Parcel:

13-48-15-00358-004 (1306)

# Owner & Property Info

**BKL INVESTMENT CO** 

Owner

672 E DUVAL ST

LAKE CITY, FL 32055

Site

Description\* BEGIN AT NE COR OF NE1/4 OF SW1/4, RUN S 665.73 FT, WEST 659.54 FT, N 664.82 FT, EAST

660.20 FT TO POB.(AKA PARCEL 1 MURRAY ACRES UNREC S/D). WD 1406-1407,

Area 10 AC S/T/R

13-4S-15

Use Code\*\* NON AG ACREAGE (9900)

Tax District 3

# STATE OF FLORIDA COUNTY OF COLUMBIA

# LAND OWNER AFFIDAVIT

This is to certify that I, (We), BKL Investme	ents Co ,
as the owner of the below described property	
Property tax Parcel ID number 13-4S-15-003	358-004
Subdivision (Name, lot, Block, Phase) Metes &	
Give my permission for <u>Timothy &amp; Michele</u>	Ballard to place a
Circle one Mobile Home Travel Trailer / Barn - Sned - Garage / Culvert	Utility Pole Only / Single Family Home / / Other
I (We) understand that the named person(s) permit on the property number I (we) have I assessment for solid waste and fire protection BKL Investment Sue O Lane	isted above and this could result in an on services levied on this property.
Owner Signature	Date
Owner Signature	Date
Owner Signature	Date
(These) person(s) are personally known to no	Type)  Couvie B. Robert 5  Journal of Sept. , 20 21. This (Type)
Notary Stamp/  CONNIE B. ROBEI Commission # HH Expires July 20, 20	RTS 107045 25
Bonded Thru Troy Fain I	Insurance 800-385-7019

## MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER		CONTRACTOR	Ernest Scott Johnson	PHONE 352-494-8099
	110.2571111.			

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

# Timothy & Michele Ballard

In Columbia County one permit will cover all trades doing work at the permitted site. It is <u>KEQUIKED</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	Signature
	License #:	EC 13007092	Phone #: 386-362-2035
		Qualifier Form A	attached X
MECHANICAL/	Print Name_	Timothy Shatto	Signature
A/C	License #:	CAC 057875	Phone #: 386-496-8224
		Qualifier Form A	attached X

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.

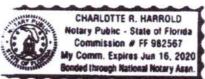
Revised 10/30/2015



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

135 NE Hernando Ave, Suite B-21, Lake City, FL 32055 Phone 386-758-1008 Fax. 386-758-2160

(license holder name), licensed qualifier
(company name), do certify that
orm is/are employed by me directly or through an er of the corporation; or, partner as defined in rson(s) is/are under my direct supervision and nits, call for inspections, and sign on my behalf
Signature of Authorized Person
1. F
2.
3.
4.
5.
tions committed by him/her, his/her agents, onsibility for compliance with all statutes, codes do by issuance of such permits  ad is/are no longer employee(s), or officer(s), you anges and submit a new letter of authonzation allure to do so may allow unauthorized persons to a permits  CC / 300 7042 /-07-/9  License Number Date
y me or has produced identification this The day of January 20/9





# 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			
person(s) is/are under my direct supervision and sign permits; call for inspections and sign subco	rm is/are contracted/hired by me, the license bugh 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. 80 FM			
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 completion of the State and authority to discipline a license holder for violation officers, or employees and that I have full responsand ordinances inherent in the privilege granted officer(s), you must notify this department in writing authorization form, which will supersede all previous unauthorized persons to use your name and/or licensed Qualifiers Signature (Notarized)	liance with all Florida Statutes, Codes, and and County Licensing Boards have the power and ons 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 ing of the changes and submit a new letter of ious lists. Failure to do so may allow.			
NOTARY INFORMATION: STATE OF: Florida COUNTY OF: Union				
personally appeared before me and is known by	me or has produced identification his 22 day of february, 2018.			
OTALL S SIGNATURE	(Seal/Stamp) VICTORIA K. PALMER			
	Notary Public - State of Florida			

Commission # FF 207489 My Comm. Expires Mar 9, 2019 Bonded through National Notary Asso Page 1 of 2

# Mobile Home Permit Worksheet

Application Number:

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 reading is 275 or less and where the mobile home manufacturer may requires anchors with 4000 lb holding capacity.  ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER latter Name  FIRST OF STATES ALICENSED INSTALLER  taller Name  ASSUMED OLIVER 1101 VSSS 4 IS  PROCHEST BEDITION	TORQUE PROBE 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.	3. Using 500 lb. increments, take the lowest reading and round down to that increment.  x 1000 x 10000 x 1000	POCKET PENETROMETER TESTING METHOD  1. Test the perimeter of the home at 6 locations.  2. Take the reading at the depth of the footer.	POCKET PENETROMETER TEST  The pocket penetrometer tests are rounded down to psf or check here to declare 1000 lb. soil without testing.  x 1000 x 1000 x 1000
The bottomboard will be repaired and/or taped. YesPg. Siding on units is installed to manufacturer's specifications. YesFireplace chimney installed so as not to allow intrusion of rain water. Yes	Type gasket Installed: Between Floors Yes Between Walls Yes Bottom of ridgebeam Yes	I understand a properly installed gasket is a requirement of all new and used homes and that condensation, mold, meldew 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.	Length: Length: Length: Length: Length: Wide, ga lover the beak of the roof and 2" on center on both sides of the Basket (weatherproofing requirement)	Site Preparation  Debris and organic material removed Pad Other  Water drainage: Natural Swale Pad Other  Fastening multi wide units  Floor: Type Fastener: 124 7Length: 6 Spacing: 20

Installer Signature

MANY Date 8/3/21

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

independent water supply systems. Pg.

Connect all potable water supply piping to an existing water meter, water tap, or other

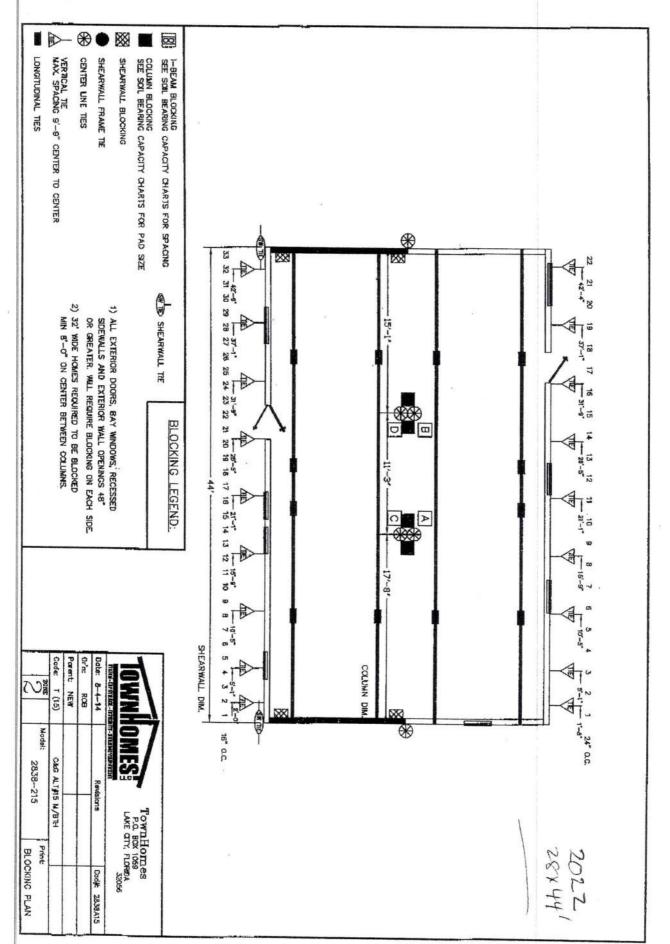
Connect all sewer drains to an existing sewer tap or septic tank. Pg.

source.

Installer Name Date Tested

Note:

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



Dallard

P. 003

FECEIVED 03/20/2020 02:52PM

# STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

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

----- PART II - SITEPLAN -----Scale: 1 inch = 40 feet. 3BR 60 Notes: WELL Site Plan submitted by: MASTER CONTRACTOR Not Approved Plan Approved\_\_\_\_\_ Date By\_\_\_\_ County Health Department

# ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

