Parcel:

00-00-00-01126-000 (3652)

### Owner & Property Info

Result: 121 of 140

KENNEDY PATRICIA

Owner 665 SW WASHINGTON AVE

FORT WHITE, FL 32038

Site 665 SW WASHINGTON AVE, FORT WHITE

Description\* LOT 146 UNIT 18 THREE RIVERS ESTATES. 779-835, DC 1115-2380, QC 1307-90,

Area 0.91 AC S/T/R 23-6S-15

Use Code\*\* SINGLE FAMILY (0100)

Tax District 3

#### MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

PHONE 386-623-2203

APPLICATION NUMBER \_\_\_\_\_ CONTRACTOR Robert Sheppard

		THIS FORM MUST BE SUBMITTED PR	RIOR TO THE ISSUANCE OF A PERMIT
			Patricia Kennedy
records of the Ordinance 89	e subcontractor 9-6, a contractor	s who actually did the trade spe r shall require all subcontractors	ork at the permitted site. It is <u>KEQUIKED</u> that we have cific work under the permit. Per Florida Statute 440 and to provide evidence of workers' compensation or of Competency license in Columbia County.
		지하다 살았다면 보다 가지 않아 하나 하나 아니라 하는 어떻게 하는 것이라고 있다면 하다는 것이다.	e corrected form being submitted to this office prior to the will result in stop work orders and/or fines.
ELECTRICAL	Print Name	Glenn Whittington	Signature

Qualifier Form Attached

Qualifier Form Attached

Phone #: 386-972-1700

Phone #: 800-259-3470

Signature /

Qualifier Forms cannot be submitted for any Specialty License.

License #: EC 13002957

Print Name Ronald Bonds Sr.

License #: CAC1817658

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

MECHANICAL/

A/C \_\_\_\_\_



# 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 Whitington	(license holder name), licensed qualifier
for Whitmaten ELBERIC 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-	ugh an employee leasing arrangement; or, is an n 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. DARBURD	1
2. Kexchy tond	2. 8 mls 1)
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 an authority to discipline a license holder for violatic officers, or employees and that I have full responsand ordinances inherent in the privilege granted	iance with all Florida Statutes, Codes, and ad County Licensing Boards have the power and one committed by him/her, his/her agents, asibility for compliance with all statutes, codes
If at any time the person(s) you have authorized officer(s), you must notify this department in writi authorization form, which will supersede all previous unauthorized persons to use your name and/or limited.	ing of the changes and submit a new letter of ous lists. Failure to do so may allow
Licensed Qualifiers Signature (Notarized)	License Number   3/7//6
NOTARY INFORMATION: STATE OF:COUNTY OF:	Cohmbia
The above license holder, whose name is	me or has produced identification this day of, 20
NOTARY'S SIGNATURE	Real/Starge) Y R BISHOP  Notary Public - State of Florida



## 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. CONALD K WORD 12	(license holder name), licensed qualifier
for STILE CREST ENTERDENSES	Tin L (company name), do certify that
the below referenced person(s) listed on this for	m is/are contracted/hired by me, the license 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. DALE BURD	1.
2. Rocks Ford	2. (bel3) 7-1
3. Kully Bishop	3. Kelly Brishof
4.	4.
5.	5.
Local Ordinances. I understand that the State ar authority to discipline a license holder for violatic officers, or employees and that I have full respor and ordinances inherent in the privilege granted.  If at any time the person(s) you have authorized officer(s), you must notify this department in writing authorized.	hsibility for compliance with all statutes, codes by issuance of such permits.  is/are no longer agents, employee(s), or
authorization form, which will supersede all previ	ious lists. Failure to do so may allow
Licensed Qualifiers Signature (Notarized)	CAC 1817658 2-16-16  License Number Date
NOTARY INFORMATION: STATE OF:COUNTY OF:	Bay
The above license holder, whose name is Roy personally appeared before me and is known by (type of I.D.)	
STELLY GAD LOUPE'AS	(Seal/Stamp)
	······································



	Parriage well 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's initials	Address of home Los Sin Washing by Aus being installed Fant White Fly 32038  Manufacturer Animolon Length x width 16x28	PERMIT NUMBER Installer Robert Sheppard License # IH 1025386
Opening  Pier pad size  4 ft  FRAME TIES  within 2' of end of home spaced at 5' 4" oc  Longitudinal Stabilizing Device (LSD)  Longitudinal Stabilizing Device w/ Lateral Arms  Manufacturer  Manufacturer  Manufacturer  Manufacturer  Sheanwall	S G	Pad Size   Pad Size   Sq In   16 x 16   256	R PAD SIZES  R PAD SIZES  R PAD SIZES  R PAD SIZES	(256)   (1/2" (342)   (400)   (484)"   (576)"   (576)"   (476)"   (576)"	Sys	talled to the Mai	

Site Preparation

Fastening multi wide units

1611

Pad

Other

#### Date Tested installer Name showing 275 inch pounds or less will require 5 foot anchors Note: here if you are declaring 5' anchors without testing The results of the torque probe test is The pocket penetrometer tests are rounded down to or check here to declare 1000 lb. soil without ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER A state approved lateral arm system is being used and 4 ft. reading is 275 or less and where the mobile home manufacturer may anchors are allowed at the sidewall locations. I understand 5 ft anchors are required at all centerline tie points where the torque test requires anchors with 4000 lb holding capacity w 2 POCKET PENETROMETER TESTING METHOD Using 500 lb. increments, take the lowest Take the reading at the depth of the footer Test the perimeter of the home at 6 locations reading and round down to that increment POCKET PENETROMETER TEST TORQUE PROBE TEST Electrical × 1000 without testing Installer's initials inch pounds or check A test psi Other: Range downflow vent installed outside of skirting. Dryer vent installed outside of skirting. Yes Skirting to be installed. Yes of tape will not serve as a gasket a result of a poorly installed or no gasket being installed. I understand a strip Electrical crossovers protected. Drain lines supported at 4 foot intervals. Fireplace chimney installed so as not to allow intrusion of rain water. Siding on units is installed to manufacturer's specifications. Yes Type gasket + OU W homes and that condensation, mold, meldew and buckled marriage walls are Roof Walls Floor Debris and organic material removed Water drainage: Natural Swale The bottomboard will be repaired and/or taped. Yes I understand a properly installed gasket is a requirement of all new and used Type Fastener: Length: Spacing: Control of Spa 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)

Installer's initials 2.5

installed

Between Walls Yes Bottom of ridgebearn Yes

Between Floors

Yes

Weatherproofing

Pg

Yes

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Yes

Miscellaneous

No.

Yes NA

NA

Installer Signature Cotton Annual Cot Date 4-1-202

independent water supply systems. Pg

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

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

Pg.

source.

Connect electrical conductors between multi-wide units, but not to the main power

This includes the bonding wire between mult-wide units.

Pg

manufacturer's installation instructions and or Rule 15C-1 & 2 is accurate and true based on the





