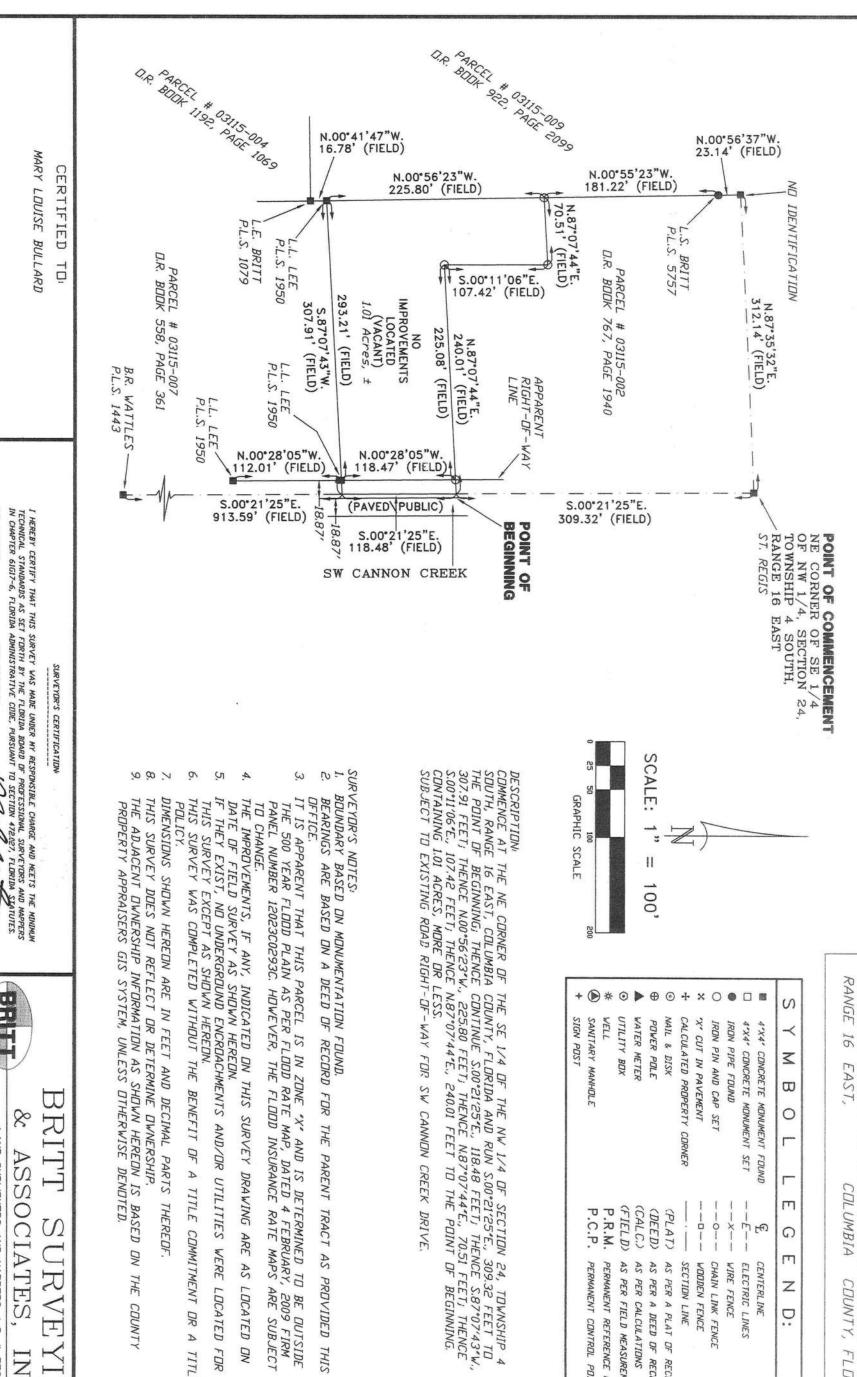
DATE 11/3	0/2010			Building Permit on Premises During Con	nilding Permit on Premises During Construction			
APPLICANT	ERIC HAC	GLER		PHONE	386.719.2599			
ADDRESS	114	SW ALFORD GI	N	LAKE CITY		FL 32025		
OWNER	PAULA H	AGLER		PHONE	386.288.9352			
ADDRESS	660	SW CANNON C	REEK DRIVE	LAKE CITY	,	FL 32024		
CONTRACTO	R TER	RY L. THRIFT		PHONE	386.623.0115			
LOCATION O	F PROPER	TY 90-W T	O C-341,TL TO KICKLI	GHTER,TL TO CANNON	CREEK DR,			
		TR AN	D IT'S THE 2ND PLACE	ON R.				
TYPE DEVEL	OPMENT	M/H/UTILITY	ES	STIMATED COST OF CO	NSTRUCTION	0.00		
HEATED FLO	OR AREA		TOTAL AR	EA	HEIGHT	STORIES		
FOUNDATION	NT.		ALLS	ROOF PITCH		OOR		
	104421111111111111111111111111111111111	W.F	ALLS	·				
LAND USE &	ZONING	2 		MAX	. HEIGHT _			
Minimum Set I	Back Requir	ments: STREE	T-FRONT	REAR		SIDE		
NO. EX.D.U.	0	FLOOD ZON	E X	DEVELOPMENT PERM	MIT NO.			
PARCEL ID	24-4S-16-	03115-015	SUBDIVISIO	DN .	-			
LOT	BLOCK	PHASE		02	AL ACRES 1.0	01		
<u> </u>			IH1025139	Eric-	Hagle			
Culvert Permit EXISTING/SH		Culvert Waiver	Contractor's License Nu		Applicant/Öwner/ LW			
Driveway Conn		Septic Tank Numb	BLK		proved for Issuance	New Resident		
COMMENTS:	1 FOOT A	BOVE ROAD.						
					Check # or Ca	ash 47913/.87 COINS		
		FOR E	BUILDING & ZONII	NG DEPARTMENT	ONLY	(footer/Slab)		
Temporary Pov	ver		Foundation		Monolithic	(looter/slab)		
(최) 왕	-	date/app. by		date/app. by		date/app. by		
Under slab roug	gh-in plumb	ing	Slab	70-0	Sheathing/N	Nailing		
10 March 10		date	app. by	date/app. by		date/app. by		
Framing	date/app	- b	Insulation					
	date/app	5. by	da	te/app. by				
Rough-in plumb	bing above s	lab and below wood	OTE COMPANIE		ectrical rough-in			
Heat & Air Duc	et			date/app. by	D 1	date/app. by		
	13	ate/app. by	Peri. beam (Lint	date/app. by	Pool _	date/app. by		
Permanent power			C.O. Final		Culvert			
Pump pole	dat	te/app. by		date/app. by		date/app. by		
	ate/app. by	_ Utility Pole _	M/H tie o	downs, blocking, electricity	y and plumbing _	date/app. by		
Reconnection			RV		Re-roof			
	d	ate/app. by		date/app. by		date/app. by		
BUILDING PE	RMIT FEE S	0.00	CERTIFICATION FE	E\$ 0.00	SURCHARGE	FEE \$ 0.00		
MISC. FEES \$	300.00	ZONIN	IG CERT. FEE \$ 50.00	FIRE FEE \$70.6	2 WASTE	E FEE \$ 184.25		
FLOOD DEVEL	OPMENT	FEES FI	LOOD ZONE FEE \$ 25.0	00 CULVERT FEE \$	ТОТ	AL FEE 629.87		
		/)///	W -		// //			

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.



RANGE BOUNDARY 16 SUR EAS VEY IN SECTION 24, TOWNSHIP COLUMBIA COUNTY, FLORIDA. 4 SOUTH,

0 0 0 8 * 0 ▶ ⊕ 0 + × S WELL UTILITY BOX CALCULATED PROPERTY CORNER SIGN POST SANITARY MANHOLE WATER METER NAIL & DISK X' CUT IN PAVEMENT POWER POLE IRON PIN AND CAP SET 4"X4" CONCRETE MONUMENT FOUND IRON PIPE FOUND 4"X4" CONCRETE MONUMENT SET ⋜ W 0 П P.R.M. (FIELD) CALCO (DEED) (PLAT) _ - 1 - 13 1011 1011 9 PERMANENT CONTROL POINT AS PER A PLAT OF RECORD CHAIN LINK FENCE WIRE FENCE PERMANENT REFERENCE MARKER AS PER CALCULATIONS AS PER A DEED OF RECORD ELECTRIC LINES CENTERLINE AS PER FIELD MEASUREMENTS SECTION LINE WOODEN FENCE Z Ö

DESCRIPTION:

COMMENCE AT THE NE CORNER OF THE SE 1/4 OF THE NW 1/4 OF SECTION 24, TOWNSHIP 4
SOUTH, RANGE 16 EAST, COLUMBIA COUNTY, FLORIDA AND RUN S.00°21′25°E., 309.32 FEET TO
THE POINT OF BEGINNING, THENCE CONTINUE S.00°21′25°E., 118.48 FEET, THENCE S.87°07′43°W.,
307.91 FEET, THENCE N.00°56′23°W., 225.80 FEET, THENCE N.87°07′44°E., 70.51 FEET, THENCE
S.00°11′06°E., 107.42 FEET, THENCE N.87°07′44°E., 240.01 FEET TO THE POINT OF BEGINNING.
CONTAINING 1.01 ACRES, MORE OR LESS.
CONTAINING 1.01 ACRES, MORE OR LESS.
SUBJECT TO EXISTING ROAD RIGHT-OF-WAY FOR SW CANNON CREEK DRIVE.

- SURVEYOR'S NOTES:

 1. BOUNDARY BASED ON MONUMENTATION FOUND.

 2. BEARINGS ARE BASED ON A DEED OF RECORD FOR THE PARENT TRACT AS PROVIDED THIS OFFICE.

 3. IT IS APPARENT THAT THIS PARCEL IS IN ZONE "X" AND IS DETERMINED TO BE OUTSIDE THE 500 YEAR FLOOD PLAIN AS PER FLOOD RATE MAP, DATED 4 FEBRUARY, 2009 FIRM PANEL NUMBER 12023C0293C. HOWEVER, THE FLOOD INSURANCE RATE MAPS ARE SUBJECT
- BENEFIT OF A TITLE COMMITMENT OR A TITLE
- DIMENSIONS SHOWN HEREON ARE IN FEET AND DECIMAL PARTS THEREOF.
- THIS SURVEY DOES NOT REFLECT OR DETERMINE OWNERSHIP. THE ADJACENT OWNERSHIP INFORMATION AS SHOWN HEREON IS BASED ON THE COUNTY PROPERTY APPRAISERS GIS SYSTEM, UNLESS OTHERWISE DENOTED.

SCOTT BRITT, P.S.M.

FIELD BOOK

SEE

PAGE(S)

FILE

NOTE: UNLESS IT BEARS THE SIGNATURE AND THE ORIGINAL RAISED SEAL MAPPER THIS DRAVING, SKETCH, PLAT OR MAP IS FOR INFORMATIONAL PU

EAL OF A FLORIDA LICENSED SURVEYOR AND PURPOSES ONLY AND IS NOT VALID.

08/17/10 FIELD SURVEY DATE

DRAWING DATE



BRITT SURVEYING ASSOCIATES, INC.

830 WEST DUVAL STREET LAKE CITY, FLORIDA 32055 (386)752-7163 FAX (386)752-5573 LAND SURVEYORS AND MAPPERS, L.B. # 7593

WORK ORDER # L-20541

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

	or Office Use Only (Revised 1-10-08) Zoning Official 23 11 Building Official 7.C. 11-22-19
1	P# 1011 - 30 Date Received 11-19-10 By UH Permit # 29038
F	lood Zone X Development Permit A/A Zoning RR Land Use Plan Map Category & U.J. Da
(omments
_	
F	MA Map# N/A Elevation N/A Finished Floor N/A River N/A in Floodway N/A
	Site Plan with Setbacks Shown PEH# 10-0497 DEH Release DWell letter DExisting well
	Recorded Deed or Affidavit from land owner Letter of Auth. from installer - State Road Access
	· · · · · · · · · · · · · · · · · · ·
- 1	Parent Parcel # STUP-MH F W Comp. letter
1001	PACT FEES: EMSFireCorrRoad/Code
	School = TOTAL & Susported Wife form
	A. ~
Pro	perty ID# 24-45-16-03115-000 Subdivision INDIVIDAL PRODERTY
	32×60 6 0%
=	New Mobile Home New Used Mobile Home NA MH Size/8205181 Year 2011
	Applicant Eric Paula HAGIEL Phone # 386: 219.2599 Graves
	Address 114 Sur Alford Gleun Lalle City FX 37,025
	Name of Property Owner Paula Hasler Phone# 386-288-9352
×	911 Address (eleo Sw Cannon CREEK DR LC 71 32024)
	Circle the correct power company - FL Power & Light - Clay Electric
	(Circle One) - <u>Suwannee Valley Electric</u> - <u>Progress Energy</u>
	F. 6 1 11 1 - 38170 2000
9	Name of Owner of Mobile Home Eric/Paula Hayle Phone # 386-)19.2599
	Address 114 Sw Alford glenn Lake City F1 32025
	Relationship to Property Owner Husband wife
•	Current Number of Dwellings on Property
-/	Lot Size 1/8 x 7/8 x 730 x 70 Total Acreage 1.01
MIL	Do you : Have Existing Drive or Private Drive or need Culvert Permit or Culvert Waiver (Circle one)
100	- ILLUITENDY LIGHTO) - IPHUR KOZO SION I PINTING IN 2 ETHINATO I MAY AMBRING NIU TO NOT RANG 2 CLIVARY)
	Is this Mobile Home Replacing an Existing Mobile Home XO
	Driving Directions to the Property Sisles Welcome Ra Soute
	to Kick Liter Rd. Turn Left Rd hurn's to Common
	creek Dr. Turn Rt. Ind Place on Rt.
22.0	Manual Manual Manual Manual Transfer of The Manual
9	Name of Licensed Dealer/Installer Terry 2. Thrift Phone # 386 623-0115
	Installers Address 448 Nur ny C Huriter Dr. Lake City Fla 32085
•	License Number <u>IH-000036</u> Installation Decal # 303150
	10 25/39 Spoke to Paula 11-23-10 LH
	IH 107.529

PERMIT WORKSHIET

		macriting well plant a grant plant p	2' 6' Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)	If home is a triple or quad wide stretch 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. [mataller's initials]		Installer TERRY L. TAR. H License # 14-0000086
Longitudinal Stabilizing Device (LSD) Lengitudinal Stabilizing Device (LSD) Lengitudinal Stabilizing Device w/ Lateral Arms Manufacturer Menufacturer Number Manufacturer Sidewall Sidewall	List all marriage wall openings greater than 4 foot and their pier pad sizes below. Opening Pier pad size ANCHORS ANCHORS PRAME TIES	Perimeter pier pad size Perimeter pier pad size Other pier pad sizes (required by the mfg.) Praw the approximate locations of marriage wall openings 4 foot or greater. Use this 17 1/2 x 25 1/8 4/1	(256) 1/2: 3' 4'.6" 1/2: 8' 7'.6" 7'.6" 7'.6" 8'' 7'.6" 8'' 7'.6" 8'' 7'.6" 8'' 8'' 8'' 8'' 8'' 8'' 8'' 8'' 8'' 8'	Serial# PACING TABLE FOR USED HOMES	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	

Debris and organic material removed Water drainage: Natural Swat

Swale

Pad

Other

Site Preparation

Cannect electrical conductors between multi-wide units, but not to the ma source. This includes the bonding wire between multi-wide units. Pg. **Date Tested** Installer Name Note: showing 275 inch pounds or less will require 4 foot anchors. here if you are declaring 5' anchors without testing The results of the torque probe test is or check here to declare 1000 lb. soil The packet penetrometer tests are rounded down to 1500 ALL TESTS MUST BE PERFORMED BY A LICENSED IN A state approved lateral arm system is being used and 4 tanchors are allowed at the sidewall locations. I understan reading is 275 or less and where the mobile home manufi anchors are required at all centerline tie points where the requires anchors with 4000 lb holding capacity. x | 500 555 X Using 500 lb. increments, take the lowest reading and round down to that increment 285 2. Take the reading at the depth of the footer. 1. Test the perimeter of the home at 6 locations. POCKET PENETROMETER TESTING METHO BURY POCKET PENETROMETER TEST ۵ TORQUE PROBE TES Electrical x 1500 X1200 285 without leating. Installer's initials イインタイ inch pounds o . Ate De

Que de la constant de	od 5 ft borque tast This icturer may Sid Fin	* %	7 × 3 × 3 × 3 × 3 × 3 × 3 × 3 × 3 × 3 ×
Skirting to be installed. Yes No Dryer vent installed outside of skirting. Yes Range downflow vent installed outside of skirting. Yes Drain lines supported at 4 foot latervals. Yes Electrical crossovers protected. Yes Other:	Westherproofing 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 Miscellaneous	rstand a property installed by will not serve as a granket	Featening multi wide units Floor: Type Fastener: Langth: Length: Spacing: 314 Sections: Type Fastener: Stands: Length: Spacing: 324 Sections: 32 Spacing: 324 Sections: 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. Gestet treatment strip sides of the centerline.

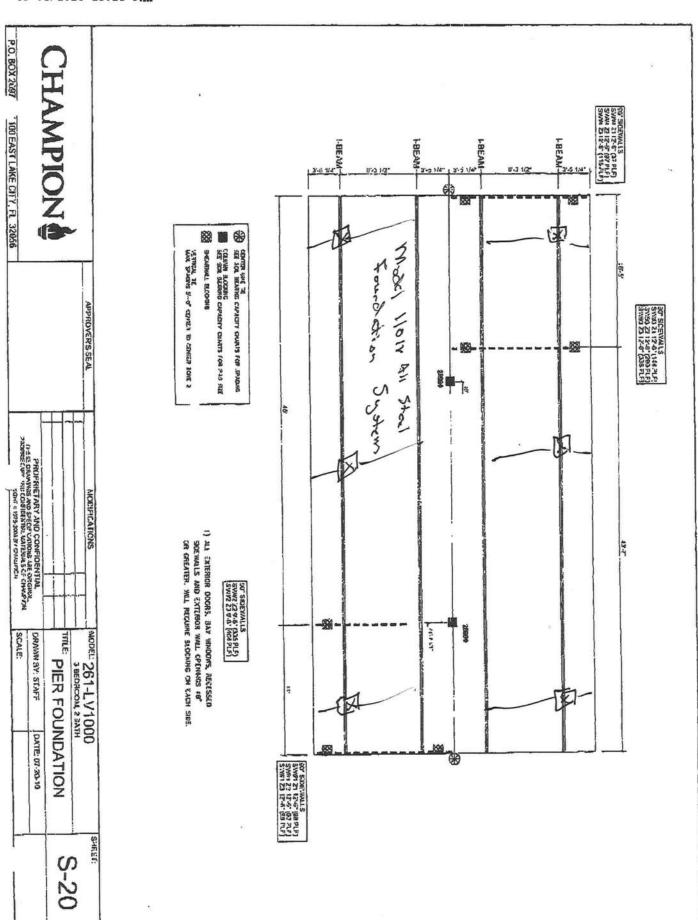
Installer Signature installer verifies all information given with this permit worksheet is accurate and true based on the Date

independent water supply systems. Pg.

Connect all potable water supply piping to an existing water meter, water tap, or other

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

32x60 Sol Hagler





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

only,		and I do certify that
	Job Address	5
the below referenced person(s)) listed on this form is/are under m	y direct supervision and control
and is/are authorized to purcha	ise permits, call for inspections an	d sign on my babati
		d sign on my benair.
Printed Name of Authorized	9	Authorized Person is
Person	Person	(Check one)
2011	0 0 111 0	Agent Officer
anda Hazler	Taule Hagler	Property Owner
Fin 11 1	0 11 0	Agent Officer
ericitagier	Exic Hagle	Property Owner
	•	AgentOfficer
		Property Owner
understand that the State Licer older for violations committed to	nsing Board has the power and at	thority to discipline a license
nolder for violations committed b	by him/her or by his/her authorized	person(s) through this
nolder for violations committed b	nsing Board has the power and autorized by him/her or by his/her authorized sponsibility for compliance granted	person(s) through this
ocument and that I have full res	by him/her or by his/her authorized	person(s) through this
older for violations committed b	by him/her or by his/her authorized	person(s) through this
older for violations committed be ocument and that I have full response Holders Signature (Notal OTARY INFORMATION:	sponsibility for compliance granted License Nu	person(s) through this
older for violations committed be ocument and that I have full response Holders Signature (Notal OTARY INFORMATION:	by him/her or by his/her authorized	person(s) through this
ocument and that I have full resonance Holders Signature (Nota OTARY INFORMATION: TATE OF: Florida	sponsibility for compliance granted License Nu COUNTY OF: Columbi A	d person(s) through this d by issuance of such permits.
ocument and that I have full resonance Holders Signature (Nota OTARY INFORMATION: TATE OF:Florida ne above license holder, whose ersonally appeared before me a	sponsibility for compliance granted License Nu COUNTY OF: Columbi A	d person(s) through this d by issuance of such permits.
ocument and that I have full resonance Holders Signature (Nota OTARY INFORMATION: TATE OF:Florida ne above license holder, whose ersonally appeared before me a	sponsibility for compliance granted License Nu COUNTY OF: Columbi A	d person(s) through this d by issuance of such permits.
ocument and that I have full resonance Holders Signature (Nota OTARY INFORMATION: TATE OF:Florida ne above license holder, whose ersonally appeared before me a	country of: Columbi A and is known by me or has produced.	d person(s) through this d by issuance of such permits.
older for violations committed be occurrent and that I have full response Holders Signature (Nota OTARY INFORMATION: TATE OF: Florida The above license holder, whose ersonally appeared before me a	country of: Columbi A and is known by me or has produced.	d person(s) through this d by issuance of such permits. Date Date Date
ioense Holders Signature (Nota IOTARY INFORMATION: TATE OF: Florida he above license holder, whose ersonally appeared before me a	country of: Columbia and is known by me or has produce and is	d person(s) through this d by issuance of such permits. Date Date J. HOWE
idense Holders Signature (Nota IOTARY INFORMATION: TATE OF: Florida	country of: Columbia and is known by me or has produce and is	d person(s) through this d by issuance of such permits. Date Date Date A D

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER	CONTRACTOR TEZRY Theirt	PHONE 623-018
THIS FORM M	ILIST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT	

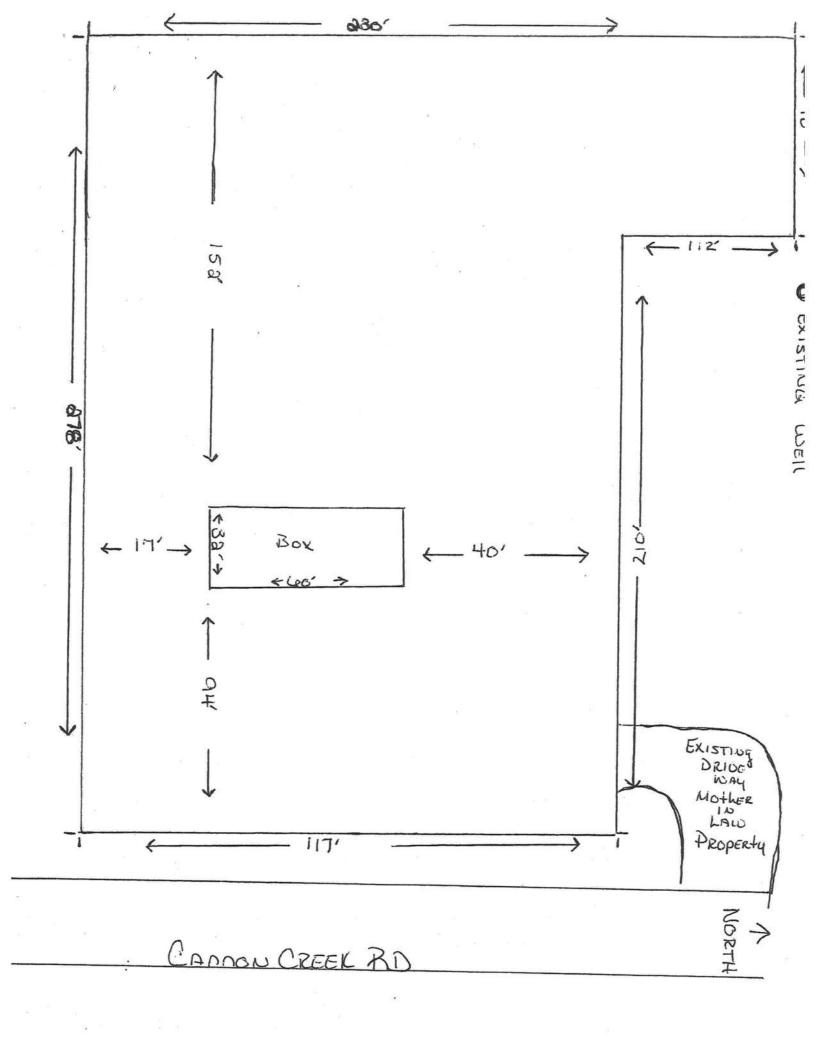
In Columbia County one permit will cover all trades doing work at the permitted site. It is <u>REQUIRED</u> that we have records of the subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and Ordinance 89-6, a contractor shall require all subcontractors to 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.

Daville K. Hollingswo-H

to to the P Patter to		ense #: /30/2377			Phone #: 384 -755-5744				
MECHANICAL/	Print Name		4alls	Signature	Dail fall				
A/C	License #:	11: CAC057424			Phone #: (386) 755-979R1				
PLUMBING/	Print Name Terry L. Thris			Ex Signature Jerry L. Ship					
GAS	License #:	0000 -HI	1036		Phone #: (386) 623-0115				
ROOFING	Print Name			Signature					
	License #:				Phone #:				
SHEET METAL	Print Name			Signature					
	Dicense #:				Phone #:				
FIRE SYSTEM/	Print Name			Signature					
SPRINKLER	License#:				Phone #:				
SOLAR	Print Name			Signature					
	License #:				Phone #:				
Specialty En	censs	License Number	San-Contr.	stors Printed Non	te Sub-Contractors Signature				
MASON									
CONCRETE FIN	ISHER								
FRAMING									
INSULATION									
STUCCO									
DRYWALL		7							
PLASTER		/	1	•					
CABINET INSTA	ALLER								
PAINTING									
ACOUSTICAL C	EILING								
GLASS									
CERAMIC TILE									
FLOOR COVER									
ALUM/VINYL S	IDING								
GARAGE DOOR									
METAL BLDG E									

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





COLUMBIA COUNTY, FLORIDA

epartment 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 24-4S-16-03115-015

Building permit No. 000029038

Permit Holder TERRY L. THRIFT

Owner of Building PAULA HAGLER

Location: 660 SW CANNON CREEK DRIVE, LAKE CITY, FL 32024

Date: 02/22/2011

Building Inspector

POST IN A CONSPICUOUS PLACE (Business Places Only)

REQUESTED BY:

PAULA HAGLER

386-755-7799

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:

11/12/2010

DATE ISSUED:

11/18/2010

ENHANCED 9-1-1 ADDRESS:

660

SW CANNON CREEK

DR

LAKE CITY

FL 32024

PROPERTY APPRAISER PARCEL NUMBER:

24-4S-16-03115-015

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.

This Instrument prepared by:

Paul Hendrick Law Office of Ralph R. Deas 306 NE First Street Jasper, FL 32052 386-792-2755

Inst:201012014454 Date:9/8/2010 Time:11:59 AM
Doc Stamp-Deed:0.70
DC,P.DeWitt Cason, Columbia County Page 1 of 2 B:1200 P:2759

WARRANTY DEED

MADE THIS the day of September, 2010, between MARY LOUISE BULLARD, whose post office address is 676 S.W. Cannon Creek Drive, Lake City, Florida 32024, of the County of Columbia, State of Florida, Grantor, and PAULA HAGLER, 114 SW Alford Glen, Lake City, Florida 32025, Grantee.

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

COMMENCE AT THE NE CORNER OF THE SE ¼ OF THE NW ¼ OF SECTION 24, TOWNSHIP 4 SOUTH, RANGE 16 EAST, COLUMBIA COUNTY, FLORIDA AND RUN S.00 DEGREES 21'25" E., 309.32 FEET TO THE POINT OF BEGINNING; THENCE CONTINUE S.00 DEGREES 21'25" E., 118.48 FEET; THENCE S.87 DEGREES 07'43" W., 307.91 FEET; THENCE N.00 DEGREES 56'23" W., 225.80 FEET; THENCE N.87 DEGREES 07'44" E., 70.51 FEET; THENCE S.00 DEGREES 11'06" E., 107.42 FEET; THENCE N.87 DEGREES 07'44" E., 240.01 FEET TO THE POINT OF BEGINNING. CONTAINING 1.01 ACRES, MORE OR LESS, SUBJECT TO EXISITING ROAD RIGHT-OF-WAY FOR SW CANNON CREEK DRIVE; and lying and being in Section 24, Township 4 South, Range 16 East, Columbia County, Florida.

N.B.: This deed is an intra-family transfer, with no cash consideration exchanged, in order to transfer the fee simple interest to Grantee after the June 3, 2010 death of the Grantor's mother, Virginia Robinson.

The property appraiser's parcel identification number of the property of which subject property is a part is: 24-4S-16-03115-092,

and said Grantor does hereby fully warrant the title to said land, and will defend the same against the lawful claims of all persons whomsoever.

IN WITNESS WHEREOF, Grantor has hereunto set Grantor's hand and seal the day and year first about written.

