PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

E	For Office Use Only (Revised 7-1-15) Zoning Official JUD 6-14-18 Building Official JUD 6-19-18
1	AP# 1806-17 Date Received 6-7-18 By 18 Permit # 36989
F	Flood Zone X Development Permit Zoning A-3 Land Use Plan Map Category As
(comments floor one foot above the road
0	he true Notes - Bathroom & wall repairs prign to fruel
F	EMA Map# Elevation Finished Floor River In Floodway
i	Recorded Deed or Property Appraiser PO Site Plan FH # 18-0479 Uvell letter OR
-	Existing well Land Owner Affidavit Installer Authorization FW Comp. letter App Fee Paid
	DOT Approval Parent Parcel # STUP-MH Sub VE Form Old-10
	Ellisville Water Sys Assessment Vaid — Out County On County Sub VF Form C.C. Printer
	See-Notes Ju
Dre	operty ID# 10-75-17-09977-10 Subdivision Adams Road 40 Unrec. Lot# 4
110	perty ID # 10 15 11 0 THE GUDDIVISION 17 OVER LOT
•	New Mobile Home Used Mobile Home MH Size_/Y(Voc Year_ 98
	Applicant John McKibben Phone # (352) 221-0642
	To all of Francisco
•	Name of Property Owner John MCKibben Phone 352) 221 -0642
*	911 Address 1915 Adams St. High Springs Florida 32643
	Circle the correct power company - FL Power & Light - Clay Electric
	(Circle One) - Suwannee Valley Electric - Duke Energy
•	Name of Owner of Mobile Home John McKibben Phone # 352-221-0642
	Address 201 NW Delar Glen Lake City, FL 32055
	Relationship to Property Owner Mother & Brother
•	Current Number of Dwellings on Property No NE
u	Lot Size 140' x 320' Total Acreage 1,01 AC
	Do you : Have Existing Drive or Private Drive or need Culvert Permit (Ourrently using) (Blue Road Sign) (Putting in a Culvert) or Culvert Waiver (Circle one) (Not existing but do not need a Culvert)
	Is this Mobile Home Replacing an Existing Mobile Home
	Driving Directions to the Property 441 S, Q Adam St, 2nd
	on left
	Name of Licensed Production P 1 1 1 2
	Name of Licensed Dealer/Installer Ruck L Lyouber Phone # 286.397.0886
	Installers Address 5801 500 5847 Lak it 9.32024 Like
	License Number FHY03B 218 Installation Decal # 50B28
. (,	Installers Address 5801 500 5847 Lak it 9.32024 Like

App# 1806-17

Mobile Home Permit Worksheet	Application Number: Date:
Installer: Ruly (Kenselles Licensers TH-10 3659.9) Address of Frome Stales installed.	Niger House. Lised-House. House installed to the Manufacturer's Installation Manual House is installed in accordance with Rule 15-C Skeptis wide. Wisel-Zone. III. Wisel-Zone. III.
Manufactures	TopiciOned Sesial # SHE B 39 A 05 T 25 S V Y 2 1 PIER SPACING TABLE FOR USED HOMES
Typical nior angoing 2 Show locations of Longitudinial publicatural Systems (union locations of Longitudinial publicatural Systems (union locations)	1.000 Frankr 10 x 18 10 127 x 10 227 x 227 247 x 237 10 127 x 10 227 x 227 247 x 237 10 127 x 10 12
	SOUR DAT S S S S S S S S S S S S S S S S S S S
	Other plor ped size Other ped size Othe
	Lief all merriage wall openings proclar than 4 foot and their pier peld dizes below. ANCHORS Granina Pier part size 4 ft 5 8
	THEODISM GOMPONENTS GTHER TES
	Longitudinal Stabilizing Dander (LSD) Stdemail Longitudinal Conglisions Stabilizing Dander of Letter Arms Harriage was Sharriage and Sharriage

