

DATE 01/14/2008

# Columbia County Building Permit

**PERMIT**  
**000026607**

This Permit Must Be Prominently Posted on Premises During Construction

APPLICANT JOYANN SHIPP PHONE 965-8168  
 ADDRESS 355 NE LAVERNE ST LAKE CITY FL 32055  
 OWNER MELANIE ROBERTS PHONE 752-4682  
 ADDRESS 1427 SW US HIGHWAY 27 FT. WHITE FL 32038  
 CONTRACTOR JOHN SHIPP PHONE 965-8168  
 LOCATION OF PROPERTY 47S, TL ON 27, 2ND CULVERT ON RIGHT BEFORE CR 138, CEDAR  
TREES @ FRONT OF PROPERTY

TYPE DEVELOPMENT MH, UTILITY ESTIMATED COST OF CONSTRUCTION 0.00  
 HEATED FLOOR AREA \_\_\_\_\_ TOTAL AREA \_\_\_\_\_ HEIGHT \_\_\_\_\_ STORIES 2  
 FOUNDATION \_\_\_\_\_ WALLS \_\_\_\_\_ ROOF PITCH \_\_\_\_\_ FLOOR \_\_\_\_\_  
 LAND USE & ZONING A-3 MAX. HEIGHT \_\_\_\_\_  
 Minimum Set Back Requirments: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00  
 NO. EX.D.U. 0 FLOOD ZONE X DEVELOPMENT PERMIT NO. \_\_\_\_\_

PARCEL ID 30-7S-17-10066-001 SUBDIVISION Joyann Shipp  
 LOT \_\_\_\_\_ BLOCK \_\_\_\_\_ PHASE \_\_\_\_\_ UNIT \_\_\_\_\_ TOTAL ACRES 2.96

IH0000334  
 Culvert Permit No. \_\_\_\_\_ Culvert Waiver \_\_\_\_\_ Contractor's License Number \_\_\_\_\_ Applicant/Owner/Contractor \_\_\_\_\_  
 EXISTING 06-889 CS JH Y  
 Driveway Connection \_\_\_\_\_ Septic Tank Number \_\_\_\_\_ LU & Zoning checked by \_\_\_\_\_ Approved for Issuance \_\_\_\_\_ New Resident \_\_\_\_\_

COMMENTS: FLOOR ONE FOOT ABOVE THE ROAD, 2.3.1 LEGAL NON-CONFORMING LOT

Check # or Cash 140

## FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

Temporary Power \_\_\_\_\_ Foundation \_\_\_\_\_ Monolithic \_\_\_\_\_  
 date/app. by \_\_\_\_\_ date/app. by \_\_\_\_\_ date/app. by \_\_\_\_\_  
 Under slab rough-in plumbing \_\_\_\_\_ Slab \_\_\_\_\_ Sheathing/Nailing \_\_\_\_\_  
 date/app. by \_\_\_\_\_ date/app. by \_\_\_\_\_ date/app. by \_\_\_\_\_  
 Framing \_\_\_\_\_ Rough-in plumbing above slab and below wood floor \_\_\_\_\_  
 date/app. by \_\_\_\_\_ date/app. by \_\_\_\_\_  
 Electrical rough-in \_\_\_\_\_ Heat & Air Duct \_\_\_\_\_ Peri. beam (Lintel) \_\_\_\_\_  
 date/app. by \_\_\_\_\_ date/app. by \_\_\_\_\_ date/app. by \_\_\_\_\_  
 Permanent power \_\_\_\_\_ C.O. Final \_\_\_\_\_ Culvert \_\_\_\_\_  
 date/app. by \_\_\_\_\_ date/app. by \_\_\_\_\_ date/app. by \_\_\_\_\_  
 M/H tie downs, blocking, electricity and plumbing \_\_\_\_\_ Pool \_\_\_\_\_  
 date/app. by \_\_\_\_\_ date/app. by \_\_\_\_\_  
 Reconnection \_\_\_\_\_ Pump pole \_\_\_\_\_ Utility Pole \_\_\_\_\_  
 date/app. by \_\_\_\_\_ date/app. by \_\_\_\_\_ date/app. by \_\_\_\_\_  
 M/H Pole \_\_\_\_\_ Travel Trailer \_\_\_\_\_ Re-roof \_\_\_\_\_  
 date/app. by \_\_\_\_\_ date/app. by \_\_\_\_\_ date/app. by \_\_\_\_\_

BUILDING PERMIT FEE \$ 0.00 CERTIFICATION FEE \$ 0.00 SURCHARGE FEE \$ 0.00  
 MISC. FEES \$ 200.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 57.78 WASTE FEE \$ 150.75  
 FLOOD DEVELOPMENT FEE \$ \_\_\_\_\_ FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$ \_\_\_\_\_ **TOTAL FEE** 483.53  
 INSPECTORS OFFICE [Signature] CLERKS OFFICE CTV

NOTICE: IN ADDITION TO THE REQUIREMENTS OF THIS PERMIT, THERE MAY BE ADDITIONAL RESTRICTIONS APPLICABLE TO THIS PROPERTY THAT MAY BE FOUND IN THE PUBLIC RECORDS OF THIS COUNTY. AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.

"WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT."

EVERY PERMIT ISSUED SHALL BECOME INVALID UNLESS THE WORK AUTHORIZED BY SUCH PERMIT IS COMMENCED WITHIN 180 DAYS AFTER ITS ISSUANCE, OR IF THE WORK AUTHORIZED BY SUCH PERMIT IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AFTER THE TIME THE WORK IS COMMENCED. A VALID PERMIT RECIEVES AN APPROVED INSPECTION EVERY 180 DAYS. WORK SHALL BE CONSIDERED TO BE IN ACTIVE PROGRESS WHEN THE PERMIT HAS RECIEVED AN APPROVED INSPECTION WITHIN 180 DAYS.

The Issuance of this Permit Does Not Waive Compliance by Permittee with Deed Restrictions.



@ CAM112M01 S CamaUSA Appraisal System  
 1/16/2007 11:43 Legal Description Maintenance  
 Year T Property Sel  
 2007 R 30-7S-17-10066-001

Columbia County  
 Land 000 \*  
 532 AG 001  
 Bldg 000  
 Xfea 000  
 532 TOTAL B

ROBERTS MELANIE

|    |                               |                               |    |
|----|-------------------------------|-------------------------------|----|
| 1  | BEG NE COR OF SEC, RUN W      | 515.46 FT TO E R/W US-27, SE  | 2  |
| 3  | ALONG R/W 171.65 FT, E 178.48 | FT, SE 517.20 FT TO SEC LINE, | 4  |
| 5  | N TO POB. ORB 654-707-708,    | 775-649-650, 776-1902         | 6  |
| 7  |                               |                               | 8  |
| 9  |                               |                               | 10 |
| 11 |                               |                               | 12 |
| 13 |                               |                               | 14 |
| 15 |                               |                               | 16 |
| 17 |                               |                               | 18 |
| 19 |                               |                               | 20 |
| 21 |                               |                               | 22 |
| 23 |                               |                               | 24 |
| 25 |                               |                               | 26 |
| 27 |                               |                               | 28 |

Mnt 12/10/1996 TERR

F1=Task F3=Exit F4=Prompt F10=GoTo PgUp/PgDn F24=More

**PERMIT NUMBER**

Installer John Skipp License # EH 0000334

Address of home being installed 1427 SW SL. HWY 27

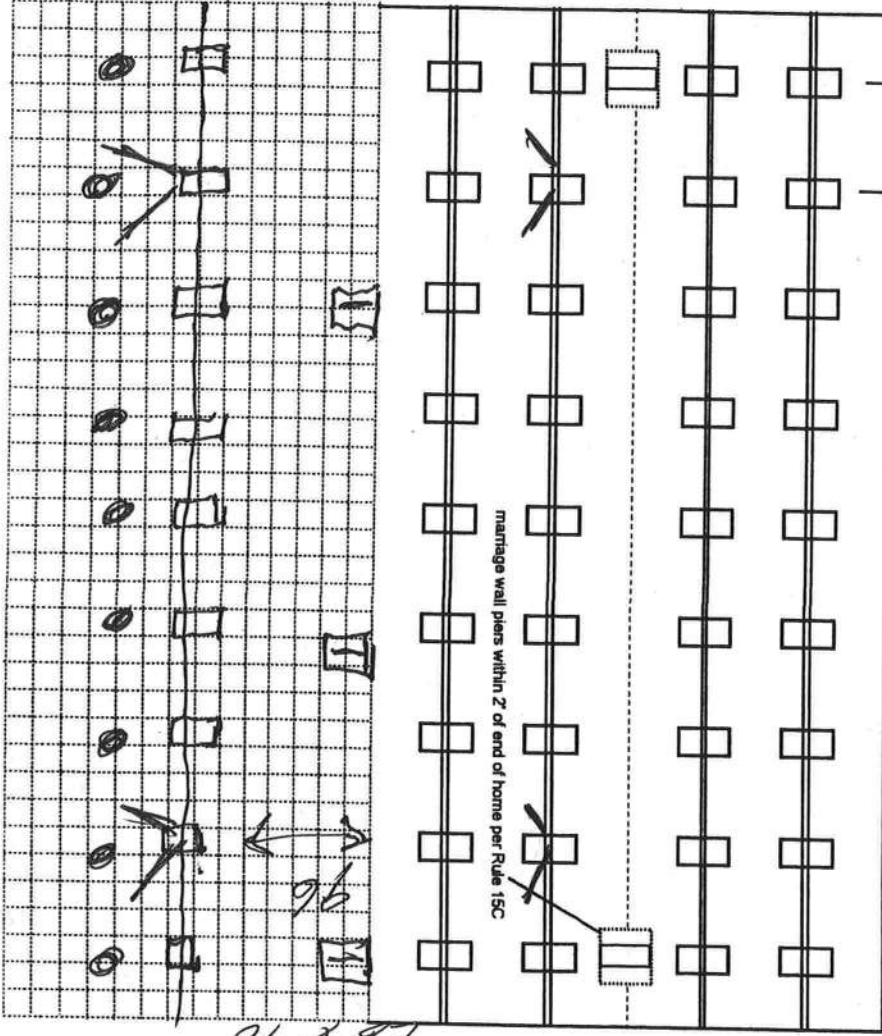
BOB WHITE, # 320888

Manufacturer Sequah Length x width 28x48

**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

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 J.S.



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 # 290356

Triple/Quad  Serial # GM HE4 35 15 44 244 415

**PIER SPACING TABLE FOR USED HOMES**

| Load bearing capacity | Footer size (sq in) | 18 1/2" x 18 1/2" | 20" x 20" | 22" x 22" | 24" X 24" | 26" x 26" |
|-----------------------|---------------------|-------------------|-----------|-----------|-----------|-----------|
| 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 20x20  
 Perimeter pier pad size 16x16  
 Other pier pad sizes (required by the mfg.) 20x20

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.

Opening Living Room Pier pad size 20x20

28x48

20x20

**TIEDOWN COMPONENTS**

Longitudinal Stabilizing Device (LSD) Oliver's  
 Manufacturer Oliver's  
 Longitudinal Stabilizing Device w/ Lateral Arms Oliver's  
 Manufacturer Tack

**POPULAR PAD SIZES**

| Pad Size          | Sq Ft |
|-------------------|-------|
| 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**

5ft

**FRAME TIES**

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

**OTHER TIES**

Sidewall Longitudinal Marriage wall Shearwall  
 Number 4  
4  
4

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 \_\_\_\_\_ 1000 lb

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 275 inch pounds or check here if you are declaring 5" anchors without testing. A test showing 275 inch pounds or less will require 4 foot anchors.

Note: A state approved lateral arm system is being used and 4 ft. anchors are allowed at the sidewall locations. 1 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.

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Jeb Slay  
Date Tested Dec 22 2013

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. 13

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 13

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 13

Site Preparation

Debris and organic material removed \_\_\_\_\_ Swale \_\_\_\_\_ Pad \_\_\_\_\_ Other \_\_\_\_\_  
Water drainage: Natural \_\_\_\_\_

Fastening multi wide units

|        |                                   |                  |                      |
|--------|-----------------------------------|------------------|----------------------|
| Floor: | Type Fastener: <u>6 1/2 x 2</u>   | Length: <u>6</u> | Spacing: <u>2 ft</u> |
| Walls: | Type Fastener: <u>1/2 x 3 1/2</u> | Length: _____    | Spacing: <u>2 ft</u> |
| Roof:  | Type Fastener: <u>1/2 x 3 1/2</u> | Length: _____    | Spacing: <u>2 ft</u> |

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. 13

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 JS

Type gasket Pg. form  
 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 \_\_\_\_\_

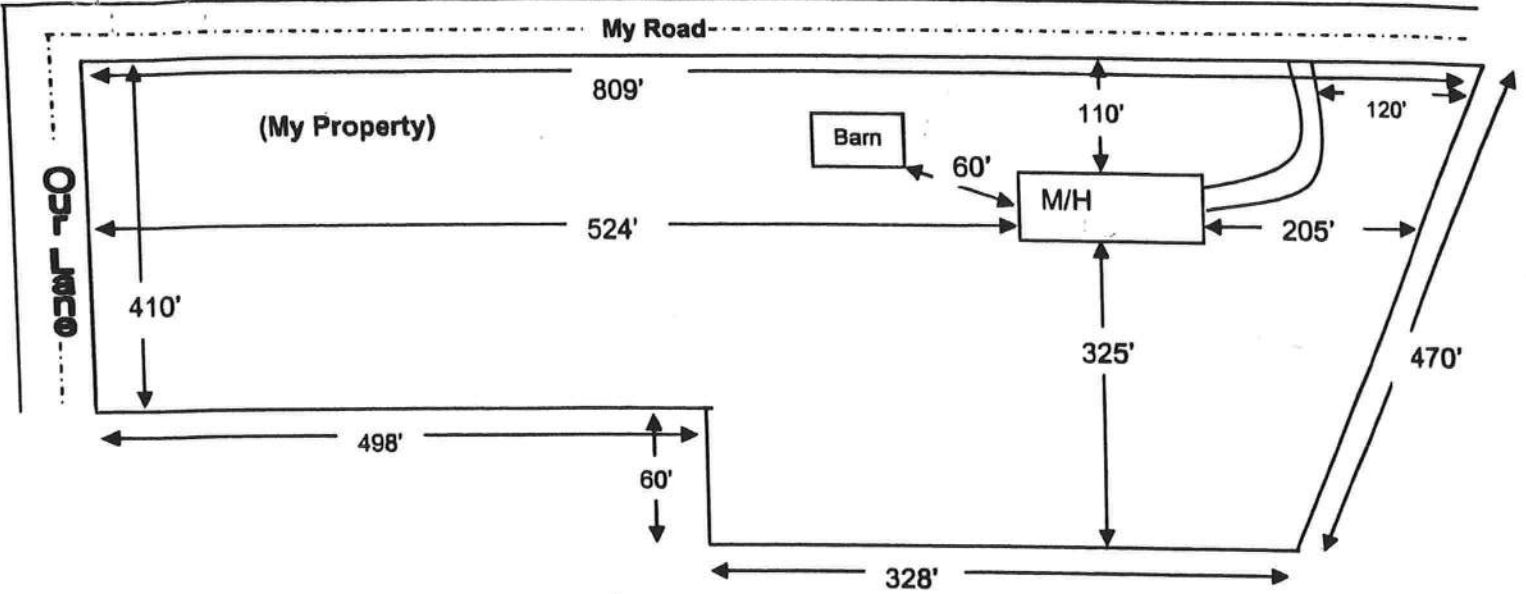
Miscellaneous

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

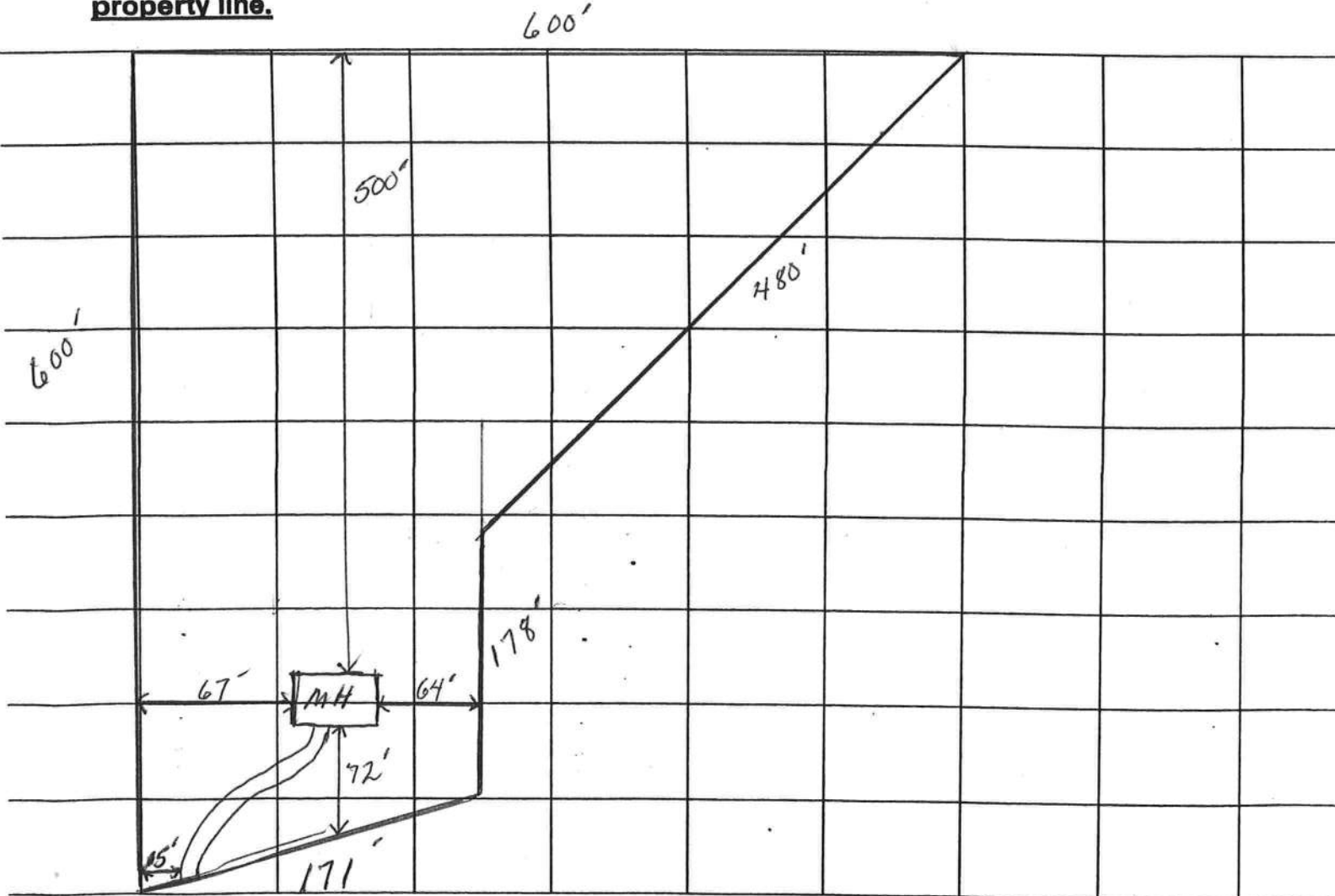
Installer verifies all information given with this permit worksheet is accurate and true based on the manufacturer's installation instructions and or Rule 15C-1 & 2

Installer Signature Jeb Slay Date Dec 22 2013

**SITE PLAN EXAMPLE / WORKSHEET**



**Use this example to draw your own site plan. Show all existing buildings and any other homes on this property and show the distances between them, Also show where the roads or roads are around the property. This site plan can also be used for the 911 Addressing department if you include the distance from the driveway to the nearest property line.**





# Columbia County 9-1-1 Addressing / GIS Department

P.O. Box 1787, Lake City, FL 32056

Telephone: (386) 758-1125 \* Fax: (386) 758-1365 \* E-mail: ron\_croft@columbiacountyfla.com



## 9-1-1 Address Request Form

**NOTE: ADDRESS ASSIGNMENT MAY REQUIRE UP TO 10 WORKING DAYS. IF THE ADDRESSING DEPARTMENT NEEDS TO CONDUCT ON SITE GPS LOCATION IDENTIFICATION, ADDITIONAL TIME MAY BE REQUIRED.**

Date of Request: \_\_\_\_\_

Requester Last Name: ROBERTS

First Name: MELANIE

Contact Telephone Number: (386) 752-4682

(Cell Phone Number if Provided): \_\_\_\_\_

Requested for Self:  or Requested for Company: \_\_\_\_\_  
(check one)

If Address is Requested by a Company, Provide Name of Requesting Company:

Parcel Identification Number: 30 - 78 - 17 - 10066 - 001

If in Subdivision, Provide Name Of Subdivision:

N/A

Phase or Unit Number (if any): \_\_\_\_\_ Block Number (if any): \_\_\_\_\_

Lot Number: \_\_\_\_\_

**Attach Site Plan or you may use back of Request Form for Site Plan:**

**Requirements for Site Plan Are Listed on Back of Request Form:  
(NOTE: Site Plan Does NOT have to be a survey or to scale; FURTHER a  
Environmental Health Dept. Site Plan showing only a 210 by 210 cutout of a  
property will NOT suffice for Addressing Requirements.)**

*Addressing / GIS Department Use Only:*

Date Received: \_\_\_\_\_

Date Assigned: \_\_\_\_\_

ID Number: \_\_\_\_\_

911 ADDRESS ALREADY ASSIGNED  
1427 S.W. U.S. HWY. 27  
FT. WHITE, FL 32038

old Doug

**CODE ENFORCEMENT DEPARTMENT**  
COLUMBIA COUNTY, FLORIDA  
**OUT OF COUNTY MOBILE HOME INSPECTION REPORT**

COUNTY THE MOBILE HOME IS BEING MOVED FROM ALACHUA  
OWNERS NAME MELANIE ROBERTS PHONE (386) 752-4682 CELL \_\_\_\_\_  
INSTALLER STACY BECKHAM PHONE (386) 623/1377 CELL (352) 745-2738  
INSTALLERS ADDRESS 269 SW. PARKER LANE, LAKE CITY, FL 32024

**MOBILE HOME INFORMATION**

MAKE GENERAL JAGUAR YEAR 1995 SIZE 28 X 40  
COLOR YELLOW SERIAL No. GM HGA 351944244 A/B  
WIND ZONE II SMOKE DETECTOR \_\_\_\_\_

**INTERIOR:**  
FLOORS OK  
DOORS OK  
WALLS OK  
CABINETS OK  
ELECTRICAL (FIXTURES/OUTLETS) OK

**EXTERIOR:**  
WALLS / SIDING OK  
WINDOWS OK  
DOORS OK  
**STATUS:**  
APPROVED / NOT APPROVED \_\_\_\_\_

NOTES: \_\_\_\_\_  
INSTALLER OR INSPECTORS PRINTED NAME Stacy Beckham  
Installer/Inspector Signature [Signature] License No. JH000002 Date \_\_\_\_\_

**ONLY THE ACTUAL LICENSE HOLDER OR A BUILDING INSPECTOR CAN SIGN THIS FORM.**  
NO WIND ZONE ONE MOBILE HOMES WILL BE PERMITTED. MOBILE HOMES PRIOR TO 1977 ARE PRE-HUD AND THE WIND ZONE MUST BE PROVEN TO BE PERMITTED.  
**BEFORE THE MOBILE HOME CAN BE MOVED INTO COLUMBIA COUNTY THIS FORM MUST BE COMPLETED AND RETURNED TO THE COLUMBIA COUNTY BUILDING DEPARTMENT.**  
**ONCE MOVED INTO COLUMBIA COUNTY AN INSPECTOR MUST COMPLETE A PRELIMINARY INSPECTION ON THE MOBILE HOME. CALL 386-719-2038 TO SET UP THIS INSPECTION. NO PERMIT WILL BE ISSUED BEFORE THIS IS DONE.**

STATE OF FLORIDA PERMIT APPLICATION TO CONSTRUCT, REPAIR, MODIFY, OR ABANDON A WELL.

- Southwest
- Northwest
- St. Johns River
- South Florida
- Suwannee River

THIS FORM MUST BE FILLED OUT COMPLETELY.

The well and contractor is responsible for completing this form and forwarding the permit to the appropriate delegated county where applicable.

CHECK BOX FOR APPROPRIATE DISTRICT, ADDRESS ON BACK OF PERMIT FORM.

Permit No. 93463  
 Florida Unique I.D. \_\_\_\_\_  
 Permit Regulations Required (See attached) \_\_\_\_\_  
 CE-624 well   
 Application No. \_\_\_\_\_

1. Melanie Roberts P.O. Box 1201 High Springs 32655  
 Owner, Legal Name of Entity & Corporation Address City State Zip Telephone Number

2. BUCK CT. FT WHITE 30-075-17E-10066001  
 Well Location - Address, Road Name or Number, City

3. Pat Lynch 2601 935-1076  
 Well Drilling Contractor License No. Telephone No.

P.O. Box 934  
 Address

Branford, Fl. 32008  
 City State Zip

4. SW 1/4 of SW 1/4 of Section 30  
 (Grid Scale Well on Chart)

5. Township 7S Range 17E  
 County Columbia Section Name \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Unit \_\_\_\_\_

7. Number of proposed wells 1 Check the use of well: (see last of permit to attach details) Domestic  Monitor (type) \_\_\_\_\_  
 Irrigation (type) \_\_\_\_\_ Public Water Supply (type) \_\_\_\_\_ List Other \_\_\_\_\_  
 Distance from septic system 2.5 ft. Description of facility MH Estimated start of construction date 9/26/06

8. Application for 1 New Construction \_\_\_\_\_ Replaced by \_\_\_\_\_ Abandonment \_\_\_\_\_  
 (Reason for Abandonment) \_\_\_\_\_

9. Estimated Well Depth 60 Casing Depth 40 Screen Interval from \_\_\_\_\_ to \_\_\_\_\_  
 Casing Material Elk-Steel/Gal/PVC Casing Diameter 4 Seal Material \_\_\_\_\_

10. If applicable: Proposed From \_\_\_\_\_ to \_\_\_\_\_ Sand Material \_\_\_\_\_  
 Grouting Interval From \_\_\_\_\_ to \_\_\_\_\_ Seal Material \_\_\_\_\_  
 From \_\_\_\_\_ to \_\_\_\_\_ Seal Material \_\_\_\_\_

11. Telescope Casing \_\_\_\_\_ or Line \_\_\_\_\_ (check one) Diameter \_\_\_\_\_  
 Elk-Steel / Galvanized / PVC Other (specify): \_\_\_\_\_

12. Method of Construction: Rotary \_\_\_\_\_ Cable Tool \_\_\_\_\_ Combination \_\_\_\_\_  
 Auger \_\_\_\_\_ Other (specify): \_\_\_\_\_

13. Indicate total No. of wells on site 0 List number of unused wells on site 0

14. Is this well or any other well or water withdrawal on the owner's contiguous property covered under a Consumptive Water Use Permit (CUP/WUP) or CUP/WUP Application? Yes  No   
 (If yes, complete the following) CUP/WUP No. \_\_\_\_\_

District well I.D. No. \_\_\_\_\_  
 Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 Data obtained from GPS \_\_\_\_\_ or map \_\_\_\_\_ or survey \_\_\_\_\_ (map dates NAD 83 \_\_\_\_\_ NAD 83 \_\_\_\_\_)

15. I hereby certify that I will comply with the applicable rules of the Florida Administrative Code, and that I will obtain all necessary permits, and that I will obtain all necessary permits prior to commencement of well construction. I further certify that all construction operations shall be conducted in accordance with the applicable rules of the Florida Administrative Code, and that I will obtain all necessary permits prior to commencement of well construction. I agree to provide a written report to the Florida Department of Natural Resources within 30 days after drilling and/or pumping operations are completed.

Pat Lynch 2601  
 Signature of Contractor License No.

Pat Lynch 9/25/06  
 Signature of Agent License No.

Approval Granted By: Alvin Nassick Issue Date: 09-25-06 Hydrologist Approval: \_\_\_\_\_

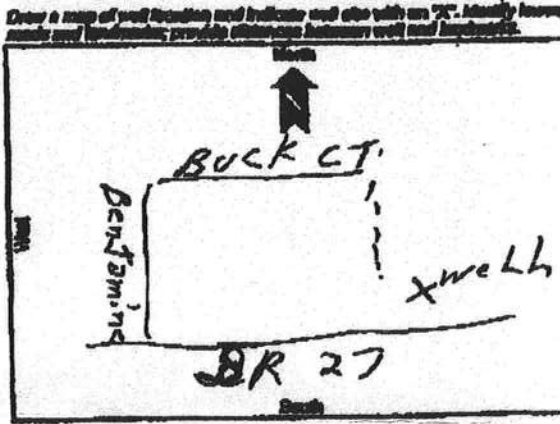
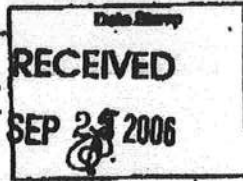
Owner Number: \_\_\_\_\_ Fee Received: \$ 40 Receipt No.: 1602755 Check No.: \_\_\_\_\_

THIS PERMIT NOT VALID UNTIL PROPERLY SIGNED BY AN AUTHORIZED OFFICER OR REPRESENTATIVE OF THE WMD. IT SHALL BE AVAILABLE AT THE WELL SITE DURING ALL DRILLING OPERATIONS. This permit is valid for 90 days from date of issue.

WRITE ORIGINAL FILE  
 YELLOW DRILLER CONTRACTOR  
 PINK OWNER

SRWMD FORM 486-3-1 REV. 12/95

2 P. 4193 NO. 1817-1781 SRWMD 386-962-1781 SEP. 25. 2006 11:06AM



# Columbia County Property Appraiser

DB Last Updated: 12/29/2006

## 2007 Proposed Values

Parcel: 30-7S-17-10066-001

### Owner & Property Info

Search Result: 1 of 1

|                         |  |                     |    |
|-------------------------|--|---------------------|----|
| <b>Owner's Name</b>     | ROBERTS MELANIE  |                     |    |
| <b>Site Address</b>     |  |                     |    |
| <b>Mailing Address</b>  | P O BOX 1201<br>HIGH SPRINGS, FL 32643   |                     |    |
| <b>Use Desc. (code)</b> | PASTURELAN (006200)  |                     |    |
| <b>Neighborhood</b>     | 19717.00   | <b>Tax District</b> | 3  |
| <b>UD Codes</b>         | MKTA02   | <b>Market Area</b>  | 02 |
| <b>Total Land Area</b>  | 2.960 ACRES  |                     |    |
| <b>Description</b>      | BEG NE COR OF SEC, RUN W 515.46 FT TO E R/W US-27, SE ALONG R/W 171.65 FT, E 178.48 FT, SE 517.20 FT TO SEC LINE, N TO POB. ORB 654-707-708, 775-649-650, 776-1902 |                     |    |

### GIS Aerial



### Property & Assessment Values

|                              |          |          |
|------------------------------|----------|----------|
| <b>Mkt Land Value</b>        | cnt: (0) | \$0.00   |
| <b>Ag Land Value</b>         | cnt: (1) | \$532.00 |
| <b>Building Value</b>        | cnt: (0) | \$0.00   |
| <b>XFOB Value</b>            | cnt: (0) | \$0.00   |
| <b>Total Appraised Value</b> |          | \$532.00 |

|                            |             |
|----------------------------|-------------|
| <b>Just Value</b>          | \$12,001.00 |
| <b>Class Value</b>         | \$532.00    |
| <b>Assessed Value</b>      | \$532.00    |
| <b>Exempt Value</b>        | \$0.00      |
| <b>Total Taxable Value</b> | \$532.00    |

### Sales History

| Sale Date | Book/Page | Inst. Type | Sale VImp | Sale Qual | Sale RCode | Sale Price  |
|-----------|-----------|------------|-----------|-----------|------------|-------------|
| 7/2/1993  | 776/1902  | WD         | V         | U         | 35         | \$29,000.00 |
| 5/12/1993 | 775/649   | QC         | V         | U         | 01         | \$0.00      |
| 5/12/1988 | 654/707   | AD         | V         | U         | 09         | \$29,250.00 |

### Building Characteristics

| Bldg Item | Bldg Desc | Year Blt | Ext. Walls | Heated S.F. | Actual S.F. | Bldg Value |
|-----------|-----------|----------|------------|-------------|-------------|------------|
| NONE      |           |          |            |             |             |            |

### Extra Features & Out Buildings

| Code | Desc | Year Blt | Value | Units | Dims | Condition (% Good) |
|------|------|----------|-------|-------|------|--------------------|
| NONE |      |          |       |       |      |                    |

### Land Breakdown

| Lnd Code | Desc             | Units    | Adjustments         | Eff Rate | Lnd Value   |
|----------|------------------|----------|---------------------|----------|-------------|
| 006200   | PASTURE 3 (AG)   | 2.960 AC | 1.00/1.00/1.00/1.00 | \$180.00 | \$532.00    |
| 009910   | MKT.VAL.AG (MKT) | 2.960 AC | 1.00/1.00/1.00/1.00 | \$0.00   | \$12,001.00 |

Columbia County Property Appraiser

DB Last Updated: 12/29/2006

**PRELIMINARY MOBILE HOME INSPECTION REPORT**

DATE RECEIVED \_\_\_\_\_ BY \_\_\_\_\_ IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? YES  
OWNERS NAME Melanie Roberts PHONE 386-752-4687 CELL \_\_\_\_\_

ADDRESS ~~Adelphi~~

MOBILE HOME PARK \_\_\_\_\_ SUBDIVISION \_\_\_\_\_

DRIVING DIRECTIONS TO MOBILE HOME 27 / drive on left before 138 1st Mobile home on property

MOBILE HOME INSTALLER Stacy Beckman PHONE 623-1377 CELL \_\_\_\_\_

**MOBILE HOME INFORMATION**

MAKE General Jaguar YEAR 95 SIZE 28 x 40 COLOR Yellow

SERIAL No. GM46A351944244 A/B

WIND ZONE II Must be wind zone II or higher NO WIND ZONE I ALLOWED

**INTERIOR:**

**INSPECTION STANDARDS**

(P or F) - P= PASS F= FAILED

SMOKE DETECTOR ( ) OPERATIONAL ( ) MISSING

FLOORS ( ) SOLID ( ) WEAK ( ) HOLES DAMAGED LOCATION \_\_\_\_\_

DOORS ( ) OPERABLE ( ) DAMAGED

WALLS ( ) SOLID ( ) STRUCTURALLY UNSOUND

WINDOWS ( ) OPERABLE ( ) INOPERABLE

PLUMBING FIXTURES ( ) OPERABLE ( ) INOPERABLE ( ) MISSING

CEILING ( ) SOLID ( ) HOLES ( ) LEAKS APPARENT

ELECTRICAL (FIXTURES/OUTLETS) ( ) OPERABLE ( ) EXPOSED WIRING ( ) OUTLET COVERS MISSING ( ) LIGHT FIXTURES MISSING

**EXTERIOR:**

WALLS/SIDING ( ) LOOSE SIDING ( ) STRUCTURALLY UNSOUND ( ) NOT WEATHERTIGHT ( ) NEEDS CLEANING

WINDOWS ( ) CRACKED/BROKEN GLASS ( ) SCREENS MISSING ( ) WEATHERTIGHT

ROOF ( ) APPEARS SOLID ( ) DAMAGED

**STATUS:**

APPROVED  WITH CONDITIONS: \_\_\_\_\_

NOT APPROVED  NEED REINSPECTION FOR FOLLOWING CONDITIONS \_\_\_\_\_

SIGNATURE *Day* ID NUMBER 306 DATE 1-16-07

**FAX  
MEMORANDUM****MEMORANDUM****FLORIDA DEPARTMENT OF TRANSPORTATION**

**To:** Mr. John Kerce, Dept. Director  
Columbia Co. Building & Zoning Dept.  
**Fax No:** 386-758-2160

**From:** Dale L. Cray, FDOT Permits Insp.  
**Date:** 10-09-2006 **Fax No.** 386-961-7183  
**Attention:**

Sign and return.  For your files.  Please call me.  FYI  For Review

**REF:** New Res. D/W / Inspected On: 10-09-2006

**PROJECT:** New Res D/W / Res. Access S.R.20 (S)

**PARCEL ID No:** 30-75-17-10066-001 **PERMIT#** N/A **SEC#** 29050

**MILE POST** N/A +- **Engineer:** N/A

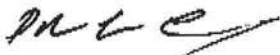
**Mr. Kerce:**

Please accept this as our legal notice of final passing inspection for an existing driveway for Melanie Roberts **P.O. Box 1201 HIGHSprings, Fl. 32643.**

This access has been inspected and meets FDOT Standard Requirements.

If further information is required on this project please do not hesitate to contact this office for additional access permitting information details. My office number is 961-7193 or 961-7146.

Sincerely,



Dale L. Cray  
Access Permits Inspector

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION  
**DRIVEWAY CONNECTION PERMIT  
FOR ALL CATEGORIES**

850-040-18  
SYSTEMS PLANNING - 06/06  
Page 1 of 3

**PART 1: PERMIT INFORMATION**

APPLICATION NUMBER: 06-A-292-45

Permit Category: A Access Classification: 4

Project: 20' EARTH LIMEROCK DRIVEWAY WITH DOUBLE 30' TURN RADII.

Permittee: MELANIE ROBERTS

Section/Mile Post: 29050 / C/L 1.283+- State Road: 20

Section/Mile Post: N/A State Road: N/A

**PART 2: PERMITTEE INFORMATION**

Permittee Name: MELANIE ROBERTS

Permittee Mailing Address: P.O. BOX 1201

City, State, Zip: HIGH SPRINGS, FL, 32655

Telephone: (386) 752-4682

Engineer/Consultant/or Project Manager: N/A

Engineer responsible for construction inspection: N/A  
NAME P.E. #

Mailing Address: N/A

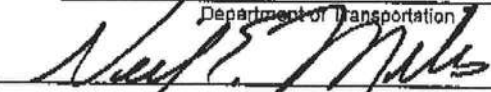
City, State, Zip: N/A

Telephone: \_\_\_\_\_ Mobile Phone \_\_\_\_\_

**PART 3: PERMIT APPROVAL**

The above application has been reviewed and is hereby approved subject to all Provisions as attached.

Permit Number: 06-A-292-45

Signature:  Title: PERMITS COORDINATOR

Department Representative's Printed Name NEIL E. MILES

Temporary Permit  YES  NO (If temporary, this permit is only valid for 6 months)

Special provisions attached  YES  NO

Date of Issuance: SEP 12 2006

If this is a normal (non-temporary) permit it authorizes construction for one year from the date of issuance. This can only be extended by the Department as specified in 14-96.007(6).

See following pages for General and Special Provisions

# Columbia County Property Appraiser

DB Last Updated: 8/1/2006

Parcel: 30-7S-17-10066-001

## 2006 Proposed Values

Tax Record Property Card Interactive GIS Map Print

### Owner & Property Info

<< Prev Search Result: 3 of 4 Next >>

|                        |  |
|------------------------|--|
| <b>Owner's Name</b>    | ROBERTS MELANIE  |
| <b>Site Address</b>    |  |
| <b>Mailing Address</b> | P O BOX 1201<br>HIGH SPRINGS, FL 32643   |
| <b>Description</b>     | BEG NE COR OF SEC, RUN W 515.46 FT TO E R/W US-27, SE ALONG R/W 171.65 FT, E 178.48 FT, SE 517.20 FT TO SEC LINE, N TO POB. ORB 654-707-708, 775-649-650, 776-1902 |

|                         |                     |
|-------------------------|---------------------|
| <b>Use Desc. (code)</b> | PASTURELAN (006200) |
| <b>Neighborhood</b>     | 19717.00            |
| <b>Tax District</b>     | 3                   |
| <b>UD Codes</b>         | MKTA02              |
| <b>Market Area</b>      | 02                  |
| <b>Total Land Area</b>  | 2.960 ACRES         |

### Property & Assessment Values

|                              |          |          |
|------------------------------|----------|----------|
| <b>Mkt Land Value</b>        | cnt: (0) | \$0.00   |
| <b>Ag Land Value</b>         | cnt: (1) | \$532.00 |
| <b>Building Value</b>        | cnt: (0) | \$0.00   |
| <b>XFOB Value</b>            | cnt: (0) | \$0.00   |
| <b>Total Appraised Value</b> |          | \$532.00 |

|                            |             |
|----------------------------|-------------|
| <b>Just Value</b>          | \$12,001.00 |
| <b>Class Value</b>         | \$532.00    |
| <b>Assessed Value</b>      | \$532.00    |
| <b>Exempt Value</b>        | \$0.00      |
| <b>Total Taxable Value</b> | \$532.00    |

### Sales History

| Sale Date | Book/Page | Inst. Type | Sale VImp | Sale Qual | Sale RCode | Sale Price  |
|-----------|-----------|------------|-----------|-----------|------------|-------------|
| 7/2/1993  | 776/1902  | WD         | V         | U         | 35         | \$29,000.00 |
| 5/12/1993 | 775/649   | QC         | V         | U         | 01         | \$0.00      |
| 5/12/1988 | 654/707   | AD         | V         | U         | 09         | \$29,250.00 |

### Building Characteristics

| Bldg Item | Bldg Desc | Year Blt | Ext. Walls | Heated S.F. | Actual S.F. | Bldg Value |
|-----------|-----------|----------|------------|-------------|-------------|------------|
| NONE      |           |          |            |             |             |            |

### Extra Features & Out Buildings

| Code | Desc | Year Blt | Value | Units | Dims | Condition (% Good) |
|------|------|----------|-------|-------|------|--------------------|
| NONE |      |          |       |       |      |                    |

### Land Breakdown

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION  
**DRIVEWAY/CONNECTION APPLICATION  
CATEGORY A**

850-040-14  
SYSTEMS PLANNING  
09/02

(INDIVIDUAL HOMES, DUPLEXES OR OTHER USES LESS THAN 20 TRIPS/DAY TOTAL)

**OFFICE USE ONLY**

Application Number: 2006-A-292-45  
Category: A- Residential  
Section Road Number & Mile Post: 29050 / 1.283+-

Accepted By: Dale Cray  
FDOT STAFF (TYPE OR PRINT)  
Date: 8-22-06

**APPLICANT COMPLETE REMAINDER OF FORM**

**PART I: APPLICANT INFORMATION (Please type or print)**

APPLICANT: MELANIE ROBERTS  
Mailing Address: POST OFFICE BOX 1201  
City, State, Zip: HIGH SPRINGS, FLORIDA 32655  
Telephone: (386) 752-4682  
Physical Address of Site (if different): SEE ATTACHED SURVEY  
Attach Map & Drawing if Necessary

PROPERTY OWNER: (if different from above) SAME AS ABOVE  
Mailing Address: N/A  
City, State, Zip: N/A  
Telephone: (386) 752-4682

**PART 2: NOTICE TO APPLICANT**

Proposed traffic control features and devices in the right of way, such as median openings and other traffic control devices, are not part of the connection(s) to be authorized by a connection permit. The Department reserves the right to change these features in the future in order to promote safety in the right of way or efficient traffic operations on the highway. Expenditure by the applicant of monies for installation or maintenance of such features shall not create any interest in the features or their maintenance.

**PART 3: CERTIFICATION AND SIGNATURE**

I certify that I am familiar with the information contained in this application and that to the best of my knowledge and belief such information is true, complete and accurate. I will not begin work on the connection until I receive my Permit and I understand all the conditions of the Permit. When I begin work on the connection I am accepting all conditions listed in my Permit.

Signed:  Date: 8-22-06  
(Applicant)

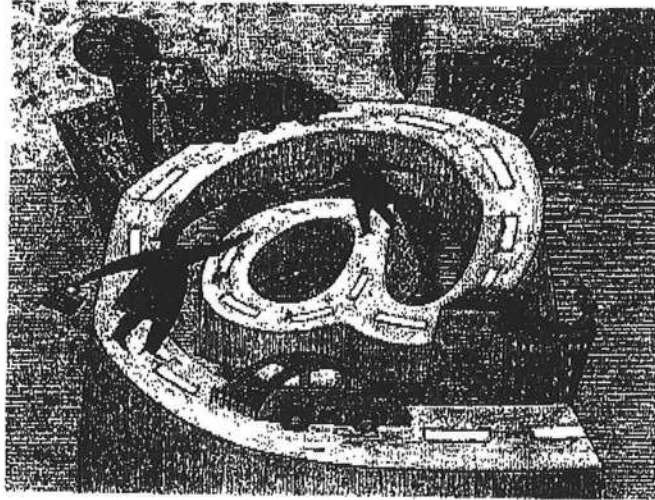
Printed Name: MELANIE ROBERTS

FLORIDA DEPARTMENT OF TRANSPORTATION

LAKE CITY MAINTENANCE

PHONE (386) 961-7180

FAX (386) 961-7183



FACSIMILE TRANSMITTAL

DATE: 10-09-2006

TO: Col Co. Bldg & Zones Dept

ATTN: Mr. J. Kerec

FROM: Permits Dept. Dale Cray Inspector

SUBJECT: Passing Res PLW

COMMENTS: Please call if any questions

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



STATE OF FLORIDA  
DEPARTMENT OF HEALTH

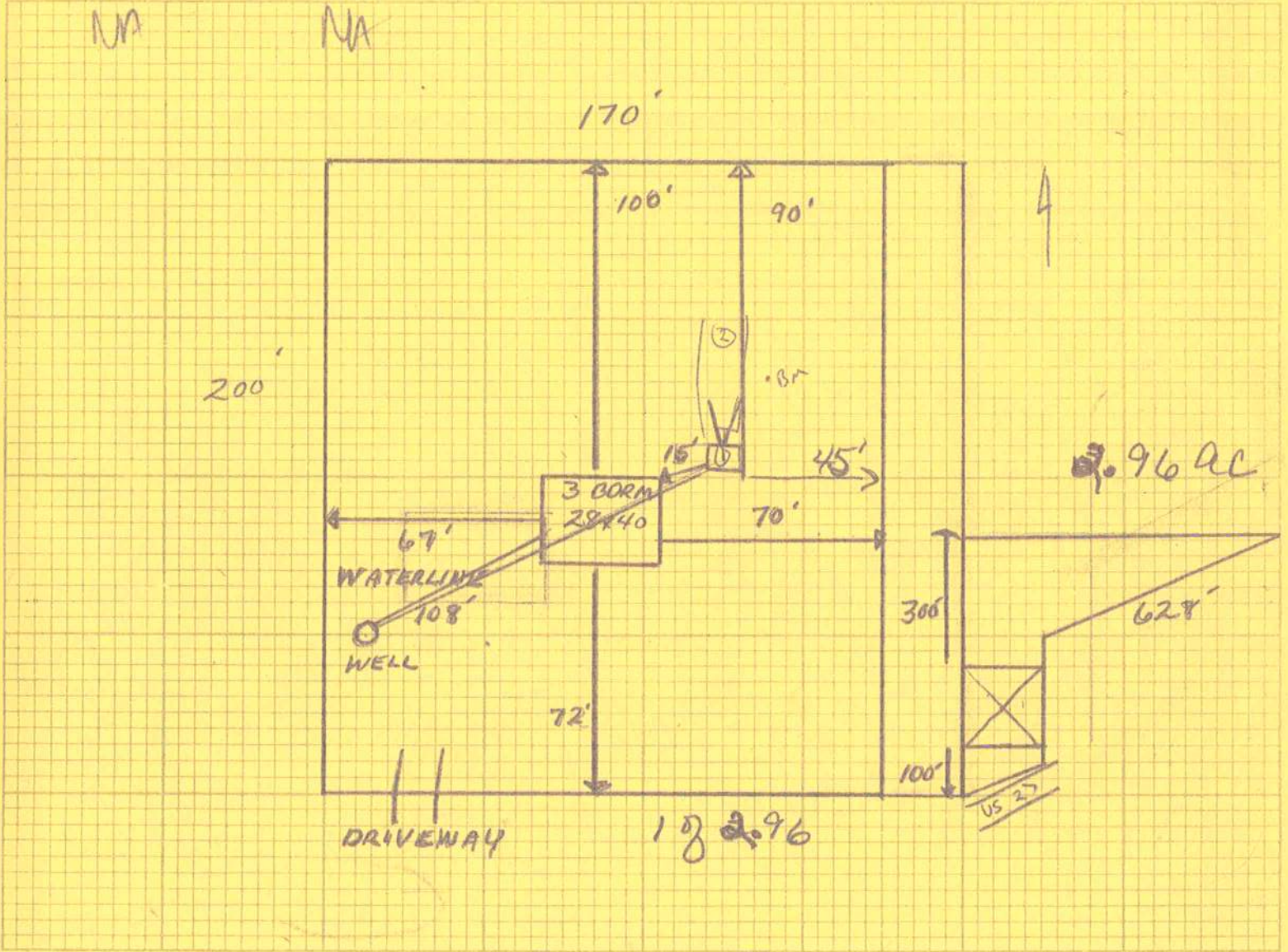
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 06-0889-N

06-0889-N  
10/1/06  
136004005

PART II - SITE PLAN

Scale: Each block represents 5 feet and 1 inch = 50 feet.



Notes: \_\_\_\_\_

Site Plan submitted by: Mel Sabo Signature \_\_\_\_\_

Duxey Title \_\_\_\_\_

Plan Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

Date 10/1/06

By \_\_\_\_\_ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT