Parcel:

32-28-16-01809-109 (5896)

## Owner & Property Info

Result: 8 of 14

KNEPPAR RAYMOND

Owner

P O BOX 3338

LAKE CITY, FL 32056

Site

Description\* LOT 9 INDIAN RIDGE S/D PHS 1. WD 1170-5, WD 1419-1989, DC 1435-744, WD 1435-746

Area

5.04 AC

S/T/R

32-2S-16

Use Code\*\* VACANT (0000)

Tax District 3

### MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER	CONTRACTOR	Robert Sneppard	PHONE 386-623-2203

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

## Ray Kneppar

000 000 0000

Daland Channerd

In Columbia County one permit will cover all trades doing work at the permitted site. It is <u>REQUIRED</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	Glenn Whittington	Signature			
	License #:	EC 13002957	Phone #: 386-972-1700			
Qualifier Form Attached						
MECHANICAL/	Print Name_	Ronald Bonds Sr.	Signature			
A/C	License #:	CAC1817658	Phone #:800-259-3470			
. 4 -	Umbres Independent	Qualifier Form At	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



# 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

Chand Whitington	(license holder name), licensed qualifier			
for Whitmaten Efreth ?	(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. DALS SUB	1			
2. Recky Fond	2. Jones 1)			
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.				
Licensed Qualifiers Signature (Notarized)	License Number Date			
NOTARY INFORMATION: STATE OF: COUNTY OF:				
The above license holder, whose name is				
NOTARY'S SIGNATURE	Seal/Starke) YR BISHOP  Notary Public - State of Florida			



# 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

1. CONALD & wond SE	(license holder name). licensed qualifier
for STILE CHEST ENTERDENSES	The (company name), do certify that
the below referenced person(s) listed on this for	m is/are contracted/hired by me, the license lugh an employee leasing arrangement; or, is an in Florida Statutes Chapter 468, and the said d control and is/are authorized to purchase and
Printed Name of Person Authorized	Signature of Authorized Person
1 DATE BURD	1.
2. Rocks Ford	2 (bel37) 7-1
3. Kully Bishop	3. Kelly Brishof
4.	4.
5.	5.
authority to discipline a license holder for violatic officers, or employees and that I have full respor and ordinances inherent in the privilege granted	nsibility for compliance with all statutes, codes
officer(s), you must notify this department in writt authorization form, which will supersede all previous upauthorized persons to use your name and/or li	ing of the changes and submit a new letter of ious lists. Failure to do so may allow
Licensed Qualifiers Signature (Notarized)	© CRC 1817658 2-16-16  License Number Date
NOTARY INFORMATION: STATE OF:COUNTY OF:	Bay
personally appeared before me and is known by	me or has produced identification this 16th day of FEB 20 (6)
STELLY GAD LOUPE'AS	(Seal/Stamp)
	State of Florida



	rearriage wall pears within 2° of end of home per Rule 150		Typical pier spacing  lateral  Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)	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 Robert Sheppard License # IH 1025386 Installer Mobile Phone # 386-623-2203 Address of home TED Emore 5205 being installed 14 KK CITY & 3255 Manufacturer May plott Length x width 76 x 28
within 2' of end of home spaced at 5' 4" oc  Longitudinal Stabilizing Device (LSD)  Manufacturer  Longitudinal Stabilizing Device w/ Lateral Arms  Marriage wall  Shearwall  Shearwall	20 x 20 1/16 x 25 3/16 1/2 x 25 1/2 24 x 24 26 x 26 ANCHORS	B'   B'   B'   B'   B'   B'   B'   B'	Load bearing bearing bearing 5 bearing 5 bearing 5 bearing 5 bearing 5 bearing 6 bearing 6 bearing 7 bearing 7 bearing 7 bearing 7 bearing 7 bearing 8 be	Roof System: Typical Hinged PIER SPACING TABLE FOR USED HOMES	nual

Walls

Type Fastener

SCOU SLength

W Spacing:

5

astening multi wide units

Debris and organic material removed
Water drainage: Natural Swal

Swale

Pad

Other

Site Preparation

Roof: Floor

Type Fastener: Self W Shering: W Spacing: W

roofing nails at 2" on center on both sides of the centerline

Gasket (weatherproofing requirement)

# PERMIT NUMBER

#### Installer Name Date Tested or check here to declare 1000 lb. soil The pocket penetrometer tests are rounded down to here if you are declaring 5' anchors without testing showing 275 inch pounds or less will require 5 foot anchors. Note: The results of the torque probe test is ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER A state approved lateral arm system is being used and 4 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 anchors are allowed at the sidewall locations. I understand 5 ft requires anchors with 4000 lb holding capacity 2 1. Test the perimeter of the home at 6 locations POCKET PENETROMETER TESTING METHOD Using 500 lb. increments, take the lowest Take the reading at the depth of the footer reading and round down to that increment POCKET PENETROMETER TEST TORQUE PROBE TEST x 000 C 560 without testing inch pounds or check Installer's initials A test ×1000

Type gasket / DUM

a result of a poorly installed or no gasket being installed. I understand a strip

installer's initials

installed

homes and that condensation, mold, meldew and buckled marriage walls are understand a properly installed gasket is a requirement of all new and used

of tape will not serve as a gasket

	Electrical crossovers protected. YesOther:
not to the majo power	
its. Pg. Z	Installer verifies all information given with this permit worksheet is accurate and true based on the
ık. Pg.	manufacturer's installation instructions and or Rule 15C-1 & 2

Range downflow vent installed outside of skirting.

Yes NA

Dryer vent installed outside of skirting. Yes

Skirting to be installed.

Yes

S

Miscellaneous

Fireplace chimney installed so as not to allow intrusion of rain water. Siding on units is installed to manufacturer's specifications. Yes\_

Yes

The bottomboard will be repaired and/or taped. Yes

Weatherproofing

Bottom of ridgebeam Yes Between Walls Yes Between Floors Yes

source. This includes the bonding wire between mult-wide ur Connect electrical conductors between multi-wide units, but i

Electrical

Connect all sewer drains to an existing sewer tap or septic tar

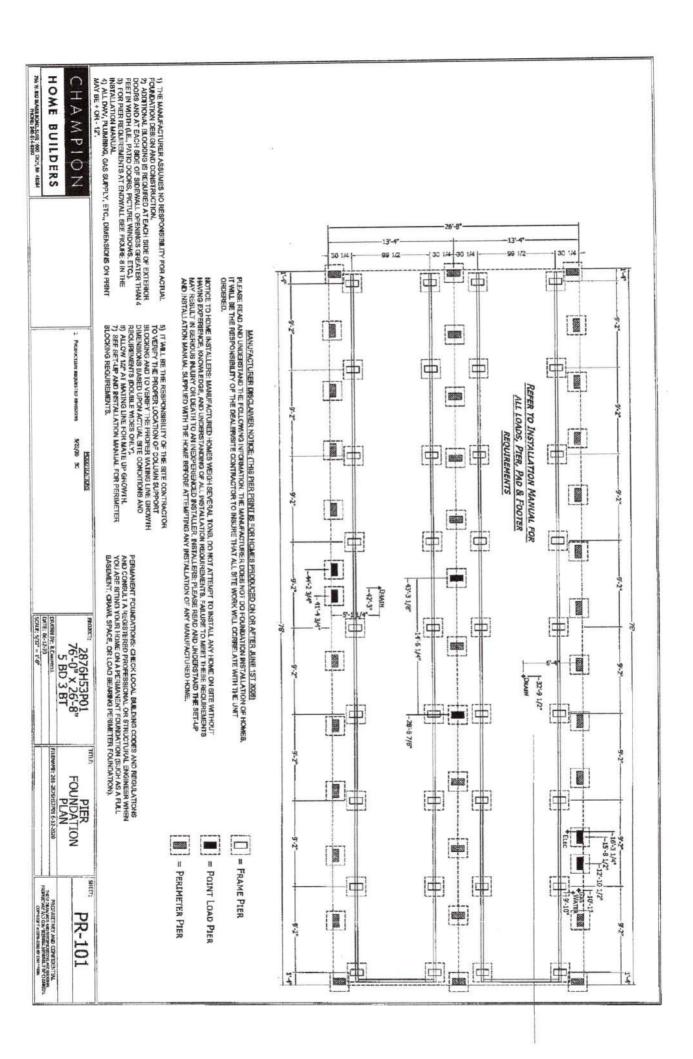
Plumbing

independent water supply systems. Pg.

Connect all potable water supply piping to an existing water meter, water tap, or other

Installer Signature

Date >- 2-21

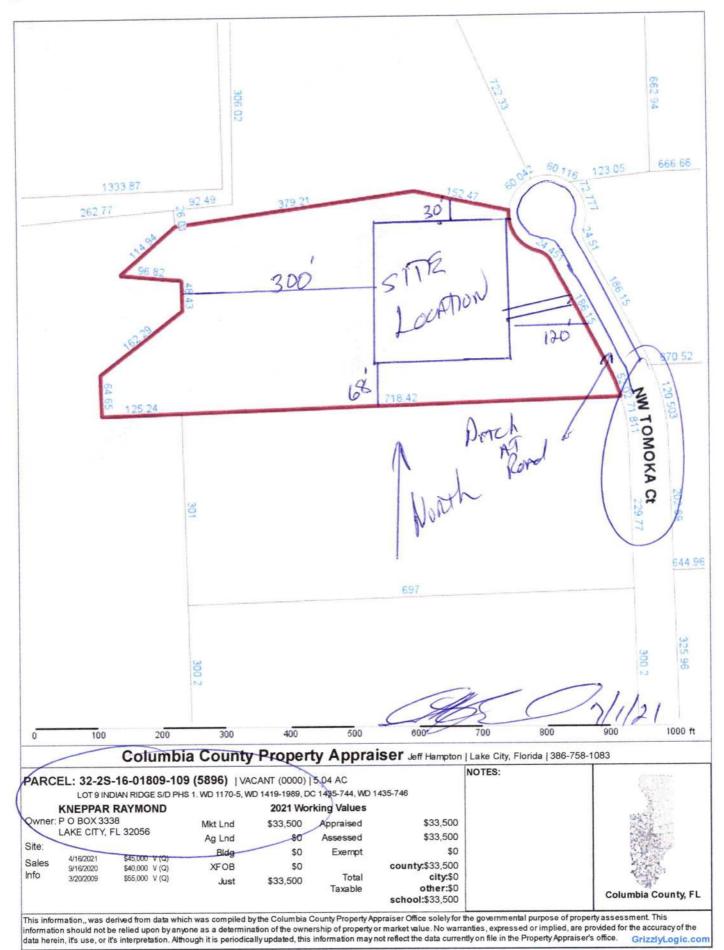


## STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

	Permit Application Number		
KURPPER	PART II - SITEPLAN	<i>b</i> '	
Scale: 1 inch = 40 feet.	70'	30	
210	92'   5 18 R   2027   SQ	104	
	15 10 1 26 8 1 26 8	DRIVE	
	North WELL SO		
Notes:	5.04 ACRIES PIEASE SEE	Arthrol	
Site Plan submitted by:		CONTRACTOR	
Plan Approved	Not Approved	Date	
Ву		County Health Department	

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



1 of 1

