

DATE 04/15/2011

## Columbia County Building Permit

This Permit Must Be Prominently Posted on Premises During Construction

PERMIT

000029319

APPLICANT KAREN RIGHTMIRE PHONE 386.292.3981  
ADDRESS 9828 SW HWY 47 LAKE CITY FL 32024  
OWNER DANIEL A. FLATT(KAREN RIGHTMIRE, MH) PHONE 386.292.3981  
ADDRESS 153 SW TAYLOR GLN LAKE CITY FL 32024  
CONTRACTOR MANUEL BRANNON PHONE 386.590.3289  
LOCATION OF PROPERTY 90-W TO PINEMOUNT RD, TL TO GODBOLD, TL TO TAYLOR, TL AND ITS  
FIRST LOT ON L.  
TYPE DEVELOPMENT M/H/UTILITY ESTIMATED COST OF CONSTRUCTION 0.00  
HEATED FLOOR AREA TOTAL AREA HEIGHT STORIES  
FOUNDATION WALLS ROOF PITCH FLOOR  
LAND USE & ZONING A-3 MAX. HEIGHT  
Minimum Set Back Requirements: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00  
NO. EX.D.U. 0 FLOOD ZONE X DEVELOPMENT PERMIT NO.

PARCEL ID 11-4S-15-00341-012 SUBDIVISION  
LOT BLOCK PHASE UNIT TOTAL ACRES 0.68  
IH1025396  
Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor  
EXISTING 11-0168-E BLK TC N  
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: REPLACING EXISTING MH.LEGAL LOT, REMAINDER AFTER FAMILY LOT

PERMITS ISSUED. 1. FOOT ABOVE ROAD.

Check # or Cash CASH

## FOR BUILDING &amp; 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 \$ 38.52 WASTE FEE \$ 100.50  
FLOOD DEVELOPMENT FEE \$ FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$ TOTAL FEE 464.02  
INSPECTORS OFFICE CLERKS OFFICE

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.



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

PERMIT NO. 999811  
DATE PAID: 3/29/11  
FEE PAID: 125.00  
RECEIPT #: 1582984

APPLICATION FOR:

[ ] New System [ / ] Existing System [ ] Holding Tank [ ] Innovative  
[ ] Repair [ ] Abandonment [ ] Temporary [ ]

APPLICANT:

Daniel Flatt

AGENT:

Karen Lightmire

TELEPHONE: 386-623-9072

MAILING ADDRESS:

153 SW Taylor Lake City, Fla. 32024

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. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION

LOT: BLOCK: SUBDIVISION: PLATTED:

PROPERTY ID #: 11 45 15 00341-012 ZONING: I/M OR EQUIVALENT: [ Y / N ]

PROPERTY SIZE: .63 ACRES WATER SUPPLY: [ / ] PRIVATE PUBLIC [ ] <=2000GPD [ ] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [ Y / N ] DISTANCE TO SEWER: 30 FT

PROPERTY ADDRESS: 153 SW Taylor LAKC City FL 32024

DIRECTIONS TO PROPERTY: pine mont hwy To Godbold, Turn Left go 1 mile Turn left on Taylor. First Lot on left

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	2	980	ORIGINAL ATTACHED
2				
3				
4				

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

SIGNATURE: Karen Lightmire DATE: 3/24/11



**PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION**

*482.19 March*

<b>For Office Use Only</b> (Revised 1-11)		<b>Zoning Official</b> _____		<b>Building Official</b> <u>7.6. 3-23-11</u>	
AP# <u>1103-37</u>	Date Received <u>3/23</u>	By <u>JW</u>	Permit # <u>29319</u>		
Flood Zone <u>X</u>	Development Permit <u>N/A</u>	Zoning <u>A-3</u>	Land Use Plan Map Category <u>A-3</u>		
Comments <u>Replacing existing MH Legal lot, remainder of lot family lots permits issued.</u>					
FEMA Map# <u>N/A</u>	Elevation <u>N/A</u>	Finished Floor <u>1st floor</u>	River <u>N/A</u>	In Floodway <u>N/A</u>	
<input checked="" type="checkbox"/> Site Plan with Setbacks Shown <input checked="" type="checkbox"/> EH # <u>11-0168-e</u> <input checked="" type="checkbox"/> EH Release <input checked="" type="checkbox"/> Well letter <input checked="" type="checkbox"/> Existing well <input checked="" type="checkbox"/> Recorded Deed or <u>Affidavit from land owner</u> <input checked="" type="checkbox"/> Installer Authorization <input type="checkbox"/> State Road Access <input checked="" type="checkbox"/> 911 Sheet <input type="checkbox"/> Parent Parcel # _____ <input type="checkbox"/> STUP-MH _____ <input type="checkbox"/> F W Comp. letter <input checked="" type="checkbox"/> VF Form					
IMPACT FEES: EMS _____		Fire _____	Corr _____	<input checked="" type="checkbox"/> Out County <input checked="" type="checkbox"/> In County <u>pd</u>	
Road/Code _____		School _____	= TOTAL _ Impact Fees Suspended March 2009 _		

Property ID # 11-45-15-00341-012 Subdivision \_\_\_\_\_

- New Mobile Home \_\_\_\_\_ Used Mobile Home ☒ MH Size 14x66 Year 1981
- Applicant Karen Lightmire Phone # 386-623-9072 (JAMES)
- Address 9828 Vw Hwy 97, Lake City FL 32024 386-292-3981 (Kara)
- Name of Property Owner DANIEL A. FLATT Phone# \_\_\_\_\_
- 911 Address 153 SW Taylor Bl, Lake City, FL 32024
- Circle the correct power company - FL Power & Light - Clay Electric  
 (Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home Karen Lightmire Phone # 386-623-9072  
 Address 9828 Hwy 477 Lake City FL 32024
- Relationship to Property Owner Buyer
- Current Number of Dwellings on Property 0
- Lot Size .68 Total Acreage .68
- Do you : Have Existing Drive or Private Drive or need Culvert Permit or Culvert Waiver (Circle one)  
 (Currently using) (Blue Road Sign) (Putting in a Culvert) (Not existing but do not need a Culvert)
- Is this Mobile Home Replacing an Existing Mobile Home yes (OWES)
- Driving Directions to the Property Hwy 90 to pine mont rd Turn Left on Godbold 2 miles to Taylor, FL First lot on left.
- Name of Licensed Dealer/Installer Manuel Brannon Phone # 386-590-3229
- Installers Address 5107 CR 252, INVERBORN, FL 32094
  - License Number TH 1025396 Installation Decal # 4765

*JW spoke James. 3-24-11*



# COLUMBIA COUNTY PERMIT WORKSHEET

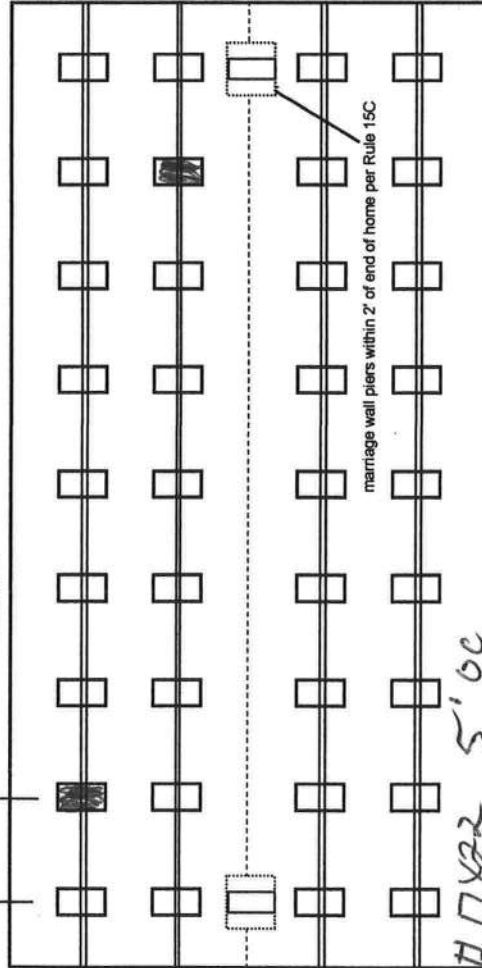
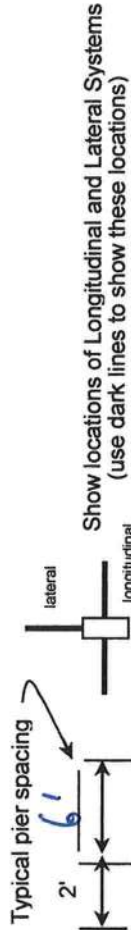
These worksheets must be completed and signed by the installer.  
Submit the originals with the packet.

Installer Manuel Brana License # 1025396  
 911 Address where home is being installed. 153 VA Taylor Glen  
L.C. # 32024  
 Manufacturer Fleetwood Length x width 14x70

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 MS



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 # 4765  
 Triple/Quad ☐ Serial # GIAFL1AA 31053337

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 dsf	3'	4'	4'	5'	6'	7'	8'
1500 dsf	4' 6"	6'	6'	7'	8'	8'	8'
2000 dsf	6'	8'	8'	8'	8'	8'	8'
2500 dsf	7' 6"	8'	8'	8'	8'	8'	8'
3000 dsf	8'	8'	8'	8'	8'	8'	8'
3500 dsf	8'	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 16x16  
 Other pier pad sizes (required by the mfg.) \_\_\_\_\_

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 SW

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 \_\_\_\_\_

OTHER TIES

Sidewall \_\_\_\_\_  
 Longitudinal \_\_\_\_\_  
 Marriage wall \_\_\_\_\_  
 Shearwall \_\_\_\_\_

Number 8 min



# COLUMBIA COUNTY PERMIT WORKSHEET

page 2 of 2

## POCKET PENETROMETER TEST

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

X 15 X 15 X 15

## 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 15 X 15 X 15

## TORQUE PROBE TEST

The results of the torque probe test is 275 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 requires anchors with 4000 lb. holding capacity.

MB Installer's initials

## ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Manuel Barana

Date Tested 2-25-11

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. 150

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 150

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 150

## 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.

## Gasket (weatherproofing requirement)

I understand a properly installed gasket is a requirement of all new and used homes and that condensation, mold, mildew 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 MB

Type gasket SW Installed:                       
Pg.                      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 Manuel Barana Date 2-25-11



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 LETTER OF AUTHORIZATION

I, Manuel Brannon, give this authority for the job address show below  
Installer License Holder Name

only, 153 SW Taylor Lake City FL 32024, and I do certify that  
Job Address

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	Authorized Person is... (Check one)
<u>Karen Rightmire</u>	<u>Karen Rightmire</u>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Officer <input checked="" type="checkbox"/> Property Owner
		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner

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.

Manuel Brannon  
License Holders Signature (Notarized)

1025396  
License Number

3/22/11  
Date

NOTARY INFORMATION:

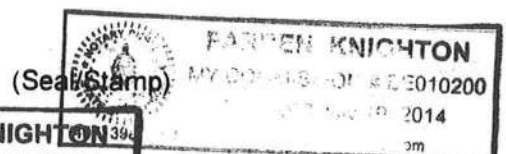
STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Manuel Brannon, personally appeared before me and is known by me or has produced identification (type of I.D.) FL ID on this 22 day of March, 2011.

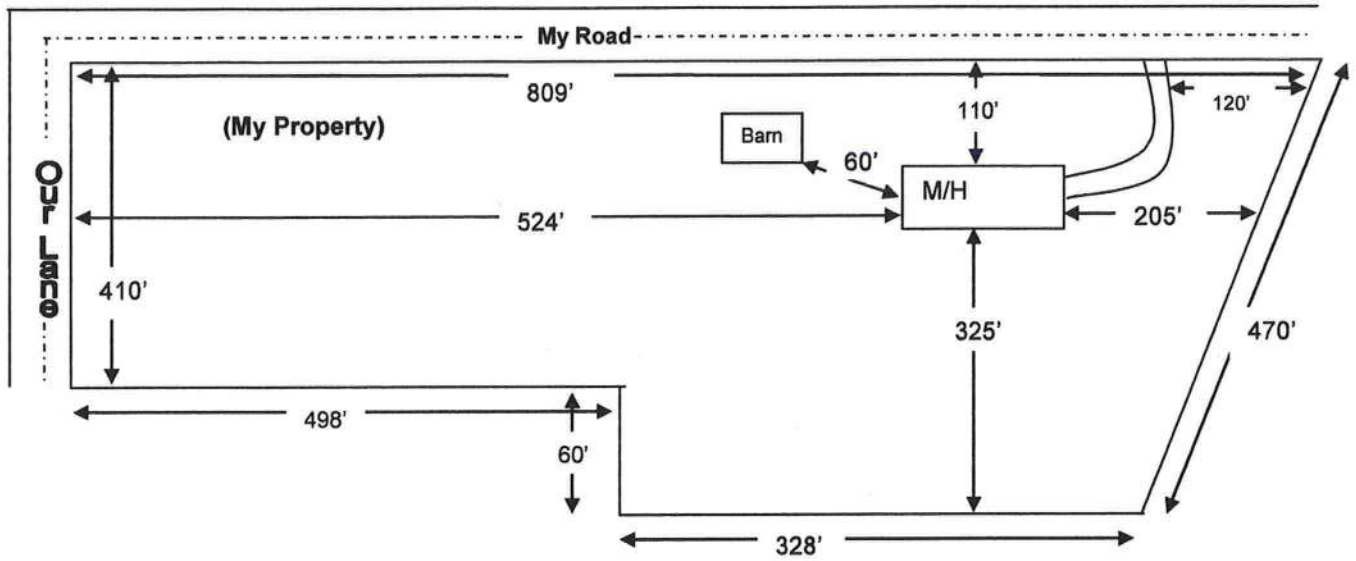
Farren Knighton  
NOTARY'S SIGNATURE



FARREN KNIGHTON  
MY COMMISSION # EE010200  
EXPIRES July 13, 2014  
Florida Notary Service

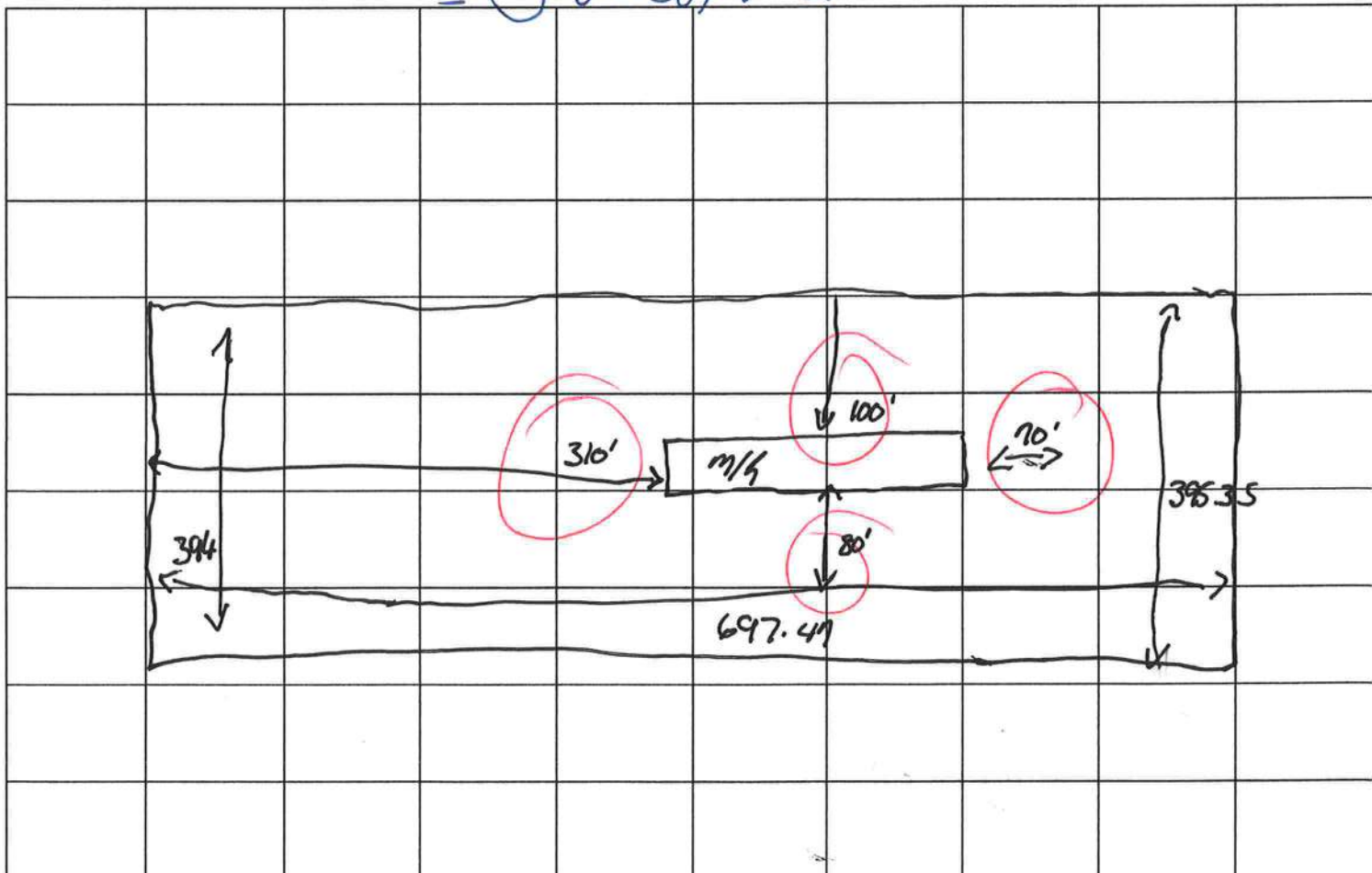


## SITE PLAN EXAMPLE / WORKSHEET



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. 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.

- 50 d b o l l -





**AFFIDAVIT**

**STATE OF FLORIDA  
COUNTY OF COLUMBIA**

This is to certify that I, (We), Daniel A. Flatt  
owner of the below described property:

Tax Parcel No. 11-45-15 R00341-012

Subdivision (name, lot, block, phase) \_\_\_\_\_

Give my permission to KAREK Rightmire to place a  
mobile home/travel trailer/single family home (circle one) on the above mentioned  
property.

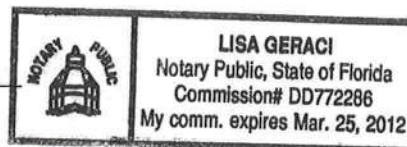
I (We) understand that this could result in an assessment for solid waste and fire  
protection services levied on this property.

[Signature]  
Owner

[Signature]  
Owner

SWORN AND SUBSCRIBED before me this 1<sup>st</sup> day of March,  
2011. This (these) person(s) are personally known to me or produced  
ID FL DL

[Signature]  
Notary Signature



For Daniel A. Flatt  
only!



## COLUMBIA COUNTY 9-1-1 ADDRESSING

P. O. Box 1787, Lake City, FL 32056-1787

PHONE: (386) 758-1125 \* FAX: (386) 758-1365 \* Email: ron\_croft@columbiacountyfla.com

### 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 REQUESTED: 3/10/2011      DATE ISSUED: 3/17/2011

**ENHANCED 9-1-1 ADDRESS:**

153      SW      TAYLOR

GLN

LAKE CITY      FL      32024

**PROPERTY APPRAISER PARCEL NUMBER:**

11-4S-15-00341-012

**Remarks:**

Address Issued By: \_\_\_\_\_

Columbia County 9-1-1 Addressing / GIS Department

**NOTICE: THIS ADDRESS WAS ISSUED BASED ON LOCATION INFORMATION RECEIVED FROM THE REQUESTER. SHOULD, AT A LATER DATE, THE LOCATION INFORMATION BE FOUND TO BE IN ERROR, THIS ADDRESS IS SUBJECT TO CHANGE.**

## MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1103-37 CONTRACTOR Marvel Brannon PHONE 590-3289

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 <u>Karen Rightmire</u> License #:	Signature <u>Karen Rightmire</u> Phone #:
MECHANICAL/ A/C <u>Room Unit</u>	Print Name _____ License #:	Signature _____ Phone #:
PLUMBING/ GAS	Print Name <u>Marvel Brannon</u> License #: <u>1025396</u>	Signature <u>Marvel Brannon</u> Phone #: <u>590-3289</u>

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.



T# 522242586

B# 513983

Identification Number	Year	Make	Model	Body	WT-L-BHP	Vessel Regis. No.	Title Number
GAFL1AA31053337	1981	CROW		HS	66'		17848007

## Registered Owner

JAMES ALAN NASH OR KAREN MARIE RIGHTMIRE  
9798 SW 47 HWY  
LAKE CITY, FL 32024

## Date of Issue

12/18/2007

## Lien Release

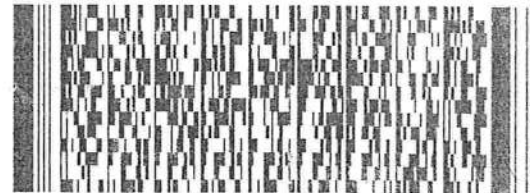
Interest in the above described vehicle is hereby released

By \_\_\_\_\_

## Mail To:

JAMES ALAN NASH  
9798 SW 47 HWY  
LAKE CITY, FL 32024

Title \_\_\_\_\_ Date \_\_\_\_\_



## CERTIFICATE OF TITLE

Identification Number	Year	Make	Model	Body	WT-L-BHP	Vessel Regis. No.	Title Number
GAFL1AA31053337	1981	CROW		HS	66'		17848007

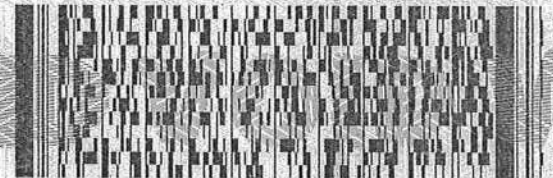
Prev State	Color	Primary Brand	Secondary Brand	No of Brands	Use	Prev Issue Date
FL	UNK				PRIVATE	09/22/1980
Odometer Status or Vessel Manufacturer or OH use				Hull Material	Prop	Date of Issue
						12/18/2007

## Registered Owner

JAMES ALAN NASH OR KAREN MARIE RIGHTMIRE  
9798 SW 47 HWY  
LAKE CITY, FL 32024

## Lien Release

Interest in the above described vehicle is hereby released

By \_\_\_\_\_  
Title \_\_\_\_\_ Date \_\_\_\_\_1st Lienholder  
NONE

DIVISION OF MOTOR VEHICLES

TALLAHASSEE

FLORIDA

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

Carl A. Ford  
DirectorElectra Theodorides-Bustle  
Executive DirectorControl Number 84607514  
29 /1 84607514

TRANSFER OF TITLE BY SELLER (This section must be completed at the time of sale.)

ODOMETER CERTIFICATION-Federal and state law require that you state the mileage in connection with the transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment.  
This title is warranted and certified to be free from any liens except as noted on the face of this certificate and the motor vehicle or vessel described is hereby transferred to

Purchaser: \_\_\_\_\_ Address: \_\_\_\_\_  
I/We state that this ☐ 5 or ☐ 6 digit odometer now reads \_\_\_\_\_ (no tenths) Selling Price: \_\_\_\_\_ Date Sold: \_\_\_\_\_

\_\_\_\_\_ and to the best of my knowledge  
that it REFLECTS THE ACTUAL MILEAGE of the vehicle described herein,  
unless one of the odometer statement blocks is checked.

CAUTION:  
DO NOT CHECK  
BOX IF ACTUAL  
MILEAGE

- ☐ 1. I hereby certify that to the best of my knowledge the odometer reading reflects the amount of mileage IN EXCESS OF ITS MECHANICAL LIMITS.  
☐ 2. I hereby certify that the odometer reading IS NOT THE ACTUAL MILEAGE.  
WARNING: ODOMETER DISCREPANCY

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

Signature of Purchaser:	Printed Name of Purchaser:
Signature of Co-Purchaser:	Printed Name of Co-Purchaser:
Signature of Seller:	Printed Name of Seller:
Signature of Co-Seller:	Printed Name of Co-Seller:

(When Applicable) Selling Dealer License Number: \_\_\_\_\_

Tax No.: \_\_\_\_\_

Tax Collected: \$ \_\_\_\_\_

Auction Name: \_\_\_\_\_

License Number: \_\_\_\_\_

Inst: 201012012825 Date: 8/11/2010 Time: 10:50 AM  
Doc Stamp-Deed: 3.50  
DC, P. DeWitt Cason, Columbia County Page 1 of 1 B.1199 P.940

**QUIT CLAIM DEED**

THIS DEED, made the 30<sup>th</sup> of July 2010 A.D., by and between LORETTA NICHOLS (THIS IS NOT HER HOMESTEAD) hereinafter called the GRANTOR to DANIEL A. FLATT hereinafter called the GRANTEE, whose Post Office address is 345 SW VELLE CT. LAKE CITY, FLORIDA 32024.

WHEREVER used herein the terms GRANTOR and GRANTEE include all the parties to this instrument and the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporations.

WITNESSETH: THAT the GRANTOR for and in consideration of the sum of FIVE HUNDRED DOLLARS (\$500.) receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliens, remises, releases, conveys, confirms and quitclaims unto the GRANTEE all that land situate in COLUMBIA COUNTY, FLORIDA, VIZ: COMMENCE AT THE SOUTHEAST CORNER OF THE NE 1/4 OF THE SE 1/4, SECTION 11, TOWNSHIP 4 SOUTH, RANGE 15 EAST, COLUMBIA COUNTY, FLORIDA AND RUN THENCE N 00 deg 42' 54" W ALONG THE EASTERLY LINE OF SAID SECTION 11, A DISTANCE OF 406.93 FEET TO THE SOUTHEAST CORNER OF LANDS DESCRIBED AND RECORDED IN OFFICIAL RECORDS BOOK 876, PAGE 1964 OF THE PUBLIC RECORDS OF COLUMBIA COUNTY, FLORIDA THENCE S 88 deg 20' 10" W ALONG THE SOUTH LINE OF SAID LANDS RECORDED IN OFFICIAL RECORDS BOOK 876 PAGE 1964, A DISTANCE OF 230.00 FEET TO THE SOUTHWEST CORNER OF SAID LANDS RECORDED IN OFFICIAL RECORDS BOOK 876,; THENCE N 00 deg 42' 17" W, 20.00 FEET, THENCE S 88 deg 29' 10" W 697.47 FEET TO THE POINT OF BEGINNING THENCE CONTINUE THENCE S 88 deg 29' 10" W 395.35 FEET TO THE EASTERLY MAINTAINED RIGHT OF WAY LINE OF GODBOLD ROAD, THENCE N 00 deg 38' 46" E 74.64 FEET, THENCE N 88 deg 10' 47" E 394.50 FEET, THENCE S 00 deg 02' 46" E 76.46 FEET TO THE POINT OF ENDING CONTAINING .68 ACRES MORE OR LESS

TOGETHER WITH RIGHT OF WAY EASEMENTS FOR INGRESS AND EGRESS OVER AND ACROSS A 20 FT STRIP OF LAND LYING ADJACENT TO AND SOUTH OF ABOVE PROPERTY.

SUBJECT TO: RIGHT OF WAY EASEMENTS OF RECORD  
SUBJECT TO: OUTSTANDING MINERAL INTERESTS OF RECORD

TAX I.D. NUMBER 11 4S

TO HAVE AND TO HOLD the premises herein granted unto the GRANTEE, their heirs or successors and assigns forever.

IN WITNESS WHEREOF, the said GRANTOR has signed and sealed these presents this 30<sup>th</sup> day of July 2010 A.D.

Misty R Olive  
WITNESS

Loretta Nichols  
LORETTA NICHOLS (GRANTOR)

Misty R Olive  
PRINT WITNESS NAME

Misty R Olive  
WITNESS

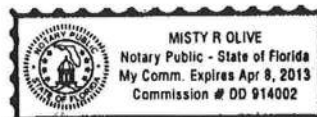
Misty R Olive  
PRINT WITNESS NAME

STATE OF Florida, COUNTY OF Columbia

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the state and in the county aforesaid, to take acknowledgments, personally appeared LORETTA NICHOLS, to me known to be the person described in and who executed the foregoing instrument and SHE acknowledged before me that SHE executed the same.

WITNESS MY HAND and official seal in the County and State last aforesaid this 30<sup>th</sup> day of July 2010 A.D.

NOTARY PUBLIC Misty R Olive  
MY COMMISSION EXPIRES April 8, 2013





DATE 08/26/2005

# Columbia County Building Permit

PERMIT

This Permit Expires One Year From the Date of Issue

000023544

APPLICANT LORETTA NICHOLS PHONE 719.9980  
ADDRESS 165 SW TAYLOR GLEN LAKE CITY FL 32024  
OWNER JANICE L. FLATT/LESSEE-L. NICHOLS M/H PHONE 752.6190  
ADDRESS 165 SW TAYLOR GLEN LAKE CITY FL 32024  
CONTRACTOR BRUCE B. GOODSON PHONE 755.1783

LOCATION OF PROPERTY 90-W TO PINEMOUNT/252, TL TO GODBOLT, TL TO TAYLOR GLEN, TL  
PROPERTY ON L @ CORNER

TYPE DEVELOPMENT M/H & UTILITY ESTIMATED COST OF CONSTRUCTION .00

HEATED FLOOR AREA                      TOTAL AREA                      HEIGHT .00 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. 0 FLOOD ZONE X DEVELOPMENT PERMIT NO.                     

PARCEL ID 11-4S-15-00341-012 SUBDIVISION                     

LOT                      BLOCK                      PHASE                      UNIT                      TOTAL ACRES                     

                                          IH0000702 Loretta Nichols  
Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor  
EXISTING 05-0770-N BLK HD N  
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: 1 FOOT ABOVE ROAD

REMAINDER OF PARENT PARCEL AFTER SPECIAL FAMILY LOT PERMITS ISSUED.

Check # or Cash 2488

## FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

Temporary Power                      Foundation                      Monolithic                       
date/app. by date/app. by date/app. by

Under slab rough-in plumbing                      Slab                      Sheathing/Nailing                       
date/app. by

CODE ENFORCEMENT  
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 3/23 BY JAMES THE MH ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? NO  
OWNERS NAME KAREN BISHMIRE PHONE --- CELL 623-9072 (JAMES)  
866-292-3981 (KAREN)  
ADDRESS ---  
MOBILE HOME PARK --- SUB DIVISION ---  
DRIVING DIRECTIONS TO MOBILE HOME CORNER OF F. ALEX. & 97 - W/ROCK DRILLING

MOBILE HOME INSTALLER MANUEL BRANNAN PHONE 386-590-3289 CELL 623-9072-JAMES

MOBILE HOME INFORMATION

MAKE CROW YEAR 1981 SIZE 14 x 66 COLOR BROWN & WHITE  
SERIAL No. GAFHAA31053337  
WIND ZONE II Must be wind zone II or higher to WIND ZONE I ALLOWED

INSPECTION STANDARDS

INTERIOR:

(P or F) - P= PASS F= FAILED

- ☒ 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

\$50.00

Date of Payment: 3-23-11

Paid By: KAREN BISHMIRE

Notes: ---

EXTERIOR:

- ☒ WALLS / SIDING ( ) 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 [Signature] ID NUMBER 402 DATE 3-23-11





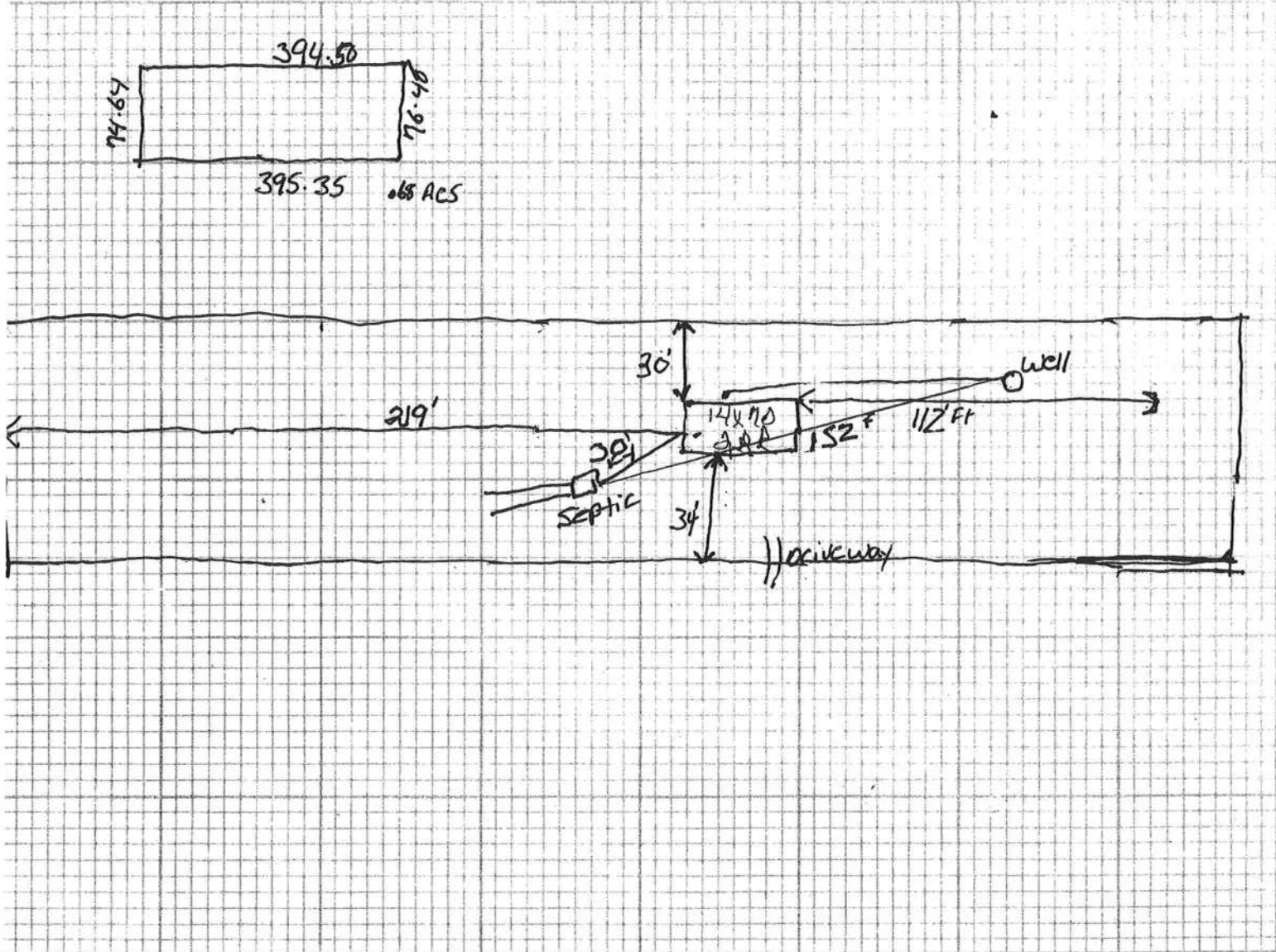
STATE OF FLORIDA  
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 11-01682

PART II - SITE PLAN

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



Notes:

Site Plan submitted by: Karen Nightingale Signature  
Plan Approved ☒ Not Approved ☐  
By [Signature] Columbia County Health Department  
Date 3/29/11 Title owner

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT