I wand to becord Afridavit

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

	For Office Use Only (Revised 7-1-15) Zoning Official Building Official Permit # 39560
	AP# 1910 Date Received 45/60 By 64 Permit # 37() 65() Flood Zone Development Permit Zoning Land Use Plan Map Category
	Comments $\frac{20 \text{ Mg}}{2000}$ $\frac{20 \text{ Comments}}{2000}$
	BCC Weetry Applo
	FEMA Map# Elevation Finished Floor River In Floodway
	Recorded Deed or Property Appraiser PO A Site Plan EH# 20 - 0181 Well letter OR
	BEXISTING WEIL Land Owner Affidavit Installer Authorization FW Comp. letter App Fee Pale En App
Ī	DOT Approval Parent Parcel # STUP-MH 911 App
	□ Ellisville Water Sys □ Assessment Paid on Property □ Out County □ In County Sub VF Form
P	roperty ID # 9-75-16-04160-001 Subdivision Lot#
•	New Mobile Home Used Mobile Home MH Size 76 ×16 Year 20 ×0
	Applicant Jeff Hardel Phone # 352-949-0592
•	Address 6450 NUNCH CHEFINE FC32626
	Name of Property Owner Michael Jun Bing Phone# 352317 8128
	911 Address 677 SW Magellan Ct, Fort White, fc 32038
n	Circle the correct power company - FL Power & Light - Clay Electric
	(Circle One) - <u>Suwannee Valley Electric</u> - <u>Duke Energy</u>
	Name of Owner of Mobile Home Michael Bing Phone # 3523128/78
_	Address 607 SW Mas ella Ct
	Relationship to Property Owner
	Current Number of Dwellings on Property $arphi$
	Lot Size 6/ X 265 Total Acreage 4,03
	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
•	Driving Directions to the Property 915 fast F-# ONTR
	or Spar 7/Ron Magallan C+ around curve Letonlest
.	Name of Licensed Dealer/Installer Chistoflar Oliv Phone # 904 334 4359
4	Installers Address 272 SECT 184 Stark FL 32091
•	License Number 4H1025395 Installation Decal # 648/2

jethartechergaol.com

	Installer Submit the originals with the packet. Installer Christe play Olin License # ## ## ## ## ## ## ## ## ## ## ## ##	
within 2' of end of home spaced at 5' 4" oc INTEDOWN COMPONENTS Longitudinal Stabilizing Device (LSD) Manufacturer Longitudinal Stabilizing Device w/ Lateral Arms Marriage wall Shearwall Shearwall	Used Home Janu facturer's Installation Manual coordance with Rule 15-C Wind Zone II X Wind Zone I 4 4 4 5 5 6 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	page 1 of 2

