

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

New High # 43710

\$325

NO

For Office Use Only (Revised 7-1-15) Zoning Official *MA* Building Official *MA*

AP# *1909-41* Date Received *9/13/19* By *MG* Permit # *38695*

Flood Zone *A* Development Permit _____ Zoning *A-3* Land Use Plan Map Category *Af*

Comments *Floor one foot above the paved Road*
Replacing existing

FEMA Map# _____ Elevation _____ Finished Floor */* River _____ In Floodway _____

☒ Recorded Deed or ☒ Property Appraiser PO ☒ Site Plan ☒ EH # *190695* ☐ Well Letter OR

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

☐ DOT Approval ☐ Parent Parcel # *22-55-17-09340-030* ☐ STUP-MH _____ ☒ 911 App *done*

☐ Ellisville Water Sys ☒ Assessment *paid* ☐ Out County *In County* ☒ Sub VF Form

set for 9/20/19

Property ID # *22-55-17-09340-030* Subdivision *Mason City* *bu8* Lot# *3-4-17-18*

- New Mobile Home _____ Used Mobile Home *yes* MH Size *14x66* Year *1985*
- Applicant *Anthony Burgess* Phone # *386-466-4216*
- Address *190 SW Turner Pl Lake City 32025*
- Name of Property Owner *Anthony Burgess* Phone# *386-466-4216*
- 911 Address *190 SW Turner Pl Lake City 32025*
- Circle the correct power company - *FL Power & Light* - *Clay Electric*
(Circle One) - *Suwannee Valley Electric* - *Duke Energy*
- Name of Owner of Mobile Home *Anthony Burgess* Phone # *386-466-4216*
Address *190 SW Turner Pl Lake City 32025*
- Relationship to Property Owner *installer*
- Current Number of Dwellings on Property *0*
- Lot Size *614 X 266* Total Acreage *.64*
- 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 *X* *Leave Lake City to words 411/441*
High Springs go APOY is mile turn right before
Mason City community center on Turner Place go 1/4
on the left
- Name of Licensed Dealer/Installer *Damarguis Williams* Phone # *386-406-3833*
- Installers Address _____
- License Number *1H1128217* Installation Decal # *60256*

LT - Spoke to Anthony 9/17/19 & 9/20/19



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, STEVEY Andrews, give this authority for the job address show below
Installer License Holder Name

only, 190 SW Turner Pl mason city, 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)
Anthony Burgess		<input 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.

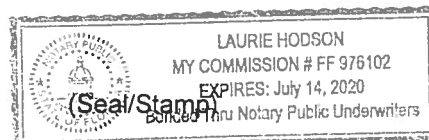
License Holders Signature (Notarized) IH/1125470 9-12-19
License Number Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is _____ personally appeared before me and is known by me or has produced identification (type of I.D.) FDL on this 12th day of September, 2019.

NOTARY'S SIGNATURE



MASON CITY

COLUMBIA COUNTY
FLORIDA

Survey of the
City of Mason City
Columbia County, Florida

The following is a description of the City of Mason City, Columbia County, Florida, as shown on the attached map, and as the same appears on the ground.

The City of Mason City is situated on the west side of the State Road, and is bounded on the north by the State Road, on the east by the State Road, and on the south by the State Road.

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Area		Area	
A	1.00	A	1.00
B	1.00	B	1.00
C	1.00	C	1.00
D	1.00	D	1.00
E	1.00	E	1.00
F	1.00	F	1.00
G	1.00	G	1.00
H	1.00	H	1.00
I	1.00	I	1.00
J	1.00	J	1.00
K	1.00	K	1.00
L	1.00	L	1.00
M	1.00	M	1.00
N	1.00	N	1.00
O	1.00	O	1.00
P	1.00	P	1.00
Q	1.00	Q	1.00
R	1.00	R	1.00
S	1.00	S	1.00
T	1.00	T	1.00
U	1.00	U	1.00
V	1.00	V	1.00
W	1.00	W	1.00
X	1.00	X	1.00
Y	1.00	Y	1.00
Z	1.00	Z	1.00

Mobile Home Permit Worksheet

Application Number: _____

Date: _____

Installer: Anthony Miller License # 2H/1128217
 Address of home being installed: 190 S Turner Pl

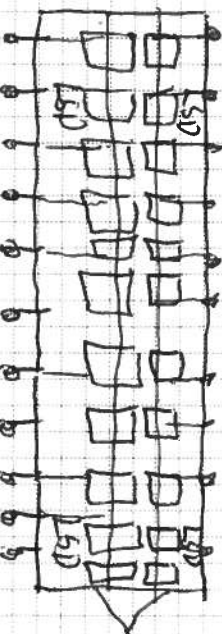
Manufacturer: Brig Length x width: 148 x 66

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: AM



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



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 # _____

Triple/Quad ☐ Serial # 141001823

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

I-beam pier pad size 10" x 22"
 Perimeter pier pad size 16" x 18"

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 _____

4 ft ☒ 5 ft

FRAME TIES

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

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
 Manufacturer 12
 Longitudinal Stabilizing Device w/ Lateral Arms
 Manufacturer _____

OTHER TIES

Number _____
 Sidewall _____
 Longitudinal _____
 Marriage wall _____
 Shearwall _____

Mobile Home Permit Worksheet

Application Number: _____

Date: _____

POCKET PENETROMETER TEST

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

x 1510 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 1501 x 1500 x 1500

TORQUE PROBE TEST

The results of the torque probe test is 3500 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 requires 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 _____
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 _____

Type gasket _____ Installed: _____
Pg. _____ 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 _____ Date _____

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 386-466-4216 CONTRACTOR Jeffery Andrews PHONE 368-628-2851

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.

Sign

ELECTRICAL	<p>Print Name <u>Anthony Burgess</u> Signature <u>[Signature]</u></p> <p>License #: <u>owner</u> Phone #: _____</p> <p>Qualifier Form Attached <input type="checkbox"/></p>
MECHANICAL/ A/C _____	<p>Print Name <u>Anthony Burgess</u> Signature <u>[Signature]</u></p> <p>License #: <u>owner</u> Phone #: _____</p> <p>Qualifier Form Attached <input type="checkbox"/></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.

When recorded, mail to:

Name:

Anthony Maurice Burgess

Address:

1839 NW Hwy 441

City/State/Zip Code:

Lake city
FL 32055

Inst: 201912020853 Date: 09/09/2019 Time: 12:25PM

Page 1 of 2 B: 1394 P: 110, P.DeWitt Cason, Clerk of Court Colum

County, By: LK

Deputy ClerkDoc Stamp-Deed: 7.00

SPACE ABOVE THIS LINE FOR RECORDER'S USE

QUITCLAIM DEED

KNOW ALL MEN BY THESE PRESENTS:

That I(we),

Bernice Marie Davis

the undersigned releasor(s), for the consideration of Ten Dollars (\$10.00), and other valuable considerations, by these presents, do hereby release, remise and forever quitclaim unto

Anthony Maurice Burgess

all rights, title and interest in that certain real property situated in the County of Columbia, State of Florida, and legally described as follows:

LOTS 3, 4, 17, and 18 of BLOCK 8 OF THE MASON CITY
SUBDIVISION AS RECORDED IN PLAT BOOK 1 OF THE OFFICIAL
RECORDS OF COLUMBIA CO., FL.

BX 0881 101619

OFFICIAL RECORDS

IN WITNESS WHEREOF, I(we) have hereunto set my(our) hand(s) and seal(s) this 9 day of September, 2019.

Bernice Marie Davis
Printed Name of Releasor

Bernice Marie Davis
Signature of Releasor

Printed Name of Co-Releasor

Signature of Co-Releasor

Karin Miller

Signature of Witness No. 1

KARIN MILLER

Printed Name of Witness No. 1

1468 SW Main Blvd Ste 105
Address

Lake City, FL 32025
City/State/Zip Code

Wanda Strickland

Signature of Witness No. 2

Wanda Strickland

Printed Name of Witness No. 2

1468 SW Main Blvd Ste 105
Address

Lake City, FL 32025
City/State/Zip Code

Acknowledgment

State of Florida)
County of Columbia) ss.

The foregoing instrument was acknowledged before me, the undersigned Notary Public, this 9 day
of September, 2019, by Bernice Marie Davis
_____, known to me to be the indi-
vidual(s) who executed the foregoing instrument and acknowledged the same to be his(her)(their) free act and deed.

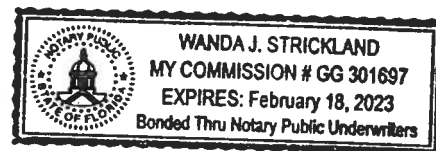
My Commission Expires: 02-18-2023

Wanda J. Strickland
Notary Public
Wanda J. Strickland

If acknowledged in the State of Florida, complete the section
below:

(check one) ☐ Personally Known. ☒ Produced Identification.

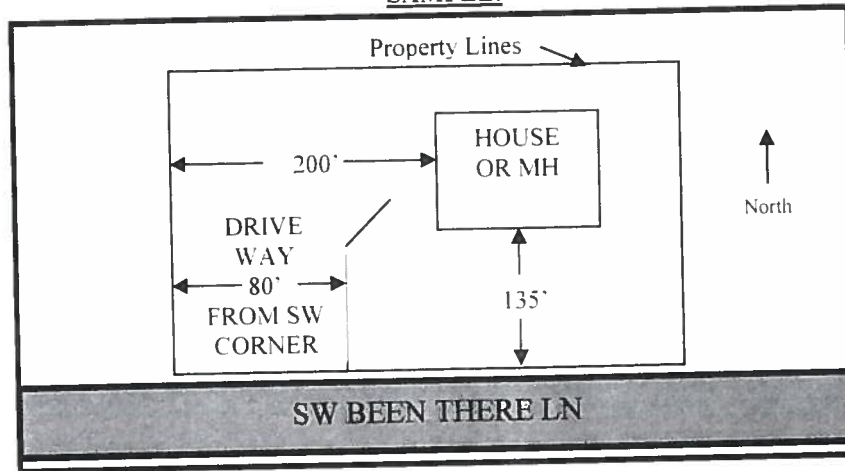
Type of Identification produced:
FLDL - D120-073-411-749-0



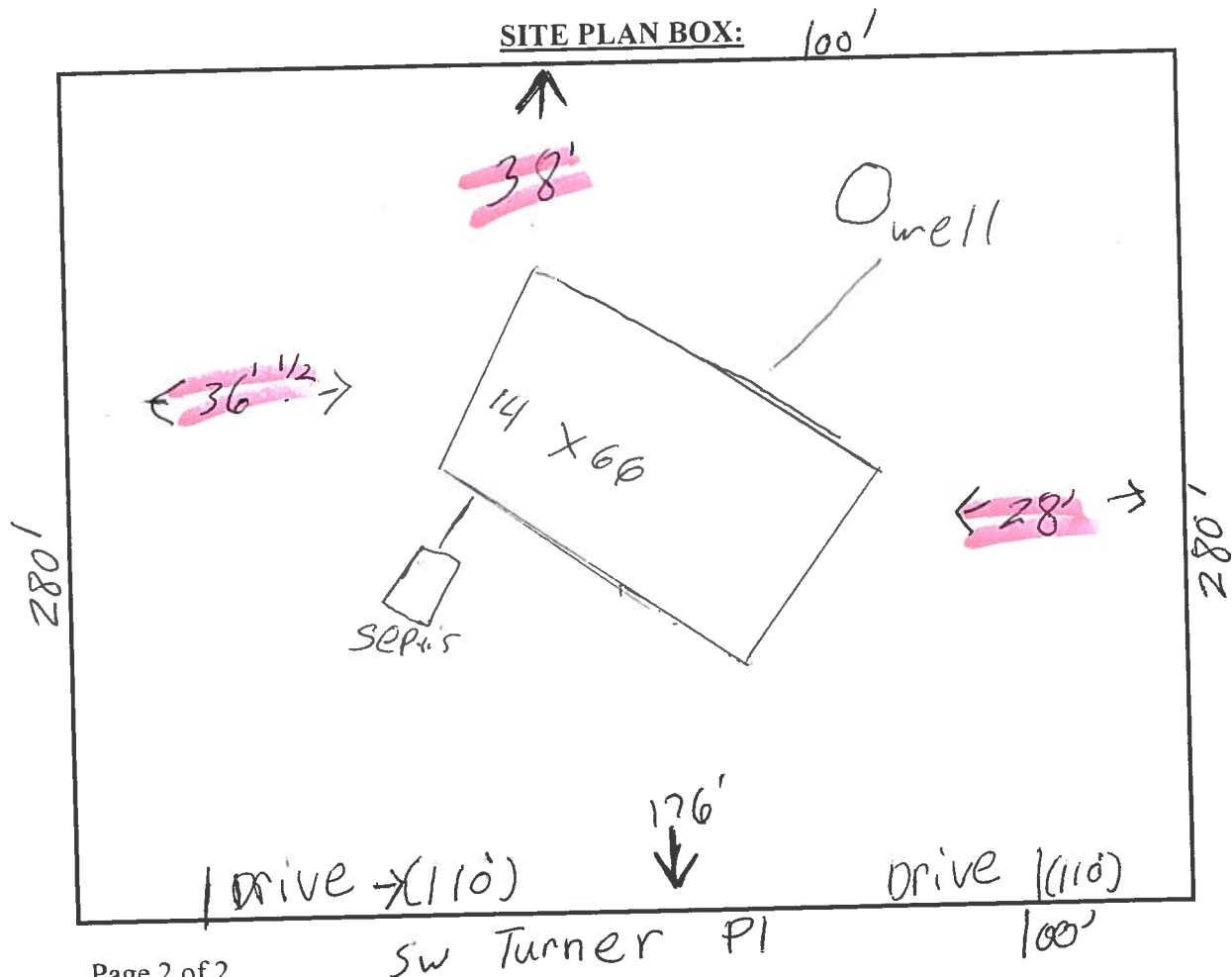
Page 2, Site Plan for 9-1-1 Address Application From

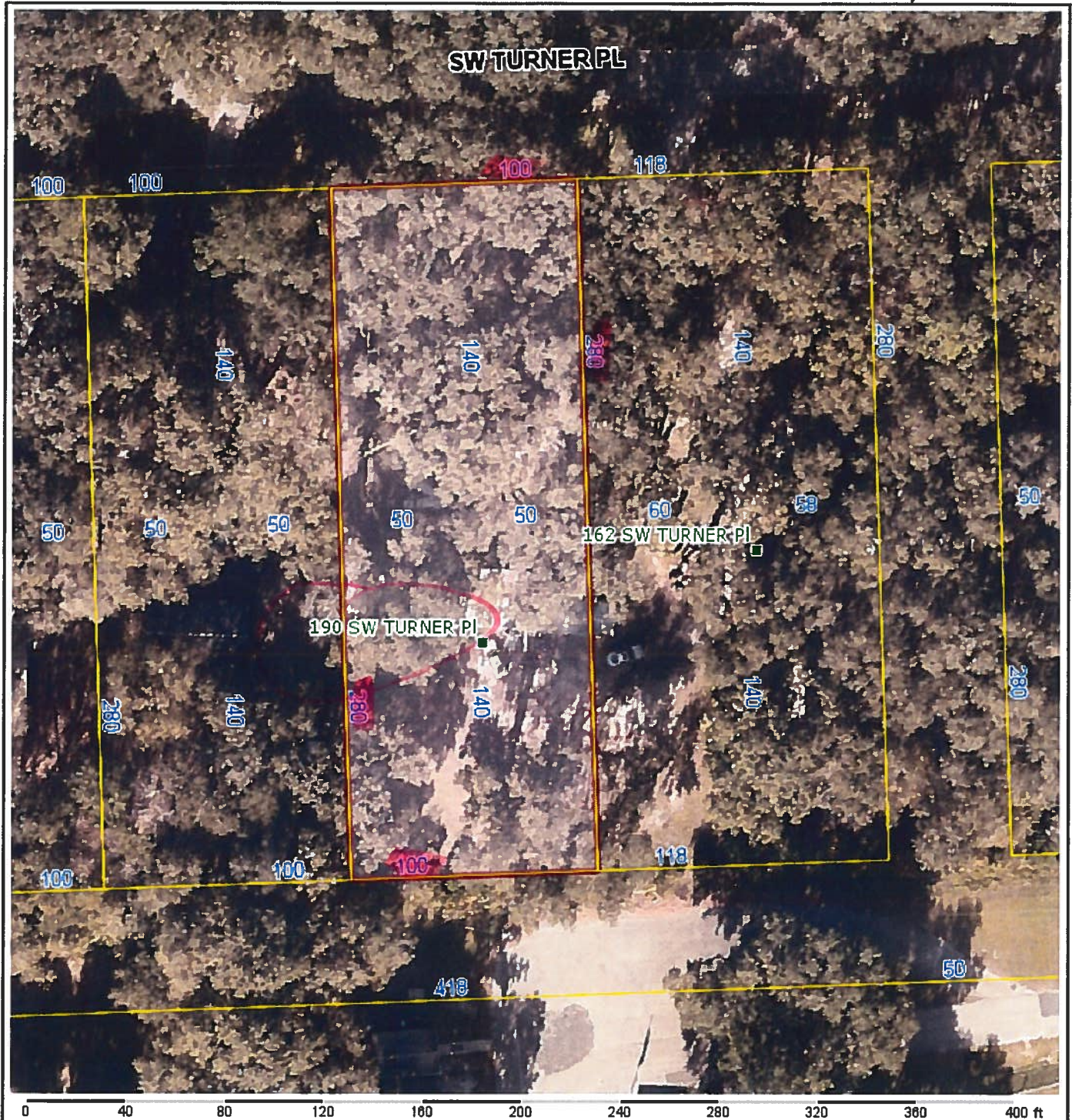
1. A PLAT, PLAN, OR DRAWING SHOWING THE PROPERTY LINES OF THE PARCEL.
2. LOCATION OF PLANNED RESIDENT OR BUSINESS STRUCTURE ON THE PROPERTY WITH DISTANCES FROM AT LEAST TWO OF THE PROPERTY LINES TO THE STRUCTURE (SEE SAMPLE BELOW).
3. LOCATION OF THE ACCESS POINT (DRIVEWAY, ETC.) ON THE ROADWAY FROM WHICH LOCATION IS TO BE ADDRESSED WITH A DISTANCE FROM A PARALLEL PROPERTY LINE AND OR PROPERTY CORNER (SEE SAMPLE BELOW).
4. TRAVEL OF THE DRIVEWAY FROM THE ACCESS POINT TO THE STRUCTURE (SEE SAMPLE BELOW).

SAMPLE:



SITE PLAN BOX:





Columbia County Property Appraiser Jeff Hampton | Lake City, Florida | 386-758-1083

PARCEL: 22-5S-17-09340-030 HX H3 OTHER | MOBILE HOM (000200) | 0.64 AC

LOTS 3, 4, 17 & 18 BLOCK 8 MASON CITY S/D ORB 764-1982, WD 881-1619.

DAVIS BERNICE MARIE

Owner: C/O LANA TOWNSEND
1145 SW SASSAFRAS ST
FT WHITE, FL 32038

Site: 190 TURNER PL, LAKE CITY

Sales Info 7/31/1992 \$7,500 V(U)

2019 Preliminary Certified

Mkt Lnd	\$13,865	Appraised	\$25,121
Ag Lnd	\$0	Assessed	\$23,808
Bldg	\$10,956	Exempt	\$23,808
XFOB	\$300	Total	county:\$0 city:\$0
Just	\$25,121	Taxable	other:\$0 school:\$0

NOTES:



Columbia County, FL

This information was derived from data which was compiled by the Columbia County Property Appraiser Office solely for the governmental purpose of property assessment. This information should not be relied upon by anyone as a determination of the ownership of property or market value. No warranties, expressed or implied, are provided for the accuracy of the data herein. It's use, or it's interpretation. Although it is periodically updated, this information may not reflect the data currently on file in the Property Appraiser's office.

GrizzlyLogic.com

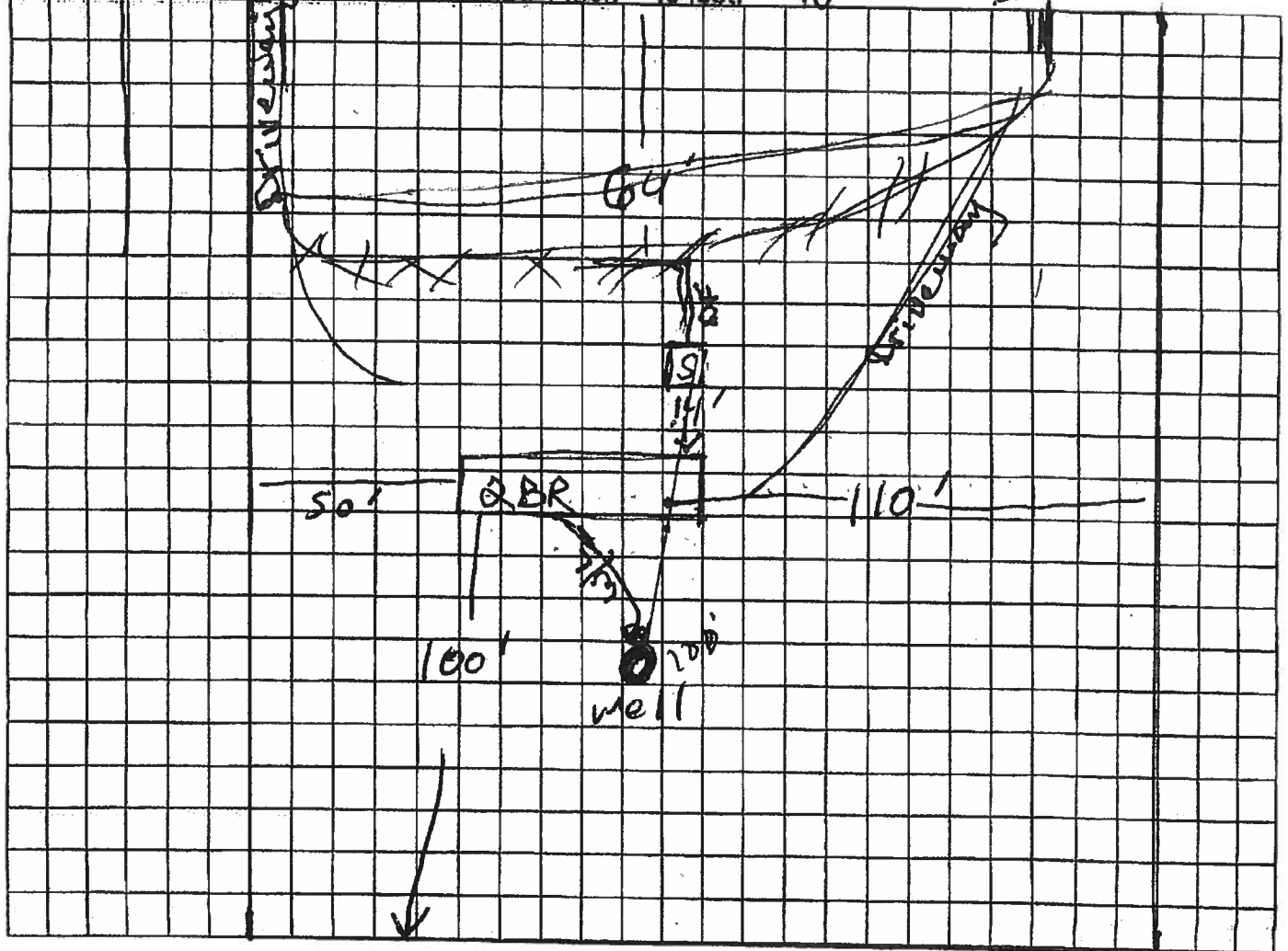
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

19-0095

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

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



Notes:

Site Plan submitted by

TITLE

DATE: 9-13-19

Plan Approved

Not Approved

Date 9/18/19

By

ESI

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. 19-8695
DATE PAID: 9/13/19
FEE PAID: 400.00
RECEIPT #: 143346p

APPLICATION FOR:

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

APPLICANT: Anthony Burgess

AGENT: _____

TELEPHONE: 386-466-7MAILING ADDRESS: 128 S.W. Susan Cir Lake City, FL 32025

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: 3, 4, 17, 18 BLOCK: 8 SUBDIVISION: Mason City PLATTED: 1

PROPERTY ID #: 22-55-17-09340-030 ZONING: _____ I/M OR EQUIVALENT: ☐ Y / ☐ N

PROPERTY SIZE: 0.64 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ <=2000GPD ☐ >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ Y / ☐ N DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: 190 Turner St

DIRECTIONS TO PROPERTY: _____

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	mobile home	2	924	like for like
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Anthony Burgess DATE: 9-13-19

Inspections For 9/20/2019

Permit# -Mobile Home

Related Permit:

Contractor:

Phone: 386-466-4216

Owner: DAVIS BERNICE MARIE

Phone: 386-466-4216

Address: 190 SW TURNER PL LAKE CITY, FL 32025

CO Paid?: No | Septic Released?: Yes | Driveway Final?: No

Set Order	Set Time	Assign To	Requested By
0	AM	TC	LAUREL HUBBARD

Driving Directions:
MOBILE HOME IS AT FIRST COAST MOBILE HOMES LOT

Public Notes:

Private Notes:

Data plate picture in file
MOBILE HOME IS A FIRST COAST MOBILE HOMES SALLS LOT

- View App
- View On Web
- Driving Directions
- View Map
- Property Appraiser

Requested Inspections on 9/20/2019

Completed Inspections

Septic Release Inspection
09/19/2019 11:43 AM

Images: Passed Mobile Home - In County Permit Mobile Home
09/20/2019 10:10 AM



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

PERMIT NO. - 19-869
DATE PAID: 9/19/19
FEE PAID: 26010
RECEIPT #: 1433464

APPLICATION FOR:

[] New System [☒] Existing System [] Holding Tank [] Innovative
[] Repair [] Abandonment [] Temporary []

APPLICANT: Anthony Burgess

AGENT: TELEPHONE: 386-466-

MAILING ADDRESS: 128 S.W. Susan Cir Lake City, FL 32025

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: 3, 4, 17, 18 BLOCK: 8 SUBDIVISION: Mason City-1 PLATTED: 1

PROPERTY ID #: 22-55-17-09340-030 ZONING: I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 0.64 ACRES WATER SUPPLY: [☒] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 190 Turner St

DIRECTIONS TO PROPERTY:

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	mobile home	2	924	like for like
2				
3				
4				

[] Floor/Equipment Drains [] Other (Specify)

SIGNATURE: DATE: 9-13-19

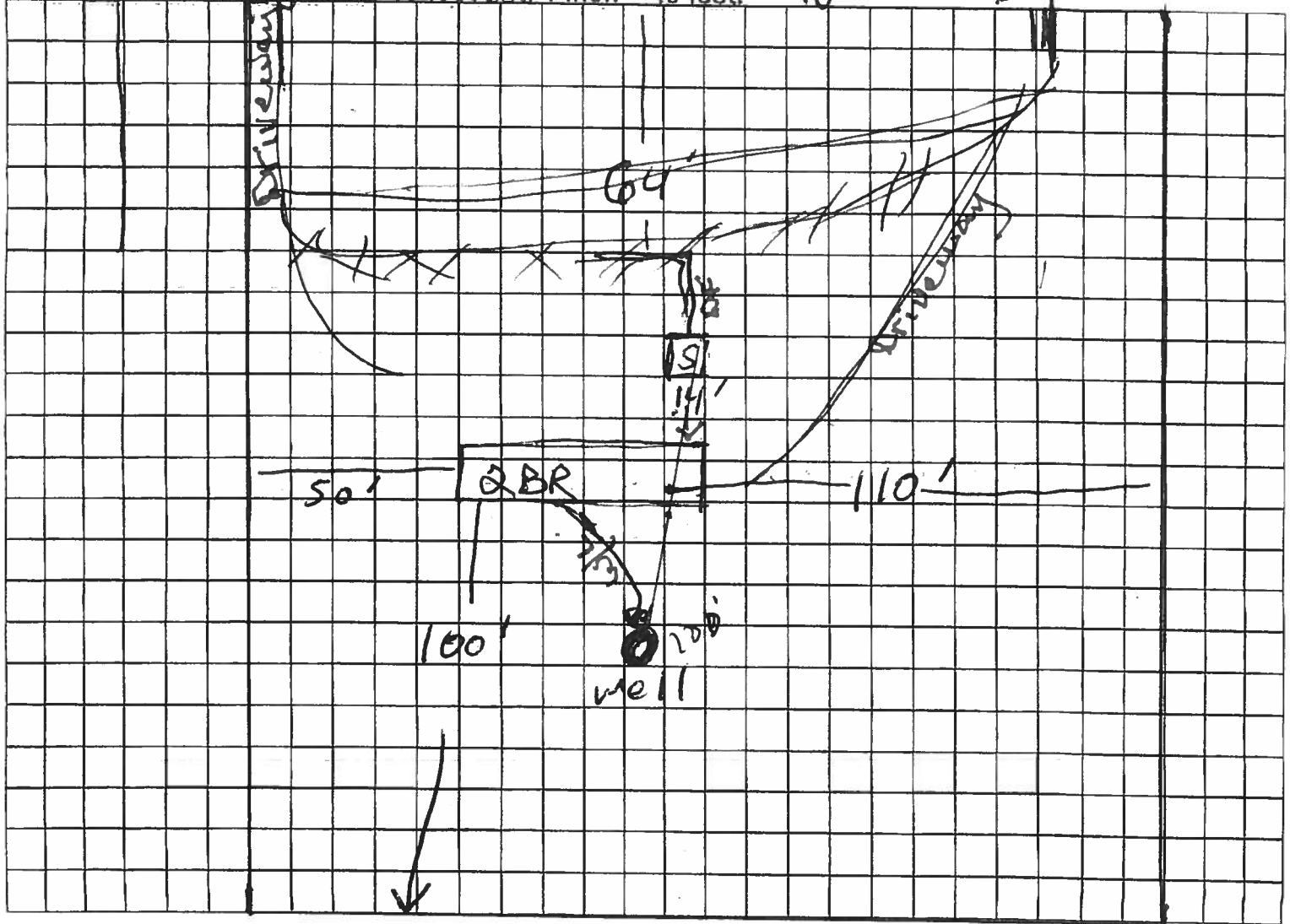
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

19-0695

PART II - SITEPLAN

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



Notes:

Site Plan submitted by:

TITLE

DATE:

9-13-19

Plan Approved

Not Approved

Date

9/18/19

By

ESI

Columbia

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Columbia County Property Appraiser

Jeff Hampton

2019 Preliminary Certified Values

updated: 8/14/2019

Parcel: << **22-5S-17-09340-030** >>

Aerial Viewer Pictometry Google Maps

Owner & Property Info

Result: 6 of 51

Owner	DAVIS BERNICE MARIE C/O LANA TOWNSEND 1145 SW SASSAFRAS ST FT WHITE, FL 32038		
Site	190 TURNER PL, LAKE CITY		
Description*	LOTS 3, 4, 17 & 18 BLOCK 8 MASON CITY S/D. ORB 764-1982, WD 881-1619,		
Area	0.64 AC	S/T/R	22-5S-17
Use Code**	MOBILE HOM (000200)	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 Preliminary Certified	
Mkt Land (2)	\$12,615	Mkt Land (2)	\$13,865
Ag Land (0)	\$0	Ag Land (0)	\$0
Building (1)	\$10,834	Building (1)	\$10,956
XFOB (1)	\$300	XFOB (1)	\$300
Just	\$23,749	Just	\$25,121
Class	\$0	Class	\$0
Appraised	\$23,749	Appraised	\$25,121
SOH Cap [?]	\$385	SOH Cap [?]	\$1,313
Assessed	\$23,364	Assessed	\$23,808
Exempt	HX H3 OTHER \$23,364	Exempt	HX H3 OTHER \$23,808
Total	county:\$0 city:\$0	Total	county:\$0 city:\$0
Taxable	other:\$0 school:\$0	Taxable	other:\$0 school:\$0

**▼ Sales History**

Sale Date	Sale Price	Book/Page	Deed	V/I	Quality (Codes)	RCode
7/31/1992	\$7,500	764/1982	AG	V	U	13

▼ Building Characteristics

Bldg Sketch	Bldg Item	Bldg Desc*	Year Blt	Base SF	Actual SF	Bldg Value
Sketch	1	MOBILE HME (000800)	1993	1060	1156	\$10,956

*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)
0296	SHED METAL	2013	\$300.00	1.000	0 x 0 x 0	(000.00)

▼ Land Breakdown