

Parcel:

24-6S-17-09767-007

Owner & Property Info

Result: 3 of 9

| | | | |
|--------------|--|--------------|----------|
| Owner | LANGE SCOTT R & ANNETTE A LANGE 6035 SW 73RD LANE LAKE BUTLER, FL 32054 | | |
| Site | , | | |
| Description* | COMM NE COR OF NW1/4 OF NW1/4, RUN S 1711.01 FT FOR POB, CONT S 291.55 FT, W 1485.82 FT TO E R/W OLD WIRE RD, N'LY ALONG R/W 292.66 FT, E 1511.35 FT TO POB. (AKA LOT 7 MEANS UNR). 908-2248, WD 1048-2210, WD 1321-242, QC 1400-674, | | |
| Area | 10.03 AC | S/T/R | 24-6S-17 |
| Use Code** | VACANT (000000) | Tax District | 3 |

Brent Strickland

385-385-7142

Sub-Contractor: [Signature] License Number: [Blank] Specialty License: [Blank]

Sub-Contractor: [Signature] License Number: [Blank] Specialty License: [Blank]

[Signature]
255-137-5330

Sub-Contractor: [Signature] License Number: [Blank] Specialty License: [Blank]

X

| Specialty License | License Number | Sub-Contractors Printed Name | Sub-Contractors Signature |
|-------------------|----------------|------------------------------|---------------------------|
|-------------------|----------------|------------------------------|---------------------------|

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR Brent Strickland PHONE 386-365-7043

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

Scott & Annette Lange

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>Scott Lange</u> Signature _____ License #: <u>Owner</u> Phone #: <u>239-537-9333</u> Qualifier Form Attached <input type="checkbox"/> |
| MECHANICAL/ A/C | Print Name <u>Michael Boland</u> Signature  License #: <u>CAC 1817716</u> Phone #: <u>386-972-1700</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, Michael A Boland (license holder name), licensed qualifier
for ACE A/C of Ocala, LLC (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>Dale Bird</u> | 1. <u>[Signature]</u> |
| 2. <u>Kelly Bishop</u> | 2. <u>Kelly Bishop</u> |
| 3. <u>Rocky Ford</u> | 3. <u>[Signature]</u> |
| 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.

[Signature]
Licensed Qualifiers Signature (Notarized)

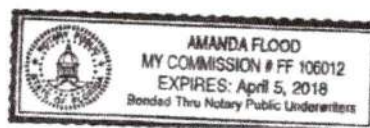
CAC1817716 / ES1200926
License Number Date 11/17/15

NOTARY INFORMATION:
STATE OF Florida COUNTY OF Marion

The above license holder, whose name is Michael A. Boland
personally appeared before me and is known by me or has produced identification
(type of I.D.) _____ on this 17th day of November, 20 15

[Signature]
NOTARY'S SIGNATURE

(Seal/Stamp)



Mobile Home Permit Worksheet

Application Number: _____

Date: _____

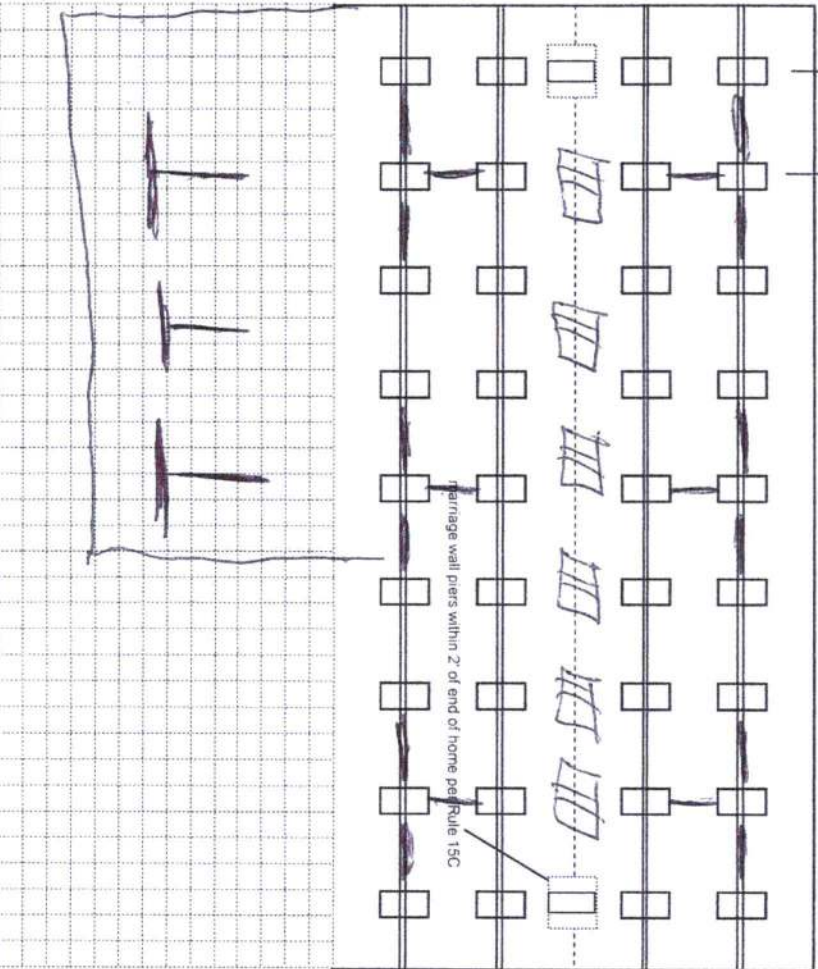
Installer: Brent Strickland License # TH1104218

