APP# #36724

PERMIT APPEICATION / MANUFACTURED HUME INSTALLATION APPLICATION

	Zoning Official Building Offic
1 7	Flood Zone Zoning FSA-2Land Use Plan Map Category ESA
	Comments
1	EMA Map# Elevation Finished Floor River In Floodway
9	Recorded Deed or Property Appraiser PO Site Plan EH# 20-0235 Well letter OR
V	Existing well Land Owner Affidavit Installer Authorization FW Comp. letter App Fee Paid
	DOT Approval Parent Parcel # STUP-MH 911 App With Itself
	Ellisville Water Sys Assessment Owld Gout County In County Sub VF Form
Pro	operty ID # 36-58-15-00488-18 and ivision Spring Hills SID Lot#1
•	New Mobile Home Used Mobile Home MH Size 1836 Sq. Free ar 1998
who	Applicant Heather Chapman Phone # 402-908-1995 Address 6950 Stable Court St. Cloud FL 34771
yn o	Address 6950 Stable Court. St., Gloud, ft 34771
	Name of Property Owner Heather Chapman Phone# 407 - 908 - 1995
	911 Address 1747 Sw Spruce fort White for 32038
•	Circle the correct power company - FL Power & Light - Clay Electric
	(Circle One) - Suwannee Valley Electric - Duke Energy
-	Name of Owner of Mobile Home Phone #
-	Address
•	Relationship to Property Owner wer own er (April Ash made original Applicat
•	Current Number of Dwellings on Property O New property owner faid
	Lot Size Total Acreage I Acre
•	Do you : Have Existing Drive or Private Drive or need Culvert Permit (Currently using) Or (Blue Road Sign) Or (Putting in a Culvert) Or Culvert Waiver (Circle one) (Not existing but do not need a Culvert)
	Is this Mobile Home Replacing an Existing Mobile Home
	Driving Directions to the Property Take 247 to 290 - Turn Right on 240-
1	turn right on chetocknee Ave, turn right on Curtain Rd.
×	torn left on Spruce. Property is located at the
	corner of Spruce + Tampa 6/n.
/.	Name of Licensed Dealer/Installer Brent Strickland Phone # 386-365-7043
	Installers Address 1294 NW. Hamp farmer Rd Lala C. ty Ge 32055
	License Number_ TH 1104218 Installation Decal #_ 65725
1	H= Left Message 10-27-17 New Installer Paperwork New Tostaller Paper War le decid 2-28-18 Rucid 6/12/2020
	111. 1 1. 1. 1. 1. 1. 20 12

Manufacturer Address of home being installed Installer: Typical pler spacing 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. Mobile Home Permit Worksheet longitudinal Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations) rrlage wall piers within 2" of end of home Installer's initials Length x width License # IH 11 04218 E ale 15C Application Number: capacity bearing Load Other pier pad sizes (required by the mfg.) New Home List all marriage wall openings greater than 4 foot and their pier pad sizes below. Double wide Single wide Home installed to the Manufacturer's Installation Manual Longitudinal Stabilizing Device (LSD) Manufacturer Perimeter pier pad size I-beam pier pad size Home is installed in accordance with Rule 15-C interpolated from Rule 15C-1 pier spacing table Triple/Quad 2500 psf 3000 psf 3500 1500 2000 Opening psi Draw the approximate locations of marriage wall openings 4 foot or greater. Use this symbol to show the piers. psf (sq in) Footer Size TIEDOWN COMPONENTS 16" x 16" Ø PIER PAD SIZES PIER SPACING TABLE FOR USED HOMES (256)**Used Home** Serial # Installation Decal # Wind Zone II 18 1/2" x 18 Pier pad size 1/2" (342) 7425 16x 20" x 20" 过 (400) DW588 65 Wind Zone III 22" x 22" Longitudinal Marriage wall (484)* 4 ft within 2' of end of home spaced at 5' 4" oc Shearwal Sidewall POPULAR PAD SIZES Date: 60 Pad Size 16 x 16 16 x 18 18.5 x 18.5 1/2 x 25 6 x 22.5 OTHER TIES 26 x 26 24" X 24" FRAME TIES ANCHORS 4 (576)*

25

26" x 26" (676)

Page 1 of 2

5 ft

676

360

Number

Mobile

100	Site Preparation
POCKET PENETROMETER TEST The pocket penetrometer tests are rounded down to psf	Debris and organic material removed Other Other
It testing.	Fas
POCKET PENETROMETER TESTING METHOD	Type Fastener: X Type Fastener: 1
Take the reading at the depth of the footer.	over the peak of the room on center on both s
	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
x x	of tape will not serve as a gasket. Installer's initials 6.5.
TORQUE PROBE TEST	Type gasket FORM Installed:
inds or check A test	Between Walls Bottom of ridgeb
	Plans
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 manufacture many	tor code The potential of will be repaired and/or taped. Yes
Installer's initials installer's initials	Miscellaneous R Skirting to be installed. Yes No
	of skirting ad outside of interva
ate Tested 10-12-2020	

Page 2 of 2

Installer Signature 1/2

Date 6-12-2020

Installer verifies all information given with this permit worksheet

manufacturer's installation instructions and or Rule 15C-1 & 2 is accurate and true based-on the

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

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

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

Date Tested Installer Name

Columbia County Property Appraiser

Jeff Hampton

Parcel: << 36-5S-15-00488-122 >>

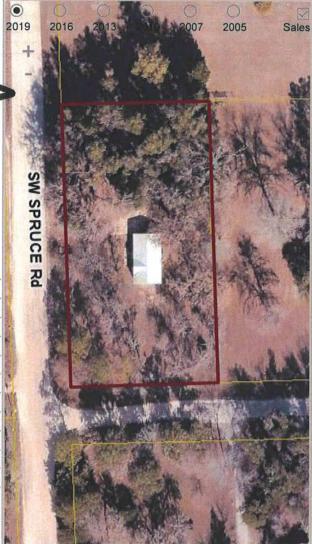
2020 Working Values updated: 6/5/2020

Aerial Viewer Pictometery Google Maps

Owner & Pr	roperty Info	Resu	lt: 1 of 1		
Owner	CHAPMAN I 6950 STABL ST CLOUD:	E COURT	1		
		THE REAL PROPERTY.	All and a second		
Site	1747 SPRUCE RD, FORT WHITE				
	LOT 1 BLOCK G SPRING HILLS S/D 518				
Description*	300, 812-105, QC 1407-138	WD 1340-958, W 8,	D 1341-1318		
Area	1.032 AC	S/T/R	36-5S-15		
Use Code**	VACANT (000000)	Tax District	3		

^{*}The <u>Description</u> above is not to be used as the Legal Description for this parcel in any legal transaction.
**The <u>Use Code</u> 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 Cert	ified Values	2020 Working Values		
Mkt Land (2)	\$15,635	Mkt Land (2)	\$15,635	
Ag Land (0)	\$0	Ag Land (0)	\$0	
Building (0)	\$0	Building (0)	\$0	
XFOB (0)	\$0	XFOB (0)	\$0	
Just	\$15,635	Just	\$15,635	
Class	\$0	Class	\$0	
Appraised	\$15,635	Appraised	\$15,635	
SOH Cap [?]	\$0	SOH Cap [?]	\$0	
Assessed	\$15,635	Assessed	\$15,635	
Exempt	\$0	Exempt	\$0	
Total Taxable	county:\$15,635 city:\$15,635 other:\$15,635 school:\$15,635		county:\$15,635 city:\$15,635 other:\$15,635 school:\$15,635	



Sales History						
Sale Date	Sale Price	Book/Page	Deed	V/I	Quality (Codes)	RCode
3/6/2020	\$100	1407/1388	QC	V	U	11
7/20/2017	\$100	1341/1318	WD	V	U	11
6/12/2017	\$8,500	1340/0958	WD	V	Q	01
9/22/1995	\$0	812/0105	QC	1	U	01

Building Cha	acteriotics					
Bldg Sketch	Bldg Item	Bldg Desc*	Year Blt	Base SF	Actual SF	Bldg Value

ode	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
-----	------	----------	-------	-------	------	--------------------

NEW Property owners

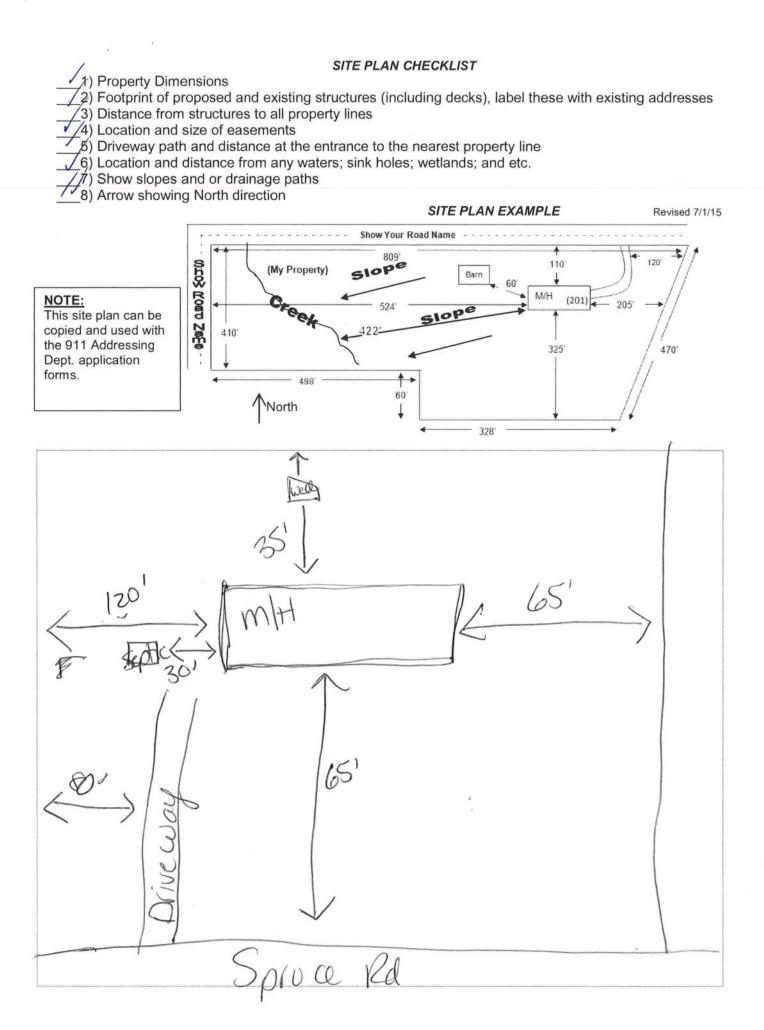


COLUMBIA COUNTY BUILDING DEPARTMENT 135 NE Hernando Ave, Suite B-21, Lake City, FL 32055 Phone: 386-758-1008 Fax: 386-758-2160

MOBILE HOME INSTALLERS AGENT AUTHORIZATION

1, Brent Stricklar	give this authority a	nd I do certify that the below
referenced person(s) listed on the	his form is/are under my direct su	pervision and control and
	ermits, call for inspections and sig	
Printed Name of Authorized Person	Signature of Authorized Person	Agents Company Name
Heather Chapman	Suame Chapme	
	-	
	=	
under my license and I am fully Local Ordinances.	at I am responsible for all permits permits or responsible for compliance with a	all Florida Statutes, Codes, and
	ensing Board has the power and a	
	by him/her or by his/her authorize esponsibility for compliance grant	
but Stah JA License Holders Signature (No	and IHNO	1218 <u>6-12-2020</u> Jumber Date
NOTARY INFORMATION: STATE OF:Florida	county of: Suwana	22
The above license holder who	ose name is <u>Brint Strick</u> e and is known by me or has prod on this 12 ⁺¹ day	
NOTARY'S SIGNATURE		(Seal/Stamp)

LISA L PAUL
Notary Public - State of Florida
Commission # GG 344051
My Comm. Expires Jun 11, 2023
Bonded through National Notary Assn.





