DATE 01/0	05/2009			uilding Permit on Premises During Co	nstruction	PERMIT 000027552
APPLICANT	WENDY	GRENNELL	e i i ominenti y i osteu	PHONE	497-2311	000027332
ADDRESS	WENDI	PO BOX 39		FORT WHITE	477-2311	FL 32038
OWNER	PHILLIP 6	& THERESA MARKE	Y	PHONE	386-963-3360	
ADDRESS	808	SE MAYHALL TER	LR.	LAKE CITY		FL 32025
CONTRACTO	DR ERN	NEST JOHNSON		PHONE	352-236-3489	
LOCATION C	OF PROPER	TY 41 S, L CR	133-ALFRED MARK	HAM, R MAYHALL TE	RR, TO END OF	
		PROPERT	Y ON R CORNER MA	AYHALL & APRIL		
TYPE DEVEL	LOPMENT	MH,UTILITY	ES	TIMATED COST OF CO	ONSTRUCTION	0.00
HEATED FLO	OOR AREA		TOTAL ARI	EA	HEIGHT _	STORIES
FOUNDATIO	N	WALI	LS I	ROOF PITCH	FL	OOR
LAND USE &	ZONING	AG-3		MAX	K. HEIGHT 3	5
Minimum Set	Back Requir	rments: STREET-I	FRONT 30.00	REAR	25.00	SIDE 25.00
NO. EX.D.U.	3	FLOOD ZONE	<u>x</u>	DEVELOPMENT PER	MIT NO.	· · · · · · · · · · · · · · · · · · ·
PARCEL ID	35-4S-17-	09030-060	SUBDIVISIO	N		
LOT	BLOCK	PHASE	UNIT	тот	AL ACRES 3.5	88
			IH0000359	Woo	Cu XII	earll
Culvert Permit	No.	Culvert Waiver C	ontractor's License Nur	mber	Applicant/Owner/	Contractor
EXISTING		08-0785-N	CS	<u>.</u>	HD	N
Driveway Con	nection	Septic Tank Number	LU & Zoni	ng checked by App	proved for Issuance	e New Resident
COMMENTS:	FLOOR C	ONE FOOT ABOVE T	HE ROAD, EXISTING	MH PARK, MH REMO	VED 10 YEARS	
AGO						
					Check # or Ca	ash 404
		FOR BU	ILDING & ZONI	NG DEPARTMENT	ONLY	(footer/Slab)
Temporary Po	wer	:3 	Foundation		_ Monolithic _	
D1 2 200		date/app. by		date/app. by	22 22 2	date/app. by
Under slab rou	igh-in plumb	oingdate/ap		date/app. by	Sheathing/I	Nailing date/app. by
Framing				bove slab and below woo	d floor	daterapp. by
(f)	date/ap				-	date/app. by
Electrical roug	gh-in		Heat & Air Duct		Peri. beam (Linte	1)
Permanent pow	ver	date/app. by	C.O. Final	date/app. by	Culvert	date/app. by
Termanent pow		ite/app. by		date/app. by	Cuivert	date/app. by
M/H tie downs.	, blocking, e	lectricity and plumbing	date/app		Pool	W2011 - 25
Reconnection			-	THUE D	le	date/app. by
M/II Dala		date/app. by	date	e/app. by	date/app. by	
M/H Pole	ate/app. by	Trav	vel Trailer	date/app. by	Re-roof	date/app. by
BUILDING PE	RMIT FFF	\$ 0.00	CERTIFICATION FE	E.\$ 0.00	SURCHARGE	FEE \$ 0.00
MISC. FEES S				FIRE FEE \$ 0.00		
FLOOD DEVE						
- 2000 0010	LOPMENT	FEE \$ FLOO	OD ZONE FEE \$ 25.0	00 CULVERT FEE \$	TOT	AL FEE 375.00
INSPECTORS		9 11		CLERKS OFFICE	///	AL FEE 375.00

PERMIT

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 PROGESS 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.



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

Authority: Chapter 381, FS Chapter 10D-6, FAC

	1800		Chapter 10D-6, FAC		
Date of A	Application 1-2-		Permit Application Recup	Number 86	57004
**************		PART I	- APPLICATION	7 47 27643	- 70.00
Name of	Owner mary	Pafford	Telephone	Number <u>752-/</u>	459
Mailing A	Address of Owner A	7.6, BOX 325,	Lake City Fla 3	32055	
Owner's	Agent	Same Babl	Builder	961-2	813 (Mubile)
Agent's N	Mailing Address		Teleph	735 - 910 one No	5 (H)
Property	Street Address	topeful Circle	2		
Lot No.	Block No	Subdivision		Date Subdivide	d
	NOTE: IF NOT	IN A SUBDIVISION AT	TACH A METES AND BO	UNDS DESCRIPTION	ON
This Ap	oplication is for:	New System	Repair	Existing Sy	vstem
	Type of Establishme		Sewage Flow (Gallons per day)	Sewag	e Flow
15/08	747			Base	3 011
1/1/02	ad tank pumper		-	-	
-B n	pump-rula	3 14 x 80 M/H p	und	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
1/27/196	James Prate	14 3 BN			
7-12 91	h. 11 2 1 S	liffany Knagge	1		
14.	x 70 2 BR M/H				
	f/ou*A* Type of	TOTAL FLOW		•	
	esidential	No. Bedrooms (each dwelling unit)	Heated or Cooled Area (each dwelling unit)	No. Dwelling Units	Sewage Flow (Gallons per day)
2-21	BR M#	2-2BR	Space Rentals #		
			ft	2	
Exact Dir	ections to Property	e 45 TO 13:	3C. TO CYOSS	Rd Zurn rig	hTON PayNe
			first drive on		/
-	· ·				
AUDIT CO	ONTROL NO. Nº	15980 Applicar	nt's Signature <u>Mau</u>	Laller	Q
		8 950 21 20	V- /-		
IRS-H Form 40 Stock Number	015, Feb 85 (Obsoletes previous 6 : 5744-001-4015-1)	aditions which may not be used)	Yana Tauk:	Z o Line 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	υĒ Page 1 of 3
. o ≅ 8 II	acknowledgments, pe	rsonally apprared	1	Sagara dec	*** 1
DICKS val Stre	LENVIL H.	DICKS and JULIA R.	DICKS, his wife,	357	B0.
NVIL H. DIC West Duval S City, Florida	to me known to be	e the person S described in	and who executed the	(),震:	
1115 W	foregoing instrument executed the same.	and they acknowledged b	pefore me that they		是是是
/-		NESS my hand and official s	eal in the County and day of		6 11
. /	4	bruary	A. D. 19 74.	Tallar Tallar	= 2 %
	Nota	Telen a 2	Vatira Florida at Jarge	- É	8 0 3
- 1		wared by My Commiss			IM IC

