

Parcel:

31-2S-17-04807-101

Owner & Property Info

Result: 2 of 4

	HARLEY ANTHONY B & BOBBY L	
Owner	1856 SELVA GRANDE DR ATLANTIC BEACH, FL 32233	
Site	284 TESTAMENT CT, LAKE CITY	
Description*	PRCL "1" OF JOSEPHINE ACRES UNR DESC AS: BEG SE COR OF SEC, W 1334.41 FT TO SW COR OF SE1/4 OF SE1/4 N 656.90 FT, E 1312.55 TO W MAINT R/W OF NW TESTAMENT CT, S ALONG W R/W 456 FT, E 23 FT TO E LINE OF SEC 31, S 197.97 FT TO POB. 618-693, 741-957 THRU 989, ...more>>>	
Area	19.86 AC	S/T/R 31-2S-17E
Use Code**	NO AG ACRE (009900)	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

Anthony & Bobby Harley

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>Timothy Shatto</u>	Signature 
	License #: <u>CAC 057875</u>	Phone #: <u>386-496-8224</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>Darius</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.

Glen Whittington 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.

Kelly R Bishop
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, Timothy Shatto (license holder name), licensed qualifier
for Shatto Heat & Air (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. Bo Royals	1.
2. Dale Burd	2.
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.

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Timothy D. Shatto
Licensed Qualifiers Signature (Notarized)

CAC 057875
License Number

2/22/18
Date

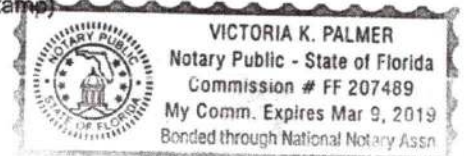
NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Union

The above license holder, whose name is Timothy D. Shatto
personally appeared before me and is known by me or has produced identification
(type of I.D.) _____ on this 22 day of February, 20 18.

Victoria K. Palmer
NOTARY'S SIGNATURE

(Seal/Stamp)



PERMIT WORKSHEET

page 1 of 2

PERMIT NUMBER

Installer Ernest Scott Johnson License # IH-1025249

Installer Mobile Phone # 352-494-8099

Address of home being installed

Manufacturer

Scablit Length x width 60' x 28'

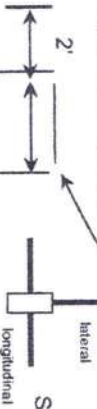
NOTE: if home is a single wide fill out one half of the blocking plan if home is a triple or quad wide sketch in remainder of home

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

ES

Typical pier spacing



Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)

Marriage wall piers within 2' of end of home per Rule 15C

See Blocking Plan

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 # 727774

Triple/Quad ☐ Serial # SRHGA20002531A3

Roof System: ☒ Typical ☐ Hinged

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	16' x 16' (256)	18 1/2' 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"	6'	7'	8'	8'	8'
2000 psf	6'	8'	8'	8'	8'	8'
2500 psf	7' 6"	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 23x31 70c
Oliver 1055 11 0216x18
 Perimeter pier pad size
 Other pier pad sizes (required by the mfg.)

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

ANCHORS

4 ft 5 ft

FRAME TIES

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

OTHER TIES

Longitudinal Stabilizing Device (LSD)

Manufacturer Longitudinal Stabilizing Device w/ Lateral Arms Manufacturer

See Blocking Plan

Oliver 1101V

Number

Sidewall Longitudinal Marriage wall Shearwall

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 1000 X 1000 X 1000

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 1000 X 1000 X 1000

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. 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 ft. holding capacity.

Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Ernest S Johnson

Date Tested Assumed Oliver 1101 v uses

485 foot anchors Both

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: 14g5 Length: 7 Spacing: 24
Walls: Type Fastener: 14g5 Length: 7 Spacing: 24
Roof: Type Fastener: 14g5 Length: 7 Spacing: 24
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 ES

Installed:

Type gasket Pg. 211
Between Floors Yes 11
Between Walls Yes 11
Bottom of ridgebeam Yes 11

Weatherproofing

The bottomboard will be repaired and/or taped. Yes 11 Pg. _____
Siding on units is installed to manufacturer's specifications. Yes 11
Fireplace chimney installed so as not to allow intrusion of rain water. Yes 11

