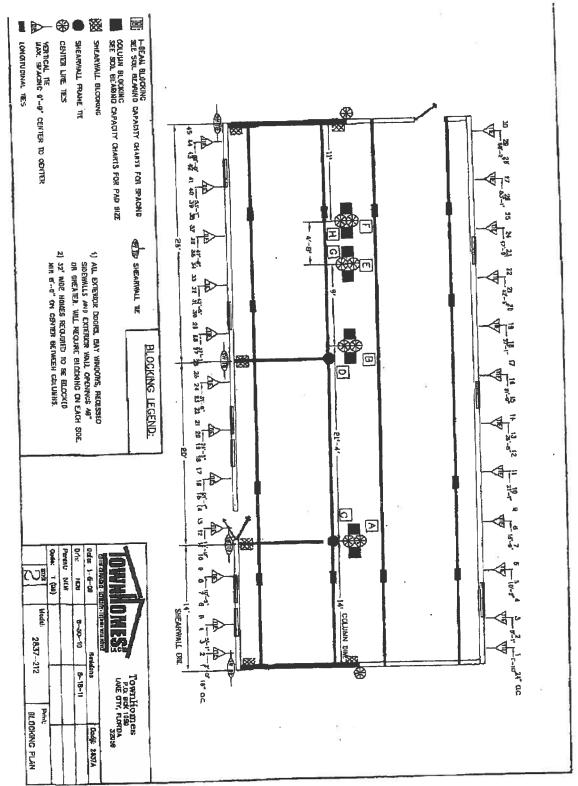
| Page   |  | The state of the s |   | WOTE: It home is a single write fin out ofte fin or the business of home  If home is a single write fin out ofte fin or installater of home I understand Lateral Arm Systems cannot be used on any home (new of used) where the sidewall ties exceed 5 ft 4 in. Installar's initials  Typical picr spacing  Interd  Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations) | # # # P              | Mobile Home Permit Worksheet |
|--|--|--|---|---|----------------------|------------------------------|
| Longitudinel Stabilizing Device (LSU)  Manufacturer  Longitudinel Stabilizing Device w/ Leferal Arms Marriage wall  Manufacturer  Manufacturer | 15. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. | sizes  a mfg.)  a mfg.)  17 x 22  17 x 25  17 x 25  17 x 25  13 1/4 x 26 1/4  20 x 26  20 x 25  21 x 25  21 x 25  21 x 25  21 x 25  24 x 24  24 x 25  26 x 26  28 x 26  28 x 26  29 wall openings greater than 4 foot pad sizes below.   | 150-1 pier spincing table.  170-1 pier spincing table.  27 X3 | , A   | New Home   Used Home | Application Number: Date:    |

|   |  |                 |   |   |  |   |  |   |                                    |  | _                          |  | _                        |                 |                              |
|---|--|-----------------|---|---|--|---|--|---|------------------------------------|--|----------------------------|--|--------------------------|-----------------|------------------------------|
| requires anchors with 40000th notaing papacity. | Note: A state approved isteral arm system is being used and 4 ft. anchors are silowed 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 | anchors.        | The results of the lorque probe test isinch pounds or check | TORIQUE PROBE TEST                              | Const. Coop x Coop)                                      | 3. Using 500 lb. increments, take the lowest reading and round down to that Increment.  | <ol><li>Take the reading at the depth of the tooter.</li></ol> | <ol> <li>Test the perimeter of the home at 6 locations.</li> </ol>                    | POCKET PENETROMETER TESTING METHOD | SANT ROOT X COUT X   | ut testing.                | The pocket panetrumeter leasts are rounded down to pai                         | BOOKET BEAUTROMETER TEST |                 | Mobile Home Permit Worksheet |
| Hiscollaneous                                   | The bottomboard will be repaired and/or taped. Yes Siding on units is installed to manufacturer's specifications. Yes Fireplace chimney installed so as not to allow intrusion of rain water. Yes  | Weatherproofing |   | Type gasket installed: Pg. 0 Between Floors Yos | of tape will not serve as a gaskel. Installer's initials | I understand a proporty installed gasket is a requirement of all new and used homes and that condonsation, mold, meldew and buckled maniage walls are a result of a poorty installed or no gasket being installed. I understand a strip | Gasket (vasibarprooting requirement)                           | will be contened over the poak of the two sit in accordance to one of the centerline. |                                    | Floor: Type Fastener: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | Fastening multi wide units | Debris and organic material rentoved (Pad) Other Water drainage: Natural Swale |                          | Sib Preparation | Application Number:          |

| Connect all sewer drains to an existing sewer too or septic tank. Po | 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     | requires anchors with 4000 b Tabling papacity. requires anchors with 4000 b Tabling papacity. Installer Name  Installer Name  Date Tested  Eigenfield  Eigenfield  Eigenfield  Eigenfield  Eigenfield  Fig. 1001  Eigenfield  Eigenfield  Fig. 1001  Eigenfield  Eigenfield  Eigenfield  Eigenfield  Fig. 1001  Eigenfield  Eigenfield  Eigenfield  Fig. 1001  Eigenfield  Eig | Note: A state approved leteral arm system is being used and 4 ft. anchors are allowed at the sidewall locations. I lunderstand 5 ft anchors are required at all centerline the points where the torque test anchors are required at all centerline the points where the torque test |
|--|--|--|---|
| Installer Signature Streat State Date                                | 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 | Skirling to be installed. Yes No No Diver vent installed outside of skirling. Yes NIA Range downflow vent installed outside of skirling. Yes NIA Drain lines supported at 4 foot intervers. Yes Electrical crossovers protected. Yes Other:  | The bottomboard will be repaired and/or taped. Yes Siding on units is installed to manufacturer's appeditcations. Yes Sireplace chimney installed so as not to allow intrusion of rain water. Yes   |

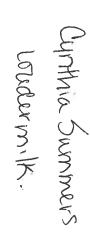
Page 2 of 2

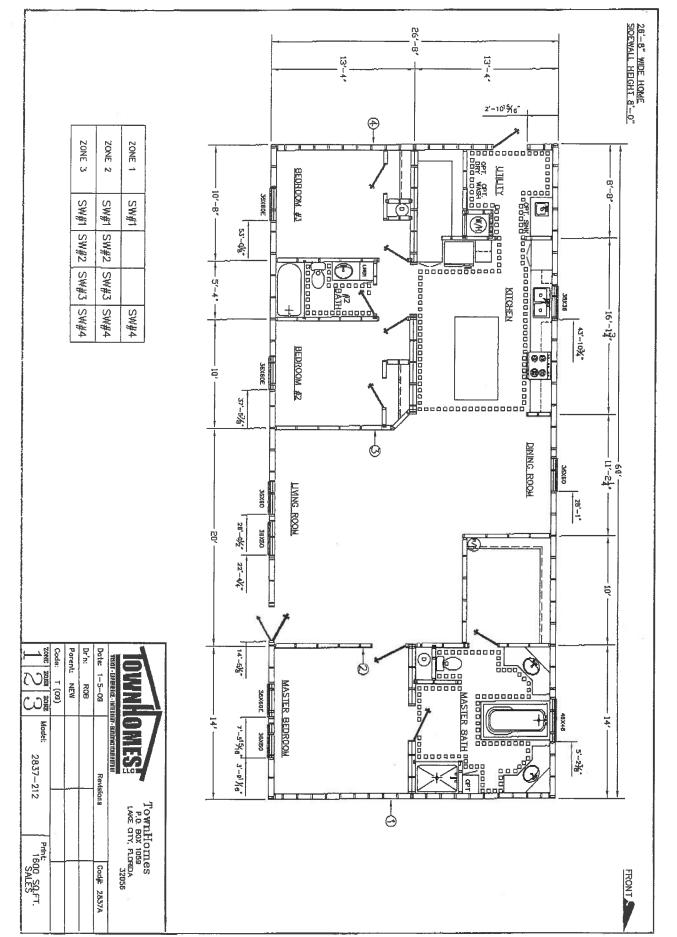
Connect all potable water supply piping to an existing water meter, water tep, or other independent water supply systems. Pg.



