Parcel:

Area

24-5S-15-00473-006 (2077)

Owner & Property Info

Result: 7 of 7

S/T/R 24-5S-15

PEREZ JULIO ANTONIO BLANCO

Owner BLANCO AMY

32 AC

577 SW DAISY RD

LAKE CITY, FL 32024-5031

Site 577 SW DAISY Rd, LAKE CITY

Description* THE W 32 AC OF SW1/4 OF NW1/4. WD 1375-1652

Use Code** TIMBERLAND 80-89 (5500)

Tax District 3

STATE OF FLORIDA COUNTY OF COLUMBIA

LAND OWNER AFFIDAVIT

This is to certify that I, (We),Julio Antonio Blanco Prez,					
as the owner of the below d	as the owner of the below described property:				
Property tax Parcel ID num	ber 24-5S-15-00	0473-006			
Subdivision (Name, lot, Block	, Phase) NA				
Give my permission for	Amy Blanco	(wife)	to place a		
Circle one Mobile Home Barn – Sned –	Travel Trailer / I Garage / Culvert	Utility Pole Only / Single I / Other	Family Home /		
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. A Research 12/30/21 Date Da					
Owner Signature		Date			
Owner Signature		Date			
Sworn to and subscribed before me this 30 day of 75 day					
		Dale R. Burd	, w.1-/		
Notary Public Signature	No	Comm# GG231750			
Notary Stamp/		Comm# GG231750 Expires 7/16/2022			

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

CONTRACTOR Brent Strickland

NUONI 386-365-7043

THE ELECTRICATION NO.	CONTRACTOR			HUNE 000-000-7040		
	THIS FORM MUST BE SUBMITTED PRIOR	R TO THE ISSUANCE OF A	A PERMIT			
	Amy Blanco					
In Columbia County one permit will cover all trades doing work at the permitted site. It is KEQUIKED 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	2			
	License #: <u>EC 13002957</u>		6-972-1700			
Qualifier Form Attached X						
MECHANICAL/	Print Name Michael Boland	Signature	2	0		

Qualifier Forms cannot be submitted for any Specialty License.

License #: CAC 1817716

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			

Qualifier Form Attached

352-274-9326

Phone #:

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

APPLICATION NUMBER



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. CARNULUTITINGTON	(license holder name), licensed qualifier
for Whittington Efrence &	(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 it 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 in 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. DA & SUR	1
2. Kecky Ford	2. Jones 1)
3.	3.
4.	4.
5.	5.
I, the license holder, realize that I am responsible under my license and fully responsible for complication of the license and fully responsible for complication of the license holder for violation of the lice	iance with all Florida Statutes, Codes, and ad County Licensing Boards have the power and ans committed by him/her, his/her agents, asibility for compliance with all statutes, codes by issuance of such permits. is/are no longer agents, employee(s), or and of the changes and submit a new letter of ous lists. Failure to do so may allow
Licensed Qualifiers Signature (Notarized)	EC 1300 295 3/7/16 License Number Date
NOTARY INFORMATION:	Colombia
The above license holder, whose name is	
NOTARY'S SIGNATURE	Poly 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

LICENSED QUALIFIE	ER AUTHORIZATION
1. /// hAR/ A DOLAND	(license holder name), licensed qualifier
for ACIE A/C OF OCA/A	(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 control and is/are authorized to purchase and
Printed Name of Person Authorized	Signature of Authorized Person
1. DAME S.Ad	1.675
2. Kally Bishop	2. Kelly Bishop
3. Kocky Fore	3. Jah, 1) - of
4.	4.
5.	5.
under my license and fully responsible for complex 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. If at any time the person(s) you have authorized	and County Licensing Boards have the power and conscious committed by him/her, his/her agents, assibility for compliance with all statutes, codes by issuance of such permits.
officer(s), you must notify this department in writ authorization form, which will supersede all prey unauthorized persons to use your name and/or l	ing of the changes and submit a new letter of ious lists. Failure to do so may allow
Licensed Qualifiers Signature (Notarized)	(AU317716 ES)2090 License Number Date 17/15
NOTARY INFORMATION: STATE OF: COUNTY OF:	marian
The above license holder, whose name is \(\frac{\omega_0}{\omega} \) personally appeared before me and is known by (type of I.D.) on	
NOTARY'S SIGNATURE	(Seal/Stamp)
	AMANDA FLOOD MY COMMISSION # FF 106012 EXPIRES: April 5, 2018 Bonded Thru Notary Public Underwriters

