

Parcel:
01-3S-16-01910-013 (6271)

Owner & Property Info

Result: 1 of 2

Owner	STANGE DANIELLE RENEE DOUYLLIEZ JUSTIN LEON 16673 NW 192ND TER HIGH SPRINGS, FL 32643		
Site			
Description	* LOT 12 UNIT 1 CARTER ACRES S/D. 473-456, QC 1446-2724, WD 1455-2253, WD 1459-315		
Area	6.25 AC	S/T/R	01-3S-16
Use Code	** VACANT (0000)	Tax District 3	

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM


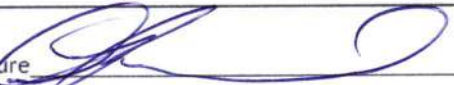
APPLICATION NUMBER _____ CONTRACTOR Brent Strickland PHONE 386-365-7043

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

Stange-Douylliez

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>James Dale Williams</u> License #: <u>EC 13007092</u> Qualifier Form Attached <input checked="" type="checkbox"/>	Signature  Phone #: <u>386-362-2035</u>
MECHANICAL/ A/C _____	Print Name <u>Michael Boland</u> License #: <u>CAC 1817716</u> Qualifier Form Attached <input checked="" type="checkbox"/>	Signature  Phone #: <u>352-274-9326</u>

Qualifier Forms cannot be submitted for any Specialty License.

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			

F. S. 440.103 Building permits; identification of minimum premium policy.--Every employer shall, as a condition to applying for and receiving a building permit, show proof and certify to the permit issuer that it has secured compensation for its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each time the employer applies for a building permit.

Revised 10/30/2015



COLUMBIA COUNTY BUILDING DEPARTMENT
LETTER OF AUTHORIZATION TO SIGN FOR PERMITS
135 NE Hemando Ave, Suite B-21, Lake City, FL 32055
Phone 386-758-1008 Fax 386-758-2160

I, Dale Williams (license holder name), licensed qualifier
for Affordable Electric (company name), do certify that
the below referenced person(s) listed on this form is/are employed by me directly or through an
employee leasing arrangement; or, is an officer of the corporation; or, partner as defined in
Florida Statutes Chapter 468, and the said person(s) is/are under my direct supervision and
control and is/are authorized to purchase permits, call for inspections, and sign on my behalf

Printed Name of Person Authorized	Signature of Authorized Person
1. Dale Burd	1.
2.	2.
3.	3.
4.	4.
5.	5.

I, the license holder, realize that I am responsible for all permits purchased, and all work done
under my license and fully responsible for compliance with all Florida Statutes, Codes, and
Local Ordinances. I understand that the State and County Licensing Boards have the power and
authority to discipline a license holder for violations committed by him/her, his/her agents,
officers, or employees and that I have full responsibility for compliance with all statutes, codes
and ordinances inherent in the privilege granted by issuance of such permits

If at any time the person(s) you have authorized is/are no longer employee(s), or officer(s), you
must notify this department in writing of the changes and submit a new letter of authorization
form, which will supersede all previous lists. Failure to do so may allow unauthorized persons to
use your name and/or license number to obtain permits.

License Holders Signature (Notarized)

EC13007092 1-07-19
License Number Date

NOTARY INFORMATION:

STATE OF Florida COUNTY OF Columbia

The above license holder, whose name is James D. Williams
personally appeared before me and is known by me or has produced identification
(type of I.D.) _____ on this 7th day of January, 20 19

NOTARY'S SIGNATURE

(Seal/Stamp)





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

LICENSED QUALIFIER AUTHORIZATION

I, Michael A Boland (license holder name), licensed qualifier
for ACE A/C of Ocala, LLC (company name), do certify that
the below referenced person(s) listed on this form is/are contracted/hired by me, the license
holder, or is/are employed by me directly or through an employee leasing arrangement; or, is an
officer of the corporation; or, partner as defined in Florida Statutes Chapter 468, and the said
person(s) is/are under my direct supervision and control and is/are authorized to purchase and
sign permits; call for inspections and sign subcontractor verification forms on my behalf.

Printed Name of Person Authorized	Signature of Authorized Person
1. <u>DAVE SARD</u>	1. <u>[Signature]</u>
2. <u>Kelly Bishop</u>	2. <u>Kelly Bishop</u>
3. <u>Rocky Ford</u>	3. <u>[Signature]</u>
4.	4.
5.	5.

I, the license holder, realize that I am responsible for all permits purchased, and all work done
under my license and fully responsible for compliance with all Florida Statutes, Codes, and
Local Ordinances. I understand that the State and County Licensing Boards have the power and
authority to discipline a license holder for violations committed by him/her, his/her agents,
officers, or employees and that I have full responsibility for compliance with all statutes, codes
and ordinances inherent in the privilege granted by issuance of such permits.

If at any time the person(s) you have authorized is/are no longer agents, employee(s), or
officer(s), you must notify this department in writing of the changes and submit a new letter of
authorization form, which will supersede all previous lists. Failure to do so may allow
unauthorized persons to use your name and/or license number to obtain permits.

[Signature]
Licensed Qualifiers Signature (Notarized)

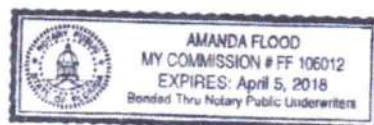
CAC1817716 ES/2009DL
License Number Date 11/17/15

NOTARY INFORMATION:
STATE OF Florida COUNTY OF Marion

The above license holder, whose name is Michael A. Boland
personally appeared before me and is known by me or has produced identification
(type of I.D.) DM on this 17th day of November, 20 15

[Signature]
NOTARY'S SIGNATURE

(Seal/Stamp)



Permit Application Number _____

STANGE - Doyllitz

PART II - SITEPLAN

Hand-drawn site plan for a property. The plan shows a large rectangular lot with dimensions 210' by 140'. A smaller rectangular area, labeled '4 BR 2574 SQ', is situated in the upper right portion of the lot. This area has dimensions 74' by 76'. A driveway, labeled 'DRIVE', runs along the right side of the lot. A 'SLOPE' is indicated on the left side. A 'Ditch at Road' is shown at the bottom left. Various other dimensions are marked, including 35', 23', 96', 210', 135', 123', 28', 14' 11", 29' 11", and 60'. A north arrow is present in the upper right corner.

Notes: 1 of 6.25 Acres SEE ATTACHED

Site Plan submitted by  CONTRACTOR
Plan Approved _____ Not Approved _____ Date _____
By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



Columbia County Property Appraiser

Jeff Hampton | Lake City, Florida | 386-758-1083

PARCEL: 01-3S-16-01910-013 (6271) | VACANT (0000) | 6.25 AC

LOT 12 UNIT 1 CARTER ACRES S/D. 473-456, QC 1446-2724, WD 1455-2253, WD 1459-315

Owner: STANGE DANIELLE RENEE

DOUYLLIEZ JUSTIN LEON

16673 NW 192ND TER

HIGH SPRINGS, FL 32643

Site:

Sales Info

2/7/2022

12/21/2021

8/2/2021

\$48,500

\$19,000

\$100

V (Q)

V (U)

V (U)

2022 Working Values

Mkt Lnd

Ag Lnd

Bldg

XFOB

Just

\$23,500

\$0

\$0

\$0

\$23,500

Appraised

Assessed

Exempt

Total

Taxable

\$23,500

\$23,500

\$0


county:\$23,500

city:\$0

other:\$0

school:\$23,500

NOTES:



Columbia County, FL

This information, was derived from data which was compiled by the Columbia County Property Appraiser Office solely for the governmental purpose of property assessment. This information should not be relied upon by anyone as a determination of the ownership of property or market value. No warranties, expressed or implied, are provided for the accuracy of the data herein, it's use, or it's interpretation. Although it is periodically updated, this information may not reflect the data currently on file in the Property Appraiser's office.

GrizzlyLogic.com

#1

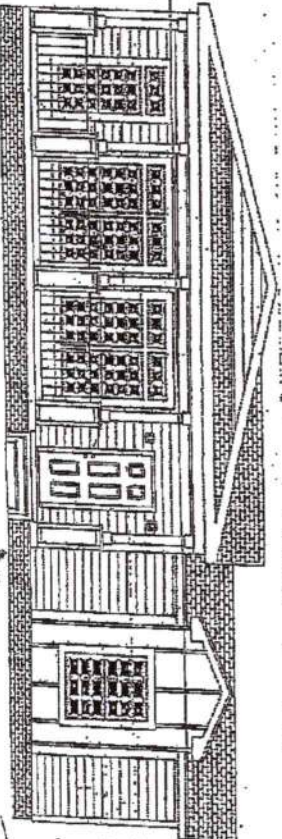
4-BEDROOM / 3-BATH

32-X 76 w/ Tag - Approx. 2,692 Sq.-Ft. w/ porch

All room dimensions include closets and square footage figures are approximate.

* All room dimensions include closets and square footage for Transerra windows are available on optional D-V* eiderside view.

Standard Board and Decking Pinned to Tower Drifted Lower
Standard Hard Blue Columns w/ Hard Columns on Top.





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: **3/8/2022 9:47:48 PM**
Address: **289 NW ADRIENNE Gln**
City: **LAKE CITY**
State: **FL**
Zip Code **32055**

Parcel ID **01910-013**

REMARKS: New address for Habitable structure (family home, business, etc.) on the 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: **MOORE, DAVID R.**