

Parcel:  
33-5S-16-03751-203 (18743)

Owner & Property Info

Result: 1 of 1

Owner  
FOCKELE JEFFREY  
FOCKELE DIANA  
P O BOX 7282  
LAKE CITY, FL 32055-0282

Site  
Description\* LOT 3 SOUTH WIND S/D. WD 1071-1581, QC 1208-1535, WD 1231-944,  
Area 5 AC S/T/R 33-5S-16E  
Use Code\*\* VACANT (0000) Tax District 3

## MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM


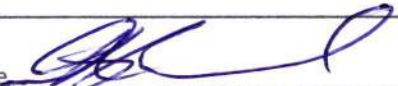
APPLICATION NUMBER \_\_\_\_\_ CONTRACTOR Robert Sheppard PHONE 386-623-2203

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

Jeffrey &amp; Diane Fockele

In Columbia County one permit will cover all trades doing work at the permitted site. It is REQUIRED 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 <u>Glenn Whittington</u>	Signature 
	License #: <u>EC 13002957</u>	Phone #: <u>386-972-1700</u>
	Qualifier Form Attached <input checked="" type="checkbox"/>	
MECHANICAL/ A/C	Print Name <u>Ronald Bonds Sr.</u>	Signature 
	License #: <u>CAC1817658</u>	Phone #: <u>800-259-3470</u>
	Qualifier Form Attached <input checked="" type="checkbox"/>	

*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

I, Glenn Whittington (license holder name), licensed qualifier  
for Whittington Electric Inc (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 an employee leasing arrangement; or, is an  
officer of the corporation; or, partner as defined in Florida Statutes Chapter 468, and the said  
person(s) is/are under my direct supervision and control and is/are authorized to purchase and  
sign permits; call for inspections and sign subcontractor verification forms on my behalf.

Printed Name of Person Authorized	Signature of Authorized Person
1. <u>Dale Sord</u>	1. <u>[Signature]</u>
2. <u>Rocky Ford</u>	2. <u>[Signature]</u>
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.

[Signature] License Number FL13002957 Date 3/7/16  
Licensed Qualifiers Signature (Notarized)

#### NOTARY INFORMATION:

STATE OF: FL COUNTY OF: Columbia

The above license holder, whose name is Glenn Whittington,  
personally appeared before me and is known by me or has produced identification  
(type of I.D.) FL DL on this 7 day of MARCH, 20 16.

[Signature]  
NOTARY'S SIGNATURE







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

LICENSED QUALIFIER AUTHORIZATION

I, Ronald E Bonds Sr (license holder name), licensed qualifier for STYLE CREST ENTERPRISES, INC (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 an employee leasing arrangement; or, is an officer of the corporation; or, partner as defined in Florida Statutes Chapter 468, and the said person(s) is/are under my direct supervision and control and is/are authorized to purchase and sign permits; call for inspections and sign subcontractor verification forms on my behalf.

Printed Name of Person Authorized	Signature of Authorized Person
1. Dale Burd	1.
2. Rocky Ford	2.
3. Kelly Bishop	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)

CRC 1817658  
License Number

2-16-16  
Date

NOTARY INFORMATION:

STATE OF: FL COUNTY OF: Bay

The above license holder, whose name is Ronald Edward Bonds Sr personally appeared before me and is known by me or has produced identification (type of I.D.) \_\_\_\_\_ on this 16<sup>th</sup> day of FEB, 20 16.

Stacey Ann Hopkins  
NOTARY'S SIGNATURE

(Seal/Stamp)





# COLUMBIA COUNTY PERMIT WORKSHEET

page 1 of 2

These worksheets must be completed and signed by the installer.  
Submit the originals with the packet.

Installer Robert Shepard License # EH11025386

911 Address where home is being installed 249 SW Amelia Ct  
Fairchild, FL 32038

Manufacturer Lateral Length x width 56 x 16

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's initials BS

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	Footer size (256)	18" x 18" (342)	20" x 20" (400)	22" x 22" (484)	24" x 24" (576)	26" x 26" (676)
1000 psf	3'	4'	5'	6'	7'	8'
1500 psf	4'	6'	7'	8'	8'	8'
2000 psf	5'	8'	8'	8'	8'	8'
2500 psf	7'	8'	8'	8'	8'	8'
3000 psf	8'	8'	8'	8'	8'	8'
3500 psf	8'	8'	8'	8'	8'	8'

\* Interpolated from Rule 15C-1 pier spacing table.

## PIER PAD SIZES

I-beam pier pad size

17x25

Perimeter pier pad size

16x16

Other pier pad sizes (required by the mfg.)

17x25

Draw the approximate locations of marriage wall openings 4 foot or greater. Use this symbol to show the piers.

Pad Size	Sq in
16 x 16	256
16 x 18	288
18.5 x 18.5	342
16 x 22.5	360
17 x 22	374
13 1/4 x 26 1/4	348
20 x 20	400
17 3/16 x 25 3/16	441
17 1/2 x 25 1/2	446
24 x 24	576
26 x 26	676

## ANCHORS

Opening Pier pad size

4 ft ✓ 5 ft

## FRAME TIES

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

## TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)

Manufacturer

Longitudinal Stabilizing Device w/ Lateral Arms

Manufacturer OLIVER 1101V

## OTHER TIES

Sidewall

Longitudinal

Marriage wall

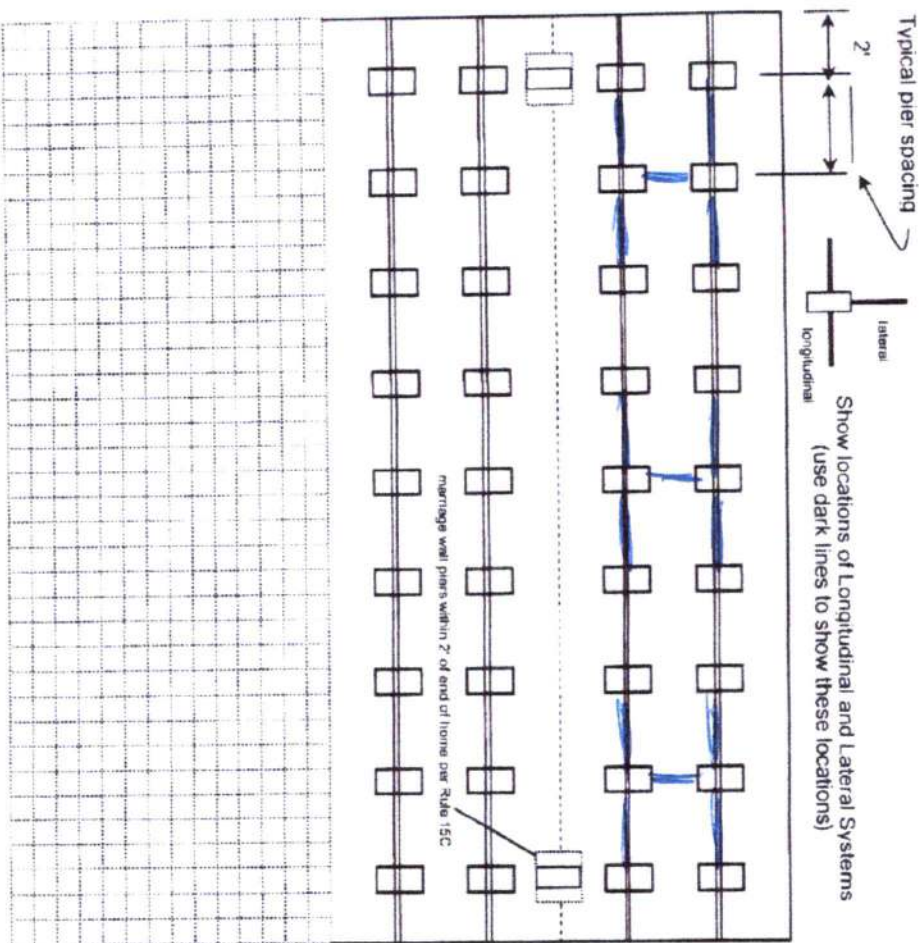
Shearwall

Number

29

6

4





# PERMIT NUMBER

## PERMIT WORKSHEET

page 2 of 2

### POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to \_\_\_\_\_ psf or check here to declare 1000 lb. soil without testing.

X \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_

#### POCKET PENETROMETER TESTING METHOD

1. Test the perimeter of the home at 6 locations.
2. Take the reading at the depth of the footer.
3. Using 500 lb. increments, take the lowest reading and round down to that increment.

X \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_

#### TORQUE PROBE TEST

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

Note: A state approved lateral arm system is being used and 4 ft.

anchors are allowed at the sidewall locations. I understand 5 ft anchors are required at all centerline tie points where the torque test reading is 275 or less and where the mobile home manufacturer may requires anchors with 4000 lb holding capacity.

\_\_\_\_\_  
Installer's initials

#### ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name \_\_\_\_\_

Date Tested \_\_\_\_\_

#### Electrical

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

#### Plumbing

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. \_\_\_\_\_

#### Site Preparation

Debris and organic material removed \_\_\_\_\_  
Water drainage: Natural \_\_\_\_\_ Swale \_\_\_\_\_ Pad \_\_\_\_\_ Other \_\_\_\_\_

#### Fastening multi wide units

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

#### Gasket (weatherproofing requirement)

I understand a properly installed gasket is a requirement of all new and used homes and that condensation, mold, mildew 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.

Installer's initials \_\_\_\_\_

Type gasket Pg. \_\_\_\_\_

Installed:

Between Floors Yes \_\_\_\_\_

Between Walls Yes \_\_\_\_\_

Bottom of ridgebeam Yes \_\_\_\_\_

#### Weatherproofing

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 \_\_\_\_\_

#### Miscellaneous

Skirting to be installed. Yes \_\_\_\_\_ No \_\_\_\_\_

Dryer vent installed outside of skirting. Yes \_\_\_\_\_ N/A \_\_\_\_\_

Range downflow vent installed outside of skirting. Yes \_\_\_\_\_ N/A \_\_\_\_\_

Drain lines supported at 4 foot intervals. Yes \_\_\_\_\_

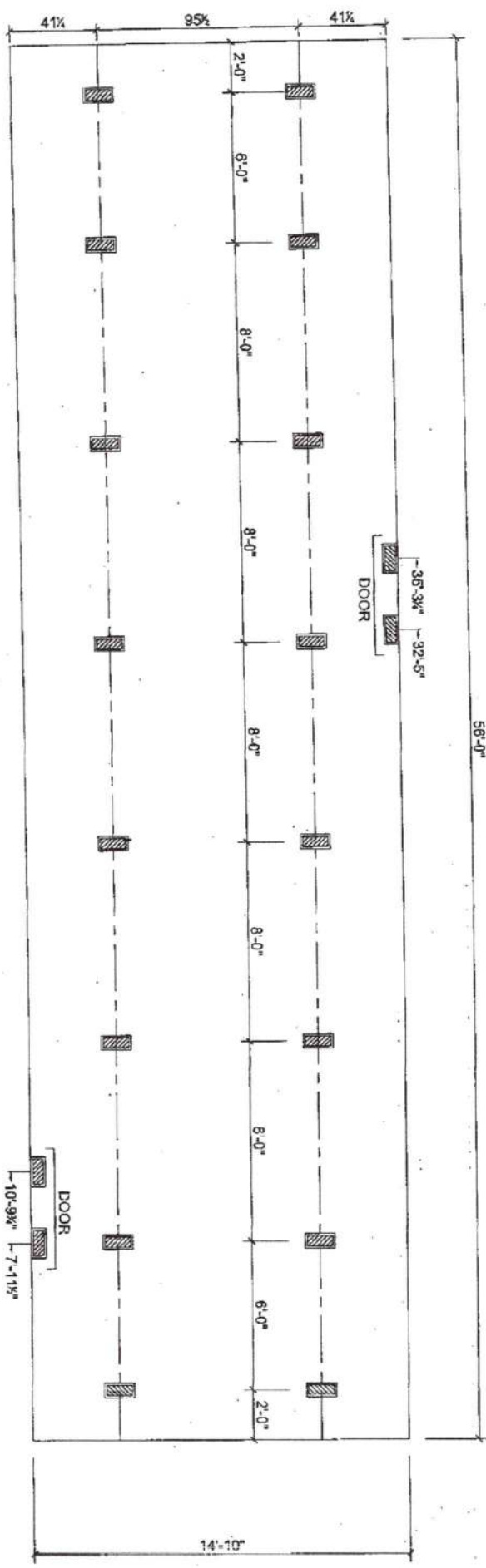
Electrical crossovers protected. Yes \_\_\_\_\_

Other: \_\_\_\_\_

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

Installer Signature \_\_\_\_\_ Date \_\_\_\_\_

21111111



MARRIAGE LINE OPENING SUPPORT PIER/TYP.  
SUPPORT PIER/TYP

1/12/07

FOUNDATION NOTES:

- THIS DRAWING IS DESIGNED FOR THE STANDARD WIND ZONE AND IS TO BE USED IN CONJUNCTION WITH THE INSTALLATION MANUAL AND ITS 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.

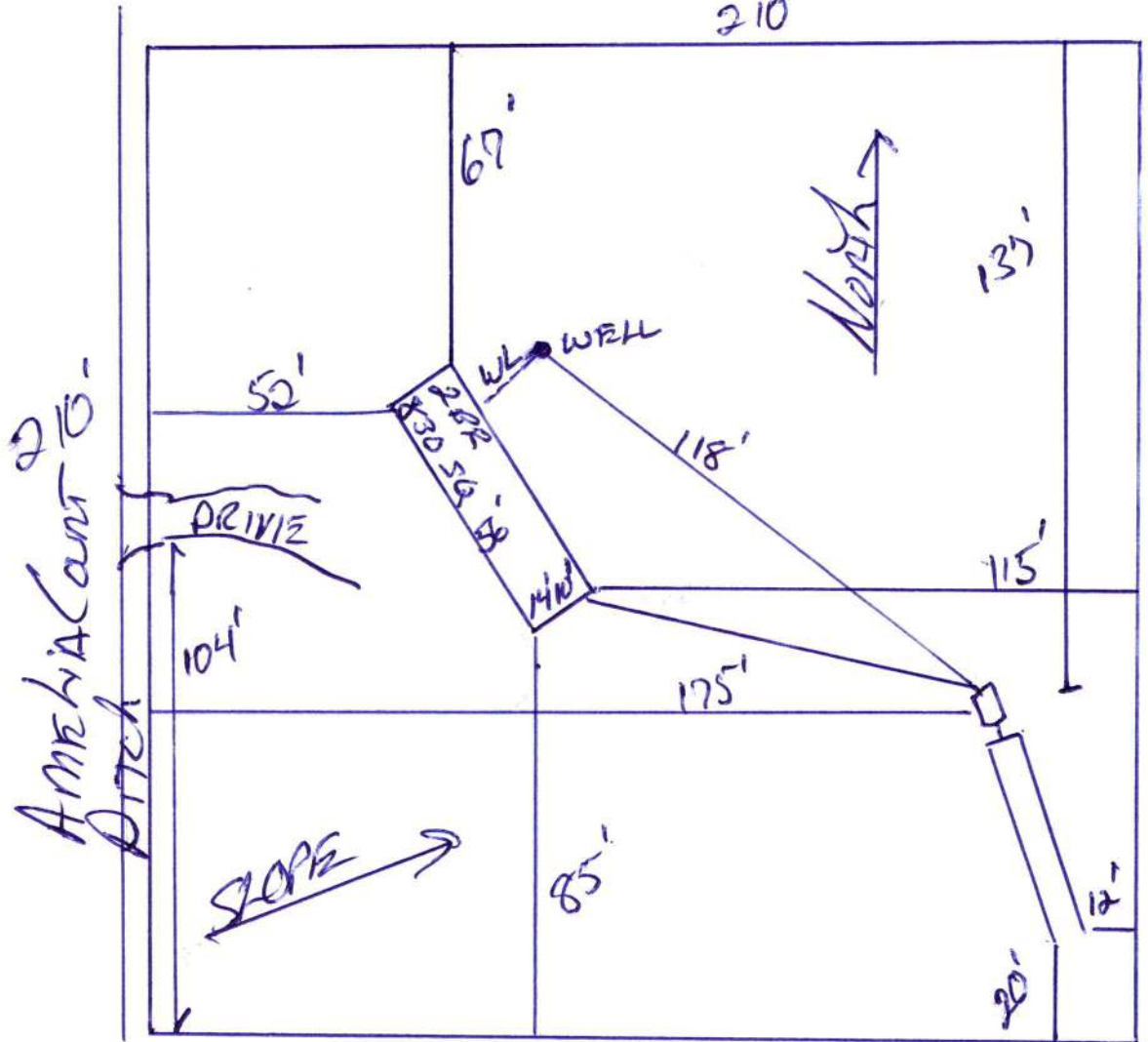
**Live Oak Homes**  
**MODEL: S-5562B - 16 X 60**  
**2-BEDROOM / 2-BATH**

- |                              |   |
|------------------------------|---|
| (A) MAIN ELECTRICAL          | (G) DUCT CROSSOVER                        |
| (B) ELECTRICAL CROSSOVER     | (H) SEWER DROPS                           |
| (C) WATER INLET              | (I) RETURN AIR (W/OPT. HEAT PUMP OH DUCT) |
| (D) WATER CROSSOVER (IF ANY) | (J) SUPPLY AIR (W/OPT. HEAT PUMP OH DUCT) |
| (E) GAS INLET (IF ANY)       |   |
| (F) GAS CROSSOVER (IF ANY)   |   |

S-5562B

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

Scale: 1 inch = 40 feet.



Notes: \_\_\_\_\_

1 of 5 Acres

PLEASE SEE ATTACHED

Site Plan submitted by: [Signature] 8/15/21

CONTRACTOR

Plan Approved\_\_\_\_\_

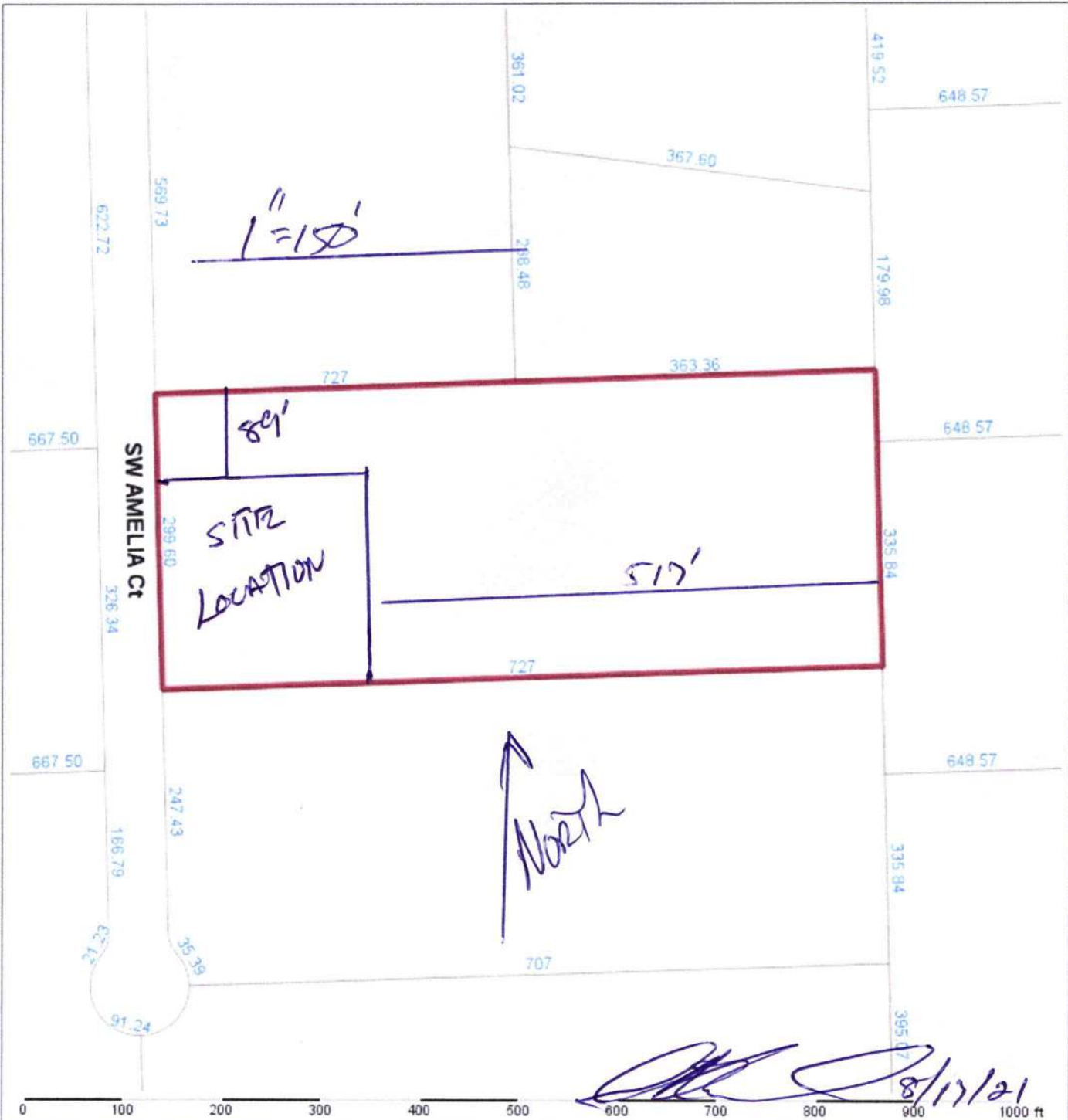
Not Approved\_\_\_\_\_

Date \_\_\_\_\_

By \_\_\_\_\_ County Health Department

DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated: 64E-6.001, FAC  
(Stock Number: 5744-002-4015-6)





Columbia County Property Appraiser

Jeff Hampton | Lake City, Florida | 386-758-1083

PARCEL: 33-5S-16-03751-203 (18743) | VACANT (0000) | 5 AC

LOT 3 SOUTH WIND S/D. WD 1071-1581, QC 1208-1535, WD 1231-944,

Owner:

FOCKELE JEFFREY

FOCKELE DIANA

P O BOX 7282

LAKE CITY, FL 32055-0282

Site:

2/24/2012

12/29/2010

11/15/2005

Sales

Info

\$29,900 V (U)

\$15,200 V (U)

\$23,000 V (U)

2021 Working Values

Mkt Lnd

Ag Lnd

Bldg

XFOB

Just

\$30,000

\$0

\$0

\$0

\$30,000

Appraised

Assessed

Exempt

Total

Taxable

\$30,000

\$30,000

\$0

\$30,000

\$30,000


county:\$30,000

city:\$0

other:\$0

school:\$30,000

NOTES:

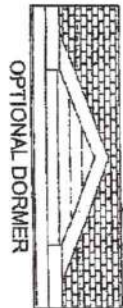


Columbia County, FL

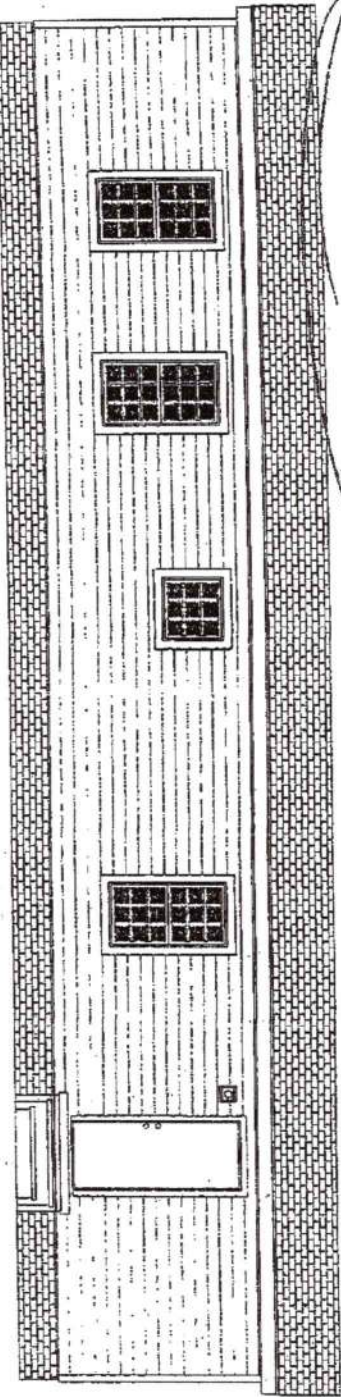
This information, was derived from data which was compiled by the Columbia County Property Appraiser Office solely for the governmental purpose of property assessment. This information should not be relied upon by anyone as a determination of the ownership of property or market value. No warranties, expressed or implied, are provided for the accuracy of the data herein, its use, or its interpretation. Although it is periodically updated, this information may not reflect the data currently on file in the Property Appraiser's office.

GrizzlyLogic.com

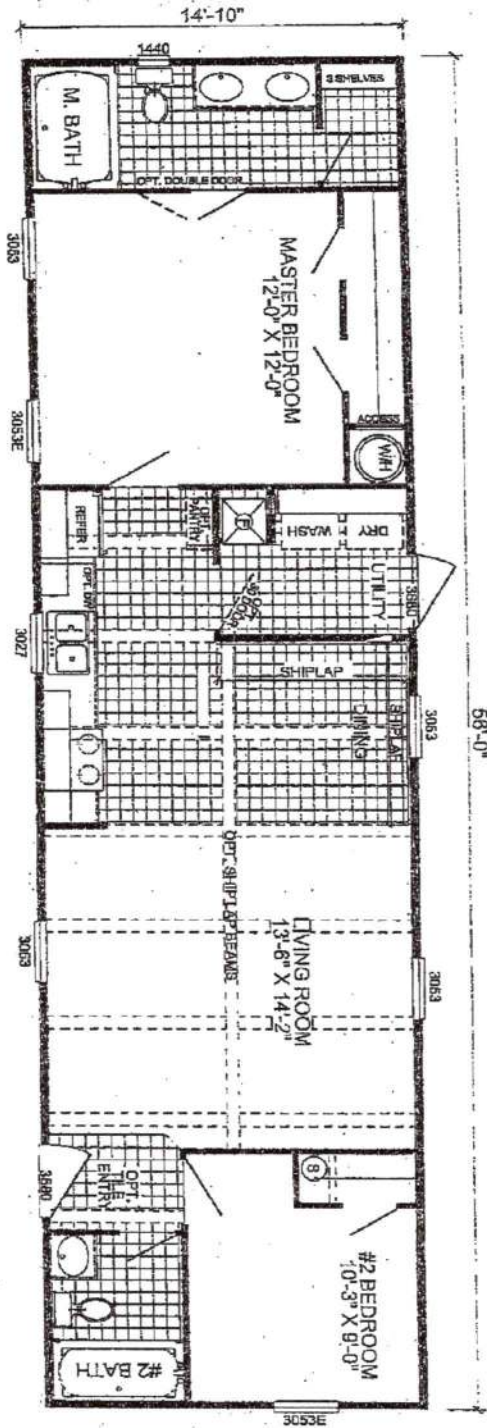
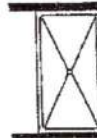
SLINGSHOT



OPTIONAL DORMER



OPT. 30" X 60" SHWR



**S-5562B-OAK**

**2-BEDROOM / 2-BATH**

**16 X 60 - Approx. 830 Sq. Ft.**

Date: 08/12/19

\* All room dimensions include closets and square footage figures are approximate.  
\* Live Oak Homes reserves the right to modify product offering at any time.

**OAKS**  
*Signature*  
Saves



# COLUMBIA COUNTY 9-1-1 ADDRESSING

P. O. Box 1787, Lake City, FL 32056-1787  
PHONE: (386) 758-1125 • FAX: (386) 758-1365 • Email: ron\_croft@columbiacountyfla.com

## Addressing Maintenance

To maintain the Countywide Addressing Policy you must make application for a 9-1-1 Address at the time you apply for a building permit. The established standards for assigning and posting numbers to all principal buildings, dwellings, businesses and industries are contained in Columbia County Ordinance 2001-9. The addressing system is to enable Emergency Service Agencies to locate you in an emergency, and to assist the United States Postal Service and the public in the timely and efficient provision of services to residents and businesses of Columbia County.

DATE REQUESTED: 3/6/2012 DATE ISSUED: 3/9/2012

### ENHANCED 9-1-1 ADDRESS:

249 SW AMELIA CT  
FORT WHITE FL 32038  
PROPERTY APPRAISER PARCEL NUMBER:  
33-5S-16-03751-203

### Remarks:

ADDRESS FOR PROPOSED STRUCTURE ON PARCEL



Address Issued By: \_\_\_\_\_

Columbia County 9-1-1 Addressing / GIS Department

**NOTICE: THIS ADDRESS WAS ISSUED BASED ON LOCATION INFORMATION RECEIVED FROM THE REQUESTER. SHOULD, AT A LATER DATE, THE LOCATION INFORMATION BE FOUND TO BE IN ERROR, THIS ADDRESS IS SUBJECT TO CHANGE.**