Parcel:

11-5S-15-00431-216 (1800)

Owner & Property Info

MORALES EDWARD -

MORALES MARGARITA -

Owner 595 SW QUAIL RIDGE CT

LAKE CITY, FL 32024

Site 595 SW QUAIL RIDGE Ct, LAKE CITY

LOT 16 PINE WIND ESTATES S/D UNIT 2. ORB 662-272, 703-200, 715-328, AFF 98-1947, 988-1950,

Description* WD 988-1951, WD 1059-2146. QC 1059-2145, QC 1059-2146, WD 1066-2481, QC 1108-1153, WD

1112-2791.

Area 4.01 AC

S/T/R 11-5S-15

Result: 1 of 0

Use Code** MOBILE HOME (0200)

Tax District 3

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER	CONTRACTOR	Ernest Scott Johnson	PHONE 352-494-8099

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

Edward Morales

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	3	Glenn Whittington EC 13002957 Qualifier F	Signature Phone #: 386-972-1700 orm Attached
MECHANICAL/	Print Name_	Ronald Bonds Sr.	Signature
A/C	License #:	CAC 1817658 Qualifier F	Phone #: 800-259-3470 orm 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

1. CAMIN Whitington	(license holder name), licensed qualifier					
for Whittington ELBEKIC S	(company name), do certify that					
the below referenced person(s) listed on this form holder, or is/are employed by me directly or throu officer of the corporation; or, partner as defined in person(s) is/are under my direct supervision and sign permits; call for inspections and sign subcon-	m is/are contracted/hired by me, the license ugh an employee leasing arrangement; or, is an n 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. Jak Burd	2. 8 2 2					
2.13021/000	2. 2000 1 7 10					
3.	3.					
4.	4.					
5.	5.					
I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances. I understand that the State and County Licensing Boards have the power and authority to discipline a license holder for violations committed by him/her, his/her agents, officers, or employees and that I have full responsibility for compliance with all statutes, codes and ordinances inherent in the privilege granted by issuance of such permits. If at any time the person(s) you have authorized is/are no longer agents, employee(s), or officer(s), you must notify this department in writing of the changes and submit a new letter of authorization form, which will supersede all previous lists. Failure to do so may allow unauthorized persons to use your name and/or license number to obtain permits.						
Licensed Qualifiers Signature (Notarized) EC 1300 2957 License Number Date						
NOTARY INFORMATION: STATE OF:						
Kelan Roshop NOTARY'S SIGNATURE	Seal/Stance Y R BISHOP 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. LONALDE Good SE	(license holder name). licensed qualifier
for STILE CLEST ENTERDENSES	The (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	rm is/are contracted/hired by me, the license 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. DATE BURD	1.
2. Rocks Ford	2. (belan) 7-1
3. Kully Bishap	3 Kelly Brishof
4.	4.
5.	5.
and ordinances inherent in the privilege granted 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	is/are no longer agents, employee(s), or ting of the changes and submit a new letter of
unauthorized persons to use your name and/or	license number to obtain permits.
Michigan Signature (Notarized)	2.16.16 License Number Date
NOTARY INFORMATION: STATE OF:COUNTY OF	Bay
The above license holder, whose name is Roy personally appeared before me and is known by (type of I.D.) on	me or has produced identification this 16th day of FEB 20 (4)
Struy ann ldopkins	(Seal/Stamp)
	Notary Public State of Florida



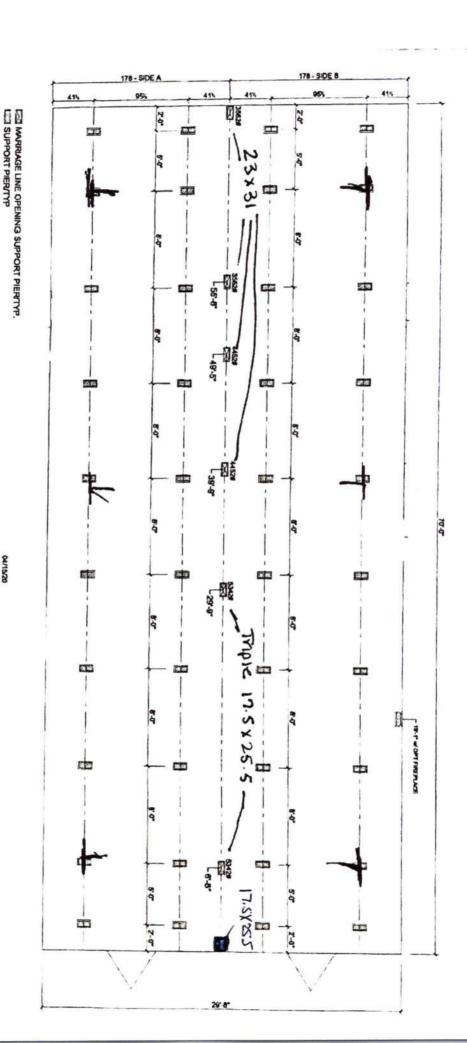
	See Factory blacking Punj	Typical pier spacing Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)	Installer Ernest Scott Johnson License # 1H-1025249 Installer Mobile Phone # 352-494-8099 Address of home being installed Manufacturer UNEOAK Length x width THX32 Manufacturer If home is a single wide fill out one half of the blocking plan If home is a triple or quad wide sketch in remainder of home I understand Lateral Arm Systems cannot be used on any home (new or used) where the sidewall ties exceed 5 ft 4 in. Installer's initials	PERMIT WORKSHEET
FRAN in 2' of elected at 5' OTHE ewall email email email email email email email email earwall	ze or 10 20 3 18.5 18.5 18.5 18.5 18.5 18.5 18.5 18.5	(256) 1/2' (342) (404) (404) (404) (347) (404) (404) (404) (347) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (404) (40	installed to the Manufacturer's Installation Man is installed in accordance with Rule 15-C is installed to the Manufacturer's Installation Man installed to the Manufacturer's Installation Man installed to the Manufacturer's Installation Man installed in accordance with Rule 15-C is	SHEET

Plumbing Connect all sewer drains to an existing sewer tap or septic tank. Pg.	Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between mult-wide units. Pg	Electrical	Date Tested PESLAMED MILLER 1014 USES 435' Ra	ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER Sk Installer Name VYNOS SON SK	Note: A state approved lateral arm system is being used and 4 ft. anchors are allowed at the sidewall locations. I understand 5 ft anchors are required at all centerline tie points where the torque test reading is 275 or less and where the mobile home manufacturer may requires anchors with 4000/6 holding capacity. Installer's initials Fin	check	160	2)	1. Test the perimeter of the home at 6 locations. 2. Take the reading at the depth of the footer. Roof:		unded down to psf
manufacturer's installation instructions and or Rule 15C-1 & 2	Installer verifies all information given with this permit workshe	Cutar	downflow vent installed outside of skirting. Yes nes supported at 4 foot intervals. Yes all crossovers protected. Yes	Skirting to be installed. Yes No	Weatherproofing The bottomboard will be repaired and/or taped. Yes Pg	Installed: Between Floors Yes Between Walls Yes Bottom of ridgebeam Yes	a result of a poorly installed or no gasket being installed. I understand a strip of tape will not serve as a gasket. Installer's initials 29	Understand a properly installed gasket is a requirement of all new and used homes and that condensation, mold, meldew and buckled marriage walls are	Type Fastener: I For used homes will be centered of roofing nails at 2	Type Fastener: 14%5 Length: 7 Type Fastener: 14%5 Length: 1	Debris and organic material removed Vater drainage: Natural Swale Pad Other

Installer Signature Chuck ie based on the uctions and or Rule 15C-1 & 2 en with this permit worksheet 1/2/1/22

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

independent water supply systems. Pg._



FOUNDATION NOTES;

THS DRAWING IS DESIGNED FOR THE STANDARD WIND ZONE AND IS TO BE USED IN CONJUNCTION WITH THE INSTALLATION MANUAL AND IT'S SUPPLEMENTS.

FROTTINGS ARE SHOWN FOR EXAMPLE ONLY QUANTITY AND SPACING MAY VARY BASED ON PAD TYPE, BOIL CONDITION, ETC.

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

04/15/20

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

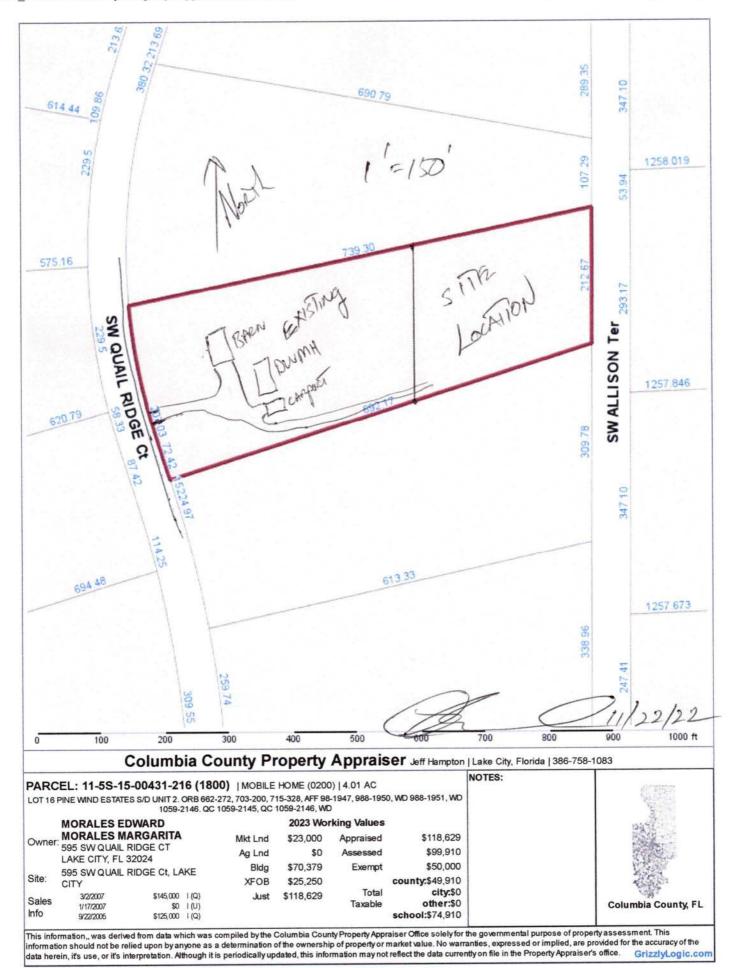
STATE OF FLORIDA

DEPARTMENT OF ENVIRONMENTAL PROTECTION

APPLICATION FOR CONSTRUCTION PERMIT

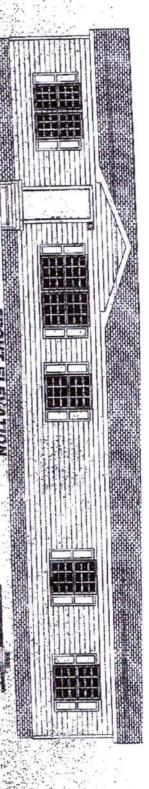
	Permit	Application Number
Edward N	MoralesPART II - SITEPLAN	1
Scale: Each block represents 10	282	
	43 100 SLOKE 77 180	1 John 2126
1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1982 2076Q	169
Notes:		290
RIVE	15 of	4.01 Agres
		SRR ATTACKED
Site Plan submitted by:		Contractor
Plan Approved	Not Approved	Date
Ву		County Health Department

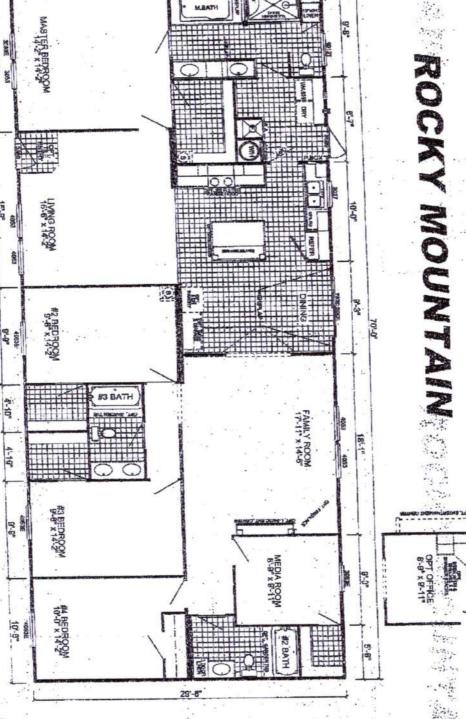
ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



1 of 1







32 X 74 - Approx. 2076 Sq. Ft. 4-BEDROOM / 3-BATH D-3705A - OAK