Parcel:

12-48-17-08332-016 (30440)

Owner & Property Info

COX GORDON W

COX RITA J

Owner

515 SE POUNDS HAMMOCK ROAD

LAKE CITY, FL 32025

Site

COMM AT NW COR OF SE1/4 OF SW 1/4, RUN E 13.37 FT TO POB, CONT E 7.31 FT, N 40.41 FT, E

229.58 FT, N 130 FT TO A PT ON S R/W OF SE EAGLE AVE, E ALONG R/W 55.50 FT, CONT E

305.06 FT S 170.02 FT, CONT S 529.98 FT, E 240 FT, S 787.72 FT, CONT S 10.98 FT TO N R/W OF

ROSSI DR, W ALONG R/W 413.30 FT, NORTH 122.54 FT, CONT N 339.44 FT, W 445.03 FT, N

975.67 FT TO POB. (AKA PART OF LOT 16 PRICE CREEK ACRES UNIT 1 UNREC) (BEING

PARTLY IN SEC 13-4S-17) WD 1240-1146 <= less

Area

Description*

20.4 AC

S/T/R

Use Code** PASTURE CLS33 (6200)

Tax District 3

12-4S-17

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUN	ABER		CONTRACTOR Dal	e Houston		PHONE 386-623-6522		
APPLICATION NUMBER CONTRACTOR FRONE_GGG GZG GGZZ								
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 <u>KEQUIKED</u> 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.								
				1	R			
ELECTRICAL	Print Name	Glenn Whittingto	on	Signature				
	License #: _	EC 13002957	5 5 4 1 1 T	IN COAL CONTRACTOR OF THE PARTY	86-972-170	00		
		Quali	fier Form Attached	X.	7/			
MECHANICAL/	Print Name	Steven Mollman		Signature	Bu			
A/C		CAC 1819696		Phone #: 3	52-339-664	.0		
-		Quali	fier Form Attached	X				
				•				
Qualifier For	ms cannot h	ne submitted for any	Snecialty License					
quanjierron	ns cannot b	e submitted for any	E 5/2					
Specialty L	icense	License Number	Sub-Contractors Pr	inted Name	Sub	-Contractors Signature		
MASON								
CONCRETE FI	NISHER							
			01 000 B			1. 11		
F. S. 440.103	Building per	mits; identification of	minimum premiu	m policyEve	ry 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	Revised 10/30/2015							



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

C/ // EICENSED QUITEILIE						
	(license holder name), licensed qualifier					
	Twc(company name), do certify that					
the below referenced person(s) listed on this form holder, or is/are employed by me directly or throu officer of the corporation; or, partner as defined in person(s) is/are under my direct supervision and sign permits; call for inspections and sign subcon-	m is/are contracted/hired by me, the license ugh an employee leasing arrangement; or, is an in Florida Statutes Chapter 468, and the said I control and is/are authorized to purchase and intractor verification forms on my behalf.					
Printed Name of Person Authorized	Signature of Authorized Person					
1. 00/5/3/20	1					
2. Recky Ford	2. Joseph)					
3.	3.					
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 a authority to discipline a license holder for violation officers, or employees and that I have full response and ordinances inherent in the privilege granted	liance with all Florida Statutes, Codes, and nd County Licensing Boards have the power and ons committed by him/her, his/her agents, nsibility 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	EC 1300 2957 3/7/16					
Licensed Qualifiers Signature (Notarized)	License Number Date					
NOTARY INFORMATION: STATE OF:COUNTY OF	Colmbia					
The above license holder, whose name is	y me or has produced identification this day of, 20_6.					
NOTARY'S SIGNATURE	Seal/Starke) Y R BISHOP Notary Public - State of Florida Commission # FF 243986					



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

I, Steven Mollman	(license holder name), licensed qualifier				
for Mollman Air Conditioning & Refrigeration	on LLC (company name), do certify that				
the below referenced person(s) listed on this for employee leasing arrangement; or, is an officer Florida Statutes Chapter 468, and the said pers control and is/are authorized to purchase permit	m is/are employed by me directly or through an of the corporation; or, partner as defined in on(s) is/are under my direct supervision and				
Printed Name of Person Authorized	Signature of Authorized Person				
1 Dale Burd	1				
2.	2.				
3.	3.				
4.	4.				
5.	5.				
authority to discipline a license holder for violation officers, or employees and that I have full responsed ordinances inherent in the privilege granted. If at any time the person(s) you have authorized must notify this department in writing of the chain.	ons committed by him/her, his/her agents, onsibility for compliance with all statutes, codes d by issuance of such permits. d is/are no longer employee(s), or officer(s), you anges and submit a new letter of authorization illure to do so may allow unauthorized persons to				
License Holders Signature (Notarized)	CAC 1819696				
<u></u>	OF. Columbia				
personally appeared before me and is known by me or has produced identification (type of I D.) DOVETS LICENSE on this 30th day of March 20 22					
NOTARY'S SIGNATURE	(Seal/Stamp)				

