click V (zoom parcel) 2016 2013 2010 2007 2005 Sales FORN HAVEN Parcel: 26-48-15-00401-033 (1554) Owner & Property Info HAVER ALBERTINA M. 267 SW PARADISE GLN Owner LAKE CITY, FL 32024 267 SW PARADISE Gln, LAKE CITY Site COMM SW COR OF SE1/4 OF NW1/4, RUN N 665.53 FT, E 381.66 FT FOR POB, CONT E 1009.07 Description* FT, N 30.08 FT, W 679.04 FT, N 628.70 FT, W 337.79 FT, S 671.06 FT TO POB. (AKA E1/2 LOT 26 LANGTREE S/D UNREC & A 30 FOOT STRIP FOR ACCESS) ORB 874-1085, 907-399, 400, 907 ...more>>> 26-4S-15E S/T/R 5.65 AC Area Tax District 3 Use Code** MOBILE HOME (0200)

Prepared by: Stephen M. Witt P.O. Box 2064 Lake City, FL 32056-2064

When recorded return to: Stephen M. Witt P.O. Box 2064 Lake City, FL 32056-2064 Inst: 202212018375 Date: 09/20/2022 Time: 9:50AM
Page 1 of 4 B: 1475 P: 2275, James M Swisher Jr, Clerk of Court
Columbia, County, By: VC
Deputy ClerkDoc Stamp-Deed: 0.70

> auntes

QUIT-CLAIM DEED

1. IDENTIFICATION OF GRANTOR

Grantor's name and address is:

Joan Haver

267 SW Paradise Glen Lake City, FL 32024

and

Anna Veach

3409 SW Cypress Lake Rd.

Lake City, FL 32024

The word "I" or "me" as hereafter used means the Grantor.

2. IDENTIFICATION OF GRANTEES

Grantees' name and address is:

Joan Haver and

Roger Duffee

267 SW Paradise Glen Lake City, FL 32024

The word "you" as hereafter used means the Grantee.

3. MEANINGS OF TERMS

The terms "I", "me", "you", "grantor", and "grantee", shall be non-gender specific (i) masculine, (ii) feminine, or (iii) neuter, such as corporations, partnerships or trusts, singular or plural, as the context permits or requires, and include heirs, personal representatives, successors or assigns where applicable and permitted.

4. DESCRIPTION OF REAL PROPERTY CONVEYED

Property hereby conveyed (the "Real Property") is described as follows:

A PART OF THE NORTHWEST ¼ OF SECTION 26, TOWNSHIP 4 SOUTH, RANGE 15 EAST, COLUMBIA COUNTY, FLORIDA, MORE PARTICULARLY DESCRIBED AS FOLLOWS:

COMMENCE AT THE SOUTHWEST CORNER OF THE SOUTHEAST ¼ OF THE NORTHWEST ¼ OF SAID SECTION 26, AND RUN THENCE NORTH 00 DEG., 51 MIN., 54 SEC., WEST, 665.53 FEET; THENCE NORTH 88 DEG., 47 MIN., 46 SEC., EAST, 381.66 FEET FOR A POINT OF BEGINNING; THENCE CONTINUE NORTH 88 DEG., 47 MIN., 46 SEC., EAST, 336.90 FEET; THENCE NORTH 88 DEG., 24 MIN., 33 SEC., EAST, 672.17 (677.17) FEET; THENCE NORTH 02 DEG., 41 MIN., 27 SEC., EAST, 30.08 FEET; THENCE SOUTH 88 DEG., 24 MIN., 33 SE., WEST, 679.04 FEET; THENCE NORTH 01 DEG., 52 MIN., 34 SEC., WEST, 628.70 FEET; THENCE NORTH 89 DEG., 05 MIN., 45 SEC., WEST, 337.79 FEET; THENCE SOUTH 01 DEG., 52 MIN., 00 SEC., EAST, 671.06 FEET TO THE POINT OF BEGINNING.

SUBJECT TO A PERPETUAL, NON-EXCLUSIVE EASEMENT FOR THE RIGHT OF INGRESS AND EGRESS OVER AND ACROSS THE SOUTH 30 FEET THEREOF.

TOGETHER WITH A 1993 DOUBLEWIDE PEACHTREE MANUFACTURED HOME, VIN # PSHGA12787A/B, PERMANENTLY AFFIXED AND SITUATED THERETO, UPON THE REAL PROPERTY DESCRIBED.

Parcel Identification Number is: 26-4S-15-00401-033 (1554).

5. CONSIDERATION

Good and valuable consideration plus the sum of \$10.00 received by me from you.

6. CONVEYANCE OF REAL PROPERTY

For the consideration described in Paragraph 5, I convey, remise (to give up a claim), and quit claim (transfer without warranty) to you any interest I may have in and to the Real Property.

Executed on this <u>30</u> day of <u>September</u>, 2022.

Joan Haver

Signed in the presence of:	Signed in the presence of:
Witness Signature (Date) Carcy F. Chandled Printed Name	Witness Signature (Date) Tule Utley Printed Name
STATE OF FLORIDA COUNTY OF COLUMBIA The foregoing instrument was acknowledg or [] online notarization, on September 20 instrument as a Quit-Claim Deed and signed the instrument of the produced	ed before me by means of physical presence, 2022, by Joan Haver who identified this instrument willingly. Joan Haver is personally as identification.
Notary Public - State of Florida Stephen M. With Printed Name	STEPHEN M. WITT Commission # GG 343306 Expires June 10, 2023 Bonded Thru Budget Notary Services
Anna Veach	
Signed in the presence of:	Signed in the presence of:
Witness Signature (Date)	Witness Signature (Date)
Tammi Ashe	Printed Name

STATE OF FLORIDA COUNTY OF COLUMBIA

The foregoing instrument was acknowledged before me by means of [X] physical presence or [] online notarization, on <u>September 20</u>, 2022, by **Anna Veach** who identified this instrument as a Quit-Claim Deed and signed the instrument willingly. **Anna Veach** is personally as identification. known to me or has produced

Stephanie Glover



The preparer of this instrument has performed no Title Examination nor has the Preparer issued any Title Insurance or furnished any opinion regarding the title, existence of liens, the quality of lands included, or the location of the boundaries. The names, addresses, tax identification numbers and legal description furnished by parties to this instrument.

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER	CONTRACTOR	Brent Strickland	PHONE 386-365-7043
APPLICATION INDIVIDEN			

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

Ronnie Duffee

In Columbia County one permit will cover all trades doing work at the permitted site. It is <u>KEQUIKED</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		James Dale Williams EC 13002957 Qualifier Form	Signature
MECHANICAL/	Print Name_	Ronald Bonds Sr.	Signature
A/C	License #: _	CAC 1817658	Phone #: 800-259-3470
		Qualifier Form	Attached

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.

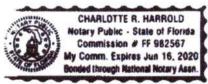
Revised 10/30/2015



COLUMBIA COUNTY BUILDING DEPARTMENT LETTER OF AUTHORIZATION TO SIGN FOR PERMITS 135 NE Hernando Ave. Suite B-21. Lake City. FL 32055

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

, Dale Williams	(license holder name), licensed qualifier				
for Affordable Electric	(company name), do certify that				
the below referenced person(s) listed on this form is/are employed by me directly or through an employee leasing arrangement; or, is an officer of the corporation; or, partner as defined in Florida Statutes Chapter 468, and the said person(s) is/are under my direct supervision and control and is/are authorized to purchase permits, call for inspections, and sign on my behalf					
Printed Name of Person Authorized	Signature of Authorized Person				
1. Dale Burd	1.5-6				
2.	2.				
3.	3.				
4.	4.				
5.	5				
under my license and fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances. I understand that the State and County Licensing Boards have the power and authority to discipline a license holder for violations committed by him/her, his/her agents, officers, or employees and that I have full responsibility for compliance with all statutes, codes and ordinances inherent in the privilege granted by issuance of such permits If at any time the person(s) you have authorized is/are no longer employee(s), or officer(s), you must notify this department in writing of the changes and submit a new letter of authorization form, which will supersede all previous lists. Failure to do so may allow unauthorized persons to use your name and/or license number to obtain permits. College C					
NOTARY INFORMATION: STATE OFFlorida COUNTY OF Columbia The above license holder, whose name is					
CHARLOTTE R. HAP	ROLD				





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

1. LONA let E Gond SE	(license holder name). licensed qualifier
	The (company name), do certify that
the below referenced person(s) listed on this for	rm is/are contracted/hired by me, the license bugh an employee leasing arrangement; or, is an in Florida Statutes Chapter 468, and the said d control and is/are authorized to purchase and
Printed Name of Person Authorized	Signature of Authorized Person
1. DALE BURD	1.
2. Rocks Ford	2. (bc/3) 7-1
3. Kally Bishap	3. Kelly Brishof
4.	4.
5.	5.
officers, or employees and that I have full respondent ordinances inherent in the privilege granted officer(s), you must notify this department in write authorization form, which will supersede all previous authorized persons to use your name and/or in the control of the cont	is/are no longer agents, employee(s), or ing of the changes and submit a new letter of ious lists. Failure to do so may allow icense number to obtain permits.
Licensed Qualifiers Signature (Notarized)	<u>CAC 1817658</u> <u>2-16-14</u> License Number Date
NOTARY INFORMATION: STATE OF:COUNTY OF:	1 - 1 - 1
The above license holder, whose name is Roy personally appeared before me and is known by (type of I.D.)	me or has produced identification this 14th day of FEB 20 (4).
State V GAA loopkins	(Seal/Stamp)
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~



		marriage veal piers within 2' of and of home per Rule 15C			Typical pier spacing    Slateral   Show locations of Longitudinal and Lateral Systems     Show locations of Longitudinal (use dark lines to show these locations)	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	Installer Brent Strickland License # IH 1104218 Installer Mobile Phone # 386-365-7043 Address of home being installed  Address of home being installed  AKE CTYFF 32014  Manufacturer Life home is a single wide fill out one half of the blocking plan
within 2' of and of home spaced at 5' 4" oc  Longitudinal Stabilizing Device (LSD)  Manufacturer  Longitudinal Stabilizing Device w/, Lateral Arms  Marriage wall  Manufacturer  Manufacturer  Manufacturer  Sheanwall  within 2' of and of home spaced at 5' 4" oc  OTHER TIES  Number  Number  Sheanwall	Opening Pier pad size 4 ft 5 ft FRAME TIES	20 x 20 1/16 x 25 3/16 1/2 x 25 1/2 24 x 24 26 x 26 ANCHORS	Plek PAU SIZES   7   7   7   7   7   7   7   7   7	8' 8' 8' 8' 6' 7' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8'	1/2" (342) (400) (484)* (576)*  4' 5' 6' 7' 8' 8' 8' 8' 8' 8' 8'	Roof System:TypicalHinged  PIER SPACING TABLE FOR USED HOMES  Load Footer 15" x 15" 15 15" x 18   20" x 20"   25" x 25"   26" x 26"	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  Double wide  Installation Decal #  13624  Triple/Quad  Serial #  LOH64100 13008

<ol> <li>Using 500 lb. increments, take the lowest reading and round down to that increment.</li> </ol>	<ol><li>Take the reading at the depth of the footer.</li></ol>	<ol> <li>Test the perimeter of the home at 6 locations.</li> </ol>	POCKET PENETROMETER TESTING METHOD	The pocket penetrometer tests are rounded down to or check here to declare 1000 lb. soil without testing.	POCKET PENETROMETER TEST	PERMIT NUMBER
est nent.	oter.	cations.	METHOD	sting. psf ×/ <u>CC</u> O	ST	

DECIE DECIE TEST

x 1000

TORQUE PROBE TEST

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 requires anchors with 4000 lb holding capacity.

Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER Installer Name

Skirting to be installed. Yes

Dryer vent installed outside of skirting. Yes
Range downflow vent installed outside of skirting.
Drain lines supported at 4 foot intervals. Yes
Electrical crossovers protected. Yes

Other:

No

Yes

The bottomboard will be repaired and/or taped. Yes

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.

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 20

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

1	Weatherproofing
	Type gasket Installed: Between Floors Yes Pg Between Walls Yes Bottom of ridgebeam Yes
	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 poorly installed or no gasket being installed. I understand a strip of tape will not serve as a gasket.
1	Gasket (weatherproofing requirement)
	Walls: Type Fastener: Length: Spacing: Spacing: Spacin
	Fastening multi wide units
	Debris and organic material removed Water drainage: Natural Swale Pad Other .
11	Site Preparation

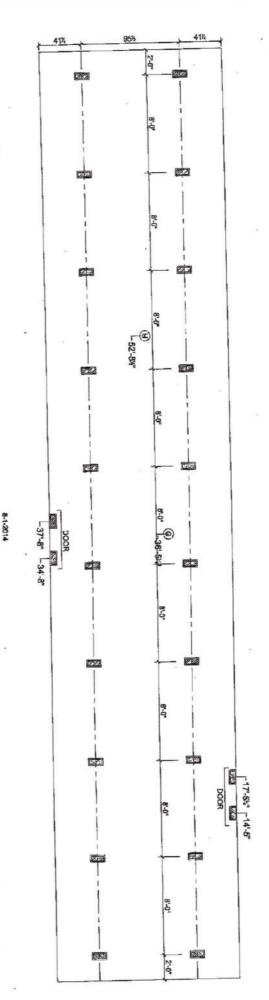
Installer verifies all information given with this permit worksheet is accurate and true based on the

manufacturer's installation instructions and or Rule 15C-1 & 2

Installer Signature

Date 9-2





SUPPORT PIER/TYP

FOUNDATION NOTES:

1-THIS DRAWING IS DESIGNED FOR THE STANDARD WIND ZONE AND IS TO BE USED IN CONJUNCTION WITH THE INSTALLATION MANUAL AND IT'S SUPPLEMENTS.
1-FOOTINGS ARE REQUIRED AT SUPPORT POSTS, SEE INSTALLATION MANUAL FOR REQUIREMENTS.
1-FOOTINGS ARE REQUIRED AT SUPPORT POSTS, SEE INSTALLATION MANUAL FOR REQUIREMENTS.

Live Oak Homes MODEL: L-5762B-SVS - 16 X 80 2-BEDROOM / 2-BATH

- (A) MAIN ELECTRICAL
  (B) ELECTRICAL CROSSOVER
  (B) ELECTRICAL CROSSOVER
  (B) SEWER DROPS
  (C) WATER INLET
  (C) HEAT PUMP OH DUCT)
  (E) GAS INLET (IF ANY)
  (E) GAS CROSSOVER (IF ANY)
  (F) GAS CROSSOVER (IF ANY)
  (F) GAS CROSSOVER (IF ANY)

# STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

APPLICATION FOR CONSTRUCTION PERMIT

		Permit Application Number_	
Roger Duffee	PART II - SITEPLAN -		
Scale: Each block represents 10 fe		210	
ī	North	المحال ال	65
910	War	120	
	וחז'	>,	24'
	108	1410" 74 2BR	26
	DEIVE	y7	69'
Notes:			
	of 5.65 ACK	is SER ATT	achrol
Site Plan submitted by:		Contra	actor
Plan Approved	Not Approved		)ate
Ву		(	County Health Department
			TAIT

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



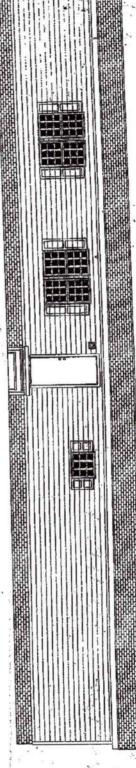
This information, was derived from data which was compiled by the Columbia County Property Appraiser Office solely for the governmental purpose of property assessment. This information should not be relied upon by anyone as a determination of the ownership of property or market value. No warranties, 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.

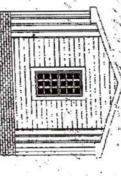
GrizzlyLogic.co GrizzlyLogic.com

1 of 1

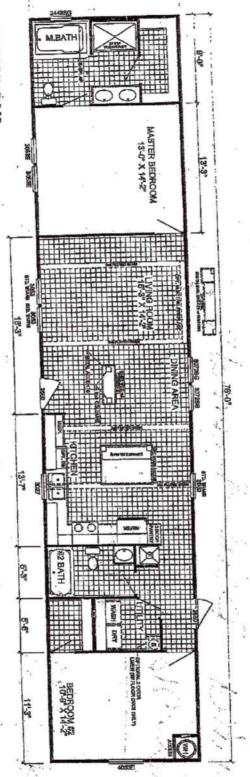
# APACHE Z







OPT. HITCH END



OPT. SHAKE ACCENT

L-5762B-OAK 2-BEDROOM / 2-BATH 16 X 80 - Approx. 1130 Sq. Ft.

it room dimensions include closels and equals moved only.

Tension vindows are evaluate on optional 9 or sidewalf houses only.

Tension vindows are available on optional 9 or sidewalf houses only.

Available with Linests of Styluters around arrestored differing at any liming Oak Homes reserves the right to modify product differing at any liming of the control of the