COLUMBIA COUNTY PERMIT WORKSHEET

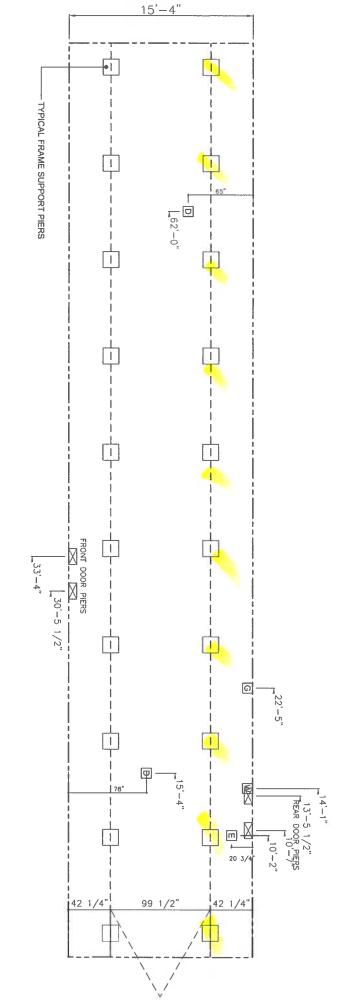
page 2 of 2

Connect all sewer drains to an existing sewer tap or septic tank. Pg.	Source. This includes the bollowing who between management of the personal sources. I go	 Electrical	Installer Name Christa Ass olin Date Tested 2-17-76	ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER	anchors are allowed at the sloewall locations. I understand on 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	Note: A state approved lateral arm system is being used and 4 ft.	TORQUE PROBE TEST The results of the torque probe test is 325 inch pounds or check here if you are declaring 5' anchors without testing 4'. A test showing 275 inch pounds or less will require 5 foot anchors.	x 1500 X 1500 X 1500	 Using 500 lb. increments, take the lowest reading and round down to that increment. 	ל. ומאל וופ ובמטוויט מניוום מסטיי טי מוס יסטימי.	U ;	X L200 X L200	are 1000 ib. soil without teamily.	unded do	DOOKST BENETROMETER TEST
	Installer verifies all information given with this permit worksheet	Officer	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	Miscellaneous	The bottomboard will be repaired and/or taped. Yes P.g P.g Siding on units is installed to manufacturer's specifications. Yes Fireplace chimney installed so as not to allow intrusion of rain water. Yes	Weatherproofing	Type gasket Installed: Installed: Installed: Postalled: Postal	a result of a poorly installed or no gasket being installed. Indicerstand a strip of tape will not serve as a gasket.	0.0	Gasket (weatherproofing requirement)	Roof: Type Fastener: Length: Spating: Spating: Roof: Type Fastener: Length: Spating: Spating: For used homes a min 30 gauge, 8" wide garvanized metal strip will be centered over the peak of the roof and fastened with galv. roofing nails at 2" or center on both sides of the centerline.	Type Fastener: Langth: Space	Fastening multi wide units	Debris and organic material removed Water drainage: Natural Swale Pad X Other	Site Preparation

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

Installer Signature

SIDEWALL OPENING PIER LOAD *FOR 30 Ib & 40 Ib ROOF LOAD REFER TO TABLES 7 & 7a IN THE INSTALLATION MANUAL 20 lb ROOF LOAD 16' BOX WIDTH 1244 1413 REQUIRED PIER LOAD (LBS) 1581 SIDEWALL OPENING (FT) 1750 2088 2425 0



NOTES:

SERVICE DROP LEGEND

REFER TO TABLES 6 AND 8a IN THE INSTALLATION MANUAL FOR LOAD ON FRAME PIER FOOTINGS FOR HOMES THAT DO NOT REQUIRE PERIMETER BLOCKING, REFER TO TABLES 7 AND 7a IN THE INSTALLATION MANUAL FOR LOAD DETERMINE FOOTING SIZE FOR ALL PIERS. PERIMETER BLOCKING. REFER TO TABLES 10 AND 10a TO ON FRAME PIER FOOTINGS FOR HOMES THAT REQUIRE

2 REFER TO TABLE 9 FOR PIER CONFIGURATION AND MAXIMUM ALLOWABLE HEIGHTS, CROSS REFERENCE THE PIER HEIGHT WITH THE MAXIMUM ALLOWABLE FLOOR HEIGHT LISTED IN THE FRAME TIEDOWN CHARTS (TABLE 18, 19, AND 20).

G = GAS INLET D = DWV PLUMBING DROP W ≈ WATER INLET E = ELECTRICAL DROP

THE MAXIMUM SPACING FOR FRAME SUPPORT PIERS FOR 8" I-BEAMS IS 8 FEET, 10" & 12" I-BEAMS IS 10 FEET. SERVICE DROP LOCATIONS IDENTIFIED ARE

APPROXIMATE.

Ò

= PIER MAIN BEAM

PIER LEGEND

= PIER PERIMETER

■ = PIER PORCH/RECESSED ENTRY

FLOOR WIDTH SHOWN IS FOR STANDARD PRODUCT ONLY. CONTACT THE MFG FACILITY FOR SPECIFICATIONS OF OPTIONS ORDERED.

N/A SO.FT. (W/OPT. PORCH/RECESS "CONDITIONED" 1,165 SO.FT. (STD PLAN "CONDITIONED" Date: 2.19.19 Scale: N.T.S. Model #: TRU | 6763A TRU-5007-76-3

16' x 76' TRU+

Piers

REV: 3/20/2019 8:45:11 AM, HuitingJ

Columbia County Property Appraiser 2020 Working Values Parcel: << 09-7\$-16-04160-001 >> Aerial Viewer **Pictometery** Google Maps Owner & Property Info 2019 © 2016 2010 2005 Sales 2013 Result: 1 of 1 **BING MICHAEL JWAN** Owner 607 SW MAGELLAN CT FORT WHITE, FL 32038 Site FORT WHITE COMM NE COR OF SEC, W 795.49 FT FOR POB, S 661.60 FT, W 265.13 FT, N 661.64 FT TO N LINE OF SEC, E 265.13 FT TO POB. 333-355, QC 1190-747, DC 1248- 2739, QC 1394-2609 Description' 4.03 AC S/T/R Area 09-78-16 Use Code** VACANT (000000) Tax District 3 *The Description above is not to be used as the Legal Description for this parcel in any legal transaction. **The <u>Use Code</u> 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 Property & Assessment Values 2019 Certified Values 2020 Working Values There are no 2019 Certified Values \$23,974 Mkt Land (1) for this parcel Ag Land (0) \$0 Building (0) \$0 XFOB (0) \$0 Just \$23,974 Class \$0 Appraised \$23,974 SOH Cap [?] \$0 Assessed \$23,974 Exempt \$0 county:\$23,974 Total city:\$23,974 Taxable other:\$23,974 school:\$23,974 Sales History Sale Date Sale Price Book/Page Deed V/I **RCode** Quality Codes) 9/19/2019 \$100 1394/2609 QC ٧ 11 Building Characteristics **Bldg Sketch** Bldg Item Year Blt Base SF Bldg Desc* **Actual SF** Bldg Value NONE ▼ Extra Features & Out Buildings (Codes) Year Blt Code Desc Value Units Dims Condition (% Good) NONE Land Breakdown **Land Code** Units Desc Adjustments Eff Rate Land Value 000000 4.030 AC 1.00/1.00 1.00/1.00 VAC RES (MKT) \$5,949 \$23,974

Search Result: 1 of 1

Columbia County Property Appraiser | Jeff Hampton | Lake City, Florida | 386-758-1083

by: Gri

Return to:

Walter Bell, P.A. 343 E. Duval St., Ste. 101 Lake City, Florida 32055

This Instrument Prepared by Walter Rell. P.A. 343 E. Duval St., Ste. 101 Lake City, Florida 32055

Tax Parcel Identification Number

09-7\$-16-04160-000 HX SX

Space Above This Line for Processing Data

Inst 201012003514 Date:3/8/2010 Time:1:32 PM

Space Above This Line for Recording

THIS QUIT-CLAIM DEED, Executed this 18 th day of Jeliusa 2010. by Essie D. Mosley, a single woman, whose address is P.O. Box 42, Ft. While, FL 32038, hereinafter called the first party; to Essie D. Mosley, and Brenda L. Williams, a married woman, whose address is P.O. Box 389, Ft. White, FL 32038, as Joint Tenants with rights of survivorship, of the County of Columbia, State of Florida, hereinafter called the second party:

WITNESSETH, that the said first party, for and in consideration of the sum of love and affection, and other good and valuable considerations, in hand paid by the said second party, receipt whereof is hereby acknowledged, does hereby remises, releases, and quit-claim unto said second party forever, all the right, title, interest, claim, and demand which the said first party has in and to the following described lot, piece or parcel of land, situate, lying and being in the Columbia County, State of Florida, to-wit:

N % of NE % of NE % of Section 9, Township 7 South, Range 16 East, containing 20 acres, more or less.

N.B.: This is Grantor's homestead. Grantor is the aunt of the Grantee, and the consideration for this deed is care, love and affection. Grantor further directs that Grantee shall not sell or transfer title, except to her natural or adopted children.

TO HAVE AND TO HOLD the same together with all and singular the appurtenances thereunto belonging or in anywise appertaining, and all the estate, right, title, interest, lien, equity and claim whatsoever of the said first party, either in law or equity, to the only proper use, benefit and behoof of the said second party forever.

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:

Printed Name

STATE OF Flan COUNTY OF (

P.O. Box 42

Ft. White, FL 32038

JOYCE P. TUNSIL Comm# DD0820823 Expires 9/8/2012 Florida Notary Asan., Inc

I HEREBY CERTIFY, that on this day, before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared Essie D. Mosley, known to me to be the persons described in and who executed the foregoing instrument, who acknowledged before me that he executed the same, that I relied upon the following forms of identification of the above named persons feeto walky An oath (was) (was not) taken.

MINESS my hand and official scal in the County and State last aforesaid this Isthe day of

_, A.D. 2010.

Commission Expiration Date



Columbia County Property Appraiser Jeff Hampton | Lake City, Florida | 388-758-1083

PARCEL: 09-7S-16-04160-001 | VACANT (000000) | 4.03 AC

COMM NE COR OF SEC, W 795.49 FT FOR POB, S 661 60 FT, W 265.13 FT, N 681.64 FT TO N LINE OF SEC, E 265.13 FT TO POB. 333-355, QC 1190-747, DC 1248-27

BING MICHAEL JWAN 2020 Working Values Owner: 607 SW MAGELLAN CT FORT WHITE, FL 32038 Mkt Lnd \$23,974 Appraised \$23,974 \$23,974 Ag Lnd \$0 Assessed . FORT WHITE Site: Blda \$0 Exempt \$0 Sales \$100 V(U) 9/19/2019 **XFOB** \$0 county:\$23,974 Info city:\$23,974 other:\$23,974 Total Just \$23,974 Taxable school:\$23,974



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 Appraisar's office.

Grizzly Logic.com



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, Christopher Ohn give this authority and I do certify that the below installers Name						
referenced person(s) listed on ti	his form is/are under my direct su	pervision and control and				
is/are authorized to purchase pe	ermits, call for inspections and sig	n on my behalf.				
Printed Name of Authorized Person	Signature of Authorized Person	Agents Company Name				
Jeffrey Hardee	Ith Harden					
Holly Bruant	V					
. 0						
	l am responsible for all permits presponsible for compliance with a					
	nsing Board has the power and au	·				
	by him/her or by his/her authorized	_				
document and that I have full responsibility for compliance granted by issuance of such permits. IH-1025395 3-9-2020						
License Holders Signature (Nota	arized) License Nu					
NOTARY INFORMATION: STATE OF: Florida	COUNTY OF: Broalfor	nd				
The above license holder, whos personally appeared before me (type of I.D.)	e name is Chm's follow and is known by me or has produce on this 9 day of	Clanced identification of March 2020				
NOTARY'S SIGNATURE (Seal/Stamp)						

Notary Fublic State of Florida Linda Jones My Commission GG 935363 Expres 12/01/2023 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



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

Date/Time Issued:

3/6/2020 6:45:05 PM

Address:

677 SW MAGELLAN Ct

City:

FORT WHITE

State:

FL

Zip Code

32038

Parcel ID

04160-001

REMARKS: Address for proposed structure on parcel.

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

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



Incorporated 64E-6.001, FAC

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

PERMIT NO.	30-018
FEE PAID: RECEIPT #:	310100

APPLICATION FOR: [New System [] Existing System [] Holding Tank [] Innovative [] Repair [] Abandonment [] Temporary []
APPLICANT: Michael Bing
AGENT: Jeff Hardee (Hardee Environmental and Permitting) TELEPHONE: 352-949-0592
MAILING ADDRESS: 6450 NW 72 Lane. Chiefland, FL 32626 EMAIL: JeffHardeeHEP@aol.com
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 SUBDIVISION: NA PLATTED:
PROPERTY ID #: 9-7-16-04166-001 ZONING: I/M OR EQUIVALENT: [Y(N)]
PROPERTY SIZE: 193 ACRES WATER SUPPLY: [] PRIVATE PUBLIC [] <= 2000GPD [] > 2000GPD
IS SEWER AVAILABLE AS PER 381.0065, FS? [Y/W] DISTANCE TO SEWER: NA
PROPERTY ADDRESS: SW Mayellon Ct Ft White
DIRECTIONS TO PROPERTY: 47 5 TIL UN SPEAL THOS
7/Route Mageller of Fillow around curve to Qu on left
AUILDING INFORMATION [] RESIDENTIAL [] COMMERCIAL
Unit Type of No. of Building Commercial/Institutional System Design No Establishment Bedrooms Area Sqft Table 1. Chapter 64E-6. FAC
1 Mobilethouz 3 1216
2
3
4
[] Floor/Equipment Drains [] Other (Specify)
SIGNATURE: JAMes DATE: 2-20-20
DH 4015, 08/09 (Obsoletes previous editions which may not be used)

STATE OF FLORIDA DEPARTMENT OF HEALTH APPLICATION FOR CONSTRUCTION PERMIT Permit Application Number_ ----- PART II - SITEPLAN -----661,60 IIS/M Notes: No Partient Fratures within 15' of Philesty

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Not Approved_

Columbia

OH 4015, 08/09 (Obsoletes previous editions which may not be used) incorporated: 946-6.001, FAC (Stock Number: 6744-002-4015-6)

Site Plan submitted by:

Plan Approved

Date 3/6/10

(dunbia County Health Department

Dependable Well Drilling Inc. 2139 NW 50th St Bell, Fl. 32619 Ph:352-225-1618

We will be putting in a well for NFCH customer Michael Bing At 677 SW Magellan Ct Ft White Fl. Parcel number 9-7-16-04160-001. It will be a 4" well with a cycle stop system.

Dependable Well Drilling Inc.

Birs

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUM	BER 44686 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 <u>REQUIRED</u> that we have records of the subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and Ordinance 89-6, a contractor shall require all subcontractors to provide evidence of workers' compensation or exemption, general liability insurance and a valid Certificate of Competency license in Columbia County.							
Any changes, t start of that su	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 stap work orders and/or fines.						
ELECTRICAL	Print Name GLENY WHITTINGTON	Signature Skm (d)	Rittington				
	License #: <u>EC 13 no 2957</u>	Phone #: 386 972	1700				
1074	Qualifier Form Attached						
MECHANICAL/	Print Name	Signature					
A/C	License #:	Phone #:					
	Qualifier Form Attached						

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.

Bins

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUN	4469	66	CONTRACTOR	andre - 1 ; man - 1 andre	PHONE
	THIS F	ORM MUST BE S	UBMITTED PRIOR TO T	HE ISSUANCE OF A PERMIT	
In Columbia County one permit will cover all trades doing work at the permitted site. It is <u>REQUIRED</u> that we have records of the subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and Ordinance 89-6, a contractor shall require all subcontractors to provide evidence of workers compensation or exemption, general liability insurance and a valid Certificate of Competency license in Columbia County					
Any changes, t	he permitted contra abcontractor beginni	ector is respon ing any work:	sible for the correc Violations will resu	ted form being submitted ult in stop work orders and	to this office prior to the d/or fines.
ELECTRICAL	Print Name	ed angestrope en took	policina productiva (n. 18 defendente escandados), qui plane escanda (n. 18 de fendente escanda (n. 18	Signature	
	License #.	madeling for a few subsequent designed by the control of the contr	analog and the two restates	Phone #	hanning against and a figure of the first the desiration of the second and the se
		Qualifier Fo	rm Attached		
MECHANICAL/	Print Name License # CVA	ane 8 (1818)		Signature Phone # (358a) 5	51-2065
عاعات		Qualifie	Form Attached		

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.

STATE OF FLORIDA DEPARTMENT OF HEALTH APPLICATION FOR CONSTRUCTION PERMIT

\mathcal{O}_{\cdot}	Permit Applicat	tion Number
Bilg		
1 2 160 6	661.60	
265.18	Sh I stole Sh I s	335 T
Notes: No Perliant Fratures	within 115' of Property	
Site Plan submitted by:		
Plan Approved	Not Approved	Date
Ву		County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Legend

Roads

Roads

- others
- Dirt 🔮
- Interstate
- Main
- Other
- Paved
- Private

SRWMD Wetlands

D

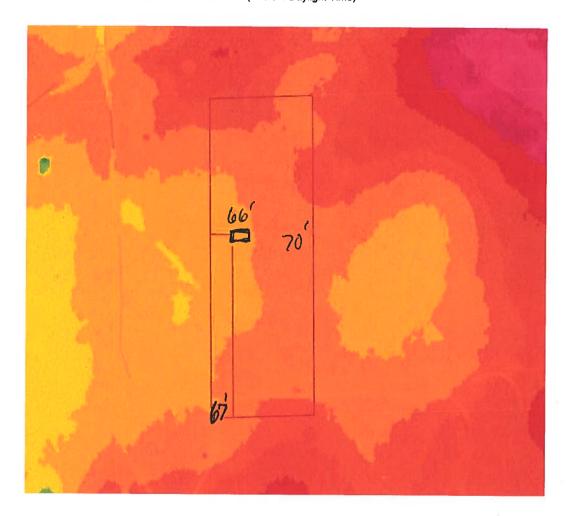
Water Lines

- ✓ Others
- / CANAL/DITCH
- / CREEK
- / STREAM / RIVER

LidarElevations

Columbia County, FLA - Building & Zoning Property Map

Printed: Mon Mar 09 2020 13:46:40 GMT-0400 (Eastern Daylight Time)



Parcel Information

Parcel No: 09-7S-16-04160-001 Owner: BING MICHAEL JWAN

Subdivision:

Lot:

Acres: 4.02995443 Deed Acres: 4.03 Ac

District: District 2 Rocky Ford Future Land Uses: Agriculture - 3

Flood Zones:

Official Zoning Atlas: A-3

All data, information, and maps are provided as is without warranty or any representation of accuracy, timeliness of completeness. Columbia County, FL makes no warranties, express or implied, as to the use of the information obtained here. There are no implies warranties of merchantability or fitness for a particular purpose. The requester acknowledges and accepts all limitations, including the fact that the data, information, and maps are dynamic and in a constant state of maintenance, and update.

Inst: 202012006884 Date: 03/24/2020 Time: 3:45PM Page 1 of 2 B: 1408 P: 1808, P.DeWitt Cason, Clerk of Court Columbia, County, By: PT Deputy Clerk

FAMILY RELATIONSHIP AFFIDAVIT

STATE OF FLORIDA COUNTY OF COLUMBIA

degree.

intend Memb	BEFORE ME the undersigned Notary Public personally appeared, Brenda L. Nams, the Owner of the parent parcel which has been subdivided for hael J. B. , the Immediate Family Member of the Owner, and which is ded for the Immediate Family Members primary residence use. The Immediate Family per is related to the Owner as Both individuals being uly sworn according to law, depose and say:
1.	Affiant acknowledges Immediate Family Member is defined as parent, grandparent, step-parent, adopted parent, sibling, child, step-child, adopted child or grandchild.
2.	Both the Owner and the Immediate Family Member have personal knowledge of all matters set forth in this Affidavit.
3.	The Owner holds fee simple title to certain real property situated in Columbia County, and more particularly described by reference with the Columbia County Property Appraiser Parent Tract Tax Parcel No. $09-75-16-04160-000$.
4.	The Immediate Family Member holds fee simple title to certain real property divided from the Owners' parent parcel situated in Columbia County and more particularly described by reference to the Columbia County Property Appraiser Tax Parcel No. 09 - 75 - 16 - 16 - 04160 - 001
5.	No person or entity other than the Owner and Immediate Family Member to whom permit is being issued, including persons residing with the 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 an Immediate Family Member being in compliance with the density requirements of the Columbia County's Comprehensive Plan and Land Development Regulations (LDR's).
7.	This Affidavit and Agreement 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

We Hereby Certify that the facts represented by us in this Affidavit are true and correct and we accept the terms of the Agreement and agree to comply with it.

Bulaja	Immediate Family Member
Typed or Printed Name	Typed or Printed Name
Subscribed and sworn to (or affirmed) be by Brenda Lwilliams (Owner) when as identification with the last potary Public	day of February 2020, no is personally known to me or has produced cation. JEFFREY WAYNE HARDEE Commission # FF 991682 Expires May 11, 2020 Bonded Thru Troy Fain insurance 800-385-7019
by Michael Julan Bing (Family Men	efore me this <u>Do</u> day of <u>Frbruary</u> , 20 <u>Zo</u> , aber) who is personally known to me or has lentification.
Motary Public	JEFFREY WAYNE HARDEE Commission # FF 991682 Expires May 11, 2020 Bonded Thru Troy Fain Insurance 800-385-7019 APPROVED:
TONING	By:
ONING A COLUMBIA	Name: Laure Hods-