DATE 09/1	0/2010	Columbi This Permit Must Be I		ilding Permit		PERMIT
APPLICANT	MIKE CO		Frommently Posted of	PHONE	386.752.5355	000028850
ADDRESS	466	SW DEPUTY J. DAVI	SIN	LAKE CITY	360.732.3333	FL 32024
OWNER		GILL(FREEDOM M/H		PHONE	386.752.5355	32021
ADDRESS	269	NW MATTIE LN		LAKE CITY		FL 32055
CONTRACTO	OR CHE	ESTER KNOWLES	-	PHONE	386.397.3619	
LOCATION O	F PROPER	ΓΥ 41-N TO MA	TTIE LN,TL TO 2/10	OF A MILE ON TO S	CURVE, PROPER	
		R SIDE. (SEE	E SIGN)			
TYPE DEVEL	OPMENT	M/H/UTILITY	ESTI	MATED COST OF CO	ONSTRUCTION	0.00
HEATED FLO	OR AREA	-	TOTAL AREA	·	HEIGHT	STORIES
FOUNDATIO	N	WALLS	— RO	DOF PITCH	FLO	OOR
LAND USE &	ZONING	A-3		-	X. HEIGHT	
Minimum Set I			ONT 30.00	REAR	25.00	SIDE 25.00
	Back Requii					25.00
NO. EX.D.U.	0	FLOOD ZONE	<u>X</u> 1	DEVELOPMENT PER	MIT NO.	
PARCEL ID	35-2S-16-	01875-000	SUBDIVISION	·		
LOT	BLOCK	PHASE	UNIT	тот	AL ACRES 2.0	00
000001847			IH0000509	111-	level F	10/-
Culvert Permit	No.	Culvert Waiver Con	tractor's License Numb	per // //	Applicant/Owner/	Contractor
18"X32'MITE	RED	10-0405	BLK		HD	<u>N</u>
Driveway Con	nection	Septic Tank Number	LU & Zoning	g checked by Ap	proved for Issuance	New Resident
COMMENTS:	LOT CRE	ATED THROUGH ESTA	ATE SUCCESSION. 1	FOOT ABOVE ROAL	Э.	
				7	Check # or Ca	ash 30999
		FOR BUIL	DING & ZONING	G DEPARTMENT	T ONLY	(footer/Slab)
Temporary Pov	wer		Foundation		Monolithic	
		date/app. by		date/app. by		date/app. by
Under slab rou	gh-in plumb	77	Slab	date/app. by	Sheathing/l	Nailing date/app. by
Framing		date/appInsula	(B)	date/app. by		date/app. by
	date/ap	p. by	date/	app. by		
Rough-in plum	hing above	slab and below wood floo	r	Е	Electrical rough-in	
		nao ana below wood noo		te/app. by		date/app. by
Heat & Air Du	Desir.	late/app. by	Peri. beam (Lintel)	date/app. by	Pool _	deteless by
Permanent pow	/er	0.0000 1.000	C.O. Final	date/app. by	Culvert	date/app. by
n .	da	ite/app. by	da	ate/app. by		date/app. by
Pump pole	date/app. by	Utility Poledate/a	M/H tie do	wns, blocking, electric	ity and plumbing	date/app. by
Reconnection			RV	70 a	Re-roof	** 5
YEAR ALDERY SHO		date/app. by		date/app. by		date/app. by
BUILDING PE	ERMIT FEE	\$ <u>0.00</u> C	ERTIFICATION FEE	\$ 0.00	SURCHARGE	FEE \$ 0.00
MISC. FEES \$	300.0	O ZONING C	ERT. FEE \$ 50.00	FIRE FEE \$ 6.	42 WAST	E FEE \$16.75
FLOOD DEVE	LOPMENT	FEB FI OOI	ZONE FEE \$ 25.00	CULVERT FEE \$	25.00 TOT	AL FEE 423.17
INCRECTORS		100		CI EDAS OEEICE	//	1/

PERMIT

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.



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 35-2S-16-01875-000

Building permit No. 000028850

CHESTER KNOWLES Permit Holder Owner of Building MELISSA GILL(FREEDOM M/H SALES M/H)

Location: 269 NW MATTIE LN, LAKE CITY, 32055

Date: 10/06/2010

Building Inspector

POST IN A CONSPICUOUS PLACE Business Places Only)

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

	2 00 10
1	or Office Use Only (Revised 1-10-08) Zoning Official 32k 35.0 [7] Building Official 14.0 9-2-10
A	P# 1008-49 Date Received 8/30/10 By Permit #2850 /1847
1	lood Zone X Development Permit N/A Zoning H-3 Land Use Plan Map Category A-3
С	omments Lot created through testate succession
_	
1	MA Map# Elevation Finished Floor River N A In Floodway In Floodway N A
A	Site Plan with Setbacks Shown FEH # 10:0 405 == EH Release Well letter = Existing well
V	Recorded Deed or Affidavit from land owner Letter of Auth. from installer State Road Access
	Parent Parcel # □ STUP-MH □ F W Comp. letter
IME	PACT FEES: EMS Fire Corr Road/Code
	School= TOTAL _ Impact Fees Suspended March 2009_
Pro	35-25-16 perty ID# 01875-000 Subdivision N/A
	New Mobile Home MH Size 32 X 48 ear 2011
_	Free down stantes Stile 386-123-4719
	Applicant
	Applicant Freedom Howes Sukes Nile 386-623-4218 Address 466 S.W. Deputy J. Deputy J. Davis Cn Lake City, F1 3202
	Name of Property Owner Melissa J. Gill Phone# 386-623 - 9586
	911 Address 269 N.W. MAtie LANE, LAKE City, F/4 37055
	Circle the correct power company - FL Power & Light - Clay Electric
	(Circle One) - Suwannee Valley Electric Progress Energy
	4 1 11 202 025
	Name of Owner of Mobile Home <u>Freedom Hours</u> Phone #386-752-5355
	Address 466 S.Ce. Deputy & DAVIS LA, L.7. 27 370LY
	Relationship to Property Owner NONE
	Current Number of Dwellings on Property
	Lot Size N/H Total Acreage 2. ACRE
	Do you : Have Existing Drive (Currently using) or Private Drive (Blue Road Sign) or need (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
	Driving Directions to the Property Hy 41 Nonth To MATHIE LANCE
	TURN Left, GO HBout 2, fewell Wile TO S CURVE
	Property on Right Hund Side See Sign
	The state of the s
	Name of Licensed Dealer/Installer Flx Finest Chester Phone # 386-397-3619
_	
•	Installers Address 5801 S.W. State Ro 47 Luke City. Fl 32014
•	License Number <u>TH-0000509</u> Installation Decal # <u>1320</u>
	Sport do THI)
	W13/1D

PERMIT NUMBER

[6]/100[3]	anchors are allowed at the shewall locations. The shows an anchors are required at all centerfilms the points where the forque test reading is 275 or less and where the mobile home manufacturer may requires anchors with 4000 lb-holding capacity. ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER Installer Name 125512 L. Che Star Kolonius Date Tested 8-1-10	TORQUE PROBE TEST The results of the torque probe test is N/A linch pounds or check here if you are declaring 5' anchors without testing A test hors. Supervised with testing showing 275 inch pounds or less will require 4 foot anchors. Supervised to Swamwall of the state of the	2. Take the reading at the depth of the lowest 3. Using 500 lb. increments, take the lowest reading and round down to that increment. x 1.0 x 1.0 x 1.0 x 1.0	0 1 12	The pocket penetrometer tests are rounded down to psf or check here to declare 1000 lb. soil without testing.
besterning department of the second of the s	The bottomboard will be repaired and/or taped. Yes Siding on units is installed to manufacturer's specifications. Yes Fireplace chimney installed so as not to allow intrusion of rain water. Yes Skirling to be installed. Yes No Dryer vent installed outside of skirling. Yes Range downflow vent installed outside of skirling. Yes Drain lines supported at 4 foot intervals. Yes Electrical crossovers protected. Yes No Other: 152-1 Macy or Mail of Ma	Type gasket Roll FOAM Pg. 150-1	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 walls are a result of a poorty installed or no gasket being installed. I understand a strip of tape will not serve as a gasket. Installer's initials	Walls: Type Fastener: 1995 Type Fastener: 1995 Roof: Type Fastener: 1995 Type Fastener: 1995 Type Fastener: 1995 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 nalls at 2" on center on both sides of the centerline.	Debris and organic material removed Water drainage: Natural Swale Pad Other Fastoning multi wido units

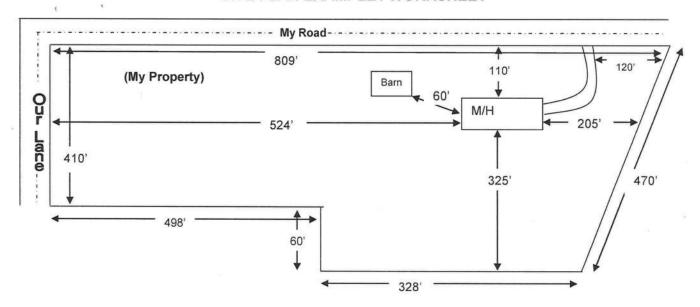
Site Preparation

TOTAL THE DEDECORMED BY A LOUISED INSTALL ER	Miscallaneous
ALL IESIS MOST DE CENTONIMED D	
Installer Name Jessie L. Chester KNoules	Skirting to be installed. Yes No NA NA Dryer vent installed outside of skirting. Yes N/A
Dale Tested 8-4-10	Range downflow vent installed outside of skirting. Yes N Drain lines supported at 4 foot intervals. Yes
	Electrical crossovers protected. Yes Up Hotel Ague Diese H
$E_{00}(r)$	The second secon
Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between mult-wide units. Pg. / ⊃<-/	Installer verifies all information given with this permit
PIUMBING	is accurate and true pased on the
Connect all sewer drains to an existing sewer tap or septic tank. Pg. (Sc-)	manufacturer's installation instructions and or Kuie
Connect all polable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. $-(5C=-)$	HIBRARDI SIGHARNIS (AMARAMA A

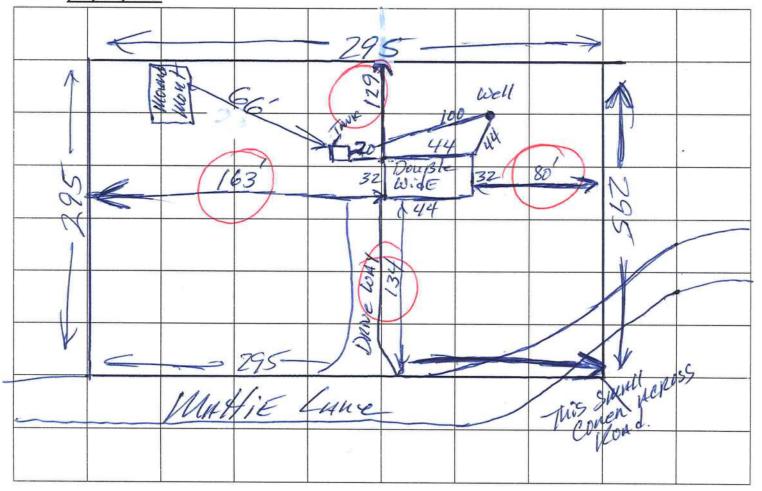
Dato BELL 15C-1 & 2

worksheet

SITE PLAN EXAMPLE / WORKSHEET



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



AUG-30-2010(MON) 11:16 FREEDOM MOBILE HOMES

(FAX)386 752 4757

P. 001/001

	SUBCONTRACTOR VERIFICATION FORM	
PPUCATION NUMBER	CONTRACTOR	PHONE

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 farm 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 X	Print Name MICHAEL BOLAND License #: ES 12000671	Signature	Multalano Phone #: 850-536-5713
MECHANICAL/	Print Name MICHAEL BOLAND License #: CAC1816 480	Signature	Mulabel 10 Phone N: 850-574-57/3
PLUMBING/-X	Print Name	_ Signature_	Phone #:
ROOFING .	Print NameLicense #:	_ Signaturė_	Phone #:
SHEET METAL	Print NameLicense #:	_ Signaturė	Phone #:
FIRE SYSTEM/ SPRINKLER	Print Name	_ Signaturė,	Phone #:
SOLAR	Print Name	Signature	Phone #:

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON	- 5		•
CONCRETE FINISHER	1.		
FRAMING .	· · ·	:	
INSULATION			
STUCCO			
DRYWALL			
PLASTER			
CABINET INSTALLER			
PAINTING			
ACOUSTICAL CEILING			
GLASS		1	
CERAMIC TILE			
FLOOR COVERING		2	
ALUM/VINYL SIDING			
GARAGE DOOR			
METAL BLOG ERECTOR		1	

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.

P. 001 P. 001/001

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUM	MBFR		CONTRACTOR			
THIS FORM MUST BE SUBMITTED PRIOR T			TO THE ISSUANCE OF A PERMIT			
Ordinance 89-texemption, ger Any changes, t	subcontra 5, a contra neral liabil the permit	permit will cover all ctors who actually ctor shall require a ity insurance and a ted contractor is re	Il trades doing work a did the trade specific Il subcontractors to p valid Certificate of Co sponsible for the cor	t the permitted sit work under the porovide evidence of competency licenses	te. It is <u>REQUIRED</u> that we have ermit. Per Florida Statute 440 and f workers' compensation or in Columbia County. In submitted to this office prior to the corders and/or fines.	
ELECTRICAL	Print Nam	e		Signature		
MECHANICAL/			Phone #: Signature Phone #:			
PLUMBING/-X	Print Nam License #:		B3/1	Signature	4: 386-255-6441	
ROOFING	Print Name			SignaturePhone #:		
SHEET METAL	Print NameLicense #:			SignaturePhone #:		
FIRE SYSTEM/ SPRINKLER	Print NameLicense#:			Signature Phone #:		
SOLAR	Print Name			Signature Phone #:		
Specialty Lic	eużē	License Number	Sub Contractors	Printed Name	Sub-Contractors Signature	
MASON		1	•			
CONCRETE FIN	SHER			271	* * * * * * * * * * * * * * * * * * * *	
FRAMING	*		414			
INSULATION						
STUCCO			,			
DRYWALL	•			•		
PLASTER						
CABINET INSTA	LLER			***************************************	1050	
PAINTING						
ACOUSTICAL CE	EILING			1		
GLASS					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
CERAMIC TILE						
FLOOR COVERI	NG					
ALUM/VINYL SI	DING	7	3400	-	100	
GARAGE DOOR			-			
METAL BLDG ERECTOR			7 BUNGAY .			

F. S. 440.103 Building permits; identification of minimum premium policy.—Every employer shall, as a condition to applying for and receiving a building permit, show proof and certify to the permit issuer that it has secured compensation for its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each time the employer applies for a building permit.

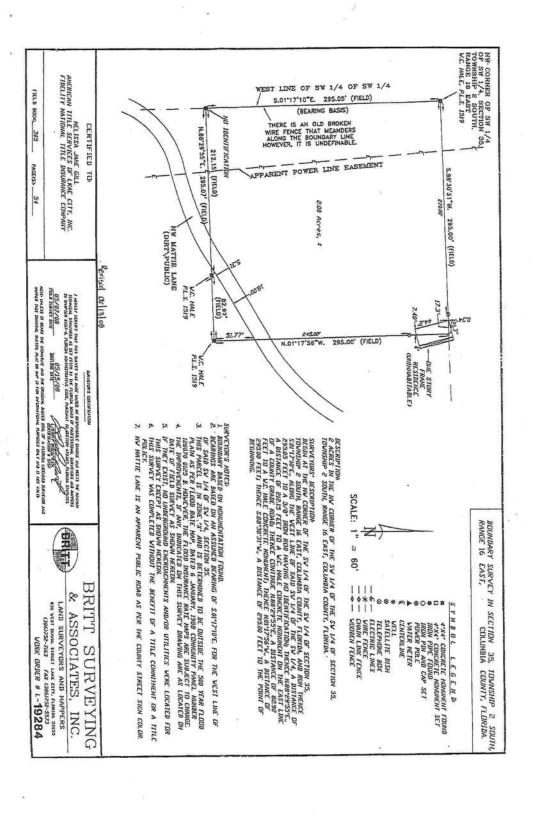


COLUMBIA COUNTY BUILDING DEPARTMENT

135 NE Hernando Ave, Suite B-21, Lake City, FL 32055 Phone: 386-758-1008 Fax: 386-758-2160

MOBILE HOME INSTALLERS LETTER OF AUTHORIZATION

I, Jessie L. Chester Knowles , give this authority for the job address show below Installer License Holder Name					
only, 269 Nw, 269	Th CN. LAKE CITY, EC	, and I do certify that			
the below referenced person(s)	listed on this form is/are under m	y direct supervision and control			
and is/are authorized to purcha	se permits, call for inspections and	d sign on my behalf.			
Printed Name of Authorized	Signature of Authorized	Authorized Person is			
Person	(Check one)				
Mike Cox	Wireland D led	Agent Officer Property Owner			
	. /	Agent Officer Property Owner			
		Agent Officer Property Owner			
I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and I am fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances.					
I understand that the State Licensing Board has the power and authority to discipline a license					
holder for violations committed by him/her or by his/her authorized person(s) through this					
document and that I have full responsibility for compliance granted by issuance of such permits.					
License Holders Signature (Notarized) License Number License Number Date					
NOTARY INFORMATION:					
STATE OF: Florida COUNTY OF: Columbia					
The above license holder, whose name is Jessie L. Knowles personally appeared before me and is known by me or has produced identification					
(type of I.D.) on this 6 day of August, 2010.					
MUL Clark VOTARY'S SIGNATURE SPANSON TO THE STATE OF TH					
//	OTANTS SIGNATURE				



COLUMBIA COUNTY 9-1-1 ADDRESSING

P. O. Box 1787, Lake City, FL 32056-1787

PHONE: (386) 758-1125 * FAX: (386) 758-1365 * Email: mm_cmf@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:

7/26/2010

DATE ISSUED:

7/28/2010

ENHANCED 9-1-1 ADDRESS:

269

NW MATTIE

LN

LAKE CITY

FL 32055

PROPERTY APPRAISER PARCEL NUMBER:

35-2\$-16-01875-000

Remarks:

Address Issued By

Columbia County 9-1-1 Addressing / GIS Department

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

1782

Aug 30 10 01:40p

386 752 1477

P. 001

p. 1

Water Wells Pumps & Service Linda Newcomb 386-752-1477

> Phone: (386) 752-6677 Fax: (386) 752-1477

Lynch Well Drilling, Inc.

173 SW Young Place Lake City, FL 32025

www.lynchwelldrilling.com

August 30, 2010

To Whom It May Concern:

As required by building code regulations for Columbia County in order that a building permit can be issued, the following well information is provided with regard to the well for Melissa J. Gill off of Mattie Lane ...

Size of Pump Motor:

1 HP 20 gallons per min.

Size of Pressure Tank:

81 -Gallon Bladder Tank - 25.1 Draw down

Cycle Stop Valve Used:

No

Constant Pressure System:

Sinda Newcomb

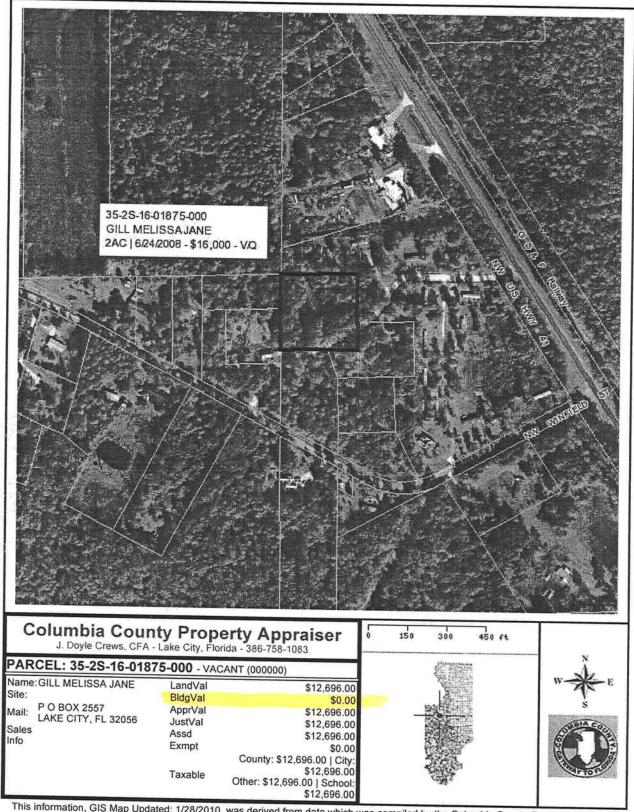
No

Should you require any additional information, please contact us.

Sincerely,

Linda Newcomb

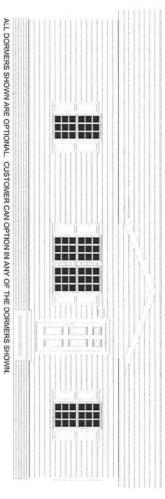
Lynch Well Drilling, Inc.

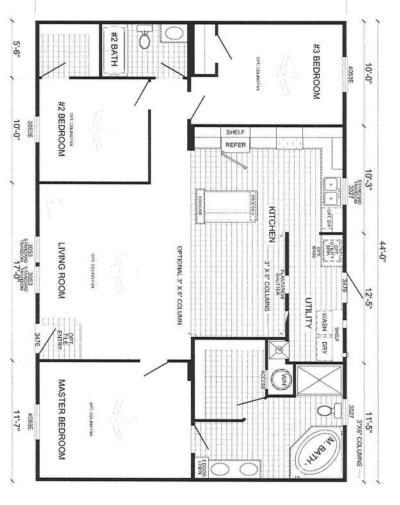


This information, GIS Map Updated: 1/28/2010, was derived from data which was compiled by the Columbia County Property Appraiser Office solely for the governmental purpose of property assessment. This information should not be relied upon by anyone as a determination of the ownership of property or market value. No warranties, expressed or implied, are provided for the accuracy of the data herein, 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 NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

915/196

COTTAGE





29'-8"

U-3443A 3-BEDROOM / 2-BATH 32 X 44 - Approx. 1305 Sq. Ft. Date: 7-2-09

• All room dimensions include closets and square footage figures are approximate. Transom windows are available on optional 9-0° sidewall houses only. Available with Lineals or Shutters around windows.

1/ 2

08-30-10;12:26PM;

;386 758-2187



STATE OF FLORIDA DEPARTMENT OF HEALTH CHEITE SEMAGE TREATMENT AND DISPOSAL APPLICATION FOR CONSTRUCTION PERMIT

)	0-0405
PERMIT NO.	97/07/0
FEE PAID: RECEIPT #:	31000

APPLICATION FOR:	Valoring Spring	(1 8	olding Tank	[] Inne	wative
APPLICATION FOR: [X] New System [] [] Repair []	Abendonment	[] I	esporary	ı ı —	
APPRICANT: MeliSSA ACENT: Rober F	GILL NEST	inc	TET		5-6372
ACENT: _ ROBERT TO	346 17101	21-1 171	16 51	4 3205	5
MATLING ADDRESS: 580) HW GUE	الحطوي اللح	· L > V).	5 000	
TO BE COMPLETED BY APPLICATION OF RESPONSIBILITY PLATED ONLYDO/YY) IF REQU	QUET TO 489.105(3)) (m.) CH 489.2 Mentration of	THE DATE THE	LOT WAS CRE	ATED OR
PROPERTY DIFFERENCE			_	.	
LOT: BLOCK:	_ SUMPLYISION: _	meets	& BOUNC	S PLATE	ED:
PROPERTY ID 0: 35-25-10	6-01875-000	_ ZONING: _	5F_ 1/M 08	R EQUIVALENT	T T T T T
PROPERTY SIZE: 2-100 ACM	ES WATER SUPPLY:	[X] PRIVATE	POBLIC (1<=2000GPD	[]>2000GFD
13 SEMER AVAILABLE AS PER	301.0065, 78? [¥ / 1	DISTAN	ICE TO SEWER	·· NA PT
PROPERTY ADDRESS:	W MATTI	ecane	• 1.1 A 4.5		
DIRECTIONS TO PROPERTY:	HWY 41	HORTH .	to HW	MATT	TIE CANE
Tleft Pro	pety on	RISKA.	JUST Be	fore Co	veve_
	A		<u> </u>	127 17	7 -
BUILDING INFOFMATION	(NESIDEN	TIAL	[] COMMERCE	AL "	
Unit Type of No Establishment	Ho. of Bu	milding Com	ercial/Insti le 1, Chapter	tutional Sy 64E-6, FAC	stem Design
mIH	3	1305			
2		10 10			
3	_				
4					
[] Wicor/Equipment Dra	ins [] Other	(Specify) _			
SIGNATURE: Kolutu	Josep .			DATE: 8	23/10
DH 4015, 08/09 (Obsoletes Incorporated 64E-6.001, F	previous edition AC	s which may	(beer ed soc	· ·	Page 1 of 4

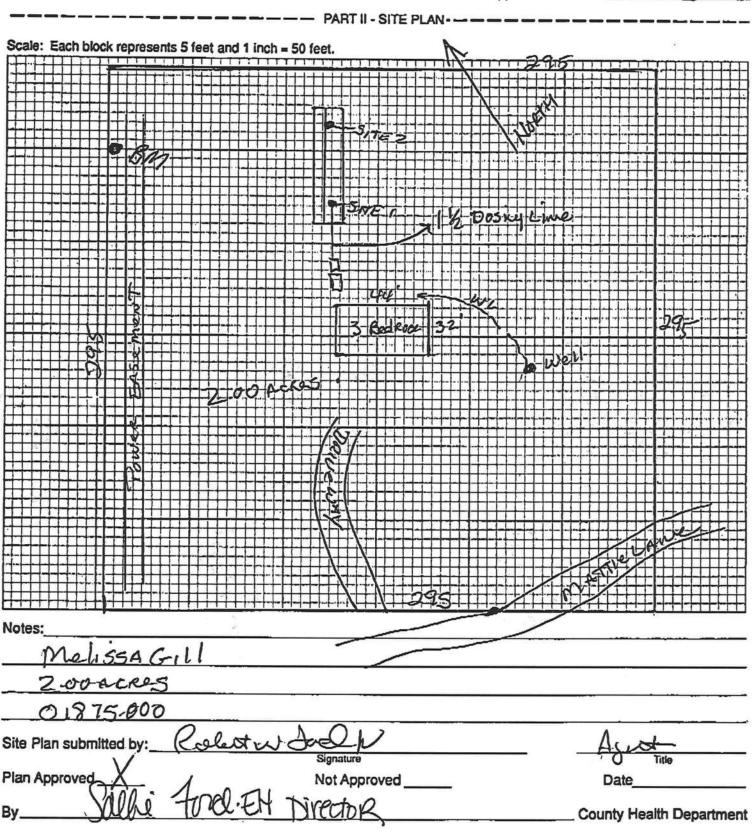
P. 002

;386 758-2187



STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT Permit Application Number ___



ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Inst. Number: 200812011981 Book: 1153 Page: 405 Date: 6/25/2008 Time: 10:09:00 AM Page 1 of 2

Prepared by: Elaine R. Davis / Megan M. Harrell American Title Services of Lake City, Inc. 321 SW Main Boulevard, Suite 105 Lake City, Florida 32025

File Number: 08-192

Warranty Deed

Made this June 26, 2008 A.D. By

Islah L. Parnell, a Martita Man Post Office Box 9000, Brownsville, TX 78520, hereinafter called the grantor, to

Melissa Jane Gill, whose post office address is: Post Office Box 2557, Lake City, Florida 32056, hereinafter called the grantee:

(Whenever used herein the term "granter" and "grantes" include all the parties to this instrument and the hoits, legal representatives and assigns of individuals, and the successors and assigns of corporations)

Witnesseth, that the granter, for and in consideration of the sum of Ten Dollars, (\$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, viz:

TOWNSHIP 2 SOUTH - RANGE 16 EAST

SECTION 35: 2 acres in the NW corner of the SW 1/4 of the SW 1/4 of Section 35, Township 2 South, Range 16 East, Columbia County, Florida, more particularly described as follows:

Begin at the NW corner of the SW 1/4 of the SW 1/4 of Section 35, Tuwnship 2 South, Range 16 East, Columbia County, Florida and run thence S 01°17′10° E, along the West line of said SW 1/4 of the SW 1/4, a distance of 295.05 feet to a 3/8° iron rod having no identification, thence N 88°29′55° E, a distance of 212.15 feet to a W.C. Hale concrete monument on the East line of a county grade road; thence continue N 88°29′55° E, a distance of 82.92 feet to a W.C. Hale concrete monument; thence N 01°17′56° W, a distance of 295.00 feet; thence S 88°30′31° W, a distance of 295.00 feet to the Point of Beginning.

Less road right-of-way

Said property is not the homestead of the Grantor(s) under the laws and constitution of the State of Florida in that neither Grantor(s) or any members of the household of Grantor(s) reside thereon.

Parcel ID Number, 01875-000

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

To Have and to Hold, the same in (ee simple forever.

And the grantor hereby covenants with said grantue that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to said land convey said land; that the grunter 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 enoumbrances except taxes according subsequent to December 31, 2007.

Inst. Number: 200812011981 Book: 1153 Page: 406 Date: 6/25/2008 Time: 10:09:00 AM Page 2 of 2

Prepared by: Elaine R. Davís / Megan M. Harrell American Title Services of Lake City, Inc. 321 SW Main Boulevard, Sutte 105 Lake City, Florida 32025

File Number: 08-192



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

Signed, sealed and delivered in our presence:	1
Quel rep 1/ Mirane 4	had ZLOOD(Seal)
Witness Winted Name JUDITH MONSON Add	h I. Parnell res: Post Office Box 9000, Brownsville, TX 78520
Elizaber to 9. Franke -	(Seal)
Winness Printed Norme ELIZARETH FRANKE Add	
-sente or Fromas Embassy of the United States of Am	wile_
The foregoing instrument was acknowledged before me this 200 days	House 2008, by Isiah L. Parlett Ayno Islane Jersonally known to
me ur who has produced	Jeffrey Miles
	TICE CORDUS
200	Missinglate Spirit Misselli Chansons AR PRIMART
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AFFIDAVIT

STATE OF FLORIDA COUNTY OF COLUMBIA

This is to certify that I, (We), Melissa J. Gill owner of the below described property:				
Tax Parcel No. 01875-000				
Subdivision (name, lot, block, phase)				
Give my permission to Freedom Mobile Homes 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.				
Melissa J. Bill				
Owner				
SWORN AND SUBSCRIBED before me this 30 day of August				
ID This (these) person(s) are personally known to me or produced				
MONICA L. HARRIS MY COMMISSION & DD645510 EXPIRES: February 23, 2011 Notary Signature MONICA L. HARRIS MY COMMISSION & DD645510 EXPIRES: February 23, 2011 Notary Signature				

PADINS 5-25-5011

Columbia County Building Department **Culvert Permit**

Culvert Permit No. 000001847

DATE 09/1	10/2010 PARCEL ID # 35-28	S-16-01875-000	
APPLICANT	MIKE COX	PHONE 386	6.752.5355
ADDRESS _	466 SW DEPUTY J. DAVIS LN	LAKE CITY	FL 32024
OWNER M	ELISSA GILL(FREEDOM M/H SALES M/H)	PHONE 386	.752.5355
ADDRESS _2	69 NW MATTIE LN	LAKE CITY	FL 32055
CONTRACTO	R CHESTER KNOWLES	PHONE 386	3.397.3619
LOCATION O		OF A MILE ON TO S CU	RVE, PROPERTY ON
SUBDIVISION SIGNATURE	INSTALLATION REQUIREMENTS Culvert size will be 18 inches in diameter with driving surface. Both ends will be mitered 4 fthick reinforced concrete slab. INSTALLATION NOTE: Turnouts will be recally a majority of the current and existing drives by the driveway to be served will be paved Turnouts shall be concrete or paved a majority of the current and existing drives and the concrete or paved driveway, whichever is current and existing paved or concreted the concrete of the current and existing paved or concreted the current and existing the current and existing paved or concreted the current and existing the current	quired as follows: veway turnouts are payor formed with concretinimum of 12 feet wides greater. The width sha	nd poured with a 4 inch ved, or; e. or the width of the
	Culvert installation shall conform to the app Department of Transportation Permit installation	roved site plan standar	

ALL PROPER SAFETY REQUIREMENTS SHOULD BE FOLLOWED DURING THE INSTALATION OF THE CULVERT.

135 NE Hernando Ave., Suite B-21 Lake City, FL 32055

Phone: 386-758-1008 Fax: 386-758-2160

Amount Paid 25.00

