

Parcel:  
28-5S-16-03730-001

*Anderson / Hines*

Result: 1 of 1

**Owner & Property Info**

Owner	<b>BULLARD PROPERTIES, INC</b> P O BOX 1432 LAKE CITY, FL 32056	
Site	2871 WATSON ST, FORT WHITE	
Description*	BEG NW COR OF SE1/4 OF NW1/4, RUN E 260.91 FT, S 1386.76 FT TO N R/W WATSON RD, W ALONG R/W 262.76 FT, N 1388.76 FT TO POB. 970-2269, QC 1033-1034 WD 1153-851,864, WD 1153-822 THRU 843, WD 1153-30 THRU 54, WD 1153-62,75, WD 1234-2142, WD 1310-42,	
Area	8.34 AC	S/T/R 28-5S-16E
Use Code**	VACANT (000000)	Tax District 3

STATE OF FLORIDA  
COUNTY OF COLUMBIA

LAND OWNER AFFIDAVIT

*Chris*  
This is to certify that I, (We), Audrey Bullard Bullard Properties Inc,  
as the owner of the below described property:

Property tax Parcel ID number 28-5S-16-03730-001  
Subdivision (Name, lot, Block, Phase) NA

Give my permission for Brandon Anderson & Michelle Hines to place a

Circle one Mobile Home Travel Trailer / Utility Pole Only / Single Family Home /  
Barn - Shed - Garage / Culvert / Other \_\_\_\_\_

I (We) understand that the named person(s) above will be allowed to receive a building permit on the property number I (we) have listed above and this could result in an assessment for solid waste and fire protection services levied on this property.

*Audrey Bullard* 11/19/2020  
Owner Signature Date

\_\_\_\_\_  
Owner Signature Date

\_\_\_\_\_  
Owner Signature Date

Sworn to and subscribed before me this 19<sup>th</sup> day of November, 2020. This

(These) person(s) are personally known to me or produced ID \_\_\_\_\_  
(Type)

*Connie Boyette Roberts* *Connie Boyette Roberts*  
Notary Public Signature Notary Printed Name

Notary Stamp/



## MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM


APPLICATION NUMBER \_\_\_\_\_ CONTRACTOR Ernest Scott Johnson PHONE 352-494-8099

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

Brandon Anderson &amp; Michelle Hines

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>Glenn Whittington</u> License #: <u>EC 13002957</u> Qualifier Form Attached <input checked="" type="checkbox"/>	Signature  Phone #: <u>386-972-1700</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>352-251-3926</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  
135 NE Hernando Ave, Suite B-21, Lake City, FL 32055  
Phone: 386-758-1008 Fax: 386-758-2160

### LICENSED QUALIFIER AUTHORIZATION

I, Glen Whittington (license holder name), licensed qualifier for Whittington Electric Inc (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>Dan Burd</u>	1. <u>[Signature]</u>
2. <u>Rocky Ford</u>	2. <u>[Signature]</u>
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 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] License Number EL13002957 Date 3/7/16  
Licensed Qualifiers Signature (Notarized)

#### NOTARY INFORMATION:

STATE OF: FL COUNTY OF: Columbia

The above license holder, whose name is Glen Whittington, personally appeared before me and is known by me or has produced identification (type of I.D.) FL DL on this 7 day of MARCH, 20 16.

NOTARY'S SIGNATURE





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 DOD</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,  
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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)

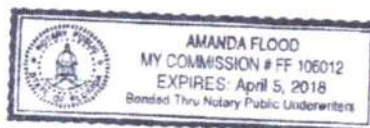
CAC1817716 License Number  
Date 11/17/15

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.) \_\_\_\_\_ on this 17th day of November, 20 15

[Signature]  
NOTARY'S SIGNATURE

(Seal/Stamp)





# PERMIT NUMBER

# PERMIT WORKSHEET

page 1 of 2

Installer Ernest Scott Johnson License # IH-1025249

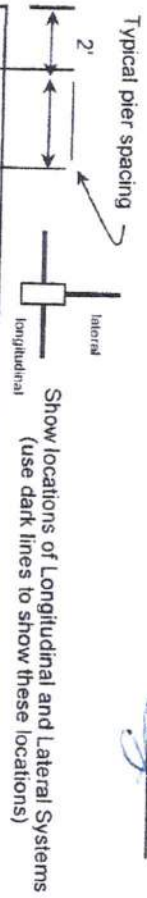
Installer Mobile Phone # 352-494-8099

Address of home being installed 2871 SW LANTON ST  
FOOT LOCKER, FL 32038

Manufacturer Livestack Length x width 74' 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

Installer's initials ESJ



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 # 741453

Triple/Quad ☐ Serial # LBHGA32072024AB

Roof System: ☒ Typical ☐ Hinged

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq. in.)	16' x 16" (256)	18 1/2" x 18 (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 23K31 6' x 6'  
Perimeter pier pad size 23K31 11' x 11'  
Other pier pad sizes (required by the mfg.) \_\_\_\_\_

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 \_\_\_\_\_

See Blocking Plan

## TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)

Manufacturer \_\_\_\_\_  
Longitudinal Stabilizing Device w/ Lateral Arms \_\_\_\_\_  
Manufacturer Shoreline

## OTHER TIES

Sidewall \_\_\_\_\_  
Longitudinal Marriage wall \_\_\_\_\_  
Shearwall \_\_\_\_\_

## FRAME TIES

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

## ANCHORS

4 ft \_\_\_\_\_ 5 ft \_\_\_\_\_

## 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

Number \_\_\_\_\_



# PERMIT NUMBER

## PERMIT WORKSHEET

page 2 of 2

### POCKET PENETROMETER TEST

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

X 1000 X 1000 X 1000

#### 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 1000 X 1000 X 1000

### TORQUE PROBE TEST

The results of the torque probe test is \_\_\_\_\_ 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 require anchors with 4000 lb holding capacity.

\_\_\_\_\_  
Installer's initials

#### ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Ernest Scott Johnson

Date Tested

Assumed Oliver 11/14/05  
48 Foot Anchors Both

### 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. \_\_\_\_\_

### 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: 1/4" Length: 7" Spacing: 24"  
Walls: Type Fastener: 1/4" Length: 7" Spacing: 24"  
Roof: Type Fastener: 1/4" Length: 7" Spacing: 24"  
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

Installed:

Type gasket Pg. R11  
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 manufacturer's installation instructions and or Rule 15C-1 & 2

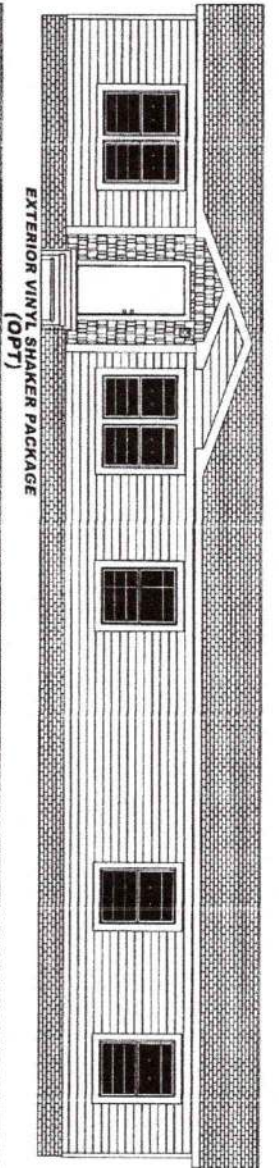
Installer Signature

Ernest Scott Johnson Date \_\_\_\_\_

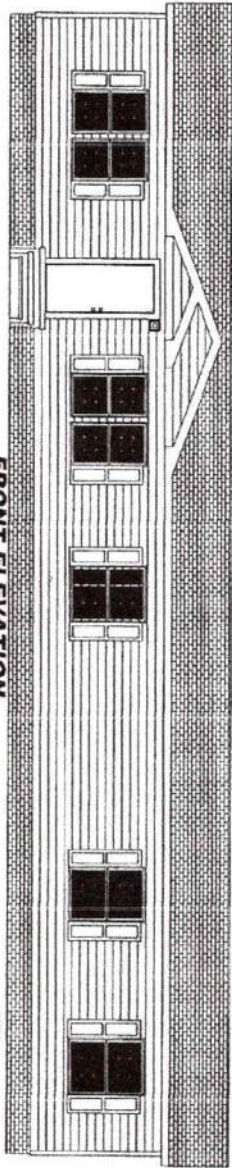




*Anderson/Hines*



EXTERIOR VINYL SHAKER PACKAGE (OPT)



FRONT ELEVATION

# ROCKY MOUNTAIN



**H-3705A-PS**  
**5-BEDROOM / 3-BATH**  
**32 X 74 - Approx. 2076 Sq. Ft.**

Drawn: 04/03/20  
 \* All room dimensions include closets and square footage figures are approximate.  
 \* Dimensions shown are for the standard layout only.  
 \* Use of this plan does not constitute an offer to modify product offering at any time.

