Parcel:

00-00-00-01412-047 (4078)

Owner & Property Info

Result: 2 of 2

Owner

MURSELL ROBERT A MURSELL KATHLEEN E

Owner

721 SW 134TH WAY DAVIE, FL 33325

Site

Description* LOT 47 THREE RIVERS ESTATES UNIT 22. 740-1583,

Area

1.351 AC

S/T/R 25-6S-15

Use Code** VACANT (0000)

Tax District 3

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUM	MBER CONTRACTOR	Brent Strickland	PHONE 386-365-7043						
THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT									
Robert Mursell									
records of the Ordinance 89-6	unty one permit will cover all trades doing wor subcontractors who actually did the trade speci 5, a contractor shall require all subcontractors the peral liability insurance and a valid Certificate of	ific work under the permit. F o provide evidence of works	Per Florida Statute 440 and ers' compensation or						
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 Charles Sanford License #: EC DODO 175	Signature 813-93	2-7146						
Qualifier Form Attached									
MECHANICAL/	Print Name Michael Boland	Signature							
A/C	License #: CAC 1817716 Qualifier Form Attack	Phone #:352-351	1-3926						

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 QUALIFI	ER AUTHORIZATION							
1. MICHARIA LOLAND	(license holder name), licensed qualifier							
for ACE ALL -C Ocale	LLC (company name), do certify that							
for ACI2 A/C 0 CAP								
the below referenced person(s) listed on this for holder, or is/are employed by me directly or thro	m is/are contracted/hired by me, the license ough 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 sign permits; call for inspections and sign subco								
Printed Name of Person Authorized	Signature of Authorized Person							
1. DAIR DAd	1.665							
2. KAlly Bishop	2. Kelly Bishop							
3. Locky Ford	3. Jahr Dod							
4.	4.							
5.	5.							
authority to discipline a license holder for violatic officers, or employees and that I have full respond and ordinances inherent in the privilege granted officer(s), you must notify this department in writing authorized officer(s), you must notify this department in writing the person of the pe	liance with all Florida Statutes, Codes, and and County Licensing Boards have the power and cons committed by him/her, his/her agents, unsibility 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							
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.								
Licensed Qualifiers Signature (Notarized)	191317716 ESDOSU License Number Date 111715							
NOTARY INFORMATION: STATE OF COUNTY OF	- maich							
The above license holder, whose name is \(\sum_{\text{to}} \) personally appeared before me and is known by (type of I.D.)on								
MOTARY'S SIGNATURE	(Seal/Stamp)							
	with 12 mg 1 m							
	AMANDA FLOOD							



	र विकास	Installer Brent Strickland License # IH 1104218 Installer Mobile Phone # 386-365-7043 Address of home being installed Manufacturer Live Out Homes Length x width 48 8 8 8 8 19 19 19 19 19 19 19 19 19 19 19 19 19
within 2' of and of home spaced at 5' 4" oc L Longitudinal Stabilizing Device (LSD) Manufacturer Longitudinal Stabilizing Device w/ Lateral Arms Marriage wall Shearwall Shearwall	Load Footer 16" x 16" 18 1/2" x 18 20" x 20" 24" x 22" 24" x 24" 26" x 26" 256) 1/2" (342) (400) (484)" (576)" (576)" (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (576) (5	New Home Home installed to the Manufacturer's Installation Manual Home is installed in accordance with Rule 15-C Single wide Double wide Installation Decal # Triple/Quad Serial # LOH/6-A 200 1 3452 AS

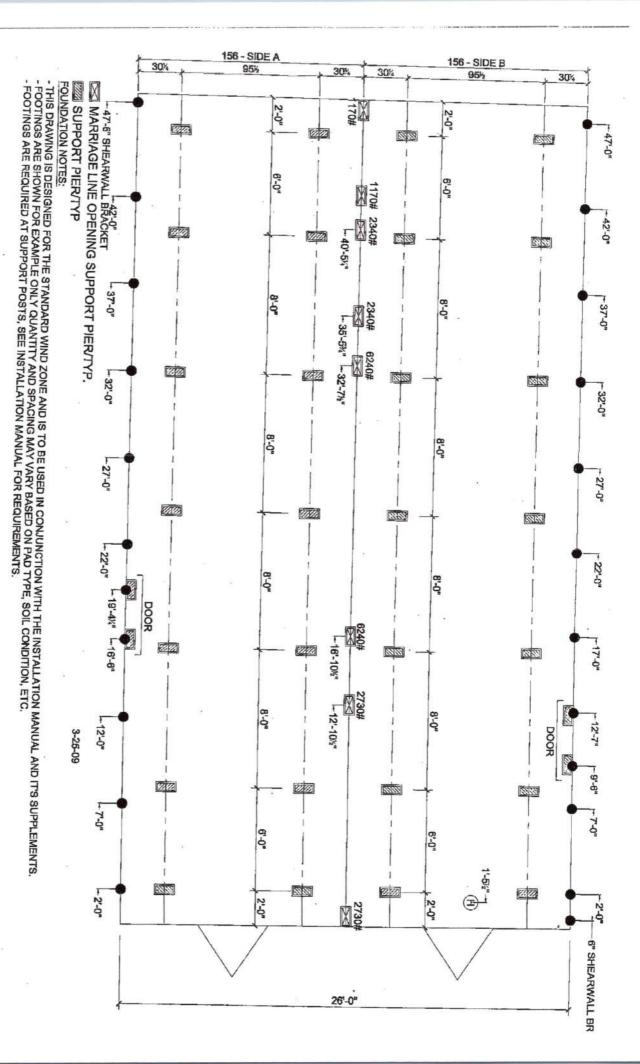
Connect all sewer drains to an existing sewer tap or septic tank. Po	Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between multi-wide units. Pg.	Electrical	Date Tested 5-30-2022	Installer Name	Note: A state approved lateral arm 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. Installer's initials	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.	×1000 ×1000 ×1000	 Using 500 lb. increments, take the lowest reading and round down to that increment. 	2. Take the reading at the depth of the footer.	POCKET PENETROMETER TESTING METHOD 1. Test the perimeter of the home at 6 locations.	×1000 × 1000 × 1000	The pocket penetrometer tests are rounded down to psf or check here to declare 1000 lb. soil without testing.	POCKET PENETROMETER TEST
manufacturer's installation instructions and or Rule 15C-1 & 2	Installer verifies all information given with this permit worksheet	Omer	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	eous	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	Type gasket TCCM) Between Floors Yes Between Walls Yes Bottom of ridgebeam Yes	of tape will not serve as a gasket.	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		Fastener: X44X Length: 711 Fastener: 1244 Length: 111 Fastener: 1244 Length: 111 sed homes a min. 30 gauge, 8" wide, g sed homes a min. 30 gauge, 8" wide, g sed homes a min. 30 gauge of and sed nails at 2" on center on both sides of a	Type Fastener: Length:	Water drainage: Natural Swale Pad Other	

Installer Signature or Rule 15C-1 & 2 s permit worksheet Date 5-30-2022

independent water supply systems. Pg. ___

Connect all sewer drains to

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



3-BEDROOM / 2-BATH MODEL: M-2483D - 28 Oak Homes X 48

- MAIN ELECTRICAL
- ELECTRICAL CROSSOVER
- WATER INLET
- $\mathbb{R} \otimes \mathbb{R} \otimes \mathbb{R} \otimes \mathbb{R}$ WATER CROSSOVER (IF ANY)
 - GAS INLET (IF ANY)

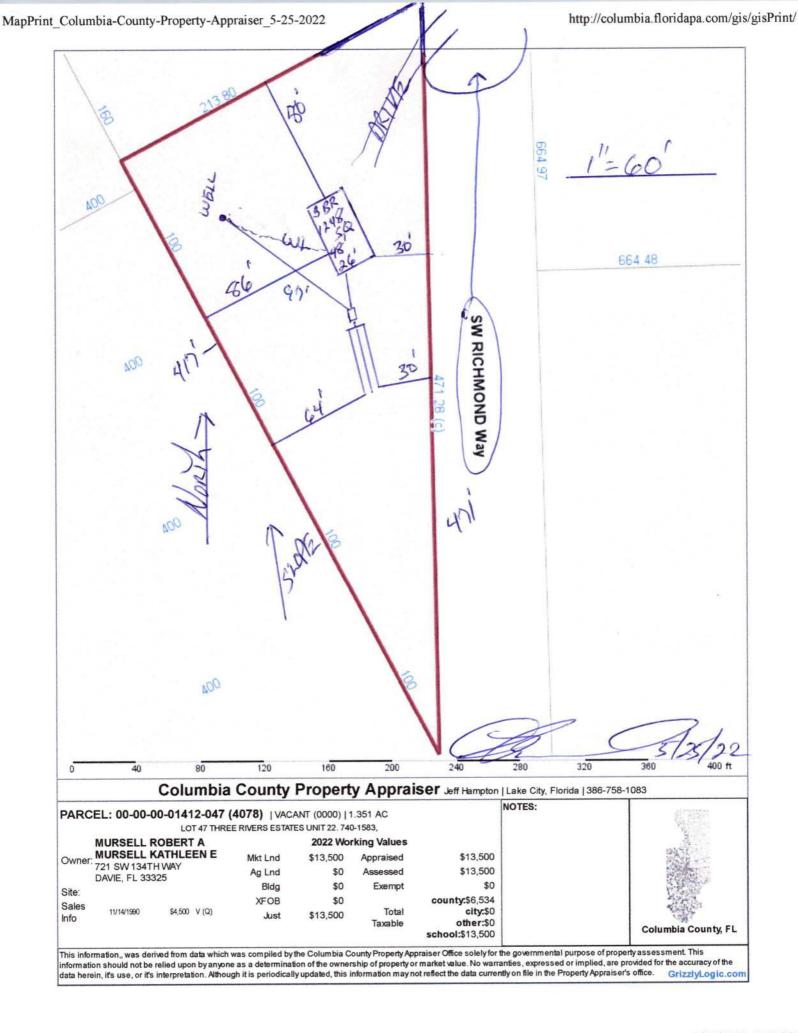
GAS CROSSOVER (IF ANY)

©⊕**⊕**® SEWER DROPS

DUCT CROSSOVER

- RETURN AIR (WIOPT, HEAT PUMP OH DUCT)
- SUPPLY AIR (W/OPT. HEAT PUMP OH DUCT)

M-2483D







28 x 52 - Approx. 1248 Sq. Ft. 3-BEDROOM / 2-BATH M-2483D-OAKS 3053 STANDARD STANDARD TRANSCH TRANSCH

All room dimensions include closets and square foctage figures are approximate,
 Transom windows are available on optional \$'-0" sidewall houses only,
 Live Cak Homes reserves the right to modify product offering at any time.



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:

4/26/2022 12:51:36 PM

Address:

462 SW RICHMOND Way

City:

FORT WHITE

State:

FL.

Zip Code

32038

Parcel ID

REMARKS: New address for Habitable structure (family home, business, etc.) on the 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:

MOORE, DAVID R.

Columbia County
Department of Information Technology
135 NE Hernando Ave. Lake City, FL 32055
Telephone 386-719-1456