

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 7-1-15) Zoning Official _____ Building Official _____
 AP# _____ Date Received _____ By _____ Permit # _____
 Flood Zone _____ Development Permit _____ Zoning _____ Land Use Plan Map Category _____
 Comments _____

FEMA Map# _____ Elevation _____ Finished Floor _____ River _____ In Floodway _____
☐ Recorded Deed or ☐ Property Appraiser PO ☐ Site Plan ☐ EH # _____ ☐ Well letter OR
☐ Existing well ☐ Land Owner Affidavit ☐ Installer Authorization ☐ FW Comp. letter ☐ App Fee Paid
☐ DOT Approval ☐ Parent Parcel # _____ ☐ STUP-MH _____ ☐ 911 App
☐ Ellisville Water Sys ☐ Assessment _____ ☐ Out County ☐ In County ☐ Sub VF Form

Property ID # 33-55-16-03751-206 Subdivision South wind Lot# 6

- New Mobile Home _____ Used Mobile Home ☒ MH Size 14x48 Year 1997
- Applicant Luis Anuez Phone # 386-365-4340
- Address 310 SW Amelia Ct Ft White FL 32038
- Name of Property Owner Luis Anuez Phone# 386-365-4340
- 911 Address 310 SW Amelia ct Ft white FL 32038
- Circle the correct power company - FL Power & Light - Clay Electric
 (Circle One) - Suwannee Valley Electric - Duke Energy

- Name of Owner of Mobile Home Luis Anuez Phone # 386-365 4340
- Address 310 SW Amelia Ct Ft white FL 32038
- Relationship to Property Owner Na
- Current Number of Dwellings on Property Zero
- Lot Size _____ Total Acreage 5 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 Replacement
- Driving Directions to the Property take rd 47 south for 10 min
10 miles look for sun view street on the right
take that road and then take amelia ct on
the left its the last property on the right
- Name of Licensed Dealer/Installer Robert Sheppard Phone # 386-623-2203
- Installers Address 6355 SE CR 245 Lake City FL 32025
- License Number IH1025386 Installation Decal # 49872

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR Robert Shepard PHONE 386-623-2203

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>Luis Anuez</u> License #: <u>Owner</u> Qualifier Form Attached <input type="checkbox"/> | Signature <u>[Signature]</u> Phone #: <u>(386) 365-4340</u> |
| MECHANICAL/ A/C _____ | Print Name <u>Luis Anuez</u> License #: <u>Owner</u> Qualifier Form Attached <input type="checkbox"/> | Signature <u>[Signature]</u> Phone #: <u>(386) 365-4340</u> |

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.

Mobile Home Permit Worksheet

Application Number: _____

Date: _____

Installer: Robert Sheppard License # TH 1005386

Address of home being installed 310 Euv Amelio Ct

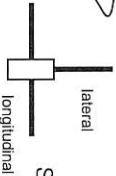
Manufacturer Homes of Merit Length x width 14x48

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 RS

Typical pier spacing

2' 5'



Show locations of Longitudinal and Lateral Systems
(use dark lines to show these locations)

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 # 49872

Triple/Quad ☐ Serial # FLHM1281308-17505

PIER SPACING TABLE FOR USED HOMES

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

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

PIER PAD SIZES

I-beam pier pad size 17x25
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 _____

FRAME TIES

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

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer Oliver 1101V

OTHER TIES

Number 26
Longitudinal Marriage wall 4
Shearwall 4

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 1100 X 1100 X 1600

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 1600 X 1600 X 1600

TORQUE PROBE TEST

The results of the torque probe test is 295 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.

RS Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Robert Shepard

Date Tested

4-20-20

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. 23

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 28

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 28

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 RS

Type gasket FOAM

FOAM

Pg. 22

Installed:

Between Floors Yes ☒

Between Walls Yes ☒

Bottom of ridgebeam Yes ☒

Weatherproofing

The bottomboard will be repaired and/or taped. Yes ☒ Pg. 22
 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

Robert Shepard

Date

4-20-20



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, Robert Shepard, give this authority for the job address show below
Installer License Holder Name

only, 310 SW Amelia CT, FT white, FL, 32058, 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) |
|-----------------------------------|--------------------------------|---|
| <u>Lois Arwez.</u> | <u>[Signature]</u> | <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.

Robert Shepard IH1025386 4-20-20
License Holders Signature (Notarized) License Number Date

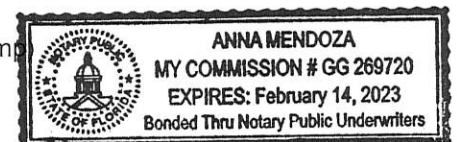
NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Robert Shepard,
personally appeared before me and is known by me or has produced identification
(type of I.D.) personally known on this 20 day of April, 2020.

Anna Mendoza
NOTARY'S SIGNATURE

(Seal/Stamp)



CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED _____ BY _____ IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? _____

OWNERS NAME Luis Anuez PHONE _____ CELL (386) 365-4340

ADDRESS 310 SW Amelia Ct, Ft White, 32038

MOBILE HOME PARK _____ SUBDIVISION _____

DRIVING DIRECTIONS TO MOBILE HOME Take US 47 S for 40 mins/40 miles, Take (R) on Sunview St, Take (L) on Amelia Ct, destination on the (R) at the end of the road

MOBILE HOME INSTALLER Robert Sheppard PHONE _____ CELL (386) 623-2203

MOBILE HOME INFORMATION

MAKE Homes of Merit YEAR 1997 SIZE 14 x 48 COLOR Tan

SERIAL No. FLHML2B1308-17525

WIND ZONE 2 Must be wind zone II or higher NO WIND ZONE I ALLOWED

INSPECTION STANDARDS

INTERIOR:

(P or F) - P= PASS F= FAILED

_____ SMOKE DETECTOR () OPERATIONAL () MISSING

_____ FLOORS () SOLID () WEAK () HOLES DAMAGED LOCATION _____

_____ DOORS () OPERABLE () DAMAGED

_____ WALLS () SOLID () STRUCTURALLY UNSOUND

_____ WINDOWS () OPERABLE () INOPERABLE

_____ PLUMBING FIXTURES () OPERABLE () INOPERABLE () MISSING

_____ CEILING () SOLID () HOLES () LEAKS APPARENT

_____ ELECTRICAL (FIXTURES/OUTLETS) () OPERABLE () EXPOSED WIRING () OUTLET COVERS MISSING () LIGHT FIXTURES MISSING

EXTERIOR:

_____ WALLS / SIDING () LOOSE SIDING () STRUCTURALLY UNSOUND () NOT WEATHERTIGHT () NEEDS CLEANING

_____ WINDOWS () CRACKED/ BROKEN GLASS () SCREENS MISSING () WEATHERTIGHT

_____ ROOF () APPEARS SOLID () DAMAGED

STATUS

APPROVED _____ WITH CONDITIONS: _____

NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE _____ ID NUMBER _____ DATE _____

This Instrument Prepared by & return to:

Name: **LUIS ANUEZ**
Address: **285 SW KEMP CT.**
LAKE CITY, FLORIDA 32024

Inst: 201812002803 Date: 02/09/2018 Time: 4:57 PM
Page 1 of 1 B: 1353 P: 966, P.DeWitt Cason, Clerk of Court
Columbia, County, By: BD
Deputy Clerk Doc Stamp-Mort: 79.80

Parcel I.D. #: **03751-206**

SPACE ABOVE THIS LINE FOR PROCESSING DATA

SPACE ABOVE THIS LINE FOR RECORDING DATA

THIS WARRANTY DEED Made the 9th day of **January**, A.D. 2018, by **ANTONETTE T. LAWSON**,
A SINGLE WOMAN, hereinafter called the grantors, to **LUIS ANUEZ**, whose post office address is **285 SW KEMP**
CT, LAKE CITY, FL 32024, hereinafter called the grantee:

(Wherever used herein the terms "grantors" and "grantee" include all the parties to this instrument, singular and plural, the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporations, wherever the context so admits or requires.)

Witnesseth: That the grantors, for and in consideration of the sum of \$10.00 and other valuable consideration, receipt whereof is hereby acknowledged, do hereby grant, bargain, sell, alien, remise, release, convey and confirm unto the grantee all that certain land situate in **Columbia County, State of Florida**, viz:

LOT 6, SOUTHWIND, A SUBDIVISION AS RECORDED IN PLAT BOOK 6, PAGE 179, COLUMBIA COUNTY, FLORIDA, SUBJECT TO RESTRICTIONS RECORDED IN O.R. BOOK 847, PAGE 1391-1392, COLUMBIA COUNTY, FLORIDA, AND SUBJECT TO POWER LINE EASEMENT.

THIS DEED WAS PREPARED WITHOUT THE BENEFIT OF A TITLE SEARCH OR SURVEY AND MAKES NO WARRANTIES AGAINST SAME.

