	ty Building Permit PERMIT Posted on Premises During Construction 000038225
APPLICANT DARRELL KENNINGTON	PHON1. 904,263,2167
ADDRESS 542 SW TOMPKINS ST	LAKE CITY 11. 32024
OWNER DARRELL & KELLI KENNINGTON	PHONE 904.263,2167
ADDRESS 542 SW TOMPKINS ST	LAKE CITY 11 32024
CONTRACTOR	PHONE
LOCATION OF PROPERTY 90-W TO SR.247-S.TL TO	D TROY, IR TO ME, CARMEL, IL TO
TOMPKINS.TL AND IT'S	T 1ST DRIVEWAY ON R.(AMERICAN I LAG)
TYPE DEVELOPMENT UTILITY POLE	ESTIMATED COST OF CONSTRUCTION 0.00
HEATED FLOOR AREA TOTA	ALAREA HEIGHT STORIES
FOUNDATION WALLS	
LAND USE & ZONING	MAX. III.IGHT
Minimum Set Back Requirments: STREET-FRONT	REAR SIDE
NO. EX.D.U. I FLOOD ZONE	DEVELOPMENT PERMIT NO.
PARCEL ID 16-4S-16-03025-027 SUBD	IVISION
LOT BLOCK PHASE UN	TOTAL ACRES 5.00
Driveway Connection Septic Tank Number LU & Zonin	g checked by Approved for Issuance New Resident Time STUP No.
Driveway Connection Septic Tank Number LU & Zonin COMMENTS: POWER TO BARN METER.	g checked by Approved for Issuance New Resident Time STUP No. Check # or Cash CASH RLCD.
COMMENTS: POWER TO BARN METER.	Check # or Cash CASH RLCD.
COMMENTS: POWER TO BARN METER. FOR BUILDING & Z	Check # or Cash CASH RLCD. ZONING DEPARTMENT ONLY (footer Slab)
COMMENTS: POWER TO BARN METER. FOR BUILDING & Z	Check # or Cash CASH RLCD.
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PERMITTED DEVELOPMENT.

"WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR

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

Prepared by: Michael H. Harrell Abstract Trust Title, LLC 283 NW Cole Ter Lake City, FL 32055

ATT# 4-8902

Inst: 201912011312 Date: 05/16/2019 Time: 12:16PM Page 1 of 2 B: 1384 P: 1938, P.DeWitt Cason, Clerk of Court Columbia, County, By: PT Deputy ClerkDoc Stamp-Deed: 910.00

Warranty Deed

Individual to Individual

THIS WARRANTY DEED made the day of May, 2019, by Hannah Marie Stapleton f/k/a Hannah Marie Nash, and Her Husband Gregory Stapleton, hereinafter called the grantor, to Darrell L. Kennington and His Wife, Kelli A. Kennington whose post office address is: 542 SW Tompkins St, Lake City, FL 32024 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 corporation)

Witnesseth: That the grantor, for and in consideration of the sum of \$10.00 and other valuable considerations, receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliens, remises, releases, conveys, and confirms unto the grantee, all that certain land situate in COLUMBIA County, Florida:

See Exhibit "A" Attached Hereto And By This Reference Made A Part Thereof.

TOGETHER with all 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 the prior year.

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

Signed, sealed and delivered in our presence:

Deider F Share

dunied Ivaine:

Hannah Marie Stepleton f/k/a Hannah Marie Nash

Gregory Stapleton

STATE OF FLORIDA COUNTY OF COLUMBIA

The foregoing instrument was acknowledged before me this _____day of May, 2019 by HANNAH MARIE STAPLETON F/K/A HANNAH MARIE NASH, AND HER HUSBAND GREGORY STAPLETON personally known to me or, if not personally known to me, who produced ______for

identification and who did not take an oath.

Notary Public

Notary

NOTARY PUBLIC STATE OF FLORIDA Comm# GG052483 Expires 12/5/2020



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

PERMIT NO.	19-8436
DATE PAID:	4012119
FEE PAID:	100.00
RECEIPT #:	1419175

APPLICATION FOR:
[] New System [] Existing System [] Holding Tank [] Innovative [] Repair [] Abandonment [] Temporary [] AC Barh
[] Repair [] Abandonment [] Temporary [] AC Barh
APPLICANT: Darrell Lee Kennington 904-263-2167
AGENT:TELEPHONE:
MAILING ADDRESS: 51/2 SW TOMPKINS ST. Lake City, 32024
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: BLOCK: SUBDIVISION: PLATTED:
PROPERTY ID #: 1645/603025-02/Zoning: AGNUTUANI/M OR EQUIVALENT: [Y N]
PROPERTY SIZE: ACRES WATER SUPPLY: [PRIVATE PUBLIC []<=2000GPD []>2000GPD
is sewer available as per 381.0065, fs? [⑦ / N] DISTANCE TO SEWER: 110 FT
PROPERTY ADDRESS: 50/2 56) TOWNKINS ST 10/0 PT GO 32012
PROPERTY ADDRESS: 5 ^C /2 SW JOMPKINS ST Lake City F(3202) DIRECTIONS TO PROPERTY: B at Troy Road (1) at MT Carmel
(1) at tompllins st first driveway on Right at
wood frace and American Flag, follow to end
BUILDING INFORMATION [] RESIDENTIAL [] COMMERCIAL
Unit Type of No. of Building Commercial/Institutional System Design No Establishment Bedrooms Area Sqft Table 1, Chapter 64E-6, FAC
1 Agriculture Barn \$ 1005
2
3
4
[] Floor/Equipment Drains [] Other (Specify)
DATE: 6-3-19

STATE OF FLORIDA DEPARTMENT OF HEALTH APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 19-0436

