Parcel:

27-6S-16-03951-136 (20543)

Owner & Property Info

**AMARA CHAD JAMES** 

AMARA CHRISTINA SUE Owner

440 SW VIXEN LN

FORT WHITE, FL 32038

Site 440 SW VIXEN LN, FORT WHITE

Description\* LOT 36 FOXWOOD S/D PHASE 2. WD 1291-300, CT 1350-1703, WD 1350-2119, WD 1351-489, WD

1436-1748, WD 1473-173,

S/T/R 27-6S-16 5.01 AC Area

Use Code\*\* VACANT (0000) Tax District 3

#### MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER	CONTRACTOR	Ernest Scott Johnson	PHONE 35	52-494-8099

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

### Chad & Christina Amara

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.

ELECTRICAL	Print Name James Dale Williams  License #: EC 13007092  Qualifier Form Attache	Phone #:
MECHANICAL/	Print Name Timothy Shatto  License #: CAC 057875  Qualifier Form Attache	Phone #:

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.

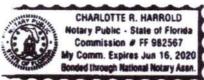
Revised 10/30/2015



### COLUMBIA COUNTY BUILDING DEPARTMENT LETTER OF AUTHORIZATION TO SIGN FOR PERMITS 135 NE Hernando Ave, Suite B-21, Lake City, FL 32055

Phone 386-758-1008 Fax. 386-758-2160

, Dale Williams	(license holder name), licensed qualifier
for Affordable Electric	(company name), do certify that
the below referenced person(s) listed on this for employee leasing arrangement; or, is an officer Florida Statutes Chapter 468, and the said pers control and is/are authorized to purchase permit	on(s) is/are under my direct supervision and
Printed Name of Person Authorized	Signature of Authorized Person
1. Dale Burd	1.
2.	2.
3.	3.
4.	4.
5.	5.
authority to discipline a license holder for violatic officers, or employees and that I have full respondences inherent in the privilege granted ordinances inherent in the privilege granted of the third that any time the person(s) you have authorized must notify this department in writing of the chartorm, which will supersede all previous lists. Fail use your name and/or license number to obtain the privilege granted form, which will supersed all previous lists. Fail use your name and/or license number to obtain the privilege granted form.	by issuance of such permits  is/are no longer employee(s), or officer(s), you nees and submit a new letter of authorization ure to do so may allow unauthorized persons to
The above license holder, whose name is	me or has produced identification this the day of arms 20 19
CHARLOTTE R. HAR	ROLD b





# 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

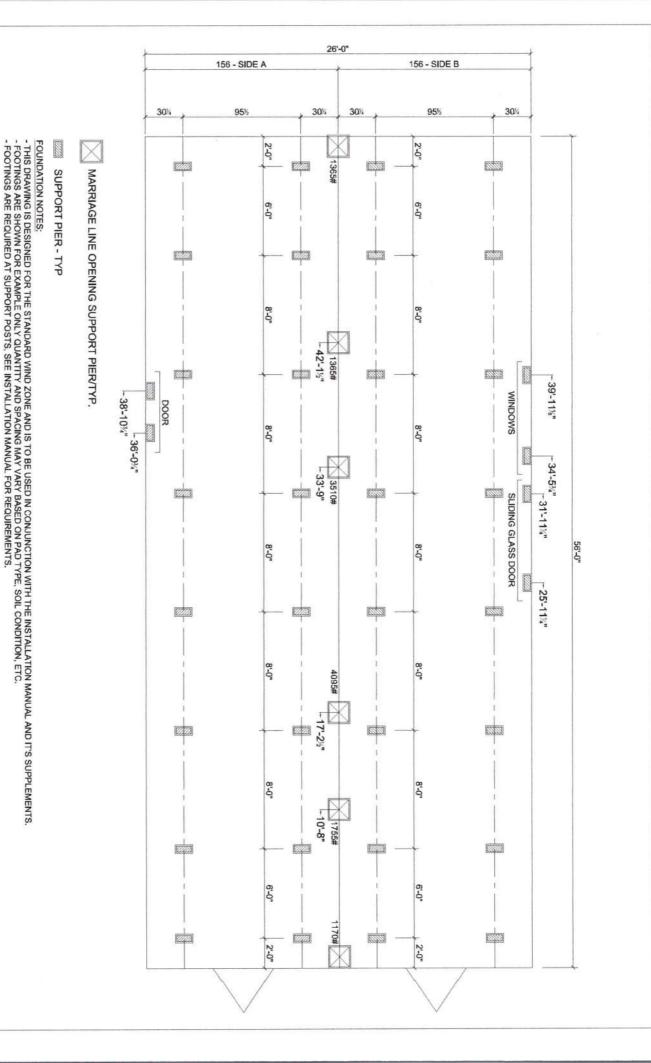
Timothy Shatto	(license holder name), licensed qualifier
for Shatto Heat & Air	(company name), do certify that
the below referenced person(s) listed on this for holder, or is/are employed by me directly or throughout officer of the corporation; or, partner as defined person(s) is/are under my direct supervision and sign permits; call for inspections and sign subcontact.	m is/are contracted/hired by me, the license ough an employee leasing arrangement; or, is an in Florida Statutes Chapter 468, and the said
Printed Name of Person Authorized	Signature of Authorized Person
1. Bo Royals	1. 180 PM
2. Dale Burd	2.
3.	3.
4.	4.
5.	5.
I, the license holder, realize that I am responsible under my license and fully responsible for complete 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 life 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 unauthorized persons to use your name and/or life.	iance with all Florida Statutes, Codes, and all County Licensing Boards have the power and ans 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 any of the changes and submit a new letter of our lists. Failure to do so may allow
Licensed Qualifiers Signature (Notarized)	CAC 057875 2/22/18 License Number Date
NOTARY INFORMATION: STATE OF: FOLIA COUNTY OF:	Union
The above license holder, whose name is personally appeared before me and is known by (type of I.D.)  on the personal of the p	me or has produced identification his 20 day of February, 20 18.
	VICTORIA K. PALMER

Notary Public - State of Florida Commission # FF 207489 My Comm. Expires Mar 9, 2019 Bonded through National Notary Assn.

		B B B B B B B B B B B B B B B B B B B	Typical pier specing  2 7.6  Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)	AVOTE: 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 bes exceed 5 ft 4 in. Installer's initials	Installer Emest Scott Johnson Ucense # IH-1025249 Installer Mobile Phone # 352-494-8099 Address of nome 1410 Scott Wikin LANB being installed Fort White Fr 32038 Manufacturer Scot B'It Length x width 5CX 28	PERMIT NUMBER
Standard Control	oximate locations of marriage 4 foot or greater. Use this withe piers.  ppenings greater than 4 foot s below.  Pier part size	Pier PAD SIZES   POPULAR PAD SIZES	Dearing   16" x 16"   16 1/2" x 18   20" x 20"   22" x 22"   24" x 24"   25" x 25"	J 3 8	New Home	SHEET

page	
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2	

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.	Electrical  Connect electrical conductors between multi-wide units, but not to the main power  This includes the bonding wire between multi-wide units. Pg.	$\sim$	metaller Name Cross Surved Olives 1101 x USes	ALL TEATS MUST BE PERFORMED BY A LICENSED INSTALLER	reading is 275 or less and where the mobile home manufacturer may requires anchors with 4000 ib 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 anchors are required at all centerline tie points where the torque 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.	TORQUE PROBE TEST	× × × × (noc)	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.	× LUMUL X	The packet penetrometer tests are rounded down topsf or check here to declare 1000 tb. soil without testing.	POCKET PENETROMETER TEST	PERMIT NUMBER
Installer Signature CIMED XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	on a	installer wadfles all information given with this narmit worksheet	Drain lines supported at 4 toot intervals: Yes Electrical crossovers protected. Yes Other:	Skirting to be installed. Yes No Dryer vent installed outside of skirting. Yes NIA Range downflow vent installed outside of skirting. Yes NIA NIA NIA	, MI	Siding on units is installed to manufacturer's specifications. Yes  Fireplace chimney installed so as not to allow intrusion of rain water. Yes	Weatherproofing	4 5 ct o 1		of tape will not serve as a gasket.		Gasket (esemberosona readropert)	Roof: Type Fastener: 1 and 5 Length: 7 Spacing: 20 For used homes a 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.	Floor: Type Fastener: 1 9 5 Length: 7 Spacing: 20 Walls: Type Fastener: 1 9 5 Length: 7 Spacing: 10		Debris and organic material removed	Site Preparation



ScotBilt

2856180SBS

ScotBilt Special 28 x 60 - 3BR 2 BATH

5-20-2019

2,126 SQ. FT. 2,126 SQ. FT. 128 SQ. FT.

128 SQ. FT.

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## STATE OF FLORIDA

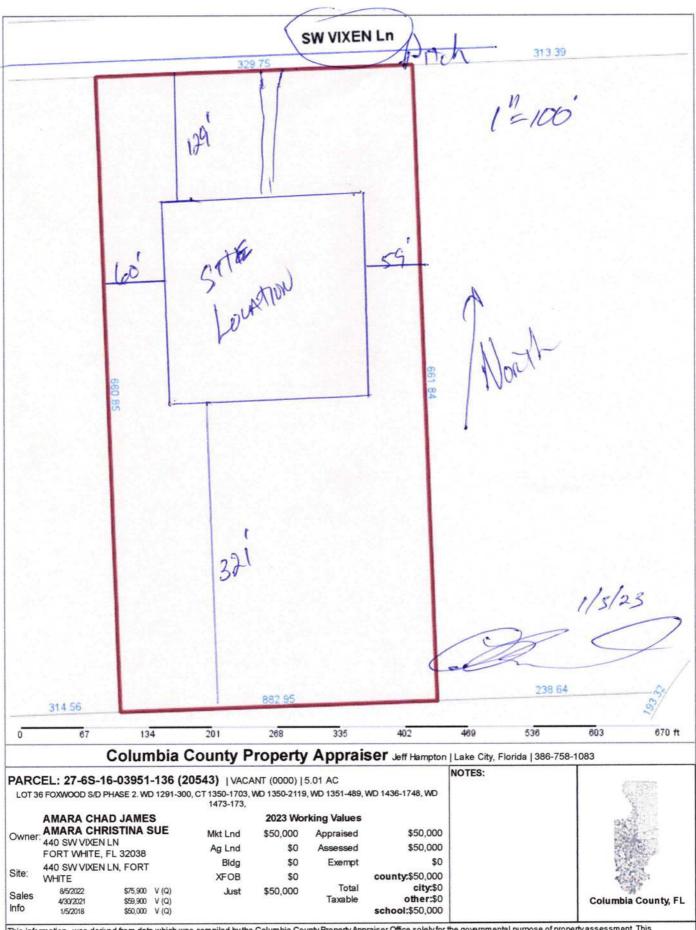
# **DEPARTMENT OF ENVIRONMENTAL PROTECTION**

APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number\_\_\_\_

Chad & Christin	na Amara	
Scale: Each block represents 10 fee	t and 1 inch = 40 feet.	210
916	288 1456 26 56 1456 26 56 1456 26 56 1456	Section 1
Notes:		
1 05	5.01 Hears SRA	ATTACHRE
Site Plan submitted by:		Contractor
Plan Approved	Not Approved	Date
Ву		County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



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, 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

# HITCH-END

ONT THE DOMEON (ORL. DOMEON EXT.)

IT DOTHER (DOUBLE DONNER EXTEROR)

17 DUNARTA (SINGLE DORNER EXTERIOR)

DRAWING/MODEL NUMBER:

SCOTBILT SPECIAL
3 BEDROOM / 2 BATH

LIVING SPACE: 1,456 R 0 4 PORCH:

ABRA

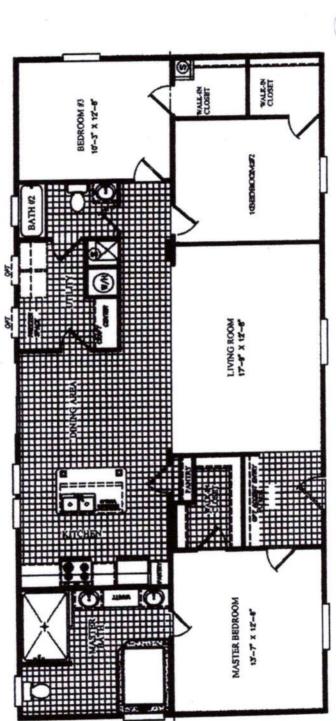
REFERENCE: M180

VERSION DATE

TOTAL 09/28/2015

UNIT SPECIFICATIONS: 1,456 R<sup>2</sup>

2856180SBS





### **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:

6/22/2020 2:47:42 PM

Address:

440 SW VIXEN LN

City:

FORT WHITE

State:

FL

Zip Code

32038

Parcel ID

27-6S-16-03951-136

REMARKS:

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

Verification ID: 1f0836c0-2e52-4712-bdbb-a0995489c692

Address was reassigned from old address: NEW SW VIXEN LN

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