CR# 217

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-11) Zoning Official RLK 1 July 2011 Building Official T.C. 6-28-11

AP# 1106-45 Date Received 6/23/11 By LH Permit # 29553

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

Comments Section 2.3.1 Legal Lot of Record

FEMA Map# N/A Elevation N/A Finished Floor N/A River N/A In Floodway N/A

☑ Site Plan with Setbacks Shown ☑ EH # 11-0307-E ☐ EH Release ☐ Well letter ☑ Existing well

☑ Recorded Deed or Affidavit from land owner ☑ Installer Authorization ☑ State Road Access ☑ 911 Sheet

☐ Parent Parcel # ☐ STUP-MH ☑ F W Comp. letter ☑ VF Form

IMPACT FEES: EMS Fire Corr ☑ Out County faxed ☐ In County faxed 7-13-11

Road/Code School = TOTAL Impact Fees Suspended March 2009

Property ID # 25-55-17-09372-004 Subdivision

- New Mobile Home Used Mobile Home ✓ MH Size 14x48 Year 1988
- Applicant James Dobbins Phone # 386-566-3199
- Address 11590 SE CR 245 LuLu FL 32061
- Name of Property Owner James Dobbins Phone#
- 911 Address 11590 SE County Road 245, LuLu, FL 32054
- Circle the correct power company - FL Power & Light - Clay Electric
  (Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home James Dobbins Phone #
  Address
- Relationship to Property Owner Same
- Current Number of Dwellings on Property 0
- Lot Size Total Acreage 4.0
- Do you : Have Existing Drive (Currently using) or Private Drive (Blue Road Sign) or need Culvert Permit (Putting in a Culvert) or Culvert Waiver (Not existing but do not need a Culvert) (Circle one)
- Is this Mobile Home Replacing an Existing Mobile Home Yes Owner
- Driving Directions to the Property Go South on US 441 to CR 349 TL go to dead end to 245 TL go. .9/10 mile on left Jack Flowers
- Name of Licensed Dealer/Installer Florida Wholesale Phone # 386-362-1171
- Installers Address 7434 CR 795 Live Oak FL 32060
- License Number DIH1016037 Installation Decal # 5642

$394.51

Spoke to James 7-1-11
Spoke to Graciela 7-15-11

COLUMBIA COUNTY PERMIT WORKSHEET

These worksheets must be completed and signed by the installer.
Submit the originals with the packet.

Installer Florida Wholesale Homes License # DIH1016037/1
Jack Flowers

911 Address where home is being installed. 11590 SE CR 245
Lu Lu Fl. 32061

Manufacturer Red Length x width 14 x 48

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 JRF

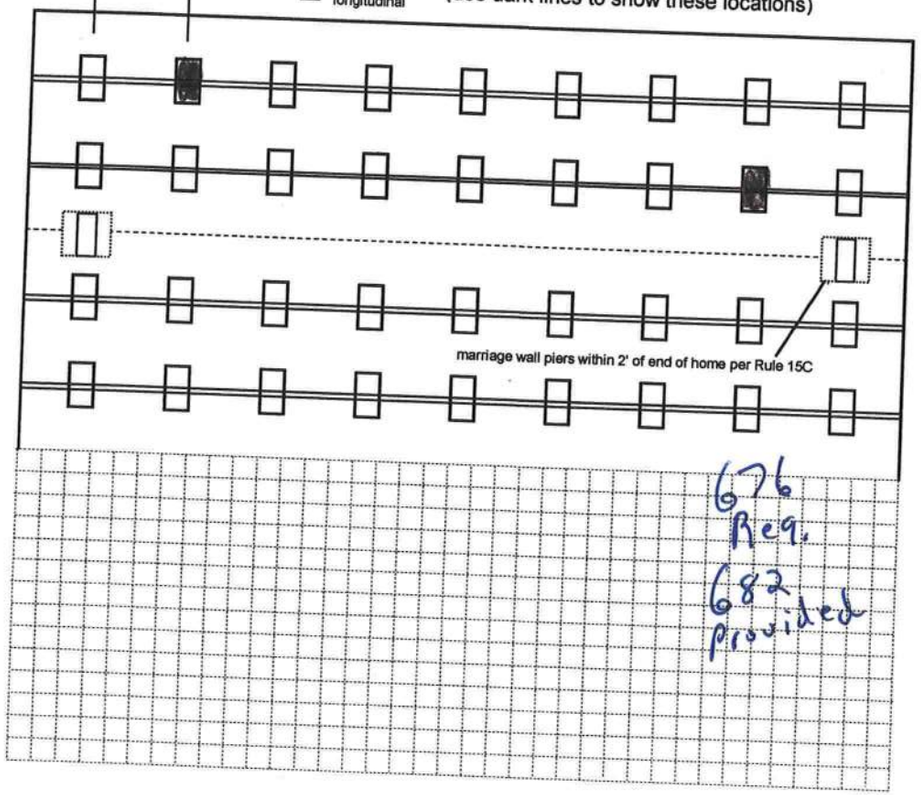
Typical pier spacing

2' 8'

lateral

longitudinal

Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)



