18068

# PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 7-1-15) Zoning Official [signature] Building Official TM 12/20/17

AP# 1712 - 31 Date Received 12-12-17 By LH Permit # 36145

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

Comments Replacing Existing MH

FEMA Map# _____ Elevation _____ Finished Floor 1' above River _____ In Floodway _____

☐ Recorded Deed or ☑ Property Appraiser PO ☐ Site Plan ☑ EH # 17-0785-E ☐ Well letter OR ☑ Existing well ☐ Land Owner Affidavit ☑ Installer Authorization ☐ FW Comp. letter ☑ App Fee Paid

☐ DOT Approval ☐ Parent Parcel # _____ ☐ STUP-MH _____ ☑ 911 App

☐ Ellisville Water Sys ☑ Assessment Paid on Property ☐ Out County ☐ In County ☑ Sub VF Form

Property ID # 09-6S-16-03804-102 Subdivision Doe Run Unrec Lot# 2

- New Mobile Home X Used Mobile Home _____ MH Size 28 x 76 Year 2018
- Applicant Dale Burd or Rocky Ford or Kimberly Koon Phone # 386-497-2311
- Address 546 SW Dortch Street, Fort White, FL, 32038
- Name of Property Owner John Steinhagen Phone# 386-365-0990
- 911 Address 140 SW Spaulding Ct, Ft White, FL 32038
- Circle the correct power company - FL Power & Light - (Clay Electric)
  (Circle One) - Suwannee Valley Electric - Duke Energy

- Name of Owner of Mobile Home Same Phone # Same
  Address 140 SW Spaulding, Fort White, FL, 32038
- Relationship to Property Owner Same
- Current Number of Dwellings on Property 1 TBR
- Lot Size 753 x 574 Total Acreage 10.01
- 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 47 South, TR Herlong St, TL Spaulding Court, 1st Drive on right
- 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 # 48307

Sent Email 12.13.17

LH Spoke to Dale 1-2-18

375.00

# COLUMBIA COUNTY PERMIT WORKSHEET



***These worksheets must be completed and signed by the installer.***
***Submit the originals with the packet.***

Installer Robert Sheppard License # IH1025386

911 Address where home is being installed. 140 Spalding Court Fort White FL, 32038

Manufacturer Live Oak Length x width 28 x 76

***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 ☑

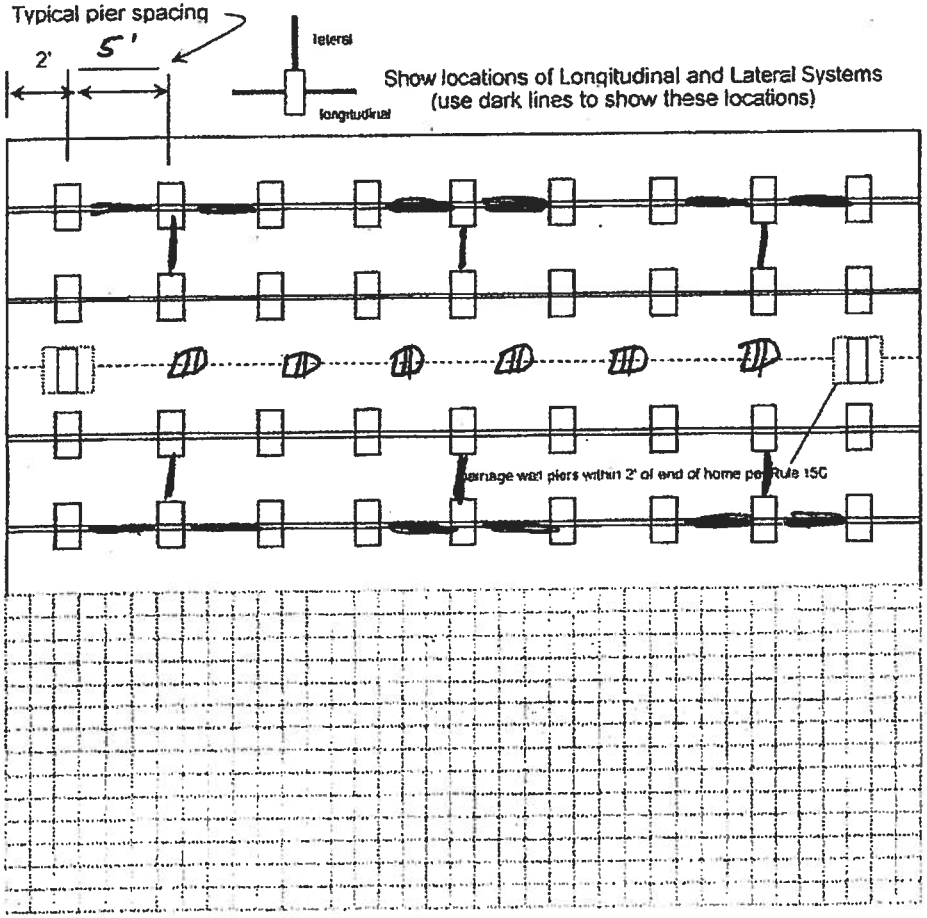
Home is installed in accordance with Rule 15-C ☐

