

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

\$CASH App fee

For Office Use Only

(Revised 7-1-15)

Zoning Official _____

Building Official _____

AP# 50379

Date Received 8/1

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 \$16500

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

☐ Ellisville Water Sys ☐ Assessment _____ ☐ Out County ☐ In County ☐ Sub VF Form

Property ID # 03-SS-16-03458-009 Subdivision Pecan Acres Lot# 5

New Mobile Home _____ Used Mobile Home ☒ MH Size 14x76 Year 1994

Applicant Sony North Phone # 863-517-5701

Address 3311 SW State Rd 247 Lake City, FL 32024

Name of Property Owner Derek Sneed Phone# 260-337-3557

911 Address 343 SW Pecan Glenn Lake City, FL 32024

Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Duke Energy

Name of Owner of Mobile Home Derek Sneed Phone # 260-337-3557

Address PO Box 6 Murphy NC 28906

Relationship to Property Owner _____

Current Number of Dwellings on Property only this 1

Lot Size 299 x 585 Total Acreage 4.02

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 R on N main, L on Madison, L on main, R on 475, R on Wingate, R on SW Ziegler Ter, L on Pecan, property on R

Name of Licensed Dealer/Installer Rusty Knowles Phone # 386-397-0886

Installers Address 5801 SW 47 Lake City, FL 32024

License Number IH1038219 Installation Decal # 82049

Billy Nelsons Lot - MH



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, Rusty Knowles, give this authority and I do certify that the below
Installers Name

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
Sonya North	Sonya North	
Dylan Hinson		

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.

[Signature]
License Holders Signature (Notarized)

141038208
License Number

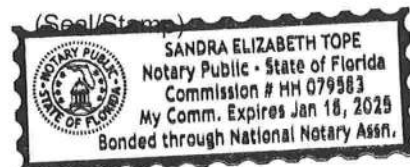
8-10-11
Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Rusty Knowles,
personally appeared before me and is known by me or has produced identification
(type of I.D.) _____ on this 10 day of August, 2011.

[Signature]
NOTARY'S SIGNATURE



License Number: IH / 1038219 / 1 Name: RUSTY L. KNOWLES			
Order #: 4988	Label #: 82049	Manufacturer:	(Check Size of Home) Single _____ Double _____ Triple _____
Homeowner:		Year Model:	
Address:		Length & Width:	
City/State/Zip:		Type Longitudinal System:	HUD Label #:
Phone #:		Type Lateral Arm System:	Soil Bearing / PSF:
Date Installed:		New Home: _____ Used Home: _____	Torque Probe / in-lbs:
Installed Wind Zone:		Data Plate Wind Zone:	Permit #:
Note:			

STATE OF FLORIDA
INSTALLATION CERTIFICATION LABEL

82049

LABEL #	DATE OF INSTALLATION
RUSTY L. KNOWLES	
NAME	
IH / 1038219 / 1	4988
LICENSE #	ORDER #

CERTIFIES THAT THE INSTALLATION OF THIS MOBILE HOME IS
IN ACCORDANCE WITH FLORIDA STATUTES 320.8249, 320.8325
AND RULES OF THE HIGHWAY SAFETY AND MOTOR VEHICLES.

