

DATE 01/13/2010

**Columbia County Building Permit**  
This Permit Must Be Prominently Posted on Premises During Construction**PERMIT**  
**000028321**

APPLICANT GLEN WILLIAMS PHONE 623-1912  
ADDRESS 619 SE COUNTRY CLUB RD LAKE CITY FL 32025  
OWNER NICOLE JONES PHONE 691-1581  
ADDRESS 817 SW CR 242A LAKE CITY FL 32025  
CONTRACTOR GLEN WILLIAMS PHONE 623-1917  
LOCATION OF PROPERTY 441S, TR ON CR 242A, TR JONES, 1ST LOT ON LEFT

TYPE DEVELOPMENT MH,UTLITY ESTIMATED COST OF CONSTRUCTION 0.00  
HEATED FLOOR AREA TOTAL AREA HEIGHT STORIES  
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 20-4S-17-08622-001 SUBDIVISION  
LOT BLOCK PHASE UNIT TOTAL ACRES 1.00

IH0000972  
Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor  
EXISTING 09-584 BK WR N  
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: ONE FOOT ABOVE THE ROAD, LEGAL NON-CONFORMING LOT OF RECORD(89),  
45 DAYS AFTER FINAL INSPECTION THE MH MUST BE REMOVED

Check # or Cash 1055**FOR BUILDING & ZONING DEPARTMENT ONLY**

(footer/Slab)

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

BUILDING PERMIT FEE \$ 0.00 CERTIFICATION FEE \$ 0.00 SURCHARGE FEE \$ 0.00  
MISC. FEES \$ 300.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 0.00 WASTE FEE \$  
FLOOD DEVELOPMENT FEE \$ FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$ **TOTAL FEE** 375.00  
INSPECTORS OFFICE Ante Edick CLERKS OFFICE CH

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 NOT SUSPENDED, ABANDONED OR INVALID WHEN THE PERMIT HAS RECIEVED AN APPROVED INSPECTION WITHIN 180 DAYS OT THE PREVIOUS INSPECTION.

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

**For Office Use Only**

**Zoning Official** BLK 05.01.1

**Building Official** WR 12/30/09

AP# 0912-53

Date Received 12/29/09

By CH

Permit # 28321Flood Zone XDevelopment Permit N/A

**Zoning** A-3 **La**

Use Plan Map Category A-3

### Comments

Legal non-conforming Lot of Record ("89") Replacing Existing MH

Old MH to be removed 45 days after final inspection

FEMA Map# N/A

Elevation N/A

Finished Floor Shale Rd River

nila

**In Floodway** N/A

☒ **Site Plan with Setbacks Shown**☒ EH #

09-0584-E

☐ **EH Release**

☐ **Well letter**

☒ Existing well

☒ **Recorded Deed or Affidavit from land owner**

☐ **Letter of Auth. from install**

**er, ☒ State Road Access**

☐ **Parent Parcel #**

☐ **STUP-MH**

☐ **F W Comp. letter**

### IMPACT FEES: EMS

## Fire

**Corr**

Road/Code

School

= TOTAL N/A Replacing on Existing MH

✓ Verification for a

☒ pre-Inspection.

**Property ID #**

08622-001

### Subdivision

- New Mobile Home \_\_\_\_\_ Used Mobile Home ☒ MH Size 24x60 Year 1976  
 Applicant Glen Williams Phone # 386-623-1912  
 Address 619 SE County Club Rd Lake City Fl 32028  
 Name of Property Owner Nicole Jones Phone# 697-1581  
 911 Address 817 SW CR 242A, L.C. 32025  
 Circle the correct power company - FL Power & Light - Clay Electric  
 (Circle One) - Suwannee Valley Electric - Progress Energy  
 (Sister - Amanda)  
 Name of Owner of Mobile Home Nicole Jones Phone # 697-1581  
 Address 1145 SW Shenandoah Cir Lake City Fl 32028  
 Relationship to Property Owner Same  
 Current Number of Dwellings on Property 1  
 Lot Size 210 x 210 Total Acreage 1 Ac  
 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 Yes pd  
 Driving Directions to the Property 441 S TR on CR 242A  
Rt to Jones 1st lot on left

- Name of Licensed Dealer/Installer Glen Williams Phone # 623 1912
- Installers Address 619 ~~SE~~ SE Centry Club Rd Lake City FL 32025
- License Number TH 0000 972 Installation Decal # 3039629

1 Eff message  
1/6/10

Tried to call Glen,  
11/5/10, could not  
leave message on cell.

28180

# PERMIT WORKSHEET

page 1 of 2

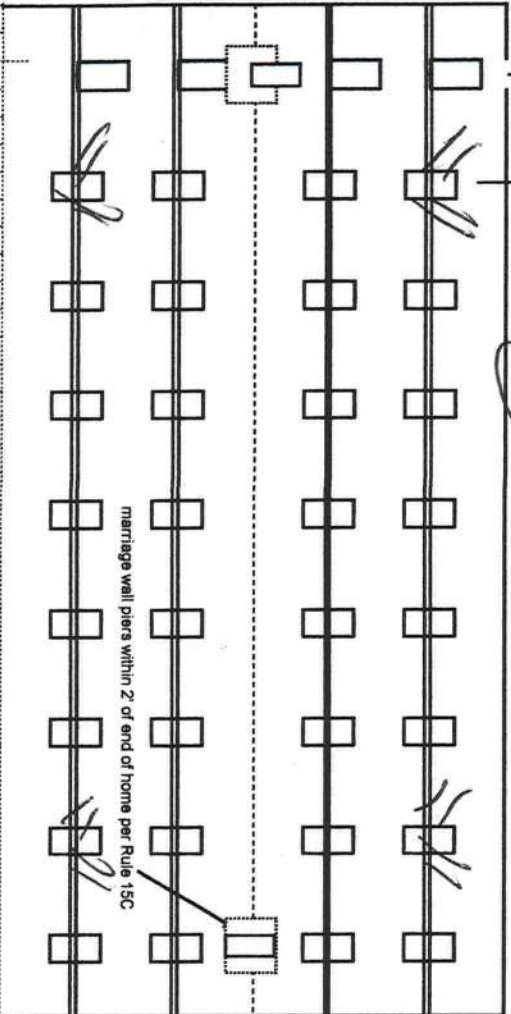
Installer Elen Williams License # TH0000972  
 Manufacturer Gerden Length x Width 24' x 60'  
 Name of Owner of this Mobile Home Nicola Jones  
 Phone 386-697-1581  
 Address 1145 SW Shearman Ave Gln Lake City FL 32025

New Home ☐ Used Home ☒ Year 1976  
 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 # 303629  
 Triple/Quad ☐ Serial # F1024634

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

Installer's initials GW

I understand Lateral Arm Systems cannot be used on any home (new or used)  
 where the sidewall ties exceed 5 ft 4 in.



PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	Footer size (sq in)	16" x 16" (256)	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'	4'	5'	6'	7'	8'
1500 psf	4' 6"	6'	6'	7'	8'	8'	8'
2000 psf	6'	8'	8'	8'	8'	8'	8'
2500 psf	7' 6"	8'	8'	8'	8'	8'	8'
3000 psf	8'	8'	8'	8'	8'	8'	8'
3500 psf	8'	8'	8'	8'	8'	8'	8'

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

PIER PAD SIZES

I-beam pier pad size 18" x 18 1/2"  
 Perimeter pier pad size \_\_\_\_\_

Other pier pad sizes (required by the mfg.) \_\_\_\_\_

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 \_\_\_\_\_

POPULAR PAD SIZES

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

4 ft 5 ft

FRAME TIES

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

OTHER TIES

TIEDOWN COMPONENTS

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

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

Number 10

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 395 psf or check here to declare 1000 lb. soil without testing.

x 1700 x 1700 x 1700

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 1700 x 1700 x 1700

TORQUE PROBE TEST

The results of the torque probe test is \_\_\_\_\_ inch pounds or check here if you are declaring 5' anchors without testing 345. 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. 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 requires anchors with 4000 lb holding capacity.

EW Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name John Mullins

Date Tested 12-20-09

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. 15

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 15

Site Preparation

Debris and organic material removed \_\_\_\_\_ Swale \_\_\_\_\_ Pad (X) Other \_\_\_\_\_

Fastening multi wide units

Floor: Type Fastener: legos Length: 6 in Spacing: 12 in  
Walls: Type Fastener: legos Length: 6 in Spacing: 24  
Roof: Type Fastener: legos Length: 6 in Spacing: 24  
For used homes 6-4411-30 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 EW

Type gasket foam Installed: \_\_\_\_\_  
Pg. 15 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

Installer Signature John Mullins Date 12-20-09



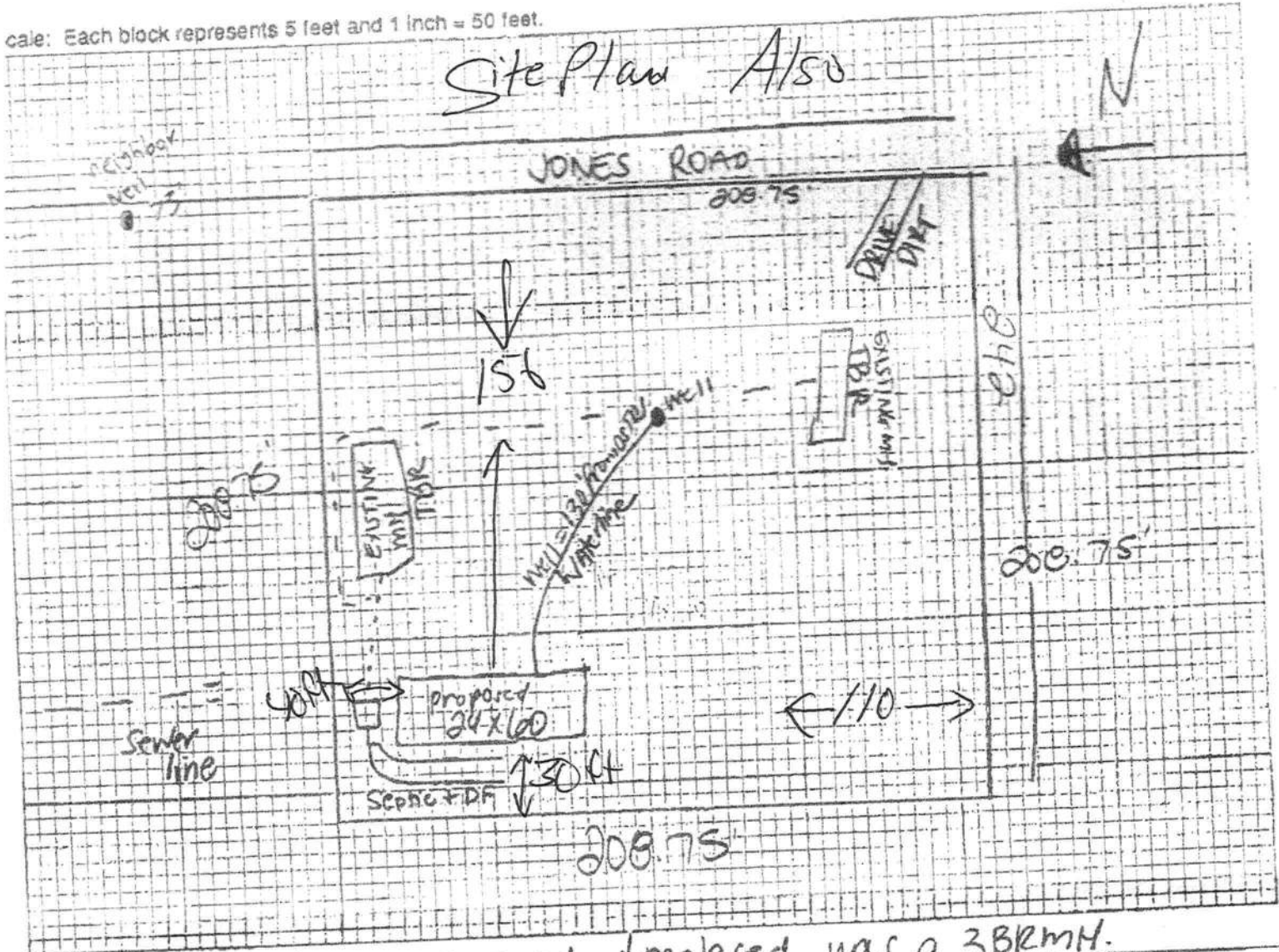
# STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 09-0584-E

## PART II - SITE PLAN

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



Notes: Home being removed replaced was a 3BRMH.  
2 other existing homes will be removed.

Site Plan submitted by: Mc Lord

Signature

Agent Agent  
Date 11/20/09

Plan Approved X

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

By [Signature]

Chunisa County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

JA



STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
ON-SITE SEWAGE TREATMENT AND DISPOSAL SYSTEM  
CONSTRUCTION INSPECTION AND FINAL APPROVAL

PERMIT NO. 09-0584-E  
DATE PAID: 11-19-09  
FEE PAID: 125.00  
RECEIPT # 12652911

APPLICANT: Amanda Jones

AGENT: Ford's Septic

PROPERTY ADDRESS: CR 242-A

LOT: N/A BLOCK: N/A SUBDIVISION: Meliss & Bruns PROPERTY ID #: 08622-001

CHECKED [X] ITEMS ARE NOT IN COMPLIANCE WITH STATUTE OR RULE AND MUST BE CORRECTED.

<b>TANK INSTALLATION</b>		<b>SETBACKS</b>	
[ ] [01] TANK SIZE [1] <u>1050</u> [2] _____	[ ] [27] SURFACE WATER _____ FT	[ ] [28] DITCHES _____ FT	
[ ] [02] TANK MATERIAL <u>concrete</u>	[ ] [29] PRIVATE WELLS _____ FT	[ ] [30] PUBLIC WELLS _____ FT	
[ ] [03] OUTLET DEVICE <u>tee</u>	[ ] [31] IRRIGATION WELLS _____ FT	[x] [32] POTABLE WATER LINES _____ FT	
[ ] [04] MULTI-CHAMBERED [Y / N] _____	[x] [33] BUILDING FOUNDATION _____ FT	[ ] [34] PROPERTY LINES _____ FT	
[ ] [05] OUTLET FILTER <u>tee</u>	[ ] [35] OTHER _____ FT		
[ ] [06] LEGEND <u>unknown</u>			
[x] [07] WATERTIGHT			
[ ] [08] LEVEL			
[ ] [09] DEPTH TO LID			
<b>DRAINFIELD INSTALLATION</b>		<b>FILLED / MOUND SYSTEM</b>	
[ ] [10] AREA [1] <u>225</u> [2] _____ SQFT	[ ] [36] DRAINFIELD COVER	[ ] [37] SHOULDERS	
[ ] [11] DISTRIBUTION BOX _____ HEADER ✓	[ ] [38] SLOPES	[ ] [39] STABILIZATION _____	
[ ] [12] NUMBER OF DRAINLINES <u>2/30</u>			
[ ] [13] DRAINLINE SEPARATION	<b>ADDITIONAL INFORMATION</b>		
[ ] [14] DRAINLINE SLOPE	[ ] [40] UNOBSTRUCTED AREA	[ ] [41] STORMWATER RUNOFF	
[ ] [15] DEPTH OF COVER	[ ] [42] ALARMS	[ ] [43] MAINTENANCE AGREEMENT	
[ ] [16] ELEVATION [ABOVE/BELOW] EM _____	[ ] [44] BUILDING AREA	[ ] [45] LOCATION CONFORMS WITH SITE PLAN	
[ ] [17] SYSTEM LOCATION	[ ] [46] FINAL SITE GRADING	[ ] [47] CONTRACTOR _____	
[ ] [18] DOSING PUMPS _____	[ ] [48] OTHER _____		
[ ] [19] AGGREGATE SIZE			
[ ] [20] AGGREGATE EXCESSIVE FINES			
[ ] [21] AGGREGATE DEPTH			
<b>FILL / EXCAVATION MATERIAL</b>		<b>ABANDONMENT</b>	
[ ] [22] FILL AMOUNT	[ ] [49] TANK PUMPED _____	[ ] [50] TANK CRUSHED & FILLED _____	
[ ] [23] FILL TEXTURE			
[ ] [24] EXCAVATION DEPTH			
[ ] [25] AREA REPLACED			
[ ] [26] REPLACEMENT MATERIAL			

EXPLANATION OF VIOLATIONS / REMARKS:

[ ] Hold for connection to tank, items 32, 33 : removal of  
 [ ] existing houses  
 [ ] 36 inch previously served by system

CONSTRUCTION [APPROVED/DISAPPROVED]: [Signature] **Columbia CHD** DATE: 11/25/09

FINAL SYSTEM [APPROVED/DISAPPROVED]: \_\_\_\_\_ CHD DATE: \_\_\_\_\_

# SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER \_\_\_\_\_ CONTRACTOR \_\_\_\_\_ PHONE \_\_\_\_\_

**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.***

<b>ELECTRICAL</b>	Print Name <u>Nicole Jones</u> License #:	Signature <u>Nicole Jones</u> Phone #:
<b>MECHANICAL/ A/C</b>	Print Name <u>Nicole Jones</u> License #:	Signature <u>Nicole Jones</u> Phone #:
<b>PLUMBING/ GAS</b>	Print Name <u>Glen Williams</u> License #:	Signature <u>Glen Williams</u> Phone #: <u>623/412</u>
<b>ROOFING</b>	Print Name _____ License #:	Signature _____ Phone #:
<b>SHEET METAL</b>	Print Name _____ License #:	Signature _____ Phone #:
<b>FIRE SYSTEM/ SPRINKLER</b>	Print Name _____ License #:	Signature _____ Phone #:
<b>SOLAR</b>	Print Name _____ License #:	Signature _____ Phone #:

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			
FRAMING			
INSULATION			
STUCCO			
DRYWALL			
PLASTER			
CABINET INSTALLER			
PAINTING			
ACOUSTICAL CEILING			
GLASS			
CERAMIC TILE			
FLOOR COVERING			
ALUM/VINYL SIDING			
GARAGE DOOR			
METAL BLDG ERECTOR			

**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.

Return to (enclose self-addressed stamped envelope)

Name Betty J. Jones

Address 615 West Leroy St

File Instrument Prepared by MARK CITY FL, 3000

Address

Property Appraiser Parcel Identification (Folio Number(s))

Grantee(s) S.S. #s

WARRANTY DEED  
INSTRUMENT TO RECORD

RANCO FORM NO. 01

Guaranteed Paper & Printing Co., Inc., 1987

94-06474

FILED  
RECORDED

IN PUBLIC  
RECORDS

1994 MAY 18 11:57

CLERK OF  
COURTS  
COLUMBIA  
COUNTY  
FLORIDA  
BY Mark D. Christmas

SPACE ABOVE THIS LINE FOR PROCESSING DATA

SPACE ABOVE THIS LINE FOR RECORDING DATA

**This Warranty Deed, Made the** 3th **day of** MAY, 1994 **by**  
BETTY JEAN JONES

hereinafter called the Grantor, to AMANDA JONES  
whose post office address is  
hereinafter called the Grantee.

(Wherever used herein the terms "Grantor" and "Grantee" include all the parties to this instrument and 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 considerations, receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliens, remises, releases, conveys and confirms unto the Grantee all that certain land, situate in COLUMBIA County, State of FLORIDA, viz:

20-4S 17 9900

COMM AT SE COR OF SW1/4 OF SE1/4, RUN W 48.97 FT. N. 28.35 FT. FOR POB, RUN W 208.75 FT., N. 208.75, S 208.75 FT FOR POB.

ORB 473 594 & 678-446.

0790 01038

NOTARY PUBLIC  
MARK D. CHRISTMAS  
CLERK OF  
COURTS, COLUMBIA COUNTY  
FLORIDA

**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 the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land, and hereby 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, 1994.**

**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:

Susan D. Christmas  
Witness Signature (as to first Grantor)  
SUSAN CHRISTMAS

Printed Name

Witness Signature (as to first Grantor)

Printed Name

Witness Signature (as to Co-Grantor, if any)

Printed Name

Witness Signature (as to Co-Grantor, if any)

Printed Name

STATE OF FLORIDA )  
COUNTY OF COLUMBIA )

Betty J. Jones  
Grantor Signature  
BETTY J. JONES  
Printed Name  
675 W. Long St. LAKE CITY, FL.  
Post Office Address

Co-Grantor Signature, if any

Printed Name

Post Office Address

I hereby Certify that on this day, before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared

known to me to be the person described in and who executed the foregoing instrument who acknowledged before me that SHE executed the same, and an oath was not taken. (Check one) ☒ Said person(s) is/are personally known to me. ☐ Said person(s) provided the following type of identification:

NOTARY RUBBER STAMP SEAL



Witness my hand and official seal in the County and State last aforesaid this 3th day of MAY, A.D. 1994

Mark D. Christmas  
Notary Signature  
MARK D. CHRISTMAS  
Printed Notary Signature

# Columbia County Property Appraiser

DB Last Updated: 11/13/2009

**2009 Tax Year**

Tax Record

Property Card

Interactive GIS Map

Print

Parcel: 20-4S-17-08622-001

**Owner & Property Info**

Search Result: 1 of 1

<b>Owner's Name</b>	JONES AMANDA		
<b>Site Address</b>	COUNTY ROAD 242A		
<b>Mailing Address</b>	363 NW LONG STREET LAKE CITY, FL 32055		
<b>Use Desc. (code)</b>	MOBILE HOM (000200)		
<b>Neighborhood</b>	020417.00	<b>Tax District</b>	2
<b>UD Codes</b>	MKTA02	<b>Market Area</b>	02
<b>Total Land Area</b>	1.000 ACRES		
<b>Description</b>	COMM SE COR OF SW1/4 OF SE1/4, RUN W 48.97 FT, N 28.35 FT FOR POB, RUN W 208.75 FT, N 208.75 FT, E 208.75 FT, S 208.75 FT FOR POB. ORB 473-594 678-446, 790-1038		

**GIS Aerial****Property & Assessment Values**

<b>Mkt Land Value</b>	cnt: (3)	\$18,548.00
<b>Ag Land Value</b>	cnt: (0)	\$0.00
<b>Building Value</b>	cnt: (1)	\$3,095.00
<b>XFOB Value</b>	cnt: (0)	\$0.00
<b>Total Appraised Value</b>		\$21,643.00

<b>Just Value</b>	\$21,643.00
<b>Class Value</b>	\$0.00
<b>Assessed Value</b>	\$21,643.00
<b>Exemptions</b>	\$0.00
<b>Total Taxable Value</b>	County: \$21,643.00   City: \$21,643.00 Other: \$21,643.00   School: \$21,643.00

**Sales History**

Sale Date	Book/Page	Inst. Type	Sale VImp	Sale Qual	Sale RCode	Sale Price
5/3/1994	790/1038	WD	I	U	02	\$0.00

**Building Characteristics**

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	MOBILE HME (000800)	1976	Alum Siding (26)	732	732	\$3,095.00

**Note:** All S.F. calculations are based on exterior building dimensions.**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
000200	MBL HM (MKT)	0000001.000 AC	1.00/1.00/1.00/1.00	\$15,048.00	\$15,048.00
009945	WELL/SEPT (MKT)	0000001.000 UT - (0000000.000AC)	1.00/1.00/1.00/1.00	\$2,000.00	\$2,000.00
009947	SEPTIC (MKT)	0000002.000 UT - (0000000.000AC)	1.00/1.00/1.00/1.00	\$750.00	\$1,500.00

Columbia County Property Appraiser

DB Last Updated: 11/13/2009

1 of 1

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### Disclaimer

This information was derived from data which was compiled by the Columbia County Property Appraiser's Office solely for the government purpose of property assessment. The information shown is a **work in progress** and 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, its use, or its interpretation. Although it is periodically updated, this information may not reflect the data currently on file in the Property Appraiser's Office. The assessed values are **NOT CERTIFIED** values and therefore are subject to change before finalized for ad-valorem assessment purposes.

**Notice:**

Under Florida Law, e-mail addresses are public record. If you do not want your e-mail address released in response to a public-records request, do not send electronic mail to this entity. Instead contact this office by phone or in writing.

[Scroll to Top](#)

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# Columbia County Tax Collector

Site Provided by...  
governmax.com T1.14

## Tax Record

print

Account Number  
1 of 1

Last Update: 12/29/2009 1:55:19 PM EST

## Details

### Tax Record

\* Print View

Legal Desc.  
Appraiser Data  
Tax Payment  
Payment History  
Print Tax Bill **NEW!**

### Ad Valorem Taxes and Non-Ad Valorem Assessments

The information contained herein does not constitute a title search and should not be relied on as such.

Account Number	Tax Type	Tax Year			
R08622-001	REAL ESTATE	2009			
<div><div><div>Mailing Address</div><div>JONES AMANDA 363 NW LONG STREET LAKE CITY FL 32055</div></div><div><div>Property Address</div><div>815 SW COUNTY ROAD 242A</div></div><div><div>GEO Number</div><div>174S20-08622-001</div></div></div>					
Exempt Amount	Taxable Value				
See Below	See Below				
<div><div><div>Exemption Detail</div><div>NO EXEMPTIONS</div><div>002</div><div>Escrow Code</div><div>999</div></div><div><div>Legal Description (click for full description)</div><div>20-4S-17 0200/0200 1.00 Acres COMM SE COR OF SW1/4 OF SE1/4, RUN W 48.97 FT, N 28.35 FT FOR POB, RUN W 208.75 FT, N 208.75 FT, E 208.75 FT, S 208.75 FT FOR POB. ORB 473-594 678-446, 790-1038</div></div></div>					
Ad Valorem Taxes					
Taxing Authority	Rate	Assessed Value	Exemption Amount	Taxable Value	Taxes Levied
BOARD OF COUNTY COMMISSIONERS	7.8910	21,643	0	\$21,643	\$170.78
COLUMBIA COUNTY SCHOOL BOARD					
DISCRETIONARY	0.9980	21,643	0	\$21,643	\$21.60
LOCAL	5.3630	21,643	0	\$21,643	\$116.07
CAPITAL OUTLAY	1.5000	21,643	0	\$21,643	\$32.46
SUNANNEE RIVER WATER MGT DIST	0.4399	21,643	0	\$21,643	\$9.52
LAKE SHORE HOSPITAL AUTHORITY	2.0468	21,643	0	\$21,643	\$44.30
COLUMBIA COUNTY INDUSTRIAL	0.1240	21,643	0	\$21,643	\$2.68

## Searches

Account Number  
GEO Number  
Owner Name  
Property Address  
Certificate **NEW!**  
Mailing Address

## Site Functions

Tax Search  
Local Business Tax  
Tax Sale List  
Contact Us  
County Login  
Home

<b>Total Millage</b>	18.3627	<b>Total Taxes</b>	\$397.41
<b>Non-Ad Valorem Assessments</b>			
<b>Code</b>	<b>Levying Authority</b>	<b>Amount</b>	
FFIR	FIRE ASSESSMENTS	\$77.00	
GGAR	SOLID WASTE - ANNUAL	\$201.00	
		<b>Total Assessments</b>	\$278.00
		<b>Taxes &amp; Assessments</b>	\$675.41
		<b>If Paid By</b>	<b>Amount Due</b>
		12/31/2009	\$154.46

*Twit*

<b>Date Paid</b>	<b>Transaction</b>	<b>Receipt</b>	<b>Item</b>	<b>Amount Paid</b>
6/26/2009	PAYMENT	2212072.0001	2009	\$167.76
9/25/2009	PAYMENT	2215389.0001	2009	\$170.44

Prior Years Payment History

<b>Prior Year Taxes Due</b>				
<b>Year</b>	<b>Folio</b>	<b>Status</b>	<b>Cert. 1708</b>	<b>Cert. Yr. 2005</b>
2004	124110			\$797.48
<b>Prior Years Total</b>				\$797.48
<b>If Paid By</b>		<b>Prior Years Due</b>		
12/31/2009		\$797.48		

This account is currently using the Installment method for payment. If you are transferring the ownership of this property you must contact the Tax Department at (386)758-1077 for the proper payoff of taxes.

NW DIV: LOT 13 BLOCK 1.  
ORB 748-1000, 754-1580,  
814-1211

JONES AMANDA & NICOLE  
457 NW GIBSON LANE  
LAKE CITY, FL 32055

00-00-00-11546-000

PRINTED 9/30/2009 10:06  
APPR 1/03/2005 DFTW

Columbia County 2009 R  
CARD 001 of 001  
BY JEFF

BUSE 000100 SINGLE FAM

AE? Y

1080 HTD AREA

100.572 INDEX

820317.00 NW DIV

STR 30-3S-17

PUSE 000100 SINGLE FAMILY

MOD 1 SFR

BATH

1.00

1144 EFF AREA

48.275 E-RATE

100.000 INDX

MKT AREA 06

44,871 BLDG

EXW 08 WD OR PLY

FIXT

55227 RCN

81.25 %GOOD

44,871 B BLDG VAL

1993 AYB

1993 EYB

7,560 LAND

RSTR 03 GABLE/HIP

RMS

3

FIELD CK:

LOC: 457 GIBSON LN NW HX NOTE

HX AppYr 1996

AC .289

0 MKAG

INTW 05 DRYWALL

HGHT

1.0

PMTR

STYS

1.0

1.0

0 AG

FLOR 14 CARPET

20% 08 SHT VINYL

ECON

FUNC

SPCD

DEPR 52

1.0

0 SOHD

HTTP 03 FORCED AIR

QUAL 05

1.0

IBAS1993

1.0

1.0

1.0

0 ASSD

ENDN 05

SIZE 03 RECTANGLE

CEIL N/A

UD-1

UD-2

UD-3

UD-4

UD-5

ARCH N/A

FRME 01 NONE

UD-6

UD-7

UD-8

UD-9

UD-10

UD-11

KTCH 01

WINDO N/A

UD-12

UD-13

UD-14

UD-15

UD-16

UD-17

CLAS N/A

OCC N/A

COND 03

SUB VALUE

42361

2510

1.0

1.0

SUB A-AREA & E-AREA

BAS93

1080 100

1080

64

1.0

1.0

1.0

FOP93

212 30

64

1.0

1.0

1.0

1.0

1.0

TOTAL 1292

1144

44871

1.0

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AE BN CODE

DESC

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WID HGT QTY QL

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EXTRA FEATURES

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LAND

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FIELD CK:

ADJUSTMENTS

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FIELD CK:

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UD4

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LAND VALUE

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CODE ENFORCEMENT  
PRELIMINARY MOBILE HOME INSPECTION REPORTDATE RECEIVED 11/19/09 BY G IS THE A H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? NoOWNERS NAME Nicole Jones PHONE 697-1581 CELL \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

DRIVING DIRECTIONS TO MOBILE HOME 9000 TR Washington, TL Granber  
Mill Rd, TL on first h. rd, 2nd home on rightMOBILE HOME INSTALLER Gen Williams PHONE 623-1912 CELL \_\_\_\_\_

## MOBILE HOME INFORMATION

MAKE Echo YEAR 1976 SIZE 24 x 60 COLOR White/BlackSERIAL No. FL13408391WIND ZONE II 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 ( ) IMPERABLE ( ) 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 John S. Paul ID NUMBER 402 DATE 11-24-09

Recording requested by: Nicole Jones

When recorded, mail to:

Name: Nicole Jones

Address: 1145 SW Shenandoah Ave.

City: Lake City

State/Zip: Florida, 32025

Space above reserved for use by Recorder's Office

Document prepared by:

Name: Nicole Jones

Address: 1145 SW Shenandoah Ave.

City/State/Zip: Lake City, FL 32025

Property Tax Parcel/Account Number: R08622-001

## Quitclaim Deed

This Quitclaim Deed is made on November 18, 2009, between  
Arnanda Jones, Grantor, of 457 NW Gibson Lane,  
City of Lake City, State of Florida,  
and Nicole Jones, Grantee, of 1145 SW Shenandoah,  
Ave., City of Lake City, State of Florida.

For valuable consideration, the Grantor hereby quitclaims and transfers all right, title, and interest held by the Grantor in the following described real estate and improvements to the Grantee, and his or her heirs and assigns, to have and hold forever, located at 815 SW CR 242A,  
City of Lake City, State of Florida:

20-45-17 0200/0000 1.00 Acre  
Comm SE COR of SW 1/4 of SE 1/4,  
Run W 48.97 Ft, N 28.35 Ft  
FOR PUB, RUN W 208.75 Ft, N  
208.75 Ft, E 208.75 Ft, S

Subject to all easements, rights of way, protective covenants, and mineral reservations of record, if any.

Taxes for the tax year of \_\_\_\_\_ shall be prorated between the Grantor and Grantee as of the date of recording of this deed.

Dated: 11-18-09

Amanda V. Jones  
Signature of Grantor

AMANDA V. JONES  
Name of Grantor

Jeff L. Bivens  
Signature of Witness #1

JEFF L. BIVENS  
Printed Name of Witness #1

Demario Rucker  
Signature of Witness #2

DEMARIO RUCKER  
Printed Name of Witness #2

State of Florida County of Columbia

On November 18, 2009, the Grantor, Amanda V. Jones,

personally came before me and, being duly sworn, did state and prove that he/she is the person described in the above document and that he/she signed the above document in my presence.

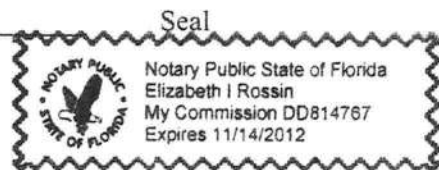
Elizabeth I. Rossin 11-18-09  
Notary Signature

Notary Public,

In and for the County of Columbia State of Florida

My commission expires: 11/14/12

Send all tax statements to Grantee.



# COLUMBIA COUNTY 9-1-1 ADDRESSING

P. O. Box 1787, Lake City, FL 32056-1787  
PHONE: (386) 758-1125 \* FAX: (386) 758-1365 \* Email: ron\_croft@columbiacountyfla.com

## Addressing Maintenance

To maintain the Countywide 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 assigning 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 Service 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 REQUESTED: 1/11/2010 DATE ISSUED: 1/12/2010

### ENHANCED 9-1-1 ADDRESS:

817 SW COUNTY ROAD 242A  
LAKE CITY FL 32025  
PROPERTY APPRAISER PARCEL NUMBER:  
20-4S-17-08622-001

Remarks:

Address Issued By:



Columbia County 9-1-1 Addressing / GIS Department

**NOTICE: THIS ADDRESS WAS ISSUED BASED ON LOCATION INFORMATION RECEIVED FROM THE REQUESTER. SHOULD, AT A LATER DATE, THE LOCATION INFORMATION BE FOUND TO BE IN ERROR, THIS ADDRESS IS SUBJECT TO CHANGE.**