Address of home being installed: 7805 SE Giles Mountain Ave
Kokomo, IN 46904

Manufacturer: Live Oak Length x width: 80x32 w/flag

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: B.S.



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 # 65755
Triple/Quad ☒ Serial # LOH6A11920561A3C

PIER SPACING TABLE FOR USED HOMES

| Load bearing capacity | Footer size (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' | 8' |
| 1500 psf | 4' 6" | 6' | 7' | 8' | 8' | 8' | 8' |
| 2000 psf | 6' | 8' | 8' | 8' | 8' | 8' | 8' |
| 2500 psf | 7' 6" | 8' | 8' | 8' | 8' | 8' | 8' |
| 3000 psf | 8' | 8' | 8' | 8' | 8' | 8' | 8' |
| 3500 psf | 8' | 8' | 8' | 8' | 8' | 8' | 8' |

* interpolated from Rule 15C-1 pier spacing table.

PIER PAD SIZES

I-beam pier pad size: 17x25
Perimeter pier pad size: 110x16
Other pier pad sizes (required by the mfg.): 12x25

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: _____

POPULAR PAD SIZES

| Pad Size | Sq In |
|-------------------|-------|
| 16 x 16 | 256 |
| 16 x 18 | 288 |
| 18.5 x 18.5 | 342 |
| 16 x 22.5 | 360 |
| 17 x 22 | 374 |
| 13 1/4 x 26 1/4 | 348 |
| 20 x 20 | 400 |
| 17 3/16 x 25 3/16 | 441 |
| 17 1/2 x 25 1/2 | 446 |
| 24 x 24 | 576 |
| 26 x 26 | 676 |

ANCHORS

4 ft ☒ 5 ft ☐

FRAME TIES

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

OTHER TIES

TIEDOWN COMPONENTS
Longitudinal Stabilizing Device (LSD)
Manufacturer: 68NCT100V
Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer: 68NCT100V
Sidewall Marriage wall Shearwall
Number: 24
4

Mobile Home Permit Worksheet

POCKET PENETROMETER TEST

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

X 1500 X 1500 X 1600

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 1600 X 1500 X 1500

TORQUE PROBE TEST

The results of the torque probe test is 295 inch pounds or check here if you are declaring 5" anchors without testing. A test showing 275 inch pounds or less will require 5 foot anchors.

Note: A state approved lateral arm system is being used and 4 ft. anchors are allowed at the sidewall locations. I understand 5 ft anchors are required at all centerline tie points where the torque test reading is 275 or less and where the mobile home manufacturer may requires anchors with 4000 lb holding capacity.

B.S. Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Brent Stuckland

Date Tested

9-7-2020

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. 21

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 28

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 28

Application Number: _____

Date: _____

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: scans Length: 9" 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 (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 B.S.

Type gasket Feam

Pg. 22

Installed:

Between Floors Yes ✓

Between Walls Yes ✓

Bottom of ridgebeam Yes ✓

Weatherproofing

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

Miscellaneous

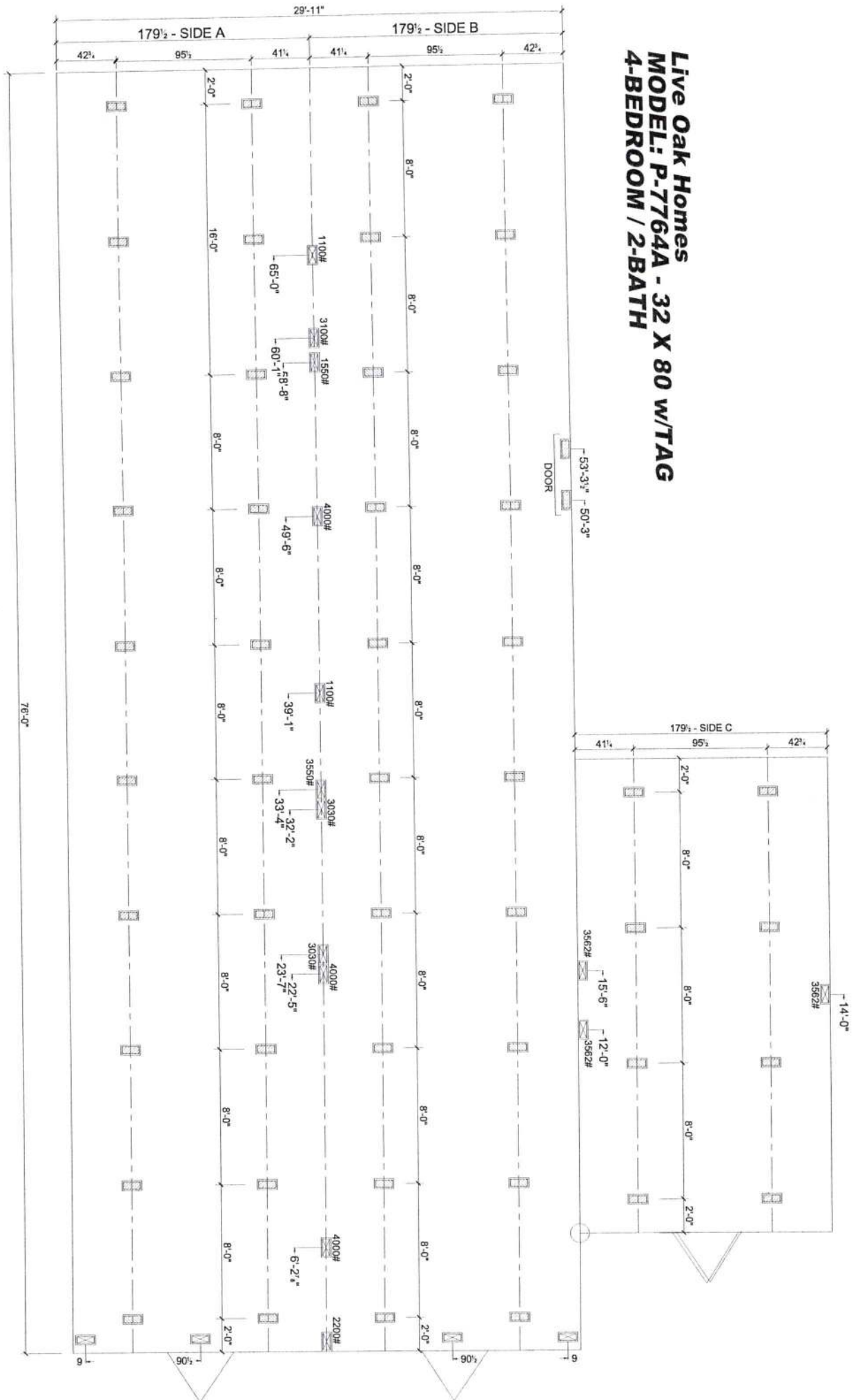
Skirting to be installed. Yes ✓ No ✓
Dryer vent installed outside of skirting. Yes ✓ N/A ✓
Range downflow vent installed outside of skirting. Yes ✓ N/A ✓
Drain lines supported at 4 foot intervals. Yes ✓
Electrical crossovers protected. Yes ✓
Other: _____

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

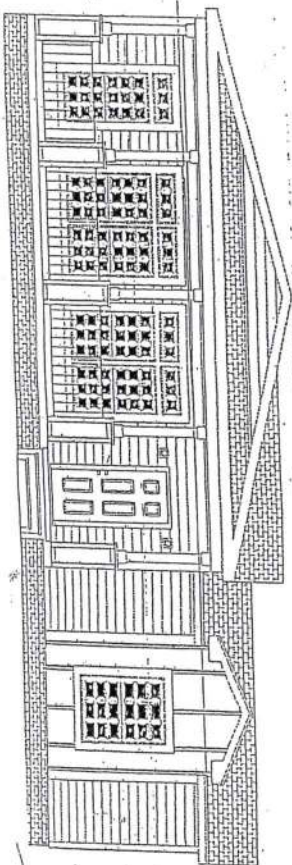
Brent Stuckland Date 9-7-2020

Live Oak Homes
MODEL: P-7764A - 32 X 80 w/TAG
4-BEDROOM / 2-BATH





- Standard Board and Column on Top
- Standard Hard Bus Columns w/ Hard Columns on Top

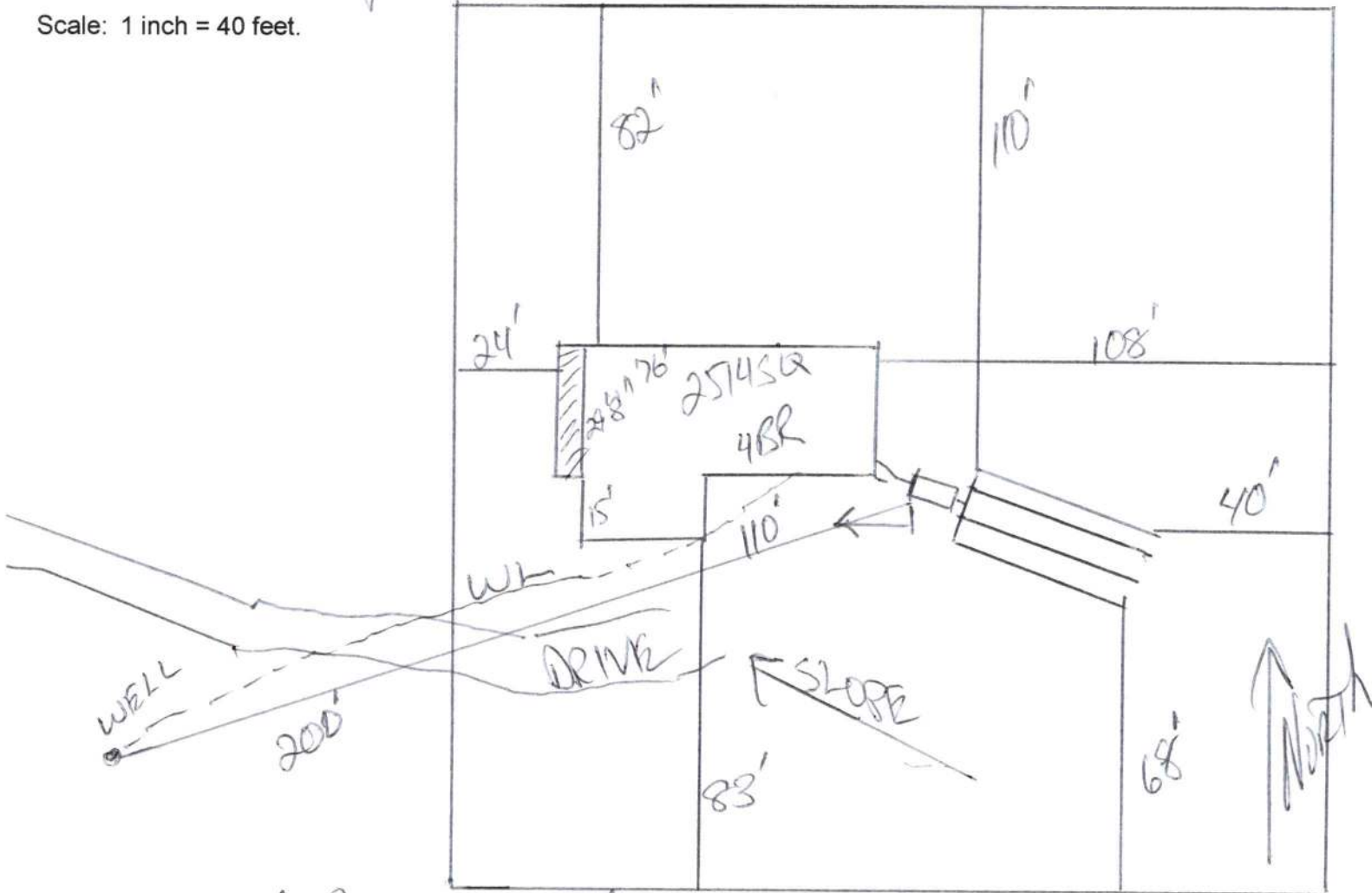


STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number _____

----- LANGR ----- PART II - SITEPLAN -----

Scale: 1 inch = 40 feet.



Notes: 1 of 10.03 Acres

SEE ATTACHED 9/8/20

Site Plan submitted by: [Signature] CONTRACTOR

Plan Approved _____ Not Approved _____ Date _____

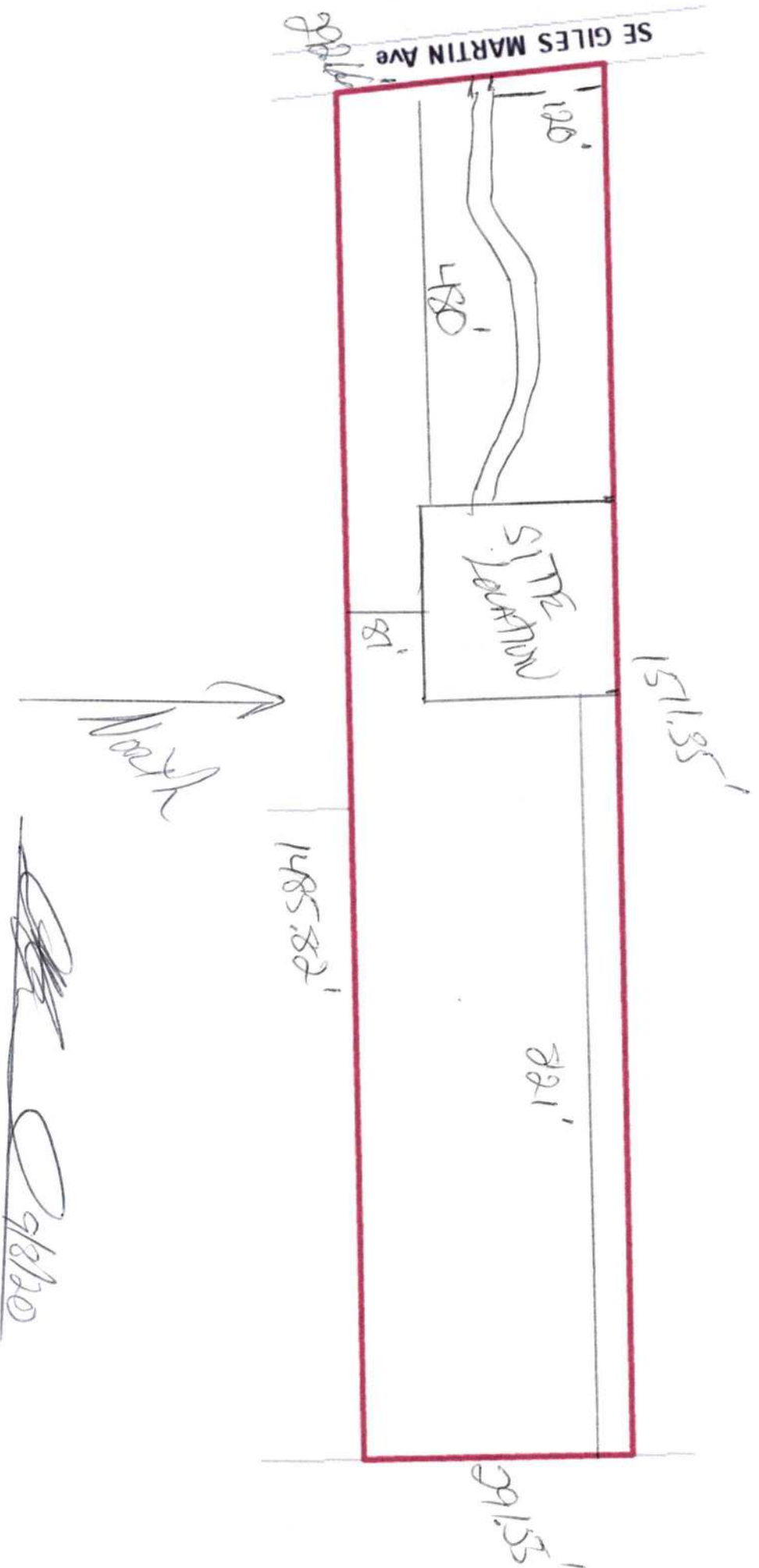
By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Lange

1" = 165' + or -

24-6S-17-09767-007




9/8/20

A & B Well Drilling, Inc.
5673 NW Lake Jeffery Road
Lake City, FL, 32055
(O) 386-758-3409
(F) 386-758-3410
(C) 386-623-3151


9/8/2020

To: Columbia County Building Department

Description of well to be installed for Customer: LANGRE

Located at Address: TBD SEGLERS MARTIN AVE,

1 hp 15 GPM Submersible Pump, 1 1/4" drop pipe, 86 gallon captive tank and back flow prevention, With SRWMD permit.


Sincerely
Bruce Park
President