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

1, Brook Striction		for the job address show below
only, Spri	Job Address	€ 3 2038, and I do certify that
the below referenced person(s)) listed on this form is/are under m	ny direct supervision and control
and is/are authorized to purcha	ase permits, call for inspections an	nd sign on my behalf.
Printed Name of Authorized Person	Signature of Authorized Person	Authorized Person is (Check one)
April Ash	12, up	Agent Officer Property Owner
	Je od	Agent Officer Property Owner
9	The on	Agent Officer Property Owner
100	t I am responsible for all permits p	
	responsible to compliance with a	all Florida Statutes, Codes, and
Local Ordinances.	7	
I understand that the State Lice	ensing Board has the power and a	uthority to discipline a license
holder for violations committed	by him/her or by his/her authorize	ed person(s) through this
document and that I have full re	esponsibility for compliance grante	ed by issuance of such permits.
By low	IHII	04218 Z-28-18 umber Date
License Holders Signature (Not	tarized) License N	umber Date
NOTARY INFORMATION: STATE OF: Florida	COUNTY OF: County	
The above license holder, whose	se name is Brent Stord	dad
personally appeared before me (type of I.D.)	e and is known by me or has produ	uced identification
3 1 1	\	
NOTARY'S SIGNATURE	JANUAR, LAIDIE	HODSON
	EXPIRES:	SEAPStamp) ION # FF 978102 July 14, 2020 y Public Underwriters

Address:

343 NW Cole Terrace, #101 Lake City, FL 32055 File No. 17-05035TL

Parcel I.D. #: R00488-122

SPACE ABOVE THIS LINE FOR PROCESSING DATA

Inst: 201712012876 Date: 07/10/2017 Time: 3:38PM Page 1 of 1 B: 1340 P: 958, P.DeWitt Cason, Clerk of Court

Orivioral

Columbia, County, By: BD

Deputy ClerkDoc Stamp-Deed: 59.50

SPACE ABOVE THIS LINE FOR RECORDING DATA

THIS WARRANTY DEED Made the 13th day of June. A.D. 2017, by SHIRLEY A. POPE.

CONVEYING NON-HOMESTEAD PROPERTY, hereinafter called the grantor, to JOSEPH BRENT ASH and APRIL RENEE ASH, whose post office address is 16296 27TH ROAD, LAKE CITY, FL 32024, hereinafter called

the grantees:

(Wherever used herein the terms "grantor" and "grantees" include all the parties to this instrument, singular and plural, 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 consideration of the sum of \$10.00 and other valuable consideration, receipt whereof is hereby acknowledged, does hereby grant, bargain, sell, alien, remise, release, convey and confirm unto the grantees all that certain land situate in Columbia County, State of Florida, viz:

Lot 1, Block G, SPRING HILLS, according to the Plat thereof, as recorded in Plat Book 4, Pages 33 and 33A, 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 grantees that she is lawfully seized of said land in fee simple; that she has good right and lawful authority to sell and convey said land, and hereby fully 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, 2017.

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:

ness Sighatur

Printed Name

Witness Signatur

Printed Name

SHIRLEY A.

Address:

I LAKESIDE ROAD, APT 281, GREENVILLE, SC 29611

STATE OF SOUTH CAROLINA COUNTY OF GREENVILLE

The foregoing instrument was acknowledged before me this 125 day of June, 2017. by SHIRLEY A. POPE, who is known to me or who has produced South Caroling Doven's Lience as identification.

Notary Public

My commission expires My Commission Expires

August 17, 2019

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

1710-61

APPLICATION NUI	MBER 1710-61 CONTRACTOR Gleun Williams JEPHONE						
	THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT						
records of the Ordinance 89- exemption, ge	ounty one permit will cover all trades doing work at the permitted site. It is <u>REQUIRED</u> that we have subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and 6, a contractor shall require all subcontractors to provide evidence of workers' compensation or neral 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 APPLL ASH License #: Owner Phone #:						
	Qualifier Form Attached						
MECHANICAL/	Print Name APRIC AS H Signature 4 Phone #:						
	Qualifier Form Attached						

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.



