

Parcel:  
27-6S-17-09784-154 (43358)

Owner & Property Info

Result: 1 of 1

Owner	LENGACHER GERALD D LENGACHER MELISSA M 6155 PONCE DE LEON BLVD NORTH PORT, FL 34291		
Site	376 MEMORY GLN, LAKE CITY		
Description*	LOT 54 SHADOW WOOD SD UNIT 2. 756-1532, 806-1620, 817-2250, WD 1047-952, WD 1428-1014		
Area	5.01 AC	S/T/R	27-6S-17
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

Gerald &amp; Melissa Lengacher

In Columbia County one permit will cover all trades doing work at the permitted site. It is REQUIRED 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 <u>Glenn Whittington</u>	Signature 
	License #: <u>EC 13002957</u>	Phone #: <u>386-972-1700</u>
	Qualifier Form Attached <input checked="" type="checkbox"/>	
MECHANICAL/ A/C _____	Print Name <u>Timothy Shatto</u>	Signature 
	License #: <u>CAC 057875</u>	Phone #: <u>386-496-8224</u>
	Qualifier Form Attached <input checked="" type="checkbox"/>	

*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

I, Glen Whittington (license holder name), licensed qualifier for Whittington Electric Inc (company name), do certify that the below referenced person(s) listed on this form is/are contracted/hired by me, the license holder, or is/are employed by me directly or through 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 control and is/are authorized to purchase and sign permits; call for inspections and sign subcontractor verification forms on my behalf.

Printed Name of Person Authorized	Signature of Authorized Person
1. <u>W. K. Ford</u>	1. <u>[Signature]</u>
2. <u>Rocky Ford</u>	2. <u>[Signature]</u>
3.	3.
4.	4.
5.	5.

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances. I understand that the State and County Licensing Boards have the power and authority to discipline a license holder for violations committed by him/her, his/her agents, officers, or employees and that I have full responsibility for compliance with all statutes, codes and ordinances inherent in the privilege granted by issuance of such permits.

If at any time the person(s) you have authorized is/are no longer agents, employee(s), or officer(s), you must notify this department in writing 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.

Glen Whittington License Number EL13002957 Date 3/7/16  
Licensed Qualifiers Signature (Notarized)

#### NOTARY INFORMATION:

STATE OF: FL COUNTY OF: Columbia

The above license holder, whose name is Glen Whittington, personally appeared before me and is known by me or has produced identification (type of I.D.) FL DL on this 7 day of MARCH, 20 16.

[Signature]  
NOTARY'S SIGNATURE





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 (company name), do certify that

the below referenced person(s) listed on this form is/are contracted/hired by me, the license holder, or is/are employed by me directly or through 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 control and is/are authorized to purchase and sign permits; call for inspections and sign subcontractor verification forms on my behalf.

Printed Name of Person Authorized	Signature of Authorized Person
1. Bo Royals	1.
2. Dale Burd	2.
3.	3.
4.	4.
5.	5.

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances. I understand that the State and County Licensing Boards have the power and authority to discipline a license holder for violations committed by him/her, his/her agents, officers, or employees and that I have full responsibility for compliance with all statutes, codes and ordinances inherent in the privilege granted by issuance of such permits.

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Timothy D. Shatto  
Licensed Qualifiers Signature (Notarized)

CAC 057875  
License Number

2/22/18  
Date

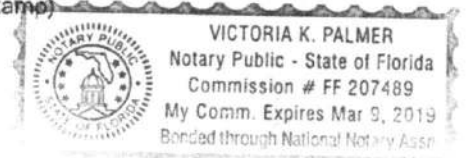
#### NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Union

The above license holder, whose name is Timothy D. Shatto  
personally appeared before me and is known by me or has produced identification  
(type of I.D.) \_\_\_\_\_ on this 22 day of February, 20 18.

Victoria K. Palmer  
NOTARY'S SIGNATURE

(Seal/Stamp)



# PERMIT NUMBER

# PERMIT WORKSHEET

page 1 of 2

Installer Ernest Scott Johnson License # IH-1025249

Installer Mobile Phone # 352-494-8099

Address of home being installed 376 Meadows Cir  
Lake City FL 32024

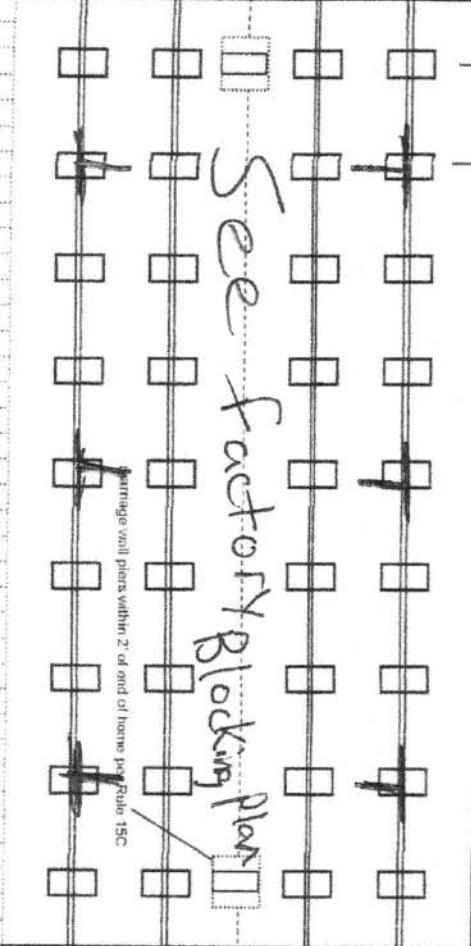
Manufacturer Deer Valley Length x width 64 x 32

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 used)  
where the sidewall ties exceed 5 ft 4 in.

Installer's initials

*[Signature]*



New Home ☒ Used Home ☐

Home installed to the Manufacturer's Installation Manual

Home is installed in accordance with Rule 15-C

Single wide ☐ Wind Zone II ☐ Wind Zone III ☒

Double wide ☒ Installation Decal # 802001

Triple/Quad ☐ Serial # 20412109376 AS

Roof System: ☒ Typical ☐ Hinged

## PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	16" x 16" (256)	18 1/2" x 18 (342)	20" x 20" (400)	22" x 22" (484)	24" x 24" (576)	26" x 26" (676)
1000 psf	3'	4'	5'	6'	7'	8'
1500 psf	4' 6"	6'	7'	8'	8'	8'
2000 psf	6'	8'	8'	8'	8'	8'
2500 psf	7' 6"	8'	8'	8'	8'	8'
3000 psf	8'	8'	8'	8'	8'	8'
3500 psf	8'	8'	8'	8'	8'	8'

\* Interpolated from Rule 15C-1 pier spacing table.

## PIER PAD SIZES

I-beam pier pad size 23X31 6.60c

Perimeter pier pad size 17.5X25.5

Other pier pad sizes (required by the mfg.)

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.

Opening Pier pad size

All 17.5X25.5

See Blocking 17.5X25.5

See Plan 17.5X25.5

## TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)

Manufacturer

Longitudinal Stabilizing Device w/ Lateral Arms

Manufacturer

Oliver 1101 v

## OTHER TIES

Sidewall

Longitudinal

Marriage wall

Shearwall

Number

30

20

2

# PERMIT NUMBER

## PERMIT WORKSHEET

page 2 of 2

### POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to \_\_\_\_\_ psf or check here to declare 1000 lb. soil \_\_\_\_\_ without testing.

x 1000 x 1000 x 1000

#### POCKET PENETROMETER TESTING METHOD

1. Test the perimeter of the home at 6 locations.
2. Take the reading at the depth of the footer.
3. Using 500 lb. increments, take the lowest reading and round down to that increment.

x 1000 x 1000 x 1000

#### 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.

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 tie points where the torque test reading is 275 or less and where the mobile home manufacturer may require anchors with 4000 lb. holding capacity.

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer's initials

Installer Name Ernest S Johnson

Date Tested Assumed directly uses 485

foot Anchors Both

#### Electrical

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between multi-wide units. Pg. \_\_\_\_\_

#### Plumbing

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

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

#### Site Preparation

Debris and organic material removed \_\_\_\_\_  
Water drainage: Natural \_\_\_\_\_ Swale \_\_\_\_\_ Pad \_\_\_\_\_ Other \_\_\_\_\_

#### Fastening multi wide units

Floor: Type Fastener: 1495 Length: 74 Spacing: 20  
Walls: Type Fastener: 1495 Length: 74 Spacing: 10  
Roof: Type Fastener: 1495 Length: 74 Spacing: 20  
For used homes 4 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.

