

DATE 03/16/2009

Columbia County Building Permit

PERMIT

This Permit Must Be Prominently Posted on Premises During Construction

000027692

APPLICANT CATHERINE KOON PHONE 386.454.8125
ADDRESS POB 144 HIGH SPRINGS FL 32655
OWNER CATHERINE KOON PHONE 386.454.8125
ADDRESS 656 SW WORRY FREE GLN FT. WHITE FL 32038
CONTRACTOR VIC ETHERIDGE PHONE 352.283.1510
LOCATION OF PROPERTY 47-S TO C-138,TL GO TO 2ND CURVE,TR TO WORRY FREE GL,TL
2ND TO LAST ON THE VERY END ON THE L.
TYPE DEVELOPMENT M/H/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 26-7S-16-04328-010 SUBDIVISION Catherine Koon
LOT BLOCK PHASE UNIT TOTAL ACRES 1.53

IH0000144

Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor
EXISTING 09-0144-E CFS WR N
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: 2.31 LEGAL NON-CONFORMING LOT. RV TO BE REMOVED FROM PROPERTY.

STUP 06-28. 1 FOOT ABOVE ROAD.

Check # or Cash 1260

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 Insulation
 date/app. by date/app. by
Rough-in plumbing above slab and below wood floor Electrical rough-in
 date/app. by date/app. by
Heat & Air Duct Peri. beam (Lintel) Pool
 date/app. by date/app. by date/app. by
Permanent power C.O. Final Culvert
 date/app. by date/app. by date/app. by
Pump pole Utility Pole M/H tie downs, blocking, electricity and plumbing
 date/app. by date/app. by date/app. by
Reconnection RV 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 \$ 250.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 44.94 WASTE FEE \$ 117.25
FLOOD DEVELOPMENT FEE \$ FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$ TOTAL FEE 487.19
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 RECIEVES AN APPROVED INSPECTION EVERY 180 DAYS. WORK SHALL BE CONSIDERED NOT SUSPENDED, ABANDONED OR INVALID WHEN THE PERMIT HAS RECIEVED AN APPROVED INSPECTION WITHIN 180 DAYS OT THE PREVIOUS INSPECTION.

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 1-10-08) Zoning Official aps 3/10/09 Building Official wr 3/10/09

AP# 0903-15 Date Received 3/9 By JW Permit # 27692

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

Comments 2.31 legal non-conforming lot
RV to be removed from property.

FEMA Map# _____ Elevation _____ Finished Floor _____ River _____ In Floodway _____

☒ Site Plan with Setbacks Shown ☒ EH # 09-0144 ☐ EH Release ☒ Well letter ☐ Existing well

☐ Recorded Deed or Affidavit from land owner ☒ Letter of Auth. from installer ☐ State Road Access

☐ Parent Parcel # _____ ☐ STUP-MH _____ ☐ F W Comp. letter _____

IMPACT FEES: EMS _____ Fire _____ Corr _____ Road/Code _____

School _____ = TOTAL _____

Property ID # 26-75-16-04328-010 Subdivision R04328-010

- New Mobile Home _____ Used Mobile Home ☒ MH Size 14x66 Year 1984
- Applicant Catherine Koon Phone # 386-454-8125
- Address P.O. Box 144 High Springs, FL 32655 Cell 386-623-0939
- Name of Property Owner Catherine M. Koon Phone # 386-454-8125
- 911 Address 656 SW Worry Free Gln 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 Catherine Koon Phone # 386-454-8125
- Address 656 SW Worry Free Gln Fort white, FL 32038
- Relationship to Property Owner Self
- Current Number of Dwellings on Property 0
- Lot Size _____ Total Acreage 1.53
- 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 147-5 TO C-138, TL go to 2nd curve
L. TL, go to Worry Free, TL 2nd to last on the very end on the
L.
- Name of Licensed Dealer/Installer Vic E. Newidge Phone # 352-283-1510
386-462-7554
- Installers Address P.O. Box 3266 High Springs, FL 32655
- License Number TH0000144 Installation Decal # 265015

JW called Ms. Catherine C# 3/11/09 A 11:19

PERMIT WORKSHEET

page 1 of 2

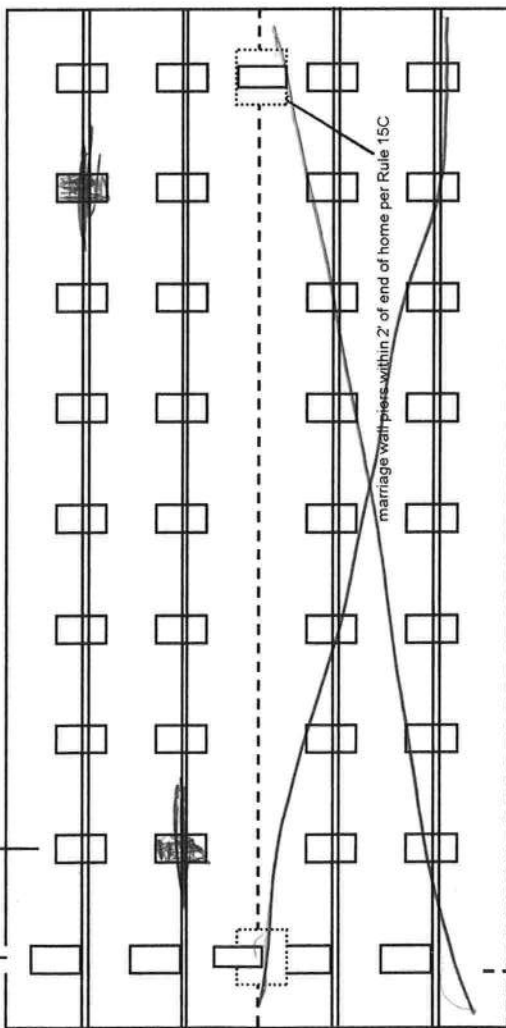
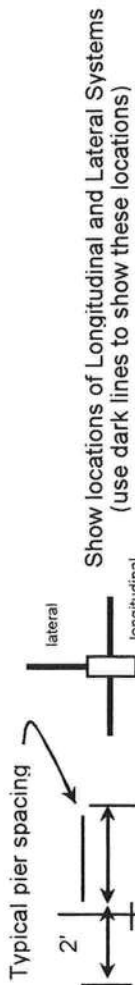
Installer Vic Ethneridge License # TH0000144
 Manufacturer Greenwood Length x Width 14 X 66
 Name of Owner of this Mobile Home _____
 Phone _____
 Address _____

New Home ☐ Used Home ☒ Year _____
 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 # 265015
 Triple/Quad ☐ Serial # _____

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 QR



PIER 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 psf	3'	4'	4'	5'	6'	7'	8'
1500 psf	4' 6"	6'	6'	7'	8'	8'	8'
2000 psf	6'	8'	8'	8'	8'	8'	8'
2500 psf	7' 6"	8'	8'	8'	8'	8'	8'
3000 psf	8'	8'	8'	8'	8'	8'	8'
3500 psf	8'	8'	8'	8'	8'	8'	8'

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

PIER PAD SIZES

I-beam pier pad size 20X20
 Perimeter pier pad size N/A
 Other pier pad sizes (required by the mfg.) 16x16

POPULAR PAD SIZES

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

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 _____

ANCHORS

4 ft

5 ft

FRAME TIES

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

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
 Manufacturer _____
 Longitudinal Stabilizing Device w/ Lateral Arms
 Manufacturer _____

OTHER TIES

Number _____
 Sidewall _____
 Longitudinal _____
 Marriage wall _____
 Shearwall _____

PERMIT NUMBER

POCKET PENETROMETER TEST

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

X 1000 lb X X X

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 X X X

TORQUE PROBE TEST

The results of the torque probe test is 130 inch pounds or check here if you are declaring 5" anchors without testing. A test showing 275 inch pounds or less will require 4 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 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.

Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Date Tested

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.

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

Site Preparation

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

Fastening multi wide units

Floor: Type Fastener: Length: Spacing:
Walls: Type Fastener: Length: Spacing:
Roof: Type Fastener: Length: Spacing:
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

Type gasket
Pg.