Single wide ☐ Wind Zone II ☑ Wind Zone III ☐

Double wide ☑ Installation Decal # 48307

Triple/Quad ☐ Serial # 20716A21532088AB

Typical pier spacing




## 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 16x16

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 1101 ✓

### OTHER TIES

| | Number |
|---|---|
| Sidewall | 26 |
| Longitudinal | 6 |
| Marriage wall | 8 |
| Shearwall | 4 |

# COLUMBIA COUNTY PERMIT WORKSHEET



## POCKET PENETROMETER TEST

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

X___ X___ X___

**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___ X___ X___

## TORQUE PROBE TEST

The results of the torque probe test is 290 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 _____

## 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. 24

## Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 26

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

## 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. 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 ✓

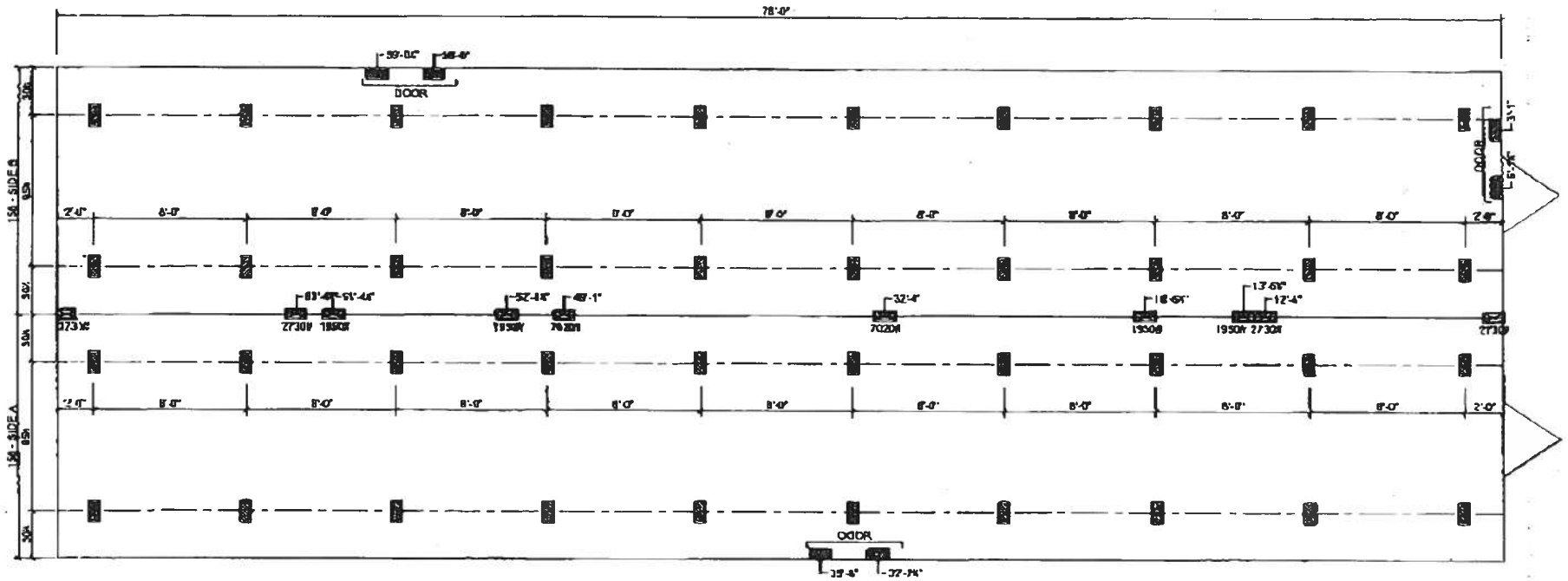
Drain lines supported at 4 foot intervals. Yes ✓

Electrical crossovers protected. Yes ✓

Other: _____

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

Installer Signature Robert Sheppard Date _____




TIEDOWN LOCATIONS
MARRIAGE LINE OPENING SUPPORT PIER/TYP
SUPPORT PIER/TYP

8-12-2013

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-2764D - 28 X 80*
## *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 OR DUCT)
- (J) SUPPLY AIR (W/OPT. HEAT PUMP OR DUCT)

L-2764D

# Columbia County Property Appraiser

updated: 12/6/2017

2017 Tax Year

**Parcel:** 09-6S-16-03804-102

## Owner & Property Info

Search Result: 1 of 1

| | | | |
|---|---|---|---|
| **Owner's Name** | STEINHAGEN JOHN & CATHERINE | | |
| **Mailing Address** | 140 SW SPAULDING CT<br>FT WHITE, FL 32038 | | |
| **Site Address** | 140 SW SPAULDING CT | | |
| **Use Desc. (code)** | MOBILE HOM (000200) | | |
| **Tax District** | 3 (County) | **Neighborhood** | 9616 |
| **Land Area** | 10.010 ACRES | **Market Area** | 02 |
| **Description** | NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction. | | |

COMM NW COR OF NW1/4, RUN S 540 FT, E 26 FT TO A PT ON E R/W LAZY OAK RD, N LAONG R/W 498.58 FT, N 51 DEG E 48.13 FT TO S R/W HERLONG RD, E ALONG R/W 686.20 FT FOR POB, CONT E ALONG R/W 574.03 FT, S 753.84 FT, W 574.71 FT, N 764.53 FT TO POB. (AKA LOT 2 DOE RUN S/D UNREC) ORB 908-1948,

## Property & Assessment Values

| 2017 Certified Values | | |
|---|---|---|
| Mkt Land Value | cnt: (0) | $42,531.00 |
| Ag Land Value | cnt: (2) | $0.00 |
| Building Value | cnt: (1) | $13,731.00 |
| XFOB Value | cnt: (3) | $4,424.00 |
| Total Appraised Value | | $60,686.00 |
| Just Value | | $60,686.00 |
| Class Value | | $0.00 |
| Assessed Value | | $60,686.00 |
| Exempt Value | (code: HX H3) | $35,686.00 |
| Total Taxable Value | | Cnty: $25,000<br>Other: $25,000 \| Schl: $35,686 |

| 2018 Working Values | | ( ...Hide Values) |
|---|---|---|
| Mkt Land Value | cnt: (0) | $46,585.00 |
| Ag Land Value | cnt: (2) | $0.00 |
| Building Value | cnt: (1) | $14,808.00 |
| XFOB Value | cnt: (3) | $4,424.00 |
| Total Appraised Value | | $65,817.00 |
| Just Value | | $65,817.00 |
| Class Value | | $0.00 |
| Assessed Value | | $62,507.00 |
| Exempt Value | (code: HX H3) | $37,507.00 |
| Total Taxable Value | | Cnty: $25,000<br>Other: $25,000 \| Schl: $37,507 |

