

067662

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 7-1-15) Zoning Official LN Building Official LN

AP# 1810-57 Date Received 10/18 By JW Permit # 37449

Flood Zone X Development Permit Zoning A3 Land Use Plan Map Category A

Comments STUP 1810-53

FEMA Map# Elevation Finished Floor 1' above road River In Floodway

☐ Recorded Deed or ☒ Property Appraiser PO ☒ Site Plan ☒ EH # 18-0845 ☒ 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 Already charged for 2 units ☐ Out County ☐ In County ☒ Sub VF Form

Property ID # 12-6S-16-03816-144 Subdivision Cross Roads Lot# 44

- New Mobile Home ☒ Used Mobile Home MH Size 32x52 Year 2018
- Applicant Sonya Crews/Linda Craft Phone # 863-517-5701
- Address 3311 SW State Road 247 Lake City FL 32024
- Name of Property Owner Charles Lawson/Cynthia Beidler Phone# 386-365-7853
- 911 Address 628 SW Scout Glen Fort White FL 32038
- Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Duke Energy
- Name of Owner of Mobile Home Edward Beidler Phone # 727-321-9125
Address 630 SW Scout Glen Fort White, FL 32038
- Relationship to Property Owner parents
- Current Number of Dwellings on Property 1
- Lot Size 334 X 1302 Total Acreage 10
- 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 NO
- Driving Directions to the Property S on 47 go to Herlong turn (L) go to 1st stop (old wire) go (R) go approx 1 mile to SW Scout Glen go (L) approx 1/2 mile on the (R) 630 on mail box
- Name of Licensed Dealer/Installer Ronnie Norris Phone # 386-623-7716
- Installers Address 1004 SW Charles Terr Lake City, FL 32024
- License Number IH10251451 Installation Decal # 55127

LH Emailed Sonya 11/7/18

\$375.00

Mobile Home Permit Worksheet

Application Number:

1810-57

Date:

Installer:

Ronnie Morris

License #:

TH10251451

Address of home being installed:

Fort White, FL 32038

Manufacturer:

Jacobsen

Length x width:

22 x 32

NOTE:

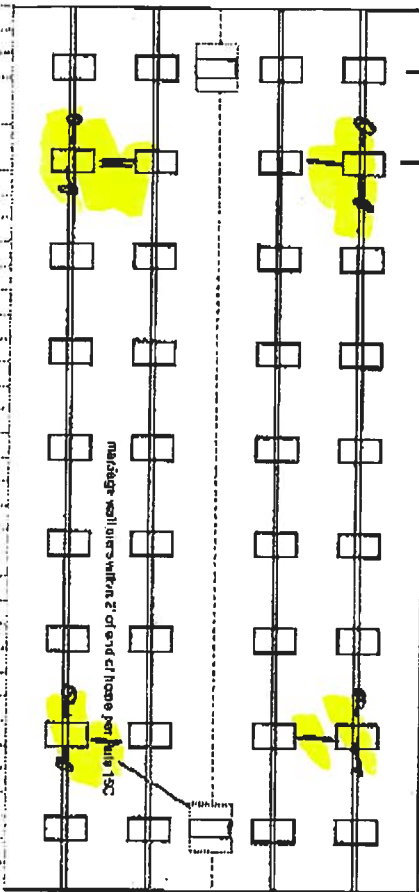
If home is a single wide fill out one half of the blocking plan
If home is a triple or quad wide sketch in remainder of home
Understand Lateral Arm Systems cannot be used on any home (new or used)
where the sidewall ties exceed 5 ft 4 in.

Typical pier spacing

Installer's initials

RM

Show locations of Longitudinal and Lateral Systems
(use dark lines to show these locations)



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 PSI	3'	4'	5'	6'	7'	8'
1500 PSI	4'	5'	6'	7'	8'	9'
2000 PSI	5'	6'	7'	8'	9'	10'
2500 PSI	6'	7'	8'	9'	10'	11'
3000 PSI	7'	8'	9'	10'	11'	12'
3500 PSI	8'	9'	10'	11'	12'	13'

* Interpolated from Rule 15C-1 pier spacing table.

PIER PAD SIZES

I-beam pier pad size

17x25

Parimeter pier pad size

17x25

Other pier pad sizes (required by the mfg.)

