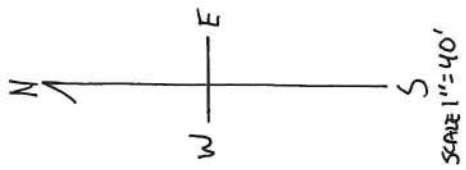


PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

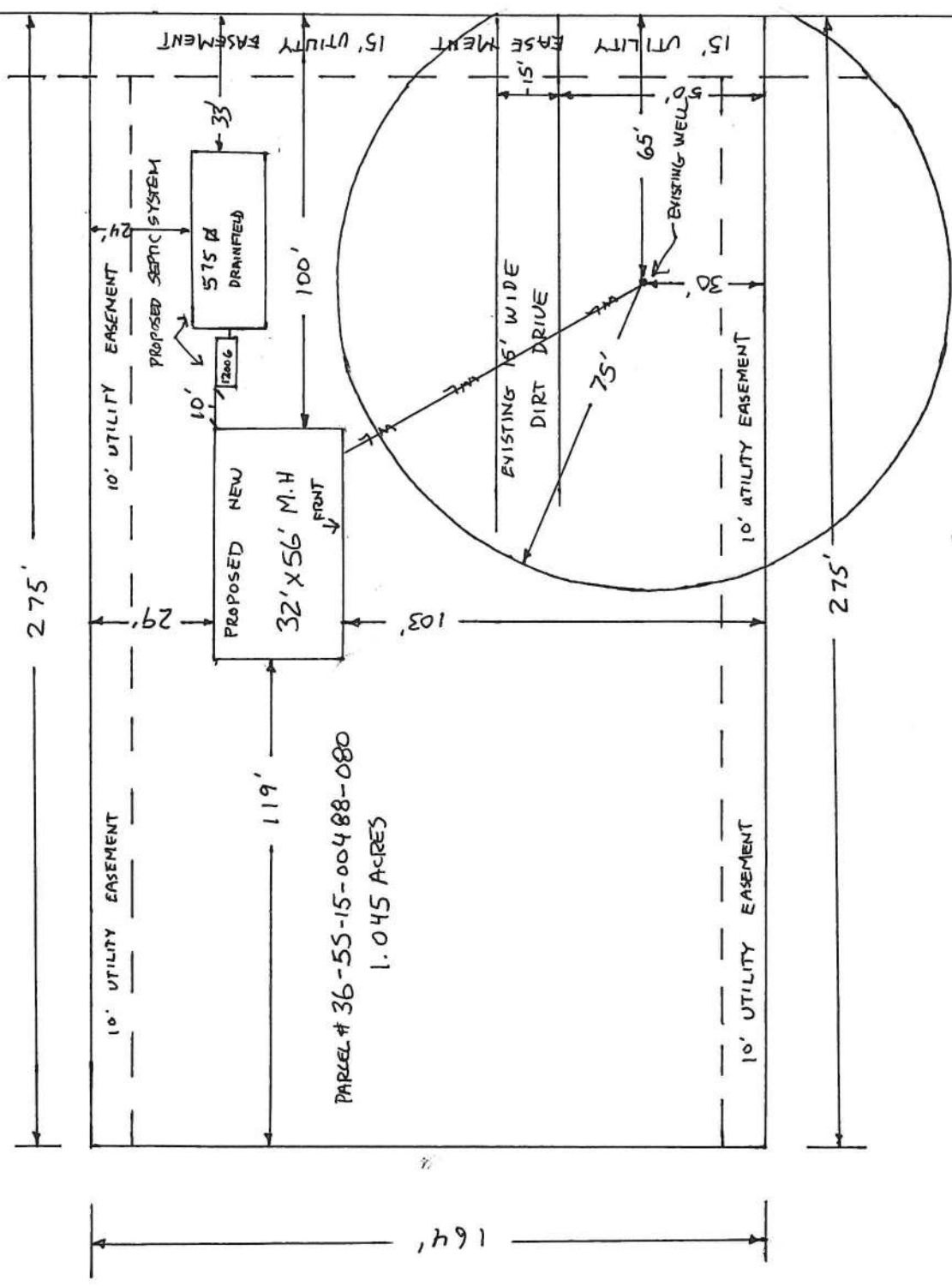
<u>For Office Use Only</u>	<i>(Revised 7-1-15)</i>	Zoning Official _____	Building Official _____
AP# _____	Date Received _____	By _____	Permit # _____
Flood Zone _____	Development Permit _____	Zoning _____	Land Use Plan Map Category _____
Comments _____			
FEMA Map# _____	Elevation _____	Finished Floor _____	River _____ In Floodway _____
<input type="checkbox"/> Recorded Deed or <input type="checkbox"/> Property Appraiser PO <input type="checkbox"/> Site Plan <input type="checkbox"/> EH # _____ <input type="checkbox"/> Well letter OR <input type="checkbox"/> Existing well <input type="checkbox"/> Land Owner Affidavit <input type="checkbox"/> Installer Authorization <input type="checkbox"/> FW Comp. letter <input type="checkbox"/> App Fee Paid <input type="checkbox"/> DOT Approval <input type="checkbox"/> Parent Parcel # _____ <input type="checkbox"/> STUP-MH _____ <input type="checkbox"/> 911 App <input type="checkbox"/> Ellisville Water Sys <input type="checkbox"/> Assessment _____ <input type="checkbox"/> Out County <input type="checkbox"/> In County <input type="checkbox"/> Sub VF Form			

Property ID # 36-5S-15-00488-080 Subdivision Spring Hills Lot# 14

- New Mobile Home 2021 Used Mobile Home _____ MH Size 32'X52' Year 2021
- Applicant Florida Mobile Masters Phone # 352 351 6100
- Address 4650 NE 35th. ST. Ocala, FL. 34479
- Name of Property Owner Jane and Nick Shishkov Phone# 727-678-3738
- 911 Address 1694 SW Spruce Rd. FT. White
- Circle the correct power company - FL Power & Light - Clay Electric
 (Circle One) - Suwannee Valley Electric - Duke Energy
- Name of Owner of Mobile Home Jane and Nick Shishkov Phone # 727 678 3738
 Address 12073 145th. Lane North, Largo, FL. 33774
- Relationship to Property Owner Owner
- Current Number of Dwellings on Property 0
- Lot Size 164'X275' Total Acreage 1.04
- 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 90 W to 247, TL. TL, SW Norris Ave. TR, SW Dairy ST. TL, SW Ichetucknee Ave. TR, SW Curtain Ln. TL, SW Spruce Rd. Property on the right.
- Name of Licensed Dealer/Installer Wendell Crews/Florida Mobile Masters Phone # 352-351-6100
- Installers Address 4650 NE 35th ST. Ocala, FL. 34479
- License Number IH1025316 Installation Decal # 75902



1694 S.W. SPRUCE RD. (DIRT ROAD)



PARCEL # 36-55-15-00488-080
1.045 ACRES

SHISHKOV

SETBACKS
FRONT : 30'
REAR : 25'
SIDES : 25'

LOT = 45520.2 sq ft
Home = 1792 sq ft
3.93% impervious

SITEPLAN PREPARED BY: John M. Angsach
John M. Angsach 11-2-2020

Shishkov 406057

Inst. Number: 202012014981 Book: 1419 Page: 983 Page 1 of 2 Date: 9/14/2020 Time: 12:57 PM
James M Swisher Jr Clerk of Courts, Columbia County, Florida Doc Mort: 0.00 Int Tax: 0.00 Doc Deed: 150.50

Prepared by and return to:

Rob Stewart
Lake City Title
426 SW Commerce Drive, Ste 145
Lake City, FL 32025
(386) 758-1880
File No 2020-3947CC

Parcel Identification No 36-5S-15-00488-080

[Space Above This Line For Recording Data]

WARRANTY DEED

(STATUTORY FORM – SECTION 689.02, F.S.)

This indenture made the 10th day of September, 2020 between Daniel Walford and Gail M. Hussar, Husband and Wife, whose post office address is 340 SW Hartford Way, Lake City, FL 32024, of the County of Columbia, State of Florida, Grantors, to Nick Alex Shishkov and Jane Shishkov, Husband and Wife, whose post office address is 12073 145th Lane North, Largo, FL 33774, of the County of Pinellas, State of Florida, Grantees:

Witnesseth, that said Grantors, for and in consideration of the sum of TEN DOLLARS (U.S.\$10.00) and other good and valuable considerations to said Grantors in hand paid by said Grantees, the receipt whereof is hereby acknowledged, has granted, bargained, and sold to the said Grantees, and Grantees' heirs and assigns forever, the following described land, situate, lying and being in Columbia, Florida, to-wit:

Lot 14, Block D, Spring Hills Subdivision, a subdivision as per plat thereof, as recorded in Plat Book 4, Pages 33 and 33A, of the Public Records of Columbia County, Florida.

Together with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

Subject to taxes for 2020 and subsequent years, not yet due and payable; covenants, restrictions, easements, reservations and limitations of record, if any.


TO HAVE AND TO HOLD the same in fee simple forever.

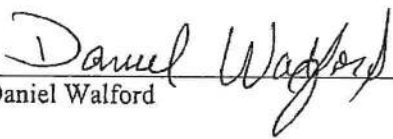
And Grantors hereby covenant with the Grantees that the Grantors are lawfully seized of said land in fee simple, that Grantors have good right and lawful authority to sell and convey said land and that the Grantors hereby fully warrant the title to said land and will defend the same against the lawful claims of all persons whomsoever.


Shushkrov 40605


In Witness Whereof, Grantors have hereunto set Grantors' hand and seal the day and year first above written.


Signed, sealed and delivered
in our presence:

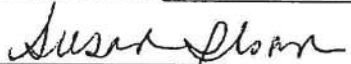

WITNESS
PRINT NAME: Robert Stewart


Daniel Walford


WITNESS
PRINT NAME: SUSAN SLOAN



WITNESS
PRINT NAME: Robert Stewart


Gail M. Hussar

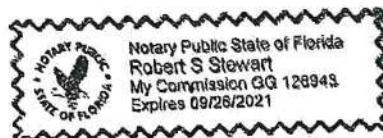

WITNESS
PRINT NAME: SUSAN SLOAN

STATE OF FLORIDA
COUNTY OF COLUMBIA

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization
this 10 day of September, 2020, Daniel Walford and Gail M. Hussar, who is/are personally known to me or
has/have produced FL D/L as identification.



Signature of Notary Public



Columbia County Property Appraiser

Jeff Hampton

2020 Preliminary Certified

updated: 10/9/2020

Parcel: << **36-5S-15-00488-080** >>

Aerial Viewer Pictometry Google Maps

Owner & Property Info

Result: 1 of 1

Owner	WALFORD DANIEL & GAIL M HUSSAR 340 SW HARTFORD WAY LAKE CITY, FL 32024		
Site			
Description*	LOT 14 BLOCK D SPRING HILLS LOT 14 BLOCK D SPRING HILLS S/D. ORB 629-387. WD 1112-22. S/D. 629-387, WD 1112-22, WD 1419-983		
Area	1.045 AC	S/T/R	36-5S-15
Use Code**	VACANT (000000)	Tax District	3

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

**The Use Code 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.

Property & Assessment Values

2019 Certified Values		2020 Preliminary Certified	
Mkt Land (1)	\$12,385	Mkt Land (1)	\$12,385
Ag Land (0)	\$0	Ag Land (0)	\$0
Building (0)	\$0	Building (0)	\$0
XFOB (0)	\$0	XFOB (0)	\$0
Just	\$12,385	Just	\$12,385
Class	\$0	Class	\$0
Appraised	\$12,385	Appraised	\$12,385
SOH Cap [?]	\$0	SOH Cap [?]	\$0
Assessed	\$12,385	Assessed	\$12,385
Exempt	\$0	Exempt	\$0
Total Taxable	county:\$12,385 city:\$12,385 other:\$12,385 school:\$12,385	Total Taxable	county:\$12,385 city:\$12,385 other:\$12,385 school:\$12,385

**▼ Sales History**

Sale Date	Sale Price	Book/Page	Deed	V/I	Quality (Codes)	RCode
9/10/2020	\$21,500	1419/0983	WD	V	Q	01
2/16/2007	\$20,000	1112/0022	WD	V	Q	
8/4/1987	\$2,200	629/0387	WD	V	U	

▼ Building Characteristics

Bldg Sketch	Bldg Item	Bldg Desc*	Year Blt	Base SF	Actual SF	Bldg Value
NONE						

▼ Extra Features & Out Buildings (Codes)

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
NONE						

▼ Land Breakdown

Land Code	Desc	Units	Adjustments	Eff Rate	Land Value
000000	VAC RES (MKT)	1.000 LT - (1.045 AC)	1.00/1.00 1.00/1.00	\$12,385	\$12,385

Search Result: 1 of 1



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 AGENT AUTHORIZATION

I, Wendell Crews, give this authority and I do certify that the below
Installers Name

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	Agents Company Name
Robbin Anspach	Robbin Anspach	Anspach Permitting
John Anspach	John M Anspach	Anspach Permitting

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.

Wendell Crews
License Holders Signature (Notarized) TH1025316 _____
License Number Date

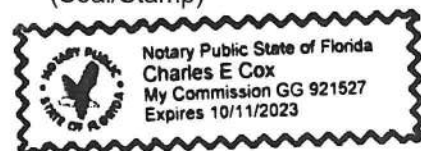
NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Marion

The above license holder, whose name is Wendell Crews,
personally appeared before me and is known by me or has produced identification
(type of I.D.) _____ on this 28 day of Oct, 202020

Charles E. Cox
NOTARY'S SIGNATURE

(Seal/Stamp)



Shishkov 406054

District No. 1 - Ronald Williams
District No. 2 - Rocky Ford
District No. 3 - Bucky Nash
District No. 4 - Toby Witt
District No. 5 - Tim Murphy



BOARD OF COUNTY COMMISSIONERS • COLUMBIA COUNTY

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: 9/29/2020 6:06:42 PM
Address: 1694 SW SPRUCE Rd
City: FORT WHITE
State: FL
Zip Code 32038

Parcel ID 00488-080

REMARKS: Address for proposed structure on 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 GIS/911 Addressing Coordinator

COLUMBIA COUNTY
911 ADDRESSING / GIS DEPARTMENT

263 NW Lake City Ave., Lake City, FL 32055 Telephone: (386) 758-1125
Email: gis@columbiacountyfla.com

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR Florida Mobile Masters PHONE 352-351-6100

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>Michael Boland</u> License #: <u>ES12000926</u> Qualifier Form Attached <input checked="" type="checkbox"/>	Signature <u>[Signature]</u> Phone #: <u>352-274-9326</u>
MECHANICAL/ A/C _____	Print Name <u>Michael Boland</u> License #: <u>CAC1817716</u> Qualifier Form Attached <input checked="" type="checkbox"/>	Signature <u>[Signature]</u> Phone #: <u>352-274-9326</u>

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.



ACEACOC

OP ID: SP

CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
 01/20/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER OCALA INSURANCE, INC. 2831 SOUTHEAST SEVENTEENTH ST. Ocala, FL 34471 Ocala Insurance Agency, Inc.		CONTACT NAME: Ocala Insurance Agency, Inc. PHONE (A/C, No, Ext): 352-732-2233 FAX (A/C, No): E-MAIL: ADDRESS:															
INSURED Ace A/C of Ocala LLC PO BOX 278 Ocala, FL 34478		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: MAIN STREET AMERICA PROTECTION</td> <td>13026</td> </tr> <tr> <td>INSURER B: OLD DOMINION INSURANCE CO.</td> <td>40231</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: MAIN STREET AMERICA PROTECTION	13026	INSURER B: OLD DOMINION INSURANCE CO.	40231	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER D:																	
INSURER E:																	
INSURER F:																	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER		MPG7721E	02/15/2020	02/15/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPIOP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		B1P3202R	01/20/2020	01/20/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 300,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP \$ 10,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A <input type="checkbox"/>				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

HVAC & Electric - Micahel A Bond CAC1817716 & ES12000926

CERTIFICATE HOLDER

CANCELLATION

 Columbia County
 Fax 386-758-2160
 PO Box 1529
 Lake city, FL 32056-1529

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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ACORD 25 (2014/01)

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ACEACOF-01

JFAVREAU

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/19/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
AP Intego Insurance Group, LLC
1601 Trapelo Rd Suite 280
Waltham, MA 02451

CONTACT
NAME:
PHONE
(A/C, No, Ext): FAX
(A/C, No):
E-MAIL
ADDRESS: support@apintego.com

INSURED

Ace A/C Of Ocala LLC
Po Box 278
Ocala, FL 34478

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: NorGUARD Insurance Company

31470

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTIONS					EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	ACWC196971	2/15/2020	2/15/2021	X PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Michael A. Boland ES 12000926 & CAC 1817716

CERTIFICATE HOLDER

Columbia County
PO Box 1529
Lake City, FL 32056

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

ACORD 25 (2016/03)

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Ron DeSantis, Governor

Halsey Beshears, Secretary



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

THE CLASS B AIR CONDITIONING CONTRACTOR HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

BOLAND, MICHAEL A

ACE A/C OF OCALA LLC
7145 SW 15TH PLACE
OCALA FL 34474

LICENSE NUMBER: CAC1817716

EXPIRATION DATE: AUGUST 31, 2022

Always verify licenses online at MyFloridaLicense.com

Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.





Ron DeSantis, Governor

Halsey Beshears, Secretary



**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

ELECTRICAL CONTRACTORS LICENSING BOARD

THE SPECIALTY ELECTRICAL CONTRACTOR HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

Additional Business Qualification
AS A RESIDENTIAL ELECTRICAL SPECIALIST

BOLAND, MICHAEL A

ACE A/C OF OCALA LLC
7145 SW 15TH PLACE
OCALA FL 34474

LICENSE NUMBER: ES12000926

EXPIRATION DATE: AUGUST 31, 2022

Always verify licenses online at MyFloridaLicense.com

Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.



Mobile Home Permit Worksheet

Application Number:

Date:

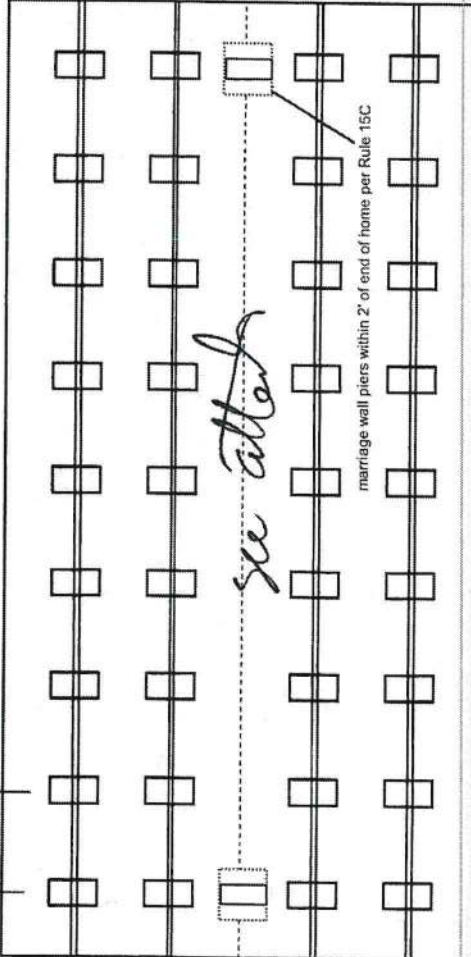
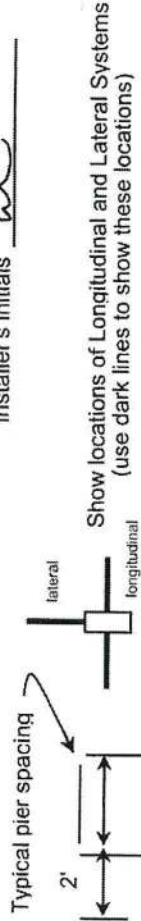
Installer: Wendell Coors License # IAH025316

Address of home being installed: _____

Manufacturer Live Oak Length x width 52 x 32

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 we



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 # TBD

Triple/Quad ☐ Serial # TBD

PIER SPACING TABLE FOR USED HOMES

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

I-beam pier pad size 17x25
Perimeter pier pad size N/A
Other pier pad sizes (required by the mfg.) 16x16
DOORS

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

Pier pad size

4 ft 5 ft

FRAME TIES

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

OTHER TIES

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)

Manufacturer

Longitudinal Stabilizing Device w/ Lateral Arms

Manufacturer

Sidewall

Longitudinal

Marriage wall

Shearwall

Mobile Home Permit Worksheet

Application Number: _____

Date: _____

POCKET PENETROMETER TEST

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

1500 x 1500 x 1500

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.

