7.1452

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION	4(
For Office Use Only (Revised 7-1-15) Zoning Official DIA Building Official	_
AP# 1902-58 Date Received 3/19 By JW Permit # 37898	_
Flood Zone Z Development Permit Zoning A-3 Land Use Plan Map Category	<u>-</u>
Comments MH not being placed in Zone A shown on Plat	_
FEMA Map# Elevation Finished Floor / Red River In Floodway	-
Recorded Deed or Property Appraiser PO Site Plan (FH# 19-0224 Well letter OR	-
□ Existing well Land Owner Affidavit Installer Authorization □ FW Comp. letter App Fee Paid	
□ DOT Approval □ Parent Parcel # □ STUP-MH □ STUP-MH	
□ Ellisville Water Sys	
Property ID # 07-25-17-046 10- \$dibdivision RANDISE Estates Lot#	
New Mobile Home Used Mobile Home MH Size2 4 44 44 44 4 4 4 4 4 4 4 4 4 4 4 4 4	A.
· Applicant Paula F Day Phone # 384-361-180(
· Address 3909 US Hwy 90 West take City to	31
Name of Property Owner White Ney Robers Other 386-438-90	34
· 911 Address 1083 New Hamp Collynon Ra water City	F
■ Circle the correct power company - FL Power & Light - Clay Electric 320	SS
(Circle One) - Suwannee Valley Electric - Duke Energy	
Name of Owner of Mobile Home Whith Ney Roberts Sol.	
Address 283 Sw Loward Ct Lake City FT 32624	_
Relationship to Property Owner Charles .	
Current Number of Dwellings on Property	2
Lot Size 5.02 Total Acreage 5.02	É
Do you : Have Existing Drive or need Culvert Permit (Blue Road Sign) Private Drive or need Culvert Permit (Putting in a Culvert) Or Culvert Waiver (Circle on (Not existing but do not need a Culvert)	
■ Is this Mobile Home Replacing an Existing Mobile Home	
Driving Directions to the Property 30 TO 441 TO HIGH PALAMORA	-
ROD TULL RISH DROPERTY ON THOUGH]
AIT ON L.	- `
Name of Licensed Declarity () () () () () () () () () (π.
Name of Licensed Dealer/Installer 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	14
License Number TH 1025039 Installation Decal # 57010	2
	-
The sport & y Phula 3-22.19 \$375,00	

	marriage wall piers within 2' of end of home per Rule 15C		Typical pierspacing Installer's initials Installer's initials	Manufacturer TNUM Length x width 24 X 5 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 lunderstand Lateral Arm Systems cannot be used on any home (new or used)	Installer Town 1083 May House #IH/025239 Address of home 1083 May House Toleman Rd being installed hale 84 Th 32075	Mobile Home Permit Worksheet
Opening Pier pad size ### ### ### ### ### #### ###########	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. 13 1/4 x 26 1/4 348 20 x 20 400 47 3/16 x 25 3/16 441 47 1/2 x 25 1/2 446 24 x 24 576 676 ANCHORS	5 S S S S S S S S S S S S S S S S S S S	Load Footer 16" x 16" 18 1/2" x 18 20" x 20" 22" x 22" 24" x 24" 26" x 26" bearing size capacity (sq in) 1/2" (342) (400) (484)* (576)* (676) 11/2" (342) (400) (484)* (676) 11/2" (342) (400) (484)* (676) 11/2" (342) (400) (484)* (676) 11/2" (342) (400) (484)* (676) 11/2" (342) (400) (484)* (676) 11/2" (342) (400) (484)* (676) 11/2" (342) (400) (484)* (676) 11/2" (342) (400) (484)* (676) 11/2" (342) (400) (484)*	PIER SPACING TABLE FOR USED HOME	Used Home the Manufacturer's Installation Manual in accordance with Rule 15-C Wind Zone II Wind Zone II Wind Zone II	Application Number:

Page 1 of 2

Mobile Home Permit Worksheet

		1 🐱	The pocket poor check here	
1 Toot the perior	POCKET PENE	0857 x	The pocket penetrometer tests are rounded down to 1500 or check here to declare 1000 lb. soil without testing.	POCKE
1 Took the perimeter of the home at 6 locations	POCKET PENETROMETER TESTING METHOD	OFF X	re rounded down to	POCKET PENETROMETER TEST
A B locations	TING METHOD	x/500	own to />pe psf without testing.	R TEST

- lest the perimeter of the name at a locations.
- N Take the reading at the depth of the footer
- ယ Using 500 lb. increments, take the lowest reading and round down to that increment

0057×

x 1500

1500

TORQUE PROBE TEST

The results of the torque probe test is here if you are declaring 5' anchors without testing showing 275 inch pounds or less will require 5 foot anchors. inch pounds or check A test

Note: A state approved lateral arm system is being used and 4 ft. reading is 275 or less and where the mobile home manufacturer may anchors are required at all centerline tie points where the torque test anchors are allowed at the sidewall locations. I understand 5 ft 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. # 600 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.

Application Number: Date:

Gasket (weatherproofing requirement)	Floor: Type Fastener: Lags Length: 6 Spacing: 25 Walls: Type Fastener: 26 Length: 6 Spacing: 25 Roof: Type Fastener: 26 Length: 6 Marker Spacing: 25 Length: 6 Ma	Site Preparation Debris and organic material removed Water drainage: Natural Swale Pad Cother	
	acing: 25 to acing	Other	

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 gasket Installer's initials Between Walls Yes Between Floors installed Yes) understand a strip

I understand a properly installed gasket is a requirement of all new and used

Bottom of ridgebeam Yes

Weatherproofing

Fireplace chimney installed so as not to allow intrusion of rain water. Siding on units is installed to manufacturer's specifications The bottomboard will be repaired and/or taped. Yes Yes Yes

Miscellaneous

Skirting to be installed. Yes No
Dryer vent installed outside of skirting. Yes
Range downflow vent installed outside of skirting. Electrical crossovers protected. Drain lines supported at 4 foot intervals. Yes Yes N A N A

Installer verifies all information given with this permit worksheet manufacturer's installation instructions and or Rule 15C-1 & 2 is accurate and true based on the

Date

Page 2 of 2

5673 NW Lake Jeffery Road Lake City, FL 32055 Telephone: (386) 758-3409 Cell. (386) 623-3151

Cell. (386) 623-3151 Fax: (386) 758-3410 Owner: Bruce Park

March 15, 2019

To: Columbia County Building Department

Description of Well to be installed for Customer Los

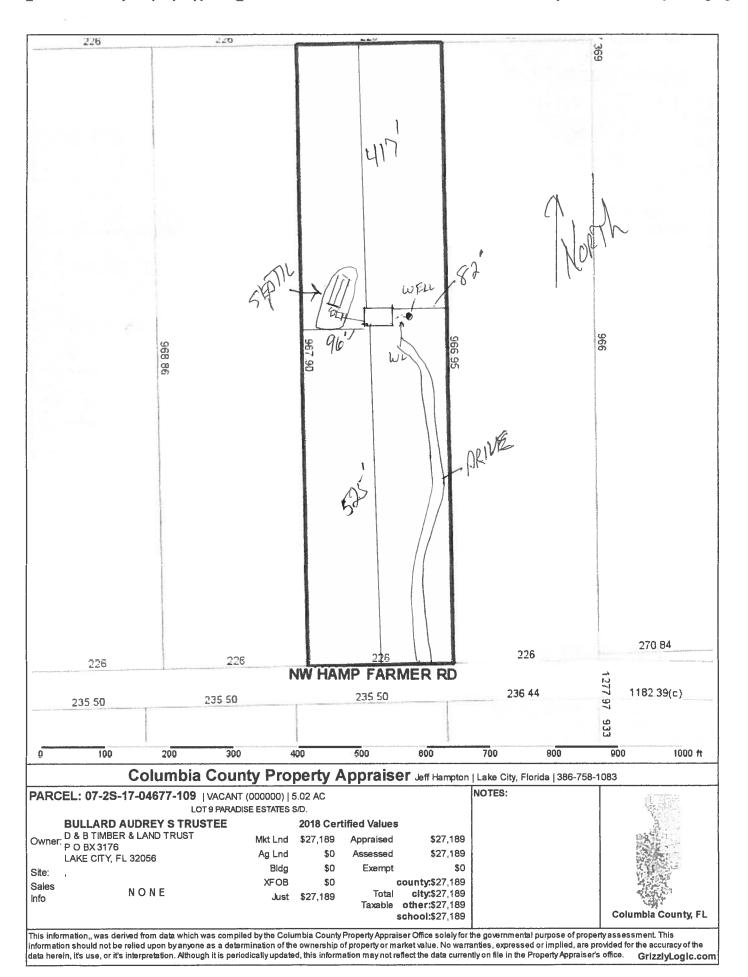
Located @ Address:

1 HP 20 GPM submersible pump, 11/4" drop pipe, 85 gallon captive tank, and backflow prevention. With SRWMD permit.

Sincerely,

Bruce N. Park

President



3/14/2019, 12:04 PM

Columbia County Property Appraiser Jeff Hampton

Parcel: << 07-2S-17-04677-109 >>>

2018 Tax Roll Year updated: 3/5/2019

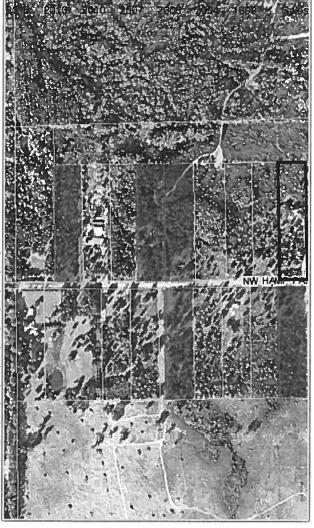
Aerial Viewer Pictometery Google Maps

Owner & Property Info		Resu	Result: 1 of 1		
Owner	Dwner BULLARD AUDREY S TRUSTEE D & B TIMBER & LAND TRUST P O BX 3176 LAKE CITY, FL 32056				
Site	1	1			
Description*	LOT 9 PARADI	SE ESTATES S	/D.		
Area	5.02 AC	S/T/R	07-2S-17		
Use Code**	VACANT (000000)	Tax District	3		

^{*}The <u>Description</u> above is not to be used as the Legal Description for this parcel in any legal transaction.

**The <u>Use Code</u> is a FL Dept. of Revenue (DOR) code and is not maintained by the Property Appraiser's office. Please contact your city or county Planning & Zoning office for specific zoning information.

Property & Assessment Values					
2018 Certified Values		2019 Working Values			
Mkt Land (2)	\$25,939	Mkt Land (2)	\$27,189		
Ag Land (0)	\$0	Ag Land (0)	\$0		
Building (0)	\$0	Building (0)	\$0		
XFOB (0)	\$0	XFOB (0)	\$0		
Just	\$25,939	Just	\$27,189		
Class	\$0	Class	\$0		
Appraised	\$25,939	Appraised	\$27,189		
SOH Cap [?]	\$0	SOH Cap [?]	\$0		
Assessed	\$25,939	Assessed	\$27,189		
Exempt	\$0	Exempt	\$0		
Total Taxable	county:\$25,939 city:\$25,939 other:\$25,939 school:\$25,939		county:\$27,189 city:\$27,189 other:\$27,189 school:\$27,189		



▼ Sales Histor	у						
Sale Date	Sale Price	Book/Page	Deed	V/I	Quality (Codes)	RCode	
NONE							

▼ Building Characteristics						
Bldg Sketch	Bldg Item	Bldg Desc*	Year Blt	Base SF	Actual SF	Bldg Value
NONE						

▼ Extra Features & Out Buildings (Codes)						
Code	Desc	Year Bit	Value	Units	Dims	Condition (% Good)
				NONE		

▼ Land Breakdown						
Land Code	Desc	Units	Adjustments	Eff Rate	Land Value	
000000	VAC RES (MKT)	1.000 LT - (5.020 AC)	1.00/1.00 1.00/1.00	\$23,940	\$23,939	

License Number: IH	/ 1025239 / 1 Name: PAUL	E. ALBRIGHT		
Order #: 3724	Label #: 58714	Manufacturer:	(Check Size of Home)	
Homeowner:		Year Model:	Single	
Address:		Length & Width:	Double	
			Triple	
City/State/Zip:		Type Longitudinal System:	HUD Label #:	
Phone #:		Type Lateral Arm System:	Soil Bearing / PSF:	
Date Installed:		New Home: Used Home:	Torque Probe / in-lbs:	
Installed Wind Zone:		Data Plate Wind Zone:	Permit #:	
Note:				

STATE OF FLORIDA INSTALLATION CERTIFICATION LABEL 58714

30/19

LABEL#

DATE OF INSTALLATION

PAUL E. ALBRIGHT

NAME

IH / 1025239 / 1

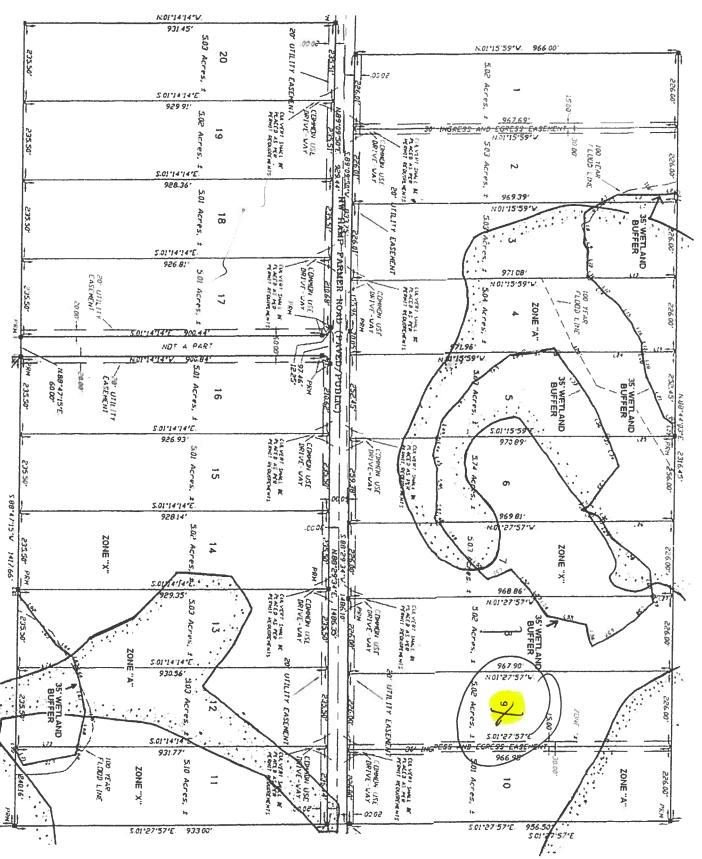
3724

LICENSE # ORDER #
CERTIFIES THAT THE INSTALLATION OF THIS MOBILE HOME IS
IN ACCORDANCE WITH FLORIDA STATUTES 320.8249, 320.8325
AND RULES OF THE HIGHWAY SAFETY AND MOTOR VEHICLES.

INSTRUCTIONS

PLEASE WRITE DATE OF INSTALLATION AND AFFIX LABEL NEXT TO HUD LABEL. USE PERMANENT INK PEN OR MARKER ONLY. COMPLETE INFORMATION ABOVE AND KEEP ON FILE FOR A MINIMUM OF 2 YEARS. YOU ARE REQUIRED TO PROVIDE COPIES WHEN REQUESTED.

