Parcel:

22-5S-17-09340-054 (34303)

Owner & Property Info

Result: 1 of 2

ASHMANN HOLDINGS LLC

Owner 164 NW MADISON ST STE 103

LAKE CITY, FL 32055

Site MASON CITY

N1/2 OF BLOCK 45, MASON CITY EX N 101.2 FT AND EX THE SOUTH 96.94 FT OF N1/2 OF

Description* BLOCK 45 AS DESC IN ORB 920-2536 (CASE NO 09-413-CA VOIDS TAX DEED ORB 1164-883).

WD 1438-2585,

Area 0.78 AC S/T/R 22-5S-17E

Use Code** VACANT (0000) Tax District 3

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER	CONTRACTOR	Brent Strickland	PHONE 386-365-7043
		ACCUMANTAL DESIGNATION OF THE PARTY OF THE P	

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

Brent Ash

In Columbia County one permit will cover all trades doing work at the permitted site. It is <u>KEQUIKED</u> 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 Brent Ash	Signature
	License #: Owner	Phone #: 386-867-4080
	Qualifier Form Att	tached
MECHANICAL/	Print Name Brent Ash	Signature S
A/C	License #: Owner	Phone #: 386-867-4080
	Qualifier Form Att	tached

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

Detail by Entity Name

Florida Limited Liability Company

ASHMANN HOLDINGS, LLC

Filing Information

Document NumberL20000396465 FEI/EIN NumberAPPLIED FOR Date Filed12/18/2020 Effective Date12/18/2020

StateFL StatusACTIVE

Principal Address

164 NW MADISON STREET

SUITE 103

LAKE CITY, FL 32055

Mailing Address

164 NW MADISON STREET

SUITE 103

LAKE CITY, FL 32055

Registered Agent Name & Address FOREMAN, JOEL F

164 NW MADISON STREET

SUITE 103

LAKE CITY, FL 32055

Authorized Person(s) Detail Name & Address

Title MGR

ASH, BRENT

PO BOX 3063

LAKE CITY, FL 32056

Title MGR

MANN, ROBERT 2941 W HWY 90 STE 101 LAKE CITY, FL 32055

	parriage wall piers within 2 of and of home positive 15C	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 Typical pier spacing Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)	Installer Brent Strickland License # IH 1104218 Installer Mobile Phone # 386-365-7043 Address of home # 180 Hodges Way Address of home being installed AMARCH FL. 3 2025 Manufacturer Home is a single wide fill out one half of the blocking plan MOTE: If home is a single wide fill out one half of the blocking plan
within 2' of end of home spaced at 5' 4" oc Longitudinal Stabilizing Device (LSD) Manufacturer Longitudinal Stabilizing Device w/ Lateral Arms Marriage wall Sheanwall	B'	Typical Hinged 8 SPACING TABLE FOR USED HOMES 16" 18 1/2" x 18 20" x 20" 22" 22" 24" X 24" 26" (576)" (6 2" 8" 8" 8" 8" 8" 8" 8" 8" 8" 8" 8" 8" 8"	New Home Used Home A Home installed to the Manufacturer's Installation Manual Home is installed in accordance with Rule 15-C Single wide Wind Zone II W Wind Zone III Double wide Installation Decal # 658/6 Triple/Quad Serial # FLHML & FJC2 15-2887/4/6

PERMIT NUMBER

POCKET PENETROMETER TEST

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

11

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 rourd down to that increment

×1000

x (000

TORQUE PROBE TEST

showing 275 inch pounds or less will require 5 foot anchors here if you are declaring 5' anchors without testing The results of the torque probe test is 24 inch pounds or check

Note: A state approved lateral arm system is being used and 4 ft. anchors are required at all centerline tie points where the torque test anchors are allowed at the sidewall locations. I understand 5 ft requires anchors with 4000 lb holding capacity reading is 275 or less and where the mobile home manufacturer may

Installer's initials

ALL TESTS MUST BE PERFORMED BY ALLICENSED INSTALLER

ir staller Name

Date Tested

6-79-

Electrical

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

Plumbing

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

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

Pg. 12 Between Floors Yes Legent Person Floors Person Fl	
=	
	Pg
=	5
of tape will not serve as a gasket.	of tape
a result of a poorly installed or no gasket being installed. I understand a strip	a result
I understand a properly installed gasket is a requirement of all new and used homes and that condensation, mold, meldew and buckled marriage walls are	homes
Gasket (weatherproofing requireme it)	
over the peak of the roof and fastened "on center on both sides of the center	
Type Fastener: 124 33 c	Roof
Type Fastener Type Fastener	Floor. Walls
Debris and organic material removed Water drainage: Natural Swale Pad Cother .	Debris : Water o
Sile Fiebalation	
Circ Decoration	

Fireplace chimney installed so as not to allow intrusion of rain water. Yes Siding on units is installed to manufacturer's specifications. Yes The bottomboard will be repaired and/or taped. Yes ___

Miscellaneous

Dryer vent installed outside of skirting. Yes Skirting to be installed. Yes Yes NA

NA

Drain lines supported at 4 foot intervals. Yes, Range downflow vent installed outside of skirting.

Electrical crossovers protected. Yes ___

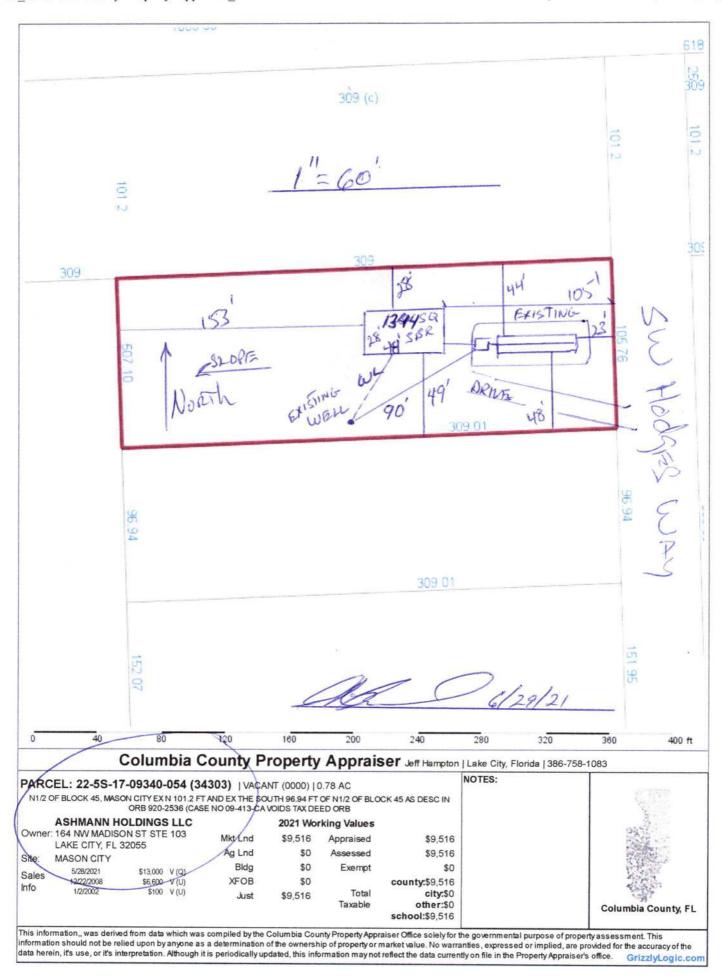
Other:

Installer verifies all information given with this permit worksheet manufacturer's installation instructions and or Rule 15C-1 & 2 is accurate and true based on the

Installer Signature_ Date 6-29-2021

Rad Cons 13 May work of

18/26/71



Manufacturer Address HOMES OF MERLT, INC. P.O. BOX 2097 LAKE CITY FL 32056 ng, and to commerce and the B a recommendate that the alone damps beginning the 10243 is not higher than Plant Nijnber 2 Date of Manufacture | HUID Label No. (5) ate of Manufacture HUD Label No.(5)
1/13/05 FLA 766816-B FLA 766837-A
Melli/acturers Serie. Number and Model Unit Designation GOMPORT COOLING Six conditioner provided at tectury (Albertails ft. FLHML2720217-28891AB This manufactures have an designate to compay with the induced manufactures to one construction with actions and canadactures of the additional information cannot sensor a manufacture. Art or religionar requirementarion good grounder cours did no bella Colonial or acquisition with the approximate the control of the approximate the colonial particles and the approximate accordance to the beautiful to the colonial or the colo Normal the book treat every or too horse having . Or typ began the risk designed to the major or bridge complemation of \$1.00 against designed The factory installed equipment includes: here provided and the second of the force of the special will change in operating upon the first instruments to effect the force one is special will change in operating special and the second of the first one of the first operation operation of the first operation ope Model Designation Manufacturer Equipment For heating For all notifice JDS27WH2WW CE objected an excession of calculate code of the second at the second and consistent is any other and consistent in the code of the second Fer cooking GISTADSPOLEW Datification INTERTHERM THE PROPERTY The conflicture and present of the tree t filmwater II.

The art description depletes of the force of a section for the resistance of marie of Water Hoole Wante The against the distribution excent highland in this forms is some over a fragmentation; twent before the conflicting property of an artifact. In a large case of a property of a series of the conflicting and the conflicting a Ciethex Dryer Digheather Garbage Disposel MARCO 201367CD-37 SMOKE DETECTOR UST 038 010, V GASIC WIND ZONE WAP COMPANY OF STREET Calley we will still still be N-238 Actual Continue ---2015 transming on the day or to be A - Chillip + 188 (F.) restant reprints from





COLUMBIA COUNTY BUILDING DEPARTMENT

Application #_	
* * * ·	

PRELIMINARY MOBILE HOME INSPECTION REPORT

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\$50.00	ree	Pala	

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	Ashmann Holding				0
	64 NW Mdison St, Ste 10			ELL_000 007 4000	<u> </u>
		SUB		Block 45 Mason C	_ itv
	- r Ann				
DRIVING DIR	ECTIONS TO MOBILE HOME US 44	11 South, TR Turner PL, T	L Bloomington, TR	Calvary, TR Houge	es way, To end offier
MOBILE HOM	E INSTALLER Brent Strict	kland PHONE		CELL 386-365-70	43
MOBILE HO	ME INFORMATION				
MAKE Hom	nes of Merit	YEAR 2005SIZE 2	4 <u>x</u> 48	COLOR	
SERIAL No	FLHML2F2021Y-28	891AB			
WIND ZONE	2	Must be wind zone II or higher N	O WIND ZONE I ALLOWE	D	
INTERIOR: (P or F) - P=	N STANDARDS PASS F= FAILED SMOKE DETECTOR () OPERATION FLOORS () SOLID () WEAK DOORS () OPERABLE () DAM WALLS () SOLID () STRUCTOR WINDOWS () OPERABLE () II PLUMBING FIXTURES () OPERA CEILING () SOLID () HOLES (ELECTRICAL (FIXTURES/OUTLETS) FIXTURES MISSING	() HOLES DAMAGED LOCATIO AGED JRALLY UNSOUND HOPERABLE BLE () INOPERABLE () MISSI	NG		
EXTERIOR:	WALLS / SIDDING () LOOSE SIDII WINDOWS () CRACKED/ BROKE ROOF () APPEARS SOLID () DA	EN GLASS () SCREENS MISSING		T () NEEDS CLEANING	
STATUS APPROVED_	WITH CONDITIONS:				
NOT APPROV	ED NEED RE-INSPECTION	N FOR FOLLOWING CONDITIONS_			
RIIII DING IN	SPECTOR'S SIGNATURE		ID MIIA	ARED DA	ATE