

COLUMBIA COUNTY

Property Appraiser

Parcel 36-5S-15-00487-011 <https://search.ccpaf.com/parcel/00487011155536>

Owners

SHREE KRUPA HOSPITALITY LLC
8771 EMERALDWOOD WAY
LAND O' LAKES, FL 34637

Legal Description

SW1/4 OF SE1/4 AS LIES W OF OLD
ICHETUCKNEE RD,
EX THE N 866 FT & EX THE W 710 FT.

319-399, 763-2043, 901-2304, 947-
98,
WD 1046-906, WD 1508-229,

Parcel Summary

Location	
Use Code	9901: AC/XFOB
Tax District	3: COUNTY
Section	36
Township	5S
Range	15
Acreage	1.3000
Subdivision	DIST 3

Working Values

	2024
Total Building	\$0
Total Extra Features	\$7,200
Total Market Land	\$14,040
Total Ag Land	\$0
Total Market	\$21,240
Total Assessed	\$20,449
Total Exempt	\$0
Total Taxable	\$20,449
SOH Diff	\$791



Prepared by and return to:

Kyle Polansky
Alachua Title Services, LLC
16407 Northwest 174th Drive
Suite C
Alachua, FL 32615
(386) 418-8183
File No 24-029

Parcel Identification No 36-5S-15-00487-011

[Space Above This Line For Recording Date]

WARRANTY DEED

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

This indenture made the 12th day of February, 2024 between Phillip Jones and Paulette Jones, a married couple, whose post office address is 12344 Southeast 128th Court, Ocklawaha, FL 32179, of the County of Marion, State of Florida, Grantors, to Shree Krupa Hospitality, LLC, a Florida Limited Liability Company, whose post office address is 8771 Emeraldwood Way, Land O' Lakes, FL 34637, of the County of Pasco, State of Florida, Grantee:

Witnesseth, that said Grantors, for and in consideration of the sum of TEN DOLLARS (U.S.\$10.00) and other good and valuable considerations to said Grantors 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, Florida, to-wit:

PARCEL NO. 10, THE SW 1/4 OF THE SE 1/4 AS LIES WEST OF OLD ICHETUCKNEE ROAD, EXCEPT THE NORTH 866 FEET THEREOF AND EXCEPT THE WEST 710 FEET THEREOF, SITUATE, LYING AND BEING IN SECTION 36, TOWNSHIP 5 SOUTH, RANGE 15 EAST, COLUMBIA COUNTY, FLORIDA.

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

Subject to taxes for 2024 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 Grantors hereby covenant with the Grantee that the Grantors are lawfully seized of said land in fee simple, that Grantors have good right and lawful authority to sell and convey said land and that the Grantors hereby fully warrant the title to said land and will defend the same against the lawful claims of all persons whomsoever.

In Witness Whereof, Grantors have hereunto set Grantors' hand and seal the day and year first above written.

Signed, sealed and delivered in our presence:

[Signature]
Phillip Jones

[Signature]
Paulette Jones

WITNESS

PRINT NAME: Christina Soistman

WITNESS

PRINT NAME: KYLE POLANSKY

16407 Northwest 174th Drive Suite C
Alachua, FL 32615
WITNESS 1 ADDRESS

16407 Northwest 174th Drive Suite C
Alachua, FL 32615
WITNESS 2 ADDRESS

STATE OF FLORIDA
COUNTY OF ALACHUA

The foregoing instrument was acknowledged before me by means of ☒ physical presence or () online notarization this 5 day of February, 2024, by Phillip Jones and Paulette Jones.

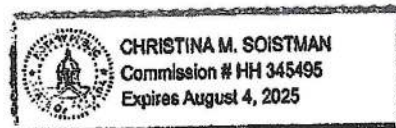
[Signature]
Signature of Notary Public

Print, Type/Stamp Name of Notary

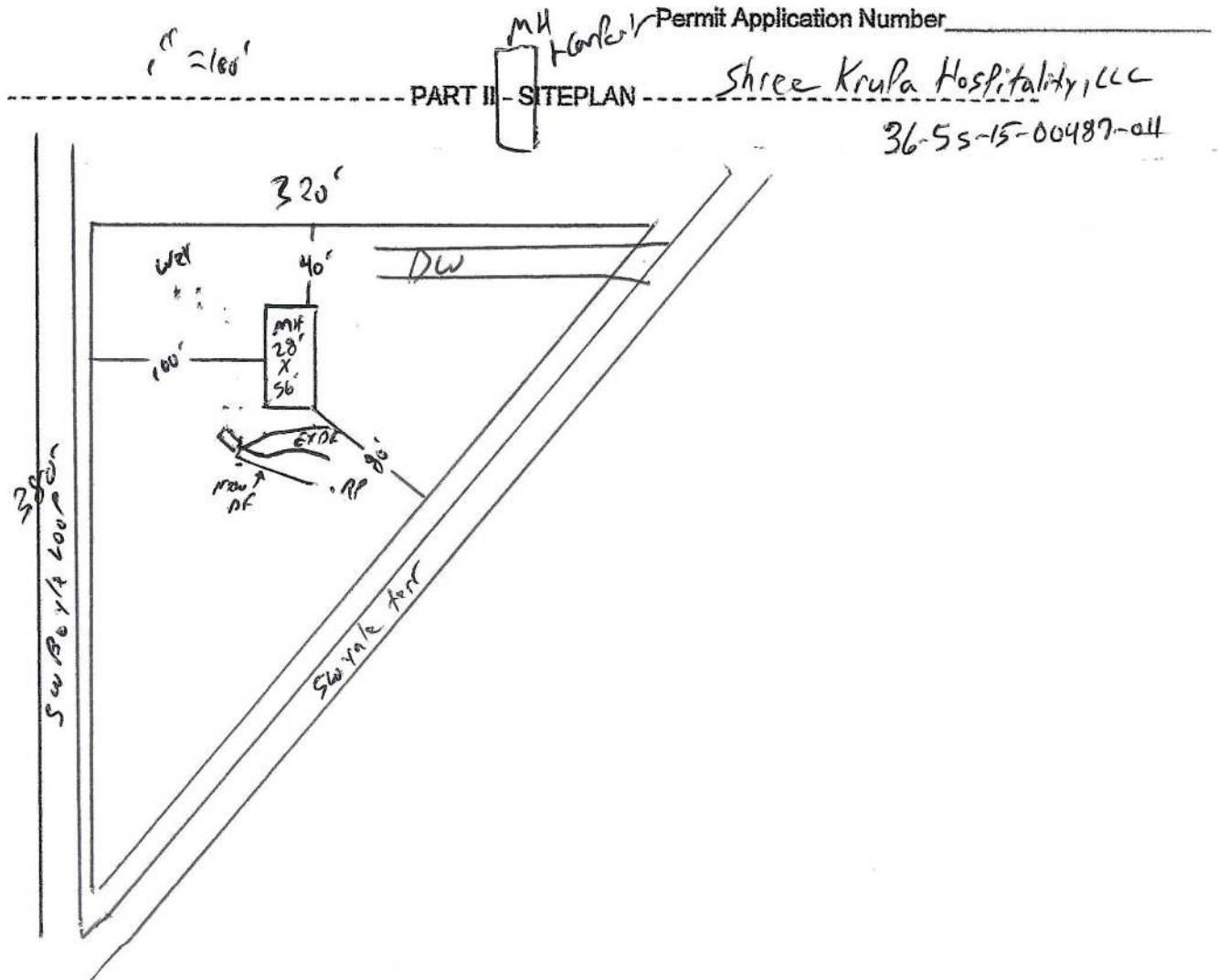
Personally Known: _____ OR Produced Identification: ☒

Type of Identification

Produced: Drivers License



STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CONSTRUCTION PERMIT



Notes: All Portment Features Shown

Site Plan submitted by: John Lundee

Plan Approved _____ Not Approved _____ Date _____

By _____ County Health Depart

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



SALES AGREEMENT

Date: 02/19/2024
Home Consultant Name: Jordan Crawford
License No:
Phone #: (732) 822-7471

Buyer(s): Shree Krupa Hospitality LLC
Address: 8771 Emeraldwood Way, Land O Lakes FL 34637
Delivery Address: TBD Fort White FL, 32038

Home Info	
Make:	CMH Waycross
Model:	Rio / HARRISON
Serial #:	WHC027650GAAB
Year:	2023
Size:	Length: 56 Width: 28
Stock #:	WA7650
☒ New ☐ Used	

Trade Info	
Make:	
Model:	
Serial #:	
Year:	
Size:	Length: Width:
Title #:	
Owed to:	
Amount owed will be paid by: ☐ Buyer ☐ Seller	

Pricing	
Home Price	140,000.00
State Tax	
Local Tax	
Cash Price	\$ 140,000.00
Total Package Price	\$ 140,000.00
Trade Allowance	
Less Amount Owed	
Trade Equity	
Cash Down Payment	2,500.00
Less All Credits	2,500.00
Remaining Balance	\$ 137,500.00

Responsibilities	
Seller	
Responsibilities:	Home, delivery, setup, dirt pad, HVAC, trim-out. Lap to ground skirting. Plumbing, trenching. Basic steps. Furniture and decor. Storm door. Gutters. Tax.
Buyer	
Responsibilities:	Functioning well, septic, power. Clearing and grading. Setup all utility accounts. Power ran to the meter box.
Options:	Initial deposit Sales Agreement. Site visit required.

Acknowledgment
New Manufactured Homes meet federal standards for design and construction, but may not meet local codes and standards.
Buyer(s) agree: (1) that the terms and conditions on pages two and three are part of this agreement; (2) to purchase the above home including the options; (3) that they acknowledge receiving a completed copy of this agreement; (4) that all promises and representations made are listed on this agreement; and (5) that there are no other agreements, written or verbal, unless evidenced in writing and signed by the parties.

Signature of Buyer: Dimpal Parikh Date: 2/19/24

Signature of Buyer: Date:

Signature of Buyer: Date: Signature of Buyer: Date:

Seller: Clayton Homes of Chieftand #1114 Date: 2/19/24

Dylan & Liz Brizendine
Manager's Name Home Consultant Signature



COLUMBIA COUNTY BUILDING DEPARTMENT
135 NE Hernando Ave, Suite B-21, Lake City, FL 32055
Phone: 386-758-1008 Fax: 386-758-2160

LETTER OF AUTHORIZATION TO SIGN FOR PERMITS

I, ROY M. HARVEY (license holder name), licensed qualifier
for MIKE HARVEY TRANSPORT & SETUP (company name), do certify that

the below referenced person(s) listed on this form is/are contracted/hired by me, the license holder, or is/are employed by me directly or through an employee leasing arrangement; or, is an officer of the corporation; or, partner as defined in Florida Statutes Chapter 488, and the said person(s) 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 Person Authorized	Signature of Authorized Person
1. <u>Taffrey Hardee</u>	1. <u>[Signature]</u>
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances. I understand that the State and County Licensing Boards have the power and authority to discipline a license holder for violations committed by him/her, his/her agents, officers, or employees and that I have full responsibility for compliance with all statutes, codes and ordinances inherent in the privilege granted by issuance of such permits.

If at any time the person(s) you have authorized is/are no longer agents, employee(s), or officer(s), you must notify this department in writing of the changes and submit a new letter of authorization form, which will supersede all previous lists. Failure to do so may allow unauthorized persons to use your name and/or license number to obtain permits.

[Signature] License Holders Signature (Notarized) IH1122397 License Number 1/24/24 Date

NOTARY INFORMATION.

STATE OF: Florida COUNTY OF: marion

The above license holder, whose name is ROY M. HARVEY,
personally appeared before me and is known by me or has produced identification
(type of I.D.) _____ on this 24 day of Jan, 2024.

[Signature]
NOTARY'S SIGNATURE

(Seal/Stamp)



JOHN J. MARTORANA
Commission # HH 195567
Expires January 11, 2028
Bonded Thru Budget Notary Services

COLUMBIA COUNTY PERMIT WORKSHEET

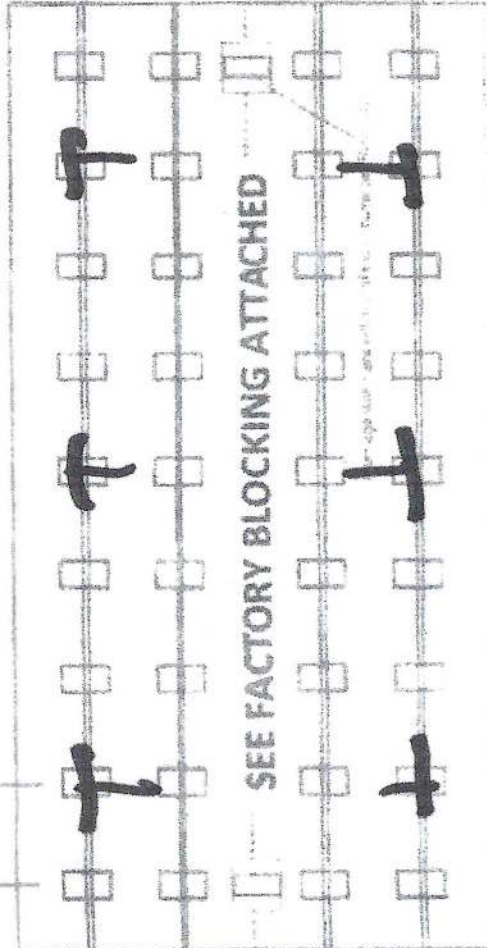
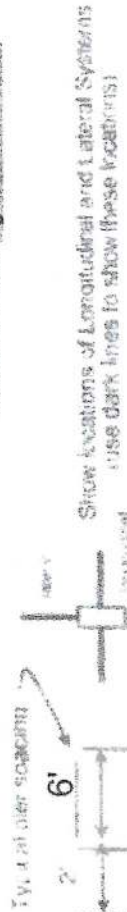
Installer **ROY M. HARVEY** License # **IHI122397**

Address of home being installed **SW Yale Ave**
ft White

Manufacturer **CLAYTON** Length x width **28' X 56'**

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 type (if used) where the sidewall ties exceed 5' x 4 in.

Installer's initials **RMA**



2/29/24

Date

Permit Number

New Home ☒ Used Home ☐

Home installed as 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 Detail # **107/22**

Triple/Quad ☐ Serial #

PER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq ft)	48" x 16" (75sq)	16 1/2" x 18 1/2" (142)	20" x 20" (40sq)	22" x 22" (48sq)	24" x 24" (57sq)	26" x 26" (67sq)
1000 psi	3	4	5	6	7	8
1500 psi	4	5	6	7	8	9
2000 psi	5	6	7	8	9	10
2500 psi	6	7	8	9	10	11
3000 psi	7	8	9	10	11	12
3500 psi	8	9	10	11	12	13

1. Intersected from Rule 15C-1 per spacing table.

PIER PAD SIZES

17" X 25"

Approx. pier pad size

Perimeter pier pad size

Other pier pad sizes (required by the info.)

Draw the approximate locations of mainframe wall openings 4' or greater. Use this symbol to show the piers.

List all mainframe wall openings greater than 4' not and their pier pad sizes below.

Location

Pier pad size

ANCHORS

4 # X 5 #

FRAME TIES

within 2' of end of home spaced at 5' 4" oc

TEDOWN COMPONENTS

OTHER TIES

Number

Longitudinal Stabilizing Device (LSD)

Manufacturer **OLIVER TECH**

Longitudinal Stabilizing Device w/ Lateral Arms

Manufacturer **OLIVER TECH**

Slidewall

Longitudinal

Mainframe wall

Slidewall

COLUMBIA COUNTY PERMIT WORKSHEET

2/29/24

Permit Number

Date

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 1500 psi to check here to declare 1000 lb. soil with no testing.

X 1700 X 1700 X 1700

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 1700 X 1700

TORQUE PROBE TEST

The results of the torque probe test is 285 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 require anchors with increasing capacity.

Installer's initial

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

ROY M. HARVEY

Installer Name

2-26-24

Date Tested

Electrical

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between multi-wide units. Pg. 95

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 98

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 98

Department of Growth Management
Building Division

Page 2 of 2

BF27 MH Permit Worksheet
Revised September 28, 2010

Site Preparation

Debris and organic material removed YES
Water drainage Natural Swale Pad X Other

Fastening multi-wide units

Floor Walls Roof Type Fastener LASS NAILS Length 6' Spacing 16' oc Type Fastener NAILS Length 3' Spacing 6' oc Type Fastener NAILS Length 3' Spacing FULL ROOF CAP For used homes a min. 30 gauge, 6" 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 (see all applicable requirements)

I understand a properly installed gasket is a requirement of all new and used homes and that condensation, mold, moisture 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 FULL AM Between Floors Yes Between Walls Yes Bottom of edgebeam Yes

Weatherproofing

The bottomboard will be repaired and/or taped. Yes X Pg. 112 Siding on units is installed to manufacturer's specifications. Yes Fireplace chimney is installed so as not to allow intrusion of rain water. Yes

Miscellaneous

Skirting to be installed. Yes X No X Over vent installed outside of skirting. Yes X N/A Range to show vent installed outside of skirting. Yes X Drain lines supported at 4 foot intervals. Yes X Electrical crossovers protected. Yes X Other

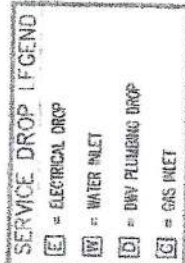
Installer verifies all information given with this permit worksheet is accurate and true based on the manufacturer's installation instructions and or Rule 15C-1 & 2

Installer Signature

Date 2/29/24

SIDE WALL	N/A	M/A SIDE WALL OPENING	① 10-5
	A	N REQUIRED PER LOU 1485	
	A		
	1175	1330	1485
		1640	1950
			2260

FOR 30 lb & 40 lb ROOF LOAD REFER TO TABLES 7b & 7c IN THE INSTALLATION MANUAL



TYPICAL FRAME SUPPORT PIERS

20 msf Roof Live Load		
Column	Distance from Hitch	Pier Load (lbs)
1	15.667	4284
2	35.333	4284

PIER LEGEND

- ☐ = SUPPORT UNDER MATING OPENING
☒ = SUPPORT AT MATING COLUMN
☒ = SUPPORT UNDER MATING WALL
☒ = PER POND/ACCESSED ENTRY
☐ = PER MAIN BEAM
☒ = PER PERIMETER
☒ = THE-14000 SUPPORT (QTY PER TR)

GENERAL NOTES:

1. PIER LOADS SHOWN ARE TO BE USED TO SIZE THE FOOTINGS BELOW THE MARRIAGEWALL FOR COLUMN SUPPORT PIERS. REFER TO TABLES 8b AND 8c IN THE INSTALLATION MANUAL FOR LOAD ON FRAME PIER FOOTINGS FOR HOMES THAT DO NOT REQUIRE PERIMETER BLOCKING. REFER TO TABLES 7b AND 7c IN THE INSTALLATION MANUAL FOR LOAD ON FRAME PIER FOOTINGS THAT REQUIRE PERIMETER BLOCKING. REFER TO TABLES 10 AND 10a TO DETERMINE FOOTING SIZE FOR ALL PIERS.
2. REFER TO TABLE 9 FOR PIER CONFIGURATION AND MAXIMUM ALLOWABLE HEIGHTS. CROSS REFERENCE THE PIER HEIGHT WITH THE MAXIMUM ALLOWABLE FLOOR HEIGHT LISTED IN THE FRAME TIE-DOWN CHARTS (TABLE 18, 19, AND 20).
3. FLOOR WIDTH SHOWN IS FOR STANDARD PRODUCT ONLY. CONTACT THE MFG PLANT FOR SPECIFICATIONS OF OPTIONS ORDERED.
4. SERVICE DROP LOCATIONS IDENTIFIED ARE APPROXIMATE.
5. THE MAXIMUM SPACING FOR FRAME SUPPORT PIERS FOR 8" I-BEAMS IS 8 FEET, 10" & 12" I-BEAMS ARE 10 FT.

1,475 SQ.FT. (STD PLAN "CONDITIONED")

Civil

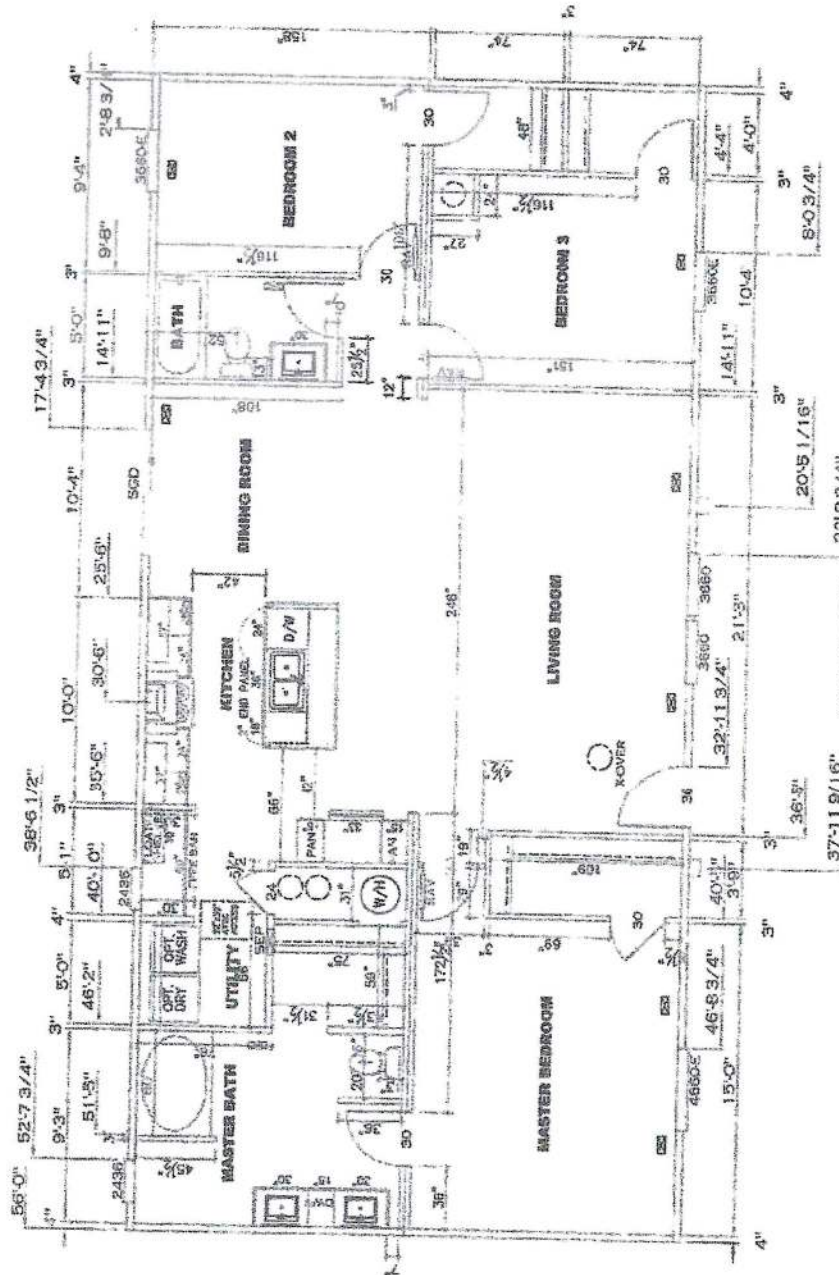
Product Designer: Alan Wenley

REV:3/25/2020 2:12 PM

PIER LOADS

Mold #: CEA2052AH
Drawing #: C5-M022-563
Date: 11.26.1956, N.Y.S.

28'x56' Rio



NOTE ALL FLANGES AND TRANSISTERS ARE 4X10 UNLESS OTHERWISE NOTED

REV:3/25/2020 2:12 PM

FLOOR PLAN

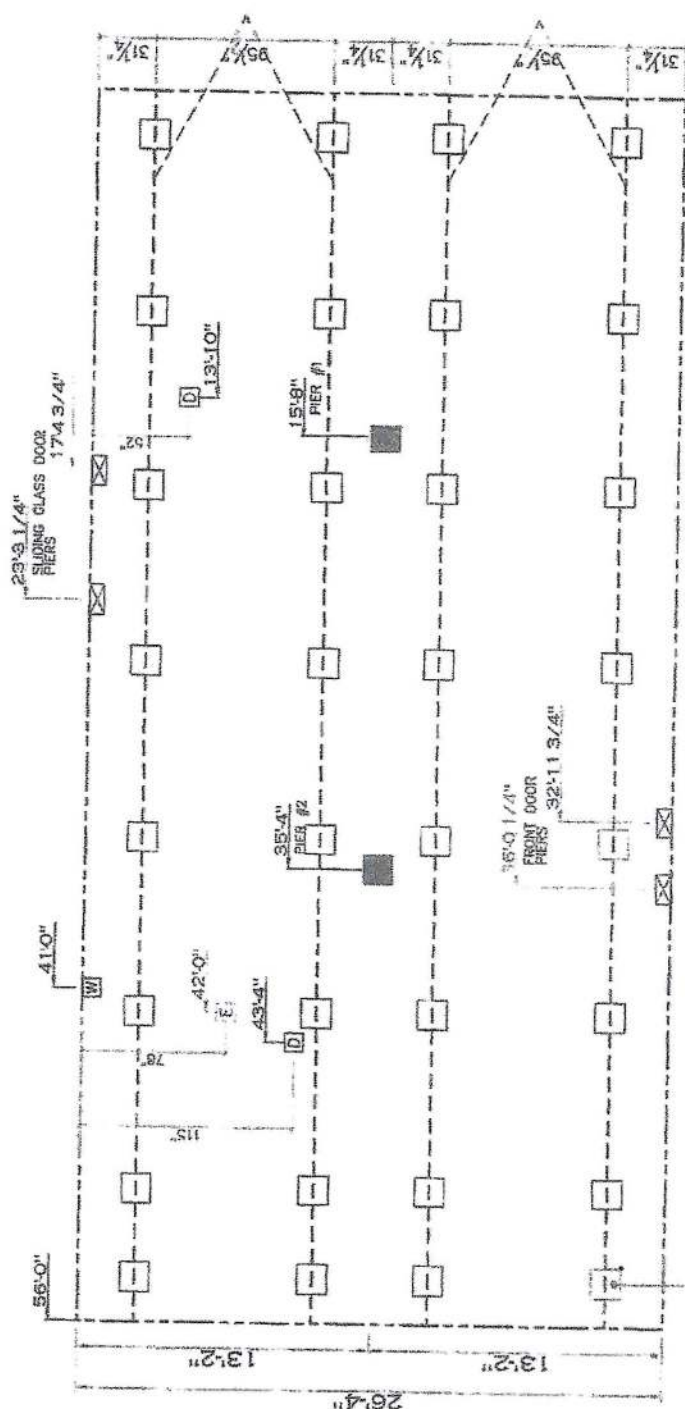
1.475 SQ.FT. (STD PLAN "CONDITIONS")

CMH
MONT P. COMPTON
GUTHRIE, I. 1st H-55,
25x58" Rug
25x58" Rug

Size	Qty	Notes	Size	Qty	Notes
1/2" x 1/4"	1175	1330	1485	1640	1950
1/2" x 1/4"	1175	1330	1485	1640	1950
1/2" x 1/4"	1175	1330	1485	1640	1950
1/2" x 1/4"	1175	1330	1485	1640	1950
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FOR 30 lb & 40 lb ROOF LOAD REFER TO TABLES 7b & 7c IN THE INSTALLATION MANUAL

1500LB SOIL.....28' X 56'
I BEAM PADS.....17" X 25" ... 6'o/c
OLIVER TECH STABILIZING SYSTEM
4' ANCHORS.....@5'4" OR LESS



Symbol	Description
[Symbol]	ELECTRICAL DROP
[Symbol]	WATER INLET
[Symbol]	DWV PLUMBING DROP
[Symbol]	GAS INLET

Symbol	Description
[Symbol]	SUPPORT UNDER MATING OPENING
[Symbol]	SUPPORT AT MATING COLUMN
[Symbol]	SUPPORT UNDER MATING WALL
[Symbol]	PIER FOR DOOR/NEELED ENTRY
[Symbol]	PIER MAIN BEAM
[Symbol]	PIER PERIMETER
[Symbol]	PIER FOR SUPPORT (CITY PER. ILL. AL. SEE DETAIL D-6 IN FOUND. PLAN.)

Column	Distance from Hitch	Pier Load (lbs)
1	15.667	4284
2	35.333	4284

- GENERAL NOTES:
- PIER LOADS SHOWN ARE TO BE USED TO SIZE THE FOOTINGS BELOW THE MARRIAGEWALL FOR COLUMN SUPPORT PERS. REFER TO TABLES 6b AND 6c IN THE INSTALLATION MANUAL FOR LOAD ON FRAME PIER FOOTINGS FOR HOMES THAT DO NOT REQUIRE PERIMETER BLOCKING. REFER TO TABLES 7b AND 7c IN THE INSTALLATION MANUAL FOR LOAD ON FRAME PIER FOOTINGS THAT REQUIRE PERIMETER BLOCKING. REFER TO TABLES 10 AND 10a TO DETERMINE FOOTING SIZE FOR ALL PERS.
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MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR _____ PHONE _____

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 _____ License #: _____ Qualifier Form Attached ☐	Signature _____ Phone #: _____
MECHANICAL/ A/C _____	Print Name <u>Steven Mollman</u> License #: <u>CAC1819696</u> Qualifier Form Attached ☐	Signature <u></u> Phone #: <u>(352)339-6640</u>

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.

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

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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 <u>GLENN WHITTINGTON</u> License #: <u>EC 13002957</u> Qualifier Form Attached ☐	Signature <u>[Signature]</u> Phone #: <u>386 972 1700</u>
MECHANICAL/ A/C _____	Print Name _____ License #: _____ Qualifier Form Attached ☐	Signature _____ Phone #: _____

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.