Parcel:

19-68-16-03869-104 (20130)

Owner & Property Info

Result: 10 of 21

MCCULLOUGH NITAYA

Owner 352 SW LENOX GLN

FORT WHITE, FL 32038

Site 352 SW LENOX Gln, FORT WHITE

BEG SW COR OF NE1/4 OF NW1/4, RUN N 620.46 FT, E 458.50 FT, S 951.88 FT, W 458.15 FT, N

Description* 330.65 FT TO POB. (AKA LOT 4 ICHETUCKNEE JUNCTION UNREC). 846-460, QC 1237-1052, WD

1332-953, WD 1347-994, DC 1430-1607,

Area 10.01 AC

S/T/R 19-6S-16E

Use Code** MOBILE HOME (0200)

Tax District 3

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NU	MBER	CONTRAC	Robert She	eppard	PHONE 386-623-2203	
		THIS FORM MUST BE SUBMITTED	PRIOR TO THE ISSUAN	CE OF A PERMIT		
				McCullough - N	/layhill	
records of the Ordinance 89- exemption, ge Any changes,	subcontractors 6, a contractor neral liability in the permitted of	Alt will cover all trades doing is who actually did the trade so shall require all subcontractor is usually contractor is responsible for a seginning any work. Violation	pecific work under ors to provide evide te of Competency li whe corrected form	the permit. Per Flo nce of workers' con cense in Columbia being submitted to	rida Statute 440 and mpensation or County.	
ELECTRICAL	Print Name	Glenn Whittington	Signature	A		
	License #:	EC 13002957	Phone #:	386-972-170	00	
Qualifier Form Attached X						
MECHANICAL/	Print Name	Ronald Bonds Sr.	Signature			
A/C	License #:	CAC1817658	Phone #:	800-259-3470	0	

Qualifier Forms cannot be submitted for any Specialty License.

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			No. of Control of Cont

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. LONALDE Bond SE						
	(license holder name). licensed qualifier					
for STY/E CLEST ENTERPRISES	The (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. DALE BURD	1.					
2. Rocky Ford	2. (bel3) 7-1					
3. Kully Bishap	3. Kelly Bishop					
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 upauthorized persons to use your name and/or license number to obtain permits.						
Licensed Qualifiers Signature (Notarized) CRC 1817658 2-16-16 Date						
NOTARY INFORMATION: COUNTY OF: Bay						
The above license holder, whose name is Ronglo Edward Bonds 52 personally appeared before me and is known by me or has produced identification (type of I.D.) on this 16th day of FEB 20 (6).						
Stacey and lapkins	(Seal/Stamp)					





COLUMBIA COUNTY BUILDING DEPARTMENT 135 NE Hernando Ave, Suite B-21, Lake City, FL 32055

Phone: 386-758-1008 Fax: 386-758-2160

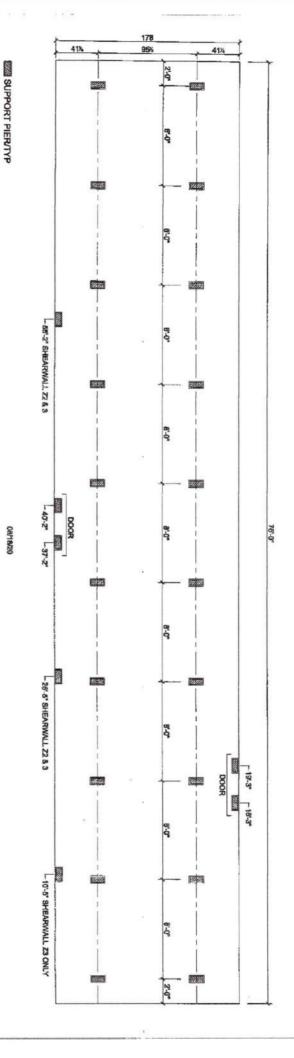
LICENSED QUALIFIER AUTHORIZATION

1. Chand Whittington	(license holder name), licensed qualifier				
for Whitmaten ELBERK ?					
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. WALSUR	1				
2. Kecky Fond	2. Souly))				
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 are authority to discipline a license holder for violation officers, or employees and that I have full responsand ordinances inherent in the privilege granted officer(s), you must notify this department in write authorization form, which will supersede all previous unauthorized persons to use your name and/or license.	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 by issuance of such permits. 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)	EC 1300 295 3/2/16 License Number Date				
NOTARY INFORMATION: STATE OF: County OF: Columbia					
The above license holder, whose name is	this day of, 20				
	Notary Public - State of Florida				

		rrarriago wall piers within 2' of end of home per 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) where the sidewall ties exceed 5 ft 4 in.	Installer Robert Sheppard License # IH 1025386 Installer Mobile Phone # 386-623-2203 Address of home Forg White FL 32038 Manufacturer Ullow Length x width 76x16
within 2' of end of home spaced at 5' 4" oc Spaced at 5' 4" oc Longitudinal Stabilizing Device (LSD) Manufacturer Longitudinal Stabilizing Device w/ Lateral Arms Marriage wall Manufacturer	Opening Pier pad size 4 ft 5 ft	20 x 20 1/16 x 25 3/16 1/2 x 25 1/2 24 x 24 26 x 26 ANCHORS	Pad Size TK Pad Size Sq In 16 x 16 256 16 x 16 256 16 x 18 288 16 x 18 288 2	8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8	20" x 20" 22" x 22" 24" 342) (400) (484)* (5 5' 6' 6' 7' 8' 8' 8'	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 W Wind Zone III Double wide Installation Decal # 86658

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TEXMIT NOWIDEX	
POCKET PENETROMETER TEST	
The pocket penetrometer tests are rounded down to psf or check here to declare 1000 lb. soil without testing.	Water drainage: Natural Swale Pad Other
×100	Fastening multi wide units
POCKET PENETROMETER TESTING METHOD 1. Test the perimeter of the home at 6 locations.	Type Fastener: Type Fastener: Type Fastener: For used homes a min 30 g will be centered over the pea
2. Take the reading at the depth of the footer.	
Using 500 lb. increments, take the lowest reading and round down to that increment.	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
×1000 ×1000 ×1000	a result of a poorly installed or no gasket being installed. I understand a stri of tape will not serve as a gasket.
TORQUE PROBE TEST	Installer's nitials
The results of the torque probe test is 290 inch pounds or check here if you are declaring 5' anchors without testing. A test	Type gasket Installed: Pg Between Floors Yes Between Walls Yes
Note: A state approved lateral arm system is being used and 4 ft.	Manthaman
anchors are required at all centerline tie points where the torque test	Remaind formation
requires another with 4000 lb holding capacity. Installer's initials	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
ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER	Mis
installer Name KODAT SARPALIO	Skirting to be installed. Yes No No N/A
Date Tested 2-24-22	talled outside 4 foot interval
	Other:
Electrical Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between mult-wide units. Pg.	
Connect all sewer drains to an existing sewer tap or septic tank. Pg.	is accurate and true based on the manufacturer's installation instructions and or Rule 15C-1 &
Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. X	Installer Signature Lobert Shapparol Date



Live Oak Homes MODEL: V-5763P - 16 X 80 3-BEDROOM / 2-BATH - THIS DRAWING 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.

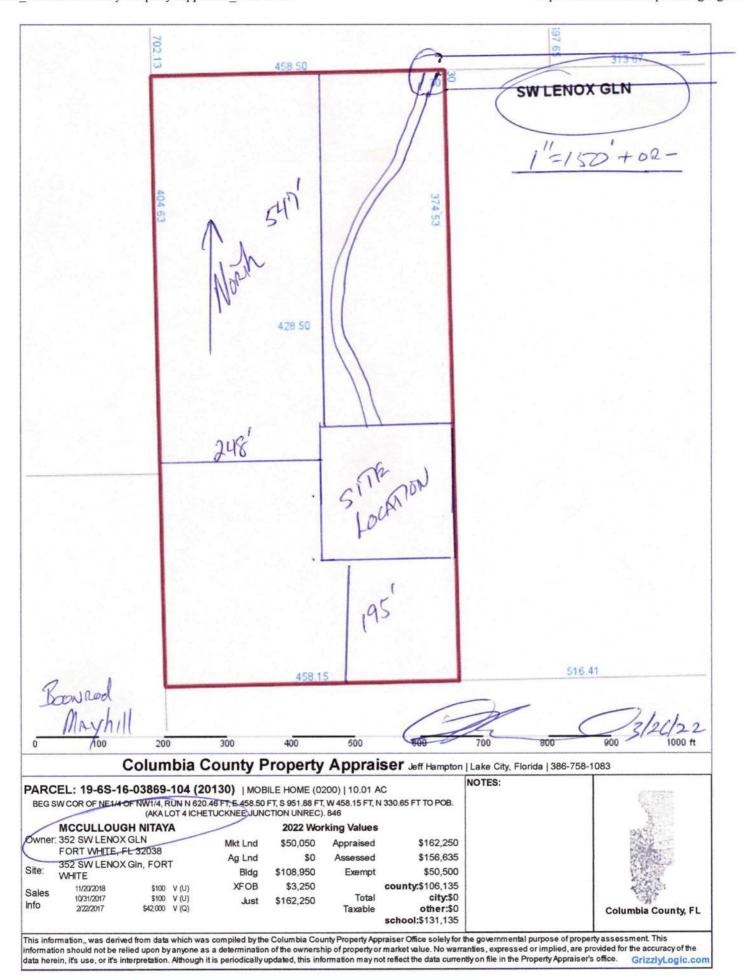
FOUNDATION NOTES:

STATE OF FLORIDA DEPARTMENT OF HEALTH APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

	Permi	it Application Number
M'Cullough	Permi	- 9.10°
Scale: 1 inch = 40 feet.	DO TAKE III ON E. D. III	
210	25100/2 25100/2 142'	wr
Notes:	01 ACNES SEE F	Attrehiel
		CONTRACTOR
Site Plan submitted by:	Not Approved	<u>CONTRACTOR</u> Date
Plan Approved By	Not Approved	County Health Department

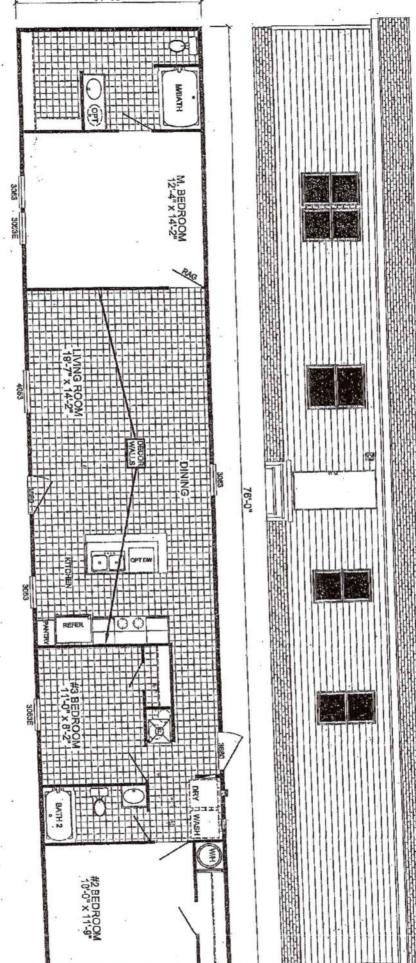
ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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



1 of 1

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V-5763P - SUWANNEE VALLEY 3-BEDROOM / 2-BATH 16 X 80 - Approx. 1127 Sq. Ft.

Date: 06/12/

* All room dimensions include closets and square footage figures are approximate.
* Transom windows are available on optional 9-0* sidewall houses only.