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 # 5642

Triple/Quad ☐ Serial # GaFlh45a039831F

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'	4'	5'	6'	7'	8'
1500 psf		4' 6"	6'	7'	8'	8'	8'
2000 psf		6'	8'	8'	8'	8'	8'
2500 psf		7' 6"	8'	8'	8'	8'	8'
3000 psf		8'	8'	8'	8'	8'	8'
3500 psf		8'	8'	8'	8'	8'	8'

* interpolated from Rule 15C-1 pier spacing table.

PIER PAD SIZES

I-beam pier pad size 23 x 31

Perimeter pier pad size

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 Oliver Tec

Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer

OTHER TIES

	Number
Sidewall	
Longitudinal	2
Marriage wall	
Shearwall	

COLUMBIA COUNTY PERMIT WORKSHEET

POCKET PENETROMETER TEST

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

X___ X___ X___

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___ X___ X___

TORQUE PROBE TEST

The results of the torque probe test is 325 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 requires anchors with 4000 lb holding capacity.

JRF Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Jack Flowers

Date Tested 06-01-11

Electrical

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between mult-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: Type Fastener: _____ Length: _____ Spacing: _____
Walls: Type Fastener: _____ Length: _____ Spacing: _____
Roof: Type Fastener: _____ Length: _____ Spacing: _____
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, meldew 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 JRF

Type gasket NA
Pg. _____

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 NA

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 NA
Other :

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

Installer Signature Jack R Flowers **Date** 06-22-11

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: 6/27/2011 **DATE ISSUED:** 7/1/2011

ENHANCED 9-1-1 ADDRESS:

11590 SE COUNTY ROAD 245
LULU FL 32054

PROPERTY APPRAISER PARCEL NUMBER:

25-5D-17-09372-004

Remarks:

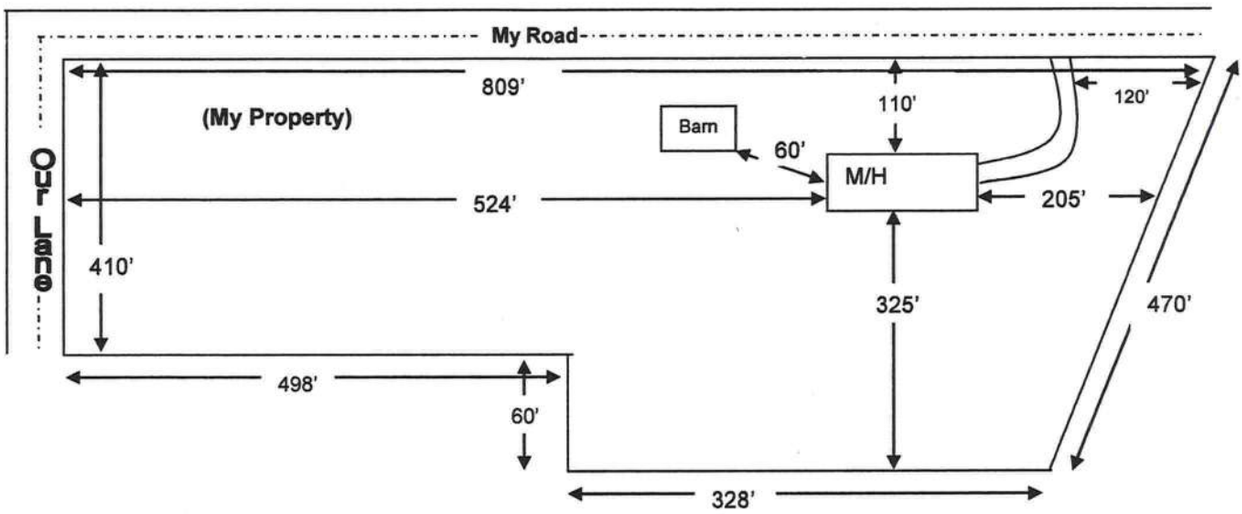
RE-ISSUE OF EXISTING ADDRESS FOR NEW STRUCTURE ON PARCEL.