EVX No. PACELVED 03/21/2018 03:13PM

MVE/SJ/SOI8/MED 05:01 bk Lown Howes





P. 002

.oN XAT

MAR/21/2018/WED 02:01 PM Town Homes

#### 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:
  - b) Length of home exceeds 76' c) Roof eaves exceed 16" d) Sidewall height exceed 96" a) Pier height exceeds 48"
  - 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<br>(Approx. 45 degrees Max.) | 1.25" ADJUSTABLE<br>Tube Length | 1.50" ADJUSTABLE<br>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 adjustment.
- 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 (1) 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.

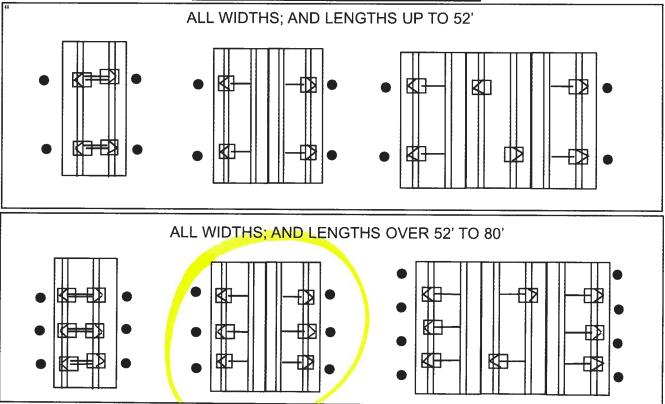
#### LATERAL: (Model 1101 TC "V")

- 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:

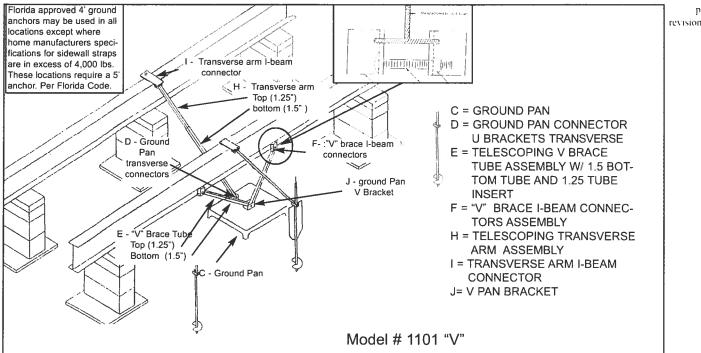
- 1. LENGTH OF HOUSE IS THE ACTUAL BOX SIZE
- 2. = STABILIZER PLATE AND FRAME TIE LOCATION (needs to be located within 18 inches of center of ground pan or concrete)
- 3. TELOCATION OF LONGITUDINAL BRACING ONLY
- 4. = TRANSVERSE & LONGITUDINAL LOCATIONS

# 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

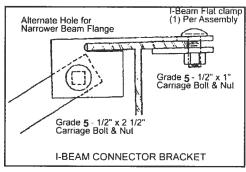
6 systems for home lengths up to 52' and 8 systems for homes over 52' and up 80'. One stabilizer plate and frame tie required at each lateral bracing system.

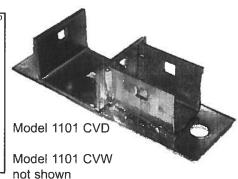


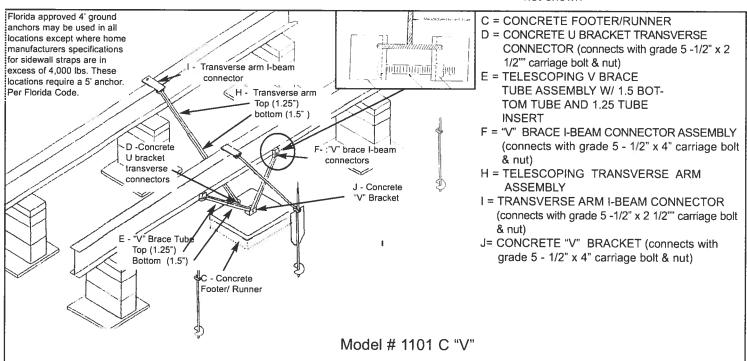
Longitude dry concrete bracket part # 1101 D-CPCA

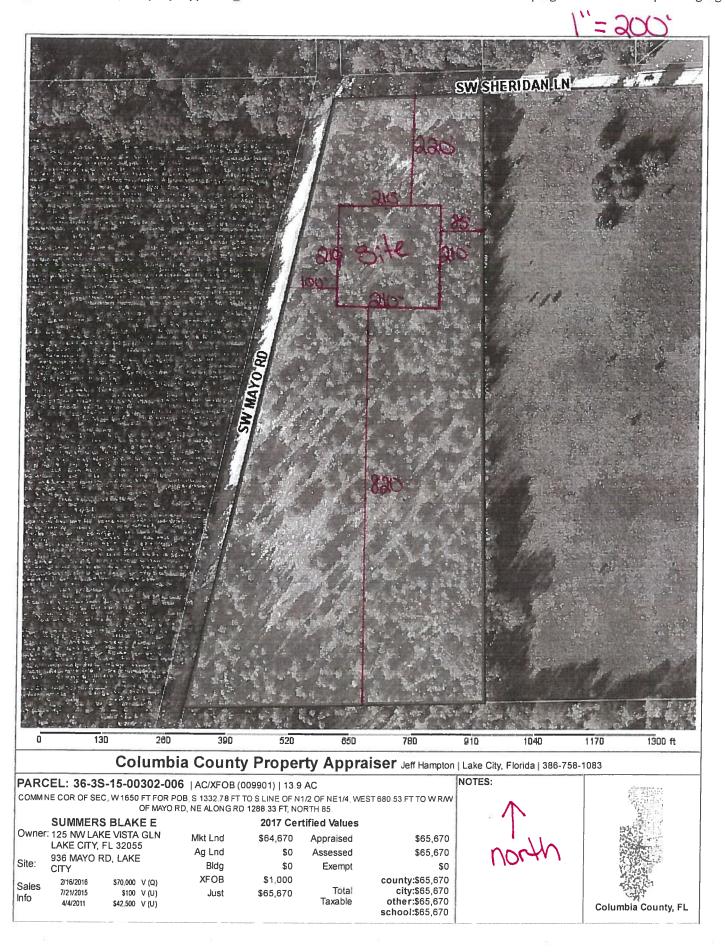
Wet bracket part # 1101 W-CPCA not shown











SITE PLAN CHECKLIST 1) Property Dimensions 2) Footprint of proposed and existing structures (including decks), label these with existing addresses 3) Distance from structures to all property lines 4) Location and size of easements \_5) Driveway path and distance at the entrance to the nearest property line 6) Location and distance from any waters; sink holes; wetlands; and etc. \_7) Show slopes and or drainage paths 8) Arrow showing North direction SITE PLAN EXAMPLE Revised 7/1/15 Show Your Road Name 8091 120 110 STOS MOND ZEE (My Property) Barn М/Н NOTE: (201) 205 524 This site plan can be copied and used with 410' the 911 Addressing 325 470' Dept. application forms. 60'  $\bigwedge$ North 328 45

# **Columbia County Property Appraiser**

updated: 3/7/2018

Parcel: 36-3S-15-00302-006

<< Next Lower Parcel Next Higher Parcel >>

#### **Owner & Property Info**

| Owner's Name       | SUMMERS BLAKE E   |                          |               |  |  |
|--------------------|---|--------------------------|---------------|--|--|
| Mailing<br>Address | 125 NW LAKE VISTA GLN<br>LAKE CITY, FL 32055  |                          |               |  |  |
| Site Address       | 936 SW MAYO RD  |                          |               |  |  |
| Use Desc. (code)   | AC/XFOB (009901)  |                          |               |  |  |
| Tax District       | 3 (County)  | Neighborhood             | 36315         |  |  |
| Land Area          | 13.900 ACRES  | Market Area              | 01            |  |  |
| Description        | NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction. |                          |               |  |  |
| COMMINE COR OF SEC | W 1650 FT FOR PO  | OB S 1332 78 FT TO S LIN | IE OE N1/2 OE |  |  |

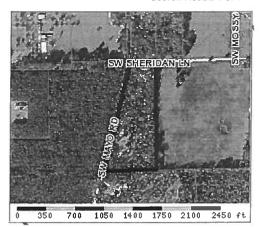
COMM NE COR OF SEC, W 1650 FT FOR POB, S 1332.78 FT TO S LINE OF N1/2 OF NE1/4, WEST 680.53 FT TO W R/W OF MAYO RD, NE ALONG RD 1288.33 FT, NORTH 85.97 FT TO N LINE OF SEC, E 362.01 FT TO POB. 928-535, WD 1158-1376, WD 1212-2324, QC 1299-2468, TR 1310-108,

# 2017 Tax Year

Tax Collector Tax Estimator Property Card
Parcel List Generator

2017 TRIM (pdf) Interactive GIS Map Print

Search Result: 1 of 1



#### **Property & Assessment Values**

| 2017 Certified Values |               |                      |
|-----------------------|---------------|----------------------|
| Mkt Land Value        | cnt: (0)      | \$56,973.00          |
| Ag Land Value         | cnt: (1)      | \$0.00               |
| Building Value        | cnt: (0)      | \$0.00               |
| XFOB Value            | cnt: (0)      | \$0.00               |
| Total Appraised Value |               | \$56,973.00          |
| Just Value            |               | \$56,973.00          |
| Class Value           |               | \$0.00               |
| Assessed Value        |               | \$56,973.00          |
| Exempt Value          |               | \$0.00               |
| Total Taxable Value   |               | Cnty: \$56,973       |
| Total Taxable Value   | Other: \$56,9 | 973   Schl: \$56,973 |

| 2018 Working Values   |             | (Hide Values)         |
|-----------------------|-------------|-----------------------|
| Mkt Land Value        | cnt: (0)    | \$64,670.00           |
| Ag Land Value         | cnt: (2)    | \$0.00                |
| Building Value        | cnt: (0)    | \$0.00                |
| XFOB Value            | cnt: (1)    | \$1,000.00            |
| Total Appraised Value |             | \$65,670.00           |
| Just Value            |             | \$65,670.00           |
| Class Value           |             | \$0.00                |
| Assessed Value        |             | \$65,670.00           |
| Exempt Value          |             | \$0.00                |
| Total Taxable Value   |             | Cnty: \$65,670        |
| - Value               | Other: \$65 | ,670   Schl: \$65,670 |

NOTE: 2018 Working Values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

#### **Sales History**

Show Similar Sales within 1/2 mile

| Sale Date | OR Book/Page | OR Code | Vacant / Improved | Qualified Sale | Sale RCode | Sale Price   |
|-----------|--------------|---------|-------------------|----------------|------------|--------------|
| 2/16/2016 | 1310/108     | TR      | V                 | Q              | 01         | \$70,000.00  |
| 7/21/2015 | 1299/2468    | QC      | V                 | U              | 11         | \$100.00     |
| 4/4/2011  | 1212/2324    | WD      | V                 | U              | 30         | \$42,500.00  |
| 9/12/2008 | 1158/1376    | WD      | V                 | Q              |            | \$110,000.00 |

#### **Building Characteristics**

| Bldg Item | Bidg Desc | Year Blt | Ext. Walls | Heated S.F. | Actual S.F. | Bldg Value |
|-----------|-----------|----------|------------|-------------|-------------|------------|
| NONE      |           |          |            |             |             |            |

#### **Extra Features & Out Buildings**

| Code | Desc       | Year Blt | Value      | Units       | Dims      | Condition (% Good) |
|------|------------|----------|------------|-------------|-----------|--------------------|
| 0296 | SHED METAL | 2016     | \$1,000.00 | 0000001.000 | 0 x 0 x 0 | (000.00)           |

# STATE OF FLORIDA COUNTY OF COLUMBIA

### LAND OWNER AFFIDAVIT

| This is to certify that I. (We). Blake   | Edward Summers.                         |  |  |  |  |
|--|---|--|--|--|--|
| as the owner of the below described property   | y:                                      |  |  |  |  |
| Property tax Parcel ID number 36-3   | 400-50500-51-2                          |  |  |  |  |
| Subdivision (Name, lot, Block, Phase)  |   |  |  |  |  |
| Give my permission for Cynthia   | Loudermilk 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) a permit on the property number I (we) have li assessment for solid waste and fire protection | isted above and this could result in an |  |  |  |  |
| * War  | 2-12-18                                 |  |  |  |  |
| Owner Signature  | Date                                    |  |  |  |  |
| Owner Signature  | Date                                    |  |  |  |  |
| Owner Signature  | Date                                    |  |  |  |  |
| Sworn to and subscribed before me this 12 day of february . 20/8. This   |   |  |  |  |  |
| (These) person(s) are personally known to m  | Laurie Hoden                            |  |  |  |  |
| Notary Public Signature No   | otary Printed Name                      |  |  |  |  |
| Notary Stamp  LAURIE HODS  MY COMMISSION #  EXPIRES: July 14  Roorled Thru Notary Public   | FF 978102<br>4. 2020                    |  |  |  |  |

District No. 1 - Ronald Williams District No. 2 - Rusty DePratter District No. 3 - Bucky Nash District No. 4 - Everett Phillips

District No. 5 - Tim Murphy



#### **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:

3/28/2018 1:26:13 PM

Address:

936 SW MAYO Rd

City:

LAKE CITY

State:

FL

Zip Code

32024

Parcel ID

00302-006

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



# COLUMBIA COUNTY BUILDING DEPAREMENT 135 N1 Hernando Ave. Suite B-21, Lake City. F1 32055

Phone: 386-758-1008 Fax: 386-758-2160

## FICENSED QUALIFIER AUTHORIZATION

| 1 Ermst Scott Johnson  | (license holder name) licensed qualifier  |
|--|---|
| for Depon kille middle in  | vo 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   | m is/are contracted/hired by me, the license<br>ugh an employee leasing arrangement or is an<br>in Florida Statutes Chapter 468, and the said<br>I control and is/are authorized to purchase and  |
| Printed Name of Person Authorized  | Signature of Authorized Person  |
| 1 himberly hoon  | 1 Genteeley haces   |
| 2.   | 2.  |
| 3.   | 3.  |
| 4.   | 4.  |
| 5.   | 5.  |
| I, the license holder, realize that I am responsible under my license and fully responsible for comp 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.  If at any time the person(s) you have authorized officer(s), you must notify this department in write authorization form, which will supersede all prevunauthorized persons to use your name and/or superseded. | liance with all Florida Statutes. Codes, and and County Licensing Boards have the power and ons committed by him/her, his/her agents, establity for compliance with all statutes codes by issuance of such permits.  is/are no longer agents, employee(s), or aing of the changes and submit a new letter of ious lists. Failure to do so may allow icense number to obtain permits.  TH- 1025241 9/29/17 |
| NOTARY INFORMATION: STATE OF: Horizon. COUNTY OF The above license holder, whose name is personally appeared before me and is known by (type of I.D.)  | License Number Date  Columbia  Nest Scott Johnson  me or has produced identification this 2017  |
| Hotary's Signature   | (Seal/Stamp)  REFECCA L ARNAU  Rotary Public State of Fronda  Commission # FF 928391  My Comm Expires Oct 15 2019  BonJet Hirough National Natary Assin   |

# MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

| APPLICATION NUM                                      | BER  | TOR <u>Ernest</u>                           | Johnson                               |  | 194 80° |
|--|--|---|---------------------------------------|--|---------|
|  | THIS FORM MUST BE SUBMITTED  |   |                                       |  |         |
| records of the s<br>Ordinance 89-6<br>exemption, ger | unty one permit will cover all trades doing subcontractors who actually did the trade is, a contractor shall require all subcontract neral liability insurance and a valid Certification of the permitted contractor is responsible for abcontractor beginning any work. Violation | ors to provide evide<br>ate of Competency l | ence of workers' of license in Columb | compensation or<br>pia County.  d to this office prior |         |
| ELECTRICA I.   | Print Name Owner License #:Qualifier Form  | Phone #:                                    | e 1111 E                              |  |         |
| MECHANICAL/  | Print Name Michael Boland License #: Cac 1817716   | Signatur Phone #                            | re Mikil<br>#: 352-274-               | Bola<br>9329   |         |

Qualifier Forms cannot be submitted for any Specialty License.

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

Qualifier Form Attached

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 OF THE OF AUTHORIZATION TO SIGN FOR PERMITS 135 NL Hemando Ave, Suite B-21, Lake City, FL 32055 Phone, 386-758-1008 Fax, 386-758-2160

| 1. 11/10/1901 12/01/01  | (license holder name), licensed qualifier  |
|---|--|
| for 1-10 (1) (1)  | (company name), do certify that  |
| the below referenced person(s) listed on this for employee leasing arrangement; or, is an officer Florida Statutes Chapter 468, and the said personntrol and is/are authorized to purchase permit   | of the corporation, or, partner as defined in on(s) is/are under my direct supervision and   |
| Printed Name of Person Authorized   | Signature of Authorized Person   |
| 1. Vamberly Macin   | 1. Multing Vicen   |
| 2.  | 2.   |
| 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 are authority to discipline a license holder for violation officers, or employees and that I have full responsand ordinances inherent in the privilege granted. If at any time the person(s) you have authorized must notify this department in writing of the chan form, which will supersede all previous lists. Failures your name and/or license number to obtain the state of the chan in the privilege granted. | iance with all Florida Statutes. Codes, and ad 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.  is/are no longer employee(s), or officer(s), you ges and submit a new letter of authorization are to do so may allow unauthorized persons to |
| License Holders Signature (Notarized)   | License Number Date  |
| NOTARY INFORMATION: STATE OF: Florida COUNTY OF   | -: Columbia  |
| The above license holder, whose name is Mice personally appeared before me and is known by (type of I.D.)   | me or has produced identification his day of Cridoer, 2017.  |
| Kelly R Prisher NOTARY SIGNATURE  | (Seal Stappy)  |
| , , , ,   |  |

(Seal Starpp)

KELLY R BISHOP

Notary Public - State of Florida

Commission # FF 243986

My Comm Expires Jun 24, 2019

# STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT Permit Application Number\_ ------ PART II - SITEPLAN ----------------Scale: 1 inch = 40 feet. rexisting Existing 100, 75' Notes: Site Plan submitted by: Plan Approved By\_ 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

| DATE PAID: 4 LO LO DE DE PAID: 100 DE PAID: | PERMIT NO. | 18- | 1   | 41  | , |
|---|------------|-----|-----|-----|---|
|   |            | 4   | le  | IS  |   |
|   |            | 13  | 572 | 125 |   |

| APPLICATION FOR:  |
|---|
| New System [  |
| ELICANT: Cymphia Summer-Landarmille Blake Summers   |
| TELEPHONE: 386-688-2345   |
| 1- ILING ADDRESS: 115°1 nw noagel hd, latherity f1 32055  |
| BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED A PERSON LICENSED PURSUANT TO 489.105(3)(m) OR 489.552, FLORIDA STATUTES. IT IS THE LICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR MITTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS. |
| DPERTY INFORMATION  |
| LOT: - BLOCK: - SUBDIVISION: PLATTED:   |
| POPERTY ID #: 36-35-15-03303-06/20NING: I/M OR EQUIVALENT: [Y/6]  |
| TROPERTY SIZE: 13.9 ACRES WATER SUPPLY: [ > ] PRIVATE PUBLIC [ ] <= 2000GPD [ ] > 2000GPD   |
| SEWER AVAILABLE AS PER 381.0065, FS? [ ] DISTANCE TO SEWER:FT   |
| PROPERTY ADDRESS: 936 DW Mayo Ro. Lake City, 7/ 32024   |
| DERECTIONS TO PROPERTY: The marion, The US-90 w, Count for agray  |
| 8.1 miles, TLow mayo Road, O.7 miles property on left   |
|   |
| Tadding Information [ ] Residential [ ] COMMERCIAL  |
| Type of No. of Building Commercial/Institutional System Design Establishment Bedrooms Area Sqft Table 1, Chapter 64E-6, FAC   |
| mobile home 2 1600 Like for Citie   |
| 2   |
| 3   |
| 4   |
| ] Flcor/Equipment Drains [ ] Other (Specify)  |
| GNATURE: Voing hoon DATE: 3-28-18   |