DATE 06/06/2007 Columbia County This Permit Expires One Y	
APPLICANT ANITA TONETTI	PHONE 752-4469
ADDRESS 307 NW SLAPPY DRIVE	LAKE CITY FL 32025
OWNER ANITA TONETTI	PHONE 752-4469
ADDRESS 137 NW HELEN DRIVE	LAKE CITY FL 32055
CONTRACTOR BRUCE GOODSON	PHONE 386.755.1783
LOCATION OF PROPERTY 90-W TO LAKE CITY AVE,TR	TO APPLE LN,TR TO HELEN DR,TL
IT'S THE 4TH PLACE ON R.	
TYPE DEVELOPMENT M/H/UTILITY ES	STIMATED COST OF CONSTRUCTION 0.00
HEATED FLOOR AREA TOTAL AR	EA HEIGHT STORIES
FOUNDATION WALLS	ROOF PITCH FLOOR
LAND USE & ZONING RSF-MH2	MAX. HEIGHT
Minimum Set Back Requirments: STREET-FRONT 25.00	REAR 15.00 SIDE 10.00
NO. EX.D.U. 12 FLOOD ZONE X	DEVELOPMENT PERMIT NO.
PARCEL ID 34-3S-16-02509-001 SUBDIVISIO	ON HILL CIRCLE MHP
LOT 13 BLOCK PHASE UNIT	TOTAL ACRES 2.77
WYANANGA	10: 45
IH0000702	The trety
Culvert Permit No. Culvert Waiver Contractor's License Nur EXISTING 07-0012N CFS	
n =	ng checked by Approved for Issuance New Resident
	Approved for issuance new resident
	TEROLD.
COMMENTS: 2.3.8 NON-CONFORMING MH PARK. 1 FOOT ABO	VE ROAD.
COMMENTS: 2.3.8 NON-CONFORMING MH PARK. 1 FOOT ABO	
	Check # or Cash 199
FOR BUILDING & ZONII	
FOR BUILDING & ZONIN Temporary Power Foundation	Check # or Cash 199 IG DEPARTMENT ONLY (footer/Slab) Monolithic
Temporary Power Foundation date/app. by	Check # or Cash 199 IG DEPARTMENT ONLY (footer/Slab) Monolithic date/app. by date/app. by
Temporary Power Foundation date/app. by Under slab rough-in plumbing Slab	Check # or Cash 199 IG DEPARTMENT ONLY (footer/Slab) Monolithic date/app. by date/app. by Sheathing/Nailing
FOR BUILDING & ZONIN Temporary Power Foundation date/app. by Under slab rough-in plumbing Slab date/app. by	Check # or Cash 199 IG DEPARTMENT ONLY (footer/Slab) Monolithic date/app. by date/app. by Sheathing/Nailing date/app.
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FOR BUILDING & ZONING Temporary Power Foundation date/app. by Under slab rough-in plumbing Slab date/app. by Framing Rough-in plumbing all date/app. by Electrical rough-in Heat & Air Duct date/app. by Permanent power C.O. Final date/app. by M/H tie downs, blocking, electricity and plumbing date/app. by M/H to date/app. by M/H Pole date/app. by BUILDING PERMIT FEE \$ 0.00 CERTIFICATION FEE	Check # or Cash IG DEPARTMENT ONLY Monolithic date/app. by Sheathing/Nailing date/app. by Oove slab and below wood floor Peri. beam (Lintel) date/app. by Culvert date/app. by Culvert date/app. by Pool by Utility Pole app. by Re-roof ate/app. by Re-roof ate/app. by SURCHARGE FEE \$ 0.00 WASTE FEE \$ 0.00 WASTE FEE \$ 0.00

NOTICE: IN ADDITION TO THE REQUIREMENTS OF THIS PERMIT, THERE MAY BE ADDITIONAL RESTRICTIONS APPLICABLE TO THIS PROPERTY THAT MAY BE FOUND IN THE PUBLIC RECORDS OF THIS COUNTY. AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.

"WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT."

This Permit Must Be Prominently Posted on Premises During Construction

PLEASE NOTIFY THE COLUMBIA COUNTY BUILDING DEPARTMENT AT LEAST 24 HOURS IN ADVANCE OF EACH INSPECTION, IN ORDER THAT IT MAY BE MADE WITHOUT DELAY OR INCONVIENCE, PHONE 758-1008. THIS PERMIT IS NOT VALID UNLESS THE WORK AUTHORIZED BY IT IS COMMENCED WITHIN 6 MONTHS AFTER ISSUANCE.

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

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

Coft Message on 6-5-07 La

	A Child
E	or Office Use Only (Revised 6-23-05) Zoning Official State Building Official OK JTH 5-5-07
A	P# 010578 Date Received 5.29.07 By 7 Permit # 25891
	lood Zone Development Permit Zoning Kand Use Plan Map Category KCD.
С	omments 2.3.8 non-conf. In Hydre
_	
_	
FI	EMA Map# Elevation Finished Floor River In Floodway
00	Site Plan with Setbacks Shown EEH Signed Site Plan EH Release UWell letter Existing well
D	Copy of Recorded Deed or Affidavit from land owner Letter of Authorization from installer
16	
	HillCirclemHP Co+13
	Property ID # 34-35 - 16 - 02509-00 Will Circle MHP 6 + 13 Must have a copy of the property deed
-	New Mobile Home Used Mobile Home Year 8/
•	Applicant Huta Tonette Phone # 752-4469
•	Address 307 nwslappy Dr. Lake City, FC 32055
	Name of Property Owner_Same as Above_Phone#
	911 Address 137 nw Helen LC FC 32055 (Hill Circle MHP
	Circle the correct power company - FL Power & Light - Clay Electric
	(Circle One) - Suwannee Valley Electric - Progress Energy
	(, <u> </u>
	Name of Owner of Mobile Home SAME as Above Phone #
	Address
•	Relationship to Property Owner SAME as Shove
•	Current Number of Dwellings on Property
_	Lot Size Total Acreage 2-17
i m ili	Lot Size Total Acreage
•	Do you : Have an <u>Existing Drive</u> or need a <u>Culvert Permit</u> or a <u>Culvert Waiver</u> (Circle one)
	Is this Mobile Home Replacing an Existing Mobile Home
	Driving Directions to the Property 90 46 LC Avenue, Furn
	10 on Apple Lane property on (D) -
	A Hill Circle MHP) The Helen DR, 4th on Eight
	LA HAIT CHES MITT TE HELEN DR, TINDNIFIGNE
	Name of Linear Books Williams Brown Control of the State
•	Name of Licensed Dealer/Installer Druce Groods Phone # 755 - 1783
•	Installers Address 1505 500 CR 25213 LC FL
	License Number 44-0000707 Installation Decal # 277973

PERMIT WORKSHEET

page 2 of 2

The results of the torque probe test is \$\iiii 15\tau\$ 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 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 hopping capacity. anchors are allowed at the sidewall locations. I understand 5 ft Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Date Tested Installer Name

Electrical

Connect electrical conductors between multi-wide units, but not to the main power This includes the bonding wire between mult-wide units.

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.

Gasket (weatherproofing requirement)	Floor: Type Fastener: Walls: Type Fastener: Roof: Type Fastener: 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.	Fastening multi wide units	Debris and organic material removed . Water drainage: Natural Swale Pad Other	Site Preparation	
	ng: ng: ng: ed metal strip ed with galv. terline.		ther		

of tape will not serve as a gasket. a result of a poorly installed or no gasket being installed. I understand a strip homes and that condensation, mold, meldew and buckled marriage walls are I understand a properly installed gasket is a requirement of all new and used Installer's initials

