Parcel:

02-38-15-00138-002 (369)

Owner & Property Info

Result: 19 of 33

MCCALL PHILLIP

MCCALL REBECCA LEIGH

Owner 471 SW MAYO RD

LAKE CITY, FL 32024

Site

THE E 445 FT OF FOLLOWING: COMM SW COR, N 840.13 FT FOR POB, CONT N 489.70 FT, E

Description* 1334.28 FT, S 489.55 FT, W 1335.26 FT TO POB 554-311-315, 831-1960, 880-988, 894-2619, WD 1166-

1473, WD 1478-668

Area

5 AC

S/T/R

02-3S-15

Use Code** VACANT (0000)

Tax District 3

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER	CONTRACTOR	Robert Sheppard	PHONE 386-623-2203

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

Phillip McCall

In Columbia County one permit will cover all trades doing work at the permitted site. It is <u>KEQUIKED</u> 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	Glenn Whittington EC 13002957	Signature 286 072 1700
	License #:	EC 13002937	Phone #: 386-972-1700
		Qualifier Forn	n Attached 🔀
MECHANICAL/	Print Name	Ronald Bonds Sr.	Signature
A/C	License #:	CAC 1817658	Phone #:800-259-3470
		Qualifier Forn	n 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

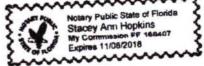
1. (April 1 Chillington	(license holder name), licensed qualifier					
for Whittington ELRENIC ?	(company name), do certify that					
the below referenced person(s) listed on this form holder, or is/are employed by me directly or throu officer of the corporation; or, partner as defined in person(s) is/are under my direct supervision and sign permits; call for inspections and sign subcon-	ugh an employee leasing arrangement; or, is an in Florida Statutes Chapter 468, and the said control and is/are authorized to purchase and					
Printed Name of Person Authorized	Signature of Authorized Person					
1. DARSUN	1					
2. Vecky tond	2. Jones 1) -					
3.	3.					
4.	4.					
5.	5.					
I, the license holder, realize that I am responsible under my license and fully responsible for compl Local Ordinances. I understand that the State an authority to discipline a license holder for violatio officers, or employees and that I have full responsand ordinances inherent in the privilege granted If at any time the person(s) you have authorized officer(s), you must notify this department in writing authorization form, which will supersede all previous unauthorized persons to use your name and/or license.	iance with all Florida Statutes, Codes, and ad County Licensing Boards have the power and ans committed by him/her, his/her agents, asibility for compliance with all statutes, codes by issuance of such permits. is/are no longer agents, employee(s), or ing of the changes and submit a new letter of ious lists. Failure to do so may allow					
Licensed Qualifiers Signature (Notarized)	EC 1300 2957 3/7/16 License Number Date					
NOTARY INFORMATION: STATE OF:COUNTY OF:						
Lieux R Brishop	this					
NOTARY'S SIGNATURE	Notary Public - State of Florida Commission # FF 243986 My Comm. Expires 149 24 2010					



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. (CNA let Loster) (license holder name). licensed qualifier						
for STIPE CHEST ENTERPRISES IN L (company name), do certify that						
the below referenced person(s) listed on this for holder, or is/are employed by me directly or throughout officer of the corporation; or, partner as defined	is/are contracted/hired by me, the license ough an employee leasing arrangement; or, is an in Florida Statutes Chapter 468, and the said d control and is/are authorized to purchase and					
Printed Name of Person Authorized	Signature of Authorized Person					
1. DALE BURD	1.					
2. Rocks Ford	2. (62/37) 7-1					
3. Kally Bishap	3 Kelly Brishof					
4.	4.					
5.	5.					
authority to discipline a license holder for violatic officers, or employees and that I have full responsand ordinances inherent in the privilege granted If at any time the person(s) you have authorized officer(s), you must notify this department in write authorization form, which will supersede all prevunauthorized persons to use your name and/or in the privilege granted officer(s).	nsibility for compliance with all statutes, codes by issuance of such permits. is/are no longer agents, employee(s), or ing of the changes and submit a new letter of ious lists. Failure to do so may allow					
NOTARY INFORMATION:						
STATE OF: FL COUNTY OF: Bay						
The above license holder, whose name is Rongled Edward Bonds SR personally appeared before me and is known by me or has produced identification (type of I.D.) on this 14th day of FEB 20 (4c).						
Stack Gna ldupkins	(Seal/Stamp)					



	ramage vall piers within 2 of and of home pal Rule 15C			2. Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)	where the sidewall ties exceed 5 ft 4 in. Installer's initials Typical pier spacing > 1	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	Manufacturer Champion Length x width 102.628	Installer Robert Sheppard License # IH 1025386 Installer Mobile Phone # 386-623-2203 Address of home TRD MW UNION Park Repart
TIEDOWN COMPONENTS Longitudinal Stabilizing Device (LSD) Manufacturer Longitudinal Stabilizing Device w/ Lateral Arms Manufacturer Manufacturer	wall openings 4 foo symbol to show the symbol to show the List all marriage wall openi and their pier pad sizes be Opening	Perimeter pier pad size Other pier pad sizes (required by the mfg.)	취외	1000 psf 4' 6" 1500 psf 4' 6" 2000 psf 6' 2500 psf 7' 6"	Load Footer 16" x 16" capacity (sq in)	Roof System: Typical	Single wide	New Home Used Home Home installed to the Manufacturer's Installation Manual Home is installed in accordance with Rule 15-C
bilizing Device (LSD) bilizing Device w/ Lateral Arms	wall openings 4 foot or greater. Use this symbol to show the piers. marriage wall openings greater than 4 foot ir pier pad sizes below. Pier pad size	16416 17825 17825	acing table	2000 00 4.	18 1/2" x 18 20" x 20" 1/2" (342) (400)	Typical Hinged Note: Typical Hinged	ion Decal #	Used Home
within 2' of end of home spaced at 5' 4" oc OTHER TIES OTHER TIES Number Sidewall Longitudinal Marriage wall Shearwall	17 3/16 × 25 3/16 441 17 1/2 × 25 1/2 446 24 × 24 5/6 5/6 26 × 26 6/6 ANCHORS		OPULAR PAD SIZ	ක් ක් ක් ක් ක් ක් ක් ක් ක් ක්	24" X 24" 26" (576)" (6	HOMES	Wind Zone III	

Site Preparation

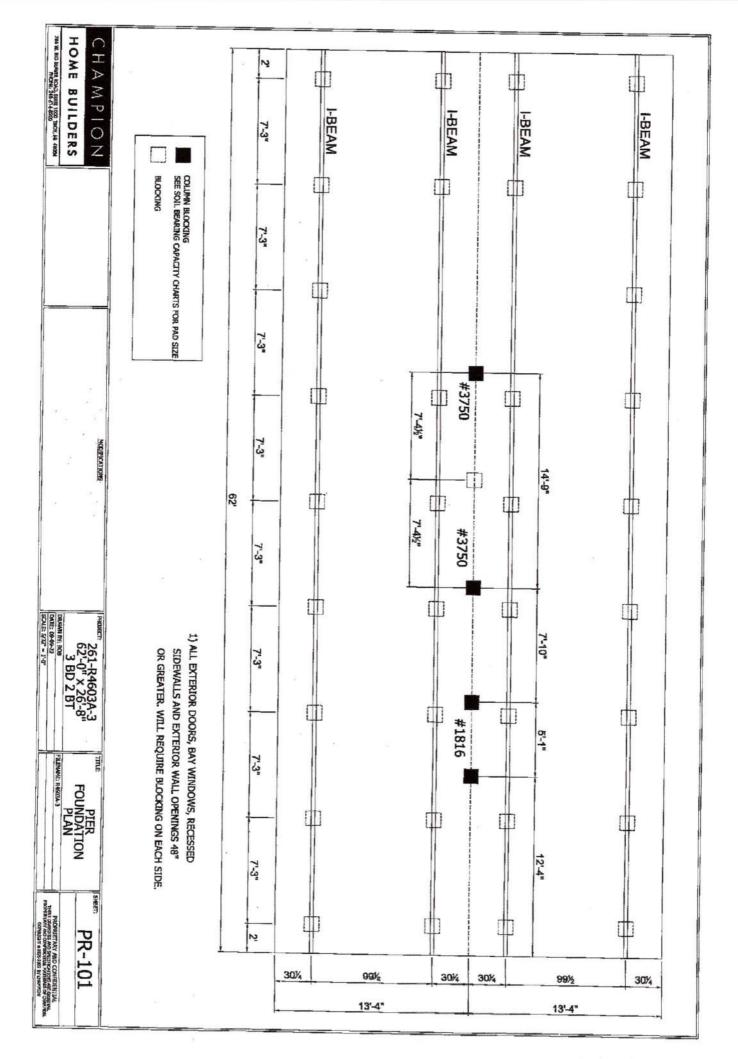
	TORQUE PROBE TEST The results of the torque probe test is $\frac{2Q}{2}$ inch pounds or check here if you are declaring 5' anchors without testing A test showing 275 inch pounds or less will require 5 foot anchors. Note: A state approved lateral arm system is being used and 4 ft.	POCKET PENETROMETER 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 1000 x 1000 x 1000	POCKET PENETROMETER TEST The pocket penetrometer tests are rounded down to psf or check here to declare 1000 lb. soil without testing. x 1000 x 1000 x 1000
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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 Prain lines supported at 4 foot intervals. Yes Electrical crossovers protected. Yes Other:	Weatherproofing	PgBetween Floors Yes Between Walls Yes Bottom of ridgebeam Yes	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	Gasket (weatherproofing requirement)	Floor: Type Fastener: 1035 Walls: Type Fastener: 1035 Roof: Type Fastener: 1035 For used homes a mih. 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.	Fastening multi wide units	Debris and organic material removed Water drainage: Natural Swale Pad Cother
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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 2 Heart The policy

Date 11-21-22



STATE OF FLORIDA

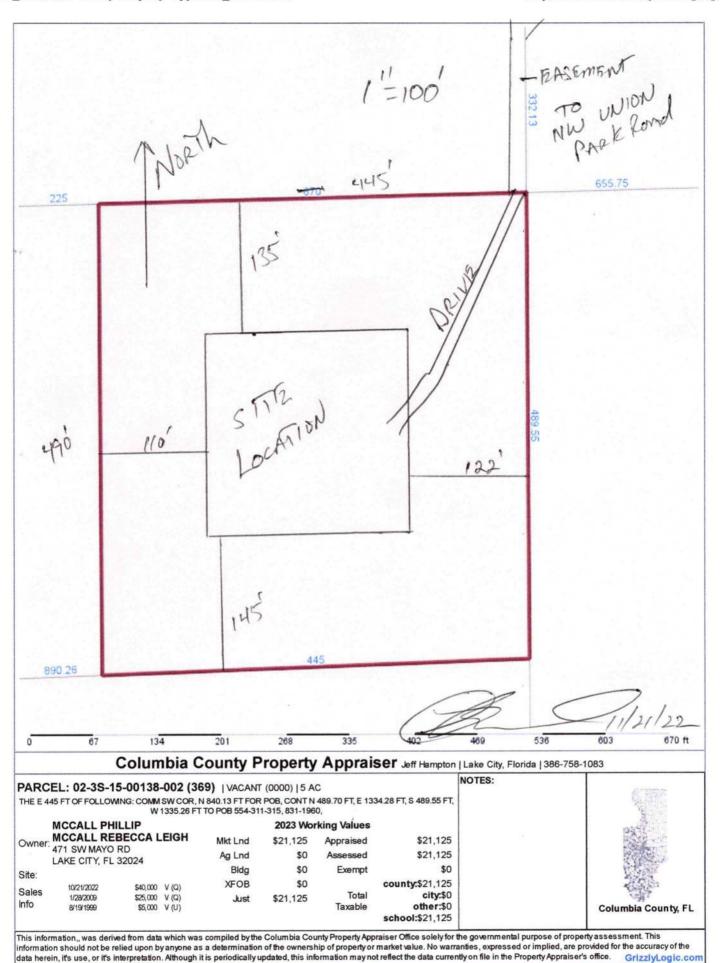
DEPARTMENT OF ENVIRONMENTAL PROTECTION

APPLICATION FOR CONSTRUCTION PERMIT

	APPLICATION FOR CONSTRU	Permit Application Number
Phillip I	McCallPART II - SITEPLAN	
Scale: Each block represents 1	TAKTII - SITEPLAN	210 [']
Notes:	were use	1050 1050 1050 1050 1050 110'
//	of 5 Acres SE	e Attached
) Jugar sil	TIMEO
Site Plan submitted by:		Contractor
Plan Approved	Not Approved	Date

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

____County Health Department



11/21/2022, 4:39 PM

