

DATE 06/03/2008

Columbia County Building Permit

PERMIT

This Permit Must Be Prominently Posted on Premises During Construction

000027059

APPLICANT ALICE P. KINSEY PHONE 386-365-2565
ADDRESS 184 SE GRASSLAND TERRACE LAKE CITY FL 32024
OWNER IDELL V. PONDS HOLTON PHONE 386-752-6878
ADDRESS 182 SE GRASSLAND TERRACE LAKE CITY FL 32024
CONTRACTOR VIC ETHERIDGE PHONE 386-462-7554
LOCATION OF PROPERTY 441-S TO C-18,TURN EAST TO GRASSLAND TERRACE,,TR AND IT'S
THE 1ST. DRIVE ON R, THEN IN THE NW CORNER OF THE PROPERTY
TYPE DEVELOPMENT MH,UTILITY ESTIMATED COST OF CONSTRUCTION 0.00
HEATED FLOOR AREA TOTAL AREA HEIGHT STORIES
FOUNDATION WALLS ROOF PITCH FLOOR
LAND USE & ZONING AG-3 MAX. HEIGHT 35
Minimum Set Back Requirments: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00
NO. EX.D.U. 4 FLOOD ZONE X DEVELOPMENT PERMIT NO.

PARCEL ID 23-6S-17-09758-000 SUBDIVISION
LOT BLOCK PHASE UNIT 0 TOTAL ACRES 5.00

IH0000144
Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor
EXISTING 08-0205 BK JH N
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: FLOOR ONE FOOT ABOVE THE ROAD, DEDICATING 5 ACRES IN THE NW CORNER
OF 157 ACRES

Check # or Cash 1005

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

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

BUILDING PERMIT FEE \$ 0.00 CERTIFICATION FEE \$ 0.00 SURCHARGE FEE \$ 0.00
MISC. FEES \$ 300.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 25.68 WASTE FEE \$ 67.00
FLOOD DEVELOPMENT FEE \$ FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$ TOTAL FEE 467.68
INSPECTORS OFFICE L. Hobbs CLERKS OFFICE CH

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 TO BE IN ACTIVE PROGRESS WHEN THE PERMIT HAS RECIEVED AN APPROVED INSPECTION WITHIN 180 DAYS.

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 11-30-07) Zoning Official BLK 060308 Building Official OK JTH 3-6-08

AP# 0803-10 Date Received 3/16 By JW Permit # 27059

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

Comments Dedicating 5 acres in NW corner to this home

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

☒ Site Plan with Setbacks Shown ☒ EH # 08-0205 ☐ EH Release ☒ Well letter ☒ Existing well

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

☐ State Road Access ☐ Parent Parcel # _____ ☐ STUP-MH _____

☐ Unincorporated area ☐ Incorporated area ☐ Town of Fort White ☐ Town of Fort White Compliance letter

ck#1005

Property ID # 23-65-17-09758-000 Subdivision _____

- New Mobile Home _____ Used Mobile Home ☒ Year 1986
- Applicant Alice P. Kinsey Phone # 386-365-2565
- Address 184 SE GRASSLAND TERR - LAKE CITY FL. 32024
- Name of Property Owner Idell V Ponds Holton Phone# 386-752-6878
- 911 Address 374 SE Grassland Terr. LC FL. 32024 ^{use} → 386-365-2565 cell
- Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Progress Energy

Name of Owner of Mobile Home Tyler Ogwin Phone # 352-215-6400

911 Address 182 SE GRASSLAND TERRACE, LAKE CITY, FL 32024

- Relationship to Property Owner Grandson
- Current Number of Dwellings on Property 4
- Lot Size 5.00 AC NW corner Total Acreage 157 AC
- 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 (owes)
- Driving Directions to the Property From LAKE CITY take HWY 441 S to ELLISVILLE
Go under I-75 CONTINUE Approx 4 miles TURN LEFT ON City Rd 18
To Worthington Springs - Go past Phillip Baptist Church ON RIGHT to 1st
Graded RD (Southeast Grassland Terr) ON RIGHT - TURN Right at 1st
- Name of Licensed Dealer/Installer Vic Eshenridge Phone # 386-462-7554
- Installers Address P.O. Box 3266 High Springs, FL 32655
- License Number 2110000 144 Installation Decal # 294398

JW took copy
2 911 ADDRESS
Lilly Mabley

T.L. (EFL MESSAGE for 11/1/08)

PERMIT WORKSHEET

PERMIT NUMBER

Installer

Vic Encinada

License #

IA0000114

Address of home being installed

Manufacturer

Homes of Merit

Length x width

28 x 56

NOTE:

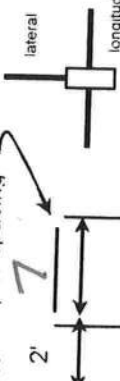
*if home is a single wide fill out one half of the blocking plan
if home is a triple or quad wide sketch in remainder of home*

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

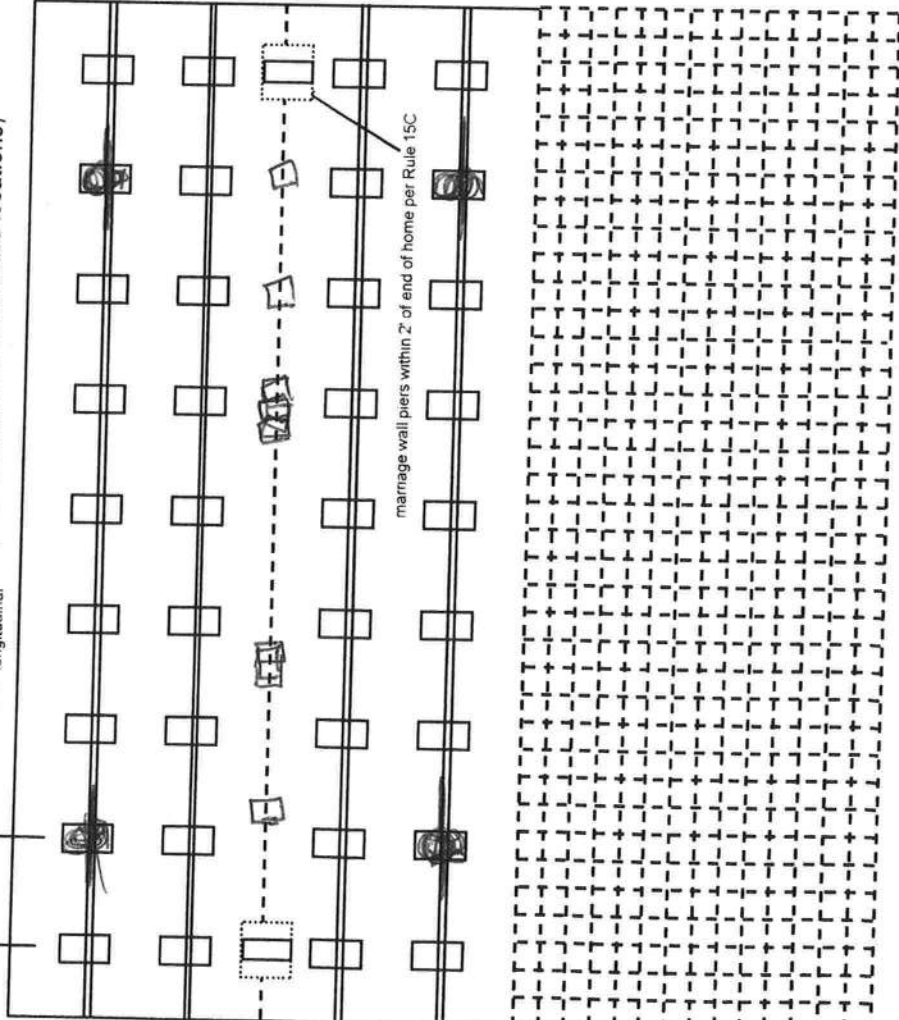
Installer's initials

Typical pier spacing

7'



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



New Home ☐ Used Home ☒

Home installed to the Manufacturer's Installation Manual

Home is installed in accordance with Rule 15-C

Single wide

☐

Wind Zone II

☒

Wind Zone III

☐

Double wide

☒

Installation Decal #

294398

Triple/Quad

☐

Serial #

Remnecy 2804-1625A+B

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

24x24

Perimeter pier pad size

N/A

Other pier pad sizes (required by the mfg.)

16x16

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

Liv Room

32x16

ANCHORS

4 ft

5 ft

FRAME TIES

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

TIEDOWN COMPONENTS

OTHER TIES

Longitudinal Stabilizing Device (LSD)

Manufacturer Glens Technology

Longitudinal Stabilizing Device w/ Lateral Arms

Manufacturer

Sidewall

Longitudinal

Marriage wall

Shearwall

Number

24

N/A

2

PERMIT NUMBER

POCKET PENETROMETER TEST

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

x 1500 x 1500 x 2000

POCKET PENETROMETER TESTING METHOD

1. Test the perimeter of the home at 6 locations.
2. Take the reading at the depth of the footer.
3. Using 500 lb. increments, take the lowest reading and round down to that increment.

x 1500 x 2000 x 1500

TORQUE PROBE TEST

The results of the torque probe test is 290 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: LAGS Length: 6" Spacing: 2'
Walls: Type Fastener: N/A Length: 1" Spacing: 1'
Roof: Type Fastener: LAGS Length: 6" Spacing: 2'
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

Rolled foam

Installed:

Between Floors Yes
Between Walls Yes
Bottom of ridgebeam Yes

Weatherproofing

The bottomboard will be repaired and/or taped. Yes ☒
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 ☒
Other: N/A

