

Parcel:

24-5S-16-03701-000

Kayla Lamonda  
Deed Attached

**Owner & Property Info**

Owner **GAINER, JUAN SR &**  
TAMMY GAINER  
15270 NW 150TH AVE APT 2043  
ALACHUA, FL 32615

Site

Description\* BEG SE COR OF NE1/4 OF NE1/4, RUN N 210 FT, W 210 FT, S 210 FT, E  
210 FT TO POB. ORB 391-211, 750-655, 837-2010, TD 1025-1514, QC 1390-  
2241,

Area 1 AC

S/T/R 24-5S-16

Use Code\*\* VACANT (000000)

Tax District 3

Prepared by:  
Michael H. Harrell  
Abstract Trust Title, LLC  
283 NW Cole Ter  
Lake City, FL 32055

Inst: 202012016847 Date: 10/15/2020 Time: 9:17AM  
Page 1 of 2 B: 1421 P: 1909, James M Swisher Jr, Clerk of Court  
Columbia, County, By: BR  
Deputy ClerkDoc Stamp-Deed: 126.00

4-10044

## Warranty Deed

Individual to Individual

THIS WARRANTY DEED made the 12 day of October, 2020, Juan Gainer, Sr. and Tammy Gainer, a married couple, hereinafter called the grantor, to Kayla Marie Lamonda, a single person, whose address is: 256 NE Bickel Drive, Lake City, FL 32055 hereinafter called the grantee:

(Wherever used herein the terms "grantor" and "grantee" include all the parties to this instrument and the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporation)

Witnesseth: That the grantor, for and in consideration of the sum of \$10.00 and other valuable considerations, receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliens, remises, releases, conveys, and confirms unto the grantee, all that certain land situate in COLUMBIA County, Florida:

**Begin at the SE corner of the NE 1/4 of the NE 1/4 of Section 24, Township 5 South, Range 16 East, Columbia County, Florida, thence run North 210, thence run West 210 feet, thence run South 210 feet; thence run East 210 feet to the Point of Beginning.**

**Less and Except any part lying within a Road Right of Way.**

TOGETHER with all tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

TO HAVE AND TO HOLD, the same in fee simple forever.

AND the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances, except taxes accruing subsequent to the prior year.

IN WITNESS WHEREOF, the said grantor has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in our presence:

Jessica M. Thomas  
Witness:

Jessica M. Thomas  
Printed Name:

Debbie G. Moore  
Witness:

Debbie G. Moore  
Printed Name:

Juan Gainer, Sr.  
Juan Gainer, Sr.

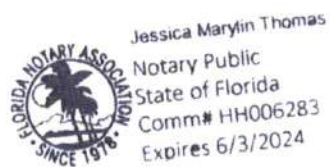
Tammy Gainer  
Tammy Gainer

STATE OF FLORIDA  
COUNTY OF COLUMBIA

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 12 day of October, 2020 by Juan Gainer, Sr. and Tammy Gainer, a married couple personally known to me or, if not personally known to me, who produced DL as identification.

(Notary Seal)

Jessica Marylin Thomas  
Notary Public



## MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER \_\_\_\_\_ CONTRACTOR Robert Sheppard PHONE 386-623-2203

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

Kayla Lamonda

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.*

<b>ELECTRICAL</b>	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"/>	
<b>MECHANICAL/ A/C</b>	Print Name <u>Ronald Bonds Sr.</u>	Signature 
	License #: <u>CAC1817658</u>	Phone #: <u>800-259-3470</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, Glenn 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>Dan Burd</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.

[Signature] License Qualifiers Signature (Notarized) EL13002957 License Number 3/7/16 Date

#### NOTARY INFORMATION:

STATE OF: FL COUNTY OF: Columbia

The above license holder, whose name is Glenn 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, 2016.

[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, Ronald E Bonds Sr (license holder name), licensed qualifier for Style Crest Enterprises, 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>Dale Burr</u>	1. <u>[Signature]</u>
2. <u>Rocky Ford</u>	2. <u>[Signature]</u>
3. <u>Kelly Bishop</u>	3. <u>Kelly Bishop</u>
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.

[Signature]  
Licensed Qualifiers Signature (Notarized)

CRC 1817658  
License Number

2-16-14  
Date

#### NOTARY INFORMATION:

STATE OF: FL COUNTY OF: Bay

The above license holder, whose name is Ronald Edward Bonds Sr personally appeared before me and is known by me or has produced identification (type of I.D.) \_\_\_\_\_ on this 16<sup>th</sup> day of FEB, 20 14.

Stacey Ann Hopkins  
NOTARY'S SIGNATURE

(Seal/Stamp)





# Mobile Home Permit Worksheet

Application Number: \_\_\_\_\_

Date: \_\_\_\_\_

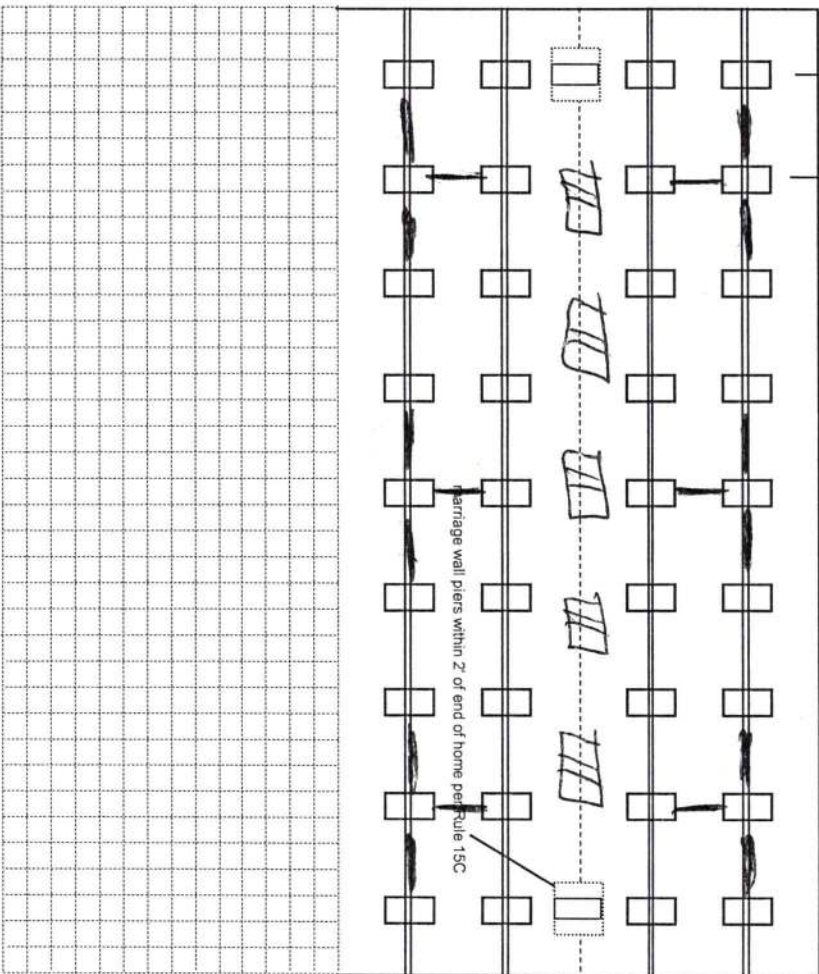
Installer: Robert Shepard License # 5111025386

Address of home being installed: 511 Andrews Road Lake City, TN, 37004

Manufacturer Live Oak Length x width 56x28

**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 R.S.



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 # 61812

Triple/Quad ☐ Serial # LDH6A22D356074B

## PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	Footer size (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'	8'
1500 psf	4' 6"	6'	7'	8'	8'	8'	8'
2000 psf	6'	8'	8'	8'	8'	8'	8'
2500 psf	7' 6"	8'	8'	8'	8'	8'	8'
3000 psf	8'	8'	8'	8'	8'	8'	8'
3500 psf	8'	8'	8'	8'	8'	8'	8'

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

## PIER PAD SIZES

I-beam pier pad size 17x25  
 Perimeter pier pad size 16x16  
 Other pier pad sizes (required by the mfg.) 17x25

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

## POPULAR PAD SIZES

Pad Size	Sq In
16 x 16	256
16 x 18	288
18.5 x 18.5	342
16 x 22.5	360
17 x 22	374
13 1/4 x 26 1/4	348
20 x 20	400
17 3/16 x 25 3/16	441
17 1/2 x 25 1/2	446
24 x 24	576
26 x 26	676

## ANCHORS

4 ft ☒ 5 ft ☐

## FRAME TIES

within 2' of end of home spaced at 5' 4" oc ☒

## TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)  
 Manufacturer DLIVER 1101V  
 Longitudinal Stabilizing Device w/ Lateral Arms  
 Manufacturer DLIVER 1101V

## OTHER TIES

Sidewall Longitudinal Marriage wall Shearwall  
 Number 24  
4

# Mobile Home Permit Worksheet

Application Number: \_\_\_\_\_

Date: \_\_\_\_\_

## POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 1500 psf or check here to declare 1000 lb. soil \_\_\_\_\_ without testing.

x 1500 x 1500 x 1600

### 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 1600 x 1500 x 1500

## TORQUE PROBE TEST

The results of the torque probe test is 295 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 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.

R.S. Installer's initials

## ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Robert Sheppard

Date Tested

9-18-2020

## 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. 29

## Plumbing

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

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 28

## Site Preparation

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

## Fastening multi wide units

Floor: \_\_\_\_\_ Type Fastener: lags Length: 5 Spacing: 16"  
Walls: \_\_\_\_\_ Type Fastener: screws Length: 4 Spacing: 16"  
Roof: \_\_\_\_\_ Type Fastener: lags Length: 6 Spacing: 16"  
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.

## Gasket (weatherproofing requirement)

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 R.S.

Type gasket FOAM

Pg. 22

Installed: \_\_\_\_\_  
Between Floors Yes \_\_\_\_\_  
Between Walls Yes \_\_\_\_\_  
Bottom of ridgebeam Yes \_\_\_\_\_

## Weatherproofing

The bottomboard will be repaired and/or taped. Yes \_\_\_\_\_  
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

