DATE 08/25/2005	Columbia Count	y Building Pe	rmit	PERMIT
	This Permit Expires One			000023540
APPLICANT SHANA HA		PHONE PHONE	386-364-1234	5
	US HWY 90 W STE 201	LIVE OAK		FL 32060
**************************************	STREICHER, TRUSTEE	PHONE	-	
-	SW WEBBS GLN	LAKE CITY	264 1224	FL 32024
-	HATFIELD	PHONE	364-1234	
LOCATION OF PROPERTY	Y 441 S TO ELLISVILLE, ON T BY HUDDLE HOUSE	HE RIGHT AT GRANDPA	S BARN,	
TYPE DEVELOPMENT	MODULAR OFFICE	ESTIMATED COST OF CO	NSTRUCTION	.00
HEATED FLOOR AREA	TOTAL A	AREA	HEIGHT	9.00 STORIES <u>1</u>
FOUNDATION	WALLS	ROOF PITCH	FI	LOOR
LAND USE & ZONING	СНІ	MAX.	HEIGHT _	35
Minimum Set Back Requirm	nents: STREET-FRONT 20	.00 REAR	15.00	SIDE
NO. EX.D.U. 0	FLOOD ZONE X	DEVELOPMENT PERM	MIT NO	
PARCEL ID 03-6S-17-09	9560-000 SUBDIVI	SION		
LOT BLOCK _	PHASEUNIT	TOTA	L ACRES4	.15
Culvert Permit No. (	Culvert Waiver Contractor's License 1	Tullion	applicant/Owner	Contractor
EXISTING 0	ent and the second of the second seco		Check # or C	
EXISTING 0 Driveway Connection S  COMMENTS: FLOOR 1 FO	Septic Tank Number LU & Zo		Check # or C	
EXISTING 0 Driveway Connection S COMMENTS: FLOOR 1 FO NOC ON FILE	Septic Tank Number LU & Ze		Check # or C	
EXISTING 0 Driveway Connection S COMMENTS: FLOOR 1 FO NOC ON FILE  Temporary Power	Septic Tank Number LU & Zo OOT ABOVE THE ROAD  FOR BUILDING & ZON		Check # or C	ash <u>17897</u>
EXISTING 0 Driveway Connection S COMMENTS: FLOOR 1 FO NOC ON FILE  Temporary Power	FOR BUILDING & ZON  foundation  date/app. by	NING DEPARTMENT	Check # or C ONLY  Monolithic	ash 17897 (footer/Slab)
EXISTING 0 Driveway Connection S COMMENTS: FLOOR 1 FO NOC ON FILE  Temporary Power	FOR BUILDING & ZON  Foundation  date/app. by  date/app. by	date/app. by date/app. by	Check # or C  ONLY  Monolithic _  Sheathing/	ash 17897  (footer/Slab)  date/app. by
EXISTING 0 Driveway Connection S COMMENTS: FLOOR 1 FO NOC ON FILE  Temporary Power  Under slab rough-in plumbing	FOR BUILDING & ZON  FOUNDATION  FOUNDATION  FOUNDATION  Gate/app. by  Gate/app. by  Rough-in plumbing	date/app. by	Check # or C  ONLY  Monolithic _  Sheathing/	ash 17897  (footer/Slab)  date/app. by  Nailing
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EXISTING Driveway Connection S COMMENTS: FLOOR 1 FO NOC ON FILE  Temporary Power  Under slab rough-in plumbing date/app. Electrical rough-in drive  Permanent power  date/ M/H tie downs, blocking, electrical rough-in Reconnection	FOR BUILDING & ZON  FOUNDATION FOUNDATION SIZE  GATE A STATE OF THE ROAD  FOR BUILDING & ZON  Foundation Size  date/app. by  Rough-in plumbing by  Heat & Air Duct  late/app. by  C.O. Final Size  Pump pole	date/app. by  date/app. by  date/app. by  g above slab and below wood  date/app. by  date/app. by  Utility Pole	Check # or C ONLY  Monolithic Sheathing/ floor  Peri. beam (Linter Culvert Pool e	(footer/Slab)  date/app. by  Nailing  date/app. by  date/app. by  date/app. by  date/app. by  date/app. by
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EXISTING Driveway Connection  COMMENTS: FLOOR 1 FOR 1	FOR BUILDING & ZON  FOUNDATION  FOR BUILDING & ZON  Foundation  date/app. by  Gate/app. by  Rough-in plumbing  by  Heat & Air Duct  late/app. by  C.O. Final  App. by  Stricity and plumbing  date/  Pump pole  te/app. by  Travel Trailer  ZONING CERT. FEE \$ 50.  TENT FEE \$ CULVERY	date/app. by date/app. by g above slab and below wood date/app. by date/app. by date/app. by Utility Pole ate/app. by date/app. by  The state of the	Check # or C ONLY  Monolithic Sheathing/ floor  Peri. beam (Linter Culvert Pool date/app. by Re-roof SURCHARGE WAST	(footer/Slab)  date/app. by  Nailing

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.

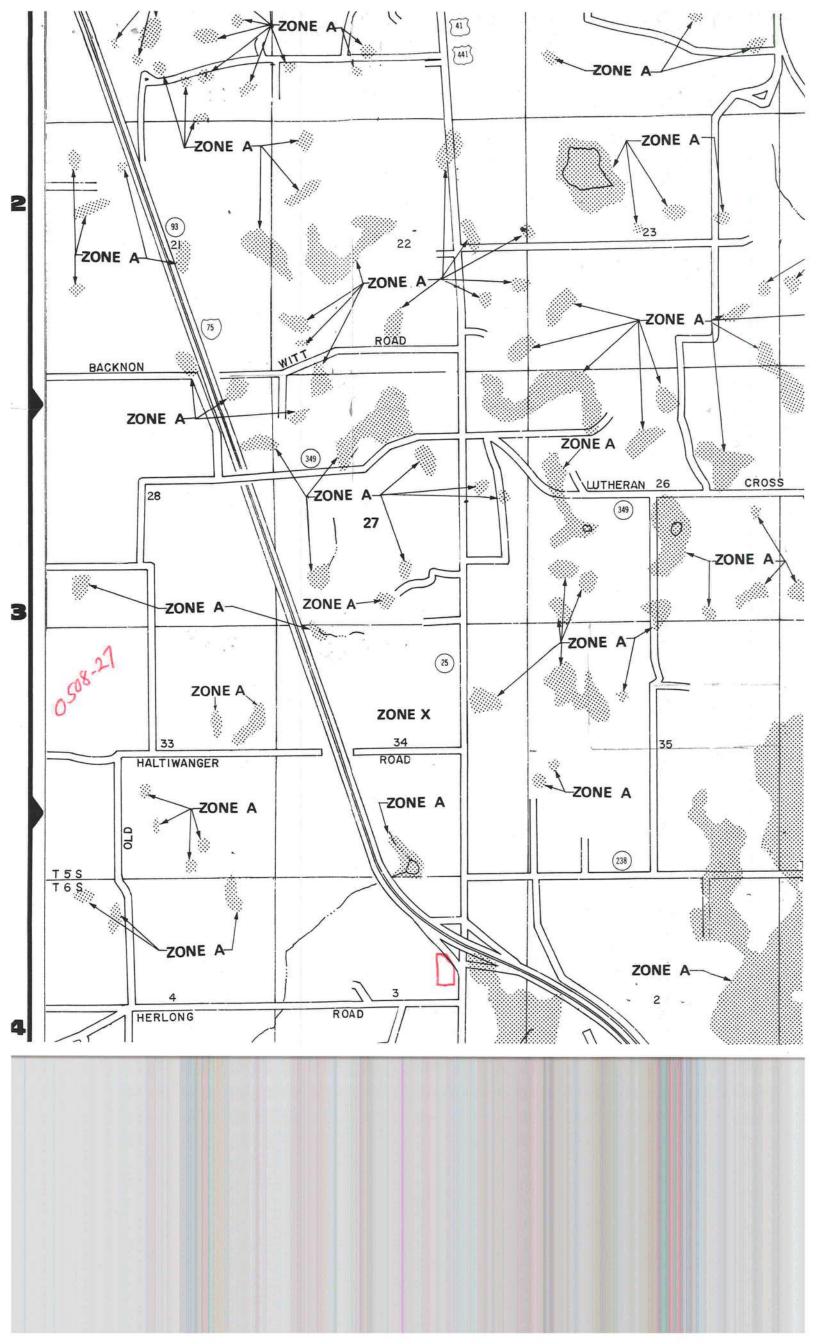
"WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT."

### 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.

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

Columbia County Building Permit Application Revised 9-23-0				
For Office Use Only Application # 58 - 21 Date Received 505 By By Permit # 23540				
Application Approved by - Zoning Official BLK Date 25,0805 Plans Examiner OK-57H Date 7-16-05				
Flood Zone Development Permit Zoning CHT_ Land Use Plan Map Category Land Use Plan Map Category				
Comments En XENTh: 94 1965 5				
Applicants Name Travel Country Rt Center Grange Country Phone 386-752-3723  Address 530 5th Florida Galeway Drive Lake City, FL 32069				
1000				
911 Address @ 136 Sw Welbs Glen, Lake Coty 1 fc 32024				
Contractors Name Gamble + Associates Construction Drc. Phone 384-364-1234				
Fee Simple Owner Name & Address N/A				
Bonding Co. Name & Address N/A				
Architect/Engineer Name & Address Williams Scotsman / John Bodziak				
Mortgage Lenders Name & Address N/A				
Circle the correct power company - FL Power & Light - Clay Elec Suwannee Valley Elec Progressive Energy				
Property ID Number 03-69-17-09560-000 Estimated Cost of Construction 7000.00				
Subdivision Name_N/A LotBlockUnitPhase				
Driving Directions 75 5 to Ellisville exits				
House) - dound tia , Rang Realis				
Type of Construction Modular Office- William Scottsman Number of Existing Dwellings on Property				
Total Acreage 4.15 Lot SizeDo you need a - <u>Culvert Permit</u> or <u>Culvert Walver</u> or <u>Have an Existing Driv</u>				
Actual Distance of Structure from Property Lines - Front 148 Side Side Rear/12				
Total Building Height $\pm 9'$ Number of Stories $-1$ Heated Floor Area $-650$ Roof Pitch $1:12$				
Application is hereby made to obtain a permit to do work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work be performed to meet the standards of all laws regulating construction in this jurisdiction.				
OWNERS AFFIDAVIT: I hereby certify that all the foregoing information is accurate and all work will be done in compliance with all applicable laws and regulating construction and zoning.				
WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.				
Gamble + Associates Construction. Dnc.  Owner Builder or Agent (Including Contractor)  Contractor Signature Contractors License Number CBC 058310				
STATE OF FLORIDA Competency Card Number  STELLA T. MORRIS				
Sworn to (or affirmed) and subscribed before me  Notary Public, State of Florida My comm. exp. Sept. 29, 2006				
this 31d day of august 2005. Skew P. Marie Comm. No. DD 154191				
Personally known or Produced Identification Notary Signature				





# STATE OF FLORIDA

STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

TI T	Permit Application Number _	3300
	DADT II SITE DI ANI	5050805095
	100	
Scale: Each block represents 5 feet and 1 inch	n = 50 feet.	
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62 25	Aug 3	E ITTELLE
		TO No. (con
		To be
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		Guns
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	well Location	
	1 - 1200'	
		15-12-3
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	Supa on Sign	THU S
	5/2× ° 1° 5/2 ° 18° 5 ° 18° 5	
	OK to make the total	
Natara	(2)153	
Notes:		
	B. D. Side P.	lan ok by MSL
TRavel Country Re	1- Ellisville	
1	1 100	
Site Plan submitted by:	Hath secretary treas	Tu/ (=
Plan Approved Slamble f	Not Approved D	ate_8/4/05
By MA OM	Colorbin Count	ty Health Department
ALL CHANGES MUST BI	E APPROVED BY THE COUNTY HEALTH DEPARTM	IENT
DH 4015, 10/96 (Replaces HRS-H Form 4015 which may be used) (Stock Number: 5744-002-4015-6)	8/11	Page 2 of 3
		The same of the sa

## NOTICE OF COMMENCEMENT FORM COLUMBIA COUNTY, FLORIDA

17897

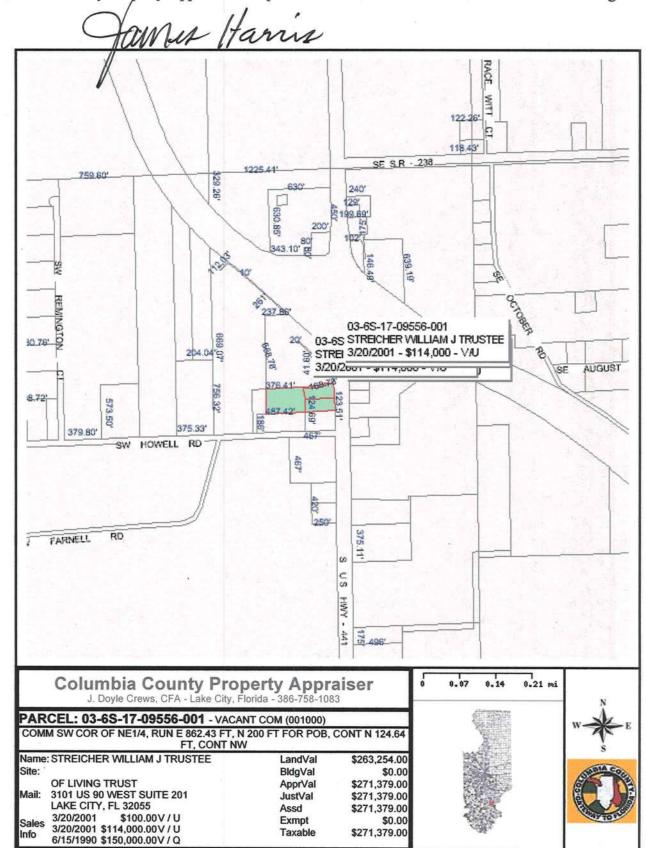
THE UNDERSIGNED hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

Tax Parcel ID Number 03-68-17-09560-000

1.	Description of property: (legal description of the property and street address or 911 address)
	136 SW Webbs Glen, Lake City FL 32024]
Sution 3:	Commence at the in tersection of the North right of way line of Herling Road and the
3	West right of way line of u.s. No. 41 and run thence N 00° 53'26"W along
	said W Right of way Line 373.51 ft.; Thence N 06°24' 06"W, still along said West
2.	General description of improvement: F. Thence S 87 23, 26 W, 137. 59 ft
	Place pre-manufactured Williams Scottman mobile OFFICE e site
3.	Owner Name & Address William J. Streicher, TRUSTEE
	3101 US 90 West Suite 201, Lake City, Fe Interest in Property Truste &
4.	Name & Address of Fee Simple Owner (if other than owner):
5.	Contractor Name Gamble + Associates Construction, Dit Phone Number 386-364-1234
	Address 8588 U.S. Hwy 90, Live Oak, FL 32060
6.	Surety Holders Name N/A
	Address [nst:2005020686 Date:08/25/2005 Time:11:12
	Amount of Bond DC, P. DeWitt Cason, Columbia County B: 1056 P: 301
7.	Lender Name N/A
	Address
501	Persons within the State of Florida designated by the Owner upon whom notices or other documents may be ved as provided by section 718.13 (1)(a) 7; Florida Statutes:  Name
	Address 530 S.W. FL Galeway Drive, Lake City, FL 32024
	In addition to himself/herself the owner designates
	to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) -
	(a) 7. Phone Number of the designee
10.	. Expiration date of the Notice of Commencement (the expiration date is 1 (one) year from the date of recording,
	(Unless a different date is specified)
NO The	TICE AS PER CHAPTER 713, Florida Statutes: owner must sign the notice of commencement and no one else may be permitted to sign in his/her stead.
192	Sworn to (or affirmed) and subscribed before day of Sugnature of Owner  Signature of Owner  Sworn to (or affirmed) and subscribed before day of Sugnature of Owner  BRADLEY W. FOREMAN MY COMMISSION # DD 374519 EXPIRES: December 30, 2008 Bonded Thru Notary Public Underwriters
	Dalfff

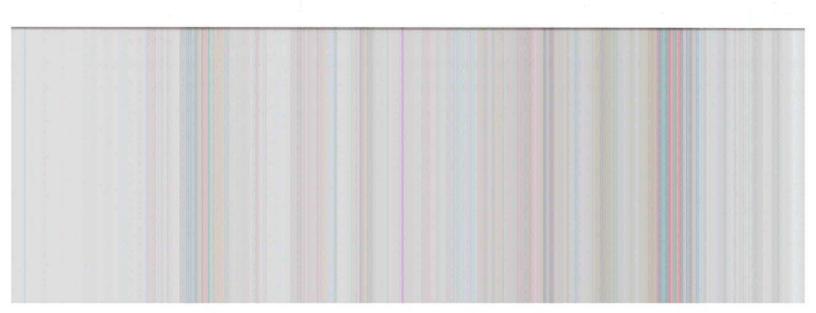
0508-27

HATFIELD, FRED JAMES III ST CERT GAMBLE & ASSOC.
8588 U.S. HWY 90-W
LIVE OAK, FL 32060
364-1234
CB-C058310



This information, GIS Map Updated: 8/3/2005, 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.

http://appraiser.columbiacountyfla.com/GIS/Print\_Map.asp?pjbnlkplhgmeclpofffddhfacb... 11/28/2005



#### STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT 05-8211 Permit Application Number PART II - SITE PLAN-Scale: Each block represents 5 lest and 1 Inch =50 feet. Notes: County Health Departmen ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT 0H 4015, 10dd (Replaces HRS-H Form 4015 which may be used) Page 2 of

O EMINE CE OF	STATE OF FLORIDA EPARTMENT OF HEALTH
APPLICATION FOR ONSITE	SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT
BAD PERMIT 23540	Permit Application Number 05-82/W
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Scale: Each block represents 5 feet and 1 inch = 5	<del>0 fee</del> t.
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Notes:	694.52 1 105 05
	B: B: Six Plan ok by MSI
TRavel County RV-	Ellisville ( )
Site Plan submitted by Ah 011 a He	et by ch
Site Plan submitted by:	so Signature well @ BP Title Title
Plan Approved	Not Approved well @ BP Date \$ 4/05
ву // Л	Columbia County Health Department
ALL CHANGES MUST BE AL	
	PPROVED BY THE COUNTY HEALTH DEPARTMENT
DH 4015, 10/96 (Replaces HRS-H Form 4015 which may be used) (Stock Number: 5744-002-4015-6)	Page 2 of 3

