

DATE 01/28/2004

Columbia County Building Permit

This Permit Expires One Year From the Date of Issue

PERMIT**000021449**

APPLICANT MIKE TODD

PHONE 755-4387

ADDRESS 129 N. COLBURN AVE

LAKE CITY

FL 32055

OWNER CREY & JENALYN MCCRAY

PHONE

ADDRESS 204 SW SURREAL COURT

LAKE CITY

FL 32024

CONTRACTOR MIKE TODD

PHONE

LOCATION OF PROPERTY 341, TR ON 242, 1/2 MILE ON LEFT BEFORE THE YELLOW HOUSE
AND GREEN ROOF

TYPE DEVELOPMENT SFD, UTILITY ESTIMATED COST OF CONSTRUCTION 92000.00

HEATED FLOOR AREA 1840.00 TOTAL AREA 2553.00 HEIGHT .00 STORIES 1

FOUNDATION CONC WALLS FRAMED ROOF PITCH 6/12 FLOOR SLAB

LAND USE & ZONING A-3 MAX. HEIGHT 16

Minimum Set Back Requirements: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00

NO. EX D.U. 0 FLOOD ZONE X DEVELOPMENT PERMIT NO.

PARCEL ID 27-4S-16-03208-202

SUBDIVISION

LOT BLOCK PHASE UNIT TOTAL ACRES 5.50

000000185

CGC006209

Culvert Permit No.

Culvert Waiver

Contractor's License Number

Applicant/Owner/Contractor

WAIVER

03-1030-N

BK

RJ

Driveway Connection

Septic Tank Number

LU & Zoning checked by

Approved for Issuance

New Resident

COMMENTS: ONE FOOT ABOVE ROAD, NOC ON FILE

Check # or Cash 9162

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

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

BUILDING PERMIT FEE \$ 460.00 CERTIFICATION FEE \$ 12.77 SURCHARGE FEE \$ 12.77

MISC. FEES \$.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ WASTE FEE \$

FLOOD ZONE DEVELOPMENT FEE \$ CULVERT FEE \$ TOTAL FEE 535.54

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."**This Permit Must Be Prominently Posted on Premises During Construction**

PLEASE NOTIFY THE COLUMBIA COUNTY BUILDING DEPARTMENT AT LEAST 24 HOURS IN ADVANCE OF EACH INSPECTION, IN ORDER THAT IT MAY BE MADE WITHOUT DELAY OR INCONVENIENCE. PHONE 758-1008. THIS PERMIT IS NOT VALID UNLESS THE WORK AUTHORIZED BY IT IS COMMENCED WITHIN 6 MONTHS AFTER ISSUANCE.

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

JENALYN MCCRAY OF OCCUPANCY

COLUMBIA COUNTY, FLORIDA

Department 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 27-4S-16-03208-202

Building permit No. 000021449

Use Classification SFD, UTILITY

Fire: 11.34

Permit Holder MIKE TODD

Waste: 24.50

Owner of Building COREY & JENALYN MCCRAY

Total: 35.84

Location: 204 SW SURREAL COURT, LAKE CITY, FL

Date: 08/05/2004

[Signature]



Building Inspector

POST IN A CONSPICUOUS PLACE
(Business Places Only)

Building Permit Application

Date 12-18-03

Application No. 185/21449
0312-48

Applicants Name & Address 129 N Colburn Ave Phone 755-438
Owners Name & Address Cory & Jennifer McCray Phone _____
Fee Simple Owners Name & Address Same as Owners Phone _____
Contractors Name & Address Same as Applicant Phone _____
Legal Description of Property S 27 T 4 S R 16 E
Location of Property 347 @ 242 1/2 mile on Left Before the Yellow House with a green roof.
Tax Parcel Identification No. 27-45-16-03208-202 Estimated Cost of Construction \$ _____
Type of Development Residential SFD Number of Existing Dwellings on Property 0
Comprehensive Plan Map Category A-3 Zoning Map Category A-3
Building Height 16'4" Number of Stories 1 Floor Area 2553 Total Acreage in Development 5.5
Distance From Property Lines (Set Backs) Front 150' 305' Side 308' 305' Rear 150' 308' Street 150'
Flood Zone X Certification Date 150 Development Permit N/A
Bonding Company Name & Address _____
Architect/Engineer Name & Address _____
Mortgage Lenders Name & Address _____

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction.

OWNERS AFFIDAVIT: I hereby certify that all the foregoing information is accurate and all work will be done in compliance with all applicable laws regulating construction and zoning.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

[Signature]
Owner or Agent (including contractor)

[Signature]
Contractor

Contractor License Number _____

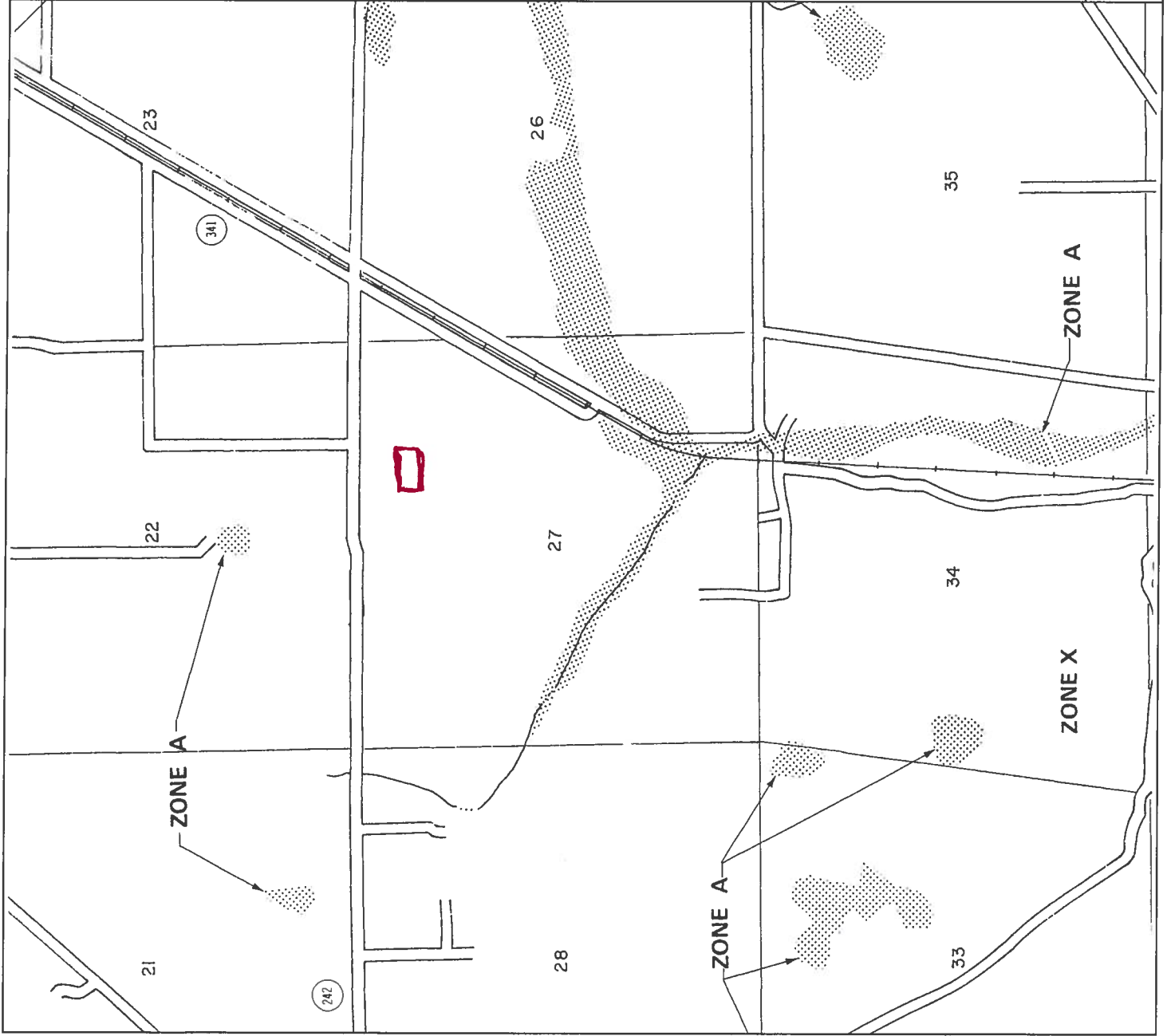
STATE OF FLORIDA
COUNTY OF COLUMBIA
Sworn to (or affirmed) and subscribed before me
his _____ day of _____ by _____

STATE OF FLORIDA
COUNTY OF COLUMBIA
Sworn to (or affirmed) and subscribed before me
this _____ day of _____ by _____

Personally Known _____ OR Produced Identification

Personally Known _____ OR Produced Identification

0312-48



NATIONAL FLOOD INSURANCE PROGRAM

FIRM
FLOOD INSURANCE RATE MAP

COLUMBIA
COUNTY,
FLORIDA
(UNINCORPORATED AREAS)

PANEL 175 OF 290

PANEL LOCATION



COMMUNITY-PANEL NUMBER

120070 0175 B

EFFECTIVE DATE:

JANUARY 6, 1988



Federal Emergency Management Agency

This is an official copy of a portion of the above referenced flood map. It was extracted using F-MIT Version 1.0. This map does not reflect changes or amendments which may have been made subsequent to the date on the title block. Further information about National Flood Insurance Program flood hazard maps is available at www.fema.gov/mf/lscd.

COLUMBIA COUNTY 9-1-1 ADDRESSING

263 NW Lake City Ave. * P. O. Box 2949 * Lake City, FL 32056-2949

PHONE: (386) 752-8787 * 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 ISSUED: 12-19-03

ENHANCED 9-1-1 ADDRESS:

204 SW Surreal CT (Lake City, FL)
32024Addressed Location 911 Phone Number: N/AOCCUPANT NAME: Jenilyn + Corey McCray.OCCUPANT CURRENT MAILING ADDRESS: PO Box 444
Lake City, FL 32056.PROPERTY APPRAISER MAP SHEET NUMBER: 47PROPERTY APPRAISER PARCEL NUMBER: 27-45-16-03208-210

Other Contact Phone Number (If any): _____

Building Permit Number (If known): _____

Remarks: NONEAddress Issued By: 

Columbia County 9-1-1 Addressing Department

THIS INSTRUMENT WAS PREPARED BY:

TERRY McDAVID 03-796
POST OFFICE BOX 1328
LAKE CITY, FL 32056-1328

RETURN TO:

TERRY McDAVID
POST OFFICE BOX 1328
LAKE CITY, FL 32056-1328

Property Appraiser's
Identification Number 27-45-16-03208-202 ←

WARRANTY DEED

THIS INDENTURE, made this 25th day of November, 2003, BETWEEN WALTER EARLY RUSSELL, who does not reside on the property, whose post office address is Route 15, Box 1208-8, Lake City, FL 32024, of the County of Columbia, State of Florida, grantor*, and COREY J. McCRAY and JENALYN S. McCRAY, Husband and Wife whose post office address is Post Office Box 444, Lake City, FL 32056, of the County of Columbia, State of Florida, grantee*.

WITNESSETH: that said grantor, for and in consideration of the sum of Ten Dollars (\$10.00), and other good and valuable considerations to said grantor in hand paid by said grantee, the receipt whereof is hereby acknowledged, has granted, bargained and sold to the said grantee, and grantee's heirs and assigns forever, the following described land, situate, lying and being in Columbia County, Florida, to-wit:

TOWNSHIP 4 SOUTH - RANGE 16 EAST

SECTION 27: A part of the NW 1/4 of the NE 1/4 of Section 27, Township 4 South, Range 16 East, more particularly described as follows: Commence at the Southeast Corner of the NW 1/4 of said NE 1/4 and run N 2°37'23"W, along the East Line thereof, 418.04 feet; thence S 87 deg. 51'50" W, 664.51 feet for a POINT OF BEGINNING; thence continue S 87°51'50"W, 664.51 feet to a point on the West line of said NE 1/4; thence N 2°29'26"W, along the West line thereof, 363.79 feet; thence N 87°51'50"E, 664.09 feet; thence S 2°33'25"E 363.79 feet to the POINT OF BEGINNING. COLUMBIA COUNTY, FLORIDA.

N.B.: Grantor reserves a non-exclusive perpetual easement for ingress, egress and utilities over and across the East 60.00 feet of the above described property.

TOGETHER WITH a non-exclusive perpetual easement for ingress, egress and utilities over and across a 60.00 foot wide parcel in the NE 1/4 of Section 27, Township 4 South, Range 16 East, more particularly described as follows: Begin at the Northeast Corner of the SW 1/4 of said NE 1/4 and run S 2°37'23"E. along the East Line

thereof, 956.41 feet; thence S 87°51'50"W, 60.00 feet; thence N 2°37'23"W, 1678.24 feet; thence S 87°51'50"W, 422.42 feet; thence N 2°37'23"W, 576.63 feet to a point on the South Right-of-Way Line of County Road 242; thence N 87°51'50"E, along said South Right-of-Way Line, 60.00 feet; thence S 2°37'23"E, 516.63 feet; thence N 87°51'50"E, 422.42 feet to a point on the East Line of the NW 1/4

of said NE 1/4; thence S 2°37'23"E, along the East Line thereof, 781.83 feet to the POINT OF BEGINNING. COLUMBIA COUNTY, FLORIDA.

SUBJECT TO: Restrictions, easements and outstanding mineral rights of record, if any, and taxes for the current year.

N.B.: The spouse with whom title to this property was acquired was continuously married to the named grantor in this deed from the time of its acquisition through the time of said spouse's death.

N.B.: Neither the Grantor nor any member of his family live or reside on the property described herein or any land adjacent thereto or claim any part thereof or any land adjacent thereto as their homestead.

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.

*"Grantor" and "grantee" are used for singular or plural, as context requires.

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

Signed, sealed and delivered
in our presence:


(Signature of First Witness)

Terry McDavid

(Typed Name of First Witness)


(Signature of Second Witness)

Crystal L. Brunner

(Typed Name of Second Witness)


(SEAL)
Grantor

WALTER EARLY RUSSELL

Printed Name

STATE OF Florida
COUNTY OF Columbia

The foregoing instrument was acknowledged before me this _____ day of November, 2003, by WALTER EARLY RUSSELL, who does not reside on the property who is personally known to me or who has produced _____ as identification and who did not take an oath.

My Commission Expires:


Notary Public

Printed, typed, or stamped name:





TOTAL P.02

THIS INSTRUMENT WAS PREPARED BY:
FIRST FEDERAL SAVINGS BANK OF FLORIDA
4705 WEST U.S. HIGHWAY 90
P.O. BOX 2029
LAKE CITY, FLORIDA 32056

Inst:2003026597 Date:12/11/2003 Time:11:37
MK DC, P. Dewitt Cason, Columbia County B:1001 P:2606

PERMIT NO. _____

TAX FOLIO NO. _____

NOTICE OF COMMENCEMENT

STATE OF FLORIDA
COUNTY OF COLUMBIA

The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

1. Description of property: **SEE EXHIBIT "A" ATTACHED HERETO**
2. General description of improvement: **Construction of Dwelling**
3. Owner information: COREY J. McCRAY and JENALYN S. McCRAY
 - a. Name and address: Post Office Box 444, Lake City, FL 32056
- b. Interest in property: **Fee Simple**
- c. Name and address of fee simple title holder (if other than Owner): **NONE**
4. Contractor (name and address): Frank A. Todd, III, Mike Todd General Contractor
135 N Colburn Street, Lake City, FL 32055
5. Surety:
 - a. Name and address: _____
 - b. Amount of bond: _____
6. Lender: **FIRST FEDERAL SAVINGS BANK OF FLORIDA**
4705 WEST U.S. HIGHWAY 90
P. O. BOX 2029
LAKE CITY, FLORIDA 32056
7. Persons within the State of Florida designated by Owner upon whom notices or other document may be served as provided by Section 713.13 (1) (a) 7., Florida Statutes: **NONE**
8. In addition to himself, Owner designates **PAULA HACKER of FIRST FEDERAL SAVINGS BANK OF FLORIDA, 4705 West U.S. Highway 90 / P. O. Box 2029, Lake City, Florida 32056** to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) (b), Florida Statutes.
9. Expiration date of notice of commencement (the expiration date is 1 year from the date of recording unless a different date is specified).

Corey J. McCray
Borrower Name

Jenelyn S. McCray
Co-Borrower Name

The foregoing instrument was acknowledged before me this 25th day of November, 2003 by COREY J. McCRAY and JENALYN S. McCRAY, Husband and Wife who is personally known to me or who has produced driver's license for identification.

Notary Public

My Commission Expires: _____

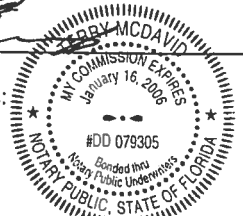


EXHIBIT "A"

TOWNSHIP 4 SOUTH - RANGE 16 EAST

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Notice of Treatment

10684

Applicator Florida Pest Control & Chemical Co.

Address 536 SE BAY AVE

City LC Phone 752 1703

Site Location Subdivision

Lot# Block# Permit# 21449

Address 27-45-16-03268-202

AREAS TREATED

Area Treated	Date	Time	Gal.	Print Technician's Name
Main Body	2/2/04	0700	432	Gunny
Patio/s #				
Stoop/s #				
Porch/s #				
Brick Veneer				
Extension Walls				
A/C Pad				
Walk/s #				
Exterior of Foundation				
Driveway Apron				
Out Building				
Tub Trap/s				
(Other)				

Name of Product Applied DUNSBARI TC 105 %

Remarks Exterior Grate not complete

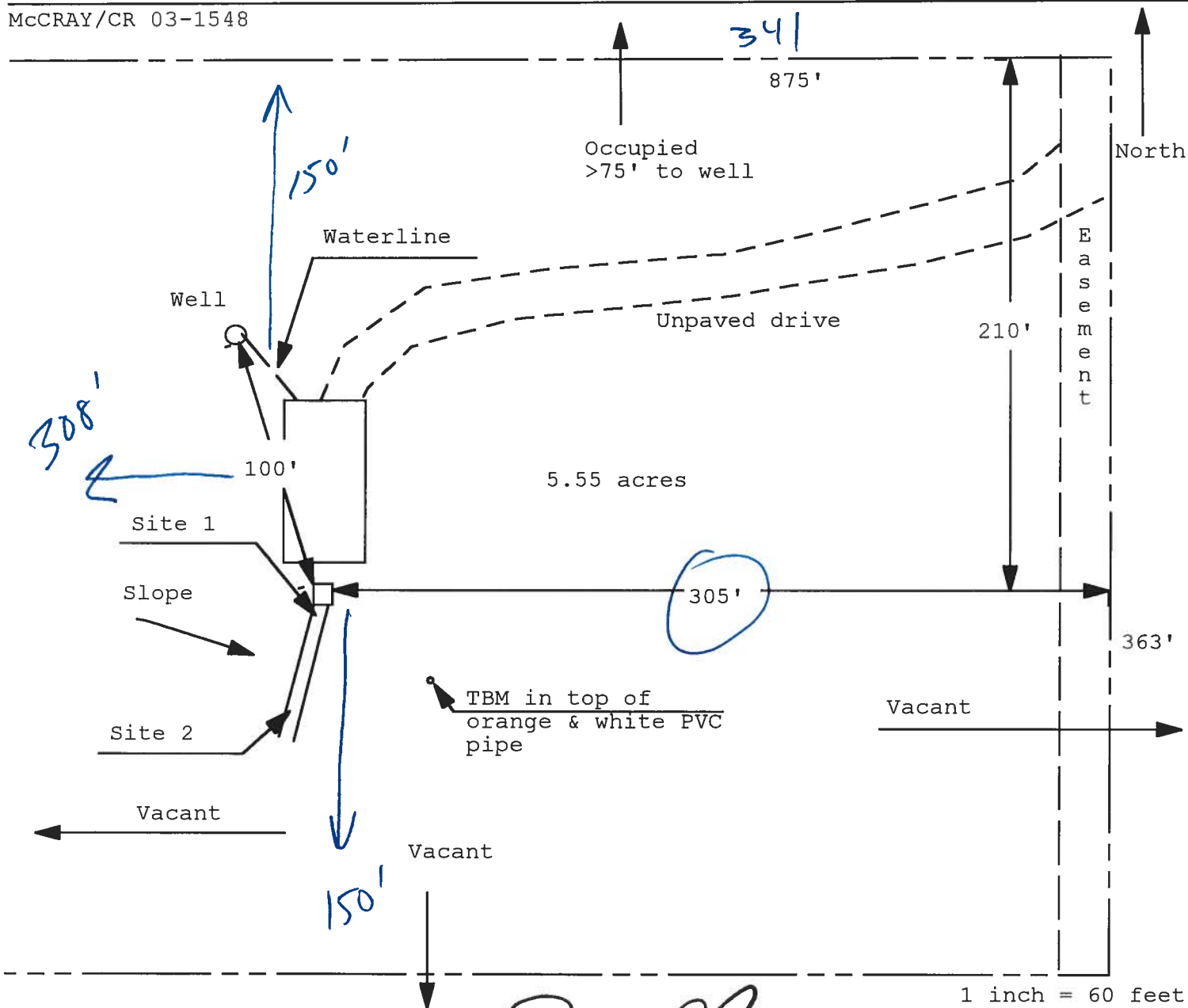
Applicator - White • Permit File - Canary • Permit Holder - Pink

