DATE <u>11/12/2009</u> Columbia County This Permit Must Be Prominently Poster	Building PermitPERMITd on Premises During Construction000028209	
APPLICANT KATRINA VERCHER	PHONE 288-6751	
ADDRESS 7215 N US HIGHWAY 441		
OWNER JOE FISH	PHONE 561 512-6030	_
ADDRESS 9425 N US HIGHWAY 441	LAKE CITY FL 32055	
CONTRACTOR TERRY THRIFT	PHONE 623-0115	_
	THE STREET FROM BOND CT.	
(5 MILES FROM I-10 ON RIG		
TYPE DEVELOPMENT MH,UTILITY E	STIMATED COST OF CONSTRUCTION 0.00	
HEATED FLOOR AREA TOTAL A	REA HEIGHT STORIES	
LAND USE & ZONING A-3	MAX. HEIGHT	
Minimum Set Back Requirments: STREET-FRONT 30.0	0 REAR 25.00 SIDE 25.00	
NO. EX.D.U. 0 FLOOD ZONE X	DEVELOPMENT PERMIT NO.	
PARCEL ID 17-2S-17-04715-001 SUBDIVIS	ON	
LOT BLOCK PHASE UNIT	TOTAL ACRES 7.67	_
IH0000036	Statinia Versta	te inte de
Culvert Permit No. Culvert Waiver Contractor's License N	A A A A A A A A A A A A A A A A A A A	
FDOT 09-542 BK	RJ Y	
Driveway Connection Septic Tank Number LU & Zo	ning checked by Approved for Issuance New Resident	
COMMENTS: ONE FOOT ABOVE THE ROAD, EXISTING RV M	UST BE REMOVED WITHIN 30	
DAYS OF FINAL INSPECTION		
	Check # or Cash	
FOR BUILDING & ZON		
FOR BUILDING & ZON	NG DEPARTMENT ONLY (footer/Slab)	
Temporary Power Foundation	(Tooter/Stab)	
Temporary Power Foundation Gate/app. by	date/app. by date/app. by	
Temporary Power Foundation date/app. by Under slab rough-in plumbing Slab	Monolithic date/app. by date/app. by Sheathing/Nailing	
Temporary Power Foundation date/app. by Under slab rough-in plumbing Slab date/app. by Framing	Monolithic	 >y
Temporary Power Foundation date/app. by Under slab rough-in plumbing Slab date/app. by Framing	Monolithic date/app. by Sheathing/Nailing	 >y
Temporary Power Foundation Foundation date/app. by Under slab rough-in plumbing Slab date/app. by Framing Insulation date/app. by d	Monolithic	 yy
Temporary Power Foundation date/app. by Under slab rough-in plumbing Slab date/app. by Framing Insulation date/app. by d Rough-in plumbing above slab and below wood floor d	Monolithic Monolithic date/app. by Sheathing/Nailing date/app. by date/app. by date/app. by	уу
Temporary Power Foundation date/app. by Under slab rough-in plumbing Slab date/app. by Framing Insulation date/app. by Gate/app. by Ga	Monolithic Monolithic date/app. by Sheathing/Nailing date/app. by date/app. by date/app. by Electrical rough-in date/app. by tel) Pool	эу
Temporary Power Foundation date/app. by Under slab rough-in plumbing Slab date/app. by Framing Insulation date/app. by d Rough-in plumbing above slab and below wood floor d Heat & Air Duct Peri. beam (Lin date/app. by C.O. Final	Monolithic	
Temporary Power Foundation date/app. by Insulation Under slab rough-in plumbing Insulation date/app. by Insulation framing Insulation date/app. by d Rough-in plumbing above slab and below wood floor d Heat & Air Duct Peri. beam (Lindate/app. by Permanent power C.O. Final date/app. by Duct	Monolithic	
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Temporary Power Foundation date/app. by Slab Under slab rough-in plumbing Slab date/app. by Slab framing Insulation date/app. by d Rough-in plumbing above slab and below wood floor d Heat & Air Duct Peri. beam (Lindate/app. by) Permanent power C.O. Final date/app. by M/H tie Pump pole Utility Pole M/H tie Reconnection RV	Monolithic	
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Temporary Power Foundation date/app. by Slab Under slab rough-in plumbing Slab date/app. by date/app. by Framing Insulation	Monolithic	
Temporary Power Foundation date/app. by Insulation Under slab rough-in plumbing Insulation date/app. by Insulation framing Insulation date/app. by d Rough-in plumbing above slab and below wood floor Insulation Heat & Air Duct Peri. beam (Lindate/app. by Permanent power C.O. Final date/app. by M/H tie Pump pole M/H tie date/app. by M/H tie BUILDING PERMIT FEE \$ 0.00 CERTIFICATION F MISC. FEES \$ 300.00 ZONING CERT. FEE \$ 50.00 FLOOD DEVELOPMENT FEE \$ FLOOD ZONE FEE \$ 25 INSPECTORS OFFICE Watewatewatewatewatewatewatewatewatewatew	Monolithic	

ABANDONED FOR A PERIOD OF 180 DAYS AFTER THE TIME THE WORK AUTHORIZED BT SOCH PERIMIT IS SUSPENDED OR APPROVED INSPECTION EVERY 180 DAYS. WORK SHALL BE CONSIDERED NOT SUSPENDED, ABANDONED OR INVALID WHEN THE PERMIT HAS RECIEVED AN APPROVED INSPECTION WITHIN 180 DAYS OT THE PREVIOUS INSPECTION.

The Issuance of this Permit Does Not Waive Compliance by Permittee with Deed Restrictions.

1. I.	Figure 1. And the second se
	PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION For Office Use Only (Revised 1-10-08) Zoning Official 10.11.07 Blk Building Official 11.10-09 AP# 09/1-22 Date Received 11/10/09 By T Permit # 28209
	Flood Zone X Development Permit N/A Zoning A-3 Land Use Plan Map Category A-3 Comments Earsting RV must be removed within 30 days of find inspection
F	EMA Map# Elevation Finished Floor ALM River In Floodway Site Plan with Setbacks Shown # EH # □ EH Release □ Well letter * Existing well
V	Site Plan with Setbacks Shown #EH # En Release Wein letter @ Existing wein
P	Recorded Deed or Affidavit from land owner the Letter of Auth. from installer the State Road Access
	Parent Parcel #
IM	PACT FEES: EMSFireCorrRoad/Code School= TOTAL NA Suspended DI PRO-Inspection
Der	operty ID # _/7-25-/7-047/5-00/ Subdivision
Pro	New Mobile Home Used Mobile Home MH Size 28 × 48 Year 2006
	Applicant Katring Vercher Phone #386-288-6751
	Address 7215 NUSHWY 441, Lake City, FZ 32055
•	
•	
•	911 Address VIPS N 02 They Tripter of Flattic
	Circle the correct power company - <u>FL Power & Light</u> - <u>Clay Electric</u> (Circle One) - <u>Suwannee Valley Electric</u> - <u>Progress Energy</u>
•	Name of Owner of Mobile Home <u>Micholas</u> Vercher Phone # 623: 72.51 Address 9425 N US Hwy 441 LakeCity FL 32055
	Relationship to Property Owner
	Current Number of Dwellings on Property
	Lot Size Total Acreage_ 7.670
•	Do you : Have Existing Drive or Private Drive (Blue Road Sign) or need Culvert Permit (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 NO (Ours) 693.67
	Driving Directions to the Property 441 North, JUST DAST CR 244
	ACLOSS the street from Bond Ct. (Smiles on right)
	Terry LiTrift 623-0115
	Name of Licensed Dealer/Installer Jessel, Cooper Phone # 152-1108
•	Installers Address 448 NW Nye Hunter Dr. Lake City FL 32055
	License Number <u>IH0000049</u> Installation Decal # <u>303146</u>
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	marriage well piers within Z of end of home per Rule		D D D D D D D D D D D D D D D D D D D		2' 2' 2' 2' 2' 2' 2' 2' 2' 2' 2' 2' 2' 2	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	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	Address 9425 US Hilly 441 N. LAKE City ITLA.	Name of Owner of Nthis Mobile Home Nicholas Vercher	Installer Terry K. Thirt License # It- 000036	PERMIT WORKSHEET
TIEDOWN COMPONENTS OTHER TIES Longitudinal Stabilizing Device (LSD) OTHER TIES Manufacturer V/2/2 Sidewall Manufacturer V/2/2 Marriage wall	Symbol to show the piers. 1/ 1/2 x 25 1/2 440 List all marriage wall openings greater than 4 foot 24 x 24 576 and their pier pad sizes below. 26 x 26 676 Opening Pier pad size	13 1/4 x 26 1/4 oximate locations of marriage 20 x 20 20 4 foot or greater. Use this 17 3/16 x 25 3/16	I-beam pier pad size 3×31 Pad SizeSq InPerimeter pier pad size $1 \ell_e \times l \ell_e$ 16×16 256 Other pier pad sizes $1 \ell_e \times l \ell_e$ 18.5×18.5 342 (required by the mfg.) 17×22 374	8' 8' 8' 8' 8' 8' 8' 8' rom. Rule 15C-1 pier spacing table. 8' 8' PIER PAD SIZES PO	2 QQ QQ QQ QQ QQ QQ QQ QQ QQ QQ QQ QQ QQ QQ		Triple/Quad Serial #	Single wide Wind Zone II Wind Zone III	Home installed to the Manufacturer's Installation Manual	New Home Used Home Year 2004	SHEET page 1 of 2

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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.	Filmong	Connect electrical conductors between multi-wide units, but not to the main power ource. This includes the bonding wire between mult-wide units. Pg.	Electrical	ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER Installer Name Terry L. Theigt Date Tested 11/10/09	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	TORQUE PROBE TESTThe results of the torque probe test is 2.85 inch pounds or checkhere if you are declaring 5' anchors without testing . A testshowing 275 inch pounds or less will require 4 foot anchors.	Com V	POCKET PENETROMETER TESTING METHOD 1. Test the perimeter of the home at 6 locations. 2. Take the reading at the depth of the footer.	POCKET PENETROMETER TEST The pocket penetrometer tests are rounded down to 1500 psf or check here to declare 1000 lb. soil without testing. N 200 x 200	PERMIT NUMBER
Installer Signature <u>Lewy X. Hef</u> Date <u>11/10/09</u>	- is accurate and true based on the	Installer verifies all information given with this permit worksheet		Miscellaneous Skirting to be installed. Kes No Dryer vent installed outside of skirting. Yes NA Range downflow vent installed outside of skirting. Yes Ha Drain lines supported at 4 foot intervals. Kes Electrical crossovers protected. Kes	Weatherproofing The bottomboard will be repaired and/or taped. Yes Siding on units is installed to manufacturer's specifications. (Yes) Fireplace chimney installed so as not to allow intrusion of rain water. Yes	Type gasket Foraru Pg. TAPe Installed: Between Floors Ves Between Walls Ves Bottom of ridgebeam Ves	Gasket (weatherproofing requirement) I understand a property installed gasket is a requirement of all new and used homes and that condensation, mold, meldew 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.	Type Fastener: <u>Server</u> Type Fastenert <u>Jaitstanp</u> For used homes a min. 30 will be centered over the pe roofing nails at 2" on center	e Preparation	

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10/30/2009 08:43 3869617183

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LAKE CITY MAINT.

PAGE 01/01

Vercher	FDOT
FAX MEMORANDUM	
	MEMORANDUM
	PARTMENT OF TRANSPORTATION
To: Mr. John Kerce, Dept. Director Columbia Co. Building Dept. Fax No: 904-758-2160	From: Neil E. Miles, FDOT Permits Coor. Date: 10-30-09 Fax No. 904-961-7180 Attention: <u>In-House Staff</u>
() Sign and return. (XX) For your files	s. () Please call me. () FYI () For Review
Reason for Contact Droparts o	loseph Fish) is requesting release by Columbia mprovement on property located on US 441
PROPOSED: Review of Existing Access on State PERMITTEE's MAILING ADDRESS: Unknow COLCOUNTY PARCEL Tax ID No: 04715-001 Land Owners Phone #: Unknown FDOT Permit No: <u>NONE REQUIRED</u> Mr. Kerce or Staff Member: Our office completed a review of the above 10-30-09 and the connection has passed ou code for residential use. After reviewing the that ALL required ACCESS improvements are status. Please accept this notice as legal proof from hold there may be for this person's planned of acceptance. If further information is required on this proj for additional access permitting information of 7180.	ease property from J. Fish w/ option to purchase) e Highway 47 North, (US 441N) property owners existing Access connection on r inspection for current access management connection, the FDOT Permits Office is satisfied acceptable for the property in its current h our office at FDOT Permits in releasing any move on in relation to the required Access ject please do not hesitate to contact this office details. My office number is 961-7193 or 961-
Sincerely, NE Miles Neil Miles Access Permits Coordinator	
It's great to have folks like you to work with,	thanks again for your assistance!

SITE PLAN EXAMPLE / WORKSHEET

. 2



Use this example to draw your own site plan. Show all existing buildings and any other homes on this property and show the distances between them, Also show where the roads or roads are around the property. This site plan can also be used for the 911 Addressing department if you include the distance from the driveway to the nearest property line.





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)
Kotrino Vercher	Lature Velch	AgentOfficer
/		AgentOfficer
		Agent Officer 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)	TH-000036 License Number	1/10/09 Date/
NOTARY INFORMATION: STATE OF:COUNTY OF:	Columbia	
The above license holder, whose name is <u>Tevr</u> personally appeared before me and is <u>known by me</u> (type of I.D.)on this	has produced identificat	tion, 20 <u>09</u>
Reberca h. arnau	REBECCA L. ARNAU MY COMMISSION # DD 678592 EXPIRES: SSenth Stamp Bonded Thru Name Stamp	

MOBILE HOME INSTALLERS AFFIDAVIT

Florida Statue Section 320.8249 Requires Mobile Home Installers to be Licensed:

Any person who engages in mobile home installation shall obtain a mobile home installers license from the Bureau of Mobile Home and Recreational Vehicle construction of the Department of Highway Safety and Motor Vehicles Pursuant to this section.

I, Terry Thrift, License No. IH0000036 do hereby state that the installation of the manufactured home at:

9425 US HUDY 441 N. Lake City, Fon. (911 Address of the Job Site)

Will be done under my supervision.

Terry Thrift - Signature

Sworn to and subscribed before me this _	10	day of _	Nov.	_, 20_09
Notary Public Rebecca h. as	man	_		



COLUMBIA COUNTY 9-1-1 ADDRESSING

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

PHONE: (386) 758-1125 * FAX: (386) 758-1365 * Email: run_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.

10/30/2009

DATE REQUESTED: 10/27/2009 DATE ISSUED:

ENHANCED 9-1-1 ADDRESS:

9425 N US HIGHWAY 441

LAKE CITY FL 32055 PROPERTY APPRAISER PARCEL NUMBER:

17-25-17-04715-001

Remarks:

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.

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PAGE 01 NO ApplicAtion

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,10/29/2009 16:00 386758 328

COSTIMUTATI MODILE NOT	: INSPECTION NEPORT
DATE RECEIVED 10/28/09 , BY STHEA H ON THE PR	PERTY WHERE THE PERMIT WILL BE ISSUED? NO
OWNERS NAME //ick Uercher PHONE	@ (023-7251
ADDRESS 146 WIN JEEP Drive	Wellborn FL
MOBILE HOME PARK N/H SU	IVISION NILLAS
DRIVING DIRECTIONS TO MOBILE HOME LAKE EALOU.	TR AdAMS. TROM
27Th LAND, TR 94th 1244, Te	on 25th drive,
12 mile on Might, follow	case ment to site
MOBILE HOME INSTALLER PLOSE C PHON	7.52 - 7/08 CELL
MOBILE HOME INFORMATION	A
	28 x 48 COLOR Cheme
SERIAL NO. 7939/ - AVB	
WIND ZONE Must be wind zo: a II or higher !	WIND ZONE I ALLOWED
INSPECTION STANDARDS	
(P or F) - P= PASS F= FAILED	
SMOKE DETECTOR () OPERATIONAL (MISSING	
FLOORS () SOLID () WEAK () HOLES DAMAGED L	CATION
DOORS () OPERABLE () DAMAGED	
WALLS () SOLID () STRUCTURALLY UN OUND	
WINDOWS () OPERABLE () INOPERABLE	
PLUMBING FIXTURES () OPERABLE () IN PERABLE (1188ING
CEILING () SOLID () HOLES () LEAKS AF "ARENT	1 (1997) 1 (
ELECTRICAL (FIXTURES/OUTLETS) () OPER BLE () EXP FIXTURES MISSING	SED WIRING () OUTLET COVERS MISSING () LIGHT
EXTERIOR:	
WALLS / SIDDING () LOOSE SIDING () STRU- TURALLY UN	
WINDOWS () CRACKED BROKEN GLASS () SCREENS M	SING () WEATHERTIGHT
ROOF () APPEARS SOLID () DAMAGED	
STATUS	
APPROVED WITH CONDITIONS:	
NOT APPROVED NEED RE-INSPECTION FOR FOLLI WING CONDI	2N88AC
SIGNATURE AST S. P. ID NUMBER	102 DATE 10-29-09
BUIL JING AND ZONING PAGE 01/02	10/58/5000 ID:35 3862885760

