Parcel:

05-38-17-04853-215

### Owner & Property Info

Result: 3 of 16

**BKL INVESTMENT CO** 

Owner

672 E DUVAL ST

LAKE CITY, FL 32055

Site

164 MENLO GLN, LAKE CITY

Description\* LOT 15 MENLO PARK S/D. WD 1030-430, WD 1039-675, WD 1072-534, QC

1097-2565,2566, QC 1253-43, WD 1347-111,

Area

0.64 AC

S/T/R

05-3S-17E

Use Code\*\* VACANT (000000)

Tax District 3

### STATE OF FLORIDA COUNTY OF COLUMBIA

### LAND OWNER AFFIDAVIT

| This is to certify that I, (We), Audrey Bullard                                                                                                                                                                                                                                                    | BKL Investment Co                    |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|--|--|--|
| as the owner of the below described property:                                                                                                                                                                                                                                                      |                                      |  |  |  |
| Property tax Parcel ID number 05-3S-17-04853-215                                                                                                                                                                                                                                                   |                                      |  |  |  |
| Subdivision (Name, lot, Block, Phase) Menlo Park, Lot 15                                                                                                                                                                                                                                           |                                      |  |  |  |
| Give my permission for Mohammad Khan                                                                                                                                                                                                                                                               | to place a                           |  |  |  |
| Circle one Mobile Home Travel Trailer / Utility Pole Only / Single Family Home / Barn - Sned - 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.  Owner Signature  Owner Signature  Date |                                      |  |  |  |
| Owner Signature                                                                                                                                                                                                                                                                                    | Date                                 |  |  |  |
| Owner Signature                                                                                                                                                                                                                                                                                    | Date                                 |  |  |  |
| Sworn to and subscribed before me this 1 day of Sept, 2020. This                                                                                                                                                                                                                                   |                                      |  |  |  |
| (These) person(s) are personally known to m                                                                                                                                                                                                                                                        | e or produced ID(Type)               |  |  |  |
| Notary Public Signature No                                                                                                                                                                                                                                                                         | Holly CHanover<br>otary Printed Name |  |  |  |
| Notary Stamp/ HOLLY C. HANOVER Commission # GG 176466 Expires May 18, 2022 Bonded Thru Try Fain Insurance 800-3                                                                                                                                                                                    | &5-7019                              |  |  |  |

### MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

| APPLICATION NUMBER | CONTRACTOR | Robert Sheppard | PHONE 386-623-2203 |
|--------------------|------------|-----------------|--------------------|
|                    |            |                 |                    |

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

### Mohammad Khan

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 Name | Glenn Whittington | Signature - Signature |
|-------------|------------|-------------------|-----------------------|
|             | License #: | EC 13002957       | Phone #: 386-972-1700 |
|             |            | Qualifier Form    | Attached X            |
| MECHANICAL/ | Print Name | Ronald Bonds Sr.  | Signature             |
| A/C         | License #: | CAC1817658        | Phone #: 800-259-3470 |
|             |            | 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

| Charle Whitington                                                                                                                                                                             | (license holder name), licensed qualifier               |  |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|--|--|--|--|
| for Whittington ELBERT S                                                                                                                                                                      | (company name) do certify that                          |  |  |  |  |
| for Whithington Elbert Two (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                                                                                                                                          | ugh an employee leasing arrangement; or, is an          |  |  |  |  |
| officer of the corporation; or, partner as defined i                                                                                                                                          | n Florida Statutes Chapter 468, and the said            |  |  |  |  |
| person(s) is/are under my direct supervision and sign permits; call for inspections and sign subcor                                                                                           | ntractor verification forms on my behalf.               |  |  |  |  |
|                                                                                                                                                                                               |                                                         |  |  |  |  |
| Printed Name of Person Authorized                                                                                                                                                             | Signature of Authorized Person                          |  |  |  |  |
| 1. 08/2500                                                                                                                                                                                    | 1                                                       |  |  |  |  |
| 2. Pecky Ford                                                                                                                                                                                 | 2. Souls 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 violatic officers, or employees and that I have full respon                                                                                      | ons committed by him/her, his/her agents,               |  |  |  |  |
| and ordinances inherent in the privilege granted                                                                                                                                              |                                                         |  |  |  |  |
| If at any time the person(a) you have sutherized                                                                                                                                              | is/are no longer agents, employee(s), or                |  |  |  |  |
| If at any time the person(s) you have authorized officer(s), you must notify this department in writ                                                                                          |                                                         |  |  |  |  |
| authorization form, which will supersede all prev                                                                                                                                             |                                                         |  |  |  |  |
| unauthorized persons to use your name and/or I                                                                                                                                                | icense number to obtain permits.                        |  |  |  |  |
| & John Whiting to EC 1300 2957 3/7/16                                                                                                                                                         |                                                         |  |  |  |  |
| Licensed Qualifiers Signature (Notarized)                                                                                                                                                     | License Number Date                                     |  |  |  |  |
| NOTARY INFORMATION:                                                                                                                                                                           |                                                         |  |  |  |  |
| STATE OF: COUNTY OF: Columbia                                                                                                                                                                 |                                                         |  |  |  |  |
| The above license holder, whose name is Gonn Whitington,                                                                                                                                      |                                                         |  |  |  |  |
| personally appeared before me and is known by me or has produced identification                                                                                                               |                                                         |  |  |  |  |
| (type of I.D.) FZ DZ on this day of MARCH, 20/6.                                                                                                                                              |                                                         |  |  |  |  |
| Killing Klonistop                                                                                                                                                                             | -                                                       |  |  |  |  |
| NOTARY'S SIGNATURE                                                                                                                                                                            | Seal/Stange Y R BISHOP                                  |  |  |  |  |
| 1 V                                                                                                                                                                                           | Notary Public - State of Florida Commission # FF 243986 |  |  |  |  |



### 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

| 1. RONALDE GOND SE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (license holder name). licensed qualifier                                                                                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CONTIONE DONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                       |
| for STIPE CHEST ENTERPRISES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (company name), do certify that                                                                                                                                                       |
| the below referenced person(s) listed on this for holder, or is/are employed by me directly or through officer of the corporation; or, partner as defined person(s) is/are under my direct supervision and sign permits; call for inspections and sign subcommon the supervision and supe | rugh an employee leasing arrangement; or, is an in Florida Statutes Chapter 468, and the said control and is/are authorized to purchase and                                           |
| Printed Name of Person Authorized                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Signature of Authorized Person                                                                                                                                                        |
| 1. DALE BURD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1.6                                                                                                                                                                                   |
| 2. Rocks Ford                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2. Sock 377                                                                                                                                                                           |
| 3. Kully Bushap                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3. Keer Bishop                                                                                                                                                                        |
| 4.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 4.                                                                                                                                                                                    |
| 5.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 5.                                                                                                                                                                                    |
| I, the license holder, realize that I am responsible under my license and fully responsible for compl Local Ordinances. I understand that the State an authority to discipline a license holder for violation officers, or employees and that I have full responsand ordinances inherent in the privilege granted.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | iance with all Florida Statutes, Codes, and ad County Licensing Boards have the power and ans committed by him/her, his/her agents, asibility for compliance with all statutes, codes |
| If at any time the person(s) you have authorized officer(s), you must notify this department in writi authorization form, which will supersede all previupauthorized persons to use your name and/or li                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ng of the changes and submit a new letter of ous lists. Failure to do so may allow                                                                                                    |
| Licensed Qualifiers Signature (Notarized)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | CRC 1817658 2-16-16  License Number Date                                                                                                                                              |
| NOTARY INFORMATION:<br>STATE OF:COUNTY OF:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Bay                                                                                                                                                                                   |
| The above license holder, whose name is Royal personally appeared before me and is known by (type of I.D.) on t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | me or has produced identification his 16th day of FEB 20 (6)                                                                                                                          |
| Struy ann ldopkins                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (Seal/Stamp)                                                                                                                                                                          |



# **Mobile Home Permit Worksheet**

| tabilizing Device w/ Lateral Arms                                                                              | Longitudinal Stabilizing Manufacturer 0/1                       |                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| tabilizing Device (LSD)                                                                                        | S                                                               |                                                                                                                                        |
| TIEDOWN COMPONENTS                                                                                             | TIEDOWN C                                                       |                                                                                                                                        |
|                                                                                                                |                                                                 |                                                                                                                                        |
|                                                                                                                |                                                                 |                                                                                                                                        |
| Pier pad size                                                                                                  | Opening                                                         |                                                                                                                                        |
| wall openings greater than 4 foot id sizes below.                                                              | List all marriage wall openings and their pier pad sizes below. |                                                                                                                                        |
| Draw the approximate locations of marriage wall openings 4 foot or greater. Use this symbol to show the piers. | wall openings 4 foot or gr<br>symbol to show the piers.         | marriage wall plers within 2' of end of home per Rule 15C                                                                              |
| 17×25                                                                                                          | Other pier pad sizes (required by the mfg.)                     |                                                                                                                                        |
| 9/891                                                                                                          | Perimeter pier pad size                                         |                                                                                                                                        |
| D SIZES                                                                                                        |                                                                 |                                                                                                                                        |
| Rule 15C-1 pier spacing table.                                                                                 | from                                                            |                                                                                                                                        |
|                                                                                                                | 3000 psf 8'                                                     |                                                                                                                                        |
| ထု ထု                                                                                                          | 2000 psf 6' 7' 6"                                               | longitudinal (use dark lines to show these locations)                                                                                  |
| 6' 7'                                                                                                          | 4                                                               | Show locations of Longitudinal and Lateral Systems                                                                                     |
| 18 1/2" x 18 20" x 20"<br>1/2" (342) (400)                                                                     | oter 16"<br>ize (2                                              | Typical pier spacing                                                                                                                   |
| PIER SPACING TABLE FOR USE                                                                                     | PIER SP                                                         | 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) |
| Serial # LOHG K                                                                                                | Triple/Quad                                                     | NOTE: if home is a single wide fill out one half of the blocking plan                                                                  |
| Installation Decal #                                                                                           | Double wide                                                     | Manufacturer LIVE Oak Length x width 70 x 32                                                                                           |
| Wind Zone II                                                                                                   | Single wide                                                     | being installed LACO 11th, FC 320.55                                                                                                   |
| Home installed to the Manufacturer's Installation M Home is installed in accordance with Rule 15-C             | Home installed to the Ma                                        | Installer: KOUUT J NED DUUT License # 1 H 1025386                                                                                      |
| Used Home                                                                                                      | New Home                                                        |                                                                                                                                        |

### Application Number: Serial # rufacturer's Installation Manual rdance with Rule 15-C Installation Decal # Wind Zone II Used Home Wind Zone III

# ACING TABLE FOR USED HOMES

|           | ANCHORS                                |           |             |                                                    |                                |                         |        |
|-----------|----------------------------------------|-----------|-------------|----------------------------------------------------|--------------------------------|-------------------------|--------|
|           |                                        | 1         |             | elow.                                              | and their pier pad sizes below | ien bier ba             | 100    |
| 676       | 26 x 26                                | 2         | an 4 foot   | ust all marriage wall openings greater than 4 foot | wall open                      | II marriage             | ist a  |
| 576       | 24 x 24                                | 2         |             |                                                    |                                |                         |        |
| 446       | 1/2 x 25 1/2                           | 17 1/     |             | e piers.                                           | symbol to show the piers       | symbol                  | Ĺ      |
| 441       | 3/16 x 25 3/16                         | 17 3/1    | Use this    | eater.                                             | enings 4 to                    | wall ope                |        |
| 400       | 20 x 20                                | Γ         | of marriage | Draw the approximate locations of marriage         | e approxin                     | Draw th                 | _      |
| 348       | 13 1/4 x 26 1/4                        | Г         |             |                                                    |                                |                         |        |
| 374       | 17 x 22                                | _         |             |                                                    | mfg.)                          | required by the mfg.)   | equ    |
| 360       | 16 x 22.5                              | 16        | 0           | X/1                                                | sizes                          | Other pier pad sizes    | ther   |
| 342       | 18.5 x 18.5                            | 18.       | 7           | こ                                                  |                                |                         |        |
| 288       | 16 x 18                                | 1         | 2           | 66                                                 | oad size                       | Perimeter pier pad size | erim   |
| 256       | 16 x 16                                |           | 110         | 16                                                 |                                |                         | •      |
| Sq In     | Pad Size                               | P         |             | 110                                                | size                           | l-beam pier pad size    | bea    |
| OIZEO     | יייייייייייייייייייייייייייייייייייייי | -         | 1           | SIZES                                              | PIER PAD                       | Г                       |        |
| 0750      | AD DAD                                 | BOB       | ile.        | nterpolated from Rule 15C-1 pier spacing table     | Rule 15C-1                     | plated from             | due    |
| 82        | 8;                                     | œ         | æ           | ω.                                                 | 8                              | 3500 psf                | 350    |
| 00        | 8,                                     | æ         | φ           | Φ.                                                 | 0                              | 3000 psf                | 300    |
| Φ         | 8                                      | 8         | œ,          | ω                                                  | 7' 6"                          | 0 psf                   | 250    |
| 82        | 00                                     | 8         | ω,          | œ                                                  | <u>ರಾ</u>                      | 2000 psf                | 200    |
| Φ.        | œ                                      | œ         | 7"          | 6'                                                 | 4' 6"                          | 0 psf                   | 1500   |
| ω_        | 7'                                     | 6         | 5           | 4'                                                 | ω                              | 0 psf                   | 1000   |
| (676)     | (576)*                                 | (484)*    | (400)       | 1/2" (342)                                         | (256)                          | _                       | pacity |
| 26" x 26" | 24" X 24"                              | 22" x 22" | 20" x 20"   | 18 1/2" x 18                                       | 16" x 16"                      | Footer                  | Load   |

4 ft

5ft

Sidewall
Longitudinal
Marriage wall
Shearwall

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

FRAME TIES

OTHER TIES

Number

# **Mobile Home Permit Worksheet**

| П                 | <br> <br>          | 3. Usin                                                                            | 2. Takı                                         | 1. Test                                           | POCH                               | ×      | The pocket penetrometer tests are rou or check here to declare 1000 lb. soil |                          |
|-------------------|--------------------|------------------------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------------|------------------------------------|--------|------------------------------------------------------------------------------|--------------------------|
| TORQUE PROBE TEST | ×<br>              | Using 500 lb. increments, take the lowest reading and round down to that increment | 2. Take the reading at the depth of the footer. | 1. Test the perimeter of the home at 6 locations. | POCKET PENETROMETER TESTING METHOD | ×      | Inded                                                                        | POCKET PENETROMETER TEST |
| TORQUE PROBE TEST | <br> <br>          | he lowest<br>increment.                                                            | the footer.                                     | at 6 locations.                                   | TING METHOD                        | ×      | down to psf without testing.                                                 | ER TEST                  |
| Type gas          | a result of tape w | l underst                                                                          | 1                                               |                                                   | Walls:<br>Roof:                    | Floor: | Water di                                                                     | 7                        |

showing 275 inch pounds or less will require 5 foot anchors here if you are declaring 5' anchors without testing A test

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

Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Date Tested

### Electrical

source. Connect electrical conductors between multi-wide units, but not to the main power This includes the bonding wire between mult-wide units. Pg.

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.

|   | Applicati |
|---|-----------|
|   | on l      |
|   | Number:   |
| 1 |           |
|   |           |
|   |           |
|   |           |
|   |           |
|   |           |
|   |           |
| 1 | Date      |
|   |           |
|   |           |
|   |           |

| Type Fastener: Screw Length: 4"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Debris a Water d Waler d Floor: Walls: Roof: |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Debris and organic material removed Water drainage: Natural Swale Pad Other  Fastening multi wide units  Floor: Type Fastener: ARS Length: 5'' Spacing: 16'                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                              |
| drainage: Natural Swale Pad Crainage: Natural Swale Pad Crainage: Natural Swale Pad Crainage: Natural Spatial Natural Swale Pad Crainage: Natural Swale Pad Crainage: Natural |                                              |
| Fastening multi wide units  Type Fastener: I AAS Length: 5''                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Debris a<br>Water d                          |
| Type Fastener: \( \mathbb{O} \) Length: \( \sigma^{\cdot} \)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Floor:                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                              |
| For used homes 'a min. 30 gauge, 8" wide, ga will be centered over the peak of the roof and roofing nails at 2" on center on both sides of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |

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

Installer's initials

Between Floors Bottom of ridgebeam Between Walls Yes installed Yes Yes

## Weatherproofing

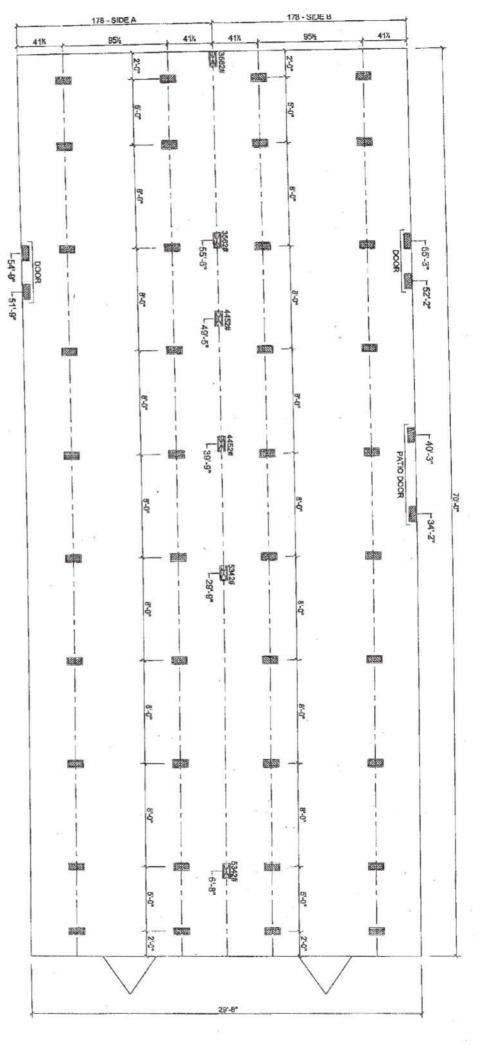
Siding on units is installed to manufacturer's specifications. Yes Fireplace chimney installed so as not to allow intrusion of rain water. Yes The bottomboard will be repaired and/or taped. Yes Pg.

### Miscellaneous

Electrical crossovers protected. Dryer vent installed outside of skirting. Yes
Range downflow vent installed outside of skirting. Skirting to be installed. Yes Other: Drain lines supported at 4 foot intervals. Yes Yes No Yes NA 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

Installer Signature Date



MARRIAGE LINE OPENING SUPPORT PIERTYP.

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 IT'S SUPPLEMENTS.
- FOOTINGS ARE SHOWN FOR EXAMPLE ONLY QUANTITY AND SPACING MAY VARY BASED ON PAD TYPE, SOIL CONDITION, ETC.
- POOTINGS ARE REQUIRED AT SUPPORT POSTS, SEE INSTALLATION MANUAL FOR REQUIREMENTS.

Live Oak Homes MODEL: H-3705A-PS - 32 X 74 5-BEDROOM / 3-BATH

H-3705 A-PS

#-3705A-PS

#-BEDROOM / 3-BATH

32 X 74 - Approx. 2076 Sq. Ft.

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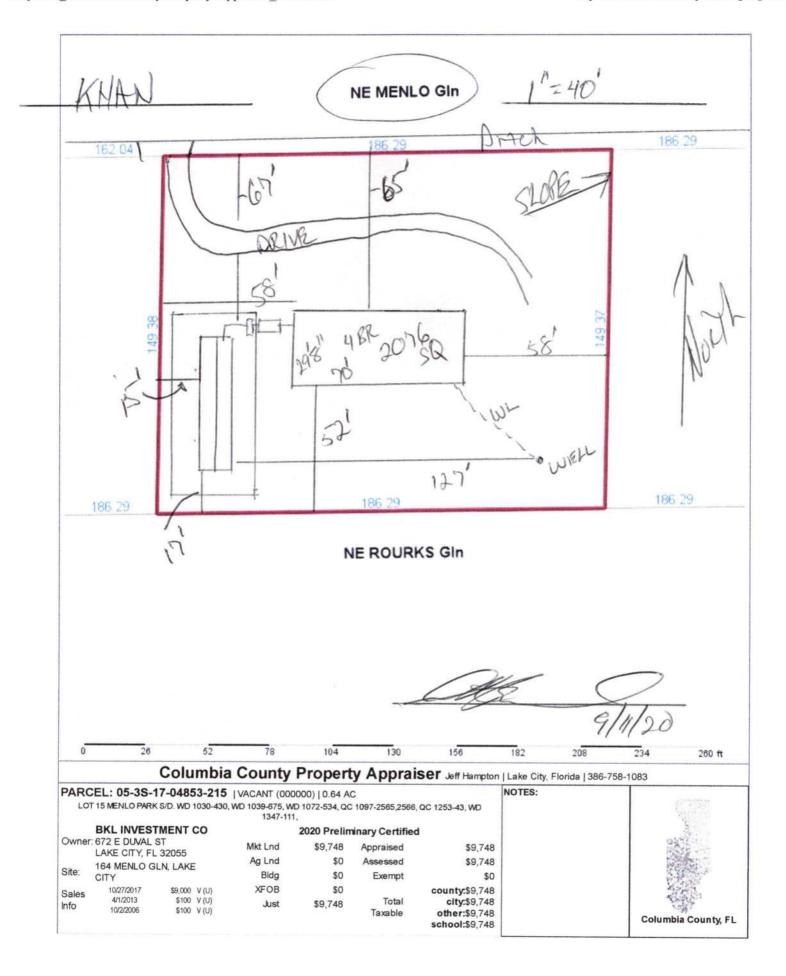
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### A & B Well Drilling, Inc.

5673 NW Lake Jeffery Road

Lake City, FL, 32055

(O) 386-758-3409

(F) 386-758-3410

(C) 386-623-3151

9/11/2020

| To: County Building Depart                                            | rtment                      |
|-----------------------------------------------------------------------|-----------------------------|
| Description of well to be installed for Custom<br>Located at Address: | er: Khan                    |
| 11. 15 CDM C 1                                                        | 5 100 DAKA CHY 11 P , 55053 |

1 hp 15 GPM Submersible Pump, 1 ½" drop pipe, 86 gallon captive tank and back flow prevention, With SRWMD permit.

Sincerely Bruce Park President