Parcel:

04-68-17-09597-004

Owner & Property Info

STUP and Son

Result: 2 of 2

WALTERS VIRGINIA A

Owner 1642 SW HALTIWANGER RD

LAKE CITY, FL 32024

Site 1642 HALTIWANGER RD, LAKE CITY

BEG AT NW COR OF NE1/4 OF NW1/4, RUN E 390.04 FT, RUN S 140.02 FT,

E 369.93 FT TO W R/W OF SW HALTIWANGER RD, SE ALONG R/W

477.78 FT, W 894.27 FT, N 586.96 FT TO POB (PRCL A & PART OF PRCL B)

Description* & ALSO COMM AT SE COR OF NE1/4 OF NE1/4, RUN W 1255.10 FT FOR

POB, CONT W 327.50 FT, NORTH 1339.92 FT, E 327.50 FT, SOUTH 1340.30

FT TO POB (PRCL F) ORB 822-1522, 925-435, DC 1288 -1734, <

Area 20.11 AC

S/T/R 04-6S-17

Use Code** IMPROVED A (005000)

Tax District 3

Poberts is Grandson

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER CONTRACTOR Robert She	ppard PHONE 386-623-2203
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THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

Michael Roberts & Danielle Rosario

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 Attached X					
MECHANICAL/	Print Name	Ronald Bonds Sr.	Signature Signature			
A/C	License #:	CAC1817658	Phone #: 800-259-3470			
Qualifier Form Attached X						

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. KONALOR E GOND SE	(license holder name). licensed qualifier		
FOR STILL CHEST ENTERDENSE	S Jn L (company name), do certify that		
the below referenced person(s) listed on this for holder, or is/are employed by me directly or thru officer of the corporation; or, partner as defined	rm is/are contracted/hired by me, the license ough 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. DALE BURD	1.		
2. Rocks Ford	2. (bel3) 7-1		
3. Kally Bishap	3. Kelly Brishof		
4.	4.		
5.	5.		
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 prevupauthorized persons to use your name and/or l			
Licensed Qualifiers Signature (Notarized) CRC 1817658 2-16-16 Date			
Licensed Qualifiers Signature (Notarized) License Number Date			
STATE OF:COUNTY OF: Bay			
The above license holder, whose name is Rongled Edward Bonds SR personally appeared before me and is known by me or has produced identification (type of I.D.) on this 14th day of FEB 20 (4e).			
1+ 15 11 1.			
NOTARY'S SIGNATURE	(Seal/Stamp)		





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. (JAND WITTINGTON	(license holder name), licensed qualifier		
for Whittington ELBENK S	Twc(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. WALSUR	16		
2. Kecky Ford	2. Souls 0)		
3.	3.		
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 li			
Licensed Qualifiers Signature (Notarized)	EC 1300 2957 3/7/16 License Number Date		
NOTARY INFORMATION: STATE OF:COUNTY OF:	Colombia		
The above license holder, whose name is	me or has produced identification this day of, 20		
HILL POSHOP NOTARY'S SIGNATURE	Seal/Stange) Y R BISHOP Notary Public - State of Florida Commission # FF 243986		

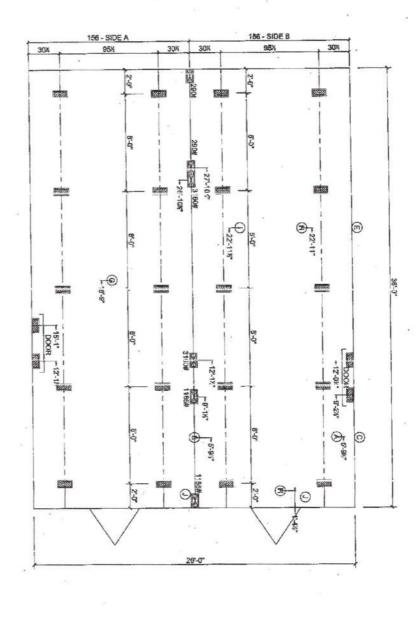
	Aarriago wall pidrs willthn 2' of and of home pal Rule 11XC		Typical pier spacing Installer's initials Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)	Installer Robert Sheppard License # IH 1025386 Installer Mobile Phone # 386-623-2203 Address of home
within 2' of end of home spaced at 5' 4" oc Spaced	symmate locations of marriage foot or greater. Use this the piers. enings greater than 4 foot below. Pier pad size 4 ft	Pad Size 16 x 16 16 x 18 8.5 x 18.5 16 x 22.5 17 x 22	oter 16" x 16" 18 1/2" x 18 20" x 20" 22" x 22" 24" X 24" 26" qin) (256) 1/2" (342) (400) (484)* (576)* (484)* (576)* (6" 6" 7" 8" 8" 8" 8" 8" 8" 8" 8" 8" 8"	New Home IN Used Home Installation Manual Home installed to the Manufacturer's Installation Manual Home is installed in accordance with Rule 15-C Single wide I Wind Zone II Wind Zone III Double wide X Installation Decal # 61876 Triple/Quad I Serial # 1016412193155/11

|--|

Other:
Dryer vent installed outside of skirting. Yes NA NA NA
40
Miscellaneous
The bottomboard will be repaired and/or taped. Yes, Pg, Pg
Waatherproofing
0
Type gasks: FORM Installed: Between Floors Yes
Installer's initials R.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)
Floor: Type Fastener: 100 Spacing: 100 Spaci
Fastening multi wide units
Debris and organic material removed (two other o
Sile Preparation

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 Joban Date 10/11/20



TIEDOWN LOCATIONS (FOR CONCRETE SLAB SET)

MARRIAGSE LINE OPENING SUPPORT PIER/TYP.

2-22-2016

1-BEAM SUPPORT PIER/TYP

FOUNDATION NOTES:

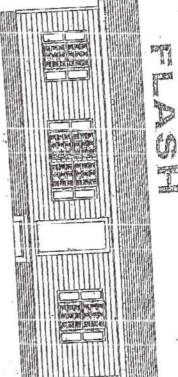
THIS DRAWING IS DESIGNED FOR THE STUNDARD WIND ZONE AND IS TO BE USED IN CONJUNCTION WITH THE INSTALLATION MANUAL AND IT'S SUPPLEMENTS.
FOOTINGS ARE SHOWN FOR EXAMPLE ONLY QUANTITY AND SPACING MAY VARY BASED ON PAO TYPE, SOIL CONDITION, ETC.
FOOTINGS ARE REQUIRED AT SUPPORT FOSTS, SEE INSTALLATION MANUAL FOR REQUIREMENTS. Live Cak Homes

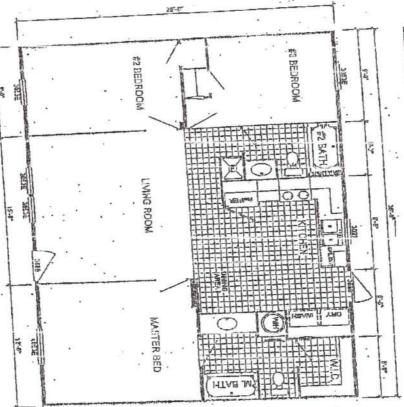
MODEL: L-2363C - 28 X 36 3-BEDROOM / 2-13ATH

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

DICT CROSSOVER
 SEWER DROPS
 THE TRUNK AIR (MICHT, HEAT PUMP OH DUCT)
 SUPPLY AIR (MICHT, HEAT PUMP OH DUCT)

L-2363C





L-2363C
3-BEDROOM / 2-BATH
28 x 40 - Approx. 936 Sq. Ft.

STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

	Permit Application Number		
ROSARIO WAITER	SPART II - SITEPLAN	2-10	
Scale: 1 inch = 40 feet.	1		
	96 34 STOTI	104'	
	2 0/1 176	S DRIVE	
	WELL NO	SLOPE	
Notes:			
1 0€ 20	.11 HORES SER ATTACK	had	
Site Plan submitted by:	10/17/20	MASTER CONTRACTOR	
Plan Approved	Not Approved	Date	
Ву		County Health Department	

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