COTHE STOR	# () TANK Set w/0 Fit BACK Fill # (2) Fint - w/ water + Sewer APPLICATION #: AP940791 STATE OF FLORIDA - w/ water + Sewer APPLICATION #: AP940791
A Bar North	STATE OF FLORIDA " W/ WATER + Sewer APPLICATION #: AP940791
	DEPARTMENT OF HEALTH Lings × posed @ frailer DATE PAID: 10-28-09 ONSITE SEWAGE TREATMENT AND DISPOSAL
	TANK TANK
CONTRACTOR OF	
	DOCUMENT #: PR789435
CONSTRUCTION	PERMIT FOR: OSTDS New
	JOSEPH**09-0542 FISH
PROPERTY ADDR	
PROPERTY ADDI	RESS: 9425 N US HWY 441 Lake City, FL 32055
LOT:	BLOCK: SUBDIVISION:
PROPERTY ID #	#: 04715-001 [SECTION, TOWNSHIP, RANGE, PARCEL NUMBER]
	[OR TAX ID NUMBER]
SYSTEM MUST	
	S AND CUADEED CALC BELLED WITH SPECIFICATIONS AND STANDARDS OF SECTIO
	PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN MATERIAL FACTS
	O AS A BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT TO MODIFY TH
PERMIT APPLI ISSUANCE OF	THIS DEDMIT DOES NOT EVENDER THE ADDITION TO THIS PERMIT BEING MADE NULL AND VOIL
	THIS PERMIT DOES NOT EXEMPT THE APPLICANT FROM COMPLIANCE WITH OTHER FEDERAL AL PERMITTING REQUIRED FOR DEVELOPMENT OF THIS PROPERTY.
	011
	GALLONS / GPD Septic CAPACITY _ W BAF (A F
т (900]	
	GALLONS / GPD N/A CAPACITY
к[]	GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK:1250 GALLONS] GALLONS DOSING TANK CAPACITY []GALLONS @[]DOSES PER 24 HRS #Pumps [
D [375]	SQUARE FEET SYSTEM
	SQUARE FEET N/A SYSTEM
A TYPE SYSTEM	
I CONFIGURATION	ON: [X] TRENCH [] BED []
F LOCATION OF	
I ELEVATION OF	F PROPOSED SYSTEM SITE (40.00) [INCHES] FT] [ABOVE BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DE	RAINFIELD TO BE [28.00] [INCHES # FT] [ABOVE BELOW BENCHMARK / REFERENCE DOTING
L	> FILL Diver Bottom > in- Ground to be Rert
D FILL REQUIRE	ED: [30.00] INCHES EXCAVATION REQUIRED: [16.00] INCHES CLEAN SAND.
o f. lift station r	may be required if gravity flow cannot be acheived.
т	outer perimities of same
н	
Е	
R	Trank 1 = 325 /: F
	BY: Sallie A Ford TITLE: EN DIVECTOR
SPECIFICATIONS	Stad TITLE: FUDIVECTON Columbia CHD
SPECIFICATIONS APPROVED BY:	Sallie A Ford
APPROVED BY:	11/02/0000
	11/03/2009 EXPIRATION DATE: 05/03/2011
APPROVED BY: DATE ISSUED:	11/02/0000

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Columbia County Property

Appraiser DB Last Updated: 10/9/2009

Parcel: 17-2S-17-04715-001

Owner & Property Info

Owner's Name	FISH JOSEPH				
Site Address					
Mailing Address	PO BOX 192 SPRUCE PINE, NC 28777				
Use Desc. (code)	MISC RES (000700)				
Neighborhood	017217.00	Tax District	3		
UD Codes	МКТА03	Market Area	03		
Total Land Area	7.670 ACRES				
Description	BEG NE COR, RUN S 332.39 FT, W 1031.47 FT TO E R/W US-441, N 345.22 FT, E ALONG N SEC LINE 942.26 FT TO POB. ORB 834-1920, 1003-1130 WD 1049-2752. WD 1077-2054.				

Property Card Interactive GIS Map Print Search Result: 1 of 1



Property & Assessment Values

Total Appraised Value		\$32,710.00
XFOB Value	cnt: (2)	\$1,200.00
Building Value	cnt: (0)	\$0.00
Ag Land Value	cnt: (0)	\$0.00
Mkt Land Value	cnt: (2)	\$31,510.00

Just Value	\$32,710.00
Class Value	\$0.00
Assessed Value	\$32,710.00
Exemptions	\$0.00
Total Taxable Value	County: \$32,710.00 City: \$32,710.00 Other: \$32,710.00 School: \$32,710.00

Sales History

Sale Date	Book/Page	Inst. Type	Sale Vimp	Sale Qual	Sale RCode	Sale Price
3/13/2006	1077/2054	WD	I	Q		\$80,000.00
6/10/2005	1049/2752	WD	I	Q		\$95,000.00
12/30/2003	1003/1130	WD	I	U	01	\$100.00
2/11/1997	834/1920	WD	I	Q		\$15,000.00
11/1/1983	525/64	WD	v	Q		\$10,000.00

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/	1996	\$400.00	0000001.000	0 x 0 x 0	(000.00)
0040	BARN, POLE	2000	\$800.00	0000001.000	31 x 40 x 0	(000.00)

Land Breakdown

	-		
2009	Preli	iminary	Val
A	1 1011	REFERENCE A	A PER

Tax Record

AFFIDAVIT

2 E E 2

STATE OF FLORIDA **COUNTY OF COLUMBIA** This is to certify that I, (We), _______OS owner of the below described property: Tax Parcel No. Subdivision (name, lot, block, phase) Give my permission to Nic holds and AUTING VER Alto place a mobile home travel trailer/single family home (circle one) on the above mentioned property. I (We) understand that this could result in an assessment for solid waste and fire protection services levied on this property. Øwner Owner SWORN AND SUBSCRIBED before me this 2 day of 2002. This (these) person(s) are personally known to me or produced ID Notary Signature F. VONCILE DOW MY COMMISSION # DD 592031 EXPIRES: October 3, 2010 Bonded Thru Notary Public Underwriten

			09-0542 PERMIT NO. 940791 DATE PAID: 008/07 FEE PAID: 435.00 RECEIPT #: 195515
APPLICATION FOR: []] New System []] [] Repair []] APPLICANT: JOSEPA	Existing System [Abandonment, [Fish] Holding Tank] Temporary	[] Innovative []
AGENT: Nicholas A. M MAILING ADDRESS: <u>7515</u>	NUS Huy 44		ephone: <u>623-7251</u> - 32055
TO BE COMPLETED BY APPLICANT BY A PERSON LICENSED PURSUAN	OR APPLICANT'S AUTHORIZ T TO 489.105(3)(m) OR 48	ED AGENT. SYST 9.552, FLORIDA	EMS MUST BE CONSTRUCTED STATUTES.
PROPERTY INFORMATION			***********************
LOT: BLOCK: PROPERTY ID #: <u>04715</u> - PROPERY SIZE: <u>7,67</u> ACRES	SUBDIVISION: 00 / zoning:	Res. I/N OF	PLATTED:
PROPERY SIZE: <u>7,07</u> ACRES IS SEWER AVAILABLE AS PER 38 PROPERTY ADDRESS: <u>9445</u>	0		<=2000GPD []>2000GPD
directions to property: US faige metal shop in Ce		es past I	10, property on right
BUILDING INFORMATION	[X] RESIDENTIAL	[] COMMERCIA	AL .
Unit Type of No Establishment	No. of Building Co Bedrooms Area Sqft Ta	ommercial/Instit ble 1, Chapter	tutional System Design 64E-6, FAC
1 Mobile Home	3 12/0		
2	<u> </u>		
3			
4			
[] Floor/Equipment Drains SIGNATURE:	[] Other (Specify) _	1/.	ATE: 10-28-09
DH 4015, 10/97 – Page 1 (Previous Stock Number: 5744-001-4015-1	editions may be used)	1 02	Page 1 of 3

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STATE OF FLORIDA DEPARTMENT OF HEALTH APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT, Permit Application Number PART II - SITE PLAN-Scale: Each block represents 5 feet and 1 inch = 50 feet. 12 3BR 28X 21014 5 POND of 1.6 RTH Notes: Exsistin OUCI sten 1 Site Plan submitted by: _____ Title Signature Plan Approved Date Not Approved **County Health Department** Bv ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

