

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-11)		Zoning Official <u>BLK 18 DEC-2013</u>	Building Official <u>TM 12/17/13</u>
AP# <u>1312-29</u>	Date Received <u>12/16/13</u>	By <u>LH</u>	Permit # <u>31665</u>
Flood Zone <u>X</u>	Development Permit <u>N/A</u>	Zoning <u>A-3</u>	Land Use Plan Map Category <u>A-3</u>
Comments <u>Section 2.3.1 Legal Non-conforming Lot of Record. Replacing existing MH</u> <u>Sec 1118 Agreement <input checked="" type="checkbox"/> Signed + Recorded Agreement</u>			
FEMA Map# <u>N/A</u>	Elevation <u>N/A</u>	Finished Floor <u>1' above</u>	River <u>N/A</u> In Floodway <u>N/A</u>
<input checked="" type="checkbox"/> Site Plan with Setbacks Shown <input checked="" type="checkbox"/> EH # <u>13-0648</u> <input type="checkbox"/> EH Release <input type="checkbox"/> Well letter <input checked="" type="checkbox"/> Existing well <input checked="" type="checkbox"/> Recorded Deed or Affidavit from land owner <input checked="" type="checkbox"/> Installer Authorization <input checked="" type="checkbox"/> State Rd Access <input checked="" type="checkbox"/> 911 Sheet <input type="checkbox"/> Parent Parcel # _____ <input type="checkbox"/> STUP-MH _____ <input type="checkbox"/> F W Comp. letter <input checked="" type="checkbox"/> App Fee Pd <input checked="" type="checkbox"/> VF Form			
IMPACT FEES: EMS _____ Fire _____ Corr _____		<input checked="" type="checkbox"/> Out County <input checked="" type="checkbox"/> In County	
Road/Code _____ School _____		= TOTAL <u>N/A</u> Suspended March 2009 <u>N/A</u> Ellisville Water Sys	

Property ID # 30-65-16-03999-003 Subdivision _____

- New Mobile Home ☒ Used Mobile Home _____ MH Size 32X52 Year 2013
- Applicant Robert Minnella Phone # (352) 472-6010
- Address 25743 SW 22 PL, Newberry, FL 32640
- Name of Property Owner Vera M Farnell Phone# (386) 466-6645
- 911 Address 283 SW Illinois St Fort White FL 32038
- Circle the correct power company - FL Power & Light - Clay Electric
 (Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home Same Phone # _____
 Address _____
- Relationship to Property Owner _____
- Current Number of Dwellings on Property 1 mobile home to keep for storage
- Lot Size 181 X 480 Total Acreage 2 Fax # 352-472-0104
- 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 yes (Paid)
- Driving Directions to the Property 47 South to US 27 in Ft White (TR) Go
about 2 miles to Utah St (TL) Take 1st/left onto Roberts Ave. Go to
SW Illinois St (TR) Prop on right 3/4 mile.
- Name of Licensed Dealer/Installer Ernest S. Johnson Phone # (352) 494-8099
- Installers Address 22204 SE US Hwy 301 Hawthorne, FL 32640
 - License Number TH1025249 Installation Decal # 18738

Spoke to Robert on 12/18/13

en 12/18/13

CLC# 6603

BLK - Affidavit

COLUMBIA COUNTY PERMIT WORKSHEET

page 1 of 2

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

Installer Ernest S. Johnson License # IH-1025249

911 Address where home is being installed 283 SW Illinois ST
Ft. White, FL 32038

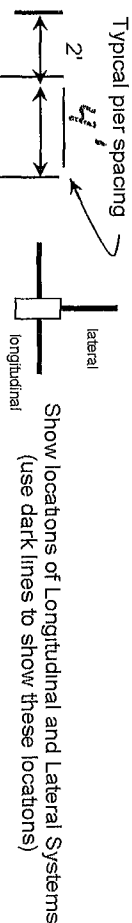
Manufacturer Live Oak Homes Length x width 32X52 w/eaves

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

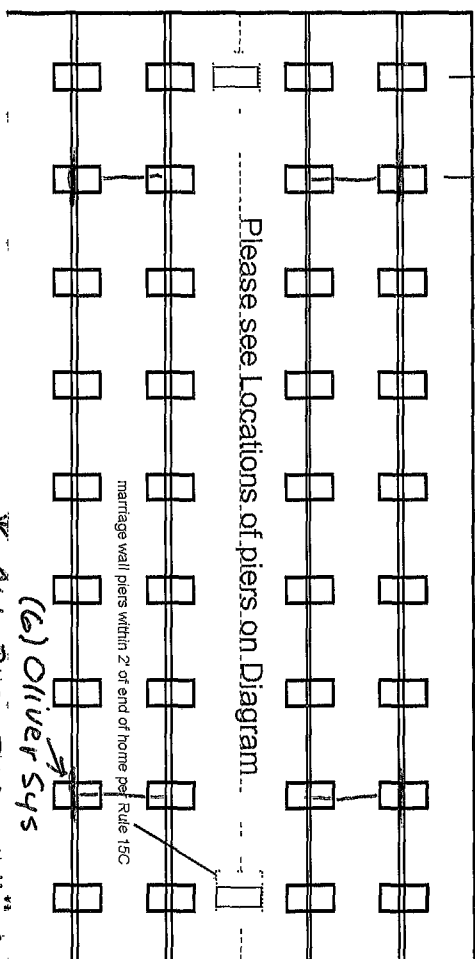
I understand Lateral Arm Systems cannot be used on any home (new or used)
where the sidewall ties exceed 5 ft 4 in

Installer's initials

ESJ



Please see Locations of piers on Diagram



* ALL PIER PADS 11'12" X 25 1/2"

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 # 18738

Triple/Quad ☐ Serial # LOHGA11314395AIB

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	Footer size (sq in)	16" 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 psf	3'	4'	4'	5'	6'	7'	8'
1500 psf	4' 6"	6'	6'	7'	8'	8'	8'
2000 psf	6'	8'	8'	8'	8'	8'	8'
2500 psf	7' 6"	8'	8'	8'	8'	8'	8'
3000 psf	8'	8'	8'	8'	8'	8'	8'
3500 psf	8'	8'	8'	8'	8'	8'	8'

* Interpolated from Rule 15C-1 pier spacing table

PIER PAD SIZES

I-beam pier pad size 17.5 X 25.5"

Perimeter pier pad size na

Other pier pad sizes (required by the mfg) na

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

* Please See Pier Load Diagram

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)

Manufacturer Longitudinal Stabilizing Device w/ Lateral Arms

Manufacturer Oliver Technologies

OTHER TIES

Number 18

Longitudinal Marriage wall

Shearwall 4-6

ANCHORS

4 ft ☒ 5 ft ☒

FRAME TIES

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

Number 2

COLUMBIA COUNTY PERMIT WORKSHEET

page 2 of 2

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to _____ psf or check here to declare 1000 lb soil _____ without testing

X _____ X _____ X _____

POCKET PENETROMETER TESTING METHOD

- 1 Test the perimeter of the home at 6 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

Assume
1000 lb

X _____ X _____ X _____

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

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
Assume
1000 lb. say installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name _____

Date Tested _____

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 45-47

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank Pg 42

Connect all potable water supply piping to an existing water meter water tap or other independent water supply systems Pg 4

Site Preparation

Debris and organic material removed Yes _____ No _____
Water drainage Natural/Yes _____ Swale _____ Pad/Yes _____ Other _____

Fastening multi wide units

Floor Type Fastener Lag Length 5" Spacing 2'
Walls Type Fastener " Length " Spacing "
Roof Type Fastener " Length " Spacing "
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 centerline

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 say

Type gasket Factory Foam

Installed
Between Floors Yes X
Between Walls Yes X
Bottom of ridgebeam Yes X

Weatherproofing

The bottomboard will be repaired and/or taped Yes _____ No _____ Pg _____
Siding on units is installed to manufacturer's specifications. Yes _____ No _____
Fireplace chimney installed so as not to allow intrusion of rain water Yes _____ No _____

Miscellaneous

Skirting to be installed Yes X No _____
Dryer vent installed outside of skirting Yes X N/A _____
Range downflow vent installed outside of skirting Yes _____ No X
Drain lines supported at 4 foot intervals Yes X No _____
Electrical crossovers protected Yes X No _____
Other _____

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

Installer Signature Sweet J Johnson Date 12-11-13

Live Oak Homes
MODEL: S-3524A - 32 X 52
4-BEDROOM / 2-BATH

- | | |
|------------------------------|---|
| (A) MAIN ELECTRICAL | (G) DUCT CROSSOVER |
| (B) ELECTRICAL CROSSOVER | (H) SEWER DROPS |
| (C) WATER INLET | (I) RETURN AIR (W/OPT. HEAT PUMP OH DUCT) |
| (D) WATER CROSSOVER (IF ANY) | (J) SUPPLY AIR (W/OPT. HEAT PUMP OH DUCT) |
| (E) GAS INLET (IF ANY) | |
| (F) GAS CROSSOVER (IF ANY) | |

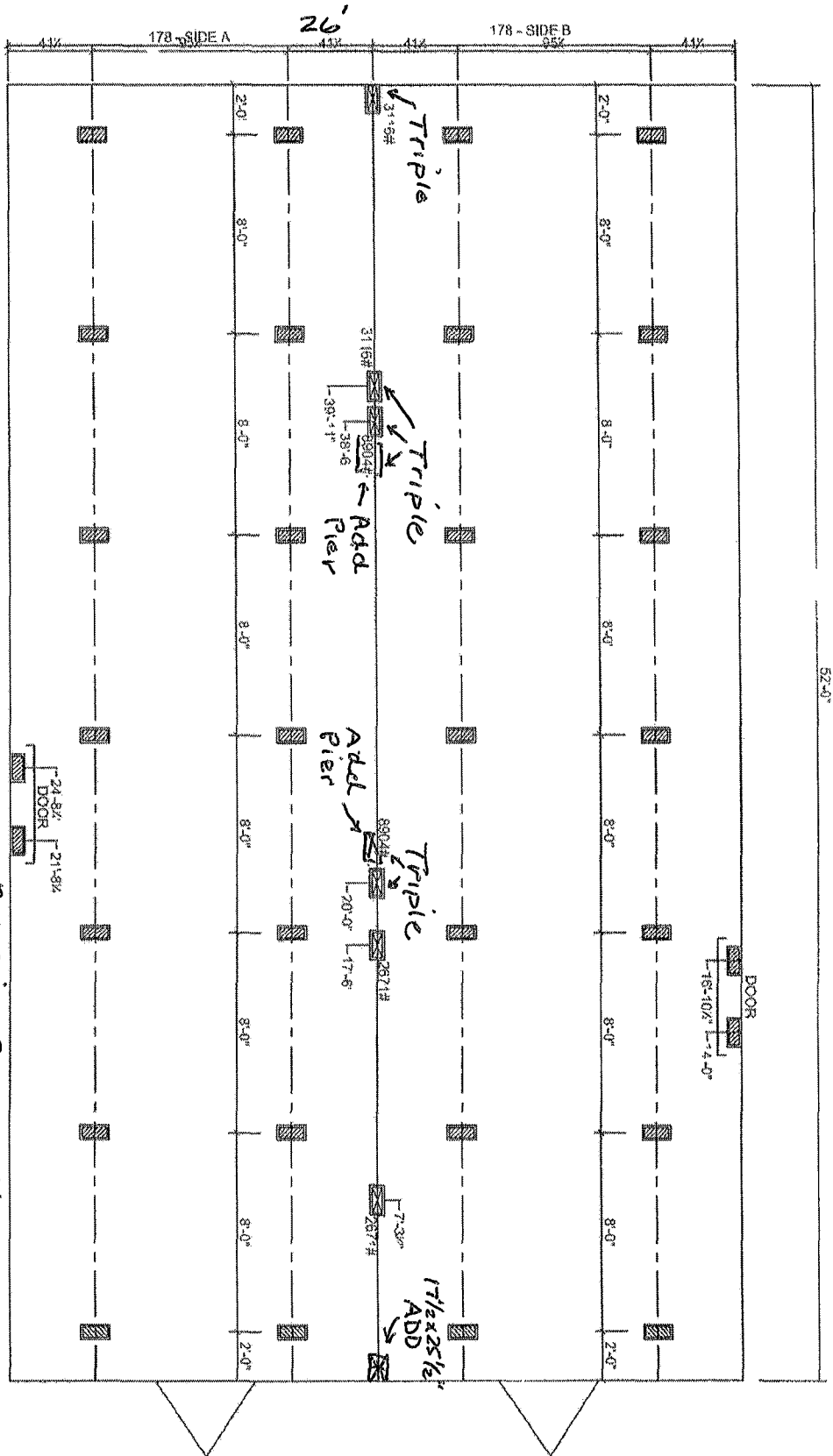
U-3524D

FOUNDATION NOTES:
 - THIS DRAWING IS DESIGNED FOR THE STANDARD WIND ZONE AND IS TO BE USED IN CONJUNCTION WITH THE INSTALLATION MANUAL AND ITS SUPPLEMENTS.
 - FOOTINGS ARE SHOWN FOR EXAMPLE ONLY. QUANTITY AND SPACING MAY VARY BASED ON PAD TYPE, SOIL CONDITION, ETC.
 - FOOTINGS ARE REQUIRED AT SUPPORT POSTS. SEE INSTALLATION MANUAL FOR REQUIREMENTS.

MARRIAGE LINE OPENING SUPPORT PIER/TYP
SUPPORT PIER/TYP

8-22-2011

*All Pier Pads = 17'1/2 x 25'1/2"
 4 x 5' Anchors*



STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

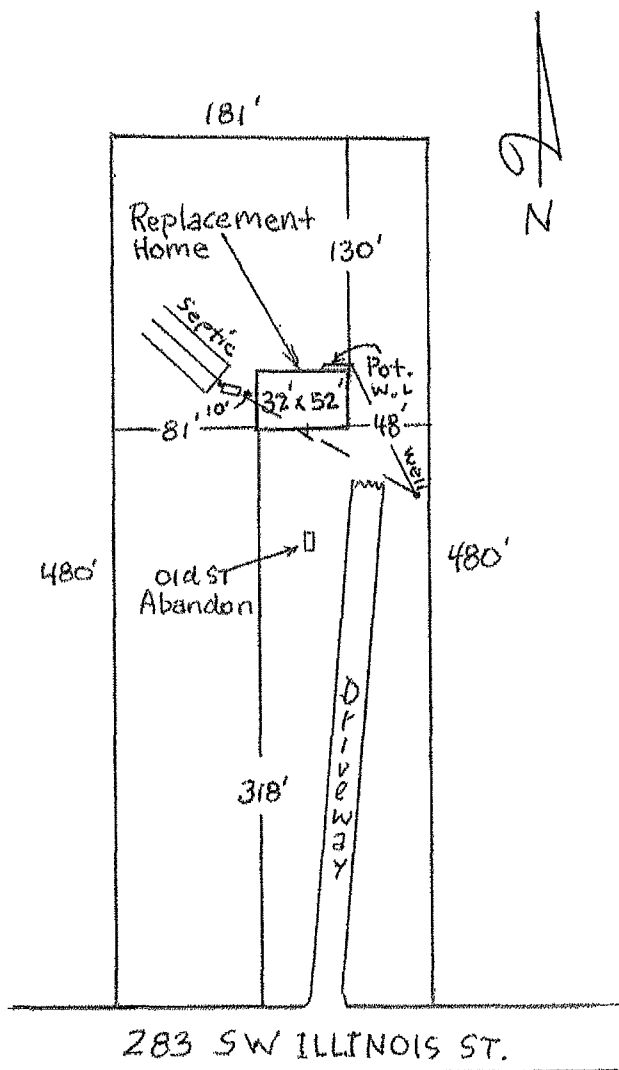
Permit Application Number

13-0648

Vera Farnell

PART II - SITEPLAN

1 inch = 100 Feet



NOTES:

Site Plan submitted by:

Paul A. Minnelli 12-11-13

Agent

Plan Approved

Not Approved

Date 12/27/13

By

Columbia

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



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

PERMIT NO. 13-0648DATE PAID: 12/19/13FEE PAID: 310.00RECEIPT #: 1130059

APPLICATION FOR:

Jeff Hardee Soils

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

APPLICANT: Farnell, VeraAGENT: Robert MinnellaTELEPHONE: 352-472-6010MAILING ADDRESS: 25743 SW 22 Place Newberry, Fl. 32669

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 #: 30-06-16-03999-003 ZONING: _____ I/M OR EQUIVALENT: ☒ Y ☐ NPROPERTY SIZE: 2 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐]<=2000GPD ☐]>2000GPDIS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y ☐ N DISTANCE TO SEWER: _____ FTPROPERTY ADDRESS: 283 SW Illinois St. Ft. White, Fl. 32038DIRECTIONS TO PROPERTY: SR 47 south to the light in Ft. White-U.S. 27...TR Go about 2 miles toSW Utah St. TL. Go a short distance to SW Roberts Ave...TL. Go a mile to SW Illinois St...TRProperty is on the right 2/10 mile...Green Flag

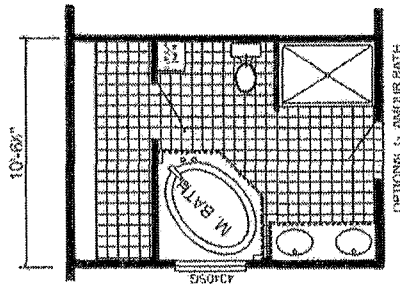
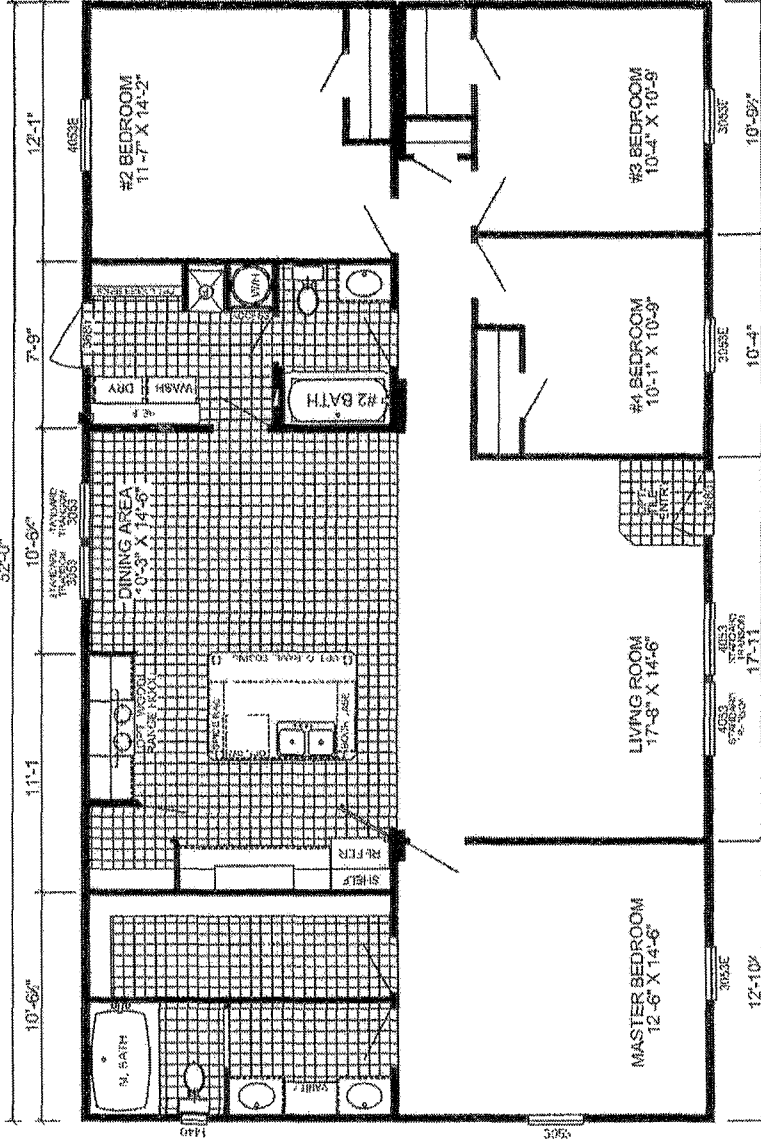
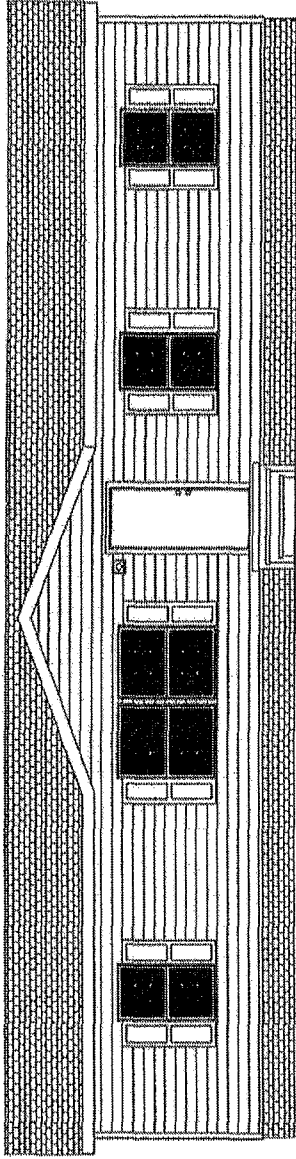
BUILDING INFORMATION

☒ RESIDENTIAL☐ COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	DW- MH	4	1525	4 People
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____SIGNATURE: Robert MinnellaDATE: 12-11-13

DUKE



U-3524D-SVS
4-BEDROOM / 2-BATH
32' X 56' - Approx. 1525 Sq. Ft.

Rev 12-11-13

26' x 52' Box Size

Date: 6-9-2011
 * All room dimensions include closets and square footage figures are approximate.
 * Dimensions are subject to change without notice.
 * Underpinning shown is optional.

Return to
VERA MAE KNIGHT FARNELL
283 SW Illinois Street
Fort White, Florida 32038

Parcel No 03999-001

CORRECTIVE QUIT CLAIM DEED

Made this **DECEMBER 31, 2009**

By **JIMMY JAY FARNELL**, a single man as Grantor

to **VERA MAE FARNELL**

whose post office address is 283 SW Illinois Street, Fort White, Florida 32038 hereinafter called the grantee

(Whenever used herein the term "grantor" and "grantee" include all the parties to this instrument and the heirs, legal representatives and assigns of individuals, and the successors and agents of corporations)

Witnesseth, that the grantor, for and in consideration of the sum of \$ TEN AND NO/100 DOLLARS (\$10.00) and other valuable considerations, receipt whereof is hereby acknowledged, does hereby remise, release, and quit claim unto the grantee, forever, all the right, title, interest, claim and demand which the said grantor has in and to all that certain land situate in Columbia County, Florida, viz.

A part of Parcel No. 5 of Unrecorded Subdivision Survey Plat of the NW 1/4 of Section 30, Township 6 South, Range 16 East, Columbia County, Florida said Survey plat dated February 23, 1970 and signed by Lonnie Lee, Registered Surveyor Certificate Number 1950, Being more particularly described as follows:

Commence at the NW corner of Section 30, Township 6 South, Range 16 East, Columbia County, Florida and run South 1° 23' 52" East along West line of said Section 30, a distance of 2125.45 feet. Thence run North 88° 19' 44" East, 181.07 feet to the Point of Beginning. Thence run South 01° 23' 52" East, 480.89 feet. Thence run North 88° 10' 51" East 181.19 feet. Thence run North 1° 23' 52" West 480.42 feet. Thence run South 88° 19' 44" West 181.19 feet to the Point of Beginning. Less and Except County Road Right of Way.

NB: This Deed is being recorded to correct error in grantees in deed recorded in Official Record Book 1126 Page 210 the name of Jimmy Jay Farnell was listed in error.

Together with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining To Have and to Hold, the same together with all and singular the appurtenances therunto belonging or in anywise appertaining and all the estate, right, title, interest, here equity and claim whatsoever of the said grantor, either in law or equity to the only proper use, benefit and behoof of the said grantee forever

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

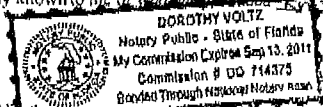
Signed, sealed and delivered in our presence

Marsha B Ward _____ Jimmy Jay Farnell _____
Witness Printed Name Marsha B Ward JIMMY JAY FARNELL

Jamela Gebo _____
Witness Printed Name Jamela Gebo

State of Florida
County of Columbia

The foregoing instrument was acknowledged before me this 4th day, of JANUARY 2010 by JIMMY JAY FARNELL, who is personally known to me or who has been duly identified to me as identification.



Dorothy Voltz _____
Notary Public

Quit Claim Deed
Closes' Choice

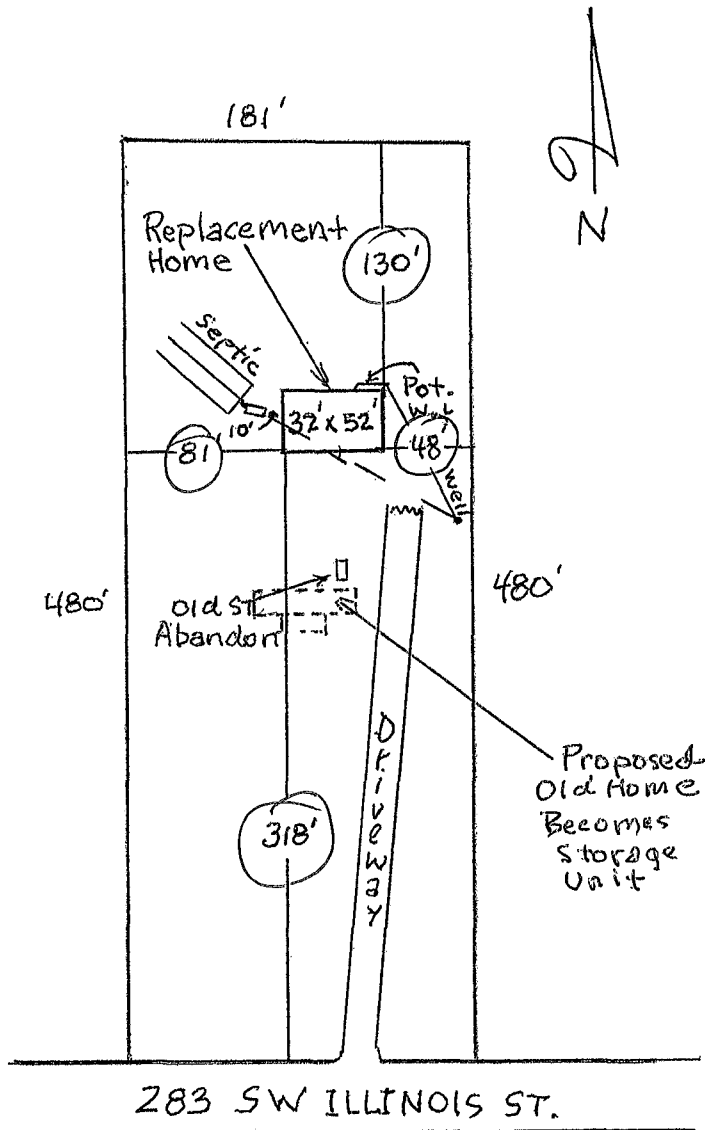
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number _____

Vera Farnell

PART II - SITEPLAN

1 inch = 100 Feet



NOTES:

Site Plan submitted by: Randy Murrell

12-11-13

Agent

Plan Approved _____

Not Approved _____

Date _____

By _____

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Farnell

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 132-29 CONTRACTOR Ernest S. Johnson PHONE (352) 494-8099

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 89-8, 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.

<input checked="" type="checkbox"/> ELECTRICAL 1074	Print Name <u>Glenn Whittington</u> License # <u>EC13008957</u>	Signature <u>Glenn Whittington</u> Phone #: <u>386 972 0700</u>
<input checked="" type="checkbox"/> MECHANICAL/ A/C 370	Print Name <u>Robert Grant</u> License # <u>CAC1814931</u>	Signature <u>Robert Grant</u> Phone # <u>(800) 859-3708</u>
<input checked="" type="checkbox"/> PLUMBING/ GAS	Print Name <u>Ernest S. Johnson</u> License # <u>EH1025249</u>	Signature <u>Ernest S. Johnson</u> Phone #: <u>(352) 494-8099</u>

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
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 440.35, and shall be presented each time the employer applies for a building permit.

Contractor Form, Subcontractor Form 1/12

Columbia County Property Appraiser

CAMA updated 12/3/2013

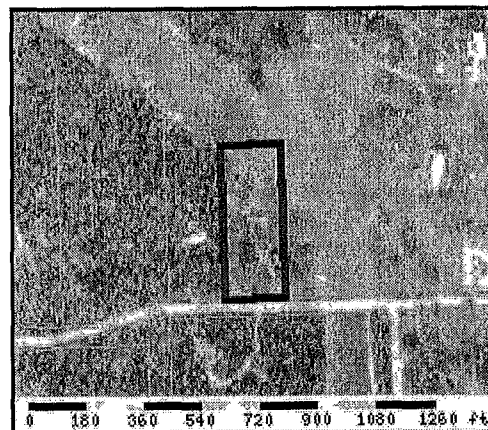
2013 Tax Year**Parcel:** 30-6S-16-03999-003

<< Next Lower Parcel Next Higher Parcel >>

Search Result: 1 of 1

Owner & Property Info

Owner's Name	FARNELL VERA MAE		
Mailing Address	283 SW ILLINOIS ST FT WHITE, FL 32038		
Site Address	283 SW ILLINOIS ST		
Use Desc. (code)	MOBILE HOM (000200)		
Tax District	3 (County)	Neighborhood	30616
Land Area	2.000 ACRES	Market Area	02
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction		
COMM 2125 45 FT S OF NW COR OF SEC, RUN E 181 07 FT FOR POB, RUN S 480 89 FT, E 181 19 FT N 480 42 FT, W 181 19 FT TO POB (AKA PART OF PARCEL #5) ORB 453-419A, 659-120, 769-2152, 784-1012 791-119, 830-2408, WD 981-418, WD 1009-2272 WD 1088-1396 CWD 1126-210,CORR QC 1186-2556			

**Property & Assessment Values**

2013 Certified Values		
Mkt Land Value	cnt (0)	\$19,862.00
Ag Land Value	cnt (4)	\$0.00
Building Value	cnt (1)	\$3,821.00
XFOB Value	cnt (0)	\$0.00
Total Appraised Value		\$23,683.00
Just Value		\$23,683.00
Class Value		\$0.00
Assessed Value		\$23,683.00
Exempt Value	(code HX H3)	\$23,683.00
Total Taxable Value	Cnty: \$0 Other: \$0 Schl: \$0	

2014 Working Values

NOTE:
2014 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
12/31/2009	1186/2556	QC	I	U	11	\$0.00
11/8/1996	830/2408	AD	I	U	13	\$38,000.00
5/27/1994	791/119	WD	I	U	02	\$0.00
12/30/1993	784/1012	WD	I	Q		\$15,000.00
8/3/1988	659/120	AD	V	U		\$11,000.00
7/1/1977	383/543	03	I	Q		\$5,000.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	MOBILE HME (000800)	1975	AL SIDING (26)	672	1444	\$3,821.00
Note: All S F. calculations are based on exterior building dimensions.						

Extra Features & Out Buildings

Inst 201312020465 Date 12/27/2013 Time 2:39 PM

DC P DeWitt Cason Columbia County Page 1 of 1 B 1267 P 1234

RESIDENTIAL DWELLING AGREEMENTSTATE OF FLORIDA
COUNTY OF COLUMBIA

BEFORE ME the undersigned Notary Public personally appeared

The undersigned, Vera M. Farnell, (herein "Owner"), whose physical address on the property is 283 SW Illinois St. Fort White FL 32038 hereby understands by executing this Agreement, that within 30 days after the issuance of a Certificate of Occupancy and/or approved final inspection for a new residential dwelling (mobile home), the existing residential dwelling (mobile home) shall have all cooking facilities removed, disconnected to sanitary sewer system and that no other person or persons shall reside in said existing residential dwelling (mobile home) in order to comply with density requirements of the Columbia County Comprehensive Plan and Land Development Regulations (LDR's) on Owner's property, particularly described by reference with Columbia County Property Appraiser Tax Parcel No 30-65-16-03999-003

Owner has made application to COLUMBIA COUNTY, FLORIDA for a mobile home move-on permit which as by definition in the Columbia County LDR's is a residential dwelling to replace the existing residential dwelling on the above reference property. Owner is aware and have been advised that any other uses shall comply with the LDR's and shall obtain any additional permitting or approval as required by the LDR's for such uses. This Agreement is made and given by Affiants with full knowledge and accept the terms of the Agreement and agree to comply with it.

Owner and any future transferee of the property will at all times comply with this agreement and the Columbia County Comprehensive Plan and Land Development Regulations regarding any development upon the property.

Owner acknowledges this Agreement and will record it among the public records of Columbia County, Florida.

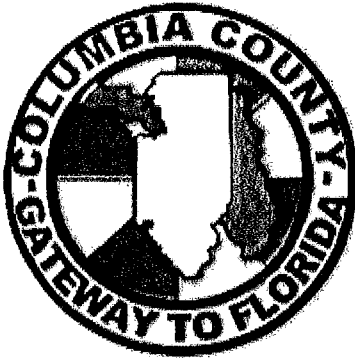
Vera M Farnell
Owner

Vera M Farnell
Typed or Printed Name

Subscribed and sworn to (or affirmed) before me this 27 day of December, 20 13, by Vera M. Farnell (Owner) who is personally known to me or has produced FL DL as identification

Laurie Hodson
Notary Public





**Columbia County, Florida
Building & Zoning Department**

Number of pages including cover sheet 2

Date 18 DECEMBER

To:

ROBERT MINNELLA

Phone: _____

Fax: 352. 472. 0104

From:

**Brian L. Kepner
County Planner**

Phone: 386-758-1008

Fax: 386-758-2160

Remarks: ☐ Urgent ☐ For review ☐ ASAP ☐ Please comment

This Agreement has to be Notarized and Recorded
in the Clerk of Courts Office.

Brian

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TRANSMISSION VERIFICATION REPORT

TIME : 12/18/2013 12:31
NAME : BUILDING AND ZONING
FAX : 3867582160
SER.# : BROA8F779906

DATE, TIME	12/18 12:30
FAX NO./NAME	913524720104
DURATION	00:00:45
PAGE(S)	02
RESULT	OK
MODE	STANDARD
	ECM