

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

<i>For Office Use Only</i> (Revised 7-1-15)		Zoning Official _____	Building Official _____
AP# <u>55507</u>	Date Received _____	By <u>EW</u>	Permit # _____
Flood Zone _____	Development Permit _____	Zoning _____	Land Use Plan Map Category _____
Comments _____			
FEMA Map# _____	Elevation _____	Finished Floor _____	River _____ In Floodway _____
<input checked="" type="checkbox"/> Recorded Deed or <input checked="" type="checkbox"/> Property Appraiser PO	<input checked="" type="checkbox"/> Site Plan	<input type="checkbox"/> EH # _____	<input type="checkbox"/> Well letter OR
<input type="checkbox"/> Existing well	<input type="checkbox"/> Land Owner Affidavit	<input checked="" type="checkbox"/> Installer Authorization	<input type="checkbox"/> FW Comp. letter <input checked="" type="checkbox"/> App Fee Paid
<input type="checkbox"/> DOT Approval	<input type="checkbox"/> Parent Parcel # _____	<input type="checkbox"/> STUP-MH _____	<input checked="" type="checkbox"/> 911 App
<input type="checkbox"/> Ellisville Water Sys	<input checked="" type="checkbox"/> Assessment <u>paid</u>	<input type="checkbox"/> Out County	<input checked="" type="checkbox"/> In County <input type="checkbox"/> Sub VF Form

Property ID # 21-45-17-08651-001 Subdivision _____ Lot# _____

- New Mobile Home _____ Used Mobile Home ☒ MH Size x48 Year 1998
- Applicant Sonya North Phone # 863-517-5701
- Address 3311 SW State Rd 247 Lake City FL 32024
- Name of Property Owner John Arango (Lake City Park UCD) Phone# 786-317-7056
- 911 Address 133 SE Patio Gln Lake City FL
- Circle the correct power company - FL Power & Light - Clay Electric
 (Circle One) - Suwannee Valley Electric - Duke Energy
- Name of Owner of Mobile Home John Arango Phone # 786-317-7056
 Address 220 SE Rose Cove Gln Lake City FL 32025
- Relationship to Property Owner _____
- Current Number of Dwellings on Property vacant
- Lot Size 1.3 Total Acreage 1.3
- 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 yes
- Driving Directions to the Property _____

- Name of Licensed Dealer/Installer Ronald Ryan Norris Phone # 386-234-1005
- Installers Address 1004 SW Charles Ter Lake City FL 32024
- License Number 2H1135009 Installation Decal # _____

License Number: IH / 1135009 / 1 Name: RONALD "RYAN" NORRIS

Order #: 5475	Label #: 92026	Manufacturer:	(Check Size of Home)
Homeowner:		Year Model:	Single _____
Address:		Length & Width:	Double _____
			Triple _____
City/State/Zip:		Type Longitudinal System:	HUD Label #:
Phone #:		Type Lateral Arm System:	Soil Bearing / PSF:
Date Installed:		New Home: _____ Used Home: _____	Torque Probe / in-lbs:
Installed Wind Zone:		Data Plate Wind Zone:	Permit #:
Note:			

John

STATE OF FLORIDA
INSTALLATION CERTIFICATION LABEL

92026

LABEL #	DATE OF INSTALLATION
RONALD "RYAN" NORRIS	
NAME	
IH / 1135009 / 1	5475
LICENSE #	ORDER #

CERTIFIES THAT THE INSTALLATION OF THIS MOBILE HOME IS
IN ACCORDANCE WITH FLORIDA STATUTES 320.8249, 320.8325
AND RULES OF THE HIGHWAY SAFETY AND MOTOR VEHICLES.

INSTRUCTIONS

PLEASE WRITE DATE OF
INSTALLATION AND AFFIX
LABEL NEXT TO HUD LABEL.
USE PERMANENT INK PEN
OR MARKER ONLY.
COMPLETE INFORMATION
ABOVE AND KEEP ON FILE
FOR A MINIMUM OF 2 YEARS.
YOU ARE REQUIRED TO
PROVIDE COPIES WHEN
REQUESTED.

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____

CONTRACTOR

Ronald Ryan Norris

PHONE

386-234-1005

THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

In Columbia County one permit will cover all trades doing work at the permitted site. It is REQUIRED that we have records of the subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and Ordinance 89-6, a contractor shall require all subcontractors to provide evidence of workers' compensation or exemption, general liability insurance and a valid Certificate of Competency license in Columbia County.

Any changes, the permitted contractor is responsible for the corrected form being submitted to this office prior to the start of that subcontractor beginning any work. Violations will result in stop work orders and/or fines.

ELECTRICAL	Print Name <u>John Arango</u> License #: _____ Qualifier Form Attached <input type="checkbox"/>	Signature <u>John Arango</u> Phone #: _____
MECHANICAL/ A/C _____	Print Name <u>window unit</u> License #: _____ Qualifier Form Attached <input type="checkbox"/>	Signature _____ Phone #: _____

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.

Mobile Home Permit Worksheet

Application Number: _____

Date: _____

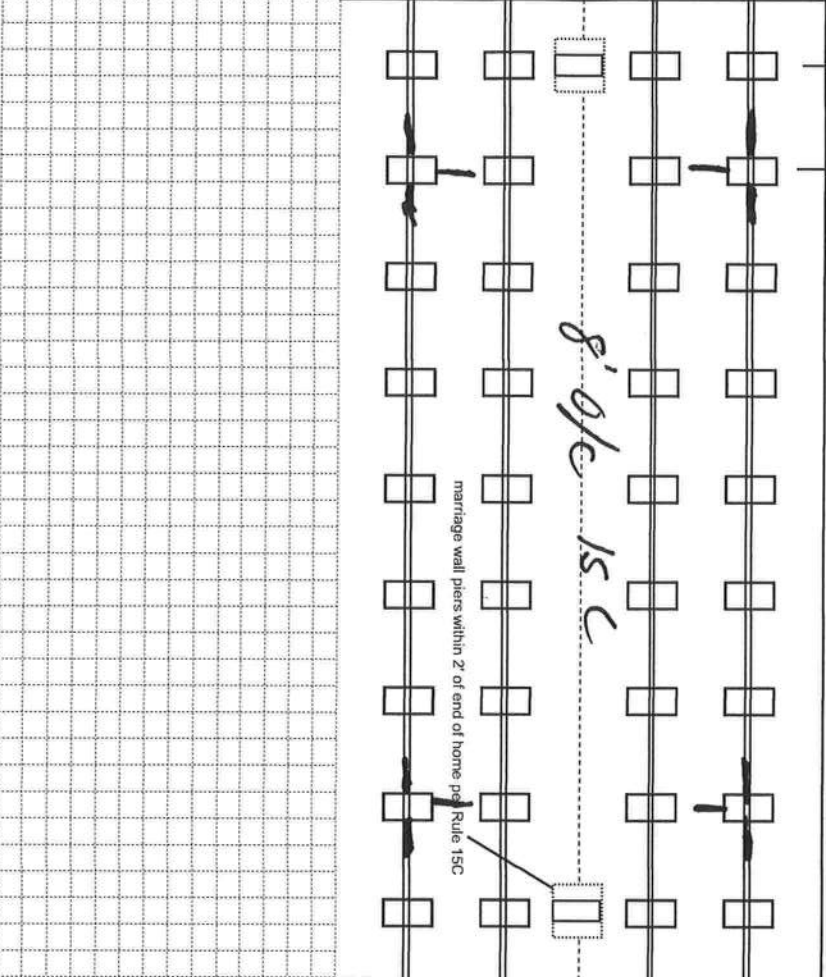
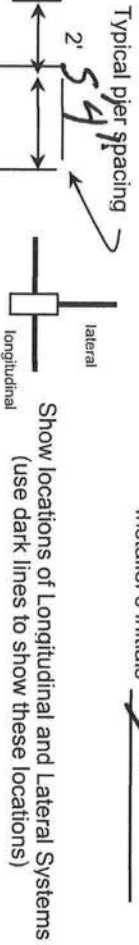
Installer: Ronald Ragan Norris License # STH1135009

Address of home being installed: Lake City FL SE Ratio Glen

Manufacturer: Redman Length x width: 48 x 31

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: [Signature]



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 # 92026

Triple/Quad ☐ Serial # FLA14612955AB

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (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'	4'	5'	6'	7'	8'
1500 psf	4' 6"	6'	7'	8'	8'	8'
2000 psf	6'	8'	8'	8'	8'	8'
2500 psf	7' 6"	8'	8'	8'	8'	8'
3000 psf	8'	8'	8'	8'	8'	8'
3500 psf	8'	8'	8'	8'	8'	8'

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

PIER PAD SIZES

I-beam pier pad size 17.5 x 25.5

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

15C 17.5 x 25.5

15C 16 x 16

ANCHORS

Pad Size	Sq In
16 x 16	256
16 x 18	288
18.5 x 18.5	342
16 x 22.5	360
17 x 22	374
13 1/4 x 26 1/4	348
20 x 20	400
17 3/16 x 25 3/16	441
17 1/2 x 25 1/2	446
24 x 24	576
26 x 26	676

FRAME TIES

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

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer 1161V G71

Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer 1161V G71

OTHER TIES

Sidewall Longitudinal Marriage wall Shearwall

Number 48

48

6

Mobile Home Permit Worksheet

POCKET PENETROMETER TEST

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

X 1000 X 1000 X 1000

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 1000 X 1000 X 1000

TORQUE PROBE TEST

The results of the torque probe test is 285 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 the 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

Korall Ryan Norris

Date Tested

6-25-2022

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. 15C

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 15C

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 15C

Application Number:

Date:

Site Preparation

Debris and organic material removed ☒ Swale ☐ Pad ☒ Other ☐

Fastening multi wide units

Floor: Type Fastener: lag Length: 6" Spacing: 16" o/c
Walls: Type Fastener: wood Length: 4" Spacing: end to end
Roof: Type Fastener: lag Length: 4" Spacing: 16"
For used homes 8 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 foam
Pg. 15C

Installed:
Between Floors Yes ☒
Between Walls Yes ☒
Bottom of ridgebeam Yes ☒

Weatherproofing

The bottomboard will be repaired and/or taped. Yes ☒ Pg. 15C
Siding on units is installed to manufacturer's specifications. Yes ☒
Fireplace chimney installed so as not to allow intrusion of rain water. Yes ☒

Miscellaneous

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

Installer verifies all information given with this permit worksheet is accurate and true based on the manufacturer's installation instructions and or Rule 15C-1 & 2

Installer Signature

[Signature]

Date

6-25-2022



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

PARCEL: 21-4S-17-08651-001 (32133) | MH PARK (2802) | 1.3 AC

COMM NW COR OF SE1/4 OF SW1/4, RUN E 319.9 FT TO E R/W US-41 FOR POB, CONT E 590.10 FT, S 100 FT, W 529.80 FT TO US-41, NW ALONG R/W 115 FT TO POB. 3

Owner: LAKE CITY PARK, LLC
220 SE ROSE COVE GLN
LAKE CITY, FL 32025
Site: 211 SE PATIO Gln, LAKE CITY

Sales Info
4/28/2022 \$175,000 I(Q)
6/30/2020 \$92,000 I(U)
3/30/2005 \$150,000 I(Q)

2022 Working Values

Mkt Lnd	\$35,750	Appraised	\$137,138
Ag Lnd	\$0	Assessed	\$137,138
Bldg	\$53,988	Exempt	\$0
XFOB	\$47,400		
Just	\$137,138	Total	county:\$128,274
		Taxable	city:\$0
			other:\$0
			school:\$137,138

NOTES:



Columbia County, FL

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 Appraiser's office.

GrizzlyLogic.com

BOARD OF COUNTY COMMISSIONERS • COLUMBIA COUNTY



Address Assignment and Maintenance Document

To maintain the county wide Addressing Policy you must make application for a 9-1-1 Address at the time you apply for a building permit. The established standards for addressing and posting numbers to all principal buildings, dwellings, businesses and industries are contained in Columbia County Ordinance 2001-9. The addressing system is to enable Emergency Services Agencies to locate you in an emergency, and to assist the United States Postal Service and the public in the timely and efficient provision of services to residents and businesses of Columbia County

Date/Time Issued: **6/22/2020 2:45:19 PM**

Address: **133 SE PATIO GLN**

City: **LAKE CITY**

State: **FL**

Zip Code **32025**

Parcel ID **21-4S-17-08651-001**

REMARKS: **This address is a verified address in the county's addressing system.**

Verification ID: 5cb84e6b-47fe-421c-af31-0b08154696ba

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: **GIS Specialist**

Columbia County GIS/911 Addressing Coordinator

Columbia County
Department of Information Technology
135 NE Hernando Ave. Lake City, FL 32055
Telephone 386-719-1456

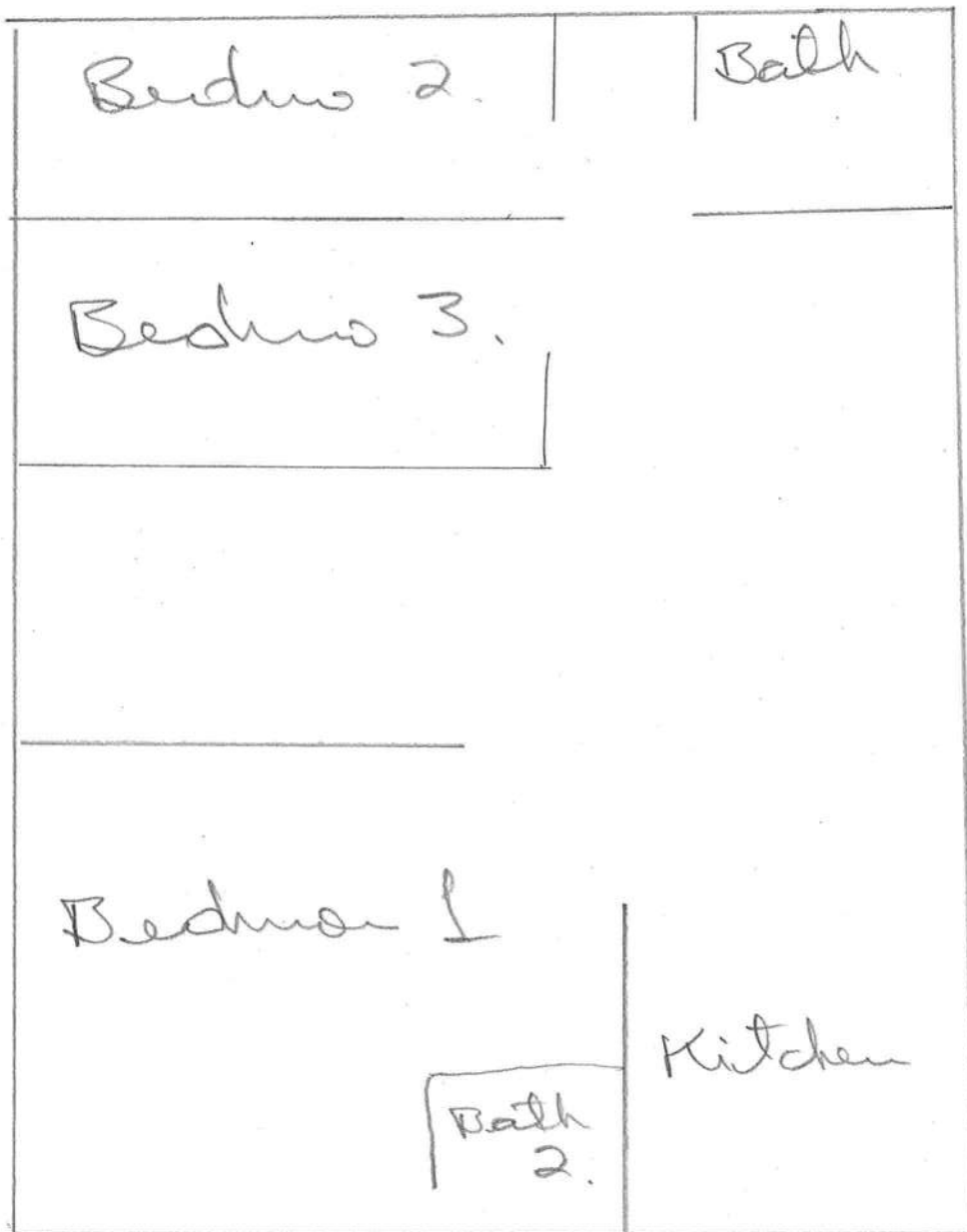
Columbia County, FLA - Building & Zoning Property Map

Printed: Wed Jun 22 2022 12:28:58 GMT-0400 (Eastern Daylight Time)

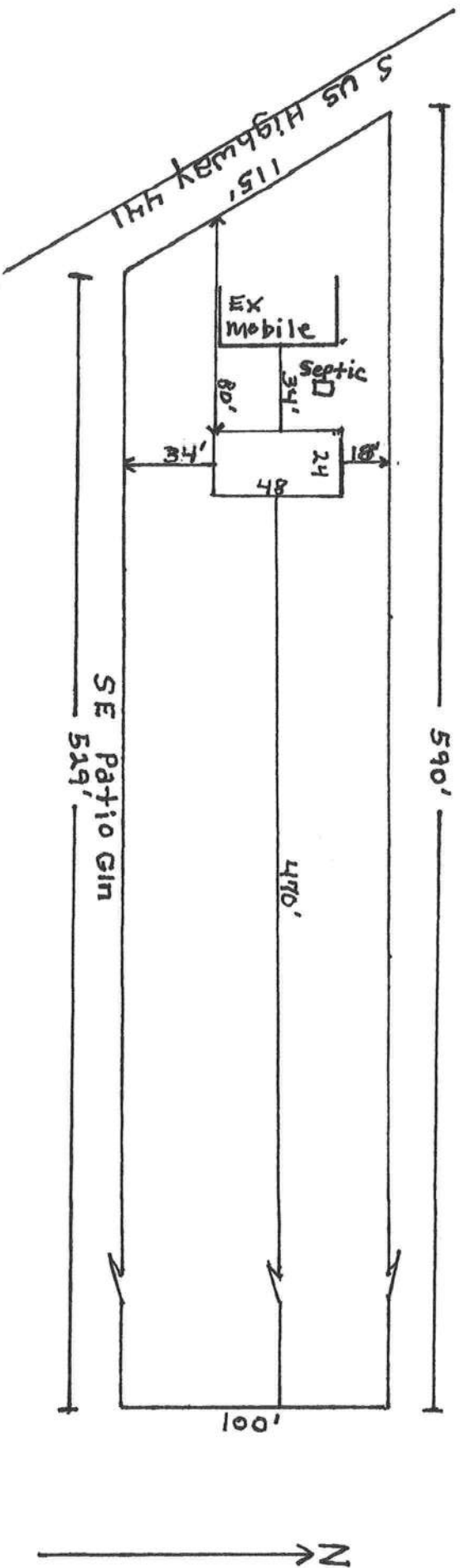


Parcel No: 21-4S-17-08651-001
Owner: LAKE CITY PARK, LLC,
Subdivision:
Lot:
Acres: 1.29038692
Deed Acres: 1.3 Ac
District: District 4 Toby Witt
Future Land Uses: Agriculture - 3
Flood Zones:
Official Zoning Atlas: A-3

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 implied 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.



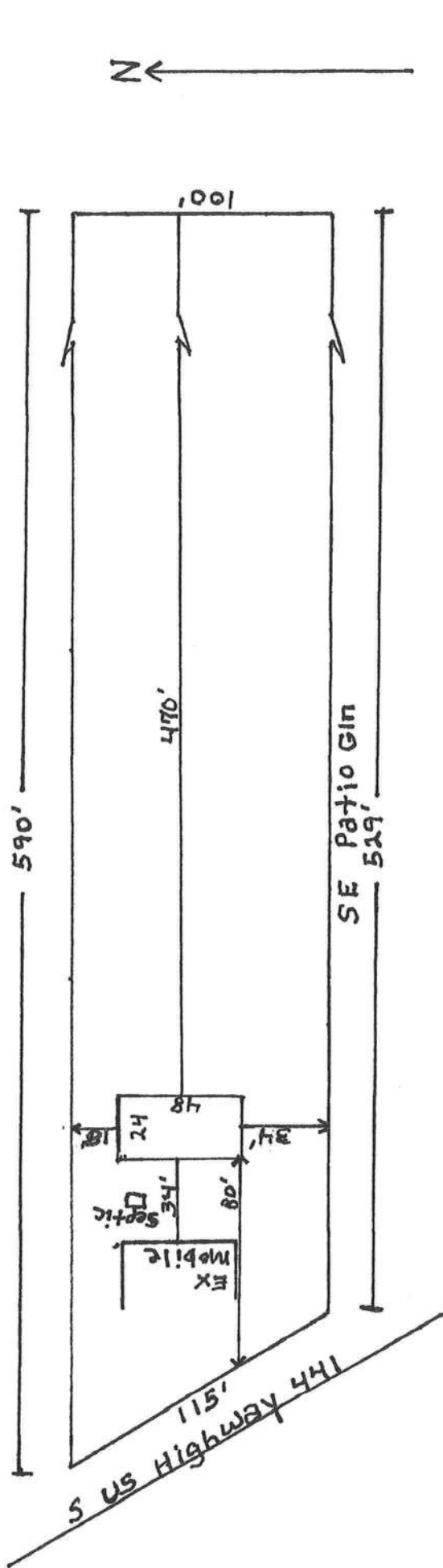
24 x 48



1" = 60'

Arango

133 SE Patio Gin



1" = 60'

Arango

133 SE Patio Gln

Columbia County Property Appraiser

Jeff Hampton

2022 Working Values

updated: 6/16/2022

Parcel: << 21-4S-17-08651-001 (32133) >>

Aerial Viewer Pictometry Google Maps

2019 2016 2013 2010 2007 2005 Sales

Owner & Property Info

Result: 1 of 1

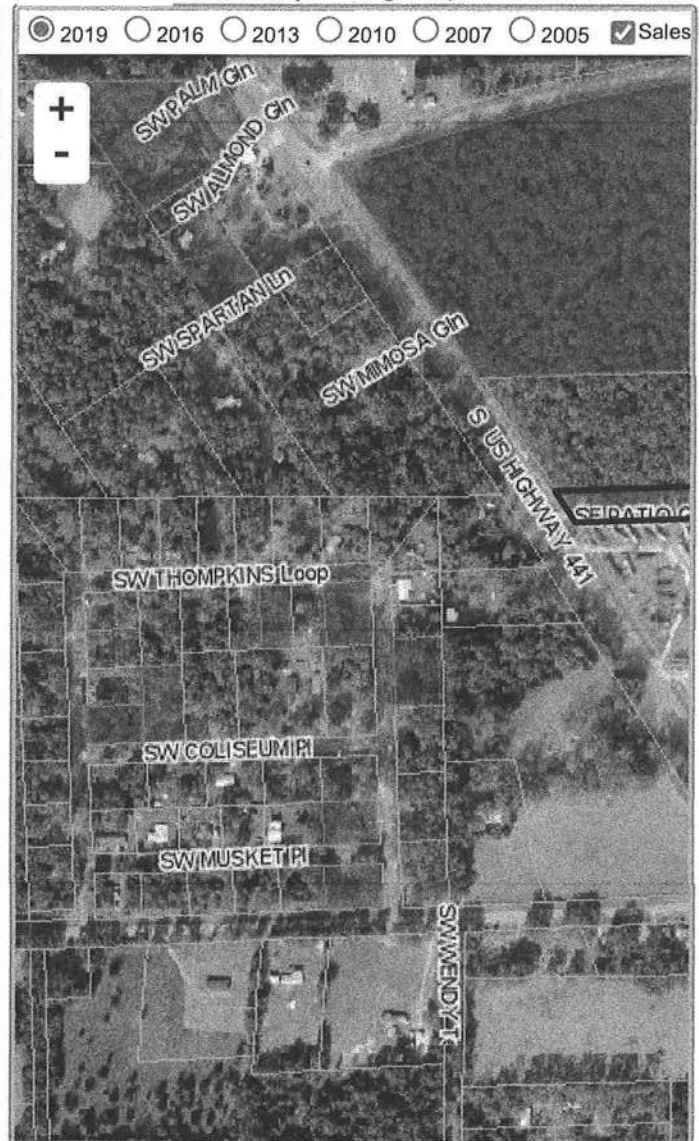
Owner	LAKE CITY PARK, LLC 220 SE ROSE COVE GLN LAKE CITY, FL 32025		
Site	211 SE PATIO GLN, LAKE CITY 121 SE PATIO GLN		
Description*	COMM NW COR OF SE1/4 OF SW1/4, RUN E 319.9 FT TO E R/W US-41 FOR POB, CONT E 590.10 FT, S 100 FT, W 529.80 FT TO US-41, NW ALONG R/W 115 FT TO POB. 351-351, WD 1042-575, QC-1042-582, WD 1415-724, WD 1467-645		
Area	1.3 AC	S/T/R	21-4S-17
Use Code**	MH PARK (2802)	Tax District	2

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

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

Property & Assessment Values

2021 Certified Values		2022 Working Values	
Mkt Land	\$23,530	Mkt Land	\$35,750
Ag Land	\$0	Ag Land	\$0
Building	\$45,683	Building	\$53,988
XFOB	\$47,400	XFOB	\$47,400
Just	\$116,613	Just	\$137,138
Class	\$0	Class	\$0
Appraised	\$116,613	Appraised	\$137,138
SOH Cap [?]	\$0	SOH Cap [?]	\$8,864
Assessed	\$116,613	Assessed	\$137,138
Exempt	\$0	Exempt	\$0
Total Taxable	county:\$116,613 city:\$0 other:\$0 school:\$116,613	Total Taxable	county:\$128,274 city:\$0 other:\$0 school:\$137,138



Sales History

Sale Date	Sale Price	Book/Page	Deed	V/I	Qualification (Codes)	RCode
4/28/2022	\$175,000	1467/0645	WD	I	Q	01
6/30/2020	\$92,000	1415/0724	WD	I	U	37
3/30/2005	\$150,000	1042/0575	WD	I	Q	

Building Characteristics

Bldg Sketch	Description*	Year Blt	Base SF	Actual SF	Bldg Value
Sketch	MOBILE HME (0800)	1986	1008	1008	\$8,037
Sketch	MOBILE HME (0800)	1973	816	816	\$6,280
Sketch	MOBILE HME (0800)	1970	552	552	\$3,740
Sketch	MOBILE HME (0800)	1974	720	720	\$5,405
Sketch	MOBILE HME (0800)	1972	672	672	\$5,045
Sketch	MOBILE HME (0800)	1972	672	672	\$5,109
Sketch	MOBILE HME (0800)	1972	672	672	\$5,045
Sketch	MOBILE HME (0800)	1973	672	672	\$5,109
Sketch	MOBILE HME (0800)	1974	672	672	\$5,109

Sketch	MOBILE HME (0800)	1972	672	672	\$5,109
*Bldg Desc determinations are used by the Property Appraisers office solely for the purpose of determining a property's Just Value for ad valorem tax purposes and should not be used for any other purpose.					

▼ Extra Features & Out Buildings (Codes)					
Code	Desc	Year Blt	Value	Units	Dims
0259	MHP HOOKUP	0	\$47,300.00	11.00	0 x 0
0166	CONC,PAVMT	1993	\$100.00	1.00	0 x 0

▼ Land Breakdown					
Code	Desc	Units	Adjustments	Eff Rate	Land Value
0210	TRLR PARK (MKT)	1.300 AC	1.0000/1.0000 1.0000/ /	\$27,500 /AC	\$35,750

Search Result: 1 of 1



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, Ronald Ryan Norris, give this authority and I do certify that the below
Installers Name
referenced person(s) listed on this form is/are under my direct supervision and control and
is/are authorized to purchase permits, call for inspections and sign on my behalf.

Printed Name of Authorized Person	Signature of Authorized Person	Agents Company Name
Sony North	Sony North	
Dylan Hinson		

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.

[Signature]
License Holders Signature (Notarized)

IH 1135009 6/25/22
License Number Date

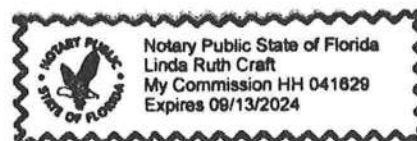
NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Ronald Ryan Norris,
personally appeared before me and is known by me or has produced identification
(type of I.D.) _____ on this 25th day of June, 20 22.

Linda Ruth Craft
NOTARY'S SIGNATURE

(Seal/Stamp)





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

MOBILE HOME INSTALLERS LETTER OF AUTHORIZATION

I, Ronald Ryan Norris, give this authority for the job address show below
Installer License Holder Name

only, SE Patio Glen Lake City, and I do certify that
Job Address

the below referenced person(s) listed on this form is/are under my direct supervision and control and is/are authorized to purchase permits, call for inspections and sign on my behalf.

Printed Name of Authorized Person	Signature of Authorized Person	Authorized Person is... (Check one)
Sonya North	Sonya North	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
Dylan Hinson		<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner

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.

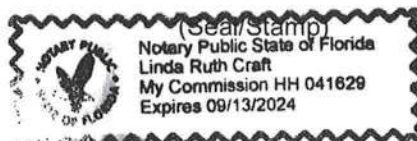
[Signature] License Holders Signature (Notarized) IH/1135009 License Number 6/25/22 Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Ronald Ryan Norris, personally appeared before me and is known by me or has produced identification (type of I.D.) 25th day of June, 20 22.

Linda Ruth Craft
NOTARY'S SIGNATURE



CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

* CALL Before going
Customer needs to
meet you

DATE RECEIVED _____ BY _____ IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? NO
OWNERS NAME John Arango PHONE _____ CELL 786-317-7056
ADDRESS 133 SE Patio Glen Lake City
MOBILE HOME PARK Lake City Park LLC SUBDIVISION _____
DRIVING DIRECTIONS TO MOBILE HOME mobile home is currently sitting at 12240 SW
SR 45 Archer Fl 32618

MOBILE HOME INSTALLER Ronald Ryan Norris PHONE _____ CELL 386-234-1005

MOBILE HOME INFORMATION

MAKE Redman YEAR 1998 SIZE _____ X 48 COLOR _____

SERIAL No. FLA 14612955A/B

WIND ZONE 2 Must be wind zone II or higher NO WIND ZONE I ALLOWED

INSPECTION STANDARDS

INTERIOR:

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

_____ SMOKE DETECTOR () OPERATIONAL () MISSING
_____ FLOORS () SOLID () WEAK () HOLES DAMAGED LOCATION _____
_____ DOORS () OPERABLE () DAMAGED
_____ WALLS () SOLID () STRUCTURALLY UNSOUND
_____ WINDOWS () OPERABLE () INOPERABLE
_____ PLUMBING FIXTURES () OPERABLE () INOPERABLE () MISSING
_____ CEILING () SOLID () HOLES () LEAKS APPARENT
_____ ELECTRICAL (FIXTURES/OUTLETS) () OPERABLE () EXPOSED WIRING () OUTLET COVERS MISSING () LIGHT
FIXTURES MISSING

EXTERIOR:

_____ WALLS / SIDING () LOOSE SIDING () STRUCTURALLY UNSOUND () NOT WEATHERTIGHT () NEEDS CLEANING
_____ WINDOWS () CRACKED/ BROKEN GLASS () SCREENS MISSING () WEATHERTIGHT
_____ ROOF () APPEARS SOLID () DAMAGED

STATUS

APPROVED _____ WITH CONDITIONS: _____

NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE _____ ID NUMBER _____ DATE _____

Identification Number	Year	Make	Body	WT-L-BHP	Vessel Regis. No.	Title Number
FLA14612955A	1998	REDM	HS	48'		75125632

Registered Owner:

Date of Issue 10/03/2007

RONDRE FLORANT BALUYOT
12240 SW SR 45
ARCHER FL 32618

Lien Release

Interest in the described vehicle is hereby released

By _____

Title _____

Date _____

IMPORTANT INFORMATION

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

Mail To:

RONDRE FLORANT BALUYOT
12240 SW SR 45
ARCHER FL 32618-3850



CERTIFICATE OF TITLE

Identification Number	Year	Make	Body	WT-L-BHP	Vessel Regis. No.	Title Number
FLA14612955A	1998	REDM	HS	48'		75125632
Prev State	Color	Primary Brand	Secondary Brand	No of Brands	Use	Prev Issue Date
FL	UNK				PRIVATE	08/30/2007
Odometer Status or Vessel Manufacturer or OH use				Hull Material	Prop	Date of Issue
						10/03/2007

Lien Release

Interest in the described vehicle is hereby released

By _____

Title _____

Date _____

Registered Owner

RONDRE FLORANT BALUYOT
12240 SW SR 45
ARCHER FL 32618

1st Lienholder

NONE

DIVISION OF MOTOR VEHICLES

TALLAHASSEE

FLORIDA

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

Carl A. Ford
Director



Control Number 86368332

Electra Theodorides-Bustle
Executive Director

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

Federal and/or state law require that the seller state the mileage, purchaser's name, selling price and date sold in connection with the transfer of ownership.

Failure to complete or providing a false statement may result in fines and/or imprisonment.

This title is warranted to be free from any liens except as noted on the face of the certificate and the motor vehicle or vessel described is hereby transferred to:

Seller Must Enter Purchaser's Name:

Seller Must Enter Selling Price:

Address:

Seller Must Enter Date Sold:

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

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

SELLER Must

Sign Here:

CO-SELLER Must

Sign Here:

Print Here: Rondre Florant Baluyot

Print Here:

Selling Dealer's License Number:

Tax No.:

Tax Collected:

Auction Name

License Number:

PURCHASER Must

Sign Here:

CO-PURCHASER Must

Sign Here:

Print Here:

Print Here:

NOTICE: \$10.00 PENALTY IS REQUIRED BY LAW IF NOT SUBMITTED FOR TRANSFER WITHIN 30 DAYS AFTER DATE OF PURCHASE

Identification Number	Year	Make	Body	WT-L-BHP	Vessel Regis. No.	Title Number
FLA14612955B	1998	REDM	HS	48'		75125633

Registered Owner:

Date of Issue 10/03/2007

RONDRE FLORANT BALUYOT
12240 SW SR 45
ARCHER FL 32618

Lien Release

Interest in the described vehicle is hereby released

By _____

Title _____

Date _____

IMPORTANT INFORMATION

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

Mail To:

RONDRE FLORANT BALUYOT
12240 SW SR 45
ARCHER FL 32618-3850



CERTIFICATE OF TITLE

Identification Number	Year	Make	Body	WT-L-BHP	Vessel Regis. No.	Title Number
FLA14612955B	1998	REDM	HS	48'		75125633
Prev State	Color	Primary Brand	Secondary Brand	No of Brands	Use	Prev Issue Date
FL	UNK				PRIVATE	08/30/2007
Odometer Status or Vessel Manufacturer or OH use				Hull Material	Prop	Date of Issue
						10/03/2007

Lien Release

Interest in the described vehicle is hereby released

By _____

Title _____

Date _____

Registered Owner

RONDRE FLORANT BALUYOT
12240 SW SR 45
ARCHER FL 32618

1st Lienholder

NONE

DIVISION OF MOTOR VEHICLES

TALLAHASSEE

FLORIDA

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

Carl A. Ford
Director



Control Number 86368333

Electra Theodorides-Bustle
Executive Director

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Seller Must Enter Selling Price:

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Sign Here:CO-SELLER Must
Sign Here:

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Selling Dealer's License Number:

Tax No.:

Tax Collected:

Auction Name:

License Number:

PURCHASER Must
Sign Here:CO-PURCHASER Must
Sign Here:

Print Here:

Print Here:

NOTICE: \$10.00 PENALTY IS REQUIRED BY LAW IF NOT SUBMITTED FOR TRANSFER WITHIN 30 DAYS AFTER DATE OF PURCHASE

Institute for Building Technology
and Safety (IBTS)



MANUFACTURED HOME PERFORMANCE VERIFICATION CERTIFICATE®

Issue Date:

06/21/2022

Verification:

IBTS's Manufactured Home Data Verification Team has researched regulatory records on the Redman Homes, Plant City, FL, manufactured home having the serial number(s) and date of manufacture identified below. Based on shipment records maintained by IBTS, as required by the U.S. Department of Housing and Urban Development, provided by the home manufacturer and pursuant to 24 CFR 3282.552, IBTS verifies the following home performance information listed below corresponds to the home's initial destination and the construction standards set forth in 24 CFR 3280 at the time the home was labeled.

Serial Number(s):

14612955A/B

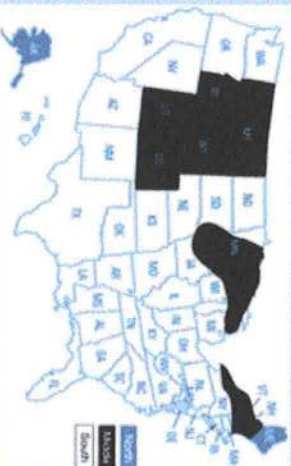
Date of Manufacture:

12-05-1997

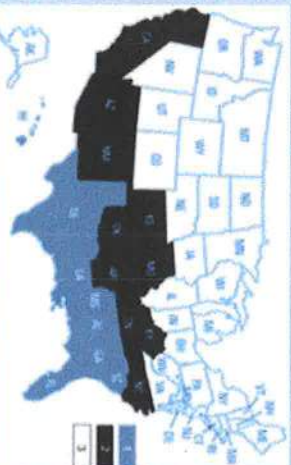
Wind Zone: Zone II



Roof Load Zone: South



Thermal Zone: Zone 1



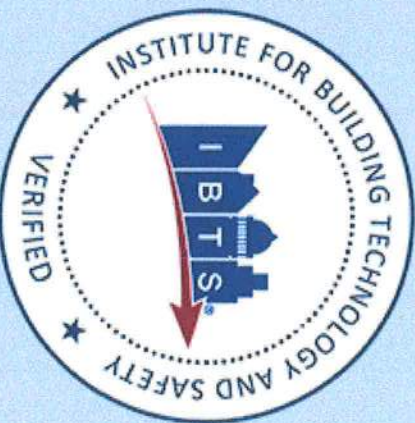
Verification Provided by the Institute for Building Technology and Safety

Abel L. Gonzalez
Chief Executive Officer

DISCLAIMER: This information is applicable only to the home having serial numbering and date of manufacture noted above. IBTS provides this verification based on the production reports provided by the home manufacturer and the zone requirements in effect at the time the home was labeled by the home manufacturer. IBTS makes no representations beyond those set forth herein and is not liable for modifications to the home's construction or subsequent home moves that may affect the home performance information verified above.

The Institute for Building Technology and Safety
(a nonprofit organization)

45207 Research Place, Ashburn VA 20147 | 866-482-8868 | www.ibts.org



IBTS Verification Seal



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Limited Liability Company

LAKE CITY PARK LLC

Filing Information

Document Number L22000112046
FEI/EIN Number NONE
Date Filed 03/04/2022
Effective Date 03/03/2022
State FL
Status ACTIVE

Principal Address

220 SE ROSE COVE GLEN
 LAKE CITY, FL 32025

Mailing Address

220 SE ROSE COVE GLEN
 LAKE CITY, FL 32025

Registered Agent Name & Address

ARANGO, JOHN H
 220 SE ROSE COVE GLEN
 LAKE CITY, FL 32025

Authorized Person(s) Detail

Name & Address

Title AMBR

ARANGO, JOHN H
 220 SE ROSE COVE GLEN
 LAKE CITY, FL 32025

Title AMBR

ARANGO, LINA M
 220 SE ROSE COVE GLEN
 LAKE CITY, FL 32025

Annual Reports

No Annual Reports Filed

Document Images

[03/04/2022 -- Florida Limited Liability](#) [View image in PDF format](#)

Prepared by and return to:

Crystal L. Curran
Springs Title, LLC
13900 Tech City Drive
Suite 412
Alachua, FL 32615
(352) 565-7800
File No 22-47

Parcel Identification No 21-4S-17-08651-001

[Space Above This Line For Recording Data]

WARRANTY DEED

(STATUTORY FORM – SECTION 689.02, F.S.)

This indenture made the 28th day of April, 2022 between Hill Place Farms, LLC aka Hills Place Farms, LLC, a Florida Limited Liability Company, whose post office address is 215 Southwest Crews Farm Terrace, Lake City, FL 32025, of the County of Columbia, State of Florida, Grantor, to LAKE CITY PARK LLC, a Florida Limited Liability Company, whose post office address is 220 SE Rose Cove Glen, Lake City, FL 32025, of the County of Columbia, State of Florida, Grantee:

Witnesseth, that said Grantor, for and in consideration of the sum of TEN DOLLARS (U.S.\$10.00) and other good and valuable considerations to said Grantor in hand paid by said Grantee, the receipt whereof is hereby acknowledged, has granted, bargained, and sold to the said Grantee, and Grantee's heirs and assigns forever, the following described land, situate, lying and being in Columbia, Florida, to-wit:

COMMENCE AT THE NORTHWEST CORNER OF THE SOUTHEAST 1/4 OF SOUTHWEST 1/4 OF SECTION 21, AND RUN NORTH 88°02' EAST, ALONG THE NORTH LINE OF SAID SOUTHEAST 1/4 OF SOUTHWEST 1/4 319.90 FEET TO THE EASTERLY RIGHT OF WAY LINE OF STATE ROAD #25 (US HIGHWAY 41) FOR THE POINT OF BEGINNING, THENCE CONTINUE NORTH 88°02' EAST, 590.10 FEET ALONG THE NORTH LINE OF SAID SOUTHEAST 1/4 OF SOUTHWEST 1/4 THENCE RUN SOUTH 00°40' WEST, 100.00 FEET, THENCE RUN SOUTH 88°02' WEST, 529.80 FEET TO THE EASTERLY RIGHT OF WAY LINE OF SAID STATE ROAD #25, RUN THENCE NORTHERLY ALONG THE EASTERLY RIGHT OF WAY LINE OF SAID STATE ROAD #25 115.00 FEET TO THE POINT OF BEGINNING. ALL LYING AND BEING IN COLUMBIA COUNTY, FLORIDA.

LESS RIGHT OF WAY FOR STATE ROAD 25 PER OR BOOK 3, PAGE 53 OF THE PUBLIC RECORDS OF COLUMBIA COUNTY, FLORIDA.

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

Subject to taxes for 2022 and subsequent years, not yet due and payable; covenants, restrictions, easements, reservations and limitations of record, if any.

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

And Grantor hereby covenant with the Grantee that the Grantor is lawfully seized of said land in fee simple, that Grantor have good right and lawful authority to sell and convey said land and that the Grantor hereby fully warrant the title to said land and will defend the same against the lawful claims of all persons whomsoever.

In Witness Whereof, Grantor have hereunto set Grantor's hand and seal the day and year first above written.

Signed, sealed and delivered in our presence:

WITNESS

PRINT NAME

Judith Boyd
WITNESS
PRINT NAME: *Judith Boyd*

Hill Place Farms, LLC aka Hills Place Farms, LLC, a Florida
Limited Liability Company

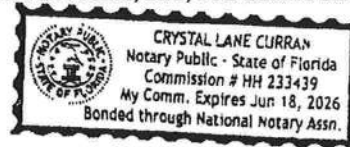
By: *Brian Crews*

Brian Crews, Manager

STATE OF FLORIDA
COUNTY OF ALACHUA

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization this 28th day of April, 2022 by Brian Crews Manager of Hill Place Farms, LLC aka Hills Place Farms, LLC, a FL Limited Liability Company, on behalf of the Limited Liability Company.

Crystal Lane Curran
Signature of Notary Public
Print, Type/Stamp Name of Notary



Personally known: _____

OR Produced Identification: ☒

Type of Identification Produced: *ID*