

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

Mary Jewell sign Authority Record Affidavit

DATA SHEET REC'D

For Office Use Only (Revised 7-1-15) Zoning Official Just Building Official \_\_\_\_\_

AP# 1905-42 Date Received 5-10-19 By AS Permit # 38168

Flood Zone X Development Permit \_\_\_\_\_ Zoning A8-3 Land Use Plan Map Category Ag

Comments Record, 5yr Temp use permit for Daughter 2 units on property, legal lot of

FEMA Map# \_\_\_\_\_ Elevation \_\_\_\_\_ Finished Floor 1' above the road River \_\_\_\_\_ In Floodway \_\_\_\_\_

Recorded Deed or  Property Appraiser PO  Site Plan  ZH # 19-0396  Well letter OR

Existing well  Land Owner Affidavit  Installer Authorization  FW Comp. letter  App Fee Paid

DOT Approval  Parent Parcel # \_\_\_\_\_  STUP-MH 1905-26  911 App

Ellisville Water Sys  Assessment paid  Out County  In County  Sub VF Form

Property ID # 10-3-16-02054.008 Subdivision \_\_\_\_\_ Lot# \_\_\_\_\_

- New Mobile Home \_\_\_\_\_ Used Mobile Home 14 MH Size 52' Year 1984
- Applicant MARY JEWELL Phone # 386.867.9595
- Address 120 NW Hogle PL, LAKE CITY, FL 32055
- Name of Property Owner MARY J JETON JEWELL Phone# 386.867.9595
- 911 Address 122 NW Hogle Pl, 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 MARY JEWELL Phone # 386.867.9595  
Address 120 NW Hogle PL LAKE CITY, FL 32055
- Relationship to Property Owner Daughter - Jennifer Jewell
- Current Number of Dwellings on Property 2
- Lot Size \_\_\_\_\_ Total Acreage 2.50
- 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 90-W to LAKE JEFFERY, TR - CROSS TRACKS  
4.2 MILES to BRUNCO, TR @ DEAD END OF HOGLE, TR  
ON R
- Name of Licensed Dealer/Installer Dale Houston Phone # 386-623-6522
- Installers Address 136 SW BURNS ST, LAKE CITY, FL 32029
- License Number ZH 1025142 Installation Decal # 3/252

LH spoke to Mary 5-21-19 & 5-23-19 #325.00

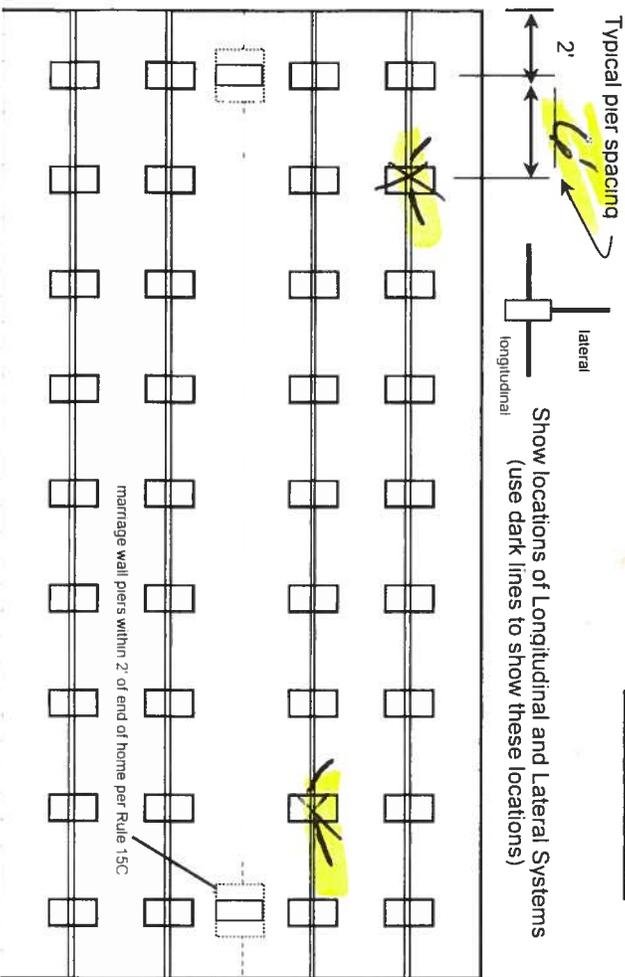
# Mobile Home Permit Worksheet

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

Installer Dave Hester License # EH 1025  
 Address of home being installed Lake City FL 32024  
 Manufacturer ESAC Length x width 14x52

**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 DH



2 Pans  
ANC HORS 5 1/4 ON-C  
2335 X 31.25  
Stabilizer Plates

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 # 31252  
 Triple/Quad  Serial # SSMFLAB 908 74

### PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	Footer size (256)	18 1/2" x 18 (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 23 1/4 X 31 1/4

### POPULAR PAD SIZES

Pad Size	Sq In
16 x 16	256
16 x 18	288
18.5 x 18.5	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

I-beam pier pad size 16x16  
 Perimeter pier pad size \_\_\_\_\_  
 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 23 1/4 X 31 1/4 4 ft ✓ 5 ft ✓  
 \_\_\_\_\_ Pier pad size \_\_\_\_\_  
 \_\_\_\_\_ Pier pad size \_\_\_\_\_

### TIEDOWN COMPONENTS

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

### OTHER TIES

Sidewall \_\_\_\_\_  
 Longitudinal Marriage wall \_\_\_\_\_  
 Shearwall \_\_\_\_\_

# Mobile Home Permit Worksheet

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

## POCKET PENETROMETER TEST

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

X 1000      X 1200      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 1000      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 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 the points where the torque test reading is 275 or less and where the mobile home manufacturer may requires anchors with 4000 lb holding capacity.

Installer's initials \_\_\_\_\_

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

Installer Name Rale Houston  
 Date Tested 5/21/19

Electrical \_\_\_\_\_

Plumbing \_\_\_\_\_

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

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 \_\_\_\_\_  
 Water drainage: Natural \_\_\_\_\_ Swale \_\_\_\_\_ Pad \_\_\_\_\_ Other \_\_\_\_\_

## Fastening multi wide units

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

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 DH

Type gasket \_\_\_\_\_  
 Pg. \_\_\_\_\_

Installed: \_\_\_\_\_  
 Between Floors Yes \_\_\_\_\_  
 Between Walls Yes \_\_\_\_\_  
 Bottom of ridgebeam Yes \_\_\_\_\_

## Weatherproofing

The bottomboard will be repaired and/or taped. Yes \_\_\_\_\_ Pg. \_\_\_\_\_  
 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 Rale Houston Date 5/21/19

**Columbia County Property Appraiser**  
Jeff Hampton

**2018 Tax Roll Year**  
updated: 3/29/2019

Parcel: << 10-3S-16-02054-008 >>

[Aerial Viewer](#) [Pictometry](#) [Google Maps](#)

Owner & Property Info				Result: 1 of 1
Owner	JEWELL MARY & FELTON 120 NW HOGLE PL LAKE CITY, FL 32055			
Site	120 HOGLE PL, LAKE CITY			
Description*	NE1/4 OF SE1/4 OF NW1/4 OF NW1/4 EX RD R/W. ORB 313-355, POA ORB 891-744, DC 891-746, 960-1746, AG 1069-2235, AG 1072- 904, AMENDED AG 1072-1672.			
Area	2.5 AC	S/T/R	10-3S-16	
Use Code**	MOBILE HOM (000202)	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			
2018 Certified Values		2019 Working Values	
Mkt Land (4)	\$17,622	Mkt Land (4)	\$19,372
Ag Land (0)	\$0	Ag Land (0)	\$0
Building (2)	\$14,385	Building (2)	\$15,772
XFOB (2)	\$6,048	XFOB (5)	\$6,948
Just	\$38,055	Just	\$42,092
Class	\$0	Class	\$0
Appraised	\$38,055	Appraised	\$42,092
SOH Cap [?]	\$3,387	SOH Cap [?]	\$4,561
Assessed	\$34,668	Assessed	\$37,531
Exempt	OTHER H3 \$20,974	Exempt	OTHER H3 \$20,974
Total Taxable	county:\$13,694 city:\$13,694 other:\$13,694 school:\$13,694	Total Taxable	county:\$16,557 city:\$16,557 other:\$16,557 school:\$16,557

Sales History						
Sale Date	Sale Price	Book/Page	Deed	V/I	Quality (Codes)	RCode
6/7/2005	\$100	1072/1672	AG	V	U	01
8/19/2002	\$8,200	960/1746	WD	V	U	

Building Characteristics						
Bldg Sketch	Bldg Item	Bldg Desc*	Year Blt	Base SF	Actual SF	Bldg Value
<a href="#">Sketch</a>	1	MOBILE HME (000800)	1989	924	1544	\$9,782
<a href="#">Sketch</a>	2	MOBILE HME (000800)	1986	728	872	\$5,990

\*Bldg Desc determinations are used by the Property Appraisers office solely for the purpose of determining a property's Just Value for ad valorem tax purposes and should not be used for any other purpose.

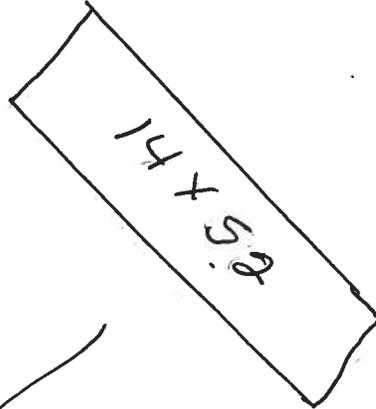
Extra Features & Out Buildings (Codes)						
Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0031	BARN,MT AE	2008	\$4,608.00	384.000	24 x 16 x 0	(000.00)

Land line

← 240' →

95'

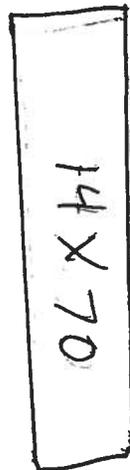
190'



30'

Land line 300'

100'



15'

240'

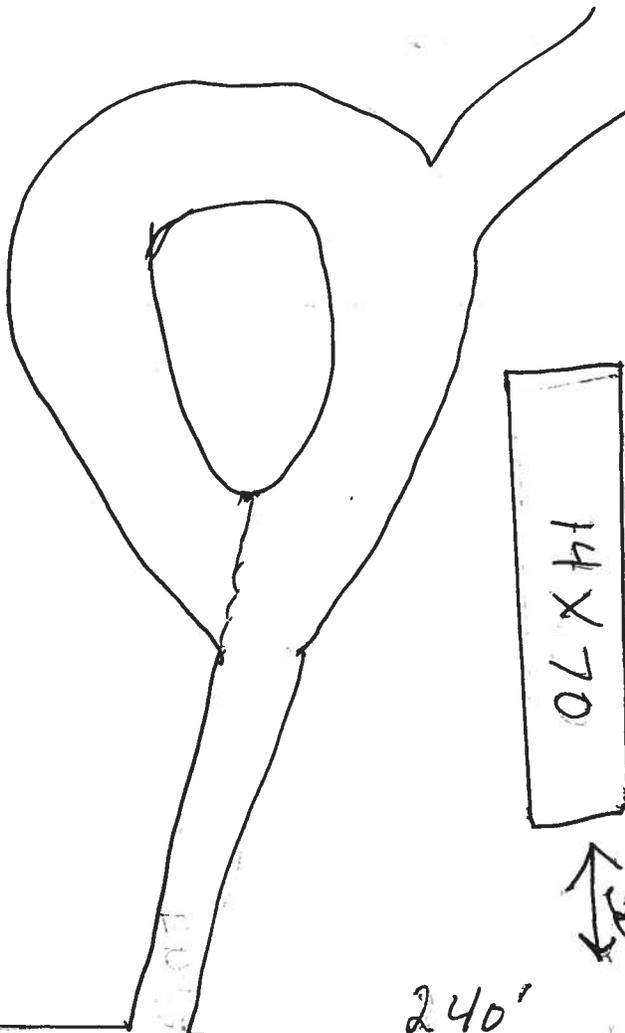
Hogle pl

Bronco rd

Well

← 300' →

120'



MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 190 S-42 CONTRACTOR Dale Nowlin PHONE 386.623.6521

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.*

<p><b>ELECTRICAL</b></p>	<p>Print Name <u>MARY JEWELL</u></p> <p>License #: <u>—</u></p> <p>Qualifier Form Attached <input type="checkbox"/></p>	<p>Signature <u>Mary Jewell</u></p> <p>Phone #: <u>386.867.9595</u></p>
<p><b>MECHANICAL/ A/C</b></p>	<p>Print Name <u>MARY JEWELL</u></p> <p>License #: <u>—</u></p> <p>Qualifier Form Attached <input type="checkbox"/></p>	<p>Signature <u>Mary Jewell</u></p> <p>Phone #: <u>386.867.9595</u></p>

**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.



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

PERMIT NO. 19-0396  
DATE PAID: 5/13/19  
FEE PAID: 600.00  
RECEIPT #: 1413907

APPLICATION FOR:

- New System
- Existing System
- Holding Tank
- Innovative
- Repair
- Abandonment
- Temporary

APPLICANT: MARY W Jewell

AGENT: \_\_\_\_\_ TELEPHONE: 386-867-959

MAILING ADDRESS: 120NW Hogle pl LAKE CITY FLA 32055

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: \_\_\_\_\_ BLOCK: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_ PLATTED: \_\_\_\_\_

PROPERTY ID #: 10-35-16-02054-008 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: [ Y / N ]

PROPERTY SIZE: 2 1/2 ACRES WATER SUPPLY:  PRIVATE PUBLIC [ ] <=2000GPD [ ] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [ Y /  N ] DISTANCE TO SEWER: \_\_\_\_\_ FT

PROPERTY ADDRESS: 120 NW Hogle pl LAKE CITY FLA 32055

DIRECTIONS TO PROPERTY: LAKE Jeffery to Branco Tee Right to Hogle pl Rt to end of Lane Right in yard

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	<u>Single</u>	<u>2</u>	<u>728</u>	
2				
3				
4				

Floor/Equipment Drains  Other (Specify) \_\_\_\_\_

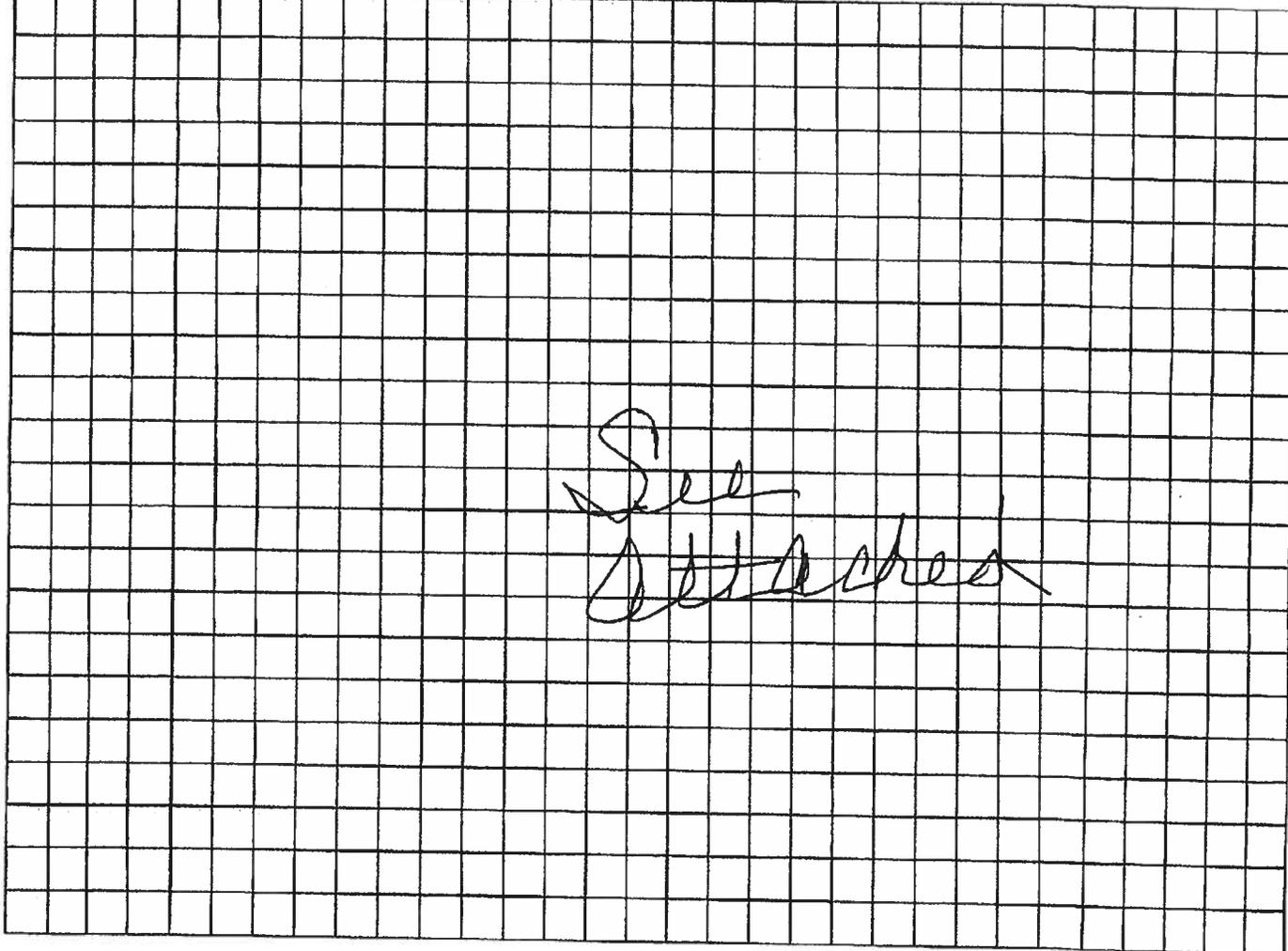
SIGNATURE: Mary Jewell DATE: 5-13-19

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 19-0396

----- PART II - SITEPLAN -----

Scale: Each block represents 10 feet and 1 inch = 40 feet.



Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

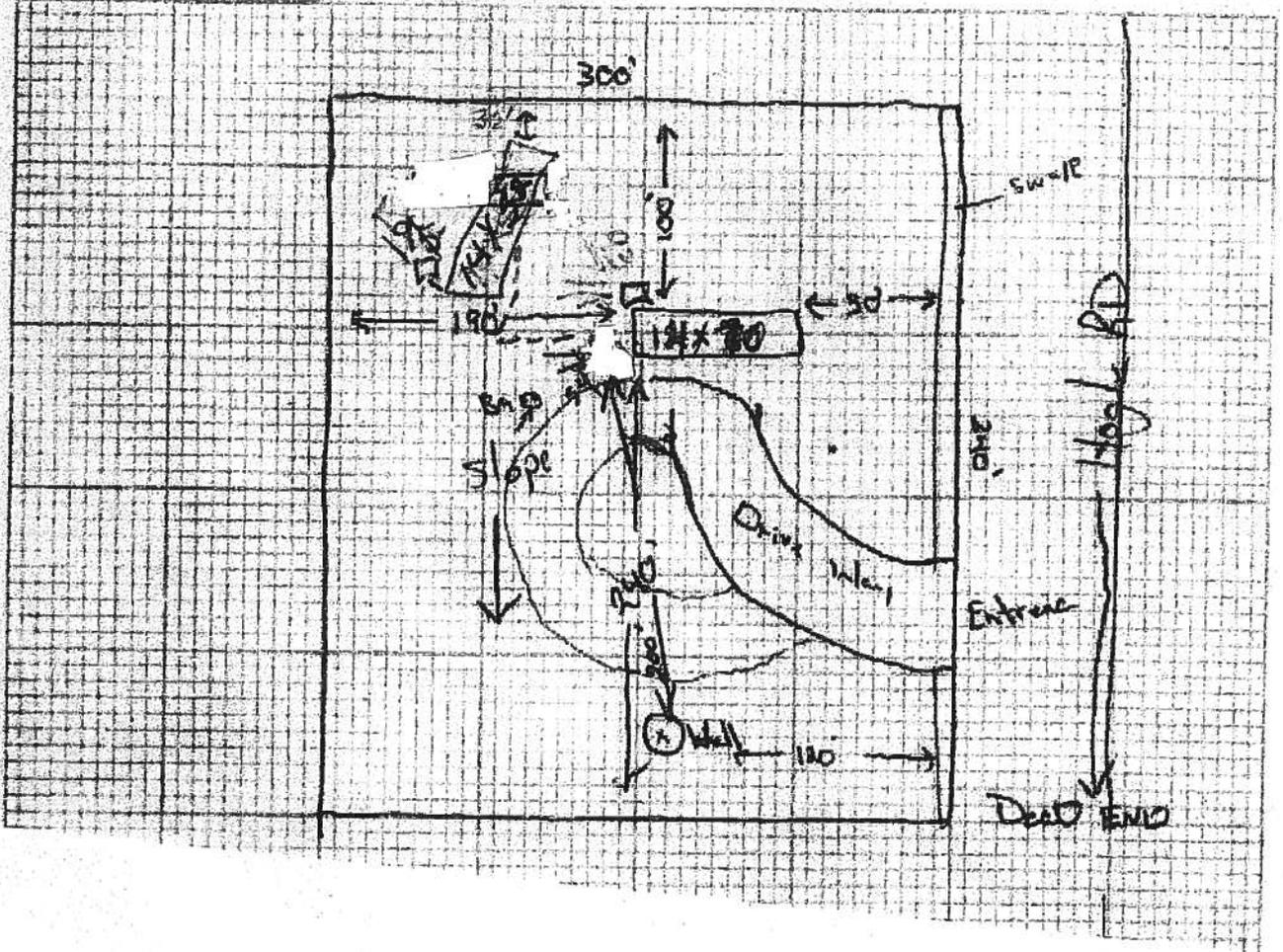
Site Plan submitted by: MARY W Jewell TITLE Owner DATE: 5-13-19  
Plan Approved  Not Approved \_\_\_\_\_ Date 5/16/19  
By [Signature] [Signature] Columbia County Health Department

**ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT**

19-0896

PART II - SITE PLAN

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





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, DALE HOUSTON, give this authority for the job address show below  
Installer License Holder Name

only, Hogle Place Lake City Fl, 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)
Mary Jewell	<i>Mary Jewell</i>	<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
		<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.

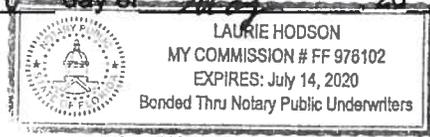
Dale Houston License Holders Signature (Notarized)      IH1025142 License Number      5-10-19 Date

**NOTARY INFORMATION:**

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Dale Houston personally appeared before me and is known by me or has produced identification (type of I.D.) \_\_\_\_\_ on this 10 day of May 2019.

[Signature]  
 NOTARY'S SIGNATURE



(Seal/Stamp)

DHSV-V-1118  
(9-82)

MANUFACTURER DATA REPORT

HUD LABEL: FLA 231192  
 M.I. ID# SM-EA-B-4-0871  
 DATE MANUFACTURED 10-7-83  
 MAKE OF MODEL BEACHCOMBER YEAR: 1984

STATE OF FLORIDA  
 DIVISION OF MOTOR VEHICLES  
 DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES  
 ROOM A 139, HILB KIRKMAN BLDG., 2900 APLANCHER HWY.  
 TALLAHASSEE, FLORIDA 32301

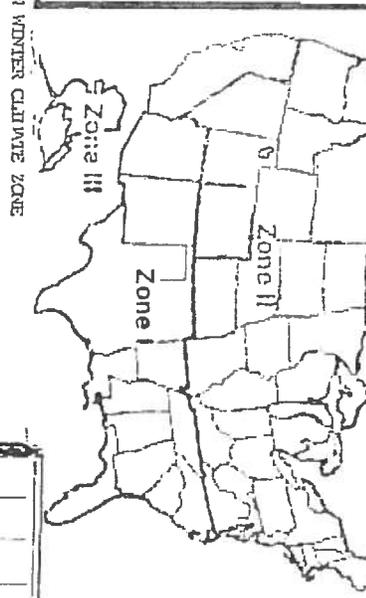
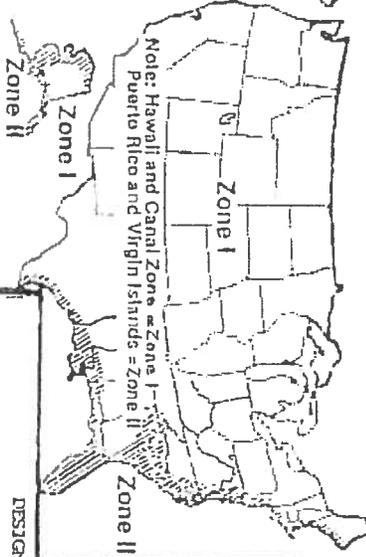
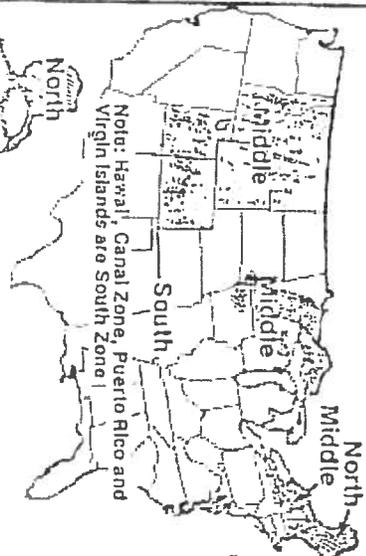
DEALER'S NAME WILMOR BUILDERS, Inc.  
 ADDRESS P.O. Box 428  
TRENTON, FLA 32695  
 City State Zip

MFR. NAME Sunstate MED Homes  
 Address 5109 Cone Road  
Tampa, Florida 33610  
 State Zip

DESTINATION (STATE) Florida  
 SINGLE  DOUBLE  TRIPLE  
 SIZE: 4x52  
 EXCLUDING HITCH  INCLUDING HITCH  
 UNIT A UNIT B UNIT C

DATA NAME RADDO  
 ADDRESS P O Box 812  
Escher FLA  
 City State Zip 4552

STRUCTURAL DESIGN BASIS CERTIFICATE



ROOF LOAD  
 North 40 PSF  
 Middle 30 PSF  
 South 20 PSF  
 Other \_\_\_\_\_

WIND LOAD  
 Zone I 15 PSF Horizontal & 9 PSF Uplift  
 Zone II (Hurricane) - 25 PSF Horizontal & 15 PSF Uplift  
 Zone III Other \_\_\_\_\_

EQUIPMENT  
 Air Conditioning (BTU/hr.) \_\_\_\_\_  
 Comfort Heating (4400 BTU/hr.) \_\_\_\_\_  
 Cooking Range \_\_\_\_\_  
 Built-In Oven \_\_\_\_\_  
 Counter-Top Cooking Unit \_\_\_\_\_  
 Refrigerator \_\_\_\_\_  
 Water Heater \_\_\_\_\_  
 Clothes Washer \_\_\_\_\_  
 Dishwasher \_\_\_\_\_  
 Food Waste \_\_\_\_\_  
 Smoke Detector \_\_\_\_\_

MANUFACTURER DESIGNATION  
 COLEMAN  
 BROWN  
 TRUSS  
 SOLENOID  
 FIREX

THIS MOBILE HOME IS DESIGNED TO COMPLY WITH THE FEDERAL MOBILE HOME CONSTRUCTION AND SAFETY STANDARDS IN FORCE AT THE TIME OF MANUFACTURE.

SIGNED: DAVID S. FRAZER  
 AUTHORIZED REPRESENTATIVE  
 OF MANUFACTURER  
 DATE 10-7-83

DESIGN WINTER CLIMATE ZONE

This mobile home has been thermally insulated to conform with the requirements of the Federal Mobile Home Construction and Safety Standards for all locations within climatic  ZONE I  ZONE II  ZONE III

The heating equipment has the capacity to maintain an average 70° F temperature in this home at outdoor temperatures of 20° F. To maximize furnace operating economy, and to conserve energy, it is recommended that this home be installed where the outdoor winter design temperature (97%W) is not higher than 5° F. The above information has been calculated assuming a maximum wind velocity of 15 mph at standard atmospheric pressure.

The supply air distribution system installed in this home is sized ( ) Not Designed for A/C (X) A/C Ready ( ) A/C Installed

MANUFACTURER SHALL PROVIDE THE MINIMUM BTU REQUIREMENTS FOR HEATING AND COOLING ON THE "U" FACTORS AS DESIGNATED BELOW.

Walls (with/without windows & doors).....	"U" - 120
Ceilings & roofs of light color.....	"U" - NA
Ceilings & roofs of dark color.....	"U" - 102
Floors.....	"U" - 102
Air Ducts in floor.....	"U" - 102
Air Ducts in ceiling.....	"U" - 102
Heat Transfer Area to Outside of Home from Air Ducts Located Inside Home.....Sq.Ft. -	NA
Heat Transfer Area to Outside of Home from Air Ducts Located Outside Home.....Sq.Ft. -	NA

FOR TALLAHASSEE CENTRAL OFFICE USE ONLY

RED TAG # \_\_\_\_\_ DISTRICT: \_\_\_\_\_

COMPLAINANT'S NAME \_\_\_\_\_ DISTRICT: \_\_\_\_\_

COMPLAINANT'S ADDRESS \_\_\_\_\_

OCT 13 1983

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

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Date/Time Issued: **5/28/2019 4:27:04 PM**  
Address: **122 NW HOGLE PI**  
City: **LAKE CITY**  
State: **FL**  
Zip Code **32055**

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Parcel ID **02054-008**

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REMARKS: Address for proposed structure on parcel. 2nd address for this parcel.

**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)