Parcel: 35-3S-17-07264-000

Owner & Pr	operty Info	Result: 1 of 1				
Owner	COCHRAN FOREST PRODUCTS INC P O BX 1628 LAKE CITY, FL 320561628					
Site	391 CORTEZ TE	391 CORTEZ TER, LAKE CITY				
Description*	COMM NW COR C 33 FT, S 10 FT FO FT, W 125 FT, N 10 S OF NW COR OF FOR POB, CONT N 105 FT TO POB OF NE1/4more>	R POB, RUN E 1 05 FT TO POB & F NE1/4 OF NE 1/ E 125 FT, S 105 F & COMM NW CO	25 FT, S 105 COMM 10 FT 4, E 158 FT FT, W 125 FT,			
Area	3.053 AC S/T/R 35-3					
Use Code**	SFRES/MOBI (000102)	Tax District	2			

\*The <u>Description</u> above is not to be used as the Legal Description for this parcel in any legal transaction.

"The <u>Use Code</u> 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 & A	Assessment V	/alues		
2019 Certified Values		2020 Working Values		
Mkt Land (2)	\$21,954	Mkt Land (2)	\$21,954	
Ag Land (0)	\$0	Ag Land (0)	\$0	
Building (3)	\$41,808	Building (3)	\$43,309	
XFOB (4)	\$1,500	XFOB (4)	\$1,500	
Just	\$65,262	Just	\$66,763	
Class	\$0	Class	\$0	
Appraised	\$65,262	Appraised	\$66,763	
SOH Cap [?]	\$0	SOH Cap [?]	\$0	
Assessed	\$65,262	Assessed	\$66,763	
Exempt	\$0	Exempt	\$0	
Total Taxable	county:\$46,388 city:\$46,388 other:\$46,388 school:\$65,262		county:\$51,027 city:\$51,027 other:\$51,027 school:\$66,763	

SUNBIZ
ATTRETIED
ATTRETIED
HOWIND
HOWINDS
LLL
CARITON FORES

# **Detail by Entity Name**

Florida Limited Liability Company

ASHWINN HOLDINGS, LLC

**Filing Information** 

Document NumberL16000003274 FEI/EIN Number59-2871932 Date Filed12/23/2015 Effective Date02/17/1988 State FL Status ACTIVE Last Event LC AMENDMENT AND NAME

CHANGE Event Date Filed02/03/2020 Event Effective Date NONE

Principal Address

1185 NW SCENIC LAKE DR

LAKE CITY, FL 32055

Changed: 04/02/2019 Mailing Address 1185 NW SCENIC LAKE DR

LAKE CITY, FL 32055

Changed: 04/02/2019

Registered Agent Name & Address NORRIS, GUY W.

253 NW MAIN BLVD. LAKE CITY, FL 32055

Name Changed: 02/03/2020

Address Changed: 04/02/2019

Authorized Person(s) Detail Name & Address

Title Manager

JONES, CARLTON A 1185 NW SCENIC LAKE DR LAKE CITY, FL 32055

Title Manager

Jones, Georgia W 1185 NW SCENIC LAKE DR LAKE CITY, FL 32055

### MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUM	MBER		CONTRACTOR B	rent Stricklar	nd	PHONE 386-365-7043		
		THE FORM MUST BE S	LIDANITTED DRIOR T	O THE ISSUANCE O	E A DEDMIT			
		THIS FORM MUST BE S	ORMITTED PRIOR	U THE ISSUANCE U		Holdings		
					Ashwinn	Holdings		
In California C	THE RESERVE OF THE PROPERTY OF							
	In Columbia County one permit will cover all trades doing work at the permitted site. It is <u>KEQUIKED</u> that we have records of the subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and							
		or shall require all sub						
		y insurance and a valid						
						to this office prior to the		
start of that su	ubcontracto	r beginning any work.	Violations will I	esult in stop wo	rk orders and	d/or fines.		
			<del></del>					
ELECTRICAL	Print Name	Glenn Whittington		Signature	10			
	License #	EC 13002957		Phone #:3	386-972-170	00		
	Licerise #		fier Form Attache	//	11/1/	= 800		
				- Carl	15/11			
MECHANICAL/	Print Name	Carlton Jones		Signature	108/11	(m)		
A/C	License #:	Owner		Phone #: 3	86-623-006	64		
			fier Form Attache					
	L							
Qualifier Form	ns cannot h	ne submitted for any	Snecialty Licen	SP.				
Quantile 1 on	ns cannot b	e submitted for any .	Specially Licen.	,c.				
Specialty L	icense	License Number	Sub-Contractors	Printed Name	Sub	-Contractors Signature		
MASON								
CONCRETE FIN	NISHER							
F. S. 440.103	Building per	mits; identification of	minimum prem	ium policyEve	ry employer :	shall, as a condition to		
		a building permit, show						
			a successive manner anno-			shall be presented each		
		for a building permit.	- mento 21 2 35 1			TOTAL STEEL BETTEEN THE BETTEEN		

Revised 10/30/2015



## COLUMBIA COUNTY BUILDING DEPARTMENT 135 NE Hernando Ave, Suite B-21, Lake City, FL 32055

Phone: 386-758-1008 Fax: 386-758-2160

LICENSED QUALIFIE	ER AUTHORIZATION
GANN Whitington	(license holder name), licensed qualifier
0	TWC(company name), do certify that
the below referenced person(s) listed on this for holder, or is/are employed by me directly or thro officer of the corporation; or, partner as defined person(s) is/are under my direct supervision and sign permits; call for inspections and sign subco	ugh an employee leasing arrangement; or, is an in Florida Statutes Chapter 468, and the said I control and is/are authorized to purchase and
Printed Name of Person Authorized	Signature of Authorized Person
1. DARBURD	1
2. Vecky Fond	2. Jones 1) }
3.	3.
4.	4.
5.	5.
under my license and fully responsible for comp Local Ordinances. I understand that the State at authority to discipline a license holder for violatic officers, or employees and that I have full responsand ordinances inherent in the privilege granted officer(s), you must notify this department in write authorization form, which will supersede all prevunauthorized persons to use your name and/or Licensed Qualifiers Signature (Notafized)	and County Licensing Boards have the power and cons committed by him/her, his/her agents, insibility for compliance with all statutes, codes by issuance of such permits.  Is/are no longer agents, employee(s), or thing of the changes and submit a new letter of vious lists. Failure to do so may allow
The above license holder, whose name is	this day of, 20, 20  eal/Starkely R BISHOP  Notary Public - State of Florida  Commission # FF 243986
	My Comm. Expires Jun 24, 2019

page 1 of 2

		marriage wall piers within 2 of end of home per Rule 15C		Typical pier spacing    Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)	NOTE: If home is a single wide fill out one that of the process points of the fill of the process points of the fill of the process points of the process	ire alle
within 2' of end of home spaced at 5' 4" oc Corngitudinal Stabilizing Device (LSD)  Manufacturer  Longitudinal Stabilizing Device w/ Lateral Arms  Manufacturer  Office w/ Lateral Arms  Shearwall  Within 2' of end of home spaced at 5' 4" oc Corngitudinal Sidewall Arms  Number  Sidewall  Longitudinal Stabilizing Device w/ Lateral Arms  Shearwall	List all marriage wall openings greater than 4 foot and their pier pad sizes below.  Opening  Pier pad size  4 ft  FRAME TIES	//k25 ximate locations of marriage foot or greater. Use this the piers.	Pad S	(sq in) (sq in	m: Typ PIER SP ter 16" x 16" e (256)	New Home Used Home W  Home installed to the Manufacturer's Installation Manual Home is installed in accordance with Rule 15-C  Single wide Wind Zone II W Wind Zone III  Double wide Installation Decal # 657/9  Triple/Quad Serial # 43389 60145310

	ALL TESTS Installer Name  Date Tested	Note: A state app anchors are anchors are reading is 2 requires an	The results of the there if you are decleshowing 275 inch p	×	, 5,	2. 1	1. 1	PC	×	The pocket penetrometer tests are roo or check here to declare 1000 lb. soil	П
	Name 5.22-2020	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 b holding capacity.  Installer's initials	TORQUE PROBE TEST  The results of the torque probe test is 295 inch pounts if you are declaring 5' anchors without testing showing 275 inch pounds or less will require 5 foot anchors.	  × 	Using 500 lb. increments, take the lowest reading and round down to that increment.	Take the reading at the depth of the footer.	Test the perimeter of the home at 6 locations	POCKET PENETROMETER TESTING METHOD	× 	undeduk	POCKET PENETROMETER TEST
	SENSED INSTALLER	eing used and 4 ft. ions. I understand 5 ft points where the torque test bile home manufacturer may pacity. Installer's initials	inch pounds or check  A test anchors.	×	lowest crement.	e footer.	6 locations.	NG METHOD	× 	own to psf without testing.	TES:T
음	Skir Drye Ran Drai	The Sidi	Typi Pg.	a re	hom			Wal Roo	Floc	Wat	7

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between multi-wide units. Pg. 28 Connect all sewer drains to an existing sewer tap or septic tank. Pg. Electrical

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

sbris and organic material removed ater drainage: Natural Swale Pad Cother
Fastening multi wide units
or: Type Fastener: Length: Spacing: alls: Type Fastener: Length: Spacing:
3" wide, ga e roof and sides of th
Gasket (weatherproofing requirement)
nderstand a properly installed gasket is a requirement of all new and used mes and that condensation, mold, meldew and buckled marriage walls are result of a poorly installed or no gasket being installed. I understand a strip tape will not serve as a gasket.
Installer's initials
pe gasket installed: Between Floors Yes
Between Walls Yes  Bottom of ridgebeam Yes
Surround laurana
ding on units is installed to manufacturer's specifications. Yes
Mis
yer vent installed. YesNo
her:

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 5:22-2020

Installer Signature Dant & Tunk

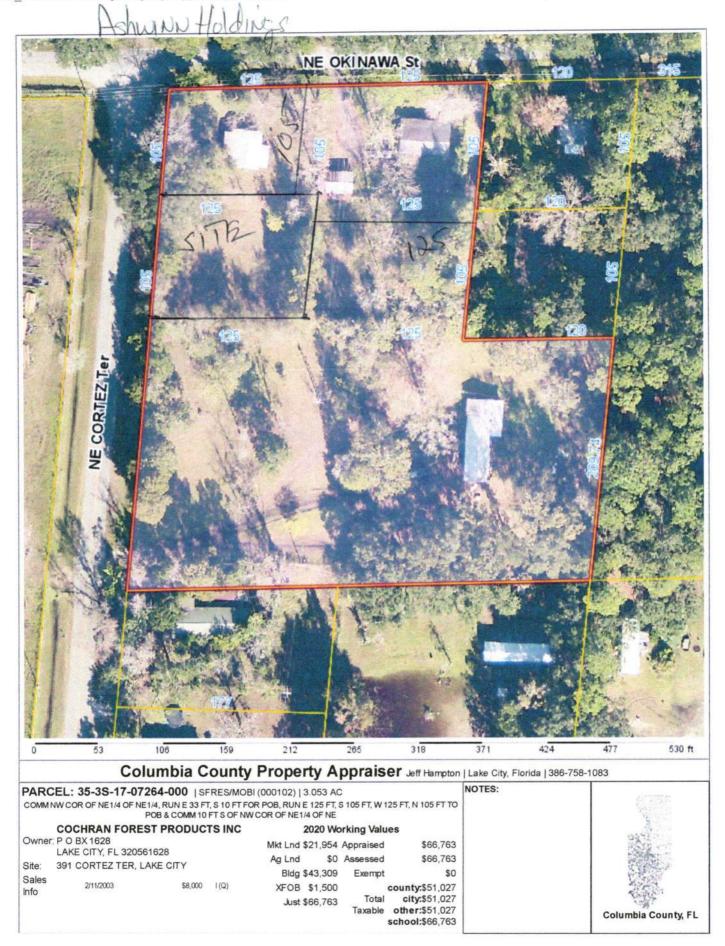
## STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number

Ashwinn	Holdings PART II - SITEPLAN	
Scale: 1 inch = 40 feet.		$\wedge$
ocale. Tillon – 70 loca.	T. M. J.	125'
105	195 AND CATE TERM AND CATE TO SECURITY AND CATE TO	20 105 H 120 105 H 121 105 H
Notes:	1 of 3.05 ARES SEE	Attached
Site Plan submitted by:	CAR .	CONTRACTOR
Plan Approved	Not Approved	Date
Ву		County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



1 of 2



### COLUMBIA COUNTY BUILDING DEPARTMENT

Application #	<u> </u>	
10 to		

## PRELIMINARY MOBILE HOME INSPECTION REPORT

\$50.00 Fee	Paid _		

DATE RECEIVED	BY IS THE M/H ON THE F	PROPERTY WHERE THE PERMI	T WILL BE ISSUED? No	
OWNERS NAME Ashwinn Ho				064
ADDRESS 1185 NW Scenic La	ake Dr, Lake City, FL, 32	2055		
MOBILE HOME PARK na		subdivision na		
DRIVING DIRECTIONS TO MOBILE HON	CR 252 West, TR S	W Barwick, 2/10ths	s to address 274	on right
		7.71		D2 10.00
				70.10
MOBILE HOME INSTALLER Bren	t Strickalnd	_PHONE <u>386-365-704</u>	3 CELL 386-365-	7043
MOBILE HOME INFORMATION			F0	
MAKE Homes by Vogue	YEAR	SIZE 14 X	COLOR	
SERIAL No. L1338P 6014F21	IOFK			
WIND ZONE 2	Must be wind zone II or	higher NO WIND ZONE I ALLO	OWED	
INSPECTION STANDARDS				
INTERIOR: (P or F) - P= PASS F= FAILED				
SMOKE DETECTOR ( )	OPERATIONAL ( ) MISSING			
FLOORS ( ) SOLID (	) WEAK ( ) HOLES DAMAGED I	LOCATION		
DOORS ( ) OPERABLE	( ) DAMAGED			
WALLS ( ) SOLID (	) STRUCTURALLY UNSOUND			
WINDOWS ( ) OPERAE	BLE ( ) INOPERABLE			
PLUMBING FIXTURES (	) OPERABLE ( ) INOPERABLE (	) MISSING		
CEILING ( ) SOLID ( )	HOLES ( ) LEAKS APPARENT			
ELECTRICAL (FIXTURES/ FIXTURES MISSING	OUTLETS) ( ) OPERABLE ( ) EXPO	OSED WIRING ( ) OUTLET CO	OVERS MISSING ( ) LIGHT	
EXTERIOR:	OSE SIDING ( ) STRUCTURALLY U	INSCIEND / \ NOT WEATHER	FIGHT ( ) NEEDS CLEANIN	G
occities for de eller de consumer authorise de la filiar an	D/BROKEN GLASS () SCREENS	마시아(), () () - () () () () () () () () () () () () ()		•
ROOF ( ) APPEARS SOL		, , , , , , , , , , , , , , , , , , , ,		
135500° 1355 450	( / - / - / - / - / - / - / - / - / - /			
STATUS APPROVED WITH CONDITION	NS:			
NOT APPROVED NEED RE-IN	ISPECTION FOR FOLLOWING COND	DITIONS		
BUILDING INSPECTOR'S SIGNATURE		ID	NUMBER	DATE