

04/24/2008

Columbia County Building Permit

PERMIT
000026951

This Permit Must Be Prominently Posted on Premises During Construction

APPLICANT SUSAN SHORT PHONE 352 472-4943
 ADDRESS P.O. BOX 367 NEWBERRY FL 32669
 OWNER ROBERT PATTERSON PHONE 454-1097
 ADDRESS 275 SW SHILOH ST FT. WHITE FL 32038
 CONTRACTOR MAC JOHNSON PHONE 352 472-4943

LOCATION OF PROPERTY 47S, TL ON 27, TR ON SHILOH ST, 2ND LOT ON RIGHT

TYPE DEVELOPMENT RE-ROOF ON SFD ESTIMATED COST OF CONSTRUCTION 4860.00

HEATED FLOOR AREA _____ TOTAL AREA _____ HEIGHT _____ STORIES _____

FOUNDATION _____ WALLS _____ ROOF PITCH _____ FLOOR _____

LAND USE & ZONING _____ MAX. HEIGHT _____

Minimum Set Back Requirments: STREET-FRONT _____ REAR _____ SIDE _____

NO. EX.D.U. _____ FLOOD ZONE N/A DEVELOPMENT PERMIT NO. _____

PARCEL ID 13-7S-16-04197-002 SUBDIVISION _____

LOT _____ BLOCK _____ PHASE _____ UNIT _____ TOTAL ACRES _____

_____ CCC1325497 _____ Susan Short _____

Culvert Permit No. _____ Culvert Waiver _____ Contractor's License Number _____ Applicant/Owner/Contractor _____

EXISTING X08-138 BK JH N

Driveway Connection _____ Septic Tank Number _____ LU & Zoning checked by _____ Approved for Issuance _____ New Resident _____

COMMENTS: NOC ON FILE

Check # or Cash 5298

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

Temporary Power _____ Foundation _____ Monolithic _____
date/app. by _____ date/app. by _____ date/app. by _____

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

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

Electrical rough-in _____ Heat & Air Duct _____ Peri. beam (Lintel) _____
date/app. by _____ date/app. by _____ date/app. by _____

Permanent power _____ C.O. Final _____ Culvert _____
date/app. by _____ date/app. by _____ date/app. by _____

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

Reconnection _____ Pump pole _____ Utility Pole _____
date/app. by _____ date/app. by _____ date/app. by _____

M/H Pole _____ Travel Trailer _____ Re-roof _____
date/app. by _____ date/app. by _____ date/app. by _____

BUILDING PERMIT FEE \$ 25.00 CERTIFICATION FEE \$ 0.00 SURCHARGE FEE \$ 0.00

MISC. FEES \$ 0.00 ZONING CERT. FEE \$ _____ FIRE FEE \$ 0.00 WASTE FEE \$ _____

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

INSPECTORS OFFICE [Signature] CLERKS OFFICE [Signature]

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 TO BE IN ACTIVE PROGRESS WHEN THE PERMIT HAS RECIEVED AN APPROVED INSPECTION WITHIN 180 DAYS.

The Issuance of this Permit Does Not Waive Compliance by Permittee with Deed Restrictions.

NOTICE OF COMMENCEMENT

This Instrument Prepared By:

Name: SUSAN SHORT
Address: PO BOX 367 Newberry, FL 32669
Permit No: _____
Tax Folio No: 13-7S-16-04197-002-HX WR
STATE OF: FLORIDA
COUNTY OF: ALACHUA

Inst: 200812007992 Date: 4/24/2008 Time: 8:38 AM
P. DeWitt Cason, Columbia County Page 1 of 1 B: 1148 P: 2172

THE UNDERSIGNED HEREBY gives notice that improvement(s) will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

1. **DESCRIPTION OF PROPERTY:** Street Address: 275 SW SHILOH STREET FORT WHITE, FL 32038
Legal Description: COMM NW COR OF SW1/4 OF NE 1/3 RUN S 519.17 FT FOR POB CONT S 760.83 FT E 221.60 FT NE 57 DEG
2. **GENERAL DESCRIPTION OF IMPROVEMENT(S):** RE ROOF SHINGLES HOUSE 198 FT N 343.39 FT NW 53 DEG 495.46
FT TO POB ORB380-192 380-196

3. **OWNER INFORMATION:** a.) Name: ROBERT PATTERSON Address: PO BOX 593 High Springs, FL 32643
b.) Interest in Property: OWNER
c.) Fee Simple Titleholder (if other than owner) Name: N/A Address: _____

4. **CONTRACTOR:** a.) Name: MAC JOHNSON Address: PO BOX 367 Newberry, FL 32669 b.) Phone: 352-472-4943

5. **SURETY:** a.) Name: N/A Address: _____
b.) Amount of bond \$: N/A c.) Phone: _____

6. **LENDER:** a.) Name: N/A Address: _____ b.) Phone: _____

7. **Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a) 7., Florida Statutes:**

a.) Name: N/A Address: _____ b.) Phone: _____

8. **In addition to himself, Owner designates the following person(s) to receive a copy of Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.**

a.) Name: N/A Address: _____ b.) Phone: _____

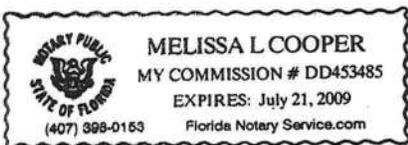
9. **Expiration date of notice of commencement (the expiration date is one (1) year from the date of recording unless a different date is specified.)** _____

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

PATTERSON,
7362-778-3105-0
Feb. 10, 2011
DRIVER'S LICENSE

X Robert T Patterson
Signature of Owner or Owner's Authorized Officer/Director
Partner/Manager
Signatory's Title/ Office _____

The foregoing instrument was acknowledged before me this 16 day of April 2008 (year)
by Robert Patterson (name of person) as Self (type of authority, e.g. officer,
trustee, attorney in fact) for _____ (name of party on behalf of whom instrument was executed).



Melissa L Cooper
Signature of Notary Public - State of Florida
Print, Type, or Stamp Commissioned Name of Notary Public
Commission Number: _____
Personally Known _____ or Produced Identification _____

Verification Pursuant to Section 92.525, Florida Statutes

Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the best of my knowledge and belief.

X
Signature of Natural Person Signing Above _____



Columbia County
BUILDING DEPARTMENT

RE: Permit # 06951

Inspection Affidavit

I Mac Johnson, licensed as a(n) Contractor* by chapter 489 of the FS
(please print name and circle Lic. Type)

License #: R0061384

On or about (Date & time), I did personally inspect the roof

deck nailing and/or secondary water barrier work at 5-8-08
(circle one) (Job Site Address)

975 Skilch St Ft. White

Based upon that examination I have determined the installation was done according to the Hurricane Mitigation
Retrofit Manual (Based on 553.844 F.S.)

Signature

STATE OF FLORIDA
COUNTY OF Alachua

Sworn to and subscribed before me this 6 day of May, 2008

By Mac C. Johnson

Notary Public, State of Florida

NOTARY PUBLIC - STATE OF FLORIDA
(Print, type or stamp name) Tara H. Malloy
Commission # DD622094
Expires: SEP. 05, 2010
Commission No. BOUNDED THRU ATLANTIC BONDING CO., INC.

Personally known [checked] or
Produced Identification
Type of identification produced.

* General, Building, Residential, or Roofing Contractor certified 489 of the FS.
Or any individual certified under 468 F.S. to make such an inspection. Include photographs of each plane of the roof with the permit
or address # clearly shown marked on the deck for each inspection.

DATE 04/24/2008

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PARCEL ID 13-7S-16-04197-002 SUBDIVISION _____
 LOT _____ BLOCK _____ PHASE _____ UNIT _____ TOTAL ACRES _____

CCC1325497
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 EXISTING _____ X08-138 _____ BK _____ JH _____ N _____
 Driveway Connection _____ Septic Tank Number _____ LU & Zoning checked by _____ Approved for Issuance _____ New Resident _____

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(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 _____ 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 _____
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 M/H tie downs, blocking, electricity and plumbing _____ date/app. by _____ Pool _____ date/app. by _____
 Reconnection _____ date/app. by _____ Pump pole _____ date/app. by _____ Utility Pole _____ date/app. by _____
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BUILDING PERMIT FEE \$ 25.00 CERTIFICATION FEE \$ 0.00 SURCHARGE FEE \$ 0.00
 MISC. FEES \$ 0.00 ZONING CERT. FEE \$ _____ FIRE FEE \$ 0.00 WASTE FEE \$ _____
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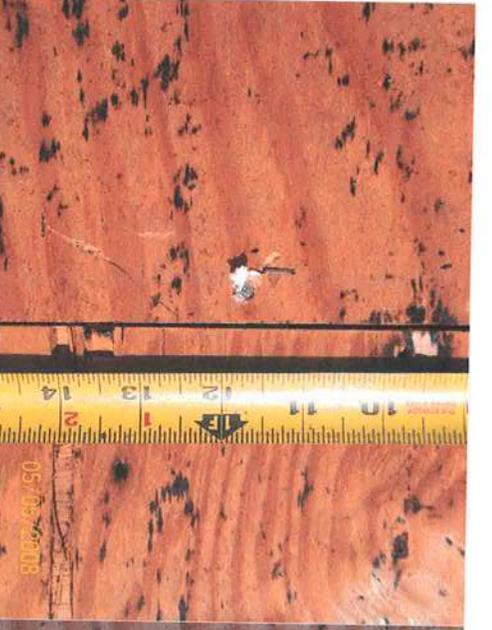
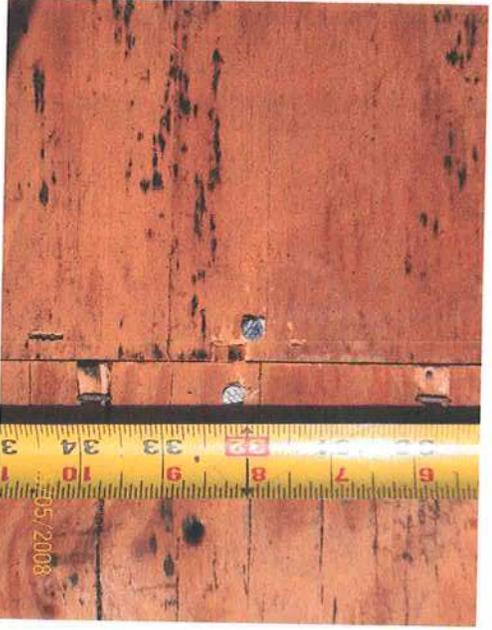
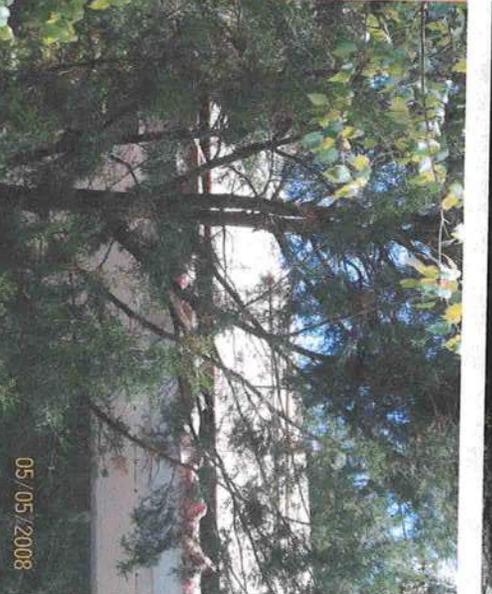
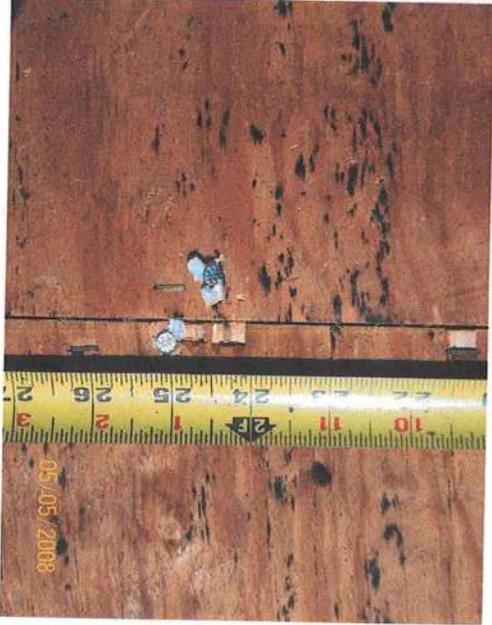
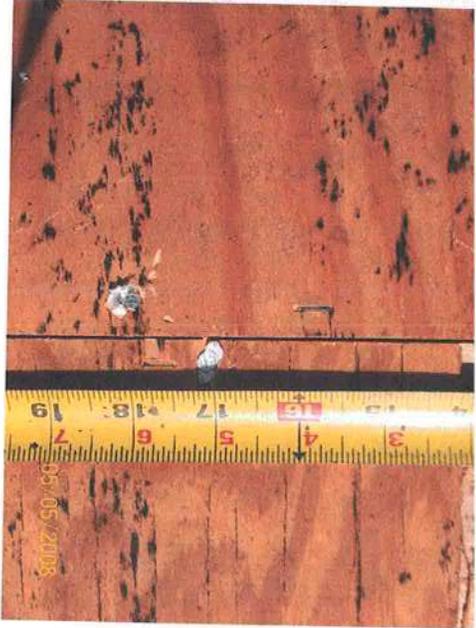
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CENTRAL AVENUE OPEN

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 13-7S-16-04197-002

Building permit No. 000026951

Use Classification RE-ROOF ON SFD

Fire: 0.00

Permit Holder MAC JOHNSON

Waste: _____

Owner of Building ROBERT PATTERSON

Total: 0.00

Location: 275 SW SHILOH ST, FT. WHITE, FL

Date: 05/15/2008

Fanny Becker

Building Inspector



POST IN A CONSPICUOUS PLACE
(Business Places Only)

Columbia County Building Permit Application

For Office Use Only Application # 0804-51 Date Received 4/24/08 By LH Permit # 26951

Zoning Official _____ Date _____ Flood Zone _____ Land Use _____ Zoning _____

FEMA Map # _____ Elevation _____ MFE _____ River _____ Plans Examiner _____ Date _____

Comments _____

NOC EH Deed or PA Site Plan State Road Info Parent Parcel # _____

Dev Permit # _____ In Floodway Letter of Auth. from Contractor F W Comp. letter

IMPACT FEES: EMS _____ Fire _____ Corr _____ Road/Code _____

School _____ = TOTAL _____

Septic Permit No. _____ Fax 352-472-6371

Name Authorized Person Signing Permit Susan Short Phone 352-472-4943

Address PO Box 367 Newberry FL 32669

Owners Name Robert Patterson Phone 386-454-1097

911 Address 275 SW Shiloh St Fort White, FL 32643

Contractors Name Mae Johnson Phone 352-472-4943

Address PO Box 367 Newberry, FL 32669

Simple Owner Name & Address N/A

Bonding Co. Name & Address N/A

Architect/Engineer Name & Address N/A

Mortgage Lenders Name & Address N/A

Circle the correct power company - FL Power & Light - Clay Elec. - Suwannee Valley Elec. - Progress Energy

Property ID Number 13-73-16-04197-002HX^{WR} Estimated Cost of Construction 48600

Subdivision Name _____ Lot _____ Block _____ Unit _____ Phase _____

Driving Directions 475, TL on 27, TR on Shiloh St, 2nd lot on right

Number of Existing Dwellings on Property _____

Construction of Remove + replace shingles SFD Total Acreage _____ Lot Size _____

Do you need a - Culvert Permit or Culvert Waiver or Have an Existing Drive Total Building Height _____

Actual Distance of Structure from Property Lines - Front _____ Side _____ Side _____ Rear _____

Number of Stories 1 Heated Floor Area _____ Total Floor Area _____ Roof Pitch 5/12

Application is hereby made to obtain a permit to do work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work be performed to meet the standards of all laws regulating construction in this jurisdiction.

5298

Columbia County Building Permit Application

TIME LIMITATIONS OF APPLICATION : An application for a permit for any proposed work shall be deemed to have been abandoned 180 days after the date of filing, unless such application has been pursued in good faith or a permit has been issued; except that the building official is authorized to grant one or more extensions of time for additional periods not exceeding 90 days each. The extension shall be requested in writing and justifiable cause demonstrated.

FLORIDA'S CONSTRUCTION LIEN LAW: Protect Yourself and Your Investment

According to Florida Law, those who work on your property or provide materials, and are not paid-in-full, have a right to enforce their claim for payment against your property. This claim is known as a construction lien. If your contractor fails to pay subcontractors or material suppliers or neglects to make other legally required payments, the people who are owed money may look to your property for payment, even if you have paid your contractor in full. This means if a lien is filed against your property, it could be sold against your will to pay for labor, materials or other services which your contractor may have failed to pay.

NOTICE OF RESPONSIBILITY TO BUILDING PERMITEE:

YOU ARE HEREBY NOTIFIED as the recipient of a building permit from Columbia County, Florida, you will be held responsible to the County for any damage to sidewalks and/or road curbs and gutters, concrete features and structures, together with damage to drainage facilities, removal of sod, major changes to lot grades that result in ponding of water, or other damage to roadway and other public infrastructure facilities caused by you or your contractor, subcontractors, agents or representatives in the construction and/or improvement of the building and lot for which this permit is issued. No certificate of occupancy will be issued until all corrective work to these public infrastructures and facilities has been corrected.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

OWNERS CERTIFICATION: I hereby certify that all the foregoing information is accurate and all work will be done in compliance with all applicable laws and regulating construction and zoning. I further understand the above written responsibilities in Columbia County for obtaining this Building Permit.

R. Patten
Owners Signature

CONTRACTORS AFFIDAVIT: By my signature I understand and agree that I have informed and provided this written statement to the owner of all the above written responsibilities in Columbia County for obtaining this Building Permit.

[Signature]
Contractor's Signature (Permitee)

Contractor's License Number CCC 1325497
Columbia County
Competency Card Number _____

Affirmed under penalty of perjury to by the Contractor and subscribed before me this 21 day of April 2008.
Personally known or Produced Identification _____

Tamara H. Malloy
State of Florida Notary Signature (For the Contractor)

SEAL: NOTARY PUBLIC - STATE OF FLORIDA
 Tamara H. Malloy
Commission # DD622094
Expires: SEP. 05, 2010
BONDED THRU ATLANTIC BONDING CO., INC.

Before May 12

Customer Order # 29295

MAC JOHNSON ROOFING, INC.

Gainesville (352) 379-4752
Fax (352) 472-6371
Newberry (352) 472-4943

P. O. Box 367 Newberry, Florida 32669

Lake City (386) 755-8311
Titusville (321) 385-3854
Tallahassee (850) 539-0067

STATE CERTIFIED * LICENSED & BONDED * INSURED
CCC-1325497 RC - 0061384

1-866-376-4943

PROPOSAL SUBMITTED TO:		PHONE: 386-454-1097	DATE: 4-1-08
NAME: PATTERSON, ROBERT		JOB NAME: SAME	
STREET: 275 SW SHILOH ST		STREET:	
CITY/STATE HIGH SPRINGS, FL		CITY:	

We hereby submit specifications and estimates for:

Mac Johnson Roofing agrees to tear off ~~entire~~ ^{OLD} roof down to workable surface, clean up and haul off all trash and debris.

New roof will consist of:

- 1. New eave drip 5" 6" Woodgrain White Gray B
- 2. 30 lb. felt 15 lb. felt ~~etc.~~
- 3. Valley metal
- 4. Reflash chimney if needed
- 5. Lead pipe flashings
- 6. Cement all edges
- 7. 25 year algae resistant 3 Tab shingles \$ 4,860.00
- 30 year algae resistant Architectural shingles \$ _____
- 30 year Duration AVR Architectural shingles \$ _____
- Lifetime Duration Premium shingles \$ _____
- 8. Ridge vents _____ \$ _____ Additional
- 9. Self-flashing skylights _____ \$ _____ Additional
- 10. Low Slope Area of Roof \$ _____ Additional
- 11. Preferred Contractor Extended Warranty \$ _____ Additional

x R.T.P.
Color: BLACK

Any woodwork is additional, labor plus material.
Woodwork is \$ 38.00 per man, per hour. Plywood is \$ 38.00 per sheet. Includes labor. x R.T.P.
Grounds will be magnetized.
Yard will be cleaned daily.

Comments: SATELIGHT RESPONSABILITY OF HOME OWNER
EXTRA WORK: REMOVE & REPAIR OLD CHIMNEY CRICKET ON
5 yr. warranty on workmanship FRONT OF HOUSE @ ABOVE RATE.

Note: Per Code: Nails may penetrate decking. **Not responsible for gutter guards.**

We hereby propose to furnish labor and materials - complete in accordance with the above specifications, for the sum of:

Four Thousand Eight Hundred Sixty dollars (\$ 4,860.00)

with payment to be made upon completion of job.

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. This proposal subject to acceptance within 90 days and is void thereafter at the option of the undersigned.

AUTHORIZED SIGNATURE 

A carrying charge of 11 1/2% per month will be added to the unpaid balance after thirty (30) days.

The customer will be responsible for all reasonable costs of collection including attorney's fees.

ACCEPTANCE OF PROPOSAL

The above prices, specifications and conditions are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

ACCEPTED: 4/16/08

SIGNATURE Robert T. Patton

Coventry

Columbia County Property Appraiser

DB Last Updated: 3/10/2008

2008 Proposed Values

Tax Record

Property Card

Interactive GIS Map

Print

Parcel: 13-7S-16-04197-002 HX WR

Owner & Property Info

<< Prev Search Result: 11 of 14 Next >>

Owner's Name	PATTERSON ROBERT T		
Site Address	---		
Mailing Address	P O BOX 593 HIGH SPRINGS, FL 32643		
Use Desc. (code)	SINGLE FAM (000100)		
Neighborhood	13716.00	Tax District	3
UD Codes	MKTA02	Market Area	02
Total Land Area	5.210 ACRES		
Description	COMM NW COR OF SW1/4 OF NE1/4, RUN S 519.17 FT FOR POB, CONT S 760.83 FT, E 221.60 FT, NE 57 DEG 198 FT, N 343.39 FT, NW 53 DEG 495.46 FT TO POB ORB 380-192, 380-196		

GIS Aerial



Property & Assessment Values

Mkt Land Value	cnt: (1)	\$52,100.00
Ag Land Value	cnt: (0)	\$0.00
Building Value	cnt: (1)	\$107,728.00
XFOB Value	cnt: (3)	\$9,056.00
Total Appraised Value		\$168,884.00

Just Value	\$168,884.00
Class Value	\$0.00
Assessed Value	\$107,679.00
Exempt Value	(code: HX WR) \$25,500.00
Total Taxable Value	\$82,179.00

Sales History

Sale Date	Book/Page	Inst. Type	Sale VImp	Sale Qual	Sale RCode	Sale Price
NONE						

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	SINGLE FAM (000100)	1983	Conc Block (15)	2696	3482	\$107,728.00
Note: All S.F. calculations are based on exterior building dimensions.						

Extra Features & Out Buildings

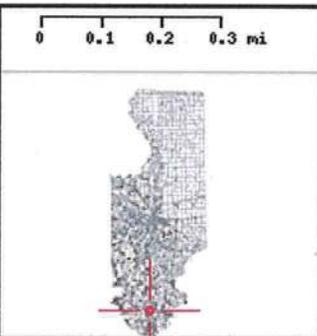
Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0297	SHED CONCR	0	\$5,000.00	1.000	0 x 0 x 0	(.00)
0190	FPLC PF	0	\$3,200.00	2.000	0 x 0 x 0	(.00)
0166	CONC,PAVMT	2003	\$856.00	428.000	0 x 0 x 0	(.00)

Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
000100	SFR (MKT)	5.210 AC	1.00/1.00/1.00/1.00	\$10,000.00	\$52,100.00



Columbia County Property Appraiser J. Doyle Crews, CFA - Lake City, Florida - 386-758-1083		
PARCEL: 13-7S-16-04197-002 HX WR - SINGLE FAM (000100)		
Name: PATTERSON ROBERT T	LandVal	\$52,100.00
Site: —	BldgVal	\$107,728.00
Mail: P O BOX 593 HIGH SPRINGS, FL 32643	ApprVal	\$168,884.00
Sales	JustVal	\$168,884.00
Info	Assd	\$107,679.00
	Exmpt	\$25,500.00
	Taxable	\$82,179.00



This information, GIS Map Updated: 3/10/2008, 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. The assessed values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

