Area

Use Code**

Parcel:	12-6S-16-03816-109			
Owner & Pr	operty Info	Result: 1 of 1		
Owner	GONYER KATHR 359 SW EXPLORE FT WHITE, FL 320	ER GLN		
Site	359 EXPLORER C	SLN, FORT WHITE		
Description*	COR OF SEC 11, R RUN W 63.37 FT, S SW COR OF NW1/4	DT 9 CROSS ROADS UNREC: COMM NE F SEC 11, RUN S 665.49 FT FOR POB, (63.37 FT, S 668.01 FT, E 63.37 FT TO OR OF NW1/4 OF NW1/4 OF SEC 16, CONT E 629.88 FT, N 666.90 FT, W		

629.87 FT TO POB. 892-2477, 895-1558, WD

S/T/R

Tax District

12-6S-16

3

*The <u>Description</u> above is not to be used as the Legal Description for this parcel in any legal transaction.

1406-1328,

10.62 AC IMPROVED A

(005000)

The <u>Use Code</u> is a FL Dept. of Revenue (DOR) code and is not maintained by the Property Appraiser's office. Please contact your city or county Planning & Zoning office for specific zoning information.

2019 Cert	ified Values	2020 Wor	king Values	
Mkt Land (2)	\$7,704	Mkt Land (2)	\$7,704	
Ag Land (1)	\$2,308	Ag Land (1)	\$2,308	
Building (1)	\$37,967	Building (1)	\$46,475	
XFOB (3)	\$8,269	XFOB (3)	\$10,856	
Just	\$96,787	Just	\$107,882	
Class	\$56,248	Class	\$67,343	
Appraised	\$56,248	Appraised	\$67,343	
SOH Cap [?]	\$4,379	SOH Cap [?]	\$0	
Assessed	\$51,869	Assessed	\$67,343	
Exempt	нх нз \$25,000	Exempt	\$0	
Total Taxable	county:\$26,869 city:\$26,869 other:\$26,869 school:\$26,869		county:\$65,532 city:\$65,532 other:\$65,532 school:\$67,343	

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUM	ИВЕR	CONTRACTOR Ernest Scot	t Johnson PHONE 352-494-8099		
THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT John & Valerie Renard					
records of the Ordinance 89-6	In Columbia County one permit will cover all trades doing work at the permitted site. It is KEQUIKED 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, t start of that su	the permitted contractor is respo abcontractor beginning any work	nsible for the corrected form b c. Violations will result in stop	peing submitted to this office prior to the work orders and/or fines.		
ELECTRICAL	Print NameJames Dale W	filliams Signature	A C		
	License #: <u>EC 13007092</u>	Phone #: _	386-362-2035		
MECHANICAL/	Print NameTimothy Shatt	O Signature	A D		
A/C	License #: CAC 057875	Phone #: _	386-496-8224		
	Qua	lifier Form Attached			
Qualifier Form	ns cannot be submitted for an	v Specialty License.			
Specialty L	icense License Number	Sub-Contractors Printed Name	Sub-Contractors Signature		
MASON	UCLIED				
CONCRETE FIN	NISHEK				

F. S. 440.103 Building permits; identification of minimum premium policy.--Every employer shall, as a condition to

compensation for its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each

applying for and receiving a building permit, show proof and certify to the permit issuer that it has secured

Revised 10/30/2015

time the employer applies for a building permit.



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

i, Timothy Shatto	(license holder name), licensed qualifier			
for Shatto Heat & Air (company name), do certify that				
the below referenced person(s) listed on this form is/are contracted/hired by me, the license holder, or 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 and sign permits; call for inspections and sign subcontractor verification forms on my behalf.				
Printed Name of Person Authorized	Signature of Authorized Person			
1. Bo Royals	1. 80 FM			
2. Dale Burd	2.			
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 compilance 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. CAC 057875 License Number Date				
NOTARY INFORMATION: STATE OF: Florida COUNTY OF: Union				
the above license holder, whose name is				

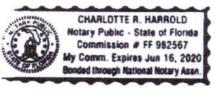
VICTORIA K. PALMER
Notary Public - State of Florida
Commission # FF 207489
My Comm. Expires Mar 9, 2019
Bonded through National Notary Asso



COLUMBIA COUNTY BUILDING DEPARTMENT LETTER OF AUTHORIZATION TO SIGN FOR PERMITS

135 NE Hernando 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 for employee leasing arrangement; or, is an officer Florida Statutes Chapter 468, and the said person control and is/are authorized to purchase permit	ion(s) is/are under my direct supervision and			
Printed Name of Person Authorized	Signature of Authorized Person			
1. Dale Burd	1.5-6			
2.	2.			
3.	3.			
4.	4.			
5.	5.			
authority to discipline a license holder for violation officers, or employees and that I have full respond ordinances inherent in the privilege granted and ordinances inherent in the privilege granted that any time the person(s) you have authorized must notify this department in writing of the characteristics.	his/are no longer employee(s), or officer(s), you not and submit a new letter of authorized persons to lorge to do so may allow unauthorized persons to			
The above license holder, whose name is a personally appeared before me and is known by	me or has produced identification this The day of January 20/9			
(F)	The manufacture of the second			



	marriage wall plats within 2' of end of hume pur Rule 15C		Typical pier spacing lateral Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)	NOTE: 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 I understand Lateral Arm Systems cannot be used on any home (new or used)	Installer Ernest Scott Johnson License # IH-1025249 Installer Mobile Phone # 352-494-8099 Address of home 309 SW Explores Gray being installed For White House Length x width 11128
T.SX.2S. S T.SX.2S. S FRAME TIES T.SX.2S. S T.SX.2S. S FRAME TIES T.SX.2S. S T.SX.2S. S Within 2' of end of home/ Spaced at 5' 4" oc TIEDOWN COMPONENTS OTHER TIES Longitudinal Stabilizing Device (LSD) Longitudinal Stabilizing Device w/ Lateral Arms Longitudinal Stabilizing Device w/ Lateral Arms Shearwall Shear	16 x 22.5 17 x 22 3 1/4 x 26 1/4 20 x 20 3/16 x 25 3/16 7 1/2 x 25 1/2 24 x 24 26 x 26 ANCHORS	8: 8: 8: 8: 8: 8: 8: 8: 8: 8: 8: 8: 8: 8	24" × 24" 26" (576)" (6	Roof System: Typical Hinged PIER SPACING TABLE FOR USED HOMES	New Home Used Home Home installed to the Manufacturer's Installation Manual Home is installed in accordance with Rule 15-C Single wide Wind Zone II Double wide Installation Decal # 7 8 90

nnect: electrical conductors between multi-wide units, but not to the main power irce. This includes the bonding wire between mult-wide units. Pg	ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER Installer Name Const. Subject Charles The Tested Assumed Charles 1101 U Ses 48 5 500 Angles 1101 U Electrical	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.	reading and round down to that increment. x (COOO) x (COOO) x (COOO)	1. Test the perimeter of the home at 6 locations. 2. Take the reading at the depth of the footer. 3. Using 500 lb. increments, take the lowest	The pocket penetrometer tests are rounded down to psf or check here to declare 1000 lb. soil without testing. x 1000 x 1600 x 1600	POCKET PENETROMETER TEST
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	Skirling to be installed. Yes No No Dryer vent installed outside of skirling. Yes N/A Range downflow vent installed outside of skirling. Yes N/A Drain lines supported at 4 foot intervals. Yes Electrical crossovers protected. Yes Other:	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	Type gasket Pg. Between Floors Yes Between Walls Yes Bottom of ridgeteam Yes	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 a result of a poorly installed or no gasket being installed. I understand a strip of tape will not serve as a gasket.	Length: Length: Length: Length: Length: Length: Length: S a min. 30 gauge, 8" wide, gas over the peak of the roof and 2" on center on both sides of the Gasket (weatherproofing requirement)	Debris and organic material removed Water drainage: Natural Swale (Pad) Other Fastening multi wide units Floor: Type Fastener: / 44 S Length: 7 Spacing: 2 C	Site Preparation

source. This includes the bonding wire between

Connect: electrical conductors between multi

Instal er Name

Date Tested

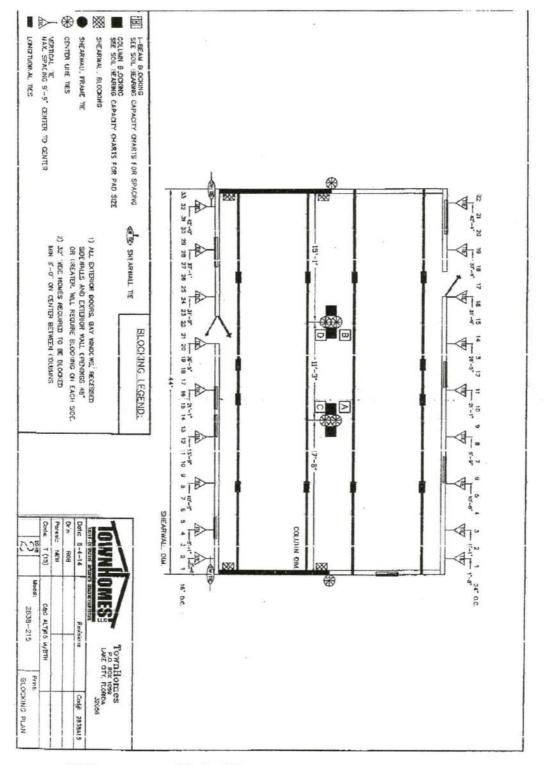
Connect all sewer drains to an existing sewer

independent water supply systems. Pg.

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

Installer Signature

Date 5/19/20



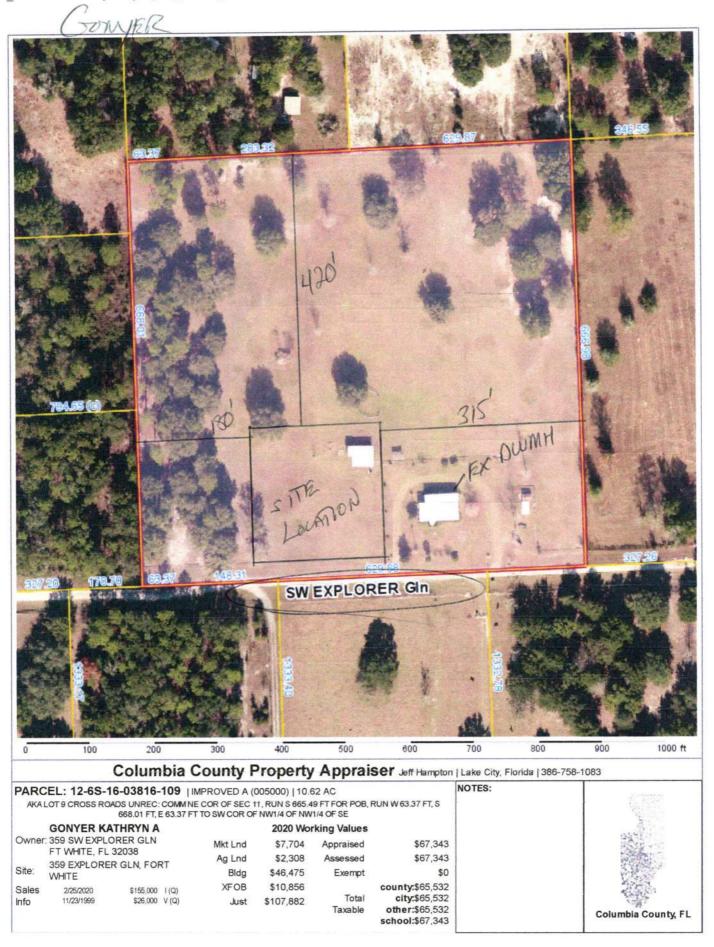
STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

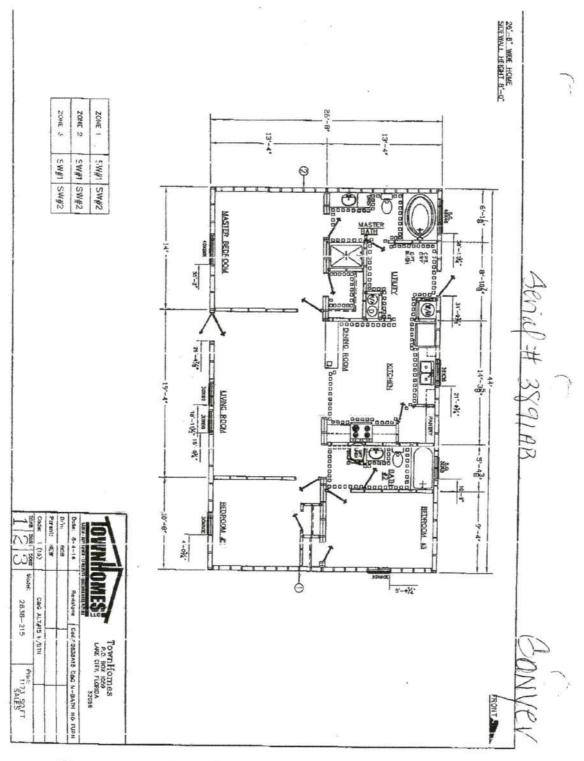
Permit Application Number_____

GonyER	PART II - SITEPLAN	-10'
Scale: 1 inch = 40 feet.	57	117 North
210	61 EXSTING MOD	104 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	91 ZBR 1	WE
	91 ZBR 1173 268 441	ns'
	WTBTT	Co
SWALE		
Notes: ARR C	FXPLORER GIEN of 10.62 Acres	
Site Plan submitted by:		CONTRACTOR
Plan Approved	Not Approved	Date
By		County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



1 of 2



700 E

FAX No. 386-752-9291

MA 48:00 188.0202/81/YAM



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:

5/12/2020 2:52:54 PM

Address:

309 SW EXPLORER Gln

City:

FORT WHITE

State

FL

Zip Code

32038

Parcel ID

03816-109

REMARKS: Address for proposed structure on parcel. 2nd address for this 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 G65/911 Addressing Coordinator

WILADDRESSING GIS DEPARTMENT

Tell NO Lake City Ave. Lake City FL Sinff Telephone: (Non-"57-1428 E-good good communication on Regions