#### PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 7-1-15) Zoning Official Building Official Date Received 9/14 By 10 Permit # 372.59
Flood Zone X Development Permit Zoning A-3 Land Use Plan Map Category ESA
Comments
FEMA Map# Elevation Finished Floor / food River In Floodway
□ Recorded Deed or Property Appraiser PO Site Plan (EH# 18- 080) □ Well letter OR
Existing well   Land Owner Affidavit   Installer Authorization   FW Comp. letter   App Fee Paid
□ DOT Approval □ Parent Parcel # □ STUP-MH □ STUP-MH
□ Ellisville Water Sys ☑ Assessment Paid on Property □ Out County □ In-County □ Sub VF Form
Property ID # 32-5S-16-03745-315 Subdivision Sunview Estates Add Lot# 1
New Mobile Home Used Mobile Home MH Size 26 x 52 Year 2018
■ Applicant Dale Burd Phone # 386-365-7674
Address 20619 County Road 137, Lake City, FL, 32024
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
<ul> <li>911 Address 203 SW Federal Court, Fort White, FL, 32038</li> <li>Circle the correct power company - FL Power &amp; Light - Clay Electric</li> </ul>
(Circle One) - Suwannee Valley Electric - Buke Energy
Name of Owner of Mobile Home Same Phone # Same
Address 200 NW Zack Drive, Lake City, FL, 32055
Relationship to Property Owner Same
Current Number of Dwellings on Property 0
■ Lot Size 323 x 678 Total Acreage 5.04
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 No
<ul> <li>Driving Directions to the Property 47 South, TR Sunview St, TR Federal Court, 2nd lot on right</li> </ul>
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 # 53792

