Parcel:

21-3S-16-02240-030 (7642)

Owner & Property Info

Result: 2 of 2

PIERCEY STEPHANIE

Owner SIMMONS CEDRICK 336 NW LAMAR PL

LAKE CITY, FL 32055

Site 336 NW LAMAR PL, LAKE CITY

Description* LOT 30 PINE RIDGE S/D. 639-472,474, LE 900-652, DC 1168-225, QC 1380-2785, WD 1441-132,

Area 0.672 AC S/T/R 21-3S-16

Use Code** MOBILE HOME (0200)

Tax District 2

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

Robert Sheppard

PHONE 386-623-2203

APPLICATION NUI	MBER	CONTRACTO	THORE GOO GEO ZEO
		THIS FORM MUST BE SUBMITTED PR	RIOR TO THE ISSUANCE OF A PERMIT
			Stephani Piercey
records of the Ordinance 89- exemption, ge	subcontractors 6, a contractor neral liability in the permitted	s who actually did the trade spe shall require all subcontractors asurance and a valid Certificate contractor is responsible for the	ork at the permitted site. It is <u>KEQUIKED</u> that we have ecific work under the permit. Per Florida Statute 440 and to provide evidence of workers' compensation or of Competency license in Columbia County. The corrected form being submitted to this office prior to the will result in stop work orders and/or fines.
ELECTRICAL	Print Name	Glenn Whittington	Signature Signature
	License #:	EC 13002957	Phone #: 386-972-1700
		Qualifier Form Att	rached X
MECHANICAL/	Print Name_	Ronald Bonds Sr.	Signature
A/C	License #:	CAC1817658	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



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, (Janu Whitington	(license holder name), licensed qualifier
for Whittington ELBEKK S	(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-	ugh an employee leasing arrangement; or, is an n Florida Statutes Chapter 468, and the said control and is/are authorized to purchase and
Printed Name of Person Authorized	Signature of Authorized Person
1. DARBURD	1
2. Kecky Ford	2. Jones 1)
3.	3.
4.	4.
5.	5.
I, the license holder, realize that I am responsible under my license and fully responsible for compl Local Ordinances. I understand that the State ar authority to discipline a license holder for violatic officers, or employees and that I have full responsand ordinances inherent in the privilege granted If at any time the person(s) you have authorized officer(s), you must notify this department in writ authorization form, which will supersede all prevunauthorized persons to use your name and/or I	iance with all Florida Statutes, Codes, and ad County Licensing Boards have the power and ans committed by him/her, his/her agents, asibility for compliance with all statutes, codes by issuance of such permits. 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
Licensed Qualifiers Signature (Notarized)	EC 1300 2957 3/2/16 License Number Date
NOTARY INFORMATION: STATE OF:COUNTY OF:	Cohmbin
The above license holder, whose name is	me or has produced identification this day of, 20
LILLY ROSKOP NOTARY'S SIGNATURE	Notary Public - State of Florida Commission # FF 243986



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. CONALDER WORD SE	(license holder name). licensed qualifier
	for STIPE CARST ENTERPRISES	The (company name), do certify that
	the below referenced person(s) listed on this for	m is/are contracted/hired by me, the license bugh 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. DATE BURD	1.
	2. Rocks Ford	2. (bc/37) 7-1
	3. Kally Bishop	3. Kelly Brishof
	4.	4.
	5.	5.
	under my license and fully responsible for compliances. I understand that the State are authority to discipline a license holder for violation officers, or employees and that I have full responsand ordinances inherent in the privilege granted. If at any time the person(s) you have authorized officer(s), you must notify this department in writing authorization form, which will supersede all previous authorized persons to use your name and/or license.	nd County Licensing Boards have the power and one committed by him/her, his/her agents, insibility for compliance with all statutes, codes by issuance of such permits. 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 cense number to obtain permits.
<	Licensed Qualifiers Signature (Notarized)	License Number Date
	NOTARY INFORMATION: STATE OF:COUNTY OF:_	Bay
	The above license holder, whose name is Royal personally appeared before me and is known by (type of I.D.) on t	me or has produced identification his 14th day of FEB 20 (4)
	Stace V Ging ldupeins	(Seal/Stamp)

Notary Public State of Florida Stacey Ann Hopkins My Commission FF 168407 Expires 11/06/2018

being installed Typical pier spacing Manufacturer Address of home installer: 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 I understand Lateral Arm Systems cannot be used on any home (new or used) where the sidewall ties exceed 5 ft 4 in. Mobile Home Permit Worksheet lateral longitudinal Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations) 4 Length x width Installer's initials iage wall piers within 2' of end of License # 3H AMAN 1025386 15C **Application Number:** capacity bearing Other pier pad sizes (required by the mfg.) Load Single wide Longitudinal Stabilizing Device (LSD) Manufacturer List all marriage wall openings greater than 4 foot and their pier pad sizes below. Perimeter pier pad size interpolated from Rule 15C-1 pier spacing table Double wide Home installed to the Manufacturer's Installation Manual Home is installed in accordance with Rule 15-C New Home I-beam pier pad size Triple/Quad 1000 psf 1500 psf 2000 psf 2500 psf 3000 psf 3500 psf Opening Draw the approximate locations of marriage symbol to show the piers. wall openings 4 foot or greater. Use this (sq in) Footer SIZE TIEDOWN COMPONENTS 16" x 16" PIER SPACING TABLE FOR USED HOMES PIER PAD SIZES (256)Q 4'6 Used Home Serial # Wind Zone II Installation Decal # 18 1/2" x 18 Pier pad size 1/2" (342) FL 261-00P-H-20" x 20" (400) Wind Zone III 22" x 22" (484)* 4 ft Marriage war within 2' of end of home spaced at 5' 4" oc Shearwall Sidewall ongitudina POPULAR PAD SIZES Date: 3 1/4 x 26 1/4 20 x 20 3/16 x 25 1/2 x 25 1/2 24 x 24 18.5 x 1 Pad Size 26 x 26 OTHER TIES 6 x 22.5 16 x 16 FRAME TIES 24" X 24" ANCHORS (576)* တ္ဆတ္ 5 ft

26" x 26" (676)

α

348

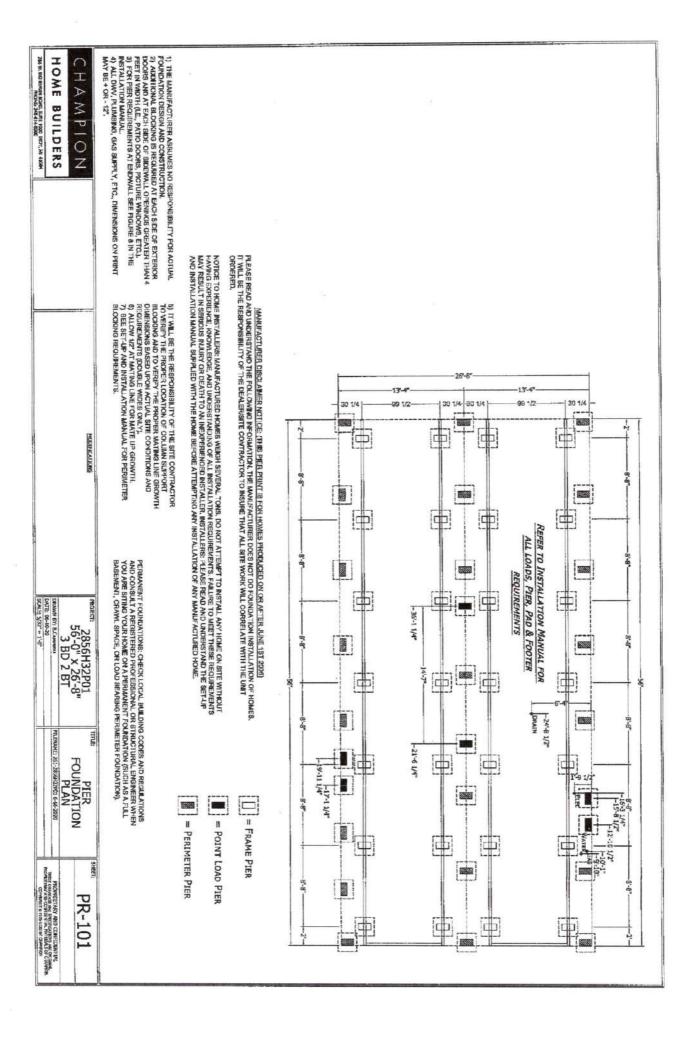
Mobile Home Permit Worksheet

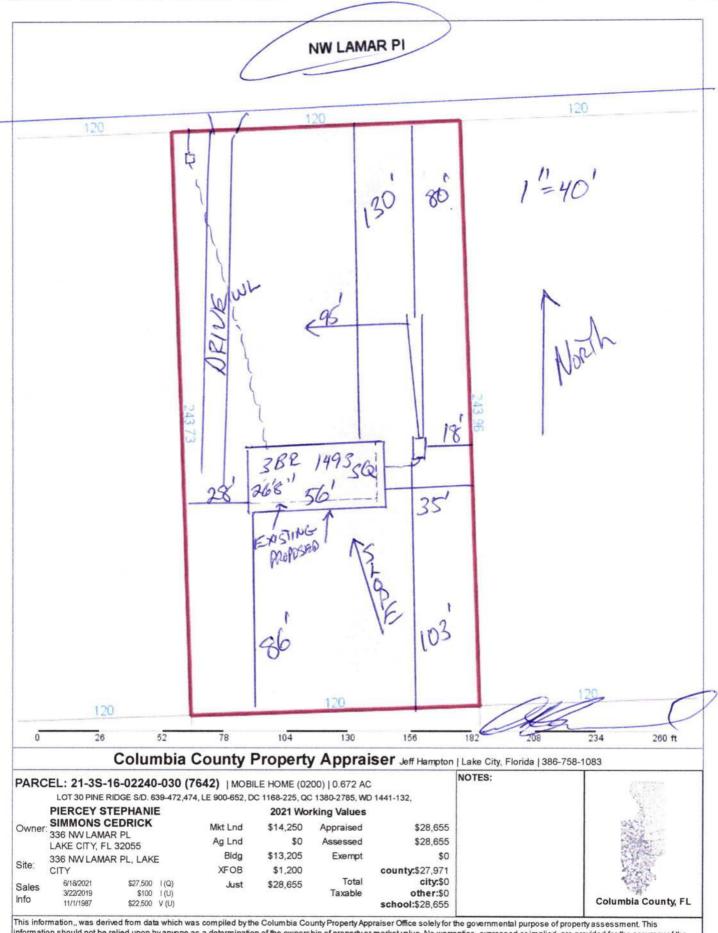
Installer Signature	Connect all potable water supply pining to an existing water meter, water tab, or other
	Connect all sewer drains to an existing sewer tap or septic tank. Pg.
manufacturer's installa	Plumbing
Installer verifies all info	Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between mult-wide units. Pg.
	Ejectrical
Electrical crossovers protected Other:	Date Tested 7/9/3-1
Skirting to be installed. Yes Dryer vent installed outside of s Range downflow vent installed Drain lines supported at 4 foot	Installer Name
The bottomboard will be repaire Siding on units is installed to m Fireplace chimney installed so	Note: A state approved lateral arm system is being used and 4 π. anchors are allowed at the sidewall locations. I understand 5 ft 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 lb holding capacity. Installer's initials
Pg.	The results of the torque probe test is 295 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.
Type gasket Foam	TORQUE PROBE TEST
a result of a poorly installed or of tape will not serve as a gask	× 1000 × 1000 × 1000
I understand a properly installed homes and that condensation, I	 Using 500 lb. increments, take the lowest reading and round down to that increment.
Gas	Take the reading at the depth of the footer.
will be centered over roofing nails at 2" on	 Test the perimeter of the home at 6 locations.
Roof: Type Fastener: Manual Roof: Type Fastener: Manual Roof: For used homes and the root of the root	POCKET PENETROMETER TESTING METHOD
	× 1000 × 1000 × 1000
Fa	ut testing
Water drainage: Natural	unded do
	POCKET PENETROMETER TEST
Application Number:	
A ligation Number	VIODILE HOME PERMIT WOLKSHEEF

	ation Number:
Cito Deposition	
3	Date:

Site Preparation
ater drainage: Natural Swale Pad L Other
Fastening multi wide units
or: Type Fastener: 1445 Length: 5" Spacing: 16" alls: Type Fastener: 50" Length: 4" Spacing: 16"
Type Fastener: 144 15 Length: 1644 For used homes a min. 30 gauge, 8" wide, ga will be centered over the peak of the roof and to roofing nails at 2" on center on both sides of the
Gasket (weatherproofing requirement)
inderstand a properly installed gasket is a requirement of all new and used omes and that condensation, mold, meldew and buckled marriage walls are result of a poorly installed or no gasket being installed. I understand a strip tape will not serve as a gasket.
Installer's initials
pe gasket Fourn Installed: Between Floors Yes Between Walls Yes Bottom of ridgebeam Yes
Weatherproofing
ne bottomboard will be repaired and/or taped. Yes Pg ding on units is installed to manufacturer's specifications. Yes replace chimney installed so as not to allow intrusion of rain water. Yes
Miscellaneous
kirting to be installed. YesNoN/AN/AN/AN/AN/AN/A

Installer Signature rrmation given with this permit worksheet rate and true based on the ation instructions and or Rule 15C-1 & 2 Date 2/12/21





This information, was derived from data which was compiled by the Columbia County Property Appraiser Office solely for the governmental purpose of property assessment. This information should not be relied upon by anyone as a determination of the ownership of property or market value. No warranties, expressed or implied, are provided for the accuracy of the data herein, it's use, or it's interpretation. Although it is periodically updated, this information may not reflect the data currently on file in the Property Appraiser's office.

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