PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION ck# 7212

For Office Use Only (Revised 7-1-15) Zoning Official LN Building Official JHA 6-21-18

AP# 1806-62 Date Received 6-19-18 By LH Permit # 36924

Flood Zone X Development Permit _____ Zoning A3 Land Use Plan Map Category A

Comments _____

FEMA Map# _____ Elevation _____ Finished Floor 1' above road River _____ In Floodway _____

☑ Recorded Deed or ☑ Property Appraiser PO ☑ Site Plan ☐ EH # 18-0496 ☑ Well letter OR

☐ Existing well ☐ Land Owner Affidavit ☑ Installer Authorization ☐ FW Comp. letter ☑ App Fee Paid

☐ DOT Approval ☐ Parent Parcel # _____ ☐ STUP-MH _____ ☑ 911 App

☐ Ellisville Water Sys ☑ Assessment over ☐ ~~Out County~~ ☐ ~~In County~~ ☑ Sub VF Form

☑ Serial #

Property ID # 06-6S-17-09617-107 Subdivision Meadowlands Lot# 7

- New Mobile Home ✓ Used Mobile Home _____ MH Size 32 x 68 Year 2019
- Applicant Sonya Crews / Linda Craft Phone # 863-~~590~~-5701
- Address 825 NW Turner Ave Apt 102 Lake City, FL 32055
- Name of Property Owner Scott Wyckoff Phone# 513-260-8134
- 911 Address 540 SW Meadowlands Dr Lake City, FL 32024
- Circle the correct power company - FL Power & Light - (Clay Electric)
  (Circle One) - Suwannee Valley Electric - Duke Energy
- Name of Owner of Mobile Home Scott Wyckoff Phone # 513-260-8134
  Address Meadowlands Dr Lake City, FL 32024
- Relationship to Property Owner —
- Current Number of Dwellings on Property 0 this will be 1
- Lot Size _____ Total Acreage 5.01
- Do you : Have (Existing Drive (Currently using)) or Private Drive (Blue Road Sign) or need Culvert Permit (Putting in a Culvert) or Culvert Waiver (Not existing but do not need a Culvert) (Circle one)
- Is this Mobile Home Replacing an Existing Mobile Home NO
- Driving Directions to the Property ® on SE Baya (L) on US-441S, (L) on US-41S, ® onto SW Tuskenuggee Ave., ® on SW Meadowlands Dr
- Name of Licensed Dealer/Installer Ronnie Norris Phone # 386-623-7716
- Installers Address 1004 SW Charles Terr Lake City, FL 32024
- License Number IH0025145/1 Installation Decal # 526160

LH-Emailed Sonya 6-21-18

Mobile Home Permit Worksheet

Application Number: _____ Date: _____

Installer: Lonnie Norris License # IH1025145

Address of home being installed: Meadowlands Dr, Lake City, Fl 32024

Manufacturer: Jacobsen Length x width: 32x68

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 # 526160

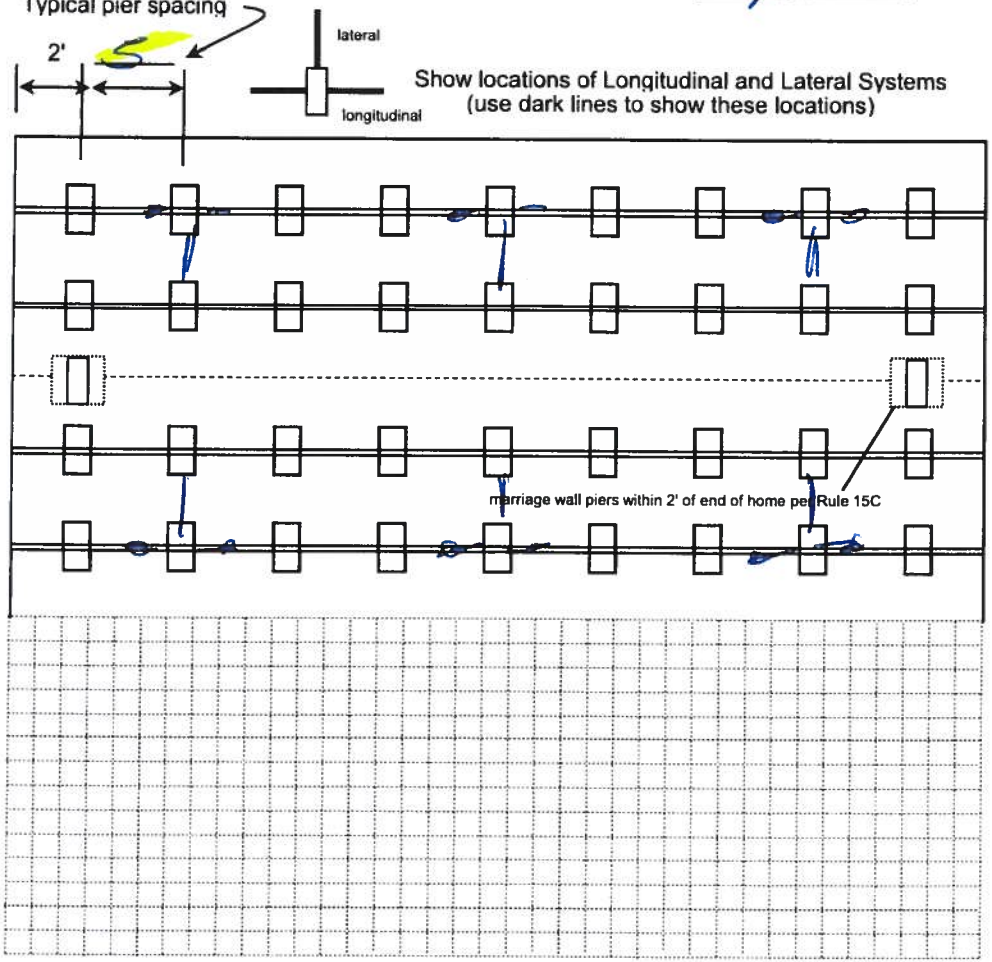
Triple/Quad ☐ Serial # JACFL00880A/B

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: _____

Typical pier spacing



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

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'
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: 17x25

Perimeter pier pad size: 17x25

Other pier pad sizes (required by the mfg.): 16x16

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

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
8	17x25
4	17x25
4	17x25

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer

Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer

ANCHORS

4 ft 5 ft SW

FRAME TIES

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

OTHER TIES

	Number
Sidewall	22
Longitudinal	6
Marriage wall	2
Shearwall	2

Mobile Home Permit Worksheet

Application Number: _____ **Date:** _____

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 1000 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 285 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 requires anchors with 4000 lb holding capacity.

_____ Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name _____

Date Tested 5-30-018

Electrical

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between mult-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: LB	Length: 6	Spacing: 24
Walls:	Type Fastener: LB	Length: 6	Spacing: 16
Roof:	Type Fastener: LB	Length: 6	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, 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.

Installer's initials ✓

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
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 _____ Date 5-30-018

JACOBSEN HOMES

PO BOX 368, 600 PACKARD CT.
SAFETY HARBOR, FLORIDA 34695

(727) 726-1138

www.jachomes.com

WARNING:

INSTALLING A MANUFACTURED STRUCTURE/BUILDING CAN BE EXTREMELY DANGEROUS. ONLY QUALIFIED PERSONNEL SHOULD ATTEMPT TO INSTALL A MANUFACTURED STRUCTURE/BUILDING. IMPROPER PROCEDURES AND/OR TECHNIQUES COULD RESULT IN SERIOUS INJURY OR DEATH. IN ADDITION TO THE DANGER TO PERSONNEL, IMPROPER SETUP/INSTALLATION COULD RESULT IN EXTENSIVE/COSTLY DAMAGE TO THE BUILDING/STRUCTURE. NEVER ATTEMPT INSTALLATION IF YOU ARE NOT QUALIFIED AND/OR DO NOT HAVE THE PROPER TOOLS AND/OR EQUIPMENT.

CAUTION:

MANUFACTURED BUILDINGS/STRUCTURES CAN WEIGH SEVERAL TONS. IT IS VERY IMPORTANT THAT ALL PERSONNEL, ON THE JOB SITE, BE QUALIFIED AND PROPERLY/ADEQUATELY TRAINED. A STATE LICENSED SETUP CONTRACTOR IS REQUIRED TO BE RESPONSIBLE FOR ALL SAFETY INITIATIVES, PROGRAMS, POLICIES, AND/OR PROCEDURES THAT MAY BE MANDATED BY OSHA AND/OR ANY OTHER LOCAL, STATE, AND/OR FEDERAL CODES AND/OR REQUIREMENTS. THE CONTRACTOR SHALL INSURE/REQUIRE THAT SAFE AND PROPER TECHNIQUES ARE UTILIZED.

NOTES:

1. REFER TO THE MODEL APPROVAL FOR PLAN SPECIFIC INFORMATION.
2. REFER TO THE JACOBSEN HOMES SETUP MANUAL AND ADDENDUM FOR COMPLETE INSTALLATION INSTRUCTIONS. PIERS CAN BE RELOCATED AND/OR SPANS INCREASED PER THE SETUP MANUAL.
3. REFER TO SU-01-0005 FOR ADDITIONAL PIER REQUIREMENTS.
4. REFER TO THE APPROVED FLOOR PLAN FOR SHEARWALL LOCATIONS AND LOADS.
5. REFER TO AD-TD-100 FOR SHEARWALL APPLICATIONS AND TIE-DOWNS.
6. REFER TO THE APPROVED FLOOR PLAN FOR SPECIFIC COLUMN LOCATIONS. COLUMN PIERS SHALL BE LOCATED WITHIN 6" OF EITHER SIDE OF THE COLUMN. ADDITIONAL PIERS MAY BE REQUIRED ALONG THE MATING LINE, SEE THE SETUP MANUAL FOR SPECIFICS.
7. ALL 18'-0" WIDE FLOOR SYSTEMS REQUIRE PERIMETER AND MATING LINE BLOCKING.
8. ALL 2x6 FLOOR SYSTEMS WIDER THAN 144" REQUIRE PERIMETER AND MATING LINE BLOCKING.
9. ANY SIDEWALL AREA WITH A HOST BEAM OR A STRUCTURAL ATTACHMENT SHALL HAVE PIERS AND ANCHORS SPACED NO FURTHER THAN 48" O.C. MAXIMUM. SOME WIND ZONE AREAS MAY REQUIRE CLOSER INSTALLATION, REFER TO THE JACOBSEN HOMES SETUP MANUAL FOR SPECIFICS (SEE SU-01-0005 AND SU-01-0006). WHEN THE ATTACHED STRUCTURE HAS FOURTH WALL CONSTRUCTION OR IS DESIGNED AND CONSTRUCTED TO BE SELF SUPPORTING, THESE ADDITIONAL PIERS AND ANCHORS ARE NOT REQUIRED.
10. MAX. PIER SPACING ON 8" I-BEAM IS 96". MAX. PIER SPACING ON 10" OR 12" I-BEAM IS 180". SEE NOTE 4 ON PAGES SU-01-0005 THROUGH SU-01-0006.

