Parcel:

19-28-16-01655-211 (5244)

**Owner & Property Info** 

MCCOOK MARVIN

Owner 125 NW BLUE DR

WHITE SPRINGS, FL 32096

Site 125 NW BLUE Dr, WHITE SPRINGS

COMM SW CORNER OF SW1/4 OF SE1/4, RUN N 52.22 FT TO A PT ON N R/W OF A CO RD, E A

FARRIS Attractived

Description\* ALONG R/W 664.84 FT FOR POB, N 285.82 FT, E 332.31 FT, S S 288.25 FT, W 332.42 FT TO POB.

(AKA LOT 11 JOY ESTATES UNREC) ORB 825-149, WD 1013-2772, WD 1013-2774, WD 1189-636,

CT 1234-1940, WD 1291-2741, ««less

Area 2.19 AC

S/T/R

19-2S-16E

Result: 1 of 1

Use Code\*\* MOBILE HOME (0200)

Tax District 3

# STATE OF FLORIDA COUNTY OF COLUMBIA

## LAND OWNER AFFIDAVIT

This is to certify that I, (We),Marvir	McCook ,
as the owner of the below described proj	perty:
Property tax Parcel ID number 19-2S-1	6-01655-211
Subdivision (Name, lot, Block, Phase) Lot 1	
Give my permission for Marissa I	Replace
Circle one Mobile Home Travel Trail Barn - Shed - Garage / Cul	er / Utility Pole Only / Single Family Home / vert / Other
I (We) understand that the named person permit on the property number I (we) has assessment for solid waste and fire protection.  Owner Signature	an(s) above will be allowed to receive a building even listed above and this could result in an ection services levied on this property. $\frac{3/17/22}{\text{Date}}$
Owner Signature	Date
Owner Signature	Date
Sworn to and subscribed before me this	17 day of MAY, 2022. This
(These) person(s) are personally known	to me or produced ID
	(Type)
Notary Public Signature	Dale R. Burd
Tiotal y I dolle Signature	ESTATE OF FLORIDA
Notary Stamp/	Comm# GG231750  Fynires 7/16/2022

### MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER	CONTRACTOR	Rusty Knowles	PHONE 386-397-0886
	-		

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

Marissa Farris

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 Leo Jackson	Signature	0
	License #: ES 12001176	Phone #: 386-688-3821	
	Qualifier Form Attac	ched X	
MECHANICAL/	Print NameRonald Bonds Sr.	Signatuke	0
A/C	License #:CAC 1817658	Phone #: 800-259-3470	
	Qualifier Form Atta	ched 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

(Beal/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 QUALIFIE	R AUTHORIZATION
1 100 G JACKON	(license holder name), licensed qualifier
for Country ELECTRIC	LLC (company name), do certify that
the below referenced person(s) listed on this for holder, or is/are employed by me directly or throughout of the corporation; or, pertner as defined in person(s) is/are under my direct supervision and sign permits; call for inspections and sign subcontinuous.	m is/are contracted/hired by me, the license ugh an employee leasing arrangement; or, is an in Florida Statutes Chapter 488, and the said control and is/are authorized to purchase and
Printed Name of Person Authorized	Signature of Authorized Person
1. Onlis Burd	1.
2. Rocky Foxel	2 Roch DF
3. Leo JACKSON JR.	3. Juffel gg
4.	4.
5.	5.
I, the license holder, realize that I am responsible under my license and fully responsible for complicated Ordinances. I understand that the State are authority to decipline a license holder for violatic officers, or amployees and that I have full responsed ordinances inherent in the privilege granted	Itance with all Florida Statutes, Codes, and nd County Licensing Boards have the power and one committed by him/her, his/her agents, naibility for compliance with all statutes, codes
if at any time the person(a) you have sutherized officer(s), you must notify this department in write authorization form, which will superceede all provunce therizad persons to use your name and/or	ting of the changes and submit a new legar of
(Joersed Oxisifiers Signature (Notarized)	License Number Diste
STATE OF PURIOR COUNTY OF	1 7 6
The above iloense holder, whose name is	me or hee produced identification
(type of I.D.) FL DL on	this 20 day of POR! 20/6.
1	





# 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. LONALDE BOAD SE	(license holder name). licensed qualifier
for STILE CREST ENTERDESSE	C In C (company name), do certify that
the below referenced person(s) listed on this for holder, or is/are employed by me directly or through officer of the corporation; or, partner as defined	m is/are contracted/hired by me, the license bugh 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. (bc/37) 7-1
3. Kally Bishop	3. Kelly Brishof
4.	4.
5.	5.
under my license and fully responsible for comp Local Ordinances. I understand that the State at authority to discipline a license holder for violatio officers, or employees and that I have full respon and ordinances inherent in the privilege granted	nd County Licensing Boards have the power and ons committed by him/her, his/her agents, nsibility for compliance with all statutes, codes
If at any time the person(s) you have authorized officer(s), you must notify this department in writ authorization form, which will supersede all prevunauthorized persons to use your name and/or limited the superseded of the supersed of t	ing of the changes and submit a new letter of ious lists. Failure to do so may allow
Licensed Qualifiers Signature (Notarized)  NOTARY INFORMATION:	**
STATE OF:COUNTY OF:	
The above license holder, whose name is Rozpersonally appeared before me and is known by (type of I.D.) on	me or has produced identification this 16th day of 15th 2016.
STELLY GAD LOUPE'AS	(Seal/Stamp)

Page 1 of 2

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Mobile Home Permit Worksheet	Application Number:	Sec.			Date	
	New Home	Q	Used Home			- 1
Installer: 1 hasty License # TH 68228	Home install	d to the Ma	Home installed to the Manufacturer's Installation Manual	tallation M	anual	
Address of home 125 MW SLVE DK	Home is installed in accordance	illed in acox	rdance with Rule 15-C	18 15-C		
being installed 1 thms minor 12 32096	Single wide		Wind Zone II		Wind Zone II	=
Manufachites 12.104 Jenoth wwidth	Double wide	d	Installation Decal #		82508	W
fill out one half of the blocking	Triple/Quad		Serial #	MON	1 DNGA 200	0
I home is a triple or quad wide sketch in remainder of home understand Lateral Arm Systems cannot be used on any home (new or used)		PIER SI	PIER SPACING TABLE FOR USED HOMES	FOR US	D HOMES	7.5
Typical pier spacing	Load Footer 16" x 16" bearing size (266)	16" x 16" (256)	18 1/2" x 18 1/2" (342)	20° × 20° (400)	20° × 20°   22° × 22°   24° (400)   (484)°   (	≈ 22

A2003

2818

Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations) Longitudinal Stabilizing Device (LSD)
Manufacturer
Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer O (Lateral Arms) Perimeter pier pad size I-beam pier pad size List all marriage walt openings greater than 4 foot and their pier pad sizes below. Other pier pad sizes [required by the mfg.] Opening (ni ps) Draw the approximate locations of marriage wall openings 4 foot or greater. Use this symbol to show the plers. from Rule 15C-1 pler spacing TIEDOWN COMPONENTS PIER PAD SIZES (256) Pier pad size 1/2" (342) (400) 22" x 22" (484)\* D HOMES spaced at 5' 4" uc 4 1 POPULAR PAD SIZES 3/16 x 25 3/16 3 1/4 x 26 1/4 20 x 20 OTHER TIES 26 x 26 24° × 24° (576)° FRAME TIES ANCHORS 5 A 26" x 26" (676)

ninite stand for

2 of end of home

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 11.

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 15C-1

source. This includes the Connect electrical condu

Date Tested Installer Name

# **Mobile Home Permit Worksheet**

Application Number:

Date:

Plumbing	ect electrical conductors between multi-wide units, but not to the main power	Electrical	station Name Report of A LICENSED INSTALLER Report Tested S-19-12  Electronic Control of A LICENSED INSTALLER  Control of A LICENSED INSTALLER  Part Tested S-19-12  Control of A LICENSED INSTALLER  Control of A LICENSED INSTALLER	All Tecto Miles of Beneformers unitalis	nd 5 n lorque test	TORQUE PROBE TEST  The results of the torque probe test is ANA IOU 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.	×	3. Using 500 lb. increments, take the lowest	1. Test the perimeter of the home at 8 locations.  2. Take the reading at the depth of the footer.	× ×	The pockel penetrometer tests are rounded down to 1500 psf or check here to declare 1000 lb. soil without testing.	TOGRES TERES TO SECURITION OF THE SECURITIES OF THE SECURITION OF
is accurate and true based on the	Installer verifies all information given with this permit worksheet		iffing to be installed. Yes  Yer vert installed outside of skining. Yes  All lines supported at 4 foot intervals. Yes  egorical crossovers protected. Yes	Miscellaneous	Weatherproofing The bottomboard will be repaired and/or taped. Yes Pg. 152-1 Siding on units is installed to manufacturar's specifications. Yes Fineplace chimney installed so as not to allow intrusion of rain water. Yes	Type gasket Luckery Installed:  Ph. Tucker II-R  Between Floors Yes  Between Walls Yes  Bottom of ridgebeam Yes	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 (westrarproofing aquirament)	Type Fastener: Shadas Length: Mu Spacing: Type Fastener: Shadas Length: Mu Spacing: Spacing: For used homes a mid, 30 gauge, 8" wide, galvanized met will be centered over the peak of the roof and fastened with roofing rails at 2" on center on both sides of the centerline.	"	Debris and organic material removed Water drainage: Natural Swale Pad Other	

Page 2 of 2

Installer Signature

Date 5.15.72

\*\* manufacturer's installation instructions and or Rule 15C-1 & 2

# Live Oak Homes MODEL: L-3725B - 32 X 76 5-BEDROOM / 3-BATH

A MANN EFFIREAL
 BELSCHACAL DROSSINGER
 ONATOR ERGOSCHERIUF ANY)
 CAS NAET OF ANY)
 CAS CROSSINGER

COUCH CHURSTONER
 CHURSTONER
 CHURSTONER
 CHURSTONER
 CHURSTONER
 CHURSTONER

ESS MARRIAGE LINE OPENING SUPPORT PIERITYP,

25-2018

RESUSPORT PIERITYP

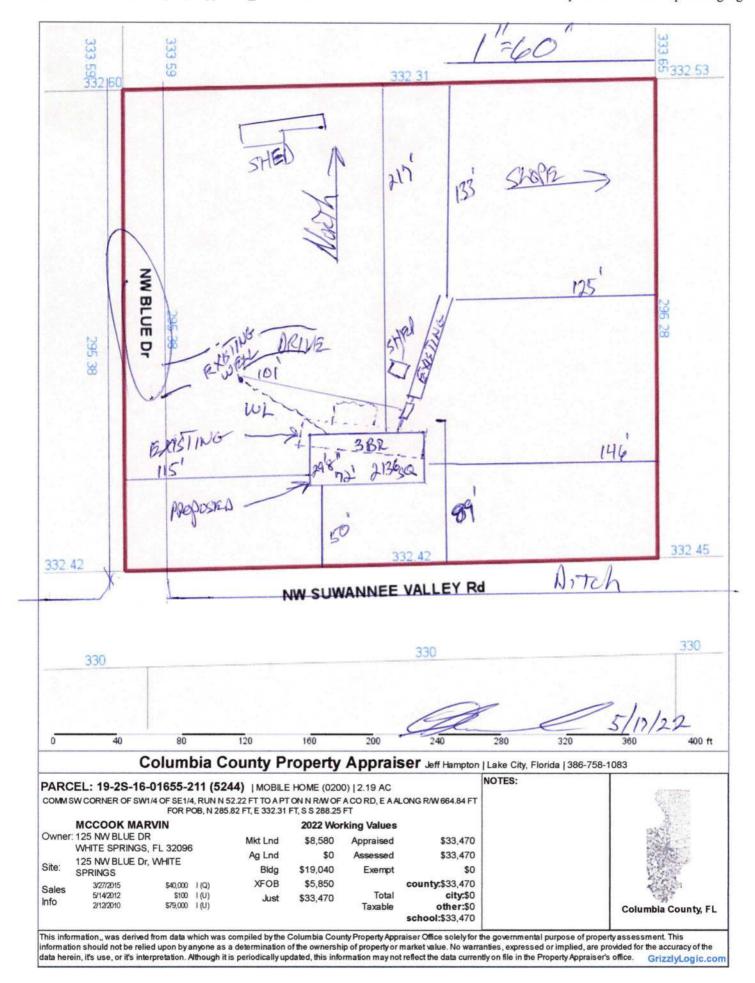
FOUNDATION

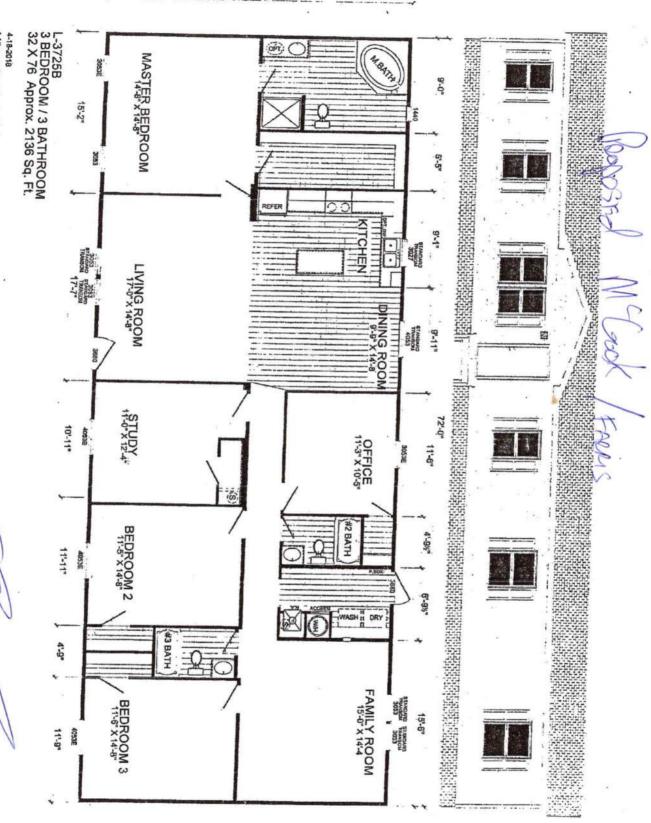
FOR POSSENSIAL PRESIDENCE

FOR SOCKMING IN DESIGNED FOR THE STACLARD WIND ZONE MODIS TO SE USED IN DOMAINGTION WITH THE USTALLATION MANUAL MODITS SUPPLEMENTS.

FOOTINGS ARE STOMM FOR EXAMPLE INTO VOLLATION AND SPACING MANUAL FOR RECOUREMENTS.

a. Œ Œ





4-18-2018

\* All room dimensions include closels and square footage figures are approximate.

\* Transom windows are available on optional 9'-0" sidewall houses only.

\* Underpinning shown is optional.

\* Live Oak Homes reserves the right to change 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: 6/22/2020 2:41:41 PM

Address: 125 NW BLUE DR
City: WHITE SPRINGS

State: FL

Zip Code 32096

Parcel ID 19-2S-16-01655-211

REMARKS: This address is a verified address in the county's addressing system.

Verification ID: b1a30c35-6a52-450c-ad54-90a720edd5c0

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

Columbia County GIS/911 Addressing Coordinator