

Parcel:  
07-4S-16-02806-003 (12025)

Owner & Property Info

Result: 3 of 3

Owner	SWILLEY KENYON	— Draft CRCT Attached	
	SWILLEY ETHEL		
	3645 SW PINEMOUNT RD		
	LAKE CITY, FL 32024		
Site	3645 SW PINEMOUNT Rd, LAKE CITY		
Description*	COMM INTERS W BDRY OF NE1/4 OF NW1/4 & S R/W CR-252, RUN E 525 FT, S 426.90 FT FOR POB, CONT S 854.39 FT, E 250 FT, N 853.94 FT, W 250 FT TO POB.EX 2.45 AC AS DESC IN ORB 1153-929 716-300, LE 1181-1435		
Area	2.45 AC	S/T/R	07-4S-16
Use Code**	MOBILE HOME (0200)	Tax District	3

STATE OF FLORIDA  
COUNTY OF COLUMBIA

LAND OWNER AFFIDAVIT

This is to certify that I, (We), Ethel Swilley,

as the owner of the below described property:

Property tax Parcel ID number 07-4S-16-02806-003

Subdivision (Name, lot, Block, Phase) NA

Give my permission for Steven Schwartz to place a

Circle one Mobile Home Travel Trailer / Utility Pole Only / Single Family Home /  
Barn - Shed - Garage / Culvert / Other \_\_\_\_\_

I (We) understand that the named person(s) above will be allowed to receive a building permit on the property number I (we) have listed above and this could result in an assessment for solid waste and fire protection services levied on this property.

Ethel Swilley  
Owner Signature

4-12-22  
Date

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

Sworn to and subscribed before me this 12 day of April, 20 22. This

(These) person(s) are personally known to me or produced ID FL DL.  
(Type)

[Signature]  
Notary Public Signature

Notary Stamp/

Notary Printed Name  
Dale R. Burd  
NOTARY PUBLIC  
STATE OF FLORIDA  
Comm# GG231750  
Expires 7/16/2022





## OFFICE of VITAL STATISTICS

CERTIFIED COPY

## FLORIDA CERTIFICATE OF DEATH

TYPE-BH  
PERMANENT  
BLACK INK

LOCAL FILE NO.

1. DECEDENT'S NAME (First, Middle, Last, Suffix) <b>KENYON SWILLEY</b>				2. SEX <b>MALE</b>	
3. DATE OF BIRTH (Month, Day, Year) <b>July 4, 1930</b>		4a. AGE-Last Birthday (Years) <b>79</b>		4b. UNDER 1 YEAR Months _____ Days _____	
5. DATE OF DEATH (Month, Day, Year) <b>JANUARY 12, 2010</b>		6. SOCIAL SECURITY NUMBER <b>254 56 9301</b>		7. BIRTHPLACE (City and State or Foreign Country) <b>Camilla, Georgia</b>	
8. COUNTY OF DEATH <b>COLUMBIA</b>		9. PLACE OF DEATH (Check only one) HOSPITAL: <input checked="" type="checkbox"/> Inpatient _____ Emergency Room/Outpatient _____ Dead on Arrival _____ NON-HOSPITAL: _____ Hospice Facility _____ Nursing Home/Long Term Care Facility _____ Decedent's Home _____ Other (Specify) _____		10. FACILITY NAME (If not institution, give street address) <b>VA MEDICAL CENTER</b>	
11a. CITY, TOWN, OR LOCATION OF DEATH <b>LAKE CITY</b>		11b. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes _____ No		12. MARITAL STATUS (Specify) <input checked="" type="checkbox"/> Married _____ Married, but Separated _____ Widowed _____ Divorced _____ Never Married	
13. SURVIVING SPOUSE'S NAME (If wife, give maiden name) <b>Ethel Clotilda Goodson</b>		14a. RESIDENCE - STATE <b>Florida</b>		14b. COUNTY <b>Columbia</b>	
14c. CITY, TOWN, OR LOCATION <b>Lake City</b>		14d. STREET ADDRESS <b>3645 SW Pine Mount Road</b>		14e. APT. NO. _____ 14f. ZIP CODE <b>32024</b>	
14g. INSIDE CITY LIMITS? _____ Yes <input checked="" type="checkbox"/> No		15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. Do not use "Retired") <b>Correctional Officer</b>		15b. KIND OF BUSINESS/INDUSTRY <b>State Prison System</b>	
16. DECEDENT'S RACE (Specify the race/ethnicity to indicate what decedent considered himself/herself to be. More than one race may be specified.) <input checked="" type="checkbox"/> White _____ Black or African American _____ American Indian or Alaskan Native (Specify tribe) _____ _____ Asian Indian _____ Chinese _____ Filipino _____ Japanese _____ Korean _____ Vietnamese _____ Other Asian (Specify) _____ _____ Native Hawaiian _____ Guamanian or Chamorro _____ Samoan _____ Other Pacific Isl. (Specify) _____ Other (Specify) _____					
17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify if decedent was of Hispanic or Haitian Origin.) _____ Yes (If Yes, specify) <input checked="" type="checkbox"/> No _____ Mexican _____ Puerto Rican _____ Cuban _____ Central/South American _____ Other Hispanic (Specify) _____ Haitian _____					
18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.) _____ 8th or less _____ High school but no diploma <input checked="" type="checkbox"/> High school diploma or GED _____ College but no degree _____ College degree (Specify): _____ Associate _____ Bachelor's _____ Master's _____ Doctorate					
19. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes _____ No					
20. FATHER'S NAME (First, Middle, Last, Suffix) <b>George Swilley</b>			21. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Edna Holton</b>		
22a. INFORMANT'S NAME <b>Ethel Swilley</b>			22b. RELATIONSHIP TO DECEDENT <b>Spouse</b>		22c. INFORMANT'S MAILING - STATE <b>Florida</b>
23a. CITY OR TOWN <b>Lake City</b>			23b. STREET ADDRESS <b>3645 SW Pine Mount Road</b>		23c. ZIP CODE <b>32024</b>
24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Fellowship Cemetery</b>			25a. LOCATION - STATE <b>Florida</b>		25b. LOCATION - CITY OR TOWN <b>Suwannee County</b>
26a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial _____ Entombment _____ Cremation _____ Donation _____ Removal from State _____ Other (Specify) _____			26b. IF CREMATION, DONATION OR BURIAL AT SEA: WAS MEDICAL EXAMINER APPROVAL GRANTED? _____ Yes _____ No		
27a. LICENSE NUMBER (of Licensee) <b>F044044</b>			27b. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>William J. Henry</i>		
28. NAME OF FUNERAL FACILITY <b>Guerry Funeral Home</b>			29a. FACILITY'S MAILING - STATE <b>Florida</b>		
29b. CITY OR TOWN <b>Lake City</b>			29c. STREET ADDRESS <b>2650 SW Main Blvd</b>		29d. ZIP CODE <b>32025</b>
30. CERTIFIER: <input checked="" type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check one) <input type="checkbox"/> Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, due to the cause(s) and manner stated.					
31a. Signature and Title of Certifier <i>Kimberleigh W. Campbell</i>			31b. DATE SIGNED (mm/dd/yyyy) <b>1/13/2010</b>		31c. TIME OF DEATH (24 hr.) <b>1627</b>
32. MEDICAL EXAMINER'S CASE NUMBER <b>ME 57424</b>			33. NAME OF ATTENDING PHYSICIAN (If other than Certifier) <b>CAMPBELL, KIMBERLEIGH W. M.D.</b>		
34a. CERTIFIER'S - STATE <b>FLORIDA</b>			34b. CITY OR TOWN <b>LAKE CITY</b>		34c. STREET ADDRESS <b>619 S. MARION AVENUE</b>
34d. ZIP CODE <b>32025-5808</b>			35. SUBREGISTRAR - Signature and Date <i>William J. Henry</i>		
36a. LOCAL REGISTRAR - Signature <i>William J. Henry</i>			36b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) <b>January 19, 2010</b>		
37. PROBABLE MANNER OF DEATH: The following are under the jurisdiction of the medical examiner: <input checked="" type="checkbox"/> Natural _____ Accident _____ Suicide _____ Homicide _____ Pending Investigation _____ Undetermined					
38. REPORTED TO MEDICAL EXAMINER DUE TO CAUSE OF DEATH? _____ Yes <input checked="" type="checkbox"/> No					
39. CAUSE OF DEATH - PART I (See instructions on back) Enter the chain of events - diseases, injuries, or complications - that directly caused the death. Enter only one cause on a line. DO NOT enter terminal event such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <b>NON-SMALL CELL LUNG CANCER</b> b. _____ c. _____ d. _____ Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST					
PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.					
40a. IF SURGERY MENTIONED IN PART I OR II, ENTER REASON FOR SURGERY			40b. DATE OF SURGERY (Mo., Day, Yr.)		40c. DID TOBACCO USE CONTRIBUTE TO DEATH? <input checked="" type="checkbox"/> Yes _____ No _____ Probably _____ Unknown
41. IF FEMALE, WAS SHE PREGNANT WITHIN THE PAST YEAR? Yes _____ No _____ Unknown					
42. IF YES, specify timeframe: _____ at time of death _____ within 1 to 42 days of death _____ within 43 days to 1 year of death					
43. DATE OF INJURY (Month, Day, Year)			44. TIME OF INJURY (24 hr.)		45. INJURY AT WORK? _____ Yes _____ No
46. CITY OR TOWN			47. STREET ADDRESS		

VOID IF ALTERED OR ERASED

600036

DEATH TO BE COMPLETED BY: MEDICAL CERTIFIER



**3645 SW Pine Mount Road** **32024** ☐ Yes ☒ No

15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life.)  
Do not use "Retired" **Correctional Officer** 15b. KIND OF BUSINESS/INDUSTRY **State Prison System**

16. DECEDENT'S RACE (Specify the race/ethnicity to indicate what decedent considered himself/herself to be. More than one race may be specified.)  
☒ White ☐ Black or African American ☐ American Indian or Alaskan Native (Specify tribe)  
☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other Asian (Specify)  
☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Isl. (Specify) ☐ Other (Specify)

17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? ☐ Yes (If Yes, specify) ☒ No ☐ Mexican ☐ Puerto Rican ☐ Cuban ☐ Central/South American  
(Specify if decedent was of Hispanic or Haitian Origin.) ☐ Other Hispanic (Specify) ☐ Haitian

18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.)  
☐ 8th or less ☐ High school but no diploma ☒ High school diploma or GED ☐ College degree (Specify): ☐ Associate ☐ Bachelor's ☐ Master's ☐ Doctorate  
19. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No

20. FATHER'S NAME (First, Middle, Last, Suffix) **George Swilley** 21. MOTHER'S NAME (First, Middle, Maiden Surname) **Edna Holton**

22a. INFORMANT'S NAME **Ethel Swilley** 22b. RELATIONSHIP TO DECEDENT **Spouse** 23a. INFORMANT'S MAILING - STATE **Florida**

23b. CITY OR TOWN **Lake City** 23c. STREET ADDRESS **3645 SW Pine Mount Road** 23d. ZIP CODE **32024**

24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) **Fellowship Cemetery** 25a. LOCATION - STATE **Florida** 25b. LOCATION - CITY OR TOWN **Suwannee County**

26a. METHOD OF DISPOSITION ☒ Burial ☐ Entombment ☐ Cremation ☐ Donation ☐ Removal from State ☐ Other (Specify)

26b. IF CREMATION, DONATION OR BURIAL AT SEA, WAS MEDICAL EXAMINER APPROVAL GRANTED? ☐ Yes ☐ No 27a. LICENSE NUMBER (of Licensee) **F044044** 27b. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH **William J. Luey**

28. NAME OF FUNERAL FACILITY **Guerry Funeral Home** 29a. FACILITY'S MAILING - STATE **Florida**

29b. CITY OR TOWN **Lake City** 29c. STREET ADDRESS **2655 SW Main Blvd** 29d. ZIP CODE **32025**

30. CERTIFIER: ☒ Certifying Physician - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated.  
(Check one) ☐ Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, due to the cause(s) and manner stated.

31a. (Signature and Title of Certifier) **Kimberleigh W. Campbell** 31b. DATE SIGNED (mm/dd/yyyy) **1/13/2010** 32. TIME OF DEATH (24 hr.) **1627** 33. MEDICAL EXAMINER'S CASE NUMBER

34a. LICENSE NUMBER (of Certifier) **ME 57424** 34b. CERTIFIER'S NAME **CAMPBELL, KIMBERLEIGH W. M.D.** 35. NAME OF ATTENDING PHYSICIAN (If other than Certifier)

36a. CERTIFIER'S - STATE **FLORIDA** 36b. CITY OR TOWN **LAKE CITY** 36c. STREET ADDRESS **619 S. MARION AVENUE** 36d. ZIP CODE **32025-5808**

37. SUBREGISTRAR - Signature and Date **William Dean May** 38a. LOCAL REGISTRAR - Signature **William Dean May** 38b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) **January 19, 2010**

39. PROBABLE MANNER OF DEATH: The following are under the jurisdiction of the medical examiner:  
☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending investigation ☐ Undetermined

40. REPORTED TO MEDICAL EXAMINER DUE TO CAUSE OF DEATH? ☐ Yes ☒ No

41. CAUSE OF DEATH - PART I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. Enter only one cause on a line. DO NOT enter terminal event such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Approximate Interval: Onset to Death

IMMEDIATE CAUSE (Final disease or condition resulting in death)

a. **NON-SMALL CELL LUNG CANCER**

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

42a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No 42b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☒ No

43a. IF SURGERY MENTIONED IN PART I OR II, ENTER REASON FOR SURGERY 43b. DATE OF SURGERY (Mo., Day, Yr.) 44. DID TOBACCO USE CONTRIBUTE TO DEATH? ☒ Yes ☐ No ☐ Probably ☐ Unknown

45. IF FEMALE, WAS SHE PREGNANT WITHIN THE PAST YEAR: ☐ Yes ☐ No ☐ Unknown If Yes, specify timeframe: ☐ at time of death ☐ within 1 to 42 days of death ☐ within 43 days to 1 year of death

46. DATE OF INJURY (Month, Day, Year) 47. TIME OF INJURY (24 hr.) 48. INJURY AT WORK? ☐ Yes ☐ No 49a. LOCATION OF INJURY - STATE

49b. CITY OR TOWN 49c. STREET ADDRESS 49d. APT. NO. 49e. ZIP CODE

50. DESCRIBE HOW INJURY OCCURRED 51. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)

IF TRANSPORTATION INJURY, 52a. Status of Decedent ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

52b. Type of Vehicle ☐ Car/Minivan ☐ S.U.V. ☐ Motorcycle ☐ Pickup Truck/Cargo Van ☐ Bus ☐ Heavy Transport ☐ Other (Specify)

**William Dean May**  
Chief Deputy Registrar

WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK. THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

DH FORM 1947 (08/04)

35481454

CERTIFICATION OF VITAL RECORD



\* 3 5 4 8 1 4 5 4 \*

FLORIDA DEPARTMENT OF  
**HEALTH**



## MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM



APPLICATION NUMBER \_\_\_\_\_ CONTRACTOR Ernest Scott Johnson PHONE 352-494-8099

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

Steven Schwartz

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>James Dale Williams</u>	Signature 
	License #: <u>EC 13007092</u>	Phone #: <u>386-362-2035</u>
	Qualifier Form Attached <input checked="" type="checkbox"/>	
MECHANICAL/ A/C _____	Print Name <u>Timothy Shatto</u>	Signature 
	License #: <u>CAC 057875</u>	Phone #: <u>386-496-8224</u>
	Qualifier Form Attached <input checked="" type="checkbox"/>	

*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  
LETTER OF AUTHORIZATION TO SIGN FOR PERMITS  
135 NE Hemando Ave, Suite B-21, Lake City, FL 32055  
Phone: 386-758-1008 Fax: 386-758-2160

I, Dale Williams (license holder name), licensed qualifier

for Affordable Electric (company name), do certify that

the below referenced person(s) listed on this form 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 permits, call for inspections, and sign on my behalf

Printed Name of Person Authorized	Signature of Authorized Person
1. Dale Burd	1.
2.	2.
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 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 Holders Signature (Notarized)

EC13007092 1-07-19  
License Number Date

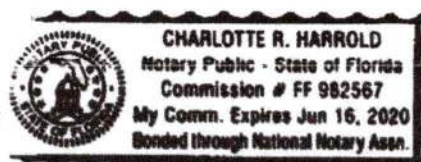
NOTARY INFORMATION:

STATE OF Florida COUNTY OF Columbia

The above license holder, whose name is James D. Williams  
personally appeared before me and is known by me or has produced identification  
(type of I.D.) \_\_\_\_\_ on this 7th day of January, 20 19

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

I, Timothy Shatto (license holder name), licensed qualifier  
for Shatto Heat & Air (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. Bo Royals	1.
2. Dale Burd	2.
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 license number to obtain permits.

Timothy D. Shatto  
Licensed Qualifiers Signature (Notarized)

CAC 057875  
License Number

2/22/18  
Date

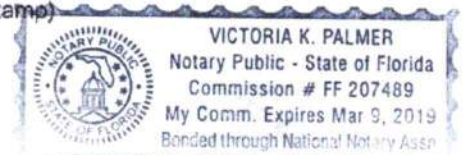
#### NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Union

The above license holder, whose name is Timothy D. Shatto,  
personally appeared before me and is known by me or has produced identification  
(type of I.D.) \_\_\_\_\_ on this 22 day of February, 20 18.

Victoria K. Palmer  
NOTARY'S SIGNATURE

(Seal/Stamp)





# PERMIT NUMBER

# PERMIT WORKSHEET

page 1 of 2

Installer Ernest Scott Johnson License # IH-1025249

Installer Mobile Phone # 352-494-8098

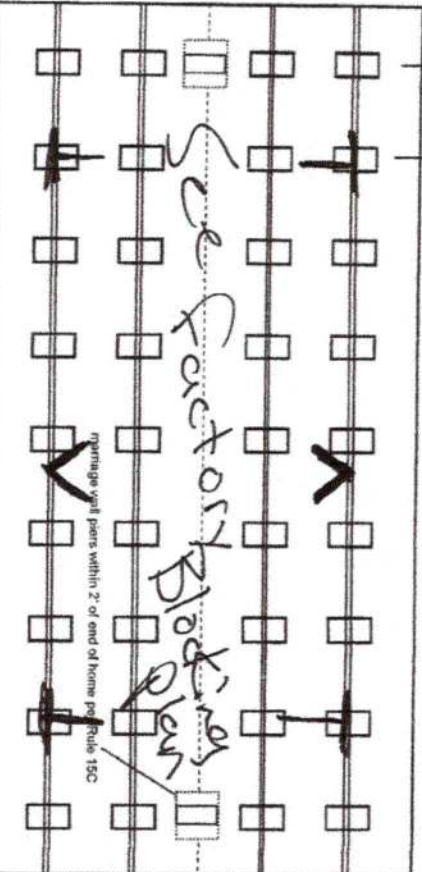
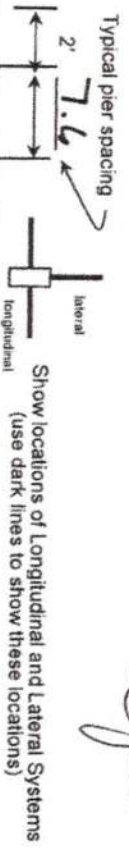
Address of home being installed 3645 SW Pinemont Road

Manufacturer ScotBilt Length x width 42' x 28'

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 ES



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 # 88853

Triple/Quad ☐ Serial # 052-000-H-AS2009MA6

Roof System: ☒ Typical ☐ Hinged

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	16' x 16" (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'	5'	6'	7'	8'	9'
2000 psf	5'	6'	7'	8'	9'	10'
2500 psf	6'	7'	8'	9'	10'	11'
3000 psf	7'	8'	9'	10'	11'	12'
3500 psf	8'	9'	10'	11'	12'	13'

\* Interpolated from Rule 15C-1 pier spacing table

PIER PAD SIZES

I-beam pier pad size 23x31 7.5  
 Pelmer pier pad size 16x18  
 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.

POPULAR PAD SIZES

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

OTHER TIES

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)  
 Manufacturer \_\_\_\_\_  
 Longitudinal Stabilizing Device w/ Lateral Arms  
 Manufacturer Oliver 1101 v

Sidewall \_\_\_\_\_  
 Longitudinal \_\_\_\_\_  
 Marriage wall \_\_\_\_\_  
 Shearwall \_\_\_\_\_  
 Number 28  
10  
2



# PERMIT NUMBER

# PERMIT WORKSHEET

page 2 of 2

## POCKET PENETROMETER TEST

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

x 1000

x 1000

x 1000

## 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.

## TORQUE PROBE 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.

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 reading is 275 or less and where the mobile home manufacturer may require anchors with 4000 lb holding capacity.

Installer's Initials

## ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Date Tested

Assumed Outer Lvl Uses 4" S. Anchors

## 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 ☒ Swale ☐ Pad ☒ Other ☐

## Fastening multi wide units

Floor: Type Fastener: 1/4" x 3" Length: 6" Spacing: 20"  
Walls: Type Fastener: 1/4" x 3" Length: 6" Spacing: 10"  
Roof: Type Fastener: 1/4" x 3" Length: 6" Spacing: 20"  
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 Pg. 11

Installed:  
Between Floors Yes ☒  
Between Walls Yes ☒  
Bottom of ridgebeam Yes ☒

## Weatherproofing

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 ☒

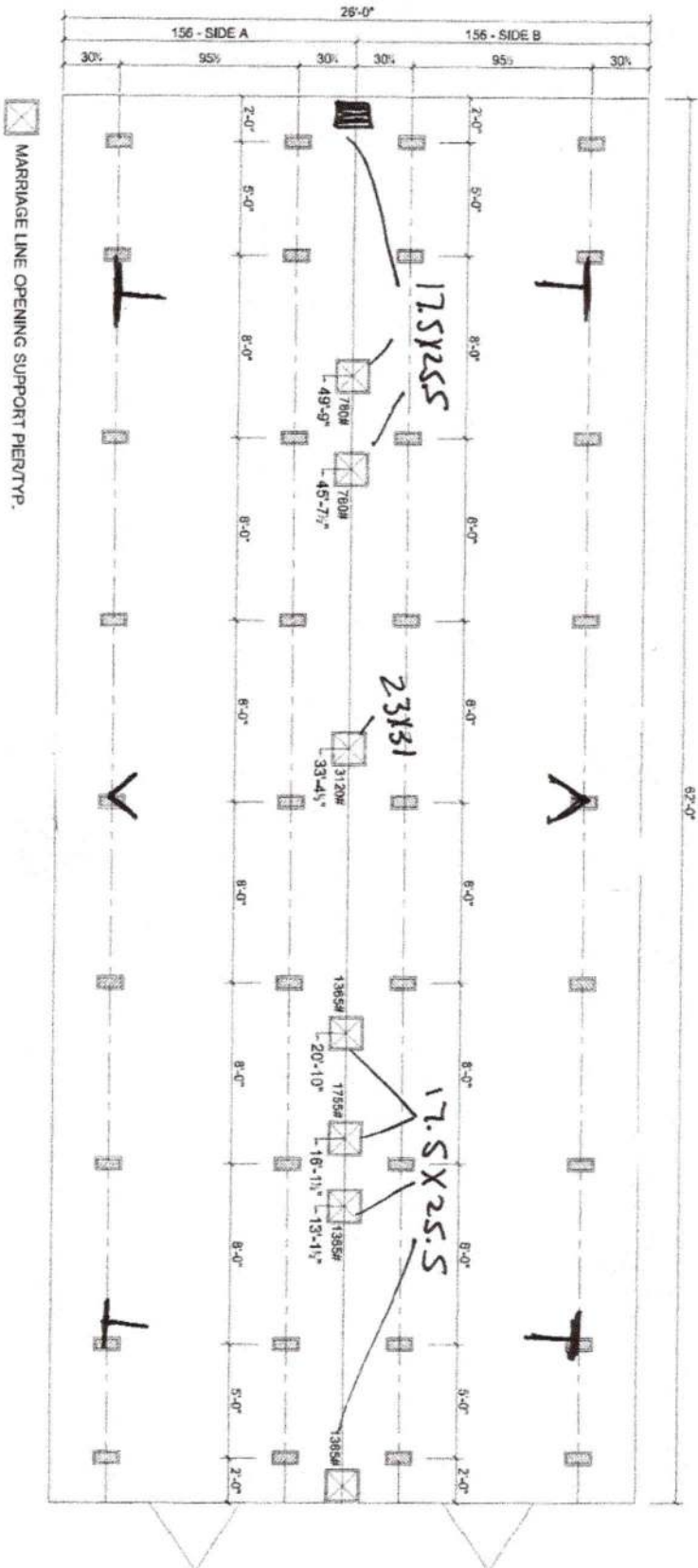
## Miscellaneous

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 ☒  
Other: \_\_\_\_\_

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

3/28/22



☒ MARRIAGE LINE OPENING SUPPORT PIERTYP.

FOUNDATION NOTES:  
 - THIS DRAWING IS DESIGNED FOR THE STANDARD WIND ZONE AND IS TO BE USED IN CONJUNCTION WITH THE INSTALLATION MANUAL AND ITS 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.

**ScotBit**  
 HOMES, INC.

MODEL #  
**2862306GSM**

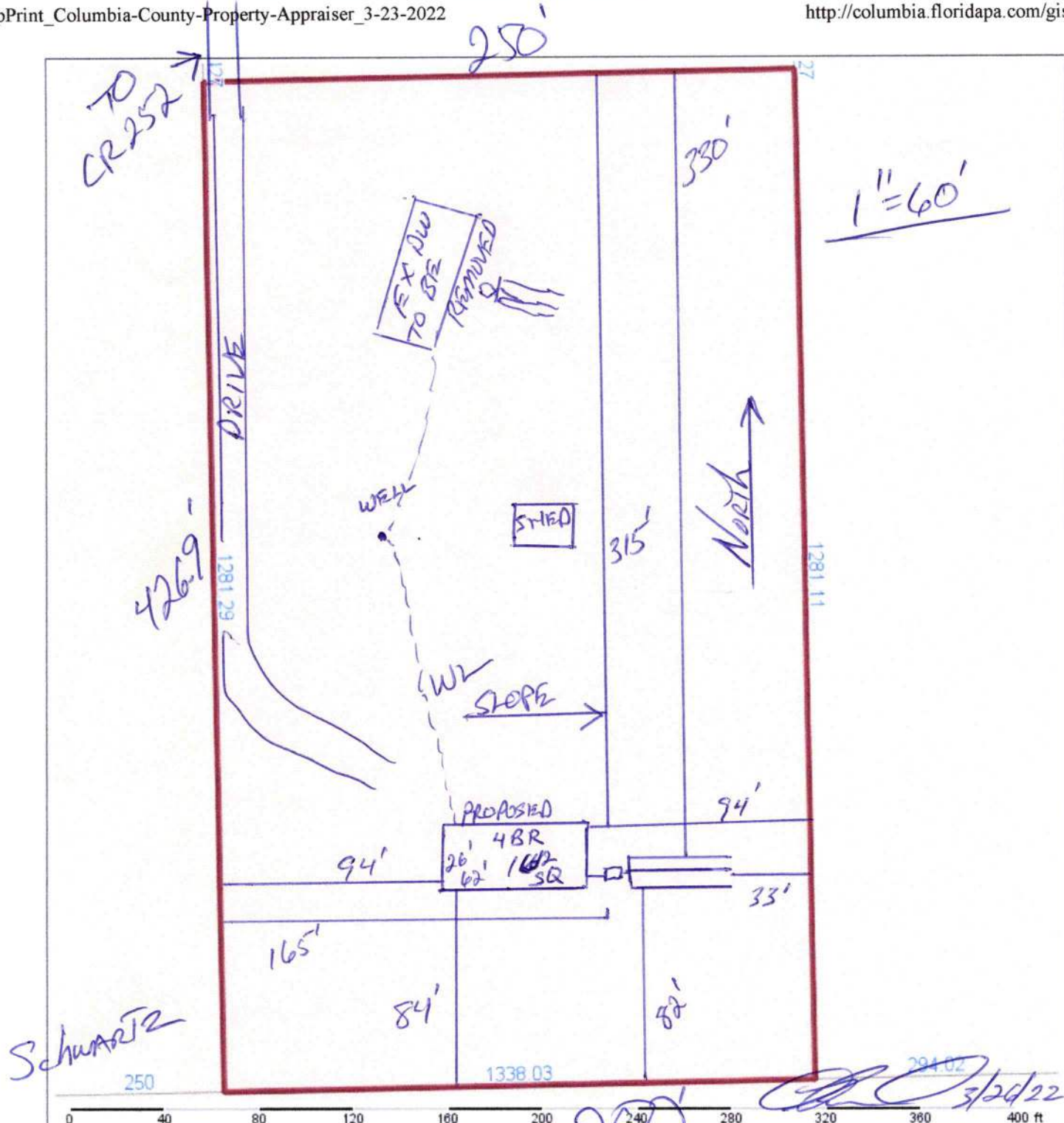
UNIT SIZE  
**GRANDSLAM**  
 28 X 66 - 3BR 2 BATH

