

Columbia County, FLA - Building & Zoning Property Map

Printed: Wed Aug 07 2019 08:18:13 GMT-0400 (Eastern Daylight Time)

Parcels

2018Aerials

Addresses

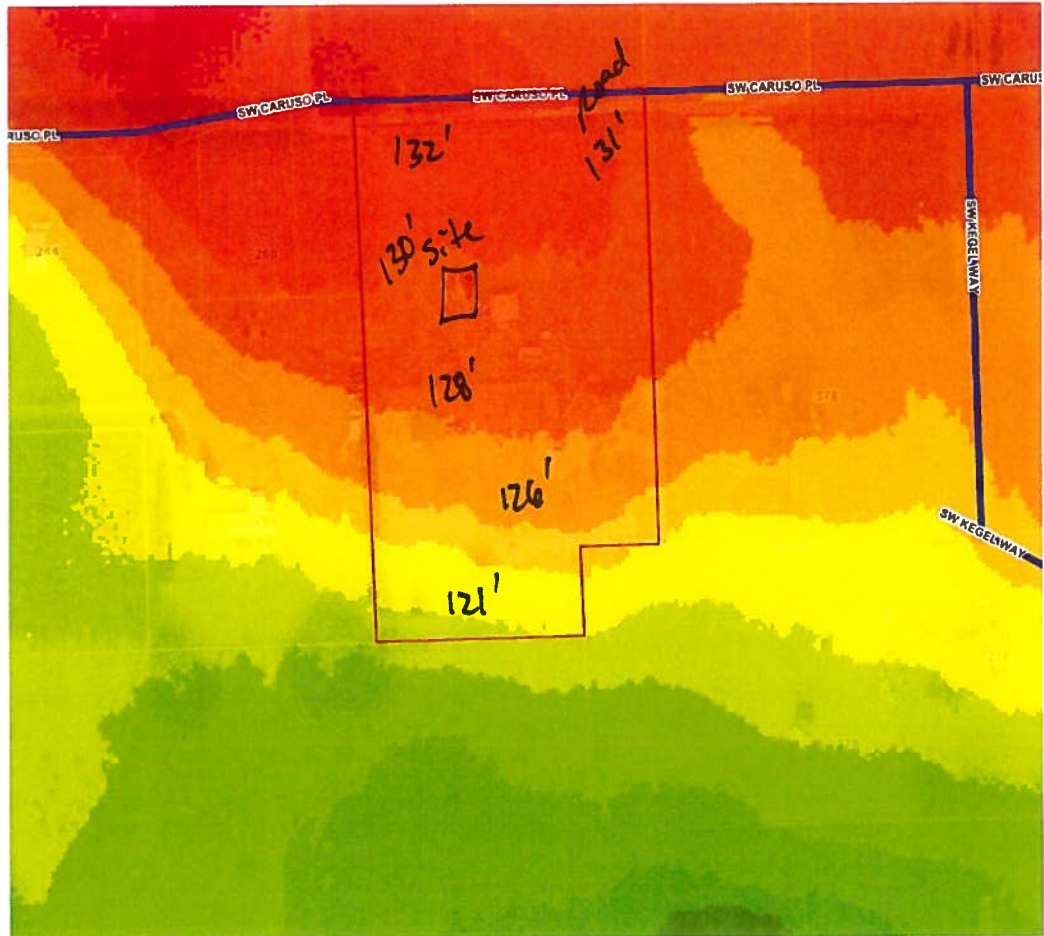
2018 Flood Zones

0.2 PCT ANNUAL CHANCE

AE

■ AH

LidarElevations



Parcel Information

Parcel No: 12-4S-15-00347-017

Owner: QUIROZ ROZANA RUIZ

Subdivision:

Lot:

Acres: 5.04187441

Deed Acres: 5.01 Ac

District: District 2 Rocky Ford

Future Land Uses: Agriculture - 3

Flood Zones:

Official Zoning Atlas: A-3

Roads

Roads

others

 Dirt

 Interstate

All data, information, and maps are provided "as is" without warranty or any representation of accuracy, timeliness of 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.

