PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-11) Zoning Official BLK 20 Apr 2012 Building Official T.C. 4-19-12

AP# 1204-28 Date Received 4-11-12 By LH Permit # 30216

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

Comments Replacing existing MH Section 2.3.1 Legal Lt of Record

FEMA Map# N/A Elevation N/A Finished Floor Above Rd River N/A In Floodway N/A

☑ Site Plan with Setbacks Shown ☑ EH # 12-0112-E ☐ 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 ☑ Need

Road/Code School = TOTAL _ Impact Fees Suspended March 2009 fd 65.00 ☑ 260.00

Property ID # 29-5S-17-09451-052 Subdivision Joy Acres Lot 19

- New Mobile Home ____ Used Mobile Home ✓ MH Size 14x80 Year 1998
- Applicant Wilbert Austin Phone # 697-5037
- Address 10237 SW 40TH Terr Lake Butler FL. 32054
- Name of Property Owner Alma Ortiz Phone# 386-288-3532
- 911 Address 137 SW Sherri Circle 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 Alma Ortiz Phone # 386-288-3532
  Address 137 S W Sherri Circle Lake City FL. 32054
- Relationship to Property Owner OWNER
- Current Number of Dwellings on Property 1
- Lot Size ____ Total Acreage 1 Acre
- 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)
- Is this Mobile Home Replacing an Existing Mobile Home Yes
- Driving Directions to the Property 90 W. To 441 S to 349 Rt 4 miles to Sherri Circle on Rt 1st property on Rt
- Name of Licensed Dealer/Installer Gayle Eddy Phone # 352 494 2326
- Installers Address 10237 SW 40TH Terr Lake Butler FL. 32054
  - License Number IH1025339 Installation Decal # 10072

I spoke to Wilbert on 4-17-12 about the needed data plate.

Left Message on Wilberts phone 4-23-12

" " " - 4-26-12

$325.00

COLUMBIA COUNTY PERMIT WORKSHEET

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

Installer Gayle Eddy License # IH1025339

911 Address where home is being installed. 137 SW Sherri Circle
Lake City FL. 32054

Manufacturer Fleetwood Length x width 14x76

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 GG

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 # 10092

Triple/Quad ☐ Serial # GAFLV39A09732V&28

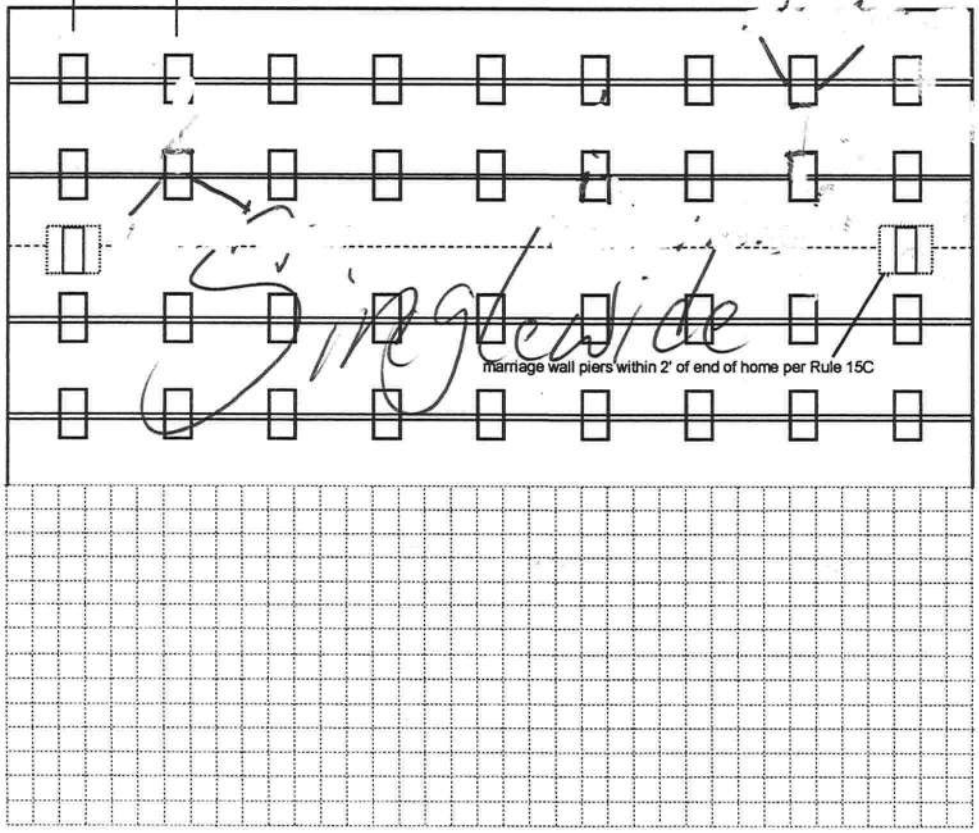
Typical pier spacing

2' 4.5

lateral

longitudinal

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



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 18x16

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

Singlewide

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	15 c
Longitudinal	
Marriage wall	
Shearwall	1

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer

Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer

COLUMBIA COUNTY PERMIT WORKSHEET

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 1200 psf or check here to declare 1000 lb. soil _____ without testing.

x 1200 x 1200 x 1200

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 1200 x 1200 x 1200

TORQUE PROBE TEST

The results of the torque probe test is 275 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 Gayle Eddy

Date Tested _____

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. 15C

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 16C

Site Preparation

Debris and organic material removed Yes ✓

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, 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 _____

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. 15C

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 Gayle Eddy **Date** 3/10/12

MANUFACTURER ADDRESS

Fleetwood Homes of Georgia, Inc.
144 Stuart Way/P.O. Box 5007
Fitzgerald GA 31750 Plant Number **#39**

Date of Manufacture: 10-7-97

HUD Label No.(s): GEO 1060376

Manufacturer's Serial Number and Model Unit Designation

GAFLV39A09732V421 2763X

FHECO

Design Approval by (D.A.P.I.A.)

This manufactured home is designed to comply with the federal manufactured home construction and safety standards in force at time of manufacture.
(For additional information, consult owner's manual.)

The factory installed equipment includes:

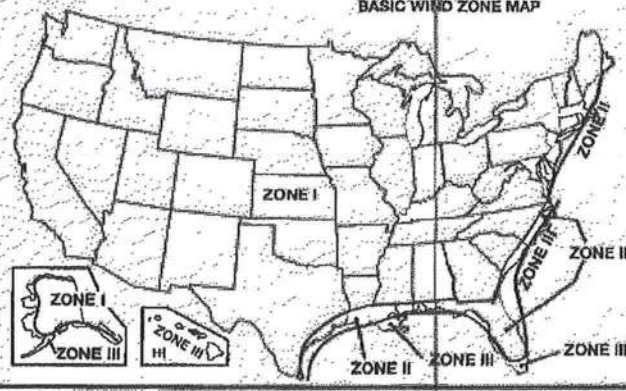
Equipment	Manufacturer	Model Designation
For heating	Coleman	E K I W S
For air cooling		
For cooking	Magic Chef	5210A
Refrigerator	Magic Chef	TM1521
Water Heater	Rheem	
Washer		
Clothes Dryer		
Dishwasher		
Garbage Disposal		
Fireplace		
Stereo		
Smoke Detector		

HOME CONSTRUCTED FOR XX Zone I XX Zone II ☐ Zone III

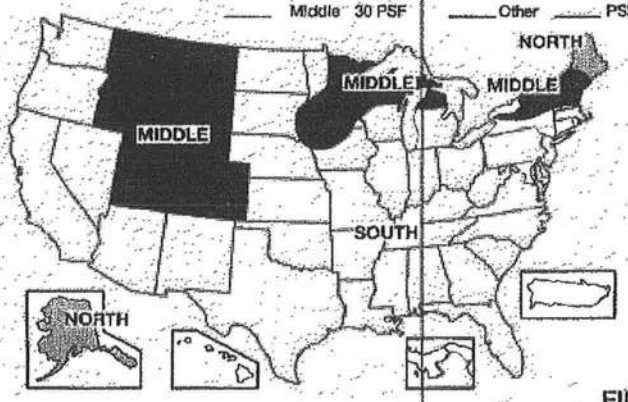
This home has not been designed for the higher wind pressure and anchoring provisions required for ocean/coastal areas and should not be located within 1500' of the coastline in Wind Zones II and III, unless the home and its anchoring and foundation system have been designed for the increased requirements specified for Exposure D in ANSI/ASCE 7-88.

This home has X has not been equipped with storm shutters or other protective coverings for windows and exterior door openings. For homes designed to be located in Wind Zones II and III, which have not been provided with shutters or equivalent covering devices, it is strongly recommended that the home be made ready to be equipped with these devices in accordance with the method recommended in manufacturers printed instructions.

BASIC WIND ZONE MAP



DESIGN ROOF LOAD ZONE MAP ____ North 40 PSF ____ Middle 30 PSF XX South 20 PSF ____ Other ____ PSF



COMFORT HEATING

This manufactured home has been thermally insulated to conform with the requirements of the federal manufactured home construction and safety standards for all locations within U/O value zone 1.

Heating equipment manufacturer and model (see list at left).

The above heating equipment has the capacity to maintain an average 70° F temperature in this home at outdoor temperatures of 1 °F.

To maximize furnace operating economy, and to conserve energy, it is recommended that this home be installed where the outdoor winter design temperature (97 1/2%) is not higher than 21 degrees Fahrenheit.

The above information has been calculated assuming a maximum wind velocity of 15 mph at standard atmospheric pressure.

COMFORT COOLING

☐ **Air conditioner provided at factory (Alternate I)**

Air conditioner manufacturer and model (see list at left).

Certified capacity _____ B.T.U./hour in accordance with the appropriate air conditioning and refrigeration institute standards.

The central air conditioning system provided in this home has been sized assuming an orientation of the front (hitch end) of the home facing _____. On this basis the system is designed to maintain an indoor temperature of 75° F when outdoor temperatures are _____ F dry bulb and _____ F wet bulb.

S

The temperature to which this home can be cooled will change depending upon the amount of exposure of the windows of this home to the sun's radiant heat. Therefore, the home's heat gains will vary dependent upon its orientation to the sun and any permanent shading provided. Information concerning the calculation of cooling loads at various locations, window exposures and shadings are provided in Chapter 22 of the 1989 edition of the ASHRAE Handbook of Fundamentals.

Information necessary to calculate cooling loads at various locations and orientations is provided in the special comfort cooling information provided with this home.

XX **Air conditioner not provided at factory (Alternate II)**

The air distribution system of this home is suitable for the installation of central air conditioning.

The supply air distribution system installed in this home is sized for a manufactured home central air conditioning system of up to 32,900 B.T.U./hr. rated capacity which are certified in accordance with the appropriate air conditioning and refrigeration institute standards, when the air circulators of such air conditioners are rated at 0.3 inch water column static pressure or greater for the cooling air delivered to the manufactured home supply air duct system.

Information necessary to calculate cooling loads at various locations and orientations is provided in the special comfort cooling information provided with this manufactured home.

☐ **Air conditioning not recommended (Alternate III)**

The air distribution system of this home has not been designed in anticipation of its use with a central air conditioning system.

To determine the required capacity of equipment to cool a home efficiently and economically, a cooling load (heat gain) calculation is required. The cooling load is dependent on the orientation, location and the structure of the home. Central air conditioners operate most efficiently and provide the greatest comfort when their capacity closely approximates the calculated cooling load. Each home's air conditioner should be sized in accordance with Chapter 22 of the American Society of Heating, Refrigerating and Air Conditioning Engineers (ASHRAE) Handbook of Fundamentals 1989 edition, once the location and orientation are known.

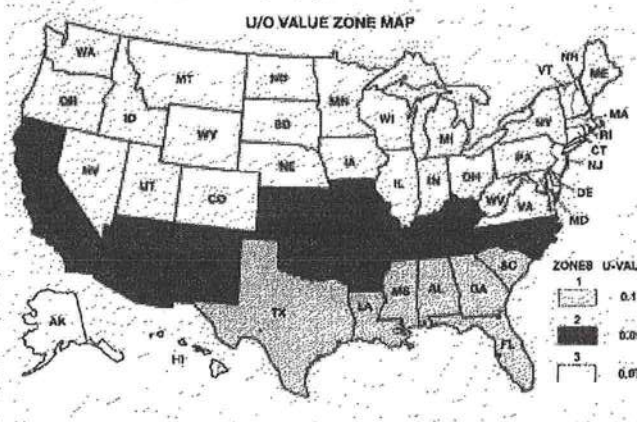
INFORMATION PROVIDED BY THE MANUFACTURER NECESSARY TO CALCULATE SENSIBLE HEAT GAIN

Walls (without windows and doors)	"U"	.09
Ceilings and roofs of light color)	"U"	.04
Ceilings and roofs of dark color	"U"	.04
Floors	"U"	.07
Air ducts in floor	"U"	.14
Air ducts in ceiling	"U"	-0-
Air ducts installed outside the home	"U"	-0-

The following are the duct areas in this home:

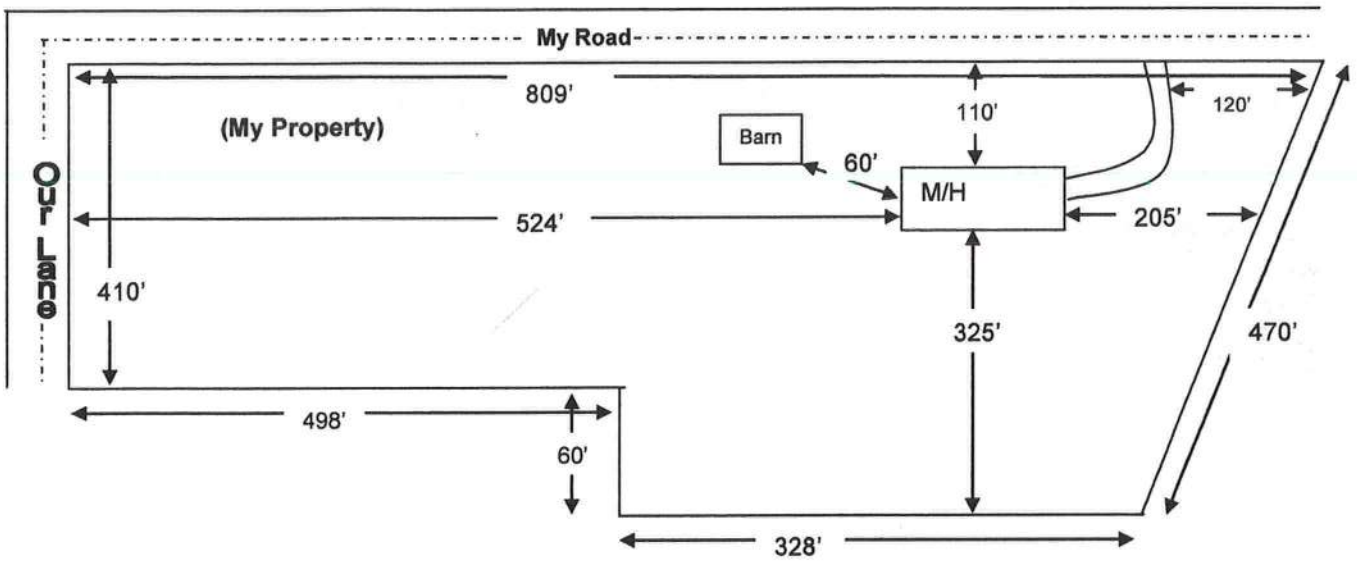
Air ducts in floor	65.0	sq. ft.
Air ducts in ceiling	0.0	sq. ft.
Air ducts outside the home	0.0	sq. ft.

U/O VALUE ZONE MAP

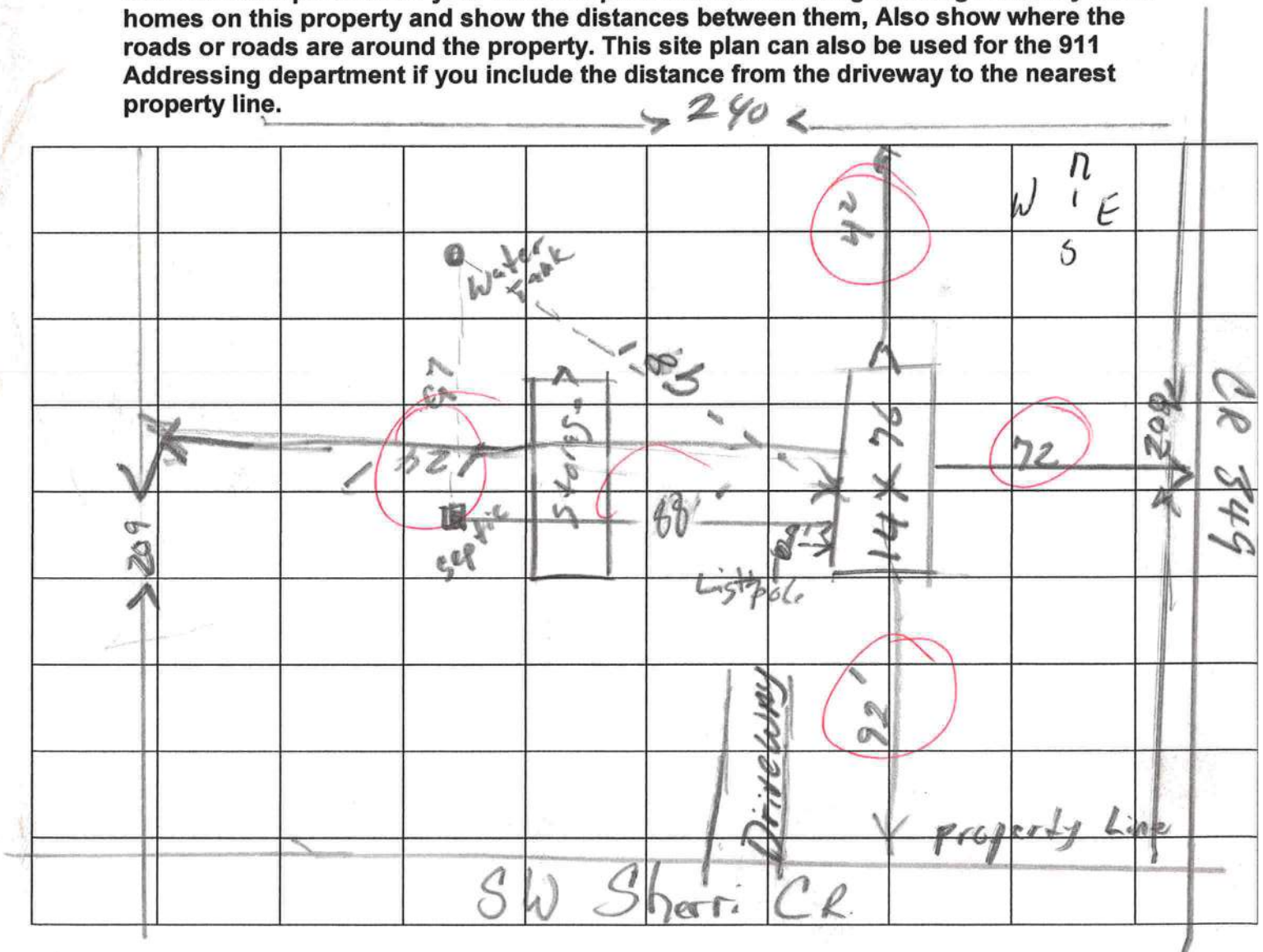


FILE COPY

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.



MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR Gayle Eddy PHONE 3524942332

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.

X **ELECTRICAL**	Print Name Alma Ortiz License #: Owner	Signature Alma Ortiz Phone #: 386 288-3532	
MECHANICAL/ A/C _____	Print Name Alma Ortiz License #: Owner	Signature Alma Ortiz Phone #: 386 288-3532	
PLUMBING/ GAS	Print Name Alma Ortiz License #: Owner	Signature Alma Ortiz Phone #: 386 288-3532	

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.

375
$ ~~375.00~~ - REPLACING EXISTING MH.

Columbia County Property Appraiser

DB Last Updated: 11/15/2011

2011 Tax Year

Tax Collector | Tax Estimator | Property Card | Parcel List Generator | Interactive GIS Map | Print

Parcel: 29-5S-17-09451-052

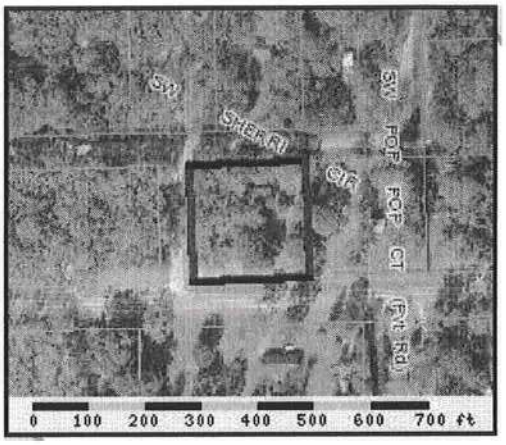
<< Next Lower Parcel | Next Higher Parcel >>

Search Result: 1 of 8 Next >>

Owner & Property Info

Owner's Name	ORTIZ ALMA		
Mailing Address	137 SW SHERRI CIRCLE LAKE CITY, FL 32025		
Site Address	2484 SW COUNTY ROAD 349		
Use Desc. (code)	MOBILE HOM (000200)		
Tax District	3 (County)	**Neighborhood**	29517
Land Area	1.000 ACRES	**Market Area**	02
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction.		

LOT 19 JOY ACRES S/D ORB 747-745, 783-419 POA 1111-834, WD 1145-1102 & QCD 1195-130 & WD 1195-2623



Property & Assessment Values

2011 Certified Values		
Mkt Land Value	cnt: (0)	$14,960.00
Ag Land Value	cnt: (2)	$0.00
Building Value	cnt: (1)	$7,691.00
XFOB Value	cnt: (0)	$0.00
Total Appraised Value		$22,651.00
Just Value		$22,651.00
Class Value		$0.00
Assessed Value		$22,651.00
Exempt Value		$0.00
Total Taxable Value		Cnty: $22,651 Other: $22,651 | Schl: $22,651

2012 Working Values

NOTE:
2012 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
6/4/2010	1195/2623	WD	I	U	40	$59,000.00
5/24/2010	1195/130	QC	I	U	11	$100.00
3/10/2008	1145/1102	WD	I	Q		$64,000.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	MOBILE HME (000800)	1969	AVERAGE (05)	600	840	$7,036.00
	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

stikendel Co 592393 1/31/85
MHome

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 LETTER OF AUTHORIZATION

I, Gayle Eddy (Installer License Holder Name), give this authority for the job address show below

137 SW Sherri Circle Lake City Fl (Job Address), and I do certify that the below 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	Authorized Person is… (Check one)
Wilbert Austin	Wilbert Austin	✓ Agent ___ Officer ___ Property Owner
		___ Agent ___ Officer ___ Property Owner
		___ Agent ___ Officer ___ Property Owner

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.

Gayle Eddy — License Holders Signature (Notarized)
CRC1025339 — License Number
1-3-12 — Date

NOTARY INFORMATION:
STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Gayle Eddy, personally appeared before me and is known by me or has produced identification (type of I.D.)_____ on this 3 day of Jan, 20 12.

NOTARY'S SIGNATURE

(Seal/Stamp)

LAURIE HODSON
MY COMMISSION # DD 805657
EXPIRES: July 14, 2012
Bonded Thru Notary Public Underwriters

A00845

STATE OF FLORIDA

IDENTIFICATION NUMBER	YR	MAKE	MODEL	BODY	WT-L-BHP	VESSEL REGIS. NO.	TITLE NUMBER
GAFLV39A09732V421	1998	FLEE		HS	76'		77439644

REGISTERED OWNER

CARLOS J VELEZ OR
ALMA L VELEZ
1030 SW MARIGOLD PL
FT WHITE FL 32038

DATE OF ISSUE

05/16/2006

LIEN RELEASE

INTEREST IN THE ABOVE DESCRIBED VEHICLE IS HEREBY RELEASED

BY Frier Finance S Miller
Clerk 5-7-06

TITLE DATE

MAIL TO:

03/10/2006
FRIER FINANCE INC
12788 US 90 WEST
LIVE OAK FL 32060

CERTIFICATE OF TITLE

SATISFACTORY PROOF OF OWNERSHIP HAVING BEEN SUBMITTED UNDER SECTION 319.23/328.03, FLORIDA STATUTES, TITLE TO THE MOTOR VEHICLE OR VESSEL DESCRIBED BELOW IS VESTED IN THE OWNER(S) NAMED HEREIN, THIS OFFICIAL CERTIFICATE OF TITLE IS ISSUED FOR SAID MOTOR VEHICLE OR VESSEL

IDENTIFICATION NUMBER	YR.	MAKE	MODEL	BODY	WT-L-BHP	VESSEL REGIS NO.	TITLE NUMBER
GAFLV39A09732V421	1998	FLEE		HS	76'		77439644

PREV STATE	COLOR	PRIMARY BRAND	SECONDARY BRAND	NO OF BRANDS	USE	PREV ISSUE DATE
FL	UNK				PVT	09/14/2005

ODOMETER STATUS OR VESSEL MANUFACTURER OR OH USE	HULL MATERIAL	PROP	DATE OF ISSUE
			05/16/2006

REGISTERED OWNER

CARLOS J VELEZ OR
ALMA L VELEZ
1030 SW MARIGOLD PL
FT WHITE FL 32038

LIEN RELEASE

INTEREST IN THE ABOVE DESCRIBED VEHICLE IS HEREBY RELEASED

BY Frier Finance S Miller
Clerk 8-7-06

TITLE DATE

1ST LIENHOLDER

03/10/2006
FRIER FINANCE INC
12788 US 90 WEST
LIVE OAK FL 32060

VOID IF ALTERED

DIVISION OF MOTOR VEHICLES TALLAHASSEE FLORIDA

CARL A. FORD
DIRECTOR

Control Number 76907995

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

FRED O. DICKINSON, III
EXECUTIVE DIRECTOR

TRANSFER OF TITLE BY SELLER (This section must be completed at the time of sale.)

ODOMETER CERTIFICATION - Federal and state law require that you state the mileage in connection with the transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment.

This title is warranted and certified to be free from any liens except as noted on the face of this certificate and the motor vehicle or vessel described is hereby transferred to:

Purchaser: _____ Address _____

I/We state that this ☐ 5 or ☐ 6 digit odometer now reads ☐☐☐,☐☐☐.xx (no tenths) miles, date read _____ and to the best of my knowledge that it reflects the actual mileage of the vehicle described herein, unless one of the odometer statement blocks is checked.

CAUTION: DO NOT CHECK BOX IF ACTUAL MILEAGE

☐ 1. I hereby certify that to the best of my knowledge the odometer reading reflects the amount of mileage in excess of its mechanical limits.

☐ 2. I hereby certify that the odometer reading is not the actual mileage. WARNING - ODOMETER DISCREPANCY.

Selling Price: $_____ Date Sold: _____

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

Signature of Purchaser: _____ Printed Name of Purchaser: _____

Signature of Co-Purchaser: _____ Printed Name of Co-Purchaser: _____

Signature of Seller: _____ Printed Name of Seller: _____

Signature of Co-Seller: _____ Printed Name of Co-Seller: _____

(When Applicable)

Selling Dealer's License Number: _____ Tax No. _____ Tax Collected: $_____

Auction Name _____ License Number _____

HSMV 82250 (REV 12/05) STATE OF FLORIDA

10.00
413.00
59,000.00

This Instrument Prepared by & return to:
Name: ***TRISH LANG, an employee of NORTH CENTRAL FLORIDA TITLE, LLC***
Address: ***343 NW COLE TERRACE, SUITE 101 LAKE CITY, FLORIDA 32055***
File No. 10Y-05009TL

Parcel I.D. #: ***09451-052***

SPACE ABOVE THIS LINE FOR PROCESSINGDATA

Inst 201012009310 Date 6/10/2010 Time 11:52 AM
Doc Stamp-Deed 413.00
DC P DeWitt Cason Columbia County Page 1 of 1 B 1195 P 2623

SPACE ABOVE THIS LINE FOR RECORDING DATA

THIS WARRANTY DEED *Made the* ***4th*** *day of* ***June****, A.D.* ***2010****, by* ***EUVARGAIN AMPARO*** *and* ***FRANCIA AMPARO, HIS WIFE****, hereinafter called the grantors, to* ***ALMA ORTIZ,*** *whose post office address is* ***137 SW SHERRI CIRCLE, LAKE CITY, FL 32025,*** *hereinafter called the grantee*

(Wherever used herein the terms "grantors" and "grantee" 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 grantors, for and in consideration of the sum of $10.00 and other valuable consideration, receipt whereof is hereby acknowledged, do hereby grant, bargain, sell, alien, remise, release, convey and confirm unto the grantee all that certain land situate in* ***Columbia County, State of Florida****, viz:*

Lot 19, JOY ACRES, according to the map or plat thereof as recorded in Plat Book 4, Page 15-15A, of the Public Records of Columbia County, Florida.

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 grantors hereby covenant with said grantee that they are lawfully seized of said land in fee simple; that they have good right and lawful authority to sell and convey said land, and hereby fully warrant 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 31,2009.*

In Witness Whereof, *the said grantors have signed and sealed these presents, the day and year first above written.*

Signed, sealed and delivered in the presence of:

Patricia Lang
Witness Signature
PATRICIA LANG
Printed Name

Regina Simpkins
Witness Signature
Regina Simpkins
Printed Name

Euvargain Amparo *L.S.*
EUVARGAIN AMPARO
Address:
292 SW SHERRI CIRCLE, LAKE CITY, FL 32025

Francia Amparo *L.S.*
FRANCIA AMPARO BY EUVARGAIN AMPARO
HER ATTORNEY-IN-FACT
Address:
292 SW SHERRI CIRCLE, LAKE CITY, FL 32025

STATE OF FLORIDA
COUNTY OF COLUMBIA

CODE ENFORCEMENT

PRELIMINARY MOBILE HOME INSPECTION REPORT

1204-28

DATE RECEIVED 4-11-12 BY LH IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? Yes

OWNERS NAME Alma Ortiz PHONE _____ CELL 288-3532

ADDRESS _____

MOBILE HOME PARK _____ SUBDIVISION _____

DRIVING DIRECTIONS TO MOBILE HOME 441 South, (R) 349, (R) Sherri Circle, 1st property on Right

MOBILE HOME INSTALLER Gayle Eddy PHONE _____ CELL _____

MOBILE HOME INFORMATION

MAKE Fleetwood YEAR 98 SIZE 14 X 80 COLOR Tan

SERIAL No. RAFLV 39A0973 2V421

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

$50.00

Date of Payment: _____

Paid By: _____

Notes: _____

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 / SIDDING ( ) 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: Need Data Plate For Zone II (Need)

NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE _____ ID NUMBER 304 DATE 4-16-12

LC

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

PERMIT NO. 17-112E
DATE PAID: 2/28/12
FEE PAID: 125.00
RECEIPT #: 1883264

APPLICATION FOR:
[ ] New System [X] Existing System [ ] Holding Tank [ ] Innovative
[ ] Repair [ ] Abandonment [ ] Temporary [ ] _____

APPLICANT: Alma Ortiz

AGENT: _____ TELEPHONE: ~~288~~ 386 ~~3532~~ b
(386) 288-3532

MAILING ADDRESS: 137 SW SHerri CR Lake City

==========

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: 19 BLOCK: / SUBDIVISION: Jay Acres S/D PLATTED: 1974

PROPERTY ID #: 29-5S-17-09451-052 ZONING: RES I/M OR EQUIVALENT: [Y / (N)]

PROPERTY SIZE: 1 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / (N)] DISTANCE TO SEWER: N/A FT

PROPERTY ADDRESS: 137 S W SHerri CR Lake City Fl 32038

DIRECTIONS TO PROPERTY: 441 to 131 is ~~Tusstenuggee~~ Tustenuggee Make Left in 349 to Make Left On SW SHerri circle 41 South (R) on Tustenuggee (L) On 349 Home 137 on (R)

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	Mobi Home	3	1064ft²	ORIGINAL ATTACHED
2				
3				Held till owner calls to
4				gain access to property.
				left note at residence

[ ] Floor/Equipment Drains [ ] Other (Specify) _____

SIGNATURE: Alma Ortiz DATE: 2/28/12 2/29

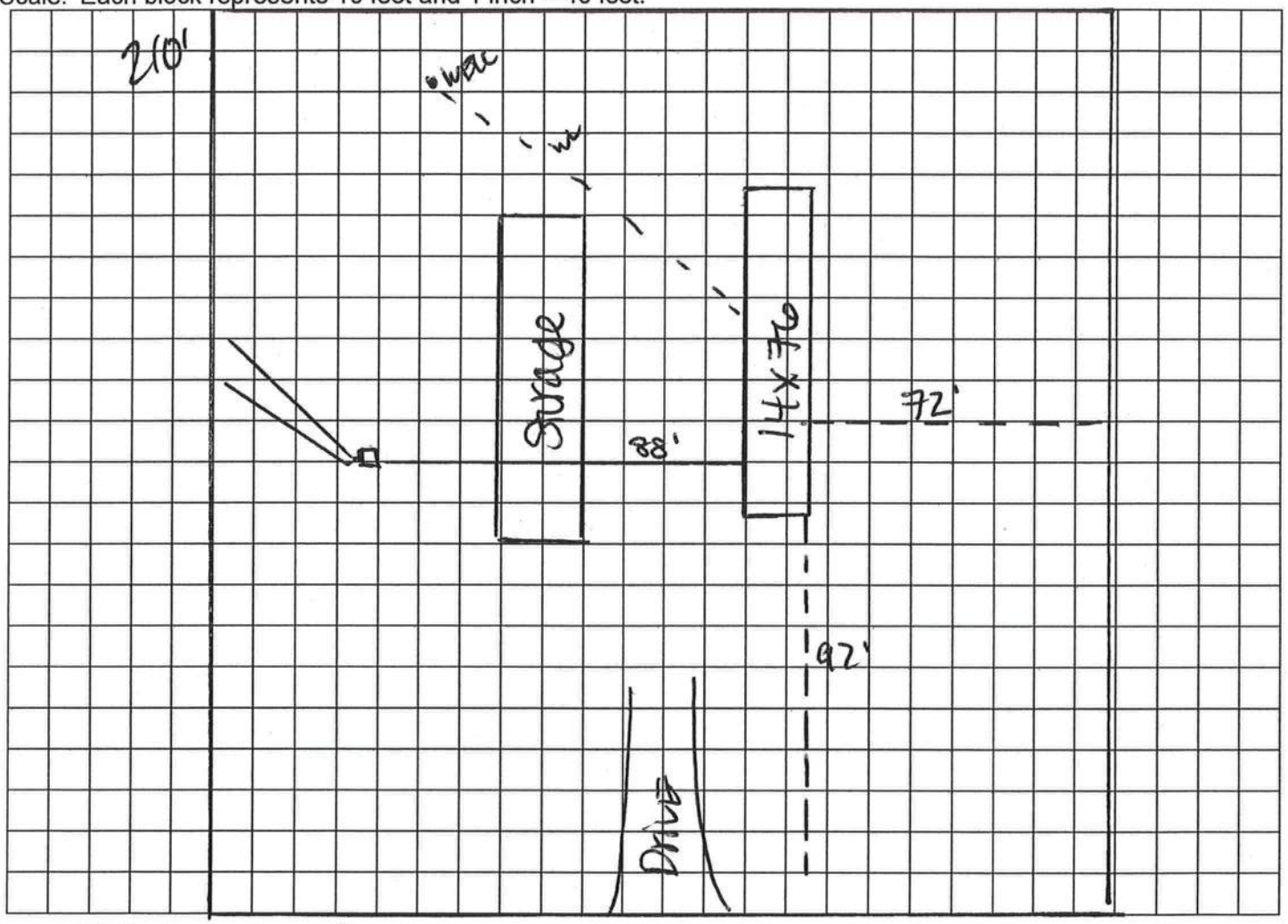
DH 4015, 08/09 (Obsoletes previous editions which may not be used)
Incorporated 64E-6.001, FAC

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 12-0112E

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

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



Notes: Full property plan.

Site Plan submitted by: Alma Ortiz

Plan Approved X Not Approved ____ Date 2/28/12

By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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: 4/24/2012 **DATE ISSUED:** 4/25/2012

ENHANCED 9-1-1 ADDRESS:

137 SW SHERRI CIR

LAKE CITY FL 32024

PROPERTY APPRAISER PARCEL NUMBER:

29-5S-17-09451-052

Remarks:

RE-ISSUE OF EXISTING ADDRESS FOR NEW STRUCTURE ON PARCEL.

Address Issued By: SIGNED: / RONAL N. CROFT

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.

2265

>> Print as PDF <<

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LOT 19 JOY ACRES S/D              ORTIZ ALMA                    29-5S-17-09451-052          Columbia County  2016 R
ORB 747-745, 783-419              137 SW SHERRI CIR                                                    CARD 001 of 001
POA 1111-834, WD 1145-1102 &      LAKE CITY, FL 32024                    PRINTED  3/29/2016 10:56        BY  JEFF
QCD 1195-130 & WD 1195-2623                                              APPR     8/07/2013 TW
```

BUSE	000200	SFR MANUF		AE? Y	1064	HTD AREA	113.900	INDEX	29517.03	JOY ACRES		PUSE	000200	MOBILE HOME	
MOD	2	MOBILE HME	BATH	2.00	1064	EFF AREA	31.892	E-RATE	100.000	INDX	STR 29- 5S- 17				
EXW	31	VINYL SID	FIXT		33,933	RCN			1998	AYB	MKT AREA 02			19,681	BLDG
%		N/A	BDRM	3	58.00	%GOOD	19,681	B BLDG VAL	1998	EYB	(PUD1			840	XFOB
RSTR	03	GABLE/HIP	RMS								AC 1.000			13,385	LAND
RCVR	03	COMP SHNGL	UNTS								NTCD			0	CLAS
%		N/A	C-W%								APPR CD			0	MKTUSE
INTW	05	DRYWALL	HGHT								CNDO			33,906	JUST
%		N/A	PMTR								SUBD			33,906	APPR
FLOR	14	CARPET	STYS	1.0							BLK				
10%	08	SHT VINYL	ECON								LOT			0	SOHD
HTTP	04	AIR DUCTED	FUNC								MAP#			0	ASSD
A/C	03	CENTRAL	SPCD								HX DX			0	EXPT
QUAL	05	05	DEPR	09							TXDT 003			0	COTXBL
FNDN		N/A	UD-1	N/A											
SIZE		N/A	UD-2	N/A											
CEIL		N/A	UD-3	N/A											
ARCH		N/A	UD-4	N/A											
FRME	01	NONE	UD-5	N/A											
KTCH		N/A	UD-6	N/A											
WNDO		N/A	UD-7	N/A											
CLAS		N/A	UD-8	N/A											
OCC		N/A	UD-9	N/A											
COND		N/A	%	N/A											

FIELD CK: HX AppYr 2013

LOC: 137 SHERRI CR SW LAKE CITY

```
+-------------------76------------------+
IBAS2012                              I
1                                     1
4                                     4
+-------------------76------------------+
```

BLDG TRAVERSE

BAS2012=W76 S14 E76 N14$.

SUB	A-AREA	%	E-AREA	SUB VALUE
BAS12	1064	100	1064	19681
TOTAL	1064		1064	19681

PERMITS

NUMBER	DESC	AMT	ISSUED
30216	M H	325	6/07/2012

SALE

BOOK	PAGE	DATE	PRICE
1195	2623	6/04/2010 U I	59000

GRANTOR EUVARGAIN & FRANCIA AMPARO

GRANTEE ALMA ORTIZ

BOOK	PAGE	DATE	PRICE
1195	130	5/24/2010 U I	100

GRANTOR GABRIEL LOPEZ & JOSELIN GONZALEZ

GRANTEE EUVARGAIN & FRANCIA AMPARO

EXTRA FEATURES

AE	BN	CODE	DESC	LEN	WID	HGHT	QTY	QL	YR	ADJ	UNITS	UT	PRICE	ADJ UT PR	SPCD %	%GOOD	XFOB VALUE
Y		0255	MBL HOME STO				1		2012	1.00	1.000	UT	840.000	840.000		100.00	840

FIELD CK:

AE	LAND CODE	DESC	ZONE	TOPO	ROAD	UTIL	UD1	UD2	UD3	UD4	FRONT	DEPTH	DT	ADJUSTMENTS	UNITS	UT	PRICE	ADJ UT PR	LAND VALUE
Y	000200	MBL HM	A-1	0002							1.00	1.00	1.00	1.00	1.000	LT	11385.000	11385.00	11,385
				0002	0003														
Y	009945	WELL/SEPT	A-1	0002							1.00	1.00	1.00	1.00	1.000	UT	2000.000	2000.00	2,000
				0002	0003														