

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-11) Zoning Official BLK 8 MAY 2013 Building Official TM 5/6/13

AP# 1305-08 Date Received 5/3/13 By CH Permit # 3115

Flood Zone X Development Permit N/A Zoning A-3 Land Use Plan Map Category A-3

Comments _____

FEMA Map# N/A Elevation N/A Finished Floor 1st floor River N/A In Floodway N/A

☒ Site Plan with Setbacks Shown ☒ EH # 13-0020 ☐ EH Release ☐ Well letter ☒ Existing well

☒ Recorded Deed or Affidavit from land owner Don Bullard ☒ Installer Authorization MA ☐ State Rd Access ☒ 911 Sheet

☐ Parent Parcel # _____ ☐ STUP-MH _____ ☒ F W Comp. letter ☒ App Fee Pd ☒ VF Form

IMPACT FEES: EMS _____ Fire _____ Corr _____ ☒ Out County ☒ In County *Scheduled for 5-6-13*

Road/Code _____ School _____ = TOTAL _____ Suspended March 2009 MA Ellisville Water Sys

Property ID # 07-25-17-04677-116 Subdivision Paradise estates lot 16

- New Mobile Home _____ Used Mobile Home ☒ MH Size 26x56 Year 1987
- Applicant Brent Strickland Phone # 386-365-7043
- Address 1294 N.W Hamp Farmer rd. Lake City FL 32055
- Name of Property Owner Brent Strickland Phone# 386-365-7043
- 911 Address 1294 N.W Hamp Farmer rd. Lake City FL 32055
- Circle the correct power company - FL Power & Light - Clay Electric
 (Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home Brent Strickland Phone # 386-365-7043
 Address 1294 N.W Hamp Farmer rd. Lake City FL 32055
- Relationship to Property Owner Owner
- Current Number of Dwellings on Property 0
- Lot Size 5.07 Total Acreage 5.01
- Do you : Have Existing Drive or Private Drive or need Culvert Permit or Culvert Waiver (Circle one)
 (Currently using) (Blue Road Sign) (Putting in a Culvert) (Not existing but do not need a Culvert)
- Is this Mobile Home Replacing an Existing Mobile Home No
- Driving Directions to the Property 441 North approx 8 miles past I-10 Left on Hamp Farmer approx 1 1/2 miles on Left (1st DW on Left)
- Name of Licensed Dealer/Installer Terry L Thrift Phone # (386) 623-0115
- Installers Address 448 NW Nye Hunter Dr Lake City Fla 32055
 - License Number LH-1025139 Installation Decal # 14171

LH spoke w COUNTING 5-13-13
Left Brent a message 5-8-13

\$ 490.25
467.68

COLUMBIA COUNTY PERMIT WORKSHEET

page 1 of 2

These worksheets must be completed and signed by the installer.
Submit the originals with the packet.

Installer TERRY J. THURTELL License # EH-1025189

911 Address where home is being installed. _____

Manufacturer Redman Length x width 56' x 26'

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's initials TH

Typical pier spacing 2' 6

Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)

lateral

longitudinal

marriage wall piers within 2' of end of home per Rule 15C

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 ☒ Wind Zone III ☐

Double wide ☐ Installation Decal # 14171

Triple/Quad ☐ Serial # 9112 44B

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity	Footer size (sq in)	16" x 16" (256)	18 1/2" x 18 (342)	20" x 20" (400)	22" x 22" (484)*	24" x 24" (576)*	26" x 26" (676)
1000 psf	3'	4'	5'	6'	7'	8'	8'
1500 psf	4'	5'	6'	7'	8'	8'	8'
2000 psf	6'	8'	8'	8'	8'	8'	8'
2500 psf	7'	8'	8'	8'	8'	8'	8'
3000 psf	8'	8'	8'	8'	8'	8'	8'
3500 psf	8'	8'	8'	8'	8'	8'	8'

* interpolated from Rule 15C-1 pier spacing table.

PIER PAD SIZES

17 1/2 x 25 1/2

Pad Size	Sq In
16 x 16	256
16 x 18	288
18.5 x 18.5	342
16 x 22.5	360
17 x 22	374
13 1/4 x 26 1/4	348
20 x 20	400
17 3/16 x 25 3/16	441
17 1/2 x 25 1/2	446
24 x 24	576
26 x 26	676

I-beam pier pad size _____

Perimeter pier pad size _____

Other pier pad sizes (required by the mfg.) _____

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 and their pier pad sizes below.