#### Gasket (weatherproofing requirement 3)

I understand a properly installed gasket is a requirement of all new and used homes and that condensation, mold mildew 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.

Installer's initials

Installed:

Type gasket Pg. P-11  
Between Floors Yes /  
Between Walls Yes /  
Bottom of ridgebeam Yes /

#### 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 /

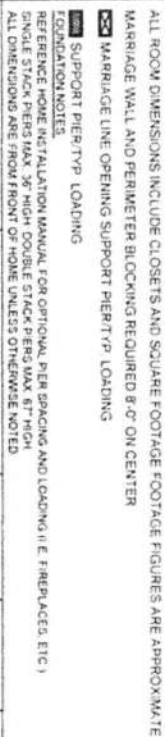
#### Miscellaneous

Skirting to be installed. Yes / No /  
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 /  
Other: \_\_\_\_\_

Installer verifies all information given with this permit worksheet is accurate and true based on the manufacturer's installation instructions and or Rule 15C-1 & 2

Installer Signature Ernest S Johnson Date \_\_\_\_\_





- |                            |  |
|----------------------------|--|
| (A) MAIN ELECTRICAL        | (G) PLENUM / DUCT CROSSOVER                |
| (B) ELECTRICAL CROSSOVER   | (H) SEWER DROPS                            |
| (C) WATER INLET            | (I) RETURN AIR (W/OUT HEAT PUMP)           |
| (D) WATER CROSSOVER        | (J) SUPPLY AIR (W/OUT HEAT PUMP / CH DUCT) |
| (E) GAS INLET              | (K) DOWNDRAFT COOKTOP VENT                 |
| (F) GAS CROSSOVER (IF ANY) |  |

**"NAME"**  
**WOODLAND HOMES**  
A DIVISION OF OCEAN VALLEY HOMEBUILDERS, INC.  
**MODEL: WL-6808**  
**SERIAL: L1-9376**

