

APPROVE
Signature
Troy Miller
out of
LIAB E.W.C. - 1303: (Andrew Hall) 34
PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-11) Zoning Official BK 7 June 2011 Building Official J.C. 6-6-12
AP# 206-03 Date Received 6-1-12 By LH Permit # 30262 / 30316
Flood Zone X Development Permit N/A Zoning A-3 Land Use Plan Map Category A-3
Comments Section 2.3.1
FEM/Map# N/A Elevation N/A Finished Floor 1st floor River N/A In Floodway N/A
☒ Site Plan with Setbacks Shown ☒ EH # 12-0256 ☐ EH Release ☒ Well letter ☒ Existing well
☒ Recorded Deed or Affidavit from land owner ☒ Installer Authorization N/A State Rd Access ☒ 911 Sheet
☐ Parent Parcel # 04236-083 ☐ STUP-MH ☐ F W Comp. letter ☐ App Fee Pd ☒ VF Form
IMPACT FEES: EMS _____ Fire _____ Corr _____ ☒ Out County ☒ In County pd
Road/Code _____ School _____ = TOTAL _____ Suspended March 2009 MT Ellisville Water Sys

18-75-16
Property ID # 04236-084 Subdivision LOT 9 Cedar Springs Shores Replat
= New Mobile Home _____ Used Mobile Home ☒ MH Size 56x14 Year 1989
= Applicant April Green & Adriane Folmar Phone # 386-984-6012 / 352-331-2046
= Address 295 SW Burgundy Lane Fort White FL 32038
= Name of Property Owner April Green Phone # 334-425-05468
= 911 Address 331 SW Burgundy Lane 32038
= Circle the correct power company - FL Power & Light Clay Electric
(Circle One) - Suwannee Valley Electric Progress Energy
Living on Property Adriane Folmar Phone # 984-6012
= Name of Owner of Mobile Home Adriane Folmar Phone # 984-6012
= Address 295 SW Burgundy Lane Fort White FL 32038
= Relationship to Property Owner Sister
= Current Number of Dwellings on Property 0
= Lot Size _____ Total Acreage 1.52
= 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
= Driving Directions to the Property H7 S towards Fort White. Through
27, (R) Hollingsworth, (R) Bluff, (R) Burgundy Lane
1/4 mile on left.
= Name of Licensed Dealer/Installer Andrew J Hall Phone # 352-493-0705
= Installers Address 1940 SE 35 AVE TRENTON FL 32693
= License Number EH/1025205 Installation Decal # 11419

Spoke April & Adriane 6-20-12 ck 1009

COLUMBIA COUNTY PERMIT WORKSHEET

page 1 of 2

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

Installer ANDREW J HALL License # IA 1025205

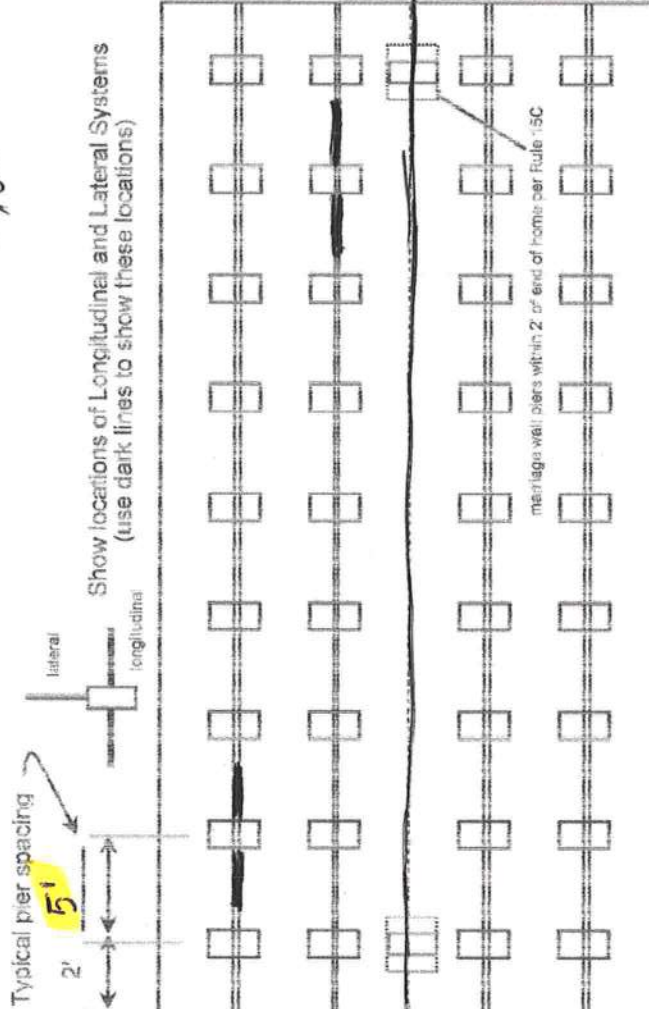
911 Address where home is being installed. _____

Manufacturer _____ Length x width 56 x 14

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 QJA



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 # 11419

Triple/Quad ☐ Serial # CL FL 90898

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity	Foctor 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 tsf	3"		4"	5"	6"	7"	8"
1500 tsf	4.6"		6"	7"	8"	8"	8"
2000 tsf	6"		8"	8"	8"	8"	8"
2500 tsf	7.6"		8"	8"	8"	8"	8"
3000 tsf	8"		8"	8"	8"	8"	8"
3500 tsf	8"		8"	8"	8"	8"	8"

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

PIER PAD SIZES

I-beam pier pad size 20 x 20

Perimeter pier pad size N/A

Other pier pad sizes (required by the mfg.) 16 x 16

DOORS

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 N/A Pier pad size _____

ANCHORS

4 ft ☒ 5 ft

FRAME TIES

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

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)

Manufacturer MM

Longitudinal Stabilizing Device w/ Lateral Arms

Manufacturer _____

OTHER TIES

Number 2

Sidewall

Longitudinal

Marriage wall

Shearwall

POCKET PENETROMETER TEST

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

x 1200 x 1200 x 1000

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 1200 x 1200 x 1200

TORQUE PROBE TEST

The results of the torque probe test is 276 inch pounds or check here if you are declaring 5' anchors without testing. A test showing 275 inch pounds or less will require 5 foot anchors.

Note: A state approved lateral arm system is being used and 4 ft. anchors are allowed at the sidewall locations. I understand 5 ft. anchors are required at all centerline tie points where the torque test reading is 275 or less and where the mobile home manufacturer may requires anchors with 4000 lb. holding capacity.

Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Andrew J Hall

Date Tested

5/9/12

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. N/A

Plumbing

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

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

Site Preparation

Debris and organic material removed ☒
Water drainage: Natural ☒ Swale ☐ Pad ☐ Other ☐

Fastening multi wide units

Floor: Type Fastener: N/A Length: N/A Spacing: N/A
Walls: Type Fastener: _____ Length: _____ Spacing: _____
Roof: Type Fastener: _____ Length: _____ Spacing: _____

For used homes a min. 30 gauge, 3" 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

QA

Type gasket N/A

Installed:

Between Floors Yes N/A
Between Walls Yes _____
Bottom of ridgebeam Yes _____

Weatherproofing

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

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 N/A
Other: _____

Installer verifies all information given with this permit worksheet is accurate and that based on the

Installer Signature

Andrew J Hall

Date

4/11/12

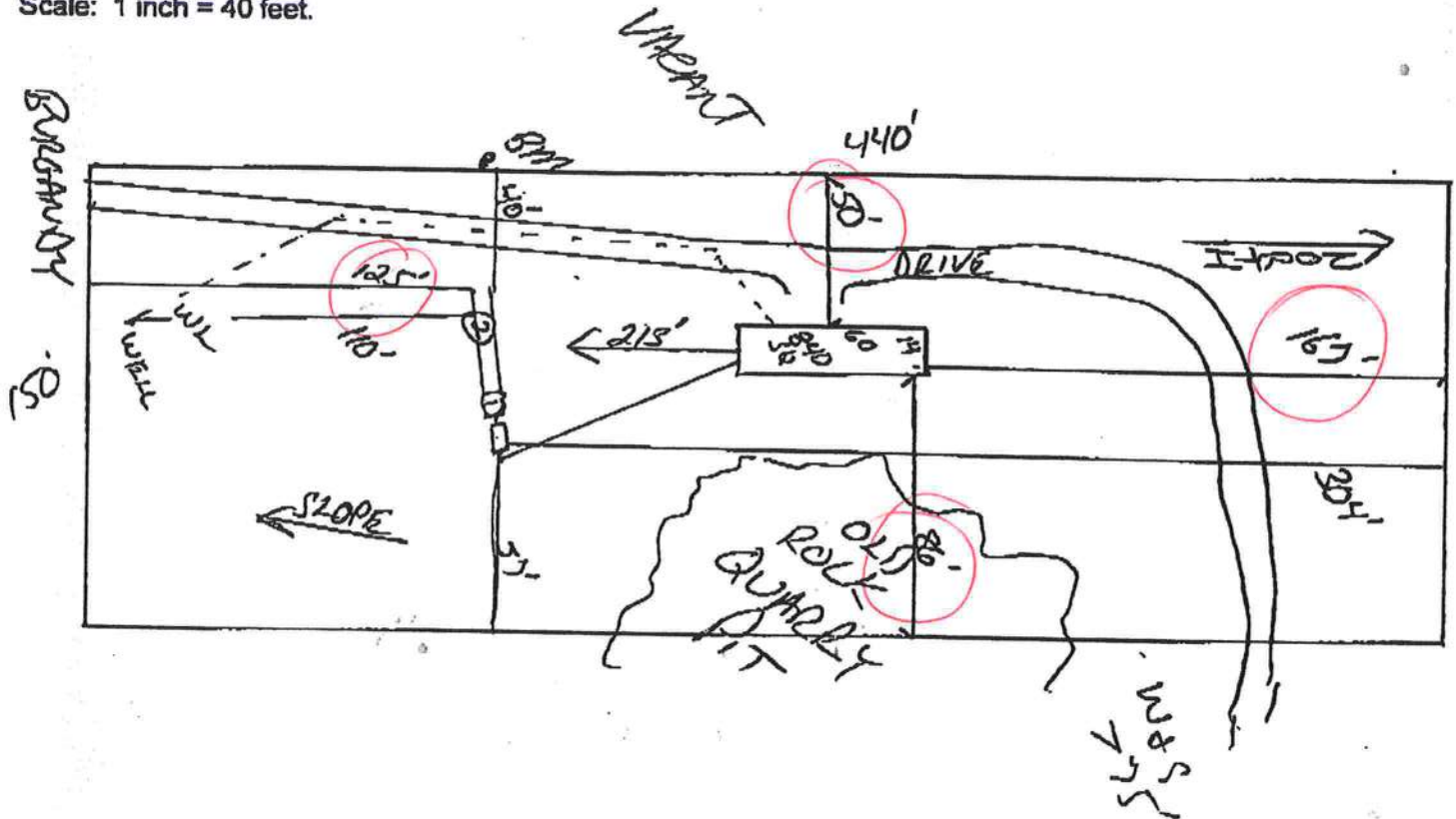
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Green
EVANS

Permit Application Number 12-0256

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

Scale: 1 inch = 40 feet.



Notes: _____

Site Plan submitted by: Rocky D. F. D.

Plan Approved ✓

By Sallie Ford, Env Health Director, Columbia

Not Approved _____

MASTER CONTRACTOR

Date 5-2-12

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



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

PERMIT NO. 12-0256
DATE PAID: 5/11/12
FEE PAID: 310.00
RECEIPT #: 1852416
AP 121828

APPLICATION FOR:

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

APPLICANT: Donna Evans

AGENT: ROCKY FORD, A & B CONSTRUCTION

TELEPHONE: 386-497-2311

MAILING ADDRESS: P.O. BOX 39 FT. WHITE, FL, 32038

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3) (m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION

LOT: 9 BLOCK: na SUB: Cedar Springs Shores Re-Plat PLATTED: 1978

PROPERTY ID #: 18-478-16-04236-084 ZONING: Res I/M OR EQUIVALENT: ☐ Y ☒ N

PROPERTY SIZE: 1.52 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ <=2000GPD ☐ >2000GPD

