Parcel:

15-3S-16-02125-006 (7059)

Owner & Property Info

Result: 5 of 6

MYERS FRED W

Owner

P O BOX 287

WHITE SPRINGS, FL 32096

Site

Area

300 NW SAMME Ct, LAKE CITY

Description* S1/2 OF NW1/4 OF SE1/4 OF NE1/4. 320-679, 400-235, 868-1148, DC 1329-2657, S/T/R 15-3S-16

Use Code** IMPROVED AG (5000)

5 AC

Tax District 3

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER	CONTRACTOR	Ernest Scott Johnson	PHONE	352-494-8099
	-			

THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

Fred Myers

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
	License #:	EC 13002957	Phone #: 386-972-1700
		Qualifier Form A	ttached X
MECHANICAL/	Print Name_	Ronald Bonds Sr.	Signatur
A/C	License #:	CAC 1817658	Phone #: 800-259-3470
		Qualifier Form A	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

LICENSED QUALIFIER AUTHORIZATION

1. Janu Whitington	(license holder name), licensed qualifier
for Whittington ELRENCE	Twc(company name), do certify that
the below referenced person(s) listed on this form holder, or is/are employed by me directly or throu 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 subcon-	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. JAKSUR	16
2.140011/10010	2. 2 2 1 1
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. 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 prevenant in the privilege granted. Licensed Qualifiers Signature (Notarized)	liance with all Florida Statutes, Codes, and and County Licensing Boards have the power and one committed by him/her, his/her agents, esibility for compliance with all statutes, codes by issuance of such permits. is/are no longer agents, employee(s), or sing of the changes and submit a new letter of ious lists. Failure to do so may allow
NOTARY INFORMATION: STATE OF:COUNTY OF. The above license holder, whose name is	tenn il harmeten
personally appeared before me and is known by	
TO WATER OF THE PARTY OF THE PA	Notary Public - State of Florida Commission # FF 243986



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

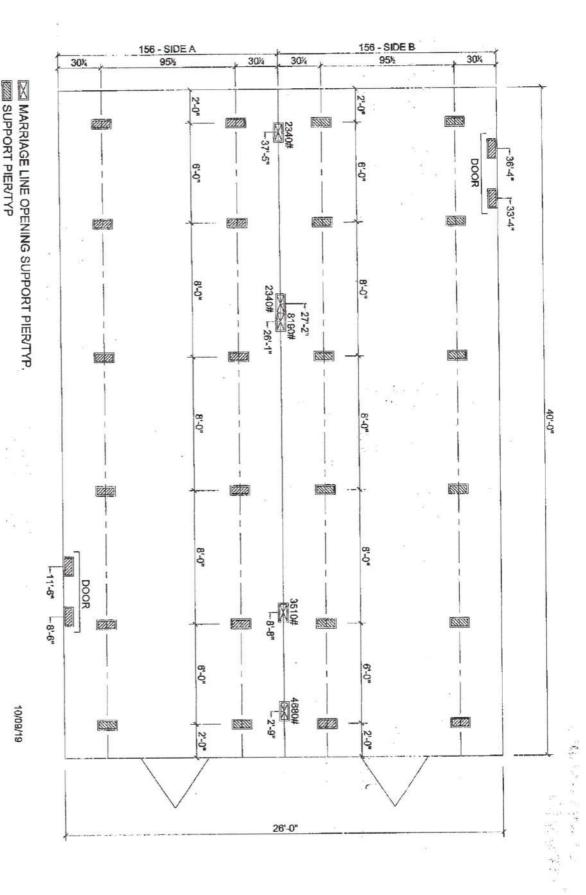
1. LONALD & Sond SE	(license holder name). licensed qualifier
	Tin C (company name), do certify that
the below referenced person(s) listed on this for	m is/are contracted/hired by me, the license ough an employee leasing arrangement; or, is an in Florida Statutes Chapter 468, and the said d control and is/are authorized to purchase and
Printed Name of Person Authorized	Signature of Authorized Person
1. DALE BURD	1.
2. Rocks Ford	2. (bc/3) 7-1
3. Kally Bishap	3. Kelly Brishof
4.	4.
5.	5.
officers, or employees and that I have full respondent 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 prevapauthorized persons to use your name and/or I	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:	/
The above license holder, whose name is Royalersonally appeared before me and is known by type of I.D.) on	me or has produced identification this 16th day of FED 20 16.
Stacy and loope's	(Seal/Stamp)

Notary Public State of Florida Stacey Ann Hopkins My Commission FF 168407 Expires 11/06/2018

	elatring the valid peer's widthin 2 of end of home peer Gulie 15C	Destato Data Data			Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)	Typical pier spacing	I understand Lateral Arm Systems cannot be used on any home (new or used) where the sidewall ties exceed 5 ft 4 in	MOTE: 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	LAKE CO	Installer Mobile Phone # 352-494-8099
TIEDOWN COMPONENTS Longitudinal Stabilizing Device (LSD) Longitudinal Stabilizing Device w/ Lateral Arms Manufacturer Manufacturer Manufacturer Stabilizing Device w/ Lateral Arms Marriage wall Shearwall Shearwall	Draw the approximate locations of marriage wall openings 4 foot or greater. Use this symbol to show the piers. List all marriage wall openings greater than 4 foot 26 x 26	16 × 18 8.5 × 18.5 16 × 22.5 17 × 22.5	AD SIZES POPUL AR PAD SIZE	ල් ක් ය ක් ක් ය	4. 6. 4. 5. 6. 6. 7. 8. 8. 8. 8. 8. 8. 8. 8.	Load Footer 16" x 16" 18 1/2" x 18 20" x 20" 22" x 22" 24" X 24" 26" x 26 capacity (sq in) (256) 1/2" (342) (400) (484)" (576)" (676)	Roof System: Typical Hinged PIER SPACING TABLE FOR USED HOMES	Triple/Quad Sena: # 1046A30071960 As	7	Home installed to the Manufacturer's Installation Manual

pa
ae
2
9
N

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg	Plumbing Connect all sewer drains to an existing sewer tap or septic tank. Pg		Date Tested Post Anchers RAM	ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER	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 40001b holding capacity. Installer's initials	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	TORQUE PROBE TEST	oogt× activ cativ	3 Using 500 lb. increments, take the lowest reading and round down to that increment	POCKET PENETROMETER TESTING METHOD 1 Test the perimeter of the home at 6 locations 2 Take the reading at the depth of the footer	× tro	(ANA)	unded do	DOCKET DEVICTED TEST
Installer Signature Congret & Galder Date	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	Other	tside of skirting installed outside at 4 foot interva- rotected. Yes	Miscellangous No.	Weatherproofing 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. Yes	Pg. Between Floors Yes Between Walls Yes Bottom of ridgebeam Yes		a result of a poorly installed or no gasket being installed. I understand a strip of tape will not serve as a gasket.	Gasket insubstransistation in the condensation mold, meldew and buckled marriage walls are	Walls Type Fastener A Spacing 10 Type Fastener A Spacing 20 Type Fastener A Spacing 20 For used homes a finin. 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



2-BEDROOM / 2-BATH MODEL: L-2402A -Oak Homes -THIS BRAWING 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:

