Parcel:

14-48-15-00363-201 (1338)

Owner & Property Info

BRUCK JOSEPH

BRUCK SONIA

Owner 116 HOLLY SPRINGS LOOP

TROUTMAN, NC 28166

Site 555 SW BLANTON Ln, LAKE CITY

Description* LOT 1 PINEMOUNT MEADOWS S/D. AFD 1030-2581, WD 1095-188, WD 1117-1776, WD 1209-

2750, WD 1352-2702,

5.01 AC Area

S/T/R 14-4-15E

Tax District 3 Use Code** VACANT (0000)

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER	CONTRACTOR	Ernest Scott Johnson	PHONE 352-494-8099
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THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

Joseph & Sonia Bruck

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.

ELECTRICAL	Print Name_	Glenn Whittington	Signature
	License #:	EC 13002957	Phone #: 386-972-1700
		Qualifier Fo	orm Attached X
MECHANICAL/	Print Name_	Timothy Shatto	Signature
A/C	License #:	CAC 057875	Phone #: 386-496-8224
		Qualifier Fo	orm Attached X

Qualifier Forms cannot be submitted for any Specialty License.

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

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



Timothy Shatto

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, Timothy Shatto	(license holder name), licensed qualifier
for Shatto Heat & Air	(company name), do certify that
officer of the corporation; or, partner as defined	ough an employee leasing arrangement; or, is an in Florida Statutes Chapter 468, and the said dispare authorized to purchase and
Printed Name of Person Authorized	Signature of Authorized Person
1. Bo Royals	1. 809/
2. Dale Burd	2.
3.	3.
4.	4.
5.	5.
authority to discipline a license holder for violatic officers, or employees and that I have full respond and ordinances inherent in the privilege granted officer(s), you must notify this department in write authorization form, which will supersede all prevunauthorized persons to use your name and/or	nsibility for compliance with all statutes, codes I by issuance of such permits. I is/are no longer agents, employee(s), or ting of the changes and submit a new letter of rious lists. Failure to do so may allow
THE NOW THE	61 1 /
Licensed Qualifiers Signature (Notarized)	CAC 057875 2/22/18 License Number Date
NOTARY INFORMATION: STATE OF: Florida COUNTY OF	: Union
personally appeared before me and is known by	mothy D Shutto, me or has produced identification this 22 day of february, 2018.
Victoria / Palmer	
NOTARY'S SIGNATURE	(Seal/Stamp) VICTORIA K PALME
	VICTORIA K. PALMEI Notary Public - State of F

My Comm. Expires Mar 9, 2019 Bonded through National Notary Asso.



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

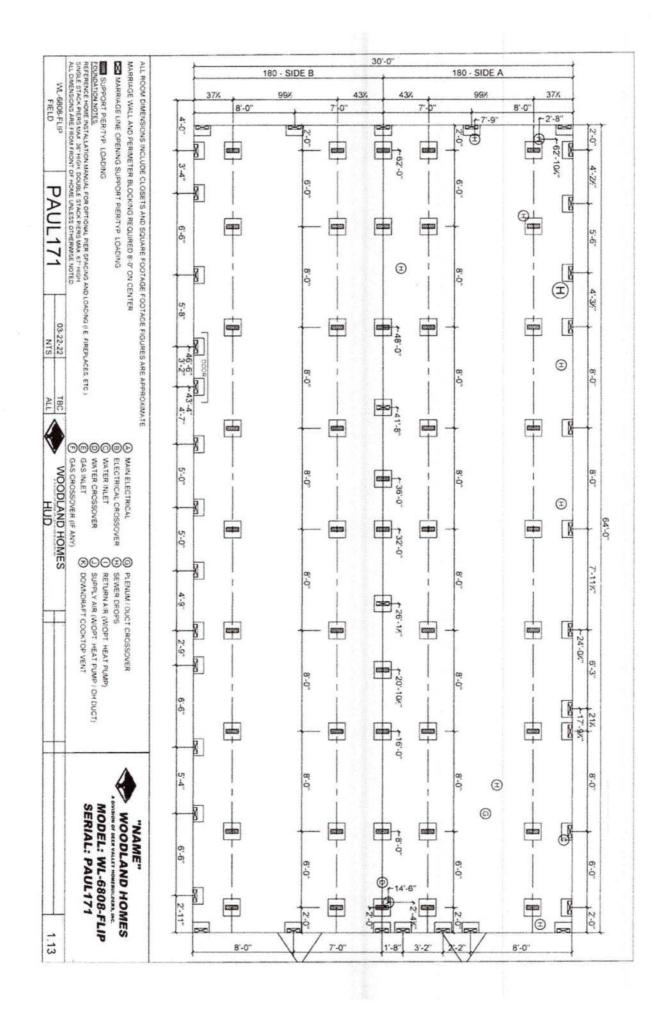
Phone: 386-758-1008 Fax: 386-758-2160

LICENSED QUALIFIER AUTHORIZATION

LICENSED QUALIFIE	ER AUTHORIZATION				
1. Chans Whitington	(license holder name), licensed qualifier				
for Whitmaten ELREKK ?	(company name), do certify that				
the below referenced person(s) listed on this form					
holder, or is/are employed by me directly or thro					
officer of the corporation; or, partner as defined					
person(s) is/are under my direct supervision and					
sign permits; call for inspections and sign subco	ntractor verification forms on my behalf.				
Printed Name of Person Authorized	Signature of Authorized Person				
1. LA & DURN	10/19/				
2. Kecky Fond	2. Jones 1))				
3.	3.				
<u> </u>					
4.	4.				
5.	5.				
I, the license holder, realize that I am responsible	e for all permits purchased, and all work done				
under my license and fully responsible for compl	iance with all Florida Statutes. Codes. and				
	nd 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				
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.					
K11 1.1/11	2/1/1				
& four Whitting bed	EC1300295) 3/7/16				
Licensed Qualifiers Signature (Notarized)	License Number Date				
NOTARY INFORMATION:					
	Colombin				
1	1				
The above license holder, whose name is	BUN Whittington				
personally appeared before me and is known by (type of I.D.)	this day of MARCH, 20				
(type of 1.D.)	triis day or				
Vier Desict no	*********				
NOTARY'S SIGNATURE	Seal/Stange) Y R BISHOP				
NO INCLUDIO DIGITATIONE	Notary Public - State of Florida				
	Commission # FF 243986				
	My Comm. Expires Jun 24, 2019				

