

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

SERIAL #

For Office Use Only (Revised 7-1-15)		Zoning Official <u>LA</u>	Building Official <u>JWA</u>
AP# <u>1808-3A</u>	Date Received <u>8/10</u>	By <u>JW</u>	Permit # <u>37132</u>
Flood Zone <u>X</u>	Development Permit _____	Zoning <u>A3</u>	Land Use Plan Map Category <u>A</u>
Comments _____			
FEMA Map# _____	Elevation _____	Finished Floor <u>1 above road</u>	River _____
<input type="checkbox"/> Recorded Deed or <input checked="" type="checkbox"/> Property Appraiser PO		<input checked="" type="checkbox"/> Site Plan	<input type="checkbox"/> EH # <u>18-0719</u>
<input checked="" type="checkbox"/> Existing well		<input type="checkbox"/> Land Owner Affidavit	<input checked="" type="checkbox"/> Installer Authorization
<input type="checkbox"/> DOT Approval		<input type="checkbox"/> Parent Parcel # _____	<input type="checkbox"/> FW Comp. letter
<input type="checkbox"/> Ellisville Water Sys		<input checked="" type="checkbox"/> Assessment Paid on Property	<input type="checkbox"/> STUP-MH _____
		<input type="checkbox"/> Out County	<input type="checkbox"/> In County
		<input checked="" type="checkbox"/> Sub VF Form	<input checked="" type="checkbox"/> 911 App

Property ID # 24-7S-16-04313-025 **Subdivision** Rum Island Woods **Lot#** 23

- **New Mobile Home** X **Used Mobile Home** _____ **MH Size** 32 X 76 **Year** 2019
- **Applicant** Robert Minnella **Phone #** (352)472-6010
- **Address** 25743 SW 22 Place, Newberry, FL 32669
- **Name of Property Owner** Opper, Gordon & Victoria **Phone#** (352)283-2356
- **911 Address** 387 SW Spoonbill Ct, Ft. 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** Same **Phone #** _____
Address _____
- **Relationship to Property Owner** _____
- **Current Number of Dwellings on Property** 1 to be replaced
- **Lot Size** 327 X 540 **Total Acreage** 4 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
- **Driving Directions to the Property** 441 Spast 175 about 8 miles to W. CR 778 (R) Go to US 27 (L) Go to Shiloh St (R) to Spirit Ave (L) Go 1 1/2 mile to SW Lightwood PL (R) Go 1/2 mile to SW Spoonbill Ct (L) Go 3/10 mile to prop on left.
- **Name of Licensed Dealer/Installer** Ernest S. Johnson **Phone #** (352)494-8099
- **Installers Address** 22204 SE US Hwy 301, Hawthorne, FL 32640
- **License Number** IH 1025249 **Installation Decal #** 51085

JW Sent Email 8.10.18 & Refunded 8.17.18 - \$375.00

COLUMBIA COUNTY PERMIT WORKSHEET

page 1 of 2

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

Installer Ernest S. Johnson License # IH-1025249

911 Address where home is being installed 387 SW Spoonbill Ct. Ft. White, FL 32038

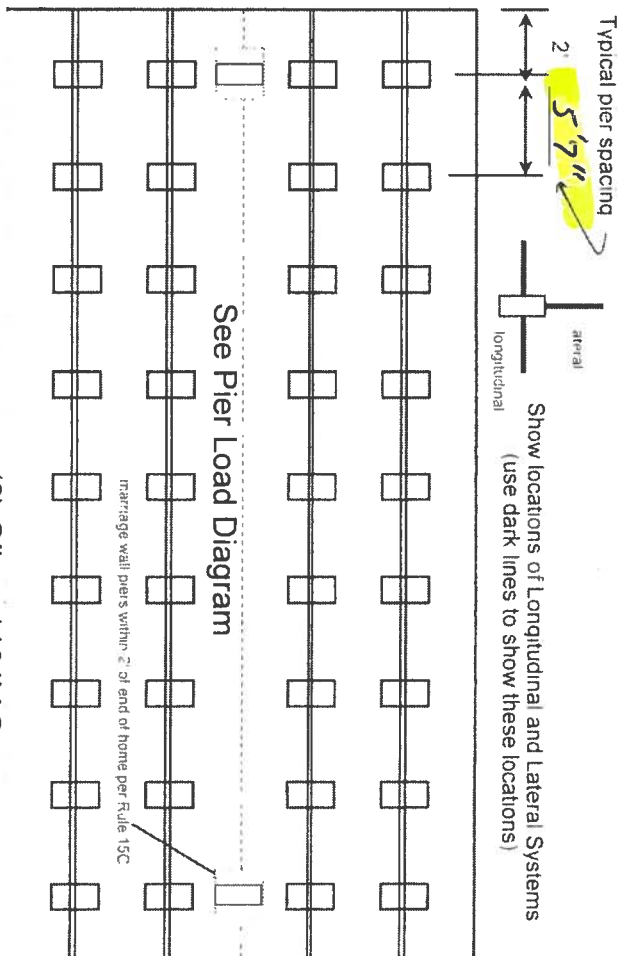
Manufacturer Champion (C0764B) Length x width 32' x 76'

