

DATE 10/21/2009

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

PERMIT  
000028156

APPLICANT MELANIE ROBERTS PHONE 386.752.4682  
ADDRESS POB 1201 HIGH SPRINGS FL 32655  
OWNER MELANIE ROBERTS PHONE 386.752.4682  
ADDRESS 727 SW BUCK COURT FT. WHITE FL 32038  
CONTRACTOR JOHN A.SHIPP PHONE 386.755.8778  
LOCATION OF PROPERTY 47-S TO US 27,TL AND IT'S THE 2ND DRIVE ON L BEFORE BLINKING  
LIGHT @ C-138(DOUBLE PIPE GATE @ TOP OF HILL - SEE SITE)  
TYPE DEVELOPMENT M/H/UTILITY 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 35  
Minimum Set Back Requirments: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00  
NO. EX.D.U.                      FLOOD ZONE X DEVELOPMENT PERMIT NO.                     

PARCEL ID 29-7S-17-10057-004 SUBDIVISION                       
LOT                      BLOCK                      PHASE                      UNIT                      TOTAL ACRES 11.00

IH0000334  
Culvert Permit No.                      Culvert Waiver                      Contractor's License Number                      Applicant/Owner/Contractor                       
PRIVATE 09-0516-E BLK N  
Driveway Connection                      Septic Tank Number                      LU & Zoning checked by                      Approved for Issuance                      New Resident                     

COMMENTS: 1 FOOT ABOVE ROAD.

Check # or Cash 216

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

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

BUILDING PERMIT FEE \$ 0.00 CERTIFICATION FEE \$ 0.00 SURCHARGE FEE \$ 0.00  
MISC. FEES \$ 250.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 146.60 WASTE FEE \$ 201.00  
FLOOD DEVELOPMENT FEE \$                      FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$                      TOTAL FEE 672.60  
INSPECTORS OFFICE                      CLERKS OFFICE                     

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.

# PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

**For Office Use Only** (Revised 1-10-08) **Zoning Official** BLK 15-10-07 **Building Official** Wm 10/19/09  
**AP#** 0910-36 **Date Received** 10/14/09 **By** LF **Permit #** 28156  
**Flood Zone** X **Development Permit** N/A **Zoning** A-3 **Land Use Plan Map Category** A-3  
**Comments** \_\_\_\_\_

**FEMA Map#** N/A **Elevation** N/A **Finished Floor** 1st Floor **River** N/A **In Floodway** N/A  
☒ **Site Plan with Setbacks Shown** ☒ **EH #** \_\_\_\_\_ ☐ **EH Release** ☐ **Well letter** ☒ **Existing well**  
☒ **Recorded Deed or Affidavit from land owner** ☒ **Letter of Auth. from installer** ☐ **State Road Access**  
☐ **Parent Parcel #** \_\_\_\_\_ ☐ **STUP-MH** \_\_\_\_\_ ☐ **F W Comp. letter**  
**IMPACT FEES:** **EMS** \_\_\_\_\_ **Fire** \_\_\_\_\_ **Corr** \_\_\_\_\_ **Road/Code** \_\_\_\_\_  
**School** \_\_\_\_\_ **= TOTAL** N/A Suspended ☒ **Pre-Inspection**

**Property ID #** 29-75-17-10057-004 **Subdivision** \_\_\_\_\_

- **New Mobile Home** \_\_\_\_\_ **Used Mobile Home** ☒ **MH Size** 14x56 **Year** 1991
- **Applicant** MELANIE ROBERTS **Phone #** (386) 752-4682
- **Address** P.O. BOX 1201, HIGH SPRINGS, FL 32655
- **Name of Property Owner** MELANIE ROBERTS **Phone#** (386) 752-4682
- **911 Address** 727 SW BUCK CT., FORT WHITE, FL 32038
- **Circle the correct power company -** FL Power & Light - Clay Electric  
 (Circle One) - Suwannee Valley Electric - Progress Energy
- **Name of Owner of Mobile Home** MELANIE ROBERTS **Phone #** (386) 752-4682  
**Address** P.O. BOX 1201, HIGH SPRINGS, FL 32655
- **Relationship to Property Owner** SAME
- **Current Number of Dwellings on Property** 0
- **Lot Size** 11 ACRES **Total Acreage** 11 ACRES
- **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 (Owns)
- **Driving Directions to the Property** TAKE HWY 47 S TO HIGH SPRINGS - TAKE HWY 27  
APPROX. 7 MI EAST TOWARD HIGH SPRINGS - TURN BEFORE BLINKING LIGHT @ HWY  
138 - TAKE 2ND DRIVE ON LEFT (MAILBOX #1427) GO THROUGH DOUBLE  
PIPE GATE AT TOP OF HILL & FOLLOW POWER LINE TO HOME SITE
- **Name of Licensed Dealer/Installer** John Shipp **Phone #** 755 8758
- **Installers Address** 355 NE Laven Ave
- **License Number** IH 000334 **Installation Decal #** 13295

The caller Melanie Roberts - left message

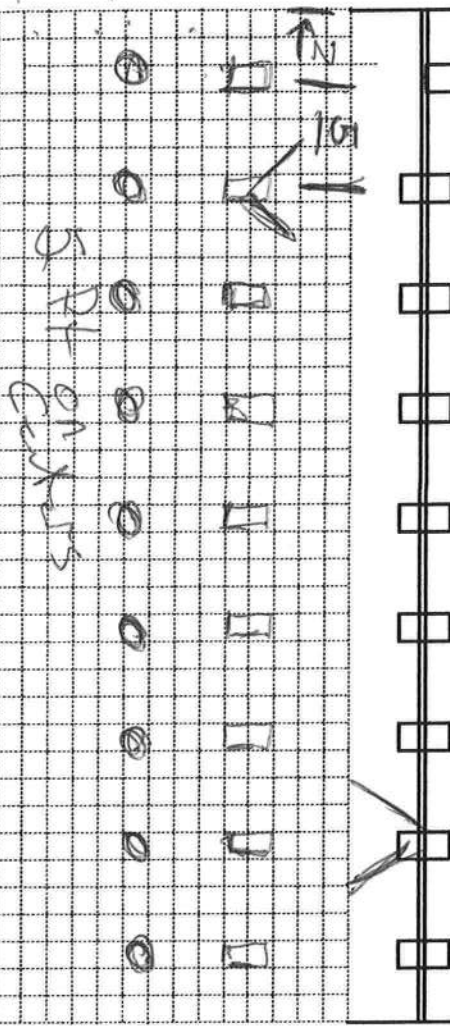
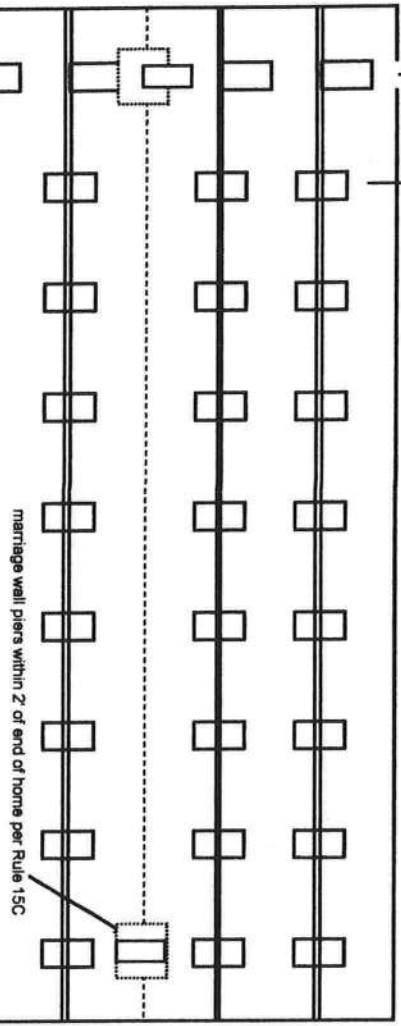
# PERMIT WORKSHEET

Installer \_\_\_\_\_ License # \_\_\_\_\_  
 Manufacturer WESTON Length x Width 56' x 14'  
 Name of Owner of this Mobile Home MELANIE ROBERTS  
 Phone (386) 752-4682  
 Address P.O. BOX 1201, HIGH SPRINGS, FL 32658

**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 \_\_\_\_\_



New Home ☐ Used Home ☒ Year 1991  
 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 # 13285  
 Triple/Quad ☐ Serial # 984475411281000

PIER SPACING TABLE FOR USED HOMES

| Load bearing capacity (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 dsf                      | 3'              | 4'                 | 5'              | 6'               | 7'               | 8'              |
| 1500 dsf                      | 4' 6"           | 6'                 | 7'              | 8'               | 8'               | 8'              |
| 2000 dsf                      | 6'              | 8'                 | 8'              | 8'               | 8'               | 8'              |
| 2500 dsf                      | 7' 6"           | 8'                 | 8'              | 8'               | 8'               | 8'              |
| 3000 dsf                      | 8'              | 8'                 | 8'              | 8'               | 8'               | 8'              |
| 3500 dsf                      | 8'              | 8'                 | 8'              | 8'               | 8'               | 8'              |

