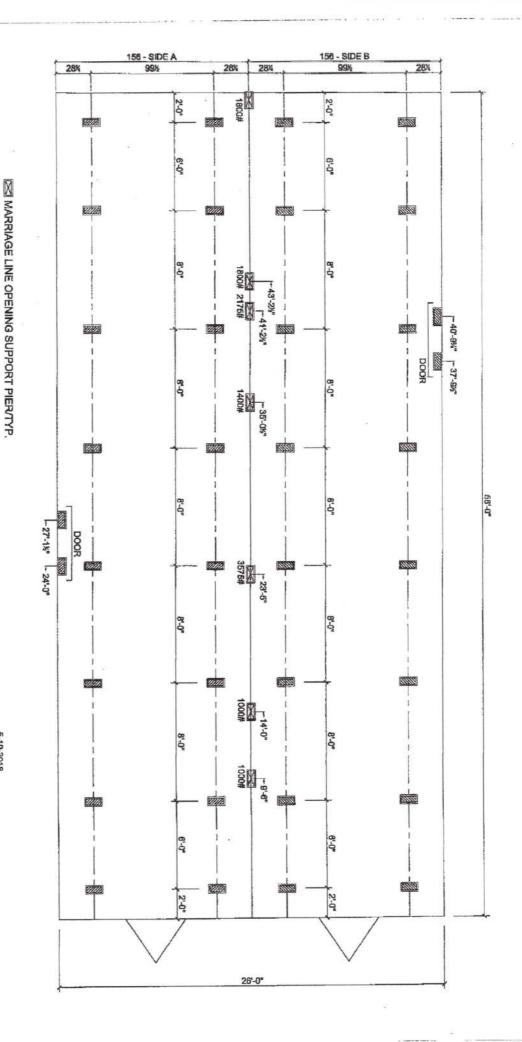
source. Connect This includes the bonding wire between mult-wide units. Pg electrical conductors between multi-wide units, but not to the main power

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

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

Installer Signature

Date 2-23-2



# 3-BEDROOM / 2-BATH MODEL: L-2564F -**Live Oak Homes** X 56

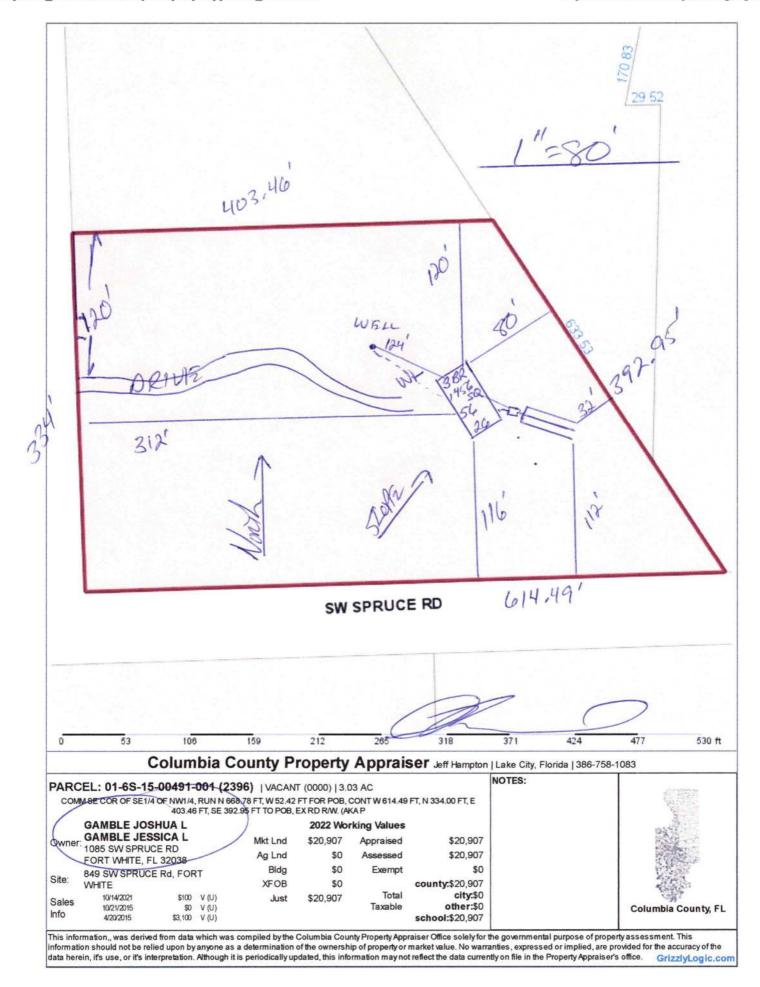
DUCT CROSSOVER SEWER DROPS

5-10-2018

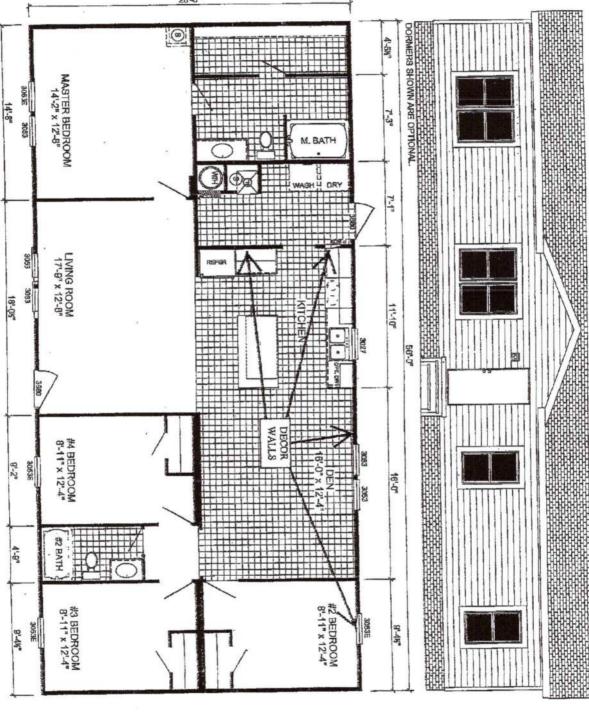
- THIS DRAWING IS DESIGNED FOR THE STANDARD WIND ZONE AND IS TO BE USED IN CONJUNCTION WITH THE INSTALLATION MANUAL AND IT'S SUPPLEMENTS.
- FOOTINGS ARE SHOWN FOR EXAMPLE ONLY QUANTITY AND SPACING MAY VARY BASED ON PAD TYPE, SOIL CONDITION, ETC.
- FOOTINGS ARE REQUIRED AT SUPPORT POSTS, SEE INSTALLATION MANUAL FOR REQUIREMENTS.

FOUNDATION NOTES: SUPPORT PIER/TYP

- (A) MAIN ELECTRICAL
  (B) ELECTRICAL CROSSOVER
  (C) WATER INLET
  (D) WATER CROSSOVER (IF ANY)
  (E) GAS INLET (IF ANY)
  (F) GAS CROSSOVER (IF ANY)
  - 9930 SUPPLY AIR (WIOPT, HEAT PUMP OH DUCT) RETURN AIR (WIOPT, HEAT PUMP OH DUCT)



SPARK





L-2564F 4-BEDROOM / 2-BATH 28 x 60 - Approx. 1456 Sq. Ft.

All room dimensions include closets and square footage figures are approximate. Transom windows are available on optional 9-0° slewwall houses only.



1



#### **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 7:03:32 PM

Address: 947 SW SPRUCE Rd

City: FORT WHITE

State: FL

Zip Code **32038** 

Parcel ID 00491-001

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.