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

sey



(6) Oliver 1101V Systems

Using Oliver 1055-11 Door/Wind/Please see Literature

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 # 51085

Triple/Quad ☐ Serial # Special Order # 102-150 A3

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

17.5 x 25.5

110005 5'7"

I-beam pier pad size

Perimeter pier pad size 16" x 18"

Other pier pad sizes (required by the mfg) n/a

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

Please see Pier Load Diagram

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)

Manufacturer

Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer Oliver Technologies

OTHER TIES

Number

Sidewall

Longitudinal

Marriage wall

28
n/a
3-5
1055-11
Driver

ANCHORS

4 ft X 5 ft X

FRAME TIES

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

COLUMBIA COUNTY PERMIT WORKSHEET

page 2 of 2

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

Assume

1000Lb.

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 require anchors with 4000 lb holding capacity.

1000Lb.

_____ 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. 45-47

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank Pg. 42

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems Pg. 4

Site Preparation

Debris and organic material removed Yes _____
Water drainage: Natural X Swale _____ Pad X Other _____

Fastening multi wide units

Floor/Walls/Roof	Type Fastener	Length	Spacing
Floor	Lag	5"	2'
Walls	Lag	5"	2'
Roof	Lag	5"	2'

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 Factory Foam

Pg. 2.1

Installed: _____
Between Floors Yes X
Between Walls Yes X
Bottom of ridgebeam Yes X

Weatherproofing

The bottomboard will be repaired and/or taped Yes X Pg. 41
Siding on units is installed to manufacturer's specifications Yes X
Fireplace chimney installed so as not to allow intrusion of rain water Yes X

Miscellaneous

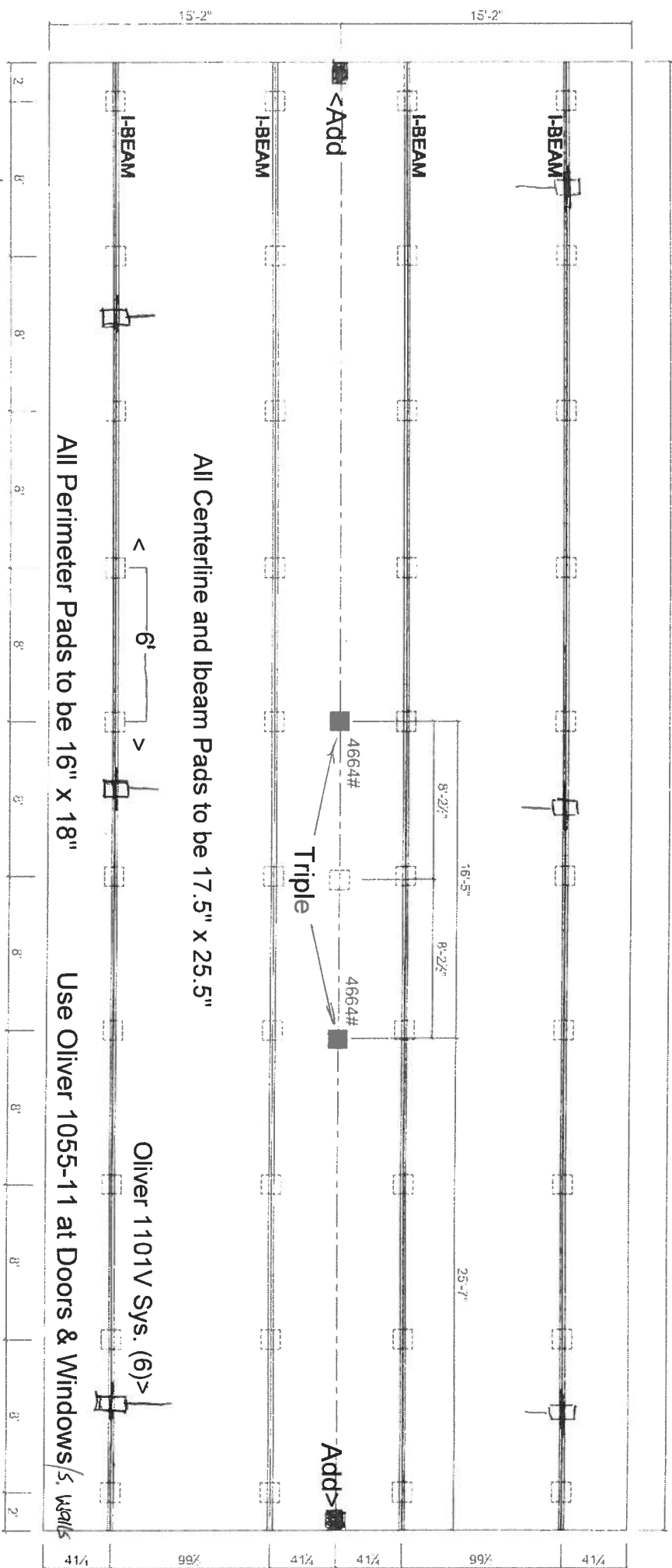
Skirting to be installed Yes X No _____
Dryer vent installed outside of skirting Yes X N/A _____
Range downflow vent installed outside of skirting Yes X N/A X
Drain lines supported at 4 foot intervals Yes X
Electrical crossovers protected Yes X
Other: _____