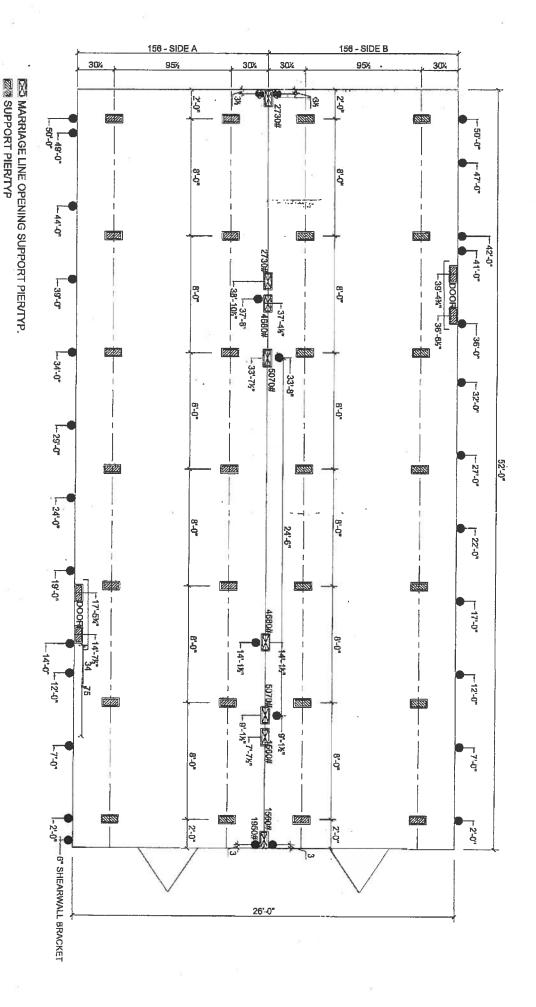
Date is owner of wholismula 9.19.18

409,41

page 1 of 2

	inestrage web piers within 2 of earl of home py. Rufe 190			Typical pier spacing  2: Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)	I understand Lateral Arm Systems cannot be used on any home (new or used) where the sidewall ties exceed 5 it 4 in Installer's initials	NOTE: if home is a triple or quad wide sketch in remainder of home	911 Address where 2035 IN Falleral Course home is being installed Four White FL 32032	These worksheets must be completed and signed by the installer.  Submit the originals with the packet.  Installer Robord Shept of License # ## 11025 386	COLUMBIA COUNTY PERMIT WORKSHEET
TIEDOWN COMPONENTS  Within 2' of end of home spaced at 6 4" oc Spaced at 6 4" oc OTHER TIES  Longitudinal Stabilizing Device (LSD)  Longitudinal Stabilizing Device w/ Lateral Arms Manufacturer Longitudinal Stabilizing Device w/ Lateral Arms Sheanwall  Manufacturer Sheanwall  Manufacturer Sheanwall	List all marriage wall openings greater than 4 foot  24 x 24	18.5 x 18.5 16 x 22.5 17 x 22 17 x 22 17 x 22 17 x 22 17 x 26 1/4 20 x 20 20 x 20 17 3/16 x 25 3/16 17 1/2 x 25 1/2	PAD SIZES  PAD SIZES  PAG Size 18  11 2 1		PIER SPACING TABLE FOR USED HOMES  Load Footer 16" 18 112" x 18 20" x 20" 22" x 22" 24" x 24" 25" x 26"	Triple/Qued Serial # 10H&A1/8/95)/AB	700	New Home W Used Home II .  Home installed to the Manufacturer's Installation Manual	MI WORNSHEEL

Connect all potable water supply piping to an existing water mater, water tap, or other independent water supply systems. Pg.	Connect all sewer drains to an existing sewer top or septic tank. Pg. 26	Connect slectrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between multi-wide units. Pg. 29	Eloctrical	Installer Name Kobert Stoppard  Date Tested 9//3/18	ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER	A state approved lateral arm system is being used and 4 ft. anchors are allowed at the sidewall locations. I understand 6 ft anchors are required at all confering the points where the torque test reading is 275 or less and where the mobile from manufacturer may requires anchors with 4000 lb holding capacity.  Installars initials	2.7%		× 1500 × 1700 × 1600	<ol> <li>Using 500 lb. Increments, take the lowest reading and round down to that horement.</li> </ol>	2. Take the reading at the depth of the looter.	POCKET PENETROMETER TESTING METHOD  1. Test the perimeter of the home at 6 locations,	x 1500 x 1600 x 1600	whout lesting.	POCKET PENETROMETER TEST
Installer Signature Kahal My Date 5/13/18	is accurate and true based on the	histaller verifies all information given with this permit workshed	Olber:	Skirting to be included. Yes No Dryer vent installed outside of skirting. Yes NIA Range downflow vent installed outside of skirting. Yes NIA Drain lines supported at 4 fool intervals. Yes	Miscolangous	Weetherproofing  The bettomboard will be repaired and/or laped, Yes Pg. Pg. Skiling on units is installed to manufacturer's specificallons. Yes Pg. Fireplace chimney installed so as not to allow intrusion of rain water. Yes	Type gaskel F04 m Installed:  Pg. 22 Between Floors Yes  Between Walls Yes  Bolton of ridgebeam Yes	installer's initials 25	a result of a pourly installed or no gasket being installed. I understand a strip of lape will not serve as a gasket.	Gasket leastwarmeding regularment of all new and used undersiand a properly installed gasket is a requirement of all new and used hones and that condensation, making and hurklart marriage wells are	roothig notis at 2" on canter on both sides of the centerline.	Type Fesioner: 1445 Length: For used homes a min. 30 gauge, 8* will be contened over the peak of the r			Site Proparation



## Live 3-BEDROOM / 2-BATH MODEL: L-2523B Oak Homes 28 X 52

- 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 TYFE, SOIL CONDITION, ETC. - FOOTINGS ARE REQUIRED AT SUPPORT POSTS, SEE INSTALLATION MANUAL FOR REQUIREMENTS.

FOUNDATION NOTES:

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

  - B DUCT CROSSOVER
     BEWER DROPS
     RETURN AIR (WIOPT, HEAT PUMP OH DUCT)
     SUPPLY AIR (WIOPT, HEAT PUMP OH DUCT)

L-2523B

#### OLIVER TECHNOLOGIES, INC. FLORIDA INSTALLATION INSTRUCTIONS FOR THE MODEL 1101 "V" SERIES ALL STEEL FOUNDATION SYSTEM

MODEL 1101"V" (STEPS 1-15) LONGITUDINAL ONLY: FOLLOW STEPS 1-9 FOR ADDING LATERAL ARM: Follow Steps 10-15 FOR CONCRETE APPLICATIONS: Follow Steps 16-19

ENGINEERS STAMP

ENGINEERS STAMP

- 1. SPECIAL CIRCUMSTANCES: If the following conditions occur STOP! Contact Oliver Technologies at 1-800-284-7437:
  - a) Pier height exceeds 48"
- b) Length of home exceeds 76° c) Roof eaves exceed 16" d) Sidewall height exceed 96"

e) Location is within 1500 feet of coast

#### **INSTALLATION OF GROUND PAN**

- 2. Remove weeds and debris in an approximate two foot square to expose firm soil for each ground pan (C).
- 3. Place ground pan (C) directly below chassis I-beam . Press or drive pan firmly into soil until flush with or below soil. SPECIAL NOTE: The longitudinal "V" brace system serves as a pier under the home and should be loaded as any other pier. It is recommended that after leveling piers, and one-third inch (1/3") before home is lowered completely on to piers, complete steps 4 through 9 below then remove jacks.

#### **INSTALLATION OF LONGITUDINAL "V" BRACE SYSTEM**

NOTE: WHEN INSTALLING THE LONGITUDINAL SYSTEM ONLY, A MINIMUM OF 2 SYSTEMS PER FLOOR SECTION IS REQUIRED. SOIL TEST PROBE SHOULD BE USED TO DETERMINE CORRECT TYPE OF ANCHOR PER SOIL CLASSIFICATION. IF PROBE TEST READINGS ARE BETWEEN 175 & 275 A 5 FOOT ANCHOR MUST BE USED. IF PROBE TEST READINGS ARE BETWEEN 276 & 350 A 4 FOOT ANCHOR MAY BE USED. USE GROUND ANCHORS WITH DIAGONAL TIES AND STABILIZER PLATES EVERY 5'4" . VERTICAL TIES ARE ALSO REQUIRED ON HOMES SUPPLIED WITH VERTICAL TIE CONNECTION POINTS (PER FLORIDA REG.) .

4. Select the correct square tube brace (E) length for set - up (pier) height at support location. (The 18" tube is always used as the bottom part of the longitudinal arm). Note: Either tube can be used by itself, cut and drilled to length as long as a 40 to 45 degree angle is maintained.

PIER HEIGHT (Approx. 45 degrees Max.)	1.25" ADJUSTABLE Tube Length	1.50" ADJUSTABLE Tube Length
7 3/4" to 25"	22"	18"
24 3/4" to 32 1/4"	32"	18"
33" to 41"	44"	18"
40" to 48"	54"	18"

- 5. Install (2) of the 1.50" square tubes (E {18" tube} ) into the "U" bracket (J), insert carriage bolt and leave nut loose for final
- 6. Place I-beam connector (F) loosely on the bottom flange of the I-beam.
- 7. Slide the selected 1.25" tube (E) into a 1.50" tube (E) and attach to I-beam connectors (F) and fasten loosely with bolt and nut.
- 8. Repeat steps 6 through 7 to create the "V" pattern of the square tubes loosely in place. The angle is not to exceed 45 degree and not below 40 degrees.
- 9. After all bolts are tightened, secure 1.25" and 1.50" tubes using four(4) 1/4"-14 x 3/4" self-tapping screws in pre-drilled holes.

#### INSTALLATION OF LATERAL TELESCOPING TRANSVERSE ARM SYSTEM

THE MODEL 1101 "V" (LONGITUDINAL & LATERAL PROTECTION) ELIMINATES THE NEED FOR MOST STABILIZER PLATES & FRAME TIES. NOTE: THE USE OF THIS SYSTEM REQUIRES VERTICAL TIES SPACED AT 5'4". FOUR FOOT (4') GROUND ANCHOR MAY BE USED EXCEPT WHERE THE HOME MANUFACTURER SPECIFIES DIFFERENT.

