CURPONITRACTOR VERSEICATION FORW

| | SUI | REDNITRACIOR AFI | IGHICATION POIGN | |
|---------------------|--------------------|------------------|--------------------------------|---------------|
| APPLICATION NUMBER_ | 1210-37 | | Scott Collins | PHONE 758-953 |
| AT 2011.21 114 | THIS FORUM WIUST B | E SUBDAITTED PRI | OR TO THE ISSUANCE OF A PERMIT | |

In Columbia County one permit will cover all trades doing work at the permitted site. It is <u>REQUIRED</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.

| | Deint Maren | MIL MAR! 1 | SAOTER | Signature | | |
|---------------------------|--------------------------|---------------|---------------|-----------------|----------|---------------------------|
| 1338 | License #: | EC1300 | 2315 | | Phone #: | 1.850-975-0111 |
| MECHANICAL/ A/C | Print Name License #: | DAVICE HA | | Signature | Phone #: | 386-755-9392 |
| PLUMBING/ GAS | Print Name License #: | KENNETI | Ce 7359 | Signature | Phone #: | 386-752-8688 |
| ROOFING | Print Name | | (9) | Signature | Phone #: | |
| SHEET METAL | Print Name | | | Signature | Phone#: | |
| FIRE SYSTEM/ SPRINKLER | Print Name Licenself: | - | | Signature | Phone #: | 2 |
| SOLAR | Print Name | | | Signature | Phone #: | |
| Specialty | L.cense | Csense Number | Sub-Contracti | ors Parited Nam | ne | Sub-Contractors Signature |
| MASON | | | | | | |
| CONCRETE FI | NISHER | | | | | |
| FRAMING | | | | 1 4 | | |
| INSULATION | | | | • | | |
| STUCCO | | | | | | |
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| FLOOR COVE | RING | | 1 | | | |
| ALUM/VINYE | SIDING | | | | | |
| GARAGE DO | | | | | | |
| MOSTAL BLDG | FRECTOR | | | | | |

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.

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| | SUB | Contractor Verification Forwi | |
|--------------------|-------------------|---|----------------|
| APPLICATION NUMBER | ,210-37 | CONTRACTOR SLOTT Collins | PHONE 758-9538 |
| | THIS FORM WUST BE | SUBMETTED PRIOR TO THE ISSUANCE OF A PERMIT | |

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Any changes, the permitted contractor is responsible for the corrected form being submitted to this office prior to the

| ELECTRICAL | Print Name MILMAR KEACLER License #: GC 13002315 | | | Signature Phone #: / . 850 1973-01/1 | | | | |
|---------------------------|--|----------------|----------------|--------------------------------------|-----------|-----------------|----------|--|
| MECHANICAL! | ECHANICAL Print Name DAVICE HALL | | | | | | | |
| PLUIVIBING/ GAS | Print Nam | IC KIENMETL | AU/T | Signature | Phone#k 3 | 86-152- | 8688 | |
| ROOFING | OOFING Print Name License #: HEET METAL Print Name License #: RE SYSTEM/ Print Name License #: | | Signature | Phone#: | | | | |
| SHEET METAL | | | | Signature Phone #: | | | | |
| FIRE SYSTEM/ SPRINKLER | | | | Signature Phone & | | | | |
| SOLAR | | | | Signature Phone #: | | | | |
| Saecralty L | cense | License Number | \$ub-Contracto | rs Printed Name | \$u | ».Contractors S | ignature | |
| MASON | | | | | | | | |
| CONCRETE FIR | WISHER | | | | | | | |
| FRAMING | - | | | | | | | |
| INSULATION | | | | | | | | |
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| DRYWALL | | | | | | | | |
| PLASTER | | | | | | | | |
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| CERAMIC TILE | | | | | | | | |
| LOOR COVER | NG | | | | | | | |
| ALUM/VINYL S | IDING | | | | | | | |
| ARAGE DOOF | ? | | | | | | | |
| METAL BLOG E | RECTOR | | | | | | | |

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SHREOMYRACTOR VERIFICATION FORM

| | 2000 | COMMISSION VENITORING | 2.2 |
|--------------------|--------------------|---|----------------|
| APPLICATION NUMBER | | | PHONE 758-9536 |
| | THIS FORM IMPST RE | SLIBNITTED PRIOR TO THE ISSUANCE OF A PERIMIT | |

In Columbia County one permit will cover all trades doing work at the permitted site. It is <u>REQUIRED</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.

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| | | | 9 | | | |
|--------------|----------------------|----------------|---|------------------|---------------------------|--|
| ELECTRICAL | Print Name | Michael & | EADLER | Signature | | |
| 200 Maria | License #: | EC1300 | | Phu | one #: 1.850-973-0111 | |
| MECHANICAL | Print Name | DAVICE HA | ll | Signature | | |
| A/C | License #: CAC053424 | | Phone #: 386-755-9392 Signature Kennetto E, auto | | | |
| PLUMBING/ | Print Name | 11 -1 | AUIT | Signature_/ | remnetto E. aut | |
| GAS 161 | License#: | RF 1100 | e 7359 | Ph | one #: 386-697-3856 | |
| ROOFING | Print Name | | | Signature | | |
| | License #: | | | Ph | one #: | |
| SHEET METAL | Print Name | L | | Signature | | |
| | License #: | | | Ph | one #: | |
| FIRE SYSTEM/ | Print Name | <u></u> | | Signature | | |
| SPRINKLER | License#: | | | Ph | ane #; . | |
| SOLAR | Print Name | <u> </u> | | Signature | | |
| | License #: | | | Ph | one #: | |
| Specialty L | cense | License Number | Sub-Contracto | ers Printed Name | Sub-Contractors Signature | |
| MASON | | | | | | |
| CONCRETE FI | NISHER | | | | | |
| FRAMING | | | | | | |
| INSULATION | | | | 24 | | |
| STUCCO | | | | | | |
| DRYWALL | | | | | | |
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| ACOUSTICAL | CEILING | | | | | |
| GLASS | | | | | | |
| CERAMIC TILE | | | | | | |
| FLOOR COVE | | | | | | |
| ALUM/VINYL | | | | | | |
| GARAGE DOC | | | | | | |
| METAL BLDG | ERECTOR | L | <u> </u> | | | |
| | | | | | | |

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**Gestrotor Fernac Subconfractor Fernac

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386-497-4866

p.2



COLUMBIA COUNTY BUILDING DEPARTMENT 135 NE Hemando Ave, Suite B-21, Lake City, FL 32055 Phone: 386-758-1008 Fax: 386-758-2160

| LETTER OF AUTHORIZAT | ON TO SIGN FOR PERMITS |
|--|--|
| for C&G-MFG HOMES | (license holder name), licensed qualifier |
| for C&G MFG HOMES | (company name), do certify that |
| the state of the s | ugh an employee leasing arrangement, or, is an in Florida Statutes Chapter 488, and the said if control and is/are authorized to purchase alf. |
| Printed Name of Person Authorized | Signature of Authorized Person |
| 1. WENDY GREATEN | 1. Wendy Stennell |
| 2. Rocky Forcel | 2. (soly) 7 d |
| 3. DATE BURI | 3. |
| 4. | 4. |
| 5. | 5. |
| I, the license holder, realize that I am responsible under my license and fully responsible for complication. Ordinances. I understand that the State are authority to discipline a license holder for violation officers, or employees and that I have full responsed ordinances inherent in the privilege granted if at any time the person(s) you have authorized officer(s), you must notify this clearment in write authorization form, which will supersede all previous | islare with all Florida Statutes, Codes, and all County Licensing Boards have the power and one 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 long of the changes and submit a new letter of |
| unauthorization form, which will supersede all previous unauthorized persons to use your name and/or li | icense number to obtain permits. |
| | A CRC 1252863 10-16-12 License Number Date |
| NOTARY INFORMATION: STATE OF:FloridaCOUNTY O | F. Covembia |
| The above license holder, whose name is | me or has produced identification this 167 day of 007 . 20 12. |
| NOTARY'S SIGNATURE | MY COMMISSION & EE 181801 EXPIRES: March 27, 2016 Bonded Time Bodged Mothery Bendana |

Columbia County Bu. Jing Department Culvert Permit

Culvert Permit No.

| Culvert Permit | NO Building Permit | 00000 | 11949 /2 |
|---|---|---|--|
| DATE 06/05/2012 | PARCEL ID # 30-4S-18-10513-010 | | 2057 |
| APPLICANT TILDEN BILLITER | PHONE | 305-684-0821 | 700 |
| ADDRESS 900 80TH STREET | MARATHON | FL | 33050 |
| OWNER TILDEN BILLITER | PHONE | 305-684-0821 | <u>\</u> |
| ADDRESS SE HIGH FALLS RD | LAKE CITY | FL | 32025 |
| CONTRACTOR OWNER | PHONE | 7 | |
| LOCATION OF PROPERTY 441 S, I | . CR 252, CROSS OVER 245 THEN R ON HIGH | I FALLS RD, | |
| APPROX 1 MILE ON LEFT | | | |
| SUBDIVISION/LOT/BLOCK/PHASE | /UNIT | | |
| DICTALL ATTON INFORMATION | CIONATURE & 60. | 0 . '\ | |
| INSTALLATION INFORMATION | | | |
| in Columbia County. Culvert installation for resipermit being issued, an inspection by the Publiculuret installation for commercial, industrial, a | art of any newly constructed private driveway or road, of dential use shall require a permit issued by the Building or Works Department shall be required to determine the nd other uses shall conform to the approved site plan of | and Zoning Departme proper size, length, an | ent. Prior to any culvert d location for installation. |
| Joint use culverts will comply with Florida Depa | | | usi. Cantinus 4 2 2 atau danda |
| Proper installation of the culvert shall be verifie | ccordance with Columbia County Land Development Red d by a final inspection performed by the Public Works I | Department. | or. Section 4.2.3 standards. |
| (C) All culverts required by this policy shall be ins the facility or facilities being serviced by newly shall be completed prior to final inspection app | talled prior to the Building Department granting permiss constructed private driveway or road. In cases where r roval. | sion to connect permane no electrical service exis | ent electrical service to sts, installation |
| has not reached a "build out" of fifty percent (| wing applications: less to a paved street.; (2) When the road is contained 50%) or more.; (3) In all new subdivisions for residentia I length.; (4) When the predominant use already establ | I use. New subdivisions | s shall be required as part |
| Culvert installation shall confo | rm to the approved site plan standards. | | |
| Department of Transportation | Permit installation approved standards. | | |
| Shall conform to Public Works [5" X 32' | Determinations as Stated Below: | mitred | ends |
| P W Inspectors Name: | es Durrance Date: 6- | 8-12 | |
| Final Inspection Date: | P W Inspectors Name: | Signature: | |

CONTACT FOR REQUIREMENTS AND INSPECTIONS:

PUBLIC WORKS DEPARTMENT

Amount Paid 25.00

Phone: 386-758-1019

Check No.

CASH

All Proper Safety Requirements Should Be Followed During The Installation Of The Culvert