Parcel:

08-3S-16-02033-002

### Owner & Property Info

Result: 2 of 2

**CRAWLEY JAMES E & STARLETTA** 

Owner 728 NW HUNTSVILLE CHURCH RD

LAKE CITY, FL 32055

Site 728 HUNTSVILLE CHURCH DR, LAKE CITY

COMM SW COR OF NW1/4 OF NE1/4, RUN E 139.72 FT FOR POB, RUN N 1198.14 FT, N 64 DEG E

Description\* 49.73 FT, S 63 DEG E ALONG C/L OF HUNTSVILLE CHURCH RD 987.54 FT, S 806 FT, W 936.76

FT TO POB. ORB 980-1943, FJ DIV#04-122 DR 1027-1083, QCD 1032-813.

Area 22 AC S/T/R 08-3S-16E

Use Code\*\* IMPROVED A (005000)

Tax District 3

### MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

CONTRACTOR Ernest Scott Johnson

PHONE 352-494-8099

	THIS FORM MUST BE SUBMITTED PRIOR T	O THE ISSUANCE OF A PERMIT				
		James & Starletta Crawley				
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 NameGlenn Whittington	Signature				
	License #: <u>EC 13002957</u>	Phone #: 386-972-1700				
Qualifier Form Attached X						
MECHANICAL/	Print NameTimothy Shatto	Signature				
A/C	License #:CAC 057875	Phone #: 386-496-8224				

Qualifier Forms cannot be submitted for any Specialty License.

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			

Qualifier Form Attached

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

APPLICATION NUMBER



## 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

· Charlell To stand	Warner balders and Viennad wolffer					
. Games continued	(license holder name), licensed qualifier					
for Whittington Etheric ?	(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. WARSUR	1					
2. Kecky Ford	2. Sonly 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.						
driadtionized persons to use your maine and/or i	cense number to obtain permits.					
Licensed Qualifiers Signature (Notarized)	License Number Date					
NOTARY INFORMATION: STATE OF:COUNTY OF:						
The above license holder, whose name is						
KILLY ROSHOP NOTARY'S SIGNATURE	Notary Public - State of Florida Commission # FF 243986 My Comm. Expires Jun 24, 2019					



### 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, Timothy Shatto	(license holder name), licensed qualifier					
for Shatto Heat & Air						
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. Bo Royals	1. 10 FM					
2. Dale Burd	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 officer(s), you must notify this department in writing authorization form, which will approximate the person of the perso	ing of the changes and submit a					
authorization form, which will supersede all previ unauthorized persons to use your name and/or li	OUS lists Failure to do so may allow					
Licensed Qualifiers Signature (Notarized)  CAC 057875  License Number  Date						
NOTARY INFORMATION: STATE OF: Florida COUNTY OF: Union						
The above license holder, whose name is						
Victoria ( Palmer	his do day of february, 2018.					
NOTARY'S SIGNATURE	(Seal/Stamp)					
	VICTORIA K. PALMER Notary Public - State of Florida					

Commission # FF 207489 My Comm. Expires Mar 9, 2019 Bonded through National Not by Assn

	turniago valil piers valthin 2: of end of home pengRute 15C	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's initials	of h	PERMIT NUMBER PERMIT NUMBER
Opening  Pier pad size  4 ft	ize 17.5\\\25.5\\ )  roximate locations of man s 4 foot or greater. Use thow the piers.  openings greater than 4 foes below.	(sq in)   (256)   1/2" (342)   (400)   (484)*   (576)*	Triple/Quad         □ Serial # □ N/H 1 1 1 6 9 1 6	New Home    Used Home	KSHEET page 1 of 2

