Parcel:

02-6S-16-03815-172

Owner & Property Info

Result: 1 of 0

BULLARD PROPERTIES INC

Owner

P O BOX 1432

LAKE CITY, FL 32056

Site

5652 OLD WIRE RD, FORT WHITE

LOT 72 CARDINAL FARMS UNREC: COMM AT THE SE COR. RUN W 1321.85 FT, N 931.10 FT TO POB THENCE 83 DEG W 134.86 FT, N 24 DEG

E 309.09 FT, TO A POINT ON THE WEST LINE OF THE SE1/4 OF THE

Description* SE1/4 OF SEC 2 THENCE E 1181.99 FT, TO A POINT ON THE W'ERLY

R/W OF OLD WIRE RD. THENCE SW'RLY ALONG R/W 461.00 FT. MOL, THENCE N 83 DEG W 1093.09 FT TO POB. AG 1035-1778, AG 1242-2344,

2345, WD 1242-2347,QC 1359- 2520, « less

Area

10.29 AC

S/T/R 11-6S-16

Use Code** VACANT (000000)

Tax District 3

STATE OF FLORIDA COUNTY OF COLUMBIA

LAND OWNER AFFIDAVIT

	Chris			
This is to certify that I, (We), Bullard Properties Inc	Bullard ,			
as the owner of the below described property:				
Property tax Parcel ID number02-6S-16-03815-172				
Subdivision (Name, lot, Block, Phase) Cardinal Farms Unrec	Lot 72			
Give my permission for James Bishop	to place a			
Circle one Mobile Home Travel Trailer / Utility Pole On Barn - Shed - Garage / Culvert / Other	lly / Single Family Home /			
I (We) understand that the named person(s) above will be a permit on the property number I (we) have listed above and assessment for solid waste and fire protection services levied of the property of the protection services levied of the protec	this could result in an ed on this property.			
Owner Signature Date				
Owner Signature Date	The state of the s			
Sworn to and subscribed before me this 10 day of July , 2020. This (These) person(s) are personally known to me or produced ID				
Holly Columnia Holly C. Notary Public Signature Holly C. Notary Printed N	Hanwer Hanwer			
Notary Stamp/ HOLLY C. HANOVER Commission # GG 176488 Expires May 18, 2022 Bonded Thru Troy Fain Insurance 800-385-7019				

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

CONTRACTOR Brent Strickland

PHONE 386-365-7043

APPLICATION NUI	MBER	CONTRACTOR _	Brent Strickland	PHONE 386-365-7043	
	THIS FORM MUST BE	SUBMITTED PRIC	OR TO THE ISSUANCE OF A PERMI	Т	
			Jame	es Bishop	
records of the Ordinance 89-	ounty one permit will cover all tra subcontractors who actually did 6, a contractor shall require all su neral liability insurance and a vali	the trade speci bcontractors to	fic work under the permit. Po provide evidence of worke	Per Florida Statute 440 and ers' compensation or	
	the permitted contractor is respondent	k. Violations wi			
ELECTRICAL	Print Name James Dale Willi	ams	Signature		
	License #: EC 13007092		Phone #:386-590-	-0041	
Qualifier Form Attached X					
MECHANICAL/	Print Name Michael Boland	1	Signature		
A/C	License #: CAC 1817716		Phone #: 386-972-	1700	
		lifier Form Attac			
Qualifier Forn	ns cannot be submitted for any	/ Specialty Lice	ense.		
Specialty L	icense License Number	Sub-Contracto	ors Printed Name	Sub-Contractors Signature	

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

MASON

CONCRETE FINISHER



COLUMBIA COUNTY BUILDING DEPARTMENT LETTER OF AUTHORIZATION TO SIGN FOR PERMITS 135 NE Hemando Ave, Suite B-21. Lake City, FL 32055

Phone 386-758-1008 Fax. 386-758-2160

(company name), do certify that is/are employed by me directly or through an it the corporation; or partner as defined in in(s) is/are under my direct supervision and call for inspections, and sign on my behalf Signature of Authorized Person 1
is/are employed by me directly or through an fithe corporation; or partner as defined in n(s) is/are under my direct supervision and call for inspections, and sign on my behalf Signature of Authorized Person 1
2. 3. 4. 5. for all permits purchased, and all work done ince with all Florida Statutes, Codes, and County Licensing Boards have the power and is committed by him/her, his/her agents, ibility for compliance with all statutes, codes y issuance of such permits
for all permits purchased, and all work done ince with all Florida Statutes, Codes, and County Licensing Boards have the power and is committed by him/her, his/her agents, ibility for compliance with all statutes, codes y issuance of such permits
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Ince with all Florida Statutes, Codes, and County Licensing Boards have the power and s committed by him/her, his/her agents, ibility for compliance with all statutes, codes y issuance of such permits
lare no longer employee(s), or officer(s), you es and submit a new letter of authorization e to do so may allow unauthorized persons to rmits C 300 7092 107-19 License Number Date
e or has produced identification s





COLUMBIA COUNTY BUILDING DEPARTMENT 135 NE Hemando Ave, Suite B-21, Lake City, FL 32055

Phone: 386-758-1008 Fax: 386-758-2160

LICENSED QUALIFI	ER AUTHORIZATION			
Me has I A I had				
1. The solution	(license holder name), licensed qualifier			
for ACIE A/C OF OCA/A	(company name), do certify that			
the below referenced person(s) listed on this for				
holder, or is/are employed by me directly or thro	ough an employee leasing arrangement; or, is an			
officer of the corporation; or, partner as defined person(s) is/are under my direct supervision and				
sign permits; call for inspections and sign subco				
	T			
Printed Name of Person Authorized	Signature of Authorized Person			
1. DAIR BAD	1.676			
2. Kalla Bishop	2. Kelly Bishop			
3. Locks Forel	3. Kach, 1) - 2			
4.	4.			
5.	5.			
I, the license holder, realize that I am responsible under my license and fully responsible for comp Local Ordinances. I understand that the State at authority to discipline a license holder for violation officers, or employees and that I have full responsed ordinances inherent in the privilege granted	diance with all Florida Statutes, Codes, and and County Licensing Boards have the power and cons committed by him/her, his/her agents, assibility for compliance with all statutes, codes			
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.				
/ A / D	To 2000			
MID & BOUL	(A1817716 1 ESLOSG			
Licensed Qualiflers Signature (Notarized)	License Number Date // 17/16			
NOTARY INFORMATION	111110			
STATE OF LOCAL COUNTY OF MILLON				
The above license holder, whose name is Michael A. British personally appeared before me and is known by me or has produced identification (type of I.D.) on this day of Nemoci, 20				
1 Al A				
MANAGER AGO	-			
NOTARY'S SIGNATURE	(Seal/Stamp)			
	and the same of th			
	AMANDA FLOOD			



	priage wall plers within 2 of and of home polificular 15C			Typical pier spacing Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)	NOTE: If home is a single wide the out one half of the broking 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	of h
TIEDOWN COMPONENTS Longitudinal Stabilizing Device (LSD) Longitudinal Stabilizing Device w/ Lateral Arms Manufacturer Manufacturer	List all marriage wall openings greater than 4 foot 26 x 26 676 and their pier pad sizes below. Opening Pier pad size ARCHORS FRAME TIES	3/16	from Rule 15C-1 pler spacing table. PIER PAD SIZES If pad size	Size 10 12 13 20 20 22 24 22 24 24 25 25 25	PACING TABLE FOR USED HOMES	talled to the Mau

PERMIT WORKSHEET

Water drainage: Natural Swale

Pad

Other

Site Preparation

1
L
pa
90
N
0
N
i

The results of the torque probe test is	The pocket penetrometer tests are rounded down to 1500 psf or check hers to declare 1000 lb. soil without testing. *\sqrt{500} \times \sqrt{600} \times \sq
---	--

	Fastening multi wide units
Floor	Type Fastener: 1885 Length: 5 Spacing: 16"
Valls:	3,137
	For used homes a min. 30 gauge, 8" wide, galvanized metal strip
	Gasket (weatherproofing requirement)
understa nomes ar	understand a property installed gasket is a requirement of all new and used nomes 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
of tape w	Installer's initials 68.
o ype gas	Type gasket FOQM Installed: Between Floors Yes
	Bottom of ridgebeam Yes
	Waatherproofing
The botto Siding on	The bottomboard will be repaired and/or taped. Yes Pg. Pg. Siding on units is installed to manufacturer's specifications. Yes
	Misgallaneous
Skirting to Dryer ver Arange do Drain line Electrical Other:	Skirting to be installed. Yes
	Conference and Constitution and Constitu

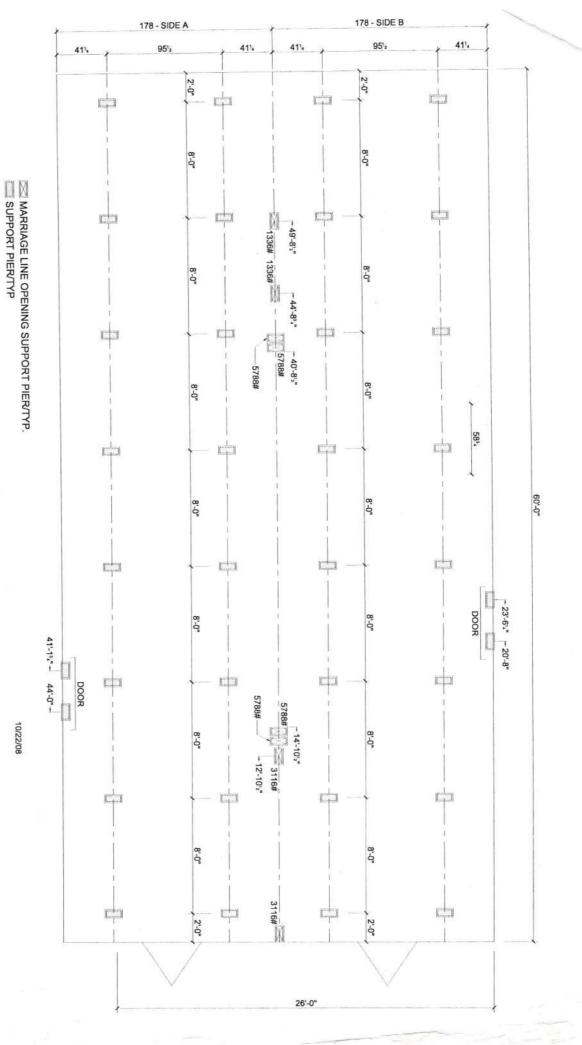
Connect all potable water supply piping to aprexising water meter, water tap, or other independent water supply systems. Pg.

installer Signature

Mary Barro 7-10-2020

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

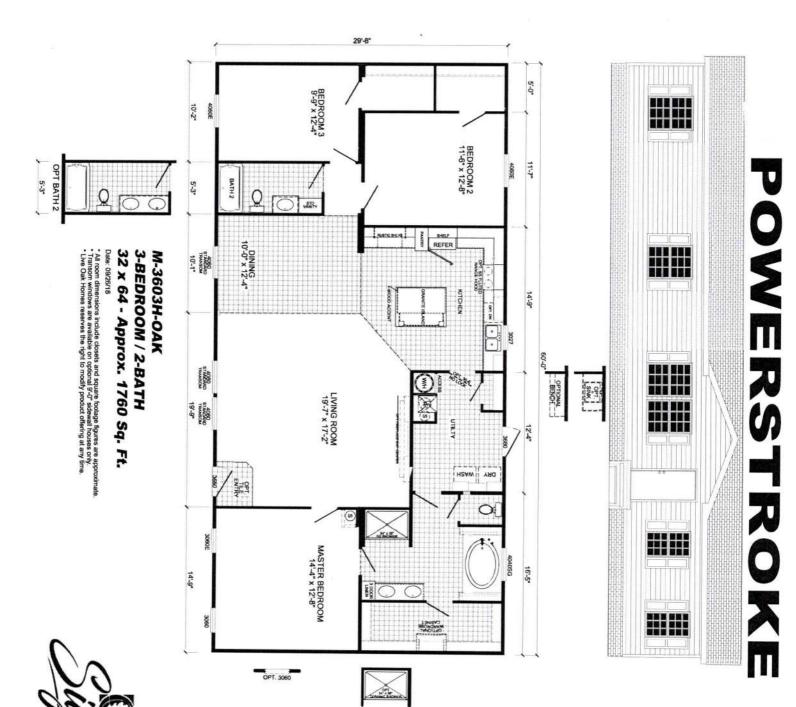


MODEL: M-3603H - 32 X 64 4-BEDROOM / 2-BATH Live Oak Homes

- 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.

FOUNDATION NOTES:

M-3603H



STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number_____

- Bishop			
Scale: 1 inch = 40 feet.	10'- 30 WEAR 30 1760 1760 1760 1760 1760 1760 1760 176	DRIVE	
Notes:			
	0+ 10.29 Henres		
	PLEASE SEE ATTA	Chrol	
Site Plan submitted by:		CONTRACTOR	
Plan Approved	Not Approved	Date	
Ву		County Health Department	

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