*[Signature]*  
 11/18/20

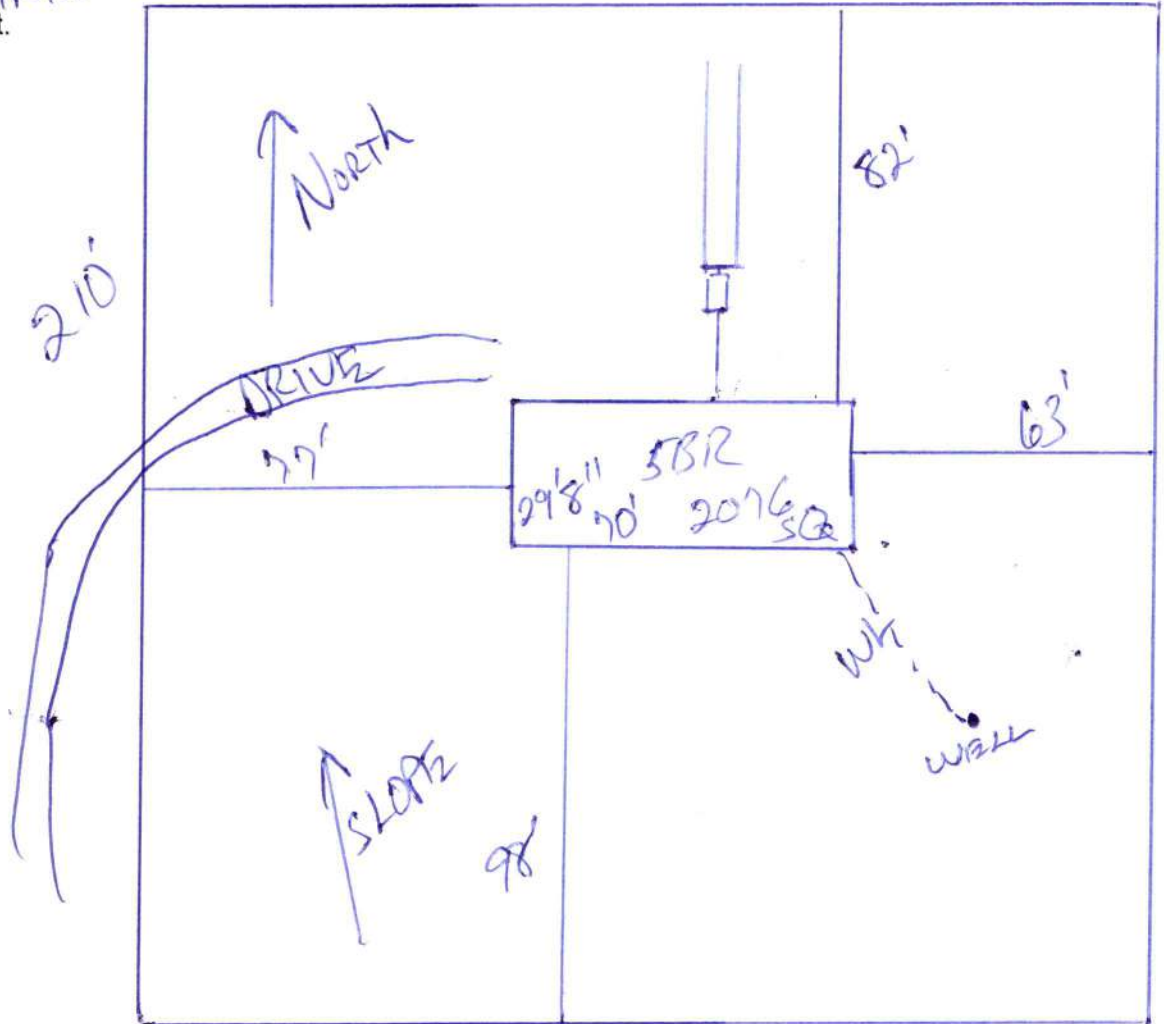
STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number \_\_\_\_\_

ANDERSON  
Hines

PART II - SITEPLAN

Scale: 1 inch = 40 feet.

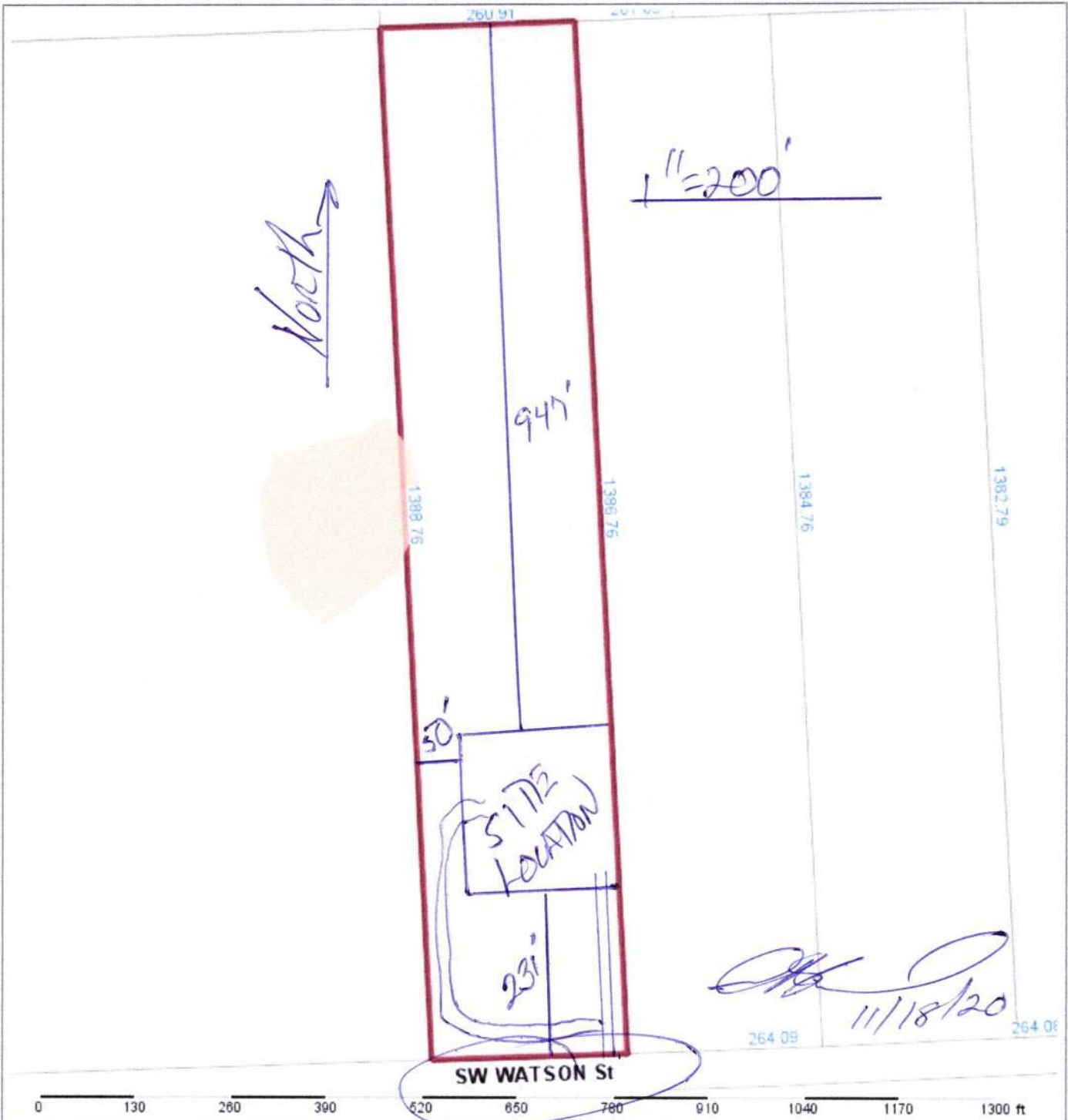


Notes: \_\_\_\_\_  
1.08 8.34 Acres SEE ATTACHED

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: 28-5S-16-03730-001 | VACANT (000000) | 8.34 AC

BEG NW COR OF SE1/4 OF NW1/4, RUN E 260.91 FT, S 1386.76 FT TO N R/W WATSON RD, W ALONG R/W 262.76 FT, N 1388.76 FT TO POB. 970-2269, QC 1033-1034 WD

BULLARD PROPERTIES, INC

Owner: P O BOX 1432  
LAKE CITY, FL 32056

Site: 2871 WATSON ST, FORT WHITE

Sales Info:

2/17/2016\$28,000V(U)

5/9/2012\$47,300V(U)

6/10/2008\$62,500V(Q)

2020 Preliminary Certified

Mkt Lnd	\$42,396	Appraised	\$42,396
Ag Lnd	\$0	Assessed	\$42,396
Bldg	\$0	Exempt	\$0
XFOB	\$0		
Just	\$42,396	Total	county:\$42,396
		Taxable	city:\$42,396
			other:\$42,396
			school:\$42,396

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

of 1

11/18/2020, 1:45 PM

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: **11/19/2020 4:41:05 PM**

Address: **2871 SW WATSON St**

City: **FORT WHITE**

State: **FL**

Zip Code **32038**

Parcel ID **03730-001**

REMARKS: Address Verification.

**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](mailto:gis@columbiacountyfla.com)