

DATE 12/22/2011

Columbia County Building Permit
This Permit Must Be Prominently Posted on Premises During Construction

PERMIT
000029838

APPLICANT BESSIE WALLACE PHONE 352-275-2923
ADDRESS 115 SE WILLFORD CT LAKE CITY FL 32055
OWNER AVIS NADINE WALLACE PHONE 386-365-1556
ADDRESS 9419 SW OLS WIR RD FORT WHITE FL 32038
CONTRACTOR FERMON JONES PHONE 352-318-4711
LOCATION OF PROPERTY 47 S, L ELIM CHURCH RD, R OLD WIRE RD, 2ND PROPERTY
ON THE LEFT
TYPE DEVELOPMENT MH, UTILITY ESTIMATED COST OF CONSTRUCTION 0.00
HEATED FLOOR AREA TOTAL AREA HEIGHT STORIES
FOUNDATION WALLS ROOF PITCH FLOOR
LAND USE & ZONING AG-3 MAX. HEIGHT 35
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 27-6S-16-03950-001 SUBDIVISION
LOT BLOCK PHASE UNIT TOTAL ACRES 1.63

IH1025418
Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor
EXISTING 11-0479 BK TC N
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: FLOOR ONE FOOT ABOVE THE ROAD
SECTION 2.3.1

Check # or Cash 1032

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

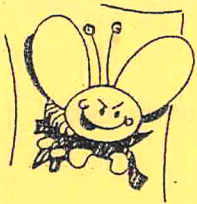
BUILDING PERMIT FEE \$ 0.00 CERTIFICATION FEE \$ 0.00 SURCHARGE FEE \$ 0.00
MISC. FEES \$ 300.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 64.20 WASTE FEE \$ 167.50
FLOOD DEVELOPMENT FEE \$ FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$ TOTAL FEE 606.70
INSPECTORS OFFICE CLERKS OFFICE

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.



Noling Pest Control

Cory Noling, Owner
Phone (386) 454-3888
(386) 935-2007
P.O. Box 949

High Springs, Florida 32655-0949

GRAPH AND SPECIFICATIONS

#29837

BUYER'S NAME Samantha Manuel SELLER'S NAME _____ DATE 12-19-11

INSPECTION ADDRESS 1911 SW CR 252 B CITY Lake City STATE FLA ZIP 32

BUSINESS PHONE _____ HOME PHONE _____ INSPECTED BY: _____

Scale Used: _____ Well: ☐ Yes ☐ No How close to house? _____ ft. Additions? ☐ Yes ☐ No Access? _____

Additional specifications and comments: Graph not to Sq ft

Premise Pro.

Lineal Footage: _____

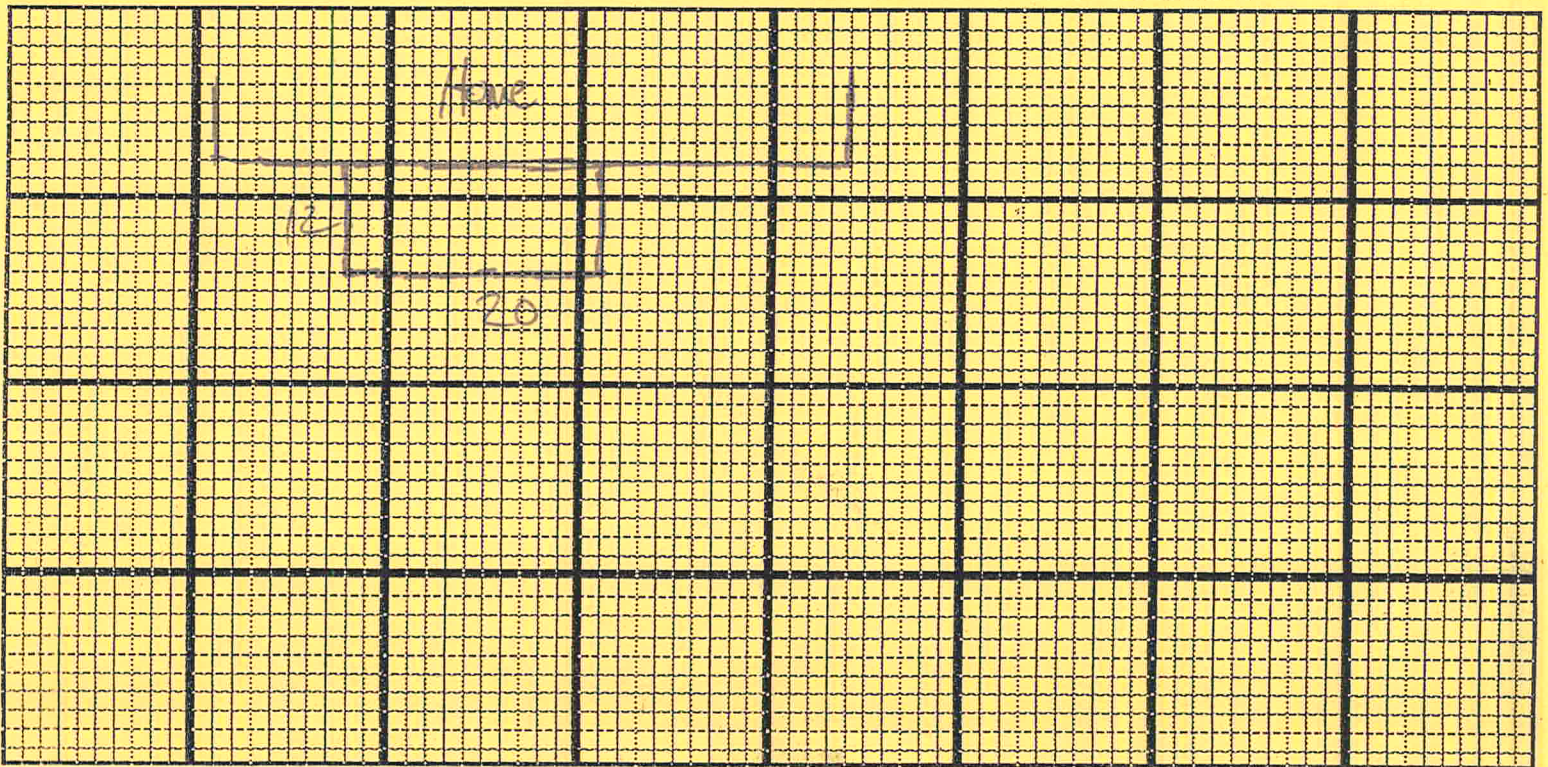
Square Footage: _____

Contract Price: _____

Type Foundation: ☐ Floating Slab ☐ Supported Slab ☐ Monolithic Slab ☐ Crawl ☐ Basement Type Construction: ☐ CBS ☐ Woodframe ☐ Brick

Type Infestation Key	Location Key			General Conditions		
	F - Front	R - Right	L - Left	RE - Rear	C - Center	
T - Subterranean Termite Activity	Infested Area	Type	Location		Stucco below grade?	Yes <input type="checkbox"/> No <input type="checkbox"/>
D - Drywood Termite Activity	<input type="checkbox"/> Sills / Joists				Are Termites swarming?	Yes <input type="checkbox"/> No <input type="checkbox"/>
ST - Suspected Termite Activity	<input type="checkbox"/> Sub Floor				Wood supports on ground?	Yes <input type="checkbox"/> No <input type="checkbox"/>
P - Powder Post Beetles	<input type="checkbox"/> Finished Floor				Proper clearance for treating?	Yes <input type="checkbox"/> No <input type="checkbox"/>
W - Wood Borers	<input type="checkbox"/> Walls, Studs, Plates				Make A3access opening?	Yes <input type="checkbox"/> No <input type="checkbox"/>
M - Moisture Condition	<input type="checkbox"/> Interior Trim				Electricity available?	Yes <input type="checkbox"/> No <input type="checkbox"/>
F - Wood Decaying Fungi	<input type="checkbox"/> Paneled Wall				Bath trap opening?	Yes <input type="checkbox"/> No <input type="checkbox"/>
X - Damage Present	<input type="checkbox"/> Door/Window Frame				Shrubbery Light <input type="checkbox"/> Heavy <input type="checkbox"/>	
... - Vertical Drill Location	<input type="checkbox"/> Furniture/Cabinets				Type Floor Covering: _____	
	<input type="checkbox"/> Attic				Other: _____	
	<input type="checkbox"/> Roof				_____	

VISIBLE DAMAGE WHICH EXISTS AT THE TIME OF THE INSPECTION IS DESIGNATED BY AN "X"



352-270-2725
call when ready

☒ A.C.
☒ ELECTRICAL

☒ BOND
9. JONES

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-11) Zoning Official BK 15 DEC 2011 Building Official 1.C. 12-13-11
AP# 1112-16 Date Received 12/7/11 By 6 Permit # 29838
Flood Zone _____ Development Permit N/A Zoning A-3 Land Use Plan Map Category A-3
Comments Section 2.3.1
FEMA Map# N/A Elevation N/A Finished Floor 1st floor River N/A In Floodway N/A
☒ Site Plan with Setbacks Shown ☒ EH # 11-0479 ☒ EH Release ☒ Well letter ☒ Existing well
☒ Recorded Deed or Affidavit from land owner ☒ Installer Authorization ☒ State Road Access ☒ 911 Sheet
☐ Parent Parcel # _____ ☐ STUP-MH _____ ☐ F W Comp. letter ☐ VF Form
IMPACT FEES: EMS _____ Fire _____ Corr _____ N/A Out County ☒ In County paid
Road/Code _____ School _____ = TOTAL _____ Impact Fees Suspended March 2009 _____

Property ID # 27-65-16-03850-001 Subdivision N/A
▪ New Mobile Home _____ Used Mobile Home ☒ MH Size 24/54 Year 75
▪ Applicant Avis Nadine Wallace ^{BESSIE} Wallace Phone # 365-1556-(ARIS)
▪ Address 115 SE Willford Ct., Lake City, FL 32055
▪ Name of Property Owner Avis Nadine Wallace Phone# 386.365-1556-(ARIS)
▪ ☒ 911 Address 9419 SW Old Wire Rd Fort White FL 32038
▪ Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Progress Energy
▪ Name of Owner of Mobile Home Avis Nadine Wallace Phone # 386.365.1556
Address 115 SE Willford Ct., Lake City, FL 32055
▪ Relationship to Property Owner Daughter
▪ Current Number of Dwellings on Property 0
▪ Lot Size 1.63 Total Acreage 1.63
▪ 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 47 South, (L) Elm Church Rd,
(R) Old Wire Rd, 2nd property on (Left)
▪ Name of Licensed Dealer/Installer Fernon Jones Phone # 352-318-9711
▪ Installers Address 6795 S.W. 71st Ave Lake Butler, FL 32054
▪ License Number EH1025418/1 Installation Decal # 8257

ok 1031

JW advise d - BESSIE 12.14.11 - 911 sheet needed.

COLUMBIA COUNTY PERMIT WORKSHEET

These worksheets must be completed and signed by the installer.
Submit the originals with the packet.

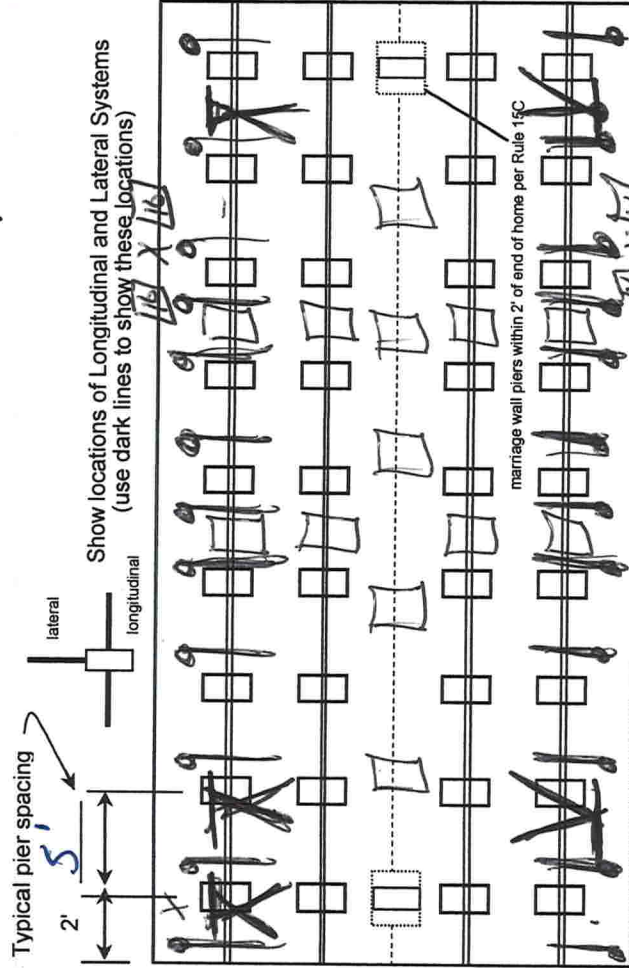
Installer Fernando Jones License # 1H/0025418
911 Address where home is being installed. Old wire Rd. [unclear] [unclear]
Manufacturer Sunny Length x width 24x56

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 Decal # 18257
Triple/Quad ☐ Serial # 20632063L

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 F.J.



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)
1500 psf	3'	4'	4'	4'5"	6'	7'	8'
2000 psf	4'6"	6'	6'	7'	8'	8'	8'
2500 psf	6'	8'	8'	8'	8'	8'	8'
3000 psf	7'6"	8'	8'	8'	8'	8'	8'
3500 psf	8'	8'	8'	8'	8'	8'	8'

* interpolated from Rule 15C-1 pier spacing table.

PIER PAD SIZES

I-beam pier pad size 20x20
Perimeter pier pad size 20x20
Other pier pad sizes (required by the mfg.) 20x20

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 20x20
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 Oliver
Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer Oliver

OTHER TIES

Number 1
Sidewall 1
Longitudinal 1
Marriage wall 1
Shearwall 1

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 500 psf or check here to declare 1000 lb. soil without testing.

X 2500 X 1500 X 1750

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 1750 X 2000 X 2250

TORQUE PROBE TEST

The results of the torque probe test is inch pounds or check here if you are declaring 5' 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 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.

F. J. Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Edman Jones

Date Tested 12/6/11

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.

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg.

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

Site Preparation

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

Fastening multi wide units

Floor: Type Fastener: Bolts Length: 4 1/2 Spacing: 2'
Walls: Type Fastener: Self-drilling Length: 3" 10 Spacing: 2'
Roof: Type Fastener: Self-drilling Length: Spacing:
For used homes 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 (weatherproofing 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 F. J.

Type gasket Pg. 17

Installed:

Between Floors Yes ☒
Between Walls Yes ☒
Bottom of ridgebeam Yes ☒

Weatherproofing

The bottomboard will be repaired and/or taped. Yes ☒ Pg. 17
Siding on units is installed to manufacturer's specifications. Yes ☒
Fireplace chimney installed so as not to allow intrusion of rain water. Yes ☒

Miscellaneous

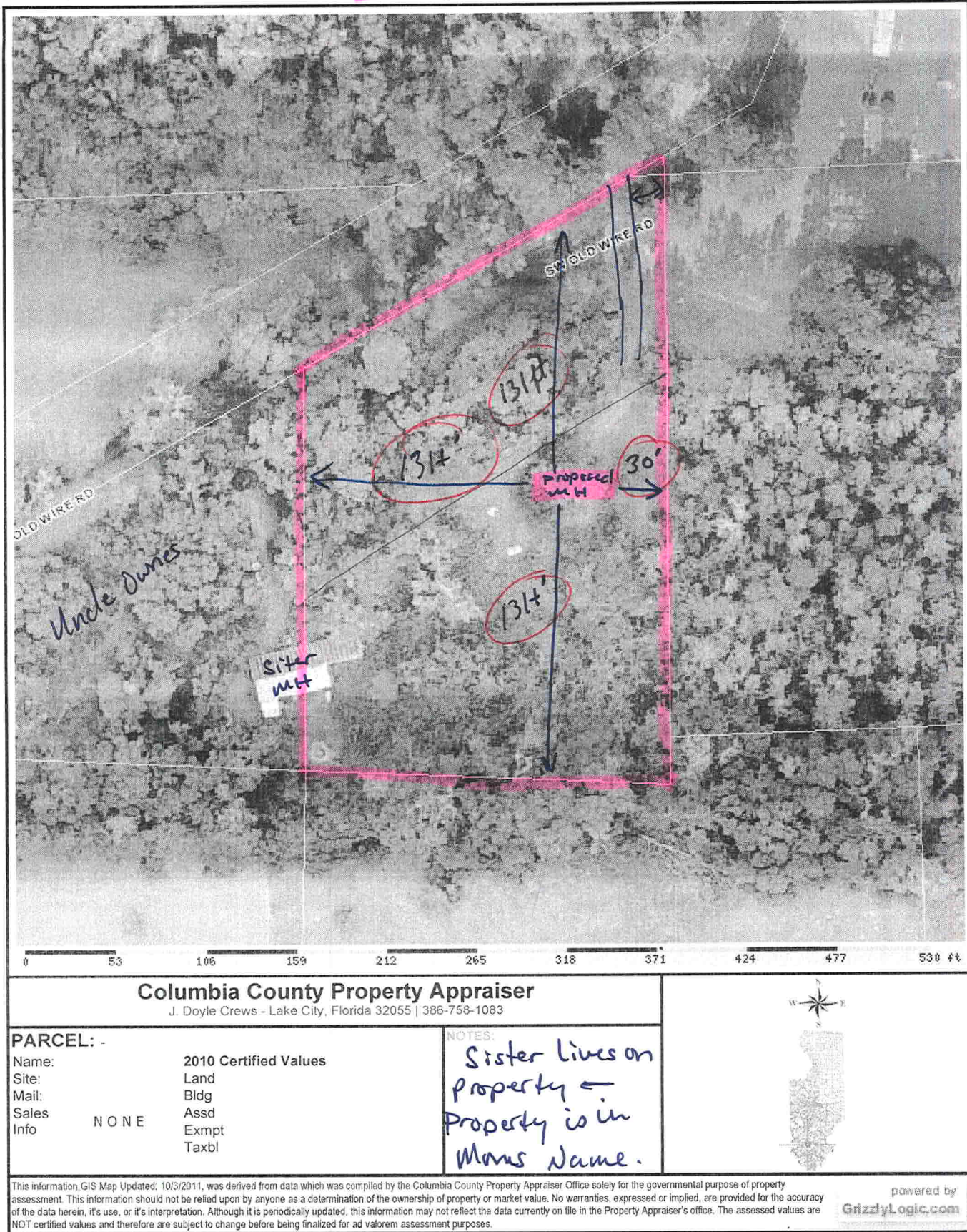
Skirting to be installed. Yes ☒ No
Dryer vent installed outside of skirting. Yes ☒ N/A
Range downflow vent installed outside of skirting. Yes ☒ N/A
Drain lines supported at 4 foot intervals. Yes ☒
Electrical crossovers protected. Yes ☒
Other:

Installer verifies all information given with this permit worksheet is accurate and true based on the

Installer Signature Edman Jones

Date 12/6/11

Site Plan



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: 12/19/2011 DATE ISSUED: 12/21/2011

ENHANCED 9-1-1 ADDRESS:

9419 SW OLD WIRE RD
FORT WHITE FL 32038

PROPERTY APPRAISER PARCEL NUMBER:

27-6S-16-03950-001

Remarks:

RE-ISSUE OF EXISTING ADDRESS FOR NEW STRUCTURE ON PARCEL.

Address Issued By: SIGNED: / RONAL N. CROFT
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.

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 11/12-16 CONTRACTOR FELMON JONES PHONE 352-318-4711

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 <u>Avis H. Wallace</u> Signature <u>Avis H Wallace</u> License #: _____ Phone #: _____
MECHANICAL/ A/C	Print Name <u>Avis H. Wallace</u> Signature <u>Avis H Wallace</u> License #: _____ Phone #: _____
PLUMBING/ GAS	Print Name <u>Avis Nadine Wallace</u> Signature <u>Avis Nadine Wallace</u> License #: _____ Phone #: <u>386-365-1556</u>

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			

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.

Contractor Forms: Subcontractor form: 1/11



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, Fermon Jones, give this authority for the job address show below
Installer License Holder Name

only, 9419 S.W Old Wire Road, 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)
<u>Avis Nadine Wallace</u>	<u>Avis Wallace</u>	<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input checked="" type="checkbox"/> Property Owner
<u>Bessie Wallace</u>	<u>Bessie Wallace</u>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Officer <input 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.

Fermon Jones
License Holders Signature (Notarized)

IT1025418
License Number

12/2/11
Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: COLUMBIA

The above license holder, whose name is FERMON JONES, personally appeared before me and is known by me or has produced identification (type of I.D.) Drivers License on this 7th day of December, 20 11.

Brian L. Kepner
NOTARY'S SIGNATURE



CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 11-7-11 BY LH IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? NO
OWNERS NAME Avis Nadine Wallace PHONE 386-965-9925 CELL 758-2200
ADDRESS 512 SW Herlong Ave Lake City Steve Call Steve before going to be ext. inside
MOBILE HOME PARK _____ SUBDIVISION _____
DRIVING DIRECTIONS TO MOBILE HOME 441 S, @ Tustenugga, @ Herlong, .8 tenth
mile on R right (512 SW Herlong)

MOBILE HOME INSTALLER Fernon Jones PHONE 352 3184711 CELL _____

MOBILE HOME INFORMATION

MAKE Summit YEAR 75 SIZE 24 X 54 COLOR White

7. SERIAL No. 20630

7. 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

\$50.00

- ☒ SMOKE DETECTOR () OPERATIONAL () MISSING
☒ FLOORS () SOLID () WEAK () HOLES DAMAGED LOCATION
☒ DOORS () OPERABLE () DAMAGED
☒ WALLS () SOLID () STRUCTURALLY UNSOUND
☒ WINDOWS () OPERABLE () INOPERABLE
☒ PLUMBING FIXTURES () OPERABLE () INOPERABLE () MISSING
☒ CEILING () SOLID () HOLES () LEAKS APPARENT
☒ ELECTRICAL (FIXTURES/OUTLETS) () OPERABLE () EXPOSED WIRING () OUTLET COVERS MISSING () LIGHT FIXTURES MISSING

Date of Payment: 11-7-11

Paid By: Avis Wallace

Notes: no App yet.

EXTERIOR:

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

STATUS

APPROVED ☒ WITH CONDITIONS: 1975 Model MH RJ approved the year of the MH.

NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE [Signature] ID NUMBER 402 DATE 11-8-11

Columbia County Property Appraiser

DB Last Updated: 11/15/2011

2011 Tax Year

Parcel: 27-6S-16-03950-001

<< Next Lower Parcel Next Higher Parcel >>

Tax Collector

Tax Estimator

Property Card

Parcel List Generator

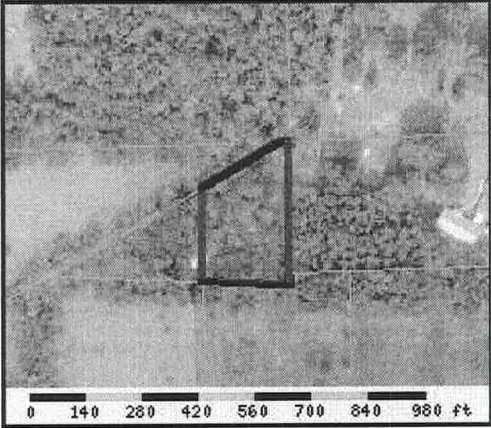
Interactive GIS Map

Print

Owner & Property Info

Search Result: 1 of 1

Owner's Name	WALLACE AVIS NADINE		
Mailing Address	115 SE WILLFORD CT LAKE CITY, FL 32055		
Site Address	9419 SW OLD WIRE RD		
Use Desc. (code)	VACANT (000000)		
Tax District	3 (County)	Neighborhood	27616
Land Area	1.630 ACRES	Market Area	02
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction. COMM NE COR OF NE1/4, RUN E 992.13 FT, S 6.11 FT FOR POB, CONT S 352.81 FT, W 593.98 TO S R/W OF GRD RD, E ALONG R/W 589.12 FT, NE ALONG CURVE OF RD 90.26 FT TO POB EX W 380 FT ORB 492-57, QC 1139-1092(INCOR LEGL)		



Property & Assessment Values

2011 Certified Values		
Mkt Land Value	cnt: (0)	\$17,650.00
Ag Land Value	cnt: (3)	\$0.00
Building Value	cnt: (0)	\$0.00
XFOB Value	cnt: (0)	\$0.00
Total Appraised Value		\$17,650.00
Just Value		\$17,650.00
Class Value		\$0.00
Assessed Value		\$17,650.00
Exempt Value		\$0.00
Total Taxable Value	Cnty: \$17,650 Other: \$17,650 Schl: \$17,650	

2012 Working Values

NOTE:
2012 Working Values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

Show Working Values

Sales History

Show Similar Sales within 1/2 mile

Sale Date	OR Book/Page	OR Code	Vacant / Improved	Qualified Sale	Sale RCode	Sale Price
8/28/1995	810/20	QC	I	U	01	\$0.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
NONE						

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
000000	VAC RES (MKT)	1.63 AC	1.00/1.00/1.00/1.00	\$8,227.49	\$13,410.00
009945	WELL/SEPT (MKT)	1 UT - (0000000.000AC)	1.00/1.00/1.00/1.00	\$2,000.00	\$2,000.00

Prepared by:
Elaine R. Davis
American Title Services of Lake City, Inc.
321 SW Main Boulevard, Suite 105
Lake City, Florida 32025

File Number: 08-075

Inst:201112018199 Date:11/28/2011 Time:12:18 PM
Doc Stamp-Deed:0.70
DC,P.DeWitt Cason, Columbia County Page 1 of 2 B:1225 P:1134

CORRECTIVE Warranty Deed

Made this 28th day of NOVEMBER, 2011, AD

By AVIS H. WALLACE AND AVIS NADINE WALLACE, both single women , hereinafter called the grantors,
To AVIS H. WALLACE and AVIS NADINE WALLACE, AS JOINT TENANTS WITH RIGHTS OF SURVIVORSHIP, whose
post office address is: 115 SE Willford Court, Lake City, Florida 32025, hereinafter called the grantees:

(Whenever used herein the term "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)

Witnesseth, that the grantor, for and in consideration of the sum of Ten Dollars, (\$10.00) and other valuable considerations, receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliens, remises, releases, conveys and confirms into the grantee, all that certain land situate in Columbia County, Florida, viz:

S ee Attached Schedule "A"

NB; THIS DEED IS BEING RECORDED TO CORRECT ERRORS IN QCD RECORDED IN OFFICIAL RECORD BOOK 1139 PAGE 1092.

Said property is not the homestead of the Grantor(s) under the laws and constitution of the State of Florida in that neither Grantor(s) or any members of the household of Grantor(s) reside thereon.

Parcel ID Number: 03950-001

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; that the grantor hereby fully 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, 2011

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

Signed, sealed and delivered in our presence:


Elaine R. Davis
Witness Printed Name Elaine R Davis

Avis H. Wallace
AVIS H. WALLACE

Johnny M. Hamm
Witness Printed Name Johnny M. Hamm
State of Florida
County of COLUMBIA

Avis Nadine Wallace
AVIS NADINE WALLACE

The foregoing instrument was acknowledged before me this 28th day of November, 2011, by AVIS H. WALLACE AND AVIS NADINE WALLACE , who is/are personally known to me or who has produced Drivers Licenses as identification.

Elaine R. Davis


Davis
Title Services of Lake City, Inc.
Main Boulevard, Suite 105
City, Florida 32025

File Number: 08-075

Schedule "A"

TOWNSHIP 6 SOUTH RANGE 16 EAST

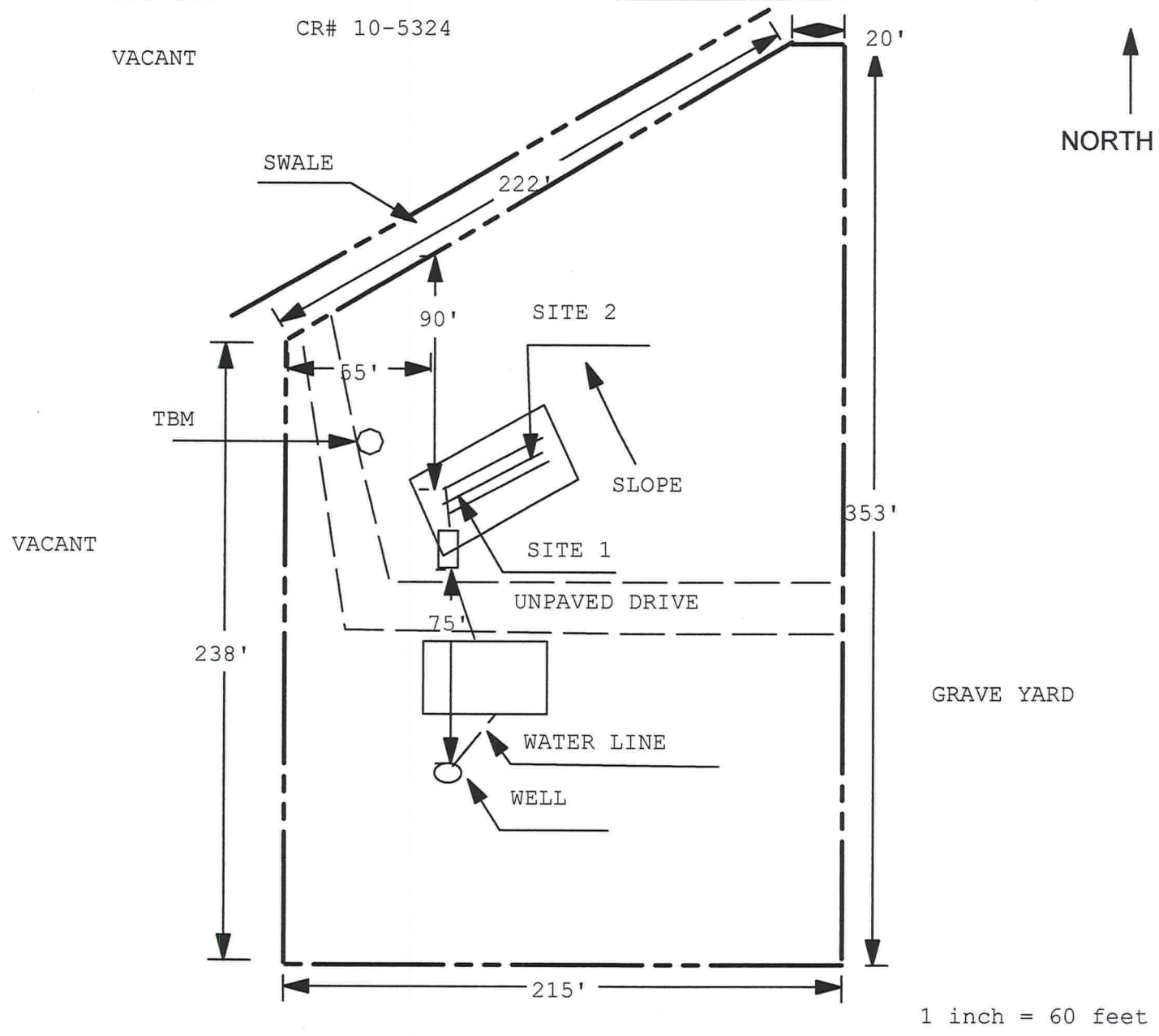
SECTION 27: Commence at the NW corner of the NE 1/4 of Section 27, Township 6 South Range 16 East, Columbia County, Florida, and run North 89° 22' 20" East along the North line of said Section 27, a distance of 992.13 feet, thence South 1° 22' 29" West 6.11 feet to its intersection with the Arc of a Curve and the Point of Beginning, , thence South 1° 22' 29" West 352.81 feet along same line to a Concrete Monument , thence North 86° 16' 52" West 593.98 feet to the Southerly right of way line of a county graded road, thence North 63° 27' 40" East along said Southerly Right of way line of Graded road 589.12 feet to an iron pipe at its intersectino with the Point of curve of a curve concave to the left and having a total central angle of 49° 19' 29" and a radius of 324.77 feet, thence Northeasterly along the arc of said curve 90.26 feet to the Point of beginning.

LESS AND EXCEPT: The West 380.00 feet of the above described land.

ALL IN COLUMBIA COUNTY, FLORIDA.

Application for Onsite Sewage Disposal System
Construction Permit. Part II Site Plan
Permit Application Number: 11-0479

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT



Site Plan Submitted By Paul R. Ryley Date 11/21/11
Plan Approved ☒ Not Approved ☐ Date 11/28/11
By [Signature] Columbia CPHU
Notes: [Signature]
(SF)



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

APPLICATION FOR CONSTRUCTION PERMIT

CR # 10-5324

PERMIT NO. 1053444
DATE PAID: 11/22/11
FEE PAID: 310.00
RECEIPT #: 1286523

APPLICATION FOR:

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

APPLICANT: AVIS WALLACE

AGENT: PELONI'S SEPTIC

TELEPHONE: (386) 755-1616

MAILING ADDRESS: 330 NW RAILROAD ST.

LAKE CITY

FL 32055

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: N/A BLOCK: N/A SUBDIVISION: METES AND BOUNDS PLATTED:

PROPERTY ID #: 27-6S-16-03950-001 ZONING: RES I/M OR EQUIVALENT: ☐ NO ☐

PROPERTY SIZE: 1.630 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ NO ☐ DISTANCE TO SEWER: N/A FT

PROPERTY ADDRESS: 9419 SW OLD WIRE RD.

DIRECTIONS TO PROPERTY: SE 47 SOUTH TURN LEFT ON CR 238 TURN RIGHT ON OLD WIRE RD. JUST PAST GRAVE YARD ON LEFT.

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	<u>MOBILE HOME</u>	<u>3</u>	<u>1,188</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify)

SIGNATURE: Charles E. Bell

DATE: 11/21/11

DH 4015, 08/09 (Obsoletes previous editions which may not be used)
Incorporated 64E-6.001, FAC

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