

OK
BLK
29.06.10

28677

MAP of BOUNDARY SURVEY

SURVEY DESCRIPTION:

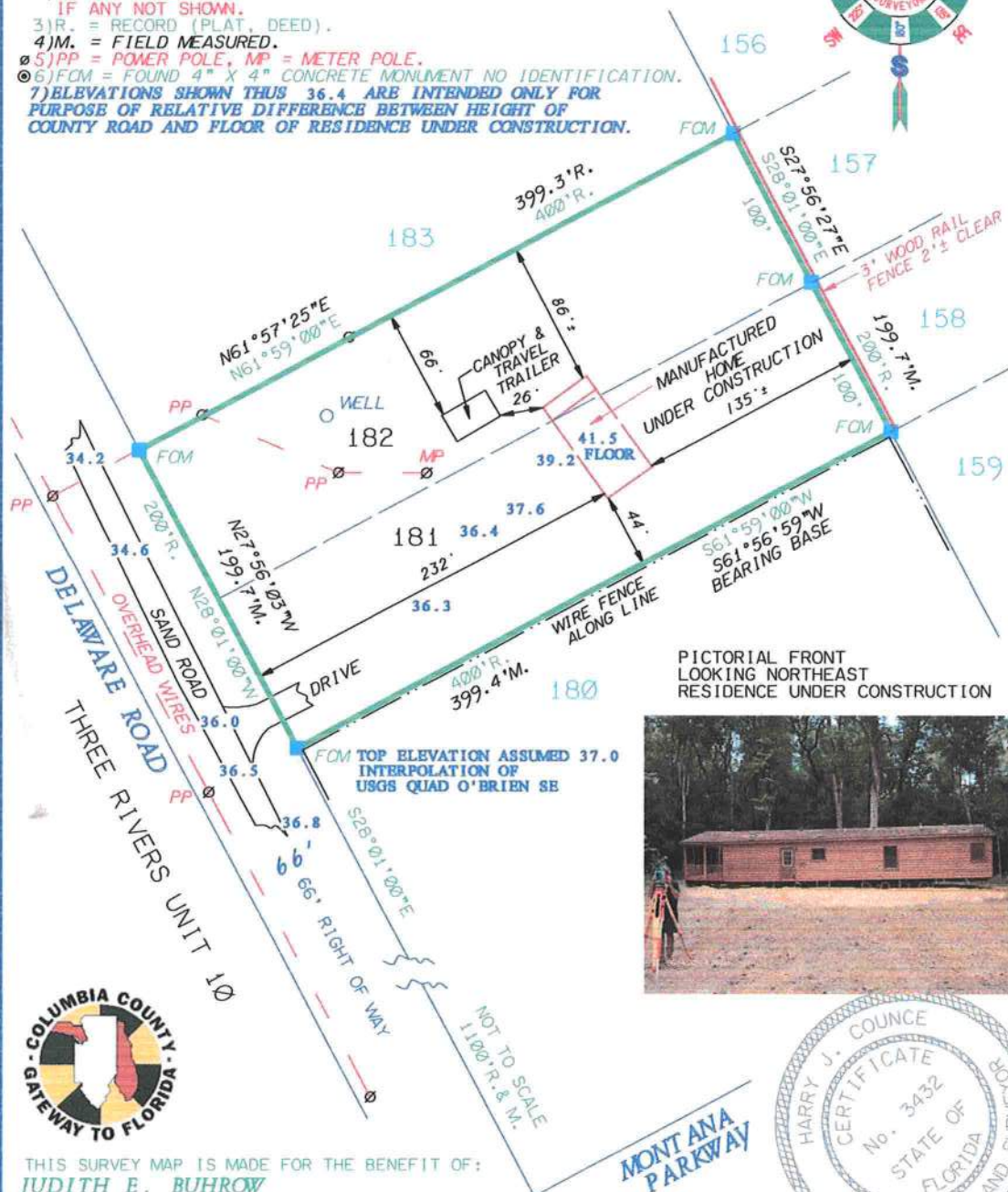
Lots 181 and 182, UNIT 18,
THREE RIVERS ESTATES,
AS RECORDED IN PLAT BOOK 6, PAGE 12, OF THE
PUBLIC RECORDS OF COLUMBIA COUNTY, FLORIDA.

SCALE 1 INCH = 80 FEET



SURVEYORS NOTES & LEGEND:

- 1) ACCURACY OF CONTROL SURVEY DATA
THIS SURVEY EXCEEDS 1 FOOT IN 7500 FEET.
- 2) UNDERGROUND IMPROVEMENTS AND UTILITIES
IF ANY NOT SHOWN.
- 3) R. = RECORD (PLAT, DEED).
- 4) M. = FIELD MEASURED.
- 5) PP = POWER POLE, MP = METER POLE.
- 6) FCM = FOUND 4" X 4" CONCRETE MONUMENT NO IDENTIFICATION.
- 7) ELEVATIONS SHOWN THUS 36.4 ARE INTENDED ONLY FOR
PURPOSE OF RELATIVE DIFFERENCE BETWEEN HEIGHT OF
COUNTY ROAD AND FLOOR OF RESIDENCE UNDER CONSTRUCTION.



PICTORIAL FRONT
LOOKING NORTHEAST
RESIDENCE UNDER CONSTRUCTION



THIS SURVEY MAP IS MADE FOR THE BENEFIT OF:
JUDITH E. BUHROW
PRESTIGE HOME CENTERS

© COPYRIGHT 2010, HARRY J. COUNCE
harrycounce@hotmail.com

MONTANA
PARKWAY



DATED: JUNE 14, 2010

HARRYCOUNCE.COM

FILE NAME: BUHROW THREE RIVERS UNIT 18

THE PROPERTY SHOWN HEREON APPEARS TO BE LYING IN
ZONE X OF THE NATIONAL FLOOD INSURANCE PROGRAM.
FIRM 12023C0458C, DATED FEBRUARY 4, 2009.

Lands shown hereon were not abstracted and are
subject to all Dedications, Limitations, Reservations,
Restrictions and Easements of Record.

SURVEY MAP NOT VALID WITHOUT THE SIGNATURE AND ORIGINAL
RAISED SEAL OF THIS FLORIDA LICENSED SURVEYOR AND MAPPER.

HARRY J. COUNCE
11970 N.W. 111th TERRACE
CHIEFLAND, FLORIDA 32626



LAND SURVEYOR
PHONE/FAX 352-493-7996
HARRY J. COUNCE PSM 3432

Harry J. Counce



May 19 10 05:34p

Hardoe Environmental

(352) 490-6755

p.2

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-10-08) Zoning Official BK 02.00.10 Building Official LD 5-28-10
 AP# 1005-53 Date Received 5/25/10 By GT Permit # 1830 / 28677
 Flood Zone Floodable Development Permit N/A Zoning A-3 Land Use Plan Map Category A-3
 Comments Elevation Confirmation letter required at permanent power
Across Lots 181+182
 FEMA Map# 0458C Elevation 33' Finished Floor 33' River Santa Fe In Floodway N/A
☒ Site Plan with Setbacks Shown EH# 10-0268-M ☐ 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 00-00-00 Fire 00-00-00 Corr 00-00-00 Road/Code 00-00-00
 School 01155-000 = TOTAL N/A - Suspended OC IC

Property ID # 01155-000 Subdivision Three Rivers Estate Lot 181/182 Unit 18
 • New Mobile Home ☐ Used Mobile Home ☒ MH Size 28x66 Year 96
 • Applicant Jeff Hardy Phone # 352 949-0592
 • Address 6450 NW 77th Lane, Chiefland, FL 32026
 • Name of Property Owner Judith Buhrow Phone# 727-867-6297
 • 911 Address 253 SW Delaware Way, Ft. 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 Judith Buhrow Phone # 727-867-6297
 Address 2136 68th Ave South St Petersburg FL 33712
 • Relationship to Property Owner owner
 • Current Number of Dwellings on Property RU to remove
 • Lot Size 400 x 200 Total Acreage 1.82
 • 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 (Owner)
 • Driving Directions to the Property 47 to Ft White +/R Hwy 77 +/L
River Road +/L Utah +/R Washington +/L Mantara +/L
on Delaware, 400' on right
 • Name of Licensed Dealer/Installer Wendell Crews Phone # 352-351-6100
 • Installers Address 4650 NE 35th St Ocala, FL 34479
 • License Number TH0000629 Installation Decal # 1404

