

DATE 01/21/2011

Columbia County Building Permit
This Permit Must Be Prominently Posted on Premises During Construction

PERMIT
000029138

APPLICANT	BO ROYALS		PHONE	754-6737	
ADDRESS	4068	US HWY 90 WEST	LAKE CITY	FL	32055
OWNER	FRANK BURRESS		PHONE	755-8722	
ADDRESS	6611	SW TUSTENUGGEE AVE	LAKE CITY	FL	32024
CONTRACTOR	MANUEL BRANNON		PHONE	386-570-3289	
LOCATION OF PROPERTY	41 S, R 131, PAST CR 240 TO 6609 ON LEFT, BEFORE PAUL PEARCE RD, FOLLOW DRIVE TO BACK-PAST HOUSE & BARN				
TYPE DEVELOPMENT	MH, UTILITY		ESTIMATED COST OF CONSTRUCTION	0.00	
HEATED FLOOR AREA		TOTAL AREA	HEIGHT	STORIES	
FOUNDATION		WALLS	ROOF PITCH	FLOOR	
LAND USE & ZONING	AG-3		MAX. HEIGHT	35	
Minimum Set Back Requirments:	STREET-FRONT		30.00	REAR	25.00
				SIDE	25.00
NO. EX.D.U.	1	FLOOD ZONE	X	DEVELOPMENT PERMIT NO.	

PARCEL ID	20-5S-17-09301-003		SUBDIVISION	
LOT	BLOCK	PHASE	UNIT	TOTAL ACRES 5.00

		IH10253961		
Culvert Permit No.	Culvert Waiver	Contractor's License Number	Applicant/Owner/Contractor	
EXISTING	11-0026-M	BK	TC	N
Driveway Connection	Septic Tank Number	LU & Zoning checked by	Approved for Issuance	New Resident

COMMENTS: DESIGNATING 5 ACRES TO THIS MOBILE HOME
THIS IS REPLACING AN EXISTING MOBILE HOME THAT MUST BE REMOVED 45 DAYS
AFTER CO INSPECTION ***FLOOR ONE FOOT ABOVE THE ROAD***

Check # or Cash 31478

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

Temporary Power	Foundation	Monolithic
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 \$	300.00	ZONING CERT. FEE \$	50.00	FIRE FEE \$	0.00
		WASTE FEE \$			
FLOOD DEVELOPMENT FEE \$		FLOOD ZONE FEE \$	25.00	CULVERT FEE \$	
				TOTAL FEE	375.00

INSPECTORS OFFICE		CLERKS OFFICE	
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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."

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 RECIEVES AN APPROVED INSPECTION EVERY 180 DAYS. WORK SHALL BE CONSIDERED NOT SUSPENDED, ABANDONED OR INVALID WHEN THE PERMIT HAS RECIEVED AN APPROVED INSPECTION WITHIN 180 DAYS OT THE PREVIOUS INSPECTION.

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

MER

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-10-08) Zoning Official BLK 19.01.11 Building Official T.G. 1-14-11

AP# 1101-11 Date Received 1-11-11 By LH Permit # 29138

Flood Zone X Development Permit N/A Zoning A-3 Land Use Plan Map Category A-3

Comments Designation of 5 acres + Replacing existing MH

FEMA Map# N/A Elevation N/A Finished Floor 1' above Rd River N/A In Floodway N/A

☒ Site Plan with Setbacks Shown ☒ EH # 11-0026M ☐ EH Release ☐ Well letter ☒ Existing well

☒ Recorded Deed or Affidavit from land owner ☒ Letter of Auth. from installer ☒ State Road Access

☐ Parent Parcel # _____ ☐ STUP-MH _____ ☐ F W Comp. letter _____

IMPACT FEES: EMS _____ Fire _____ Corr _____ Road/Code _____

School _____ = TOTAL N/A ~~Specified~~ Replacing existing Dwelling ☒ VF form on PLUMBING AC

Original Permit # 28211

Property ID # 20-55-17-09301-003 Subdivision _____

- New Mobile Home ☒ Used Mobile Home _____ MH Size 28x56 Year 2010
- Applicant Bo Royals Phone # 754-6737
- Address 4068 U.S. 90. West Lake City, FL 32055
- Name of Property Owner Franki Gail Burress Phone # 755-8722
- ☒ 911 Address 6611 SW Tustenuggee Ave Lake City, FL 32024
- Circle the correct power company - FL Power & Light - Clay Electric
 (Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home Ashley Burress Phone # 755-8722
 Address 252 SW Burress Gln. Lake City, FL 32024
- Relationship to Property Owner Daughter
- Current Number of Dwellings on Property 3
- Lot Size _____ Total Acreage 14.330
- 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 Yes replacement
- Driving Directions to the Property 41 turn rt. onto Tustenuggee pass 240
Pass 2nd OAKS of Lake City 1st Drive on left.
- Name of Licensed Dealer/Installer Manuel Brannon Phone # 386-570-3289
- Installers Address 5107 CR 252 wellborn fla 32094
- License Number 1025396 Installation Decal # 307511

spoke to EH & BO 1-19-11 / 1-21-11

Royals Mobile Home Sales & Service, Inc.

4068 West U.S. Highway 90
LAKE CITY, FLORIDA 32055
(386) 754-6737 • Fax: (386) 758-7764

CLEAR FORM

BUYER(S) Ashley A. Burress				PHONE (386) 755-8722		DATE	
ADDRESS 252 SW Burress Glen Lake City, FL 32024				SALESPERSON Eugene Royals			
DELIVERY ADDRESS TBD Tustenugee Rd. Lake City, FL 32024							
MAKE & MODEL Horton BTS		YEAR 2010	BEDROOMS 3	FLOOR SIZE L 60 W 27	HITCH SIZE L 64 W 28	STOCK NUMBER	
SERIAL NUMBER H187822GL&R		<input checked="" type="checkbox"/> NEW <input type="checkbox"/> USED		COLOR	PROPOSED DELIVERY DATE	KEY NUMBERS	

DATE OF BIRTH		DRIVER'S LICENSE		BASE PRICE OF UNIT		\$ 56,900.00	
BUYER		BUYER		OPTIONAL EQUIPMENT		0.00	
CO-BUYER		CO-BUYER		PROCESSING FEE		0.00	
LOCATION		R-VALUE	THICKNESS	TYPE OF INSULATION		SUB-TOTAL \$ 56,900.00	
CEILING	30	8.1	Cellulose				
EXTERIOR	11	3.5	Fiberglass		SALES TAX 3,414.00		
FLOORS	22	7	Fiberglass		COLUMBIA COUNTY SURTAX 50.00		
THIS INSULATION INFORMATION WAS FURNISHED BY THE MANUFACTURER AND IS DISCLOSED IN COMPLIANCE WITH THE FEDERAL TRADE COMMISSION RULE 16CRF, SECTION 460.16. Delivery & Setup standard 3 blocks high. (1 pad and 2 solid blocks). Anything over standard is customer's responsibility. Unfurnished XXXXXXXXXXXX Furnished _____ Water & Sewer is run under home. Customer responsible for any gas, electrical, water & sewer hook-up. Wheels and axles deleted from sale price of home. Customer responsible for permits. Homeowner's manual located in Manufactured Home.				NON-TAXABLE ITEMS			
				VARIOUS FEES AND INSURANCE		400.00	
				CASH PURCHASE PRICE		\$ 60,764.00	
				TRADE-IN ALLOWANCE	\$		
				LESS BAL. DUE on above	\$		
				NET ALLOWANCE	\$ 0.00		
				CASH DOWN PAYMENT	\$ 60,764.00		
				CASH/AS AGREED SEE REMARKS	\$		
				LESS TOTAL CREDITS		\$ 60,764.00	
				SUB-TOTAL		\$ 0.00	
OPTIONAL EQUIPMENT, LABOR AND ACCESSORIES				Unpaid Balance of Cash Sale Price		\$ 0.00	
A/C Heat Pump 13 Seer Goodman \$				REMARKS: CUSTOMER IS RESPONSIBLE FOR ALLOWANCE OVERAGES. PAYMENT IS NON-REFUNDABLE ON LOT MODEL. <div style="text-align: right;"> SIGN </div>			
Standard White Skirting							
Two Sets of Code Steps							
Royals Homes to pull Permits & customer to reimburse.							
Nothing Else Follows							
BALANCE CARRIED TO OPTIONAL EQUIPMENT \$ 0.00				Liquidated Damages are agreed to be \$ _____ or 10% of the cash price, whichever is greater. REFER TO PARAGRAPH #6 ON THE REVERSE SIDE OF THIS AGREEMENT.			

DESCRIPTION OF TRADE-IN		MAKE		MODEL		YEAR	
COLOR	BEDROOMS	SIZE X	TITLE NO.	SERIAL NO.			
AMOUNT OWING \$		TO WHOM		ANY DEBT BUYER OWES ON TRADE-IN IS TO BE PAID BY <input type="checkbox"/> DEALER <input type="checkbox"/> BUYER			

Buyer is purchasing the above described manufactured home, the optional equipment and accessories, the insurance has been voluntary; the Buyer's trade-in is free from all claims whatsoever, except as noted.

THE REVERSE SIDE of this agreement contains **ADDITIONAL TERMS AND CONDITIONS**, including, but not limited to, provisions regarding **WARRANTY, EXCLUSIONS AND LIMITATION OF DAMAGES**.

Dealer and Buyer acknowledge and certify that such additional terms and conditions printed on the other side of this agreement are agreed to as part of this agreement, the same as if printed above the signatures.

The agreement contains the entire agreement between the Dealer and Buyer and no other representation or inducement, verbal or written, has been made which is not contained in this agreement. Buyer(s) acknowledge receipt of a copy of this agreement and that Buyer(s) have read and understand the back of this agreement.

Royals Mobile Home Sales & Service, Inc. DEALER
Not Valid Unless Signed and Accepted by an Officer of the Company or an Authorized Agent
 By _____

SIGNED X BUYER
 SOCIAL SECURITY NO. _____ / _____ / _____
 SIGNED X _____ BUYER
 SOCIAL SECURITY NO. _____ / _____ / _____

PERMIT WORKSHEET

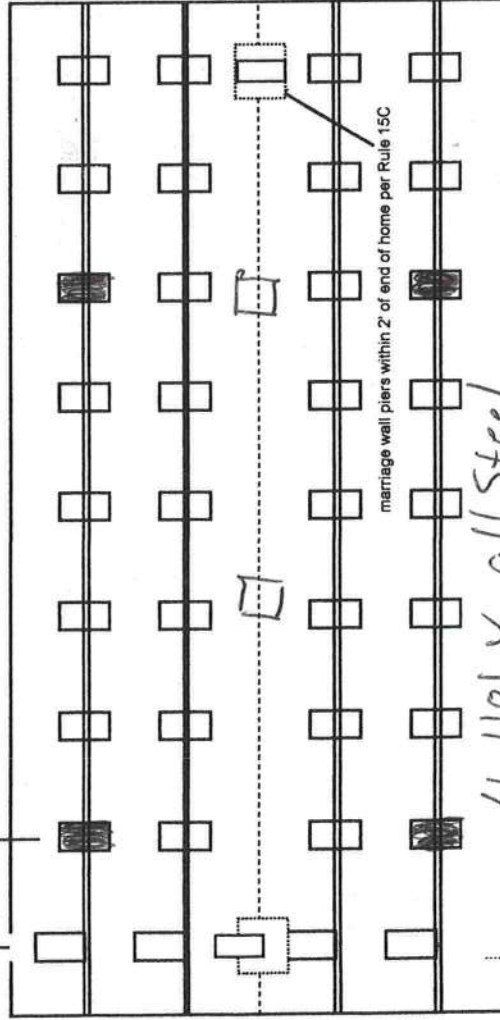
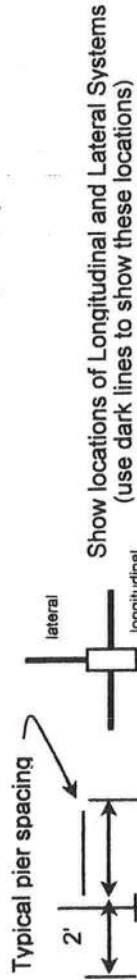
page 1 of 2

Installer Marvel Brannan License # 1025396
 Manufacturer Hobas Length x Width 28x60
 Name of Owner of this Mobile Home Ashley Burruss
 Phone 755-8722
 Address 252 SW Burruss Glen Lake City, FL 32024

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 AB



4 1101 v all steel
 17x25 ABS 5' oc
 23x31 center line

New Home ☒ Used Home ☐ Year _____
 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 # 307511
 Triple/Quad ☐ Serial # H187822613R

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity	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'	3'	4'	5'	6'	7'	8'
1500 psf	4'6"	4'6"	6'	7'	8'	8'	8'
2000 psf	6'	6'	8'	8'	8'	8'	8'
2500 psf	7'6"	7'6"	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 11x16

Other pier pad sizes (required by the mfg.) 23x31

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 15' Pier pad size 23x31

ANCHORS

5 ft

FRAME TIES

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

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)

Manufacturer

Longitudinal Stabilizing Device w/ Lateral Arms

Manufacturer

OTHER TIES

Number

22

4

4

Sidewall

Longitudinal

Marriage wall

Shearwall

07

PERMIT NUMBER

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 1500 psf or check here to declare 1000 lb. soil without testing.

X 1.5 X 1.5 X 1.5

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 1.5 X 1.5 X 1.5

TORQUE PROBE TEST

The results of the torque probe test is 285 inch pounds or check here if you are declaring 5' anchors without testing. A test showing 275 inch pounds or less will require 4 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.

MB Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Manuel Branan

Date Tested

1-3-11

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. 15c

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 15c

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 Swale Pad Other

Fastening multi wide units

Floor: Type Fastener: 1/2" Length: 6" Spacing: 14" Walls: Type Fastener: 5/16" Length: 6" Spacing: 24" Roof: Type Fastener: 1/2" Length: 6" Spacing: 24" 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 MB

Type gasket Pg. 15c

Installed: Between Floors Yes 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

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:

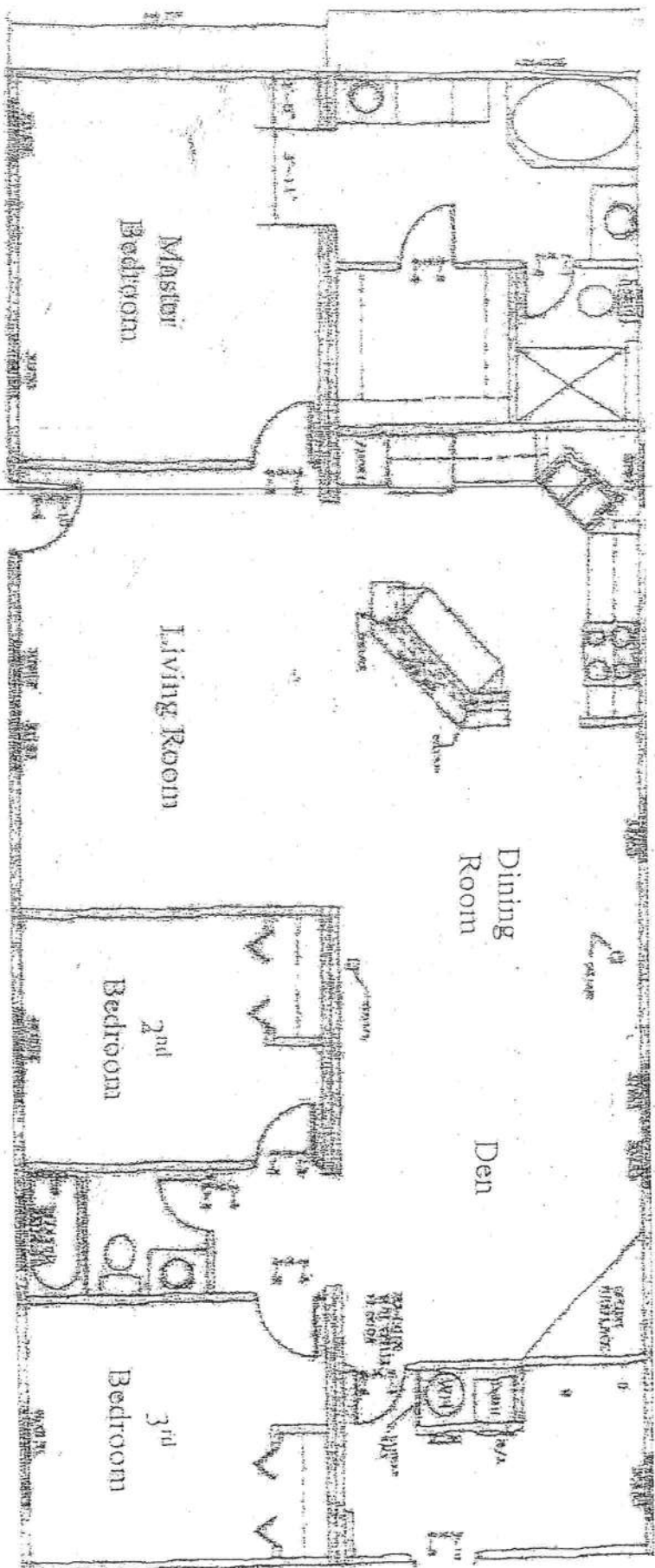
Installer verifies all information given with this permit worksheet is accurate and true based on the

Installer Signature

Manuel Branan Date 1-3-11



Horton Echo BTS-C2334F
27x60 3 Bedroom 2 Bath
Apx. 1,600 Sq. Ft.



DELIVERY & SET UP

A/C HEAT

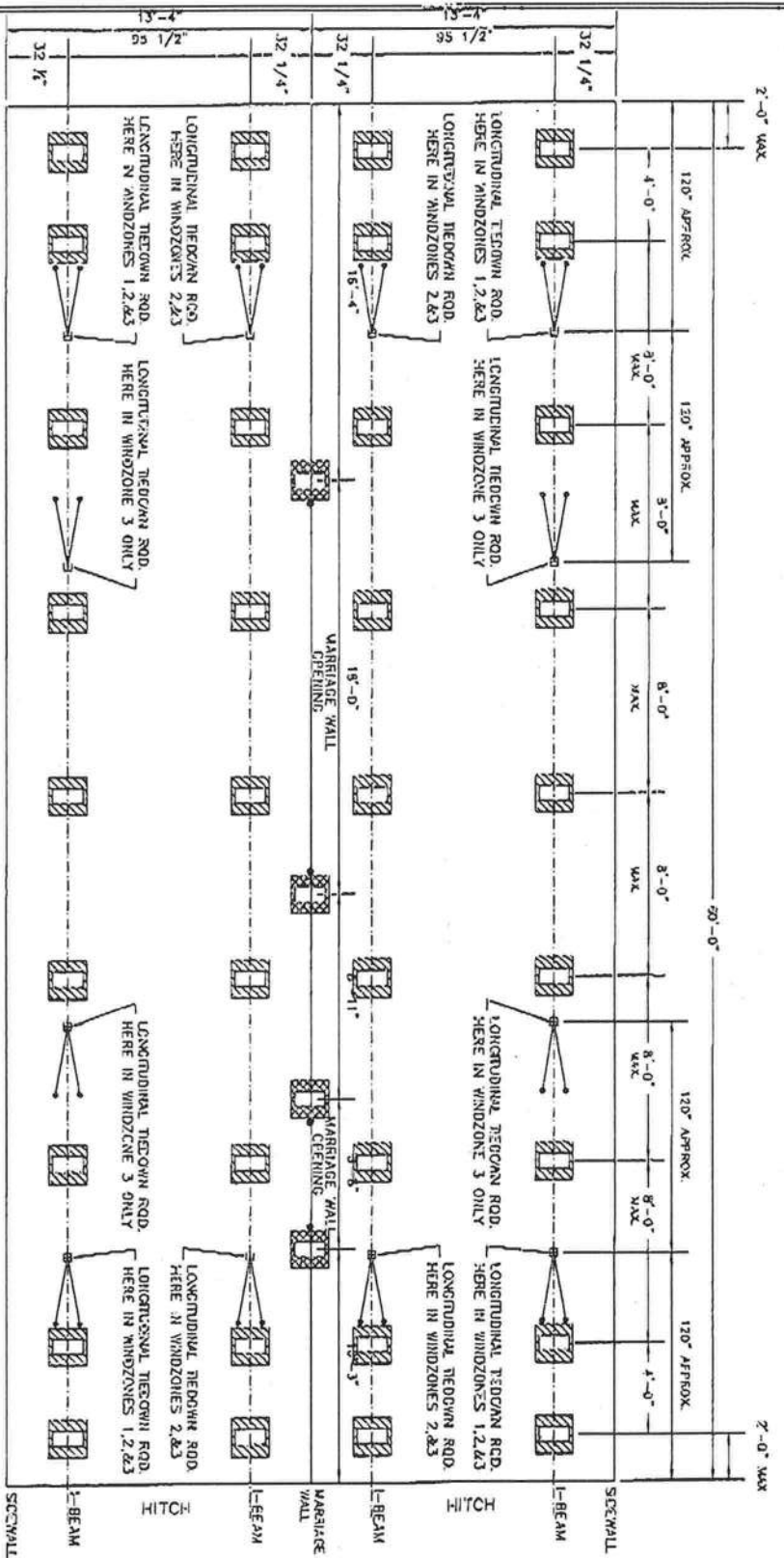
STANDARD WHITE SKIRTING

TWO SETS OF CODE STEPS

ALL PRICES INCLUDE:

\$ _____

NOTES:



27X60 BTS - FOUNDATION PLAN

NOTES:

1. THIS FOUNDATION DIAGRAM IS FOR 95 1/2" I-BEAM SPACING ONLY.
2. ADDITIONAL PIERS ARE REQUIRED AT EXTERIOR WALL OPENINGS 48" IN WIDTH OR GREATER (IE GLASS SLIDING DOORS AND DOUBLE WINDOWS WITHOUT CENTER SUPPORT POST).
3. ADDITIONAL PIERS ARE REQUIRED AT ENDS OF ALL SHEARWALLS IN ACCORDANCE WITH THE SETUP MANUAL. SHEARWALLS ARE MARKED ON HOUSE WITH GREEN TIE DOWN BRACKETS. REFER TO SETUP MANUAL FOR ADDITIONAL INFORMATION.
4. MARRIAGE WALL PIERS (MULTI UNIT HOMES ONLY) ARE REQUIRED AT MARRIAGE WALL OPENINGS 48" IN WIDTH OR GREATER. MARRIAGE WALL PIER LOCATIONS SHOWN ON PLAN ARE OFFSET 12" MAX. TO ALLOW FOR VERTICAL ANCHORS.
5. MAXIMUM PIER SPACING IS 8'-0" ACTUAL REQUIRED PIER SPACING WILL VARY ACCORDING TO FOOTING SIZE AND SOIL CAPACITY. REFER TO SETUP MANUAL FOR ADDITIONAL INFORMATION.
6. LONGITUDINAL ANCHORS ARE REQUIRED ON ALL HOMES. LOCATION AND QUANTITY OF LONGITUDINAL ANCHORS WILL VARY ACCORDING TO WINDZONES. SEE ABOVE DRAWING. REFER TO LONGITUDINAL FRAME TIEDOWN INSTALLATION INFORMATION IN THE SETUP MANUAL.
7. THIS PLAN IS APPLICABLE FOR H.U.D. CODE HOMES ONLY AND IS ONLY INTENDED FOR THE MODEL NAMED. THIS PLAN MAY NOT BE APPLICABLE FOR CUSTOM VARIATIONS OF THIS MODEL. REFER TO SETUP MANUAL FOR ALL SETUP INFORMATION.

PLAN KEY

- INDICATES TYPICAL FRAME PIER (UNDERNEATH I-BEAMS) - REFER TO SETUP MANUAL FOR INFORMATION.
- INDICATES TYPICAL MARRIAGE WALL PIER (UNDERNEATH MARRIAGE WALL) WITH VERTICAL ANCHORS (BLACK DOT) - REFER TO SETUP MANUAL FOR INFORMATION.
- INDICATES TYPICAL LONGITUDINAL TIEDOWN LOCATION (UNDERNEATH I-BEAMS) - REFER TO SETUP MANUAL FOR INFORMATION.

QUIT CLAIM DEED

Prepared By And Return To

TITLE OFFICES, LLC
1089 SW MAIN BLVD.,
LAKE CITY, FL. 32025

File #: 02Y-06068KW/KIM WATSON

Parcel I.D.#(s): 09301-003

Inst: 2002014290 Date: 07/19/2002 Time: 14:04:59

Doc Stamp-Deed : 0.70

DC, P. DeWitt Cason, Columbia County B: 954 P: 732

SPACE ABOVE THIS LINE FOR PROCESSING DATA

SPACE ABOVE THIS LINE FOR RECORDING DATA

This Quit Claim Deed executed this 12th day of July A.D. 2002 by
GAIL A. BURRESS, A MARRIED WOMAN

first party, to **GAIL A. BURRESS AND FRANK BURRESS, JR., HER HUSBAND**
whose Post Office Address is **RT 2 BOX 1765, LAKE CITY, FLORIDA 32024**

second party:

(Wherever used herein the terms "first party" and "second party" shall include singular and plural, heirs, legal representatives, and assigns of individuals, and the successors and assigns of corporations, wherever the context so admits or requires.)

Witnesseth: That the said first party, for and in consideration of the sum \$10.00, in hand paid by the said second party, the receipt whereof is hereby acknowledged, does hereby remise, release and quit-claim unto the said second party forever, all the right, title interest, claim and demand which the said first party has in and to the following described lot, piece or parcel of land, situate, lying and being in the County of COLUMBIA County, State of FLORIDA, to-wit:

A part of the NW ¼ of Section 20, Township 5 South, Range 17 East, more particularly described as follows: Begin at a concrete monument marking the intersection of the North line of said Section 20 with the East right of way line of County Road #131 and run N 88°31'06" East along the North line of said Section 20, 969.77 feet to the Northeast corner of the W ½ of the NE ¼ of the NW ¼ of said Section 20; thence S 0°48'11" East along the East line thereof, 512.49 feet; thence S 89°51'13" West, 708.78 feet; thence S 0°48'14" East, 141.06 feet; thence S 89°41'29" West, 537.40 feet to the said East right of way of County Road #131; thence N 22°54'35" East along said right of way, 687.33 feet to the POINT OF BEGINNING, Columbia County, Florida.

(RS / KW)

To Have and to Hold the same together, with all and singular the appurtenances thereunto belonging or in anywise appertaining, and all the estate, right, title, interest, lien, equity and claim whatsoever of the said first party, either in law or equity, to the only proper use, benefit and behoof of the said second party forever.

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

Signed, sealed and delivered in the presence of:

Witness Signature (as to first Grantor)

Martha Bryan

Printed Name

Witness Signature (as to first Grantor)

Kim Watson

Printed Name

GAIL A. BURRESS

Address: RT 2, Box 1765
LAKE CITY, FL 32024

STATE OF FLORIDA
COUNTY OF COLUMBIA

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared GAIL A. BURRESS to me known to be the person(s) or who produced [Signature] as Identification and who acknowledged that they executed the foregoing instrument.

WITNESS my hand and official seal in the County and State last aforesaid this 12th day of July, A.D. 2002.



SEA Martha Bryan
MY COMMISSION # CC85213 Expires
August 10, 2003
POWERED BY THE FLORIDA BAR ASSOCIATION

Notary Public:

My Commission Expires:

CM#

Burress App #

COLUMBIA COUNTY 9-1-1 ADDRESSING

P. O. Box 1787, Lake City, FL 32056-1787

PHONE: (386) 758-1125 * FAX: (386) 758-1363 * 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: 11/6/2009 DATE ISSUED: 11/10/2009

ENHANCED 9-1-1 ADDRESS:

6611 SW TUSTENUGGEE AVE

LAKE CITY FL 32024

PROPERTY APPRAISER PARCEL NUMBER:

20-5S-17-09301-003

Remarks:

2ND LOC

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.

1570

Columbia County Property Appraiser

OR Book/Last Updated: 11/14/2010

2010 Tax Year

Parcel: 20-5S-17-09301-003

<< 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	BURRESS GAIL A & FRANK JR		
Mailing Address	6609 SW TUSTENUGGEE AVE LAKE CITY, FL 32024		
Site Address	6609 SW TUSTENUGGEE AVE		
Use Desc. (code)	IMPROVED A (005000)		
Tax District	3 (County)	Neighborhood	20517
Land Area	14.330 ACRES	Market Area	02
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction.		
BEG: INTERS: N1/4 OF SEC. 8; E 1/2 R/W CR-131, RUN: E 969.777 FT, S 512.49 FT, W 708.78 FT, S 141.06 FT, W 537.4 FT TO E R/W CR-131, NE ALONG R/W 687.33 FT TO POB. ORB 813-1136, 949-1128, 956-732, QCD 1020-285.			



Property & Assessment Values

2010 Certified Values		
Mkt Land Value	cnt: (1)	\$6,347.00
Ag Land Value	cnt: (2)	\$2,666.00
Building Value	cnt: (1)	\$118,788.00
XFOB Value	cnt: (4)	\$19,522.00
Total Appraised Value		\$147,323.00
Just Value		\$209,278.00
Class Value		\$147,323.00
Assessed Value		\$145,276.00
Exempt Value	(code: HX)	\$50,000.00
Total Taxable Value		Cnty: \$95,276 Other: \$95,276 Schl: \$120,276

2011 Working Values

NOTE:
2011 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
7/12/2002	958/732	QC	I	U	01	\$100.00
3/20/2002	949/1128	WD	I	Q		\$165,000.00
11/10/1995	813/1136	WD	V	Q		\$35,000.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	SINGLE FAM (000100)	2001	WD FR STUC (16)	2325	2889	\$118,788.00
Note: All S.F. calculations are based on exterior building dimensions.						

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0294	SHED WOOD/	2001	\$2,160.00	0000288.000	12 x 24 x 0	(000.00)
0281	POOL R/VIN	2002	\$7,680.00	0000512.000	16 x 32 x 0	(000.00)



01-19-11;01:33PM;
12-11;02:19PM;

BLDG/ZONING
FORD'S

;386 758-2187
;386 758-2187

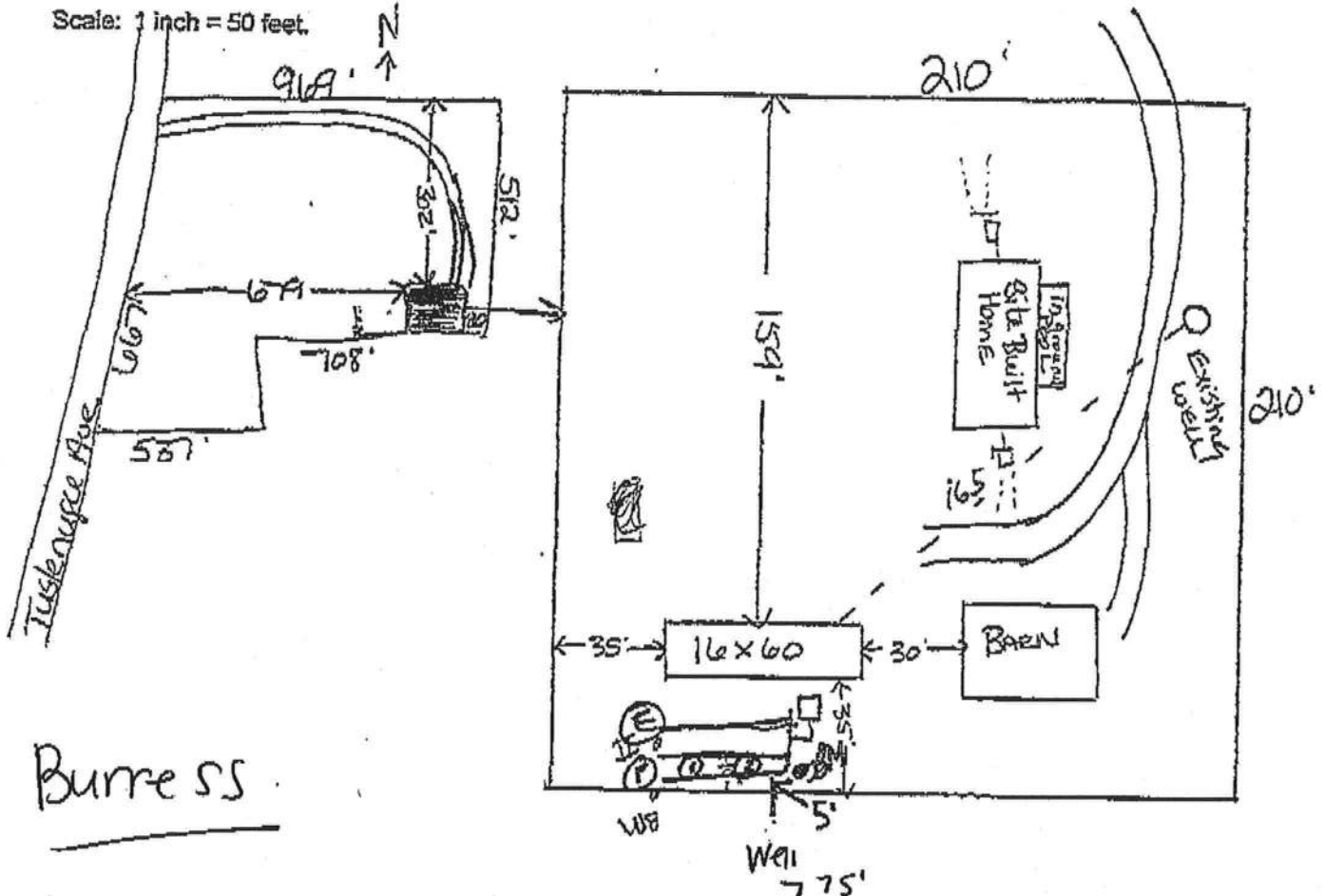
1/ 1
4/ 4

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

Permit Application Number 11-0026M

PART II - SITEPLAN

Scale: 1 inch = 50 feet.



Notes: 1 acre of 14.33 (252 SW Burrress Glen)
Lake City, FL 32024

Site Plan submitted by: RC Ford

Plan Approved ☒

Not Approved ☐

MASTER CONTRACTOR

Date: 1-19-11

County Health Department

Salbi Ford EH Director

Columbia

CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1101-11 CONTRACTOR MANUEL BRANNAN PHONE 386.590.3289

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>Frank Burres</u> License #:	Signature <u>Frank Burres</u> Phone #: <u>386-755-8722</u>
MECHANICAL/ A/C	Print Name _____ License #:	Signature _____ Phone #:
PLUMBING/ GAS	Print Name _____ License #:	Signature _____ Phone #:

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.

JAN-21-2011 09:44
JAN-18-2011 15:59

P.02/02
P.01/01

APPLICATION NUMBER _____

CONTRACTOR _____

PHONE _____

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 44(1) 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 _____ License #: _____	Signature _____ Phone #: _____
MECHANICAL/ A/C	Print Name <u>Timothy D Shatto</u> License #: <u>CAC057875</u>	Signature <u>Timothy D Shatto</u> Phone #: <u>386-496-8224</u>
PLUMBING/ GAS	Print Name <u>Marvin Brannan</u> License #: <u>1025396</u>	Signature <u>Marvin Brannan</u> Phone #: <u>590-3289</u>
ROOFING	Print Name _____ License #: _____	Signature _____ Phone #: _____
SHEET METAL	Print Name _____ License #: _____	Signature _____ Phone #: _____
FIRE SYSTEM/ SPRINKLER	Print Name _____ License #: _____	Signature _____ Phone #: _____
SOLAR	Print Name _____ License #: _____	Signature _____ Phone #: _____

MASON		
CONCRETE FINISHER		
FRAMING		
INSULATION		
STUCCO		
DRYWALL		
PLASTER		
CABINET INSTALLER		
PAINTING		
ACOUSTICAL CEILING		
GLASS		
CERAMIC TILE		
FLOOR COVERING		
ALUM/VINYL SIDING		
GARAGE DOOR		
METAL BLDG ERECTOR		

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.

Contractor Form Submittal Form 6/09

TOTAL P.01

TOTAL P.02

**CERTIFICATE OF
M/H OCCUPANCY**

M/H OCCUPANCY

COLUMBIA COUNTY, FLORIDA

Department of Building and Zoning Inspection

This Certificate of Occupancy is issued to the below named permit holder for the building and premises at the below named location, and certifies that the work has been completed in accordance with the Columbia County Building Code.

Parcel Number 20-5S-17-09301-003

Building permit No. 000029138

Permit Holder MANUEL BRANNON

Owner of Building FRANK BURRESS

Location: 6611 SW TUSTENUGGEE AVENUE

Date: 02/11/2011



Harry Dicke

Building Inspector

**POST IN A CONSPICUOUS PLACE
(Business Places Only)**