

DATE 03/05/2013

Columbia County Building Permit

PERMIT

This Permit Must Be Prominently Posted on Premises During Construction

000030820

APPLICANT ADAM HOLLOWAY PHONE 386.288.3495

ADDRESS 4408 SE HIGH FALLS ROAD LAKE CITY FL 32025

OWNER BRENDA & JOHN FLANAGAN,(A.HOLLOWAY M/H) PHONE 386.288.3495

ADDRESS 4408 SE HIGH FALLS ROAD LAKE CITY FL 32025

CONTRACTOR TERRY L. THRIFT PHONE 386.623.0115

LOCATION OF PROPERTY 90-E TO SR.100,TR TO C-245,TR TO HIGH FALLS,TR AND IT'S THE
DRIVE ON L.(OPEN FIELD)

TYPE DEVELOPMENT M/H/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 12-5S-17-09216-000 SUBDIVISION Adon Holloway

LOT BLOCK PHASE UNIT TOTAL ACRES 19.22

000001994 IH1025139

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

WAIVER 13-0062 BLK TC N

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

COMMENTS: 1 FOOT ABOVE ROAD.Check # or Cash 1613

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 \$ 85.54 WASTE FEE \$ 117.25

FLOOD DEVELOPMENT FEE \$ FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$ TOTAL FEE 577.79

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.

NOTICE: ALL OTHER APPLICABLE STATE OR FEDERAL PERMITS SHALL BE OBTAINED BEFORE COMMENCEMENT OF THIS PERMITTED DEVELOPMENT.

"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.

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-11) Zoning Official BLK 5 MARCH 2013 Building Official TN 3/1/13
 AP# 1303-02 Date Received 3-1-13 By LH Permit # 1994/30820
 Flood Zone X Development Permit N/A Zoning A-3 Land Use Plan Map Category A-3
 Comments _____
 FEMA Map# N/A Elevation N/A Finished Floor 1' above River N/A In Floodway N/A
☒ Site Plan with Setbacks Shown ☒ EH # 13-0062 ☒ EH Release ☒ Well letter ☒ Existing well
☒ Recorded Deed or Affidavit from land owner ☒ Installer Authorization ☒ State Road Access ☒ 911 Sheet
☐ Parent Parcel # for Brenda & John ☒ STUP-MH ☒ F W Comp. letter ☒ VF Form
 IMPACT FEES: EMS _____ Fire _____ Corr _____ ☒ Out County ☒ In County
 Road/Code _____ School _____ = TOTAL _____ Impact Fees Suspended March 2009 _____

Property ID # 12-55-17-09216-000 Subdivision _____

- New Mobile Home ☒ Used Mobile Home _____ MH Size 28x52 Year 2013
- Applicant Adam Hollaway Phone # (386) 288-3495
- Address 4408 SE High Falls Road Lake City, FL 32025
- Name of Property Owner Brenda & John Flanagan Phone # (386) 365-0697
- 911 Address 4408 SE High Falls Road Lake City, FL 32025
- Circle the correct power company - FL Power & Light - Clay Electric
 (Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home Adam or Ashley Hollaway Phone # (386) 288-3495
- Address 4408 SE High Falls Road Lake City, FL 32025
- Relationship to Property Owner MOTHER + Father John or Brenda Flanagan
- Current Number of Dwellings on Property 0
- Lot Size 9.69 AC Total Acreage 19.22
- 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 GO US 90 E, ACROSS RR TRACKS, TURN (R) ON HWY 100, TURN (R) ON 245 (Price Creek Hwy)
High Falls, TR. And 7.2 MI. BEHIND ON L.
- Name of Licensed Dealer/Installer TERRY L THRIFT Phone # (386) 623-0115
- Installers Address 445 NW Dyer Hunter Dr Lake City, FL 32055
 - License Number TH-1025139 Installation Decal # 14472

*Brenda Flanagan came in 3.5.13 to inquire
 re spoke after "Issued"*

page 1 of 2

COLUMBIA COUNTY PERMIT WORKSHEET

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

Installer

TERRY L. THORNTON

License #

TH-1025139

911 Address where

home is being installed.

Settish Falls Road
Lake City, FL 32025

Manufacturer

Town Home

Length x width

52' x 28'

NOTE:

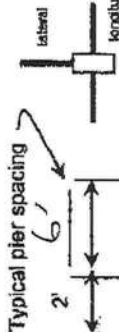
If home is a single wide fill out one half of the blocking plan
If home is a triple or quad wide sketch in remainder of home

Understand Lateral Arm Systems cannot be used on any home (new or used)
where the sidewalk ties exceed 5 ft 4 in.

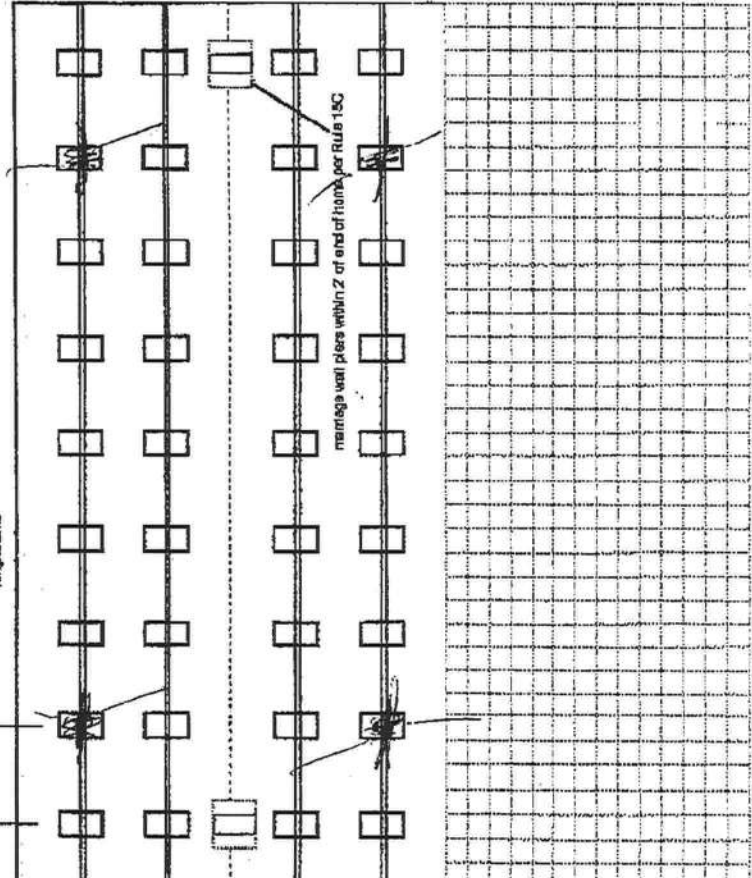
Installer's initials

TNT

Typical pier spacing



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



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 # 14172

Triple/Quad ☐ Serial # _____

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity	Footer size (sq in)	18" 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'	8'
1500 Dsf	4'	5'	6'	7'	8'	8'	8'
2000 Dsf	5'	6'	7'	8'	8'	8'	8'
2500 Dsf	6'	7'	8'	8'	8'	8'	8'
3000 Dsf	7'	8'	8'	8'	8'	8'	8'
3500 Dsf	8'	8'	8'	8'	8'	8'	8'

* Interpolated from Rule 16C-1 pier spacing table.

PIER PAD SIZES

I-beam pier pad size

17" x 25"

Perimeter pier pad size

16" x 16"

Other pier pad sizes

(required by the mfg.)

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

19' x 6"

4 ft

5 ft

FRAME TIES

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

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)

Manufacturer

Longitudinal Stabilizing Device w/ Lateral Arms

Manufacturer

OTHER TIES

Number

Sidewall

Longitudinal

Marriage wall

Shearwall

COLUMBIA COUNTY PERMIT WORKSHEET

page 2 of 2

POCKET PENETROMETER TEST	
The pocket penetrometer tests are rounded down to <u>1500</u> psi or check here to declare 1000 lb. soil without testing.	
x 1500	x 1600
285	290
POCKET PENETROMETER TESTING METHOD 1. Test the perimeter of the home at 8 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
285	285
TORQUE PROBE TEST The results of the torque probe test is <u>285</u> 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 require anchors with 4000 lb holding capacity.	
ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER Installer Name _____ Date Tested _____ Installer's Initials <u>YLI</u>	

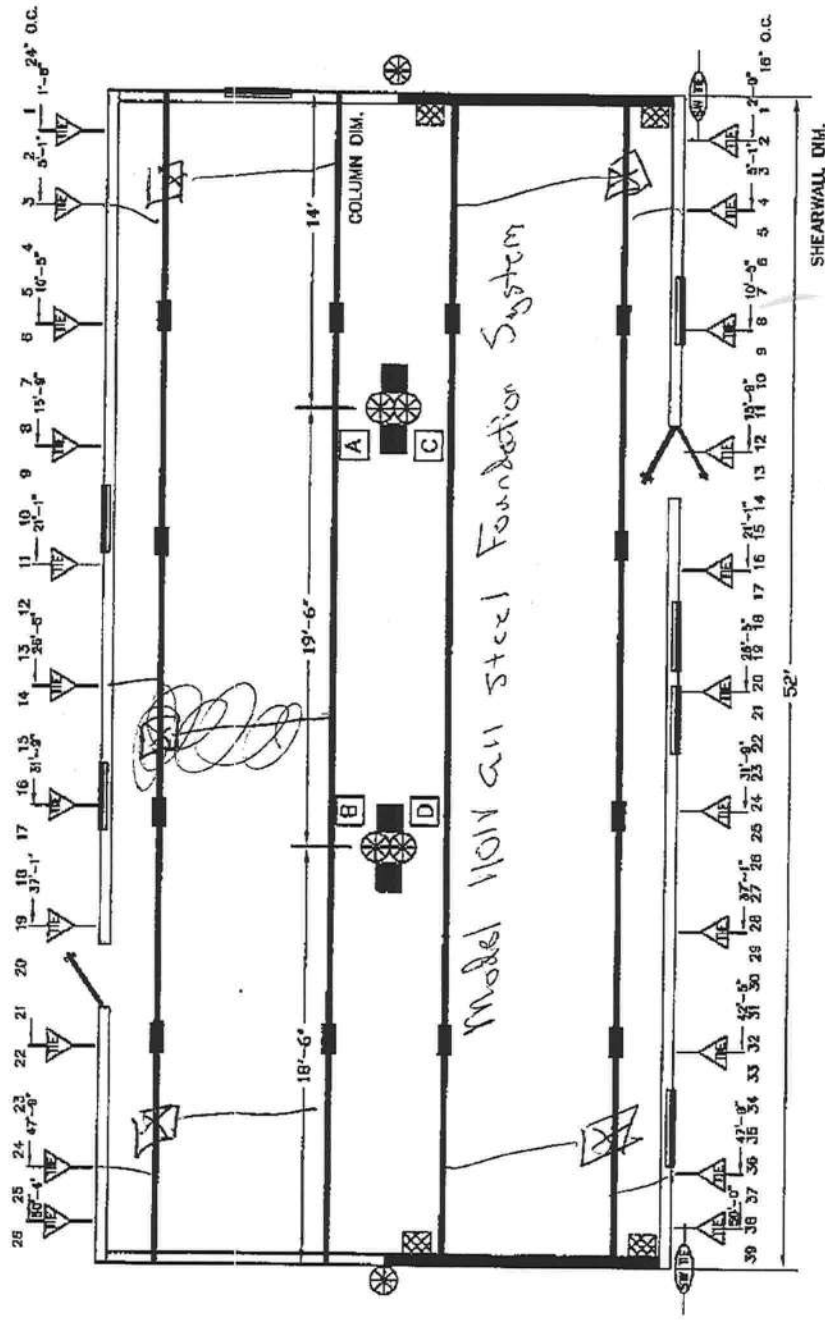
Electrical	
Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between multi-wide units. Pg. <u>2</u>	
Plumbing Connect all sewer drains to an existing sewer tap or septic tank. Pg. <u>2</u> Connect all potable water supply piping 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: <u>LAGS</u> Length: <u>6"</u> Spacing: <u>24" OC</u>	
Walls: Type Fastener: <u>SCREWS</u> Length: <u>1.5"</u> Spacing: <u>30" OC</u>	
Roof: Type Fastener: <u>SCREWS</u> Length: <u>1.5"</u> Spacing: <u>30" OC</u>	
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 centaline.	
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 <u>YLI</u>	
Type gasket <u>Isom Tape</u>	Installed: Between Floors <u>Yes</u>
Pg. _____	Between Walls <u>Yes</u>
	Bottom of ridgebeam <u>Yes</u>
Weatherproofing The bottomboard will be repaired and/or taped. <u>Yes</u> Pg. _____ Siding on units is installed to manufacturer's specifications. <u>Yes</u> Pg. _____ Fireplace chimney installed so as not to allow intrusion of rain water. <u>Yes</u>	
Miscellaneous Skirting to be installed. <u>Yes</u> No _____ Dryer vent installed outside of skirting. <u>Yes</u> No _____ Range downflow vent installed outside of skirting. <u>Yes</u> No _____ Drain lines supported at 4 foot intervals. <u>Yes</u> No _____ Electrical crossovers protected. <u>Yes</u> No _____ Other: _____	

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

 Installer Signature [Signature] Date 2/5/13

Holloway 28' x 52' Box



1-BEAM BLOCKING
SEE SOIL BEARING CAPACITY CHARTS FOR SPACING

COLUMN BLOCKING
SEE SOIL BEARING CAPACITY CHARTS FOR PAD SIZE

SHEARWALL BLOCKING

SHEARWALL FRAME TIE

CENTER LINE TIES

VERTICAL TIE
MAX. SPACING 8'-9" CENTER TO CENTER

LONGITUDINAL TIES

BLOCKING LEGEND:

1) ALL EXTERIOR DOORS, BAY WINDOWS, RECESSED SIDEWALLS AND EXTERIOR WALL OPENINGS 48" OR GREATER, WILL REQUIRE BLOCKING ON EACH SIDE.

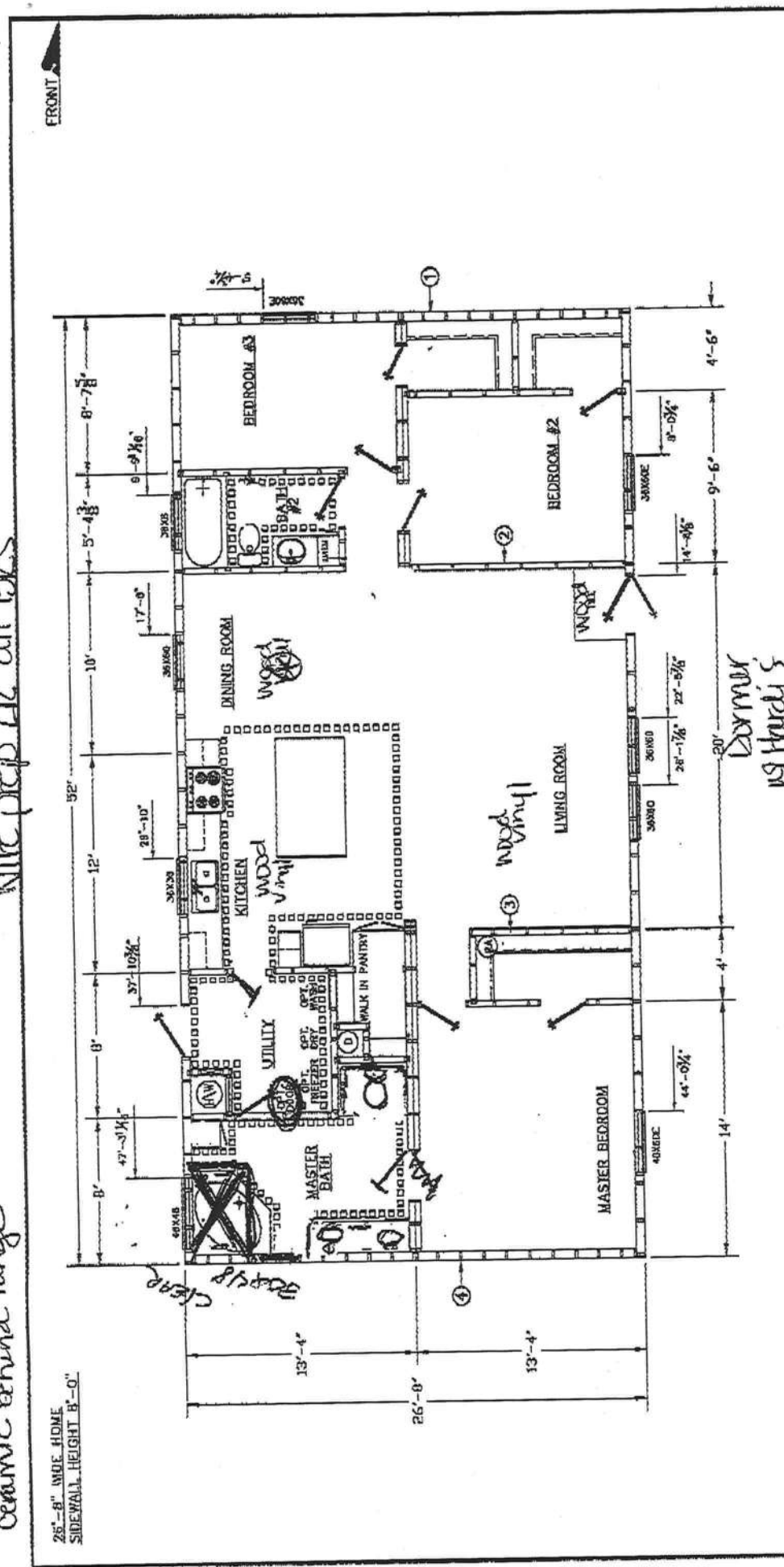
2) 32" WIDE HOMES REQUIRED TO BE BLOCKED MIN 8'-0" ON CENTER BETWEEN COLUMNS.

TownHomes
P.O. BOX 1059
LAKE CITY, FLORIDA 32049

TOWNHOMES
THE-UNITED-FAMILY-RESIDENTIAL-UNIT

Date: 10-2-07	Revisions	Code: 2828A
Drawn: ROB	8-25-09	5-4-10
Parent: NEW	4-11-11	6-9-11
Code: T (1)	8-17-11	
Scale: 2	Model: 2828-183	Print: BLOCKING PLAN

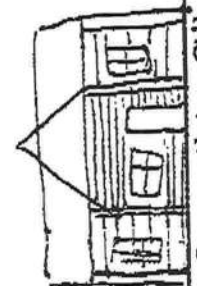
w/ vinyl
 Hardi 300
 mtl pkg black
 ceramic behind range
 w/ pkg
 1st floor (except stairs)
 60" Ceramic shower no seat pivot door
 add lav
 wire prep LR all BL's
 2 shower heads w/driver
 med cab w/mirror



TownHomes
 P.O. BOX 1009
 LAKE CITY, FLORIDA 32066

Date: 10-2-07	Revisions	Cont'd: 2828A
Drawn: RDB	8-25-08	5-4-10
Parent: NEW		
Code: T (07)		
2008 123	Model: 2828-183	Print: 1387 80 FT. SALES

ZONE 1	SW#1		SW#4
ZONE 2	SW#1		SW#4
ZONE 3	SW#1	SW#2	SW#3
			SW#4



Holloway

Dxm
 w/ Hardi's
 2 white
 columns
 under

9" 4 1/2" 9"

Holloway

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1303-02

CONTRACTOR

TERRY L JANKY623.0115

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>Adam Holloway</u> License #: <u>homeowner</u>	Signature <u>[Signature]</u> Phone #: <u>(386) 288-3495</u>
MECHANICAL/ A/C <u>568</u>	Print Name <u>David Hall's Inc.</u> License #: <u>CACO 57424</u>	Signature <u>[Signature]</u> Phone #: <u>386-755-9792</u>
PLUMBING/ GAS ✓	Print Name <u>Adam Holloway</u> License #: <u>Homeowner</u>	Signature <u>[Signature]</u> Phone #: <u>386-288-3495</u>
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.



Hall's Pump & Well Service, Inc.
904 NW Main Blvd
Lake City, FL. 32055

Date: 03/04/2013

Notice to All Contractors:
Re: Adam Holloway

Please be advised that due to the new building codes we will use a large capacity diaphragm tank on all new wells. This will insure a minimum of one (1) minute draw down or one (1) minute refill. If a smaller diaphragm tank is used then we will install a cycle stop valve which will produce the same results. All wells will have a pump & tank combination that will be sufficient enough for each situation.

If you have any questions please feel free to call our office.

Thank You,

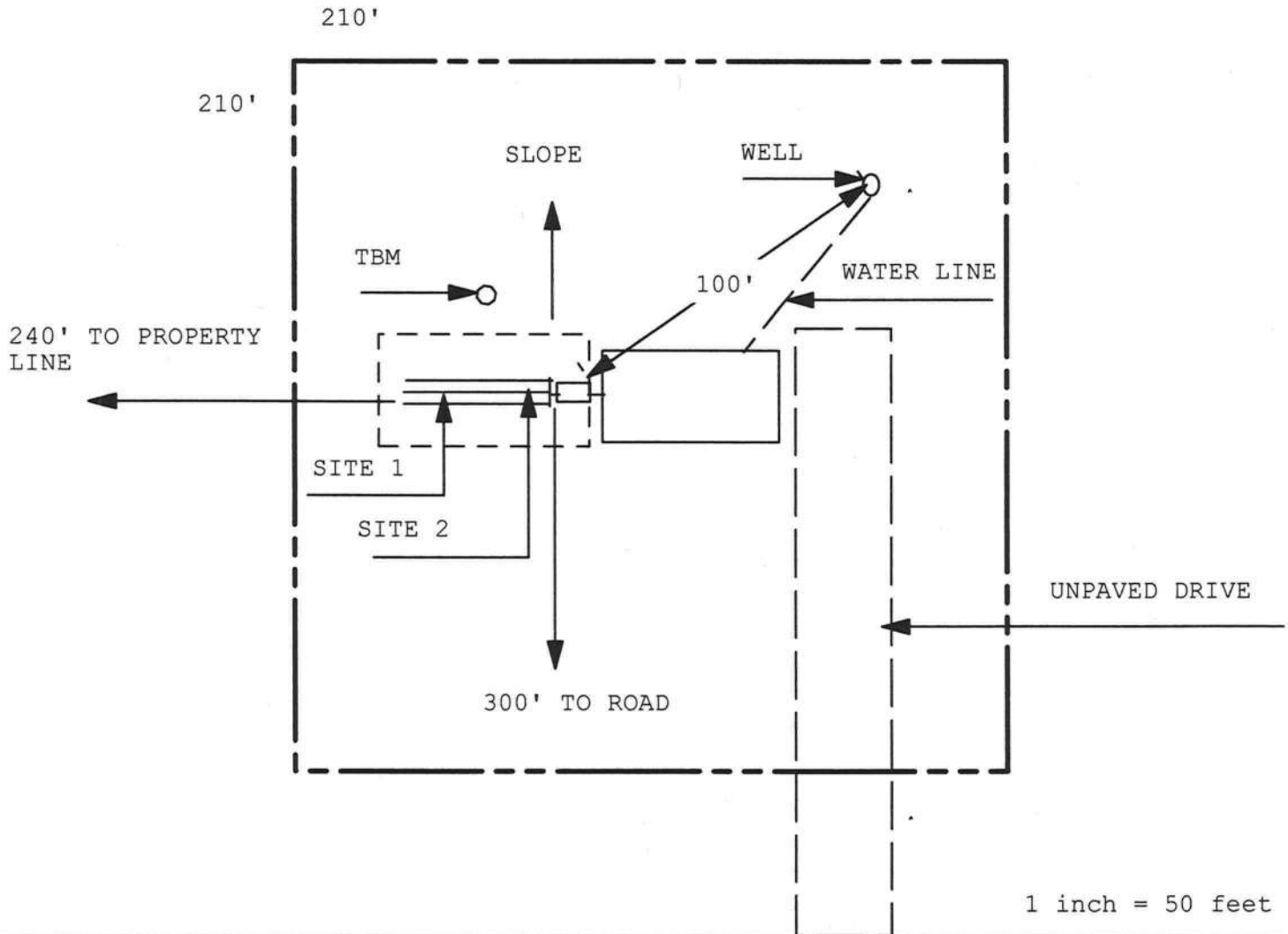
Russell Davis

Russell Davis

Application for Onsite Sewage Disposal System
Construction Permit. Part II Site Plan
Permit Application Number: 13-00602

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT

CR#10-5591



Site Plan Submitted By Paul R. Rupp Date 2/15/12
Plan Approved X Not Approved Date 2/11/13
By Salbe Lord Env Health Director, Columbia CPHU

Notes:



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

CR # 10-5591

PERMIT NO. 13-0062
DATE PAID: 2/6/13
FEE PAID: 378.00
RECEIPT #: 1096734

APPLICATION FOR:

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

APPLICANT: BRENDA FLANAGAN ADAM HOLLOWAY

AGENT: PAUL LLOYD

TELEPHONE: (386) 288-3495

MAILING ADDRESS: 104 NE ETHAN PL.

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 #: 12-5S-17-09216-000 ZONING: AG I/M OR EQUIVALENT: ☐ NO ☐

PROPERTY SIZE: 19.220 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: HIGH FALLS RD.

DIRECTIONS TO PROPERTY: 90 EAST TURN RIGHT ON HWY 100, TURN RIGHT ON PRICE CREEK RD. TURN LEFT ON HIGH FALL RD. APP. 1/4 MILE 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>MOBIL HOME</u>	<u>3</u>	<u>1,404</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify)

SIGNATURE: Brenda W Flanagan

DATE: 2-6-13



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 AGENT AUTHORIZATION

I, Terry Thrift, give this authority and I do certify that the below
Installers Name

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	Agents Company Name
Adam Holloway		homeowner

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.

License Holders Signature (Notarized)

TH-1025139
License Number Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Terry Thrift,
personally appeared before me and is known by me or has produced identification
(type of I.D.) _____ on this 11 day of Feb, 20 13.

NOTARY'S SIGNATURE

(Seal/Stamp)



AMY L. MILLS
MY COMMISSION # EE 173194
EXPIRES: February 26, 2016
Bonded Thru Budget Notary Services

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: 2/7/2013 DATE ISSUED: 2/18/2013

ENHANCED 9-1-1 ADDRESS:

4408 SE HIGH FALLS RD

LAKE CITY FL 32025

PROPERTY APPRAISER PARCEL NUMBER:

12-5S-17-09216-000

Remarks:

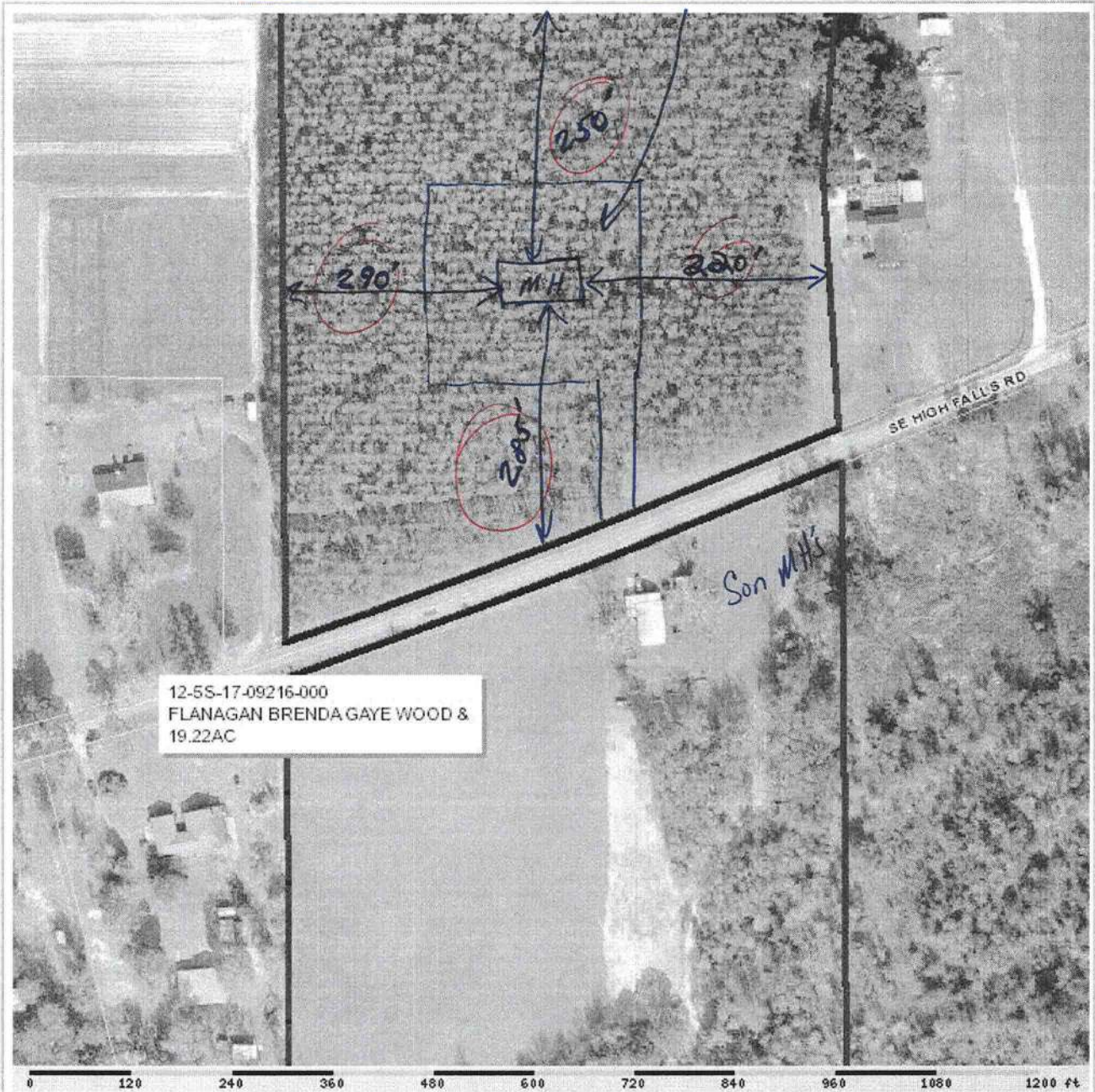
ADDRESS FOR PROPOSED STRUCTURE ON PARCEL. 2ND LOCATION
ON PARCEL.

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.**

Site Plan

Other
Son's MH's



Columbia County Property Appraiser

J. Doyle Crews - Lake City, Florida 32055 | 386-758-1083

PARCEL: 12-5S-17-09216-000 - IMPROVED A (005000)

E1/2 OF NE1/4 OF NW1/4, EX .14 AC DESC IN ORB 807-1578 & EX RD R/W. ORB 342-769, (DC 762- 791 FANNIE DICKS), 762-798, 767-158, CWD 1213-1616,

NOTES:

2012 Certified Values			
Name:	FLANAGAN BRENDA GAYE WOOD &		
Site:	4409 SE HIGH FALLS RD	Land	\$3,400.00
	JOHN FLANAGAN	Bldg	\$36,010.00
Mail:	529 LESLIE WOOD LN	Assd	\$45,303.00
	LULU, FL 32061	Exmpt	\$0.00
Sales	4/21/2011	\$100.00	I/U
Info	3/18/2011	\$100.00	I/U
		Taxbl	Cnty: \$45,303
			Other: \$45,303 Schl: \$45,303



AFFIDAVIT

**STATE OF FLORIDA
COUNTY OF COLUMBIA**

This is to certify that I, (We), Brenda Flanagan
owner of the below described property:

Tax Parcel No. 12-55-17-09216-000

Subdivision (name, lot, block, phase) _____

Give my permission to Adam Holloway to place a
mobile home/travel trailer/single family home (circle one) on the above mentioned
property.

I (We) understand that this could result in an assessment for solid waste and fire
protection services levied on this property.

Brenda Flanagan
Owner

Owner

SWORN AND SUBSCRIBED before me this 1 day of March,
2013. This (these) person(s) are personally known to me or produced
ID _____.

Laurie Hodson
Notary Signature



19.22 AC -
on North side
of High Falls Rd

THIS INSTRUMENT PREPARED BY
AND RETURN TO:

MARLIN M. FEAGLE, ESQUIRE
FEAGLE & FEAGLE, ATTORNEYS, P.A.
153 NE Madison Street
Post Office Box 1653
Lake City, Florida 32056-1653
Florida Bar No. 0173248

The preparer of this instrument has performed no title examination nor has the preparer issued any title insurance or furnished any opinion regarding the title, existence of liens, the quantity of lands included, or the location of the boundaries. The names, addresses, tax identification numbers and legal description were furnished by the parties to this instrument.

Holloway
land

Inst:201112006192 Date:4/25/2011 Time:3:28 PM
Doc Stamp-Deed:0.70
DC, P. DeWitt Cason, Columbia County Page 1 of 3 B:1213 P:1616

CORRECTIVE WARRANTY DEED

THIS INDENTURE, made this 21st day of April, 2011, between KATHLEEN D. WOOD and her husband, GERALD WOOD, whose mailing address is 197 SE Mayhaw Terrace, Lake City, Florida 32025, party of the first part, Grantor, and BRENDA GAYE WOOD FLANAGAN and her husband, JOHN FLANAGAN, whose mailing address is 529 SE Leslie Wood Lane, Lulu, Florida 32061, party of the second part, Grantee,

Mom's Parents to
Mom then
mom to Al
Son to Live
on Proper

W I T N E S S E T H:

That said grantor, for and in consideration of the sum of **TEN AND NO/100 (\$10.00) DOLLARS**, and other good and valuable considerations to said grantor in hand paid by said grantee, the receipt whereof is hereby acknowledged, has granted, bargained and sold to the said grantee, and grantee's heirs, successors and assigns forever, the following described land, situate, lying and being in Columbia County, Florida, to-wit:

TOWNSHIP 5 SOUTH - RANGE 17 EAST

Section 1: S 1/2 of E 1/2 of SE 1/4 of SW 1/4. Containing 10 acres, more or less.

SUBJECT TO a 30-foot easement for ingress and egress and public and private utilities off the East side thereof which is retained by Grantor.

AND

TOWNSHIP 5 SOUTH - RANGE 17 EAST

Section 12: E 1/2 of NE 1/4 of NW 1/4. Containing 20 acres, more or less; **LESS AND EXCEPT** that portion described in Official Records Book 807, Page 1578, public records, Columbia County, Florida, being more particularly described as follows:

A part of the NE 1/4 of NW 1/4 of Section 12, Township 5 South, Range 17 East, more particularly described as follows: Begin at the Northeast corner of the said NE 1/4 of NW 1/4 and run S 5°10'11" W, 252.65 feet; thence S 2°11'17" E, 297.85 feet to the Northerly maintained right-of-way of High Falls Road; thence N 68°22'31" E, along said maintained right-of-way, 4.87 feet; thence N 0°43'17" E along the East line of the said NW 1/4, 547.49 feet to the **POINT OF BEGINNING**. Containing 0.14 acres, more or less.

ALSO LESS AND EXCEPT existing and maintained county road right-of-way.

SUBJECT TO a 30-foot easement for ingress and egress and public and private utilities off the East side thereof which is retained by Grantor.

Tax Parcel No.: _____

N.B. This is a corrective deed to correct the legal description in that Warranty Deed dated March 18, 2011 recorded in Official Records Book 1211, Page 1664, public records, Columbia County, Florida, on March 21, 2011. By the acceptance and the recording of this Corrective Warranty Deed, the Grantee approves and accept the corrected legal description.

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, 2010.

IN WITNESS WHEREOF, the said Grantor has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered
in the presence of:

Devin B. Brown

Witness

Terri B. Brown

Print or type name

Erica Kash

Witness

Erica Kash

Print or type name

Kathleen D. Wood (SEAL)
KATHLEEN D. WOOD

Gerald Wood (SEAL)
GERALD WOOD

STATE OF FLORIDA
COUNTY OF COLUMBIA

The foregoing instrument was acknowledged before me this 21 day of
April, 2011, by **KATHLEEN D. WOOD** and her husband, **GERALD WOOD**,
who are personally known to me or who have produced Florida driver's licenses as identification.

Devin B. Brown
Notary Public, State of Florida

(NOTARY SEAL)
Devin B. Brown
Commission #DD 921130
Expires August 30, 2013
Bonded Western Surety 605-336-0850

My Commission Expires: Aug. 30th, 2013

02/20/2013 12:26

3867541415

RECEIVED 02/20/2013 11:24

RDH TRUCKING

3867541415

RDH TRUCKING

PAGE 01/01

02/20/2013 11:25

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GTC DESIGN GROUP

PAGE 01/01

02/20/2013 11:03

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RECEIVED 02/20/2013 10:23

RDH TRUCKING

3867541415

RDH TRUCKING

PAGE 01/01

FOR CULFACTORY

X Brenda W. Fongson authorize

Adam Ashley

Holloway

to place their

* New
911

Manufactured Home on my property located at

4408

SE High Falls Rd. Lake City, FL 32025

address with no charge for lot rent for as long as the home remains on my property.

His mom

SIGNED:

X Brenda Fongson

DATE:

2-20-13

ZERO RENT LETTER

LIMIT POWER OF ATTORNEY

I, Terry Thrift, license number JH-1025139 authorize
Adam Holloway to be my representative and act on my behalf in
all aspects of applying for Bridge & Health Septic permit to be placed on
the following described property. Property located in Columbia county,
State of Florida.

Property Owner Name: Adam Holloway (+ Ashley)
Gayle Wood + John Flanagan

911 Address: SE High Falls Road Lake City, FL

Sec: 12 Twp: 5S Rge: 17 Tax Parcel # 09216-32024

Signed: Terry L Thrift 000

Sworn to and described before me this 11 day of February 2003

Amy L. Mills
Notary public

Amy L Mills
Notary Name

Personally known _____

DL ID ✓



AMY L. MILLS
MY COMMISSION # EE 173194
EXPIRES: February 26, 2016
Bonded Thru Budget Notary Services

MOBILE HOME INSTALLER AFFIDAVIT

As per Florida Statutes Section 320.8249 Mobile Home Installers License:

Any person who engages in Mobile Home installation shall obtain a Mobile Home installer's license from the bureau of Mobile Home and Recreational Vehicle Construction of the Department of Highway Safety and Motor Vehicles pursuant to this section. Said license shall be renewed annually, and each Licensee shall pay a fee of \$150.

I Terry L Thrift, license number IH-1025139
Please Print Name

I do hereby state that the installation of the manufactured home located at 4408
SE High Falls Rd. LAKE CITY 32025 911 Address
FL will be done under my supervision.

Signature: Terry L Thrift

Sworn to and subscribed before me this 11 day of Feb A.D. 20 13

Notary Public Amy L Mills, my commission Expires 2/26/2016
Date



AMY L. MILLS
MY COMMISSION # EE 173194
EXPIRES: February 26, 2016
Bonded Thru Budget Notary Services

ELECTRICAL CONTRACTOR AFFIDAVIT

All Electrical Contractors must have current license and Insurance with this office prior to issuance of permit.

Company Name: _____

Contract Value: _____

Signature: _____

Sworn to and subscribed before me this _____ day of _____ A.D. 20 _____

Notary Public _____, Commission: _____

John: Lounis

Columbia County Building Department
Culvert Waiver

Culvert Waiver No.
000001994

DATE: 03/05/2013 BUILDING PERMIT NO. 30820

APPLICANT ADAM HOLLOWAY PHONE 386.288.3495

ADDRESS 4408 SE HIGH FALLS ROAD LAKE CITY FL 32025

OWNER BRENDA & JOHN FLANAGAN,(A.HOLLOWAY M/H) PHONE 386.288.3495

ADDRESS 4408 SE HIGH FALLS ROAD LAKE CITY FL 32025

CONTRACTOR TERRY L. THRIFT PHONE 386.623.0115

LOCATION OF PROPERTY 90-E TO SR.100,TR TO C-245,TR TO HIGH FALLS,TR AND IT'S THE 3RD.
DRIVE ON L.(OPEN FIELD)

SUBDIVISION/LOT/BLOCK/PHASE/UNIT _____

PARCEL ID # 12-5S-17-09216-000

I HEREBY CERTIFY THAT I UNDERSTAND AND WILL FULLY COMPLY WITH THE DECISION OF THE COLUMBIA COUNTY PUBLIC WORKS DEPARTMENT IN CONNECTION WITH THE HEREIN PROPOSED APPLICATION.

SIGNATURE: *Adam Holloway*

A SEPARATE CHECK IS REQUIRED
MAKE CHECKS PAYABLE TO BCC

Amount Paid 50.00

PUBLIC WORKS DEPARTMENT USE ONLY

I HEREBY CERTIFY THAT I HAVE EXAMINED THIS APPLICATION AND DETERMINED THAT THE CULVERT WAIVER IS:

X APPROVED _____ NOT APPROVED - NEEDS A CULVERT PERMIT

COMMENTS: Lot located at top of a hill in an area
without existing ditches.

SIGNED: *Gay Perry* DATE: 3/7/13

ANY QUESTIONS PLEASE CONTACT THE
PUBLIC WORKS DEPARTMENT AT 386-752-5955





M/H O C C U P A N C Y

COLUMBIA COUNTY, FLORIDA

Department of Building and Zoning Inspection

This Certificate of Occupancy is issued to the below named permit holder for the building and premises at the below named location, and certifies that the work has been completed in accordance with the Columbia County Building Code.

Parcel Number 12-5S-17-09216-000

Building permit No. 000030820

Permit Holder TERRY L. THRIFT

Owner of Building BRENDA & JOHN FLANAGAN, (A.HOLLOWAY M/H)

Location: 4408 SE HIGH FALLS ROAD, LAKE CITY, FL 32025

Date: 04/26/2013

Building Inspector

POST IN A CONSPICUOUS PLACE
(Business Places Only)