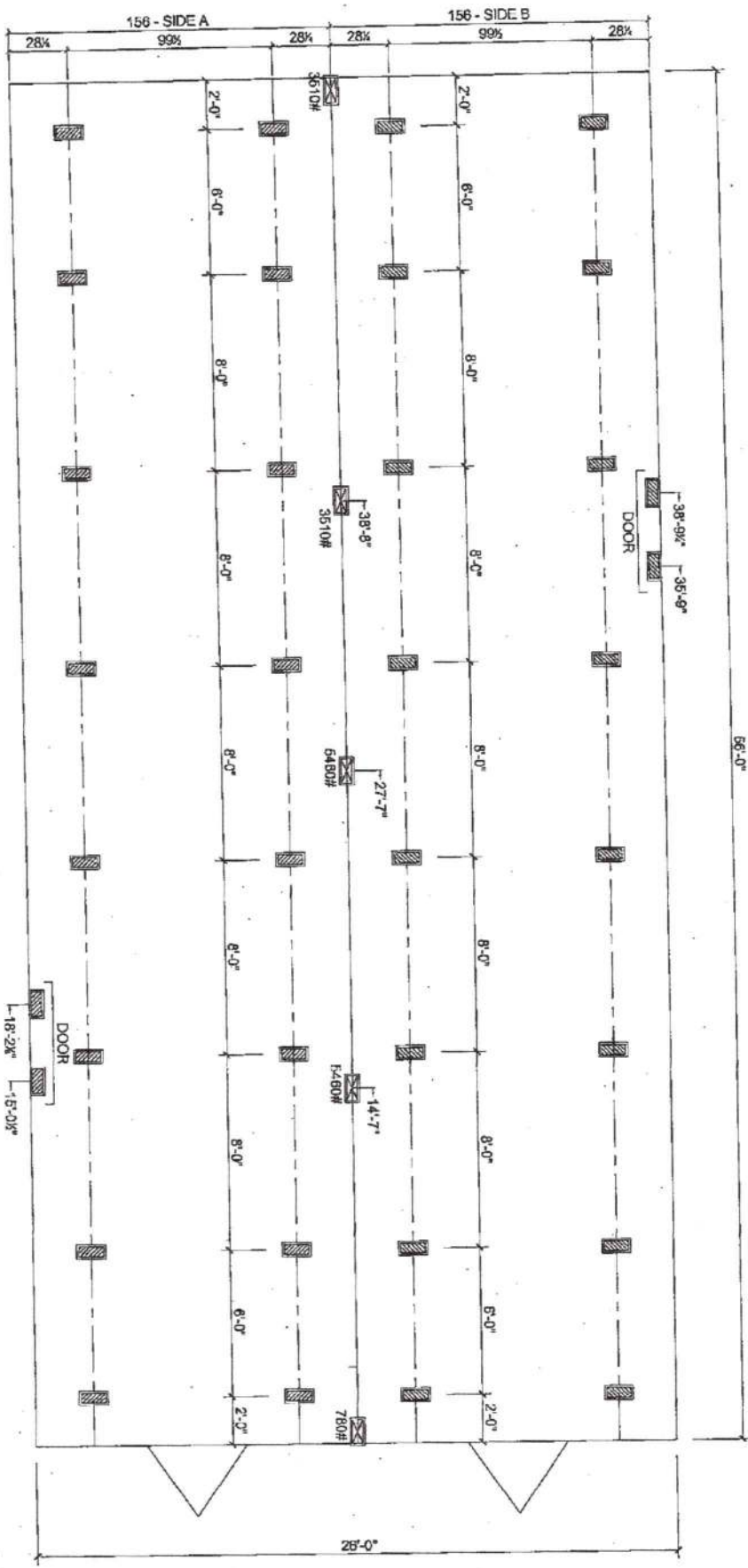
Installer Signature

Robert Sheppard

Date 9/18/20



Sprinter



MARRIAGE LINE OPENING SUPPORT PIER/TYP.  
 SUPPORT PIER/TYP.

FOUNDATION NOTES:  
 - THIS DRAWING IS DESIGNED FOR THE STANDARD WIND ZONE AND IS TO BE USED IN CONJUNCTION WITH THE INSTALLATION MANUAL AND ITS SUPPLEMENTS.  
 - FOOTINGS 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.

1-9-2014

**Live Oak Homes**  
**MODEL: L-2563G - 28 X 56**  
**3-BEDROOM / 2-BATH**

- (A) MAIN ELECTRICAL
- (B) ELECTRICAL CROSSOVER
- (C) WATER INLET
- (D) WATER CROSSOVER (IF ANY)
- (E) GAS INLET (IF ANY)
- (F) GAS CROSSOVER (IF ANY)
- (G) DUCT CROSSOVER
- (H) SEWER DROPS
- (I) RETURN AIR (W/OPT. HEAT PUMP OH DUCT)
- (J) SUPPLY AIR (W/OPT. HEAT PUMP OH DUCT)

L-2563G

26-



3-BEDROOM / 2-BATH

**Date:** 10-30-2013

Date: 10-30-2013

<sup>a</sup> All room dimensions include closets and square footage figures are approximate.

\* All room dimensions include closets and square footage figures are approximate.  
† Transoms available on optional 9'-0" sidewall houses only.

\* Transom windows are available on optional 9'-0" sidewall houses only.

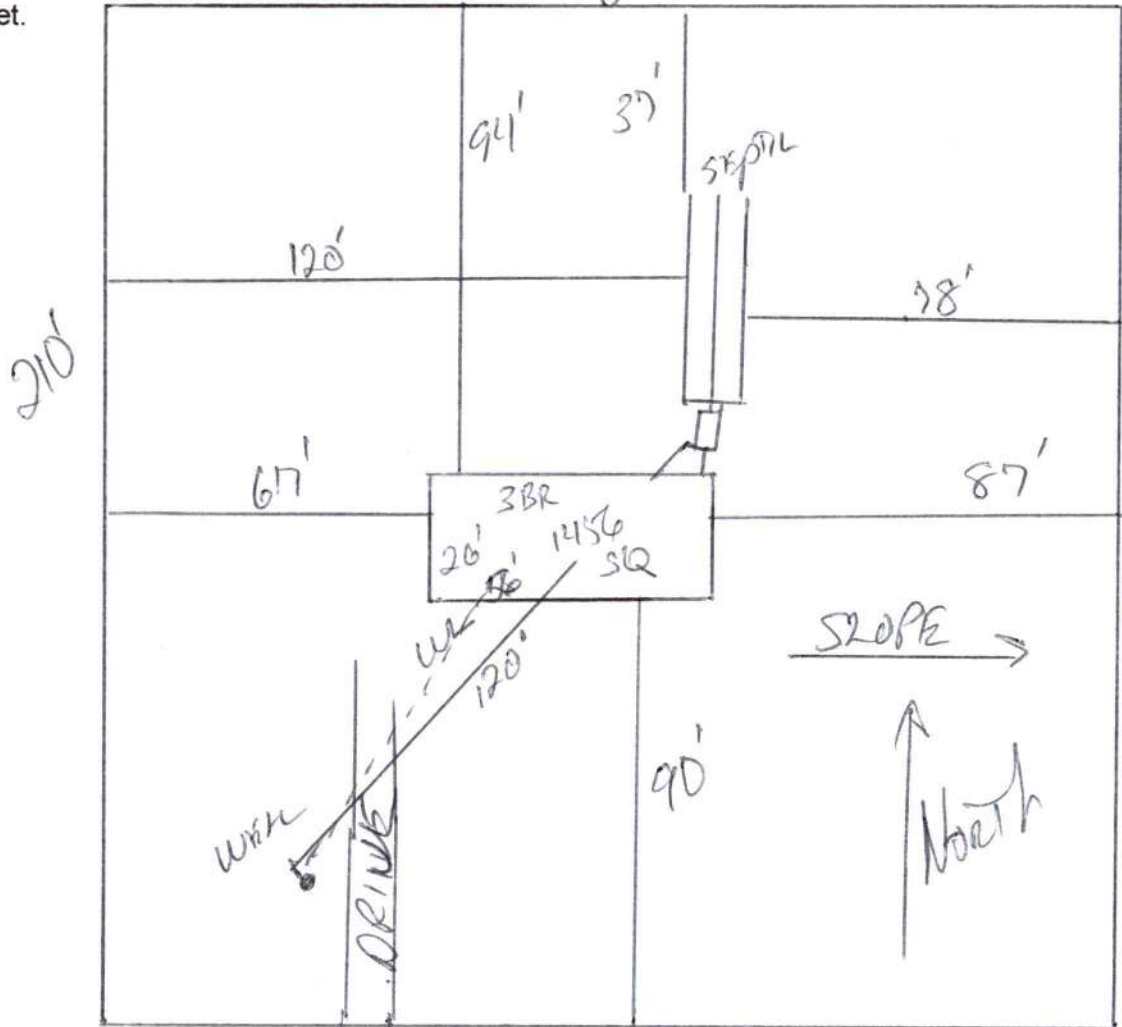


STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number \_\_\_\_\_

LAMONDA ----- PART II - SITEPLAN -----

Scale: 1 inch = 40 feet.



Notes: \_\_\_\_\_

Site Plan submitted by: \_\_\_\_\_

CONTRACTOR

Plan Approved \_\_\_\_\_

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

Date \_\_\_\_\_

By \_\_\_\_\_ County Health Department

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