☑ Decal # ☐ Serial #

New Blocking Diagram owner letter OK T.C. 3-23-12

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-11) Zoning Official BK 27. FEB. 2012 Building Official T.C. 2-24-12

AP# 1202-42 Date Received 2-21-12 By LH Permit # 30095

Flood Zone X Development Permit N/A Zoning A-3 Land Use Plan Map Category A-3

Comments

FEMA Map# N/A Elevation N/A Finished Floor 1' above Rd River N/A In Floodway N/A

☑ Site Plan with Setbacks Shown ☑ EH # 12-0172 ☐ EH Release ☑ Well letter ☐ Existing well

☑ Recorded Deed or Affidavit from land owner ☑ Installer Authorization ☑ State Road Access ☑ 911 Sheet

☐ Parent Parcel # ☐ STUP-MH ☑ F W Comp. letter ☑ VF Form

IMPACT FEES: EMS Fire Corr ☐ Out County ☐ In County pd

Road/Code School = TOTAL _ Impact Fees Suspended March 2009_

Property ID # 33-55-16-03745-310 Subdivision Sunview Estates Add Lot 10

- New Mobile Home ____ Used Mobile Home ✓ MH Size 16x80 Year 1999
- Applicant Wendy Grennell Phone # 386-288-2428
- Address 3104 SW old Wire Rd Ft White FL 32038
- Name of Property Owner Subrandy Limited F.S. Nelson Phone# 386-752-8585
- 911 Address 314 SW Tara Ct, Fort White, FL 32038
- Circle the correct power company - FL Power & Light - (Clay Electric)
  (Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home Steven McCray Phone # 386-365-0196
  Address 314 SW TARA CT, FT. WHITE, FL 32038
- Relationship to Property Owner Buyer
- Current Number of Dwellings on Property 0
- Lot Size ____ Total Acreage 5.010
- Do you : Have (Existing Drive (Currently using)) or Private Drive (Blue Road Sign) or need Culvert Permit (Putting in a Culvert) or Culvert Waiver (Not existing but do not need a Culvert) (Circle one)
- Is this Mobile Home Replacing an Existing Mobile Home No
- Driving Directions to the Property 47 South to Sunview Ct turn (R) to SW Tara Ct turn (R) to 4th lot on (L)
- Name of Licensed Dealer/Installer Robert Sheppard Phone # 386-623-2203
- Installers Address 6355 SE CR 245 Lake City FL 32025
- License Number IH1025386 Installation Decal # 8681

Jw spoke w/ Wendy 2.28.12

COLUMBIA COUNTY PERMIT WORKSHEET

These worksheets must be completed and signed by the installer.
Submit the originals with the packet.

Installer Ronnie Norris License # IH1025145

911 Address where home is being installed. SW Tara Ct. Ft White FL 32038

Manufacturer Fleetwood Length x width 16x80

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 RR

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 ☐

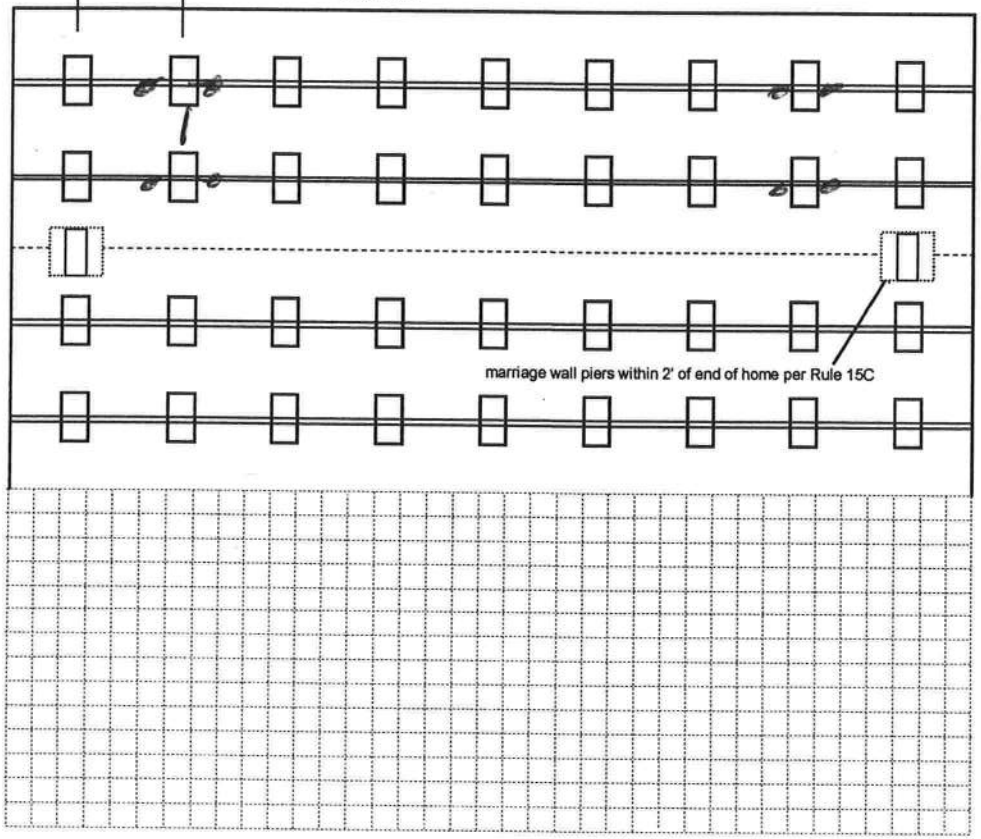
Double wide ☐ Installation Decal # 8681

Triple/Quad ☐ Serial # GAFLW07A43073-BB21 G763A (441)

Typical pier spacing 2' 6

lateral / longitudinal

Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)



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'	4'	5'	6'	7'	8'
1500 psf		4' 6"	6'	7'	8'	8'	8'
2000 psf		6'	8'	8'	8'	8'	8'
2500 psf		7' 6"	8'	8'	8'	8'	8'
3000 psf		8'	8'	8'	8'	8'	8'
3500 psf		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 NA

Other pier pad sizes (required by the mfg.) 16x16

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
SW	SW
SW	SW
SW	SW

POPULAR PAD SIZES

Pad Size	Sq In
16 x 16	256
16 x 18	288
18.5 x 18.5	342
16 x 22.5	360
17 x 22	374
13 1/4 x 26 1/4	348
20 x 20	400
17 3/16 x 25 3/16	441
17 1/2 x 25 1/2	446
24 x 24	576
26 x 26	676

ANCHORS

4 ft 4 5 ft _____

FRAME TIES

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

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer _____

Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer _____

OTHER TIES

	Number
Sidewall	22
Longitudinal	4
Marriage wall	7
Shearwall	

COLUMBIA COUNTY PERMIT WORKSHEET

POCKET PENETROMETER TEST

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

x 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.

x 1500 x 1500 x 1500

TORQUE PROBE TEST

The results of the torque probe test is 285 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

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name _____

Date Tested 2-15-012

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 tank. Pg. _____

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

Site Preparation

Debris and organic material removed _____.
Water drainage: Natural _____ Swale _____ Pad _____ Other _____.

Fastening multi wide units

Floor: Type Fastener: _____ Length: _____ Spacing: _____
Walls: Type Fastener: _____ Length: _____ Spacing: _____
Roof: Type Fastener: _____ Length: _____ Spacing: _____
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, meldew 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 _____

Type gasket _____
Pg. _____

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

Weatherproofing

The bottomboard will be repaired and/or taped. Yes _____. Pg. _____
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 _____
Dryer vent installed outside of skirting. Yes _____ N/A _____
Range downflow vent installed outside of skirting. Yes _____ N/A _____
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

Installer Signature _____ **Date** 2-15-012

>> Print as PDF <<

LOT 10 SUNVIEW ESTATES ADD S/D
AG 1076-2570, CT 1137-795

SUBRANDY LIMITED PARTNERSHIP 33-5S-16-03745-310 Columbia County 2012 R
P O BOX 513 CARD 001 of 001
LAKE CITY, FL 32056 PRINTED 1/16/2012 22:17 BY JEFF
APPR 7/05/2007 DB