WL-6808  
FIELD

L1-9376

01-25-21	NTS
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B CROW
ALL



**WOODLAND HOMES**  
A Division of HUD


1

10

1


1

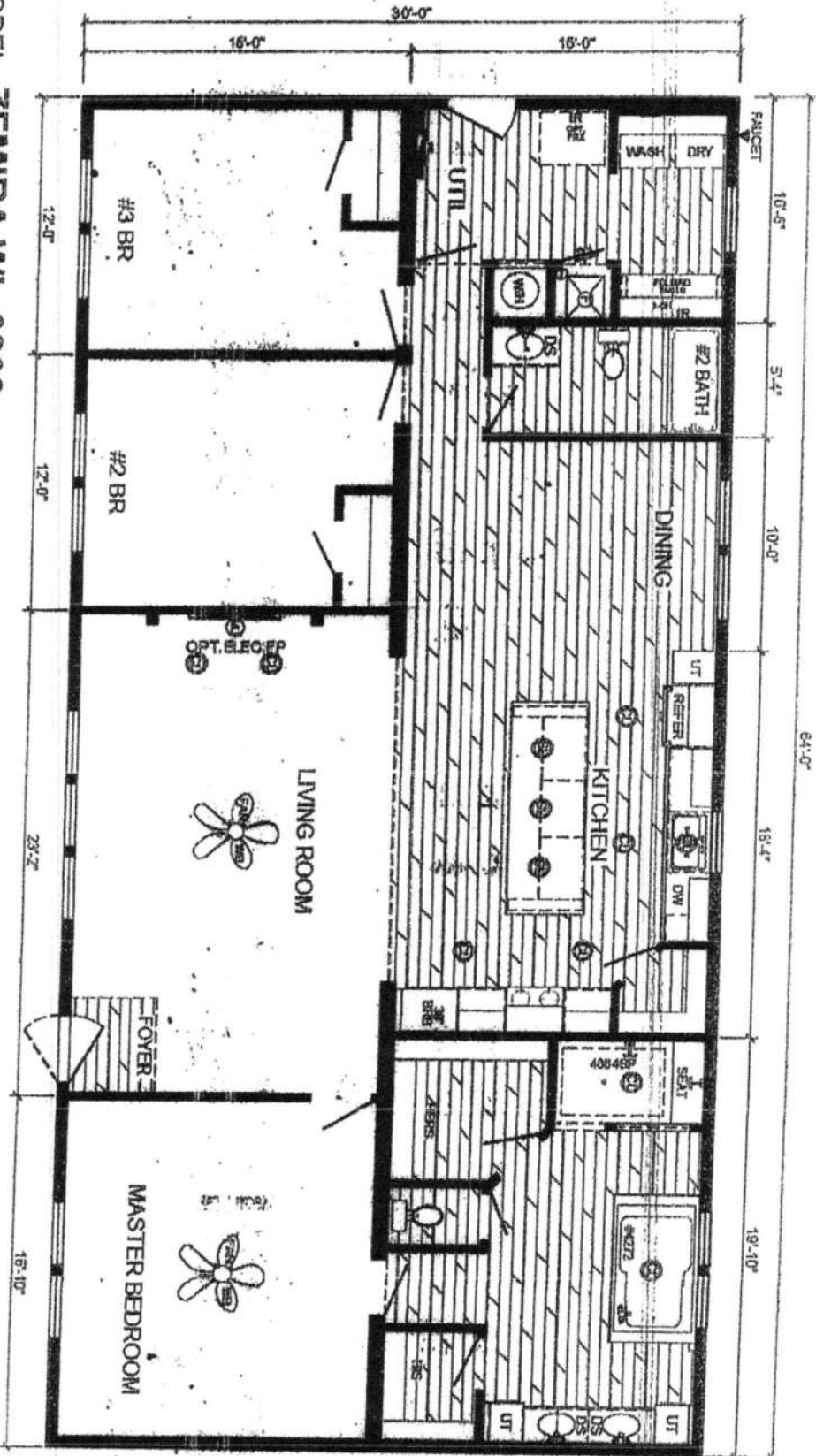
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1


1.13

# WOODLAND



MODEL: ZEMIRA WL-6808

32'-0" x 68'-0" 1,920 Sq. Ft.

3 Beds 2 Baths

Due to continued improvements and material change, specifications may change without notice. Room sizes are approximate.





**NOTES:**

## 2021 Working Values

Mkt Lnd	\$37,318	Appraised	\$37,318
Ag Lnd	\$0	Assessed	\$37,318
Bldg	\$0	Exempt	\$0
XFOB	\$0		county:\$37,318
Just	\$37,318	Total	city:\$0
		Taxable	other:\$0
			school:\$37,318

county:\$37,318  
city:\$0  
other:\$0  
school:\$37,318

This information was derived from data which was compiled by the Columbia County Property Appraiser Office solely for the governmental purpose of property assessment. This 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, its use, or its interpretation. Although it is periodically updated, this information may not reflect the data currently on file in the Property Appraiser's office. GrizzlyLogic.com



Columbia County, FL



STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
ON-SITE SEWAGE TREATMENT AND DISPOSAL  
SYSTEM  
CONSTRUCTION PERMIT

PERMIT #: 12-SC-2312093  
APPLICATION #: AP1680682  
DATE PAID: 6/14/2012  
FEE PAID: 364  
RECEIPT #: 6210-847138  
DOCUMENT #: PR1581298

CONSTRUCTION PERMIT FOR: OSTDS New  
 APPLICANT: GERALD\*\*21-1538 LENGACHER  
 PROPERTY ADDRESS: 376 SW MEMORY Lake City, FL 32024  
 LOT: 52 BLOCK:                      SUBDIVISION: Shadow Wood U-2  
 PROPERTY ID #: 09784-134 (SECTION, TOWNSHIP, RANGE, PARCEL NUMBER)  
 (OR TAX ID NUMBER)

SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF SECTION 581.0065, F.S., AND CHAPTER 64E-6, F.A.C. DEPARTMENT APPROVAL OF SYSTEM DOES NOT GUARANTEE SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN MATERIAL FACTS, WHICH SERVED AS A BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT TO MODIFY THE PERMIT APPLICATION. SUCH MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE NULL AND VOID. ISSUANCE OF THIS PERMIT DOES NOT EXEMPT THE APPLICANT FROM COMPLIANCE WITH OTHER FEDERAL, STATE, OR LOCAL PERMITTING REQUIRED FOR DEVELOPMENT OF THIS PROPERTY.