Dec 20, 1976

Address

STATE OF FLORIDA DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

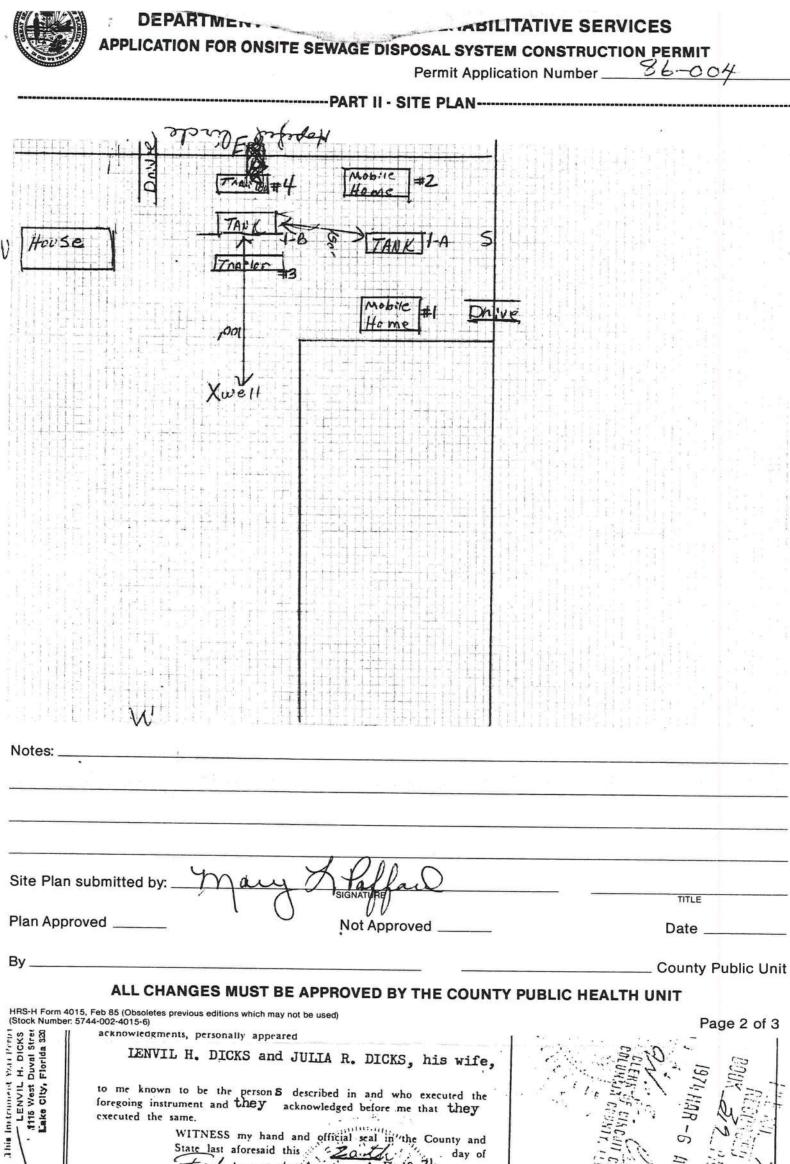
ONSITE SEWAGE	DISPOSAL	SYSTEM	CONSTRUCTION	AND	INSTALLATION	PERMIT
S	(),	()			Q.	2 N

Applicant Mily taffail	Permit Number 86 004								
Installer A 6- 4 00	ON AND FINAL INSTALLATION APPROVAL								
	Tank Manufacturer AVB								
Proper tank legend: Yes 1 No No Tank mate	,								
「anks watertight: Yes_X No Tank size:_	200 gallonsgallonsgallons								
Proper tank outlet device: Yes_X_ No	Manhole or marker to grade: Yes Yes No								
Drainfield Trench	Absorption Bed								
Length Width Length	Width Length feet x feet = ft ²								
76 feet feet feet	feet Length feet x feet = ft ²								
<u>100 feet</u> <u>100 feet</u> feet feet	feet Proper No. drainlines: Yes No								
feet feet feet	feet Proper pipe separation: Yes No								
$Total = 300 \text{ ft}^2$ $Total = 100 \text{ Total} = 100 \text{ Total}$	ft² Distribution box level: Yes No								
Systems located as permitted: Yes X No									
Systems including plumbing stub-outs installed at proper e	elevation: Yes 🔼 No								
Average depth to drainpipe invert from finished grade: $\underline{\mathcal{V}}$	· · · · · · · · · · · · · · · · · · ·								
Average depth of drainfield gravel: No Ninches Minim									
Proper gravel size: Yes No Gravel is	s suitable quality: Yes No								
Backfill or fill material as required: (Quality) Yes N	lo (Quantity) Yes No								
Other findings:									
1001									
Inspected by: Egwilom, R	Date 1/10/86								
PART III - FINAL INSTA	LLATION APPROVAL								
Date 1/10/86 Approved by: EDWilson, A	S LUMBIA COLINTY PURIC HEALTH LINIT								
AN APPROVED INSTALLATION DOES	NOT GUARANTEE PERFORMANCE								

Note: Completed copies of this form will be provided to the applicant, installer and the building department.

HRS—H Form 4016, Feb 85 (Obsoletes previous editions which may not be used) (Stock Number: 5744-002-4016-0)

Page 2 of 2



to me known to be the person S described in and who executed the foregoing instrument and they acknowledged before me that they executed the same.

WITNESS my hand and official scal in the County and State last aforesaid this

Notary Public, State of Florida at This Instrument prepared by: My Commission Expires:

Address



PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

11-12-08 Building Official 40 Zoning Official (Revised 1-10-08) For Office Use Only 6811-12-19 Date Received 12-11-08 By 11 Lt Permit # Land Use Plan Map Category Zoning **Development Permit** Flood Zone Comments 1 by EH pomit de In Floodway Finished Floor Elevation MEH Release Well letter Existing well Site Plan with Setbacks Shown (E/EH# ERecorded Deed or Affidavit from land owner □ Letter of Auth. from installer □ State Road Access ☐ F W Comp. letter □ STUP-MH Parent Parcel #_ Road/Code / 0 1/6 @ IMPACT FEES: EMS School DOE. MH INSPECTION Property ID# 35-43 - 17 - 09030-060 Subdivision_ MH Size 38556 Year Used Mobile Home **New Mobile Home** Applicant Wendy Name of Property Owner 911 Address 808 Clay Electric FL Power & Light Circle the correct power company -Progress Energy Suwannee Valley Electric (Circle One) -Markey Phone # 386-963-3360 Name of Owner of Mobile Home Phillip + Theresa Address 16423 Relationship to Property Owner Current Number of Dwellings on Property___ Total Acreage Lot Size Do you : Have Existing Drive or Private Drive or need Culvert Permit or Culvert Waiver (Circle one) (Not existing but do not need a Culvert) (Putting in a Culvert) (Currently using) (Blue Road Sign) ls this Mobile Home Replacing an Existing Mobile Home Driving Directions to the Property Hルツ nsom Phone # 5 Name of Licensed Dealer/Installer HAMITHORNE, FL Installers Address 22204 SE US Highway Installation Decal # 2939 License Number

this Manager of his M	PERMIT WORKSHEET
Home is installed in accordance with Rule 15-C Single wide Wind Zone Wind Zone	New Home Used Home D page 1 of 2

39847848E HESTGATE.

DEC-11-2008 11:418 FROM: 8 & CONSTRUCTION 12/17/2000 12:26 3623711569

~ 구선

PERMIT NUMBER

Debris and organis-mattrial semoved Water drainage. Natural Swale Pad Water drainage. Natural Swale smits Floor. Type Fastener: Fastener: Length: Len

1

es Fastener: Inches Length: Ench Spacing: Research Spacing: Resear Aniermaissal semoved ing nails at 2" on center on both sides of the centerline. be centered over the peak of the roof and fastened with galv Gasket (westherprocess) Fastening multiwide units Sita Preparation Pad

at condensation, mold, maidew and buckled matriage walls are cony installed or no gasket being installed. I understand a strip t serve as a gaskef. properly installed gaskel is a requirement of all new and used

Bottom of ridgebeam Yes Between Walls Yes Between Floors Yes.

may installed so as not to allow intrusion of rain water.

crossovers protected. Yes stalled outside of skirting. fow yent installed outside of skirling. Yes pported at 4 feat intervals. installed. Yas

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

Jameston and Land

Luck X X John

source. This includes the bonding wire between multi-wide units.

Connext electrical conductors between multi-wide units, but not to the main power

包裹的农品

N Ŧ

Connect all sevier drains to an existing sewer top or septic tank. Pr

TO: 3523711569

MESTGATE

DEC-11-2003 11:418 FROM: B & B CONSTRUCTION

WESTGATE 38649T4866

TO:352371,1569

PAGE \$3/1

MOBILE HOME INSTALLER LIMIT POWER OF ATTORNEY

i9 €0	Wendy Grennell, Dale Burd or Rocky Ford to be my representative and act on my behalf in all aspects of applying for a mobile home permit to be placed on the following described property. Property located in
	Mobile Home Owner Name: Phillip + Theresa Marky
	Property Owner Name:
	911 Address: 808 SE may hall City Lake GL
	Sec: 35 Twp: 45 Rge; 17 Tax Parcel # 09030-060
	Signed: Ernest Schum Mobile Home Installer
	Sworp to and described before me this 19 day of DAC
	Notary public Policy
<u></u>	1 DANA A VAN EHON Personally known
•	Notary Name DL ID
	Roof day 1 Bur



WESTGATE

TO: 3523711569

PAGE 02/1

DEC-17-2008 11:41A FROM:A & B CONSTRUCTION

3864974866 TO: 3523711

MOBILE HOME INSTALLER AFFIDAVIT

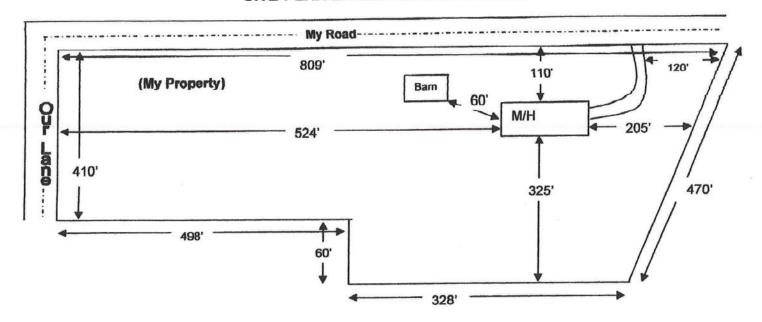
As per Florida Statues Section 320.6249 Mobile Home Installers License

Any person who engages in mobile home installation shall obtain a mobile home installer's license from the Bureau of Mobile Home and Recreational Vehicle Construction, of the Department of Highway Safety and Motor Vehicles pursuant to this section. Said license shall be renewed annually, and each licensee shall pay a fee of \$150

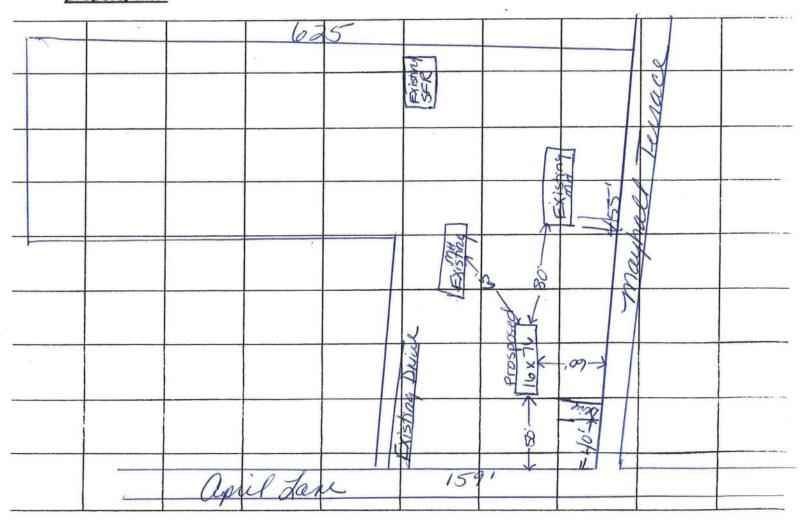
Enest S Mosow, license number H-0000 \$7, states that the installation of the manufactured home for Phillip + Therese manufactured at 911 Address: 808 5E mayball Terrace City Lake City will be done under my supervision.
Signed: Emest Solder Mobile Home Installer Sworn to and described before me this 19 day of Dec 2008
Notary public AUAn & Her
Notary Name DLID



SITE PLAN EXAMPLE / WORKSHEET



Use this example to draw your own site plan. Show all existing buildings and any other homes on this property and show the distances between them, Also show where the roads or roads are around the property. This site plan can also be used for the 911 Addressing department if you include the distance from the driveway to the nearest property line.



>> Print as PDF <<

BEG 4 SE1/4 FT, W E 625	77.75 E OF SWI 1 472.83	TT E OF 1/4, RUI 3 FT, N TO W R	SW COR N N 273 181.96 /W HOPE	OF .48 FT, FUL	MAR 164 WEL	KEY E 23 37 LBORN	PHILIF TH DR	M & 1 32094	THER	ESA J	35-4	s-17·	-0903	0-060 PRII APPI	NTED	8/04/20 10/03/20		olumbia 3:57	a Cou
BUSE	000100	SINGLE	FAM	AE?	Y 9	1	843 F	ITD AR	EA	96.1	27 IND	EX	354	17.00	DIST	3	·	PUSE	000
30% RSTR RCVR %	08 WD 0 03 GABI 03 COME N/A	DR PLY DE/HIP D SHNGL	BDRM RMS UNTS C-W%		3	FIELD LOC:	0.00 % CK: 740	MAY H	ALL	50,569 TERR SE	LAKE	G VA	L 	1964	EYB 3	(PUD1 AC NTCD APPR	CD :	3.880	
FLOR	N/A 06 VINY 14 CARE	L ASB	PMTR STYS ECON	1	3 1.0 3	+1 IUOF +1	2-+ 1993 2-+	+ 1 0	12-+	20	: 0	+1: 1 2	2-+	W.	3 3	SUBD BLK LOT			
A/C QUAL FNDN	03 CENT 05 05 N/A	RAL	SPCD DEPR UD-1	AP 20. 52 N/A	.00 3 3 3	1 6 +1	1BA 2 .2-+	UO	P199	3	I IUST:	+-7+ 1993 2	19936	1 1 2	3 3 3	TXDT	00)3	· mn
CEIL ARCH FRME KTCH	N/A N/A 01 NONE 01 01	1	UD-3 UD-4 UD-5 UD-6	N/A N/A N/A N/A	3 3 3		Ĭ +	25		+18 IUOP199 +18	í : 3 I	1 15-+-	11-	, +	3 3 3	MKT A (PUD1 AC NTCD APPR CNDO SUBD BLK LOT MAP# TXDT BAS1993=W W23 BA 12 S16 E 18\$ E18 E11 N27\$	W6 N: 20 S199:	12 W12 U3=N4 UC	S12 JOP19 P199
WNDO CLAS OCC COND	N/A N/A N/A 03 03		UD-7 UD-8 UD-9	N/A N/A N/A N/A	3 3 3										3 3 3	18\$ E18 E11 N27\$	N27\$8	327 E15	N20
	1843	% E- 3 100 5 45 20	1843	45	176 3										3	NUMBER 15214 13591	M H M H		SALE
					3 3 3										3	BOOK P. 1137 GRANTOR I GRANTEE	1643 MARY	12/03 L PAFF	7200 ORD
TOTAL	2499 EXTRA	FEATUR	2063 RES	50)569				F	IELD CK						GRANTOR GRANTEE			
	0190 0294	FPLC I	ESC PE	LEN	WID	HGHT	QTY 1	QL	YR 00 1	ADJ .00	UNI 1.0	000 t	JT JT	PRI 1600.	CE .000	ADJ UT	PR 000	SPCD %	1
(1 (0070 0269 0120 0296	CARPOR RVP HO CLFENO SHED N	RT UF DOKUP CE 4 METAL	12	24		1 1 1 1	000 000 200 200	00 1 00 1 05 1 05 1	.00	1.0 3.0 1.0	000 t	JT JT JT JT	150. 1500. 600. 400.	.000	1600. 2. 150. 1500. 600. 400.	000 000 000 000		1 1 1 1
AE C	AND DODE		ZONE TOPO A-1	ROAD UTIL		{UD3 {UD4	FRONT	DEPT	H F	IELD CK	: MENTS			UNI	TS U	T P	RICE	ADJ	UT P

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:

11/6/2008

DATE ISSUED:

11/7/2008

TER

ENHANCED 9-1-1 ADDRESS:

808

SE MAYHALL

FI 32025

PROPERTY APPRAISER PARCEL NUMBER:

35-48-17-09030-060

Remarks:

Address Issued By: Columbia County 9-1-1 Addressing / GIS Department

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

1325

This Instrument Prepared by & return to:

Name:

Brenda Styons, an employee of

TITLE OFFICES, LLC

Address:

343 NW COLE TERRACE, SUITE 105

LAKE CITY, FLORIDA 32055

File No. 07Y-10007BS

Parcel I.D. #: 09030-060

SPACE ABOVE THIS LINE FOR PROCESSING DATA

Inst:200712026762 Date:12/5/2007 Time:11:51 AM
Doc Stamp-Deed:910.00

DC,P DeWitt Cason,Columbia County Page 1 of 2

THIS WARRANTY DEED Made the 3rd day of December, A.D. 2007, by

MARY L. PAFFORD,

SINGLE

hereinafter called the grantor, to

PHILIP M. MARKEY and THERESA J. MARKEY, HIS WIFE, whose post office address is

16423 37TH DR., WELLBORN, FL 32094, hereinafter called the grantees:

(Wherever used herein the terms "grantor" and "grantees" include all the parties to this instrument, singular and plural, the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporations, wherever the context so admits or requires.)

Witnesseth: That the grantor, for and in consideration of the sum of \$10.00 and other valuable consideration, receipt whereof is hereby acknowledged, does hereby grant, bargain, sell, alien, remise, release, convey and confirm unto the grantees all that certain land situate in Columbia County, State of Florida, viz:

PARCEL 1

SECTION 35, TOWNSHIP 4 SOUTH, RANGE 17 EAST:

COMMENCE AT THE SOUTHWEST CORNER OF THE SE ¼ OF THE SW ¼ AND RUN THENCE N 89°35'44" E ALONG THE SOUTH LINE OF SAID SE ¼ OF SW ¼ A DISTANCE OF 477.75 FEET TO THE POINT OF BEGINNING; THENCE N 7°52'58" E 273.48 FEET; THENCE S 89°35'44" W 472.83 FEET TO THE WEST LINE OF AFORESAID SE ¼ OF SW ¼; THENCE N 7°52'58" E ALONG THE WEST LINE OF SAID SE ¼ OF SW ¼ 181.96 FEET; THENCE N 89°35'44" E 625.50 FEET TO THE WEST RIGHT-OF-WAY LINE OF A 50 FOOT COUNTY GRADED ROAD KNOWN AS HOPEFUL CIRCLE SOUTH; THENCE S 6°23'24" W ALONG SAID WEST RIGHT-OF-WAY LINE 455.28 FEET TO THE SOUTH LINE OF SAID SE ¼ OF SW ¼; THENCE S 89°35'44" W ALONG THE SOUTH LINE OF SAID SE ¼ OF SW ½ 159.25 FEET TO THE POINT OF BEGINNING. SUBJECT TO COUNTY ROAD RIGHT-OF-WAY ALONG THE SOUTH SIDE THEREOF, AND SUBJECT TO POWER LINE EASEMENT.

PARCEL 2

A STRIP OF LAND LYING NORTH OF THE AFORMENTIONED PARCEL OF LAND SITUATED IN SECTION 35, TOWNSHIP 4 SOUTH, RANGE 17 EAST, COLUMBIA COUNTY, FLORIDA MORE PARTICULARLY DESCRIBED AS FOLLOWS: COMMENCE AT THE SOUTHWEST CORNER OF THE SE ¼ OF THE SW ¼ AND RUN THENCE N 89°35'44" E, ALONG THE SOUTH LINE OF SAID SE ¼ OF SW ¼, A DISTANCE OF 637.00 FEET TO THE WEST RIGHT-OF-WAY LINE OF A 50- FOOT COUNTY GRADED ROAD KNOWN AS HOPEFUL CIRCLE SOUTH; THENCE N 06°23'24" E, ALONG SAID WEST RIGHT-OF-WAY LINE A DISTANCE OF 455.28 FEET TO THE POINT OF BEGINNING; THENCE S 89°35'44" W, 197.03 FEET; THENCE N 00°24'16" W, 8.50 FEET; THENCE N 89°35'44" E, 198.09 FEET TO SAID WEST RIGHT-OF-WAY LINE; THENCE S 06°23'24" W, ALONG SAID WEST RIGHT-OF-WAY LINE; THENCE S 06°23'24" W, ALONG SAID WEST RIGHT-OF-WAY LINE A DISTANCE OF 8.56 FEET TO THE POINT OF BEGINNING.

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 grantees that she is lawfully seized of said land in fee simple; that she has good right and lawful authority to sell and convey said land, and 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, 2007.

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

Signed, sealed and delivered in the presence of:

Witness Signature

DENNI

Printed Name

Address:

740 SE MAYHALL TERR, LAKE CITY, FL 32025

STATE OF FLORIDA COUNTY OF COLUMBIA

The foregoing instrument was acknowledged before me this 3rd day of December, 2007, by MARY L. PAFFORD, who is known to me or who has produced _ Driver's Liceuse as identification.

MARTHA BRYAN Commission DD 675924 Expires August 10. 2011 Vended Thru Troy Fen Insurance 800-381

Notary Public

My commission expires

Martha Bryan

App# 0812-19

STATE OF FLORIDA DEPARTMENT OF HEALTH

08-0785-L

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number ----- PART II - SITEPLAN -----Scale: 1 inch = 50 feet. 466 MUKTIPLE BUILDINGS SEE ATTACHED 248 120 80 APRIL LANE SE Site Plan submitted by: MASTER CONTRACTOR Plan Approved Not Approved Date 12-29-08 By _ County Health Department

App 0812-19

BAYE RECEIVED 12-22-08 BY LH IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED?
OWNERS HAME Phillip + Theresa Martin PHONE 386-963-3360 CELL
ADDRESS 16423 37 Drive Wellborn FL 32094
MOBILE HOME PARK NO SUBDIVISION NO
DRIVING IMPECTIONS TO MOBILE HOME HOME HOW 41 South to CR 133 Cathed marking
tun (b) to mayhall Ferrace turn (e) to end property on
MODILE HOME INSTALLER Erust 5. Johnson PHONE (EU 352-236-345
MOBILE HOME INFORMATION (ELL 352-236-348)
MAKE Fleetwood YEAR 98 SIZE 28 x 56 COLOR White
SERIAL No. GAFL V34 A/B2-1062
WHIRD ZONE Must be wind zone II or bigher NO WIND ZONE ALLOWED
INTERIOR: (P or P) · P= PASS F= FAILED IMSPECTION STANDARDS
SMOKE DETECTOR () OPERATIONAL () MISSING
FLOURS () SOLID () WEAK () HOLES DAMAGED LOCATION
DOORS () OPERABLE () DAMAGED
WALLS () SOLID () SYRUCTURALLY BISDUND
WINDOWS () OPERABLE () INOPERABLE
PLUMBING FIXTURES () OPERABLE () INOPPRABLE () MISSING
CEILING () SOLIB () HOLES () LEAKS APPARENT
EXTENION:
WALLS / SIDDING () LOOSE SIDING () STRUCTURALLY UNSDUND () NOT WEATHERTIGHT () NEEDS CLEANING
WINDOWS () CRACKED/ BROKEN GLASS () SCREENS MISSING () WEATHERTIGHT
ROOF () APPEARS SOLID () DAMAGED
STATUS: APPROYED WITH CONDITIONS:
NOT APPROVED NEED NEINSPECTION FOR FOLLOWING CONDITIONS
SIGHATURE At S. P. U ID NUMBER 402 DATE 12-29-08



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 35-4S-17-09030-060

Building permit No. 000027552

Permit Holder **ERNEST JOHNSON**

Owner of Building PHILLIP & THERESA MARKEY

Location: 808 SE MAYHALL TERRACE

Date: 02/02/2009

Building Inspector

POST IN A CONSPICUOUS PLACE (Business Places Only)