1270 DREW FEAGLE AVE **>**≥



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

### PARCEL: 31-5S-16-03744-414 | MISC RES (000700) | 5.02 AC

COMM AT SW COR OF SE1/4 OF SE 1/4, RUN E 715.15 FT, NW 533.24 FT, CONT N 960.81 FT FOR POB, CONT N 376.13 FT, E 597.23 FT TO W RW OF DREW FEAGLE RD,

MALONE WILLIAM M & CONSTANCE S

Owner: 1417 JACKSONVILLE AVE PORT ST LUICE, FL 349536522

1270 DREW FEAGLE AVE, FORT WHITE

Sales Info

Site:

12/10/2004 8/13/2001 \$29,000

# 2020 Preliminary Certified

Mkt Lnd \$33,062 Appraised \$33,812 Ag Lnd \$0 Assessed \$33,812 Bldg \$0 Exempt \$0 **XFOB** \$750 county:\$33,812 Total city:\$33,812 Just \$33,812

Taxable other:\$33,812 school:\$33,812 NOTES:

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.co GrizzlyLogic.com



# Jacobsen Homes of Lake City

PURCHASE AGHEEMENT
Locally Owned and Operated

3973 W. U.S. Hwy. 90 Lake City, Florida 32055

Ph. 386-438-8458 • Fax: 386-438-8472

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Approved, Subject to acceptance of financing by bank or finance company.  SIGNED X 110 TO TO TO TO THE PURCHASER  SIGNED X 110 TO	Net Valid Unless Signed and Accepted by an officer of the Compa	cny		- 1111	1	20 M 21	0
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SIGNED X VIOLENCE TO acceptance of financing by bank or finance company.	By State of		1	1		· 0.	, 1
	Assured, Subject to acceptance of financing by bank or finance cor	npany.	SIGNE	D X	ste	erest hi	PURCHASER
						*	



# 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, TVS+VS La Riccio	,give this authority fo	or the job address show below
only, 1270 Drew	Fearle Ave Ft who	€ FI, and I do certify that
the below referenced person(s)	listed on this form is/are under my	direct supervision and control
and is/are authorized to purcha-	se permits, call for inspections and	d sign on my behalf.
Printed Name of Authorized Person	Signature of Authorized Person	Authorized Person is (Check one)
Sonya Crews	Song Crews	Agent Officer Property Owner
		Agent Officer Property Owner
		Agent Officer Property Owner
499-1991	t I am responsible for all permits p responsible for compliance with a	
holder for violations committed	nsing Board has the power and auby him/her or by his/her authorized sponsibility for compliance grante	d person(s) through this
License Holders Signature (Not  NOTARY INFORMATION:  STATE OF:Florida	county of:	127039 08/25/2020 umber Date
The above license holder, whose personally appeared before me (type of I.D.)  August Signature	and is known by me or has produ on this 25 day of	
		Commission # GG 063811  My Comm. Expires Jan 18, 2021  Bonded through National Notary Assn.

#### MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUI	MBER 47195 CONTRACTOR JUSTUS LARICCIA PHONE
	THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT
records of the Ordinance 89- exemption, ge	ounty one permit will cover all trades doing work at the permitted site. It is <a href="REQUIRED"><u>REQUIRED</u></a> that we have subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and 6, a contractor shall require all subcontractors to provide evidence of workers' compensation or neral liability insurance and a valid Certificate of Competency license in Columbia County.
	the permitted contractor is responsible for the corrected form being submitted to this office prior to the ubcontractor beginning any work. Violations will result in stop work orders and/or fines.
ELECTRICAL	Print Name Sten Whittington Signature Men Whethington
1074	License #: EC 1300 2957 Phone #: 386 - 972 - 1700  Qualifier Form Attached
MECHANICAL/	Print Name Signature
A/C	License #: Phone #:  Qualifier Form Attached
Qualifier Form	ns cannot be submitted for any Specialty License.  Icense License Number Sub-Contractors Printed Name Sub-Contractors Signature

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

# MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUM	ABER 47.88 CONTRACTOR JUSTUS LA RICCIA PHONE		
THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT			
ordinance 89-6 exemption, get Any changes, t	nunty one permit will cover all trades doing work at the permitted site. It is <u>REQUIRED</u> that we have subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and 5, a contractor shall require all subcontractors to provide evidence of workers' compensation or neral liability insurance and a valid Certificate of Competency license in Columbia County.  The permitted contractor is responsible for the corrected form being submitted to this office prior to the abcontractor beginning any work. Violations will result in stop work orders and/or fines.		
ELECTRICAL	Print NameSignature  License #: Phone #:  Qualifier Form Attached		
MECHANICAL/ A/c 950	Print Name McMool A. Boland Signature MARANTE Phone #: (352) 274- 9320 Qualifier Form Attached		
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