

Complete  
10.11.17

CO 10429

Columbia County Remodel Permit Application

USED  
Kleong APPL used

For Office Use Only Application # 1709-59 Date Received 9/26 By JW Permit # 35948  
Zoning Official BLMS Date 10-9-17 Flood Zone X Land Use RCD Zoning RSF-2  
FEMA Map # \_\_\_\_\_ Elevation \_\_\_\_\_ MFE 114' or 1' above River \_\_\_\_\_ Plans Examiner J.C. Date 10-5-17  
Comments highest grade - which ever is greatest  
☒ NOC ☒ Deed or PA ☐ Dev Permit # \_\_\_\_\_ ☐ In Floodway ☐ Letter of Auth. from Contractor  
☐ F W Comp. letter ☐ Owner Builder Disclosure Statement ☐ Land Owner Affidavit ☐ Ellisville Water ☐ App Fee Paid  
☒ Site Plan ☒ Sub VF Form

Applicant (Who will sign/pickup the permit) Jessica Harrington Phone 888-169-0105  
Address 2413 N W Old Bellamy Rd. High Springs, FL 32643  
Owners Name HARRINGTON Land Trust II Phone 386-454-4155  
911 Address 1905 W CAMPOR CT, LAUREL LAKE, FL 32024  
Contractors Name House Craft Homes J.O. Harrington, Jr Phone 386-462-5323  
Address 12501 US Hwy. 441 Alachua, FL 32615

Contractor Email housecrafthomes@yahoo.com \*\*\*Include to get updates on this job.  
Fee Simple Owner Name & Address N/A  
Bonding Co. Name & Address N/A  
Architect/Engineer Name & Address Mike DeScolle POB 357571  
Mortgage Lenders Name & Address N/A G'ville, FL 32606  
Circle the correct power company ☒ FL Power & Light ☐ Clay Elec. ☐ Suwannee Valley Elec. ☐ Duke Energy

Property ID Number 03-45-16-02732-305 Estimated Construction Cost \$ 18,000  
Subdivision Name LAUREL LAKE Phase 3 Lot 5 Block \_\_\_\_\_ Unit \_\_\_\_\_ Phase \_\_\_\_\_

Driving Directions from a Major Road TAKE 90 to MORRELL'S, MAKE left, First subdivision on left. go STRAIGHT MAKE R on (1905 W CAMPOR CT) ATTACHED, ON R @ CURVE. (CAMPOR CT)

Construction of GARAGE Commercial OR ☒ Residential  
Type of Structure (House; Mobile Home; Garage; Exxon) Adding GARAGE  
Use/Occupancy of the building now under construction Storage Is this changing \_\_\_\_\_  
If Yes, Explain, Proposed Use/Occupancy GARAGE

Is the building Fire Sprinkled? NO If Yes, blueprints included \_\_\_\_\_ Or Explain \_\_\_\_\_  
Entrance Changes (Ingress/Egress) NO If Yes, Explain 22x22 - 484 Sq Ft.

Zoning Applications applied for (Site & Development Plan, Special Exception, etc.)  
to sent email 9-28-17 10-11-17

# SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 1709-59 JOB NAME Harrington Land Trust, II.

**THIS FORM MUST BE SUBMITTED BEFORE A PERMIT WILL BE ISSUED**

Columbia County issues combination permits. 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 general contractors permit.

**NOTE:** It shall be the responsibility of the general contractor to make sure that all of the subcontractors are licensed with the Columbia County Building Department.

**Use website to confirm licenses:** <http://www.columbiacountyfla.com/PermitSearch/ContractorSearch.aspx>

**NOTE:** If this should change prior to completion of the project, it is your responsibility to have a corrected form submitted to our office, before that work has begun.

Violations will result in stop work orders and/or fines.

<b>ELECTRICAL</b> <input checked="" type="checkbox"/>	Print Name <u>Donald R Davis</u> Signature <u>Donald R Davis</u> Company Name: <u>High Springs Electric, Inc</u> CC# <u>2380</u> License #: <u>EC 0002306</u> Phone #: <u>386-623-0499</u>	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>MECHANICAL/</b> <b>A/C</b> <input type="checkbox"/>	Print Name <u>Chuck Fischer</u> Signature <u>C Fischer</u> Company Name: <u>North Central F1 A/C</u> CC# <u>959</u> License #: <u>7951 CARCOST846</u> Phone #: <u>386-454-4767</u>	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input checked="" type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>PLUMBING/</b> <b>GAS</b> <input type="checkbox"/>	Print Name <u>Jeremy Jones</u> Signature <u>Jeremy Jones</u> Company Name: <u>Jones Plumbing</u> CC# <u>938</u> License #: <u>9903 CFC 1426433</u> Phone #: <u>352-225-1213</u>	<b>Need</b> <input type="checkbox"/> Lic <input checked="" type="checkbox"/> Liab <input checked="" type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>ROOFING</b> <input checked="" type="checkbox"/>	Print Name <u>John Harrington</u> Signature <u>John Harrington</u> Company Name: <u>House Craft Homes</u> CC# <u>1163</u> License #: <u>CGC 15116998</u> Phone #: <u>386-462-5323</u>	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>SHEET METAL</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: <u>N/A</u> CC# _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>FIRE SYSTEM/</b> <b>SPRINKLER</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: <u>N/A</u> CC# _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>SOLAR</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: <u>N/A</u> CC# _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>STATE</b> <b>SPECIALTY</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: <u>N/A</u> CC# _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE

**Columbia County Building Permit Application**

**CODE: Florida Building Code 2014 and the 2011 National Electrical Code.**

Application is hereby made to obtain a permit to do work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work be performed to meet the standards of all laws regulating construction in this jurisdiction.

**TIME LIMITATIONS OF APPLICATION :** An application for a permit for any proposed work shall be deemed to have been abandoned 180 days after the date of filing, unless pursued in good faith or a permit has been issued.

**TIME LIMITATIONS OF PERMITS:** 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 work is commenced. A valid permit receives an approved inspection every 180 days. Work shall be considered not suspended, abandoned or invalid when the permit has received an approved inspection within 180 days of the previous approved inspection.

**FLORIDA'S CONSTRUCTION LIEN LAW: Protect Yourself and Your Investment:** According to Florida Law, those who work on your property or provide materials, and are not paid-in-full, have a right to enforce their claim for payment against your property. This claim is known as a construction lien. If your contractor fails to pay subcontractors or material suppliers or neglects to make other legally required payments, the people who are owed money may look to your property for payment, even if you have paid your contractor in full. This means if a lien is filed against your property, it could be sold against your will to pay for labor, materials or other services which your contractor may have failed to pay.

**NOTICE OF RESPONSIBILITY TO CONTRACTOR AND AGENT:** **YOU ARE HEREBY NOTIFIED** as the recipient of a building permit from Columbia County, Florida, you will be held responsible to the County for any damage to sidewalks and/or road curbs and gutters, concrete features and structures, together with damage to drainage facilities, removal of sod, major changes to lot grades that result in ponding of water, or other damage to roadway and other public infrastructure facilities caused by you or your contractor, subcontractors, agents or representatives in the construction and/or improvement of the building and lot for which this permit is issued. No certificate of occupancy will be issued until all corrective work to these public infrastructures and facilities has been corrected.

**WARNING TO OWNER:** YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

**OWNERS CERTIFICATION:** I CERTIFY THAT ALL THE FOREGOING INFORMATION IS ACCURATE AND THAT ALL WORK WILL BE DONE IN COMPLIANCE WITH ALL APPLICABLE LAWS REGULATING CONSTRUCTION AND ZONING.

**NOTICE TO OWNER:** There are some properties that may have deed restrictions recorded upon them. These restrictions may limit or prohibit the work applied for in your building permit. You must verify if your property is encumbered by any restrictions or face possible litigation and or fines.

Stephanie Harrington V. Aanton  
Print Owners Name Owners Signature

**\*\*Property owners must sign here before any permit will be issued.**

**\*\*If this is an Owner Builder Permit Application then, ONLY the owner can sign the building permit when it is issued.**

**CONTRACTORS AFFIDAVIT:** By my signature I understand and agree that I have informed and provided this written statement to the owner of all the above written responsibilities in Columbia County for obtaining this Building Permit including all application and permit time limitations.

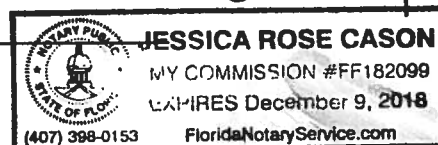
J. P. Hanks  
Contractor's Signature

Contractor's License Number CGC 1516998  
Columbia County  
Competency Card Number 1163

Affirmed under penalty of perjury to by the Contractor and subscribed before me this 25 day of September 2017.

Personally known ☒ or Produced Identification                       
Jessica Rose Cason  
State of Florida Notary Signature (For the Contractor)

SEAL:



Prepared by:  
Abstract Trust Title, LLC  
283 NW Cole Terrace  
Lake City, FL 32055

Inst: 20171201-4732 Date: 08/04/2017 Time: 3:46PM  
Page 1 of 1 B: 1342 P: 131, P.DeWitt Cason, Clerk of Court  
Columbia, County, By: KV  
Deputy ClerkDoc Stamp-Deed: 508.90

ATT# 4-7701

## Warranty Deed

Individual to Individual

THIS WARRANTY DEED made the 4<sup>th</sup> day of August, 2017, **Gerald D. Fleming, II, A Single Person**, hereinafter called the grantor, to **Stephanie Harrington, Trustee for Harrington Land Trust II, with full power to manage, conserve, sell and transfer subject property**, whose post office address is: 24113 NW Old Bellamy Road, High Springs, Florida 32643 hereinafter called the grantee:

(Wherever used herein the terms "grantor" and "grantee" include all the parties to this instrument and the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporation)

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

**Lot 5, Lake Laurel Subdivision, Phase 3, according to the map or plat thereof, as recorded in Plat Book 8, Page(s) 112 through 113, of the Public Records of Columbia County, Florida.**

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

TO HAVE AND TO HOLD, the same in fee simple forever.

AND the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances, except taxes accruing subsequent to December 31, 2016.

IN WITNESS WHEREOF, the said grantor has signed and sealed these presents the day and year first above written.

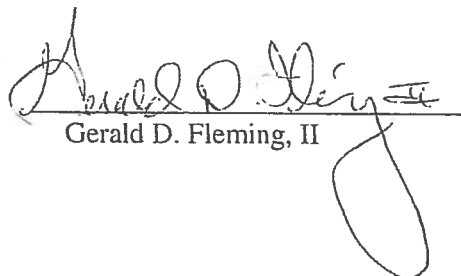
Signed, sealed and delivered in our presence:

Witness:

Printed Name:

Witness:

Printed Name:

  
Gerald D. Fleming, II





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

# LETTER OF AUTHORIZATION TO SIGN FOR PERMITS

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

Printed Name of Person Authorized	Signature of Authorized Person
1. <u>Jessica Harrington</u>	1. <u>Jessica Harrington</u>
2. <u>Stephanie Harrington</u>	2. <u>[Signature]</u>
3.	3.
4.	4.
5.	5.

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

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

[Signature] License Holders Signature (Notarized) CGC1516998 License Number 7/25/17 Date

## NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Alachua

The above license holder, whose name is John D Harrington  
personally appeared before me and is known by me or has produced identification  
(type of I.D.) personally known on this 25 day of July, 20 17.

[Signature]  
NOTARY'S SIGNATURE



# City of Lake City

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## Customer Service

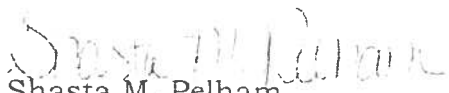
205 North Marion Avenue  
Lake City, Florida 32055-3918  
Telephone (386) 752-2031 Fax (386) 719-5837

October 10, 2016

This letter is to verify that the City of Lake City has water and sewer service available to tap into at 190 SW Camphor Ct, parcel 03-4S-16-02732-305.

Please note, a tap will need to be completed before access to the service(s) is available. If you have any questions, please feel free to contact me at (386) 719-5786 during our normal business hours of 8:00 am to 5:00 pm, Monday through Friday. I will be happy to assist you.

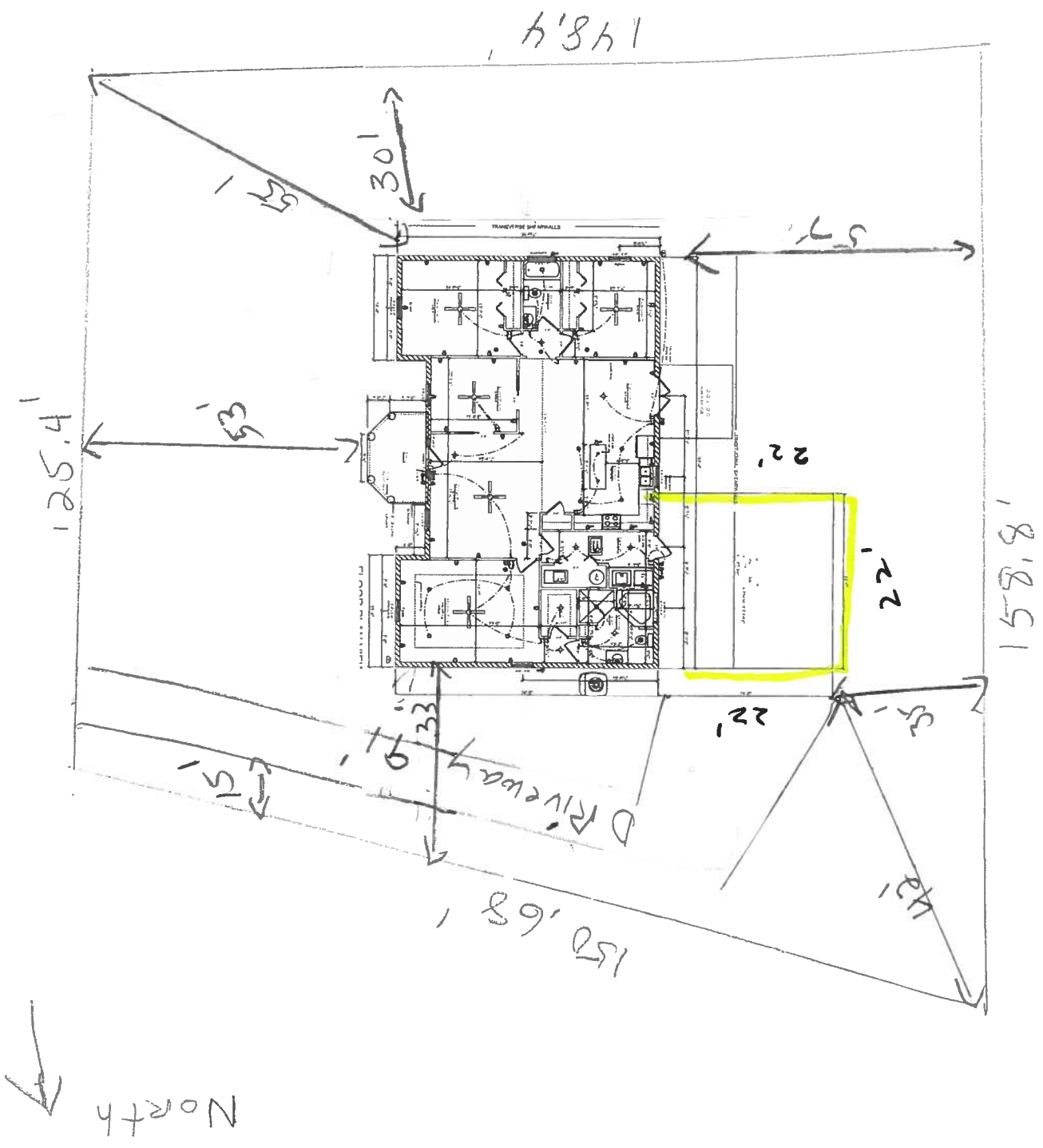
Sincerely,

  
Shasta M. Pelham  
Utility Service Coordinator

Cc: Jason Dumas  
Customer Service Manager

S.W. Camphor Court

Existing Home  
2012-08-14



148.4

# SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 1709-59 JOB NAME HARRINGTON LAND TRUST, II, TRUST  
**THIS FORM MUST BE SUBMITTED BEFORE A PERMIT WILL BE ISSUED** STEPHANIE HARRINGTON

Columbia County issues combination permits. 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 general contractors permit.

**NOTE:** It shall be the responsibility of the general contractor to make sure that all of the subcontractors are licensed with the Columbia County Building Department.

Use website to confirm licenses: <http://www.columbiacountyfla.com/PermitSearch/ContractorSearch.aspx>

**NOTE:** If this should change prior to completion of the project, it is your responsibility to have a corrected form submitted to our office, before that work has begun.

Violations will result in stop work orders and/or fines.

<b>ELECTRICAL</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>MECHANICAL/</b> <b>A/C</b> <input checked="" type="checkbox"/> CC# <u>1889</u>	Print Name <u>RAY WELSH</u> <u>NANCY</u> <u>RENTON</u> Signature _____ Company Name: <u>FLORIDA HOME PERFORMANCE</u> License #: <u>CAC058264</u> Phone #: <u>386-454-7617</u>	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>PLUMBING/</b> <b>GAS</b> <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>ROOFING</b> <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>SHEET METAL</b> <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>FIRE SYSTEM/</b> <b>SPRINKLER</b> <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>SOLAR</b> <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>STATE</b> <input type="checkbox"/> <b>SPECIALTY</b> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE



This document was prepared by:  
Nancy Jane Fenton  
12761 NW 83 Ct.  
Parkland, Florida 33076

Return To:  
Nancy Jane Fenton  
12761 NW 83 Ct.  
Parkland, Florida 33076

## **DURABLE POWER OF ATTORNEY**

**OF**

**Nancy Jane Fenton**

### **I. PRINCIPAL AND ATTORNEY-IN-FACT**

I, Nancy Jane Fenton, who reside at 12761 NW 83 Ct., Parkland, Florida 33076, appoint the following person to serve as my attorney-in-fact, to act for me in any lawful way with respect to the subjects indicated below:

Raymond Walsh  
High Springs, Florida

DOC#521911091

## II. EFFECTIVE TIME

This durable power of attorney is effective immediately and is not terminated by the subsequent incapacity of the principal except as provided in Chapter 709, Florida Statutes.

## III. POWERS OF ATTORNEY-IN-FACT

To the extent permitted by law, my attorney-in-fact may act in my name, place, and stead in any way that I myself could with respect to the following matters:

**YOUR ATTORNEY-IN-FACT SHALL BE AUTHORIZED TO ENGAGE ONLY IN THOSE ACTIVITIES THAT ARE INITIALED.**

(117)

### BUSINESS OPERATION TRANSACTIONS:

- Buy, sell, expand, reduce, or terminate a business interest, including shares in a corporation, membership interests in a limited liability company, and partnership interests in a general, limited, or limited liability partnership.
- Manage and operate any business or business interest that I now have or later acquire, including the authority to:
  - Enter into, amend, enforce, and terminate any business contract.
  - Disburse, receive, and demand money in the operation of the business.
  - Merge, reorganize, or sell a business or part of a business.
  - Determine the location, nature, and method of operating the business.
  - Hire and discharge employees and agents.
- If an agent is permitted by law to act for a principal, and subject to the terms of any partnership or operating agreement, perform any duty and exercise any right, power, or privilege that I have under a partnership or operating agreement, to enforce the terms of a partnership or operating agreement, and to defend, arbitrate, and settle any legal proceeding to which I am a party

because of membership in a partnership or limited liability company.

- Exercise a right, power, or privilege that I have as the holder of a bond, share, or instrument of similar character and to defend, arbitrate, and settle any legal proceeding to which I am a party because of any bond, share, or similar instrument.

(41.7)

**LEGAL ACTIONS:**

To act for me in all legal matters, whether claims in my favor or against me, including the authority to retain and discharge attorneys on my behalf; appear for me in all actions and proceedings, commence actions in my name, sign all documents, submit claims to arbitration or mediation, settle claims, and pay judgments and settlements.

(41.7)

**OTHER:**

I, Nancy Fenton, give Raymond Walsh the authorization to pull permits on my behalf as the qualifying contractor for Florida Home Performance LLC d/b/a North Central Florida Air Conditioning..

**IV. GENERAL PROVISIONS**

- 1) Reliance By Third Parties. I hereby agree that any third party receiving a duly executed copy of this document may rely on and act under it. Revocation or termination of this power of attorney will be ineffective as to a third party unless and until that third party receives written notice of the revocation or termination. Notice to a financial institution is subject to the requirements of section 709.2121, Florida Statutes. For myself and for my heirs, executors, legal representatives, devisees, and assigns, I hereby agree to indemnify and hold harmless any third party from any and all claims because of good faith reliance on this instrument.
- 2) Severability. If any provision in this power of attorney is found to be invalid or unenforceable, this invalidity or unenforceability will not affect the other provisions of this document, and the other provisions will be given effect without the invalid or unenforceable provision.

- 3) Revocation. I may revoke this power of attorney at any time. Any revocation of this power of attorney must be in writing signed by me.
- 4) Maintenance of Records; Accounting. My attorney-in-fact must maintain records of all actions taken on my behalf, including transactions, receipts, disbursements and investment. My attorney-in-fact shall provide an accounting for all funds handled and all acts performed as my attorney-in-fact, but only upon my request, the request of a personal representative or a fiduciary acting on my behalf, or court order. Any requirement of my attorney-in-fact to file inventories and accounts with the county clerk or with the court is specifically waived.
- 5) Compensation and Reimbursement. My attorney-in-fact is entitled to reasonable compensation for services provided on my behalf pursuant to this power of attorney. My attorney-in-fact will be reimbursed for all reasonable expenses incurred relating to his or her responsibilities under this power of attorney.
- 6) No Personal Benefit. Except as specifically provided in this document, my attorney-in-fact may not personally benefit from any transaction engaged in or on my behalf, or use my assets to discharge any of his or her own legal obligations, excluding me and those I am legally obligated to support.
- 7) Liability of Attorney-in-Fact. All persons or entities that in good faith endeavor to carry out the provisions of this power of attorney will not be liable to me, my estate, or my heirs for any damages or claims arising because of their actions or inactions based on this power of attorney. My estate will indemnify and hold them harmless. A successor attorney-in-fact will not be liable for the acts of a prior attorney-in-fact.
- 8) Authority to Record, Register, or File. My attorney-in-fact may record, register, or file this power of attorney and other necessary and appropriate documents as required to carry out the powers granted herein.

- 9) Copies. A copy of this durable power of attorney shall be effective as an original for all purposes.

**IN WITNESS WHEREOF**, the undersigned has executed this power of attorney on the date set forth below.

Date:

5/18/17

Nancy Jane Fenton  
Signature of Nancy Jane Fenton



## WITNESSES

By signing as a witness, I am acknowledging the signature of the principal who signed in my presence, and the fact that he or she stated that this power of attorney reflects his or her wishes and is being executed voluntarily. I believe the principal to be of sound mind. I have not been appointed as attorney-in-fact by the principal, am not related to him or her by blood, marriage, or adoption, and, to the best of my knowledge, am not entitled to any portion of his or her estate under his or her last will and testament or living trust.

1. Curt Schiegner  
(Signature of witness)

CURT SCHIEGNER  
(Print Name)

517 S.W. HAMBURG TERR  
(Address)

PORT ST LUCIE, FL 34984  
(City, State, ZIP)

2. Melissa Gehret  
(Signature of witness)

MELISSA GEHRET  
(Print Name)

4111 N.E. 18 AVE  
(Address)


FT LAUDERDALE, FL 33334  
(City, State, ZIP)

ACKNOWLEDGMENT  
OF NOTARY PUBLIC

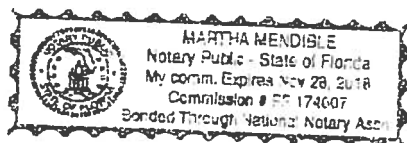
State of Florida

County of Broward

The foregoing instrument was acknowledged before me this 18 day of May, 2011, by Nancy Jane Fenton.

 Notary Signature

PRINT, TYPE OR STAMP NAME OF NOTARY



(SEAL)

Personally known

OR Produced identification ✓

Type of identification produced FID

FS35630555410

- 8.) Examination of the flood hazard maps (F.I.R.M.) of the Federal Emergency Management Agency, shows the proposed development lies partly within Flood Zone "X" which, per said maps is defined as an area outside of the 500 year flood plain, and partly in Flood Zone "A", defined per said maps as an area within 100 year flood plain (ref: Community Panel No. 120070 0175 B). A Base Flood Elevation for the 100 year flood plain has been established by the project engineer (Bailey, Bishop & Lane, Inc.) at 113.0 MSL.

**MINIMUM FLOOR ELEVATIONS:** The minimum finish floor elevation for all lots in the development shall be 114.0 MSL, and in all cases shall be a minimum of one (1) foot above the highest adjacent grade at the structure.