DE 09/01/2004

Columbia County Building Permit

This Permit Expires One Year From the Date of Issue

PERMIT
000022276

APPLICANT MARGARET BASS PHONE 497-4775

ADDRESS PO BOX 316 FORT WHITE FL 32038

OWNER MARGARET BASS PHONE 497-4775

ADDRESS 1478 SW NEWARK DR FORT WHITE FL 32038

CONTRACTOR JOE CHATMAN PHONE 497-2277

LOCATION OF PROPERTY 47 S,R 27, L RIVERSIDE DR, L UTAH, CURVES ONTO NEWARK
MH IS ON THE RIGHT

TYPE DEVELOPMENT MH,UTILITY ESTIMATED COST OF CONSTRUCTION .00

HEATED FLOOR AREA _____ TOTAL AREA _____ HEIGHT .00 STORIES _____

FOUNDATION _____ WALLS _____ ROOF PITCH _____ FLOOR _____

LAND USE & ZONING ESA-2 MAX. HEIGHT 35

Minimum Set Back Requirments: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00

NO. EX.D.U. 0 FLOOD ZONE AE DEVELOPMENT PERMIT NO. 04-041

PARCEL ID 25-6S-15-01264-001 SUBDIVISION THREE RIVERS ESTATES

LOT 42 BLOCK _____ PHASE _____ UNIT 20 TOTAL ACRES 1.00

		IH0000240	Margaret C. Bass	
Culvert Permit No.	Culvert Waiver	Contractor's License Number	Applicant/Owner/Contractor	
EXISTING	03-0857-N	BK	HD	N
Driveway Connection	Septic Tank Number	LU & Zoning checked by	Approved for Issuance	New Resident

COMMENTS: MINIMUM FINISHED FLOOR ELEVATION REQUIRED TO BE SET AT 35.50 FEET
***NEED FINISHED FLOOR ELEVATION CERTIFICATE FROM SRVEYOR AFTER
MH IS SET UP***, ONE FOOT RISE LETTER GIVEN Check # or Cash CASH

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 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

Permanent power _____ date/app. by C.O. Final _____ date/app. by Culvert _____ date/app. by

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

Reconnection _____ date/app. by Pump pole _____ date/app. by Utility Pole _____ date/app. by

M/H Pole _____ date/app. by Travel Trailer _____ date/app. by Re-roof _____ date/app. by

BUILDING PERMIT FEE $ .00 CERTIFICATION FEE $ .00 SURCHARGE FEE $ .00

MISC. FEES $ 200.00 ZONING CERT. FEE $ 50.00 FIRE FEE $ 5.67 WASTE FEE $ 12.25

FLOOD ZONE DEVELOPMENT FEE $ 50.00 CULVERT FEE $ _____ **TOTAL FEE** 317.92

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."

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 Department
Flood Development Permit

Development Permit
F 023- 04-041

DATE 09/01/2004 BUILDING PERMIT NUMBER 000022276

APPLICANT MARGARET BASS PHONE 497-4775

ADDRESS PO BOX 316 FORT WHITE FL 32038

OWNER MARGARET BASS PHONE 497-4775

ADDRESS 1478 SW NEWARK DR FORT WHITE FL 32038

CONTRACTOR JOE CHATMAN PHONE 497-2277

ADDRESS 9241 SW US HWY 27 FORT WHITE FL 32038

SUBDIVISION THREE RIVERS ESTATES Lot 42 Block ____ Unit ____ Phase ____

TYPE OF DEVELOPMENT MH,UTILITY PARCEL ID NO. 25-6S-15-01264-001

FLOOD ZONE AE BY BK 1-6-88 FIRM COMMUNITY #. 120070 - PANEL #. 255 B

FIRM 100 YEAR ELEVATION 34.50' PLAN INCLUDED YES or (NO)

REQUIRED LOWEST HABITABLE FLOOR ELEVATION 35.50'

IN THE REGULATORY FLOODWAY YES or (NO) RIVER Santafe River

SURVEYOR / ENGINEER NAME Gregory Bailey LICENSE NUMBER ____

✓ ONE FOOT RISE CERTIFICATION INCLUDED

N/A ZERO RISE CERTIFICATION INCLUDED

N/A SRWMD PERMIT NUMBER ____
(INCLUDING THE ONE FOOT RISE CERTIFICATION)

DATE THE FINISHED FLOOR ELEVATION CERTIFICATE WAS PROVIDED ____

INSPECTED DATE ____ BY ____

COMMENTS ____

135 NE Hernando Ave., Suite B-21
Lake City, Florida 32055
Phone: 386-758-1008
Fax: 386-758-2160

PERMIT EXPIRES ONE YEAR FROM THE DATE OF ISSUANCE

BAILEY BISHOP & LANE, INC.
Engineers *Surveyors* *Planners*

August 10, 2004

ONE FOOT RISE CERTIFICATION

PROPERTY DESCRIPTION: ***Three Rivers Estates***
Lot 42

OWNER: **Margret Bass**

BASE FLOOD ELEVATION: ***34.50'***

COMMUNITY-PANEL NUMBER: ***120070 0255B***

PROJECT REQUIREMENTS: Minimum Finish Floor Elevation **35.50'**
Mobile home to be located on piers in accordance with current building code. All footers to be below grade.

I hereby certify that construction of the proposed residence will not increase flood elevations of the Santa Fe River more than one (1) foot at the project location.

Gregory G. Bailey, P.E.
Date: August 10, 2004

P. O. Box 3717 Lake City, FL 32056-3717 Ph. (386) 752-5640 FAX (386) 755-7771

371,92

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only Zoning Official BLK 30.03.04 Building Official HD 9-1-04

AP# 0408-79 Date Received 8-24-04 By LH Permit # 22276

Flood Zone AE (NFW) Development Permit YES Zoning ESA-2 Land Use Plan Map Category ESA

Comments

Includes a 1 foot Rise Letter 8-24-04

☑ Site Plan with Setbacks shown ☑ Environmental Health Signed Site Plan ☐ Env. Health Release

NA Need a Culvert Permit ☑ Need a Waiver Permit ☑ Well letter provided NA Existing Well

- Property ID 01264-001 Must have a copy of the property deed
- New Mobile Home _____ Used Mobile Home ✓ Year 1991
- Subdivision Information Three Rivers Estates Lot 42 Unit 20
- Applicant Margaret A. Bass Phone # 386-497-4775
- Address PO Box 316 Ft White FL 32038
- Name of Property Owner Richard A. Schade + Margaret A. Bass Phone# 386-497-4775
- 911 Address 1478 SW Newark Dr. Ft White FL
- Name of Owner of Mobile Home Richard A. Schade + Margaret A. Bass Phone # 386-497-4775
- Address PO Box 316 Ft White FL 32038
- Relationship to Property Owner Co-Owners
- Current Number of Dwellings on Property 0
- Lot Size 100' x 400' Total Acreage 1 Acre (owe assessments)
- Explain the current driveway Paved Access onto dirt drive. Existing
- Driving Directions Hwy 47 S to Hwy 27 (Ft White) [redacted] 90 West on Hwy 27 - 1st left just before Itchtucknee bridge onto Riverside Dr. - Quick left on Utah - curves onto Newark
- Is this Mobile Home Replacing an Existing Mobile Home NO
- Name of Licensed Dealer/Installer Joe Chatman Phone # 386-497-2277
- Installers Address 9241 SW U.S. Hwy 27 Ft White FL 32038
- License Number IH0000240 Installation Decal # 221879

PERMIT WORKSHEET

PERMIT NUMBER

Installer JOSEPH A. CHASTAIN License # IH-0000240

Address of home being installed 1478 Newark Dr
Ft White FL 32038

Manufacturer Horton Length x width 56X14

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 JM

New Home ☐ Used Home ☒

Home installed to the Manufacturer's Installation Manual ☐

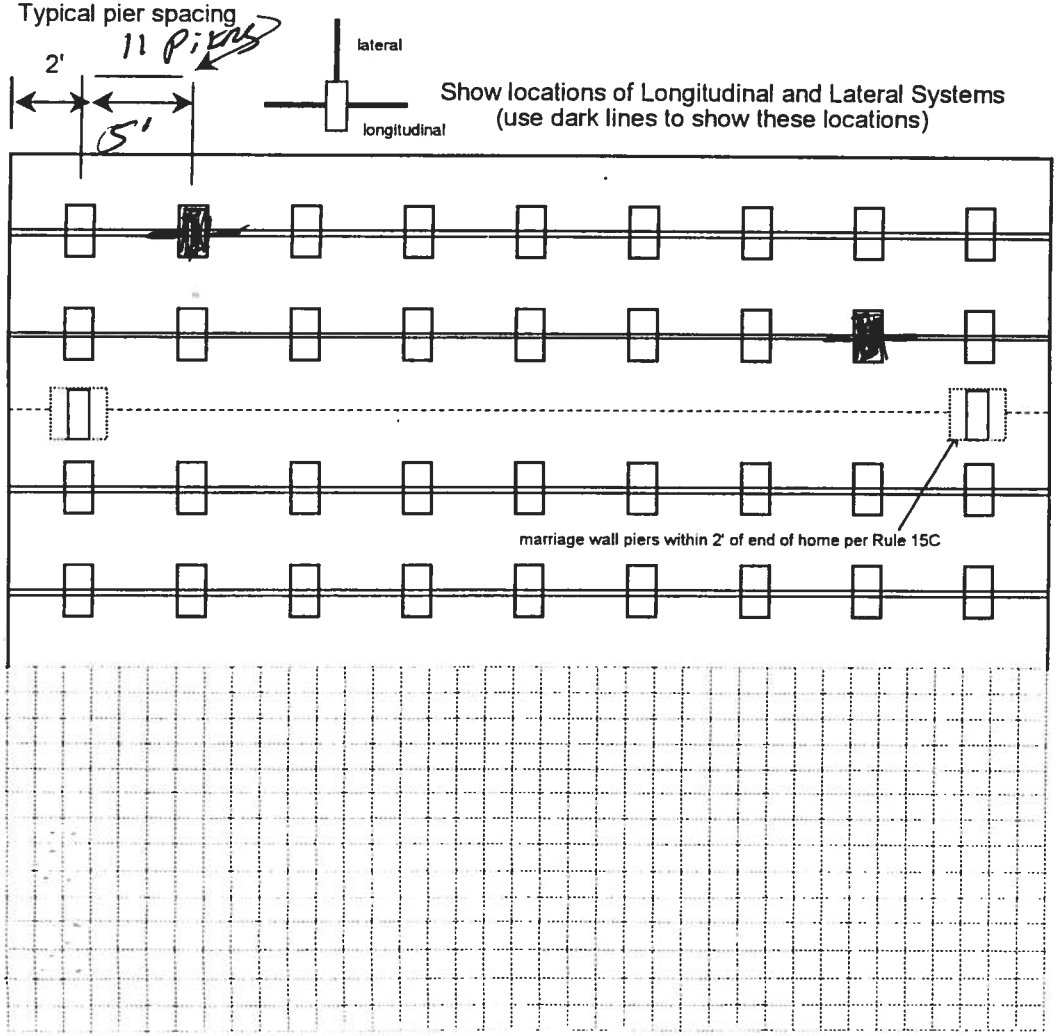
Home is installed in accordance with Rule 15-C ☒

Single wide ☒ Wind Zone II ☒ Wind Zone III ☐

Double wide ☐ Installation Decal # 221879

Triple/Quad ☐ Serial # H92016G

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 17X22

Perimeter pier pad size N/A

Other pier pad sizes (required by the mfg.) 16X16 DOORS

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
N/A	N/A
N/A	N/A
N/A	N/A

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 11 PER SIDE

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer OLIVER Tech 1101LV

Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer

OTHER TIES

	Number
Sidewall	0
Longitudinal	0
Marriage wall	8
Shearwall	8

PERMIT WORKSHEET

PERMIT NUMBER _____

POCKET PENETROMETER TEST

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

X ____ X ____ X ____

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 ____ X ____ X ____

TORQUE PROBE TEST

The results of the torque probe test is 270 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.

JM Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name JOSEPH A. CHATMAN

Date Tested 8-15-04

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. _____

Plumbing

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

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

Site Preparation

Debris and organic material removed ✓.
Water drainage: Natural ✓ Swale _____ Pad _____ Other _____.

Fastening multi wide units

Floor:	Type Fastener:	N/A	Length:	N/A	Spacing: N/A
Walls:	Type Fastener:	N/A	Length:	N/A	Spacing: N/A
Roof:	Type Fastener:	N/A	Length:	N/A	Spacing: N/A

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.

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.

Type gasket N/A
Pg. _____

Installer's initials _____

Installed:
Between Floors Yes N/A
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 manufacturer's installation instructions and/or Rule 15C-1 & 2

Installer Signature _____ **Date** _____

LIMITED POWER OF ATTORNEY

I, Joseph A. Chastain, license # IH-0000240 hereby authorize Margaret A. Bass to be my representative and act on my behalf in all aspects of applying for a mobile home permit to be placed on the following described property located in ~~Suwannee~~ Columbia County, Florida.

Property owner: Richard A. Shade & Margaret A. Bass

Sec _____ Twp. _____ S Rge _____ E

Tax Parcel No. 01264-001

Mobile Home Installer

8-24-04
(Date)

Sworn to and subscribed before me this 24 day of Aug, 20 04.

Thomas J Duncan
Notary Public

My Commission expires: March 12, 2007
Commission No. # DD 186566
Personally known: Yes
Produced ID (Type) _____

THOMAS J. DUNCAN
MY COMMISSION # DD 186566
EXPIRES: March 12, 2007
Bonded Thru Notary Public Underwriters

MOBILE HOME INSTALLER AFFIDAVIT

As per Florida Statutes Section 320.8249 Mobile Home Installers License:

> Any person who engages in mobile home installation shall obtain a mobile home installer's license from the Bureau of Mobile Home and Recreational Vehicle Construction of the Department of Highway Safety and Motor Vehicles pursuant to this section. Said license shall be renewed annually, and each licensee shall pay a fee of $150.

I, Joseph A. Chatman, license number IH 0000240
Please Print

do hereby state that the installation of the manufactured home for Richard A. Schade
Applicant

and Margaret A. Bass at 1478 SW Newark Dr.
911 Address

Ft. White FL 32038

will be done under my supervision.

Signature

Sworn to and subscribed before me this 24 day of Aug, 2004.

Notary Public: Thomas J Duncan
Signature

My Commission Expires: March 12, 2007
Date

THOMAS J. DUNCAN
MY COMMISSION # DD 186566
EXPIRES: March 12, 2007
Bonded Thru Notary Public Underwriters

Addressing Maintenance

To maintain the Countywide addressing Policy you must make application for a 9-1-1 Address at the time you apply for a building permit. The established standards for assigning and posting numbers to all principal buildings, dwellings, businesses and industries are contained in Columbia County Ordinance 2001-9. The addressing system is to enable Emergency Service Agencies to locate you in an emergency, and to assist the United States Postal Service and the public in the timely and efficient provision of services to residents and businesses of Columbia County.

DATE ISSUED: August 10, 2004

ENHANCED 9-1-1 ADDRESS:

1478 SW NEWARK DR (FORT WHITE, FL 32038)

Addressed Location 911 Phone Number: NOT AVAIL. 386-497-4115

OCCUPANT NAME: NOT AVAIL. Richard Schade + Margaret Bass

OCCUPANT CURRENT MAILING ADDRESS: PO Box 316

Ft. White FL 32038

PROPERTY APPRAISER MAP SHEET NUMBER: 15

PROPERTY APPRAISER PARCEL NUMBER: 00-00-00-01264-001

Other Contact Phone Number (If any):

Building Permit Number (If known):

Remarks: LOT 42 UNIT 20 THREE RIVERS ESTATES S/D

Address Issued By:

Columbia County 9-1-1 Addressing Department

COLUMBIA COUNTY
9-1-1 ADDRESSING
APPROVED

Columbia County Property Appraiser - Interactive Record Search & GIS Mapping System -

New Search | Search Results | Parcel Details | GIS Map

- Home
- Property Search
- Agriculture Classification
- Amendment 10
- Exemptions
- Tangible Property Tax
- Tax Rates
- Report & Map Pricing
- Important Dates
- Office Directory
- E-mail us Comments

Parcel ID: 00-00-00-01264-001 Columbia County Property Appraiser

Show: Tax Info | GIS Map | Property Card

Owner & Property Info

Owner's Name	SCHADE RICHARD A &
Site Address	THREE RIVERS
Mailing Address	MARGARET A BASS RT 9 BOX 21046 LAKE CITY, FL 32024
Brief Legal	LOT 42 UNIT 20 THREE RIVERS ESTATES. ORB 740-1551,994-1094

Use Desc. (code)	VACANT (000000)
Neighborhood	100000.20
Tax District	3
UD Codes	
Market Area	02
Total Land Area	0.918 ACRES

Property & Assessment Values

Mkt Land Value	cnt: (2)	$7,100.00
Ag Land Value	cnt: (0)	$0.00
Building Value	cnt: (0)	$0.00
XFOB Value	cnt: (0)	$0.00
Total Appraised Value		$7,100.00

Just Value	$7,100.00
Class Value	$0.00
Assessed Value	$7,100.00
Exempt Value	$0.00
Total Taxable Value	$7,100.00

Sales History

Sale Date	Book/Page	Inst. Type	Sale Vlmp	Sale Qual	Sale RCode	Sale Price
9/11/2003	994/1094	WD	V	U	08	$5,000.00
11/14/1990	740/1551	WD	V	Q		$6,500.00

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)	1.000 LT - (.918AC)	1.00/1.00/1.00/1.00	$5,100.00	$5,100.00
009945	WELL/SEPT (MKT)	1.000 UT - (.000AC)	1.00/1.00/1.00/1.00	$2,000.00	$2,000.00

Columbia County Property Appraiser DB Last Updated: 06/21/2004

1 of 1

Gaylord Pump & Irrigation Inc.

P.O. Box 548
Branford, Fl. 32008
386-935-0932 Fax 386-935-0778

08/04/04

We drilled a well for Richard Schade on 10/14/03. The following equipment was used.

4" Steel Casing
1-Hp Submersible pump
1-1/4" Galvanize drop pipe
PC-244 Diaphragm Tank (81 gallon tank with 21.9 gallons of draw down)

This equipment meets or exceeds the Florida building code, plumbing section 612 table 612.1

Sincerely,

Donald Gaylord
Licensed Well Driller
Florida License 2630

WELL COMPLETION REPORT (Please complete in black ink or type.)

PERMIT # 83900 CUP/WUP # _____ DID # _____

If permit is for multiple wells indicate the number of wells drilled _____.

Indicate remaining wells to be cancelled _____.

WATER WELL CONTRACTOR'S SIGNATURE Donald Gaylord License # 2630

I certify that the information provided in this report is accurate and true.

Grout	No. of Bags	From (Ft.)	To (Ft.)
Neat Cement:			
Bentonite:			

WELL LOCATION: County Columbia

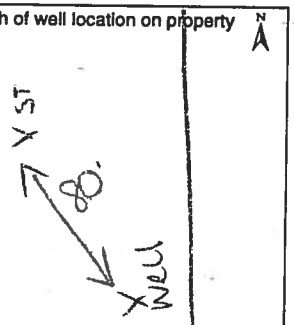
SE 1/4 of NW 1/4 of Section 25 Twp: 6-S Rge: 15-E

Latitude _____ Longitude _____

DATE STAMP

Official Use Only

Sketch of well location on property



Give distances from septic tank and house or other reference points

CHEMICAL ANALYSIS WHEN REQUIRED

Iron: ____ ppm Sulfate: ____ ppm

Chloride: ____ ppm

[ ] Lab Test [ ] Field Test Kit

Pump Type Goulds LS

[ ] Centrifugal [ ] Jet [✓] Submersible [ ] Turbine

Horsepower 1 Capacity _____ G.P.M. 18

Pump Depth 31 Ft. Intake Depth 32 Ft.

PC 244

Form 40B-3-3 Rev. 12/95

OWNER'S NAME Richard Schade

COMPLETION DATE 10-14-03 Florida Unique I.D. _____

WELL USE: DEP/Public ____ Irrigation ____ Domestic ✓ Monitor ____

HRS Limited ____ 62-524 ____ Other _____

DRILL METHOD [ ] Rotary [ ] Cable Tool [✓] Combination

[ ] Jet [ ] Auger Other _____

Measured Static Water Level 18' Measured Pumping Water Level _____

After ____ Hours at ____ G.P.M. Measuring Pt. (Describe): _____

Which is ____ Ft. [ ] Above [ ] Below Land Surface

Casing: [✓] Black Steel [ ] Galv. [ ] PVC Other _____

[ ] Open Hole [ ] Screen / Casing Diameter & Depth (Ft.)	Depth (Ft.) From	Depth (Ft.) To	DRILL CUTTINGS LOG Examine cuttings every 20 ft. or at formation changes. Note cavities, depth to producing zones. Color | Grain Size | Type of Material
Diameter 4" From 0 To 44	0	20	Brn dirt, Gray Clay, Wht Rock
	20	40	Wht Rock
	40	50	Wht Rock
			Well depth
Diameter ____ From ____ To ____			
Liner [ ] or Casing [ ] Diameter ____ From ____ To ____			

Driller's Name: (print or type) Chad Gaylord

H. RAY WALKER
COLUMBIA COUNTY TAX COLLECTOR

REAL ESTATE 2003 102975.0000

NOTICE OF AD VALOREM TAXES AND NON-AD VALOREM ASSESSMENTS

ACCOUNT NUMBER	ESCROW CD	ASSESSED VALUE	EXEMPTIONS	TAXABLE VALUE	MILLAGE CODE
R01264-001		5,500		5,500	003

FUENTES ALDO A &
JACKIE POLLACK
% RICHARD SCHADE
RT 9 BOX 21046
LAKE CITY FL 32024

00-00-00 0000/0000 .91 Acres
LOT 42 UNIT 20 THREE RIVERS
ESTATES. ORB 740-1551

AD VALOREM TAXES

TAXING AUTHORITY	MILLAGE RATE	EXEMPTION AMOUNT	TAXABLE VALUE	TAXES LEVIED
C001 BOARD OF COUNTY COMMIS	8.7260			47.99
S002 COLUMBIA COUNTY SCHOOL				
DISCRETIONARY	.7600			4.18
LOCAL	5.6290			30.96
CAPITAL OUTLAY	2.0000			11.00
W_SR SUWANNEE RIVER WATER M	.4914			2.70
HLSH LAKE SHORE HOSPITAL	1.5000			8.25
IIDA INDUSTRIAL DEVELOPEMEN	.1380			.76
TOTAL MILLAGE	19.2444		AD VALOREM TAXES	105.84

NON-AD VALOREM ASSESSMENTS

LEVYING AUTHORITY	RATE	AMOUNT
FFIR FIRE ASSESSMENTS		5.22
NON-AD VALOREM ASSESSMENTS		5.22

Please Retain this Portion for your Recor

COMBINED TAXES AND ASSESSMENTS	111.06	See reverse side for important information

If Paid By	Nov 30 2003	Dec 31 2003	Jan 31 2004	Feb 29 2004	Mar 31 2004
Please Pay	106.62	107.73	108.84	109.95	111.06

◄ IF PAID E

H. RAY WALKER
COLUMBIA COUNTY TAX COLLECTOR

REAL ESTATE 2003 102975.0000

NOTICE OF AD VALOREM TAXES AND NON-AD VALOREM ASSESSMENTS

ACCOUNT NUMBER	ESCROW CD	ASSESSED VALUE	EXEMPTIONS	TAXABLE VALUE	MILLAGE CODE
R01264-001		5,500		5,500	003

FUENTES ALDO A &
JACKIE POLLACK
% RICHARD SCHADE
RT 9 BOX 21046
LAKE CITY FL 32024

00-00-00 0000/0000 .91 Acres
LOT 42 UNIT 20 THREE RIVERS
ESTATES. ORB 740-1551

PAY IN U.S. FUNDS TO H. RAY WALKER TAX COLLECTOR • 135 NE HERNANDO AVE. – SUITE 125, LAKE CITY, FL 32055-4006

If Paid By	Nov 30 2003	Dec 31 2003	Jan 31 2004	Feb 29 2004	Mar 31 2004
Please Pay	106.62	107.73	108.84	109.95	111.06

0000000000 0000011106 0000001029750000 0001 0

This Instrument Prepared by & return to:
Name: Brenda Styons, an employee of
TITLE OFFICES, LLC
Address: 1089 SW MAIN BLVD.
LAKE CITY, FLORIDA 32025
03Y-08020BS
Parcel I.D. #: 01264-001

Grantees S.S. #s: 153 32 0506
Grantors S.S. #s:

SPACE ABOVE THIS LINE FOR PROCESSING DATA | SPACE ABOVE THIS LINE FOR RECORDING DATA

THIS WARRANTY DEED Made the 4th day of September, A.D. 2003, by ALDO A. FUENTES and JACKIE POLLACK, HIS WIFE, hereinafter called the grantors, to RICHARD A. SCHADE and MARGARET A. BASS, Joint Tenants with Rights to Survivorship, whose post office address is RT 9 BOX 21046, LAKE CITY, FL 32024, hereinafter called the grantees:

(Wherever used herein the terms "grantors" and "grantees" include all the parties to this instrument, singular and plural, the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporations, wherever the context so admits or requires.)

Witnesseth: That the grantors, for and in consideration of the sum of $10.00 and other valuable consideration, receipt whereof is hereby acknowledged, do hereby grant, bargain, sell, alien, remise, release, convey and confirm unto the grantees all that certain land situate in COLUMBIA County, State of FLORIDA, viz:

LOT 42, OF UPPER RIVERS ESTATE SUBDIVISION, UNIT 2C, A SUBDIVISION AS PER THE PLAT THEREOF FILED AT PLAT BOOK 6, PAGE 14, OF THE PUBLIC RECORDS OF COLUMBIA COUNTY, FLORIDA.

SUBJECT TO TAXES FOR THE YEAR 2003 AND SUBSEQUENT YEARS, RESTRICTIONS, RESERVATIONS, COVENANTS AND EASEMENTS OF RECORD, IF ANY.

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

To Have and to Hold the same in fee simple forever.

And the grantors hereby covenant with said grantees that they are lawfully seized of said land in fee simple, that they have good right and lawful authority to sell and convey said land, and hereby fully warrant the title to said land and will defend the same against the lawful claims of all persons whomsoever, and that said land is free of all encumbrances, except taxes accruing subsequent to December 31, 2002.

In Witness Whereof, the said grantors have signed and sealed these presents, the day and year first above written.

Signed, sealed and delivered in the presence of

Witness Signature (as to first Grantor)

JAMES R. BARNHILL
Printed Name

Charles H. Cordle
Witness Signature (as to first Grantor)

CHARLES H. CORDLE
Printed Name

Witness Signature (as to second Grantor)

Printed Name

Witness Signature (as to second Grantor)

Printed Name

L.S.
ALDO A. FUENTES
Address:
4565 CARTHAGE CIRCLE S., LAKE WORTH, FL 33463

L.S.
JACKIE POLLACK
Address:
4565 CARTHAGE CIRCLE S., LAKE WORTH, FL 33463

STATE OF FLORIDA
COUNTY OF [redacted]

The foregoing instrument was acknowledged before me this ***4th*** *day of* ***September, 2003,*** *by* ***ALDO A. FUENTES and JACKIE POLLACK,*** *who are known to me or who have produced* _____ *as identification.*

Signature of Acknowledger
My commission expires 5-18-05

NOTARY PUBLIC STATE OF FLORIDA
JAMES R. BARNHILL
MY COMMISSION # DD 014512
EXPIRES: May 18, 2005
1-800-3-NOTARY FL Notary Service & Bonding, Inc

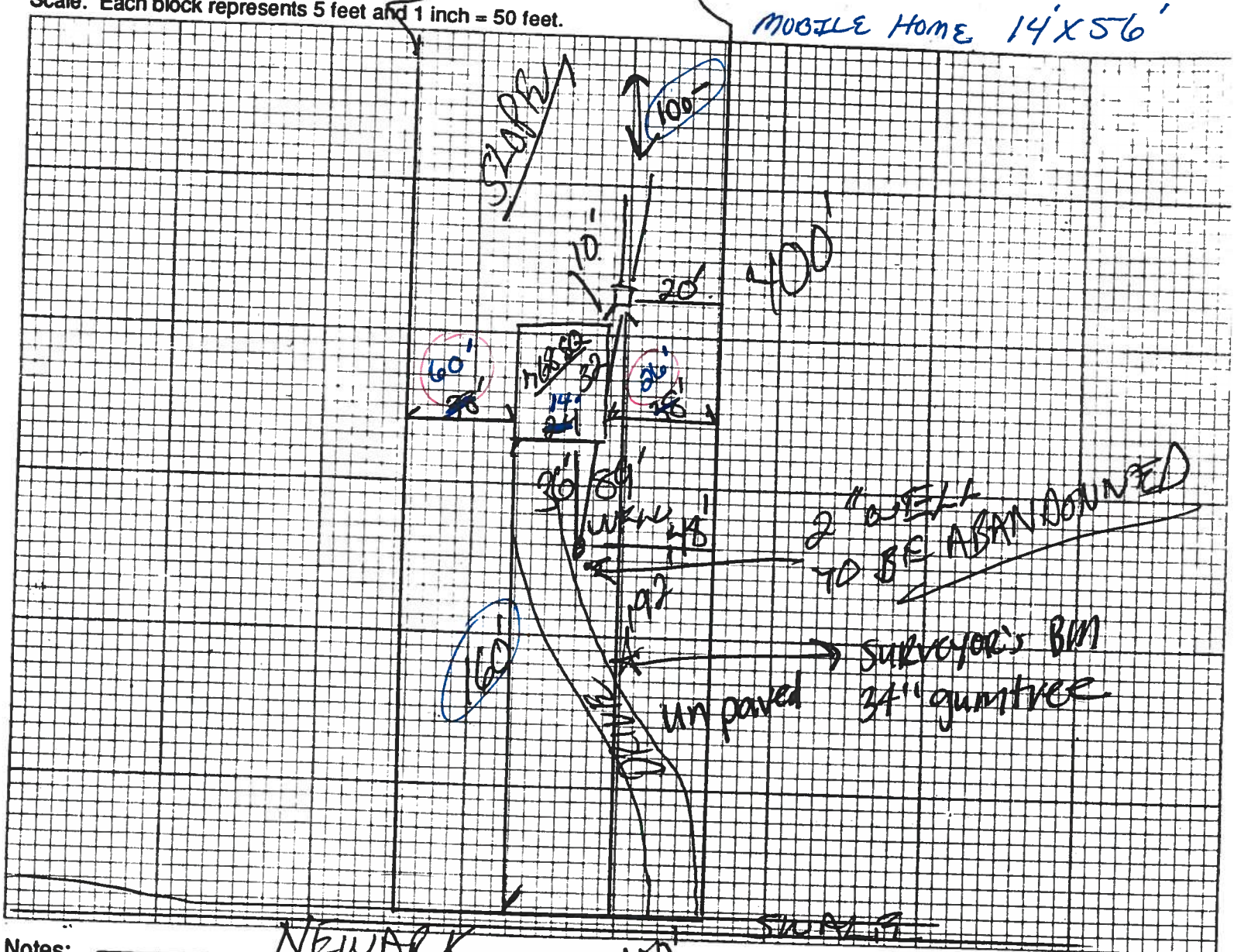
STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 03-0857N

PART II - SITE PLAN

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



Notes:

Site Plan submitted by: Rocky D Tyo
Signature

Title

Plan Approved ✓ Not Approved

Date

By SALLIE GRADY
County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DH 4015, 10/96 (Replaces HRS-H Form 4015 which may be used)
Stock Number: 5744-002-4015-6)