



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

MOBILE HOME INSTALLERS LETTER OF AUTHORIZATION

I, Robert Sheppard, give this authority for the job address show below  
Installer License Holder Name

only, 1281 SW Bobcat Dr Fort White FL 32038, and I do certify that  
Job Address

the below referenced person(s) listed on this form 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 Authorized Person	Signature of Authorized Person	Authorized Person is... (Check one)
Ruby Jane Wilkins	<i>Ruby Jane Wilkins</i>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
Chrissie Ann Hair	<i>Chrissie Ann Hair</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input checked="" type="checkbox"/> Property Owner
		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and I am fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances.

I understand that the State Licensing Board has the power and authority to discipline a license holder for violations committed by him/her or by his/her authorized person(s) through this document and that I have full responsibility for compliance granted by issuance of such permits.

*Robert Sheppard* License Holders Signature (Notarized)  
1H1025386 License Number  
8-6-12 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.) \_\_\_\_\_ on this 7 day of Aug, 2012.

*Laurie Hodson*  
NOTARY'S SIGNATURE

(Seal/Stamp)



**AFFIDAVIT**

**STATE OF FLORIDA  
COUNTY OF COLUMBIA**

This is to certify that I, (We), Chrissie Hair  
owner of the below described property:

Tax Parcel No. 19-75-17-10024-070

Subdivision (name, lot, block, phase) Sassafras Acres S/D lot 69

Give my permission to Ruby Wilkins to place a  
mobile home/travel trailer/single family home (circle one) on the above mentioned  
property.

I (We) understand that this could result in an assessment for solid waste and fire  
protection services levied on this property.

Chrissie Hair

Owner

Owner

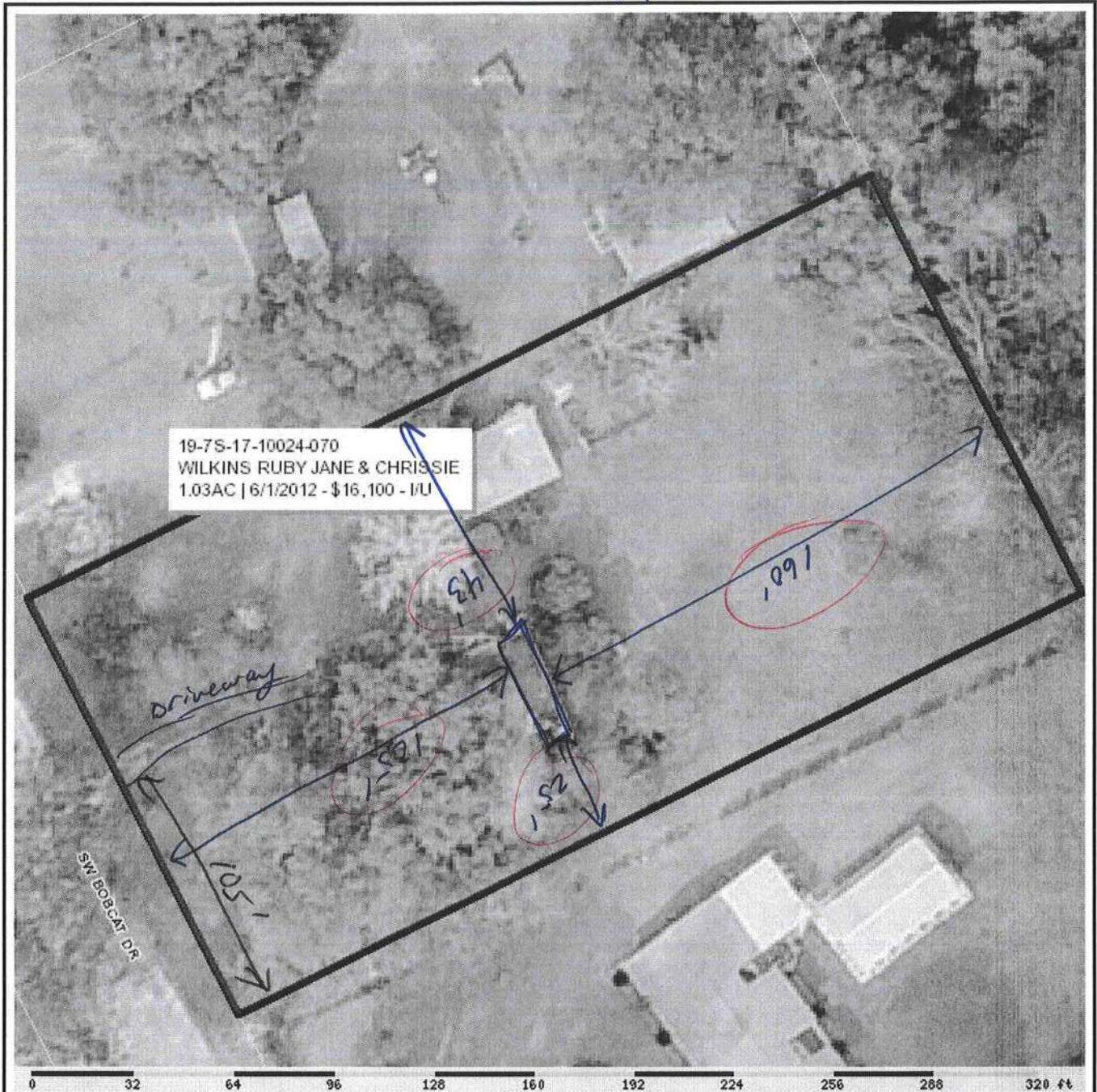
SWORN AND SUBSCRIBED before me this 7 day of Aug.  
20 12. This (these) person(s) are personally known to me or produced  
ID \_\_\_\_\_.

Laurie Hodson  
Notary Signature





*Site Plan*



### Columbia County Property Appraiser

J. Doyle Crews - Lake City, Florida 32055 | 386-758-1083

**PARCEL: 19-7S-17-10024-070** - SINGLE FAM (000100)

LOT 69 SASSAFRAS ACRES S/D ORB 823-1128, 881-705, WD 1226-2499 & SWD 1237-1813

Name: WILKINS RUBY JANE & CHRISIE

Site: 1281 SW BOBCAT DR

ANN HAIR (JTWR)

Mail: 1281 SW BOBCAT DRIVE

FORT WHITE, FL 32038

Sales 6/1/2012

Info 12/22/2011

\$16,100.00 I/U

\$50,000.00 I/U

#### 2011 Certified Values

Land \$9,415.00

Bldg \$39,096.00

Assd \$50,757.00

Exmpt \$0.00

Cnty: \$50,757

Other: \$50,757 | Schl: \$50,757

#### NOTES:



This information, updated: 8/2/2012, 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 or implied, are provided for the accuracy of the data herein, its use, or its interpretation. Although it is periodically updated, this information may not reflect the data currently on file in the Property Appraiser's office. The assessed values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

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## MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER \_\_\_\_\_

CONTRACTOR

Robert Sheppard

PHONE

386-623-2203

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	<u>Ruby Jane Wilkins</u>	Signature	<u>Ruby Jane Wilkins</u>
	License #:		Phone #:	
MECHANICAL/ A/C	Print Name	<u>Ruby Jane Wilkins</u>	Signature	<u>Ruby Jane Wilkins</u>
	License #:		Phone #:	
PLUMBING/ GAS	Print Name	<u>Robert Sheppard</u>	Signature	<u>Robert Sheppard</u>
	License #:	<u>JH1025386</u>	Phone #:	<u>386-623-2203</u>

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.

Contractor Forms: Subcontractor form: 1/11