		Building Pe ar From the Date o		PERMIT
APPLICANT JOHN PAUL JONES	iit Expires One Te	PHONE	386.752.1971	000022614
ADDRESS 121 DYLAN WAY		LAKE CITY		FL 32025
OWNER JOHN PAUL JONES		PHONE	386.752.1971	
ADDRESS 121 SE CYPRESS HOLI	LOW GLENN, LOT #1	LAKE CITY		FL 32025
CONTRACTOR VIC ETHERIDGE		PHONE	386.462.7554	
LOCATION OF PROPERTY 90-E TO S	R 100 TO C-245A W TO	O R&R MHP,BETWEEN	N OLIN MHP	
& PARAD	ISE VILLAGE MHP			
TYPE DEVELOPMENT M/H & UTILITY	EST	TMATED COST OF CO	NSTRUCTION	.00
HEATED FLOOR AREA	TOTAL ARE.	Α	HEIGHT _	.00 STORIES
FOUNDATION WALL	LS R	OOF PITCH	FI	LOOR
LAND USE & ZONING A-3		MAX	. HEIGHT	
Minimum Set Back Requirments: STREET-l	FRONT 30.00	REAR	25.00	SIDE 25.00
NO. EX.D.U. 2 FLOOD ZONE	x	DEVELOPMENT PERM	MIT NO	
PARCEL ID 11-4S-17-08312-000	SUBDIVISION		1027 Taroner (1000)	200
LOT BLOCK PHASE _	UNIT _	TOTA	AL ACRES	89
	IH0000144		L	
Culvert Permit No. Culvert Waiver Co	ontractor's License Numl	ber V	Applicant/Owner/	/Contractor
EXISTING 04-0558EA	BLK	/	K	N
Driveway Connection Septic Tank Number	LU & Zoning	g checked by App	roved for Issuanc	e New Resident
COMMENTS: SECTION 2.3.8				
ASSESSMENTS CHARGED FOR 2 UNITS ALR	EADY.			
			Check # or Ca	ash 1157
FOR BU	ILDING & ZONING	G DEPARTMENT	ONLY	(footer/Slab)
Temporary Power	Foundation		Monolithic	(100ter/Stab)
date/app. by		date/app. by		date/app. by
Under slab rough-in plumbing	Slab		Sheathing/	Nailing
date/app		date/app. by		date/app. by
Framing date/app. by	Rough-in plumbing abo	ove slab and below wood	floor	date/app. by
Electrical rough-in	Heat & Air Duct			20-11-0-10-10-10-10-10-10-10-10-10-10-10-
date/app. by	- Ital & All But	date/app. by	Peri. beam (Linte	date/app. by
Permanent power	C.O. Final		Culvert	
date/app. by	da	ite/app. by		date/app. by
M/H tie downs, blocking, electricity and plumbing	date/app.	by	Pool	date/app. by
Reconnection	Pump pole	Utility Pole		
date/app. by M/H Pole Tray	date/a	pp. by	date/app. by Re-roof	,
date/app. by		te/app. by	Ke-1001	date/app. by
BUILDING PERMIT FEE \$.00	CERTIFICATION FEE	\$.00	CLIDCHARCE	PEE \$ 00
\$			SURCHARGE	
	CERT. FEE \$ 50.00		0.0000000000000000000000000000000000000	E FEE \$
FLOOD ZONE DEVELOPMENT FEE S	CULVERT FE	E\$	TOTAL FEE	250.00
INSPECTORS OFFICE			/////	
		CLERKS OFFICE _	CN	

"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."

This Permit Must Be Prominently Posted on Premises During Construction

PLEASE NOTIFY THE COLUMBIA COUNTY BUILDING DEPARTMENT AT LEAST 24 HOURS IN ADVANCE OF EACH INSPECTION, IN ORDER THAT IT MAY BE MADE WITHOUT DELAY OR INCONVIENCE, PHONE 758-1008. THIS PERMIT IS NOT VALID UNLESS THE WORK AUTHORIZED BY IT IS COMMENCED WITHIN 6 MONTHS AFTER ISSUANCE.

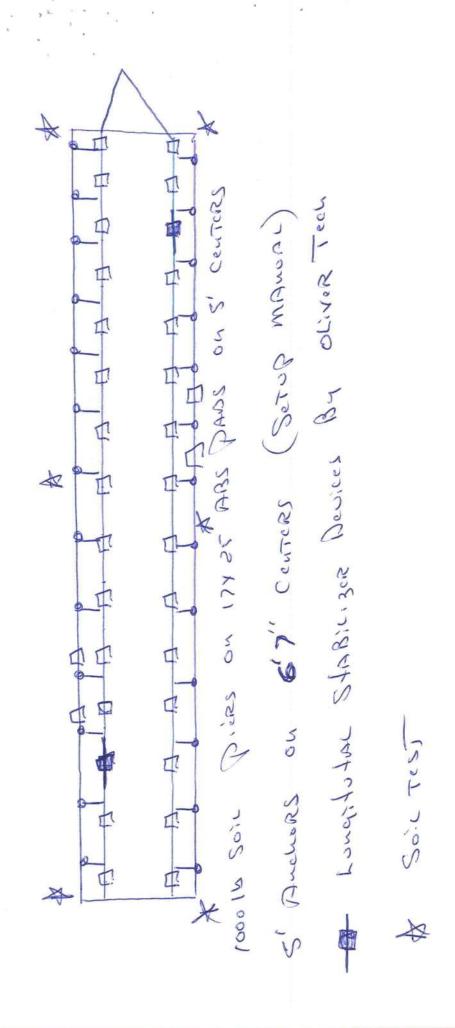
The Issuance of this Permit Does Not Waive Compliance by Permittee with Deed Restrictions.

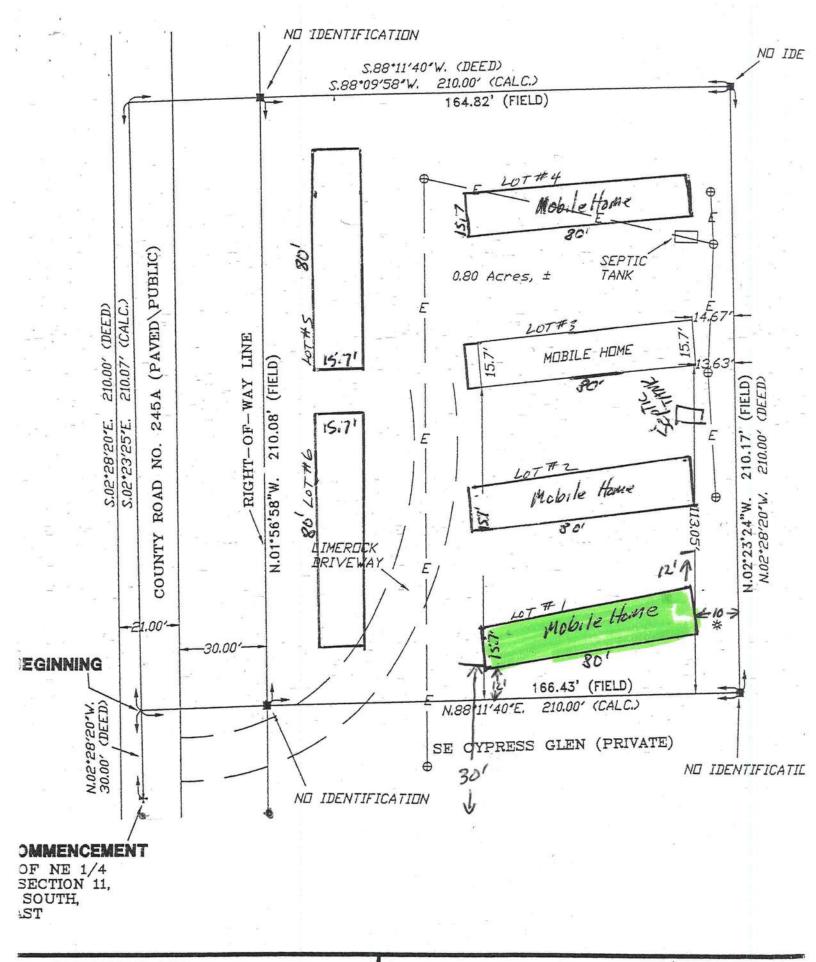
PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only Zoning Official BLK 13.12. W Building Official FLK 12-14-6 AP# 6412-06 Date Received 12-1-04 By LH Permit # 27614	4				
AP# 0912-09 Date Received 12-7-09 By LA Permit # 20019					
Flood Zone Development Permit V/A Zoning A-3 Land Use Plan Map Category A-3					
Comments Section 2, 3,8					
und letter of Authorization					
FEMA Map # Elevation Finished Floor River In Floodway					
Site Plan with Setbacks shown Environmental Health Signed Site Plan Env. Health Release					
	04				
□ Well letter provided	-04				
■ Property ID 11-45 -17 -083/2 -000 Must have a copy of the property d	004				
Property ID Must have a copy of the property d	eea				
New Mobile Home Used Mobile Home Year					
- Subdivision Information R+R Mobile Home Park, Lot 1					
 Applicant John Paul Jones Phone # 386-752-197/ 					
	-				
- Address 161 SW DYLAN WAY LARE CITY 17132025	(IN				
Chila					
Name of Property Owner					
= 911 Address 12154 CYPRESS HOllow GLENN LOT#1					
■ Circle the correct power company - FL Power & Light - Clay Electric					
(Circle One) - Suwannee Valley Electric - Progressive Energy					
Name of Owner of Mobile Home Phone #					
-10.1	_				
- Address					
Relationship to Property Owner					
 Current Number of Dwellings on Property 2 of 6 Space promtly filled 					
Lot Size Total Acreage - #7					
	_				
Do you : Have an Existing Drive or need a Culvert Permit or a Culvert Waiver Perm	<u>nit</u>				
■ Driving Directions 121 SE CYPRESS Hollow Glenn					
\$15 900 TO 10050. TO CR 245 A W TO R+R between O/iN MH	0				
to PARAdise MHP					
Is this Mahila Hama Panlasing an Existing Mahila Hama					
Is this Mobile Home Replacing an Existing Mobile Home					
1/2 CT and	/				
Name of Licensed Dealer/Installer VIC ETheridge Phone # 386-462-755					
■ Installers Address 1.0. Box 3266 High Springs, 719. 32655					
■ License Number TH 0000 144 Installation Decal # 226446					
1157					

PERMIT NUMBER

Connect all potable water supply piping to an existing water meter, water tab, or other	Plumbing	Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between multi-wide units. Pg	Electrical	Date Tested 16 26-04	ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER	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 the points where the torque test reading is 275 or less and where the mobile home manufacturer may requires anchors with 4000 ib holding capacity. Installer's initials	TORQUE PROBE TEST The results of the torque probe test is 2 inch pounds or check here if you are declaring 5 anchors without testing A test showing 275 inch pounds or tess will require 4 foot anchors.	XCOOL X (SOU		POCKET PENETROMETER TESTING METHOD 1. Test the perimeter of the home at 6 locations 2. Take the reading at the depth of the footer	x/con x (sor x cos)	The pocket penetrometer tests are rounded down to /OXX psf or check here to declare 1000 lb. soil without testing.	POCKET PENETROMETER TEST
Installer Signature De Cot of State 17-30-01	is accurate and true based on the	Installer verifies all information given with this permit worksheet	Other	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	Miscellaneous	The bottomboard will be repaired and/or laped. Yes Pg. Siding on units is installed to manufacturer's specifications. Yes Fireplace chimney installed so as not to allow intrusion of rain water. Yes	Type gasket Pg. Installed: Between Floors Yes Between Walls Yes Bottom of ridgebeam Yes	homes and that condensation, mold, meldew and buckled marriage walls are a result of a poorly installed or no gasket being installed. I understand a strip of tape will not serve as a gasket.	Gasket (westly/proofing requirement) I understand a property installed gasket is a requirement of all new and used	Roof: Type Fastener: Length: Spacing: S	Length:	Debris and organic material removed Water drainage: Natural Swale Pad Other	SHOFT IN PROCESSION OF THE PRO





CERTIFIED TO

THN PAUL & LINDA R. JONES
TITLE OFFICES, LLC
TR TITLE INSURANCE COMPANY

SURVEYOR'S CERTIFICATION

I HEREBY CERTIFY THAT THIS SURVEY WAS MADE UNDER MY RESPONSIBLE TECHNICAL STANDARDS AS SET FORTH BY THE FLORIDA BOARD OF PROFE. IN CHAPTER 61G17-6, FLORIDA ADMINISTRATIVE CODE, PURSUANT TO SECT

N5/N6/NA

05/07/01

This Instrument Prepared by & return to:

Name:

NANCY MURPHY, an employee of

TITLE OFFICES, LLC

Address:

1089 SW MAIN BLVD.

LAKE CITY, FLORIDA 32025

04Y-04128NM

Parcel I.D. #: 08312-000

SPACE ABOVE THIS LINE FOR PROCESSING DATA

SPACE ABOVE THIS LINE FOR RECORDING DATA

THIS WARRANTY DEED Made the 7th day of May, A.D. 2004, by LYNN M. REED, a married woman, conveying non-homestead property, hereinafter called the grantor, to JOHN PAUL JONES and LINDAR. JONES, HIS WIFE, whose post office address is ROUTE 10, BOX 562, LAKE CITY, FL 32025, hereinafter called the grantees:

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

Witnesseth: That the grantor, for and in consideration of the sum of \$10.00 and other valuable consideration, receipt whereof is hereby acknowledged, does hereby grant, bargain, sell, alien, remise, release, convey and confirm unto the grantees all that certain land situate in Columbia County, State of FLORIDA, viz:

COMMENCE AT THE SW CORNER OF THE NE ¼ OF THE NE ¼ OF SECTION 11, TOWNSHIP 4 SOUTH, RANGE 17 EAST, AND RUN N 2°28'20" W, 30 FEET TO THE POINT OF BEGINNING; RUN THENCE N 88°11'40" E, 210 FEET; RUN THENCE N 2°28'20" W, 210 FEET; RUN THENCE S 88°11'40" W, 210 FEET; RUN THENCE S 2°28'20" E, 210 FEET TO THE POINT OF BEGINNING.

LESS AND EXCEPT THAT PART OF THE ABOVE DEEDED TO THE STATE OF FLORIDA IN OFFICIAL RECORDS BOOK 254, PAGE 575, OF THE PUBLIC RECORDS OF COLUMBIA COUNTY, FLORIDA.

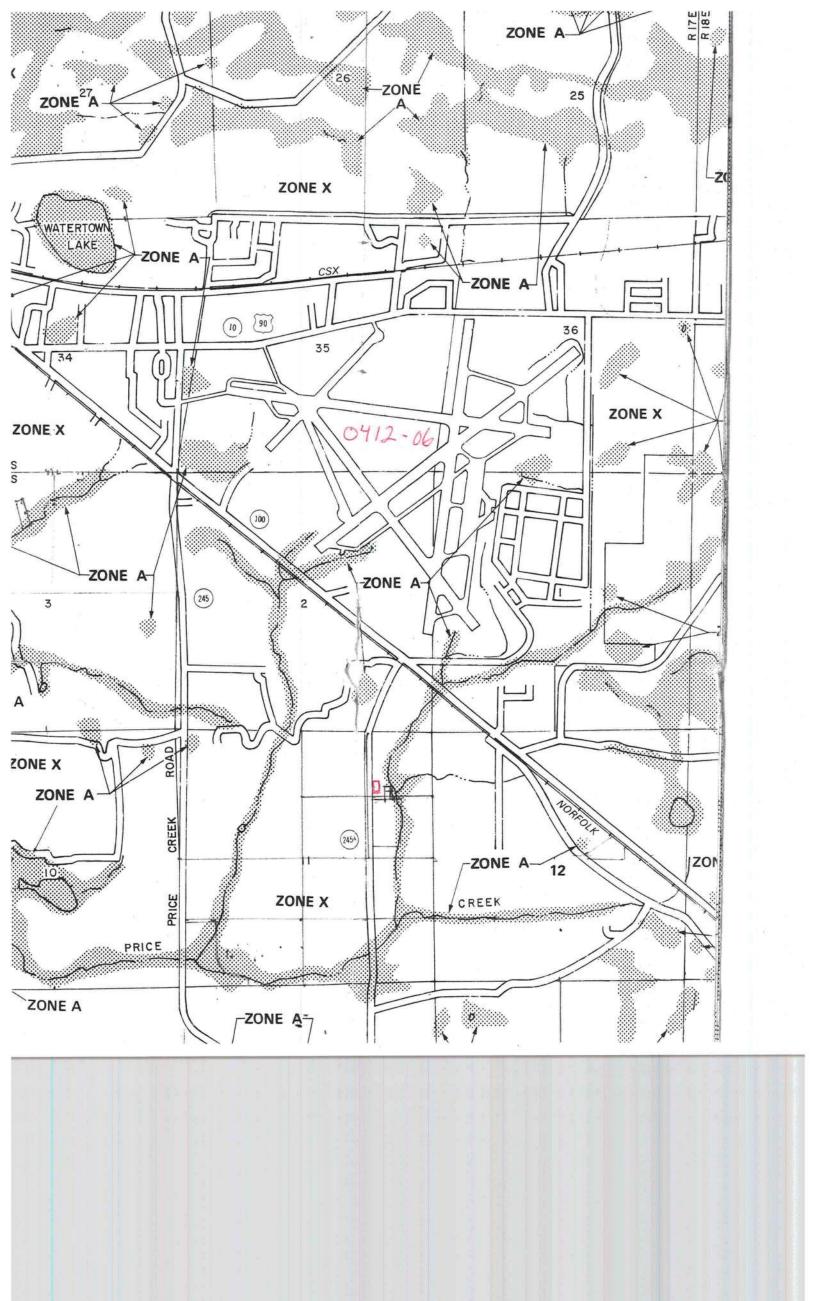
Together with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

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

And the grantor hereby covenants with said grantees that she is lawfully seized of said land in fee simple; that she has good right and lawful authority to sell and convey said land, and 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, 2003.

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

					L
Vitness Signature	9	LYNN M. REED Address: P.O. BOX 134, LAKE CITY, FL 32056			
Printed Name	2			5.1	
0					
Vitness Signature					
					1 4,
Printed Name					



him to you

DEPARTMENT OF CODE ENFORCEMENT COLUMBIA COUNTY, FLORIDA

PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 12-16-04 Thurs. BY G
IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? 45
OWNERS NAME John Paul Jones PHONE 752-1971 CELL
911 ADDRESS 121 SE CYPNESS Hollow Hen.
MOBILE HOME PARK R+R M+P, Lot 1 SUBDIVISION
DRIVING DIRECTIONS TO MOBILE HOME GOE to 100, TR, TR
on 245A, turn into myp between Olinmys
+ PARAdISE MAP, TR CYPNESS HUllow Glen, 1st
CONTRACTOR VICE thudbe PHONE 386 462.759 CELL
MOBILE HOME INFORMATION 9-19-97
MAKE <u>Skyline</u> YEAR <u>1998</u> SIZE 14 x 26
COLOR white / Red Tim SERIAL NO. 8D61-6481-K
WIND ZONE SMOKE DETECTOR
INTERIOR: FLOORS
DOORS
WALLS
CABINETS
ELECTRICAL (FIXTURES/OUTLETS)
EXTERIOR: WALLS / SIDDING
WINDOWS
DOORS
STATUS: APPROVED WITH CONDITIONS:
NOT APPROVED NEED REINSPECTION
INSPECTOR SIGNATURE Day NUMBER 366

AAA MOBILE HOME TRANSPORT

Phone (352) 372-1366 Home (386) 462-7554 Mobile (352) 316-0953 State Lic# IH0000144

Vic Etheridge

Owner/Operator

DATES		
NAME OF LICENSE HOLDER	The Dailed Albert	
LICENSE CERTIFICAT	TE P TO SAME THE	
THE FOLLOWING PERSON(S) A REFERENCED LICENSE HOLDE	RE AUTHORIZED TO SIGN FO	R PERMITS FOR THE ABOVE
NAMES : PLEASE PRINT	SIGNATURECO:	RELATIONSHIP
L. N. 18 1		0.0572.00
	The state of the s	morified if less than 12
Authorization forms are good 12 n		
The foregoing instrument was acknowledge	owledged before me this	day of
by	who is personally kno	wn to me or has produced
identification Type of Identification		
Signature of License Holder		
Signature of Notary:		
Commission # & Seal/Stamp:		
Constitusation was been breakly.		
PLICH RETHEORM REV 05/20.02 - LMF		