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

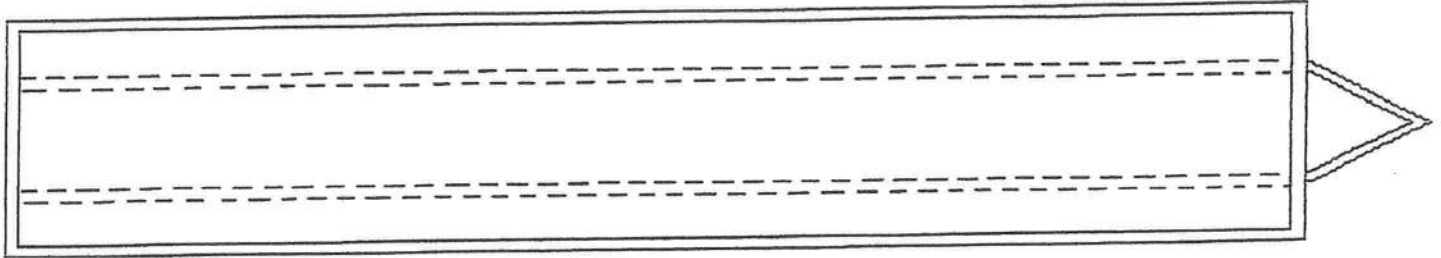
Installer Signature

Date

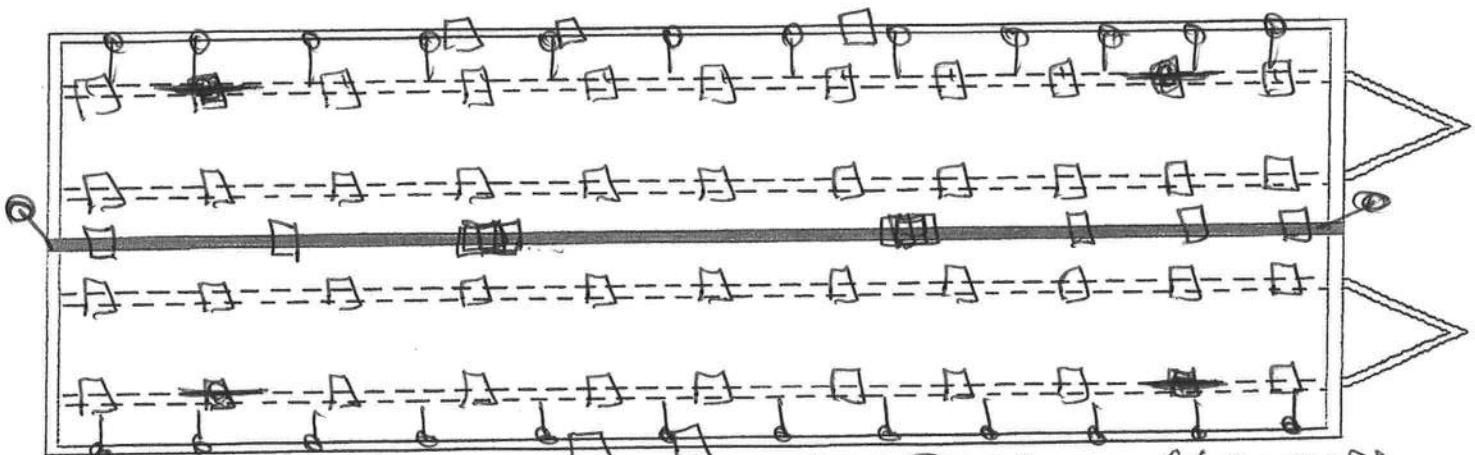
2-11-08

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



DOUBLE WIDE MOBILE HOME



1500 lb Set Piers on 12" X 22" ABS PADS on 6' centers
 290 lb LBS TORQUE 4" Anchors on 5' 4" centers
 Longitudinal Stabilizer Devices By Oliver Technology

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.

LETTER OF AGENT AUTHORIZATION

This is to certify that I personally authorize Alice Kinsey
Hardee to apply and obtain permits pertaining to the
placement of mobile home on 374 SE Grassland Terr L.C. FL. 32024
property which property ID # is 23-6S-17-09758-000.

Authorized signature: [Signature]

Company Name: AAA Mobile Home Transport

License Number: IN0000144

Date: 2-12-08

State of Florida

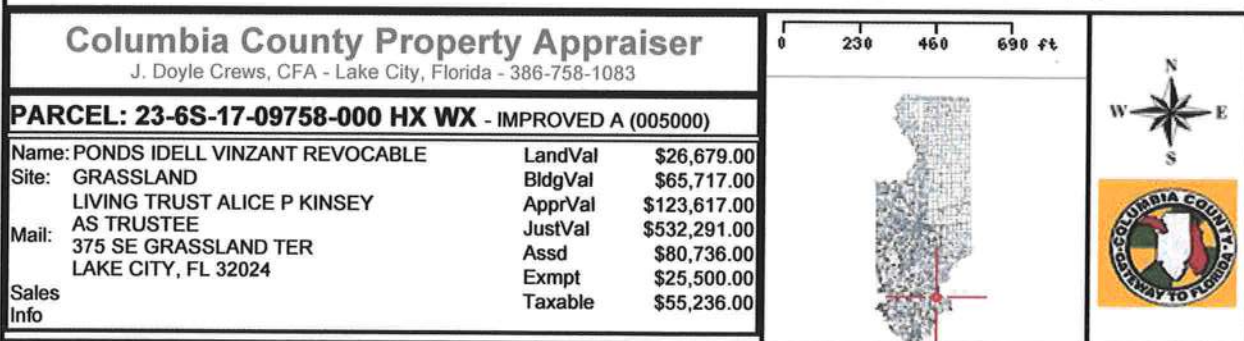
County of Alachua

Sworn to and subscribed before me this 12th day of February
2008 by Victor Etheridge. Personally known to me
or have produced identification ✓. Type of identification

[Signature]
Notary of the Public

Seal:





http://columbia.floridapa.com/GIS/Print_Map.asp?pjboiibchhjbnligcafceelbjemnolkjmgaa... 3/6/2008

Prepared by:

Theodore M. Burt, P.A.
Post Office Box 308
Trenton, Florida 32693

Inst: 2006027533 Date: 11/21/2006 Time: 12:36
DC, P. DeWitt Cason, Columbia County B: 1102 P: 1560

**DURABLE POWER OF ATTORNEY
AND DESIGNATION OF HEALTH CARE SURROGATE**

Under §709.08 and 765, Florida Statutes

KNOW ALL MEN BY THESE PRESENTS:

THAT I, **IDELL VINZANT PONDS HOLTON**, of 374 SE Grassland Terrace, Lake City, Florida 32024, referred to herein as PRINCIPAL, designate my daughter, **ALICE P. KINSEY**, of 375 SE Grassland Terrace, Lake City, Florida 32024, to be my attorney in fact and agent (hereinafter called "AGENT"); in the event that my daughter for any reason shall fail to act or continue as my attorney in fact, I constitute and appoint granddaughter, **RENAE LAYFIELD**, of 517 SW 5th Avenue, Trenton, Florida 32693, to act as my attorney in fact and agent.

1. General Grant of Power. I hereby grant to my agent full power and authority to exercise or perform any act, power, duty, right or obligation whatsoever that I now have or may hereafter acquire, relating to any person, matter, transaction or any interest in property owned by me, including, without limitation, my interest in all real property, including homestead real property; all personal property, tangible or intangible, all property held in any type of joint tenancy, including a tenancy in common, joint tenancy with right of survivorship, or a tenancy by the entirety; all property over which I hold a general, limited or special power of appointment; causes in action; and all other contractual or statutory rights or elections, including, but not limited to, any rights or elections in any probate or similar proceeding to which I am or may become entitled; all as to such property now owned or hereafter acquired by me.

Except as otherwise limited by applicable law, or by this durable power of attorney, my agent has full power and authority to perform, without prior court approval, everything necessary in exercising any of the powers herein granted as fully as I might or could do if personally present, with full power of substitution or revocation, and even though my attorney in fact may also be acting individually or on behalf of any other person or entity interested in the same matters. I hereby ratify and confirm that my agent shall lawfully have, by virtue of this durable power of attorney, the powers herein granted, including, but not limited to, the following:

a. To forgive, request, demand, sue for, recover, collect, receive, hold all such sums of money, debts, dues, commercial paper, checks, drafts, accounts, deposits, legacies, bequests, devises, notes, interests, stock certificates, bonds, dividends, certificates of deposit, annuities, pensions, profit sharing, retirement, social security, insurance and other contractual benefits and proceeds, all intangible and tangible property and property rights, and demands whatsoever, liquidated or unliquidated, now or hereafter owned by me, or due, owing, payable or belonging to me or in which I have or may hereafter acquire an interest.

b. To have, use, and take all lawful means and equitable and legal remedies and proceedings in my name for the collection and recovery of any property now or hereafter owned by me, and to adjust, sell, compromise, and agree for the same, and to execute and deliver for me, on my behalf, and in my name, all endorsements, releases, receipts, or other sufficient discharges for the same.

c. To acquire, purchase, invest, reinvest, exchange, grant options to sell, and sell and convey personal property, tangible or intangible, or interests therein, for such price and on such terms and conditions as my agent shall deem proper including, without limitation, stocks, bonds, warrants, debentures, commodities, precious metals, futures, currencies, and in domestic and foreign markets or investment funds, including common trust funds.

d. To execute stock powers or similar documents and to delegate to a transfer agent or similar person the authority to register any stocks, bonds, or other securities either into or out of my name or nominee's name.

e. To redeem bonds issued by the United States Government or any of its agencies or any other bonds; and to purchase bonds issued by the United States Government that can be redeemed at par in payment of federal estate taxes.

f. To acquire, purchase, exchange, grant options to sell, and sell and convey any and all of my real estate, lands, tenements, leases, leaseholds or other property partaking of the nature of real estate or any part or parcel thereof, which I now own or may hereafter acquire, or interests therein, including my homestead real property, at public or private sale, for such price and on such terms and conditions as my agent shall deem proper; to execute any and all documents necessary to effectuate same including, but not limited to, contracts, deeds, affidavits, bills of sale, assignments and closing statements; provided, however, that if I am married, my agent may not convey or dispose of my homestead property without joinder of my spouse or my spouse's legal guardian. Joinder by my spouse may be accomplished by the exercise of authority in a durable power of attorney executed by my joining spouse, and either my spouse or I may appoint the other as attorney in fact and agent.

g. To maintain, repair, improve, invest, manage, partition, insure, rent, lease, encumber, and in any manner deal with any real or personal property, tangible or intangible, or any interest therein, that I now own or may hereafter acquire, in my name and for my benefit, upon such terms and conditions as my agent shall deem proper; and to execute, acknowledge and deliver all instruments necessary to effectuate the foregoing.

h. To open and maintain savings, checking, money market and other accounts in my name or otherwise in any bank or financial institution or with any insurance or brokerage firm; to make, receive and endorse checks, drafts, or other commercial or mercantile instruments, deposit and withdraw funds, specifically including withdrawals from any savings account or savings and loan deposits; to acquire and redeem certificates of deposit and to utilize and manage such accounts; to deal generally in my behalf with any instrument for the payment of money in which I may have an interest; and to execute or release such deeds of trust or other security agreements as may be necessary or proper in the exercise of the rights and powers herein granted.

i. To borrow from time to time such sums of money upon such terms as my agent shall deem appropriate for, or in relation to, any of the purposes or objects described herein, upon the security of any of my property whether real or personal, or otherwise, and for such purposes to give, execute, deliver and acknowledge mortgages with such powers and provisions as my agent may think proper, and also such notes, bonds, or other instruments as may be necessary or proper in connection therewith; provided, however, that if I am married, my agent may not mortgage my homestead property without joinder of my spouse or my spouse's legal guardian. Joinder by my spouse may be accomplished by the exercise of authority in a durable power of attorney executed by my joining spouse, and either my spouse or I may appoint the other as attorney in fact and agent.

j. To apply for a Certificate of Title upon, and endorse and transfer title thereto, for any automobile, truck, pickup, van, motorcycle or other motor vehicle, and to represent in such transfer assignment that the title to said motor vehicle is free and clear of all liens and encumbrances except those specifically set forth in such transfer assignment.

k. To conduct or participate in any lawful business of whatever nature for me and in my name; execute partnership agreements and amendments thereto; incorporate, reorganize, merge, consolidate, recapitalize, sell, liquidate or dissolve any business; enter into voting trusts and other agreements or subscriptions; elect or employ officers, directors and agents; carry out the provisions of any agreement for the sale of any business interest or stock therein; and exercise voting rights with respect to stock, either in person or by proxy, and exercise stock options.

l. To make gifts to charitable organizations or in trust for any descendant of mine in connection with estate, gift, generation-skipping transfer, income or other tax planning for me or to qualify me for any government assistance program. Gifts may include gifts to my attorney-in-fact.

m. To consent to any gift and to utilize any gift-splitting provision or tax election; and to pay gift taxes, but only if in furtherance of my estate plan or of my desire to minimize taxes.

n. To transfer any or all assets of mine to any revocable trust created by me as to which trust I am, during my lifetime, a primary income or principal beneficiary.

o. To withdraw from any trust, whether revocable or irrevocable, in which I have a current beneficial interest, such amounts of the principal or accrued or collected but undistributed income of such trusts as I would be permitted to receive or withdraw, pursuant to any right of receipt or withdrawal contained in such trusts.

p. To make, execute and file any and all declarations, joint or separate returns, waivers, consents, claims and other instruments or forms (including, without limitation, IRS Form 2848 Power of Attorney and Petition of Appeal to the United States Tax Court) relating to Federal, State, municipal and other taxes or assessments, including income, transfer, property, excise and other taxes of whatever nature and whether imposed or required by any domestic or by any foreign authority, and in connection with any such taxes or assessments due or claimed or believed to be due from me or in respect of any property or rights which I may own or in which I may have any interest.

q. To represent me before any office of the Internal Revenue Service, state agency, or any other governmental or municipal body or authority of whatever nature, domestic or foreign, and to conduct and transact any case, claim or matter whatsoever in connection therewith; to receive confidential information regarding tax matters for all periods, whether before or after the execution of this instrument; and to make tax elections.

r. To have access at any time or times to any safe deposit box rented by me, wheresoever located, and to remove all or any part of the contents thereof, and to surrender or relinquish said safe deposit box, and any institution in which any such safe deposit box may be located shall not incur any liability to me or my estate as a result of permitting my agent to exercise this power.

s. To exercise any statutory rights or elections, including, but not limited to, any rights or elections in any probate or similar proceeding to which I am or may become entitled; to renounce or disclaim any interest otherwise passing to me by testate or intestate succession or by inter vivos transfer.

t. To employ as investment counsel, custodians, brokers, accountants, appraisers, attorneys at law or other agents, such persons, firms or organizations, including my said agent and any firm of which my said agent may be a member or employee, as deemed necessary or desirable; to pay such persons, firms or organizations such compensation as is deemed reasonable; and to determine whether or not to act upon the advice of any such agent without liability for acting or failing to act thereon.

2. Health Care Surrogate Provisions. In the event that I have been determined to be incapacitated to provide informed consent for medical treatment and surgical and diagnostic procedures, I designate as my Health Care Surrogate for health care decisions, the attorney in fact and agent named herein, **ALICE P. KINSEY**, whose telephone number is 386-752-2751. Upon the death, failure or inability of my daughter to act as my Health Care Surrogate, then I appoint my granddaughter, **RENAE LAYFIELD**, whose telephone number is 352-463-7298, to act as successor Health Care Surrogate. This designation revokes any prior Health Care Surrogate designation which I may have made. This designation is not being made as a condition of treatment or admission to a health care facility. I fully understand that this designation will permit my surrogate to make health care decisions and to provide, withhold, or withdraw consent on my behalf; to apply for public benefits to defray the cost of health care; and to authorize my admission to or transfer from a health care facility.

I hereby grant to my Health Care Surrogate full power and authority to do everything necessary in exercising the powers herein granted as fully as I might or could do if I were personally able to make health care treatment decisions on my behalf, and I hereby grant the following specific powers to my Health Care Surrogate, without limiting any other rights and authority:

a. To contract in my name and on my behalf for all health care services, including, without limitation, medical, hospital and nursing care, which, in the opinion of my Health Care Surrogate, I may require.

b. To grant releases to medical personnel.

c. To employ and discharge medical personnel.

d. To have access to and to disclose medical records and other personal information of mine.

e. To terminate the services of any health care institution and arrange for my transfer to another health care institution.

f. To act as a party, whether as a Plaintiff or a Defendant or otherwise, in a court action in the event it is necessary to enforce my rights under this instrument.

g. To expend or withhold funds necessary to carry out my medical treatment.

h. To consent to the performance of an autopsy.

i. My Health Care Surrogate shall specifically be excepted from making those decisions as may be subject to a Living Will which I may have executed; if no such Living Will is found, I delegate to my Health Care Surrogate the authority to consent to any withholding or withdrawing of life-prolonging procedures as may be described in Part III of Chapter 765 of the Florida Statutes, as the same may be amended from time to time.

My Health Care Surrogate shall not be liable or responsible for any costs or expenses of my medical treatment or care except as expressly stated by Statute. I confirm that I will be and remain liable to pay for such health care services provided me at the direction of my Health Care Surrogate and confirm that my Health Care Surrogate shall have no liability to pay for any health care services contracted for on my behalf.

3. Interpretation and Governing Law. This instrument is to be construed and interpreted as a general durable power of attorney as provided for in Florida Statute §709.08, and as a Health Care Surrogate as provided for in Florida Statute §765. The enumeration of specific powers herein is not intended to, nor does it, limit or restrict the general powers herein granted to my agent. This instrument is executed and delivered in the State of Florida, and the laws of the State of Florida shall govern all questions as to the validity of this power and the construction of its provisions. However, it is my intention that this power of attorney shall be exercisable in any other state or jurisdiction where I may have any property or interests in property.

4. Third-Party Reliance. Third parties may rely upon the representations of my agent as to all matters relating to any power granted to my agent in this durable power of attorney, and no person who may act in reliance upon the representations of my agent shall incur any liability to me or to my estate, beneficiaries, or joint owners as a result of permitting my agent to exercise any power prior to receipt of written notice of revocation, suspension, notice of a petition to determine incapacity, partial or complete termination, or my death. Any third party may rely on a duly executed counterpart of this instrument, or a copy certified by my agent to be a true copy of the original hereof, as fully and completely as if such third party had received the original of this instrument.

5. Disability of Principal. **THIS DURABLE POWER OF ATTORNEY SHALL NOT BE AFFECTED BY MY SUBSEQUENT INCAPACITY, EXCEPT AS PROVIDED IN §709.08, FLORIDA STATUTES, OR ANY SUCCESSOR PROVISION OF LAW.**

Inst:2006027533 Date:11/21/2006 Time:12:36

DC,P.Dewitt Cason,Columbia County B:1102 P:1564

IN WITNESS WHEREOF, I have hereunto set my hand and seal the
22 day of January, 2006.

Idell Vinzant Ponds Holton
IDELL VINZANT PONDS HOLTON

SEALED AND DELIVERED
IN THE PRESENCE OF:

Irene V. Parrish
Signature of Witness

Print: Irene V. Parrish

Shani King
Signature of Witness

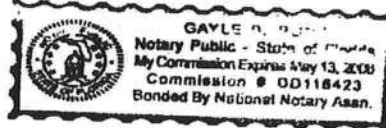
Print: Shani King

STATE OF FLORIDA
COUNTY OF

The foregoing Durable Power of Attorney and Designation of
Health Care Surrogate was acknowledged before me this 22 day
of January, 2006, by **IDELL VINZANT PONDS HOLTON**, who is
personally known to me or who has produced a driver's license as
identification.

Gayle B. Pina
NOTARY PUBLIC
My Commission Expires:

10910-002st



Inst:2006027533 Date:11/21/2006 Time:12:36
DC,P.Dewitt Cason,Columbia County B:1102 P:1565

Columbia County			
26679	Land	002	*
25326	AG	002	
67273	Bldg	002	
5895	Xfea	006	*
125173	TOTAL		B*

1	SE1/4, EX 4 AC IN NW COR ORB	1130-2669	2
3			4
5			6
7			8
9			10
11			12
13			14
15			16
17			18
19			20
21			22
23			24
25			26
27			28

Mnt' 10/25/2007 LARRY

F1=Task F3=Exit F4=Prompt F10=GoTo PgUp/PgDn F24=More

Lie -
365-2561

FROM COLUMBIA CC BUILDING + ZONING FAX NO. 386-758-2163

Mar. 02 2008 10:43AM

CODE ENFORCEMENT DEPARTMENT
COLUMBIA COUNTY, FLORIDA
OUT OF COUNTY MOBILE HOME INSPECTION REPORTDoug/Graham
WRUSH

COUNTY THE MOBILE HOME IS BEING MOVED FROM Alachua
OWNERS NAME TYLER O'QUINN PHONE _____ CELL 352 456 490
INSTALLER Vic Calhoun PHONE 386 462 7554 CELL 352 283 1510
INSTALLERS ADDRESS P.O. Box 3266 High Springs, FL 32655

MOBILE HOME INFORMATION

MAKE Homesite MCR YEAR 1986 SIZE 28 x 56 CELL# 358, 283, 1510
COLOR Brown SERIAL NO. PC MNCY 2204-1625
WIND ZONE II SMOKE DETECTOR Yes
INTERIOR:
FLOORS Excell
DOORS Good
WALLS Excell
CABINETS Excell
ELECTRICAL (FIXTURES/OUTLETS) Good
EXTERIOR:
WALLS / SIDING Good
WINDOWS Good
DOORS Good
STATUS:
APPROVED ✓ NOT APPROVED _____

NOTES

INSTALLER OR INSPECTORS PRINTED NAME Vic Calhoun
Installer/Inspector Signature [Signature] License No 110000144 Date 2-11-08

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 [Signature] Date 3-4-08

- JW called & spoke w/ vic to move m.H. -
2 1000



CLYATT WELL DRILLING, INC.*(Established in 1971)**Post Office Box 180**Worthington Springs, FL 32697**Phone (386)496-2488 *** FAX (386)496-4640***WELL DESCRIPTION***DESCRIPTION DATE*

3/10/2008

CUSTOMER NAME AND ADDRESS

Columbia County Building & Zoning Dept.

Post Office Box 1529

Lake City, Florida 32056-1529

FAX #386-758-2160

DESCRIPTION OF WORK

Reference #Z080310

Alice Kinsey/Tyler Quinn

DESCRIPTION

4" Well

1 HP Submersible Pump

1-1/4" Galvanized Drop Pipe

14/3 Submersible Pump Wire

81 Gallon Captive Air Tank

4 X 1-1/4 Well Seal

Pressure Relief Valve

Controls and Fittings

The above description is provided to give a brief description of the residential water well to be constructed by Clyatt Well Drilling, Inc.

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: 3/6/2008 DATE ISSUED: 3/10/2008

ENHANCED 9-1-1 ADDRESS:

182 SE GRASSLAND TER

LAKE CITY FL 32024

PROPERTY APPRAISER PARCEL NUMBER:

23-6S-17-09758-000

Remarks:

NW CORNER

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.

Approved Address

1167

MAR 10 2008

911Addressing/GIS Dept



STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

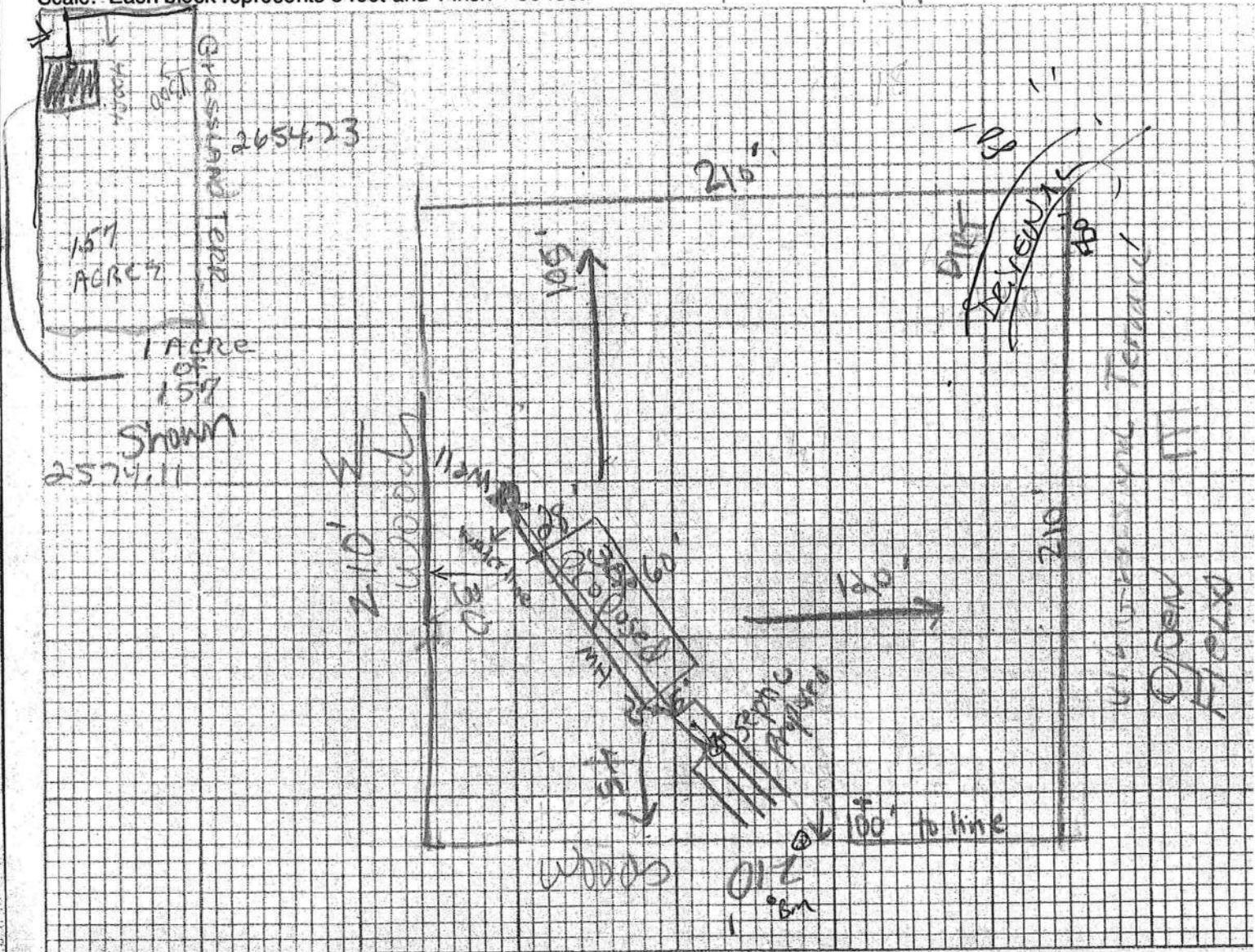
Permit Application Number

ERMIT
08-0225

PART II - SITE PLAN

2614.81
Scale: Each block represents 5 feet and 1 inch = 50 feet.

N - CR 18



Notes: 1 AC of 157
WOODS + open field

well to tank 25.

Drawn by - SF

Site Plan submitted by:

Alice Kinsler

Signature _____

owner P.O.A
Title


Title

Plan Approved

Not Approved

Date 3/17/8

By:

Approved 

APPROVED

Columbia CHD

County Health Depart

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

CODE ENFORCEMENT PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 5/29/08 BY LH IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? Yes
OWNERS NAME Alice Kinsey Quinn PHONE Tyler at Sherrell CELL _____

ADDRESS _____

MOBILE HOME PARK _____

SUBDIVISION _____

DRIVING DIRECTIONS TO MOBILE HOME 441 S, CR 18 East (L), (R) on
SE Grassland Terr, then 1st on the Right -
See a red roofed house.

MOBILE HOME INSTALLER Vic Etheridge

PHONE _____

CELL _____

MOBILE HOME INFORMATION

MAKE Homes of Meritt YEAR 86 SIZE 28 X 56 COLOR Brown

SERIAL No. 2808-1625436

WIND ZONE II

Must be wind zone II or higher NO WIND ZONE I ALLOWED

INSPECTION STANDARDS

INTERIOR:

(P or F) - P= PASS F= FAILED

*Out of Co. Approved
by Glenn*

☒ 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 6-2-08