Parcel:

21-3S-16-02242-000 (7658)

Owner & Property Info

M & J SAMPSON, LLC

Owner

830 W DUVAL ST

LAKE CITY, FL 32055

Site

1668 NW TURNER Ave, LAKE CITY

Description*

S 350 FT OF E1/2 OF E1/2 OF SE1/4 OF SE1/4 AS LIES N OF RAILROAD, (AKA PART OF LOT 1 BLOCK A RANCHETTES S/D UNREC). 305-605, 375-93, FJ 1242-1595, QC 1244-808, QC 1244-810,

QC 1245-2102,2104, PB 1277-884, FJ 1284-2357, WD 1286-1910, DC 1399-1474, DC 1411-1640, WD

1455-1257 <<<less

Use Code** SFRES/MOBILE HOME (0102)

Area

2.48 AC

S/T/R

21-3S-16

Result: 1 of 0

Tax District 2

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

CONTRACTOR Brent Strickland

APPLICATION NU	IMBLE CONTRA	ACTOR Brent Strickland	PHONE 386-365-7043
	THIS FORM MUST BE SUBMITT	ED PRIOR TO THE ISSUANCE OF A PERMIT	
Ordinance 89-	ounty one permit will cover all traces doin subcontractors who actually did the trade 6, a contractor shall require all subcontrac eneral liability insurance and a valid Certific	specific work under the permit. Pe	r Florida Statute 440 and
Any changes, start of that se	the permitted contractor is responsible foubcontractor beginning any work. Violation	r the corrected form being submitt ons will result in stop work orders o	ed to this office prior to the and/or fines.
ELECTRICAL	Print Name Christopher "Todd" Sampson	Signature Cly	THE
	License #: Owner	Phone #. 386-365-8	575
	Qualifier Form	Attached	
MECHANICAL/	Print Name Christopher "Todd" Sampson	Signature Old	Tell
A/C	License # Owner	Phone #: 386-365-8	575
	Qualifier Form	Attached	
Qualifier Form	ns cannot be submitted for any Specialt	y License.	
Specialty Li	cense License Number Sub-Con	stractors Printed Name St	ub-Contractors Signature

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.

Sub-Contractors Signature

Revised 10/30/2015

MASON

CONCRETE FINISHER

APPLICATION NUMBER

	parliage vall piers willin 2' of end of home per Rule 15C		Typical pier spacing Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)	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 Brent Strickland License # IH 1104218 Installer Mobile Phone # 386-365-7043 Address of home / 7/4 NW TURNSC AUE being installed LAKE GRAFT S 20 SS Manufacturer Pharmwoo Length x width 52 x 32
within 2' of end of home spaced at 5' 4" oc Longitudinal Stabilizing Device (LSD) Manufacturer Stabilizing Device w/ Lateral Arms Manufacturer Stabilizing Device w/ Lateral Arms Manufacturer Stabilizing Device w/ Lateral Arms Shearwall Shearwall	3/16 1/2 40RS	POPULAR PAD SIZ Pad Size 16 x 16 16 x 18 18.5 x 18.5 16 x 22.5 17 x 22 13 1/4 x 26 1/4	oter 16" x 16" 18 1/2" x 18 20" (4 in) (256) 1/2" (342) (4 in) 6" 6" 6" 8" 7" 6" 8" 8" 8"	Triple/Quad ☐ Serial # CAPL 375 R65 74740 BP 2 Roof System: ►Typical Hinged PIER SPACING TABLE FOR USED HOMES	Wind Zo

Dhimhing	onnect_electrical conductors between multi-wide units, but not to the main power surce. This includes the bonding wire between mult-wide units. Pg	Figothical	Installer Name Spend Struction Of Control of	ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER	anchors are required at all centerline tie points where the torque test reading is 275 or less and where the mobile home manufacturer may requires anchors with 4000 lb holding capacity.	Note: A state approved lateral arm system is being used and 4 ft. anchors are allowed at the sidewall locations. I understand 5 ft	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.	TORQUE PROBE TEST	0000 × 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.	× IDO	me 1000 lb. soil - William tesuing.	unded do	POCKET PENETROMETER TEST
is accurate and true based on the	Installer verifies all information given with this permit workshe	Citizi .	Skirting to be installed. Yes No Dryer vent installed outside of skirting. Yes N/A Range downflow vent installed outside of skirting. Yes	Miscellaneous	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 Between Floors Yes Between Walls Yes Bottom of ridgebeam Yes	=	a result of a poorty installed or no gasket being installed. I understand a strip 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	Gas Ket (weatherproofing requirement)	Length: Length: Length: Length: Length: Wide. g	Type Fastener 16	Fastening multi wide units	Debris and organic material removed Water drainage: Natural Swale Pad Other	

manufacturer's installation instructions and or Rule 15C-1 & 2 d true based on the n given with this permit worksheet

