Parcel:

05-78-16-04137-005

Owner & Property Info

DRACE ANN C

Owner

895 N 25TH TER

CORNELUIS, OR 97113

Site

534 RIVER OAK CT, FORT WHITE

S1/2 OF N1/2 OF SW1/4 OF NE1/4 EX THE E 25 FT FOR RD R/W & N1/2 OF S1/2 OF SW1/4 OF

NE1/4, EX THE E 25 FT FOR RD R/W. (AKA LOTS 11 & 12 RIVER OAKS ESTATES UNR) & S1/2 Description* OF S1/2 OF SW1/4 OF NE1/4 (AKA LOT 10, RIVER OAKS EST UNR) & BEG NW COR OF N1/2 OF

SE1/4, __more>>>

Area

50 AC

S/T/R

05-7S-16

Result: 1 of 1

Use Code** MOBILE HOM (000200)

Tax District 3

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NU	MBER CONTRAC	Brent Strickland	PHONE 386-365-7043
	THIS FORM MUST BE SUBMITTED	PRIOR TO THE ISSUANCE OF A PERM	нт
		An	n Drace
records of the Ordinance 89- exemption, ge Any changes,	subcontractors who actually did the trades of a contractor shall require all subcontractor shall require all subcontractor and a valid Certificate the permitted contractor is responsible for a subcontractor beginning any work. Violation	pecific work under the permit. rs to provide evidence of work e of Competency license in Co the corrected form being subm	Per Florida Statute 440 and eers' compensation or lumbia County.
ELECTRICAL	Print Name Glenn Whittington	Signature	
	License #: <u>EC 13007092</u>	Phone #: 386-362	2-2035
	Qualifier Form A	ttached X	
MECHANICAL/	Print Name Michael Boland	Signature	
A/C	License #: CAC 1817716	386-972	2-1700

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 X

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. CAMIN Whitington	(license holder name), licensed qualifier					
for WhitThaten ELREKIC S	(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-	m is/are contracted/hired by me, the license 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. DAKSUR	1					
2. Recky Ford	2. Sorty)					
3.	3.					
4.	4.					
5.	5.					
I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances. I understand that the State and County Licensing Boards have the power and 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 agents, 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.						
Licensed Qualifiers Signature (Notarized)	License Number Date					
NOTARY INFORMATION: STATE OF:COUNTY OF:						
The above license holder, whose name is						



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

LICENSED QUALIFI	ER AUTHORIZATION					
1. My hARIA DOLAND	(license holder name), licensed qualifier					
for ACE A/COCOCA/A	ALC (company name), do certify that					
officer of the corporation; or, partner as defined	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. DAIR EAD	1.68					
2. Kally Bishop	2. Kelly Bishop					
3. Locky Ford	3. Kach, 1) - ol					
4.	4.					
5.	5.					
I, the license holder, realize that I am responsible under my license and fully responsible for comp Local Ordinances. I understand that the State at authority to discipline a license holder for violatic officers, or employees and that I have full response and ordinances inherent in the privilege granted	Iliance with all Florida Statutes, Codes, and nd County Licensing Boards have the power and ons committed by him/her, his/her agents, nsibility 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	ting of the changes and submit a new letter of					
Licensed Qualifiers Signature (Notarized)	(ALB17716 ESXODU License Number Date 1117/15					
NOTARY INFORMATION: STATE OF FYCHOLO COUNTY OF: MINING						
personally appeared before me and is known by me or has produced identification (type of I.D.) on this day of well as the contraction on this day of well as the contraction on this day of well as the contraction of the contraction on this day of well as the contraction of the co						
NOTARYS SIGNATURE	- (Seal/Stamp)					

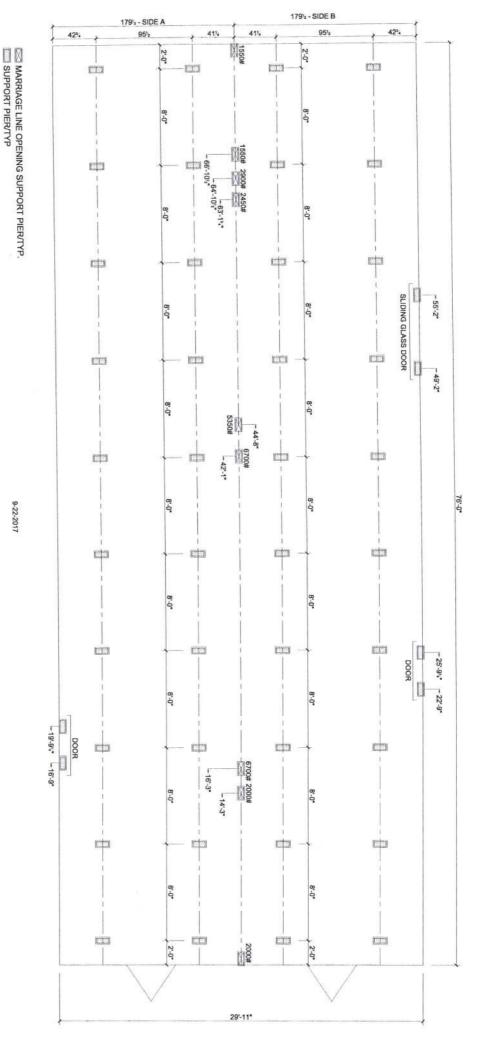


	narriage well piers within 2' of end of home per Rule 15C		Snow locations of Longitudinal and Lateral Systems (use dark lines to show these locations)	I understand Lateral Arm System's cannot be used on any home (new or used) where the sidewall ties exceed 5 ft 4 in. Installer's initials 2' Solution Installer's initials Solution Solutio	Installer Brent Strickland License # IH 1104218 Installer Mobile Phone # 386-365-7043 Address of home
within 2' of end of home spaced at 5' 4" oc Longitudinal Stabilizing Device (LSD) Manufacturer Manufacturer	17 3/16 x 25 3/16 17 1/2 x 25 1/2 24 x 24 26 x 26 4 ft	10x16 17x2S	1500 ps	20" 22" 22" 24" X 24" 26" (484)" (576)* (6	Used Home d to the Manufacturer's In lled in accordance with R W nd Zone II Installation D Serial #

Plumbing Connect all sewer drains to an existing sewer tap or septic tank. Po	Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between mult-wide units. Pg.	Electrical	Date Tested 2.4.202.1	ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER 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 4000 lb holding capacity. Installer's initials	TORQUE PROBE TEST The results of the torque probe test is 245 inch pounds or check here if you are declaring 5' anchors without testing	× 1600 × 1500 × 1500	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.	×1500 ×1600	og psf	POCKET PENETROMETER TEST
is accurate and true based on the manufacturer's installation instructions and or Rule 150-1 & 2	Installer verifies all information given with this permit workshoot	Other:		Miscellaneous Skirting to be installed. Yes No	Weatherproofing The bottomboard will be repaired and/or taped. Yes Pg. Siding on units is installed to manufacturer's specifications. Yes Fireplace chimney installed so as not to allow intrusion of rain water. Yes	Type gasket FORM Installed: Between Floors Yes Between Walls Yes Bottom of ndgebeam Yes	a result of a poorly installed or no gasket being installed. I understand a strip of tape will not serve as a gasket.	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	Type Fastener: SUPLIS Length: Spacing: Type Fastener: Length: Spacing: Spacing: For used homes a min. 30 gauge, 8" wide, galvanized meta will be centered over the peak of the roof and fastened with roofing nails at 2" on center on both sides of the centerline		Debris and organic material removed Water drainage: Natural Swale Pad L Other	Site Preparation

Installer Signature ith this permit worksheet ed on the s and or Rule 15C-1 & 2 Date 2-42021

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



Live Oak Homes MODEL: P-3764R - 32 X 76 4-BEDROOM / 2-BATH

MAIN ELECTRICAL
ELECTRICAL CROSSOVER FOUNDATION NOTES:

THIS DRAWNING IS DESIGNED FOR THE STANDARD WIND ZONE AND IS TO BE USED IN CONJUNCTION WITH THE INSTALLATION MANUAL AND IT'S SUPPLEMENTS.

FFOOTINGS 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.

WATER INLET

WATER CROSSOVER (IF ANY)

GAS CROSSOVER (IF ANY) GAS INLET (IF ANY)

DUCT CROSSOVER
 SEWER DROPS
 RETURN AIR (W/OPT. HEAT PUMP OH DUCT)
 SUPPLY AIR (W/OPT. HEAT PUMP OH DUCT)

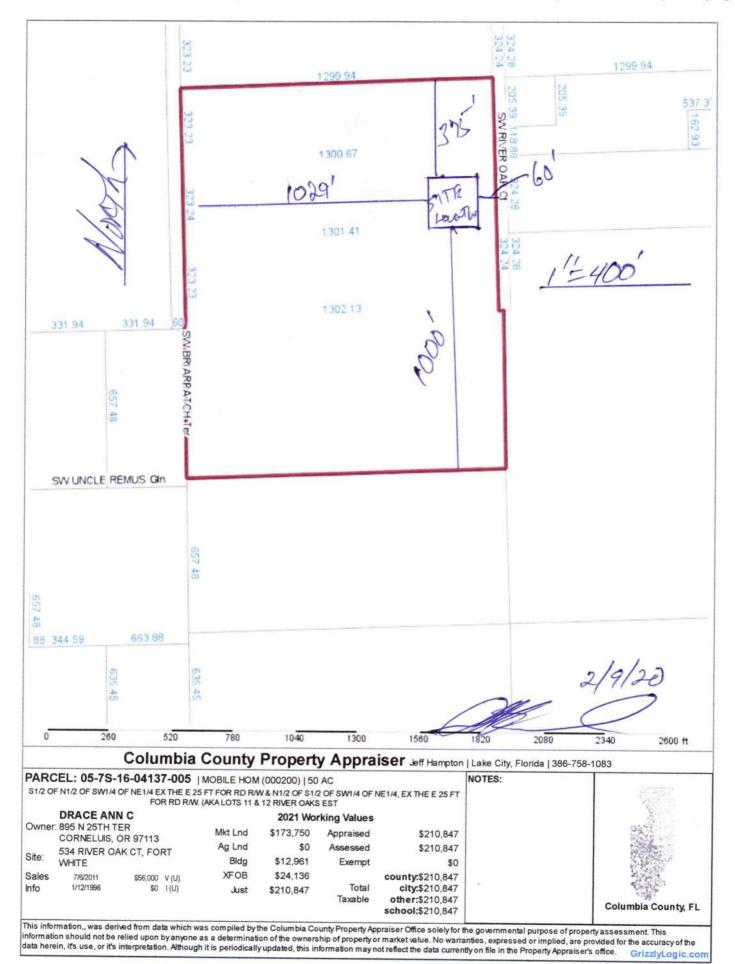
P-3764R

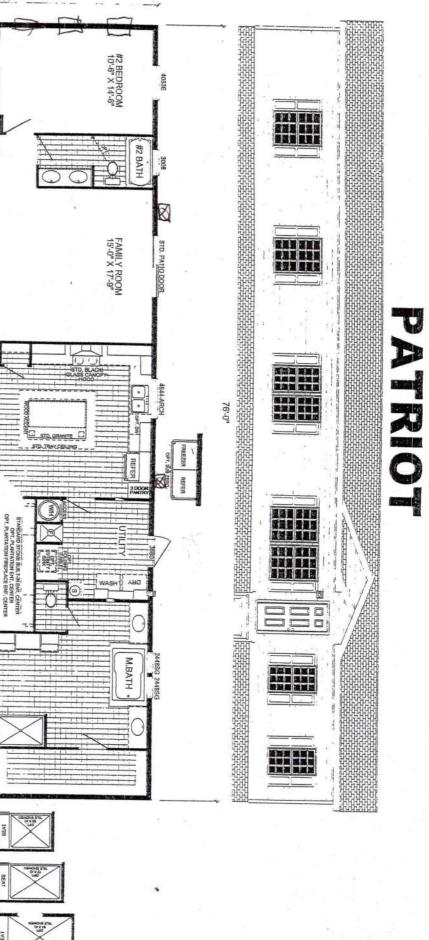
STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

/	1	Permit Application Number			
6.)RACK	PART II F SITEPLAN			
		FART IIF SITEPLAN	210		
Scale: 1 inch = 40 fee	et.	Gi			
210		(5) 54' 15' 4BR 03 1 4BR 03 1 10' 10'	PORUM POR WENT PORUM POR		
Notes:					
	109	SO ACRES 1	LEASE STER A HALAS		
Site Plan submitted by	:_ <i></i>		CONTRACTOR		
Plan Approved		Not Approved	Date		
Ву			County Health Department		

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT





4-BEDROOM / 2-BATH

32 X 80 - Approx. 2273 Sq. Ft.

Date: 12-15-2016

All room dimensions include closets and source features are ann

All room dimensions include closets and source features.

P=3764R

#3 BEDROOM 11'-0"" X 14'-2"

#4 BEDROOM 12'-9" X 11'-0"

OPT. TRAY CEILING

4053E

4053E

DINING ROOM 9'-0" X 10'-3" 9'-0" X 10'-3"

4053 9TANDARD STANDARD TRANSOM TRANSOM

3053

LIVING ROOM 18'-6" X 19'-6"

MASTER BEDROOM 15'-8" X 14'-6"

3012T

3012T

SHELF

SHELE

147

* All room dimensions include closets and square foolage figures are approximate. * Transom windows are evallable on optionel 9-0* sidewell houses only. * Available with Lineats or Shutters around windows.