

Burnt Out Replacement - No Charge

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 7-1-15) Zoning Official JWA Building Official JWA
AP# 1901-18 Date Received 1-8-19 By Wt Permit # 37637
Flood Zone X Development Permit _____ Zoning A-3 Land Use Plan Map Category 48
Comments Legal lot of Record & East 1.6 ac Legal lot of Record as SFLP
floor one foot above the road (replacing burnt w/H)
FEMA Map# _____ Elevation _____ Finished Floor 1' above road River _____ In Floodway _____
☒ Recorded Deed or ☒ Property Appraiser PO ☒ Site Plan ☒ EH # 19-0028 ☐ Well letter OR
☒ Existing well ☐ Land Owner Affidavit ☒ Installer Authorization ☐ FW Comp. letter NA App Fee Paid
☐ DOT Approval ☐ Parent Parcel # _____ ☐ STUP-MH _____ ☒ 911 App ok JWA
☐ Ellisville Water Sys ☒ Assessment Paid ☐ Out County ☒ In County 1-9-19 ☒ Sub VF Form

Property ID # 36-25-16-01895-001 Subdivision _____ Lot# _____

- New Mobile Home _____ Used Mobile Home X MH Size 14x56 Year 93
- Applicant Travis & Whitney McFatter Phone # 386-515-5539
- Address 207 NW Outlaw Country Glen Lake City, FL 32055
- Name of Property Owner Travis & Whitney McFatter Phone# 386-515-5539
- 911 Address 207 NW Outlaw Country Glen Lake City FL 32055
- Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Duke Energy
- Name of Owner of Mobile Home Travis McFatter Phone # 386-515-5539
Address 207 NW Outlaw Country Glen Lake City, FL 32055
- Relationship to Property Owner Self
- Current Number of Dwellings on Property 0
- Lot Size _____ Total Acreage 3.15
- Do you : Have Existing Drive or Private Drive or need Culvert Permit or Culvert Waiver (Circle one)
(Currently using) (Blue Road Sign) (Putting in a Culvert) (Not existing but do not need a Culvert)
- Is this Mobile Home Replacing an Existing Mobile Home NO
- Driving Directions to the Property Take 41 North to Falling Creek Rd - (R) on Falling Creek - Follow until Outlaw Country Glen on Right. turn (R) 1st drive on (L) Side of Road
- Name of Licensed Dealer/Installer Brent Strickland Phone # 386-365 7043
- Installers Address 1294 N.W. Hamp Farmer Rd Lake City FL 32055
- License Number IH1104218 Installation Decal # 43905

LH - Spoke to Whitney 1-8-19

Joe spoke w/ Whitney 1.16.19

SCANNED

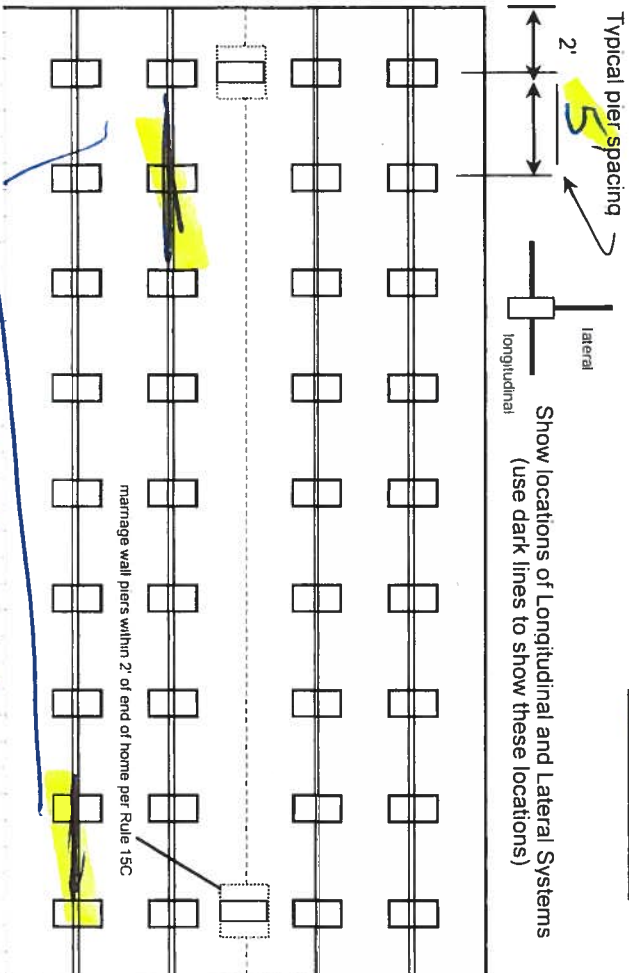
Mobile Home Permit Worksheet

Application Number: _____ Date: _____

Installer: Brent Stockland License # IH1104218
 Address of home being installed: 207 NW outlaw ave
Lake City Fl 32025
 Manufacturer: Skyline Length x width: 14x60

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.

Installer's initials: BS



oliver 1101v All steel system
I beam blocked 5' o.c. 17x25
ADS PAB 1000# soil

New Home ☐ Used Home ☒ Home installed to the Manufacturer's Installation Manual Home is installed in accordance with Rule 15-C

Single wide ☒ Wind Zone II ☒ Wind Zone III ☐

Double wide ☐ Installation Decal # 43905

Triple/Quad ☐ Serial # 0361-1065

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	Footer size (256)	18 1/2" x 18 (342)	20" x 20" (400)	22" x 22" (484)*	24" x 24" (576)*	26" x 26" (676)
1000 psf	3'	4'	5'	6'	7'	8'
1500 psf	4' 6"	6'	7'	8'	8'	8'
2000 psf	6'	8'	8'	8'	8'	8'
2500 psf	7' 6"	8'	8'	8'	8'	8'
3000 psf	8'	8'	8'	8'	8'	8'
3500 psf	8'	8'	8'	8'	8'	8'

* interpolated from Rule 15C-1 pier spacing table.

PIER PAD SIZES

I-beam pier pad size: 12x25
 Perimeter pier pad size: 16x16
 Other pier pad sizes (required by the mfg.): _____

Draw the approximate locations of marriage wall openings 4 foot or greater. Use this symbol to show the piers.

List all marriage wall openings greater than 4 foot and their pier pad sizes below.

Pad Size	Sq in
16 x 16	256
16 x 18	288
18.5 x 18.5	342
16 x 22.5	360
17 x 22	374
13 1/4 x 26 1/4	348
20 x 20	400
17 3/16 x 25 3/16	441
17 1/2 x 25 1/2	446
24 x 24	576
26 x 26	676

ANCHORS

4 ft 5 ft

FRAME TIES

within 2' of end of home spaced at 5' 4" oc

TIEDOWN COMPONENTS

OTHER TIES

Longitudinal Stabilizing Device (LSD) divd
 Manufacturer: _____
 Longitudinal Stabilizing Device w/ Lateral Arms
 Manufacturer: _____

Sidewall Longitudinal Marriage wall Shearwall
 Number: 15
vertical ties
ties
ties

Mobile Home Permit Worksheet

Application Number: _____

Date: _____

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 1000 psf or check here to declare 1000 lb. soil without testing.

X _____ X _____ X _____

POCKET PENETROMETER TESTING METHOD

1. Test the perimeter of the home at 6 locations.
2. Take the reading at the depth of the footer.
3. Using 500 lb. increments, take the lowest reading and round down to that increment.

X _____ X _____ X _____

TORQUE PROBE TEST

The results of the torque probe test is 243 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 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 the points where the torque test reading is 275 or less and where the mobile home manufacturer may requires anchors with 4000 lb. holding capacity.

ES Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Ernest Strickland

Date Tested

1/17/19

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. _____

Plumbing

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

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. _____

Site Preparation

Debris and organic material removed ✓
Water drainage: Natural ✓ Swale ✓ Pad ✓ Other ✓

Fastening multi wide units

Floor: Type Fastener: _____ Length: _____ Spacing: _____
Walls: Type Fastener: _____ Length: _____ Spacing: _____
Roof: Type Fastener: _____ Length: _____ Spacing: _____
For used homes a min. 30 gauge, 8" wide, galvanized metal strip will be centered over the peak of the roof and fastened with galv. roofing nails at 2" on center on both sides of the centerline.

Gasket (weatherproofing requirement)

I understand a properly installed gasket is a requirement of all new and used homes and that condensation, mold, mildew 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.

Installer's initials

Type gasket

Installed: _____
Between Floors Yes ✓
Between Walls Yes ✓
Bottom of ridgebeam Yes ✓

Weatherproofing

The bottomboard will be repaired and/or taped. Yes ✓ Pg. _____
Sliding on units is installed to manufacturer's specifications. Yes ✓
Fireplace chimney installed so as not to allow intrusion of rain water. Yes ✓

Miscellaneous

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 ✓

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

Installer Signature

[Signature]

Date

1-17-19

Legend

Parcels

Roads

- Roads
- others
- Dirt
- Interstate
- Main
- Other
- Paved
- Private
- 2016Aerials
- Addresses

DevZones1

- others
- A-1
- A-2
- A-3
- CG
- CHI
- CI
- CN
- CSV
- ESA-2
- I
- ILW
- MUD-1
- PRD
- PRRD
- RMF-1
- RMF-2
- RO
- RR
- RSF-1
- RSF-2
- RSF-3
- RSF/MH-1
- RSF/MH-2
- RSF/MH-3
- DEFAULT

2018 Flood Zones

- 0.2 PCT ANNUAL CHANCE
- A
- AE
- AH

SRWMD Wetlands



Columbia County, FLA - Building & Zoning Property Map

Printed: Tue Jan 08 2019 16:07:38 GMT-0500 (Eastern Standard Time)



01895-001 - 22351 - 4.75 AC Legal lot of record
 01895-004 - 27025 - Special family lot to Brother
 5-20-08

Parcel Information

Parcel No: 36-2S-16-01895-001

Owner: KING BETTY LOIS

Subdivision:

Lot:

Acres: 2.96504736

Deed Acres: 3.15 Ac

District: District 1 Ronald Williams

Future Land Uses: Agriculture - 3

Flood Zones:

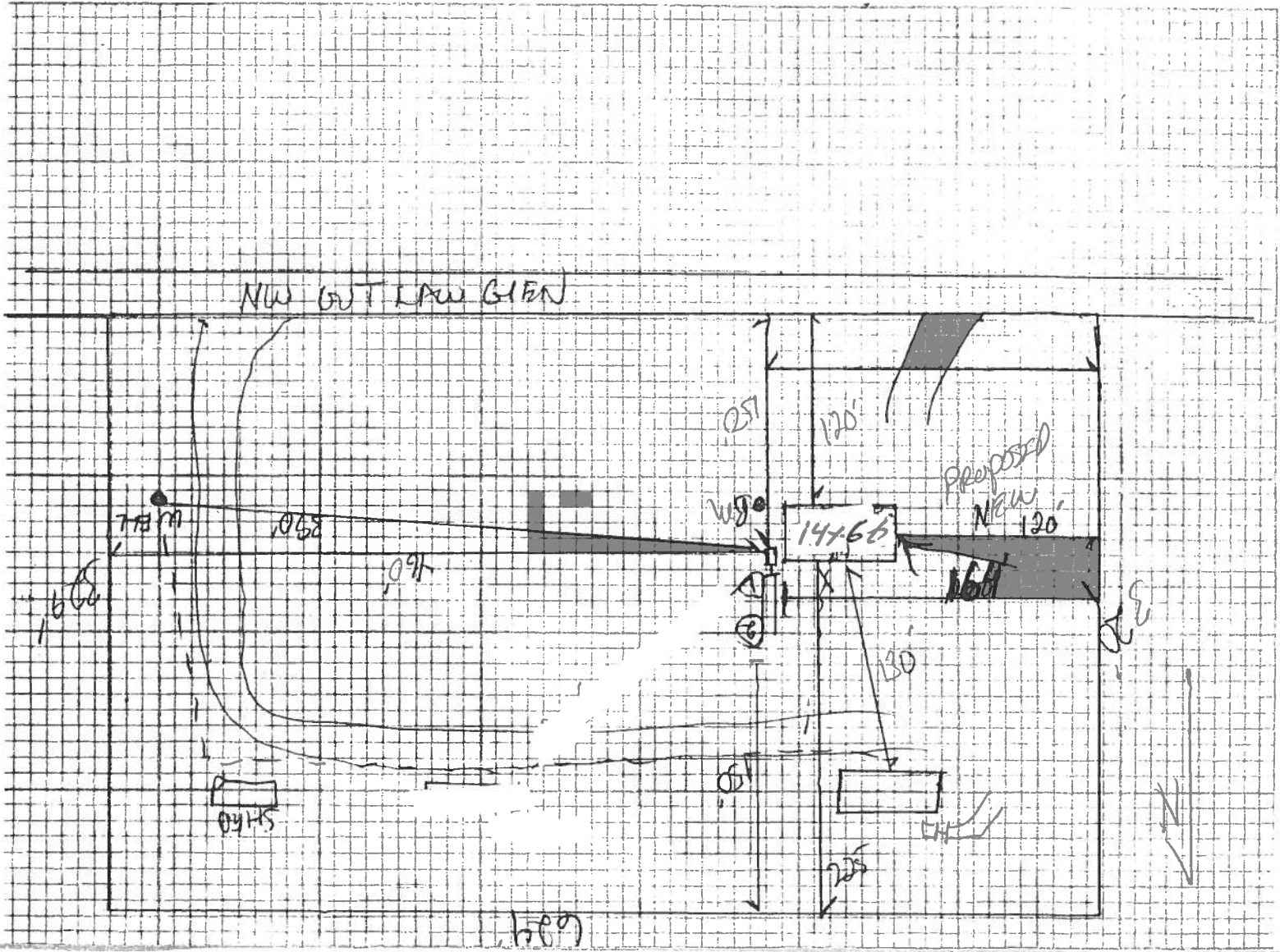
Official Zoning Atlas: A-3, PRRD

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number _____

PART II - SITE PLAN

Scale: Each block represents 5 feet and 1 inch = ¹⁰⁰~~50~~ feet.



Site Plan submitted by: _____
 Plan Approved _____ Not Approved _____ Date _____
 By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Prepared by and return to:

Rob Stewart
Lake City Title
426 SW Commerce Drive, Ste 145
Lake City, FL 32025
(386) 758-1880
File No 2018-2495
Parcel Identification No 36-2S-16-01895-001 & 36-2S-16-01895-004

(Space Above This Line For Recording Data)

WARRANTY DEED

(STATUTORY FORM – SECTION 689.02, F.S.)

This indenture made the 24th day of August, 2018 between Betty L. King a/k/a Betty Lois King a/k/a Betty King Diamond, a Single Woman, whose post office address is 1143 SW Anniston Circle, Apt 104, Lake City, FL 32025, of the County of Columbia, State of Florida, Grantor, to Travis C. McFatter and Whitney A. McFatter, Husband and Wife, whose post office address is 207 NW Outlaw Country Glen, Lake City, FL 32055, of the County of Columbia, State of Florida, Grantees:

Witnesseth, that said Grantor, for and in consideration of the sum of TEN DOLLARS (U.S.\$10.00) and other good and valuable considerations to said Grantor in hand paid by said Grantees, the receipt whereof is hereby acknowledged, has granted, bargained, and sold to the said Grantees, and Grantees' heirs and assigns forever, the following described land, situate, lying and being in Columbia, Florida, to-wit:

PARCEL ONE

COMMENCE AT THE SW CORNER OF THE SE 1/4 OF SE 1/4, SECTION 36, TOWNSHIP 2 SOUTH, RANGE 16 EAST, COLUMBIA COUNTY, FLORIDA AND RUN THENCE N 00°03'15" E, ALONG THE WEST LINE OF SAID SE 1/4 OF SE 1/4, 497.43 FEET TO THE NORTH COUNTY MAINTAINED RIGHT OF WAY LINE OF NW OUTLAW COUNTRY GLEN AND TO THE POINT OF BEGINNING; THENCE CONTINUE N 00°03'15" E, ALONG SAID WEST LINE, 312.22 FEET; THENCE S 89°33'42" E, 624.25 FEET; THENCE S 00°01'10" W, 317.94 FEET TO THE AFORESAID NORTH COUNTY MAINTAINED RIGHT OF WAY LINE OF NW OUTLAW COUNTRY GLEN; THENCE S 88°15'25" W, ALONG SAID NORTH COUNTY MAINTAINED RIGHT OF WAY LINE, 365.31 FEET; THENCE N 85°14'10" W, STILL ALONG SAID NORTH COUNTY MAINTAINED RIGHT OF WAY LINE, 260.18 FEET TO THE POINT OF BEGINNING.

LESS AND EXCEPT THE EAST 1.6 ACRES OF A PARCEL OF LAND IN SECTION 36, TOWNSHIP 2 SOUTH, RANGE 16 EAST, COLUMBIA COUNTY, FLORIDA, MORE PARTICULARLY DESCRIBED AS FOLLOWS:

COMMENCE AT THE SW CORNER OF THE SE 1/4 OF SE 1/4, SECTION 36, TOWNSHIP 2 SOUTH, RANGE 16 EAST, COLUMBIA COUNTY, FLORIDA AS ESTABLISHED BY W.K. DAUGHERTY, CERTIFICATE NO. 654 AND RUN N 0° 03' 15" E, 465.73 FEET; THENCE RUN N 88° 58' 05" E, 391.15 FEET TO THE POINT OF BEGINNING, THENCE N 05° 16' 25" E, 328.65 FEET; THENCE S 89 22' 45" E, 203.22 FEET; THENCE S 00° 03' 15" W, 320.86 FEET; THENCE S 88° 58' 05" W, 233.15 FEET TO THE POINT OF BEGINNING.

TOGETHER WITH: 2005 HORTON MOBILE HOME ID# H213722 GL, TITLE NO. 91812143, ID# H213722 GR, TITLE NO. 91812100.

PARCEL TWO

THE EAST 1.6 ACRES OF A PARCEL OF LAND IN SECTION 36, TOWNSHIP 2 SOUTH, RANGE 16 EAST, COLUMBIA COUNTY, FLORIDA, MORE PARTICULARLY DESCRIBED AS FOLLOWS:

COMMENCE AT THE SW CORNER OF THE SE 1/4 OF SE 1/4, SECTION 36, TOWNSHIP 2 SOUTH, RANGE 16 EAST, COLUMBIA COUNTY, FLORIDA AS ESTABLISHED BY W.K. DAUGHERTY, CERTIFICATE NO. 654 AND RUN N 0° 03' 15" E, 465.73 FEET; THENCE RUN N 88° 58' 05" E, 391.15 FEET TO THE POINT OF BEGINNING, THENCE N 05° 16' 25" E, 328.65 FEET; THENCE S 89 22' 45" E, 203.22 FEET; THENCE S 00° 03' 15" W, 320.86 FEET; THENCE S 88° 58' 05" W, 233.15 FEET TO THE POINT OF BEGINNING.

EXCEPT ROAD RIGHT OF WAY ON THE SOUTHERLY LINE THEREOF IN THE PUBLIC RECORDS OF COLUMBIA COUNTY, FLORIDA.

Together with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

Subject to taxes for 2018 and subsequent years, not yet due and payable; covenants, restrictions, easements, reservations and limitations of record, if any.

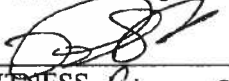
TO HAVE AND TO HOLD the same in fee simple forever.


And Grantor hereby covenants with the Grantees that the Grantor is lawfully seized of said land in fee simple, that Grantor has good right and lawful authority to sell and convey said land and that the Grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever.

In Witness Whereof, Grantor has hereunto set Grantor's hand and seal the day and year first above written.

Signed, sealed and delivered in our presence:



WITNESS Regina Simpkins

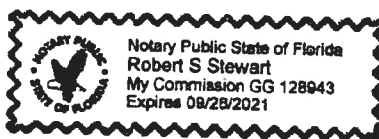

WITNESS Robert Stewart


Betty L. King a/k/a Betty Lois King a/k/a Betty King Diamond

STATE OF FLORIDA
COUNTY OF COLUMBIA

The foregoing instrument was acknowledged before me this 24th day of August, 2018, by Betty L. King a/k/a Betty Lois King a/k/a Betty King Diamond, who is personally known to me or has produced Driver's License as identification.


Signature of Notary Public
Robert S. Stewart





STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. 19-0128
DATE PAID: 1-8-19
FEE PAID: 68.00
RECEIPT #:

APPLICATION FOR:

☐ New System ☐ Existing System ☐ Holding Tank ☐ Innovative
☐ Repair ☐ Abandonment ☐ Temporary ☐

APPLICANT: Travis & Whitney McFatter

AGENT: _____ TELEPHONE: 380-515-5539

MAILING ADDRESS: 207 NW Outlaw Country Glen Lake City, FL
32055

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3)(m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION

LOT: _____ BLOCK: _____ SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: 36-2S-16-01895-001 ZONING: _____ I/M OR EQUIVALENT: ☐ Y / ☐ N]

PROPERTY SIZE: 3.15 ACRES WATER SUPPLY: ☐ PRIVATE PUBLIC ☐]<=2000GPD ☐]>2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ Y / ☐ N] DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: 207 NW Outlaw Country Glen Lake City, FL

DIRECTIONS TO PROPERTY: Take Hwy 41 North to Falling Creek
rd. turn @ onto falling creek. Follow until
Outlaw country Glen on @ - 1st drive on Left

BUILDING INFORMATION ☐ RESIDENTIAL ☐ COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	<u>mobile Home</u>	<u>2</u>	<u>840</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

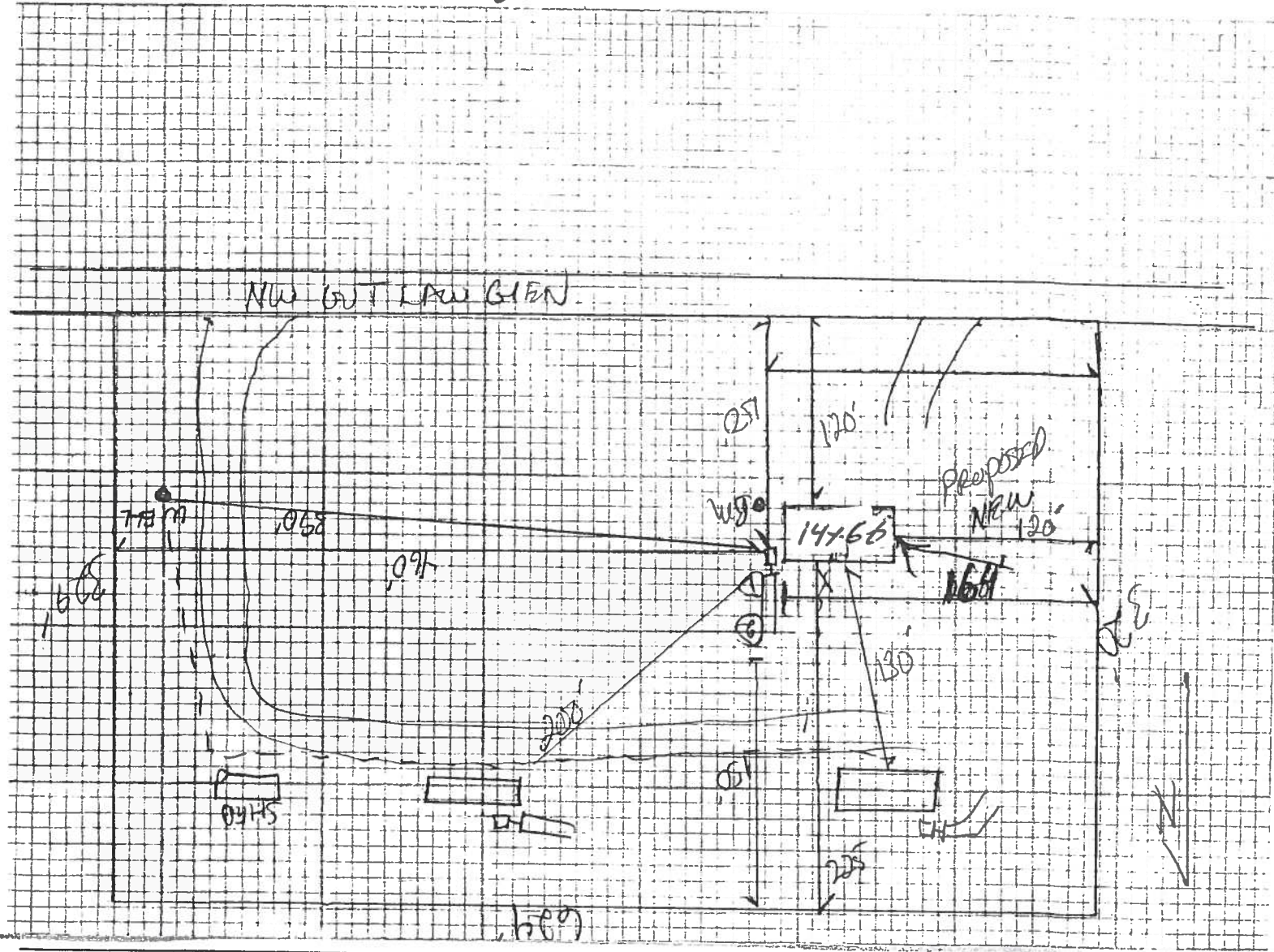
SIGNATURE: T McFatter DATE: 1-8-19

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 19-0028

PART II - SITE PLAN

Scale: Each block represents 5 feet and 1 inch = ¹⁰⁰50 feet.



Site Plan submitted by: um mcfeller

Plan Approved ☒ Not Approved ☐

By: Sean Green ESI

1/8/19 Date 1-8-19
Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

A		MM DD YYYY		Station		Incident Number		Exposure		NFIRS -1 Basic	
FDID 29091 *		State FL *		Incident Date 11 23 2018 *		51		18-0005708		000	
<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity											
B Location* <input type="checkbox"/> Check this box to indicate that the address for this incident is provided in the Wildland Fire Module in Section B "Alternative Location Specifications". Use only for Wildland fires.											
<input checked="" type="checkbox"/> Street address <input type="checkbox"/> Intersection <input type="checkbox"/> In front of <input type="checkbox"/> Rear of <input type="checkbox"/> Adjacent to <input type="checkbox"/> Directions											
207 NW OUTLAW COUNTRY GLN LAKE CITY FL 32055 Cross street or directions, as applicable											
C Incident Type *				E1 Date & Times				E2 Shift & Alarms			
121 Fire in mobile home used as fixed residence				Midnight is 0000 Alarm * 11 23 2018 23:44:26 Arrival * 11 23 2018 23:46:24 Controlled Last Unit Cleared 11 24 2018 00:42:14				Local Option B 01 D50 Shift or Alarm District Platoon			
D Aid Given or Received*				E3 Special Studies							
1 <input type="checkbox"/> Mutual aid received 2 <input type="checkbox"/> Automatic aid recvd. 3 <input type="checkbox"/> Mutual aid given 4 <input type="checkbox"/> Automatic aid given 5 <input type="checkbox"/> Other aid given N <input checked="" type="checkbox"/> None				Special Studies Local Option Special Study ID# Special Study Value							
F Actions Taken *				G1 Resources *				G2 Estimated Dollar Losses & Values			
12 Salvage & overhaul Primary Action Taken (1) Additional Action Taken (2) Additional Action Taken (3)				Check this box and skip this section if an Apparatus or Personnel form is used. Apparatus Personnel Suppression 0006 0009 EMS Other <input type="checkbox"/> Check box if resource counts include aid received resources.				LOSSES: Required for all fires if known. Optional for non fires. Property \$ 005,000 Contents \$ 002,000 PRE-INCIDENT VALUE: Optional Property \$ 050,000 Contents \$ 002,000			
Completed Modules		H1* Casualties		H3 Hazardous Materials Release				I Mixed Use Property			
<input checked="" type="checkbox"/> Fire-2 <input checked="" type="checkbox"/> Structure-3 <input type="checkbox"/> Civil Fire Cas.-4 <input type="checkbox"/> Fire Serv. Cas.-5 <input type="checkbox"/> EMS-6 <input type="checkbox"/> HazMat-7 <input type="checkbox"/> Wildland Fire-8 <input checked="" type="checkbox"/> Apparatus-9 <input checked="" type="checkbox"/> Personnel-10 <input type="checkbox"/> Arson-11		Deaths Injuries Fire Service Civilian H2 Detector Required for Confined Fires. 1 <input checked="" type="checkbox"/> Detector alerted occupants 2 <input type="checkbox"/> Detector did not alert them U <input type="checkbox"/> Unknown		N <input checked="" type="checkbox"/> None 1 <input type="checkbox"/> Natural Gas: slow leak, no evacuation or HazMat actions 2 <input type="checkbox"/> Propane gas: <21 lb. tank (as in home BBQ grill) 3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container 4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage 5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable 6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only 7 <input type="checkbox"/> Motor oil: from engine or portable container 8 <input type="checkbox"/> Paint: from paint cans totaling < 55 gallons 0 <input type="checkbox"/> Other: Special HazMat actions required or spill > 55gal. Please complete the HazMat form				NN <input checked="" type="checkbox"/> Not Mixed 10 <input type="checkbox"/> Assembly use 20 <input type="checkbox"/> Education use 33 <input type="checkbox"/> Medical use 40 <input type="checkbox"/> Residential use 51 <input type="checkbox"/> Row of stores 53 <input type="checkbox"/> Enclosed mall 58 <input type="checkbox"/> Bus. & Residential 59 <input type="checkbox"/> Office use 60 <input type="checkbox"/> Industrial use 63 <input type="checkbox"/> Military use 65 <input type="checkbox"/> Farm use 00 <input type="checkbox"/> Other mixed use			
J Property Use* Structures				K Property Use* Outside							
131 <input type="checkbox"/> Church, place of worship 161 <input type="checkbox"/> Restaurant or cafeteria 162 <input type="checkbox"/> Bar/Tavern or nightclub 213 <input type="checkbox"/> Elementary school or kindergarten 215 <input type="checkbox"/> High school or junior high 241 <input type="checkbox"/> College, adult education 311 <input type="checkbox"/> Care facility for the aged 331 <input type="checkbox"/> Hospital				341 <input type="checkbox"/> Clinic, clinic type infirmary 342 <input type="checkbox"/> Doctor/dentist office 361 <input type="checkbox"/> Prison or jail, not juvenile 419 <input checked="" type="checkbox"/> 1-or 2-family dwelling 429 <input type="checkbox"/> Multi-family dwelling 439 <input type="checkbox"/> Rooming/boarding house 449 <input type="checkbox"/> Commercial hotel or motel 459 <input type="checkbox"/> Residential, board and care 464 <input type="checkbox"/> Dormitory/barracks 519 <input type="checkbox"/> Food and beverage sales 936 <input type="checkbox"/> Vacant lot 938 <input type="checkbox"/> Graded/care for plot of land 946 <input type="checkbox"/> Lake, river, stream 951 <input type="checkbox"/> Railroad right of way 960 <input type="checkbox"/> Other street 961 <input type="checkbox"/> Highway/divided highway 962 <input type="checkbox"/> Residential street/driveway				539 <input type="checkbox"/> Household goods, sales, repairs 579 <input type="checkbox"/> Motor vehicle/boat sales/repair 571 <input type="checkbox"/> Gas or service station 599 <input type="checkbox"/> Business office 615 <input type="checkbox"/> Electric generating plant 629 <input type="checkbox"/> Laboratory/science lab 700 <input type="checkbox"/> Manufacturing plant 819 <input type="checkbox"/> Livestock/poultry storage (barn) 882 <input type="checkbox"/> Non-residential parking garage 891 <input type="checkbox"/> Warehouse 981 <input type="checkbox"/> Construction site 984 <input type="checkbox"/> Industrial plant yard			
124 <input type="checkbox"/> Playground or park 655 <input type="checkbox"/> Crops or orchard 669 <input type="checkbox"/> Forest (timberland) 807 <input type="checkbox"/> Outdoor storage area 919 <input type="checkbox"/> Dump or sanitary landfill 931 <input type="checkbox"/> Open land or field				Lookup and enter a Property Use code only if you have NOT checked a Property Use box: Property Use 419 1 or 2 family dwelling							

NFIRS-1 Revision 03/11/99

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1901-18 CONTRACTOR Brent Strickland PHONE _____

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

In Columbia County one permit will cover all trades doing work at the permitted site. It is **REQUIRED** 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 <u>Travis McFatter</u> License #: <u>OWNER</u> Qualifier Form Attached <input type="checkbox"/>	Signature <u>T McFatter</u> x Phone #: <u>386-365-7851</u>
MECHANICAL/ A/C _____	Print Name <u>Travis McFatter</u> License #: <u>OWNER</u> Qualifier Form Attached <input type="checkbox"/>	Signature <u>T McFatter</u> x Phone #: <u>386-365-7851</u>

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.



COLUMBIA COUNTY BUILDING DEPARTMENT
135 NE Hernando Ave, Suite B-21, Lake City, FL 32055
Phone: 386-758-1008 Fax: 386-758-2160

MOBILE HOME INSTALLERS LETTER OF AUTHORIZATION

I, Brent Strickland, give this authority for the job address show below
Installer License Holder Name

only, 207 NW Outlaw Country Glen, and I do certify that
Lake City, FL 32055 Job Address

the below referenced person(s) listed on this form is/are under my direct supervision and control and is/are authorized to purchase permits, call for inspections and sign on my behalf.

Printed Name of Authorized Person	Signature of Authorized Person	Authorized Person is... (Check one)
Whitney McFatter	<i>Whitney McFatter</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input checked="" type="checkbox"/> Property Owner
Travis McFatter	<i>T McFatter</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input checked="" type="checkbox"/> Property Owner
		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and I am fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances.

I understand that the State Licensing Board has the power and authority to discipline a license holder for violations committed by him/her or by his/her authorized person(s) through this document and that I have full responsibility for compliance granted by issuance of such permits.

[Signature] License Holders Signature (Notarized) IH1107218 License Number 1/8/19 Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Brent Strickland, personally appeared before me and is known by me or has produced identification (type of I.D.) PERSONALLY KNOWN on this 8th day of January, 2019.

Sharon Y. Blackmon
NOTARY'S SIGNATURE

(Seal/Stamp)



Mobile Home

Applicant: WHITNEY MCFATTER (386-515-5539) Application Date: 1/8/2019

Convert To ▾

1. ACTION

1. JOB LOCATION

Completed Inspections

Add Inspection

Release Power

2. CONTRACTOR

Schedule Inspection ([ScheduleInspection.aspx?Id=40092](#))

3. MOBILE HOME
DETAILS

Inspection	Date	By	Notes
Passed: Mobile Home - In County Pre-Mobile Home before set-up	1/9/2019	TROY CREWS	Z O



4. APPLICANT

5. REVIEW

The completion date must be set To release Certifications to the public.

6. FEES/PAYMENT

Permit Completion Date
(Releases Occupancy and Completion Forms)

7.
DOCUMENTS/REPORTS

Incomplete Requested Inspections

8.
NOTES/DIRECTIONS

Inspection	Date	By	Notes
------------	------	----	-------

9. INSPECTIONS (1)