DATE  
**6-24-2021**

AREA  
**1,144 SQ. FT.**

1,144 SQ. FT.  
 0 SQ. FT.





0

40

80

120

160

200

240

280

320

360

400 ft

250

1338.03

294.02

Columbia County Property Appraiser

Jeff Hampton | Lake City, Florida | 386-758-1083

PARCEL: 07-4S-16-02806-003 (12025) | MOBILE HOME (0200) | 2.45 AC

COMMINTERS W BDRY OF NE 1/4 OF NW 1/4 & S R/W CR-252, RUN E 525 FT, S 426.90 FT FOR POB, CONT S 854.39 FT, E 250 FT, N 853.94 FT, W 250 FT TO POB EX 2.

Owner:

SWILLEY KENYON

SWILLEY ETHEL

3645 SW PINEMOUNT RD

LAKE CITY, FL 32024

Site:

3645 SW PINEMOUNT Rd, LAKE CITY

Sales Info

9/21/2009

\$100

1 (U)

2022 Working Values

Mkt Lnd	\$25,480	Appraised	\$51,723
Ag Lnd	\$0	Assessed	\$42,193
Bldg	\$21,423	Exempt	\$42,193
XFOB	\$4,820		
Just	\$51,723	Total	county:\$0
		Taxable	city:\$0
			other:\$0
			school:\$16,693

NOTES:

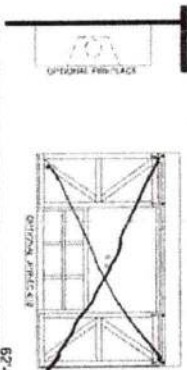
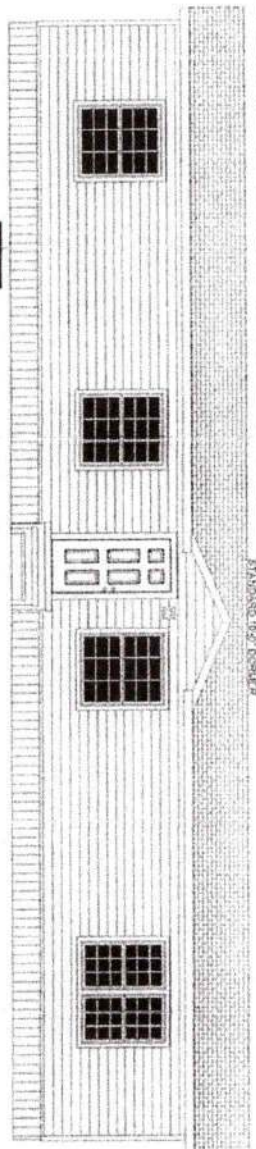
Columbia County, FL

This information, was derived from data which was compiled by the Columbia County Property Appraiser Office solely for the governmental purpose of property assessment. This information should not be relied upon by anyone as a determination of the ownership of property or market value. No warranties, expressed or implied, are provided for the accuracy of the data herein, its use, or its interpretation. Although it is periodically updated, this information may not reflect the data currently on file in the Property Appraiser's office.

GrizzlyLogic.com

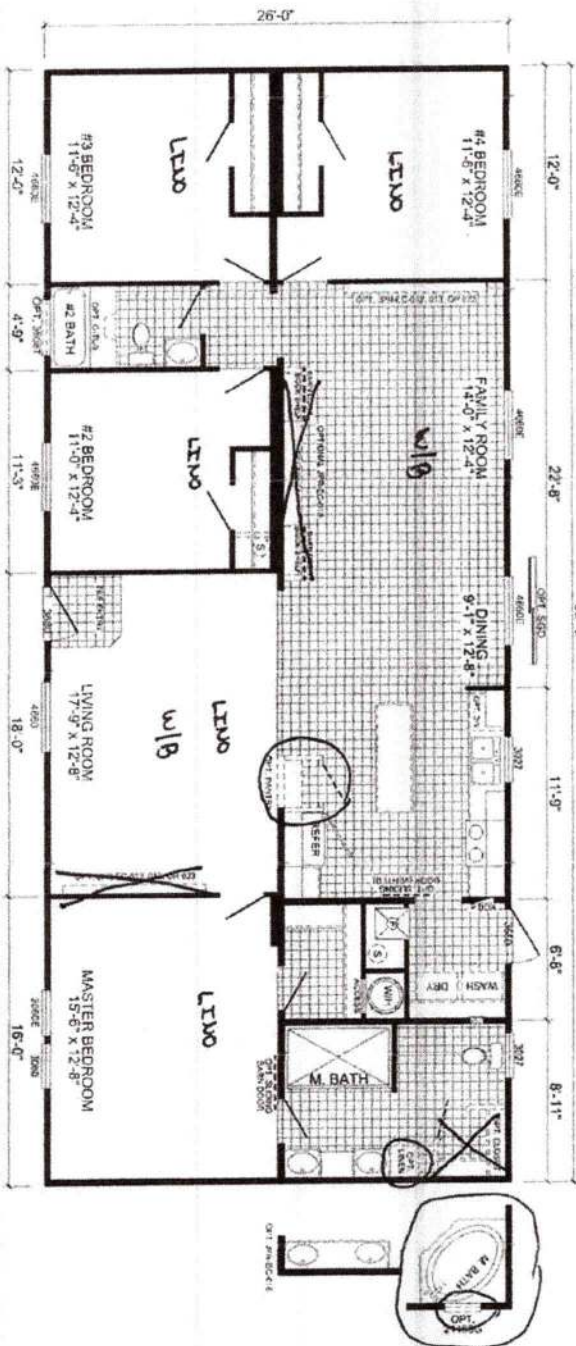
1 of 1

3/23/2022, 2:51 PM



*Ed*

STAINLESS APPLIANCE PACKAGE  
SWARTZ  
07009489



**ScotBit**  
HOMES, INC.

2862306GSM

GRANDSLAM  
28 X 66 - 4BR 2 BATH

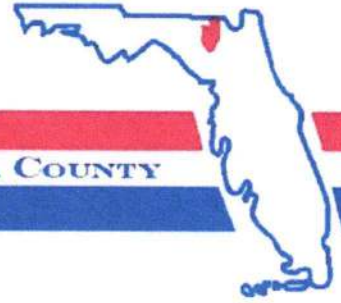
7-22-2021  
C

AREA

1,612 SQ. FT.

1,612 SQ. FT.  
0 SQ. FT.





### Address Assignment and Maintenance Document

To maintain the county wide Addressing Policy you must make application for a 9-1-1 Address at the time you apply for a building permit. The established standards for addressing and posting numbers to all principal buildings, dwellings, businesses and industries are contained in Columbia County Ordinance 2001-9. The addressing system is to enable Emergency Services Agencies to locate you in an emergency, and to assist the United States Postal Service and the public in the timely and efficient provision of services to residents and businesses of Columbia County

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Date/Time Issued: **6/22/2020 2:45:28 PM**  
Address: **3645 SW PINEMOUNT RD**  
City: **LAKE CITY**  
State: **FL**  
Zip Code **32024**

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Parcel ID **07-4S-16-02806-003**

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REMARKS: **This address is a verified address in the county's addressing system.**  
**Verification ID: b3191867-33c9-4fd0-b8d7-95cc7efc7447**

**NOTICE: THIS ADDRESS WAS ISSUED BASED ON LOCATION AND ACCESS INFORMATION RECEIVED FROM THE REQUESTER. SHOULD, AT A LATER DATE, THE LOCATION AND/OR ACCESS INFORMATION BE FOUND TO BE IN ERROR OR CHANGED, THIS ADDRESS IS SUBJECT TO CHANGE.**

Address Issued By: **GIS Specialist**

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Columbia County GIS/911 Addressing Coordinator