Installed:

Between Floors Yes
Between Walls Yes
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

Miscellaneous

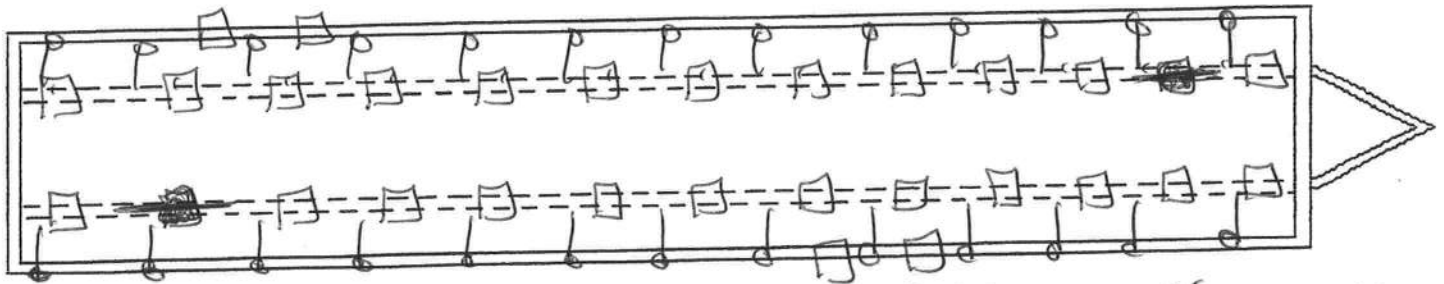
Skirting to be installed. Yes No
Dryer vent installed outside of skirting Yes N/A
Range downflow vent installed outside of skirting Yes
Drain lines supported at 4 foot intervals. Yes
Electrical crossovers protected. Yes N/A
Other: N/A

Installer verifies all information given with this permit worksheet is accurate and true based on the

Installer Signature [Signature] Date 1-23-09

Applicant shall provide layout from manufacturer specific to the model installed. This form may be used if the layout from the manufacturer is not available.

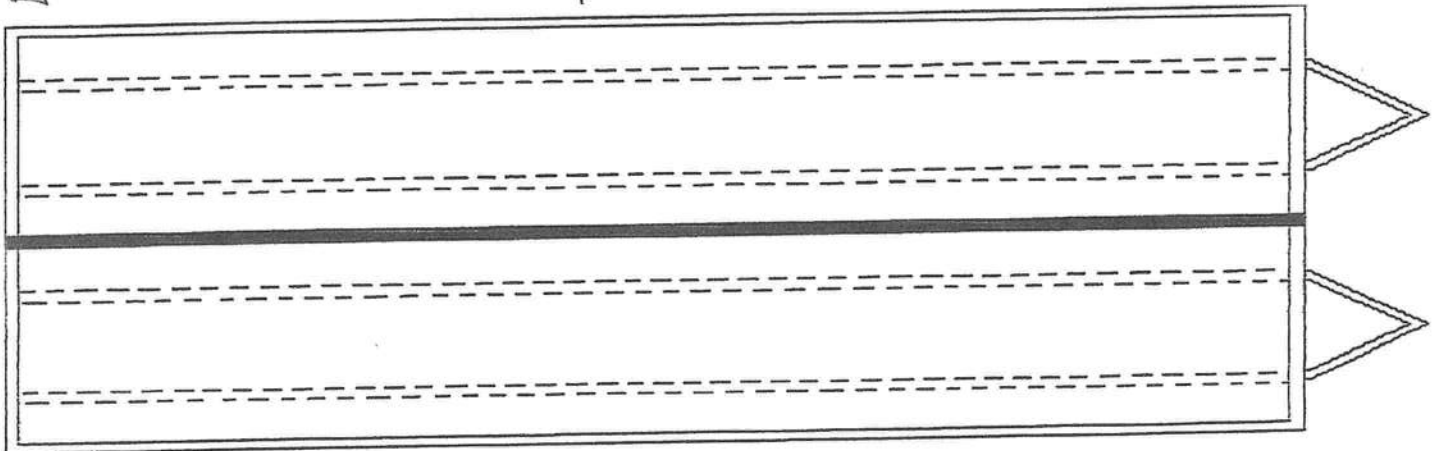
SINGLE WIDE MOBILE HOME



1000 16 S&C Piers on 20x20 ABS PADS on 5' Centers
5' Anchors on 5' 4" Centers

DOUBLE WIDE MOBILE HOME

~~OLIVER~~ OLIVER Technology Longitudinal Stabilizer Devices



ANCHOR



PIER



PIER FOOTING

Show all pier (with size of piers & pads) and anchor location, with maximum spacing and distance from end walls, as required in the manufacturer's specifications. Any special pier footing required (over 16 x 16 inches) shall be noted separately with required dimensions per the manufacturer's specifications. To determine footing size and spacing, a soil bearing capacity test shall be used. Pier footings to be poured-in-place, whether required by manufacturer's specifications or by preference, must be inspected by the Building Department prior to pouring.

