

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 7-1-15) Zoning Official mtb Building Official mtb

AP# 44165 Date Received 12/9 By mtb Permit # 39074

Flood Zone _____ Development Permit _____ Zoning _____ Land Use Plan Map Category _____

Comments See Computer Notes

FEMA Map# _____ Elevation _____ Finished Floor _____ River _____ In Floodway _____

☐ Recorded Deed or ☒ Property Appraiser PO ☒ Site Plan ☒ EH # 19-0920 ☒ Well letter OR

☐ Existing well ☒ Land Owner Affidavit ☒ Installer Authorization ☐ FW Comp. letter ☒ App Fee Paid

☐ DOT Approval ☐ Parent Parcel # _____ ☐ STUP-MH _____ ☒ 911 App

☐ Ellisville Water Sys ☒ Assessment Paid on Property ☐ Out County ☐ In County ☒ Sub VF Form

Property ID # 25-5S-15-00479-011 Subdivision NA Lot# NA

- New Mobile Home ☒ Used Mobile Home _____ MH Size 40 x 76 Year 2017
- Applicant Dale Burd Phone # 386-365-7674
- Address 20619 County Road 137, Lake City, FL, 32024
- Name of Property Owner Tamiyra Iuen Phone# 954-295-8759
- 911 Address 455 SW Darwin Glen, Lake City, FL, 32024
- Circle the correct power company - FL Power & Light - (Clay Electric)
 (Circle One) - Suwannee Valley Electric - Duke Energy
- Name of Owner of Mobile Home Scott & Jennifer Sawyer Phone # 954-295-8759
 Address 455 SW Darwin Glen, Lake City, FL, 32024
- Relationship to Property Owner Daughter
- Current Number of Dwellings on Property 1 (1 to be removed)
- Lot Size 869 x 660 Irregular Total Acreage 10.01
- Do you : Have Existing Drive or Private Drive or need Culvert Permit or Culvert Waiver (Circle one)
(Currently using) (Blue Road Sign) (Putting in a Culvert) (Not existing but do not need a Culvert)
- Is this Mobile Home Replacing an Existing Mobile Home Yes
- Driving Directions to the Property SR 47 South TR CR 240, TL SW Ichetucknee Ave, TR Darwin Glen, To end, Turn right to site
- Name of Licensed Dealer/Installer Robert Sheppard Phone # 386-623-2203
- Installers Address 6355 SE CR 245, Lake City, FL, 32025
- License Number IH-1025386 Installation Decal # 64582



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. 19-0920
DATE PAID: 12/17/19
FEE PAID: 310.00
RECEIPT #: 1457997

APPLICATION FOR:

- ☒ New System ☐ Existing System ☐ Holding Tank ☐ Innovative
☐ Repair ☐ Abandonment ☐ Temporary ☐

APPLICANT: Tamiya Iven

AGENT: Robert W Ford JR NFST INC.

(Ironwood/Sawyer)

MAILING ADDRESS: 741 SE STATE RD 100 LC FLA 32025
TELEPHONE: 386 755-6372

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3)(m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION

LOT: BLOCK: SUBDIVISION: NA PLATTED:

PROPERTY ID #: 3555-150479-011 ZONING: ME I/M OR EQUIVALENT: ☐ Y / ☐ N]

PROPERTY SIZE: 1.010 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐] <=2000GPD ☐] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y / ☐ N] DISTANCE TO SEWER: FT

PROPERTY ADDRESS: A55 Darwin Glen, Lake City, FL

DIRECTIONS TO PROPERTY: SR 47, (TR) CR 240, (TL) SW 1st to Chetucknee Ave, (TR) Darwin Glen, to end, (TR) to site

BUILDING INFORMATION

☒ RESIDENTIAL ☐ COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	<u>MHme</u>	<u>1</u>	<u>2400</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify)

SIGNATURE: Robert W Ford JR

DATE: 12/17/19

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 19-0920

----- PART II - SITEPLAN ----- 10EN

Scale: Each block represents 10 feet and 1 inch = 40 feet.

Notes: _____

Site Plan submitted by: Robert W. Ford Jr. Date 12/9/19

Plan Approved _____ Not Approved _____

By [Signature] [Signature]

Date 12/18/19

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 19-0920

----- PART II - SITEPLAN -----

Scale: 1 inch = 40 feet.



Notes _____

Site Plan submitted by: Robert W. Jindgr 12/09/19

MASTER CONTRACTOR

Plan Approved Y

Not Approved _____

Date _____

By [Signature] Columbia County Health Department

12/18/19

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

PERMIT WORKSHEET

page 1 of 2

PERMIT NUMBER

Installer Robert Sheppard License # IH 1025386

Installer Mobile Phone # 386-623-2203

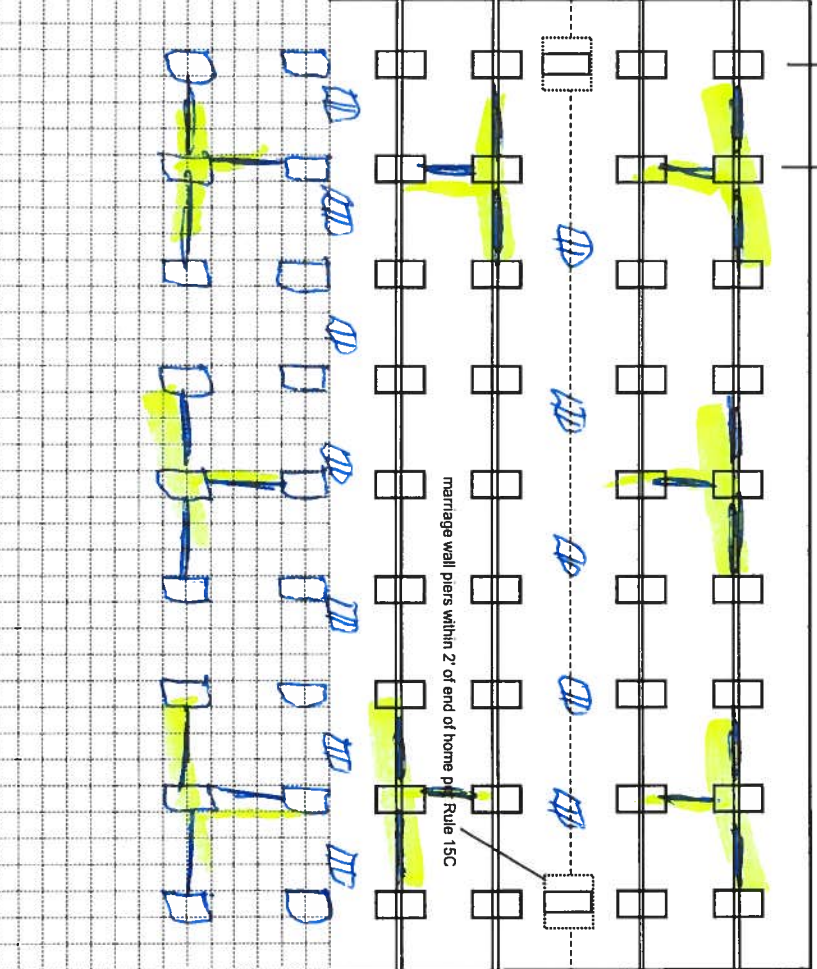
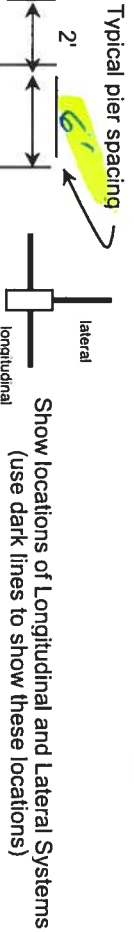
Address of home being installed 455 SW DARWIN GLEN LAKE CITY
FLA 32034

Manufacturer CHAMPION Length x width 76 X 40

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 RS



New Home ☒ Used Home ☐

Home installed to the Manufacturer's Installation Manual ☐

Home is installed in accordance with Rule 15-C ☐

Single wide ☐ Wind Zone II ☒ Wind Zone III ☐

Double wide ☐ Installation Decal # 64582

Triple/Quad ☒ Serial # FL261-009-H-A 101831 ABC

Roof System: ☒ Typical ☐ Hinged

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	16" x 16" (256)	18 1/2" x 18 1/2" (342)	20" x 20" (400)	22" x 22" (484)	24" x 24" (576)	26" x 26" (676)
1000 nsf	3'	4'	5'	6'	7'	8'
1500 nsf	4' 6"	6'	7'	8'	8'	8'
2000 nsf	6'	8'	8'	8'	8'	8'
2500 nsf	7' 6"	8'	8'	8'	8'	8'
3000 nsf	8'	8'	8'	8'	8'	8'
3500 nsf	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.

List all marriage wall openings greater than 4 foot and their pier pad sizes below.

Opening

Pier pad size

4 ft

5 ft

FRAME TIES

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

OTHER TIES

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)

Manufacturer

Longitudinal Stabilizing Device w/ Lateral Arms

Manufacturer

Oliver 1101

Number

Sidewall

Longitudinal

Marriage wall

Shearwall

25
8
16
4

POPULAR PAD SIZES

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

PERMIT NUMBER

PERMIT WORKSHEET

page 2 of 2

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 1500 psf or check here to declare 1000 lb. soil without testing.

X 1700 X 1600 X 1600

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 1700 X 1600 X 1700

TORQUE PROBE TEST

The results of the torque probe test is 290 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. 1 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.

BS Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Robert Shappard

Date Tested

12-6-19

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. 29

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 28

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 28

Site Preparation

Debris and organic material removed ☒ Swale ☒ Pad ☒ Other ☐

Fastening multi wide units

Floor: Type Fastener: lags Length: 6" Spacing: 16"
Walls: Type Fastener: scabs Length: 4" Spacing: 16"
Roof: Type Fastener: lags Length: 8" Spacing: 16"
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 BS

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 211A

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

Robert Shappard

Date

12-6-19

CHAMPION
 MANUFACTURED BEAUTIFUL™
 PROUDLY MANUFACTURED IN THE U.S.A.

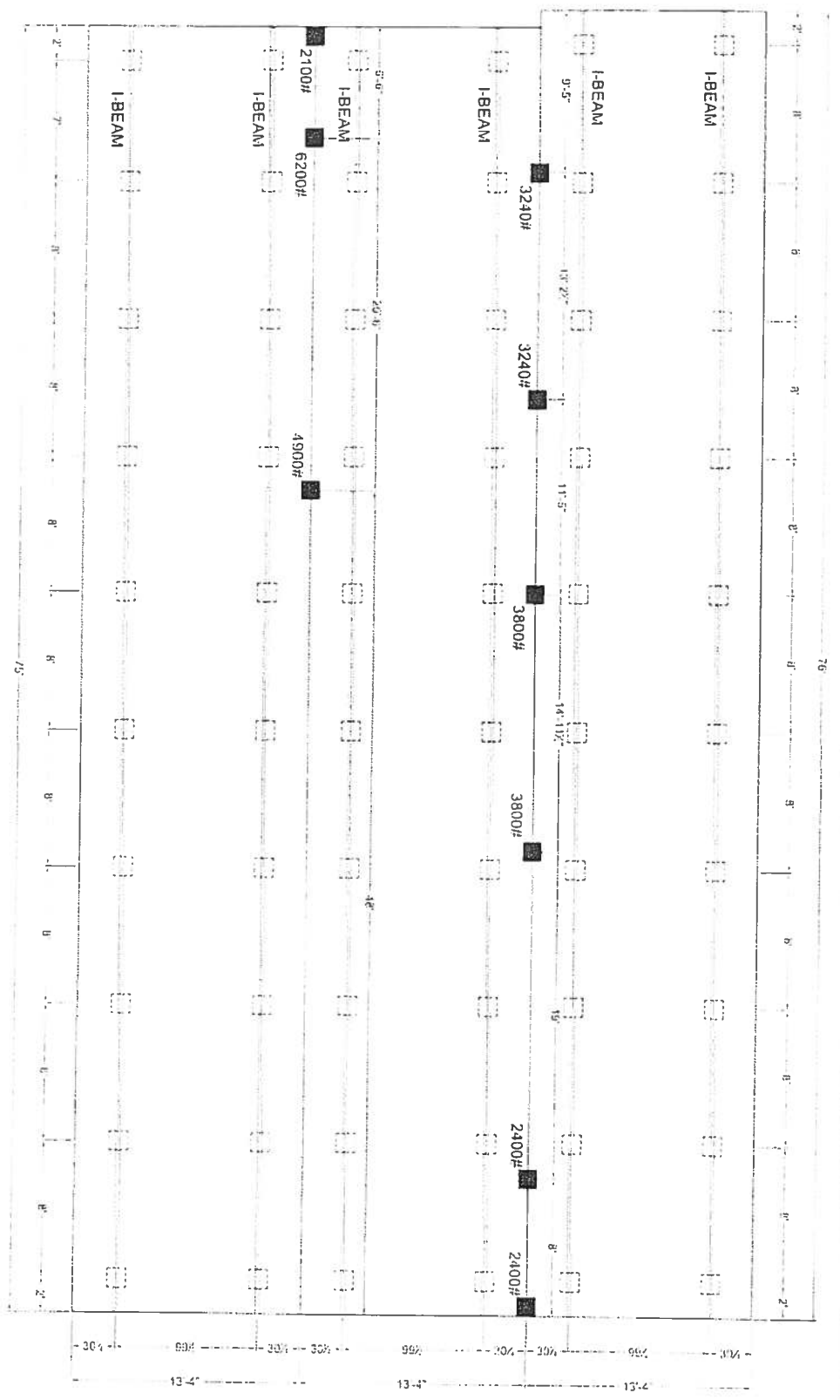
MANUFACTURED BEAUTIFUL™

261-5764P1-0

PIER FOUNDATION PLAN

F-101

PIER FOUNDATION PLAN
 261-5764P1-0
 11/20/2019 10:13 AM



SEE 2004 LBS/PIER CAPACITY CHART FOR LOADS
 E-02-KRPG

ALL PIER HEIGHTS ARE TO BE MAINTAINED
 AND SHALL BE VERIFIED BY THE ENGINEER AT THE
 TIME OF THE FINAL INSPECTION OF THE PIER FOUNDATION

1"=150'



Columbia County Property Appraiser Jeff Hampton Lake City, Florida 386-758-1083					
PARCEL: 25-SS-15-00479-011 MOBILE HOM (000200) 10.01 AC					
COMM NE COR OF S1/2 OF SEC, RUN W 2018.13 FT FOR POB, CONT W 288.55 FT, S 5 DEG W 1077.30 FT, N 68 DEG E 652.55 FT, NW 869.90 FT TO POB. ORB 827-481,					
IUEN TAMIYRA		2020 Working Values			
Owner:	1149 SW FAULKNER DR	Mkt Lnd	\$47,835	Appraised	\$87,324
	FT WHITE, FL 32038	Ag Lnd	\$0	Assessed	\$87,324
Site:	455 DARWIN GLN, LAKE CITY	Bldg	\$37,589	Exempt	\$0
		XFOB	\$1,900	Total	county:\$87,324
Sales Info	10/10/2007	Just	\$87,324	Taxable	city:\$87,324
	10/10/2007				other:\$87,324
	2/9/2006				school:\$87,324

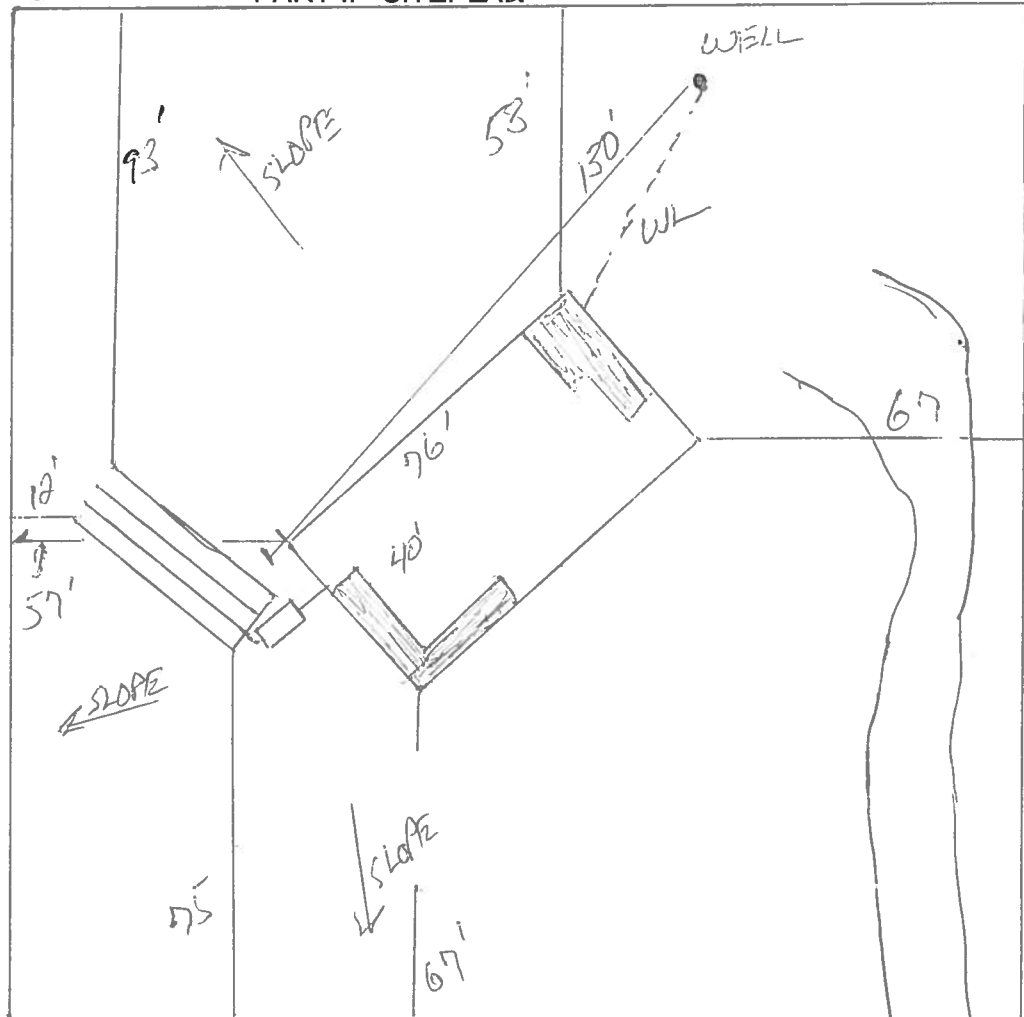
NOTES:



Permit Application Number_____

PART II - SITEPLAN

~~both~~



Notes: 1 ACRES of 10.01 ACRES SEE ATTACHED

MASTER CONTRACTOR

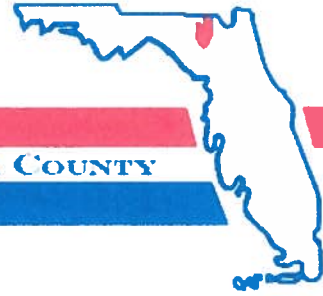
Not Approved_____

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)

District No. 1 - Ronald Williams
District No. 2 - Rocky Ford
District No. 3 - Bucky Nash
District No. 4 - Toby Witt
District No. 5 - Tim Murphy



BOARD OF COUNTY COMMISSIONERS • COLUMBIA COUNTY

Address Assignment and Maintenance Document

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

Date/Time Issued: **11/26/2019 7:10:52 PM**

Address: **455 SW DARWIN Gln**

City: **LAKE CITY**

State: **FL**

Zip Code **32024**

Parcel ID **00479-011**

REMARKS: Address Verification.

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

Address Issued By: **Signed:/ Matt Crews**

Columbia County GIS/911 Addressing Coordinator

**COLUMBIA COUNTY
911 ADDRESSING / GIS DEPARTMENT**

263 NW Lake City Ave., Lake City, FL 32055 Telephone: (386) 758-1125
Email: gis@columbiacountyfla.com

STATE OF FLORIDA
COUNTY OF COLUMBIA

LAND OWNER AFFIDAVIT

This is to certify that I, (We), TAMIKRA K. Iwen

as the owner of the below described property:

Property tax Parcel ID number 00479-001

Subdivision (Name, lot, Block, Phase) _____

Give my permission for Jennifer A. Sawyer to place a

Circle one - Mobile Home / Travel Trailer / Utility Pole Only / Single Family Home /
Barn - Shed - 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.

Tamika K. Iwen 10-28-19
Owner Signature Date

Owner Signature Date

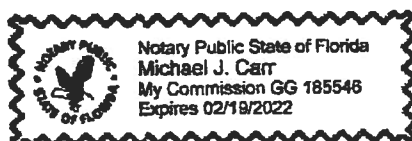
Owner Signature Date

Sworn to and subscribed before me this 28 day of Oct, 20 19. This

(These) person(s) are personally known to me or produced ID FL Driver License.
(Type)

[Signature] Michael J. Carr
Notary Public Signature Notary Printed Name

Notary Stamp/



Parcel: **25-5S-15-00479-011****Owner & Property Info**

Result: 6 of 6

Owner	IUN TAMIYRA 1149 SW FAULKNER DR FT WHITE, FL 32038		
Site	455 DARWIN GLN, LAKE CITY		
Description*	COMM NE COR OF S1/2 OF SEC, RUN W 2018.13 FT FOR POB, CONT W 288.55 FT, S 5 DEG W 1077.30 FT, N 68 DEG E 652.55 FT, NW 869.90 FT TO POB. ORB 827-481, PROB # 00-111-CP ORB 906-1074 THRU 1090, 949-259, 956-810, 956-812, 957-2379, AGD 1077-2433(SPLIT) WD 113 ... more>>>		
Area	10.01 AC	S/T/R	25-5S-15E
Use Code**	MOBILE HOM (000200)	Tax District	3

*The Description above is not to be used as the Legal Description for this parcel in any legal transaction.

**The Use Code is a FL Dept. of Revenue (DOR) code and is not maintained by the Property Appraiser's office. Please contact your city or county Planning & Zoning office for specific zoning information.

Property & Assessment Values

2019 Certified Values		2020 Working Values	
Mkt Land (2)	\$47,835	Mkt Land (2)	\$47,835
Ag Land (0)	\$0	Ag Land (0)	\$0
Building (1)	\$37,561	Building (1)	\$37,589
XFOB (3)	\$1,900	XFOB (3)	\$1,900
Just	\$87,296	Just	\$87,324
Class	\$0	Class	\$0
Appraised	\$87,296	Appraised	\$87,324
SOH Cap [?]	\$0	SOH Cap [?]	\$0
Assessed	\$87,296	Assessed	\$87,324
Exempt	\$0	Exempt	\$0
Total Taxable	county:\$87,296 city:\$87,296 other:\$87,296 school:\$87,296	Total Taxable	county:\$87,324 city:\$87,324 other:\$87,324 school:\$87,324

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

11/26/2019

To: Columbia County Building Department

Description of well to be installed for Customer: Sanyal R
Located at Address: 455 SW DARWIN CHAN

1 hp 15 GPM Submersible Pump, 1 1/4" drop pipe, 86 gallon captive tank and back flow prevention, With SRWMD permit.

Bruce Park
Sincerely
Bruce Park
President

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER

441165

CONTRACTOR

Robert Sheppard

PHONE 386-623-2203

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

Scott & Jennifer Sawyer

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 1074	Print Name <u>Glenn Whittington</u> License #: <u>EC 13002957</u>	Signature <u>[Signature]</u> Phone #: <u>386-792-1700</u> Qualifier Form Attached <input checked="" type="checkbox"/>
MECHANICAL/A/C 1669	Print Name <u>Ronald Bonds Sr.</u> License #: <u>CAC1817658</u>	Signature <u>[Signature]</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, Glen 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>Dan Burd</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.

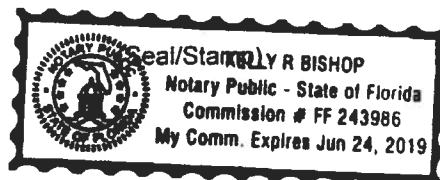
[Signature] License Number EL13002957 Date 3/7/16
Licensed Qualifiers Signature (Notarized)

NOTARY INFORMATION:

STATE OF: FL COUNTY OF: Columbia

The above license holder, whose name is Glen 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 Durd	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.

Ronald E Bonds Sr CRC 1817658 2-16-16
Licensed Qualifiers Signature (Notarized) License Number 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 16th day of FEB, 20 16.

Stacey Ann Hopkins
NOTARY'S SIGNATURE

(Seal/Stamp)

