Parcel:

15-5S-16-03626-140 (17901)

# Owner & Property Info

Result: 9 of 17

BARKER JESSY DEWAYNE

Owner

424 SW GULL DR

LAKE CITY, FL 32024

Site

424 SW GULL Dr, LAKE CITY

Description\* LOT 66 EX N 140 FT HI-DRI ACRES UNIT 2. 527-757, 902-1986, TD 1399-264, QC 1413-2208, QC

1444-2592

Area

0.81 AC

S/T/R 15-5S-16

Use Code\*\* MISC IMPROVED (0700)

Tax District 3

#### MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER	CONTRACTOR	Ernest Scott Johnson	PHONE 352-494-8099
THIS FORM MUST BE	SUBMITTED PRICE	OR TO THE ISSUANCE OF A PERMIT	

Jessy Barker

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	Glenn Whittington	Signature
	License #:	EC 13002957	Phone #:386-972-1700
		Qualifier Fo	rm Attached X
MECHANICAL/	Print Name	Ronald Bonds Sr.	Signature
A/C	License #:	CAC 1817658	Phone #: 800-259-3470
		Qualifier Fo	rm Attached 🔀

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

1. Cland Whitington	(license holder name), licensed qualifier
for Whittington ELBEKK S	(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-	m is/are contracted/hired by me, the license 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. 00/2500	1
2. lecky Ford	2. Jones )
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 an authority to discipline a license holder for violatio officers, or employees and that I have full responsand ordinances inherent in the privilege granted. If 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 licensed Qualifiers Signature (Notarized)	iance with all Florida Statutes, Codes, and ad County Licensing Boards have the power and ins committed by him/her, his/her agents, isibility 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 ous lists. Failure to do so may allow
The above license holder, whose name is	me or has produced identification this day of
NOTARY'S SIGNATURE	Seal/Stance) Y R BISHOP  Notary Public - State of Florida  Commission # FF 243986



# 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

1. KONAld K Wond SE	(license holder name). licensed qualifier
FOI STIPE CREST ENTERPENSE	7 In C (company name), do certify that
the below referenced person(s) listed on this for holder, or is/are employed by me directly or the officer of the corporation; or, partner as defined	orm is/are contracted/hired by me, the license rough an employee leasing arrangement; or, is and in Florida Statutes Chapter 468, and the said and control and is/are authorized to purchase and
Printed Name of Person Authorized	Signature of Authorized Person
1. DALE BURD	1.
2. Rocks Ford	2 (brets) 7-1
3. Kully Bishap	3 Kelly Brishof
4.	4.
5.	5.
Local Ordinances. I understand that the State a authority to discipline a license holder for violation officers, or employees and that I have full response and ordinances inherent in the privilege granted.  If at any time the person(s) you have authorized officer(s), you must notify this department in win authorization form, which will supersede all prevunauthorized persons to use your name and/or	onsibility for compliance with all statutes, codes of by issuance of such permits.  d is/are no longer agents, employee(s), or ting of the changes and submit a new letter of vious lists. Failure to do so may allow
Licensed Qualifiers Signature (Notarized)  NOTARY INFORMATION:	License Number Date
STATE OF:COUNTY OF	Bay
The above license holder, whose name is Roy personally appeared before me and is known by (type of I.D.)	
Stacy Gna ldupkins	(Seal/Stamp)



# PERMIT NUMBER

				arriage wall piers within 2 of end of home per Rule 15C	- I See Factory Dlan III				Milliam	Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)	cal pier spacing	I understand Lateral Arm Systems cannot be used on any home (new or used) where the sidewall ties exceed 5 ft 4 in.	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	Manufacturer LIVCOOK Length x width 56 x 28	LAKE UMFT 3202-4	ne 424 SN (241 DR	Installer Ernest Scott Johnson License # IH-1025249
	Longitudinal Stab Manufacturer Longitudinal Stab Manufacturer	0	List all marriage wa and their pier pad s Opening	Draw the ap wall opening symbol to s	Other pier pad sizes (required by the mfg.)	Perimeter pier pad size	-beam 0.000	3500 psf 8	2500 psf	1500 psf 2000 psf	Load Footer bearing size capacity (sq in)		Triple/Quad	Double wide	Single wide	Home installed	New Home
7/11	Stabilizing	100	e wall ope bad sizes t	ne approxi enings 4 f I to show t	sizes e mfg.)	pad size	PIER PA	8' Rule 15C-	7' 6"	o 4 4	16" x 16" (256)	PIER SI	70	Q		to the Maled in according	Ę
INCR 1101 V	TIEDOWN COMPONENTS  Longitudinal Stabilizing Device (LSD)  Manufacturer  Longitudinal Stabilizing Device w/ Lateral Arms  Manufacturer	Slocking	Il openings greater than 4 foot izes below.  Pier pad size	Draw the approximate locations of marriage wall openings 4 foot or greater. Use this symbol to show the piers.		SZ XS-LI	R PAD SIZES	1 pier s	စ် ထြ	<u>ب</u> ا يەش	18 1/2" x 18 1/2" (342)	PIER SPACING TABLE FOR USED HOMES	a #	Installation Decal #	Wind Zone II	Home installed to the Manufacturer's Installation Manual Home is installed in accordance with Rule 15-C	Used Home
<	eral Arms	an	an 4 foot	of marriage Use this		1 Kac	1	11	ōœ	zi -1 rzi	20" x 20" (400)	E FOR USI	10	cal #	Q	stallation Notes that the 15-C	
	Sidewall Shearwall Shearwall	FRAME TIES within 2' of end of home spaced at 5' 4" oc	26 × 26	13 1/4 × 26 20 × 20 17 3/16 × 25 17 1/2 × 25	16 x 22.5 17 x 22	Ш	PO	H	0 00 0	+	22" x 22" 24" X 24" (484)" (576)*	ED HOMES	HGA-3003	87513	Wind Zone III	nanual .	
	Number 2	IE TIES	ORS 676				AD SIZES	00 00	0 0	ပ် ထုံ ထုံ	24" 26" x 26" )* (676)		348.87			□व	

Site Preparation

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

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

independent water supply systems. Pg.

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

=	_ 5
Installer Signature	Installer verifies all information given with this permit worksheel is accurate and true based on the manufacturer's installation instructions and or Rule 15C-1 & 2
west of St	s all information given with this pe is accurate and true based on the s installation instructions and or F
Date 3/	this permit works on the nd or Rule 15C-1
13/22	% 2

Floor Walls Water drainage: Natural Swal Type Fastener 1 Gasket (weatherproofing requirement) Fastening multi wide units Swale Length: Pad Spacing Other 20

of tape will not serve as a gasket installer's initials Installed: Bottom of ridgebeam Yes Between Walls Yes Between Floors Yes

a result of a poorly installed or no gasket being installed. I understand a strip

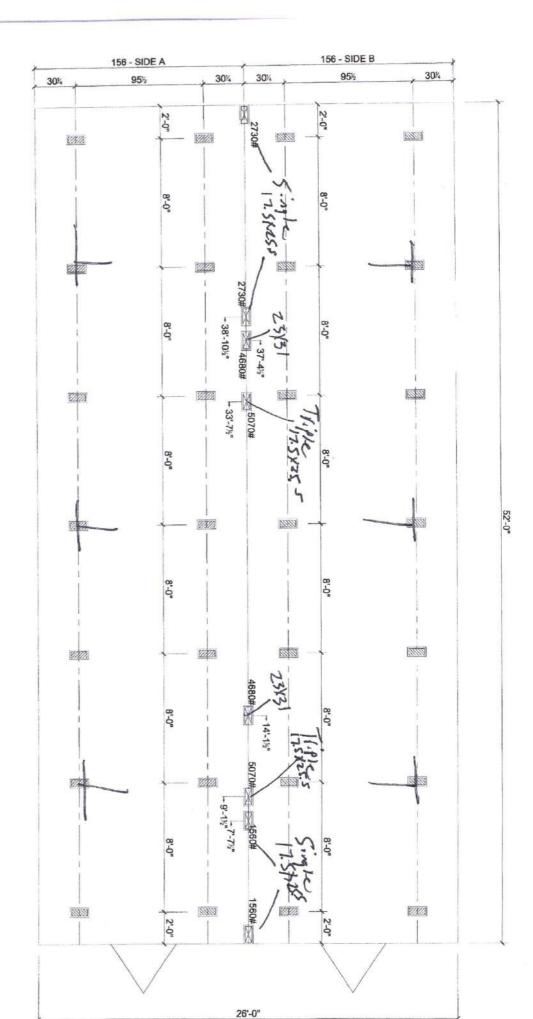
homes and that condensation, mold, meldew and buckled marriage walls are l understand a properly installed gasket is a requirement of all new and used

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.

Miscellaneous

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



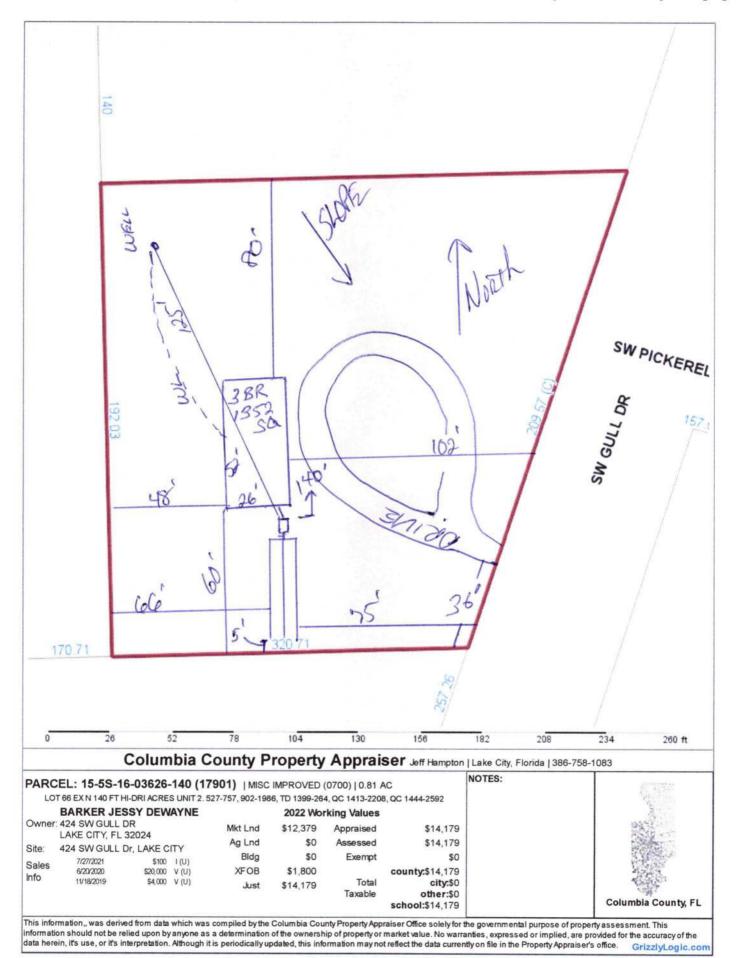


- FOUNDATION NOTES:
- SUPPORT PIER/TYP

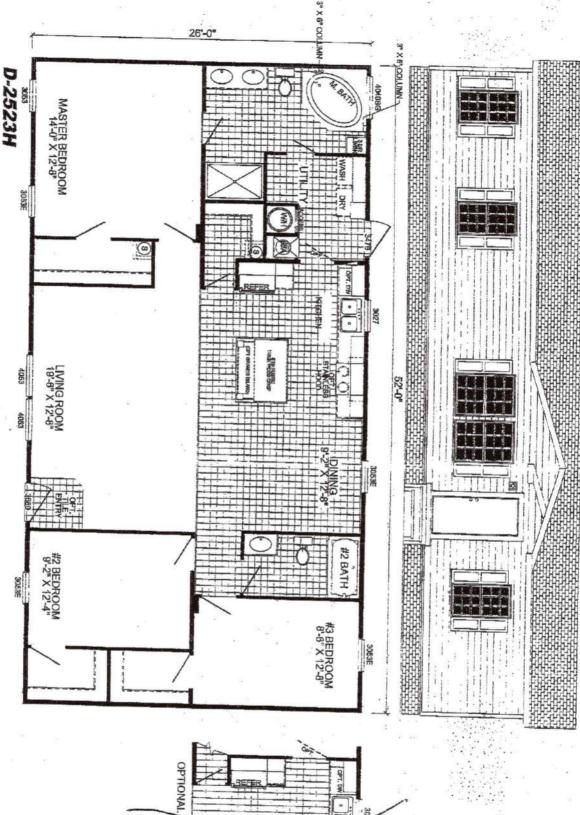
MARRIAGE LINE OPENING SUPPORT PIER/TYP.

- 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 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.

D-2523H







KITCHEN ISLA

3-BEDROOM / 2-BATH

28 X 56 - Approx. 1352 Sq. Ft.

Date: 08/02/19

\* All room dimensions include closets and square foolage figures are approximate, \*9-0" collings are NOT AVAILABLE for this model, Oak Homes reserves the right to modify the product offering at any time.

82/2019 0:55:43 AM



# 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 2:43:35 PM

Address:

424 SW GULL DR

City:

LAKE CITY

State:

FL

Zip Code

32024

Parcel ID

15-5S-16-03626-140

REMARKS:

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

Verification ID: 93968a7b-e8b0-4736-9d5e-a7e7104ac780

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