Parcel:

07-7S-17-09939-003 (36778)

Owner & Property Info

LUMPKIN ELOUISE

Owner

2739 SW CR 778

FT WHITE, FL 32038

Site

2661 COUNTY ROAD 778, FORT WHITE

Description E 210 FT OF W 1085 FT OF N 210 FT OF S 250 FT OF SE1/4 OF SW1/4 ADJACENT TO R/W OF CR

778. JTWRS ORB 536-568, DC W NIBLACK 888-1167, QCD 1003-127,

Area

1 AC

S/T/R 07-7S-17

Result: 1 of 1

Use Code** MOBILE HOME (0200)

Tax District 3

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NU	MBER	CONTRACTOR	Robert Shep	pard	PHONE 386-623-2203
		THIS FORM MUST BE SUBMITTED PR	IOR TO THE ISSUANCE	E OF A PERMIT	
				Elouise Lumpl	kin
records of the Ordinance 89- exemption, ge Any changes, a	subcontractors 6, a contractor neral liability in the permitted of	ont will cover all trades doing wo s who actually did the trade spe shall require all subcontractors isurance and a valid Certificate contractor is responsible for the eginning any work. Violations is	cific work under the to provide eviden of Competency lice to corrected form b	ne permit. Per Flo ce of workers' co ense in Columbia eing submitted t	orida Statute 440 and ompensation or a County.
ELECTRICAL	Print Name	Glenn Whittington	Signature	de	
	License #:	EC 13002957	Phone #:	386-972-17	00
		Qualifier Form Atta	ached X		
MECHANICAL/	Print Name	Ronald Bonds Sr.	Signature	Mo	

Qualifier Forms cannot be submitted for any Specialty License.

License #: CAC1817658

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			

Qualifier Form Attached X

Phone #: 800-259-3470

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

A/C _



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

LICENSED QUALIFIE	ER AUTHORIZATION			
1. CANNIUNITINGTON	(license holder name), licensed qualifier			
for WhitThaten ELRENC S	Twc(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. 120/2500	1			
2. Recky Ford	2. Jones)			
3.	3.			
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 ar authority to discipline a license holder for violatic officers, or employees and that I have full respor and ordinances inherent in the privilege granted	iance with all Florida Statutes, Codes, and and County Licensing Boards have the power and ans committed by him/her, his/her agents, asibility for compliance with all statutes, codes 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 3/7/16 License Number Date			
NOTARY INFORMATION: STATE OF:COUNTY OF:	Calmbin			
The above license holder, whose name is	me or has produced identification this day of, 20			
Hely Roshop NOTARY'S SIGNATURE	Seal/Starker) Y R BISHOP Notary Public - State of Florida Commission # FF 243986 My Comm. Expires 149 2010			

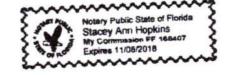


COLUMBIA COUNTY BUILDING DEPARTMENT

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

LICENSED QUALIFIER AUTHORIZATION

1. RONALD & Bond SE	EN AVITORIZATION			
1. CONATOR DONE	(license holder name). licensed qualifier			
for STYTE CHEST ENTERPRISE	The (company name), do certify that			
the below referenced person(s) listed on this for	m 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			
2. Rock, Ford	2. (bel3) 7-1			
3. Kully Bishop	3. Kelly Bishop			
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 violatio officers, or employees and that I have full responsand ordinances inherent in the privilege granted.	iance with all Florida Statutes, Codes, and d County Licensing Boards have the power and ns committed by him/her, his/her agents, sibility for compliance with all statutes, codes			
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 2-16-16 License Number Date			
NOTARY INFORMATION: COUNTY OF:	Bay			
The above license holder, whose name is Rompersonally appeared before me and is known by respectively.				
Staley and loope'ns	(Seal/Stamp)			



	Address of home Address of home Being installed Fr. Wh. R. Address of home Fr. Wh. R. Address of home Fr. Wh. R. Address of home Fr. Wh. R. Length x width 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 Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations) Pauriage wall piers within 2 of and of home pelliule 15C	Mobile Home Permit
within 2' of end of home spaced at 5' 4" oc Longitudinal Stabilizing Device (LSD) Manufacturer Longitudinal Stabilizing Device w/ Lateral Arms Manufacturer Manufacturer	Single wide	Application Number: Date:

Mobile Home Permit Worksheet

Application Number:

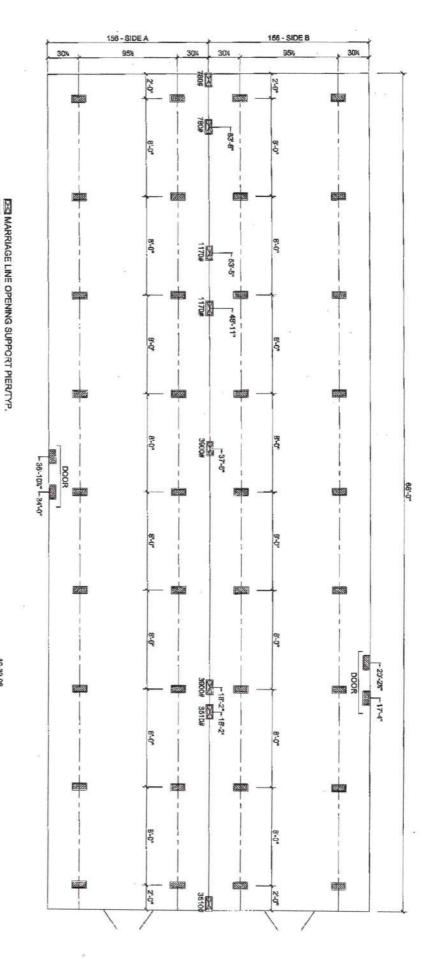
ma	Connect all sewer drains to an existing sewer tap or sentic tank. Po
Insta	Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between mult-wide units. Pg
	Electrical
Drain lin Electrica Other:	Date Tested 2-22-2021
Skirting Dryer ve Range o	Installer Name Labort Sheppara
The bott Siding o Fireplac	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
Type ga Pg.	TORQUE PROBE TEST The results of the torque probe test is 295 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.
of tape	×
l unders	 Using 500 lb. increments, take the lowest reading and round down to that increment.
	Take the reading at the depth of the footer.
	 Test the perimeter of the home at 6 locations.
Walls: Roof:	POCKET PENETROMETER TESTING METHOD
Floor:	×
Water c	The pocket penetrometer tests are rounded down topsf or check here to declare 1000 lb. soil without testing.
	POCKET PENETROMETER TEST

Type rasteller. 31 cm Length. 9	Type Fastener: 1445 Length: 5	Type Fastener: 1895 Length: 5
---------------------------------	-------------------------------	-------------------------------

Installer Signature Robert & Mynn Date 2-22-201

Page 2 of 2

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



FOUNDATION NOTES: SUPPORT PIER/TYP

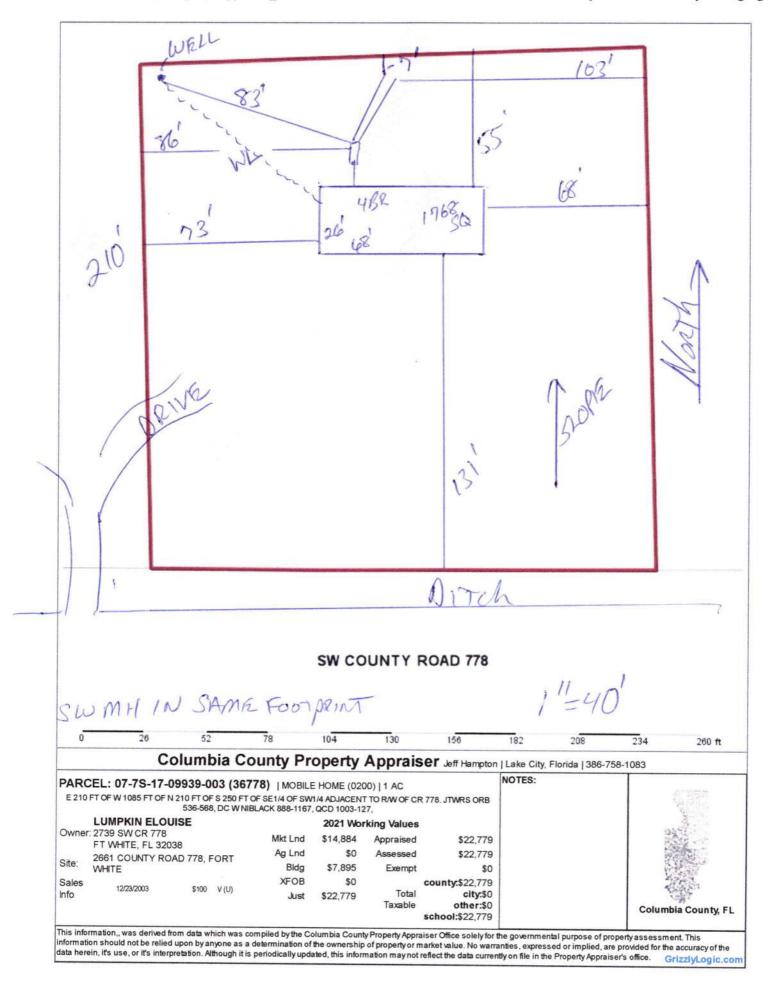
- THIS DRAWING IS DESIGNED FOR THE STANDARD WIND ZONE AND IS TO BE USED IN CONJUNCTION WITH THE INSTALLATION MANUAL AND IT'S SUPPLEMENTS.
- FOOTINGS ARE SHOWN FOR EXAMPLE ONLY QUANTITY AND SPACING MAY VARY BASED ON PAD TYPE, SOIL CONDITION, ETC.
- FOOTINGS ARE REQUIRED AT SUPPORT POSTS, SEE INSTALLATION MANUAL FOR REQUIREMENTS.

Live Oak Homes MODEL: L-2684B - 28 X 68 4-BEDROOM / 2-BATH

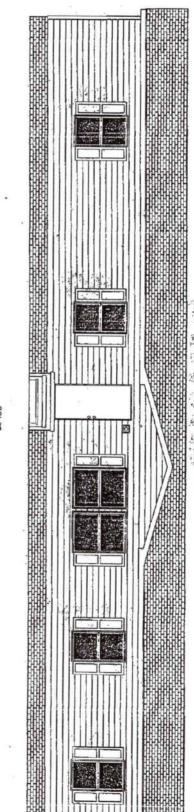
- (A) MAIN ELECTRICAL
 (B) ELECTRICAL CROSSOVER
 (C) WATER INLET
 (D) WATER CROSSOVER (IF ANY)
 (E) GAS INLET (IF ANY)
 (F) GAS CROSSOVER (IF ANY)

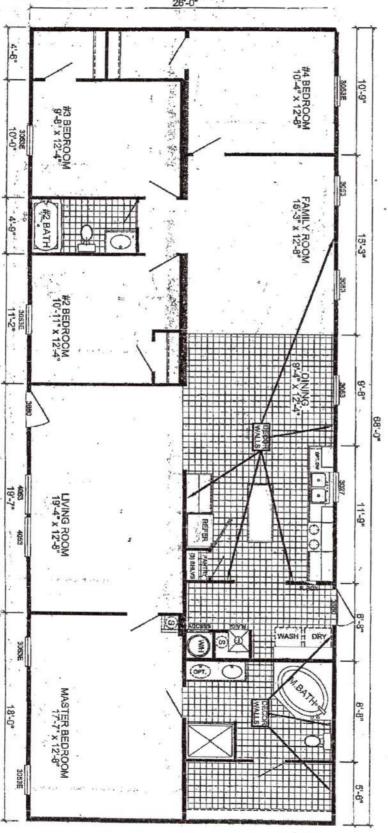
 - DUCT CROSSOVER
 SEWER DROPS
 TO RETURN AIR (WOPT, HEAT PUMP ON DUCT)
 SUPPLY AIR (WOPT, HEAT PUMP ON DUCT)

L-2684B



SO Z





L-2684B-RUNNER 4-BEDROOM / 2-BATH 28 x 72 - Approx. 1768 Sq. Ft.

All room dimensions include closets and squere footage figures are approximate