Parcel:

35-5S-16-03752-420 (18881)

Owner & Property Info

HURST AMY C 10 SW BARON GLN Owner

FORT WHITE, FL 32038

Site

Description* LOT 20 SOUTHERN MEADOWS S/D PHASE 3. WD 1423-1239,1241,

4.73 AC S/T/R 35-5S-16E

Use Code** MISC IMPROVED (0700) Tax District 3 Prepared by: Michael H. Harrell Abstract Trust Title, LLC 283 NW Cole Terrace Lake City, FL 32055

Inst: 202112018461 Date: 09/14/2021 Time: 8:24AM
Page 1 of 2 B: 1447 P: 356, James M Swisher Jr, Clerk of Court
Columbia, County, By: VC
Deputy ClerkDoc Stamp-Deed: 406.00

4-11073

Warranty Deed Individual to Individual

THIS WARRANTY DEED made the __/O_ day of September, 2021, by Amy C. Hurst, a Single Person, hereinafter called the grantor, to Joseph A. Bauer and his Wife, Francine Bauer whose address is: 10 SW Baron Gln, Fort White, FL 32038 hereinafter called the grantee:

(Wherever used herein the terms "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 corporation)

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:

Lot 20, Southern Meadows Phase 3, according to the map or plat thereof, as recorded in Plat Book 9, Page(s) 110 and 111, of the Public Records of Columbia County, Florida.

TOGETHER with all 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 the prior year.

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:

Madison Williams

Printed Name:

Borden Hallock

Witness:

Jordan Hallock

Printed Name:

STATE OF FORMALION
COUNTY OF COMMBINE

The foregoing instrument was acknowledged before me by means of ⊠ physical presence or □online notarization, this ⊥D day of September, 2021 by Amy C. Hurst, a Single Person personally known to me or, if not personally known to me, who produced_DL as identification.

(Notary Seal)

Jordan A. Hallock Notary Public State of Florida Comm# HH123233 Expires 4/27/2025

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER			CONTRACTORE	rent Strickla	and	PHONE 386-365-7043			
		THIS FORM MUST BE	SUBMITTED PRIOR	O THE ISSUANCE		& Francine Bauer			
In Columbia County one permit will cover all trades doing work at the permitted site. It is KEQUIKED 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	Glenn Whittingto	on	Signature	26	0			
	License #: _	EC 13002957		Phone #:	386-972-1700	0			
		Qua	lifier Form Attache	d X					
MECHANICAL/	Print Name	Michael Boland	i	Signature	111				
A/C	License #:	CAC 1817716		Phone #:	352-274-9326	3			
Qualifier Form Attached X									
Qualifier Form	ms cannot b	e submitted for any	/ Specialty Licen	se.					
Specialty L	icense	License Number	Sub-Contractors	Printed Name	Sub-	Contractors Signature			
MASON									
CONCRETE FIN	NISHER								

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.

Revised 10/30/2015



COLUMBIA COUNTY BUILDING DEPARTMENT 135 NE Hernando Ave, Suite B-21, Lake City, FL 32055

Phone: 386-758-1008 Fax: 386-758-2160

LICENSED QUALIFIE	ER AUTHORIZATION
1. Chand Whittington	(license holder name), licensed qualifier
for Whithraten ELBEKK S	(company name), do certify that
the below referenced person(s) listed on this form holder, or is/are employed by me directly or throu officer of the corporation; or, partner as defined in person(s) is/are under my direct supervision and sign permits; call for inspections and sign subcon-	ugh an employee leasing arrangement; or, is an n Florida Statutes Chapter 468, and the said control and is/are authorized to purchase and
Printed Name of Person Authorized	Signature of Authorized Person
1. DALESTED	2. 1. 2. 1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.
3.	3.
4.	4.
5.	5.
I, the license holder, realize that I am responsible under my license and fully responsible for compl Local Ordinances. I understand that the State ar authority to discipline a license holder for violatic officers, or employees and that I have full responsand ordinances inherent in the privilege granted	iance with all Florida Statutes, Codes, and and County Licensing Boards have the power and one committed by him/her, his/her agents, asibility for compliance with all statutes, codes
If at any time the person(s) you have authorized officer(s), you must notify this department in writ authorization form, which will supersede all prevunauthorized persons to use your name and/or l	ing of the changes and submit a new letter of jour lists. Failure to do so may allow
Licensed Qualifiers Signature (Notarized)	EC 1300 295 3/7/16 License Number Date
NOTARY INFORMATION: STATE OF:COUNTY OF:	Colombia
The above license holder, whose name is	me or has produced identification this day of, 20
WILL POSHOP NOTARY'S SIGNATURE	Seal/Stange) Y R BISHOP Notary Public - State of Florida



