Parcel:

07-68-17-09621-114 (35364)

## Owner & Property Info

Result: 3 of 3

**QUINTERO MARY** 

QUINTERO MICHAEL DOMINICK

Owner

1231 NW 36TH AVE

CAPE CORAL, FL 33993

Site

11670 SW TUSTENUGGEE Ave, FORT WHITE

Description\* LOT 14 TUSTENUGGEE RIDGE S/D. 769-743, 904-462, 948-1616, 971-774, 975-761, WD 1101-1025,

CT 1273-2457, QC 1302-1652, WD 1321-635, DC 1444-2786, WD 1466-624,

Area

5.001 AC

S/T/R

07-6S-17E

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

### Michael Quintero

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_<br>License #: | Glenn Whittington EC 13002957  Qualifier Form A | Signature                        |
|-------------|---------------------------|---|----------------------------------|
| MECHANICAL/ | Print Name_<br>License #: | Ronald Bonds Sr.  CAC 1817658  Qualifier Form A | Signature  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 |                |                              |                           |

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 QUALIFIE   | R AUTHORIZATION  |
|---|--|
| 1. Chans Whitington   | (license holder name), licensed qualifier  |
| for Whittington ELBEKK S  | (company name), do certify that  |
| the below referenced person(s) listed on this form<br>holder, or is/are employed by me directly or throu<br>officer of the corporation; or, partner as defined in<br>person(s) is/are under my direct supervision and<br>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. WARSUR   | 1  |
| 2. Recky 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   | liance with all Florida Statutes, Codes, and and County Licensing Boards have the power and one committed by him/her, his/her agents, assibility for compliance with all statutes, codes |
| 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 leading to the superseder of the | ing of the changes and submit a new letter of ious lists. Failure to do so may allow   |
| Licensed Qualifiers Signature (Notarized)   | License Number   3/7/16  |
| NOTARY INFORMATION:<br>STATE OF:COUNTY OF   | : Cohnbin  |
| The above license holder, whose name is   | me or has produced identification this   |



## 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. CONAId R WORD 12   | (license holder name), licensed qualifier   |
|---|---|
| for STILE CKEST ENTERDENSES   | The (company name), do certify tha  |
| the below referenced person(s) listed on this for holder, or is/are employed by me directly or through officer of the corporation; or, partner as defined   | rm is/are contracted/hired by me, the license<br>ough an employee leasing arrangement; or, is a<br>in Florida Statutes Chapter 468, and the said<br>d control and is/are authorized to purchase and |
| Printed Name of Person Authorized   | Signature of Authorized Person  |
| 1. DALE BURD  | 1.  |
| 2. Rocks Ford   | 2. (be/3) 7-1   |
| 3. Kully Bishap   | 3. Kelly Brishof  |
| 4.  | 4.  |
| 5.  | 5.  |
| and ordinances inherent in the privilege granted of at any time the person(s) you have authorized officer(s), you must notify this department in write authorization form, which will supersede all prevuous unauthorized persons to use your name and/or leaves. | is/are no longer agents, employee(s), or<br>ling of the changes and submit a new letter of<br>lious lists. Failure to do so may allow   |
| Music Grant to use your marine and or the consed Qualifiers Signature (Notarized)   | CRC 1817458 2-14-1  License Number Date   |
| NOTARY INFORMATION:<br>STATE OF:COUNTY OF:  | Bay   |
| The above license holder, whose name is Roy personally appeared before me and is known by type of I.D.) on  | me or has produced identification this 16th day of FEB 20 (6)   |
| Staux ann ldupkins  |   |
| VOTART S SIGNATURE  | (Seal/Stamp)  |



|  |                               | narriage wall piers within 2' of end of home perRule 15C   |  |                            |  | Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations) | Typical pier spacing Installer's initials           | I understand Lateral Arm Systems cannot be used on any home (new or used) where the sidewall ties exceed 5 ft 4 in. | 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 | Manufacturer LIVECAL Length x width 16 x 3 2 | Installer Mobile Phone # 386-365-7043  Address of home TRD SW Tustimus Aug. Aug. being installed Four White Phone # 386-365-7043 | Installer Brent Strickland License # IH 1104218 |
|--|-------------------------------|--|--|----------------------------|--|---|---|---|--|--|--|---|
| TIEDOWN COMPONENTS  Longitudinal Stabilizing Device (LSD)  Manufacturer  Longitudinal Stabilizing Device w/ Lateral Arms  Manufacturer | Opening Pier pad size         | wall openings 4 foot or greater. Use this symbol to show the piers.  List all marriage wall openings greater than 4 foot and their nier had sizes below. | Other pier pad sizes (required by the mfg.)            | I-beam pier pad size       | 8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8 |   | oter 16" x 16" 18 1/2" x 18 20" (256) 1/2" (342) (4 | Roof System: Typical Hinged PIER SPACING TABLE FOR USED HOMES   | Triple/Quad Serial # LOHGH   | Installation Decal #                         | Home installed to the Manufacturer's Installation Manual Home is installed in accordance with Rule 15-C Single wide              | New Home Used Home                              |
| within 2' of end of home spaced at 5' 4" oc  | ANCHORS  4 ft 5 ft FRAME TIES | 20 × 20<br>17 3/16 × 25 3/16<br>17 1/2 × 25 1/2<br>446<br>24 × 24<br>26 × 26<br>676  | 18.5 × 18.5<br>16 × 22.5<br>17 × 22<br>13 1/4 × 26 1/4 | Pad Size Sq In 16 x 16 256 | PAD SIZ                                  | ත් ත් ත් ත්<br>ත් ත් ත් ත්  | 22" 24" × 24" 26"<br>1)* (576)* (6                  | DHOMES  | 120030 RS RS CR. CA.   | 38703  | anual  Wind Zone III   |   |

|   | source. This includes the bonding wire between mult-wide units. Pg  |
|---|---|
|   | Electrical  |
| Other:  |   |
| Drain lines supported at 4 foot intervals. Yes                                    |   |
| Range downflow vent installed outside of skirting. Yes N/A                        | Date Tested &- 12 - 22  |
| 6   | Installer Name Stack I And  |
| Miscellaneous   | ESTS MUST BE  |
| Fireplace chimney installed so as not to allow intrusion of rain water. Yes       | Installer's initials  |
| The bottomboard will be repaired and/or taped. Yes Pg                             | requires anchors with 4000 lb.bolding capacity.   |
| Weatherproofing   |   |
|   | Note: A state approved lateral arm system is being used and 4 ft  |
| Bottom of ridgebeam Yes   | showing 275 inch pounds or less will require 5 foot anchors.  |
|   | here if you are declaring 5' anchors without testing A test   |
| Pg. 22 Installed:  Between Floors Yes   | The results of the torque probe test is $290$ inch pounds or check  |
| Installer's initials  | TORQUE PROBE TEST   |
|   | 1500  |
| a result of a poorly installed or no gasket being installed. I understand a strip | × /CUC × /CUC   |
| homes and that condensation, mold, meldew and buckled marriage walls are          |   |
| I understand a properly installed gasket is a requirement of all new and used     | reading and round down to that increment.   |
| Gasket (weatherproofing requirement)  |   |
| roofing nails at 2" on center on both sides of the centerline.                    | Take the reading at the depth of the footer.  |
| will be centered over the peak of the roof and fastened with galv.                | <ol> <li>Test the perimeter of the home at 6 locations.</li> </ol>  |
|   | POCKET PENETROMETER TESTING METHOD  |
| Floor: Type Fastener / Specing: 1   | x then x then x then  |
| Fastening multi wide units  | CA COL  |
| Water drainage: Natural Swale Pad Other   | The pocket penetrometer tests are rounded down to psf or check here to declare 1000 lb. soil without testing. |
|   | POCKET PENETROMETER TEST  |
| Site Preparation  |   |

| Installe                 | manı   | Install   |
|--------------------------|--|---|
| Installer Signature      | facturer'  | er verifies   |
|                          | manufacturer's installation instructions and or Rule 15C-1 & 2 | Installer verifies all information given with this permit worksheet |
| munt threaden Date 8/12/ | tion instr   | mation gi   |
| med                      | uctions a  | ven with  |
| and a                    | nd or Ru   | this pern   |
| Date                     | le 15C-1   | nit works   |
| 1                        | 80   | heet  |

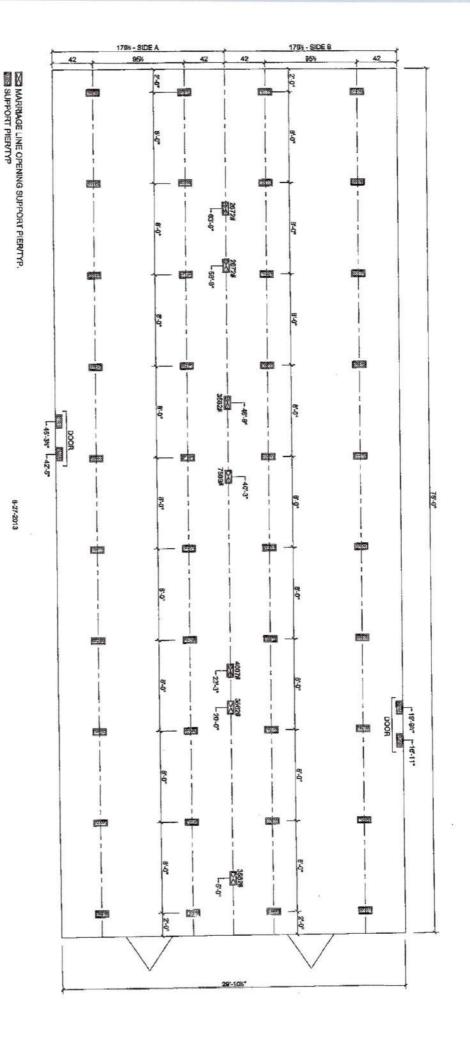
independent water supply systems. Pg.

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.



Live Oak Homes MODEL: P-3764L - 32 X 76 4-BEDROOM / 2-BATH

FOUNDATION NOTES:
- THIS DRAWNING IS DESIGNED FOR THE STANDARD WIND ZONE AND IS TO BE USED IN CONJUNCTION WITH THE INSTALLATION MANUAL AND IT'S SUPPLEMENTS.
- FOOTINGS ARE SHOWN FOR EXAMPLE ONLY QUANTITY AND SPACING MAY VARY BASED ON PAD TYPE, SOIL CONDITION, ETC.
- FOOTINGS ARE REQUIRED AT SUPPORT POSTS, SEE INSTALLATION MANUAL FOR REQUIREMENTS.

8-27-2013

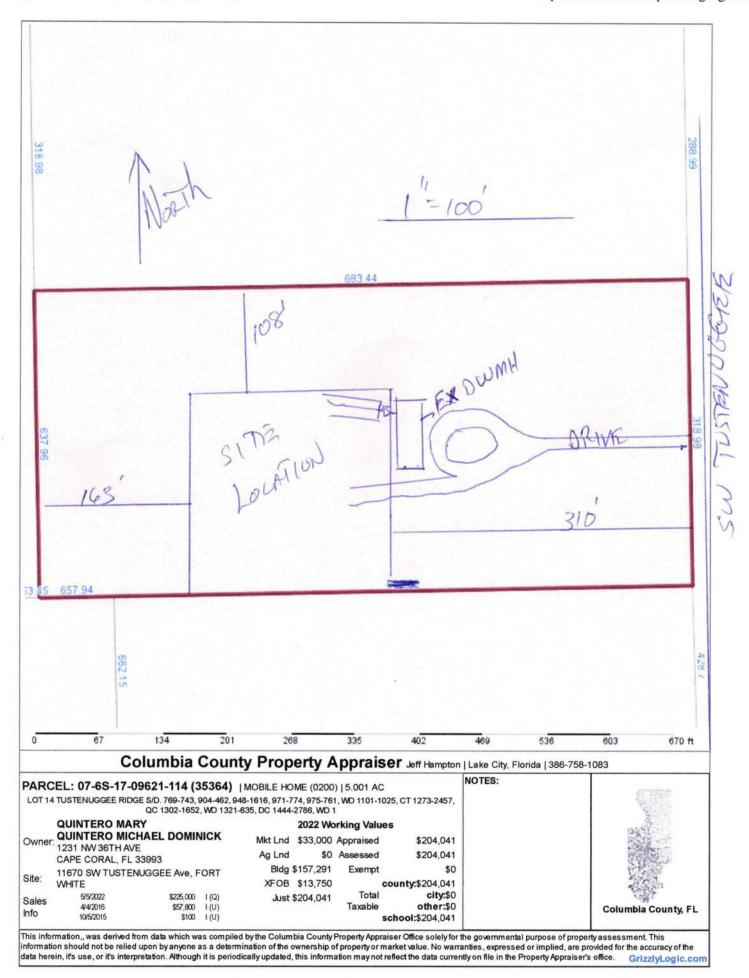
# STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

| Michael                  | Quintero  |                                     |
|--------------------------|---|-------------------------------------|
| Sools, Each block serves | PART II - SITEPLAN  | 2.5                                 |
| and Lacit block repres   | Polis Real State and 1 inch = 40 feet.  April 10 feet and 1 inch = 40 feet.  April 10 feet and 1 inch = 40 feet.  April 10 feet and 1 inch = 40 feet. | 210<br>DRIVE<br>58'<br>WL-0<br>WELL |
| Notes:                   | 1 0 =1  |                                     |
|                          | LOF JACKES SPER A   | Hachel                              |
| Site Plan submitted by   |   | Contractor                          |
| Plan Approved            | Not Approved  | Date                                |
| <u></u>                  |   | County Health Department            |

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



1 of 1