			Typical pier spacing 2' Color Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)	Installer Ernest Scott Johnson License # IH-1025249 Installer Mobile Phone # 352-494-8099 Address of home \$55 SW SLAVEN LAWR being installed LAWS GM FL 32034 Manufacturer Rest Volley Length x width GH 330 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	TERMIT NUMBER
Opening Pier pad size 4 R 5 ft FRAME TIES within 2 of end of home spaced at 5 4 oc c Congitudinal Stabilizing Device (LSD) Longitudinal Stabilizing Device w/ Lateral Arms Manufacturer Manufac	ze 7.5%	7-6* 8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8'	d USED HOMES 20" 22" 24" (484)" (484)"		Production of the second

Connect all polable water supply piping to an existing water mater, water tap, or other independent water supply systems. Pg.	Connect all server drains to an existing sewer tap or septic tank. Pg.	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.	7.50	anchors are allowed at the sidewall locations. I understand 5 n 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 tholding capacity. ALL TESTS MUST BE PERFORNED BY A LICENSED INSTALLER installer sands.	TORQUE PROBE TEST The results of the torque probe test is 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 approach little in the problem of the problem	×1000 ×1000 ×1000	3 Using 500 lb, increments, take the lowest reading and round down to that increment,	POCKET PENETROMETER TESTING METHOD 1. Test the perimeter of the home at 6 locations. 2. Take the reading at the depth of the footer.	The pocket penetrometer tests are rounded down to pst or check here to declare 1000 lb. soil without testing.	
Installer Signature SUNDA Name Date 4 11 2	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		Other constant of the control of the	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	Type gasket Pg	a result of a poorly installed or no gasket being installed. I understand a strip of tape will not serve as a gasket.	Gasket neutranodnassussent I understand a properly installed gasket is a requirement of all new and used		ad la	Site Preparation



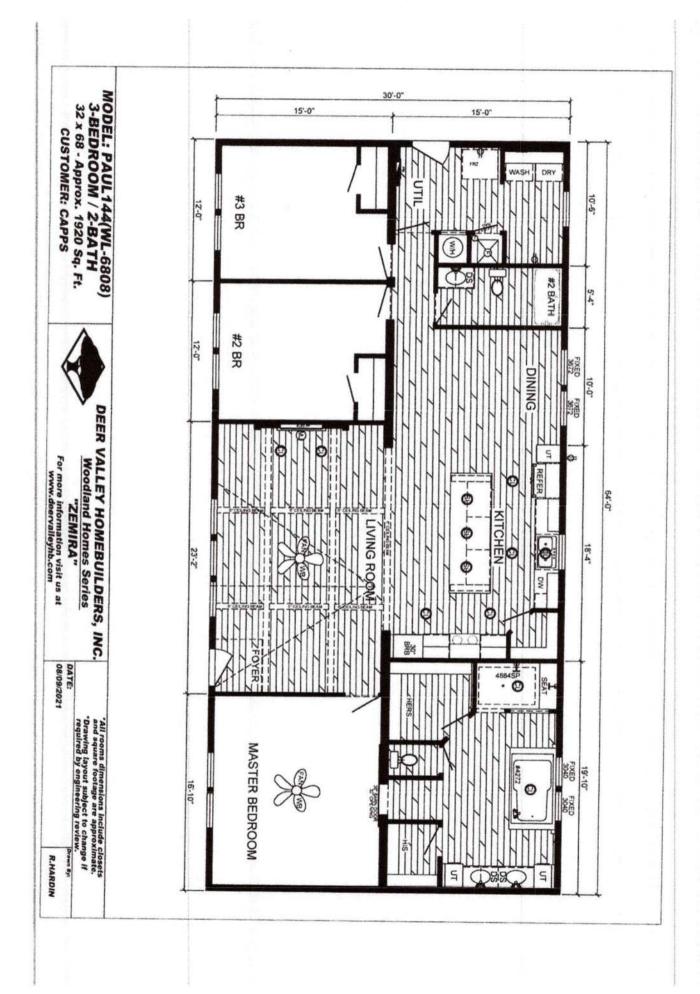
STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

	Permit Applie	cation Number
Bru	Y	
Proc	FANTII-SITEPLAN	
Social disab - 40 feet	20	
Scale: 1 inch = 40 feet.		
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		1120
		North
Notes		
Notes:	C COI A and	
10	F 5.01 Herres	
	San Attachad	
Site Plan submitted by		CONTRACTOR
Plan Approved	Not Approved	Date
Ву		County Health Department
		County i lealth Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT







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 2:40:56 PM

Address:

555 SW BLANTON LN

City:

LAKE CITY

State:

FL

Zip Code

32024

Parcel ID

14-4S-15-00363-201

REMARKS:

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

Verification ID: f1fe2228-ae0d-46ed-8642-7d0ce7f269d4

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