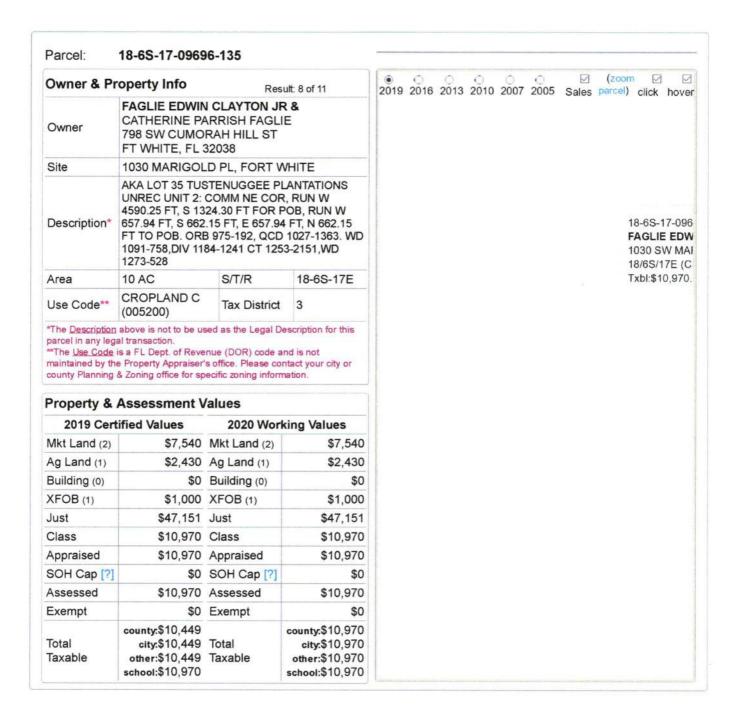
PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

| For Office Use Only | (Revised 7-1-15) | Zoning Official | Build | ling Official |
|---------------------------|--|-------------------------|--|---|
| AP# | Date Rece | ived | _By Perm | it # |
| Flood Zone D | | | | Plan Map Category |
| FEMA Map# | Elevation | Finished Floor | River | In Floodway |
| □ Recorded Deed or 1 | Property Appraiser | PO Site Plan | EH# | □ Well letter OR |
| □ Existing well □ La | nd Owner Affidavit | ☐ Installer Authoriza | tion FW Comp | . letter 🗆 App Fee Paid |
| □ DOT Approval □ Pa | arent Parcel # | = ST | UP-MH | □ 911 App |
| ☐ Ellisville Water Sys | □ Assessment Pai | id on Property O | ut County 🗆 In Co | unty Sub VF Form |
| roperty ID #18-65 | S-17-09696-135 | Subdivision | Tustenuggee P | lantations Unrec Lot#_; |
| New Mobile Home | XUse | ed Mobile Home | MH Siz | ze <u>16 x 76</u> Year <u>2020</u> |
| Applicant Dale | Burd | | Phone #386- | 365-7674 |
| Address 2061 | 9 CR 137, Lake (| City, FL, 32024 | | |
| Name of Property | Owner Edwin Cla | yton Faglie | Phone# | 386-965-4722 |
| | | | | |
| Circle the correct | power company - | FL Power & | Light - (| Clay Electric) |
| | (Circle One) - | Suwannee Valley | / Electric - I | Duke Energy |
| Name of Owner of | Mahila Hama MA | lliam & Brandi Cmi | th Di- | # 000 too t70 t |
| | | | | #386-496-1704 |
| | | h Hill St, Fort White | | |
| Relationship to Pr | operty Owner <u>Dau</u> | ughter and Son-in-la | w | |
| Current Number o | f Dwellings on Pro | perty0 | | |
| Lot Size 657 | x 662 | Total Acre | eage 0 | |
| Do you : Have Exis | sting Drive rently using) Priva | ate Drive Road Sign) | ulvert Permit or Cutting in a Culvert) | Culvert Waiver (Circle or Not existing but do not need a Culv |
| Is this Mobile Hom | o Ponlacing an Ev | latina Mahila Harra | No | |
| | ie Replacing an Ex | isting Mobile Home | No | |
| Driving Directions | A STATE OF THE STA | • | | , 1 mile to site on left |
| Driving Directions | A STATE OF THE STA | • | | , 1 mile to site on left |
| | to the Property_T | • | , TR Marigold Pl | |
| Name of Licensed | to the Property_T | ustenuggee South | , TR Marigold Pl | |



STATE OF FLORIDA COUNTY OF COLUMBIA

LAND OWNER AFFIDAVIT

| This is to certify that I, (We), Edwin Clayt | on Faglie Jr & Catherine Parrish Faglie , | | |
|---|---|--|--|
| as the owner of the below described prope | rty: | | |
| Property tax Parcel ID number18-6S-1 | 7-09696-135 | | |
| Subdivision (Name, lot, Block, Phase) Tustend | uggee Plantations Unrec Lot 35 | | |
| Give my permission for William & Brandi | Smith to place a | | |
| Circle one Mobile Home Travel Trailer Barn - Shed - Garage / Culve | / Utility Pole Only / Single Family Home / ort / Other | | |
| I (We) understand that the named person(s permit on the property number I (we) have assessment for solid waste and fire protect | | | |
| Owner Signature | 14-20-20 Date | | |
| Atherine P. Forglie Owner Signature | 4.20 - 20 Date | | |
| Owner Signature | Date | | |
| Sworn to and subscribed before me this _ | 20 day of Am , 20 20 This | | |
| (These) person(s) are personally known to me or produced ID | | | |
| M 0 | (Type) | | |
| Notary Public Signature | Nota ARY Cup on Nota Public | | |
| Notary Stamp/ | STATE OF FLORIDA Comm# GG231750 Expires 7/16/2022 | | |

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

| APPLICATION NUM | MBER | CONTRACTOR Brent Strick | and PHONE 386-365-7043 | | |
|--|---|---|--|--|--|
| THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT William & Brandi Smith | | | | | |
| In Columbia County one permit will cover all trades doing work at the permitted site. It is KEQUIKED 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. | | | | | |
| | he permitted contractor is respond bcontractor beginning any work. | apping 1. Hard Thing is a little of the control of | eing submitted to this office prior to the work orders and/or fines. | | |
| ELECTRICAL | Print Name Glenn Whittington | Signature | 46 | | |
| | License #: EC 13002957 | Phone #: | 386-972-1700 | | |
| Qualifier Form Attached X | | | | | |
| MECHANICAL/ | Print Name Michael Boland | Signature | | | |
| A/C | License #: CAC 1817716 | Phone #: | 386-972-1700 | | |
| Qualifier Form Attached X | | | | | |
| Qualifier Form | as cannot be submitted for any | Snecialty License | | | |
| Qualifier Forms cannot be submitted for any Specialty License. | | | | | |
| Specialty Li | cense License Number | Sub-Contractors Printed Name | Sub-Contractors Signature | | |
| CONCRETE FIN | ISHER | | | | |

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

| LICENSED QUALIFIE | R AUTHORIZATION |
|--|---|
| 1. Chard Whitington | (license holder name), licensed qualifier |
| for Whittington Effekt ? | Twc(company name), do certify that |
| the below referenced person(s) listed on this form holder, or is/are employed by me directly or throu officer of the corporation; or, partner as defined in person(s) is/are under my direct supervision and sign permits; call for inspections and sign subcon- | ugh an employee leasing arrangement; or, is an n Florida Statutes Chapter 468, and the said control and is/are authorized to purchase and |
| Printed Name of Person Authorized | Signature of Authorized Person |
| 1. DARSUR | 16 |
| 2. Vexpy tond | 2. Jones De |
| 3. | 3. |
| 4. | 4. |
| 5. | 5. |
| I, the license holder, realize that I am responsible under my license and fully responsible for compl Local Ordinances. I understand that the State ar authority to discipline a license holder for violatic officers, or employees and that I have full respor and ordinances inherent in the privilege granted | iance with all Florida Statutes, Codes, and ad County Licensing Boards have the power and ans committed by him/her, his/her agents, asibility for compliance with all statutes, codes |
| If at any time the person(s) you have authorized officer(s), you must notify this department in writ authorization form, which will supersede all prevunauthorized persons to use your name and/or limited. | ing of the changes and submit a new letter of ous lists. Failure to do so may allow cense number to obtain permits. |
| Licensed Qualifiers Signature (Notarized) | License Number Date |
| NOTARY INFORMATION: STATE OF:COUNTY OF: | Colombia |
| The above license holder, whose name is | me or has produced identification this day of |
| KILLY POSHOP NOTARY'S SIGNATURE | eal/Stance) Y R BISHOP Notary Public - State of Florida |



COLUMBIA COUNTY BUILDING DEPARTMENT 135 NE Hemando Ave, Suite B-21, Lake City, FL 32055

Phone: 386-758-1008 Fax: 386-758-2160

| 0.100 | | | | |
|--|---|--|--|--|
| LICENSED QUALIFI | ER AUTHORIZATION | | | |
| 1 MichARIA GOLAND | (license holder name), licensed qualifier | | | |
| for ACE A/L DE OCA/A | (company name), do certify that | | | |
| the below referenced person(s) listed on this for | | | | |
| | ough an employee leasing arrangement; or, is an in Florida Statutes Chapter 468, and the said docontrol and is/are authorized to purchase and | | | |
| Printed Name of Person Authorized | Signature of Authorized Person | | | |
| 1. DAIR EAD | 1.648 | | | |
| 2. Kally Bishop | 2. Kelly Bishop | | | |
| 3. Locky Ford | 3. Vach, 1) - | | | |
| 4. | 4. | | | |
| 5. | 5. | | | |
| I, the license holder, realize that I am responsible under my license and fully responsible for comp Local Ordinances. I understand that the State are authority to discipline a license holder for violation officers, or employees and that I have full responsand ordinances inherent in the privilege granted | liance with all Florida Statutes, Codes, and and County Licensing Boards have the power and cons committed by him/her, his/her agents, assibility for compliance with all statutes, codes | | | |
| If at any time the person(s) you have authorized officer(s), you must notify this department in writ authorization form, which will supersede all prevunauthorized persons to use your name and/or leading to the second of the se | ting of the changes and submit a new letter of rious lists. Failure to do so may allow | | | |
| Licensed Qualiflers Signature (Notarized) | | | | |
| NOTARY INFORMATION: STATE OF: COUNTY OF: | maico | | | |
| The above license holder, whose name is Michael A. Box and personally appeared before me and is known by me or has produced identification (type of I.D.) on this day of November, 20 | | | | |
| NOTARYS SIGNATURE | (Seal/Stamp) | | | |
| | | | | |



| | marriage wall piers within 2' of end of home per Rule 15C | | 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 Typical pier spacing 2' Show locations of Longitudinal and Lateral Systems [aboval] [bongitudinal] [use dark lines to show these locations) | 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 | Installer Brent Strickland License # IH 1104218 Installer Mobile Phone # 386-365-7043 Address of home being installed Address of home being installed FORT Whith, Fl. 3 2038 Manufacturer LIN OUL Length x width Manufacturer LIN OUL |
|---|--|--|---|--|---|
| within 2' of end of home spaced at 5' 4" oc Spaced | Other pier pad sizes (required by the mfg.) The continuation of | 8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8' | PIER SPACING TABLE FOR USED H ter 16" x 16" | Roof System: V Typical Hinged | New Home Used Home |

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

x1600

Walls

アナナオ

Water drainage: Natural Swal

Swale

Pad

Other

Site Preparation

Roof Floor

8

POCKET PENETROMETER TESTING METHOD

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

x 1500

x/600

× 1600

TORQUE PROBE TEST

showing 275 inch pounds or less will require 5 foot anchors here if you are declaring 5' anchors without testing The results of the torque probe test is inch pounds or check

Note: A state approved lateral arm system is being used and 4 ft. anchors are required at all centerline tie points where the torque test anchors are allowed at the sidewall locations. I understand 5 ft requires anchors with 4000 lb holding capacity reading is 275 or less and where the mobile home manufacturer may Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Date Tested

Electrical

Other

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

Plumbing

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

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

| pe Fastener: Length: Spacing: Pe Fastener: Length: Spacing: Pe Fastener: Length: Spacing: Pe Fastener: Length: Spacing: Pe Fastener: Length: Spacing: Spaci |
|--|
| |

of tape will not serve as a gasket a result of a poorly installed or no gasket being installed. I understand a strip homes and that condensation, mold, meldew and buckled marriage walls are l understand a properly installed gasket is a requirement of all new and used

Installer's initials

Type gasket

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

Weatherproofing

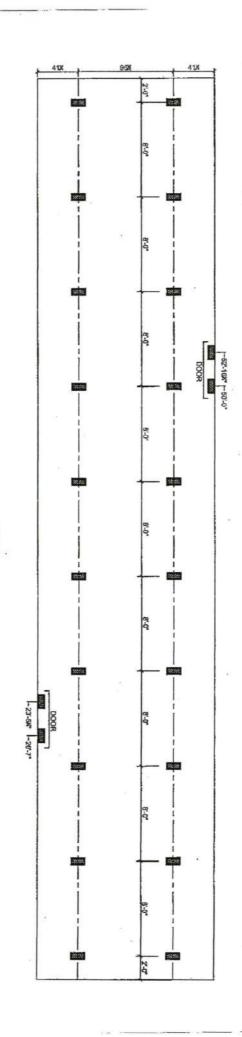
Fireplace chimney installed so as not to allow intrusion of rain water. Yes Siding on units is installed to manufacturer's specifications. Yes The bottomboard will be repaired and/or taped. Yes

Range downflow vent installed outside of skirting. Skirting to be installed. Yes Electrical crossovers protected. Yes Drain lines supported at 4 foot intervals. Yes Dryer vent installed outside of skirting. Yes No Yes Z

Miscellaneous

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

Installer Signature Date 424-2020



Live Oak Homes MODEL: L-5763H - 16 X 80 3-BEDROOM / 2-BATH

FOUNDATION NOTES:

THIS DRAWING IS DESIGNED FOR THE STANDARD WIND ZONE AND IS TO BE USED IN CONJUNCTION WITH THE INSTALLATION MANUAL AND IT'S SUPPLEMENTS.
FOOTINGS ARE REQUIRED AT SUPPORT POSTS, SEE INSTALLATION MANUAL FOR REQUIREMENTS.
FOOTINGS ARE REQUIRED AT SUPPORT POSTS, SEE INSTALLATION MANUAL FOR REQUIREMENTS.

3-24-2014

SUPPORT PIER/TYP

MAN ELECTRICAL

B ELECTRICAL CROSSOVER

WATER INLET

WATER CROSSOVER (IF ANY)

E GAS INLET (IF ANY)

F GAS CROSSOVER (IF ANY)

DUCT CROSSOVER
 SEWER DROPS
 THE THINK AIR (WIOPT, HEAT PUMP OH DUCT)
 SUPPLY AIR (WIOPT, HEAT PUMP OH DUCT)

L-5763H

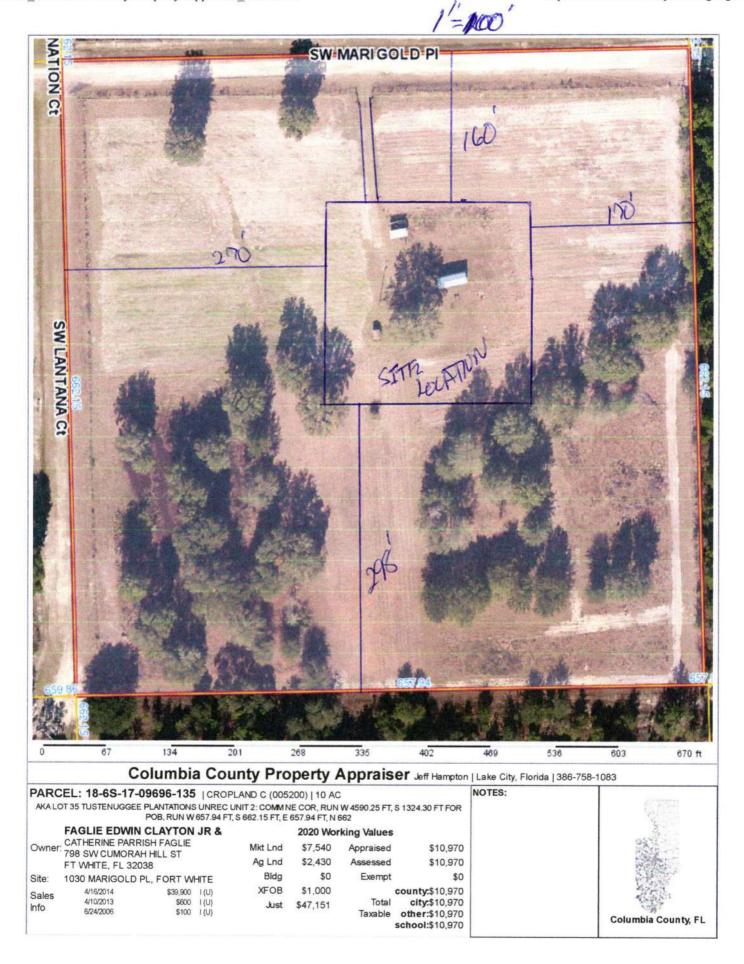
STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number

| Frelie/Smi | APART II - SITEPLAN | 10 |
|--------------------------|--|--------------------------|
| Scale: 1 inch = 40 feet. | 15/10/2 1/30 SQ 15/10/2 1/30 SQ 2 BR 122' 128' 122' 123' 143' | 65' |
| Notes: | of 10 Acres SER ATTAC | hed |
| Site Plan submitted by: | | CONTRACTOR |
| Plan Approved | Not Approved | Date |
| By | | County Health Department |

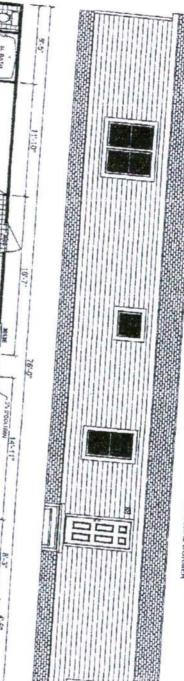
ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



THE WALL

ACE





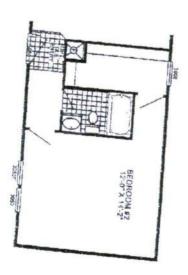
MASTER BEDROOM

All room dimensions include obsets and square topiage figures are approximate transom who have a systeble on optional grop strowns floures are approximate Availacia with Liber's or Shider's enough who boyed.

16 X 80 - Approx. 1130 Sq. Ft.

2-BEDROOM / 2-BATH

L-5763H-SVS



OPT. 2 BEDROOM

11