1500 x 1500 x 1500

TORQUE PROBE TEST

The results of the torque probe test is N/A 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 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 WC

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Wendell Crews

Date Tested 10-13-20

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. 37

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 39

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 37

Site Preparation

Debris and organic material removed ☒ Swale ☒ Pad ☒ Other ☐

Fastening multi wide units

Floor: Type Fastener: lag Length: 3/8 x 5" Spacing: 16" o.c.
 Walls: Type Fastener: 3/8 x 4" Length: 8" Spacing: 16" o.c.
 Roof: Type Fastener: 3/8 x 4" Length: 8" Spacing: 16" o.c.
 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 WC

Type gasket Foam
Pg. 13

Installed:

Between Floors ☒ Yes
Between Walls ☒ Yes
Bottom of ridgebeam ☒ Yes

Weatherproofing

The bottomboard will be repaired and/or taped. Yes ☒ Pg. 13
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 ☐
Driver vent installed outside of skirting. Yes ☒ N/A ☐
Range downflow vent installed outside of skirting. Yes ☒
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 manufacturer's installation instructions and or Rule 15C-1 & 2

Installer Signature Wendell Crews

Date 10-13-20



**OLIVER TECHNOLOGIES, INC.
FLORIDA INSTALLATION INSTRUCTIONS FOR THE
MODEL 1101 "V" SERIES ALL STEEL FOUNDATION SYSTEM**

ENGINEERS STAMP

ENGINEERS STAMP

1. **SPECIAL CIRCUMSTANCES:** If the following conditions occur - **STOP! Contact Oliver Technologies at 1-800-284-7437:**

- a) Pier height exceeds 48"
- b) length of home exceeds 76'
- c) Roof eaves exceed 16"
- d) Sidewall height exceed 96"
- e) Location is within 1500 feet of coast

INSTALLATION OF GROUND PAN

2. Remove weeds and debris in an approximate two foot square to expose firm soil for each ground pan (C).

3. Place ground pan (C) directly below chassis I-beam. Press or drive pan firmly into soil until flush with or below soil.

SPECIAL NOTE: The longitudinal "V" brace system serves as a pier under the home and should be loaded as any other pier. It is recommended that after leveling piers, and one-third inch (1/3") before home is lowered completely on to piers, complete steps 4 through 9 below.

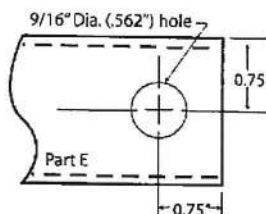
INSTALLATION OF LONGITUDINAL "V" BRACE SYSTEM

NOTE: WHEN INSTALLING THE LONGITUDINAL SYSTEM ONLY, A MINIMUM OF 2 SYSTEMS PER FLOOR SECTION IS REQUIRED. SOIL TEST PROBE SHOULD BE USED TO DETERMINE CORRECT TYPE OF ANCHOR PER SOIL CLASSIFICATION. IF PROBE TEST READINGS ARE BETWEEN 175 & 275 A 5 FOOT ANCHOR MUST BE USED. IF PROBE TEST READINGS ARE BETWEEN 276 & 350 A 4 FOOT ANCHOR MAY BE USED. USE GROUND ANCHORS WITH DIAGONAL TIES AND STABILIZER PLATES EVERY 5'4". VERTICAL TIES ARE ALSO REQUIRED ON HOMES SUPPLIED WITH VERTICAL TIE CONNECTION POINTS (PER FLORIDA REG.).

4. Choose one of the approved longitudinal tube installations; either Diagram A or B. Then select the correct square tube (E) length from the diagram for appropriate pier height at support location or cut and drill 1.5" square tube to achieve appropriate length.

PIER HEIGHT (40° Min. - 45° Max.)	1.25" Tube Length	1.50" Tube Length
7 3/4" to 25"	22"	18"
24 3/4" to 32 1/4"	32"	18"
33" to 41"	44"	18"
40" to 48"	54"	18"

Diagram A



PIER HEIGHT (40° Min. - 60° Max.)	1.50" Tube Length
14" to 18"	20"
18" to 25"	28"
24" to 35"	39"
30" to 40"	44"
36" to 48"	54"

Diagram B

5. Install (2) of the 1.50" square tubes (E (18" tube)) into the "U" bracket (J), insert carriage bolt and leave nut loose for final adjustment.
6. Place I-beam connector (F) loosely on the bottom flange of the I-beam.
7. (For Diagram A installation) Slide the selected 1.25" tube (E) into a 1.50" tube (E) and attach to I-beam connectors (F) and fasten loosely with bolt and nut. (For Diagram B installation) Attach the selected 1.5" tubes (E) to the I-beam connectors (F) and fasten loosely with bolts and nuts.
8. Repeat steps 6 through 7 to create the "V" pattern of the square tubes loosely in place.
9. Using standard hand tools tighten all nuts and bolts. (For Diagram A installation only, secure 1.25" and 1.50" tubes using four(4) 1/4"-14 x 3/4" self-tapping screws in pre-drilled holes.)



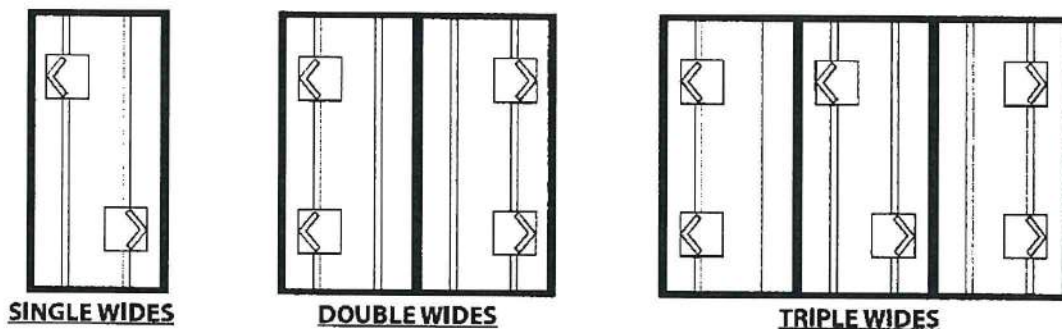


REQUIRED NUMBER AND LOCATION OF MODEL 1101 L "V" BRACES FOR UP TO 4/12 ROOF PITCH

Notes:

1. LENGTH OF HOUSE IS THE ACTUAL BOX SIZE
2.  = LOCATION OF LONGITUDINAL BRACING ONLY

ALL WIDTHS AND LENGTHS UP TO 80'



THIS SYSTEM ELIMINATES THE NEED FOR ALL LONGITUDINAL ANCHORS, STRAPS AND STABILIZER PLATES

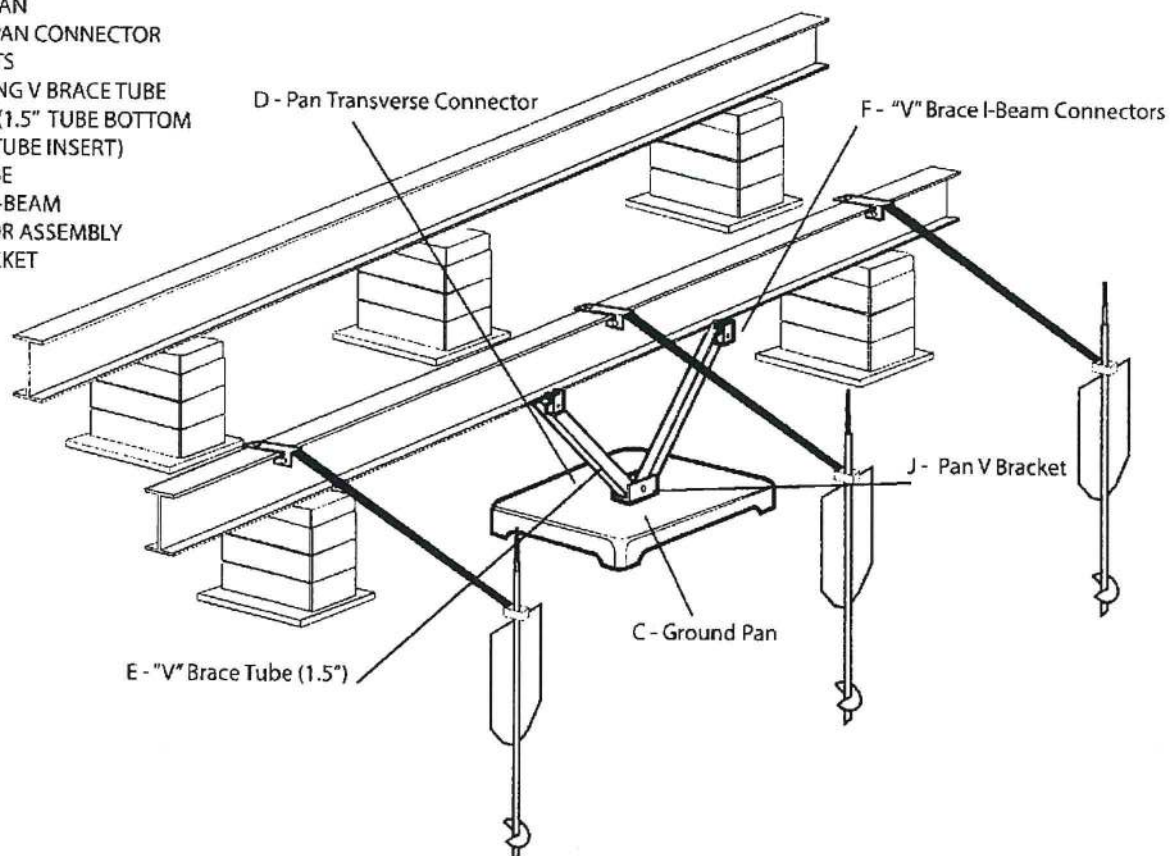
C = GROUND PAN

D = GROUND PAN CONNECTOR
U BRACKETS

E = TELESOPING V BRACE TUBE
ASSEMBLY (1.5" TUBE BOTTOM
AND 1.25" TUBE INSERT)
OR 1.5" TUBE

F = "V" BRACE I-BEAM
CONNECTOR ASSEMBLY

J = V PAN BRACKET





OLIVER TECHNOLOGIES, INC.
INSTALLATION INSTRUCTIONS FOR FLORIDA
MODEL 1101 "V" SERIES ALL STEEL FOUNDATION SYSTEM PAN & CONCRETE (revision 5/18)
PATENT# 6634150 & OTHER PATENT PENDING



Aug 24, 2018



**OLIVER TECHNOLOGIES, INC.
FLORIDA INSTALLATION INSTRUCTIONS FOR THE
MODEL 1101 "V" SERIES ALL STEEL FOUNDATION SYSTEM**

**MODEL 1101 "V" (Steps 1-14)
LONGITUDINAL ONLY: Follow Steps 1-9
LATERAL ONLY: Follow Steps 1-3 and Steps 10-14
FOR CONCRETE APPLICATIONS: Follow Steps 15-18**

ENGINEERS STAMP

ENGINEERS STAMP

1. SPECIAL CIRCUMSTANCES: If the following conditions occur - **STOP! Contact Oliver Technologies at 1-800-284-7437:**

- a) Pier height exceeds 48" c) Roof eaves exceed 16" e) Location is within 1500 feet of coast
- b) length of home exceeds 76' d) Sidewall height exceed 96"

INSTALLATION OF GROUND PAN

2. Remove weeds and debris in an approximate two foot square to expose firm soil for each ground pan (C).
3. Place ground pan (C) directly below chassis I-beam. Press or drive pan firmly into soil until flush or below soil then install pier per manufacturer's instructions or per Florida Regs.

SPECIAL NOTE: The longitudinal "V" brace system may also serve as a pier under the home and should be loaded as any other pier. It is recommended that after leveling piers, and one-third inch (1/3") before home is lowered completely on to piers, complete steps 4 through 9 below then remove jacks.

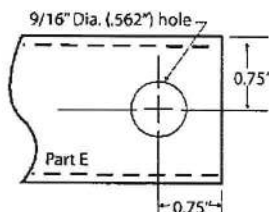
INSTALLATION OF LONGITUDINAL "V" BRACE SYSTEM (Model 1101 L "V")

NOTE: WHEN INSTALLING THE LONGITUDINAL SYSTEM ONLY, A MINIMUM OF 2 SYSTEMS PER FLOOR SECTION IS REQUIRED. SOIL TEST PROBE SHOULD BE USED TO DETERMINE CORRECT TYPE OF ANCHOR PER SOIL CLASSIFICATION. IF PROBE TEST READINGS ARE BETWEEN 175 & 275 A 5 FOOT ANCHOR MUST BE USED. IF PROBE TEST READINGS ARE BETWEEN 276 & 350 A 4 FOOT ANCHOR MAY BE USED. USE GROUND ANCHORS WITH DIAGONAL TIES AND STABILIZER PLATES EVERY 5'4". VERTICAL TIES ARE ALSO REQUIRED ON HOMES SUPPLIED WITH VERTICAL TIE CONNECTION POINTS (PER FLORIDA REG.).

4. Choose one of the approved longitudinal tube installations; either Diagram A or B. Then select the correct square tube (E) length from the diagram for appropriate pier height at support location or cut and drill 1.5" square tube to achieve appropriate length.

PIER HEIGHT (40° Min. - 45° Max.)	1.25" Tube Length	1.50" Tube Length
7 3/4" to 25"	22"	18"
24 3/4" to 32 1/4"	32"	18"
33" to 41"	44"	18"
40" to 48"	54"	18"

Diagram A



PIER HEIGHT (40° Min. - 60° Max.)	1.50" Tube Length
14" to 18"	20"
18" to 25"	28"
24" to 35"	39"
30" to 40"	44"
36" to 48"	54"

Diagram B

5. Install (2) of the 1.50" square tubes (E) into the "U" bracket (J), insert carriage bolt and leave nut loose for final adjustment.
6. Place I-beam connector (F) loosely on the bottom flange of the I-beam.
7. (For Diagram A installation) Slide the selected 1.25" tube (E) into a 1.50" tube (E) and attach to I-beam connectors (F) and fasten loosely with bolt and nut. (For Diagram B installation) Attach the selected 1.5" tubes (E) to the I-beam connectors (F) and fasten loosely with bolts and nuts.
8. Repeat steps 6 through 7 to create the "V" pattern of the square tubes loosely in place.
9. Using standard hand tools tighten all nuts and bolts. (For Diagram A installation only, secure 1.25" and 1.50" tubes using four(4) 1/4"-14 x 3/4" self-tapping screws in pre-drilled holes.)

INSTALLATION OF LATERAL TELESCOPING TRANSVERSE ARM SYSTEM (Model 1101 T "V")

THE MODEL 1101 "V" (LONGITUDINAL & LATERAL PROTECTION) ELIMINATES THE NEED FOR STABILIZER PLATES & FRAME TIES.

NOTE: THE USE OF THIS SYSTEM REQUIRES VERTICAL TIES SPACED AT 5'4".

FOUR FOOT (4') GROUND ANCHOR MAY BE USED EXCEPT WHERE THE HOME MANUFACTURER SPECIFIES DIFFERENT.

10. Install remaining vertical tie-down straps and 4' ground anchors per home manufacturer's instructions. NOTE: Centerline anchors to be sized according to soil torque condition. Any manufacturer's specifications for sidewall anchor loads in excess of 4,000 lbs. require a 5' anchor per Florida Code.
11. Select the correct square tube brace (H) length for set-up lateral transverse at support location. The lengths come in either 60" or 72" lengths. (With the 1.50" tube as the bottom tube, and the 1.25" tube as the inserted tube.)
12. Install the 1.50" transverse brace (H) to the ground pan connector (D) with bolt and nut.
13. Slide 1.25" transverse brace into the 1.50" brace and attach to adjacent I-beam connector (I) with bolt and nut.
14. Secure 1.50" transverse arm to 1.25" transverse arm using four (4) 1/4"-14 x 3/4" self-tapping screws in pre-drilled holes.



INSTALLATION USING CONCRETE RUNNER/FOOTER

15. A concrete runner, footer or slab may be used in place of the steel ground pan.
 - a) The concrete shall be minimum 2500 psi mix
 - b) A concrete runner may be either longitudinal or transverse, and must be a minimum of 8" deep with a minimum width of 16 inches longitudinally or 18 inches transverse to allow proper distance between the concrete bolt and the edge of the concrete (see below).
 - c) Footers must have minimum surface area of 441 sq. in. (i.e. 21" square), and must be a minimum of 8" deep.
 - d) If a full slab is used, the depth must be a 4" minimum. Special inspection of the system bracket installation is not required. Footers must allow for at least 4" from the concrete bolt to the edge of the concrete.

NOTE: The bottom of all footings, pads, slabs and runners must be per local jurisdiction.




LONGITUDINAL: (Model 1101 LC "V")

16. When using Part# 1101-W-CPCA (wetset) simply install the bracket in runner/footer **OR** When installing in cured concrete use Part# 101-D-CPCA (dryset). The 1101 (dryset) CA bracket is attached to the concrete using (2) 5/8"x3" concrete wedge bolts (Simpson part # S162300H 5/8" X 3" or Powers equivalent). Place the CA bracket in desired location. Mark bolt hole locations, then using a 5/8" diameter masonry bit, drill a hole to a minimum depth of 3". Make sure all dust and concrete is blown out of the holes. Place wedge bolts into drilled holes, then place 1101 (dry set) CA bracket onto wedge bolts and start wedge bolt nuts. Take a hammer and lightly drive the wedge bolts down by hitting the nut (making sure not to hit the top of threads on bolt). The sleeve of concrete wedge bolt needs to be at or below the top of concrete. Complete by tightening nuts.

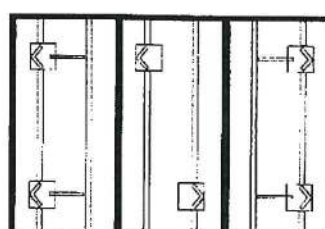
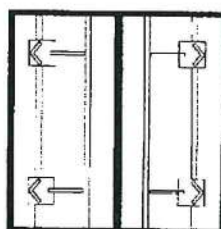
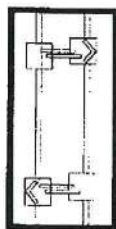
LATERAL: (Model 1101 TC "V")

17. For wet set (part # 1101-W-TACA) installation simply install the anchor bolt into runner/footer. For dry set installation (part # 1101-D-TACA) mark bolt hole locations, then using a 5/8" diam. masonry bit, drill a hole to a minimum depth of 3". Make sure all dust and concrete is blown out of the hole. Place wedge bolts (Simpson part #S162300H 5/8" X 3" or Powers equivalent) into (D) concrete dry transverse connector and into drilled hole. If needed, take a hammer and lightly drive the wedge bolts down by hitting the nut (making sure not to hit the top of threads on bolt), then remove the nut. The sleeve of concrete wedge bolt needs to be at or below the top of concrete.
18. When using part# 1101 CVW (wetset) or 1101 CVD (dryset), install per steps 17 & 18.

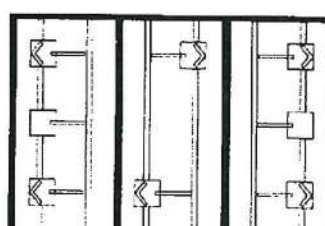
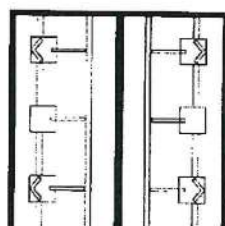
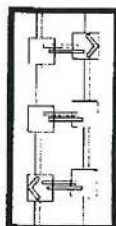
Notes:

1. LENGTH OF HOUSE IS THE ACTUAL BOX SIZE
2.  = LOCATION OF TRANSVERSE BRACING ONLY
3.  = LOCATION OF LONGITUDINAL BRACING ONLY
4.  = TRANSVERSE AND LONGITUDINAL LOCATIONS

ALL WIDTHS AND LENGTHS UP TO 52'

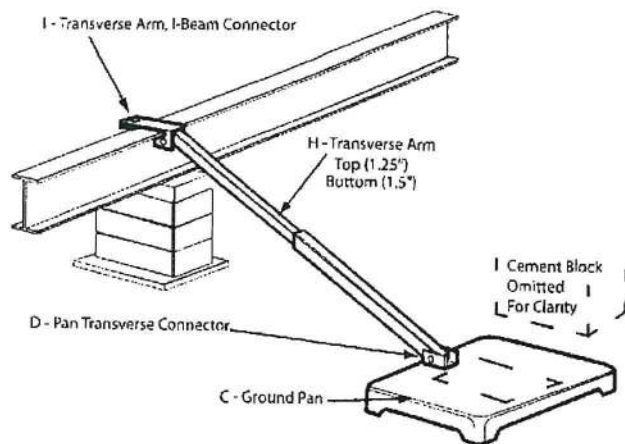


ALL WIDTHS AND LENGTHS OVER 52' TO 80"

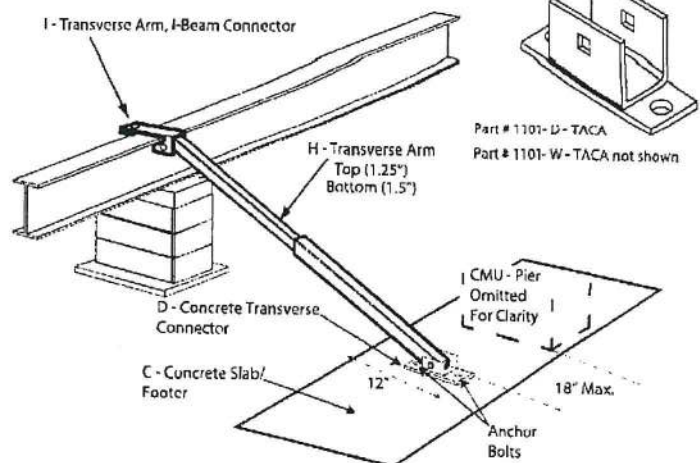


HOMES WITH 5/12 ROOF PITCH REQUIRE: PER FLORIDA REGULATIONS
6 systems for home lengths up to 52' and 8 systems for homes over 52' and up 80'

PATENT# 6634150 & OTHER PATENT PENDING



Model # 1101 T "V"



Model # 1101 TC "V"

Florida approved 4' ground anchors may be used in all locations except where home manufacturers specifications for sidewall straps are in excess of 4,000 lbs. These locations require a 5' anchor. Per Florida code.

C = GROUND PAN / CONCRETE FOOTER OR RUNNER

D = GROUND PAN / CONCRETE U BRACKETS TRANSVERSE CONNECTOR (connects with grade 5 - 1/2" x 2" 1/2" carriage bolt and nut)

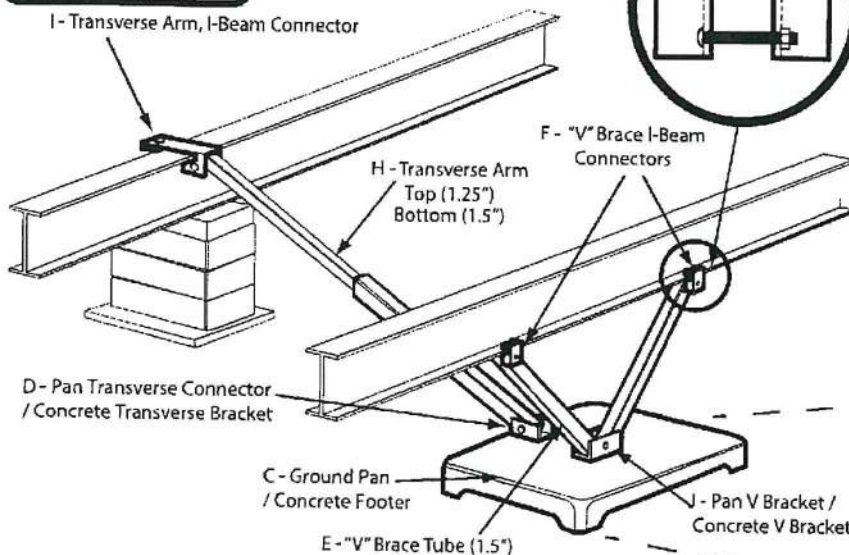
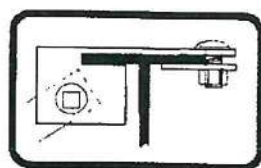
E = TELESOPING V BRACE TUBE ASSEMBLY (1.5" TUBE BOTTOM AND 1.25" TUBE INSERT) OR 1.5" TUBE

F = "V" BRACE I-BEAM CONNECTOR ASSEMBLY

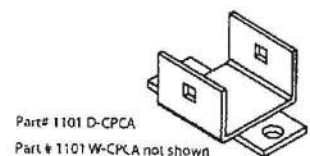
H = TELESOPING TRANSVERSE ARM ASSEMBLY

I = TRANSVERSE ARM I-BEAM CONNECTOR (connects with grade 5 - 1/2" x 2" 1/2" carriage bolt and nut)

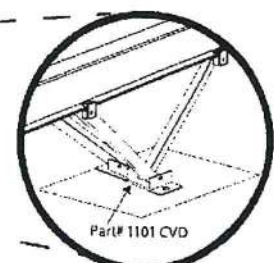
J = V PAN BRACKET (connects with grade 5 - 1/2" x 2" 1/2" carriage bolt and nut)



Model # 1101 "V"



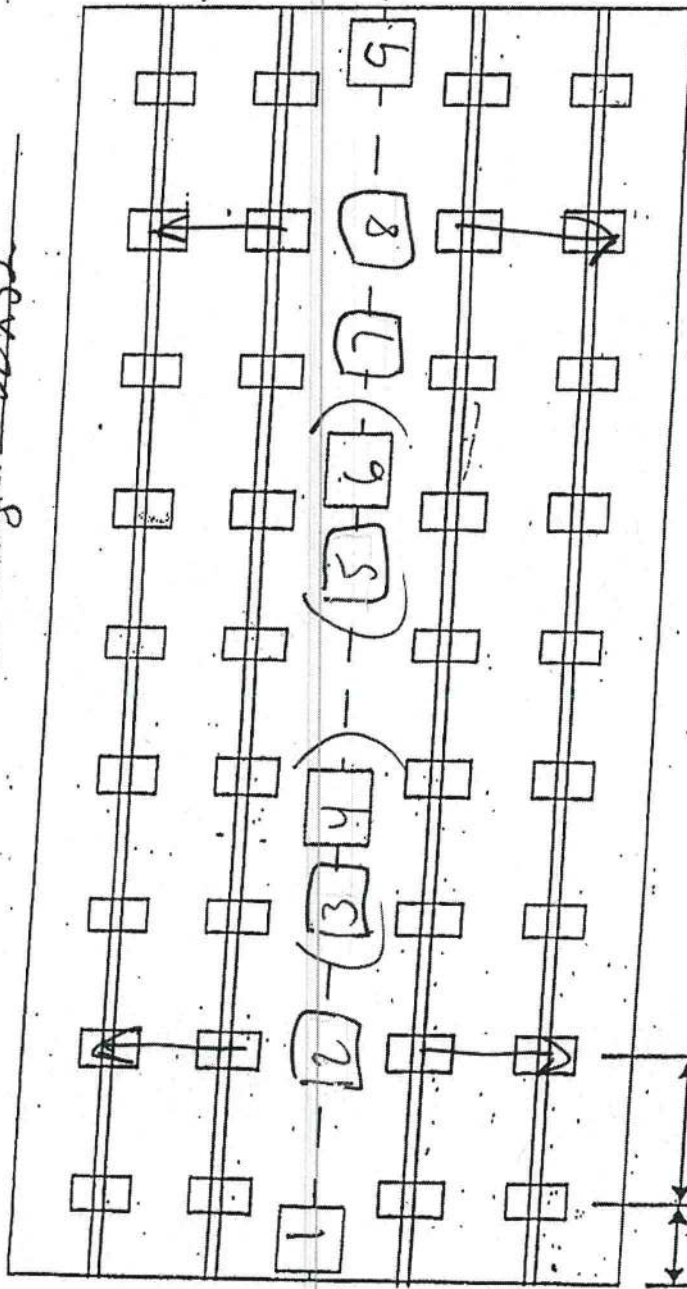
Part # 1101 D-CPKA
Part # 1101 W-CPKA not shown



Model # 1101 C "V"

BLOCKING PLAN

Manufacturer Live Oak
 Width x length 32' x 52'



Soil Bearing Capacity 15,000

Probe test / anchor length N/A / 4' ± 5' on loads over 3150 #

I-beam Pier Pad size 17x25

Marriage Wall Pier Pad Sizes

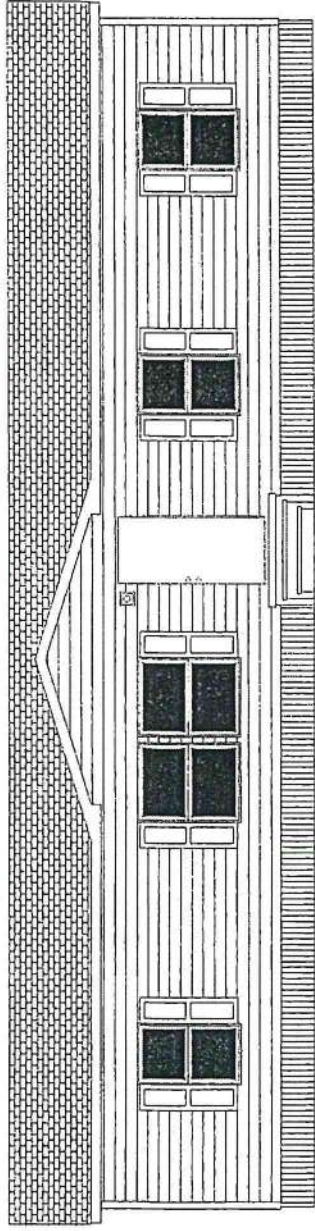
1	17x25	5	24x24
2	17x25	6	17x25
3	24x24	7	16x16
4	17x25	8	16x16

Perimeter Pier Pad Sizes 16x16
DOORS

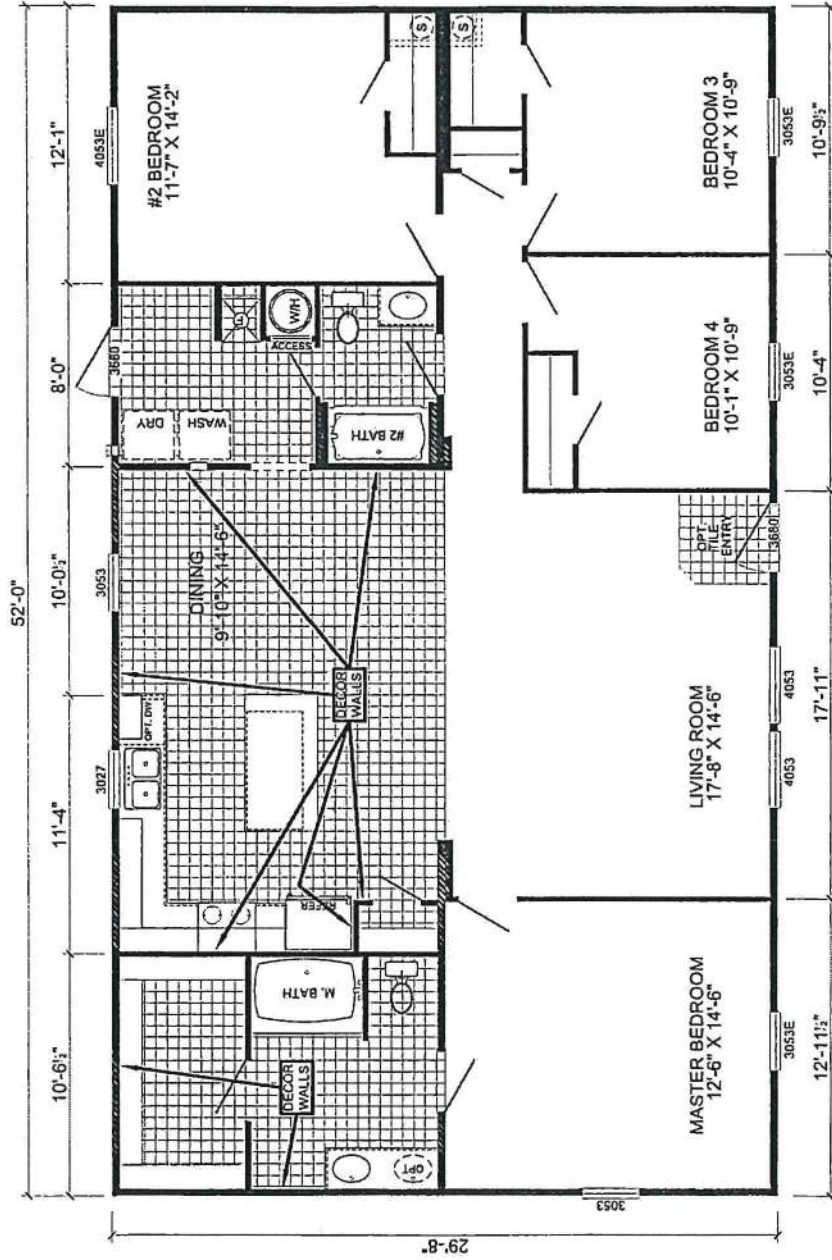
Pier Spacing based on Manual
 for 1500PSF Soil.



THE Telford



SHOWN WITH OPTIONAL DORMER



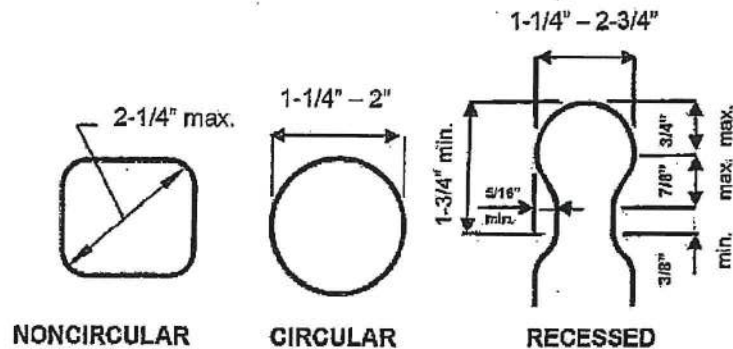
V-3524G
4-BEDROOM / 2-BATH
32 X 52 - Approx. 1525 Sq. Ft.

Date: 05/09/20
 * All room dimensions include closets and square footage figures are approximate.
 * Transom windows are available on optional 9'-0" sidewall houses only.

406054
 the telford

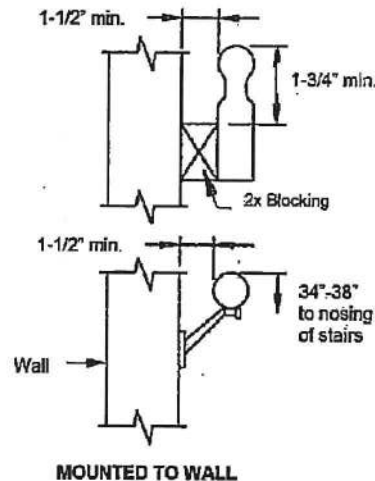
All stairs with 4 or more risers shall have a handrail on at least one side. The handrail height measured vertically from the sloped plane adjoining the nosing shall not be less than 34 inches or more than 38 inches. Handrails shall run continuously from a point directly over the lowest riser to a point directly over the highest riser and shall return to the guard at each end. Handrails may be interrupted by guard posts at a turn in the stair [R311.7.8.2].

Handrails shall be graspable and shall be composed of decay-resistant and corrosion-resistant material. Handrail shall be Type I, Type II, or provide equivalent graspability.

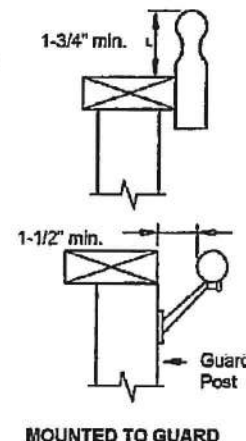


Type I (perimeter dimensions 4"-6 1/4")

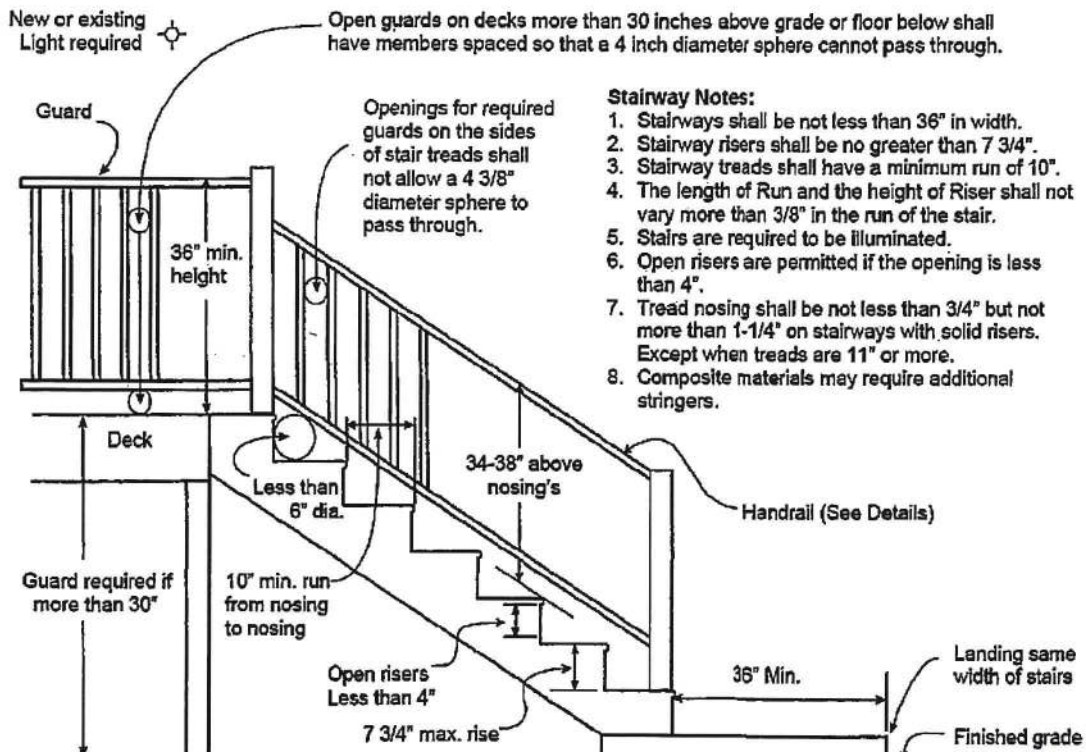
Type II (perimeter dimensions <6 1/4")



MOUNTED TO WALL



MOUNTED TO GUARD



Stairway Notes:

1. Stairways shall be not less than 36" in width.
2. Stairway risers shall be no greater than 7 3/4".
3. Stairway treads shall have a minimum run of 10".
4. The length of Run and the height of Riser shall not vary more than 3/8" in the run of the stair.
5. Stairs are required to be illuminated.
6. Open risers are permitted if the opening is less than 4".
7. Tread nosing shall be not less than 3/4" but not more than 1-1/4" on stairways with solid risers. Except when treads are 11" or more.
8. Composite materials may require additional stringers.



SUWANNEE RIVER

WATER MANAGEMENT DISTRICT

Virginia Johns, Chair
Charles Keith, Secretary/Treasurer
Hugh Thomas, Executive Director

September 22, 2020

A&B Well Drilling INC
5673 NW Lake Jeffery Rd
Lake City, FL 32055-4782

SUBJECT: Water Well Construction Permit 238116- located in Columbia County

Dear Sir/Madam:

Please find enclosed the permit for the above referenced project. Permit issuance does not relieve you from the responsibility of obtaining permits from any federal, state, and/or local agencies asserting concurrent jurisdiction for this work.

The permit enclosed is a legal document. Please read the permit carefully since you are responsible for compliance with any conditions which is a part of this permit. Compliance is a legal requirement and your assistance in this matter will be greatly appreciated.

If you have any questions concerning your permit, please do not hesitate to contact this office at (386) 362-1001.

Thank you for your interest in our water resources.

Sincerely,

A handwritten signature in cursive script, reading "Chrissy Carr".

Chrissy Carr, PWS
Senior Environmental Scientist
Bureau of Regulatory Support

cc: District Permit File
Contractor



STATE OF FLORIDA PERMIT APPLICATION TO CONSTRUCT,
REPAIR, MODIFY, OR ABANDON A WELL

- ☐ Southwest
☐ Northwest
☐ St. Johns River
☐ South Florida
☒ Suwannee River
☐ DEP
☐ Delegated Authority (If Applicable)
- PLEASE, FILL OUT ALL APPLICABLE FIELDS
(*Denotes Required Fields Where Applicable)
The water well contractor is responsible for completing this
form and forwarding the permit application to the appropriate
delegated authority where applicable.

Permit No:	3-023-238116-1		
Florida Unique ID			
Permit Stipulations Required (See Attached)			
62-524 Quad No.	4923SE	Delineation No.	
CUP/WUP Application No.			
ABOVE THIS LINE FOR OFFICIAL USE ONLY			

1. Nick Shishkov *Owner, Legal Name if Corporation	Gail M Hussar *Address	Lake City *City	FL *State	32024 *Zip	7277682103 *Telephone Number
2. Spruce St, Fort White, FL 32038 *Well Location - Address, Road Name or Number, City					
3. 36-5S-15-00488-080 *Parcel ID No. (PIN) or Alternate Key (Circle One)					
4. 36 *Section or Land Grant	5S *Township	15E *Range	Columbia *County	Spring Hill Subdivision	14 Lot
					Block
					Unit
Check if 62-524: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
5. BRUCE PARK *Water Well Contractor	2681 *License Number	3867583409 *Telephone Number	pnatalie2@aol.com E-mail Address		
6. 5673 NW Lake Jeffery Rd *Water Well Contractor's Address	Lake City City	FL State	32055-4782 ZIP		
7. *Type of Work: <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Repair <input type="checkbox"/> Modification <input type="checkbox"/> Abandonment *Reason for Repair, Modification, or Abandonment					
8. *Number of Proposed Wells 1					
9. *Specify Intended Use(s) of Well(s): <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Landscape Irrigation <input type="checkbox"/> Agricultural Irrigation <input type="checkbox"/> Site Investigation <input type="checkbox"/> Bottled Water Supply <input type="checkbox"/> Recreation Area Irrigation <input type="checkbox"/> Livestock <input type="checkbox"/> Monitoring <input type="checkbox"/> Public Water Supply (Limited Use/DOH) <input type="checkbox"/> Nursery Irrigation <input type="checkbox"/> Test <input type="checkbox"/> Public Water Supply (Community or Non-Community/DEP) <input type="checkbox"/> Commercial/Industrial <input type="checkbox"/> Earth-Coupled Geothermal <input type="checkbox"/> Class I Injection <input type="checkbox"/> Golf Course Irrigation <input type="checkbox"/> HVAC Supply <input type="checkbox"/> Class V Injection: <input type="checkbox"/> Recharge <input type="checkbox"/> Commercial/Industrial Disposal <input type="checkbox"/> Aquifer Storage and Recovery <input type="checkbox"/> Drainage <input type="checkbox"/> Remediation: <input type="checkbox"/> Recovery <input type="checkbox"/> Air Sparge <input type="checkbox"/> Other (Describe) _____ Other (Describe) _____ (Note: Not all types of wells are permitted by a given permitting authority)					
10. *Distance from Septic System if ≤ 200 ft. 100 11. Facility Description Vacant Residential 12. Estimated Start Date					
13. *Estimated Well Depth 100 ft. *Estimated Casing Depth 50 ft. *Primary Casing Diameter 4 in. Open Hole: From 50 To 100 ft.					
14. Estimated Screen Interval: From _____ To _____ ft.					
15. *Primary Casing Material: <input type="checkbox"/> Black Steel <input type="checkbox"/> Galvanized <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Not Cased <input type="checkbox"/> Other: _____					
16. Secondary Casing: <input type="checkbox"/> Telescope Casing <input type="checkbox"/> Liner <input type="checkbox"/> Surface Casing Diameter _____ in.					
17. Secondary Casing Material: <input type="checkbox"/> Black Steel <input type="checkbox"/> Galvanized <input type="checkbox"/> PVC <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Other _____					
18. *Method of Construction, Repair, or Abandonment: <input type="checkbox"/> Auger <input type="checkbox"/> Cable Tool <input type="checkbox"/> Jetted <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Sonic <input type="checkbox"/> Combination (Two or More Methods) <input type="checkbox"/> Hand Driven (Well Point, Sand Point) <input type="checkbox"/> Hydraulic Point (Direct Push) <input type="checkbox"/> Horizontal Drilling <input type="checkbox"/> Plugged by Approved Method <input type="checkbox"/> Other (Describe) _____					
19. Proposed Grouting Interval for the Primary, Secondary, and Additional Casing: From 0 To 3 Seal Material (<input type="checkbox"/> Bentonite <input type="checkbox"/> Neat Cement <input checked="" type="checkbox"/> Other Cement) From 3 To 50 Seal Material (<input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Neat Cement <input type="checkbox"/> Other) From _____ To _____ Seal Material (<input type="checkbox"/> Bentonite <input type="checkbox"/> Neat Cement <input type="checkbox"/> Other) From _____ To _____ Seal Material (<input type="checkbox"/> Bentonite <input type="checkbox"/> Neat Cement <input type="checkbox"/> Other)					
20. Indicate total number of existing wells on site _____ List number of existing unused wells on site _____					
21. *Is this well or any existing well or water withdrawal on the owner's contiguous property covered under a Consumptive/Water Use Permit (CUP/WUP) or CUP/WUP Application? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, complete the following: CUP/WUP No. _____ District Well ID No. 140273					
22. Latitude 300025.4349 Longitude 824616.7683					
23. Data Obtained From: <input type="checkbox"/> GPS <input checked="" type="checkbox"/> Map <input type="checkbox"/> Survey Datum: <input type="checkbox"/> NAD 27 <input checked="" type="checkbox"/> NAD 83 <input type="checkbox"/> WGS 84					
I hereby certify that I will comply with the applicable rules of Title 40, Florida Administration Code, and that a water use permit or artificial recharge permit, if needed, has been or will be obtained prior to commencement of well construction. I further certify that information provided in this application is accurate and that I will obtain necessary approval from other federal, state, or local governments, if applicable. I agree to provide a well completion report to the District within 30 days after completion of the construction, repair, modification, or abandonment authorized by this permit, or the permit expiration, whichever occurs first.					
I certify that I am the owner of the property, that the information provided is accurate, and that I am aware of my responsibilities under Chapter 373, Florida Statutes, to maintain or properly abandon this well; or, I certify that I am the agent for the owner, that the information provided is accurate, and that I have informed the owner of his responsibilities as stated above. Owner consents to allowing personnel of this WMD or Delegated Authority access to the well site during the construction, repair, modification, or abandonment authorized by this permit.					
BRUCE PARK *Signature of Contractor		2681 *License No.	BRUCE PARK *Signature of Owner or Agent		09/22/2020 *Date
BELOW THIS LINE - FOR OFFICIAL USE ONLY					
Approval Granted By <u>Christina Cam</u> Issue Date 09/22/2020 Expiration Date 12/21/2020 Hydrologist Approval _____					
Initials					
Fee Received \$ 40 Receipt No. 139594 Check No. OnLine-09744G-274355					
THIS PERMIT IS NOT VALID UNTIL PROPERLY SIGNED BY AUTHORIZED OFFICER OR REPRESENTATIVE OF THE WMD OR DELEGATED AUTHORITY. THE PERMIT SHALL BE AVAILABLE AT THE WELL SITE DURING ALL CONSTRUCTION, MODIFICATION, OR ABANDONMENT ACTIVITIES.					

*Permit No. **3-023-238116-1**

SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT
2379 BROAD STREET, BROOKSVILLE, FL 34604-6899
PHONE: (352) 796-7211 or (800) 423-1476
WWW.SWFWMD.STATE.FL.US

ST. JOHNS RIVER WATER MANAGEMENT DISTRICT
4049 REID STREET, PALATKA, FL 32178-1429
PHONE: (386) 329-4500
WWW.SJRWMD.COM

NORTHWEST FLORIDA WATER MANAGEMENT DISTRICT
152 WATER MANAGEMENT DR., HAVANA, FL 32333-4712
(U.S. Highway 90, 10 miles west of Tallahassee)
PHONE: (850) 539-5999
WWW.NWFWMD.STATE.FL.US

SOUTH FLORIDA WATER MANAGEMENT DISTRICT
P.O. BOX 24680
3301 GUN CLUB ROAD
WEST PLAM BEACH, FL 33416-4680
PHONE: (561) 686-8800
WWW.SFWMD.GOV

SUWANNEE RIVER WATER MANAGEMENT DISTRICT
9225 CR 49
LIVE OAK, FL 32060
PHONE: (386) 362-1001 or (800) 226-1066 (Florida only)
WWW.MYSUWANNEERIVER.COM

Comments:

*General Site Map of Proposed Well Location

N.



Identify known roads and landmarks. Give distances from all reference points or structures, septic systems, sanitary hazards, and contamination sources, if applicable.
DEP Form 62-532.900(1) Incorporated in 62-532.400(1), F.A.C. Effective Date: October 7, 2010

"EXHIBIT A"
CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 3-023-238116-1
A&B Well Drilling INC
DATED SEPTEMBER 22, 2020

1. The well contractor shall notify the District no less than 24 hours prior to initiating construction, repair, or grouting operations. The District representative for this permit is Chrissy Carr (386) 336-5644.
2. The well contractor shall meet the well/ sanitary hazard setback requirements of Chapter 62-532, F.A.C., Table 1. Variances from these setbacks are not authorized unless approved in advance by the District.
3. The well contractor shall post a copy of this permit on-site during all phases of well construction or repair.
4. The well contractor shall submit to the District a Well Completion Report in a District-approved format within 30 days of the completion of the construction, repair, or abandonment authorized by this permit.
5. The well owner shall provide District staff access to the well site during all phases of well construction or repair.
6. Issuance of this permit does not relieve the well owner of obtaining any necessary federal, state, local or special District permits or authorizations.
7. The well contractor shall follow the well construction or repair plan described in the application. Changes to the construction or repair plan are not authorized unless approved in advance by the District.
8. The well contractor shall finish the upper well terminus a minimum of 12 inches above the slab elevation or finished grade whichever is higher.

A & B Construction Inc.

546 SW Dortch St. Ft. White, FL, 32038

(O) 386-497-2311 (F) 386-497-4866

Customer Name: Nick Shishkov Date: 9-11-70

Property Location: SW Spruce Rd, Ft. White

Contact Phone Number (s): 727-768-2103

The above named agrees to the following services:

Septic System Permit:	\$ <u>425.00</u>
Septic System: Tank <u>200</u> Drain Field <u>575</u> Fill / Mound	\$ <u>3850.00</u>
(This is an estimate, exact prices given only after soil sample)	
Lift Station:	\$ _____
100' Well: (_____)	\$ _____
200 Amp Power Pole	\$ _____
Water, Sewer & Electrical Connections	\$ <u>150.00</u>
Underground	\$ _____
House Pad _____ Loads of fill	\$ _____
Build and Spread House Pad:	\$ _____
Move-On Permit:	\$ _____
Fee to Pull Permit:	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total:	\$ <u>4425.00</u>
Down Payment:	\$ _____
Remainder:	\$ _____

Customer Signature: _____ A & B Representative: Karl Johnson

Please read the following items. Your signature is acknowledgement that you have read and agreed with these terms and conditions and they are satisfactory to you and you are authorizing A&B Construction to proceed with the work.

1. The owner / contractor agrees to pay 50% of the cost of the project prior to commencement of work, representing in good faith deposit. Balance is to be paid upon completion. Final payment not made at the time of completion will be subject to interest at the maximum rate allowed by law.
2. A&B Construction will NOT be responsible for any damage that may occur to driveways, sidewalks, patios, shrubbery, flowers, grass, fence, or any existing underground lines such as sprinklers, water, sewer, telephone, electrical, gas, culverts, or other items not listed.
3. If it becomes necessary to deviate from the above described work or if the owner / contractor request additional or different work to be performed an additional charge shall be agreed upon before that work is undertaken.
4. Pumps installed in any system will carry the manufactures warranty of one (1) year, but does not include labor for installation of replacement pump.
5. In the event it becomes necessary for A&B Construction to employ an attorney for collection of the contract price, it is agreed and understood that any cost incurred for collection will be paid by the owner / contractor in addition to the contracted amount. A&B Construction, Inc. May pursue all remedies available by law, including termination of this contract without notice, repossession of equipment or materials without legal process and recovery of all sums due hereunder. The customer shall pay A&B Construction's cost of collection and enforcement including court cost, attorney's fees and interest.
6. All wells and septic systems installed by A & B Construction will be warranted for one (1) year from date of installation.



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM

PERMIT #: 12-SC-2166847
APPLICATION #: AP1578349
DATE PAID: 9/16/20
FEE PAID: 31092
RECEIPT #:
DOCUMENT #: PR1408540

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: DANIEL**20-0742 WALFORD
PROPERTY ADDRESS: SW SPRUCE Lake City FL 32024
LOT: 14 BLOCK: D SUBDIVISION: Spring Hollow
PROPERTY ID #: 00488-080 [SECTION, TOWNSHIP, RANGE, PARCEL NUMBER]
[OR TAX ID NUMBER]

SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF SECTION 381.0065, F.S., AND CHAPTER 64E-6, F.A.C. DEPARTMENT APPROVAL OF SYSTEM DOES NOT GUARANTEE SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN MATERIAL FACTS, WHICH SERVED AS A BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT TO MODIFY THE PERMIT APPLICATION. SUCH MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE NULL AND VOID. ISSUANCE OF THIS PERMIT DOES NOT EXEMPT THE APPLICANT FROM COMPLIANCE WITH OTHER FEDERAL, STATE, OR LOCAL PERMITTING REQUIRED FOR DEVELOPMENT OF THIS PROPERTY.

SYSTEM DESIGN AND SPECIFICATIONS

T [1200] GALLONS / GPD Septic Tank CAPACITY
A [] GALLONS / GPD N/A CAPACITY
N [] GALLONS GREASE INTERCEPTOR CAPACITY (MAXIMUM CAPACITY SINGLE TANK: 1250 GALLONS)
K [] GALLONS DOSING TANK CAPACITY [] GALLONS [] DOSES PER 24 HRS #Pumps []

D [675] SQUARE FEET Drainfield SYSTEM
R [] SQUARE FEET N/A SYSTEM
A TYPE SYSTEM: [X] STANDARD [] FILLED [] MOUND []
I CONFIGURATION: [X] TRENCH [] BED []

F LOCATION OF BENCHMARK: Nail in oak N of site

I ELEVATION OF PROPOSED SYSTEM SITE [12.00] [INCHES] FT [] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [42.00] [INCHES] FT [] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

L
D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [0.00] INCHES

O The system is sized for 4 bedrooms with a maximum occupancy of 8 persons (2 per bedroom), for a total estimated flow of 400 gpd.

T
H
E
R
SPECIFICATIONS BY: WILLIAM D BISHOP

TITLE: SA0890009; SM0081587

APPROVED BY: [Signature] TITLE: Environmental Specialist II Columbia CHD

DATE ISSUED: 09/17/2020

EXPIRATION DATE: 03/17/2022

DH 4016, 08/09 (Obsoletes all previous editions which may not be used)

Incorporated: 64E-6.003, FAC



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

PERMIT NO. 20-0742
DATE PAID: 9/16/20
FEE PAID: 318.00
RECEIPT #: 1528349

APPLICATION FOR:

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

APPLICANT: Daniel Walford

AGENT: ROCKY FORD, A & B CONSTRUCTION

TELEPHONE: 386-497-2311

MAILING ADDRESS: 546 SW Dortch Street, FT. WHITE, FL, 32038

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: 14 BLOCK: D SUB: Spring Hills PLATTED: _____

PROPERTY ID #: 36-5S-15-00488-080 ZONING: _____ I/M OR EQUIVALENT: ☒ Y ☐ N

PROPERTY SIZE: 1.045 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0055, FS? ☒ Y ☐ N DISTANCE TO SEWER: NA FT

PROPERTY ADDRESS: SW Spruce Rd Lake City FL

DIRECTIONS TO PROPERTY: 47 South Right on CR 240 Left on SW Ichetucknee Ave Right on SW Curtain Lane Left on SW Spruce St to lot on Right

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
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1	SF Residential	4	2560	
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2				
---	--	--	--	--

3				
---	--	--	--	--

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: William D. Bishop II

DATE: 9/14/2020

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

Permit Application Number 20-0742

D. Walford (Shishkov) PART II - SITEPLAN - - - - -

Scale: 1 inch = 40 feet

See attached

Notes: _____

Site Plan submitted by: William D. Bishop III MASTER CONTRACTOR
Plan Approved 10 Not Approved _____ Date 9/14/2020
By [Signature] Columbia CHD County Health Department
9/17/20
ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

20-0742