

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only

(Revised 7-1-15)

Zoning Official _____

Building Official _____

AP# 48396

Date Received 2/8/21

By MG

Permit # _____

Flood Zone _____

Development Permit _____

Zoning _____

Land Use Plan Map Category _____

Comments _____

FEMA Map# _____

Elevation _____

Finished Floor _____

River _____

In Floodway _____

- ☐ Recorded Deed or ☐ Property Appraiser PO ☐ Site Plan ☐ EH # _____ ☐ 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 _____ ☐ Out County ☐ In County ☐ Sub VF Form

Property ID # 34-35-16-02502-000 Subdivision West Lake City Hills Lot# 3

- New Mobile Home _____ Used Mobile Home ☒ MH Size _____ Year _____
- Applicant Paul Barney Phone # 386-209-0906
- Address 466 sw Deputy J. Davis Lane Lake City Fl. 32024
- Name of Property Owner Charlie Lesnak Phone# 386-303-1393
- 911 Address 615 NW Lake City Ave, Lake City Fl. 32055
- Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Duke Energy
- Name of Owner of Mobile Home Charlie Lesnak Phone # 386-303-1393
Address 615 NW Lake City Ave, Lake City Fl. 32055
- Relationship to Property Owner Owner
- Current Number of Dwellings on Property 0
- Lot Size 130 x 320 Total Acreage .95
- 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 Yes
- Driving Directions to the Property Take us 90 West to Lake City Ave (R) go approx 1.1 miles to site.
- Name of Licensed Dealer/Installer David Albright Phone # 386-344-3645
- Installers Address 353 sw Mauldin Ave, Lake City Fl. 32024
- License Number IH 1129420 Installation Decal # 76932

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 2/1/21 BY _____ IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? Not Yet

OWNERS NAME Freedom Homes PHONE 386-752-5355 CELL 386-207-0906

ADDRESS 466 SW DEP J. DAVIS LN LAKE CITY, FL 32024

MOBILE HOME PARK _____ SUBDIVISION _____

DRIVING DIRECTIONS TO MOBILE HOME @ Freedom Homes Dealership

MOBILE HOME INSTALLER David H. Hays PHONE 386-344-3646 CELL _____

MOBILE HOME INFORMATION

MAKE FLEETWOOD YEAR 1991 SIZE 14x66 x 70 COLOR METAL

SERIAL No. 21090

WIND ZONE II 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 David H. Hays ID NUMBER IH-1129420 DATE 2/1/21

Freedom Mobile Home Sales, Inc

3333

DATE OF BIRTH
BUYER: 12/20/52
CO-BUYER: _____

466 SW DEPUTY J DAVIS LN,
LAKE CITY, FLORIDA 32024
(386) 752-5355 Fax: (386) 752-4757

DRIVER'S LICENSE
BUYER: L252-140-52-460-0
CO-BUYER: 0

BUYER(S) CHARLES LESNAK		PHONE 386-303-1393		DATE 01/29/21	
ADDRESS 615 NW LAKE CITY AVE LAKE CITY FL 32055		Salesperson: WAYNE HATCH			
DELIVERY ADDRESS 615 NW LAKE CITY AVE LAKE CITY FL 32055					
MAKE & MODEL FLEETWOOD BROA 2662A		YEAR 1991	BEDROOMS 2	FLOOR SIZE L 14 W 66	HITCH SIZE L 14 W 70
SERIAL NUMBER GAFL07A21090BM		COLOR	PROPOSED DELIVERY DATE		STOCK NUMBER 401
New or Used USED		KEY NUMBERS			
LOCATION	R-VALUE	THICKNESS	TYPE OF INSULATION		BASE PRICE OF UNIT
CEILING	0	0	ROCKWOOL		\$28,270.00
EXTERIOR	0	0	FIBERGLASS		
FLOORS	0	0	FIBERGLASS		
THIS INSULATION INFORMATION WAS FURNISHED BY THE MANUFACTURER AND IS DISCLOSED IN COMPLIANCE WITH THE FEDERAL TRADE COMMISSION RULE 16 CFR, SECTION 480.16.					SUB-TOTAL
OPTIONAL EQUIPMENT, LABOR, AND ACCESSORIES					\$28,270.00
Delivered and Set Up:					COUNTY TAX
Trim					CUSTOMER
Tied Down:					CUSTOMER
Dirt Pad					CUSTOMER
land clearing					CUSTOMER
Connect water and sewer within 20 feet of existing facility					CUSTOMER
					WELL SEPTIC CLEARING PERMITS NON TAXABLE
					\$545.46
					1. CASH PURCHASE PRICE
					\$30,740.66
Furnished \$ NO					TRADE-IN ALLOWANCE \$0.00
Unfurnished AGREE					LESS BAL. DUE ON ABOVE \$0.00
					NET ALLOWANCE \$0.00
					CASH DOWN PAYMENT \$1,000.00
					0 \$29,740.66
Customer responsible for any wrecker fees incurred on lot. AGREE					LESS TOTAL CREDITS
					\$30,740.66
Wheels & axles deleted from sale price of home. AGREE					BALANCE DUE TO FREEDOM
					\$0.00
Electrical Hookup Included					LAND PAYOFF
					\$0.00
					CLOSING COST FINANCED BY LENDER
					\$0.00
					INSURANCE
					\$0.00
					ESTIMATED FINAL LOAN AMOUNT
					\$0.00
Type of A/C PKG HP Included					Initial: _____
Type of Skirting STD VINYL Included					NO VERBAL AGREEMENTS WILL BE HONORED.
Type of steps WOODCODE Included					SELLER AGREES TO PAY UP TO \$0.00
					OF BUYERS CLOSING COST AND PREPAIDS
					The U.S. Department of Housing and Urban Development (HUD)
					Manufactured Home Dispute Resolution Program is available to resolve
					disputes among manufacturers, retailers, or installers concerning defects in
					manufactured homes. Many states also have a consumer assistance or
					dispute resolution program. For additional information about these
					programs see sections titled "Dispute Resolution Process" and "additional
					Information -- HUD Manufactured Home Dispute Resolution Program" in
					the consumer manual required to be provided to the purchaser. These
					programs are not warranty programs and do not replace the manufacturer's
					or any other person's warranty program. _____
NOTE: WARRANTY, EXCLUSIONS AND LIMITATIONS OF DAMAGES ON THE REVERSE					
DESCRIPTION OF TRADE-IN					
YEAR					
N/A					
BEDROOMS					
N/A					
SIZE					
N/A					
MAKE					
MODEL					
N/A					
TITLE NO.					
SERIAL					
COLOR					
N/A					
N/A					
LIEN HOLDER					
PHONE NO					
N/A					
AMOUNT					
N/A					
TRADE PAYOFF IS TO BE PAID BY 0					
THIS AGREEMENT CONTAINS THE ENTIRE UNDERSTANDING BETWEEN DEALER AND BUYER AND NO OTHER REPRESENTATION OR INDUCEMENT, VERBAL OR WRITTEN HAS BEEN MADE WHICH IS NOT CONTAINED IN THIS CONTRACT. Dealer and Buyer certify that the additional terms and conditions printed on Page 2 of this contract are agreed to as part of the contract and accessories, the insurance as described has been voluntary, the Buyer's trade-in is free of all claims whatsoever except as noted.					
Liquidated Damages are agreed to \$900.00 or 10% of the cash price, whichever is greater.					
REFER TO PARAGRAPH #6 ON THE REVERSE SIDE OF THIS CONTRACT					
the above described trailer, manufactured home, or vehicle the optional equipment					
Freedom Mobile Home Sales, Inc DEALER					
Not Valid Unless Signed by Steve Smith (Vice Pres)					
SIGNED X _____ BUYER					
SOCIAL SECURITY NO. 000-00-0000					
BY _____ Agent					
SIGNED X _____ BUYER					
SOCIAL SECURITY NO.					

When recorded, mail to:

Name: Charlie Lesnak
Address: 615 NE Lake City Ave,
City/State/Zip Code: Lake City, FL
32055

Inst: 201812026226 Date: 12/20/2018 Time: 2:19PM
Page 1 of 3 B: 1374 P: 2321, P.DeWitt Cason, Clerk of Court
Columbia, County, By: BD
Deputy Clerk Doc Stamp-Deed: 0.70

SPACE ABOVE THIS LINE FOR RECORDER'S USE

QUITCLAIM DEED

KNOW ALL MEN BY THESE PRESENTS:

That I(we), Terri Lee Phillips

the undersigned releasor(s), for the consideration of Ten Dollars (\$10.00), and other valuable considerations, by these presents, do hereby release, remise and forever quitclaim unto Charlie Lesnak

all rights, title and interest in that certain real property situated in the County of Columbia, State of Florida, and legally described as follows:

SEE Exhibit "A"

IN WITNESS WHEREOF, I(we) have hereunto set my(our) hand(s) and seal(s) this 20 day of December 2018.

