Parcel:

22-4S-16-03086-122 (14642)

## Owner & Property Info

Result: 14 of 30

SERVAY JACQUELINE DIANE

Owner

SERVAY JACOB A 466 SW LAMBOY CIR LAKE CITY, FL 32024

464 SW LAMBOY Cir, LAKE CITY

Description\* LOT 2 BLOCK B LOBLOLLY S/D. ORB 831-1516, PROB 1129-933, WD 1148-1422, WD 1233-93, LE

1423-50,

Area

Site

0 AC

S/T/R 22-4S-16E

Use Code\*\* MOBILE HOME/M HOME (0202)

Tax District 3

## MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUM	MBER	CONTRACTO	Brent Strick	land	PHONE 386-365-7043
		THIS FORM MUST BE SUBMITTED F	PRIOR TO THE ISSUANCE	F OF A PERMIT	
		THIS PORINI MIOST BE SOCIALITY FOR		Rachel Gleaso	on
records of the Ordinance 89-6	subcontracto 5, a contracto	rmit will cover all trades doing wors who actually did the trade spor shall require all subcontractor insurance and a valid Certificate	ecific work under t s to provide evider	he permit. Per Flo ice of workers' co	orida Statute 440 and mpensation or
		d contractor is responsible for the beginning any work. Violations			
ELECTRICAL	Print Name_	James Dale Williams	Signature	The second	
ELECTRICAL	-	James Dale Williams EC 13007092	Signature	386-362-2035	5
ELECTRICAL	-		Phone #: _	386-362-2035	5
ELECTRICAL  MECHANICAL/	-	EC 13007092	Phone #: _	386-362-2035	
	License #: Print Name_	EC 13007092 Qualifier Form A	Phone #: _		

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

CONCRETE FINISHER

MASON



## COLUMBIA COUNTY BUILDING DEPARTMENT LETTER OF AUTHORIZATION TO SIGN FOR PERMITS

135 NE Hernando Ave, Suite B-21, Lake City, FL 32055 Phone 386-758-1008 Fax. 386-758-2160

	(license holder name), licensed qualifier			
for Affordable Electric (company name), do certify that				
the below referenced person(s) listed on this form 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 permits, call for inspections, and sign on my behalf				
Printed Name of Person Authorized	Signature of Authorized Person			
1. Dale Burd	1.			
2.	2.			
3.	3.			
4.	4.			
5.				
under my license and fully responsible for compli Local Ordinances. I understand that the State an	d County Licensine Beards have the			
authority to discipline a license holder for violatio officers, or employees and that I have full respon and ordinances inherent in the privilege granted life at any time the person(s) you have authorized must notify this department in writing of the chantom, which will supersede all previous lists. Failuase your name and/or license number to obtain p	ns committed by him/her, his/her agents, sibility for compliance with all statutes, codes by issuance of such permits  is/are no longer employee(s), or officer(s), you ges and submit a new letter of authorization are to do so may allow unauthorized persons to permits.			
authority to discipline a license holder for violatio officers, or employees and that I have full respon and ordinances inherent in the privilege granted life at any time the person(s) you have authorized must notify this department in writing of the chantom, which will supersede all previous lists. Failuse your name and/or license number to obtain pricense Holders Signature (Notarized)	ns committed by him/her, his/her agents, sibility for compliance with all statutes, codes by issuance of such permits  is/are no longer employee(s), or officer(s), you ges and submit a new letter of authorization are to do so may allow unauthorized persons to			
authority to discipline a license holder for violatio officers, or employees and that I have full respon and ordinances inherent in the privilege granted if at any time the person(s) you have authorized must notify this department in writing of the chanform, which will supersede all previous lists. Failuse your name and/or license number to obtain pricense Holders Signature (Notarized)	ns committed by him/her, his/her agents, sibility for compliance with all statutes, codes by issuance of such permits  is/are no longer employee(s), or officer(s), you ges and submit a new letter of authorization are to do so may allow unauthorized persons to permits.			





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

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

LICENSED QUALIFI	ER AUTHORIZATION .
1. Illy hARIA DOLAND	(license holder name), licensed qualifier
for ACIE A/C OCA/A	ALC (company name), do certify that
the below referenced person(s) listed on this for holder, or is/are employed by me directly or through officer of the corporation; or, partner as defined person(s) is/are under my direct supervision and sign permits; call for inspections and sign subcommendation.	ough an employee leasing arrangement; or, is an in Florida Statutes Chapter 468, and the said discontrol and is/are authorized to purchase and
Printed Name of Person Authorized	Signature of Authorized Person
1. DAla BAd	1688
2. Kally Bishop	2. Kelly Bishop
3. Locky tokel	3. fahy 1) / of
4.	4.
5.	5.
If at any time the person(s) you have authorized officer(s), you must notify this department in wire authorization form, which will supersede all prefunauthorized persons to use your name and/or Licensed Qualifiers Signature (Notarized)	d is/are no longer agents, employee(s), or ting of the changes and submit a new letter of vious lists, Failure to do so may allow
NOTARY INFORMATION: STATE OF COUNTY OF	maica
The above license holder, whose name is Moreover personally appeared before me and is known by (type of I.D.)	y me or has produced identification this day of November, 20 5
MOTARYS SIGNATURE	(Seal/Stamp)
	AMANDA FLOOD MY COMMISSION # FF 106012 EXPIRES: April 5, 2018 Bonded Thru Notary Public Underwriters

	earriage wall piers within 2' of end of home per Rula 15C		Typical pier spacing    Show locations of Longitudinal (use dark lines to show these locations)    Show locations of Longitudinal (use dark lines to show these locations)	Installer Brent Strickland License # IH 1104218 Installer Mobile Phone # 386-365-7043  Address of home # 386-365-7043  Address of home being installed LALL LALL LALL LALL LALL LALL LALL LA
Opening  Pier pad Size  4 ft 5 ft  FRAME TIES  within 2' of end of home spaced at 5' 4" oc  Spaced at 5' 4" oc  Longitudinal Stabilizing Device (LSD)  Manufacturer  Longitudinal Stabilizing Device w/ Lateral Arms  Marriage wall  Manufacturer  Manufacturer  Manufacturer  Manufacturer  Manufacturer  Manufacturer  Manufacturer	f marriage 20 x 20 x 20 yee this 17 3/16 x 25 3/16 x 25 3/16 x 25 1/2 x 24 x 24 x 24 x 26 x 26 x 26 x 26 x 2	8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8'	24" X 24" 26" (576)" (6	New Home    Used Home

# PERMIT NUMBER

Electrical	Installer Name  Dront Structure  Date Tested  3.19-32	location is being cap	TORQUE PROBE TEST  The results of the torque probe test is 200 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.	3. Using 500 lb. increments, take the lowest reading and round down to that increment.  × 1000 × 1000 × 1000 × 1000	POCKET PENETROMETER TESTING METHOD  1. Test the perimeter of the home at 6 locations.  2. Take the reading at the depth of the footer.	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
	Skirting to be installed. YesNoN/ANoN/AN/AN/AN/AN/AN/AN/AN/A	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	Type gasket Foam Installed:  Between 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.	Length: Spacing: spac	and organic material removed  Swale Pad Other  Grainage: Natural Swale Pad Other  Fastening multi wide units  Type Fastener: ARA Length: 4 Spacing: 1

Site Preparation

is accurate and true based on the		
Installer verifies all information given with this permit workshops	is accurate and true based on the	
	Installer verifies all information given with this permit worksheet	

Connect electrical conductors between multi-wide units, but not to the main power

This includes the bonding wire between mult-wide units. Pg.

Installer Signature manufacturer's installation instructions and or Rule 15C-1 & 2 Date d 19-22

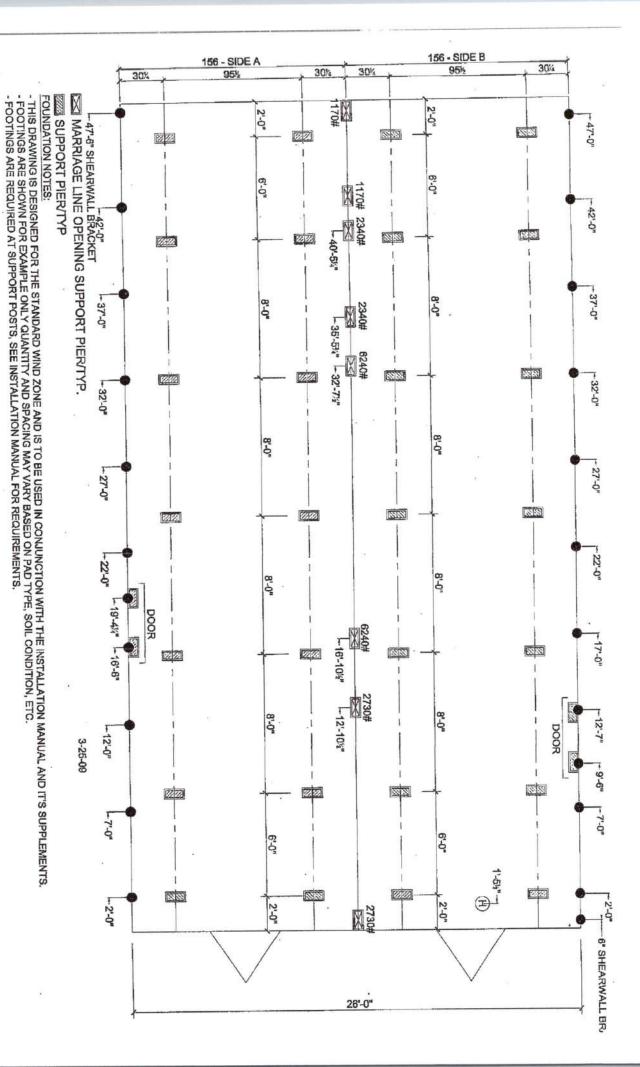
independent water supply systems. Pg. \_

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

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

Plumbing

Pg.



## 3-BEDROOM / 2-BATH MODEL: M-2483D - 28 X Live Oak Homes 48

- MAIN ELECTRICAL
- **ELECTRICAL CROSSOVER**
- WATER INLET
- WATER CROSSOVER (IF ANY)
- $\mathbb{R}^{(n)}$ GAS CROSSOVER (IF ANY) GAS INLET (IF ANY)
  - DUCT CROSSOVER
  - SEWER DROPS
    - RETURN AIR (WIOPT, HEAT PUMP OH DUCT)
  - SUPPLY AIR (W/OPT. HEAT PUMP OH DUCT)

M-2483D

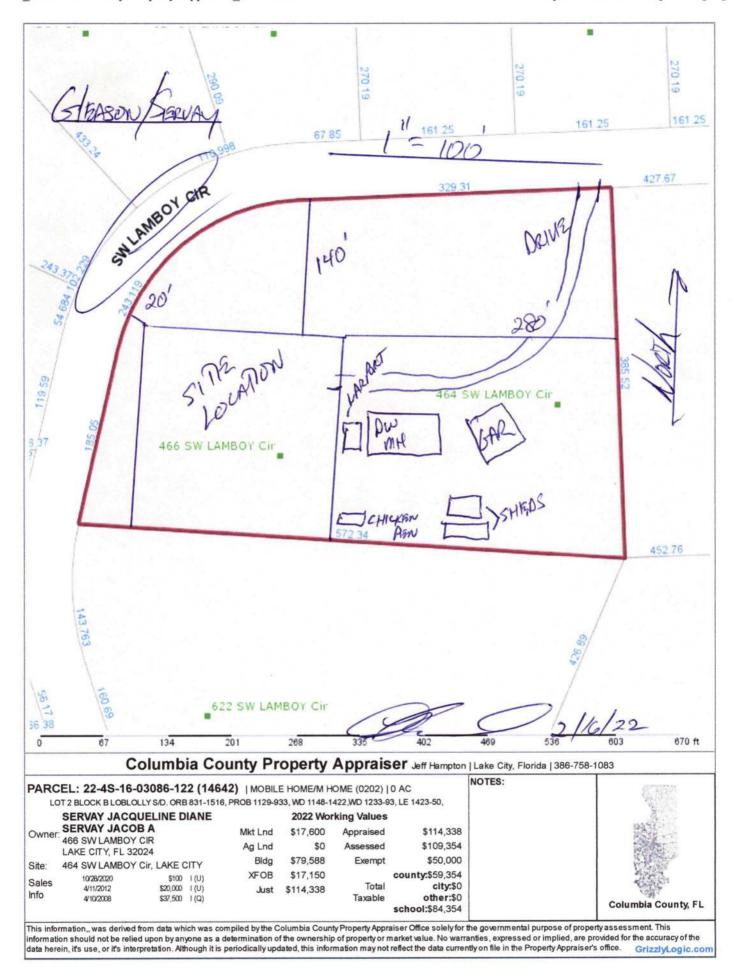
## STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number

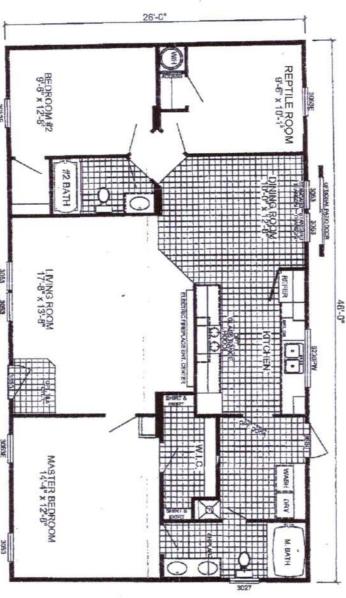
CHICASON !	SERRY PART II - SITEPLAN			
	210			
Scale: 1 inch = 40 feet.	93' North 105'	SION HUSE 18 12 18 12 18 12 18 12 12 12 12 12 12 12 12 12 12 12 12 12		
Notes:	of 4.22 Acres 5	PISIZ AtMehral		
Site Plan submitted by:		CONTRACTOR		
Plan Approved	Not Approved	Date		
Ву		County Health Department		

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



1 of 1

DORMERS SHOWN ARE OPTIONAL.



2-BEDROOM / 2-BATH M-2483D-OAKS

28 x 52 - Approx. 1248 Sq. Ft.

All ruom dimensions include closets and square footage figures are approximate.
 Transom windows are available or optional 8-0" adewall houses only.
 Live Cak Homes reserves the right to modify product offering at any time.

( )



## **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:

6/22/2020 2:44:20 PM

Address:

466 SW LAMBOY CIR

City:

LAKE CITY

State:

FL

Zip Code

32024

Parcel ID

22-4S-16-03086-122

REMARKS:

This address is a verified address in the county's addressing system.

Verification ID: fc9641cf-b99a-4914-a7b6-7606288076e2

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:

**GIS Specialist** 

Columbia County GIS/911 Addressing Coordinator

Columbia County
Department of Information Technology
135 NE Hernando Ave. Lake City, FL 32055
Telephone 386-719-1456