Application for Onsite Sewage Disposal System Construction Permit. Part II Site Plan

Permit Application Number: 03-103010

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT

McCRAV/CR 03-1548



Site Plan Submitted By Paul Lloyd Date 11/18/03
 Plan Approved Paul Lloyd Not Approved Paul Lloyd Date 11/18/03
 By Paul Lloyd Reviewed by RTH Columbia CPHU 11/24/03 RTH
 Notes: _____



FOUNDED 1949

CORPORATE HEADQUARTERS:

P.O. BOX 5369
116 N.W. 16TH AVENUE
GAINESVILLE, FL 32602-5369

(352) 376-2661
FAX (352) 376-2791

SCIENTIFIC PEST CONTROL DIRECTED BY GRADUATE ENTOMOLOGISTS

Complete Pest Control Service
Member Florida & National Pest Control Associations

10684

Reply to: 536 SE Baya Dr
Lake City, FL 32025
Phone (386) 752-1703 Fax (386) 752-0171

TERMITE TREATMENT CERTIFICATION

Owner	Permit Number:
COREY MCCRAY	21449
Lot:	Block:
Subdivision:	Street Address:
	CR 242
City:	County:
Lake City	Columbia
General Contractor:	Area Treated:
MIKE TODD CONSTRUCTION	EXTERIOR OF FOUNDATION
Date:	Time:
07/30/04	8:00 AM
Name of applicator:	Applicator ID Number:
GARY BASS	JE113623
Product Used. Active Ingredient: % Concentration	Number of gallons used:
Dursban TC: Chlorpyrifos: 0.5%	100
Method of termite prevention treatment: Soil Treatment	

The building has received a complete treatment for the prevention of subterranean termites. Treatment is in accordance with rules and laws established by the Florida Department of Agriculture and Consumer Services.

This form is proof of complete treatment for Certificate of Occupancy or Closing.

THIS IS PROOF OF WARRANTY

Warranty and Treatment Certifications Have Been Issued.

Authorized Signature:	Date:
<i>Ruthi Schmidt</i>	<i>7-30-04</i>

BRANCHES:

• Crystal River • Daytona Beach • Ft. Walton Beach • Jacksonville South • Jacksonville West • Lake City • Milton • Ocala • Orlando • Palatka • Panama City • Pensacola • Starke • St. Augustine • Tallahassee • Winter Haven • Leesburg • Kissimmee •

ATTN: WEEGIE -
**Columbia County Building Department
Culvert Waiver**

**Culvert Waiver No.
000000185**

DATE: 01/28/2004

BUILDING PERMIT NO. 21449

APPLICANT MIKE TODD

PHONE 755-4387

ADDRESS 129 N COLBURN AVE

LAKE CITY

FL 32055

OWNER COREY & JENALYN MCCRAY

PHONE _____

ADDRESS 204 SW SURREAL COURT

LAKE CITY

FL 32024

CONTRACTOR MIKE TODD

PHONE 755-4387

LOCATION OF PROPERTY 341, TR ON 242, 1/1 MILE ON LEFT BEFORE THE YELLOW HOUSE WITH
GREEN ROOF

SUBDIVISION/LOT/BLOCK/PHASE/UNIT _____

PARCEL ID # 27-4S-16-03208-202

I HEREBY CERTIFY THAT I UNDERSTAND AND WILL FULLY COMPLY WITH THE DECISION OF THE COLUMBIA
COUNTY PUBLIC WORKS DEPARTMENT IN CONNECTION WITH THE HEREIN PROPOSED APPLICATION.

SIGNATURE: ✓ Mike Todd

A SEPARATE CHECK IS REQUIRED
MAKE CHECKS PAYABLE TO BCC

Amount Paid 50.00

PUBLIC WORKS DEPARTMENT USE ONLY

I HEREBY CERTIFY THAT I HAVE EXAMINED THIS APPLICATION AND DETERMINED THAT THE
CULVERT WAIVER IS:



APPROVED _____

NOT APPROVED - NEEDS A CULVERT PERMIT

COMMENTS: _____

SIGNED: [Signature]

DATE: 2-10-04

ANY QUESTIONS PLEASE CONTACT THE PUBLIC WORKS DEPARTMENT AT 386-752-5955.

COLUMBIA COUNTY

JAN 28 2004

PUBLIC WORKS DEPT.

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