REFER TO AD-TD-0250 THROUGH AD-TD-0254 FOR COLUMN ANCHOR SIZES.

COLUMN INFO. TABLE			COLUMN PAD - MIN. SIZES (sq. in.)					
COL. NUM.	SPAN	LOAD (IN POUNDS)	1000 psf SOIL	1500 psf SOIL	2000 psf SOIL	2500 psf SOIL	3000 psf SOIL	3500 psf SOIL
1	19'-6"	5215	751	501	375	300	300	300
2	19'-6"	5215	751	501	375	300	300	300
3	0"	0	0	0	0	0	0	0
4	0"	0	0	0	0	0	0	0
5	0"	0	0	0	0	0	0	0
6	0"	0	0	0	0	0	0	0
7	0"	0	0	0	0	0	0	0
8	0"	0	0	0	0	0	0	0
9	0"	0	0	0	0	0	0	0
10	0"	0	0	0	0	0	0	0

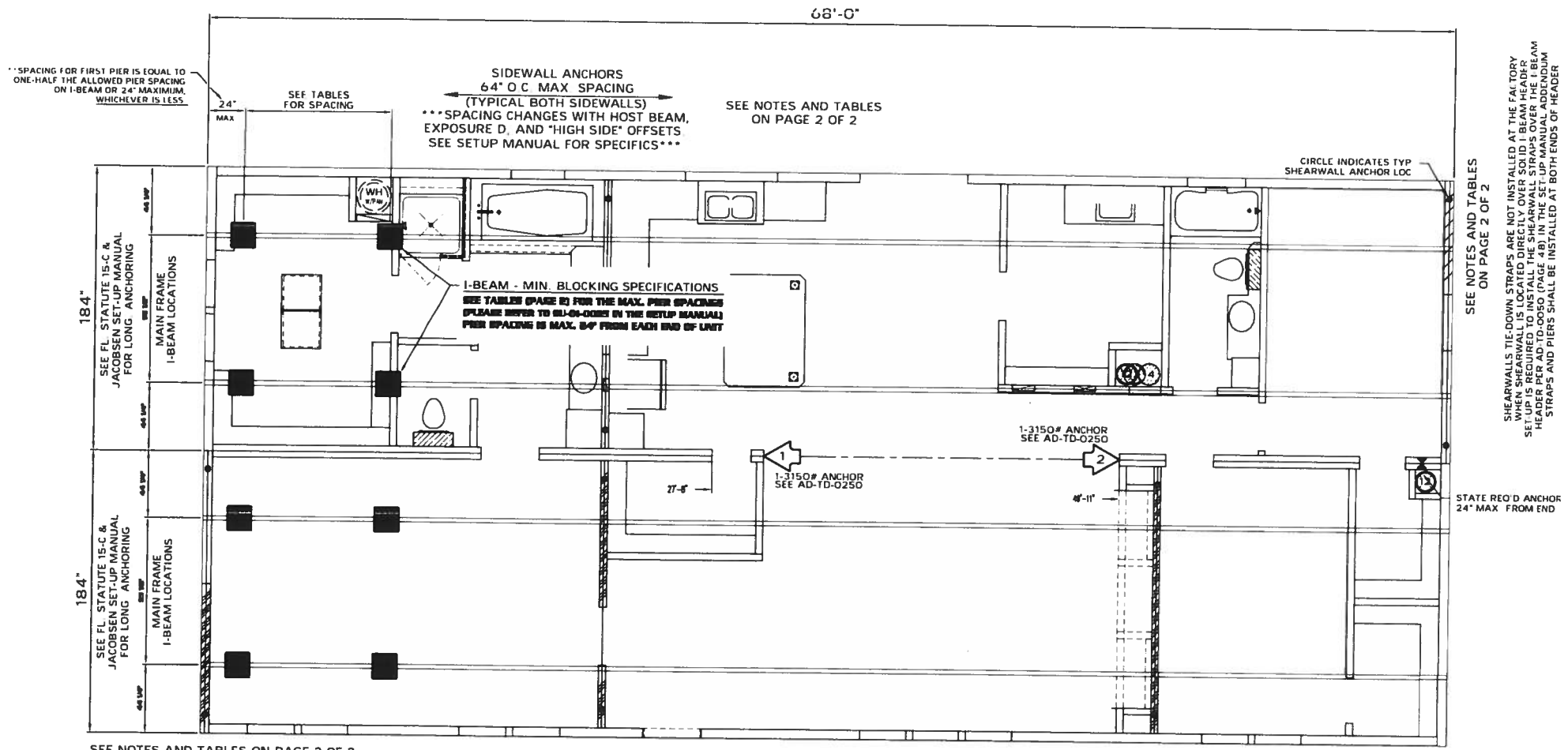
N10 = SEE NOTE 10.
REFER TO SU-01-0005 FOR ADDITIONAL PIER REQUIREMENTS.

