Parcel:

01-48-15-00311-003 (968)

Owner & Property Info

BOUDREAU GAYLE H

Owner

2038 SW MAYO RD

LAKE CITY, FL 32024-0503

Site

COMM SE COR OF NW1/4 OF NE1/4 N 30.01 FT, W 897.88 FT FOR POB, CONT W 431.30 FT, N

Description* 507.64 FT, E 427.01 FT, S 507.59 FT TO POB EX RD R/W OFF W SIDE THEREOF. 609-764, 844-220,

918-1483, 844-222, 934-552,

Area

5 AC

S/T/R

01-4S-15E

Use Code** PASTURE CLS33 (6200)

Tax District 3

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUM	MBER	CONTRACTOR	Brent Stricklan	pH	ONE 386-365-7043
THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT					
				Gayle Boud	reau
records of the Ordinance 89- exemption, ge	sunty one permit will cover all trades subcontractors who actually did the following of the following subcontractor shall require all subcontractor is responsible to the permitted contractor is responsible contractor beginning any work.	ne trade speci contractors to Certificate of esible for the	fic work under the opposite provide evidence of Competency licens corrected form being	permit. Per Florida of workers' compe se in Columbia Cou og submitted to th	Statute 440 and ensation or unty.
ELECTRICAL	Print Name Glenn Whittington	n	Signature		
	License #: EC 13002957		Phone #:3	86-972-1700	
	Qualit	fier Form Attac	thed X		
MECHANICAL/	Print Name Michael Boland		Signature	All .	
A/C	License #: CAC 1817716		Phone #: 3	52-274-9326	
	Quali	fier Form Attac	thed 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 135 NE Hernando Ave, Suite B-21, Lake City, FL 32055

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

LICENSED QUALIFIE	ER AUTHORIZATION			
1, Chand Whitington	(license holder name), licensed qualifier			
for Whittington ELBEKIC S	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. DALSUR	1			
2. Vercky tond	2. Jones 1) -			
3.	3.			
4.	4.			
5.	5.			
under my license and fully responsible for complete 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 officer(s), you must notify this department in write authorization form, which will supersede all prevenanthorized persons to use your name and/or I	and County Licensing Boards have the power and one committed by him/her, his/her agents, established 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			
Lown Whitting 20	EC 1300295) 3/7/16			
Licensed Qualifiers Signature (Notarized)	License Number Date			
NOTARY INFORMATION: STATE OF:COUNTY OF:				
The above license holder, whose name is	ENA Whitington			
personally appeared before me and is known by (type of I.D.) on	this day of, 20_6.			
KILLY ROSHOP NOTARY'S SIGNATURE	Seal/Stange) Y R BISHOP Notary Public - State of Florida			
	Commission # FF 243986 My Comm. Expires Jun 24, 2019			



COLUMBIA COUNTY BUILDING DEPARTMENT

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

11 1 1 1 1	ER AUTHORIZATION
1. Illy hARI A DOLAND	(license holder name), licensed qualifier
for ACIE A/COCOCA/A	LL (company name), do certify that
the below referenced person(s) listed on this for holder, or is/are employed by me directly or thro officer of the corporation; or, partner as defined person(s) is/are under my direct supervision and sign permits; call for inspections and sign subco	ough an employee leasing arrangement; or, is an in Florida Statutes Chapter 468, and the said dicontrol and is/are authorized to purchase and
Printed Name of Person Authorized	Signature of Authorized Person
1. DAIR ERd	1.675
2. Krilly Dishap	2 Kelly Bishop
3. Kocky Ford	3. Jachy V of
4.	4.
5.	5.
authority to discipline a license holder for violatic officers, or employees and that I have full respondend ordinances inherent in the privilege granted officer(s), you must notify this department in writ authorization form, which will supersede all previous officer(s).	nd County Licensing Boards have the power and cons 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
unauthorized persons to use your name and/or I	100 1817714 & FSLMOQUE
Licensed Qualifiers Signature (Notarized)	License Number Date 1117/15
NOTARY INFORMATION: STATE OF: COUNTY OF:	marion
The above license holder, whose name is Micropersonally appeared before me and is known by (type of I.D.)	me on has produced identification this That of November, 20 15
MOTARY'S SIGNATURE	(Seal/Stamp)
	AMANDA FLOOD MY COMMISSION # FF 106012 EXPIRES: April 5, 2018 Bonded Thru Notary Public Underwriters

	marriage wall plans 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 Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)	Installer Brent Strickland License # IH 1104218 Installer Mobile Phone # 386-365-7043 Address of home being installed Lake CT, FL, 3224 Manufacturer Live Out Length x width 56 x 100 Mote: 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
within 2' of end of home spaced at 5 4" oc Longitudinal Stabilizing Device (LSD) Manufacturer Longitudinal Stabilizing Device w/ Lateral Arms Marriage wall Manufacturer Manufacturer Marriage wall Shearwall	(required by the mfg.) T x 22 374 348 314 x 26 1/4 348 348 20 x 20 400	8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8	PIER SPACING TABLE FOR USED HOMES oler 16" x 16" 18 1/2" x 18 20" x 20" 22" x 22" 24" x 24" 26" [256] 1'2" (342) (400) (484)* (576)* (6 7" 8" 8" 8" 8" 8" 8" 8" 8" 8" 8" 8" 8" 8"	

PERMIT NUMBER

Other:	
Electrical crossovers protected. Yes	
Prain lines supported at 4 foot intervals. Yes	Date Tested
Skirting to be installed. Yes No	Installer Name Dicent Structure
Miscellaneous	ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER
The bottomboard will be repaired and/or taped. Yes Siding on units is installed to manufacturer's specifications. Fireplace chimney installed so as not to allow intrusion of	reading is 275 or less and where the mobile home manufacturer may requires anchors with 4000 lb holding capacity. Installer's initials
Weatherproofing	Note: A state approved lateral arm system is being used and 4 ft. anchors are allowed at the sidewall locations. I understand 5 ft
Pg Between Ploors Ye Between Walls Ye. Bottom of ridgebean	The results of the torque probe test is 200 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.
. 5	TORQUE PROBE TEST
a result of a poorly installed or no gasket being installed of tape will not serve as a gasket	× (000) × (000) ×
I understand a properly installed gasket is a requirement of homes and that condensation, mold, meldew and buckled	Using 500 lb. increments, take the lowest reading and round down to that increment.
Gasket (weatherproofing requirement)	2. Take the reading at the depth of the footer.
will be centered over the peak of the roof and fa roofing nails at 2" on center on both sides of the	1. Test the perimeter of the home at 6 locations.
Roof Type Fastener: Length: Si For used homes a min. 30 gauge, 8" wide, galv	POCKET PENETROMETER TESTING METHOD
Type Fastener:	× DOC
Fastening multi wide units	ing 1000 ip. soil
Water drainage: Natural Swale Pad	The pocket penetrometer tests are rounded down to
Dobbin and oceanic metarial removed	POCKET PENETROMETER TEST

Connect electrical conductors between multi-wide units, but not to the main power This includes the bonding wire between multi-wide units. Pg. 27 source. This includes the bonding wire between mult-wide units. Pg. Electrical

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

Plumbing

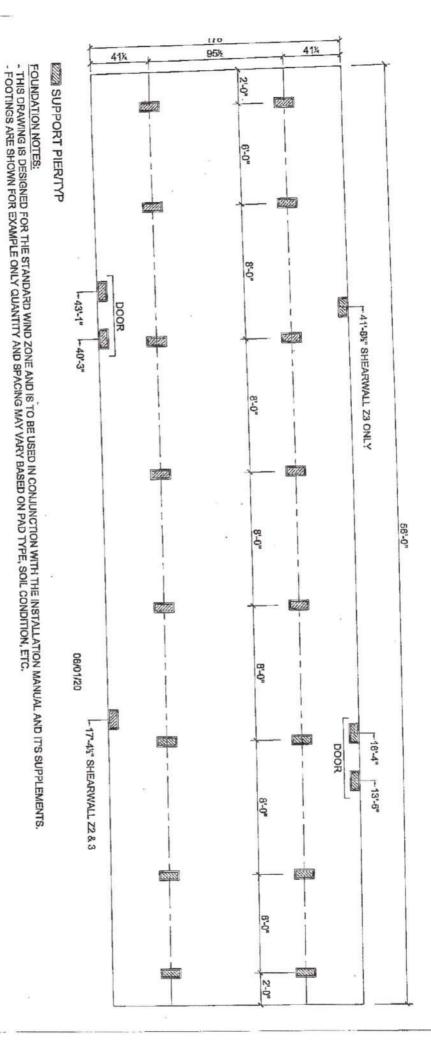
Type Fastener: Type Fastener: Type Fastener: Type Fastener: Length: Spacing: Spa	Fastening multi wide units	and organic material removed Grainage: Natural Swale Pad Other	Cita i idai antii
--	----------------------------	---	-------------------

ype gasket omes and that condensation, mold, meldew and buckled marriage walls are tape will not serve as a gasket result of a poorly installed or no gasket being installed. I understand a strip understand a properly installed gasket is a requirement of all new and used Installer's initials Installed Bottom of ridgebeam Yes Between Walls Yes Between Floors Yes

N/A		1
Yes	NA	1
\		
Niscellaneous No	Miscellaneous Skirting to be installed. Yes	N/A Ves N/A

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 4-10-2021



Live Oak Homes //w MODEL: V-5562K - 14 X 60 2-BEDROOM / 2-BATH

V-5562K

STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number

Boudage	PART II - SITEPLAN	10
Scale: 1 inch = 40 feet.		1
210	25 DEIVE 25 25 25 25 25 25 25 25 25 25 25 25 25	- Proposed - So,
Notes:	1	
10	& JACARS SER ATTACK	TES
Cita Dian subscitted but		CONTRACTOR
Site Plan submitted by: Plan Approved	Not Approved	<u>CONTRACTOR</u> Date
By	ног другочец	County Health Department
		County Fleatin Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



information should not be relied upon by anyone as a determination of the ownership of property or market value. No warranties, expressed or implied, are provided for the accuracy of the data herein, it's use, or it's interpretation. Although it is periodically updated, this information may not reflect the data currently on file in the Property Appraiser's office.

GrizzlyLogic.com

世5:

#2 BEDROOM 9'-1" X 14'-2" #2 BATH 56'-0" H WASH H DRY M. BEDROOM 10'-10" X 14'-2" 4053E HIM

V-5562K 2-BEDROOM / 2-BATH 16 X 60 - Approx. 830 Sq. Ft.

Date: 05/21/20

* All room dimensions include closets and square footage figures are approximate.
* Live Oak Homes reserves the right to change product offering at any time.

个。本