

Columbia County Property Appraiser

Jeff Hampton

2022 Working Values

updated: 4/21/2022

Parcel: << 03-4S-16-02738-001 (11479) >>

Owner & Property Info

Result: 1 of 1

Owner	WRIGHT RICHARD & ANN FAMILY REVOCABLE TRUST UTD JUNE 16, 2021 1289 SW STATE RD 47 LAKE CITY, FL 32025		
Site			
Description*	THE W 188 FT OF NW1/4 OF NW1/4 LYING N OF RD, EX N 231.70 FT. (CLOSING OF SW PUESCHEL TER RESOL# 2002R-15 & REC IN ORB 956- 2344) & EX .23 AC FOR R/W FOR DEPUTY J DAVIS LN IN WD 1368-1556. 1070-1289, WD 1133-2598, WD 1134- 774, WD 1158-898, WD 1440-877		
Area	1.77 AC	S/T/R	03-4S-16
Use Code**	VACANT (0000)	Tax District	2

*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

2021 Certified Values		2022 Working Values	
Mkt Land	\$40,046	Mkt Land	\$40,046
Ag Land	\$0	Ag Land	\$0
Building	\$0	Building	\$0
XFOB	\$0	XFOB	\$0
Just	\$40,046	Just	\$40,046
Class	\$0	Class	\$0
Appraised	\$40,046	Appraised	\$40,046
SOH Cap [?]	\$0	SOH Cap [?]	\$0
Assessed	\$40,046	Assessed	\$40,046
Exempt	\$0	Exempt	\$0
Total Taxable	county:\$40,046 city:\$0 other:\$0 school:\$40,046	Total Taxable	county:\$40,046 city:\$0 other:\$0 school:\$40,046

Aerial Viewer

Pictometry

Google Maps



Sales History

Sale Date	Sale Price	Book/Page	Deed	V/I	Qualification (Codes)	RCode
6/16/2021	\$100	1440/0877	WD	I	U	11

9/2/2008	\$100	1158/0898	WD	V	U	01
10/18/2007	\$140,000	1133/2598	WD	V	U	06
1/6/2006	\$75,000	1070/1289	WD	V	Q	

▼ Building Characteristics

Bldg Sketch	Description*	Year Blt	Base SF	Actual SF	Bldg Value
N O N E					

▼ Extra Features & Out Buildings (Codes)

Code	Desc	Year Blt	Value	Units	Dims
N O N E					

▼ Land Breakdown

Code	Desc	Units	Adjustments	Eff Rate	Land Value
0000	VAC RES (MKT)	1.770 AC	1.0000/1.0000 1.0000/1.2500000 /	\$22,625 /AC	\$40,046

Search Result: 1 of 1



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 AGENT AUTHORIZATION

I, David Albright, give this authority and I do certify that 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	Agents Company Name
Christal Willett	<i>Christal Willett</i>	Freedom Homes
Paul Barney	<i>Paul Barney</i>	Freedom Homes
Steven Smith	<i>Steven Smith</i>	Freedom Homes

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.

David Albright
License Holders Signature (Notarized) 141129430 2/8/2022
License Number Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is David Albright
personally appeared before me and is known by me or has produced identification
(type of I.D.) _____ on this 8th day of February, 2022.

Christy Lynne Coburn
NOTARY'S SIGNATURE

(Seal/Stamp)



MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____

CONTRACTOR _____

PHONE _____

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 <u>WHITTINGTON ELECTRIC</u>	Signature <u>[Signature]</u>
	License #: <u>EG13002957</u>	Phone #: <u>386 972 1700</u>
	Qualifier Form Attached <input type="checkbox"/>	
MECHANICAL/ A/C _____	Print Name <u>STYLECREST</u>	Signature <u>[Signature]</u>
	License #: <u>CAC1817658</u>	Phone #: <u>850-769-1453</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

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

Installer **DAVID ALBRIGHT**

License # **IH/1129420**

911 Address where home is being installed. **Case City, FL 32024**

Manufacturer

LIVE OAK HOMES

Length x width

33 x 76/80

NOTES:

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

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

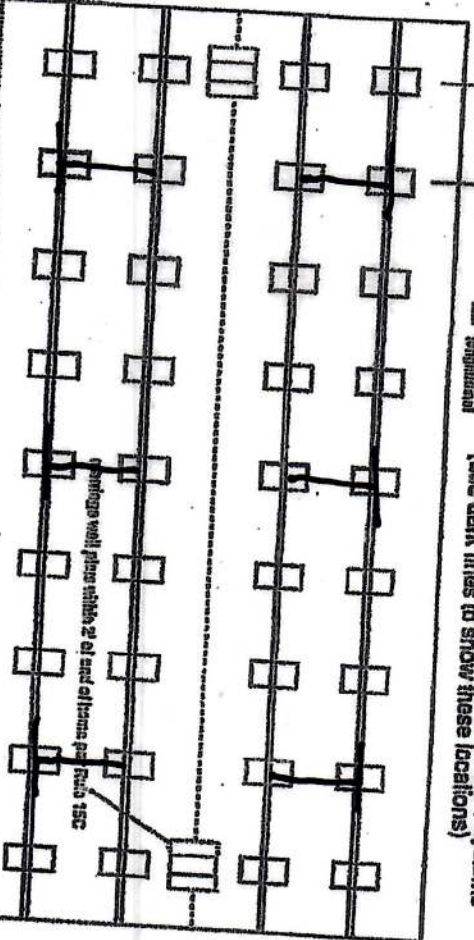
Installer's initials

[Signature]

Typical pier spacing

2' 4" 6"

Show locations of Longitudinal and Lateral Systems
(Use dash lines to show these locations)



IRONMAN L-3764 V

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 Detail # **73247**

Triple/Quad ☐

Serial # **L0HGA20036698AB**

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq ft)	Footer size (255)	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 sq ft	3'	4'	5'	6'	7'	8'
1500 sq ft	4'	5'	6'	7'	8'	9'
2000 sq ft	5'	6'	7'	8'	9'	10'
2500 sq ft	6'	7'	8'	9'	10'	11'
3000 sq ft	7'	8'	9'	10'	11'	12'
3500 sq ft	8'	9'	10'	11'	12'	13'

* Interpolated from Rule 15C-1 pier spacing table.

PIER PAD SIZES

L-beam pier pad size

17 x 25

Perimeter pier pad size

16 x 16

Other pier pad sizes (required by the mfg.)

23 x 31

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

FACTORY

DIAGRAM

4 ft 5 ft

ANCHORS

FRAME TIES

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

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)

OT1

Manufacturer

OT7

OTHER TIES

Number

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 X 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 260 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.

Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name DAVID ALBRIGHT MOBILE HOME SVC

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. 73-77

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 79-80

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 78-110

Application Number: _____

Date: _____

Site Preparation

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

Fastening multi wide units

Floor: Type Fastener: LAGS Length: 6" Spacing: 2'
Walls: Type Fastener: SCREWS Length: 3" Spacing: 18"
Roof: Type Fastener: LAGS Length: 6" Spacing: 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 DA

Type gasket FACTORY

Pg. 41

Installed:

Between Floors Yes X
Between Walls Yes END WALLS
Bottom of ridgebeam Yes X

Weatherproofing

The bottomboard will be repaired and/or taped. Yes X Pg. 124
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 No X
Dryer vent installed outside of skirting. Yes N/A X
Range downflow vent installed outside of skirting. Yes 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 manufacturer's installation instructions and or Rule 15C-1 & 2

Installer Signature David Albright Date _____

License Number: IH / 1129420 / 1 Name: DAVID E ALBRIGHT

Order #: 5299	Label #: 88247	Manufacturer: LIVE OAK	(Check Size of Home)
Homeowner: THIBEAULT		Year Model: 2022	Single _____
Address: DEPUTY J. DAVIS LN.		Length & Width: 76/80 x 32	Double X
City/State/Zip: LAKE CITY FL 32024		Type Longitudinal System: 6 OTI	Triple _____
Phone #:		Type Lateral Arm System: 6 OTI	HUD Label #:
Date Installed:		New Home: X Used Home: _____	Soil Bearing / PSF:
Installed Wind Zone: II		Data Plate Wind Zone: II	Torque Probe / in-lbs:
Note:			Permit #:

STATE OF FLORIDA
INSTALLATION CERTIFICATION LABEL

88247

LABEL #

DATE OF INSTALLATION

DAVID E ALBRIGHT

NAME

IH / 1129420 / 1

5299

LICENSE #

ORDER #

CERTIFIES THAT THE INSTALLATION OF THIS MOBILE HOME IS
IN ACCORDANCE WITH FLORIDA STATUTES 320.8249, 320.8325
AND RULES OF THE HIGHWAY SAFETY AND MOTOR VEHICLES.

INSTRUCTIONS

PLEASE WRITE DATE OF
INSTALLATION AND AFFIX
LABEL NEXT TO HUD LABEL.
USE PERMANENT INK PEN
OR MARKER ONLY.
COMPLETE INFORMATION
ABOVE AND KEEP ON FILE
FOR A MINIMUM OF 2 YEARS.
YOU ARE REQUIRED TO
PROVIDE COPIES WHEN
REQUESTED.



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: **4/26/2022 1:09:24 PM**

Address: **935 SW DEPUTY J DAVIS LN**

City:

State: **FL**

Zip Code **32024**

Parcel ID **03-4S-16-02738-001**

REMARKS: **This address is a verified address in the county's addressing system.**

Verification ID: 55eaebad-512a-4f32-965a-3a9d20339471

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: **GIS Specialist**

Columbia County GIS/911 Addressing Coordinator

Columbia County
Department of Information Technology
135 NE Hernando Ave. Lake City, FL 32055
Telephone 386-719-1456