- 10. Install remaining vertical tie-down straps and 4' ground anchors per home manufacturer's instructions. NOTE: Centerline anchors to be sized according to soil torque condition. Any manufacturer's specifications for sidewall anchor loads in excess of 4,000 lbs. require a 5' anchor per Florida Code.
- 11. NOTE: Each system is required to have a frame tie and stabilizer attached at each lateral arm stabilizing location. This frame tie & stabilizer plate needs to be located within 18" from of center ground pan.
- 12. Select the correct square tube brace (H) length for set-up lateral transverse at support location. The lengths come in either 60" or 72" lengths. (With the 1.50" tube as the bottom tube, and the 1.25" tube as the inserted tube.)
- 13. Install the 1.50 transverse brace (H) to the ground pan connector (D) with bolt and nut.
- 14. Slide 1.25" transverse brace into the 1.50" brace and attach to adjacent I-beam connector ( I ) with bolt and nut.
- 15. Secure 1.50" transverse arm to 1.25" transverse arm using four (4) 1/4" 14 x 3/4" self-tapping screws in pre-drilled holes.



#### **INSTALLATION USING CONCRETE RUNNER / FOOTER**

- 16. A concrete runner, footer or slab may be used in place of the steel ground pan.
  - a) The concrete shall be minimum 2500 psi mix
  - b) A concrete runner may be either longitudinal or transverse, and must be a minimum of 8" deep with a minimum width of 16 inches longitudinally or 18 inches transverse to allow proper distance between the concrete bolt and the edge of the concrete (see below).
  - c) Footers must have minimum surface area of 441 sq. in. (i.e. 21" square), and must be a minimum of 8" deep.
  - d) If a full slab is used, the depth must be a 4" minimum at system bracket location, all other specifications must be per local jurisdiction. Special inspection of the system bracket installation is not required. Footers must allow for at least 4" from the concrete bolt to the edge of the concrete.

NOTE: The bottom of all footings, pads, slabs and runners must be per local jurisdiction. LONGITUDINAL: (Model 1101 LC "V")

17. When using Part # 1101-W-CPCA (wetset), simply install the bracket in runner/footer OR When installing in cured concrete use Part # 101-D-CPCA (dryset). The 1101 (dryset) CA bracket is attached to the concrete using (2) 5/8"x3" concrete wedge bolts (Simpson part # S162300H 5/8" X 3" or Powers equivalent). Place the CA bracket in desired location. Mark bolt hole locations, then using a 5/8" diameter masonry bit, drill a hole to a minimum depth of 3". Make sure all dust and concrete is blown out of the holes. Place wedge bolts into drilled holes, then place 1101 (dry set) CA bracket onto wedge bolts and start wedge bolt nuts. Take a hammer and lightly drive the wedge bolts down by hitting the nut (making sure not to hit the top of threads on bolt). The sleeve of concrete wedge bolt needs to be at or below the top of concrete. Complete by tightening nuts.

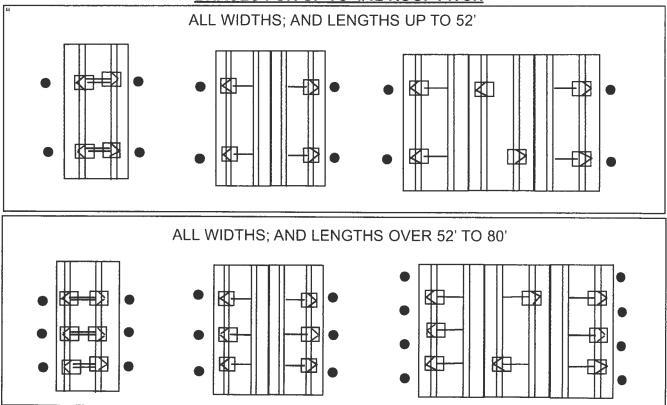
#### LATERAL: (Model 1101 TC "V")

- 18. For wet set (part # 1101-W-TACA) installation simply install the anchor bolt into runner/footer. For dry set installation (part # 1101-D-TACA) mark bolt hole locations, then using a 5/8" diam. masonry bit, drill a hole to a minimum depth of 3". Make sure all dust and concrete is blown out of the hole. Place wedge bolts (Simpson part #S162300H 5/8" X 3" or Powers equivalent) into (D) concrete dry transverse connector and into drilled hole. If needed, take a hammer and lightly drive the wedge bolts down by hitting the nut (making sure not to hit the top of threads on bolt), then remove the nut. The sleeve of concrete wedge bolt needs to be at or below the top of concrete.
- 19. When using part # 1101 CVW (wetset) or 1101 CVD (dryset), install per steps 17 & 18.

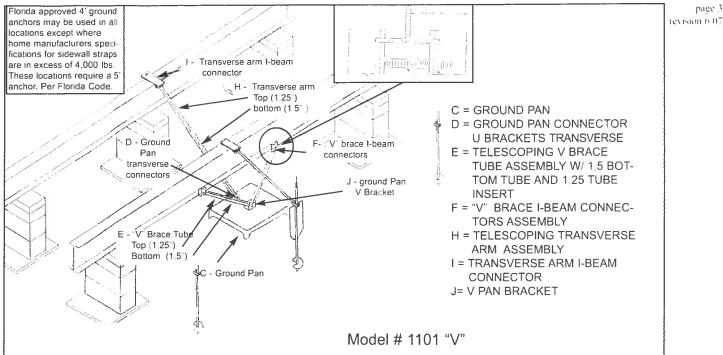
#### Notes:

- 1. LENGTH OF HOUSE IS THE ACTUAL BOX SIZE
- 2. = STABILIZER PLATE AND FRAME TIE LOCATION (needs to be located within 18 inches of center of ground pan or concrete)
- 3. TELOCATION OF LONGITUDINAL BRACING ONLY
- 4. TRANSVERSE & LONGITUDINAL LOCATIONS

## REQUIRED NUMBER AND LOCATION OF MODEL 1101 "V" OR 1101 C "V" BRACES FOR UP TO 4/12 ROOF PITCH

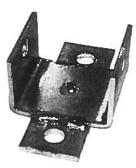


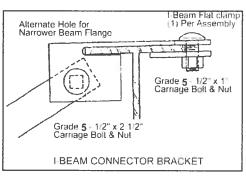
HOMES WITH 5/12 ROOF PITCH REQUIRE: PER FLORIDA REGULATIONS 6 systems for home lengths up to 52' and 8 systems for homes over 52' and up 80'. One stabilizer plate and frame tie required at each lateral bracing system.

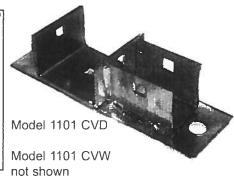


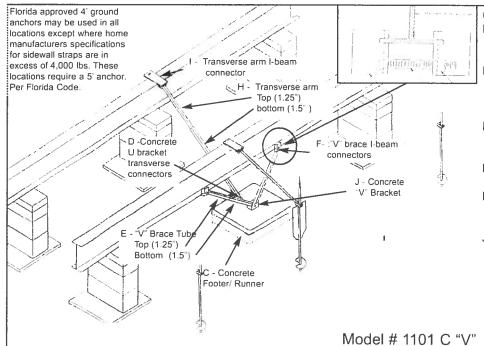
Longitude dry concrete bracket part # 1101 D-CPCA

Wet bracket part # 1101 W-CPCA not shown









- C = CONCRETE FOOTER/RUNNER
- D = CONCRETE U BRACKET TRANSVERSE CONNECTOR (connects with grade 5 -1/2" x 2 1/2"" carriage bolt & nut)
- E = TELESCOPING V BRACE TUBE ASSEMBLY W/ 1.5 BOT-TOM TUBE AND 1.25 TUBE **INSERT**
- F = "V" BRACE I-BEAM CONNECTOR ASSEMBLY (connects with grade 5 - 1/2" x 4" carriage bolt & nut)
- H = TELESCOPING TRANSVERSE ARM **ASSEMBLY**
- I = TRANSVERSE ARM I-BEAM CONNECTOR (connects with grade 5 -1/2" x 2 1/2"" carriage bolt
- J= CONCRETE "V" BRACKET (connects with grade 5 - 1/2" x 4" carriage bolt & nut)



#### **COLUMBIA COUNTY**

#### 911 ADDRESSING / GIS DEPARTMENT

263 NW Lake City Ave., Lake City, FL 32055

Telephone: (386) 758-1125 x 1 \* Fax: (386) 758-1365 \* Email: gls@columbiacountyfla.com



#### **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:

2/23/2017 10:04:54 AM

Address:

203 SW FEDERAL Ct

City:

FORT WHITE

State:

FL

Zip Code

32038

Pracel ID

03745-315

REMARKS: Address for proposed structure on parcel.

Address Issued By:

Signed:/ Ronal N. Croft

Columbia County GIS/911 Addressing Department

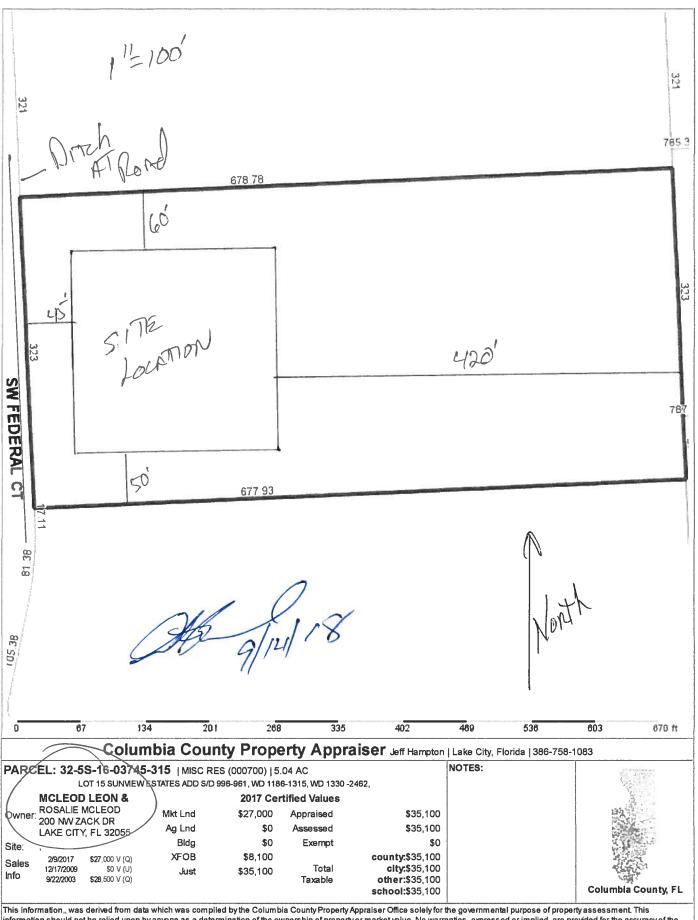
NOTICE: THIS ADDRESS WAS ISSUED BASED ON LOCATION AND ACCESS INFORMATION RECEIVED FROM THE REQUESTER. SHOULD, AT A LATER DATE, THE LOCATION AND/OR ACCESS INFORMATION BE FOUND TO BE IN ERROR OR CHANGED, THIS ADDRESS IS SUBJECT TO CHANGE.

#### STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

	Permit Application Nu	mber
Mchrod	PART II - SITEPLAN 2 †Θ	· · · · · · · · · · · · · · · · · · ·
Scale: 1 inch = 40 feet.	ARIVE SITEPLAN - 2 ft - 102'  ARIVE SLOPE 30'  30'  30'  30'  30'  30'  30'  30'	104' 40'
Notes: 1055.04 A	CARS SRA AHACHAS	
Plan Approved	Not Approved	Date
By	•••	County Health Department

#### ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



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, it's use, or it's interpretation. Although it is periodically updated, this information may not reflect the data currently on file in the Property Appraiser's office.

Grizziyi.ogic.com

## Columbia County Property Appraiser Jeff Hampton

2017 Tax Roll Year updated: 8/1/2018

Parcel:

32-5S-16-03745-315

Owner & Pi	Result	Result: 13 of 14				
Owner	MCLEOD LEC ROSALIE MC 200 NW ZACH LAKE CITY, FI	LEOD CDR				
Site	3					
Description*		LOT 15 SUNVIEW ESTATES ADD S/D 996-961, WD 1186-1315, WD 1330 -2462,				
Area	5.04 AC	S/T/R	32-58-16			
Use Code**	MISC RES	Tax District	3			

<sup>\*</sup>The <u>Description</u> above is not to be used as the Legal Description for this

parcel in any legal transaction.

\*\*The <u>Use Code</u> 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						
2017 Cert	ified Values	2018 Working Values				
Mkt Land (1)	\$27,000	Mkt Land (1)	\$27,000			
Ag Land (0)	\$0	Ag Land (0)	\$0			
Building (0)	\$0	Building (0)	\$0			
XFOB (0)	\$0	XFOB (1)	\$8,100			
Just	\$27,000	Just	\$35,100			
Class	\$0	Class	\$0			
Appraised	\$27,000	Appraised	\$35,100			
SOH Cap [?]	\$0	SOH Cap [?]	\$0			
Assessed	\$27,000	Assessed	\$35,100			
Exempt	\$0	Exempt	\$0			
Total Taxable	county:\$27,000 city:\$27,000 other:\$27,000 school:\$27,000		county:\$35,100 city:\$35,100 other:\$35,100 school:\$35,100			

(								(====		
2016	O 2013	O 2010	O 2007	2005	2004	O 1999	Sales	(zoom parcel)	click	hover
man de april de la constante d										

Sales History						
Sale Date	Sale Price	Book/Page	Deed	V/I	Quality (Codes)	RCode
2/9/2017	\$27,000	1330/2462	WD	V	Q	01
12/17/2009	\$0	1186/1315	WD	V	U	34
9/22/2003	\$28,500	996/0761	AG	V	Q	

#### MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

CONTRACTOR Robert Sheppard

PHONE 386-623-2203

		THIS FORM MUS	T BE SUBMITTED PRI	OR TO THE ISSUANCE	OF A PERMIT
					McLeod
			_	•	d site. It is <u>KEUUIKED</u> that we have
					e permit. Per Florida Statute 440 and ce of workers' compensation or
		•		•	ense in Columbia County.
				-	eing submitted to this office prior to the vork orders and/or fines.
					or o
ELECTRICAL	Print Name	Glenn Whitt	ington	Signature	
	License #:	EC130029	957	Phone #:	386-792-1700
1694	_		Qualifier Form Atta		
		Danald D	anda Ca		
MECHANICAL/	Print Name	Ronald B	onas Sr.	Signature_	
A/C 1669	License #:			Phone #:	800-259-3470
		· · · · · · · · · · · · · · · · · · ·	Qualifier Form Atta	ched X	
Qualifier Forn	ns cannot b	e submitted for	any Specialty Lic	rense.	
Specialty L	icense	License Number	Sub-Contract	tors Printed Name	Sub-Contractors Signature
MASON					
CONCRETE FIN	IISHER				

F. S. 440.103 Building permits; identification of minimum premium policy.--Every employer shall, as a condition to

compensation for its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each

applying for and receiving a building permit, show proof and certify to the permit issuer that it has secured

Revised 10/30/2015

time the employer applies for a building permit.

APPLICATION NUMBER 1809-35



#### 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 1169 00

1. LONA let R Woner JE	(license holder name), licensed qualifier
for STILE CHEST ENTERNENES	Twc (company name), do certify that
the below referenced person(s) listed on this for	m is/are contracted/hired by me, the license bugh 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. DALE BURD	1.
2. Rocky Ford	2. (be/37) 7-1
3. Killy Bushas	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 writing authorization form, which will supersede all previous	is/are no longer agents, employee(s), or ing of the changes and submit a new letter of ious lists. Failure to do so may allow
ugauthorized persons to use your name and/or li  MUSTURE (Notarized)	CRC 1817458 2-14-14 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 I	me or has produced identification this 16th day of FEB . 20 16.
State Gra loope'ns	(Seal/Stamp)
	and the Modern Public State of Florida





### 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. CHAND WITTINGTON	(license holder name), licensed qualifier
	(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 in person(s) is/are under my direct supervision and sign permits; call for inspections and sign subco	m is/are contracted/hired by me, the license 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. 015 500	1
2. Kecky tond	2. ( m/2 )
3.	3.
4.	4.
5.	5.
I, the license holder, realize that I am responsible under my license and fully responsible for complete Local Ordinances. I understand that the State are authority to discipline a license holder for violatic officers, or employees and that I have full responsand ordinances inherent in the privilege granted	iance with all Florida Statutes, Codes, and and County Licensing Boards have the power and one committed by him/her, his/her agents, asibility for compliance with all statutes, codes
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 prevunauthorized persons to use your name and/or leading to the superseder of the	ing of the changes and submit a new letter of ious lists. Failure to do so may allow icense number to obtain permits.
Licensed Qualifiers Signature (Notarized)	EC 1300 295 3/7/16  License Number Date
NOTARY INFORMATION: STATE OF:COUNTY OF:	Colmbia
The above license holder, whose name is	me or has produced identification this day of ABISHOP Notary Public - State of Florida Commission # FF 243986 My Comm. Expires Jun 24, 2019



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

PERMIT NO.

DATE PAID:
FEE PAID:
RECEIPT #:

APPLICATION FOR: [X] New System [] [] Repair []						
APPLICANT: Leon McLeod						
AGENT: ROCKY FORD, A & B CO	NSTRUCTION			TEI	LEPHONE:	386-497-2311
MAILING ADDRESS: 546 SW Dor	tch Street,	FT. WHITE,	FL, 3203	8		
TO BE COMPLETED BY APPLICAN BY A PERSON LICENSED PURSUA APPLICANT'S RESPONSIBILITY PLATTED (MM/DD/YY) IF REQUE	NT TO 489.10 TO PROVIDE I	05(3)(m) OR DOCUMENTATIO	489.552, ON OF THE	FLORIDA DATE THE	STATUTE LOT WA	S. IT IS THE S CREATED OR
PROPERTY INFORMATION						
LOT: 15 BLOCK: NA	SUB: Sunvi	.ew Estate			F	PLATTED:
PROPERTY ID #: 32-5S-16-03	745-315	ZONIN	G:	I/M OI	R EQUIVA	ALENT: [Y/N]
PROPERTY SIZE: 5.04 ACRES	WATER SUPI	PLY: [ 📞 PR	IVATE P	UBLIC [	]<=2000	GPD [ ]>2000GPD
IS SEWER AVAILABLE AS PER 3	81.0065, FS	[W\Y]		DISTA	NCE TO S	SEWER: MA FT
PROPERTY ADDRESS: 203 SW F	ederal Ct E	Fort White	FL			
DIRECTIONS TO PROPERTY: 47	South Righ	t on Sinvie	w Right	on Fede	ral 2 <sup>nd</sup>	lot on Right
BUILDING INFORMATION	[K] RESI	DENTIAL	[ ]	COMMERCI	AL	
Unit Type of No Establishment	No. of Bedrooms	Building Area Sqft	Commerc Table 1	ial/Insti , Chapter	tutiona 64E-6,	l System Design FAC
1 CE Paridontial	•	1050				
SF Residential2	3	1352			· · · · · · · · · · · · · · · · · · ·	
3						
[ ] Floor/Equipment Drain	s [ ]_Ot	her (Specif	v)			
SIGNATURE: Kocky D						/14/2018

## STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

	Permit Application Number 8-0809-1/
Milterd	PART II - SITEPLAN
Scale: 1 inch = 40 feet.	, , , , , , , , , , , , , , , , , , ,
AR STEE	ILE IND
	30 100 100 100 100 100 100 100 100 100 1
	-8m
Notes: 10ff.04 heren;	Sen Hikkhad
Site Plan submitted by: Rocky 77 Plan Approved Sallie Ford E	Not Approved
ALL CHANGES MUST BE AP	PROVED BY THE 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)