

DATE 05/30/2019

Columbia County Building Permit

PERMIT

This Permit Must Be Prominently Posted on Premises During Construction

000038173

APPLICANT ROBERT DRINKARD PHONE 386-365-1609
 ADDRESS 1024 NE COLVIN AVE LAKE CITY FL 32055
 OWNER ROBERT DRINKARD PHONE 386-365-1609
 ADDRESS 1024 NE COLVIN AVE LAKE CITY FL 32055
 CONTRACTOR ROBERT DRINKARD PHONE 386-365-1609
 LOCATION OF PROPERTY 441 N. R TAMMY LN. L. COLVIN, 7TH ON LEFT

TYPE DEVELOPMENT 12 MONTH RV ESTIMATED COST OF CONSTRUCTION 0.00
 HEATED FLOOR AREA _____ TOTAL AREA _____ HEIGHT _____ STORIES _____
 FOUNDATION _____ WALLS _____ ROOF PITCH _____ FLOOR _____
 LAND USE & ZONING RSF-MH-2 MAX. HEIGHT 35
 Minimum Set Back Requirements: STREET-FRONT 25.00 REAR 15.00 SIDE 10.00
 NO. EX.D.U. 1 FLOOD ZONE _____ DEVELOPMENT PERMIT NO. _____

PARCEL ID 17-3S-17-04967-142 SUBDIVISION FIVE POINTS ACRES
 LOT 2 BLOCK _____ PHASE _____ UNIT 3 TOTAL ACRES 3.40

OWNER [Signature]
 Culvert Permit No. _____ Culvert Waiver _____ Contractor's License Number _____ Applicant Owner Contractor
 EXISTING 19-0426 LH _____ LH _____ N _____ LY 1905-32
 Driveway Connection _____ Septic Tank Number _____ LU & Zoning checked by _____ Approved for Issuance _____ New Resident _____ Time STEP No. _____

COMMENTS: 12 MONTH RV PERMIT WHILE REBUILDING A BURNT HOME
 NO FEES FOR PERMIT

Check # or Cash NO CHARGE

FOR BUILDING & ZONING DEPARTMENT ONLY

Temporary Power _____ Foundation _____ Monolithic _____ (Footer Slab)
 date/app. by _____ date/app. by _____ date/app. by _____
 Under slab rough-in plumbing _____ Slab _____ Sheathing/Nailing _____
 date/app. by _____ date/app. by _____ date/app. by _____
 Framing _____ Insulation _____
 date/app. by _____ date/app. by _____
 Rough-in plumbing above slab and below wood floor _____ Electrical rough-in _____
 date/app. by _____ date/app. by _____
 Heat & Air Duct _____ Peri. beam (Lintel) _____ Pool _____
 date/app. by _____ date/app. by _____ date/app. by _____
 Permanent power _____ C.O. Final _____ Culvert _____
 date/app. by _____ date/app. by _____ date/app. by _____
 Pump pole _____ Utility Pole _____ M/H tie downs, blocking, electricity and plumbing _____
 date/app. by _____ date/app. by _____ date/app. by _____
 Reconnection _____ RV _____ Re-roof _____
 date/app. by _____ date/app. by _____ date/app. by _____

BUILDING PERMIT FEE \$ 0.00 CERTIFICATION FEE \$ 0.00 SURCHARGE FEE \$ 0.00

MISC. FEES \$ 0.00 ZONING CERT. FEE \$ _____ FIRE FEE \$ 0.00 WASTE FEE \$ _____

PLAN REVIEW FEE \$ _____ DP & FLOOD ZONE FEE \$ _____ CULVERT FEE \$ _____ TOTAL FEE 0.00

INSPECTOR'S OFFICE [Signature] CLERK'S OFFICE [Signature]

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.
 NOTICE: ALL OTHER APPLICABLE STATE OR FEDERAL PERMITS SHALL BE OBTAINED BEFORE COMMENCEMENT OF THIS PERMITTED DEVELOPMENT.

"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."

EVERY PERMIT ISSUED SHALL BECOME INVALID UNLESS THE WORK AUTHORIZED BY SUCH PERMIT IS COMMENCED WITHIN 180 DAYS AFTER ITS ISSUANCE, OR IF THE WORK AUTHORIZED BY SUCH PERMIT IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AFTER THE TIME THE WORK IS COMMENCED. A VALID PERMIT RECEIVES AN APPROVED INSPECTION EVERY 180 DAYS. WORK SHALL BE CONSIDERED NOT SUSPENDED, ABANDONED OR INVALID WHEN THE PERMIT HAS RECEIVED AN APPROVED INSPECTION WITHIN 180 DAYS OF THE PREVIOUS INSPECTION.

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

STUP 1905-32

38173

12 month RV



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

PERMIT NO. 19-0426 DATE PAID: 5/30/19 FEE PAID: 688.00 RECEIPT #:

APPLICATION FOR:

- [] New System [] Existing System [] Holding Tank [] Innovative [] Repair [] Abandonment [] Temporary []

APPLICANT: Robert DRINKARD

AGENT: Property OWNER TELEPHONE: 386-365-1609

MAILING ADDRESS: 1024 NE Colvin Av Lake City, FL 32655

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: 2 BLOCK: SUBDIVISION: Five Point Acres U-3 PLATTED: 9-14-78

PROPERTY ID #: 17-35-17-04967-142 ZONING: I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 3.4 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTANCE TO SEWER: FT

PROPERTY ADDRESS: Colvin St Lake City FL

DIRECTIONS TO PROPERTY: 441 TR ON TAMMY LN, TL ON COLVIN, 7th on left

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

Table with 5 columns: Unit No, Type of Establishment, No. of Bedrooms, Building Area Sqft, Commercial/Institutional System Design. Row 1: 1, 3BR S: 224L/Multi FA, 3, 1848, (Rebuilding) will permit when complete. Row 2: 2, empty. Row 3: 3, RV, 1, 250, (during in while rebuilding his home). Row 4: 4, empty.

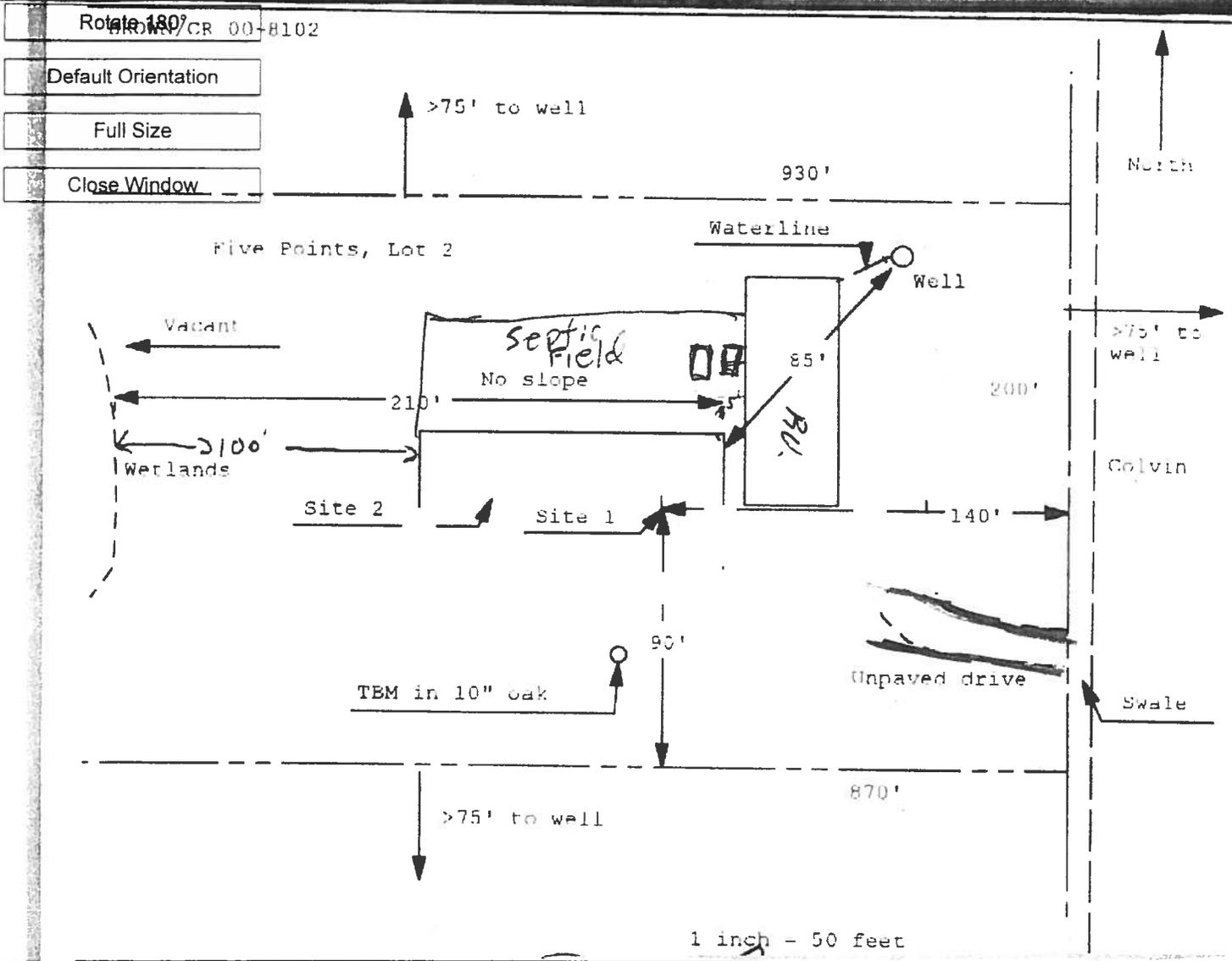
[] Floor/Equipment Drains [] Other (Specify)

SIGNATURE: [Signature] DATE: 5/30/19

STATE OF FLORIDA
 DEPARTMENT OF HEALTH
 APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 19-0426

PART II - SITEPLAN



Site Plan submitted by: Danner 5/30/19
 Plan Approved [Signature] Not Approved _____ Date 5/30/19
 By [Signature] FSTI Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Legend

Addresses

2018Aerials



2018 Flood Zones

0.2 PCT ANNUAL CHANCE

A

AE

AH

Roads

Roads

others

Dirt

Interstate

Main

Other

Paved

Private

Parcels

others

A-1

A-2

A-3

CG

CHI

CI

CN

CSV

ESA-2

I

ILW

MUD-1

PRD

PRRD

RMF-1

RMF-2

RO

RR

RSF-1

RSF-2

RSF-3

RSF/MH-1

RSF/MH-2

RSF/MH-3

DEFAULT

Columbia County, FLA - Building & Zoning Property Map

Printed: Tue May 28 2019 13:52:47 GMT-0400 (Eastern Daylight Time)



(Burnt Home) 12 month RV
L.O.A.

Parcel Information

Parcel No: 17-3S-17-04967-142
 Owner: BROWN DAVID B & AMY M
 Subdivision: FIVE POINTS ACRES UNIT 3
 Lot:
 Acres: 3.794818
 Deed Acres: 3.79 Ac
 District: District 1 Ronald Williams
 Future Land Uses: Residential - Low
 Flood Zones: A,
 Official Zoning Atlas: RSF/MH-2

3

All data, information, and maps are provided "as is" without warranty or any representation of accuracy, timeliness or completeness. Columbia County, FL makes no warranties, express or implied, as to the use of the information obtained here. There are no implied warranties of merchantability or fitness for a particular purpose. The requester acknowledges and accepts all limitations, including the fact that the data, information, and maps are dynamic and in a constant state of maintenance, and update.

Note: The Original Copy of the Quit Claim Deed must be filed with the "Recorder of Deeds" with the Clerk of Courts having jurisdiction where this property is located and only upon payment of any associated recording fees due at time of filing with the Clerk of Courts.

[Handwritten Signature]
(Grantor's Signature)

DAVID B. BROWN
(Grantor's Printed Name)

[Handwritten Signature]
(Witness #1 Signature)

Patti Weiffenbach Terrell
(FIRST WITNESS NAME TYPED)

[Handwritten Signature]
(Witness #1 Signature)

Reelinda Scippio
(FIRST WITNESS NAME TYPED)

[Handwritten Signature]
(Grantor's Signature)

AMY BROWN
(Grantor's Printed Name)

[Handwritten Signature]
(Witness #2 Signature)

Reelinda Scippio
(SECOND WITNESS NAME TYPED)

[Handwritten Signature]
(Witness #2 Signature)

Patti Weiffenbach Terrell
(SECOND WITNESS NAME TYPED)

STATE OF *FLORIDA*)
)
COUNTY OF *Columbia*) SS.

The foregoing Quit Claim Deed was acknowledged before me on May 29, 2019 by David & Amy Brown who personally known to me or who produced a valid driver's license _____, and such individual(s) having executed aforementioned instrument of his/her/their free and voluntary act and deed.

IN WITNESS THEREOF, to this Quit Claim Deed, I set my hand and seal.

Signed, sealed and delivered in the presence of:

[Handwritten Signature]
(Signature of Notary)

FRANCES VONCILE DOW
(Printed Notary Name)



FRANCES VONCILE DOW
Commission # GG 263070
Expires October 3, 2022
Bonded Thru Budget Notary Services

Columbia County Property Appraiser

Jeff Hampton

2018 Tax Roll Year

updated 5/9/2019

Parcel: << 17-3S-17-04967-142 >>

Aerial Viewer Pictometry Google Maps

Owner & Property Info

Result: 1 of 1

Owner	BROWN DAVID B & AMY M C/O ROBERT J DRINKARD 1024 NE COLVIN AVE LAKE CITY, FL 32055		
Site	1024 COLVIN AVE, LAKE CITY		
Description*	LOT 2 UNIT 3 FIVE POINTS ACRES. ORB 441-110, 505-110, 505-352, 586-777, 626-301, CS #91-1079-DR, 910-087, 911-460, 919-1456 & 997-402		
Area	3.79 AC	S/T/R	17-3S-17E
Use Code**	MOBILE HOM (000200)	Tax District	2

See deed

*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

2018 Certified Values		2019 Working Values	
Mkt Land (2)	\$19,035	Mkt Land (2)	\$20,285
Ag Land (0)	\$0	Ag Land (0)	\$0
Building (1)	\$17,215	Building (1)	\$17,841
XFOB (1)	\$1,600	XFOB (1)	\$1,600
Just	\$37,850	Just	\$39,726
Class	\$0	Class	\$0
Appraised	\$37,850	Appraised	\$39,726
SOH Cap [?]	\$0	SOH Cap [?]	\$0
Assessed	\$37,850	Assessed	\$39,726
Exempt	\$0	Exempt	\$0
Total Taxable	county:\$37,850 city:\$37,850 other:\$37,850 school:\$37,850	Total Taxable	county:\$39,726 city:\$39,726 other:\$39,726 school:\$39,726



Sales History

Sale Date	Sale Price	Book/Page	Deed	V/I	Quality (Codes)	RCode
10/10/2003	\$100	997/0402	WD	I	U	03
1/17/2001	\$32,600	919/1456	WD	I	U	03

Building Characteristics

Bldg Sketch	Bldg Item	Bldg Desc*	Year Blt	Base SF	Actual SF	Bldg Value
Sketch	1	MOBILE HME (000800)	1990	1824	1848	\$17,841

*Bldg Desc determinations are used by the Property Appraisers office solely for the purpose of determining a property's Just Value for ad valorem tax purposes and should not be used for any other purpose

Extra Features & Out Buildings (Codes)

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0294	SHED WOOD/	2010	\$1,600.00	1.000	0 x 0 x 0	(000.00)

Land Breakdown

Land Code	Desc	Units	Adjustments	Eff Rate	Land Value
000200	MBL HM (MKT)	3.790 AC	1.00/1.00 1.00/0 85	\$4,495	\$17,035