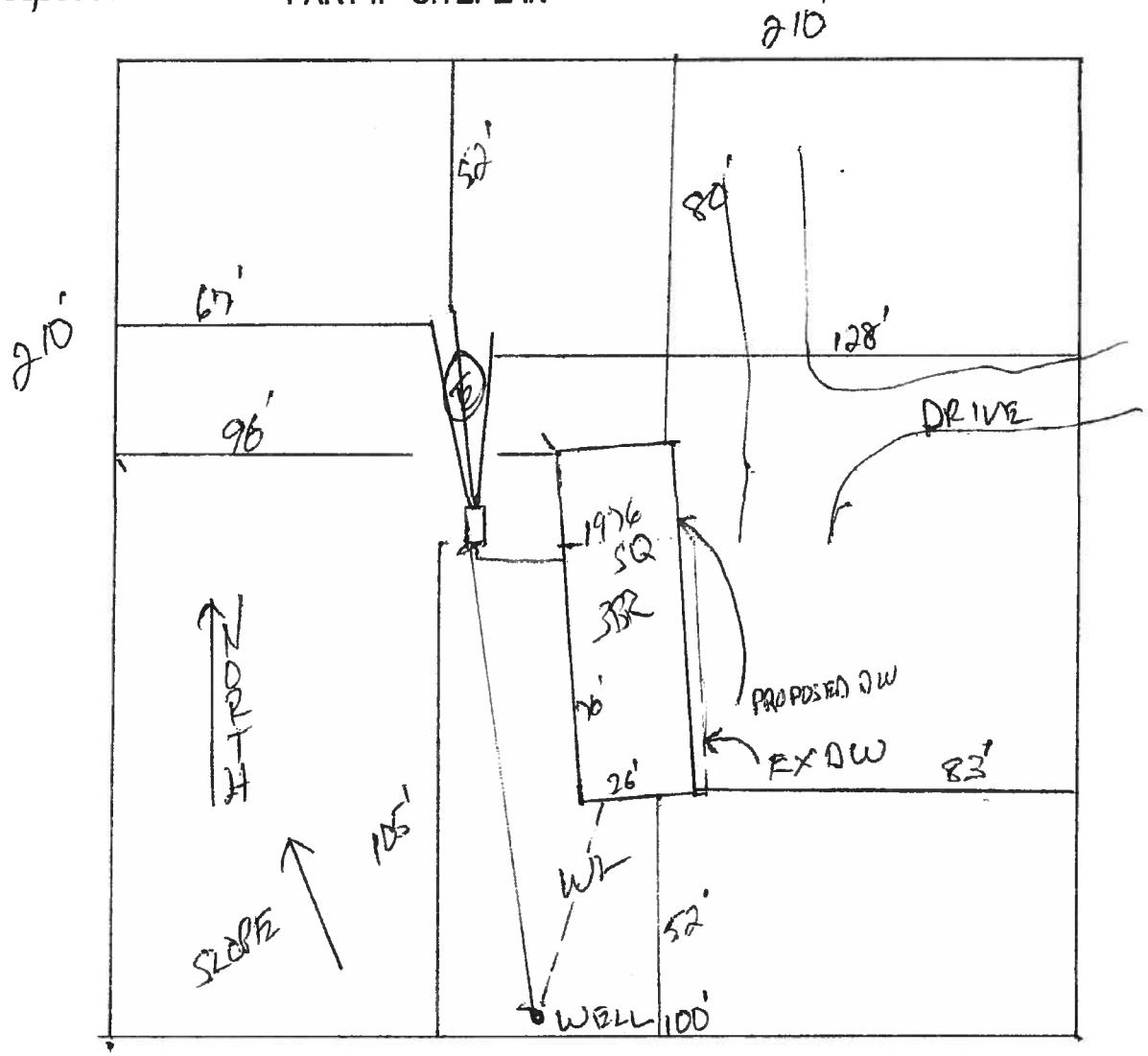
NOTE: **2018 Working Values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.**

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

Permit Application Number_____

STEINHAGEN ---------- PART II - SITEPLAN ----------

Scale: 1 inch = 40 feet.




Notes: 1 of 10.01 Acres Site Attached

Site Plan submitted by: Rocky D Fox MASTER CONTRACTOR

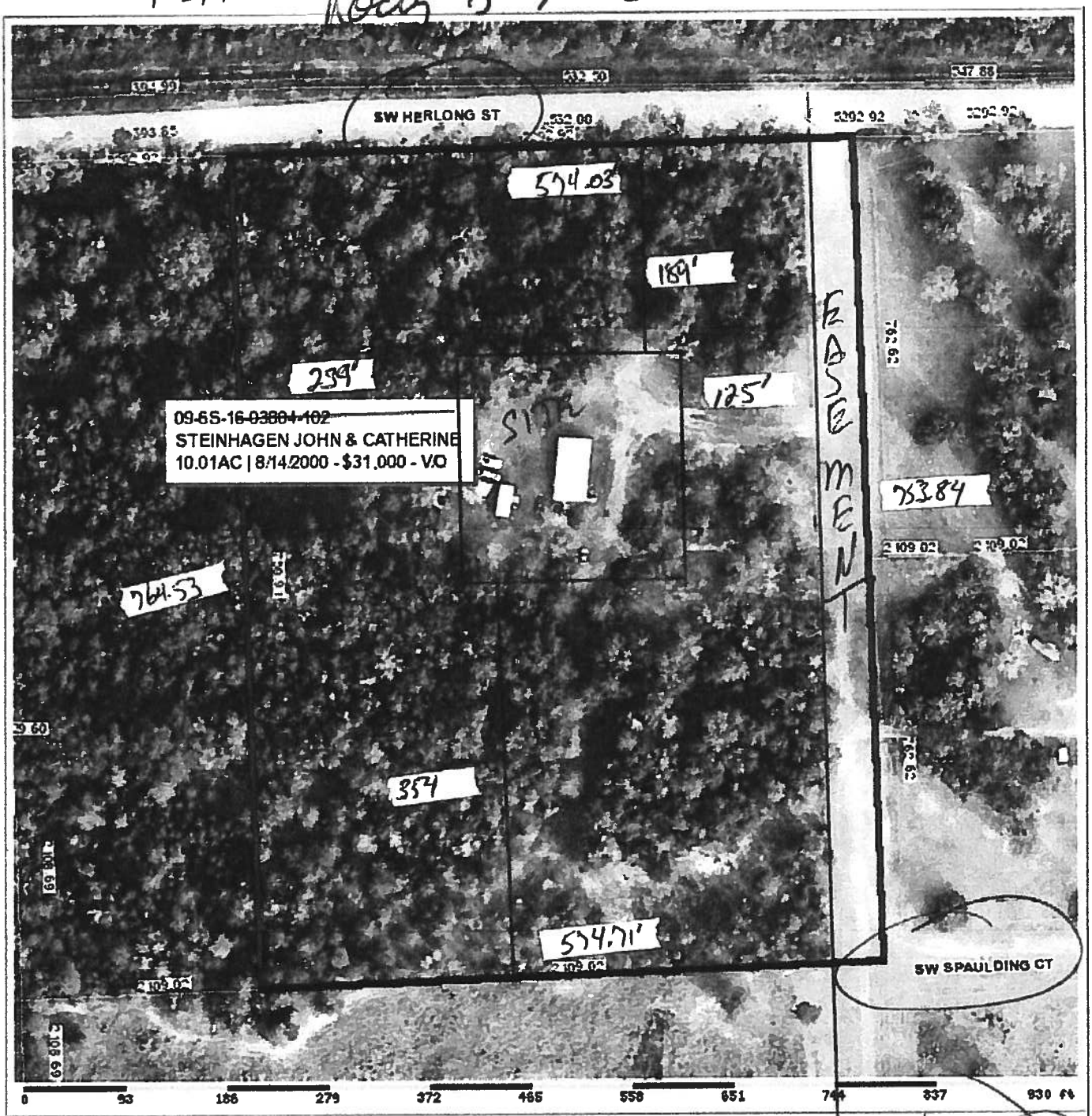
Plan Approved_____ Not Approved_____ Date_____

By_____ County Health Department

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

1"=140' Rocky D 7-0

DEC 1 1 2017




## Columbia County Property Appraiser

Jeff Hampton - Lake City, Florida 32055 | 386-758-1083

**PARCEL: 09-6S-16-03804-102** - MOBILE HOM (000200)

COMM NW COR OF NW1/4, RUN S 540 FT, E 26 FT TO A PT ON E R/W LAZY OAK RD, N LAONG R/W 498.58 FT, N 51 DEG E 48.13 FT TO S R/W HERLONG RD, E ALONG R/W

Name: STEINHAGEN JOHN & CATHERINE
Site: 140 SW SPAULDING CT
Mail: 140 SW SPAULDING CT
FT WHITE, FL 32038
Sales Info 8/14/2000 $31,000.00 V / Q

**2017 Certified Values**

| | |
|---|---|
| Land | $42,531.00 |
| Bldg | $13,731.00 |
| Assd | $60,686.00 |
| Exmpt | $35,686.00 |
| Taxbl | Cnty: $25,000<br>Other: $25,000 \| Schl: $35,686 |

NOTES:

This information,updated: 12/6/2017, was derived from data which was compiled by the Columbia County Property Appraiser Office solely for the governmental purpose of property assessment. This information should not be relied upon by anyone as a determination of the ownership of property or market value. No warranties, expressed or implied, are provided for the accuracy of the data herein, it's use, or it's interpretation. Although it is periodically updated, this information may not reflect the data currently on file in the Property Appraiser's office. The assessed values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

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1712-31

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

BOARD OF COUNTY COMMISSIONERS • COLUMBIA COUNTY

## 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: | **12/20/2017 9:48:24 AM** |
| Address: | **140 SW SPAULDING Ct** |
| City: | **FORT WHITE** |
| State: | **FL** |
| Zip Code | **32038** |
| Pracel ID | **03804-102** |

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**

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

PERMIT NO. 17-0785 E
DATE PAID: 12-12-17
FEE PAID: 280.00
RECEIPT #: 1317145 SF

APPLICATION FOR:
[ ] New System [X] Existing System [ ] Holding Tank [ ] Innovative
[ ] Repair [ ] Abandonment [ ] Temporary [ ]

APPLICANT: John Steinhagen

AGENT: ROCKY FORD, A & B CONSTRUCTION TELEPHONE: 386-497-2311

MAILING ADDRESS: 546 SW Dortch Street, FT. WHITE, FL, 32038

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3)(m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION

LOT: 2 BLOCK: na SUB: Doe Run S/D Unrec PLATTED: /

PROPERTY ID #: 09-6S-16-03804-102 ZONING: RES I/M OR EQUIVALENT: [ Y / (N) ]

PROPERTY SIZE: 10.01 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [ Y / (N) ] DISTANCE TO SEWER: / FT

PROPERTY ADDRESS: 140 SW Spaulding Court, Fort White

DIRECTIONS TO PROPERTY: 47 south, TR Herlong St, TL Spaulding Court, 1st drive on right

BUILDING INFORMATION [X] RESIDENTIAL [ ] COMMERCIAL

| Unit No | Type of Establishment | No. of Bedrooms | Building Area Sqft | Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC |
|---|---|---|---|---|
| 1 | SF Residential | 3 | 1976 | SBR Like Sea Like |
| 2 | | | | |
| 3 | | | | |

[N] Floor/Equipment Drains [N] Other (Specify)

SIGNATURE: Rocky D Ford DATE: 12/8/2017

DH 4015, 08/09 (Obsoletes previous editions which may not be used)
Incorporated 64E-6.001, FAC

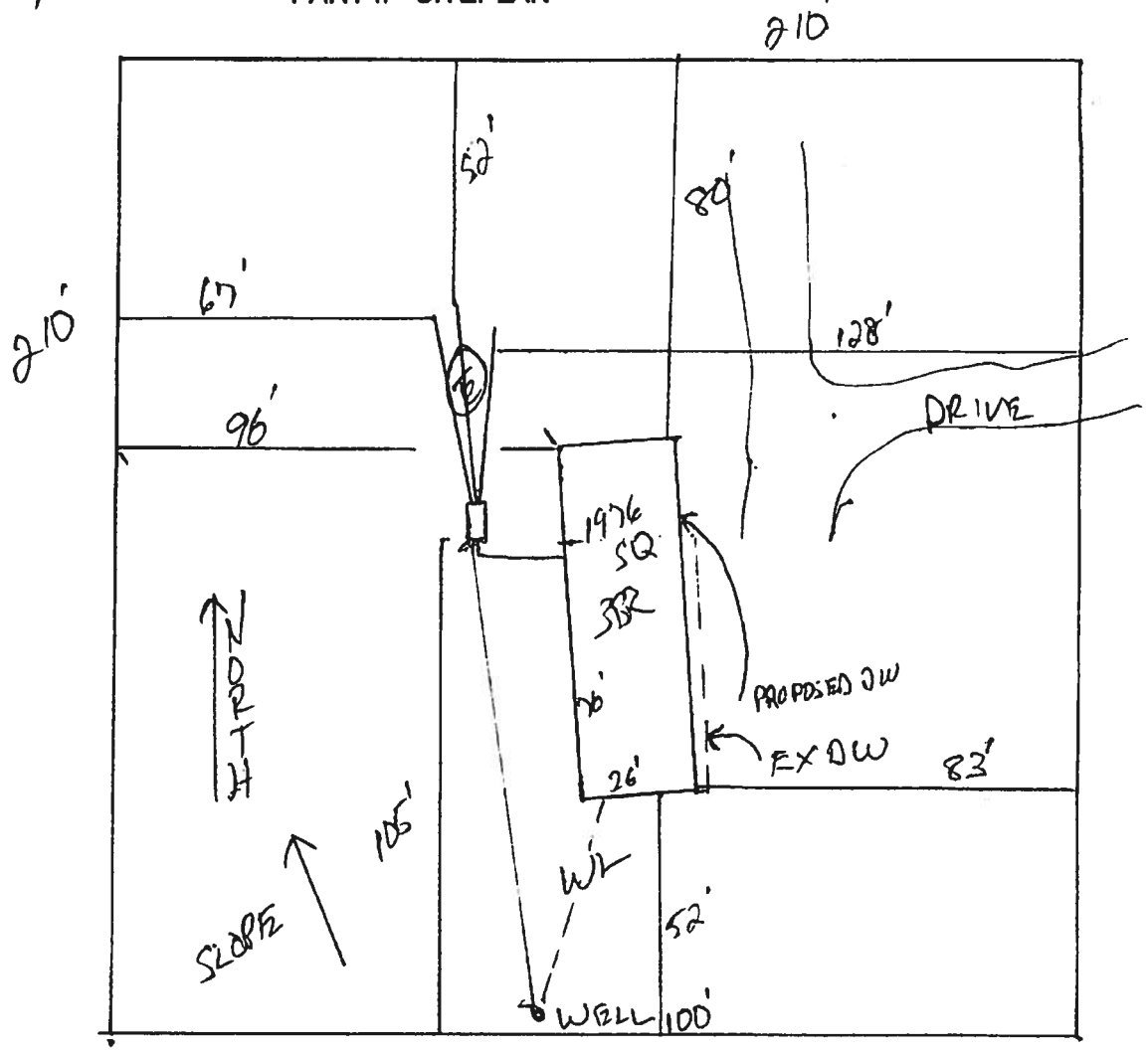
# STATE OF FLORIDA
# DEPARTMENT OF HEALTH
## APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 17-0785E

STEINHAGEN

PART II - SITEPLAN

Scale: 1 inch = 40 feet.




Notes: 1 of 10.01 Acres Site Attached

Site Plan submitted by: Rocky D Tyo MASTER CONTRACTOR

Plan Approved ✓ Not Approved ____ Date 12/20/17

By _____ Columbia County Health Department

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

**MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM**

APPLICATION NUMBER 1712-31 CONTRACTOR Robert Sheppard PHONE 386-623-2203

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

Steinhagen

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** 1338 | Print Name Micheal Reader / Madison Services Signature<br>License #: EC1302315 Phone #: 850-973-0111<br>Qualifier Form Attached [X] |
| **MECHANICAL/ A/C** 950 | Print Name Michael Boland /Ace A/C of Ocala Signature<br>License #: CAC 1817716 Phone #: 352 274-9326<br>Qualifier Form Attached [X] |

*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. Dale Boyd | 1. |
| 2. Kelly Bishop | 2. Kelly Bishop |
| 3. Kelly Ford | 3. |
| 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.

Michael A Boland — CAC1817716 ; ES12002626 — 11/17/15
Licensed Qualifiers Signature (Notarized) License Number Date

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

Amanda Flood
NOTARY'S SIGNATURE (Seal/Stamp)

AMANDA FLOOD
MY COMMISSION # FF 106012
EXPIRES April 5, 2018
Bonded Thru Notary Public Underwriters

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 Leader (license holder name), licensed qualifier for Madison Services 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. Rickey D Ford | 1. |
| 2. Dale R Sweat | 2. |
| 3. | 3. |
| 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.

Licensed Qualifiers Signature (Notarized) | License Number | Date 11/2/15

NOTARY INFORMATION:
STATE OF: FL COUNTY OF: Columbia

The above license holder, whose name is Michael Leader, personally appeared before me and is known by me or has produced identification (type of I.D.) _____ on this 2 day of Nov, 2015.

NOTARY'S SIGNATURE

(Seal/Stamp)

KELLY R BISHOP
Notary Public - State of Florida
Commission # FF 243986
My Comm. Expires Jun 24, 2019