Paradise Estates





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	E INSTALLERS LETTE	ER OF AUTH	ORIZATION	
I, Hau / E Albrigh Installer License Holder Na	,give this	authority for t	he job address	show below
only, 1083 NW	Job Address	R	, and I d	o certify that
the below referenced person(s)	listed on this form is/are	e under my d	rect supervisio	n and control
and is/are authorized to purcha	se permits, call for inspe	ections and si	gn on my beha	alf.
Printed Name of Authorized	Signature of Authoriz		uthorized Per	son is
Person	Person	((Check one)	
Paula Day	tala Da	_	✓ Agent _ Property C	Officer wner
is hit her Rober	2302 Whother	+ Roberons	Agent roperty C	Officer wner
		_	Agent _	Officer
			Property C	wner
I, the license holder, realize that under my license and I am fully				
Local Ordinances.				
I understand that the State Lice	nsing Board has the pov	wer and autho	ority to disciplin	e a license
holder for violations committed	by him/her or by his/her	authorized p	erson(s) throug	ıh this
document and that I have full re	sponsibility for compliar	nce granted b	y issuance of s	such permits.
License Holders Signature Not		<i>TH 10253</i> icense Numb		-\S-(\S
NOTARY INFORMATION: STATE OF: Florida	COUNTY OF: Co	iumbia	_	
The above license holder, whos personally appeared before me (type of I.D.)	and is known by me or	E. A16 has produced day of	l identification	, _, 20 <u>19</u> .
Cassillate		arthay Act	Notary Public State Carol S White My Commission Ge Expires 06/19/2021	G 118588

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 100 CONTRACTOR APPLICATION NUMBER 100 PHONE 000 000 000 000	APPLICATION NUMBER 1903-58	CONTRACTOR TAUC ALLOWATE	PHONE 386. 365	531
--	----------------------------	--------------------------	----------------	-----

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 <u>REQUIRED</u> 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 the Hole Robers of What Hole Color Phone #: 380-438 9204. Qualifier Form Attached	
	MECHANICAL/	Print Name Whith very Robers General Whitten Robers License #: Home own er Phone #: 386-438-9204. Qualifier Form Attached	

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.

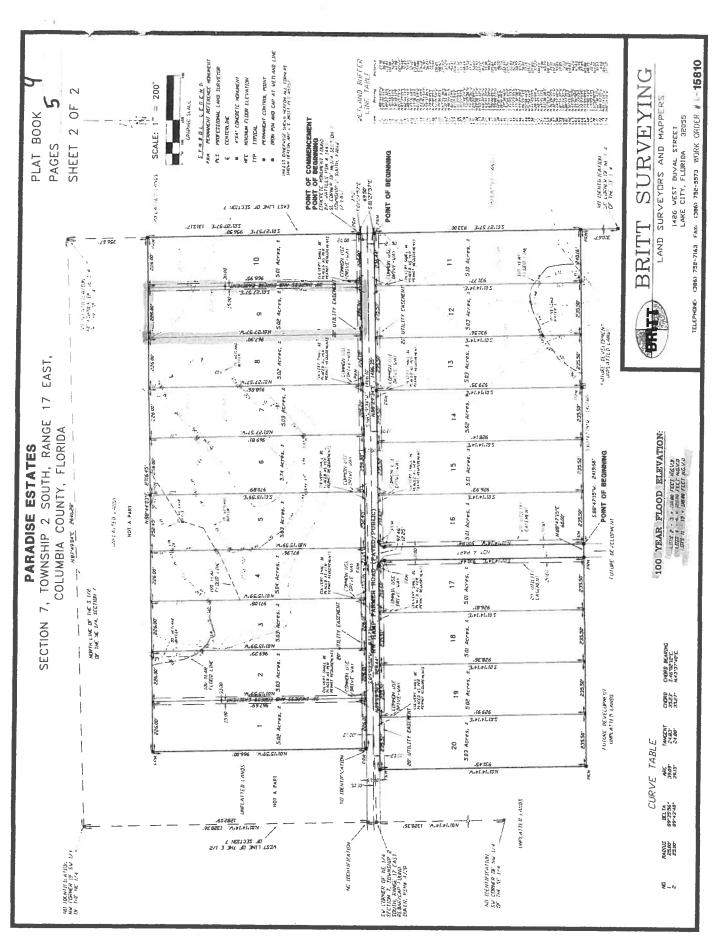
CODE ENFORCEMENT PRELIMINARY MOBILE HOME INSPECTION REPORT

9/2- 3 1407-28
DATE RECEIVED BY IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED?
OWNERS NAME Toul & Albright PHONE CELL 365 5314
ADDRESS 1995 W Thomas Per, L. C. JC 52004
MOBILE HOME PARKSUBDIVISION
DRIVING DIRECTIONS TO MOBILE HOME HWY 47 S. TO KINGRO (R) TO MAULIN (N) TO 6th HOUSE
ON left Your's there
MOBILE HOME INSTALLER Tout & about Phone CELL 365-33/4 white Blue 1610
MOBILE HOME INFORMATION
MAKE TNUA YEAR 1984 SIZE 34 x 44 COLOR Blue
SERIAL No. FHGA 9719 A/B
WIND ZONE Z Must be wind zone II or higher NO WIND ZONE I ALLOWED BY THE CTION STANDARDS Must be wind zone II or higher NO WIND ZONE I ALLOWED BY THE CTION STANDARDS
INSPECTION STANDARDS Back closet
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 () MISSING
WINDOWS () OPERABLE () INOPERABLE
PLUMBING FIXTURES () OPERABLE () MISSING
CEILING () SOLID () HOLES () LEAKS APPARENT
ELECTRICAL (FIXTURES/OUTLETS) () OPERABLE (TEXPOSED WIRING (YOUTLET COVERS MISSING (TLIGHT) EXTERIOR: WALLS / SIDDING () LOOSE SIDING () STRUCTURALLY UNSOUND () NOT WEATHERTIGHT () NEEDS CLEANING WINDOWS () CRACKED/ BROKEN GLASS () SCREENS MISSING () WEATHERTIGHT
EXTERIOR:
WALLS / SIDDING () LOOSE SIDING () STRUCTURALLY UNSOUND () NOT WEATHERTIGHT () NEEDS CLEANING
The state of the s
P ROOF () APPEARS SOLID () DAMAGED
STATUS
APPROVED WITH CONDITIONS:
NOT APPROVED NEED RE-INSPECTION FOR FOLLOWING CONDITIONS
SIGNATURE New Color 10 NUMBER 306 DATE 9-25-14 3-19-14
3-19-14

15810 SURVEYING A STATE OF THE STA Justin Ola lles 10/2/06 Time Time Tank A - Dutchows, Downers F. Lots & descen LAND SURVEYORS AND MAPPERS SHEET 1 OF 1426 WEST BUVAL STREET LAKE CITY, FLIMIDA JP023 PLAT BOOK PAGES () 186 752-8573 Val. BRITT THE PASS POSS (386) 752-7163 FAA TILLPHONE BRITT PARADISE ESTATES
SECTION 7, TOWNSHIP 2 SOUTH, RANGE 17 EAST,
COLUMBIA COUNTY, FLORIDA 9 445 The state of the s APPROVAL PUBLIC MONS REMAINENT, STATE OF FLORIDA, COUNTY OF COLLABOA SECTION 7. TOWNSHIP 2. SOUTH KANGE IT EAST 10/27/11 WOTTE.

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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: 3/25/2013 DATE ISSUED: 3/28/2013

ENHANCED 9-1-1 ADDRESS:

1083 NW HAMP FARMER RD

LAKE CITY FL 32055 PROPERTY APPRAISER PARCEL NUMBER:

07-2S-17-04677

Remarks:

ADDRESS FOR PROPOSED STRUCTURE ON PARCEL.

Address Issued By: SIGNED: / RONAL N. CROFT

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.

Mobile Home

Applicant: PAULA DAY (386.361.1806) Application Date: 3/19/2019

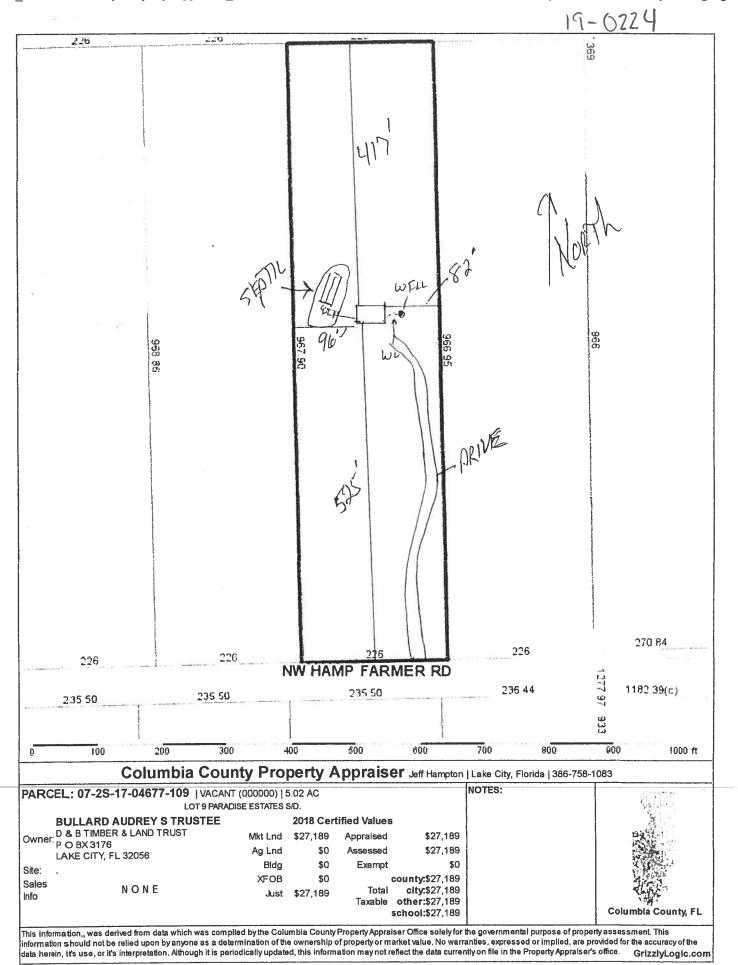
Convert To ▼ 1ASTOR LOCATION Completed Inspections Add Inspection Release Power 2. CONTRACTOR Schedule Inspection (ScheduleInspection.aspx?Id=40509) Inspection Date By **Notes** 3. MOBILE HOME Passed: Mobile 3/19/2019 TROY **DETAILS** Home - In County **CREWS** Pre-Mobile Home before set-up 4. APPLICANT 5. REVIEW The completion date must be set To release Certifications to the public. 6. FEES/PAYMENT **Permit Completion Date** (Releases Occupancy and Completion Forms) 7. **DOCUMENTS/REPORTS** (1) **Permit Closed On** 8. NOTES/DIRECTIONS Incomplete Requested Inspections 9. INSPECTIONS (1) Inspection Date Ву **Notes**

LAND OWNER AFFIDAVIT

STATE OF FLORIDA COUNTY OF COLUMBIA

This is to certify that I (We), D+B Timber + Land Trust
as the owner of the below described property:
Property Tax Parcel ID Number 07-25-17-04677-109
Subdivision (Name, Lot, Block, Phase) Lot a Paradise Estates
Give my permission for Whithey Roberson to place a
Circle one - Mobile Home Travel Trailer / Utility Pole Only / Single Family Home / Barn
Shed / Garage / Culvert / Power Pole / Well / Septic / Other:
I (We) understand that the named person(s) above will be allowed to receive a building permit on
the property number I (we) have listed above and this could result in an assessment for solid waste
and fire protection services levied on this property. All During 3-19-19 Owner Signature Date
Owner Signature Date
Sworn to and subscribed before me this 19 day of March, 20 19. This (These) person(s) are personally known to me or produced ID
(Type)
Notary Public Signature Holly C. Hanover Notary Printed Name
Notary Stamp HOLLY C. HANOVER





3/14/2019, 12:04 PN

STATE OF FLORIDA DEPARTMENT OF HEALTH APPLICATION FOR CONSTRUCTION PERMIT

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ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



STATE OF FLORIDA

PERMIT NO.	
DATE PAID:	
FEE PAID:	
RECEIPT #:	

DEPARTMENT OF HEALTH ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM APPLICATION FOR CONSTRUCTION PERMIT	DATE PAID: FEE PAID: RECEIPT #:
APPLICATION FOR: [] New System	ank [] Innovative
APPLICANT: Fares Day Whittey P	OberSOM
AGENT: Paula Day	TELEPHONE: 384-300-130
AGENT: Paula Day MAILING ADDRESS: 3909 US Hory 90 West	also chy =c.
TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. BY A PERSON LICENSED PURSUANT TO 489.105(3)(m) OR 489.552, FLOR APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRAP	IDA STATUTES. IT IS THE
PROPERTY INFORMATION	
LOT: 9 BLOCK: SUBDIVISION: POROCISE CS	Refes platted:
PROPERTY ID #: 01-25-11-04611-1614ng:	M OR EQUIVALENT: [Y/N]
PROPERTY SIZE 503 ACRES WATER SUPPLY: [V] PRIVATE SUBLIC	[]<=2000GPD []>2000GPD
DI	STANCE TO SEWER: TO TO
PROPERTY ADDRESS: WIS NO LAMP TOKE	men Ra Wo Cut
DIRECTIONS TO PROPERTY: W-WI KIN MONTO	4 Acre
Soutiful to tollow us 441 x	1 9.1 miles
Hamp H will GLAD fallight	PENILOR HOMBIC
BUILDING INFORMATION [] RESIDENTIAL [] COMME	RCIAL
Init Type of No. of Building Commercial/In No Establishment Bedrooms Area Sqft Table 1, Chap	estitutional System Design
1 Setting up anoble none 934	
3 Reducement	
4	
floor/Equipment Drains [] Other (Specify)	
SIGNATURE: POUL DOL	DATE:
	era'h dadi b

DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated 64E-6.001, FAC

Columbia County Tax Collector

generated on 3/22/2019 11:41:51 AM EDT

Tax Record

Last Update: 3/22/2019 11:40:42 AM EDT

Register for eBill

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

Tax Type	Tax Year
REAL ESTATE	2018
Property Address	
GEO Number 072817-04677-109	
	REAL ESTATE Property Address GEO Number

Exempt Amount	Taxable Value
See Below	See Below

Exemption Detail

Millage Code

Escrow Code

NO EXEMPTIONS

003

<u>Legal Description (click for full description)</u>
07-2S-17 0000/02005.02 Acres LOT 9 FARADISE ESTATES S/D.

Taxing Authority	Rate	Assessed : Value	Exemption Amount	Taxable Value	Taxes Levied
BOARD OF COUNTY COMMISSIONERS COLUMBIA COUNTY SCHOOL BOARD	9.0150	25,939	.0.		
DISCRETIONARY	0.7490	25,7 33		2,5,000	11.4
LOCAL	4.2010	25,939		025,910	21000 27
CAPITAL OUTLAY	1.5000	25,939		925, 93	355.00
SUWANNEE RIVER WATER MGT DIST	0.3948	15,939	0	015,93	114.11
LAKE SHORE HOSPITAL AUTHORITY	0.9620	25,935		225, 93	7.1,45
Total Millage	15.8208	To	tal Taxes		\$410.37

Code	Levying Authority	Amount
FFIR	FIRE ASSESSMENTS	\$279.95
GGAR	SOLID WASTE - ANNUAL	51.00

Columbia County Tax Collector

Page 2 of 2

11	1/29/2018	PAYMENT	1201242.0012	2018	\$740.42
-1-			1001011.0011	F 4 4 4	C. S. C. L. S. L. S. C.