

**PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION**

*For Office Use Only*

(Revised 7-1-15)

Zoning Official \_\_\_\_\_

Building Official \_\_\_\_\_

AP# \_\_\_\_\_ Date Received \_\_\_\_\_ By \_\_\_\_\_ Permit # \_\_\_\_\_

Flood Zone \_\_\_\_\_ Development Permit \_\_\_\_\_ Zoning \_\_\_\_\_ Land Use Plan Map Category \_\_\_\_\_

Comments \_\_\_\_\_

FEMA Map# \_\_\_\_\_ Elevation \_\_\_\_\_ Finished Floor \_\_\_\_\_ River \_\_\_\_\_ In Floodway \_\_\_\_\_

☐ Recorded Deed or ☒ Property Appraiser PO ☐ Site Plan ☐ EH # \_\_\_\_\_ ☐ 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 Paid on Property ☐ Out County ☐ In County ☐ Sub VF Form

Property ID # 34-2S-16-01862-004 Subdivision NA Lot# NA

▪ New Mobile Home ☒ Used Mobile Home \_\_\_\_\_ MH Size 28 x 56 Year 2020

▪ Applicant Dale Burd Phone # 386-365-7674

▪ Address 20619 CR 137, Lake City, FL, 32024

▪ Name of Property Owner Aleatha Carter  
Marshall & Pinkie Carter Phone# 386-406-2415

▪ 911 Address 425 NW Winfield St Lake City, FL, 32055

▪ Circle the correct power company - FL Power & Light - Clay Electric  
(Circle One) - Suwannee Valley Electric Duke Energy

▪ Name of Owner of Mobile Home Marshall & Pinkie Carter Phone # 386-406-2415

Address 451 NW Madison St, Apt 10, Lake City, FL, 32055

▪ Relationship to Property Owner Same

▪ Current Number of Dwellings on Property 0

▪ Lot Size 131 x 354 Total Acreage 1

▪ 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 US 41 North, TL Winfield St, 3/10ths mile on right

▪ Name of Licensed Dealer/Installer Rusty Knowles Phone # 386-397-0886

▪ Installers Address 5801 SW St Hwy 47, Lake City, FL, 32024

▪ License Number IH-1038219 Installation Decal # 66805

Parcel: **34-2S-16-01862-004****Owner & Property Info**

Result: 1 of 1

Owner	CARTER ALEATHA & MARSHALL A CARTER & PINKIE (JTWRS) 451 NW MADISON ST APT 10 LAKE CITY, FL 32055		
Site	425 WINFIELD ST, LAKE CITY		
Description*	BEG 299.63 FT W OF NE COR OF SE1/4 OF SE1/4, RUN S 419.93 FT TO N R/W OF A GRD RD, NW ALONG R/W 131.89 FT, N 354.75 FT TO N LINE OF SE1/4 OF SE1/4, E 113 FT TO POB. ORB 323-273,		
Area	1 AC	S/T/R	34-2S-16
Use Code**	VACANT (000000)	Tax District	3

\*The Description above is not to be used as the Legal Description for this parcel in any legal transaction.

\*\*The Use Code is a FL Dept. of Revenue (DOR) code and is not maintained by the Property Appraiser's office. Please contact your city or county Planning & Zoning office for specific zoning information.

**Property & Assessment Values**

2019 Certified Values		2020 Working Values	
Mkt Land (2)	\$12,503	Mkt Land (2)	\$12,503
Ag Land (0)	\$0	Ag Land (0)	\$0
Building (0)	\$0	Building (0)	\$0
XFOB (0)	\$0	XFOB (0)	\$0
Just	\$12,503	Just	\$12,503
Class	\$0	Class	\$0
Appraised	\$12,503	Appraised	\$12,503
SOH Cap [?]	\$0	SOH Cap [?]	\$0
Assessed	\$12,503	Assessed	\$12,503
Exempt	\$0	Exempt	\$0
Total Taxable	county:\$12,378 city:\$12,378 other:\$12,378 school:\$12,503	Total Taxable	county:\$12,503 city:\$12,503 other:\$12,503 school:\$12,503

STATE OF FLORIDA	
THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.	
BUREAU of VITAL STATISTICS	
CERTIFICATION OF DEATH	
STATE FILE NUMBER: 2013132390	DATE ISSUED: October 2, 2013
DECEDENT INFORMATION	STATE FILE DATE: October 1, 2013
NAME: ALEATHA CARTER	
DATE OF DEATH: September 16, 2013	SEX: FEMALE SSN: 265-90-4998 AGE: 078 YEARS
DATE OF BIRTH: November 13, 1934	BIRTHPLACE: LAKE CITY, FLORIDA, UNITED STATES
PLACE OF DEATH: INPATIENT	
FACILITY NAME OR STREET ADDRESS: NORTH FLORIDA REGIONAL MEDICAL CENTER	
LOCATION OF DEATH: GAINESVILLE, ALACHUA COUNTY	
SURVIVING SPOUSE, DECEDENT'S RESIDENCE AND HISTORY INFORMATION	
MARITAL STATUS: NEVER-MARRIED	
SPOUSE: NONE	
RESIDENCE: 425 NW WINFIELD STREET, LAKE CITY, FLORIDA 32055, UNITED STATES COUNTY: COLUMBIA	
OCCUPATION: INDUSTRY: COOK, DAY CARE CENTER	
RACE: <input type="checkbox"/> White <input checked="" type="checkbox"/> Black or African American <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Other Asian <input type="checkbox"/> Other	
HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN	
EDUCATION: 8TH GRADE OR LESS EVER IN U.S. ARMED FORCES? NO	
PARENTS AND INFORMANT INFORMATION	
FATHER: WILLIE LEE CARTER	
MOTHER: EARTHA COLES	
INFORMANT: MARSHALL A CARTER	
RELATIONSHIP TO DECEDENT: SON	
INFORMANT'S ADDRESS: 276 SE MURRAY TERRACE, LAKE CITY, FLORIDA 32025, UNITED STATES	
PLACE OF DISPOSITION AND FUNERAL FACILITY INFORMATION	
PLACE OF DISPOSITION: HUNTSVILLE CEMETERY	
LAKE CITY, FLORIDA	
METHOD OF DISPOSITION: BURIAL	
FUNERAL DIRECTOR/LICENSE NUMBER: MARQUIS TURNER, F043160	
FUNERAL FACILITY: COMBS FUNERAL HOME F041703	
292 NE WASHINGTON ST, LAKE CITY, FLORIDA 32055	
CERTIFIER INFORMATION	
TYPE OF CERTIFIER: CERTIFYING PHYSICIAN	
TIME OF DEATH (24 hr): 0904	
MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE	
CERTIFIER'S NAME: DIVYA GOINDWANI	
CERTIFIER'S LICENSE NUMBER: ME98667	
NAME OF ATTENDING PHYSICIAN (if other than Certifier): NOT APPLICABLE	
CAUSE OF DEATH AND INJURY INFORMATION	
PROBABLE MANNER OF DEATH: NATURAL	
CAUSE OF DEATH - PART I - and Approximate Interval Onset to Death:	
a. This Portion is CONFIDENTIAL According to F.S. 382.008 & 382.025	This Portion is CONFIDENTIAL According to F.S. 382.008 & 382.02
b. This Portion is CONFIDENTIAL According to F.S. 382.008 & 382.02	This Portion is CONFIDENTIAL According to F.S. 382.008 & 382.025
c. This Portion is CONFIDENTIAL According to F.S. 382.008 & 382.02	This Portion is CONFIDENTIAL According to F.S. 382.008 & 382.025
d. This Portion is CONFIDENTIAL According to F.S. 382.008 & 382.02	This Portion is CONFIDENTIAL According to F.S. 382.008 & 382.025
PART II - Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.	
AUTOPSY PERFORMED? NO	
DATE OF SURGERY:	
REASON FOR SURGERY:	
IF FEMALE, WAS SHE PREGNANT WITHIN THE PAST YEAR? NO NOT PREGNANT WITHIN PAST YEAR	
DATE OF INJURY: NOT APPLICABLE TIME OF INJURY (24 hr): INJURY AT WORK?	
LOCATION OF INJURY:	
DESCRIBE HOW INJURY OCCURRED:	
PLACE OF INJURY:	
IF TRANSPORTATION INJURY, Status of Decedent:	
Type of Vehicle:	
State Registrar	
REQ: 2014233490	
WARNING: THIS DOCUMENT IS PRINTED ON PHOTOGRAPHIC SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT REMOVE OR DESTROY WITHOUT VERIFYING THE PRINCIPLES OF THE WATERMARKS. THE DOCUMENT FILE CONTAINS A VERY TOUGH BACKGROUND. HOLD EMBOSSED SEAL AND THEREAFTER IN THE BACK CONTAINING IMPRINTS WITH TEXT. THIS DOCUMENT WILL NOT PRODUCE A QUALITY COPY.	
201412002877 Date 3/3/2014 Time 2:28 AM P.DeWitt Cason Clerk of Court Columbia County Page 1 of 1 Book 1270 Page 1144	
OH FORM 1947 (02-13)	
CERTIFICATION OF VITAL RECORD	



\* 5 3 2 9 2 7 9 3 \*

## MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM



APPLICATION NUMBER \_\_\_\_\_ CONTRACTOR Rusty Knowles PHONE 386-397-0886

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

Robert &amp; Cara Disbrow

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>Leo Jackson</u>	Signature 
	License #: <u>ES 12001176</u>	Phone #: <u>386-688-3821</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 Hamando Ave, Suite B-21, Lake City, FL 32055  
Phone: 386-758-1008 Fax: 386-758-2160

### LICENSED QUALIFIER AUTHORIZATION

I, Leo G Jackson (license holder name), licensed qualifier for Country Electric LLC (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 488, 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>Doris Burd</u>	1. <u>[Signature]</u>
2. <u>Rocky Ford</u>	2. <u>[Signature]</u>
3. <u>Leo Jackson Jr</u>	3. <u>[Signature]</u>
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 licensee 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, employees(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.

[Signature]  
Licensed Qualifiers Signature (Notarized)

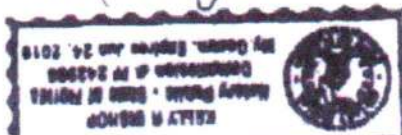
ES12001176 4/26/16  
License Number Date

NOTARY INFORMATION:  
STATE OF: FLORIDA COUNTY OF: Columbia

The above license holder, whose name is Leo G Jackson, personally appeared before me and is known by me or has produced identification (type of I.D.) FL DL on this 26 day of April, 2016.

[Signature]  
NOTARY'S SIGNATURE

(Seal/Stamp)





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 Bird	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 2-16-14  
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 16<sup>th</sup> day of FEB, 20 14.

Stacey Ann Hopkins  
NOTARY'S SIGNATURE

(Seal/Stamp)



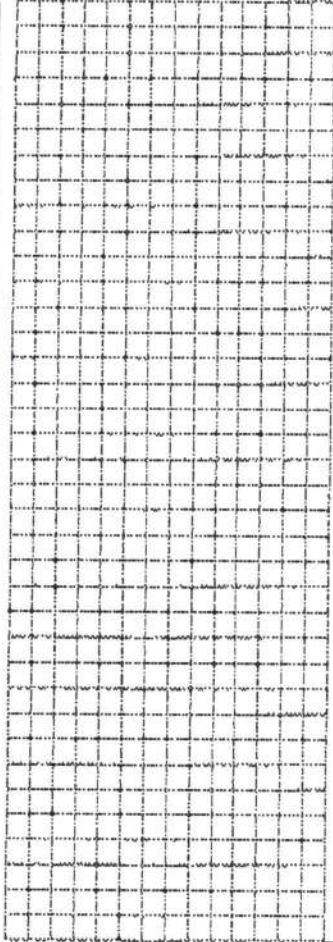
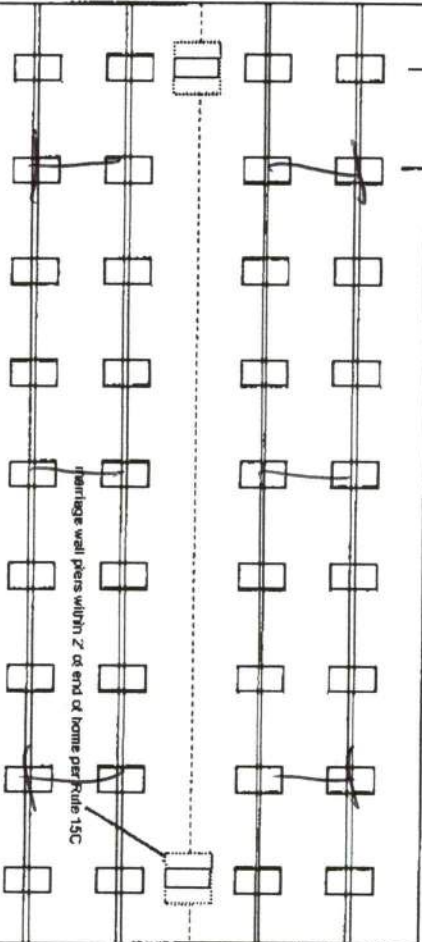
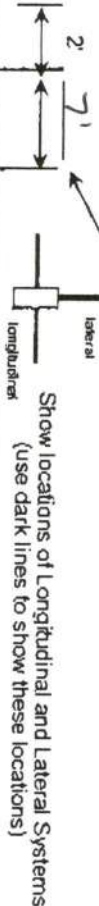
# Mobile Home Permit Worksheet

Installer: Ruth L. Knodes License # EH1038219  
 Address of home being installed 425 NW Winfield St  
Atlanta, GA 3205

Manufacturer Lin Oak Length x width 28 x 56

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 2' 7" Installer's initials RLK



Application Number: \_\_\_\_\_

Date: \_\_\_\_\_

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 # 66805  
 Triple/Quad ☐ Serial # 10H6421934529 AB

## 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

L-beam pier pad size 23 1/4 x 3 1/4  
 Perimeter pier pad size N/A  
 Other pier pad sizes (required by the mfg.) 10 x 10

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.

### POPULAR PAD SIZES

Pad Size	Sq In
16 x 16	256
18 x 18	288
18 1/2 x 18 1/2	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

Opening 15' Pier pad size 2-20 x 20

### FRAME TIES

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

### TIEDOWN COMPONENTS

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

### OTHER TIES

Sidewall \_\_\_\_\_ Number 20  
 Longitudinal Marriage wall \_\_\_\_\_  
 Shearwall \_\_\_\_\_

# Mobile Home Permit Worksheet

## 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 44 lb 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. 1 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.

PCD Installer's initials

### ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Anthony La Guardia

Date Tested

3-30-10

### 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. 15C-1

### Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 15C-1

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 15C-1

Application Number: \_\_\_\_\_

Date: \_\_\_\_\_

### Site Preparation

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

### Fastening multi wide units

Floor: Type Fastener: LAGS Length: 6" Spacing: 20"  
Walls: Type Fastener: Heavy Length: 7" Spacing: 24"  
Roof: Type Fastener: 5/16x1 1/2 Length: 1 3/4" Spacing: 48"  
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 ALK

Type gasket EPDM

Installed: Between Floors Yes ☒  
Between Walls Yes ☒  
Bottom of ridgebeam Yes ☒

### Weatherproofing

The bottomboard will be repaired and/or taped. Yes ☒ Pg. 15C-1  
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 3-30-10



3/27/20



- All room dimensions include closets and square footage figures are approximate.
- Transom windows are available on optional 9' or sidewall houses only.



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

**PARCEL: 34-2S-16-01862-004** | VACANT (000000) | 1 AC  
 BEG 299.63 FT W OF NE COR OF SE1/4 OF SE1/4, RUN S 419.93 FT TO N RW OF A GRD RD, NW ALONG RW 131.89 FT, N 354.75 FT TO N LINE OF SE1/4 OF SE1/4, E

**CARTER ALEATHA & MARSHALL A**  
 CARTER & PINKIE (JTWRS)  
 Owner: 451 NW MADISON ST APT 10  
 LAKE CITY, FL 32055  
 Site: 425 WINFIELD ST, LAKE CITY  
 Sales Info: NONE

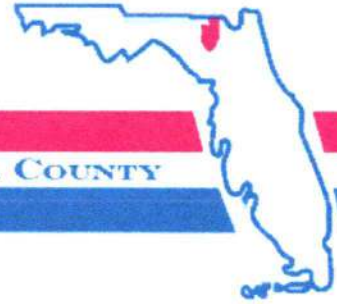
2020 Working Values			
Mkt Lnd	\$12,503	Appraised	\$12,503
Ag Lnd	\$0	Assessed	\$12,503
Bldg	\$0	Exempt	\$0
XFOB	\$0		
Just	\$12,503	Total	county:\$12,503
		Taxable	city:\$12,503
			other:\$12,503
			school:\$12,503

**NOTES:**



Columbia County, FL

District No. 1 - Ronald Williams  
District No. 2 - Rocky Ford  
District No. 3 - Bucky Nash  
District No. 4 - Toby Witt  
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: **3/30/2020 5:03:48 PM**  
Address: **425 NW WINFIELD St**  
City: **LAKE CITY**  
State: **FL**  
Zip Code **32055**

Parcel ID **01862-004**

REMARKS: Address Verification.

**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.**

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](mailto:gis@columbiacountyfla.com)