Columbia County Property Appraiser

Jeff Hampton

2018 Tax Roll Year

updated: 6/25/2019

Parcel: << 12-4S-15-00347-017 >>

Aerial Viewer Pictometry Google Maps

Owner & Property Info

Result: 1 of 1

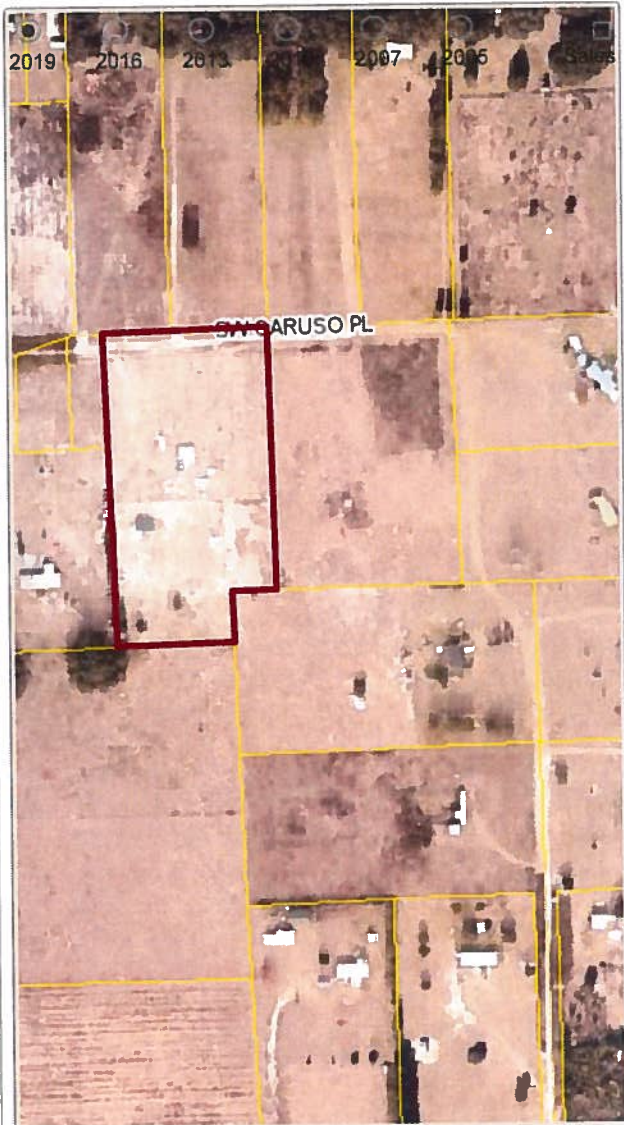
Owner	QUIROZ ROZANA RUIZ 324 SW CARUSO PL LAKE CITY, FL 32024		
Site	324 CARUSO PL, LAKE CITY		
Description*	COMM SE COR OF SEC, RUN N 1434.71 FT, W 1171.88 FT FOR POB, RUN W 94.54 FT, S 109.10 FT, W 248.27 FT, N 663.74 FT, E 349.27 FT, S 555.64 FT TO POB. 815-1830, 893-2270, AG 1359-2126,		
Area	5.01 AC	S/T/R	12-4S-15
Use Code**	AC/XFOB (009901)	Tax District	3

*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)	\$32,996	Mkt Land (2)	\$34,246
Ag Land (0)	\$0	Ag Land (0)	\$0
Building (0)	\$0	Building (0)	\$0
XFOB (1)	\$1,500	XFOB (1)	\$1,500
Just	\$34,496	Just	\$35,746
Class	\$0	Class	\$0
Appraised	\$34,496	Appraised	\$35,746
SOH Cap [?]	\$0	SOH Cap [?]	\$0
Assessed	\$34,496	Assessed	\$35,746
Exempt	\$0	Exempt	\$0
Total	county:\$34,496	Total	county:\$35,746
Taxable	city:\$34,496	Taxable	city:\$35,746
	other:\$34,496		other:\$35,746
	school:\$34,496		school:\$35,746