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 Permit Worksheet

Application Number: _____

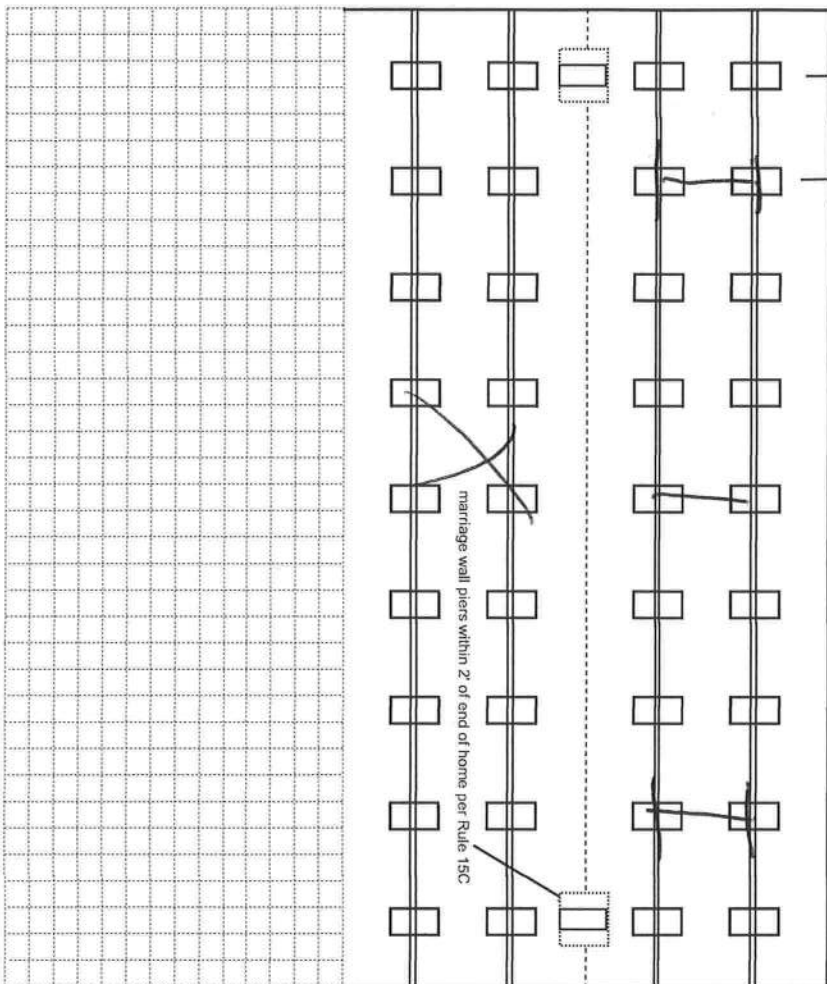
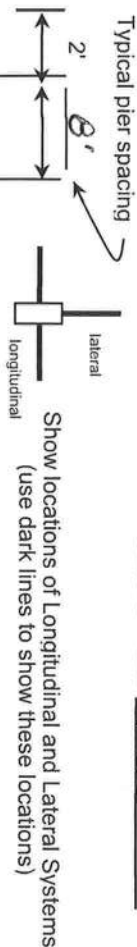
Date: _____

Installer: Rusty Knowles License # TH-1038219
 Address of home being installed: 343 S.W. Pecan Ln
Lake City, FL 32024

Manufacturer: _____ Length x width: 76 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
 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: RK



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 # 82049
 Triple/Quad ☐ Serial # GBHM110032602

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'	8'
1500 psf	4' 6"	6'	7'	8'	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: 23 1/4" x 31 1/4"
 Perimeter pier pad size: 114
 Other pier pad sizes (required by the mfg.): 1x6x6

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: _____

_____ 114

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
 Manufacturer: _____
 Longitudinal Stabilizing Device w/ Lateral Arms
 Manufacturer: Oliver Tech

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 ☒

OTHER TIES

Number _____
 Sidewall _____
 Longitudinal _____
 Marriage wall _____
 Shearwall 2x6

Mobile Home Permit Worksheet

Application Number: _____

Date: _____

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 1 psf or check here to declare 1000 lb. soil ☒ without testing.

X 1 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 114 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.

RLK Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Rusty L. Koshen

Date Tested 8-10-21

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. 15C1

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 15C1
Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 15C1

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 _____ Installed: _____
Pg. _____ Between Floors Yes _____
Between Walls Yes _____
Bottom of ridgebeam Yes RLK

Weatherproofing

The bottomboard will be repaired and/or taped. Yes ☒ Pg. 15C1
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 RLK
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 [Signature] Date 8-10-21

Prepared by:
Michael H. Harrell
Abstract Trust Title, LLC
283 NW Cole Terrace
Lake City, FL 32055

4-10898

Inst: 202112014477 Date: 07/21/2021 Time: 4:20PM
Page 1 of 2 B: 1442 P: 2540, James M Swisher Jr, Clerk of Court
Columbia, County, By: BR
Deputy Clerk Doc Stamp-Deed: 378.00

Warranty Deed

Individual to Individual

THIS WARRANTY DEED made the 19 day of July, 2021, by Rebecca Raulerson Armstead, hereinafter called the grantor, to Derek Snead as Trustee of Dollar General Stock 1293 Land Trust whose address is: PO Box 6, Murphy North Carolina, 28906 hereinafter called the grantee:

(Wherever used herein the terms "grantor" and "grantee" include all the parties to this instrument and the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporation)

Witnesseth: That the grantor, for and in consideration of the sum of \$10.00 and other valuable considerations, receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliens, remises, releases, conveys, and confirms unto the grantee, all that certain land situate in COLUMBIA County, Florida:

Lot 5, Pecan Acres, according to the map or plat thereof, as recorded in Plat Book 5, Page(s) 46, of the Public Records of Columbia County, Florida.

The above described property is not the Homestead of the grantor nor has it ever been the Homestead of the same who in fact resides at 8647 Ibis Cove Cir. Naples, FL 34119-7728.

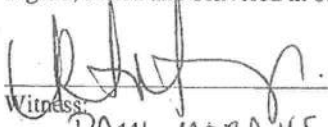
TOGETHER with all tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

TO HAVE AND TO HOLD, the same in fee simple forever.

AND the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances, except taxes accruing subsequent to the prior year.

IN WITNESS WHEREOF, the said grantor has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in our presence:


Witness: RAUL MORAYS

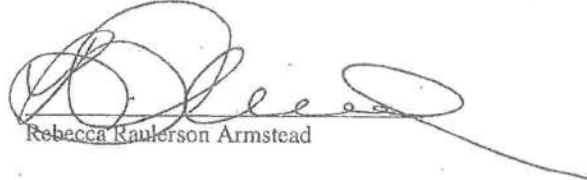
Printed Name:



Witness:

Gerta Likrama

Printed Name:

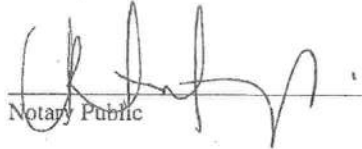

Rebecca Raulerson Armstead

STATE OF FLORIDA
COUNTY OF COLLIER

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 19th day of July, 2021 by Rebecca Raulerson Armstead personally known to me or, if not personally known to me, who produced FL DLIC as identification.



(Notary Seal)


Notary Public



Columbia County Property Appraiser Jeff Hampton | Lake City, Florida | 386-758-1083

PARCEL: 03-SS-16-03458-009 (16980) | MOBILE HOME (0200) | 4.02 AC

LOT 5 PECAN ACRES S/D. 677-180, PB 1271-2344, PR 1271-2347,

RAULERSON GEORGE A (DECS'D)

2021 Working Values

Owner: **ARMSTEAD REBECCA RAULERSON**

Mkt Lnd \$29,380 Appraised \$54,488

8647 IBIS COVE CIR

Ag Lnd \$0 Assessed \$54,488

NAPLES, FL 34119-7728

Bldg \$23,908 Exempt \$0

Site: 343 SW PECAN GLN, LAKE CITY

XFOB \$1,200 county: \$53,144

Sales 3/18/2014 \$100 I (U)

Just \$54,488 Total city: \$0

Info 4/1/1986 \$10,800 V (Q)

Taxable other: \$0

school: \$54,488

NOTES:



Columbia County, FL

This information, 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.

GrizzlyLogic.com

14 x 76

12' back from existing home then 2' more

BILL OF SALE

On this July 27th day of 2021, a bill of sale is made between:

Derek SNEAD and Brian Wilson
(buyer) (seller)

The seller hereby grants transfer of sale of the following goods:

1994 14x76 VIN # 17BHM116032402, Also

FURS WITH PAINT "PRIMER" HOME, CUT UP AND

REMOVE CARPET, REPAIR MASTER BATH TUB AND POWER WINDOW

To the Seller in exchange for CASH in the amount of \$12,500 ^{cash}

The seller's signature below signifies that he is lawful owner of the goods listed above, and the seller has the rights to sell the goods as he/she chooses. After exchange of payment, the Buyer renders full rights and ownership of the goods listed above.

[Signature]
FLORIDA MOBILE HOME BROKERS LLC
(signature of seller)

7-27-2021
(date)

[Signature]
(signature of buyer)

7/27/2021
(date)

Derek SNEAD

260 337 3557

mem 335 @ gmail . com

343 SW Pecan Glen Lake City

CERTIFICATE OF TITLE

SATISFACTORY PROOF OF OWNERSHIP HAVING BEEN SUBMITTED UNDER SECTION 319.21, FLORIDA STATUTES, TITLE TO THE MOTOR VEHICLE DESCRIBED BELOW IS VESTED IN THE OWNER(S) NAMED HEREIN. THIS OFFICIAL CERTIFICATE OF TITLE IS ISSUED FOR SAID MOTOR VEHICLE.

IDENTIFICATION NUMBER G0HMH16032	YR 94	MAKE BELL	MODEL HS	WGT.-C.R.P. 76	TITLE NUMBER 67453225
ODOMETER - DATE READ ODOMETER - EXEMPT	PREV. REG. N	COLOR	TYPE	USE PVT	PREV. ISSUE DATE
REMARKS					DATE OF ISSUE MO: 08 DAY: 31 YR: 94

REGISTERED OWNER (LAST NAME FIRST)
HALL PATRICIA E
27320 NW 142ND AVE
HIGH SPGS FL 32643

1ST LIENHOLDER DATE **7/18/94**
VANDERBILT MORTGAGE & FINANCE INC
PO BOX 15170
KNOXVILLE TN 37901

2ND LIENHOLDER DATE
NONE

ADDITIONAL LIENS
 DIVISION OF MOTOR VEHICLES

Charles J. Brantley
CHARLES J. BRANTLEY
 DIRECTOR

TALLAHASSEE



FLORIDA

CONTROL NUMBER **A21051935**

FIRST RELEASE
 INTEREST IN THE ABOVE DESCRIBED VEHICLE
 IS HEREBY RELEASED

[Signature]
 DATE **7-28-94**

SECOND RELEASE
 INTEREST IN THE ABOVE DESCRIBED VEHICLE
 IS HEREBY RELEASED

[Signature]
 DATE

DEPARTMENT OF HIGHWAY SAFETY
 AND MOTOR VEHICLES

Fred C. Dickinson III
FRED C. DICKINSON III
 EXECUTIVE DIRECTOR

TRANSFER OF TITLE BY SELLER

ODOMETER CERTIFICATION—Federal and state laws require that you state the mileage 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 and certified to be true from any title except as noted on this face of this certificate and the motor vehicle described is hereby transferred to:

Purchaser **Stewart Hale Corp** Selling Price \$ **2,000** Date Recd **3/18/91**

I/We state that the odometer now reads and to the best of my knowledge that it reflects the actual mileage of the vehicle described hereby. Check one of the following statements which is checked:

☒ I/We certify that the odometer reading reflects the actual mileage of the vehicle described hereby. **DO NOT CHECK BOX IF ACTUAL MILEAGE**

☐ I/We certify that to the best of my knowledge, the odometer reading reflects the actual mileage of the vehicle described hereby. **WARNING: ODOMETER DISCREPANCY.**

Signature of Purchaser **Stewart Hale Corp**

Printed Name of Purchaser **Stewart Hale Corp**

Co-Purchaser

Co-Purchaser

Signature of Seller **[Signature]**

Signature of Seller **Patricia E. Hall**

Co-Seller

Co-Seller

Where Acquired

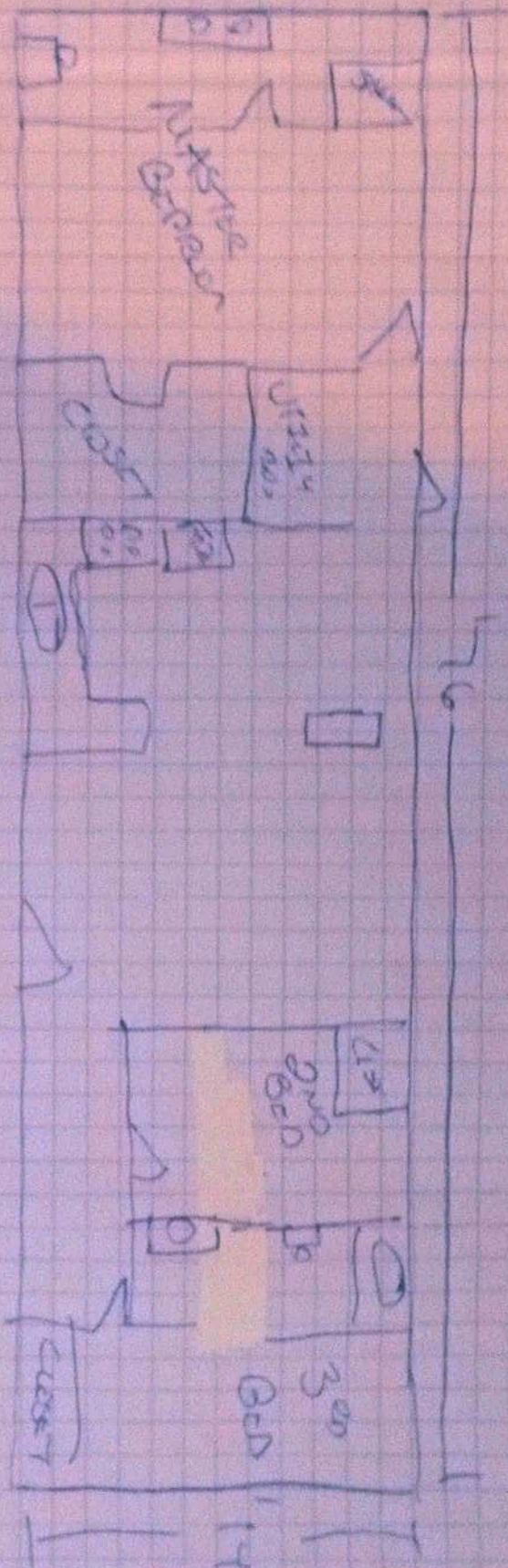
Where Acquired

Issuing Dealer's License Number

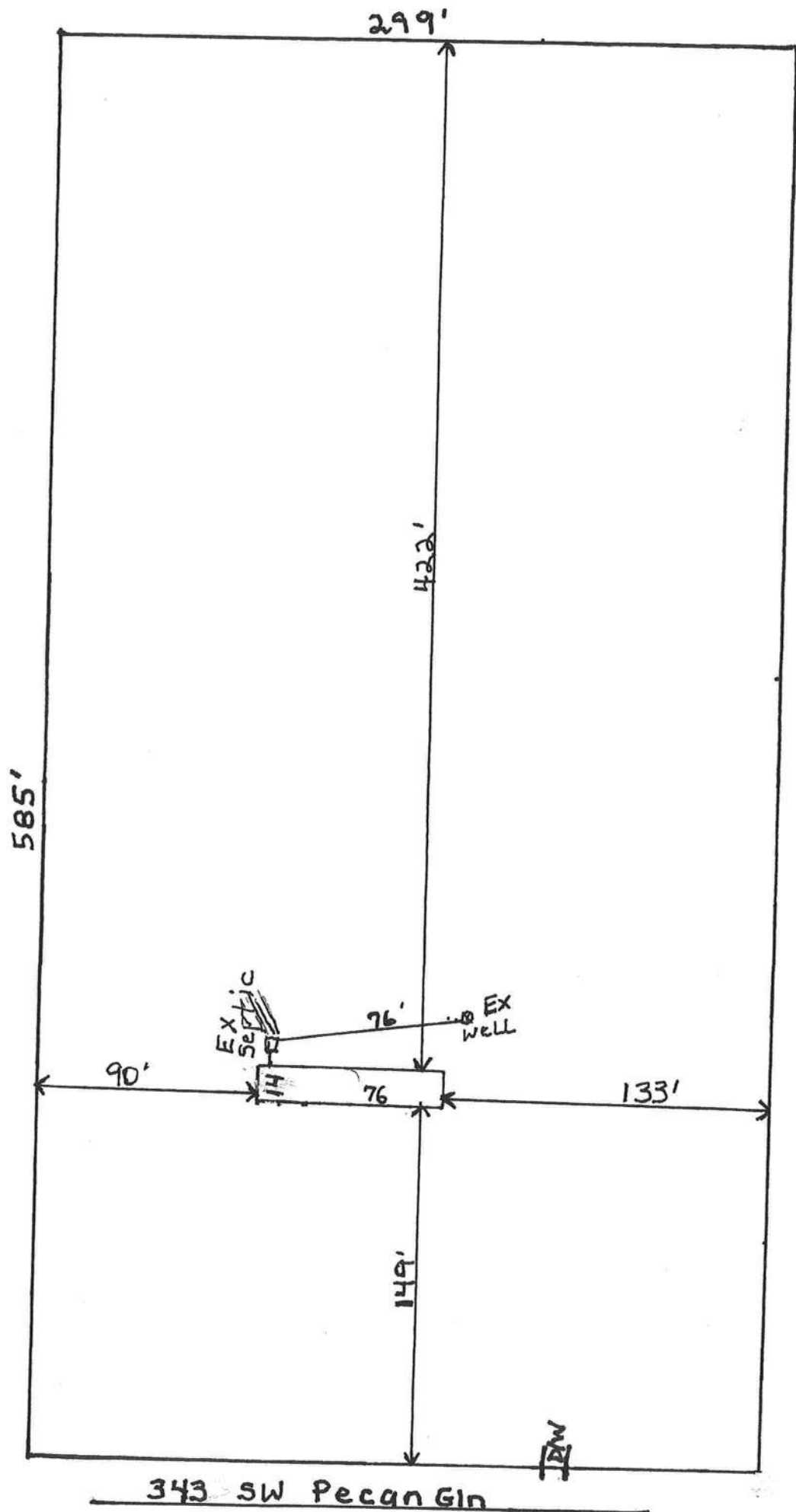
License Number

STATE OF FLORIDA

VOID IF ALTERED



Debra Sneyd



1" = 60'



SNead

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Ron DeSantis
Governor

Scott A. Rivkees, MD
State Surgeon General

Vision : To be the Healthiest State in the Nation

July 26, 2021

Derek Snead
343 SW Pecan Glen
Lake City, FL 32024

RE: Contingency Letter
Application Document No: AP1700077
Centrax Permit Number: 12-SC-2335234
OSTDS Number:
343 SW Pecan Gln
Lake City, FL 32024

Lot: Block: Subdivision:

Dear Applicant:

This will acknowledge receipt of an application dated 07/26/2021 for a permit to use an existing onsite sewage treatment and disposal system located on the above referenced property.

From a review of your completed application, it has been determined that your existing system appears to meet the minimum standards of F.A.C. 64E-6 for the proposed use. It is approved for use with the plans submitted to this office. If this system should fail, causing an unsanitary condition to exist, steps must be taken to bring the system into compliance immediately. Department approval of the system does not guarantee satisfactory performance for any specific period of time. Any change in material facts which served as a basis for issuance of this approval requires the applicant to modify the permit application. Such modification may result in this approval being made null and void. Issuance of this approval does not exempt the applicant from compliance with other Federal, State, or Local Permitting required for development of this property.

If you have any questions on this matter, please call our office at (386) 758-1058.

Sincerely,

Sallie Ford, Environmental Health Director

Enclosures

cc:

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

CASH

DATE RECEIVED _____ BY _____ IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? NO

OWNERS NAME Derek Sneed PHONE _____ CELL 260-337-3557

ADDRESS Home is at 726 NW main Blvd

MOBILE HOME PARK CALL Billy Nelson SUBDIVISION 386-269-2070

DRIVING DIRECTIONS TO MOBILE HOME On Marion Ave, L on NW Long St,
L at the 2nd cross street onto Louisiana St/ Main
Bld (Florida mobile Home Brokers)

MOBILE HOME INSTALLER Rusty Knowles PHONE _____ CELL 386-397-0886

MOBILE HOME INFORMATION

MAKE BELL YEAR 1994 SIZE 14 X 76 COLOR _____

SERIAL No. GBHM416032

WIND ZONE 2 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 _____

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR Rusty Knowles PHONE 386-397-0886

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>0/B</u> Signature <u>[Signature]</u> License #: _____ Phone #: _____ Qualifier Form Attached <input type="checkbox"/>
MECHANICAL/ A/C	Print Name <u>window unit</u> Signature _____ License #: _____ Phone #: _____ Qualifier Form Attached <input 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.