BUSE		AE?	HTD AREA	.000	INDEX	33516.00	DIST 3		PUSE	000000	VACANT
MOD	BATH		EFF AREA	29.614	E-RATE	.000	INDX	STR 33- 5S- 16			
EXW	FIXT		RCN				AYB	MKT AREA 02			0 BLDG
%	BDRM		%GOOD		BLDG VAL		EYB	(PUD1			0 XFOB
RSTR	RMS							AC	5.010		24,820 LAND
RCVR	UNTS		FIELD CK:					NTCD			0 CLAS
%	C-W%		LOC:					APPR CD			0 MKTUSE
INTW	HGHT							CNDO			24,820 JUST
%	PMTR							SUBD			24,820 APPR
FLOR	STYS							BLK			
%	ECON							LOT			0 SOHD
HTTP	FUNC							MAP#			0 ASSD
A/C	SPCD										0 EXPT
QUAL	DEPR							TXDT 003			0 COTXBL
FNDN	UD-1										
SIZE	UD-2							BLDG TRAVERSE			
CEIL	UD-3										
ARCH	UD-4										
FRME	UD-5										
KTCH	UD-6										
WNDO	UD-7										
CLAS	UD-8										
OCC	UD-9										
COND	%										

SUB A-AREA % E-AREA SUB VALUE

PERMITS

NUMBER	DESC	AMT	ISSUED

SALE

BOOK	PAGE	DATE			PRICE
1137	795	10/01/2007	U	V	100
GRANTOR CLERK OF COURT					
GRANTEE SUBRANDY LIMITED PARTNERSHIP					
1076	2570	9/22/2003	U	V	28500
GRANTOR SUBRANDY LIMITED PARTNERSHIP					
GRANTEE DIANE M GALLOWAY					

