DATE 01/11/2008

Columbia County Building Permit

This Permit Must Be Prominently Posted on Premises During Construction

PERMIT
000026604

APPLICANT ANGELICA CHRISTIE PHONE 904-509-2276

ADDRESS 1487 SE EBENEEZER RD LAKE CITY FL 32055

OWNER ANGELICA CHRISTIE PHONE 904-509-2276

ADDRESS 1487 SE EBENEEZER RD LAKE CITY FL 32055

CONTRACTOR TIM SWEAT PHONE 904-509-2276

LOCATION OF PROPERTY E 100, R 241, R 252, L EBENEZER RD, 2ND MILES TO DOUBLE GATES ON THE RIGHT

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. 1 FLOOD ZONE X DEVELOPMENT PERMIT NO. _____

PARCEL ID 31-4S-18-10519-012 SUBDIVISION _____

LOT ____ BLOCK ____ PHASE ____ UNIT ____ TOTAL ACRES 19.84

		IH0000815	Angelica Anna Christie
Culvert Permit No.	Culvert Waiver	Contractor's License Number	Applicant/Owner/Contractor

EXISTING	08-0001	CS	JH	Y
Driveway Connection	Septic Tank Number	LU & Zoning checked by	Approved for Issuance	New Resident

COMMENTS: FLOOR ONE FOOT ABOVE THE ROAD
DEDICATED 5 ACRES TO DWELLING

Check # or Cash CASH

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 $ 200.00 ZONING CERT. FEE $ 50.00 FIRE FEE $ 109.89 WASTE FEE $ 150.75

FLOOD DEVELOPMENT FEE $ ____ FLOOD ZONE FEE $ 25.00 CULVERT FEE $ ____ **TOTAL FEE** 535.64

INSPECTORS OFFICE L. H 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 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.

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 11-30-07) Zoning Official cfs 1/10/08 Building Official OK 7TH 1-10-08

AP# 0801 - 30 Date Received 1-9-07 By LH Permit # 26604

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

Comments Out of Co. form in packette - Pre-Inspection Approved

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

☑ Site Plan with Setbacks Shown ☑ EH # 08-0001 ☐ EH Release ☑ Well letter ☐ Existing well

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

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

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

31-4S-18

Property ID # R10519-012 Subdivision ⊗ N/A — Homestead - Southern Charm

- New Mobile Home _____ Used Mobile Home ✓ Year 1999
- Applicant ~~Tom's Mobile Home Service Tim Sweat~~ Angelica Christie Phone # 904 509 2276
- Address 11521 Mudlake Rd. Glen St. Mary, FL 32040
- Name of Property Owner Sean Martin + Angelica Ann Christie Phone# ⊗ 386-754-6690
- 911 Address 1487 SE Ebenezer Rd. 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 Angelica Ann Christie Phone # ⊗
  Address 1487 SE Ebenezer Rd. Lake City, FL 32055
- Relationship to Property Owner ~~Wife~~ Self
- Current Number of Dwellings on Property ~~NA~~ 1
- Lot Size ⊗ 5 Total Acreage ✕ 19.84
- Do you : Have (Existing Drive (Currently using)) or Private Drive (Blue Road Sign) or need Culvert Permit (Putting in a Culvert) or Culvert Waiver (Not existing but do not need a Culvert) (Circle one) 533.1
- Is this Mobile Home Replacing an Existing Mobile Home No (owes) (2nd unit Dedicated) (owes)
- Driving Directions to the Property ⊗ SR 100 East to CR 241 right to CR 252 right to Ebenezer Rd left @ 2 miles to double gate on right.

- Name of Licensed Dealer/Installer Tim Sweat Phone # 904 509 2276
- Installers Address 11521 Mudlake Rd, Glen St. Mary, FL 32040
- License Number IH-0000815 Installation Decal # 290607

Spoke to Tim 1/11/08 GT

CODE ENFORCEMENT DEPARTMENT
COLUMBIA COUNTY, FLORIDA
OUT OF COUNTY MOBILE HOME INSPECTION REPORT

COUNTY THE MOBILE HOME IS BEING MOVED FROM Baker Cty. FL

OWNERS NAME Sean + Angelina Christe PHONE 386 754 6690 CELL ~~386 754 6690~~

INSTALLER Tim Sweat PHONE 904-275-2767 CELL 904 509 2276

INSTALLERS ADDRESS 11521 Mud Lake Rd. West St Mary, FL 32040

MOBILE HOME INFORMATION

MAKE Homestead YEAR 1999 SIZE 80 x 32

COLOR Tan (Lt. Brown) SERIAL No. HMST 14005 ABGA

WIND ZONE II SMOKE DETECTOR 2 / appear to be working order

INTERIOR:
FLOORS Good structurl / need cleaning

DOORS 3 All good / Front need paint exterior

WALLS Good / need cleaning

CABINETS Good / one door missing

ELECTRICAL (FIXTURES/OUTLETS) Good / one trim cover missing

EXTERIOR:
WALLS / SIDDING Good / need washing

WINDOWS Good / one missing glass

DOORS Good / Front door need paint exterior

STATUS:
APPROVED ✓ NOT APPROVED

NOTES: Home meets requirements mainly needs cleaning

INSTALLER OR INSPECTORS PRINTED NAME Tim Sweat

Installer/Inspector Signature Tim Sweat License No IH0000815 Date 12-28-07

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.

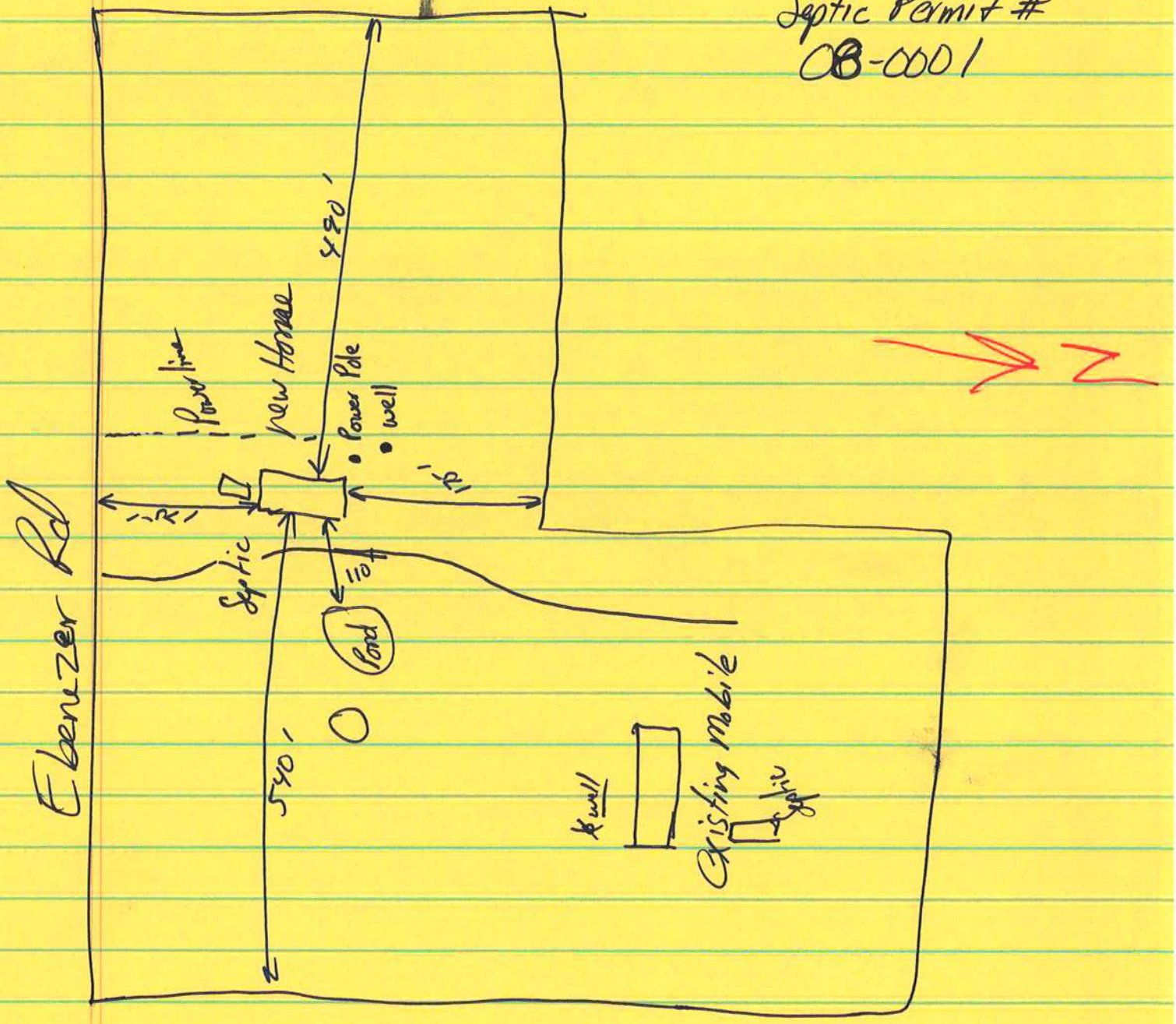
ONCE MOVED INTO COLUMBIA COUNTY AN INSPECTOR MUST COMPLETE A PRELIMINARY INSPECTION ON THE MOBILE HOME. CALL 386-719-2038 TO SET UP THIS INSPECTION. NO PERMIT WILL BE ISSUED BEFORE THIS IS DONE.

Code Enforcement Approval Signature _____ Date _____

Jw called Tim 1-7-08. To move one.

Sean Christie 386-754-1690
1487 SE Ebenezer Rd.
Lake City, FL 32025

Septic Permit #
08-0001



I, Sean M. Christie, am dedicating the S.E. 5 acres to the use of this new Home site for residential use by my family & I.

Sean M. Christie

1/9/08

1-8-07

Lori Jackson

This Instrument Prepared By:
Michael H. Harrell
Abstract & Title Services, Inc.
283 NW Cole Terrace
Lake City, Florida 32055
ATS# 16247

GENERAL WARRANTY DEED

Individual to Individual (or Corporation/LLC)

This Warranty Deed made this 26th day of January, 2007 by

Adhemar Pourbaix, A Single Person

hereinafter called the Grantor, to

Sean Martin Christie, and his wife, Angelicia Anna Christie

whose post office address is 9305 Pere Marquette, Clare, MI 48617, hereinafter called the Grantee.

(Wherever used herein the terms "Grantor" and "Grantee" include all the parties to this instrument and the heirs, legal representatives and assigns of Individuals, and the successors and assigns of Corporation.)

The Grantor, for and in consideration of the sum of $10.00 and other valuable considerations, receipt whereof is hereby acknowledged, hereby grants, bargains, sells, unto the Grantee all that certain land, situate in Columbia County, Florida, viz: TAX ID:R10519-012:

See Exhibit "A" attached hereto and by this reference made a part hereof.

Together with all the tenements, hereditaments, and appurtenances thereto belonging or in anyways appertaining.

To have and to hold, the same in fee simple forever.

And the Grantor hereby convenants with said Grantee that the Grantor is lawfully seized of said land in fee simple; that the Grantor has good right and lawful authority to sell and convey said land, and hereby warrants the title to said land and will defent 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, 2005.

In witness whereof, the said Grantor has signed and sealed these presents the day and year first above written.

Cheryl Beaty
WITNESS
Printed Name: Cheryl Beaty

Adhemar Pourbaix
Adhemar Pourbaix

Traci Landry
WITNESS
Printed Name: Traci LANDRY

State of Florida
County of Columbia

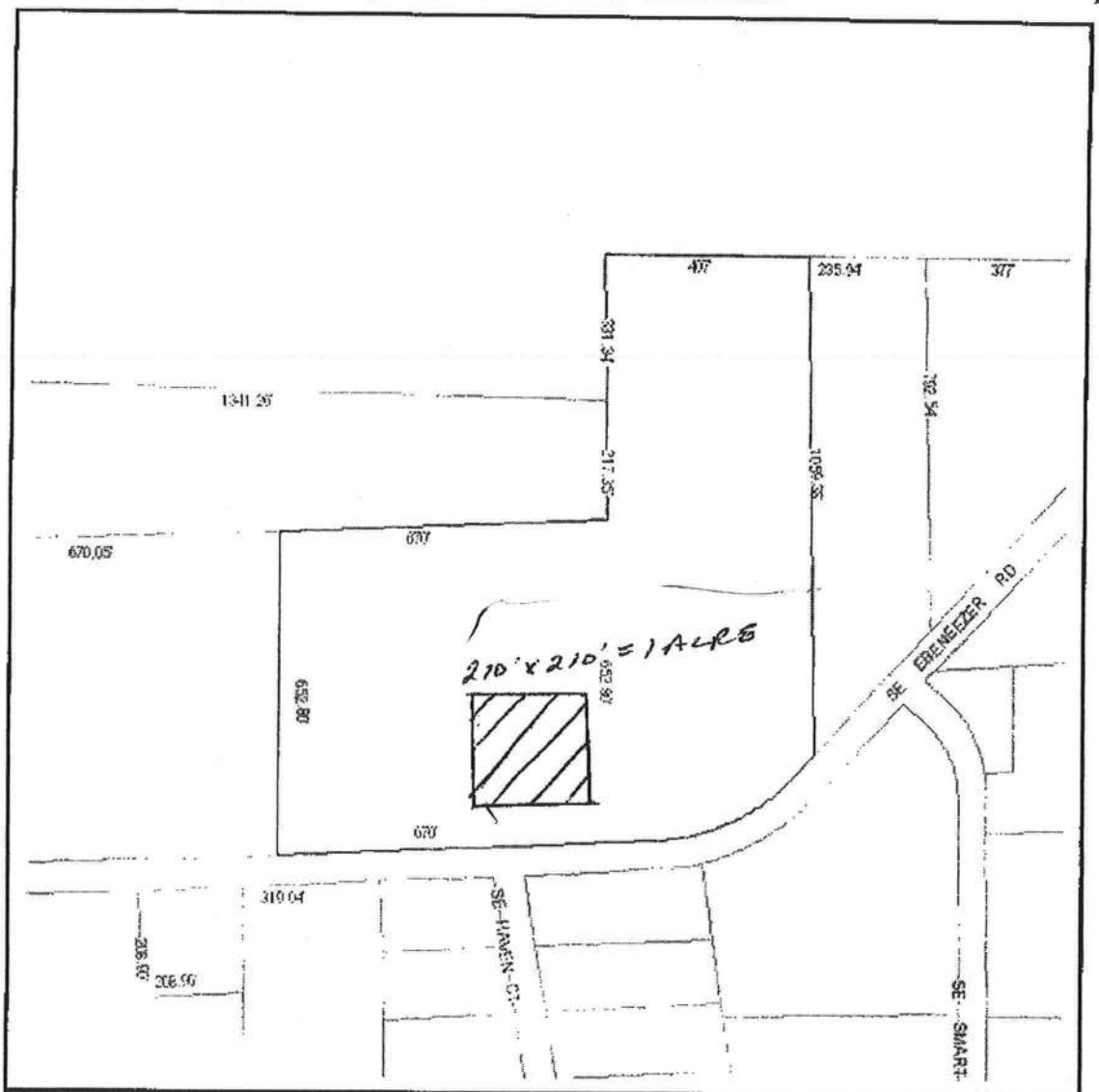
I hereby certify that on this 26th day of January, 2007, before me, an officer duly authorized to administer oaths and take acknowledgements, personally appeared Adhemar Pourbaix, A Single Person, who is personally known to me or produced a Drivers License for identification, and known to me to be the person described in and who executed the foregoing instrument, who acknowledged before me that he/she/they executed the same, and an oath was not taken.

(SEAL)

DORIS M DRAKE
MY COMMISSION # DD537517
EXPIRES: Apr. 5, 2010
(407) 398-0153 Florida Notary Service.com

NOTARY PUBLIC

My Commission Expires:

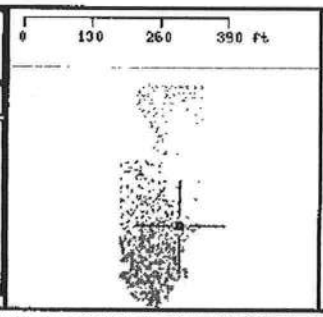


Columbia County Property Appraiser

J. Doyle Crews CFA - Lake City, Florida - 386-758-1083

PARCEL: 31-4S-18-10519-012 - MOBILE HOM (000200)

Name:	CHRISTIE SEAN MARTIN &	LandVal	$176,592.00
Site:	EBENEZER	BldgVal	$10,300.00
	ANGELICIA ANNA	ApprVal	$186,892.00
Mail:	1487 SE EBENEZER RD	JustVal	$186,892.00
	LAKE CITY, FL 32025	Assd	$186,892.00
Sales Info	1/26/2007 $236,000.00 I / Q	Exmpt	$0.00
	4/23/2004 $70,100.00 I / Q	Taxable	$186,892.00
	10/18/1990 $7,500.00V / Q		



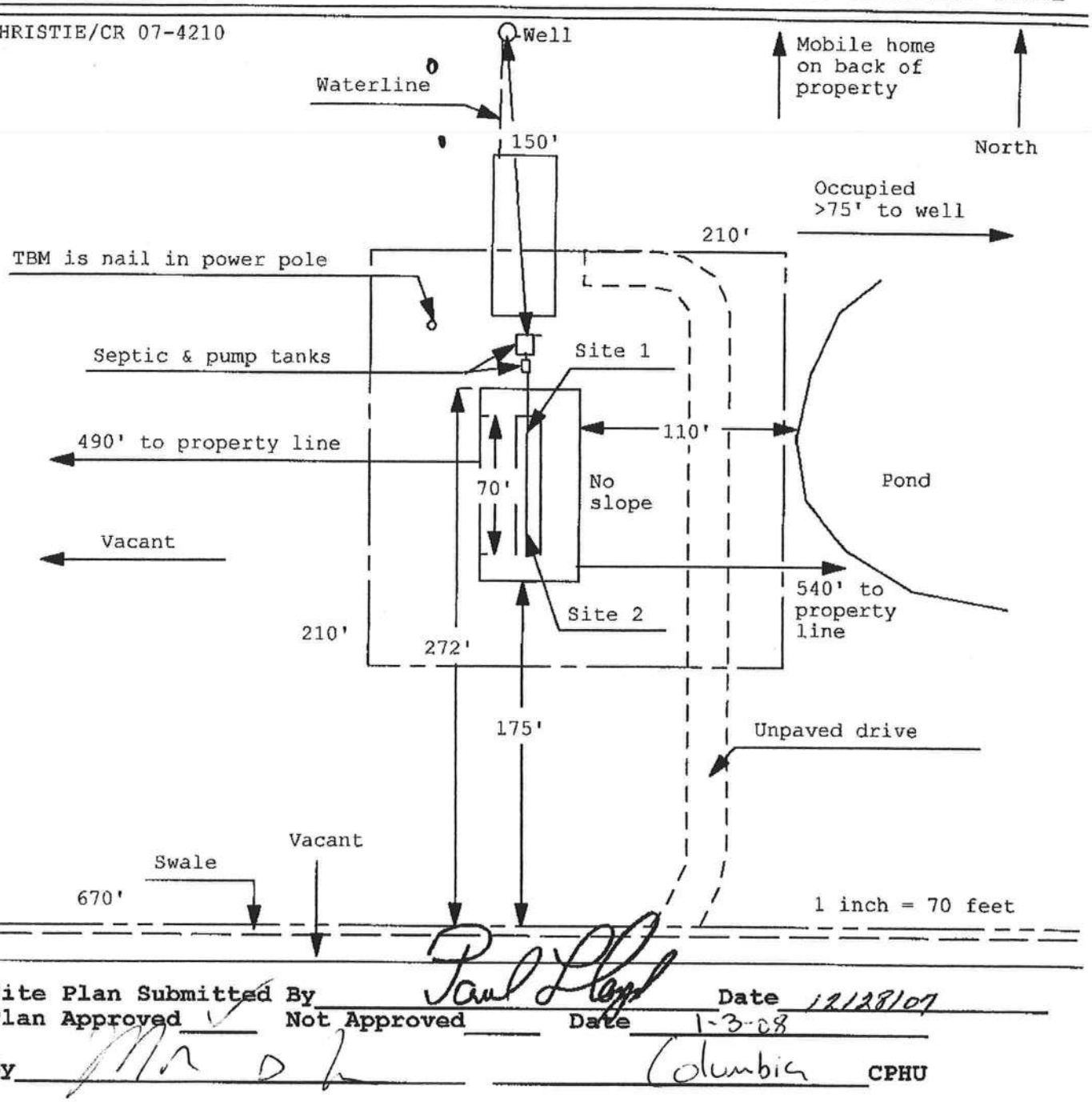
This information, GIS Map Updated: 11/15/2007, was derived from data which was compiled by the Columbia County Property Appraiser Office solely for the governmental purpose of property assessment. This information should not be relied upon by anyone as a determination of the ownership of property or 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.

Application for Onsite Sewage Disposal System Construction Permit. Part II Site Plan

Permit Application Number: 08-0001

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT

HRISTIE/CR 07-4210



Site Plan Submitted By Paul Lloyd **Date** 12/28/07

Plan Approved ✓ **Not Approved** ____ **Date** 1-3-08

By _____ Columbia **CPHU**

Notes: _____

2007-08 Mobile Home Installer License

Licensee: Timothy A. Sweat

License Number: IH0000815

Effective Date	Expiration Date
10-1-07	9-30-08

State of Florida - Department of Highway Safety and Motor Vehicles - Division of Motor Vehicles

PERMIT WORKSHEET

PERMIT NUMBER _____

Installer Jim Sweat License # IH-0000815

Address of home being installed 1487 SE Ebenezer Rd. Lake City, FL 32055

Manufacturer Homestead Length x width 80 x 32

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 F.D.S.

New Home ☐ Used Home ☒

Home installed to the Manufacturer's Installation Manual ☐

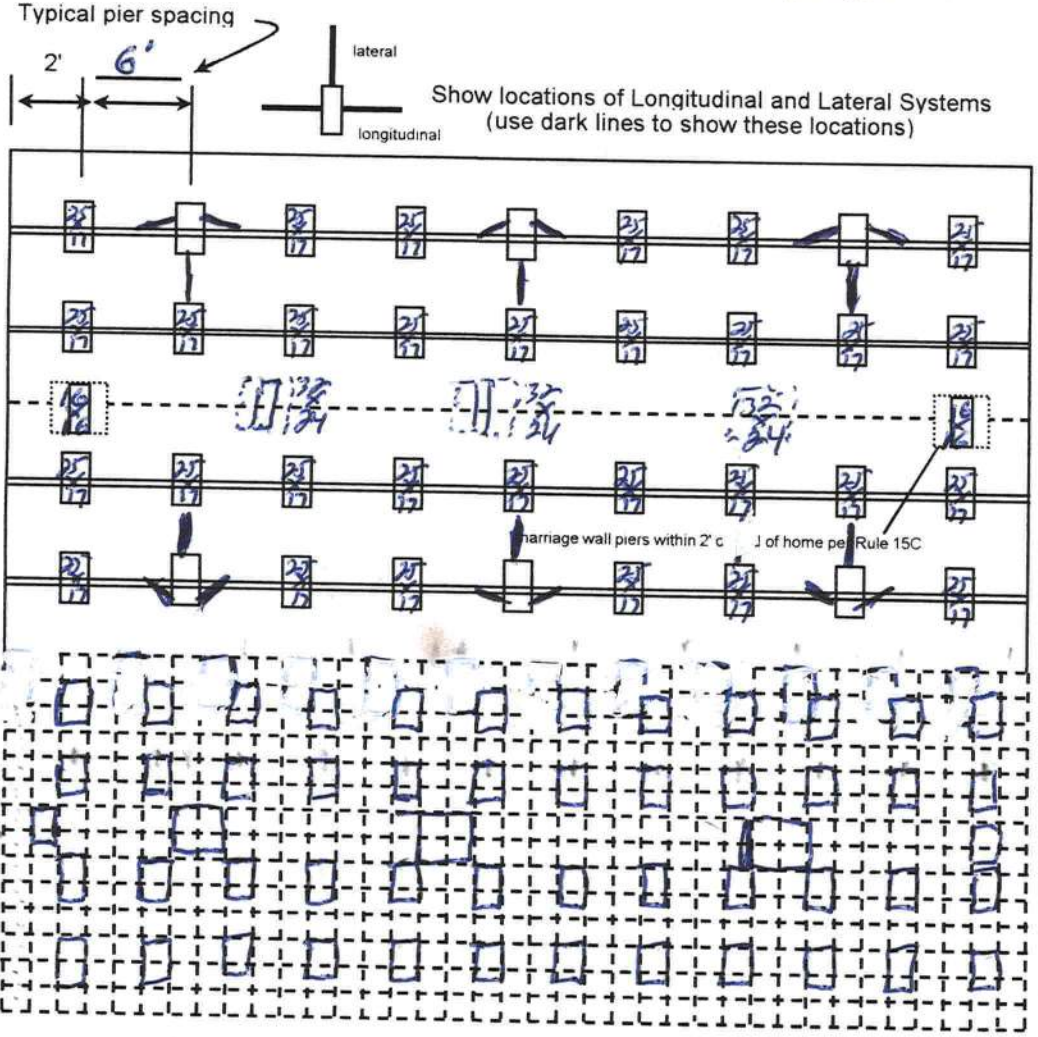
Home is installed in accordance with Rule 15-C ☒

Single wide ☐ Wind Zone II ☒ Wind Zone III ☐

Double wide ☒ Installation Decal # 290607

Triple/Quad ☐ Serial # ⊗ HMST14005ABGA

Typical pier spacing



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'	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 17 1/2 x 25 1/2

Perimeter pier pad size 16 x 16

Other pier pad sizes (required by the mfg.) 23 1/4 x 31 1/4

☐ 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
12'	23 1/4 x 31 1/4
16'	23 1/4 x 31 1/4
8'	23 1/4 x 31 1/4

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer Olivs

Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer Olivs

POPULAR PAD SIZES

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

ANCHORS

(4 ft) 5 ft

FRAME TIES

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

OTHER TIES

	Number
Sidewall	24
Longitudinal	☒
Marriage wall	3
Shearwall	2

PERMIT WORKSHEET

PERMIT NUMBER _____

POCKET PENETROMETER TEST

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

X ____ X ____ X ____

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 ____ X ____ X ____

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 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 Tim Sweat

Date Tested N/A

Electrical

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

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 15

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 15

Site Preparation

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

Fastening multi wide units

Floor: Type Fastener: lags Length: 5" Spacing: 24"
Walls: Type Fastener: SAU, TW Length: 14' Spacing: Continuous
Roof: Type Fastener: SAU, TW Length: 16' Spacing: Continuous
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, 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.

Installer's initials TAS

Type gasket 51
Pg. Roll Foam

Installed:
Between Floors (Yes)
Between Walls (Yes)
Bottom of ridgebeam (Yes)

Weatherproofing

The bottomboard will be repaired and/or taped. (Yes) Pg. 51
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)
Other : _____

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

Installer Signature Tim Sweat **Date** 1-9-08

LYNCH WELL DRILLING, INC.

173 SW Tustenuggee Ave
Lake City, FL. 32025
Phone 386-752-6677
Fax 386-752-1477

Building Permit #_____ Owner's Name Leon Christie

Well Depth_____ Ft. Casing Depth _____Ft. Water Level _____Ft.

Casing Size 4 inch Steel Pump Installation: Deep Well Submersible

Pump Make Aermotor Pump Model S80-100 HP 1

System Pressure (PSI) _____ On 30 Off 50 Average Pressure 50

Pumping System GPM at average pressure and pumping level 20 (GPM)

Tank Installation: (Bladder)/Galvanized Make Challenger
Model PC244 Size 81

Tank Draw-down per cycle at system pressure 25.1 gallons

I HEREBY VERTIFY THAT THIS WATER WELL SYSTEM HAS BEEN INSTALLED AS PER THE ABOVE INFORMATION.

Linda Newcomb
Signature

Linda Newcomb
Print Name

2609
License Number

1/9/08
Date

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 1/8/08 BY CF IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? yes

OWNERS NAME Sean, Angela Christie PHONE _____ CELL _____

ADDRESS _____

MOBILE HOME PARK _____ SUBDIVISION _____

DRIVING DIRECTIONS TO MOBILE HOME 90E, TR SR100 TR CR 241, TR 252, TL Ebeneezer, 1mile on right, double gate -

MOBILE HOME INSTALLER Tim Sweat PHONE 904 509-2276 CELL

MOBILE HOME INFORMATION

MAKE Homestead YEAR 1999 SIZE 32 x 80 COLOR Tan/Black

SERIAL No HMST14005ABGA

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

INSPECTION STANDARDS

INTERIOR

P = PASS F = FAILED

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

STAIRS

APPROVED ✓ WITH CONDITIONS _____

NOT APPROVED ___ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE [signature] ID NUMBER 402 DATE 1-9-08

POWER OF ATTORNEY
KNOW ALL MEN BY THESE PRESENT:

That Tim Sweat
Names of Grantor(s)
has/have made, constituted and appointed, and by these presents do/does make, constitute and appoint Sean or Angelica Christie, true and lawful attorney for him/her/them and in his/her/their name, place and stead to apply for and obtain permit(s) for my property located in Columbia County

Parcel Number: _____

911 Address: 1487 SE Ebenezer Rd, Lake City, FL 32025

For the following purpose:

THIS IS A SPECIFIC POWER OF ATTORNEY ISSUED FOR ONE-TIME USE FOR OBTAINING BUILDING AND UTILITIES PERMITS FOR THE STATED PURPOSE WHICH INCLUDES ALL ASPECTS OF OBTAINING DRIVEWAY, WELL AND SEPTIC SYSTEM PERMITS.....

Giving and granting unto Sean or Angelica Christie said attorney full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in and about the premises as fully, to all intents and purposes, as he/she/they might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming all said attorney or substitute shall lawfully do or cause to be done by virtue hereof.

IN WITNESS WHEREOF, I/we/they have hereunto set his/her/their hand(s) and seal(s) the 11th day of January, in the 2008

Signed, sealed and delivered in the presence of:

Diane Sweat
WITNESS SIGNATURE

Diane Sweat
PRINT NAME

James E. Weemans Sr
WITNESS SIGNATURE

James E. Weemans Sr
PRINT NAME

Tim Sweat
GRANTOR SIGNATURE

_____
PRINT NAME

STATE OF _____ COUNTY _____

I HEREBY CERTIFY THAT ON THIS DAY, BEFORE ME, AN OFFICER DULY AUTHORIZED TO ADMINISTER OATHS AND TAKE ACKNOWLEDGEMENTS, PERSONALLY APPEARED:

Tim Sweat
NAME(S) OF GRANTOR(S)

KNOWN TO ME TO BE THE PERSON(S) DESCRIBED IN AND WHO EXECUTED THE FOREGOING INSTRUMENT, WHO ACKNOWLEDGED BEFORE ME THAT HE/SHE/THEY EXECUTED THE SAME, THAT I RELIED UPON THE FOLLOWING FORM(S) OF IDENTIFICATION OF THE ABOVE-NAMED PERSON(S):

Personally Known AND THAT AN OATH (WAS) (~~WAS NOT~~) TAKEN.

WITNESS MY HAND AND OFFICAL SEAL IN THE COUNTY AND STATE OF LAST AFORESAID THIS:

11th DAY OF January A.D., 2008

Susan P. Wagstaff
NOTARY SIGNATURE

Susan P. Wagstaff
PRINT OF NOTARY