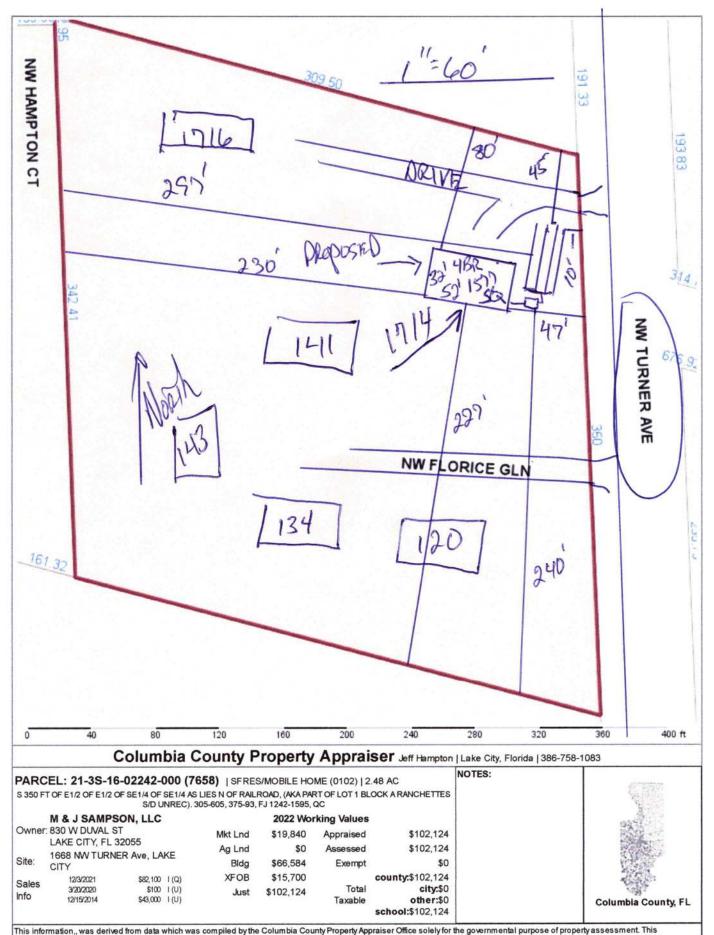
Installer Signature L

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

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

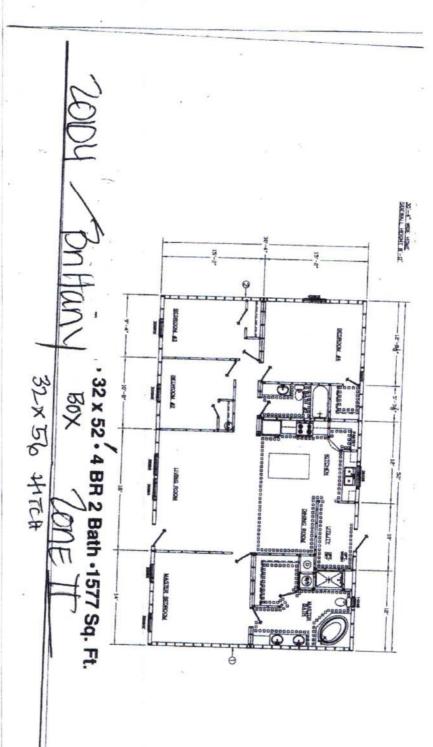
source Connec

Date 4-11-2022



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, it's use, or it's interpretation. Although it is periodically updated, this information may not reflect the data currently on file in the Property Appraiser's office.

GrizzlyLogic.com





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:

2/16/2022 1:03:37 PM

Address:

1714 NW TURNER AVE

City:

LAKE CITY

State:

FL

Zip Code

32055

Parcel ID

21-3S-16-02242-000

REMARKS:

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

Verification ID: d5c8b8ef-0852-47cb-9bc1-f9df95d23a98

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

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



VERIFICATION CERTIFICATE® ME PERFORMANCE

Issue Date:

04/07/2022

Verification:

IBTS's Manufactured Home Data Verification Team has researched regulatory records on the Fleetwood Homes #75-2, Alma, GA, manufactured home having the serial number(s) and date of manufacture identified below. Based on shipment records maintained by IBTS, as required by the U.S. Department of Housing and Urban Development, provided by the home manufacturer and pursuant to 24 CFR 3282.552, IBTS verifies the following home performance information listed below corresponds to the home's initial destination and the construction standards set forth in 24 CFR 3280 at the time the home was labeled.

Serial Number(s):

Date of Manufacture:

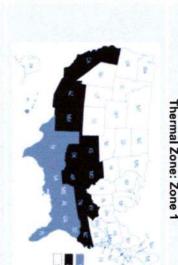
06-13-2003

GAFL375A/B 74940 BP21

Wind Zone: Zone II



Roof Load Zone: South



Verification Provided by the Institute for Building Technology and Safety

Chief Executive Officer

DISCLAIMER: This information is applicable only to the home having serial numbering and date of manufacture noted above. IBTS provides this verification based on the production reports provided by the home manufacturer and the zone requirements in effect at the time the home was labeled by the home manufacturer. IBTS makes no representations beyond those set forth herein and is not liable for modifications to the home's construction or subsequent home moves that may affect the home performance information verified above.

The Institute for Building Technology and Safety (a nonprofit organization)

45207 Research Place, Ashburn VA 20147 | 866-482-8868 | www.ibts.org





	Mail To: LINDSAY RAE 15103 SE 171 STARKE FL	Registered Owner: LINDSAY RAE KANZLER JESSE WAYNE HIPPS 15103 SE 17TH AVE STARKE FL 32091
CERTIFICATE	maidenmane KANZLER TH AVE 32091	Year Make Body WT-L-BHP 2004 BRIT HS 52 / Date of Is
TE OF TITLE	1. When owhership of the vehicle descriptions are transferred, the seller MUST complet transfer of Title by Seller section at the certificate of title. 2. Upon sale of this vehicle, the seller must be notice of sale on the reverse side of the notice of sale on the reverse side of the seller must be not be n	el Regis. No. The Numb 893859



COLUMBIA COUNTY BUILDING DEPARTMENT

Application #	

PRELIMINARY MOBILE HOME INSPECTION REPORT

\$50.00 Fee Paid _____

DATE RECEIV	ED	BY IS T	HE M/H ON THE PROPERTY	WHERE THE PERMIT	WILL BE ISSUED? Yes	
		J Sampson LLC				
ADDRESS 83	30 W Duva	Street, Lake City, F	L, 32055			
MOBILE HOM	E PARK	Yes	SUBD	IVISION Ranchett	es, Lot 1 Blk A L	Inrec
	ECTIONS TO M	OBILE HOME US 90 Wes				
MOBILE HOM	NE INSTALLER	Brent Strickland	PHONE .		CELL 386-365-	7043
	OME INFORM					
MAKE Brit		YI	EAR 2004 SIZE 32	2 x 52	COLOR	
SERIAL No.	GAFL3	75A74940BP21		_		
		Must be		WIND ZONE I ALLOW	/ED	
INTERIOR:	PLUMBING F	CTOR () OPERATIONAL SOLID () WEAK () HOD OPERABLE () DAMAGED SOLID () STRUCTURALLY () OPERABLE () INOPERA EXTURES () OPERABLE (SOLID () HOLES () LEAK FIXTURES/OUTLETS) () OP	LES DAMAGED LOCATION UNSOUND BLE) INOPERABLE () MISSIN	ıG		
EXTERIOR:	WINDOWS (DING () LOOSE SIDING ()) CRACKED/ BROKEN GLA	SS () SCREENS MISSING		GHT () NEEDS CLEANIN	IG
10.00.000.000.000.000.000.000		I CONDITIONS:				
BUILDING II	NSPECTOR'S SIG	SNATURE		ID N	IUMBER	DATE