Parcel:

Owner

08-28-17-04689-000 (23906)

Owner & Property Info

Result: 1 of 1

KLEINBAUM BARRY

KLEINBAUM JODIE

9622 N US HWY 441

LAKE CITY, FL 32055

LAKE CIT 1, FL 32033

Site 9622 N US HIGHWAY 441, LAKE CITY

THE N 770 FT OF SE1/4 OF SW1/4 & THE N 770 FT OF SW1/4 OF SE1/4 & THE N 770 FT OF SE1/4

Description\* OF SE1/4 W OF US-441, EX BEG INTERS OF W R/W OF US-441 & N LINE OF S1/2 OF SE1/4, RUN W 2019.44 FT TO NW COR OF S1/2 OF SE1/4, RUN S 36 FT, E 2003.80 FT TO W R/W US-441

...more>>>

Area 43.26 AC

S/T/R 08-2S-17

Use Code\*\* IMPROVED AG (5000)

Tax District 3

## MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

| APPLICATION NUMBER | CONTRACTOR _ | Wendell Crews | PHONE 352-351-6100 |
|--------------------|--------------|---------------|--------------------|
|                    |              |               |                    |

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

### Kleinbaum

In Columbia County one permit will cover all trades doing work at the permitted site. It is <u>REQUIRED</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 Glenn Whittington License #: EC 13002957 | Signature  Phone #: 386-972-1700 |
|-------------|---|----------------------------------|
|             | Qualifier Form Attached                             |                                  |
| MECHANICAL/ | Print NameTimothy Shatto  License #: CAC 057875     | Signature Phone #: 386-496-8224  |
|             | 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.



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

## Clauding the Charles and Charl

| (license holder name), licensed qualifier  |  |  |  |  |
|--|--|--|--|--|
| (company name), do certify that  |  |  |  |  |
| m is/are contracted/hired by me, the license bugh an employee leasing arrangement; or, is an in Florida Statutes Chapter 468, and the said dicontrol and is/are authorized to purchase and intractor verification forms on my behalf.  |  |  |  |  |
| Signature of Authorized Person   |  |  |  |  |
| 1  |  |  |  |  |
| 2. Jones De  |  |  |  |  |
| 3.   |  |  |  |  |
| 4.   |  |  |  |  |
| 5.   |  |  |  |  |
| 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. |  |  |  |  |
| EC 1300 2957 3/7/16  |  |  |  |  |
| License Number Date  |  |  |  |  |
| al a sea   |  |  |  |  |
| Calmbia  |  |  |  |  |
|  |  |  |  |  |



## 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 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 subcontact.   | in Florida Statutes Chapter 468, and the said                      |  |  |  |
| Printed Name of Person Authorized  | Signature of Authorized Person                                     |  |  |  |
| 1. Bo Royals   | 1. Both  |  |  |  |
| 2. Dale Burd   | 2.   |  |  |  |
| 3.   | 3.   |  |  |  |
| 4.   | 4.   |  |  |  |
| 5.   | 5.   |  |  |  |
| I, the license holder, realize that I am responsible under my license and fully responsible for complete 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 life at any time the person(s) you have authorized officer(s), you must notify this department in writing authorization form, which will supersede all previous unauthorized persons to use your name and/or life.   | is/are no longer agents, employee(s), or                           |  |  |  |
| Licensed Qualifiers Signature (Notarized)  |  |  |  |  |
| NOTARY INFORMATION: STATE OF:  |  |  |  |  |
| The above license holder, whose name is personally appeared before me and is known by the control on the control of the contro | me or has produced identification his ab day of february, 2018.    |  |  |  |
| The state of the s | (Seal/Stame)  VICTORIA K. PALMER  Notary Public - State of Florida |  |  |  |
|  | Commission # FF 207489   |  |  |  |

