

DATE 04/07/2011

Columbia County Building Permit

PERMIT

This Permit Must Be Prominently Posted on Premises During Construction

000029297

APPLICANT RANDALL J. LARSEN PHONE 386.623.3927
ADDRESS 356 SW BRIM STREET LAKE CITY FL 32024
OWNER RANDALL J. LARSEN PHONE 386.623.3927
ADDRESS 356 SW BRIM STREET LAKE CITY FL 32024
CONTRACTOR RONNIE NORRIS PHONE 386.752.3871
LOCATION OF PROPERTY 90-W TO PINEMOUNT, TL TO BARWICK, TL TO BRIM, TR AND IT'S
TH FIRST PLACE ON L.
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
Minimum Set Back Requirements: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00
NO. EX.D.U. 1 FLOOD ZONE X DEVELOPMENT PERMIT NO.

PARCEL ID 18-4S-16-03054-110 SUBDIVISION THISTLEDEW UNREC. (E. 1/2 OF PARCEL E)
LOT E BLOCK PHASE UNIT TOTAL ACRES 5.00

IH1025145
Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor
EXISTING 11-0163-E BLK TC N
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: REPLACING EXISTING M/H THAT BURNT.. 1 FOOT ABOVE ROAD.

NO CHARGE....FIRE REPORT REC'D.

Check # or Cash NO CHARGE

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 \$ 0.00 ZONING CERT. FEE \$ FIRE FEE \$ 0.00 WASTE FEE \$

FLOOD DEVELOPMENT FEE \$ FLOOD ZONE FEE \$ CULVERT FEE \$ TOTAL FEE 0.00

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 RECEIVES AN APPROVED INSPECTION EVERY 180 DAYS. WORK SHALL BE CONSIDERED NOT SUSPENDED, ABANDONED OR INVALID WHEN THE PERMIT HAS RECEIVED AN APPROVED INSPECTION WITHIN 180 DAYS OF THE PREVIOUS INSPECTION.

The Issuance of this Permit Does Not Waive Compliance by Permittee with Deed Restrictions.

FIRE REPORT ☒
NO CHARGE: "FEES WAIVED"

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-11)		Zoning Official <u>RLK 07.04.11</u>		Building Official <u>J.C. 4-6-11</u>	
AP# <u>1104-02</u>	Date Received <u>4/1</u>	By <u>JW</u>	Permit # <u>29297</u>		
Flood Zone <u>X</u>	Development Permit <u>N/A</u>	Zoning <u>A-3</u>	Land Use Plan Map Category <u>A-3</u>		
Comments <u>Replacing Existing MH that Burnt</u>					
FEMA Map# <u>N/A</u>	Elevation <u>N/A</u>	Finished Floor <u>1st Floor</u>	River <u>N/A</u>	In Floodway <u>N/A</u>	
<input checked="" type="checkbox"/> Site Plan with Setbacks Shown	<input checked="" type="checkbox"/> EH # <u>11-0163-E</u>	<input checked="" type="checkbox"/> EH Release <u>NA</u>	<input checked="" type="checkbox"/> Well letter	<input checked="" type="checkbox"/> Existing well	
<input checked="" type="checkbox"/> Recorded Deed or Affidavit from land owner	<input checked="" type="checkbox"/> Installer Authorization	<input checked="" type="checkbox"/> State Road Access	<input checked="" type="checkbox"/> 911 Sheet		
<input type="checkbox"/> Parent Parcel # _____	<input type="checkbox"/> STUP-MH _____	<input type="checkbox"/> F W Comp. letter	<input checked="" type="checkbox"/> VF Form		
IMPACT FEES: EMS _____		Fire _____	Corr _____	<u>NA</u> Out County	<input checked="" type="checkbox"/> In County
Road/Code _____		School _____	= TOTAL _____ Impact Fees Suspended March 2009 _____		

Property ID # 18-4S-16-03054-110 Subdivision E 1/2 of Parcel E. 2nd Hdw

- New Mobile Home _____ Used Mobile Home ☒ MH Size 66x14 Year 1997
- Applicant Randall J Larsen Phone # 386 6233927
- Address 356 SW Brim St Lake city 71 32024
- Name of Property Owner Randall J Larsen Phone# 386 6233927
- 911 Address 356 SW Brim St Lake city 71 32024
- Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home Randall J Larsen Phone # 386 6233927
- Address 356 SW Brim St Lake city 71 32024
- Relationship to Property Owner Self Randall J Larsen
- Current Number of Dwellings on Property 1 (Burnt)
- Lot Size _____ Total Acreage 5 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 (Replacing Burnt unit)
- Driving Directions to the Property 90 West to pinemont to Barwick left to Brim St Right 1st Place on left 356
- Name of Licensed Dealer/Installer Ronnie Morris Phone # 7523871
- Installers Address 1004 SW 1st St L.C. 32024
 - License Number JH102514511 Installation Decal # 4571

~ JW spoke w/ Randall - 4.7.11

PERMIT WORKSHEET

page 1 of 2

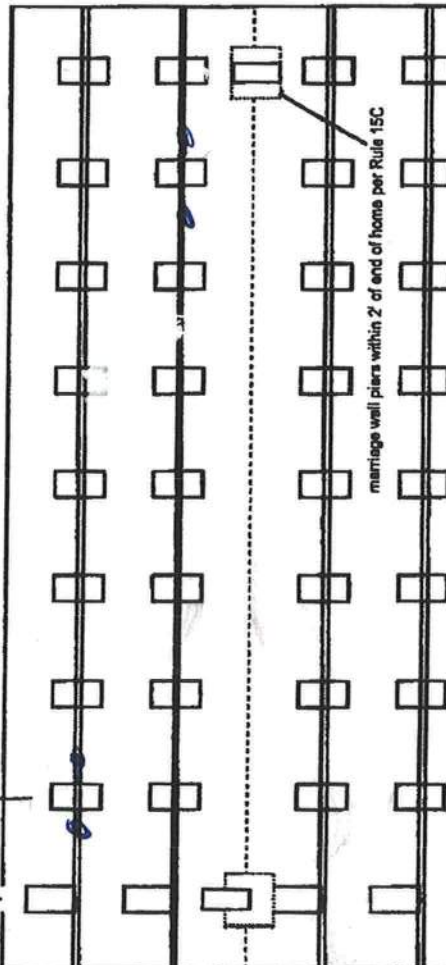
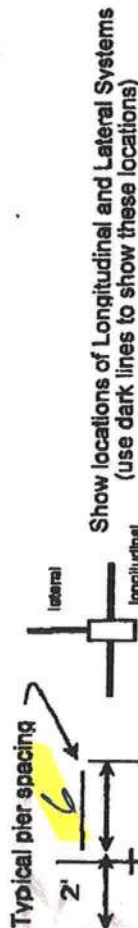
Installer Rennie Norris License # I/H 104514yd
 Manufacturer Liberty Length x Width 14' x 66'
 Name of Owner of this Mobile Home Random Person
 Phone 386-623-3800
 Address 3516 SW 88th St Lake City FL

New Home ☐ Used Home ☒ Year 1997
 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 # 4871
 Triple/Quad ☐ Serial # T0405911

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 LN



marriage wall piers within 2' of end of home per Rule 15C

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	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'	4'	5'	6'	7'	8'
1500 psf	4'	5'	6'	7'	8'	9'	10'
2000 psf	5'	6'	7'	8'	9'	10'	11'
2500 psf	6'	7'	8'	9'	10'	11'	12'

* 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
SW	SW
SW	SW
SW	SW

ANCHORS

4 ft 5 ft

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

OTHER TIES

Number
 Sidewall
 Longitudinal
 Marriage wall
 Shearwall

343
 Reg.
 425
 provided

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 1500 psf or check here to declare 1000 lb. soil without testing.

X 1500 X 1500 X 1500

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 1500 X 1500 X 1500

TORQUE PROBE TEST

The results of the torque probe test is 285 inch-pounds or check here if you are declaring 5' anchors without testing. 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 require anchors with 4000 lb holding capacity.

Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Date Tested

Electrical

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

Plumbing

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

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

Site Preparation

Debris and organic material removed ✓ Swale ✓ Pad ✓ Other ✓

Fastening multi wide units

Floor: Type Fastener: SW Length: SW Spacing: SW
Walls: Type Fastener: SW Length: SW Spacing: SW
Roof: Type Fastener: SW Length: SW Spacing: SW
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 SW

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

Weatherproofing

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

Miscellaneous

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

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

Installer Signature

Date 3-23-03



STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

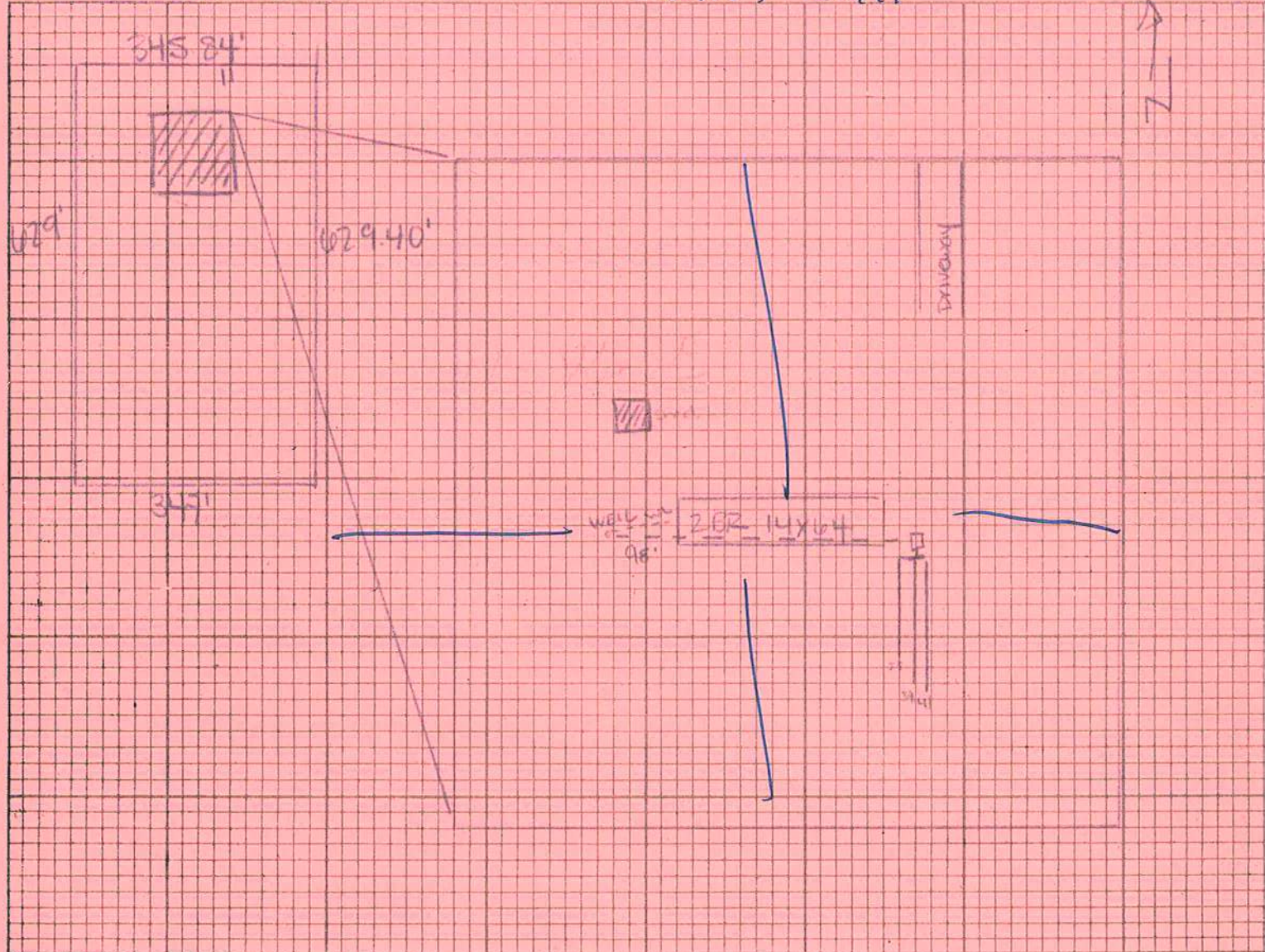
Permit Application Number

11-01435

PART II - SITE PLAN

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

Brim V. A. et



Notes: 1 ac of S

Site Plan submitted by:

Randall J. Lisen

Signature

Owner

Title

Plan Approved ☒

Not Approved ☐

Date

3/24/11

By

Sallye Ford - Env. Health Columbia

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



COLUMBIA COUNTY BUILDING DEPARTMENT
135 NE Hernando Ave, Suite B-21, Lake City, FL 32055
Phone: 386-758-1008 Fax: 386-758-2160

MOBILE HOME INSTALLERS LETTER OF AUTHORIZATION

I, Ronnie Norris, give this authority for the job address show below
Installer License Holder Name

only, 336 SW Ben Villet, 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)
Randall Larsen	Randall J. Larsen	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Officer <input checked="" type="checkbox"/> Property Owner
		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and I am fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances.

I understand that the State Licensing Board has the power and authority to discipline a license holder for violations committed by him/her or by his/her authorized person(s) through this document and that I have full responsibility for compliance granted by issuance of such permits.

Paula Ammons
License Holders Signature (Notarized)

1/1025145/1 3-23-10
License Number Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is RONNIE NORRIS,
personally appeared before me and is known by me or has produced identification
(type of I.D.) PERSONALLY KNOWN on this 23 day of MARCH, 20 11.

Paula Ammons
NOTARY'S SIGNATURE



MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR RONNIE NORRIS PHONE 623-7716

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.

<input checked="" type="checkbox"/> ELECTRICAL	Print Name <u>Randall J Larsen</u> License #:	Signature <u>Randall J Larsen</u> Phone #: <u>386 6233827</u>
<input checked="" type="checkbox"/> MECHANICAL/ A/C	Print Name <u>Window units</u> License #:	Signature <u>[initials]</u> Phone #:
<input checked="" type="checkbox"/> PLUMBING/ GAS	Print Name <u>RONNIE NORRIS</u> License #: <u>I4/1025145/1</u>	Signature <u>Ronnie Norris</u> Phone #: <u>623-7716</u>

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.

Contractor Forms: Subcontractor form: 1/11

MOBILE HOME INSTALLER AFFIDAVIT

As per Florida Statutes Section 320.8249 Mobile Home Installers License

Any person who engages in mobile home installation shall obtain a mobile home installer's license from the Bureau of Mobile Home and Recreational Vehicle Construction, of the Department of Highway Safety and Motor Vehicles pursuant to this section. Said license shall be renewed annually, and each licensee shall pay a fee of \$150

I, James Kevin Nokes, license number 2H10251451

state that the installation of the manufactured home for owner

RANDY LARSEN at

911 Address: 3516 SW BRIM ST City LAKE CITY

will be done under my supervision.

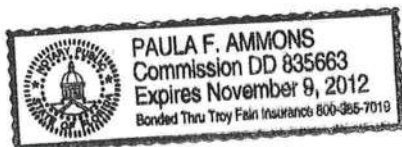
Signed: [Signature]
Mobile Home Installer

Sworn to and described before me this 23 day of MARCH, 2011

[Signature]
Notary public

Paula Ammons Personally known X
Notary Name

DL ID _____



Columbia County Fire
Department (386)
754-7057 Chief Tres
Atkinson

DISTRICT 43 Location of Incident)
COLUMBIA COUNTY FIRE DEPARTMENT
INCIDENT REPORT STRUCTURE FIRE

Under Investigation _____ Date: 2-13-11 Time 12:39 Incident # 1575
Exposure: _____ District: 43 Address: _____

Fire Dept. Aid Given Yes or No If yes give Dept name, # of units and # of personnel _____

First Out Apparatus # E-43 Circle One: Mobile Home Shed One Story Two Story
Property Use: Residential Arrived 12:40 Cleared 03:23
Cancelled time: _____ Cancelled by: _____

Actions taken, list all (extinguishment, ventilation, extrication of persons, mop up, etc.): _____

Shift: C Casualties (list name, address if different), phone number, birth date or age and
all information pertaining to how and why they were hurt/killed (where were they, what were they
doing, etc.) Randall Larson, Burns to his back / Received burns on
his back when he tried to reenter the structure

Cost of House before fire: 40,000 After fire: 0

Contents of house before fire: 20,000 After fire: 0

Detector alerted yes no Name, address and phone number of owner: Randall Larson
356 SW Prim St. 623-3927

Name and phone # and age of all occupants: Randall Larson, Crystal Wainner
Kevin Wainner, all adults 623-3927

Name, title and # to all other persons or businesses involved (ex: manager) _____

of Units: 1 # of Bldgs Involved: 1 # of acres burnt: 0

Fire Started (exact location of structure) Just inside front door to the left

Heat Source: Electrical Outlet Item 1st Ignited: Electrical Outlet

Cause of Ignition: Electrical Outlet Factors contributing to ignition: _____

Human factors: _____ Bldg status: Occupied Vacant and Secured

Vacant and Unsecured Total Square footage: _____

Story of fire origin: 1 Fire Spread: started at source & spread throughout

Stories at or above grade: 1 # of Stories damaged: 1 Was damage: Minor

Significant Heavy Extreme Detectors: Present None

Detector type: Smoke Gas Detector power supply: Battery

Detector operation: fire too small to activate operated failed to operate

Detector effectiveness: Alerted and occupants responded Alerted and occupants failed to respond

There were no occupants Failed to alert occupants Detector failure reason: _____

Automatic Extinguishment system: Yes No System type: N/A

Operation: N/A # of heads operating: N/A Reason for system

failure: N/A

Insurance name, address, phone number, agents name and policy #: _____

21st Mortgage

Were any hazardous or other type materials stored in this building and if yes, list them: N/A

After recording mail to :
Randall A. Larsen
356 SW Brim St.
Lake City, Florida 32024

WARRANTY DEED *R.L.*

This Warranty Deed, made the 12th day of MARCH, 2008, by VERONICA A. KELLY, hereinafter called the grantor, to RANDALL A. LARSEN, whose post office address is 356 SW Brim St., Lake City, Florida. 32024, 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, wherever the context so admits or requires.)

Witnesseth, That the Grantor, for and in the consideration of ten dollars (\$10.00) and other valuable consideration, receipt whereof is hereby acknowledged, hereby grants bargains, sells aliens, remises, releases and conveys and confirms unto the Grantee all that certain land situate in Columbia County, State of Florida, viz:

A PART OF THE EAST 1/4 OF THE NE 1/4 OF SECTION 18, TOWNSHIP 4 SOUTH RANGE 16 EAST, BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS: COMMENCE AT THE NE CORNER OF SAID SECTION 18 AND RUN S.02°07'40"E., ALONG THE EAST LINE OF SAID SECTION, 36.00 FEET TO THE SOUTH MAINTAINED RIGHT OF WAY OF THOMPkins ROAD AND THE POINT OF BEGINNING; THENCE CONTINUE S.02°07'40" E., ALONG SAID EAST LINE 629.40 FEET; THENCE S.89°14'27" W., 347.00 FEET; THENCE N.02°01'20" W., 629.37 FEET TO SAID SOUTH RIGHT-OF-WAY OF THOMPkins ROAD; THENCE N.89°14'27" E., ALONG SAID SOUTH RIGHT-OF-WAY 345.84 FEET TO THE POINT OF BEGINNING. COLUMBIA COUNTY, FLORIDA

CONTAINING 5.00 ACRES MORE OR LESS

This instrument is given to fulfill the terms and conditions of that certain Agreement for Deed as recorded February 10th 1999 in Official Records Book 0874, Page 1089-1091 of the public records of Columbia County, Florida.

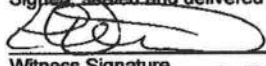
Together with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

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 the 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 and clear of all encumbrances, except taxes assessed subsequent to 1998.

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:


Witness Signature

Edouard Stevez
Printed Name


Witness Signature

Shirley
Printed Name

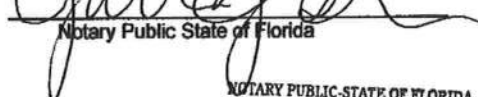

VERONICA A. KELLY

STATE OF FLORIDA
COUNTY OF COLUMBIA

Sworn and subscribed before me this 12 day of March 2008 by

VERONICA A. KELLY who is personally known to me or produced

P. D. DRIVER LLC as other identification and who did not take an oath.


Notary Public State of Florida

Prepared by:
Veronica A. Kelly
P.O. Box 1116
Lake City, FL, 32056-1116

NOTARY PUBLIC-STATE OF FLORIDA
Jessica L. Ash
Commission #DD696788
Expires: JULY 18, 2011
BONDED THRU ATLANTIC BONDING CO., INC.

Columbia County Property Appraiser

DB Last Updated: 3/22/2011

2010 Tax Year

Parcel: 18-4S-16-03054-110

<< Next Lower Parcel Next Higher Parcel >>

Tax Collector

Tax Estimator

Property Card

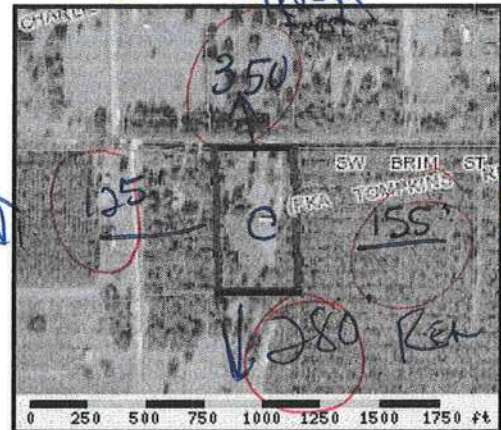
Parcel List Generator

Interactive GIS Map

Print

Owner & Property Info

Owner's Name	LARSEN RANDALL J		
Mailing Address	356 SW BRIM ST LAKE CITY, FL 32024		
Site Address	356 SW BRIM ST		
Use Desc. (code)	MOBILE HOM (000200)		
Tax District	3 (County)	Neighborhood	18416
Land Area	5.000 ACRES	Market Area	01
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction.		
COMM NE COR, RUN S 36 FT TO S R/W THOMPkins RD FOR POB, CONT S 629.40 FT, W 347 FT, N 629.37 FT TO S R/W THOMPkins RD, E 345.84 FT TO POB. (AKA E1/2 OF PARCEL E THISTLEDEW S/D UNREC) ORB 874-1089, WD 1145-2767			



Search Result: 1 of 1

Property & Assessment Values

2010 Certified Values		
Mkt Land Value	cnt: (0)	\$38,012.00
Ag Land Value	cnt: (2)	\$0.00
Building Value	cnt: (1)	\$15,836.00
XFOB Value	cnt: (1)	\$300.00
Total Appraised Value		\$54,148.00
Just Value		\$54,148.00
Class Value		\$0.00
Assessed Value		\$46,840.00
Exempt Value	(code: HX)	\$25,000.00
Total Taxable Value	Cnty: \$21,840 Other: \$21,840 Schl: \$21,840	

2011 Working Values

NOTE:
2011 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
3/12/2008	1145/2767	WD	I	U	03	\$0.00
11/19/1998	874/1089	AG	V	Q	01	\$23,900.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	SFR MANUF (000200)	1991	WD ON PLY (08)	1008	1008	\$14,956.00
Note: All S.F. calculations are based on exterior building dimensions.						

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0294	SHED WOOD/	2006	\$300.00	0000001.000	0 x 0 x 0	(000.00)

Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
000200	MBL HM (MKT)	5 AC	1.00/1.00/1.00/1.00	\$6,482.27	\$32,411.00
009945	WELL/SEPT (MKT)	1 UT - (0000000.000AC)	1.00/1.00/1.00/1.00	\$2,000.00	\$2,000.00

Columbia County Property Appraiser

DB Last Updated: 3/22/2011

Janice Williams

From:
Sent:
To:
Subject:

Ron Croft
Friday, April 01, 2011 3:34 PM
Janice Williams
RE: FYI... VERIFICATION OF ADDRESS

ADDRESS ZIP

356 SW BRIM ST 32024

VALID ADDRESS

Ron

Ronal N. Croft

110402

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

"RUSH"

DATE RECEIVED 1.1.11 BY JW IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? YEL.

OWNERS NAME Randall Jerome Larsen PHONE 386-623-3927 CELL 386-623-3927

ADDRESS 356 SW Brum St Lake City FLA 32004

MOBILE HOME PARK _____ SUBDIVISION _____

DRIVING DIRECTIONS TO MOBILE HO. _____

@ Mobile Home lot on (R) on 90 West across from 282-B - First Coast
MOBILE HOME INSTALLER Ronnie Norris PHONE 386-752-3871 CELL 623-7716

MOBILE HOME INFORMATION

MAKE Liberty YEAR 97 SIZE 14 X 60 COLOR White

SERIAL No. 10C25911

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 / SIDING () LOOSE SIDING () STRUCTURALLY UNSOUND () NOT WEATHERTIGHT () NEEDS CLEANING

P WINDOWS () CRACKED / BROKEN GLASS () SCREENS MISSING () WEATHERTIGHT

P ROOF () APPEARS SOLID () DAMAGED

STATUS

APPROVED ✓ WITH CONDITIONS: _____

NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE Ronnie Norris

ID NUMBER 1 # 102518

DATE 3-23-11

402

4-4-11

"JW"
"Fire Damage"
ON ORIGINAL UNIT
FEES WAIVED