TOTAL

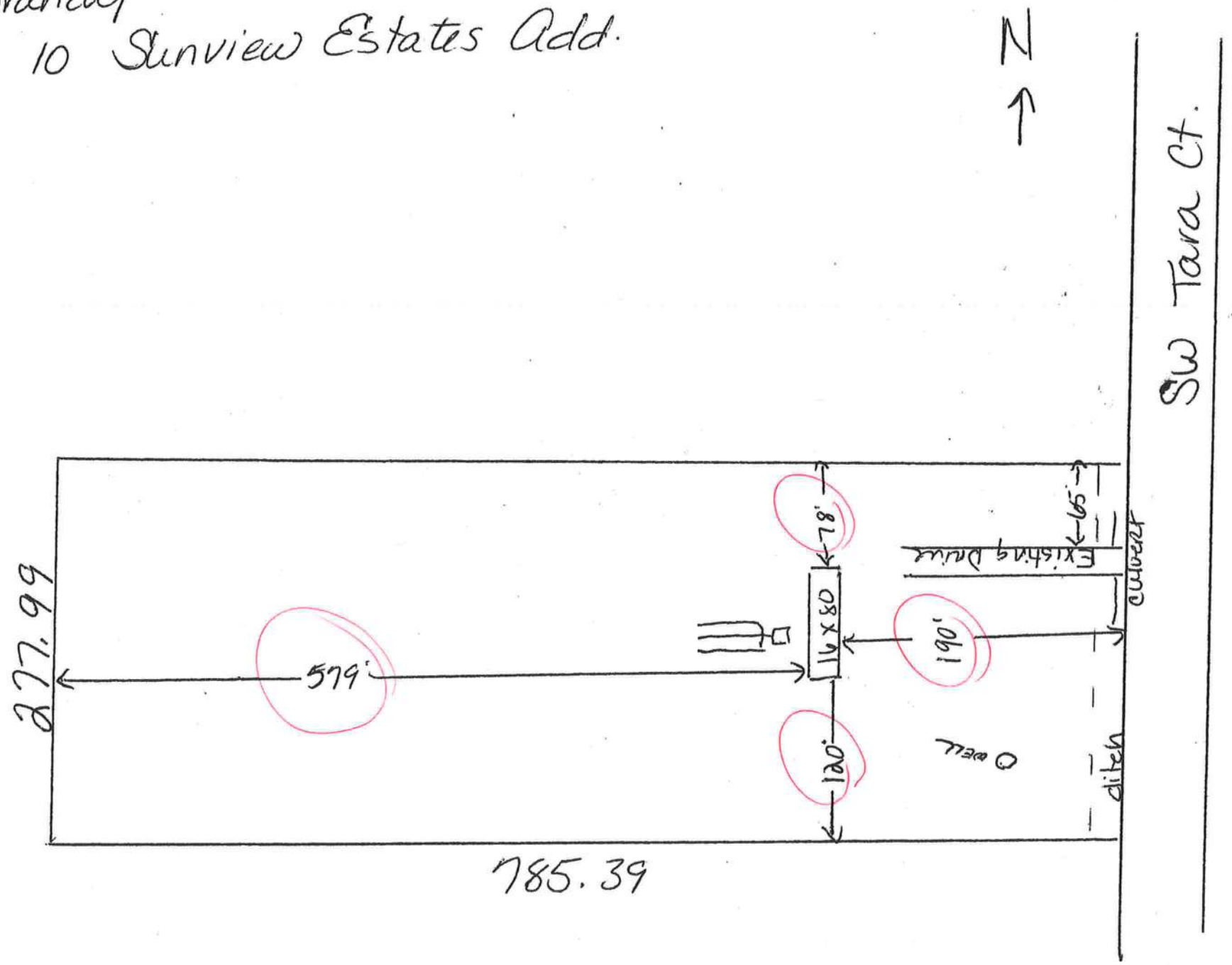
EXTRA FEATURES

AE	BN	CODE	DESC	LEN	WID	HGHT	QTY	QL	YR	ADJ	UNITS	UT	PRICE	ADJ UT PR	SPCD %	%GOOD	XFOB VALUE

FIELD CK:

AE	LAND CODE	DESC	ZONE TOPO	ROAD UTIL	{UD1 {UD2	{UD3 {UD4	FRONT	BACK	DEPTH	DT	ADJUSTMENTS	UNITS	UT	PRICE	ADJ UT PR	LAND VALUE
Y	000000	VAC RES	A-1	0007			1.00	1.00	1.00	1.00		1.000	LT	24820.990	24820.99	24,820
				0002	0003											

Steven McCray
Subrandy
Lot 10 Sunview Estates Add.



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF COLUMBIA

This is to certify that I, (We), Subrandy Ltd.
owner of the below described property:

Tax Parcel No. 33-55-16-03745-310

Subdivision (name, lot, block, phase) Sunview Estates Add Lot 10

Give my permission to Steven McCray to place a mobile home/travel trailer/single family home (circle one) on the above mentioned property.

I (We) understand that this could result in an assessment for solid waste and fire protection services levied on this property.

Owner

Bradley N Dicks
Owner

SWORN AND SUBSCRIBED before me this 21st day of Feb, 20 12. This (these) person(s) are personally known to me or produced ID _____.

Nanci Brinkley
Notary Signature

NANCI L BRINKLEY
MY COMMISSION # DD 932450
EXPIRES: December 28, 2013
Bonded Thru Notary Public Underwriters

Please call customer before going

CODE ENFORCEMENT

PRELIMINARY MOBILE HOME INSPECTION REPORT

1202-42

DATE RECEIVED 2-21-12 BY LH IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? No

OWNERS NAME Steven McCray PHONE _____ CELL 386-365-0196

ADDRESS Guardian Circle Lake City FL

MOBILE HOME PARK Now ⇒ Columbia Prison SUBDIVISION to be in Sunview Estates

DRIVING DIRECTIONS TO MOBILE HOME Hwy 90 E to Columbia Correctional turn (R) immediate (L) on Guardian Way to 1st SW on (R) White with Green shutters

MOBILE HOME INSTALLER Ronnie Nom's PHONE 386-752-38? CELL 386-623-7716

MOBILE HOME INFORMATION

MAKE Fleetwood YEAR 99 SIZE 16 x 80 COLOR White

SERIAL No. GAFLW07A43073-BB21 67631A

WIND ZONE II Must be wind zone II or higher NO WIND ZONE I ALLOWED

INSPECTION STANDARDS

INTERIOR:

(P or F) - P= PASS F= FAILED

P SMOKE DETECTOR ( ) OPERATIONAL ( ) MISSING

P FLOORS ( ) SOLID ( ) WEAK ( ) HOLES DAMAGED LOCATION _____

P DOORS ( ) OPERABLE ( ) DAMAGED

P WALLS ( ) SOLID ( ) STRUCTURALLY UNSOUND

P WINDOWS ( ) OPERABLE ( ) INOPERABLE

P PLUMBING FIXTURES ( ) OPERABLE ( ) INOPERABLE ( ) MISSING

P CEILING ( ) SOLID ( ) HOLES ( ) LEAKS APPARENT

P ELECTRICAL (FIXTURES/OUTLETS) ( ) OPERABLE ( ) EXPOSED WIRING ( ) OUTLET COVERS MISSING ( ) LIGHT FIXTURES MISSING

EXTERIOR:

P WALLS / SIDDING ( ) LOOSE SIDING ( ) STRUCTURALLY UNSOUND ( ) NOT WEATHERTIGHT ( ) NEEDS CLEANING

P WINDOWS ( ) CRACKED/ BROKEN GLASS ( ) SCREENS MISSING ( ) WEATHERTIGHT

P ROOF ( ) APPEARS SOLID ( ) DAMAGED

STATUS ✓

APPROVED _____ WITH CONDITIONS: _____

NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE [signature] ID NUMBER 304 DATE 2-22-12

COLUMBIA COUNTY 9-1-1 ADDRESSING

P. O. Box 1787, Lake City, FL 32056-1787
PHONE: (386) 758-1125 * FAX: (386) 758-1365 * Email: ron_croft@columbiacountyfla.com

Addressing Maintenance

To maintain the Countywide 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 assigning 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 Service 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 REQUESTED: 2/21/2012 **DATE ISSUED:** 2/28/2012

ENHANCED 9-1-1 ADDRESS:

314 SW TARA CT

FORT WHITE FL 32038

PROPERTY APPRAISER PARCEL NUMBER:

33-5S-16-03745-310

Remarks:

ADDRESS FOR PROPOSED STRUCTURE ON PARCEL.

Address Issued By: SIGNED: / RONAL N. CROFT

Columbia County 9-1-1 Addressing / GIS Department

NOTICE: THIS ADDRESS WAS ISSUED BASED ON LOCATION INFORMATION RECEIVED FROM THE REQUESTER. SHOULD, AT A LATER DATE, THE LOCATION INFORMATION BE FOUND TO BE IN ERROR, THIS ADDRESS IS SUBJECT TO CHANGE.

2201

Fax 755-1031 App # 1202-42

RON E. BIAS
WELL DRILLING

1114 SW Troy Street • Lake City, FL 32024
(386) 752-3456 • *Mobile:* (386) 364-9233
PUMP REPAIR: E.E. Bias, Jr. (352) 318-6289

No. _____

Date: Feb. 28-12

Name: Mr. Steve McElroy

Address: 44 White
47 Sunview & Tara Ct.

Phone: _____

DESCRIPTION: P.C.
4" Deep well down to
100'
4" compression seal
1 - Hp Franklin Stainless
Elec Submergible pump.
28 GPM
80+ Gallon holding tank
1¼" drop pipe & Pop off Valve.
Both Flow prevention
State Specs.
Sprwmd Permit
need at least 1 wk notice

Total: _____

Deposit: _____

Balance: _____

Date Wanted: _____

Authorized By: Ron E Bias

Received By: _____

App 1202-42

COLUMBIA COUNTY PERMIT WORKSHEET

page 1 of 2

These worksheets must be completed and signed by the installer.
Submit the originals with the packet.

Installer Robert Sheppard License # IH1025386

911 Address where home is being installed. 314 SW Tara Ct Ft White FL 32038

Manufacturer Fleetwood Length x width 16x76

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 RS

New Home ☐ Used Home ☑

Home installed to the Manufacturer's Installation Manual ☑

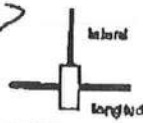
Home is installed in accordance with Rule 15-C ☐

Single wide ☑ Wind Zone II ☑ Wind Zone III ☐

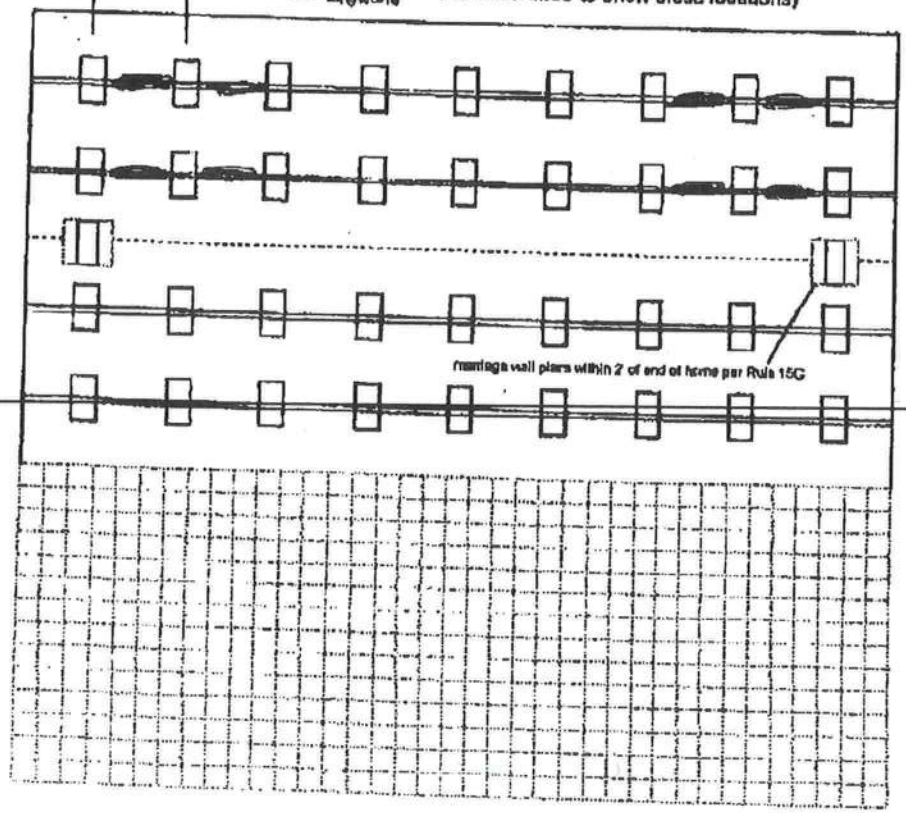
Double wide ☐ Installation Decal # _____

Triple/Quad ☐ Serial # GAFLW07A43073-BB21
6763A

Typical pier spacing 2' 6'0



Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)



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'	4'	5'	6'	7'	8'
1500 psf		4' 6"	6'	7'	8'	8'	8'
2000 psf		6'	8'	8'	8'	8'	8'
2500 psf		7' 6"	8'	8'	8'	8'	8'
3000 psf		8'	8'	8'	8'	8'	8'
3500 psf		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 17x25

Other pier pad sizes (required by the mfg.) 17x25

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

POPULAR PAD SIZES

Pad Size	Sq In
16 x 16	256
16 x 18	288
18.5 x 18.5	342
16 x 22.5	360
17 x 22	374
13 1/4 x 26 1/4	348
20 x 20	400
17 3/16 x 25 3/16	441
17 1/2 x 25 1/2	448
24 x 24	576
26 x 26	675

ANCHORS

4 ft ✓ 5 ft _____

FRAME TIES

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

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer _____
Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer Oliver 1101 LV

OTHER TIES

	Number
Sidewall	26
Longitudinal	4
Marriage wall	
Shearwall	4

App 1202-42

COLUMBIA COUNTY PERMIT WORKSHEET

POCKET PENETROMETER TEST

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

x 1800 x 1800 x 1700

POCKET PENETROMETER TESTING METHOD

1. Test the perimetar 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.

x 1800 x 1700 x 1700

TORQUE PROBE TEST

The results of the torque probe test is 325 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.

RS Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Robert Shepp...

Date Tested 3-20-12

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. 29

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 28

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 28

Site Preparation

Debris and organic material removed ✓
Water drainage: Natural _____ Swale _____ Pad ✓ Other _____

Fastening multi wide units

Floor: Type Fastener: _____ Length: _____ Spacing: _____
Walls: Type Fastener: _____ Length: _____ Spacing: _____
Roof: Type Fastener: _____ Length: _____ Spacing: _____
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, meldew 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 _____

Type gasket _____
Pg. _____

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

Weatherproofing

The bottomboard will be repaired and/or taped. Yes ✓, Pg. _____
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 _____
Dryer vent installed outside of skirting. Yes _____ N/A ✓
Range downflow vent installed outside of skirting. Yes _____ N/A ✓
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

Installer Signature Robert Shepp Date 3-21-12

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1202-42 CONTRACTOR Robert Sheppard PHONE 386-623-2203

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 _____ License #: Owner	Signature _____ Phone #:
MECHANICAL/ A/C _____	Print Name _____ License #: Owner	Signature _____ Phone #:
PLUMBING/ GAS	Print Name Robert Sheppard License #: IH1025386	Signature Robert Sheppard Phone #: 386-623-2203

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.

Contractor Forms: Subcontractor form: 1/11

See previous sub sheet - owner doing elect & mech

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR _____ PHONE _____

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 steve mcCray License #: OWNER	Signature Steve mcCray Phone #: 386-365-0196
MECHANICAL/ A/C ✓	Print Name Steve mcCray License #: OWNER	Signature Steve mcCray Phone #: 386-365-0196
PLUMBING/ GAS	Print Name [illegible] License #: [illegible]	Signature [illegible] Phone #: [illegible]

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.

3/20/2012

To: Columbia County Building Department

RE: Application # 1202-42
Change of Installer

To Whom it May Concern:

I am writing to inform you that I wish to change my mobile installer from Ronnie Norris to Robert Sheppard. If you have any questions please feel free to contact me at 386-365-0196.

Thank you,

Steve McCray

Steve McCray

App 1202-42

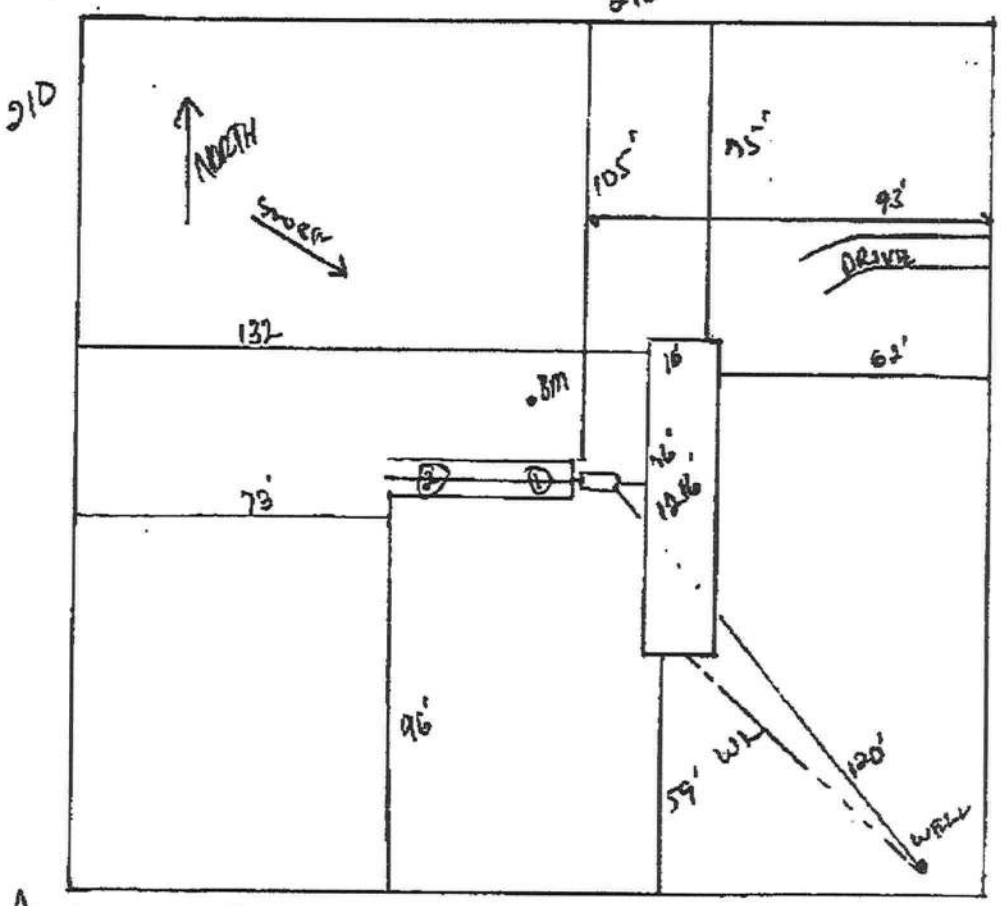
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 12-0172

Shaw / McCray

PART II - SITEPLAN

Scale: 1 inch = 40 feet.



Notes: 1 of 5.01 Acres - See Attached

Site Plan submitted by: Wendy Grennell-Agent
MASTER CONTRACTOR

Plan Approved X Not Approved

Date 3-29-12

By Sallie Ford Env Health Director - Columbia
County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT