Parcel:

29-4S-17-08841-104 (32711)

Owner & Property Info

TATE EDWARD M

TATE EDWARD MOSES

Owner 590 SW CR 242-A

LAKE CITY, FL 32025

Site CR 242-A

COMM SW COR LOT 5 TATE ACRES S/D, RUN E 940.11 FT FOR POB, CONT E 370.28 FT, N

Description* 469.66 FT, W 534.26 FT, S 208.52 FT, E 160.45 FT, S 285.98 FT TO POB. (BEING PART OF LOTS 3,

4 & 5 TATE ACRES S/D) ORB 833-2002, 886-327 THRU 345, 912-2106, 912-2117, 954-86, WD___more>>>

Result: 1 of 10

Area 5 AC S/T/R 29-4S-17E

Use Code** PASTURE CLS33 (6200) Tax District 2

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER	CONTRACTOR Ernest Scott Johnson	PHONE 352-494-8099
THIS FO	ORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT	
	Edwards Tate	

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	James Dale Williams	Signature	
	License #:	EC 13007092	Phone #: 386-362-2035	
Qualifier Form Attached X				
MECHANICAL/	Print Name	Timothy Shatto	Signature	
A/C	License #:	CAC 057875	Phone #: 386-496-8224	
		Qualifier Form /	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.

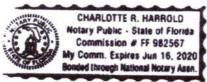
Revised 10/30/2015



COLUMBIA COUNTY BUILDING DEPARTMENT LETTER OF AUTHORIZATION TO SIGN FOR PERMITS 135 NE Hemando Avec Suite B 21 July City Ft. 22005

135 NE Hemando Ave, Suite B-21, Lake City, FL 32055 Phone 386-758-1008 Fax. 386-758-2160

, Dale Williams	(license holder name), licensed qualifier			
for Affordable Electric	(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. Dale Burd	1 F			
2.	2.			
3.	3.			
4.	4.			
5.	5.			
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				
(Notarized)	CC / 300 7092 /-07-/9 License Number Date			
NOTARY INFORMATION: STATE OFFlorida COUNTY OF Columbia The above license holder, whose name is D /				
Charlott R. Delaner Haured NOTARY'S SIGNATURE Seal/Stamp				





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

, Timothy Shatto	(license holder name), licensed qualifier			
for Shatto Heat & Air				
the below referenced person(s) listed on this for holder, or is/are employed by me directly or three officer of the corporation; or, partner as defined person(s) is/are under my direct supervision and sign permits; call for inspections and sign subcomments.	ough an employee leasing arrangement; or, is an in Florida Statutes Chapter 468, and the said			
Printed Name of Person Authorized	Signature of Authorized Person			
1. Bo Royals	1. BoTh			
2. Dale Burd	2.			
3.	3.			
4.	4.			
5.	5.			
I, the license holder, realize that I am responsible under my license and fully responsible for complete 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 officer(s), you must notify this department in write authorization form, which will supersede all previous unauthorized persons to use your name and/or licensed Qualifiers Signature (Notarized)	liance with all Florida Statutes, Codes, and and County Licensing Boards have the power and cons 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 allege.			
NOTARY INFORMATION: STATE OF: Florida COUNTY OF: Union				
The above license holder, whose name is personally appeared before me and is known by	me or has produced identification his 20 day of february, 20 18.			
	VICTORIA K. PALMER Notary Public - State of Florida			

Commission # FF 207489 My Comm. Expires Mar 9, 2019 Bonded through National Notwey Asso

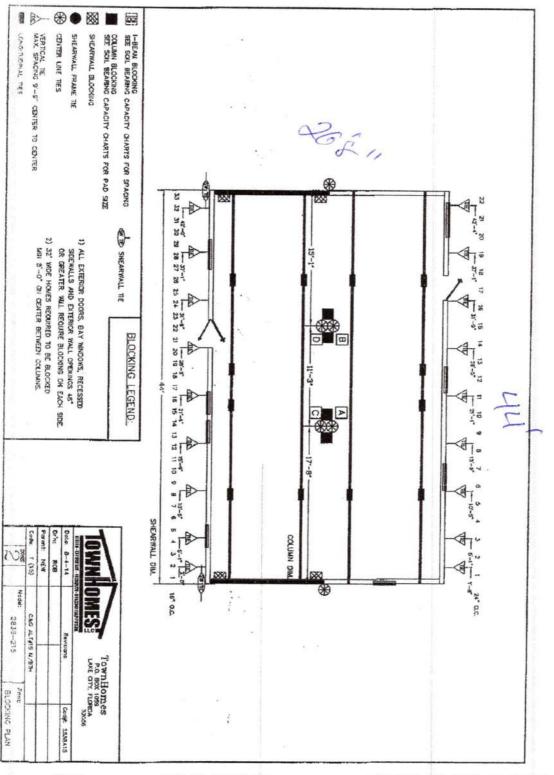
	Scella Control		Typical pier spacing Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)	sta	NOTE: if home is a single wide fill out one half of the blocking plan
Opening Pier pad size 4 ft 5 ft 7 S X 2 S S within 2' of end of home spaced at 5' 4" oc TIEDOWN COMPONENTS Longitudinal Stabilizing Device (LSD) Manufacturer Longitudinal Stabilizing Device w/ Lateral Arms Manufacturer Manufacturer Manufacturer Manufacturer Shearwall Shearwall	ad s	from Rul	x 18 20" x 20" 22" x 22" 24" x 24" 26" 42) (400) (484)* (576)* (6 5' 7' 8' 8' 8'	fs e/C] [

Installer verifies all information given with this permit worksheer is accurate and true based on the	Connect all sewer drains to an existing sewer ton or sentic tonk.
	Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between multi-wide units. Bo
	Flectric
Drain lines supported at 4 foot intervals. Yes Electrical crossovers protected. Yes	03.
V	Assumed Oliver 11
Mis	Installer Name () THE SE STANDARD BY A LICENSED INSTALLER
The bottomboard will be repaired and/or taped. Yes Siding on units is installed to manufacturer's specifications. Yes Fireplace chimney installed so as not to allow intrusion of rain water.	reading is 275 or less and where the mobile home manufacturer may requires anchors with 4000 lb holding capacity. Installer's initials
Weatherproofing	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
Pg. Installed: Between Floors Yes Between Walls Yes Bottom of ridgebeam Yes	7 7 %
Installer's initials	TORQUE PROBE TEST
a result of a poorty installed or no gasket being installed. I understand a strip of tape will not serve as a gasket.	SOOT × SOOT × SOOT ×
I understand a properly installed gasket is a requirement of all new and used homes and that condensation, mold, meldew and buckled marriage walls are	3. Using 500 lb. increments, take the lowest reading and round down to that increment.
coming nails at 2 on center on both sides of the centerline	
ror used homes a mfh. 30 gauge, 8" wide, galvanized metal stri- will be centered over the peak of the roof and fastened with galv.	 Test the perimeter of the home at 6 locations.
Walls: Type Fastener: 1445 Length: 1 Spacing: 24 Walls: Type Fastener: 1455 Length: 7 Spacing: 12 Roof: Type Fastener: 1455 Length: 7 Spacing: 74	POCKET PENETROMETER TESTING METHOD
	× too × too × too
Debris and organic material removed Water drainage: Natural Swale Pad	The pocket penetrometer tests are rounded down to or check here to declare 1000 lb. soil without testing.
Site Preparation	POCKET PENETROMETER TEST

5	_ 5
Installer Signature Throat	Installer verifies all information given with this permit worksheet is accurate and true based on the manufacturer's installation instructions and or Rule 15C-1 & 2
er S	ufac
ignat	ture
ture(es a
A)	s all information given with this pe is accurate and true based on the s installation instructions and or R
3	form
4	natic e an on i
T	on g
1	iven ue b
X	wit ase
4	d on
3	the
	Rule
Date	1 wc
Date 3-4-	orks
4	\$ he

independent water supply systems. Pg.

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



700 'd

1628-287-38E .ou XA9

TownHomes

FEB/16/2021/TUE 02:14 PM

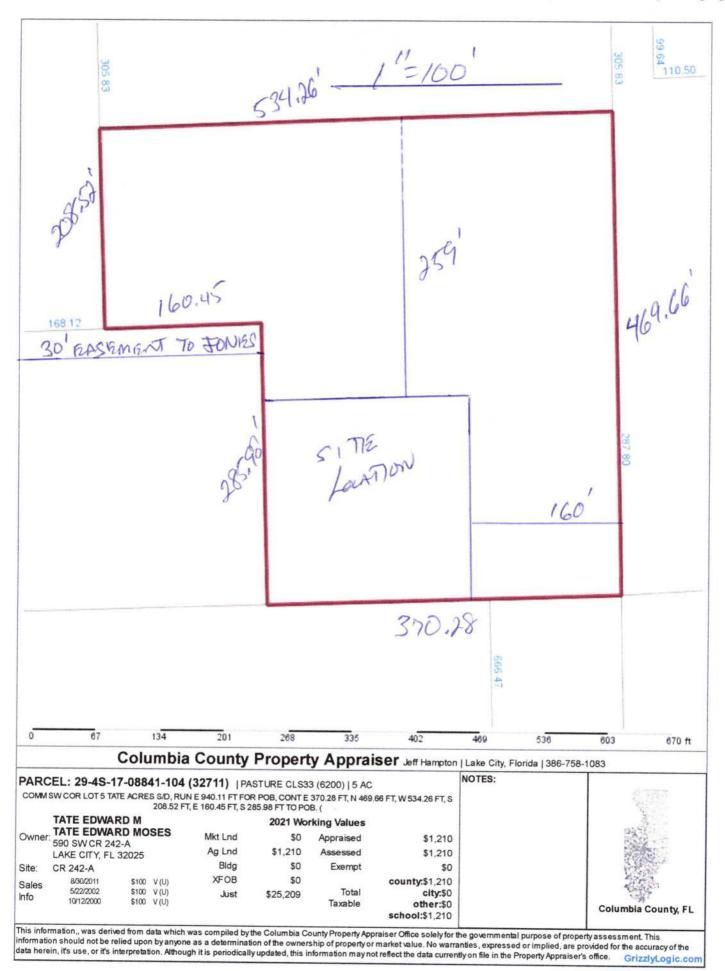
STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number

1A712	PART II - SITEPLAN	
		210
Scale: 1 inch = 40 feet.	10 20 25 Wh 133 38 20 20 20 20 20 20 20 20 20 20 20 20 20	Jose Johnson Joseph Jack
Notes:	10f 5 ACKER	. 1
	SER ATTACI	hed
Site Plan submitted by:		CONTRACTOR
Plan Approved	Not Approved	Date
Ву		County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



SIDEWALL HEIGHT 8'-0" ZONE 1 ZUNE 2 SW#1 SW#2 SW#1 SW#2 SW#1 SW#2 plicate at made ~ Ichanses KIRKIN 18-10 15-0K BEDBOOM \$3 HEN MEN Shinges - Timber Bland (1) Vingl - Jan MUNYLFLOOR DESERT 6 a contertops . Preccia. Bellsimo Barley& (B) CAPPET - 700/Truff T cab color - Vermont 9 Pacific Heights 8) WALL COLOR" 2838-215 MIGH SHITH TOWNHOMES
P.O. BOX 1059
LAKE CITY, FLORIDA
X20054 Phint: 1173 SQLFT. SALES FRONT Codf: ZaJaA15 111 1 12 107 /07 /110 District No. 1 Ronald Williams District No. 2 Rocky Ford District No. 3 Bucky Nash District No. 4 Toby Witt 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:

2/13/2020 4:17:48 PM

Address:

817 SW JONES Ter

City:

LAKE CITY

State.

FL

Zip Code

32025

Parcel ID

08841-104

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

911 ADDRESSING | GIS DEPARTMENT

263 NW Lake City Ave., Lake City, FL 32055 Telephone: (386) 758-1125 Email: gis @columbiacountyfla.com