

Parcel:

**25-4S-16-03152-020**

*Minnie James*

**Owner & Property Info**

Result: 14 of 16

	<b>MILLIGAN ROBERT &amp;</b>	
Owner	CONNIE MILLIGAN	
	314 SW BILLOWING GLN	
	LAKE CITY, FL 32024	
Site	505 COUNTY RD 242 , LAKE CITY	
Description*	COMM NE COR, RUN W 1195.38 FT, S 612.53 FT, W 83.60 FT, S 227.86 FT	
	FOR POB, CONT S 218 FT, E 199.45 FT, N 218.06 FT, W 202.82 FT TO POB.	
	647-442, LE 1234-577, DC 1333- 272, WD 1338-1795,	
Area	1 AC	S/T/R 25-4S-16
Use Code**	MOBILE HOM (000200)	Tax District 2

STATE OF FLORIDA  
COUNTY OF COLUMBIA

LAND OWNER AFFIDAVIT

This is to certify that I, (We), Robert & Connie Milligan,

as the owner of the below described property:

Property tax Parcel ID number 25-4S-16-03152-020

Subdivision (Name, lot, Block, Phase) NA

Give my permission for Minnie James ~~Daughter~~ 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.

Robert Milligan  
Owner Signature

9/24/20  
Date

Connie Milligan  
Owner Signature

9/24/20  
Date

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

\_\_\_\_\_  
Date

Sworn to and subscribed before me this 24 day of Sept, 2020. This

(These) person(s) are personally known to me or produced ID FL DL  
(Type)

[Signature]  
Notary Public Signature

Notary Stamp/

Notary Printed



Dale R. Burd  
NOTARY PUBLIC  
STATE OF FLORIDA  
Comm# GG231750  
Expires 7/16/2022

## MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM



APPLICATION NUMBER \_\_\_\_\_ CONTRACTOR Brent Strickland PHONE 386-365-7043

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

Minnie James

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>James Dale Williams</u>	Signature 
	License #: <u>EC 13007092</u>	Phone #: <u>386-362-2035</u>
	Qualifier Form Attached <input checked="" type="checkbox"/>	
MECHANICAL/ A/C _____	Print Name <u>Michael Boland</u>	Signature 
	License #: <u>CAC 1817716</u>	Phone #: <u>386-972-1700</u>
	Qualifier Form Attached <input checked="" type="checkbox"/>	

*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

I, Dale Williams (license holder name), licensed qualifier  
for Affordable Electric (company name), do certify that  
the below referenced person(s) listed on this form 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 permits, call for inspections, and sign on my behalf

Printed Name of Person Authorized	Signature of Authorized Person
1. Dale Burd	1.
2.	2.
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 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.

James D. Williams License Holders Signature (Notarized) EC13007092 License Number 1-07-19 Date

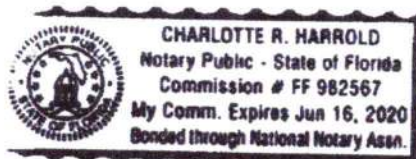
NOTARY INFORMATION:

STATE OF Florida COUNTY OF Columbia

The above license holder, whose name is James D. Williams  
personally appeared before me and is known by me or has produced identification  
(type of I.D.) on this 7th day of January, 2019

Charlotte R. DeDarey (Harold)  
NOTARY'S SIGNATURE

Seal/Stamp





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 & 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>Dale Bird</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, 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.

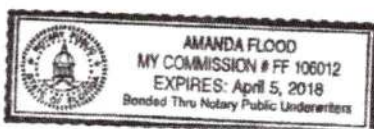
[Signature] License Number CAC1817716 Date 11/17/15  
Licensed Qualifiers Signature (Notarized)

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, 2015

[Signature]  
NOTARY'S SIGNATURE

(Seal/Stamp)





PERMIT NUMBER

Installer Brent Strickland License # IH 1104218

Installer Mobile Phone # 386-365-7043

Address of home being installed

789 Billingsley Ave  
Lake City FL 32084

Manufacturer

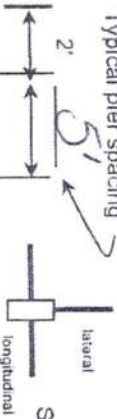
Livlok Length x width 56x16

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

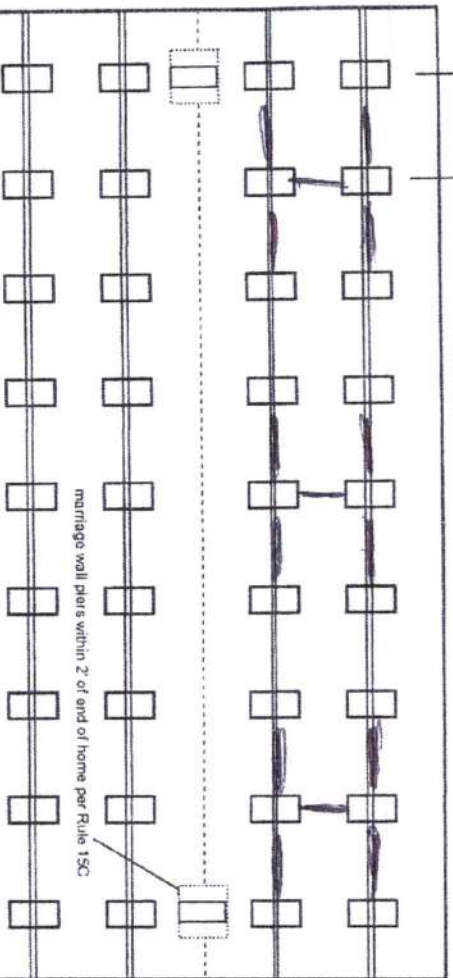
I understand Lateral Arm Systems cannot be used on any home (new or used)  
where the sidewall ties exceed 5 ft 4 in.

Installer's initials B.S.

Typical pier spacing



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



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 # 105758

Triple/Quad ☐ Serial # LAH6A22035899

Roof System: ☒ Typical ☐ Hinged

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'	8'
1500 psf	4'	5'	6'	7'	8'	8'	8'
2000 psf	6'	8'	8'	8'	8'	8'	8'
2500 psf	7'-6"	8'	8'	8'	8'	8'	8'
3000 psf	8'	8'	8'	8'	8'	8'	8'
3500 psf	8'	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 16x16  
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

4 ft 5 ft

FRAME TIES

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

TIEDOWN COMPONENTS

OTHER TIES

Longitudinal Stabilizing Device (LSD)

Manufacturer

Sidewall

Longitudinal

Longitudinal Stabilizing Device w/ Lateral Arms

Manufacturer

Marriage wall

Shearwall

Number

26

4



# 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 \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_

#### 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 \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_

### TORQUE PROBE TEST

The results of the torque probe test is 295 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. 1 underground 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.

B.S. Installer's initials

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

Installer Name

Paul H. Howard

Date Tested

9-24-2020

### 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 ☒ 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. 80 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 B.S.

Type gasket Pg. \_\_\_\_\_

Installed:

Between Floors Yes \_\_\_\_\_  
Between Walls Yes \_\_\_\_\_  
Bottom of ridgebeam Yes \_\_\_\_\_

### Weatherproofing

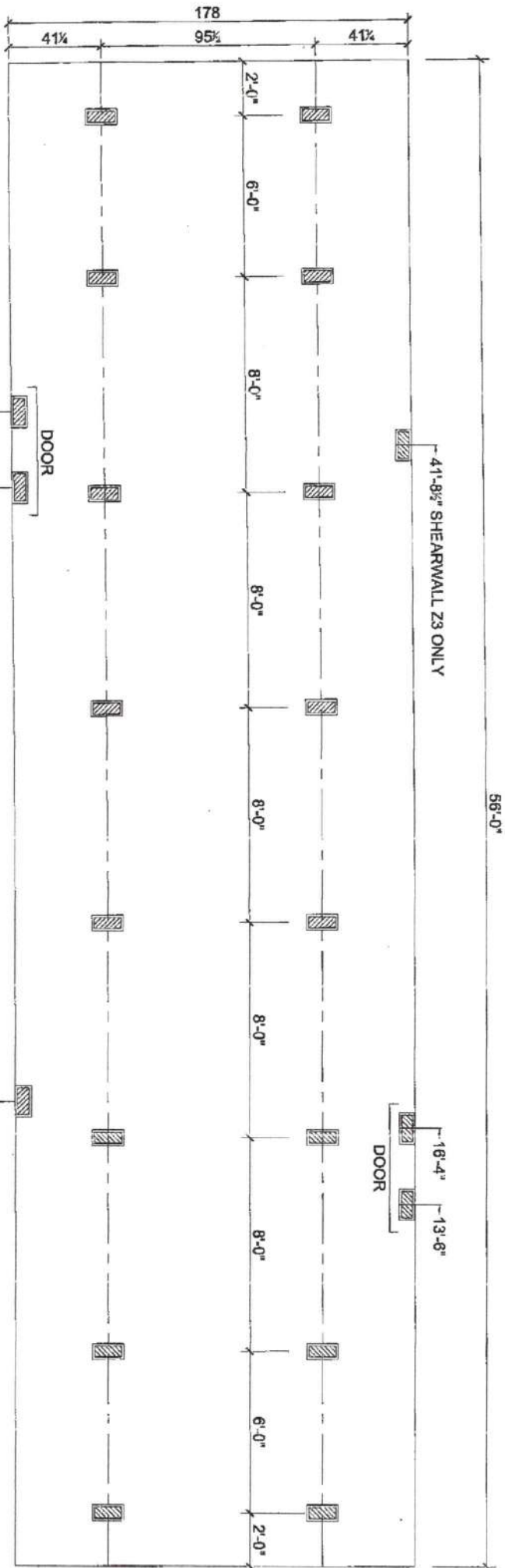
The bottomboard will be repaired and/or taped. Yes ☒ Pg. \_\_\_\_\_  
Siding on units is installed to manufacturer's specifications. Yes ☒ Pg. \_\_\_\_\_  
Fireplace chimney installed so as not to allow intrusion of rain water. Yes ☒ Pg. \_\_\_\_\_

### 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 Paul H. Howard Date 9-24-2020



SUPPORT PIER/TYP

FOUNDATION NOTES:

- THIS DRAWING IS DESIGNED FOR THE STANDARD WIND ZONE AND IS TO BE USED IN CONJUNCTION WITH THE INSTALLATION MANUAL AND ITS SUPPLEMENTS.
- FOOTINGS ARE SHOWN FOR EXAMPLE ONLY QUANTITY AND SPACING MAY VARY BASED ON PAD TYPE, SOIL CONDITION, ETC.

06/01/20

**Live Oak Homes** / **14**  
**MODEL: V-5562K - 14 X 60**  
**2-BEDROOM / 2-BATH**

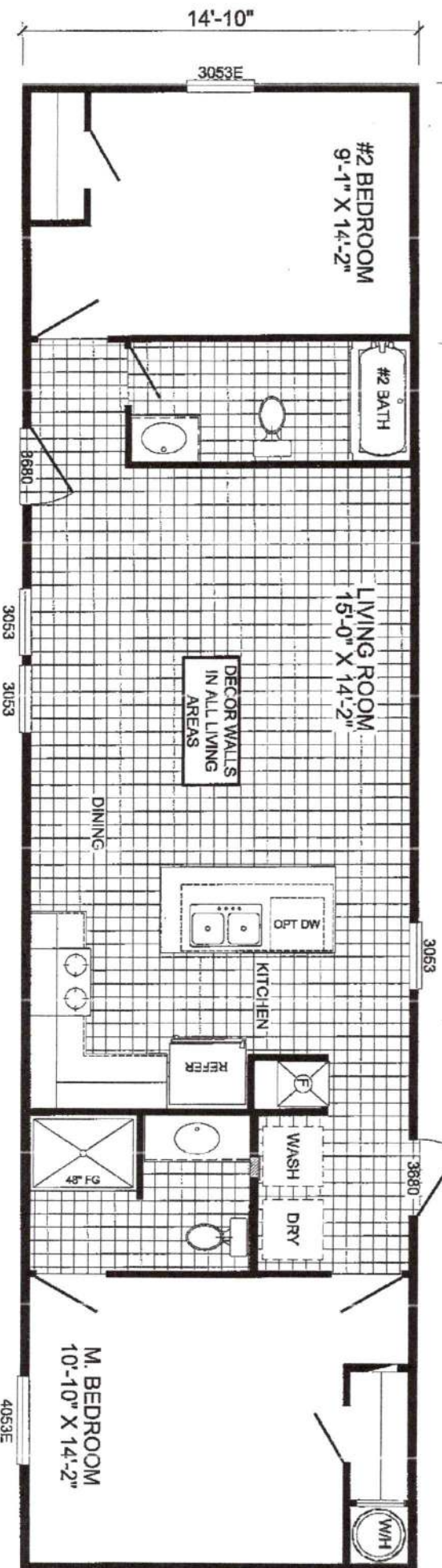
**V-5562K**



This architectural drawing shows a section of a building facade. The facade is composed of a brick pattern, with a central section featuring a large, multi-paned window unit. The window unit consists of two main rectangular sections, each divided into four smaller panes. Above the window unit is a small, square decorative element. To the left of the window unit is a small, rectangular, light-colored rectangular element, possibly a door or a small window. The drawing is a black and white line drawing, showing the structural details of the facade.

56'-0"

Proposed



**16 X 60 - Approx. 830 Sq. Ft.**

\* All room dimensions include closets and square footage figures are approximate.  
 \* Live Oak Homes reserves the right to change product offering at any time.

2/16/20