## SYSTEM DESIGN AND SPECIFICATIONS

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T : 900 : GALLONS / GPD New Sealed CAPACITY
A : 1 : GALLONS / GPD N/A CAPACITY
N : 1 : GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK 1250 GALLONS]
K : 1 : GALLONS DOSING TANK CAPACITY ( ) GALLONS # ( ) DOSES PER 24 HRS #Pumps ( )

D : 375 : SQUARE FEET New Sealed SYSTEM
R : 1 : SQUARE FEET N/A SYSTEM
A TYPE SYSTEM (X) STANDARD ( ) FILLED ( ) MOUND ( )
C CONFIGURATION (X) TRENCH ( ) BED ( )

N
F LOCATION OF BENCHMARK New in 10' tree W of site
E ELEVATION OF PROPOSED SYSTEM SITE ( 24.00 ) ( INCHES ) ( 11' 4" ) ( BELOW ) BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE ( 53.00 ) ( INCHES ) ( 11' 10" ) ( BELOW ) BENCHMARK/REFERENCE POINT
L
E FILL REQUIRED ( 0.00 ) INCHES EXCAVATION REQUIRED ( ) INCHES

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The system is sized for 3 bedrooms with a maximum occupancy of 6 persons (2 per bedroom), for a total estimated flow of 300 gpd.

SPECIFICATIONS BY William D Bishop II TITLE Master Septic Contractor

APPROVED BY Kelly Kays TITLE Environmental Specialist II Columbia CND

DATE ISSUED	06/16/2021	EXPIRATION DATE	12/16/2022
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DN 4016 08/09 (Obsoletes all previous editions which may not be used)