Opening 10' - 6" Pier pad size 17 1/2 x 25 1/2

ANCHORS

4 ft 5 ft

FRAME TIES

within 2' of end of home spaced at 5' 4" oc 4

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)

Manufacturer _____

Longitudinal Stabilizing Device w/ Lateral Arms

Manufacturer Diver Tech

OTHER TIES

Number 4

Sidewall

Longitudinal

Marriage wall

Shearwall

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 1500 psf or check here to declare 1000 lb. soil _____ without testing.

X 15000285X 15000285X 15000285

POCKET PENETROMETER TESTING METHOD

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 reading and round down to that increment.

X 15000285X 15000285X 15000285

TORQUE PROBE TEST

The results of the torque probe test is 285 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.

Note: A state approved lateral arm system is being used and 4 ft. anchors are allowed at the sidewalk locations. 1 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

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

TERESA L. TRUITT

Date Tested

2/5/13

Electrical

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between multi-wide units. Pg. ✓

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. ✓

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

Site Preparation

Debris and organic material removed ✓
Water drainage: Natural ✓ Swale _____ Pad _____ Other _____

Fastening multi wide units

Floor: Type Fastener: 2x4s Length: 6" Spacing: 24"
Walls: Type Fastener: 2x4s Length: 6" Spacing: 24"
Roof: Type Fastener: metal Length: 36" Spacing: 24"
For used homes a min. 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.

Gasket (weatherproofing requirement)

I understand a properly installed gasket is a requirement of all new and used homes and that condensation, mold, mildew 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.

Installer's initials

Type gasket foam tape

Pg. _____

Installed: _____
Between Floors Yes
Between Walls Yes
Bottom of ridgebeam Yes

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

Miscellaneous

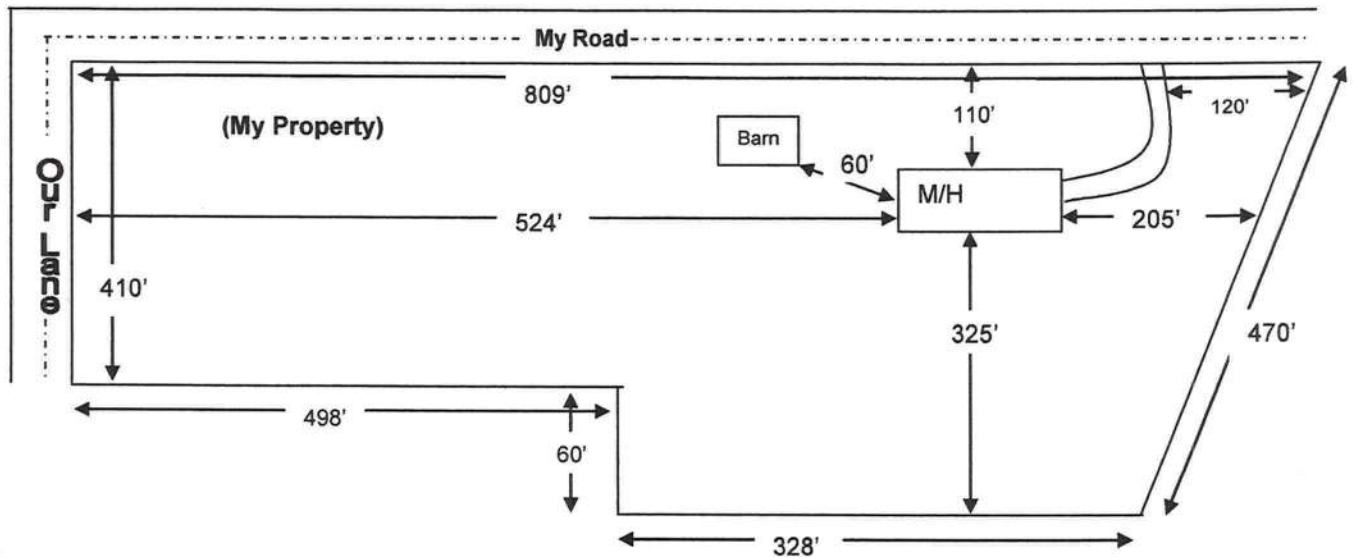
Skirting to be installed. Yes No _____
Dryer vent installed outside of skirting. Yes N/A _____
Range downflow vent installed outside of skirting. Yes N/A _____
Drain lines supported at 4 foot intervals. Yes _____
Electrical crossovers protected. Yes _____
Other: _____