Type gasket nstalled: Between Floors

Bottom of ridgebeam Yes Between Walls Yes

Weatherproofing

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

Miscellaneous

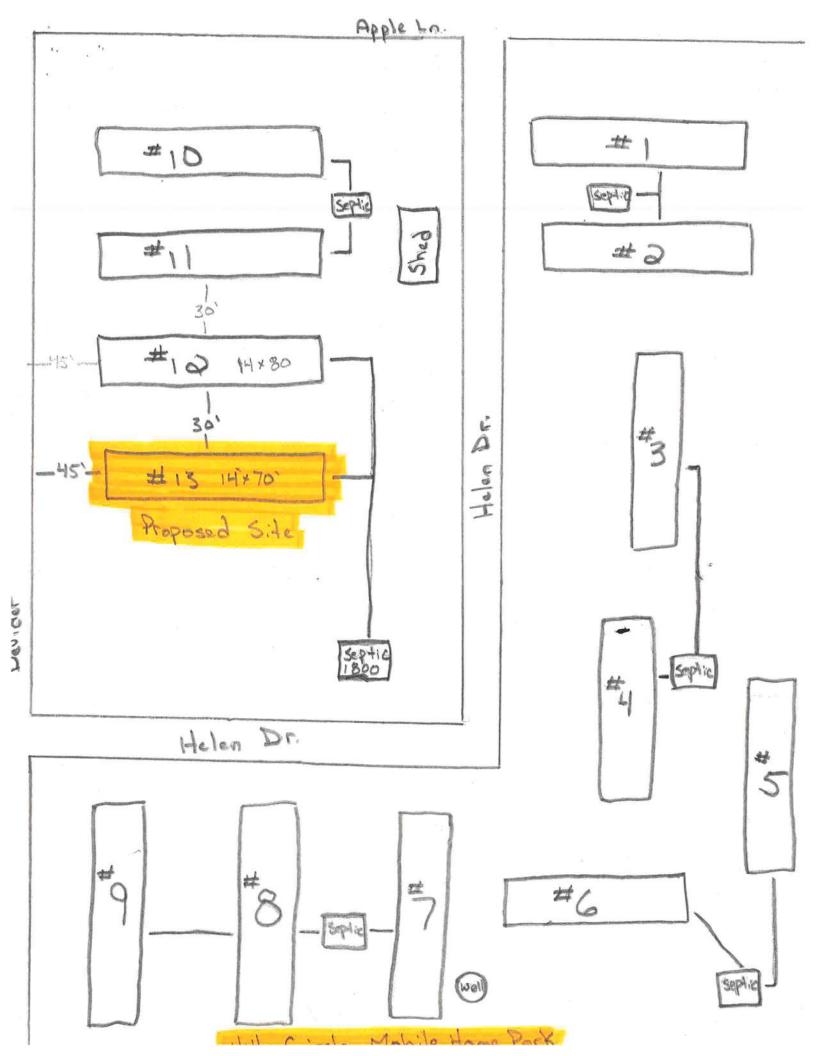
Electrical crossovers protected. Skirting to be installed. Yes Drain lines supported at 4 foot intervals. Range downflow vent installed outside of skirting. Skirting to be installed. Yes

No
Dryer vent installed outside of skirting. Yes Other: Yes Yes NA Z

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 2

Installer Signature



Columbia County Property Appraiser DB Last Updated: 3/8/2007

Parcel: 34-3S-16-02509-001

2007 Proposed Values

Tax Record Property Card Interactive GIS Map | Print

Owner & Property Info

Owner's Name	TONETTI ANI	TONETTI ANITA M				
Site Address						
Mailing Address	307 NW SLAPPY DR LAKE CITY, FL 32055					
Use Desc. (code)	PARKING/MH	PARKING/MH (002802)				
Neighborhood	34316.03 Tax District 2					
UD Codes	MKTA06	Market Area	06			
Total Land Area	3.000 ACRES	3.000 ACRES				
Description	LOTS 18, 19, 20-A & 20-B BLOCK A WEST LAKE CITY HILLS S/D. ORB 627-331, 658-700, 692-825, 716- 815, 759-1189, 823-2334, 1005-2113 (HILL CIRCLE MH PARK) NEED CORRECTIVE DEED WD 1018-2305. WD 1041-780, WD 1058-1921, WD 1059-1380.					

<< Prev

Search Result: 2 of 3

Next >>

GIS Aerial



Property & Assessment Values

Mkt Land Value	cnt: (3)	\$47,000.00
Ag Land Value	cnt: (0)	\$0.00
Building Value	cnt: (9)	\$51,904.00
XFOB Value	cnt: (2)	\$64,880.00
Total Appraised Value		\$163,784.00

Just Value	\$163,784.00
Class Value	\$0.00
Assessed Value	\$163,784.00
Exempt Value	\$0.00
Total Taxable Value	\$163,784.00

Sales History

Sale Date	Book/Page	Inst. Type	Sale VImp	Sale Qual	Sale RCode	Sale Price
9/23/2005	1059/1380	WD	I	U	06	\$53,500.00
9/8/2005	1058/1921	WD	I	Q		\$180,000.00
3/11/2005	1041/780	WD	I	Q		\$168,000.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	MOBILE HME (000800)	1970	Below Avg. (03)	516	516	\$2,286.00
3	MOBILE HME (000800)	1972	Below Avg. (03)	576	576	\$2,551.00
4	MOBILE HME (000800)	1969	Below Avg. (03)	672	672	\$2,977.00
6	MOBILE HME (000800)	1971	Below Avg. (03)	552	552	\$2,445.00
7	MOBILE HME (000800)	1969	Below Avg. (03)	672	672	\$2,977.00
8	MOBILE HME (000800)	1972	Below Avg. (03)	576	576	\$2,551.00
9	MOBILE HME (000800)	1970	Below Avg. (03)	840	840	\$3,721.00
13	MOBILE HME (000800)	1994	Vinyl Side (31)	896	896	\$19,031.00
14	MOBILE HME (000800)	1990	Alum Siding (26)	784	784	\$13,365.00
	Note: All S.F. calculations	are based or	n <u>exterior</u> building o	dimensions.		

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0259	MHP HOOKUP	0	\$57,600.00	12.000	0 x 0 x 0	(.00)
0327	STABLES-SM	1993	\$7,280.00	520.000	13 x 40 x 0	(.00)

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:

3/28/2007

DATE ISSUED:

3/29/2007

ENHANCED 9-1-1 ADDRESS:

137

NW HELEN

DR

LAKE CITY

FL 32055

PROPERTY APPRAISER PARCEL NUMBER:

34-3S-16-02509-001

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.



APPLICATION FOR O

STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 07-00 121N

PART II - SITE PLAN --Each block represents 5 feet and 1 inch = 50 feet. System] Site Plan submitted by: Not Approved Plan Approved Dunty Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

LETTER OF AUTHORIZATION

Date: 5 /10/0
Columbia County Building Department P.O. Box 1529 Lake City, FL 32056 I Druce Goodo, License No. IH-000703 do hereby Authorize Curlo Joneth to pull and sign permits on my
behalf.
Sincerely, Rod
Sworn to and subscribed before me this
Personally Known 6upires December 15, 2007
Produced Valid Identification:

IMINARY MOBILE HOME INSPECTION REPORT



TE RECEIVED 5-2-07 BY CIT IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED?	
MERS NAME Anita Tone 41 PHONE 752-4469 CELL 697-3760	_
DRESS 137 NW Helen Dr. Lake Cofy for 32055	_
DBILE HOME PARK 1/11 Ciccle MHP Lot 13 SUBDIVISION	_
RIVING DIRECTIONS TO MOBILE HOME 90 west (2) Lake City Ave, (2) Apple Lane	
(2) Helen Drive 4th or @	7
OBILE HOME INSTALLER Bruce Goodson PHONE	
AOBILE HOME INSTALLER RED & FO NO data strety	
SERIAL NO. 4854 YEAR 1986 SIZE 12 x to 0 COLOR which Red tring	
MIND ZONE Must be wind zone II or higher NO WIND ZONE I ALLOWED INSPECTION STANDARDS	
P or F) - P= PASS F= FAILED	
SMOKE DETECTOR () OPERATIONAL () MISSING	
FLOORS () SOLID () WEAK () HOLES DAMAGED LOCATION	
DOORS () OPERABLE () DAMAGED	
WALLS () SOLID () STRUCTURALLY UNSOUND (Can go in mett.)	
WINDOWS () OPERABLE () INOPERABLE	
PLUMBING FIXTURES () OPERABLE () MISSING	
CEILING () SOLID () HOLES () LEAKS APPARENT	
EXTERIOR: ELECTRICAL (FIXTURES/OUTLETS) () OPERABLE () EXPOSED WIRING () OUTLET COVERS MISSING () LIGHT FIXTURES MISSING	
WALLS / SIDDING () 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 REINSPECTION FOR FOLLOWING CONDITIONS	_
	_
SIGNATURE Day Date 5/20/00	_
UAIR_S/C//()	