

DATE 04/12/2010

Columbia County Building Permit

PERMIT

This Permit Must Be Prominently Posted on Premises During Construction

000028479

APPLICANT JOHN TROWELL PHONE 288-3048
 ADDRESS 225 NW SUGAR GLEN LAKE CITY FL 32055
 OWNER JOHN TROWELL PHONE 288-3048
 ADDRESS 225 NW SUGAR GLEN LAKE CITY FL 32055
 CONTRACTOR DALE HOUSTON PHONE 752-7814

LOCATION OF PROPERTY 90W, TR LAKE JEFFERY RD, TL OGDON LOOP, TR SUGAR GLEN, LAST HOUSE ON SUGAR GLEN

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 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 06-3S-16-02014-003 SUBDIVISION _____

LOT _____ BLOCK _____ PHASE _____ UNIT _____ TOTAL ACRES 1.00

_____ IH000040 _____

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

EXISTING 10-142 BK HD Y

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

COMMENTS: ONE FOOT ABOVE THE ROAD, SPECIAL FAMILY LOT PERMIT FL1005

Check # or Cash CASH

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 _____ Insulation _____
 date/app. by _____ date/app. by _____

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

Heat & Air Duct _____ Peri. beam (Lintel) _____ Pool _____
 date/app. by _____ date/app. by _____ date/app. by _____

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

Pump pole _____ Utility Pole _____ M/H tie downs, blocking, electricity and plumbing _____
 date/app. by _____ date/app. by _____ date/app. by _____

Reconnection _____ RV _____ Re-roof _____
 date/app. by _____ date/app. by _____ 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 \$ 38.52 WASTE FEE \$ 100.50

FLOOD DEVELOPMENT FEE \$ _____ FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$ _____ **TOTAL FEE** 514.02

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.

For Office Use Only (Revised 1-10-08) Zoning Official B2K 13.04.10 Building Official HD 8-25-10
AP# 1003-39 Date Received 7/9/10 By JW Permit # 28479
Flood Zone X Development Permit N/A Zoning A-3 Land Use Plan Map Category A-3
Comments Special Family Lot Permit FL 1005

FEMA Map# N/A Elevation N/A Finished Floor 1st floor River N/A In Floodway N/A
 Site Plan with Setbacks Shown EH # _____ 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 25.525 PCC-MH VF

Property ID # 02014-003 - Subdivision 06-35-16 LICENSE updates on Date. good

▪ New Mobile Home _____ Used Mobile Home X MH Size 28x48 Year 1991
▪ Applicant John W. Trowell Phone # 386-288-3048
▪ Address 225 NW Sugar Gln. Lake City, FL 32055

▪ Name of Property Owner John W. Trowell Phone # 386-288-3048
▪ 911 Address 225 NW Sugar Gln. Lake City FL 32055
▪ Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Progress Energy

▪ Name of Owner of Mobile Home John W. Trowell Phone # 386 288 3048
Address 225 NW Sugar Gln Lake City FL 32055
▪ Relationship to Property Owner Self

▪ Current Number of Dwellings on Property 0
▪ Lot Size _____ Total Acreage 1
▪ 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 (owes)
▪ Driving Directions to the Property out lake Jeffery Rd to Ogdon Loop
turn left go down 1/4 mile turn left on Sugar Gln.
last house on Sugar Gln.

▪ Name of Licensed Dealer/Installer Dale Houston Phone # 252-7814
▪ Installers Address 136 SW Barrs Sten Lake City FL 32024
▪ License Number 1H000040 Installation Decal # 299085

PERMIT WORKSHEET

Installer Date Houston License # _____
 Manufacturer Homes of Merit Length x Width 48x28
 Name of Owner of this Mobile Home John W. Trowell
 Phone 386 288 3048
 Address 304 NW Sugar Gin, Lake City, FL 32055

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.

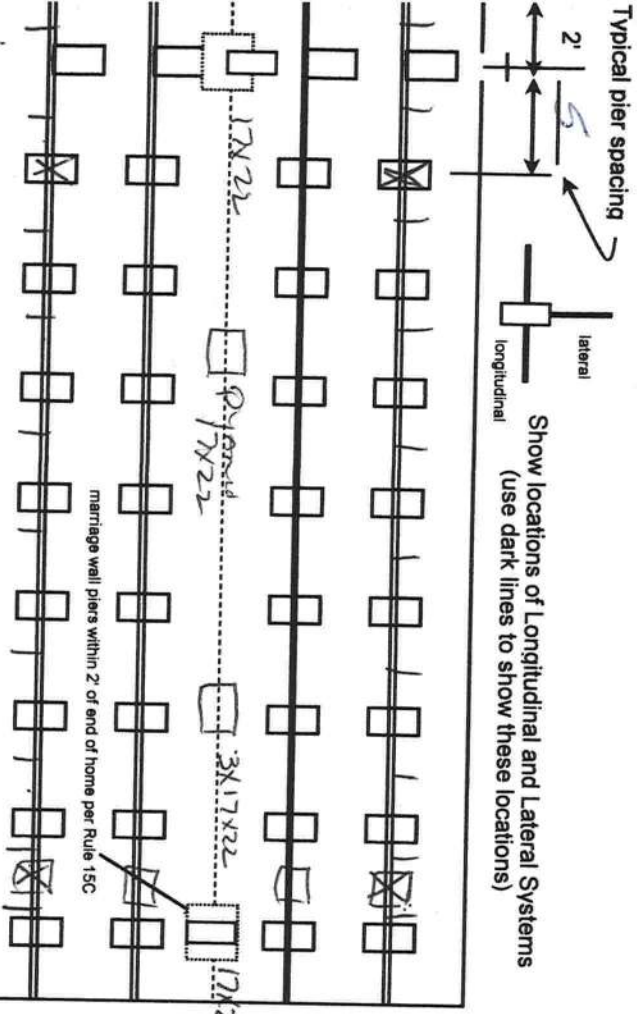
Installer's initials PH

New Home Used Home Year 1991
 Home installed to the Manufacturer's Installation Manual
 Home is installed in accordance with Rule 15-C
 Single wide Wind Zone II
 Double wide Installation Decal # 299888
 Triple/Quad Serial # SIA ML 2828 58-977-7285 Add
 Wind Zone III

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (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 dsf	3'	4'	5'	6'	7'	8'
1500 dsf	4' 6"	6'	7'	8'	8'	8'
2000 dsf	6'	8'	8'	8'	8'	8'
2500 dsf	7' 6"	8'	8'	8'	8'	8'
3000 dsf	8'	8'	8'	8'	8'	8'
3500 dsf	8'	8'	8'	8'	8'	8'

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



PIER PAD SIZES

I-beam pier pad size 17x25
 Perimeter pier pad size 16x16
 Other pier pad sizes (required by the mfg.) _____

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

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
See diagram

ANCHORS

FRAME TIES

within 2' of end of home spaced at 5' 4" oc

TIEDOWN COMPONENTS

OTHER TIES

* Longitudinal Stabilizing Device (LSD)
 Manufacturer _____
 Longitudinal Stabilizing Device w/ Lateral Arms Manufacturer _____

Number _____
 Sidewall _____
 Longitudinal _____
 Marriage wall _____
 Shearwall _____

28x48-10000000 17x25
Pump 10 pin side saddle
On wheels 10 pin side saddle
4 Longitudinal System

PERMIT NUMBER

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 1000 psf without testing 1000

X X X

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 X X

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 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 require anchors with 4990 lb. holding capacity.

DA Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name DALE HOUSTON

Date Tested 3/19/10

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. 15

Plumbing

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

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

Site Preparation

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

Fastening multi wide units

Floor: Type Fastener: Lag Length: 18" Spacing:
Walls: Type Fastener: Strap Length: 18" Spacing:
Roof: Type Fastener: Lag Length: 18" 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 DA

Type gasket foam Installed:
Between Floors Yes
Between Walls Yes
Bottom of ridgebeam Yes

Weatherproofing

The bottomboard will be repaired and/or taped. Yes No Pg. 17
Siding on units is installed to manufacturer's specifications. Yes No
Fireplace chimney installed so as not to allow intrusion of rain water. Yes N/A

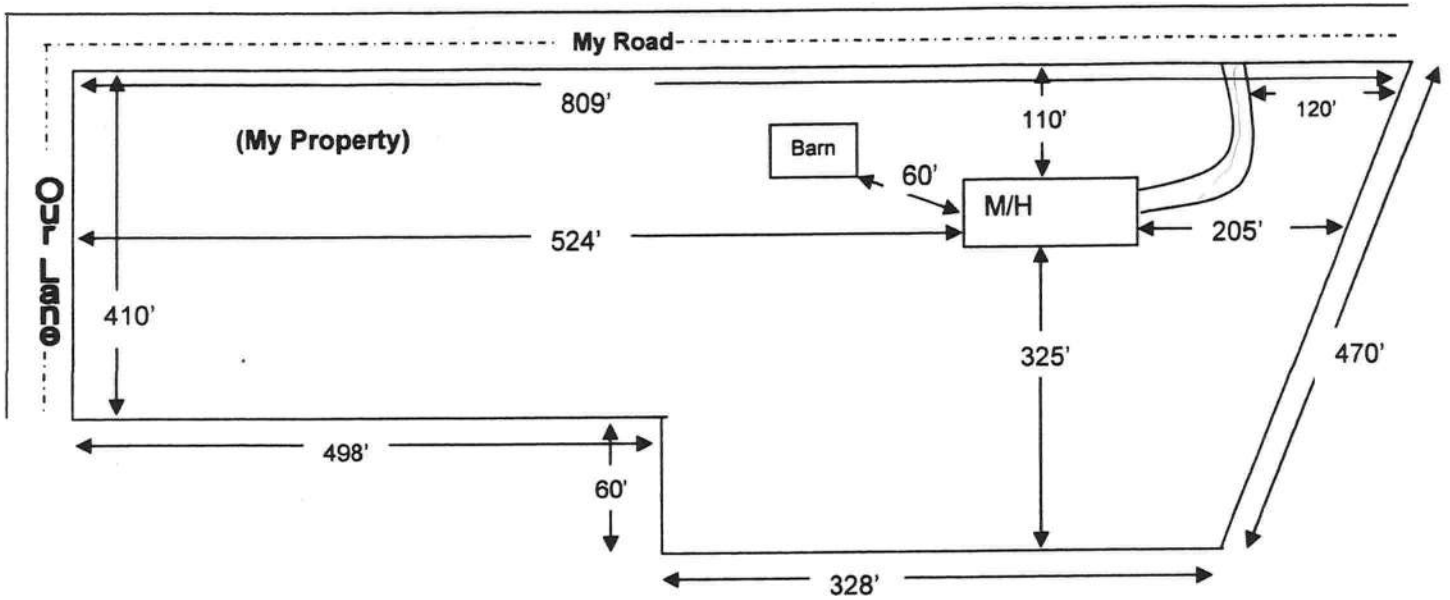
Miscellaneous

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

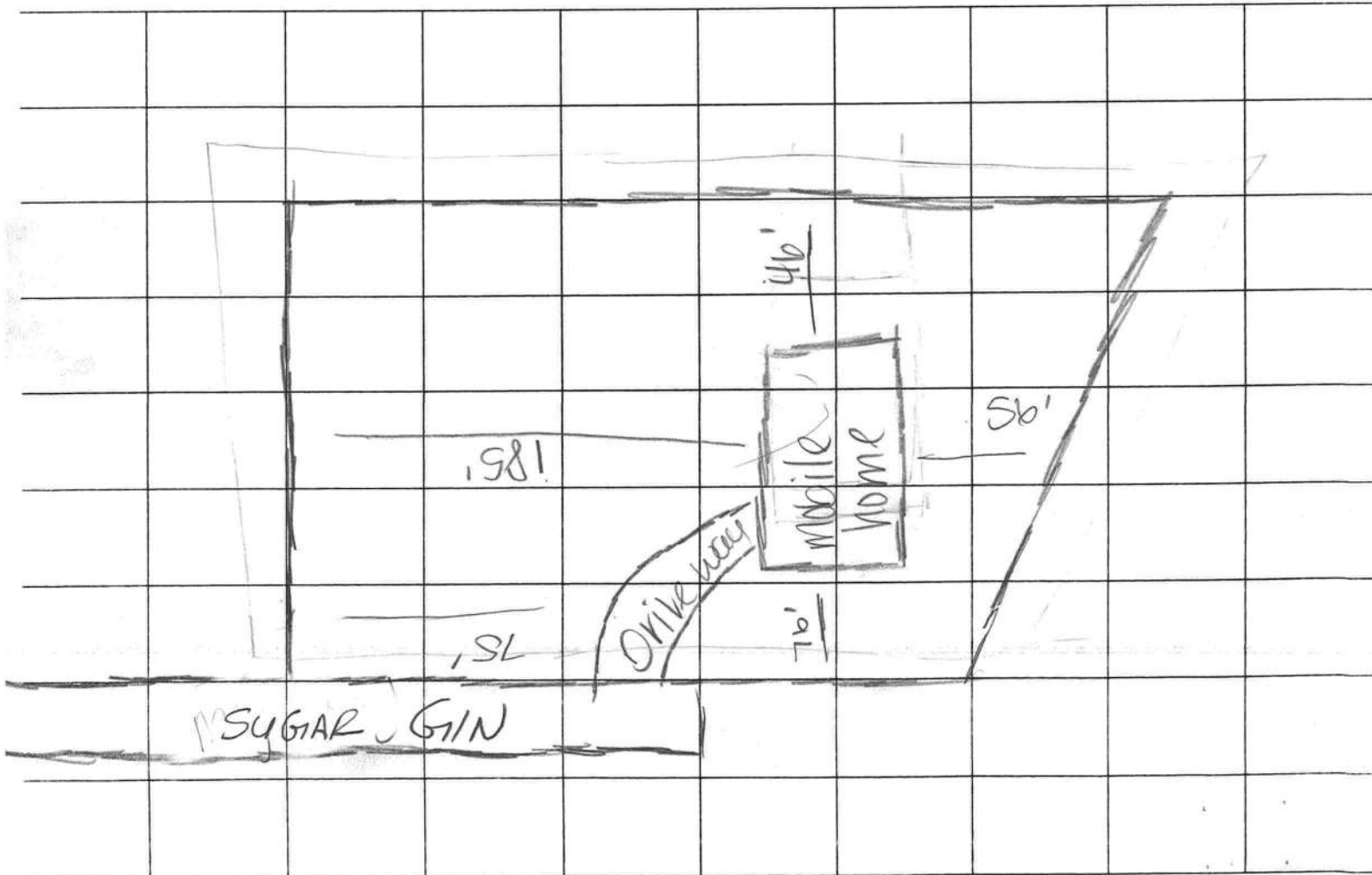
Installer verifies all information given with this permit worksheet is accurate and true based on the

Installer Signature Dale Houston Date 3/19/10

SITE PLAN EXAMPLE / WORKSHEET



Use this example to draw your own site plan. Show all existing buildings and any other homes on this property and show the distances between them. Also show where the roads or roads are around the property. This site plan can also be used for the 911 Addressing department if you include the distance from the driveway to the nearest property line.



Columbia County Property Appraiser

DB Last Updated: 1/28/2010

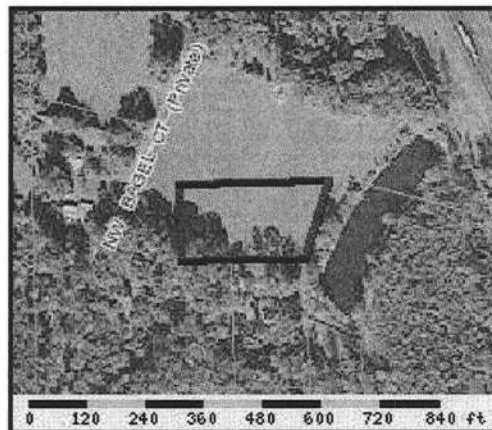
2009 Tax Roll Year

Parcel: 06-3S-16-02014-003

Search Result: 1 of 1

Owner & Property Info

Owner's Name	TROWELL JOHN WESLEY		
Mailing Address	224 NW SUGAR GLN LAKE CITY, FL 32055		
Site Address	SUGAR GLN		
Use Desc. (code)	VACANT (000000)		
Tax District	3 (County)	Neighborhood	6316
Land Area	1.000 ACRES	Market Area	01
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction. COMM SW COR OF SW1/4 OF NE1/4, E 404.25 FT, N 50.39 FT FOR POB, W 97.36 FT, N 156.15 FT, E 305.63 FT, SW 165 FT, W 154.80 TO POB. QC 1184-966		



Property & Assessment Values

2009 Certified Values
There are no 2009 Certified Values for this parcel

2010 Working Values
<p>NOTE: 2010 Working Values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.</p>
<input type="button" value="Show Working Values"/>

Sales History

Sale Date	OR Book/Page	OR Code	Vacant / Improved	Qualified Sale	Sale RCode	Sale Price
11/18/2009	1184/966	QC	V	U	11	\$100.00

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 AC	1.00/1.00/1.00/1.00	\$14,774.40	\$14,774.00

Columbia County Property Appraiser

DB Last Updated: 1/28/2010

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: 3/9/2010 DATE ISSUED: 3/10/2010

ENHANCED 9-1-1 ADDRESS:

225 NW SUGAR GLN
LAKE CITY FL 32055

PROPERTY APPRAISER PARCEL NUMBER:

06-3S-16-02014-003

Remarks:

Address Issued By:



Columbia County 9-1-1 Addressing / GIS Department

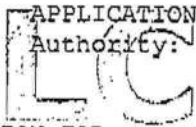
NOTICE: THIS ADDRESS WAS ISSUED BASED ON LOCATION INFORMATION RECEIVED FROM THE REQUESTER. SHOULD, AT A LATER DATE, THE LOCATION INFORMATION BE FOUND TO BE IN ERROR, THIS ADDRESS IS SUBJECT TO CHANGE.

1661

10-0170

STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
ONSITE SEWAGE DISPOSAL SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT
Authority: Chapter 381, FS & Chapter 10D-6, FAC

PERMIT # 957559
DATE PAID 3/23/10
FEE PAID \$ 1310.00
RECEIPT # 1241276
CR # 09-4845



APPLICATION FOR:

- New System Existing System Holding Tank Temporary/Experimental System
- Repair Abandonment Other (Specify) _____

APPLICANT: JOHN WESTLEY TROWELL TELEPHONE: 365-4520

AGENT: PAUL LLOYD

MAILING ADDRESS: 224 NW SUGAR GLENN CITY: LAKE CITY STATE: FL ZIP: 32055

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. ATTACH BUILDING PLAN AND TO-SCALE SITE PLAN SHOWING PERTINENT FEATURES REQUIRED BY CHAPTER 10D-6, FLORIDA ADMINISTRATIVE CODE.

PROPERTY INFORMATION [IF LOT IS NOT IN A RECORDED SUBDIVISION, ATTACH LEGAL DESCRIPTION OR DEED]

LOT: _____ BLOCK: _____ SUBDIVISION: MEETS & BOUNDS DATESUBD: _____

PROPERTY ID #: 06-3S016-02014-003 [Section/Township/Range/Parcel] ZONING: RES

PROPERTY SIZE: 1.0 ACRES [Sqft/43560] PROPERTY WATER SUPPLY: PRIVATE PUBLIC

PROPERTY STREET ADDRESS: 225 NW SUGAR GLENN

DIRECTIONS TO PROPERTY: 90 WEST TURN RIGHT ON LAKE JEFFERY RD. CROSS I-75 TURN LEFT ON OGDEN LOOP TURN LEFT ON SUGAR GLENN TO END.

BUILDING INFORMATION RESIDENTIAL COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	# Persons Served	Business Activity For Commercial Only
1	<u>MOBILE HOME</u>	<u>3</u>	<u>1144</u>	<u>2</u>	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____

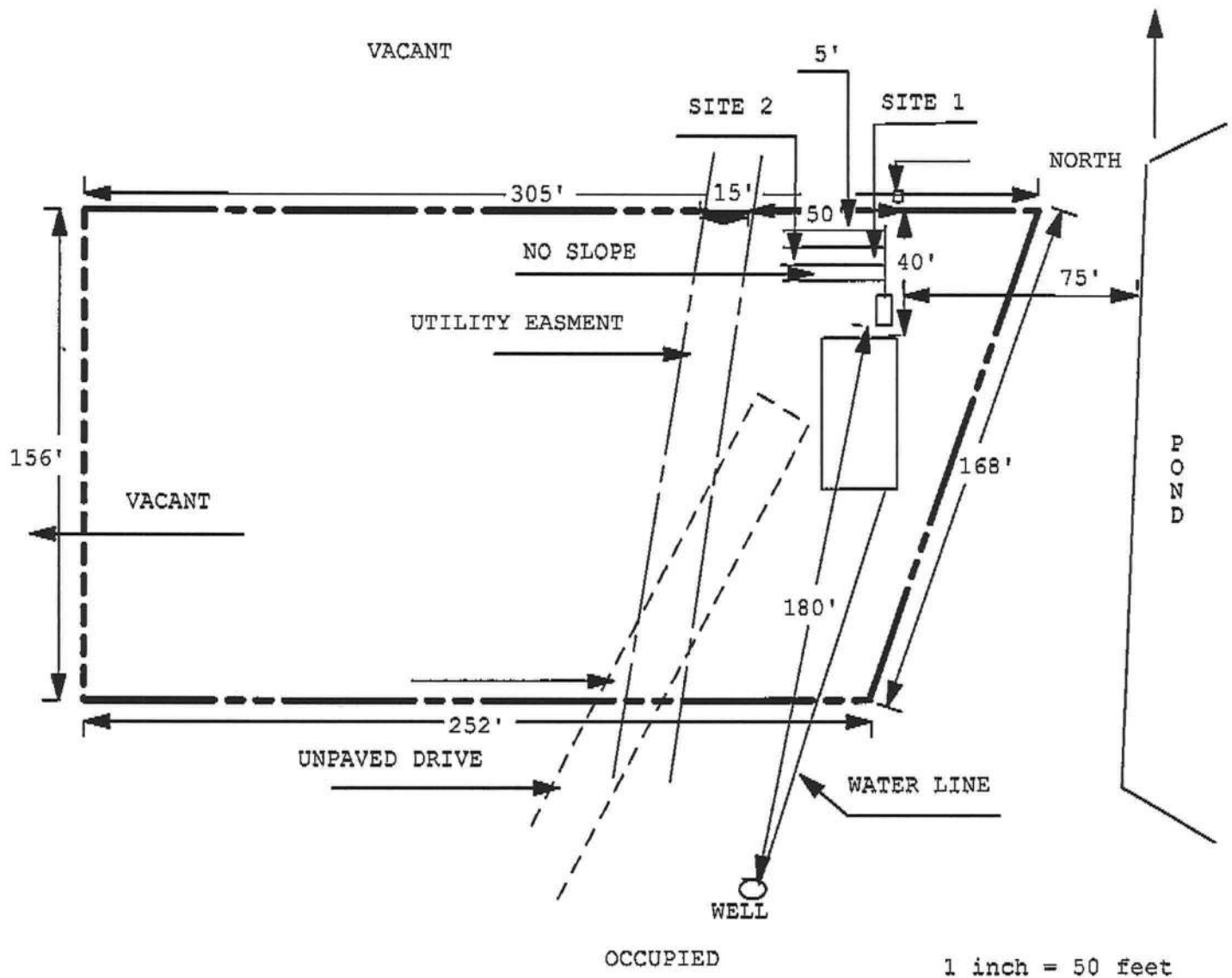
- Garbage Grinders/Disposals Spas/Hot Tubs Floor/Equipment Drains
- Ultra-low Volume Flush Toilets Other (Specify) _____

APPLICANT'S SIGNATURE: *Paul Lloyd* DATE: 2/19/10

**Application for Onsite Sewage Disposal System
Construction Permit. Part II Site Plan**
Permit Application Number: 10-2142

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT

09-4845



Site Plan Submitted By Paul Floyd Date 3/13/10
 Plan Approved Not Approved Date 2-25-10
 By Sally Ford - EH Director Columbia CHD CPHU

Notes: _____

MARCH 4, 2010
BOARD OF COUNTY COMMISSIONERS MEETING
BUILDING AND ZONING DEPARTMENT
SPECIAL FAMILY LOT PERMITS
CONSENT AGENDA

FL1005 – Immediate Family Member: John Wesley Trowell
Parent Parcel Owner: Marvin Wesley Brinkley, Sr.
Family Relationship: Grand-son
Acreage Being Deeded: 1
Acreage Remaining: 14.85
Location of Property: See attachment "A"

COLUMBIA COUNTY BOARD
OF COUNTY COMMISSIONERS


CHAIRMAN

BCC APPROVED

3/4/10

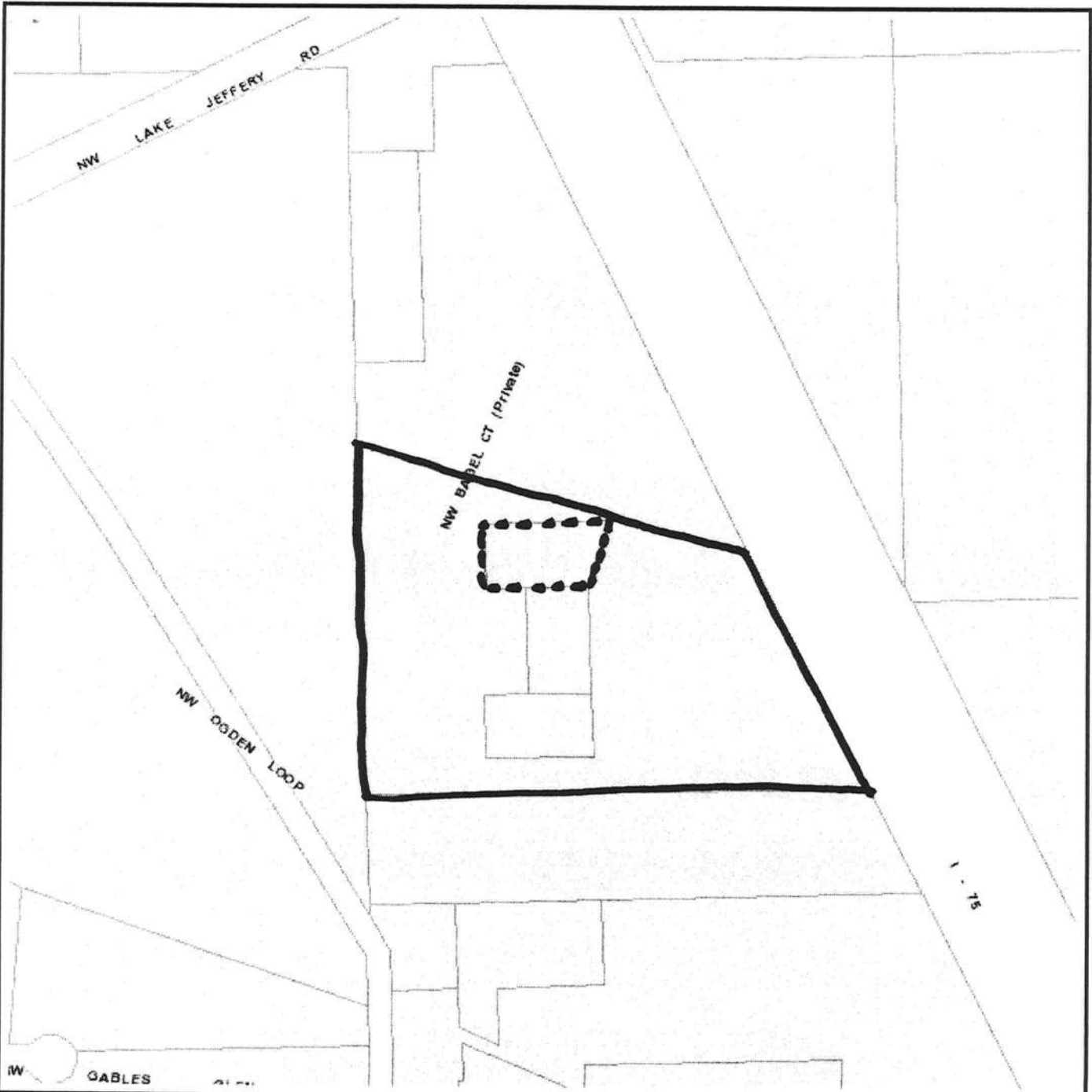
DATE

Requesting approval of the Special Family Lot permit as indicated above. Meets the requirements of Section 14.9 of the Land Development Regulations, as amended. Staff recommends approval.

RECEIVED

FEB 25 2010

Board of County Commissioners
Columbia County



Columbia County Property Appraiser

J. Doyle Crews - Lake City, Florida | 386-758-1083

PARCEL: 06-3S-16-02014-000 - IMPROVED A (005000)
 BEG SW COR OF SW1/4 OF NE1/4 RUN N 399.90 FT, SE 996.38 FT TO W R/W I-75, SE ALONG R/W 647.99 FT, W 1232.90 FT, N 456.98 FT TO POB, EX .94 AC DESC IN

Name: BRINKLEY MARVIN W
 Site: 153 NW SUGAR GLN
 Mail: 153 NW SUGAR GLN
 LAKE CITY, FL 32055

Sales Info: NONE

2009 Certified Values

Land	\$15,254.00
Bldg	\$57,642.00
Assd	\$75,866.00
Exmpt	\$26,390.00
Taxbl	Cnty: \$25,750 Other: \$25,750 Schl: \$26,640

NOTES:



This information, GIS Map Updated: 1/28/2010, 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, its use, or its 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.

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COLUMBIA COUNTY, FLORIDA
SPECIAL FAMILY LOT PERMIT
APPLICATION

1. Name of Applicant (Immediate Family Member) John Wesley Trowell
Address 224 NW Sugar C/m City Lake City
Zip Code 32055 Phone (386) 288 3048

2. Name of Title Holder (Parent Parcel Owner) MARVIN Wesley Brinkley Sr
Address 153 NW Sugar C/m. City Lake City
Zip Code 32055 Phone (386) ~~000~~ 697-1037

3. Applicant's Relationship to Title Holder (Parent Parcel Owner) Grandson

4. Title Holder (Parent Parcel Owner) Tax Parcel ID# 06-38 16-02014-003
-000

5. Title Holder (Parent Parcel Owner) Size of Property 1 Acre

6. Attach Copy of Parent Parcel Owners' Deed.


7. Attach Legal Description of Proposed Family Lot.

8. Attach a map, drawing or sketch of Parent Parcel showing location of proposed family lot being deeded to immediate Family Member with appropriate dimensions.

9. Attach copies of personal identification and proof of relationship of both the parent parcel owner and immediate family member. The personal identification shall consist of original documents or notarized copies from public records. Such documents may include birth certificates, adoption records, marriage certificates and/or other public records.

I (we) hereby certify that all of the above statements and the statements contained in any papers or plans submitted herewith are true and correct to the best of my (our) knowledge and belief.

John Wesley Trowell
Applicants Name (Print or Type)


Applicant Signature

2-11-10
Date

OFFICIAL USE

Current Land Use Classification A-3 Current Zoning District A-3

Date Filed: 12 FEB. 2010 Application No: FL 1005

Fee Amount: \$50.00 Receipt No.: 4045

Date Board of County Commissioner Meeting: 4 MARCH 2010

Board of County Commissioner's Decision:

Approved

Approved with conditions _____

Denied _____

Reason for Denial _____

FL

FL

OFFICE of VITAL STATISTICS

CERTIFIED COPY

CERTIFICATION OF BIRTH

STATE FILE NUMBER: 109-1945-020716

CHILD'S NAME: MARVIN WESLEY BRINKLEY

DATE OF BIRTH: JUNE 15, 1945

SEX: MALE

COUNTY OF BIRTH: COLUMBIA

DATE FILED: JULY 21, 1945

MOTHER'S MAIDEN NAME: BERNICE BRYAN

FATHER'S NAME: T W BRINKLEY

DATE ISSUED: JUNE 1, 2009

C. Meade Griggs, State Registrar

REQ: 2009492374

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.
 THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA ON THE FRONT, AND THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

WARNING:

DH FORM 1946 (08-04)


 FLORIDA DEPARTMENT OF
HEALTH


25388879

CERTIFICATION OF VITAL RECORD



* 2 5 3 8 8 8 7 9 *

VOID IF ALTERED OR ERASED

STATE OF FLORIDA

OFFICE of VITAL STATISTICS
CERTIFICATION OF BIRTH

NAME: JOHN WESLEY TROWELL
 DATE OF BIRTH: 9/20/91 SEX: MALE
 PLACE OF BIRTH: ALACHUA COUNTY, FLORIDA
 CERTIFICATE NUMBER: 109-91-133690
 DATE FILED: 9/23/91 DATE ISSUED: 1/06/00
 MOTHER'S MAIDEN NAME: JACQUELINE DENISE BRINKLEY
 FATHER'S NAME: JOHNNY TROWELL

This is to certify that this is a true abstract of the official record filed with this office.

By

Willie Dear May

State Registrar

WARNING:
3429759

DO NOT ACCEPT CERTIFIED COPIES UNLESS ON SECURITY PAPER WITH COLORED BACKGROUND AND THE LETTERS FLA IN THE UPPER RIGHT AND LEFT CORNERS OF PAPER ON FRONT AND VERTICAL SECURITY LINES ON BACK. ALTERATION OR ERASURE VOIDS THIS CERTIFICATE.

FLORIDA DEPARTMENT OF
HEALTH



When recorded, mail to:

Name: John W. Trowell
Address: 224 NW Sugar
Gln.
City/State/Zip Code: Lake City,
FL 32055

Inst: 200912019292 Date: 11/18/2009 Time: 9:21 AM
Doc Stamp-Deed: 0.70
DC, P. DeWitt Cason, Columbia County Page 1 of 3 B: 1184 P: 966

Space above this line for Recorder's use

QUITCLAIM DEED

KNOW ALL MEN BY THESE PRESENTS:

That I (we), Marvin W. Brinkley,
the undersigned, for the consideration of Ten Dollars (\$10.00), and other valuable considerations, do
hereby release, remise, and forever quitclaim unto John Wesley Trowell

all right, title and interest in that certain Property situated in Columbia County,
State of Florida, and described as follows:

SEE Exhibit "A"

IN WITNESS WHEREOF, I (we) have hereunto set my (our) hand(s) and seal this 18 day of
November, 2009.

Marvin W. Brinkley
Printed Name of Releasor

Marvin W. Brinkley
Signature of Releasor

Printed Name of Releasor

Signature of Releasor

witness Rose Ann Aiello
Bonnie Dow
Printed Name of Witness (if required by State Laws)

Rose Ann Aiello
Bonnie Dow
Signature of Witness (if required by State Laws)

ACKNOWLEDGMENT
(States Other Than California)

State of FLORIDA)
County of COLUMBIA) ss.

On this 18 day of November, 2009, before me, the undersigned
Notary Public, personally appeared Marvin Brinkley

known to me to be the individual(s) who executed the foregoing instrument and acknowledged the same
to be his(her)(their) free act and deed.

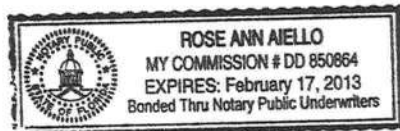
My Commission Expires: 02/17/2013

Rose Ann Aiello
Notary Public

If acknowledged in the State of Florida, complete section(s) below:

(Releasor) Personally Known (or) Produced Identification

If applicable, Type of Identification Produced: FL DL



(Co-Releasor) Personally Known (or) Produced Identification

If applicable, Type of Identification Produced: _____

ACKNOWLEDGMENT
(State Of California)

State of California)
County of _____) ss.

On this _____ day of _____, _____, before me, _____
_____, the undersigned Notary Public, personally appeared,

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose
name(s) is(are) subscribed to the attached instrument and acknowledged to me that he(she)(they)
executed the same in his(her)(their) authorized capacity(ies), and that by his(her)(their) signature(s) on
the instrument, the person(s) or the entity upon behalf of which the person(s) acted, executed the
instrument.

WITNESS my hand and official seal.

Notary Public

WARRANTY DEED

THIS INDENTURE, made this 24th day of June, 1993, between Ralph C. Murdock, social security number 054-16-4838 and Bernice B. Brinkley Murdock, social security number 264-26-5732, husband and wife, of Route 8, Box 416, Lake City, Florida, 32055, Grantor, and Marvin Brinkley, social security number [REDACTED] and Diane Brinkley, social security number [REDACTED] husband and wife, of Route 8, Box 418, Lake City, Florida 32055, Grantee,

WITNESSETH:

That Grantor, for and in consideration of the sum of \$10.00 and other good and valuable consideration to Grantor in hand paid by Grantee, the receipt whereof is hereby acknowledged, has granted, bargained and sold to the Grantee, and Grantee's heirs and assigns forever, the following described land, situated, lying and being in Columbia County, Florida;

Begin at the Southwest corner of the Southwest 1/4 of the Northeast 1/4 of Section 6, Township 3 South, Range 16 East, Columbia County, Florida and run N. 88° 06' 08" E, along the South line of said Southwest 1/4 of the Northeast 1/4 a distance of 208.71 feet to the Southeast corner of lands of Marvin Brinkley; thence N. 01° 57' 06" W. along the East line of said lands 208.71 feet to the Northeast corner of said lands; thence S. 88° 06' 08" W. along the North line of said lands 208.71 feet to a point on the West line of said Southwest 1/4 of the Northeast 1/4; thence N. 01° 57' 06" W. along said West line 191.19 feet; thence S. 76° 10' 39" E. 996.38 feet to a point on the Westerly Right-of-Way line of Interstate Highway No. 75; thence S 26° 58' 13" E. along said Westerly Right-of-Way line 143.47 feet to a point on the North line of the Northwest 1/4 of the Southeast 1/4 of said Section 6; thence continue S. 26° 58' 13" E. still along the Westerly Right-of-Way line of said Interstate Highway No. 75 a distance of 504.52 feet; thence S. 88° 06' 08" W. parallel to the North line of said Northwest 1/4 of the Southeast 1/4 a distance of 1232.90 feet to a point on the West line of said Northwest 1/4 of the Southeast 1/4; thence N. 01° 57' 06" W. along said West line 456.98 feet to the POINT OF BEGINNING. Containing 16.73 acres, more or less.

BK 0776 PG 1157

OFFICIAL RECORDS

Grantor does hereby fully warrant the title to the land, and will defend the same against the lawful claims of all persons whomsoever.

IN WITNESS WHEREOF Grantor has executed this instrument the day and year first above written.
Executed in the presence of:

Karen Schichler
Witness
Name: KAREN Schichler

Ralph C. Murdock
RALPH C. MURDOCK

Ann Dupree
Witness
Name: ANN Dupree

Bernice B. Murdock
BERNICE B. MURDOCK

STATE OF FLORIDA
COUNTY OF COLUMBIA

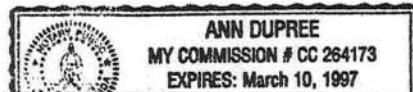
BEFORE ME, the undersigned authority, personally appeared Ralph C. Murdock and as power of attorney for Bernice B. Murdock identified by personally known/drivers license number _____, who being by me first duly sworn, did acknowledge the execution of the foregoing as his/her true act and deed and for the purposes expressed herein.

(SEAL)

Witness my hand and official seal.

(SEAL)

Ann Dupree
Notary Public
Name: ANN Dupree
My commission expires:



SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1003-39 CONTRACTOR Houston, Dale PHONE 752-9814

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>John Trowell</u> License #:	Signature <u>John Trowell</u> Phone #: <u>386-288-3048</u>
MECHANICAL/ A/C	Print Name <u>John Trowell</u> License #:	Signature <u>John Trowell</u> Phone #:
PLUMBING/ GAS	Print Name <u>John Trowell</u> License #:	Signature <u>John Trowell</u> Phone #:
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.



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, Dale Houston, give this authority for the job address show below
Installer License Holder Name

only, 225 nw Sugar gln lake city fl., 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)
John Trowell	<i>John Trowell</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
		<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.

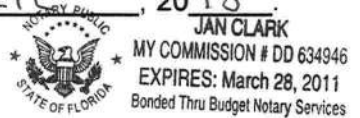
Dale Houston License Holders Signature (Notarized) 1H0000043 License Number 4-6-10 Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is DALE HOUSTON, personally appeared before me and is known by me or has produced identification (type of I.D.) PERSONALLY KNOWN on this 6th day of APRIL, 2010.

Jan Clark
 NOTARY'S SIGNATURE



(Seal/Stamp)

AFFIDAVIT FOR SPECIAL FAMILY LOT PERMIT

STATE OF FLORIDA
COUNTY OF COLUMBIA

Inst:201012005573 Date:4/8/2010 Time:1:10 PM
DC,P.DeWitt Cason,Columbia County Page 1 of 2 B:1192 P:941

BEFORE ME the undersigned Notary Public personally appeared, MARVIN W. Brinkley SR, the Owner of the parent parcel which has been subdivided for and John. W. Trowell, the Immediate Family Member of the Owner, which is intended for the Immediate Family Members primary residence use. The Immediate Family Member is related to the Owner as Grandson. Both individuals being first duly sworn according to law, depose and say:

1. Affiant acknowledges Immediate Family Member is defined as parent, grandparent, step-parent, adopted parent, sibling, child, step-child, adopted child or grandchild.
2. Both the Owner and the Immediate Family Member have personal knowledge of all matters set forth in this Affidavit.
3. The Owner holds fee simple title to certain real property situated in Columbia County, and more particularly described by reference with the Columbia County Property Appraiser Parent Tract Tax Parcel No. 02014-000.
4. The Owner has divided the parent parcel for use of an Immediate Family Member, for their primary residence and the parcel divided and the remaining parent parcel are at least one (1) acre in size.
5. The Immediate Family Member holds fee simple title to certain real property divided from the Owners' parent parcel situated in Columbia County and more particularly described by reference to the Columbia County Property Appraiser Tax Parcel No. 06-35-16-02014-003, and shall obtain homestead exemption on said parcel once dwelling is placed on parcel.
6. No person or entity other than the Owner and Immediate Family Member to whom permit is being issued, including persons residing with the family member claims or is presently entitled to the right of possession or is in possession of the property, and there are no tenancies, leases or other occupancies that affect the property.
7. The issuance of the Special Family Lot Permit shall comply with the Columbia County Land Development Regulations, as amended. The site location of the dwelling on the property shall be in compliance with all other conditions not conflicting with this section for permitting as set forth in the Columbia County Land Development Regulations.
8. This Affidavit is made for the specific purpose of inducing Columbia County to recognize a family division for an Immediate Family Member on the parcel divided in accordance with Section 14.9 of the Columbia County Land Development Regulations. This Special Family Lot Permit is valid for 1 year from date of approval by the Board of County Commissioners. The Immediate Family Member further understands that the transfer of ownership shall meet the requirements of Section 14.9(#8) of this Section.

