Parcel:

07-68-17-09621-210 (35377)

Owner & Property Info

APPLETON DAVID

APPLE CHRISTINA

Owner 11670 SW TUSTENUGGEE

FORT WHITE, FL 32038

Site

COMM NE COR, RUN W 40 FT TO W R/W CR-131, S ALONG R/W 638.44 FT, W 683.44 FT, S

671.46 FT FOR POB, RUN W 650.04 FT, S 671.46 FT, E 1333.48 FT TO W R/W CR-131, N ALONG Description*

R/W 60.01 FT TO A PT OF A CURVE, SW'LY ALONG ARC OF CURVE 47.13 FT, W 653.43 FT, N

641.46 __more>>>

10.98 AC Area

S/T/R 07-6S-17E

Result: 1 of 1

Use Code** VACANT (0000) Tax District 3

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER	CONTRACTOR	Ernest Scott Johnson	PHONE 352-494-8099

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

David & Christina Appleton

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	Glenn Whittington	Signature Signature			
	License #:	EC 13002957	Phone #: 386-972-1700			
Qualifier Form Attached X						
MECHANICAL/	Print Name	Ronald Bonds Sr.	Signature			
A/C	License #:	CAC 1817658	Phone #:800-259-3470			
Qualifier Form Attached 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



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

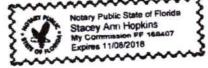
1. (JANN WATTINGTON	(license holder name), licensed qualifier			
for Whittington Effeth S	Twc(company name), do certify that			
the below referenced person(s) listed on this form holder, or is/are employed by me directly or throu officer of the corporation; or, partner as defined in person(s) is/are under my direct supervision and sign permits; call for inspections and sign subcor	ugh an employee leasing arrangement; or, is an n Florida Statutes Chapter 468, and the said control and is/are authorized to purchase and			
Printed Name of Person Authorized	Signature of Authorized Person			
1. DARBURD	1			
3.	3.			
4.	4.			
5.	5.			
I, the license holder, realize that I am responsible under my license and fully responsible for complication of the license and fully responsible for complication of the license holder for violation of the license holder for the license holder for violation of the license holder fo	iance with all Florida Statutes, Codes, and ad County Licensing Boards have the power and one committed by him/her, his/her agents, asibility 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 ious lists. Failure to do so may allow			
Licensed Qualifiers Signature (Notarized)	E < 1300 2957 3/7/16 License Number Date			
NOTARY INFORMATION: STATE OF: County OF: Columbia				
The above license holder, whose name is	me or has produced identification this day of, 20, 20			
NOTARY'S SIGNATURE	Seal/Starker Y R BISHOP Notary Public - State of Florida Commission # FF 243986 My Comm. Expires Jun 24, 2010			



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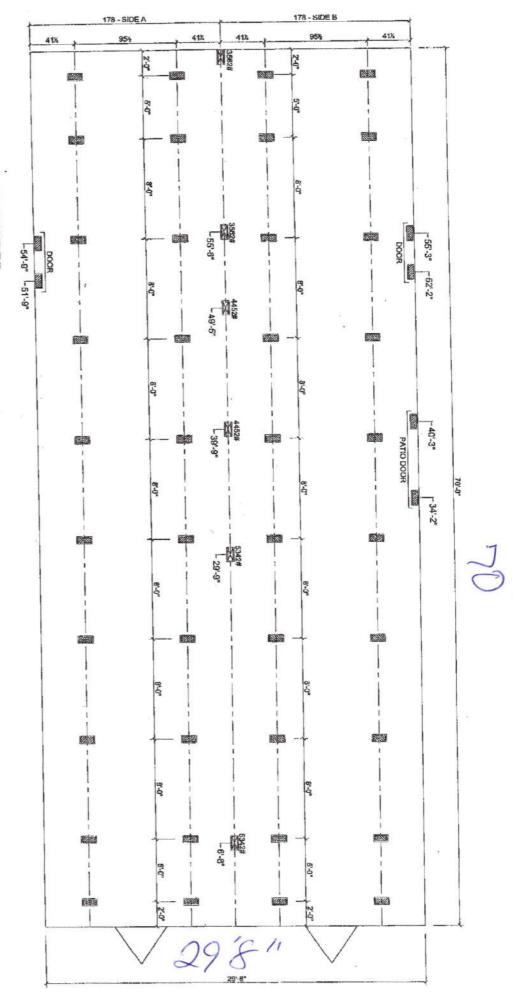
1. Kenald & wond SE	(license holder name). licensed qualifier			
FOR STIPE CREST ENTERPRISES	Jn L (company name), do certify that			
the below referenced person(s) listed on this for	m is/are contracted/hired by me, the license bugh an employee leasing arrangement; or, is an in Florida Statutes Chapter 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. (62/37) 7-1			
3. Kully Bishap	3. Kelly Brishof			
4.	4.			
5.	5.			
Local Ordinances. I understand that the State an authority to discipline a license holder for violation 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 officer(s), you must notify this department in writing authorization form, which will supersede all previous authorized persons to use your name and/or licensed Qualifiers Signature (Notarized).	ins committed by him/her, his/her agents, insibility 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 ious lists. Failure to do so may allow			
NOTARY INFORMATION: STATE OF:COUNTY OF: Bay				
The above license holder, whose name is Royal personally appeared before me and is known by (type of I.D.)				
Staley and ldupkins	(Seal/Stamp)			



				Typical pier spacing lateral Show to longitudnal (us	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.	all all
	striage wall piers within 2" of end of home per Rula 150	blacking than		Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)	one half of the blocking plan sketch in remainder of home e used on any home (new or used) Installer's initials	2-494-8099 2-494-8099 2-W SASAFRAS ST OF White FL 32038 Length x width 74 x 52
Opening Pier pad size STE BICCKING PIEDOWN COMPONENTS Longitudinal Stabilizing Device (LSD) Manufacturer Longitudinal Stabilizing Device w/ Lateral Arms Manufacturer	Draw the approximate locations of marriage wall openings 4 foot or greater. Use this symbol to show the piers. List all marriage wall openings greater than 4 foot and their pier pad sizes below.	Perimeter pier pad sizes Other pier pad sizes (required by the mfg.)	from Rule 15C-1 pier spacing to	16" 18 1/2" x 18 20" 1/2" (342) (4" 6" 8"	Typical Hir	New Home Young Used Home
4 ft	13 1/4 × 26 1/4 20 × 20 17 3/16 × 25 3/16 17 1/2 × 25 1/2 24 × 24 26 × 26	ППП	POPULA.	22" x 22" 24" X 24" 26" x 26" (484)" (576)" (676) 6" 7" 8" 8" 8" 8" 8" 8" 8" 8"	IGNER SOD 78038 AS	Wanual P Wind Zone III

Mobile Home Permit Worksheet

Installer Signature C + 0 / Date	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.
is accurate and true based on the	Plumbing
installer verifies all information given with this parmit workshoot	Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between multi-wide units. Pg.
Care	H & 5 Feather HINChors
Desin lines supported at 4 foot intervals, yes Received crossovers protected. Yes	Date Tested ASSUMED OLIVER 1101 V USES
1	Installer Name Expest Scott Johnson
Miscellaneous	Cibillia o common
I'ne bottomboard will be repaired and/or tapad. Yes Siding on units is installed to manufacturer's specifications. Yes Fireplace chimney installed so as not to allow intrusion of rain water. Yes	anchors are required at all centerine to points, where the torque test reading is 275 or less and where the mobile home manufacturer may requires anchors with 4000 Ib holding capacity.
Weatherproofing	Note: A state approved lateral arm system is being used and 4 ft.
Pg. Between Floors Yes Between Walls Yos Botton of ridgebeam Yes	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 tess will require 5 foot anchors.
Type oasket 211	TORQUE PROBE TEST
a result of a poorly installed or no gasket being installed, understand a strip of tape will not serve as a gasket.	9007× 9007× 0007×
I understand a properly installed gasket is a requirement of all new and used homes and that condensation, model markets and burdled married to the	Control Report
Gasket (westerproofing regularity)	3. Using 500 lb. Increments, take the lowest
vanized m astened w	Test the perimeter of the home at 6 locations. Take the reading at the depth of the footer.
Floor: Type Fastener (A) Length: 7 Spacing: 24 Walls: Type Fastener (A) Length: 7 Spacing: 22 Roof: Type Fastener (A) Spacing: 7 Spacing: 94	POCKET PENETROMETER TESTING METHOD
Festening multi wide units	0007 × 0007 × 0001×
Debris and organic material removed Water drainage: Natural Swale Pad Other	The pocket penetrometer tests are rounded down to or check here to declare 1000 lb. soil without testing.
Site Preparation	POCKET PENETROMETER TEST



MARRIAGE LINE OPENING SUPPORT PIER/TYP.

. THIS DRÂWING IS DESIGNED FOR THE STANDARD WIND ZONE AND IS TO BE USED IN CONJUNCTION WITH THE INSTALLATION MANUAL AND IT'S SUPPLEMENTS.
- POOTINGS ARE SHOWN FOR EXAMPLE ONLY QUANTITY AND SPACING MAY VARY BASED ON PAD TYPE, SOIL CONDITION, ETC.
- FOOTINGS ARE REQUIRED AT SUPPORT POSTS, SEE INSTALLATION MANUAL FOR REQUIREMENTS.

Live Oak Homes MODEL: H-3705A-PS - 32 X 74 5-BEDROOM / 3-BATH

H-3705 A-PS

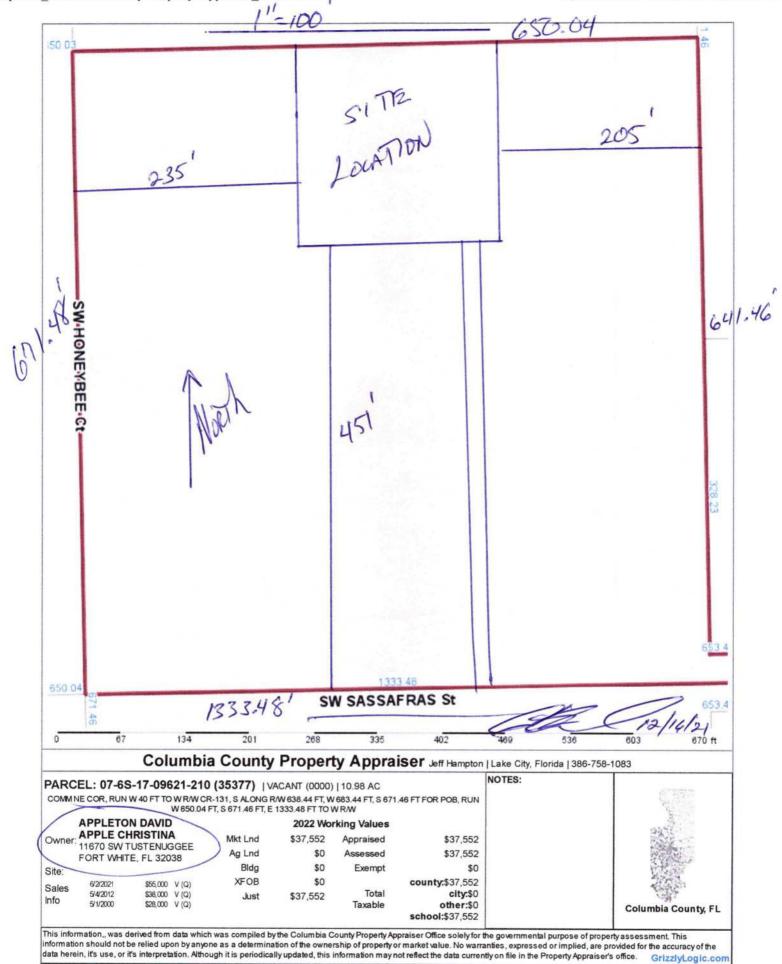
STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number_____

	PART II - SITEPLAN JO	
Scale: 1 inch = 40 feet.		
210	North Stark (8) 98 10 10 10 10 10 10 10 1	130' 84' 130' 32' R
Notes:		F.
Notes:	10.98 ARRIS, SER ATTACK	
+0+1	UIS TENENS , SER HTTHEN	Ed
Site Plan submitted by:		CONTRACTOR
Plan Approved	Not Approved	Date
Ву		County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



of 1

ROCKY MOUNTAIN FRONT ELEVATION FAMILY ROOM 17'-11" x 14'-6" 9-10 #2 BATH

32 X 74 - Approx. 2076 Sq. Ft. 5-BEDROOM / 3-BATH D-3705A - OAK

MASTER BEDROOM

LIVING ROOM

#2 BEDROOM

#3 BEDROOM

TO OF X TAILS

4063E

ves the right to modify product offering at any time.