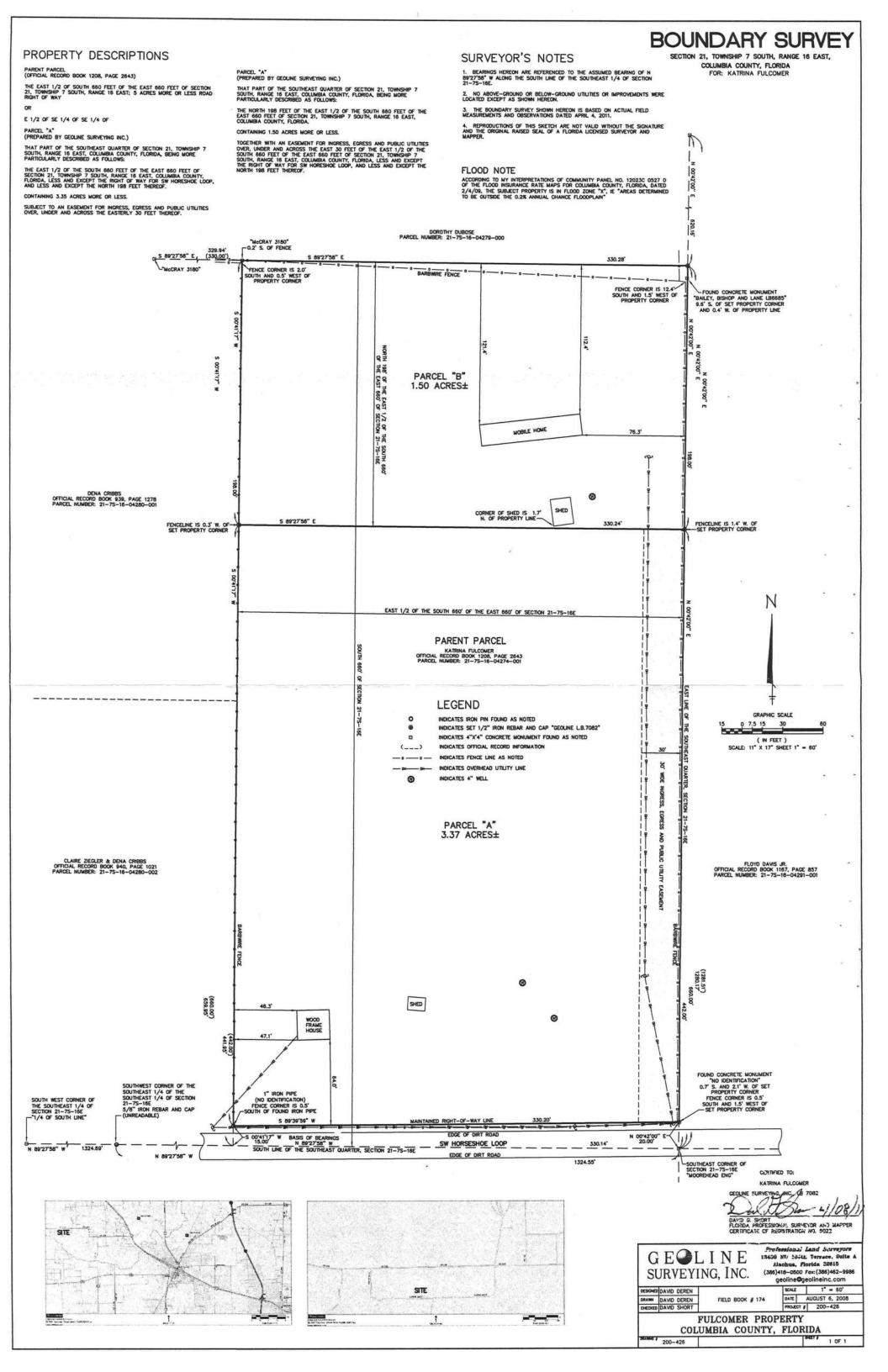
| | d on Premises During Construction | 000029348 |
|---|--|--|
| APPLICANT GAYLE EDDY | PHONE 352-494-2326 | 000027010 |
| ADDRESS 10237 SW 40TH TERR | LAKE BUTLER | FL 32054 |
| OWNER KATRINA FULCOMER | PHONE 386-454-5046 | |
| ADDRESS 858 SW HORSESHOE LOOP | FORT WHITE | FL 32038 |
| CONTRACTOR ALLEN PINSON | PHONE 352-494-2326 | _ |
| LOCATION OF PROPERTY 47 S, L 138, R HORSESHOE LO | OOP, AFTER THE SHARPE CURVE GO TO | 0 |
| 7TH HOME ON LEFT, JUST P. | AST SFD SAME PROPERTY SEE #886 | |
| TYPE DEVELOPMENT MH, UTILITY E | STIMATED COST OF CONSTRUCTION | 0.00 |
| HEATED FLOOR AREA TOTAL AI | REA HEIGHT | STORIES |
| FOUNDATION WALLS | ROOF PITCH FLO | OOR |
| LAND USE & ZONING AG-3 | MAX. HEIGHT 3. | 5 |
| Minimum Set Back Requirments: STREET-FRONT 30.0 | 0 REAR 25.00 | SIDE 25.00 |
| NO. EX.D.U. 1 FLOOD ZONE X | DEVELOPMENT PERMIT NO. | |
| PARCEL ID 21-7S-16-04274-001 SUBDIVISI | ON | THE RESIDENCE OF THE PERSON OF |
| LOT BLOCK PHASE UNIT | TOTAL ACRES 3.5 | 50 |
| Culvert Permit No. Culvert Waiver Contractor's License No. EXISTING 11-0178 BK Driveway Connection Septic Tank Number LU & Zon. COMMENTS: FLOOR ONE FOOT ABOVE THE ROAD REPLACING MH THAT HAS BEEN DEEDED AS PART OF SPECIAL | TC AL FAMILY LOT 11-10 | e New Resident |
| HOME BEING PLACED ON PARENT PARCEL | Check # or Ca | ash MONEY ORDER |
| | Check ii of Co | asii Moner order |
| FOR BUILDING & ZON | NG DEPARTMENT ONLY | |
| Temporary Power Foundation | | (footer/Slab) |
| Temporary Power Foundation | NG DEPARTMENT ONLY | |
| Temporary Power Foundation date/app. by Under slab rough-in plumbing Slab | Monolithic date/app. by Sheathing/1 | (footer/Slab) date/app. by Nailing |
| Temporary Power Foundation date/app. by Under slab rough-in plumbing Slab date/app. by | Monolithicdate/app. by | (footer/Slab) date/app. by |
| Temporary Power Foundation date/app. by Under slab rough-in plumbing Slab date/app. by Framing Insulation | Monolithic date/app. by Sheathing/1 | (footer/Slab) date/app. by Nailing |
| Temporary Power Foundation date/app. by Under slab rough-in plumbing Slab date/app. by Framing Insulation date/app. by | Monolithic Monolithic date/app. by Sheathing/1 date/app. by | (footer/Slab) date/app. by Nailing |
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| Temporary Power Foundation date/app. by Under slab rough-in plumbing Slab date/app. by Framing Insulation date/app. by Rough-in plumbing above slab and below wood floor Heat & Air Duct Peri. beam (Lir | Monolithic Monolithic Mate/app. by Sheathing/I date/app. by Electrical rough-in date/app. by | (footer/Slab) date/app. by Nailing date/app. by date/app. by |
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| Temporary Power Gate/app. by Under slab rough-in plumbing Slab Color Color | Monolithic Monolithic Monolithic Sheathing/I date/app. by Electrical rough-in date/app. by Pool date/app. by Culvert date/app. by downs, blocking, electricity and plumbing | date/app. by Nailing |
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| Temporary Power Gate/app. by Under slab rough-in plumbing Slab Color Color | Monolithic Monolithic Monolithic Adate/app. by Sheathing/It date/app. by Electrical rough-in date/app. by tel) Pool Culvert date/app. by downs, blocking, electricity and plumbing Re-roof | (footer/Slab) date/app. by Nailing date/app. by date/app. by date/app. by date/app. by date/app. by date/app. by |
| Temporary Power | Monolithic Monolithic Monolithic Atte/app. by Electrical rough-in Atte/app. by Culvert date/app. by Culvert date/app. by downs, blocking, electricity and plumbing Re-roof Re-roof | (footer/Slab) date/app. by Nailing date/app. by date/app. by date/app. by date/app. by date/app. by date/app. by |
| Temporary Power date/app. by Under slab rough-in plumbing Slab Cate/app. by | Monolithic | date/app. by Nailing date/app. by FEE \$ 0.00 |

DEDMIT

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.



rn to: (enclose self-addressed stamped envelope)

RAMCO FORM 01

This Instru

Property Appraisers Parcel Identification

Folio Number(s):

Grantee[s] S.S. # (s)

nst 201112001442 Date 1/31/2011 Time 10 24 AM

amp-Deed 0.70 _DC, P. DeWitt Cason Columbia County Page 1 of 1 B 1208 P 2643 SPACE ABOVE THIS LINE FOR PROCESSING DATA SPACE ABOVE THIS LINE FOR RECORDING DATA This Warranty Beed, Made the _3/ day of hereinafter called the Grantor, to whose post office address is 386 hereinafter called the Grantee. (Wherever used herein the terms "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, wherever the context so admits or requires.) 測itnesseth, That the Grantor, for and in consideration of the sum of \$ 10. Co The East 1/2 of South 660 FEET of the East 660 FEET of SECTION 21, TOWN Ship 7 South, RANGE 16 EAST; 5 ACRES MORE OR LESS ROAD Bight of WAY E1/2 of SE'/4 of SE 1/4. of Together, with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining. To Hube 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, and hereby 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, 19 In Mitness Mhereof, the said Grantor has signed and sealed these presents the day and year first above written. sealed and delivered in the presence of: ness Signature (as to Co-Grantor, if any) Co-Grantor Signature, (if any) STATE OF

A. 1987 .

55

This Indenture, Made this

7th

day of December

Between

James Nathon Smith

of the County of Polk and State of Florida
part Y of the first part, and James E Smi in and Glory Smith
whose mailing address is Route 1 Box 54E

Fort White, Flor da 32038

of the County of Columbia County

and State of Florida

parties of the second part, **Witnesseth**, that the said part 2 of the first part, for and in consideration of the sum of gift Dollars, and other good and valuable considerations to in hand paid, the receipt whereof is hereby acknowledged, ha ve granted, bargained, sold and conveyed, and by these presents do grant, bargain, sell, convey and confirm unto the said parties of the second part and heirs and assigns forever, all that certain parcel of land lying and being in the County of Columbia, and State of Florida, more particularly described as follows:

The East 1/2 of South 600 feet of the East 600 feet of Section 21, Towns up 7 south, Range 16 East; 5 Acres more or less and Right of Way or E1/2 of SE1/4 of SE1/4 of SE1/4.

DOCUMENTARY STAMP 55 P
INTANGIBLE TAX
MARY M. PETRY, CLERK OF
COURTS, COLUMBIA COUNTY
BY D.C.

98-00254

** KEG JAN 11 M 9 45

ومعدرين بمامير

V ...

Together with all the tenements, hereditaments and appurtenances, with every privilege, right, title, interest and estate, dower and right of dower, reversion, remainder and easement thereto

belonging or in anywise appertaining: To Hove and to Hold the same in fee simple forever.

And the said part y of the first part do covenant with the said part ies of the second part that lawfully seized of the said premises, that they are free from all encumbrances and that good right and lawful authority to sell the same; and the said part of the first part do hereby fully warrant the title to said land, and will defend the same against the lawful claims of all persons whomsoever.

In Witness Whereof, the said part y of the first part ha ve hereunto set

hand and seal ed the day and year above written.

RON E. BIAS WELL DRILLING

1114 SW Troy Street • Lake City, FL 32024 (386) 752-3456 • Mobile: (386) 364-9233 PUMP REPAIR: E.E. Bias, Jr. (352) 318-6289

| No. |
|------------------------------------|
| 7.11.3811 |
| Date: |
| Name: FATRINA ANN Smith Fulcomer |
| Address: 886 SWHORSE Shoe Loop |
| tort.white F132038 |
| Phone: (386) 454-5046 |
| |
| DESCRIPTION: It is been well. |
| 1- Hd Sub Ang. |
| Wi. Ca |
| 70001 |
| 7/ 03 |
| with Speaked |
| Penit |
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| |
| Total: 2400. |
| Down of Deposit: |
| Deposit: Deposit: Balance: 2, 100. |
| Date Wanted: 12 Octor REB. |
| Authorized By: |
| Received By: Ro- I Brian |
| |

| Permit No. | | | |
|------------|--|--|--|
| | | | |

SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT

2379 BROAD STREET, BROOKSVILLE, FL 34604-6899 PHONE: (352) 796-7211 or (800) 423-1476

WWW.SWFWMD.STATE.FL.US

ST. JOHNS RIVER WATER MANAGEMENT DISTRICT

4049 REID STREET, PALATKA, FL 32178-1429

PHONE: (386) 329-4500 WWW.SJRWMD.COM

NORTHWEST FLORIDA WATER MANAGEMENT DISTRICT

152 WATER MANAGEMENT DR., HAVANA, FL 32333-4712

(U.S. Highway 90, 10 miles west of Tallahassee)

PHONE: (850) 539-5999

WWW.NWFWMD.STATE.FL.US

SOUTH FLORIDA WATER MANAGEMENT DISTRICT

P.O. BOX 24680

3301 GUN CLUB ROAD

WEST PALM BEACH, FL 33416-4680

PHONE: (561) 686-8800 WWW.SFWMD.GOV

SUWANNEE RIVER WATER MANAGEMENT DISTRICT

9225 CR 49

LIVE OAK, FL 32060

PHONE: (386) 362-1001 or (800) 226-1066 (Florida only)

WWW.MYSUWANNEERIVER.COM

PLEASE FILL OUT ALL APPLICABLE FIELDS (*Red Denotes Required Fields Where Applicable)

| Comments: | |
|-------------------------|---|
| Comments. | |
| | |
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| | |
| 4 | |
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| | |
| | *General Site Map of Proposed Well Location |
| | SEPTEMBER OF PROPOSED WELL ENGLISH APPRELIANT REPORT WHITE, F1 32038 |
| | SEPTE ANY HORSE SHOELOWS |
| | FARS Short our |
| | 886 SW 10136 SINOCO |
| 1 | Se // 32038 |
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| | \ wear |
| | \ |
| | West Road 2006+ From Nome |
| | 1864 D. 1 - 1 - 1 |
| | V Kond 150° trom Home |
| Identify known roads an | nd landmarks. Give distances from all reference points or structures, septic systems, sanitary hazards, and contamination sources, if applicable. |

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

| APPLICATION NUMBER | 15-2011 | CONTRACTOR | PHONE |
|--------------------|---------|------------|--------|
| | 1103 | | FHOIRE |

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 <u>REQUIRED</u> 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 Ketone + W/comer | Signature Nothing (| li filomer |
|--------------------|-----------------------------|---------------------|------------|
| MECHANICAL/ A/C | Print Name Kutring Fullow | Phone #: | |
| PLUMBING/ | Print Name Katorine Fulconn | Phone #: | 1 |
| GAS | License #: Ocom | Phone #: | A |

| Specialty License | License Number | Sub-Contractors Printed Name | Sub-Contractors Signature |
|-------------------|----------------|------------------------------|---------------------------|
| MASON | 1 | | В |
| 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: 1/3

PAGE: 01/01

1103-21 GEO720983
984
Call Gayle Eady - Not Al Pinson
et 352-494-2326

CODE ENFORCEMENT C EPARTMENT

COLUMBIA COUNTY, F ORIDA
OUT OF COUNTY MOBILE HOME: NSPECTION REPORT

| The state of the s |
|--|
| COUNTY THE MOBILE HOME IS BEING MOVED FROM PU Chua County |
| OWNERS NAME A CHOCK PIONE 386 45 4504 COELL |
| INSTALLER AL PINISCO PHON : CELL 352 2585888 |
| INSTALLERS ADDRESS 3131 NE 183rd P Gainesville FL 32609 |
| MOBILE HOME INFORMATION & Waiting on GA Br Wind Zone. |
| MAKE General / YEAR MAKE SIZE 28 X HA |
| COLOR SOLITE SERIAL NO. CM 164 106938476-A |
| WIND ZONE SMOKE I ETECTOR VOS |
| |
| PLOORS 900d Sound |
| DOORS good working locks and loor handles |
| walls good a couple minor holes in sheetrock |
| CASINETS GOOD! |
| ELECTRICAL (FIXTURES/OUTLETS) 9000 |
| |
| WALLS/SIDDING Mason to and viny grad condition |
| windows none broken , good' |
| DOORS working locks and door knees, good condition |
| STATUS: NOT APPROVED |
| NOTES WATER OF FOR MORA WANDERS SCHIKATION GOOD GA |
| INSTALLER OR INSPECTORS PRINTED NAME |
| Irrestation/Irrespector Signature Clb - C License No. 1H 1025/32 Date 3/8/4 |
| ONLY THE ACTUAL LICENSE HOLDER OR A BUILD NG INSPECTOR CAN SIGN THIS FORM. |
| NO WIND ZONE ONE MOBILE HOMES WILL BE PERMITTED. MC SILE HOMES PRIOR TO 1977 ARE PRE-HUD AND THE WIND ZONE MUST BE PROVEN TO BE PERMITTED. |
| BEFORE THE MOBILE HOME CAN BE MOVED INTO COLUMBIA COUNTY THIS FORM MUST BE COMPLETED AND RETURNED TO THE COLUMBIA COUNTY BUILDING DEPA TIMENT, |
| ONCE MOVED INTO COLLIMINA COUNTY AN INSPECTOR MUS COMPLETE A PRELIMINARY INSPECTION ON THE MOBILE HOME. CALL MS-719-2038 TO SET UP THIS INSPECTION, NO PERMIT WILL BE INSUED BEFORE |
| 17+18 15 DONE J. Pull 3-18-11 faxed to Glan 3-17-11 |
| FROM : COLLIMBIA CO BUILDING + 2041NG PRX H . : 336-758-2168 Apr. 17 2665 12:04FN PI |

Print

Columbia County Property Appraiser

DB Last Updated: 3/22/2011

Parcel: 21-7S-16-04274-001

<< Next Lower Parcel Next Higher Parcel >>

Owner & Property Info

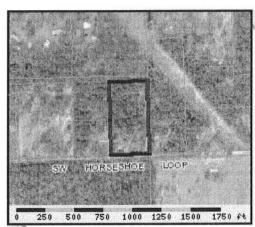
| Owner's Name | FULCOMER KATRINA ANN | | | | |
|---|---|----------------------------|----------|--|--|
| Mailing Address | 886 SW HORSESHOE LOOP FT WHITE, FL 32038 | | | | |
| Site Address | 886 SW HORSESHOE LOOP | | | | |
| Use Desc. (code) | SFRES/MOBI (000102) | | | | |
| Tax District | 3 (County) Neighborhood 21716 | | | | |
| Land Area | 5.000 Market Area 02 | | | | |
| Description | NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction. | | | | |
| E1/2 OF SE1/4 OF SE1/4 SMITH SR IN ORB 1157- | | 316-522, 641-229, DC JAMES | S EDWARD | | |

2010 Tax Year

Tax Collector Tax Estimator Property Card
Parcel List Generator

Interactive GIS Map

Search Result: 1 of 1



Property & Assessment Values

| 2010 Certified Values | | |
|-----------------------|---------------|--|
| Mkt Land Value | cnt: (0) | \$36,627.00 |
| Ag Land Value | cnt: (2) | \$0.00 |
| Building Value | cnt: (2) | \$41,468.00 |
| XFOB Value | cnt: (0) | \$0.00 |
| Total Appraised Value | | \$78,095.00 |
| Just Value | | \$78,095.00 |
| Class Value | | \$0.00 |
| Assessed Value | | \$54,916.00 |
| Exempt Value | (code: HX WX) | \$13,948.00 |
| Total Taxable Value | Other: \$ | Cnty: \$40,968 \$40,968 Schl: \$40,968 |

2011 Working Values

NOTE:

2011 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 |
|-----------|--------------|---------|-------------------|----------------|------------|------------|
| 1/31/2011 | 1208/2643 | WD | I | U | 11 | \$100.00 |

Building Characteristics

| Bldg Item | Bldg Desc | Year Blt | Ext. Walls | Heated S.F. | Actual S.F. | Bldg Value |
|-----------|----------------------------|--------------|--------------------|-----------------|-------------|-------------|
| 1 | SINGLE FAM (000100) | 1965 | WD ON PLY (08) | 528 | 600 | \$10,234.00 |
| 3 | SFR MANUF (000200) | 2000 | WD ON PLY (31) | 1216 | 1216 | \$28,448.00 |
| | Note: All S.F. calculation | ons are base | ed on exterior bui | Iding dimension | ns. | |

Extra Features & Out Buildings

| Code | Desc | Year Blt | Value | Units | Dims | Condition (% Good) |
|------|------|----------|-------|-------|---|--------------------|
| | | | | NONE | *************************************** | |

Land Breakdown

| Lnd Code | d Code Desc Units | | Adjustments | Eff Rate | Lnd Value | |
|----------|-------------------|------|---------------------|------------|-------------|--|
| 000100 | SFR (MKT) | 5 AC | 1.00/1.00/1.00/1.00 | \$6,232.95 | \$31,164.00 | |

Permit Nº *******

COLUMBIA COUNTY

BUILDING PERMIT / APPLICATION

This Permit Expires One Year From Date of Issue

| DATE 8-2-00 | - | | | | NEW RESIDENT_Y |
|--|---|--|--|--|--|
| APPLICANTS NAME & A | DDRESS_RONNIE | NORRIS | | PHON | E_752-3871 |
| OWNER'S NAME & ADDR | RESS SMITH, JA | MES & GLO | | | /E |
| CONTRACTOR'S NA ME_ | | | FORT WHI | IL, FL | IE |
| LOCATION OF PROPERT ORT WHITE, GO ! E WOOD HOME. | TO CR 138, TU | RN LT, TUF | RN RT ON HOR | RT TO FT WH RSESHOE LOO | ITE, GO THRU LIC |
| TYPE DEVELOPMENT | M/H,SEPTIC,UT | ILITY | ESTIMATED | COST OF CONST | RUCTION \$ |
| FLOOR AREA | HEIGHT | | STORIES | WAI | LLS |
| FOUNDATION | | ROOF (type | & pitch) | | OOR |
| LAND USE & ZONING | A-3 | | | MA | X. HEIGHT35 |
| MINIMUM SET BACK: S | | | REAR | | |
| NO. EX. D. U | FLOOD ZONE | OUT | CERT. DATE | DE | EV. PERMIT |
| LEGAL DESCRIPTION (acre 21-7S-16-04274 | 1-001 | | | | |
| 21-7S-16-0427 | performed to meet the standard done in compliance with a | ili applicable laws re | egulating construction a | this jurisdiction and t nd zoning. | that all the foregoing information |
| 21-7S-16-04274 I certify that all work will be paccurate and all work will be | performed to meet the standard done in compliance with a | dards of all laws reg all applicable laws re | egulating construction a | nd zoning. | |
| certify that all work will be paccurate and all work will be Control | performed to meet the standone in compliance with a | all applicable laws re | egulating construction a | this jurisdiction and to nd zoning. Applicant / Owner | /Contractor |
| 21-7S-16-04274 I certify that all work will be paccurate and all work will be | performed to meet the standone in compliance with a | TR | egulating construction a | Applicant / Owner | |
| 21-7S-16-04274 I certify that all work will be paccurate and all work will be control Control O0-0631-N Septic Tank Number | performed to meet the standone in compliance with a cactor's License Number OR BUILDING AXXXXX date / app. by date / app. by | TR LU & Zo | egulating construction at | Applicant / Owner | /Contractor RK Approved for issuance by |
| 21-7S-16-04274 I certify that all work will be paccurate and a | performed to meet the standone in compliance with a cactor's License Number OR BUILDING AXXXXX date / app. by date / app. by | TR LU & Zo G & ZON Foundation slab | egulating construction at a co | Applicant / Owner Applicant / Owner Monolithic framing date /app. by | /Contractor RK Approved for issuance by PNLY (Footer / Slab) date /app. by date /app. by |
| 21-7S-16-04274 I certify that all work will be paccurate and all work will be control Control O0-0631-N Septic Tank Number | oerformed to meet the standone in compliance with a cator's License Number OR BUILDING ASSEXNE date / app. by date / app. by ab and below wood floor_ date / app. by | TR LU&Zo G & ZON Foundation | egulating construction at a co | Applicant / Owner of Applicant | /Contractor RK Approved for issuance by PNLY (Footer / Slab) date /app. by date /app. by |
| 21-7S-16-04274 I certify that all work will be paccurate and | oerformed to meet the standone in compliance with a cator's License Number OR BUILDING AXSTEXAGE date / app.by date / app. by ab and below wood floor_ | TR LU&Zo G & ZON FoundationslabHeat and Air D | date / app. by date / app. by date / app. by | Applicant / Owner of Applicant | /Contractor RK Approved for issuance by NLY (Footer / Slab) date /app. by date /app. by |
| 21-7S-16-04274 I certify that all work will be paccurate and | Derformed to meet the standone in compliance with a cactor's License Number OR BUILDING ASSENCE date / app. by date / app. by date / app. by date / app. by date / app. by | TR LU & Zo G & ZON Foundation slab Heat and Air D | date / app. by date / app. by date / app. by | Applicant / Owner of Applicant | /Contractor RK Approved for issuance by PNLY (Footer / Slab) date /app. by date /app. by |
| I certify that all work will be paccurate and all work will be | Deformed to meet the standone in compliance with a cator's License Number OR BUILDING ASSENTE date / app. by date / app. by date / app. by date / app. by Cother OTHER | TR LU & Zo G & ZON Foundation slab Heat and Air D Final Z UN 17 | egulating construction at a co | Applicant / Owner of Applicant | /Contractor RK Approved for issuance by PNLY (Footer / Slab) date /app. by date /app. by |

101.

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:

3/28/2011

DATE ISSUED:

4/4/2011

ENHANCED 9-1-1 ADDRESS:

858

SW HORSESHOE

LOOP

FORT WHITE

FL 32038

PROPERTY APPRAISER PARCEL NUMBER:

21-7S-16-04274-001

Remarks:

3RD 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.

CATE

COMPLIANCE

STRUCTURAL DESIGN BASIS CERTIFICATE

G-15

★★★★★ P. 0. BOX 1445

WAYCROSS, GEORGIA 31502-1649

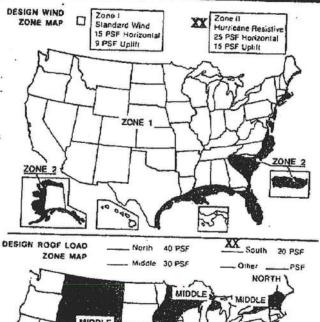
General 4424 3BR 2 Bath 933 Date of Manufacture Plant Number HUD No. 2/10/93 \$E0/720983/720984 Manufacturer's Serial Number and Model Unit Designation

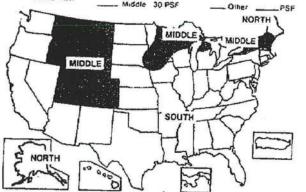
CMRGA106938476AB D-1340 Design Approval by (D.A.P.I.A.)

Hillhorn, WErner, Carter & Assocaites This mobile home is designed to comply with the federal mobile home construction and safety standards in force at time of manufacture.

(For additional information, consult owner's manual.)

CERTIFI The factory installed equipment includes: Equipment Manufacturer Model Designation For heating Coleman 7956C856 For air cooling Œ For cooking JGBs02PNAd Refrigerator Œ TBX16SPLAD Satellite Water heater SC130NHMD17F Washer Clothes Dryer Dishwasher Garbage Disposal Fireplace





This mobile home has been thermally insulated to conform with the requirements of the federal mobile home construction and safety standards for all locations within climatic zone

| | Heating equipment ms urer and model (see list at left). |
|---|--|
| 4 | The shows heating soulings of the state of t |
| _ | The above healing equipment has the capacity to maintain an average 70° F temperature in |
| 7 | this home at outdoor temperatures of18_ F |
| * | To maximize furness and the first fi |
| 7 | To maximize furnice operating economy, and to conserve energy, it is recommended that |
| | this home be installed where the outdoor winter design (emperature 1971/6) is not higher the |
| | |

degrees Fahrenheil. The above information has been calculated assuming a mexistum wind velocity of 15 inph et

COMFORT COOLING

Air conditioner provided at factory (Afternate I)

S

BA

DESIGN

OLING

EATING

Air conditioner manufacturer and model (see list at lell).

Certified capacity -B.T.U./hour in accordance with the appropriate air conditioning and refrigeration institute standards.

The central air conditioning system provided in this name has been sized assuring an orientation of the front (hilch end) of the home fecing ... On this basis the

system is designed to maintain an indoor temperature of 75° F when ouldoor lemperatures are __ _ F dry buib and _

The temperature to which this home can be cooled will change depending upon the The temperature so which this home can be cooled will change depending upon the amount of exposure of the windows of this home to the sun's radianthest. Therefore, the home's heat gains will vary dependent upon its orientation to the sun and any opermanent shading provided. Information concerning the calculation of cooling loads at various locations, window exposures and shadings are provided in Chapter 22 of the 1972 edition of the A CHARE Monthland of Sundamental. of the ASHRAE Handbook of Fundamentals.

information necessary to calculate cooling loads at various locations and orientations is provided in the special comfort cooling information provided with this mobile home.

Air conditioner not provided at factory (Alternate II)

The air distribution system of this home is suitable for the installation of central air

The supply air distribution system installed in this home is uzed for mobile name caniral

information necessary to calculate cooling loads at various locations and orientations is provided in the special comfort cooling information provided with this mobile home.

A)r conditioning not recommended (Alternate III)

The all distribution system of this home has not been designed in anticipation of its use with a central air conditioning system.

INFORMATION PROVIDED BY THE MANUFACTURER NECESSARY TO CALCULATE SENSIBLE HEAT GAIN

| Walls (without windows and doors) | .116 |
|--|-----------|
| Ceilings and roofs of light color | "U" |
| Ceilings and roots at dark color | |
| Floors | |
| Air ducts in floor , | |
| Air ducis in ceiling | |
| Air ducts installed outside the home | |
| The following are the duct areas in this home: | |
| Air ducts in floor | 64sq. ft. |
| Air ducts in ceiling | 19. II. |
| Air ducts outside the home | 26 10.11. |
| | |

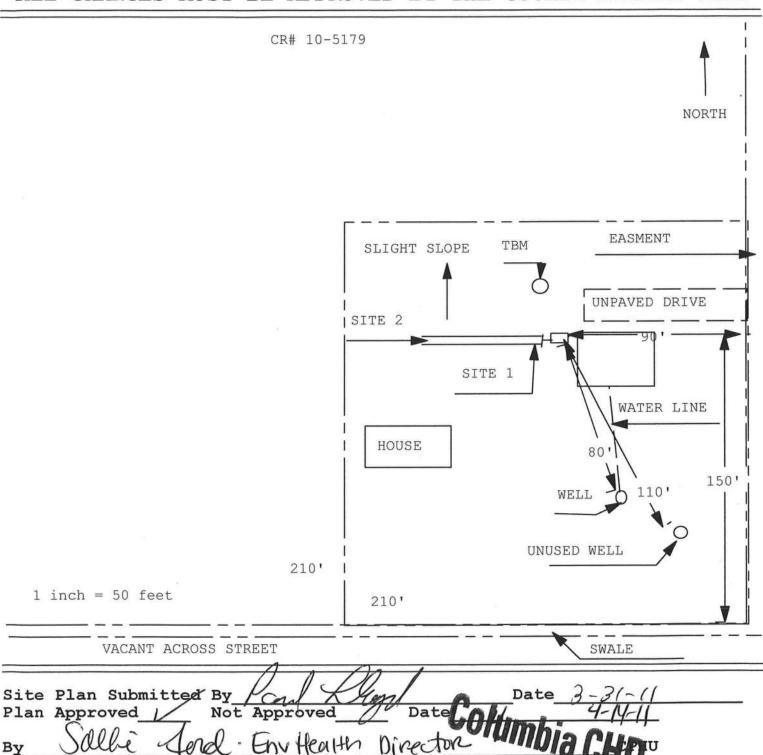
To determine the requireo capacity of equipment to cool a home efficiently and economically, a cooling load (hart gain) calculation is required. The cooling load is dependent on the priena cooking to be from the structure of the home. Central air conditioners operate most efficiently Ision, location and the structure of the home. Central air conditioners operate most efficiently and provide the greatest comfort when their capacity closely approximates the calculated cooling load. Each home's air conditioner should be sized in accordance with Chapter 22 of the American Society of Heating. Refrigerating and Air Conditioning Engineers (ASHRAE) Mandbook of Fundamentals, once the location and orientation are known.

OUTDOOR WINTER DESIGN TEMP. ZONES



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

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT



dimensiony

IAOF 5 Shown

Notes:

Site Plum 21-75-16-04274-001 FULCOMER KATRINAANN SW HORSESHOE LOOP 584 657 730 ft Columbia County Property Appraiser
J. Doyle Crews - Lake City, Florida 32055 | 386-758-1083 NOTES: PARCEL: 21-7S-16-04274-001 - SFRES/MOBI (000102) E1/2 OF SE1/4 OF SE1/4 OF SE1/4. ORB 316-522, 641-229, DC JAMES EDWARD SMITH SR IN ORB 1157-1814, Name: FULCOMER KATRINA ANN 2010 Certified Values Site: 886 SW HORSESHOE LOOP \$36,627.00 Land 886 SW HORSESHOE LOOP Bldg \$41,468.00 Mail: FT WHITE, FL 32038 Assd \$54,916.00 Sales Exmpt \$13,948.00 1/31/2011 \$100.00 I/U Cnty: \$40,968 Info Taxbl Other: \$40,968 | Schl: \$40,968 This information, GIS Map Updated: 3/22/2011, was derived from data which was compiled by the Columbia County Property Appraiser Office solely for the governmental purpose of property programed by assessment. This information should not be relied upon by anyone as a determination of the ownership of property or market value. No warrantles, expressed or implied, are provided for the accuracy of the data herein, it's use, or it's 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 GrizzlyLogic.com

NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

| | For Office Use Only (Revised 1-11) Zoning Official SUK 26.04.11 Building Official 7.C. 3-22-11 |
|------|--|
| A | P# // 03-2/ Date Received 3-/7-// By LH Permit # 29348 |
| | lood Zone X Development Permit N/A Zoning A-3 Land Use Plan Map Category A-3 |
| | comments Replacy &MA that has been deeded as part of Special Fails Lat |
| | Family lot for Sister (alread sponthe Property) Donna Alvino |
| | EMA Map# Elevation Finished Floor_ River In Floodway |
| 100 | Site Plan with Setbacks Shown EH# 11-0178 == EH Release Well letter = Existing well |
| 1 | Recorded Deed or Affidavit from land owner Installer Authorization State Road Access 911 Sheet Parent Parcel # 21-75-16-04274-001 STUP-WH 11-10 FW Comp. letter WF Form |
| V | Parent Parcel # 21-75-16-04274-001 STUP-WH 11-10 MF W Comp. letter WF Form |
| IMI | PACT FEES: EMS Fire Corr Out County on County |
| Ro | ad/CodeSchool= TOTAL _ Impact Fees Suspended March 2009_ |
| | Home being placed on Parent Parcel I family lot back from BCE |
| | perty ID # 21-7516-04274 - 90/ Subdivision |
| 7030 | |
| | New Mobile Home Used Mobile Home MH Size 28 1 40 Year 1993 |
| | Applicant Gayle Eddy Phone # 352494 2326 |
| | Address 10237 SW 40# Terr Lake Butler FL 32054 |
| | Name of Property Owner Katrina Fulcomer Phone 386 454 5046 |
| 10 | 911 Address 858 Sw Horseshoe Loop FT White 32038 |
| Gen | Circle the correct power company - FL Power & Light - Clay Electric |
| | (Circle One) - Suwannee Valley Electric - Progress Energy |
| | |
| 8 | Name of Owner of Mobile Home Katrina Fulcomer Phone # 3864545046 |
| | Address 886 SW Horseshoe loop It White 32038 |
| | |
| • | Relationship to Property Owner Same |
| | Current Number of Dwellings on Property |
| | Lot Size 660 x 660, 5acres more or less Total Acreage 5 acres more or less |
| | Do you : Have Existing Drive or Private Drive or need Culvert Permit (Putting in a Culvert) or Culvert Waiver (Circle one) (Not existing but do not need a Culvert) |
| | Is this Mobile Home Replacing an Existing Mobile Home Home Yes |
| | Driving Directions to the Property 441 to R on 475 to L 6h 138. |
| | Approx 3 miles to R on Horseshoe loop to 886 on L |
| | 7th scorerty on left |
| | Name of Licensed Dealer/Installer Allen Pinson Phone # |
| | Installers Address 3131 NE 183rd PL Gainesville FL. 32609 |
| | License Number TH 1075132 Installation Decal # 3104 |
| | |

Spoke to ful comer \$\$ 375.00 (Money Order)

COLUMBIA COUNTY PERMIT WORKSHEET

page 1 of 2

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

| | | marriage well piers within 2' of end of home per Rule 15C | | | 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 Typical pier spacing 2' 5/2 Installer's initials Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations) | Installer Allen Pinson License # IH102 5/32 911 Address where 8/86 Sw Hoyseshoe Loop home is being installed. It white 32036 Manufacturer Seneral Length x width 38440 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 |
|---|-------|---|--|---|--|--|
| TIEDOWN COMPONENTS Longitudinal Stabilizing Device (LSD) Manufacturer //c Conditudinal Stabilizing Device w/ Lateral Arms Manufacturer Shearwall Manufacturer Shearwall Shearwall within 2' of end of home spaced at 5' 4" oc OTHER TIES Number Sidewall Amin Shearwall Shearwall | FTIES | 17 × 22 13 1/4 × 26 1/4 20 × 20 17 3/16 × 25 3/16 17 1/2 × 25 1/2 24 × 24 26 × 26 | Pad Size Sq In 16 x 16 256 Sq In 16 x 16 256 Sq In 16 x 18 288 Sq In S | S' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8' | Load Footer bearing Size capacity (36) 1/2" (342) (484)* (576)* (676) (1500 psf 4'6" 6' 7'6" 8' 8' 8' 8' 8' 8' 8' 8 | New Home Used Home Home III Used 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 WINSTALLATION Decal # 3069 Triple/Quad Serial # SM HGA 106938476A |

| Plumbing Connect all sewer drains to an existing sewer tap or septic tank. Pg. 15C | Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between mult-wide units. Pg. $+5c$ | Electrical | Date Tested 3/7/11 | 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 tie points where the torque test reading is 275 or less and where the mobile home manufacturer may requires anchors with 4000 b holding capacity. Installer's initials | 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. | × | Using 500 lb. increments, take the lowest reading and round down to that increment. | POCKET PENETROMETER TESTING METHOD 1. Test the perimeter of the home at 6 locations. 2. Take the reading at the depth of the footer. | × | The pocket penetrometer tests are rounded down topsf or check here to declare 1000 lb. soil without testing. | |
|---|---|------------|---|---|---|--|---|--|--|--|--|------------------|
| Installer verifies all information given with this permit workshe is accurate and true based on the | | | 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 | Weatherproofing The bottomboard will be repaired and/or taped. Yes Pg 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 Yolled Foam Installed: Pg. 15C Between Floors Yes Between Walls Yes Bottom of ridgebeam Yes | a result of a poorly installed or no gasket being installed. I understand a strip of tape will not serve as a gasket. | Gasket (weatherproofing requirement) I understand a properly installed gasket is a requirement of all new and used homes and that condensation mold meldew and buckled marriage walks are | Type Fastener: Type Fastener: Length: Length: | Floor: Type Fastener: laa Length: laa Spacing: $2\mu^{\prime\prime}$ | Debris and organic material removed | Site Preparation |

| - 1 | |
|-----|---|
| , | Installer verifies all information given with this permit worksheet is accurate and true based on the |

Installer Signature Cles

Date 3/2

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 150

COLUMBIA COUNTY, FLORIDA SPECIAL FAMILY LOT PERMIT APPLICATION

| 1. Name of Applicant (Immediate Family Member) Katrina um tulcomer |
|--|
| Address 858 SW Horseshoe Loop city Fortunite |
| Zip Code 32038 Phone (386) 454-6046 |
| 2. Name of Title Holder (Parent Parcel Owner)Same |
| Address City |
| Zip Code Phone () |
| 3. Applicant's Relationship to Title Holder (Parent Parcel Owner) Sister |
| 4. Title Holder (Parent Parcel Owner) Tax Parcel ID# 21-75-16-04274-001 |
| 5. Title Holder (Parent Parcel Owner) Size of Property |
| 6 Attach Copy of Parent Parcel Owners' Deed. |
| 7. Attach Legal Description of Proposed Family Lot. |
| Attach a map, drawing or sketch of Parent Parcel showing location of proposed family lot being deeded to immediate Family Member with appropriate dimensions. |
| 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. |
| Applicants Name (Print or Type) |
| Katrina au Filcorrer HIIII Applicant Signature |

| OFFICIAL US | E |
|--|------------|
| Current Land Use Classification $Ag-3$ Current Date Filed: $Y-1(-1)$ Applie | eation No: |
| Date Board of County Commissioner Meeting: | o.: 4218 |
| ApprovedApproved with conditions | |
| Denied Reason for Denial | |
| | |

Above Space Reserved for Recording [If required by your jurisdiction, list above the name & address of: 1) where to return this form; 2) preparer; 3) party requesting recording.]

| - | - | 4 | | | - | | |
|---|----|----|---|---|---|----|----------|
| " | | 40 | 2 | m | | 00 | N |
| u | uı | | | | | | 4 () |
| - | | | | | | - | |

| Date of this Document: Opril 11 2011 |
|---|
| Reference Number of Any Related Documents: Book 1208, Page 2643 |
| Name Street Address City/State/Zip Katrina ann Fulcomer Store Loop City/State/Zip |
| Street Address City/State/Zip City/State/Zip City/State/Zip City/State/Zip City/State/Zip City/State/Zip City/State/Zip City/State/Zip City/State/Zip |
| Abbreviated Legal Description (i.e., lot, block, plat or section, township, range, quarter/quarter or unit, building and condo name): The North 198 Feet of the East 1/2 of the South 660 Feet of the East 660 Feet of the |
| THIS QUITCLAIM DEED, executed this Eleventh day of Opril 2011, by first party, Grantor, Hothana On Full oney, whose nailing address is 866 Sw Horseshoe Cop Fortwhite, FC 32038, to whose mailing address is 856 Sw Horseshoe Cop Fortwhite, FC 32038 |
| vitnesseth that the said first party, for good consideration and for the sum of |

| which the said first party has in and to the following described parcel of land, and improvements and appurtenances thereto in the County of Columbia , State of Floricla to wit: The North 198 Feet of the East 1/2 of the South 660 Feet of the East 1/2 of the South Range 16 East Columbia County, FL Containing 1.30 Occres more or Less |
|--|
| IN WITNESS WHEREOF , the said first party has signed and sealed these presents the day and year first written above. Signed, sealed and delivered in the presence of: |
| Signature of Witness Print Name of Witness Signature of Witness Print Name of Witness Laurie Hodson |
| Signature of Grantor Print Name of Grantor Katrina Ann Fulcomer |
| State of Florida County of Columbia |
| on |
| Signature of Notary |
| AffiantKnownProduced ID Type of IDCD (Seal) |

AFFIDAVIT FOR SPECIAL FAMILY LOT PERMIT

STATE OF FLORIDA COUNTY OF COLUMBIA

Inst 201112006345 Date 4/27/2011 Time:9:15 AM DC,P DeWitt Cason, Columbia County Page 1 of 2 B:1213 P:2023

| BEFORE ME the undersigned Notary Public personally appeared, |
|---|
| Katrina and Fulcomer, the Owner of the parent parcel which has been |
| subdivided for and |
| of the Owner, which is intended for the Immediate Family Members primary residence use. The |
| Immediate Family Member is related to the Owner as Sister |
| Both individuals being first duly sworn according to law, depose and say: |

- Affiant acknowledges Immediate Family Member is defined as parent, grandparent, step-parent, adopted parent, sibling, child, step-child, adopted child or grandchild.
- 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. 21-75-16-04274-001.
- 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. 21-75-16-04274-002, 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.

Amended 29 July 2009

AFFIDAVIT FOR SPECIAL FAMILY LOT PERMIT

STATE OF FLORIDA COUNTY OF COLUMBIA

Inst 201112006345 Date 4/27/2011 Time:9:15 AM DC, P. DeWitt Cason, Columbia County Page 1 of 2 B:1213 P:2023

| BEFORE ME the undersigned Notary Public personally appeared, |
|---|
| Katrina an Filamer, the Owner of the parent parcel which has been |
| subdivided for and Dana M. Olvenc , 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 asSTATE |
| Both individuals being first duly sworn according to law, depose and say: |

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Amended 29 July 2009

9. This Affidavit and Agreement is made and given by Affiants with full knowledge that the facts contained herein are accurate and complete, and with full knowledge that the penalties under Florida law for perjury include conviction of a felony of the third degree.

We Hereby Certify that the facts represented by us in this Affidavit are true and correct and we accept the terms of the Agreement and agree to comply with it.

| Kathina al Filcomer | Donna Smith Alvino x Immediate Family Member |
|--|--|
| Katrina ann Fulcamer Typed or Printed Name | Donna Smith Alvino x Typed or Printed Name |
| Subscribed and sworn to (or affirmed) before by Kafrina fulcomer (Ow produced from Notary Public | me this // day of April, 20 // mer) who is personally known to me or has as identification. LAURIE HODSON MY COMMISSION 9 DD 805657 EXPIRES: July 14, 2012 Bonded Thru Notary Public Underwriters |
| Subscribed and sworm to (or affirmed) before by Donna South Alvino (Famely produced Columns produced | me this day of |

APPROVED: COLUMBIA COUNTY, FLORIDA

Ву: 15- 1/2

Name: Brian L. Kepner

Title: Land Development Regulation Administrator