

Parcel:
00-00-00-01438-325 (4328)

Owner & Property Info

Result: 6 of 27

Owner	GRAY BARBARA ELAINE BRIDES MICHAEL RALPH JR 313 DRAKE PL FORT WHITE, FL 32038	BRIDGES
Site		
Description*	LOT 25 BLOCK 6 UNIT 23 THREE RIVERS ESTATES. 798-2108, WD 1286-1753, QC 1419-320, WD 1454-1632, WD 1457-1871,	
Area	0.816 AC	S/T/R 24-6S-15
Use Code**	MOBILE HOME (0200)	Tax District 3

Prepared by and please return to:

Name Barbara Gray
Address 209 Springview Cir. NW
Port Charlotte, FL 33948

Inst: 202212001501 Date: 01/26/2022 Time: 2:52PM
Page 1 of 3 B: 1457 P: 1871, James M Swisher Jr, Clerk of Court
Columbia County, By: VC
Deputy ClerkDoc Stamp-Deed: 0.70

Rec. \$ _____
Doc.St. \$ _____

Property Appraiser's Parcel
ID No. _____

CORRECTION

WARRANTY DEED

THIS INDENTURE, made this 07 day of December, 2021, between:

Grantor: Barbara Elaine Gray, whose street address is
209 Springview Cir. NW Port Charlotte, FL 33948 of the
County of Charlotte, State of Florida.

AND

Grantees: Barbara Elaine Gray, whose street address is
209 Springview Cir. NW Port Charlotte, FL 33948 in the
County of Charlotte, State of Florida.

Grantees: Michael Ralph Bridges, whose street address is
313 Drake PL Fort White, FL 32038 in the
County of Columbia, State of Florida;

WITNESSETH, that Grantor, for and in consideration of the sum of TEN AND NO/100 DOLLARS (\$10.00), and other good and valuable consideration to Grantor in hand paid by Grantees, the receipt whereof is hereby acknowledged, has granted, bargained and sold to Grantees, as joint tenants with the right of survivorship and not as tenants in common, and Grantee's heirs, successors and assigns forever, the following described land, situate, lying and being in Columbia
County, Florida, to-wit:

Grantors: Barbara Elaine Gray

Grantees: Barbara Elaine Gray and Michael Ralph Bridges Jr.

Parcel Identification Number: Lot 25 Block 6 Unit 23 Three Rivers Estates.
798-2108, WD 1286-1753, QC 1419-320
Legal Description: 313 Drake PL Fort White, FL 32038

SUBJECT TO:

- 1. Ad valorem real property taxes for 2022 and subsequent years.
Barbara Elaine Gray
Michael Ralph Bridges JR.

and Grantor does hereby fully warrant the title to said land, and will defend the same against the lawful claims of all persons whomsoever.

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:

Kenneth A. Ferlan
Witness Signature
Kenneth A. Ferlan
Printed Name
Patrick Buckley
Witness Signature
Patrick Buckley
Printed Name

Barbara Gray
Signature of Grantor
Barbara Gray
Printed Name
209 Springview Cir NW
Post Office Address
Port Charlotte, FL 33948
City, State and Zip

STATE OF FLORIDA
COUNTY OF CHARLOTTE

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this JAN 24, 2022 (date), by BARBARA ELAINE GRAY

(name of person acknowledging), who is personally known to me or who has produced
FLDL (type of identification) as identification.

____ (Signature)

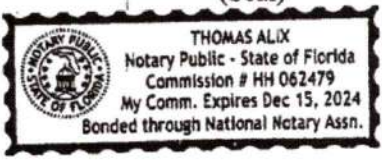
(Seal)

Thomas Alix

(Notary's Name print, type of stamp)

NOTARY PUBLIC (Title or Rank)

____ (Serial number, if any)



MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR Robert Sheppard PHONE 386-623-2203

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

Bridges / Gray

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>Glenn Whittington</u>	Signature 
	License #: <u>EC 13002957</u>	Phone #: <u>386-972-1700</u>
	Qualifier Form Attached <input checked="" type="checkbox"/>	
MECHANICAL/ A/C	Print Name <u>Ronald Bonds Sr.</u>	Signature 
	License #: <u>CAC 1817658</u>	Phone #: <u>800-259-3470</u>
	Qualifier Form Attached <input checked="" type="checkbox"/>	

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



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

LICENSED QUALIFIER AUTHORIZATION

I, Glen Whittington (license holder name), licensed qualifier for Whittington Electric Inc (company name), do certify that the below referenced person(s) listed on this form is/are contracted/hired by me, the license holder, or is/are employed by me directly or through an employee leasing arrangement; or, is an officer of the corporation; or, partner as defined in Florida Statutes Chapter 468, and the said person(s) is/are under my direct supervision and control and is/are authorized to purchase and sign permits; call for inspections and sign subcontractor verification forms on my behalf.

Printed Name of Person Authorized	Signature of Authorized Person
1. <u>Darkin</u>	1. <u>[Signature]</u>
2. <u>Rocky Ford</u>	2. <u>[Signature]</u>
3.	3.
4.	4.
5.	5.

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances. I understand that the State and County Licensing Boards have the power and authority to discipline a license holder for violations committed by him/her, his/her agents, officers, or employees and that I have full responsibility for compliance with all statutes, codes and ordinances inherent in the privilege granted by issuance of such permits.

If at any time the person(s) you have authorized is/are no longer agents, employee(s), or officer(s), you must notify this department in writing of the changes and submit a new letter of authorization form, which will supersede all previous lists. Failure to do so may allow unauthorized persons to use your name and/or license number to obtain permits.

Glen Whittington License Number EL13002957 Date 3/7/16
Licensed Qualifiers Signature (Notarized)

NOTARY INFORMATION:

STATE OF: FL COUNTY OF: Columbia

The above license holder, whose name is Glen Whittington, personally appeared before me and is known by me or has produced identification (type of I.D.) FL DL on this 7 day of MARCH, 20 16.

Kelly R Bishop
NOTARY'S SIGNATURE





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

LICENSED QUALIFIER AUTHORIZATION

I, Ronald E Bond Sr (license holder name), licensed qualifier for STYLE CREST ENTERPRISES, INC (company name), do certify that the below referenced person(s) listed on this form is/are contracted/hired by me, the license holder, or is/are employed by me directly or through an employee leasing arrangement; or, is an officer of the corporation; or, partner as defined in Florida Statutes Chapter 468, and the said person(s) is/are under my direct supervision and control and is/are authorized to purchase and sign permits; call for inspections and sign subcontractor verification forms on my behalf.

Printed Name of Person Authorized	Signature of Authorized Person
1. Dale Burr	1.
2. Rocky Ford	2.
3. Kelly Bishop	3.
4.	4.
5.	5.

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances. I understand that the State and County Licensing Boards have the power and authority to discipline a license holder for violations committed by him/her, his/her agents, officers, or employees and that I have full responsibility for compliance with all statutes, codes and ordinances inherent in the privilege granted by issuance of such permits.

If at any time the person(s) you have authorized is/are no longer agents, employee(s), or officer(s), you must notify this department in writing of the changes and submit a new letter of authorization form, which will supersede all previous lists. Failure to do so may allow unauthorized persons to use your name and/or license number to obtain permits.

Licensed Qualifiers Signature (Notarized) CRC 1817658 2-16-16
License Number Date

NOTARY INFORMATION:

STATE OF: FL COUNTY OF: Bay

The above license holder, whose name is Ronald Edward Bonds Sr personally appeared before me and is known by me or has produced identification (type of I.D.) _____ on this 16th day of FEB, 20 16.

Stacey Ann Hopkins
NOTARY'S SIGNATURE

(Seal/Stamp)



Mobile Home Permit Worksheet

Application Number: _____

Date: _____

Installer:

Robert Sheppard

License #

IH1025386

Address of home being installed

1800 Blvd Drake Pl.
Ft. White, FL 32038

Manufacturer

Live Oak Homes

Length x width

56x14

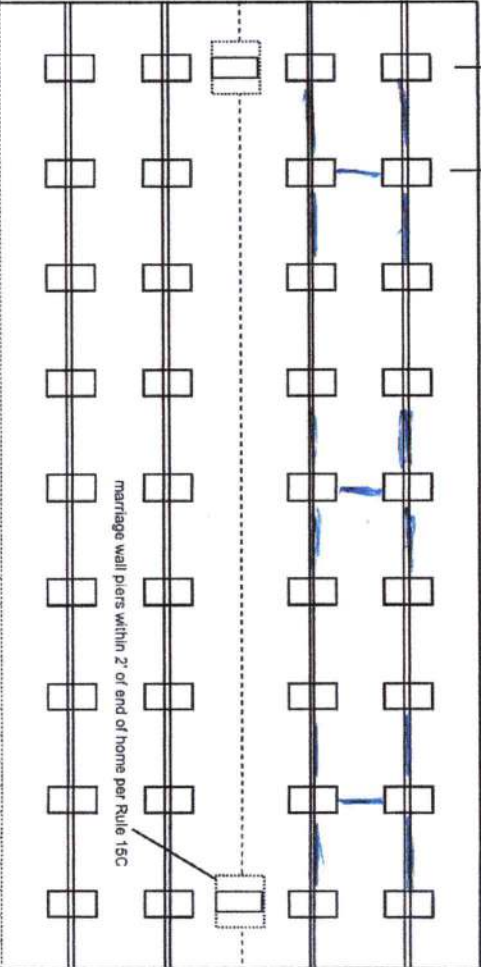
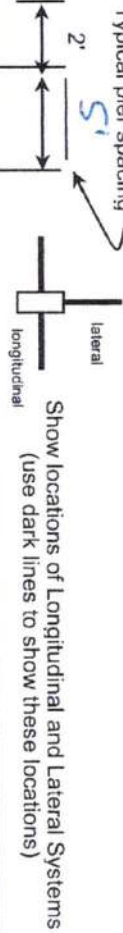
NOTE:

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
I 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

R.S.

Typical pier spacing



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 #

93432

Triple/Quad

☐

Serial #

LOHEA20038359

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (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)	26" x 26" (676)
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 17x25
Perimeter pier pad size 16x16
Other pier pad sizes (required by the mfg.) 17x25

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

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

4 ft ☒ 5 ft ☐

FRAME TIES

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

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer
Manufacturer
DIVER II

OTHER TIES

Sidewall
Longitudinal
Marriage wall
Shearwall
Number
4

Mobile Home Permit Worksheet

Application Number: _____

Date: _____

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 1 without testing.

X 1000 X 1000 X 1000 psf

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 290 inch pounds or check here if you are declaring 5' anchors without testing. 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.

P.S. Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Robert Shepard

Date Tested

12-13-2022

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. 29

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 28

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 29

Site Preparation

Debris and organic material removed ☒ Swale ☒ Pad ☒ Other ☐

Fastening multi wide units

Floor: Type Fastener: 1/2" x 3" galv Length: 30 gauge Spacing: 16" o.c.
Walls: Type Fastener: 1/2" x 3" galv Length: 30 gauge Spacing: 16" o.c.
Roof: 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 RS

Type gasket

Pg. _____

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 ☒
Other: _____

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 Robert Shepard

Date 12-13-2022

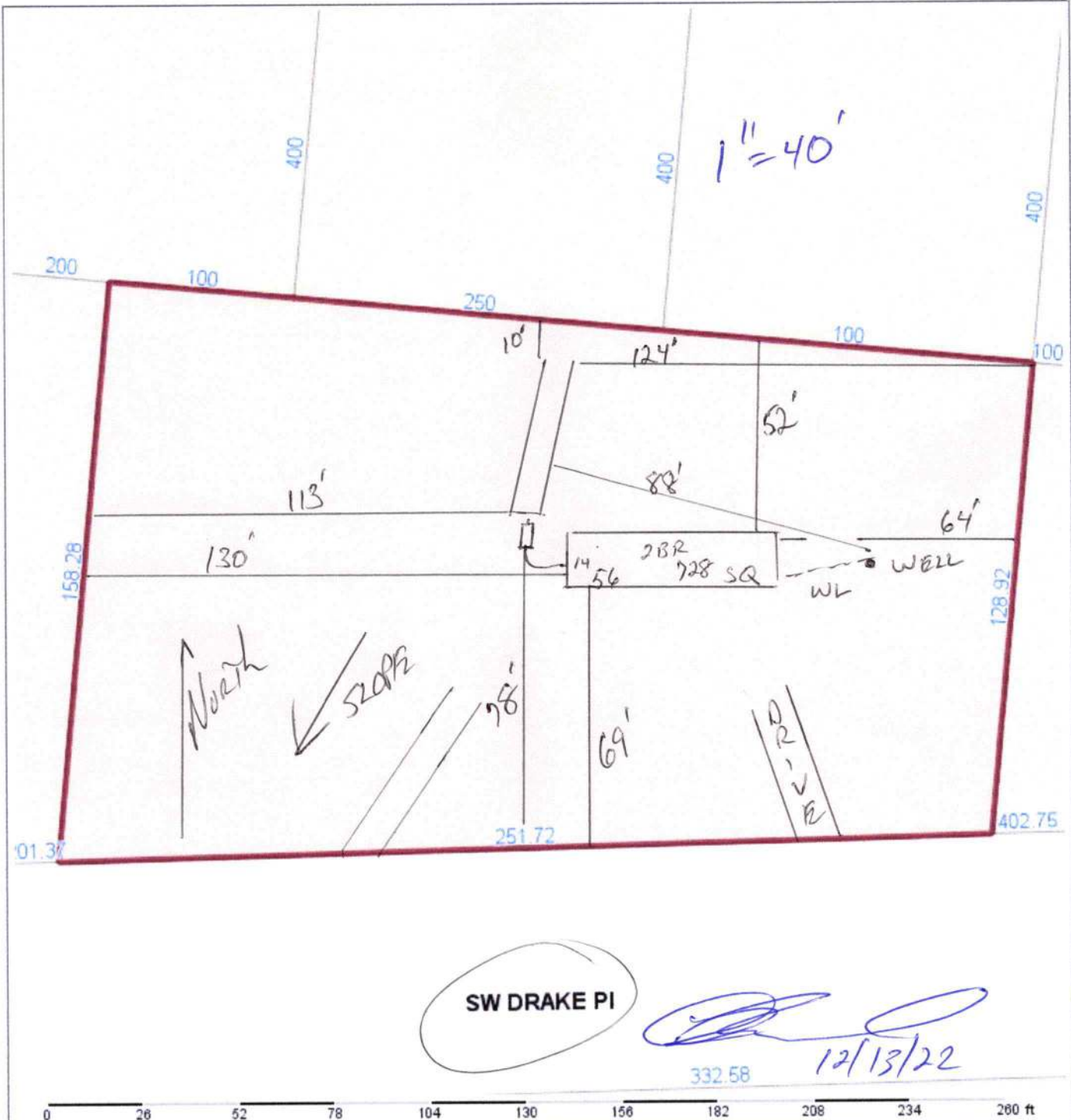


FOUNDATION NOTES:

FOUNDATION NOTES:

- THIS DRAWING IS DESIGNED FOR THE STANDARD WIND ZONE AND IS TO BE USED IN CONJUNCTION WITH THE INSTALLATION MANUAL AND ITS SUPPLEMENTS.
- FOOTINGS ARE SHOWN FOR EXAMPLE ONLY. QUANTITY AND SPACING MAY VARY BASED ON PAD TYPE, SOIL CONDITION, ETC.

L-4562A



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

PARCEL: 00-00-00-01438-325 (4328) | MOBILE HOME (0200) | 0.816 AC
LOT 25 BLOCK 6 UNIT 23 THREE RIVERS ESTATES, 798-2108, WD 1286-1753, QC 1419-320, WD 1454-1632, WD 1457-1871,

Owner:
GRAY BARBARA ELAINE
BRIDES MICHAEL RALPH JR
313 DRAKE PL
FORT WHITE, FL 32038


Site:
12/7/2021 \$100 I (U)
12/7/2021 \$100 I (U)
8/28/2020 \$100 I (U)

Sales Info

2023 Working Values

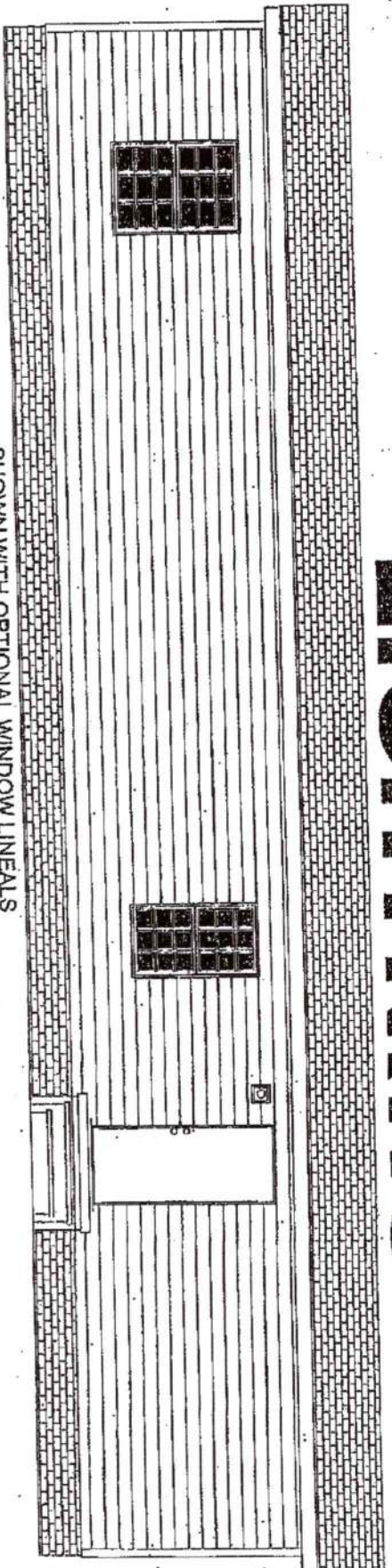
Mkt Lnd	\$13,500	Appraised	\$21,029
Ag Lnd	\$0	Assessed	\$21,029
Bldg	\$3,279	Exempt	\$0
XFOB	\$4,250		
Just	\$21,029	Total	county:\$21,029
		Taxable	city:\$0
			other:\$0
			school:\$21,029

NOTES:


Columbia County, FL

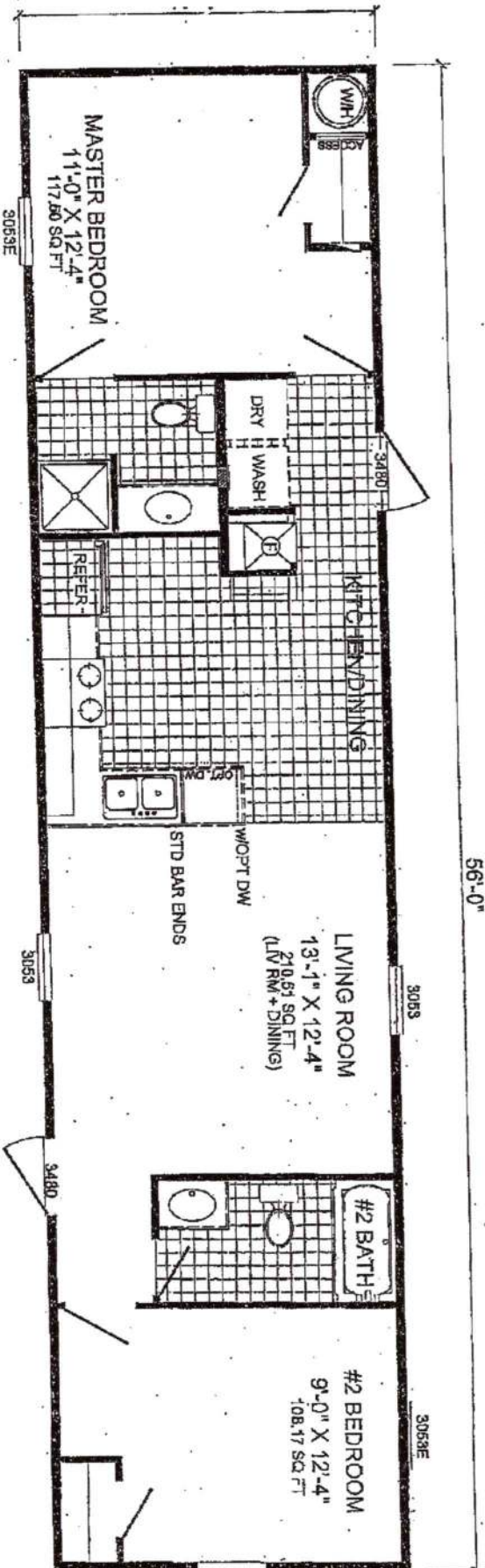
This information, was derived from data which was compiled by the Columbia County Property Appraiser Office solely for the governmental purpose of property assessment. This information should not be relied upon by anyone as a determination of the ownership of property or market value. No warranties, expressed or implied, are provided for the accuracy of the data herein, 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. GrizzilyLogic.com

LIGHTNING



SHOWN WITH OPTIONAL WINDOW LINEALS

56'-0"



L-4562A

2-BEDROOM / 2-BATH

14 X 56 - Approx. 728 Sq. Ft.

Date: 2-18-2014

* All room dimensions include closets and square footage figures are approximate.