

**PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION**

**For Office Use Only**

(Revised 7-1-15)

Zoning Official \_\_\_\_\_ Building Official \_\_\_\_\_

AP# 47143 Date Received 8/25/20 By MG Permit # \_\_\_\_\_

Flood Zone \_\_\_\_\_ Development Permit \_\_\_\_\_ Zoning \_\_\_\_\_ Land Use Plan Map Category \_\_\_\_\_

Comments \_\_\_\_\_

FEMA Map# \_\_\_\_\_ Elevation \_\_\_\_\_ Finished Floor \_\_\_\_\_ River \_\_\_\_\_ In Floodway \_\_\_\_\_

☐ Recorded Deed or ☐ Property Appraiser PO ☐ Site Plan ☐ EH # \_\_\_\_\_ ☐ Well letter OR

☐ Existing well ☐ Land Owner Affidavit ☐ Installer Authorization ☐ FW Comp. letter ☐ App Fee Paid

☐ DOT Approval ☐ Parent Parcel # \_\_\_\_\_ ☐ STUP-MH \_\_\_\_\_ ☐ 911 App

☐ Ellisville Water Sys ☐ Assessment \_\_\_\_\_ ☐ Out County ☐ In County ☐ Sub VF Form

Property ID # 07-5S-16-03487-006 Subdivision \_\_\_\_\_ Lot# 3

▪ New Mobile Home \_\_\_\_\_ Used Mobile Home ☒ MH Size: 24x48 Year 2017

▪ Applicant Justin Anderson Phone # 386-406-4367

▪ Address 516 Grassland Way Lake City, FL 32024

▪ Name of Property Owner Justin Anderson Phone# 386-406-4367

▪ 911 Address 516 Grassland Way Lake City, FL 32024

▪ Circle the correct power company - FL Power & Light - Clay Electric  
(Circle One) - Suwannee Valley Electric - Duke Energy

▪ Name of Owner of Mobile Home Justin Anderson Phone # 386-406-4367

Address 516 Grassland Way Lake City, FL 32024

▪ Relationship to Property Owner \_\_\_\_\_

▪ Current Number of Dwellings on Property 1 - this one

▪ Lot Size 188 x 277 Total Acreage 1.19

▪ Do you : Have Existing Drive or Private Drive or need Culvert Permit or Culvert Waiver (Circle one)  
(Currently using) (Blue Road Sign) (Putting in a Culvert) (Not existing but do not need a Culvert)

▪ Is this Mobile Home Replacing an Existing Mobile Home \_\_\_\_\_

▪ Driving Directions to the Property Turn R at the first cross street onto E Duval, L onto Sw Main Blvd, R onto FL-475, R onto Co Rd 240, R onto Sw Grassland Way, property on R

▪ Name of Licensed Dealer/Installer Ronnie Norris Phone # 386-623-7716

▪ Installers Address 1004 Sw Charles Terr Lake City FL 32024

▪ License Number IH1025145 Installation Decal # \_\_\_\_\_

# PART 1: PURCHASE AGREEMENT

Date Prepared: \_\_\_\_\_  
Revised Date: \_\_\_\_\_

## Consumer Dispute Resolution

The U.S. Department of Housing and Urban Development (HUD) Manufactured Home Dispute Resolution Program is available to resolve disputes among manufacturers, retailer, or installers concerning defects in manufactured homes. Many states also have a consumer assistance or dispute resolution program. For additional information about these programs, see sections titled "Dispute Resolution Process" and "Additional Information-HUD Manufactured Home Dispute Resolution Program" in the Consumer Manual required to be provided to the purchaser. These programs are not warranty programs and do not replace the manufacturer's, or any other person's warranty program.

### A. PARTIES:

1. Seller:	Prestige Home Centers, Inc.	Fax:	(352) 493-2671
Seller's Address:	13771 N HWY 19, CHIEFLAND, FL 32626-	Telephone:	(352) 493-2492
2. Buyer:	Kathleen C Monteforte	Res. Phone:	3522836626
Buyer:		Bus. Phone:	
Buyer's Address:	315 SW Randolph Ct.	Res. Fax:	
		Bus. Fax:	
	City: FORT WHITE	State: FL	Zip: 32038

### B. AGREEMENT TO PURCHASE:

Buyer agrees to purchase from Seller under the terms and conditions specified in this document, the following described property:

### C. PROPERTY DESCRIPTION:

New	Brokered?	Home Type	Doublewide
Make: Nobility	Model Home: KINGSWOOD	Year: 2017	Serial #: N1-13579AB
Display Model	Factory Order, substantially the same as Serial #	Floor Length: 48	Width: 24
		Closing Date:	

together with the furnishings, accessories and service indicated hereon. Even though the property is identified by Serial No. or as "factory order" the Seller may substitute any other property which otherwise meets the description and specifications set forth herein. See also Part II, Paragraph 2 & 4d.

### D. RECORD OF TRANSACTION:

				LIST OF ADDITIONS & DELETIONS
1. Price of home including Additions and Deletions	\$53,045.00			Home price excludes tires, wheels, axles, air conditioning, heating, skirting, steps & furniture unless listed here as an addition.
Processing Fee	\$287.00			
Home Care Plus Protection Plan: NOT Included				
2. Deliv. To homesite & set up subject to Part II Paragraph 6 and Part IV of Set-Up & Site Requirements Agreement	\$0.00			
SUB TOTAL	\$53,332.00			Standard Delivery and Set Up
3. Sales Tax: 6% (Excludes Gross Trade Value)	\$ 3,199.92			2 Sets of standard wooden steps
Discretionary Sur Tax	\$ 50.00			2.5 Ton A/C with heat pump
Total Improvements: (see adjacent column)	\$0.00			Vertical white standard skirting
TOTAL PRICE OF HOME	\$56,581.92			
4. Cash Down Payment				
Date 5/27/2017	CR# 22974	\$56,881.9	\$56,881.92	Property Improvements to be customers responsibility unless allowances
		2		
Date	CR#	\$0.00	\$0.00	made below. Any amount higher than the allowance stated will be the customer's responsibility.
Date	CR#	\$0.00	\$0.00	
5. Trade-In Allowance-Gross (see below)		\$0.00		ALLOWANCES FOR PROPERTY IMPROVEMENTS:
6. Less: Payoff debt (balance owing)		\$0.00		Septic 0.00 Well 0.00
7. Net Trade-In Allowance (Buyer's Equity)		\$0.00		Electrical 0.00 Grading 0.00
TOTAL DOWN PAYMENT		\$56,881.92		Culvert 0.00 Plumbing 0.00
UNPAID BALANCE OF HOME PRICE		(\$300.00)		Impact Fee/Permits 0.00 Apron 0.00
8. Mobile Home Ins. (Mos 0)		\$0.00		Foundation/Site Prep 0.00 Clearing 0.00
9. Title/Lien Fee/License		\$238.70		
10. Miscellaneous		\$0.00		
11. Home Care Plus Extended Warranty		\$0.00		When required standard delivery and set up is based on your soil density
12. Mtge Tax/Doc. Stamp Fee		\$0.00		of 3000 pounds. Off-road equipment needed to deliver or spot the home onto the
13. Flood Certification		\$0.00		homesite shall be at customer's expense. Further specifications attached
14. Closing Costs/Points		\$0.00		

### TOTAL UNPAID BALANCE DUE BEFORE DELIVERY subject to Part II, 3 & 12

(\$61.30)

Description of Trade-in:	Manufactured Home	Other
Debt to be paid by:	Seller	Buyer
Debt owed to:	Acct. #:	Phone #:
Year	Model	Bedrooms
Size	Serial No.	Bath
Includes:	Appliances	Skirtings
Furniture	A/C-Heat	Porches
		Steps
		Other

### E. DELIVERY

1. Proposed Delivery Date  
But in no event later than  
which is the absolute delivery deadline as defined in Part II,  
Paragraph 3.

### 2. Place of Delivery

Address: 315 SW Randolph Ct.  
City: FORT WHITE County: Columbia State: FL  
Park: Space No.: Zip: 32038

KCH

11 2 CLO 5109  
AUDIT #



STATE OF FLORIDA  
APPLICATION FOR VEHICLE/VESSEL  
CERTIFICATE OF TITLE

L# 507032  
T# 1163389693  
B# 328461  
S# 78721166

TITLE NUMBER	VEHICLE/VESSEL IDENTIFICATION #	YR. MAKE	MAKE or MANUFACTURER	BODY TYPE	VEHICLE COLOR	WT/LENGTH	GVW/LOC		
127721671	N113579A	2017	KING	HS		48'			
DATE OF ISSUE MO. DAY YEAR	TRANS CODE	VEHICLE USE	HULL MATERIAL	PROPULSION	FUEL	VESSEL TYPE	WATER	FL NUMBER	AUTH DESTRUCTION
08 06 20	TRT	PRIVATE							

Applicant/Owner's Name & Address  
PRISCILLA DENISE RANSOM AND JUSTIN MARSHALL ANDERSON  
566 SW GRASSLAND WAY  
LAKE CITY, FL 32024

BIRTHDATE SEX MO. DAY YEAR	Y	RESIDENT N ALIEN	CNTY RES.#
F 06 24 81	X		29

1st OWNER FL/DL# OR F.E.I.D.#  
2nd OWNER FL/DL# OR UNIT#

R525664817240

A536433883000

VOLUNTARY CONTRIBUTIONS

AGENCY FEE	TITLE FEE	SALES TAX	GRAND TOTAL
4.75	71.00	0.00	75.75

Action Requested: TRANSFER TITLE  
ELECTRONIC PRIOR TO TRANSFER

Brands:

PREV. STATE	DATE ACQUIRED	NEW	USED	ODOMETER / VESSEL MANUFACTURER	ODOMETER DECLARATION CERTIFICATION
FL	08/06/2020		XX		<input type="checkbox"/>

LIEN INFORMATION

DATE OF LIEN RECEIVED DATE FEID # OR FL / DL AND SEX AND DATE OF BIRTH DMV ACCOUNT #

NAME OF FIRST LIENHOLDER:

ADDRESS

SALVAGE TYPE

SELLER INFORMATION

NAME OF SELLER, FLORIDA DEALER, OR OTHER PREVIOUS OWNER

ADDRESS

DEALER LICENSE NO.

CONSUMER OR SALES TAX EXEMPTION #

SALES TAX AND USE REPORT

TRANSFER OF TITLE ☐ PURCHASER HOLDS VALID  
IS EXEMPT FROM EXEMPTION CERTIFICATE  
FLORIDA SALES OR ☐ VEHICLE / VESSEL WILL BE  
USE TAX FOR THE USED EXCLUSIVELY FOR RENTAL  
REASON(S) CHECKED ☒ OTHER OTHER

INDICATE TOTAL PURCHASE PRICE, INCLUDING ANY UNPAID BALANCE DUE SELLER, BANK OR OTHERS \$  
INDICATE SALES OR USE TAX DUE AS PROVIDED BY CHAPTER 212, FLORIDA STATUTES \$ 0.00

☐ SELLING PRICE VERIFIED

APPLICANT CERTIFICATION

I/WE HEREBY CERTIFY THAT THE VEHICLE/VESSEL TO BE TITLED WILL NOT BE OPERATED UPON THE PUBLIC HIGHWAYS/WATERWAYS OF THIS STATE.  
I CERTIFY THAT THE CERTIFICATE OF TITLE IS LOST OR DESTROYED.

I CERTIFY THAT THIS MOTOR VEHICLE/VESSEL WAS REPOSSESSED UPON DEFAULT OF THE LIEN INSTRUMENT AND IS NOW IN MY POSSESSION.

I/WE HEREBY CERTIFY THAT I/WE LAWFULLY OWN THE ABOVE DESCRIBED VEHICLE/VESSEL, AND MAKE APPLICATION FOR TITLE. IF LIEN IS BEING RECORDED NOTICE IS HEREBY GIVEN THAT THERE IS AN EXISTING WRITTEN LIEN INSTRUMENT INVOLVING THE VEHICLE/VESSEL DESCRIBED ABOVE AND HELD BY LIENHOLDER SHOWN ABOVE. I/WE FURTHER AGREE TO DEFEND THE TITLE AGAINST ALL CLAIMS.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

Signature of Applicant/Owner

HSMV 82041 REVISED 02/06

SCAN CODE MVT

Signature of Applicant/Co-Owner

I UNDERSTAND THAT MY DRIVER LICENSE AND REGISTRATIONS WILL BE SUSPENDED IMMEDIATELY IF THE INSURER DENIES THE INSURANCE INFORMATION SUBMITTED FOR THIS REGISTRATION.



CNTY# AGY# SUB# RPT#

11 2 CLO 5109

AUDIT #



# STATE OF FLORIDA APPLICATION FOR VEHICLE/VESSEL CERTIFICATE OF TITLE

L# 507031  
T# 1163389389  
B# 328461  
S# 78721099

TITLE NUMBER 127721835		VEHICLE/VESSEL IDENTIFICATION # N113579B		YR. MAKE 2017	MAKE or MANUFACTURER KING	BODY TYPE HS	VEHICLE COLOR	WT/LENGTH 48'	GVW/LOC
DATE OF ISSUE MO. DAY YEAR 08 06 20	TRANS CODE TRT	VEHICLE USE PRIVATE	HULL MATERIAL	PROPULSION	FUEL	VESSEL TYPE	WATER	FL NUMBER	AUTH DESTRUCTION

Applicant/Owner's Name &amp; Address

PRISCILLA DENISE RANSOM AND JUSTIN MARSHALL ANDERSON  
566 SW GRASSLAND WAY  
LAKE CITY, FL 32024

BIRTHDATE  
SEX MO. DAY YEAR Y N ALIEN CNTY RES.#  
F 06 24 81 X 29  
1st OWNER FL/DL# OR F.E.I.D.# 2nd OWNER FL/DL# OR UNIT #

R525664817240

A536433883000

VOLUNTARY CONTRIBUTIONS

AGENCY FEE

TITLE FEE

SALES TAX

GRAND TOTAL

4.75

71.00

2150.00

2225.75

Action Requested: TRANSFER TITLE  
ELECTRONIC PRIOR TO TRANSFER

Brands:

PREV. STATE FL	DATE ACQUIRED 08/06/2020	NEW	USED XX	ODOMETER / VESSEL MANUFACTURER	ODOMETER DECLARATION CERTIFICATION
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## LIEN INFORMATION

DATE OF LIEN

RECEIVED DATE

FEID # OR FL / DL AND SEX AND DATE OF BIRTH

DMV ACCOUNT #

NAME OF FIRST LIENHOLDER:

ADDRESS

SALVAGE TYPE

## SELLER INFORMATION

NAME OF SELLER, FLORIDA DEALER, OR OTHER PREVIOUS OWNER

ADDRESS

DEALER LICENSE NO.

CONSUMER OR SALES TAX EXEMPTION #

## SALES TAX AND USE REPORT

TRANSFER OF TITLE ☐ PURCHASER HOLDS VALID  
IS EXEMPT FROM EXEMPTION CERTIFICATE  
FLORIDA SALES OR ☐ VEHICLE / VESSEL WILL BE  
USE TAX FOR THE USED EXCLUSIVELY FOR RENTAL  
REASON(S) CHECKED ☐ OTHER

INDICATE TOTAL PURCHASE PRICE, INCLUDING ANY UNPAID BALANCE DUE SELLER, BANK OR OTHERS \$ 35,000.00

INDICATE SALES OR USE TAX DUE AS PROVIDED BY CHAPTER 212, FLORIDA STATUTES \$ 2,150.00

☐ SELLING PRICE VERIFIED

## APPLICANT CERTIFICATION

I/WE HEREBY CERTIFY THAT THE VEHICLE/VESSEL TO BE TITLED WILL NOT BE OPERATED UPON THE PUBLIC HIGHWAYS/WATERWAYS OF THIS STATE.  
I CERTIFY THAT THE CERTIFICATE OF TITLE IS LOST OR DESTROYED.

I CERTIFY THAT THIS MOTOR VEHICLE/VESSEL WAS REPOSSESSED UPON DEFAULT OF THE LIEN INSTRUMENT AND IS NOW IN MY POSSESSION.  
I/WE HEREBY CERTIFY THAT I/WE LAWFULLY OWN THE ABOVE DESCRIBED VEHICLE/VESSEL, AND MAKE APPLICATION FOR TITLE. IF LIEN IS BEING RECORDED NOTICE IS HEREBY GIVEN THAT THERE IS AN EXISTING WRITTEN LIEN INSTRUMENT INVOLVING THE VEHICLE/VESSEL DESCRIBED ABOVE AND HELD BY LIENHOLDER SHOWN ABOVE. I/WE FURTHER AGREE TO DEFEND THE TITLE AGAINST ALL CLAIMS.

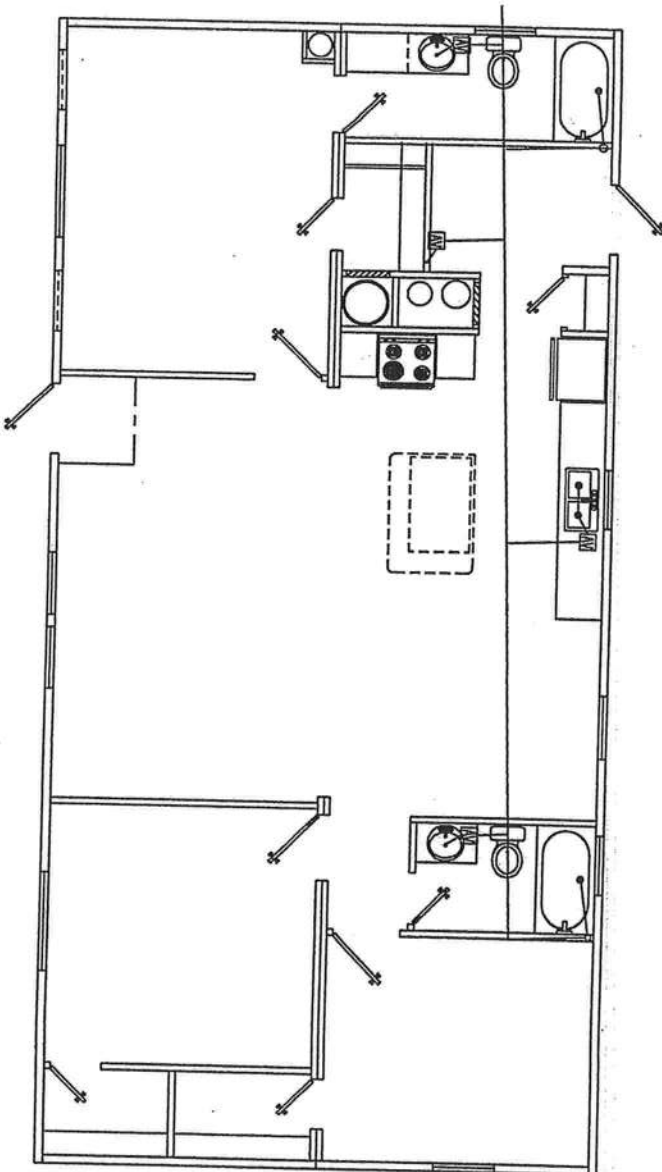
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

Signature of Applicant/Owner

SCAN CODE

MVT

Signature of Applicant/Co-Owner



**LEGEND**

—C— COLD WATER LINE  
 —H— HOT WATER LINE  
 —D— DRAIN LINE  
 —O— OVEN LINE (UNDER FLOOR)  
 —P— PLUMBING  
 —V— VENT  
 —W— WATER  
 —G— GAS

WATER HEATER ACCESS  
 COLD-WATER VENT DEVICE  
 DISHWASHER SINK DISPOSAL  
 GAS CAP (ON DISHWASHER DRAIN)  
 GAS CUT-OFF VALVE (AGA APPROVED)  
 GAS WULF DISCONNECT DEVICE (LISTED)  
 FLOOR REGISTER  
 RETURN AIR DROPOUT WALL  
 AIR INLET (UNDER IN ROOM)  
 VOR (VERTICAL DUCT RISER)  
 WASHING DRAIN CAP  
 APPLIANCE CONNECTOR  
 CLOSURE KICKER BETWEEN TIE AND BRANCH

NOTES: 1. ALL CLOSURE KICKERS BETWEEN TIE AND BRANCH SHALL BE 1/2" DIA.

**MECHANICAL FITTINGS & LEGENDS**

A 1/2" x 1/2" x 90 ELL  
 B 3/4" x 90 ELL  
 C 1/2" x 1/2" x 1/2" x 1/2" TEE  
 D 1/2" x 1/2" x 1/2" x 1/2" TEE  
 E 1/2" x 1/2" x 1/2" x 1/2" TEE  
 F 1/2" x 1/2" x 1/2" x 1/2" TEE  
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 TT 1/2" x 1/2" x 1/2" x 1/2" TEE  
 UU 1/2" x 1/2" x 1/2" x 1



Sales Price \$23,500.00  
Doc # 164.50

This Instrument Prepared by & return to:  
Name: Marla Landin, an employee of  
Integrity Title Services, LLC  
Address: 343 NW Cole Terrace, #101  
Lake City, FL 32055  
File No. 19-02017

Inst: 201912005984 Date: 03/12/2019 Time: 4:18PM  
Page 1 of 2 B: 1380 F: 396, P.DeWitt Cason, Clerk of Court  
Columbia, County, By: BD  
Deputy ClerkDoc Stamp-Deed: 164.50

Parcel I.D. #: R03487-006

SPACE ABOVE THIS LINE FOR PROCESSING DATA

SPACE ABOVE THIS LINE FOR RECORDING DATA

**THIS WARRANTY DEED** Made the 12th day of March, A.D. 2019, by **DEBORAH CARROLL, A SINGLE PERSON**, hereinafter called the grantor, to **JUSTIN ANDERSON**, whose post office address is, hereinafter called the grantee:

(Wherever used herein the terms "grantor" and "grantee" include all the parties to this instrument, singular and plural, the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporations, wherever the context so admits or requires.)

**Witnesseth:** That the grantor, for and in consideration of the sum of \$10.00 and other valuable consideration, receipt whereof is hereby acknowledged, does hereby grant, bargain, sell, alien, remise, release, convey and confirm unto the grantee all that certain land situate in **Columbia County, State of Florida**, viz:

See Exhibit "A"

Together with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

To Have and to Hold the same in fee simple forever.

And the grantor hereby covenants with said grantee that she is lawfully seized of said land in fee simple; that she has good right and lawful authority to sell and convey said land, and hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever, and that said land is free of all encumbrances, except taxes accruing subsequent to December 31, 2019.

In Witness Whereof, the said grantor has signed and sealed these presents, the day and year first above written.

Signed, sealed and delivered in the presence of:

Mary Ann Tomlinson  
Witness Signature Mary Ann Tomlinson

Printed Name

Marla M. Landin  
Witness Signature Marla M. Landin

Printed Name

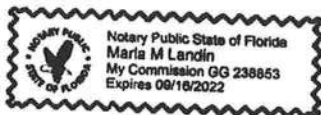
Deborah Carroll L.S.  
DEBORAH CARROLL

Address:

566 SW GRASSLAND WAY, LAKE CITY, FL 32024

STATE OF FLORIDA  
COUNTY OF COLUMBIA

The foregoing instrument was acknowledged before me this 12th day of March, 2019, by **DEBORAH CARROLL**, who is known to me or who has produced **Driver's License** as identification.

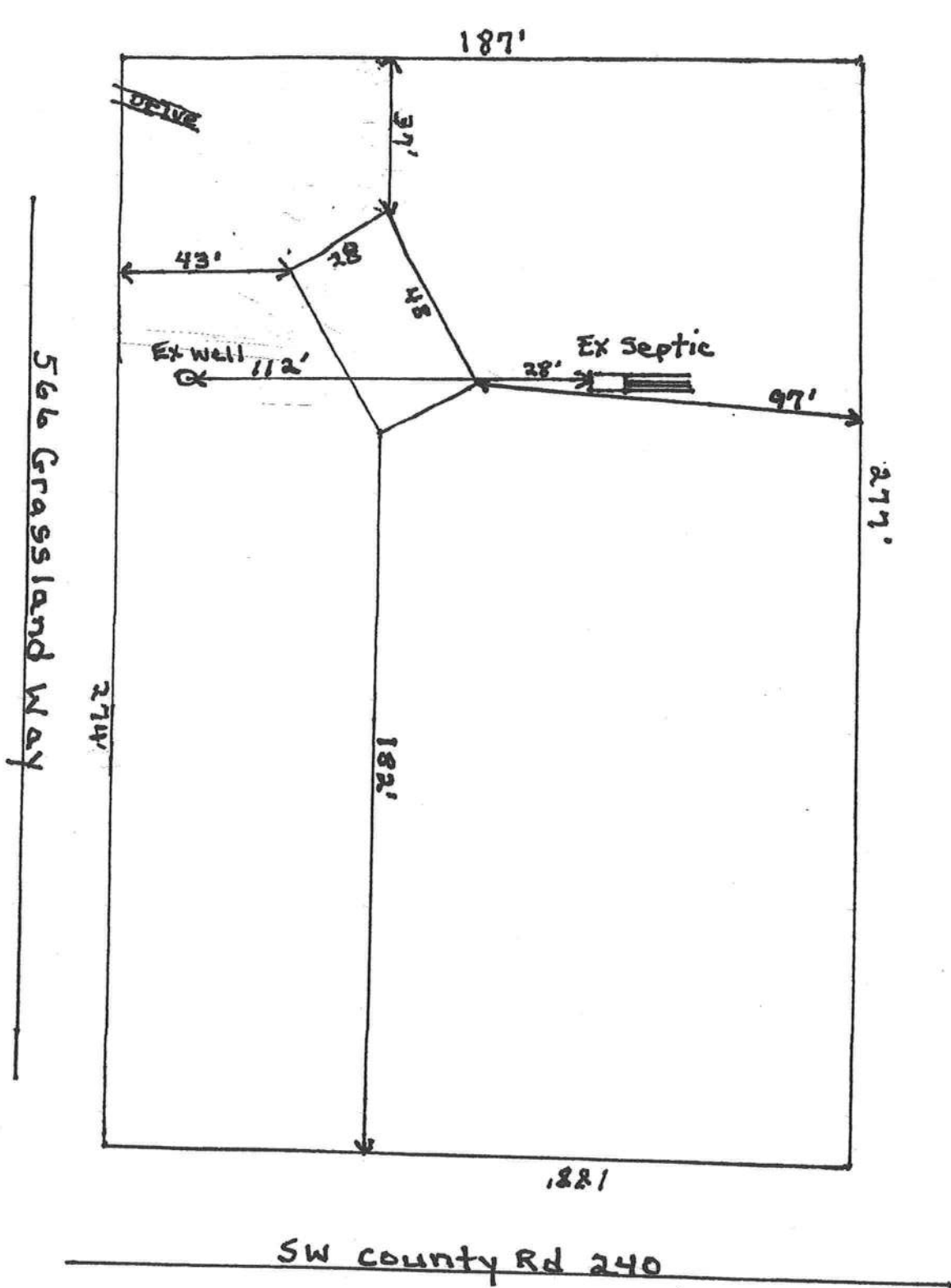


Marla M. Landin  
Notary Public  
My commission expires 8/16/22

**Exhibit "A"**

Lot 3, SOUTH COLUMBIA ACRES, according to the Plat thereof as recorded in Plat Book 5, Page 65, of the Public Records of Columbia County, Florida.





1" = 40'



ANDERSON

# Columbia County Property Appraiser

Jeff Hampton

**2020 Preliminary Certified**

updated: 8/12/2020

Parcel: << **07-5S-16-03487-006** >>

## Owner & Property Info

Result: 1 of 18

Owner	ANDERSON JUSTIN 566 SW GRASSLAND WAY LAKE CITY, FL 32024		
Site	566 GRASSLAND WAY, LAKE CITY		
Description*	LOT 3 SOUTH COLUMBIA ACRES S/D 911-1819, 927-1187, CT 1303- 1443, CT 1332-958, WD 1374- 2224, WD 1380-396,		
Area	1.19 AC	S/T/R	07-5S-16
Use Code**	VACANT (000000)	Tax District	3

\*The Description above is not to be used as the Legal Description for this parcel in any legal transaction.

\*\*The Use Code is a FL Dept. of Revenue (DOR) code and is not maintained by the Property Appraiser's office. Please contact your city or county Planning & Zoning office for specific zoning information.

## Property & Assessment Values

2019 Certified Values		2020 Preliminary Certified	
Mkt Land (2)	\$13,710	Mkt Land (2)	\$13,710
Ag Land (0)	\$0	Ag Land (0)	\$0
Building (0)	\$0	Building (0)	\$0
XFOB (0)	\$0	XFOB (2)	\$2,400
Just	\$13,710	Just	\$16,110
Class	\$0	Class	\$0
Appraised	\$13,710	Appraised	\$16,110
SOH Cap [?]	\$0	SOH Cap [?]	\$0
Assessed	\$13,710	Assessed	\$16,110
Exempt	\$0	Exempt	\$0
Total Taxable	county:\$13,710 city:\$13,710 other:\$13,710 school:\$13,710	Total Taxable	county:\$16,110 city:\$16,110 other:\$16,110 school:\$16,110

Aerial Viewer Pictometry Google Maps

2019 2016 2013 2010 2007 2005 ☒ Sales



## Sales History

Sale Date	Sale Price	Book/Page	Deed	V/I	Quality (Codes)	RCode
3/12/2019	\$23,500	1380/0396	WD	V	Q	01
12/17/2018	\$22,000	1374/2224	WD	V	Q	01
2/27/2017	\$100	1332/0958	CT	V	U	18
10/28/2015	\$100	1303/1443	CT	V	U	18
5/24/2001	\$12,500	927/1187	WD	V	Q	
9/22/2000	\$10,500	911/1819	WD	V	Q	

## Building Characteristics

Bldg Sketch	Bldg Item	Bldg Desc*	Year Blt	Base SF	Actual SF	Bldg Value
NONE						

## Extra Features & Out Buildings (Codes)

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0296	SHED METAL	2019	\$2,000.00	1.000	0 x 0 x 0	(000.00)
0296	SHED METAL	2019	\$400.00	1.000	0 x 0 x 0	(000.00)

## Land Breakdown

--	--	--	--	--	--	--

Land Code	Desc	Units	Adjustments	Eff Rate	Land Value
000000	VAC RES (MKT)	1.000 LT - (1.190 AC)	1.00/1.00 1.00/1.00	\$10,460	\$10,460
009945	WELL/SEPT (MKT)	1.000 UT - (0.000 AC)	1.00/1.00 1.00/1.00	\$3,250	\$3,250

Search Result: 1 of 18

© Columbia County Property Appraiser | Jeff Hampton | Lake City, Florida | 386-758-1083

by: GrizzlyLogic.com





0 40 80 120 160 200 240 280 320 360 400 ft

**Columbia County Property Appraiser** Jeff Hampton | Lake City, Florida | 386-758-1083

**PARCEL: 07-5S-16-03487-006** | VACANT (000000) | 1.19 AC

LOT 3 SOUTH COLUMBIA ACRES S/D 911-1819, 927-1187, CT 1303- 1443, CT 1332-958, WD 1374- 2224, WD 1380-396,

**NOTES:**

**Owner: ANDERSON JUSTIN**

566 SW GRASSLAND WAY  
LAKE CITY, FL 32024

**Site:** 566 GRASSLAND WAY, LAKE CITY

**Sales Info**      3/12/2019      \$23,500    V (Q)  
                    12/17/2018      \$22,000    V (Q)  
                    2/27/2017      \$100      V (U)

**2020 Preliminary Certified**

Mkt Lnd	\$13,710	Appraised	\$16,110
Ag Lnd	\$0	Assessed	\$16,110
Bldg	\$0	Exempt	\$0
XFOB	\$2,400		
Just	\$16,110	Total Taxable	county:\$16,110 city:\$16,110 other:\$16,110 school:\$16,110



Columbia County, FL

This information, was derived from data which was compiled by the Columbia County Property Appraiser Office solely for the governmental purpose of property assessment. This 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](http://GrizzlyLogic.com)

## MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER \_\_\_\_\_ CONTRACTOR Ronnie Norris PHONE 386-623-7116

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

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	<div>Print Name _____ Signature _____</div> <div>License #: _____ Phone #: _____</div> <div>Qualifier Form Attached <input type="checkbox"/></div>
MECHANICAL/ A/C <input checked="" type="checkbox"/>	<div>Print Name <u>Robert Jarvis</u> Signature <u>[Signature]</u></div> <div>License #: <u>LAC1816766</u> Phone #: <u>386-496-4603</u></div> <div>Qualifier Form Attached <input type="checkbox"/></div>

**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.



## MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER \_\_\_\_\_

CONTRACTOR

Ronnie Morris

PHONE

386-423-714

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

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>Ruan Lee</u> License #: <u>ER0014382</u>	Signature <u>Ruan Lee</u> Phone #: <u>386-438-4736</u>
Qualifier Form Attached <input type="checkbox"/>		
MECHANICAL/ A/C _____	Print Name _____ License #: _____	Signature _____ Phone #: _____
Qualifier Form Attached <input type="checkbox"/>		

**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.

**CODE ENFORCEMENT**  
**PRELIMINARY MOBILE HOME INSPECTION REPORT**

DATE RECEIVED \_\_\_\_\_ BY \_\_\_\_\_ IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? Not at 4 hr time

OWNERS NAME Justin Anderson PHONE \_\_\_\_\_ CELL 386-406-4367

ADDRESS 566 Grassland Way Lake City, FL 32024

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

DRIVING DIRECTIONS TO MOBILE HOME 313 Randolph St Ft White, FL - US 441 + D W  
County Rd 778, turn R, turn L on US-275, continue on SW Sh. 101  
to Randolph St, property on R

MOBILE HOME INSTALLER Ronnie Norris PHONE \_\_\_\_\_ CELL 386-623-7716

**MOBILE HOME INFORMATION**

MAKE Nobility YEAR 2017 SIZE 24 X 48 COLOR \_\_\_\_\_

SERIAL No. N113579AB

WIND ZONE 2 Must be wind zone II or higher NO WIND ZONE I ALLOWED

**INSPECTION STANDARDS**

**INTERIOR:**

(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 RE-INSPECTION FOR FOLLOWING CONDITIONS \_\_\_\_\_

SIGNATURE \_\_\_\_\_ ID NUMBER \_\_\_\_\_ DATE \_\_\_\_\_



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

### MOBILE HOME INSTALLERS AGENT AUTHORIZATION

I, Ronnie Norris, give this authority and I do certify that the below  
Installers Name

referenced person(s) listed on this form is/are under my direct supervision and control and  
 is/are authorized to purchase permits, call for inspections and sign on my behalf.

Printed Name of Authorized Person	Signature of Authorized Person	Agents Company Name
Sonya Crews	Sonya Crews	

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and I am fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances.

I understand that the State Licensing Board has the power and authority to discipline a license holder for violations committed by him/her or by his/her authorized person(s) through this document and that I have full responsibility for compliance granted by issuance of such permits.

License Holders Signature (Notarized)

JH1025145  
 License Number

8-25-2020  
 Date

#### NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Ronnie Norris,  
 personally appeared before me and is known by me or has produced identification  
 (type of I.D.) personally known on this 25<sup>th</sup> day of August, 20 20.

Linda Ruth Craft  
 NOTARY'S SIGNATURE

(Seal/Stamp)



**LINDA RUTH CRAFT**  
 MY COMMISSION # GG017780  
 EXPIRES August 28, 2020





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

**MOBILE HOME INSTALLERS LETTER OF AUTHORIZATION**

I, Ronnie Norris, give this authority for the job address show below  
Installer License Holder Name

only, Steele Grassland Way Lake City, FL 32024, and I do certify that  
Job Address

the below referenced person(s) listed on this form is/are under my direct supervision and control and is/are authorized to purchase permits, call for inspections and sign on my behalf.

Printed Name of Authorized Person	Signature of Authorized Person	Authorized Person is... (Check one)
Sonya Crews	Sonya Crews	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and I am fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances.

I understand that the State Licensing Board has the power and authority to discipline a license holder for violations committed by him/her or by his/her authorized person(s) through this document and that I have full responsibility for compliance granted by issuance of such permits.

Ronnie Norris  
 License Holders Signature (Notarized)

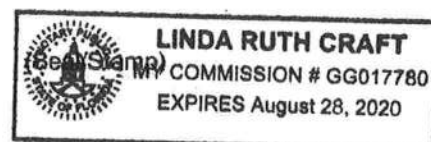
1H1025145 8-25-2020  
 License Number Date

**NOTARY INFORMATION:**

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Ronnie Norris,  
 personally appeared before me and is known by me or has produced identification  
 (type of I.D.) personally known on this 25<sup>th</sup> day of August, 2020.

Linda Ruth Craft  
 NOTARY'S SIGNATURE

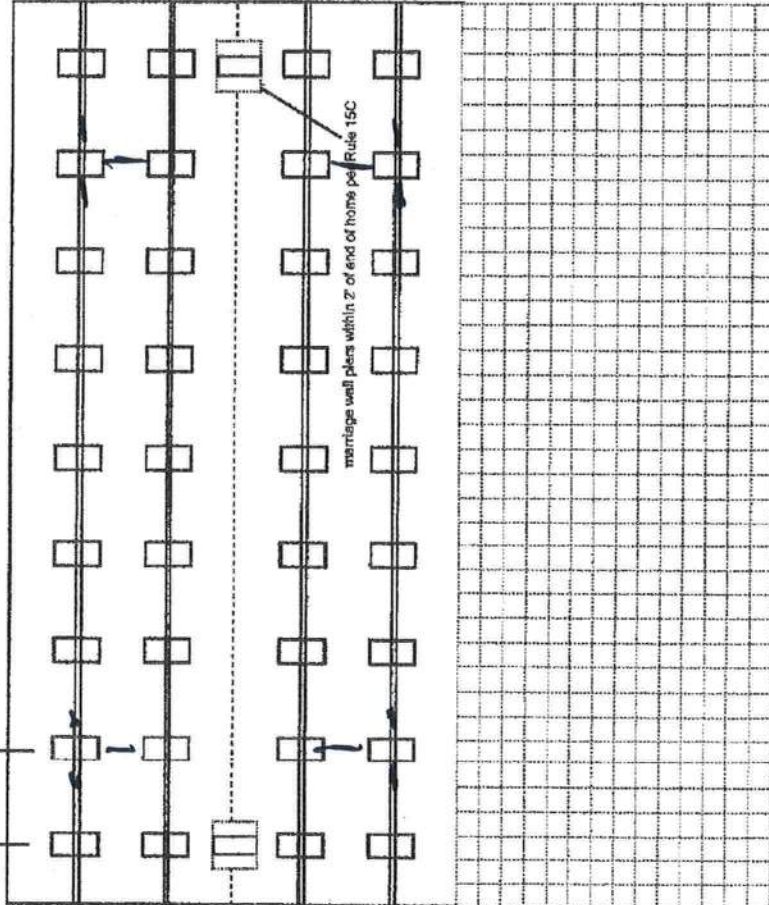
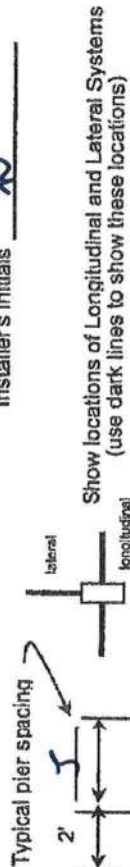


# Mobile Home Permit Worksheet

Installer: Donnie Norris License # JH1025145  
 Address of home being installed: 5106 Grassland Way  
Lake City, FL 32024  
 Manufacturer: NOBILITY Length x width 24x48

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 RJ



Application Number: \_\_\_\_\_

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

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 # 74238  
 Triple/Quad ☐ Serial # \_\_\_\_\_

## PIER SPACING TABLE FOR USED HOMES

Load bearing capacity	Footer size (sq in)	16" x 16" (256)	18 1/2" x 18 1/2" (342)	20" x 20" (400)	22" x 22" (484)*	24" x 24" (576)*	28" x 28" (676)
1000 psf	3'	4'	4'	5'	6'	7'	8'
1500 psf	4'	5'	6'	7'	8'	9'	10'
2000 psf	5'	6'	7'	8'	9'	10'	11'
2500 psf	6'	7'	8'	9'	10'	11'	12'
3000 psf	7'	8'	9'	10'	11'	12'	13'
3500 psf	8'	9'	10'	11'	12'	13'	14'

\* interpolated from Rule 15C-1 pier spacing table.

## PIER PAD SIZES

I-beam pier pad size 17x25  
 Perimeter pier pad size N/A  
 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.

Opening	Pier pad size
5	16x16
7	16x16
4	16x16

## ANCHORS

5 #5w

## FRAME TIES

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

## TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)  
 Manufacturer \_\_\_\_\_  
 Longitudinal Stabilizing Device w/ Lateral Arms  
 Manufacturer \_\_\_\_\_

## OTHER TIES

Sidewall \_\_\_\_\_  
 Longitudinal \_\_\_\_\_  
 Marriage wall \_\_\_\_\_  
 Shearwall \_\_\_\_\_



## Mobile Home Permit Worksheet

## POCKET PENETROMETER TEST

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

X 1000 X 1000 X 1000

## 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 1000 X 1000 X 1000

## TORQUE PROBE TEST

The results of the torque probe test is 285 inch pounds or check here if you are declaring 5' anchors without testing 4. 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

Date Tested

8-27-2020

## 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.

## Plumbing

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.

Application Number:

Date:

## Site Preparation

Debris and organic material removed ☒   
 Water drainage: Natural ☒ Swale ☐ Pad ☒ Other ☐

## Fastening multi wide units

Floor: Type Fastener: 4x Length: 6 Spacing: 24   
 Walls: Type Fastener: 4x Length: 6 Spacing: 24   
 Roof: Type Fastener: 4x Length: 6 Spacing: 24   
 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

Type gasket N   
 Pg. N

Installed:

Between Floors Yes N   
 Between Walls Yes N   
 Bottom of ridgebeam Yes N

## Weatherproofing

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

## Miscellaneous

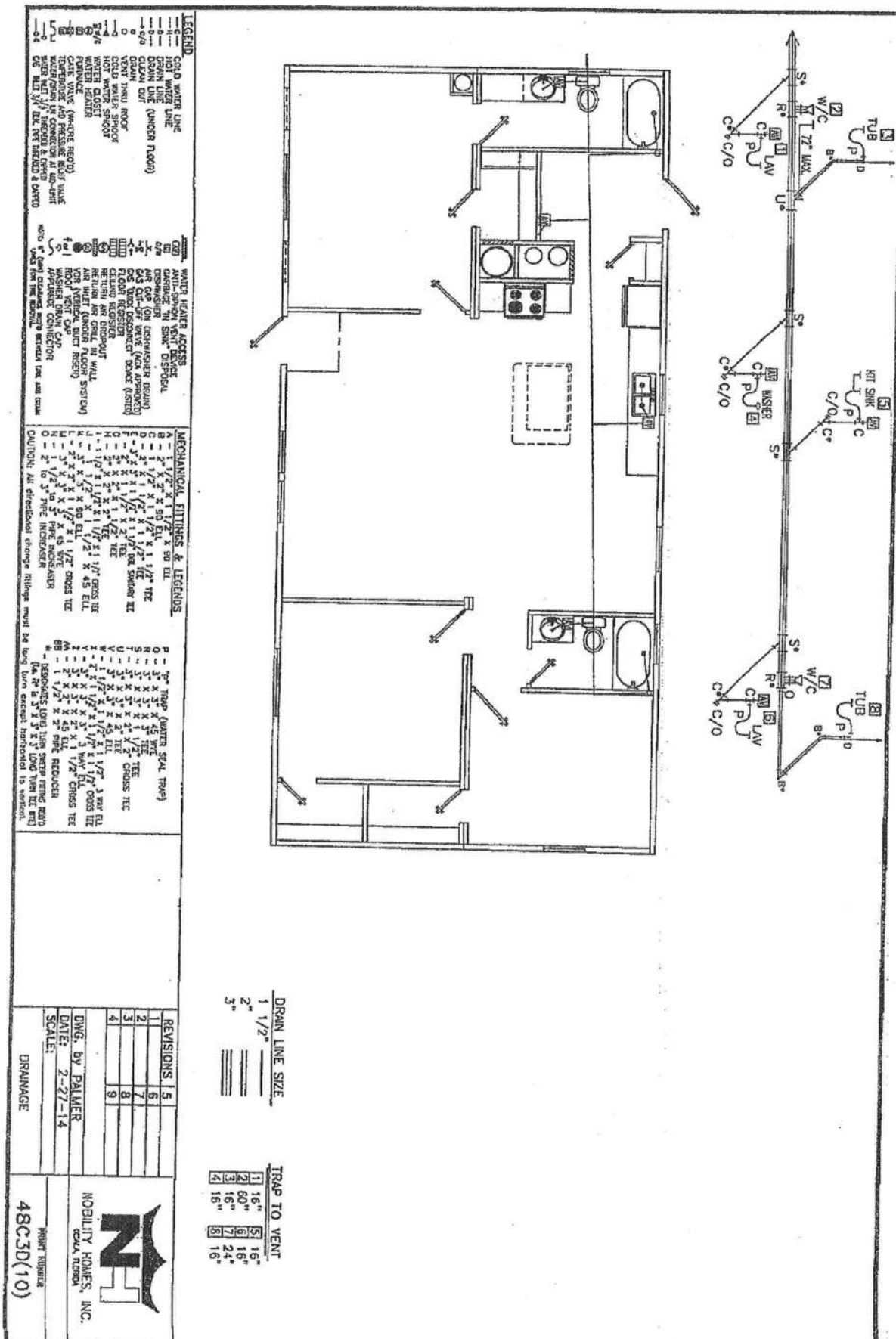
Skirting to be installed. Yes   
 Dryer vent installed outside of skirting. Yes   
 Range downflow vent installed outside of skirting. Yes   
 Drain lines supported at 4 foot intervals. Yes   
 Electrical crossovers protected. Yes   
 Other:   
 N/A

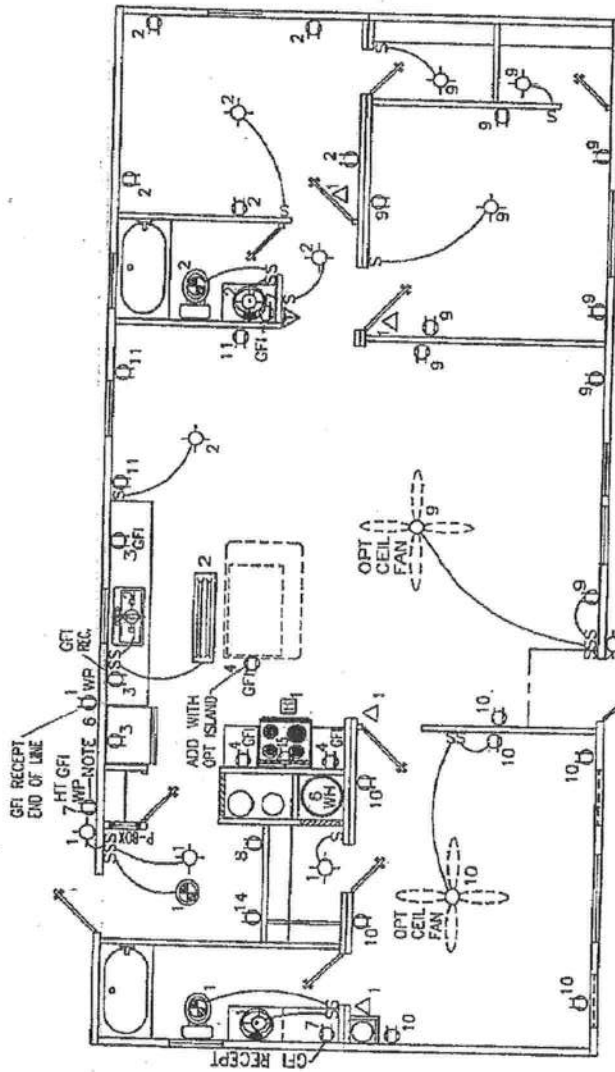
Installer verifies all information given with this permit worksheet is accurate and true based on the manufacturer's installation instructions and or Rule 15C-1 & 2

Installer Signature

Date

8-27-2020



[illegible][illegible]