

Inc Document ☒

Affidavit ☒

Left a message for Wendy to bring form for be
case

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-11)		Zoning Official <u>BLK 14 Aug. 2012</u>		Building Official <u>T.C. 8-10-12</u>	
AP# <u>1208-03</u>	Date Received <u>8/2</u>	By <u>16</u>	Permit # <u>230414</u>		
Flood Zone <u>X</u>	Development Permit <u>N/A</u>	Zoning <u>A-3</u>	Land Use Plan Map Category <u>A-3</u>		
Comments <u>Current dwelling is accessory use for caretaker -</u> <u>MH for Pastor also an accessory use</u>					
FEMA Map# <u>N/A</u>	Elevation <u>N/A</u>	Finished Floor <u>1st level</u>	River <u>N/A</u>	In Floodway <u>N/A</u>	
☒ Site Plan with Setbacks Shown ☒ EH # <u>12-0357</u> ☒ EH Release ☐ Well letter ☒ Existing well					
☒ Recorded Deed or Affidavit from land owner ☐ Installer Authorization ☐ State Road Access ☒ 911 Sheet					
☐ Parent Parcel # ☐ STUP-MH ☐ F W Comp. letter ☒ VF Form					
IMPACT FEES: EMS _____ Fire _____ Corr _____ ☐ Out County ☒ In County					
Road/Code _____ School _____ = TOTAL _____ Impact Fees Suspended March 2009 _____					

Property ID # 30-75-17-10668-036 Subdivision Sassafras Acres Lot 36

- New Mobile Home ☒ Used Mobile Home _____ MH Size 28x52 Year 2012
- Applicant Wendy Grennell Phone # 386-288-2428
- Address 3104 SW Old Wire Rd Ft White FL 32038
- Name of Property Owner Pentecostal Church of God Phone # 386-288-9273
- 911 Address 1494 SW Bobcat Drive Ft White FL 32038
- Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home Dorothy Johnson Phone # 386-288-9273
- Address 1543 SW Bobcat Dr. Ft White FL 32038
- Relationship to Property Owner pastor
- Current Number of Dwellings on Property 1
- Lot Size _____ Total Acreage 1.74
- 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
- Driving Directions to the Property Hwy 47 S, TL on US Hwy 27
TR on CR 138, TR on Bobcat, 1/4 mile
2nd lot on (L) past Fox Place
- 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 # 11466

16 spoke of Wendy 8.14.12
Left a message for Wendy 8-22-12

- \$375.00

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 Sheppard License # IL11025386

911 Address where home is being installed. SW Robert Dr.

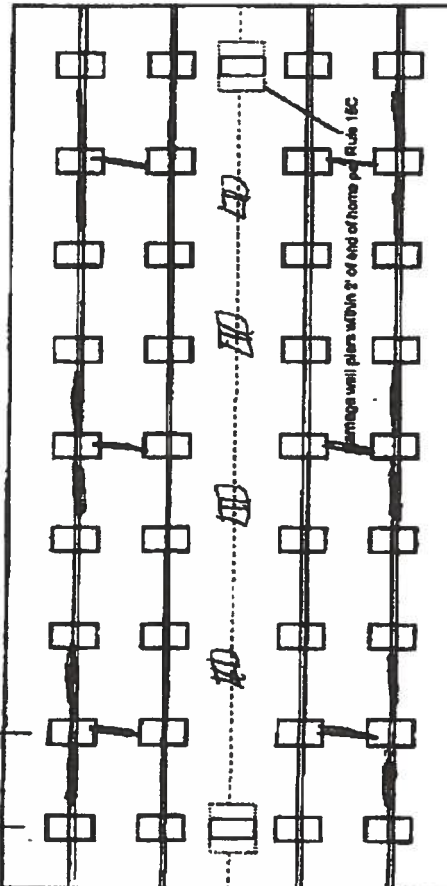
Manufacturer Homes of Mass. Length x width 28x52

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

Typical pier spacing 6'0"



PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	16" x 10" (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 bsf	3'	4'	5'	6'	7'	8'
1500 bsf	4'	5'	6'	7'	8'	9'
2000 bsf	5'	6'	7'	8'	9'	10'
2500 bsf	6'	7'	8'	9'	10'	11'
3000 bsf	7'	8'	9'	10'	11'	12'
3500 bsf	8'	9'	10'	11'	12'	13'

* Interpolated from Rule 16C-1 pier spacing table.

PIER PAD SIZES

I-beam pier pad size 17x25
Perimeter pier pad size 17x25
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

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer _____
Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer 146C 1101V

OTHER TIES

Sidewall _____
Longitudinal _____
Marriage wall _____
Shearwall _____

Number 24

Number 84

Number 84

COLUMBIA COUNTY PERMIT WORKSHEET

page 2 of 2

POCKET PENETROMETER TEST

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

x 1600 x 1700

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 600 lb. increments, take the lowest reading and round down to that increment.

x 1600 x 1700 x 1700

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
require anchors with 4000 lb holding capacity.

RS Installer's Initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Robert Shepherd

Date Tested

7-24-12

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. 22

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 29

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 68

Site Preparation

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

Fastening multi wide units

Floor: Type Fastener: lags Length: 5 Spacing: 16"
Walls: Type Fastener: lags Length: 4 Spacing: 16"
Roof: Type Fastener: lags Length: 6 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 (weatherstripping 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 RS

Type gasket Foam

Installed:

Between Floors Yes ✓
Between Walls Yes ✓
Bottom of ridgebeam Yes ✓

Weatherproofing

The bottomboard will be repaired and/or taped. Yes ✓ Pg. 22
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 ✓ N/A ✓

Electrical crossovers protected. Yes ✓

Other:

Installer verifies all information given with this permit worksheet
is accurate and true based on the

Installer Signature Robert Shepherd

Date 7-24-12

>> Print as PDF <<

LOT 36 SASSAFRAS ACRES S/D
 ORB 654-207, 722-062, 755-180,
 755-181, 801-2380 JTWSR,
 860-1329

PENTECOSTAL CHURCH OF GOD
 1543 SW BOBCAT DR
 FT WHITE, FL 32038

30-7S-17-10068-036
 PRINTED 5/02/2012 15:22
 APPR 3/29/2004 TW

Columbia County 2012 R
 CARD 001 of 001
 BY JEFF

BUSE 000800 MOBILE HME	AE? Y	1358 HTD AREA	113.900 INDEX	30717.04 SASSAFRAS	PUSE 007100 CHURCHES
MOD 2 MOBILE HME BATH	2.00	1398 EFF AREA	26.197 E-RATE	100.000 INDX	STR 30- 7S- 17
EXW 26 ALM SIDING FIXT		36623 RCN		1972 AYB	MKT AREA 02
% N/A BDRM	2	20.00 %GOOD	7,324 B BLDG VAL	1972 EYB	(PUD1
RSTR 03 GABLE/HIP RMS					AC 1.740
RCVR 12 MODULAR MT UNITS					NTCD
% N/A C-W%					APPR CD
INTW 04 PLYWOOD HGHT					CNDO
% N/A PMTR					SUBD
FLOR 14 CARPET STYS	1.0				BLK
10% 08 SHT VINYL ECON					LOT
HTTP 04 AIR DUCTED FUNC					MAP#
A/C 03 CENTRAL SPCD					02
QUAL 05 05 DEPR 09					TXDT 003
FNDN N/A UD-1 N/A					
SIZE N/A UD-2 N/A					
CEIL N/A UD-3 N/A					
ARCH N/A UD-4 N/A					
FRME 01 NONE UD-5 N/A					
KTCH 01 01 UD-6 N/A					
WDO N/A UD-7 N/A					
CLAS N/A UD-8 N/A					
OCC N/A UD-9 N/A					
COND 03 03 % N/A					
SUB A-AREA % E-AREA SUB VALUE					
BAS93 1358 100 1358					
UOP93 160 25 40					

TOTAL 1518 1398 7324

-----EXTRA FEATURES-----

AE BN	CODE	DESC	LEN	WID	HGHT	QTY	QL	YR	ADJ	UNITS	UT	PRICE	ADJ	UT	PR	SPCD	%	%GOOD	XFOB	VALUE
Y	0200	GARAGE F	16	20		1	0000	1.00		1.000	UT	2720.000		2720.000				100.00		2,720
Y	0294	SHED WOOD/VI	22	8		1	0000	1.00		1.000	UT	200.000		200.000				100.00		200
Y	0296	SHED METAL	6	8		1	2003	1.00		48.000	SF	5.000		5.000				100.00		240

LAND DESC ZONE ROAD {UD1 {UD3 FRONT DEPTH FIELD CK:

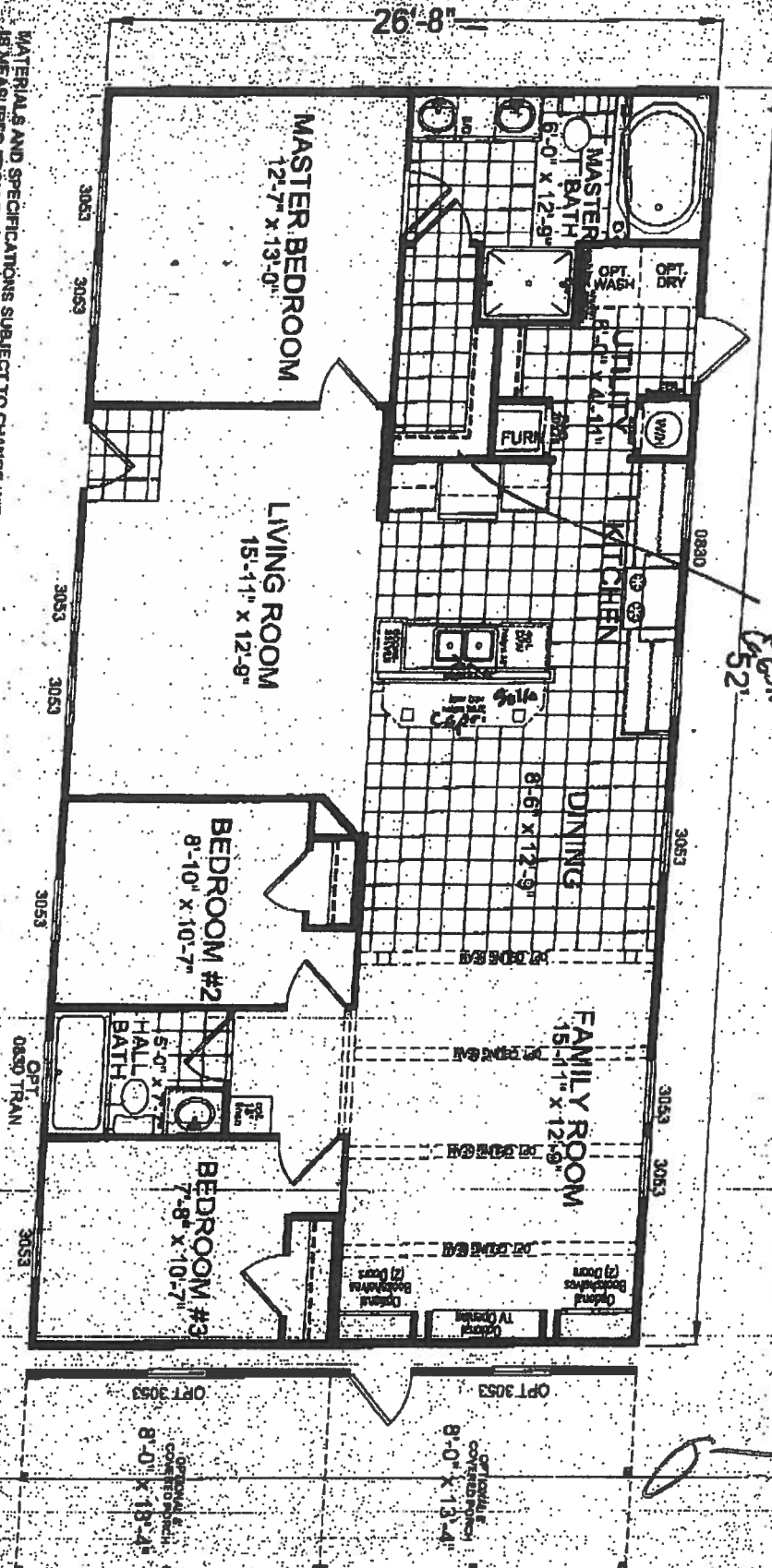
AE CODE	TOPO	UTIL	{UD2 {UD4 BACK DT	ADJUSTMENTS	UNITS	UT	PRICE	ADJ	UT	PR	LAND VALUE
N 007100 CHURCH	00	0002	0002 0003	1.00 1.00 1.00 1.00	1.740	AC	8227.490		8227.49		14,315
Y 009945 WELL/SEPT	00	0002	0002 0003	1.00 1.00 1.00 1.00	1.000	UT	2000.000		2000.00		2,000

3 BDRM. 2 BATH
ACTUAL SIZE: 26'-8" X 52'-0"
TOTAL AREA: 1387 SQ.FT.

Chell
652

OPT. PÄITÖ 72X80

27
m 47
N 47
L 47



MATERIALS AND SPECIFICATIONS SUBJECT TO CHANGE WITHOUT NOTICE FOR PRODUCTION AND CODE PURPOSES. ALL DIMENSIONS ARE NOMINAL AND APPROXIMATE. SQUARE FOOTAGE IS MEASURED FROM EXTERIOR WALL AND IS A APPROXIMATE FIGURE. THIS DRAWING IS A RENDERING AND IS MEANT FOR SALE PURPOSES ONLY.

15. 16. 17.

[illegible]

CHAMPION

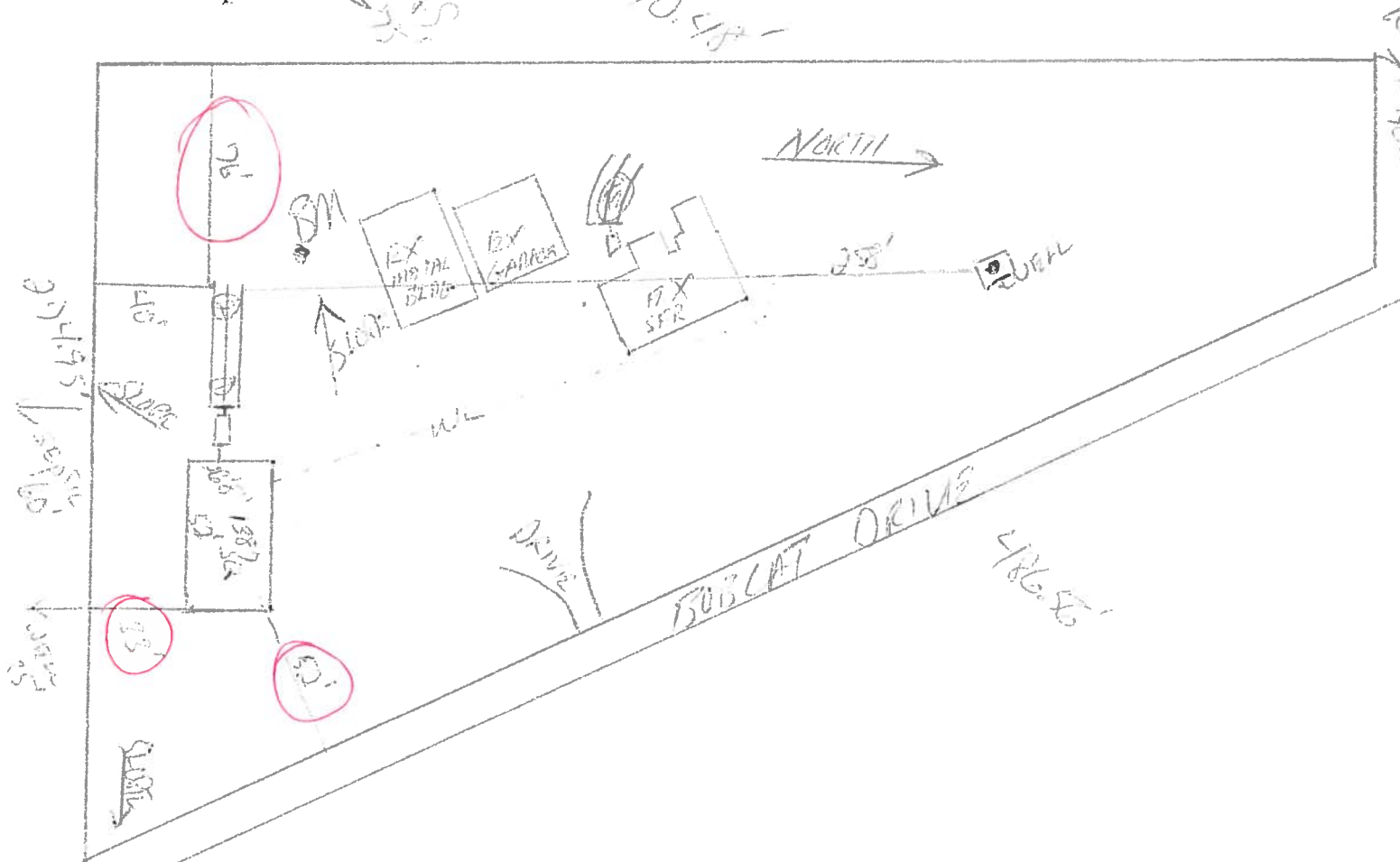
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number _____

Pentecostal Church of God

PART II - SITEPLAN

Scale: 1 inch = 40 feet.



Notes: _____

Site Plan submitted by: *Rocky D F*

MASTER CONTRACTOR

Plan Approved _____ Not Approved _____

Date _____

By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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: 7/25/2012 DATE ISSUED: 6/26/2012

ENHANCED 9-1-1 ADDRESS:

1494 SW BOBCAT DR

FORT WHITE FL 32038

PROPERTY APPRAISER PARCEL NUMBER:

30-7S-17-10068-036

Remarks:

ADDRESS FOR PROPOSED STRUCTURE ON PARCEL. 2ND LOCATION ON PARCEL.

Address Issued By: SIGNED: / RONAL N. CROFT
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.

App # 1208-03

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF COLUMBIA Hillsborough

This is to certify that I (We) Pentecostal Church of God Florida District
owner of the below described property:

Tax Parcel No. 018 654-207, 722-062, 735-080, 735-181, P1-230, P1-1329

Subdivision (name, lot, block, phase) 1543 SW Robert Dr. Ft. White, Fl. 32038

Give my permission to David Johnson, Calumy T. Parks to place a
mobile home/trailer/truck family home (circle one) on the above mentioned
property.

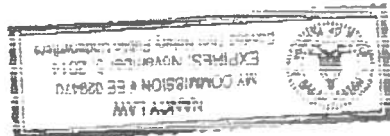
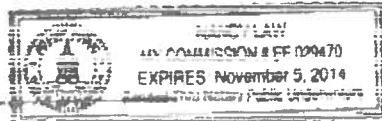
I (we) understand that this could result in an assessment for solid waste and fire
protection services levied on this property.

[Signature]
Owner
District Bishop/President

[Signature]
Owner
DIST. SEC/TREAS.

SWORN AND SUBSCRIBED before me this 2nd day of August
2012. This (these) person(s) are personally known to me or produced
to me.

[Signature]
Notary Signature



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Detail by Entity Name					
Florida Non Profit Corporation					
THE PENTECOSTAL CHURCH OF GOD OF AMERICA, FLORIDA DISTRICT, INC.					
Filing Information					
Document Number	719452				
FEI/EIN Number	592470237				
Date Filed	10/05/1970				
State	FL				
Status	ACTIVE				
Last Event	NAME CHANGE AMENDMENT				
Event Date Filed	06/20/1973				
Event Effective Date	NONE				
Principal Address					
10320 MAIN ST THONOTOSASSA FL 33592					
Changed 01/19/2000					
Mailing Address					
PO BOX 1426 THONOTOSASSA FL 33592					
Changed 03/03/2010					
Registered Agent Name & Address					
CATALFU, LOUIS 7523 CAROLTON CIRCLE TAMPA FL 33619 US					
Name Changed: 01/11/2011					
Address Changed: 01/16/2007					
Officer/Director Detail					
Name & Address					
Title SD					
HOWARD, LEMEL 1223 APRIL AVE LABELLE FL 33935					
Title PD					
CATALFU, LOUIS 7523 CAROLTON CIRCLE TAMPA FL 33619					

Title VD

ATCHISON, THOMAS
14618 VILLAGE GLEN CIR.
TAMPA FL 33624

Annual Reports**Report Year Filed Date**

2010	03/03/2010
2011	01/11/2011
2012	01/10/2012

Document Images

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State of Florida, Department of State

Recording Fees: \$
Documentary Stamps: \$
Total \$
Prepared By And Return To
SOUTHEAST TITLE GROUP, LLP
Address 2015 So First Street
Lake City, FL 32056
SE File #98Y-05150KW/KIM WATSON
Property Appraisers Parcel I.D. Number(s)
R10068-036
Grantee(s) S.S.#(s): 44-0612817

EX 0860 PG 1329

FILE NUMBER 98-09490
FILED AND RECORDED IN THE OFFICIAL RECORDS
OF COLUMBIA COUNTY, FLORIDA

6-15 1998 AT 3:28 O'CLOCK P M

RECORD VERIFIED

P. DeWitt Cason
CLERK OF COURTS
COLUMBIA COUNTY, FLORIDA

BY MCK D.C.

WARRANTY DEED

THIS WARRANTY DEED made and executed the 11th day of June, 1998 by CHARLES ROBERT SHORR, AN UNMARRIED WIDOWER and ROBERT W. SHORR, A SINGLE MAN hereinafter called the Grantor, to THE PENTECOSTAL CHURCH OF GOD OF AMERICA, FLORIDA DISTRICT, INC., whose post office address is: 7401-D E. Temple Terrace Hwy., Tampa, FL 33637 hereinafter called the Grantee:

(Wherever used herein the terms "Grantor" and "Grantee" shall include singular and plural, heirs, legal representatives, and assigns of individuals, and the successors and assigns of corporations, wherever the context so admits or requires.)

WITNESSETH: That the Grantor, for and in consideration of the sum of TEN DOLLARS (\$10.00) and other valuable considerations, receipt whereof is hereby acknowledged, by these presents does grant, bargain, sell, alien, remise, release, convey and confirm unto the Grantee all that certain land situate, lying and being in COLUMBIA County, State of Florida, viz:

1 LOT 36 OF SASSAFRAS ACRES, A SUBDIVISION LOCATED IN SECTIONS 19 AND 30,
2 TOWNSHIP 7 SOUTH, RANGE 17 EAST, COLUMBIA COUNTY, FLORIDA, AS RECORDED
3 IN PLAT BOOK 4, PAGE 8 AND 8A OF THE PUBLIC RECORDS OF COLUMBIA COUNTY,
4 FLORIDA.

SUBJECT TO: RESTRICTIVE COVENANTS AS RECORDED IN O.R. BOOK 321, PAGE 272 AND O.R. BOOK 325, PAGE 385.

TOGETHER with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

TO HAVE AND TO HOLD the same in fee simple forever.

AND the Grantor hereby covenants with said Grantee that the Grantor is lawfully seized of said land in fee simple; that the Grantor has good right and lawful authority to sell and convey said land, and hereby warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances, except easements, restrictions and reservations of record, if any, and taxes accruing subsequent to December 31, 1998.

IN WITNESS WHEREOF, the said Grantor has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered,
in the presence of:

Susan R. Sweet
Witness: Susan R. Sweet

Kim Watson
Witness: Kim Watson

Charles Robert Shorr
CHARLES ROBERT SHORR
Address: P.O. Box 2146
High Springs, Florida 32655

Witness: _____

Address: _____

Witness: _____

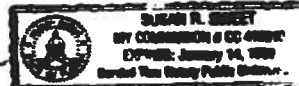
Documentary Stamp: \$ 196.00
Intangible Tax: E
P. DeWitt Cason
Clerk of Court
By MCK D.C.

STATE OF FLORIDA
COUNTY OF Columbia

I hereby certify that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgements, personally appeared CHARLES ROBERT SHORR, who produced the identification described below, and who acknowledged before me that they executed the foregoing instrument.

Witness my hand and official seal in the county and state aforesaid this 11th day of June, 1998.

Susan R. Sweet
Notary Public:
Identification Examined: Edwera
Crease



Andrea Ricca
witness Andrea Ricca

Kyle Roof
witness Kyle Roof

Robert W. Shorr
Robert W. Shorr

EX 0860 PG 1330

OFFICIAL RECORDS

State of FLORIDA

County of PALM SPRINGS

I hereby certify that on this day before me, an officer duly qualified to take acknowledgments, personally appeared

Robert W. Shorr, a single man

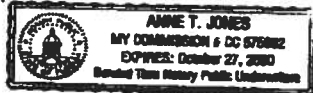
to me the person(s) described in and who executed the foregoing instrument, who acknowledged before me that he executed the same, that I relied upon the following form(s) of identification of the above-named person(s):

drivers license

Witness my hand and official seal in the County and State last aforesaid this day of June 10, 1998.

Anne T. Jones
Notary Public

My Commission Expires:



App# 1208-03

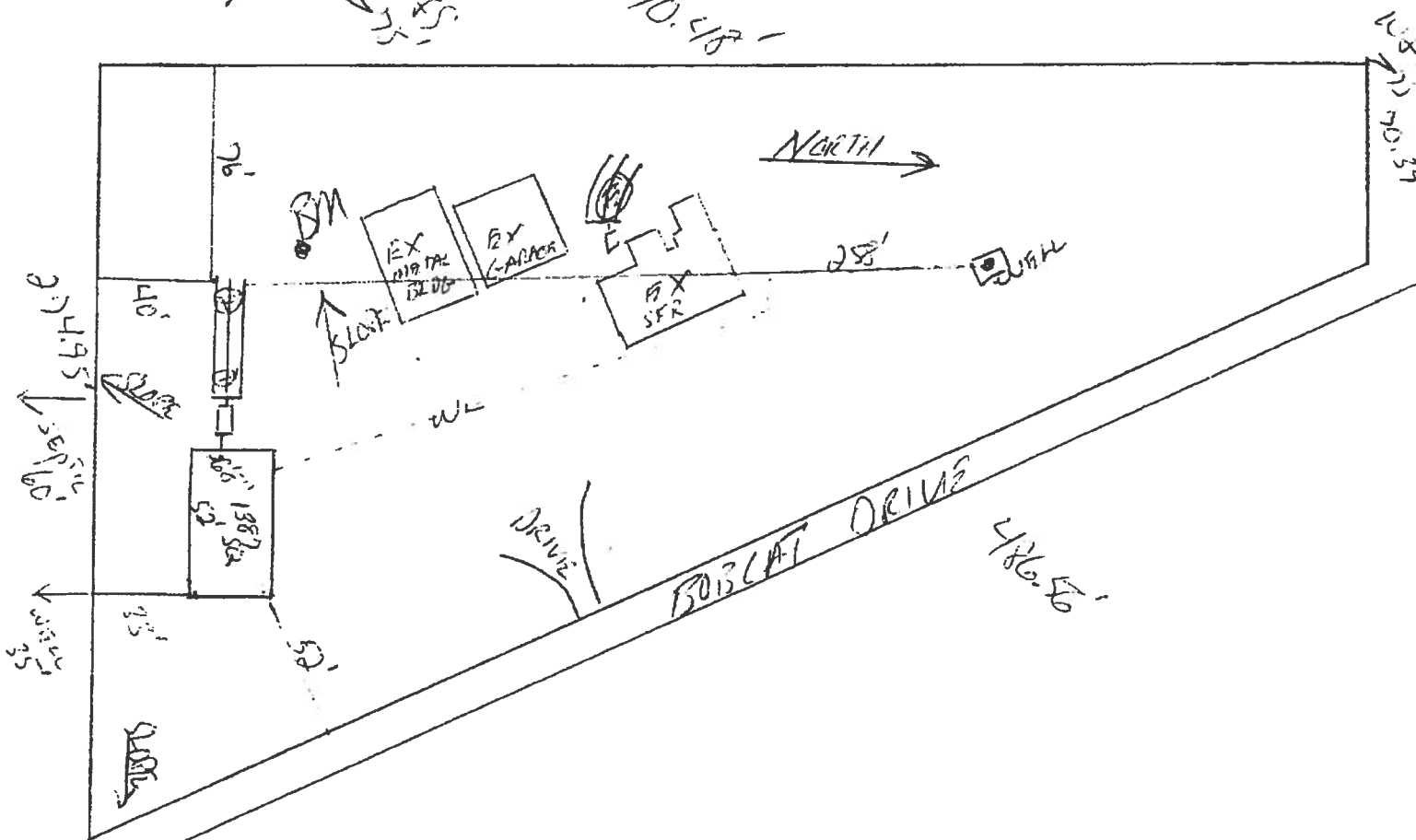
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 12-0357

Pentecostal Church of God

PART II - SITEPLAN

Scale: 1 inch = 40 feet.



Notes: _____

Site Plan submitted by: [Signature]

Plan Approved ✓

Not Approved _____

MASTER CONTRACTOR

Date 8/9/12

By [Signature]

Columbia

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

(SF)

Dorothy Johnson/Pentecostal Church

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1208-03 CONTRACTOR Robert Sheppard PHONE 386-623-2203

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

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 89-8, 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 234	Print Name: <u>Michael Lavana</u> License #: <u>ER13213192</u>	Signature: <u>[Signature]</u> Phone #: <u>215-968-9005</u>
☒ MECHANICAL/ A/C TO L	Print Name: <u>Robert Grant</u> License #: <u>CAC1814931</u>	Signature: <u>[Signature]</u> Phone #: <u>800-859-3708</u>
☒ PLUMBING/ GAS 678	Print Name: <u>Robert Sheppard</u> License #: <u>JH1025386</u>	Signature: <u>[Signature]</u> Phone #: <u>386-623-2203</u>

MASON			
CONCRETE FINISHER			

F. S. 440.109 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.

Contractor form: Subcontractors MU