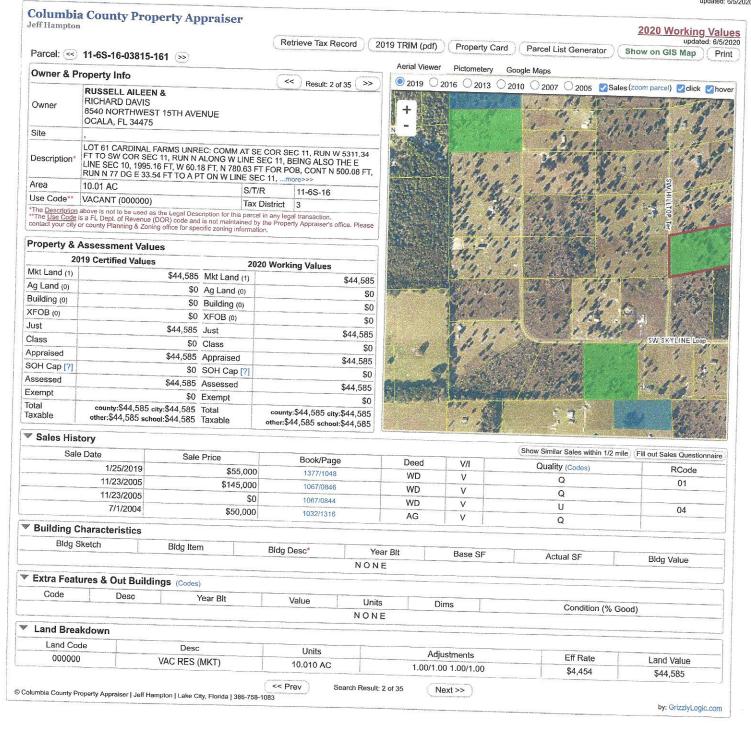
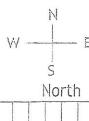
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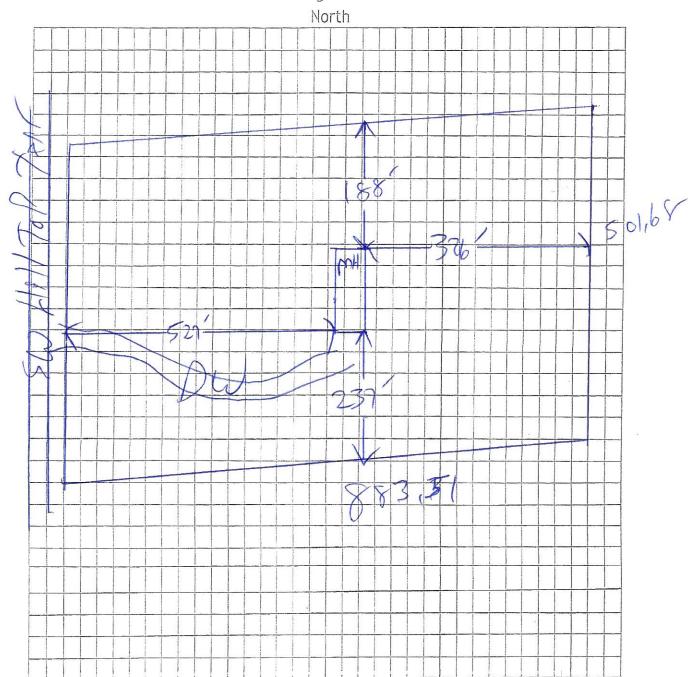
Record Search Search Results Parcel Details GIS Map **Columbia County Property Appraiser**



Site Plan

Please include road numbers and driveway access along with the distances from the new structure to each property line





MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUI	MBERCO	NTRACTOR :	PHONE		
4	THIS FORM MUST BE SUBI	WITTED PRIOR TO THE ISSUANC	CE OF A PERMIT		
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	Signature_			
	License #:				
	Qualifier Form Attached				
MECHANICAL/	Print Name ROMAN Edwar	d Binds Signature_	Redwark Books, 5R.		
A/C	License #: <u>C4C18/7658</u>	Phone #: _	850 7691453		
Qualifier Form Attached					

Qualifier Forms cannot be submitted for any Specialty License.

Sub-Contractors Signature
_

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.

Revised 10/30/2015

MOBILE HOME INSTALLATION SUSCONTRACTOR VERIFICATION FORM

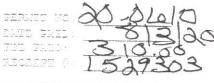
		ONTRACTOR	PHONE
PPLICATION NUMB	553		
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		or a second second second	o is poor upon that we have
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reinance 65-0. Vemntion gen	eral liability insurance and a valid G	ertificate of Competency license	in Columbia County.
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start of that su	bcontractor beginning any work. V	iolations will result in stop work	orders and/or fines.
seart of that su	Print Name <u>Adam Miki I</u> License 4: <u>JC /300 428</u> 2	(iolations will result in stop work Signature Shone #: 3)	orders and/or fines.
tart of that su	Print Name <u>Adam Miki I</u> License 4: <u>JC /300 428</u> 2	fiolations will result in stop work	orders and/or fines.
seart of that su	Print Name <u>Adam Miki I</u> License 4: <u>JC /300 428</u> 2	(iolations will result in stop work Signature Shone #: 3)	orders and/or fines.
ELECTRICAL	bcontractor beginning any work. V Print Name <u>Adam MiM /</u> Urcense 4: <u>JC /300 4283</u> Qualifier Form	Notations will result in stop work Signature Phone #: 3)	1 orders and for fines. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ELECTRICAL	Print Name Adam Mike I (1300 428) Qualifier Form	Signature Signature Signature Signature Signature	orders and for fines.
ELECTRICAL	bcontractor beginning any work. V Print Name <u>Adam MiM /</u> Urcense 4: <u>JC /300 4283</u> Qualifier Form	Signature Signature Signature Signature Signature	1 orders and for fines. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

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STATE OF FLORIDA

DEPROTALINT OF HEALTH
OMSITE SURREE TREATMENT AND LISPOSAL
SYSTEM

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FERRICADION ROW COMPRESSOR PERSON	100/200
PULCATION FOR: [] Wew System [] Emisting System [] Holding Tank	i i Innovativa
Aileen Russell	
DD	10013: 351-949-0592
ELISTIE EDDIESS: (6450 NW 72nd LN Chieffund, FL, 32)	634
NO BE COMPLETED DY REPUNCANT OR APPLICANT'S AUGEDRIZED AGENG. SYSTEM BY A PERSON LICENSED FUREULIN TO 488 LOS (S) MY OR 488 851. TLOREDA SO APPLICANO'S RESPONSEDIMENT TO PROVIDE COOMEDWATERY OF THE DRIVE THE L PLATUED (844/DD/UT) IT REQUESTING CONSIDERATION OF STAUDFORM STANDIAGE	PERMIS DE DE DES 20 MAS DRUGRESS DE
PROPERTY INFORMATION	the facility colors provide manufactures and provide manufactures of the provided manufactures and provided manufactures a
ME: GL STOCK: SUBDEVESTOR: CARDINAL FARMS	PLINTED:
PROPERTY ID 8: 11-65-16-03815-16 ZOVERS: 070 OR 2	
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ERCHERRY ADDRESS: SER SEL SOSS TEST VA : DISTRICE	
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MENTATURE: Joh / h	7-29-20
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STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR CONSTRUCTION PERMIT

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A COLOR CONTRACTOR CON		

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

OH 4015, 38709 (Obsoletes previous aditions which may not be used) (incorporated: 642-6.601, FAC (Stock Number: 5744-982-4615-5)

Page 2 did



STATE OF FLORIDA DEPARTMENT OF HEALTH ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM

PERMIT #: 12-SC-2114464

APPLICATION #: AP1529303

DATE PAID: 8/3/2000 FEE PAID: 3/0 ***

RECEIPT #: 12010-4517349

DOCUMENT #: PR1381090

CONSTRUCTION PERMIT FOR: OSTDS New	
APPLICANT: AILEEN**20-0610 RUSSELL	
PROPERTY ADDRESS: SW HILL TOP Ter Fort White, FL 32038	
LOT: 61 BLOCK: SUBDIVISION: CARDINAL FARM	S
PROPERTY ID #: 03815-161 [SECTION, TOW OR TAX ID NU	NSHIP, RANGE, PARCEL NUMBER]
SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIO 381.0065, F.S., AND CHAPTER 64E-6, F.A.C. DEPARTMENT APPROVAL SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. WHICH SERVED AS A BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRI PERMIT APPLICATION. SUCH MODIFICATIONS MAY RESULT IN THIS PER ISSUANCE OF THIS PERMIT DOES NOT EXEMPT THE APPLICANT FROM STATE, OR LOCAL PERMITTING REQUIRED FOR DEVELOPMENT OF THIS PROPERTY.	OF SYSTEM DOES NOT GUARANTEE ANY CHANGE IN MATERIAL FACTS, THE APPLICANT TO MODIFY THE MIT BEING MADE NILL AND MODER
SYSTEM DESIGN AND SPECIFICATIONS	
T [1,050] GALLONS / GPD New Septic CAPACITY A [] GALLONS / GPD N/A CAPACITY N [] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SING K [] GALLONS DOSING TANK CAPACITY [] GALLONS @[]] D [616] SQUARE FEET Drainfield SYSTEM R [] SQUARE FEET N/A SYSTEM A TYPE SYSTEM: [X] STANDARD [] FILLED [] MOUND [] I CONFIGURATION: [X] TRENCH [] BED []	LE TANK:1250 GALLONS] DOSES PER 24 HRS #Pumps []
F LOCATION OF BENCHMARK: Nail in oak NE of DF end	
E BOTTOM OF DRAINFIELD TO BE [36.00] [INCHES FT] [ABOVE BE	LOW BENCHMARK/REFERENCE POINT
D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: []	INCUES
The system is sized for 3 bedrooms with a maximum occupancy of 6 persons (2 per bedroom 400 gpd. Jeff Hardee performed site evaluation R	n), for a total estimated flow of
SPECIFICATIONS BY: Jeff Handy TITLE: PSE	
APPROVED BY: Kelli C Rogers TITLE: Environmental Specialist	II Columbia CHD
DATE ISSUED: 08/03/2020	
DH 4016, 08/09 (Obsoletes all previous editions which may not be used) Incorporated: 64E-6.003, FAC	20072002
V 1.1.4 AP152930) Spins	Page 1 of 3

881339942

13845 NW HWY 19 Chiefland, FL 32626



352-490-7422

Fax: 352-490-7424 Email: cghomescfl@gmail.com

MOBILE HOMES

Locally Owned and Operated SOLD TO AileRN M. RUSSELII OF RICHARD F. DAVISPHONE 954-993.9924 DATE 1/8/20 ADDRESS 720 5.4. Hill of Tape in consideration of and subject to I EMAIL ditions stated in this purchase agreement Seller agrees to sell and yers agree to purchase the following described property

B. ROOMS FLOOR SIZE Hi SERIAL NUMBER B. ROOMS WL 8408c 80/W32 84 W37 NEW COLOR SALESMAN 130 OPTIONAL EQUIPMENT, LABOR AND ACCESSORIES PRICE OF UNIT 1 Alley Home 1191 up to 200.13 codes with ax ump, stops, stringend SALES TAX For Permits Hanse Phy NON-TAXABLE ITEMS VARIOUS FEES I. CASH PRICE TRADE-IN ALLOWANCE LESS BAL. DUE ON ABOVE wall, Septic, divers 7 827-67 NET ALLOWANCE CASH DOWN 2. LESS TOTAL CREDITS 3. UNPAID BALANCE OF CASH SALE PRICE S Title to said unit shall remain in the Seller until the agreed purchase price therefor is paid in full in cash or by the execution of a Retail Installment Contract, or a Security Agreement and its acceptance by a financing agency; thereupon title to the within described unit passes to the buyer as of the date of either full cash payment or on the signing of said credit instruments even though the actual physical delivery may not be made until a IT IS MUTUALLY UNDERSTOOD THAT THIS AGREEMENT IS SUBJECT TO NECESSARY CORRECTIONS, AND ADJUSTMENTS CONCERNING CHANGES IN NET PAYOFF ON TRADE-IN TO BE MADE AT THE TIME OF SETTLEMENT. FOR THE PURPOSE OF THIS AGREEMENT THE TERM (BUYER) OR (BUYERS) MAY BE USED INTERCHANGEABLE AND MAY REPRESENT SINGULAR OR Buyer represents he/she examined the unit and found it suitable for PLURAL IN MEANING. his/her particular needs, and that it is of acceptable quality and that Seller is not permitted to make plumbing or electrical connections, or connecting of certain natural gas or propane appliances where state or local ordinances require a licensed plumber or electrician so to do. Special building ordinances or laws requiring plumbing, electrical or construction changes are not the responsibility of Seller or the manufacturer. Seller is not responsible for obtaining health or sanitation permits, nor for local, county or state permits involving restrictive zoning. (COST OF CHANGES NEEDED FOR COMPLIANCE MUST BE BORNE BY BUYER. buyer relied upon his/her judgement and inspection in making this determination. There is no assurance a mobile home can remain level when placed, upon any surface other than of level blacktop or concrete. Buyers warrant that they have read, fully understand, and agree to this burchase agreement and the additional terms and conditions; that buyers are of statutory age or older; or have been legally emanabated; that the white described unit, the optional equipment and accessories thereon and insurance IT IS SOLELY THE BUYERS RESPONSIBILITY TO ASSURE THEIR CHOSEN HOME SITE IS ACCEPTABLE FOR HOME PLACEMENT WITHOUT VIOLATION described unit, the optional equipment and accessories thereon and insurance if included, has been voluntarily princhased. The Buyers warrant that the property being traded in is free from all encumbrances whatsoever, except as noted above. Buyer agrees each paragraph and provision of this contract is severable, or one portion thereof is invalid the remaining portion shall, nevertheless, remain OF ANY LOCAL, STATE, OR FEDERAL GUIDELINES.) Seller is not responsible or liable for any delays caused by the manufacturer, accidents, strikes, fires, Acts of God or any other cause beyond Seller's control in full force and affect. BUYERS HERBY ACKNOWLEDGE RECEIPT OF A COPY OF THE PURCHASE AGREEMENT AND ADDITIONAL TERMS AND CONDITIONS C & G CHIEFLAND, INC. DEALER Not Valid Unless Signed and Accepted by an officer of the Company BUYER were, guitest to complete and final acceptance of financing by bank or finance company. SIGNED - BUYER

THIS AGREEMENT (TOGETHER WITH ITS ATTACHED SCHEDULES, ADDENDUMS, AND EXHIBITS) CONTAINS AND SETS FORTH THE COMPLETE UNDERSTANDING AND AGREEMENT OF THE BUYERS AND THE SELLER, AND SUPERSEDES ALL PRIOR WRITTEN OR ORAL DISCUSSIONS, AGREEMENTS, COMMUNICATIONS, OR REPRESENTATIONS. THIS AGREEMENT MAY BE MODIFIED ONLY BY MEANS OF A WRITING SIGNED BY THE PARTIES TO THIS AGREEMENT. BUYERS AND SELLER BOTH HAD AN OPPORTUNITY TO REVIEW THIS ENTIRE AGREEMENT WITH THE COUNSEL OF THEIR CHOOSING. IN THE EVENT OF LITIGATION OR RELATED LEGAL ACTIONS INVOLVING THIS AGREEMENT, THE TERMS AND CONDITIONS OF THIS AGREEMENT SHALL BE INTERPRETED AS OF EQUAL WEIGHT BETWEEN BUYERS AND SELLER.