Parcel:

33-48-16-03265-301 (16114)

Owner & Property Info

COX BARBARA

Owner

148 E 1ST LN

GREENVILLE, FL 32331

Site

Description* LOT 1 DONOVAN WOODLANDS S/D WD 1034-590, WD 1424-1886,

Area 5 AC

S/T/R

33-4S-16E

Result: 1 of 1

Use Code** VACANT (0000)

Tax District 3

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

CONTRACTOR Justus LaRiccia PHONE 904-945-6508

	т	HIS FORM MUST BE SUBMITTED PRI	OR TO THE ISSUANC	EE OF A PERMIT Barbara Cox
records of the Ordinance 89-	subcontractors w 6, a contractor sh	ho actually did the trade spec	ific work under to to provide evider	he permit. Per Florida Statute 440 and note of workers' compensation or tense in Columbia County.
		ntractor is responsible for the inning any work. Violations w		being submitted to this office prior to the work orders and/or fines.
ELECTRICAL	Print NameJ	ames Dale Williams	Signature_	
	License #:E	C 13007092 Qualifier Form Atta		386-362-2035
MECHANICAL/	Print NameTil	mothy Shatto	Signature_	All I
A/C	License #: CA	C 057875	Phone #:	386-496-8224

Qualifier Forms cannot be submitted for any Specialty License.

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			

Qualifier Form Attached

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

APPLICATION NUMBER



COLUMBIA COUNTY BUILDING DEPARTMENT LETTER OF AUTHORIZATION TO SIGN FOR PERMITS 135 NE Hernando 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 for employee leasing arrangement; or, is an officer Florida Statutes Chapter 468, and the said person control and is/are authorized to purchase permit	of the corporation; or partner as defined in son(s) is/are under my direct supervision and
Printed Name of Person Authorized	Signature of Authorized Person
1. Dale Burd	1. La E'
2.	2.
3.	3.
4.	4.
5.	5.
authority to discipline a license holder for violatic officers, or employees and that I have full responsand ordinances inherent in the privilege granted if at any time the person(s) you have authorized must notify this department in writing of the chartorm, which will supersede all previous lists. Fail use your name and/or license number to obtain	by issuance of such permits is/are no longer employee(s), or officer(s), you not and submit a new letter of authorization ure to do so may allow upput horized possess.
NOTARY INFORMATION: STATE OFFloridaCOUNTY OFFlorida	F Columbia
CHARLOTTE R. HARI Notary Public - State of	





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	2
office perso sign p	elow referenced person(s) listed on this form, or is/are employed by me directly or through the corporation; or, partner as defined in(s) is/are under my direct supervision and permits; call for inspections and sign subcommends.	(company name), do certify that 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 ontractor verification forms on my behalf.
Prin	ted Name of Person Authorized	Signature of Authorized Person
1	Bo Royals	1. 10 Th
2.	Dale Burd	2.
3.		3.
4.		4.
5.		5.
Local author officer and or officer author unauth	Ordinances. I understand that the State are rity to discipline a license holder for violations, or employees and that I have full respondinances inherent in the privilege granted by time the person(s) you have authorized (s), you must notify this department in writization form, which will supersede all previousled persons to use your name and/or limited.	hsibility for compliance with all statutes, codes by issuance of such permits. is/are no longer agents, employee(s), or ing of the changes and submit a new letter of our lists. Failure to do so may allow.
STATE The ab	ally appeared before me and is known by	Union D. Shutta
NOTAR	DICAL PALINA Y'S SIGNATURE	(Seal/Stame)
		VICTORIA K. PALMER Notary Public - State of Florida

Commission # FF 207489 My Comm. Expires Mar 9, 2019 Bonded through National Notary Assn

	Installer Justus LaRiccia License # IH 1127039 Installer Mobile Phone # 904-945-6508 Address of home 2-5-2 AAAAAA CARA CARA Address of home 2-5-2 AAAAAAA CARA CARA Manufacturer CMH Length x with 72 X 32 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 kaked) where the sidewall ties exceed 5 ft 4 in Installer's initials Typical pier spacing Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations) 2-2 AAAAAA CARA CARA CARA CARA CARA CARA C	
Longitudinal Stabilizing Device (LSD) Manufacturer Manufacturer	Home installed to the Manufacturer's Installation Manual Home is installed in accordance with Rule 15-C Single wide Wind Zone III Wind Zone III Double wide Wind Zone III Double wide Wind Zone III Wind Zone III Double wide Footer Footer	

Site Preparation

PERMIT NUMBER

Electrical	anchors are allowed at the sidewall notations, increasing of 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 in holding capacity installer's initials. ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER Installer Name Oate Tested	Note: A state approved lateral arm system is being used and 4 ft	TORQUE PROBE TEST The results of the torque probe test is 200 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		POCKET PENETROMETER TESTING METHOD 1. Test the perimeter of the home at 6 locations 2. Take the reading at the depth of the footer	×	The packet penetrometer tests are rounded down to psf or check here to declare 1000 lb. soil without testing
	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. Range downflow vent installed outside of skirting. Yes. Drain lines supported at 4 foot intervals. Yes. Electrical crossovers protected. Yes.	Weatherproofing	Type gasket Pg Manufachurev 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 mamage walls are a result of a poorly installed or no gasket being installed. I understand a stop	Roof Type Fastener Roof Type Fastener Roof Type Fastener Roof Type Fastener Roof 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	Type Fastener Length	Debris and organic material removed Water drainage Natural Swale Pad Other Fastening multi wide units

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

Connect electrical conductors between multi-wide units, but not to the main power

This includes the bonding wire between mult-wide units.

