

# PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

**For Office Use Only** (Revised 9-22-06) Zoning Official aps 11/29/06 Building Official OK JTH 11-28-06

AP# 0611-56 Date Received 11/27/06 By LT Permit # 25462

Flood Zone X Development Permit N/A Zoning A-3 Land Use Plan Map Category A-3

Comments panel 255 14.9 special family lot permit

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

☒ Site Plan with Setbacks Shown ☒ EH Signed Site Plan ☐ EH Release ☒ Well letter ☐ Existing well

☒ Copy of Recorded Deed or Affidavit from land owner ☐ Letter of Authorization from installer

☒ State Road Access ☐ Parent Parcel # \_\_\_\_\_ ☐ STUP-MH \_\_\_\_\_

Property ID # 29-65-16-03669-022 Subdivision \_\_\_\_\_

- New Mobile Home \_\_\_\_\_ Used Mobile Home ☒ Year 1997
- Applicant Al Pinson Phone # 352-258-5888
- Address 3131 N 183 PL Gainesville FL 32609
- Name of Property Owner Geri Hansford Phone# 352-328-4671
- 911 Address 341 SW Rolling Glen Ft. White, FL 32038
- Circle the correct power company - FL Power & Light - Clay Electric  
(Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home Geri Berry Hansford Phone # (352) 495-5555
- Address 17225 SW 46th Ave Archer R 32618
- Relationship to Property Owner N/A
- Current Number of Dwellings on Property 0
- Lot Size 1/4 acre Total Acreage .59 acre
- 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 (owes)
- Driving Directions to the Property 471 SOUTH TO SW 46 Ave - left 1st left  
47 SOUTH - TR 27, TR Centerville, FL Rolling Glen, to end on R
- Name of Licensed Dealer/Installer Al Pinson Phone # 352 258 5888
- Installers Address 3131 N R 183 PL GAINESVILLE FL 32609
- License Number 0000019 Installation Decal # 273479

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

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

OWNERS NAME \_\_\_\_\_ PHONE \_\_\_\_\_ CELL \_\_\_\_\_

INSTALLER Al Pinson PHONE 352 258 5888 CELL \_\_\_\_\_

INSTALLERS ADDRESS 3131 NE 183rd

**MOBILE HOME INFORMATION**

MAKE \_\_\_\_\_ YEAR 1997 SIZE \_\_\_\_\_ X \_\_\_\_\_

COLOR \_\_\_\_\_ SERIAL No. 29031

WIND ZONE ✓ SMOKE DETECTOR yes

**INTERIOR:**  
FLOORS good

DOORS good

WALLS good

CABINETS good

ELECTRICAL (FIXTURES/OUTLETS) All There

**EXTERIOR:**  
WALLS / SIDING good

WINDOWS good

DOORS good

**STATUS:**  
APPROVED ✓ NOT APPROVED \_\_\_\_\_

NOTES: Home in good condition

INSTALLER OR INSPECTORS PRINTED NAME Al Pinson

Installer/Inspector Signature [Signature] License No. CC000019 Date 11/16/09

**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 386-719-2038 TO SET UP THIS INSPECTION. NO PERMIT WILL BE ISSUED BEFORE THIS IS DONE.**

PERMIT NUMBER

Installer Al Pinson License # 000019

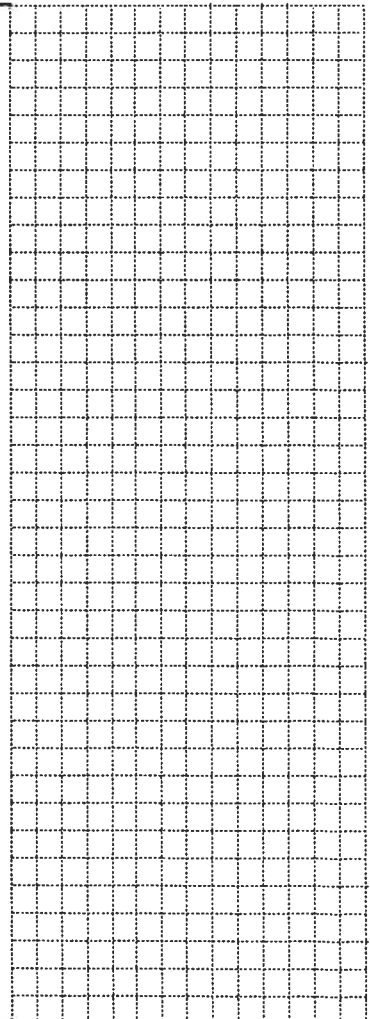
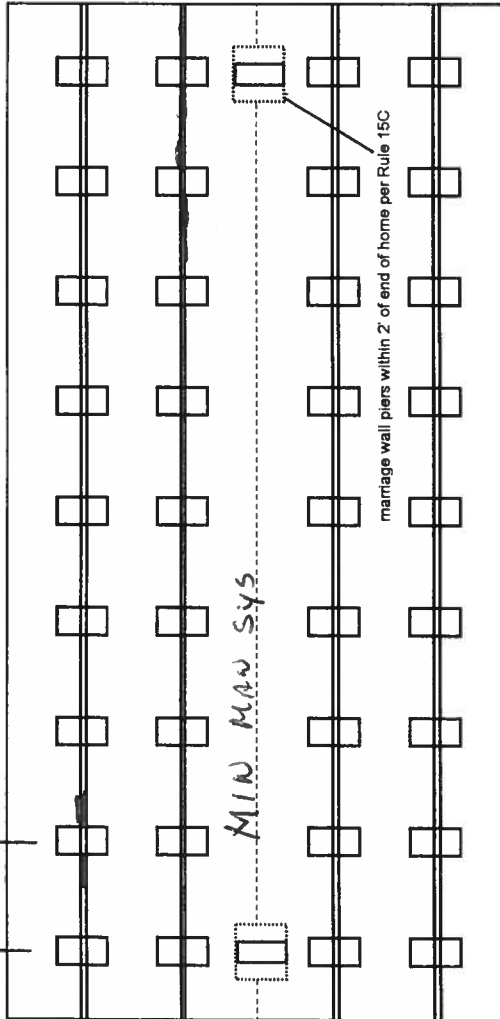
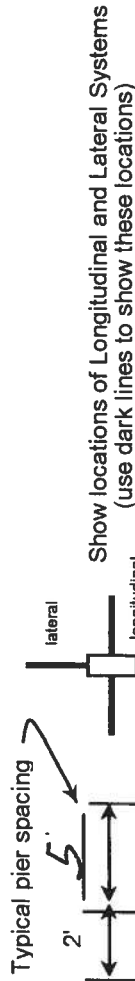
Address of home being installed \_\_\_\_\_

Manufacturer Fleetwood Length x width 76 x 16

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 AP



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 # 273479  
Triple/Quad ☐ Serial # 29031

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'	3'	4'	5'	6'	7'	8'
1500 psf	4' 6"	4' 6"	6'	7'	8'	8'	8'
2000 psf	6'	6'	8'	8'	8'	8'	8'
2500 psf	7' 6"	7' 6"	8'	8'	8'	8'	8'
3000 psf	8'	8'	8'	8'	8'	8'	8'
3500 psf	8'	8'	8'	8'	8'	8'	8'

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

PIER PAD SIZES

I-beam pier pad size 20 x 20  
Perimeter pier pad size 16 x 16  
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 \_\_\_\_\_

ANCHORS

4 ft 5 ft

FRAME TIES

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

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)  
Manufacturer MIN MAN SYS  
Longitudinal Stabilizing Device w/ Lateral Arms  
Manufacturer \_\_\_\_\_

OTHER TIES

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

Number 20002012

PERMIT NUMBER

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 1500 psf or check here to declare 1000 lb. soil without testing.

x 1900 x 1800 x 1750

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 1900 x 2000 x 1800

TORQUE PROBE TEST

The results of the torque probe test is 290 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.

Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Al Pwson

Date Tested

11-16-06

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

Part

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

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 2 No  
Dryer vent installed outside of skirting. Yes N/A  
Range downflow vent installed outside of skirting. Yes  
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

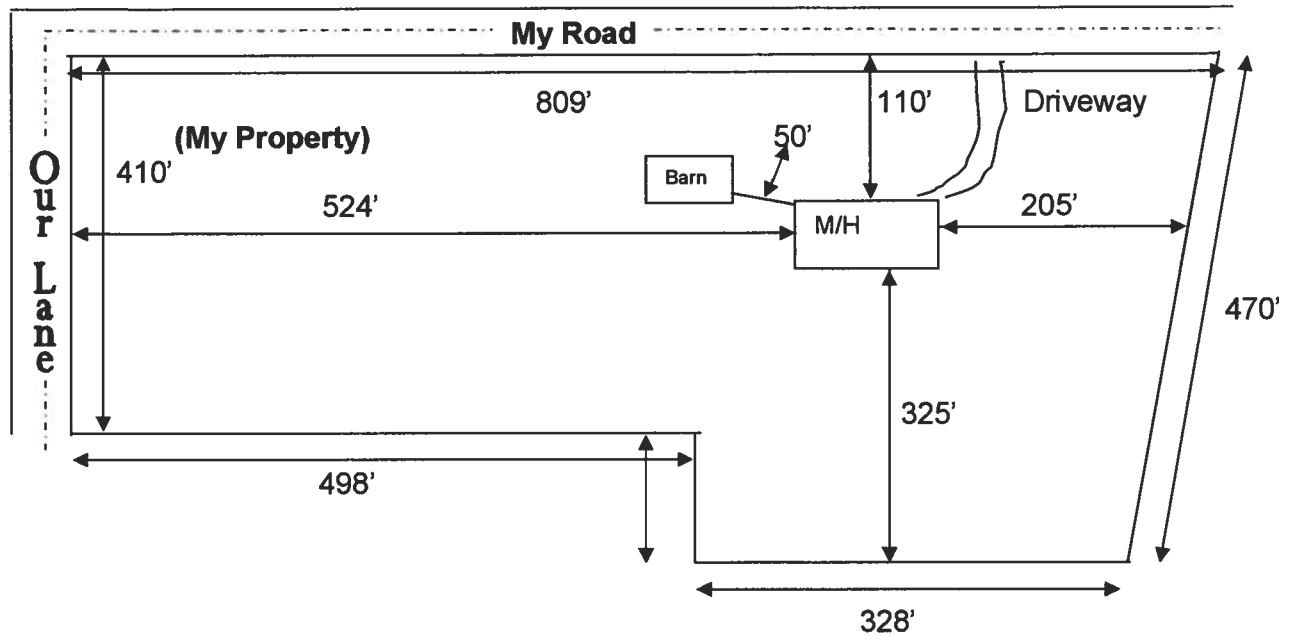
manufacturer's installation instructions and or Rule 15C-1 & 2

Installer Signature

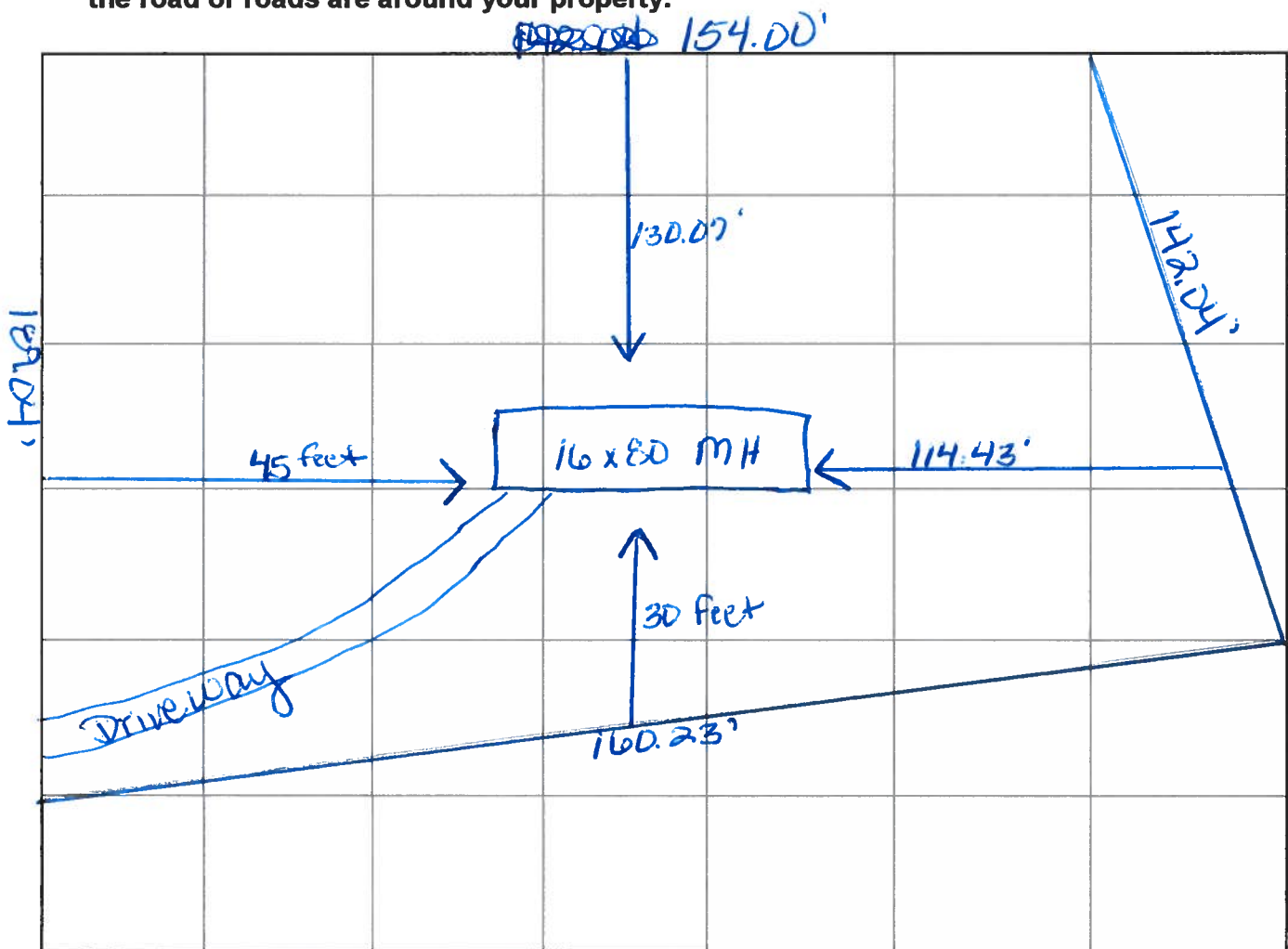
Date

11/16/06

# SITE PLAN EXAMPLE / WORKSHEET



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 road or roads are around your property.



**COLUMBIA COUNTY, FLORIDA  
LAND DEVELOPMENT REGULATION ADMINISTRATOR  
SPECIAL FAMILY LOT PERMIT APPLICATION**

A special family lot permit may be issued by the Land Development Regulation Administrator on land zoned Agricultural or Environmentally Sensitive Area within these land development regulations, for the purpose of conveying a lot or parcel to an individual who is the parent, grandparent, sibling, child or adopted child or grandchild of the person who conveyed the parcel to said individual, not to exceed two (2) dwelling units per one (1) acre and the lot complies with all other conditions from permitting development as set forth in these land development regulations. This provision is intended to promote the perpetuation of the family homestead in rural areas by making it possible for family members to reside on lots, which exceed maximum density for such areas, provided that the lot complies with the following conditions for permitting:

1. The division of lots shall be by recorded separate deed and meet all other applicable land development regulations; and
2. The lot split or subdivision is for the establishment of a homestead of that relative and the lot so conveyed is at least one-half (1/2) acre in size and the remaining lot is at least one-half (1/2) acre in size; and
3. The family lot permit shall only be issued once for each relative of the parent tract owner. However, for purposes of this provision, if a lot is permitted under this provision to a daughter, for example, and was to be returned to the ownership of the owner of the parent tract, then the original use of this provision to provide the lot to the daughter shall not be counted as one of the one permitted per relative.
4. The lot complies with all other conditions for permitting and development as set forth in these land development regulations.

- 
1. Name of Recipient Relative (Applicant) Geeri Hansford 03969-016  
Address 339 SW Rolling Glen City Fort White Zip Code 32038  
Phone (352) 498-5555
2. Name of Title Holder(s) Dayna M. Clifford & Steven M. Clifford  
Address 339 SW Rolling Glen City Fort White Zip Code 32038  
Phone (352) 497-1640
3. Recipient's Relationship to Title Holder mother
4. Size of Property .59 Acres
5. Tax Parcel ID# 26-69-16-03969-028 (Attach a Copy of the Deed)

**No permit will be issued unless the deed is properly recorded in the Clerk of the Courts Office.**

I (we) hereby certify that all of the above statements and the statements contained in any papers or plans submitted herewith are true and correct to the best of my (our) knowledge and belief.

Applicants Name (Print or Type) Dayna M. Clifford

[Signature]  
Applicant Signature

10/27/06  
Date

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**OFFICIAL USE**

Current Land Use Classification \_\_\_\_\_ Current Zoning District \_\_\_\_\_  
\_\_\_\_\_ Approved \_\_\_\_\_ Denial = Reason \_\_\_\_\_





STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
ON-SITE SEWAGE TREATMENT AND DISPOSAL SYSTEM  
CONSTRUCTION PERMIT

PERMIT NO. 06-0861N  
DATE PAID: 9-26-06  
FEE PAID: 215.00  
RECEIPT #: 5860926038

## CONSTRUCTION PERMIT FOR:

☒ New System    ☐ Existing System    ☐ Holding Tank    ☐ Innovative  
☐ Repair    ☐ Abandonment    ☐ Temporary    ☐

APPLICANT: Clifford, Steven & DaynaPROPERTY ADDRESS: SW Rolling Glen, Fort WhiteLOT: na BLOCK: na SUBDIVISION: na

[SECTION, TOWNSHIP, RANGE, PARCEL NUMBER]  
[OR TAX ID NUMBER]

PROPERTY ID #: 29-6S-16-03969-016

SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF SECTION 381.0065, F.S., AND CHAPTER 64E-6, F.A.C. DEPARTMENT APPROVAL OF SYSTEM DOES NOT GUARANTEE SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN MATERIAL FACTS, WHICH SERVED AS A BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT TO MODIFY THE PERMIT APPLICATION. SUCH MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE NULL AND VOID. ISSUANCE OF THIS PERMIT DOES NOT EXEMPT THE APPLICANT FROM COMPLIANCE WITH OTHER FEDERAL, STATE, OR LOCAL PERMITTING REQUIRED FOR DEVELOPMENT OF THIS PROPERTY.

## SYSTEM DESIGN AND SPECIFICATIONS

T 900 ] GALLONS / GPD SEPTIC TANK/AEROBIC UNIT CAPACITY    MULTI-CHAMBERED/IN-SERIES ☐  
A [    ] GALLONS / GPD    CAPACITY    MULTI-CHAMBERED/IN-SERIES ☐  
N [    ] GALLONS GREASE INTERCEPTOR CAPACITY    [MINIMUM CAPACITY SINGLE TANK: 1250 GALLONS]  
K [    ] GALLONS DOSING TANK CAPACITY    [    ] GALLONS @ [    ] DOSES PER 24 HRS # PUMPS ☐

D 334 ] SQUARE FEET PRIMARY DRAINFIELD SYSTEM  
R [    ] SQUARE FEET    SYSTEM

A TYPE SYSTEM: ☒ STANDARD ☐ FILLED ☐ ROUND ☐I CONFIGURATION: ☒ TRENCH ☐ BED ☐

N

F LOCATION OF BENCHMARK: OAK NI ELEVATION OF PROPOSED SYSTEM SITE 12 ] [INCHES/FT] [ABOVE/BELOW] BENCHMARK/REFERENCE POINTE BOTTOM OF DRAINFIELD TO BE 42 ] [INCHES/FT] [ABOVE/BELOW] BENCHMARK/REFERENCE POINT

L

D FILL REQUIRED: NA ] INCHES EXCAVATION REQUIRED: NA ] INCHES

O

T

H

E

R

SPECIFICATIONS BY: Michael D. [Signature] TITLE: MASTER CONTRACTORAPPROVED BY: [Signature] TITLE: Env Manager Columbia CHDDATE ISSUED: 9/27/06EXPIRATION DATE: 3/27/08

DH 4016, 10/97 (Previous Editions May Be Used)

Page 3



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

PERMIT NO. 06-0861N  
DATE PAID: 9-26-06  
FEE PAID: 215.00  
RECEIPT #: 5060926038

## APPLICATION FOR:

☒ New System ☐ Existing System ☐ Holding Tank ☐ Innovative  
☐ Repair ☐ Abandonment ☐ Temporary ☐

APPLICANT: Clifford, Steven & DaynaAGENT: ROCKY FORD, A & B CONSTRUCTIONTELEPHONE: 386-497-2311MAILING ADDRESS: P.O. BOX 39 FT. WHITE, FL, 32038

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3)(m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

## PROPERTY INFORMATION

LOT: na BLOCK: na SUB: na PLATTED: NAPROPERTY ID #: 29-6S-16-03969-016 ZONING: A-1 I/M OR EQUIVALENT: ☐ Y ☒ NPROPERTY SIZE: 5 ACRES WATER SUPPLY: ☒ PRIVATE ☐ PUBLIC ☐ ≤2000GPD ☐ >2000GPDIS SEWER AVAILABLE AS PER 381.0065, FSP ☐ Y ☒ N DISTANCE TO SEWER:      FTPROPERTY ADDRESS: SW Rolling Glen, Fort White

DIRECTIONS TO PROPERTY: 47 South. TL on US 27, TL on Centerville, TL on  
Rollin Glen, To end on right

## BUILDING INFORMATION

☒ RESIDENTIAL ☐ COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	SW Mobile Home	3	1216	300 GPD
2				
3				

☒ Floor/Equipment Drains ☒ Other (Specify)     SIGNATURE: Rocky FordDATE: 9/22/2006

ENTERED  
9-26-06

RECEIVED  
9-26-06

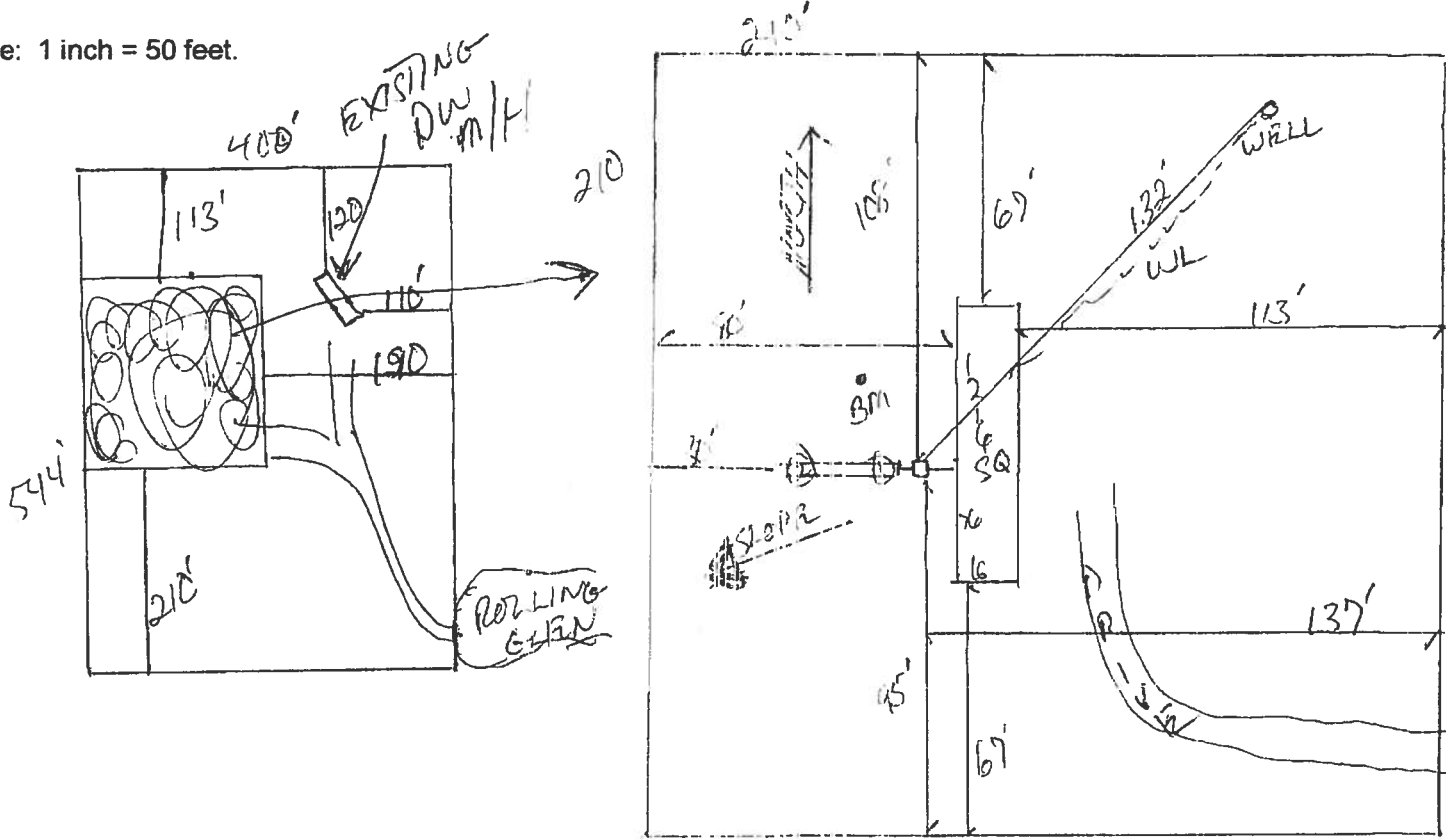


**STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT**

Permit Application Number 06-08611

----- PART II - SITEPLAN -----

Scale: 1 inch = 50 feet.



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

1 of 5 Acres

Site Plan submitted by: \_\_\_\_\_

Plan Approved ✓

Not Approved: \_\_\_\_\_

**MASTER CONTRACTOR**

Date 9/27/06

By Tom O'm

Columbia

County Health Department

**ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT**



STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM  
CONSTRUCTION INSPECTION AND FINAL APPROVAL

CENTRAX #: 12-SC-08622  
DATE PAID: 9-26-06  
FEE PAID: 215.00  
RECEIPT: 5060926038  
OSTDSNBR: 06-0861-N

1178090

APPLICANT: Clifford, Steven & Dayna AGENT: 96-0476,

PROPERTY STREET ADDRESS: SW Rolling Glen Fort White FL 32083

LOT: NA BLOCK: NA SUBDIVISION: Not Applicable  
[Section/Township/Range/Parcel No.]  
PROPERTY ID #: 29-6S-16-03969-016 [OR TAX ID NUMBER]

CHECKED [X] ITEMS ARE NOT IN COMPLIANCE WITH CHAPTER 64E-6, FLORIDA ADMINISTRATIVE CODE.

TANK INSTALLATION		SETBACKS	
[ ] [01] TANK SIZE [1] <u>900</u> [2] <u>NA</u>		[ ] [27] SURFACE WATER <u>NA</u>	
[ ] [02] TANK MATERIAL <u>PRECAST</u>		[ ] [28] DITCHES <u>NA</u>	
[ ] [03] OUTLET DEVICE		[ ] [29] PRIVATE WELLS <u>100'</u>	
[ ] [04] MULTI-CHAMBERS		[ ] [30] PUBLIC WELLS <u>NA</u>	
[ ] [05] LEGEND <u>34-07-09 DS,</u>		[ ] [31] IRRIGATION WELLS <u>NA</u>	
[ ] [06] WATERTIGHT <u>PSI</u>		[ ] [32] POTABLE WATER LINES	
[ ] [07] LEVEL		[ ] [33] BUILDING FOUNDATION	
[ ] [08] DEPTH OF LID		[ ] [34] PROPERTY LINES <u>30'</u>	
		[ ] [35] OTHER <u>NA</u>	
DRAINFIELD INSTALLATION		FILLED/MOUND SYSTEM	
[ ] [09] AREA [1] <u>340</u> [2] <u>NA</u> SQFT		[ ] [36] DRAINFIELD COVER	
[ ] [10] DISTRIBUTION BOX/HEADER <u>3 (30 30)</u>		[ ] [37] SHOULDERS <u>NA</u>	
[ ] [11] NUMBER OF DRAINLINES		[ ] [38] SLOPES	
[ ] [12] DRAINLINE SEPARATION <u>25</u>		[ ] [39] STABILIZATION MATERIAL	
[ ] [13] DRAINLINE SLOPE			
[ ] [14] DEPTH OF COVER <u>42" b-1 BM</u>		ADDITIONAL INFORMATION	
[ ] [15] SYSTEM ELEVATION		[ ] [40] UNOBSTRUCTED AREA	
[ ] [16] SYSTEM LOCATION		[ ] [41] STORMWATER RUNOFF	
[ ] [17] DOSING PUMPS <u>NA</u>		[ ] [42] ALARMS <u>NA</u>	
[ ] [18] AGGREGATE SIZE		[ ] [43] MAINTENANCE AGREEMENT	
[ ] [19] AGGREGATE SOURCE <u>NA</u>		[ ] [44] BUILDING AREA	
[ ] [20] AGGREGATE WASHED		[ ] [45] PLUMBING FIXTURES <u>plumb</u>	
[ ] [21] AGGREGATE DEPTH		[ ] [46] FINAL SITE GRADING	
		[ ] [47] CONTRACTOR <u>AKB 10/10/06 2:00</u>	
		[ ] [48] OTHER	
FILL/EXCAVATION MATERIAL		ABANDONMENT	
[ ] [22] FILL AMOUNT		[ ] [49] TANK PUMPED <u>NA</u>	
[ ] [23] FILL TEXTURE <u>NA</u>		[ ] [50] TANK CRUSHED AND FILLED	
[ ] [24] EXCAVATION DEPTH			
[ ] [25] EXCAVATION AREA			
[ ] [26] REPLACEMENT MATERIAL			

EXPLANATION OF VIOLATIONS:

E2 Flow  
120314

HOLD FOR 32, 33, 911

CONSTRUCTION [ APPROVE/DISAPPROVE ]

Columbia

CHD Date:

FINAL SYSTEM [ APPROVE/DISAPPROVE ]

Columbia

CHD Date:

**NORTH FLORIDA WATER SYSTEMS, INC.**

11814 NW 202 STREET  
ALACHUA, FLORIDA 32615

(386) 462-PUMP (7867)

(386) 454-PUMP (7867)

www.northfloridawatersystems.com

PHONE

352-235-4060

DATE

9/11/06

NAME

Dayna Crawford

ADDRESS

SW Rolling Glenn (339)

FT White 32038

QTY.	DESCRIPTION	PRICE	AMOUNT
1	SERVICE CALL		95 00
1	1hp Control Box/Wire		140 00
1	Pressure Switch & Gage		60 00
1	AIR Volume Control Valve		45 00
1	Check & Snifter Valve		45 00
1	3/4" hose bibb		10 00
1	BALL Valve & PVC Fittings		15 00
	This well is very Able		
	to handle enough water		
	for 2 mobile homes.		
	It is a 1hp pump giving		
	about 20 gpm		
	Robert C. Mullan		
	Thank you can anytime		
	454-7867 (pump)		
		TAX	
RECEIVED BY		TOTAL	410 00

5% INTEREST WILL BE CHARGED  
AFTER 30 DAYS.

**THANK YOU**

Above Space Reserved for Recording

[If required by your jurisdiction, list above the name & address of: 1) where to return this form; 2) preparer; 3) party requesting recording.]

# Quitclaim Deed-Florida

Date of this Document: October 6, 2006

Reference Number of Any Related Documents:

Grantor:

Name Steven M. Clifford and  
Dayna M. Clifford,  
husband and wife  
Street Address 339 SW Rolling Glen  
City/State/Zip Fort White, FL. 32038

Grantee:

Name Geri F. Hansford,  
mother  
Street Address 17225 SW 46 Avenue  
City/State/Zip Archer, FL. 32618

Inst:2006023924 Date:10/06/2006 Time:11:25

Doc Stamp-Deed : 0.70

J.P. DC, P. Dewitt Cason, Columbia County B:1098 P:963

Abbreviated Legal Description (i.e., lot, block, plat or section, township, range, quarter/quarter or unit, building and condo name): Township 6 South, Range 16 East

Assessor's Property Tax Parcel/Account Number(s): 29-6S-16-03969-028

**THIS QUITCLAIM DEED**, made this 6th day of October, 2006, by first party, Grantor, Steven M. Clifford and Dayna M. Clifford, husband and wife, whose post office address is 339 SW Rolling Glen, Fort White, FL. 32038, to second party, Grantee, Geri F. Hansford, mother, whose post office address is 17225 SW 46 Avenue, Archer, FL. 32618.

**WITNESSETH:** That Grantor, for and in consideration of the sum of ten Dollars (\$10.00) paid to Grantor by Grantee, the receipt whereof is hereby acknowledged, has remised, released and quitclaimed unto Grantee and Grantee's heirs and assigns forever, all the right, title, interest and claim which the said first party has in and to the following described parcel of land, and improvements and appurtenances thereto in the County of Columbia, State of Florida, to wit:

SEE ATTACHED EXHIBIT "A"

**TOGETHER WITH:**

**SUBJECT** to said property to not be sold to another party. Upon moving off property or the death of Geri F. Hansford, said property shall revert back to Grantor, Steven M. Clifford and Dayna M. Clifford, husband and wife.

And Grantor does hereby fully warrant the title to the said land, and shall defend the same against the lawful claims of all persons whomsoever.

Appraiser's Parcel Identification Number: 29-6S-16-03969-028 .

Social Security Number of Grantee: .

IN WITNESS WHEREOF, The said first party has signed and sealed these presents the day and year first above written. Signed, sealed and delivered in the presence of:

Signature of Witness:

*J Smith*

Print Name of Witness:

J Smith (Jeanene)

Signature of Witness:

*Edmund G. Beard*

Print Name of Witness:

Edmund G. Beard

Signature of Grantor:

*Steven M. Clifford*

Print Name of Grantor:

Steven M. Clifford

Signature of Grantor:

*Dayna M. Clifford*

Print Name of Grantor:

Dayna M. Clifford

Signature of Preparer:

Print Name of Preparer:

Dayna M. Clifford

Address of  
Preparer:

339 SW Rolling Glen, Fort White, FL 32038

State of: Florida

County of: Alachua

On Oct 6, 2006 before me, Lydia K Griffeth, appeared Steven M. Clifford and Dayna M. Clifford, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature of Notary:

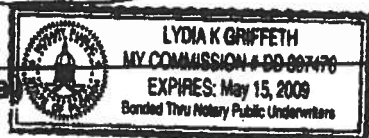
*Lydia K Griffeth*

Affiant:  
Type of  
ID:

Known

Produced ID

(Seal)



Inst:2006023924 Date:10/06/2006 Time:11:25

Doc Stamp-Deed : 0.70

DC, P. DeWitt Cason, Columbia County B:1098 P:964

**EXHIBIT "A"**

COMMENCE AT THE SOUTHEAST CORNER OF THE SW ¼ OF THE NE ¼ OF SECTION 29, TOWNSHIP 6 SOUTH, RANGE 16 EAST, COLUMBIA COUNTY, FLORIDA; THENCE RUN NORTH 01 DEG. 17'18" W, ALONG THE EAST LINE OF SAID SW ¼ OF THE NE ¼, A DISTANCE OF 468.74 FEET; THENCE S 87 DEG. 42'44" W, 399.83 FEET; THENCE N 01 DEG. 17'18" W, 233.91 FEET TO THE POINT OF BEGINNING; THENCE CONTINUE N 01 DEG. 17'18" W, 154.00 FEET; THENCE N 87 DEG. 42'44" E, 142.04 FEET; THENCE S 18 DEG 20'36" E, 160.23 FEET; THENCE S 87DEG. 42'44" W, 189.04 FEET TO THE POINT OF BEGINNING.

Inst:2006023924 Date:10/06/2006 Time:11:25

Doc Stamp-Deed : 0.70

\_\_\_\_\_, P. Dewitt Cason, Columbia County B:1098 P:965



AFFIDAVIT OF SUBDIVIDED REAL PROPERTY  
FOR USE OF IMMEDIATE FAMILY MEMBERS  
FOR PRIMARY RESIDENCE

STATE OF FLORIDA  
COUNTY OF COLUMBIA

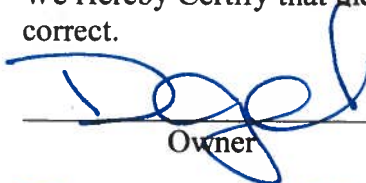
BEFORE ME the undersigned Notary Public personally appeared.


Danya Clifford, the Owner of the parent tract which has been subdivided for immediate family primary residence use, hereinafter the Owner, and Geri Hansford, the family member of the Owner, who is the owner of the family parcel which is intended for immediate family primary residence use, hereafter the Family Member, and is related to the Owner as mother, and both individuals being first duly sworn according to law, depose and say:

1. Both the Owner and the Family Member have personal knowledge of all matters set forth in this Affidavit.
2. The Owner holds fee simple title to certain real property situated in Columbia County, and more particularly described by reference to the Columbia county Property Appraiser Tax Parcel No. 29-65-16-03969-016 HK
3. The Owner has divided his parent parcel for use of immediate family members for their primary residence and the parcel divided and the remaining parent parcel are at least ½ acre in size. Immediate family is defined as grandparent, parent, step-parent, adopted parent, sibling, child, step-child, adopted child or grandchild.
4. The Family Member is a member of the Owner's immediate family, as set forth above, and holds fee simple title to certain real property divided from the Owner's parcel situated in Columbia County and more particularly described by reference to the Columbia County Property Appraiser Tax Parcel No. 26-65-16-03969-028.
5. No person or entity other than the Owner and Family Member claims or is presently entitled to the right of possession or is in possession of the property, and there are no tenancies, leases or other occupancies that affect the Property.
6. This Affidavit is made for the specific purpose of inducing Columbia County to recognize a family division for a family member on the parcel divided in accordance with Section 14.9 of the Columbia County Land Development Regulations.

7. This Affidavit is made and given by Affiants 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.

We Hereby Certify that the information contained in this Affidavit are true and correct.

  
\_\_\_\_\_  
Owner  
Dayna Griffeth  
Typed or Printed Name

  
\_\_\_\_\_  
Family Member  
Geri Hansford  
Typed or Printed Name

Subscribed and sworn to (or affirmed) before me this 10 day of November, 2006, by Dayna Griffeth (Owner) who is personally known to me or has produced Personally known as identification.

  
\_\_\_\_\_  
Notary Public



Subscribed and sworn to (or affirmed) before me this 10 day of November, 2006, by Geri Hansford (Family Member) who is personally known to me or has produced personally known as identification.

  
\_\_\_\_\_  
Notary Public



# 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: 11/14/2006      DATE ISSUED: 11/16/2006

### ENHANCED 9-1-1 ADDRESS:

341      SW      ROLLING      GLN  
FORT WHITE      FL      32038

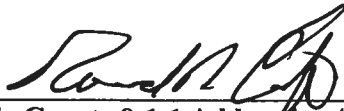
### PROPERTY APPRAISER PARCEL NUMBER:

29-6S-16-03669-022

### Remarks:

NEW PARCEL NUMBER

Address Issued By: \_\_\_\_\_



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.**

490

COLUMBIA COUNTY  
9-1-1 ADDRESSING  
APPROVED

# Columbia County Property Appraiser

DB Last Updated: 11/20/2006

## 2007 Proposed Values

Parcel: 29-6S-16-03969-016 HX

Tax Record

Property Card

Interactive GIS Map

Print

### Owner & Property Info

Search Result: 1 of 1

<b>Owner's Name</b>	CLIFFORD STEVEN M & DAYNA M		
<b>Site Address</b>	ROLLING		
<b>Mailing Address</b>	339 SW ROLLING GLEN FT WHITE, FL 32038		
<b>Use Desc. (code)</b>	MOBILE HOM (000200)		
<b>Neighborhood</b>	29616.00	<b>Tax District</b>	3
<b>UD Codes</b>	MKTA02	<b>Market Area</b>	02
<b>Total Land Area</b>	4.400 ACRES		
<b>Description</b>	COMM SE COR OF SW1/4 OF NE1/4, RUN N 468.74 FT FOR POB, RUN W 400 FT, N 544.50 FT, E 400 FT TO E LINE OF SW1/4 OF NE1/4, S 544.50 FT TO POB. ORB 779-1114, 814-062, 816-1557, 962-286,		

### GIS Aerial



### Property & Assessment Values

<b>Mkt Land Value</b>	cnt: (2)	\$39,400.00
<b>Ag Land Value</b>	cnt: (0)	\$0.00
<b>Building Value</b>	cnt: (1)	\$5,855.00
<b>XFOB Value</b>	cnt: (1)	\$200.00
<b>Total Appraised Value</b>		\$45,455.00

<b>Just Value</b>		\$45,455.00
<b>Class Value</b>		\$0.00
<b>Assessed Value</b>		\$29,695.00
<b>Exempt Value</b>	(code: HX)	\$25,000.00
<b>Total Taxable Value</b>		\$4,695.00

### Sales History

Sale Date	Book/Page	Inst. Type	Sale Vlmp	Sale Qual	Sale RCode	Sale Price
9/6/2002	962/286	WD	I	Q		\$35,000.00
1/22/1996	816/1557	WD	I	Q		\$27,200.00
10/23/1995	814/62	QC	I	U	01	\$27,300.00

### Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	MOBILE HME (000800)	1973	Average (05)	1200	1200	\$5,855.00
<b>Note:</b> All S.F. calculations are based on exterior building dimensions.						

### Extra Features & Out Buildings

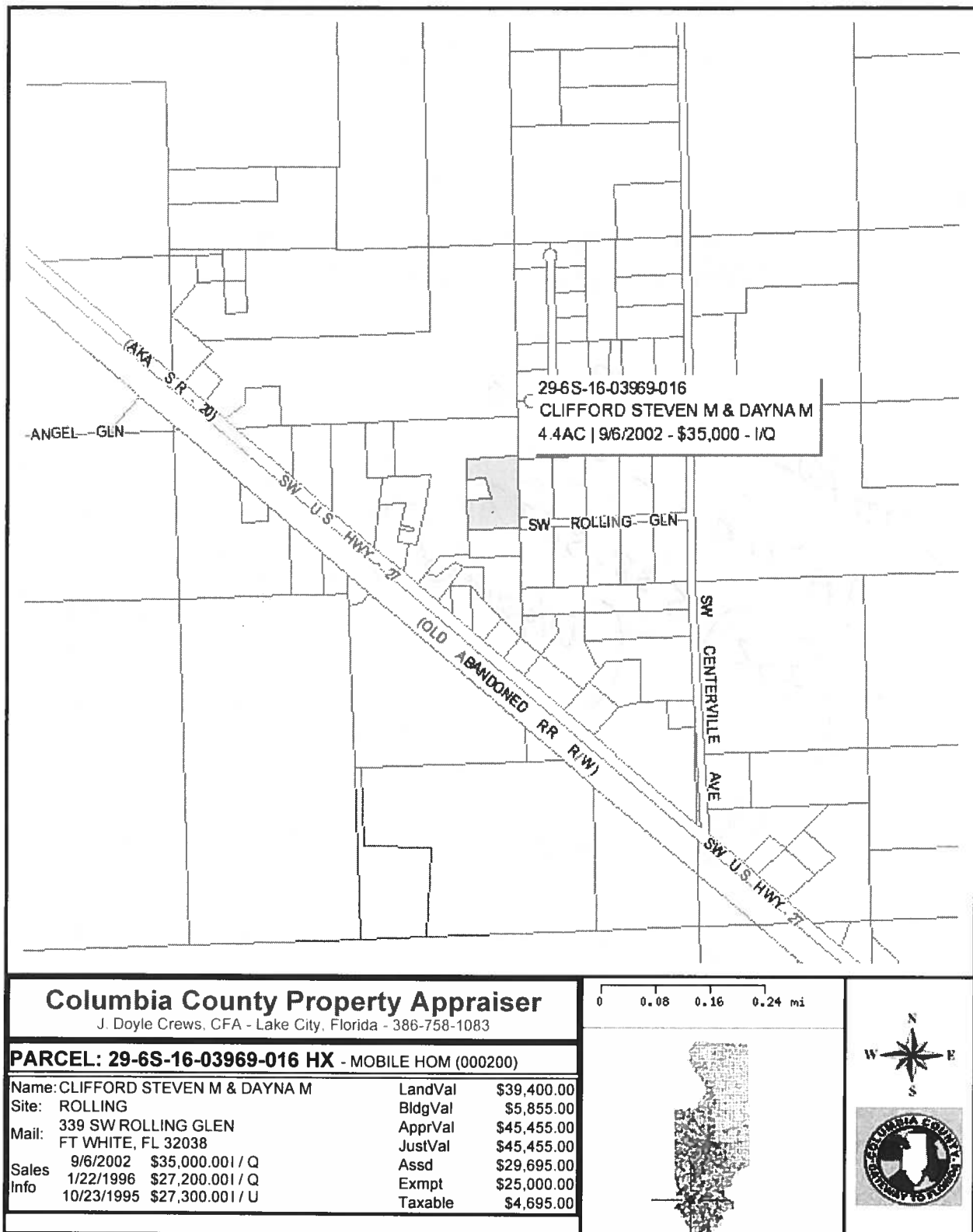
Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0294	SHED WOOD/	1993	\$200.00	1.000	0 x 0 x 0	(.00)

### Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
000200	MBL HM (MKT)	4.400 AC	1.00/1.00/1.00/1.00	\$8,500.00	\$37,400.00
009945	WELL/SEPT (MKT)	1.000 UT - (.000AC)	1.00/1.00/1.00/1.00	\$2,000.00	\$2,000.00

Columbia County Property Appraiser

DB Last Updated: 11/20/2006



This information, GIS Map Updated: 11/20/2006, 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.

I, ALLEN PINSON, ALLOW GERI HANSFORD TO  
PULL ALL NECESSARY PERMITS FOR A MOBILE  
HOME.

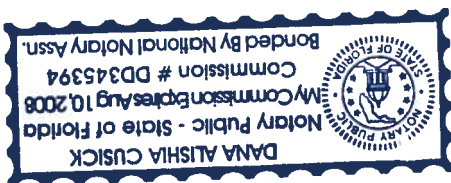


ALLEN PINSON

SWORN TO ME ON THIS 2 DAY OF  
Jan 2006.



NOTARY PUBLIC





**PRELIMINARY MOBILE HOME INSPECTION REPORT**

DATE RECEIVED 1-25-07 BY LH IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? Yes  
 OWNERS NAME Beri Hansford PHONE \_\_\_\_\_ CELL 352-328-4671  
 ADDRESS 341 SW Rolling Glen, Ft. White FL 32038 / Sister 352-258-5780  
 MOBILE HOME PARK \_\_\_\_\_ SUBDIVISION Earl 352-258-5890  
 DRIVING DIRECTIONS TO MOBILE HOME 47 S, R. 27, (R) Centerville, 1st Road  
@ Rolling Glen go (L) TO end see white m/H

MOBILE HOME INSTALLER Al Pinson PHONE \_\_\_\_\_ CELL \_\_\_\_\_

**MOBILE HOME INFORMATION**

MAKE Fleetwood YEAR 98 SIZE 16 X 80 COLOR White  
 SERIAL No. 29031

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

**INTERIOR:**

**INSPECTION STANDARDS**

(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

*out of C. form in  
the permit packet*

**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 REINSPECTION FOR FOLLOWING CONDITIONS: \_\_\_\_\_

SIGNATURE Dan [Signature] ID NUMBER 306 DATE 1-25-07