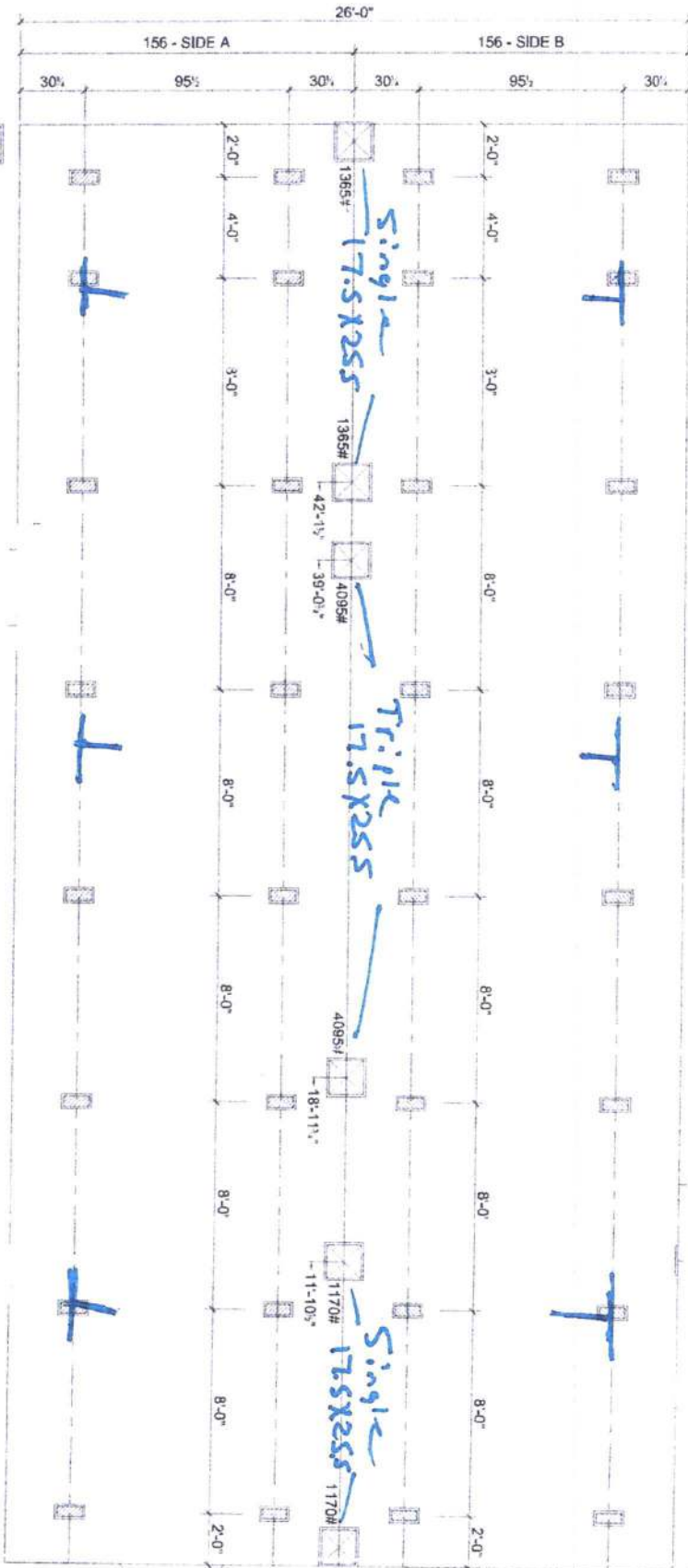
Miscellaneous

Skirting to be installed. Yes 11 No 11
Dryer vent installed outside of skirting. Yes 11 N/A 11
Range downflow vent installed outside of skirting. Yes 11 N/A 11
Drain lines supported at 4 foot intervals. Yes 11
Electrical crossovers protected. Yes 11
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 Ernest S Johnson Date _____

56'-0"
35'-4"
29'-4"
OPT. SGO



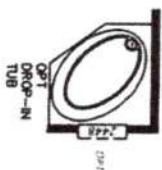
MARRIAGE LINE OPENING SUPPORT PIER

SUPPORT PIER - TYP

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.

ScotBit <small>HOMES, INC.</small>	<small>MODEL #</small> 2856256GSM	<small>UNIT SPQS</small> GRANDSLAM 28 X 60 - 3BR 2Bath	<small>DATE</small> 5-28-2019	<small>AREA</small> 1,456 SQ. FT.	<small>1,456 SQ. FT.</small> 0 SQ. FT.
			<small>VERSION</small> A		

56-0"



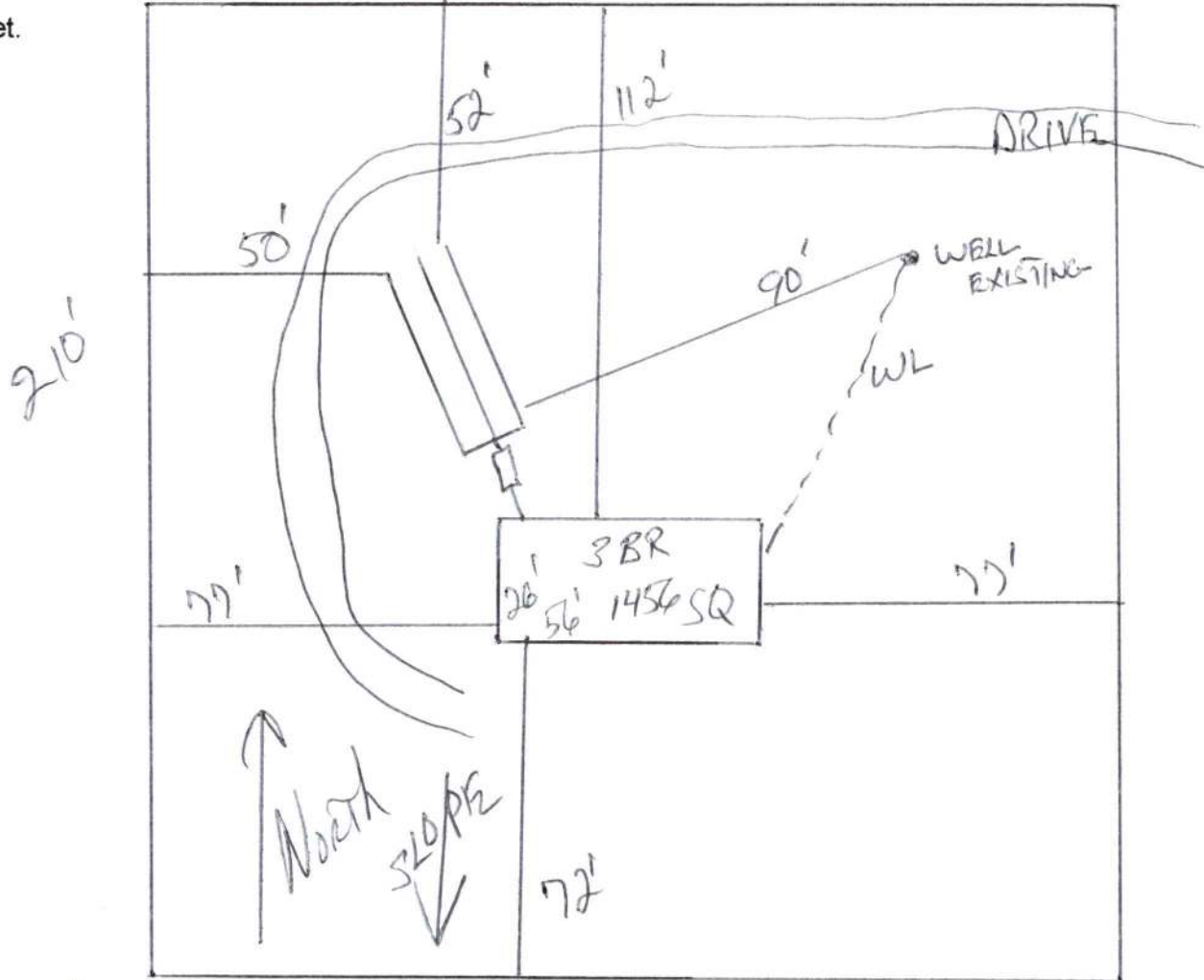
ScotBilt

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

Permit Application Number _____

----- Hailey ----- PART II - SITEPLAN ----- 210' -----

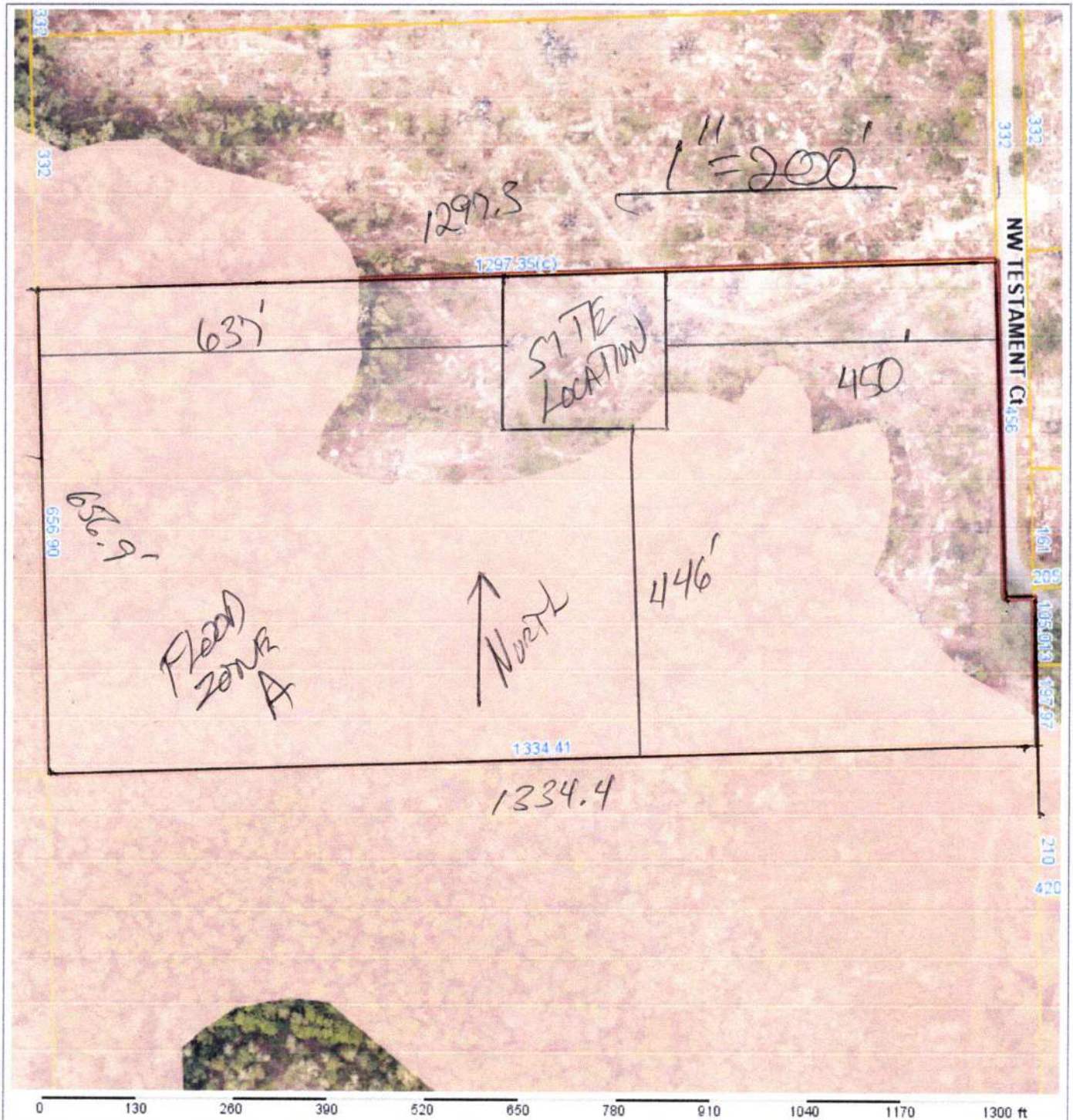
Scale: 1 inch = 40 feet.



Notes: 1 of 19.86 Acres
SEE ATTACHED

Site Plan submitted by: [Signature] _____ CONTRACTOR
Plan Approved _____ Not Approved _____ Date _____
By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



Columbia County Property Appraiser Jeff Hampton | Lake City, Florida | 386-758-1083

PARCEL: 31-2S-17-04807-101 | NO AG ACRE (009900) | 19.86 AC
PRCL "1" OF JOSEPHINE ACRES UNR DESC AS: BEG SE COR OF SEC, W 1334.41 FT TO SW COR OF SE1/4 OF SE1/4 N 656.90 FT, E 1312.55 TO W MAINT R/W OF NW TESTA

HARLEY ANTHONY B & BOBBY L

Owner: 1856 SELVA GRANDE DR
ATLANTIC BEACH, FL 32233

Site: 284 TESTAMENT CT, LAKE CITY

Sales Info: 7/16/2019 \$70,000 V (U)

2020 Preliminary Certified

Mkt Lnd	\$69,510	Appraised	\$69,510
Ag Lnd	\$0	Assessed	\$69,510
Bldg	\$0	Exempt	\$0
XFOB	\$0	county:	\$69,510
Just	\$69,510	Total	city:\$69,510
		Taxable	other:\$69,510
			school:\$69,510

NOTES:



Columbia County, FL

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: **9/18/2019 2:41:54 PM**
Address: **284 NW TESTAMENT Ct**
City: **LAKE CITY**
State: **FL**
Zip Code **32055**

Parcel ID **04807-101**

REMARKS: Address for proposed structure on parcel.

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
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM

PERMIT #: 12-SC-2136454
APPLICATION #: AP1550690
DATE PAID: 8/10/20
FEE PAID: 310
RECEIPT #: _____
DOCUMENT #: PR1392470

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: ANTHONY**20-0641 HARLEY
PROPERTY ADDRESS: 254 NW TESTAMENT Lake City, FL 32055
LOT: _____ BLOCK: _____ SUBDIVISION: _____
PROPERTY ID #: 04807-101 [SECTION, TOWNSHIP, RANGE, PARCEL NUMBER]
[OR TAX ID NUMBER]

SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF SECTION 381.0065, F.S., AND CHAPTER 64E-6, F.A.C. DEPARTMENT APPROVAL OF SYSTEM DOES NOT GUARANTEE SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN MATERIAL FACTS, WHICH SERVED AS A BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT TO MODIFY THE PERMIT APPLICATION. SUCH MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE NULL AND VOID. ISSUANCE OF THIS PERMIT DOES NOT EXEMPT THE APPLICANT FROM COMPLIANCE WITH OTHER FEDERAL, STATE, OR LOCAL PERMITTING REQUIRED FOR DEVELOPMENT OF THIS PROPERTY.

SYSTEM DESIGN AND SPECIFICATIONS

T [900] GALLONS / GPD Septic Tank CAPACITY
A [] GALLONS / GPD N/A CAPACITY
N [] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK: 1250 GALLONS]
K [] GALLONS DOSING TANK CAPACITY [] GALLONS ? [] DOSES PER 24 HRS #Pumps []

D [375] SQUARE FEET Drainfield SYSTEM
R [] SQUARE FEET N/A SYSTEM
A TYPE SYSTEM: [] STANDARD [] FILLED [X] MOUND []
I CONFIGURATION: [X] TRENCH [] BED []

N
F LOCATION OF BENCHMARK: 4x4 post E. of site.
I ELEVATION OF PROPOSED SYSTEM SITE [24.00] [INCHES] FT [] ABOVE / [X] BELOW BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [18.00] [INCHES] FT [] ABOVE / [X] BELOW BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED: [24.00] INCHES EXCAVATION REQUIRED: [0.00] INCHES

The system is sized for 3 bedrooms with a maximum occupancy of 6 persons (2 per bedroom), for a total estimated flow of 300 gpd.

SPECIFICATIONS BY: WILLIAM D BISHOP TITLE: SA0890009; SMO081507
APPROVED BY: Dustin F Jones TITLE: Environmental Specialist II Columbia CHD
DATE ISSUED: 08/12/2020 EXPIRATION DATE: 02/12/2022
DH 4016, 08/09 (Obsoletes all previous editions which may not be used)
Incorporated: 64E-6.003, FAC

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

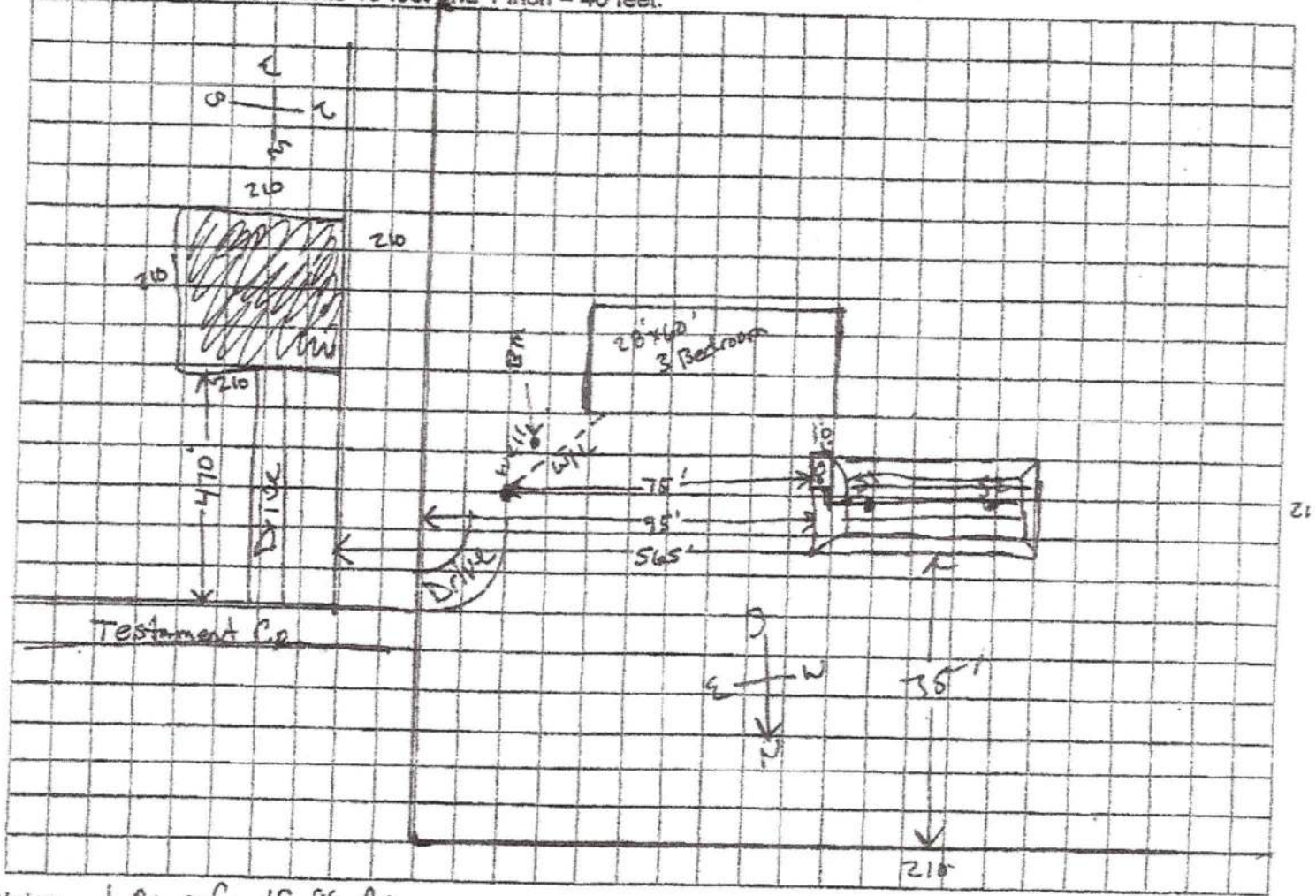
Permit Application Number

20-1644

Harley

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

210



Notes: 1 Ac. of 19.86 Ac.

Site Plan submitted by: Robert W. Ford III Date 8-6-2020

Plan Approved

Not Approved

By

Date 8/12/20

By [Signature] Columbia CHD

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



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

PERMIT NO. 20-8641
DATE PAID: 8/10/20
FEE PAID: 310.00
RECEIPT #: 1550690

APPLICATION FOR:

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

APPLICANT: Anthony Harley (OTG)

AGENT: North Florida Septic Tank Inc;

TELEPHONE: 386-755-8372

MAILING ADDRESS: 741 SE State Road 100 Lake City, Fla 32025

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3)(a) 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: 31-25-17 BLOCK: 04807-101 SUBDIVISION: -NA- PLATTED: 04/10/20
PROPERTY ID #: 04807-101 ZONING: I/M OR EQUIVALENT: ☒ Y ☐ N

PROPERTY SIZE: 19.86 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

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

PROPERTY ADDRESS: 284 NW Testament CT Lake City

DIRECTIONS TO PROPERTY: TR on 44th N TL on NW Josephine St
TL on Testament Ct, 284 on (R)

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>mhome</u>	<u>3</u>	<u>1450</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify)

SIGNATURE: W. D. Byrd

DATE: 8-6-2020