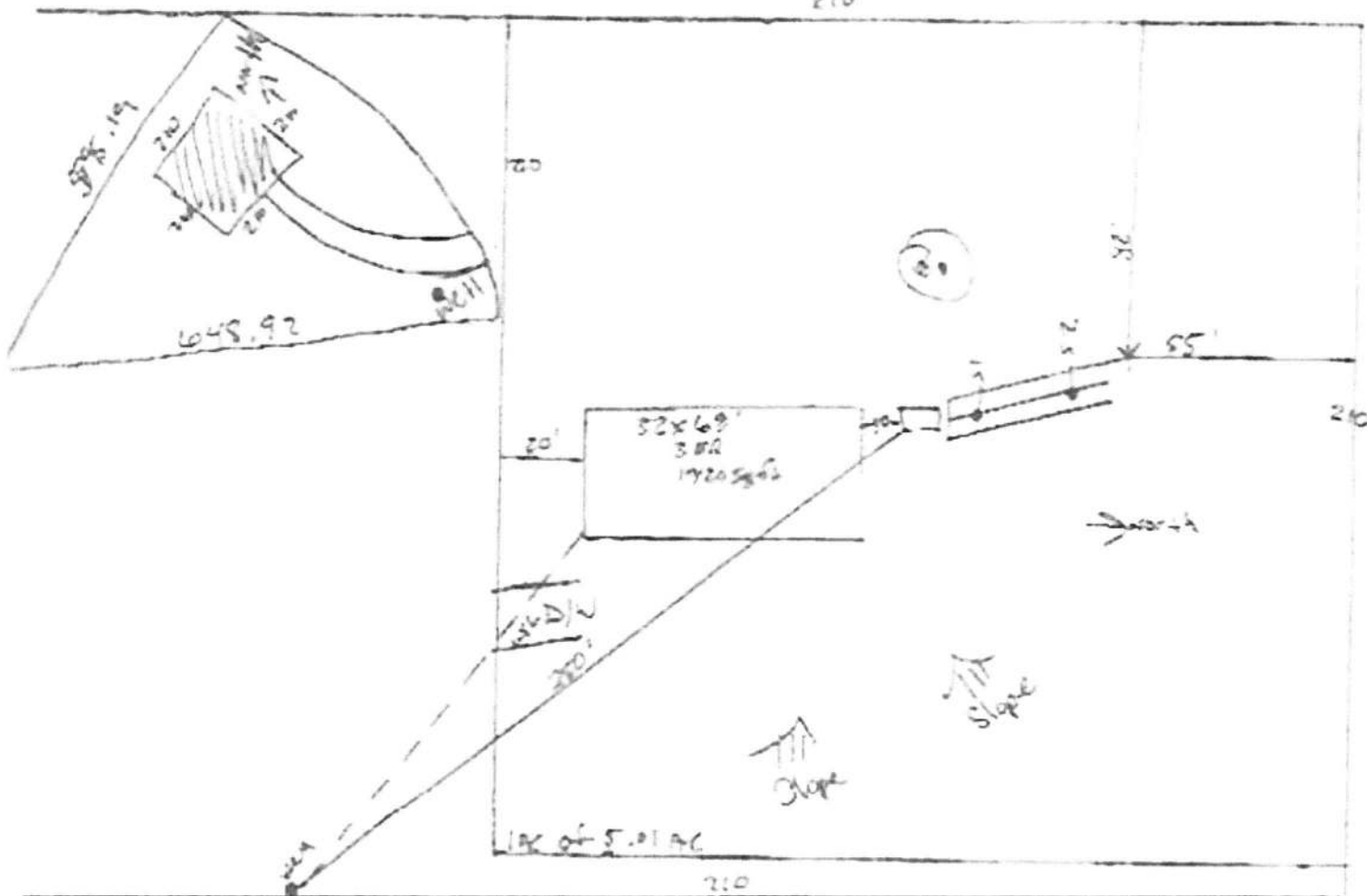
Incorporated: 64E-6 003, YAC

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

21-0538

Lengacher



Disc: \_\_\_\_\_

Is Plan submitted by Robert W. Langacher III owner 2021

Not Approved \_\_\_\_\_

Date 6/15/2021

Kell Langacher

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



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

PERMIT NO. 21-0538  
DATE PAID: 5/14/21  
FEE PAID: 310.00  
RECEIPT # 1650692

APPLICATION FOR:

☒ New System      ☐ Existing System      ☐ Holding Tank      ☐ Innovative  
☐ Repair      ☐ Abandonment      ☐ Temporary

APPLICANT: Gerald Lengacher Lot 6

AGENT: ROBERT FORD EL NORTH FLORIDA SEPTIC TANK INC. TELEPHONE: (904) 350-0372

MAILING ADDRESS: 7415E State Rd 100, Lake City, FL 32225

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3)(b) 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: 54 BLOCK: 112 SUBDIVISION: Shadow Wood PLATTED:   

PROPERTY ID # 87-65-17-00724-154 ZONING:    I/A OR EQUIVALENT: 1/10

PROPERTY SIZE: 2.01 ACRES WATER SUPPLY: ☒ PRIVATE ☐ PUBLIC: ☐ <2000GPD ☐ >2000GPD

IS SEWER AVAILABLE AS PER 381.0063, FS? ☒ YES ☐ NO DISTANCE TO SEWER:    FT

PROPERTY ADDRESS: 370 Memorial Blvd, Lake City, FL

REMARKS: THIS TRAILER MEMORY LANE to site on right

BUILDING INFORMATION

☒ RESIDENTIAL ☐ COMMERCIAL

Unit No. Type of Establishment No. of Bedrooms Building Area Sqft Commercial/Institutional System Design Table 1, Chapter 64E-4, FAC

1 minhome 3 1920

2         

3         

4         

☐ Floor/Equipment Drains ☐ Other (Specify):   

SIGNATURE: [Signature] DATE: 6-8-2021

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: **2/8/2021 4:34:30 PM**  
Address: **376 SE MEMORY Ln**  
City: **LAKE CITY**  
State: **FL**  
Zip Code **32024**

Parcel ID **09784-154**

REMARKS: Address for proposed structure on 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: **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](mailto:gis@columbiacountyfla.com)