Parcel:

27-6S-16-03950-005 (20491)

#### Owner & Property Info

Result: 3 of 3

SOLER JIMMY E

Owner 336 SW GASTONIA CT

FT WHITE, FL 32038

Site 336 GASTONIA CT, FORT WHITE

STUP JORDANA SOLEMA COMM SW COR OF SE1/4, RUN N 2514 FT, E 535.40 FT, N 339.39 FT FOR POB, CONT N 539.38 FT.

Description\* E 554.63 FT TO PT OF CURVE, RUN S'LY ALONG CURVE 67.24 FT, S 316.03 FT, W 30 FT, S 73

DEG W 558.74 FT TO POB. (AKA LOT 5 UNR S/D). 822-2125, 954-2697 WD 1310-2780, Q ...more>>>

5.8 AC Area

S/T/R 27-6S-16

Use Code\*\* MOBILE HOME (0200) Tax District 3

#### MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

CONTRACTOR Ernest Scott Johnson

PHONE 352-494-8099

	THIS	FORM MUST BE SUBMITTED PRI	IOR TO THE ISSUANCE OF A PERMIT					
	Jordana Soler							
records of the Ordinance 89- exemption, ge Any changes,	subcontractors who 6, a contractor shall neral liability insurar	actually did the trade spec require all subcontractors to ace and a valid Certificate of actor is responsible for the	rk at the permitted site. It is <u>KEQUIKED</u> that we have cific work under the permit. Per Florida Statute 440 at to provide evidence of workers' compensation or of Competency license in Columbia County.  The corrected form being submitted to this office prior will result in stop work orders and/or fines.	and				
ELECTRICAL		en Whittington 13002957	Signature	<del>)</del>				
		Qualifier Form Attac	ached X					
MECHANICAL/		nothy Shatto	Signature Signature					
A/C	License #:CA	C 057875	Phone #: <u>386-496-8224</u>					

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

#### LICENSED QUALIFIER AUTHORIZATION

(company name), do certify that is/are contracted/hired by me, the license ugh an employee leasing arrangement; or, is an in Florida Statutes Chapter 468, and the said control and is/are authorized to purchase and intractor verification forms on my behalf.
n is/are contracted/hired by me, the license agh an employee leasing arrangement; or, is an an Florida Statutes Chapter 468, and the said control and is/are authorized to purchase and attractor verification forms on my behalf.
Cianatura of Authorized Dozen
Signature of Authorized Person
2. ( ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) )
3.
4.
5.
e for all permits purchased, and all work done ance with all Florida Statutes, Codes, and d County Licensing Boards have the power and ins committed by him/her, his/her agents, sibility 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 ous lists. Failure to do so may allow cense number to obtain permits.
License Number Date
Colombin
me or has produced identification his day of, 20, 20
i C C



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, imothy Shatto	(license holder name), licensed qualifier
for Shatto Heat & Air	
	ough an employee leasing arrangement; or, is an in Florida Statutes Chapter 468, and the said
Printed Name of Person Authorized	Signature of Authorized Person
1. Bo Royals	1. 10 PM
2. Dale Burd	2.
3.	3.
4.	4.
5.	5.
under my license and fully responsible for complete Local Ordinances. 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 officer(s), you must notify this department in writing authorization form, which will supersede all previous unauthorized persons to use your name and/or licensed Qualifiers Signature (Notarized)	is/are no longer agents, employee(s), or ing of the changes and submit a new letter of
NOTARY INFORMATION: STATE OF:COUNTY OF:	Union
personally appeared before me and is known by	nis day of tebruary, 20 18.
	(Seal/Stamp) VICTORIA K. P. Notary Public Sta

Commission # FF 207489 My Comm. Expires Mar 9, 2019 Bonded through National Notary Assn.

Long Man. Long Man.	and the state of t	Othe (required to the control of the	Penn	300 - Interp	Show locations of Longitudinal and Lateral Systems 150 (use dark lines to show these locations) 255	Typical pier spacing Load bearing capacity	/ed	NOTE: if home is a single wide fill out one half of the blocking plan  Triple if home is a triple or quad wide sketch in remainder of home	Length x width 56 x 28	Address of home TBD CASTUM COUNT Home being installed FATUM FL 72079	Scott Johnson License # IH-1025249	PERMIT NUMBER
TIEDOWN COMPONENTS  Longitudinal Stabilizing Device (LSD)  Manufacturer  Longitudinal Stabilizing Device w/ Lateral Arms  Manufacturer  Manufacturer	Opening	(required by the mfg.)  Draw the approximate loc wall openings 4 foot or gr symbol to show the piers	Perimeter pier pad size 23X	Trom F	1000 psf 1500 psf 2000 psf 2500 psf	Footer 16" 16" (2 (sq.in)	Roof System: PI	Triple/Quad	Double wide	Home installed to	New Home	į
bilizing D		es nfg.) approxima approxima ngs 4 foot show the	250	8' 8' E	7 6 4 4 4 A	6" x 16" (256)	Typical VIER SPACII	_ o	<b>7</b> C		_ Z	\
Stabilizing Device (LSD)  Stabilizing Device w/ Late	Pier pad size	iler pad sizes ad by the mfg.)  Draw the approximate locations of marriage wall openings 4 foot or greater. Use this symbol to show the piers.	1 100	8' ler spacing t	2 CO CO 4	18 1/2" x 18 1/2" (342)	cing Tab	Serial #	Installation Decal #	the Manufacturer's Installation Manual in accordance with Rule 15-C	Used Home	
ateral Arm	than 4 foo	s of marria Use this	16x18	g 6	ة من أدنا	20" × 20" (400)	Hinged LE FOR U	FLAT	Decal#	Installation		
within 2' of end of home spaced at 5' 4" oc Number OTHER TIES Number Sidewall Longitudinal Marriage wall Sheanwall	ANCHORS  4 ft 5 ft 5 ft 7 FRAME TIES	13 173 17	Pad Size 16 x 16 16 x 18 18.5 x 18.5	BOPUL AR PAD SIZES	2000 Cg /4	7* 22" x 22" 24" X 24" 26" x 26 (484)* (576)* (676)	Typical Hinged ER SPACING TABLE FOR USED HOMES	DUS 12RELTH	71973	, Manual		page 1 of 2