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

Installer Signature

Steve J. Givens

Date 07-31-18



Use 4' x 5' Anchors

■ COLUMN BLOCKING
SEE SOIL BEARING CAPACITY CHARTS FOR PAD SIZE
□ BLOCKING

1) ALL EXTERIOR DOORS, BAY WINDOWS, RECESSED
SIDEWALLS AND EXTERIOR WALL OPENINGS 48"
OR GREATER WILL REQUIRE BLOCKING ON EACH SIDE.

HOMES - MPT™

DAPIA SEAL

MODIFICATIONS

MODEL: 261-C0764B

SHEET

TITLE

PIER FOUNDATION

PROPRIETARY AND CONFIDENTIAL

DATE 05-22-05

DRAWN BY ROD

S-20



State of Florida
DEPARTMENT OF
HIGHWAY SAFETY AND MOTOR VEHICLES
TALLAHASSEE, FLORIDA 32399-0500

FRED C. DICKINSON, III
Executive Director

October 27, 1999

Mr. Lon Larson, General Manager
Manufactured Housing Foundation Systems
A Division of Oliver Technologies
562 Glenheather Drive
San Marcos, California 92069

Dear Mr. Larson:

We wish to acknowledge receipt of your print specifications and test results certifying your Adjustable Outrigger listed below complies with the Federal Manufactured Construction and Safety Standards, § 3280.305 and § 3280.401 and with the rules and regulations set forth by the Department of Highway Safety and Motor Vehicles, Florida Administrative Rule Code 15C-1.01105.

Based on the information submitted to the bureau, the following product is listed for use in Florida when the installation instructions showing the way the outrigger was tested, are provided.

MODEL #	IDENTIFICATION	DESCRIPTION
1055-11	Adjustable Outrigger	Bracket, Pipe, & Screw Adjustment

NOTE: The outrigger was tested on September 19, 1999, for an allowable load of 1700 pounds.

If you have any questions, please advise at (850) 413-7600.

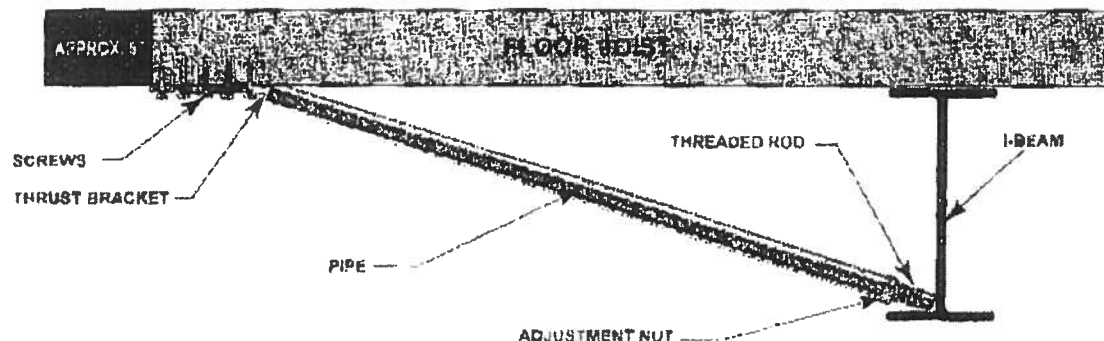
Sincerely,

Phil Bergelt, Program Manager
Bureau of Mobile Home and
Recreational Vehicle Construction
Division of Motor Vehicles

PB:bsc

OLIVER TECHNOLOGIES, INC.
Adjustable Outrigger Installation Instructions
MODEL # 1055-11

1. Locate the floor joist that requires support.
2. Mark the I-Beam directly under the floor joist to align the outrigger.
3. Adjust the nut on the threaded rod so it clears the frame flange for easy adjustment.
4. Set the threaded rod in the pipe and against the frame.
5. Set the notched end of the thrust bracket into the end of the pipe and secure it with 5 # 12 x 2" screws to the floor joist. The thrust bracket should be approximately 6" from the outside rim joist.
6. Bottom board and insulation should be between the bracket and the joist.
7. For minor adjustments align the door and window openings by tightening or loosening the adjustment nut. For all other adjustments use a hydraulic jack to raise the floor joist before installation of the outrigger.



NOTES:

- *REMOVE OUTRIGGER WHEN HOME IS BEING TRANSPORTED
- *SPECIFY WIDTH OF HOME WHEN ORDERING OUTRIGGER. PIPE MAY BE CUT TO FIT
- *THE ADJUSTABLE OUTRIGGERS SHALL ONLY BE USED ON HOMES FOR OPENINGS UP TO:
 - 5' ON 20 LB ROOF LOAD
 - 4' ON 30 LB ROOF LOAD
 - 3' ON 40 LB ROOF LOAD
- *WHEN ADJUSTABLE OUTRIGGERS ARE USED FOR DOOR AND WINDOW SUPPORTS, THEY MUST BE INSTALLED ON THE CLOSEST FLOOR JOIST UP TO 16" FROM THE OUTSIDE EDGE OF THE OPENING
- *DO NOT INSTALL ADJUSTABLE OUTRIGGER AT LOCATIONS WHERE THE HOME MANUFACTURER INDICATES A LOAD IN EXCESS OF 1,700 LBS
- *THE ADJUSTABLE OUTRIGGER MUST BE USED ON A MINIMUM 10" I-BEAM AND BE PLACED WITHIN 4" OF A MAIN FRAME SUPPORT PIER OR FRAME CROSSMEMBER

Listing # 1055-11
Patent # 6,334,279

Revised 1/1/11

Columbia County Property Appraiser

updated: 6/4/2018

2017 Tax Year

Parcel: 24-7S-16-04313-025

Tax Collector

Tax Estimator

Property Card

Parcel List Generator

<< Next Lower Parcel Next Higher Parcel >>

2017 TRIM (pdf)

Interactive GIS Map

Print

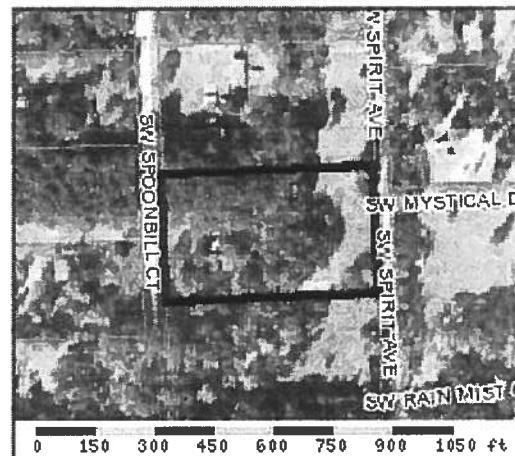
Owner & Property Info

<< Prev

Search Result: 42 of 44

Next >>

Owner's Name	OPPER GORDON L & VICTORIA L		
Mailing Address	387 SW SPOONBILL CT FT WHITE, FL 32038		
Site Address	387 SW SPOONBILL CT		
Use Desc. (code)	MOBILE HOM (000200)		
Tax District	3 (County)	Neighborhood	24716
Land Area	0.000 ACRES	Market Area	02
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction. LOT 23 RUM ISLAND WOODS S/D. ORB 630-742, 694-738, 745-1295, 772-981		



Property & Assessment Values

2017 Certified Values		
Mkt Land Value	cnt: (0)	\$15,500.00
Ag Land Value	cnt: (2)	\$0.00
Building Value	cnt: (1)	\$10,806.00
XFOB Value	cnt: (3)	\$1,720.00
Total Appraised Value		\$28,026.00
Just Value		\$28,026.00
Class Value		\$0.00
Assessed Value		\$28,026.00
Exempt Value	(code: HX H3)	\$25,000.00
Total Taxable Value	Cnty: \$3,026 Other: \$3,026 Schl: \$3,026	

2018 Working Values		
Mkt Land Value	cnt: (0)	\$16,500.00
Ag Land Value	cnt: (2)	\$0.00
Building Value	cnt: (1)	\$10,625.00
XFOB Value	cnt: (3)	\$1,720.00
Total Appraised Value		\$28,845.00
Just Value		\$28,845.00
Class Value		\$0.00
Assessed Value		\$28,615.00
Exempt Value	(code: HX H3)	\$25,000.00
Total Taxable Value	Cnty: \$3,615 Other: \$3,615 Schl: \$3,615	

NOTE: 2018 Working Values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

Sale History

Show Similar Sales within 1/2 mile

Sale Date	OR Book/Page	OR Code	Vacant / Improved	Qualified Sale	Sale RCode	Sale Price
3/15/1993	772/981	AG	V	U	13	\$16,000.00
4/13/1991	745/1295	QC	V	U	02	\$0.00
8/18/1989	694/736	AG	V	Q		\$13,500.00

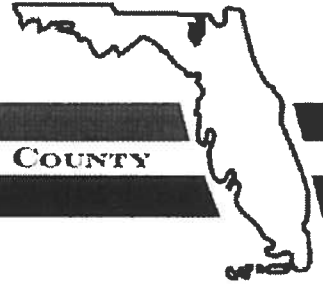
Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	MOBILE HME (000800)	1992	AVERAGE (05)	1104	1104	\$10,625.00
Note: All S.F. calculations are based on exterior building dimensions.						

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0296	SHED METAL	1993	\$500.00	0000100.000	10 x 10 x 0	(000.00)
0296	SHED METAL	1993	\$500.00	0000100.000	10 x 10 x 0	(000.00)

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: **8/3/2018 4:54:31 PM**
Address: **387 SW SPOONBILL Ct**
City: **FORT WHITE**
State: **FL**
Zip Code **32038**

Parcel ID **04313-025**

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**

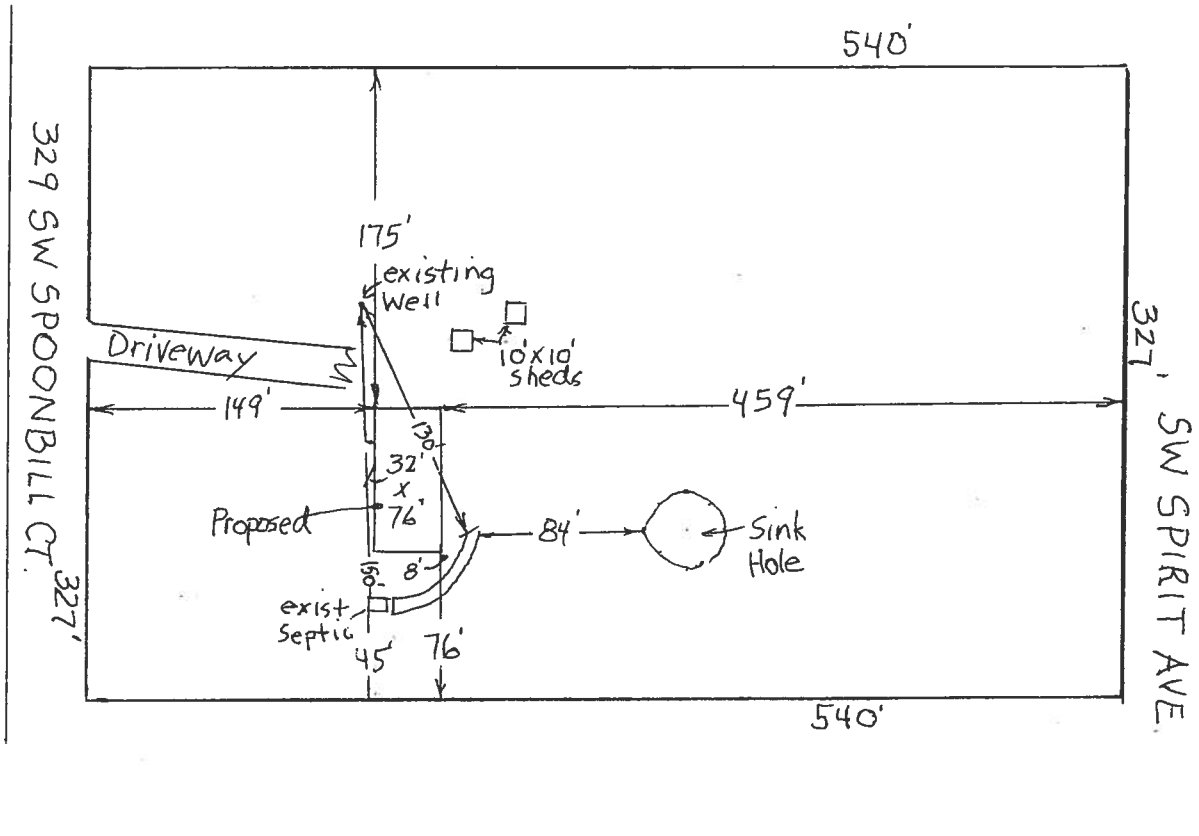
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number _____

Gordon & Victoria Oppen
24-07-16-04313-025

PART II - SITE PLAN

1=100'



Notes: No Pertinent offsite features within 75 feet of all property lines. Existing like for like.

Site Plan submitted by: [Signature] Date: 07-31-18 Agent ✓

Plan Approved _____ Not Approved _____ Date _____

By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1808- CONTRACTOR Ernest S. Johnson PHONE (352)494-8099

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.

✓ 1074 ELECTRICAL	Print Name <u>Glenn Whittington</u>	Signature <u>[Signature]</u>
	License #: <u>EC13002957</u>	Phone #: <u>(386)972-1700</u>
	Qualifier Form Attached <input checked="" type="checkbox"/>	
✓ 950 MECHANICAL/ A/C	Print Name <u>Michael A. Boland</u>	Signature <u>[Signature]</u>
	License #: <u>CAC1817716</u>	Phone #: <u>(352)205-6722</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 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, Glenn Whittington (license holder name), licensed qualifier
for Whittington Electric Inc (company name), do certify that
the below referenced person(s) listed on this form is/are contracted/hired by me, the license
holder, or is/are employed by me directly or through an employee leasing arrangement; or, is an
officer of the corporation; or, partner as defined in Florida Statutes Chapter 468, and the said
person(s) is/are under my direct supervision and control and is/are authorized to purchase and
sign permits; call for inspections and sign subcontractor verification forms on my behalf.

Printed Name of Person Authorized	Signature of Authorized Person
1. Robert Minnella	1. <u>[Signature]</u>
2. Nancy S Phelps	2. <u>[Signature]</u>
3.	3.
4.	4.
5.	5.

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

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

Glenn Whittington
Licensed Qualifiers Signature (Notarized)

EC13002957
License Number

11-2-15
Date

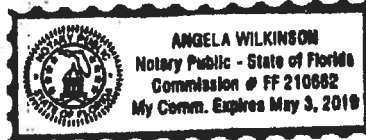
NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Putnam

The above license holder, whose name is Glenn Whittington
personally appeared before me and is known by me or has produced identification
(type of I.D.) on this 2nd day of November, 2015

Angela Wilkinson
NOTARY'S SIGNATURE

(Seal/Stamp)



Robert Miller
07-31-18

Flood

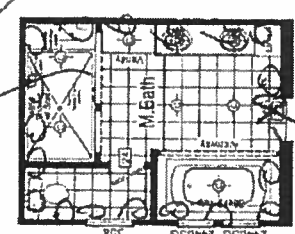
Robert Miller

MODEL 261-C0764B
3 BEDROOM, 2 BATH
ACTUAL SIZE: 30'-4" x 76'-3"
TOTAL AREA: 2,305 SQ. FT.

Optional No Furnace/Overhead Ducts

Optional Ultimate Kitchen 2

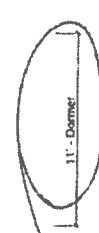
Flood



Optional Amazon Bath

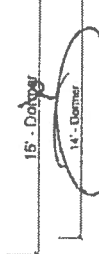
1111 = 50 Sublino
0000 = Armadillo

Flood



11' - Dome

1/2 Glass

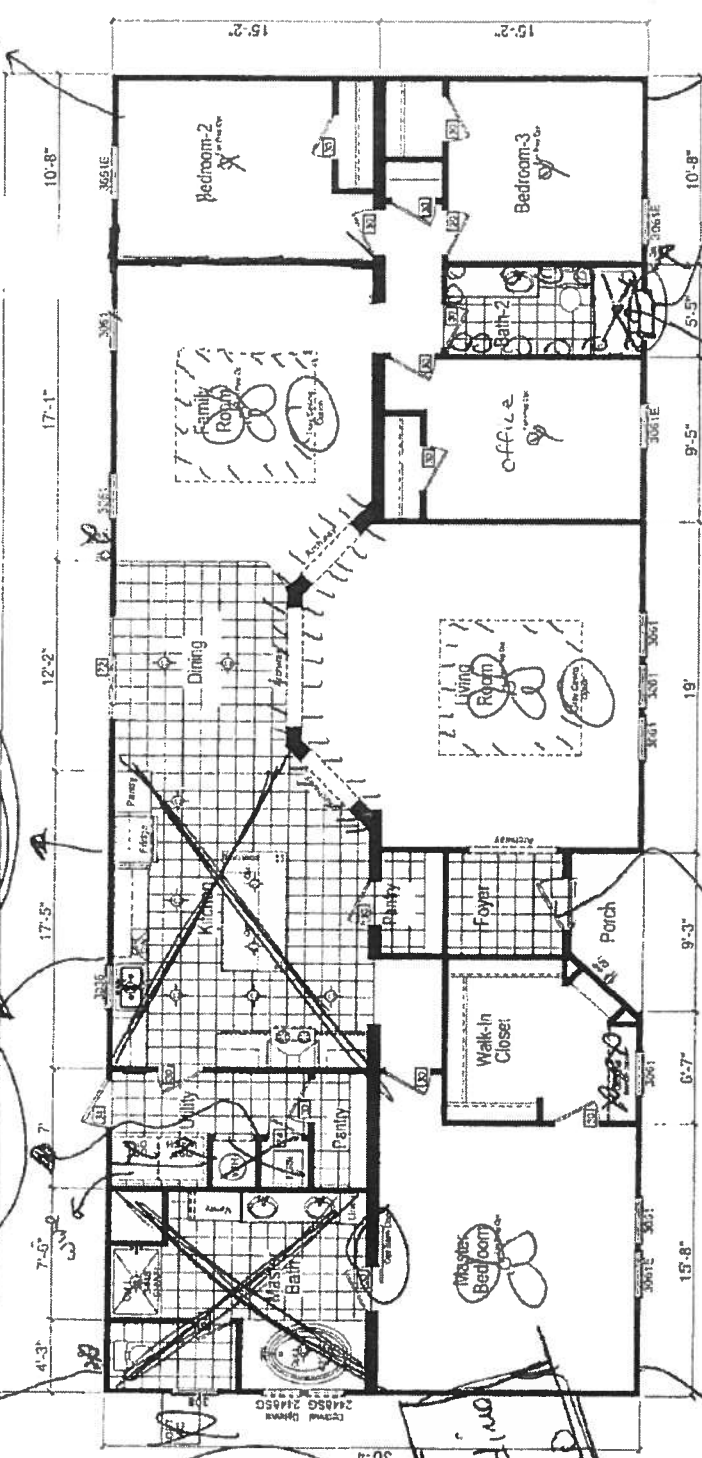


15' - Dome

54" Flg
with seats!!

8x30

Flood



CHAMPION
MANUFACTURED BEAUTIFULLY™
P.O. BOX 2097 HUNY 100 EAST LAKE CITY, FL 32056

DAPIA SEAL	
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MODIFICATIONS	
3	Revised Bath Lav's & Cabs to Rt of Range
4	Flipped Amazon Shower-Moved 1 Head
5	Revised Mar-Wall Pantry Door Swing
6	Upstate to New Furnace Install

MODEL 261-C0764B	SHEET
Blackline	L-101
DRAWN BY ROD	DATE 06-22-15
	REV. F

PROPRIETARY AND CONFIDENTIAL
THESE DRAWINGS AND SPECIFICATIONS ARE ORIGINAL
PROPERTY OF CHAMPION MANUFACTURING COMPANY
COPYRIGHT © 1976-2007 BY CHAMPION

Columbia County Tax Collector

generated on 8/10/2018 11:31:37 AM EDT

Tax Record

Last Update: 8/10/2018 11:31:36 AM EDT

[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
R04313-025	REAL ESTATE	2017
Mailing Address OPPER GORDON L & VICTORIA L 387 SW SPOONBILL CT FT WHITE FL 32038		Property Address 387 SPOONBILL SW FT WHITE GEO Number 247S16-04313-025
Exempt Amount	Taxable Value	
See Below	See Below	
Exemption Detail	Millage Code	Escrow Code
HX 25000	003	
Legal Description (click for full description)		
24-7S-16 0200/0200 LOT 23 RUM ISLAND WOODS S/D. ORB 630-742, 694-738, 745-1295, 772-981		
Ad Valorem Taxes		
Taxing Authority	Rate	Assessed Value
BOARD OF COUNTY COMMISSIONERS	8.0150	28,026
COLUMBIA COUNTY SCHOOL BOARD		25,000
DISCRETIONARY	0.7480	28,026
LOCAL	4.3200	28,026
CAPITAL OUTLAY	1.5000	28,026
SUWANNEE RIVER WATER MGT DIST	0.4027	28,026
LAKE SHORE HOSPITAL AUTHORITY	0.9620	28,026
		25,000
		\$3,026
		\$24.25
		\$2.76
		\$1.11
		\$4.54
		\$1.29
		\$1.91
Total Millage	15.9477	Total Taxes
		\$48.25
Non-Ad Valorem Assessments		
Code	Levyng Authority	Amount
FFIR	FIRE ASSESSMENTS	\$219.98
GGAR	SOLID WASTE - ANNUAL	\$193.00
	Total Assessments	\$412.98
Taxes & Assessments		\$461.23
If Paid By	Amount Due	
	\$0.00	



Date Paid	Transaction	Receipt	Item	Amount Paid
1/22/2018	PAYMENT	3503452.0001	2017	\$452.01

Prior Years Payment History

Prior Year Taxes Due
NO DELINQUENT TAXES

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

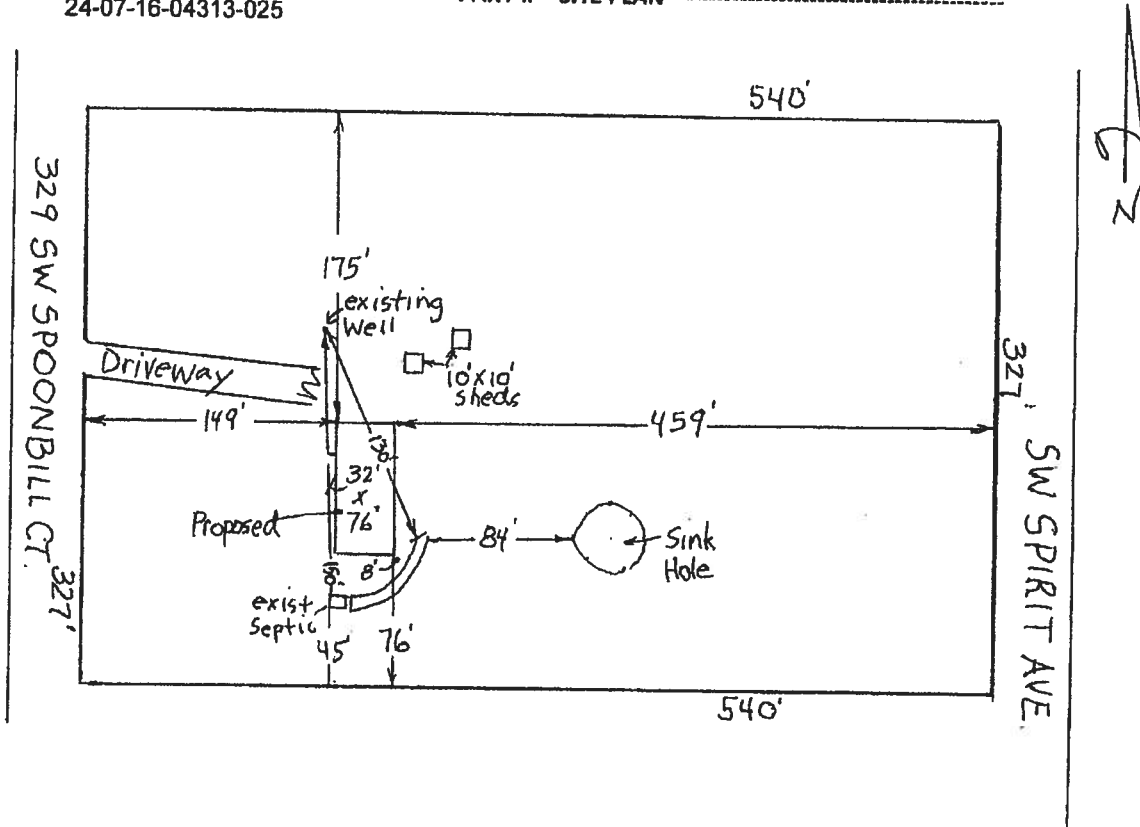
Permit Application Number

18-0719

Gordon & Victoria Oppen
24-07-16-04313-025

PART II - SITE PLAN

1=100'



Notes: No Pertinent offsite features within 75 feet of all property lines. Existing like for like.

Site Plan submitted by:

Date: 07-31-18 Agent ☒Plan Approved ☒

Not Approved

Date

8/16/18

By

[Signature]

EST

Columbia

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



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

PERMIT NO. 18-0719
DATE PAID: 8/16/18
FEE PAID: 10000
RECEIPT #: _____

APPLICATION FOR:

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

APPLICANT: Opper, Gordon & VictoriaAGENT: Robert MinnellaTELEPHONE: 352-472-6010MAILING ADDRESS: 25743 SW 22 Pl. Newberry, Fl. 32669Fax 352-472-0104

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: 23 BLOCK: n/a SUBDIVISION: Woods Rum Island Subd. PLATTED: 1984

PROPERTY ID #: 24-07-16-04313-025 ZONING: _____ I/M OR EQUIVALENT: ☐ No ☐ Yes

PROPERTY SIZE: 4.05 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ <=2000GPD ☐ >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ No ☐ Yes DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: 387 SW Spoonbill Ct. Ft. White, FL 32038

DIRECTIONS TO PROPERTY: 441 south past I-75 about 8 miles to W. CR 778..TR. Follow to U.S. 27...TL. Go to SW Shiloh St. TR. Go a short distance to Spirit Ave...TL. Go 1.1 Miles to SW Lightwood Pl...TR. Go 1/10 mile to SW Spoonbill Ct...TL. Go 3/10 mile to Green Flag on the left.

BUILDING INFORMATION

☒ RESIDENTIAL☐ COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	DW Mobile Home	3	2305	3 People
2				
3	DW Mobile Home	3	1104	3 People
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Robert Minnella

Digitally signed by Robert Minnella
DN: cn=Robert Minnella, o=Opp, ou=South, c=US
Date: 2018.07.31 15:49:15 -0500

DATE: 07-31-18

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