DATE 05/13/2010

Columbia County Building Permit

This Permit Must Be Prominently Posted on Premises During Construction

PERMIT
000028565

APPLICANT PAUL COGLON PHONE 466-2315

ADDRESS 151 NW CALICO COURT LAKE CITY FL 32055

OWNER AMANDA LAMB PHONE 288-6090

ADDRESS 151 NW CALICO COURT LAKE CITY FL 32055

CONTRACTOR ROBERT SHEPPARD PHONE 623-2203

LOCATION OF PROPERTY LAKE JEFFERY, TR CALICO, BEHIND OLD HUNTSVILLE STORE

TYPE DEVELOPMENT MH,UTILITY ESTIMATED COST OF CONSTRUCTION 250.00

HEATED FLOOR AREA _____ TOTAL AREA _____ HEIGHT ____ STORIES ____

FOUNDATION _____ WALLS _____ 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. 1 FLOOD ZONE X DEVELOPMENT PERMIT NO. _____

PARCEL ID 09-3S-16-02045-005 SUBDIVISION _____

LOT ____ BLOCK ____ PHASE ____ UNIT ____ TOTAL ACRES 1.74

		IH0000833		
Culvert Permit No.	Culvert Waiver	Contractor's License Number		Applicant/Owner/Contractor
EXISTING	10-223	BK	HD	N
Driveway Connection	Septic Tank Number	LU & Zoning checked by	Approved for Issuance	New Resident

COMMENTS: MH BEING PLACED ON PORTION OF PROPERTY THAT IS A LEGAL LOT OF RECORD, DEED DATED 12/31/89, REPLACING MH, ONE FOOT ABOVE THE ROAD

Check # or Cash 1319

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

Insulation _____ 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

Pool _____ date/app. by

Permanent power _____ date/app. by

C.O. Final _____ date/app. by

Culvert _____ date/app. by

Pump pole _____ date/app. by

Utility Pole _____ date/app. by

M/H tie downs, blocking, electricity and plumbing _____ date/app. by

Reconnection _____ date/app. by

RV _____ date/app. by

Re-roof _____ date/app. by

BUILDING PERMIT FEE $ 0.00 CERTIFICATION FEE $ 0.00 SURCHARGE FEE $ 0.00

MISC. FEES $ 250.00 ZONING CERT. FEE $ 50.00 FIRE FEE $ 0.00 WASTE FEE $ _____

FLOOD DEVELOPMENT FEE $ ____ FLOOD ZONE FEE $ 25.00 CULVERT FEE $ ____ **TOTAL FEE** 325.00

INSPECTORS OFFICE _____ 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 NOT SUSPENDED, ABANDONED OR INVALID WHEN THE PERMIT HAS RECIEVED AN APPROVED INSPECTION WITHIN 180 DAYS OT THE PREVIOUS INSPECTION.

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

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION CK # 1319

For Office Use Only (Revised 1-10-08) Zoning Official BLK 11-5-10 Building Official ND 5-6-10

AP# 1004-61 Date Received 4/30/10 By G Permit # 28565-

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

Comments MH being placed on portion of property that is a legal lot of Record deed dated 31 Dec. 89 Replacing MH

FEMA Map# N/A Elevation N/A Finished Floor If below BFE River N/A In Floodway N/A

☑ Site Plan with Setbacks Shown ☑ EH # 10-0223 M ☐ EH Release ☑ Well letter ☐ Existing well

☐ Recorded Deed or Affidavit from land owner ☑ Letter of Auth. from installer ☐ State Road Access

☐ Parent Parcel # ☐ STUP-MH ☐ F W Comp. letter

IMPACT FEES: EMS Fire Corr Road/Code

☑ 911 sheet School = TOTAL N/A Suspended Sent ☑ OC ☑ IC ☑ UF

Property ID # 09-3S-16-02045-005 Subdivision

- New Mobile Home ____ Used Mobile Home ✓ MH Size 16X68 Year 2000
- Applicant Amanda Lamb & Paul Coglon Phone # 386-288-6090
- Address P.O. Box 1062 Lake City, FL 32056
- Name of Property Owner Amanda Lamb Phone# 386-288-6090
- 911 Address 151 NW Calico Ct. Lake City, FL 32055
- Circle the correct power company - (Circle One) - FL Power & Light - Clay Electric - Suwannee Valley Electric - Progress Energy
  527.8609 wk. cell
- Name of Owner of Mobile Home Paul Coglon Phone # 466-2315
  Address P.O. Box 1062 Lake City, FL 32056
- Relationship to Property Owner Boyfriend
- Current Number of Dwellings on Property 0
- Lot Size ____ Total Acreage 1.74
- 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 (pd)
- Driving Directions to the Property Lake Jeffery Hwy to Calico Ct on Rt, Behind old Huntsville store, 1st place on right
- Name of Licensed Dealer/Installer Robert Sheppard Phone # 386-623-2203
- Installers Address 6355 SE CR 245 lake city FL 32025
- License Number IH0000833 Installation Decal # 278546

Spoke to Paul + 5/12/10 Robert

PERMIT WORKSHEET

Installer Robert Sheppard License # IH0000833

Manufacturer Clayton Length x Width 16X68

Name of Owner of this Mobile Home

Phone

Address

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 RS

New Home ☐ Used Home ☑ Year 2000

Home installed to the Manufacturer's Installation Manual ☑

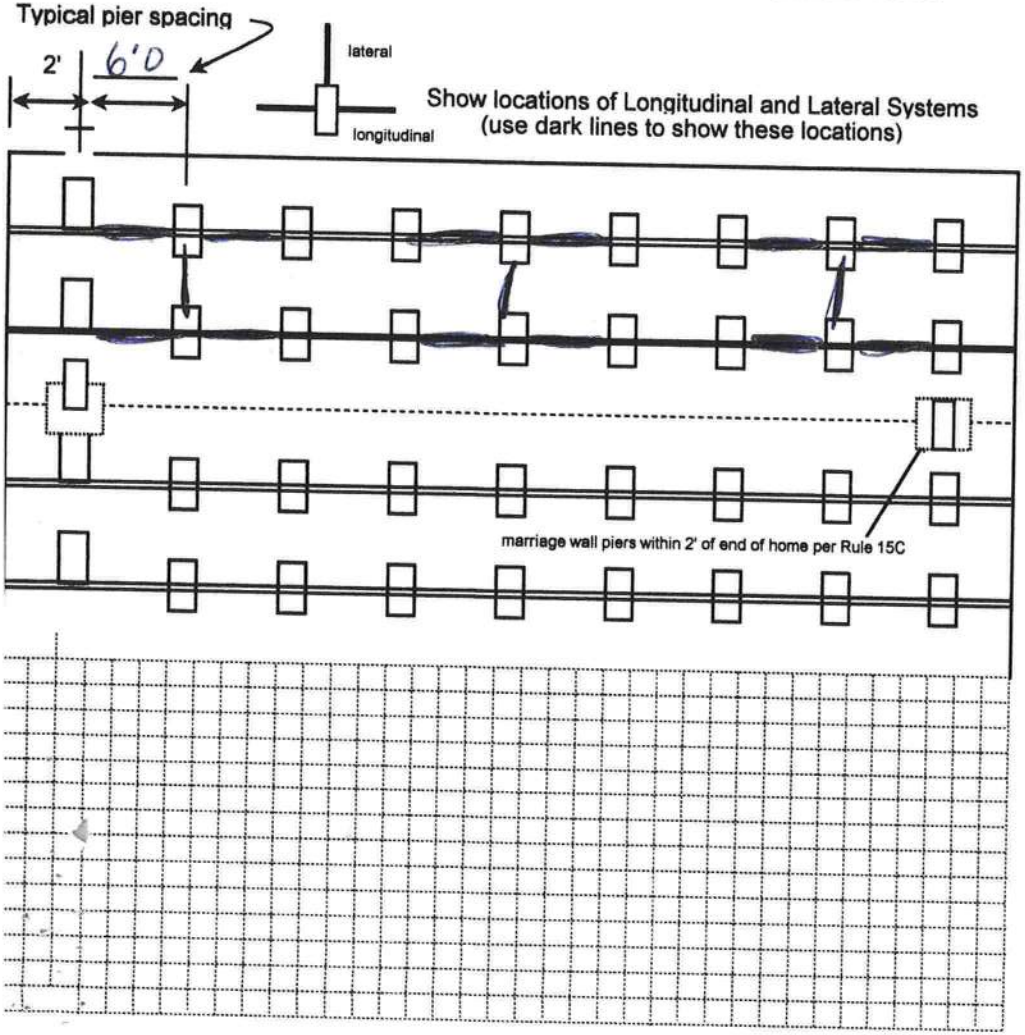
Home is installed in accordance with Rule 15-C ☐

Single wide ☑ Wind Zone II ☑ Wind Zone III ☐

Double wide ☐ Installation Decal # 278546

Triple/Quad ☐ Serial #

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 17X25

Perimeter pier pad size 17X25

Other pier pad sizes (required by the mfg.) 17X25

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

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

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer

Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer Diver 1101 ✓

OTHER TIES

	Number
Sidewall	24
Longitudinal	6
Marriage wall	
Shearwall	4

PERMIT WORKSHEET

PERMIT NUMBER _____

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 1500 psf or check here to declare 1000 lb. soil _____ without testing.

x 1800 x 1800 x 1800

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 1700 x 1800 x 1800

TORQUE PROBE TEST

The results of the torque probe test is 295 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.

RS Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Robert Sheppard

Date Tested 4-28-10

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. 29

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 28

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 28

Site Preparation

Debris and organic material removed ✓.
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.

Single wide

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 RS

Type gasket Foam
Pg. 23

Installed:
Between Floors Yes _____
Between Walls Yes _____
Bottom of ridgebeam Yes _____

Weatherproofing

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 ✓

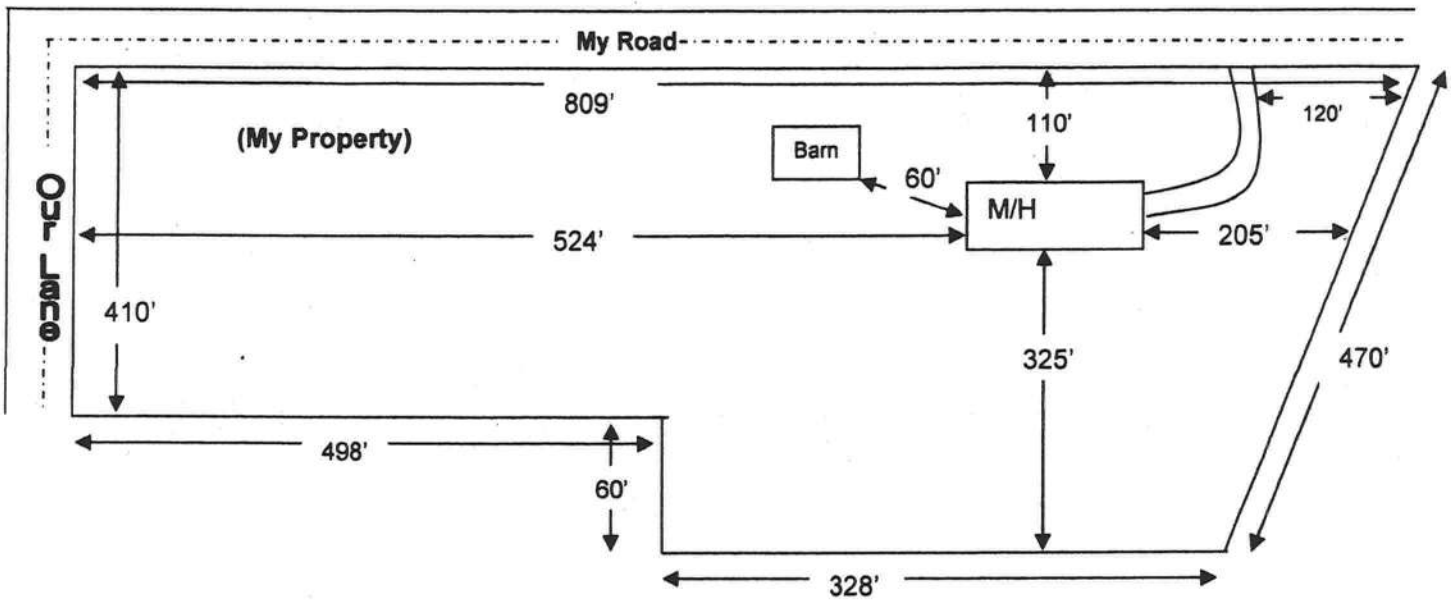
Miscellaneous

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 : _____

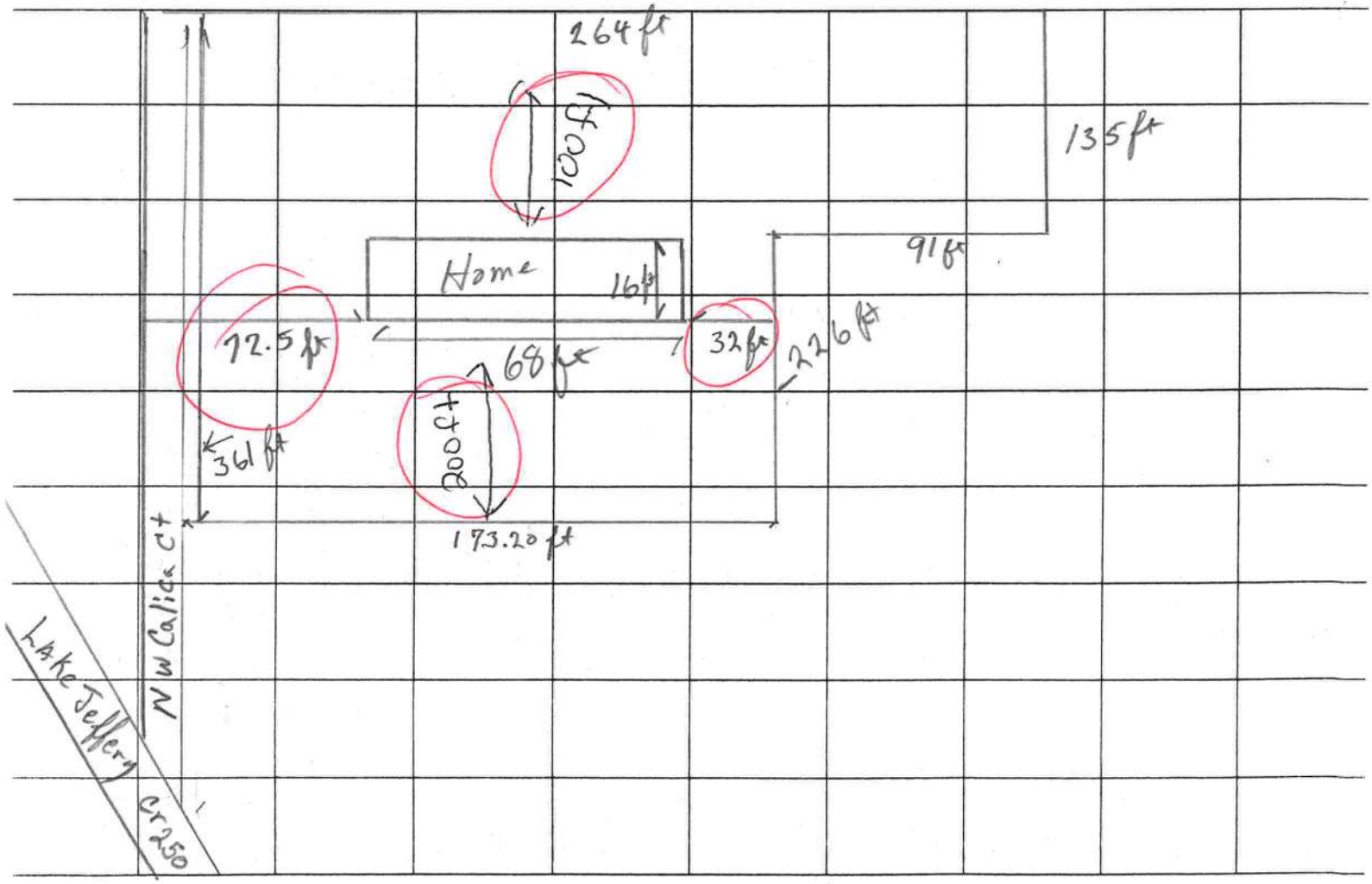
Installer verifies all information given with this permit worksheet is accurate and true based on the

Installer Signature Robert Sheppard **Date** 4-28-10

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. <u>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.</u>



Hall's Pump & Well Service, Inc.
904 NW Main Blvd
Lake City, FL. 32055

April 30, 2010

Notice to All Contractors:
Attn: Amanda Lamb

Please be advised that due to the new building codes we will use a large capacity diaphragm tank on all new wells. This will insure a minimum of one (1) minute draw down or one (1) minute refill. If a smaller diaphragm tank is used then we will install a cycle stop valve which will produce the same results. All wells will have a pump & tank combination that will be sufficient enough for each situation.

If you have any questions please feel free to call our office.

Thank You,

Russell Davis

Russell Davis

CODE EN FORCEMENT DEPARTMENT
COL IMBIA COUNTY, FLORIDA
OUT OF COUNTY . IOBILE HOME INSPECTION REPORT

COUNTY THE MOBILE HOME IS BEING MOVEI FROM Baker

OWNERS NAME Paul Coglin PHONE _____ CELL 386-466-2315

INSTALLER Robert Sheppard PHONE 386-752-9292 CELL 386-623-2203

INSTALLERS ADDRESS 6355 SE Cr 245 Lake City Fl 32025

MOBILE HOME INFORMATION

MAKE Clayton YEAR 2000 SIZE 16 x 68

COLOR white SER AL No. _____

WIND ZONE II SMOKE DETECTOR yes

INTERIOR:
FLOORS good
DOORS good
WALLS good
CABINETS good
ELECTRICAL (FIXTURES/OUTLETS) good

EXTERIOR:
WALLS / SIDDING good
WINDOWS good
DOORS good

STATUS:
APPROVED ✓ NOT APP !OVED _____

NOTES: _____

INSTALLER OR INSPECTORS PRINTED NAME Robert Sheppard

Installer/Inspector Signature Robert Sheppard License No IH0000833 Date 4-28-10

ONLY THE ACTUAL LICENSE HOLDER OR A BUILDING INSPECTOR CAN SIGN THIS FORM.

NO WIND ZONE ONE MOBILE HOMES WILL BE PE RMITTED. MOBILE HOMES PRIOR TO 1977 ARE PRE-HUD AND THE WIND ZONE MUST BE PROVEN TO BE PERM TTED.

BEFORE THE MOBILE HOME CAN BE MOVED INT O COLUMBIA COUNTY THIS FORM MUST BE COMPLETED AND RETURNED TO THE COLUMBIA COUNTY BU LDING DEPARTMENT.

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

Code Enforcement Approval Signature _____ Date 4-30-10

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 AGENT AUTHORIZATION

I, Robert Sheppard (Installers Name), give this authority 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	Agents Company Name
Paul Coglon	Paul Coglon	N/A

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.

Robert Sheppard — License Holders Signature (Notarized)
IH0000833 — License Number
4-30-10 — Date

NOTARY INFORMATION:
STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Robert Sheppard, personally appeared before me and is known by me or has produced identification (type of I.D.) _____ on this 30th day of April, 2010.

Laurie Hodson
NOTARY'S SIGNATURE

(Seal/Stamp)

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

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR Robert Sheppard PHONE 386-623-2203

THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

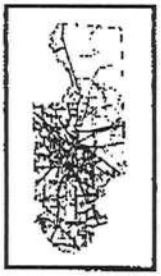
In Columbia County one permit will cover all trades doing work at the permitted site. It is REQUIRED that we have records of the subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and Ordinance 89-6, a contractor shall require all subcontractors to provide 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.

ELECTRICAL	Print Name Amanda Lamb	Signature Amanda Lamb
Signed	License #:	Phone #:
MECHANICAL/ A/C _____	Print Name Amanda Lamb	Signature Amanda Lamb
	License #:	Phone #:
PLUMBING/ GAS	Print Name Robert Sheppard	Signature Robert Sheppard
	License #: IH0000833	Phone #: 386-623-2203
ROOFING	Print Name _____	Signature _____
	License #:	Phone #:
SHEET METAL	Print Name _____	Signature _____
	License #:	Phone #:
FIRE SYSTEM/ SPRINKLER	Print Name _____	Signature _____
	License#:	Phone #:
SOLAR	Print Name _____	Signature _____
	License #:	Phone #:

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			
FRAMING			
INSULATION			
STUCCO			
DRYWALL			
PLASTER			
CABINET INSTALLER			
PAINTING			
ACOUSTICAL CEILING			
GLASS			
CERAMIC TILE			
FLOOR COVERING			
ALUM/VINYL SIDING			
GARAGE DOOR			
METAL BLDG ERECTOR			

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.



COLUMBIA COUNTY
911 ADDRESSING / GIS DEPARTMENT

P. O. Box 1787, Lake City, FL 32056-1787
Telephone: (386) 758-1125 • Fax: (386) 758-1365 • Email: ron_croft@columbiacountyfla.com

ADDRESS ASSIGNMENT DATA

The Columbia County Board of County Commissioners has passed Ordinance 2001-9, which provides for a uniform numbering system. A copy of this ordinance is available in the Clerk of Court records, located in the courthouse. This new numbering system will increase the efficiency of POLICE, FIRE AND EMERGENCY MEDICAL vehicles responding to calls within Columbia County by immediately identifying the location of the caller.

A Residential or Other Structure(s) on Parcel Number:
09-3S-16-02045-005

Address Assignment(s):
151 NW CALICO CT, LAKE CITY, FL, 32055

Note: Home replacing mobile home on property, no change in address assignment necessary.

Any questions concerning this information should be referred to the Columbia County 911 Addressing / GIS Department at the address or telephone number above.

APR-30-2010 13:11 From: To:9758056 Page:2/2

Prepared by and return to
Amanda Lamb
P.O. Box 1062
Lake City, Florida 32056
Parcel ID No: Parcel B

Inst:2006027650 Date:11/21/2006 Time:15:33
Doc Stamp-Deed : 0.70
DC,P.DeWitt Cason,Columbia County B:1102 P:1916

Quit Claim Deed

Made this November 8, 2006 A.D.by **Raymond Pitts and Barbara Pitts, husband and wife,** whose post office address is:**8008 SE 194th Ln., White Springs, Florida 32096** hereinafter called the grantor to **Amanda Lamb, an unmarried woman,** whose post office address is:**P.O. Box 1062 Lake City, Florida 32056** hereinafter called the grantee:

(Whenever used herein the term "grantor" and "grantee" include all the parties to this instrument and the heirs, legal re-presentatives and assigns of individuals, and the successors and assigns of corporations)

Witnesseth, that the grantor, for and in consideration of the sum of $ TEN AND NO/100 DOLLARS ($10.00) and other valuable considerations, receipt whereof is hereby acknowledged, does hereby remise, release, and quit claim unto the grantee forever, all the right, title, interest, claim and demand which the said grantor has in and to, all that certain land situate in Columbia County, Florida, viz:

Parcel "B"
A PARCEL OF LAND IN SECTION 9, TOWNSHIP 3 SOUTH, RANGE 16 EAST MORE PARTICULARLY DESCRIBED AS FOLLOWS:
COMMENCE AT THE SE CORNER OF THE SE 1/4 OF NE 1/4, SECTION 9, TOWNSHIP 3 SOUTH, RANGE 16 EAST, COLUMBIA COUNTY, FLORIDA AND RUN THENCE S 89°17'24" W ALONG THE SOUTH LINE OF SAID SE 1/4 OF NE 1/4, 550.58 FEET TO THE POINT OF BEGINNING; CONTINUE THENCE S 89°17'24" W, STILL ALONG THE SAID SOUTH LINE OF SE 1/4 OF NE 1/4, 91.00 FEET TO THE NE CORNER OF THE W 1/2 OF THE NE 1/4 OF SE 1/4; THENCE S 01°14'36" E, ALONG THE EAST LINE OF SAID W 1/2 OF NE 1/4 OF SE 1/4, 226.48 FEET; THENCE S 88°45'24" W, 170.93 FEET; THENCE N 01°14'36" W, 361.28 FEET; THENCE N 88° 28'06" E, 264.26 FEET; THENCE S 00°45'45" E, 135.67 FEET TO THE POINT OF BEGINNING. CONTAINING 1.7 ACRES MORE OR LESS.

Together with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.
To Have and to Hold, the same together with all and singular the appurtenances thereunto belonging or in anywise appertaining, and all the estate, right, title, interest, lien, equity and claim whatsoever of the said grantor, either in law or equity, to the only proper use, benefit and behoof of the said grantee forever.
In Witness Whereof, the said grantor has signed and sealed these presents the day and year first above written.
Signed, sealed and delivered in our presence:

Witness Name Jefferson Cody Ballance — Printed
Jefferson Cody Ballance

Raymond Pitts 11/9/06 (Seal)
Raymond Pitts
Address:8008 SE 194th Lane White Springs, Florida 32096

Witness Name Jefferson Cody Ballance — Printed
Jefferson Cody Ballance

Barbara Pitts 11/9/06 (Seal)
Barbara Pitts
Address: 8008 SE 194th Lane White Springs, Florida 32096

Witness Name _____ Printed

_____ (Seal)
Address:

Witness Name _____ Printed

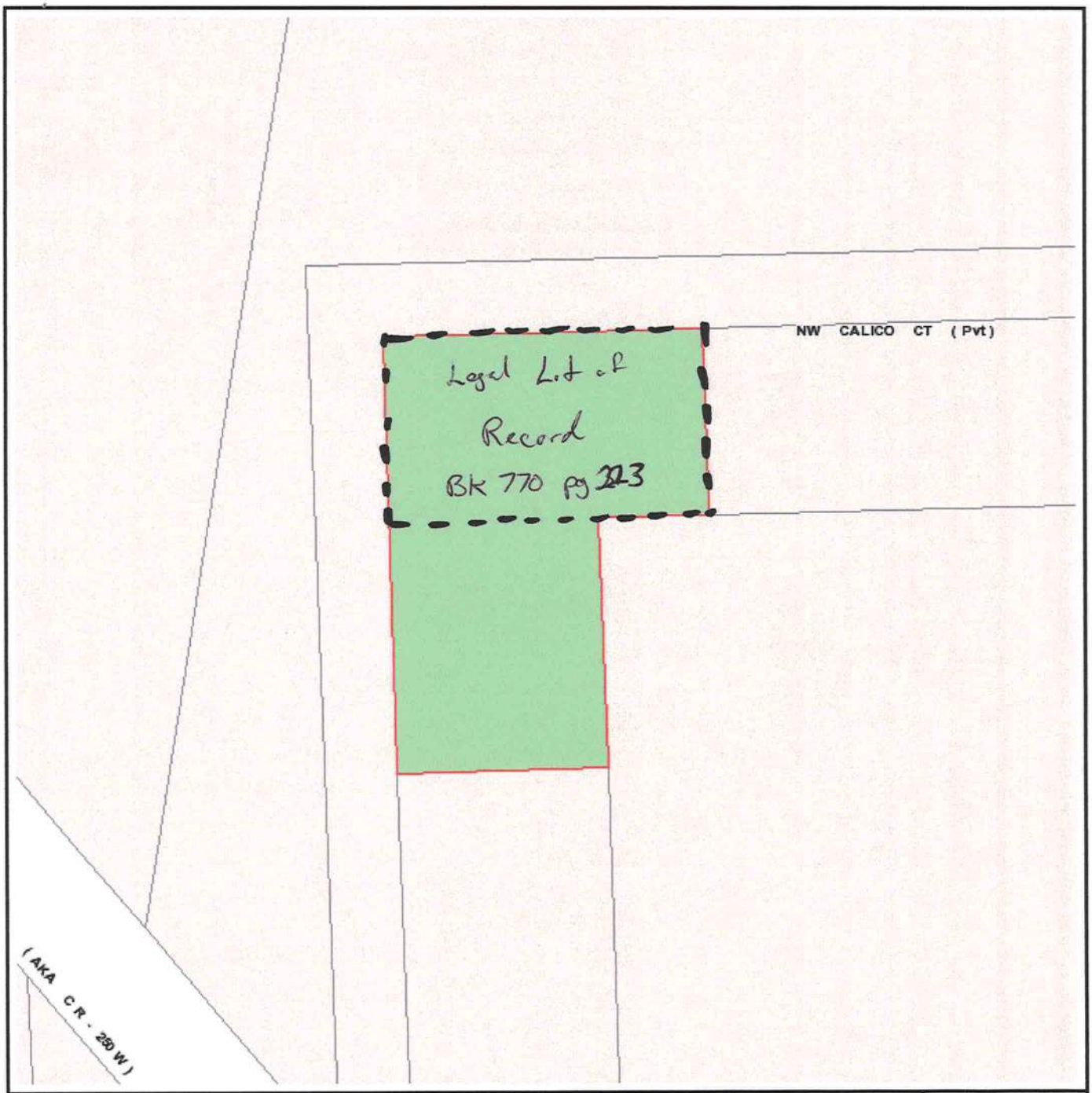
_____ (Seal)
Address:

State of Florida
County of Columbia

The foregoing instrument was acknowledged before me this 8th day, of November, 2006, by **Raymond Pitts and Barbara Pitts,** who is personally known to me or who has produced Fl Dl as identification.

NOTARY PUBLIC-STATE OF FLORIDA
Hannah M. Lord
Commission # DD568332
Expires: JUNE 26, 2010
BONDED THRU ATLANTIC BONDING CO., INC.

Hannah M Lord
Notary Public
Print Name: Hannah M. Lord
My Commission Expires: June 26, 2010



Columbia County Property Appraiser

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

PARCEL: 09-3S-16-02045-005 - VACANT (000000)

BEG NE COR OF SE1/4, RUN N 135.67 FT, W 816.59 FT, S 361.28 FT, E 173.20 FT, N 223.56 FT, E 641.68 FT TO POB. EX 1.70 AC DESC ORB 1102-1191 ORB 556-53

Name: LAMB AMANDA
Site: 151 NW CALICO CT
Mail: P O BOX 1062, LAKE CITY, FL 32056
Sales Info: 11/8/2006 $100.00 I / U

2009 Certified Values

Land	$25,208.00
Bldg	$0.00
Assd	$25,208.00
Exmpt	$0.00
Taxbl	Cnty: $25,208 Other: $25,208 | Schl: $25,208

NOTES:

This information,GIS Map Updated: 5/6/2010, 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.

powered by: GrizzlyLogic.com

1004-61

Return to:
Name
Address

Property Appraiser's
Parcel Identification No.

This instrument was prepared by:
Name TERRY McDAVID
Address Post Office Box 1328
LAKE CITY, FLORIDA 32056-1328

DOCUMENTARY STAMP .55 BK 0707 PG 223
INTANGIBLE TAX
P. DeWITT CASON, CLERK OF COURTS, COLUMBIA COUNTY
OFFICIAL RECORDS
D.C.

Grantee S.S. No. [redacted]
Name Raymond Pitts
Grantee S.S. No.
Name

(Space above this line for recording data.)

WARRANTY DEED (STATUTORY FORM — SECTION 689.02, F.S.)

This Indenture, made this 31 day of December 19 89, **Between**

BRUCE D. MARKHAM and his wife, GLORIA J. MARKHAM

of the County of Columbia, State of Florida, grantor*, and

RAYMOND PITTS,

whose post office address is Rt. 8, Box 445, Lake City, FL 32055
of the County of Columbia, State of Florida, grantee*,

Witnesseth that said grantor, for and in consideration of the sum of ----TEN AND NO/100---------- ----------($10.00)---------- Dollars, and other good and valuable considerations to said grantor in hand paid by said grantee, the receipt whereof is hereby acknowledged, has granted, bargained and sold to the said grantee, and grantee's heirs and assigns forever, the following described land, situate, lying and being in Columbia County, Florida, to-wit:

TOWNSHIP 3 SOUTH - RANGE 16 EAST

SECTION 9: Commence at the SE corner of the SE 1/4 of NE 1/4 and run S 89°17'24" W, 641.68 feet to the POINT OF BEGINNING; thence run N 1°14'36" W, 135.67 feet; thence run S 88°28'06" W, 173.21 feet; thence run S 1°14'36" E, 135.67 feet to a point on the North line of the NE 1/4 of SE 1/4; thence run N 88°28'06" E along said North line 173.21 feet to the POINT OF BEGINNING.

SUBJECT TO: Restrictions, easements and outstanding mineral rights of record, if any, and taxes for the current year.

90 00407

90 JAN 10 PM 3:24

and said grantor does hereby fully warrant the title to said land, and will defend the same against the lawful claims of all persons whomsoever.

*"Grantor" and "grantee" are used for singular or plural, as context requires.

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:

X Bruce D. Markham (Seal)
Bruce D. Markham

X Gloria J. Markham (Seal)
Gloria J. Markham

STATE OF FLORIDA
COUNTY OF COLUMBIA

I HEREBY CERTIFY that on this day before me, an officer duly qualified to take acknowledgments, personally appeared
BRUCE D. MARKHAM and his wife, GLORIA J. MARKHAM

to me known to be the person(s) described in and who executed the foregoing instrument and acknowledged before me that he/she/they executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this 31 day of December, 19 89.

My commission expires:

Notary Public
NOTARY PUBLIC, STATE OF FLORIDA
MY COMMISSION EXPIRES: JULY 17, 1992
BONDED THRU NOTARY PUBLIC UNDERWRITERS

22F-761-401

RONNIE BRANNON, CFC
TAX COLLECTOR COLUMBIA COUNTY

REMINDER REAL ESTATE 2009 105481.0000

NOTICE OF AD VALOREM TAXES AND NON-AD VALOREM ASSESSMENTS

ACCOUNT NUMBER	ESCROW CD	ASSESSED VALUE	EXEMPTIONS	TAXABLE VALUE	MILLAGE CODE
R02045-005		See Below	See Below	See Below	003

C 3 1**AUTO**SCH 5-DIGIT 32006

LAMB AMANDA
PO BOX 1062
LAKE CITY FL 32056-1062

09-3S-16 0000/0200 1.74 Acres
BEG NE COR OF SE1/4, RUN N
135.67 FT, W 816.59 FT, S
361.28 FT, E 173.20 FT, N
223.56 FT, E 641.68 FT TO POB.
EX 1.70 AC DESC ORB 1102-1191
See Tax Roll For Extra Legal

AD VALOREM TAXES

TAXING AUTHORITY	MILLAGE RATE	ASSESSED VALUE	EXEMPTION AMOUNT	TAXABLE VALUE	TAXES LEVIED
BOARD OF COUNTY COMMISSIONERS	78.9100	25,208		25,208	198.92
COLUMBIA COUNTY SCHOOL BOARD		25,208		25,208	
DISCRETIONARY	9.9800	25,208		25,208	25.16
LOCAL	53.6300	25,208		25,208	135.19
CAPITAL OUTLAY	15.0000	25,208		25,208	37.81
SUWANNEE RIVER WATER MGT DIST	4.3990	25,208		25,208	11.09
LAKE SHORE HOSPITAL AUTHORITY	20.4680	25,208		25,208	51.60
COLUMBIA COUNTY INDUSTRIAL	1.2400	25,208		25,208	3.13

TOTAL MILLAGE 183.6270 AD VALOREM TAXES 462.90

NON-AD VALOREM ASSESSMENTS

LEVYING AUTHORITY	RATE	AMOUNT
FFIR FIRE ASSESSMENTS	Per Parcel	77.00
GGAR SOLID WASTE - ANNUAL	Per Parcel	201.00

FOR INFORMATION OR TO PAY WITH CREDIT/DEBIT CARD VISIT www.columbiataxcollector.com (CONVENIENCE FEE APPLIES)

NON- AD VALOREM ASSESSMENTS 278.00

COMBINED TAXES AND ASSESSMENTS | PAY ONLY ONE AMOUNT | SEE REVERSE SIDE FOR IMPORTANT INFORMATION

If Paid By	Apr 30, 2010	Advertised If Not	May 21, 2010	Certificate	
Please Pay	763.13	Paid By 04/30	781.63	Sold 05/29	

RETAIN THIS PORTION AS YOUR RECEIPT OR MAIL A SELF-ADDRESSED STAMPED ENVELOPE FOR RETURN OF VALIDATED RECEIPT.
AFTER MARCH 31ST, TAXES BECOME DELINQUENT ADDITIONAL PENALTIES AND FEES WILL APPLY.

REMINDER REAL ESTATE 2009 105481.0000

RONNIE BRANNON, CFC
TAX COLLECTOR COLUMBIA COUNTY

NOTICE OF AD VALOREM TAXES AND NON-AD VALOREM ASSESSMENTS

ACCOUNT NUMBER	ESCROW CD	ASSESSED VALUE	EXEMPTIONS	TAXABLE VALUE	MILLAGE CODE
R02045-005		See Above	See Above	See Above	003

SEE INSERT FOR INFORMATION AND TELEPHONE NUMBERS

LAMB AMANDA
PO BOX 1062
LAKE CITY FL 32056-1062

09-3S-16 0000/0200 1.74 Acres
BEG NE COR OF SE1/4, RUN N
135.67 FT, W 816.59 FT, S
361.28 FT, E 173.20 FT, N
223.56 FT, E 641.68 FT TO POB.
EX 1.70 AC DESC ORB 1102-1191
See Tax Roll For Extra Legal

PLEASE PAY IN U.S. FUNDS TO RONNIE BRANNON COLUMBIA COUNTY TAX COLLECTOR • 135 NE HERNANDO AVE. SUITE 125 • LAKE CITY, FL 32055

If Paid By	Apr 30, 2010	Advertised If Not	May 21, 2010	Certificate	
Please Pay	763.13	Paid By 04/30	781.63	Sold 05/29	

Columbia County Property Appraiser

DB Last Updated: 5/6/2010

2009 Tax Roll Year

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

Parcel: 09-3S-16-02045-005

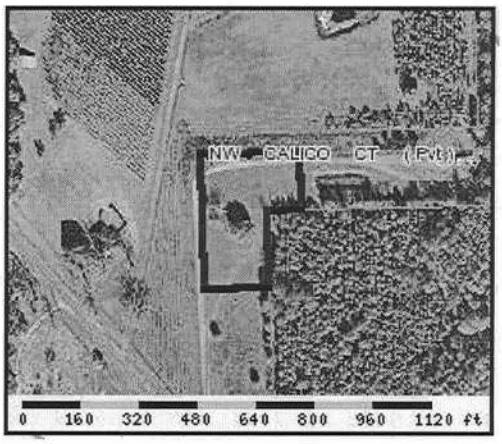
<< Next Lower Parcel | Next Higher Parcel >>

Search Result: 1 of 1

Owner & Property Info

Owner's Name	LAMB AMANDA		
Mailing Address	P O BOX 1062 LAKE CITY, FL 32056		
Site Address	151 NW CALICO CT		
Use Desc. (code)	VACANT (000000)		
Tax District	3 (County)	**Neighborhood**	9316
Land Area	1.740 ACRES	**Market Area**	01
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction.		

BEG NE COR OF SE1/4, RUN N 135.67 FT, W 816.59 FT, S 361.28 FT, E 173.20 FT, N 223.56 FT, E 641.68 FT TO POB. EX 1.70 AC DESC ORB 1102-1191 ORB 556-538, 520-548, 707-223, QCD 1102-1916.



Property & Assessment Values

2009 Certified Values		
Mkt Land Value	cnt: (0)	$25,208.00
Ag Land Value	cnt: (2)	$0.00
Building Value	cnt: (0)	$0.00
XFOB Value	cnt: (0)	$0.00
Total Appraised Value		$25,208.00
Just Value		$25,208.00
Class Value		$0.00
Assessed Value		$25,208.00
Exempt Value		$0.00
Total Taxable Value		Cnty: $25,208 Other: $25,208 | Schl: $25,208

2010 Working Values

NOTE:
2010 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
11/8/2006	1102/1916	QC	I	U	01	$100.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
NONE						

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
NONE						

Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
000000	VAC RES (MKT)	1.74 AC	1.00/1.00/1.00/1.00	$12,004.20	$20,887.00
009945	WELL/SEPT (MKT)	1 UT - (0000000.000AC)	1.00/1.00/1.00/1.00	$2,000.00	$2,000.00

Columbia County Property Appraiser

DB Last Updated: 5/6/2010

TO: Columbia County Public Records

FAX: 386-758-1337

Attention Rose Ann

BUILDING AND ZONING
Janice- Brian-Connie
FAX 758-2160

Please provide us with the following copies and charge to our account.

BOOK	PAGE	DOCUMENT TYPE	ALL PAGES ?
520	548	Deed	yes
556	538	Deed	yes

On Mortgage copies, please send ONLY the 1st page, S page, signature page and legal page.

Unless otherwise stated.

ORB 556 PG538 - Not a deed.
OMA

Thank You,

Prep. St
Sec. 31, S:

This instrument was prepared by:

This Instrument Prepared By:
TERRY McDAVID
200 North Marion Street
LAKE CITY, FLORIDA 32055

Warranty Deed (STATUTORY FORM—SECTION 689.02 F.S.)

This Indenture, Made this 15th day of September 1983, **Between**

BILL MARKHAM and his wife, LILLIAN MARKHAM,

of the County of Columbia, State of Florida, grantor*, and

RAYMOND PITTS

whose post office address is Route 8, Box 445, Lake City, Florida 32055

of the County of Columbia, State of Florida, grantee*,

OFFICIAL RECORDS BK 0520 PG 549

Witnesseth, That said grantor, for and in consideration of the sum of

Ten and no/100---------- Dollars,

and other good and valuable considerations to said grantor in hand paid by said grantee, the receipt whereof* is hereby acknowledged, has granted, bargained and sold to the said grantee, and grantee's heirs and assigns forever, the following described land, situate, lying and being in Columbia County, Florida, to-wit:

TOWNSHIP 3 SOUTH - RANGE 16 EAST

SECTION 9: Commence at the NE Corner of the W½ of the NE¼ of the SE¼, thence run S 1°14'36"E, along the East line of said W½, 223.56 feet to the POINT OF BEGINNING; thence continue S 1°14'36"E, along said East line, 608.00 feet to the Northeasterly right-of-way of C-250; thence N 40°45'30"W, along said right-of-way, 272.21 feet; thence N 1°14'36"W, 398.00 feet; thence N 88°45'24"E, 173.20 feet to the POINT OF BEGINNING. Containing 2.0 acres.

N.B.: For a period of 25 years from the date of this conveyance, the property shall not be used for the sale or manufacture of alcoholic beverages.

83-0762

and said grantor does hereby fully warrant the title to said land, and will defend the same against the lawful claims of all persons whomsoever.

* "Grantor" and "grantee" are used for singular or plural, as context requires.

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:

Myrtle Ann McElroy
Wiania S. Bass

Bill Markham (Seal)

Lillian Markham (Seal)

(Seal)

(Seal)

FILED AND RECORDED IN PUBLIC RECORDS OF COLUMBIA COUNTY, FL.
1983 SEP 16 AM 8:55
CLERK OF COURTS COLUMBIA COUNTY, FLORIDA

STATE OF FLORIDA
COUNTY OF COLUMBIA

I HEREBY CERTIFY that on this day before me, an officer duly qualified to take acknowledgments, personally appeared

BILL MARKHAM and his wife, LILLIAN MARKHAM,

to me known to be the persons described in and who executed the foregoing instrument and acknowledged before me that they executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this 15th day of September 1983.

My commission expires: 2-12-87

Myrtle Ann McElroy
Notary Public

COLUMBIA COUNTY, FLORIDA
DOCUMENTARY STAMP
PAID $31.50
DATE 9-16-83
MARY H. CARLTON, CLERK
BY [illegible] D.C.

2010-May-11 12:14 PM Columbia County Clerk of Court 3867197558 2/2

555 123003335 10-0225
SBR 3/5

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

PERMIT NO. 963733
DATE PAID: 125.00
FEE PAID: 430.00
RECEIPT #: 12516884

Chg to Modify 10-0711-65

LC

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

APPLICANT: Amanda Lamb

AGENT: Paul Coglon TELEPHONE: 386-466-2315

MAILING ADDRESS: P.O Box 1062 Lake City Fla 32056

==========

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.

==========

PROPERTY INFORMATION

LOT: _____ BLOCK: _____ SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: 09-3S-16 R02045-005 ZONING: Res. I/M OR EQUIVALENT: [Y / (N)]

PROPERY SIZE: 1.74 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / (N)] DISTANCE TO SEWER: 10ft FT

PROPERTY ADDRESS: 151 Calico Ct Lake City Fla

DIRECTIONS TO PROPERTY: Lake Jeffery 4 miles to Huntsville Church Across St from Church next to old Store is Calico Ct

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	Mobile Home	3 2BR Rec 5-11-2010	1120	
2				
3				
4				

Paul Cole 5-10-2010
REVISED
5/10/10
Changed to Modify.

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

SIGNATURE: Amanda Lamb DATE: 4-30-10

STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 10-0225E

PART II - SITE PLAN

Scale: Each block represents 5 feet and 1 inch = 50 feet.

Notes: _____

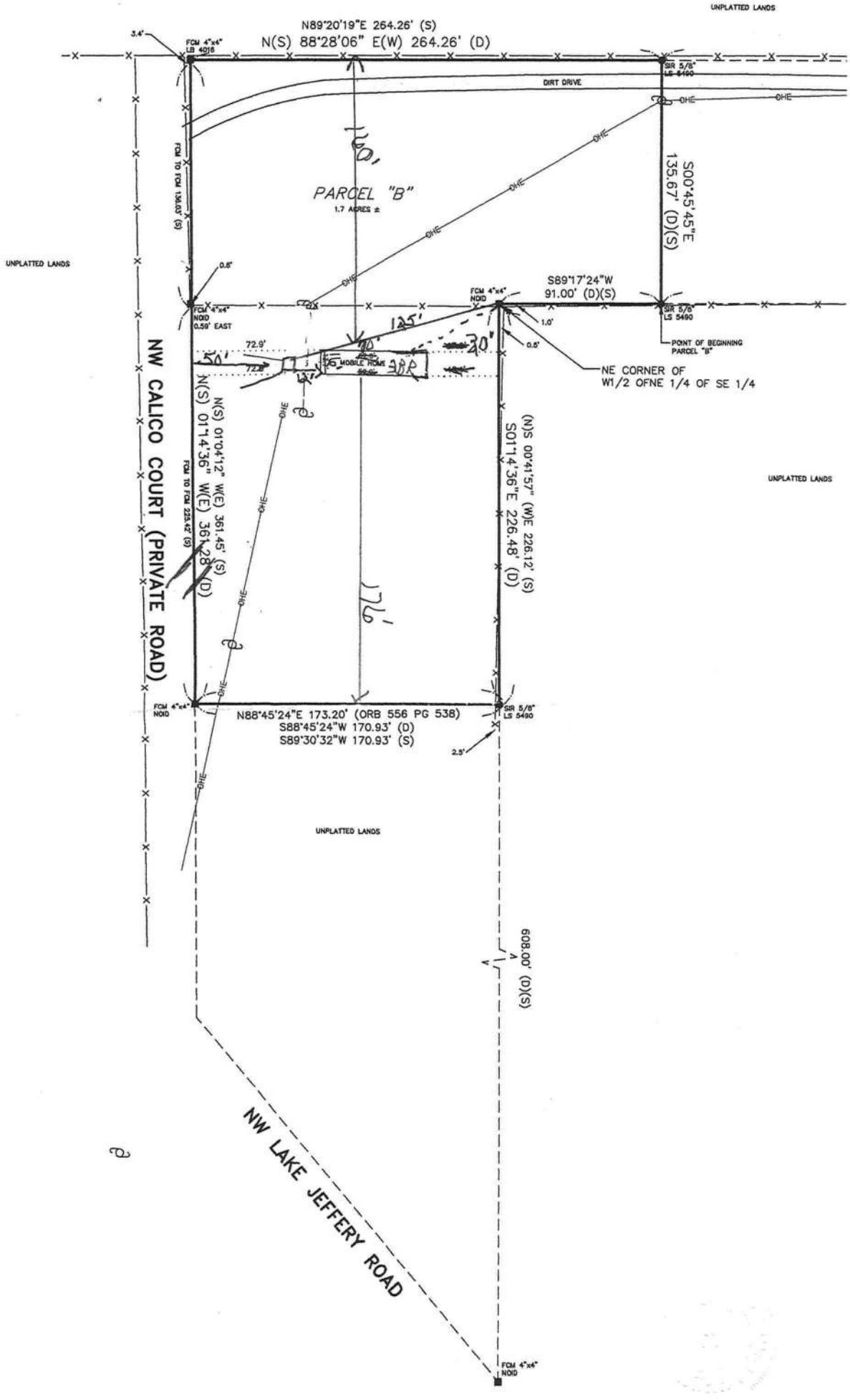
Site Plan submitted by: Paul Cofer (Signature) Agent (Title)

Plan Approved ✓ Not Approved _____ Date 5/11/10

By Sallie Ford - EH Director - Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

MAP OF BOUNDA



CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 5/12/10 BY G IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? ~~Yes~~ No

OWNERS NAME Amanda Lamb PHONE ~~2~~ CELL 288-6090

ADDRESS 6355 SE CR 245, Lake City, FL.

MOBILE HOME PARK N/A SUBDIVISION N/A

DRIVING DIRECTIONS TO MOBILE HOME Price Creek Rd, 1/2 mile from Hopeful on left - Robert Sheppard house

MOBILE HOME INSTALLER Robert Sheppard PHONE 623-2203 CELL _____

MOBILE HOME INFORMATION

MAKE Clayton YEAR 2000 SIZE 16 X 70 COLOR White

SERIAL No. _____

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: pd.

Paid By: _____

Notes: _____

_____ 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

STATUS

APPROVED ✓ WITH CONDITIONS: _____

NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS _____

_____

SIGNATURE Phone Per Glen Parnell ID NUMBER _____ DATE 5-13-10 LH

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 5/12/10 BY G IS THE VIN ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? Yes No

OWNERS NAME Amanda Lamb PHONE # CELL 288-6090

ADDRESS 6355 SE CR 245, Lake City, FL.

MOBILE HOME PARK N/A SUBDIVISION N/A

DRIVING DIRECTIONS TO MOBILE HOME Price Creek Rd, 1/2 mile from Hopeful on left - Robert Sheppard house

MOBILE HOME INSTALLER Robert Sheppard PHONE 623-2203 CELL

MOBILE HOME INFORMATION

MAKE Clayton YEAR 2000 SIZE 16 X 70 COLOR White

SERIAL No. WHC0106416A

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: pd.

Paid By:

Notes:

- ✓ 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

STATUS

APPROVED ✓ WITH CONDITIONS:

NOT APPROVED ____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS

SIGNATURE Ruth S. Pruitt ID NUMBER 402 DATE 5-13-10