

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

Decal #

For Office Use Only (Revised 1-11) Zoning Official BK 06. Aug. 12 Building Official J.C. 8-6-12

AP# 1207-50 Date Received 7-26-12 By LH Permit # 30409

Flood Zone X Development Permit N/A Zoning A-3 Land Use Plan Map Category A-3

Comments Section 23.1 Legal lot of Record based on 1984 aerial and old recorded deed book/page

FEMA Map# N/A Elevation N/A Finished Floor above River N/A In Floodway N/A

☒ Site Plan with Setbacks Shown ☒ EH # 12-345-E ☒ EH Release ☒ Well letter ☒ Existing well

☒ Recorded Deed or Affidavit from land owner ☒ Installer Authorization ☒ State Rd Access ☒ 911 Sheet

☒ Parent Parcel # N/A ☒ STUP-MH N/A ☒ W Comp. letter ☒ App Fee Pd ☒ VF Form

IMPACT FEES: EMS pd Fire pd Corr pd ☒ Out County ☒ In County pd

Road/Code pd School pd = TOTAL pd Suspended March 2009 pd ☒ Ellisville Water Sys

Property ID # 35-25-16-01879-002 Subdivision N/A

- New Mobile Home Wilson Used Mobile Home Same MH Size 14x60 Year 1983
- Applicant Leila Wilson Sharrock Phone # (386) 965-7671
- Address 243 NW Winfield St. Lake City, FL 32055
- Name of Property Owner Leila Wilson Sharrock Phone # (386) 965-7671
- 911 Address 243 NW Winfield St. Lake City, FL 32055
- Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric Progress Energy
- Name of Owner of Mobile Home Same Phone # Same
Address Same
- Relationship to Property Owner Same
- Current Number of Dwellings on Property 0
- Lot Size See Attached Drawing Total Acreage 1.04 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 NO (Already there)
- Driving Directions to the Property US 41 North go to 1/4 mile on (2) Winfield St
- Name of Licensed Dealer/Installer Fernon Jones Phone # 352-318-4711
- Installers Address 6295 SW 71st Ave Lake Butler FL 32054
 - License Number TH1025918 Installation Decal # 8268

left a message 8-21-12

325.00

COLUMBIA COUNTY PERMIT WORKSHEET

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

Installer Fernon Jones License # 141605418

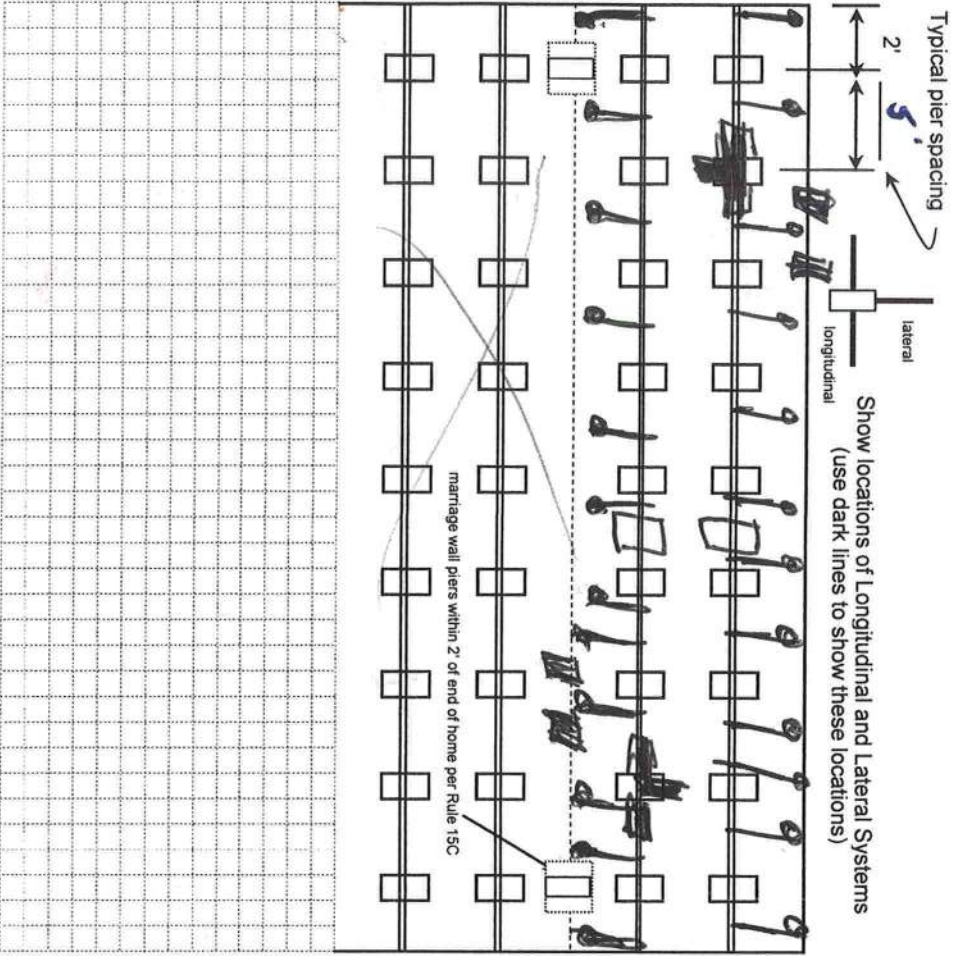
911 Address where home is being installed. 243 New Whitfield Bt Lake City
FL 32055

Manufacturer Justate Length x width 19'60"

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 FJ



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 # 82268

Triple/Quad ☐ Serial # SMFL449059

(425) wind zone better Attached

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	Footer size (256)	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 dsf	3'	4'	4'	5'	6'	7'	8'
1500 dsf	4' 6"	6'	7'	8'	8'	8'	8'
2000 dsf	6'	8'	8'	8'	8'	8'	8'
2500 dsf	7' 6"	8'	8'	8'	8'	8'	8'
3000 dsf	8'	8'	8'	8'	8'	8'	8'
3500 dsf	8'	8'	8'	8'	8'	8'	8'

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

PIER PAD SIZES

I-beam pier pad size 12x25

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

4 ft 5 ft

FRAME TIES

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

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)

Manufacturer Oliver

Longitudinal Stabilizing Device w/ Lateral Arms

Manufacturer

OTHER TIES

Number

Longitudinal Marriage wall

Longitudinal Marriage wall

Shearwall

POCKET PENETROMETER TEST

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

1500 x 2500 x 2000

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.

2000 x 1500 x 2000

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. 1 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.

FJD Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Fernan Jones

Date Tested

7/11/12

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. 15

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 15

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 15

Site Preparation

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

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

FJD

Type gasket Pinseel
Pg. 14 Oliver

Installed:

Between Floors Yes _____
Between Walls Yes _____
Bottom of ridgebeam Yes _____

Weatherproofing

The bottomboard will be repaired and/or taped. Yes ✓ Pg. 14
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 over 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

Installer Signature

Fernan Jones Date 7/11/12

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

Thursday 8-6-12
DATE RECEIVED 7-26-12 BY LH IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? Yes
OWNERS NAME Leila Wilson-Sharrock PHONE CELL 965-7671
ADDRESS 243 NW Winfield St. Lake City FL 32055
MOBILE HOME PARK SUBDIVISION
DRIVING DIRECTIONS TO MOBILE HOME 41 North, (R) Winfield St, 1/4 mile
on (R)

MOBILE HOME INSTALLER Ferman Jones PHONE CELL 352-318-4711

MOBILE HOME INFORMATION

MAKE Sunstate YEAR 83 SIZE 14 x 60 COLOR Brown

SERIAL No. SSMFLAA 90059

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

\$50.00

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

Date of Payment: 7-26-12
Paid By: Leila Wilson-Sharrock
Notes: Out of B. In
application & copy of
data page.

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 Jay Cur ID NUMBER 304 DATE 8-6-12

DHS-V-V-MH8
(2-81)

MANUFACTURER'S REPORT

STATE OF FLORIDA

HUD LABEL # PA195186

M.H. ID OR SERIAL # 9006A000059

DATE ASSIGNED OR RECD 9-21-82

MAKE OF MODEL WATER RESEARCH CORP YEAR: 1983

MFR. NAME SUBSTATE MED HOMES

ADDRESS 5109 CONG RD

TAMPA FLA 33610
City State Zip

DIVISION OF HIGHWAY SAFETY AND MOTOR VEHICLES
ROOM 167, NEIL KIRKMAN BLDG., 2900 APALACHEE PKWY
TALLAHASSEE, FLORIDA 32301

DEALER'S NAME STOCK CAROLINA M.H.S

ADDRESS

LAKE CITY, FL
City State Zip

DATA NAME RADCO

ADDRESS PO BOX 512
LAKE CITY FL 33526
City State Zip

STRUCTURAL DESIGN BASIS CERTIFICATE



ROOF LOAD

☐ North 40 PSF
☐ Middle 30 PSF
☒ South 20 PSF
☐ Other _____

☐ Zone I
☒ Zone II
☐ Zone III
☐ Other _____

WIND LOAD

☐ 15 PSF Horizontal & 8 PSF Uplift
☒ 25 PSF Horizontal & 15 PSF Uplift
☐ Other _____

EQUIPMENT

	BTU/Hr.	MANUFACTURER	MODEL	DESIGNATION
Air Conditioning				
Comfort Heating				
Cooking Range				
Built-in Oven				
Counter-top Cooking Unit				
Refrigerator				
Water Heater				
Clothes Washer				
Clothes Dryer				
Dishwasher				
Food Waste				
Smoke Detector				

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 -10°F. To maintain furnace operating economy, and to conserve energy, it is recommended that this home be installed where the outdoor winter season temperature (70°F) is not higher than 13°F.

The above information has been calculated assuming a maximum wind velocity of 25 mph at standard atmospheric pressure.

The supply air distribution system installed in this home is:

☐ Not Designed for A/C ☒ 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 (without windows & doors)..... U-0.12
Ceiling & floor of light color..... U-0.12
Ceiling & floor of dark color..... U-0.12
Floor..... U-0.12
Air ducts in floor..... U-0.12
Air ducts in ceiling..... U-0.12
Air ducts installed outside the home..... U-0.12
Seal Transfers from outside of home from Air Ducts..... U-0.12
Insulation Inside home..... R-11 Outside home..... R-11

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

SIGNED: 9-21-82
DATE
Authorized Representative

LESTER E. PERRE
Type of Print Name

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>Leila Wilson-Sharrock</u> License #: <u>Owner</u>	Signature <u>Leila Wilson Sharrock</u> Phone #:
MECHANICAL/ A/C	Print Name <u>Leila Wilson-Sharrock</u> License #: <u>Owner</u>	Signature <u>Leila Wilson Sharrock</u> Phone #:
PLUMBING/ GAS	Print Name <u>Leila Wilson-Sharrock</u> License #: <u>Owner</u>	Signature <u>Leila Wilson Sharrock</u> Phone #:

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



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, Fermon Jones Installers Name, 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
<u>Leila Wilson-Sharrock</u>	<u>Leila Wilson-Sharrock</u>	<u>Owner</u>
X		

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.

Fermon Jones
License Holders Signature (Notarized)

TH1025418 7/13/12
License Number Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Alachua

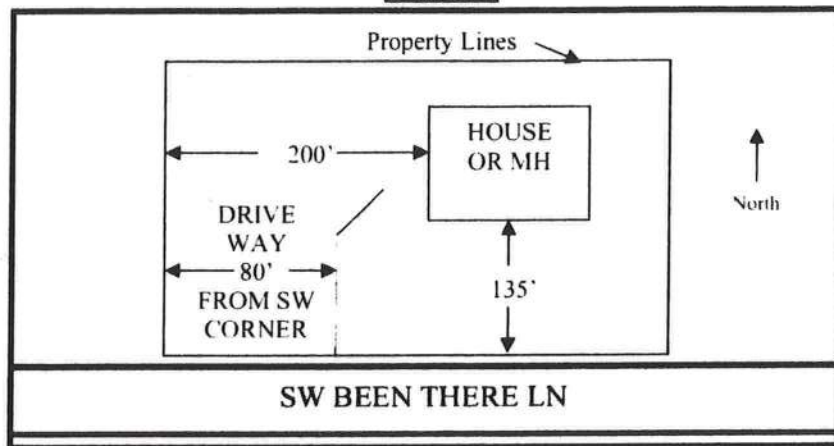
The above license holder, whose name is Fermon Jones, personally appeared before me and is known by me or has produced identification (type of I.D.) personally known on this 13 day of July, 2012.

Teresa Joyner
NOTARY'S SIGNATURE

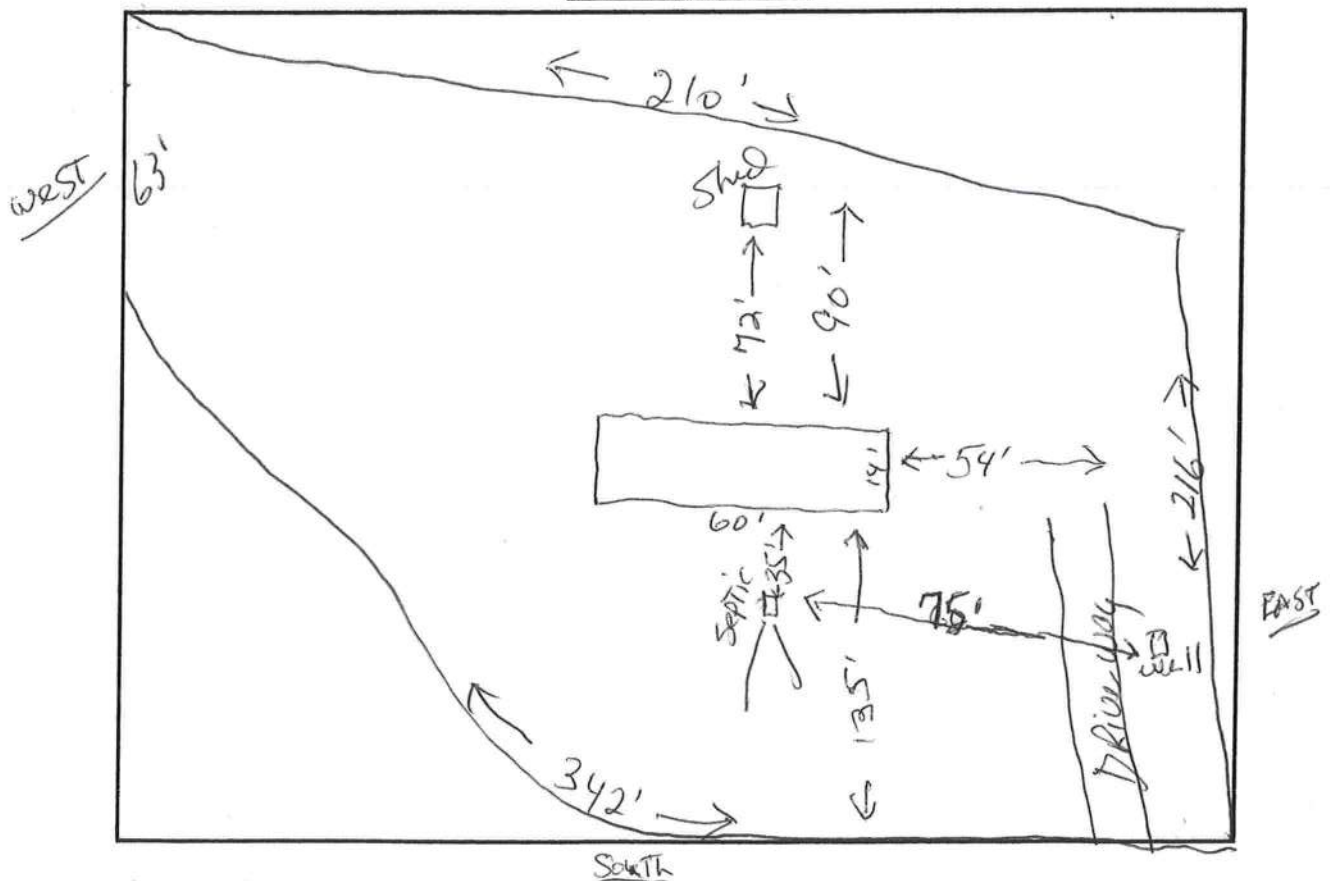


1. A PLAT, PLAN, OR DRAWING SHOWING THE PROPERTY LINES OF THE PARCEL.
2. LOCATION OF PLANNED RESIDENT OR BUSINESS STRUCTURE ON THE PROPERTY WITH DISTANCES FROM AT LEAST TWO OF THE PROPERTY LINES TO THE STRUCTURE (SEE SAMPLE BELOW).
3. LOCATION OF THE ACCESS POINT (DRIVEWAY, ETC.) ON THE ROADWAY FROM 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 9-1-1 ADDRESSING

P. O. Box 1787, Lake City, FL 32056-1787

PHONE: (386) 758-1125 * FAX: (386) 758-1365 * Email: ron_croft@columbiacountyfla.com

Addressing Maintenance

To maintain the Countywide 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 assigning 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 Service 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 REQUESTED: 7/3/2012 DATE ISSUED: 7/3/2012

ENHANCED 9-1-1 ADDRESS:

243 NW WINFIELD ST

LAKE CITY FL 32055

PROPERTY APPRAISER PARCEL NUMBER:

35-2S-16-01879-002

Remarks:

RE-ISSUE OF EXISTING ADDRESS FOR NEW STRUCTURE ON PARCEL.

Address Issued By: 

Columbia County 9-1-1 Addressing / GIS Department

NOTICE: THIS ADDRESS WAS ISSUED BASED ON LOCATION INFORMATION RECEIVED FROM THE REQUESTER. SHOULD, AT A LATER DATE, THE LOCATION INFORMATION BE FOUND TO BE IN ERROR, THIS ADDRESS IS SUBJECT TO CHANGE.

Inst: 200712020008 Date: 9/4/2007 Time: 1:41 PM
Doc Stamp-Deed: 0.70
DC, P. DeWitt Cason, Columbia County Page 1 of 1

QUIT-CLAIM DEED

THIS QUIT-CLAIM DEED, Executed this 4th day of September, 2007, by Fulton Richardson, first party, whose post office address is P.O. Box 285, White Spgs Florida, 32096 to Leila Wilson - Sharrock, second party, whose post office address is 643 NW Moore Rd., Lake City Florida 32055.

(Wherever used herein the terms "first party" and "second party" shall include singular and plural, heirs, legal representatives and assigns of individuals, and the successors and assigns of corporations, wherever the context so admits or requires.)

WITNESSETH, That the said first party, for and in consideration of the sum of 0 in hand by the said second party, the receipt whereof is hereby acknowledged, does hereby remise, release and quit-claim unto the said second party forever, all the right, title, interest, claim and demand which the said first party has in and to the following described lot, piece or parcel of land, situate, lying and being in the County of Columbia State of Florida, to-wit: TOWNSHIP 2 SOUTH - RANGE 16 EAST

Section 35: Commence at the Northwest corner of the SW 1/4 of the SW 1/4 of said Section; and run S 10° 33' 01" E 607.92 feet to the centerline of a County Paved Road; thence S 59° 47' 57" E 215.73 feet along said centerline; thence N 30° 12' 08" E 30.00 feet to the Northerly right-of-way line of said County Paved Road and the POINT OF BEGINNING; thence N 10° 33' 01" W 95.35 feet to a concrete monument; thence N 89° 29' 57" E 210.00 feet to a concrete monument; thence S 31° 16' 57" E 208.36 feet to said Northerly right-of-way line, said point being also on the arc of a curve concave to the right having a radius of 215.41 feet and a central angle of 54° 00' 38"; thence Westerly along the arc of said curve 203.06 feet to the Point of Tangency of said curve; thence N 59° 47' 57" W along said Right-of-way line 139.17 feet to the POINT OF BEGINNING. Containing 1.00 acre, more or less.

Property Appraiser's Parcel Identification Number

35-25-16-01879-002

TO HAVE AND TO HOLD the same together with all and singular the appurtenances thereunto belonging or in anywise appertaining, and all the state, right, title, interest, lien, equity and claim whatsoever of the said first party, either in law or equity, to the only proper use, benefit and behalf of the said second party forever.

IN WITNESS WHEREOF, the said first party has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in presence of:

Denise Bartlett
Witness Signature
Denise Bartlett
Name - Typed or Printed
Andrew Carrender
Witness Signature
Andrew Carrender
Name - Typed or Printed

Fulton Richardson
Signature
Fulton Richardson
Name - Typed or Printed

Signature
Name - Typed or Printed

STATE OF FLORIDA
COUNTY OF Columbia

THE FOREGOING INSTRUMENT was acknowledged before me this 4th day of September, 2007 by Fulton Richardson who is/are personally known to me or who has/have produced personally known as identification and who did/did not take an oath.

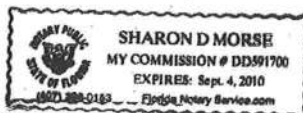
Sharon D. Morse
Signature of Notary Public
Sharon D. Morse
Name of Notary - Typed or Printed

Title or Rank

Serial Number, if any

This Instrument Prepared By:

Sharon Morse
Name - Typed or Printed
2941 W. US Hwy 90 Suite 115
Lake City FL 32055
Mailing Address



Columbia County Property Appraiser

CAMA updated: 6/7/2012

2011 Tax Year

Tax Collector

Tax Estimator

Property Card

Parcel List Generator

Interactive GIS Map

Print

Parcel: 35-2S-16-01879-002

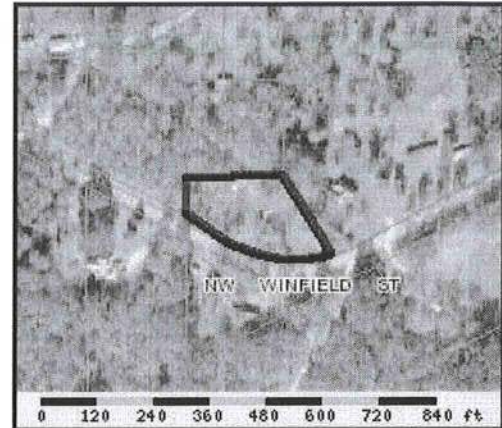
<< Next Lower Parcel

Next Higher Parcel >>

Search Result: 1 of 1

Owner & Property Info

Owner's Name	WILSON-SHARROCK LEILA		
Mailing Address	243 NW WINFIELD ST LAKE CITY, FL 32055		
Site Address	243 NW WINFIELD ST		
Use Desc. (code)	MISC RES (000700)		
Tax District	3 (County)	Neighborhood	35216
Land Area	1.000 ACRES	Market Area	03
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction. COMM 607.92 FT S OF NW COR OF SW1/4 OF SW1/4, BEING C/L OF CO PAVED RD, SE ALONG CENTER OF RD 215.73 FT, N 30 DEG E 30 FT TO N R/W OF SAID CO RD & THE POB, RUN N 95.35 FT, E 210 FT, S 31 DEG E 208.36 FT TO N R/W OF RD, WLY ALONG RD R/W 203.06 FT, N 59 DEG W ALONG R/W 139.17 FT TO POB. ORB 392-260, QC 1129-2708		



Property & Assessment Values

2011 Certified Values		
Mkt Land Value	cnt: (0)	\$11,695.00
Ag Land Value	cnt: (2)	\$0.00
Building Value	cnt: (0)	\$0.00
XFOB Value	cnt: (1)	\$300.00
Total Appraised Value		\$11,995.00
Just Value		\$11,995.00
Class Value		\$0.00
Assessed Value		\$11,995.00
Exempt Value		\$0.00
Total Taxable Value	Cnty: \$11,995 Other: \$11,995 Schl: \$11,995	

2012 Working Values

NOTE:
2012 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
9/4/2007	1129/2708	QC	V	U	01	\$100.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
			NONE			

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0294	SHED WOOD/	2008	\$300.00	0000001.000	0 x 0 x 0	(000.00)

Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
000700	MISC RES (MKT)	1 AC	1.00/1.00/1.00/1.00	\$8,726.13	\$8,726.00

**CODE ENFORCEMENT DEPARTMENT
COLUMBIA COUNTY, FLORIDA
OUT OF COUNTY MOBILE HOME INSPECTION REPORT**

COUNTY THE MOBILE HOME IS BEING MOVED FROM Columbia County
OWNERS NAME X Leila Sharrock PHONE X 965-7671 CELL _____
INSTALLER Fernon Jones PHONE 352-318-4711 CELL _____
INSTALLERS ADDRESS 6795 SW, 71st Ave Lake Butler FL 32051

MOBILE HOME INFORMATION

MAKE Sunstate YEAR 83 SIZE 14 X 60
COLOR Brown SERIAL No. SSmFLAA 90059
WIND ZONE TL SMOKE DETECTOR ✓

INTERIOR:

FLOORS good
DOORS good
WALLS good
CABINETS good
ELECTRICAL (FIXTURES/OUTLETS) good

EXTERIOR:

WALLS / SIDING good
WINDOWS good
DOORS good

INSTALLER: APPROVED ✓ NOT APPROVED _____

INSTALLER OR INSPECTORS PRINTED NAME Fernon Jones

Installer/Inspector Signature [Signature] License No. TH1025418 Date 7/11/12

NOTES: Owner will make all repairs as needed for inspection

ONLY THE ACTUAL LICENSE HOLDER OR A BUILDING INSPECTOR CAN SIGN THIS FORM.

NO WIND ZONE ONE MOBILE HOMES WILL BE PERMITTED. MOBILE HOMES PRIOR TO 1977 ARE PRE-HUD AND THE WIND ZONE MUST BE PROVEN TO BE PERMITTED.

BEFORE THE MOBILE HOME CAN BE MOVED INTO COLUMBIA COUNTY THIS FORM MUST BE COMPLETED AND RETURNED TO THE COLUMBIA COUNTY BUILDING DEPARTMENT.

ONCE MOVED INTO COLUMBIA COUNTY AN INSPECTOR MUST COMPLETE A PRELIMINARY INSPECTION ON THE MOBILE HOME. CALL 386-758-1008 TO SET UP THIS INSPECTION. NO PERMIT WILL BE ISSUED BEFORE THIS IS DONE.

Code Enforcement Approval Signature [Signature] Date 7-26-12

DHSV-V-MHB
(1-81)

MANUFACTURER'S REPORT

STATE OF FLORIDA

HUD LABEL # PA195186
M.H. ID OR SERIAL # 1506A990059
DATE ASSIGNED OR MFRD 9-21-82

DIVISION OF MOTOR VEHICLES
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
ROOM 167, NEIL KIRKMAN BLDG., 2900 APALACHEE PKWY
TALLAHASSEE, FLORIDA 32301

DEALER'S NAME STOCK CATALINA M.H.S
ADDRESS LAKE CITY FL
City State ZIP

MAKE OF MODEL 2008 BENTON YEAR: 1983

DESTINATION (STATE) FLA

City State ZIP

MFR. NAME SUBSTITUTE MED HOMES
ADDRESS 5109 CONG RD.

SIZE: UNIT A 14' x 6' UNIT B 14' x 6' UNIT C 14' x 6'

DATA NAME PADCO
ADDRESS PO BOX 812

City State ZIP

TAMPA FLA 33610
City / State / ZIP

☒ SINGLE () DOUBLE () TRIPLE
☒ EXCLUDING HITCH () INCLUDING HITCH

City State ZIP

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

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 climate

☒ 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 -10°F. The above information has been calculated assuming a maximum wind velocity of 25 mph at standard atmospheric pressure.

The supply air distribution system installed in this home is suitable for use with the minimum BTU requirements for heating and cooling on the "U" FACTORS AS DESIGNATED BELOW.

EQUIPMENT
Air Conditioning (BTU/HR.)
Comfort Heating (BTU/HR.)
Cooking Range
Built-in Oven
Counter-top Cooking Unit
Refrigerator
Water Heater
Clothes Washer
Clothes Dryer
Dishwasher
Food Waste
Smoke Detector

MANUFACTURER
DESIGNATION
MODEL
TAGS
SERIAL

Walls (without windows & doors)
Ceilings & floors of light color
Ceilings & floors of dark color
Air ducts in place
Air ducts in ceiling
Air ducts installed outside the home
Heat transfer area to outside of home from air ducts located inside home

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

SIGNED: 9-21-82
DATE

Authorized Representative
Type of Print Name



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

PERMIT NO. 12-1325
DATE PAID: 8/2/12
FEE PAID: 125.00
RECEIPT #: 1908203
AP1079706

APPLICATION FOR:

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

APPLICANT: Leila Carter Sharrock

AGENT: _____

TELEPHONE: 386 344-5569MAILING ADDRESS: 243 NW Winfield St LX City, FL 32055

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3)(a) OR 489.552, FLORIDA STATUTES.

PROPERTY INFORMATION

LOT: _____ BLOCK: _____ SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: 35-25-16-01879-002 ZONING: 3 I/M OR EQUIVALENT: ☐ Y ☐ NPROPERTY SIZE: 1 ACRES WATER SUPPLY: ☐ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPDIS SEWER AVAILABLE AS PER 381.0065, FS? ☐ Y ☐ N DISTANCE TO SEWER: _____ FTPROPERTY ADDRESS: 243 NW Winfield St LX City, FLDIRECTIONS TO PROPERTY: 41 N 5 miles N of Hwy 10

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	MH	2	600 ft	ORIGINAL ATTACHED
2				
3				
4				

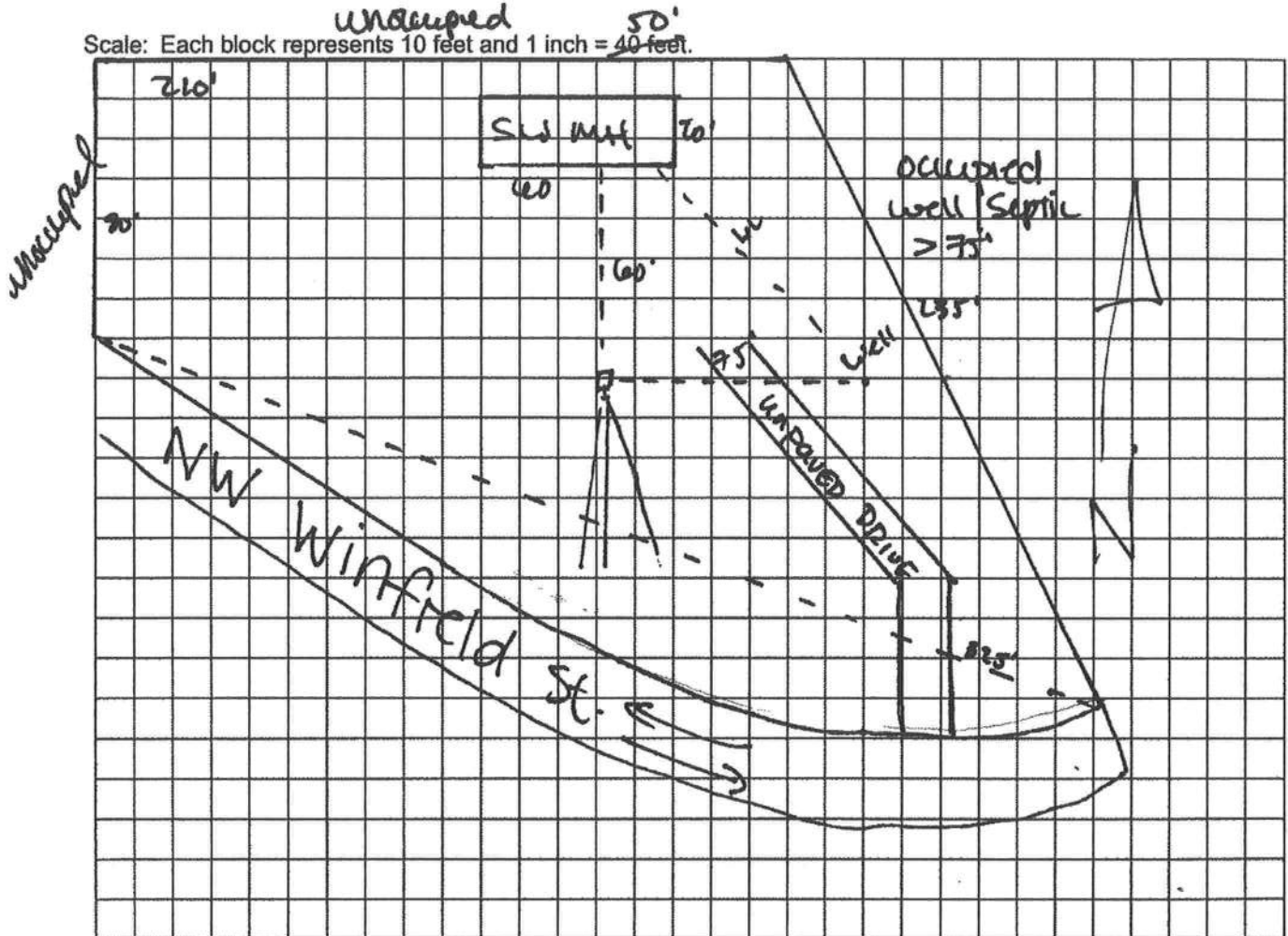
☒ Floor/Equipment Drains ☐ Other (Specify) _____SIGNATURE: Leila SharrockDATE: 7/5/12

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 12-305E

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

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



Notes: _____

Site Plan submitted by: _____

Plan Approved ☒

Not Approved ☐

Date 8/21/12

By _____

Columbia CHD

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



Ronnie Brannon, Tax Collector

Proudly Serving The People of Columbia County

Site Provided by...
governmax.com 1.12

Tax Record

Last Update: 8/22/2012 12:22:10 PM EDT

print 1 of 1 Account Number

Details

Tax Record

» Print View

Legal Desc.

Appraiser Data

Tax Payment

Payment History

Print Tax Bill [NEW!](#)

Change of Address

Searches

Account Number

Owner Name

Property Address

Mailing Address

Site Functions

Tax Search

Local Business Tax

Tax Sale List

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.

Account Number	Tax Type	Tax Year			
R01879-002	REAL ESTATE	2011			
Mailing Address WILSON-SHAROCK LELLA 243 NW WINFIELD ST LAKE CITY FL 32055					
Property Address 243 WINFIELD NW LAKE CITY GEO Number 162S35-01879-002					
Exempt Amount	Taxable Value				
See Below	See Below				
Exemption Detail NO EXEMPTIONS Millage Code 003 Escrow Code					
Legal Description (click for full description) 35-2S-16 0700/0100 1.00 Acres COMM 607.92 FT S OF NW COR OF SW1/4 OF SW1/4, BEING C/L OF CO PAVED RD, SE ALONG CENTER OF RD 215.73 FT, N 30 DEG E 30 FT TO N R/W OF SAID CO RD & THE POB, RUN N 95.35 FT, E 210 FT, S 31 DEG E 208.36 FT TO N R/W OF RD, W'LY ALONG RD R/W See Tax Roll For Extra Legal					
Ad Valorem Taxes					
Taxing Authority	Rate	Assessed Value	Exemption Amount	Taxable Value	Taxes Levied
BOARD OF COUNTY COMMISSIONERS	8.0150	11,995	0	\$11,995	\$96.14
COLUMBIA COUNTY SCHOOL BOARD					
DISCRETIONARY	0.7480	11,995	0	\$11,995	\$8.97
LOCAL	5.3670	11,995	0	\$11,995	\$64.38
CAPITAL OUTLAY	1.5000	11,995	0	\$11,995	\$17.99
SUNNANEE RIVER WATER MGT DIST	0.4143	11,995	0	\$11,995	\$4.97
LAKE SHORE HOSPITAL AUTHORITY	0.9620	11,995	0	\$11,995	\$11.54

Total Millage	17.0063	Total Taxes	\$203.99
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Non-Ad Valorem Assessments

Code	Levying Authority	Amount
FEIR	FIRE ASSESSMENTS	\$0.00
GGAR	SOLID WASTE - ANNUAL	\$0.00
<i>Indigent Status - per Tax Collectors Office.</i>		
Total Assessments		\$0.00
Taxes & Assessments		\$203.99

Prior Years Payment History

Prior Year Taxes Due			
Year	Folio	Status	Amount
2011	34502	Cert. 528	2012 \$279.26
Prior Years Total			\$279.26
If Paid By		Prior Years Due	
8/31/2012		\$279.26	

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