Columbia County Property Appraiser - Interactive Record Search & GIS Mapping System -

New Search

Search Results

Parcel Details

Tax Collector

<< Prev

164

246

328

2016 TRIM (pdf)

GIS Map

Tax Estimato

Interactive GIS Map

Search Result: 29 of 41

SWI TAMIFA GLIN

492

574 ft

410

2016 Tax Year

Parcel List Generator

Property Card

Print

Next >>

HOME

News Releases

NEW Record Search (beta)

NEW GIS Map

Sales Report

Record Search

GIS Map

Sales Report

TAX Estimator

General Info

Exemptions

Amendment 1

Amendment 10

AG Classification

Tax Rates

TPP

HB 909

VAB Value Adjustment Board

FAQ

Budget

Homestead Fraud

Download Data

Download Forms

Important Dates

Links

Columbia County Property Appraiser

updated: 6/6/2017

Parcel: 36-5S-15-00488-122

<< Next Lower Parcel Next Higher Parcel >>

Owner & Property Info Sue Deec

Owner's Name	BELL SHI	RLEY A ROBINSON	-		
Mailing Address	1 LAKESI APT 281 GREENVI	DE RD LLE, SC 29611			
Site Address	1747 SW	SPRUCE RD			
Use Desc. (code)	VACANT (000000)				
Tax District	3 (County)	Neighborhood	36515		
Land Area	1.032 ACRES Market Area 02				
Description	as the Leg	is description is not to gal Description for this al transaction.			
LOT 1 BLOCK G SF	RING HILLS	S/D ORB 518-300, 812-	105		

Property & Assessment Values

2016 Certified Values		
Mkt Land Value	cnt: (0)	\$13,385.00
Ag Land Value	cnt: (2)	\$0.00
Building Value	cnt: (0)	\$0.00
XFOB Value	cnt: (0)	\$0.00
Total Appraised Value		\$13,385.00
Just Value		\$13,385.00
Class Value		\$0.00
Assessed Value		\$13,385.00
Exempt Value		\$0.00
Total Taxable Value		Cnty: \$13,385 13,385 Schl: \$13,385

2017 Working Values	(Hide Values)
Mkt Land Value	cnt: (0)	\$13,385.00
Ag Land Value	cnt: (2)	\$0.00
Building Value	cnt: (0)	\$0.00
XFOB Value	cnt: (0)	\$0.00
Total Appraised Value		\$13,385.00
Just Value		\$13,385.00
Class Value		\$0.00
Assessed Value		\$13,385.00
Exempt Value		\$0.00
Total Taxable Value		Cnty: \$13,385 13,385 Schl: \$13,385

NOTE: 2017 Working Values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

Show Similar Sales within 1/2 mile

Sales History

Sale

Date

9/22/1995

8/1/1983

OR	OR	Vacant /	Qualified	Sale	Sale
k/Page	Code	Improved	Sale	RCode	Price
2/105	QC	I	U	01	\$0.00

Q

Building Characteristics

C

Book

812

518/300

WD

	Y					
Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value

٧

\$2,400.00

COLUMBIA COUNTY INSPECTION SHEET APPLICATION # 38710

DATE: 6/29/	2018	TAKEN BY	LAURIE HODSON	INSPECT	ION	DATE:	7/2/20	18		
BUILDING PE	ERMIT#		CULVERT/\	 WAIVER PERMI	Т#			WAIV	ER	N
PARCEL ID:	36-5S	-15-00488-122		ZONINO	G	A-3	»		- 0	
TYPE OF DE	VELOPME	ENT Mob	ile Home							
SETBACKS	FROI	NT TV	REAR	SIDE		H	IEIGHT			
FLOOD ZONE	<u> </u>		SEPTIC	1	VO.	EXISTING	D.U.			_
SUBDIVISION	١	SPRING HILLS		Lot	1	Block G	Unit		Phas	se
OWNER	BRENT 8	APRIL ASH			PH	HONE	386-965	-3598	_	
ADDRESS		SPRUCE Rd IITE, FL 32038		4						
CONTRACTO)R				PH	HONE				
COMMENTS		n to Southwest Tai		eft on to Southwest	Spru	ce Road				
SPECIAL INST		NS		REQUES:	TED) INSPECT	IONS		Description	
Inspection		Ву	Date	<u>Date</u>		Inspection	Reques	<u>st</u>		
				07/02/2018	8	Mobile Hor Home befo			e-Mob	ile
NSPECTORS										
APPROVED		NOT APROV	ED	BY		Р	OWER (00 (Clay E	lectric

Phone: 344-3669 Fax:



STATE OF FLORIDA DEPARTMENT OF HEALTH ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM PERMIT NO.

DATE PAID: 3.25.60

FEE PAID: 3(0.00)

RECEIPT #:

APPLICATION FOR CONSTRUCTION PERMIT APPLICATION FOR: [] Holding Tank [X] New System [] Existing System Innovative Repair Abandonment [] Temporary APPLICANT: MAILING ADDRESS: 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 SUBDIVISION: OMM ZONING: ____ I/M OR EQUIVALENT: [Y / N ACRES WATER SUPPLY: [X] PRIVATE PUBLIC []<=2000GPD []>2000GPD DISTANCE TO SEWER: IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / PROPERTY ADDRESS: [X RESIDENTIAL BUILDING INFORMATION [] COMMERCIAL Building Commercial/Institutional System Design Unit Type of No. of Establishment Bedrooms Area Sqft Table 1, Chapter 64E-6, FAC No

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

Floor/Equipment Drains

[], Other (Specify)

Page 1 of 4

STATE OF FLORIDA DEPARTMENT OF HEALTH APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

20.0235R

sents 10 feet a								
		A A						
		M						
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	-	 				++	-	-
	1 19		2 3					

STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

	Comment of the second	Permit Application Number_ 120 0235 R
	Kence	PART II - SITEPLAN - W&S
Scale:	1 inch = 40 feet.	
W+8,5 15211	1241 - 70 BELASIMA 1221	ST SLOPE
		SPRUCK
		A3.83
Notes:		
-	XR	stept w 2012 3/2020
	oproved	Not Approved Date William
BY	XXXXX	County Health Department
(ALL CHANGES MUS	BE APPROVED BY THE COUNTY HEALTH DEPARTMENT
DU 4015	29/00 (Obsoleto and described	Seem nearly belanimen

DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated: 64E-6.001, FAC (Stock Number: 5744-002-4015-6)

Page 2 of 4



none Membran, asca "Repail

owed per collectors office (at Collectors office

Site Provided by... governmax.com I.13



Last Update: 6/12/2020 3:56:36 PM EDT

Details

Tax Record

» Print View
Legal Desc.
Tax Payment
Payment History
Print Tax Bill New
Change of Address

Searches

Account Number

GEO Number Owner Name Property Address Mailing Address

Site Functions

Tax Search

Local Business Tax Contact Us County Login Home

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.

Register for eBill

Account Number	Tax Type	Tax Year
R00488-122	REAL ESTATE	2019

Mailing Address

ASH JOSEPH BRENT & APRIL RENEE 16296 27TH RD

LAKE CITY FL 32024

Property Address

1747 SPRUCE SW FORT WHITE

GEO Number 365815-00488-122

Exempt Amount	Taxable Value
See Below	See Below

Exemption Detail

Millage Code

Escrow Code

NO EXEMPTIONS

Legal Description (click for full description)

36-5S-15 0000/00001.03 Acres LOT 1 BLOCK G SPRING HILLS S/D ORB 518-300, 812-105, WD 1340- 958, WD 1341-1318,

Taxing Authority	Rate	Assessed Value	Exemption Amount	Taxable Value	Taxes Levied
BOARD OF COUNTY COMMISSIONERS COLUMBIA COUNTY SCHOOL BOARD	8.0150	15,635	0	\$15,635	\$125.31
DISCRETIONARY	0.7480	15,635	0	\$15,635	\$11.70
LOCAL	3.9880	15,635	0	\$15,635	\$62.35
CAPITAL OUTLAY	1.5000	15,635	0	\$15,635	\$23.45
SUWANNEE RIVER WATER MGT DIST	0.3840	15,635	0	\$15,635	\$6.00
LAKE SHORE HOSPITAL AUTHORITY	0.9620	15,635	0	\$15,635	\$15.04
Total Millage	15.5970	To	otal Taxes		\$243.85

	10.03.0	4215.05
	Non-Ad Valorem Assessment	S
Code	Levying Authority	Amount
FFIR	FIRE ASSESSMENTS	\$60.78

Total Assessments	\$60.78
Taxes & Assessments	\$304.63

If Paid By	Amount Due
	\$0.00

Date Paid	Transaction	Receipt	Item	Amount Paid
4/8/2020	PAYMENT	3505628.0001	2019	\$304.63

Prior Years Payment History

			Prior Year Taxes Due	7.
NO	DELINQUENT	TAXES		