DATE 29/07/2010		Columbia County Building Permit This Permit Must Be Prominently Posted on Premises During Construction					PERMIT 000028843		
APPLICANT	LYNN SV		•		PHONE	386.752.5355	000	020010	
ADDRESS	466	SW DEPUTY J. D.	AVIS LN	LAKE CITY		<u> </u>	FL	32024	
OWNER	BYRL A.	GIBSON,SR./MARY	Y KING(FREEDOM MH)	1	PHONE	301.855.2140	10		
ADDRESS	243	SW CURTAN LN		FORT WHI	TE	×	FL	32038	
CONTRACTO	OR CH	ESTER KNOWLES			PHONE	755-6441			
LOCATION C	F PROPER	TY 90-W TO	SR. 247-S TO C-240,TL	TO OLD ICH	ETUCKNI	EE,TL TO			
		CURTAI	IN,TR & IT'S 2/10 OF A	MILE ON R.					
TYPE DEVEL	OPMENT	M/H/UTILITY	ES	TIMATED CO	ST OF CO	NSTRUCTION	0.0	0	
HEATED FLO	OOR AREA		TOTAL ARE	EA		HEIGHT _	S	TORIES	
FOUNDATIO	Ν	WAI	LLSF	ROOF PITCH		FL	OOR _		
LAND USE &	ZONING	A-3	= 19		MAX	. HEIGHT			
Minimum Set	Back Requi	rments: STREET	Γ-FRONT 30.00		REAR	25.00	SIDE	25.00	
NO. EX.D.U.	0	FLOOD ZONE	X	DEVELOPM	ENT PERM	MIT NO.			
PARCEL ID	36-5S-15-	-00485-086	SUBDIVISIO	N FERNW	OOD EST.	ATES			
LOT 27	BLOCK	PHASE	UNIT	-			00		
CONTRACTOR	5 - 199-2 Service				1				
Culvert Permit EXISTING Driveway Cons		Culvert Waiver 10-0410-M Septic Tank Numbe	Contractor's License Num BLK LU & Zonin	nber ng checked by	<u> </u>	Applicant/Owner/		N w Resident	
COMMENTS:	1 FOOT	ABOVE ROAD.		(5)					
		3 M				Check # or C	ash 376	9	
		FOR B	UILDING & ZONIN	IG DEPAR	TMENT	ONLY	(1	ooter/Slab)	
Temporary Pov	wer		Foundation			Monolithic		Harris grander mentality &	
		date/app. by		date/app. by				e/app. by	
Under slab rou	gh-in plumb		Slab _			Sheathing/	Nailing _	date/app. by	
Framing		date/a	app. by	date/app	o. by			date/app. by	
	date/ap	pp. by	dat	e/app. by	0				
Rough-in plum	bing above	slab and below wood	floor		El	ectrical rough-in			
		A	ACTIVITY OF THE PARTY OF THE PA	ate/app. by			da	te/app. by	
Heat & Air Du		late/app. by	Peri. beam (Linte		app. by	Pool _	data	app. by	
Permanent pow	er		C.O. Final	duc	ларр. Оу	Culvert	date	арр. бу	
Down male		ate/app. by		date/app. by			date/a	pp. by	
Pump pole	late/app. by	Utility Pole	ate/app. by M/H tie d	owns, blocking	g, electricit	y and plumbing		date/app. by	
Reconnection	-		RV			Re-roof			
		date/app. by		date/app. by	у		date	e/app. by	
BUILDING PE	RMIT FEE	\$ 0.00	_ CERTIFICATION FE	E\$)	SURCHARGE	E FEE \$	0.00	
MISC. FEES \$	300.0	0 ZONING	G CERT. FEE \$50.00	FIRE FEE	E \$	0 WAST	E FEE \$		
FLOOD DEVE	LOPMENT	FEE 8 FL	OOD ZONE FEE \$ 25.0	0 CULVER	RT FEE \$	тот	AL FEI	375.00	
INISPECTORS		100		CLEDVS		(1)	/		

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.



COLUMBIA COUNTY, FLORIDA

Department of Building and Zoning Inspection
This Certificate of Occupancy is issued to the below named permit holder for the building and premises at the below named location, and certifies that the work has been completed in accordance with the Columbia County Building Code.

Parcel Number 36-5S-15-00485-086

Building permit No. 000028843

Permit Holder CHESTER KNOWLES

Owner of Building BYRL A. GIBSON, SR./MARY KING (FREEDOM MH)

Location: 243 SW CURTAIN LN

Date: 09/23/2010

Building Inspector

POST IN A CONSPICUOUS PLACE (Business Places Only)

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-10-08) Zoning Official 02.09.10 Building Official 40 8-31-10
AP# 1008 - 37 Date Received 8/24 By JW Permit # 28843
Flood Zone Development Permit Zoning A-3 Land Use Plan Map Category A-3
Comments
FEMA Map# Elevation Finished Floor River In Floodway N/A
Site Plan with Setbacks Shown FEH # Well letter Kexisting 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
School = TOTAL _ Impact Fees Suspended March 2009_ Replay Fixshing
LIABILITY 4 POLATECT
Property ID # 36-55-15-00485-086 Subdivision Lot 27 Fernwood Estates
New Mobile Home Used Mobile Home MH Size 28x60_ Year 2011_
- Applicant FIEVE VILITH OR LYNN SWEAT . Phone # 386-365-8549 752-5355
* Address 466 5W Deputy J. Davis In Lake City, Fl. 32024
Name of Property Owner Byel A. Gibson, Se. 4 MARY KING 301. 855. 240
911 Address 243 SW Curtain LANE, Ft. While, FL 32038
Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - <u>Suwannee Valley Electric</u> - <u>Progress Energy</u>
Name of Owner of Mobile Home Freedom Homes Phone # 386-752-5355
Address 466 SW Deputy J. Davis Ln. Lake City Fl. 32024
Relationship to Property Owner Dealer
Current Number of Dwellings on Property OND OND OND OND OND OND OND ON
Lot Size Total Acreage 5.0
Do you : Have Existing Drive or Private Drive (Blue Road Sign) or need Culvert Permit (Putting in a Culvert) or Culvert Waiver (Circle one) (Not existing but do not need a Culvert)
Is this Mobile Home Replacing an Existing Mobile Home Yes Old Home Was removed
Driving Directions to the Property From intersection 247 & 252B Go toward
Brantord 8.4 mi / Turn Left ON 240 Go 1.9 mi / Turn right
ON SW Itchetucknee Ave Go 3.4 miles / Turn Right ON
SW Curtain Lane 60 2/10 mi Site 15 ON RIGHT
■ Name of Licensed Dealer/Installer Jessie (. Chester Kalow les Phone # 386-755-6441 - 397-3619 ■ Installers Address 580/5w. 5847 (AKe CITI. FC 32024
License Number 14/015283/1 Installation Decal # 1323
Spoke to Lynn
9/2/10 \$ 375.00

		marriage wall piers within 2' of end of home pe Rule 15C			Typical pier spacing lateral Show locations of Longitudinal and Lateral Systems longitudinal (use dark lines to show these locations)	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	Manufacturer LIVL OOK UNITED Width XWIGHT XW		These worksheets must be completed and signed by the installer. Submit the originals with the packet, Installer Jessie L. Cluster Mow Dicense # 14 1025283/1
within 2' of end of home spaced at 5' 4" oc V Longitudinal Stabilizing Device (LSD) Longitudinal Stabilizing Device w/ Lateral Arms Manufacturer Manufacturer	Opening Pier pad size 3(12) 344317 FRAME TIES		Pad Size Sq In 16 x 16 256 Perimeter pier pad size ↓ ↓ ↓ ↑ Pad Size Sq In 16 x 16 256 16 x 18 5 342 Other pier pad sizes (required by the mfg.) Pad Size Sq In 16 x 18 5 348 17 x 22 374 17 x 22 374	8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8	ize (256) 1/2" (342) (400) (484)* (576)* (76)* (77) (76" 8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8'	Load Footer 16" 18 1/9" 18 20" 20" 20" 20" 22" 24" 24" 26" 25"	Triple/Quad ☐ Serial # ORDERED	Home is installed in accordance with Rule 15-C Single wide	New Home 🔯 Used Home 🔲 Home installed to the Manufacturer's Installation Manual

Site Preparation

Installer verifies all information given with this permit workshee	Plumbing
	nnect_electrical conductors between multi-wide units, but not to the main power urce. This includes the bonding wire between mult-wide units. Pg. レタン・
	Electrical
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	Date Tested B-24-10
	Installer Name Jessie L'Chestey KNowles
Miscellaneous	ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER
The bottomboard will be repaired and/or taped. Yes Siding on units is installed to manufacturer's specifications. Yes Fireplace chimney installed so as not to allow intrusion of rain water.	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. Installer's initials
Pg. (SC-) Between Floors Yes Between Walls Yes Bottom of ridgebeam Yes	The results of the torque probe test is 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.
Installer's initials 3	TORQUE PROBE TEST
a result of a poorly installed or no gasket being installed. I understand a strip of tape will not serve as a gasket.	×15 ×15 ×2.0
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	 Using 500 lb. increments, take the lowest reading and round down to that increment.
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.	 Test the perimeter of the home at 6 locations. Take the reading at the depth of the footer.
Type Fastener: XXXWV Length: 4 (1) Type Fastener: \$TZAAS Length: 12 (1) For used homes a min. 30 gauge, 8" wide, ga	POCKET PENETROMETER TESTING METHOD
Floor: Type Fastener: LAGS. Length: 4, 1 Spacing: (8, 1)	577× 577×
Debris and organic material removed Other Other Other	The pocket penetrometer tests are rounded down to \(\sum_{\text{DO}} \) psf or check here to declare 1000 lb. soil without testing.
	POCKET PENETROMETER TEST

vent installed outside of skirting. Yes e downflow vent installed outside of skirting. ig to be installed. Yes lines supported at 4 foot intervals. Yes on units is installed to manufacturer's specifications. Yes ____ace chimney installed so as not to allow intrusion of rain water. cal crossovers protected. Yes Miscellaneous No Yes NA NA Yes

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

Installer Signature/ moulus Date 8-24-10

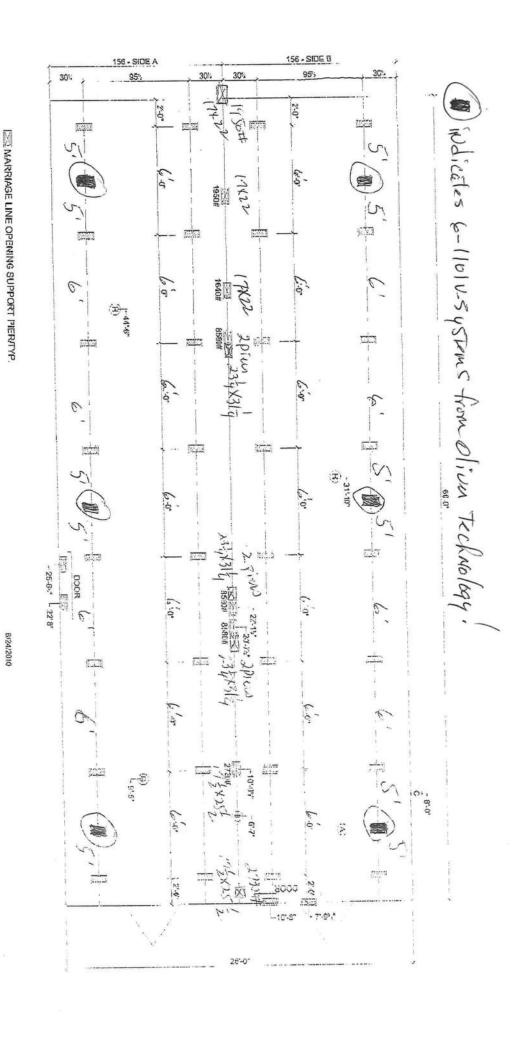
independent water supply systems. Pg._

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

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

So

111



3-BEDROOM / 2-BATH MODEL: U-2604A - 28 X 60 Live Oak Homes

FOUNDATION NOTES:

THIS DRAWING IS DESIGNED FOR THE STANDARD WIND ZONE AND IS TO BE USED IN COMJUNCTION WITH THE INSTALLATION MANUAL AND IT'S SUPPLEMENTS.

THIS DRAWING IS DESIGNED FOR THE STANDARD WIND SPACING MAY VARY BASED ON PAD TYPE, SOIL CONDITION, ETC.

FOOTINGS ARE SHOWN FOR EXAMPLE ONLY QUANTITY AND SPACING MAY VARY BASED ON PAD TYPE, SOIL CONDITION, ETC.

FOOTINGS ARE REQUIRED AT SUPPORT PESTS, SEE INSTALLATION MANUAL FOR REQUIREMENTS.

SUPPORT PIER/TYP

(A) MAINELECTRICAL
(B) ELECTRICAL CROSSOVER
(C) WATER INLET
(D) WATER CROSSOVER (IF ANY)
(E) GAS INLET (IF ANY)
(F) GAS CROSSOVER (IF ANY)

(g) DUCT CROSSOVER
(H) SEWER DROPS
(F) RETURN AIR (WICHT, HEAT PUMP OH DUCT)
(J) SUPPLY AIR (WICHT, HEAT PUMP OH DUCT)

U-2604A

= Chester= 386-754-6660



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, Jessie L. Chester Knowles give this authority and I do certify that the below Installers Name							
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					
Lynn Sweat	Lym MSweat	Freedom					
Steve Smith	Duy Smill	Freedom					
* //	<i>y</i> - 00 <i>y</i>						
I, the license holder, realize that	t I am responsible for all permits p	urchased, 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 re	sponsibility for compliance grante	d by issuance of such permits.					
Lissie J. Chesha's License Holders Signature (Not	Kmowles IH 10 arized) License No	252-83/1 8-24-10 umber Date					
NOTARY INFORMATION: STATE OF:Florida	COUNTY OF: Columbi	<u>.</u>					
The above license holder, whos personally appeared before me (type of I.D.)	se name is VESSIE L Known by me or has produced and is known by me or has produced and	of August, 2010					
MILLE CLA	ih	APRIL D. C. MINISSION SPA					

This Instrument Prepared by & return to:

Name:

Brenda Styons, an employee of

NORTH CENTRAL FLORIDA TITLE,

LLC

Address:

343 NW COLE TERRACE, SUITE 101

LAKE CITY, FLORIDA 32055

File No. 10Y-07013

Parcel I.D. #: 00485-086

SPACE ABOVE THISLINE FOR PROCESSING DATA

Inst:201012012292 Date:8/2/2010 Time:3:23 PM Doc Stamp-Deed:175.00

DC,P.DeWitt Cason Columbia County Page 1 of 1 B:1198 P:2302

SPACE ABOVE THIS LINE FOR RECORDING DATA

THIS WARRANTY DEED Made the 2014 day of July, A.D. 2010, by

CHERYL A. RUSSELL,

, hereinafter called the grantor, to

BYRL A. GIBSON, SR and MARY L. KING, whose post office address is 8350G STREET, CHESAPEAKE

BEACH, MD, 20732, hereinafter called the grantes:

(Wherever used herein the terms "grantor" and "granter" include all the parties to this instrument, singular ampliural, 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 grantor, for and in consideration of the sum of \$10.00 and other valuable consideration, receipt whereof is hereby acknowledged, does 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 27, FERNWOOD ESTATES, according to the map or plat thereof as recorded in Plat Book 4, Page 104 & 104-A, of the Public Records of Columbia County, Florida.

The above described property is not the homestead property of the grantor.

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 grantor hereby covenants with said grantees that she is lawfully seized of said land in fee simple; that she has good right and lawful authority to sell and convey said land, and hereby fully warrants 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, 2009.

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

Signed, sealed and delivered in the presence of:

Witness Signature

Printed Name

Witness Signature

Tonya Cordle

Printed Name

STATE OF Gorida

COUNTY OF Walter

The foregoing instrument was acknowledged before me this 29 day of July, 2010, by CHERYL A. RUSSELL, who is known to me or who has produced 60 00 as identification.

Notary Public - State of Florida
My Commission Expires Jan 22, 2011
Commission # DD 599054
Bonded By National Notary Assn.

Notary Public

My commission expires /- 2

1-22-11

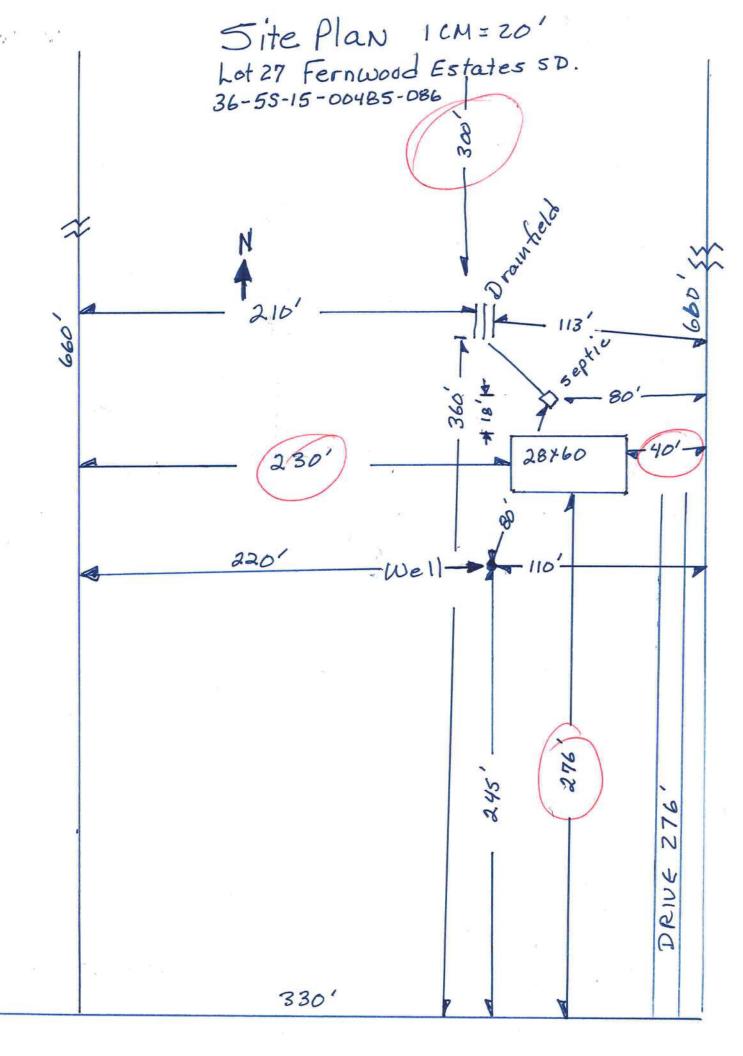
MOBILE HOME INSTALLERS AFFIDAVIT

Florida Statue Section 320.8249 Requires Mobile Home Installers to be Licensed:

Any person who engages in mobile home installation shall obtain a mobile home installers license from the Bureau of Mobile Home and Recreational Vehicle construction of the Department of Highway Safety and Motor Vehicles Pursuant to this section.

I, Jessie L. Chester Knowles, License No., It 1025283/1
Please Type or Print
do herby state that the installation of the manufactured home at:
911 Address of the Job site
Will be done under my supervision.
Jan & Chester Knowly
Signature
Sworn to and subscribed before me this 24th day of August 2010.
Notary public: Jan 15, 2014
Signature Date
U Signature
Personnally Known:
Produce Valid Identification:

STEVEN L. SMITH MY COMMISSION # DD945898
MY COMMISSION # DUPAGE Stamp or Seal Stamp of Seal FI. Notary Discount Assoc. Co.
Townson Discount Assoc. Co.



METAL BLDG ERECTOR

nou 25 Zulu (mon) 15.2

p.3

AUG-23-2010(NON) 15:22 FREEDOM MOBILE HOMES

(FAX)386 752 4757

P. 002/002

3	SUBCONTRACTOR VERIFICATION FORM	
APPLICATION NUMBER 1008 - 37	CONTRACTOR TO Sie L.Ches	IONE 386-755-644/

In Columbia County one permit will cover all trades doing work at the permitted site. It is <u>REQUIRED</u> 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	STEVE I H	omas electric	Signature J. V	tever I Komer	
535	License #:	1511000		Phone II:	386-752-5125	
MECHANICAL/	Print Name	LIKHAEL	BOLAND	Signature_//	el a Bolal	
A/C 950	License II:	CAC1816	480	Phone #:	850+576-5113	
PLUMBING/	Print Name	Jessie La	Theser Knowles	Signature Siesse	e L. Chest Enoules	
GAS 676	License #:	Anna	283/1		386-755-6441	
ROOFING	Print Name	NIA		Signature		
	License #;			Phone #:	la la	
SHEET METAL	Print Name	NIA		Signature		
	License #:			· Phone #:	1	
FIRE SYSTEM/	Print Name	NIA		Signature		
SPRINKLER	License#:			Phone #:		
SOLAR	Print Name	NIA		5ignature		
	License #:			- Phone #:		
Specialty L	icense	License Number	Sub-Contractors P	rinted Name	Sub-Contractors Signature	
MASON					,	
CONCRETE FIN	USHER					
FRAMING						
INSULATION						
STUCCO						
DRYWALL						
PLASTER					•	
CABINET, INST.	ALLER					
PAINTING						
ACOUSTICAL O	EILING					
GLASS						
CERAMIC TILE						
FLOOR COVER	ING		1			
ALUM/VINYL	DING					
GARAGE DOOR						

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 * Fac: (386) 758-1365 * Remil: ron_croft@columbiacountyffs.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: 36-5S-15-00485-086 (LOT 27 FERNWLYOD ESTATES \$/D)

Address Assignment(s):

243 SW CURTAIN LN, FORT WHITE, FL, 32038

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

AFFIDAVIT

STATE OF FLORIDA Maryland COUNTY OF COLUMN Calvert

COUNTY OF COLUMNIA CALVELT
This is to certify that I, (We), Byp A. Gibson, Se. & MARY KING owner of the below described property:
Tax Parcel No. 36 - 5s-15-00485-086
Subdivision (name, lot, block, phase) LOT 27 FERNWOOD ESTATES
Give my permission to Feeron Mobile Home (circle one) on the above mentioned property.
I (We) understand that this could result in an assessment for solid waste and fire protection services levied on this property.
Ayal a. Shhan 3R. May Jelmy Owner Downer
SWORN AND SUBSCRIBED before me this 25th day of Jugust 2010. This (these) person(s) are personally known to me or produced ID MDD L#6/25/0507/7/9 and MDDL#K52058756086/
Ledalauo
Notary Signature
ALDA DELANO NOTARY PUBLIC CALVERT COUNTY MARYLAND MY COMMISSION EXPIRES JULY 09, 2011



466 SW Deputy J Davis Road Lake City, Florida 32024 Tel: (386) 752-\$355 Fax: (386) 752-4757

Byrl and Mary,

US Bank said they can mail you the loan papers and you can close up there. They will mail detailed instructions and make it easy on you.

Otherwise we can do it here if you happen to be in Florida again before the home is set up. Your loan processor is DARA REED ph# 868-300-8345x7028 feel free to call her with any questions.

I am working toward permits for the property and will get with Kenny and Lynn when they get back to schedule the services so we are ready to jump on it when the home arrives!

The next steps are:

Septic certification, building permits, meet bank conditions below, sign loan documents, deliver and set the home!

I have placed an order for a 14 seer heat pump with Florida mobile home supply as they need a notice for this unit. They will have it ready.

US Bank needs the following to complete the processing on your loan.

- Proof of all income stated on application
 Byrl social security and Union income
 Mary social security and Pension income
- Copy of last 2 bank statements from account the down-payment check came from.
- Copy of deed showing ownership of land the home will be placed on. Note.. the land will NOT be used as collateral on this loan.

Flease call me if you have any questions on the above. If you want to provide the information directly to the lender call Dara and get her address.

Thanks Steve 386-365-8549



STATE OF FLORIDA

DEPARTMENT OF HEALTH APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT Permit Application Number PART II - SITE PLAN-Scale: Each block represents 5 feet and 1 inch = 50 feet. Acre of 5.00 Acre > Existne .00

Russell C Byrl GIBSON Site Plan submitted by: Signature Columbia CHI Plan Approved Not Approved _ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Notes:

CURTIAN LANE

10 12:180

SIGNATURE:

08-26-10:04:05PM 11-0410M PERMIT NO. STATE OF FLORIDA DATE PAID: DEPARTMENT OF HEALTH FEE PAID: CHEITE STRAGE THEATERNY AND DISPOSAL RECEIPT 6: APPLICATION FOR CONSTRUCTION PERSON SYSTEM] Bolding Tank APPLICATION FOR: | Existing System l Mon System 1 Tomporary J Abandonment Repair APPLICANT: Cheryl Russell (Byel Gibson) TETEPEONE: 755-6370 et Ford HEST INC WATER ADDRESS: 580 NW GUERDON Rd STREETS MUST BE COMBINGCIED to se completed by applicant or applicant's authorized agent. by a person licensed pursuant to 489,105(3)(a) CR 489.552, Florida Stratutes. It is the APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLANTED GOC/DD/IT) IF REQUESTING CONSIDERATION OF STATUTORY GRANDSATHER PROVISIONS. PROPERTY INFORMATION 201: 27 BLOCK: - SUBDIVISION: FERNIAGOOD ESTATES FATTES: 1978 PROPERTY ID 9:36-55-15-00 475-086 ZONING: 5F X/M OR EQUIVALENT: [X / PROPERTY SIER: 5.00 ACRES TOLIER SUPPLY: (>) PRIVATE PORLIC () =2000GFD (1>2000GFD DISTANCE TO SEMER: NA FT 19 SEWER AVAILABLE AS MER 381.0065, WE? [Y / TD.] PROPERTY ADDRESS: 243 CURTATA SOUTH 47 DIRECTIONS TO PROFESCIE: CURTARN [] COMMERCIAL [] RESIDERTIAL HUNDRES DEFORMATION Building Commercial/Institutional System Design Mo. OF Unit Type of Arms Soft Table 1, Chapter 642-6, EMC Bedrooms Zatabliahment 28264 ORIGINAL ATTACHED 1 (1560) 2 3 [] Other (Specify)] Wleer/Equipment Brains

DH 4015, 08/09 (Obsoletos provious editions which may not be used) Incorporated 642-6.001, FAC

Fage 1 of 4

DATE:

Complete application rec'd 8.27.10