Terei Lee Phillips
Printed Name of Releasor

Terei Lee Phillips
Signature of Releasor

Printed Name of Co-Releasor

Signature of Co-Releasor

Donato Stuart
Signature of Witness No. 1

Jennifer Bonfiglio
Signature of Witness No. 2

DONATO STUART
Printed Name of Witness No. 1

Jennifer Bonfiglio
Printed Name of Witness No. 2

1408 SW Main Blvd. Ste 105
Address

1408 SW Main Blvd Ste 105
Address

Lake City, FL 32025
City/State/Zip Code

Lake City, FL 32025
City/State/Zip Code

Acknowledgment

State of Florida)
County of Columbia) ss.

The foregoing instrument was acknowledged before me, the undersigned Notary Public, this 20 day
of December, 20 18, by Terei Lee Phillips
_____, known to me to be the indi-
vidual(s) who executed the foregoing instrument and acknowledged the same to be his(her)(their) free act and deed.

My Commission Expires: 02/18/2019

Wanda J. Strickland
Notary Public
Wanda J. Strickland

If acknowledged in the State of Florida, complete the section
below:
(check one) ☒ Personally Known. [] Produced Identification.
Type of Identification produced: _____

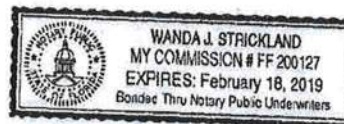
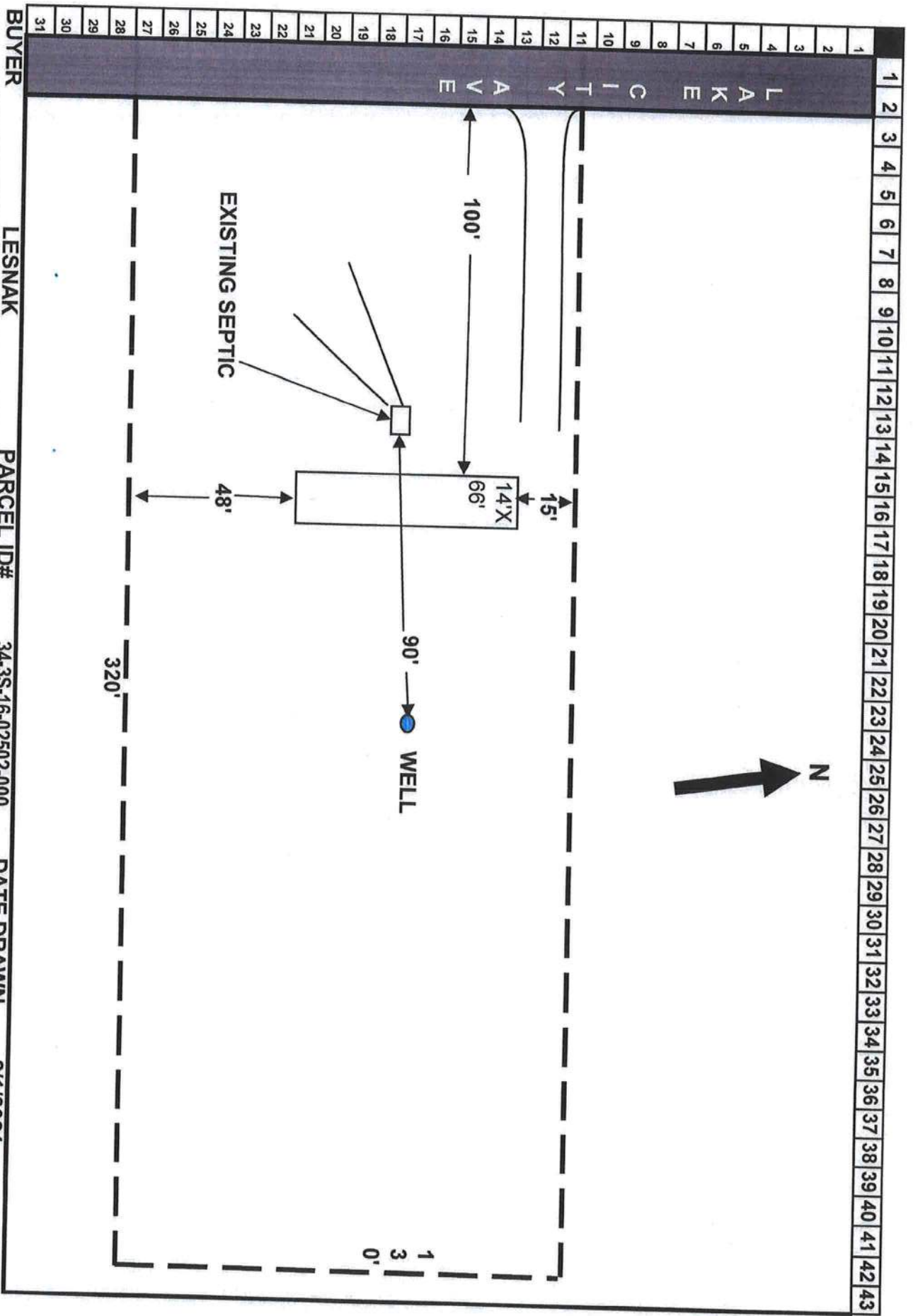