Source

Installer Signature

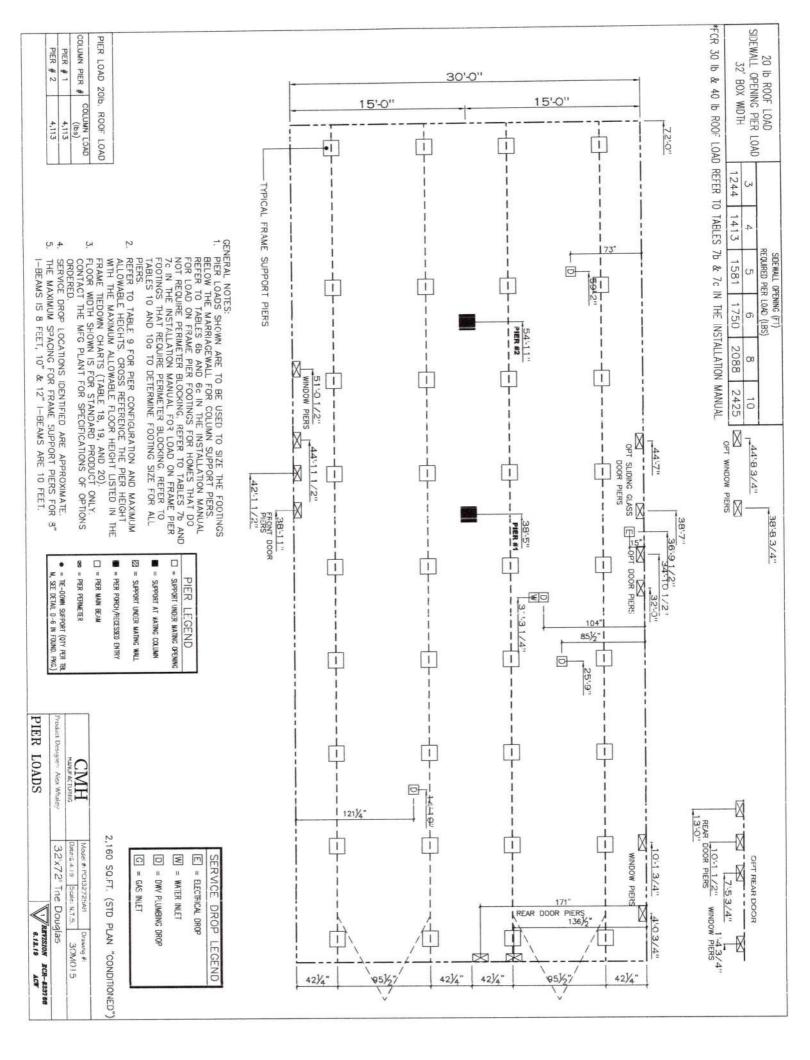
independent water supply systems. Pg

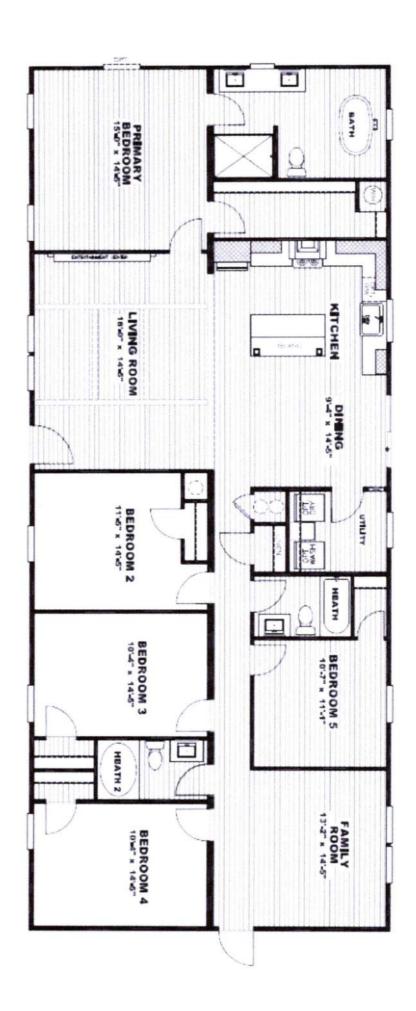
Connect all potable water supply piping to an existing water meter, water tap, or other

Connect all sewer drains to an existing sewer tap or septic tank

Plumbing

Date 05/27/21





MODEL #PCH32725AH DRAWING # 30M015 32'X72' THE DOUGLAS

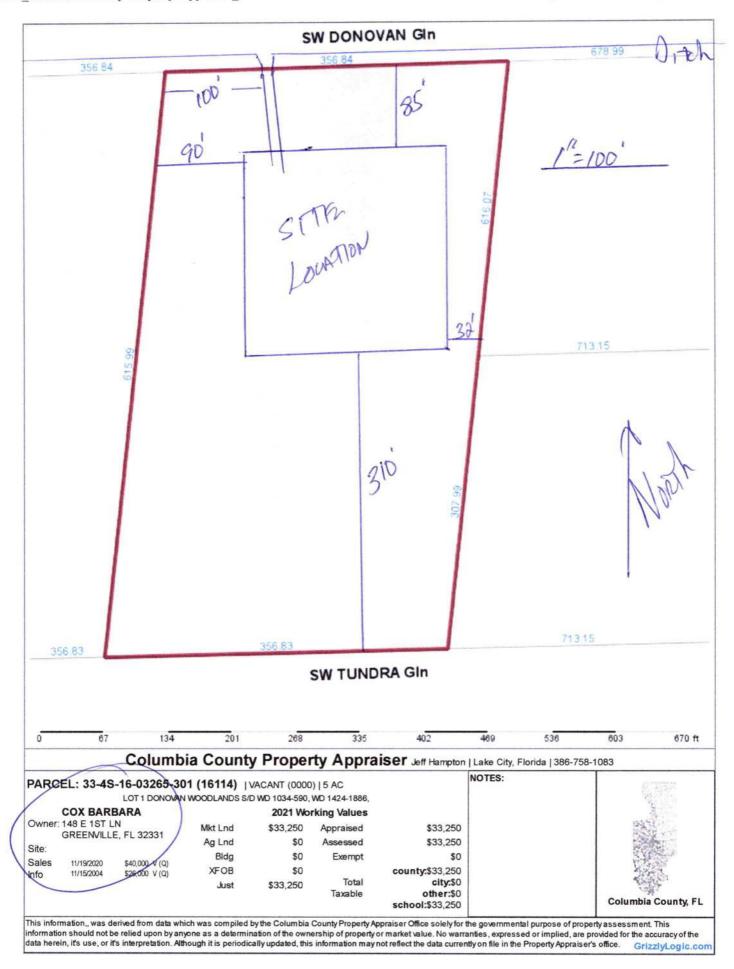
STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number_____

Co,	X	PART II - SITEPLAN	1
		2	0
Scale: 1 inch = 40 feet.	210	S10PE S10PE S3	North North
		106 NETT 109 SQ	54
Notes:	1		
	40	5 Hears	
		SER ATTACHES	
Site Plan submitted by:_	1		CONTRACTOR
Plan Approved		Not Approved	Date
Ву			County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



District No. 1 - Ronald Williams District No. 2 - Rocky Ford District No. 3 - Bucky Nash District No. 4 - Toby Witt District No. 5 - Tim Murphy



BOARD OF COUNTY COMMISSIONERS • COLUMBIA COUNTY

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:

12/8/2020 1:40:11 PM

Address:

302 SW DONOVAN Gln

City:

LAKE CITY

State:

FL

Zip Code

32024

Parcel ID

03265-301

REMARKS: Address Verification.

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

263 NW Lake City Ave., Lake City, FL 32055 Telephone: (386) 758-1125 Email: gis@columbiacountyfla.com



STATE OF FLORIDA DEPARTMENT OF HEALTH ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO.	21-0310
DATE PAID:	440110)
PEE PAID:	3305.
RECEIPT #:	1650659

Page 1 of 4

APPLICATION FOR: [] New System [] Existing System [] Holding Tank [] Innovative [] Repair [] Abandonment [] Temporary [V] MOD APPLICANT: GOV COSC (SOURCE SOURCE						
AGENT: ROBERT FORD III NORTH FLORIDA SEPTIC TANK INC TELEPHONE: 386-755-6372						
MAILING ADDRESS: 741 SE STATE ROAD 100 LAKE CITY, FLA 32025						
TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3)(m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.						
PROPERTY INFORMATION						
LOT: BLOCK: SUBDIVISION: DONOVOIN WOODIOM PLATTED:						
PROPERTY ID #: 33-45-10-03/205-301 ZONING: I/M OR EQUIVALENT: [Y N]						
PROPERTY SIZE: 5 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC []<=2000GPD []>2000GPD						
PROPERTY ADDRESS: 302 6W DONOVAN GIN LAKE CITY						
DIRECTIONS TO PROPERTY: 8R 47 South fle on King 8+. +16 on Mahldin 4/12 on						
DONGLANAN GIEN to Site on left.						
BUILDING INFORMATION [] RESIDENTIAL [] COMMERCIAL						
Unit Type of No. of Building Commercial/Institutional System Design No Establishment Bedrooms Area Sqft Table 1, Chapter 64E-6, FAC						
1 Mhome 4 2,304 Org. atached						
2						
3						
4						
[] Floor/Equipment Drains [] Other (Specify)						
SIGNATURE: Robert wolfe DATE: 3-26-2021						

DH 4015, 08/09 (Obsoletes previous editions which may not be used)

Incorporated 64E-6.001, FAC

Application for Onsite Sewage Disposal System Construction Permit. Part II Site Plan Permit Application Number: 21-03/0

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT

		4
Department of the control of the con		nuch
		32×76 4 Red room
₹		
		2121171
Plan Submit Approved	Not Approved Date	Data 3 30 21

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	Plan Submatted Approved	By Not Approved_	Date	3\3\12	an in the second
3"	3		raction laws	CPR	U
Notes	z't		production of the second section of the second		*************