Parcel:

12-48-15-00348-001 (43738)

Owner & Property Info

Result: 1 of 15

CARMICHAEL JAMES D

CARMICHAEL DENISE W

Owner 609 SW JAFUS AVE

LAKE CITY, FL 32024

Site 609 SW JAFUS Ave, LAKE CITY

BEG NW COR OF NW1/4 OF SE1/4, RUN E 322.67 FT, S 270 FT, W 322.67 FT TO W LINE OF

Description* NW1/4 OF NW1/4 OF SE1/4, RUN N 270 FT TO POB. 452-387, 820-1144, 834-1615, 962-1288, QC

1177-1962

Area 2 AC

S/T/R 12-4S-15

Use Code** SINGLE FAMILY (0100)

Tax District 3

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NU	MBER	CONTRACTOR Ernest S	COTT JONNSON PHONE 352-494-8099
	THIS FORM N	MUST BE SUBMITTED PRIOR TO THE ISSU	ANCE OF A PERMIT
		(Gordon Meyers
records of the Ordinance 89- exemption, ge Any changes,	subcontractors who actual 6, a contractor shall require neral liability insurance and the permitted contractor is	ly did the trade specific work und e all subcontractors to provide evi d a valid Certificate of Competenc	rm being submitted to this office prior to the
ELECTRICAL	Print NameJames C License #:Owner		#:386-438-40543
		Qualifier Form Attached	
MECHANICAL/	Print Name Timothy	Shatto Signatu	
A/C	License #: CAC 057	875 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



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

, Timothy Shatto	(license holder name), licensed qualifier
for Shatto Heat & Air	
the below referenced person(s) listed on this for holder, or is/are employed by me directly or three officer of the corporation; or, partner as defined person(s) is/are under my direct supervision and sign permits; call for inspections and sign subcomments.	ough an employee leasing arrangement; or, is an in Florida Statutes Chapter 468, and the said
Printed Name of Person Authorized	Signature of Authorized Person
1. Bo Royals	1. 10 PM
2. Dale Burd	2.
3.	3.
4.	4.
5.	5.
officers, or employees and that I have full respondent or distriction of the person of the privilege granted officer(s), you must notify this department in write authorization form, which will supersede all previous unauthorized persons to use your name and/or limit the person of t	liance with all Florida Statutes, Codes, and and County Licensing Boards have the power and conscious committed by him/her, his/her agents, asibility for compliance with all statutes, codes by issuance of such permits. is/are no longer agents, employee(s), or ing of the changes and submit a new letter of lous lists. Failure to do so may allow.
NOTARY INFORMATION: STATE OF:COUNTY OF:	Union
The above license holder, whose name is personally appeared before me and is known by (type of I.D.) on the NOTARY'S SIGNATURE	his da day of tebruary, 20 18.
TO SIGNATURE	(Seal/Stamp) VICTORIA K. PALMER
	Notary Public - State of Florida

Commission # FF 207489 My Comm. Expires Mar 9, 2019 Bonded through National Notary Assn

		marriage wall plers within 2' of end of home per Rule 15C			Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)	I understand Lateral Arm Systems cannot be used on any home (new or used) where the sidewall ties exceed 5 ft 4 in.	Il out one half of the blocking p	Address of home 60's SWIA FOS AUZ being installed LAKE COT FL 32024 Manufacturer Jown Home Length x width 44 X 28	Scott	PERMIT NUMBER
Manufacturer Longitudinal Stabilizing Device (LSD) Manufacturer Longitudinal Stabilizing Device w/ Lateral Arms Manufacturer	Opening Pier pad size 17.5X25.5 17.5X25.5 17.5X25.5 17.5X25.5	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.	ze ¹⁰⁵⁵⁻¹ 1 OR 17.5	from Rule 15C-1 pier spacing table. PIER PAD SIZES r pad size 23 \ 3 \ 7 \	1/2" (342) 4' 6' 8'	- Sy	Serial #	Home installed to the Manufacturer's Installation Manual Home is installed in accordance with Rule 15-C Single wide	New Home Used Home	
Sidewall Longitudinal Marriage wall Shearwall	4 ft 5 ft FRAME TIES within 2' of end of home spaced at 5' 4" oc	13 1/4 × 26 1/4 348 20 × 20 400 s 17 3/16 × 25 3/16 441 17 1/2 × 25 1/2 446 24 × 24 576 576 ANCHORS	16 × 18 16 × 18 18.5 × 18.5 16 × 22.5 17 × 22	POPULAR PAD S	(484)* (576)* ((5 5 5 5 6 7	11H1CT 2386-4887	on Manual C Wind Zone III		

POCKET DENETROMETER TEST	Site Preparation
The pocket penetrometer tests are rounded down to psf or check here to declare 1000 lb. soil, without testing.	Debris and organic material removed Water drainage: Natural Swale (Pad) Other
<	Fastening multi wide units
POCKET PENETROMETER TESTING METHOD 1. Test the perimeter of the home at 6 locations. 2. Take the reading at the depth of the footer.	Walls: Type Fastener: 1495 Walls: Type Fastener: 1495 Roof: Type Fastener: 1495 Roof: Type Fastener: 1495 For used homes armin. 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.
Using 500 lb. increments, take the lowest	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
xx	a result of a poorly installed or no gasket being installed. I understand a strip of tape will not serve as a gasket.
TORQUE PROBE TEST	Installer's initials
The results of the torque probe test is 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.	Pg Between Floors Yes Between Walls Yes Bottom of ridgebeam Yes
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	Weatherproofing The bottomboard will be repaired and/or taped. Yes Siding on units is installed to manufacturer's specifications. Yes Fireplace chimney installed so as not to allow intrusion of rain water. Yes
ALL TESTS-MUST BE PERFORMED BY A LICENSED INSTALLER Installer Name (1005)	Skirting to be installed. Yes No
Date Tested ASSUMED OLIVER 1101 V USES 485 FOOT ANCHORS DOTH	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
Electrical	Other:
nnect electrical conductors between multi-wide units, but not to the main power	

Installer verifies all information given with this permit worksheet Installer Signature () Wat manufacturer's installation instructions and or Rule 15C-1 & 2 is accurate and true based on the Date 1/122/2/

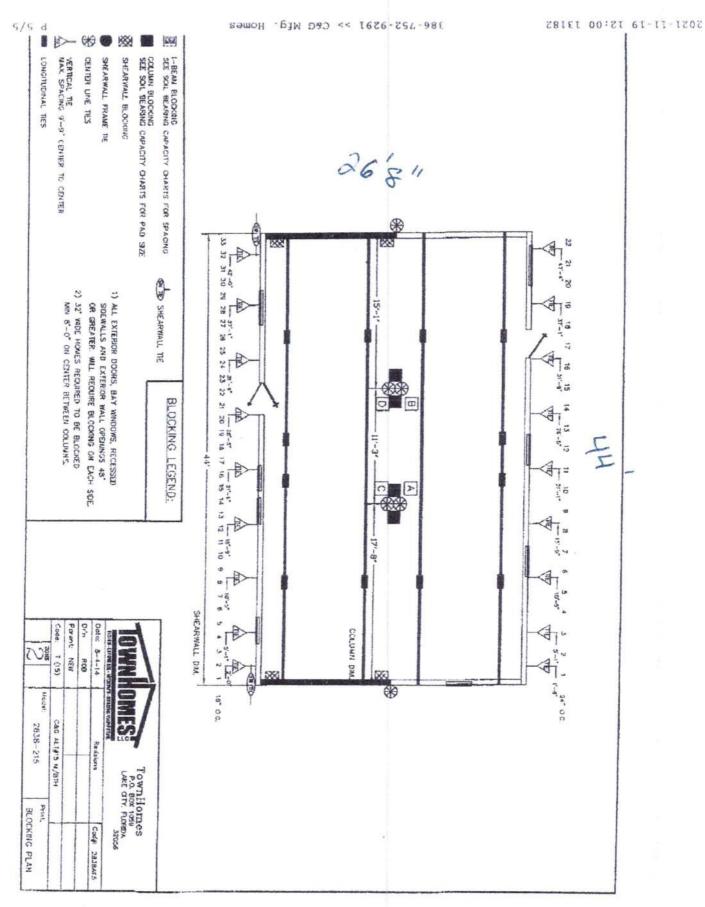
independent water supply systems. Pg.

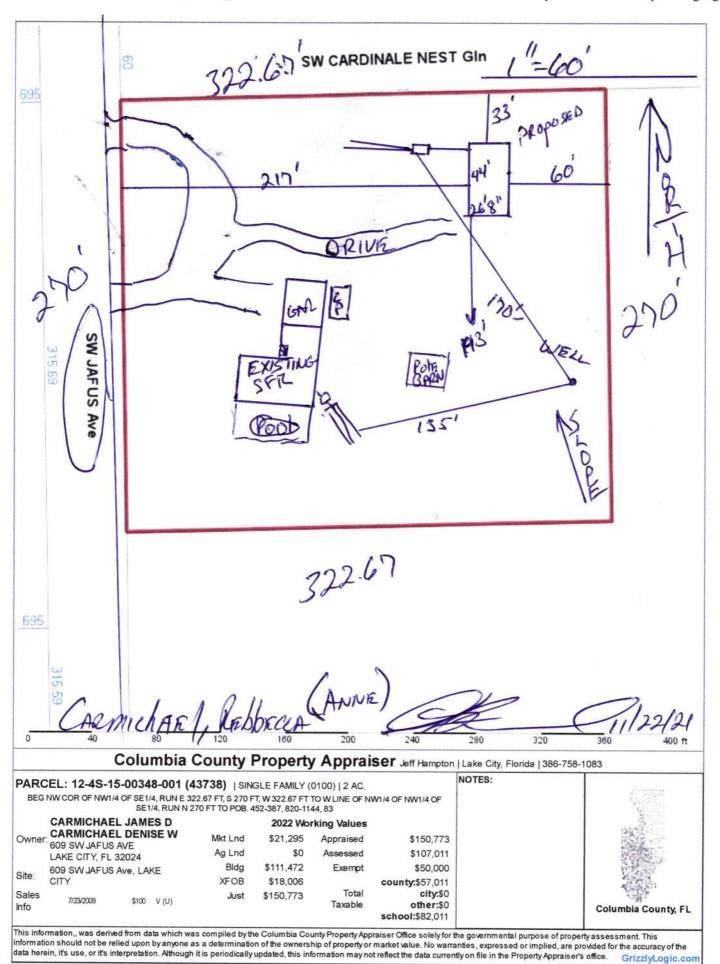
Connect all potable water supply piping to an existing water meter, water tap, or other

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

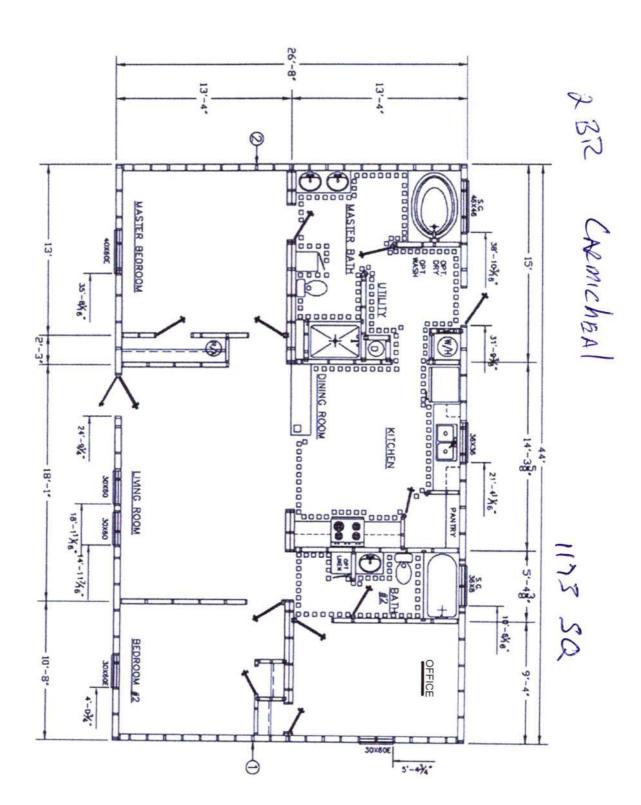
source. Connect elec

This





of 1



18/20/11



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

6/22/2020 2:43:58 PM

Address:

607 SW JAFUS AVE

City:

LAKE CITY

State:

FL

Zip Code

32024

Parcel ID

12-4S-15-00348-001

REMARKS:

This address is a verified address in the county's addressing system.

Verification ID: 6a7e8813-0e0e-4cbe-87ee-ef1b8b017d16

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: GIS Specialist

Columbia County GIS/911 Addressing Coordinator