### PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

	For Office Use Only (Recised 7-1-15) Zoning Official Building Official
	AP# 1801-19 Date Received 8/27 By 20 Permit # 37176
	Flood ZoneX Development Permit Zoning A3_ Land Use Plan Map Category_A
'	comments replace existing mobile home
-	. I above
	EMA Map# Elevation Finished Floor   Corre   In Floodway   In Fl
	Recorded Deed or Property Appraiser PO 1/2 Site Plan FEH# 18-6442 - Well letter OF
Į Ž	Éxisting well 🛘 Land Owner Affidavit 🗘 Installer Authorization 🗖 FW Comp. letter 🕁 App Fee Paid
	DOT Approval  Parent Parcel # STUP-MH STUP-MH
	Ellisville Water Sys 🗆 Assessment Paid on Property 🗀 Out County 🗅 In County 🕁 Sub VF Form
Pro	operty ID # <u>32-6S-17-09827-003</u>
_	
•	New Mobile Home MH Size 28 x 56 Year 2017
•	Applicant Dale Burd Phone # 386-365-7674
	Address 20619 County Road 137, Lake City, FL, 32024
	Anne Stafford  Name of Property Owner Robert Stafford / Personal Representative Phone# 352-318-6798
-	911 Address 157 Sty ATLANTIS PL, H, While It 3238
•	Circle the correct power company - FL Power & Light - (Clay Electric)
	(Circle One) - <u>Suwannee Valley Electric</u> - <u>Duke Energy</u>
•	Name of Owner of Mobile Home Robert Stafford Phone # 352-318-6798
	Address159 SW Atlantis PI, Fort White, FL, 32038
•	Relationship to Property Owner Personal Representative
	Current Number of Dwellings on Property 1 to be replaced
	240 × 640
	Lot Size 349 x 649 Total Acreage 5.05
•	Do you : Have Existing Drive (Currently using) or Private Drive or need Culvert Permit (Putting in a Culvert) or Culvert Waiver (Circle one) (Not existing but do not need a Culvert)
	Is this Mobile Home Replacing an Existing Mobile Home Yes
	Driving Directions to the Property US 441 South, TR CR 18, TL SW McClinton Dr.
	TR Atlantis PI, At 90 degree left turn driveway on right
•	Name of Licensed Dealer/Installer Robert Sheppard Phone # 386-623-2203
•	Installers Address 6355 SE CR 245, Lake City, FL, 32025
•	License Number IH-1025386 Installation Decal # 53768

(33588)

\$ 409.41

	pariago wall place script. If all one of home p Rules 15CC		I understand Lateral Arm Systems cannot be used on any home (new or used) where the sidewall ites exceed 6 if 4 in. Installer's initials  Typical pier spacing  Show locations of Longitudinal and Lateral Systems  (Use dark lines to show these locations)	Thase worksheets must be completed and signed by the installer.  Installer  I
within 2' of end of home spaced at 5' 4" oc	Draw the approximate locations of marriage wall openings 4 tool or greater. Use this symbol to show the piers.  List ell marriage wall openings greater than 4 foot and their pier pad sizes below.  Opening Pier pad size  Opening Pier pad size  ANCHORS  ANCHORS  ANCHORS	## B'	USED HOMES  20" Z2" x 22" Z4" X 24" Z5"  (484)" (578)" (1  6" B" B" B" B"	New Home   Used Home   Home installed to the Manufacturer's Installed for Manual   Home is installed in accordance with Rule 15-C   Single wide   Wind Zone II   Wind Zone iII   House iII

# COLUMBIA COUNTY PERMIT WORKSHEET

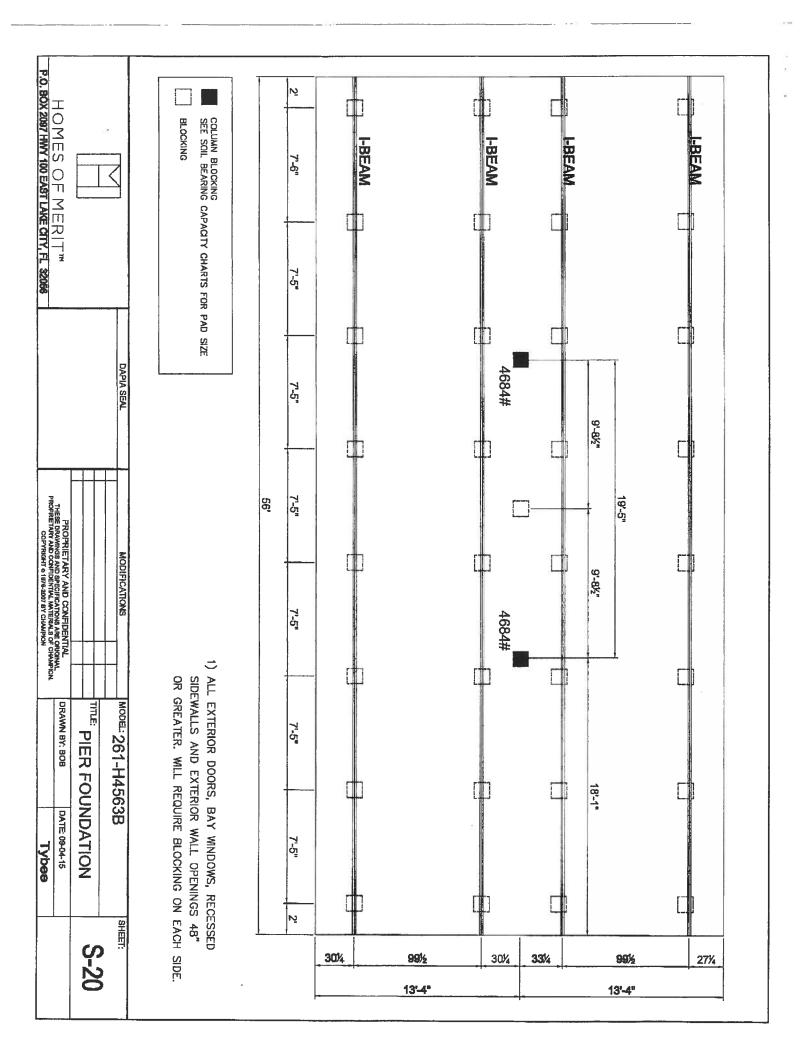
page 2 of 2

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between multi-wide units. Pg. 27.	Electrical	Installer Name Rober Shand  Date Tested  ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER  ROBER SHAND AND AND AND AND AND AND AND AND AND	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 the points where the torque test reading is 275 or less and where the mobile home manufacturer may requires anchors with 4000 lb holding capacity.  Installer's initials	TORQUE PROBE TEST  The results of the torque probe test is 290 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 reading and round down to that Increment.  X X	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 pocket penetrometer tests are rounded down topsf or check here to declare 1000 lb. soil without testing x	
		Skirting to be installed. Yes Vo Dryer vent installed outside of skirting. Yes N/A Range downflow vent installed outside of skirting. Yes Drain lines supported at 4 foot intervals. Yes Electrical crossovers protected. Yes Vother:	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	Type gasket Toam Installed: Installed: Pg. 22 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.	Roof. Type Fastener: 1-45 Length: Specing. Speci	and organic material removed Pad Grainage: Natural Swale Pad Type Fastener:   495   Length: 5	Site Preparation

Installer verifles all Information given with this permit worksheet is accurate and true based on the Installer Signature \_ Data 8/22/18

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 28

Plumbing



#### **OLIVER TECHNOLOGIES, INC.** FLORIDA INSTALLATION INSTRUCTIONS FOR THE MODEL 1101 "V" SERIES ALL STEEL FOUNDATION SYSTEM MODEL 1101"V" (STEPS 1-15)

LONGITUDINAL ONLY: FOLLOW STEPS 1-9 FOR ADDING LATERAL ARM: Follow Steps 10-15 FOR CONCRETE APPLICATIONS: Follow Steps 16-19

ENGINEERS STAMP

ENGINEERS STAMP

- 1. SPECIAL CIRCUMSTANCES: If the following conditions occur STOP! Contact Oliver Technologies at 1-800-284-7437:
  - b) Length of home exceeds 76' c) Roof eaves exceed 16" d) Sidewall height exceed 96" a) Pier height exceeds 48"
  - e) Location is within 1500 feet of coast

#### INSTALLATION OF GROUND PAN

- 2. Remove weeds and debris in an approximate two foot square to expose firm soil for each ground pan (C)
- 3. Place ground pan (C) directly below chassis I-beam. Press or drive pan firmly into soil until flush with or below soil. SPECIAL NOTE: The longitudinal "V" brace system serves as a pier under the home and should be loaded as any other pier. It is recommended that after leveling piers, and one-third inch (1/3") before home is lowered completely on to piers, complete steps 4 through 9 below then remove jacks.

