Parcel:

00-00-00-14344-000 (43478)

Owner & Property Info

CAMPBELL ANNIE JEAN

CAMPBELL ALONZA JR

Owner

P O BOX 225

FORT WHITE, FL 32038-0225

Site

593 SW DORTCH St, FORT WHITE

Description* FORT WHITE: BLKS 11,12,13 & E 105 FT BLK 10. 573-708, 743-53, PB 1387-1307, QC 1416-1882,

Area

1.95 AC

S/T/R

33-6S-16

Use Code** SFRES/SFRES (0101)

Tax District 4

STATE OF FLORIDA COUNTY OF COLUMBIA

LAND OWNER AFFIDAVIT

This is to certify that I, (We), Annie Jean Campbell ,
as the owner of the below described property:
Property tax Parcel ID number 00-00-14344-00
Subdivision (Name, lot, Block, Phase) Fort White E 1/2 of Block 10
Give my permission for Thomas & Tena Johnson (daughter) to place a
Circle one Mobile Home Travel Trailer / Utility Pole Only / Single Family Home / Barn – Sned – Garage / Culvert / Other
I (We) understand that the named person(s) above will be allowed to receive a building permit on the property number I (we) have listed above and this could result in an assessment for solid waste and fire protection services levied on this property.
Owner Signature Date
Owner Signature 10-20-21 Date
Owner Signature Date
Sworn to and subscribed before me this 20 day of 0, 2021. This
(These) person(s) are personally known to me or produced ID
CAR O
Notary Public Signature Notary Printed Name NOTARY PUBLIC
Notary Stamp/ STATE OF FLORIDA Comm# GG231750 Expires 7/16/2022

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

PHONE 386-623-6522

CONTRACTOR Dale Houston

	3	THIS FORM MUST BE SUBMITTED	PRIOR TO THE ISSUANCE	CE OF A PERMIT	
				Thomas &	Tena Johnson
records of the Ordinance 89-6 exemption, get Any changes, t	subcontractors of the subcontractor sineral liability institute of the permitted co	t will cover all trades doing who actually did the trade shall require all subcontracteurance and a valid Certificantractor is responsible for ginning any work. Violation	specific work under to ors to provide evidente of Competency lie the corrected form	the permit. Per Floridance of workers' components in Columbia Colu	a Statute 440 and ensation or unty.
ELECTRICAL	Print Name	Leo Jackson	Signature <u></u>		9
	License #:	ES 12001176	Phone #: _	386-294-2993	
		Qualifier Form	Attached X		
MECHANICAL/	Print Name_Ro	onald Bonds Sr.	Signature	All	
A/C	License #: C	AC 1817658	Phone #:	800-259-3470	

Qualifier Forms cannot be submitted for any Specialty License.

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			

Qualifier Form Attached

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

APPLICATION NUMBER



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

Phone: 386-758-1008	Fax: 386-758-2160			
	ER AUTHORIZATION			
100 G Forder	(license holder name), licensed qualifier			
Compto Flaten	LLC (company name), do certify that			
the below referenced person(s) listed on this for	en in/ere contracted/hired by me, the license			
malder or letom ampleued by me directly of third	Ligh an amproved leasting arrangement, or, is on			
officer of the corporation; or, partner as defined person(s) is/are under my direct supervision and	commo and syste sumenzed to purd lease and			
sign permits; call for inspections and sign subco	ntractor verification forms on my benefit.			
Printed Name of Person Authorized	Signature of Authorized Person			
1. Onlis Burd	1.			
2. Rocky Foxel	2. Roch D7			
3. Leo JACKSON VR.	3. Twatch go			
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 compilence with all Florida Statutee, 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(a) you have authorized officer(s), you must notify this decertment in and authorization form, which will supersede all pre- uneuthorized persons to use your name and/or	ting of the changes and submit a new latter of dous lists. Failure to do so may allow license number to obtain permits.			
Womand Oddiffers Signature (Notarized)	ES 1200 M1 C 4/2G/16 License Number Diste			
STATE OF PURIOR COUNTY OF	1 1 7 4			
The above license holder, whose name is personally appeared before me and is known by (type of i.D.)	me or has produced identification this dead of April 20/6			

(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

LICENSED QUALIFIER AUTHORIZATION

1. RONALDE BOARD SE	(license holder name). licensed qualifier
	Time (company name), do certify that
the below referenced person(s) listed on this for holder, or is/are employed by me directly or throughout officer of the corporation; or, partner as defined	m is/are contracted/hired by me, the license ough an employee leasing arrangement; or, is an in Florida Statutes Chapter 468, and the said d control and is/are authorized to purchase and
Printed Name of Person Authorized	Signature of Authorized Person
1. DALE BURD	1.
2. Rocks Ford	2. (bc/3) 7-1
3. Kully Bishop	3. Kelly Bishof
4.	4.
5.	5.
officers, or employees and that I have full respondent ordinances inherent in the privilege granted officer(s), you must notify this department in write authorization form, which will supersede all previous authorized persons to use your name and/or limit authorized December 1 of 1 o	is/are no longer agents, employee(s), or ing of the changes and submit a new letter of ious lists. Failure to do so may allow
NOTARY INFORMATION: STATE OF:COUNTY OF:	1001
The above license holder, whose name is <u>hor</u> personally appeared before me and is known by (type of I.D.) on I	
NOTARY'S SIGNATURE	(Seal/Stamp)



