Parcel:

25-5S-16-03716-112 (18346)

Owner & Property Info

JOYCE WILLIAM R

Owner 171 SW MYSTIC WAY

FORT WHITE, FL 32038

Site 171 SW MYSTIC Way, FORT WHITE

(AKA LOT 12 BUCKHEAD WOODS UNREC) BEG NE COR OF W1/2 OF SE1/4, RUN S 508.04 FT,

Result: 1 of 1

Description* W 920.03 FT TO A PT ON E R/W OF BUCKHEAD WOODS RD, N 508.04 FT, E 920.03 FT TO POB.

818-1347, 831-389, 846-2, QC 1212-1950,

Area 10.73 AC S/T/R 00--

Use Code** MOBILE HOME (0200)

Tax District 3

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER	CONTRACTOR	Brent Strickland	PHONE	386-365-7043

THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

Jacklyn Sumner

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 Form At	ttached X
MECHANICAL/	Print NameMichael Boland	Signature
A/C	License #: CAC 1817716	Phone #: 352-274-9326
	Qualifier Form At	tached

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



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. (JANN 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 subcor-	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. WARSUR	1			
2. lecky 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 complication of the license and fully responsible for complication of the license holder for violation of the license holder for the license holder for violation of the license holder fo	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 any of the changes and submit a new letter of ous lists. Failure to do so may allow			
Licensed Qualifiers Signature (Notarized)	EC 1300 2957 3/7/16 License Number Date			
NOTARY INFORMATION: STATE OF: County OF: Columbia				
The above license holder, whose name is	me or has produced identification this day of, 20			
NOTARY'S SIGNATURE	Seal/Stanke) Y R BISHOP Notary Public - State of Florida Commission # FF 243986 My Comm. Expires Jun 24, 2010			



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. MichARIA DOLAND	(license holder name), licensed qualifier			
for ACIE A/L OS OCA/A	AAC (company name), do certify that			
the below referenced person(s) listed on this form is/are contracted/hired by me, the license holder, or is/are employed by me directly or through an employee leasing arrangement; or, is an officer of the corporation; or, partner as defined in Florida Statutes Chapter 468, and the said person(s) is/are under my direct supervision and control and is/are authorized to purchase and sign permits; call for inspections and sign subcontractor verification forms on my behalf.				
Printed Name of Person Authorized	Signature of Authorized Person			
1. DAIR EAD	1.6.75			
2. KAlly Bishop	2. Kelly Bishop			
3. Locky Fore	3. fah, 0 7 d			
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 compliance with all Florida Statutes, 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(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. License Qualifiers Signature (Notarized) Date 111715				
STATE OF LOCAL COUNTY OF MILES				
personally appeared before me and is known by me or has produced identification (type of I.D.) on this day of November, 20				
NOTARYS SIGNATURE (Seal/Stamp)				
	AMANDA FLOOD			



PERMIT NUMBER

	rornage wall pers within 2' of end of home particule 15C			Typical pier spacing 2' Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)	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	Brent State Archive Phone #.
within 2' of end of home spaced at 5' 4" oc Longitudinal Stabilizing Device (LSD) Longitudinal Stabilizing Device (LSD) Longitudinal Stabilizing Device w/ Laferal Arms Manufacturer Manufacturer Sheanwall Within 2' of end of home spaced at 5' 4" oc Longitudinal Stabilizing Device (LSD) Number Sidewall Longitudinal Stabilizing Device w/ Laferal Arms Sheanwall	‡	Other pier pad sizes Other pier pad sizes (required by the mfg.) Draw the approximate locations of marriage wall openings 4 foot or greater. Use this 16 x 16 256 18.5 x 18.5 342 18.5 x 18.5 342 17 x 22 374 17 x 22 374 348 20 x 20 400 17 3/16 x 25 3/16 441	8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8'	x 18	Roof System: Typical Hinged PIER SPACING TABLE FOR USED HOMES	Used Home Used Home Used Home Used to the Manufacturer's Installation Manual talled in accordance with Rule 15-C Wind Zone II Wind 2 W

Water drainage: Natural Swale

Pad

Other

Site Preparation

Connect electrical conductors between multi-wide units, but not to the main power Installer Name Date Tested Note: A state approved lateral arm system is being used and 4 ft. showing 275 inch pounds or less will require 5 foot anchors The packet penelrometer tests are rounded down to or check here to declare 1000 lb. soil without here if you are declaring 5' anchors without testing The results of the torque probe test is 270ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER reading is 275 or less and where the mobile home manufacturer may anchors are required at all centerline tie points where the torque test anchors are allowed at the sidewall locations. I understand 5 ft requires anchors with 4000 lb holding capacity 2. Take the reading at the depth of the footer Test the perimeter of the home at 6 locations. POCKET PENETROMETER TESTING METHOD Using 500 lb. increments, take the lowest reading and round down to that increment POCKET PENETROMETER TEST TORQUE PROBE TEST Electrical × too without testing Installer's initials _ inch pounds or check A test psf

Installer verifies all information given with this permit worksheet is accurate and true based on the
Skirting to be installed. Yes No Dryer vent installed outside of skirting. Yes N/A Range downflow vent installed outside of skirting. Yes N/A Drain lines supported at 4 foot intervals. Yes Electrical crossovers protected. Yes Other:
Miscellaneous
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
Weatherproofing
Pg. 22 FbR M Installed: Between Floors Yes L Between Walls Yes L Bottom of ridgebeam Yes
Installer's initials 8 S
I understand a properly installed gasket is a requirement of all new and used homes and that condensation, mold, meldew and buckled marriage walls are 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)
For used homes, a min. 30 gauge, 8" wide, gawill be centered over the peak of the roof and roofing nails at 2" on center on both sides of the sound
Walls: Type Fastener: (48) Length: Spacing: 14 (48) Walls: Type Fastener: Square Length: 4 Spacing: 14 (48) Roof: Type Fastener: 12 (48) Length: 6 Spacing: 14 (48)
rastening multi wide units

independent water supply systems. Pg. _ Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. Connect all sewer drains to an existing sewer tap or septic tank

Plumbing

Pg

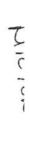
source.

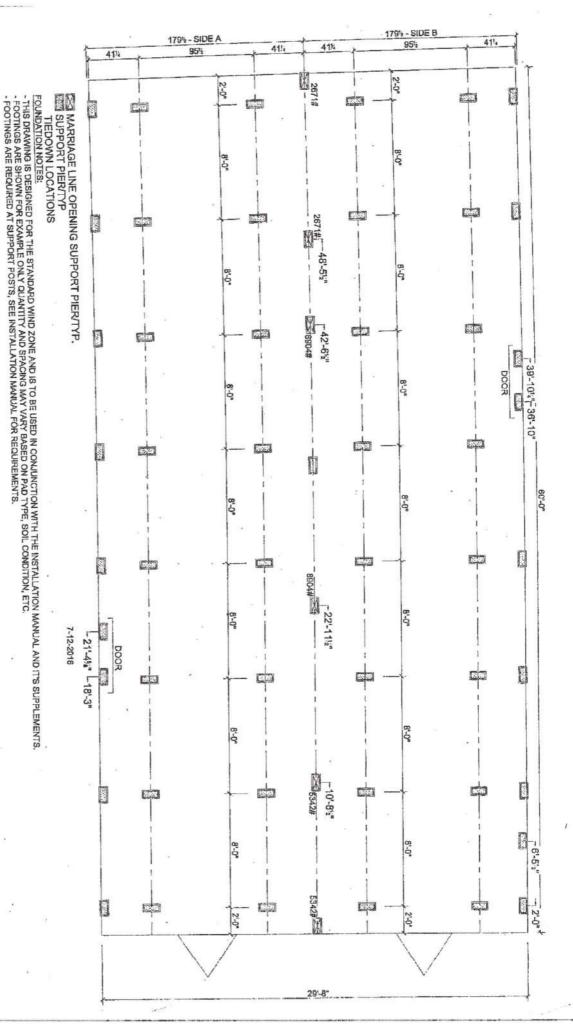
This includes the bonding wire between mult-wide units.

Pg

Installer Signature

Date





MODEL: P-3603I - 32 X 3-BEDROOM / 2-BATH Live Oak Homes

(A) MAIN ELECTRICAL
(B) ELECTRICAL CROSSOVER
(C) WATER INLET
(D) WATER CROSSOVER (IF ANY)
(E) GAS INLET (IF ANY)
(F) GAS CROSSOVER (IF ANY)

WATER CROSSOVER (IF ANY)

(i) DUCT CROSSOVER
(ii) SEWER DROPS
(ii) RETURN AIR (WIOPT, HEAT PUMP OH DUCT)
(iii) SUPPLY AIR (WIOPT, HEAT PUMP OH DUCT)

GAS CROSSOVER (IF ANY)

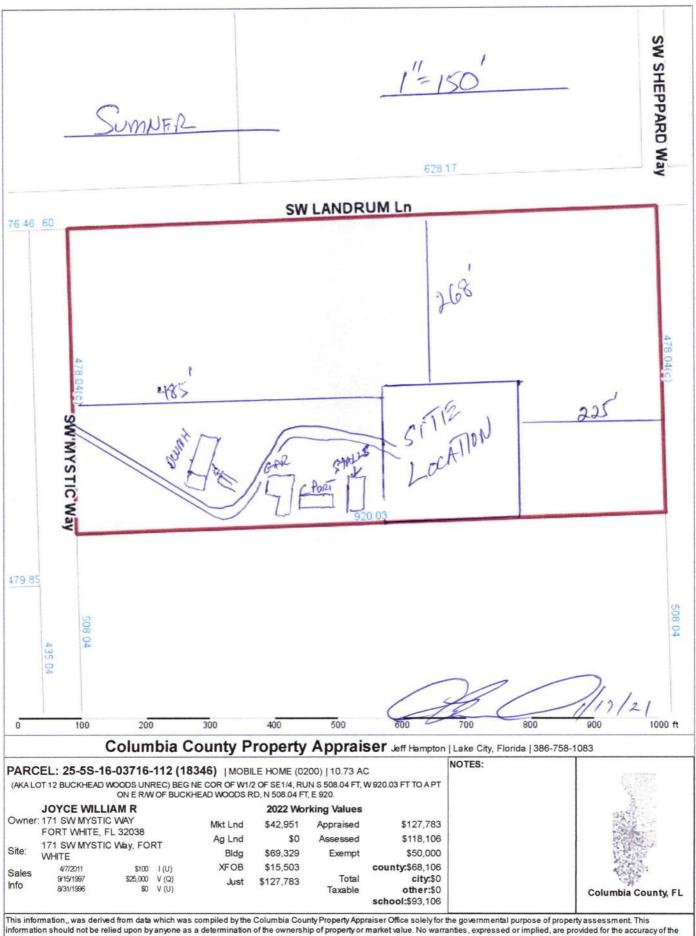
P-36031

STATE OF FLORIDA DEPARTMENT OF HEALTH

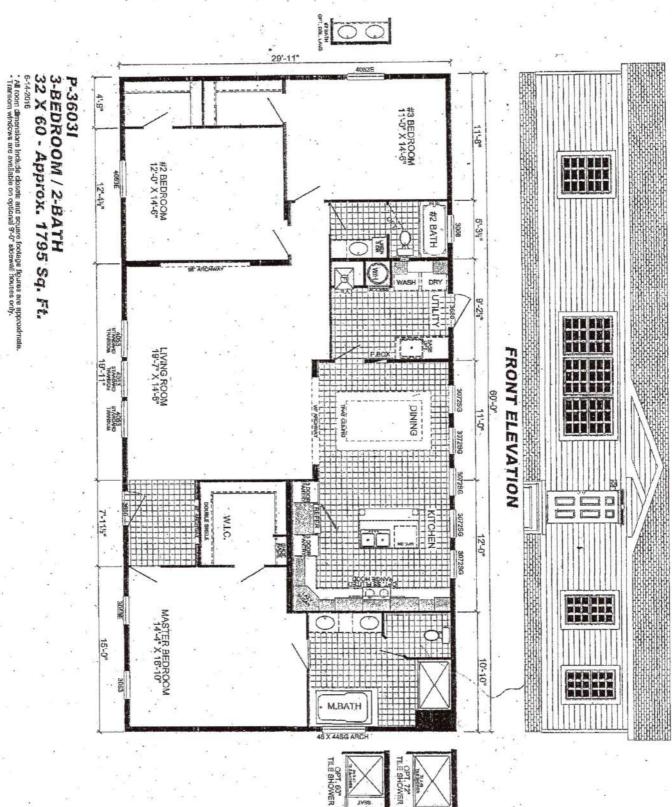
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

1	Permit Application	on Number
Smurr/E	FOYCE PART II - SITEPLAN	
20112147	Part II - SITEPLAN	
Scale: 1 inch = 40 feet.		
	DRIVE 17930 38R 29'11"	North North
1. A CONTRACTOR		
Notes:	of 10,13 Actas	
	SKR 1	Attached
Parameter and the second secon	7/42	1 1 1 TOWE
Site Plan submitted by:		CONTRACTOR
Plan Approved	Not Approved	Date
Ву		County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



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. GrizzlyLogic.com



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