Mobile Home Permit Worksheet

		marriage wall plots within 2' of a				Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)	NOTE: If home is a single wide fill out one hair or the processing pressure if home is a triple or quad wide sketch in remainder of home 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	Manufacturer Rock well Length x width 16 7 76	Address of home TBD SE ROSSI DR		Mobile Home Permit Worksheet
TIEDOWN COMPONENTS Longitudinal Stabilizing Device (LSD) Manufacturer Oliver 1101 Manufacturer Oliver 1101 Manufacturer Oliver 1101	Opening Pier pad size	List all marriage wall openings greater than 4 foot and their pier pad sizes below.	(required by the mfg.) Draw the approximate locations of marriage wall openings 4 foot or greater. Use this	Other pier pad sizes	ated from Rul	1000 ps 3 4 5 7 1500 ps 6 8 8 8 8 8 8 8 8 8 8 8	SPACING TABLE FOI	Double wide ☐ Installation Decal # Triple/Quad ☐ Serial #	Home installed to the Manufacturer's Installation Manual Home is installed in accordance with Rule 15-C Single wide Wind Zone II Wind	New Home Used Home	Application Number:
within 2' of end of home spaced at 5' 4" oc OTHER TIES Number Sidewall Longitudinal Marriage wall Shearwall	FRAME TIES	74 x 24 576 576 576 ANCHORS	13 1/4 × 26 1/4 20 × 20 17 3/16 × 25 3-16 17 1/2 × 25 1/2	O. O.	PAD SIZES PAD SIZES PAD SIZE 16 x 16 256	တ္ တဲ့	24" X 24" 26" (576)* ((505743124NC	Wind Zone III]	Date:

Mobile Home Permit Worksheet

or check here to declare 1000 lb. soil The pocket penetrometer tests are rounded down to 3. Using 500 lb, increments, take the lowest N POCKET PENETROMETER TESTING METHOD Test the perimeter of the home at 6 locations Take the reading at the depth of the footer reading and round down to that increment POCKET PENETROMETER TEST × without testing × pg

TORQUE PROBE TEST

showing 275 inch pounds or less will require 5 foot anchors. The results of the torque probe test is here if you are declaring 5' anchors without testing inch pounds or check

Note: A state approved lateral arm system is being used and 4 ft anchors are required at all centerline tie points where the torque test anchors are allowed at the sidewall locations, I understand 5 ft reading is 275 or less and where the mobile home manufacturer may requires anchors with (2000) holding capacity Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Vale

ころいとなるろ

Date Tested

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.

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.

Application Number:
Date:
ate:

Debris and organic material removed Water drainage: Natural Swale Pad X Other	Site Preparation	plication Number: Date:
X Other		Date:

Fastening multi wide units

Type Fastener: Type Fastener: Type Fastener: Length:

Walls: Floor:

Roof:

Length: Spacing:

Spacing

For used homes a min. 30 gauge, 8" wide, galvanized metal slrip roofing nails at 2" on center on both sides of the centerline will be centered over the peak of the roof and fastened with galv

Gasket (westherproofing requirement)

of tape will not serve as a gasket a result of a poorly installed or no gasket being installed. I understand a strip homes and that condensation, mold, meldew and buckled marriage walls are I understand a property installed gasket is a requirement of all new and used

Installer's initials

Type gasket Pg.

Between Walls Yes
Bottom of ridgebeam Yes Between Floors Yes installed:

Weatherproofing

The bottomboard will be repaired and/or taped. Tes Siding on units is installed to manufacturer's specifications. Tes Fireplace chimney installed so as not to allow intrusion of rain water. Yes 2

Miscellaneous

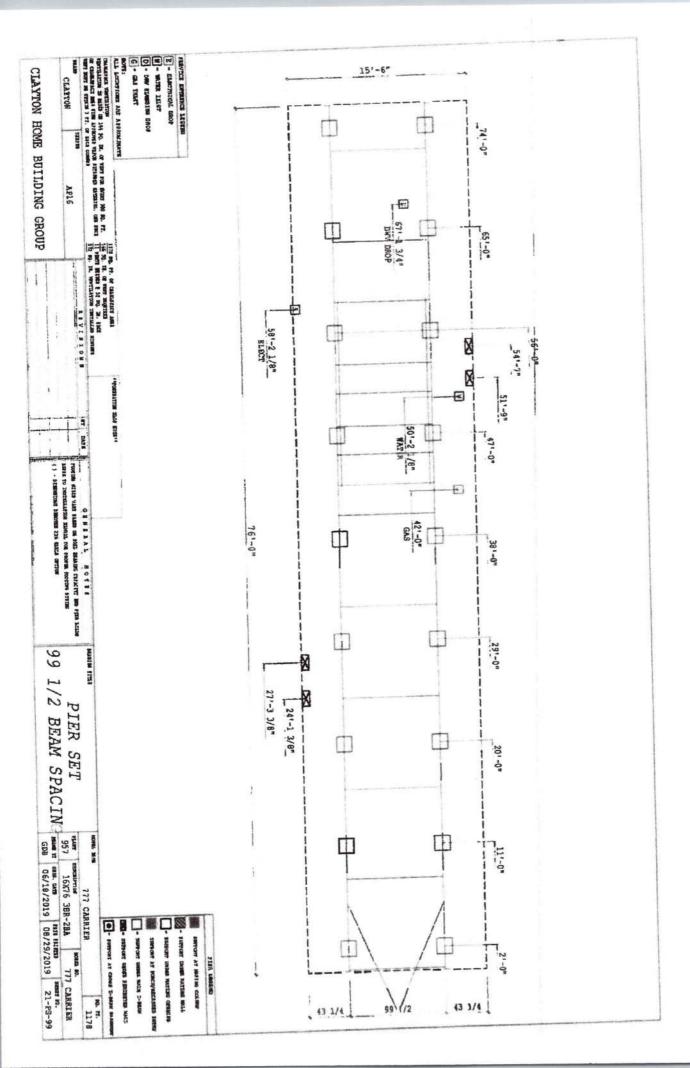
Dryer vent installed outside of skirting (Yes)
Range downflow vent installed outside of skirting (Yes)
Prain lines supported at 4 foot intervals (Yes) Skirting to be installed. (Yes Electrical crossovers protected. Yes Other:

A

Installer verifies all information given with this permit worksheet manufacturer's installation instructions and or Rule 15C-1 & 2 is accurate and true based on the

Installer Signature Don Auto

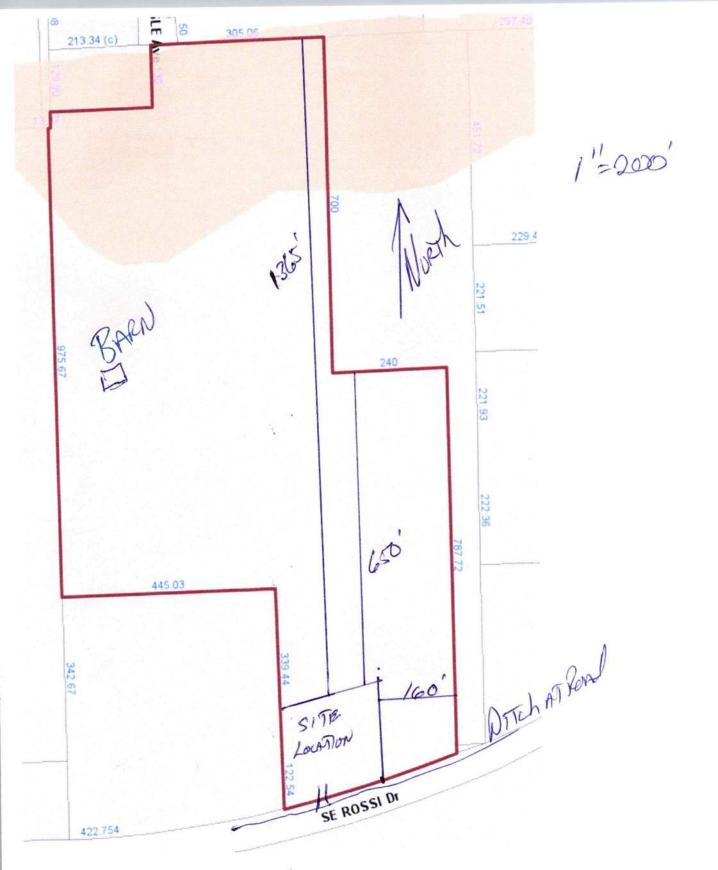
Date 9/08/22



STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

APPLICATION FOR CONSTRUCTION PERMIT Permit Application Number_____ Gordon Cox -PART II - SITEPLAN -----Scale: Each block represents 10 feet and 1 inch = 40 feet. 210 , 3BR 1178 50 30 210° SE ROSSI Notes: Contractor Site Plan submitted by: Date Not Approved_ Plan Approved County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



Gordon Cox

A 09/12/22

1560 Goodon (cot) 178 SQ 76 Sex

1118 30

9

South