Installer verifies all information given with this permit worksheet is accurate and true based on the

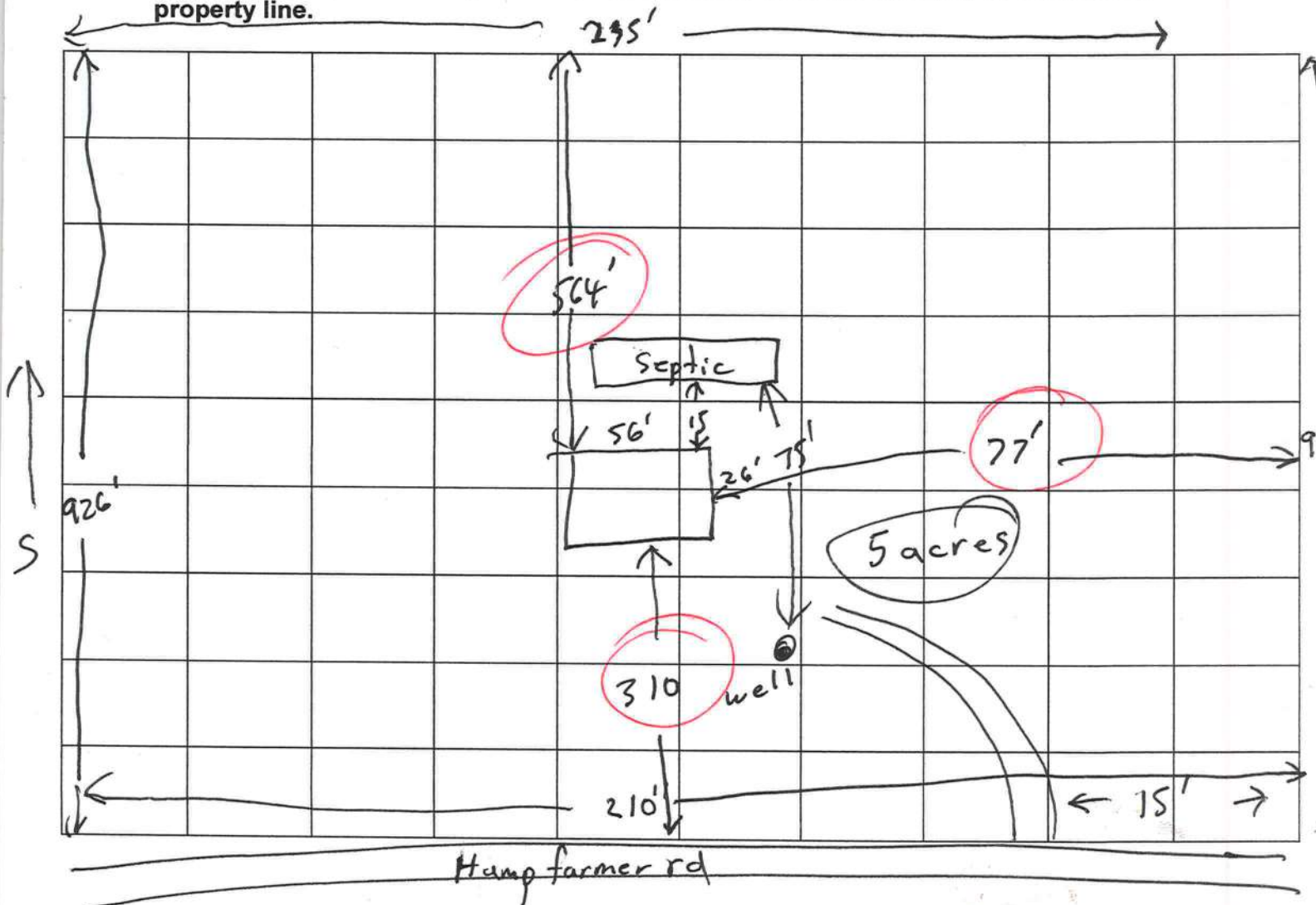
Installer Signature

Teresa L. TruittDate 2/5/13

SITE PLAN EXAMPLE / WORKSHEET



Use this example to draw your own site plan. Show all existing buildings and any other homes on this property and show the distances between them. Also show where the roads or roads are around the property. This site plan can also be used for the 911 Addressing department if you include the distance from the driveway to the nearest property line.