Signed, sealed and delivered in the presence of:

1st Witness Signature to Grantor

Socah De 03

Printed Name

2nd Witness Signature to Grantor

Witness Signature to Grantor

Printed Nama Sabrina Herring

Grantor Signature: MARY LOUISE BULLARD
Post Office Address:

STATE OF FLORIDA COUNTY OF Columbia

I hereby certify that on this day, before me, an officer duly authorized to administer oaths and take acknowledgements, personally appeared MARY LOUISE BULLARD known to me to be the person described in and who executed the foregoing instrument, who acknowledged before me that he executed the same, and an oath was not taken, (Check one) Said person is personally known to me, Said person provided the following type of identification:

(NOTARY SEAL)

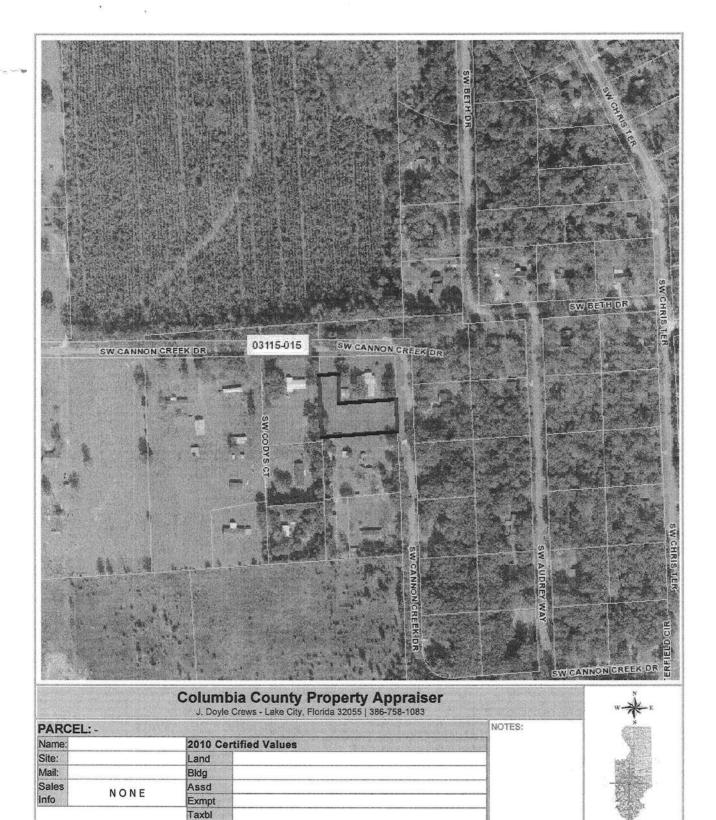
Witness my hand and seal in the County and State last aforesaid this 2 day of Scale D. 2010

PATRICIA Z. OVERPECK Commission # DD 993485 Expires May 19, 2014 Bonded Thru Troy Fain Insurance 800-385-7019

Notary Signature

Printed Notary Name

@ CAM110M01
Splt/Co JVChgCd pud4 pud5 pud6 Appr By DF Date 10/22/2009 AppCode UseCd 000000 VACANT TxDist Nbhd MktA ExCode Exemption/% TxCode Units Tp
002 24416.00 06 DIST 3
House# Street # MD Dir #
Subd N/A Condo ON/A Sect 24 Twn 4S Rnge 16 Subd Blk Lot Legals COMM AT NE COR OF SE1/4 OF NW 1/4, RUN S 309.32 FT FOR POB,
CONT S 118.48 FT, W 307.91 FT, N 225.80 FT, E 70.51 FT, S +
Mnt 9/30/2010 LARRY F1=Task F2=ExTx F3=Exit F4=Prompt F11=Docs F10=GoTo PgUp/PgDn F24=More Invalid selection code



This information,GIS Map Updated: 10/14/2010, 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.

powered by: GrizzlyLogic.com 11-19-2010 Mary L. Bullard 11-17-2010 9 may 8. 676 SW Cann Janon Cik Di 32024 give To Bauler Hagler My Drineway for To her home. Mary L. Bullard



STATE OF FLORIDA DEPARTMENT OF HEALTH ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM PERMIT #: 12-SC-1285823

APPLICATION #: AP983249

FAXED to Peloni

DATE PAID: 11-1-10

FEE PAID: 00.05
RECEIPT #: 1529185

DOCUMENT #: PR825845

CONSTRUCTION PERMIT FOR: OSTDS New	
APPLICANT: ERIC**10-0492 HAGLER	
PROPERTY ADDRESS: CANNON CREEK Dr Lake City, FL 32025	
LOT: BLOCK: SUBDIVISION:	
PROPERTY ID #: 03115-002 [SECTION, TOWNSHIP, RANGE, PARC [OR TAX ID NUMBER]	EL NUMBER]
SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN WHICH SERVED AS A BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT	S NOT GUARANTEE MATERIAL FACTS, TO MODIFY THE NULL AND VOID.
SYSTEM DESIGN AND SPECIFICATIONS	
Septic CAPACITY A [#Pumps []
F LOCATION OF BENCHMARK: nail in forked pecan tree north of system site	
I ELEVATION OF PROPOSED SYSTEM SITE [24.00] [INCHES FT] [ABOVE BELOW] BENCHMARK/RE E BOTTOM OF DRAINFIELD TO BE [36.00] [INCHES FT] [ABOVE BELOW] BENCHMARK/RE L	
D FILL REQUIRED: [6.00] INCHES EXCAVATION REQUIRED: [0.00] INCHES 1. the 911 address shall be required before final approval.	
T H	
E	
R	
SPECIFICATIONS BY: PAUL LLOYD, TITLE: PSE	
APPROVED BY: Sallie A Ford ELTLE: Environmental Health Director	Columbia CHD
DATE ISSUED: 11/02/2010 EXPIRATION DATE:	05/02/2012
DH 4016, 08/09 (Obsoletes all previous editions which may not be used) Incorporated: 64E-6.003, FAC	Page 1 of 3

STATE OF FLORIDA DEPARTMENT OF HEALTH ONSITE SEWAGE TREATME

ONSITE SEWAGE TREATMENT AND DISPOSAL

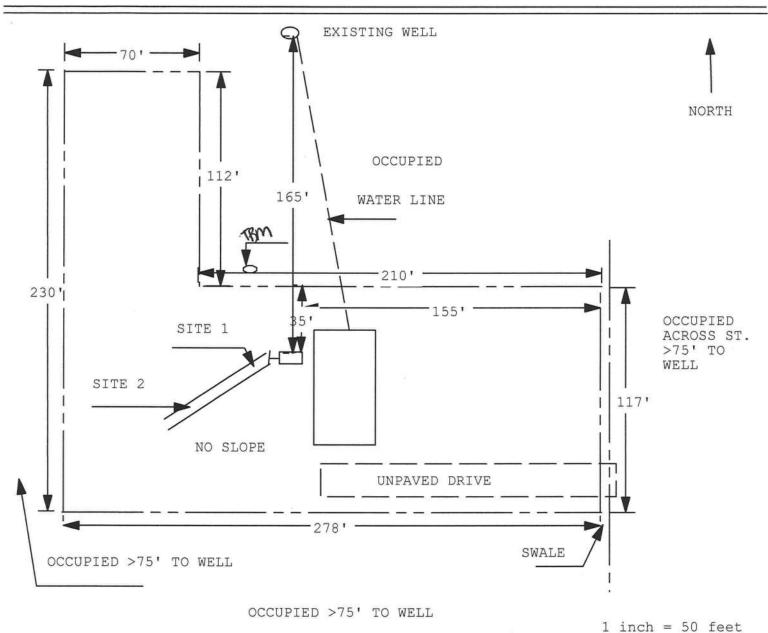
SYSTEM

CK # 10-3063
PERMIT NO. 943249
DATE PAID: 1/1/10
FEE PAID: (\$10,00
DECETOR # · IMANIAL

- NO	ADDIT	CAMTON	EOD CONCEDIA	CELTON D	77774	T.M.			10	6/1/0
	ATION FOR:		FOR CONSTRUC					,	T	
[]	Repair	[] 2	bandonment] me]	Holding Tank Temporary	[]	Innova	tive
APPLICA	ANT: ERICK & P	AULA HAG	SLER							
AGENT:	PAUL LLOYD					TEL	EPH	ONE :	(386) 75	2-3571
MAILIN	G ADDRESS: 114	SW ALFO	RD GLENN			LAKE CIT	Υ		FL	32025
BY A PI APPLICA	ERSON LICENSEI ANT'S RESPONS	PURSUAN	T TO 489.105(3) (m) OR UMENTATI	489 ON C	D AGENT. SYST .552, FLORIDA F THE DATE THE TUTORY GRANDF?	STA E LC	TUT T W	ES. IT	IS THE TED OR
PROPER	TY INFORMATION	4								
						DUNDS		- 270		
PROPER'	TY ID #: 24-4S	-16-03115-	902	ZONIN	īG: _	RES I/M OF	EQ	UIV	ALENT:	[NO]
PROPER!	TY SIZE: 1.01	0 ACRES	WATER SUPPLY	: [X] PI	RIVA	TE PUBLIC []<=	200	OGPD []>2000GPI
IS SEWE	ER AVAILABLE A	AS PER 38	1.0065, FS? [NO]		DISTAL	NCE	TO	SEWER:	N/A FT
PROPER	TY ADDRESS:_		CANNON CF	REEK DRIV	/E					
DIRECT	IONS TO PROPER		17 SOUTH TURN I T ON CANNON C			42, TURN RIGHT N LEFT.	ON	ARR	OW HEAI	D, TURN
BUILDI	NG INFORMATIC	N [X]	RESIDENTIAL	[] COI	MMER	CIAL				
	Type of Stablishment			70.0		mmercial/Institute				n Design
1	MOBILE HOME		3	1,820						
2				1,020						
3					-					
4										
[] F	loor/Equipmen	t Drains	Other (Specify) _					
SIGNATU	RE: Pa	17	Elleypl	<i>,</i>			DAT	E: _	11/0	1/10

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



	Plan Submitted By Paul Alm Date 11/01/10	
Plan	Approved Not Approved Date	
Ву	Sallie Ford. EH Director Columbia CHD CPHU	
Notes		
110 000	··	