	Municipa wall plans within 2' of and of home per Rule 15C		Typical pier spacing Marian Show locations of Longitudinal and Lateral Systems	Manufacturer (A)	SSW Dortch
ANCHORS ANCHORS ARCHORS ARC	The sizes I	8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	PIER SPACING TABLE FOR USED HOMES ter 16" x 16" 18 1/2" x 18 1/2" 20" x 20" 22" 24" x 24" 25" (484)" (576)" (484)" (576)" (484)" (576)	Single wide	New Home

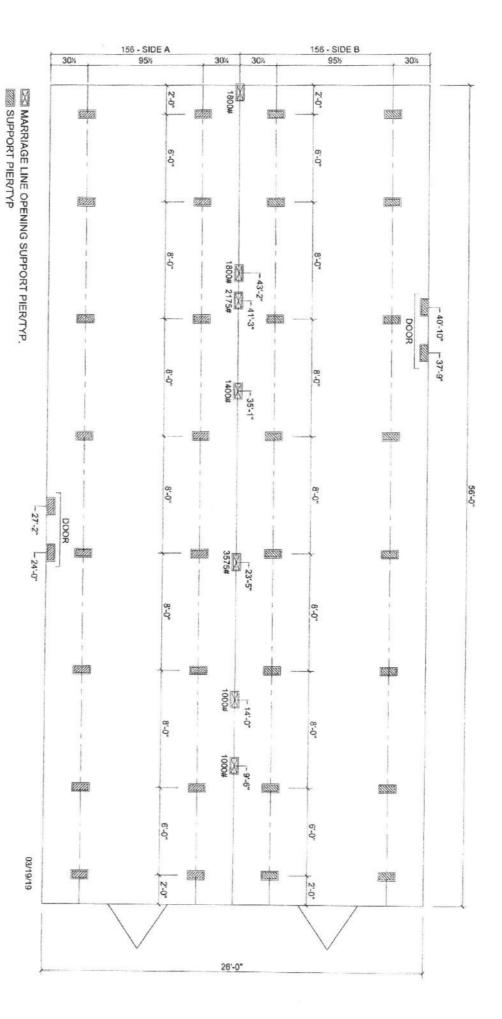
PERMIT WORKSHEET

1	
П	
BE	
O	
2	
7.2	

The results of the torque probe test is \$\frac{2}{\text{5}}\$ 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 the points where the torque test reading is 275 or less and where the mobile home manufacturer may installer. Installer's initials ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER installer Name \$\int D_a_1/2, \text{H}_1 \text{0.00}_\text{1} \text{by A LICENSED INSTALLER}\$ Installer Name \$\int D_a_1/2, \text{H}_1 \text{0.00}_\text{5} \frac{1}{2} \text{0.00}\$ Date Tested Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between multi-wide units, by. Connect all sewer drains to an existing sewer tap or septic tank. Pg. Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. Connect all potable water supply systems. Pg.	POCKET PENETROMETER TEST. The pocket penetrometer tests are rounded down to or check here to declare 1000 lb. soil without testing. XLELD XLELD XLELD PST XLELD XLELD PST XLELD XLELD PST ALLED PST Without testing. PST Without testing. PST XLELD ST Without testing. PST XLELD ST XLELD ST XLELD ST Without testing. PST XLELD ST XL
Installer's Initials Pg. Installed: Between Floors Yes Bottom of ridgebeam Yes Fireplace chimney installed to manufacturer's specifications. Yes Fireplace chimney installed so as not to allow intrusion of rain water. Yes Miscelleneous Skirting to be installed. Yes Other: No Pyer vent installed outside of skirting. Yes Drain lines supported at 4 foot intervals. Yes Electrical crossovers protected. Yes 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 Dake Date 10 107	Debris and organic material removed Water drainage: Natural Swale Preparation Water drainage: Natural Swale Pad Other Fastening multi wide units Floor. Type Fastener. Log Length: Langth: Langth: Length: Langth: Langth: Langth: Langth: Langth: Langth: Langth: Spacing: 11 For used homes a min. 30 gauge, 8" wide, galvanized metal strip roofing nails at 2" on center on both sides of the centerine. Gasket (west) proofing requirement) Funderstand a properly installed gasket is a requirement of all new and used a result of a poorly installed or no gasket being installed. I understand a strip of tape will not serve as a gasket.

Tes
1 - OI
riting to be installed. Yes No
e bottomboard will be repaired and/or taped. Yes Pg. Pg. I'ng on units is installed to manufacturer's specifications. Yes epiace chimney installed so as not to allow infrusion of rain water. Yes
Weatherproofing
Installer's Initials 1) // Installed: Between Floors Yes Between Walls Yes Bottom of ridgebeam Yes
nderstand a properly installed gasket is a requirement of all new and used nes and that condensation, mold, meldew and buckled marriage walls are asult of a poorly installed or no gasket being installed. I understand a strip ape will not serve as a gasket.
Gasket (weatherproofing requirement)
s a min. 30 gauge, 8" wide, ga over the peak of the roof and a 2" on center on both sides of the
Length: L
bris and organic material removed
Site Preparation

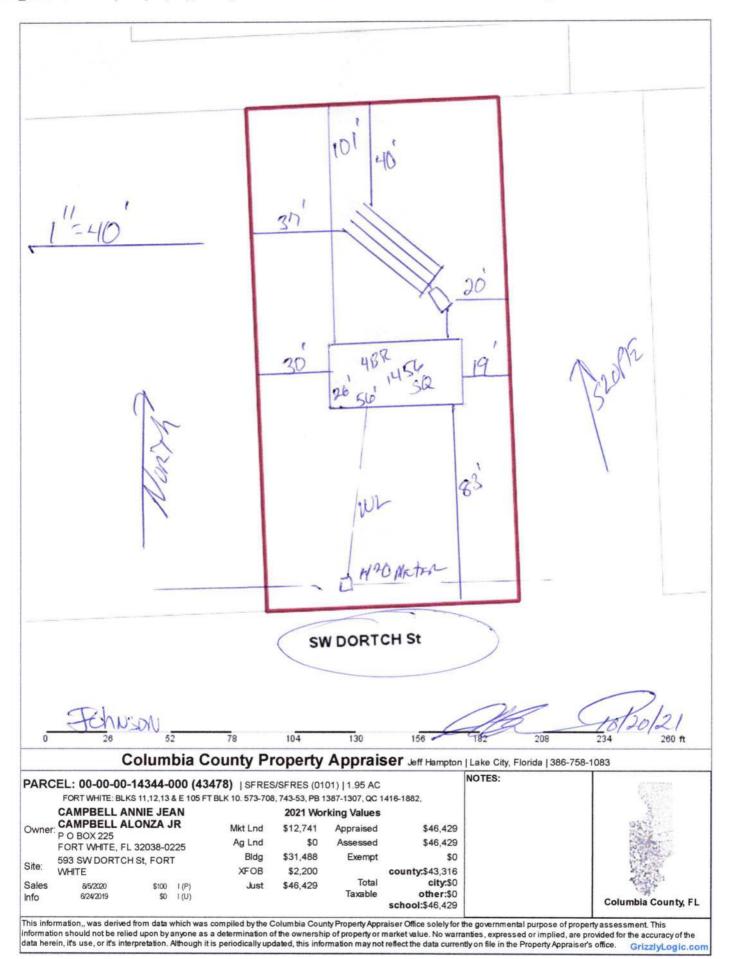
_Date 10/07/2,



Live Oak Homes MODEL: L-2564F - 28 X 56 4-BEDROOM / 2-BATH

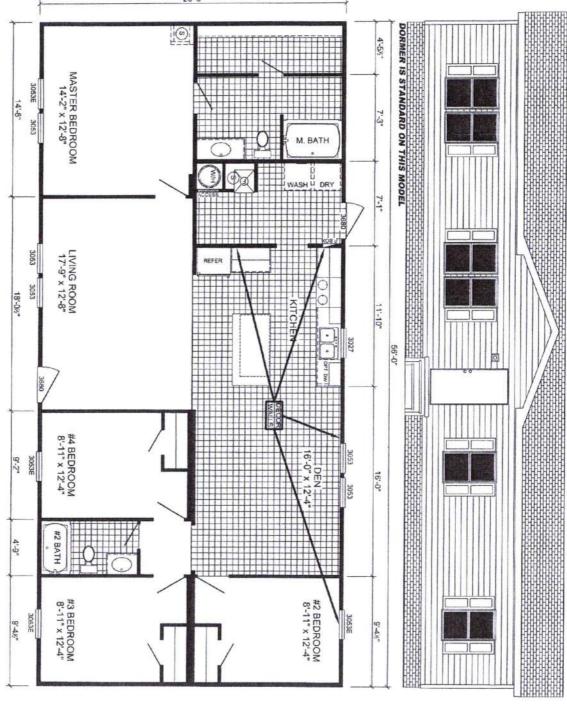
- THIS DRAWING IS DESIGNED FOR THE STANDARD WIND ZONE AND IS TO BE USED IN CONJUNCTION WITH THE INSTALLATION MANUAL AND IT'S SUPPLEMENTS.
- FOOTINGS ARE SHOWN FOR EXAMPLE ONLY QUANTITY AND SPACING MAY VARY BASED ON PAD TYPE, SOIL CONDITION, ETC.
- FOOTINGS ARE REQUIRED AT SUPPORT POSTS, SEE INSTALLATION MANUAL FOR REQUIREMENTS.

FOUNDATION NOTES:



l of 1

SPARK



28 x 60 - Approx. 1456 Sq. Ft. 4-BEDROOM / 2-BATH L-2564F - RUNNER

^{*} All room dimensions include closets and square footage figures are approximate.
* Transom windows are available on optional 9°-0° sidewall houses only.
* Live Oak Homes reserves the right to modify product offering at any time.