DATE 02/08/2012

Columbia County Building Permit

This Permit Must Be Prominently Posted on Premises During Construction

PERMIT
000029921

APPLICANT WILLIAM E. SANDERS PHONE 386.758.9832

ADDRESS 681 NW AMANA STREET LAKE CITY FL 32055

OWNER WILLIAM SANDERS(ED & BRENDA SANDERS,M/H) PHONE 386.758.9832

ADDRESS 709 NW AMANDA STREET LAKE CITY FL 32055

CONTRACTOR DALE HOUSTON PHONE 386.752.7814

LOCATION OF PROPERTY 90- TO LAKE CITY AVENUE,TR TO AMANDA,TL AND IT'S TH 6TH DRIVEWAY ON R.

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 RSF-MH-2 MAX. HEIGHT _____

Minimum Set Back Requirments: STREET-FRONT 25.00 REAR 15.00 SIDE 10.00

NO. EX.D.U. 1 FLOOD ZONE x DEVELOPMENT PERMIT NO. _____

PARCEL ID 27-3S-16-02325-005 SUBDIVISION _____

LOT ____ BLOCK ____ PHASE ____ UNIT ____ TOTAL ACRES 4.25

		IH1025142	✓ William E Sanders	
Culvert Permit No.	Culvert Waiver	Contractor's License Number	Applicant/Owner/Contractor	
EXISTING	12-0023	BLK	TC	N
Driveway Connection	Septic Tank Number	LU & Zoning checked by	Approved for Issuance	New Resident

COMMENTS: 1 FOOT ABOVE THE ROAD. 2ND UNIT ON PROPERTY, MEET DENSITY REQUIREMENT.

Check # or Cash CASH REC'D.

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 $ 250.00 ZONING CERT. FEE $ 50.00 FIRE FEE $ 51.36 WASTE FEE $ 134.00

FLOOD DEVELOPMENT FEE $ ____ FLOOD ZONE FEE $ 25.00 CULVERT FEE $ ____ **TOTAL FEE** 510.36

INSPECTORS OFFICE _____ 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.

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only *(Revised 1-11)* Zoning Official BLK 06 FEB 2012 Building Official T.C. 2-3-12

AP# 1202-08 Date Received 2/2 By JW Permit # 29921

Flood Zone X Development Permit N/A Zoning RSF/MH-2 Land Use Plan Map Category RES. Low Den.

Comments 2ND knit. Meets Density Requirements

FEMA Map# N/A Elevation N/A Finished Floor Above BFE River N/A In Floodway N/A

☑ Site Plan with Setbacks Shown ☐ EH # 12-0023 ☐ EH Release ☑ Well letter ☐ Existing well

☑ Recorded Deed or Affidavit from land owner ☑ Installer Authorization ☐ State Road Access ☑ 911 Sheet

☐ Parent Parcel # ☐ STUP-MH ☐ F W Comp. letter ☑ VF Form

IMPACT FEES: EMS Fire Corr ☑ Out County ☐ In County

Road/Code School = TOTAL Impact Fees Suspended March 2009

Property ID # 27-3S-16-02325-005 Subdivision N/A

- New Mobile Home Used Mobile Home X MH Size 14X66 Year 1996
- Applicant William E. Sanders Phone # 386-758-9832 / 288-1931
- Address 709 NW Amanda st Lake City FL 32055
- Name of Property Owner William E. Sanders Phone# 386-758-9832
- 911 Address 681 NW Amanda Lake City Florida 32055
- Circle the correct power company - (Circle One) - FL Power & Light - Clay Electric - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home Ed & Brenda Sanders Phone # 386-758-9832
  Address 681 NW AMANDA st. LAKE CITY FL 32055
- Relationship to Property Owner SELF/OWNER
- Current Number of Dwellings on Property 1
- Lot Size 160 X 160 Total Acreage 4.25 TOTAL
- Do you : Have Existing Drive (Currently using) or Private Drive (Blue Road Sign) or need Culvert Permit (Putting in a Culvert) or Culvert Waiver (Not existing but do not need a Culvert) (Circle one)
- Is this Mobile Home Replacing an Existing Mobile Home no
- Driving Directions to the Property Take Hwy 90W to Lake City Ave. Turn ~~Right~~ Left on Amanda 6th Drive on Right.
- Name of Licensed Dealer/Installer DALE Houston Phone # 386-752-7814
- Installers Address 136 SW Bows Glen Lake City, FL 32024
- License Number IH0025142 Installation Decal # 6101

JW spoke W/A Copy & Left Msg... 2.6.12

COLUMBIA COUNTY PERMIT WORKSHEET

These worksheets must be completed and signed by the installer.
Submit the originals with the packet.

Installer Dale Houston License # IH0025142

911 Address where home is being installed. 709 NW Amanda st. Lake City FL 32055

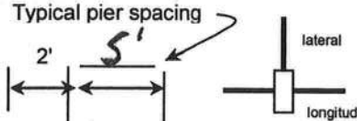
Manufacturer Horton Length x width 66X14

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

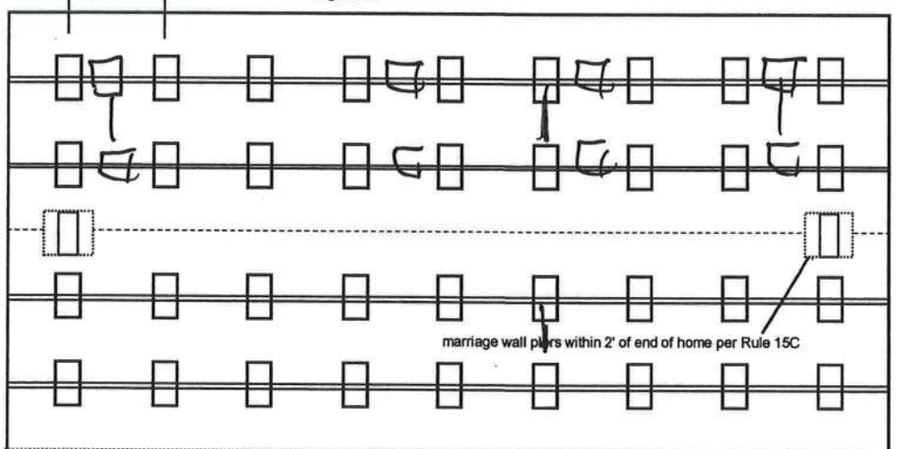
I understand Lateral Arm Systems cannot be used on any home (new or used) where the sidewall ties exceed 5 ft 4 in.

Installer's initials DH

Typical pier spacing



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



14X66 - 1000psf 17X25
Plus 13 pr sid. - 5'0 o/c
Anchors 13pr side 5'4 o/c
6- Longitudinal + Lateral Sys

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 # 6101

Triple/Quad ☐ Serial # H1118779

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity	Footer size (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.)

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 Oliver Tedrow

	Number
Sidewall	
Longitudinal	6
Marriage wall	
Shearwall	

COLUMBIA COUNTY PERMIT WORKSHEET

POCKET PENETROMETER TEST

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

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 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 requires anchors with 4000 lb holding capacity.

DH Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Dale Houston

Date Tested 1/29/12

Electrical

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between mult-wide units. Pg. N/A

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. N/A

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

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, meldew 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 N/A

Type gasket N/A
Pg. _____

Installed:
Between Floors Yes N/A
Between Walls Yes N/A
Bottom of ridgebeam Yes NA

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 N/A
Other :

Installer verifies all information given with this permit worksheet is accurate and true based on the

Installer Signature Dale Houston **Date** 1/29/12

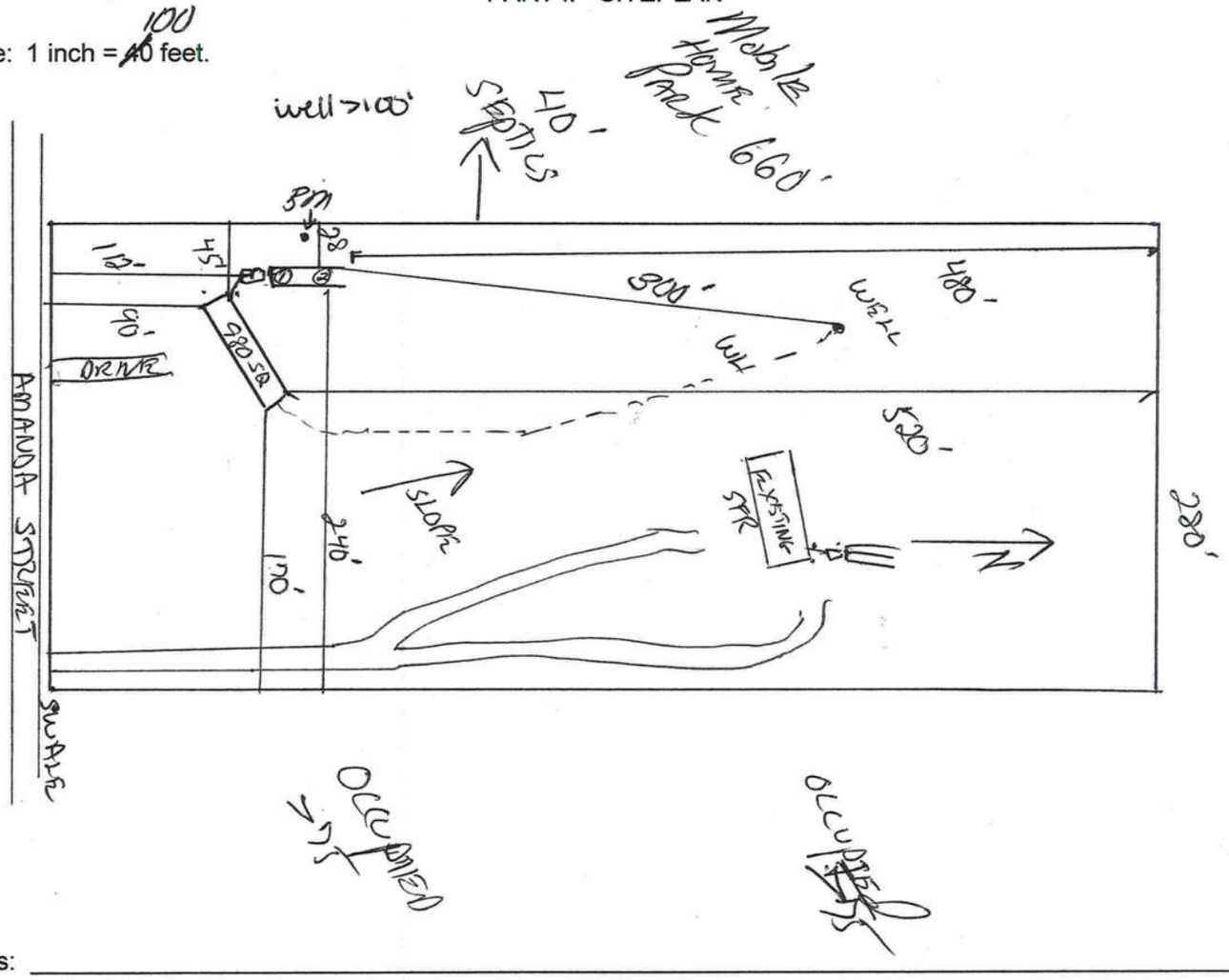
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION F0R ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 12-0023

SANDERS

PART II - SITEPLAN

Scale: 1 inch = ~~40~~ 100 feet.



Notes: _____

Site Plan submitted by: Rocky D Tyo MASTER CONTRACTOR

Plan Approved X Not Approved Date 1/19/12

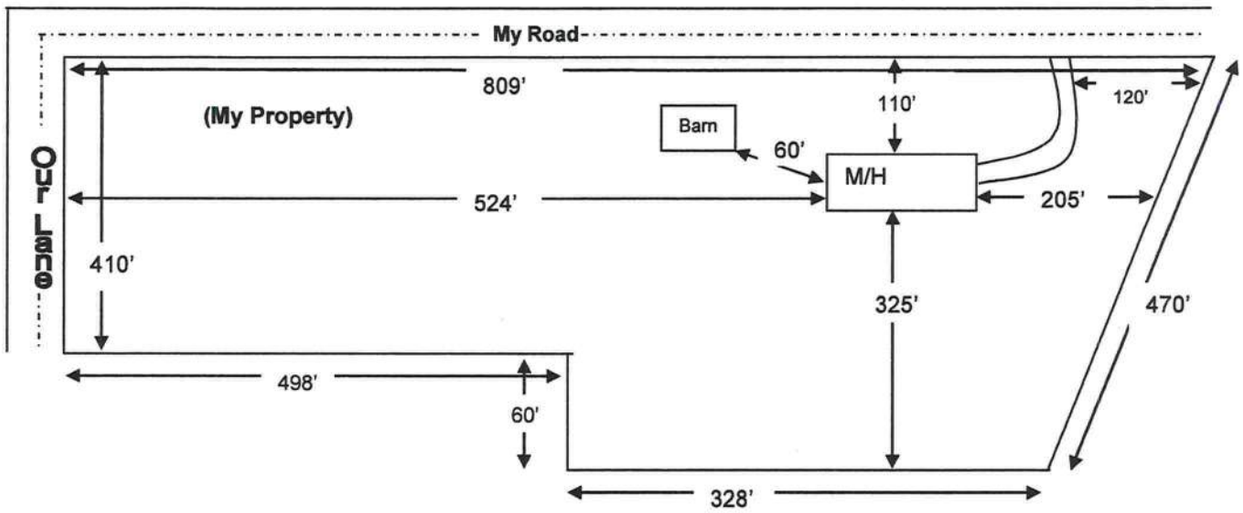
By _____ Columbia CHD County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

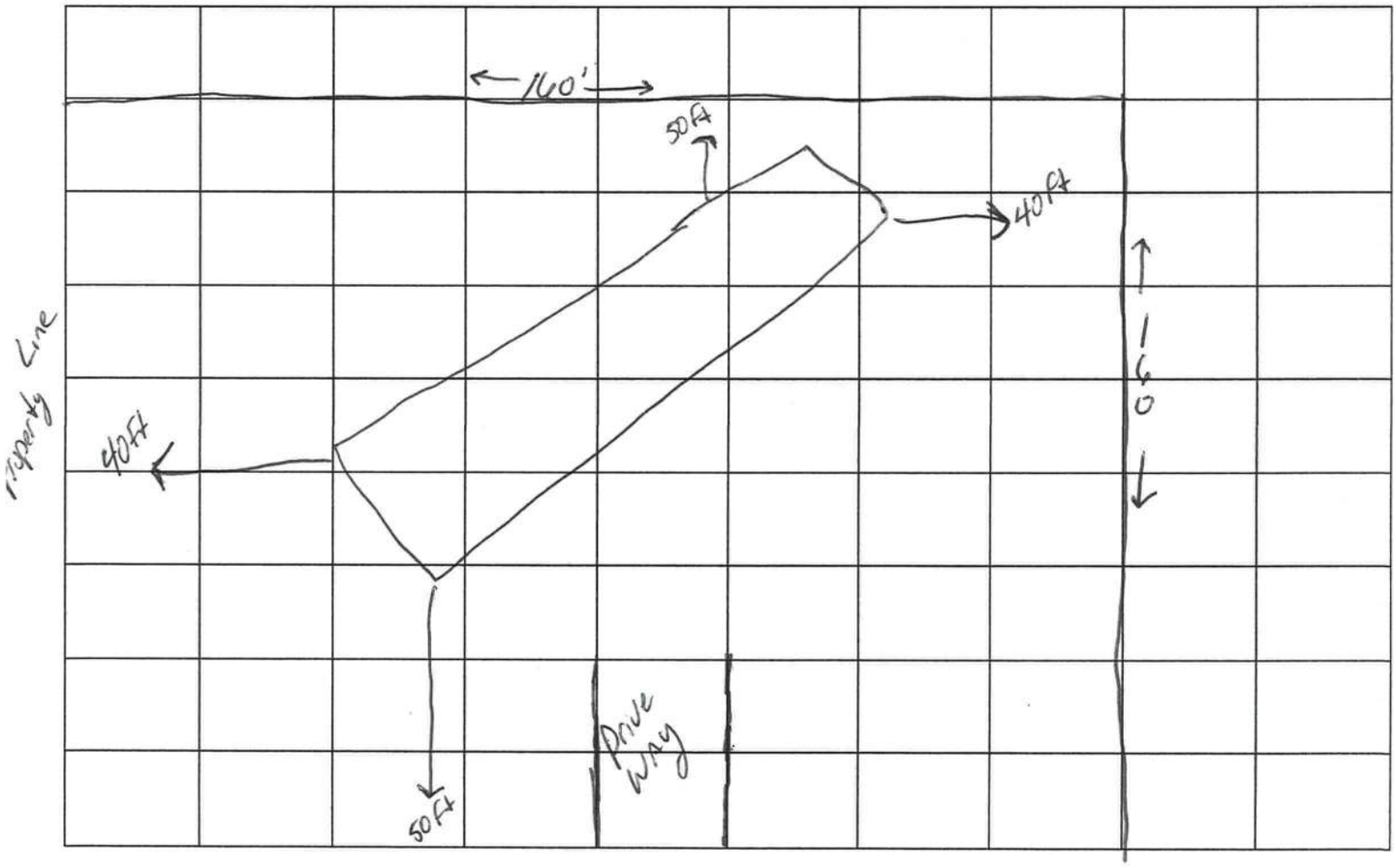
DH 4015, 08/08 (Obsoletes previous editions which may not be used) Incorporated: 64E-6.001, FAC
(Stock Number: 5741-002-4015-6)

SF

SITE PLAN EXAMPLE / WORKSHEET



Use this example to draw your own site plan. Show all existing buildings and any other homes on this property and show the distances between them, Also show where the roads or roads are around the property. This site plan can also be used for the 911 Addressing department if you include the distance from the driveway to the nearest property line.



Amanda St.

OK per BK 2.2.12

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: 1/23/2012 **DATE ISSUED:** 1/27/2012

ENHANCED 9-1-1 ADDRESS:

709 NW AMANDA ST

LAKE CITY FL 32055

PROPERTY APPRAISER PARCEL NUMBER:

27-3S-16-02325-005

Remarks:

ADDRESS FOR PROPOSED STRUCTURE ON PARCEL.

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.

2176

SEAT. 1.13.12

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED / BY IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? NO

OWNERS NAME Wm E. Sinden PHONE - - CELL 288-1931

ADDRESS

MOBILE HOME PARK TIMBERLANE MHP SUBDIVISION

DRIVING DIRECTIONS TO MOBILE HOME As you Turn into Sweetbay - 1st MH on LEFT - off SE 247th Hwy Rd.

MOBILE HOME INSTALLER DALE HOUSTON PHONE 752-7814 CELL

MOBILE HOME INFORMATION

MAKE HORTON YEAR 1996 SIZE 14 x 70 COLOR TAN

SERIAL No. CNK: 17710044

WIND ZONE II Must be wind zone II or higher NO WIND ZONE I ALLOWED

INSPECTION STANDARDS

INTERIOR:
(P or F) - P= PASS F= FAILED

- P SMOKE DETECTOR ( ) OPERATIONAL ( ) MISSING
- P FLOORS ( ) SOLID ( ) WEAK ( ) HOLES DAMAGED LOCATION
- P DOORS ( ) OPERABLE ( ) DAMAGED
- P WALLS ( ) SOLID ( ) STRUCTURALLY UNSOUND
- P WINDOWS ( ) OPERABLE ( ) INOPERABLE
- P PLUMBING FIXTURES ( ) OPERABLE ( ) INOPERABLE ( ) MISSING
- P CEILING ( ) SOLID ( ) HOLES ( ) LEAKS APPARENT
- P ELECTRICAL (FIXTURES/OUTLETS) ( ) OPERABLE ( ) EXPOSED WIRING ( ) OUTLET COVERS MISSING ( ) LIGHT FIXTURES MISSING

EXTERIOR:
- P WALLS / SIDDING ( ) LOOSE SIDING ( ) STRUCTURALLY UNSOUND ( ) NOT WEATHERTIGHT ( ) NEEDS CLEANING
- P WINDOWS ( ) CRACKED/BROKEN GLASS ( ) SCREENS MISSING ( ) WEATHERTIGHT
- P ROOF ( ) APPEARS SOLID ( ) DAMAGED

$50.00

Date of Payment: 1.13.12

Paid By: Wm E. Sinden

Notes: Call him if u can't locate No off, Left On Anytime Before 1.19.2012 (THURSday)

STATUS

APPROVED P WITH CONDITIONS:

NOT APPROVED ____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS

SIGNATURE Matt S. Pruitt ID NUMBER 462 DATE 1-18-12

I Dale Houston) here by authorize (William Sanders) to pull the permit for Self Serial # H 11877 S

To be set at address:

Dale Houston

Sworn to (Affirmed) and subscribed before me this 29 day of January 2012.

Person making statement DALE HOUSTON Date 1/29/12

Notary J.P. Schiner

SEAL

Signature of Notary JP Schiner

Personally Known

Or Produced Identification

Type of Identification

Notary Public State of Florida
J P Schiner
My Commission DD728781
Expires 10/25/2011

TCT # 0950

Return to: (enclose self-addressed stamped envelope)

Name: TRI-COUNTY TITLE SERVICES OF LAKE CITY, INC.

Address: 229 NORTH HERNANDO STREET LAKE CITY, FL 32055

This Instrument Prepared by:

Address: TRI-COUNTY TITLE SERVICES OF LAKE CITY, INC. 229 NORTH HERNANDO STREET LAKE CITY, FL 32055

Property Appraisers Parcel Identification (Folio) Number(s):

27-3S-16-02325-000

Grantee(s) S.S. #(s): 262-90-8071

WARRANTY DEED
INDIVID. TO INDIVID.

RAMCO FORM 01

Ramco Report & Printing Co., Inc. 1987

93-05457

FILED FOR PUBLIC RECORD COLUMBIA COUNTY, FL

1993 MAY 17 PM 3:21

CLERK OF COURTS COLUMBIA COUNTY, FLORIDA

BY Mark Rees D.C.

SPACE ABOVE THIS LINE FOR PROCESSING DATA — SPACE ABOVE THIS LINE FOR RECORDING DATA

This Warranty Deed *Made the* 6th *day of* May *A.D. 19* 93 *by* ONYS N. SANDERS, the unremarried widow of W.N. SANDERS *hereinafter called the grantor, to*

ED SANDERS

whose post office address is P.O. Box 2491, Lake City, FL 32056

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)

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:*

SEE SCHEDULE "A" ATTACHED HERETO AND BY THIS REFERENCE MADE A PART HEREOF.

DOCUMENTARY STAMP $.70
INTANGIBLE TAX
P. DeWITT CASON, CLERK OF COURTS, COLUMBIA COUNTY
BY Mark Rees D.C.

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, 19 .*

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:

Mike W. Collins
Signature

Mike W. Collins
Printed Signature

Rick Gardner
Signature

Rick Gardner
Printed Signature

Onys N. Sanders (L.S.)
Signature

ONYS N. SANDERS
Printed Signature

Rt. 13 Box 746, Lake City, Fl. 32055
Post Office Address

(L.S.)
Signature

Printed Signature

Signature

Printed Signature

Post Office Address

STATE OF FLORIDA
COUNTY OF COLUMBIA

I hereby Certify that on this day, before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared ONYS N. SANDERS known to me to be the person described in and who executed the foregoing instrument, who acknowledged before me that she executed the same, that I relied upon the following form of identification of the above-named person: Personally Know and that an oath was (was not) taken.

NOTARY RUBBER STAMP SEAL

JENNIFER O. PERRY
MY COMMISSION # CC 255016
EXPIRES: February 4, 1997
Bonded Thru Notary Public Underwriters

Witness my hand and official seal in the County and State last aforesaid this 6th day of May A.D. 1993.

Jennifer O. Perry
Notary Signature

Jennifer O. Perry
Printed Notary Signature

Commission Number

Columbia County Property Appraiser

DB Last Updated: 1/17/2012

2011 Tax Year

Tax Collector | Tax Estimator | Property Card | Parcel List Generator | Interactive GIS Map | Print

Parcel: 27-3S-16-02325-005

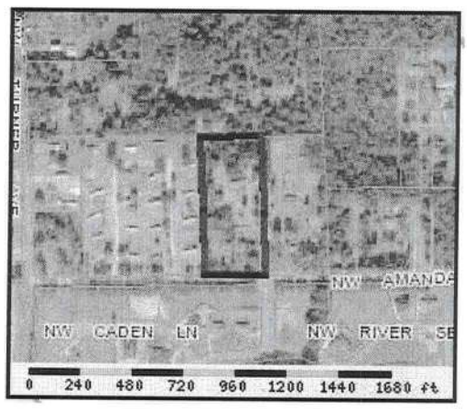
<< Next Lower Parcel | Next Higher Parcel >>

Search Result: 1 of 1

Owner & Property Info

Owner's Name	SANDERS WILLIAM E SR &		
Mailing Address	BRENDA N SANDERS 681 NW AMANDA ST LAKE CITY, FL 32055		
Site Address	681 NW AMANDA ST		
Use Desc. (code)	MOBILE HOM (000200)		
Tax District	2 (County)	**Neighborhood**	27316
Land Area	4.240 ACRES	**Market Area**	06
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction.		

COMM SE COR OF SW1/4 OF SW1/4, RUN W 280.37 FT, FOR POB. CONT W 280.31 FT, N 660.36 FT, E 280.12 FT, S 660.28 FT. TO POB ORB 774-1899. ORB 882-1694. WD 997-2574.



Property & Assessment Values

2011 Certified Values		
Mkt Land Value	cnt: (0)	$37,236.00
Ag Land Value	cnt: (3)	$0.00
Building Value	cnt: (1)	$30,538.00
XFOB Value	cnt: (6)	$19,551.00
Total Appraised Value		$87,325.00
Just Value		$87,325.00
Class Value		$0.00
Assessed Value		$87,325.00
Exempt Value	(code: HX)	$50,000.00
Total Taxable Value		Cnty: $37,325 Other: $37,325 | Schl: $62,325

2012 Working Values

NOTE:
2012 Working Values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

Show Working Values

Sales History

Show Similar Sales within 1/2 mile

Sale Date	OR Book/Page	OR Code	Vacant / Improved	Qualified Sale	Sale RCode	Sale Price
5/6/1993	774/1899	WD	V	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)	1993	(31)	1836	2332	$28,432.00
	Note: All S.F. calculations are based on exterior building dimensions.					

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0190	FPLC PF	1993	$1,200.00	0000001.000	0 x 0 x 0	(000.00)
0294	SHED WOOD/	1993	$630.00	0000120.000	10 x 12 x 0	AP (030.00)
0252	LEAN-TO W/	1993	$286.00	0000204.000	12 x 17 x 0	AP (030.00)
0070	CARPORT UF	1993	$680.00	0000324.000	18 x 18 x 0	AP (030.00)
0280	POOL R/CON	2010	$15,206.00	0000512.000	16 x 32 x 0	(000.00)

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 12-02-08 CONTRACTOR DALE Houston PHONE 386.752.7814

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	Print Name William E. Sander License #: —	Signature William E. Sander Phone #: 386.758.9832
MECHANICAL/ A/C ____	Print Name ____ License #: —	Signature ____ Phone #:
PLUMBING/ GAS	Print Name ____ License #: —	Signature ____ Phone #:

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.

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

PERMIT NO. 12-0013
DATE PAID: 1-11-12
FEE PAID: 310.00
RECEIPT #: 1803467

APPLICATION FOR:
[X] New System [ ] Existing System [ ] Holding Tank [ ] Innovative
[ ] Repair [ ] Abandonment [ ] Temporary [ ] _____

APPLICANT: William Sanders

AGENT: ROCKY FORD, A & B CONSTRUCTION TELEPHONE: 386-497-2311

MAILING ADDRESS: P.O. BOX 39 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: na BLOCK: na SUB: na PLATTED: _____

PROPERTY ID #: 27-3S-16-02325-005 ZONING: Res. I/M OR EQUIVALENT: [Y (N)]

PROPERTY SIZE: 4.24 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD

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

PROPERTY ADDRESS: NW Amanda Street, Lake City, FL, 32025

DIRECTIONS TO PROPERTY: 90 West, TR on Turner Road, TR on Amanda Street, 900 feet to access on left, just past Rigsby Rental MH Park

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	SF Residential	2	980	
2				
3				

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

SIGNATURE: Rocky D Ford DATE: 1/11/2012

DH 4015, 08/09 (Obsoletes previous editions which may not be used)
Incorporated 64E-6.001, FAC