Exhibit "A"

LOT 3, BLOCK A, WEST LAKE CITY HILLS SUBDIVISION, as recorded in Plat Book 1124, Page 1447, public records of Columbia County, Florida;

Subject to restrictions noted in Warranty Deed recorded in Official Record Book 304, Page 255, of the public records of Columbia County, Florida.

Also, (1) one 1970 12 x 64 foot Lamplighter Mobile Home ID #9295. RP Certificate #791RP-29.



BUYER LESNAK PARCEL ID# 34-3S-16-02502-000 DATE DRAWN 2/1/2021
 ACREAGE DEALER: FREEDOM HOMES 386-752-5355

Mobile Home Permit Worksheet

Application Number: _____

Date: _____

Installer: DAVID RIBBINGT License # IM - 1129420

Address of home being installed: 615 NW LAKE CITY AVE LAKE CITY FL 32055

Manufacturer: FIRETWOOD Length x width: 20/66 x 14

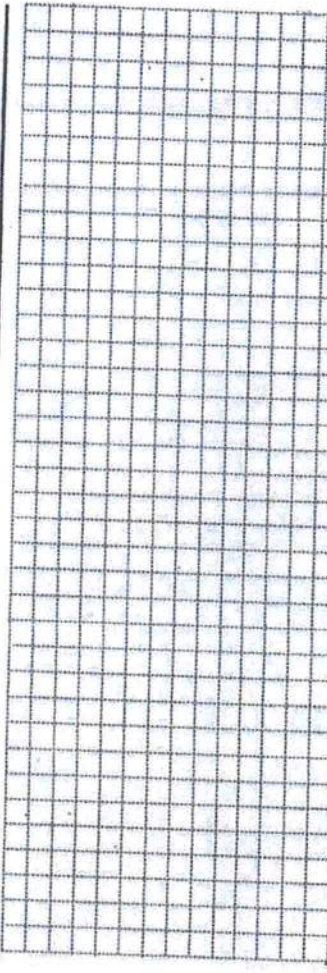
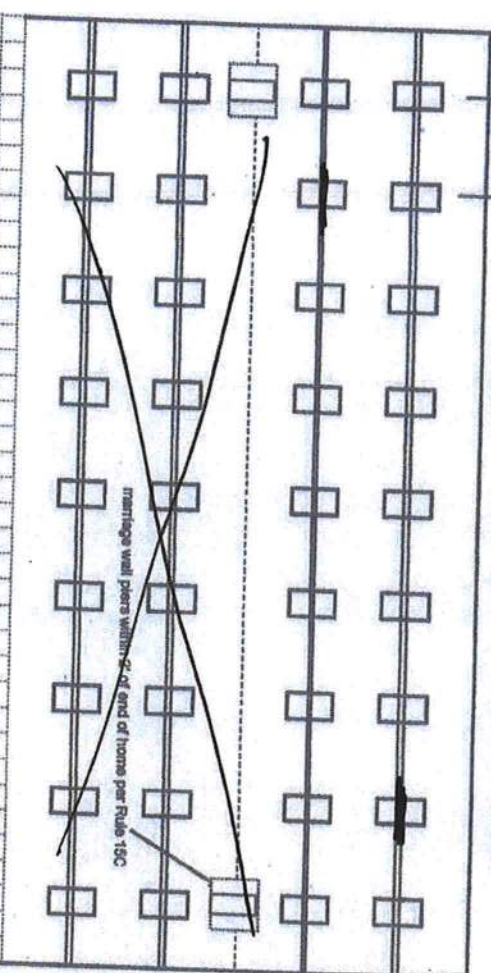
NOTE: If home is a single wide fill out one half of the blocking plan. If home is a triple or quad wide sketch in remainder of home where the sidewall ties exceed 5 ft 4 in.

Typical pier spacing



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

Installer's initials: DR



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 # 769932

Triple/Quad ☐ Serial # GAFL07A21090 BM

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'	4'	5'	6'	7'	8'
1500 psf	4' 6"	6'	6'	7'	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 17x26
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
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 22 5 ft 6

FRAME TIES

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

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD) 2
Manufacturer OTI
Longitudinal Stabilizing Device w/ Lateral Arms Manufacturer _____

OTHER TIES

Sidewall _____ Number 28
Longitudinal Marriage wall 2
Shearwall 6

Mobile Home Permit Worksheet

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 1620 psi or check here to declare 1000 lb. soil without testing.

X 1520 X 1520 X 1520

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 1520 X 1520 X 1520

TORQUE PROBE TEST

The results of the torque probe test is 285 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.

Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

DAVID RIBEIRO

Date Tested

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. 1

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 15-15C

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 15-15C

Application Number: _____

Date: _____

Site Preparation

Debris and organic material removed ✓
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 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

Type gasket Pg. _____

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 ✓

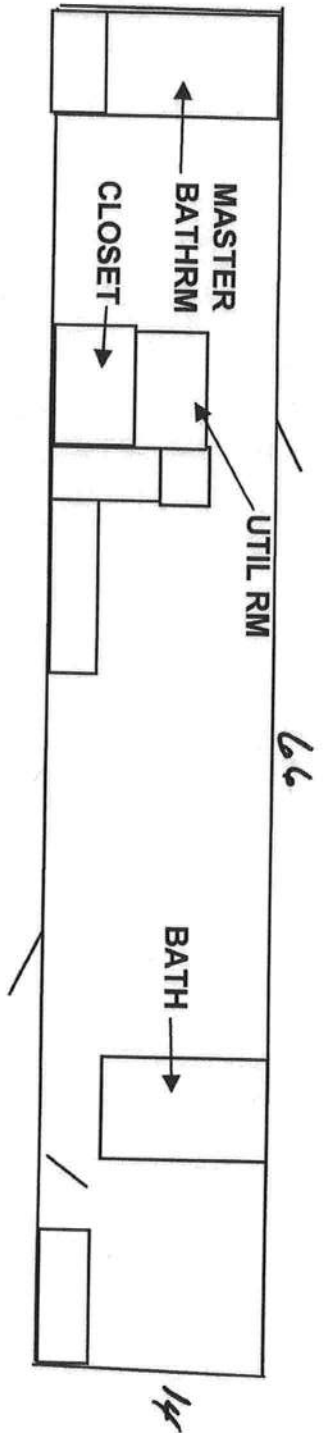
Miscellaneous

Skirting to be installed. Yes NA No ✓
Dryer vent installed outside of skirting. Yes NA No ✓
Range downflow vent installed outside of skirting. Yes NA No ✓
Drain lines supported at 4 foot intervals. Yes ✓ No ✓
Electrical crossovers protected. Yes ✓ No ✓
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 David Ribeiro

Date _____



Gnillo / Lesnick Floorplan

14 x 66

2x2

License Number: IH / 1129420 / 1 Name: DAVID E ALBRIGHT

Order #: 4733

Label #: 76932

Manufacturer: **FLEETWOOD**

(Check Size of Home)

Homeowner: **LESNAK**

Year Model: **1991**

Single ☒

Address: **615 NW LAKE CITY AVE**

Length & Width: **70 x 14**

Double ☐

City/State/Zip: **LAKE CITY FL 32055**

Type Longitudinal System: **OTK**

Triple ☐

Phone #:

Type Lateral Arm System:

HUD Label #:

Date Installed:

New Home: ☐ Used Home: ☒

Soil Bearing / PSF:

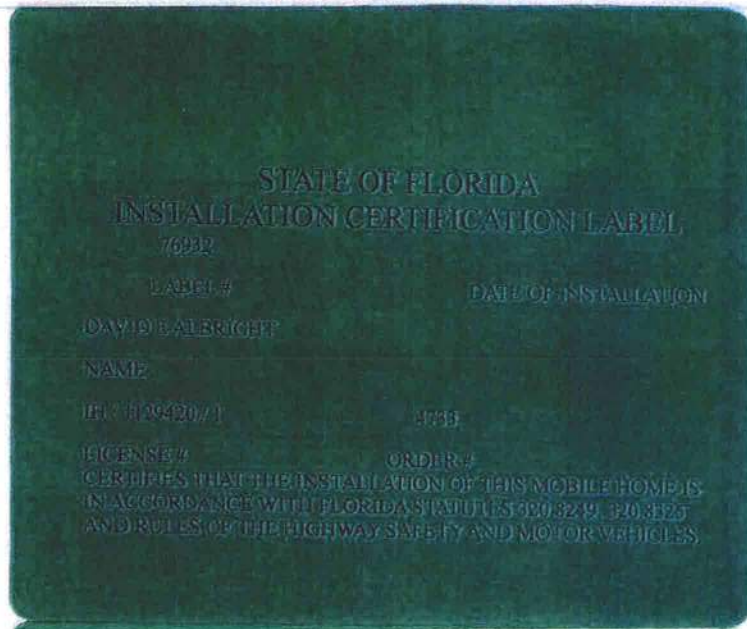
Installed Wind Zone: **II**

Data Plate Wind Zone: **II**

Torque Probe / in-lbs:

Note:

Permit #:



INSTRUCTIONS

PLEASE WRITE DATE OF
INSTALLATION AND AFFIX
LABEL NEXT TO HUD LABEL.
USE PERMANENT INK PEN
OR MARKER ONLY.
COMPLETE INFORMATION
ABOVE AND KEEP ON FILE
FOR A MINIMUM OF 2 YEARS.
YOU ARE REQUIRED TO
PROVIDE COPIES WHEN
REQUESTED.

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR _____ 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	Print Name <u>WATKINSON ELECTRIC</u> License #: <u>EG13002957</u> Qualifier Form Attached <input type="checkbox"/>	Signature <u>[Signature]</u> Phone #: <u>386 972 1700</u>
MECHANICAL/ A/C _____	Print Name <u>STYLECREST</u> License #: <u>CAC1817658</u> Qualifier Form Attached <input type="checkbox"/>	Signature <u>[Signature]</u> Phone #: <u>850-769-1453</u>

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

MOBILE HOME INSTALLERS LETTER OF AUTHORIZATION

I, DAVID ALBRIGHT
Installer License Holder Name

, give this authority for the job address show below

only, 615 NW LAKE CITY AVE, LAKE CITY, FL 32055
Job Address

and I do certify that 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)
PAUL A. BARNEY	<i>Paul A. Barney</i>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Officer
STEVE SMITH	<i>Steve Smith</i>	<input type="checkbox"/> Property Owner <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Officer
LINDA PENNALIGON	<i>Linda Pennaligon</i>	<input type="checkbox"/> Property Owner <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Officer

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.

David Albright
License Holders Signature (Notarized)

1H1129420
License Number

7-31-2019
Date

NOTARY INFORMATION:
STATE OF: Florida

COUNTY OF: Columbia

The above license holder, whose name is David Albright personally appeared before me and is known by me or has produced identification (type of I.D.) personally known on this 31 day of July, 2019.

Marybeth Downs
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 AGENT AUTHORIZATION

I, DAVID ALBRIGHT, give this authority and I do certify that 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	Agents Company Name
PAUL A. BARNEY	<i>Paul A. Barney</i>	FREEDOM HOMES
STEVE SMITH	<i>Steve Smith</i>	FREEDOM HOMES
LINDA PENHALIGON	<i>Linda Penhaligon</i>	FREEDOM HOMES

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.

David Albright
License Holders Signature (Notarized)

141129420 7-31-2019
License Number Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is David Albright, personally appeared before me and is known by me or has produced identification (type of I.D.) personally known on this 31 day of July, 20 19.

Marybet Downs
NOTARY'S SIGNATURE

(Seal/Stamp)