Spoke to
Jeff
6/3/10
Spoke to Wendell
6/2/10



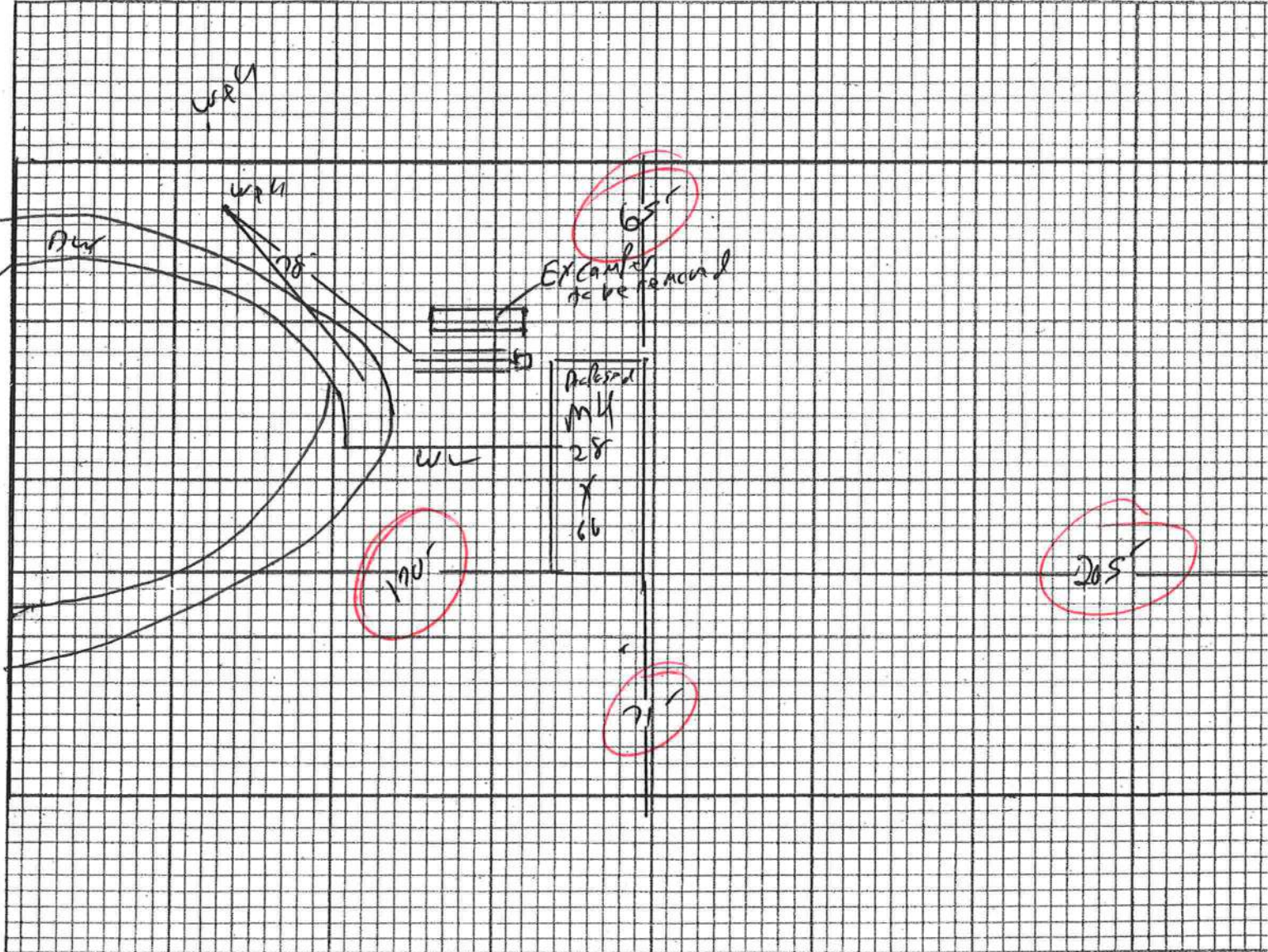
STATE OF FLORIDA
DEPARTMENT OF HEALTH

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: _____

Site Plan submitted by: [Signature] Signature _____ Title _____

Plan Approved _____ Not Approved _____ Date _____

By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

PERMIT NUMBER

PERMIT WORKSHEET

page 2 of 2

p.4

(352) 490-6755

Hardee, Environmental

May, 19 10 05:56p

POCKET PENETROMETER TEST

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

X X X

POCKET PENETROMETER TESTING METHOD

1. Test the perimeter of the home at 8 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

TORQUE PROBE TEST

The results of the torque probe test is 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 sidewalk locations. I understand 5 ft. anchors are required at all cantilevered points where the torque test reading is 275 or less and where the mobile home manufacturer may require anchors with 4000 lb holding capacity.

 Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Date Tested

Electrical

Plumbing

Correct electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between multi-wide units. Pg. 35

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 35

Correct all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 40

Site Preparation

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

Fastening multi wide units

Floor: Type Fastener: Length: 3/8 x 5" Spacing: 16"
Walls: Type Fastener: Length: 3/8 x 4" Spacing: 16"
Roof: Type Fastener: Length: 1/2" Spacing: 24"
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 (underfooting 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 installed:

Between Floors Yes
Between Walls Yes
Bottom of ridgebeam Yes

Weatherproofing

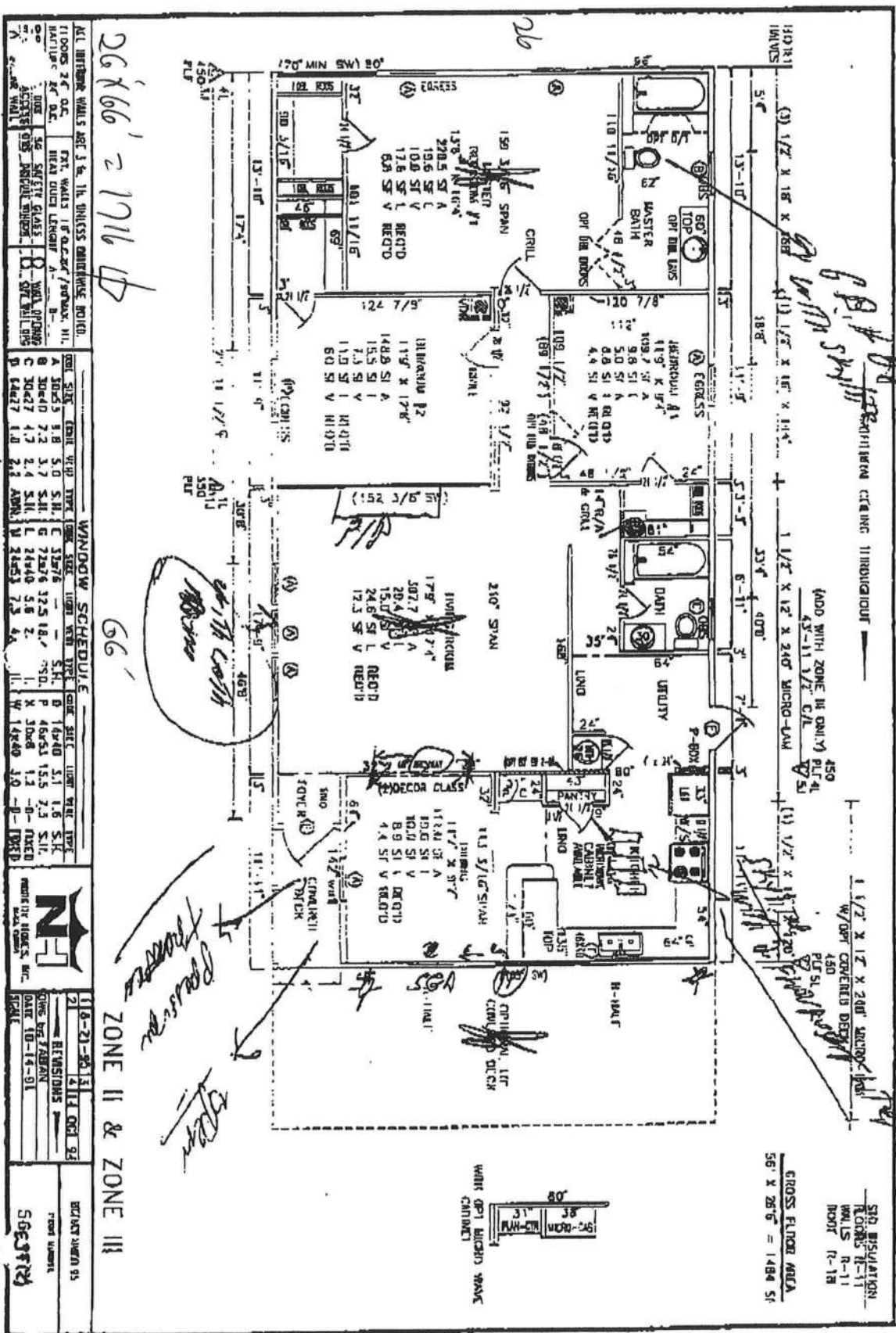
The bottomboard will be repaired and/or taped. Yes Pg. 13
Siding on units is installed to manufacturer's specifications. Yes
Fireplace chimney installed so as not to allow intrusion of rain water. Yes

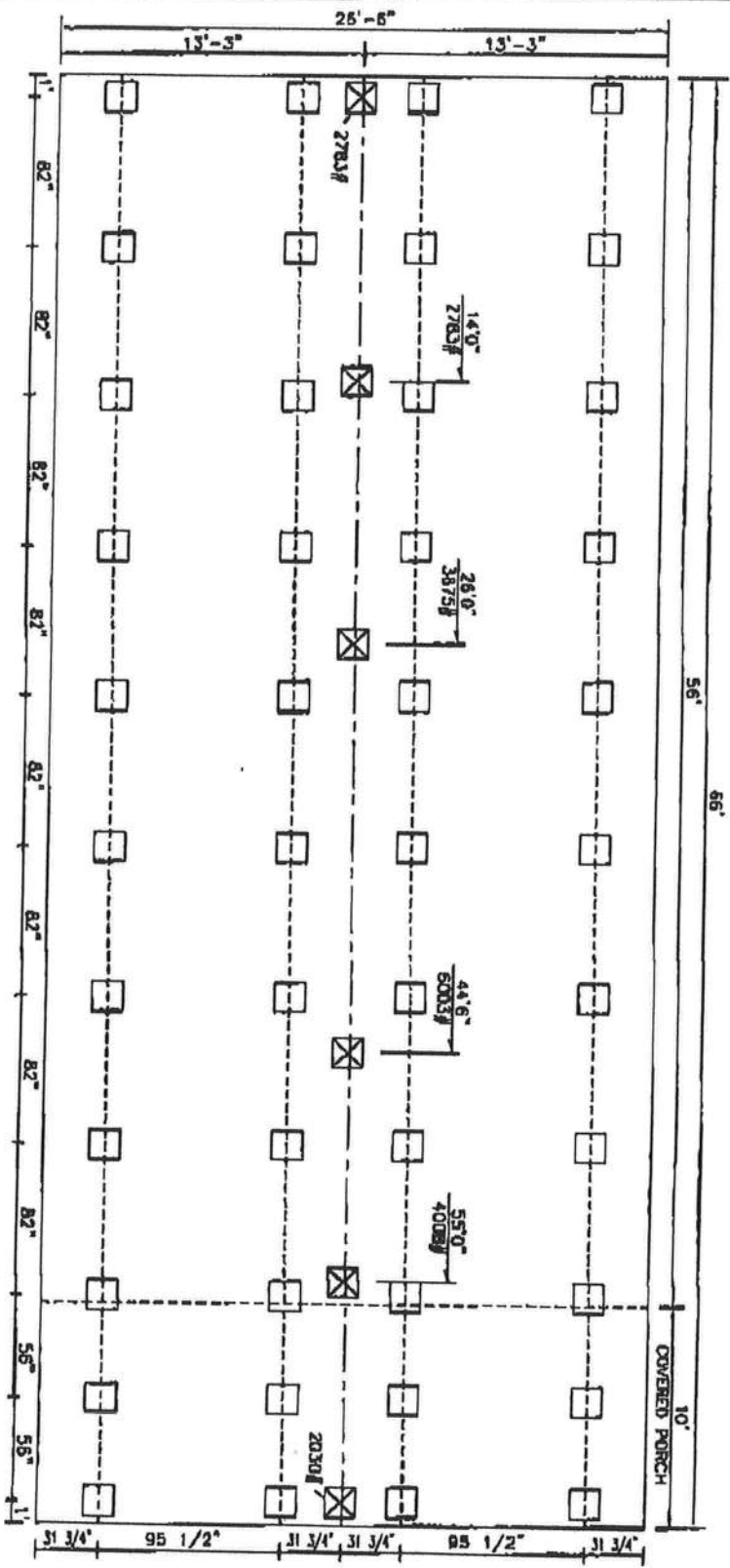
Miscellaneous

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

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

Installer Signature Date 5-24-0





- NOTES:
- (1) COLUMN SUPPORT PIERS MAY BE WRITTEN 8" OF OPENINGS GREATER THAN 48"
 - (2) ADDITIONAL PIERS ARE REQUIRED AT EACH SIDE OF EXTERIOR DOOR OPENINGS.
 - (3) THIS IS A TYPICAL DRAWING FOR THIS MODEL. SPACING MAY BE DIFFERENT IF MAX. SPACING IS NOT EXCEEDED.

- ☒ COLUMN SUPPORT PIERS
- ☐ 21" X 29" BASE PAD

SPACING FOR 1000 PSF SOIL WITH 21" X 29" BASE PAD
 MAXIMUM SPACING FOR THE T-BEAM PIERS IS 82"

REVISIONS

| | |
|---|--|
| 1 | |
| 2 | |
| 3 | |
| 4 | |

DESIGNED BY: PALMER
 DATE: 5-19-10
 SCALE

56E34(2)

OLIVER TECHNOLOGIES, INC.
FLORIDA INSTALLATION INSTRUCTIONS FOR THE
MODEL 1101 "V" SERIES ALL STEEL FOUNDATION SYSTEM
MODEL 1101 "V" (STEPS 1-15)
LONGITUDINAL ONLY: FOLLOW STEPS 1-8
FOR ADDING LATERAL ARM: Follow Steps 10-15
FOR CONCRETE APPLICATIONS: Follow Steps 16-19

ENGINEERS STAMP

ENGINEERS STAMP

1. **SPECIAL CIRCUMSTANCES:** If the following conditions occur - **STOP!** Contact Oliver Technologies at 1-800-284-7437 :
 a) Pier height exceeds 48" b) Length of home exceeds 76' c) Roof eaves exceed 16" d) Sidewall height exceed 96"
 e) Location is within 1500 feet of coast

INSTALLATION OF GROUND PAN

2. Remove weeds and debris in an approximate two foot square to expose firm soil for each ground pan (C).
 3. Place ground pan (C) directly below chassis I-beam. Press or drive pan firmly into soil until flush with or below soil.
SPECIAL NOTE: The longitudinal "V" brace system serves as a pier under the home and should be loaded as any other pier. It is recommended that after leveling piers, and one-third inch (1/3") before home is lowered completely on to piers, complete steps 4 through 9 below then remove jacks.

INSTALLATION OF LONGITUDINAL "V" BRACE SYSTEM

NOTE: WHEN INSTALLING THE LONGITUDINAL SYSTEM ONLY, A MINIMUM OF 2 SYSTEMS PER FLOOR SECTION IS REQUIRED. SOIL TEST PROBE SHOULD BE USED TO DETERMINE CORRECT TYPE OF ANCHOR PER SOIL CLASSIFICATION. IF PROBE TEST READINGS ARE BETWEEN 175 & 275 A 5 FOOT ANCHOR MUST BE USED. IF PROBE TEST READINGS ARE BETWEEN 276 & 350 A 4 FOOT ANCHOR MAY BE USED. USE GROUND ANCHORS WITH DIAGONAL TIES AND STABILIZER PLATES EVERY 5'4". VERTICAL TIES ARE ALSO REQUIRED ON HOMES SUPPLIED WITH VERTICAL TIE CONNECTION POINTS (PER FLORIDA REG.).

4. Select the correct square tube brace (E) length for set-up (pier) height at support location. (The 18" tube is always used as the bottom part of the longitudinal arm). Note: Either tube can be used by itself, cut and drilled to length as long as a 40 to 45 degree angle is maintained.

| PIER HEIGHT (Approx. 45 degrees Max.) | 1.25" ADJUSTABLE Tube Length | 1.50" ADJUSTABLE Tube Length |
|--|---------------------------------|---------------------------------|
| 7 3/4" to 25" | 22" | 18" |
| 24 3/4" to 32 1/4" | 32" | 18" |
| 33" to 41" | 44" | 18" |
| 40" to 48" | 54" | 18" |

5. Install (2) of the 1.50" square tubes (E (18" tube)) into the "U" bracket (J), insert carriage bolt and leave nut loose for final adjustment.
 6. Place I-beam connector (F) loosely on the bottom flange of the I-beam.
 7. Slide the selected 1.25" tube (E) into a 1.50" tube (E) and attach to I-beam connectors (F) and fasten loosely with bolt and nut.
 8. Repeat steps 6 through 7 to create the "V" pattern of the square tubes loosely in place. The angle is not to exceed 45 degrees and not below 40 degrees.
 9. After all bolts are tightened, secure 1.25" and 1.50" tubes using four(4) 1/4" - 14 x 3/4" self-tapping screws in pre-drilled holes.

INSTALLATION OF LATERAL TELESCOPING TRANSVERSE ARM SYSTEM

THE MODEL 1101 "V" (LONGITUDINAL & LATERAL PROTECTION) ELIMINATES THE NEED FOR MOST STABILIZER PLATES & FRAME TIES.
NOTE: THE USE OF THIS SYSTEM REQUIRES VERTICAL TIES SPACED AT 5'4".
FOUR FOOT (4') GROUND ANCHOR MAY BE USED EXCEPT WHERE THE HOME MANUFACTURER SPECIFIES DIFFERENT.

10. Install remaining vertical tie-down straps and 4' ground anchors per home manufacturer's instructions. **NOTE:** Centerline anchors to be sized according to soil torque condition. Any manufacturer's specifications for sidewall anchor loads in excess of 4,000 lbs. require a 5' anchor per Florida Code.
 11. **NOTE:** Each system is required to have a frame tie and stabilizer attached at each lateral arm stabilizing location. This frame tie & stabilizer plate needs to be located within 18" from of center ground pan.
 12. Select the correct square tube brace (H) length for set-up lateral transverse at support location. The lengths come in either 60" or 72" lengths. (With the 1.50" tube as the bottom tube, and the 1.25" tube as the inserted tube.)
 13. Install the 1.50 transverse brace (H) to the ground pan connector (D) with bolt and nut.
 14. Slide 1.25" transverse brace into the 1.50" brace and attach to adjacent I-beam connector (I) with bolt and nut.
 15. Secure 1.50" transverse arm to 1.25" transverse arm using four (4) 1/4" - 14 x 3/4" self-tapping screws in pre-drilled holes.



OLIVER TECHNOLOGIES, INC.
1-800-284-7437

Telephone: 931-796-4555
 Fax: 931-796-8611
 www.olivertechnologies.com

284

INSTALLATION USING CONCRETE RUNNER / FOOTER

16. A concrete runner, footer or slab may be used in place of the steel ground pan.

- a) The concrete shall be minimum 2500 psi mix
 - b) A concrete runner may be either longitudinal or transverse, and must be a minimum of 8" deep with a minimum width of 16 inches longitudinally or 18 inches transverse to allow proper distance between the concrete bolt and the edge of the concrete (see below).
 - c) Footers must have minimum surface area of 441 sq. in. (i.e. 21" square), and must be a minimum of 8" deep.
 - d) If a full slab is used, the depth must be a 4" minimum.
- Special inspection of the system bracket installation is not required. Footers must allow for at least 4" from the concrete bolt to the edge of the concrete.

NOTE: The bottom of all footings, pads, slabs and runners must be per local jurisdiction.

LONGITUDINAL: (Model 1101 LC "V")

17. When using Part # 1101-W-GPCA (wetset), simply install the bracket in runner/footer OR When installing in cured concrete use Part # 1101-D-GPCA (dryset). The 1101 (dryset) CA bracket is attached to the concrete using (2) 5/8"x3" concrete wedge bolts (Simpson part # S162300H 5/8" X 3" or Powers equivalent). Place the CA bracket in desired location. Mark bolt hole locations, then using a 5/8" diameter masonry bit, drill a hole to a minimum depth of 3". Make sure all dust and concrete is blown out of the holes. Place wedge bolts into drilled holes, then place 1101 (dry set) CA bracket onto wedge bolts and start wedge bolt nuts. Take a hammer and lightly drive the wedge bolts down by hitting the nut (making sure not to hit the top of threads on bolt). The sleeve of concrete wedge bolt needs to be at or below the top of concrete. Complete by tightening nuts.

LATERAL: (Model 1101 TC "V")

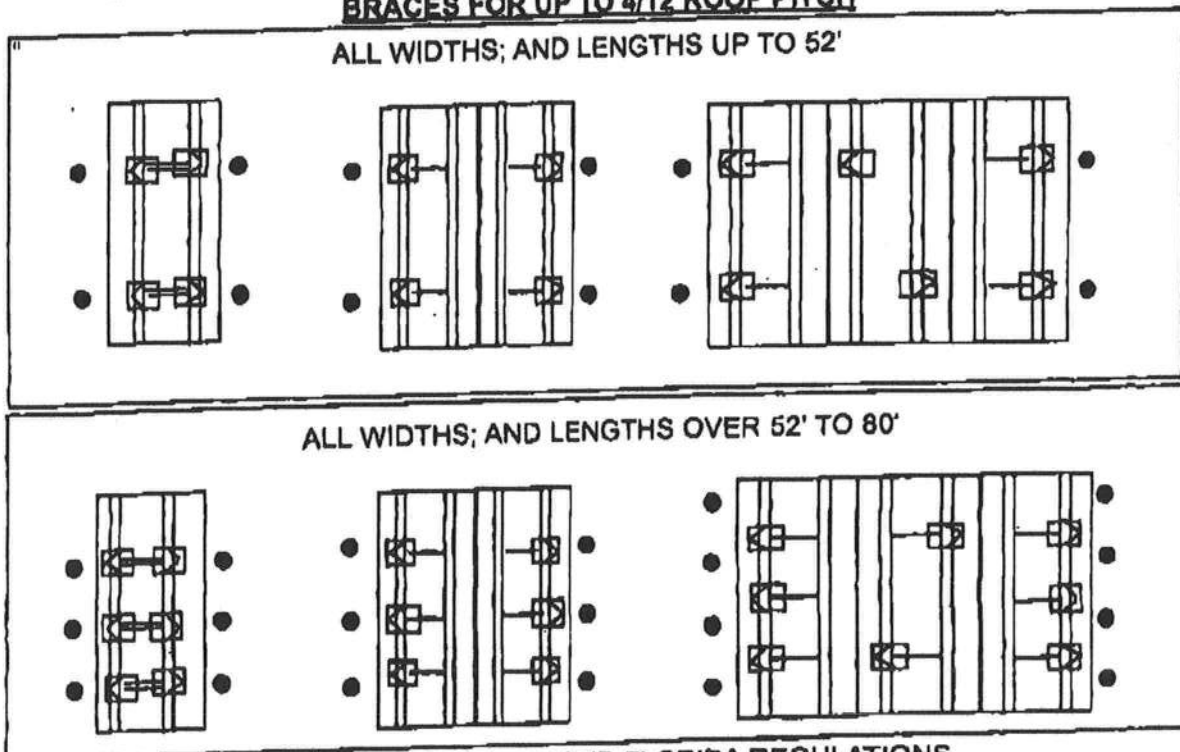
18. For wet set (part # 1101-W-TACA) installation simply install the anchor bolt into runner/footer. For dry set installation (part # 1101-D-TACA) mark bolt hole locations, then using a 5/8" diam. masonry bit, drill a hole to a minimum depth of 3". Make sure all dust and concrete is blown out of the hole. Place wedge bolts (Simpson part #S162300H 5/8" X 3" or Powers equivalent) into (D) concrete dry transverse connector and into drilled hole. If needed, take a hammer and lightly drive the wedge bolts down by hitting the nut (making sure not to hit the top of threads on bolt), then remove the nut. The sleeve of concrete wedge bolt needs to be at or below the top of concrete.

19. When using part # 1101 CVW (wetset) or 1101 CVD (dryset), install per steps 17 & 19.

Notes:

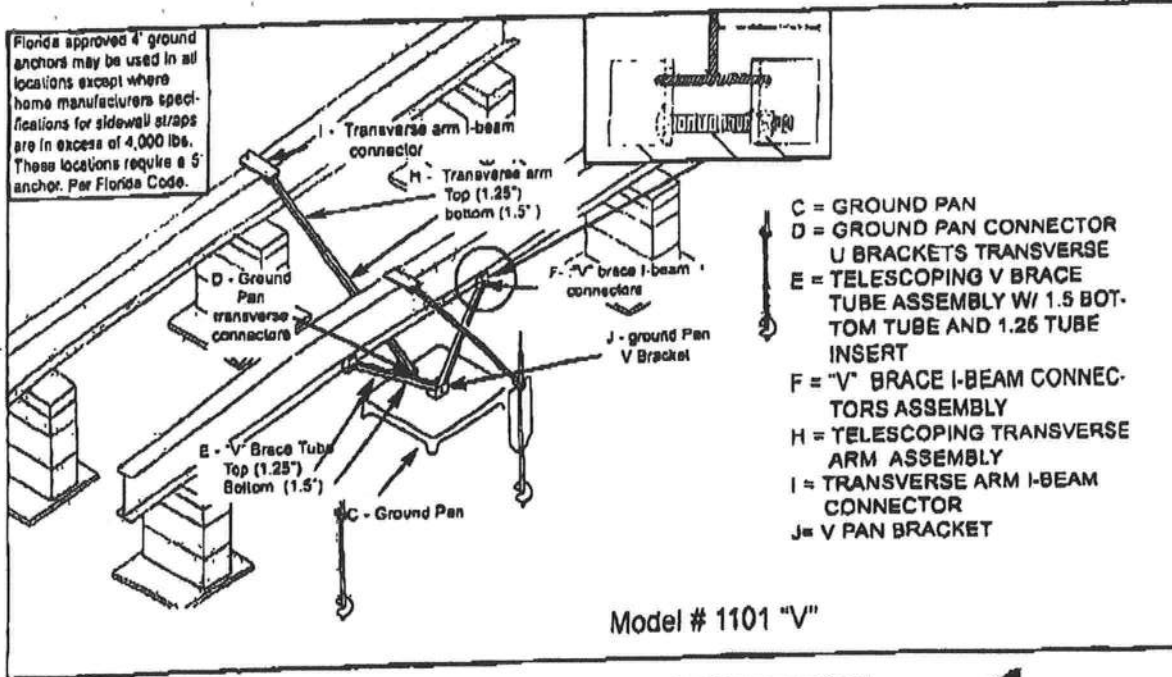
1. LENGTH OF HOUSE IS THE ACTUAL BOX SIZE
2. • = STABILIZER PLATE AND FRAME TIE LOCATION (needs to be located within 18 inches of center of ground pan or concrete)
3. □ = LOCATION OF LONGITUDINAL BRACING ONLY
4. □ = TRANSVERSE & LONGITUDINAL LOCATIONS

REQUIRED NUMBER AND LOCATION OF MODEL 1101 "V" OR 1101 C "V"
BRACES FOR UP TO 4/12 ROOF PITCH



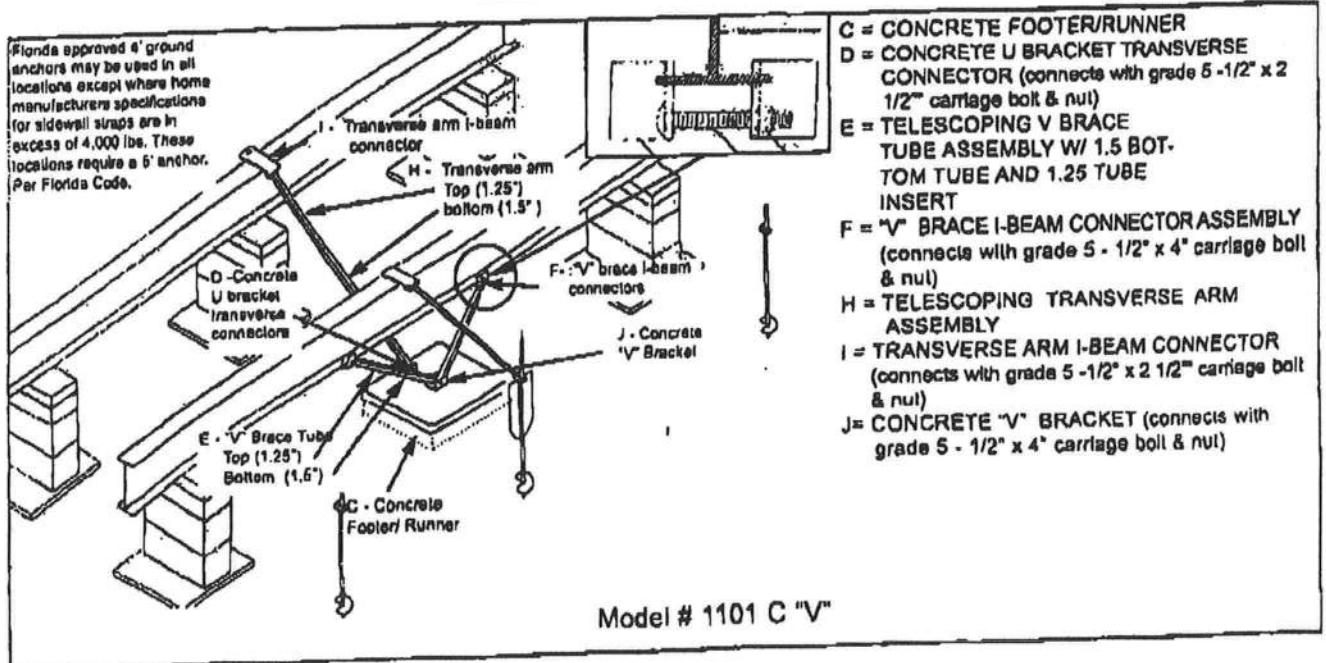
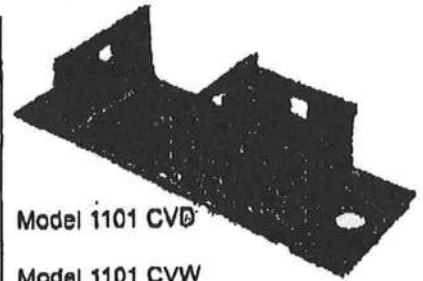
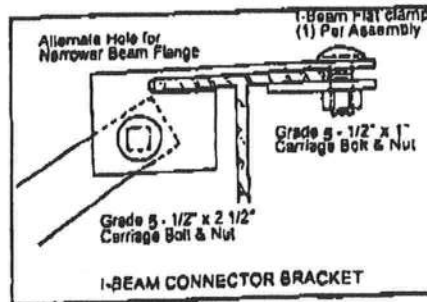
HOMES WITH 5/12 ROOF PITCH REQUIRE: PER FLORIDA REGULATIONS
 6 systems for home lengths up to 52' and 8 systems for homes over 52' and up to 80'. One stabilizer plate and frame tie required at each lateral bracing system.

3-08 4



Longitude dry
concrete bracket
part # 1101 D-CPCA

Wet bracket part #
1101 W-CPCA not
shown



OLIVER TECHNOLOGIES, INC.
1-800-284-7437

Telephone: 831-788-4555
Fax: 831-796-8811
www.olivertechnologies.com

4084

SEP-25-2007 09:264 FROM:OLIVER TECH

13867192502

TO: 13523516103

P. 1 1

FAX 352-401-0401



Installation Instructions for ABS Pads

For use on all Mobile and Manufactured Homes, including HUD approved Homes and Modular Housing
patents 5509500 and other patents pending

GENERAL INSTRUCTIONS:

- All pads are to be installed flat side down, ribbed side up.
- The ground under the pads should be leveled as smooth as possible with all vegetation removed. Pads to be placed on fully compacted or undisturbed soil at or below the frost-line, or per local jurisdiction.
- Pier & pad spacing will be determined by the manufacturer's written set-up instructions or any local or state codes.
- The open cells between the ribbing on the upper side of the pads may be filled with soil or sand after installation to prevent any accumulation of stagnant water in the pads.
- A pocket penetrometer may be used to determine the actual soil bearing value. If soil-testing equipment is not available, use an assumed soil value of 3000 lbs. / square foot.
- All pad sizes shown are nominal dimensions and may vary up to 1/8"
- The maximum deflection in a single pad is 5/8" measured from the highest point to the lowest point of the top face. (NOTE: Actual test results were less than 5/8")
- In frost areas, a 6" deep confined gravel base installed in well drained, non-frost susceptible soil is recommended.
- Pad loads are the same when using single stack or double stack blocks.
- The maximum load at any intermediate soil value may be determined as the average of the next lower and next higher soil value given in the table below.
- Any configuration (see reverse side) may be used to replace a home manufacturer's recommended concrete or wood base pad.
- If the home manufacturer shows soil densities greater than 3000 lb. when using ABS pads, do not exceed 3000 lb. soil pier spacing per set up manual.

| Pad Size | ID No. | Pad Area | 1000 PSF Soil | 2000 PSF Soil | 3000 PSF Soil |
|----------------------|---------|-------------|---------------|---------------|---------------|
| OVAL 16" x 18.5" | 1055-23 | 288 sq. in. | 2000 lbs. | 4000 lbs. | 6000 lbs. |
| OVAL 17" x 22" | 1055-16 | 360 sq. in. | 2500 lbs. | 5000 lbs. | 7500 lbs. |
| OVAL 17.5" x 22.5" | 1055-21 | 384 sq. in. | 2667 lbs. | 5334 lbs. | 8000 lbs. * |
| OVAL 17.5" x 25.5" | 1055-17 | 432 sq. in. | 3000 lbs. | 6000 lbs. | 9000 lbs. * |
| OVAL 21" x 29" | 1055-22 | 576 sq. in. | 4000 lbs. | 8000 lbs. * | 12000 lbs. * |
| OVAL 23.25" x 31.25" | 1055-20 | 675 sq. in. | 4694 lbs. | 9388 lbs. * | 14082 lbs. * |
| Pad Size | ID No. | Pad Area | 1000 PSF Soil | 2000 PSF Soil | 3000 PSF Soil |
| 16" x 16" | 1055-14 | 256 sq. in. | 1780 lbs. | 3560 lbs. | 5333 lbs. |
| 16.5" x 18.5" | 1055-9 | 342 sq. in. | 2373 lbs. | 4750 lbs. | 7110 lbs. * |
| 20" x 20" | 1055-7 | 400 sq. in. | 2750 lbs. | 5500 lbs. | 8250 lbs. * |
| 24" x 24" | 1055-13 | 576 sq. in. | 4000 lbs. | 8000 lbs. * | 12000 lbs. * |

* Concrete blocks are required to be double blocked.

13. ALABAMA ONLY: The 16" x 16" ID# 1055-14, 16.5" x 18.5" ID# 1055-23, 17" x 22" ID# 1055-16, 17.5" x 22.5" ID# 1055-21, 17.5" x 25.5" ID# 1055-17 are the only pads approved in the state of Alabama, and must not have more than 5/8" deflection. See chart below for details on correct installation in Alabama.

14. TEXAS ONLY: 17.5" x 22.5" ID# 1055-21 and 23.25" x 31.25" ID# 1055-20 may not be installed in the State of Texas.

15. Steel Piers: All pads are tested with steel piers on 1000 PSF soil density unless otherwise noted. (#16)

16. Available pads tested on 2000 PSF soil density are: ID#s 1055-14, 1055-23, 1055-16, 1055-21, and 1055-17.

Example: 16' x 80' section

| PAD SIZE | 1000 Lb Psf | 2000 Lb Psf |
|------------------------|-------------|-------------|
| 16" x 16" Pad | 2' 0" | 5' 6" |
| 16" x 18.5" Oval Pad | 3' 0" | 6' 0" |
| 17" x 22" Oval Pad | 3' 9" | 7' 6" |
| 17.5" x 22.5" Oval Pad | 4' 0" | 8' 0" |
| 17.5" x 25.5" Oval Pad | 4' 5" | 8' 0" |
| 21" x 29" Oval Pad | 6' 0" | 8' 0" |



COLUMBIA COUNTY 9-1-1 ADDRESSING

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

PHONE: (386) 758-1125 • FAX: (386) 758-1365 • Email: ram_craft@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: 5/12/2010 DATE ISSUED: 5/18/2010

ENHANCED 9-1-1 ADDRESS:

253 SW DELAWARE WAY
FORT WHITE FL 32038
PROPERTY APPRAISER PARCEL NUMBER:
00-00-00-01155-000

Remarks:

LOT 181 & 182 UNIT 18 THREE RIVERS ESTATES

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.

1734

Prepared by and return to:
Elaine R. Davis

Home Town Title of North Florida
2744 US Highway 90 West
Lake City, FL 32055
386-754-7175
File Number: 2004-300
Will Call No.:

Inst: 2004012703 Date: 06/01/2004 Time: 15:23
Doc Stamp-Deed : 41.30
DC, P. DeWitt Cason, Columbia County B: 1017 P: 406

Parcel Identification No. 01155-000

[Space Above This Line For Recording Data]

Warranty Deed

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

This Indenture made this 1st day of June, 2004 between **Barbara Keady, who does not reside on this property** whose post office address is **c/o Portsmouth Hospital, 333 Borthwick Avenue, Portsmouth, NH 03801** of the County of **Rockingham, State of New Hampshire**, grantor*, and **Judith E. Buhrow, an unremarried widow** whose post office address is **2136 68th Avenue South, St. Petersburg, FL 33712** of the County of **Pinellas, State of Florida**, grantee*,

Witnesseth that said grantor, for and in consideration of the sum of TEN AND NO/100 DOLLARS (\$10.00) and other good and valuable considerations to said grantor in hand paid by said grantee, the receipt whereof is hereby acknowledged, has granted, bargained, and sold to the said grantee, and grantee's heirs and assigns forever, the following described land, situate, lying and being in **Columbia County, Florida**, to-wit:

Lot 181 of UNIT 18, THREE RIVERS ESTATES, according to the Plat thereof as recorded in Plat Book 6, Page(s) 12, of the Public Records of Columbia County, Florida.

Parcel # 01155-000


Grantor warrants that at the time of this conveyance, the subject property is not the Grantor's homestead within the meaning set forth in the constitution of the state of Florida, nor is it contiguous to or a part of homestead property. Grantor's residence and homestead address is: 45 Parsons Road, Rye, NH 03870

and said grantor does hereby fully warrant the title to said land, and will defend the same against lawful claims of all persons whomsoever.

* "Grantor" and "Grantee" are used for singular or plural, as context requires.

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

Signed, sealed and delivered in our presence:


Witness Name: T. Bellencourt


Barbara Keady


Witness Name: Melanie Martin

State of New Hampshire
County of Rockingham

The foregoing instrument was acknowledged before me this 22 day of May, 2004 by Barbara Keady, who ☐ is personally known or ☒ has produced a driver's license as identification.

[Notary Seal]

Notary Public

Karen Lee Lang

KAREN LEE LANG
NOTARY PUBLIC

Printed Name:

STATE OF NEW HAMPSHIRE
My commission expires July 16, 2008

My Commission Expires:

Inst:2004012703 Date:06/01/2004 Time:15:23

Doc Stamp-Deed : 41.30

DC,P.DeWitt Cason,Columbia County B:1017 P:407

Prepared by:
Elaine R. Davis, an employee of
Associated Land Title Group, Inc.,
300 North Marion Street
Lake City, Florida 32055
904-752-3561
File Number: 0138448

Inst: 2001024092 Date: 12/21/2001 Time: 08:40:14
Doc Stamp-Deed: 35.00
MLK DC, P. DeWitt Cason, Columbia County B: 942 P: 1111

Warranty Deed

Made this 17th day of December, 2001 A.D. By **Laurence E. Cook who does not reside on this property**, whose address is: 12665 Fig Road, Wilton, CA 95693, hereinafter called the grantor, to **Judith E. Buhrow**, whose post office address is: 2136 68th Avenue South, St. Petersburg, Florida 33712, 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 Ten Dollars, (\$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:

Lot 182, Unit 18, THREE RIVERS ESTATES, INC. a subdivision according to plat thereof recorded in Plat Book 6 Page 12, public records of Columbia County, Florida.

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

Parcel ID Number: 01156-000

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, 2002.

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

Signed and Sealed in Our Presence:

Carol Lowery
Witness Signature

Carol Lowery
Witness Print Name:

Laurence E. Cook
Laurence E. Cook

Shannon Stilfield
Witness Signature

Shannon Stilfield
Witness Print Name:

Inst:2001024092 Date:12/21/2001 Time:08:40:14
Doc Stamp-Deed : 35.00
YMK DC, P. DeWitt Cason, Columbia County B:942 P:1112

State of California
County of Sacramento

SWORN TO, SUBSCRIBED AND ACKNOWLEDGED before me this 17th day of December, 2001 by **Laurence E. Cook** who is personally known to me or has produced a valid driver's license as identification.

Sarah E. French
NOTARY PUBLIC

Sarah E. FRENCH
Printed Name of Notary
My Commission Expires: July 30 2004



Scat
5-2-10

CODE ENFORCEMENT DEPARTMENT
COLUMBIA COUNTY, FLORIDA
OUT OF COUNTY MOBILE HOME INSPECTION REPORT

1005-53

COUNTY THE MOBILE HOME IS BEING MOVED FROM EDU
OWNER'S NAME Babrow PHONE _____ CELL _____
INSTALLER Wendell Crews PHC JE 352-351-6100 CELL _____
INSTALLER'S ADDRESS 4650 NE 35th St Ocala, FL 34479

MOBILE HOME INFORMATION

MAKE Mobil YEAR 1996 SIZE 28 x 66
COLOR Log siding SERIAL No. U1-5836 AB
WIND ZONE 1 SMOKE DETECTOR ✓

INTERIOR:
FLOORS ✓
DOORS ✓
WALLS ✓
CABINETS ✓
ELECTRICAL (FIXTURES/OUTLETS) ✓
EXTERIOR:
WALLS / SIDING ✓ Log
WINDOWS ✓
DOORS ✓
INSTALLER:
APPROVED ✓ NOT APPROVED _____

NOTES: _____
INSTALLER OR INSPECTOR'S PRINTED NAME Wendell Crews
Installer/Inspector Signature Wendell Crews License No. JH0000629 Date 5-28-10

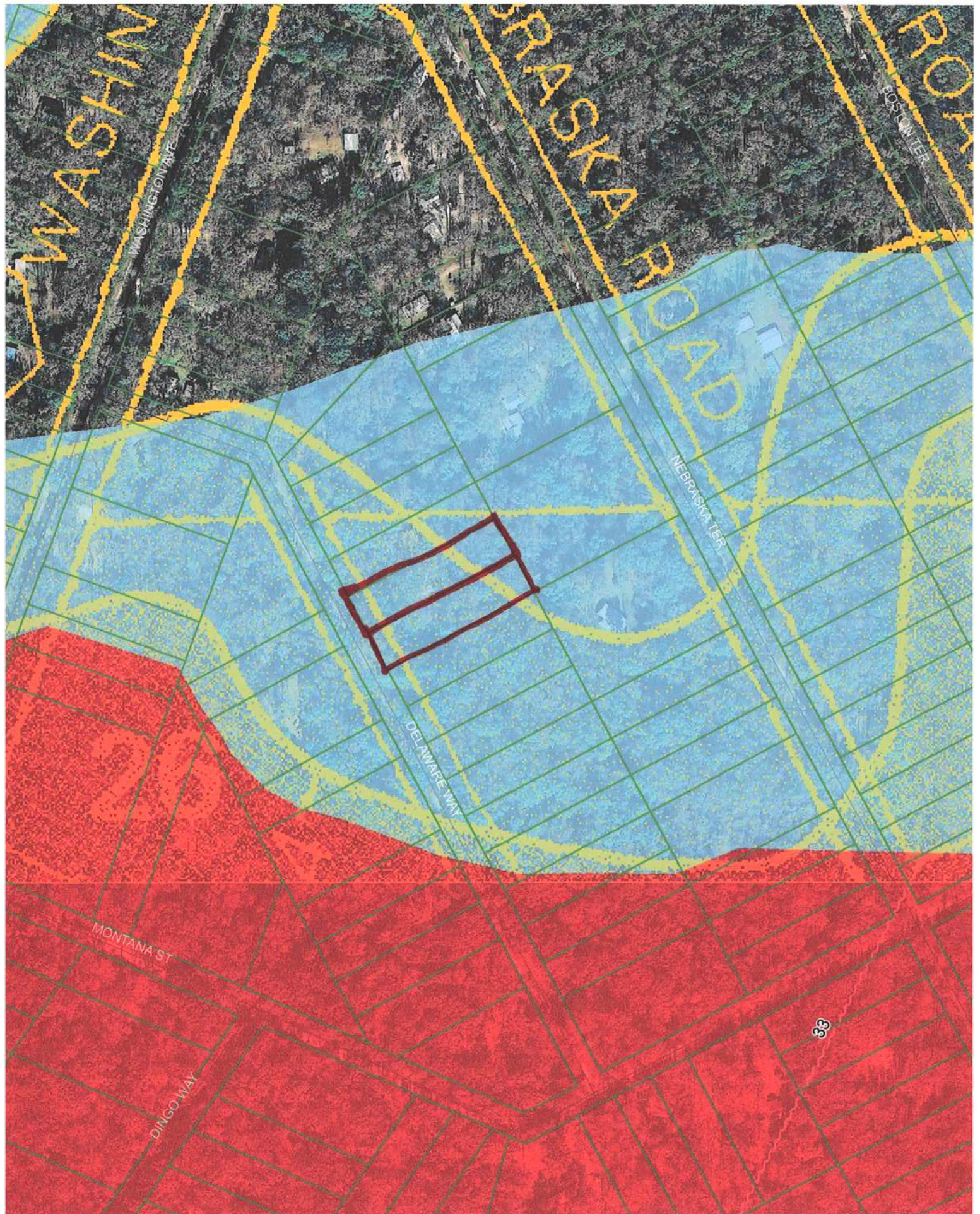
ONLY THE ACTUAL LICENSE HOLDER OR A BUILDING INSPECTOR CAN SIGN THIS FORM.

NO WIND ZONE ONE MOBILE HOMES WILL BE PERMITTED. MOBILE HOMES PRIOR TO 1977 ARE PRE-HUD AND THE WIND ZONE MUST BE PROVEN TO BE PERMITTED.

BEFORE THE MOBILE HOME CAN BE MOVED INTO COLUMBIA COUNTY THIS FORM MUST BE COMPLETED AND RETURNED TO THE COLUMBIA COUNTY BUILDING DEPARTMENT.

ONCE MOVED INTO COLUMBIA COUNTY AN INSPECTOR MUST COMPLETE A PRELIMINARY INSPECTION ON THE MOBILE HOME. CALL 386-718-2038 TO SET UP THIS INSPECTION. NO PERMIT WILL BE ISSUED BEFORE THIS IS DONE.

Code Enforcement Approval Signature Atty. D. Smith Date 6-2-10



1005-53

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

1005-53
DATE RECEIVED 6-14-10 BY LH IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? Yes
OWNERS NAME Judith Buhrow PHONE 313-554-1111 CELL 727-867-6297
ADDRESS 253 SW Delaware Way Fort White FL 32038
MOBILE HOME PARK _____ SUBDIVISION Three Rivers Estates
DRIVING DIRECTIONS TO MOBILE HOME 475, (R) 2, (D) River Rd, (D) Utah,
(R) Washington, (L) Montana, (L) Delaware, 400' on (R)
MOBILE HOME INSTALLER Wendell Crews PHON 552-351-6100 CELL _____

MOBILE HOME INFORMATION

MAKE Mobility YEAR 96 SIZE 28 x 66 COLOR Log Siding
SERIAL No. M-5836AB
WIND ZONE II Must be wind zone II or higher to 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: 5-25-10

Paid By: Jeff Hardy

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 Ant S. Paul ID NUMBER 462 DATE 6-15-10



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

PERMIT NO. 10-0668N
DATE PAID: 966867
FEE PAID: 52510
RECEIPT #: 22500
1270920

APPLICATION FOR:

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

APPLICANT: Judith BuhrowAGENT: Jeff HarderTELEPHONE: 352 999 0592MAILING ADDRESS: 6450 NW 72 Ln. Chiefland FL 32626

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

PROPERTY INFORMATION

LOT: 182 BLOCK: NA SUBDIVISION: 3 Rivers Est u 18 PLATTED: 89PROPERTY ID #: 00-00-00-01156-000 ZONING: RES. I/M OR EQUIVALENT: ☐ Y ☒ NPROPERTY SIZE: 1.8 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ <=2000GPD ☐ >2000GPDIS SEWER AVAILABLE AS PER 381.0065, FS? ☐ Y ☒ N DISTANCE TO SEWER: NA FTPROPERTY ADDRESS: 253 SW Delaware Way Ft WhiteDIRECTIONS TO PROPERTY: 47 south to Hwy 27 T/R up toRiverside Dr & T/L, then T/L north, T/R MontanaWashington, left Montana, T/L Delaware 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 | <u>MH</u> | <u>3</u> | <u>1716</u> | <u>3 Peak</u> ORIGINAL ATTACHED |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

☐ Floor/Equipment Drains ☐ Other (Specify) _____SIGNATURE: [Signature] DATE: 5/25/10



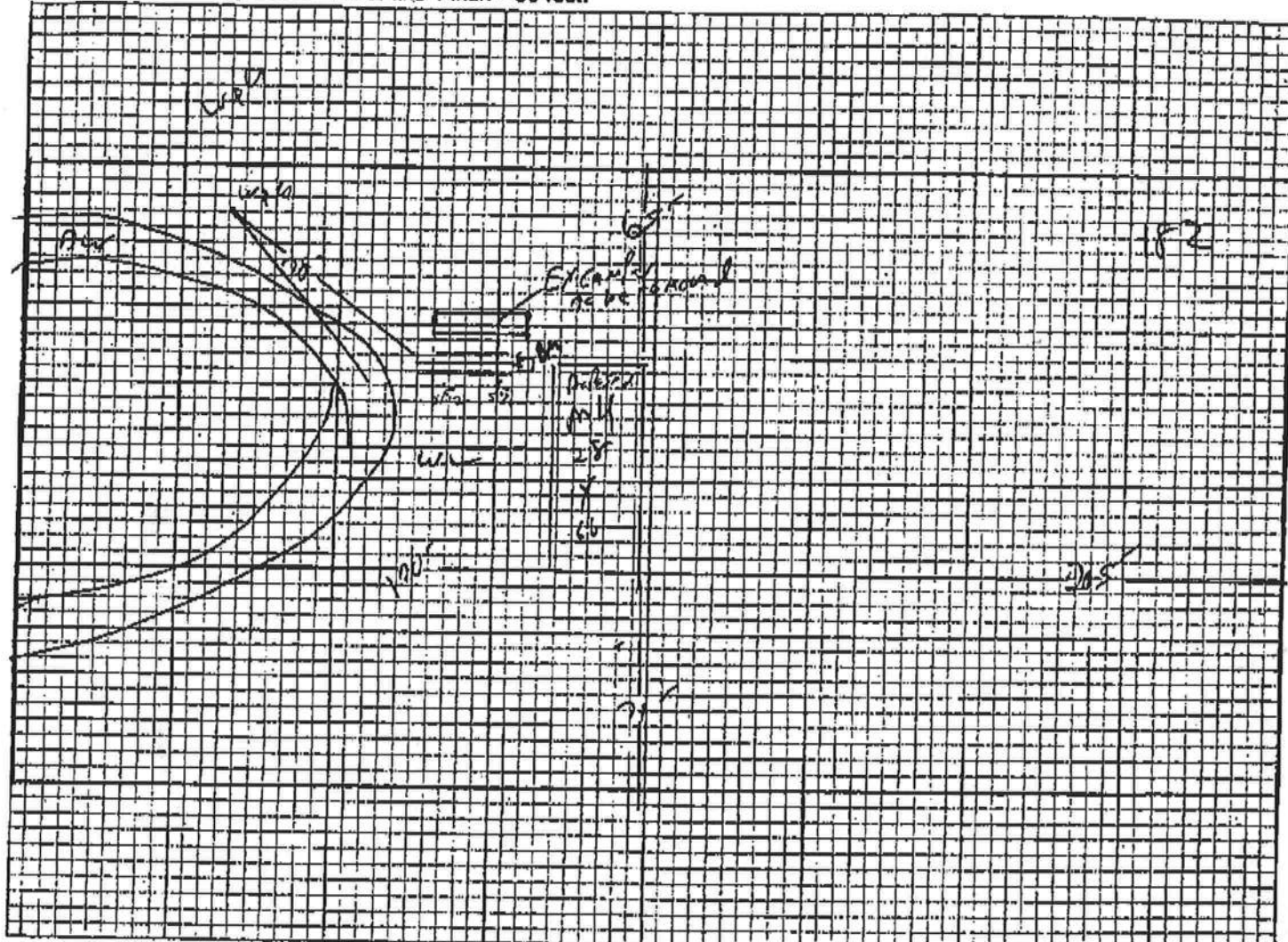
STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 10-0268M

PART II - SITE PLAN-

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



Notes:

REVISED

Site Plan submitted by:

Signature

Plan Approved

Not Approved

By

Date _____

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Jun 21 10 10:25a Hardee Environmental
Jun 21 10 06:53a
Jun 21 10 07:57a Hardee Environmental

(352) 490-6755 p.4
(352) 490-6755 p.1
(352) 490-6755 p.1

Property owner Buhrrow
Prestige Homes Chickland

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1005-53

CONTRACTOR Wendell Crews

PHONE 352-351-6100

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 _____ License #: _____ | Signature _____ Phone #: _____ |
| MECHANICAL/ A/C | Print Name <u>[Signature]</u> License #: <u>CAC050442</u> | Signature <u>RICH FRAZEY</u> Phone #: <u>850-576-5113</u> |
| PLUMBING/ GAS | Print Name _____ License #: _____ | Signature _____ Phone #: _____ |
| ROOFING | Print Name _____ License #: _____ | Signature _____ Phone #: _____ |
| SHEET METAL | Print Name _____ License #: _____ | Signature _____ Phone #: _____ |
| FIRE SYSTEM/ SPRINKLER | Print Name _____ License #: _____ | Signature _____ Phone #: _____ |
| SOLAR | Print Name _____ License #: _____ | Signature _____ Phone #: _____ |

| Subcontractor License | License Number | Sub Contractors Printed Name | Sub Contractors Signature |
|--|----------------|------------------------------|---------------------------|
| 6-21-10 | | | |
| Please Sign as subcontractor and fax back ASAP to 352-490-6755 Thank you | | | |
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| | | | |
| | | | |
| ALUMINUM/STEEL DOOR | | | |
| 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: Subcontractor Form: 01/09

Jun 21 10 10:25a Hardee Environmental
06/10/2010 14:22 FAX

FLORIDA MOBILE MASTERS

(352) 490-6755

p.3

001/001

Jun 18 10 01:34p Hardee Environmental

(352) 490-6755

p.1

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1005-53 CONTRACTOR Wendell Crows PHONE 352-351-6100
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 _____ License #: _____ | Signature _____ Phone #: _____ |
| MECHANICAL/ A/C _____ | Print Name _____ License #: _____ | Signature _____ Phone #: _____ |
| PLUMBING/ GAS <u>Good</u> ✓ | Print Name <u>Wendell Crows</u> License #: <u>FH0000629</u> | Signature <u>[Signature]</u> Phone #: <u>352-351-6100</u> |
| ROOFING | Print Name _____ License #: _____ | Signature _____ Phone #: _____ |
| SHEET METAL | Print Name _____ License #: _____ | Signature _____ Phone #: _____ |
| FIRE SYSTEM/ SPRINKLER | Print Name _____ License #: _____ | Signature _____ Phone #: _____ |
| SOLAR | Print Name _____ License #: _____ | Signature _____ Phone #: _____ |

Please Sign
as Subcontractor
and fax back
to 352-490-6755
Thank You

ALUMINUM/STEEL JOISTS
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: Subcontractor Form: 6/09

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1005-53CONTRACTOR Wendell CrewsPHONE 352-351-6100

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 <input checked="" type="checkbox"/> | Print Name <u>Michael Connor</u> License #: <u>FR 13013192</u> | Signature <u>Michael Connor</u> Phone #: <u>386-397-0909</u> |
| MECHANICAL/ A/C | Print Name _____ License #: _____ | Signature _____ Phone #: _____ |
| PLUMBING/ GAS | Print Name _____ License #: _____ | Signature _____ Phone #: _____ |
| ROOFING | Print Name _____ License #: _____ | Signature _____ Phone #: _____ |
| SHEET METAL | Print Name _____ License #: _____ | Signature _____ Phone #: _____ |
| FIRE SYSTEM/ SPRINKLER | Print Name _____ License #: _____ | Signature _____ Phone #: _____ |
| SOLAR | Print Name _____ License #: _____ | Signature _____ Phone #: _____ |

Please Sign
as Subcontractor
and Fax back
to 352-490-6755
Thank You

| | |
|--------------------|--|
| ALUMINUM DOOR | |
| 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 1, Subcontractor Form 6/08



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

MOBILE HOME INSTALLERS LETTER OF AUTHORIZATION

I, Wendell Crews, give this authority for the job address show below
Installer License Holder Name

only, 253 SW Delaware way, and I do certify that
Job Address

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

| Printed Name of Authorized Person | Signature of Authorized Person | Authorized Person is... (Check one) |
|-----------------------------------|--------------------------------|---|
| Jeff Hardee | <i>Jeff Hardee</i> | <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner |
| | | <input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner |
| | | <input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner |

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and I am fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances.

I understand that the State Licensing Board has the power and authority to discipline a license holder for violations committed by him/her or by his/her authorized person(s) through this document and that I have full responsibility for compliance granted by issuance of such permits.

Wendell Crews
License Holders Signature (Notarized)

JA0000629
License Number

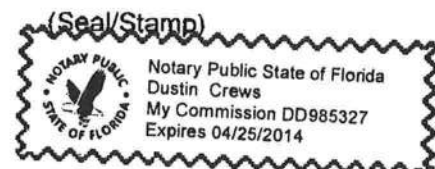
5-26-10
Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Marion

The above license holder, whose name is Wendell Crews, personally appeared before me and ~~is known by me~~ or has produced identification (type of I.D.) _____ on this 26 day of May, 2010.

Dustin Crews
NOTARY'S SIGNATURE



Attn: Webbie

**Columbia County Building Department
Culvert Waiver**

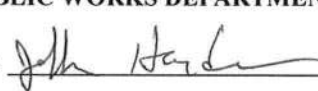
**Culvert Waiver No.
000001830**

DATE: 06/21/2010 BUILDING PERMIT NO. 28677
APPLICANT JEFF HARDY PHONE 352 949-0592
ADDRESS 6450 NW 77TH LANE CHIEFLAND FL 32626
OWNER JUDITH BUHROW PHONE 727 867-6297
ADDRESS 253 SW DELAWARE WAY FT. WHITE FL 32038
CONTRACTOR WENDELL CREWS PHONE 352 351-6100
LOCATION OF PROPERTY 47S, TR SR 27, TL RIVERSIDE, TL UTAH, TR WASHINGTON, TL MONTANA,
TL DELWARE, 400' ON RIGHT

SUBDIVISION/LOT/BLOCK/PHASE/UNIT 3 RIVERS EST. 181

PARCEL ID # 26-6S-15-01155-000

I HEREBY CERTIFY THAT I UNDERSTAND AND WILL FULLY COMPLY WITH THE DECISION OF THE COLUMBIA COUNTY PUBLIC WORKS DEPARTMENT IN CONNECTION WITH THE HEREIN PROPOSED APPLICATION.

SIGNATURE: 

A SEPARATE CHECK IS REQUIRED
MAKE CHECKS PAYABLE TO BCC

Amount Paid 50.00

PUBLIC WORKS DEPARTMENT USE ONLY

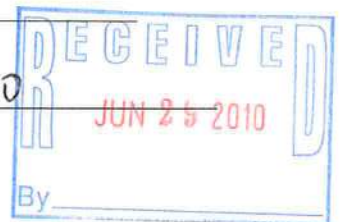
I HEREBY CERTIFY THAT I HAVE EXAMINED THIS APPLICATION AND DETERMINED THAT THE
CULVERT WAIVER IS:

✓ APPROVED NOT APPROVED - NEEDS A CULVERT PERMIT

COMMENTS: no ditches

SIGNED:  DATE: 29 June 2010

ANY QUESTIONS PLEASE CONTACT THE PUBLIC WORKS DEPARTMENT AT 386-752-5955.



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



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

MOBILE HOME INSTALLERS LETTER OF AUTHORIZATION

I, Wendell Crews, give this authority for the job address show below
Installer License Holder Name

only, _____, and I do certify that
Job Address

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

| Printed Name of Authorized Person | Signature of Authorized Person | Authorized Person is... (Check one) |
|-----------------------------------|--------------------------------|--|
| Jeff Hardee | | <input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner |
| | | <input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner |
| | | <input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner |

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and I am fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances.

I understand that the State Licensing Board has the power and authority to discipline a license holder for violations committed by him/her or by his/her authorized person(s) through this document and that I have full responsibility for compliance granted by issuance of such permits.

Wendell Crews
License Holders Signature (Notarized)

I H0000629
License Number

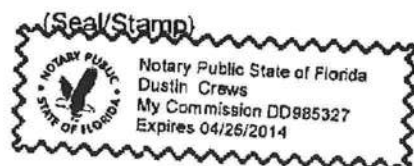
5-26-10
Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Marion

The above license holder, whose name is Wendell Crews, personally appeared before me and ~~is known by me~~ or has produced identification (type of I.D.) _____ on this 26 day of May, 2010.

Dustin Crews
NOTARY'S SIGNATURE



CERTIFICATE OF OCCUPANCY

M/H OCCUPANCY

COLUMBIA COUNTY, FLORIDA

Department of Building and Zoning Inspection

This Certificate of Occupancy is issued to the below named permit holder for the building and premises at the below named location, and certifies that the work has been completed in accordance with the Columbia County Building Code.

Parcel Number 26-6S-15-01155-000

Building permit No. 000028677

Permit Holder WENDELL CREWS

Owner of Building JUDITH BUHROW

Location: 253 SW DELAWARE WAY, FT. WHITE, FL

Date: 06/29/2010



Greg Crews

Building Inspector

POST IN A CONSPICUOUS PLACE
(Business Places Only)

A+B

352.490-6755

Faxed: 6/29/10