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

PIER PAD SIZES

I-beam pier pad size 20 x 20  
 Perimeter pier pad size 16 x 16

Other pier pad sizes (required by the mfg.) X

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

16'4"  
17'2"  
17'11"

TIEDOWN COMPONENTS

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

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

Sidewall Longitudinal Marriage wall Shearwall  
 Number 13  
2  
1

PERMIT NUMBER \_\_\_\_\_

**POCKET PENETROMETER TEST**

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

X \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_

**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 \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_

**TORQUE PROBE TEST**

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

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. \_\_\_\_\_

**Site Preparation**

Debris and organic material removed \_\_\_\_\_  
Water drainage: Natural \_\_\_\_\_ Swale \_\_\_\_\_ Pad \_\_\_\_\_ Other \_\_\_\_\_

**Fastening multi wide units**

Floor: Type Fastener: \_\_\_\_\_ Length: \_\_\_\_\_ Spacing: \_\_\_\_\_  
Walls: Type Fastener: \_\_\_\_\_ Length: \_\_\_\_\_ Spacing: \_\_\_\_\_  
Roof: Type Fastener: \_\_\_\_\_ Length: \_\_\_\_\_ Spacing: \_\_\_\_\_  
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 \_\_\_\_\_ 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**

Installer Signature \_\_\_\_\_

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 LETTER OF AUTHORIZATION

I, John Shipp, give this authority for the job address show below  
Installer License Holder Name  
only, 727 SW Buck Ct, 32038, 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)   |
|-----------------------------------|--------------------------------|---|
| MELANIE ROBERTS                   | <i>Melanie Roberts</i>         | <input type="checkbox"/> Agent <input type="checkbox"/> Officer<br><input checked="" type="checkbox"/> Property Owner |
|                                   |                                | <input type="checkbox"/> Agent <input type="checkbox"/> Officer<br><input type="checkbox"/> Property Owner            |
|                                   |                                | <input type="checkbox"/> Agent <input type="checkbox"/> Officer<br><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.

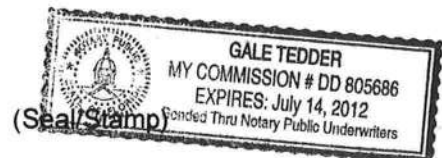
John Shipp License Holders Signature (Notarized) 7H0000334 License Number 10/14/09 Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is John Shipp, personally appeared before me and is known by me or has produced identification (type of I.D.) personally known on this 14th day of Oct, 20 09.

Gale Tedder  
NOTARY'S SIGNATURE



CC DE ENFORCEMENT  
PRELIMINARY MOBILE HOME INSPECTION REPORTNO Application  
submittedDATE RECEIVED 10/9/09 BY G IS THE MH ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? YesOWNERS NAME Melanie Roberts PHONE 752-4682 CELL \_\_\_\_\_ADDRESS 727 SW Buck Ct. Ft White, FL

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

DRIVING DIRECTIONS TO MOBILE HOME 475, TL 27, TL Buck Ct,  
Single sideMOBILE HOME INSTALLER John Shippe PHONE 351-8758 CELL \_\_\_\_\_

## MOBILE HOME INFORMATION

MAKE Weston YEAR 1991 SIZE 14 x 56 COLOR BeigeSERIAL No. GA FLL 75 A11291WEWIND 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 ( ) 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 Glenn Parnell ID NUMBER 402 DATE 10/8/09

Return To:  
H. H. Bryson, Notary Public, 1004 E. 10th St.,  
P.O. Box 11194, Tallahassee, Florida 32301.  
For Information: Tallahassee, Florida  
P.O. Box 11194  
Phone: 904-904-1119

93-07503

303 JUL -2 PM 2:38

# Warranty Deed

This warranty deed, together with the exhibits, is to be recorded in the public records of the State of Florida.

By *[Signature]*  
Notary Public

Made this 10th day of June, 1993, BETWEEN  
TOM COLE, SINGLE AND LENNIE COLE, A MARRIED MAN NOT RESIDING IN THE PROPERTY

whose post office address is: 2008 NORTHERN AVE. PIKE  
MELANETT N. DELAWARE 19500

of the County of DELAWARE, State of DELAWARE, grantor, and  
MELANETT ROBERTS (aka)

whose post office address is: P.O. Box 1704  
HI 88 SPANISH, FL 33043

of the County of FL, State of FL, grantee.

WITNESSETH: That said grantor, for and in consideration of the sum of Ten (\$10.00) Dollars, and other good and valuable considerations to said grantor in hand paid by said grantee, the receipt whereof is hereby acknowledged, has granted, bargained and sold to the said grantee, and grantee's heirs, successors and assigns forever, the following described land, situate, lying and being in Columbia County, Florida, to-wit:

Begin at the Northwest corner of Section 29, Township 7 South, Range 17 East, Columbia County, Florida and run thence N 87 deg 55' 11" E along the North line of said Section 29, 1320.48 feet to the Northeast corner of the NW 1/4 of NW 1/4 of said Section 29, thence S 12 deg 12' 11" W, 1445.45 feet, thence N 30 deg 11' 56" W, 111.12 feet to the Section line between Section 29 and 30, thence continue N 30 deg 31' 56" W, 317.20 feet, thence S 81 deg 38' 53" W, 173.48 feet to the Easterly right of way line of State Road 20 - US Highway 27, thence N 34 deg 38' 00" W along said Easterly right of way line, 171.35 feet to the West line of Section 30, Township 7 South, Range 17 East, thence N 89 deg 21' 11" E along said North line, 311.45 feet to the POINT OF BEGINNING. Said lands being in the NW 1/4 of NW 1/4 of Section 29, and in the NE 1/4 of NE 1/4 of Section 30, Township 7 South, Range 17 East.

Subject to easements and restrictions of record, if any, which are specifically set forth in the plat of said land, and subject to 1993 taxes and assessments.

0776-1-1002

and said 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, Grantor has hereunto set grantor's hand and seal the day and year first above written  
Signed, Sealed and Delivered in Our Presence

*[Signature]*  
John W. Cox  
*[Signature]*  
Jack Koehing

*[Signature]*  
LENNIE COLE  
*[Signature]*  
MELANETT ROBERTS  
DOCUMENTARY STAMP 20300  
INTENTIONAL TAX  
A. GAVILLI, CLERK OF  
COURTS, COLUMBIA COUNTY  
BY *[Signature]* D.C.

STATE OF FL COUNTY OF FL

FOREBY CHERLYY (notary) the day of June, 1993, before me personally appeared TOM COLE, SINGLE AND LENNIE COLE, A MARRIED MAN NOT RESIDING IN THE PROPERTY

who is personally known to me or who has produced the identification shown below, who is the person described in and who executed the foregoing instrument, and who, after being duly sworn, says that the execution hereof is his/her free act and deed for the uses and purposes herein mentioned and an oath was was not (mark one out) taken

SWORN TO AND SUBSCRIBED before me the undersigned Notary Public, by my hand and official seal, the day and year last aforesaid

I, the person above named

Identified by Driver's License

Notary Public  
PATRICK BRYSON  
NOTARY PUBLIC-DELAWARE  
My Commission expires March 15, 1997

# 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: 8/16/2006 DATE ISSUED: 9/15/2006

### ENHANCED 9-1-1 ADDRESS:

727 SW BUCK

CT

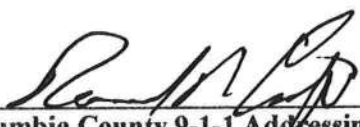
FORT WHITE FL 32038

### PROPERTY APPRAISER PARCEL NUMBER:

29-7S-17-10057-004

### 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.**

COLUMBIA COUNTY  
9-1-1 ADDRESSING  
APPROVED



### Columbia County Property Appraiser

J. Doyle Crews, CFA - Lake City, Florida - 386-758-1083

#### PARCEL: 29-7S-17-10057-004 - PASTURELAN (006200)

|                              |         |                      |
|------------------------------|---------|----------------------|
| Name: ROBERTS MELANIE        | LandVal | \$2,000.00           |
| Site: BUCK                   | BldgVal | \$0.00               |
| P O BOX 1201                 | ApprVal | \$4,200.00           |
| Mail: HIGH SPRINGS, FL 32643 | JustVal | \$52,787.00          |
| Sales                        | Assd    | \$4,200.00           |
| Info                         | Exmpt   | \$0.00               |
|                              | County: | \$4,200.00   City:   |
|                              |         | \$4,200.00           |
|                              | Other:  | \$4,200.00   School: |
|                              |         | \$4,200.00           |
|                              | Taxable |                      |

0 160 320 480 ft



This information, GIS Map Updated: 10/9/2009, 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. The assessed values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.



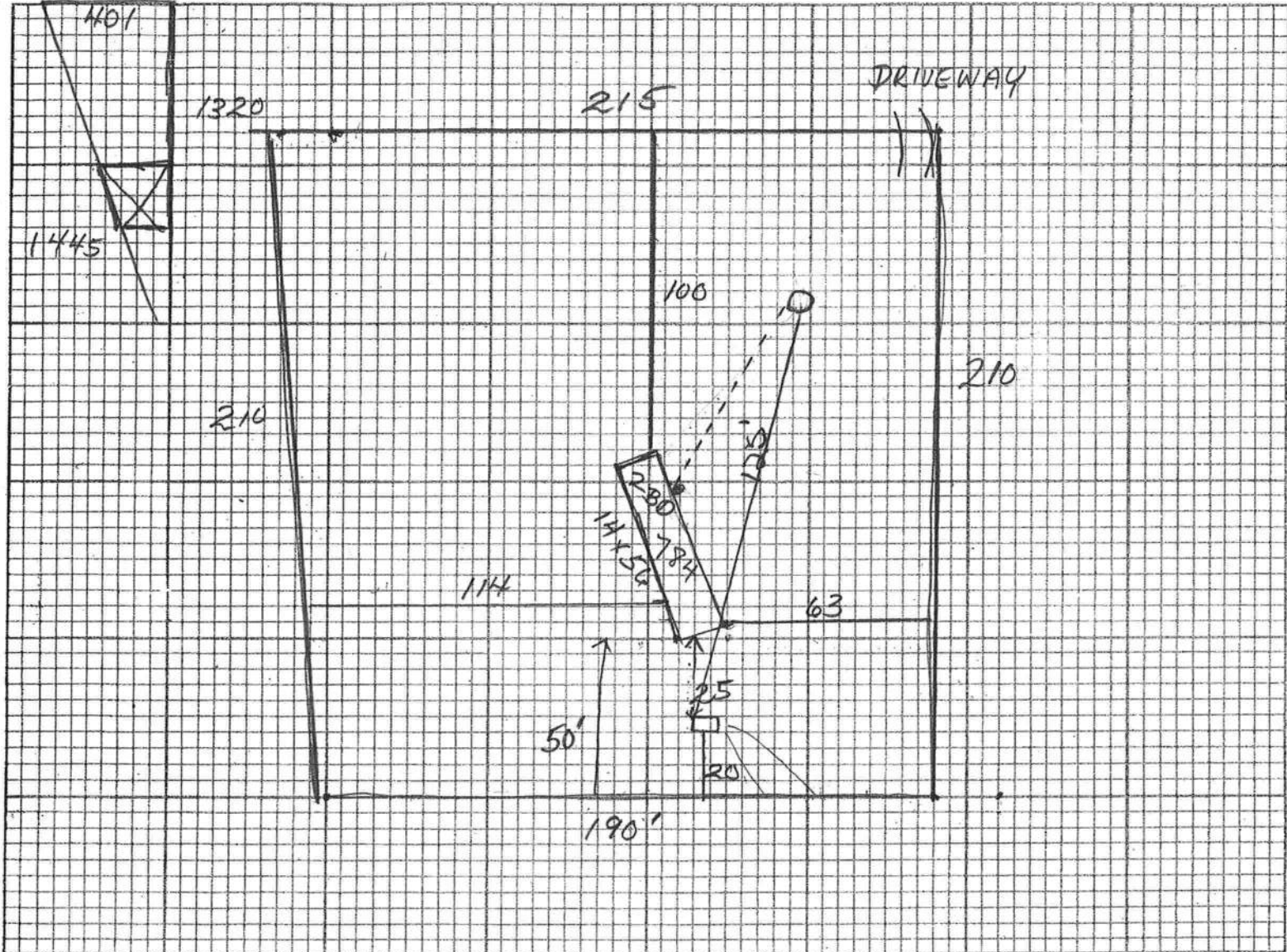
STATE OF FLORIDA  
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 09-0516E

PART II - SITE PLAN

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



Notes: \_\_\_\_\_

Site Plan submitted by: Mel Tolson Signature

Plan Approved ☒ Not Approved \_\_\_\_\_

By Scobie Todd EN Director Columbia

OWNER \_\_\_\_\_

Title \_\_\_\_\_  
Date 10-21-09

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT