PERMIT Columbia County Building Permit 01/18/2013 DATE This Permit Must Be Prominently Posted on Premises During Construction 000030729 APPLICANT PAUL BARNEY PHONE 386.755.3626 ADDRESS SW J DEPUTY DAVIS LN 32024 **OWNER** RENEE SCHMITT **PHONE** 386.755.3626 **ADDRESS** 169 SW PRAIRIE STREET 32024 LAKE CITY FL CONTRACTOR RUSTY KNOWLES PHONE LOCATION OF PROPERTY 90-W TO SR. 247-S,TL TO PRAIRIE (AFTER CROSSING I-75) THE SITE IS ON THE R. TYPE DEVELOPMENT M/H/UTILITY ESTIMATED COST OF CONSTRUCTION HEATED FLOOR AREA TOTAL AREA HEIGHT STORIES FLOOR FOUNDATION WALLS ROOF PITCH LAND USE & ZONING RSF-2 MAX. HEIGHT Minimum Set Back Requirments: STREET-FRONT 25.00 15.00 SIDE 10.00 REAR FLOOD ZONE NO. EX.D.U. DEVELOPMENT PERMIT NO. SUBDIVISION CHIPDALE ESTATES PARCEL ID 10-48-16-02862-124 LOT 24 BLOCK **PHASE** UNIT TOTAL ACRES IH1038219 Culvert Waiver Culvert Permit No. Contractor's License Number Applicant/Owner/Contractor **EXISTING** 13-0023-M BLK New Resident Approved for Issuance Septic Tank Number LU & Zoning checked by Driveway Connection COMMENTS: GRANDFATHERED MH BEING REPLACED. 1 FOOT ABOVE ROAD. T.S. DEBBY..NO CHARGE....DISCLOSURE & FEMA DOCUMENTS ON FILE. NO CHARGE 2 UNITS CHARGED FOR ASSESSMENTS. Check # or Cash FOR BUILDING & ZONING DEPARTMENT ONLY (footer/Slab) Temporary Power Foundation Monolithic date/app. by date/app. by date/app. by Sheathing/Nailing Under slab rough-in plumbing date/app. by date/app. by date/app. by Framing Insulation date/app. by date/app. by Electrical rough-in Rough-in plumbing above slab and below wood floor date/app. by date/app. by Heat & Air Duct Peri. beam (Lintel) Pool date/app. by date/app. by date/app, by Permanent power C.O. Final Culvert date/app. by date/app, by date/app. by Pump pole Utility Pole M/H tie downs, blocking, electricity and plumbing date/app. by date/app. by date/app. by RV Reconnection Re-roof date/app. by date/app. by date/app. by **CERTIFICATION FEE \$** 0.00 0.00 SURCHARGE FEE \$ **BUILDING PERMIT FEE \$** 0.00 MISC. FEES \$ 0.00 ZONING CERT. FEE \$ FIRE FEE \$ WASTE FEE \$

INSPECTORS OFFICE CLERKS OFFICE NOTICE: IN ADDITION TO THE REQUIREMENTS OF THIS PERMIT, THERE MAY BE ADDITIONAL RESTRICTIONS APPLICABLE TO THIS PROPERTY THAT MAY BE FOUND IN THE PUBLIC RECORDS OF THIS COUNTY.

CULVERT FEE \$

TOTAL FEE

NOTICE: ALL OTHER APPLICABLE STATE OR FEDERAL PERMITS SHALL BE OBTAINED BEFORE COMMENCEMENT OF THIS

FLOOD DEVELOPMENT FEE \$

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

BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT."

EVERY PERMIT ISSUED SHALL BECOME INVALID UNLESS THE WORK AUTHORIZED BY SUCH PERMIT IS COMMENCED WITHIN 180 DAYS AFTER ITS ISSUANCE, OR IF THE WORK AUTHORIZED BY SUCH PERMIT IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AFTER THE TIME THE WORK IS COMMENCED. A VALID PERMIT RECIEVES AN APPROVED INSPECTION EVERY 180 DAYS. WORK SHALL BE CONSIDERED NOT SUSPENDED, ABANDONED OR INVALID WHEN THE PERMIT HAS RECIEVED AN APPROVED INSPECTION WITHIN 180 DAYS OT THE PREVIOUS INSPECTION.

COLUMBIA COUNTY BUILDING PERMIT / APPLICATION

Nº 1323 This Permit Expires One Year From Date of Issue

| | _ | | |
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| | | | |
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| | | | |
| | | | |

Permit

| DATE10-27-97 | _ | | | | | | NEW RES | DENTNO |
|---|--|--------------|------------------|-------------|--------------------|----------------------|-----------------------|--------------|
| APPLICANTS NAME & ADDRE | SSGARY HAM | MILTON FOR | : CAROL | | | PHONE_ | 963-400 | 0 |
| OWNER'S NAME & ADDRESS_ | KENNETH 8 | RENEE SC | HMITT, | | 21, BOX CITY, F | L PHONE | | |
| CONTRACTOR'S NAME | | | | | | 32024 PHONE | | |
| LOCATION OF PROPERTY | C-247-SOUT | TH TO PRAI | RIE RD | 1ST DR | IVE ON | RIGHT SID | Е(ВЕН | IND BLUE M/H |
| TYPE DEVELOPMENT | M/H & UTILIT | TY &SEPTIC |) | _ESTIMA | TED COST | OF CONSTRU | CTION \$ | |
| FLOOR AREA | HEIGHT | | STORI | ES | | WALLS | | |
| FOUNDATION | | ROOF (ty | pe & pitch) | | | FLOOF | l | |
| LAND USE & ZONING RS | F-MH-1 LU | RLD | | | | MAX. | HEIGHT | |
| MINIMUM SET BACK: STREE | T - FRONT / SIDE_ | 25 | | _REAR_ | 15 | SIDE | 10 | |
| NO. EX. D. U1 | FLOOD ZONE | OUT | CERT. D | ATE | N/A | DEV. | PERMIT | N/A |
| LEGAL DESCRIPTION (acres) 10-4S-16-02862-1 | 24 | 3.75 ACR | | | MATERIAL VIOLE | + CHIPDALE | | Tr. |
| Contractor's | s License Number | JLW | | , | Appli | cant / Owner / O | ontractor JLW | |
| Septic Tank Number | | LU 8 | Zoning che | cked by | | A | pproved for is | suance by |
| FOF | R BUILDIN | G & ZO | NING | DEP | ARTM | ENT ON | ILY (Footer / | Slab) |
| Temporary Power | ate / app.by | Foundation_ | date | / app. by | M | onolithic | date / app | . by |
| Under slab rough-in plumbing | | slab_ | | e / app. by | | framing | | |
| Rough-in plumbing above slab ar | date / app. by nd below wood floor_ | | uai | в гарр. Бу | | | date / app | . Бу |
| Electrical rough-in | | Heat and | Air Duct | | rotalnetoestoo | app.by Peri.beam_ | | |
| Permanent power | date / app. by | Final | | date / | app.by | Pool | date | /app. by |
| | date / app. by | | | date / a | app. by | V (100 (100) | date | app. by |
| COMMENTS: | OTHER | TYPES | OF IR | ICDE | CTION | ıe | | |
| Culvert EXISTING | OTHER | M / H tie do | | | | | | |
| date /ap | Burnn nole | | Rad | connection | | one G | date / app | |
| date/app. by BUILDING PERMIT FEE \$ | 100.00 CK | # 3958 | -by ZONING CE | RT. FEE | \$25. | .00от | date/app. b HER \$ | <u> </u> |
| INSPECTORS OFFICE | Vacilo | ONDO | llus | CLE | RKS OFFIC | EC. Has | ris 10 | 0/3/199 |

NOTICE: IN ADDITION TO THE REQUIREMENTS OF THIS PERMIT, THERE MAY BE ADDITIONAL RESTRICTIONS APPLICABLE TO THIS PROPERTY THAT MAY BE FOUND IN THE PUBLIC RECORDS OF THIS COUNTY. AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.

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

COLUMBIA COUNTY BUILDING PERMIT/APPLICATION

Permit

| | - | wi. | |
|------|-----|-------|-----|
| Ne. | 8 | 2 | 100 |
| 24 C | 200 | 26,42 | |

| DATE 5/19/94 | | | | | | NEW RESID | ENT_NO_ | _ |
|---|--------------------------------------|-------------------|--|----------------|---------------------|------------------------------|------------------|----|
| APPLICANT'S NAME & ADDR | RESS Gary Hami | ilton,P. | O. Box 13 | 43,L.C. | PHONE_ | 755-965 | 4 | _ |
| DWNER'S NAME & ADDRES | Camo | | | | | | | |
| CONTRACTOR'S NAMEN | I/A | | | | PHONE_ | | | |
| OCATION OF PROPERTY_ | Lot 24 Chi | ipdale Es | st. 247S | turn righ | t on Pr | airie Ro | d. 1st | 10 |
| on right | | | | | | | 100 | |
| YPE DEVELOPMENT_MXM | X Utility Po | ole | ESTI | MATED COST O | FCONSTRUC | CTION \$ | | |
| FLOOR AREA | HEIGHT | | STORIES | | WALLS | | | _ |
| OUNDATION | | ROOF (typ | pe & pitch) | | FLOOR | | | |
| AND USE & ZONINGR | SF MH 1 | LU- | RLD | | MAX. I | HEIGHT_35 | | |
| IINIMUM SET BACK: STRE | ET - FRONT/SIDE | 25 | REA | R15 | SIDE_ | 10 | ir. | |
| IO. EX. D. U. 0 | FLOOD ZONE | Out | CERT. DATE | N/A | DEV. | PERMIT | Out | |
| EGAL DESCRIPTION (acres) | | ;-16-028 <i>6</i> | 52-099 | Lot 24 | Chipdal | e Estate | es | _ |
| | or's License Number | Dohowak | _ & | Applica | nt / Owner / Co | | XW | _ |
| 94-302 Septic Tank Number | | Deborah | Zoning checked by | | | orah proved for issua | naa hu | |
| FO emporary P ower_ | R BUILDING | G & ZOI | NING DE | | NT ON | LY (Footer / Sla | ab) | |
| es was made and and | date / app.by | -75-98* | date / app. | by | Nev | date / app. b | у | |
| nder slab rough-in plumbing_ ough-in plumbing above slab | date / app. by | slab | date / app. | | framing | date /app. b | у | |
| ectrical rough-in | | Heat and A | ir Duct | date / app | o. by Peri. beam | | | _ |
| ermanent power | date / app. by | Final | ACCOUNT OF THE PARTY OF THE PAR | e / app.by | Pool | date /ap | op. by | _ |
| OMMENTS: | date / app. by | | date | /app. by | ,F001 <u></u> | date / ap | pp. by | _ |
| J | OTHER | TYPES | OF INSP | ECTIONS | | | | _ |
| lvertN/A | | | ns, blocking, electr | | | | | |
| date / a ility Pole | pp. by P ump pole | | Reconnecti | on | | date / app. b | у | 52 |
| date/app. by JILDING PERMIT FEE, \$ | 30.00 | date/app. b | y ONING CERT. FE | E \$ | OTHE | date/app. by | | |
| SPECTORS OFFICE | boruh 1 | lack | har le | LERKS OFFICE_ | b.Wi | tt 5-2 | 3-94 | _ |
| OTICE: IN ADDITION TO THE ROPERTY THAT MAY BE FO | REQUIREMENTS OF TUND IN THE PUBLIC R | THIS PERMIT, T | HERE MAY BE | ADDITIONAL RES | STRICTIONS A | APPLICABLE T L PERMITS RE | O THIS QUIRED | |

FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.

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MHOCCUPANC

COLUMBIA COUNTY, FLORIDA

epartment of Building and Zoning I Inspection

This Certificate of Occupancy is issued to the below named permit holder for the building and premises at the below named location, and certifies that the work has been completed in accordance with the Columbia County Building Code.

Building permit No. 000030729

Parcel Number 10-4S-16-02862-124

Permit Holder RUSTY KNOWLES

TIONE NOOT I MACAALLO

Owner of Building RENEE SCHMITT

Location: 169 SW PRAIRIE STREET, LAKE CITY,FL 32024

Date: 02/01/2013

Building Inspector

1

POST IN A CONSPICUOUS PLACE (Business Places Only)

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

| For Office Use Only (Revised 1-11) Zoning Official BLK 11 JAV-2013 Ruilding Official 1/8/ |
|---|
| AP# (301-07 Date Received //2 |
| Flood Zone X Development Permit |
| Comments Grand fathord MH being Replaced Land Use Plan Map Category KES. Low |
| FEMA Map# N/A Elevation N/A Finished Floor River N/A In Floodway N/A |
| HEH Pologo |
| Anidavit from land owner (Installer Authorization C State D. A. |
| STUP-MH |
| IMPACT FEES: EMS Fire Corr □ Out County □ In County |
| Road/CodeSchool= TOTAL_Suspended March 2009_ □ Ellisville Water Sys |
| 2 Emstrile Water Sys |
| Property ID # 10-45-16- 02862-124 Subdivision CHIPDALE ESTATES (2+24 |
| New Mobile Home Used Mobile Home MH Size 76/32 Year 20 |
| Applicant MH Size /6/32 Year 20 |
| Address 466 SW DENTY J. DAVIS LN. L. C. S2024 |
| Name of Property Owner |
| 911 Address 169 500 PRAIRIE ST 16 3 2024 |
| Circle the correct power company |
| (Circle One) - Supranne Vall - Fi |
| Suwarmee valley Electric - Progress Energy |
| Name of Owner of Mobile Home RENEE, SCHULT Phone # 386. 755. 3626 |
| TICEGT LAKE CITY FL 32024 |
| Relationship to Property Owner DEALER ALENT |
| Current Number of Dwellings on Property < |
| Lot Size Total Acreage 3,75 |
| Do you : Have Existing Drive (Currently using) or Private Drive (Blue Road Sign) or need Culvert Permit (Putting in a Culvert) or Culvert Waiver (Circle one) |
| Is this Mobile Home Replacing an Existing Mobile Home (Putting in a Culvert) (Not existing but do not need a Culvert) |
| Driving Directions to the Property 45 92 1005 |
| PRAIRIE STREET CAFTER CROSS TO S.W. |
| PIGHT C 169, 5.W. YRAIRUR ST |
| Name of Licensed Dealer/Installer Rusty Kingson - |
| Installers Address 5801 5W SR 47 LAKE CATA TO 30 |
| License Number IH- 038219 Installation Decal # 13314 |
| DELL'A |
| FEMA/SBA ATPROVAL NO CHARGE The SpOKETY MIKE 1.11-13 |

26" x 28 (676) POPULAR PAD SIZES page 1 of 2 within 2' of end of home spaced at 5' 4" oc FRAME TIES 5#6 ANCHORS 24" X 24" OTHER TIES (976)16 x 18 18.5 x 18.5 Wind Zone III Sidewall Longitudinal Manriage wall Shearwall PIER SPACING TABLE FOR USED HOMES 4 ft 22" x 22" (484) Olderod Home installed to the Manufacturer's Installation Manual Draw the approximate locations of marriage wall openings 4 foot or greater. Use this symbol to show the piers. 20° x 20° Home is installed in accordance with Rule 15-C Manufacturer Longitudinal Stabilizing Device w/ Lateral Arms Manufacturer (400) List all marriage wall openings greater than 4 foot and their pier pad sizes below. K Installation Decal # 234483144 Wind Zone II Used Home Pier pad size 18 1/2" x 18 SA 1/2" (342) ongitudinal Stabilizing Device (LSD) Serial # TIEDOWN COMPONENTS PIER PAD SIZES COLUMBIA COUNTY PERMIT WORKSHEET × 16" x 16" (256) Perimeter pier pad size X (required by the mfg.) l-beam pier pad size Other pier pad sizes (sq in) Footer New Home Double wide Size Single wide Triple/Quad Opening 1000 ps 2000 ps 500 os bearing capacity Load Box License # # H - 103×219 Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations) winiage wall piers within 2" of end of home per Rule 15C I understand Lateral Arm Systems cannot be used on any home (new or used) where the sidewall ties exceed 5 ft 4 in. 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 These worksheets must be completed and signed by the installer. Submit the originals with the packet. Installer's initials Length x width solves langtudinal Live DAK Sateral Rush 911 Address where home is being installed. Typical pier spacing > Manufacturer Installer NOTE:

2 of 2

page

Date 12. 25-12

Installer verifies all information given with this permit worksheet

is accurate and true based on the

Installer Signature

Connect all potable water supply piping to an existing water meter, water tap, or other

Independent water supply systems. Pg. 152-1

Connect all seveer drains to an existing sever tap or septic tank. Pg. 152.1

Plumbing

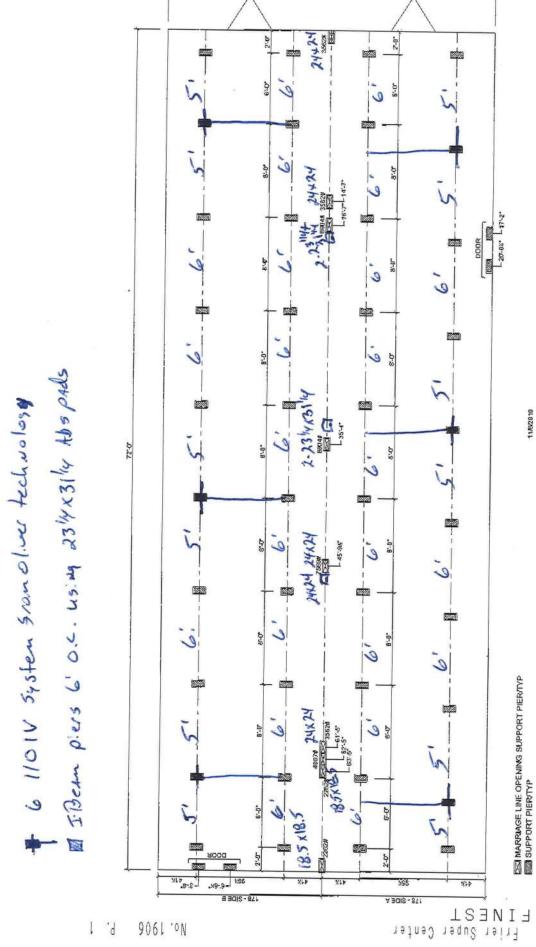
electrical conductors between multi-wide units, but not to the main power

Connect

source. This includes the bonding wire between mult-wide units. Pg. 152.

COLUMBIA COUNTY PERMIT WORKSHEET

I understand a property installed gasket is a requirement of all new and used homes and that condensation, mold, meldew and buckled marriage walls are a result of a poorty installed or no gasket being installed. I understand a strip of lape will not serve as a gasket. Type Fastener: 3. 12. Length: 4. Spacing: 24 "
Type Fastener: 3. 12. Length: 14. 11. Spacing: 42 "
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. 156. Fireplace chimney installed so as not to allow intrusion of rain water. Yes roofing nails at 2" on center on both sides of the centerline. Other NA Yes Bottom of ridgebeam Between Floors Yes Between Walls Yes Siding on units is installed to manufacturer's specifications. Pad V Gasket (weatherproofing requirement) Installer's initials // Fastening multi wide units Length: 6" N/A Yes Site Preparation he bottomboard will be repaired and/or taped. Yes Weatherproofing Range downflow vent installed outside of skirting. Miscellaneous INS . Installed: Dryer vent installed outside of skirting. Yes Swale Debris and organic material removed Drain lines supported at 4 foot intervals. 405 Electrical crossovers protected. Yes_ Type Fastener: Yes Water drainage: Natural Type gasket FActor Skirting to be installed. Walls. Floor Roof. Other: reading is 275 or less and where the mobile home manufacturer may anchors are required at all centerline tie points where the torque test V-1 x ALL TESTS MUȘT BE PERFORMED BY A LICENSED INSTALLER C.(x The results of the torque probe test is UA 450 mich pounds or check anchors are allowed at the sidewall locations. I understand 5 ft psf POCKET PENETROMETER TESTING METHOD --- A test A state approved lateral arm system is being used and 4 ft. 1. Test the perimeter of the home at 6 locations, Installer's initials without testing. Using 500 lb. increments, take the lowest reading and round down to that increment. 2. Take the reading at the depth of the footer. POCKET PENETROMETER TEST here if you are declaring 5' anchors without lesting showing 275 inch pounds or less will require 5 foot anchors. The pocket penetrometer tests are rounded down to ORQUE PROBE TEST requires anchors with 4009 lb holding capacity O. X Electrical or check here to declare 1000 lb. soil 0.7 x C-X 3 Installer Name Date Tested Note:



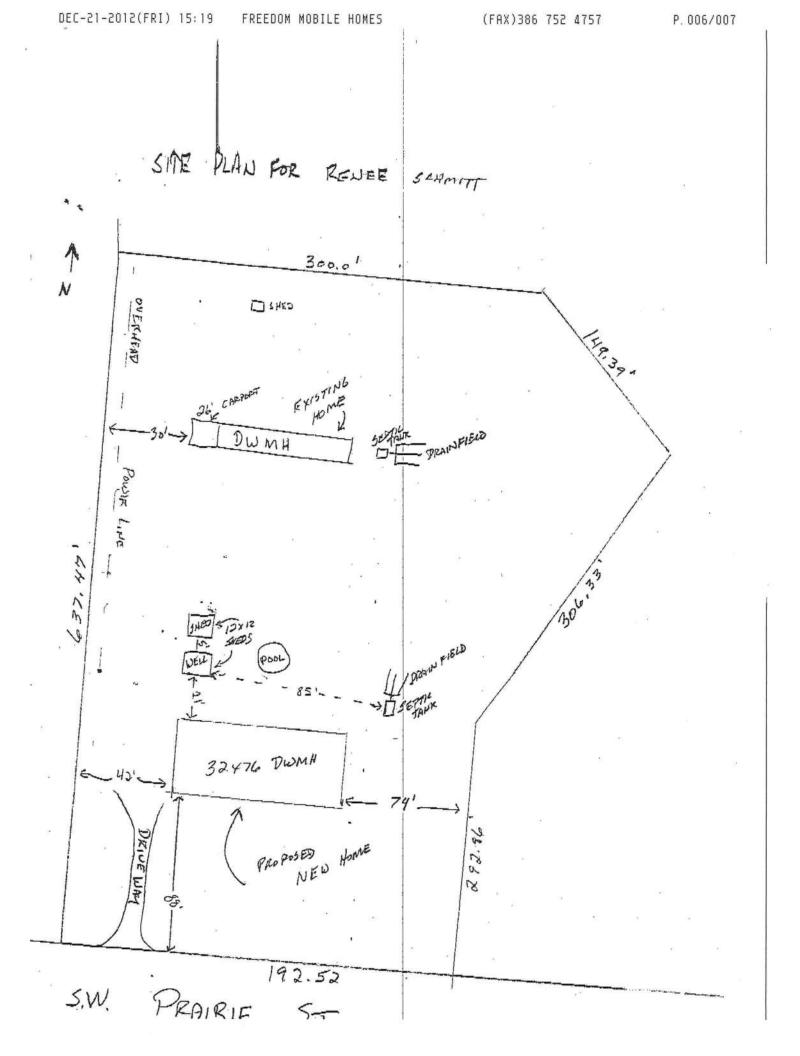
FOLNDATION NOTES:
- THE DRAWING IS DESIGNED FOR THE STANDARD MIND ZONE AND IS TO BE USED IN CONUMICTION WITH THE INSTALLATION MANJAL AND IT'S SUPPLEMENTS.
- THE DRAWING IS DESIGNED FOR THE STANDARD MIND SPACING MAY WARY BASED ON PAD TYPE, SOLL CONDITION, ETC.
- FOOTINGS ARE REQUIRED AT SUPPORT POSTS, SEE INSTALLATION MANDAL FOR REQUIREMENTS.

MODEL: U-3724B - 32 X 76 4-BEDROOM / 2-BATH Live Oak Homes

\$ep.28. 2011 1:18PM To:FLORIDA

(G) DUCT CROSSOVER
(H) SEMEROROPS
(I) RETURN AR (MOPT HEAT PUMP OH DUCT)
(J) SUPPLY AIR (MOPT HEAT PUMP CHOUCT)

(A) MAIN ELECTRICAL
(B) ELECTRICAL CROSSOVER
(C) WATER IRLET
(D) WATER CROSSOVER (IF AIM')
(E) GAS INLET (IF ANY)
(F) GAS CROSSOVER (IF ANY)



This Instrument Prepared by: LISA FRANKS, An Officer of ASSOCIATED LAND TITLE GROUP, INC., 300 N. MARION STREET, LAKE CITY, FLORIDA 32055, For Purposes of Title Ins.
File # 170-31799
Parcel ID # 02862-124

Warra

Warranty Deed, 0791 PG | 886

The terms "granter" and "grantee" herein skill be construed to include all genders and singular or plural as the context indicates.)

| | | | | | OF | FICIAL RECO | RDS |
|--------------------------|---|--|--|---|---|--|--------------------------------|
| C) | ary a. Hami | Made this 9th LTON, A MARRIED | day | of June SIDING ON | THE PROPERTY | 1994 . | BETWEEN |
| | nose post office a | nddress is: P.O. BOX PL 32056 | 1343 | | | | |
| - (s | SS#: | CHMITT AND HIS | | . State of C. SCHMIT | FLORIDA T | 4 | grantor, and |
| St.). | the County of | | Y, FL 32055 | State of FL | | | |
| Wi oth ack full | ITNESSETH: Ther good and victowhedged, has lowing described | hat said grantor, for an aluable considerations granted, bargained an I land, situate, lying an I PDALE ESTATE | d in consideration to said grantor d sold to the said being in CC S A SUBDIN | of the sum of in hand paid grantee, and DLUMBIA | d by said grantee. grantee's heirs, suc | the receipt where cessors and assigns County, FI | forever, the orida, to-wit: |
| CC | OUNTY, FL | N PLAT BOOK 5 ORIDA. | PAGE 28, | PUBLIC | RECORDS, COL | UMBIA | |
| Su | ubject to a xtended or | asements and re- reimposed hereby | strictions o y. Subject | f record, to 1994 t | if any which | are specific sments. | ally not |
| | | | | | 357 | | |
| | | ŷ. | ** | | FB (1.1) | A COUMT | Y.F. |
| | | | | 7021 | 1994 | JUN 10 FA 4 | 23 |
| Marine Services | 17 STAMP 167 | 2/1 | 94-0 | 1027 | . ! | Charles Brown | |
| ntancible t | TAXD- | 20 | | | cri): | NA SELEN YELDR | :DA |
| | ISON, CLERK OF UMBIA COUNTY | * | | | BYZ | But R SIRMON | 20.0 |
| a Lail | R. Hardens | | | | | ******* | |
| and | d said grantor de sons whomsoev | oes hereby fully warran | nt the title to said | d land, and w | ill defend the some | against the lawful | claims of all |
| IN Sign | WITNESS WHI | EREOF, Grantor has be Delivered in Our Prese | reunto set grantor nee: | GARY A | tal the day and year (| irvi abovo written. | Ji do |
| E | laine R | , Davia | | | | | |
| FILA | laine R | Davis | | | | ****** | |
| STA | ATE OF PI | ORIDA | , (| COUNTY OF | Columbia | | |
| GA. | EREBY CERTIF | Ache a marked | Tune 9, 1994 MAN NOT RES | SIDING ON | THE PROPERTY | terfore me persona | liy appeared |
| and | o executed the f deed for the u | known to me or who is oregoing instrument, a ses and purposes here ND SUBSCRIBED be | nd who, after bein in ment oned and fore me the single | ing duly swoo an outh was | n, says that the executors not import one | ration hereof is his/ out) taken. | her free act |
| 9 | | To me person | ally known C | 1 | Identified by Driver | k License | • |
| | Commission E | | | <u>*</u> | way the | • | Notary Public |
| | mmission No.: | CCc85386 | | PL | 139 A Fee | SIT UPPLUES | |

97-0687-20 Schmitt (10-24-87 13234 m/r Prepared by: Lloyd E. Peterson, Jr. 905 SW Baya Drive Lake City, Florida 32025

Return to address shown above.

Inst:200912008791 Date:5/28/2009 Time:8:58 AM

Doc Stamp-Deed:0.70

2 7 DC,P. DeWitt Cason, Columbia County Page 1 of 2 B:1173 P:2781

QUITCLAIM DEED

This Quitclaim Deed made this 1974 day of MAY, 2009, by KENNETH PAUL SCHMITT, a single man, as Grantor, to RENEE CLARK SCHMITT, of 169 SW Prairie St., Lake City, FL 32024, as Grantec.

NOW THEREFORE, Grantor, in consideration of Ten Dollars (\$10.00) and other good and valuable consideration in hand, paid by Grantee, the receipt whereof is hereby acknowledged, does hereby remise, release and quitclaim to Grantee forever, all the right, title, interest, claim and demand which he has in and to that real property located in COLUMBIA County, Florida, and more particularly described as follows:

LOT 24, CHIPDALE ESTATES A SUBDIVISION ACCORDING TO PLAT THEREOF RECORDED IN PLAT BOOK 5, PAGE 28, PUBLIC RECORDS, COLUMBIA COUNTY, FLORIDA

Subject to easements and restrictions of record, if any, which are specifically not extended or reimposed hereby. Subject to 2009 taxes and assessments.

Together with a 1994 Mont Doublewide Mobile Home with Florida Identification Numbers 10L23969U and 10L23969X.

Tax Parcel Identification #R02862-124

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

THE PROPERTY HEREIN ABOVE REFERENCED IS NOT HOMESTEAD PROPERTY OF THE GRANTOR.

This deed is granted pursuant to the Final Judgment of Dissolution of Marriage with Minor Children, Columbia County Case Number 06-674-DR of the parties and dissolution of marriage proceedings. No title search has been conducted.

IN WITNESS WHEREOF, Grantor has executed this Quitclaim Deed on the day and year first written above.

Address: 217 Tyson Glen Drive, Warner Robins,

Georgia 31088

WITNESSES:

Print Name:

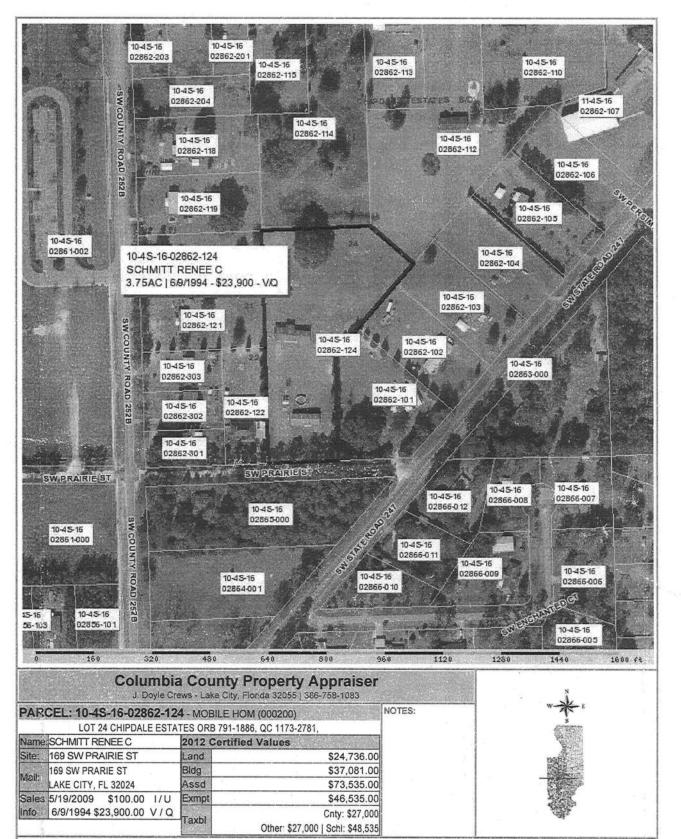
Print Name: Ambe

STATE OF U COUNTY OF

The foregoing instrument was acknowledged before me, this 19 day of or who has produced a Driver Ucase - 6a as identification.

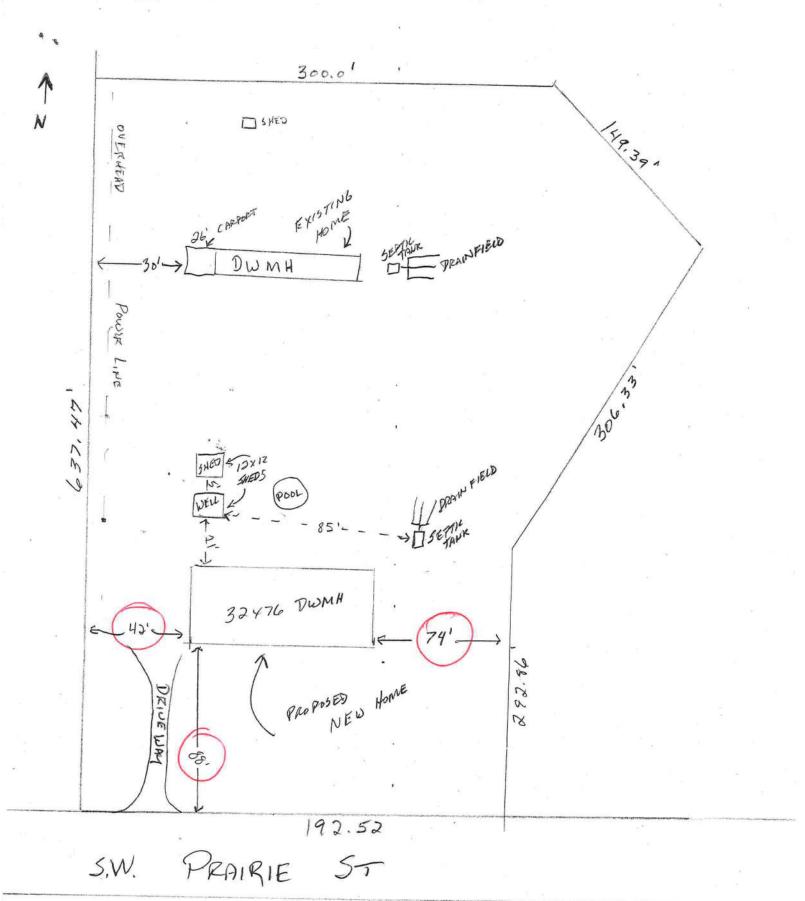
LAURA S. HOGG

NOTATY Public
NOTATE OF GEORGIA
MY Comm. Exp. 714110



This information updated: 10/15/2012, 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.

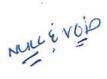
powered by: GrizzlyLogic.com



DRAWN BY: PAUL BARNEY NOT TO SCALE



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 ,give this authority for the job address show below 5.W. PRAIRIE ST LANE Cory For 32024, and I do certify that 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 Signature of Authorized Authorized Person is... Person Person (Check one) Agent Officer Property Owner Agent Officer Property Owner Agent Officer 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. License Holders Signature (Notarized) NOTARY INFORMATION: STATE OF: __Florida 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

NOTARY'S SIGNATURE

(Seal/Stamp)

Freedom Homes Site Inspection PAGE 10 Date: 12/21/2012 Home: 386-755-3626 Size: 32X72 Work: Serial: Co Work: 386-365-7285 **Buyer Last Name** SCHMITT First Name RENEE Co Buyer Last Name 0 First Name 0 Cell # 386-365-1682 DEP J DAVIS to 0.3 Miles on 252-B Turn R 1.9 Miles on 252-B PRAIRIE ST Turn L 0.1 Miles on PRAIRIE ST SITE ON LEFT. Turn Miles on SITE ON LEFT to Miles on 0 to Miles on 0 to Miles on to Total Miles to Job: MAP LAND LEGAL

169 SW PRAIRIE ST, LAKE CITY, FL 32024

Printed on: 12/21/2012

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1301-07



W. Craig Fugate Administrator Federal Emergency Management Agency Rick Scott Governor State of Florida

National Processing Service Center P.O. Box 10055 Hyattsville, MD 20782-8055 1-800-621-FEMA(3362) Fax No.: 1-800-827-8112

Date: 7/19/2012

FEMA, Application No. 450321286

Disaster No. 4068

Ms Renee C Schmitt 169 Sw Prairie St Lake City, FL 32024

Dear Ms Renee C Schmitt:

We recognize this is a difficult time for you and your family and understand many people need help following a disaster. We are committed to providing you any help we can, including important information to begin your recovery.

The Federal Emergency Management Agency (FEMA) and State of Florida have carefully considered all available information regarding your request for assistance. Our decision(s) regarding your request is explained below.

CATEGORIES

DETERMINATION

Housing Assistance

INS - Insured

Total Grant Amount:

\$0.00

INS - No Decision - Insured

Based on our records, the home that you lived in at the time of the disaster is covered by insurance. Any damage you reported at the time of your application for FEMA assistance should be covered by your insurance. If you have not already done so, you should file a claim with your insurance agent as soon as possible because FEMA may be able to assist you for losses not covered by your policy. Because FEMA cannot provide assistance which is available from another source, we sare not able to provide you FEMA home repair or replacement assistance at this time.

If your house is not covered by insurance or if you file a claim with your insurance agent and some of your damage is not covered, you can write to FEMA and explain your situation. You will need to provide insurance settlement documents or a denial letter and amy other supporting information.

Because we recognize that even with insurance you may have serious and necessary housing needs, you may also request FEMA assistance if one off the following conditions applies:

You have used all the available funds provided to you by your insurance company for the purpose of renting atemporary place to live (usually called Additional Living Expenses (ALE) or Loss of Use). You will need to provi de a copy of your insurance policy stating the limits of your ALE and receipts showing you used these funds for living expenses OR

| 2012-12-26 02:05 | UKL-25-2012(WEI | NOBILE HOMES | 18509758 |) 386 752 4757 59 | P. 001/001 |
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| Specialty Literator MASON | Heense Number | Sub-Contractors Printed Name | |
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| | . 51 | Transport of the | Sub-Contractors Signature |
| CONCRETE FINISHER | | 1 20 / 20/1 | |

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.

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(FAX)386 752 4757

P. 001/001 P. 002

JAN-17-2013 14:15

From:

To:9,7524757

Page: 2/2

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@columbiacountyflu.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:

1/16/2013

DATE ISSUED:

1/17/2013

ENHANCED 9-1-1 ADDRESS:

169

SW PRAIRIE

ST

LAKE CITY

FL 32024

PROPERTY APPRAISER PARCEL NUMBER:

10-4\$-16-02862-124

Remarks:

RE-ISSUE OF EXISTING ADDRESS FOR REPLACEMENT STRUCTURE ON PARCEL.

Address Issued By:

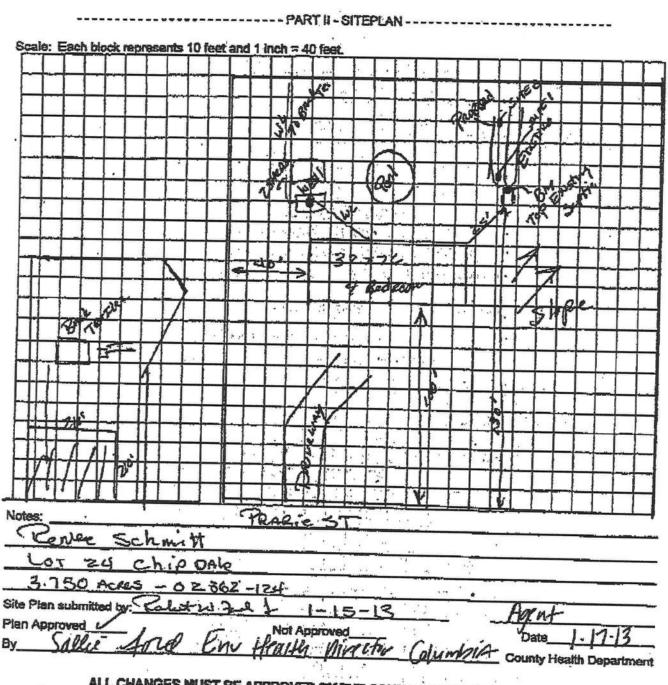
Columbia County 9-1-1 Addressing / GIS Department

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.

p.2

STATE OF FLORIDA DEPARTMENT OF HEALTH APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 13-0013 M



ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DH 4015. 08/09 (Obsoletes previous editions which may not be used) incorporated: 648-6.001, FAC (Stock Number: 5744-902-4015-6)

Page 2 of 4



STATE OF FLORIDA DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 97.302

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| ALL | CHANGES MUST BE AF | PROVED BY THE | COUNTY PUBLIC | HEALTH UNIT | |

cation for Onsite Sewage Disposal System
struction Permit. Part II Site Plan
Permit Application Number:

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT

