| DATE 07/21/2004 Columbia County  | Building Permit PERMIT                                    |
|--|---|
| This Permit Expires One Ye   |   |
| APPLICANT JACKIE GIBBS  ADDRESS 1664 SW SEBASTIN CIRCLE                                  | PHONE 755-2349  |
| ADDRESS 1664 SW SEBASTIN CIRCLE OWNER SANDRA FEAGLE                                      | LAKE CITY FL 32024  PHONE 623-6783                        |
| ADDRESS 1888 SW NAUTILUS ROAD  | LAKE CITY FL 32055  |
| CONTRACTOR JACKIE GIBBS  | PHONE   |
|  | OAD, CROSS 240, TL ON NAUTILUS RD,                        |
| LAST ON THE RIGHT BEFORE   |   |
|  | TIMATED COST OF CONSTRUCTION .00                          |
| HEATED FLOOR AREA TOTAL ARE  | EA HEIGHT00 STORIES                                       |
| FOUNDATION WALLS R   | ROOF PITCH FLOOR  |
| LAND USE & ZONING A-3  | MAX. HEIGHT   |
| Minimum Set Back Requirments: STREET-FRONT 30.00   | REAR 25.00 SIDE 25.00                                     |
| NO. EX.D.U. 0 FLOOD ZONE X   | DEVELOPMENT PERMIT NO.                                    |
| PARCEL ID 24-5S-16-03706-010 SUBDIVISIO  | N   |
| LOT BLOCK PHASE UNIT _   | TOTAL ACRES 1.00  |
| IH0000214  | Trelia Hille  |
| Culvert Permit No. Culvert Waiver Contractor's License Num                               | hber Applicant/Owner/Contractor                           |
| EXISTING 04-0753- BK   | HD Y  |
| Driveway Connection Septic Tank Number LU & Zonin  | ng checked by Approved for Issuance New Resident          |
| COMMENTS: ONE FOOT ABOVE THE ROAD  |   |
|  |   |
|  | Check # or Cash CASH                                      |
| FOR BUILDING & ZONIN   | IG DEPARTMENT ONLY (footer/Slab)                          |
| Temporary Power Foundation   | Monolithic  |
| date/app. by   | date/app. by  |
|  | Sheathing/Nailing date/app. by                            |
| Framing Rough-in plumbing ab   | date/app. by  date/app. by  ove slab and below wood floor |
| date/app. by   | date/app. by  |
| Electrical rough-in Heat & Air Duct  | Peri. beam (Lintel)                                       |
| date/app. by   | date/app. by date/app. by                                 |
| Permanent power C.O. Final date/app. by  | Culvert date/app. by                                      |
| M/H tie downs, blocking, electricity and plumbing  | Pool  |
| Reconnection Pump pole   | . by date/app. by Utility Pole                            |
| date/app. by date/   | app. by date/app. by                                      |
| M/H Pole Travel Trailer date/app. by   |   |
|  | Re-roof date/app. by                                      |
| BUILDING PERMIT FEE \$ .00 CERTIFICATION FEE   | ate/app. by date/app. by                                  |
|  | ate/app. by  date/app. by  E\$00                          |
| MISC. FEES \$ 200.00 ZONING CERT. FEE \$ 50.00   | E\$00 SURCHARGE FEE\$00 FIRE FEE\$17.01 WASTE FEE\$36.75  |
| MISC. FEES \$ 200.00 ZONING CERT. FEE \$ 50.00  FLOOD ZONE DEVELOPMENT FEE \$ CULVERT FE | ate/app. by  E \$00                                       |

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."

## This Permit Must Be Prominently Posted on Premises During Construction

PLEASE NOTIFY THE COLUMBIA COUNTY BUILDING DEPARTMENT AT LEAST 24 HOURS IN ADVANCE OF EACH INSPECTION, IN ORDER THAT IT MAY BE MADE WITHOUT DELAY OR INCONVIENCE, PHONE 758-1008. THIS PERMIT IS NOT VALID UNLESS THE WORK AUTHORIZED BY IT IS COMMENCED WITHIN 6 MONTHS AFTER ISSUANCE.

# PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

| For Office Use Only Zoning Official Building Official 45 7-15-ay   |
|--|
| AP# 0407 · 21 Date Received 7-9-04 By 4 Permit # 22/11   |
| Flood Zone Development Permit NA Zoning A3 Land Use Plan Map Category A-3  Comments Lead Lat Record  |
| Serial Number Decal Mumber   |
| How wide is Piers  |
| Site Plan with Setbacks shown Environmental Health Signed Site Plan Denv. Health Release   |
| Need a Culvert Permit Need a Waiver Permit Well letter provided Existing Well  |
| Marian Company   |
| ■ Property ID 24 - 55-24-03/06-00 Must have a copy of the property dee   |
| New Mobile Home Used Mobile Home Year_ 2005_   |
| ■ Subdivision Information  |
|  |
| Applicant SANDRA C. Feagle Phone # 623-6783  |
| Applicant SANDRA C. Feagle Phone # 623-6783  Address 1888 SW NAWTILLS Rd UAKe City, FC.  |
| ~  |
| Name of Property Owner Same Phone# 623-6783  911 Address 1888 SW N Autilus Rd LAKe City FL   |
| 911 Address 1888 SW N HUTI lus Rd LARE CIty FL   |
| Name of Owner of Mobile HomeSAmePhone #_Same   |
|  |
| Address SAME   |
| Relationship to Property Owner   |
| Current Number of Dwellings on Property  |
| )  |
| Lot Size 181.50 X 240 Total Acreage App   Acre   |
| Explain the current driveway <u>Existing on Diki RL</u>  |
|  |
| Driving Directions SR 47 South T.L. ON Walter Little Rd Cross 240  |
| Driving Directions SR 47 South T. L. ON Walter Little Rd Cross 240   |
| /  |
| 90 Couple Miles T. L. on NAUTITUS Rd Property LASTONES on Right  |
| 90 Couple Miles T. L. on NAUTITUS Rd Property LASTONES on Right Define Second Curele.  |
| Priving Directions <u>SR 47</u> South T. L. ON Walter Little Rd Cross 240<br>90 Couple Miles T. L. on NAUTITUS Rd Property LASTONES On Right<br>Define Second Curele.  Is this Mobile Home Replacing an Existing Mobile Home <u>yes</u> Owe Assessment |

# PERMIT NUMBER

| Connect all potable water supply piping to an existing water meter, water tap, or other | Connect all sewer drains to an existing sewer tap or septic tank. Pg. | Plumbing                          | Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between mult-wide units. Pg | Electrical | Installer Name  Author Huth  Date Tested  7/14/04  | ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER | 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 | TORQUE PROBE TEST  The results of the torque probe test is 280 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. | x 1500 x 1500 x 1500  | Using 500 lb. increments, take the lowest reading and round down to that increment.  | POCKET PENETROMETER TESTING METHOD  1. Test the perimeter of the home at 6 locations.  2. Take the reading at the depth of the footer.   | × 1000 × 1500 × 1500                             | POCKET PENETROMETER TEST  The pocket penetrometer tests are rounded down to 1500 psf or check here to declare 1000 lb. soil without festing. |
|---|---|-----------------------------------|--|------------|--|---|--|--|---|--|--|--|--|
| Installer Signature Ruffe Date The  | manufacturer's installation instructions and or Rule 15C-1 & 2        | is accurate and true based on the | Installer verifies all information given with this permit workshee   | Other:     | to be installed. Yes ent installed outside of skirtii downflow vent installed outs nes supported at 4 foot interial crossovers protected. Ye | Miscellaneous                                       | 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  | Type gasket 10441 Installer's initials 144.  Type gasket 10441 Installed: Pg Between Floors Yes  Between Walls Yes  Bottom of ridgebeam Yes  | a result of a poorly installed or no gasket being installed. I understand a strip of tape will not serve as a gasket. | 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 | Type Fastener:  Type Fastener:  Type Fastener:  Type Fastener:  For used homes a mig. 30 gauge, 8" wide, galwill be centered over the peak of the roof and forceofing nails at 2" on center on both sides of the roofing nails at 2" on center on both sides of the r | Floor: Type Fastener: 6 L/S Length: Spacing: 124 | Debris and organic material removed  Water drainage: Natural Swale Pad Other   |

| n given with this pe | manufacturado installation installations and an Duly AFO 4 8 2 | is accurate an                    | Installer verifies all information given with this permit workshee |  |
|----------------------|--|-----------------------------------|--|--|
|                      | notementions and as Dale                                       | is accurate and true based on the | n given with this permi  |  |

independent water supply systems. Pg.

To be Tone down SW NAUTITUS Rd 10-Home A 181,50 App130 182 Feegle Property

| Return to: (enclose self-addressed stamped envelope)   |   |
|--|---|
| ne: Sande Teagle<br>tress: 313 NW Crackerel Wong   | 14  |
| LC FL 32055  Is Instrument Prepared by: SANDRA C FEAGLE  |   |
| me:  |   |
| perty Appraisers Parcel Identification 16-58-24-03706-010  | Inst:2004004874 Date:03/04/2004 Time:12:49 Doc Stamp-Deed: 84.00  |
| io Number(s):  | DC,P. DeWitt Cason, Columbia County B: 1008 P: 2357   |
| intec[s] S.S. # (s) 264-61-0432  | 1.4337  |
|  |   |
| SPACE ABOVE THIS LINE FOR PROCESSING DATA  | SPACE ABOVE THIS LINE FOR RECORDING DATA  |
| This Quit Claim Beed, Executed the   | 4thday ofMARCH2004 , by   |
| first party, to SANDRA C FEAGLE, 313 NW CR   | RACKNEL WAY, LAKE CITY FL 32055   |
| whose post office address issecond party.  |   |
| (Wherever used herein the terms "first party" and "second party" include all the successors and assigns of corporations, wherever the context so admits or require | e parties to this instrument and the heirs, legal representatives, and assigns of individuals, and the res.)                          |
| mitnesseth, That the first party, for and in co  | onsideration of the sum of \$ 10.00   |
| in hand paid by the said second party, the receipt   | whereof is hereby acknowledged does hereby remise release   |
| party has in and to the following described lot, piece   | the right, title, interest, claim and demand which the said first or parcel of land, situate, lying and being in the County of the of |
|  | 1/4, RUN N 181.50 FT, W 240 FT, S   |
|  |   |
|  |   |
|  |   |
|  |   |
| 2  | *   |
| To Have and to Hold The same together  | er with all and singular the appurtenances thereunto belonging  |
| Or in anywise appertaining, and all the estate, right  | ht, title, interest, lien, equity and claim whatsoever of the said use, benefit and behoof of the said second party forever.          |
| In Witness Alherenf, the said first par<br>above written.  | rty has signed and sealed these presents the day and year first   |
| Signed, sealed and delivered in the presence of:   |   |
| College Kussier  | Octevo n. Loi   |
| Witness Signature (as to first Grantor)  | Grantor Signature 31.5.   |
| Printed Name  Printed Name   | Printed Name  |
| Witness Signature (as to first Grantor)  | 4   |
| Marsha H. Moore  | Post Office Address   |
| Witness Signature (as to Co-Grantor, if any)   | Co-Grantor Signature, (if any)  |

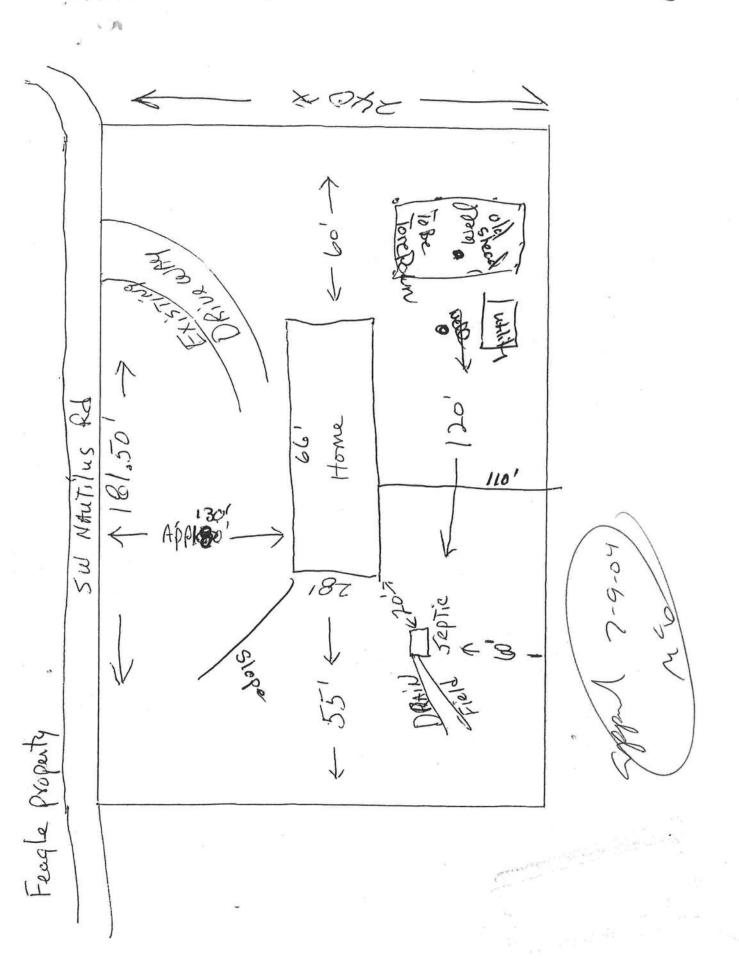
Printed Name

11 02 95

Commission # DD293450

Expires February 23, 2008

Bonded Troy Fain - Insurance, Inc. 800-385-7019



The all the



# STATE OF FLORIDA DEPARTMENT OF HEALTH

### APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

--- PART II - SITE PLAN------Scale: Each block represents 5 feet and 1 inch = 50 feet. Notes: Site Plan submitted by:\_ Signature Date 7-9-54

County Health Department Plan Approved Not Approved

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Printed for Lawyers' Title Guaranty Fund, Orlando, Rando

Warranty Beed (STATUTORY FORM-SECTION 689.02 F.S.)

This instrument was propaged by:
This instrument Presisted Of:
CLARENCE & SKOWN
CLARENCE & SKOWN
Clare S. House S. Houselon, P.A.
Post Othice Box 1039
Like City, Florice 32035

16 th

( 19 80. B)tween der of December stor 459 107472 OFFICIAL RECORDS PERSON SAND

, grantee\*,

DORRATHA GAINER

This Judenture, made this

. State of Florida

of the County of Columbia EDDIE LEE MINTER and his wife, MARGIE MINTER,

whose post office address is Route 2, Sox 69-F, Lake City, Florida 12055

, State of Florida

Collumbia Mittresseth, That told granter, for end in consideration of the sum of TEN AND NO/100-----(\$10.00) and other good and valuable considerations to sold granter in hand paid by sold granter, the receipt whereat is hereby acknowledged, loss granted, burgained and sold to the sold granter, and granter's teles and staigns forever, the following described land, situate, lying and being in

Columbia

TOWNSHIP 5 SOUTH - RANGE 16 EAST

A part of the North 1/2 of the NW 1/4 of Section 24, Township 5 South, Range 16 East, more particularly described as follows: SECTION 24:

Commence at the Southeast corner of the N. 1/2, of NW 1/4 and run N 0°48'14" E along the East line thereof, 181.5 feet; thence N 89°41'14" W, 240.0 feet; thence S 0°42'14" W, 131.5 feet, to the South line of said North 1/2 of the NW 1/4; thence S 89°41'42" E, 240.0 feet to the Point of Beginning, Columbia County, Florida, containing 1.0 acre more or less. Subject to existing road occupational right-ofway, 1980 taxes, visible eastments, recorded eastment, and applicable zoning regulations, if may, does hereby toly warrant the life to mid ignd, and will defend the terms against the lawful coins of clipter.

"Grantor" and "grantes" are used for singular or plural, as context regulars.

Greater has hereunts set granter's hand and sool the day and year first above written. In Witness Whereof,

Signed, sealed and delivered in Brack 74. Colo

FIRE MEDICAL -FAGE

STATE OF PLORIDA

HEREBY CERTIFY that on this day before me, an officer duly qualifi

DOREATHA GAINER

to me known to be the person described in and who executed the to me known to be the person described in one who detected he described in the County and State last after the County and official seed in the County of a county of the County of the County and State last after the County of the Count

S OFFICE STAMP TAX

Control of Congress