Fax back to 758-2160 Thank you, Lauric

Mobile Home Permit Worksheet	Application Number:Date:
	a. Ste Presention
POCKET PENETRONETER TEST	
The poster penetronous make one pounded down to part or class have to declare 1220 by said and alternative declare to declare 1220 by said	Debria and organic meterial removed Wilder designage Nations Swells Part Chips.
	Postervier, regiti velde, units
Xist Mint 4.5	Proc. Type Factores: A la Lacorte: Sections.
POCKET PENETROMETER TESTING METHOD 1. Testing perimeter of the horse at 8 locations.	Hoos. Type Fastener: Longith: Specing: White Type Fastener: Longith: Specing: For used homes a min. 30 george, 8' wide, galvanized metal strip will be conjusted countries and for mod and fastened offit galv. Seeting will be 2" on the side on the side of the condition.
	restinguished at 2" on classes on both states of this combination.
2. Take the reading at the depth of the fooler.	Gasket parameter and recognition
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ांच्यावित्यु कोची गण्याचे वेकाका 'क विकोग'का क्रकालका. अ	I understand a promity matalier gapter in a requirement of new and used increase and that confidentiation, shift indition and buckled marriage walls are securifying promp populated or the gastest being installed. I endocated a strip of the will not better as a gapter. Associated to provide the confidential of the confidential or the confidenti
TORIQUE PROBE TEST	
The results of the largue probe less legal to the pounds or check help if you are declaring if excitof white leading who was a fact to the same and the pounds or less will require 6 foot anchors.	Type geelet Installed: Pg. Between Floore Yes Between Walls Yes Setterbus ridigeteeliii Yes
	. Washing cally g
Nation: A shafe supercived tolerasi arm system is being used and 4 ft. profess, are observed at the elicinest forabless. Purderstand 5 ft and one are elicinest and elicinest forabless, Purderstand 5 ft and one are elicinest and elicinest forables where the overall bed reading to 275 on least and where the resolute home menutications truck reading to profess, with 4000 http://discourse.by.	The bitsumboard will be required another taped: Yes Po. 1721 Siding on union in installand to menalizations specifications, Yes Plantage which is blacked on as not to black introduct, of rain water. Yes
ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER Installer Mains	Skirting to be installed. Yea No Dryar verif installed outside of skirting. Yes Sampa shareful years included outside of skirting. Yes Dryar house, suggested of skirting outside outs
Oals Tested	Drain thes jugged out at 4 feet and only reads. The Electrical creatoryers protected. Yes
Comment electrical conclusions between quint-wide unide, but vorticitie realistamen nument. This includes the benefing wire to intelligation that water units, i Pg. 157/	Irratallar veriffus all jugarmation gives with this presid mortainent
Photographic Control of the Control	is accurate and true based on the
Communical self-sewar citatines to an addisting sewar top or seattle bank. Pd. 15'2-1	manufacturer's installation instructions and or Rule 15C-1 & 2
Connect all peartite water except picing to an existing water coalec, water inc. or other idependent water supply systems. Py. 15 C1	installer Septembers 1 Date 5: 30/6
The Part of the Pa	n 2 of 2

05/19/2018 04:43

3867582160

BUILDING AND ZONING

PAGE 03/03

X- 2- 11011 All skell Foundation Low Diver Technologies (extend only)

(TOTAL FROM: 201 NW DULAR GIER U- I BEAM Piers 76"O.C. USING 234X54 Absords

70: 219 SE ADAMS & HAGH SPEEMS, FT. 32643

Ave C+1, Fc, 32055

OLIVER TECHNOLOGIES, INC. FLORIDA INSTALLATION INSTRUCTIONS FOR THE MODEL 1101 "V" SERIES ALL STEEL FOUNDATION SYSTEM.

MODEL 1101"V" (STEPS 1-15)

LONGITUDINAL ONLY: FOLLOW STEPS 1-9

FOR ADDING LATERAL ARM : Follow Steps 10-15

FOR CONCRETE APPLICATIONS: Follow Steps 16-19

ENGINEERS STAMP ENGINEERS STAMP

- 1. SPECIAL CIRCUMSTANCES: If the following conditions occur STOP! Contact Oliver Technologies at 1-800-284-7437:
 - a) Pier height exceeds 48"
 b) Length of home exceeds 76° c) Roof eaves exceed 16" d) Sidewall height exceed 96"
 e) Location is within 1500 feet of coast

PIER HEIGHT

INSTALLATION OF GROUND PAN

- 2. Remove weeds and debris in an approximate two foot square to expose firm soil for each ground pan (C).
- 3. Place ground pan (C) directly below chassis I-beam. Press or drive pan firmly into soil until flush with or below soil. **SPECIAL NOTE:** The longitudinal "V" brace system serves as a pier under the home and should be loaded as any other pier. It is recommended that after leveling piers, and one-third inch (1/3") before home is lowered completely on to piers, complete steps 4 through 9 below then remove jacks.

INSTALLATION OF LONGITUDINAL "V" BRACE SYSTEM

NOTE: WHEN INSTALLING THE LONGITUDINAL SYSTEM ONLY, A MINIMUM OF 2 SYSTEMS PER FLOOR SECTION IS REQUIRED. SOIL TEST PROBE SHOULD BE USED TO DETERMINE CORRECT TYPE OF ANCHOR PER SOIL CLASSIFICATION. IF PROBE TEST READINGS ARE BETWEEN 175 & 275 A 5 FOOT ANCHOR MUST BE USED. IF PROBE TEST READINGS ARE BETWEEN 276 & 350 A 4 FOOT ANCHOR MAY BE USED. USE GROUND ANCHORS WITH DIAGONAL TIES AND STABILIZER PLATES EVERY 5'4". VERTICAL TIES ARE ALSO REQUIRED ON HOMES SUPPLIED WITH VERTICAL TIE CONNECTION POINTS (PER FLORIDA REG.).

1.50" ADJUSTABLE

4. Select the correct square tube brace (E) length for set - up (pier) height at support location. (The 18" tube is always used as the bottom part of the longitudinal arm). Note: Either tube can be used by itself, cut and drilled to length as long as a 40 to 45 degree angle is maintained.

Approx. 45 degrees Max.)		Tube Length	Tube Length	
	7 3/4" to 25"	22"	18"	
	24 3/4" to 32 1/4"	32"	18"	
	33" to 41"	44"	18"	
	40" to 48"	54"	18"	

1.25" ADJUSTABLE

- 5. Install (2) of the 1.50" square tubes (E {18" tube}) into the "U" bracket (J), insert carriage bolt and leave nut loose for final adjustment.
- 6. Place I-beam connector (F) loosely on the bottom flange of the I-beam.
- 7. Slide the selected 1.25" tube (E) into a 1.50" tube (E) and attach to I-beam connectors (F) and fasten loosely with bolt and nut.
- 8. Repeat steps 6 through 7 to create the "V" pattern of the square tubes loosely in place. The angle is not to exceed 45 degree and not below 40 degrees.
- 9. After all bolts are tightened, secure 1.25" and 1.50" tubes using four(4) 1/4"-14 x 3/4" self-tapping screws in pre-drilled holes.

INSTALLATION OF LATERAL TELESCOPING TRANSVERSE ARM SYSTEM

THE MODEL 1101 "V" (LONGITUDINAL & LATERAL PROTECTION) ELIMINATES THE NEED FOR MOST STABILIZER PLATES & FRAME TIES.

NOTE: THE USE OF THIS SYSTEM REQUIRES VERTICAL TIES SPACED AT 5'4".

FOUR FOOT (4') GROUND ANCHOR MAY BE USED EXCEPT WHERE THE HOME MANUFACTURER SPECIFIES DIFFERENT.

- 10. Install remaining vertical tie-down straps and 4' ground anchors per home manufacturer's instructions. **NOTE**: Centerline anchors to be sized according to soil torque condition. Any manufacturer's specifications for sidewall anchor loads in excess of 4,000 lbs. require a 5' anchor per Florida Code.
- 11. NOTE: Each system is required to have a frame tie and stabilizer attached at each lateral arm stabilizing location. This frame tie & stabilizer plate needs to be located within 18" from of center ground pan.
- 12. Select the correct square tube brace (H) length for set-up lateral transverse at support location. The lengths come in either 60" or 72" lengths. (With the 1.50" tube as the bottom tube, and the 1.25" tube as the inserted tube.)
- 13. Install the 1.50 transverse brace (H) to the ground pan connector (D) with bolt and nut.
- 14. Slide 1.25" transverse brace into the 1.50" brace and attach to adjacent I-beam connector (I) with bolt and nut.
- 15. Secure 1.50" transverse arm to 1.25" transverse arm using four (4) 1/4" 14 x 3/4" self-tapping screws in pre-drilled holes.



INSTALLATION USING CONCRETE RUNNER / FOOTER

- 16. A concrete runner, footer or slab may be used in place of the steel ground pan.
 - a) The concrete shall be minimum 2500 psi mix
 - b) A concrete runner may be either longitudinal or transverse, and must be a minimum of 8" deep with a minimum width of 16 inches longitudinally or 18 inches transverse to allow proper distance between the concrete bolt and the edge of the concrete (see below).
 - c) Footers must have minimum surface area of 441 sq. in. (i.e. 21" square), and must be a minimum of 8" deep.
 - d) If a full slab is used, the depth must be a 4" minimum at system bracket location, all other specifications must be per local jurisdiction. Special inspection of the system bracket installation is not required. Footers must allow for at least 4" from the concrete bolt to the edge of the concrete.

NOTE: The bottom of all footings, pads, slabs and runners must be per local jurisdiction. LONGITUDINAL: (Model 1101 LC "V")

17. When using Part # 1101-W-CPCA (wetset), simply install the bracket in runner/footer OR When installing in cured concrete use Part # 101-D-CPCA (dryset). The 1101 (dryset) CA bracket is attached to the concrete using (2) 5/8"x3" concrete wedge bolts (Simpson part # S162300H 5/8" X 3" or Powers equivalent). Place the CA bracket in desired location. Mark bolt hole locations, then using a 5/8" diameter masonry bit, drill a hole to a minimum depth of 3". Make sure all dust and concrete is blown out of the holes. Place wedge bolts into drilled holes, then place 1101 (dry set) CA bracket onto wedge bolts and start wedge bolt nuts. Take a hammer and lightly drive the wedge bolts down by hitting the nut (making sure not to hit the top of threads on bolt). The sleeve of concrete wedge bolt needs to be at or below the top of concrete. Complete by tightening nuts.

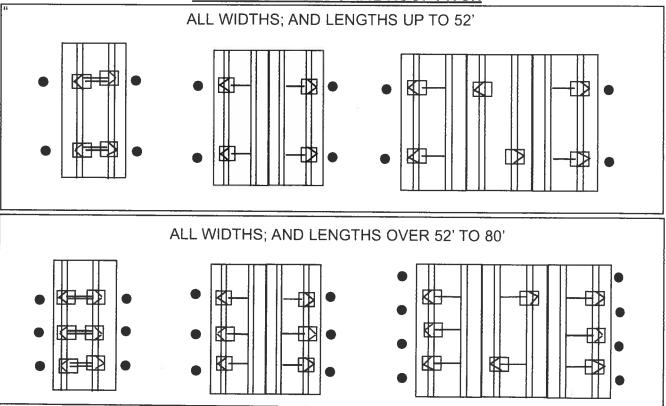
LATERAL: (Model 1101 TC "V")

- 18. For wet set (part # 1101-W-TACA) installation simply install the anchor bolt into runner/footer. For dry set installation (part # 1101-D-TACA) mark bolt hole locations, then using a 5/8" diam. masonry bit, drill a hole to a minimum depth of 3". Make sure all dust and concrete is blown out of the hole. Place wedge bolts (Simpson part #S162300H 5/8" X 3" or Powers equivalent) into (D) concrete dry transverse connector and into drilled hole. If needed, take a hammer and lightly drive the wedge bolts down by hitting the nut (making sure not to hit the top of threads on bolt), then remove the nut. The sleeve of concrete wedge bolt needs to be at or below the top of concrete.
- 19. When using part # 1101 CVW (wetset) or 1101 CVD (dryset), install per steps 17 & 18.

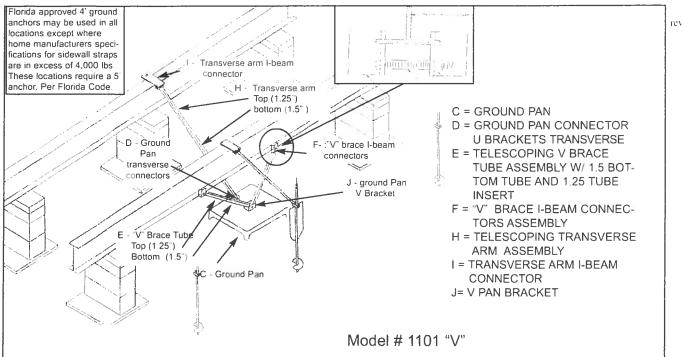
Notes:

- 1. LENGTH OF HOUSE IS THE ACTUAL BOX SIZE
- 2. = STABILIZER PLATE AND FRAME TIE LOCATION (needs to be located within 18 inches of center of ground pan or concrete)
- 3. TELOCATION OF LONGITUDINAL BRACING ONLY
- 4. = TRANSVERSE & LONGITUDINAL LOCATIONS

REQUIRED NUMBER AND LOCATION OF MODEL 1101 "V" OR 1101 C "V" BRACES FOR UP TO 4/12 ROOF PITCH



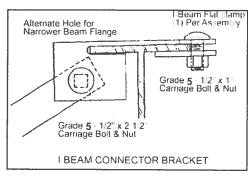
HOMES WITH 5/12 ROOF PITCH REQUIRE: PER FLORIDA REGULATIONS 6 systems for home lengths up to 52' and 8 systems for homes over 52' and up 80'. One stabilizer plate and frame tie required at each lateral bracing system.

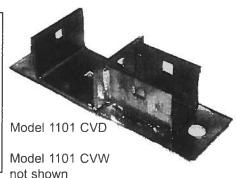


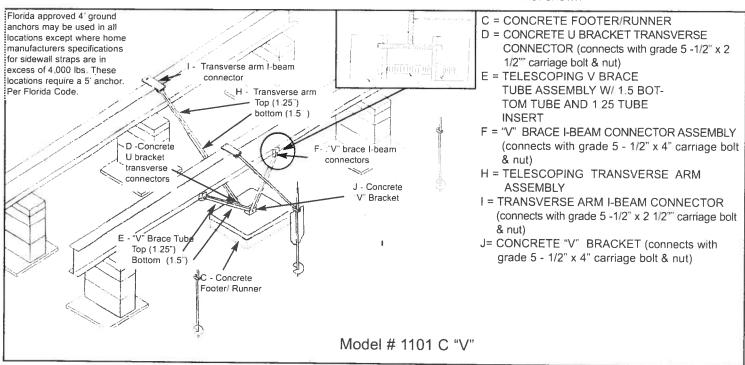
Longitude dry concrete bracket part # 1101 D-CPCA

Wet bracket part # 1101 W-CPCA not shown









Mobile Home

Applicant: JOHN MCKIBBEN (352-221-0642) Application Date: 6/14/2018

Action -					
1. JOB LOCATION	Completed Insp	ections			
	Add Inspection	Release Pov	ver		
2. CONTRACTOR	Schedule Inspection (ScheduleInspection.aspx?Id=38411)				
3. MOBILE HOME DETAILS	Passed: Mobile Home In County Pre-Mobile Home before set-up	Date - 6/15/2018	TROY CREWS	PE NDI	
4. APPLICANT					
5. REVIEW	The completion date public.	e must be set To	release Ce	rtifications to the	
6. FEES/PAYMENT Permit Completion Date (Releases Occupancy and Completion Forms)					
7.					
DOCUMENTS/REPORTS	Incomplete Requested Inspections				
8. NOTES/DIRECTIONS	Inspection	Date	Ву	Notes	
9. INSPECTIONS (1)	Pending	Deta	Plat	te, Also	
	Bathroo	m and	wal	l repairs	
		to fr			

Issue Date:

07/17/2018

Verification:

Serial Number(s):

Date of Manufacture:

Wind Zone: Zone II

IBTS's Vanufactured Home Data Verification Team has researched regulatory records on the Fluetword/ValuHomes #39, Fitzgerald, GA, manufactured home having the serial numbers) and date of manufacture identified below. Based on ship nent records maintained by IBTS, as required by the U.S. Department of Housing and Urban Development pursuant to 24 CFR 3282.552 and provided by the home manufacturer, IBTS verifies the following home performance information corresponding to the home's initial destination and the construction standards set for him 24 CFR 3280 at the time the home was labeled.

GAFLV39A 09525 V421

09-05-1997

Roof Load Zone: South



Thermal Zone: Zone 1



IBTS Verification Seal

VERIFIED . TY 34 AS ONA YOU ON O LECHTON OF LICENT OF LECHTON OF LICENT OF LECHTON OF LECHTON OF LECHTON OF LECHTON OF LECHTON OF LICENT OF L

Verification Provided by the Institute for Building Technology and Safety

M. L. Goman

Chief Executive Officer

This information is applicable only to the home having serial numbering and date of manufacture noted above. IBTS provides this verification based on the production reports provided by the home manufacturer and the zone requirements in effect at the time the home was labeled by the home manufacturer. IBTS is not liable for changes to the home's construction or subsequent home moves that may affect the nome performance information verified

The Institute for Building Technology and Safety 45207 Research Place, Ashburn VA 20147

866 482-8368

·www.ibts.org

A 501(c)(3) not-for-profit corporation

S.

STATE OF FLORIDA COUNTY OF COLUMBIA

LAND OWNER AFFIDAVIT

This is to certify that I, (We), JEANEHE, JAMES AND JOHN MCKIBBEN,
as the owner of the below described property:
Property tax Parcel ID number 16-75-17-09977-104
Subdivision (Name, lot, Block, Phase) Adams Road S/D Lot 4
Give my permission for John McKibben to place a
Circle one Mobile Home Travel Trailer / Utility Pole Only / Single Family Home / Barn - Shed - Garage / Culvert / Other
I (We) understand that the named person(s) above will be allowed to receive a building permit on the property number I (we) have listed above and this could result in an assessment for solid waste and fire protection services levied on this property.
Description of the Date Date
James Mckalles 6/11/2018 Date Date
Owner Signature Date
Sworn to and subscribed before me this 11 day of JUNE , 2018. This
These person(s) are personally known to me or produced ID (Type)
Notary Public Signature JANICE L. WEBSTER Notary Printed Name
Notary Stamp/

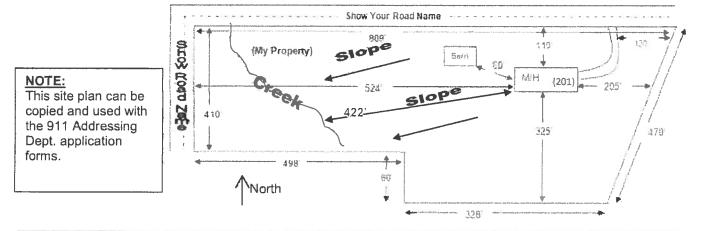


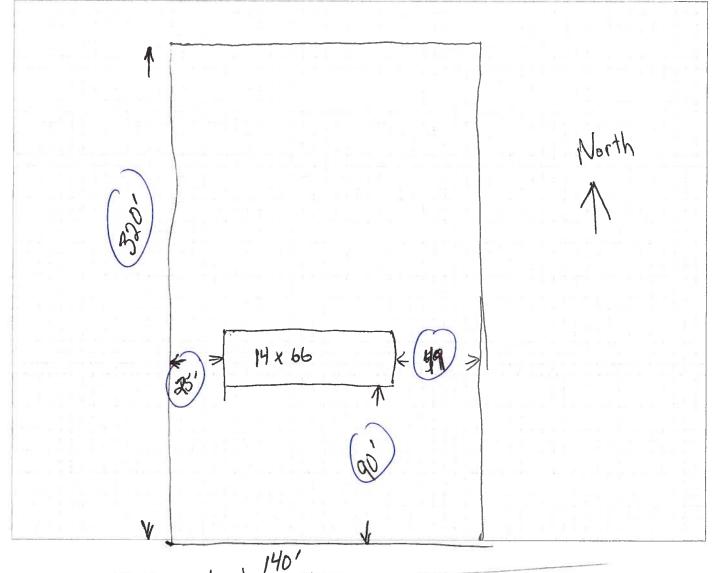
SITE PLAN CHECKLIST

- ___1) Property Dimensions
- 2) Footprint of proposed and existing structures (including decks), label these with existing addresses
 - 3) Distance from structures to all property lines
- 4) Location and size of easements
- __5) Driveway path and distance at the entrance to the nearest property line
- ___6) Location and distance from any waters; sink holes; wetlands; and etc.
 - ___7) Show slopes and or drainage paths
- __8) Arrow showing North direction

SITE PLAN EXAMPLE

Revised 7/1/15





Adam's

VMD Wetlands

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Columbia County, FLA - Building & Zoning Property Map

Printed: Thu Jun 07 2018 10:15:43 GMT-0400 (Eastern Daylight Time)



Parcel Information

Parcel No: 10-7S-17-09977-104

Owner: MCKIBBEN JEANETTE I & JAMES E

Subdivision: ADAMS ROAD

Lot: 4

Acres: 1.01218367 Deed Acres: 1.01 Ac

District: District 4 Everett Phillips
Future Land Uses: Agriculture - 3

Flood Zones:

Official Zoning Atlas: A-3

Columbia County Property Appraiser

Jeff Hampton

Retrieve Tax Record

2017 TRIM (pdf) **Property Card**

Parcel List Generator

Show on GIS Map

2017 Tax Roll Year

Print

Show Viewer

updated: 0/1/2010

Parcel: << 10-7S-17-09977-104 >>>



Owner &	Property Info	Show S	earch Results	
Owner Owner MCKIBBEN JEANETTE I & JAMES I & JONH R MCKIBBEN 15931 NW COUNTY RD 231 CAINESVILLE, FL 32600				
Site	191 ADAMS ST, HIGH SPRINGS			
Description* LOT 4 ADAMS ROAD S/D. UNR INSTR TO TOWNSEND WD 817-1157, TAX DEED 131 2423,				
Arca	1.01 AC	S/T/R	10 78 17	
Use Code**	VACANT (000000)	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	& Assessme	ent Values		
2017 Cer	tified Values	2018 Working Values		
Mkt Lang (2)	\$1 <u>4</u> ,830	Mkt Lang (2)	\$15,030	
Ag Land (0)	\$0	Ag Land (0)	\$0	
Building (0)	\$0	Building (0)	\$0	
XFOB (0)	\$0	XFOB (0)	\$0	
Just	\$14,000	Just	\$15,000	
Class	\$0	Class	\$0	
Appraised	\$14,830	Appraised	\$15,930	
SOH Cap [?]	\$0	SOH Cap [?]	\$0	
Assessed	\$14,830	Assessed	\$15,930	
Exempt	\$0	Exempt	\$0	
Total Taxable	county:\$14,830 city:\$14,830 other:\$14,830 school:\$14,830		county:\$15,930 city:\$15,930 other:\$15,930 school:\$15,930	

Aerial Viewer F	oictometery Google Map	os
2016 2013 2010 20	007 2005 2004 1999 Sales	(zoom Ø Ø parcel) click hover
+		
.02-05 2016-02-05 00 \$27,000	**	
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SWRIXE LN		WD-I-C-01
21	2018-01-30 2 13-03-4 (17) \$35,300	7
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	A Section Confession	

Sales History			Show Similar Sales within 1/2 mile Fill out Sales Que			ales Questionnai
Sale Date	Sale Price	Book/Page	Deed	V/I	Quality (Codes)	RCode
8/4/2016	\$8,200	1319/2423	וט	V	U	18
1/12/1991	\$9,000	0/	AG	V	U	01

Columbia County Tax Collector

generated on 6/7/2018 10:06:46 AM EDT

Tax Record

Last Update: 6/7/2018 10:06:43 AM EDT

Register for eBill

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	Тах Туре	Tax Year	
R09977-104	REAL ESTATE	2017	
Mailing Address	Property Address		
MCKIBBEN JEANETTE I & JAMES E	191 ADAMS SE HIGH SPRINGS		
& JONH R MCKIBBEN			
15931 NW COUNTY RD 231	GEO Number		
GAINESVILLE FL 32609	107S17-09977-104		
Exempt Amount	Taxable Value		

Exempt Amount	Taxable Value
See Below	See Below

Exemption Detail

Millage Code

Escrow Code

NO EXEMPTIONS

Legal Description (click for full description)

10-7S-17 0000/0200 1.01 Acres LOT 4 ADAMS ROAD S/D. UNR INSTR TO TOWNSEND WD 817-1157, TAX DEED 1319- 2423,

Ad Valorem Taxes					
Taxing Authority	Rate	Assessed Value	Exemption Amount	Taxable Value	Taxes Levied
BOARD OF COUNTY COMMISSIONERS	8.0150	14,830	0	\$14,830	\$118.86
COLUMBIA COUNTY SCHOOL BOARD					
DISCRETIONARY	0.7480	14,830	0	\$14,830	\$11.09
LOCAL	4.3200	14,830	0	\$14,830	\$64.07
CAPITAL OUTLAY	1.5000	14,830	0	\$14,830	\$22.25
SUWANNEE RIVER WATER MGT DIST	0.4027	14,830	0	\$14,830	\$5.97
LAKE SHORE HOSPITAL AUTHORITY	0.9620	14,830	0	\$14,830	\$14.27
Total Millage	15.947	7 7 7	otal Taxes		\$236.51

	al Millage	15.9477	Total	Taxes	\$236.51
	Noi	n-Ad Valorem A	ssessmer	nts	
Code	Levying Author	rity			Amount
FFIR	FIRE ASSESSMENTS				\$219.98
GGAR	SOLID WASTE -	ANNUAL			\$193.00

Tota	1	Assessments	\$412.98
Taxes	&	Assessments	\$649.49
	-		

If Paid By	Amount Due
	\$0.00

TAX DEED

State of Florida Cert. No.3340 of 2011 Parcel No. 09977-104 County of Columbia

The following Tax Certificate numbered 3340 issued on May 31, 2011 was filed in the office of the Tax Collector of this County and application made for the issuance of a Tax Deed, the applicant having paid or redeemed all other taxes or tax certificates on the land described as required by law to be paid or redeemed, and the costs and expenses of this sale, and due notice of sale having been published as required by law, and no person entitled to do so having appeared to redeem said land; such land was on the 20th day of June, 2016, offered for sale as required by law for cash to the highest bidder and no bids were received. Such land was on August 04, 2016, sold from the List of Lands Available and was sold to Jeanette I., James E. & John R.

McKibben whose address is 15931 NW County RD 231, Gainesville, FL 32609.

NOW, on this 5th day of August, 2016, in the County of Columbia, State of Florida, in consideration of the sum of \$8,115.11, being the amount paid pursuant to the Laws of Florida, does hereby sell the following lands, including any hereditaments, buildings, fixtures and improvements of any kind and description, situated in the County and State aforesaid and described as follows:

SEC 10 TWN 7S RNG 17 PARCEL NUMBER 09977-104

LOT 4 ADAMS ROAD S/D. UNR INSTR TO TOWNSEND WD ORD 817-1157

Clerk of the Circuit Court Columbia County, Florida

State of Florida County of Columbia

On this 5th day of August, 2016, before me personally appeared P. DeWitt Cason, Clerk of Circuit Court in and for Columbia County Florida, known to me to be the person described in, and who executed the foregoing instrument, and acknowledged the execution of this instrument to be his own free act and deed for the use and purposes therein mentioned. Witness my hand and official seal date aforesaid.

NOTAŘÝ PUBL



The Lake City Reporter

PO Box 1709

Lake City, FL 32056 Phone: 386-752-1293 Fax: 386-752-9400

Email: kriotto@lakecityreporter.com

AFFIDAVIT OF PUBLICATION

Legal Reference: 3340

NOTICE OF APPLICATION FOR

STATE OF FLORIDA COUNTY OF COLUMBIA

Before the undersigned notary public personally appeared Todd L. Wilson, who on oath says that he is Publisher of the Lake City Reporter, a newspaper published at Lake City, Columbia County, Florida; confirms that the attached legal advertisement was published in the Lake City Reporter on the following date(s):

05/18/2016 05/25/2016 06/01/2016 06/08/2016

Affiant

Sworn to and subscribed before me this 8th day of June, 2016

Kathleen A. Riotto, Notary Public

My commission expires August 20, 2018

KATHLEEN A. RIOTTO
MY COMMISSION # FF 133406
EXPIRES, August 20, 2018
Bonded Thru Budget Notary Services

RECEIVED
JUN 14 2016
F. DeWitt Cason
Clerk of Courts

NOTICE OF FOR TAX DEED **APPLICATION** Sec. 197.241,F.S. Notice is hereby given that AG Four, LLC the following certificate has filed said certificate for a Tax Deed to be issued thereon. The certificate number and year of issuance, the description of the property and name in which it was assessed is as fol-Certificate Number: 3340 Year of Issuance: 2011 Description of Property: SEC 10 TWN 7S RNG 17 PARCEL NUMBER 09977-104 LOT 4 ADAMS ROAD S/D. UNT INSTR TO TOWNSEND. ORB 817-1157 Name in which FRANK R & assessed: BARBARA TOWNSEND All of said property being in the County of Columbia, State of Florida. Unless said certificate rioria. Unless said certificate shall be redeemed according to law, the property described in such certificate will be sold to the highest bidder at the Courthouse on Monday the 20th of June, 2016 at 11:00 A.M.
P. DEWITT CASON
CLERK OF COURTS
AMERICANS WITH DISABILLA AMERICANS WITH DISABILI-TIES ACT: If you are a person with a disability who needs any accommodation in order to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact Carrina Cooper, Court Administra-tion at 173 NE Hernando Av-enue, Room 408, Lake City, Florida 32055, 386-758-2163 at least 7 days before your scheduled court appearance, or immediately upon receiving this notification if the time before the scheduled appearance is less than 7 days; if you are hearing or voice impr

248028 May 18, 25, 2016 June 1, 8, 2016

711.

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NU	MBER	CON	NTRACTOR			PHONE
		THIS FORM MUST BE SUBN	MITTED PRIOR TO	THE ISSUANCE C	OF A PERMIT	
records of the Ordinance 89-	subcontracto 6, a contracto	mit will cover all trades do rs who actually did the tr or shall require all subcon insurance and a valid Cer	ade specific we tractors to pro	ork under the vide evidence	permit. Per Flo of workers' cor	rida Statute 440 and npensation or
		l contractor is responsible beginning any work. Vio	-	-	-	
ELECTRICAL	Print Name_	John Mckibb	Jew_	Signature	John	regeldi
	License #:	Duner		Phone #:		
		Qualifier Form A	ttached			
MECHANICAL/	Print Name_	John Mey	cibben	Signature_	John W	exhter
A/C	License #:	Owner		Phone #)	
		Qualifier Forn	n Attached]		

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 LETTER OF AUTHORIZATION

		ive this authority f	or the job add	ress show below
only, 191 Adam's	High Job Address	Spaings	, and	d I do certify that
the below referenced person(s)	listed on this fo	rm is/are under m	y direct superv	ision and control
and is/are authorized to purchase permits, call for inspections and sign on my behalf.				
Printed Name of Authorized Person	Signature of A	Authorized	Authorized (Check one	
John Mekibben	July N	nepublic	Agent	Officer y Owner
			Agent Propert	Officer y Owner
			Agent Propert	Officer y 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. THY038219 License Holders Signature (Notarized) License Number Date				
NOTARY INFORMATION: STATE OF: Florida COUNTY OF: COLUMBAT				
The above license holder, whose name is RUSTY KNOWLS personally appeared before me and is known by me or has produced identification (type of I.D.) D. L. on this G day of JUNE, 20 18.				
NOTARY'S SIGNATURE	Donell		Seal/Stamp)	





STATE OF FLORIDA DEPARTMENT OF HEALTH ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM

PERMIT NO. / O - O 4	19
DATE PAID: 6//3	115
FEE PAID:	
RECEIPT #: 13492	51

APPLICATION FOR CONSTRUCTION	V PERMIT
APPLICATION FOR: [] New System [] Existing System [] Repair [] Abandonment APPLICANT: John McKibben	[] Holding Tank [] Innovative []
AGENT: OWNER	TELEPHONE (352) 378-7676
MAILING ADDRESS: 508 NW 8th	Ave. Gainesville FL.
TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUT BY A PERSON LICENSED PURSUANT TO 489.105(3)(m) APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTS PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION	OR 489.552, FLORIDA STATUTES. IT IS THE
PROPERTY INFORMATION LOT: BLOCK: SUBDIVISION:	
PROPERTY ID #: 10-75-17-09977-104	ning: Aç. i/m or equivalent: [x //n]
property size: 1.0 acres water supply: [V]	PRIVATE PUBLIC []<=2000GPD []>2000GPD
PROPERTY ADDRESS: 191 Adam ST	- High Springs
IS SEWER AVAILABLE AS PER 381.0065, FS? [Y /N PROPERTY ADDRESS: 191 Adam St DIRECTIONS TO PROPERTY: South US	441. to SE adam st.
and. Lot on Left.	
BUILDING INFORMATION [V RESIDENTIAL	[] COMMERCIAL
Unit Type of No. of Building No Establishment Bedrooms Area So	ng Commercial/Institutional System Design off Table 1, Chapter 64E-6, FAC
1 Mobile home 3 #	7 sg.
3	
4	40
[] Floor/Equipment Drains [] Officer (Special Control of the Con	DATE: 6-12-18

STATE OF FLORIDA DEPARTMENT OF HEALTH APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 18-14-79