LIMITED POWER OF ATTORNEY

I, Vic Edwards DO HEREBY AUTHORIZE Catherine Koon
TO PULL MY PERMITS AND ACT ON MY BEHALF IN ALL ASPECTS OF APPLYING
FOR A MOBILE HOME PERMIT.

[Signature]
SIGNATURE

1-23-09
DATE

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 23 DAY OF Jan 2009.

[Signature]
NOTARY PUBLIC



MY COMMISSION EXPIRES: 10-26-10
COMMISSION NO. DD 609463
PERSONALLY KNOWN: ✓
PRODUCED ID (TYPE): _____

MOBILE HOME INSTALLER AFFIDAVIT

ANY PERSON WHO ENGAGES IN MOBILE HOME INSTALLATION SHALL BE LICENSED BY THE DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES IN ACCORDANCE WITH FLORIDA STATUTES, SECTION 320.8249 MOBILE HOME INSTALLERS LICENSE.

I V. C. Ethridge LICENSE# TL50000 NY
(PLEASE PRINT)

ADDRESS P.O. Box 3266 Kissimmee PHONE# 386 4627554
352 2831510

DO HEREBY STATE THAT THE INSTALLATION OF THE MANUFACTURED HOME FOR

(HOME OWNER) WILL BE DONE UNDER MY SUPERVISION

[Signature]
SIGNATURE

SWORN TO AND SUBSCRIBED BEFORE ME THIS 25th DAY OF Jan. 2009
2004

NOTARY PUBLIC [Signature] MY COMMISSION EXPIRES 10-26-10



*JW Hand
1.26.09*

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 1/26 BY GF IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? No
OWNERS NAME Catherine Koon PHONE 386 454-8135 CELL 386 623-0939
ADDRESS 556 SW Normandy Dr. Ft. White, FL.
MOBILE HOME PARK _____ SUBDIVISION _____
DRIVING DIRECTIONS TO MOBILE HOME 475, TL CR 138, TL Normandy,
RTH on light.

MOBILE HOME INSTALLER Vic E. Everside PHONE 386 462-7551 CELL 352 283-1510

MOBILE HOME INFORMATION

MAKE Edge YEAR 1984 SIZE 14 x 70 COLOR Tan/Brown
SERIAL No. GAFL1AD08075771
WIND ZONE II Must be wind zone II or higher NO WIND ZONE I ALLOWED
* PLEASE CALL *
623-0939

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 [Signature] ID NUMBER 402 DATE 1-27-09

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: 5/8/2006 **DATE ISSUED:** 5/8/2006

ENHANCED 9-1-1 ADDRESS:

656 SW WORRY FREE GLN

FORT WHITE FL 32038

PROPERTY APPRAISER PARCEL NUMBER:

26-7S-16-04328-010

Remarks:

Address Issued By:


Columbia County 9-1-1 Addressing / GIS Department

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

235

**COLUMBIA COUNTY
9-1-1 ADDRESSING
APPROVED**

Columbia County Property Appraiser

DB Last Updated: 3/5/2009

2009 Preliminary Values

Tax Record

Property Card

Interactive GIS Map

Print

Parcel: 26-7S-16-04328-010

Owner & Property Info

Search Result: 1 of 1

Owner's Name	KOON CATHERINE MILLER		
Site Address			
Mailing Address	P O BOX 144 HIGH SPRINGS, FL 326550144		
Use Desc. (code)	VACANT (000000)		
Neighborhood	26716.00	Tax District	3
UD Codes	MKTA02	Market Area	02
Total Land Area	1.530 ACRES		
Description	COMM NW COR COR OF SW1/4 OF NW1/4, RUN S 417.46 FT FOR POB, RUN E 528 FT, S 126.23 FT, W 528 FT, N 126.23 FT TO POB. ORB 901-115, 982-1283, 982-1295, WD 993-1928. WD 1078-2782.		

GIS Aerial



Property & Assessment Values

Mkt Land Value	cnt: (2)	\$19,267.00
Ag Land Value	cnt: (0)	\$0.00
Building Value	cnt: (0)	\$0.00
XFOB Value	cnt: (0)	\$0.00
Total Appraised Value		\$19,267.00

Just Value	\$19,267.00
Class Value	\$0.00
Assessed Value	\$19,267.00
Exempt Value	\$0.00
Total Taxable Value	\$19,267.00

Sales History

Sale Date	Book/Page	Inst. Type	Sale VImp	Sale Qual	Sale RCode	Sale Price
9/4/2003	993/1928	WD	V	U	01	\$5,000.00
5/6/2003	982/1295	QC	V	U	01	\$100.00
5/6/2003	982/1293	QC	V	U	01	\$100.00

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
000000	VAC RES (MKT)	1.530 AC	1.00/1.00/1.00/1.00	\$11,286.00	\$17,267.00
009945	WELL/SEPT (MKT)	1.000 UT - (.000AC)	1.00/1.00/1.00/1.00	\$2,000.00	\$2,000.00

Columbia County Property Appraiser

DB Last Updated: 3/5/2009

A & B Well Drilling, Inc.
5673 NW Lake Jeffery Road
Lake City, FL, 32055
386-758-3409

3/9/2009

To: Columbia County Building Department

Description of well to be installed for Customer: Katharine Koon

Located at Address: 16516 S.W. Wray Lane, Ft. White, FL 32038

1 hp 20 gpm- 1 1/4" drop over 82 gallon equivalent captive tank with cycle stop and back flow prevention. With SRWM permit.

William Bias
William Bias

Faxed on 3-9-09



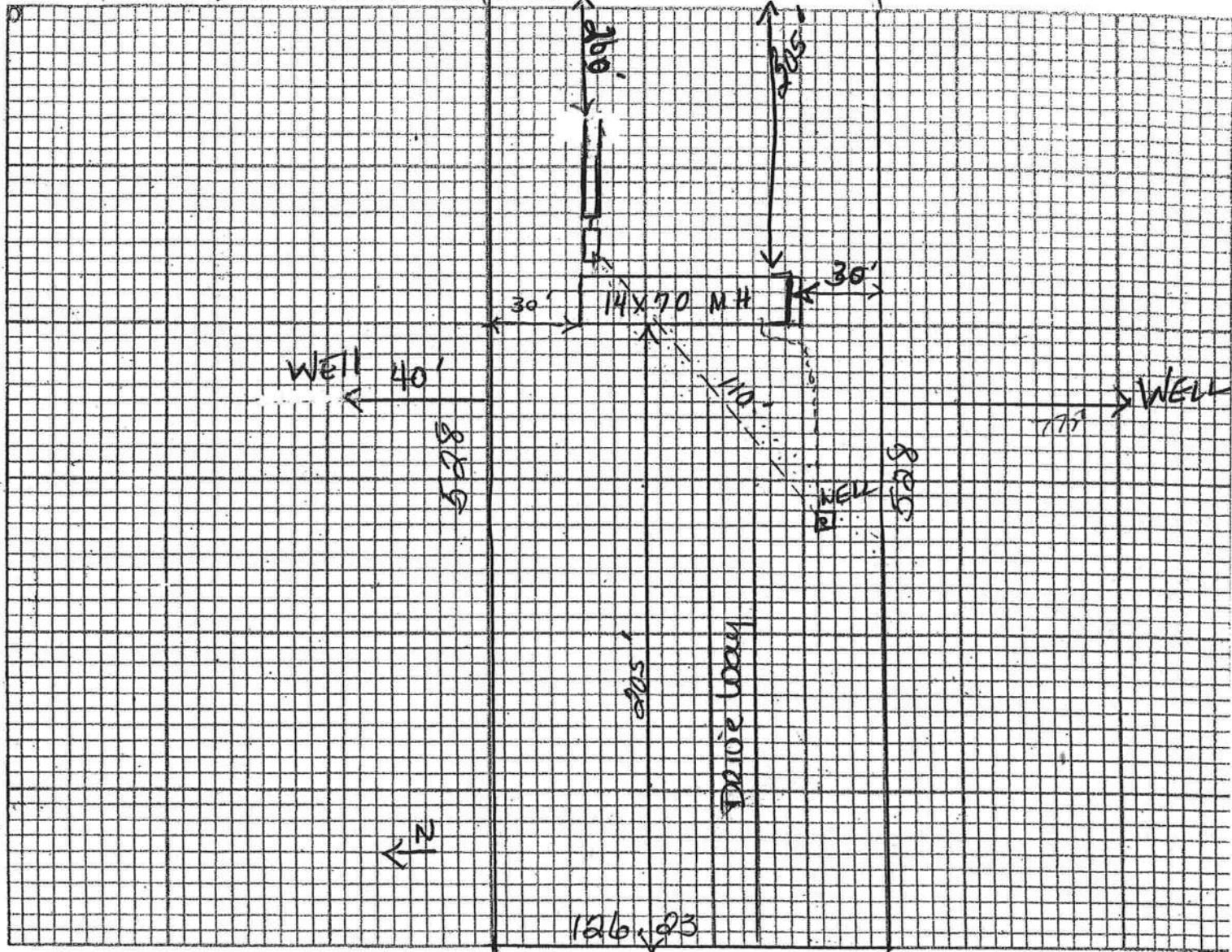
STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 09-0144-E

PART II - SITE PLAN

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



Notes:

Site Plan submitted by: PC Catherine Miller Kvor

Signature

3/11/09

Plan Approved ☒

Not Approved ☐

Date 3-13-09

By [Signature]

Columbia

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Original attached

09-0144-E



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE DISPOSAL SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. AP 914513
DATE PAID: 3/11/09
FEE PAID: 125.00
RECEIPT #: 12-PID-1103995



APPLICATION FOR:

[] New System [☒] Existing System [] Holding Tank [] Innovative
[] Repair [] Abandonment [] Temporary []

APPLICANT: Catherine Miller Koon

AGENT: N/A

TELEPHONE: 386-454-8125
Cell 386-623-0939

MAILING ADDRESS: P.O. Box 144 High Spring, FL 32655

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3)(m) OR 489.552, FLORIDA STATUTES.

PROPERTY INFORMATION

LOT: ☒ BLOCK: N12 SUBDIVISION: 21A PLATTED: NH

PROPERTY ID #: 26-75-16-04328 ZONING: A1 I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 1.53 ACRES WATER SUPPLY: [] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: Sk 656 Worry Free G.M. Fort White, FL 32038

DIRECTIONS TO PROPERTY: go 47 to 138 take left go 3 miles take right on Worry Free, Sec 2 to the last trailer on the left.

BUILDING INFORMATION

[☒] RESIDENTIAL [] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	<u>mobile Home</u>	<u>2</u>	<u>924</u>	
2				
3				
4				

[] Floor/Equipment Drains [] Other (Specify) _____

SIGNATURE: Catherine Miller Koon

DATE: 03-11-09



IN WITNESS WHEREOF, The said party of the first part has hereunto set her hand and seal the day and year first above written.

Signed, sealed and delivered
in the presence of:

Alice C. Ferguson

Printed Name: Alice C. Ferguson

Karen M. Wright
Printed Name: Karen M. Wright

"Witnesses"

Gary D. Hunter (SEAL)
GARY D. HUNTER, Personal
Representative

5104 SW 106th Way
Gainesville, Florida 32608

STATE OF FLORIDA
COUNTY OF COLUMBIA

The foregoing instrument was acknowledged before me this 11th day of February, 2000 by Gary D. Hunter as Personal Representative of the Estate of Alice Elaine Hunter, deceased, who is personally known to me or who has produced personally known as identification and who did not take an oath.

(Notarial Seal)

[Signature]
Notary Public

Commission No.



BK 0901 PG 0114
OFFICIAL RECORDS

00-06842

FILED AND RECORDED IN PUBLIC
RECORDS OF COLUMBIA COUNTY, FL.
'00 APR 24 PM 1:00
RECORD VERIFIED
[Signature]



Prepared by: Dale C. Ferguson
 Attorney at Law
 P.O. Box 111
 Lake City, Florida 32056-0111

OK 0901 PG 0113

PERSONAL REPRESENTATIVE'S DEED
 OFFICIAL RECORDS

44 THIS PERSONAL REPRESENTATIVE'S DEED, Made and executed this day of February, 2000 BY AND BETWEEN GARY D. HUNTER, the duly appointed and qualified Personal Representative of the Estate of ALICE ELAINE HUNTER, deceased, party of the first part,, and GARY D. HUNTER AND KELLY HUNTER, his wife, whose post office address is 5104 SW 106th Way, Gainesville, FL 32608, parties of the second part.

WITNESSETH, That the party of the first part, for and in consideration of the sum of Ten and No/100 (\$10.00) Dollars to it in hand paid by the parties of the second part, the receipt whereof is hereby acknowledged from the party of the first part, has granted, bargained, and sold to the said parties of the second part, her heirs and assigns forever, the following described land, situate, and being in the County of Columbia, State of Florida, to-wit:

See Schedule "A" attached hereto and made a part hereof.

N.B. The said Alice Elaine Hunter, died on May 12, 1999 while a resident of Columbia County, Florida.

Subject to real property taxes accruing subsequent to December 31, 1998 and subject to restrictions and easements of record, if any.

TOGETHER WITH ALL and singular the tenements, hereditaments, and appurtenances thereunto belonging, or in anywise appertaining; and the reversion and reversions, remainder, and remainders, rents, issues, and profits thereof; and also all the estate, right, title, interest, property, possession, claim and demand whatsoever, at the time of his decease, and which the party of the first part has, in and to the above granted premises, and every part and parcel thereof, with the appurtenances, tenements and hereditaments thereto belonging.

TO HAVE AND TO HOLD all and singular the above granted premises, together with the appurtenances and every part thereof, unto the parties of the second part, their heirs, personal representatives and assigns in fee simple forever.

AND THE PARTY OF THE FIRST PART, does hereby covenant to and with the parties of the second part, their heirs and assigns, that in all things preliminary to and in and about this conveyance, the laws of Florida have been followed and complied with in all respects.

Documentary Stamp 70
 Intangible Tax 1.00
 P. DUKAKIS Canon
 Clerk of Court
 By [Signature] D.C.

SCHEDULE "A" BK 0901 PG 0115

PARCEL 1:

OFFICIAL RECORDS

A part of the SW 1/4 of the NW 1/4 of Section 26, township 7 South, Range 16 East, more particularly described as follows: Commence at the NW corner of the SW 1/4 of said NW 1/4 and run S 0 degrees 34'00" East, along the West line thereof, 417.46 feet for a point of beginning; thence N 89 degrees 14'22" East, 528.00 feet; thence S 0 degrees 33'59" East, 126.23 feet; thence S 89 degrees 14'22" West, 528.00 feet to a point on the West line of the SW 1/4 of said NW 1/4; thence N 0 degrees 34'00" West, along the West line thereof, 126.23 feet to the point of beginning. Containing 1.53 acres, more or less.

PARCEL 2:

A part of the NE 1/4 of the NW 1/4 of Section 26, Township 7 South, Range 16 East, more particularly described as follows: Commence at the SE corner of the NE 1/4 of said NW 1/4 and run N 0 degrees 39'00" West, along the East line thereof, 525.62 feet for a point of beginning; thence S 89 degrees 14'22" West, 528.05 feet; thence N 0 degrees 38'58" West, 69.74 feet; thence N 89 degrees 14'22" East, 528.05 feet to a point on the East line of the NE 1/4 of said NW 1/4; thence S 0 degrees 39'00" East, along the East line thereof, 69.74 feet to the Point of Beginning. Containing 0.85 acres, more or less.



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. 06-0385N
DATE PAID: 4-17-06
FEE PAID: 215.00
RECEIPT #: 5060417007

(R) 9-7-06

APPLICATION FOR:

☒ New System ☐ Existing System ☐ Holding Tank ☐ Innovative
☐ Repair ☐ Abandonment ☐ Temporary ☐

APPLICANT: Koon, Catherine Miller

AGENT: ROCKY FORD, A & B CONSTRUCTION

TELEPHONE: 386-497-2311

MAILING ADDRESS: P.O. BOX 39 FT. WHITE, FL, 32038

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3) (m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION

LOT: na BLOCK: na SUB: na PLATTED: _____

PROPERTY ID #: 26-7-16-04328-010 ZONING: _____ I/M OR EQUIVALENT: [Y] (N)

PROPERTY SIZE: 1.53 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y] (N) DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: 656 SW Worry Free Glen, Fort White, FL, 32038

DIRECTIONS TO PROPERTY: 47 South, Through Ft White, Left on CR 138, Rt on SW

Truluck (see map), Right on Worry Free Glen, follow around to property on
right

BUILDING INFORMATION

☒ RESIDENTIAL [] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	Camper	1	176	
2				
3				

☒ Floor/Equipment Drains ☒ Other (Specify) _____

SIGNATURE: Rocky Ford

DATE: 4/13/2006

RECEIVED
4-17-06
BE

ENTERED
4-17-06