

DATE 06/17/2011

Columbia County Building Permit
This Permit Must Be Prominently Posted on Premises During Construction

PERMIT
000029490

APPLICANT ALVIN D. JERNIGAN PHONE 386.292.3154
ADDRESS 346 NE VOSS ROAD LAKE CITY FL 32055
OWNER ANNIE L.FULTON(DECEASED)(A. JERNIGAN MH) PHONE 386.292.3154
ADDRESS 386 NE VOSS ROAD LAKE CITY FL 32055
CONTRACTOR FERMON JONES PHONE 352.318.4711
LOCATION OF PROPERTY N. MARION AVENUE TO BASCOM NORRIS,TR TO VOSS,TL AND IT'S
@ THE CORNER OF BASCOM NORRIS & VOSS.
TYPE DEVELOPMENT TRIPLE W/MH/UTILITY ESTIMATED COST OF CONSTRUCTION 0.00
HEATED FLOOR AREA TOTAL AREA HEIGHT STORIES
FOUNDATION WALLS ROOF PITCH FLOOR
LAND USE & ZONING RSF/MH-2 MAX. HEIGHT
Minimum Set Back Requirments: STREET-FRONT 25.00 REAR 15.00 SIDE 10.00
NO. EX.D.U. 1 FLOOD ZONE A DEVELOPMENT PERMIT NO.

PARCEL ID 28-3S-17-05630-000 SUBDIVISION
LOT BLOCK PHASE UNIT TOTAL ACRES 1.50

IH1025418
Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor
EXISTING 11-0280-N BLK HD N
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: AFFADAVITS ATTACHED ALONG W/DECEASED RELATIVE HEIR AFFADAVIT BY
APPLICANT. 1 FOOT ABOVE ROAD.

Check # or Cash CASH REC'D.

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

Temporary Power date/app. by Foundation date/app. by Monolithic date/app. by
Under slab rough-in plumbing date/app. by Slab date/app. by Sheathing/Nailing date/app. by
Framing date/app. by Insulation date/app. by
Rough-in plumbing above slab and below wood floor date/app. by Electrical rough-in date/app. by
Heat & Air Duct date/app. by Peri. beam (Lintel) date/app. by Pool date/app. by
Permanent power date/app. by C.O. Final date/app. by Culvert date/app. by
Pump pole date/app. by Utility Pole date/app. by M/H tie downs, blocking, electricity and plumbing date/app. by
Reconnection date/app. by RV date/app. by Re-roof date/app. by

BUILDING PERMIT FEE \$ 0.00 CERTIFICATION FEE \$ 0.00 SURCHARGE FEE \$ 0.00
MISC. FEES \$ 350.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 25.68 WASTE FEE \$ 67.00
FLOOD DEVELOPMENT FEE \$ FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$ TOTAL FEE 517.68
INSPECTORS OFFICE CLERKS OFFICE

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.

The Issuance of this Permit Does Not Waive Compliance by Permittee with Deed Restrictions.

☒ ROSA CLARK: AFFADAVIT

2LL
FERMON updates

#889
☒ W.C./Bond
FLIAS.

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-11)		Zoning Official <u>BLK 09. June 2011</u>		Building Official <u>NO 6-6-11</u>	
AP#	<u>1105-68</u>	Date Received	<u>5/31</u>	By	<u>JW</u> Permit # <u>29490</u>
Flood Zone	<u>A</u>	Development Permit	<u>N/A</u>	Zoning	<u>RSP/MH-2</u> Land Use Plan Map Category <u>RES. Low-Den.</u>
Comments <u>AFFADAVITS ATTACHED. Along w/ Deceased Relative NEIL AFFADAVITI by Affiant</u>					
FEMA Map#	<u>N/A</u>	Elevation	<u>N/A</u>	Finished Floor	<u>1st floor</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>11-0290-N</u> <input checked="" type="checkbox"/> EH Release <input checked="" type="checkbox"/> Well letter <input checked="" type="checkbox"/> Existing well					
<input checked="" type="checkbox"/> Recorded Deed or <u>Affidavit from land owners</u> <input type="checkbox"/> Installer Authorization <input type="checkbox"/> State Road 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"/> VF Form					
IMPACT FEES: EMS _____ Fire _____ Corr _____ <input checked="" type="checkbox"/> Out County <input checked="" type="checkbox"/> In County <u>pd</u>					
Road/Code _____ School _____ = TOTAL _____ Impact Fees Suspended March 2009 _____					

- Property ID # 28-35-17-05630-000 Subdivision _____
- New Mobile Home _____ Used Mobile Home ☒ MH Size 40x60 Year 2001
 - Applicant Alvin Dwayne Jernigan Phone # (386) 292-3154
 - Address 396 N.E. Voss Rd. L.P. FL 32055
 - Name of Property Owner Annal Laura Fulton Phone # (386) 758-5970
deceased *daughter*
 - 911 Address 386 NE VOSS Road Lake City FL 32055
 - Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Progress Energy
 - Name of Owner of Mobile Home Alvin Dwayne Jernigan Phone # (386) 292-3154
"Grandson"
Address 396 N.E. Voss Rd. L.P. FL 32055
 - Relationship to Property Owner Grandson
 - Current Number of Dwellings on Property one
 - Lot Size _____ Total Acreage 1.50
 - 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 No
 - Driving Directions to the Property Take Marion street come to Bascom Norris take (R) come about a mile down to NE Voss Road Lot on the corner.
 - Name of Licensed Dealer/Installer Fermon Jones Phone # (352) 318-4711
 - Installers Address 6795 S.W. 71st Ave Lake Butler, FL 32054
 - License Number IH/1025418 Installation Decal # 306743

Jene
- 51768

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 Fernon Jones License # IT/102-5418

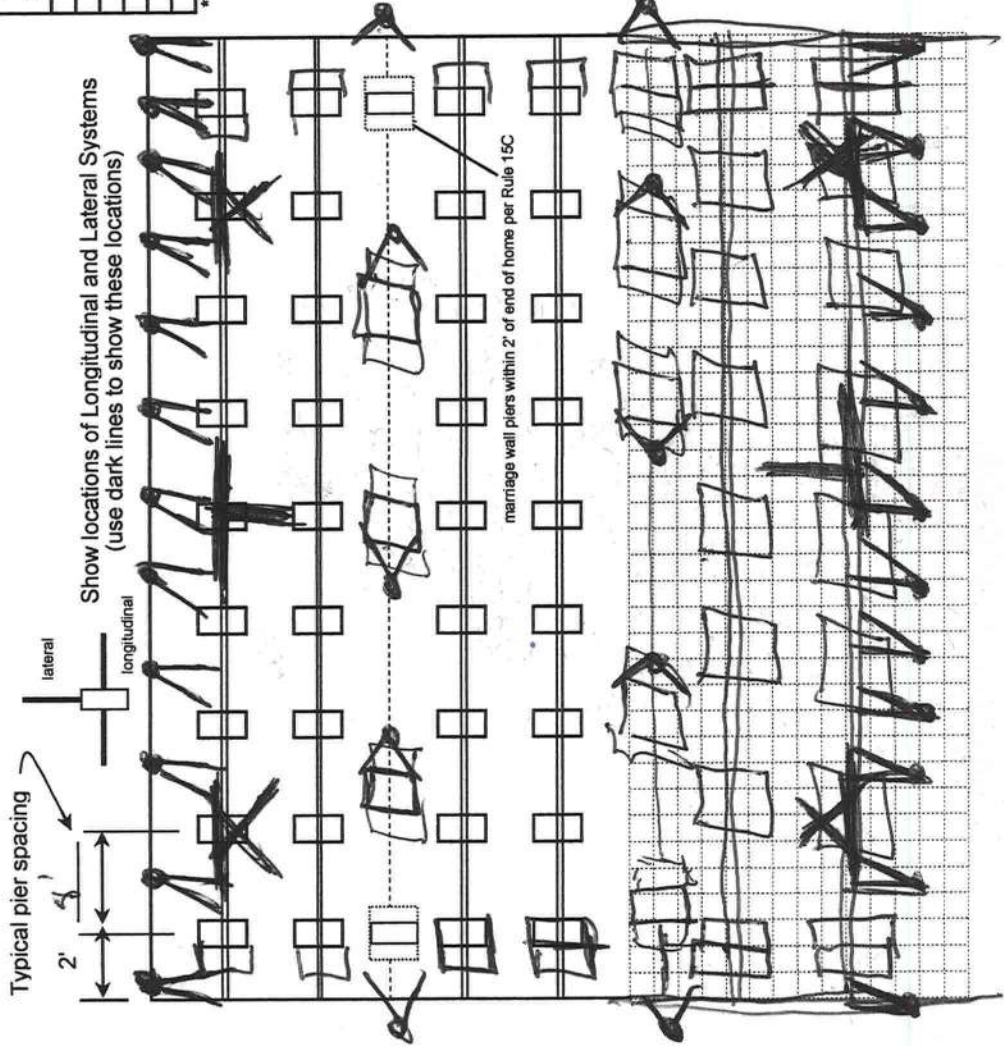
911 Address where home is being installed: 201 N.E. Voss Rd

Manufacturer Mill Length x width 40' x 60' x 40'

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 FJ



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 # 306743
Triple/Quad ☐ Serial # 10L273101

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity	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'	5'	6'	7'	8'
1500 psf	4' 6"		6'	7'	8'	8'	8'
2000 psf	6'		8'	8'	8'	8'	8'
2500 psf	7' 6"		8'	8'	8'	8'	8'
3000 psf	8'		8'	8'	8'	8'	8'
3500 psf	8'		8'	8'	8'	8'	8'

* interpolated from Rule 15C-1 pier spacing table.

PIER PAD SIZES

I-beam pier pad size 23x31

Perimeter pier pad size 23x31 center line

Other pier pad sizes (required by the mfg.)

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
17' center 23x31/13x31
17' center 23x31/13x31

ANCHORS

4 ft 5 ft

FRAME TIES

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

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD) 8
 Manufacturer Longitudinal Stabilizing Device w/ Lateral Arms
 Manufacturer

OTHER TIES

Number 22
 Sidewall 0
 Longitudinal 1
 Marriage wall 1
 Shearwall

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.

X _____ X _____ X _____

TORQUE PROBE TEST

The results of the torque probe test is 325 lbs 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 requires anchors with 4000 lb holding capacity.

F.J. Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Fernon Jones

Date Tested

4/20/11

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

Site Preparation

Debris and organic material removed _____
Water drainage: Natural ☒ Swale _____ Pad _____ Other _____

Fastening multi wide units

Floor: Type Fastener: 6" Bolt Length: 6' Spacing: 2'
Walls: Type Fastener: 4" Bolt Length: 4" Spacing: 2'
Roof: Type Fastener: 6" Bolt Length: 6" Spacing: 2'
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 F.J.

Type gasket
Pg. 86

Installed:

Between Floors Yes F.J.
Between Walls Yes F.J.
Bottom of ridgebeam Yes F.J.

Weatherproofing

The bottomboard will be repaired and/or taped. Yes F.J. Pg. _____
Siding on units is installed to manufacturer's specifications. Yes F.J.
Fireplace chimney installed so as not to allow intrusion of rain water. Yes F.J.

Miscellaneous

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

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

Installer Signature

Fernon Jones

Date 4/20/11

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 5/31 BY TJW IS THE MH ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED?

OWNERS NAME ALVIN JENNIFER PHONE _____ CELL 386.892.3154

ADDRESS _____

MOBILE HOME PARK _____ BUI DIVISION _____

DRIVING DIRECTIONS TO MOBILE HOME N. MAISON AVE. to Basson Norris Dr. TR
to VOSS Rd. TL @ CORNER of Basson Norris, VOSS

MOBILE HOME INSTALLER FELMON JONES PHON: _____ CELL 352-318-4711

MOBILE HOME INFORMATION

MAKE MILL YEAR 2001 SIZE 40 x 60 COLOR WHITE

SERIAL No. 106 272 LOT

WIND ZONE II Must be wind zone II or higher if WIND ZONE I ALLOWED

INSPECTION STANDARDS

INTERIOR:

(P or F) P=PASS F=FAILED

☒ SMOKE DETECTOR () OPERATIONAL () MISSING \$50.00
☒ FLOORS () SOLID () WEAK () HOLES DAMAGED LOCATION Date of Payment: 5-31-11
☒ DOORS () OPERABLE () DAMAGED Paid By: ALVIN JENNIFER
☒ WALLS () SOLID () STRUCTURALLY UNSOUND Notes: FRONT & BACK
☒ WINDOWS () OPERABLE () INOPERABLE PORTION OPEN FOR
☒ PLUMBING FIXTURES () OPERABLE () INOPERABLE () MISSING INSPECTION
☒ CEILING () SOLID () HOLES () LEAKS APPARENT
☒ ELECTRICAL (FIXTURES/OUTLETS) () OPERABLE () EXPOSED WIRING () OUTLET COVERS MISSING () LIGHT
FIXTURES MISSING

EXTERIOR:

☒ WALLS/SIDING () LOOSE SIDING () STRUCTURALLY UNSOUND () NOT WEATHERTIGHT () NEEDS CLEANING
☒ WINDOWS () CRACKED/BROKEN GLASS () SCREENS MISSING () WEATHERTIGHT
☒ ROOF () APPEARS SOLID () DAMAGED

STATUS

APPROVED ☒ WITH CONDITIONS: _____

NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITION(S): _____

SIGNATURE At S. Paul ID NUMBER 402 DATE 6-1-11

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1105-68 CONTRACTOR FERMON JONES PHONE 386 292 3154

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 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 <u>Alvin Duane Ternigan</u> Signature <u>Alvin Duane Ternigan</u> License #: _____ Phone #: <u>(386) 292-3154</u>
MECHANICAL/ A/C	Print Name <u>Alvin Duane Ternigan</u> Signature <u>Alvin Duane Ternigan</u> License #: _____ Phone #: <u>(386) 292-3154</u>
PLUMBING/ GAS	Print Name <u>Alvin Duane Ternigan</u> Signature <u>Alvin Duane Ternigan</u> License #: _____ Phone #: <u>(386) 292-3154</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 440.38, and shall be presented each time the employer applies for a building permit.

Contractor Forms: Subcontractor form: 1/11



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, FERMON JONES, give this authority for the job address show below
Installer License Holder Name

only, NE VOSS Rd, and I do certify that
Job Address

the below referenced person(s) listed on this form 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 Authorized Person	Signature of Authorized Person	Authorized Person is... (Check one)
<u>Alvin Jernigan</u>	<u>[Signature]</u>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> 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.

[Signature]
License Holders Signature (Notarized)

TH102548
License Number

4.20.11
Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: COLUMBIA

The above license holder, whose name is FERMON JONES, personally appeared before me and is known by me or has produced identification (type of I.D.) on this 20th day of April, 2011.

[Signature]
NOTARY'S SIGNATURE



CODE ENFORCEMENT DEPARTMENT
COLUMBIA COUNTY, FLORIDA
OUT OF COUNTY MOBILE HOME INSPECTION REPORT

4.21.11 "Rush"

COUNTY THE MOBILE HOME IS BEING MOVED FROM

Williston

OWNERS NAME Alvin Jernigan

PHONE 386-282-5920 CELL 386-282-315

INSTALLER Fernon Jones

PHONE 386-496-9722 CELL 352-318-4711

INSTALLERS ADDRESS 6795 S.W. 21st Ave Lake Butler FL

MOBILE HOME INFORMATION

MAKE M/I YEAR 2001 SIZE 40 X 60

COLOR white SERIAL No. 101272100/10127210X/101272107

WIND ZONE II SMOKE DETECTOR Good

INTERIOR:
FLOORS Good

DOORS Good

WALLS Good

CABINETS Good

ELECTRICAL (FIXTURES/OUTLETS) Good

EXTERIOR:
WALLS / SIDING Good

WINDOWS Good

DOORS Good

STATUS:
APPROVED Good

NOT APPROVED

NOTES N/A Trailer in good sound condition

INSTALLER OR INSPECTORS PRINTED NAME Fernon Jones

Installer/Inspector Signature Fernon Jones

License No. TH1025418 Date 4/21/11

ONLY THE ACTUAL LICENSE HOLDER OR A BUILDING INSPECTOR CAN SIGN THIS FORM.

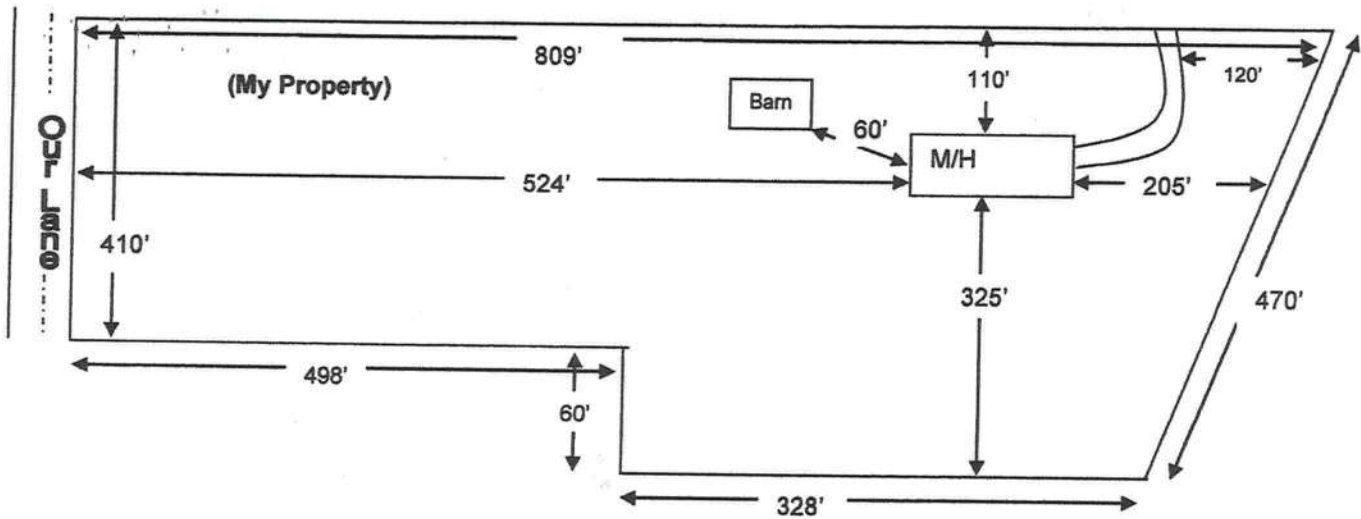
NO WIND ZONE ONE MOBILE HOMES WILL BE PERMITTED. MOBILE HOMES PRIOR TO 1977 ARE PRE-HUD AND THE WIND ZONE MUST BE PROVEN TO BE PERMITTED.

BEFORE THE MOBILE HOME CAN BE MOVED INTO COLUMBIA COUNTY THIS FORM MUST BE COMPLETED AND RETURNED TO THE COLUMBIA COUNTY BUILDING DEPARTMENT.

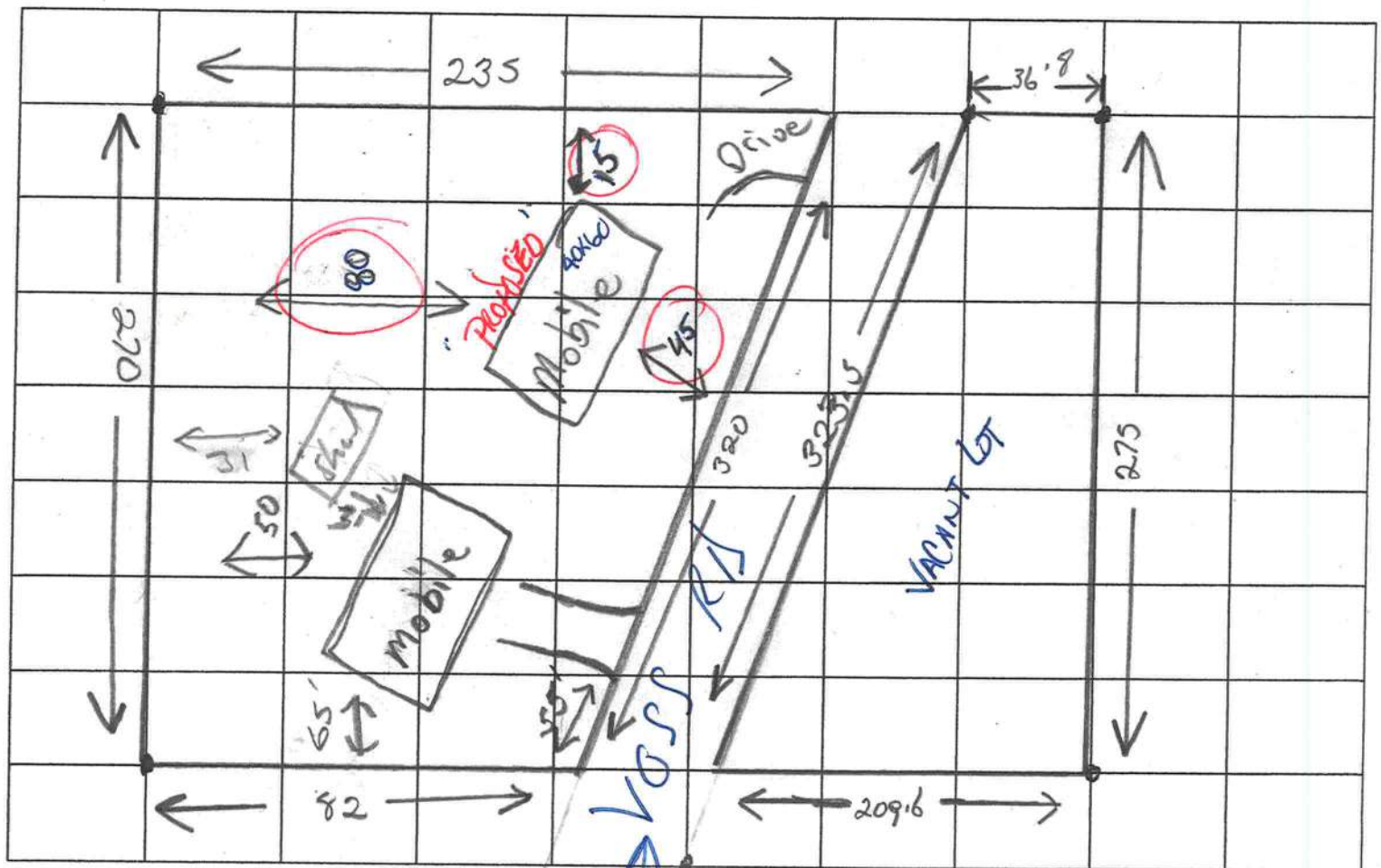
ONCE MOVED INTO COLUMBIA COUNTY AN INSPECTOR MUST COMPLETE A PRELIMINARY INSPECTION ON THE MOBILE HOME. CALL 386-719-2039 TO SET UP THIS INSPECTION. NO PERMIT WILL BE ISSUED BEFORE THIS IS DONE.

A. A. R. O. P.

Date 4.21.11



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.



DASEM Norris Dr.

AFFIDAVIT

**STATE OF FLORIDA
COUNTY OF COLUMBIA**

This is to certify that I, (We), Bobby Fulton
owner of the below described property:

Tax Parcel No. 28 - 35 - 17 - 05630 - 000

Subdivision (name, lot, block, phase) _____

Give my permission to Alvin Ferning 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.

Robert Fulton
Owner

Owner

SWORN AND SUBSCRIBED before me this 14th day of April,
20 11. This (these) person(s) are personally known to me or produced
ID _____.

Margo B. Combs
Notary Signature



MARGO B. COMBS
Notary Public, State of Florida
My Comm. Expires Jan. 22, 2015
Commission No. EE 53959

AFFIDAVIT

**STATE OF FLORIDA
COUNTY OF COLUMBIA**

This is to certify that I, (We), George Fulton
owner of the below described property:

Tax Parcel No. 28-35-17-05630-000

Subdivision (name, lot, block, phase) _____

Give my permission to Alvin Jernigan 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.

George Fulton

Owner

Owner

SWORN AND SUBSCRIBED before me this 14th day of April,
20 11. This (these) person(s) are personally known to me or produced
ID _____.

Margo B. Combs
Notary Signature



MARGO B. COMBS
Notary Public, State of Florida
My Comm. Expires Jan. 22, 2015
Commission No. EE 53959

AFFIDAVIT

**STATE OF FLORIDA
COUNTY OF COLUMBIA**

This is to certify that I, (We), Mary Ann Johnson
owner of the below described property:

Tax Parcel No. 28-38-17-05630-000

Subdivision (name, lot, block, phase) _____

Give my permission to Alvin Terrigan 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.

Mary Ann Johnson
Owner

Owner

SWORN AND SUBSCRIBED before me this 14th day of April,
2011. This (these) person(s) are personally known to me or produced
ID _____.

Margo B. Combs
Notary Signature



MARGO B. COMBS
Notary Public, State of Florida
My Comm. Expires Jan. 22, 2015
Commission No. EE 53959

AFFIDAVIT

**STATE OF FLORIDA
COUNTY OF COLUMBIA**

This is to certify that I, (We), Jacalyn Fulton
owner of the below described property:

Tax Parcel No. 28-38-17-05630-000

Subdivision (name, lot, block, phase) _____

Give my permission to Alvin ~~Fulton~~ Jernigan 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.

Jacalyn Fulton
Owner

Owner

SWORN AND SUBSCRIBED before me this 14 day of May April,
20 11. This (these) person(s) are personally known to me or produced
ID _____

Margo B. Combs
Notary Signature



MARGO B. COMBS
Notary Public, State of Florida
My Comm. Expires Jan. 22, 2015
Commission No. EE 53959

AFFIDAVIT

**STATE OF FLORIDA
COUNTY OF COLUMBIA**

This is to certify that I, (We), Virginia Fulton
owner of the below described property:

Tax Parcel No. 28-35-17-05630-000

Subdivision (name, lot, block, phase) _____

Give my permission to Alvin Jernigan 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.

Virginia Fulton
Owner

Owner

SWORN AND SUBSCRIBED before me this 14th day of April,
2011. This (these) person(s) are personally known to me or produced
ID _____.

Margo B. Combs
Notary Signature



MARGO B. COMBS
Notary Public, State of Florida
My Comm. Expires Jan. 22, 2015
Commission No. EE 53959

AFFIDAVIT

**STATE OF FLORIDA
COUNTY OF COLUMBIA**

This is to certify that I, (We), Gertha Perry
owner of the below described property:

Tax Parcel No. 28-35-17-05630-000

Subdivision (name, lot, block, phase) _____

Give my permission to Alvin Jernigan 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.

Gertha Perry
Owner

Owner

SWORN AND SUBSCRIBED before me this 14th day of April,
20 11. This (these) person(s) are personally known to me or produced
ID _____

Margo B. Combs
Notary Signature



MARGO B. COMBS
Notary Public, State of Florida
My Comm. Expires Jan. 22, 2015
Commission No. EE 53959

AFFIDAVIT

**STATE OF FLORIDA
COUNTY OF COLUMBIA**

This is to certify that I, (We), Laura Turner
owner of the below described property:

Tax Parcel No. 28-38-17-05630-000

Subdivision (name, lot, block, phase) _____

Give my permission to Alvin Terrigan 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.

Laura Turner
Owner

Owner

SWORN AND SUBSCRIBED before me this 14th day of April,
2011. This (these) person(s) are personally known to me or produced
ID _____.

Margo B. Combs
Notary Signature



MARGO B. COMBS
Notary Public, State of Florida
My Comm. Expires Jan. 22, 2015
Commission No. EE 53959

AFFIDAVIT

**STATE OF FLORIDA
COUNTY OF COLUMBIA**

This is to certify that I, (We), Frankie FULTON
owner of the below described property:

Tax Parcel No. 28-35-17-05630-000

Subdivision (name, lot, block, phase) _____

Give my permission to ALVIN Jernigan 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.

Frankie Fulton
Owner

Owner

SWORN AND SUBSCRIBED before me this 14th day of April,
20 11. This (these) person(s) are personally known to me or produced
ID _____.

Margo B. Combs
Notary Signature



MARGO B. COMBS
Notary Public, State of Florida
My Comm. Expires Jan. 22, 2015
Commission No. EE 53959

AFFIDAVIT

**STATE OF FLORIDA
COUNTY OF COLUMBIA**

This is to certify that I, (We), Daniel Fulton
owner of the below described property:

Tax Parcel No. 28-35-17-05630-000

Subdivision (name, lot, block, phase) _____

Give my permission to Alvin Jernigan 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.

Daniel Fulton
Owner

Owner

SWORN AND SUBSCRIBED before me this 14th day of April,
20 11. This (these) person(s) are personally known to me or produced
ID _____

Margo B. Combs
Notary Signature



MARGO B. COMBS
Notary Public, State of Florida
My Comm. Expires Jan. 22, 2015
Commission No. EE 53959

AFFIDAVIT

**STATE OF FLORIDA
COUNTY OF COLUMBIA**

This is to certify that I, (We), ROSA L (FULTON) CLARK
owner of the below described property:

Tax Parcel No. 28-35.17-05630-000

Subdivision (name, lot, block, phase) _____

Give my permission to ALVIN JARINE TEENIGAN to place a
mobile home/travel trailer/single family home (circle one) on the above mentioned
property.

☒ (We) understand that this could result in an assessment for solid waste and fire
protection services levied on this property.

Rosa L. Clark
Owner

Owner

SWORN AND SUBSCRIBED before me this 9th day of JUNE,
20 11. This (these) person(s) are personally known to me or produced
ID DL SHOWN as ROSA L. FULTON.

Laurie Hodson
Notary Signature



Columbia County Property Appraiser

DB Last Updated: 5/3/2011

2010 Tax Year

Parcel: 28-3S-17-05630-000

<< Next Lower Parcel Next Higher Parcel >>

Tax Collector

Tax Estimator

Property Card

Parcel List Generator

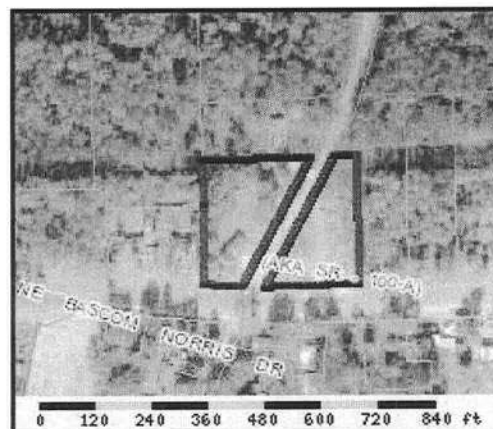
Interactive GIS Map

Print

Owner & Property Info

Search Result: 1 of 1

Owner's Name	FULTON ANNIE LAURA		
Mailing Address	C/O GERTHA PERRY 346 NE VOSS RD LAKE CITY, FL 32055		
Site Address	353 NE VOSS RD		
Use Desc. (code)	VACANT (000000)		
Tax District	2 (County)	Neighborhood	28317
Land Area	1.500 ACRES	Market Area	06
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction. COMM SE COR OF NE1/4 OF SW1/4, RUN N 29.8 FT TO N R/W OF SR-100-A, RUN W ALONG R/W 575 FT FOR POB, CONT W 209.6 FT TO E R/W GRADED RD, NE'LY ALONG RD 323.5 FT, E 36.8 FT, S 275 FT TO POB. (TRACT 6) ALSO COMM SE COR OF NE1/4 OF SW1/4, RUN N 29.8 FT TO N R/W SR 100-A, RUN W ALONG R/W 828.6 FT FOR POB, RUN NE ALONG CO GRADED RD 465 FT, W 301.6 FT, S 395 FT TO N R/W SR-100A, E 75 FT TO POB. (PARCEL 7) ...more>>>		



Property & Assessment Values

2010 Certified Values		
Mkt Land Value	cnt: (0)	\$13,446.00
Ag Land Value	cnt: (3)	\$0.00
Building Value	cnt: (0)	\$0.00
XFOB Value	cnt: (0)	\$0.00
Total Appraised Value		\$13,446.00
Just Value		\$13,446.00
Class Value		\$0.00
Assessed Value		\$13,446.00
Exempt Value		\$0.00
Total Taxable Value	Cnty: \$13,446 Other: \$13,446 Schl: \$13,446	

2011 Working Values

NOTE:
2011 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
NONE						

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
NONE						

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
NONE						

Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
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000000	VAC RES (MKT)	1.36 AC	1.00/1.00/1.00/1.00	\$7,618.05	\$10,360.00
000000	VAC RES (MKT)	0.14 AC	1.00/1.00/1.00/1.00	\$7,618.05	\$1,066.00
009947	SEPTIC (MKT)	1 UT - (0000000.000AC)	1.00/1.00/1.00/1.00	\$750.00	\$750.00

Columbia County Property Appraiser

DB Last Updated: 5/3/2011

1 of 1

DISCLAIMER

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. The assessed values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

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: 5/31/2011 DATE ISSUED: 6/8/2011

ENHANCED 9-1-1 ADDRESS:

386 NE VOSS RD

LAKE CITY FL 32055

PROPERTY APPRAISER PARCEL NUMBER:

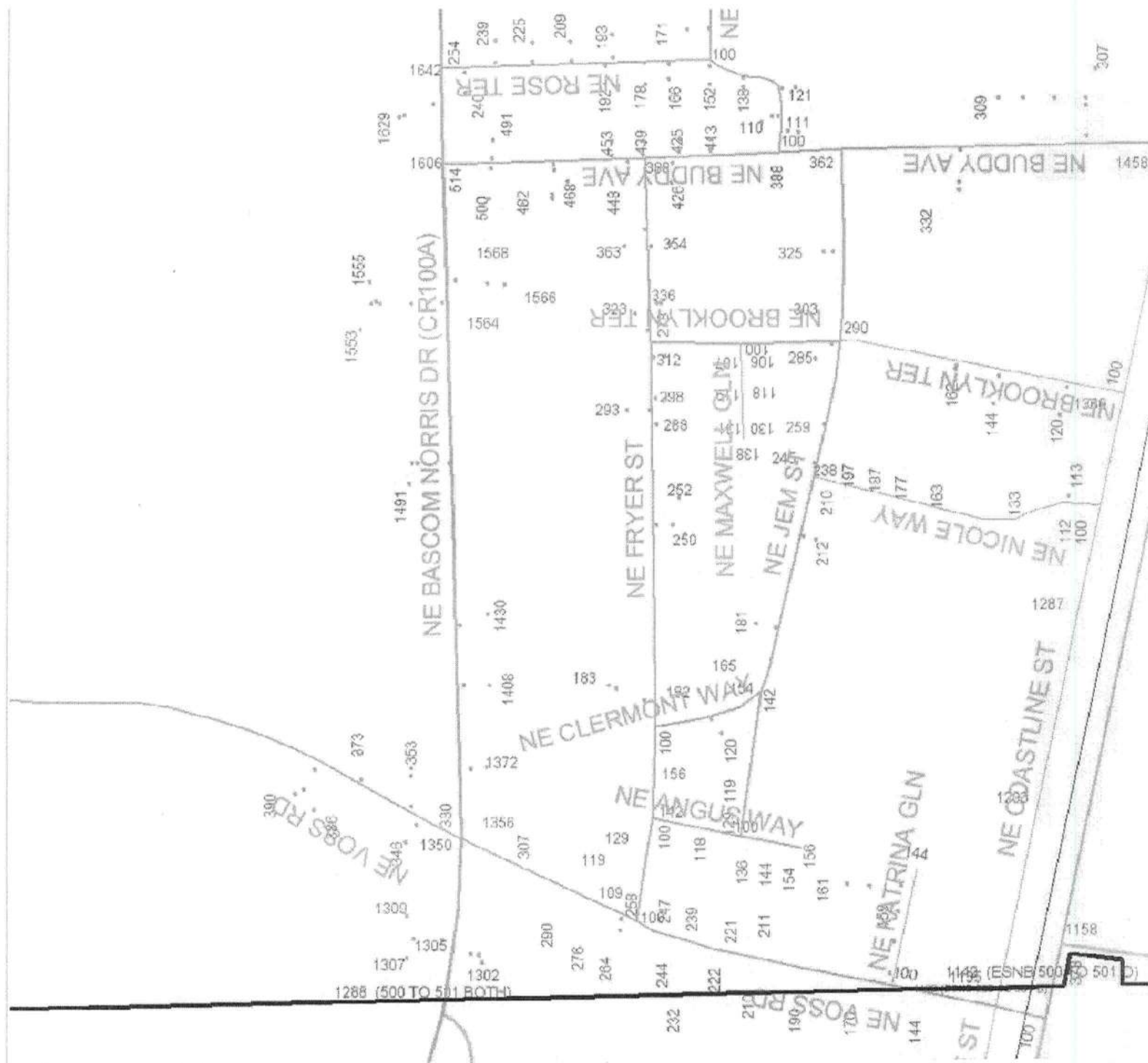
28-3S-17-05630-000

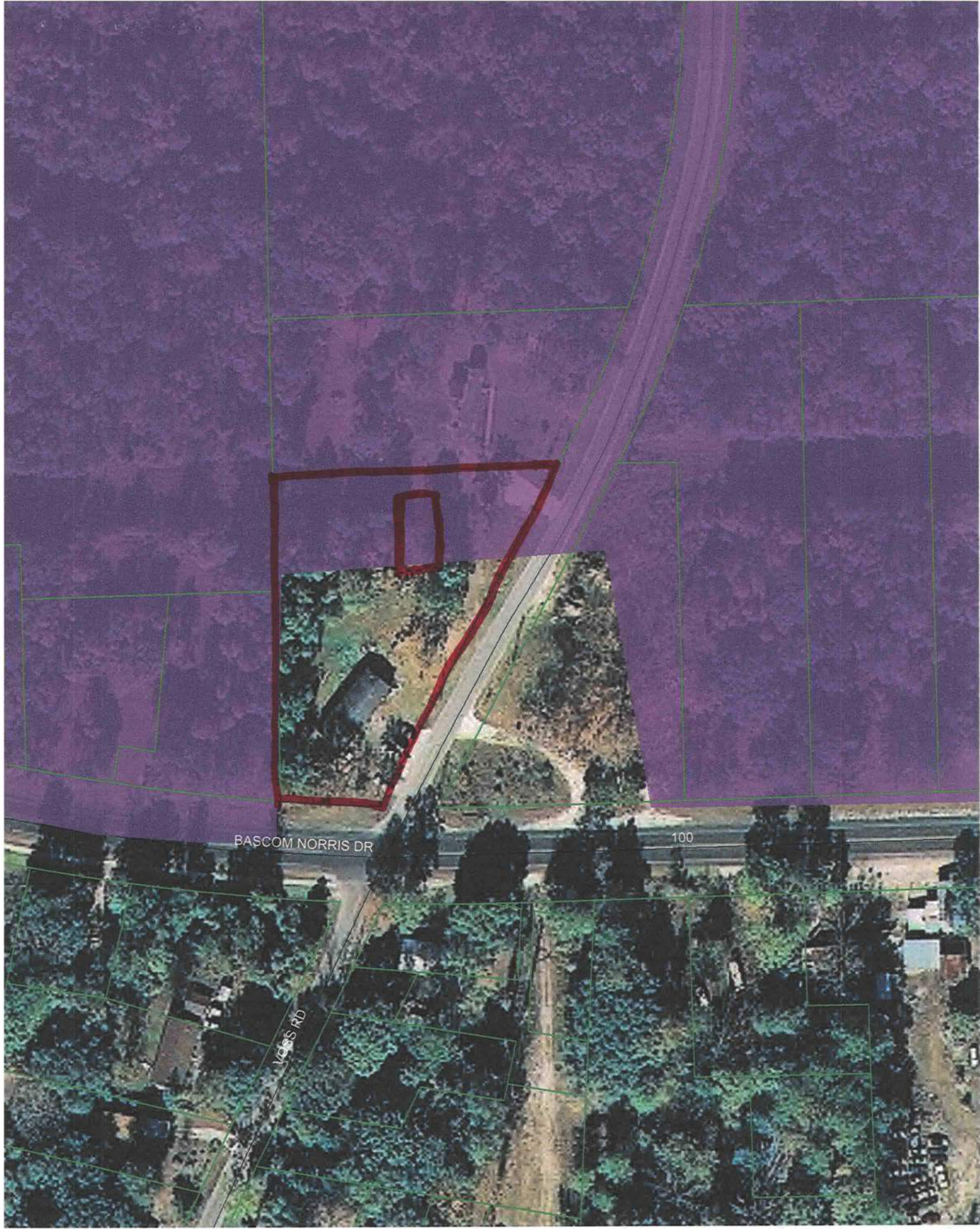
Remarks:

2ND LOCATION ON PARCEL.

Address Issued By: SIGNED: / RONAL N. CROFT
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.





1105-68

DECEASED REALATIVE HEIR AFFIDAVIT

The undersigned, Alvin Dwaine Jernigan, has made application to COLUMBIA COUNTY, FLORIDA for a mobile home move-on permit on property as described below as follows:

Tax Parcel # 28-3S-17-05630-000, with a physical address of 386 NE Voss Road,
Lake City, FL 32055

The applicant has personal knowledge of all matters set forth in this Affidavit and being first duly sworn according to law, depose and say:

The following people are the heirs of Annie Laura Fulton who died on 7-24-2007.

1. Robert "Bobby" Fulton
2. George Fulton
3. Mary Ann Johnson
4. Jacquelyn Fulton
5. Virginia Fulton
6. Gertha Perry
7. Laron Turner
8. Frankin Fulton
9. Daniel Fulton
10. Rose L Clark

I Hereby Certify that the information contained in this Affidavit is true and correct and hereby executes this Affidavit with full knowledge that the facts contained herein are accurate and complete, and with full knowledge that the penalties under Florida law for perjury include conviction of a felony of the third degree.

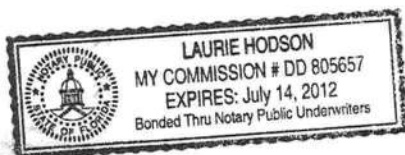

Alvin Dwaine Jernigan

STATE OF FLORIDA
COUNTY OF COLUMBIA

The foregoing instrument was sworn to and subscribed before me this 9th Day of JUNE, 2011.

by ALVIN D. JERNIGAN Who is personally known to me or who
has produced a Driver's license as
identification.

(NOTARIAL
SEAL)




Notary Public, State of Florida

My Commission Expires: