Parcel:

17-2S-17-04726-000

Owner & Property Info

Result: 2 of 7

STORMANT DWAYNE D

Owner 8499 N US HIGHWAY 441

LAKE CITY, FL 32055

Site 8499 US HIGHWAY 441, LAKE CITY

COMM SE COR, RUN W 931.11 FT, N 24.22 FT TO N R/W OF A CO GRD RD FOR POB, RUN W

Description* ALONG R/W 411.93 FT TO E R/W US-441, N ALONG R/W 443.32 FT, E 375.55 FT, S 442.63 FT TO

POB, EX 1 AC IN SE COR. 444-266, QC 1416-1249

Area 3 AC S/T/R 17-2S-17

Use Code** SINGLE FAM (000100)

Tax District 3

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

| APPLICATION NUMBERTHIS FORM N | CONTRACTOR | Robert Sheppard | PHONE 386-623-2203 |
|--------------------------------------|----------------------------|----------------------------------|-----------------------|
| | ORM MUST BE SUBMITTED PRIC | DR TO THE ISSUANCE OF A PERMIT | |
| | | Dwayne S | tormant |
| in Columbia County one permit will o | cover all trades doing wor | k at the permitted site. It is h | REQUIRED that we have |

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 | Glenn Whittington | Signature Signature | |
|----------------------------|-------------|-------------------|-----------------------|--|
| | License #: | EC 13002957 | Phone #: 386-972-1700 | |
| | | Qualifier Form At | ttached | |
| MECHANICAL/ | Print Name_ | Ronald Bonds Sr. | Signature | |
| A/C | License #: | CAC1817658 | Phone #: 800-259-3470 | |
| (33) HE SUIT - (10) - (10) | | Qualifier Form At | ttached | |

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

| 4.10 | |
|--|--|
| LICENSED QUALIFIE | ER AUTHORIZATION |
| 1. Chand Whitington | (license holder name), licensed qualifier |
| for WhitThaten ELERKICS | (company name), do certify that |
| the below referenced person(s) listed on this form holder, or is/are employed by me directly or thro- 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 subco- | 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. WASSEL | 1/1/1/2019 |
| 2. Pocky Fond | 2. 8 0 1 1) |
| 3. | 3. |
| 4. | 4. |
| 5. | 5. |
| I, the license holder, realize that I am responsible under my license and fully responsible for compl. Local Ordinances. I understand that the State ar authority to discipline a license holder for violatic officers, or employees and that I have full responsand ordinances inherent in the privilege granted. | 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 |
| 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 previous unauthorized persons to use your name and/or limited. | ing of the changes and submit a new letter of jour lists. Failure to do so may allow |
| Licensed Qualifiers Signature (Notarized) | License Number Date |
| NOTARY INFORMATION: STATE OF:COUNTY OF: | Cohnbin |
| The above license holder, whose name is | me or has produced identification this day of |
| KILLY ROSHOP NOTARY'S SIGNATURE | Seal/Stance) Y R BISHOP Notary Public - State of Florida Commission # FF 243986 |
| | My Comm. Expires Jun 24, 2019 |



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. LONA let & word SE | (license holder name). licensed qualifier |
|--|---|
| FOR STIPE CREST ENTERDENSE | Company name), do certify that |
| the below referenced person(s) listed on this for holder, or is/are employed by me directly or through officer of the corporation; or, partner as defined | m is/are contracted/hired by me, the license ough an employee leasing arrangement; or, is an in Florida Statutes Chapter 468, and the said d control and is/are authorized to purchase and |
| Printed Name of Person Authorized | Signature of Authorized Person |
| 1. DALE BURD | 1. |
| 2. Rocks Ford | 2. (bela) 7-1 |
| 3. Kally Bishap | 3. Kelly Brishof |
| 4. | 4. |
| 5. | 5. |
| and ordinances inherent in the privilege granted of 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 authorized persons to use your name and/or in the supersede all previous authorized persons to use your name and/or in the supersede all previous authorized persons to use your name and/or in the privilege granted and or in the privilege gra | 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: | Bay |
| The above license holder, whose name is Roy | |
| personally appeared before me and is known by type of I.D.)on I | |
| sersonally appeared before me and is known by type of I.D.) on I | |



| | r stribge wall piers within 2 of end of home por Rule 1:5C | | | | Typical pier spacing Show locations of Longitudinal and Lateral Systems | 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 | Manufacturer Homes of Mart Length x width 60 x 32 | Installer Kobert Steppard License # In 1025500 Installer Mobile Phone # 386-623-2203 Address of home 8489 \$ US HWY 441 | |
|--|--|------|-------|--|--|---|---|--|---------------------|
| vithin 2' of end of home spaced at 5' 4" oc TIED:DWN COMPONENTS Longitudinal Stakilizing Device (LSD) Longitudinal Stakilizing Device w/ Lateral Arms Marriage wall Manufacturer Marriage wall Sheanwall Sheanwall | vall openings greater than 4 foot 24 x 24 | 3/16 | SIZES | 8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8 | qin) (256) 1/2"(342) (400) (484)* (576)* (476)* (484)* (576)* (484)* (576)* (484)* (576)* (484)* (576)* (584) (584 | System: Typ PIER SP | Single wide LJ Wind Zone II Wind Zone III Double wide XI Installation Decal # | e Manufacturer's Instal accordance with Rule | New Home Used Homes |

PERMIT NUMBER

| ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER Installer Name | 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 requires anchors with 4000 lb holding capacity Installer's initials | TORQUE PROBE TEST The results of the torque probe test is 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. | ×1500 ×1500 ×1500 | Using 500 lb. increments, take the lowest reading and round down to that increment. | 2. Take the reading at the depth of the footer. | POCKET PENETROMETER TESTING METHOD 1. Test the perimeter of the home at 6 locations. | The pocket penetrometer tests are rounded down to 1500 psf or check here to declare 1000 lb. soil without testing. | POCKET PENETROMETER TEST |
|--|---|--|-------------------|---|---|---|--|--------------------------|
| 공모위 | 프용크 | P _S | o = | 7 - | 1 | 20 5 | E ₹D | 1 |

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

Plumbing

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

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

| | 1000 | | 007 | | bris and ater drai | |
|--------------------------------------|---|---|--|----------------------------|--|------------------|
| Gasket (weatherproofing requirement) | 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. | Type Fastener: 31168 Length: 4 Spacing: 16 11 | Type Fastener: 1995 Length: 51 Spacing: 16 | Fastening multi wide units | abris and organic material removed ater drainage: Natural Swale Pad Cother | Site Preparation |

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

Type gasket FOR My installer's initials installed: Bottom of ridgeheam Yes Between Floors Yes Between Walls Yes

Weatherproofing

replace chimney installed so as not to allow intrusion of rain water. Yes siding on units is installed to manufacturer's specifications. Yes he bottomboard will be repaired and/or taped. Yes, Pg.

Miscellaneous

Other: Electrical crossovers protected. Yes __ Range downflow vent installed outside of skirting. Yes_ Skirting to be installed. Yes_ Drain lines supported at 4 foot intervals. Yes Dryer vent installed outside of skirting. Yes No NA NA

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 Uppers Date 1/12/21





