

DATE 02/26/2007

Columbia County Building Permit

PERMIT

This Permit Expires One Year From the Date of Issue

000025570

APPLICANT JERRY SCHUCK PHONE 965-5137  
ADDRESS 237 SW SCHUCK GLEN LAKE CITY FL 32024  
OWNER JERRY SCHUCK/JOSEPH KARGULA DECEASED PHONE 965-5137  
ADDRESS 237 SW SCHUCK GLEN LAKE CITY FL 32024  
CONTRACTOR STACY BECKHAM PHONE 352-745-2738  
LOCATION OF PROPERTY 41 S, R SCHUCK GLEN, AT END 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 A-3 MAX. HEIGHT 35  
Minimum Set Back Requirments: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00  
NO. EX.D.U. 0 FLOOD ZONE X DEVELOPMENT PERMIT NO.

PARCEL ID 20-4S-17-08583-007 SUBDIVISION  
LOT BLOCK PHASE UNIT TOTAL ACRES 5.01

IH0000512  
Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor  
EXISTING 04-0778-N CS JH N  
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: FLOOR ONE FOOT ABOVE THE ROAD

LETTER OF AUTHORIZATION GIVEN

WILL PROVIDED AS PROOF OF OWNERSHIP Check # or Cash CASH

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

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

BUILDING PERMIT FEE \$ 0.00 CERTIFICATION FEE \$ 0.00 SURCHARGE FEE \$ 0.00  
MISC. FEES \$ 200.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 44.64 WASTE FEE \$ 134.00  
FLOOD DEVELOPMENT FEE \$ FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$ TOTAL FEE 453.64

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."

This Permit Must Be Prominently Posted on Premises During Construction

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 AUTHORIZED BY IT IS COMMENCED WITHIN 6 MONTHS AFTER ISSUANCE.

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

## OFFICE of VITAL STATISTICS

CERTIFIED COPY

TYPE OR  
PRINT IN  
PERMANENT  
BLACK INKCERTIFICATE OF DEATH  
FLORIDA

LOCAL FILE NO.		1 DECEDENT'S NAME				2 SEX			
		FIRST		MIDDLE		LAST		Male	
		Joseph		Edmond		Kargula, Jr.			
3 DATE OF DEATH (Month, Day, Year)		4 SOCIAL SECURITY NUMBER		5a. AGE-Last Birthday (years)		5b. UNDER 1 YEAR		5c. UNDER 1 Day	
Found on April 3, 2001		363-26-1644		76		Months Days		Hours Minutes	
6 DATE OF BIRTH (Month, Day, Year)		7 BIRTHPLACE (City and State or Foreign Country)				8 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No)			
December 10, 1924		Unobtainable				no			
9a. PLACE OF DEATH (Check only one, see instructions on other side)		9b. INSIDE CITY LIMITS? (Yes or No)							
HOSPITAL: Inpatient ER/Outpatient DOA OTHER: Nursing Home <input checked="" type="checkbox"/> Residence Other (Specify)		no							
9c. FACILITY NAME (If not institution, give street and number)		9d. CITY, TOWN, OR LOCATION OF DEATH				9e. COUNTY OF DEATH			
Rt 10 Box 318		Lake City				Columbia			
10a. DECEDENT'S USUAL OCCUPATION		10b. KIND OF BUSINESS/INDUSTRY		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)		12 SURVIVING SPOUSE (If wife, give maiden name)			
Carpenter		Cabinet Maker		Widowed					
13a. RESIDENCE - STATE		13b. COUNTY		13c. CITY, TOWN, OR LOCATION		13d. STREET AND NUMBER			
Florida		Columbia		Lake City		Route 10, Box 318			
13e. INSIDE CITY LIMITS? (Yes or No)		13f. ZIP CODE		14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.)		15 RACE - American Indian, Black, White, etc. Specify		16. DECEDENT'S EDUCATION (Specify only highest grade completed)	
No		32025		No		White		Elementary/Secondary College (1-4 5-12)	
								12	
17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NAME (First, Middle, Maiden Surname)							
Joseph Edmond Kargula, Sr.		Unobtainable							
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)							
Jerry G. Schuck		Route 10, Box 318, Lake City, FL 32025							
20a. METHOD OF DISPOSITION		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)		20c. LOCATION - City or Town, State					
Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		Forest Lawn Crematory		Lake City, Florida					
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH		21b. LICENSE NUMBER (of Licensee)		21c. NAME AND ADDRESS OF FACILITY					
<i>[Signature]</i>		2433		Sherrill-Guerry Funeral Home 616 South Marion Street Lake City, Florida 32025					
22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated. (Signature and Title)		22b. DATE SIGNED (Mo., Day, Yr)		22c. HOUR OF DEATH					
<i>[Signature]</i>		April 4, 2001		Unknown					
22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		23a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner as stated. (Signature and Title)		23b. DATE SIGNED (Mo., Day, Yr)		23c. HOUR OF DEATH			
		<i>[Signature]</i>		April 4, 2001		Unknown			
24. NAME AND ADDRESS OF CERTIFYING PHYSICIAN (Type or Print)		25a. SUBREGISTRAR - SIGNATURE AND DATE		25b. LOCAL REGISTRAR - SIGNATURE		25c. DATE REGISTERED			
Deputy Chief Medical Examiner		<i>[Signature]</i>		<i>[Signature]</i>		Apr 6, 2001			
26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.									

*William Dean May*  
Chief Deputy Registrar

WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK. THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

DH FORM 1947 (08/04)

33029868

CERTIFICATION OF VITAL RECORD



\* 3 3 0 2 9 8 6 8 \*

FLORIDA DEPARTMENT OF  
HEALTH

# PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

**For Office Use Only** (Revised 9-22-06) Zoning Official chs 2/21/07 Building Official OK JH 2-16-07

AP# 0702-42 Date Received 2-15-07 By LH Permit # 25570

Flood Zone X Development Permit N/A Zoning A-3 Land Use Plan Map Category A-3

Comments panel 1/15 need prelin. from Doug

FEMA Map# \_\_\_\_\_ Elevation \_\_\_\_\_ Finished Floor \_\_\_\_\_ River \_\_\_\_\_ In Floodway \_\_\_\_\_

☒ Site Plan with Setbacks Shown ☒ EH Signed Site Plan ☒ EH Release ☐ Well letter ☒ Existing well

☐ Copy of Recorded Deed or Affidavit from land owner ☐ Letter of Authorization from installer

☒ State Road Access ☐ Parent Parcel # \_\_\_\_\_ ☐ STUP-MH \_\_\_\_\_

Property ID # 20-45-17-08583-007 Subdivision \_\_\_\_\_

- New Mobile Home \_\_\_\_\_ Used Mobile Home ✓ Year 1994
- Applicant Spacy Beithum Phone # 352-745-2758
- Address 269 SW Parker Ave Lake City, FL 32024
- Name of Property Owner Jerry Shuck (per will) #965-5137
- 911 Address 237 SW Schuck Gln Lake City, FL 32024
- Circle the correct power company - FL Power & Light - Clay Electric  
(Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home Same Phone # \_\_\_\_\_  
Address \_\_\_\_\_
- Relationship to Property Owner \_\_\_\_\_
- Current Number of Dwellings on Property 0
- Lot Size 5.01 Total Acreage 5.01 AC (453.64)
- 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 NO
- Driving Directions to the Property 41 South past Terry Dick's Trucking look for Schuck Gln on right follow around to right at end

- Name of Licensed Dealer/Installer Spacy Beithum Phone # 352-745-2758
- Installers Address 269 SW Parker Ave Lake City, FL 32024
- License Number DH0000872 Installation Decal # 824608

987D



PERMIT NUMBER

Installer

Gray Butthorn

License #

110001512

Address of home being installed

2007 SW Schust Glen Lake Cir. Ft. Worth

Manufacturer

Hansen

Length x width

27 x 56

NOTE:

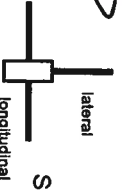
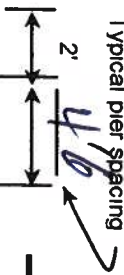
*if home is a single wide fill out one half of the blocking plan if home is a triple or quad wide sketch in remainder of home*

I understand Lateral Arm Systems cannot be used on any home (new or used) where the sidewall ties exceed 5 ft 4 in.

