DATE 01/13/2010

Columbia County Building Permit

This Permit Must Be Prominently Posted on Premises During Construction

PERMIT
000028321

APPLICANT GLEN WILLIAMS PHONE 623-1912

ADDRESS 619 SE COUNTRY CLUB RD LAKE CITY FL 32025

OWNER NICOLE JONES PHONE 691-1581

ADDRESS 817 SW CR 242A LAKE CITY FL 32025

CONTRACTOR GLEN WILLIAMS PHONE 623-1917

LOCATION OF PROPERTY 441S, TR ON CR 242A, TR JONES, 1ST LOT ON LEFT

TYPE DEVELOPMENT MH,UTLITY 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 20-4S-17-08622-001 SUBDIVISION _____

LOT ____ BLOCK ____ PHASE ____ UNIT ____ TOTAL ACRES 1.00

		IH0000972		
Culvert Permit No.	Culvert Waiver	Contractor's License Number		Applicant/Owner/Contractor
EXISTING	09-584	BK	WR	N
Driveway Connection	Septic Tank Number	LU & Zoning checked by	Approved for Issuance	New Resident

COMMENTS: ONE FOOT ABOVE THE ROAD, LEGAL NON-CONFORMING LOT OF RECORD(89),
45 DAYS AFTER FINAL INSPECTION THE MH MUST BE REMOVED

Check # or Cash 1055

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 $ 300.00 ZONING CERT. FEE $ 50.00 FIRE FEE $ 0.00 WASTE FEE $ _____

FLOOD DEVELOPMENT FEE $ _____ FLOOD ZONE FEE $ 25.00 CULVERT FEE $ _____ **TOTAL FEE** 375.00

INSPECTORS OFFICE _____ CLERKS OFFICE CH

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.

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only *(Revised 1-10-08)* Zoning Official BLK 05.01.10 Building Official WR 12/30/09

AP# 0912-53 Date Received 12/29/09 By CH Permit # 28321

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

Comments Legal Non-conforming Lot of Record ("89") Replacing Existing MH
Old MH to be removed 45 days after final inspection

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

☑ Site Plan with Setbacks Shown ☑ EH # 09-0584-E ☐ EH Release ☐ Well letter ☑ Existing well

☑ Recorded Deed or Affidavit from land owner ☐ Letter of Auth. from installer ☑ State Road Access

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

IMPACT FEES: EMS Fire Corr Road/Code

School = TOTAL N/A Replacing an Existing MH ☑ Verification form ☑ Pre-Inspection

20-45-17

Property ID # 08622-001 Subdivision

- New Mobile Home Used Mobile Home ✓ MH Size 24x60 Year 1976
- Applicant Glen Williams Phone # 386-623-1917
- Address 619 SE Country Club Rd Lake City Fl 32025
- Name of Property Owner Nicole Jones Phone# 697 1581
- 911 Address 817 SW CR 242A, L.C. 32025
- Circle the correct power company - FL Power & Light - Clay Electric
  (Circle One) - Suwannee Valley Electric (sister-Amanda) - Progress Energy
- Name of Owner of Mobile Home Nicole Jones Phone # 697-1581
  Address 1145 SW Shenandoah Gln Lake City Fl 32025
- Relationship to Property Owner Same
- Current Number of Dwellings on Property 1
- Lot Size 210 x 210 Total Acreage 1 AC
- 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 Pd
- Driving Directions to the Property 441 S, TR on @ CR 242A
  Rt to Jones 1st lot on Left

- Name of Licensed Dealer/Installer Glen Williams Phone # 623 1917
- Installers Address 619 SE Country Club Rd Lake City Fl 32025
- License Number IH0000 9712 Installation Decal # 303629

Left message 1/6/10

Tried to call Glen, 1/5/10, could not leave message on cell.

28180

PERMIT WORKSHEET

Installer Glen Williams License # IH0000972

Manufacturer Gerdem Length x Width 24 x 60

Name of Owner of this Mobile Home Nicole Jones

Phone 386-697-1581

Address 1145 SW Shenandoah Gln Lake City FL 32025

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 GW

New Home ☐ Used Home ☑ Year 1976

Home installed to the Manufacturer's Installation Manual ☐

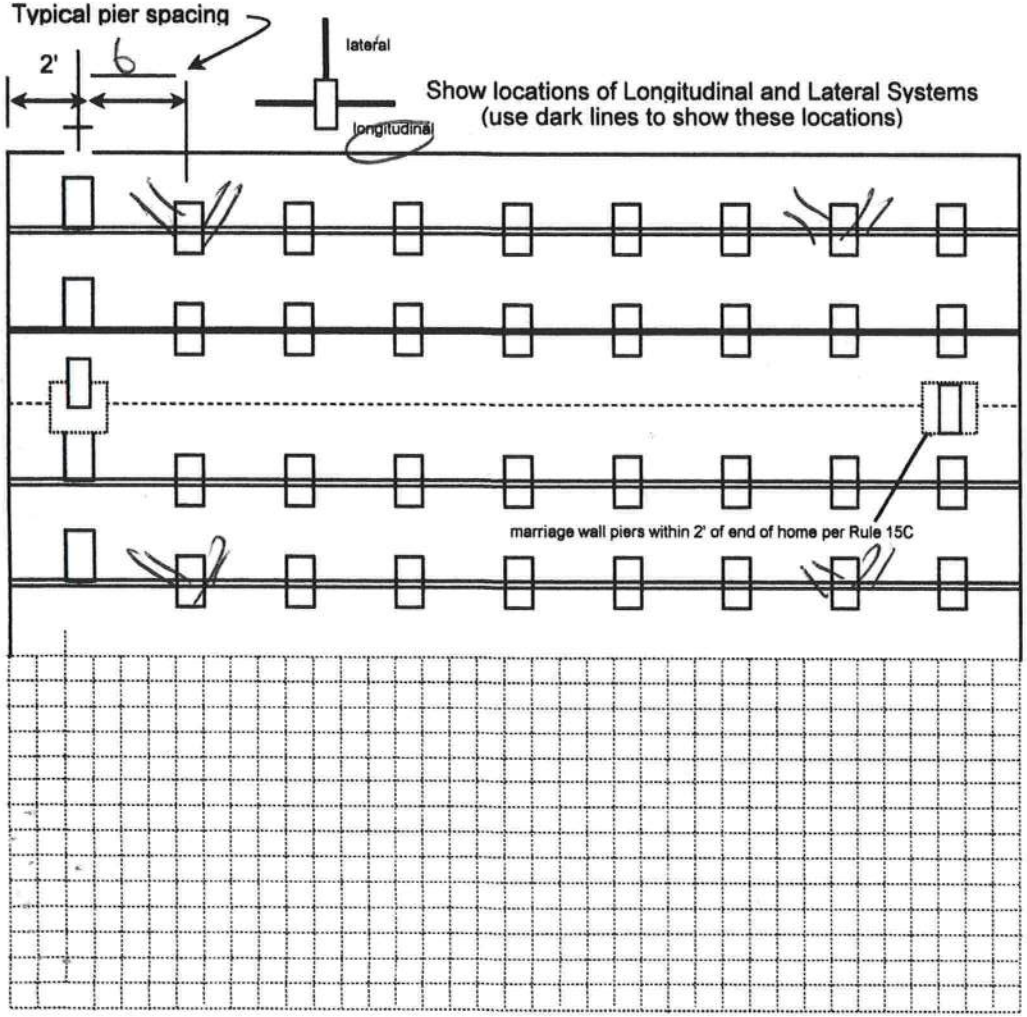
Home is installed in accordance with Rule 15-C ☑

Single wide ☐ Wind Zone II ☑ Wind Zone III ☐

Double wide ☑ Installation Decal # 303629

Triple/Quad ☐ Serial # FL02408834

Typical pier spacing



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 18 1/2 18 1/2

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

Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer

OTHER TIES

	Number
Sidewall	10
Longitudinal	
Marriage wall	4
Shearwall	

PERMIT WORKSHEET

PERMIT NUMBER _____

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 375 psf or check here to declare 1000 lb. soil _____ without testing.

x 1700 x 1700 x 1700

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 1700 x 1700 x 1700

TORQUE PROBE TEST

The results of the torque probe test is _____ inch pounds or check here if you are declaring 5' anchors without testing 375. A test showing 275 inch pounds or less will require 4 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.

GW Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name John Willis

Date Tested 12-20-09

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. 15e

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 15e

Site Preparation

Debris and organic material removed _____.
Water drainage: Natural _____ Swale _____ Pad _____ Other _____.

Fastening multi wide units

Floor: Type Fastener: Lag-es Length: 6in Spacing: 12 m
Walls: Type Fastener: Screws Length: 6in Spacing: 24
Roof: Type Fastener: ~~Screws~~ Length: 8in Spacing: 24
For used homes ~~6 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 GW

Type gasket Foam
Pg. 15e

Installed:
Between Floors Yes ✓
Between Walls Yes ✓
Bottom of ridgebeam Yes ✓

Weatherproofing

The bottomboard will be repaired and/or taped. Yes 13. Pg. _____
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

Installer Signature John Willis **Date** 12-20-09

12-01-09;10:40AM;

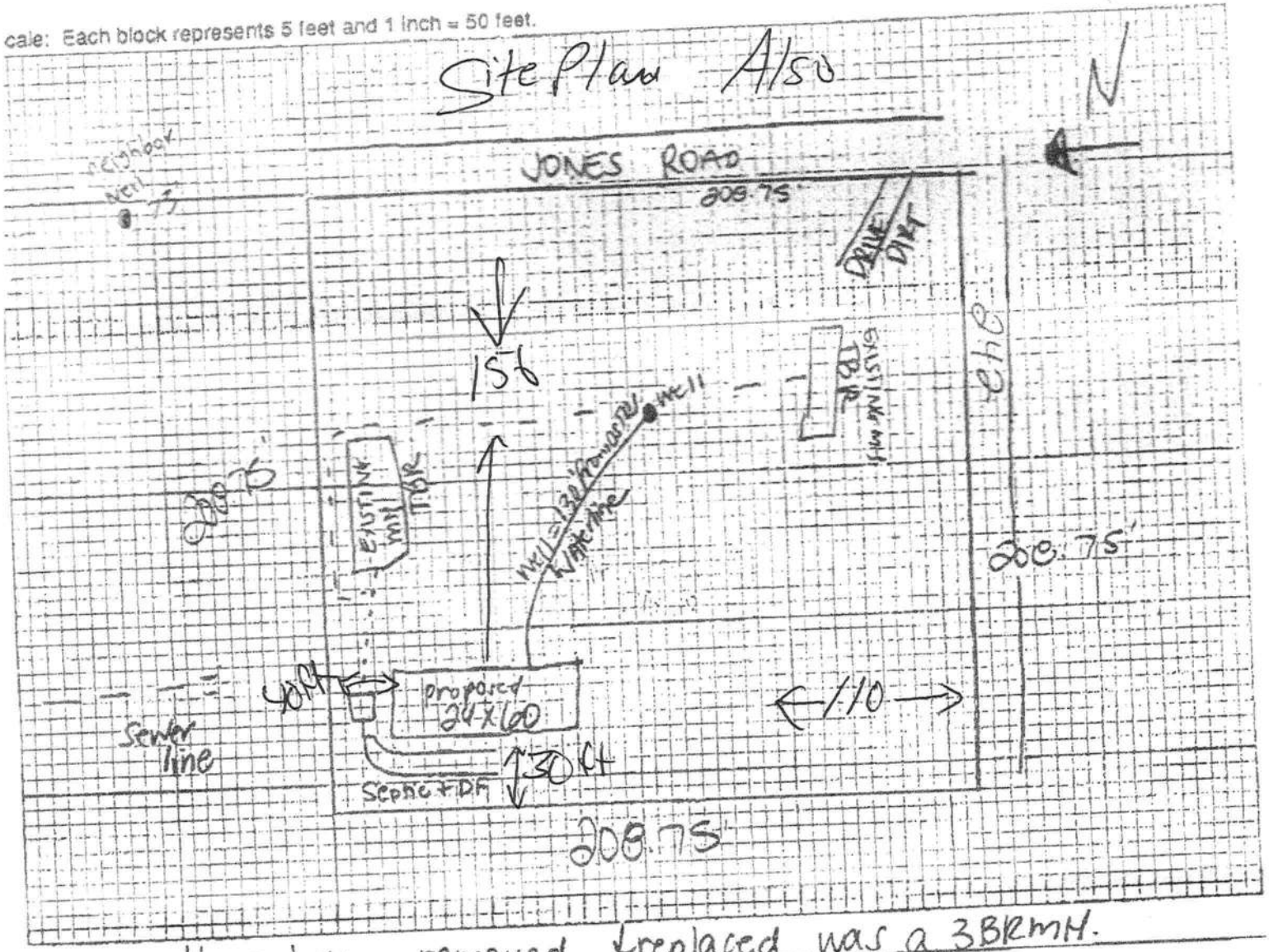
STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 09-0584-E

PART II - SITE PLAN

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



Notes: Home being removed & replaced was a 3BRMH.
2 other existing homes will be removed.

Site Plan submitted by: [signature] Agent
Signature Title

Plan Approved X Not Approved _____ Date 11/20/09

By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DH 4015, 10/96 (Replaces HRS-H Form 4015 which may be used)
(Stock Number: 5744-002-4015-6)

STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DIPOSAL SYSTEM
CONSTRUCTION INSPECTION AND FINAL APPROVAL

PERMIT NO. 09-0584-E
DATE PAID: 11-19-09
FEE PAID: 125.00
RECEIPT #: 1285291

APPLICANT: Amanda Jones

AGENT: Ford's Septic

PROPERTY ADDRESS: CR 242-A

LOT: N/A BLOCK: N/A SUBDIVISION: Metts & Brands PROPERTY ID #: 08622-001

CHECKED [X] ITEMS ARE NOT IN COMPLIANCE WITH STATUTE OR RULE AND MUST BE CORRECTED.

TANK INSTALLATION

[ ] [01] TANK SIZE [1] 1050 [2] _____
[ ] [02] TANK MATERIAL Concrete
[ ] [03] OUTLET DEVICE Tee
[ ] [04] MULTI-CHAMBERED [Y / N]
[ ] [05] OUTLET FILTER Tee
[ ] [06] LEGEND unknown
[X] [07] WATERTIGHT
[ ] [08] LEVEL
[ ] [09] DEPTH TO LID

DRAINFIELD INSTALLATION

[ ] [10] AREA [1] 225 [2] _____ SQFT
[ ] [11] DISTRIBUTION BOX ___ HEADER ✓
[ ] [12] NUMBER OF DRAINLINES 2/30'
[ ] [13] DRAINLINE SEPARATION
[ ] [14] DRAINLINE SLOPE
[ ] [15] DEPTH OF COVER
[ ] [16] ELEVATION [ABOVE/BELOW] BM ____
[ ] [17] SYSTEM LOCATION
[ ] [18] DOSING PUMPS _____
[ ] [19] AGGREGATE SIZE
[ ] [20] AGGREGATE EXCESSIVE FINES
[ ] [21] AGGREGATE DEPTH

FILL / EXCAVATION MATERIAL

[ ] [22] FILL AMOUNT
[ ] [23] FILL TEXTURE
[ ] [24] EXCAVATION DEPTH
[ ] [25] AREA REPLACED
[ ] [26] REPLACEMENT MATERIAL

SETBACKS

[ ] [27] SURFACE WATER _____ FT
[ ] [28] DITCHES _____ FT
[ ] [29] PRIVATE WELLS _____ FT
[ ] [30] PUBLIC WELLS _____ FT
[ ] [31] IRRIGATION WELLS _____ FT
[X] [32] POTABLE WATER LINES _____ FT
[X] [33] BUILDING FOUNDATION _____ FT
[ ] [34] PROPERTY LINES _____ FT
[ ] [35] OTHER _____ FT

FILLED / MOUND SYSTEM

[ ] [36] DRAINFIELD COVER
[ ] [37] SHOULDERS
[ ] [38] SLOPES
[ ] [39] STABILIZATION _____

ADDITIONAL INFORMATION

[ ] [40] UNOBSTRUCTED AREA
[ ] [41] STORMWATER RUNOFF
[ ] [42] ALARMS
[ ] [43] MAINTENANCE AGREEMENT
[ ] [44] BUILDING AREA
[ ] [45] LOCATION CONFORMS WITH SITE PLAN
[ ] [46] FINAL SITE GRADING
[ ] [47] CONTRACTOR _____
[ ] [48] OTHER _____

ABANDONMENT

[ ] [49] TANK PUMPED __/__/__
[ ] [50] TANK CRUSHED & FILLED __/__/__

EXPLANATION OF VIOLATIONS / REMARKS:

[ ] Hold for connection to tank, items 32, 33 : removal of
[ ] existing homes
[ ]
[ ] 3Bdrm previously served by system

CONSTRUCTION [APPROVED/DISAPPROVED]: _____ Columbia CHD DATE: 11/25/09

FINAL SYSTEM [APPROVED/DISAPPROVED]: _____ _____ CHD DATE: _____

DH 4016, 10/97 (Previous Editions May Be Used)

APPLICANT

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	Print Name Nicole Jones License #:	Signature Nicole Jones Phone #:
MECHANICAL/ A/C _____	Print Name Nicole Jones License #:	Signature Nicole Jones Phone #:
PLUMBING/ GAS	Print Name Glen Williams License #:	Signature Glen Williams Phone #: 623/492
ROOFING	Print Name _____ License #:	Signature _____ Phone #:
SHEET METAL	Print Name _____ License #:	Signature _____ Phone #:
FIRE SYSTEM/ SPRINKLER	Print Name _____ License#:	Signature _____ Phone #:
SOLAR	Print Name _____ License #:	Signature _____ Phone #:

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			
FRAMING			
INSULATION			
STUCCO			
DRYWALL			
PLASTER			
CABINET INSTALLER			
PAINTING			
ACOUSTICAL CEILING			
GLASS			
CERAMIC TILE			
FLOOR COVERING			
ALUM/VINYL SIDING			
GARAGE DOOR			
METAL BLDG ERECTOR			

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.

Return to (enclose self-addressed stamped envelope)
Name Betty J. Jones
Address 675 W. Long St Lake City FL 32055

This Instrument Prepared by:
Address

Property Appraisers Parcel Identification (Folio Number(s)):

Grantee(s) S.S. #(s)

WARRANTY DEED
INDIVID. TO INDIVID.

Gilmanole Paper & Printing Co., Inc., 1987

RAMCO FORM NO 01

94-06474

FILED ... IN PUBLIC ... COUNTY, FL
1994 MAY 18 AM 11:57
... CLERK ... COURTS
COLUMBIA COUNTY, FLORIDA
BY ... D.C.

SPACE ABOVE THIS LINE FOR PROCESSING DATA — SPACE ABOVE THIS LINE FOR RECORDING DATA

This Warranty Deed, *Made the* 3th *day of* MAY *, 19*94 *. by*
BETTY JEAN JONES
hereinafter called the Grantor, to AMANDA JONES
whose post office address is
hereinafter called the Grantee.

(Wherever used herein the terms "Grantor" and "Grantee" include all the parties to this instrument and the heirs, legal representatives, and assigns of individuals, and the successors and assigns of corporations, wherever the context so admits or requires.)

Witnesseth, *That the Grantor, for and in consideration of the sum of $* 10.00 *and other valuable considerations, receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliens, remises, releases, conveys and confirms unto the Grantee all that certain land, situate in* COLUMBIA *County, State of* FLORIDA *, viz:*

20 4S 17 9900
COMM AT SE COR OF SW1/4 OF SE1/4, RUN W 48.97 FT. N. 28.35
FT. FOR POB, RUN W 208.75 FT.,N. 208.75, S 208.75 FT FOR POB.
ORB 473 594 & 678-446.

0790 P1038

... 70
...
... CASON CLERK OF
COURTS, COLUMBIA COUNTY
BY ... D.C.

Together, *with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.*

To Have and to Hold, *the same in fee simple forever.*

And *the Grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land, and hereby warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances except taxes accruing subsequent to December 31, 19*94*.*

In Witness Whereof, *the said Grantor has signed and sealed these presents the day and year first above written.*

Signed, sealed and delivered in the presence of:

Witness Signature (as to first Grantor) — Susan D. Christmas
Printed Name — SUSAN CHRISTMAS

Witness Signature (as to first Grantor)
Printed Name

Witness Signature (as to Co-Grantor, if any)
Printed Name

Witness Signature (as to Co-Grantor, if any)
Printed Name

Grantor Signature — Betty J. Jones
Printed Name — BETTY J. JONES

Post Office Address — 675 W. Long St. LAKE CITY, FL.

Co-Grantor Signature, if any
Printed Name

Post Office Address

STATE OF FLORIDA)
COUNTY OF COLUMBIA)

I hereby Certify that on this day, before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared

known to me to be the person described in and who executed the foregoing instrument who acknowledged before me that SHE executed the same, and an oath was not taken. (Check one:) ☒ Said person(s) is/are personally known to me. ☐ Said person(s) provided the following type of identification:

NOTARY RUBBER STAMP SEAL

Witness my hand and official seal in the County and State last aforesaid this 18th day of MAY A.D. 19 94

Notary Signature — Susan D. Christmas
Printed Notary Signature — SUSAN D. CHRISTMAS

Columbia County Property Appraiser

DB Last Updated: 11/13/2009

2009 Tax Year

Tax Record | Property Card | Interactive GIS Map | Print

Parcel: 20-4S-17-08622-001

Search Result: 1 of 1

Owner & Property Info

Owner's Name	JONES AMANDA		
Site Address	COUNTY ROAD 242A		
Mailing Address	363 NW LONG STREET LAKE CITY, FL 32055		
Use Desc. (code)	MOBILE HOM (000200)		
Neighborhood	020417.00	**Tax District**	2
UD Codes	MKTA02	**Market Area**	02
Total Land Area	1.000 ACRES		
Description	COMM SE COR OF SW1/4 OF SE1/4, RUN W 48.97 FT, N 28.35 FT FOR POB, RUN W 208.75 FT, N 208.75 FT, E 208.75 FT, S 208.75 FT FOR POB. ORB 473-594 678-446, 790-1038		

GIS Aerial

Property & Assessment Values

Mkt Land Value	cnt: (3)	$18,548.00
Ag Land Value	cnt: (0)	$0.00
Building Value	cnt: (1)	$3,095.00
XFOB Value	cnt: (0)	$0.00
Total Appraised Value		$21,643.00

Just Value	$21,643.00
Class Value	$0.00
Assessed Value	$21,643.00
Exemptions	$0.00
Total Taxable Value	County: $21,643.00 | City: $21,643.00 Other: $21,643.00 | School: $21,643.00

Sales History

Sale Date	Book/Page	Inst. Type	Sale Vlmp	Sale Qual	Sale RCode	Sale Price
5/3/1994	790/1038	WD	I	U	02	$0.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	MOBILE HME (000800)	1976	Alum Siding (26)	732	732	$3,095.00
	Note: All S.F. calculations are based on exterior building dimensions.					

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
NONE						

Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
000200	MBL HM (MKT)	0000001.000 AC	1.00/1.00/1.00/1.00	$15,048.00	$15,048.00
009945	WELL/SEPT (MKT)	0000001.000 UT - (0000000.000AC)	1.00/1.00/1.00/1.00	$2,000.00	$2,000.00
009947	SEPTIC (MKT)	0000002.000 UT - (0000000.000AC)	1.00/1.00/1.00/1.00	$750.00	$1,500.00

Columbia County Property Appraiser DB Last Updated: 11/13/2009

1 of 1

Disclaimer

This information was derived from data which was compiled by the Columbia County Property Appraiser's Office solely for the government purpose of property assessment. The information shown is a **work in progress** and 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. The assessed values are **NOT CERTIFIED** values and therefore are subject to change before finalized for ad-valorem assessment purposes.

Notice:
Under Florida Law, e-mail addresses are public record. If you do not want your e-mail address released in response to a public-records request, do not send electronic mail to this entity. Instead contact this office by phone or in writing.

Scroll to Top

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Columbia County Tax Collector

Site Provided by...
governmax.com T1.14

Tax Record

print Account Number 1 of 1

Last Update: 12/29/2009 1:55:19 PM EST

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
- Certificate NEW!
- 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
R08622-001	REAL ESTATE	2009

Mailing Address
JONES AMANDA
363 NW LONG STREET
LAKE CITY FL 32055

Property Address
815 SW COUNTY ROAD 242A

GEO Number
174S20-08622-001

Exempt Amount	Taxable Value
See Below	See Below

Exemption Detail
NO EXEMPTIONS

Millage Code
002

Escrow Code
999

Legal Description (click for full description)
20-4S-17 0200/0200 1.00 Acres COMM SE COR OF SW1/4 OF SE1/4, RUN W 48.97 FT, N 28.35 FT FOR POB, RUN W 208.75 FT, N 208.75 FT, E 208.75 FT, S 208.75 FT FOR POB. ORB 473-594 678-446, 790-1038

Ad Valorem Taxes

Taxing Authority	Rate	Assessed Value	Exemption Amount	Taxable Value	Taxes Levied
BOARD OF COUNTY COMMISSIONERS	7.8910	21,643	0	$21,643	$170.78
COLUMBIA COUNTY SCHOOL BOARD DISCRETIONARY	0.9980	21,643	0	$21,643	$21.60
LOCAL	5.3630	21,643	0	$21,643	$116.07
CAPITAL OUTLAY	1.5000	21,643	0	$21,643	$32.46
SUWANNEE RIVER WATER MGT DIST	0.4399	21,643	0	$21,643	$9.52
LAKE SHORE HOSPITAL AUTHORITY	2.0468	21,643	0	$21,643	$44.30
COLUMBIA COUNTY INDUSTRIAL	0.1240	21,643	0	$21,643	$2.68

Total Millage	18.3627	Total Taxes	$397.41

Non-Ad Valorem Assessments

Code	Levying Authority	Amount
FFIR	FIRE ASSESSMENTS	$77.00
GGAR	SOLID WASTE - ANNUAL	$201.00

1 unit

Total Assessments	$278.00
Taxes & Assessments	$675.41

If Paid By	Amount Due
12/31/2009	$154.46

Date Paid	Transaction	Receipt	Item	Amount Paid
6/26/2009	PAYMENT	2212072.0001	2009	$167.76
9/25/2009	PAYMENT	2215389.0001	2009	$170.44

Prior Years Payment History

Prior Year Taxes Due

Year	Folio	Status	Cert.	Cert. Yr.	Amount
2004	124110		1708	2005	$797.48

Prior Years Total	$797.48

If Paid By	Prior Years Due
12/31/2009	$797.48

This account is currently using the Installment method for payment. If you are transferring the ownership of this property you must contact the Tax Department at (386)758-1077 for the proper payoff of taxes.

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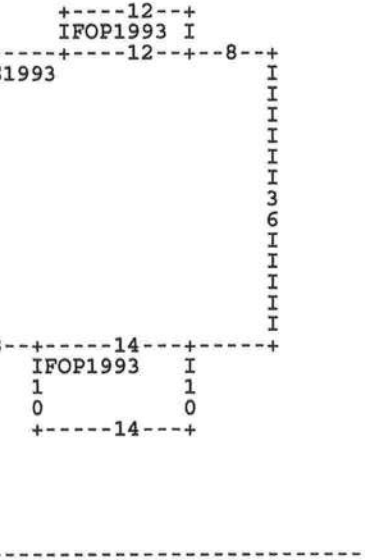
NW DIV: LOT 13 BLOCK I.          JONES AMANDA & NICOLE          00-00-00-11546-000          Columbia County 2009 R
ORB 748-1000, 754-1580,          457 NW GIBSON LANE                                          CARD 001 of 001
814-1211                         LAKE CITY, FL 32055                  PRINTED 9/30/2009 10:06   BY JEFF
                                                                      APPR    1/03/2005 DFTW
```

BUSE	000100 SINGLE FAM		AE? Y	1080	HTD AREA	100.572	INDEX	820317.00	NW DIV	PUSE	000100 SINGLE FAMILY
MOD	1 SFR	BATH	1.00	1144	EFF AREA	48.275	E-RATE	100.000	INDX	STR 30- 3S- 17	
EXW	08 WD OR PLY	FIXT		55227	RCN			1993	AYB	MKT AREA 06	44,871 BLDG
%	0000000000	BDRM	3	81.25	%GOOD	44,871	B BLDG VAL	1993	EYB	(PUD1	0 XFOB
RSTR	03 GABLE/HIP	RMS								AC .289	7,560 LAND
RCVR	01 MINIMUM	UNTS								NTCD	0 AG
%	N/A	C-W%								APPR CD	0 MKAG
INTW	05 DRYWALL	HGHT								CNDO	52,431 JUST
%	N/A	PMTR								SUBD	0 CLAS
FLOR	14 CARPET	STYS	1.0							BLK	
20%	08 SHT VINYL	ECON								LOT	0 SOHD
HTTP	03 FORCED AIR	FUNC								MAP#	0 ASSD
A/C	03 CENTRAL	SPCD								HA	0 EXPT
QUAL	05 05	DEPR	52							TXDT 001	0 COTXBL
FNDN	N/A	UD-1	N/A								
SIZE	03 RECTANGLE	UD-2	N/A								
CEIL	N/A	UD-3	N/A								
ARCH	N/A	UD-4	N/A								
FRME	01 NONE	UD-5	N/A								
KTCH	01 01	UD-6	N/A								
WNDO	N/A	UD-7	N/A								
CLAS	N/A	UD-8	N/A								
OCC	N/A	UD-9	N/A								
COND	03 03	%	N/A								

SUB	A-AREA	%	E-AREA	SUB VALUE
BAS93	1080	100	1080	42361
FOP93	212	30	64	2510
TOTAL	1292		1144	44871

FIELD CK: HX AppYr 1996

LOC: 457 GIBSON LN NW HX NOTE



BLDG TRAVERSE

BAS1993=W8 FOP1993=N6 W12 S6 E12$W22 S36 E8 FOP1993=S10 E14N10 W14$ E22 N36$.

PERMITS

NUMBER	DESC	AMT	ISSUED
041	REMODEL	2,000	7/16/1992

SALE

BOOK	PAGE	DATE		PRICE
814	1211	12/12/1994	U I	
GRANTOR BETTY JEAN FUDGE				
GRANTEE AMANDA & NICOLE JONES				
754	1580	11/12/1991	U V	400
GRANTOR ROBERT REESE				
GRANTEE BETTY J FORD				

EXTRA FEATURES

AE	BN	CODE	DESC	LEN	WID	HGHT	QTY	QL	YR	ADJ	UNITS	UT	PRICE	ADJ UT PR	SPCD %	%GOOD	XFOB VALUE

AE	LAND CODE	DESC	ZONE TOPO	ROAD UTIL	UD1 UD2	UD3 UD4	FRONT BACK	DEPTH DT	FIELD CK: ADJUSTMENTS	UNITS	UT	PRICE	ADJ UT PR	LAND VALUE
Y	000100	SFR	00						1.00 1.00 1.00 1.00	12600.000	SF	.600	.60	7,560

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 11/19/09 BY G IS THE MH ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? No

OWNERS NAME Nicole Jones PHONE 699-1581 CELL

ADDRESS

MOBILE HOME PARK SUBDIVISION

DRIVING DIRECTIONS TO MOBILE HOME 90A, TR Washington, TL Granber Mill Rd, TL on first road, 2nd home on right

MOBILE HOME INSTALLER Eden Williams PHONE 623-1912 CELL

MOBILE HOME INFORMATION

MAKE Echo YEAR 1976 SIZE 24 x 60 COLOR White/Black

SERIAL No. FL13408391

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 / 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 Scott D. Powell ID NUMBER 402 DATE 11-24-09

Inst:200912019358 Date:11/19/2009 Time:9:02 AM
Doc Stamp-Deed:0.70
DC P DeWitt Cason Columbia County Page 1 of 2 B:1184 P:1127

Recording requested by: Nicole Jones
When recorded, mail to:
Name: Nicole Jones
Address: 1145 SW Shenandoah Glen
City: Lake City
State/Zip: Florida, 32025

Space above reserved for use by Recorder's Office

Document prepared by:
Name Nicole Jones
Address 1145 SW Shenandoah Glen.
City/State/Zip Lake City, FL. 32025

Property Tax Parcel/Account Number: R08622-001

Quitclaim Deed

This Quitclaim Deed is made on November 18, 2009, between Amanda Jones, Grantor, of 457 NW Gibson Lane, City of Lake City, State of Florida, and Nicole Jones, Grantee, of 1145 SW Shenandoah Glen, City of Lake City, State of Florida.

For valuable consideration, the Grantor hereby quitclaims and transfers all right, title, and interest held by the Grantor in the following described real estate and improvements to the Grantee, and his or her heirs and assigns, to have and hold forever, located at 815 SW CR 242A, City of Lake City, State of Florida:

20-4S-17 0200/0000 1.00 Acre
Comm SE COR of SW 1/4 of SE 1/4,
Run W 48.97 Ft, N 28.35 Ft
FOR POB, RUN W 208.75 Ft, N
208.75 FT, E 208.75 FT, S

Subject to all easements, rights of way, protective covenants, and mineral reservations of record, if any.

Taxes for the tax year of _____ shall be prorated between the Grantor and Grantee as of the date of recording of this deed.

Dated: 11-18-09

Amanda V. Jones
Signature of Grantor

AMANDA V. JONES
Name of Grantor

Jeryl L. Bivens
Signature of Witness #1

JEGRID L. BIVENS
Printed Name of Witness #1

Signature of Witness #2

DEMARRIO RUCKER
Printed Name of Witness #2

State of Florida County of Columbia

On November 18, 2009, the Grantor, Amanda V. Jones,
personally came before me and, being duly sworn, did state and prove that he/she is the person described in the above document and that he/she signed the above document in my presence.

Elizabeth I Rossin 11-18-09
Notary Signature

Notary Public,
In and for the County of Columbia State of Florida
My commission expires: 11/14/12 Seal

Notary Public State of Florida
Elizabeth I Rossin
My Commission DD814767
Expires 11/14/2012

Send all tax statements to Grantee.

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: 1/11/2010 **DATE ISSUED:** 1/12/2010

ENHANCED 9-1-1 ADDRESS:

817 SW COUNTY ROAD 242A

LAKE CITY FL 32025

PROPERTY APPRAISER PARCEL NUMBER:

20-4S-17-08622-001

Remarks:

Address Issued By: _____

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.

1618