Parcel:

14-48-15-00370-002 (1392)

Owner & Property Info

MCGEE RUSSELL

Owner

MCGEE VICTORIA

608 MARBELLA LN

WEST PALM BEACH, FL 33403

Site

2065 SW ANDERSON St, LAKE CITY

Description* W1/2 OF SW1/4 OF SE1/4. PB 1234-2750, WD 1235-1744, WD 1323-1966,

Area

20 AC

S/T/R

14-4S-15

Result: 1 of 4

Use Code** NON AG ACREAGE (9900)

Tax District 3

Inst. Number: 202112021343 Book: 1450 Page: 1309 Page 1 of 1 Date: 10/20/2021 Time: 11:38 AM James M Swisher Jr Clerk of Courts, Columbia County, Florida Doc Deed: 1,050.00

SALO Price \$ 150.000.00 DOCS HAMPS \$ 1,050.00

PREPARED BY & RETURN TO:

Name:

Name: Jenna Nettles, an employee of Integrity Title Services, LLC Address: 757 WBST DUVAL STREET

Lake City, FL 32055

File No. 21-09017

Parcel No.: R00370-002

Inst: 202112021343 Date: 10/20/2021 Time: 11:38AM

Page 1 of 1 B: 1450 P: 1309, James M Swisher Jr, Clerk of Court

Columbia, County, By: VC

Deputy ClerkDoc Stamp-Deed: 1050.00

SPACE ABOVE THIS LINE FOR PROCESSING DATA

SPACE ABOVE THIS LINE FOR RECORDING DATA

This WARRANTY DEED, made the 14th day of October, 2021, by RUSSELL MCGEE and VICTORIA MCGEE, HUSBAND AND WIFE, hereinafter called the Grantors, to GORDON G MEYERS and MARK MEYERS and AMY MEYERS, AS JOINT TENANTS WITH RIGHTS OF SURVIVORSHIP, whose post office address is __11241 100 STREET, LOT 18, LARGO, FL 33773 , hereinafter called the Grantce:

WITNESSETH: That the Grantors, for and in consideration of the sum of \$10.00 and other valuable consideration, receipt whereof is hereby acknowledged, do hereby grant, bargain, sell, alien, remise, release, convey and confirm unto the Grantee all that certain land situate in County of Columbia, State of Florida, viz:

THE WEST 1/2 OF THE SOUTHWEST 1/4 OF THE SOUTHEAST 1/4, SECTION 14, TOWNSHIP 4 SOUTH, RANGE 15 EAST, COLUMBIA COUNTY, FLORIDA.

TOGETHER WITH all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

SUBJECT TO TAXES FOR THE YEAR 2021 AND SUBSEQUENT YEARS, RESTRICTIONS, RESERVATIONS, COVENANTS AND EASEMENTS OF RECORD, IF ANY.

TO HAVE AND TO HOLD the same in fee simple forever,

And the Grantors hereby covenant with the Grantee that the Grantors are lawfully seized of said land in fee simple, that the Grantors have good right and lawful authority to sell and convey said land and the Grantors hereby fully warrant the title to said land and will defend the same against the lawful claims of all persons whomsoever. Grantors further warrant that said land is free of

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

Signed, sealed and delivered in the presence of:

TOHU Witness Signature Printed Name:

JOHN Witness Signature Printed Name: ___ AShler dancewicz

STATE OF FLORIDA COUNTY OF COLUMBIA

Name: RUSSELL MCGEE Address: 608 MARBELA LN, NORTH PALM BEACH, FL 33403

ictor

VICTORIA MCGEE

LS.

Address: 608 MARBELA LN, NORTH PALM BEACH, FL 33403

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 14th day of October, 2021, by RUSSELL MCGEE and VICTORIA MCGEE, who are personally known to me or who have produced as identification as identification. as identification

Signature of Notary

Printed Name: Shawn Jumper July 31,2022

SHAWN SUMNER lotary Public - State of Florida Commission # GG 222075 My Comm. Expires Jul 31, 2022 Bonded through National Notary Assn.

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

| APPLICATION NUMBER | CONTRACTOR | Ernest Scott Johnson | PHONE 3 | 352-494-8099 |
|--------------------|------------|----------------------|---------|--------------|
| | | | | |

THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

Gordon Meyers

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 | Glenn Whittington | Signature |
|-------------|------------|-------------------|-----------------------|
| | License #: | EC 13002957 | Phone #: 386-972-1700 |
| | | Qualifier For | rm Attached X |
| MECHANICAL/ | Print Name | Timothy Shatto | Signature |
| A/C | License #: | CAC 057875 | Phone #: 386-496-8224 |
| | | Qualifier For | rm Attached X |

Qualifier Forms cannot be submitted for any Specialty License.

| 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 440.38, and shall be presented each time the employer applies for a building permit.

