

DATE 02/16/2011

Columbia County Building Permit

This Permit Must Be Prominently Posted on Premises During Construction

PERMIT

000029186

APPLICANT STEVE SMITH PHONE 386-365-8549
ADDRESS 466 SW DEPUTY J DAVIS FORT WHITE FL 32038
OWNER CLAUDIA GUNTHER PHONE
ADDRESS 179 SW ARIES PL FORT WHITE FL 32038
CONTRACTOR CHESTER KNOWLES PHONE 755-6441
LOCATION OF PROPERTY 47 S, THROUGH FT WHITE, L SPEAR, R MAGELLAN, STAY RIGHT AT
FORK (ARIES), 1ST PROPERTY ON RIGHT
TYPE DEVELOPMENT MH, UTILITY ESTIMATED COST OF CONSTRUCTION 0.00
HEATED FLOOR AREA TOTAL AREA HEIGHT STORIES
FOUNDATION WALLS ROOF PITCH FLOOR
LAND USE & ZONING AG-3 MAX. HEIGHT 35
Minimum Set Back Requirements: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00
NO. EX.D.U. 1 FLOOD ZONE X DEVELOPMENT PERMIT NO.

PARCEL ID 04-7S-16-04135-002 SUBDIVISION
LOT BLOCK PHASE UNIT TOTAL ACRES 10.87

IH10252831
Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor
EXISTING 11-0051-M BK HD N
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: FLOOR ONE FOOT ABOVE THE ROAD

REPLACING EXISTING MH

Check # or Cash 31481

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

Temporary Power date/app. by Foundation date/app. by Monolithic date/app. by
Under slab rough-in plumbing date/app. by Slab date/app. by Sheathing/Nailing date/app. by
Framing date/app. by Insulation date/app. by
Rough-in plumbing above slab and below wood floor Electrical rough-in date/app. by
Heat & Air Duct date/app. by Peri. beam (Lintel) date/app. by Pool date/app. by
Permanent power date/app. by C.O. Final date/app. by Culvert date/app. by
Pump pole date/app. by Utility Pole date/app. by M/H tie downs, blocking, electricity and plumbing date/app. by
Reconnection date/app. by RV date/app. by Re-roof date/app. by

BUILDING PERMIT FEE \$ 0.00 CERTIFICATION FEE \$ 0.00 SURCHARGE FEE \$ 0.00

MISC. FEES \$ 300.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 0.00 WASTE FEE \$

FLOOD DEVELOPMENT FEE \$ FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$ TOTAL FEE 375.00

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. AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.

"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 RECEIVES AN APPROVED INSPECTION EVERY 180 DAYS. WORK SHALL BE CONSIDERED NOT SUSPENDED, ABANDONED OR INVALID WHEN THE PERMIT HAS RECEIVED AN APPROVED INSPECTION WITHIN 180 DAYS OF THE PREVIOUS INSPECTION.

The Issuance of this Permit Does Not Waive Compliance by Permittee with Deed Restrictions.

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-11)		Zoning Official <u>BLK/ISO 2-11</u>	Building Official <u>120 2-9-11</u>
AP# <u>1102-17</u>	Date Received <u>2-7-11</u>	By <u>LMH</u>	Permit # <u>29186</u>
Flood Zone <u>X</u>	Development Permit <u>N/A</u>	Zoning <u>A-3</u>	Land Use Plan Map Category <u>A-3</u>
Comments <u>Replacing Existing MH</u>			
FEMA Map# <u>N/A</u>	Elevation <u>N/A</u>	Finished Floor <u>1' above</u>	River <u>N/A</u> In Floodway <u>N/A</u>
<input checked="" type="checkbox"/> Site Plan with Setbacks Shown	<input checked="" type="checkbox"/> EH # <u>11-0051M</u>	<input type="checkbox"/> EH Release	<input type="checkbox"/> Well letter <input checked="" type="checkbox"/> Existing well
<input checked="" type="checkbox"/> Recorded Deed or Affidavit from land owner	<input type="checkbox"/> Installer Authorization	<input checked="" type="checkbox"/> State Road Access	<input checked="" type="checkbox"/> 911 Sheet
<input type="checkbox"/> Parent Parcel # _____	<input type="checkbox"/> STUP-MH _____	<input checked="" type="checkbox"/> F W Comp. letter	<input checked="" type="checkbox"/> VF Form
IMPACT FEES: EMS _____ Fire _____ Corr _____		<input type="checkbox"/> Out County <input checked="" type="checkbox"/> In County	
Road/Code _____ School _____		= TOTAL <u>Impact Fees Suspended March 2009</u>	

Property ID # 04-75-16-04135-002 Subdivision _____

▪ New Mobile Home _____ Used Mobile Home X MH Size 28X66 Year 1995

▪ Applicant Steve Smith
Freedom Homes Phone # 386-365-8549

▪ Address 466 SW Deputy J Davis Ln. Lake City FL 32024

▪ Name of Property Owner Claudia B. Gunther Phone# _____

▪ 911 Address 179 SW ARIES PL, FORT WHITE FL 32038

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

▪ Name of Owner of Mobile Home Claudia B. Gunther Phone # _____

Address 13050 110th AVE N. LARGO FL 33774

▪ Relationship to Property Owner Same

▪ Current Number of Dwellings on Property 0 old single just removed

▪ Lot Size 362' X 1307' Total Acreage 10.87 (Paid)

▪ 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 "pd"

▪ Driving Directions to the Property From HWY 27 & 47 IN FORT WHITE - GO SOUTH ON 47 1 mile turn left on Spear GO 1/2 mi to magellan turn right go to fork in road stay right - 1st property on right

▪ Name of Licensed Dealer/Installer Chester Knowles Phone # 386-755-6441

▪ Installers Address 5801 SW SR 47 Lake City FL 32024

▪ License Number IH102528311 Installation Decal # 1351

\$ 375.00

Spoke to
Steve 2-16-11

PERMIT WORKSHEET

PERMIT NUMBER

Installer Jessie L. Chester-Knowles License # EA102528311

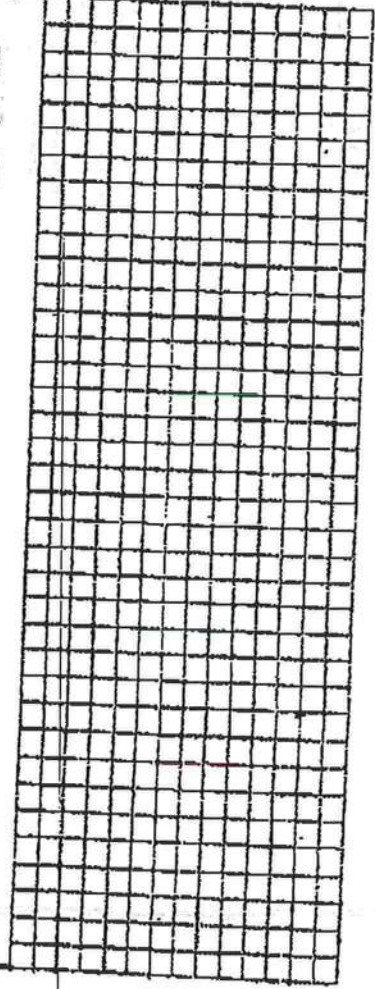
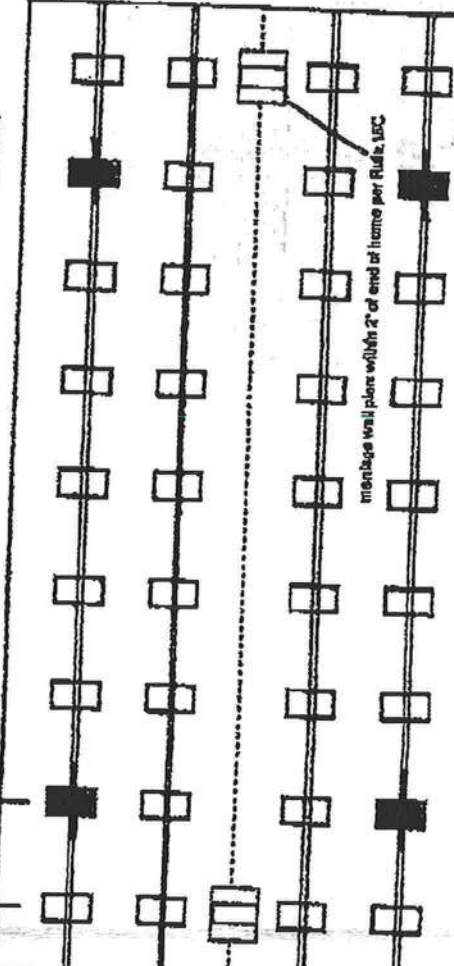
Address of home being installed 179 SW ARIES PL

Manufacturer SKG Line Length x width 28 x 66

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 JLK



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 # 1357

Triple/Quad ☐ Serial # 0111A13

Roof System: ☒ Typical ☐ Hinged

PER SPACING TABLE FOR USED HOMES

Load bearing capacity	Footer size (sq in)	16" x 16" (256)	18 1/2" x 18 1/2" (342)	20" x 20" (400)	22" x 22" (484)	24" x 24" (576)	26" x 26" (676)
1000 PSI	8"	8"	8"	8"	8"	8"	8"
1500 PSI	4" 6"	4" 6"	4" 6"	4" 6"	4" 6"	4" 6"	4" 6"
2000 PSI	6"	6"	6"	6"	6"	6"	6"
2500 PSI	7 6"	7 6"	7 6"	7 6"	7 6"	7 6"	7 6"
3000 PSI	8"	8"	8"	8"	8"	8"	8"
3500 PSI	8"	8"	8"	8"	8"	8"	8"

Interpolated from Rule 15C-1 pier spacing table.

PIER PAD SIZES

I-beam pier pad size 23 1/4 x 31 1/4

Perimeter pier pad size NA

Other pier pad sizes (required by the mfg.) 16 x 16

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.

POPULAR PAD SIZES

Pad Size	Sq in
16 x 16	256
16 x 18	288
18.5 x 18.5	342
18 x 22.5	380
17 x 22	374
18 1/4 x 25 1/4	348
20 x 20	400
17 3/16 x 25 3/16	441
17 1/2 x 25 1/2	448
24 x 24	576
26 x 26	676

ANCHORS

Opening 20' Pier pad size 24 x 24

FRAME TIES

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

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSP)
Manufacturer Oliver Tech. Inc.
Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer Oliver Tech. Inc.

OTHER TIES

Sidewall
Longitudinal
Marriage wall
Shearwall

Number

24
24
24
24

POCKET PENETROMETER TEST

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

x 1.0 x 1.0 x 1.0

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 1.0 x 1.0 x 1.0

TORQUE PROBE TEST

The results of the torque probe test is N/A 1010 system here if you are declaring 5' anchors without testing showing 275 inch pounds or less will require 5 foot anchors. A test

Note: A state approved lateral arm system is being used and 4 ft. anchors are allowed at the sidewall locations. I understand 5 ft. reading is 275 or less and where the mobile home manufacturer may requires anchors with 4000 lb. holding capacity.

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Jessie L. Chester Knowledge Installer's Initials
Date Tested 1-27-11

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. 15C1

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 15C1
Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 15C1

Site Preparation

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

Fastening multi wide units

Floor: _____
Walls: _____
Roof: _____
Type Fastener: 6x5 Length: 6' Spacing: 20"
Type Fastener: 3x6 Length: 4' Spacing: 18"
For used homes a min. 30 gauge, 8" wide, galvanized metal strip will be centered over the peak of the roof and fastened with galv. roofing nails at 2" on center on both sides of the centerline.

Gasket (weatherproofing requirement)

I understand a properly installed gasket is a requirement of all new and used homes and that condensation, mold, mildew and buckled marriage walls are a result of a poorly installed or no gasket being installed. I understand a strip of tape will not serve as a gasket.

Installer's Initials JL

Type gasket Roll Foam
Pg. 15C1

Installed:

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

Weatherproofing

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

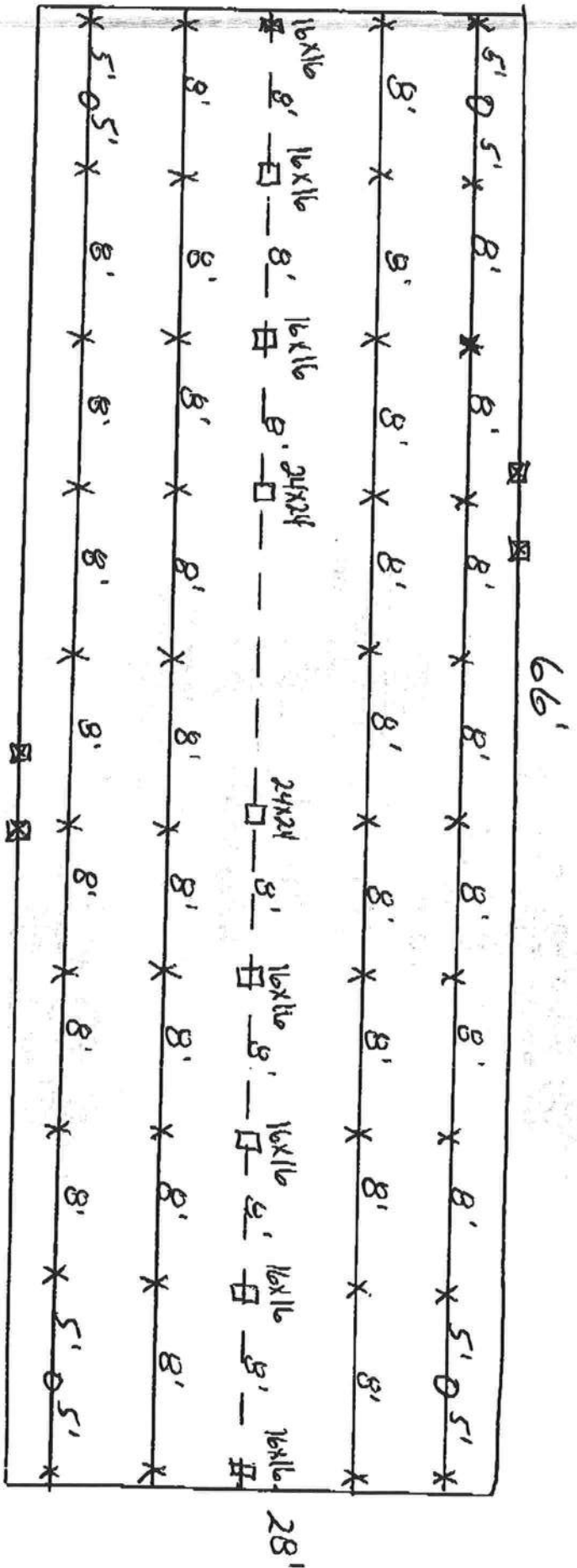
Miscellaneous

Skirting to be installed. Yes ☒ No ☐
Dryer vent installed outside of skirting. Yes ☒
Range downflow vent installed outside of skirting. Yes ☒
Drain lines supported at 4 foot intervals. Yes ☒
Electrical crossmembers protected. Yes ☒
Other: 15C1 may or may not have page # 15C1

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 Jessie L. Chester Date 1-27-11

75 Skyline/Gwate



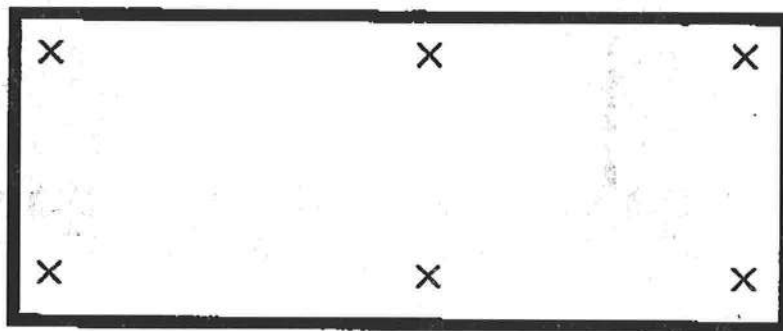
X - I Beam Piers 8' oc. using 23" x 31" Abs pads

O - 1101V All steel foundation longitudinal only from Oliver technology

☒ - Door Piers using 16' x 16' Abs pads

Penetrometer/Torque Test

1000 Lbs. 1000 Lbs. 1000 Lbs.
X 1.0 inch pounds X 1.0 inch pounds X 1.0 inch pounds



1000 Lbs. 1000 Lbs. 1000 Lbs.
X 1.0 inch pounds X 1.0 inch pounds X 1.0 inch pounds

Test the perimeter of the home at six (6) locations

Take the reading at the depth of the footer

Using 500lb. Increment, take the lowest reading and round down to that increment



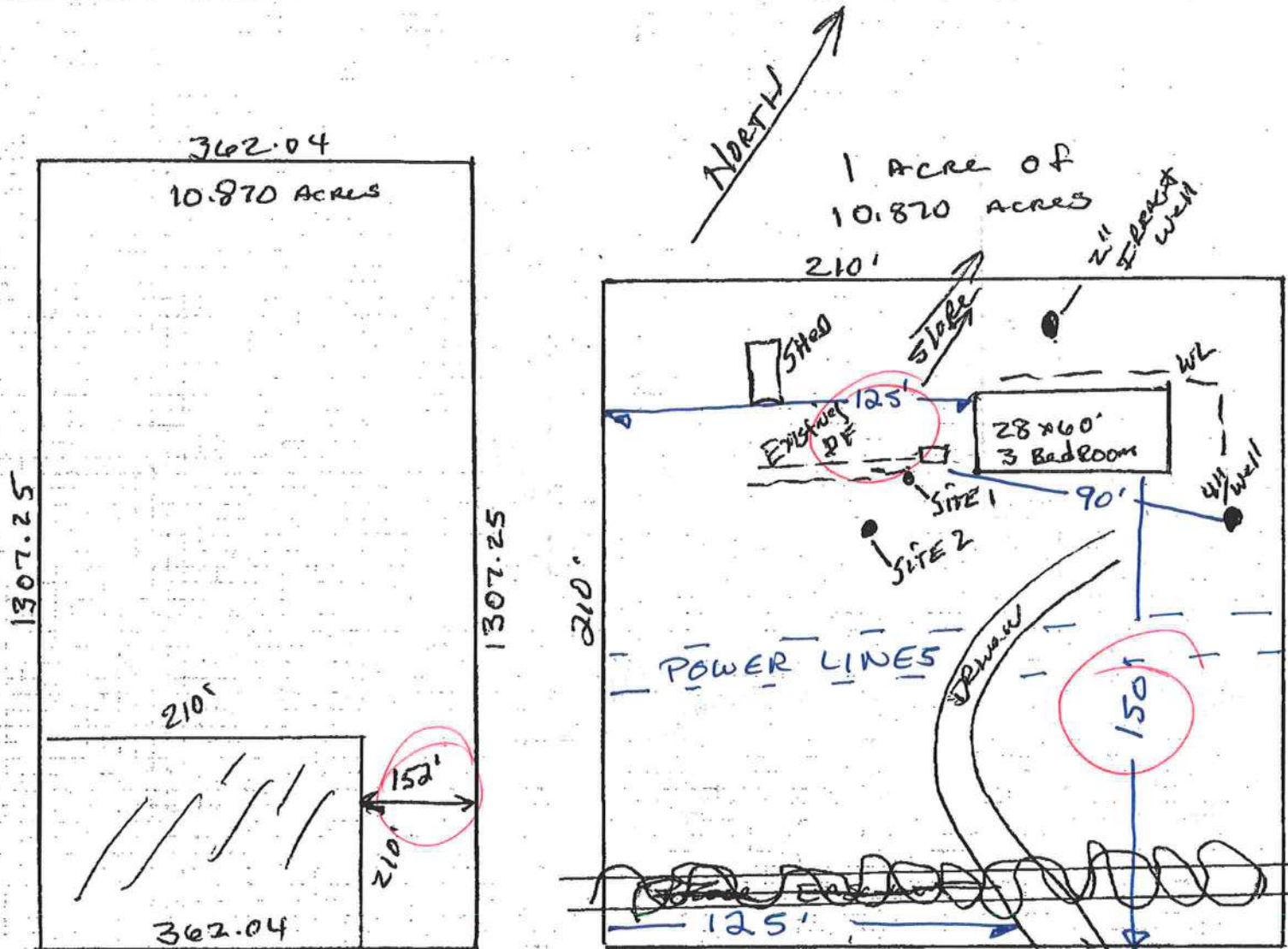
STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number _____

PART II - SITE PLAN

Scale: Each block represents 5 feet and 1 inch = 50 feet.



Notes: 131 SW ARLES PL.

Claudia Gunther

10.870 Acres 04-75-16-04135-002

Site Plan submitted by: Robert W. J. [Signature] _____

Signature

Agust _____
Title

Plan Approved _____ Not Approved _____ Date _____

By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

PERMIT NUMBER: _____

TORQUE TEST AFFIDAVIT

I, Jessie L. "Chester" Knowles, Have personally performed the Torque Test at the following property location:

911 or legal description

Property Owner

I have made the following determination as follows:

Torque Value: NA using 1101V Systems 4 FT. Anchors
Inch pounds

Jessie L. Chester Knowles, IH/1025283/1, 1-29-11
Signature License Number Date

PENETROMETER TEST AFFIDAVIT

I, Jessie L. "Chester" Knowles, Have personally performed the penetrometer test at the following property location:

911 or legal description

Property Owner

I have made the following determination:

Soil load bearing capacity: _____, Or assumed 1000 PSF. ☒

Jessie L. Chester Knowles, IH/1025283/1, 1-29-11
Signature License Number Date

MOBILE HOME INSTALLERS AFFIDAVIT

Florida Statute Section 320.8249 Requires Mobile Home Installers to be Licensed:

Any person who engages in mobile home installation shall obtain a mobile home installers license from the Bureau of Mobile Home and Recreational Vehicle construction of the Department of Highway Safety and Motor Vehicles Pursuant to this section.

I, Jessie L. Chester Knowles, License No., IH 1025283 / 1
Please Type or Print

do hereby state that the installation of the manufactured home at:

911 Address of the Job site

Will be done under my supervision.

Jessie L. Chester Knowles
Signature

Sworn to and subscribed before me this _____ day of _____ 20____.

Notary public: _____, My commission Expires: _____
Signature Date

Personally Known: _____

Produce Valid Identification: _____

Stamp or seal _____

DATE 1/4/2011

Sales Person: STEVE SMITH C# 386-365-8549

Freedom Mobile Home Sales, Inc

CONTRACT DATE

page 1

DOB Buyer:

PROCESSING WORKSHEET

Drivers License

MUST BE APPROVED BY STEVE

Buyer:

DOB Co Buyer:

STEVE'S CELL# 386-365-8549

Co Buyer:

Last	First and Middle	Last	First	Cell #
Buyer: GUNTHER	CLAUDIA BARR	Co Buyer:		PHIL 352-317-2925
Address: 13050 110th AVE. N., LARGO, FL 33774				Home#
Delivery Address: 131 SW AIRES PLACE, FORT WHITE, FL 32038				Work #
COUNTY	COLUMBIA	email		
Make	SKYLINE	Model:	year	bedrooms
Serial Number	3262-0111HAB	USED	1995	4
Location	R-Value	Thickness	Type of Insulation	Base Price of Unit:
Ceiling			ROCKWOOL	\$19,400.00
Exterior			FIBERGLASS	Factory options
Floors			FIBERGLASS	\$0.00
This insulation information was furnished by the manufacturer and is disclosed in compliance with the Federal Trade Commission Rule 16CRF, Section 460.16				Total Allowances
				\$1,870.00
OPTIONAL EQUIPMENT, LABOR, AND ACCESSORIES				HOME ONLY PRICE
				Sub Total:
				\$21,270.00
				County Tax:
				\$50.00
				Sales Tax 6%:
				\$1,276.20
				TAG AND TITLE
				\$337.20
				\$0.00
County	COLUMBIA	1, CASH PURCHASE PRICE		
				\$22,933.40

OVER-HEIGHT? YES

THIS IS A USED HOME SOLD AS IS WHERE IS, NO WARRANTY EXPRESSED OR IMPLIED. BUYER RESPONSIBLE FOR STORAGE FEE TO DOLLY MONDAY AFTER JANUARY 1ST 2011

PERMITS	NO
DOZER/CLEARING	NO
PUMP SEPTIC	NO
SEPTIC TANK	NO
WELL	NO
CULVERT	NO
3rd party fees(FHA)	NO
POLE & WIRING	NO
TOTAL NON TAXABLE	\$0.00
SET UP	NO
TRIM	NO
PLUMBING	NO

Trade in allowance	\$0.00
Less bal due on above	
Net trade	\$0.00
CASH DOWN PAYMENT	\$1,000.00
LESS TOTAL CREDITS	-\$1,000.00
BALANCE DUE TO FREEDOM	\$21,933.40
LAND PAYOFF	
CLOSING COST FINANCED BY LENDER	
INSURANCE	
Seller will pay up to	\$0.00
OF BUYERS CLOSING COST AND PREPAIDS	

Skirting Color:	TYPE	NO
Type of A/C	USED	NO
Type of steps	QTY	NO
REHOOK USED A/C	NO	
DISPOSAL OF OLD HOME	NO	
FLA FINEST.. BREAK DOWN, TRANSPORT, ESCORTS	\$1,670.00	
1/2 OF DEC STORAGE TO DOLLY MONDAY	\$200.00	
PLUMBING, STEPS & LANDINGS, TRIM, SKIRTING, COSMETIC PAINT	NO	
TOTAL ESTIMATED ALLOWANCES NON TAXABLE AND TAXABLE:	\$1,870.00	

TRADE INFORMATION MUST BE 1977 OR NEWER					
Make	Size	Br/Ba	Serial Number		
N/A	N/A	N/A	N/A		
Title Number	Trade in Year	Model	Curtains	A/C	
N/A	N/A	N/A	N/A	N/A	
Lien Holder	Phone	Payoff			
N/A	N/A	N/A			

ANY DEBT BUYER OWES ON THE TRADE IN IS TO BE PAID BY

THIS AGREEMENT CONTAINS THE ENTIRE UNDERSTANDING BETWEEN DEALER AND BUYER AND NO OTHER REPRESENTATION OR INDUCEMENT, VERBAL OR WRITTEN HAS BEEN MADE WHICH IS NOT CONTAINED DOWNPAYMENTS WILL NOT BE REFUNDED ON ORDERED HOMES, AND ANY PROCESSING FEES APPRAISAL, TITLE SEARCH, OR SURVEY FEES WILL BE SUBTRACTED FROM REFUNDS

THIS FORM IS ONLY VALID IF SIGNED BY STEVE SMITH VICE PRESIDENT

Freedom Mobile Home Sales, Inc

SIGNED X

SOCIAL SECURITY NO.

By

Steve Smith

SIGNED X

SOCIAL SECURITY NO.

ADVISORY.. IN FLORIDA, A MFG HOME OLDER THAN 1977 IS NOT A HUD HOME AND WILL NOT BE PERMITTED

Special notes

NEED CLAUDIA'S MAILING ADDRESS, COPY OF DRIVER LIC, SOCIAL SECURITY NUMBER, DATE OF BIRTH FOR TITLE WORK. WE HAVE THE TITLES IN OUR OFFICE AND WILL TITLE AS SOON AS FUNDS AND INFO ARE RECEIVED.

Land legal

Columbia County Property Appraiser

DB Last Updated: 1/6/2011

2010 Tax Year

Parcel: 04-7S-16-04135-002

Tax Collector

Tax Estimator

Property Card

Parcel List Generator

<< Next Lower Parcel

Next Higher Parcel >>

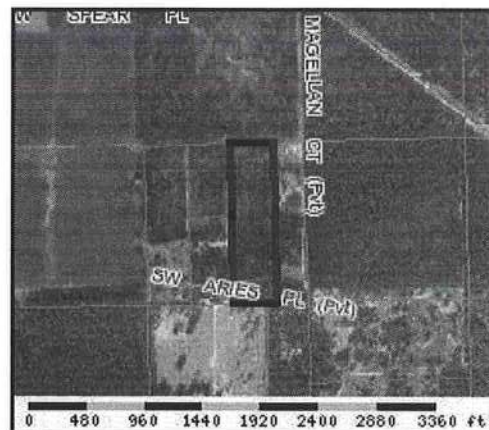
Interactive GIS Map

Print

Owner & Property Info

Search Result: 1 of 1

Owner's Name	GUNTHER CLAUDIA B		
Mailing Address	13050 110TH AVE NORTH LARGO, FL 33774		
Site Address	131 SW ARIES PL		
Use Desc. (code)	MOBILE HOM (000200)		
Tax District	3 (County)	Neighborhood	4716
Land Area	10.870 ACRES	Market Area	02
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction.		
COMM SW COR OF SW1/4 OF SE1/4, RUN E 724.06 FT FOR POB, CONT E 362.04 FT, N 1307.74 FT, W 362.16 FT, S 1307.25 FT TO POB (AKA PARCEL C) ORB 782-395, 832-2539, WD 1067-23.			



Property & Assessment Values

2010 Certified Values		
Mkt Land Value	cnt: (0)	\$52,186.00
Ag Land Value	cnt: (3)	\$0.00
Building Value	cnt: (1)	\$10,557.00
XFOB Value	cnt: (2)	\$1,000.00
Total Appraised Value		\$63,743.00
Just Value		\$63,743.00
Class Value		\$0.00
Assessed Value		\$63,743.00
Exempt Value		\$0.00
Total Taxable Value		Cnty: \$63,743 Other: \$63,743 Schl: \$63,743

2011 Working Values

NOTE:

2011 Working Values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

Show Working Values

Sales History

Show Similar Sales within 1/2 mile

Sale Date	OR Book/Page	OR Code	Vacant / Improved	Qualified Sale	Sale RCode	Sale Price
11/18/2005	1067/23	WD	I	U	04	\$19,000.00
11/18/2005	1067/25	WD	I	Q		\$135,000.00
11/3/1993	782/395	AG	V	U	13	\$19,000.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	MOBILE HME (000800)	1987	WD ON PLY (08)	924	1056	\$8,706.00
Note: All S.F. calculations are based on exterior building dimensions.						

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0296	SHED METAL	2006	\$400.00	0000001.000	0 x 0 x 0	(000.00)
0294	SHED WOOD/	2006	\$600.00	0000001.000	0 x 0 x 0	(000.00)

Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
000000	VAC RES (MKT)	9.87 AC	1.00/1.00/1.00/1.00	\$3,739.77	\$36,911.00
000200	MBL HM (MKT)	1 AC	1.00/1.00/1.00/1.00	\$3,739.77	\$3,739.00
009945	WELL/SEPT (MKT)	1 UT - (0000000.000AC)	1.00/1.00/1.00/1.00	\$2,000.00	\$2,000.00

Columbia County Property Appraiser

DB Last Updated: 1/6/2011

Return To: Sunbelt Title Agency
2211 Lee Road, Suite 218
Winter Park, FL 32789

This Warranty Deed

Made this 18th day of November, 2005 by
DENNIS JAMES LOUGHHEAD, AN UNMARRIED MAN

hereinafter called the grantor, to
CLAUDIA B. GUNTHER, A MARRIED WOMAN

whose post office address is:
13050 110TH AVENUE NORTH
LARGO, FL 33774

Inst: 2005030007 Date: 12/05/2005 Time: 12:50

Doc Stamp-Deed : 945.00

DC, P. Dewitt Cason, Columbia County B: 1067 P: 25

hereinafter called the grantee:

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

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

COMMENCE AT THE SW CORNER OF THE SW 1/4 OF THE SE 1/4 OF SECTION 4, TOWNSHIP 7 SOUTH, RANGE 16 EAST, AND RUN THENCE N 89 DEG. 11'04" E, ALONG THE SOUTH LINE OF SAID SW 1/4 OF THE SE 1/4 A DISTANCE OF 724.06 FEET TO THE POINT OF BEGINNING, THENCE CONTINUE N 89 DEG. 11'04" E, ALONG SAID SOUTH LINE 362.04 FEET TO A POINT BEING 240.00 FEET WEST OF THE SE CORNER OF SAID SW 1/4 OF THE SE 1/4, THENCE N 0 DEG. 45'34"W, 1307.74 FEET TO A POINT ON THE NORTH LINE OF SAID SW 1/4 OF THE SE 1/4, SAID POINT BEING 240.00 FEET WEST OF THE NE CORNER OF THE SAID SW 1/4 OF THE SE 1/4, THENCE S 89 DEG. 06'20" W ALONG SAID NORTH LINE, 362.16 FEET, THENCE S 0 DEG. 45'54" E, 1307.25 FEET TO THE POINT OF BEGINNING. COLUMBIA COUNTY, FLORIDA.

TOGETHER WITH AN EASEMENT FOR INGRESS AND EGRESS OVER AND ACROSS THE FOLLOWING DESCRIBED LAND:

THE SOUTH 30 FEET OF THE SE 1/4 OF THE NW 1/4, LYING EAST OF STATE ROAD NO. 47; THE SOUTH 30 FEET AND THE EAST 30 FEET OF THE SW 1/4 OF THE NE 1/4; THE EAST 15 FEET OF THE NW 1/4 OF THE SE 1/4; THE EAST 30 FEET OF THE EAST 210 FEET OF THE SW 1/4 OF SE 1/4. ALL LYING AND BEING IN SECTION 4, TOWNSHIP 7 SOUTH, RANGE 16 EAST, COLUMBIA COUNTY, FLORIDA, AND THE NORTH 30 FEET OF THE NW 1/4 OF THE NE 1/4 OF SECTION 9, TOWNSHIP 7 SOUTH, RANGE 16 EAST, COLUMBIA COUNTY, FLORIDA.

TOGETHER WITH A 1987 PEAC HS ID #PSHGAA111144 LOCATED ON SUBJECT PROPERTY.

Subject to covenants, restrictions, easements of record and taxes for the current year.

Parcel Identification Number: R04135-002

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

To Have and to Hold, the same in fee simple forever.

And the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances except taxes accruing subsequent to December 31, 2005

In Witness Whereof, the said grantor has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in our presence:

Danya Mallard
Witness: (Signature)
Print Name: Danya Mallard

Charlotte C. Dixon
Witness: (Signature)
Print Name: Charlotte C. Dixon

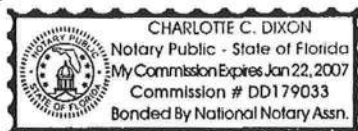
Dennis James Loughhead
DENNIS JAMES LOUGHHEAD
PO BOX 644
FT. WHITE, FL 32038

State of Florida
County of Alachua

The foregoing instrument was acknowledged before me this 18th day of November, 2005, by DENNIS JAMES LOUGHHEAD, AN UNMARRIED MAN, who is personally known to me or who has produced drivers license as identification.

Charlotte C. Dixon
NOTARY PUBLIC (signature)

Prepared by :
Charlotte Dixon
Professionals' Title Company, LLC
4141 NW 37th Pl
Gainesville, FL 32606
File Number: 581050181



COLUMBIA COUNTY 9-1-1 ADDRESSING

P. O. Box 1787, Lake City, FL 32056-1787

PHONE: (386) 758-1125 * FAX: (386) 758-1365 * Email: ron_croft@columbiacountyfla.com

Addressing Maintenance

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

DATE REQUESTED: 1/26/2011 DATE ISSUED: 2/4/2011

ENHANCED 9-1-1 ADDRESS:

179 SW ARIES PL

FORT WHITE FL 32.38

PROPERTY APPRAISER PARCEL NUMBER:

04-7S-16-04135-002

Remarks:

OLD ADDRESS FOR SITE WAS 131 SW ARIES PL, CHANGE DUE TO CHANGE OF ACCESS AND SITE OF STRUCTURE.

Address Issued By: SIGNED: / RONAL N. CROFT
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.



COLUMBIA COUNTY BUILDING DEPARTMENT
LETTER OF AUTHORIZATION TO SIGN FOR PERMITS
 135 NE Hernando Ave, Suite B-21, Lake City, FL 32055
 Phone: 386-758-1008 Fax: 386-758-2160

I, Jessie L. Chester Knowles (license holder name), licensed qualifier
 for Florida's Finest (company name), do certify that
 the below referenced person(s) listed on this form is/are employed by me directly or through an
 employee leasing arrangement; or, is an officer of the corporation; or, partner as defined in
 Florida Statutes Chapter 468, and the said person(s) is/are under my direct supervision and
 control and is/are authorized to purchase permits, call for inspections, and sign on my behalf.

Printed Name of Person Authorized	Signature of Authorized Person
1. <u>Steve Smith</u>	1. <u>[Signature]</u>
2.	2.
3.	3.
4.	4.
5.	5.

I, the license holder, realize that I am responsible for all permits purchased, and all work done
 under my license and fully responsible for compliance with all Florida Statutes, Codes, and
 Local Ordinances. I understand that the State and County Licensing Boards have the power and
 authority to discipline a license holder for violations committed by him/her, his/her agents,
 officers, or employees and that I have full responsibility for compliance with all statutes, codes
 and ordinances inherent in the privilege granted by issuance of such permits.

If at any time the person(s) you have authorized is/are no longer employee(s), or officer(s), you
must notify this department in writing of the changes and submit a new letter of authorization
form, which will supersede all previous lists. Failure to do so may allow unauthorized persons to
use your name and/or license number to obtain permits.

Jessie L. Chester Knowles
 License Holders Signature (Notarized)

PH/1025283/1 1-29-11
 License Number Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Chester Knowles
 personally appeared before me and is known by me or has produced identification
 (type of I.D.) _____ on this 29 day of January, 20 11.

Laurie Hodson
 NOTARY'S SIGNATURE

(Seal/Stamp)



SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER

CONTRACTOR

PHONE

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

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

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

ELECTRICAL 250 ✓	Print Name: Jimmy Cole J. Cole Electric Inc. License #: FL-ER0010013 Cd-000250 Signature: [Signature] Phone #: 352-224-8936
MECHANICAL A/C	Print Name: N/A License #: N/A Signature: [Signature] Phone #: [Phone]
PLUMBING/ GAS 676 ✓	Print Name: Jessie L. Chester License #: JH 1725283/1 Signature: [Signature] Phone #: 352-755-1441
ROOFING	Print Name: [Blank] License #: [Blank] Signature: [Signature] Phone #: [Phone]
SHEET METAL	Print Name: [Blank] License #: [Blank] Signature: [Signature] Phone #: [Phone]
FIRE SYSTEM/ SPRINKLER	Print Name: [Blank] License #: [Blank] Signature: [Signature] Phone #: [Phone]
SOLAR	Print Name: [Blank] License #: [Blank] Signature: [Signature] Phone #: [Phone]

Specialty License	License Number	Sub-Contractor Printed Name	Sub-Contractor Signature
MASON			
CONCRETE FINISHER			
FRAMING			
INSULATION			
STUCCO			
DRYWALL			
PLASTER			
CABINET INSTALLER			
PAINTING			
ACOUSTICAL CEILING			
GLASS			
CERAMIC TILE			
FLOOR COVERING			
ALUM/VINYL SIDING			
GARAGE DOOR			
METAL BLDG ERECTOR			

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.

Contractor Form 2 Subcontractor Form 2/03

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 2-7-11 BY LT 1102-17 IS THE MH ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? Yes
OWNERS NAME Claudia Gunther PHONE _____ CELL _____
ADDRESS 179 SW Arries Pl, Fort White, FL 32038
MOBILE HOME PARK _____ SUBI VISION _____
DRIVING DIRECTIONS TO MOBILE HOME 47 S, E Spear, R Magellan, stay R
at fork (Arries) then property on R
MOBILE HOME INSTALLER Chester Knowels PHONE 755-6441 CELL _____

MOBILE HOME INFORMATION

MAKE skyline YEAR 75 SIZE 28 x 66 COLOR white/green
SERIAL No. 0111 A & B
WIND ZONE II Must be wind zone II or higher N. 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

\$50.00

Date of Payment: Will return with check

Paid By: _____

Notes: _____

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 [Signature] ID NUMBER 402 DATE 2-8-11



STATE OF FLORIDA
DEPARTMENT OF HEALTH

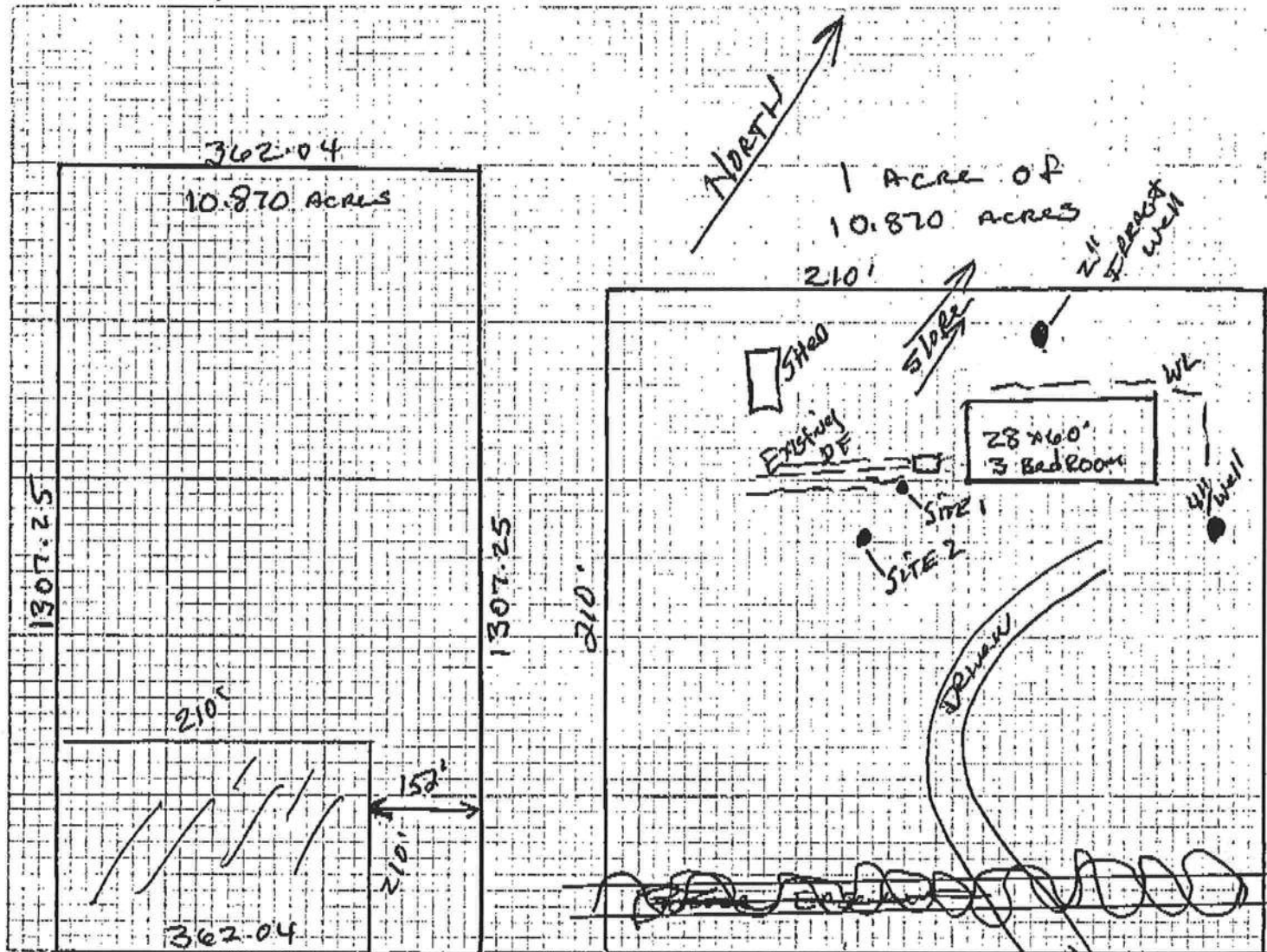
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number

11-0051M

PART II - SITE PLAN

Scale: Each block represents 5 feet and 1 inch = 50 feet.



Notes: 131 SW ARLES PL.

Claudia Gunther

10.870 Acres 04-25-16-04135-002

Site Plan submitted by: Robert W. [Signature]

Plan Approved ☒

By: [Signature] Fred. H. Director

Signature

Not Approved

Columbia CHD

Agos

Date

2/7/11

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

386-454-4854

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 29186 CONTRACTOR _____ PHONE _____

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

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

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

ELECTRICAL	Print Name _____	Signature _____
	License #: _____	Phone #: _____
MECHANICAL/ A/C <u>A</u>	Print Name <u>Charles Fischer</u>	Signature <u>Charles Fischer</u>
	License #: <u>CAC 052846</u>	Phone #: <u>386-454-4767</u>
PLUMBING/ GAS	Print Name _____	Signature _____
	License #: _____	Phone #: _____

MASON			
CONCRETE FINISHER			

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.

Contractor Form Subcontractor form 1/11