Address Issued By: SIGNED: / RONAL N. CROFT
Columbia County 9-1-1 Addressing / GIS Department

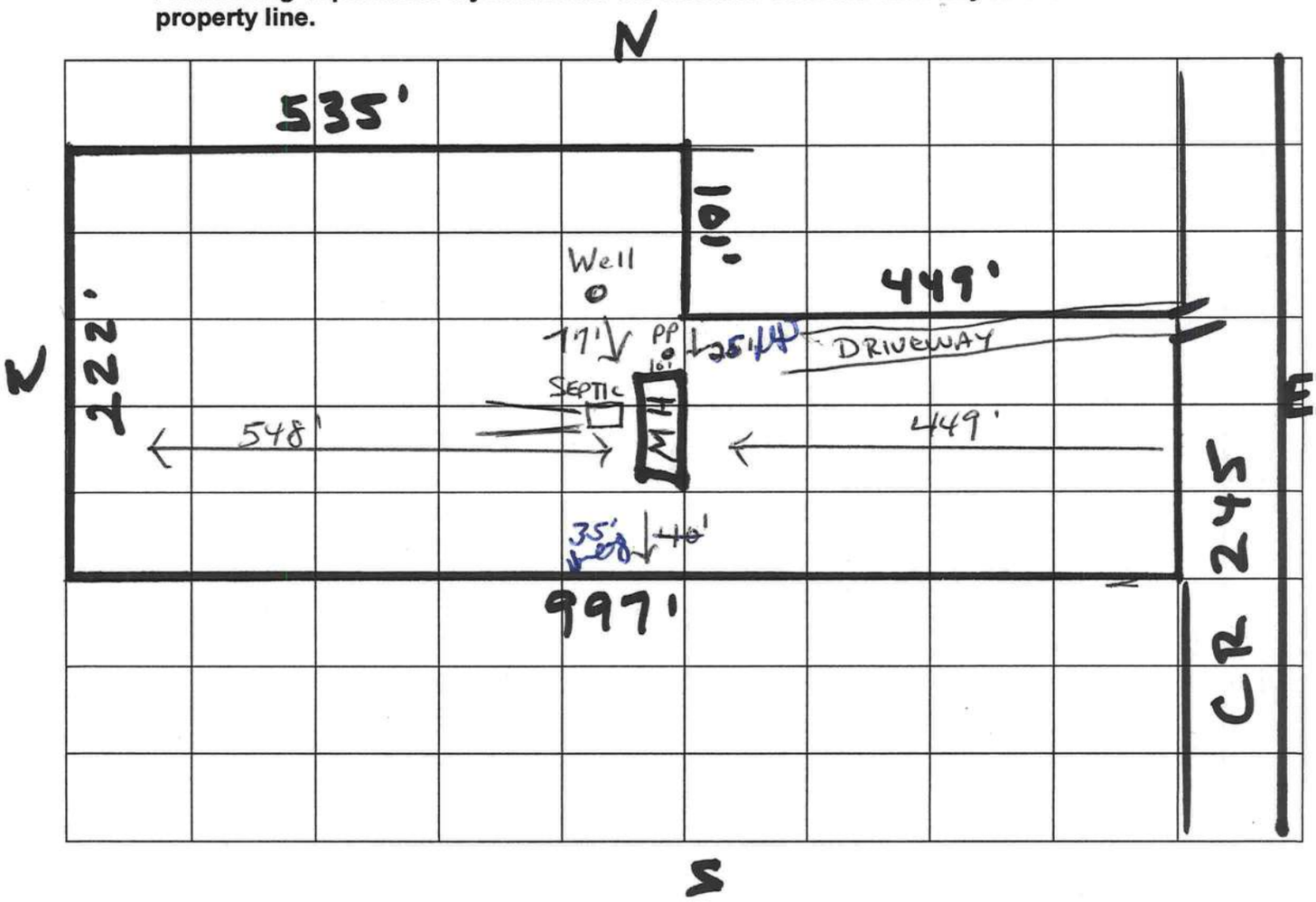
NOTICE: THIS ADDRESS WAS ISSUED BASED ON LOCATION INFORMATION RECEIVED FROM THE REQUESTER. SHOULD, AT A LATER DATE, THE LOCATION INFORMATION BE FOUND TO BE IN ERROR, THIS ADDRESS IS SUBJECT TO CHANGE.

2019

SITE PLAN EXAMPLE / WORKSHEET



Use this example to draw your own site plan. Show all existing buildings and any other homes on this property and show the distances between them, Also show where the roads or roads are around the property. This site plan can also be used for the 911 Addressing department if you include the distance from the driveway to the nearest property line.



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF COLUMBIA

This is to certify that I, (We), Loffie Dicks Trust owner of the below described property:

Tax Parcel No. 25 5S 17 09372-004

Subdivision (name, lot, block, phase) _____

Give my permission to ~~Greg Dobbins~~ JEP JAG James A Dobbins to place a mobile home/travel trailer/single family home (circle one) on the above mentioned property. witnessed Shed

I (We) understand that this could result in an assessment for solid waste and fire protection services levied on this property.

Julie Ann Billings
Owner

Joseph B Dicks
Owner

SWORN AND SUBSCRIBED before me this 2 day of JUNE, 20 11. This (these) person(s) are personally known to me or produced ID B452-421-76-919-0.

Notary Signature

BRIAN L. KEPNER
MY COMMISSION # EE 080698
EXPIRES: April 4, 2015
Bonded Thru Notary Public Underwriters

SWORN AND SUBSCRIBED before me this 2 day of JUNE, 20 11, by Joseph B. Dicks. This (these) person(s) are personally known to me or has produced _____ as identification.

Notary Public

BRIAN L. KEPNER
MY COMMISSION # EE 080698
EXPIRES: April 4, 2015
Bonded Thru Notary Public Underwriters

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1106-45 CONTRACTOR Jack Flowers PHONE 386-566-3199

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 James G. Dobbins License #: Owner	Signature James G. Dobbins Phone #: 386 566 3199
MECHANICAL/ A/C ____ ✓	Print Name James G. Dobbins License #: Owner	Signature James G. Dobbins Phone #: 386 566 3199
PLUMBING/ GAS 1007 ✓	Print Name Florida Wholesale Homes / Jack Flowers License #: DH 1016037	Signature Jack R Flowers Phone #: 386-362-1171

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.

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 AGENT AUTHORIZATION

I, Jack Flowers (Installers Name), give this authority and I do certify that 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	Agents Company Name
James Dobbins	James R Dobbins	Owners
Graciela Dobbins	Graciela Dobbins	Owners

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.

Florida Wholesale Homes

Jack R. Flowers — License Holders Signature (Notarized)

DIH1016037 — License Number

06-23-11 — Date

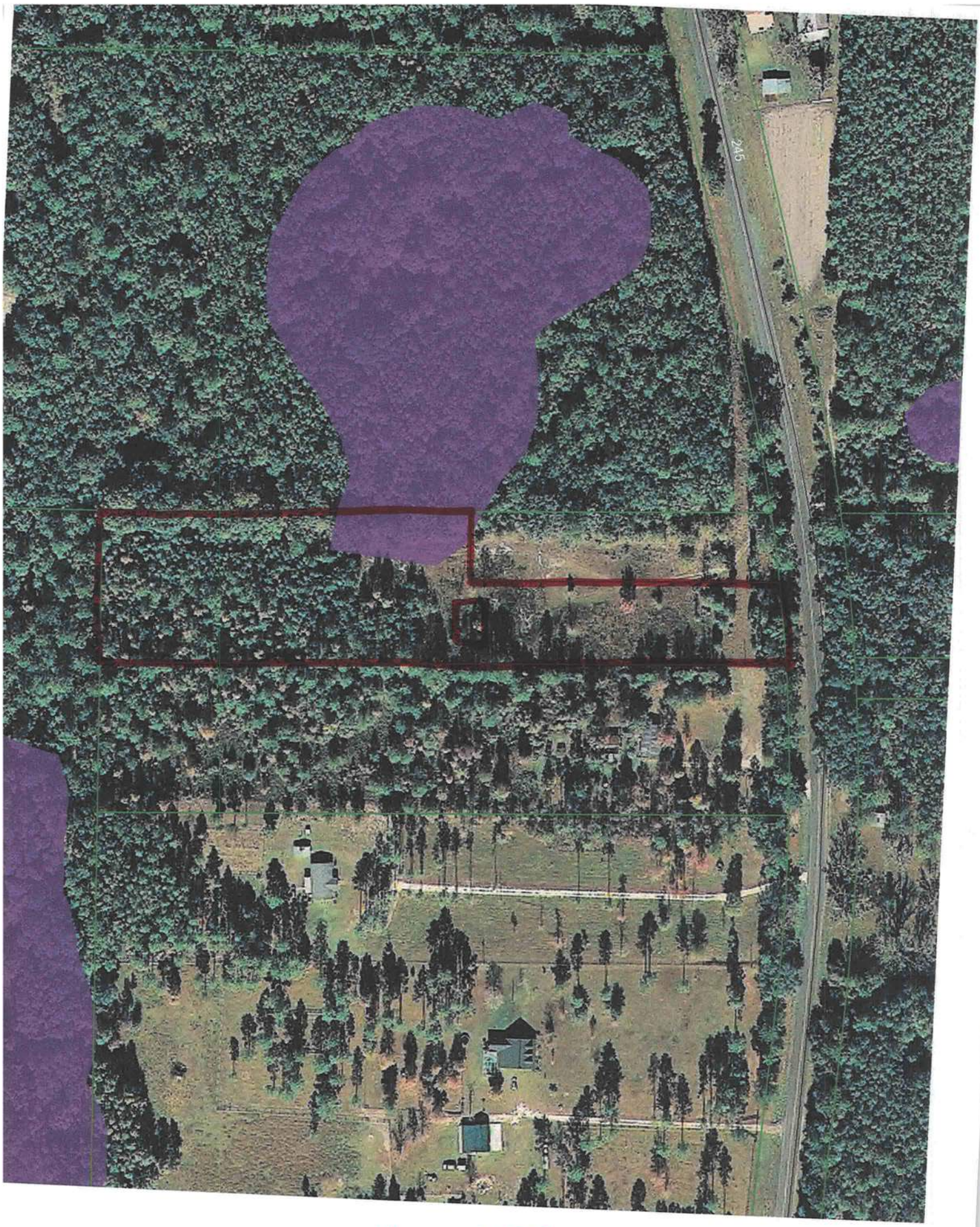
NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Jack Flowers, personally appeared before me and is known by me or has produced identification (type of I.D.) FLDL on this 23 day of June, 20 11.

NOTARY'S SIGNATURE

(Seal/Stamp)



1106-45

1106-45 Issued 6/23/11 & 7-1-11

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

COUNTY THE MOBILE HOME IS BEING MOVED FROM Alachua

OWNERS NAME James Dobbins PHONE 386-566-3199 CELL

INSTALLER Florida Wholesale Homes PHONE 386-362-1171 CELL 386-362-8324

INSTALLERS ADDRESS

MOBILE HOME INFORMATION

MAKE Fleetwood YEAR 1988 SIZE 14 x 48

COLOR Tan SERIAL No. GAFLH45A03983 RF

WIND ZONE 2 SMOKE DETECTOR yes

INTERIOR:
FLOORS Good

DOORS Good

WALLS Good

CABINETS Good

ELECTRICAL (FIXTURES/OUTLETS) Good

EXTERIOR:
WALLS / SIDDING Good

WINDOWS Good

DOORS Good

STATUS:
APPROVED yes NOT APPROVED

NOTES:

INSTALLER OR INSPECTORS PRINTED NAME Florida Wholesale Homes Jack Flowers

Installer/Inspector Signature Jack R. Flowers License No. DIH1016037 Date 06-23-11

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 386-719-2038 TO SET UP THIS INSPECTION. NO PERMIT WILL BE ISSUED BEFORE THIS IS DONE.

Code Enforcement Approval Signature Date 7-5-11

11-D307E

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

PERMIT NO. 1041823
DATE PAID: 7/8/11
FEE PAID: 125.00
RECEIPT #: [illegible]

APPLICATION FOR:
[ ] New System [✓] Existing System [ ] Holding Tank [ ] Innovative
[ ] Repair [ ] Abandonment [ ] Temporary [ ] _____

APPLICANT: James G. Dobbins Joseph Bruce Dicks

AGENT: _____ TELEPHONE: 386 566-3199

MAILING ADDRESS: 11590 SE CR 245 Lulu Fla. 32061

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 #: 25-5S-17-09372-004 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 4 ACRES WATER SUPPLY: [✓] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [(Y) / N] DISTANCE TO SEWER: 85' FT

PROPERTY ADDRESS: 11590 SE CR 245 Lulu Fla 32061

DIRECTIONS TO PROPERTY: South on 441 From Lake City - Go To C.R 349 Turn Left go To end To CR 245 Turn left go .9 miles on left side Turn Left on driveway

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	M/H	2	672'	1 Bath ... Residential
2				
3				ORIGINAL ATTACHED
4				

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

SIGNATURE: James G. Dobbins DATE: 7-5-2011

DH 4015, 08/09 (Obsoletes previous editions which may not be used)
Incorporated 64E-6.001, FAC