Revised 10/30/2015



COLUMBIA COUNTY BUILDING DEPARTMENT

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

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

LICENSED QUALIFIER AUTHORIZATION

| LICENSED QUALIFIE | CK AUTHORIZATION |
|--|---|
| 1. Charl Whitington | (license holder name), licensed qualifier |
| for Whittington Effeth ? | (company name), do certify that |
| the below referenced person(s) listed on this form holder, or is/are employed by me directly or throu officer of the corporation; or, partner as defined in person(s) is/are under my direct supervision and sign permits; call for inspections and sign subcon- | ugh an employee leasing arrangement; or, is an n Florida Statutes Chapter 468, and the said control and is/are authorized to purchase and |
| Printed Name of Person Authorized | Signature of Authorized Person |
| 1. DARSURD 2. Recky Fond | 2. Sinh D |
| 3. | 3. |
| 4. | 4. |
| 5. | 5. |
| I, the license holder, realize that I am responsible under my license and fully responsible for compl Local Ordinances. I understand that the State ar authority to discipline a license holder for violatic officers, or employees and that I have full responsand ordinances inherent in the privilege granted | iance with all Florida Statutes, Codes, and ad County Licensing Boards have the power and ans committed by him/her, his/her agents, asibility for compliance with all statutes, codes |
| If at any time the person(s) you have authorized officer(s), you must notify this department in writ authorization form, which will supersede all prevunauthorized persons to use your name and/or limited per | ing of the changes and submit a new letter of ous lists. Failure to do so may allow cense number to obtain permits. |
| Licensed Qualifiers Signature (Notarized) | License Number Date |
| NOTARY INFORMATION: STATE OF:COUNTY OF: | Colombia |
| The above license holder, whose name is | me or has produced identification this day of |
| NOTARY'S SIGNATURE | Seal/Stange) y R BISHOP Notary Public - State of Florida |

Commission # FF 243986 My Comm. Expires Jun 24, 2019



COLUMBIA COUNTY BUILDING DEPARTMENT 135 NE Hernando Ave, Suite B-21, Lake City, FL 32055

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

LICENSED QUALIFIER AUTHORIZATION

| , Timothy Shatto | (license holder name), licensed qualifier |
|---|---|
| for Shatto Heat & Air | |
| person(s) is/are under my direct supervision an sign permits; call for inspections and sign subco | in Florida Statutes Chapter 468, and the said |
| Printed Name of Person Authorized | Signature of Authorized Person |
| 1. Bo Royals | 1. Bogh |
| 2. Dale Burd | 2. |
| 3. | 3. |
| 4. | 4. |
| 5. | 5. |
| I, the license holder, realize that I am responsible under my license and fully responsible for complete Local Ordinances. I understand that the State are authority to discipline a license holder for violation officers, or employees and that I have full responsand ordinances inherent in the privilege granted. If at any time the person(s) you have authorized officer(s), you must notify this department in writing authorization form, which will supersede all previous unauthorized persons to use your name and/or licensed Qualifiers Signature (Notarized) | nance with all Florida Statutes, Codes, and and County Licensing Boards have the power and one committed by him/her, his/her agents, asibility for compliance with all statutes, codes by issuance of such permits. is/are no longer agents, employee(s), or and of the changes and submit a new letter of our lies. |
| NOTARY INFORMATION: STATE OF: FOLIA COUNTY OF: | Union |
| The above license holder, whose name is hopersonally appeared before me and is known by recognition on the second | me or has produced identification his 22 day of february, 2018. |
| NOTARY'S SIGNATURE | (Scalifitanes) |
| | (Seal/Stamp) VICTORIA K. PALMER Notary Public - State of Florida |

Commission # FF 207489 My Comm. Expires Mar 9, 2019 Bonded through National Notary Assa

| | | marriage wall piers within 2' of and of home pur Rule 15C | | | Typical pier spacing lateral Show locations of Longitudinal and Lateral Systems longitudinal (use dark lines to show these locations) | 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 | Mob of h talle |
|---|---|--|-------|--|---|--|----------------------|
| TIEDOWN COMPONENTS Longitudinal Stabilizing Device (LSD) Manufacturer Longitudinal Stabilizing Device w/ Lateral Arms Marriage wall Shearwall Shearwall | Opening Pier pad size 4 ft 5 ft FRAME TIES within 2' of end of home | 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. 13 1/4 × 26 1/4 348 470 × 20 × 20 × 20 × 20 × 21 × 25 1/2 446 24 × 24 × 24 576 ANGUAGE 13 1/4 × 26 1/4 348 17 3/16 × 25 3/16 441 17 1/2 × 25 1/2 446 24 × 24 576 ANGUAGE ANGUAG | 16×18 | 8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8 | 142) 20" x 20" 22" x 22" 24" 142) (400) (484)* (5 5' 6' 8' 8' 8' 8' 8' | s e/C | New Home Used Home |

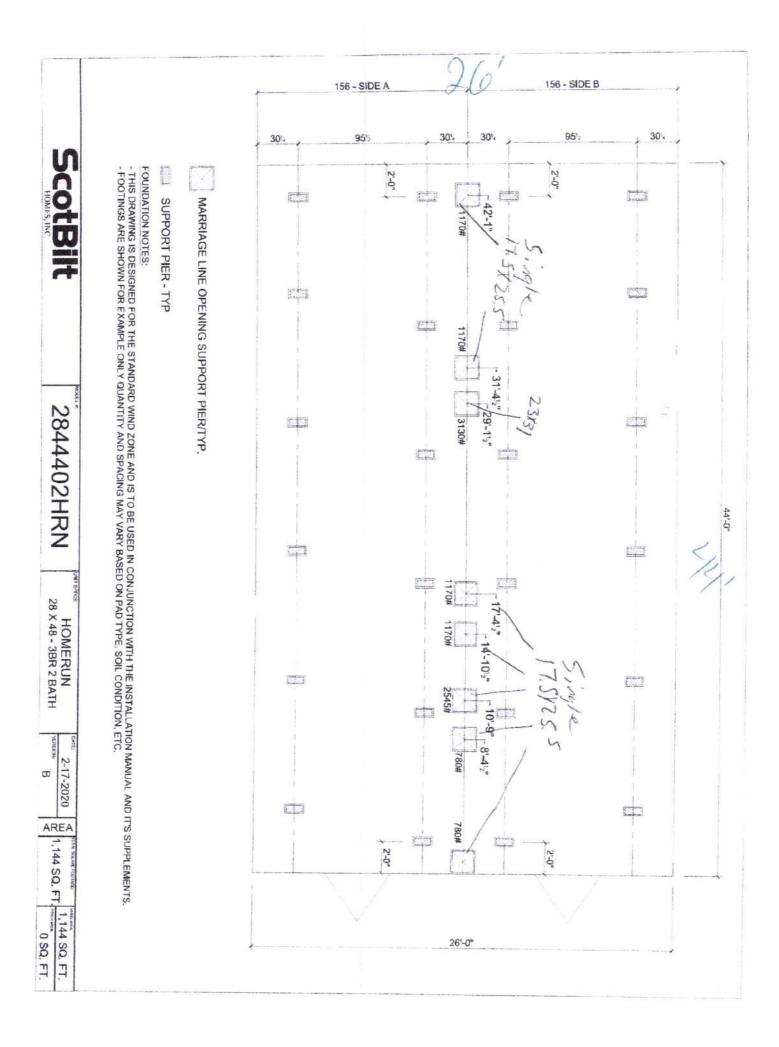
Site Preparation

| manufacturer's installation inst | Connect all sewer drains to an existing sewer tap or septic tank. Pg. |
|--|---|
| Installer verifies all information g | Dimhing |
| | Connect_electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between mult-wide units. Pg. |
| Cher | Electrical |
| Electrical crossovers protected. Yes | 495 foot Anchors Ryth |
| Dryer vent installed outside of skirting. Y Range downflow vent installed outside of | Date Tested ASSUMED Oliver Holl USES |
| Skirting to be installed. Yes No | Installer Name Ernest Scott Johnson |
| Missel | ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER |
| The bottomboard will be repaired and/or Siding on units is installed to manufacture | requires anchors with 4000 lb holding capacity. |
| | anchors are required at all centerline tie points where the torque test |
| Weathe | Note: A state approved lateral arm system is being used and 4 ft. anchors are allowed at the sidewall locations. I understand 5 ft |
| Bo | anchors. |
| | The results of the torque probe test is inch pounds or check |
| Type gasket | TORQUE PROBE TEST |
| lnstal | |
| a result of a poorly installed or no gasket of tape will not serve as a gasket. | cootx cootx |
| I understand a properly installed gasket in homes and that condensation, mold mel | |
| Gasket (weather | |
| roofing nails at 2" on center on | |
| | 1 Test the perimeter of the home at 6 locations |
| | POCKET PENETROMETER TESTING METHOD |
| Floor Type Fastener / Const Le | x the x the |
| Fastening m | 100 |
| Water drainage: Natural Swale | The pocket penetrometer tests are rounded down to psf or check here to declare 1000 lb. soil without testing. |
| | POCKET PENETROMETER TEST |
| July allo | |

| manufacturer 5 installation instructions and or Rule 15C-1 & 2 |
|--|
| Installer verifies all information given with this permit worksheet is accurate and true based on the |
| |
| Electrical crossovers protected. Yes |
| Range downflow vent installed outside of skirting. Yes N/A Drain lines supported at 4 foot intervals. Yes |
| Dryer vent installed outside of skirting. Yes NIA |
| Mis |
| co co |
| The bottomboard will be repaired and/or taped. Yes Pg. Siding on units is installed to manufacturer's specifications. Yes |
| finitional amount |
| Walter |
| Bottom of ridgebeam Yes |
| Between Walls |
| Type gasket Installed: Pg. Between Floors Yes |
| Installer's initials |
| of tape will not serve as a gasket. |
| homes and that condensation, mold, meldew and buckled marriage walls are a result of a poorly installed or no gasket being installed. I understand a strip |
| I understand a properly installed gasket is a requirement of all new and used |
| Gasket (weatherproofing requirement) |
| 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. |
| Length: 7 Spacing |
| Type Fastener: 1095 Length: 6 |
| // |
| Fastening multi wide units |
| Water drainage: Natural Swale (Pad) Other |

Installer Signature Clude 11/2/2)

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



STATE OF FLORIDA DEPARTMENT OF HEALTH

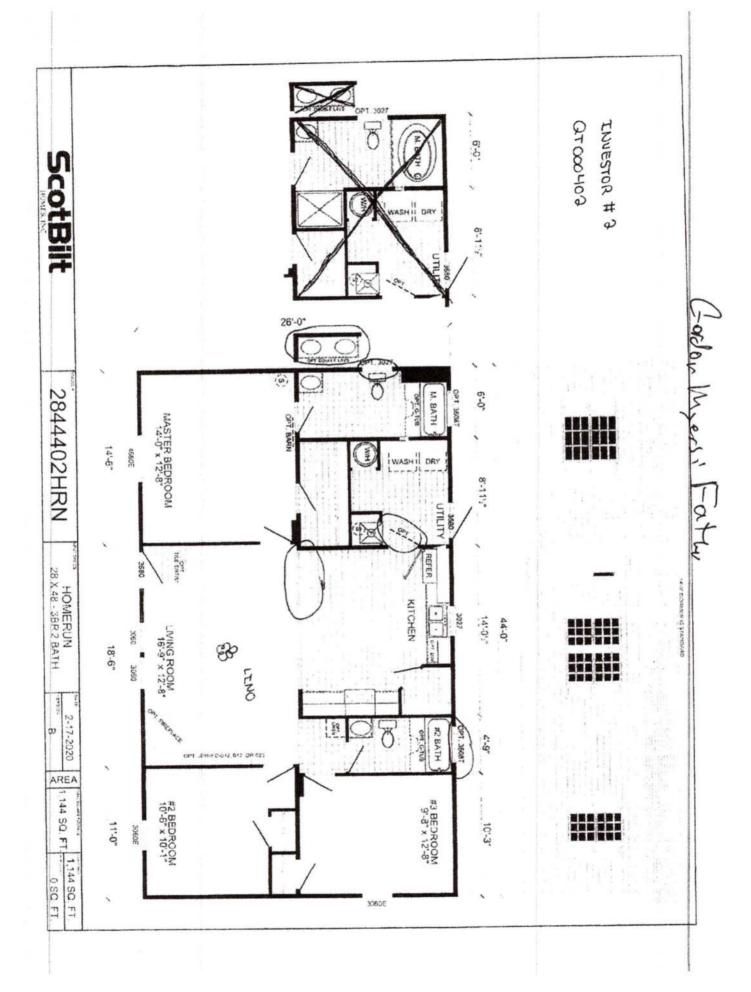
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number_____

| MEYER G | PART II - SITEPLAN | <i>r</i> |
|--------------------------|-----------------------|--------------------------------|
| Scale: 1 inch = 40 feet. | PROPOSED - WILL | 321 80' |
| Notes: | 20 ACIRS SER ATTACKES | 1 |
| Site Plan submitted by: | | CONTRACTOR |
| Plan Approved | Not Approved | Date County Health Department |

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT







Address Assignment and Maintenance Document

To maintain the county wide 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 addressing 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 Services 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/Time Issued: 11/2/2021 3:05:24 PM

Address: 2069 SW ANDERSON St

City: LAKE CITY

State: FL

Zip Code 32024

Parcel ID 00370-002

REMARKS: New address for Habitable structure (family home, business, etc.) on the parcel.

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

Address Issued By: ÓÑÑÎ ÛôÜßʾÜÎò