**▼ Sales History**

Sale Date	Sale Price	Book/Page	Deed	V/I	Quality (Codes)	RCode
8/12/2015	\$44,000	1359/2126	AG	V	U	21
12/10/1999	\$100	893/2270	WD	V	U	01

▼ 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 Blt	Value	Units	Dims	Condition (% Good)
0040	BARN,POLE	2013	\$1,500.00	1.000	0 x 0 x 0	(000.00)

▼ Land Breakdown

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number _____

Site Plan

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

Scale: Each block represents 10 feet and 1 inch = 40 feet

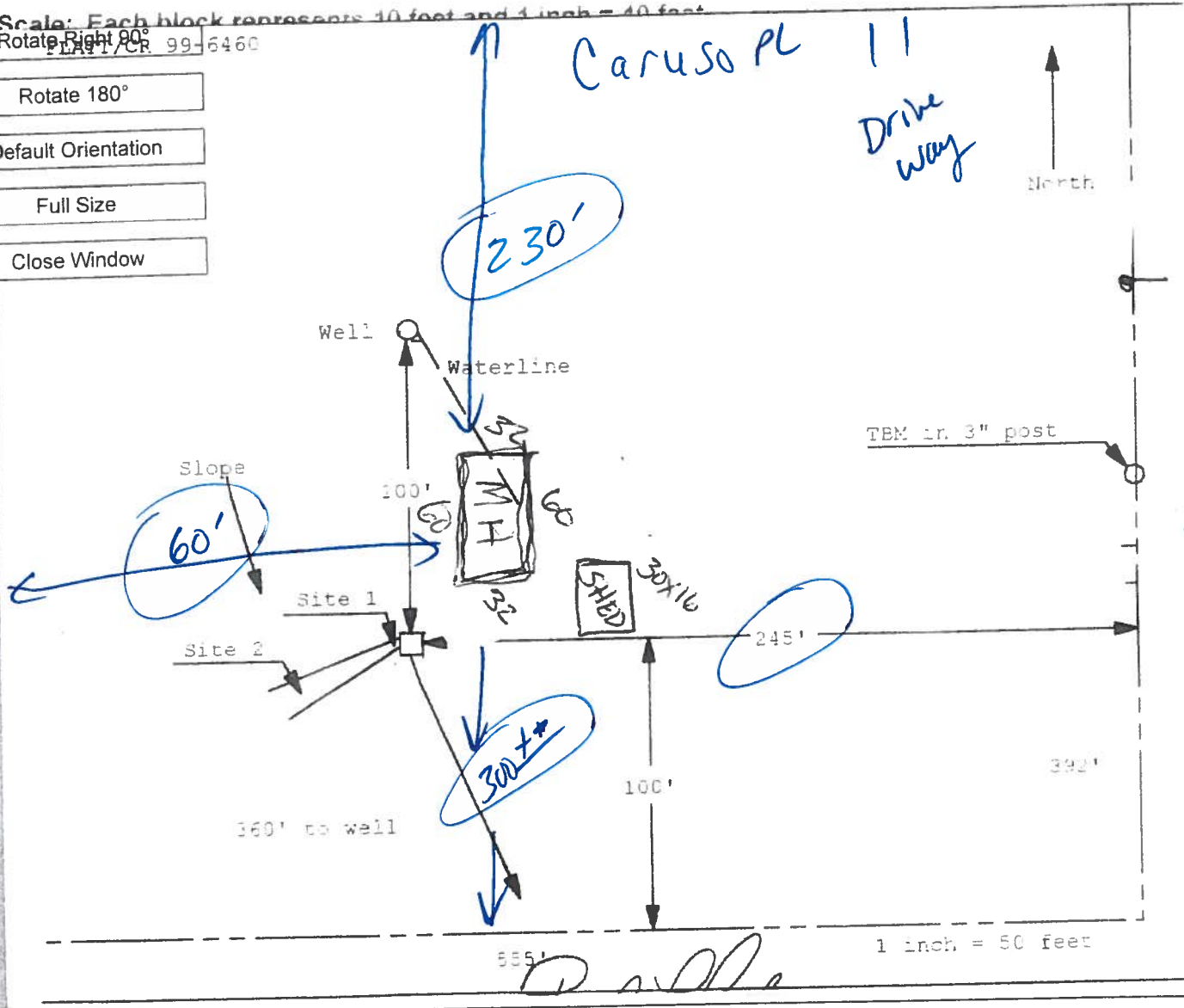
Rotate Right 90°
PLANT/CR 99-6460

Rotate 180°

Default Orientation

Full Size

Close Window



Site Plan submitted by: _____
Plan Approved _____ Not Approved _____ Date _____
By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Mobile Home Permit Worksheet

Application Number: _____

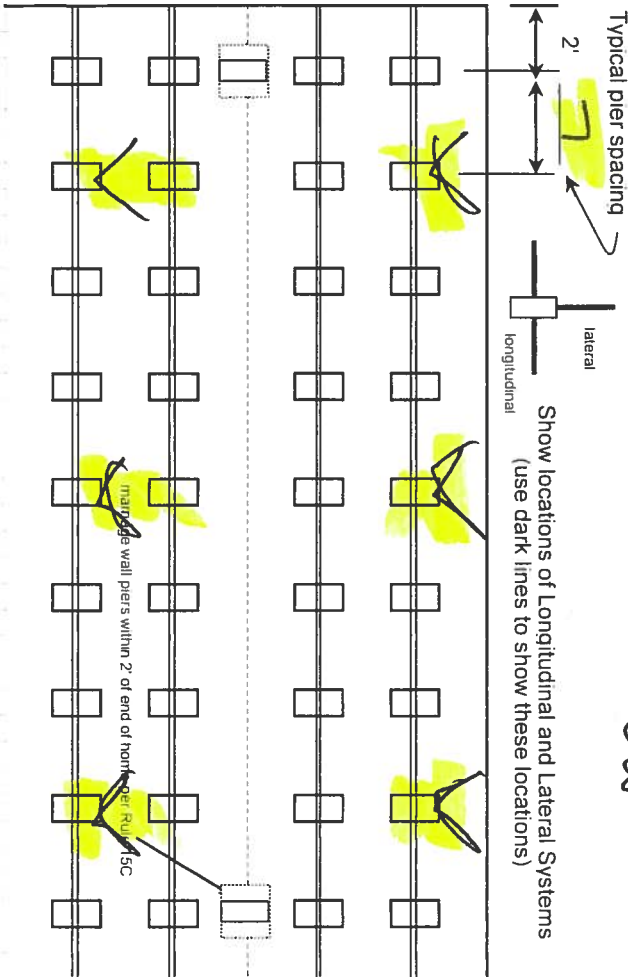
Date: _____

Installer: Alex Williams License # 141054658
 Address of home: 324 S. Casso St Lake City FL
 being installed

Manufacturer: General Length x width: 32x60

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: AW



Frame Ties

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 # 55714

Triple/Quad ☐ Serial # 78583

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	Footer size (sq in)	16" x 16" (256)	18 1/2" x 18 (342)	20" x 20" (400)	22" x 22" (484)*	24" x 24" (576)*	26" x 26" (676)
1000 psf	3'	4'	5'	6'	7'	8'	8'
1500 psf	4'6"	6'	7'	8'	8'	8'	8'
2000 psf	6'	8'	8'	8'	8'	8'	8'
2500 psf	7'6"	8'	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 15-C-1 pier spacing table

PIER PAD SIZES

I-beam pier pad size: 17x25
 Perimeter pier pad size: 18x18
 Other pier pad sizes (required by the mfg.): _____

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: _____ Pier pad size: _____

POPULAR PAD SIZES

Pad Size	Sq In
16 x 16	256
16 x 18	288
18.5 x 18.5	342
16 x 22.5	360
17 x 22	374
13 1/4 x 26 1/4	348
20 x 20	400
17 3/16 x 25 3/16	441
17 1/2 x 25 1/2	446
24 x 24	576
26 x 26	676

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: Longitudinal Stabilizing Device w/ Lateral Arms
 Manufacturer: 6

OTHER TIES

Sidewall Longitudinal Marriage wall Shearwall
 Number: 26
5

Mobile Home Permit Worksheet

Application Number: _____

Date: _____

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 1520 psf or check here to declare 1000 lb. soil without testing.

x 1520 x 1520 x 1520

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 1520 x 1520 x 1520

TORQUE PROBE TEST

The results of the torque probe test is 280 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 require anchors with 4000 lb holding capacity.

Installer's initials _____

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Glean Williams

Date Tested 7-31-19

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. _____

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/Walls/Roof	Type Fastener	Length	Spacing
Floor	Type Fastener	<u>1 1/2"</u>	<u>24"</u>
Walls	Type Fastener	<u>1 1/2"</u>	<u>24"</u>
Roof	Type Fastener	<u>1 1/2"</u>	<u>24"</u>

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 _____

Type gasket foam
Pg. 98

Installed	Between Floors	Yes
Between Walls	Yes	
Bottom of ridgebeam	Yes	

Weatherproofing

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

Miscellaneous

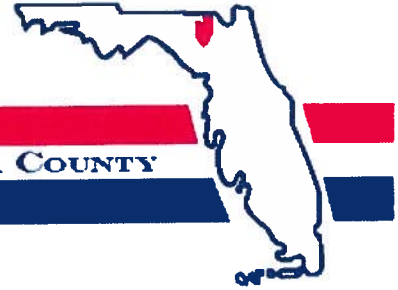
Skirting to be installed	Yes	No
Dryer vent installed outside of skirting	Yes	N/A
Range downflow vent installed outside of skirting	Yes	N/A
Drain lines supported at 4 foot intervals	Yes	
Electrical crossovers protected	Yes	
Other:		

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

Installer Signature _____

Date 7-31-19

District No. 1 - Ronald Williams
District No. 2 - Rocky Ford
District No. 3 - Bucky Nash
District No. 4 - Toby Witt
District No. 5 - Tim Murphy



BOARD OF COUNTY COMMISSIONERS • COLUMBIA COUNTY

Address Assignment and Maintenance Document

To maintain the county wide 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 addressing 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 Services 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/Time Issued: **7/31/2019 2:56:26 PM**
Address: **324 SW CARUSO PI**
City: **LAKE CITY**
State: **FL**
Zip Code **32024**

Parcel ID **00347-017**

REMARKS: Address Verification.

NOTICE: THIS ADDRESS WAS ISSUED BASED ON LOCATION AND ACCESS INFORMATION RECEIVED FROM THE REQUESTER. SHOULD, AT A LATER DATE, THE LOCATION AND/OR ACCESS INFORMATION BE FOUND TO BE IN ERROR OR CHANGED, THIS ADDRESS IS SUBJECT TO CHANGE.

Address Issued By: **Signed:/ Matt Crews**

Columbia County GIS/911 Addressing Coordinator

**COLUMBIA COUNTY
911 ADDRESSING / GIS DEPARTMENT**

**263 NW Lake City Ave., Lake City, FL 32055 Telephone: (386) 758-1125
Email: gis@columbiacountyfla.com**

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

COUNTY THE MOBILE HOME IS BEING MOVED FROM Suwannee County
OWNERS NAME Roxie Ruiz PHONE 904 508 9234 CELL _____
INSTALLER Glenn Williams PHONE _____ CELL _____
INSTALLERS ADDRESS 660 SE Putnam St Lake City FL

MOBILE HOME INFORMATION

MAKE General YEAR 2007 SIZE 32 X 60
COLOR Grey & Blue SERIAL No. 78583
WIND ZONE 2 SMOKE DETECTOR yes

INTERIOR:

FLOORS good
DOORS good
WALLS good
CABINETS good
ELECTRICAL (FIXTURES/OUTLETS) good

EXTERIOR:

WALLS / SIDING good
WINDOWS good
DOORS good

INSTALLER: APPROVED ☒ NOT APPROVED ☐

INSTALLER OR INSPECTORS PRINTED NAME Glenn Williams

Installer/Inspector Signature Glenn Williams License No. 1141051858 Date 7-31-19

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 386-758-1008 TO SET UP THIS INSPECTION. NO PERMIT WILL BE ISSUED BEFORE THIS IS DONE.

Code Enforcement Approval Signature [Signature] Date 8-7-19



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, Glenn Williams, give this authority for the job address show below
Installer License Holder Name

only, 324 SW Casso Pl Lake City FL 32024, 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)
Roxie Ruiz	Roxie Ruiz	<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input checked="" type="checkbox"/> Property Owner
		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> 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.

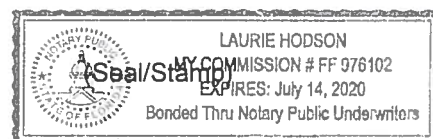
Glenn Williams Jr
License Holders Signature (Notarized)
114 1054858
License Number
7-31-19
Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Glenn Williams Jr, personally appeared before me and is known by me or has produced identification (type of I.D.) 37 on this July day of July, 20 19.

[Signature]
NOTARY'S SIGNATURE



MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1967-117 CONTRACTOR Glenn Williams Sr PHONE 386-344-3669

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>Roxxie Ruiz</u> License #: <u>owner</u> Qualifier Form Attached <input type="checkbox"/>	Signature <u>Roxxie Ruiz</u> Phone #: <u>904 508 92 34</u>
MECHANICAL/ A/C _____	Print Name <u>Roxxie Ruiz</u> License #: <u>owner</u> Qualifier Form Attached <input type="checkbox"/>	Signature <u>Roxxie Ruiz</u> Phone #: <u>904 508 92 34</u>

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.



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

PERMIT NO. 19-0580
DATE PAID: 8/1/19
FEE PAID: 600.00
RECEIPT #: 1426240

APPLICATION FOR:

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

APPLICANT: Roxie Renea Ruiz

AGENT:

TELEPHONE: 904-508-9234

MAILING ADDRESS: 712 Briggs ST Cedar Hill TX 75104

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: _____ BLOCK: _____ SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: 12-45-15-00347-017 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 5 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ <=2000GPD ☐ >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y ☐ N DISTANCE TO SEWER: 60 FT

PROPERTY ADDRESS: 324 SW CARUSO PI LAKE CITY FL 32024

DIRECTIONS TO PROPERTY: TAKE US 90 TOWARD LIVE OAK turn
left on Birley rd Come down to Pinemont turn right Come
down to Jakes turn left drive to you See Caruso turn left property on left side

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	<u>mobile Home</u>	<u>3</u>	<u>1920</u>	<u>ORIGINAL ATTACHED</u>
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Roxie Ruiz

DATE: 7/31/2019

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

19-D580

PART II - SITEPLAN

Scale: Each block represents 10 feet and 1 inch = 40 feet

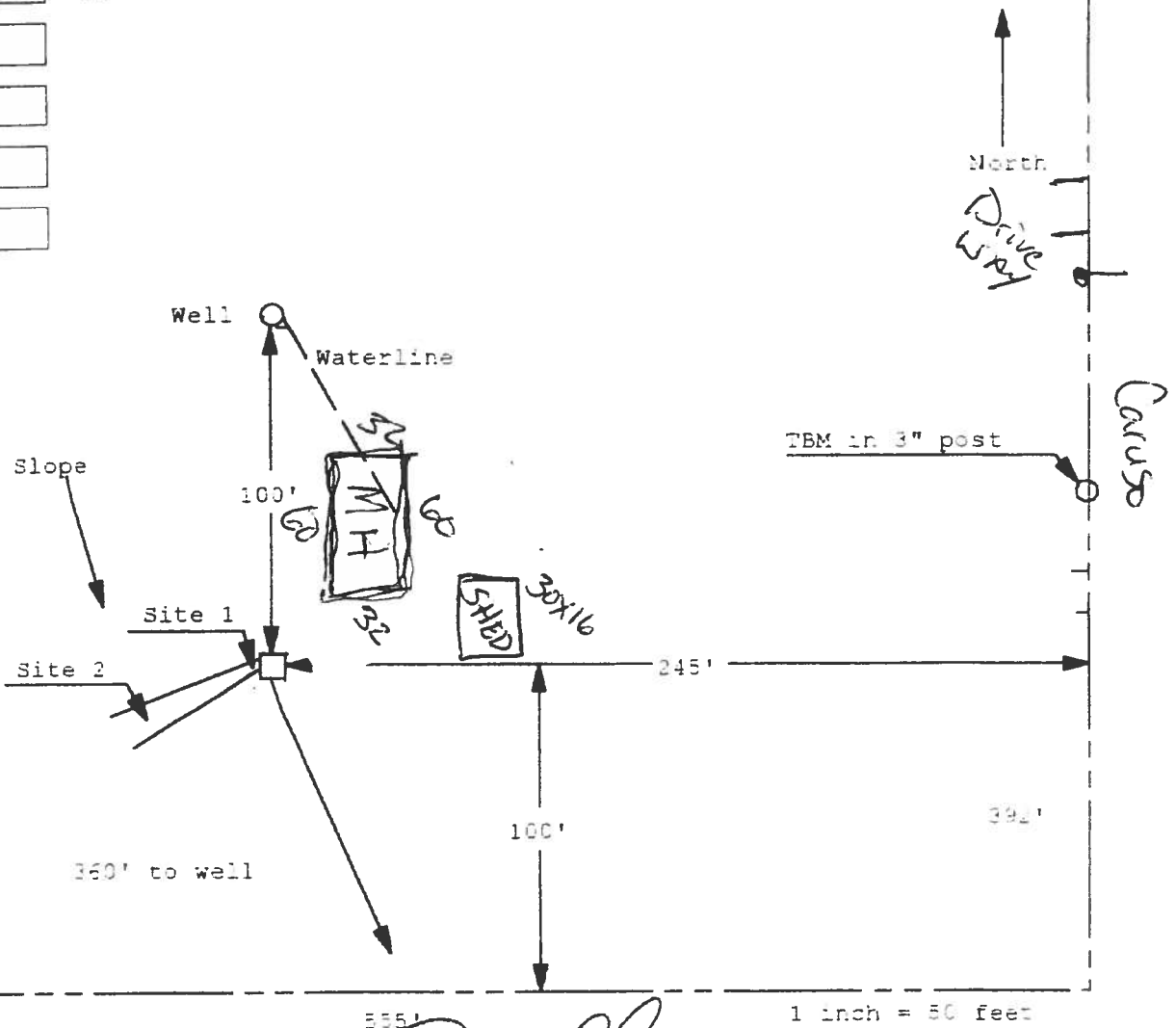
Rotate Right 90°
LAST/CR 99-6460

Rotate 180°

Default Orientation

Full Size

Close Window



Site Plan submitted by:

Roxie Ruiz

Plan Approved

[Signature]

Not Approved

Date

8/8/19

By

ESH

Columbia CHD

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT