

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: **2/25/2020 8:48:34 PM**
Address: **422 SW BEASLEY Ct**
City: **LAKE CITY**
State: **FL**
Zip Code **32024**

Parcel ID **09128-009**

REMARKS: Address for proposed structure on parcel.

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

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only

(Revised 7-1-15)

Zoning Official _____ Building Official _____

AP# _____ Date Received _____ By _____ Permit # _____

Flood Zone _____ Development Permit _____ Zoning _____ Land Use Plan Map Category _____

Comments _____

FEMA Map# _____ Elevation _____ Finished Floor _____ River _____ In Floodway _____

☐ Recorded Deed or ☐ Property Appraiser PO ☐ Site Plan ☐ EH # _____ ☐ Well letter OR

☐ Existing well ☐ Land Owner Affidavit ☐ Installer Authorization ☐ FW Comp. letter ☐ App Fee Paid

☐ DOT Approval ☐ Parent Parcel # _____ ☐ STUP-MH _____ ☐ 911 App

☐ Ellisville Water Sys ☐ Assessment _____ ☐ Out County ☐ In County ☐ Sub VF Form

Property ID # 06-55-17-09128-009 Subdivision _____ Lot# _____

▪ New Mobile Home ☒ Used Mobile Home _____ MH Size 28x56 Year 2020

▪ Applicant Brandon + Paige Beasley Phone # _____

▪ Address TBD SW Beasley Court Lake City FL 32024

▪ Name of Property Owner Graig, Shannon Beasley Phone# 850-313-0008

▪ 911 Address _____

▪ Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Duke Energy

▪ Name of Owner of Mobile Home Brandon + Paige Beasley Phone # 850-313-0008
Address _____

▪ Relationship to Property Owner Son + daughter in law

▪ Current Number of Dwellings on Property 0

▪ Lot Size _____ Total Acreage 26.950

▪ 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 NO

▪ Driving Directions to the Property Take SR 47 south, turn left on
Wester, turn right on Finley Little, turn left on
Beasley road go to end of road site is on left

▪ Name of Licensed Dealer/Installer Corbetts mobile Home Phone # 386-3104-1340

▪ Installers Address 1126 East Howard Street Live Oak FL 32064

▪ License Number 0H101538611 Installation Decal # _____

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

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 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	<p>Print Name <u>Affordable Electrical Services</u> Signature <u>Dale Willan</u></p> <p>License #: <u>EC 13007092</u> Phone #: _____</p> <p>Qualifier Form Attached <input type="checkbox"/></p>
MECHANICAL/ A/C _____	<p>Print Name <u>Ronald E Bonds JR</u> Signature <u>Ronald E Bonds JR</u></p> <p>License #: <u>CAC 1817658</u> Phone #: _____</p> <p>Qualifier Form Attached <input type="checkbox"/></p>

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.

SITE PLAN CHECKLIST

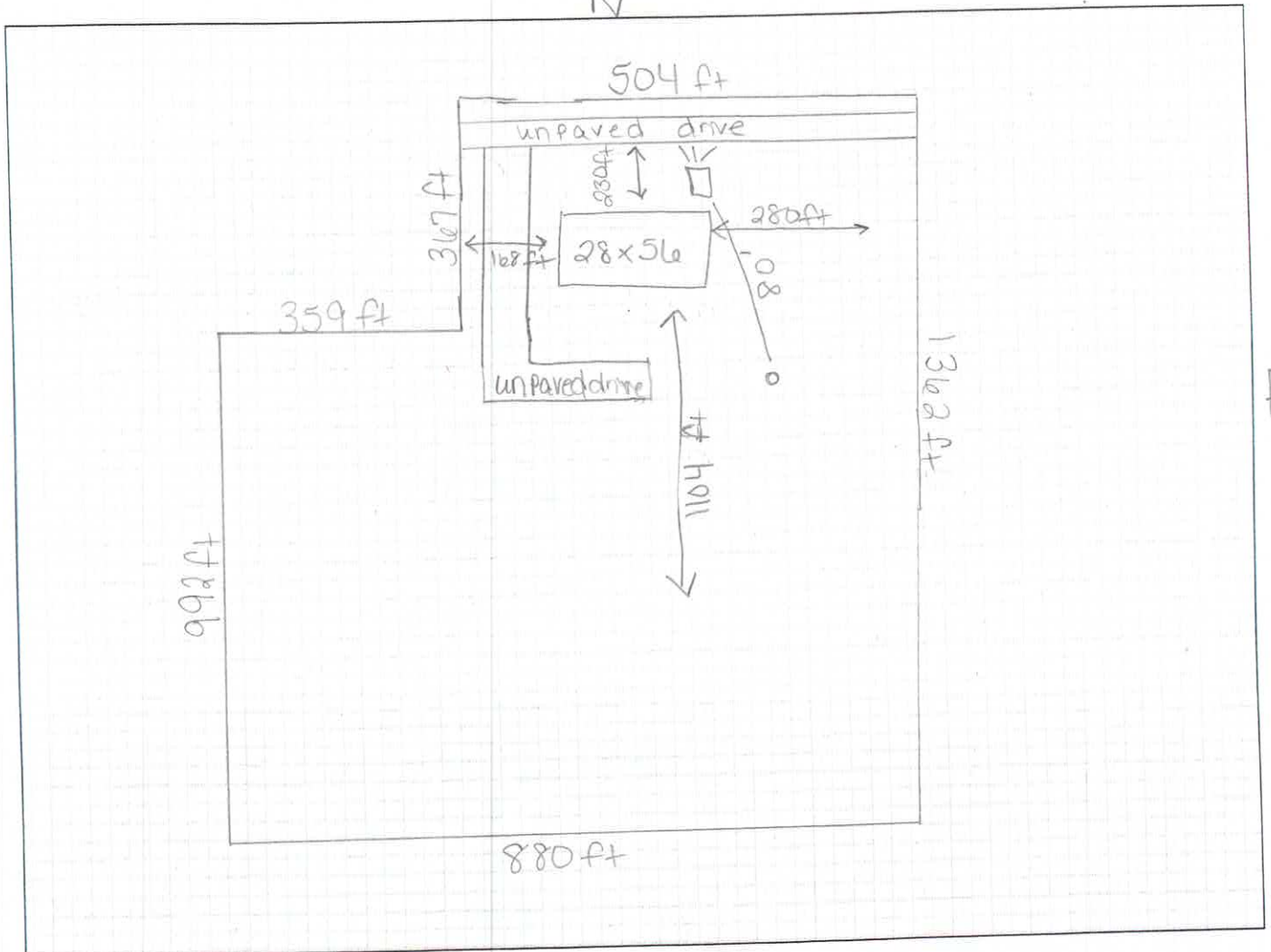
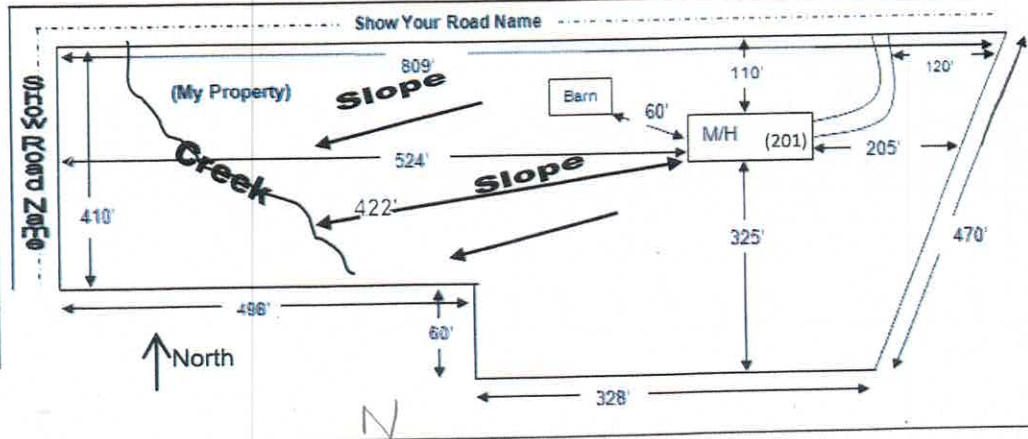
- ___ 1) Property Dimensions
- ___ 2) Footprint of proposed and existing structures (including decks), label these with existing addresses
- ___ 3) Distance from structures to all property lines
- ___ 4) Location and size of easements
- ___ 5) Driveway path and distance at the entrance to the nearest 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

NOTE:

This site plan can be copied and used with the 911 Addressing Dept. application forms.





Columbia County Property Appraiser Jeff Hampton | Lake City, Florida | 386-758-1083

PARCEL: 06-5S-17-09128-009 HX H3 OTHER | IMPROVED A (005000) | 26.95 AC
 COMM SW COR OF SE1/4 OF NW1/4, E 656.43 FT, N 20.47 FT TO POB CONT N 419.55 FT, E 208.41 FT, S 200 FT, E 126 FT, S 219.55 FT W 335.28 FT TO POB, ALSO N

Owner: BEASLEY CRAIG & SHANNON N
 265 SW BEASLEY CT
 LAKE CITY, FL 32024
Site: 265 BEASLEY CT, LAKE CITY

Sales 5/31/2013 \$100 V (U)
Info 4/9/2013 \$100 V (U)

2020 Working Values

Mkt Lnd	\$13,560	Appraised	\$185,674
Ag Lnd	\$9,355	Assessed	\$171,552
Bldg	\$156,339	Exempt	\$171,552
XFOB	\$6,420		
Just	\$294,108		
		Total	
		Taxable	

county:\$0
 city:\$0
 other:\$0
 school:\$0

NOTES:



Columbia County, FL

This information, was derived from data which was compiled by the Columbia County Property Appraiser Office solely for the governmental purpose of property assessment. This information should not be relied upon by anyone as a determination of the ownership of property or market value. No warranties, expressed or implied, are provided for the accuracy of the data herein, it's use, or it's interpretation. Although it is periodically updated, this information may not reflect the data currently on file in the Property Appraiser's office.

GrizzlyLogic.com

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED _____ BY _____ IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? _____

OWNERS NAME Brandon + Paige Beasley PHONE 850-313-0008 CELL 382-697-4259

ADDRESS TBD SW Beasley Cr Lake City FL 32024

MOBILE HOME PARK _____ SUBDIVISION _____

DRIVING DIRECTIONS TO MOBILE HOME Turn Take SR 47 South, turn left on wester
turn right on Finley Little, turn left on Beasley Road, Go to
the end + site is on the left

MOBILE HOME INSTALLER Corbetts mH PHONE 382-364-1340 CELL _____

MOBILE HOME INFORMATION

MAKE Destiny YEAR 2020 SIZE 28 x 56 COLOR _____

SERIAL No. DISH100126AA/B

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

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

STATUS

APPROVED ✓ WITH CONDITIONS: _____

NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE Robert Corbett ID NUMBER _____ DATE 3/4/20

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

New Home

COUNTY THE MOBILE HOME IS BEING MOVED FROM _____
OWNERS NAME Brandon+Paige Beasley PHONE 386-364-1340 CELL _____
INSTALLER Corbetts mobile home PHONE 386-364-1340 CELL _____
INSTALLERS ADDRESS 1126 East Howard Street

MOBILE HOME INFORMATION

MAKE Destiny YEAR 2020 SIZE 28 X 56
COLOR _____ SERIAL No. DIS H10012GAA1B
WIND ZONE II 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 INSPECTOR'S PRINTED NAME

Installer/Inspector Signature

Robert Corbett

License No.

IH11299437

Date

3/4/20

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 _____ Date _____



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, Corbetts Mobile Home, give this authority for the job address show below
Installer License Holder Name

only, 1126 East Howard Line Oak Fl 32064, 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)
Tamara Wainwright	<i>TWainwright</i>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
Dwight Cline	<i>Dwight Cline</i>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
Ashleigh Corbett	<i>Ashleigh Corbett</i>	<input checked="" 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.

Robert Corbett
License Holders Signature (Notarized)

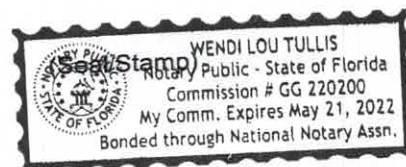
1129943/I 3/4/20
License Number Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Suwannee

The above license holder, whose name is Robert Corbett, personally appeared before me and is known by me or has produced identification (type of I.D.) 4th on this March day of 20.

Wendie Tullis
NOTARY'S SIGNATURE





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, Robert Corbett, give this authority and I do certify that the below
Installers Name

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
Tamara Wamwright	<i>Tamara Wamwright</i>	Corbetts mobile home center
Dwight Clene	<i>Dwight Clene</i>	Corbetts Mobile Home Center
Ashleigh Corbett	<i>Ashleigh Corbett</i>	Corbetts Mobile Home Center

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.

Robert Corbett
License Holders Signature (Notarized)

1H1129943/7 3/4/20
License Number Date

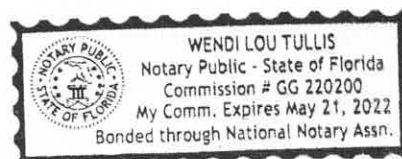
NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Suwannee

The above license holder, whose name is _____,
personally appeared before me and is known by me or has produced identification
(type of I.D.) _____ on this 4th day of March, 2020.

Wendy Tullis
NOTARY'S SIGNATURE

(Seal/Stamp)



HOME

Record Search Search Results Parcel Details GIS Map

