

DATE 12/07/2009

Columbia County Building Permit
This Permit Must Be Prominently Posted on Premises During Construction

PERMIT
000028253

APPLICANT WENDY GRENNELL PHONE 386.752.4339
ADDRESS POB 39 FT. WHITE FL 32038
OWNER DEAS BULLARD PROP,LLC-(R. REGISTER M/H) PHONE 386.965.9562
ADDRESS 159 SW HOSFORD COURT LAKE CITY FL 32024
CONTRACTOR ROBERT SHEPPARD PHONE 386.623.220
LOCATION OF PROPERTY 90-W TO PINEMOUNT,TL TO WOODGATE,TL GO TO END,TR TO
HOSFORD CT,TR PROPERTY ON R @ CUL-DE-SAC.
TYPE DEVELOPMENT M/H/UTILITY ESTIMATED COST OF CONSTRUCTION 0.00
HEATED FLOOR AREA TOTAL AREA HEIGHT STORIES
FOUNDATION WALLS ROOF PITCH FLOOR
LAND USE & ZONING A-3 MAX. HEIGHT
Minimum Set Back Requirments: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00
NO. EX.D.U. 2 FLOOD ZONE X DEVELOPMENT PERMIT NO.

PARCEL ID 08-4S-16-02810-319 SUBDIVISION WOODGATE VILLAGE
LOT 19 BLOCK PHASE UNIT 3 TOTAL ACRES 0.50

IH0000833
Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor
EXISTING 09-0594-E BLK WR N
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: LEGAL LOT OF RECORD - REPLACING EXISTING MH.1 UNIT CHARGED.
1 FOOT ABOVE ROAD.

Check # or Cash 5810

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

Temporary Power Foundation Monolithic
date/app. by date/app. by date/app. by
Under slab rough-in plumbing Slab Sheathing/Nailing
date/app. by date/app. by date/app. by
Framing Insulation
date/app. by date/app. by
Rough-in plumbing above slab and below wood floor Electrical rough-in
date/app. by date/app. by
Heat & Air Duct Peri. beam (Lintel) Pool
date/app. by date/app. by date/app. by
Permanent power C.O. Final Culvert
date/app. by date/app. by date/app. by
Pump pole Utility Pole M/H tie downs, blocking, electricity and plumbing
date/app. by date/app. by date/app. by
Reconnection RV Re-roof
date/app. by date/app. by date/app. by

BUILDING PERMIT FEE \$ 0.00 CERTIFICATION FEE \$ 0.00 SURCHARGE FEE \$ 0.00
MISC. FEES \$ 300.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 0.00 WASTE FEE \$
FLOOD DEVELOPMENT FEE \$ FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$ TOTAL FEE 375.00
INSPECTORS OFFICE CLERKS OFFICE

NOTICE: IN ADDITION TO THE REQUIREMENTS OF THIS PERMIT, THERE MAY BE ADDITIONAL RESTRICTIONS APPLICABLE TO THIS PROPERTY THAT MAY BE FOUND IN THE PUBLIC RECORDS OF THIS COUNTY. AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.

"WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT."

EVERY PERMIT ISSUED SHALL BECOME INVALID UNLESS THE WORK AUTHORIZED BY SUCH PERMIT IS COMMENCED WITHIN 180 DAYS AFTER ITS ISSUANCE, OR IF THE WORK AUTHORIZED BY SUCH PERMIT IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AFTER THE TIME THE WORK IS COMMENCED. A VALID PERMIT RECIEVES AN APPROVED INSPECTION EVERY 180 DAYS. WORK SHALL BE CONSIDERED NOT SUSPENDED, ABANDONED OR INVALID WHEN THE PERMIT HAS RECIEVED AN APPROVED INSPECTION WITHIN 180 DAYS OT THE PREVIOUS INSPECTION.

The Issuance of this Permit Does Not Waive Compliance by Permittee with Deed Restrictions.

Application Fee \$75.00

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-10-08) Zoning Official BK 09.12.09 Building Official 12/3/09 (un)
AP# 0912-02 Date Received 12/1 By TW Permit # 28253
Flood Zone X Development Permit N/A Zoning A-3 Land Use Plan Map Category A-3
Comments Legal lot of Record - Replacing existing MH
FEMA Map# N/A Elevation N/A Finished Floor 1st floor River N/A In Floodway N/A
☒ Site Plan with Setbacks Shown ☒ EH # 09-0594-E ☒ EH Release ☒ Well letter ☒ Existing well Community Water Syst
☒ Recorded Deed or Affidavit from land owner ☒ Letter of Auth. from installer ☐ State Road Access
☐ Parent Parcel # ☐ STUP-MH ☐ F W Comp. letter
IMPACT FEES: EMS _____ Fire _____ Corr _____ Road/Code _____
School _____ = TOTAL _____ Impact Fees Suspended March 2009 _____

- Property ID # 08-45-16-02810-319 Subdivision Woodgate Village Unit 3 Lot 19
- New Mobile Home ☒ Used Mobile Home _____ MH Size 28x64 Year 09
 - Applicant Wendy Grennell, Dale Burdick Rocky Ford Phone # 386-497-2311
 - Address PO Box 39 Fort White FL 32038
 - Name of Property Owner Deas Bullard / Rick Register Phone # 386-752-4339
 - 911 Address 159 Hosford Court Lake City FL 32024
 - Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Progress Energy
 - Name of Owner of Mobile Home Rick Register Phone # 386-965-9562
Address 159 Hosford Court Lake City FL 32024
 - Relationship to Property Owner By Agreement for Deed
 - Current Number of Dwellings on Property 1 to be replaced
 - Lot Size _____ Total Acreage .5
 - Do you : Have Existing Drive or Private Drive or need Culvert Permit or Culvert Waiver (Circle one)
(Currently using) (Blue Road Sign) (Putting in a Culvert) (Not existing but do not need a Culvert)
 - Is this Mobile Home Replacing an Existing Mobile Home Yes (pd)
 - Driving Directions to the Property Hwy 90 West to Pinemount turn (L) to Woodgate turn (L) go to end turn (R) to Hosford Ct turn (R) property on (R) at Caudesack
Cul-de-sac
 - Name of Licensed Dealer/Installer Robert Sheppard Phone # 386-623-2203
 - Installers Address 16355 CR 245 Lake City FL 32055
 - License Number TH0000833 Installation Decal # 305368

ck# 5810

TW called Wendy. Left message 12.2.09

PERMIT WORKSHEET

page 1 of 2

PERMIT NUMBER

Installer

Robert Shepard License # I-H0000833

Address of home being installed

159 Horsford Court
Lake City FL 32024

Manufacturer

Live Oak Length x width 28x52

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

RS

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 Detail # 305368
Triple/Quad ☐ Serial # L06HA 10810480AB

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity	Footer size (sq in)	16' x 16' (256)	18 1/2" x 18 1/2" (342)	20' x 20' (400)	22' x 22' (484)	24' x 24' (576)	26' x 26' (676)
1000 DF	3'	4'	5'	6'	7'	8'	9'
1500 DF	4'	5'	6'	7'	8'	9'	10'
2000 DF	5'	6'	7'	8'	9'	10'	11'
2500 DF	6'	7'	8'	9'	10'	11'	12'
3000 DF	7'	8'	9'	10'	11'	12'	13'
3500 DF	8'	9'	10'	11'	12'	13'	14'

* Interpolated from Rule 15C-1 pier spacing table.

PIER PAD SIZES

I-beam pier pad size 17x25

Perimeter pier pad size 17x25

Other pier pad sizes (required by the mfg.) 17x25

Draw the approximate locations of marriage well openings 4 foot or greater. Use this symbol to show the piers.

List all marriage well openings greater than 4 foot and their pier pad sizes below.

Opening

Pier pad size

ANCHORS

4 ft 6 ft

FRAME TIES

within 2' of end of home spaced at 6' 4' oc

TIEDOWN COMPONENTS

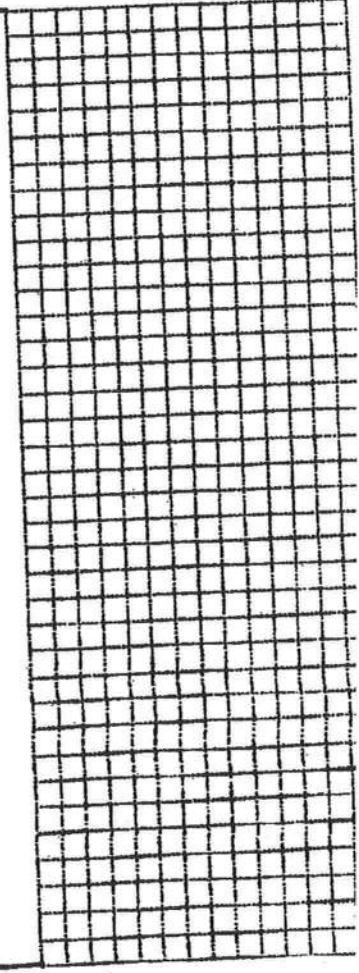
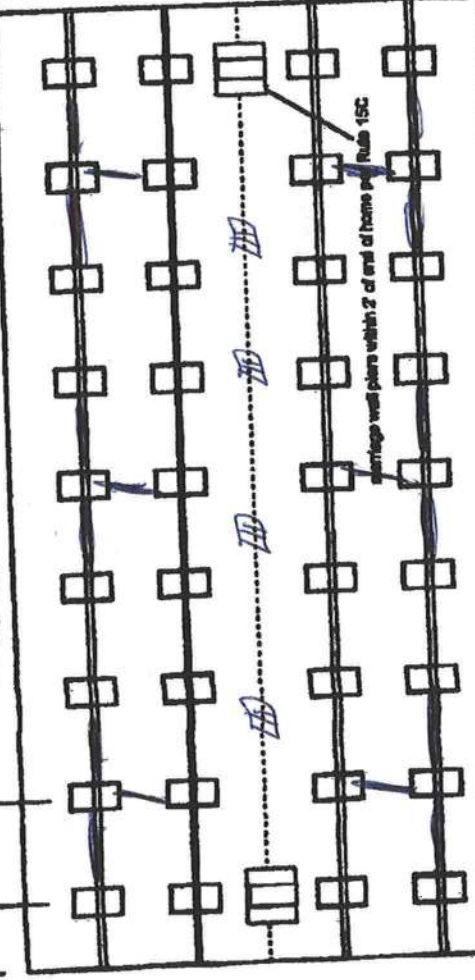
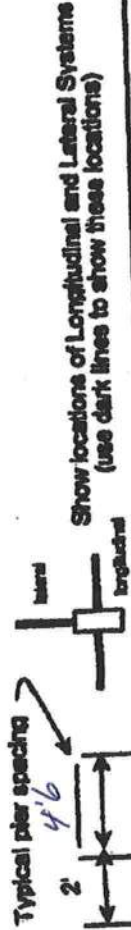
Longitudinal Stabilizing Device (LSD)
Manufacturer Oliver 1101 V
Longitudinal Stabilizing Device w/ Lateral Arms

OTHER TIES

Sidewall
Longitudinal
Marriage well
Shearwall

Number

24
6
4
4



PERMIT WORKSHEET

Page 2 of 2

PERMIT NUMBER

POCKET PENETROMETER TEST

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

X 1600 X 1600 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 1700 X 1700 X 1700

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 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 sidewalk locations. I understand 5 ft. anchors are required at all cantilever tie points where the torque test reading is 275 or less and where the mobile home manufacturer may require anchors with 4000 lb holding capacity.

Installer's Initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Robert Sheppard

Date Tested 11-30-09

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. 23

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 ☒ Pad ☒ Other

Water drainage: Natural Swale

Fastering multi wide units

Floor: Type Fastener: lags Length: 5" Spacing: 16" oc
Walls: Type Fastener: Screws Length: 4" Spacing: 16" oc
Roof: Type Fastener: lags Length: 6" Spacing: 16" oc
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 (weatherstripping 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 RS

Type gasket Foam

Installed:

Between Floors Yes ☒
Between Walls Yes ☒
Bottom of ridgebeam Yes ☒

Weatherproofing

The bottomboard will be repaired and/or taped. Yes ☒ Pg. ☒
Sliding 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 ☒
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

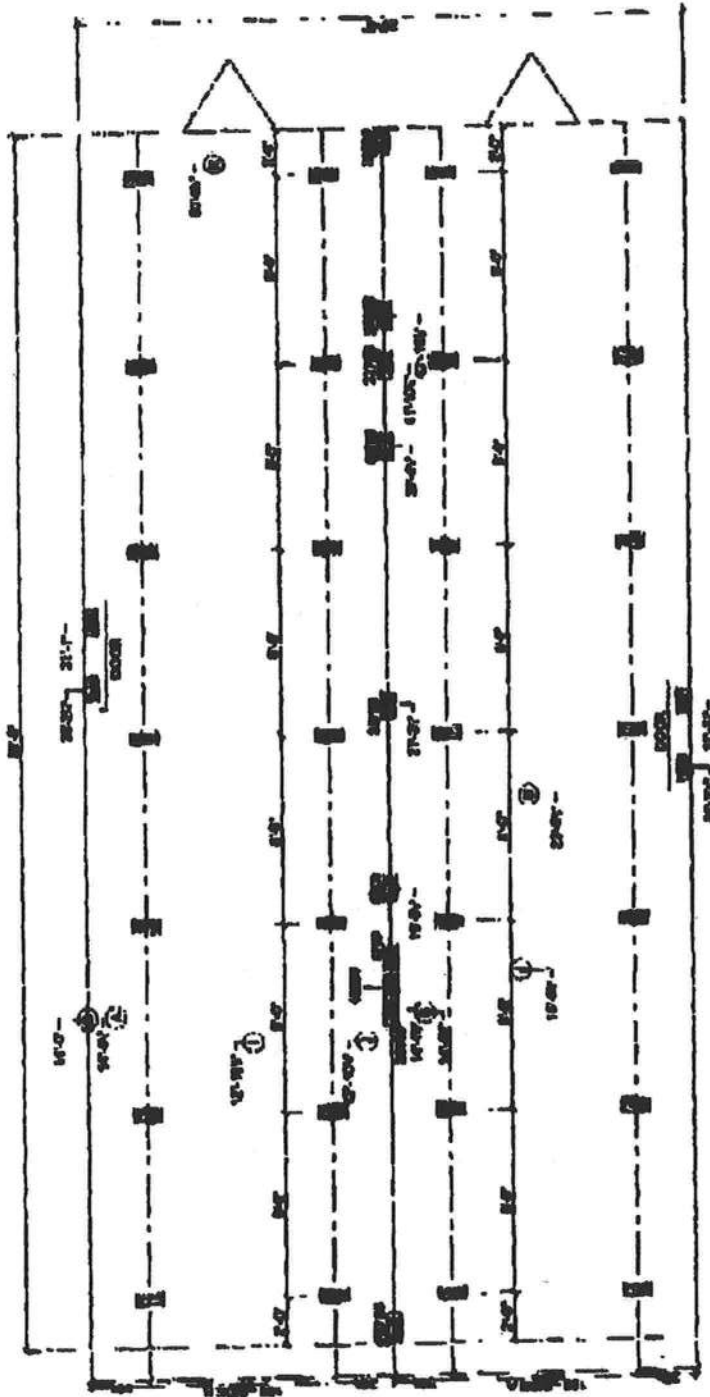
manufacturer's installation instructions and or Rule 15C-1 & 2

Installer Signature Robert Sheppard

Date 11-30-09

0004/0004

PLAN VAN BUREAU



SEE HANGAGE LINE OPENING SUPPORT PERMIT.
SEE SUPPORT PERMIT

CEILING: 8'0"

THIS DRAWING IS DESIGNED FOR THE STANDARD WIND LOAD AND IS TO BE USED IN CONSTRUCTION WITH THE INSTALLATION MANUAL AND ITS SUPPLEMENTS.
- FLOORING AND SHIMS FOR EXISTING AND CRACKS MAY BE REQUIRED ON FLOOR CONNECTIONS, ETC.
- FLOORING ARE REQUIRED AT SUPPORT POINTS, SEE INSTALLATION MANUAL FOR REQUIREMENTS.

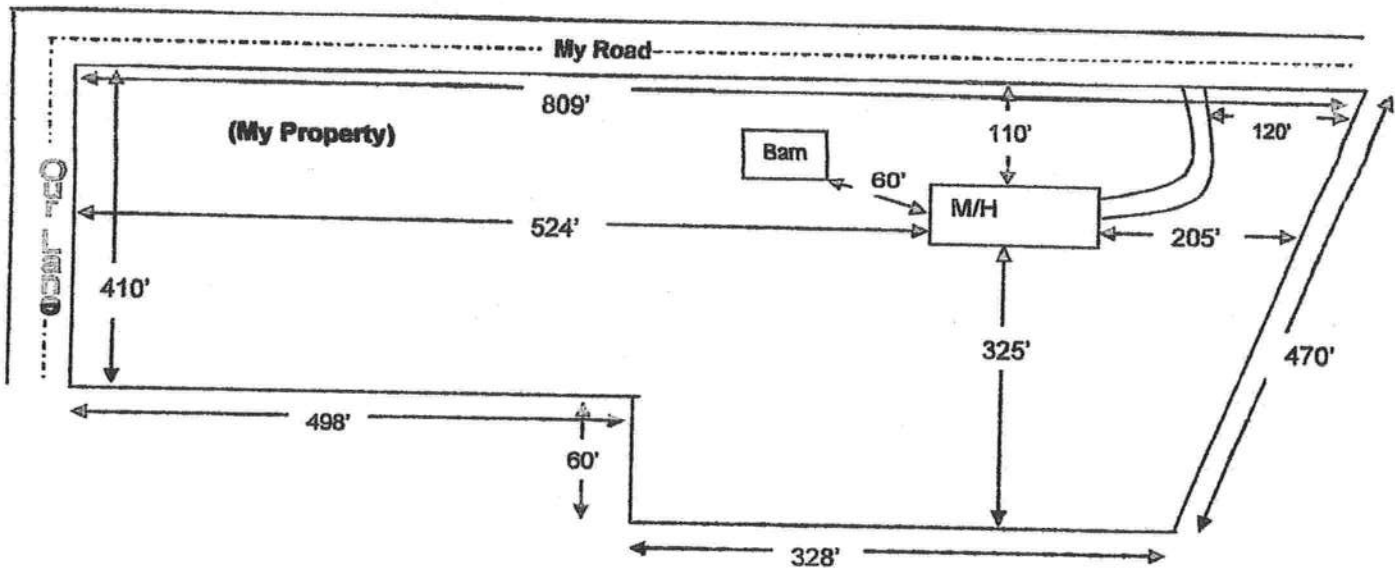
- ① MAIN ELECTRICAL
- ② ELECTRICAL CROCKOVER
- ③ FURNACE
- ④ WATER CROCKOVER (IF ANY)
- ⑤ GAS SHUT OFF (IF ANY)
- ⑥ GAS CROCKOVER (IF ANY)
- ⑦ SMOKE CROCKOVER
- ⑧ SMOKE CHIMNEY
- ⑨ HOTLINE AIR SHUT OFF, NEAR PUMP ON CROCK
- ⑩ SUPPLY AIR (NEPT. AIRTIGHT) ON SUCT

Live Oak Homes
MODEL: L-2523A - 28 X 52
3-BEDROOM / 2-BATH

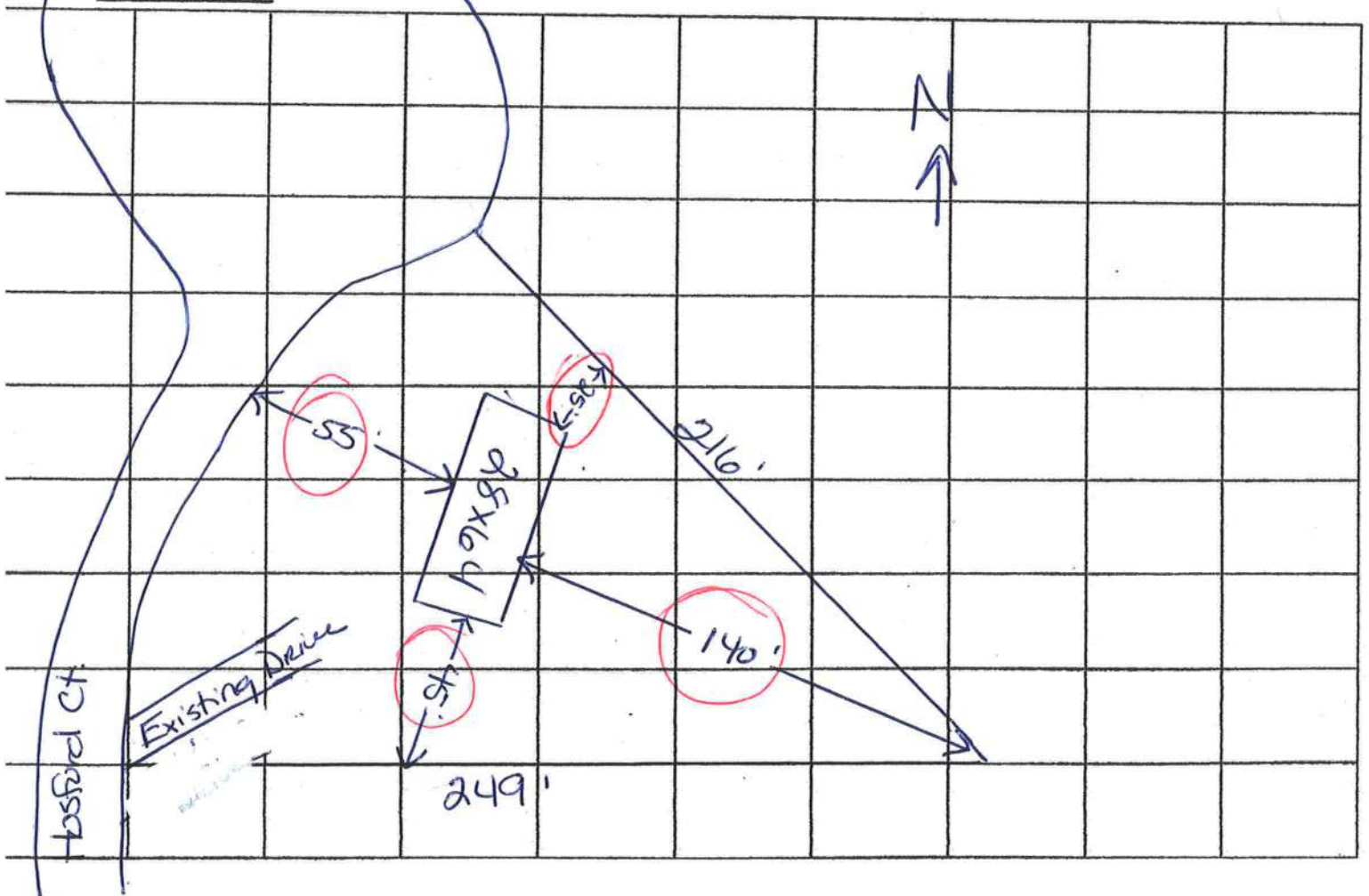
L-2523A

customer:

SITE PLAN EXAMPLE / WORKSHEET



Use this example to draw your own site plan. Show all existing buildings and any other homes on this property and show the distances between them. Also show where the roads or roads are around the property. This site plan can also be used for the 911 Addressing department if you include the distance from the driveway to the nearest property line.



Source	DAF	DAF ₂	DAF ₃	DAF ₄	DAF ₅	DAF ₆	DAF ₇	DAF ₈	DAF ₉	DAF ₁₀	DAF ₁₁	DAF ₁₂	DAF ₁₃	DAF ₁₄	DAF ₁₅	DAF ₁₆	DAF ₁₇	DAF ₁₈	DAF ₁₉	DAF ₂₀	DAF ₂₁	DAF ₂₂	DAF ₂₃	DAF ₂₄	DAF ₂₅	DAF ₂₆	DAF ₂₇	DAF ₂₈	DAF ₂₉	DAF ₃₀	DAF ₃₁	DAF ₃₂	DAF ₃₃	DAF ₃₄	DAF ₃₅	DAF ₃₆	DAF ₃₇	DAF ₃₈	DAF ₃₉	DAF ₄₀	DAF ₄₁	DAF ₄₂	DAF ₄₃	DAF ₄₄	DAF ₄₅	DAF ₄₆	DAF ₄₇	DAF ₄₈	DAF ₄₉	DAF ₅₀	DAF ₅₁	DAF ₅₂	DAF ₅₃	DAF ₅₄	DAF ₅₅	DAF ₅₆	DAF ₅₇	DAF ₅₈	DAF ₅₉	DAF ₆₀	DAF ₆₁	DAF ₆₂	DAF ₆₃	DAF ₆₄	DAF ₆₅	DAF ₆₆	DAF ₆₇	DAF ₆₈	DAF ₆₉	DAF ₇₀	DAF ₇₁	DAF ₇₂	DAF ₇₃	DAF ₇₄	DAF ₇₅	DAF ₇₆	DAF ₇₇	DAF ₇₈	DAF ₇₉	DAF ₈₀	DAF ₈₁	DAF ₈₂	DAF ₈₃	DAF ₈₄	DAF ₈₅	DAF ₈₆	DAF ₈₇	DAF ₈₈	DAF ₈₉	DAF ₉₀	DAF ₉₁	DAF ₉₂	DAF ₉₃	DAF ₉₄	DAF ₉₅	DAF ₉₆	DAF ₉₇	DAF ₉₈	DAF ₉₉	DAF ₁₀₀	DAF ₁₀₁	DAF ₁₀₂	DAF ₁₀₃	DAF ₁₀₄	DAF ₁₀₅	DAF ₁₀₆	DAF ₁₀₇	DAF ₁₀₈	DAF ₁₀₉	DAF ₁₁₀	DAF ₁₁₁	DAF ₁₁₂	DAF ₁₁₃	DAF ₁₁₄	DAF ₁₁₅	DAF ₁₁₆	DAF ₁₁₇	DAF ₁₁₈	DAF ₁₁₉	DAF ₁₂₀	DAF ₁₂₁	DAF ₁₂₂	DAF ₁₂₃	DAF ₁₂₄	DAF ₁₂₅	DAF ₁₂₆	DAF ₁₂₇	DAF ₁₂₈	DAF ₁₂₉	DAF ₁₃₀	DAF ₁₃₁	DAF ₁₃₂	DAF ₁₃₃	DAF ₁₃₄	DAF ₁₃₅	DAF ₁₃₆	DAF ₁₃₇	DAF ₁₃₈	DAF ₁₃₉	DAF ₁₄₀	DAF ₁₄₁	DAF ₁₄₂	DAF ₁₄₃	DAF ₁₄₄	DAF ₁₄₅	DAF ₁₄₆	DAF ₁₄₇	DAF ₁₄₈	DAF ₁₄₉	DAF ₁₅₀	DAF ₁₅₁	DAF ₁₅₂	DAF ₁₅₃	DAF ₁₅₄	DAF ₁₅₅	DAF ₁₅₆	DAF ₁₅₇	DAF ₁₅₈	DAF ₁₅₉	DAF ₁₆₀	DAF ₁₆₁	DAF ₁₆₂	DAF ₁₆₃	DAF ₁₆₄	DAF ₁₆₅	DAF ₁₆₆	DAF ₁₆₇	DAF ₁₆₈	DAF ₁₆₉	DAF ₁₇₀	DAF ₁₇₁	DAF ₁₇₂	DAF ₁₇₃	DAF ₁₇₄	DAF ₁₇₅	DAF ₁₇₆	DAF ₁₇₇	DAF ₁₇₈	DAF ₁₇₉	DAF ₁₈₀	DAF ₁₈₁	DAF ₁₈₂	DAF ₁₈₃	DAF ₁₈₄	DAF ₁₈₅	DAF ₁₈₆	DAF ₁₈₇	DAF ₁₈₈	DAF ₁₈₉	DAF ₁₉₀	DAF ₁₉₁	DAF ₁₉₂	DAF ₁₉₃	DAF ₁₉₄	DAF ₁₉₅	DAF ₁₉₆	DAF ₁₉₇	DAF ₁₉₈	DAF ₁₉₉	DAF ₂₀₀	DAF ₂₀₁	DAF ₂₀₂	DAF ₂₀₃	DAF ₂₀₄	DAF ₂₀₅	DAF ₂₀₆	DAF ₂₀₇	DAF ₂₀₈	DAF ₂₀₉	DAF ₂₁₀	DAF ₂₁₁	DAF ₂₁₂	DAF ₂₁₃	DAF ₂₁₄	DAF ₂₁₅	DAF ₂₁₆	DAF ₂₁₇	DAF ₂₁₈	DAF ₂₁₉	DAF ₂₂₀	DAF ₂₂₁	DAF ₂₂₂	DAF ₂₂₃	DAF ₂₂₄	DAF ₂₂₅	DAF ₂₂₆	DAF ₂₂₇	DAF ₂₂₈	DAF ₂₂₉	DAF ₂₃₀	DAF ₂₃₁	DAF ₂₃₂	DAF ₂₃₃	DAF ₂₃₄	DAF ₂₃₅	DAF ₂₃₆	DAF ₂₃₇	DAF ₂₃₈	DAF ₂₃₉	DAF ₂₄₀	DAF ₂₄₁	DAF ₂₄₂	DAF ₂₄₃	DAF ₂₄₄	DAF ₂₄₅	DAF ₂₄₆	DAF ₂₄₇	DAF ₂₄₈	DAF ₂₄₉	DAF ₂₅₀	DAF ₂₅₁	DAF ₂₅₂	DAF ₂₅₃	DAF ₂₅₄	DAF ₂₅₅	DAF ₂₅₆	DAF ₂₅₇	DAF ₂₅₈	DAF ₂₅₉	DAF ₂₆₀	DAF ₂₆₁	DAF ₂₆₂	DAF ₂₆₃	DAF ₂₆₄	DAF ₂₆₅	DAF ₂₆₆	DAF ₂₆₇	DAF ₂₆₈	DAF ₂₆₉	DAF ₂₇₀	DAF ₂₇₁	DAF ₂₇₂	DAF ₂₇₃	DAF ₂₇₄	DAF ₂₇₅	DAF ₂₇₆	DAF ₂₇₇	DAF ₂₇₈	DAF ₂₇₉	DAF
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DESCRIPTION:

[illegible]

"WOODGATE VILLAGE" UNIT 3
SITUATED IN SECTION 5; S, TOWNSHIP 4
SOUTH, RANGE 16 EAST, COLUMBIA
COUNTY, FLORIDA.

DEDICATION

DEDICATION:
PAID ALL ASSETS OF THESE PRESENT DAY ENTERPRISES, INC., &
DAUGHTERS WITH ALBERT'S, CHALLIS & SHERIDAN, AND CHAMBERLAIN
CHAMBERLAIN, AND ALL OTHERS WITH PART LINE, ASSETS, & OTHERS,
HAVE CAUSED THE LANDS HEREIN DESCRIBED, TO BE PURCHASED,
SUBDIVIDED AND PLATTED, TO BE KNOWN AS "WOODHIDE VILLAGE"
UNIT "F" AND THAT ALL PLOTS, & OTHERS, & ALLEYS AND OTHER
PLOTS OF LAND, AND ALL EASEMENTS, AND UTILITIES, & OTHERS,
AND OTHER ASSETS, INSIDE THE CITY OF ALBANY, AND OTHERS,

HEPHERD AFTER HEPHERD DESIGNATED TO THE PERPETUAL USE OF THE
PUBLIC.
DONOR'S NAME Andrew S. Hephner
IN BEHALF OF HEPHERD, INC.
WITNESS Mark R. Hephner
WITNESS _____
DONOR'S ADDRESS _____
IN BEHALF OF CLARK COUNTY SHAR
WITNESS _____
WITNESS _____

A COUNCILLEDGE WAS TAKEN IN THE CITY OF PLANO, COUNTY OF COLLIN, TEXAS, WHEREIN I CERTAIN THAT ON THIS, 11th DAY OF SEPTEMBER, 1942 A.D. DEPOSE AND PERSONALLY APPEARED ANTHONY W. SULLIVAN TO ME, MAGISTRATE, BE THE PERSON DESCRIBED IN AND WAS SEEN TO SIGN THE FOREGOING AFFIDAVIT AND I BELIEVED THAT HE EXECUTED THE SAME FREELY AND WITHOUT COERCION, FRAUD, OR UNLAWFUL INFLUENCE THEREON. I HEREBY CERTIFY THAT THE FOREGOING AFFIDAVIT FURNISHED THEREIN REFERRED TO WITHIN WHEREOF I HAVE SET OUT MY SAID OATH BEARS OUT THE ABOVE OATH.

COUNCILLEDGE EXPIRES: 9-11-43
MY COM. EXPIRES: 12-31-43
HIS DEPT. OF. STATE: 10-1-43

ACKNOWLEDGEMENT STATE OF FLORIDA, COUNTY OF CALHOUN
I HEREBY CERTIFY THAT ON THIS _____ DAY OF _____
1911 A.D. BEFORE ME PERSONALLY APPEARED FREDRICK LAURENCE GREEN,
PRESIDENT, FIVE COLUMBIA COLLEGE, FIVE COLUMBIA, MISSISSIPPI, TO ME
TO SIGN TO THIS POWERD COMMISSIONER IN AND WHO SEEN AND HEARD THE
FORESAIDED, DEDICATED AND ACKNOWLEDGED THE EXECUTION
THEREOF TO BE HIS FREE ACT AND DEED FOR THE USES AND
PURPOSES THEREIN EXPRESSED. IN WITNESS WHEREOF I HAVE SET
AND SIGNED HEREON ON THE ABOVE DATE.

AT COMMISSIONER OFFICE. _____
J. H. HARRIS, Notary Public for Florida.
NOTARY PUBLIC FOR FLORIDA

COUNTY ATTORNEY'S CERTIFICATION:
I HEREBY CERTIFY THAT I HAVE EXAMINED THE FORECLOSURE PLAT
SUBMITTED TO ME BY THE ABOVE NAMED PARTY AND THAT THE FORECLOSURE
SUBMISSION COMPLIES AND CONFORMS WITH THE FLORIDA PLAT ACT
DISTRICT 9-25-99 COUNTY ATTORNEY Mark J. Long
APPROVAL: STATE OF FLORIDA, COUNTY OF COLUMBIA
THIS PLAT IS HEREBY APPROVED BY THE COLUMBIA COUNTY
COMMISSIONER THIS 25 DAY OF SEPTEMBER 1999.

CERTIFICATE OF CLEVER:
 THIS PLAT, HAVING BEEN APPROVED BY THE COLUMBIA COUNTY BOARD OF
 COMMISSIONERS IS ACCEPTED FOR FILE AND RECORDED THIS 2nd
 DAY OF OCTOBER 1994 A.D. IN PLAT BOOK 6
 PAGE 23
 CLERK OF COURT P. D. Smith, Clerk

Quinn's Notes:

1. ALL UTILITY EASEMENTS TO REMAIN ON THIS PLAT SHALL BE EVIDENCED BY THE CONVEYANCE INSTRUMENT, INSTALLATION, MAINTENANCE AND OPERATION AGREEMENT, AND/OR OTHER INSTRUMENTS, CAPTIONED REFERENCE SHALL BE MADE TO ANY OTHER PUBLIC UTILITIES.
2. THERE MAY BE ADDITIONAL RESTRICTIONS THAT ARE NOT DESCRIBED HEREIN THAT MAY BE FOUND IN THE PUBLIC RECORDS OF THIS COUNTY.
3. PARCEL IS LOCATED IN ZONE "E" AND IS DETERMINED TO BE OUTSIDE THE 200 YEAR FLOOD PLAIN PER FIRM FLOOD INSURANCE RATE MAP - DISTRICT JAG-1-1988, COMMUNITY FLOOD INSURANCE DISTRICTS OF THE UNITED STATES OF AMERICA.
4. CLOSURE 141 - 1.5, 222.5'.
5. PARCELS DESCRIBED PART OF NEIGHBORING WILLARD UNIT 1 (EAST UNIT 1) ARE

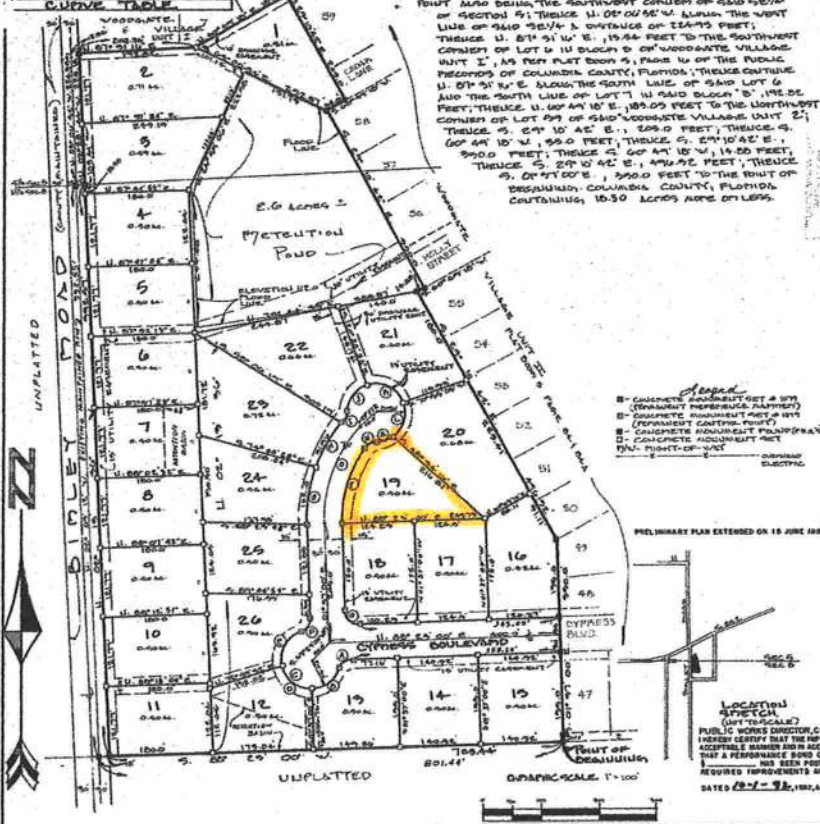
[illegible]

RECEIVED
NEW YORK
JAN 10 1979

BRITT SURVEYING
1426 WEST DUAL ST
LAKE CITY, FLORIDA
32055

PAID IN FULL
PAINTS BANCE IN CASE OF DEFAULT.
James B. Bance
PUBL. WORKS DIRECTOR.
921-752-7167

SHEET 1 OF 1
L-4945



LOCATION
SKETCH
(NOT TO SCALE)

PUBLIC WORKS DIRECTOR, C
I HEREBY CERTIFY THAT THE MAP
ACCEPTABLE MANNER AND IN ACC
THAT A PERFORMANCE BOND C
I _____ HAS BEEN FOR
REQUIRED IMPROVEMENTS A
DATED 10-1-92, 1992, &

BRITT SURVEYING
1426 WEST DUVAL
LANE CITY, FLORIDA
32055
904-792-7169

STATE OF FLORIDA
COUNTY OF COLUMBIA

AFFIDAVIT

This is to certify that I, (We), Deas Bullard Properties, as the
seller, by an Agreement for Deed, of the below described property:

Tax Parcel No. 08-45-16-02810-319

Subdivision (Name, lot, Block, Phase) Woodgate Village Unit 3 Lot #19

Give my permission for Mobile Home Rick Register to place a
(Mobile Home / Travel Trailer / Single Family Home)

I (We) understand that this could result in an assessment for solid waste and fire
protection services levied on this property.

Sue D Lane

(1) Seller Signature

Deas Bullard Properties

(2) Seller Signature

Sworn to and subscribed before me this 1st day of December, 2009. This

(These) person (s) are personally known to me or produced ID _____
(Type)

Holly C Hanover

Notary Public Signature

State of Florida

My commission expires; 5-18-10

Holly C. Hanover

Notary Printed Name



Holly C. Hanover
Commission # DD553935
Expires May 18, 2010
Bonded Troy Felt - Insurance, Inc. 800-385-7019

Rec 10.02
Doc .70

Prepared By:
Deas Bullard Properties, LLP
672 East Duval Street
Lake City, Florida 32055

WARRANTY DEED

Inst:200712022413 Date:10/4/2007 Time:2:55 PM
Doc Stamp-Deed:0.70
DC, P. DeWitt Cason, Columbia County Page 1 of 1

This Warranty Deed made this 26th day of September 2007 by **DEAS BULLARD PROPERTIES, a Florida general partnership consisting of AUDREY S. BULLARD AND JOHN H. DEAS**, hereinafter referred to as Grantor to **DEAS BULLARD PROPERTIES, LLP, a Florida limited partnership** whose post office address is 672 E. Duval St., Lake City, Florida 32055 hereinafter referred to as the Grantee.

Witnesseth: That the grantor, for and in consideration of the sum of \$10.00 and other valuable consideration, receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliens, remises, releases, conveys and confirms unto the grantee, all that certain land situated in Columbia County, Florida. Property Identification No. 08-4s- [REDACTED]

Lot #19 Woodgate Village Unit 3, a subdivision as recorded in Plat Book 6, page 83, Public Records of Columbia County, Florida.

N.B.: Subject to that unrecorded Contract For Deed between Deas Bullard Properties, a Florida general partnership consisting of Audrey S. Bullard and John H. Deas, Seller, to Ricky D. Register, Purchaser, dated October 19, 1999.

The above described property does not constitute the Homestead property of Grantors.

Together with all the 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 as noted above and taxes accruing subsequent to December 31, 2006.

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:

Holly C. Hanover
Witness: Holly C. Hanover

Sue D. Lane
Witness: Sue D. Lane

Audrey S. Bullard
By: Audrey S. Bullard

John H. Deas
By: John H. Deas

By: Martha Jo Khachigan
Martha Jo Khachigan, as his duly
appointed attorney in fact, pursuant to
limited power of attorney dated January
14, 2005

State of Florida
County of Columbia

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County last aforesaid to take acknowledgments personally appeared Audrey S. Bullard, Martha Jo Khachigan, duly appointed attorney in fact for John H. Deas. They are personally known to me and they executed before me the foregoing deed and acknowledged before me that they executed the same.

WITNESSES my hand and official seal in the County and State last aforesaid this 26th day of September 2007.

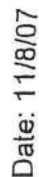


Holly C. Hanover
Commission # DD553935
Expires May 18, 2010
Gordon Tey Fan - Insurance, Inc. 800-385-7019

Holly C. Hanover
Holly C. Hanover
Notary Public, State of Florida

CITY OAK HOMES

* All room dimensions include closets and square footage figures are approximate.



L-2523A
3-BEDROOM / 2-BATH
28 X 52 - Approx. 1352 Sq. Ft.

A&B Construction
PO Box 39
Ft White, FL 32038
386-497-2311 Office
386-497-4866 Fax

MOBILE HOME INSTALLER AFFIDAVIT

As per Florida Statutes Section 320.8249 Mobile Home Installers License

Any person who engages in mobile home installation shall obtain a mobile home installer's license from the Bureau of Mobile Home and Recreational Vehicle Construction, of the Department of Highway Safety and Motor Vehicles pursuant to this section. Said license shall be renewed annually, and each licensee shall pay a fee of \$150

I, Robert Sheppard, license number 740000833

state that the installation of the manufactured home for owner

_____ at
911 Address: 159 Hosford Ct City Lake City

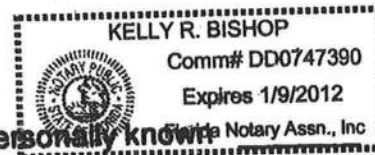
will be done under my supervision.

Signed: Robert Sheppard
Mobile Home Installer

Sworn to and described before me this 30 day of November 2009

Kelly R. Bishop
Notary public

Kelly R. Bishop
Notary Name



Personally known

DL ID ✓

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 0912-02 CONTRACTOR Robert Shapiro PHONE 758-623
 THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

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 93-6, 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 forms being submitted to this office prior to start of that subcontractor beginning any work. Violations will result in stop work orders and/or fines.

☒ ELECTRICAL	Print Name <u>John McCarver</u> Signature <u>[Signature]</u> License #: <u>ER0002038</u> Phone #: <u>386-758-8525</u>
☒ MECHANICAL/ A/C	Print Name <u>Robert Grant</u> Signature <u>[Signature]</u> License #: <u>CAC 1814931</u> Phone #: <u>800-859-3708</u>
☒ PLUMBING/ GAS	Print Name <u>Robert Shapiro</u> Signature <u>[Signature]</u> License #: <u>EL0000132</u> Phone #: <u>386-623-2203</u>
☐ ROOFING	Print Name _____ Signature _____ License #: _____ Phone #: _____
☐ SHEET METAL	Print Name _____ Signature _____ License #: _____ Phone #: _____
☐ FIRE SYSTEM/ SPRINKLER	Print Name _____ Signature _____ License #: _____ Phone #: _____
☐ SOLAR	Print Name _____ Signature _____ License #: _____ Phone #: _____
☐ MASON	
☐ CONCRETE FINISHER	
☐ FRAMING	
☐ INSULATION	
☐ STUCCO	
☐ DRYWALL	
☐ PLASTER	
☐ CABINET INSTALLER	
☐ PAINTING	
☐ ACOUSTICAL CEILING	
☐ GLASS	
☐ CERAMIC TILE	
☐ FLOOR COVERING	
☐ ALUM/VINYL SIDING	
☐ GARAGE DOOR	
☐ METAL BLOB ERECTOR	

§ 440.305 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 the chapter as provided in ss. 440.30 and 440.34, and shall be prosecuted each time the employer applies for a building permit.

Copyright © 2005 by the State of Florida, Department of Banking and Finance

758.5576

SUBCONTRACTOR

APPLICATION NUMBER 0912-02
THIS FORM IS

In Columbia County one permit will be issued for the records of the subcontractors who are required by Ordinance 89-6, a contractor shall require exemption, general liability insurance and

Any changes, the permitted contractor is responsible for the start of that subcontractor beginning any work.

ELECTRICAL	Print Name _____ License #: <u>ER0002038</u>
MECHANICAL/ A/C	Print Name <u>Robert Gra</u> License #: <u>CAC 1814931</u>
PLUMBING/ GAS	Print Name <u>Robert Sheppard</u> License #: <u>TH0000832</u>
ROOFING	Print Name _____ License #: _____
SHEET METAL	Print Name _____ Sig. _____ License #: _____
FIRE SYSTEM/ SPRINKLER	Print Name _____ Signature _____ License #: _____
SOLAR	Print Name _____ Signature _____ License #: _____ Phone _____

Specialty License	License Number	Sub Contractor's Printed Name
MASON		
CONCRETE FINISHER		
FRAMING		
INSULATION		
STUCCO		
DRYWALL		
PLASTER		
CABINET INSTALLER		
PAINTING		
ACOUSTICAL CEILING		
GLASS		
CERAMIC TILE		
FLOOR COVERING		
ALUM/VINYL SIDING		
GARAGE DOOR		
METAL BLDG ERECTOR		

§. S. 440.103 Building permits; identification of minimum premium policy.--Every employer shall, as a condition 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 440.98, and shall be presented each time the employer applies for a building permit.

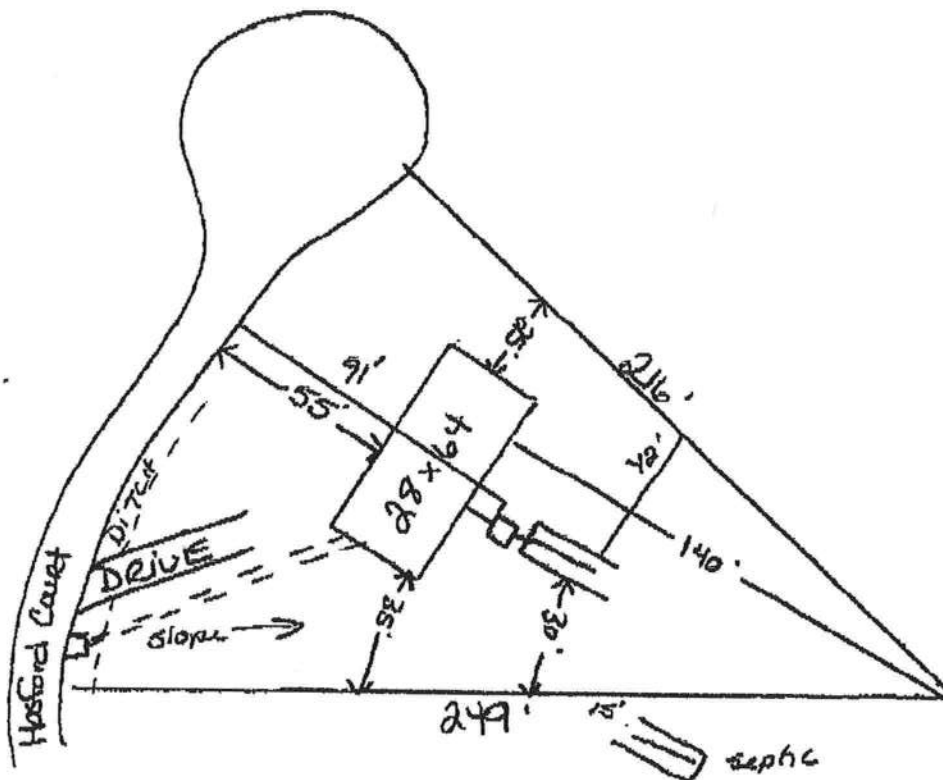
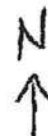
759-5576

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

Permit Application Number 09-0594E

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

Scale: 1 inch = 50 feet.



Notes: Community Water System

Site Plan submitted by: Rock D 7-0 DEC - 1 2009
Plan Approved X Not Approved _____
By: [Signature] Columbia County Health Department
MASTER CONTRACTOR
Date 12/2/09

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

[Signature]

COLUMBIA COUNTY OFFICE OF THE CLERK

M/H OCCUPANCY

COLUMBIA COUNTY, FLORIDA

Department of Building and Zoning Inspection

This Certificate of Occupancy is issued to the below named permit holder for the building and premises at the below named location, and certifies that the work has been completed in accordance with the Columbia County Building Code.

Parcel Number 08-4S-16-02810-319

Building permit No. 000028253

Permit Holder ROBERT SHEPPARD

Owner of Building DEAS BULLARD PROP, LLC-(R. REGISTER M/H)

Location: 159 SW HOSFORD CT., LAKE CITY, FL

Date: 01/19/2010



[Signature]

Building Inspector

POST IN A CONSPICUOUS PLACE
(Business Places Only)

DEC-1-2005 09:32A FROM: A & B CONSTRUCTION 3864974966
NOV-30-2009 08:43A FROM: A & B CONSTRUCTION 3864974966

TO: 1800553709
TO: 7851430

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 0912-02 CONTRACTOR Robert Skaggs PHONE 786-623-2203
THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

In Columbia County any 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 20-6, 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 <u>John McQuinn</u> Signature <u>[Signature]</u> License # <u>ER0002038</u> Phone # <u>386-758-8575</u>
☒ MECHANICAL/ A/C	Print Name <u>Robert Grant</u> Signature <u>[Signature]</u> License # <u>CAC1814931</u> Phone # <u>800-959-3708</u>
☒ PLUMBING/ GAS	Print Name <u>Robert Skaggs</u> Signature <u>[Signature]</u> License # <u>ER0002038</u> Phone # <u>386-623-2203</u>
ROOFING	Print Name _____ Signature _____ License # _____ Phone # _____
SMITH METAL	Print Name _____ Signature _____ License # _____ Phone # _____
FIRE SYSTEM/ SPRINKLER	Print Name _____ Signature _____ License # _____ Phone # _____
SOLAR	Print Name _____ Signature _____ License # _____ Phone # _____
MASON	Print Name _____ Signature _____ License # _____ Phone # _____
CONCRETE FINISHER	Print Name _____ Signature _____ License # _____ Phone # _____
FRAMING	Print Name _____ Signature _____ License # _____ Phone # _____
INSULATION	Print Name _____ Signature _____ License # _____ Phone # _____
STUCCO	Print Name _____ Signature _____ License # _____ Phone # _____
DRYWALL	Print Name _____ Signature _____ License # _____ Phone # _____
PLASTER	Print Name _____ Signature _____ License # _____ Phone # _____
CABINET INSTALLER	Print Name _____ Signature _____ License # _____ Phone # _____
PAINTING	Print Name _____ Signature _____ License # _____ Phone # _____
ACOUSTICAL CEILING	Print Name _____ Signature _____ License # _____ Phone # _____
GLASS	Print Name _____ Signature _____ License # _____ Phone # _____
CERAMIC TILE	Print Name _____ Signature _____ License # _____ Phone # _____
FLOOR COVERING	Print Name _____ Signature _____ License # _____ Phone # _____
ALUMINUM SIDING	Print Name _____ Signature _____ License # _____ Phone # _____
GARAGE DOOR	Print Name _____ Signature _____ License # _____ Phone # _____
METAL BLDG ERECTOR	Print Name _____ Signature _____ License # _____ Phone # _____

§ 5. 440.100 (Building permits; identification of minimum premiums 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 440.20, and shall be prosecuted each time the employer applies for a building permit.

Columbia County Building Department Form 400

759.5576

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____

CONTRACTOR

Robert Sheppard

PHONE

386-

23-2203

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

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☒ ELECTRICAL	Print Name _____ License #: <i>ER0002038</i>	Signature _____ Phone #: <i>386-758-9575</i>
☒ MECHANICAL/ A/C	Print Name _____ License #: <i>CAC 1814931</i>	Signature _____ Phone #: <i>800-859-3708</i>
☒ PLUMBING/ GAS	Print Name <i>Robert Sheppard</i> License #: <i>I40000833</i>	Signature <i>Robert Sheppard</i> Phone #: <i>386-623-2203</i>
ROOFING	Print Name _____ License #: _____	Signature _____ Phone #: _____
SHEET METAL	Print Name _____ License #: _____	Signature _____ Phone #: _____
FIRE SYSTEM/ SPRINKLER	Print Name _____ License #: _____	Signature _____ Phone #: _____
SOLAR	Print Name _____ License #: _____	Signature _____ Phone #: _____

See attached

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			
FRAMING			
INSULATION			
STUCCO			
DRYWALL			
PLASTER			
CABINET INSTALLER			
PAINTING			
ACOUSTICAL CEILING			
GLASS			
CERAMIC TILE			
FLOOR COVERING			
ALUM/VINYL SIDING			
GARAGE DOOR			
METAL BLDG ERECTOR			

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.

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 0912-02 CONTRACTOR Robert Sheppard PHONE 386-623-2203
 THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

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ELECTRICAL	Print Name _____ License #: <u>ER0002038</u>	Signature _____ Phone #: <u>386-758-8575</u>
MECHANICAL/ A/C	Print Name <u>Robert Grant</u> License #: <u>CAC 1814931</u>	Signature _____ Phone #: <u>800-859-3708</u>
PLUMBING/ GAS	Print Name <u>Robert Sheppard</u> License #: <u>IH0000833</u>	Signature <u>Robert Sheppard</u> Phone #: <u>386-623-2203</u>
ROOFING	Print Name _____ License #: _____	Signature _____ Phone #: _____
SHEET METAL	Print Name _____ License #: _____	Signature _____ Phone #: _____
FIRE SYSTEM/ SPRINKLER	Print Name _____ License #: _____	Signature _____ Phone #: _____
SOLAR	Print Name _____ License #: _____	Signature _____ Phone #: _____

Specialty License	License Number	Sub Contractor Printed Name	Sub Contractor Signature
MASON			
CONCRETE FINISHER			
FRAMING			
INSULATION			
STUCCO			
DRYWALL			
PLASTER			
CABINET INSTALLER			
PAINTING			
ACOUSTICAL CEILING			
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