STATE OF FLORIDA
DEPARTMENT OF HEALTH

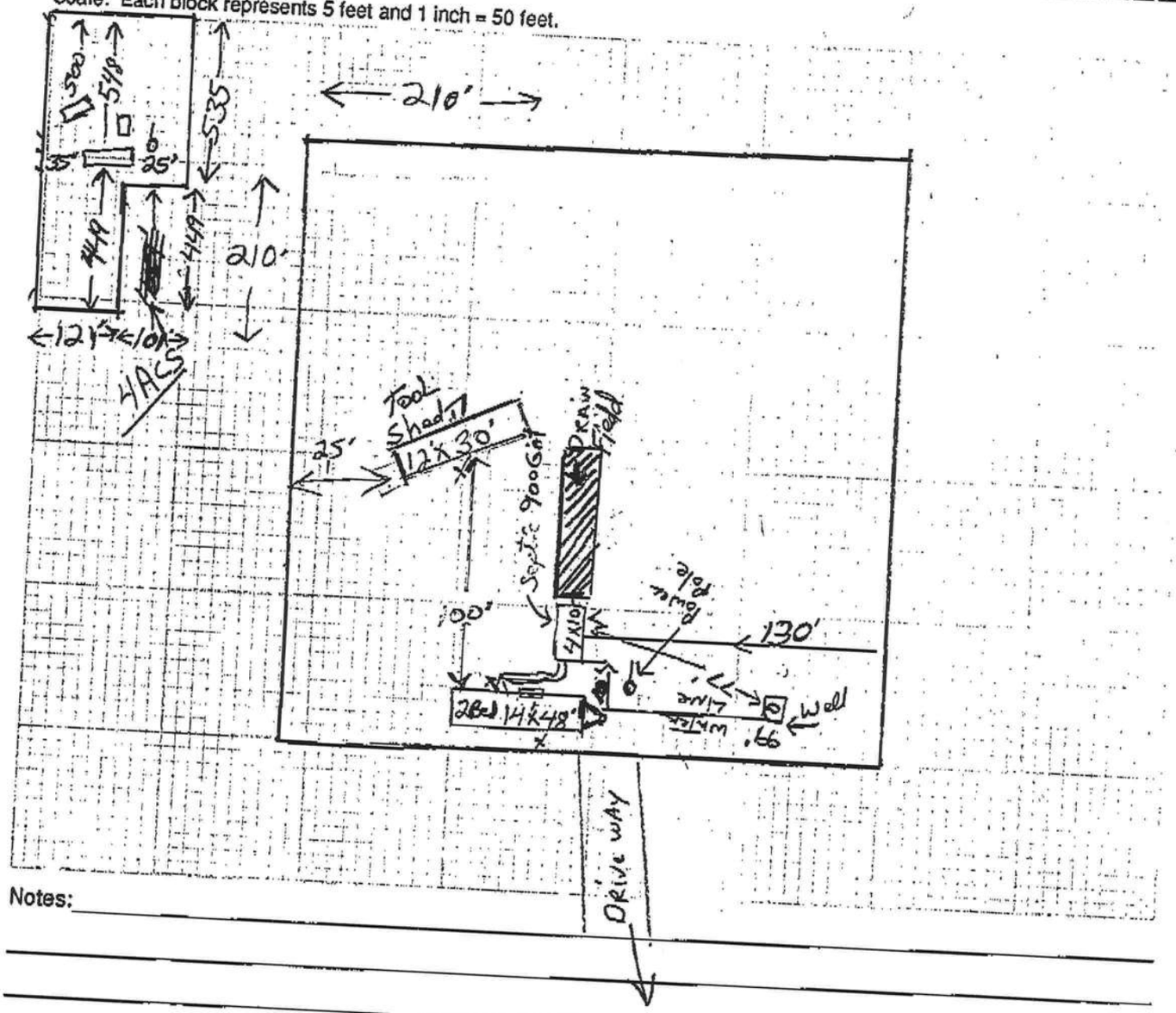
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Site Plan

Permit Application Number 11-0302E

PART II - SITE PLAN

Scale: Each block represents 5 feet and 1 inch = 50 feet.



Notes: _____

Site Plan submitted by: _____ _____
Signature Title

Plan Approved ✓ Not Approved _____ Date 7/13/11

By _____ Columbia CHD County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

14015, 10/96 (Replaces HRS/H1Form 4015 which may be used)
lock Number: 5744-002-4015-6)

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

1106-45

DATE RECEIVED 7-13-11 BY LH IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? Yes

OWNERS NAME James Debbins PHONE 38-566-3111 CELL

ADDRESS 4540 SE CR 245, Lulu, FL 32054

MOBILE HOME PARK SUBDIVISION

DRIVING DIRECTIONS TO MOBILE HOME 441 S, (L) 349, at dead end go (L) on 245 then go 9/10 mile on Left

MOBILE HOME INSTALLER Jack Flowers PHONE CELL 386-362-1171

MOBILE HOME INFORMATION

MAKE Fleetwood YEAR 88 SIZE 4 X 48 COLOR Tan

SERIAL No. GAFLH45A03983RF

WIND ZONE II Must be wind zone II or higher NO WIND ZONE I ALLOWED

INSPECTION STANDARDS

INTERIOR:
(P or F) - P= PASS F= FAILED

$50.00

Date of Payment: 6/23/11

Paid By: James Debbins

Notes:

- P SMOKE DETECTOR ( ) OPERATIONAL ( ) MISSING
- P FLOORS ( ) SOLID ( ) WEAK ( ) HOLES DAMAGED LOCATION
- P DOORS ( ) OPERABLE ( ) DAMAGED
- P WALLS ( ) SOLID ( ) STRUCTURALLY UNSOUND
- P WINDOWS ( ) OPERABLE ( ) INOPERABLE
- P PLUMBING FIXTURES ( ) OPERABLE ( ) INOPERABLE ( ) MISSING
- P CEILING ( ) SOLID ( ) HOLES ( ) LEAKS APPARENT
- P ELECTRICAL (FIXTURES/OUTLETS) ( ) OPERABLE ( ) EXPOSED WIRING ( ) OUTLET COVERS MISSING ( ) LIGHT FIXTURES MISSING

EXTERIOR:
- P WALLS / SIDDING ( ) LOOSE SIDING ( ) STRUCTURALLY UNSOUND ( ) NOT WEATHERTIGHT ( ) NEEDS CLEANING
- P WINDOWS ( ) CRACKED/ BROKEN GLASS ( ) SCREENS MISSING ( ) WEATHERTIGHT
- P ROOF ( ) APPEARS SOLID ( ) DAMAGED

STATUS

APPROVED P WITH CONDITIONS:

NOT APPROVED ____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS

SIGNATURE [signature] ID NUMBER 402 DATE 7-14-11

Ronnie Brannon
Proudly Serving Columbia County, Florida

Site Provided by...
governmax.com l.14

Tax Record

print

Account Number
1 of 1

Last Update: 7/11/2011 4:00:40 PM EDT

Details
Tax Record
» Print View
Legal Desc.
Appraiser Data
Tax Payment
Payment History
Print Tax Bill NEW!

Searches
Account Number
GEO Number
Owner Name
Property Address
Mailing Address

Site Functions
Tax Search
Local Business Tax
Tax Sale List
Contact Us
County Login
Home

Ad Valorem Taxes and Non-Ad Valorem Assessments

The information contained herein does not constitute a title search and should not be relied on as such.

Account Number	Tax Type	Tax Year
R09372-004	REAL ESTATE	2010

Mailing Address
DICKS JOSEPH BRUCE &
JULIE ANN BIELLING CO TRUSTEES
OF THE RESIDUARY FAMILY TRUST
149 SW LUCILLE COURT
LAKE CITY FL 32025

Property Address
11590 SE COUNTY ROAD 245 LUL

GEO Number
25S17-09372-004

Exempt Amount	Taxable Value
See Below	See Below

Exemption Detail
NO EXEMPTIONS

Millage Code
003

Escrow Code

Legal Description (click for full description)
17-5S-25 0000/0000 4.00 Acres THE N 5 AC OF NE1/4 OF NE1/4 AS LIES W OF SR-245 EX BEG INTER W R/W PRICE CREEK RD & N SEC LINE, W 435 FT, S 101 FT, E 448.79 FT TO SAID W R/W, NW 101.94 FT TO POB. ORB 600-212, 718-732, 794-447, 803-219 (AKA PARCEL A) See Tax Roll For Extra Legal

Ad Valorem Taxes

Taxing Authority	Rate	Assessed Value	Exemption Amount	Taxable Value	Taxes Levied
BOARD OF COUNTY COMMISSIONERS	7.8910	24,750	0	$24,750	$195.30
COLUMBIA COUNTY SCHOOL BOARD					
DISCRETIONARY	0.9980	24,750	0	$24,750	$24.70
LOCAL	5.4140	24,750	0	$24,750	$134.00

CAPITAL OUTLAY	1.5000	24,750	0	$24,750	$37.13
SUWANNEE RIVER WATER MGT DIST	0.4399	24,750	0	$24,750	$10.89
LAKE SHORE HOSPITAL AUTHORITY	0.9620	24,750	0	$24,750	$23.81
COLUMBIA COUNTY INDUSTRIAL	0.1240	24,750	0	$24,750	$3.07

Total Millage	17.3289	Total Taxes	$428.90

Non-Ad Valorem Assessments

Code	Levying Authority	Amount
FFIR	FIRE ASSESSMENTS	$69.58

Total Assessments	$69.58
Taxes & Assessments	$498.48

If Paid By	Amount Due
	$0.00

Date Paid	Transaction	Receipt	Item	Amount Paid
4/15/2011	PAYMENT	2100510.0001	2010	$513.43

Prior Years Payment History

Prior Year Taxes Due

NO DELINQUENT TAXES

Print | << First < Previous Next > Last >>

Powered by MANATRON

CERTIFICATE OF

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 25-5S-17-09372-004 Building permit No. 000029553

Permit Holder JACK FLOWERS

Owner of Building JULIE BIELLING TRUSTEE/JAMES DOBBINS

Location: 11590 SE CR 245, LULU, FL 32054

Date: 08/17/2011

Harry Dicks

Building Inspector

POST IN A CONSPICUOUS PLACE
(Business Places Only)

DATE 07/18/2011

Columbia County Building Permit

This Permit Must Be Prominently Posted on Premises During Construction

PERMIT
000029553

APPLICANT JAMES DOBBINS PHONE 386-566-3199

ADDRESS 11590 SE CR 245 LULU FL 32061

OWNER JULIE BIELLING TRUSTEE/JAMES DOBBINS PHONE 386-566-3199

ADDRESS 11590 SE CR 245 LULU FL 32061

CONTRACTOR JACK FLOWERS PHONE 386.362.1171

LOCATION OF PROPERTY 441 S, R 349, L 245 GO 9/10 OF A MILE TO PROPERTY ON LEFT.

TYPE DEVELOPMENT M/H/UTILITY ESTIMATED COST OF CONSTRUCTION 0.00

HEATED FLOOR AREA _____ TOTAL AREA _____ HEIGHT ____ STORIES ____

FOUNDATION _____ WALLS _____ ROOF PITCH _____ FLOOR _____

LAND USE & ZONING A-3 MAX. HEIGHT _____

Minimum Set Back Requirments: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00

NO. EX.D.U. 0 FLOOD ZONE X DEVELOPMENT PERMIT NO. _____

PARCEL ID 25-5S-17-09372-004 SUBDIVISION AKA PARCEL A

LOT ____ BLOCK ____ PHASE ____ UNIT ____ TOTAL ACRES 4.00

		DIH1016037	James G Dobbins	
Culvert Permit No.	Culvert Waiver	Contractor's License Number	Applicant/Owner/Contractor	
EXISTING	11-0307-E	BLK	TC	Y
Driveway Connection	Septic Tank Number	LU & Zoning checked by	Approved for Issuance	New Resident

COMMENTS: 1 FOOT ABOVE. SECTION 2.3.1..LEGAL LOT OF RECORD.

Check # or Cash 217

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

Temporary Power _____ date/app. by

Foundation _____ date/app. by

Monolithic _____ date/app. by

Under slab rough-in plumbing _____ date/app. by

Slab _____ date/app. by

Sheathing/Nailing _____ date/app. by

Framing _____ date/app. by

Insulation _____ date/app. by

Rough-in plumbing above slab and below wood floor _____ date/app. by

Electrical rough-in _____ date/app. by

Heat & Air Duct _____ date/app. by

Peri. beam (Lintel) _____ date/app. by

Pool _____ date/app. by

Permanent power _____ date/app. by

C.O. Final _____ date/app. by

Culvert _____ date/app. by

Pump pole _____ date/app. by

Utility Pole _____ date/app. by

M/H tie downs, blocking, electricity and plumbing _____ date/app. by

Reconnection _____ date/app. by

RV _____ date/app. by

Re-roof _____ date/app. by

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

MISC. FEES $ 250.00 ZONING CERT. FEE $ 50.00 FIRE FEE $ 19.26 WASTE FEE $ 50.25

FLOOD DEVELOPMENT FEE $ ____ FLOOD ZONE FEE $ 25.00 CULVERT FEE $ ____ **TOTAL FEE** 394.51

INSPECTORS OFFICE _____ CLERKS OFFICE _____

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.