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	parriage well plore within 2'-of end of frome per Rule 15C			Typical pier spacing latoral Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)	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 lunderstand Lateral Arm Systems cannot be used on any home (new or used)	Installer Brent Strickland License # IH 1104218 Installer Mobile Phone # 386-365-7043 Address of home Sold Moley Conclude Lake Lag Ft 3 2024 Manufacturer LIII ONL Length x width LOX32
TIEDOWN COMPONENTS TIEDOWN COMPONENTS Longitudinal Stabilizing Device (LSD) Longitudinal Stabilizing Device w/ Lateral Arms Manufacturer Manufacturer	symbol to show the piers. List all marriage wall openings greater than 4 foot and their pier pad sizes below. Opening Wall openings 4 toot or greater. Use this 17 /1/2 x 25 1/2	e approximate locations of marriage	T-6" 8' 8' 8' 8' 8' 8' 8' 8	oter 16" x 16" 18 1/2" x 18 20" x 20" 22" x 22" 24" (5 1/2" (342) (400) (484)" (5 8 1/2" 8 1/	Triple/Quad Seriel # 101464 700 22	Home installed to the Manufacturer's Installation Manual Home is installed in accordance with Rule 15-C Single wide

× topo	The packet penetrometer tests are rounded down to or check here to declare 1000 lb, soil without testing.	POCKE
×1000	soil without testing	POCKET PENETROMETER TEST
×1000	psf	

POCKET PENETROMETER TESTING METHOD

- 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

×1000

×1000

TORQUE PROBE TEST

showing 275 inch pounds or less will require 5 foot anchors. The results of the torque probe test is 290__ inch pounds or check

Note: A state approved lateral arm system is being used and 4 ft. anchors are allowed at the sidewall locations. I understand 5 ft requires anchors with 4000 lb holding capacity. reading is 275 or less and where the mobile home manufacturer may anchors are required at all centerline tie points where the torque test

Installer's initials

Installer Name Name Of MIT ATT LONG

Date Tested

Electrical

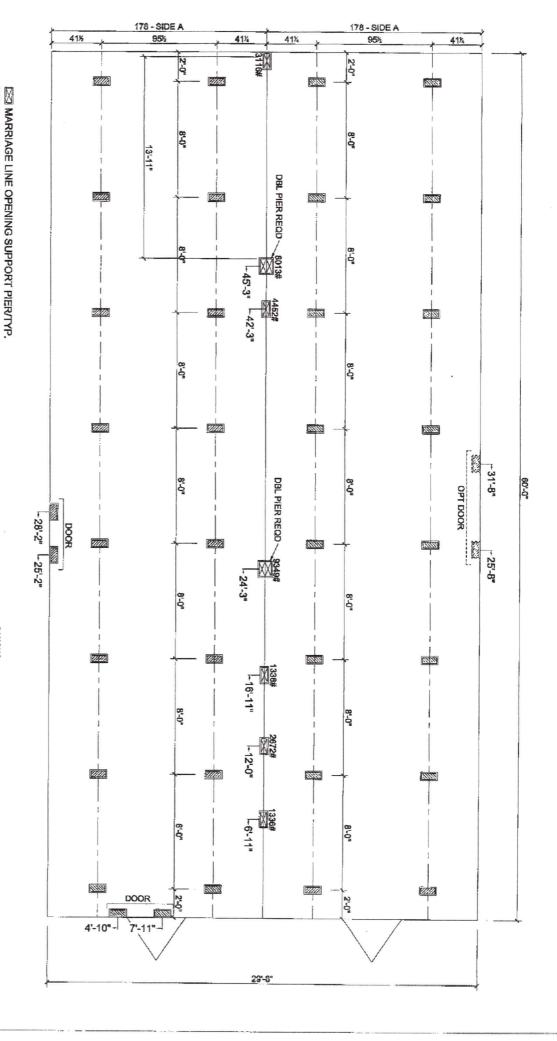
source. This includes the bonding wire between mult-wide units. Pg. 2 Connect electrical conductors between multi-wide units, but not to the main power

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

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

Installer verifies all information given with this permit worksheet manufacturer's installation instructions and or Rule 150-1 & 2 is accurate and true based on the

Installer Signature Date 01-01-2022



MODEL: D-3604B - 32 X 64

- 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.

04/18/19

FOUNDATION NOTES: SUPPORT PIER/TYP

4-BEDROOM / 2-BATH Live Oak Homes

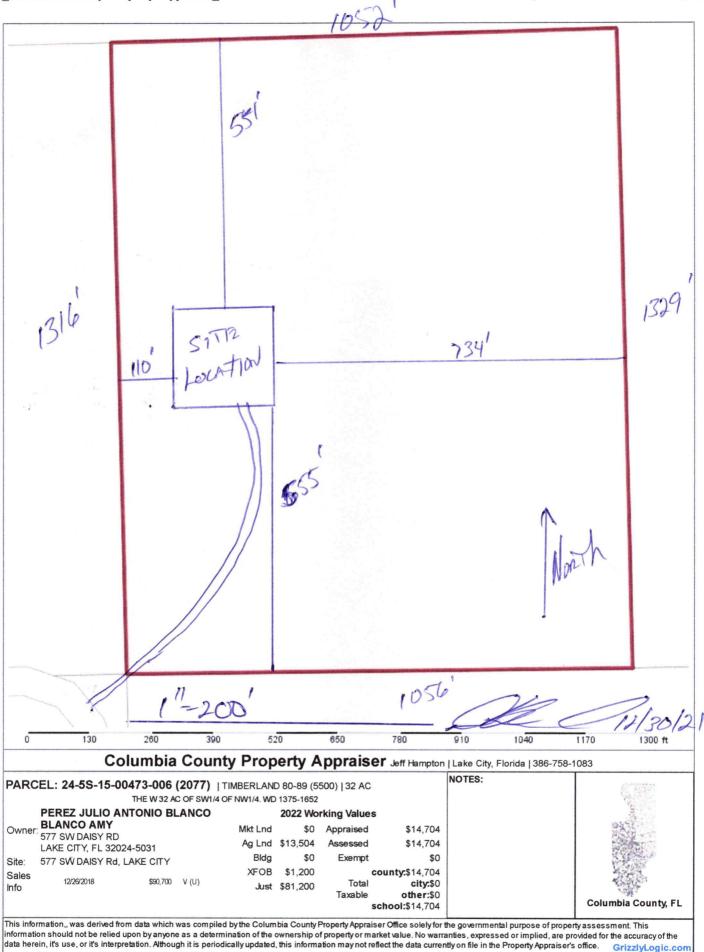
STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

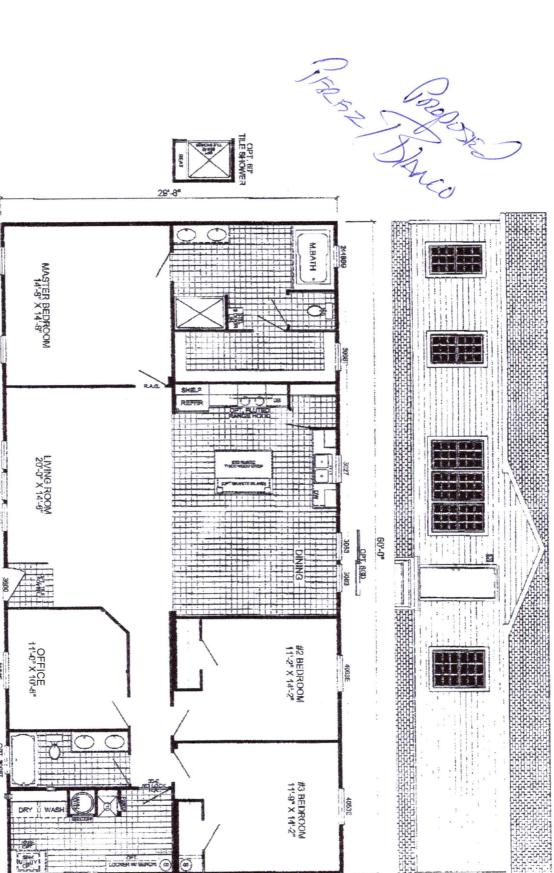
Permit Application Number_____

BLANCO	PART II - SITEPLAN	
Scale: 1 inch = 40 feet.		5) 210
	108 / STORMER BOLD 138 / 135 /	2 20 2 20 1 57'
Notes:	2 Acris Sier Attachrel	V I
Site Plan submitted by:		CONTRACTOR
Plan Approved	Not Approved	Date
Ву		County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



GrizzlyLogic.com



3-BEDROOM / 2-BATH 32 X 64 - Approx. 1780 Sq. Ft. Date: 08/02/19

D-3604B

All room dimensions include chosets and equere foolege figures are approximate • PUT unlikings are NOT AVAILABLE for this model.
 Live Dait Homos reserves the right to modify product effering at any three.



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 2:42:48 PM

Address: 577 SW DAISY RD

City: LAKE CITY

State: FL

Zip Code **32024**

Parcel ID **24-5S-15-00473-006**

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

Verification ID: d374d6bf-1dfe-40ef-8691-fac9abbf1810

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