Parcel: 22-4S-16-03090-317

Owner & Property Info		Res	sult: 7 of 10
Owner	BATES WILL CONNIE SMI 5007 MONTI VILLA RICA,		
Site	511 JANUAR	Y DR, LAKE CIT	Υ
Description*	LOT 17 BLAINE ESTATES PHASE 3. WD 1343-1958, WD 1398-1098,		
Area	1.04 AC	S/T/R	22-4S-16E
Use Code**	VACANT (000000)	Tax District	3

<sup>\*</sup>The <u>Description</u> above is not to be used as the Legal Description for this parcel in any legal transaction.

parcel in any legal transaction.
\*\*The <u>Use Code</u> is a FL Dept. of Revenue (DOR) code and is not maintained by the Property Appraiser's office. Please contact your city or county Planning & Zoning office for specific zoning information.

2019 Certified Values		2020 Working Values		
Mkt Land (1)	\$15,850	Mkt Land (1)	\$15,000	
Ag Land (0)	\$0	Ag Land (0)	\$0	
Building (0)	\$0	Building (0)	\$0	
XFOB (0)	\$0	XFOB (0)	\$0	
Just	\$15,850	Just	\$15,000	
Class	\$0	Class	\$0	
Appraised	\$15,850	Appraised	\$15,000	
SOH Cap [?]	\$0	SOH Cap [?]	\$0	
Assessed	\$15,850	Assessed	\$15,000	
Exempt	\$0	Exempt	\$0	
	county:\$15,850		county:\$15,000	
Total	city:\$15,850	Total	city:\$15,000	
Taxable	other:\$15,850	Taxable	other:\$15,000	
	school:\$15,850		school:\$15,000	

Prepared by and return to:
Rob Stewart
Lake City Title
426 SW Commerce Drive, Ste 145
Lake City, FL 32025
(386) 758-1880
File No 2019-3236VB
Parcel Identification No 22-4S-16-03090-317

[Space Above This Line For Recording Data]	
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### WARRANTY DEED

(STATUTORY FORM - SECTION 689.02, F.S.)

This indenture made the \_\_\_\_\_ day of November, 2019 between Aida Morales, a Single Woman, whose post office address is 502 Southwest January Drive, Lake City, FL 32024, of the County of Columbia, State of Florida, Grantor, to William Bates and Connie Smith, Husband and Wife, whose post office address is 5007 Monticello Drive, Villa Rica, GA 30180, of the County of Carroll, State of Georgia, Grantees:

Witnesseth, that said Grantor, for and in consideration of the sum of TEN DOLLARS (U.S.\$10.00) and other good and valuable considerations to said Grantor in hand paid by said Grantees, the receipt whereof is hereby acknowledged, has granted, bargained, and sold to the said Grantees, and Grantees' heirs and assigns forever, the following described land, situate, lying and being in Columbia, Florida, to-wit:

Lot 17, Blaine Estates, Phase III, according to the map or plat thereof, as recorded in Plat Book 8, Pages 132 through 134, of the Public Records of Columbia County, Florida.

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

Subject to taxes for 2020 and subsequent years, not yet due and payable; covenants, restrictions, easements, reservations and limitations of record, if any.

TO HAVE AND TO HOLD the same in fee simple forever.

And Grantor hereby covenants with the Grantees that the Grantor is lawfully seized of said land in fee simple, that Grantor has good right and lawful authority to sell and convey said land and that the Grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever.

In Witness Whereof, Grantor has hereunto set Grantor's hand and seal the day and year first above written.

Signed, sealed and delivered in our presence:

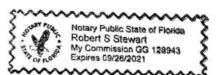
WITNESS SCIENT HINTINIIIS

WITNESS Robert 5. STEWART

STATE OF FLORIDA COUNTY OF COLUMBIA

Signature of Notary Public

Robert S. Stewart





# COLUMBIA COUNTY BUILDING DEPARTMENT 135 NE Hernando Ave, Suite B-21, Lake City, FL 32055

Phone: 386-758-1008 Fax: 386-758-2160

### LICENSED QUALIFIER AUTHORIZATION

EICENSED QUALITY	an in the fill of the state of
	(license holder name). licensed qualifier
for STYLE CREST ENTERPENSES	The (company name), do certify that
the below referenced person(s) listed on this for	m is/are contracted/hired by me, the license lugh an employee leasing arrangement; or, is an in Florida Statutes Chapter 468, and the said if control and is/are authorized to purchase and
Printed Name of Person Authorized	Signature of Authorized Person
1. DALE BURD	1.
2. Rocky Ford	2. (be/37) 7-1
3. Kally Bishop	3. Kelly Bishof
4.	4.
5.	5.
I, the license holder, realize that I am responsible under my license and fully responsible for complicational Ordinances. I understand that the State and authority to discipline a license holder for violation officers, or employees and that I have full response and ordinances inherent in the privilege granted officer(s), you must notify this department in writing authorization form, which will supersede all previous authorized persons to use your name and/or light form.	iance with all Florida Statutes, Codes, and d County Licensing Boards have the power and ns committed by him/her, his/her agents, isibility for compliance with all statutes, codes by issuance of such permits.  is/are no longer agents, employee(s), or ng of the changes and submit a new letter of ous lists. Failure to do so may allow
The above license holder, whose name is Rome personally appeared before me and is known by type of I.D.)	
Staux ann ldupkins	(Seal/Stamp)

Notary Public State of Florida Stacey Arm Hopkins My Commission FF 188407 Expires 11/08/2018

### MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUM	ABER		ONTRACTOR RO	bert She	opard	PHONE 386-623-2203
		THIS FORM MUST BE SU	BMITTED PRIOR TO	THE ISSUANCE	E OF A PERMIT	
					William &	Connie Bates
records of the Ordinance 89-6 exemption, gel	subcontractors 5, a contractor neral liability in the permitted of	shall require all subco surance and a valid C	trade specific wontractors to pro certificate of Con table for the corre	ork under to ovide evider ovide evider opetency lice	he permit. Per F nce of workers' o ense in Columb neing submitted	Florida Statute 440 and compensation or bia County.  If to this office prior to the
ELECTRICAL	Print Name_	William Bates		Signature_		
	License #:	Owner		Phone #: _	770-710-6	452
		Qualifie	er Form Attached			
MECHANICAL/	Print Name	Ronald Bonds S	Sr.	Signature	ASC.	
A/C	License #:	CAC1817658		Phone #:	800-259-34	470
		Qualifie	er Form Attached	X		

Qualifier Forms cannot be submitted for any Specialty License.

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.

Revised 10/30/2015

## MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

			OR Robert Shep	pard		PHONE	386-623-22
PPLICATION NUM	BLR	CONTRACT	CR				
		THIS FORM MUST BE SUBMITTED	PRIOR TO THE ISSUANCE	OF A PE	RMIT		
		THIS FORM MICE.		Will	iam & (	Connie	Bates
ecords of the s	subcontractors	who actually did the trades shall require all subcontracto surance and a valid Certificat	ors to provide evidence	ce of wo	orkers' co	ompensa	ation or
law shannor t	he permitted	contractor is responsible for eginning any work. Violation	the corrected form b	eing su	bmitted	to this o	office prior to
law shannor t	he permitted	contractor is responsible for	the corrected form b as will result in stop v	eing su vork or	bmitted ders and	to this o	office prior to
Any changes, t start of that su	he permitted of bootstarted by	contractor is responsible for eginning any work. Violation	the corrected form b	eing su vork or W	bmitted ders and Ullis	to this o	office prior to
Any changes, t start of that su	he permitted of bootstarted by Print Name	contractor is responsible for a seginning any work. Violation William Bates	the corrected form be ns will result in stop w Signature Phone #:	eing su vork or W	bmitted ders and Ullis	to this o	office prior to
Any changes, t start of that su	he permitted of bootstarted by Print Name	contractor is responsible for a seginning any work. Violation William Bates Owner	the corrected form beat signature  Phone #:  Signature  Signature	eing su vork or 770	bmitted ders and Lllia -710-64	to this of yor fine	office prior to
Any changes, to	he permitted of bootstar be permitted of bootstar between bootstar between being between bet	contractor is responsible for reginning any work. Violation  William Bates  Owner  Qualifier Form	the corrected form beens will result in stop v Signature Phone #: Attached	eing su vork or 770	bmitted ders and Lllia -710-64	to this of yor fine	office prior to

Qualifier Forms cannot be submitted for any Specialty License.

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON		法	
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.

Revised 10/30/2015

	Purfage wall plars within 2' of ond of home po Rulo 1950		Typical pier spacing    Show locations of Longitudinal and Lateral Systems	If home is a single wide fill out one half of the blockin if home is a triple or quad wide sketch in remainder on the lateral Arm Systems cannot be used on any home (ne sidewall lies exceed 5 ft 4 in.	Installer Robert Sheppard License # IH 1025386 Installer Mobile Phone # 386-623-2203 Address of home STI TANNARY DR being installed LAKE CITY FL 32014 Manufacturer Homes of Manth Length x width 64 × 32
within 2' of end of home spaced at 5' 4" oc OTHER TIES  Longitudinal Stabilizing Device (L.SD)  Manufacturer  Manufacturer	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  Anchors  Anchors  Anchors	7 x 2 S 16 x 18 16 x 1	oter les     16" x 16"     18 1/2" x 18     20" x 20"     22" x 22"     24" X 24"     26"       qin)     (256)     1/2" (342)     (400)     (484)*     (576)*     (6"       3'     4'     5'     6'     7'       6'     8'     8'     8'       7' 6"     8'     8'     8'       7' 6"     8'     8'     8'	Roof System: Typical # Hinged PIER SPACING TABLE FOR USED HOMES	New Home

Site Preparation

The pocket penetrometer tests are rounded down to 1500 psf or check here to declare 1000 lb, soil without testing.	POCKET PENETROMETER TEST
psf 000	

X ISDO

X 1500

# 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 clown to that increment

×/600

TORQUE PROBE TEST

showing 275 inch pounds or less will require 5 foot anchors here if you are declaring 5' anchors without testing The results of the torque probe test is\_ 245 inch pounds or check

Note: A state approved lateral arm system is being used and 4 ft. requires anchors with 4000 lb bolding capacity. reading is 275 or less and where the mobile home manufacturer may anchors are required at all centerline tie points where the torque test anchors are allowed at the sidewall locations. I understand 5 ft Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER Name LOGOT (IN PDOOD)

Installer Name

Date Tested

Electrical

source. This includes the bonding wire between mult-wide units. Connect: electrical conductors between multi-wide units, but not to the maintenance Pg.

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

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

Installer Signature

Date 5/9/

Floor of tape will not serve as a gasket a result of a poorly installed or no gasket being installed. I understand a strip homes and that condensation, mold, meldew and buckled marriage walls are I understand a properly installed gasket is a requirement of all new and used Roof: Walls Debris and organic material removed Water drainage: Natural Swale Water drainage: Natural Type Fastener: 1245 Length: Le Spacing: 16 ( Type Fastener: 1295
Type Fastener: 54945 roofing nails at 2" on center on both sides of the centerline will be centered over the peak of the roof and fastened with galv Gasket (watheruroofing requirement) Fastening multi wide units Length: Pad Spacing: Spacing Other 3. 3

Type gaske

Installed Between Floors Yes Bottom of ridgebeam Yes Between Walls Yes

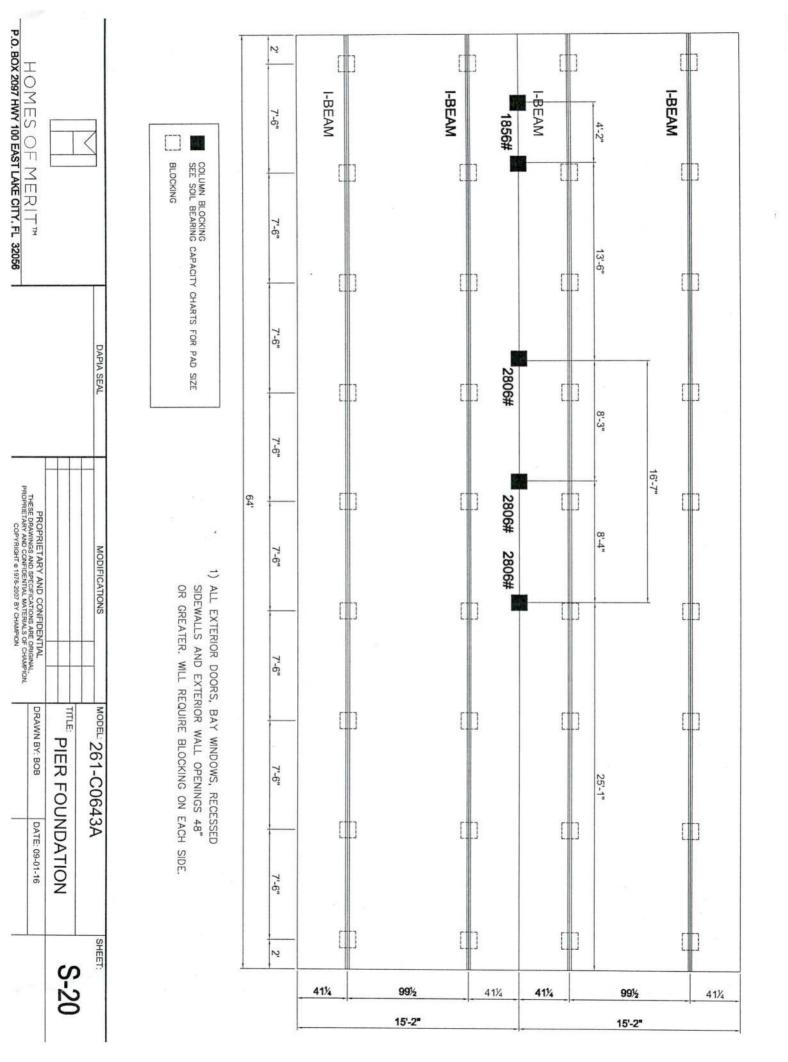
installer's initials\_

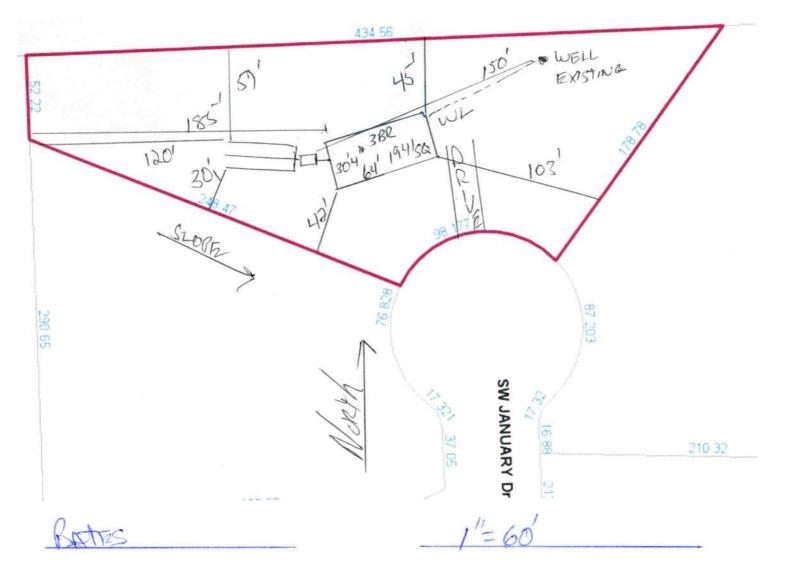
Weatherproofing

Fireplace chimney installed so as not to allow intrusion of rain water. Yes Siding on units is installed to manufacturer's specifications. Yes\_ The bottomboard will be repaired and/or taped. Yes Pg

Dryer vent installed outside of skirting. Yes Skirting to be installed. Yes Electrical crossovers protected. Drain lines supported at 4 foot intervals. Yes Range downflow vent installed outside of skirting. Other: Yes Miscellaneous 8 Yes NA A

Installer verifies all information given with this permit worksheet manufacturer's installation instructions and or Rule 15C-1 & 2 is accurate and true based on the





5/9/20

