Parcel:

20-3S-17-05265-001 (25253)

Owner & Property Info

BERRY BECKY PAUL

Owner 227 NE LAVERN ST

LAKE CITY, FL 32055

Site 227 NE LAVERNE ST, LAKE CITY

S1/2 LOT 21 PINE NEEDLES ESTATES S/D. 758-625, 812-1106, 858-51, 862-473, WD 1003-361,363,

Result: 1 of 27

AG 1169-349, WD 1310-279,

Area 0.344 AC S/T/R 20-3S-17

Use Code** MOBILE HOME (0200)

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER	CONTRACTOR _	Brent Strickland	PHONE 386-365-7043
THIS FORM M	UST BE SUBMITTED PRIC	OR TO THE ISSUANCE OF A PERMI	т ky Berry
in Columbia County one permit will cover	all trades doing wor	k at the permitted site. It is	KEQUIKED that we have

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_James Dale Williams	Signature
	License #:EC 13007092	Phone #: 386-362-2035
	Qualifier Form Attach	ed X
MECHANICAL/	Print Name Michael Boland	Signature
A/C	License #:CAC 1817716	Phone #: 352-274-9326
	Qualifier Form Attach	ed X

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 LETTER OF AUTHORIZATION TO SIGN FOR PERMITS 135 NE Hernando Ave, Suite B-21, Lake City, FL 32055 Phone 386-758-1008 Fax 386-758-2160

1 Holic 380-736-1000	74x. 300-736-2100			
Dale Williams	(license holder name), licensed qualifier			
for Affordable Electric	(company name), do certify that			
the below referenced person(s) listed on this for employee leasing arrangement; or, is an officer Florida Statutes Chapter 468, and the said personnel and is/are authorized to purchase permit	rm is/are employed by me directly or through an of the corporation; or partner as defined in son(s) is/are under my direct supervision and			
Printed Name of Person Authorized	Signature of Authorized Person			
1. Dale Burd	1. La			
2.	2.			
3.	3.			
4.	4.			
5.	5.			
officers, or employees and that I have full respondent and ordinances inherent in the privilege granted of the person (s) you have authorized must notify this department in writing of the chargem, which will supersede all previous lists. Fail use your name and/or license number to obtain	is/are no longer employee(s), or officer(s), you not and submit a new letter of authorization ure to do so may allow unauthorized persons to			
(icense Holders Signature (Notarized)	EC/300 7092 /-07-19 License Number Date			
The above license holder, whose name is the personally appeared before me and is known by	me or has produced identification this The day of January 20 / 9			
Charlott P. De Vanen (46	1			
NOTARY'S SIGNATURE	Seal/Stamp			





COLUMBIA COUNTY BUILDING DEPARTMENT 135 NE Hemando Ave, Suite B-21, Lake City, FL 32055

Phone: 386-758-1008 Fax: 386-758-2160

LICENSED QUALIFII	ER AUTHORIZATION				
1. MichARIA LOLAND	(license holder name), licensed qualifier				
for ACIE A/L OS OCA/A	ALC (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. DAla BAd	1.68				
2. Kally Bishop	2. Kelly Bishop				
3. Locky Ford	3. fah, 1) - of				
4.	4.				
5.	5.				
I, the license holder, realize that I am responsible under my license and fully responsible for complex Local Ordinances. I understand that the State are authority to discipline a license holder for violation officers, or employees and that I have full responsand ordinances inherent in the privilege granted	llance with all Florida Statutes, Codes, and and County Licensing Boards have the power and cons committed by him/her, his/her agents, assibility for compliance with all statutes, codes				
If at any time the person(s) you have authorized officer(s), you must notify this department in writ authorization form, which will supersede all prevunauthorized persons to use your name and/or l	ing of the changes and submit a new letter of ious lists. Failure to do so may allow				
Licensed Qualiflers Signature (Notarized)					
STATE OF TOTAL COUNTY OF TOTAL					
The above license holder, whose name is Michael A. Boylend, personally appeared before me and is known by me or has produced identification (type of I.D.) on this day of Memor, 20					
NOTARY'S SIGNATURE	(Seal/Stamp)				
	and the late.				



			marriage wall piers within 2' of end of home per Rule 15C			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 Brent Strickland License # IH 1104218 Installer Mobile Phone # 386-365-7043 Address of home 227 NE LAVERN 51 being installed LAKE CM FL 33055 Manufacturer LIVE CAL Length x width 48 x 28	PERMIT NUMBER
Longitudinal Stabilizing Device (LSD) Manufacturer Longitudinal Stabilizing Device w/ Lateral Arms Manufacturer Manufacturer Shearwall	within 2' of end of home spaced at 5' 4" oc	Opening Pier pad size 4 ft 5 ft	3/16 1/2	ize 16 × 16	8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8'	oter 16" x 16" 18 1/2" x 18 20" x 20" 22" x 22" 24" x 24" 26" y in) (256) 1/2" (342) (400) (484)* (576)* (676)* (676)* (776)* (776)* (876)*	S S	lled to the Manufacturer's Installstalled in accordance with Rule: Wind Zone	Naw Home The lised Home The Page 1 of 2

ALL TESTS MUST BEPERFORMED BY A LICENSED INSTALLER Installer Name Defect Struction	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	TORQUE PROBE TEST The results of the torque probe test is 255 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.	3. Using 500 lb. increments, take the lowest reading and round down to that increment. 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.	×CC	POCKET PENETROMETER TEST The pocket penetrometer tests are rounded down to psf or check here to declare 1000 lb. soil without testing.	PERMIT NUMBER
Skirting to be installed. Yes No	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	Type gasket POPM Installed: Pg. 32 Between Floors Yes Between Walls Yes Bottom of ridgebeam Yes	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.	Type Fastener: SLEWS Length: 4 / 1 Type Fastener: LACS Length: 2 / 2 For used homes a min. 30 gauge, 8" wide, gawill be centered over the peak of the roof and roofing nails at 2" on center on both sides of the	Floor: Type Fastener: LAGS Length: 5 1 Spacing: 1/11	Debris and organic material removed Water drainage: Natural Swale Pad Other	page 2012

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 Cother:	Skirting to be installed. Yes No.
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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 8/

independent water supply systems. Pg. _

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

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

Plumbing

Pg.

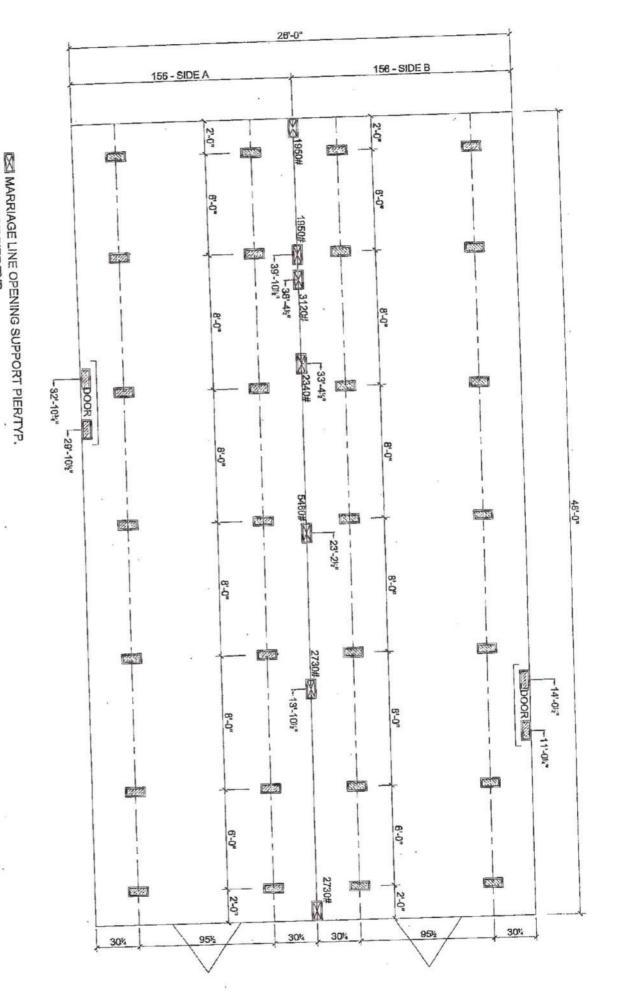
Connect electrical conductors between multi-wide units, but not to the main

Electrical

This includes the bonding wire between mult-wide units.

Pg.

source.



THIS DRAWING IS DESIGNED FOR THE STANDARD WIND ZONE AND IS TO BE USED IN CONJUNCTION WITH THE INSTALLATION MANUAL AND IT'S SUPPLEMENTS. - FOOTINGS ARE SHOWN FOR EXAMPLE ONLY QUANTITY AND SPACING MAY VARY BASED ON PAD TYPE, SOIL CONDITION, ETC. - FOOTINGS ARE REQUIRED AT SUPPORT POSTS, SEE INSTALLATION MANUAL FOR REQUIREMENTS. SUPPORT PIER/TYP

7-21-2016

MODEL: L-2483I - 28 X 3-BEDROOM / 2-BATH Live Oak Homes 52

- MAIN ELECTRICAL
- ELECTRICAL CROSSOVER
- WATER INLET

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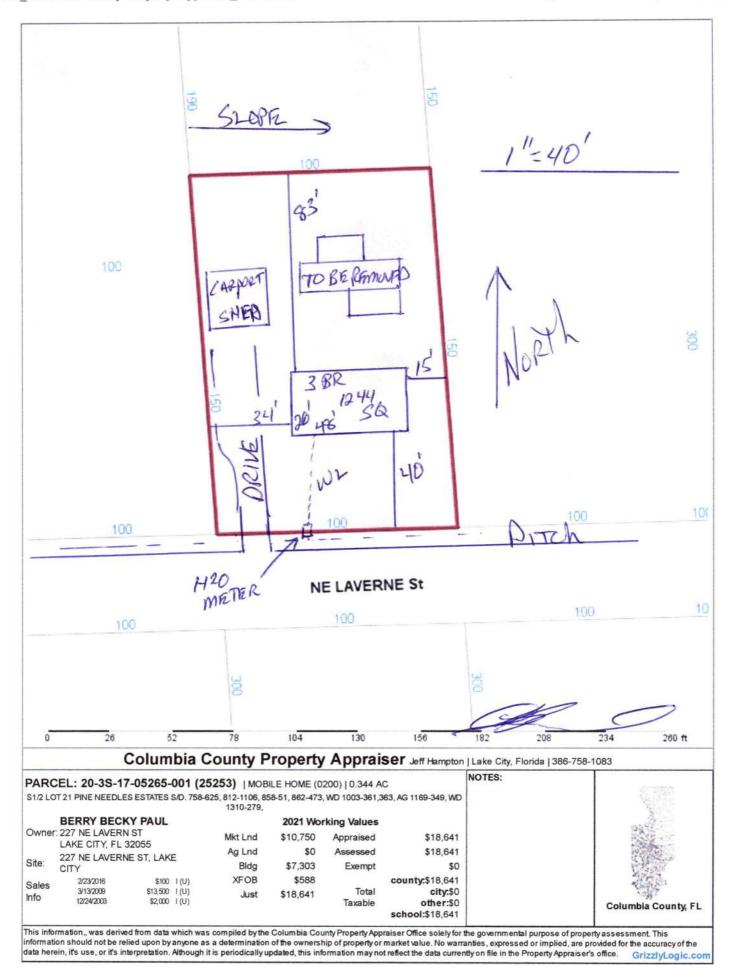
WATER CROSSOVER (IF ANY) GAS INLET (IF ANY)

GAS CROSSOVER (IF ANY)

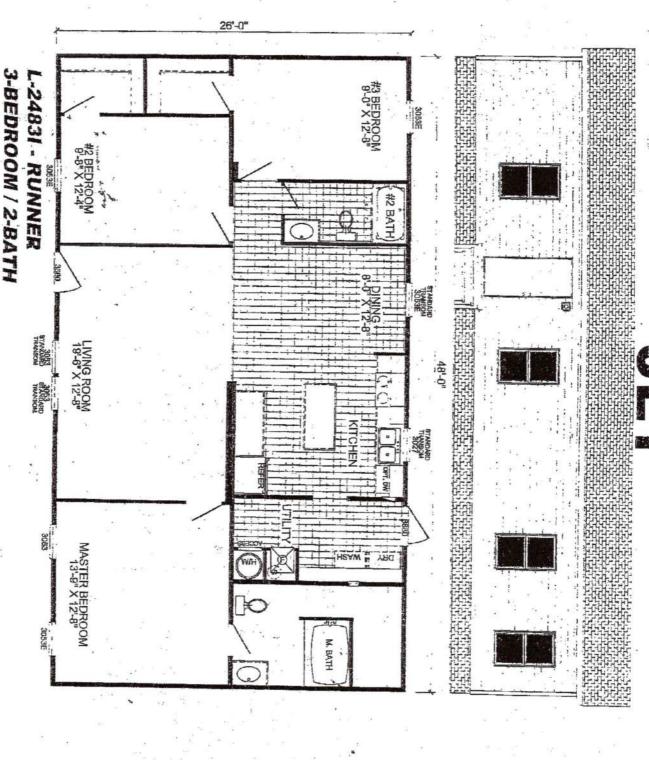
(e)(

- **E**@ DUCT CROSSOVER
- SEWER DROPS
- SUPPLY AIR (WIOPT, HEAT PUMP OH DUCT) RETURN AIR (WIOPT, HEAT PUMP OH DUCT)

L-2483I



l of l



Dale; 9-29-2015

All room dimensions include closets and square foctage figures are approximate.
 Transom windows are evallable on optional 9-0*-eidewall houses only.

28 X 52 - Approx. 1244 Sq. Ft.