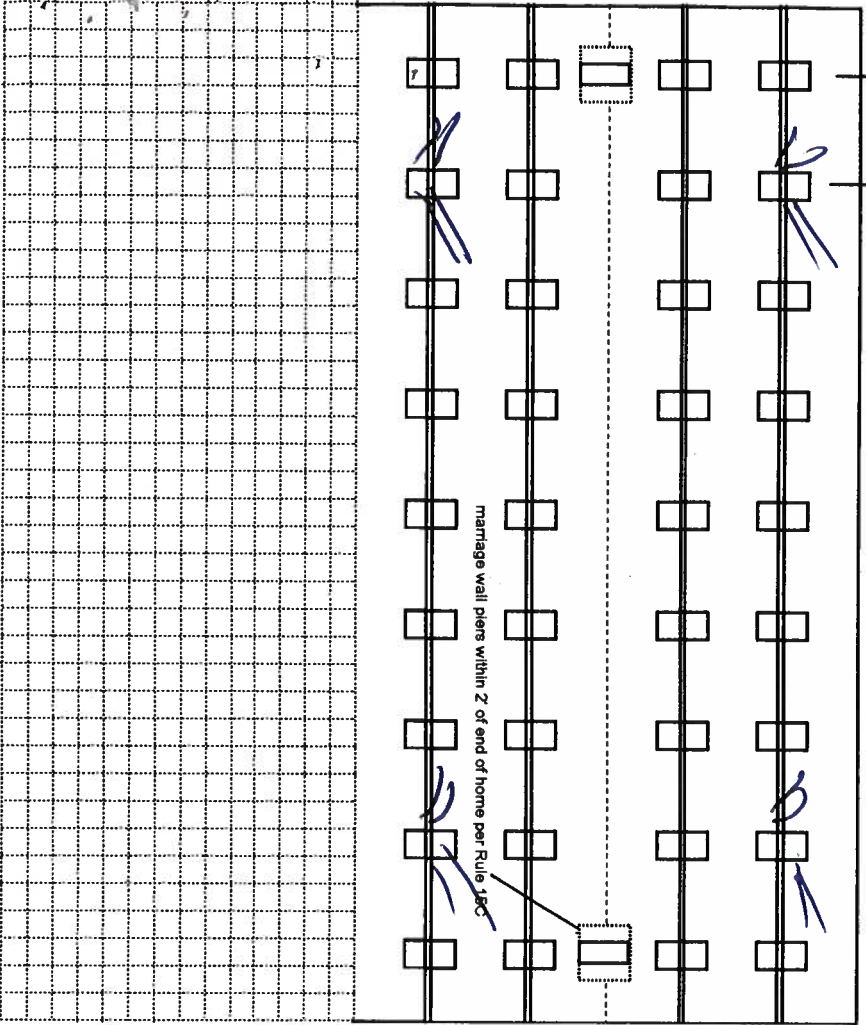
Installer's initials

[Signature]

Typical pier spacing



Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)



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 #

110001512

Triple/Quad

☐

Serial #

10191412

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	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 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

10x10

Perimeter pier pad size

12x12

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

4 ft

5 ft

ANCHORS

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

FRAME TIES

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)  
Manufacturer [Signature]  
Longitudinal Stabilizing Device w/ Lateral Arms  
Manufacturer [Signature]

Sidewall  
Longitudinal  
Marriage wall  
Shearwall

Number

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 1500 psf or check here to declare 1000 lb. soil without testing.

X 1500 X 1500 X 1500

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 1500 X 1500 X 1500

TORQUE PROBE TEST

The results of the torque probe test is 495 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. 1 understand 5 ft anchors are required at all centerline tie points where the torque test reading is 275 or less and where the mobile home manufacturer may requires anchors with 4000 lb. holding capacity.

BB Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Steve Beckman

Date Tested

2/15/07

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

Site Preparation

Debris and organic material removed Swale Pad Other

Fastening multi wide units

Floor: Type Fastener: 3/8" x 3" lag Length: 30" Spacing: 12"  
Walls: Type Fastener: 3/8" x 3" lag Length: 30" Spacing: 12"  
Roof: Type Fastener: 3/8" x 3" lag Length: 30" Spacing: 12"  
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 bucked 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

BB

Type gasket 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 of Rule 15C-1 & 2

Installer Signature

Date

Steve Beckman 2/15/07

# Columbia County Property Appraiser

DB Last Updated: 2/5/2007

Parcel: 20-4S-17-08583-007

## 2007 Proposed Values

Tax Record

Property Card

Interactive GIS Map

Print

### Owner & Property Info

Search Result: 1 of 1

<b>Owner's Name</b>	KARGULA JOSEPH E JR		
<b>Site Address</b>			
<b>Mailing Address</b>	C/O MARC KARGULA 2825 BEECHRIDGE DRIVE HUDSONVILLE, MI 49426		
<b>Use Desc. (code)</b>	NO AG ACRE (009900)		
<b>Neighborhood</b>	20417.00	<b>Tax District</b>	2
<b>UD Codes</b>	MKTA02	<b>Market Area</b>	02
<b>Total Land Area</b>	5.010 ACRES		
<b>Description</b>	COMM SE COR OF N1/2 OF NE1/4, RUN W 1416.88 FT, N 360.84 FT FOR POB, RUN W 398.07 FT, N 538.05 FT, E 259.68 FT, S 22 DEG E 45.24 FT, S 54 DEG E 197.72 FT, S 43 DEG E 152.6 FT, S 58 DEG W 156.72 FT, S 182.54 FT TO POB. ORB 804-2598,		

### GIS Aerial



### Property & Assessment Values

<b>Mkt Land Value</b>	cnt: (1)	\$42,585.00
<b>Ag Land Value</b>	cnt: (0)	\$0.00
<b>Building Value</b>	cnt: (0)	\$0.00
<b>XFOB Value</b>	cnt: (0)	\$0.00
<b>Total Appraised Value</b>		\$42,585.00

<b>Just Value</b>	\$42,585.00
<b>Class Value</b>	\$0.00
<b>Assessed Value</b>	\$42,585.00
<b>Exempt Value</b>	\$0.00
<b>Total Taxable Value</b>	\$42,585.00

### Sales History

Sale Date	Book/Page	Inst. Type	Sale Vlmp	Sale Qual	Sale RCode	Sale Price
NONE						

### Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
NONE						

### Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
NONE						

### Land Breakdown

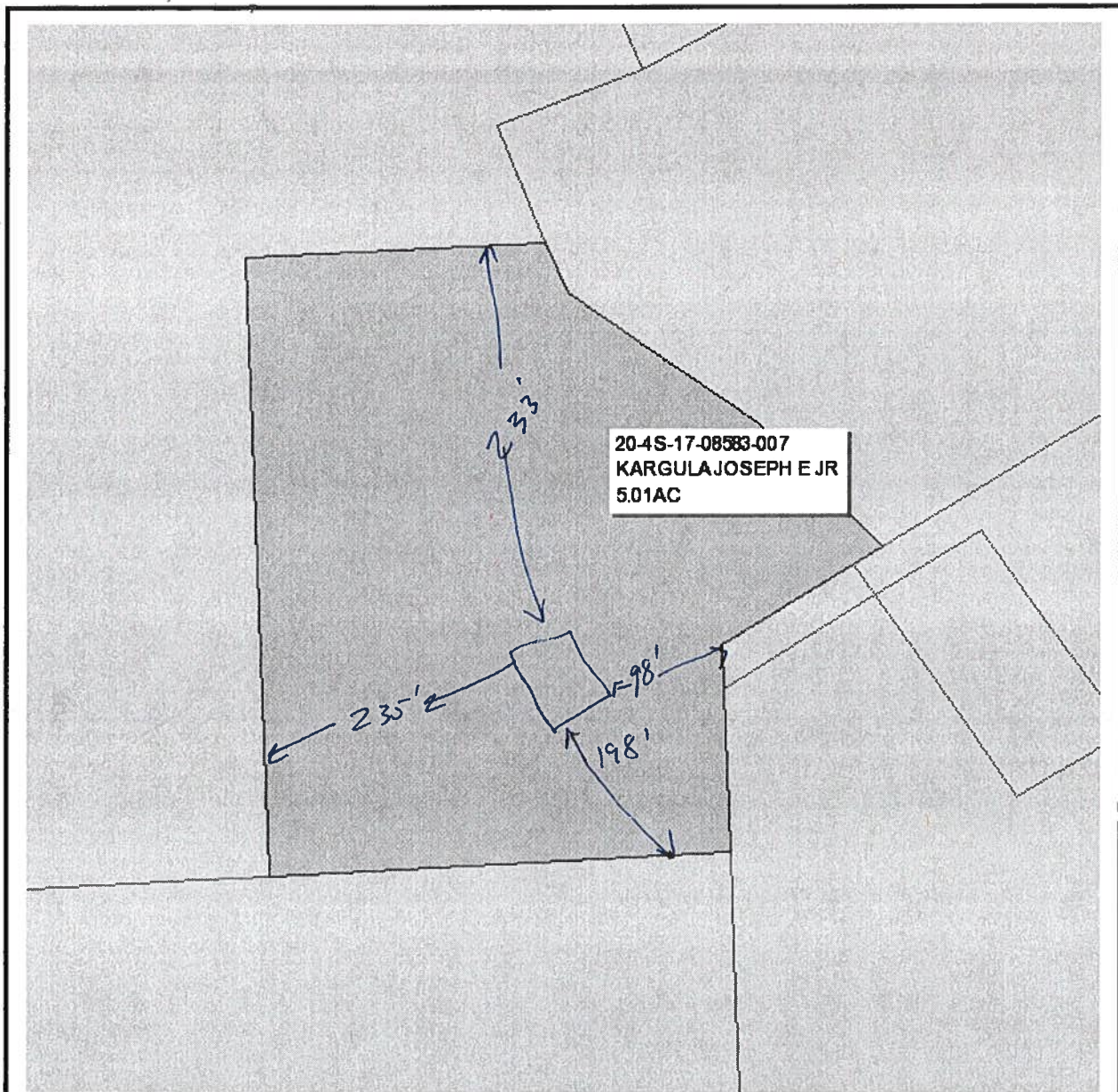
Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
009900	AC NON-AG (MKT)	5.010 AC	1.00/1.00/1.00/.85	\$8,500.00	\$42,585.00

Columbia County Property Appraiser

DB Last Updated: 2/5/2007

1 of 1





### Columbia County Property Appraiser

J. Doyle Crews, CFA - Lake City, Florida - 386-758-1083

#### PARCEL: 20-4S-17-08583-007 - NO AG ACRE (009900)

Name: KARGULA JOSEPH E JR	LandVal	\$42,585.00
Site:	BldgVal	\$0.00
C/O MARC KARGULA	ApprVal	\$42,585.00
Mail: 2825 BEECHRIDGE DRIVE	JustVal	\$42,585.00
HUDSONVILLE, MI 49426	Assd	\$42,585.00
Sales	Exmpt	\$0.00
Info	Taxable	\$42,585.00

0 58 116 174 ft



This information, GIS Map Updated: 2/5/2007, 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, its use, or its 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.





STATE OF FLORIDA  
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 040778N

PART II - SITE PLAN

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



Notes:

Site Plan submitted by: Jerry Schuck

Signature

OWNER

Title

Plan Approved ☒

Not Approved ☐

Date 7.20.04

By Sallie A. Gaddy - EST - COLUMBIA

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



# Last Will and Testament

OF

**JOSEPH KARGULA**

I, **JOSEPH KARGULA**, residing and domiciled at Lake City, Columbia County, Florida, being of sound and disposing mind and memory, do hereby make, publish and declare this to be my Last Will and Testament, hereby expressly revoking any and all Wills and Codicils heretofore by me made.

## ARTICLE I

I direct that all of my just debts, together with the expenses of my last sickness and funeral, shall be paid as soon after my death as may be practicable without inconvenience to my estate or to the personal representative thereof. I desire that my body be given a Christian burial suitable to my circumstances in life, the final details to be determined by my personal representative.

## ARTICLE II

I devise all of my property and estate, whether real, personal or mixed and wheresoever situated, to **JERRY G. SCHUCK** and his wife, **PAULA SCHUCK**, equally, share and share alike, or the survivor thereof.

LAST WILL AND TESTAMENT OF:

Joseph Kargula  
**JOSEPH KARGULA**

and/or personal property which I may own at my death, for such price, on such terms, for such consideration, and at such time or times as they may deem to be to the best interest of my estate.

c. To execute and deliver, in due and legal form, such transfers, conveyances and assignments thereof as may be necessary to vest in the purchasers such title thereto as I may have had at the time of my death, and to give receipts, releases and acquittances for each and every payment made and lien taken or reserved.

d. To make investments of any and all funds paid to or held by my estate, and they shall not be required under any circumstances to invest in the kind of securities and property prescribed by the laws of any state for the investment of trust funds.

e. To borrow money for any period of time, even though beyond duration of the administration of the estate, and to pledge, hypothecate and mortgage, as security for the repayment of the same, any and all of the assets of the estate, and to enter into agreements covering the terms of such borrowing and repayment and security therefore, and to apply the moneys so borrowed to the payment of my debts and any

LAST WILL AND TESTAMENT OF:

Joseph Kargula  
JOSEPH KARGULA



## LETTER OF AUTHORIZATION

Date: 2/20/07

Columbia County Building Department  
P.O. Box 1529  
Lake City, FL 32056

I Stacy Bertram, License No. 214000512 do hereby  
Authorize Teraz Schuck to pull and sign permits on my  
behalf.

Sincerely,



Sworn to and subscribed before me this 26 day of February, 2005

Notary Public: Lai H

My commission expires: June 28, 2008

Personally Known ✓

Produced Valid Identification: \_\_\_\_\_