Parcel:

01-6S-15-00486-014 (2244)

Owner & Property Info

D'ALBERT RICHARD

D'ALBERT KRISTI Owner

100 NW 76TH AVENUE #306

PLANTATION, FL 33324

Site 5273 ICHETUCKNEE AVE, FORT WHITE

Description\* COMM NW COR NE1/4 OF NE1/4, E 40 FT TO E R/W ICHETUCKNEE AVE, S 317.34 FT TO POB,

Result: 1 of 1

CONT S 351.53 FT, E 620.63 FT, N 351.52, W 621.12 FT TO POB. 348-164, WD 1410-1198,

5.5 AC S/T/R 36-5S-15 Area

Use Code\*\* VACANT (0000) Tax District 3

#### MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

CONTRACTOR Justus LaRiccia

PHONE 904-945-6508

	THIS FORM MUST BE SUBMITTED	PRIOR TO THE ISSUANCE OF A PERMIT
		D'Albert
ordinance 89-6 exemption, get Any changes, t	subcontractors who actually did the trade space, a contractor shall require all subcontractor neral liability insurance and a valid Certification of the permitted contractor is responsible for the p	work at the permitted site. It is

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

Timothy Shatto	(license holder name), licensed qualifier
for Shatto Heat & Air	(company name), do certify that
person(s) is/are under my direct supervision an sign permits; call for inspections and sign subco	orm is/are contracted/hired by me, the license ough an employee leasing arrangement; or, is an in Florida Statutes Chapter 468, and the said and control and is/are authorized to purchase and contractor verification forms on my behalf.
Printed Name of Person Authorized	Signature of Authorized Person
1. Bo Royals	1. 10 PM
2. Dale Burd	2.
3.	3.
4.	4.
5.	5.
officers, or employees and that I have full respondent ordinances inherent in the privilege granted officer(s), you must notify this department in write authorization form, which will supersede all prey unauthorized persons to use your name and/or leading to the content of th	nd County Licensing Boards have the power and cons committed by him/her, his/her agents, nsibility for compliance with all statutes, codes by issuance of such permits.  Lis/are no longer agents, employee(s), or ting of the changes and submit a new letter of tious lists. Failure to do so may allow.
NOTARY INFORMATION: STATE OF: FOUNTY OF:	Union
personally appeared before me and is known by	me or has produced identification this 22 day of february, 2018.  (Seal/Stamp)

VICTORIA K. PALMER
Notary Public - State of Florida
Commission # FF 207489
My Comm. Expires Mar 9, 2019
Bonded through National Notary Assn

	(marriage real puers within 2 of end of home pol Rulin 15C			Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)	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  Typical pier spacing	ingle wide fill out one half of the blocking plan	le Phone # 904-945-6508  Tout WI  fall Hole W	PERMIT NUMBER  Installer Justus LaRiccia License # IH 1127039  New Ho
FRAME sthin 2' of end baced at 5' 4" OTHER T dewall brighted wall heanwall	17 1/2 x 25 24 x 24 than 4 foot	16.5 x 18.5 x 18	AD SIZES  AD SIZES  POPULAR PAD SIZE  17 87 2 325  Pad Size	7. G.	Roof System: Typical Hinged   Hinged	Senal#	alled in acco	New Home D Used Home

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between multi-wide units. Pg.	Electrical	Date lessed 03/00/4	83/36/31	Installer Name TUSTS LAKICO	reading is 275 or less and where the mobile home manufacturer may requires anchors with 4000 lb holding capacity.  Installer's initials	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	The results of the torque probe test is $295$ 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.	TORQUE PROBE TEST	×	<ol> <li>Using 500 lb increments, take the lowest reading and round down to that increment</li> </ol>	Take the reading at the depth of the footer	POCKET PENETROMETER TESTING METHOD	×	The pocket penetrometer tests are rounded down to psf or check here to declare 1000 lb soil without testing	POCKET PENETROMETER TEST
installer coeffice all information of the state of the st	Other	Prain lines supported at 4 foot intervals. Yes  Electrical crossovers protected. Yes	Dryer vent installed outside of skirting. Yes N/A	Skirting to be installed. Yes: No.	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 MANVacture Between Floors Yes Between Walls Yes Bottom of ndgebeam Yes	Installer's initials	a result of a poorly installed or no gasket being installed. I understand a strip of tape will not serve as a gasket.	Understand a properly installed gasket is a requirement of all new and used	will be centered over the peak of the roof and fastened with galv roofing nails at 2" on center on both sides of the centertine	Walls Type Fastener 1995 Length 6/10 Spacing Walls Type Fastener 1995 Length 6/10 Spacing 18/10 For used homes a min 30 gauge 8" wide national materials and particular type fasteners a min 30 gauge 8" wide national materials and particular type for used homes a min 30 gauge 8" wide national materials and particular type for used homes a min 30 gauge 8" wide national materials and particular type for used homes a min 30 gauge 8" wide national materials and particular type for used homes a min 30 gauge 8" wide national materials and particular type fasteners.	Fastening multi wide units	Debris and organic material removed Water drainage Natural Swale Pad Other	

Installer verifies all information given with this permit worksheet manufacturer's installation instructions and or Rule 15C-1 & 2 is accurate and true based on the

Installer Signature

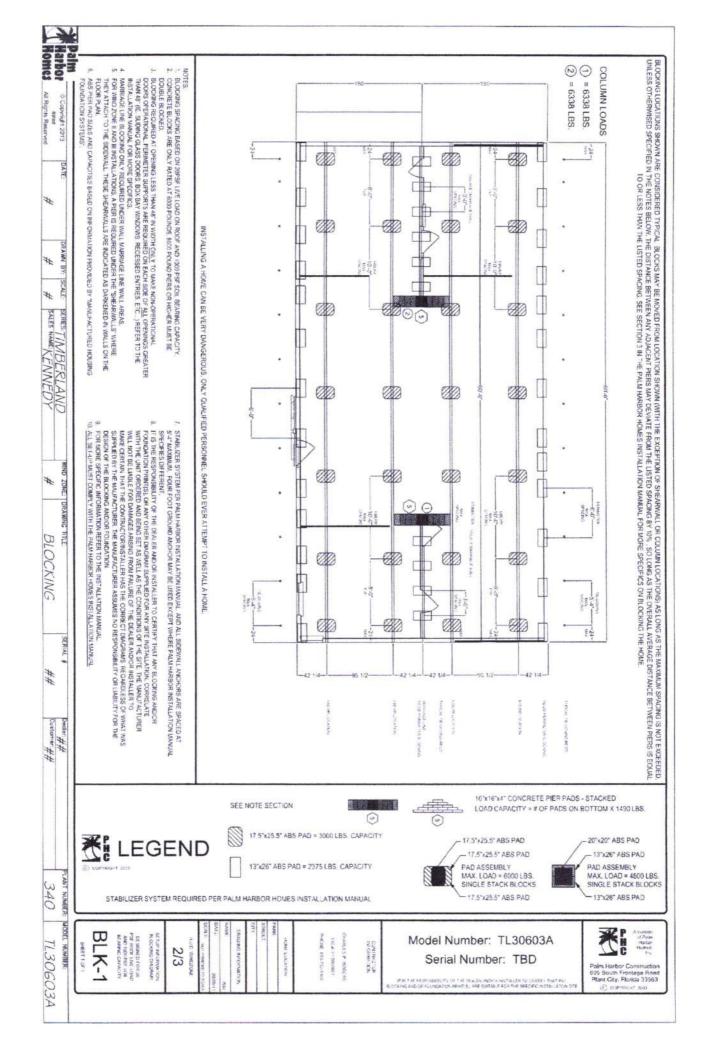
Dane 5/25/2

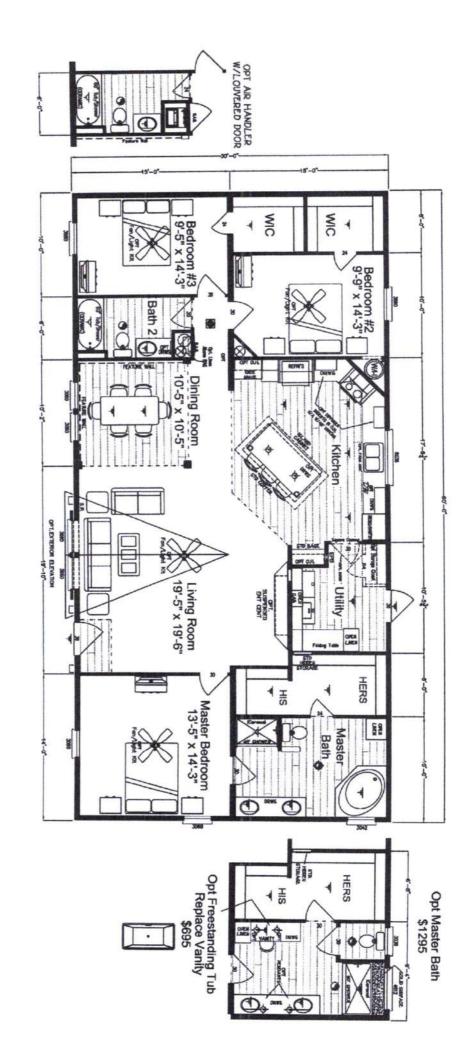
independent water supply systems Pg

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. Pg

Plumbing





Harbor Homes

Kennedy
Model 340TL30603A
Approx 1,800 Sq Ft. S

Plant City, FL | 800.729.4363 | www.palmharbor.com

30' x 60' 3 Bedrooms, 2 Baths Split Plan Spacious Master Suite w/ Walk-in Closet

Large Island kitchen
Full Size Utility Room w/ Opt.
Storage & Std.Folding Table
// Opt. Master Bath w/ Large
Tiled Shower & Bench Seat

Copyright. © Paim Harbor Homes, Inc. Because Paim Harbor Homes has a continuous product updating and improvement process, prices, plans, dimensions, features, materials, specifications and availability are subject to change without notice or obligation. Please refer to working drawings for actual dimensions. Renderings and floor plans are artist depictions only and may vary from the completed home. Square footage calculations and room dimensions are approximate and subject to industry standards.

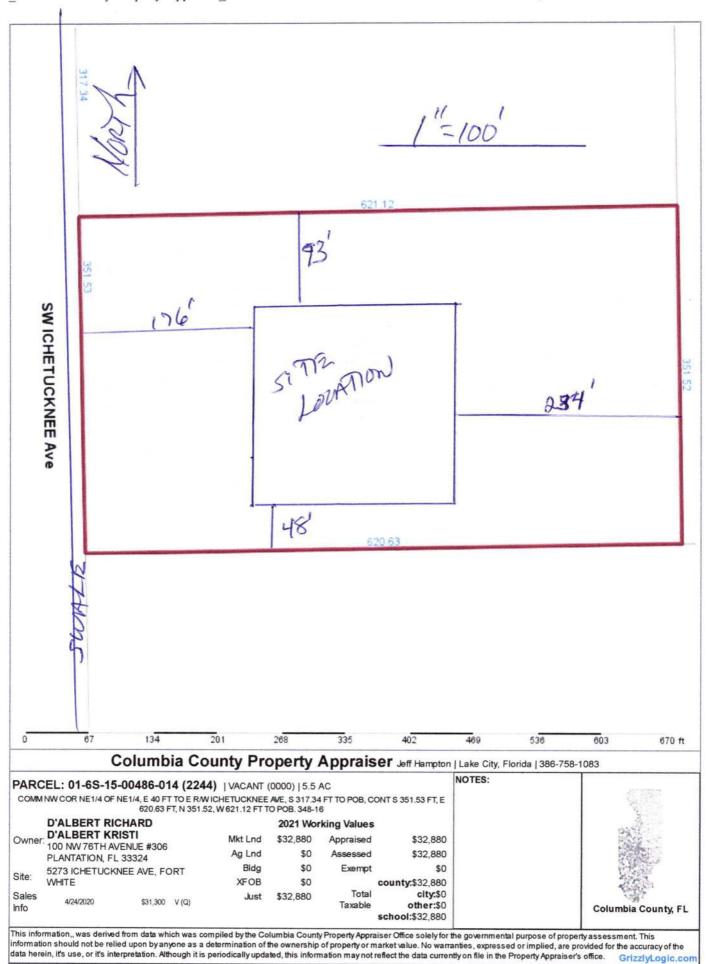
# STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number

Site Plan submitted by:  Not Approved Not Approved Date	D'Albroti	PART II - SITEPLAN 210	
Notes:	Scale: 1 inch = 40 feet.	108 WE 168 WE 16	SLOPE 108
	Site Plan submitted by:	ST Acris SER ATTITIONS	CONTRACTOR
			Date County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



1 of 1

District No. 1 - Ronald Williams District No. 2 - Rocky Ford District No. 3 - Bucky Nash District No. 4 - Toby Witt



#### 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

Date/Time Issued: 5/29/2020 1:37:25 PM

Address: **5273 SW ICHETUCKNEE Ave** 

City: FORT WHITE

State: FL

Zip Code 32038

Parcel ID 00486-014

REMARKS: Address for proposed structure on parcel.

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: Signed:/ Matt Crews

Columbia County GIS/911 Addressing Coordinator

COLUMBIA COUNTY 911 ADDRESSING / GIS DEPARTMENT



Justus LaRiccia

### 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 AGENT AUTHORIZATION

JUSTUS LARICCIA	.give this author	ity and I do certify that the below	
referenced person(s) listed on the	nis form is/are under my direc	t supervision and control and	
is/are authorized to purchase pe	ermits, call for inspections and	sign on my benair.	
Printed Name of Authorized Person	Signature of Authorized Person	Agents Company Name	
Dale Burd	AR C	Dale Burd LLC	
, the license holder, realize that	I am responsible for all permi	its purchased, and all work done	
under my license and I am fully	responsible for compliance wi	th all Florida Statutes, Codes, and	₫
Local Ordinances.			
I understand that the State Licer	nsing Board has the power an	d authority to discipline a license	
holder for violations committed to	by him/her or by his/her autho	rized person(s) through this	
document and that I have full re-	sponsibility for compliance gra	anted by issuance of such permits	
License Holders Signature (Nota		127039 03/29/2 e Number Date	2/
	inzed) License	e Number Date	
NOTARY INFORMATION: STATE OF:Florida	COUNTY OFCelux	nbin	
The above license holder, whose personally appeared before me (type of I.D.)	and is known by me or has pr	ARICCA oduced identification lay of MIAR 2021	
NOTARY'S SIGNATURE	Co Ex	TRICIA D. WILDERS Immission # GG 078779 pires April 21, 2021 ded Thru Troy Fain Insurance 800-385-7019	