MINIMUM PIER PAD SIZE (sq.in.)		I-BEAM PIER SPACING						MATING LINE PIER SPACING						PERIMETER PIER SPACING					
		1000 psf SOIL	1500 psf SOIL	2000 psf SOIL	2500 psf SOIL	3000 psf SOIL	3500 psf SOIL	1000 psf SOIL	1500 psf SOIL	2000 psf SOIL	2500 psf SOIL	3000 psf SOIL	3500 psf SOIL	1000 psf SOIL	1500 psf SOIL	2000 psf SOIL	2500 psf SOIL	3000 psf SOIL	3500 psf SOIL
A	256 sq. in.	30	48 1/2	66 1/2	85	103* N10	N10 N10	96	96	96	96	96	96	96	96	96	96	96	96
B	342.25 sq. in.	42	66 1/2	90 1/2	115* N10	N10 N10	N10 N10	96	96	96	96	96	96	96	96	96	96	96	96
C	396 sq. in.	49	77 1/2	105 1/2* N10	N10 N10	N10 N10	N10 N10	96	96	96	96	96	96	96	96	96	96	96	96
D	400 sq. in.	49 1/2	78 1/2	107 1/2* N10	N10 N10	N10 N10	N10 N10	96	96	96	96	96	96	96	96	96	96	96	96
E	432.875 sq. in.	54	85	116* N10	N10 N10	N10 N10	N10 N10	96	96	96	96	96	96	96	96	96	96	96	96
F	576 sq. in.	74	115* N10	N10 N10	N10 N10	N10 N10	N10 N10	96	96	96	96	96	96	96	96	96	96	96	96
G	676 sq. in.	87 1/2	N10 N10	N10 N10	N10 N10	N10 N10	N10 N10	96	96	96	96	96	96	96	96	96	96	96	96

HUD WIND ZONE - 2
HUD WIND EXPOSURE CATEGORY - C

REFER TO SU-01-0020, SU-01-0021, AND OTHER DETAILS IN THE SET-UP MANUAL FOR MAXIMUM HEIGHT (THIS IS NOT DESIGNED, NOR INTENDED, TO BE A STILT FOUNDATION)

THIS BLOCKING DIAGRAM IS PROVIDED AS A COURTOUSY ONLY. THE LICENSED SET-UP CONTRACTOR SHALL REVIEW THIS DETAIL AND VERIFY COMPLIANCE. THE LICENSED SET-UP CONTRACTOR IS RESPONSIBLE AND LIABLE FOR ALL INSTALLATION



SEE NOTES AND TABLES ON PAGE 2 OF 2
SEE WARNINGS AND CAUTIONS ON PAGE 2

REFER TO SU-01-0005 FOR ADD'L PIER REQUIREMENTS

2x8 FLOOR JOISTS - 16" O C

IMP-35,190
JACOBSEN HOMES
2 2x8 JOISTS

JACOBSEN HOMES
PO BOX 368, 600 PACKARD CT.
SAFETY HARBOR, FLORIDA 34695
(727) 726-1138
www.jachomes.com

REFER TO THE JACOBSEN HOMES SETUP MANUAL AND ADDENDUM FOR COMPLETE INSTALLATION INSTRUCTIONS

HUD WIND ZONE - 2
HUD WIND EXPOSURE CATEGORY - C
35190 - PAGE 1 OF 2

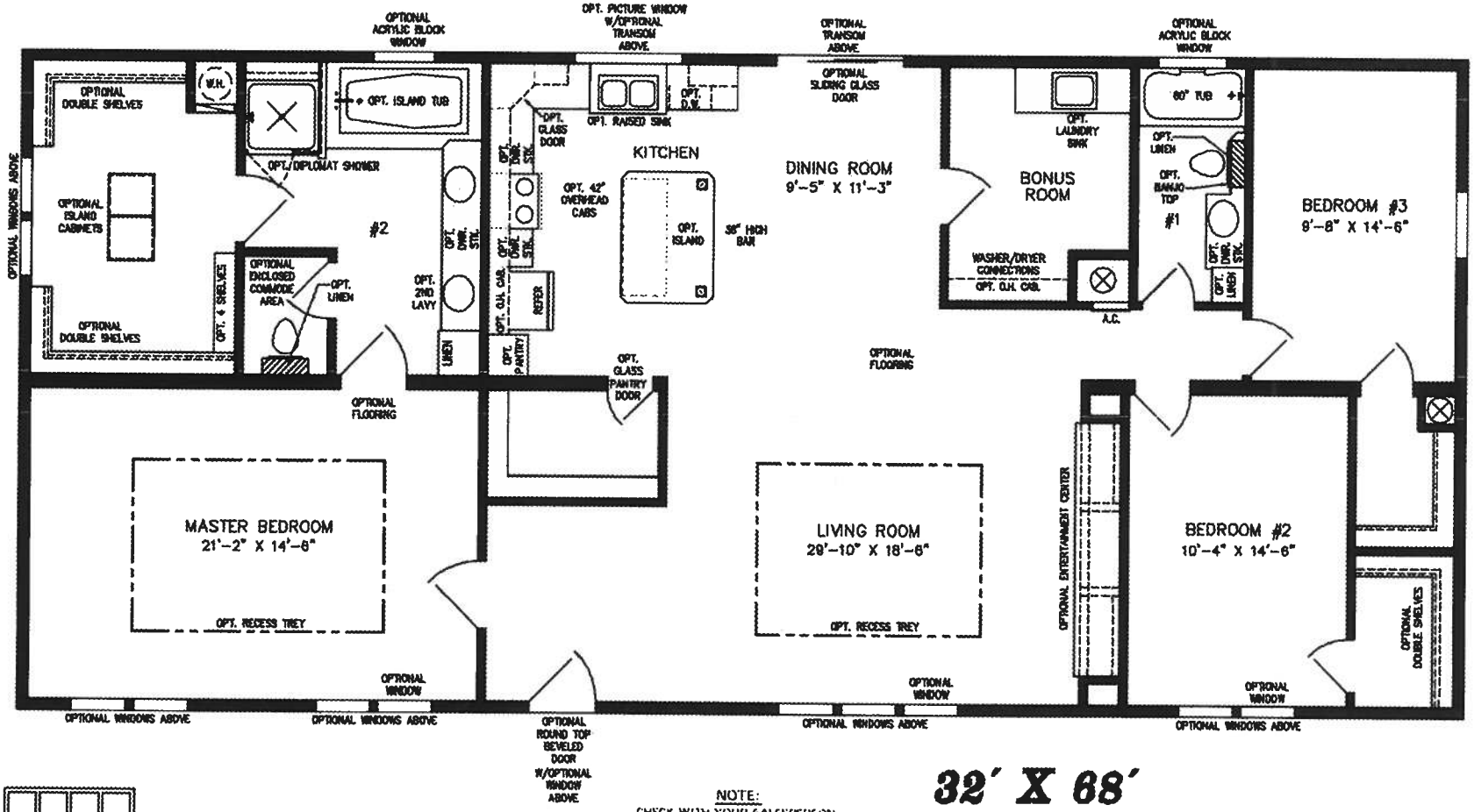
MODEL # CP-2823-190

THIS BLOCKING DIAGRAM IS PROVIDED AS A COURTOUSY ONLY THE LICENSED SET-UP CONTRACTOR SHALL REVIEW THIS DETAIL AND VERIFY COMPLIANCE THE LICENSED SET-UP CONTRACTOR IS RESPONSIBLE AND LIABLE FOR ALL INSTALLATION

REFER TO SU-01-0020, SU-01-0021, AND OTHER DETAILS IN THE SET-UP MANUAL FOR MAXIMUM HEIGHT
(THIS IS NOT DESIGNED, NOR INTENDED, TO BE A STILT FOUNDATION)

WYCKOFF PLAN

The Imperial



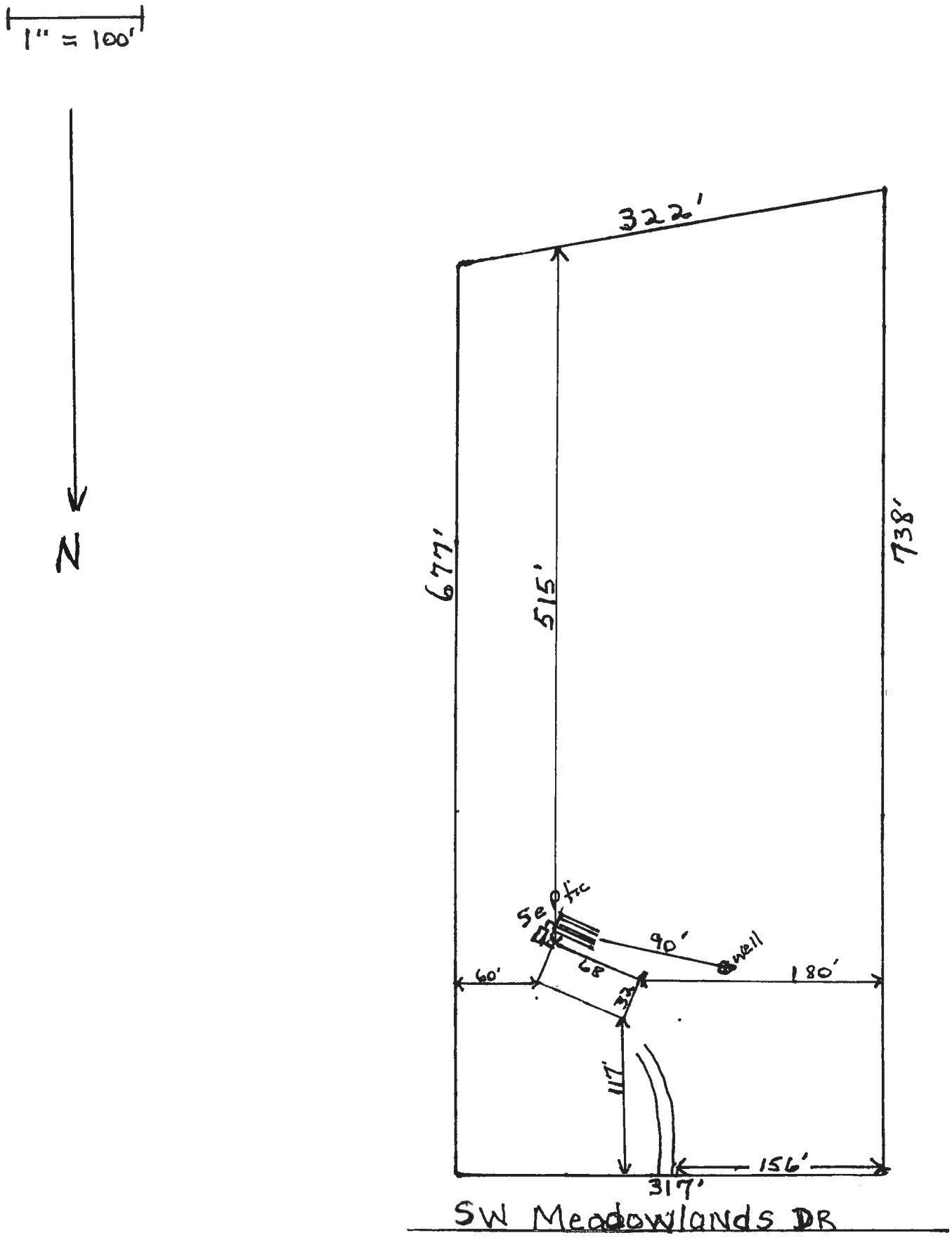
NOTE:
CHECK WITH YOUR SALESPERSON TO IDENTIFY OPTIONAL ITEMS THAT ARE ON THIS PRINT.

32' X 68'
2,085 SQUARE FEET

Model CP-2823-35190

2018 (ALL SIZES ARE APPROX.)

JACOBSEN HOMES
600 Packard Court ▪ Safety Harbor, Florida 34695 ▪ Telephone (727) 726-1138
www.jachomes.com/Floor-Plans


1" = 100'
N
322'
677'
515'
738'
Septic
90'
well
60'
68'
180'
33'
117'
156'
317'
SW Meadowlands DR

District No. 1 - Ronald Williams
District No. 2 - Rusty DePratter
District No. 3 - Bucky Nash
District No. 4 - Everett Phillips
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:	**6/25/2018 4:46:15 PM**
Address:	**540 SW MEADOWLANDS Dr**
City:	**LAKE CITY**
State:	**FL**
Zip Code	**32024**
Parcel ID	**09617-107**

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

Prepared by:
Elaine R. Davis / Nicole Moore
American Title Services of Lake City, Inc.
321 SW Main Boulevard, Suite 105
Lake City, Florida 32025

File Number: 18-126

Inst: 201812011002 Date: 05/30/2018 Time: 4:26PM
Page 1 of 1 B: 1361 P: 770, P.DeWitt Cason, Clerk of Court
Columbia, County, By: BD
Deputy Clerk Doc Stamp-Deed: 217.00

General Warranty Deed

Made this May 24th, 2018 A.D.

By **CLIFTON JENNINGS and JACQUELINE JENNINGS, husband and wife**, 2502 Arslan Street, Deltona, Florida 32738, hereinafter called the grantor,

to **SCOTT A. WYCKOFF, a married person,** whose post office address is: 24129 NW 188TH Avenue, High Springs, Florida 32643, hereinafter called the grantee.

(Whenever used herein the term "grantor" and "grantee" include all the parties to this instrument and the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporations)

Witnesseth, that the grantor, for and in consideration of the sum of Ten Dollars, ($10.00) and other valuable considerations, receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliens, remises, releases, conveys and confirms unto the grantee, all that certain land situate in Columbia County, Florida, viz:

LOT 7, MEADOWLANDS PHASE 1, a subdivision according to the plat thereof recorded in Plat Book 7, Page 139-140, of the Public Records of COLUMBIA COUNTY, FLORIDA.

Said property is not the homestead of the Grantor(s) under the laws and constitution of the State of Florida in that neither Grantor(s) or any members of the household of Grantor(s) reside thereon.

Parcel ID Number: **09617-107**

Together with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

To Have and to Hold, the same in fee simple forever.

And the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances except taxes accruing subsequent to December 31, 2017.

In Witness Whereof, the said grantor has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in our presence:

Sean K. Decker
Witness Printed Name Sean K. Decker

Irene M Arteaga Ruiz
Witness Printed Name Irene M Arteaga Ruiz

Clifton Jennings (Seal)
CLIFTON JENNINGS
Address: 2502 Arslan Street, Deltona, Florida 32738

Jacqueline Jennings (Seal)
JACQUELINE JENNINGS
Address: 2502 Arslan Street, Deltona, Florida 32738

State of Florida
County of Volusia

The foregoing instrument was acknowledged before me this 24th day of May, 2018, by CLIFTON JENNINGS and JACQUELINE JENNINGS, husband and wife, who is/are personally known to me or who has produced DRIVER LICENSE as identification.

SEAN K. DECKER
NOTARY PUBLIC
STATE OF FLORIDA
Comm# FF138421
Expires 6/23/2018

Sean K. Decker
Notary Public
Print Name: Sean K. Decker

My Commission Expires: 6/23/18

Columbia County Property Appraiser

See Attached Deed

2017 Tax Year

updated: 4/24/2018

Parcel: 06-6S-17-09617-107

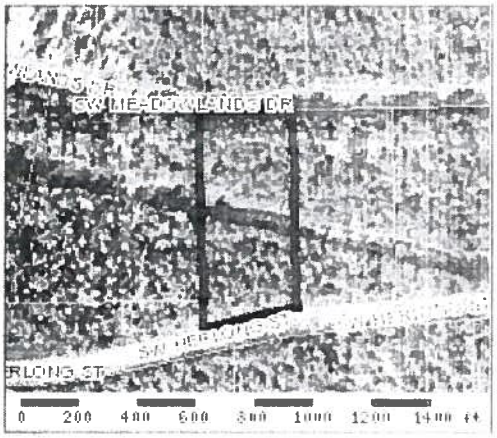
Tax Collector | Tax Estimator | Property Card | Parcel List Generator

<< Next Lower Parcel | Next Higher Parcel >>

2017 TRIM (pdf) | Interactive GIS Map | Print

Search Result 1 of 1

Owner's Name	JENNINGS CLIFTON & JACQUELINE		
Mailing Address	2502 ARSLAN STREET DELTONA, FL 32738		
Site Address			
Use Desc. (code)	VACANT (000000)		
Tax District	3 (County)	**Neighborhood**	6617
Land Area	5.010 ACRES	**Market Area**	02
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction.		
LOT 7 MEADOWLANDS S/D PHS 1 WD-1019-1932			



Mkt Land Value	cnt: (0)	$28,000.00
Ag Land Value	cnt: (1)	$0.00
Building Value	cnt: (0)	$0.00
XFOB Value	cnt: (0)	$0.00
Total Appraised Value		$28,000.00
Just Value		$28,000.00
Class Value		$0.00
Assessed Value		$28,000.00
Exempt Value		$0.00
Total Taxable Value		Cnty: $28,000 Other: $28,000 | Schl: $28,000

Mkt Land Value	cnt: (0)	$29,000.00
Ag Land Value	cnt: (1)	$0.00
Building Value	cnt: (0)	$0.00
XFOB Value	cnt: (0)	$0.00
Total Appraised Value		$29,000.00
Just Value		$29,000.00
Class Value		$0.00
Assessed Value		$29,000.00
Exempt Value		$0.00
Total Taxable Value		Cnty: $29,000 Other: $29,000 | Schl: $29,000

NOTE: **2018 Working Values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.**

Show Similar Sales within 1/2 mile

Sale Date	OR Book/Page	OR Code	Vacant / Improved	Qualified Sale	Sale RCode	Sale Price
6/7/2004	1019/1932	WD	V	Q		$31,900.00

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
NONE						

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
NONE						

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
000000	VAC RES (MKT)	1 LT - (0000005.010AC)	1.00/1.00/1.00/1.00	$29,000.00	$29,000.00

Columbia County Property Appraiser

updated: 4/24/2018

COLUMBIA COUNTY BUILDING DEPARTMENT
135 NE Hernando Ave, Suite B-21, Lake City, FL 32055
Phone: 386-758-1008 Fax: 386-758-2160

MOBILE HOME INSTALLERS LETTER OF AUTHORIZATION

I, Ronnie Norris, give this authority for the job address show below
Installer License Holder Name

only, Meadowlands Dr Lake City, Fl 32024, and I do certify that
Job Address

the below referenced person(s) listed on this form 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 Authorized Person	Signature of Authorized Person	Authorized Person is… (Check one)
Sonya Crews	Sonya Crews	✓ Agent ___ Officer ___ Property Owner
Linda Craft	Linda Craft	✓ Agent ___ Officer ___ Property Owner
		___ Agent ___ Officer ___ Property Owner

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and I am fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances.

I understand that the State Licensing Board has the power and authority to discipline a license holder for violations committed by him/her or by his/her authorized person(s) through this document and that I have full responsibility for compliance granted by issuance of such permits.

License Holders Signature (Notarized) | License Number: I HD0251451 | Date: 5-30 18

NOTARY INFORMATION:
STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Ronnie Norris, personally appeared before me and is known by me or has produced identification (type of I.D.)_____ on this 30 day of May, 20 18.

Sandra Elizabeth Tope
NOTARY'S SIGNATURE

(Seal/Stamp)

SANDRA ELIZABETH TOPE
Notary Public - State of Florida
Commission # GG 063811
My Comm. Expires Jan 18, 2021
Bonded through National Notary Assn.

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1806-62 CONTRACTOR Ronnie Norris PHONE 386-623-7716

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

Wycoff

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 ✓ 1074	Print Name Glen Whittington License # EC 13002957 Qualifier Form Attached X	Signature Phone # 386-972-1700
MECHANICAL/ A/C _____	Print Name License # Qualifier Form Attached	Signature Phone #

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

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 180662 CONTRACTOR Ronnie Norris PHONE 386-623-7714

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

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_____ Signature_____ License #: _____ Phone #: _____ Qualifier Form Attached ☐
MECHANICAL/ A/C 150	Print Name Michael A. Boland Signature License #: CAC1817716 Phone #: (352) 274-9326 Qualifier Form Attached ☐

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, _____(license holder name) licensed qualifier

for _____(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.	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 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 _____
personally appeared before me and is known by me or has produced identification
(type of I.D.) _____ on this _____ day of _____ 20____

_____
NOTARY'S SIGNATURE

Seal/Stamp

KELLY A BISHOP
Notary Public - State of Florida
Commission # FF 243986
My Comm. Expires Jun 24, 2019

A & B Well Drilling, Inc.
5673 NW Lake Jeffery Road
Lake City, FL, 32055
(O) 386-758-3409
(F) 386-758-3410
(C) 386-623-3151

6/5/2018

To: Columbia County Building Department

Description of well to be installed for Customer:
Located at Address:

1 hp 15 GPM Submersible Pump, 1 ¼" drop pipe, 86 gallon captive tank and back flow prevention, With SRWMD permit.

Sincerely
Bruce Park
President

FW

SO17081431

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

PERMIT NO: 18-0496
DATE PAID: 6/19/18
FEE PAID: 425.00
RECEIPT #: 1350910

APPLICATION FOR:
[✓] New System [ ] Existing System [ ] Holding Tank [ ] Innovative
[ ] Repair [ ] Abandonment [ ] Temporary [ ]

APPLICANT: Scott Wyckoff

AGENT: Sonya Crews / Linda Craft TELEPHONE: 513-260-8134

MAILING ADDRESS: Meadowlands Dr Lake City, FL 32024

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TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3)(m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

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PROPERTY INFORMATION

LOT: 7 BLOCK: ____ SUBDIVISION: Meadowlands PLATTED:

PROPERTY ID #: 06-6S-17-04417-107 ZONING: I/M OR EQUIVALENT: [Y / (N)]

PROPERTY SIZE: 5.01 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [ ] ≤2000GPD [ ] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / (N)] DISTANCE TO SEWER: FT

PROPERTY ADDRESS: Meadowlands Dr Lake City, FL 32024

DIRECTIONS TO PROPERTY: (R) on SE Baya (L) on US-441S., (L) on US-41S, (L) onto SW Tustenuggee Ave, (R) on SW Meadowlands Dr

BUILDING INFORMATION [X] RESIDENTIAL [ ] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	Mobile Home	3	2185	
2				
3				
4				

[ ] Floor/Equipment Drains [ ] Other (Specify)

SIGNATURE: Sonya Crews Linda Craft DATE: 6-19-18

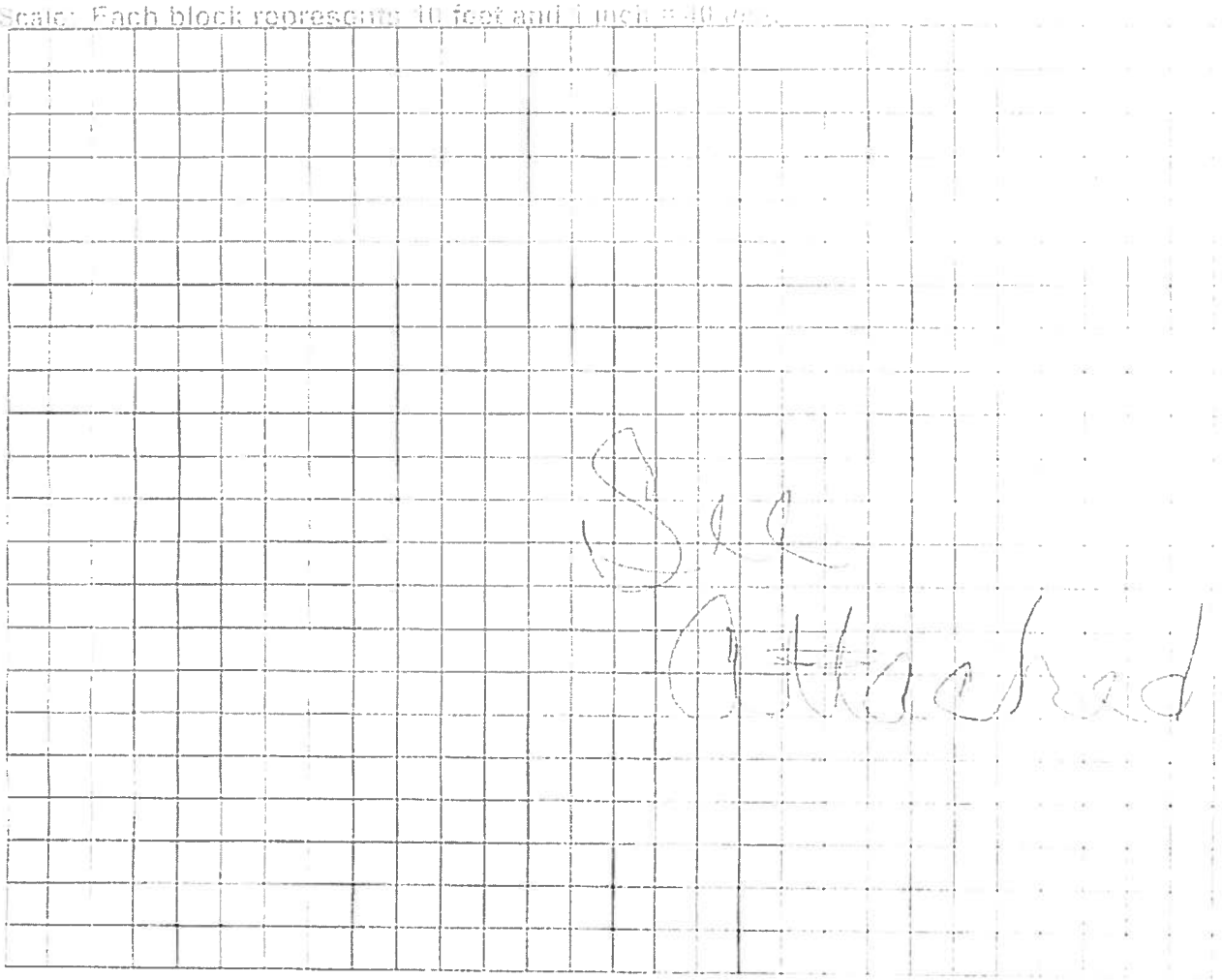
DH 4015, 08/09 (Obsoletes previous editions which may not be used)
Incorporated 64E-6.001, FAC

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 18-0496

- PART II - SITEPLAN -

Scale: Each block represents 10 feet and 1 inch = 40 ft.



Notes: _____

Site Plan submitted by Simp Crews Linda Craft

Plan Approved V Not Approved _____ Date 6/26/2018

By Sam Threm EST Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated 64E-6.001 FAC
(Stock Number 5744-002-4015-6)

18-0496

1" = 100'

N