Plumbing  Connect all sewer drains to an existing sewer tap or septic tank. Pg.	Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between multi-wide units. Pg.	Uses 4\$5 foot Anchors BOTA	Date Tested ASSumed Oliver 1101 V	ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER Installer Name Croest S Johnson	reading is 275 or less and where the mobile home manufacturer may requires anchors with 4000.1b, holding capacity.  Installer's initials	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		TORQUE PROBE TEST	x   O 0 0 x (O 0 0 x (O 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Using 500 lb. increments, take the lowest reading and round down to that increment.	POCKET PENETROMETER TESTING METHOD  1. Test the perimeter of the home at 6 locations.  2. Take the reading at the depth of the footer.	× tooo × tooo	tests are rounded down to vithout testing.	POCKET PENETROMETER TEST
Installer verifies all information given with this permit worksheet is accurate and true based on the manufacturer's installation installation.			= = :	Skirting to be installed Yes No.	The bottomboard will be repaired and/or taped. Yes Siding on units is installed to manufacturer's specifications. Yes	Weatherproofing /	Pg. Hand Between Floors Yes Between Walls Yes Bottom of ridgebeam Yes	Installer's initials	a result of a poorly installed or no gasket being installed. I understand a strip of tape will not serve as a gasket.	Gasket (weatherproofing requirement)  I understand a properly installed gasket is a requirement of all new and used	Walls: Type Fastener: (39)  Roof: Type Fastener: (49)  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.	Fastening	Debris and organic material removed Water drainage: Natural Swale Pad Other	Site Preparation

independent water supply systems. Pg.

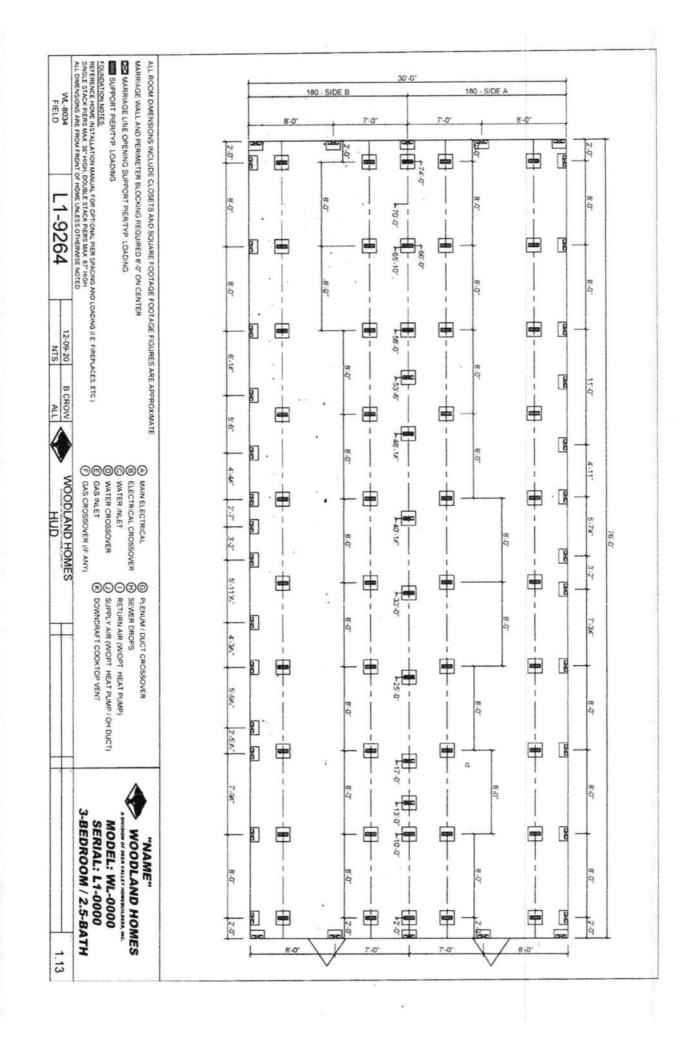
Connect all potable water supply piping to an existing water meter, water tap, or other

Installer Signature Cheat Alam Date

manufacturer's installation instructions and or Rule 15C-1 & 2

--

Site Preparation	
bris and organic material removed ster drainage: Natural Swale Pad Other	
Fastening multi wide units	
or. Type Fastener: \(\(\text{Ug}\)\)  Type Fastener: \(\text{Leg}\)\  of: Type Fastener: \(\text{Leg}\)\  Type Fastener: \(\text{Leg}\)\  Ength: \(\text{Y}\)  Spacing: \(\text{V}\)  S	,
Gasket (wastherproofing requirement)	
derstand a properly installed gasket is a requirement of all new and used nes and that condensation, mold, meldew and buckled marriage walls are suit of a poorly installed or no gasket being installed. I understand a strip spe will not serve as a gasket.	
Installer's initials	
e gasket Installed:  Between Floors Yes	
(0)	
Weatherproofing /	
bottomboard will be repaired and/or taped. Yas Pg. Pg. 19 on units is installed to manufacturer's specifications. Yas place chimney installed so as not to allow intrusion of rain water. Yas	
Mi	
r vent installed outside of skirting. Yes N/A ge downflow vent installed outside of skirting. Yes N/A n lines supported at 4 foot intervals. Yes	
if:	



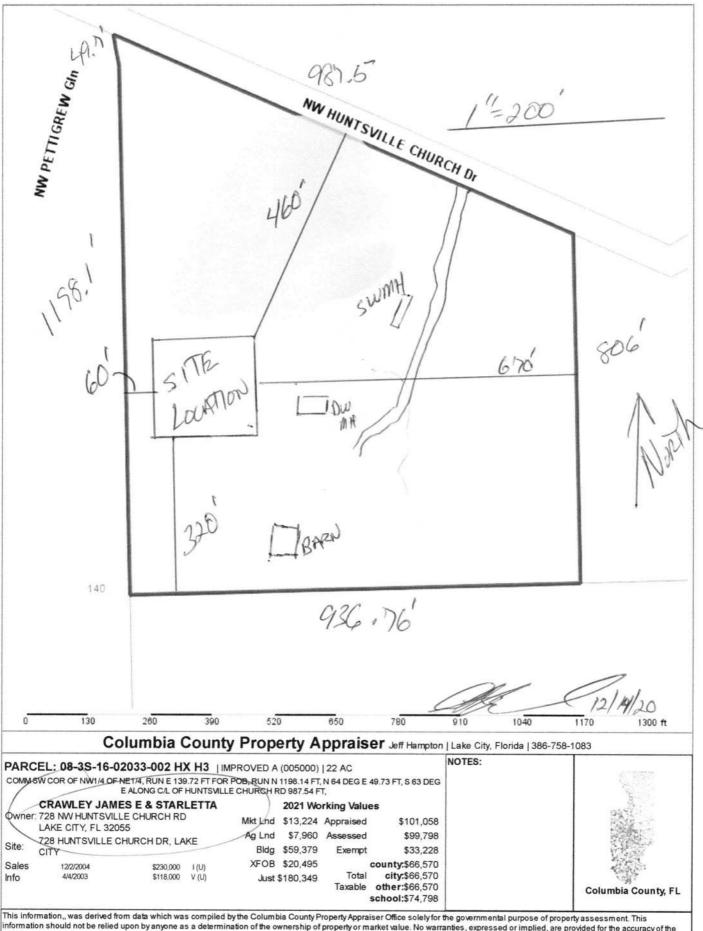
### STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

