

Burnt Home - No charge for Permit ☒ - Serial #

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-1-15)		Zoning Official <u>JMA</u>	Building Official <u>JMA</u>
AP# <u>1902-72</u>	Date Received <u>2-26-19</u>	By <u>U</u>	Permit # <u>37789</u>
Flood Zone <u>X</u>	Development Permit <u> </u>	Zoning <u>CI</u>	Land Use Plan Map Category <u>Com</u>
Comments <u>Replacing existing Burnt mobile Home in same location</u>			
FEMA Map# <u> </u>	Elevation <u> </u>	Finished Floor <u>11 above</u>	In Floodway <u> </u>
<input checked="" type="checkbox"/> Recorded Deed or <input checked="" type="checkbox"/> Property Appraiser PD	<input checked="" type="checkbox"/> Site Plan	<input checked="" type="checkbox"/> EH # <u>19-0084</u>	<input type="checkbox"/> W-1 letter OR
<input checked="" type="checkbox"/> Existing well	<input type="checkbox"/> Land Owner Affidavit	<input checked="" type="checkbox"/> Installer Authorization	<input type="checkbox"/> FW Comp. letter <input checked="" type="checkbox"/> App Fee Paid
<input type="checkbox"/> DOT Approval	<input type="checkbox"/> Parent Parcel # <u> </u>	<input type="checkbox"/> STUP-MH <u> </u>	<input checked="" type="checkbox"/> 911 App
<input type="checkbox"/> Ellisville Water Sys	<input checked="" type="checkbox"/> Assessment <u>Paid</u>	<input checked="" type="checkbox"/> Out County	<input type="checkbox"/> In County <input type="checkbox"/> Sub VF Form

Property ID # 01-45-16 02650-001 Subdivision Lot#

- * New Mobile Home Yes Used Mobile Home MH Size 11x66 Year 2019
- * Applicant Gregory A Pook + Joyce A Pook Phone # 386-965-1112 / 386-466-2483
- * Address 209 SW Cardinal Place Lake City Fla 32025
- * Name of Property Owner Gregory A Pook + Joyce A Pook Phone # 386-466-2483
- * 911 Address 209 SW Cardinal Place Lake City, Fla 32025
- * Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Duke Energy
- * Name of Owner of Mobile Home Gregory A + Joyce A Pook Phone # 386-965-1112 / 386-466-2483
- * Address 209 SW Cardinal Pl Lake City Fla 32025
- * Relationship to Property Owner Same as Owner
- * Current Number of Dwellings on Property 2
- * Lot Size .52 Total Acreage .52
- * Do you : Have Existing Drive or Private Drive or need Culvert Permit or Culvert Waiver (Circle one)
(Currently using) (Bliss Road Sign) (Putting In a Culvert) (Not existing but do not need a Culvert)
- * Is this Mobile Home Replacing an Existing Mobile Home Yes
- * Driving Directions to the Property TAKE 90 West Turn Left 247 (Brantford Hwy) Turn Left on second Road (Cardinal Place) and its 4th Lot on Left.
- * Name of Licensed Dealer/Installer Richard Ruggan Phone # 352-2571282
- * Installers Address P.O. Box 702 Crystal River FL 34423
- * License Number TH1025436 Installation Decal # 58086

Mobile Home Permit Worksheet

Installer: Richard Pearson License # 141025436

Address of home being installed _____

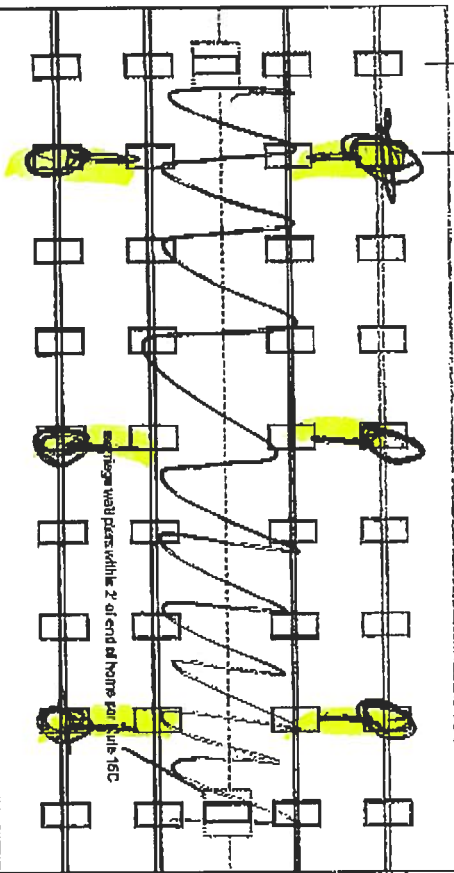
Manufacturer: DL Length x Width: 16x46

NOTE: If home is a single wide fill out one half of the blocking plan. If home is a triplex or quad wide sketch in remainder of home. Understand Lateral Arm Systems cannot be used on any home (prior or used) where the sidewall ties exceed 5 ft 4 in.

Installer's initials: APL

Typical pier spacing: 6 feet

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



Application Number: _____

Date: _____

New Home ☒ Used Home ☐

Home installed to the Manufacturer's Installation Manual Home is installed in accordance with Rule 15-C

Single wide ☒ Wind Zone II ☒ Wind Zone III ☐Double wide ☐ Installation Detail # 58084Triplex/Quad ☐ Serial # 23857

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity	Floor size (sq ft)	16' x 16' (256)	18' 1/2" x 18' (324)	20' x 20' (400)	22' x 22' (484)	24' x 24' (576)	26' x 26' (676)
1000 psf	3'	4'	5'	6'	7'	8'	9'
1500 psf	4'	5'	6'	7'	8'	9'	10'
2000 psf	5'	6'	7'	8'	9'	10'	11'
2500 psf	6'	7'	8'	9'	10'	11'	12'
3000 psf	7'	8'	9'	10'	11'	12'	13'
3500 psf	8'	9'	10'	11'	12'	13'	14'

Interpolated from Rule 15C-1 pier spacing table.

PIER PAD SIZES

12x25

Pad Size	Sq ft
16 x 18	288
18 x 18	324
18 x 22.5	405
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
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Mobile Home Permit Worksheet

Application Number:

Date:

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 1500 psi or check here to declare 1000 lb. soil without testing.

X 1500 X 1500 X 1500

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 1500 X 1500 X 1500

TORQUE PROBE TEST

The results of the torque probe test is 125 ft-lb inch pounds or check here if you are declaring 57 anchors without testing. A test showing 275 inch pounds or less will require 5 foot anchors.

Note: A state approved lateral arm system is being used and 4 ft. anchors are allowed at the sidewall locations. I understand 5 ft. anchors are required at all centerline points where the torque test reading is 275 or less and where the mobile home manufacturer may require anchors with 4000 lb holding capacity.

Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

William H. Brown

Date Tested

1-25-19

Electrical

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between multi-wide units. Pg. 3

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 3
Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 3

Site Preparation

Debris and organic material removed Yes
Water drainage: Natural ☒ Swale ☐ Pad ☐ Other ☐

Fastening multi-wide units

Footer: Type Fastener: Length: Spacing:
Walls: Type Fastener: Length: Spacing:
Roof: Type Fastener: Length: Spacing:
For used hangers a min. 30 gauge, 8" wide, galvanized metal strip will be centered over the peak of the roof and fastened with galv. roofing nails at 2' on center on both sides of the centerline.

Gasket (weatherstripping) requirement

I understand a properly installed gasket is a requirement of all new and used homes and that condensation, mold, mildew 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

Type gasket

Installed: Between floors Yes
Between walls Yes
Bottom of ridgebeam Yes

Weatherproofing

The bottomboard will be repaired and/or taped. Yes Pg. 3
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 manufacturer's installation instructions and or Rule 15C-1 & 2

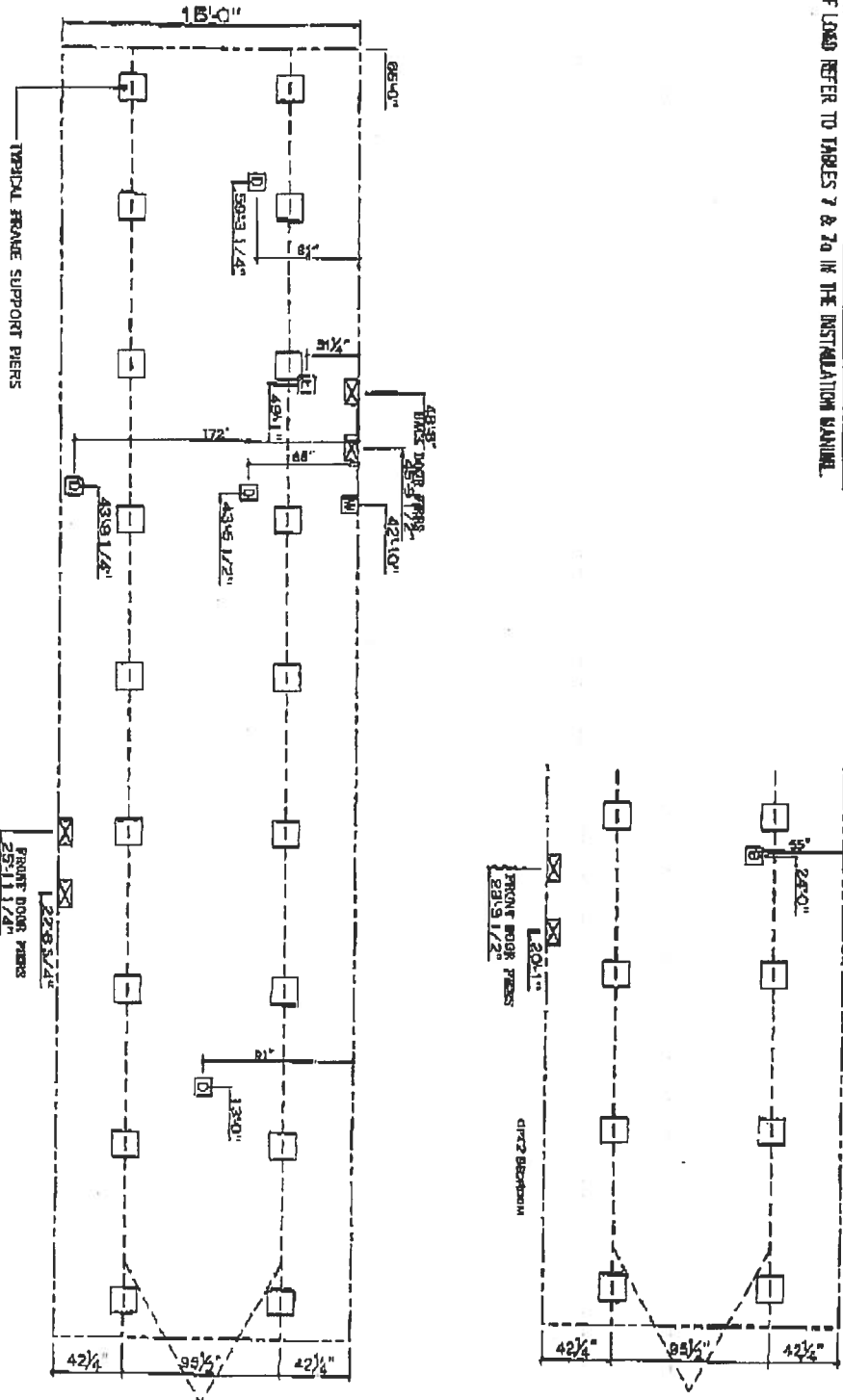
Installer Signature

Date

1-25-19

20 LB ROOF LOAD	SUGGESTED ORANGE (17)					
SUGGESTED OPTIMUM PIER LOAD	3	4	5	6	8	10
16" DIA. RICH	1244	1413	1561	1750	2088	2425

*FOR 30 LB & 40 LB ROOF LOADS REFER TO TABLES 7 & 7a IN THE INSTALLATION MANUAL.



SERVICE DROP LEGEND	
	E = ELECTRICAL DROP
	W = WHITE RILL
	8 = 8" x 8" GRANITE TOP
	D = DISC INLET

PIER LEGEND	
	16 = 16" DIA. RICH
	16 = 16" DIA. RICH
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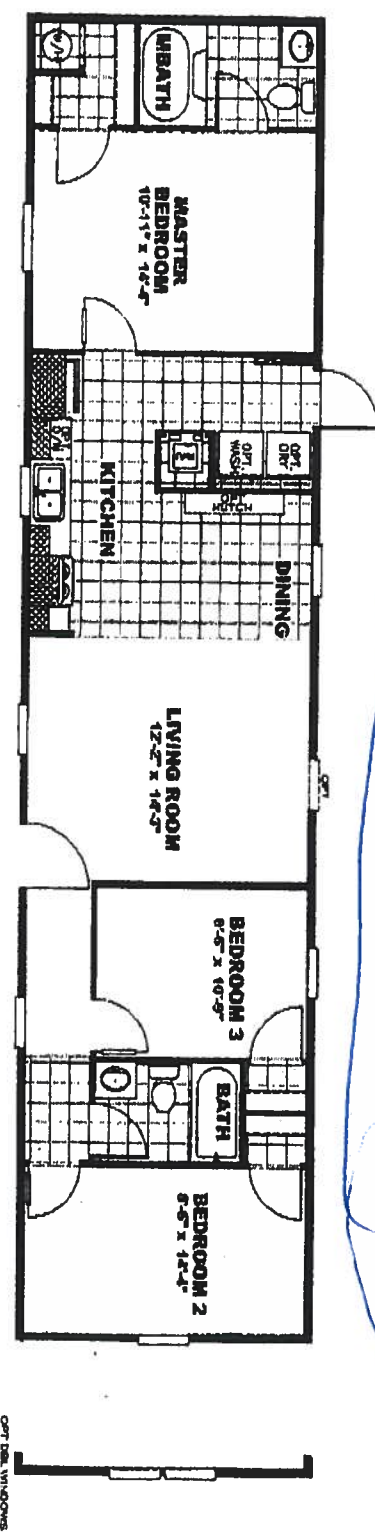
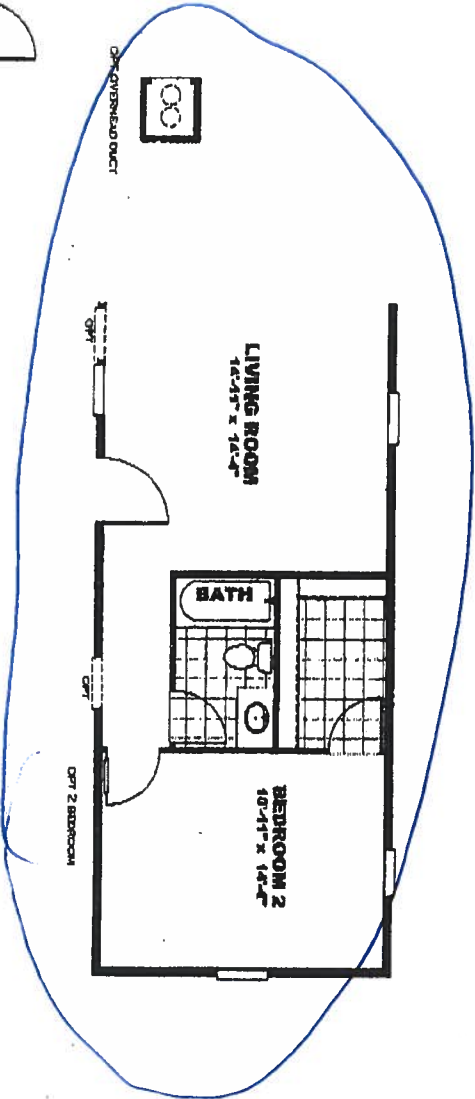
- NOTES:
1. REFER TO TABLES 6 AND 6a IN THE INSTALLATION MANUAL FOR LOAD ON FRAME PIER FOOTINGS FOR HOMES THAT DO NOT REQUIRE PERIMETER BLOCKING. REFER TO TABLES 7 AND 7a IN THE INSTALLATION MANUAL FOR LOAD ON FRAME PIER FOOTINGS FOR HOMES THAT REQUIRE PERIMETER BLOCKING. REFER TO TABLES 10 AND 10a TO DETERMINE FOOTING SIZE FOR ALL PIERS.
 2. REFER TO TABLE 9 FOR PIER CONFIGURATION AND MAXIMUM ALLOWABLE HEIGHTS. CROSS RETRIEVE THE PIER HEIGHT WITH THE MAXIMUM ALLOWABLE RADIUS HEIGHT LISTED IN THE GRADE BEDDOWN CHARTS (TABLES 18, 19, AND 20).
 3. THE MAXIMUM SPACING FOR FRAME SUPPORT PIERS FOR 6" I-BEAMS IS 8 FEET 10" & 17" I-BEAMS IS 10 FEET.
 4. SERVICE DROP LOCATIONS IDENTIFIED ARE APPROXIMATE.
 5. FLOOR WIDTH SHOWN IS FOR STANDARD PRODUCT. ONLY CONTACT THE MFG. FACILITY FOR

CMH	
Model: 1600155-001	Product: 3063105
Model: 1600155-001	Product: 3063105
Model: 1600155-001	Product: 3063105

990 SQ. FT. (SIB PLAN "CONDITIONED")

Declaration

2 bed Option



MODEL #IND16663A
DRAWING # 30S094

16'X66' DECLARATION INDEPENDENCE



COLUMBIA COUNTY BUILDING DEPARTMENT
 135 NE Hernando Ave, Suite B-21, Lake City, FL 32055
 Phone: 386-758-1008 Fax: 386-753-2160

MOBILE HOME INSTALLERS LETTER OF AUTHORIZATION

I, Richard Rayborn, give this authority for the job address show below
Installer License Holder Name
 only, 209 SW Cardinal Pl Lake City FL 32025, 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)
Gregory A Poole	<i>Gregory A Poole</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input checked="" type="checkbox"/> Property Owner
Joyce A Poole	<i>Joyce Poole</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input checked="" type="checkbox"/> Property Owner
		<input 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.

[Signature]
 License Holders Signature (Notarized)

1H1025436
 License Number

1-25-19
 Date

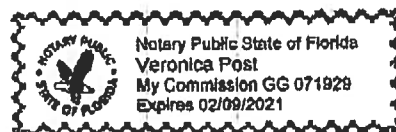
NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Citrus

The above license holder, whose name is Richard Rayborn, personally appeared before me and is known by me or has produced identification (type of I.D.) _____ on this 25 day of January, 2019.

Veronica Post
 NOTARY'S SIGNATURE

(Seal/Stamp)



SITE PLAN CHECKLIST

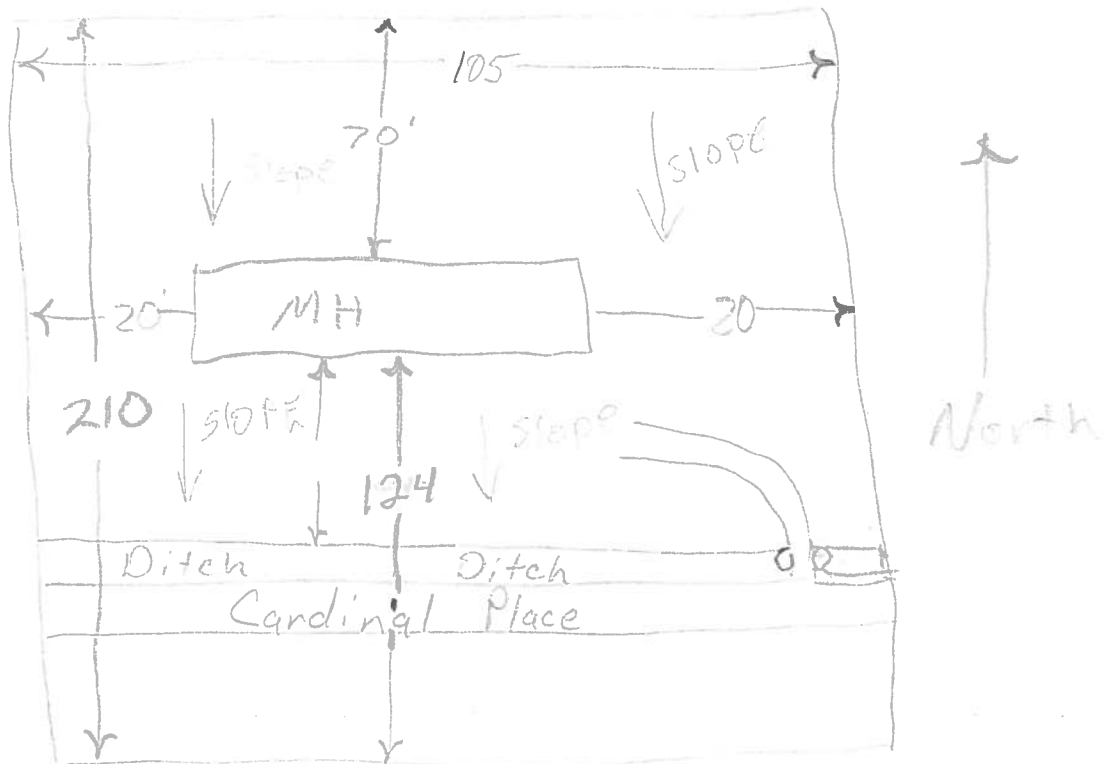
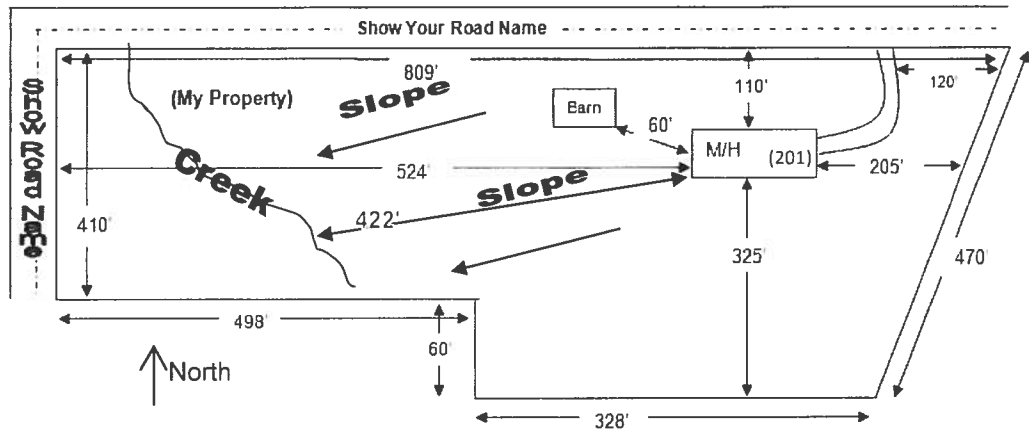
- ✓ 1) Property Dimensions
- ✓ 2) Footprint of proposed and existing structures (including decks), label these with existing addresses
- ✓ 3) Distance from structures to all property lines
- ✓ 4) Location and size of easements
- ✓ 5) Driveway path and distance at the entrance to the nearest property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

NOTE:

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



STATUTORY WARRANTY DEED - 100

FINANCIAL INSTITUTIONS, ETC.

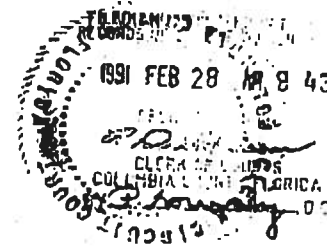
Warranty Deed

THIS INSTRUMENT, Made this 28 day of February, A.D. 1991 BETWEEN
 ✓ Elmyra B. Herndon, married, Lisa H. Nettles, married and Marie H. Petty, married as
 joint tenants with right of survivorship
 of the County of _____, State of _____, part _____ of the first part, and
 Gregory A. Poole and Joyce A. Poole, his wife

of the County of _____, State of _____, part _____ of the second part,
 WITNESSETH: That the said parties _____ of the first part, for and in consideration of the sum of
 Ten and NO/100 _____ Dollars,
 to them _____ in hand paid by the said parties _____ of the second part, the receipt whereof is hereby acknow-
 ledged, they _____ granted, bargained and sold to the said parties _____ of the second part,
 their _____ heirs and assigns forever, the following described land, situate, lying and being in the
 County of Columbia, State of Florida, to wit:

See Schedule "A" Continuation Sheet
 Attached hereto and made a part hereof

91-02565



DOCUMENTARY STAMP 55
 SHERIFF'S TAX 8
 COUNTY CLERK OF
 COLUMBIA COUNTY
 BY P. ... / DC

And the said parties _____ of the first part do hereby fully warrant the title to said land, and will defend
 the same against the lawful claims of all persons whomsoever.

IN WITNESS WHEREOF, the said parties _____ of the first part have hereunto set their hand and
 seal this day and year first above written.

SIGNED AND SEALED IN OUR PRESENCE:

Gregory A. Poole _____ (SEAL)
Elmyra B. Herndon _____ (SEAL)
Lisa H. Nettles _____ (SEAL)
Marie H. Petty _____ (SEAL)

STATE OF FLORIDA

COUNTY OF Columbia

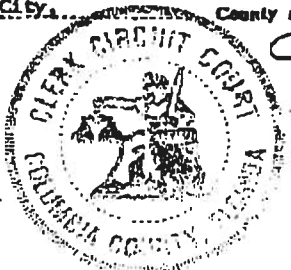
Before me personally appeared Elmyra B. Herndon, Lisa H. Nettles and Marie H. Petty

known to me to be the individuals described in and who executed the foregoing instrument, and
 acknowledged to and before me that they _____ executed the same for the purposes therein expressed.

WITNESS my hand and official seal this 28 day of February
1991, at Lake City, _____ County and State of _____

Richard Reed
 Notary Public in and for the County and State Aforesaid.
 My commission expires:
Notary Public, State of Fla.
 My Commission Expires June 10, 1991.
 State of Florida Notary Public

STATE OF FLORIDA, COUNTY OF COLUMBIA
 I HEREBY CERTIFY that the above and foregoing
 is the true and correct copy of the original filed in this office
 BY CA ... CLERK OF COURTS
11-2-18



Ronnie Brannon, Tax Collector
Proudly Serving The People Of Columbia County
135 NE Hernando Ave, Suite 125
Lake City, Florida 32055-4006
www.columbiataxcollector.com

**NOTICE OF AD VALOREM TAXES AND NON-AD VALOREM ASSESSMENTS
2018 REAL ESTATE**

Account #: R02650-001

002

Skip The Trip! www.columbiataxcollector.com

- eCheck (Electronic payment from your checking account with no fee)
 - Credit Card (Fee added by payment processor - see website for fees)
- Print Your Receipt Instantly Online**

**CERTIFIED FUNDS OR CASH
WHEN PAYING A DELINQUENT TAX BILL**

POOLE GREGORY A & JOYCE A
209 SW CARDINAL PL
LAKE CITY FL 32025-1373

01-4S-16 0200/0200 0.52 acres
E1/2 OF THE FOLLOWING: COMM
326.60 FT S OF NW COR OF SE1/4
OF NW1/4, RUN SE 345 FT FOR
POB, NE 210 FT, SE 228.34 FT,
See Tax Roll for extra legal.

AD VALOREM TAXES

TAXING AUTHORITY	MILLAGE RATE	ASSESSED VALUE	EXEMPTION	TAXABLE VALUE	TAXES LEVIED
BOARD OF COUNTY COMMISSIONERS	8.0150	13,717	13,717		
COLUMBIA COUNTY SCHOOL BOARD					
DISCRETIONARY	0.7480	13,717	13,717		
LOCAL	4.2010	13,717	13,717		
CAPITAL OUTLAY	1.5000	13,717	13,717		
SUWANNEE RIVER WATER MGT DIST	0.3948	13,717	13,717		
LAKE SHORE HOSPITAL AUTHORITY	0.9620	13,717	13,717		

EXEMPTIONS APPLIED: H3 HX

TOTAL MILLAGE

15.8208

TOTAL TAXES

\$0.00

eBill

Scan to view your
bill or sign up to
receive future bills
by email.



columbiataxcollector.com
Click "Register for eBilling"

NON-AD VALOREM ASSESSMENTS

LEVYING AUTHORITY	RATE	AMOUNT
FFIR FIRE ASSESSMENTS	Per Parcel	219.98
GGAR SOLID WASTE - ANNUAL	Per Parcel	193.00

TOTAL ASSESSMENTS

\$412.98

COMBINED TAXES AND ASSESSMENTS

\$412.98

IF POSTMARKED BY:
PLEASE PAY ONLY
ONE AMOUNT

NOV 30 2018

\$396.46

DEC 31 2018

\$400.59

JAN 31 2019

\$404.72

FEB 28 2019

\$408.85

MAR 31 2019

\$412.98

Ronnie Brannon, Tax Collector
Proudly Serving The People Of Columbia County
135 NE Hernando Ave, Suite 125
Lake City, Florida 32055-4006

**NOTICE OF AD VALOREM TAXES AND NON-AD VALOREM ASSESSMENTS
2018 REAL ESTATE**

Account #: R02650-001

002

5435.0000

R
01-4S-16 0200/0200 0.52 acres
E1/2 OF THE FOLLOWING: COMM
326.60 FT S OF NW COR OF SE1/4
OF NW1/4, RUN SE 345 FT FOR
POB, NE 210 FT, SE 228.34 FT,
See Tax Roll for extra legal.

POOLE GREGORY A & JOYCE A
209 SW CARDINAL PLACE
LAKE CITY FL 32025

Pay online at www.columbiataxcollector.com
AMOUNT DUE

I am paying the following amount (check only one box) based
on the date paid online, in the office or postmarked:

- | | |
|---|----------|
| <input type="checkbox"/> NOV 30, 2018 (4% discount) | \$396.46 |
| <input type="checkbox"/> DEC 31, 2018 (3% discount) | \$400.59 |
| <input type="checkbox"/> JAN 31, 2019 (2% discount) | \$404.72 |
| <input type="checkbox"/> FEB 28, 2019 (1% discount) | \$408.85 |
| <input type="checkbox"/> MAR 31, 2019 (no discount) | \$412.98 |

Delinquent Taxes - call for amount due.

Please Pay in U.S. Funds to Ronnie Brannon, Tax Collector
135 NE Hernando Ave., Suite 125, Lake City, FL 32055

0000000000 0000041298 0000000054350000 0001 0

LIMITED POWER OF ATTORNEY

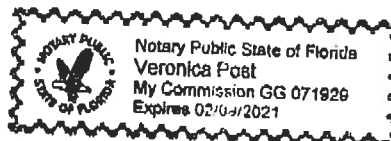
I, Richard Rayborn, LICENSE # IH- 1025436 EXPIRING
9/30/2016.
DO HEREBY AUTHORIZE _____ TO BE MY
REPRESENTATIVE AND ACT ON MY BE HALF IN ALL ASPECTS OF APPLYING
FOR A MOBILE HOME MOVE ON PERMIT TO BE INSTALLED IN
_____, FLORIDA.

[Signature]
SIGNATURE

1-25-19
DATE

SWORN TO AND SUBSCRIBED BEFORE ME THIS 25 DAY OF
January 2019.

[Signature]
NOTARY PUBLIC



PERSONALLY KNOWN: ✓

PRODUCED ID: _____

YEAR _____ MAKE _____ SN# _____

PROPERTY
ID/LOCATION _____

Columbia County Property Appraiser

Jeff Hampton

2018 Tax Roll Year

updated: 2/8/2019

Parcel: << 01-4S-16-02650-001 >>

Aerial Viewer Pictometry Google Maps

Owner & Property Info

Result: 1 of 1

Owner	POOLE GREGORY A & JOYCE A 209 SW CARDINAL PLACE LAKE CITY, FL 32025		
Site	209 CARDINAL PL,		
Description*	E1/2 OF THE FOLLOWING: COMM 326.60 FT S OF NW COR OF SE1/4 OF NW1/4, RUN SE 345 FT FOR POB, NE 210 FT, SE 228.34 FT, SW 211.52 FT, NW 203.34 FT TO POB. ORB 707-848, 726-256, 742-794		
Area	0.52 AC	S/T/R	01-4S-16
Use Code**	MOBILE HOM (000200)	Tax District	2

*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 & Assessment Values

2018 Certified Values		2019 Working Values	
Mkt Land (2)	\$14,208	Mkt Land (2)	\$14,208
Ag Land (0)	\$0	Ag Land (0)	\$0
Building (1)	\$8,608	Building (1)	\$8,921
XFOB (2)	\$400	XFOB (2)	\$400
Just	\$23,216	Just	\$23,529
Class	\$0	Class	\$0
Appraised	\$23,216	Appraised	\$23,529
SOH Cap [?]	\$9,499	SOH Cap [?]	\$9,551
Assessed	\$13,717	Assessed	\$13,978
Exempt	HX H3 \$13,717	Exempt	HX H3 \$13,978
Total	county:\$0	Total	county:\$0
Taxable	city:\$0	Taxable	city:\$0
	other:\$0		other:\$0
	school:\$0		school:\$0

**▼ Sales History**

Sale Date	Sale Price	Book/Page	Deed	V/I	Quality (Codes)	RCode
2/28/1991	\$0	742/0794	WD	I	U	02 (Multi-Parcel Sale) - show
1/17/1990	\$0	707/0848	CT	I	U	
8/1/1985	\$20,000	572/0347	WD	I	U	01

▼ Building Characteristics

Bldg Sketch	Bldg Item	Bldg Desc*	Year Blt	Base SF	Actual SF	Bldg Value
Sketch	1	MOBILE HME (000800)	1963	940	1196	\$8,921

*Bldg Desc determinations are used by the Property Appraisers office solely for the purpose of determining a property's Just Value for ad valorem tax purposes and should not be used for any other purpose.

▼ Extra Features & Out Buildings (Codes)

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)

A		MM DD YYYY		Delete		NFIRS -1									
29091		FL		11 10 2018		40		18-9992018		000		Change		Basic	
FDID *		State *		Incident Date *		Station		Incident Number *		Exposure *		No Activity			
B Location*															
<input type="checkbox"/> Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B "Alternative Location Specification". Use only for Wildland fires.															
Census Tract []-[]															
<input checked="" type="checkbox"/> Street address															
209 SW CARDINAL PL															
Number/Milepost Prefix Street or Highway Street Type Suffix															
<input type="checkbox"/> Intersection															
<input type="checkbox"/> In front of															
<input type="checkbox"/> Rear of															
<input type="checkbox"/> Adjacent to															
<input type="checkbox"/> Directions															
Apt./Suite/Room City State Zip Code															
Cross street or directions, as applicable															
C Incident Type *															
111 Building fire															
Incident Type															
D Aid Given or Received*															
1 <input type="checkbox"/> Mutual aid received															
2 <input type="checkbox"/> Automatic aid recv.															
3 <input type="checkbox"/> Mutual aid given															
4 <input type="checkbox"/> Automatic aid given															
5 <input type="checkbox"/> Other aid given															
N <input checked="" type="checkbox"/> None															
Their FDID Their State															
Their Incident Number															
E1 Date & Times															
Midnight is 0000															
Check boxes if dates are the same as Alarm Date.															
ALARM always required															
Alarm * 11 10 2018 04:00:00															
ARRIVAL required, unless canceled or did not arrive															
<input checked="" type="checkbox"/> Arrival * 11 10 2018 04:00:00															
CONTROLLED Optional, Except for wildland fires															
<input type="checkbox"/> Controlled															
LAST UNIT CLEARED, required except for wildland fires															
<input checked="" type="checkbox"/> Last Unit															
<input checked="" type="checkbox"/> Cleared 11 10 2018 04:01:00															
E2 Shift & Alarms															
Local Option															
A 01 D40															
Shift or Alarms District Platoon															
E3 Special Studies															
Local Option															
Special Study ID# Special Study Value															
F Actions Taken *															
87 Investigate fire out on															
Primary Action Taken (1)															
Additional Action Taken (2)															
Additional Action Taken (3)															
G1 Resources *															
<input checked="" type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used.															
Apparatus Personnel															
Suppression 0001 0001															
EMS															
Other															
<input type="checkbox"/> Check box if resource counts include aid received resources.															
G2 Estimated Dollar Losses & Values															
LOSSES: Required for all fires if known. Optional for non fires. None															
Property \$ 023 529															
Contents \$ 001 000															
PRE-INCIDENT VALUE: Optional															
Property \$ 023 529															
Contents \$ 001 000															
Completed Modules															
<input checked="" type="checkbox"/> Fire-2															
<input checked="" type="checkbox"/> Structure-3															
<input type="checkbox"/> Civil Fire Cas.-4															
<input type="checkbox"/> Fire Serv. Cas.-5															
<input type="checkbox"/> EMS-6															
<input type="checkbox"/> HazMat-7															
<input type="checkbox"/> Wildland Fire-8															
<input checked="" type="checkbox"/> Apparatus-9															
<input checked="" type="checkbox"/> Personnel-10															
<input type="checkbox"/> Arson-11															
H1* Casualties															
<input checked="" type="checkbox"/> None															
Deaths Injuries															
Fire Service															
Civilian															
H2 Detector															
Required for Confined Fires.															
1 <input checked="" type="checkbox"/> Detector alerted occupants															
2 <input type="checkbox"/> Detector did not alert them															
U <input type="checkbox"/> Unknown															
H3 Hazardous Materials Release															
N <input checked="" type="checkbox"/> None															
1 <input type="checkbox"/> Natural Gas: slow leak, no evacuation or HazMat actions															
2 <input type="checkbox"/> Propane gas: <21 lb. tank (as in home BBQ grill)															
3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container															
4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage															
5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable															
6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only															
7 <input type="checkbox"/> Motor oil: from engine or portable container															
8 <input type="checkbox"/> Paint: from paint cans totaling < 55 gallons															
0 <input type="checkbox"/> Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form															
I Mixed Use Property															
NN <input type="checkbox"/> Not Mixed															
10 <input type="checkbox"/> Assembly use															
20 <input type="checkbox"/> Education use															
33 <input type="checkbox"/> Medical use															
40 <input checked="" type="checkbox"/> Residential use															
51 <input type="checkbox"/> Row of stores															
53 <input type="checkbox"/> Enclosed mall															
58 <input type="checkbox"/> Bus. & Residential															
59 <input type="checkbox"/> Office use															
60 <input type="checkbox"/> Industrial use															
63 <input type="checkbox"/> Military use															
65 <input type="checkbox"/> Farm use															
00 <input type="checkbox"/> Other mixed use															
J Property Use*															
Structures															
131 <input type="checkbox"/> Church, place of worship															
161 <input type="checkbox"/> Restaurant or cafeteria															
162 <input type="checkbox"/> Bar/Tavern or nightclub															
213 <input type="checkbox"/> Elementary school or kindergarten															
215 <input type="checkbox"/> High school or junior high															
241 <input type="checkbox"/> College, adult education															
311 <input type="checkbox"/> Care facility for the aged															
331 <input type="checkbox"/> Hospital															
Outside															
124 <input type="checkbox"/> Playground or park															
655 <input type="checkbox"/> Crops or orchard															
669 <input type="checkbox"/> Forest (timberland)															
807 <input type="checkbox"/> Outdoor storage area															
919 <input type="checkbox"/> Dump or sanitary landfill															
931 <input type="checkbox"/> Open land or field															
341 <input type="checkbox"/> Clinic, clinic type infirmary															
342 <input type="checkbox"/> Doctor/dentist office															
361 <input type="checkbox"/> Prison or jail, not juvenile															
419 <input checked="" type="checkbox"/> 1-or 2-family dwelling															
429 <input type="checkbox"/> Multi-family dwelling															
439 <input type="checkbox"/> Rooming/boarding house															
449 <input type="checkbox"/> Commercial hotel or motel															
459 <input type="checkbox"/> Residential, board and care															
464 <input type="checkbox"/> Dormitory/barracks															
519 <input type="checkbox"/> Food and beverage sales															
936 <input type="checkbox"/> Vacant lot															
938 <input type="checkbox"/> Graded/care for plot of land															
946 <input type="checkbox"/> Lake, river, stream															
951 <input type="checkbox"/> Railroad right of way															
960 <input type="checkbox"/> Other street															
961 <input type="checkbox"/> Highway/divided highway															
962 <input type="checkbox"/> Residential street/driveway															
539 <input type="checkbox"/> Household goods, sales, repairs															
579 <input type="checkbox"/> Motor vehicle/boat sales/repair															
571 <input type="checkbox"/> Gas or service station															
599 <input type="checkbox"/> Business office															
615 <input type="checkbox"/> Electric generating plant															
629 <input type="checkbox"/> Laboratory/science lab															
700 <input type="checkbox"/> Manufacturing plant															
819 <input type="checkbox"/> Livestock/poultry storage (barn)															
882 <input type="checkbox"/> Non-residential parking garage															
891 <input type="checkbox"/> Warehouse															
981 <input type="checkbox"/> Construction site															
984 <input type="checkbox"/> Industrial plant yard															
Lookup and enter a Property Use code only if you have NOT checked a Property Use box:															
Property Use 419															
1 or 2 family dwelling															

NFIRS-1 Revision 03/11/99



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

PERMIT NO. 19-0084
DATE PAID: 4/24/19
FEE PAID: 185.20
RECEIPT #: 1394512

APPLICATION FOR:

☐ New System ☐ Existing System ☐ Holding Tank ☐ Innovative
☒ Repair ☐ Abandonment ☐ Temporary ☐

APPLICANT: Gregory Poole

AGENT: Howard Septic Service Inc.

TELEPHONE: 386-935-1518

MAILING ADDRESS: PO Box 180 Branford Fl 32008

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3)(m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION

LOT: NA BLOCK: NA SUBDIVISION: NA PLATTED: _____

PROPERTY ID #: 01-4S-16-02650-001 ZONING: _____ I/M OR EQUIVALENT: ☐ No ☐

PROPERTY SIZE: 0.52 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ $\leq 2000\text{GPD}$ ☐ $> 2000\text{GPD}$

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ No ☐ Distance to Sewer: _____ FT

PROPERTY ADDRESS: 209 Cardinal Place LAKE CITY, FL 32025

DIRECTIONS TO PROPERTY: from the intersection of US 90 and SR 247, head South on SR 247 for 0.5 mile and then turn left on SW Cardinal Place.

BUILDING INFORMATION

☒ RESIDENTIAL ☐ COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	SFR	2	940	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

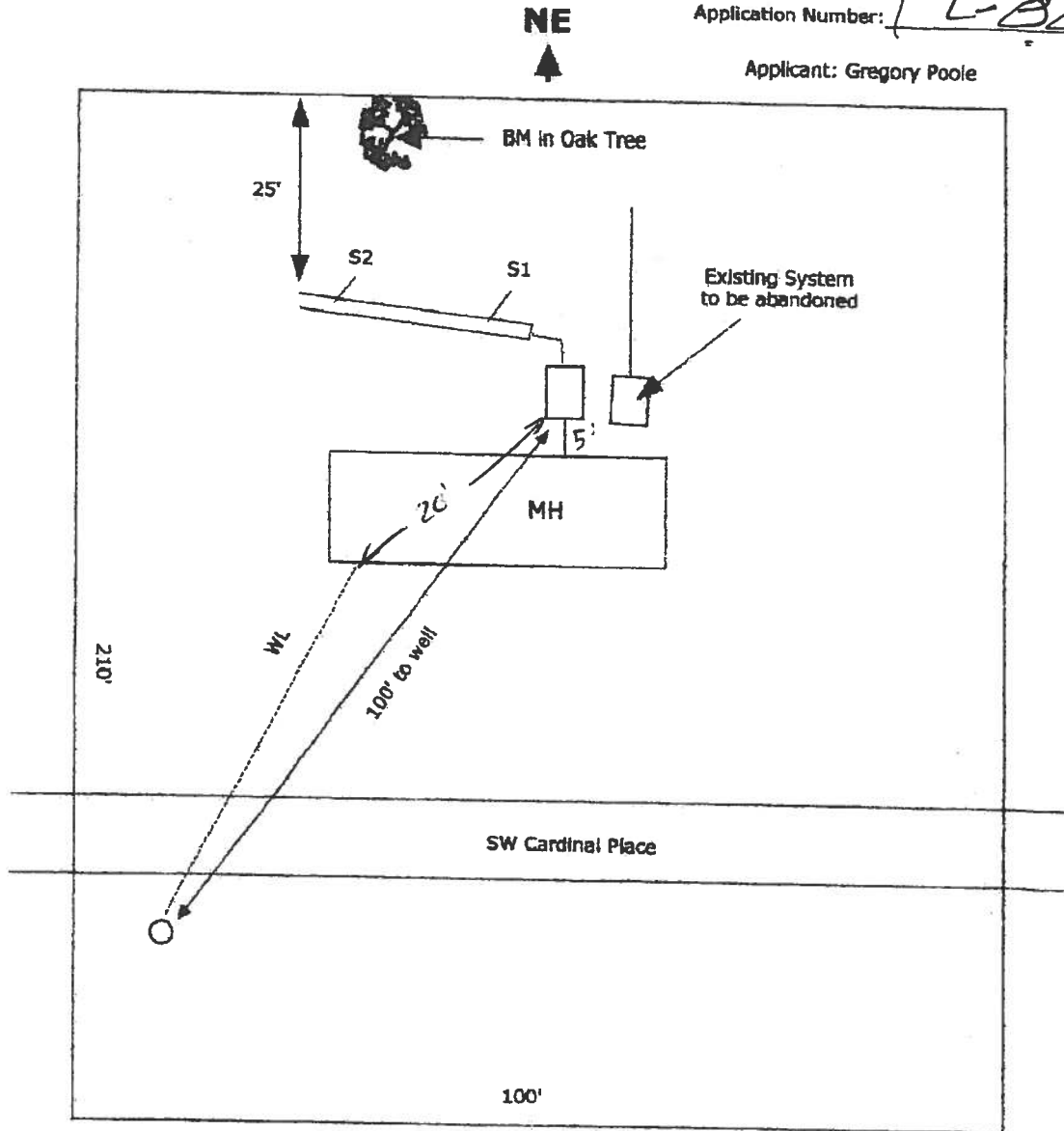
SIGNATURE: Robert C. Howard

DATE: 1/24/19

State of Florida Department of Health
Application for Construction Permit
Part II Site Plan

Application Number: 19-8584

Applicant: Gregory Poole



Notes:

Site Plan Submitted By:

Elliot Bronson
Elliot Bronson 17-1789

Plan Approved ✓

Not Approved

Date

1/25/19

By

Sam Brown ES

Columbia

County Health Dept