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

PROPERTY ADDRESS: SW Burgandy Lane, Fort White, FL, 32038

DIRECTIONS TO PROPERTY: 47 South, TR on Hollingsworth, TR on Bluff, TR on Burgandy

4th lot on left (just before mailbox with 295)

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	SF Residential	2	840	Zone X
---	----------------	---	-----	--------

2				
---	--	--	--	--

3				
---	--	--	--	--

☒ Floor/Equipment Drains ☒ Other (Specify)

SIGNATURE: Rocky D Ford DATE: 5/11/2012



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, ANDREW J HALL, give this authority for the job address show below
Installer License Holder Name

only, _____, 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)
Adriane Tolman	Adriane Tolman	☐ Agent ☐ Officer ☐ Property Owner
April Green	April Green	☐ Agent ☐ Officer ☒ Property Owner
		☐ 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.

AG Hall
 License Holders Signature (Notarized)

LH/1025205
 License Number

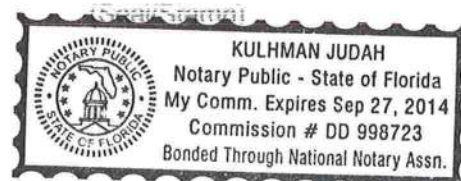
12/25/12
 Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: LEVY

The above license holder, whose name is Andrew J. Hall, personally appeared before me and is known by me or has produced identification (type of I.D.) FL/DL on this 25 day of MAY, 2012.

Kushman Judah
 NOTARY'S SIGNATURE



APPLICATION NUMBER 1206-03 CONTRACTOR Andrew T. NGU PHONE 352-493-0705

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>Owner Adriano Forman</u> License #: <u>ACDL6461474</u>	Signature <u>Adriano Forman</u> Phone #: <u>352-231-1041</u>
MECHANICAL/ A/C	Print Name <u> </u> License #: <u> </u>	Signature <u>Adriano Forman</u> Phone #: <u> </u>
PLUMBING/ GAS	Print Name <u> </u> License #: <u> </u>	Signature <u>Adriano Forman</u> Phone #: <u> </u>

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.

1206-03

AFFIDAVIT

**STATE OF FLORIDA
COUNTY OF COLUMBIA**

This is to certify that I, (We), April Green
owner of the below described property:

Tax Parcel No. 18-75-16-04236-084

Subdivision (name, lot, block, phase) Cedar Springs Shores Replat Lot 9

Give my permission to Adriane Folmar to 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.

April Green
Owner

Owner

SWORN AND SUBSCRIBED before me this 1 day of June,
20 12. This (these) person(s) are personally known to me or produced
ID FL DL

Laurie Hodson
Notary Signature



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: 6/5/2012 DATE ISSUED: 6/7/2012

ENHANCED 9-1-1 ADDRESS:

331 SW BURGUNDY LN

FORT WHITE FL 32038

PROPERTY APPRAISER PARCEL NUMBER:

18-7S-16-04236-084

Remarks:

ADDRESS FOR PROPOSED STURCUTRE 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.

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

COUNTY THE MOBILE HOME IS BEING MOVED FROM GILCHRIST
OWNERS NAME SHANNON JOHNS PHONE _____ CELL 386-208-5291
INSTALLER ANDREW J HALL PHONE 352 493 0705 CELL _____
INSTALLERS ADDRESS 1940 SE 35 AVE TRENTON FL 32693

MOBILE HOME INFORMATION

MAKE CLAY YEAR 1989 SIZE 14 X 56
COLOR BROWN SERIAL No. CLFL90898
WIND ZONE II SMOKE DETECTOR NO

INTERIOR:
FLOORS SOLID

DOORS OPERABLE

WALLS SOLID

CABINETS Good

ELECTRICAL (FIXTURES/OUTLETS) OPERABLE

EXTERIOR:

WALLS / SIDING Good NEEDS CLEANING

WINDOWS Good NEEDS SCREENS

DOORS OPERABLE

INSTALLER: APPROVED YES NOT APPROVED _____

INSTALLER OR INSPECTOR'S PRINTED NAME ANDREW J HALL

Installer/Inspector Signature [Signature] License No. IA 1025205 Date 5/11/12

NOTES: _____

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 386-755-1000 TO SET UP THIS INSPECTION. NO PERMIT WILL BE ISSUED BEFORE THIS IS DONE.

Code Enforcement Approval Signature [Signature] Date 6-7-12

This Instrument Prepared by & return to:

Name: **TRISH LANG, an employee of
NORTH CENTRAL FLORIDA TITLE,
LLC**

Address: **343 NW COLE TERRACE, SUITE 101
LAKE CITY, FLORIDA 32055
File No. 11Y-08027TL**

Inst:201212009424 Date:6/20/2012 Time:4:15 PM

Doc Stamp-Deed:0.00

DC,P.DeWitt Cason,Columbia County Page 1 of 1 B:1237 P:63

Parcel I.D. #: **04236-083** *1084*

SPACE ABOVE THIS LINE FOR PROCESSING DATA

SPACE ABOVE THIS LINE FOR RECORDING DATA

THIS CORRECTIVE WARRANTY DEED Made the 18th day of May, A.D. 2012, by **DONNA MARIE EVANS, A MARRIED PERSON**, hereinafter called the grantor, to **APRIL GREEN**, whose post office address is **295 SW BURGUNDY LANE, FORT WHITE, FLORIDA 32038**, hereinafter called the grantee:

(Wherever used herein the terms "grantor" 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 grantor, for and in consideration of the sum of \$10.00 and other valuable consideration, receipt whereof is hereby acknowledged, does 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 8 & 9, Cedar Springs Shores Replat, according to the plat thereof, recorded in Plat Book 4, Page 20 A-E, of the Public Records of Columbia County, Florida.

THIS IS A CORRECTIVE DEED GIVEN TO CORRECT LEGAL DESCRIPTION IN THAT CERTAIN DEED RECORDED IN OFFICIAL RECORDS BOOK 1220, PAGE 973.

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.

10.00
140.00
200.00
This Instrument Prepared by & return to:
Name: **TRISH LANG, an employee of
NORTH CENTRAL FLORIDA TITLE, LLC**

Address: **343 NW COLE TERRACE, SUITE 101
LAKE CITY, FLORIDA 32055
File No. 11Y-08027TL**

Parcel I.D. #: **04236-083**

Inst:201112013189 Date:8/29/2011 Time:4:27 PM
Doc Stamp-Deed:140.00
DC,P.DeWitt Cason,Columbia County Page 1 of 1 B:1220 P:975

SPACE ABOVE THIS LINE FOR PROCESSING DATA

SPACE ABOVE THIS LINE FOR RECORDING DATA

THIS WARRANTY DEED Made the 26th day of August, A.D. 2011, by **DONNA MARIE EVANS, A MARRIED PERSON, CONVEUING NON-HOMESTEAD PROPERTY**, hereinafter called the grantor, to **APRIL GREEN**, whose post office address is **295 SW BURGUNDY LANE, FORT WHITE, FLORIDA 32038**, hereinafter called the grantee:

(Wherever used herein the terms "grantor" 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 grantor, for and in consideration of the sum of \$10.00 and other valuable consideration, receipt whereof is hereby acknowledged, does 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 8, Cedar Springs Shores Replat, according to the plat thereof, recorded in Plat Book 4, Page 20 A-E, of the Public Records of Columbia County, Florida.

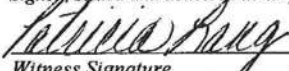
Together with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

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

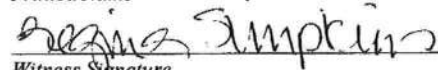
And the grantor hereby covenants with said grantee that he is lawfully seized of said land in fee simple; that he has good right and lawful authority to sell and convey said land, and hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever, and that said land is free of all encumbrances, except taxes accruing subsequent to December 31, 2011.

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

Signed, sealed and delivered in the presence of:


Witness Signature
PATRICIA LANG

Printed Name

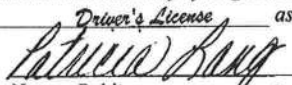

Witness Signature
Regina Simpkins

Printed Name


L.S.
DONNA MARIE EVANS
Address:
375 SW MINTER ROAD, LAKE CITY, FLORIDA

STATE OF FLORIDA
COUNTY OF COLUMBIA

The foregoing instrument was acknowledged before me this 26th day of August, 2011, by **DONNA MARIE EVANS**, who is known to me or who has produced _____ as identification.


