This Permit Expires One Y	
AFILICANT CAROLYN PARLATO	PHONE 386.963.1373
ADDRESS 1064 SW TOMPKINS STREET	WELLBORN FL 32094
OWNER MICHAEL MCCRANIE, TRUSTEE, SUMMIT PROP.	PHONE 386.963.1373
ADDRESS 1064 SW TOMPKINS STREET	LAKE CITY FL 32024
CONTRACTOR	PHONE
LOCATION OF PROPERTY PINEMOUNT ROAD TO BIRLE TURN L, 1/2 MILE ON THE RIC	SY ROAD, TURN S GO TO TOMPKINS STREET GHT. "LOOK FOR FLAGS
	STIMATED COST OF CONSTRUCTION .00
HEATED FLOOR AREA TOTAL AR	EA HEIGHT00 STORIES
FOUNDATION WALLS	ROOF PITCH FLOOR
LAND USE & ZONING RR	MAX. HEIGHT
Minimum Set Back Requirments: STREET-FRONT 25.00	REAR 15.00 SIDE 10.00
NO. EX.D.U. 1 FLOOD ZONE X	DEVELOPMENT PERMIT NO.
PARCEL ID 16-4S-16-03049-003 SUBDIVISIO	ON
LOT BLOCK PHASE UNIT	TOTAL ACRES
EXISTING 04-0686-N BLK Driveway Connection Septic Tank Number LU & Zoni COMMENTS: 1 FOOT ABOVE ROAD REPLACEMENT UNIT. 1 UNIT BILLED FOR ASSESSMENTS.	ng checked by Approved for Issuance New Resident Check # or Cash 4855
FOR BUILDING & ZONIN	NG DEPARTMENT ONLY
Temporary Power Foundation	Monolithic (footer/Slab)
date/app. by	date/app. by
Under slab rough-in plumbing Slab _	Sheathing/Nailing
date/app. by	date/app. by date/app. by
Framing Rough-in plumbing all date/app. by	bove slab and below wood floor date/app. by
Electrical rough-in Heat & Air Duct	Peri. beam (Lintel)
date/app. by	date/app. by date/app. by
Permanent power C.O. Final date/app. by	date/app. by Culvert date/app. by
M/H tie downs, blocking, electricity and plumbing	Pool
Reconnection Pump pole	o. by Utility Pole date/app. by
date/app. by date	/app. by date/app. by
AND THE PARTY OF T	Re-roofdate/app. by
BUILDING PERMIT FEE \$.00 CERTIFICATION FE	E \$.00 SURCHARGE FEE \$.00
MISC. FEES \$ 200.00 ZONING CERT. FEE \$ 50.00	FIRE FEE \$ WASTE FEE \$
FLOOD ZONE DEVELOPMENT FEES CULVERT F	EE \$ TOTAL FEE _ 250.00
INSPECTORS OFFICE	CLERKS OFFICE CH
	CONTRACTOR SECTION CONTRACTOR SE

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.

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

Fo	r Office Use Only Zoning Official QLK 30.06.04 Building Official 7-2-04
	AP# 0406.79 Date Received 6/25/04 By 7 Permit # 22042
F	Tood Zone Development Permit NA Zoning RR Land Use Plan Map Category RES. VERY
	Comments
	CVIII 4855
W	Site Plan with Setbacks shown D Environmental Health Signed Site Plan Env. Health Release
N	Need a Culvert Permit A Need a Walver Permit A Well letter provided D Existing Well
101	
•1	Property ID 16-545-16E-53549-503 Must have a copy of the property deed
ij.	New Mobile Home Vear 1991
41	Subdivision Information
	Applicant avolus A. Radoto Phone # 381, -963-1373
0	Address Mel 152nd St. Wellbord, Fl 32094
"	Michael rectronic Truster
ti .	Name of Property Owner Summit Properties Phone# 386-867-4926
u	911 Address 1064 512 Tompkins Street Lake City, FI 32021
0	Name of Owner of Mobile Home Same as above Phone #
u.	Address
u	Relationship to Property Owner Same (DIONER)
11	Current Number of Dwellings on Property 1 leplacement
u	Lot Size 140 X 380 Total Acreage
**	
41	Explain the current driveway existing.
4)	Driving Directions Finemoust (252) to Birtey Road Turn South
	so to Tompkins street Turn lest 1/2 mile on the
	Right "hook for flags"
•	Is this Mobile Home Replacing an Existing Mobile Home Web (MOVE OVER of of)
n.	Name of Licensed Dealer/Installer Michael J. Harloto Phone # 3810-9163-1373
0	Installers Address 7161 152nd Street 10ellborn, Fl 32094
4	License Number <u>TH0000334</u> Installation Decal # <u>224699</u>

PERMIT NUMBER

is accurate and true based on the	Plumbing
Installer verifies all information given with this permit workshee	Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between multi-wide units. Pg.
Clief	Electrical
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	Date Tested 10-24-D4
Miscellaneous	ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER
The bottomboard will be repaired and/or taped. Yes Pg. And Siding on units is installed to manufacturer's specifications. Yes Fireplace chimney installed so as not to allow intrusion of rain water. Yes	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 the points where the torque test reading is 275 or less and where the mobile home manufacturer may requires anchors with 4000 lb holding capacity. Installer's initials
Type gasket and the second sec	TORQUE PROBE TEST The results of the torque probe test is
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.	x 300 x 100 more reading and round down to that increment
Gasket (weatherproofing requirement)	
Type Fastener: Length: 3" Type Fastener: Length: 38 XL" For used homes a min-30 gauge, 8" wide, gal will be centered over the peak of the roof and forcefing nails at 2" on center on both sides of the	ס
Floor Type Fastener: Cx Length: 2616 Spacing: 10"	× sac × sac × sac
Water drainage: Natural Swale Pad Other	The pocket penetrometer tests are rounded down to \SeO psf or check here to declare 1000 lb. soil without testing.
Debris and organic material removed	POCKET PENETROMETER TEST
Site Preparation	

1

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 Themas I state to bare to the
1 1

Return To: Eddie Anderson

SPECIAL WARRANTY DEED

STATE OF ARIZONA COUNTY OF MARICOPA

THE THOUSAND SHE THEE DV NUU DETWEEN LIKEN	day of, in the year of our Lord N TREE SERVICING LLC party of the first part CCRANIE, Trustee* of the county of as party or parties of the second part.
and delivery of these presents, the receipt whereof	st part, for an in consideration of the sum of consideration, in hand paid at and before the sealing is hereby acknowledged has granted, bargained, sold ain, sell and convey unto the said party of the second
SEE EXHIBIT A ATTACHED HERETO AND MAI	DE APART HEREOF
AND TOGETHER WITH 1991 HOMES OF MERIT	28X64 HMLCP28413486934AB
TO HAVE AND TO HOLD the said bargained promembers and appurtenances thereof, to the only prosecond part, and assigns, forever, IN FEE SIMPLE.	premises, together with all and singular the rights, per use, benefit and behoove of the said party of the
And the said party of the first part, for its successors and title to the above described property unto the saleswful claims of all persons claiming by, through or u	and assigns, will warrant and forever defend the right id party of the second part, and assigns, against the under the part of the first part, but not otherwise.
IN WITNESS WHEREOF, the said party of the first day and year first above written.	part has hereunto set its hand and affixed its seal the
anula	*-Trustee of the Summit Properties Trust as established by a Declar- ation of Irrevocable Trust dated August 25, 1999
witness	GRANTEE'S ADDRESS: 746 West Duval Street Lake City, FL 32055
witness	GREEN TREE SERVICING LLC FKA
HEREBY CERTIFY, that on this day of ppeared his ppeared his popular that on this day of ppeared his peared his ppeared his peared hi	iability Company, who is personally know to me and the foregoing and severally acknowledged the south officer, for the uses and nurroses therein
aid instrument is the act and deed of said Limited Lie	hility Company

WITNESS my signature and official seal at of Maricopa and State of Arizona, the day and year last aforesaid.

_(city) in the County

THE MANAGEMENT

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NOTARY PRINTED SIGNATURE



EXHIBIT A
Special Warranty Deed
Green Tree Servicing, LLC
to Michael McCranie, Trustee

Commence at the NW Corner of the NWW of the NWW of the NWW of Section 16, Township 04 South, Range 16 East and run East along the Section line 205 feet for a POINT OF BEGINNING, thence run along the quarter section line Hestarly, 140 feet; thence Southerly 300 feet; thence Westerly 140 feet; thence Mortharly 300 feet to the POINT OF BEGINNING, Columbia County, Florida, being more particularly described as follows:

Part of the HMM of the NMM of Section 15, Township 6 South, Range 16 Bast, Columbia County, Florida, being more particularly described as follows: For POINT OF REFERENCE occasence at the NME Corner of said Section 16, themse run w 89°29'18" K, along the Morth line of said Section 16, a distance of 208.00 feet to the POINT OF HEGINALING, EDENCE CONTINUE M 89°29'18" K, along said North line, a distance of 140.00 feet, thence run 8 60°28'24" K, a distance of 300.00 feet; thence run 8 89°29'18" W, a distance of 140.00 feet; thence run 8 89°29'18" W, a distance



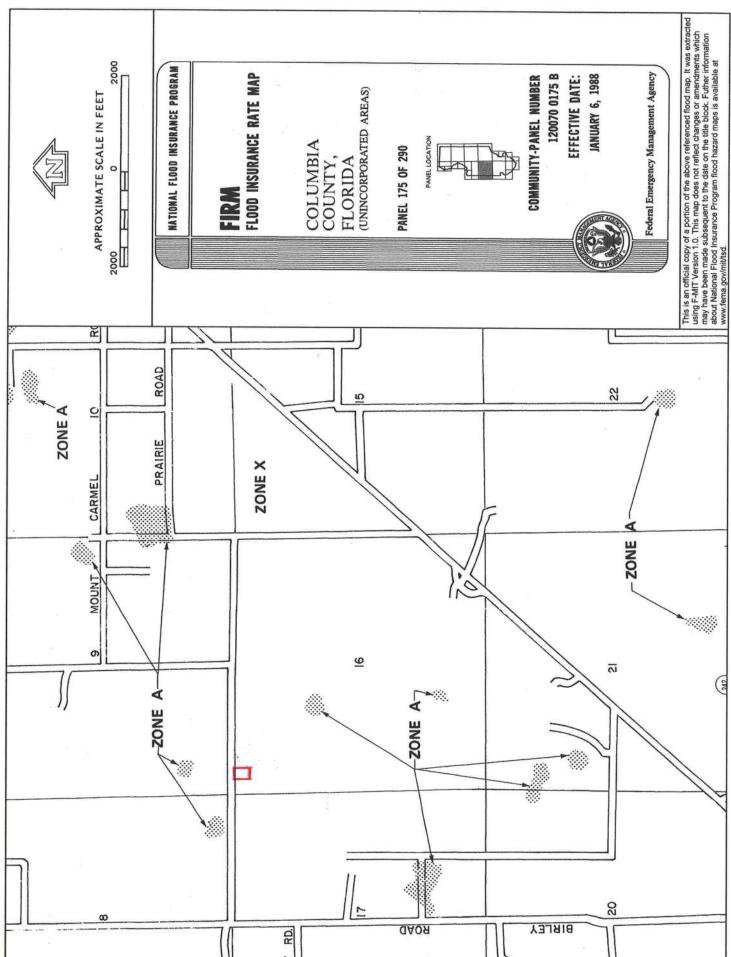
STATE OF FLURIUM **DEPARTMENT OF HEALTH**

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 04-0686-N

			——— PAF	RT II - SITE PI	AN				
cale: Each bloc	k represents 5	feet and 1 in	ch = 50 feet.			one on the conference of the con-	50 A S		
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Site Plan submi	illed by:	1000	Sign	ature			" work	Title	400
Plan Approved			Not	Approved_			Date	Title 6-24-	-04
Later	a hinler				(dunha		Health Depa	
y / www	a ismia					0,0	County I	i lealui Depa	unei

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Print Date: 6/30/2004 (printed at scale and type A)