L-2402A

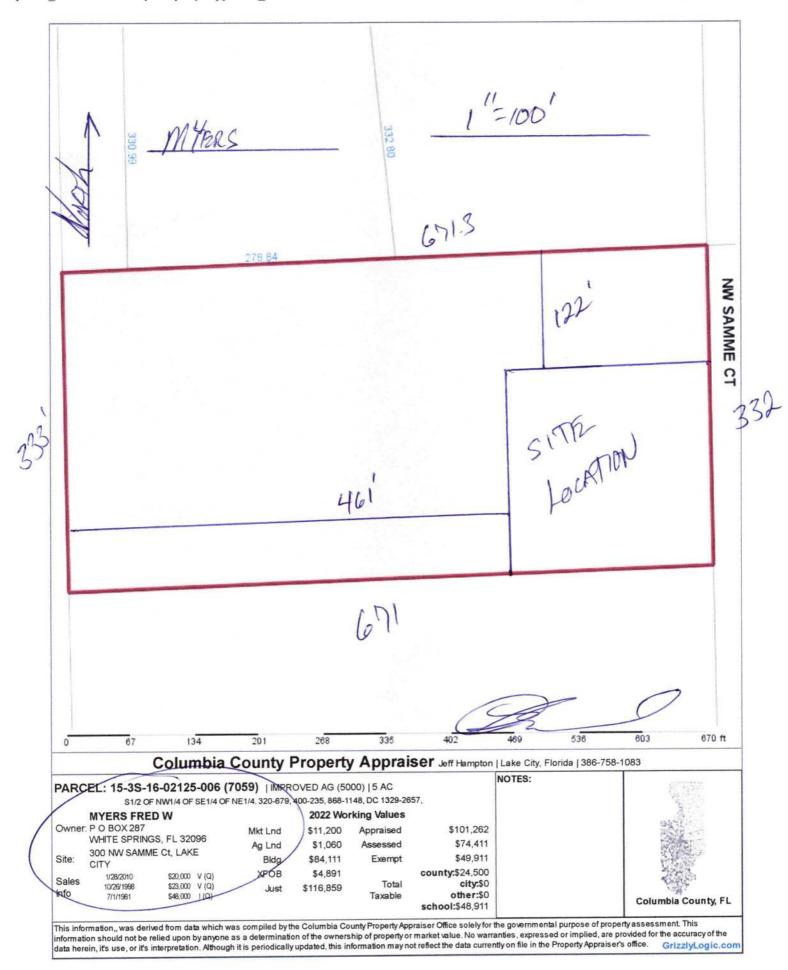
STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

		Permit Applic	cation Number
MYE	LS, FRED	PART II - SITEPLAN	210
Scale: 1 inch = 40 feet.	210	73' 63' CHSNE 2"	107'
		18 mars Ind.	108 BEIVE
Notes:	1 0	of 3 Herrs Sp	A AttachEd
Site Plan submitted by:	0		CONTRACTOR
Plan Approved	,	Not Approved	Date
Ву		Acceptance • constitute is	County Health Department
-,			

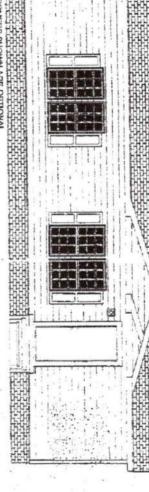
ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated: 64E-6.001, FAC (Stock Number: 5744-002-4015-6)

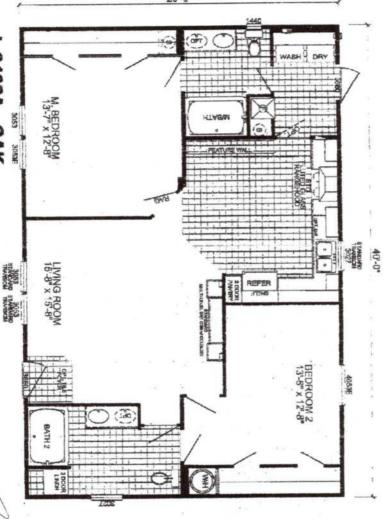


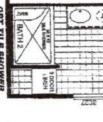
2/8/2022, 12:17 PM

SOUTHERN CHARM



DORMERS SHOWN ARE OPTIONAL







Date: 07/01/19 28 x 44 - Approx. 1040 Sq. Ft.

2-BEDROOM / 2-BATH

L-2402A - OAK



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:

6/22/2020 2:45:51 PM

Address:

300 NW SAMME CT

City:

LAKE CITY

State:

FL

Zip Code

32055

Parcel ID

15-3S-16-02125-006

REMARKS:

This address is a verified address in the county's addressing system.

Verification ID: 98b1002c-8fce-4e5f-b03b-ab0d3f31f4cc

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:

GIS Specialist

Columbia County GIS/911 Addressing Coordinator