My Comm. Expires Mar 9, 2019 Bonded through National Notary Asso

Address of home being installed Installer: Wende Manufacturer trooter Typical pier spacing 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 fles exceed 5 ft 4 in. latoral iongitudinal Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations) installer's initials Length x width HWY 441 License # I 41025316 21895 3205 2" of est o4X3Z por Rule 150 Application Number: capacity bearing Manufacturer OLVE 1101 Manufacturer Longitudinal Stabilizing Device (LSD) and their pier pad sizes below Perimeter pier pad size Load List all marriage wall openings greater than 4 fool interpolated required by the mig.) Other pier pad sizes l-beam pier pad size Double wide Triple/Quad Home installed to the Manufacturer's Installation Manual Home is installed in accordance with Rule 15-C Single wide New Home 1500 pst 2000 pst 2500 pst 3500 ps 1000 psf Opening Draw the approximate locations of marriage ps wall openings 4 foot or greater. Use this symbol to show the piers (sq in) Footer SIZE Form TIEDOWN COMPONENTS Rule X 16" × 16" PIER PAD SIZES PIER SPACING TABLE FOR USED HOMES X (256)pier specing table Serial # Installation Decal # Wind Zone II Used Home Pler pad size 18 1/2" x 18 1/2" (342) hex by O) ST ST 20" x 20" (400) 11015 A within 2' of end of home spaced at 5' 4" oc Wind Zone III 22" × 22" 4# (484)\* Marriage wall Shearwall Longitudinal Sidewall POPULAR PAD SIZES 13 1/4 × 26 1/4 20 × 20 7 3/16 × 25 3/16 Date:

16 x 18 18.5 x 18.5 Pad Size

288

360

Sq In 256

16 × 22.5 17 × 22

1/2 x 25 1

447

ANCHORS x 28

5 #

OTHER TIES

FRAME TIES

1669

194

24" X 24"

26" x 26" (676)

(576)\*

00

ගු ගු

Mobile Home Permit Worksheet

# Mobile Home Permit Worksheet

| x ISW  | 3. Using 500 I<br>reading an  | 2. Take the re                                  | 1. Test the pe                                   | POCKET PE                          | XT2   | The pocket penetrometer tests are ro or check here to declare 1000 lb. soil | POC                      |
|--------|---|---|--|------------------------------------|-------|---|--------------------------|
| × TSOO | <ol><li>Using 500 lb. increments, take the lowest<br/>reading and round down to that increment.</li></ol> | 2. Take the reading at the depth of the footer. | 1. Test the perimeter of the home at 6 locations | POCKET PENETROMETER TESTING METHOD | XISW  | unded do  | POCKET PENETROMETER TEST |
| XTX    | lowest<br>crement.  | he footer.                                      | 6 locations.                                     | ING METHOD                         | X ISO | without testing.  | RIEST                    |

TORQUE PROBE TEST

showing 275 inch pounds or less will require 5 foot anchors. The results of the torque probe test is A A here if you are declaring 5' anchors without testing inch pounds or check . A test

Note: anchors are required at all centerline tie points where the toxque test anchors are allowed at the sidewall locations. | understand 5 ft A state approved lateral arm system is being used and 4 ft. requires anchors with 4000 lb holding capacity reading is 275 or less and where the mobile home manufacturer may installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

installer Name

Date Tested

rade!

2-16-22

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. 28

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 3

independent water supply systems. Pg. Connect all polable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 27

| A     |  |
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|       |  |
|       |  |
|       |  |
| Dat   |  |
| (D)   |  |
|       |  |

| Debris and organic material removed Water drainage: Natural Swale | Site             |
|---|------------------|
| Pad Cother  | Site Preparation |

Roof: Walls: Floor: will be centered over the peak of the roof and fastened with galv. Type Fastener: Log Length 8x4" Spacing: 16 oc Type Fastener: Curd Length: 64 Spacing: 16 oc Type Fastener: 1 Length: 64 Spacing: 2" oc For used homes a min. 30 gauge, 8" wide, galvanized metal strip roofing nails at 2" on center on both sides of the centerline

casterna bunta made nurs

Gasket (weatherproofing requirement)

a result of a poorly installed or no gasket being installed. I understand a strip of tape will not serve as a gasket homes and that condensation, mold, meldew and buckled marriage walls are understand a properly installed gasket is a requirement of all new and used

installer's initials

Type gasket Foc.

Between Walls Softom of ridgebeam Between Floors Yes Yes Yes

Weatherproofing

Fireplace chimney installed so as not to allow intrusion of rain water. Siding on units is installed to manufacturer's specifications. Yes he bottomboard will be repaired and/or taped. Yes 0 188×

K scellaneous

Other Range downflow vent installed outside of skirting. Drain lines supported at 4 foot intervals. Yes Electrical crossovers protected. Dryer vent installed outside of skirting. Yes Skirling to be installed. Yes Yes Yes NA

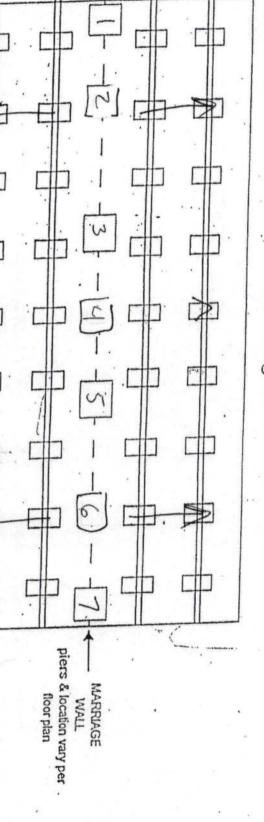
Installer verifies all information given with this permit worksheet manufacturer's installation instructions and or Rule 15C-1 & 2 is accurate and true based on the

Date 2-16-22

Installer Signature

# BLOCKING PLAN

Manufacturer Widdly whength



for (SUDPSF Soil Pier Spacing based on

Manual

Probe test 1 anchor length Soil Bearing Capacity

spaces at

CIOSI

NIA 1 4'ES'on Loads over 3150#

I-beam Pier Pad size a4xa4.

7 Kell 1 herhes

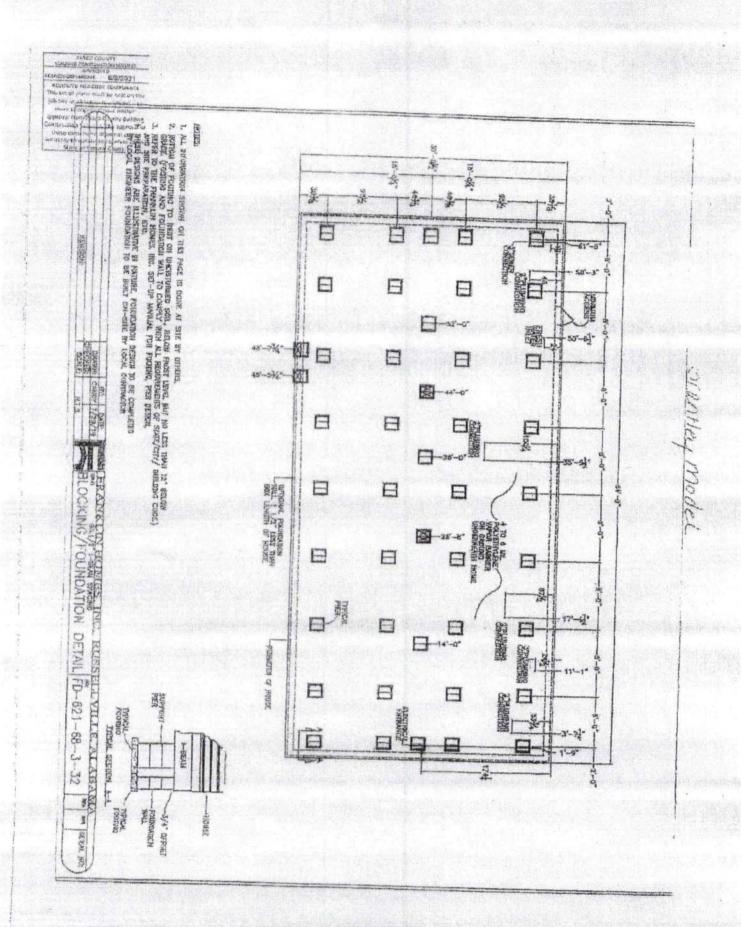
Marriage Wall Pier Pad Sizes

9 [X9]P

nex he s

Perimeter Pier Pad Sizes

11X91 Soors



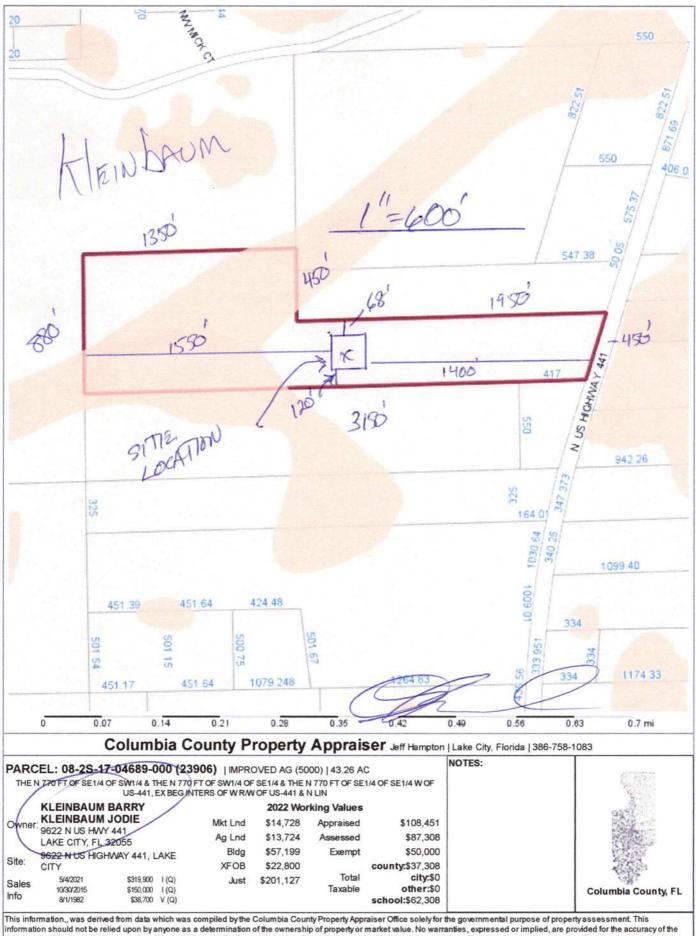
## STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number\_\_\_\_\_

| Klein                                    | PART II - SITEPLAN   | (                        |
|--|--|--------------------------|
| Scale: 1 inch = 40 feet.                 | 109' 109' 109' 109' 109' 109' 109' 109'  | Serve DRIVE              |
| Notes:                                   | 28   | 91                       |
| Site Plan submitted by:<br>Plan Approved | Not Approved   | MASTER CONTRACTOR  Date  |
| Ву                                       | State Walker & Control of the Contro | 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.c GrizzlyLogic.com

## Essentials Series - Brantley



Because There is a Difference ............
4068 US Highway 90 West
Lake City FL 32055
Phone 386-754-6737

Fax 386-758-7764

621-68-3-32 30,-0% 15'-0%" MASTER BEDROOM -14'-8" -51-101-FOYER HOOM SOUN KITCHEY -19"-4" -20'-0"-64 -0\* OFT. HELUS SMBIT TO OPT. -9'-5" BEDROOM 2 -10'-0"-8-8 14"-0"L BEDROOM 3 -10'-0"--9'-10" Rev 10.14.19 

3 Bedroom / 2 Bath 1920 HSQFT

Due to continuous product improvement, specifications and finish options are subject to change without notice. The square that can be added at additional cost. Please contact us for full docails regarding exterior and interior options and pricing. shown with optional features and upgrades

10655 hwy 43 | russellylle, ai 35653 | p (256) 332,4510 | t (800) 332,4511 | f (256) 332,203 | | franklinhomesusa.com





## **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:

3/1/2022 1:03:48 PM

Address:

9626 N US HIGHWAY 441

City:

LAKE CITY

State:

FL

Zip Code

32055

Parcel ID

04689-000

REMARKS: New address for Habitable structure (family home, business, etc.) on the parcel.

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: MOORE, DAVID R.



## 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

| ı, Wendell Crews   | (license holder name), licensed qualifier   |  |  |  |
|--|---|--|--|--|
| for Florida Mobile Masters Inc.  | (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 personntrol and is/are authorized to purchase permit  | of the corporation; or, partner as defined in<br>on(s) is/are under my direct supervision and           |  |  |  |
| Printed Name of Person Authorized  | Signature of Authorized Person  |  |  |  |
| 1, Dale Burd   | 19  |  |  |  |
| 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. |   |  |  |  |
| License Holders Signature (Notarized)  | IH 1025316  |  |  |  |
| NOTARY INFORMATION: STATE OF: FLORIDA COUNTY OF: MANNEY  The above license holder, whose name is Wandall Claws personally appeared before me and is known by me or has produced identification (type of I.D.) on this 34 day of FAB , 2032.  |   |  |  |  |
| NOTARY'S SIGNATURE   | PATRICIAD, WILDERS Commission # HH 073921 ESP 346312072926 Bonded Thru Troy Fain Insurance 800-385-7019 |  |  |  |