COLUMBIA COUNTY BUILDING DEPARTMENT 135 NE Hemando Ave, Suite B-21, Lake City, FL 32055

Phone: 386-758-1008 Fax: 386-758-2160

LICENSED QUALIFI	ER AUTHORIZATION
1. 1/14 hAR/ A LOLAND	(license holder name), licensed qualifier
for ACE A/L OF OCA/A	(company name), do certify that
the below referenced person(s) listed on this for holder, or is/are employed by me directly or throughout officer of the corporation; or, partner as defined person(s) is/are under my direct supervision and sign permits; call for inspections and sign subcompany.	ough an employee leasing arrangement; or, is an in Florida Statutes Chapter 468, and the said discontrol and is/are authorized to purchase and
Printed Name of Person Authorized	Signature of Authorized Person
1. DAIR BAD	1.685
2. Kally Distop	2. Kelly Bishop
3. Locky Ford	3. Kach, 1) 7 of
4.	4.
5.	5.
I, the license holder, realize that I am responsible under my license and fully responsible for comp Local Ordinances. I understand that the State at authority to discipline a license holder for violatic officers, or employees and that I have full responsed ordinances inherent in the privilege granted	Illiance with all Florida Statutes, Codes, and and County Licensing Boards have the power and cons committed by him/her, his/her agents, ansibility for compliance with all statutes, codes
If at any time the person(s) you have authorized officer(s), you must notify this department in writ authorization form, which will supersede all prevunauthorized persons to use your name and/or	ting of the changes and submit a new letter of rious lists. Failure to do so may allow
Licensed Qualiflers Signature (Notarized)	
NOTARY INFORMATION: STATE OF COUNTY OF	maich
The above license holder, whose name is Micropersonally appeared before me and is known by (type of I.D.) on	me or has produced identification this day of November, 20 15
NOTARY'S SIGNATURE	(Seal/Stamp)



		narriage wall plans within 2" of end of home pos Rule 15C				Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)	Typical pier spacing lateral	If home is a triple or quad wide sketch in remainder of nome understand Lateral Arm Systems cannot be used on any home (new or used) where the sidewall ties exceed 5 ft 4 in.	NOTE: if home is a single wide fill out one half of the blocking plan	Manufacturer LIVE ORK Length x width 70×32		IIT NUMBER
TIEDOWN COMPONENTS Longitudinal Stabilizing Device (LSD) Manufacturer Longitudinal Stabilizing Device w/Lateral Arms Manufacturer	Opening Pier pad size	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.	Other pier pad sizes (required by the mfg.)	Perimeter pier pad size	5C-1 pier spacing table. PAD SIZES	2 7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ooter 16" x 16" 18 1/2" x 18 20" x 20" ize (256) 1/2" (342) (400)	Roof System: Typical Hinged PIER SPACING TABLE FOR USED HOMES	Triple/Quad Serial #	Single wide Wind Zone II V	Home installed to the Manufacturer's Installation Manual Home is installed in accordance with Rule 15-C	New Home Used Home
within 2' of end of home spaced at 5' 4" oc OTHER TIES OTHER TIES Sidewall Longitudinal Marriage wall Shearwall	4 ft 5 ft	20 x 20 1/16 x 25 3/16 1/2 x 25 1/2 24 x 24 26 x 26 20 x 26	16 × 22.5 360 17 × 22 374 13 1/4 × 26 1/4 348	Pad Size Sq In 16 × 16 256 16 × 18 288	OPULAR PAD SIZ	ක් ක් ක් ක් ක් ක් ක් ක් ක් ක් ක් ක්	22" x 22" 24" X 24" 26" x 26" (484)* (576)* (676) 6' 7' 8'	HOMES		Wind Zone III □	nual 🗆 🖂	,

PERMIT NUMBER

Electrical

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between multi-wide units. Pg.

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 2

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 19

	ro Fr	Roof Ty	Walls: Ty	Floor: Ty		ebris and o Vater drains		
Gasket (weatherproofing requirement)	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.	Type Fastener: 1445 Length: 16 5 Spacing: 16 "	500	ags Length: S	Fastening multi wide units	Debris and organic material removed Water drainage: Natural Swale Pad Other	(Site Preparation

I understand a properly 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 poorly installed or no gasket being installed. I understand a strip of tape will not serve as a gasket.

Installer's initials 8.5.

Type gasket FOUM)

Bottom of ridgebeam Yes

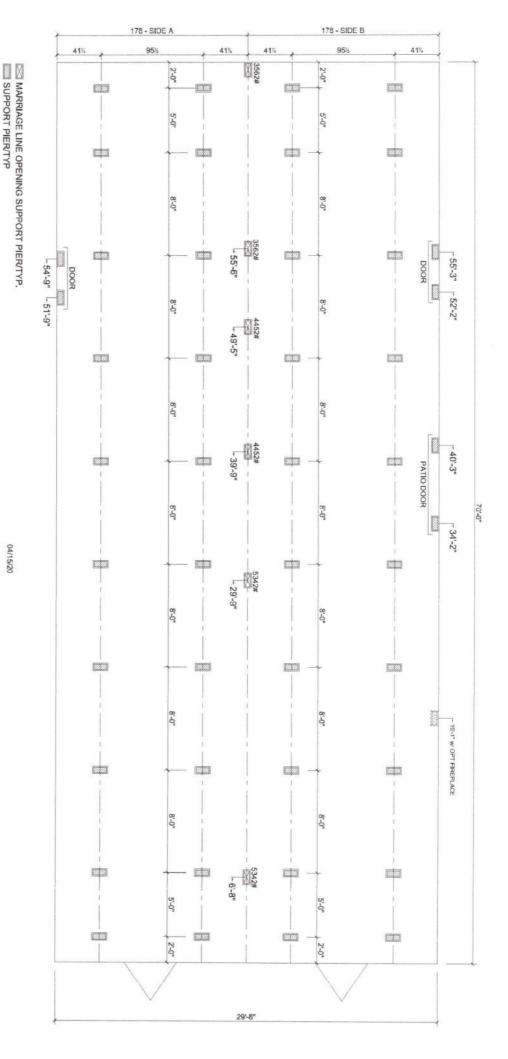
Weatherproofing

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

THE RESIDENCE OF THE PARTY OF T
NA

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 B A A Date 9



MODEL: H-3705A-PS - 32 X 74 5-BEDROOM / 3-BATH **Live Oak Homes**

- THIS DRAWING IS DESIGNED FOR THE STANDARD WIND ZONE AND IS TO BE USED IN CONJUNCTION WITH THE INSTALLATION MANUAL AND IT'S SUPPLEMENTS, - FOOTINGS ARE SHOWN FOR EXAMPLE ONLY QUANTITY AND SPACING MAY VARY BASED ON PAD TYPE, SOIL CONDITION, ETC.
- FOOTINGS ARE REQUIRED AT SUPPORT POSTS, SEE INSTALLATION MANUAL FOR REQUIREMENTS.

04/15/20

STATE OF FLORIDA DEPARTMENT OF HEALTH

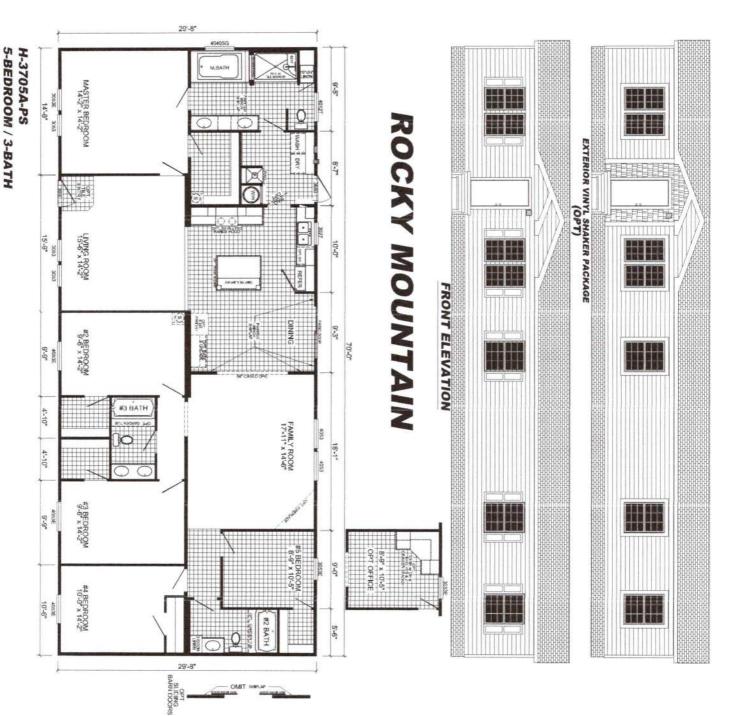
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number

BAUER	PART II - SITEPLAN 2-10-	
Scale: 1 inch = 40 feet		
Scale: 1 inch = 40 feet.	50 298 70 2076 Q 298 70 2076 Q	116' WELL 90' 100'
	35	The state of the s
Notes:	- 41D2 A-1	3
105	- 4.03 Herrs SER Athehr	0
Site Plan submitted by:	JAN HINEME	
Plan Approved	Not Approved	CONTRACTOR Date
Ву	Not Approved	
		County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT





Date: 04/12/20
Date: 04/12/20

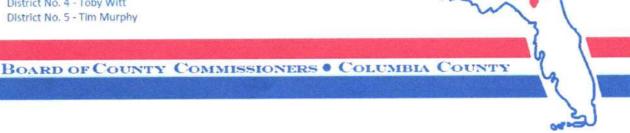
All room dipnersions include obsets and square (solage figures are approximate, *Immor windows see available on optional 9-0* sidewall houses only, *Stating shows is optional, *Use Oak Homes reserves the right to modify product offering at any time.

*Live Oak Homes reserves the right to modify product offering at any time. 32 X 74 - Approx. 2076 Sq. Ft.

District No. 1 - Ronald Williams District No. 2 - Rocky Ford

District No. 3 - Robby Hollingsworth

District No. 4 - Toby Witt



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:

9/23/2021 12:42:54 PM

Address:

1303 SW BARON Gln

City:

FORT WHITE

State:

FL

Zip Code

32038

Parcel ID

03752-420

REMARKS: Address for proposed structure on parcel.

NOTICE: THIS ADDRESS WAS ISSUED BASED ON LOCATION AND ACCESS INFORMATION RECEIVED FROM THE REQUESTER. SHOULD, AT A LATER DATE, THE LOCATION AND/OR ACCESS INFORMATION BE FOUND TO BE IN ERROR OR CHANGED. THIS ADDRESS IS SUBJECT TO CHANGE.

Address Issued By:

Signed:/ David Moore

Columbia County GIS/911 Addressing Coordinator

COLUMBIA COUNTY 911 ADDRESSING / GIS DEPARTMENT