

\$765.53

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

3:15 pm

For Office Use Only (Revised 7-1-15) Zoning Official LW/LH Building Official JMA
AP# 43681 Date Received 10/2/19 By MG Permit # 38945
Flood Zone X Development Permit _____ Zoning A-3 Land Use Plan Map Category Ag
Comments floor one foot above the road

FEMA Map# _____ Elevation _____ Finished Floor _____ River _____ In Floodway _____
☒ Recorded Deed or ☐ Property Appraiser PO ☒ Site Plan ☒ EH # 19-0717 ☒ Well letter OR
☒ Existing well ☒ Land Owner Affidavit ☒ Installer Authorization ☐ FW Comp. letter ☒ App Fee Paid
☐ DOT Approval ☒ Parent Parcel # 04002-000 ☐ STUP-MH _____ ☒ 911 App
☐ Ellisville Water Sys ☒ Assessment due ☒ Out County ☐ In County ☒ Sub VF Form

Property ID # 30-65-14-04002-030 Subdivision Hills of Ft. White Lot# 30

- New Mobile Home _____ Used Mobile Home X MH Size 16x80 Year 2000
- Applicant Kelly Bishop Phone # 388-497-2311
- Address 548 SW Dortch St. Ft. White, FL 32038
- Name of Property Owner Bullard Mat. Services Phone# 941-757-6976
- 911 Address 368 SW Pewter Dr 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 Jason Wisti Phone # 941-757-4976
Address 368 SW Pewter Dr Ft. White, FL 32038
- Relationship to Property Owner buying the property
- Current Number of Dwellings on Property 0
- Lot Size _____ Total Acreage 10
- **Do you :** Have Existing Drive or Private Drive or need Culvert Permit or Culvert Waiver (Circle one)
(Currently using) (Blue Road Sign) (Putting in a Culvert) (Not existing but do not need a Culvert)
- Is this Mobile Home Replacing an Existing Mobile Home NO
- Driving Directions to the Property 47 South Right on 27 Left on Utah right on Roberts left on pewter 3RD lot on Right.
- Name of Licensed Dealer/Installer Brent Strickland Phone # 365-7043
- Installers Address 1294 Hamp Farmer Rd Lake City FL 32055
- License Number 1H-1104218 Installation Decal # 62768

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

(Wisti)
Bullard Management

Permit Application Number _____

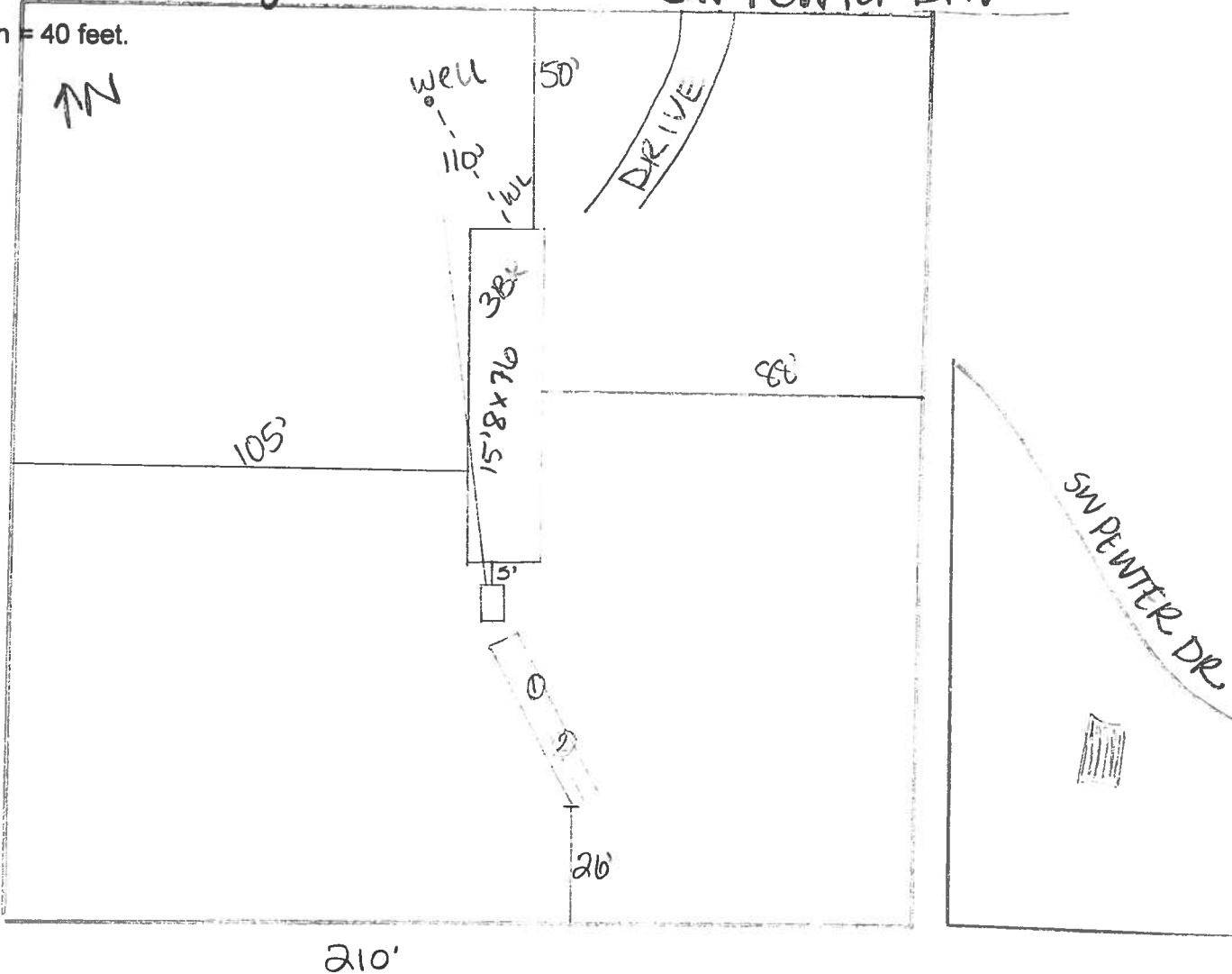
PART II - SITEPLAN

SW Pewter Drive

Scale: 1 inch = 40 feet.

↑ N

210'



Notes: _____

1 ACRES OF 10 #
Site Plan submitted by: Rodney D. 7
Plan Approved _____ Not Approved _____
By _____ Date 8/22/19
County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Legend

2018Aerials



SectionTownshipAndRange

Roads

Roads

others

Dirt

Interstate

Main

Other

Paved

Private

2018 Flood Zones

0.2 PCT ANNUAL CHANCE

A

AE

AH

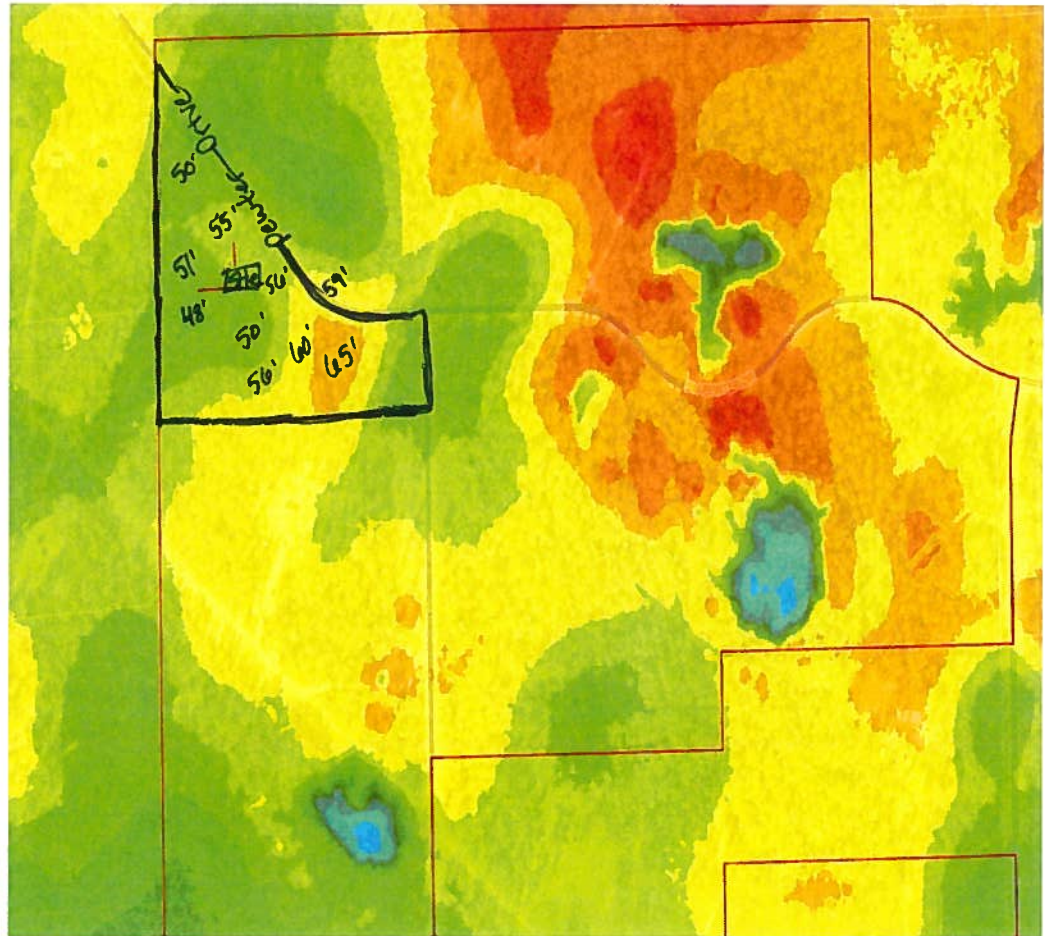
Parcels

LidarElevations



Columbia County, FLA - Building & Zoning Property Map

Printed: Fri Oct 04 2019 10:52:20 GMT-0400 (Eastern Daylight Time)



Parcel Information

Parcel No: 30-6S-16-04002-000

Owner: BULLARD MANAGEMENT SERVICES

Subdivision: HILLS OF FT WHITE UNR

Lot:

Acres: 139.921448

Deed Acres: 139.31 Ac

District: District 2 Rocky Ford

Future Land Uses: Agriculture - 3

Flood Zones:

Official Zoning Atlas: A-3

All data, information, and maps are provided "as is" without warranty or any representation of accuracy, timeliness of completeness. Columbia County, FL makes no warranties, express or implied, as to the use of the information obtained here. There are no implied warranties of merchantability or fitness for a particular purpose. The requester acknowledges and accepts all limitations, including the fact that the data, information, and maps are dynamic and in a constant state of maintenance, and update.

Mobile Home Permit Worksheet

Installer: Brett Shickland License # EH1104218

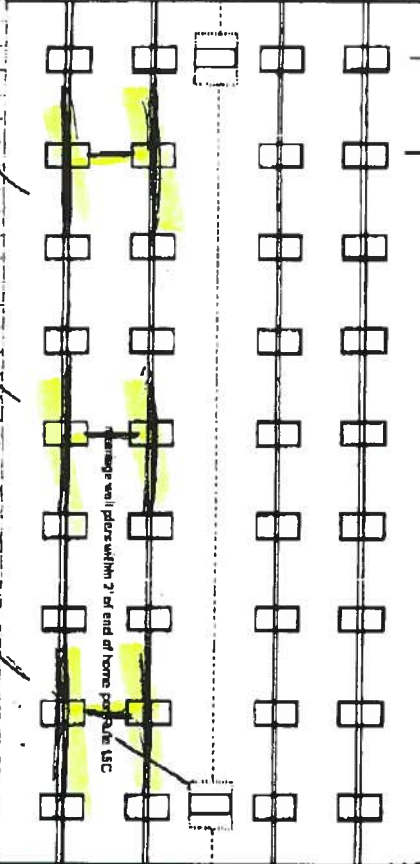
Address of home being installed _____

Manufacturer Flutwood Length x width 80x16

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. 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.

Typical pier spacing 6'
 Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)



Make 1/4" ball steel diaphragm system.
 ISO # Ser /
 I beam blocked 6' 0" 17x25
 AB Shick

Application Number: _____ Date: _____

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 # 62768
 Triple/Quad ☐ Serial # GAFCX75AB36248WS21

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq ft)	16' x 16' (256)	16 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'	5'	6'	7'	8'	9'
2000 psf	5'	6'	7'	8'	9'	10'
2500 psf	6'	7'	8'	9'	10'	11'
3000 psf	7'	8'	9'	10'	11'	12'
3500 psf	8'	9'	10'	11'	12'	13'

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

PIER PAD SIZES

I-beam pier pad size 17x25
 Perimeter pier pad size 16x16
 Other pier pad sizes (required by the mfg.) _____

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
18 x 18	324
18.5 x 18.5	342
16 x 22.5	360
17 x 22	374
13 1/4 x 28 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

OTHER TIES

TIEDOWN COMPONENTS
 Longitudinal Stabilizing Device (LSD)
 Manufacturer _____
 Longitudinal Stabilizing Device w/ Lateral Arms
 Manufacturer CHW

Sidewall Marriage wall Shearwall
 Number 3
2
9

Mobile Home Permit Worksheet

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 1500 psi 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 _____ 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 cantilever the points where the torque test reading is 275 or less and where the mobile home manufacturer may require anchors with 4000 lb holding capacity.

B.S. _____ Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Brent Strickland

Date Tested

9-16-19

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. _____

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 19

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 29

Application Number: _____

Date: _____

Site Preparation

Debris and organic material removed ☒ Swale ☐ Pad ☒ Other _____

Water drainage: Natural ☐ Swale ☐ Pad ☒ Other _____

Fastening multi wide units

Floor: Type: Fastener: _____ Length: _____ Spacing: _____
Walls: Type: Fastener: _____ Length: _____ Spacing: _____
Roof: Type: Fastener: _____ Length: _____ Spacing: _____

For used homes a min. 30 gauge, 8" wide, galvanized metal strip will be centered over the peak of the roof and faster 3d with gary 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 _____ Installed: _____
Pg. _____ 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 ☐ N/A ☒
Dryer vent installed outside of skirting. Yes ☒ N/A ☒
Range downflow vent installed outside of skirting. Yes ☒ N/A ☒
Drain lines supported at 4 foot intervals. Yes ☒ N/A ☒
Electrical crossovers protected. Yes ☒ N/A ☒
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 Strickland Date 9-16-19

LAND OWNER AFFIDAVIT

STATE OF FLORIDA
COUNTY OF COLUMBIA

This is to certify that I (We), Bullard Mgmt Services Inc,
as the owner of the below described property:

Property Tax Parcel ID Number 30-65-16-04002-000

Subdivision (Name, Lot, Block, Phase) Hills of Ft. White Lot 30

Give my permission for Jason Wisti to place a

Circle one – Mobile Home Travel Trailer / Utility Pole Only / Single Family Home / Barn
Shed / Garage / Culvert / Power Pole / Well / Septic / Other: _____

I (We) understand that the named person(s) above will be allowed to receive a building permit on the property number I (we) have listed above and this could result in an assessment for solid waste and fire protection services levied on this property.

[Signature]
Owner Signature

9/24/2019
Date

Owner Signature

Date

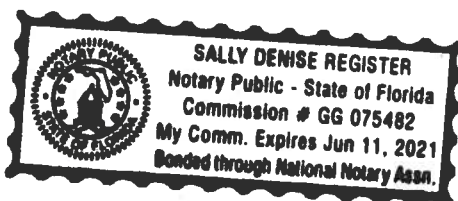
Sworn to and subscribed before me this 24th day of September, 20 19. This
(These) person(s) are personally known to me or produced ID _____.

(Type)

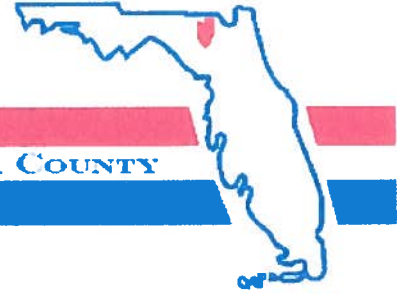
Sally Denise Register
Notary Public Signature

Sally Denise Register
Notary Printed Name

Notary Stamp



District No. 1 - Ronald Williams
District No. 2 - Rocky Ford
District No. 3 - Bucky Nash
District No. 4 - Toby Witt
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: **9/24/2019 5:42:59 PM**
Address: **368 SW PEWTER Dr**
City: **FORT WHITE**
State: **FL**
Zip Code **32038**

Parcel ID **04002-000**

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
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number:

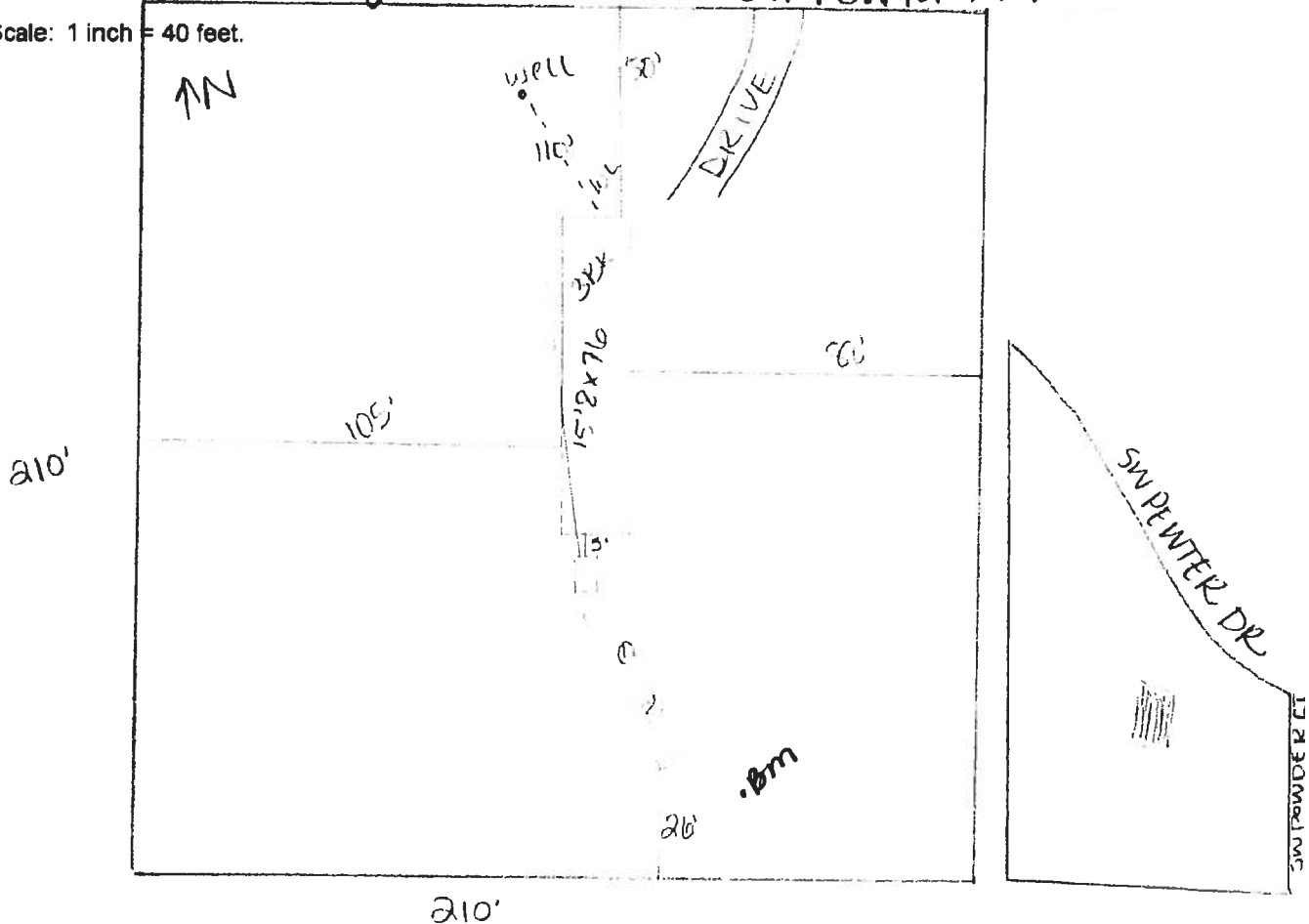
19-8717

(Wisti)
Bulland Management

PART II - SITEPLAN

SW-Pewter-Drive

Scale: 1 inch = 40 feet.



Notes:

1 ACRES OF 10 #

Site Plan submitted by:

Plan Approved

By_

Not Approved

MASTER CONTRACTOR

Date 8/22/19

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

T# 1107774884

B# 1249485

Identification Number GAFIX75A36248WS21	Year 2000	Make FLEET	Body HS	WT-L-BHP 76'	Vessel Regs. No.	Title Number 81098414
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Registered Owner:

WESTRIDGE INC

PO BOX 1733

LAKE CITY, FL 32056

Date of Issue

09/06/2019

Lien Release

Interest in the described vehicle is hereby released

By

Title

Date

IMPORTANT INFORMATION

1. When ownership of the vehicle described herein is transferred, the seller MUST complete in full the Transfer of Title by Seller section at the bottom of the certificate of title.
2. Upon sale of this vehicle, the seller must complete the notice of sale on the reverse side of this form.
3. Remove your license plate from the vehicle.
4. See the web address below for more information and the appropriate forms required for the purchaser to title and register the vehicle, mobile home or vessel: <http://www.hsmv.state.fl.us/hmvtitlinf.html>

Mail To:

WESTRIDGE INC

PO BOX 1733

LAKE CITY, FL 32056

CERTIFICATE OF TITLE

Identification Number GAFIX75A36248WS21	Year 2000	Make FLEET	Body HS	WT-L-BHP 76'	Vessel Regs. No.	Title Number 81098414
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Lien Release

Interest in the described vehicle is hereby released

Prev State FL	Color	Primary Brand	Secondary Brand	No of Brands	Use PRIVATE	Prev Issue Date 02/14/2019
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By

Title

Date

Odometer Status or Vessel Manufacturer or OH use

Engine Drive

Hull Material

Prop

Date of Issue
09/06/2019

Date

Registered Owner

WESTRIDGE INC

PO BOX 1733

LAKE CITY, FL 32056

1st Lienholder

NONE

DIVISION OF MOTORIST SERVICES

TALLAHASSEE

FLORIDA

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

Robert R. Kynoch
Director

Control Number

141271875

Terry L. Rhodes
Executive Director

29 /1 141271875

TRANSFER OF TITLE BY SELLER (This section must be completed at the time of sale)

Federal and/or state law require that the seller state the mileage, purchaser's name, selling price and date sold in connection with the transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment.

This title is warranted to be free from any liens except as noted on the face of the certificate and the motor vehicle or vessel described is hereby transferred to:

Seller Must Enter Purchaser's Name:

Address:

Seller Must Enter Selling Price:

Seller Must Enter Date Sold:

I/We state that this ☐ 5 or ☐ 6 digit odometer now reads _____ (no tenths) miles, date read _____ and I hereby certify that to the best of my knowledge the odometer reading: ☐ 1 reflects ACTUAL MILEAGE ☐ 2 is IN EXCESS OF ITS MECHANICAL LIMITS ☐ 3 is NOT THE ACTUAL MILEAGE

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

SELLER Must

Sign Here:

CO-SELLER Must

Sign Here:

Print Here:

Print Here:

Selling Dealer's License Number

Tax No.:

Tax Collected:

Auction Name:

License Number:

PURCHASER Must

Sign Here:

CO-PURCHASER Must

Sign Here:

Print Here:

Print Here:

NOTICE: PENALTY IS REQUIRED BY LAW IF NOT SUBMITTED FOR TRANSFER WITHIN 30 DAYS AFTER DATE OF PURCHASE.

Columbia County Property Appraiser

Jeff Hampton

2019 Preliminary Certified Values

updated: 8/14/2019

Parcel: << **30-6S-16-04002-000** >>

Aerial Viewer Pictometry Google Maps

Owner & Property Info

Result: 1 of 1

Owner	BULLARD MANAGEMENT SERVICES P O BOX 1432 LAKE CITY, FL 32056		
Site	547 PEWTER DR, FORT WHITE		
Description*	SE1/4 EX 6.16 AC DESC ORB 1140 -1952 IN THE NE COR. & ALSO A PARCEL LYING IN SEC 29-6S- 16 DESC AS FOLLOWS: BEG SW COR OF SEC 29, RUN E 537.18 FT, N 497.15 FT, W 481.77 FT, TO THE E LINE OF A 60 FT EASEMENT CONT W 30 FT TO CENTER LINE OF SAID EASEMENT, RUN more>>>		
Area	139.5 AC	S/T/R	30-6S-16
Use Code**	TIMBERLAND (005600)	Tax District	3

*The [Description](#) above is not to be used as the Legal Description for this parcel in any legal transaction.

**The [Use Code](#) is a FL Dept. of Revenue (DOR) code and is not maintained by the Property Appraiser's office. Please contact your city or county Planning & Zoning office for specific zoning information.

Property & Assessment Values

2018 Certified Values		2019 Preliminary Certified	
Mkt Land (1)	\$2,000	Mkt Land (3)	\$9,750
Ag Land (1)	\$33,201	Ag Land (1)	\$34,177
Building (0)	\$0	Building (0)	\$0
XFOB (0)	\$0	XFOB (6)	\$15,595
Just	\$303,971	Just	\$327,316
Class	\$35,201	Class	\$59,522
Appraised	\$35,201	Appraised	\$59,522
SOH Cap [?]	\$0	SOH Cap [?]	\$0
Assessed	\$35,201	Assessed	\$59,522
Exempt	\$0	Exempt	\$0
Total Taxable	county:\$35,201 city:\$35,201 other:\$35,201 school:\$35,201	Total Taxable	county:\$51,972 city:\$51,972 other:\$51,972 school:\$59,522

**▼ Sales History**

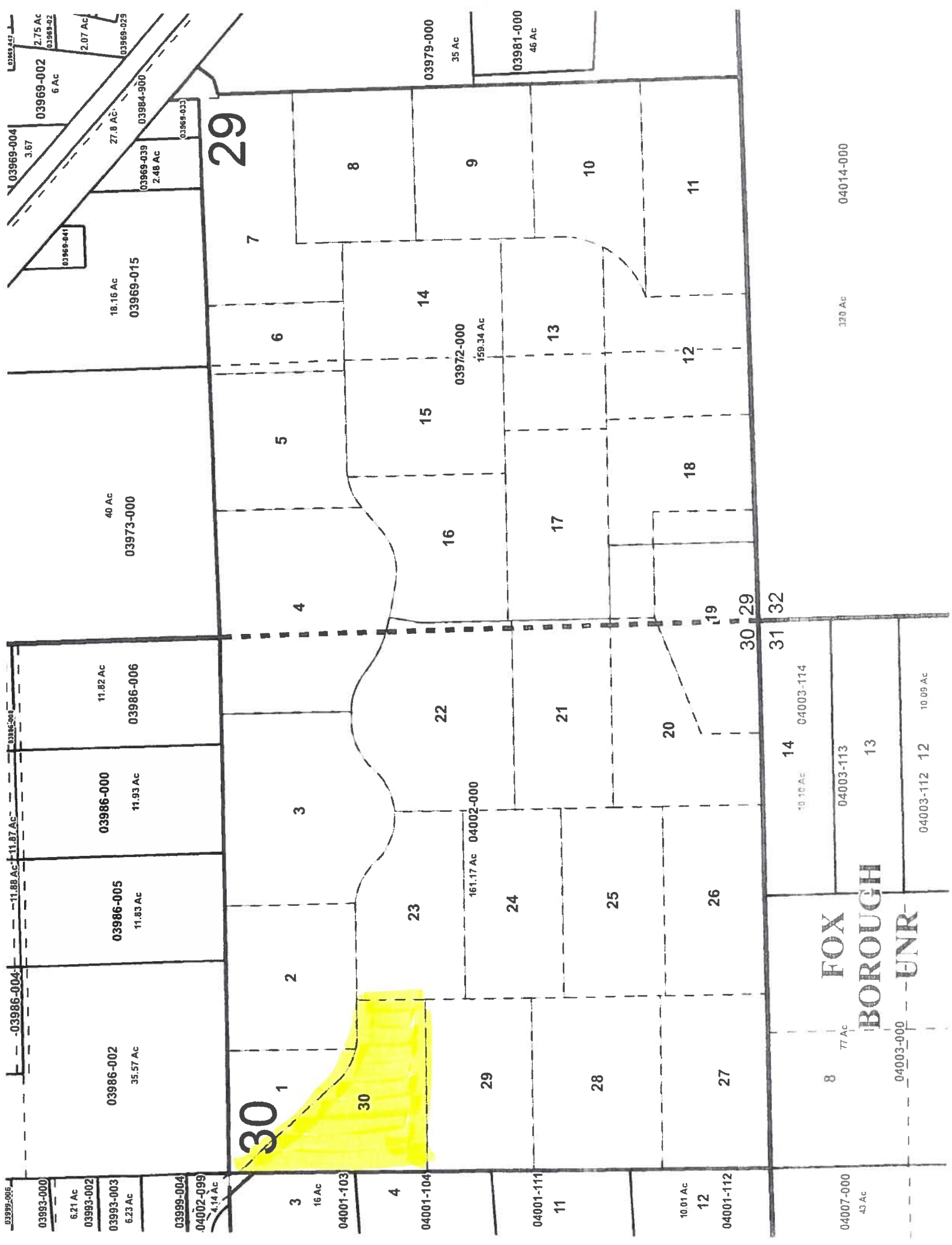
Sale Date	Sale Price	Book/Page	Deed	V/I	Quality (Codes)	RCode
12/16/2016	\$100	1327/2088	QC	V	U	11
1/9/2008	\$14,700	1140/1954	WD	V	U	03
10/12/2004	\$301,000	1027/2995	WD	V	Q	
10/9/2004	\$350,000	1027/2987	WD	V	U	02 (Multi-Parcel Sale) - show

▼ Building Characteristics

Bldg Sketch	Bldg Item	Bldg Desc*	Year Blt	Base SF	Actual SF	Bldg Value
NONE						

▼ Extra Features & Out Buildings (Codes)

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
------	------	----------	-------	-------	------	--------------------



FOX
BOROUGH
UNR

04014-000

320 Ac

10.10 Ac

04003-113

13

04003-112

12

10.09 Ac

04007-000

43 Ac

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13

14

15

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A&B Well Drilling, Inc.

5673 NW Lake Jeffery Road
Lake City, FL 32055
Telephone (386) 758-3409
Cell (386) 623-3151
Fax (386) 758-3410
Owner Bruce Park

- 43681

October 4, 2019

To: Columbia County Building Department

Description of Well to be installed for Customer ____Jason Wisti__

Located @ Address: _____Pewter rd_____

1 HP 15 GPM submersible pump, 1" drop pipe, 35 gallon captive tank, and backflow prevention. With SRWMD permit.

____*Bruce Park*_____

Sincerely,
Bruce N. Park
President



MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 43681 CONTRACTOR Paul Stockland PHONE _____

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  1074	Print Name <u>Glenn Whittington</u> Signature <u>Kerry R Bishop</u> License #: <u>EC-13002957</u> Phone #: <u>386-972-1700</u> Qualifier Form Attached <input checked="" type="checkbox"/>
MECHANICAL/ A/C <u>327</u> 	Print Name <u>Harry's Heating & Air</u> Signature <u>Kerry R Bishop</u> License #: <u>PA0030316</u> Phone #: <u>386-752-2308</u> Qualifier Form Attached <input checked="" type="checkbox"/>

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.



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, Glenn Whittington (license holder name), licensed qualifier
for Whittington Electric Inc. (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>Kelly R Bishop</u>	1. <u>Kelly R Bishop</u>
2.	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.

Glenn Whittington
Licensed Qualifiers Signature (Notarized)

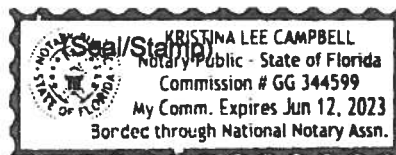
EC13002757 7/3/19
License Number Date

NOTARY INFORMATION:

STATE OF: FLA. COUNTY OF: Columbia

The above license holder, whose name is Glenn Whittington,
personally appeared before me and is known by me or has produced identification
(type of I.D.) FIDL on this 7 day of July, 20 19.

Kristina Campbell
NOTARY'S SIGNATURE





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, Harry Morley (license holder name), licensed qualifier
for Harry's Heating & AC Inc (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. Kelly R Bishop	1. Kelly R Bishop
2.	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.

Harry Morley
Licensed Qualifiers Signature (Notarized)

RA0030316
License Number

9-17-19
Date

NOTARY INFORMATION:

STATE OF: _____ COUNTY OF: _____

The above license holder, whose name is _____,
personally appeared before me and is known by me or has produced identification
(type of I.D.) _____ on this _____ day of _____, 20____.

NOTARY'S SIGNATURE _____

(Seal/Stamp)



COLUMBIA COUNTY BUILDING DEPARTMENT
135 NE Hernando Ave, Suite B-21, Lake City, FL 32055
Phone: 386-758-1008 Fax: 386-758-2160

MOBILE HOME INSTALLERS LETTER OF AUTHORIZATION

I, Brent Strickland, give this authority for the job address show below
Installer License Holder Name

only, 308 SW Peniter Dr., and I do certify that
Job Address

the below referenced person(s) listed on this form is/are under my direct supervision and control and is/are authorized to purchase permits, call for inspections and sign on my behalf.

Printed Name of Authorized Person	Signature of Authorized Person	Authorized Person is... (Check one)
Kelly Bishop	Kelly Bishop	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and I am fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances.

I understand that the State Licensing Board has the power and authority to discipline a license holder for violations committed by him/her or by his/her authorized person(s) through this document and that I have full responsibility for compliance granted by issuance of such permits.

Brent Strickland

License Holders Signature (Notarized)

IH1104218

License Number

9-16-19

Date

NOTARY INFORMATION:

STATE OF: Florida

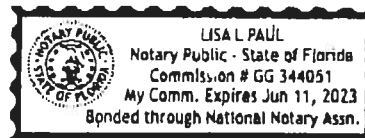
COUNTY OF: Swannee

The above license holder, whose name is Brent Strickland, personally appeared before me and is known by me or has produced identification (type of I.D.) Driver's License on this 16th day of September, 2019.

Lisa L. Paul

NOTARY'S SIGNATURE

(Seal/Stamp)



CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED _____ BY _____ IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? _____

OWNERS NAME Jason Wisti PHONE _____ CELL 941-757-6976

ADDRESS 368 SW Pewter Dr. Ft. White FL 32038

MOBILE HOME PARK _____ SUBDIVISION _____

DRIVING DIRECTIONS TO MOBILE HOME _____

MOBILE HOME INSTALLER Brent Strickland PHONE 365-7043 CELL _____

MOBILE HOME INFORMATION

MAKE _____ YEAR _____ SIZE _____ X _____ COLOR _____

SERIAL No. _____

WIND ZONE _____ Must be wind zone II or higher NO WIND ZONE I ALLOWED

INSPECTION STANDARDS

INTERIOR:

(P or F) - P= PASS F= FAILED

_____ SMOKE DETECTOR () OPERATIONAL () MISSING

_____ FLOORS () SOLID () WEAK () HOLES DAMAGED LOCATION _____

_____ DOORS () OPERABLE () DAMAGED

_____ WALLS () SOLID () STRUCTURALLY UNSOUND

_____ WINDOWS () OPERABLE () INOPERABLE

_____ PLUMBING FIXTURES () OPERABLE () INOPERABLE () MISSING

_____ CEILING () SOLID () HOLES () LEAKS APPARENT

_____ ELECTRICAL (FIXTURES/OUTLETS) () OPERABLE () EXPOSED WIRING () OUTLET COVERS MISSING () LIGHT
FIXTURES MISSING

EXTERIOR:

_____ WALLS / SIDING () LOOSE SIDING () STRUCTURALLY UNSOUND () NOT WEATHERTIGHT () NEEDS CLEANING

_____ WINDOWS () CRACKED/ BROKEN GLASS () SCREENS MISSING () WEATHERTIGHT

_____ ROOF () APPEARS SOLID () DAMAGED

STATUS

APPROVED _____ WITH CONDITIONS: _____

NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE _____ ID NUMBER _____ DATE _____