DATE 12/30/2009

Columbia County Building Permit

This Permit Must Be Prominently Posted on Premises During Construction

PERMIT
000028298

APPLICANT WENDY GRENNELL PHONE 288-2428

ADDRESS P.O. BOX 39 FT. WHITE FL 32038

OWNER SHAA LYNN WILSON PHONE 758-0928

ADDRESS 5362 NW FALLING CREEK RD WHITE SPRINGS FL 32096

CONTRACTOR ROBERT SHEPPARD PHONE 623-2203

LOCATION OF PROPERTY 41N, TR FALLING CREEK, CROSS OVER LASSIE BLACK, 5TH LOT ON LEFT

TYPE DEVELOPMENT MH,UTILITY ESTIMATED COST OF CONSTRUCTION 0.00

HEATED FLOOR AREA _____ TOTAL AREA _____ HEIGHT ____ STORIES ____

FOUNDATION _____ WALLS _____ ROOF PITCH _____ FLOOR _____

LAND USE & ZONING A-3 MAX. HEIGHT _____

Minimum Set Back Requirments: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00

NO. EX.D.U. 0 FLOOD ZONE X DEVELOPMENT PERMIT NO. _____

PARCEL ID 13-2S-16-01603-108 SUBDIVISION _____

LOT ____ BLOCK ____ PHASE ____ UNIT ____ TOTAL ACRES 5.51

		IH0000833	Wendy Grennell	
Culvert Permit No.	Culvert Waiver	Contractor's License Number	Applicant/Owner/Contractor	
EXISTING	09-640	BK	HD	N
Driveway Connection	Septic Tank Number	LU & Zoning checked by	Approved for Issuance	New Resident

COMMENTS: ONE FOOT ABOVE THE ROAD, ACCORDING TO SITE PLAN FOOTAGE,IF CHANGED MUST BE REAPPROVED BY ZONING, COPY OF SITE PLAN GIVEN TO AGENT

Check # or Cash 5911

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

Temporary Power _____ date/app. by | Foundation _____ date/app. by | Monolithic _____ date/app. by

Under slab rough-in plumbing _____ date/app. by | Slab _____ date/app. by | Sheathing/Nailing _____ date/app. by

Framing _____ date/app. by | Insulation _____ date/app. by

Rough-in plumbing above slab and below wood floor _____ date/app. by | Electrical rough-in _____ date/app. by

Heat & Air Duct _____ date/app. by | Peri. beam (Lintel) _____ date/app. by | Pool _____ date/app. by

Permanent power _____ date/app. by | C.O. Final _____ date/app. by | Culvert _____ date/app. by

Pump pole _____ date/app. by | Utility Pole _____ date/app. by | M/H tie downs, blocking, electricity and plumbing _____ date/app. by

Reconnection _____ date/app. by | RV _____ date/app. by | Re-roof _____ date/app. by

BUILDING PERMIT FEE $ 0.00 CERTIFICATION FEE $ 0.00 SURCHARGE FEE $ 0.00

MISC. FEES $ 300.00 ZONING CERT. FEE $ 50.00 FIRE FEE $ 0.00 WASTE FEE $ _____

FLOOD DEVELOPMENT FEE $ _____ FLOOD ZONE FEE $ 25.00 CULVERT FEE $ _____ **TOTAL FEE** 375.00

INSPECTORS OFFICE _____ CLERKS OFFICE CH

NOTICE: IN ADDITION TO THE REQUIREMENTS OF THIS PERMIT, THERE MAY BE ADDITIONAL RESTRICTIONS APPLICABLE TO THIS PROPERTY THAT MAY BE FOUND IN THE PUBLIC RECORDS OF THIS COUNTY. AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.

"WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT."

EVERY PERMIT ISSUED SHALL BECOME INVALID UNLESS THE WORK AUTHORIZED BY SUCH PERMIT IS COMMENCED WITHIN 180 DAYS AFTER ITS ISSUANCE, OR IF THE WORK AUTHORIZED BY SUCH PERMIT IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AFTER THE TIME THE WORK IS COMMENCED. A VALID PERMIT RECIEVES AN APPROVED INSPECTION EVERY 180 DAYS. WORK SHALL BE CONSIDERED NOT SUSPENDED, ABANDONED OR INVALID WHEN THE PERMIT HAS RECIEVED AN APPROVED INSPECTION WITHIN 180 DAYS OT THE PREVIOUS INSPECTION.

The Issuance of this Permit Does Not Waive Compliance by Permittee with Deed Restrictions.

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-10-08) Zoning Official BK 28.12.09 Building Official HD 12-23-09

AP# 0912-43 Date Received 12/22 By JW Permit # 28298

Flood Zone X Development Permit N/A Zoning A-3 Land Use Plan Map Category A-3

Comments *according to site plan footage - If changed must have reapproved by Zoning.
(Give Copy of drawn site plan.)

FEMA Map# N/A Elevation N/A Finished Floor 18" above the Road River N/A In Floodway N/A

Site Plan with Setbacks Shown ☑ EH # ☐ EH Release ☑ Well letter ☑ Existing well

☑ Recorded Deed or Affidavit from land owner ☑ Letter of Auth. from installer ☐ State Road Access

☐ Parent Parcel # ☐ STUP-MH ☐ F W Comp. letter

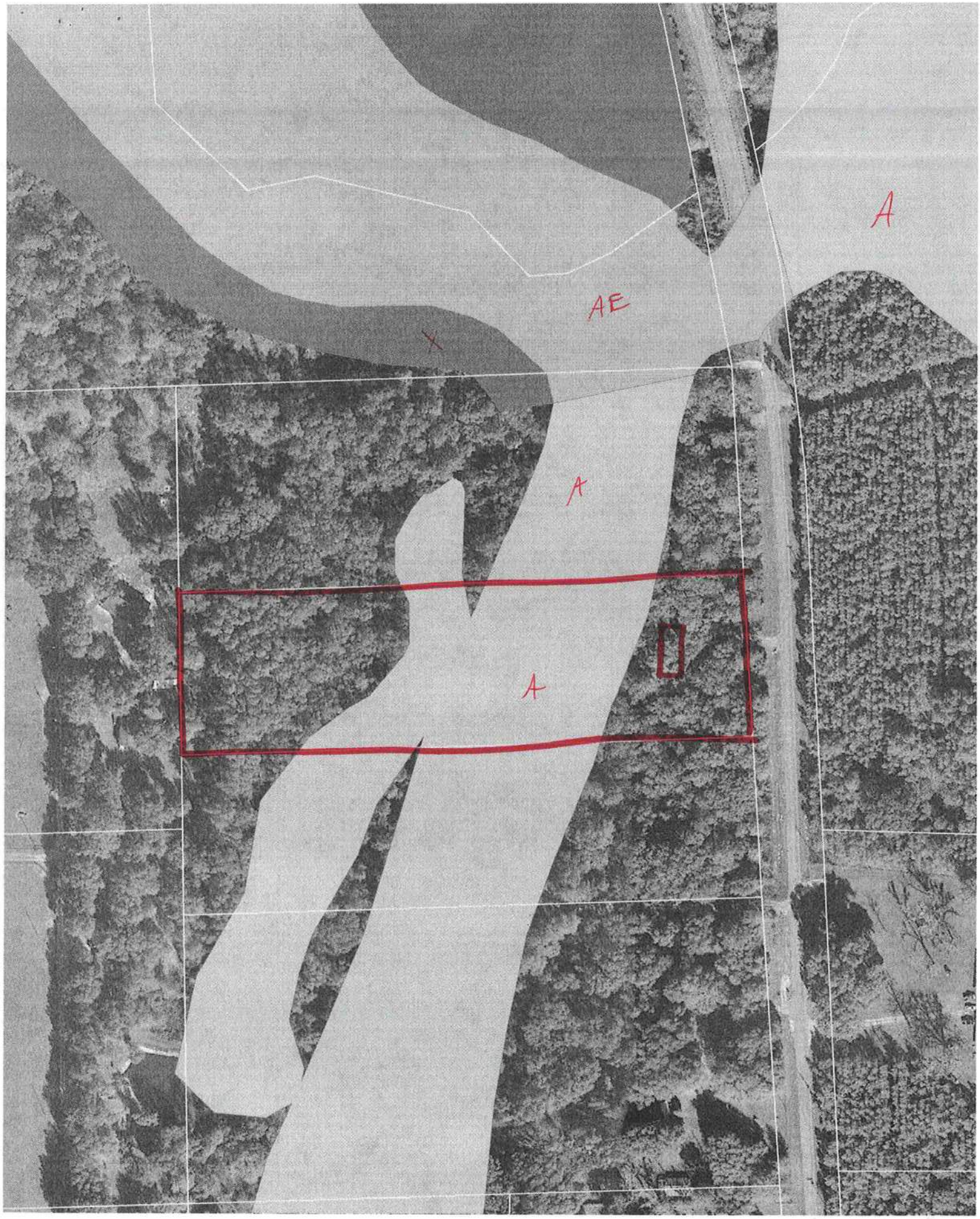
IMPACT FEES: EMS Fire Corr Road/Code

School = TOTAL Ø Replacing Existing mh ☑ Sub Verification form

Property ID # 13-25-16-01603-108 Subdivision NA

- New Mobile Home ✓ Used Mobile Home MH Size 28x56 Year 2009
- Applicant Wendy Gremell, Dale Burd or Rocky Ford Phone # 386-497-2311
- Address PO Box 39 Fort White FL 32038
- Name of Property Owner Shea Lynn Wilson Phone# 386-758-0928
- 911 Address 5362 NW Falling Creek Rd White Springs FL 32096
- Circle the correct power company - (Circle One) - FL Power & Light - Clay Electric - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home Shea Lynn Wilson Phone # 386-758-0928
  Address 5362 NW Falling Creek Rd White Springs FL 32096
- Relationship to Property Owner Same
- Current Number of Dwellings on Property 1 to be replaced
- Lot Size Total Acreage 5.51
- Do you : Have Existing Drive (Currently using) or Private Drive (Blue Road Sign) or need Culvert Permit (Putting in a Culvert) or Culvert Waiver (Not existing but do not need a Culvert) (Circle one)
- Is this Mobile Home Replacing an Existing Mobile Home Yes
- Driving Directions to the Property 41 North to Falling Creek Rd turn (R) Cross over Lassie Black, appox 1/2 mile - 5th lot on (L)
- Name of Licensed Dealer/Installer Robert Sheppard Phone # 386-623-2203
- Installers Address 6355 SE CR 245 Lake City FL
- License Number IH0000833 Installation Decal # 307185

Left message for Wendy 12/28/09 LH



0912-43

PERMIT WORKSHEET

PERMIT NUMBER _____

Installer Robert Sheppard License # IH0000833

Address of home being installed 5362 NW Falling Creek Road White Springs FL 32096

Manufacturer Live Oak Length x width 28 x 56

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

New Home ☑ Used Home ☐

Home installed to the Manufacturer's Installation Manual ☑

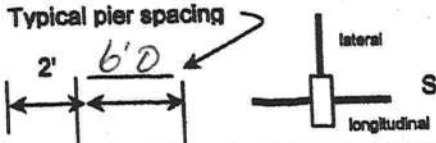
Home is installed in accordance with Rule 15-C ☐

Single wide ☐ Wind Zone II ☑ Wind Zone III ☐

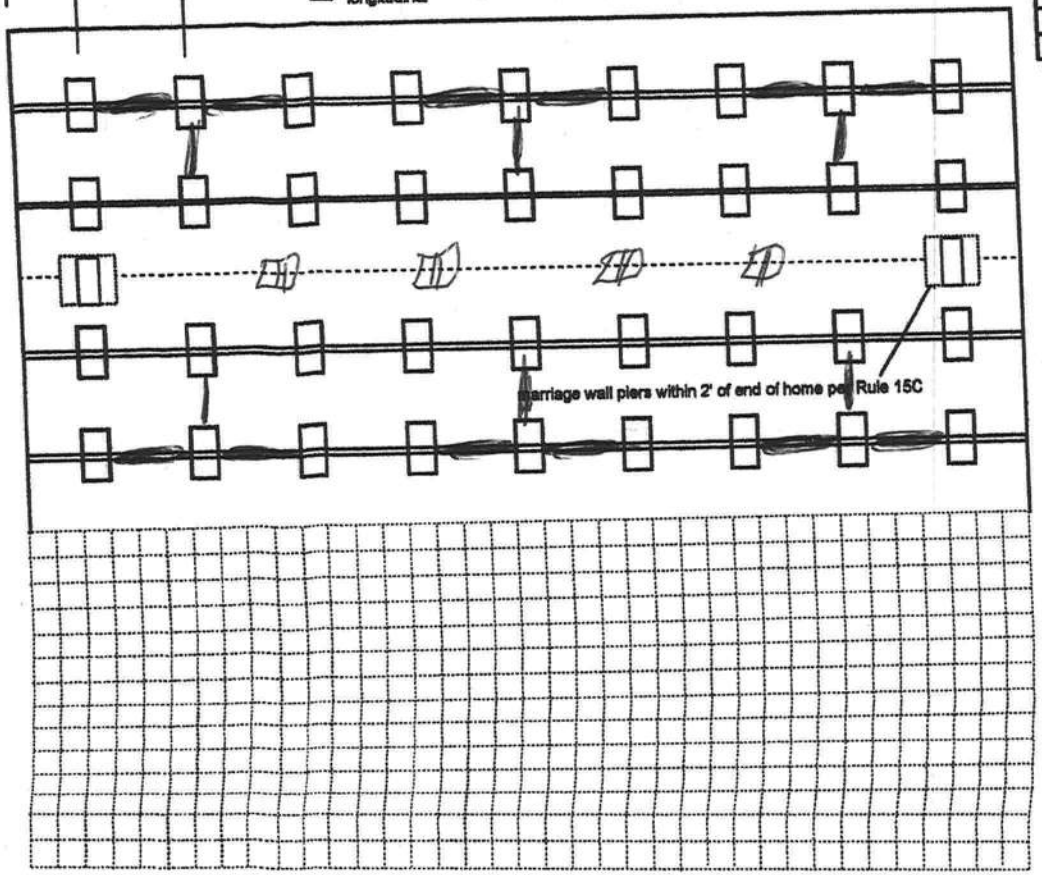
Double wide ☑ Installation Decal # 307185

Triple/Quad ☐ Serial # ordered

Typical pier spacing



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



PIER SPACING TABLE FOR USED HOMES

Load bearing capacity	Footer size (sq in)	16" x 16" (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 psf		3'	4'	5'	6'	7'	8'
1500 psf		4' 6"	6'	7'	8'	8'	8'
2000 psf		6'	8'	8'	8'	8'	8'
2500 psf		7' 6"	8'	8'	8'	8'	8'
3000 psf		8'	8'	8'	8'	8'	8'
3500 psf		8'	8'	8'	8'	8'	8'

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

PIER PAD SIZES

I-beam pier pad size 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

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 ✓

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer

Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer Oliver 3101 ✓

OTHER TIES

	Number
Sidewall	26
Longitudinal	6
Marriage wall	8
Shearwall	4

PERMIT WORKSHEET

PERMIT NUMBER _____

POCKET PENETROMETER TEST

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

X 1700 X 1700 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 500 lb. increments, take the lowest reading and round down to that increment.

X 1700 X 1800 X 1800

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.

RS Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Robert Sheppard

Date Tested 12-2-09

Electrical

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between mult-wide units. Pg. 28

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. 29

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: screws	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 (weatherproofing requirement)

I understand a properly installed gasket is a requirement of all new and used homes and that condensation, mold, meldew 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
Pg. 28

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

Weatherproofing

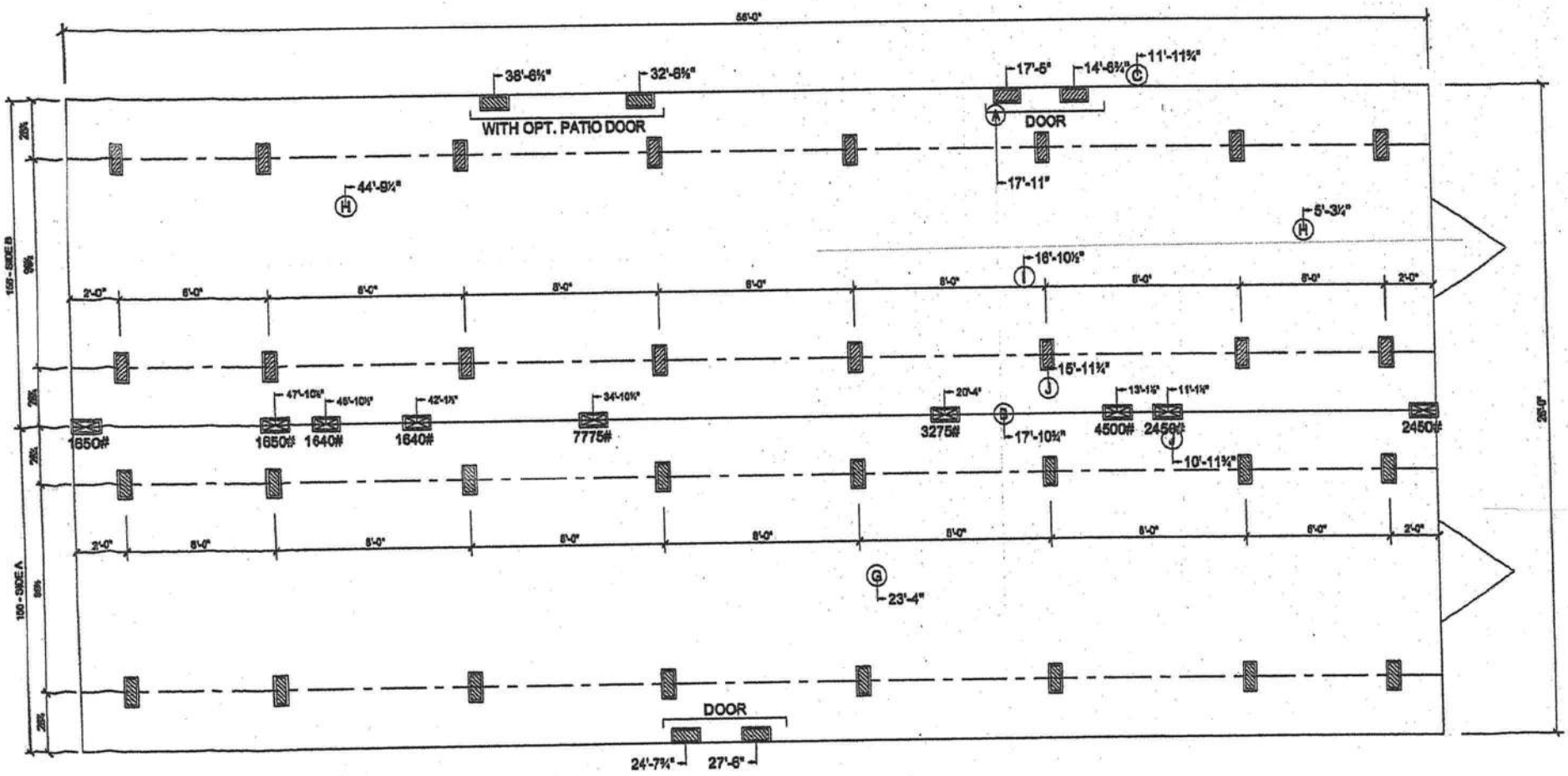
The bottomboard will be repaired and/or taped. Yes ✓ . Pg. ✓
Siding on units is installed to manufacturer's specifications. Yes ✓
Fireplace chimney installed so as not to allow intrusion of rain water. Yes ✓

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 Robert Sheppard **Date** 12-2-09



MARRIAGE LINE OPENING SUPPORT PIER/TYP.
SUPPORT PIER/TYP

10/4/07

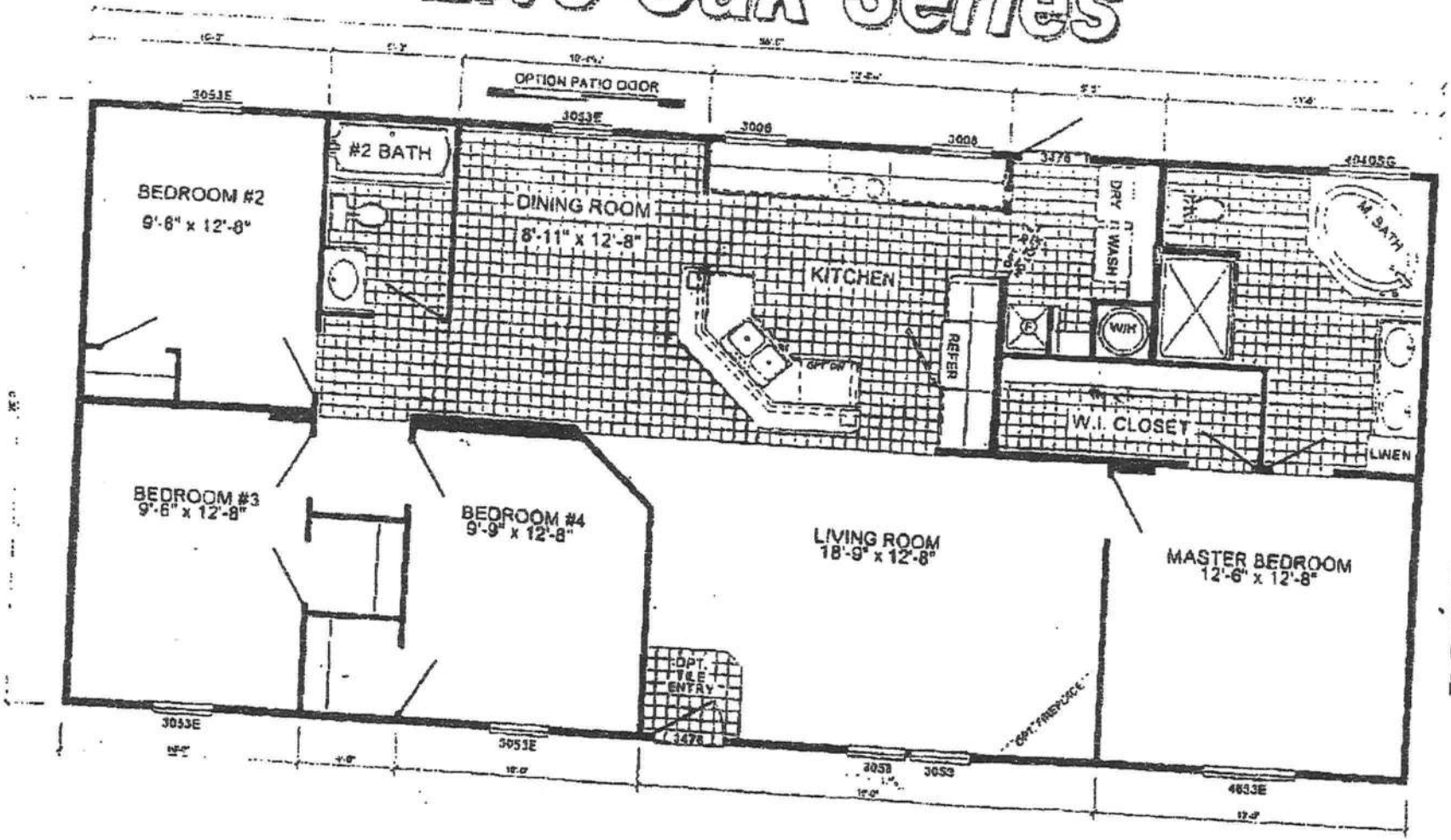
FOUNDATION NOTES:
- THIS DRAWING IS DESIGNED FOR THE STANDARD WIND ZONE AND IS TO BE USED IN CONJUNCTION WITH THE INSTALLATION MANUAL AND IT'S SUPPLEMENTS.
- FOOTINGS ARE SHOWN FOR EXAMPLE ONLY QUANTITY AND SPACING MAY VARY BASED ON PAD TYPE, SOIL CONDITION, ETC.
- FOOTINGS ARE REQUIRED AT SUPPORT POSTS, SEE INSTALLATION MANUAL FOR REQUIREMENTS.

Live Oak Homes
MODEL: L-2564A - 28 X 56
4-BEDROOM / 2-BATH

- (A) MAIN ELECTRICAL
- (B) ELECTRICAL CROSSOVER
- (C) WATER INLET
- (D) WATER CROSSOVER (IF ANY)
- (E) GAS INLET (IF ANY)
- (F) GAS CROSSOVER (IF ANY)
- (G) DUCT CROSSOVER
- (H) SEWER DROPS
- (I) RETURN AIR (W/OPT. HEAT PUMP OH DUCT)
- (J) SUPPLY AIR (W/OPT. HEAT PUMP OH DUCT)

L-2564A

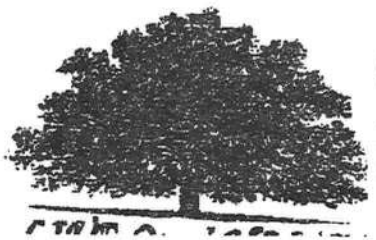
Live Oak Series



L-2564A
4-BEDROOM / 2-BATH
28 x 56 - Approx. 1456 Sq. Ft.

Date: 8/26/07

* All room dimensions include closets and square footage figures are approximate.

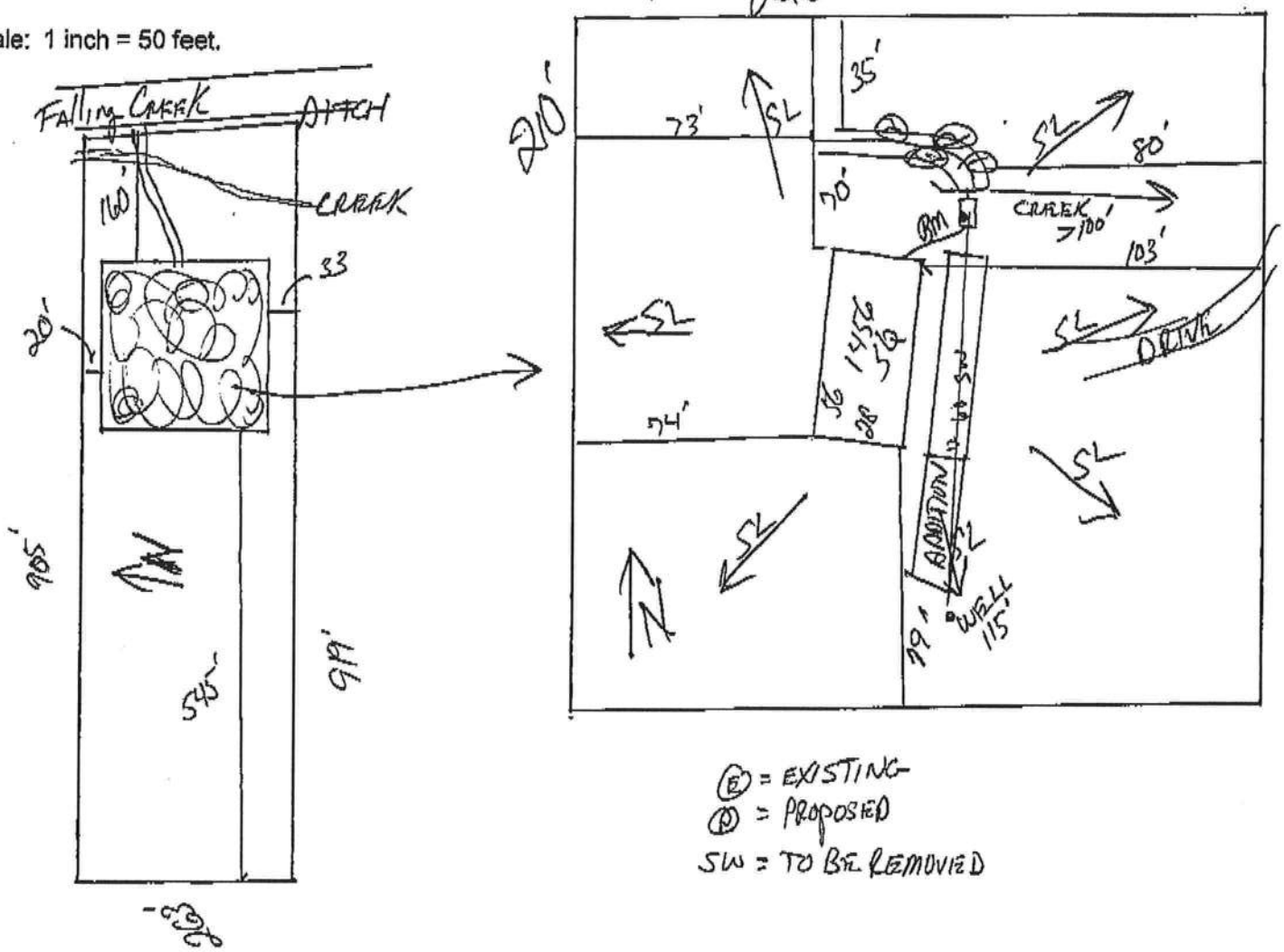


STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 09-0640M

Wilson ---------- PART II - SITEPLAN - 2-10 ----------

Scale: 1 inch = 50 feet.



Notes: 1 of 5.51 Acres

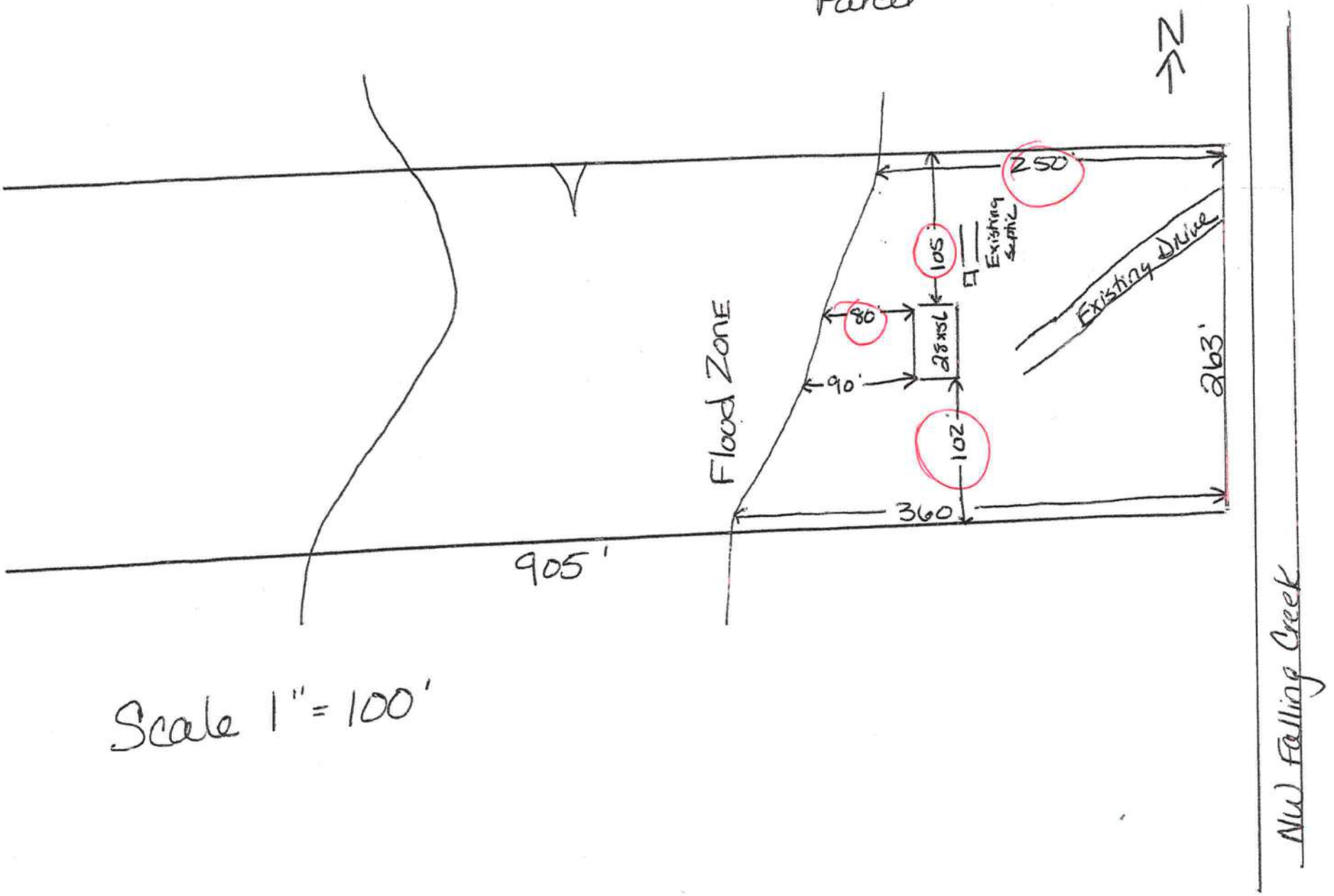
Site Plan submitted by: Rocky Tyler MASTER CONTRACTOR

Plan Approved X Not Approved ____ Date 12/28/09

By Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Shaa Lynn Wilson
Parcel # 13-25-16-01603-108



Scale 1" = 100'

Site plan submitted by:
Wendy Grenell

>> Print as PDF <<

```
COMM INTERS N R/W CR-246 & W      WILSON ERNEST TODD & SHAA LYNN 13-2S-16-01603-108              Columbia County  2009 R
LINE E1/2 OF SEC. RUN N 81 DEG    5362 NW FALLING CREEK DR                                                CARD 001 of 001
E ALONG R/W 1083.89 FT, N         WHITE SPRINGS, FL 32096                  PRINTED  9/30/2009 10:06        BY  JEFF
1528.49 FT FOR POB, CONT N                                                 APPR     6/01/2009 DF
```

BUSE	000800	MOBILE HME		AE? Y		720	HTD AREA	84.065	INDEX	13216.00	DIST	3		PUSE	000200 MOBILE HOME
MOD	2	MOBILE HME	BATH		2.00	720	EFF AREA	20.176	E-RATE	100.000	INDX		STR 13- 2S- 16		
EXW	26	ALM SIDING	FIXT			14527	RCN				1972	AYB	MKT AREA 03		2,905 BLDG
%		N/A	BDRM		2	20.00	%GOOD	2,905	B BLDG VAL		1972	EYB	(PUD1		200 XFOB
RSTR	02	SHED	RMS										AC	5.510	37,815 LAND
RCVR	01	MINIMUM	UNTS			FIELD CK:							NTCD		0 AG
%		N/A	C-W%			LOC: 5362 FALLING CREEK RD NW							APPR CD		0 MKAG
INTW	04	PLYWOOD	HGHT										CNDO		40,920 JUST
%		N/A	PMTR			+----------60----------+							SUBD		0 CLAS
FLOR	14	CARPET	STYS		1.0	IBAS1997				I			BLK		
10%	08	SHT VINYL	ECON			1				1			LOT		0 SOHD
HTTP	03	FORCED AIR	FUNC			2				2			MAP# 65		0 ASSD
A/C	01	NONE	SPCD			+----------60----------+									0 EXPT
QUAL	02	02	DEPR	09									TXDT 003		0 COTXBL
FNDN		N/A	UD-1		N/A										
SIZE		N/A	UD-2		N/A								BLDG TRAVERSE		
CEIL		N/A	UD-3		N/A								BAS1997=W60 S12 E60 N12$.		
ARCH		N/A	UD-4		N/A										
FRME	01	NONE	UD-5		N/A										
KTCH		N/A	UD-6		N/A										
WNDO		N/A	UD-7		N/A										
CLAS		N/A	UD-8		N/A										
OCC		N/A	UD-9		N/A										
COND		N/A	%		N/A										

SUB	A-AREA	%	E-AREA	SUB VALUE
BAS97	720	100	720	2905
TOTAL	720		720	2905

PERMITS

NUMBER	DESC	AMT	ISSUED
12774	M H	125	7/16/1997

SALE

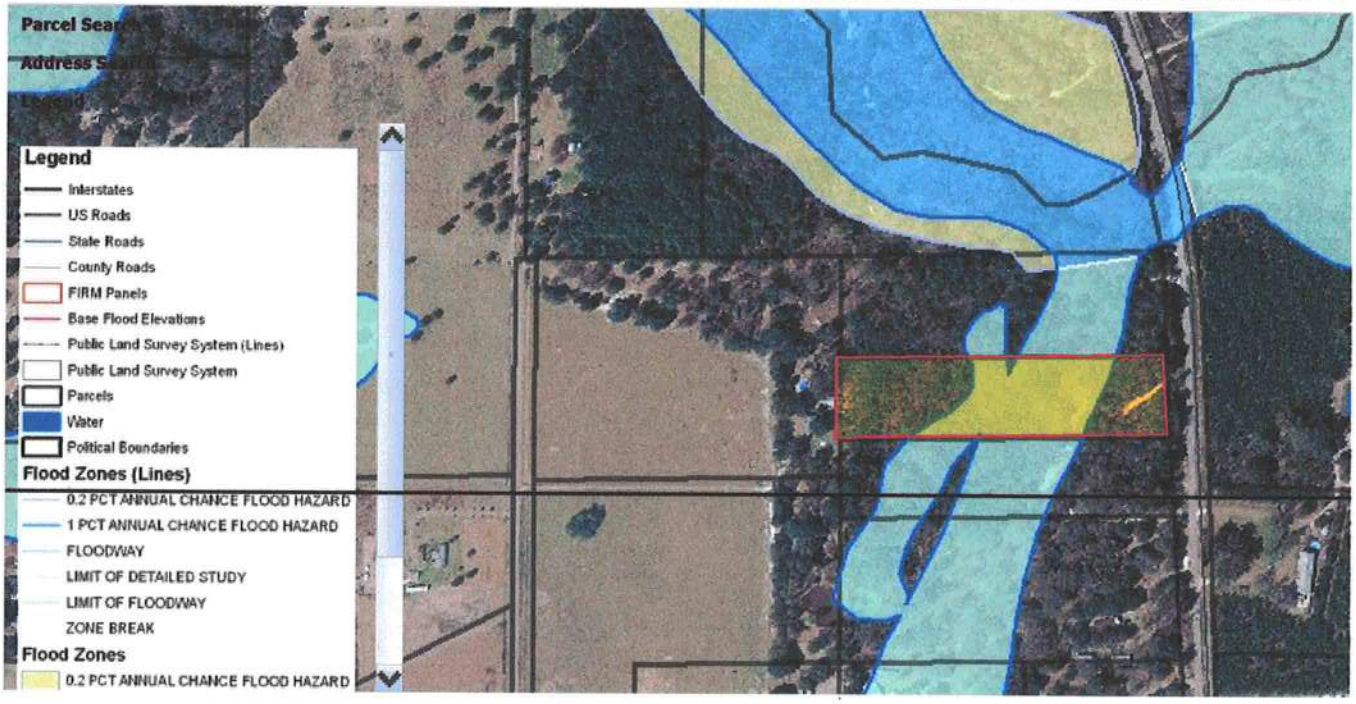
BOOK	PAGE	DATE			PRICE
1072	410	5/03/2004	U	I	34900
GRANTOR SUZANNE ADAMS					
GRANTEE ERNEST TODD & SHAA LYNN WILSON					
959	1706	8/05/2002	U	I	21000
GRANTOR GEORGE & KATHLEEN COMBS					
GRANTEE SUZANNE ADAMS					

EXTRA FEATURES FIELD CK:

AE	BN	CODE	DESC	LEN	WID	HGHT	QTY	QL	YR	ADJ	UNITS	UT	PRICE	ADJ UT PR	SPCD %	%GOOD	XFOB VALUE
Y		0294	SHED WOOD/VI				1		2008	1.00	1.000	UT	200.000	200.000		100.00	200

AE	LAND CODE	DESC	ZONE	TOPO	ROAD	UTIL	UD1	UD2	UD3	UD4	FRONT	BACK	DEPTH	DT	ADJUSTMENTS	UNITS	UT	PRICE	ADJ UT PR	LAND VALUE
Y	000200	MBL HM	A-1	0002	0002						1.00	1.00	1.00	1.00		5.510	AC	6500.000	6500.00	35,815
Y	009945	WELL/SEPT	00								1.00	1.00	1.00	1.00		1.000	UT	2000.000	2000.00	2,000

Suwannee River Water Management District - Flood Information



Shaa Lynn Wilsen

Parcel # 13-25-16-01603-108

MOBILE HOME INSTALLER AFFIDAVIT

As per Florida Statutes Section 320.8249 Mobile Home Installers License:

Any person who engages in mobile home installation shall obtain a mobile home installer's license from the Bureau of Mobile Home and Recreational Vehicle Construction of the Department of Highway Safety and Motor Vehicles pursuant to this section. Said license shall be renewed annually, and each licensee shall pay a fee of $150.

I, Robert Sheppard (Please Print), license number IH 0000833

do hereby state that the installation of the manufactured home for Shea Lynn Wilson (Applicant) at 5362 NW Falling Creek Rd (911 Address)

will be done under my supervision.

Robert Sheppard
Signature

Sworn to and subscribed before me this 2 day of December, 20___.

Notary Public: Kelly R. Bishop
Signature

My Commission Expires: 1/9/2012
Date

KELLY R. BISHOP
Comm# DD0747390
Expires 1/9/2012
Florida Notary Assn., Inc

Prepared by and return to: Bradley N. Dicks
P.O. Box 1
Lake City, Fl 32056-0001

Inst:2006001937 Date:01/26/2006 Time:12:21
Doc Stamp-Deed : 244.30
Doc Stamp-Mort : 119.00
Intang. Tax : 68.00
DC,P.DeWitt Cason,Columbia County B:1072 P:410

AGREEMENT FOR DEED

1. THIS AGREEMENT is entered into this 3rd day of May, 2004, by and between Suzanne D. Adams, whose address is P.O. Box 513 Lake City, Florida 32056 ("Seller") and Ernest Todd Wilson and Shaa Lynn Wilson, his wife, ("Buyer"), who is/are residents of the State of Florida and who directs that all mail be sent to 313 NW Park Drive, Lake City, FL 32055.

2. AGREEMENT TO CONVEY. Provided that Buyer makes the payments and performs the other covenants required to be performed by the Buyer hereunder (collectively, the "Buyer's Obligations"), Seller agrees to convey to Buyer in fee simple by General Warranty Deed, free of all liens and encumbrances except Permitted Encumbrances (as hereinafter defined), the real property and any improvements thereon located in Columbia County, Florida, and more particularly described as follows (the "Property"):

COMBS TRACT PARCEL 1:
SECTION 13, TOWNSHIP 2 SOUTH, RANGE 16 EAST

A part of the East ½ of Section 13, Township 2 South, Range 16 East, Columbia County, Florida, being more particularly described as follows: Commence at the intersection of the North right-of-way line of State Road No. 246 and the West line of the East ½ of said Section 13; thence N 81° 00'15" E, along said North right-of-way line, 1083.89 feet; thence N 00°30'00" E, 1528.49 feet to the Point of Beginning; thence continue N 00°30'00" E, 263.03 feet; thence N 89°19'09" E, 905.84 feet to a Point on the West right-of-way line of Falling Creek Road; thence S 02°30'27" E, along said West right-of-way line, 263.22 feet; thence S 89°19'34" W, 919.53 feet to the POINT OF BEGINNING. Containing 5.50 Acres more or less. Includes new 4" deep well. This sale includes a 1972 DOLP MOBILE HOME, ID # 72654099, Title # 4998858, valued at $300.00

3. PURHASE PRICE. In consideration of the Seller's covenants and agreements hereunder, Buyer hereby agrees to pay to the Seller the sum of Thirty Four Thousand Nine Hundred and 00/100 DOLLARS ($ 34,900.00) (the "Purchase Price") to be paid by Buyer to Seller at Seller's address set forth above, or as necessary, to the escrow agent specified below, or at such other address as Seller shall designate, as follows:
Down Payment of Nine Hundred and 00/100 DOLLARS ($900.00) the receipt of which is hereby acknowledged by Seller ; And the balance of Thirty Four Thousand and 00/100 DOLLARS ($34,000.00) with interest thereon at the rate of Twelve and One Half percent (12.50 %) per annum in One Hundred Eighty (180) consecutive monthly installments in the amount of Four Hundred Nineteen and 06/100 DOLLARS ($419.06) each, payable on the 15th day of each calendar month commencing on June 15, 2004.

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ 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 89-6, 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 Good	Print Name Owner - Ernst Wilson License #:	Signature _____ Phone #:
MECHANICAL/ A/C Good	Print Name Robert Grant License #: CAC 1814931	Signature _____ Phone #: 800-859-3708
PLUMBING/ GAS Good	Print Name Robert Sheppard License #: IH0000833	Signature Robert Sheppard Phone #: 386-623-2203
ROOFING	Print Name _____ License #:	Signature _____ Phone #:
SHEET METAL	Print Name _____ License #:	Signature _____ Phone #:
FIRE SYSTEM/ SPRINKLER	Print Name _____ License#: See Attached	Signature _____ Phone #:
SOLAR	Print Name _____ License #:	Signature _____ Phone #:

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			
FRAMING			
INSULATION			
STUCCO			
DRYWALL			
PLASTER			
CABINET INSTALLER			
PAINTING			
ACOUSTICAL CEILING			
GLASS			
CERAMIC TILE			
FLOOR COVERING			
ALUM/VINYL SIDING			
GARAGE DOOR			
METAL BLDG ERECTOR			

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.

SUBCONTRACTOR VERIFICATION FORM

PPLICATION NUMBER ____________ CONTRACTOR Robert Sheppard PHONE 386-623-2203

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

n 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.

ny changes, the permitted contractor is responsible for the corrected form being submitted to this office prior to the tart of that subcontractor beginning any work. Violations will result in stop work orders and/or fines.

LECTRICAL	Print Name ____ License #: ER0002038	Signature ____ Phone #: 386-758-9575
MECHANICAL/ /C ____	Print Name Robert Grant License #: CAC 1814931	Signature [signature] Phone #: 800-859-3708
LUMBING/ GAS	Print Name Robert Sheppard License #: IH0000833	Signature ____ Phone #: 386-623-2203
OOFING	Print Name ____ License #:	Signature ____ Phone #:
HEET METAL	Print Name ____ License #:	Signature ____ Phone #:
IRE SYSTEM/ PRINKLER	Print Name ____ License#:	Signature ____ Phone #:
OLAR	Print Name ____ License #:	Signature ____ Phone #:

See attached

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			
FRAMING			
INSULATION			
STUCCO			
DRYWALL			
PLASTER			
CABINET INSTALLER			
PAINTING			
ACOUSTICAL CEILING			
GLASS			
CERAMIC TILE			
FLOOR COVERING			
ALUM/VINYL SIDING			
GARAGE DOOR			
METAL BLDG ERECTOR			

. 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.

CERTIFICATE OF

M/H OCCUPANCY

COLUMBIA COUNTY, FLORIDA

Department of Building and Zoning Inspection

This Certificate of Occupancy is issued to the below named permit holder for the building and premises at the below named location, and certifies that the work has been completed in accordance with the Columbia County Building Code.

Parcel Number 13-2S-16-01603-108 **Building permit No.** 000028298

Permit Holder ROBERT SHEPPARD

Owner of Building SHAA LYNN WILSON

Location: 5362 NW FALLING CREEK ROAD

Date: 01/29/2010

Building Inspector

POST IN A CONSPICUOUS PLACE
(Business Places Only)