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

CR # 10-5574

PERMIT NO. 13-0020
DATE PAID: 1/14/13
FEE PAID: 310.00
RECEIPT #: 1094043

APPLICATION FOR:

☒ New System ☐ Existing System ☐ Holding Tank ☐ Innovative
☐ Repair ☐ Abandonment ☐ Temporary ☐

APPLICANT: BRENT STRICKLAND

AGENT: PELONI'S SEPTIC

TELEPHONE: (386) 755-1616

MAILING ADDRESS: 330 NW RAILROAD ST.

LAKE CITY

FL 32055

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3) (m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION

LOT: 16 BLOCK: N/A SUBDIVISION: PARADISE ESTATES

PLATTED: 2007

PROPERTY ID #: 07-2S-17-04677-116 ZONING: RES I/M OR EQUIVALENT: ☐ NO ☐

PROPERTY SIZE: 5.000 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ NO ☐

DISTANCE TO SEWER: N/A FT

PROPERTY ADDRESS: HAMP FARMER RD.

DIRECTIONS TO PROPERTY: 441 NORTH PAST I-10, TURN LEFT ON HAMP FARMER RD. 3/4 MILES ON LEFT.

BUILDING INFORMATION ☒ RESIDENTIAL ☐ COMMERCIAL

Unit No.	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	<u>MOBILE HOME</u>	<u>3</u>	<u>1,560</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☒ Other (Specify) _____

SIGNATURE: _____

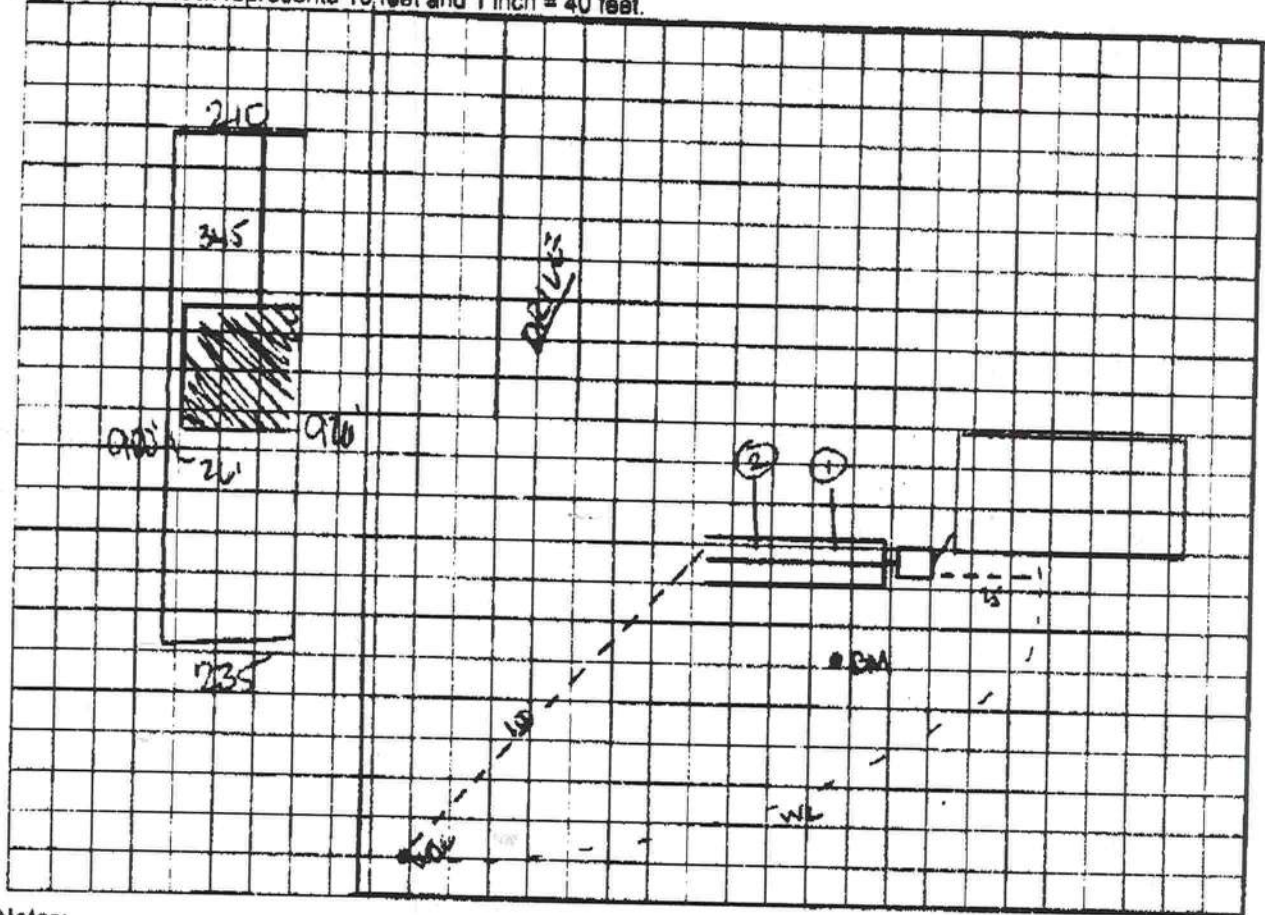
DATE: 1-10-2013

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 13-0020

PART II - SITEPLAN

Scale: Each block represents 10 feet and 1 inch = 40 feet.



Notes:

Site Plan submitted by:

Plan Approved

~~Not Approved~~

Date 1/23/12

By:

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 5-6-13 BY LT 1305-08 IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? Yes

OWNERS NAME Brent Strickland PHONE _____ CELL 365-7043

ADDRESS 1294 NW Hamp Farmer Rd Lake City FL 32055

MOBILE HOME PARK _____ SUBDIVISION Paradise Est. Lot 16

DRIVING DIRECTIONS TO MOBILE HOME 441 N, (L) Hamp Farmer, 1.5 miles on
Left (1st DW on left)

MOBILE HOME INSTALLER Terry Thrift PHONE _____ CELL 623-0115

MOBILE HOME INFORMATION

MAKE Redman YEAR 87 SIZE 26 x 56 COLOR White

SERIAL No. 9112 A&B

WIND ZONE II Must be wind zone II or higher NO WIND ZONE I ALLOWED

INSPECTION STANDARDS

INTERIOR:

(P or F) - P= PASS F= FAILED

P SMOKE DETECTOR () OPERATIONAL () MISSING
P FLOORS () SOLID () WEAK () HOLES DAMAGED LOCATION _____
P DOORS () OPERABLE () DAMAGED
P WALLS () SOLID () STRUCTURALLY UNSOUND
P WINDOWS () OPERABLE () INOPERABLE
P PLUMBING FIXTURES () OPERABLE () INOPERABLE () MISSING
P CEILING () SOLID () HOLES () LEAKS APPARENT
P ELECTRICAL (FIXTURES/OUTLETS) () OPERABLE () EXPOSED WIRING () OUTLET COVERS MISSING () LIGHT
FIXTURES MISSING

EXTERIOR:

F WALLS / SIDING () LOOSE SIDING () STRUCTURALLY UNSOUND () NOT WEATHERTIGHT () NEEDS CLEANING
P WINDOWS () CRACKED/ BROKEN GLASS () SCREENS MISSING () WEATHERTIGHT
P ROOF () APPEARS SOLID () DAMAGED

STATUS

APPROVED _____ WITH CONDITIONS: Repair Exterior Siding & Joist

NOT APPROVED ✓ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE [Signature] ID NUMBER 306 DATE 5-6-13

Copy of data plate attached.

Paid on
5-3-13 by
Brent Strickland



Redman Homes, Inc.

P.O. Box 319

Richland, GA

31825

Manufacturer
Address:

Date of Manufacture 1-15-87 Plant Number 114 HUD No. 600462859
600462860

Manufacturer's Serial Number and Model Unit Designation

11419112-6389-56H3BD

Design Approval by (D.A.P.I.A.)

P.F.S.

This manufactured home is designed to comply with the federal manufactured home construction and safety standards in force at time of manufacture.
(For additional information, consult owner's manual.)

The factory installed equipment includes:

Equipment	Manufacturer	Model Designation
For heating	Interturm	FEH05H
For air cooling	Magic Chrt	35FA-7B02
For cooking	Magic Chrt	RB15-0A-0AAH
Refrigerator	Interturm	H5E30-F240V
Water heater		
Washer		
Clothes Dryer		
Dishwasher		
Garbage Disposal		
Fireplace	MARCOJ-	36-A-3
Ceiling fan	Fidos-	CRC-521

DESIGN WIND
ZONE MAP

Zone I
Standard Wind
15 PSF Horizontal
9 PSF Uplift

Zone II
Hurricane Resistant
25 PSF Horizontal
15 PSF Uplift



DESIGN ROOF LOAD
ZONE MAP

North 40 PSF South 20 PSF
Middle 30 PSF Other PSF



1500-C
Rev. 7-85)

COMFORT HEATING

This manufactured home has been thermally insulated to conform with the requirements of the federal manufactured home construction and safety standards for all locations within climatic zone ONE.
Heating equipment manufacturer and model (see list at left).
The above heating equipment has the capacity to maintain an average 70° F temperature in this home at outdoor temperatures of -5 F.
To maximize furnace operating economy, and to conserve energy, it is recommended that this home be installed where the outdoor winter design temperature (97 1/2 %) is not higher than +17 degrees Fahrenheit.
The above information has been calculated assuming a maximum wind velocity of 15 mph at standard atmospheric pressure.

OUTDOOR WINTER DESIGN TEMP. ZONES



COMFORT COOLING

☐ Air conditioner provided at factory (Alternate I)

Air conditioner manufacturer and model (see list at left).

Certified capacity — B.T.U./hour in accordance with the appropriate air conditioning and refrigeration institute standards.
The central air conditioning system provided in this home has been sized assuming an orientation of the front (hitch end) of the home facing . On this basis the system is designed to maintain an indoor temperature of 75° F when

outdoor temperatures are F dry bulb and F wet bulb.

The temperature to which this home can be cooled will change depending upon the amount of exposure of the windows of this home to the sun's radiant heat. Therefore, the home's heat gains will vary dependent upon its orientation to the sun and any permanent shading provided. Information concerning the calculation of cooling loads at various locations, window exposures and shadings are provided in Chapter 22 of the 1972 edition of the ASHRAE Handbook of Fundamentals.

Information necessary to calculate cooling loads at various locations and orientations is provided in the special comfort cooling information provided with this manufactured home.

☒ Air conditioner not provided at factory (Alternate II)

The air distribution system of this home is suitable for the installation of central air conditioning.

The supply air distribution system installed in this home is sized for manufactured

home central air conditioning system of up to 41100 B.T.U./hr. rated capacity which are certified in accordance with the appropriate air conditioning and refrigeration institute standards, when the air circulators of such air conditioners are rated at 0.3 inch water column static pressure or greater for the cooling air delivered to the manufactured home supply air duct system.

Information necessary to calculate cooling loads at various locations and orientations is provided in the special comfort cooling information provided with this manufactured home.

To determine the required capacity of equipment to cool a home efficiently and economically, a cooling load (heat gain) calculation is required. The cooling load is dependent on the orientation, location and the structure of the home. Central air conditioners operate most efficiently and provide the greatest comfort when their capacity closely approximates the calculated cooling load. Each home's air conditioner should be sized in accordance with Chapter 22 of the American Society of Heating, Refrigerating and Air Conditioning Engineers (ASHRAE) Handbook of Fundamentals, once the location and orientation are known.

INFORMATION PROVIDED BY THE MANUFACTURER NECESSARY TO CALCULATE SENSIBLE HEAT GAIN

Walls (without windows and doors)	"U" <u>1097</u>
Ceilings and roofs of light color	"U" <u>1078</u>
Ceilings and roofs of dark color	"U" <u>NA</u>
Floors	"U" <u>1174</u>
Air ducts in floor	"U" <u>NA</u>
Air ducts in ceiling	"U" <u>NA</u>
Air ducts installed outside the home	"U" <u>1226</u>

The following are the duct areas in this home:

Air ducts in floor	<u>NA</u> sq. ft.
Air ducts in ceiling	<u>NA</u> sq. ft.
Air ducts outside the home	<u>56.5</u> sq. ft.

HEATING AND COOLING DESIGN BASIS CERTIFICATE

COMPLIANCE CERTIFICATE

STRUCTURAL DESIGN BASIS CERTIFICATE

STATE OF FLORIDA
COUNTY OF COLUMBIA

LAND OWNER AFFIDAVIT

This is to certify that I, (We), D&B Timber & Land Trust
as the owner of the below described property:

Property tax Parcel ID number 07-25-17-04677-116

Subdivision (Name, lot, Block, Phase) Lot 16 Paradise Estates

Give my permission for Brent Strickland to place a

Circle one - Mobile Home / Travel Trailer / Utility Pole Only / Single Family Home.

I (We) understand that the named person(s) above will be allowed to receive a building permit on the property number I (we) have listed above and this could result in an assessment for solid waste and fire protection services levied on this property.

Audrey J Bullard
Owner Signature

5/13/13
Date

Owner Signature

Date

Owner Signature

Date

Sworn to and subscribed before me this 13 day of May, 2013. This

(These) person(s) are personally known to me or produced ID _____
(Type)

Holly C Hanover
Notary Public Signature

Holly C Hanover
Notary Printed Name

Notary Stamp/



Columbia County Property Appraiser

CAMA updated: 5/3/2013

2012 Tax Year

Parcel: 07-2S-17-04677-116

<< Next Lower Parcel Next Higher Parcel >>

Tax Collector

Tax Estimator

Property Card

Parcel List Generator

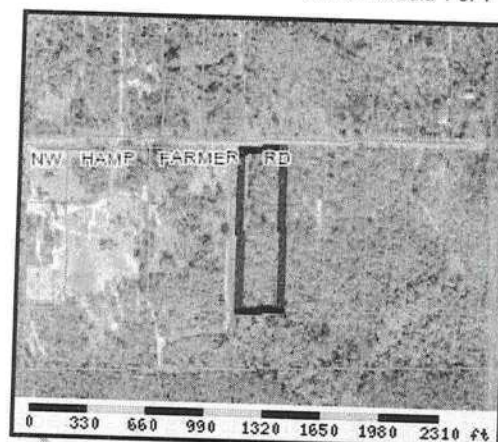
Interactive GIS Map

Print

Owner & Property Info

Search Result: 1 of 1

Owner's Name	BULLARD AUDREY S TRUSTEE		
Mailing Address	D & B TIMBER & LAND TRUST P O BX 3176 LAKE CITY, FL 32056		
Site Address	D B TIMBER LAND TRUST		
Use Desc. (code)	MISC RES (000700)		
Tax District	3 (County)	Neighborhood	7217
Land Area	5.010 ACRES	Market Area	03
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction. LOT 16 PARADISE ESTATES S/D.		



Property & Assessment Values

2012 Certified Values		
Mkt Land Value	cnt: (0)	\$22,161.00
Ag Land Value	cnt: (1)	\$0.00
Building Value	cnt: (0)	\$0.00
XFOB Value	cnt: (1)	\$200.00
Total Appraised Value		\$22,361.00
Just Value		\$22,361.00
Class Value		\$0.00
Assessed Value		\$22,361.00
Exempt Value		\$0.00
Total Taxable Value	Cnty: \$22,361 Other: \$22,361 Schl: \$22,361	

2013 Working Values

NOTE:

2013 Working Values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

[Show Working Values](#)

Sales History

[Show Similar Sales within 1/2 mile](#)

Sale Date	OR Book/Page	OR Code	Vacant / Improved	Qualified Sale	Sale RCode	Sale Price
NONE						

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
NONE						

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0296	SHED METAL	2010	\$200.00	0000001.000	0 x 0 x 0	(000.00)

Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
000700	MISC RES (MKT)	1 LT - (0000005.010AC)	1.00/1.00/1.00/1.00	\$22,161.60	\$22,161.00

Columbia County Property Appraiser

CAMA updated: 5/3/2013

COLUMBIA COUNTY 9-1-1 ADDRESSING

P. O. Box 1787, Lake City, FL 32056-1787

PHONE: (386) 758-1125 * FAX: (386) 758-1365 * Email: ron_croft@columbiacountyfla.com

Addressing Maintenance

To maintain the Countywide 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 assigning 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 Service 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 REQUESTED: 3/11/2013 DATE ISSUED: 3/28/2013

ENHANCED 9-1-1 ADDRESS:

1294 NW HAMP FARMER RD
LAKE CITY FL 32055

PROPERTY APPRAISER PARCEL NUMBER:

07-2S-17-04677-116

Remarks:

ADDRESS FOR PROPOSED STRUCTURE ON PARCEL.

Address Issued By: SIGNED: / RONAL N. CROFT
Columbia County 9-1-1 Addressing / GIS Department

NOTICE: THIS ADDRESS WAS ISSUED BASED ON LOCATION INFORMATION RECEIVED FROM THE REQUESTER. SHOULD, AT A LATER DATE, THE LOCATION INFORMATION BE FOUND TO BE IN ERROR, THIS ADDRESS IS SUBJECT TO CHANGE.

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1305-08 CONTRACTOR Terry Thrift PHONE _____

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

In Columbia County one permit will cover all trades doing work at the permitted site. It is REQUIRED 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 <u>Brent Strickland</u> License #: <u>owner</u>	Signature <u>[Signature]</u> Phone #: <u>386-365-7043</u>
MECHANICAL/ A/C	Print Name <u>Brent Strickland</u> License #: <u>owner</u>	Signature <u>[Signature]</u> Phone #: <u>386-365-7043</u>
✓ PLUMBING/ GAS	Print Name <u>TERRY L. THRIFT</u> License #: <u>IH-1025139</u>	Signature <u>[Signature]</u> Phone #: <u>(386) 623-0115</u>

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.

Columbia County Property Appraiser

CAMA updated: 5/3/2013

2012 Tax Year

Parcel: 07-2S-17-04677-116

<< Next Lower Parcel Next Higher Parcel >>

Tax Collector

Tax Estimator

Property Card

Parcel List Generator

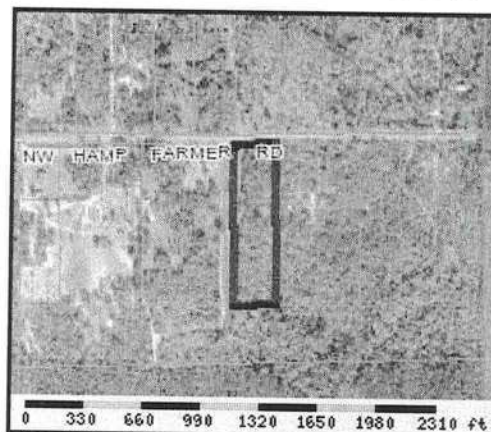
Interactive GIS Map

Print

Owner & Property Info

Search Result: 1 of 1

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Site Address	D B TIMBER LAND TRUST		
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Land Area	5.010 ACRES	Market Area	03
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**Property & Assessment Values**

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Building Value	cnt: (0)	\$0.00
XFOB Value	cnt: (1)	\$200.00
Total Appraised Value		\$22,361.00
Just Value		\$22,361.00
Class Value		\$0.00
Assessed Value		\$22,361.00
Exempt Value		\$0.00
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Show Working Values

Sales History

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Sale Date	OR Book/Page	OR Code	Vacant / Improved	Qualified Sale	Sale RCode	Sale Price
NONE						

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
NONE						

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0296	SHED METAL	2010	\$200.00	0000001.000	0 x 0 x 0	(000.00)

Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
000700	MISC RES (MKT)	1 LT - (0000005.010AC)	1.00/1.00/1.00/1.00	\$22,161.60	\$22,161.00

Columbia County Property Appraiser

CAMA updated: 5/3/2013



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

MOBILE HOME INSTALLERS LETTER OF AUTHORIZATION

I, Terry L. Thrift, give this authority for the job address show below
Installer License Holder Name
only, 1294 NW Hamp Farmer Rd Lake City Fl 32055, and I do certify that
Job Address

the below referenced person(s) listed on this form is/are under my direct supervision and control and is/are authorized to purchase permits, call for inspections and sign on my behalf.

Printed Name of Authorized Person	Signature of Authorized Person	Authorized Person is... (Check one)
Brent Strickland	<i>Brent Strickland</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input checked="" type="checkbox"/> Property Owner
Courtney Strickland	<i>Courtney Strickland</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input checked="" type="checkbox"/> Property Owner
		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and I am fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances.

I understand that the State Licensing Board has the power and authority to discipline a license holder for violations committed by him/her or by his/her authorized person(s) through this document and that I have full responsibility for compliance granted by issuance of such permits.

Terry L. Thrift
License Holders Signature (Notarized)

License Number 1H-1025139 Date 2/2/13

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Terry L. Thrift, personally appeared before me and is known by me or has produced identification (type of I.D.) Self on this 15th day of March, 2013.

Will McD
NOTARY'S SIGNATURE

(Seal/Stamp)