source. This includes the bonding wire between mult-wide units. Pg.	Connect electrical conductors between multi-wide units but not to the	4\$5 Foot Anchors Both Uses	Installer Name CINCST DONNSUN	reading is 2/5 or less and where the mobile home manufacturer may requires anchors with 4000 lb holding capacity  Installer's initials	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 tie points where the torque 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.	TORQUE PROBE TEST	and * and * cont *	<ol> <li>Using 500 lb. increments, take the lowest reading and round down to that increment.</li> </ol>	<ol> <li>Test the perimeter of the home at 6 locations</li> <li>Take the reading at the depth of the footer.</li> </ol>	POCKET PENETROMETER TESTING METHOD	× tras	er tests are rounded down to e 1000 lb. soil without testing.	POCKET PENETROMETER TEST
Installer verifies all information given with this possition of	Curer	vent installed outside of skirting downflow vent installed outside ines supported at 4 foot interval crossovers protected.	Skirting to be installed. Yes No	The bottomboard will be repaired and/or taped. Yes	Weatherproofing	Pg. Between Floors Yes  Between Walls Yes  Bottom of ridget-eam Yes	Installer's initials	a result of a poorly installed or no gasket being installed. I understand a strip of tape will not serve as a gasket.	Gasket (weatherproofing requirement)  I understand a properly installed gasket is a requirement of all new and used	nin. 30 gauge, 8" wide, ga the peak of the roof and center on both sides of the	Floor: Type Fastener / 495 Length: 7 Spacing 20  Walls: Type Fastener / 495 Length: 7 Spacing: 10  Roof: Type Fastener / 495 Length: 7 Spacing: 10	Fastening multi wide units	Debris and organic material removed  Water drainage: Natural Swale Pad Other	Site Preparation

Installer Signature	installer ve manufacti
nature (	rifies all info
Clange	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
A STATE OF THE PARTY OF THE PAR	n with this p based on the tions and or
Date 4-15	ermit works e Rule 15C-1
6-5%	sheet & 2

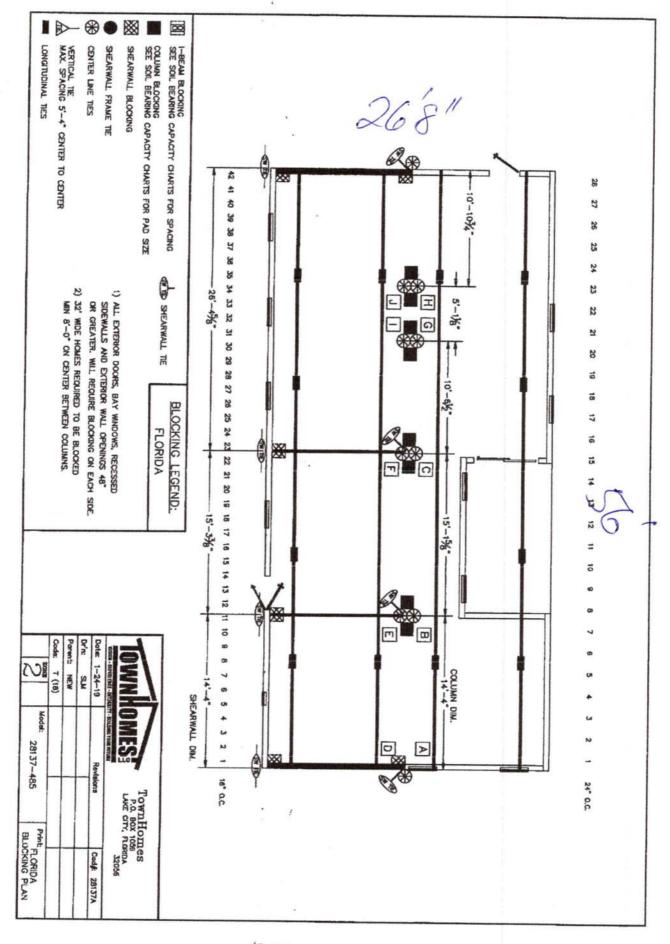
independent water supply systems. Pg.

Connect all potable water supply piping to an existing water meter, water tap, or other

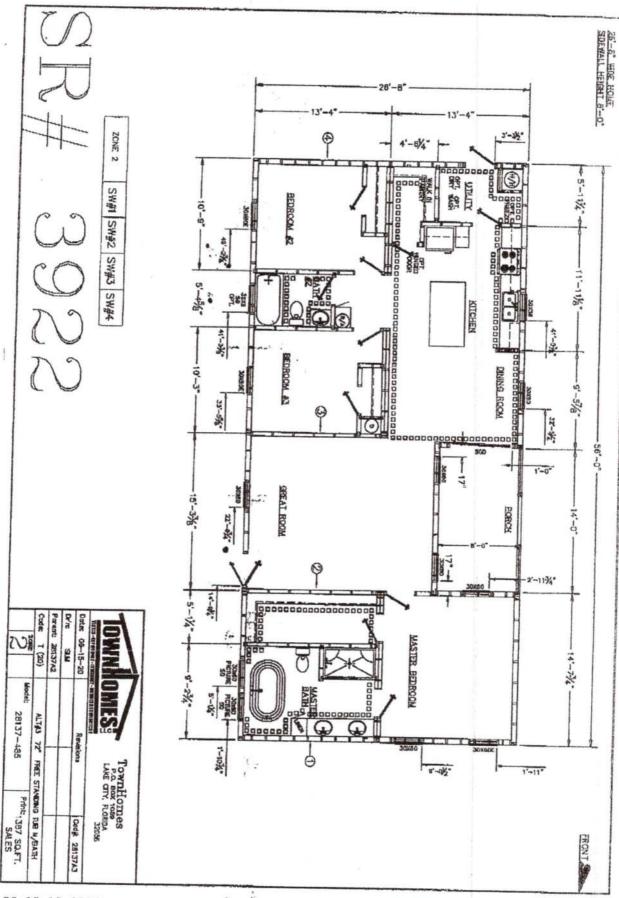
Connect all sewer drains to an existing sewer tap or septic tank.

Plumbing

Pg



¥ =4



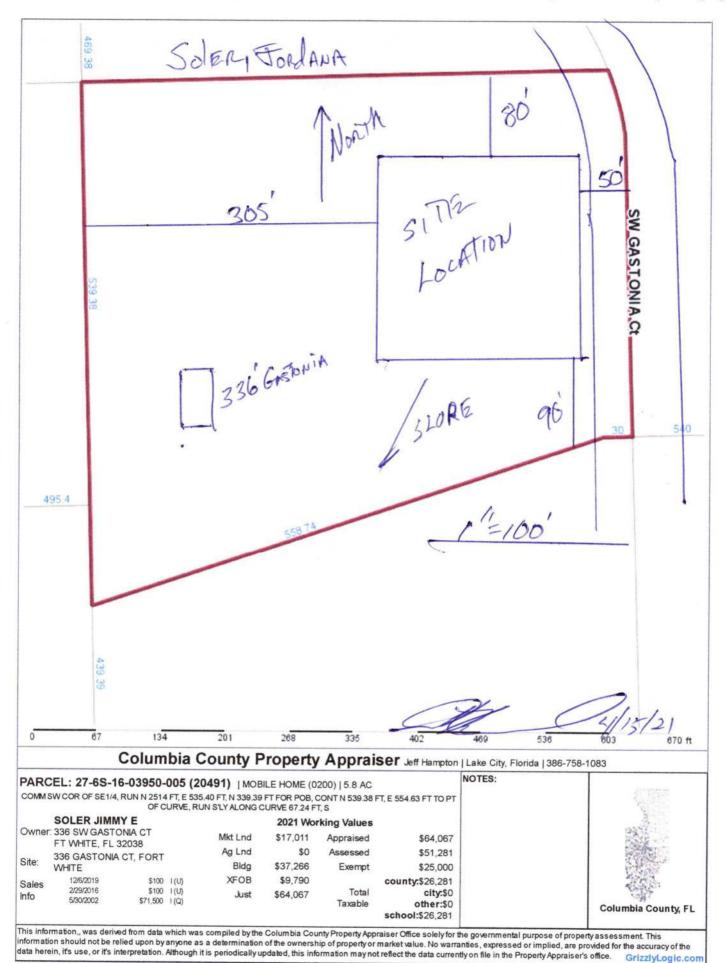
### STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number\_\_\_\_

Solan	PART II - SITEPLAN	210	
Scale: 1 inch = 40 feet.		710	
	ray	eps	40
	WELL 102		35
360	50	72	
	91'	3836	92'
	Sight.		
3	DILIVIZ  10	50 153	(Noeth
Notes:	of 5.8 ACRES		
Site Plan submitted by:			CONTRACTOR
Plan Approved	Not Approved		Date
Ву		(	County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



of 1