Parcel:

13-28-16-01603-103 (4890)

**Owner & Property Info** 

HARDY DANIEL C

HARDY DONNA KAY

Owner 269 NW CRAWFORD CT

WHITE SPRINGS, FL 32096

Site 269 NW CRAWFORD Ct, WHITE SPRINGS

COMM INTERS N R/W SR-246 & E LINE W1/2 OF SEC 13, RUN NW'LY ALONG N CR-246 R/W

Result: 1 of 1

2710.18 FT TO W LINE OF SEC, N ALONG SEC LINE 784.94 FT FOR POB, CONT N 381.09 FT, E

1158.74 FT, S 382.09 FT, W 1197.81 FT TO POB EX RD R/W.(AKA LOT 24 NATURE

Description\* CONSERVANCY EAST S/D UNREC). ORB 731-566, 814-1515, REVOCATION OF POA. ORB 828-

1869, DEED TO TRUST ORB 834-2129, 838-1883, POA TO RUSSELL BLAIR ORB 838-1884,

ORDER QUIETING TITLE ORB 866-950, <

Area 10.17 AC S/T/R 13-2S-16

Use Code\*\* SINGLE FAMILY (0100)

Tax District 3

### MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER \_\_\_\_\_ CONTRACTOR Robert Sheppard PHONE 386-623-2203

Kyle Hardy  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 start of that subcontractor beginning any work. Violations will result in stop work orders and/or fines.  ELECTRICAL  Print Name  Glenn Whittington  Signature  Qualifier Form Attached  MECHANICAL/  A/C  License #: CAC 1817658  Qualifier Form Attached  Qualifier Form Attached  Qualifier Forms cannot be submitted for any Specialty License.			THE PORM AND ET DE	CURAITTED DRIOD T	THE ISSUANCE	OF A DEPMIT
In Columbia County one permit will cover all trades doing work at the permitted site. It is <a href="#keeuited-to-18">KEQUIKED</a> 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 start of that subcontractor beginning any work. Violations will result in stop work orders and/or fines.  ELECTRICAL  Print Name  Glenn Whittington  Signatur  Qualifier Form Attached  MECHANICAL/  A/C  License #:  CAC 1817658  Phone #:  B00-259-3470  Qualifier Form Attached  Qualifier Form Attached  Qualifier Form Attached  Qualifier Forms cannot be submitted for any Specialty License.			THIS FORM MUST BE	E SUBMITTED PRIOR II		
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 start of that subcontractor beginning any work. Violations will result in stop work orders and/or fines.  ELECTRICAL  Print Name  Glenn Whittington  Signature  Jake-972-1700  Qualifier Form Attached  MECHANICAL/  A/C  License #:  CAC 1817658  Phone #:  Signature  386-972-1700  Qualifier Form Attached					K	(yle Hardy
ELECTRICAL  Print Name  Glenn Whittington  License #:  EC 13002957  Qualifier Form Attached  MECHANICAL/  A/C  License #:  CAC 1817658  Qualifier Form Attached  Qualifier Form Scannot be submitted for any Specialty License.	records of the ordinance 89-6	subcontractors 5, a contractor	who actually did shall require all su	the trade specific v abcontractors to pr	vork under th ovide eviden	e permit. Per Florida Statute 440 and ce of workers' compensation or
License #: EC 13002957 Phone #: 386-972-1700  Qualifier Form Attached   MECHANICAL/ Print Name Ronald Bonds Sr. Signature  A/C License #: CAC 1817658 Phone #: 800-259-3470  Qualifier Form Attached   Qualifier Forms cannot be submitted for any Specialty License.						
MECHANICAL/ A/C	ELECTRICAL	Print Name	Glenn Whittii	ngton	Signature	
MECHANICAL/ A/C		License #:	EC 1300295	7	Phone #:	386-972-1700
A/C License #: CAC 1817658 Phone #: 800-259-3470  Qualifier Form Attached X  Qualifier Forms cannot be submitted for any Specialty License.			Qua	alifier Form Attached	X	
Qualifier Form Attached \( \infty \)  Qualifier Forms cannot be submitted for any Specialty License.	MECHANICAL/	Print Name	Ronald Bond	ls Sr.	Signatur	
Qualifier Form Attached \( \infty \)  Qualifier Forms cannot be submitted for any Specialty License.	A/C	License #:	CAC 181765	58	Phone #: _	800-259-3470
		,	Qua	alifier Form Attached	X	
Sub Contractors Signature	Qualifier Form	ns cannot be	submitted for an	y Specialty Licens	e.	
Specialty License License Number Sub-Contractors Printed Name Sub-Contractors Signature	Specialty L	icense L	icense Number	Sub-Contractors	Printed Name	Sub-Contractors Signature
MASON	MASON					
CONCRETE FINISHER	CONCRETE FIR	NISHER				

F. S. 440.103 Building permits; identification of minimum premium policy.--Every employer shall, as a condition to

compensation for its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each

applying for and receiving a building permit, show proof and certify to the permit issuer that it has secured

Revised 10/30/2015

time the employer applies for a building permit.



### 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

C/ 1/1/ De t	50 100 100 100 100 100 100 100 100 100 1
	(license holder name), licensed qualifier
for WhitTington ELREKIC 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. Recky Ford	2. Jones 1) ]
3.	3.
4.	4.
5.	5.
I, the license holder, realize that I am responsible under my license and fully responsible for comp Local Ordinances. I understand that the State are authority to discipline a license holder for violatic officers, or employees and that I have full responsand ordinances inherent in the privilege granted.  If at any time the person(s) you have authorized officer(s), you must notify this department in write authorization form, which will supersede all prevunauthorized persons to use your name and/or but the licensed Qualifiers Signature (Notarized).	liance with all Florida Statutes, Codes, and and County Licensing Boards have the power and one committed by him/her, his/her agents, insibility for compliance with all statutes, codes by issuance of such permits.  is/are no longer agents, employee(s), or ting of the changes and submit a new letter of the changes and submit a new letter of the changes and so may allow
The above license holder, whose name is	me or has produced identification this day of, 20_16
NOTARY'S SIGNATURE	Seal/Starkelly R BISHOP  Notary Public - State of Florida  Commission # FF 243986  My Comm. Expires Jun 24, 2019



### 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

LICENSED QUALIFIE	ER AUTHORIZATION
1. Konplet E Bond SE	(license holder name). licensed qualifier
for STY/E CREST ENTERPENSES	Twc (company name), do certify that
the below referenced person(s) listed on this for holder, or is/are employed by me directly or through 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 subcompany.	ugh an employee leasing arrangement; or, is an in 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. DALE BURD	1.
2. Rocky Ford	2. (be/3) 7-1
3. Kally Bishop	3 Kelly Bishof
4.	4.
5.	5.
I, the license holder, realize that I am responsible under my license and fully responsible for complicational Ordinances. I understand that the State an authority to discipline a license holder for violatio officers, or employees and that I have full responsand ordinances inherent in the privilege granted.	iance with all Florida Statutes, Codes, and d County Licensing Boards have the power and ns committed by him/her, his/her agents, sibility for compliance with all statutes, codes
officer(s), you must notify this department in writing authorization form, which will supersede all previous authorized persons to use your name and/or in the supersede all previous authorized persons to use your name and/or in the supersede all previous authorized persons to use your name and/or in the supersede all previous authorized persons to use your name and/or in the supersederate authorized persons to use your name and/or in the supersederate authorized persons to use your name and/or in the supersederate authorized persons to use your name and/or in the supersederate authorized persons to use your name and/or in the supersederate authorized persons to use your name and/or in the supersederate authorized persons to use your name and/or in the supersederate authorized persons to use your name and/or in the supersederate authorized persons to use your name and/or in the supersederate authorized persons to use your name and/or in the supersederate authorized persons to use your name and/or in the supersederate authorized persons to use your name and/or in the supersederate authorized persons to use your name and/or in the supersederate authorized persons to use your name and/or in the supersederate authorized persons to use your name and/or in the supersederate authorized persons to use your name and/or in the supersederate authorized persons to use your name and your name and/or in the supersederate authorized persons to use your name and/or in the supersederate authorized persons to use your name and/or in the supersederate authorized persons to use your name and/or in the supersederate authorized persons to use your name and your n	ng of the changes and submit a new letter of ous lists. Failure to do so may allow
Licensed Qualifiers Signature (Notarized)	CRC 1817658 2-16-14  License Number Date
NOTARY INFORMATION: STATE OF:COUNTY OF:	Bay
The above license holder, whose name is Royal personally appeared before me and is known by (type of I.D.) on t	me or has produced identification his 16th day of FEB 20 (6).
Staley Ging loope'ns	(Seal/Stamp)

Notary Public State of Florida
Stacey Ann Hopkins
My Commission FF 188407
Expires 11/08/2018

		marriage wall piers within 2' of end of home per Rule 15C			Typical pier spacing  2'  Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)	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	Manufacturer  NOTE: if home is a triple or quad wide sketch in remainder of home  Note: if home is a triple or quad wide sketch in remainder of home	Installer Robert Sheppard License # IH 1025386 Installer Mobile Phone # 386-623-2203 Address of home IS NW CLAWFOLD LOUI	PERMIT NUMBER
within 2' of and of home spaced at 5' 4" oc 1  Longitudinal Stabilizing Device (LSD)  Manufacturer  Longitudinal Stabilizing Device w/ Lateral Arms  Manufacturer  Manufacturer  Mithin 2' of and of home spaced at 5' 4" oc 1  OTHER TIES  Number  Longitudinal Sidewall  Longitudinal Shearwall  Manufacturer  Manufacturer  Mithin 2' of and of home spaced at 5' 4" oc 1  OTHER TIES  Number  Sidewall  Longitudinal Stabilizing Device w/ Lateral Arms  Shearwall	Opening Pier pad size 4 ft 5 ft FRAME TIES	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.  Draw the approximate locations of marriage 20 x 20 440 441 17 3/16 x 25 3/16 3/1	$ \chi \times \rangle =  $	cing table. POPULAR PAD SIZ	1(n) 3: 4: 5: 6: 7: 6: 7: 7: 8: 8: 8: 8: 8: 8: 8: 8: 8: 8: 8: 8: 8:	PIER SPACING TABLE  16" x 16"	Single wide Wind Zone II Wind Zone III U  Double wide Installation Decal # 93904  Triple/Quad Serial # FL261-030-H-1A104522 AS  Roof System: Typical Hinged	alled to the Manufacturer's Installation Mistalled in accordance with Rule 15-C	New Home Used Home

### PERMIT NUMBER

	of che	1	
×1000	ck here to declare 1000	acket accetrometer test	POC
× OOO	or check here to declare 1000 lb. soil without testing.	s are rounded down to	POCKET PENETROMETER TEST
× 100C		psf	EST

POCKET PENETROMETER TESTING METHOD

- 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

× 1000

x 1000

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 290 inch pounds or check A test

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

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Date Tested

Electrical

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

Plumbing

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

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

Site Preparation  Debris and organic material removed Pad COther  Water drainage: Natural Swale
---

Fastening multi wide units

Floor Roof: Walls Type Fastener: 1995

Type Fastener: 1995

Length: 57

Spacing: 1997

Spacing: 199

Gasket (weatherproofing requirement)

a result of a poorly installed or no gasket being installed. I understand a strip of tape will not serve as a gasket homes and that condensation, mold, meldew and buckled marriage walls are I understand a properly installed gasket is a requirement of all new and used Installer's initials L.S

Type gasket How M

Pg

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

Weatherproofing

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

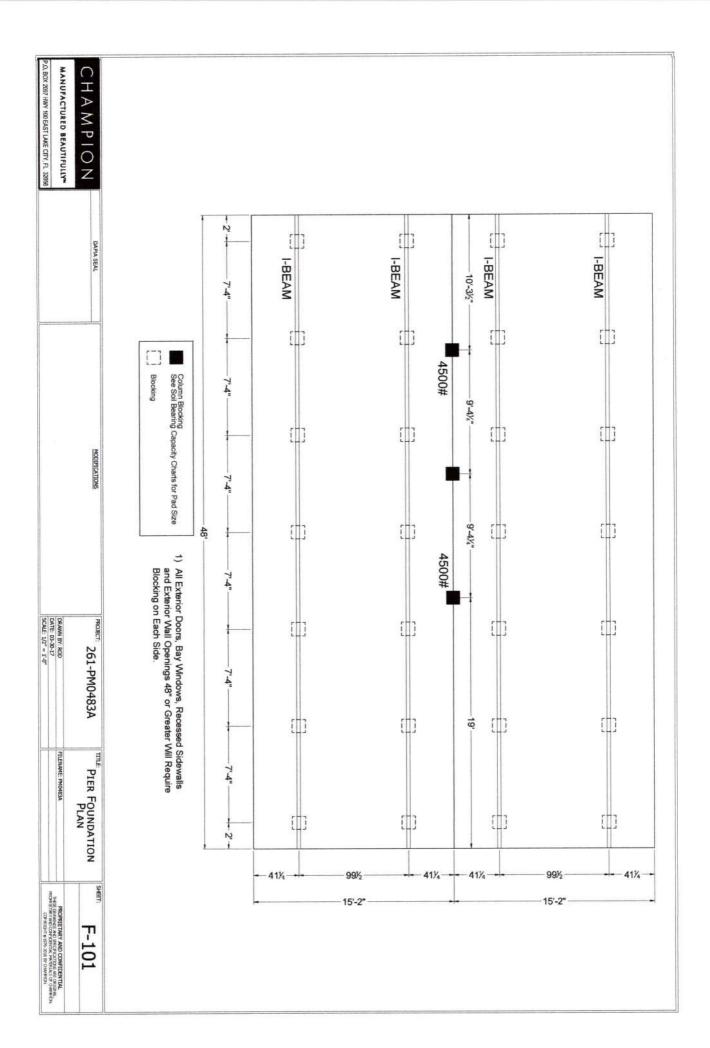
Miscellaneous

Skirting to be installed. Yes \_\_\_\_ Electrical crossovers protected. Yes Drain lines supported at 4 foot intervals. Range downflow vent installed outside of skirting. Dryer vent installed outside of skirting. Yes Other: No Yes Yes Z Z

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 Date 8/28/22

Installer Signature



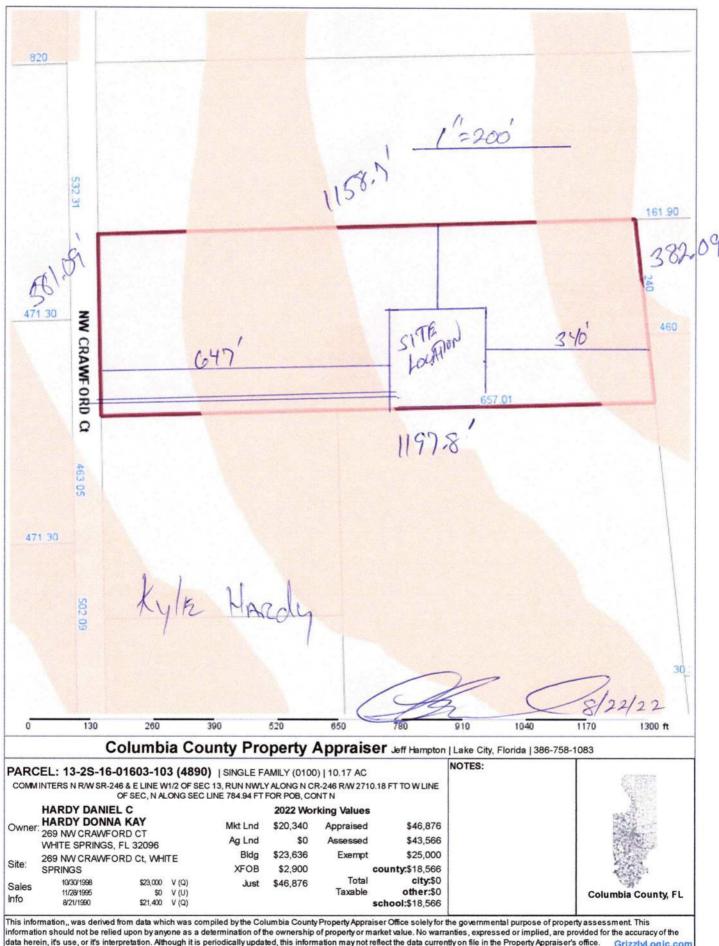
### STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number\_\_\_\_

Kyle H	ardy	DART II CITERI	•••	
		PART II - SITEPL	AN	210
Scale: Each block repre	sents 10 feet	and 1 inch = 40 feet.		710
	210	100	48° WY	35'
		DRIVE	110	MORTH
Notes:		0 0 1		1
	7	of 10.17 Ac	DER ATT	achrol
Site Plan submitted by:	Mr.			Contractor
Plan Approved		Not Approved		Date
Ву				County Health Department

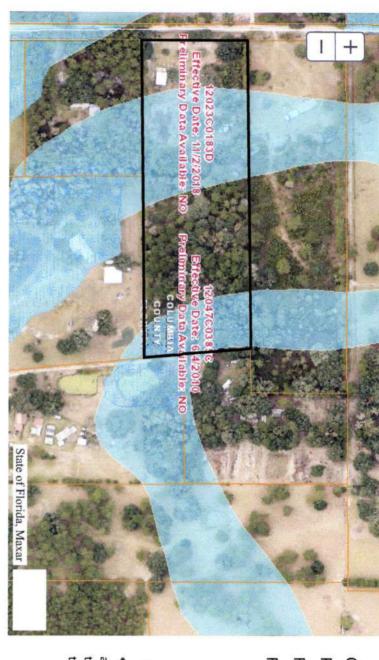
ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



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

# **EFFECTIVE FLOOD INFORMATION REPORT**



# Location Information

County: COLUMBIA

Parcel: 13-28-16-01603-103

Flood Zone X, A

Flood Risk HGH

1% Annual Chance Base Flood Elev\*

Not Applicable

10% Annual Chance Flood Elev\* Not Applicable

50% Annual Chance Flood Elev\* Not Applicable

are derived from FEMA flood mapping products, rounded to the note below the nearest tenth of a foot. For more information, please see Flood Elevations shown on this report are in NAVD 88 and

# Legend with Flood Zone Designations

Wetlands

Special Flood Hazard Area
Information
BaseFlood Elevations (BFE)
В
В
1

## Anywhere it can rain, it can flood Know your risk.



Yes

www.srwmdfloodreport.com

and/or floodways have been determined and previously issued Letters of Map Change. Requests to revise flood information may be provided to the District during the community review period on preliminary maps, or through the appropriate process with FEMA Change Your Flood Zone Designation | FEMA.gov. Information about flood insurance may be obtained at (https://msc.fema.gov) maintains the database of Flood Insurance Studies and Digital Flood Insurance Rate Maps, as well as additional information such as how the Base Flood Elevations (BFEs) The information herein represents the best available data as of the effective map date shown. The Federal Emergency Management Agency (FEMA) Flood Map Service Center (https://www.floodsmart.com)

Panel(s)

12023C0183D

