

Parcel:

28-3S-17-05621-004 (25649)

Owner & Property Info

Result: 1 of 1

Owner	WILLIAMS JAMES E & MARY JOLLY WILLIAMS 359 NE WILLIAMS ST LAKE CITY, FL 32055		
Site	339 WILLIAMS ST		
Description*	COMM AT SE COR OF SEC, RUN N 13.50 FT TO N R/W WILLIAMS RD FOR POB, CONT N 208.72 FT, W 208.72 FT, S 208.72 FT, E 208.72 FT TO POB. WD ORB 1050-1977, QC 1293-2450		
Area	1 AC	S/T/R	28-3S-17
Use Code**	VACANT (0000)	Tax District	2

STATE OF FLORIDA
COUNTY OF COLUMBIA

LAND OWNER AFFIDAVIT

This is to certify that I, (We), James E & Mary J Williams,

as the owner of the below described property:

Property tax Parcel ID number 28-3S-17-05621-004

Subdivision (Name, lot, Block, Phase) NA Metes & Bounds

Give my permission for Daniel Woodward to place a

Circle one Mobile Home / Travel Trailer / Utility Pole Only / Single Family Home /
Barn - Shed - Garage / Culvert / Other _____

I (We) understand that the named person(s) above will be allowed to receive a building permit on the property number I (we) have listed above and this could result in an assessment for solid waste and fire protection services levied on this property.

James E Williams 3/1/21
Owner Signature Date

Mary J Williams 3/1/21
Owner Signature Date

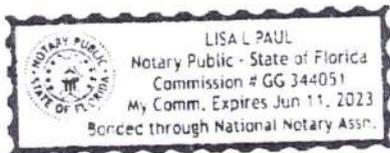
Owner Signature Date

Sworn to and subscribed before me this 1st day of March, 2021. This

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

Lisa L. Paul Lisa L. Paul
Notary Public Signature Notary Printed Name

Notary Stamp/



MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

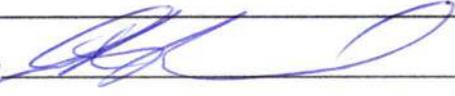
APPLICATION NUMBER _____ CONTRACTOR Robert Sheppard PHONE 386-623-2203

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

Daniel Woodward

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 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 <u>Glenn Whittington</u> Signature 
	License #: <u>EC 13002957</u> Phone #: <u>386-972-1700</u> Qualifier Form Attached <input checked="" type="checkbox"/>
MECHANICAL/ A/C	Print Name <u>Ronald Bonds Sr.</u> Signature 
	License #: <u>CAC1817658</u> Phone #: <u>800-259-3470</u> Qualifier Form Attached <input checked="" type="checkbox"/>

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

I, Ronald E Bond Sr (license holder name), licensed qualifier for STYLE CREST ENTERPRISES, INC (company name), do certify that the below referenced person(s) listed on this form is/are contracted/hired by me, the license holder, or is/are employed by me directly or through an employee leasing arrangement; or, is an officer of the corporation; or, partner as defined in Florida Statutes Chapter 468, and the said person(s) is/are under my direct supervision and control and is/are authorized to purchase and sign permits; call for inspections and sign subcontractor verification forms on my behalf.

Printed Name of Person Authorized	Signature of Authorized Person
1. Dale Burd	1.
2. Rocky Ford	2.
3. Kelly Bishop	3.
4.	4.
5.	5.

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances. I understand that the State and County Licensing Boards have the power and authority to discipline a license holder for violations committed by him/her, his/her agents, officers, or employees and that I have full responsibility for compliance with all statutes, codes and ordinances inherent in the privilege granted by issuance of such permits.

If at any time the person(s) you have authorized is/are no longer agents, employee(s), or officer(s), you must notify this department in writing of the changes and submit a new letter of authorization form, which will supersede all previous lists. Failure to do so may allow unauthorized persons to use your name and/or license number to obtain permits.

Licensed Qualifiers Signature (Notarized) CRC 1817658 License Number 2-16-14 Date

NOTARY INFORMATION:

STATE OF: FL COUNTY OF: Bay

The above license holder, whose name is Ronald Edward Bonds Sr personally appeared before me and is known by me or has produced identification (type of I.D.) _____ on this 16th day of FEB, 20 14.

Stacey Ann Hopkins
 NOTARY'S SIGNATURE

(Seal/Stamp)





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

I, Glenn Whittington (license holder name), licensed qualifier for Whittington Electric Inc (company name), do certify that the below referenced person(s) listed on this form is/are contracted/hired by me, the license holder, or is/are employed by me directly or through an employee leasing arrangement; or, is an officer of the corporation; or, partner as defined in Florida Statutes Chapter 468, and the said person(s) is/are under my direct supervision and control and is/are authorized to purchase and sign permits; call for inspections and sign subcontractor verification forms on my behalf.

Printed Name of Person Authorized	Signature of Authorized Person
1. <u>W. Ford</u>	1. <u>[Signature]</u>
2. <u>Rocky Ford</u>	2. <u>[Signature]</u>
3.	3.
4.	4.
5.	5.

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances. I understand that the State and County Licensing Boards have the power and authority to discipline a license holder for violations committed by him/her, his/her agents, officers, or employees and that I have full responsibility for compliance with all statutes, codes and ordinances inherent in the privilege granted by issuance of such permits.

If at any time the person(s) you have authorized is/are no longer agents, employee(s), or officer(s), you must notify this department in writing of the changes and submit a new letter of authorization form, which will supersede all previous lists. Failure to do so may allow unauthorized persons to use your name and/or license number to obtain permits.

[Signature] License Number FL 13002957 Date 3/7/16
 Licensed Qualifiers Signature (Notarized)

NOTARY INFORMATION:

STATE OF: FL COUNTY OF: Columbia

The above license holder, whose name is Glenn Whittington, personally appeared before me and is known by me or has produced identification (type of I.D.) FL DL on this 7 day of MARCH, 2016.

[Signature]
 NOTARY'S SIGNATURE



Mobile Home Permit Worksheet

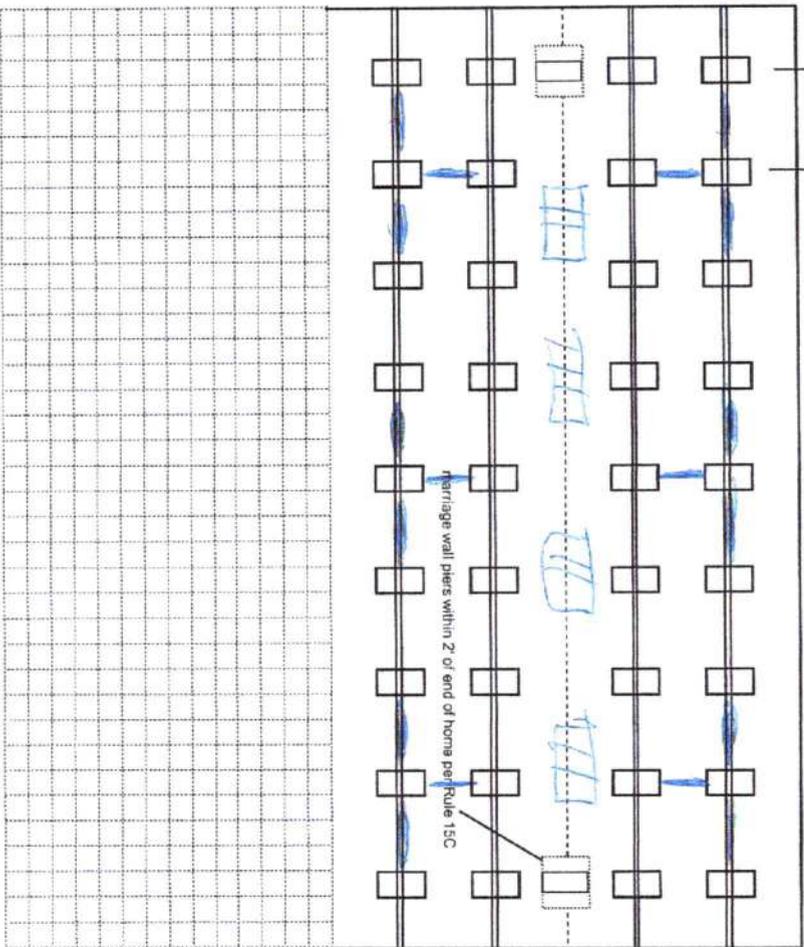
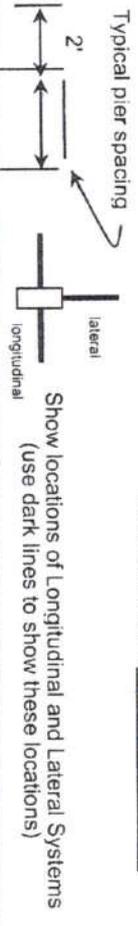
Application Number: _____ Date: _____

Installer: Robert Sheppard License # TH-1025386

Address of home being installed: 339 New Williams St
Katahdin, ME 02055

Manufacturer: LINDAL Length x width: 56x28

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.



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 Decal # 61896

Triple/Quad Serial # LDHGAR2036137AB

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity	Footer size (sq in)	18 1/2" x 18 (342)	20" x 20" (400)	22" x 22" (484)	24" x 24" (576)	26" x 26" (676)
1000 psf	3'	4'	5'	6'	7'	8'
1500 psf	4'6"	6'	7'	8'	8'	8'
2000 psf	6'	8'	8'	8'	8'	8'
2500 psf	7'6"	8'	8'	8'	8'	8'
3000 psf	8'	8'	8'	8'	8'	8'
3500 psf	8'	8'	8'	8'	8'	8'

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

PIER PAD SIZES

I-beam pier pad size: 11x25

Perimeter pier pad size: 16x16

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

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

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

Pad Size	Sq In
16 x 16	256
16 x 18	288
18.5 x 18.5	342
16 x 22.5	360
17 x 22	374
13 1/4 x 26 1/4	348
20 x 20	400
17 3/16 x 25 3/16	441
17 1/2 x 25 1/2	446
24 x 24	576
26 x 26	676

ANCHORS

Opening: _____ Pier pad size: _____

4 ft 5 ft

FRAME TIES

within 2' of end of home spaced at 5' 4" oc

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD) _____ Number: 20

Manufacturer: _____

Longitudinal Stabilizing Device w/ Lateral Arms _____ Number: 8

Manufacturer: DIAPERIBO _____ Number: 4

Side wall _____

Longitudinal Marriage wall _____

Shear wall _____

OTHER TIES

Mobile Home Permit Worksheet

Application Number: _____ Date: _____

POCKET PENETROMETER TEST

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

X _____ X _____ X _____

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 _____ X _____ X _____

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 _____. A test 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 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 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 2-22-2021

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. 29

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
Water drainage: Natural _____ Swale _____ Pad Other _____

Fastening multi wide units

Floor: Type Fastener: 1/2x8 Length: 5" Spacing: 16"
Walls: Type Fastener: 3/4x125 Length: 4" Spacing: 16"
Roof: Type Fastener: 1/4x5 Length: 6" Spacing: 16"
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 (weatherproofing 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 R.S.

Type gasket FOAM
Pg. 29
Installed: _____
Between Floors Yes
Between Walls Yes
Bottom of ridgebeam Yes

Weatherproofing

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

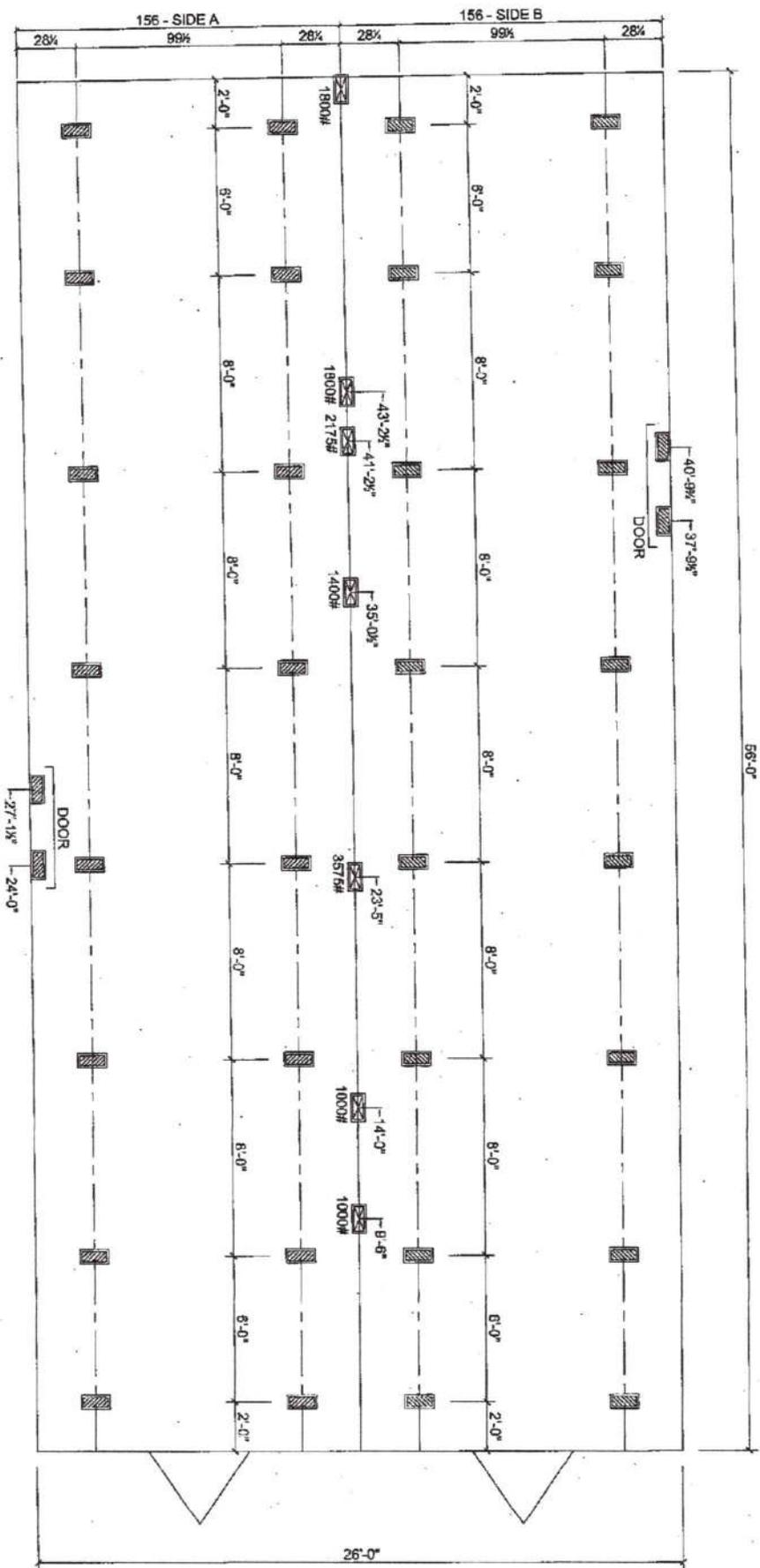
Miscellaneous

Skirting to be installed. Yes No _____
Dryer vent installed outside of skirting. Yes _____ N/A
Range downflow vent installed outside of skirting. Yes _____ N/A
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 2-22-2021

Spark



 MARRIAGE LINE OPENING SUPPORT PIERTYP.
 SUPPORT PIERTYP

5-10-2018

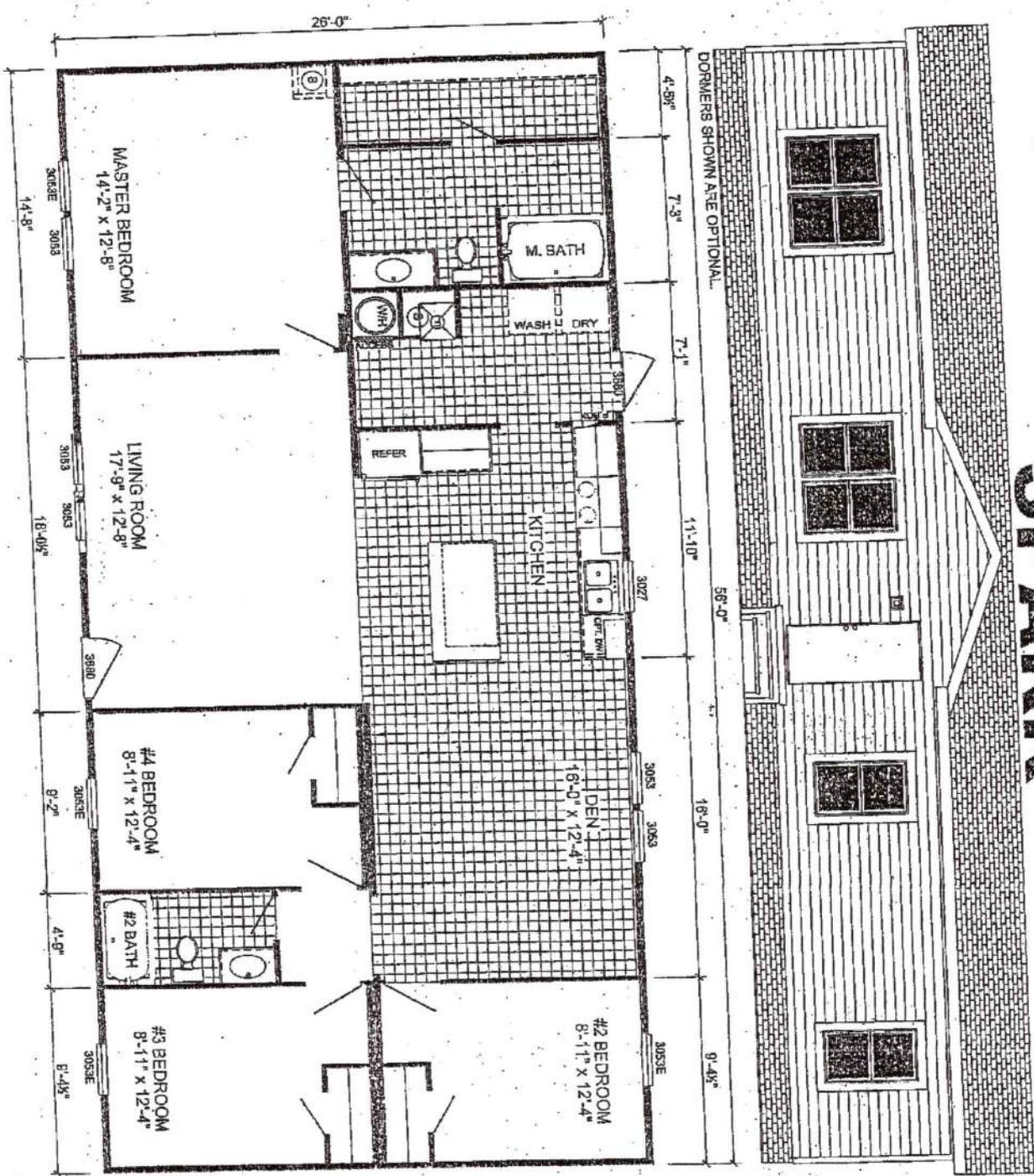
FOUNDATION NOTES:
 - THIS DRAWING IS DESIGNED FOR THE STANDARD WIND ZONE AND IS TO BE USED IN CONJUNCTION WITH THE INSTALLATION MANUAL AND ITS SUPPLEMENTS.
 - FOOTINGS ARE SHOWN FOR EXAMPLE ONLY QUANTITY AND SPACING MAY VARY BASED ON PAD TYPE, SOIL CONDITION, ETC.
 - FOOTINGS ARE REQUIRED AT SUPPORT POSTS, SEE INSTALLATION MANUAL FOR REQUIREMENTS.

Live Oak Homes
MODEL: L-2564F - 28 X 56
3-BEDROOM / 2-BATH

- (A) MAIN ELECTRICAL
- (B) ELECTRICAL CROSSOVER
- (C) WATER INLET
- (D) WATER CROSSOVER (IF ANY)
- (E) GAS INLET (IF ANY)
- (F) GAS CROSSOVER (IF ANY)
- (G) DUCT CROSSOVER
- (H) SEWER DROPS
- (I) RETURN AIR (W/OPT. HEAT PUMP OH DUCT)
- (J) SUPPLY AIR (W/OPT. HEAT PUMP OH DUCT)

L-2564F

SPARK



L-2564F

4-BEDROOM / 2-BATH

28 x 60 - Approx. 1456 Sq. Ft.

Date: 4-4-2018
 * All room dimensions include closets and square footage figures are approximate.
 * Transom windows are available on optional 9'-0" sidewalk houses only.

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

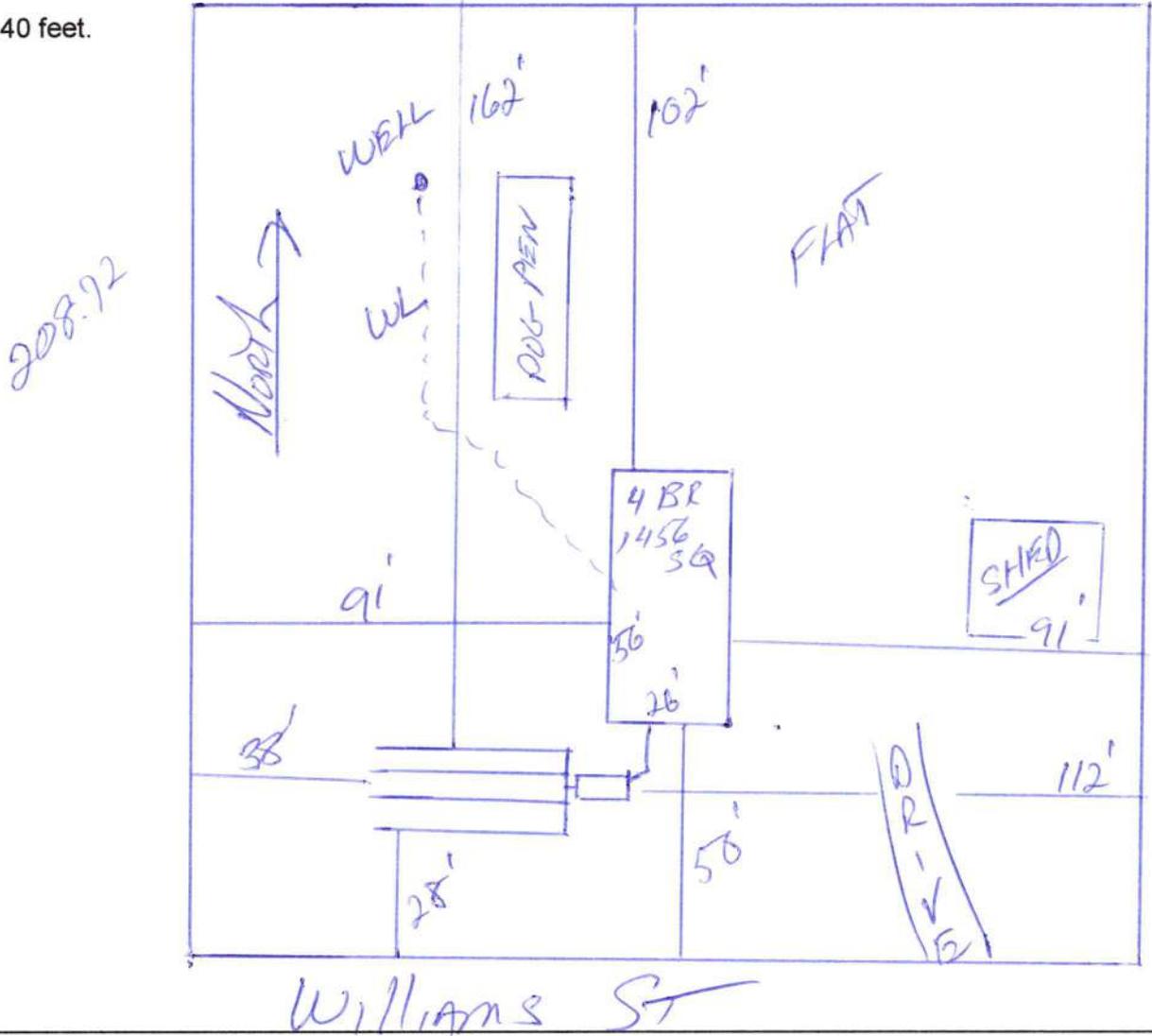
Permit Application Number _____

Woodward

208.72

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

Scale: 1 inch = 40 feet.



Notes: _____

Site Plan submitted by: *[Signature]*

CONTRACTOR

Plan Approved _____

Not Approved _____

Date _____

By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT