

**PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION**

*For Office Use Only*

(Revised 7-1-15)

Zoning Official \_\_\_\_\_

Building Official \_\_\_\_\_

AP# 43681 Date Received 10/2/19 By MG Permit # \_\_\_\_\_

Flood Zone \_\_\_\_\_ Development Permit \_\_\_\_\_ Zoning \_\_\_\_\_ Land Use Plan Map Category \_\_\_\_\_

Comments \_\_\_\_\_

FEMA Map# \_\_\_\_\_ Elevation \_\_\_\_\_ Finished Floor \_\_\_\_\_ River \_\_\_\_\_ In Floodway \_\_\_\_\_

☒ Recorded Deed or ☐ Property Appraiser PO ☒ Site Plan ☒ EH # 19-0717 ☐ Well letter OR

☒ Existing well ☒ Land Owner Affidavit ☒ Installer Authorization ☐ FW Comp. letter ☒ App Fee Paid

☐ DOT Approval ☒ Parent Parcel # 04002-000 ☐ STUP-MH \_\_\_\_\_ ☒ 911 App

☐ Ellisville Water Sys ☒ Assessment owed ☒ Out County ☐ In County ☒ Sub VF Form

Property ID # 30-65-14-D4002-030 Subdivision Hills of Ft. White Lot# 30

▪ New Mobile Home \_\_\_\_\_ Used Mobile Home ☒ MH Size 16x80 Year 2000

▪ Applicant Kelly Bishop Phone # 388-497-2311

▪ Address 548 SW Dortch St. Ft. White, FL 32038

▪ Name of Property Owner Bullard Mat. Services Phone# 941-757-6976

▪ 911 Address 368 SW Pewter Dr Ft. White FL 32038

▪ Circle the correct power company - FL Power & Light - Clay Electric  
(Circle One) - Suwannee Valley Electric - Duke Energy

▪ Name of Owner of Mobile Home Jason Wisti Phone # 941-757-4976

Address 368 SW Pewter Dr Ft. White, FL 32038

▪ Relationship to Property Owner buying the property

▪ Current Number of Dwellings on Property 0

▪ Lot Size \_\_\_\_\_ Total Acreage 10

▪ **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 47 South Right on 27 Left on Utah left on Roberts left on pewter 3RD lot on Right.

▪ Name of Licensed Dealer/Installer Brent Strickland Phone # 365-7043

▪ Installers Address 1294 Hamp Farmer Rd Lake City FL 32055

▪ License Number 1H-1104218 Installation Decal # 62768

**MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM**

APPLICATION NUMBER \_\_\_\_\_ CONTRACTOR \_\_\_\_\_ PHONE \_\_\_\_\_

**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.***

<b>ELECTRICAL</b>  <div style="color: red; font-size: 1.5em;">✓</div>  <div style="color: red; font-size: 1.5em;">1074</div>	Print Name <u>Glenn Whittington</u> License #: <u>EC-13002957</u>  Qualifier Form Attached <input checked="" type="checkbox"/>	Signature <u>Henry R Bishop</u> Phone #: <u>386-972-1700</u>
<b>MECHANICAL/ A/C</b> <div style="color: red; font-size: 1.5em;">327</div> <div style="color: red; font-size: 1.5em;">✓</div>	Print Name <u>Harry's Heating &amp; Air</u> License #: <u>PA0030316</u>  Qualifier Form Attached <input checked="" type="checkbox"/>	Signature <u>Henry R Bishop</u> Phone #: <u>386-752-2308</u>

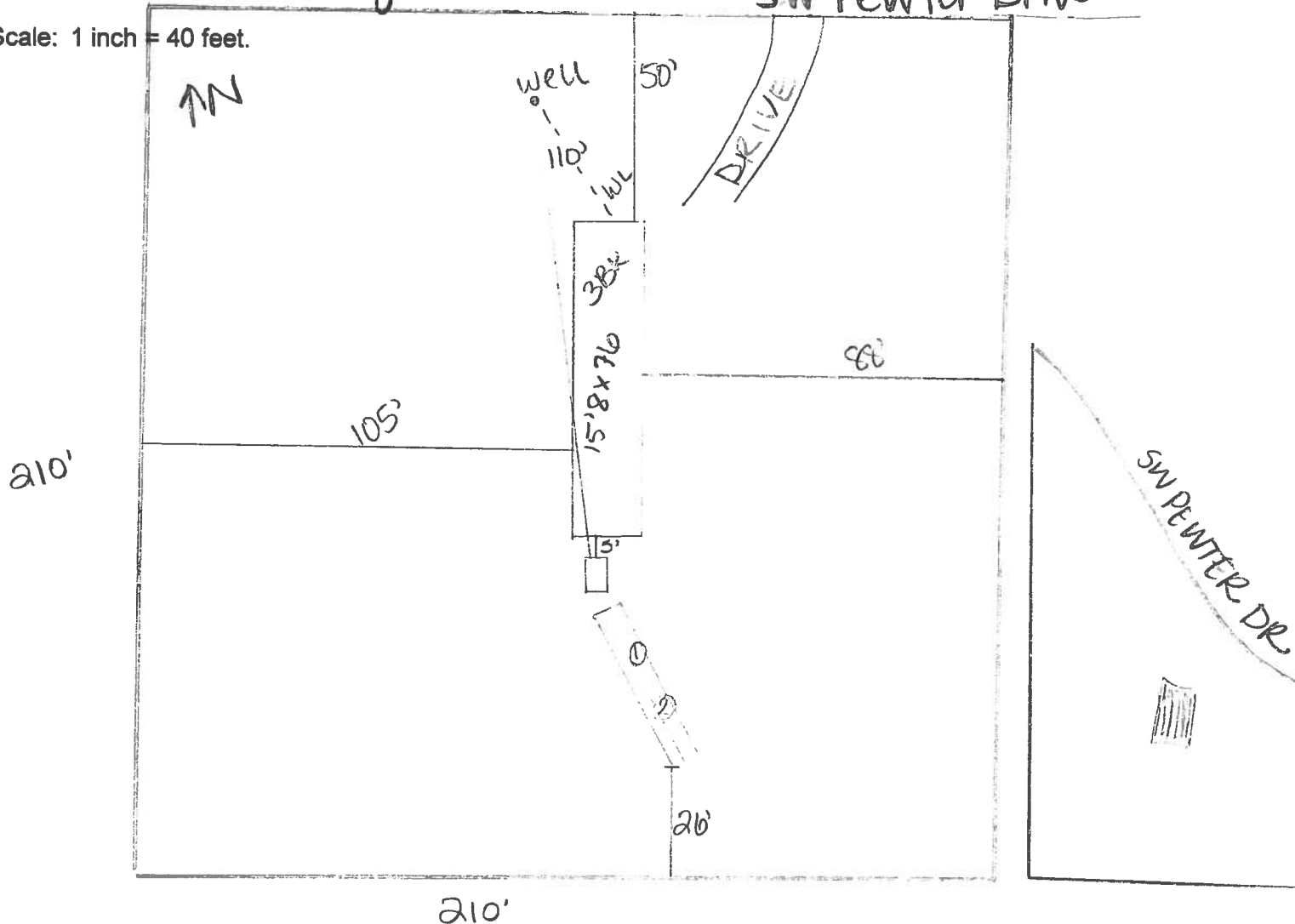
**F. S. 440.103 Building permits; identification of minimum premium policy.**--Every employer shall, as a condition to applying for and receiving a building permit, show proof and certify to the permit issuer that it has secured compensation for its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each time the employer applies for a building permit.

(Wisti)  
Buland Management

## PART II - SITEPLAN

SW-Pewter-Drive-----

↑N



**Notes:** \_\_\_\_\_

1 ACRES OF 10 #  
Site Plan submitted by: Rocky D 7 D

Plan Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

By \_\_\_\_\_ County Health Department

MASTER CONTRACTOR

Date 8/22/19

DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated: 64E-6.001, FAC  
 (Stock Number: 5744-002-4015-6)



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

I, Glenn Whittington (license holder name), licensed qualifier  
for Whittington Electric Inc. (company name), do certify that

the below referenced person(s) listed on this form is/are contracted/hired by me, the license holder, or 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 and sign permits; call for inspections and sign subcontractor verification forms on my behalf.

Printed Name of Person Authorized	Signature of Authorized Person
1. Kelly R Bishop	1. Kelly R Bishop
2.	2.
3.	3.
4.	4.
5.	5.

I, the license holder, realize that I am responsible for all permits purchased, and all work done 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 agents, 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.

Glenn Whittington  
Licensed Qualifiers Signature (Notarized)

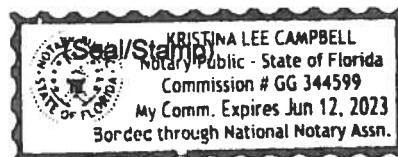
EC13002757 7/31/19  
License Number Date

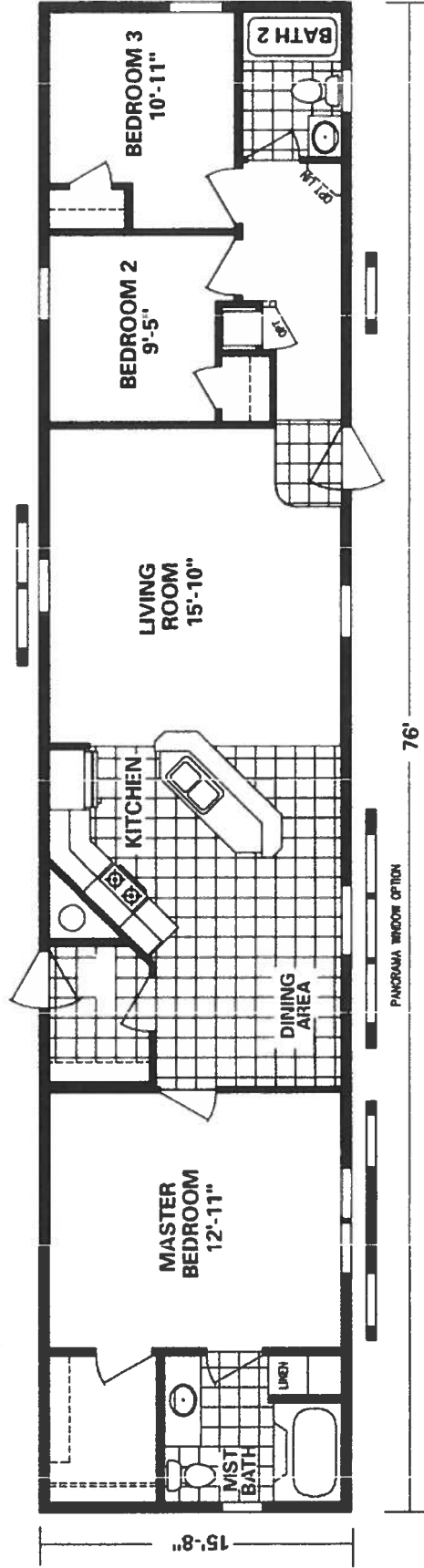
#### NOTARY INFORMATION:

STATE OF: FLA. COUNTY OF: Columbia

The above license holder, whose name is Glenn Whittington,  
personally appeared before me and is known by me or has produced identification  
(type of I.D.) FDL on this 7 day of July, 20 19.

Kristina Campbell  
NOTARY'S SIGNATURE





Bullard Management  
Services

Roddy D. 7  
8/22/19

**CODE ENFORCEMENT**  
**PRELIMINARY MOBILE HOME INSPECTION REPORT**

DATE RECEIVED \_\_\_\_\_ BY \_\_\_\_\_ IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? \_\_\_\_\_

OWNERS NAME Jason Wisti PHONE \_\_\_\_\_ CELL 941-757-6976

ADDRESS 368 SW Pewter Dr. Ft. White FL 32038

MOBILE HOME PARK \_\_\_\_\_ SUBDIVISION \_\_\_\_\_

DRIVING DIRECTIONS TO MOBILE HOME \_\_\_\_\_

MOBILE HOME INSTALLER Brent Strickland PHONE 365-7043 CELL \_\_\_\_\_

**MOBILE HOME INFORMATION**

MAKE \_\_\_\_\_ YEAR \_\_\_\_\_ SIZE \_\_\_\_\_ X \_\_\_\_\_ COLOR \_\_\_\_\_

SERIAL No. \_\_\_\_\_

WIND ZONE \_\_\_\_\_ Must be wind zone II or higher NO WIND ZONE I ALLOWED

**INSPECTION STANDARDS**

**INTERIOR:**

(P or F) - P= PASS F= FAILED

\_\_\_\_\_ SMOKE DETECTOR ( ) OPERATIONAL ( ) MISSING

\_\_\_\_\_ FLOORS ( ) SOLID ( ) WEAK ( ) HOLES DAMAGED LOCATION \_\_\_\_\_

\_\_\_\_\_ DOORS ( ) OPERABLE ( ) DAMAGED

\_\_\_\_\_ WALLS ( ) SOLID ( ) STRUCTURALLY UNSOUND

\_\_\_\_\_ WINDOWS ( ) OPERABLE ( ) INOPERABLE

\_\_\_\_\_ PLUMBING FIXTURES ( ) OPERABLE ( ) INOPERABLE ( ) MISSING

\_\_\_\_\_ 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 CONDITIONS \_\_\_\_\_

SIGNATURE \_\_\_\_\_ ID NUMBER \_\_\_\_\_ DATE \_\_\_\_\_

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

COUNTY THE MOBILE HOME IS BEING MOVED FROM \_\_\_\_\_

OWNERS NAME Jason Wisti PHONE \_\_\_\_\_ CELL 941-757-6970INSTALLER Brent Strickland PHONE 305-7043 CELL \_\_\_\_\_INSTALLERS ADDRESS 1294 Hamp Farmer Rd. Lake City FL 32055**MOBILE HOME INFORMATION**MAKE \_\_\_\_\_ YEAR 2000-2001 SIZE \_\_\_\_\_ X \_\_\_\_\_

COLOR \_\_\_\_\_ SERIAL No. \_\_\_\_\_

WIND ZONE II SMOKE DETECTOR \_\_\_\_\_INTERIOR:  
FLOORS SolidDOORS GoodWALLS GoodCABINETS SolidELECTRICAL (FIXTURES/OUTLETS) GoodEXTERIOR:  
WALLS / SIDING GoodWINDOWS GoodDOORS GoodINSTALLER: APPROVED X NOT APPROVED \_\_\_\_\_INSTALLER OR INSPECTORS PRINTED NAME Brent StricklandInstaller/Inspector Signature \_\_\_\_\_ License No. 141104218 Date \_\_\_\_\_

NOTES: \_\_\_\_\_

**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 386-758-1008 TO SET UP THIS INSPECTION. NO PERMIT WILL BE ISSUED BEFORE THIS IS DONE.**

Code Enforcement Approval Signature \_\_\_\_\_ Date \_\_\_\_\_



**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, Brent Strickland, give this authority for the job address show below  
Installer License Holder Name

only, 3188 SW Peniter Dr., 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)
Kelly Bishop	Kelly R Bishop	<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.

Brent Strickland IH1104218 9-16-19  
 License Holders Signature (Notarized) License Number Date

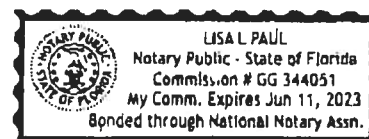
**NOTARY INFORMATION:**

STATE OF: Florida COUNTY OF: Swannee

The above license holder, whose name is Brent Strickland, personally appeared before me and is known by me or has produced identification (type of I.D.) Driver's License on this 16<sup>th</sup> day of September, 2019.

Lisa L. Paul  
 NOTARY'S SIGNATURE

(Seal/Stamp)







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

I, Harry Morley (license holder name), licensed qualifier  
for Harry's Heating & AC Inc (company name), do certify that  
the below referenced person(s) listed on this form is/are contracted/hired by me, the license  
holder, or 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 and  
sign permits; call for inspections and sign subcontractor verification forms on my behalf.

Printed Name of Person Authorized	Signature of Authorized Person
1. Kelly R Bishop	1. Kelly R Bishop
2.	2.
3.	3.
4.	4.
5.	5.

I, the license holder, realize that I am responsible for all permits purchased, and all work done  
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 agents, 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.

Harry Morley  
Licensed Qualifiers Signature (Notarized)

RA0030316  
License Number

9-17-19  
Date

NOTARY INFORMATION:

STATE OF: \_\_\_\_\_ COUNTY OF: \_\_\_\_\_

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

\_\_\_\_\_  
NOTARY'S SIGNATURE

(Seal/Stamp)



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 AGENT AUTHORIZATION

I, Brent Strickland, give this authority and I do certify that the below  
Installer's Name

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	Agents Company Name
Kelly Bishop	Kelly R Bishop	A&B Const. LLC

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.

Brent Strickland TH104218 9/16-19  
License Holders Signature (Notarized) License Number Date

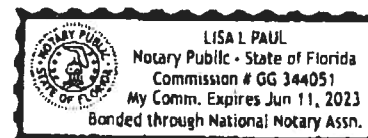
## NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Suwannee

The above license holder, whose name is Brent Strickland,  
personally appeared before me and is known by me or has produced identification  
(type of I.D.) Driver's License on this 16<sup>th</sup> day of September 20 19

Lisa L. Paul  
NOTARY'S SIGNATURE

(Seal/Stamp)

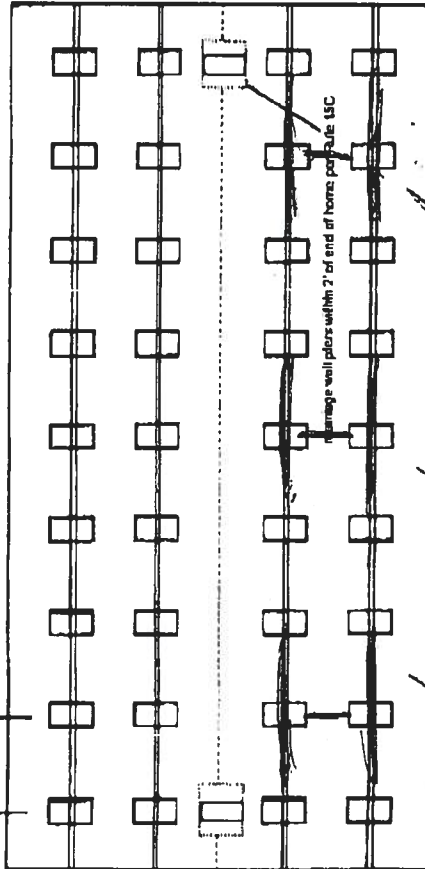
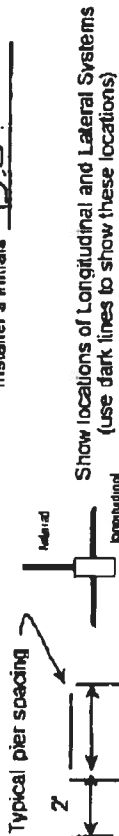


Mobile Home Permit Worksheet

Installer: Brent Strickland License # TH1104218  
 Address of home being installed: \_\_\_\_\_  
 Manufacturer: \_\_\_\_\_ Length x width: 80x16

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: B.S.



Make 1/4" oval steel or other system  
 1500# Sol /  
 I beam blocked 6' o.c. 17x25  
 AB Spades

Application Number: \_\_\_\_\_ Date: \_\_\_\_\_

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 # 62768  
 Triple/Quad ☐ Serial # GAEX-75AB36248WS21

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq ft)	15' 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'	5'	6'	7'	8'	9'
2000 psf	5'	6'	7'	8'	9'	10'
2500 psf	6'	7'	8'	9'	10'	11'
3000 psf	7'	8'	9'	10'	11'	12'
3500 psf	8'	9'	10'	11'	12'	13'

\* Interpolated from Rule 15-C-1 pier spacing table.

PIER PAD SIZES

I-beam pier pad size 17x25  
 Postmeter pier pad size 16x16  
 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 N/A Pier pad size \_\_\_\_\_

POPULAR PAD SIZES

Pad Size	Sq In
16' x 16'	256
18' x 18'	324
20' x 20'	400
22' x 22'	484
24' x 24'	576
26' x 26'	676

ANCHORS

4 ft ☒ 5 ft ☐

FRAME TIES

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

OTHER TIES

Number \_\_\_\_\_  
 Sidewall \_\_\_\_\_  
 Longitudinal \_\_\_\_\_  
 Marriage wall \_\_\_\_\_  
 Shearwall \_\_\_\_\_

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD) \_\_\_\_\_  
 Manufacturer \_\_\_\_\_  
 Longitudinal Stabilizing Device w/ Lateral Arms \_\_\_\_\_  
 Manufacturer Diver

# Mobile Home Permit Worksheet

## POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 1500 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      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 slate 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 require anchors with 4000 lb holding capacity.

Installer's initials B.S.

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Brent Strickland

Date Tested 9-16-19

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 49  
Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg 29

Application Number:     

Date:     

## Site Preparation

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

## Fastening multi-wide units

Floor: Type: Fastener:      Length:      Spacing:       
Walls: Type: Fastener:      Length:      Spacing:       
Roof: Type: Fastener:      Length:      Spacing:       
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 B.S.

Type gasket       
Pg.     

Installed:

Between Floors Yes     

Between Walls Yes     

Bottom of ridgebeam Yes     

## Weatherproofing

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

## Miscellaneous

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

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 Brent Strickland Date 9-16-19

Prepared by:  
Michael H. Harrell  
Abstract Trust Title, LLC  
283 NW Cole Terrace  
Lake City, FL 32055

ATT# 4-9176

## Warranty Deed

Individual to Individual

THIS WARRANTY DEED made the 21 day of August, 2019, by Donald R. Mayhall and His Wife, Boonrod V. Mayhall, hereinafter called the grantor, to Westridge, Inc., A Florida Corporation whose post office address is: PO Box 1432, Lake City, FL 32056 hereinafter called the grantee:

(Wherever used herein the terms "grantor" and "grantee" include all the parties to this instrument and the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporations)

Witnesseth: That the grantor, for and in consideration of the sum of \$10.00 and other valuable considerations, receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliens, remises, releases, conveys, and confirms unto the grantee, all that certain land situate in SUWANNEE County, Florida:

Lot 2, Section B, Suwannee Ranchettes, according to the map or plat thereof, as recorded in Plat Book 1, Page(s) 111, of the Public Records of Suwannee County, Florida.

Together with a 2006 FLEET Singlewide Mobile Home with VIN# GAFLX75A36248WS21.

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

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

AND the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances, except taxes accruing subsequent to the prior year.

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

Signed, sealed and delivered in our presence:

Witness:

Printed Name:

Witness:

Printed Name:

Donald R. Mayhall

Boonrod V. Mayhall

STATE OF FLORIDA  
COUNTY OF COLUMBIA

The foregoing instrument was acknowledged before me this 21 day of August, 2019 by DONALD R. MAYHALL AND HIS WIFE, BOONROD V. MAYHALL personally known to me or, if not personally known to me, who produced DL for identification and who did not take an oath.

(Notary Seal)

Notary Public



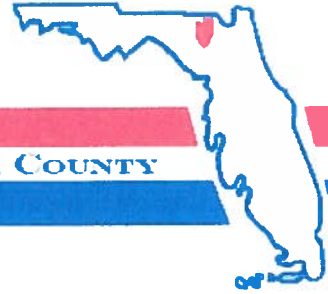
Brandi Lynn Lee  
NOTARY PUBLIC  
STATE OF FLORIDA  
Comm# GG052463  
Expires 12/5/2020

PERMANENT RP



FLORIDA

District No. 1 - Ronald Williams  
District No. 2 - Rocky Ford  
District No. 3 - Bucky Nash  
District No. 4 - Toby Witt  
District No. 5 - Tim Murphy



**BOARD OF COUNTY COMMISSIONERS • COLUMBIA COUNTY**

**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

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Date/Time Issued: **9/24/2019 5:42:59 PM**  
Address: **368 SW PEWTER Dr**  
City: **FORT WHITE**  
State: **FL**  
Zip Code **32038**

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Parcel ID **04002-000**

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REMARKS: Address Verification.

**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: **Signed:/ Matt Crews**

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Columbia County GIS/911 Addressing Coordinator

**COLUMBIA COUNTY  
911 ADDRESSING / GIS DEPARTMENT**

263 NW Lake City Ave., Lake City, FL 32055 Telephone: (386) 758-1125  
Email: [gis@columbiacountyfla.com](mailto:gis@columbiacountyfla.com)

LAND OWNER AFFIDAVIT

STATE OF FLORIDA  
COUNTY OF COLUMBIA

This is to certify that I (We), Bullard Mgmt Services Inc,  
as the owner of the below described property:

Property Tax Parcel ID Number 30-65-16-04002-000

Subdivision (Name, Lot, Block, Phase) Hills of Ft. White Lot 30

Give my permission for Jason Wisti to place a

Circle one – Mobile Home / Travel Trailer / Utility Pole Only / Single Family Home / Barn  
Shed / Garage / Culvert / Power Pole / Well / Septic / Other: \_\_\_\_\_

I (We) understand that the named person(s) above will be allowed to receive a building permit on  
the property number I (we) have listed above and this could result in an assessment for solid waste  
and fire protection services levied on this property.

[Signature]  
Owner Signature

9/24/2019  
Date

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

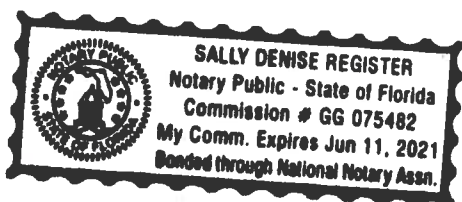
Sworn to and subscribed before me this 24<sup>th</sup> day of September, 20 19. This  
(These) person(s) are personally known to me or produced ID \_\_\_\_\_.

(Type)

Sally Denise Register  
Notary Public Signature

Sally Denise Register  
Notary Printed Name

Notary Stamp





STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number

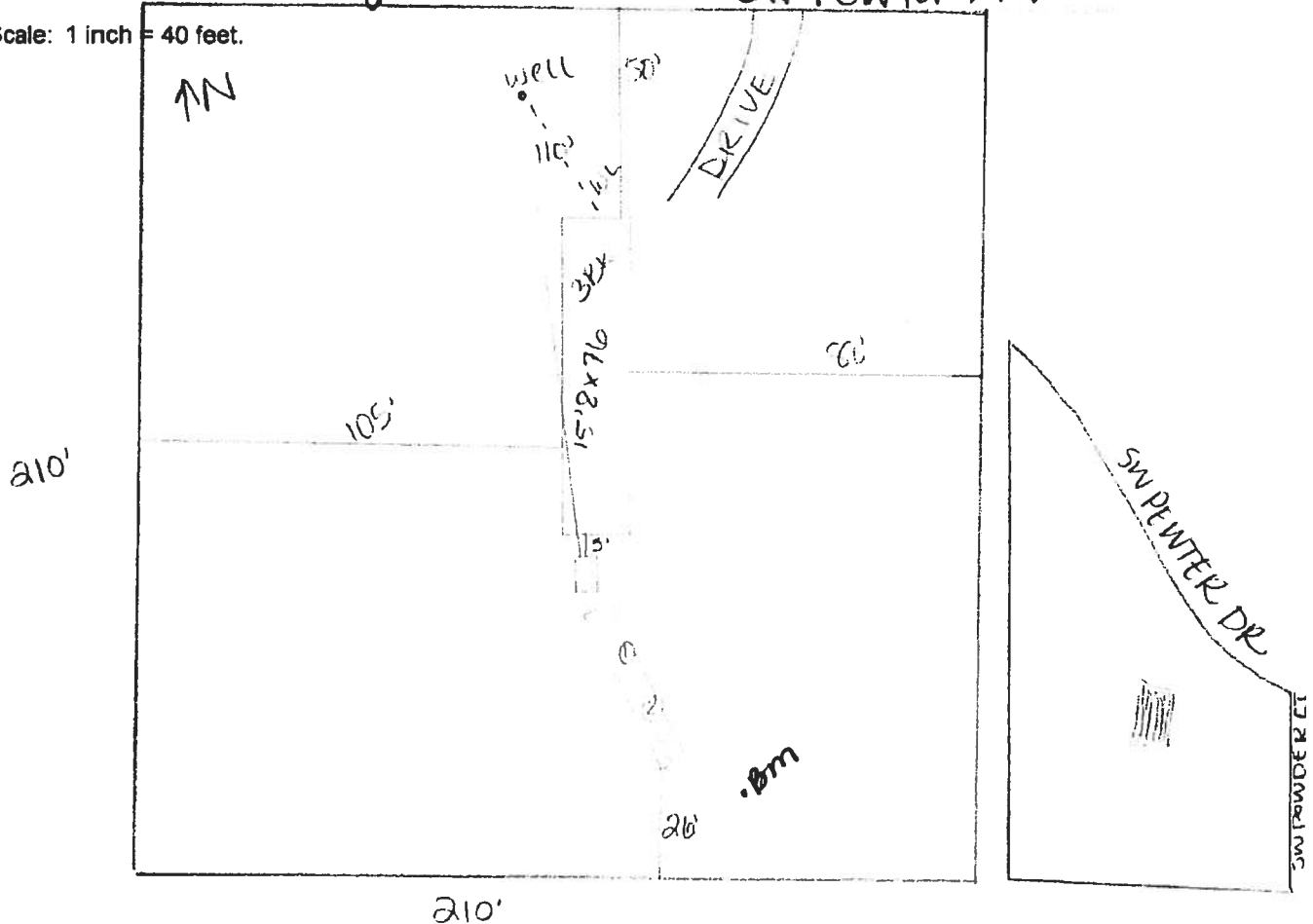
19-0717

(Wisti)  
Bullard Management

PART II - SITEPLAN

SW Pewter Drive

Scale: 1 inch = 40 feet.



Notes:

1 ACRES OF 10 #

Site Plan submitted by:

Kathy D 7-D

MASTER CONTRACTOR

Plan Approved

Not Approved

Date

8/22/19

By

Celine

County Health Department

9/28/19

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

T# 1107774884

B# 1249485

Identification Number <b>GAFLX75A36248WS21</b>	Year <b>2000</b>	Make <b>FLEET</b>	Body <b>HS</b>	WT-L-BHP <b>76'</b>	Vessel Regis. No.	Title Number <b>81098414</b>
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Registered Owner:  
**WESTRIDGE INC**  
**PO BOX 1733**  
**LAKE CITY, FL 32056**

Date of Issue **09/06/2019**

Lien Release  
Interest in the described vehicle is hereby released  
By \_\_\_\_\_  
Title \_\_\_\_\_  
Date \_\_\_\_\_

**IMPORTANT INFORMATION**

1. When ownership of the vehicle described herein is transferred, the seller MUST complete in full the Transfer of Title by Seller section at the bottom of the certificate of title.
2. Upon sale of this vehicle, the seller must complete the notice of sale on the reverse side of this form.
3. Remove your license plate from the vehicle.
4. See the web address below for more information and the appropriate forms required for the purchaser to title and register the vehicle, mobile home or vessel: <http://www.hsmv.state.fl.us/html/titlinf.html>

Mail To:  
**WESTRIDGE INC**  
**PO BOX 1733**  
**LAKE CITY, FL 32056**

# **CERTIFICATE OF TITLE**

Identification Number <b>GAFLX75A36248WS21</b>	Year <b>2000</b>	Make <b>FLEET</b>	Body <b>HS</b>	WT-L-BHP <b>76'</b>	Vessel Regis. No.	Title Number <b>81098414</b>
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Lien Release  
Interest in the described vehicle is hereby released

Prev State <b>FL</b>	Color	Primary Brand	Secondary Brand	No of Brands	Use <b>PRIVATE</b>	Prev Issue Date <b>02/14/2019</b>	By _____
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Odometer Status or Vessel Manufacturer or OH use	Engine Drive	Hull Material	Prop	Date of Issue <b>09/06/2019</b>	Date _____
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Registered Owner  
**WESTRIDGE INC**  
**PO BOX 1733**  
**LAKE CITY, FL 32056**

1st Lienholder  
**NONE**

DIVISION OF MOTORIST SERVICES

TALLAHASSEE



FLORIDA

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

*Robert R. Kynoch*

Robert R. Kynoch  
Director

Control Number **141271875**

29 /1 141271875

*Terry L. Rhodes*

Terry L. Rhodes  
Executive Director

**TRANSFER OF TITLE BY SELLER (This section must be completed at the time of sale)**

Federal and/or state law require that the seller state the mileage, purchaser's name, selling price and date sold in connection with the transfer of ownership.  
Failure to complete or providing a false statement may result in fines and/or imprisonment.  
This title is warranted to be free from any liens except as noted on the face of the certificate and the motor vehicle or vessel described is hereby transferred to:

Seller Must Enter Purchaser's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Seller Must Enter Selling Price: \_\_\_\_\_ Seller Must Enter Date Sold: \_\_\_\_\_  
I/We state that this ☐ 5 or ☐ 6 digit odometer now reads [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] (no tenths) miles, date read \_\_\_\_\_ and I hereby certify that to the best of my knowledge the odometer reading.  
☐ 1 reflects ACTUAL MILEAGE ☐ 2 is IN EXCESS OF ITS MECHANICAL LIMITS ☐ 3 is NOT THE ACTUAL MILEAGE

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.**

SELLER Must Sign Here: \_\_\_\_\_ CO-SELLER Must Sign Here: \_\_\_\_\_  
Print Here: \_\_\_\_\_ Print Here: \_\_\_\_\_

Selling Dealer's License Number \_\_\_\_\_ Tax No.: \_\_\_\_\_ Tax Collected: \_\_\_\_\_

Auction Name: \_\_\_\_\_ License Number: \_\_\_\_\_

PURCHASER Must Sign Here: \_\_\_\_\_ CO-PURCHASER Must Sign Here: \_\_\_\_\_  
Print Here: \_\_\_\_\_ Print Here: \_\_\_\_\_

**NOTICE: PENALTY IS REQUIRED BY LAW IF NOT SUBMITTED FOR TRANSFER WITHIN 30 DAYS AFTER DATE OF PURCHASE.**

**Columbia County Property Appraiser**

Jeff Hampton

**2019 Preliminary Certified Values**

updated: 8/14/2019

Parcel: << **30-6S-16-04002-000** >>

Aerial Viewer Pictometry Google Maps

**Owner & Property Info**

Result: 1 of 1

Owner	<b>BULLARD MANAGEMENT SERVICES</b> P O BOX 1432 LAKE CITY, FL 32056		
Site	547 PEWTER DR, FORT WHITE		
Description*	SE1/4 EX 6.16 AC DESC ORB 1140 -1952 IN THE NE COR. & ALSO A PARCEL LYING IN SEC 29-6S- 16 DESC AS FOLLOWS: BEG SW COR OF SEC 29, RUN E 537.18 FT, N 497.15 FT, W 481.77 FT, TO THE E LINE OF A 60 FT EASEMENT CONT W 30 FT TO CENTER LINE OF SAID EASEMENT, RUN <a href="#">more&gt;&gt;&gt;</a>		
Area	139.5 AC	S/T/R	30-6S-16
Use Code**	TIMBERLAND (005600)	Tax District	3

\*The Description above is not to be used as the Legal Description for this parcel in any legal transaction.

\*\*The Use Code is a FL Dept. of Revenue (DOR) code and is not maintained by the Property Appraiser's office. Please contact your city or county Planning & Zoning office for specific zoning information.

**Property & Assessment Values**

2018 Certified Values		2019 Preliminary Certified	
Mkt Land (1)	\$2,000	Mkt Land (3)	\$9,750
Ag Land (1)	\$33,201	Ag Land (1)	\$34,177
Building (0)	\$0	Building (0)	\$0
XFOB (0)	\$0	XFOB (6)	\$15,595
Just	\$303,971	Just	\$327,316
Class	\$35,201	Class	\$59,522
Appraised	\$35,201	Appraised	\$59,522
SOH Cap [?]	\$0	SOH Cap [?]	\$0
Assessed	\$35,201	Assessed	\$59,522
Exempt	\$0	Exempt	\$0
Total Taxable	county:\$35,201	Total Taxable	county:\$51,972
	city:\$35,201		city:\$51,972
	other:\$35,201		other:\$51,972
	school:\$35,201		school:\$59,522

**▼ Sales History**

Sale Date	Sale Price	Book/Page	Deed	V/I	Quality (Codes)	RCode
12/16/2016	\$100	<a href="#">1327/2088</a>	QC	V	U	11
1/9/2008	\$14,700	<a href="#">1140/1954</a>	WD	V	U	03
10/12/2004	\$301,000	<a href="#">1027/2995</a>	WD	V	Q	
10/9/2004	\$350,000	<a href="#">1027/2987</a>	WD	V	U	02 (Multi-Parcel Sale) - <a href="#">show</a>

**▼ Building Characteristics**

Bldg Sketch	Bldg Item	Bldg Desc*	Year Blt	Base SF	Actual SF	Bldg Value
N O N E						

**▼ Extra Features & Out Buildings (Codes)**

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
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