Parcel:

25-5S-15-00479-103 (2101)

Owner & Property Info

PERRY VELMA C

Owner 345 SW VELLEE CT

LAKE CITY, FL 32024

Site 119 SW DARWIN GLN, LAKE CITY

Description\* LOT 3 FLATT S/D. AFD 1172-309, QC 1197-2733, AG 1205-1178, QC 1260-1027, QC 1270-837,

Result: 1 of 1

Area 5.04 AC S/T/R 25-5S-15

Use Code\*\* VACANT (0000) Tax District 3

#### MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NU	MBER	CONTRACTO	Robert She	ppard	PHONE 386-623-2203				
		THIS FORM MUST BE SUBMITTED P	RIOR TO THE ISSUANCE	CE OF A PERMIT					
	Jesus Ramirez								
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	The state of the s					
	License #:	EC 13002957	Phone #: _	386-972-17	00				

Qualifier Form Attached X

Qualifier Form Attached X

Signature

Phone #: 800-259-3470

Qualifier Forms cannot be submitted for any Specialty License.

Ronald Bonds Sr.

CAC1817658

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

MECHANICAL/

A/C \_\_\_\_\_

Print Name

License #: \_\_\_\_



## 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. CHENN WATTINGTON	(license holder name), licensed qualifier						
for WhitIngton ELREKK S	(company name), do certify that						
the below referenced person(s) listed on this for holder, or is/are employed by me directly or thro officer of the corporation; or, partner as defined person(s) is/are under my direct supervision and sign permits; call for inspections and sign subco	ugh 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. DARSUR	16						
2. Kecky Ford	2. Jones 1)						
3.	3.						
4.	4.						
5.	5.						
I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances. I understand that the State and County Licensing Boards have the power and authority to discipline a license holder for violations committed by him/her, his/her agents, officers, or employees and that I have full responsibility for compliance with all statutes, codes and ordinances inherent in the privilege granted by issuance of such permits.  If at any time the person(s) you have authorized is/are no longer agents, employee(s), or officer(s), you must notify this department in writing of the changes and submit a new letter of authorization form, which will supersede all previous lists. Failure to do so may allow							
unauthorized persons to use your name and/or li	cense number to obtain permits.						
& John Whitting for	EC1300295) 3/7/16						
Licensed Qualifiers Signature (Notarized)	License Number Date						
NOTARY INFORMATION: STATE OF:COUNTY OF:	Colombia						
personally appeared before me and is known by	me or has produced identification this day of, 20						
Lieux P Bishop	and the same of th						
NOTARY'S SIGNATURE	Seal/Stange Y R BISHOP  Notary Public - State of Florida  Commission # FF 243986  My Comm. Expires Jun 24, 2019						



#### COLUMBIA COUNTY BUILDING DEPARTMENT

135 NE Hernando Ave, Suite B-21, Lake City, FL 32055

Phone: 386-758-1008 Fax: 386-758-2160

#### LICENSED QUALIFIER AUTHORIZATION

1. RONALD E Sonal SE	
	(license holder name), licensed qualifier
for STYTE CHEST ENTERPENSES	In C (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	ough an employee leasing arrangement; or, is an in Florida Statutes Chapter 468, and the said d control and is/are authorized to purchase and
Printed Name of Person Authorized	Signature of Authorized Person
1. DALE BURD	1.
2 Rocky Ford	2. (bel3) 7-1
3. Kally Bishop	3. Kelly Brishof
4.	4.
5.	5.
I, the license holder, realize that I am responsible under my license and fully responsible for compliances. 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 officer(s), you must notify this department in writing authorized persons to use your name and/or light and the person of the p	iance with all Florida Statutes. Codes, and id County Licensing Boards have the power and ins committed by him/her, his/her agents, isibility for compliance with all statutes, codes by issuance of such permits.  is/are no longer agents, employee(s), or ing of the changes and submit a new letter of ous lists. Failure to do so may allow pense number to obtain permits.  CRC 1817658 2-16-14  License Number Date
the above license holder, whose name is Romersonally appeared before me and is known by the stype of I.D.)  on the story of the story o	
Struy Gno ldopkins	(Seal/Stamp)

Notary Public State of Florida
Stacey Ann Hopkins
My Commission FF 188407
Expires 11/08/2018

	parriage vall pers within 2' of end of home per Rule 15C		longitudnat	Typical pier spacing  2' 5/  Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)	NOTE: if home is a single wide fill out one half of the blocking plan if home is a triple or quad wide sketch in remainder of home I understand Lateral Arm Systems cannot be used on any home (new or used) where the sidewall ties exceed 5 ft 4 in.	Installer Robert Sheppard License # IH 1025386 Installer Mobile Phone # 386-623-2203 Address of home 1/9 Siu DARWIN 6-IEN being installed LAFE CITY FA 3202-4  Manufacturer LIVE DOCK Length x width HUX 28
within 2' of end of home spaced at 5' 4" oc Longitudinal Stabilizing Device (LSD)  Longitudinal Stabilizing Device w/Lateral Arms  Manufacturer  Longitudinal Stabilizing Device w/Lateral Arms  Manufacturer  Manufacturer  Shearwall  Shearwall	Draw the approximate locations of marriage wall openings 4 foot or greater. Use this symbol to show the piers.  List all marriage wall openings greater than 4 foot and their pier pad sizes below.  Opening  Draw the approximate locations of marriage 20 x 20 400  17 3/16 x 25 3/16 441  17 1/2 x 25 1/2 446  24 x 24 5/6  ANCHORS  Opening  Pier pad size	PAD SIZ Pad Size 16 x 16 16 x 18 18.5 x 18.5 16 x 22.5 17 x 22 13 1/4 x 26 1/4	7' 6" 8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8'	5" 18 1/2" x 18 20" x 20" 22" x 22" 24" X 24" 26" (576)* (6 6 7" 8" 8" 8" 8" 8" 8" 8" 8" 8" 8" 8" 8" 8"	Triple/Quad Senal # LOH 6A-32072011 A  Roof System:	New Home    Used Home

Site Preparation

Electrical		Date Lesied 1 7 1 20 9-1	Doi: Total	Installer Name (2000) OF A CHARLES BY A LICENSED INSTALLER	reading is 275 or less and where the mobile home manufacturer may requires anchors with 4000 lb holding capacity.  [2.3.] Installer's initials	Note: A state approved lateral arm system is being used and 4 ft anchors are allowed at the sidewall locations. I understand 5 ft anchors are required at all centerline tip points where the force test	TORQUE PROBE TEST  The results of the torque probe test is	× 1000 × 1000 × 1000	Using 500 lb increments, take the lowest reading and round down to that increment	POCKET PENETROMETER TESTING METHOD  1. Test the perimeter of the home at 6 locations.  2. Take the reading at the depth of the footer.	× 1000 × 1000 × 1000	The pocket penetrometer tests are rounded down to psf or check here to declare 1000 lb. soil without testing.	POCKET PENETROMETER TEST
	Electrical crossovers protected. Yes	Prain lines supported at 4 foot intervals. Yes N/A	Dryer vent installed outside of skirling. Yes N/A	Skirting to be installed. Yes: Miscellaneous	The bottomboard will be repaired and/or taped. Yes Pg. Siding on units is installed to manufacturer's specifications. Yes Fireplace chimney installed so as not to allow intrusion of rain water. Yes	Weatherproofing	Type gasket Foam Installed: Pg. 22 Between Floors Yes Between Walls Yes Bottom of ridgebeam Yes	homes and that condensation, mold, meldew and buckled marriage walls are a result of a poorly installed or no gasket being installed. I understand a strip of tape will not serve as a gasket.	Gasket (weatherproofing requirement)	Type Fa Type Fa For used will be ou roofing r	S//	Debns and organic material removed Water drainage: Natural Swale Pad Cother	Site Preparation

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

Connect all potable water supply piping to an existing water meter, water tap, or other Connect all sewer drains to an existing sewer tap or septic tank. Pg.

Plumbing

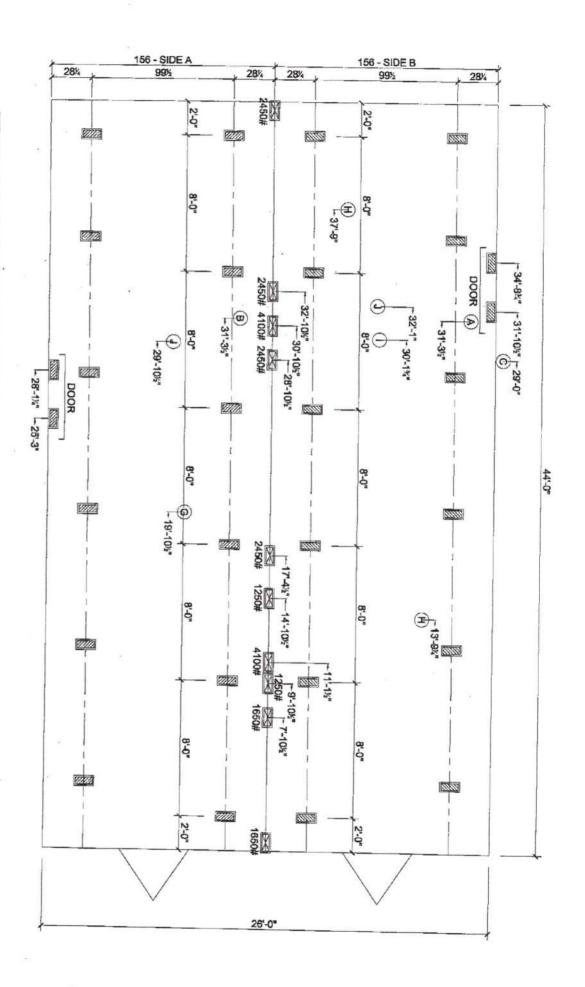
source. This includes the bonding wire between mult-wide units.

Pg.

Connect electrical conductors between multi-wide units, but not to the main power

independent water supply systems. Pg.\_

Date 1-27-2021



# 3-BEDROOM / 2-BATH MODEL: S-2443A - 28 X 44 Homes

MAIN ELECTRICAL

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. - FOOTINGS ARE REQUIRED AT SUPPORT POSTS, SEE INSTALLATION MANUAL FOR REQUIREMENTS.

FOUNDATION NOTES:

SUPPORT PIER/TYP

MARRIAGE LINE OPENING SUPPORT PIER/TYP.

2/18/07

- 000 WATER INLET

- ELECTRICAL CROSSOVER

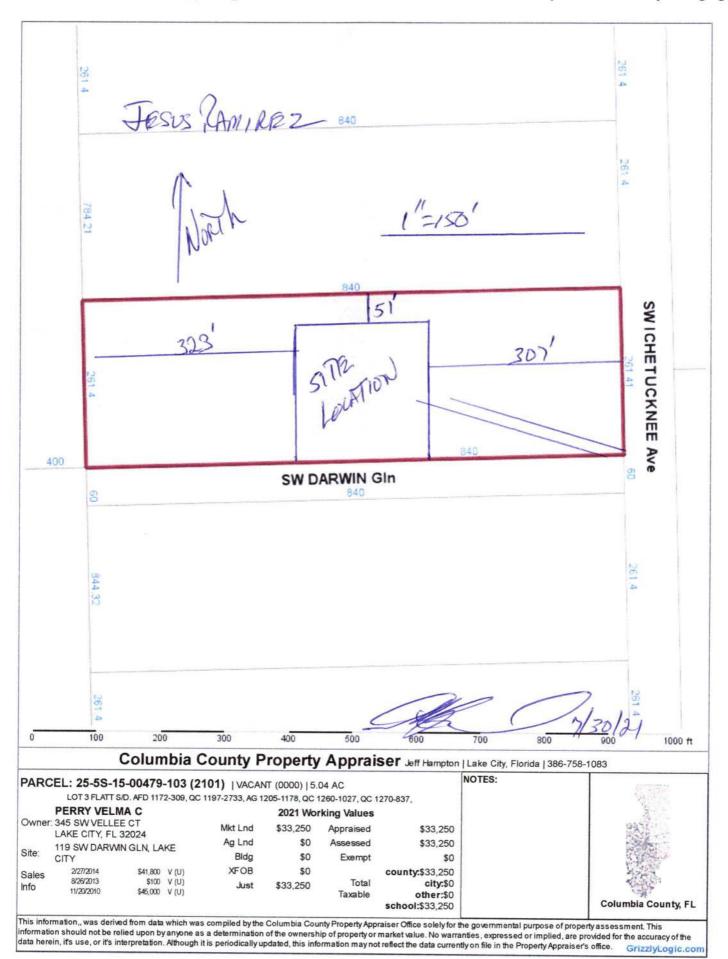
- DUCT CROSSOVER
- **(E)** SEWER DROPS
- RETURN AIR (W/OPT. HEAT PUMP OH DUCT)

### STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

	Permit Application Number			
RAMINEZ	Parey PART II - SITEPLAN	210		
Scale: 1 inch = 40 feet.				
	83 <sup>i</sup>	651		
9/0		3BP DRIVE		
	135	1144 26 / 37		
	31411	WELL WELL		
	Mart 88	93		
Notes:				
	1055.04 ACRES			
		, ,		
	SEE ATHA	CAROL		
Site Plan submitted by:		CONTRACTOR		
Plan Approved	Not Approved	Date		
Ву				
- /		County Health Department		

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



OFT. GLAMOUR BATH 28 x 48 - Approx. 1144 Sq. Ft. 3-BEDROOM / 2-BATH 5-2443A-OAK ( 整 BATH