

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

<i>For Office Use Only</i> (Revised 7-1-15)		Zoning Official <u>MIA</u>	Building Official <u>MIA</u>
AP# <u>47039</u>	Date Received <u>8/12/2020</u>	By <u>LA</u>	Permit # _____
Flood Zone _____	Development Permit _____	Zoning _____	Land Use Plan Map Category _____
Comments _____			
FEMA Map# _____	Elevation _____	Finished Floor _____	River _____ In Floodway _____
<input type="checkbox"/> Recorded Deed or <input checked="" type="checkbox"/> Property Appraiser PO	<input type="checkbox"/> Site Plan	<input checked="" type="checkbox"/> EH # <u>20-0043</u>	<input checked="" type="checkbox"/> Well Letter OR
<input checked="" type="checkbox"/> Existing well	<input type="checkbox"/> Land Owner Affidavit	<input checked="" type="checkbox"/> Installer Authorization	<input type="checkbox"/> FW Comp. letter <input checked="" type="checkbox"/> App Fee Paid
<input type="checkbox"/> DOT Approval	<input type="checkbox"/> Parent Parcel # _____	<input type="checkbox"/> STUP-MH _____	<input checked="" type="checkbox"/> 911 App
<input checked="" type="checkbox"/> Ellisville Water Sys	<input checked="" type="checkbox"/> Assessment <u>Owed</u>	<input type="checkbox"/> Out County <input type="checkbox"/> In County	<input checked="" type="checkbox"/> Sub VF Form <u>Dined A/C</u>

Property ID # 30-28-17-04800-107 Subdivision Pines of Falling Creek Lot# 7

- New Mobile Home ☒ Used Mobile Home _____ MH Size 32x72 Year 2020
- Applicant Sonyia Crews Phone # 863-517-5701
- Address 3311 SW State Road 247 Lake City, FL 32024
- Name of Property Owner Donald Hollingsworth Phone# 386-623-6982
- 911 Address 207 NW Ian Ct 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 Donald Hollingsworth Phone # 386-623-6982
 Address 207 NW Ian Ct Lake City, FL 32055
- Relationship to Property Owner _____
- Current Number of Dwellings on Property This proposed one
- Lot Size _____ Total Acreage 1
- 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 NO
- Driving Directions to the Property L on NE madison St., R on US-41N,
R on NW Falling Creek Rd, R on NW Taylor Magee Pl,
L on NW Ian Ct
- Name of Licensed Dealer/Installer Brent Strickland Phone # 386-365-7043
- Installers Address 1294 NW Hamp Farmer Rd, Lake City, FL 32055
- License Number FH1104218 Installation Decal # 65736

79 sonyia.nicole@gmail.com

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR Brent Strickland 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>Holly Harrell Electric</u> Signature <u>[Signature]</u> License #: <u>EC13005429</u> Phone #: <u>386-755-5944</u> Qualifier Form Attached <input type="checkbox"/>
MECHANICAL/ A/C _____	Print Name _____ 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.



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, Brent Strickland, give this authority for the job address show below
Installer License Holder Name

only, 207 NW Pan Ct Lake City, FL 32055, and I do certify that
Job Address

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)
Sonja Crews	Sonja Crews	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner

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.

Brent Strickland
License Holders Signature (Notarized)

FH1104218
License Number

7-14-2020
Date

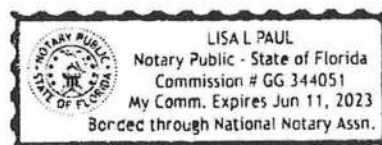
NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Suwannee

The above license holder, whose name is Brent Strickland,
personally appeared before me and is known by me or has produced identification
(type of I.D.) _____ on this 14th day of July, 2020.

Lisa L. Paul
NOTARY'S SIGNATURE

(Seal/Stamp)



2354



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, Anthony Heath Driggers (license holder name), licensed qualifier
for Ice Age Refrigeration, LLC (company name), do certify that
the below referenced person(s) listed on this form is/are contracted/hired by me, the license
holder, or 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 and
sign permits; call for inspections and sign subcontractor verification forms on my behalf.

Printed Name of Person Authorized	Signature of Authorized Person
1. <u>Crump Heating & Air</u> <u>Michael Crump</u>	1. <u>[Signature]</u>
2.	2.
3.	3.
4.	4.
5.	5.

I, the license holder, realize that I am responsible for all permits purchased, and all work done
under my license and fully responsible for compliance with all Florida Statutes, Codes, and
Local Ordinances. I understand that the State and County Licensing Boards have the power and
authority to discipline a license holder for violations committed by him/her, his/her agents,
officers, or employees and that I have full responsibility for compliance with all statutes, codes
and ordinances inherent in the privilege granted by issuance of such permits.

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.

[Signature]
Licensed Qualifiers Signature (Notarized)

CAC1815473
License Number

8-13-2020
Date

NOTARY INFORMATION:

STATE OF: Georgia COUNTY OF: Lanndes

The above license holder, whose name is Anthony Heath Driggers
personally appeared before me and is known by me or has produced identification
(type of I.D.) Driver's license on this 12 day of August, 2020

[Signature]
NOTARY'S SIGNATURE

(Seal/Stamp)

