DATE 06/11/2	Colum	bia County	Building Pe	rmit	PERMIT
ADDITION F		mit Expires One Ye			000021967
-	ERIC MATTHEWS	OD COLIDT	PHONE	352.258.5954	FL
F=	SW SALLLIEWO ERIC MATTHEWS	OD COOK!	FT. WHITE, FL 32038 PHONE	352538,0257	
-	411 SW SALLIEWOO	D COURT	FT. WHITE		FL 32038
CONTRACTOR		1	PHONE	352.472.6767	32030
	Fig. 1	US 27, L GO TO FRY RO		Name and the contract of the c	
LOCATION OF	·	ALLIEWOOD CRT., LAS		ERLAND STREET	
TYPE DEVELOR	-		IMATED COST OF CO	NSTRUCTION	.00
HEATED FLOO	R AREA	TOTAL ARE	Α	HEIGHT .00	STORIES
FOUNDATION	WA	LLSR	OOF PITCH	FLOO	OR
LAND USE & ZO	ONING A-3		MAX	HEIGHT	
Minimum Set Ba	ck Requirments: STREE	Γ-FRONT 30.00	REAR	25.00 S	IDE
NO. EX.D.U.	FLOOD ZONE	<u>x</u>	DEVELOPMENT PERM	MIT NO.	
PARCEL ID	15-7S-16-04226-151	SUBDIVISION	SHILOH RIDGE U	NREC.	
LOT 51 I	BLOCK PHASE	UNIT	TOTA	L ACRES 10.03	8
		***************************************		1816)
Culcust Domnit No	. Culvert Waiver	IH0000711	hor E	applicant/Owner/Co	nntractor.
Culvert Permit No PRIVATE	04-0606-E	Contractor's License Num BLK	R		N
Driveway Connec	The second secon			roved for Issuance	New Resident
	FOOT ABOVE ROAD				
				÷	
				Check # or Cas	h 640
		UILDING & ZONIN			
Temporary Power	FOR B	SUILDING & ZONIN			h 640 (footer/Slab)
	FOR B			ONLY	
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PROPERTY THAT MAY BE FOUND IN THE PUBLIC RECORDS OF THIS COUNTY. AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.

"WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT."

This Permit Must Be Prominently Posted on Premises During Construction

PLEASE NOTIFY THE COLUMBIA COUNTY BUILDING DEPARTMENT AT LEAST 24 HOURS IN ADVANCE OF EACH INSPECTION, IN ORDER THAT IT MAY BE MADE WITHOUT DELAY OR INCONVIENCE, PHONE 758-1008. THIS PERMIT IS NOT VALID UNLESS THE WORK AUTHORIZED BY IT IS COMMENCED WITHIN 6 MONTHS AFTER ISSUANCE.

ligh Springs, FL 32643 -2666

Certified to be a true and correct copy of the original.

PARCEL ID# 15-7S-16-04226-151 **BUYER'S TIN#**

WARRANTY DEED

THIS INDENTURE, Made this 1st day of May, 2004, BETWEEN THE SHILOH RIDGE COMPANY, a Florida Corporation grantor whose address is 5345 ORTEGA BLVD., SUITE 7, JACKSONVILLE, FL 32210, and ERIC C. MATHEWS and PATRICIA MATHEWS, HUSBAND AND WIFE grantee, whose post-office address is: P.O. BOX 257, HIGH SPRINGS, FL 32655.

[The terms "grantor" and "grantee" herein shall be construed to include all genders and singular or plural as the context indicates.1

WITNESSETH: That said grantor, for and in consideration of the sum of Ten (\$10.00) Dollars, 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, successors and assigns forever, the following described land, situate, lying and being in COLUMBIA County, Florida, to wit:

SEE ATTACHED EXHIBIT "A"

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

IN WITNESS WHEREOF, Grantor has hereunto set grantor's hand and seal the day and year first above written.

Signed, sealed and delivered

.Lovelana

the presence of:

VITNESS Heath

STATE OF FLORIDA COUNTY OF

WITNESS

THE SHILOH RIDGE COMPANY

Lee D. Wedekind, Jr.

President

[CORPORATE SEAL]

The foregoing instrument was acknowledged before me this 1st day of May, 2004, by Lee D. Wedekind, Jr., President of THE SHILOH RIDGE COMPANY on behalf of the corporation. She/He is personally known to me or who has produced a driver's license as identification and who did take an oath.

Notary Public, State of Florida

My Commission Expires:

My Commission Number:

My Commission DD007953 Expires March 11 2005

RECORD & RETURN TO:

THIS INSTRUMENT WAS PREPARED BY: JANNETTE S. BOYD, an employee of U.S. TITLE, 642 N.E. SANTA FE BLVD., HIGH SPRINGS, FLORIDA 32643, as a necessary incident to fulfill the requirements of a Title Insurance Binder issued by it. USH-2666.

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only Zoning Official BLK 04.00.04 Building Official 6-9-0+(RK)
AP# 0405-84 Date Received 5/27/04 By Fermit # 21967
Flood Zone Development Permit MA Zoning A Land Use Plan Map Category A Land Use Plan Map Category
Comments
Site Plan with Setbacks shown Penvironmental Health Signed Site Plan Penv. Health Release
Need a Culvert Permit Need a Waiver Permit Well letter provided Existing Well
Par Inspection Aced
Property ID <u>/5 - 7S - 16 - 04226 - 15 /</u> Must have a copy of the property deed
New Mobile Home Used Mobile Home Year/999
Subdivision Information Shiloh Ridge Suzpivision Lot 51
- Applicant Exe Mathews Phone # 352-258-5959
* Address 411 SW. SALLIWOOD CRT FT WHITE F1. 32038
■ Name of Property Owner <u>ERIC MATHEWS</u> Phone# <u>352-258-5954</u>
911 Address 9/1 S.W. SA//1WOOD CRT FTWhite F/. 32038
Name of Owner of Mobile Home <u>FRIC MATHEWS</u> Phone #352-258-5954
Address 411 S.W. SALLIWOOD CAT FTWHITE Fl. 32038
Relationship to Property Owner FRIEND
Current Number of Dwellings on Property/
Lot Size <u>43,560 sq ft. 661 x 662</u> Total Acreage 10.03
Explain the current driveway Private
Driving Directions STATE ROAD 49 to Fr White, TL ON STATE RD 27,
TR ON FRYRD, TR ON CUMBERLAND STREET, TR ON SW SALLIEWOOD
COURT, LAST LOT ON RIGHT.
Is this Mobile Home Replacing an Existing Mobile Home
Name of Licensed Dealer/Installer TRACH A Townsend Phone # 350-472-6767
Installers Address 9709 St 700 Aug Trenton, Pt 32693
License Number <u>TH 0007//</u> Installation Decal # <u>3/38</u> 0/

PERMIT NUMBER

installer verifies all information given with this permit worksne is accurate and true based on the	Plumbing
Installar varifies all information given with this per	Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between mult-wide units. Pg. 15
Other:	Electrical
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	Installer Name \ \taker \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Miscellaneous	ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER
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.	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
Type gasket Installed: Pg. Setween Floors Yes Between Walls Yes Bottom of ridgebeam Yes	TORQUE PROBE TEST The results of the torque probe test is check here if you are declaring 5' anchors without testing A test showing 275 inch pounds or less will require 4 foot anchors.
I understand a properly installed gasket is a requirement of all new and used homes and that condensation, mold, meldew and buckled marriage walls are a result of a poorly installed or no gasket being installed. I understand a strip of tape will not serve as a gasket.	
Gasket (weatherproofing requirement)	3 Using 500 lb increments take the lowest
Type Fastener: 3/8/25 Length: 4/2 Length:	POCKET PENETROMETER TESTING METHOD 1. Test the perimeter of the home at 6 locations. 2. Take the reading at the depth of the footer.
00	×
Fastening multi wide units	
Debris and organic material removed	The pocket penetrometer tests are rounded down to \@_ psf
Site Preparation	DOOKET DEVICTED WELLS

taller verifies all information given with this permit worksheet

manufacturer's installation instructions and or Rule 15C-1 & 2 Date 530 3

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

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

S

is accurate and true based on the

Installer Signature Roca STATE OF STATE



STATE OF FLORIDA DEPARTMENT OF HEALTH

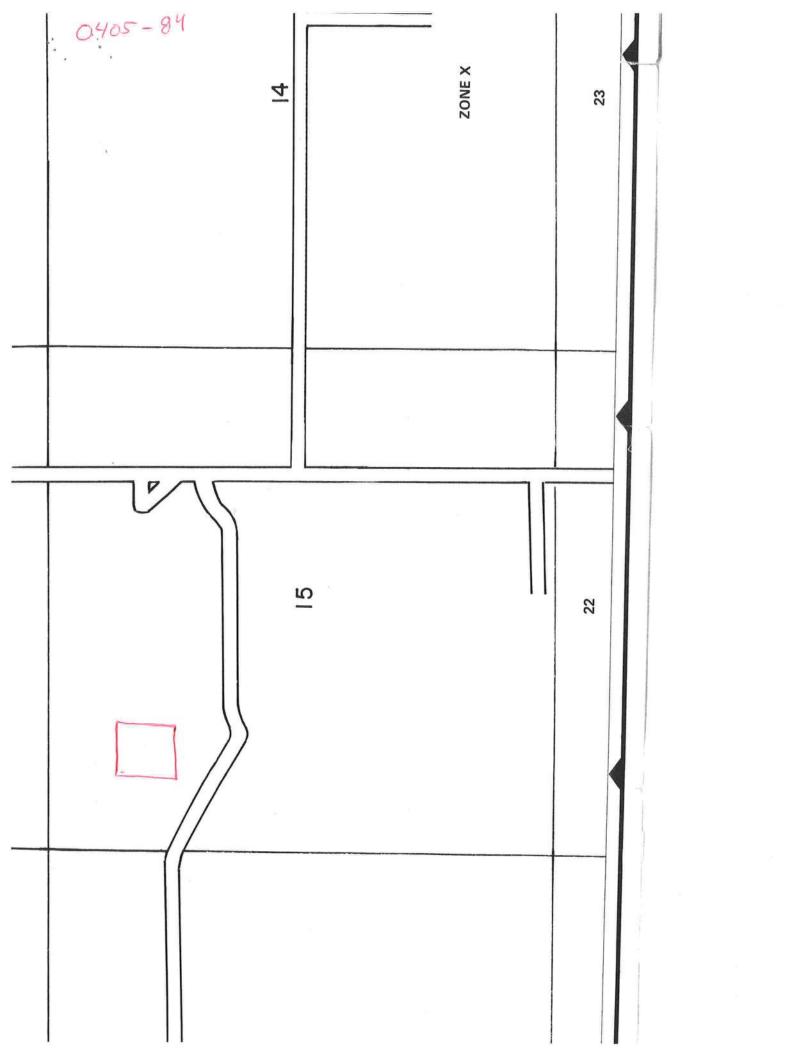
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number _____ --- PART II - SITE PLAN----Scale: Each block represents 5 feet and 1 inch = 50 feet. Notes: Site Plan submitted by: Signature Title Plan Approved _____ Not Approved ___ Date Ву____ **County Health Department**

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

COLUMBIA COUNTY INSPECTION SHEET

DATE 5/27/04	INSPECTI	ION TAKEN BY	G
BUILDING PERMIT #	CULV	ERT / WAIVER PE	ERMIT #
WAIVER APPROVED	WAIV	ER NOT APPROV	/ED
PARCEL ID#		ZONING	
SETBACKS: FRONT	REAR	SIDE	HEIGHT
FLOOD ZONE	SEPTIC	NO.	EXISTING D.U.
TYPE OF DEVELOPMENT	Pre-Ins	pection	
ADDRESS 411 Sw S	Phase) A thews Alliewood (ov y Townsen on 27, TR TR on SAllie	t Ft. Whis	ONE
COMMENTS:	CALL.	352 258	-5954
INSPECTION(S) REQUESTED:	INSPECTION	ON DATE:	1005/so/04
Cough-in plumbing all Electrical Rough-in Permanent Power M/H tie downs, block Travel Trailer INSPECTORS:	blumbing Solumbing Solumb	Slab w wood floor duct Pe Culvert plumbing I rvice Change	Other rimeter Beam (Lintel) _PoolReconnection Utility pole



MOBILE HOME INSTALLERS * * * AUTHORIZATION FORM * * *

To Whom It May Concern:
1. 1.
I, TRACKY A Tainson) hereby authorize Rig No Hheus: to purpermits for WE Teacy & Tainson) Err matheus
permits for MET Teacry A Townston / ERIC Mathews
Mobile Home Installer
JA-0000711
State License #
th - 2004
Sworn to (or affirmed) and subscribed before me this 11th day of June, 2000.
By: Marsha Jean hoop
Marsha a lan Joss-
Notary
X Personally known
or Produced Identification
Type of Identification Produced Marsha Jean Fogg My Commission DD028463
Expires May 22, 2005



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. 309,9 FI 256,9 79 PE このとのところ Notes: Site Plan submitted by: Signature Plan Approved Not Approved _ **County Health Department**

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

21967 3/10/04 DATE INSPECTION TAKEN BY BUILDING PERMIT # CULVERT / WAIVER PERMIT # WAIVER APPROVED WAIVER NOT APPROVED PARCEL ID# ZONING SETBACKS: FRONT REAR SIDE HEIGHT FLOOD ZONE SEPTIC NO. EXISTING D.U. TYPE OF DEVELOPMENT ShiotoH Kidge SUBDIVISION (Lot/Block/Unit/Phase) OWNER ADDRESS SW SAllywood (+. CONTRACTOR _ INTERY lownsend PHONE 4415 ,TR on 18, TL 27, TR on Fry Rd. LOCATION TR SAllywood Ct, 3rd loton Fight COMMENTS: INSPECTION DATE: Thuts | FR INSPECTION(S) REQUESTED: Temp Power Foundation ____ Set backs ____ Monolithic Slab Under slab rough-in plumbing ____ Slab ___ Framing Rough-in plumbing above slab and below wood floor____Other___ Electrical Rough-in _____ Heat and Air duct _____ Perimeter Beam (Lintel) Permanent Power ____ CO Final ____ Culvert ___ Pool Reconnection M/H tie downs, blocking, electricity and plumbing Utility pole Travel Trailer Re-roof Service Change Spot check/Re-check INSPECTORS: NOT APPROVED BY FOP APPROVED POWER CO. **INSPECTORS COMMENTS:**