Notary Public
My commission expires **12-14-14**



Columbia County Property Appraiser

CAMA updated: 6/7/2012

2011 Tax Year

Parcel: 18-7S-16-04236-084

<< Next Lower Parcel Next Higher Parcel >>

Tax Collector

Tax Estimator

Property Card

Parcel List Generator

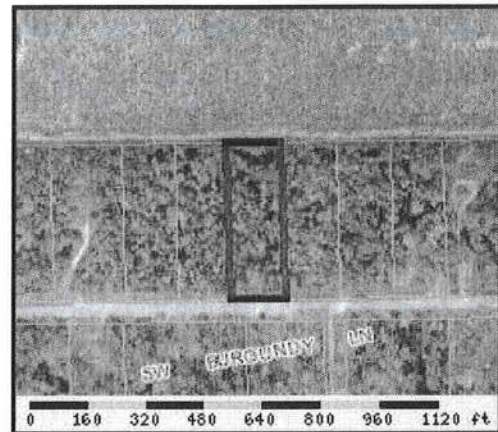
Interactive GIS Map

Print

Owner & Property Info

Search Result: 1 of 1

Owner's Name	EVANS DONNA MARIE		
Mailing Address	375 SW MINTER TERR LAKE CITY, FL 32024		
Site Address	MINTER TERR		
Use Desc. (code)	VACANT (000000)		
Tax District	3 (County)	Neighborhood	18716
Land Area	1.520 ACRES	Market Area	02
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction.		
LOT 9 CEDAR SPRING SHORES RE-PLAT. ORB 588-94, 642-574, 848-653, WD 1202-2335, WD 1218 845, WD 1220-973,			



Property & Assessment Values

2011 Certified Values

There are no 2011 Certified Values for this parcel

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
8/25/2011	1220/973	WD	I	U	11	\$100.00
7/21/2011	1218/845	QC	I	U	11	\$100.00
10/12/2010	1202/2335	WD	I	Q	01	\$20,000.00
10/13/1997	848/653	WD	V	Q		\$8,200.00
1/15/1988	642/574	WD	V	U		\$4,100.00

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)
NONE						

Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
000000	VAC RES (MKT)	1 LT - (0000001.520AC)	1.00/1.00/1.00/1.00	\$15,552.00	\$15,552.00

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED Friday 6-22-12 BY LH IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? Yes
OWNERS NAME April Green / Adriane Folmar PHONE 984-6012 CELL 352-231-6416
ADDRESS 331 SW Burgundy LN Fort White, FL 32038
MOBILE HOME PARK _____ SUBDIVISION Lot 9 Cedar Springs Shores Apts
DRIVING DIRECTIONS TO MOBILE HOME 475, (R) Hollingsworth, (R) Bluff, (R) Burgundy
1/4 mile on left

MOBILE HOME INSTALLER Andrew Hall PHONE _____ CELL 352-493-0705

MOBILE HOME INFORMATION

MAKE Clayton YEAR 89 SIZE 14 X 56 COLOR Brown
SERIAL No. CLFL90898
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

<u>P</u>	SMOKE DETECTOR () OPERATIONAL () MISSING	\$50.00
<u>P</u>	FLOORS () SOLID () WEAK () HOLES DAMAGED LOCATION _____	Date of Payment: <u>6-12-12</u>
<u>P</u>	DOORS () OPERABLE () DAMAGED	Paid By: <u>Adriane Folmar</u>
<u>P</u>	WALLS () SOLID () STRUCTURALLY UNSOUND	Notes: <u>1206-03</u>
<u>P</u>	WINDOWS () OPERABLE () INOPERABLE	
<u>P</u>	PLUMBING FIXTURES () OPERABLE () INOPERABLE () MISSING	
<u>P</u>	CEILING () SOLID () HOLES () LEAKS APPARENT	
<u>P</u>	ELECTRICAL (FIXTURES/OUTLETS) () OPERABLE () EXPOSED WIRING () OUTLET COVERS MISSING () LIGHT FIXTURES MISSING	

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: no door on one side
NOT APPROVED ☐ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE [Signature] ID NUMBER 304 DATE 6-21-12