16x16

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

17x25

17x25

17x25

TIEDOWN COMPONENTS

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

Sidewall
Longitudinal
Shearwall

OTHER TIES

NUTBOL

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 skidwall locations. 1' understrand 5 ft anchors are required at all cantilever 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

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 ☒ Swale ☒ Pad ☒ Other

Fastening multi-wide units

Floor: Type Fastener 1/4" Length 6" Spacing 24"
Walls: Type Fastener 1/4" Length 6" Spacing 24"
Roof: Type Fastener 1/4" Length 6" Spacing 24"
For used homes: 3 mils. 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 fastening/roofing requirements

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

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 ☒

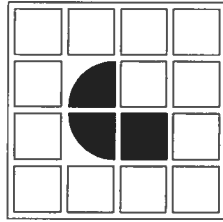
Miscellaneous

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

Date



JACOBSEN HOMES
PO BOX 368, 600 PACKARD CT.
SAFETY HARBOR, FLORIDA 34695

(727) 726-1138

www.jacobshomes.com

WARNING:

INSTALLING A MANUFACTURED STRUCTURE/BUILDING CAN BE EXTREMELY DANGEROUS. ONLY QUALIFIED PERSONNEL SHOULD ATTEMPT TO INSTALL A MANUFACTURED STRUCTURE/BUILDING. IMPROPER PROCEDURES AND/OR TECHNIQUES COULD RESULT IN SERIOUS INJURY OR DEATH. IN ADDITION TO THE DANGER TO PERSONNEL, IMPROPER SETUP/INSTALLATION COULD RESULT IN EXTENSIVE/COSTLY DAMAGE TO THE BUILDING/STRUCTURE. NEVER ATTEMPT INSTALLATION IF YOU ARE NOT QUALIFIED AND/OR DO NOT HAVE THE PROPER TOOLS AND/OR EQUIPMENT.

CAUTION:

MANUFACTURED BUILDINGS/STRUCTURES CAN WEIGH SEVERAL TONS. IT IS VERY IMPORTANT THAT ALL PERSONNEL, ON THE JOB SITE, BE QUALIFIED AND PROPERLY/ADAPQUATELY TRAINED. A STATE LICENSED SETUP CONTRACTOR IS REQUIRED TO BE RESPONSIBLE FOR ALL SAFETY INITIATIVES, PROGRAMS, POLICIES, AND/OR PROCEDURES THAT MAY BE MANDATED BY OSHA AND/OR ANY OTHER LOCAL, STATE, AND/OR FEDERAL CODES AND/OR REQUIREMENTS. THE CONTRACTOR SHALL INSURE/REQUIRE THAT SAFE AND PROPER TECHNIQUES ARE UTILIZED.

NOTES:

1. REFER TO THE MODEL APPROVAL FOR PLAN SPECIFIC INFORMATION.
2. REFER TO THE JACOBSEN HOMES SETUP MANUAL AND ADDENDUM FOR COMPLETE INSTALLATION INSTRUCTIONS. PIERS CAN BE RELOCATED AND/OR SPANS INCREASED PER THE SETUP MANUAL.
3. REFER TO SU-01-0005 FOR ADDITIONAL PIER REQUIREMENTS.
4. REFER TO THE APPROVED FLOOR PLAN FOR SHEARWALL LOCATIONS AND LOADS.
5. REFER TO AD-TD-100 FOR SHEARWALL APPLICATIONS AND TIE-DOWNS.
6. REFER TO THE APPROVED FLOOR PLAN FOR SPECIFIC COLUMN LOCATIONS. COLUMN PIERS SHALL BE LOCATED WITHIN 6" OF EITHER SIDE OF THE COLUMN. ADDITIONAL PIERS MAY BE REQUIRED ALONG THE MATING LINE. SEE THE SETUP MANUAL FOR SPECIFICS.
7. ALL 184" WIDE FLOOR SYSTEMS REQUIRE PERIMETER AND MATING LINE BLOCKING.
8. ALL 246 FLOOR SYSTEMS WIDER THAN 144" REQUIRE PERIMETER AND MATING LINE BLOCKING.
9. ANY SIDEWALL AREA WITH A MOST BEAM ON A STRUCTURAL ATTACHMENT SHALL HAVE PIERS AND ANCHORS SPACED NO FURTHER THAN 48" O.C. MAXIMUM. SOME WIND ZONE AREAS MAY REQUIRE CLOSER INSTALLATION. REFER TO THE JACOBSEN HOMES SETUP MANUAL FOR SPECIFICS (SEE SU-01-0005 AND SU-01-0008). WHEN THE ATTACHED STRUCTURE HAS FOURTH WALL CONSTRUCTION OR IS DESIGNED AND CONSTRUCTED TO BE SELF SUPPORTING, THESE ADDITIONAL PIERS AND ANCHORS ARE NOT REQUIRED.
10. MAX. PIER SPACING ON 8" I-BEAM IS 96". MAX. PIER SPACING ON 10" OR 12" I-BEAM IS 120". SEE NOTE 4 ON PAGES SU-01-0023 THROUGH SU-01-0026.

REFER TO AD-TD-0250 THROUGH
AD-TD-0254 FOR COLUMN ANCHOR SIZES.

COLUMN INFO. TABLE			COLUMN PAD - MIN. SIZES (sq. in.)					
COL. NUM.	SPAN	LOAD (10 POUNDS)	1000 per SOIL	1500 per SOIL	2000 per SOIL	2500 per SOIL	3000 per SOIL	3500 per SOIL
1	18'-9"	5215	751	501	375	300	300	300
2	18'-9"	5215	751	501	375	300	300	300
3	0"	0	0	0	0	0	0	0
4	0"	0	0	0	0	0	0	0
5	0"	0	0	0	0	0	0	0
6	0"	0	0	0	0	0	0	0
7	0"	0	0	0	0	0	0	0
8	0"	0	0	0	0	0	0	0
9	0"	0	0	0	0	0	0	0
10	0"	0	0	0	0	0	0	0

N10 = SEE NOTE 10.
REFER TO SU-01-0005 FOR
ADDITIONAL PIER REQUIREMENTS.

MINIMUM PIER PAD SIZE (sq.in.)	I-BEAM PIER SPACING						MATING LINE PIER SPACING						PERIMETER PIER SPACING					
	1000 per SOIL	1500 per SOIL	2000 per SOIL	2500 per SOIL	3000 per SOIL	3500 per SOIL	1000 per SOIL	1500 per SOIL	2000 per SOIL	2500 per SOIL	3000 per SOIL	3500 per SOIL	1000 per SOIL	1500 per SOIL	2000 per SOIL	2500 per SOIL	3000 per SOIL	3500 per SOIL
A 256 sq. in.	30	48 1/2	66 1/2	85	103*	N10	96	96	96	96	96	96	96	96	96	96	96	96
B 342.25 sq. in.	42	66 1/2	90 1/2	115*	N10	N10	96	96	96	96	96	96	96	96	96	96	96	96
C 396 sq. in.	49	77 1/2	105 1/2*	N10	N10	N10	96	96	96	96	96	96	96	96	96	96	96	96
D 400 sq. in.	49 1/2	78 1/2	107 1/2*	N10	N10	N10	96	96	96	96	96	96	96	96	96	96	96	96
E 432.875 sq. in.	54	85	116*	N10	N10	N10	96	96	96	96	96	96	96	96	96	96	96	96
F 576 sq. in.	74	115*	N10	N10	N10	N10	96	96	96	96	96	96	96	96	96	96	96	96
G 676 sq. in.	87 1/2	N10	N10	N10	N10	N10	96	96	96	96	96	96	96	96	96	96	96	96

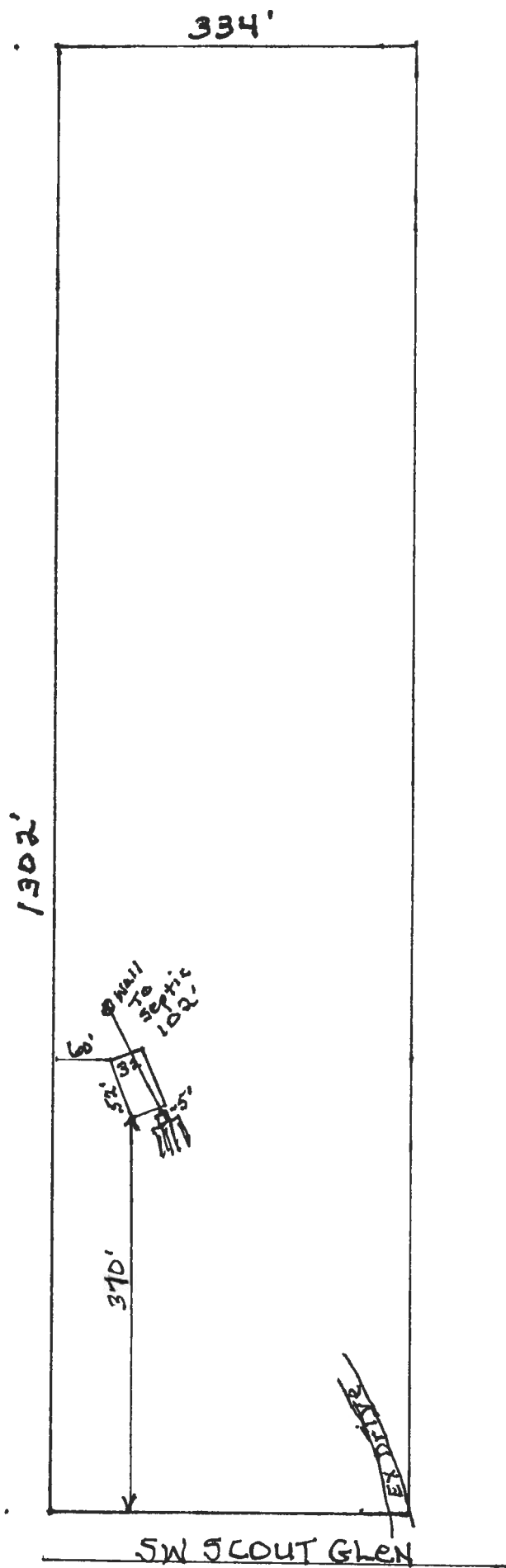
COPYRIGHT © 2013, JACOBSEN HOMES, SAFETY HARBOR, FLORIDA, ALL RIGHTS RESERVED.

WIND WIND ZONE - 2
HUD WIND EXPOSURE CATEGORY - C

REFER TO SU-01-0020, SU-01-0021, AND OTHER DETAILS IN THE SET-UP MANUAL FOR MAXIMUM HEIGHT
(THIS IS NOT DESIGNED, NOR INTENDED, TO BE A STILT FOUNDATION)

THIS BLOCKING DIAGRAM IS PROVIDED AS A COURTOUSY ONLY. THE LICENSED SET-UP
CONTRACTOR SHALL REVIEW THIS DETAIL AND VERIFY COMPLIANCE. THE LICENSED
SET-UP CONTRACTOR IS RESPONSIBLE AND LIABLE FOR ALL INSTALLATION.





1" = 150'



10/18/2018

To: Columbia County Building Department

A&B Well Drilling, Inc.

5673 NW Lake Jeffery Road
Lake City, FL 32055
Telephone: (386) 758-3409
Cell: (386) 623-3151
Fax: (386) 758-3410
Owner: Bruce Park

Description of Well to be installed for Customer _____ Edward Reidler/ Charles Laewson_____

Located @ Address: _____ 630 SW Scout GI _____

1 HP 15 GPM submersible pump, 1" drop pipe, 35 gallon captive tank, and backflow prevention. With SRWMD permit.

Bruce Park _____

Sincerely,
Bruce N. Park
President



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, SW Scout Glen H. White, #132038, 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
Linda Craft		<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

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.

[Signature]
License Holders Signature (Notarized)

I#1D25145/1
License Number

10-18-18
Date

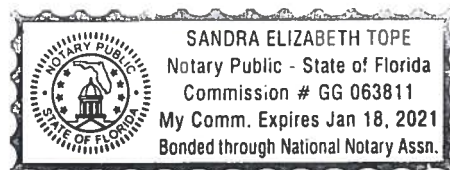
NOTARY INFORMATION:

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.) _____ on this 18 day of October, 20 18.

[Signature]
NOTARY'S SIGNATURE

(Seal/Stamp)



COMM SW COR, RUN E 463.77 FT
FOR POB, CORN E 334.83 FT N
1302.16 FT, W 334.82 FT, S
1302.80 FT TO POB. (AKA LOT 44
12-6S-16-03816-144
COLUMBIA COUNTY 2018 R
PRINTED 8/01/2018 15:35
5/20/2015 DFRP
CARD 001 OF 002
BY JEFF

1216 HTD AREA 106.900 INDEX 12616.00 DIST 3
1216 EFF AREA 29.398 E-RATE 100.000 INDX
37.00 %GOOD 13.226 B BLDG VAL 1994 EYB
FIELD CK: 630 SCOUT GLN SW FORT WHITE
LOC: 630 SCOUT GLN SW FORT WHITE
BAS2001
1
6
-76-
-76-
-76-
BAS2001=M76 S16 E76 N16S.
BLDG TRAVERSE
TXDT 003
0 SHOD
0 ASSD
0 EXPT
0 COFXBL

PERMITS
NUMBER DESC ANT ISSUED
22834 M H 375 3/03/2005
16956 M H 125 5/12/2000
BOOK PAGE DATE SALE PRICE
919 1973 2/01/2001 U V 24000
GRANTOR SUBRANDY LTD PARTNERSHIP
GRANTEE LAWSON & BEIDLER (WD REPL UNREC AG
GRANTEE

-----EXTRA FEATURES-----														
AE BN	CODE	DESC	LEN	WID	HGHT	QTY	Q1	FIELD CK:						
Y	1	0190	12	24	1	1	2010	1.00	UNITS UT	PRICE	ADJ UT PR	SECD %	%GOOD	
Y	0294	SHED WOOD/VI	12	24	1	1	2001	1.00	1.000 UT	1200.000	1200.000	100.00	1.200	
Y	0296	SHED METAL	12	24	1	1	2001	1.00	288.000 SF	3.000	3.000	100.00	864	
Y	0670	CARPORT UF	10	20	1	1	2010	1.00	288.000 SF	5.000	5.000	100.00	1,440	
Y	0040	BARN, POLE	10	20	1	1	2010	1.00	200.000 SF	1.500	1.500	100.00	300	
Y	0394	SHED WOOD/VI	12	12	1	1	2010	1.00	576.000 SF	2.500	2.500	100.00	1,440	
Y	0394	SHED WOOD/VI	6	16	1	1	2010	1.00	96.000 SF	11.000	11.000	100.00	1,056	

LAND	DESC	ZONE	ROAD	UD1	UD2	UD3	FRONT	DEPTH	FIELD CK:		UNITS UT	PRICE	ADJ UT PR	LAND VALUE
AE CODE			TOPO	UTIL	{UD2	{UD4	BACK	DT	ADJUSTMENTS			AC	4454.050	44,585
Y 000200	MBL HM		0002	0003					1.00 1.00 1.00 1.00		10.010			
Y 000945	WELL/SEPT		0002	0002					1.00 1.00 1.00 1.00		1.000	UT	2000.000	2,000
Y 000945	WELL/SEPT		0002	0003					1.00 1.00 1.00 1.00		1.000	UT	2000.000	2,000

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1910-57 CONTRACTOR Ronnie Norris PHONE 386-623-7714

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 ✓ 1074	Print Name <u>Glen Whittington</u> License #: <u>EC 1300 2957</u>	Signature <u>Glen Whittington</u> Phone #: <u>386-972-1701</u> Qualifier Form Attached <input type="checkbox"/>
MECHANICAL/ A/C	Print Name _____ License #: _____	Signature _____ Phone #: _____ Qualifier Form Attached <input 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

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1810-57 CONTRACTOR Ronnie Norris PHONE 386-623-7716

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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 _____ Signature _____ License #: _____ Phone #: _____ Qualifier Form Attached <input type="checkbox"/>
MECHANICAL/ ✓ A/C 950	Print Name <u>Michael A. Boland</u> Signature <u>[Signature]</u> License #: <u>CAC1817716</u> Phone #: <u>(352) 274-9326</u> Qualifier Form Attached <input 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 Tax Collector

generated on 11/7/2018 4:59:48 PM EST

Tax Record

Last Update: 11/7/2018 4:59:48 PM EST

[Register for eBill](#)

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			
R03816-144	REAL ESTATE	2018			
Mailing Address		Property Address			
12500N HARRIS RD BELLVILLE, MISSOURI 63021 430 SW 17TH ST ST. LOUIS, MO 63108		430 SW 17TH ST ST. LOUIS, MO 63108			
Exempt Amount		Taxable Value			
See Below		See Below			
Exemption Detail	Millage Code	Escrow Code			
HC 20000 13 31447	0000	500			
Legal Description (click for full description)					
17-03-16-07-00/0300 10.01 Acres (MORE OR LESS), BORN 17-03-16-07-00/0300, CONT 17-03-16-07-00/0300, N 1300.00 FT, E 330.00 FT, S 1300.00 FT TO COR, (SEE LOT 44 CROSS ROAD) S41 UNREC'D GR 43-41973.					
Ad Valorem Taxes					
Taxing Authority	Rate	Assessed Value	Exemption Amount	Taxable Value	Taxes Levied
BOARD OF PUBLIC UTILITIES	0.0000	00,000	00,000	00	00.00
COLUMBIA COUNTY SCHOOL BOARD	0.0000	00,000	00,000	00	00.00
DEPARTMENT	0.0000	00,000	00,000	00	00.00
STATE	0.0000	00,000	00,000	00	00.00
CAPITAL OUTLAY	0.0000	00,000	00,000	00	00.00
ADVANCED STATE WATER AND SEWER	0.0000	00,000	00,000	00	00.00
STATE SCHOOL HOSPITAL ACTIVITY	0.0000	00,000	00,000	00	00.00
Total Millage	12.0000	Total Taxes		00.00	
Non-Ad Valorem Assessments					
Code	Levy Authority	Amount			
0010	FIRE ASSESSMENT	0000.74			
0020	SOLID WASTE - ANNUAL	0000.00			
Total Assessments		0000.74			
Amount Due		0000.74			
If Paid By	Amount Due				
12/31/2018	\$215.03				

Date Paid	Transaction	Receipt	Item	Amount Paid
6/14/2018	PAYMENT	000000.0000	2018	0000.74
6/18/2018	PAYMENT	000000.0000	2018	0000.00

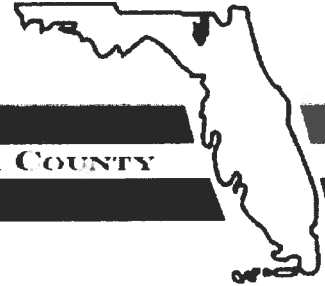
[Prior Years Payment History](#)

Prior Year Taxes Due
NO DELINQUENT TAXES

This account currently uses the Installment method for payment. Please contact the Tax Department at (386)758-1077 for proper pay off of taxes.

District No. 1 - Ronald Williams
District No. 2 - Rusty DePratter
District No. 3 - Bucky Nash
District No. 4 - Everett Phillips
District No. 5 - Tim Murphy

BOARD OF COUNTY COMMISSIONERS • COLUMBIA COUNTY



Address Assignment and Maintenance Document

To maintain the county wide 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 addressing 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 Services 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/Time Issued: **10/19/2018 10:48:52 AM**
Address: **628 SW SCOUT Gln**
City: **FORT WHITE**
State: **FL**
Zip Code **32038**

Parcel ID **03816-144**

REMARKS: Address for proposed structure on parcel. 3rd address for this parcel.

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

Lawson/Beidler

Address Issued By: **Signed:/ Matt Crews**

Columbia County GIS/911 Addressing Coordinator

**COLUMBIA COUNTY
911 ADDRESSING / GIS DEPARTMENT**

263 NW Lake City Ave., Lake City, FL 32055 Telephone: (386) 758-1125
Email: gis@columbiacountyfla.com

FW

880 295418809 Please call customer before going. Gate locked + horses
(386) 365-7853



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. 18-0845
DATE PAID: 12/12/18
FEE PAID: 1735.83
RECEIPT #: 1369645

APPLICATION FOR:

☒ New System ☐ Existing System ☐ Holding Tank ☐ Innovative
☐ Repair ☐ Abandonment ☐ Temporary ☐

APPLICANT: Edward Beidler / Charles Lawson / Cynthia Beidler

AGENT: Sonya Crews / Linda Craft TELEPHONE: 386-365-7853

MAILING ADDRESS: 630 SW Scout Glen Ft White, FL 32038

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3)(m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION

LOT: 44 BLOCK: SUBDIVISION: Cross Roads PLATTED:

PROPERTY ID #: 12-LES-16-03816-144 ZONING: I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 10 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTANCE TO SEWER: FT

PROPERTY ADDRESS: 630 SW Scout Glen Ft White (well be getting temp address)

DIRECTIONS TO PROPERTY: (S) on 47 go to Herlong turn (L) go to 1st stop (old wire) go (R) go approx 1 mile to SW Scout Glen go (L) approx 1/2 mile on the (R) 630 on mail box

BUILDING INFORMATION [X] RESIDENTIAL [] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	mobile home	3	32 x 52	
2				
3				
4				

[] Floor/Equipment Drains [] Other (Specify)

SIGNATURE: Sonya Crews Linda Craft DATE: 10/18/18

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 18-2845

----- PART II - SITEPLAN -----

Scale: Each block represents 10 feet and 1 inch = 40 feet.

See Attached

Notes: _____

Site Plan submitted by: Senig Crews Asst
Plan Approved 10 Not Approved _____ Date 11/1/18
By [Signature] EST Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

18-0845

1" = 150'

