Parcel: 30-2S-17-04800-114 (24222)

Owner & Property Info

| | KOENIG HELGA |
|-------|---------------------|
| Owner | P O BOX 37 |
| | NEW PALTZ, NY 12561 |

Site

 Description*
 LOT 14 PINES OF FALLING CREEK. WD 1352-1536, WD 1356-54, WD 1398-193,

 Area
 1.47 AC
 S/T/R
 30-2S-17

 Use Code**
 VACANT (0000)
 Tax District 3

| APPLICATION NUMBER | CONTRACTOR | Robert Sheppard | PHONE 386-623-2203 |
|--------------------|------------|-----------------|--------------------|
| | | | |

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

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

Helga Koenig

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 Attached | | | | | | | | | |
| MECHANICAL/ | Print Name | Ronald Bonds Sr. | Signature Signature | | | | | | |
| A/C | License #: | CAC1817658 | Phone #: 800-259-3470 | | | | | | |
| Qualifier Form Attached | | | | | | | | | |

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

(license holder name), licensed gualifier (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. DAESE | 1 |
| 2. Locky Ford | 2. Jorth Da |
| 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.

12~ Licensed Qualifiers Signature (Notarized)

icense Number 3/7/16

NOTARY INFORMATION: STATE OF:

COUNTY OF: Ca

The above license holder, whose name is CHENN personally appeared before me and is known by me or has produced identification ,20/6 on this _____ day of IT HELM (type of I.D.)

NOTARY'S SIGNATURE



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 10 ld K Lond (license holder name). licensed qualifier ENTERNENES (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

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.

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5.

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.

_ 1817658 _ 2-16-14 Date Licensed Qualifiers Signature (Notarized) icense Number NOTARY INFORMATION COUNTY OF: STATE OF: TL The above license holder. whose name is Ronald ald personally appeared before me and is known by me or has produced identification on this 14 (type of I.D.)_ day of lope'ns GAM NOTARY'S SIGNATURE (Seal/Stamp)



PERMIT WORKSHEET

page 1 of 2

R

| | riantiage will pers within 2" of and of home per Rule 15C | | | Typical pier spacing lateral Lateral 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) where the sidewall ties exceed 5 ft 4 in. | PERMIT NUMBER Installer Robert Sheppard License # IH 1025386 Installer Mobile Phone # 386-623-2203 License # IH 1025386 Address of home NW NW THYLOR MAGKS Address of home NW THYLOR MAGKS Manufacturer NW Length x width 68 Y 38 |
|---|---|--|---|---|---|---|
| FRAME TIES Image: The Down components within 2' of end of home spaced at 5' 4" oc Longitudinal Stabilizing Device (LSD) OTHER TIES Manufacturer Number Longitudinal Stabilizing Device w/ Lateral Arms Sidewall Manufacturer Number Manufacturer Number Manufacturer Number Manufacturer Number Manufacturer Number Manufacturer Sidewall Manufacturer Number | 3/16 1/2 10RS | I-beam pier pad size $I (KL)$ Pad SizeSq InPerimeter pier pad size $I (KL)$ 16 x 16256Other pier pad sizes $I (KL)$ 18.5 x 18.5342(required by the mfg.) $I (KL)$ 16 x 22.536017 x 2237413 1/4 x 26 1/4348 | 8' 8' 8' 8' 8' 8' 8' 8' 8' 9' 8' 8' PIER PAD SIZES POPULA | Operation 16" x 16" 18 1/2" x 18 20" x 20" 22" q in) (256) 1/2" (342) (400) (4 3" 4" 5" 5" 6" 7" 6" 8" 8" 8" 8" | f'S e/C | Used Home |

| Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. | Electrical Connect electrical conductors between multi-wide units, but not to the major over source. This includes the bonding wire between mult-wide units. Pg | ALL TESTS MUST BEPERFORMED BY A LICENSED INSTALLER | Note: A state approved lateral arm system is being used and 4 fl. 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 TESTThe results of the lorque probe test is 295 inch pounds or checkhere if you are declaring 5' anchors without testingA testshowing 275 inch pounds or less will require 5 foot anchors. | 3. Using 500 lb. increments, take the lowest reading and round down to that increment. x)0000 x 10000 x10000 | POCKET PENETROMETER TESTING METHOD 1. Test the perimeter of the home at 6 locations. 2. Take the reading at the depth of the footer. | The pocket penetrometer tests are rounded down to psf or check here to declare 1000 lb. soil $\frac{1000}{1000}$ without testing. x $\frac{1000}{1000}$ x $\frac{1000}{1000}$ x $\frac{1000}{1000}$ x $\frac{1000}{1000}$ | PERMIT NUMBER |
|---|--|---|---|---|---|--|---|------------------|
| Installer Signature Cobert Support Date 7-21 | 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 | Miscellaneous Skirting to be installed. Yes No Dryer vent installed outside of skirting. Yes N/A Range downflow vent installed outside of skirting. Yes N/A Drain lines supported at 4 foot intervals. Yes N/A Electrical crossovers protected. Yes Other : | Weatherproofing The bottomboard will be repaired and/or taped. Yes Pg. Siding on units is installed to manufacturer's specifications. Yes Image: Comparison of the second seco | Installer's initials <u>2.0</u> Type gasket <u>F</u> OUWA Installed: Pg. <u>212</u> Between Floors Yes <u>1.0</u> Between Walls Yes <u>1.0</u> Bottom of ridgebeam Yes <u>1.0</u> | I understand a property 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. | 1 -0 | Type Fastener: 1495 Length: St. | Site Preparation |

PERMIT WORKSHEET

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