#### **INSTALLATION OF LONGITUDINAL "V" BRACE SYSTEM**

NOTE: WHEN INSTALLING THE LONGITUDINAL SYSTEM ONLY, A MINIMUM OF 2 SYSTEMS PER FLOOR SECTION IS REQUIRED. SOIL TEST PROBE SHOULD BE USED TO DETERMINE CORRECT TYPE OF ANCHOR PER SOIL CLASSIFICATION. IF PROBE TEST READINGS ARE BETWEEN 175 & 275 A 5 FOOT ANCHOR MUST BE USED. IF PROBE TEST READINGS ARE BETWEEN 276 & 350 A 4 FOOT ANCHOR MAY BE USED. USE GROUND ANCHORS WITH DIAGONAL TIES AND STABILIZER PLATES EVERY 5'4" . VERTICAL TIES ARE ALSO REQUIRED ON HOMES SUPPLIED WITH VERTICAL TIE CONNECTION POINTS (PER FLORIDA REG.).

4. Select the correct square tube brace (E) length for set - up (pier) height at support location. (The 18" tube is always used as the bottom part of the longitudinal arm). Note: Either tube can be used by itself, cut and drilled to length as long as a 40 to 45 degree angle is maintained.

PIER HEIGHT (Approx. 45 degrees Max	1.25" ADJUSTABLE c.) Tube Length	1.50" ADJUSTABLE Tube Length
7 3/4" to 25"	22"	18"
24 3/4" to 32 1/4"	32"	18"
33" to 41"	44"	18"
40" to 48"	54"	18"

- 5. Install (2) of the 1.50" square tubes (E {18" tube}) into the "U" bracket (J), insert carriage bolt and leave nut loose for final adjustment.
- 6. Place I-beam connector (F) loosely on the bottom flange of the I-beam.
- 7. Slide the selected 1.25" tube (E) into a 1.50" tube (E) and attach to I-beam connectors (F) and fasten loosely with bolt and nut.
- 8. Repeat steps 6 through 7 to create the "V" pattern of the square tubes loosely in place. The angle is not to exceed 45 degree and not below 40 degrees.
- 9. After all bolts are tightened, secure 1.25" and 1.50" tubes using four(4) 1/4"-14 x 3/4" self-tapping screws in pre-drilled holes.

#### **INSTALLATION OF LATERAL TELESCOPING TRANSVERSE ARM SYSTEM**

THE MODEL 1101 "V" (LONGITUDINAL & LATERAL PROTECTION) ELIMINATES THE NEED FOR MOST STABILIZER PLATES & FRAME TIES. NOTE: THE USE OF THIS SYSTEM REQUIRES VERTICAL TIES SPACED AT 5'4". FOUR FOOT (4') GROUND ANCHOR MAY BE USED EXCEPT WHERE THE HOME MANUFACTURER SPECIFIES DIFFERENT.

- 10. Install remaining vertical tie-down straps and 4' ground anchors per home manufacturer's instructions. NOTE: Centerline anchors to be sized according to soil torque condition. Any manufacturer's specifications for sidewall anchor loads in excess of 4,000 lbs. require a 5' anchor per Florida Code.
- 11. NOTE: Each system is required to have a frame tie and stabilizer attached at each lateral arm stabilizing location. This frame tie & stabilizer plate needs to be located within 18" from of center ground pan.
- 12. Select the correct square tube brace (H) length for set-up lateral transverse at support location. The lengths come in either 60" or 72" lengths. (With the 1.50" tube as the bottom tube, and the 1.25" tube as the inserted tube.)
- 13. Install the 1.50 transverse brace (H) to the ground pan connector (D) with bolt and nut.
- 14. Slide 1.25" transverse brace into the 1.50" brace and attach to adjacent I-beam connector (I) with bolt and nut.
- 15. Secure 1.50" transverse arm to 1.25" transverse arm using four (4) 1/4" 14 x 3/4" self-tapping screws in pre-drilled holes.



#### INSTALLATION USING CONCRETE RUNNER / FOOTER

- 16. A concrete runner, footer or slab may be used in place of the steel ground pan.
  - a) The concrete shall be minimum 2500 psi mix
  - b) A concrete runner may be either longitudinal or transverse, and must be a minimum of 8" deep with a minimum width of 16 inches longitudinally or 18 inches transverse to allow proper distance between the concrete bolt and the edge of the concrete (see below).
  - c) Footers must have minimum surface area of 441 sq. in. (i.e. 21" square), and must be a minimum of 8" deep.
  - d) If a full slab is used, the depth must be a 4" minimum at system bracket location, all other specifications must be per local jurisdiction. Special inspection of the system bracket installation is not required. Footers must allow for at least 4" from the concrete bolt to the edge of the concrete.

NOTE: The bottom of all footings, pads, slabs and runners must be per local jurisdiction.

LONGITUDINAL: (Model 1101 LC "V")

17. When using Part # 1101-W-CPCA (wetset), simply install the bracket in runner/footer OR When installing in cured concrete use Part # 101-D-CPCA (dryset). The 1101 (dryset) CA bracket is attached to the concrete using (2) 5/8"x3" concrete wedge bolts (Simpson part # S162300H 5/8" X 3" or Powers equivalent). Place the CA bracket in desired location. Mark bolt hole locations, then using a 5/8" diameter masonry bit, drill a hole to a minimum depth of 3". Make sure all dust and concrete is blown out of the holes. Place wedge bolts into drilled holes, then place 1101 (dry set) CA bracket onto wedge bolts and start wedge bolt nuts. Take a hammer and lightly drive the wedge bolts down by hitting the nut (making sure not to hit the top of threads on bolt). The sleeve of concrete wedge bolt needs to be at or below the top of concrete. Complete by tightening nuts.

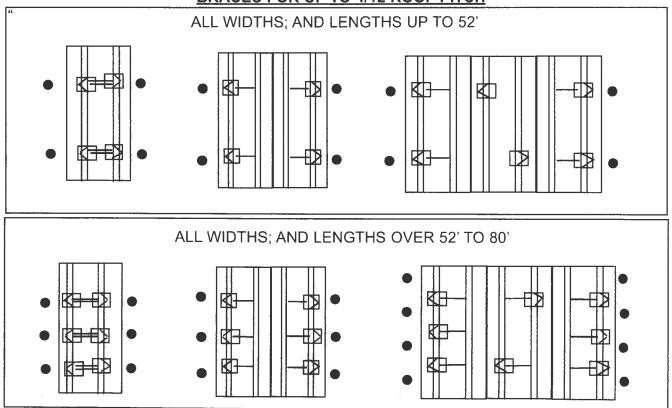
LATERAL: (Model 1101 TC "V")

- 18. For wet set (part # 1101-W-TACA) installation simply install the anchor bolt into runner/footer. For dry set installation (part # 1101-D-TACA) mark bolt hole locations, then using a 5/8" diam. masonry bit, drill a hole to a minimum depth of 3". Make sure all dust and concrete is blown out of the hole. Place wedge bolts (Simpson part #S162300H 5/8" X 3" or Powers equivalent) into (D) concrete dry transverse connector and into drilled hole. If needed, take a hammer and lightly drive the wedge bolts down by hitting the nut (making sure not to hit the top of threads on bolt), then remove the nut. The sleeve of concrete wedge bolt needs to be at or below the top of concrete.
- 19. When using part # 1101 CVW (wetset) or 1101 CVD (dryset), install per steps 17 & 18.

#### Notes:

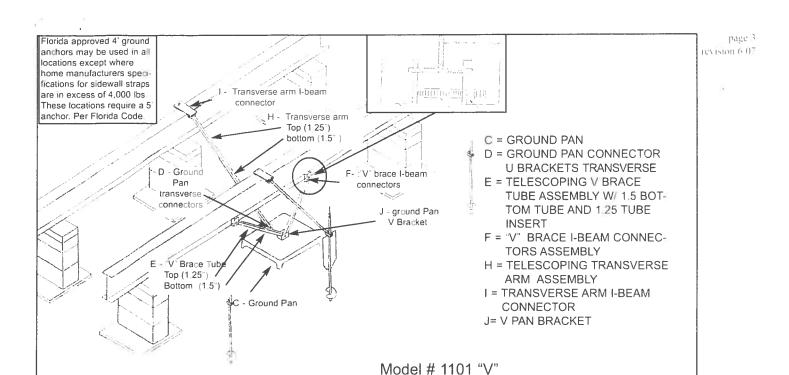
- 1. LENGTH OF HOUSE IS THE ACTUAL BOX SIZE
- 2. = STABILIZER PLATE AND FRAME TIE LOCATION (needs to be located within 18 inches of center of ground pan or concrete)
- 3. F LOCATION OF LONGITUDINAL BRACING ONLY
- 4. T=TRANSVERSE & LONGITUDINAL LOCATIONS

## REQUIRED NUMBER AND LOCATION OF MODEL 1101 "V" OR 1101 C "V" BRACES FOR UP TO 4/12 ROOF PITCH



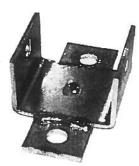
HOMES WITH 5/12 ROOF PITCH REQUIRE: PER FLORIDA REGULATIONS

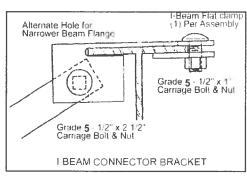
6 systems for home lengths up to 52' and 8 systems for homes over 52' and up 80'. One stabilizer plate and frame tie required at each lateral bracing system.

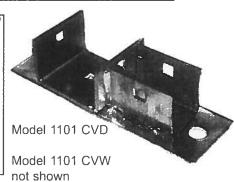


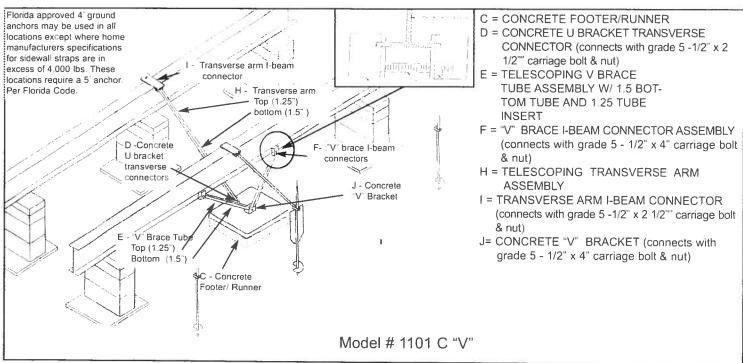
Longitude dry concrete bracket part # 1101 D-CPCA

Wet bracket part # 1101 W-CPCA not shown









District No. 1 - Ronald Williams

District No. 2 - Rusty DePratter



#### **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:

9/27/2016 2:41:36 PM

Address:

159 SW ATLANTIS Pl

City:

FORT WHITE

State:

FL

Zip Code

32038

Parcel ID

09827-003

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 ng # 75708150 E-Filed 07/30/2018 04:11:36 PM

IN THE THIRD JUDICIAL CIRCUIT COURT FOR COLUMBIA COUNTY, FLORIDA PROBATE DIVISION

IN RE. ESTATE OF

Deceased

File No. 18000148CPAXMX

Division: Probate

ANNE MARIE STAFFORD,
aka ANNE M. STAFFORD

for permit isrnance
for permit isrnance
per Siel foreman)
es. Attrinez
8/21/18
MA

LETTERS OF ADMINISTRATION (single personal representative)

TO ALL WHOM IT MAY CONCERN:

WHEREAS, ANNE MARIE STAFFORD, also known as ANNE M. STAFFORD, a resident of Columbia County, Florida, died on December 24, 2016, owning assets in the State of Florida, and

WHEREAS, ROBERT A. STAFFORD has been appointed personal representative of the estate of the decedent and has performed all acts prerequisite to issuance of Letters of Administration in the estate.

NOW, THEREFORE, I, the undersigned Circuit Judge, declare ROBERT A. STAFFORD duly qualified under the laws of the State of Florida to not as personal representative of the estate of ANNE MARIE STAFFORD, deceased, with full power to administer the estate according to law; to ask, demand, sue for, recover and receive the property of the decedent; to pay the debts of the decedent as far as the assets of the estate will permit and the law directs; and to make distribution of the estate according to law.

Ordered on Jacky 30 , 2018.

PAUL S. BRYAN Circuit Judge

From No. PA-3.0000 Page 1 of 8 Effective January 1, 2018





L. Number: 201812015763 Book: 1365 Page: 1719 Page 1 of 1 Date: 7/30/2018 Time: 4:19 PM eWitt Cason Clerk of Courts, Columbia County, Florida

Filing # 75708150 E-Filed 07/30/2018 04:11:36 PM

IN THE CIRCUIT COURT FOR COLUMBIA
COUNTY, FLORIDA
PROBATE DIVISION

IN RE: ESTATE OF

File No. PRC-18- 148-CP

Division: Probate

ANNE MARIE STAFFORD, aka ANNE M. STAFFORD Deceased.

# ORDER APPOINTING PERSONAL REPRESENTATIVE (intestate - single)

On the petition of ROBERT A. STAFFORD for administration of the estate of ANNE MARIE STAFFORD, also known as ANNE M. STAFFORD, deceased, the court finding that the decedent died on December 24, 2016; and that ROBERT A. STAFFORD is entitled to appointment as personal representative because he is the heir nearest in degree, and is qualified to be personal representative, it is

ORDERED on July 30 , 2018.

Circuit Judge

# Columbia County Property Appraiser

updated: 4/24/2018

1236-1986

Parcel: 32-6S-17-09827-003

<< Next Lower Parcel Next Higher Parcel >>

#### **Owner & Property Info**

Owner's Name	STAFFORD ANNE	STAFFORD ANNE M				
Mailing Address	159 SW ATLANTIS PL FORT WHITE, FL 32038-3101					
Site Address	159 SW ATLANTI	159 SW ATLANTIS PL				
Use Desc. (code)	MOBILE HOM (000200)					
Tax District	3 (County)	3 (County) Neighborhood 32617				
Land Area	5.050 ACRES Market Area 02					
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction.					
LOT 3 MCCLINTON FAR	RM S/D. ORB 369-169	,675-686,PROB 1235- 1167	& WD			

#### **Property & Assessment Values**

2017 Certified Values		
Mkt Land Value	cnt: (0)	\$29,311.00
Ag Land Value	cnt: (2)	\$0.00
Building Value	cnt: (1)	\$7,480.00
XFOB Value	cnt: (2)	\$1,200.00
Total Appraised Value		\$37,991.00
Just Value		\$37,991.00
Class Value	AND THE PERSON BY AT 1995.	\$0.00
Assessed Value		\$30,642.00
Exempt Value	(code: HX H3)	\$25,000.00
Total Taxable Value		Cnty: \$5,642
I Otal I axable Value	Other: \$5,6	42   Schl: \$5,642

#### 2017 Tax Year

Tax Collector

Tax Estimator Property Card

Parcel List Generator

2017 TRIM (pdf)

Interactive GIS Map

Print

Search Result: 1 of 1



2018 Working Values		(Hide Values)
Mkt Land Value	cnt: (0)	\$32,042.00
Ag Land Value	cnt: (2)	\$0.00
Building Value	cnt: (1)	\$7,624.00
XFOB Value	cnt: (2)	\$1,200.00
Total Appraised Value		\$40,866.00
Just Value		\$40,866.00
Class Value		\$0.00
Assessed Value		\$31,285.00
Exempt Value	(code: HX H3)	\$25,000.00
Total Taxable Value	Other: \$6,	Cnty: \$6,285 285   Schl: \$6,285

NOTE: 2018 Working Values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

#### **Sales History**

Show Similar Sales within 1/2 mile

Sale Date	OR Book/Page	OR Code	Vacant / Improved	Qualified Sale	Sale RCode	Sale Price
6/14/2012	1236/1986	WD	I	U	37	\$19,000.00
5/22/2012	1235/1167	РВ	I	U	18	\$0.00
9/14/1988	675/686	WD	V	U		\$8,000.00

#### **Building Characteristics**

Bldg Item	Bldg Desc	Year Bit	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	MOBILE HME (000800)	1995	(31)	672	672	\$7,624.00
Note: All S.F. calculations are based on exterior building dimensions.						

#### **Extra Features & Out Buildings**

#### MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUI	MBER)	308-79	CONTRACTOR_	Robert She	ppard	PHONE 386-623-2203	
		THIS FORM MUST BE	SUBMITTED PRIC	OR TO THE ISSUANCE			
					Stafford		
records of the Ordinance 89- exemption, ge	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.						
	•	contractor is respoi eginning any work.	-	•	_	o this office prior to the or fines.	
ELECTRICAL	Print Name	Glenn Whitting	ton	Signature			
	License #:	EC13002957		Phone #: _	386-792-170	00	
1074		Quali	ifier Form Attac	hed 🗶			
MECHANICAL/	Print Name	Ronald Bond	s Sr.	Signature			
A/d 669	License #:	CAC1817658	<u></u>	Phone #: _	800-259-347	0	
		Quali	ifier Form Attac	hed 💢			

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. Konald E Bond SE	(license holder name). licensed qualifier
for STIPE CREST ENTERDENSE	Twc(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. (bel37) 7-1
3. Kully Bishap	3 Kelly Bishof
4.	4.
5.	5.
Local Ordinances. I understand that the State ar authority to discipline a license holder for violatic officers, or employees and that I have full respondent ordinances inherent in the privilege granted <a href="If at any time the person(s">If at any time the person(s)</a> you have authorized officer(s), you must notify this department in writing	ons committed by him/her, his/her agents, nsibility for compliance with all statutes, codes by issuance of such permits.  is/are no longer agents, employee(s), or
authorization form, which will supersede all previous upauthorized persons to use your name and/or li	ous lists. Failure to do so may allow
Licensed Qualifiers Signature (Notarized)	License Number Date
NOTARY INFORMATION: STATE OF:COUNTY OF:	
The above license holder, whose name is Roy personally appeared before me and is known by (type of I.D.) on I	me or has produced identification this 16th day of FEB 20 (6)
Staux Gnn ldupkins	(Seal/Stamp)
	Notary Public State of Florida



#### 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. Chand Whitington							
	(license holder name), licensed qualifier						
for Whithraten Ephletell ?	(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. WARSUR	1						
2. lecky tonal	2. Jones )						
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.							
Licensed Qualifiers Signature (Notarized)	EC 1300 2957 3/7/16 License Number Date						
NOTARY INFORMATION: STATE OF:COUNTY OF:	Colmbia						
The above license holder, whose name is	me or has produced identification this day of day						

STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM
APPLICATION FOR THE TREE TO PERMIT

PERMIT NO.	18-844	1
DATE PAID:	5/311)\$	5
FEE PAID:	31000	
RECEIPT #:	1-34MWX	

APPLICATION FOR:  [ New System [ ]  [ ] Repair [ ]	Existing System Abandonment	em [	] Holding Tan ] Temporary	k [ ] :	Innovative
APPLICANT: Anne Stafford					
AGENT: ROCKY FORD, A & B	CONSTRUCTION		Ţ	ELEPHONE:	386-497-2311
MAILING ADDRESS: 546 SW D	0.5000				
TO BE COMPLETED BY APPLIC BY A PERSON LICENSED PURS APPLICANT'S RESPONSIBILIT PLATTED (MM/DD/YY) IF REQ	ANT OR APPLICANT UANT TO 489.105( Y TO PROVIDE DOC	'S AUTHORI (3) (m) OR 4 UMENTATION	89.552, FLORIDA OF THE DATE TO TATUTORY GRANDA	A STATUTES. HE LOT WAS FATHER PROV	. IT IS THE CREATED OR VISIONS.
PROPERTY INFORMATION				Harry John T.	
LOT: 3 BLOCK: na	SUB: McClint	on Farms	\$/D	PL:	ATTED:
PROPERTY ID #: 32-65-17-0	9827-003	zoning	: і/м	OR EQUIVAL	ENT: [Y N
PROPERTY SIZE: 5.05 ACRE	S WATER SUPPLY	: [X] PRI	VATE PUBLIC [	]<=2000GP	D [ ]>2000GPD
IS SEWER AVAILABLE AS PER PROPERTY ADDRESS: 159 SW			DIST	ance to sev	VER:FT
DIRECTIONS TO PROPERTY: US			L SW McClinto	n Dr, TR	Atlantis Pl,
To address on right, (A	5 90 degree lei	ft turn dr	riveway on rig	ht)	
BUILDING INFORMATION	(X) RESIDE	NTIAL	[ ] COMMERÇ	IAL	
Unit Type of No Establishment	No. of Bedrooms A	uilding ( rea Sqft 1	Commercial/Inst Table 1, Chapte	itutional :	System Design AC
SF Residential	31	494			
3					
[ ] Floor/Equipment Drai	IN OUR	(Specify)			
SIGNATURE: AGELY 1)	7-0			DATE: 5/3	0/2018
DH 4015, 08/09 (Obsolutes )	previous edition	a which ma	w not be weed!		

Plan Approved\_ ∨

# STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT **Permit Application Number** Smedad - PART II - SITEPLAN - -240 Scale: 1 inch = 40 feet. WELL 80 30 72'  $^{a}$ gM193 35 24 1.1 Acare of 5 Acare Notes: Site Plan submitted by: MASTER CONTRACTOR

## ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DIVABLE

Not Approved

E21

Date 6/1/18

County Health Department