GRANTEE HEREIN DOES HEREBY AGREE TO ASSUME THAT CERTAIN MORTGAGE EXECUTED BY DELMOND O. LAWSON AND ANTONETTE T. LAWSON IN FAVOR OF AMERICAN GENERAL HOME EQUITY, INC., DATED 10/20/06, RECORDED 10/25/06, IN O.R. BOOK 1100, PAGE 289, IN THE PUBLIC RECORDS OF COLUMBIA COUNTY, FLORIDA.

Together with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

To Have and to Hold the same in fee simple forever.

And the grantors hereby covenant with said grantee that they are lawfully seized of said land in fee simple; that they have good right and lawful authority to sell and convey said land, and hereby fully warrant the title to said land and will defend the same against the lawful claims of all persons whomsoever, and that said land is free of all encumbrances, except taxes accruing subsequent to December 31, 2018.

In Witness Whereof, the said grantors have signed and sealed these presents, the day and year first above written.

Signed, sealed and delivered in the presence of:

Patricia Lang
Witness Signature
PATRICIA LANG

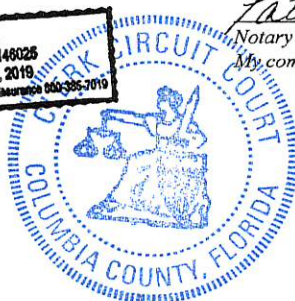
Mary Ann Tomlinson
Witness Signature

Mary Ann Tomlinson
Printed Name

Antonette T. Lawson L.S.
ANTONETTE T. LAWSON
Address: **260 SW AMELIA CT, FORT WHITE, FL 32038**

STATE OF FLORIDA
COUNTY OF COLUMBIA

The foregoing instrument was acknowledged before me this 9th day of **January**, 2018, by **ANTONETTE T. LAWSON**, who are known to me or who have produced Driver's License as identification.



Patricia Lang
Notary Public
My commission expires 2-5-19

STATE OF FLORIDA, COUNTY OF COLUMBIA
I HEREBY CERTIFY that the above and foregoing is a true copy of the original filed in this office.
P. DEWITT CASON, CLERK OF COURTS
By [Signature] Deputy Clerk
Date 3-18-20

| | | | | | | |
|---|--------------|--------------|------------|-----------------|-------------------|--------------------------|
| Identification Number FLHML2B130817525 | Year 1998 | Make MERI | Body HS | WT-L-BHP 56' | Vessel Regis. No. | Title Number 73666081 |
|---|--------------|--------------|------------|-----------------|-------------------|--------------------------|



Registered Owner:

Date of Issue

04/08/2020

BEATRICE COLEGROVE OR DELORIS HALL WILSEY
RT 2 BOX 3889
LAKE CITY, FL 32024-9645

Lien Release
Interest in the described vehicle is hereby released

By _____

Title _____

Date _____

IMPORTANT INFORMATION

- When ownership of the vehicle described herein is transferred, the seller MUST complete in full the Transfer of Title by Seller section at the bottom of the certificate of title.
- Upon sale of this vehicle, the seller must complete the notice of sale on the reverse side of this form.
- Remove your license plate from the vehicle.
- See the web address below for more information and the appropriate forms required for the purchaser to title and register the vehicle, mobile home or vessel:
<http://www.hsmv.state.fl.us/titml/titml.html>

Mail To:

BEATRICE COLEGROVE
RT 2 BOX 3889
LAKE CITY, FL 32024-9645

CERTIFICATE OF TITLE

| | | | | | | |
|--|--------------|---------------|-----------------|-----------------|-------------------|-------------------------------|
| Identification Number FLHML2B130817525 | Year 1998 | Make MERI | Body HS | WT-L-BHP 56' | Vessel Regis. No. | Title Number 73666081 |
| Prev State FL | Color DNK | Primary Brand | Secondary Brand | No of Brands | Use PRIVATE | Prev Issue Date 01/04/2002 |
| Odometer Status or Vessel Manufacturer or OH use | | | | Engine Drive | Hull Material | Prop |
| | | | | | | Date of Issue 04/08/2020 |

Lien Release
Interest in the described vehicle is hereby released

By _____

Title _____

Date _____

Registered Owner

DUPLICATE

BEATRICE COLEGROVE OR DELORIS HALL WILSEY
RT 2 BOX 3889
LAKE CITY, FL 32024-9645

1st Lienholder
NONE

DIVISION OF MOTORIST SERVICES

TALLAHASSEE

FLORIDA

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

Robert R. Kynoch
Director

Control Number 144811246

29 / 1 144811246

Terry L. Rhodes
Executive Director

TRANSFER OF TITLE BY SELLER (This section must be completed at the time of sale.)

Federal and/or state law require that the seller state the mileage, purchaser's name, selling price and date sold in connection with the transfer of ownership.
Failure to complete or providing a false statement may result in fines and/or imprisonment.
This title is warranted to be free from any liens except as noted on the face of the certificate and the motor vehicle or vessel described is hereby transferred to:

Seller Must Enter: Purchaser's Name _____

Address: _____

Seller Must Enter: Selling Price _____

Seller Must Enter Date Sold: _____

I/We state that this ☐ 5 or ☐ 6 digit odometer now reads _____ ☒ XJ (no terms) miles, date read _____ and I hereby certify that to the best of my knowledge the odometer reading
☐ 1 reflects ACTUAL MILEAGE ☐ 2 is IN EXCESS OF ITS MECHANICAL LIMITS ☐ 3 is NOT THE ACTUAL MILEAGE

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

SELLER Must
Sign Here _____CO-SELLER Must
Sign Here _____

Print Here: _____

Print Here: _____

Selling Dealer's License Number _____

Tax No. _____

Tax Collected _____

Auction Name: _____

License Number: _____

PURCHASER Must
Sign Here _____CO-PURCHASER Must
Sign Here _____

Print Here: _____

Print Here: _____

NOTICE: PENALTY IS REQUIRED BY LAW IF NOT SUBMITTED FOR TRANSFER WITHIN 30 DAYS AFTER DATE OF PURCHASE

Columbia County Property Appraiser

Jeff Hampton

2020 Working Values

updated: 4/17/2020

Parcel: << **33-5S-16-03751-206** >>**Owner & Property Info**

Result: 1 of 2

| | | | |
|--------------|---|--------------|-----------|
| Owner | ANUEZ LUIS 285 SW KEMP CT LAKE CITY, FL 32024 | | |
| Site | 310 AMELIA CT, FORT WHITE | | |
| Description* | LOT 6 SOUTH WIND S/D. 941-21, WD 1035-645, DC 1351- 694, WD 1353-966, | | |
| Area | 5 AC | S/T/R | 33-5S-16E |
| Use Code** | VACANT (000000) | 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

| 2019 Certified Values | | 2020 Working Values | |
|-----------------------|---|---------------------|---|
| Mkt Land (2) | \$26,200 | Mkt Land (2) | \$28,750 |
| Ag Land (0) | \$0 | Ag Land (0) | \$0 |
| Building (0) | \$0 | Building (0) | \$0 |
| XFOB (0) | \$0 | XFOB (0) | \$0 |
| Just | \$26,200 | Just | \$28,750 |
| Class | \$0 | Class | \$0 |
| Appraised | \$26,200 | Appraised | \$28,750 |
| SOH Cap [?] | \$0 | SOH Cap [?] | \$0 |
| Assessed | \$26,200 | Assessed | \$28,750 |
| Exempt | \$0 | Exempt | \$0 |
| Total Taxable | county:\$26,200 city:\$26,200 other:\$26,200 school:\$26,200 | Total Taxable | county:\$28,750 city:\$28,750 other:\$28,750 school:\$28,750 |

**▼ Sales History**

| Sale Date | Sale Price | Book/Page | Deed | V/I | Quality (Codes) | RCode |
|------------|------------|-----------|------|-----|-----------------|-------|
| 1/8/2018 | \$11,400 | 1353/0966 | WD | V | Q | 01 |
| 12/15/2004 | \$52,100 | 1035/0645 | WD | V | Q | |

▼ Building Characteristics

| Bldg Sketch | Bldg Item | Bldg Desc* | Year Blt | Base SF | Actual SF | Bldg Value |
|-------------|-----------|------------|----------|---------|-----------|------------|
| N O N E | | | | | | |

▼ Extra Features & Out Buildings (Codes)

| Code | Desc | Year Blt | Value | Units | Dims | Condition (% Good) |
|---------|------|----------|-------|-------|------|--------------------|
| N O N E | | | | | | |

▼ Land Breakdown

| Land Code | Desc | Units | Adjustments | Eff Rate | Land Value |
|-----------|-----------------|-----------------------|---------------------|----------|------------|
| 000000 | VAC RES (MKT) | 1.000 LT - (5.000 AC) | 1.00/1.00 1.00/0.85 | \$22,950 | \$22,950 |
| 009945 | WELL/SEPT (MKT) | 1.000 UT - (0.000 AC) | 1.00/1.00 1.00/1.00 | \$3,250 | \$3,250 |

Search Result: 1 of 2

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

by: GrizzlyLogic.com