

DATE 03/06/2013

Columbia County Building Permit

PERMIT

This Permit Must Be Prominently Posted on Premises During Construction

000030826

APPLICANT JAY DAVIS PHONE 386-961-1482
ADDRESS PO BOX 1508 LAKE CITY FL 32056
OWNER JAY DAVIS PHONE 961-1482
ADDRESS 170 NW KENNY COURT LAKE CITY FL 32055
CONTRACTOR BERNIE THRIFT PHONE 623-0046
LOCATION OF PROPERTY 44IN, TL ON 25A, TR ON BELL, TL ON MAXMORE, L KENNY CRT,
5TH LOT ON LEFT, SEE # 170
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 RR MAX. HEIGHT 35
Minimum Set Back Requirments: STREET-FRONT 25.00 REAR 15.00 SIDE 10.00
NO. EX.D.U. 5 FLOOD ZONE X DEVELOPMENT PERMIT NO.

PARCEL ID 12-3S-16-02080-000 SUBDIVISION DAVIS RENTALS #4
LOT 170 BLOCK PHASE UNIT 0 TOTAL ACRES 4.00

IH1025155
Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor
EXISTING 12-0294-M BK TM N
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: SECTION 2.3.8, REPLACING EXISTING MH IN MH PARK
FLOOR ONE FOOT ABOVE THE ROAD

Check # or Cash 7892

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

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

BUILDING PERMIT FEE \$ 0.00 CERTIFICATION FEE \$ 0.00 SURCHARGE FEE \$ 0.00
MISC. FEES \$ 250.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 0.00 WASTE FEE \$
FLOOD DEVELOPMENT FEE \$ FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$ TOTAL FEE 325.00
INSPECTORS OFFICE CLERKS OFFICE

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.

NOTICE: ALL OTHER APPLICABLE STATE OR FEDERAL PERMITS SHALL BE OBTAINED BEFORE COMMENCEMENT OF THIS PERMITTED DEVELOPMENT.

"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 NOT SUSPENDED, ABANDONED OR INVALID WHEN THE PERMIT HAS RECIEVED AN APPROVED INSPECTION WITHIN 180 DAYS OT THE PREVIOUS INSPECTION.

The Issuance of this Permit Does Not Waive Compliance by Permittee with Deed Restrictions.

Setup sheet

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-11) Zoning Official RLK 28 Feb. 2013 Building Official TM 2/25/13
AP# 1302-38 Date Received 2-25-13 By LH Permit # 30826
Flood Zone X Development Permit N/A Zoning RR Land Use Plan Map Category RES.V.2.Dev.
Comments Section 2.3.8, Replacing Existing MH
FEMA Map# N/A Elevation N/A Finished Floor above RL River N/A In Floodway N/A
☒ Site Plan with Setbacks Shown ☒ EH # 13-0093 ☐ EH Release ☒ Well letter ☒ Existing well
☒ Recorded Deed or Affidavit from land owner ☒ Installer Authorization ☒ State Road Access ☒ 911 Sheet
☐ Parent Parcel # ☐ STUP-MH ☒ F W Comp. letter ☒ VF Form
IMPACT FEES: EMS _____ Fire _____ Corr _____ ☒ Out County ☒ In County
Road/Code _____ School _____ = TOTAL _____ Impact Fees Suspended March 2009 _____

Property ID # 12-35-14 D2080-000 Subdivision Jay Davis Rentals #4 Lot 170
▪ New Mobile Home _____ Used Mobile Home ✓ MH Size 14x70 Year 2007
▪ Applicant Jay Davis Phone # 386 961-1482
▪ Address PO Box 1508 CFE/320.56-1508
▪ Name of Property Owner Jay Davis Phone # 386 961-1482
▪ 911 Address 170 NW Kenny Ct Lake City FL 32055
▪ Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Progress Energy
▪ Name of Owner of Mobile Home SAME Phone # _____
Address _____
▪ Relationship to Property Owner Owner
▪ Current Number of Dwellings on Property 5
▪ Lot Size 871x200 Total Acreage 4AC
▪ 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 (Yes)
▪ Driving Directions to the Property 441 N L 25A @ Bell @ Maxmore
① Kenny Ct 40170 NW Kenny Ct
▪ Name of Licensed Dealer/Installer Bernie Thrift Phone # 623 0046
▪ Installers Address 5557 NW Falling Creek Rd White Springs FL 32096
▪ License Number 1H1025155 Installation Decal # 14633

Spoke Jay 3.6.13

COLUMBIA COUNTY PERMIT WORKSHEET

page 1 of 2

These worksheets must be completed and signed by the installer.
Submit the originals with the packet.

Installer Bennie Thrift License # TH1025155

911 Address where home is being installed. 170 NW Kennedy Ct

Manufacturer Scotlbilt Length x width 14x70

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

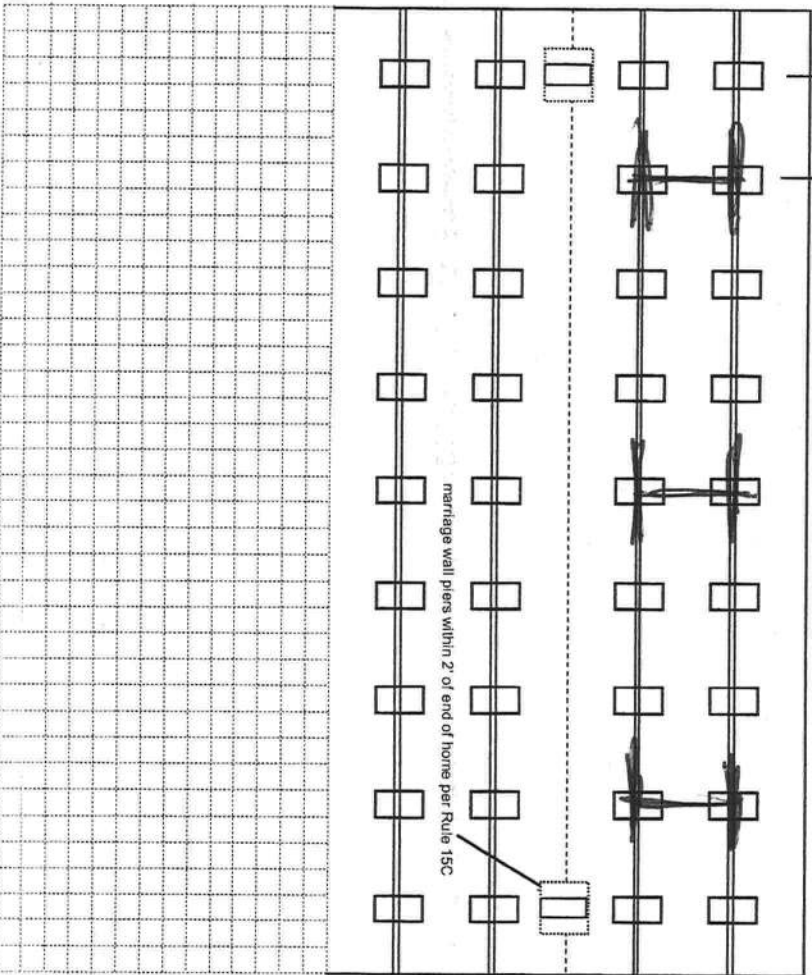
BT

Typical pier spacing



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

marriage wall piers within 2' of end of home per Rule 15C



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 # 14693

Triple/Quad ☐ Serial # 5046A-146062172

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	16" x 16" (256)	18 1/2" x 18 (342)	20" x 20" (400)	22" x 22" (484)*	24" x 24" (576)*	26" x 26" (676)
1000 psf	3'	4'	5'	6'	7'	8'
1500 psf	4' 6"	6'	7'	8'	8'	8'
2000 psf	6'	8'	8'	8'	8'	8'
2500 psf	7' 6"	8'	8'	8'	8'	8'
3000 psf	8'	8'	8'	8'	8'	8'
3500 psf	8'	8'	8'	8'	8'	8'

* Interpolated from Rule 15C-1 pier spacing table.

PIER PAD SIZES

I-beam pier pad size

20x20

Perimeter pier pad size

16x16

Other pier pad sizes (required by the mfg.)

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

NA

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)

Manufacturer

Longitudinal Stabilizing Device w/ Lateral Arms

Manufacturer

Oliver Systems

OTHER TIES

Number

Sidewall

28

Longitudinal

4

Marriage wall

NA

Shearwall

2

FRAME TIES

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

4 ft

5 ft

ANCHORS

Pad Size	Sq In
16 x 16	256
16 x 18	288
18.5 x 18.5	342
16 x 22.5	360
17 x 22	374
13 1/4 x 26 1/4	348
20 x 20	400
17 3/16 x 25 3/16	441
17 1/2 x 25 1/2	446
24 x 24	576
26 x 26	676

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 2000 psf or check here to declare 1000 lb. soil without testing.

X 2000 X 2500 X 2000 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 2500 X 2000 X 2000 X 2000

TORQUE PROBE TEST

The results of the torque probe test is _____ inch pounds or check here if you are declaring 5' anchors without testing. A test showing 275 inch pounds or less will require 5 foot anchors.

Note: A state approved lateral arm system is being used and 4 ft. anchors are allowed at the 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

Bernie Thift

Date Tested

2-14-13

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. 5

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 5

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 5

Site Preparation

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

Fastening multi wide units

Floor: Type Fastener: _____ Length: _____ Spacing: _____
Walls: Type Fastener: _____ Length: _____ Spacing: _____
Roof: Type Fastener: _____ Length: _____ Spacing: _____
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 Pg. _____

Installed:

Between Floors Yes _____
Between Walls Yes _____
Bottom of ridgebeam Yes _____

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. Yes _____

Miscellaneous

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

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

Installer Signature

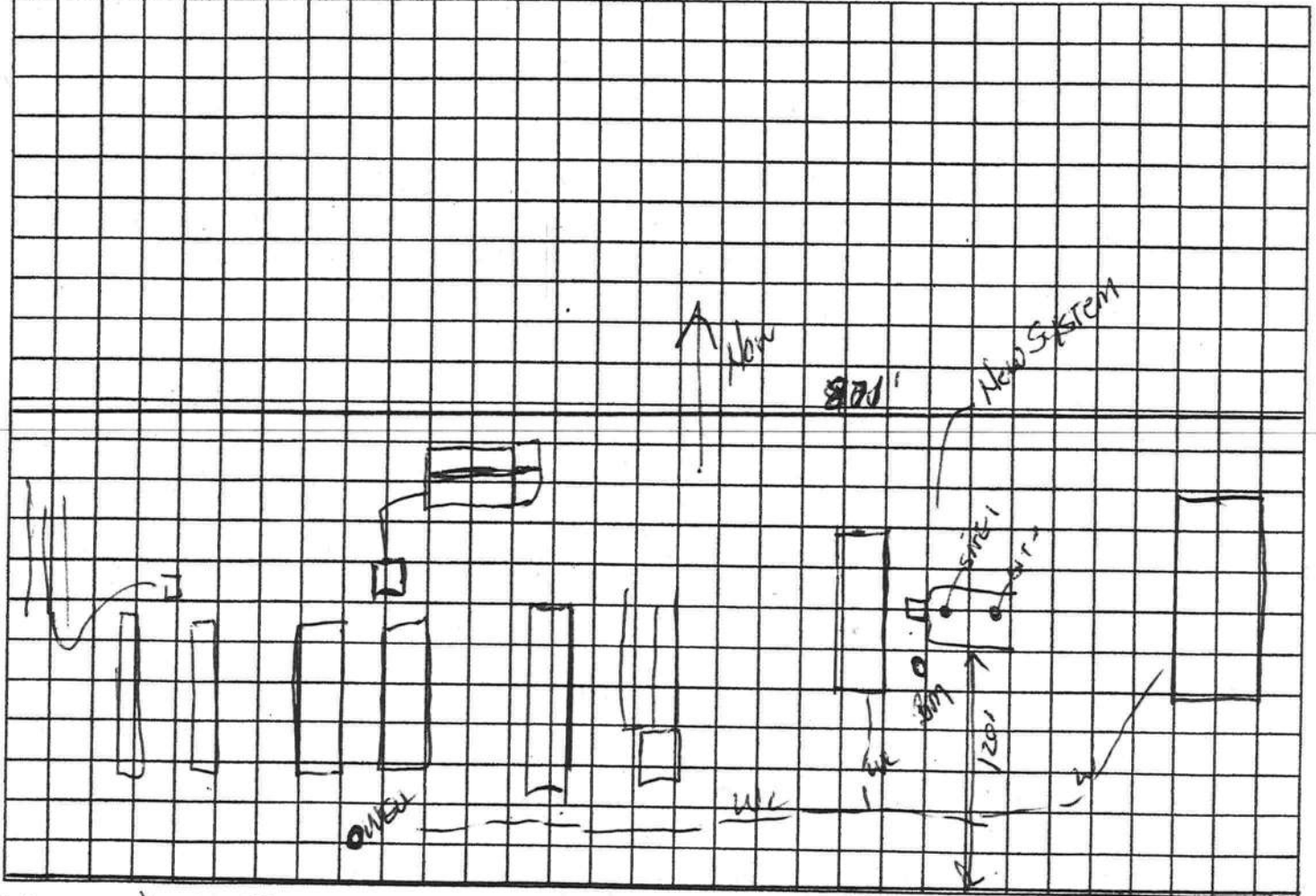
Bernie Thift

Date

2-14-13

Permit Application Number 13-0093

Scale: Each block represents ²⁰~~10~~ feet and 1 inch = ⁴⁰~~40~~ feet.



Notes: Jay Davis
170 Kennel Ct.

Site Plan submitted by: Robert J. Kelly 2-19-13

Plan Approved X

Not Approved

By Sadeh Ford Env Health Director Cumbria

Agent

Date 2-25-13

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Columbia County Property Appraiser

CAMA updated: 2/1/2013

2012 Tax Year

Parcel: 12-3S-16-02080-000

<< Next Lower Parcel Next Higher Parcel >>

Tax Collector

Tax Estimator

Property Card

Parcel List Generator

Interactive GIS Map

Print

Search Result: 1 of 1

Owner & Property Info

Owner's Name	DAVIS JAY S		
Mailing Address	P O BOX 1508 LAKE CITY, FL 32056		
Site Address	154 NW KENNY CT		
Use Desc. (code)	MOBILE HOM (000202)		
Tax District	3 (County)	Neighborhood	12316
Land Area	4.000 ACRES	Market Area	06
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction.		
BEG SE COR OF SW1/4 OF SE1/4, RUN W 200 FT, N 871 FT, E 200 FT, S 871 FT TO POB. ORB 652-467, TD 1210-1394, FJ 1217-199(QUIET TITLE)			



Property & Assessment Values

2012 Certified Values		
Mkt Land Value	cnt: (0)	\$24,200.00
Ag Land Value	cnt: (5)	\$0.00
Building Value	cnt: (4)	\$37,596.00
XFOB Value	cnt: (0)	\$0.00
Total Appraised Value		\$61,796.00
Just Value		\$61,796.00
Class Value		\$0.00
Assessed Value		\$61,796.00
Exempt Value		\$0.00
Total Taxable Value	Cnty: \$61,796 Other: \$61,796 Schl: \$61,796	

2013 Working Values

NOTE:
2013 Working Values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

Show Working Values

Sales History

Show Similar Sales within 1/2 mile

Sale Date	OR Book/Page	OR Code	Vacant / Improved	Qualified Sale	Sale RCode	Sale Price
2/28/2011	1210/1394	TD	V	U	18	\$8,600.00
5/6/1988	652/467	WD	V	U		\$10,000.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	MOBILE HME (000800)	1985	(31)	1248	2548	\$10,078.00
2	MOBILE HME (000800)	1995	BELOW AVG. (03)	1056	1136	\$7,828.00
3	MOBILE HME (000800)	1988	AL SIDING (26)	924	1004	\$6,106.00
4	MOBILE HME (000800)	1997	AL SIDING (31)	858	938	\$11,750.00
5	MOBILE HME (000800)	1995	AL SIDING (31)	1216	1296	\$15,863.00
Note: All S.F. calculations are based on exterior building dimensions.						

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
------	------	----------	-------	-------	------	--------------------

NONE

Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
000200	MBL HM (MKT)	3 AC	1.00/1.00/0.80/1.00	\$4,487.67	\$13,463.00
000102	SFR/MH (MKT)	1 AC	1.00/1.00/0.80/1.00	\$4,487.00	\$4,487.00
009945	WELL/SEPT (MKT)	2 UT - (0000000.000AC)	1.00/1.00/1.00/1.00	\$2,000.00	\$4,000.00
009947	SEPTIC (MKT)	2 UT - (0000000.000AC)	1.00/1.00/1.00/1.00	\$750.00	\$1,500.00
009947	SEPTIC (MKT)	1 UT - (0000000.000AC)	1.00/1.00/1.00/1.00	\$750.00	\$750.00

Columbia County Property Appraiser

CAMA updated: 2/1/2013

1 of 1

DISCLAIMER

This information was derived from data which was compiled by the Columbia County Property Appraiser Office solely for the governmental purpose of property assessment. This information should not be relied upon by anyone as a determination of the ownership of property or market value. No warranties, expressed or implied, are provided for the accuracy of the data herein, it's use, or it's interpretation. Although it is periodically updated, this information may not reflect the data currently on file in the Property Appraiser's office. The assessed values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.



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

MOBILE HOME INSTALLERS AGENT AUTHORIZATION

I, Bernie Thrift, give this authority and I do certify that the below
Installers Name

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

Printed Name of Authorized Person	Signature of Authorized Person	Agents Company Name
Jay Davis	Jay Davis	Jay Davis Rentals

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

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

Bernie Thrift
License Holders Signature (Notarized)

IH1025155
License Number

2-14-13
Date

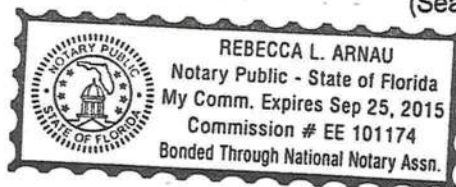
NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Bernie Thrift,
personally appeared before me and is ~~known by me~~ or has produced identification
(type of I.D.) _____ on this 15 day of February, 20 13.

Rebecca L. Arnaud
NOTARY'S SIGNATURE

(Seal/Stamp)



MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1302-38 CONTRACTOR Bernie Thrift PHONE 623 0046

THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

In Columbia County one permit will cover all trades doing work at the permitted site. It is REQUIRED that we have records of the subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and Ordinance 89-6, a contractor shall require all subcontractors to provide evidence of workers' compensation or exemption, general liability insurance and a valid Certificate of Competency license in Columbia County.

Any changes, the permitted contractor is responsible for the corrected form being submitted to this office prior to the start of that subcontractor beginning any work. Violations will result in stop work orders and/or fines.

<input checked="" type="checkbox"/> ELECTRICAL	Print Name <u>Jay Davis</u>	Signature <u>Jay Davis</u>
	License #:	Phone #: <u>961-1487</u>
<input checked="" type="checkbox"/> MECHANICAL/ A/C	Print Name <u>Jay Davis</u>	Signature <u>Jay Davis</u>
	License #:	Phone #: <u>961-1487</u>
<input checked="" type="checkbox"/> PLUMBING/ GAS	Print Name <u>Bernie Thrift</u>	Signature _____
	License #: <u>IH1025155</u>	Phone #: _____

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			

F. S. 440.103 Building permits; identification of minimum premium policy.--Every employer shall, as a condition to applying for and receiving a building permit, show proof and certify to the permit issuer that it has secured compensation for its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each time the employer applies for a building permit.

Tracy is done
- 2/13/13

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

NO APPL

DATE RECEIVED 2-13-13 BY TW IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? YES
OWNERS NAME Jay Davis PHONE _____ CELL 961-1482
ADDRESS PO Box 1508 COR 32056
MOBILE HOME PARK Jay Davis Rental SUBDIVISION 140 NW Kenny Ct
DRIVING DIRECTIONS TO MOBILE HOME 441 N (L) 25A (R) Bell (L) Maxmore
(L) on Kenny

MOBILE HOME INSTALLER Bernie Thrift PHONE _____ CELL 961-1482

MOBILE HOME INFORMATION

MAKE Scottbilt YEAR 2007 SIZE 14 X 66 COLOR CLAY

SERIAL No. SBHGA-146062172

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

P SMOKE DETECTOR () OPERATIONAL () MISSING
P FLOORS () SOLID () WEAK () HOLES DAMAGED LOCATION _____
P DOORS () OPERABLE () DAMAGED
P WALLS () SOLID () STRUCTURALLY UNSOUND
P WINDOWS () OPERABLE () INOPERABLE
P PLUMBING FIXTURES () OPERABLE () INOPERABLE () MISSING
P CEILING () SOLID () HOLES () LEAKS APPARENT
P ELECTRICAL (FIXTURES/OUTLETS) () OPERABLE () EXPOSED WIRING () OUTLET COVERS MISSING () LIGHT
FIXTURES MISSING

EXTERIOR:

P WALLS / SIDING () LOOSE SIDING () STRUCTURALLY UNSOUND () NOT WEATHERTIGHT () NEEDS CLEANING
P WINDOWS () CRACKED/ BROKEN GLASS () SCREENS MISSING () WEATHERTIGHT
P ROOF () APPEARS SOLID () DAMAGED

STATUS

APPROVED ✓ WITH CONDITIONS: Fix Walls & Water Heater Missing

NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE Jay Cur ID NUMBER 306 DATE 2-14-13

200'

Pt 02 080-000

24

50

Lot 206

Doublewide

Replacing in same spot →

170

160

140

130

120

102

128

821'

NW Kenny Ct.

NW Moore Dr.

25-A

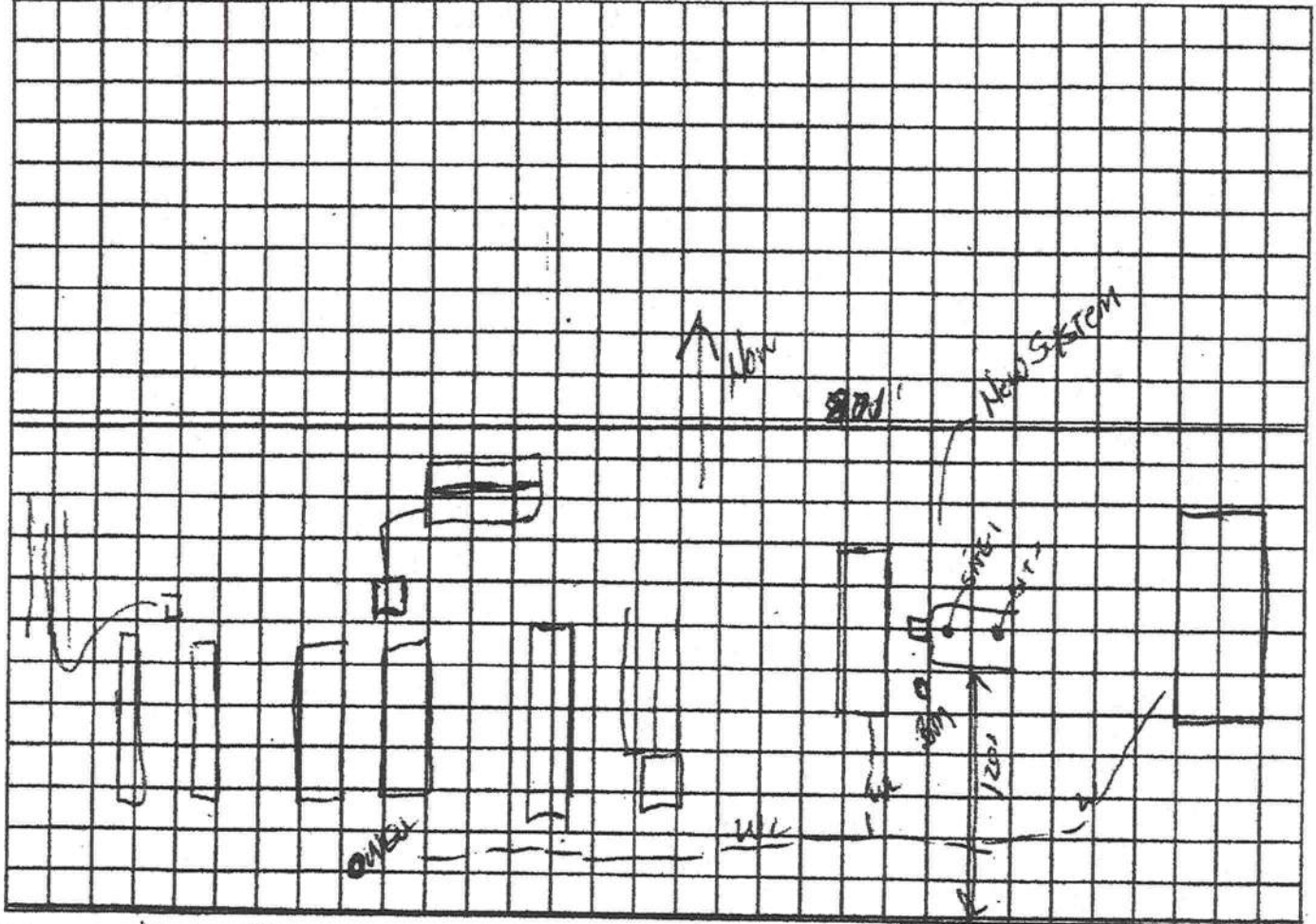
Bell Rd.

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 13-0093

----- PART II - SITEPLAN -----

Scale: Each block represents ^{20'}~~10'~~ feet and 1 inch = ^{40'}~~40'~~ feet.



Notes: Jay Davis
170 Kennel Ct.

Site Plan submitted by: Robert J. Jolly 2-19-13

Plan Approved _____ Not Approved _____

By _____ Date _____
County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

TAX DEED

State of Florida

Cert. No. 466 of 2008

Parcel No. 02080-000

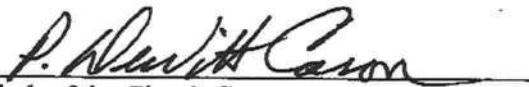
County of Columbia

The following Tax Certificate numbered 466 issued on May 31, 2008 was filed in the office of the Tax Collector of this County and application made for the issuance of a Tax Deed, the applicant having paid or redeemed all other taxes or tax certificates on the land described as required by law to be paid or redeemed, and the costs and expenses of this sale, and due notice of sale having been published as required by law, and no person entitled to do so having appeared to redeem said land; such land was on the 28th day of February, 2011, offered for sale as required by law for cash to the highest bidder and was sold to **Jay S. Davis**, whose mailing address is, 1925 NW Lake Jeffery Road, Lake City, FL 32055, being the highest bidder and having paid the sum of his/her bid as required by the Laws of Florida.

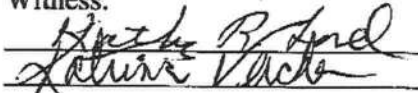
NOW, on this 28th day of February, 2011, in the County of Columbia, State of Florida, in consideration of the sum of (\$8,525.00) **eight thousand five hundred twenty-five dollars and zero cents**, being the amount paid pursuant to the Laws of Florida, does hereby sell the following lands situated in the County and State aforesaid and described as follows:

SEC 12 TWN 3S RNG 16 PARCEL NUMBER: 02080-000

BEG SE COR OF SW ¼ OF SE ¼, RUN W 200 FT, N 871 FT, E 200 FT, S 871 FT TO POB. ORB 652-467


Clerk of the Circuit Court
Columbia County, Florida

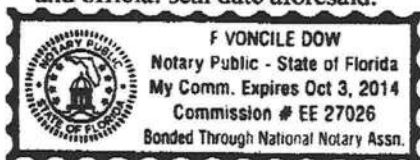
Witness:

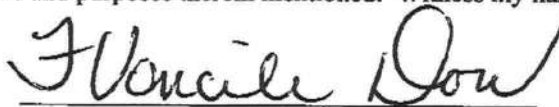


State of Florida
County of Columbia

Inst: 201112003018 Date: 3/1/2011 Time: 8:22 AM
Stamp-Deed: 60 20
DC, P. DeWitt Cason, Columbia County Page 1 of 3 B:1210 P:1394

On this 28TH day of February, 2011, before me personally appeared P. DeWitt Cason, Clerk of Circuit Court in and for Columbia County Florida, known to me to be the person described in, and who executed the foregoing instrument, and acknowledged the execution of this instrument to be his own free act and deed for the use and purposes therein mentioned. Witness my hand and official seal date aforesaid.




NOTARY PUBLIC

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: 5/11/2011 DATE ISSUED: 5/23/2011

ENHANCED 9-1-1 ADDRESS:

170 NW KENNY

CT

LAKE CITY FL 32055

PROPERTY APPRAISER PARCEL NUMBER:

12-3S-16-02080-000

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.



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

PERMIT NO. 13-0093
DATE PAID: 2/15/13
FEE PAID: 320.00
RECEIPT #: 1098225

APPLICATION FOR:

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

APPLICANT: Jay DavisAGENT: Robert W Ford JR HFST incTELEPHONE: 755-6372MAILING ADDRESS: 580 NW Goodnow Rd LC FL 32055

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3) (m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION

LOT: 170 BLOCK: / SUBDIVISION: 12-35-16 PLATTED: _____

PROPERTY ID #: 02030-000 ZONING: MH Park I/M OR EQUIVALENT: [Y] (N)

PROPERTY SIZE: 4.00 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ $\leq 2000\text{GPD}$ ☐ $> 2000\text{GPD}$

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y] (N)

DISTANCE TO SEWER: NA FT

PROPERTY ADDRESS: 170 KENNY CT

DIRECTIONS TO PROPERTY: Hwy 441 to 25A TL Follow to Bell Rd
 T.R. Take left on Kenny Ct.

BUILDING INFORMATION

☒ RESIDENTIAL☐ COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	<u>MH</u>	<u>2</u>	<u>(924)</u> <u>14x66</u>	<u>JAY DAVIS</u>
2				
3	<u>single wide for</u>			
4	<u>Jay Davis #4</u>			

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Robert W Ford JRDATE: 2-19-13