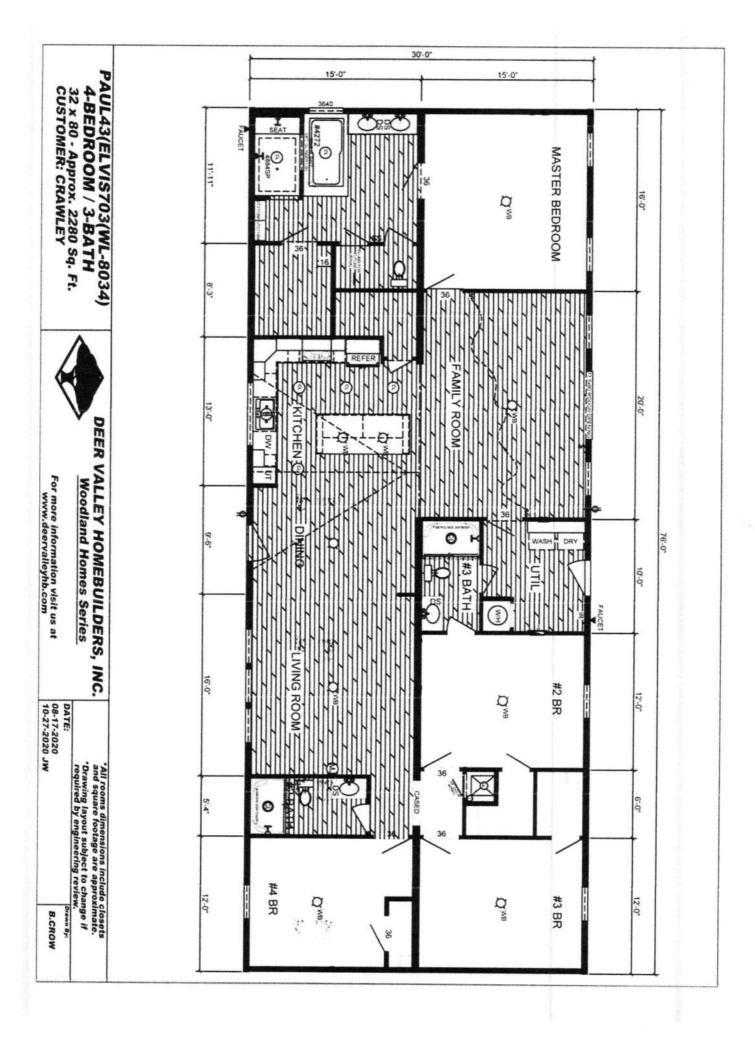
Permit Application Number

CAANTEN	PART II - SITEPLAN	-2-10
Scale: 1 inch = 40 feet.	132 10 10 10 10 10 10 10 10 10 10 10 10 10	30 Not 103 103
Notes:		
Site Plan submitted by:	12/14/20	CONTRACTOR
Plan Approved	Not Approved	Date
Ву		County Health Department

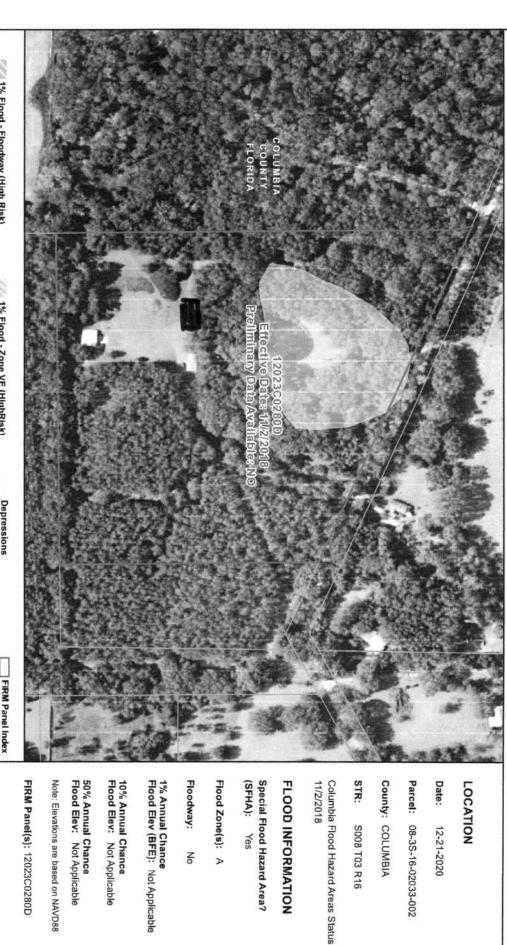
ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



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



# Suwannee River Water Management District Effective Flood Information Report



Yes

No

S008 T03 R16

12-21-2020

encouraged to also consult the FEMA Map Service Center at 1-800-358-9616 (http://www.msc.fema.gov) for information on available products associated with this FIRM panel. online (http://www.srwmdfloodreport.com). To obtain more detailed information in areas where Base Flood Elevations (BFEs) and/or floodways have been determined, users are information herein represents the best available data as of the effective date shown. The applicable Flood Insurance Study and a Digital Flood Insurance Rate Map is available Available products from the Map Service Center may include previously issued Letters of Map Change. The Federal Emergency Management Agency (FEMA) maintains information about map features, such as street locations and names, in or near designated flood hazard areas. The

County Boundaries Base Flood Elevations **Cross Sections** Depressions

X River Marks

1% Flood - Floodway (High Risk)

1% Flood - Zone VE (HighRisk) Floodway Increase SFHA Increase SFHA Decrease

1% Flood - Zone A, AH, or AO (HighRisk) 0.2% Flood - X-Shaded (Moderate Risk) 1% Flood - Zone AE (High Risk)

Requests to revise flood information in or near designated flood hazard areas may be provided to FEMA during the community review period on preliminary maps, or through the Letter of Map Change process for effective maps