06/2011

Columbia County Building Permit

This Permit Must Be Prominently Posted on Premises During Construction

PERMIT
000029719

APPLICANT LYNE M. KNIG PHONE 497-3329

ADDRESS 541 SW MURDOCK CT FORT WHITE FL 32038

OWNER ZANE & LYNE KING/MARY KING PHONE 497-3329

ADDRESS 539 SW MURDOCK CT FORT WHITE FL 32038

CONTRACTOR GAYLE EDDY PHONE 352-494-2326

LOCATION OF PROPERTY 441 S, R CR 18, L OLD NIBLACK RD, R HILLARD, L MURDOCK CT, TO END AT 541

TYPE DEVELOPMENT MH, UTILITY ESTIMATED COST OF CONSTRUCTION 0.00

HEATED FLOOR AREA _____ TOTAL AREA _____ HEIGHT ____ STORIES ____

FOUNDATION _____ WALLS _____ ROOF PITCH _____ FLOOR _____

LAND USE & ZONING AG-3 MAX. HEIGHT 35

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

NO. EX.D.U. 1 FLOOD ZONE X DEVELOPMENT PERMIT NO. _____

PARCEL ID 01-7S-16-04108-017 SUBDIVISION JOEL GLENN'S UNREC (S 1/2)

LOT 11 BLOCK ____ PHASE ____ UNIT ____ TOTAL ACRES 5.01

Culvert Permit No.	Culvert Waiver	Contractor's License Number	Applicant/Owner/Contractor
	____	IH1025339	x Lyne King

Driveway Connection	Septic Tank Number	LU & Zoning checked by	Approved for Issuance	New Resident
EXISTING	11-0395-E	BK	TC	N

COMMENTS: FLOOR ONE FOOT ABOVE THE ROAD, REPLACING MH

STUP 1110-28 5 YEAR TEMPORARY PERMIT FOR MOTHER

Check # or Cash 806

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 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 $ 0.00 WASTE FEE $ _____

FLOOD DEVELOPMENT FEE $ _____ FLOOD ZONE FEE $ 25.00 CULVERT FEE $ _____ **TOTAL FEE** 325.00

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."

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.

AFFIDAVIT AND AGREEMENT OF SPECIAL TEMPORARY USE FOR IMMEDIATE FAMILY MEMBERS FOR PRIMARY RESIDENCE

STATE OF FLORIDA
COUNTY OF COLUMBIA

Inst:201112015275 Date:10/7/2011 Time:8:08 AM
DC P.DeWitt Cason,Columbia County Page 1 of 2 B 1222 P:1574

BEFORE ME the undersigned Notary Public personally appeared.

Zane K & Lyne M King, the Owner of the parcel which is being used to place an additional dwelling (mobile home) as a primary residence for a family member of the Owner, and Mary L King, the Family Member of the Owner, who intends to place a mobile home as the family member's primary residence as a temporarily use. The Family Member is related to the Owner as MOTHER/MOTHER IN LAW and both individuals being first duly sworn according to law, depose and say:

1. Family member is defined as parent, grandparent, step-parent, adopted parent, sibling, child, step-child, adopted child or grandchild.

2. Both the Owner and the Family Member have personal knowledge of all matters set forth in this Affidavit and Agreement.

3. The Owner holds fee simple title to certain real property situated in Columbia County, and more particularly described by reference with the Columbia County Property Appraiser Tax Parcel No. 01-7S-16-04108-017.

4. No person or entity other than the Owner claims or is presently entitled to the right of possession or is in possession of the property, and there are no tenancies, leases or other occupancies that affect the Property.

5. This Affidavit and Agreement is made for the specific purpose of inducing Columbia County to issue a Special Temporary Use Permit for a Family Member on the parcel per the Columbia County Land Development Regulations. This Special Temporary Use Permit is valid for 5 year(s) as of date of issuance of the mobile home move-on permit, then the Family Member shall comply with the Columbia County Land Development Regulations as amended.

6. This Special Temporary Use Permit on Parcel No. 01-7S-16-04108-017 is a "one time only" provision and becomes null and void if used by any other family member or person other than the named Family Member listed above. The Special Temporary Use Permit is to allow the named Family Member above to place a mobile home on the property for his primary residence only. In addition, if the Family Member listed above moves away, the mobile home shall be removed from the property within 60 days of the Family Member departure or the mobile home is found to be in violation of the Columbia County Land Development Regulations.

7. The site location of mobile home on property and compliance with all other conditions not conflicting with this section for permitting as set forth in these land development regulations. Mobile homes shall not be located within required yard setback areas and shall not be located within twenty (20) feet of any other building.

8. The parent parcel owner shall be responsible for non ad-valorem assessments.

Inspection with right of entry onto the property, but not into the mobile home by the County to verify compliance with this section shall be permitted by owner and family member. The Land Development Regulation Administrator, and other authorized representatives are hereby authorized to make such inspections and take such actions as may be required to enforce the provisions of this Section.

10. The mobile home shall be hooked up to appropriate electrical service, potable well and sanitary sewer facilities (bathroom and septic tank) that have been installed pursuant to permits issued by the Health Department and County Building and Zoning Department, where required.

11. Recreational vehicles (RV's) as defined by these land development regulations are not allowed under this provision (see Section 14.10.2#10).

12. Upon expiration of permit, the mobile home shall be removed from the property within six (6) months of the date of expiration, unless extended as herein provided by Section 14.10.2 (#7).

13. This Affidavit and Agreement is made and given by Affiants with full knowledge that the facts contained herein are accurate and complete, and with full knowledge that the penalties under Florida law for perjury include conviction of a felony of the third degree.

We Hereby Certify that the facts represented by us in this Affidavit are true and correct and we accept the terms of the Agreement and agree to comply with it.

Zane K. King Lyne M King
Owner

Zane King / Lyne King
Typed or Printed Name

Zane King P.O.A.
Family Member

Zane King / for Mary King (POA Rec'd
Typed or Printed Name

Subscribed and sworn to (or affirmed) before me this 19 day of September, 2011, by Zane & Lyne King (Owner) who is personally known to me or has produced FL DL as identification.

Notary Public

LAURIE HODSON
MY COMMISSION # DD 805657
EXPIRES: July 14, 2012
Bonded Thru Notary Public Underwriters

Subscribed and sworn to (or affirmed) before me this 5 day of October, 2011, by Zane King / Mary King (Family Member) who is personally known to me or has produced FL DL as identification.

Notary Public

LAURIE HODSON
MY COMMISSION # DD 805657
EXPIRES: July 14, 2012
Bonded Thru Notary Public Underwriters

COLUMBIA COUNTY, FLORIDA

By: _____
Name: BRIAN L. KEPNER
Title: Land Development Regulation Administrator

DURABLE POWER OF ATTORNEY

STATE OF FLORIDA
COUNTY OF BREVARD

I, **MARY L. KING,** dob 11/9/24, SS# 219-12-3454, of PO Box 501206, Malabar, Florida, hereby appoint **ZANE KING JR.,** my son, dob 4/10/48, SS# 214-42-6480, of PO Box 501206, Malabar, Florida, my attorney in fact for me and in my name, place and stead, and for my use and benefit to act in my capacity to do every act that I may legally do through an attorney in fact, including, but not limited to, all financial transactions, bank account transfers, real property conveyances, purchases, mortgage financing, and refinancing, and to consult with my physicians and any and all health care providers, whether individual or institutional, in the event I am unable to do so, regarding treatment decisions to be made on my behalf; to enforce any documents I have signed declaring my intentions regarding life prolonging procedures in the event I have been determined to be imminently terminally ill, as that term is defined in Chapter 765, Florida Statutes; to substitute for my judgment, in the event I am unable to communicate my wishes and intentions for myself, with respect to relief from pain or hydration and feeding through artificial measures in the event I am unable to take food and water on my own; to enter into treatment decisions on an informed basis, and to refuse treatment which my attorney-in-fact believes, in good faith, that I would refuse if I were competent and able to act for myself. This durable power of attorney shall not be affected by my disability, except as provided by the statutes of the State of Florida. Any person dealing with my attorney may rely without inquiry upon my attorney's certification or affidavit that this durable power of attorney has not been revoked, terminated, or suspended. I authorize my attorney, upon the request or requirement of any person dealing with my attorney, to execute and deliver an affidavit stating that there has been no revocation, partial or complete termination, or suspension of this durable power of attorney at the time the power is exercised. The power conferred on my attorney in fact by this instrument shall be exercisable from February 8, 2006, notwithstanding a later disability or incapacity on my part, unless otherwise provided by the statutes of the State of Florida.

All acts done by my attorney in fact pursuant to the power conferred during any period of my disability or incompetence shall have the same effect and inure to the benefit of and bind me or my heirs, devisees, and personal representatives, as if I were competent and not disabled.

I expressly agree that all acts done hereunder in good faith by my attorney, prior to the receipt by my attorney or by any [illegible] my attorney has dealt pursuant to this durable power of

DURABLE POWER OF ATTORNEY

STATE OF FLORIDA
COUNTY OF BREVARD

I, **MARY L. KING,** dob 11/9/24, SS# 219-12-3454, of PO Box 501206, Malabar, Florida, hereby appoint **ZANE KING JR.,** my son, dob 4/10/48, SS# 214-42-6480, of PO Box 501206, Malabar, Florida, my attorney in fact for me and in my name, place and stead, and for my use and benefit to act in my capacity to do every act that I may legally do through an attorney in fact, including, but not limited to, all financial transactions, bank account transfers, real property conveyances, purchases, mortgage financing, and refinancing, and to consult with my physicians and any and all health care providers, whether individual or institutional, in the event I am unable to do so, regarding treatment decisions to be made on my behalf; to enforce any documents I have signed declaring my intentions regarding life prolonging procedures in the event I have been determined to be imminently terminally ill, as that term is defined in Chapter 765, Florida Statutes; to substitute for my judgment, in the event I am unable to communicate my wishes and intentions for myself, with respect to relief from pain or hydration and feeding through artificial measures in the event I am unable to take food and water on my own; to enter into treatment decisions on an informed basis, and to refuse treatment which my attorney-in-fact believes, in good faith, that I would refuse if I were competent and able to act for myself. This durable power of attorney shall not be affected by my disability, except as provided by the statutes of the State of Florida. Any person dealing with my attorney may rely without inquiry upon my attorney's certification or affidavit that this durable power of attorney has not been revoked, terminated, or suspended. I authorize my attorney, upon the request or requirement of any person dealing with my attorney, to execute and deliver an affidavit stating that there has been no revocation, partial or complete termination, or suspension of this durable power of attorney at the time the power is exercised. The power conferred on my attorney in fact by this instrument shall be exercisable from February 8, 2006, notwithstanding a later disability or incapacity on my part, unless otherwise provided by the statutes of the State of Florida.

All acts done by my attorney in fact pursuant to the power conferred during any period of my disability or incompetence shall have the same effect and inure to the benefit of and bind me or my heirs, devisees, and personal representatives, as if I were competent and not disabled.

I expressly agree that all acts done hereunder in good faith by my attorney, prior to the receipt by my attorney or by any party with whom my attorney has dealt pursuant to this durable power of attorney of actual notice of revocation of this authority, whether by my death or otherwise, shall be binding upon me and upon my heirs and legal representatives.

No person relying upon this durable power of attorney in good faith and without actual notice of revocation of this authority shall incur any liability to me or my estate as a result of permitting my attorney to exercise any power or discretion on my behalf granted herein.

This durable power of attorney shall be nondelegable and shall be valid until such time as I shall die or revoke this power or be judged incompetent.

Dated this 8th day of February, 2006.

Witnessed by:

Mary L. King
MARY L. KING

The following instrument was acknowledged before me this 8th day of February, 2006, by **MARY L. KING,** who was personally known to me or produced Florida #K520587506 as identification.

NOTARY PUBLIC-STATE OF FLORIDA
Heatheren Geyer
Commission # DD476445
Expires: OCT. 23, 2009
Bonded Thru Atlantic Bonding Co., Inc.

Notary Public

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-11) Zoning Official BLK 15 SEPT 2011 Building Official T.C. 9-13-11

AP# 1109 - 11 Date Received 9/9/11 By LH Permit # 29719

Flood Zone X Development Permit N/A Zoning A-3 Land Use Plan Map Category A-3

Comments STUP Approval Need: Fee + Copy of Recorded Affidavit. ☐

FEMA Map# N/A Elevation N/A Finished Floor N/A River N/A In Floodway N/A

☑ Site Plan with Setbacks Shown ☑ EH # 11-0395-E ☐ EH Release ☐ Well letter ☑ Existing well

☑ Recorded Deed or Affidavit from land owner ☑ Installer Authorization ☑ State Road Access ☑ 911 Sheet

☐ Parent Parcel # ☑ STUP-MH 1110-28 ☐ F W Comp. letter ☑ VF Form

IMPACT FEES: EMS ____ Fire ____ Corr ____ ☐ Out County ☑ In County pd

Road/Code ____ School ____ = TOTAL _ Impact Fees Suspended March 2009_ 9/9/11

Property ID # 01-7S-16-04108-017 Subdivision AKA S½ Lot 11 Joel Glenn's S/D unrec.

- New Mobile Home ____ Used Mobile Home ✓ MH Size 14x56 Year 1979
- Applicant Zane K & Lyne M King Phone # 386 497 3329
- Address 541 SW Murdock CT, Fort White, FL 32038
- Name of Property Owner Zane K & Lyne M King Phone# 386 497 3329
- 911 Address 539 SW Murdock CT fort white FL 32038
- Circle the correct power company - FL Power & Light - (Clay Electric)
  (Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home Zane K & Lyne M King Phone # 386 497 3329
  Address 541 SW Murdock CT, ft White, FL 32038
- Relationship to Property Owner SAME
- Current Number of Dwellings on Property 1
- Lot Size 660' x 330' Total Acreage 5.010 ACRES
- Do you : Have (Existing Drive) (Currently using) or Private Drive (Blue Road Sign) or need Culvert Permit (Putting in a Culvert) or (Circle one) need a Culvert)
- Is this Mobile Home Replacing an Existing Mobile Home replacing Temporary Use 6 years ago
- Driving Directions to the Property 441 S to 18 W, Old Niblack R go Left to Hillard go Right, to Murdock CT go Left to 541 end of Road.
- Name of Licensed Dealer/Installer Gayle Eddy Phone # 352-494-2326
- Installers Address 10237 SW 40TH Terr Lake Butler FL. 32054
- License Number 1025339 Installation Decal # 7885

Spoke to Zane & Lyne on 9-9-11 Left message on 9-22-11 / Spoke to Gayle 9/26/11 Spoke to Zane & Gayle 10/5/11 $325.00

COLUMBIA COUNTY PERMIT WORKSHEET

ksheets must be completed and signed by the installer.
ne originals with the packet.

ıer Gayle Eddy applied for License # 1025339

911 Address where home is being installed.

Manufacturer Skyline Length x width 14x56

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 ME

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 # 7886

Triple/Quad ☐ Serial # 01611780

374 provided

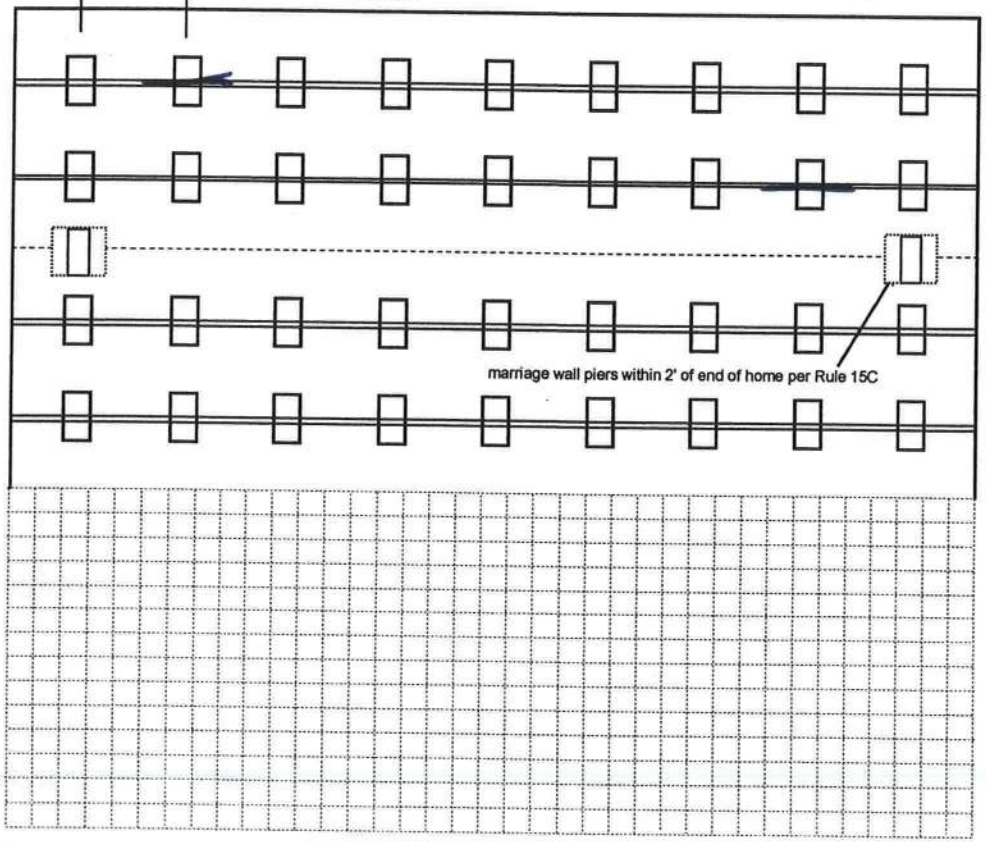
Typical pier spacing

2' 7

lateral

longitudinal

Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)



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 (Doors Only)

Other pier pad sizes (required by the mfg.) N/A

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

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 ME ✓

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer Oliver

Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer

OTHER TIES

	Number
Sidewall	3
Longitudinal	
Marriage wall	
Shearwall	

COLUMBIA COUNTY PERMIT WORKSHEET

POCKET PENETROMETER TEST

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

x 2000 x 2000 x 2000

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 2000 x 2200 x 2200

TORQUE PROBE TEST

The results of the torque probe test is 325 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.

GE Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Gayle Eddy

Date Tested 8/31/11

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. GE 15-C

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. GE 15-C

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. GE 15-C

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, 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 GE

Installed:
Between Floors Yes _____
Between Walls Yes _____
Bottom of ridgebeam Yes _____

Weatherproofing

The bottomboard will be repaired and/or taped. Yes ✓. Pg. 15-C
Siding on units is installed to manufacturer's specifications. Yes ✓
Fireplace chimney installed so as not to allow intrusion of rain water. Yes N/A

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 N/A
Other : _____

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

Installer Signature Gayle Eddy **Date** 9/2/11

Columbia County Property Appraiser

DB Last Updated: 6/22/2011

2010 Tax Year

Tax Collector | Tax Estimator | Property Card | Parcel List Generator | Interactive GIS Map | Print

Parcel: 01-7S-16-04108-017

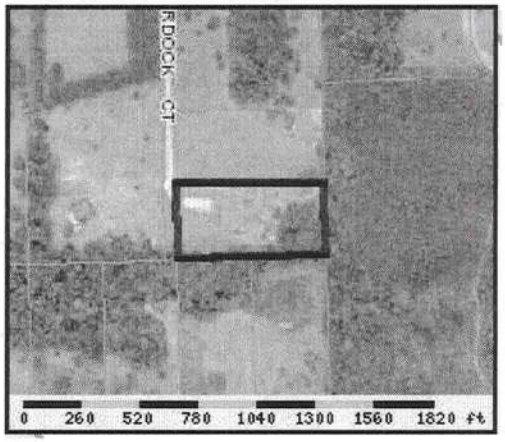
<< Next Lower Parcel | Next Higher Parcel >>

Search Result: 1 of 1

Owner & Property Info

Owner's Name	KING ZANE K JR & MARY L &		
Mailing Address	LYNE PAGE KING JTWRS 541 SW MURDOCK CT FT WHITE, FL 32038		
Site Address	541 SW MURDOCK CT		
Use Desc. (code)	MOBILE HOM (000200)		
Tax District	3 (County)	**Neighborhood**	1716
Land Area	5.010 ACRES	**Market Area**	02
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction.		

AKA S1/2 LOT 11 JOEL GLENN'S S/D UNREC: BEG SE COR OF NW1/4 OF SE1/4, RUN N 318.95 FT, W 657.78 FT, S 344.66 FT, E 656.60 FT TO POB. ORB 524-363, 845-452, 453, PROB # 02-17-CP ORB 946-1001 THRU 1009, 957-2052, CORR DEED 959-1185, WD 1081-1601. QCD 1092-2696 POA 1157-2113



Property & Assessment Values

2010 Certified Values		
Mkt Land Value	cnt: (0)	$36,696.00
Ag Land Value	cnt: (3)	$0.00
Building Value	cnt: (1)	$13,794.00
XFOB Value	cnt: (6)	$5,722.00
Total Appraised Value		$56,212.00
Just Value		$56,212.00
Class Value		$0.00
Assessed Value		$56,212.00
Exempt Value	(code: HX DX)	$31,712.00
Total Taxable Value		Cnty: $24,500 Other: $24,500 | Schl: $30,712

2011 Working Values

NOTE:
2011 Working Values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

Show Working Values

Sales History

Show Similar Sales within 1/2 mile

Sale Date	OR Book/Page	OR Code	Vacant / Improved	Qualified Sale	Sale RCode	Sale Price
8/16/2006	1092/2696	QC	I	U	01	$48,000.00
4/21/2006	1081/1601	WD	I	Q		$105,000.00
7/25/2002	959/1185	PR	I	U	03	$100.00
7/11/2002	957/2052	PR	I	U	03	$100.00

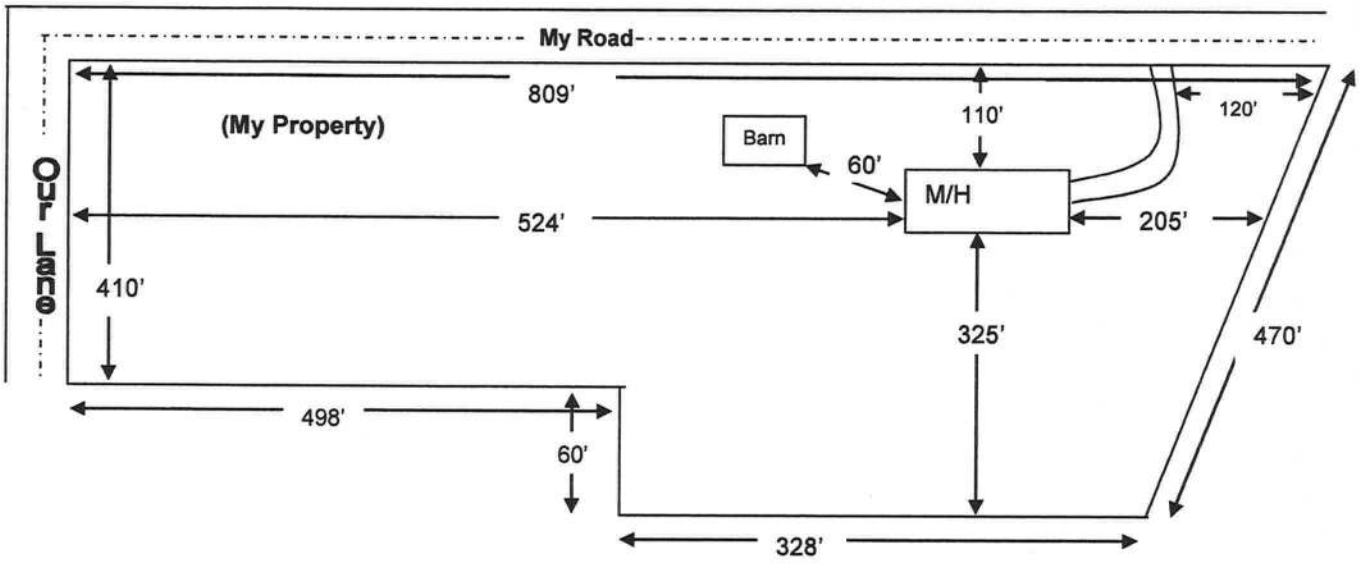
Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	MOBILE HME (000800)	1984	WD ON PLY (08)	1352	2304	$12,993.00
	Note: All S.F. calculations are based on exterior building dimensions.					

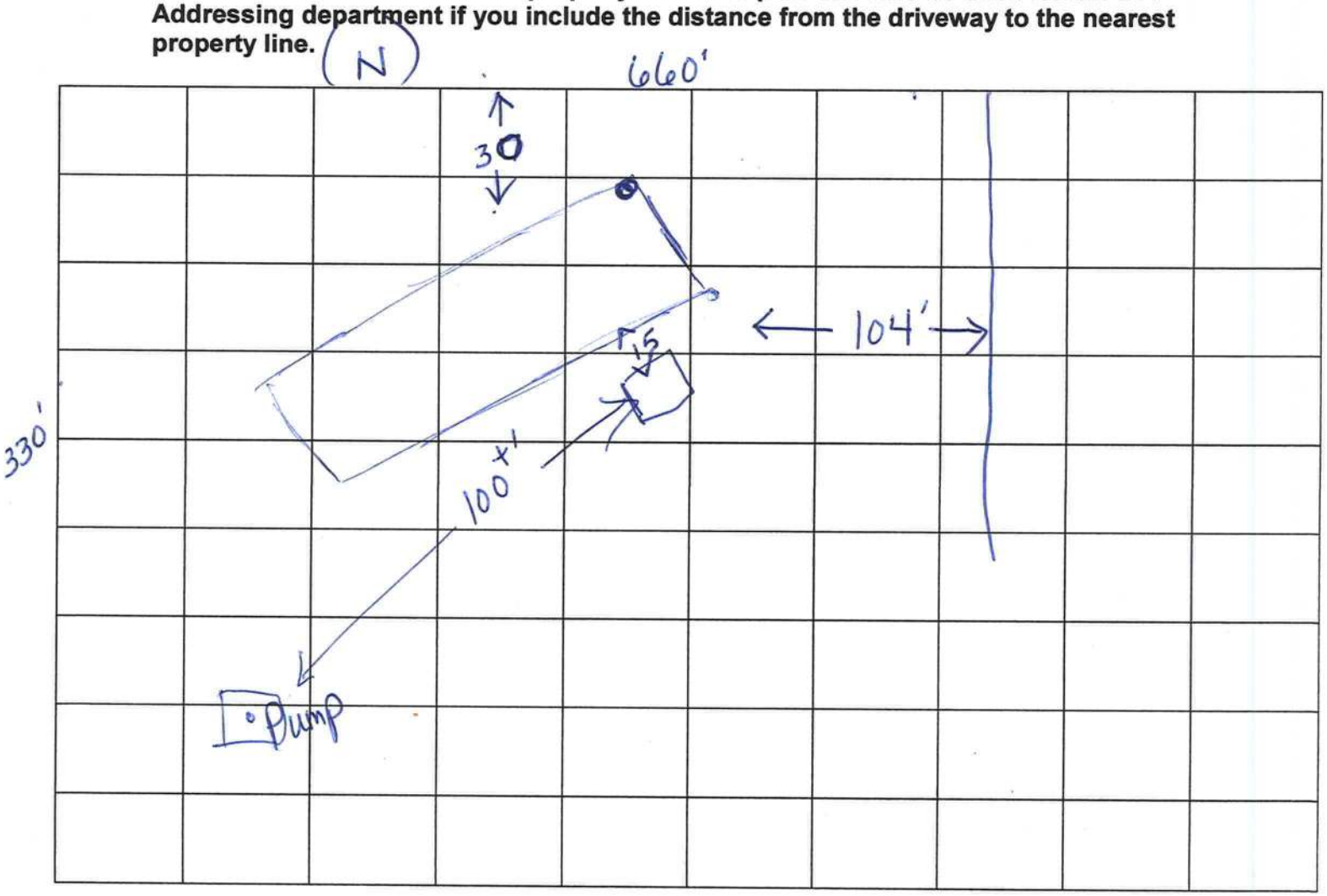
Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)

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.



MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR _____ PHONE _____

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 Zane King License #: Owner	Signature Phone #:
MECHANICAL/ A/C _____	Print Name License #: Owner	Signature Phone #:
PLUMBING/ GAS	Print Name License #: Owner	Signature Phone #:

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.

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT
1169-11

DATE RECEIVED 9/9/11 BY LH IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? Yes

OWNERS NAME Zane & Lyne King PHONE 4[illegible]7-3329 CELL

ADDRESS 541 SW Murdock Ct, Ft. White, Fl 32038 5½ of Co#1

MOBILE HOME PARK SUBDIVISION Joel Glenn's S/D Unit C

DRIVING DIRECTIONS TO MOBILE HOME 441 S, (R) 8, (L) Old Nibletts, (R) Hilland, (L) Murdock Ct, - to end @ 541

MOBILE HOME INSTALLER Gayle Eddy PHONE CELL 352-494-2326

MOBILE HOME INFORMATION

MAKE Skyline YEAR 79 SIZE 14x56 COLOR

SERIAL No. 01611780

WIND ZONE II Must be wind zone II or higher NO WIND ZONE I ALLOWED

INSPECTION STANDARDS

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

$50.00
Date of Payment: 9/9/11
Paid By: Lyne King
Notes:

- P SMOKE DETECTOR ( ) OPERATIONAL ( ) MISSING
- P FLOORS ( ) SOLID ( ) WEAK ( ) HOLES DAMAGED LOCATION
- P DOORS ( ) OPERABLE ( ) DAMAGED
- P WALLS ( ) SOLID ( ) STRUCTURALLY UNSOUND
- P WINDOWS ( ) OPERABLE ( ) INOPERABLE
- P PLUMBING FIXTURES ( ) OPERABLE ( ) INOPERABLE ( ) MISSING
- P CEILING ( ) SOLID ( ) HOLES ( ) LEAKS APPARENT
- P ELECTRICAL (FIXTURES/OUTLETS) ( ) OPERABLE ( ) EXPOSED WIRING ( ) OUTLET COVERS MISSING ( ) LIGHT FIXTURES MISSING

EXTERIOR:
- P WALLS / SIDDING ( ) LOOSE SIDING ( ) STRUCTURALLY UNSOUND ( ) NOT WEATHERTIGHT ( ) NEEDS CLEANING
- P WINDOWS ( ) CRACKED/ BROKEN GLASS ( ) SCREENS MISSING ( ) WEATHERTIGHT
- P ROOF ( ) APPEARS SOLID ( ) DAMAGED

STATUS

APPROVED P WITH CONDITIONS:

NOT APPROVED ____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS

SIGNATURE [signature] ID NUMBER 402 DATE 9-12-11

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: 9/20/2011 **DATE ISSUED:** 9/21/2011

ENHANCED 9-1-1 ADDRESS:

539 SW MURDOCK CT

FORT WHITE FL 32038

PROPERTY APPRAISER PARCEL NUMBER:

01-7S-16-04108-017

Remarks:

ADDRESS FOR PROPOSED NEW STRUCTURE ON PARCEL, 2ND LOCATION ON PARCEL.

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.

2086

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, Gayle Eddy (Installer License Holder Name), give this authority for the job address show below only, 01-75-16-04168-017 (911 applied for) (Job Address), and I do certify that 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)
~~Wilbert Austin~~ DE	~~Wilbert Austin~~	~~X~~ Agent ___ Officer ___ Property Owner
Kenny or Lynn King	Lynn King	___ Agent ___ Officer ✓ Property Owner
		___ Agent ___ Officer ___ 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.

Gayle Eddy — License Holders Signature (Notarized)
IH1025339 — License Number
6/16/11 — Date

NOTARY INFORMATION:
STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Gayle Eddy, personally appeared before me and is ~~known by me~~ or has produced identification (type of I.D.) _____ on this 16 day of June, 20 11.

Laurie Hodson
NOTARY'S SIGNATURE

LAURIE HODSON
MY COMMISSION # DD 805657
EXPIRES: July 14, 2012
Bonded Thru Notary Public Underwriters
(Seal/Stamp)

COLUMBIA COUNTY, FLORIDA
LAND DEVELOPMENT REGULATION ADMINISTRATOR
SPECIAL PERMIT FOR TEMPORARY USE
APPLICATION

Permit No. STUP - 1110 - 28 Date 10/5/11

Fee $450.00 Receipt No. 4250 Building Permit No. 29719

Name of Title Holder(s) Zane K & Lyne M King

Address 541 SW Murdock CT City Fort White

Zip Code 32038

Phone (386) 497 3329

NOTE: If the title holder(s) of the subject property are appointing an agent to represent them, a letter from the title holder(s) addressed to the Land Development Regulation Administrator MUST be attached to this application at the time of submittal stating such appointment.

Title Holder(s) Representative Agent(s) _____

Address _____ City _____

Zip Code _____

Phone ( ) _____

Paragraph Number Applying for 7

Proposed Temporary Use of Property MH for Mother

Proposed Duration of Temporary Use 5 years

Tax Parcel ID# 01-75-16-04108-017

Size of Property 660' x 330'

Present Land Use Classification A-3

Present Zoning District A-3

Certain uses are of short duration and do not create excessive incompatibility during the course of the use. Therefore, the Land Development Regulation Administrator is authorized to issue temporary use permits for the following activities, after a showing that any nuisance or hazardous feature involved is suitably separated from adjacent uses; excessive vehicular traffic will not be generated on minor residential streets; and a vehicular parking problem will not be created:

1. In any zoning district: special events operated by non-profit, eleemosynary organizations.

2. In any zoning district: Christmas tree sales lots operated by non-profit, eleemosynary organizations.

3. In any zoning district: other uses which are similar to (1) and (2) above and which are of a temporary nature where the period of use will not extend beyond thirty (30) days.

4. In any zoning district: mobile homes or travel trailers used for temporary purposes by any agency of municipal, County, State, or Federal government; provided such uses shall not be or include a residential use.

5. In any zoning district: mobile homes or travel trailers used as a residence, temporary office, security shelter, or shelter for materials of goods incident to construction on or development of the premises upon which the mobile home or travel trailer is located. Such use shall be strictly limited to the time construction or development is actively underway. In no event shall the use continue more than twelve (12) months without the approval of the Board of County Commissioners and the Board of County Commissioners shall give such approval only upon finding that actual construction is continuing.

6. In agricultural, commercial, and industrial districts: temporary religious or revival activities in tents.

7. In agricultural districts: In addition to the principal residential dwelling, two (2) additional mobile homes may be used as an accessory residence, provided that such mobile homes are occupied by persons related by the grandparent, parent, step-parent, adopted parent, sibling, child, stepchild, adopted child or grandchild of the family occupying the principal residential use. Such mobile homes are exempt from lot area requirements. A temporary use permit for such mobile homes may be granted for a time period up to five (5) years. The permit is valid for occupancy of the specified family member as indicated on Family Relationship Affidavit and Agreement which shall be recorded in the Clerk of the Courts by the applicant.

   The Family Relationship Affidavit and Agreement shall include but not be limited to:

   a. Specify the family member to reside in the additional mobile home;

   b. Length of time permit is valid;

c. Site location of mobile home on property and compliance with all other conditions not conflicting with this section for permitting as set forth in these land development regulations. Mobile homes shall not be located within required yard setback areas and shall not be located within twenty (20) feet of any other building;

d. Responsibility for non ad-valorem assessments;

e. Inspection with right of entry onto the property by the County to verify compliance with this section. The Land Development Regulation Administrator, and other authorized representatives are hereby authorized to make such inspections and take such actions as may be required to enforce the provisions of this Section and;

f. Shall be hooked up to appropriate electrical service, potable well and sanitary sewer facilities (bathroom and septic tank) that have been installed pursuant to permits issued by the Health Department and County Building and Zoning Department, where required.

g. Recreational vehicles (RV's) as defined by these land development regulations are not allowed under this provision (see Section 14.10.2#10).

h. Requirements upon expiration of permit. Unless extended as herein provided, once a permit expires the mobile home shall be removed from the property within six (6) months of the date of expiration.

The property owner may apply for one or more extensions for up to two (2) years by submitting a new application, appropriate fees and family relationship residence affidavit agreement to be approved by the Land Development Regulations Administrator.

Previously approved temporary use permits would be eligible for extensions as amended in this section.

8. In shopping centers within Commercial Intensive districts only: mobile recycling collection units. These units shall operate only between the hours of 7:30 a.m. and 8:30 p.m. and shall be subject to the review of the Land Development Regulation Administrator. Application for permits shall include written confirmation of the permission of the shopping center owner and a site plan which includes distances from buildings, roads, and property lines. No permit shall be valid for more than thirty (30) days within a twelve (12) month period, and the mobile unit must not remain on site more than seven (7) consecutive days. Once the unit is moved off-site, it must be off-site for six (6) consecutive days.

9. In agriculture and environmentally sensitive area districts: a single recreational vehicle as described on permit for living, sleeping, or housekeeping purposes for one-hundred eighty (180) consecutive days from date that permit is issued, subject to the following conditions:

a. Demonstrate a permanent residence in another location.

b. Meet setback requirements.

c. Shall be hooked up to or have access to appropriate electrical service, potable well and sanitary sewer facilities (bathroom and septic tank) that have been installed pursuant to permits issued by the Health Department and County Building and Zoning Department, where required.

Upon expiration of the permit the recreational vehicle shall not remain on property parked or stored and shall be removed from the property for 180 consecutive days.

Temporary RV permits are renewable only after one (1) year from issuance date of any prior temporary permit.

Temporary RV permits existing at the effective date of this amendment may be renewed for one (1) additional temporary permit in compliance with these land development regulations, as amended. Recreational vehicles as permitted in this section are not to include RV parks.

Appropriate conditions and safeguards may include, but are not limited to, reasonable time limits within which the action for which temporary use permit is requested shall be begun or completed, or both. Violation of such conditions and safeguards, when made a part of the terms under which the special permit is granted, shall be deemed a violation of these land development regulations and punishable as provided in Article 15 of these land development regulations.

I (we) hereby certify that all of the above statements and the statements contained in any papers or plans submitted herewith are true and correct to the best of my (our) knowledge and belief.

Zane K King Lynn M King
Applicants Name (Print or Type)

Zane K King Lynn M King 9-9-2011
Applicant Signature Date

OFFICIAL USE

Approved X BLK 22 SEPT. 2011

Denied _____

Reason for Denial _____

Conditions (if any) Permit to start at time of issuance of MH Permit.

FW

SW authorized 11-0345E
SIBLC 9/23/11

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

PERMIT NO. 1042898
DATE PAID: 9/23/11
FEE PAID: 125.00
RECEIPT #: 1748621

APPLICATION FOR:
[ ] New System [X] Existing System [ ] Holding Tank [ ] Innovative
[ ] Repair [ ] Abandonment [ ] Temporary [ ] _____

APPLICANT: Zane K King Jr, Lyne M King, Mary L King

AGENT: _____ TELEPHONE: 386 497 3329

MAILING ADDRESS: 541 SW Murdock Ct Ft White, FL 32038

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: S½ 11 BLOCK: _____ SUBDIVISION: Joel Glenn's SD PLATTED: UNREC

PROPERTY ID #: 01 7S 16 04108 017 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 5.010 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD

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

PROPERTY ADDRESS: 539 SW Murdock Ct

DIRECTIONS TO PROPERTY: S441 to CR18 west approx 4 miles to Old Niblack Rd (go left) Old Niblack to Hillard (go Right) 1st Rd on left Murdock CT go to end we are last Drive on Left 541

BUILDING INFORMATION [X] RESIDENTIAL [ ] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	SMH 14x56	2	784	
2				
3				
4				

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

SIGNATURE: Zane King Lyne M King DATE: 9-21-2011

DH 4015, 08/09 (Obsoletes previous editions which may not be used)
Incorporated 64E-6.001, FAC

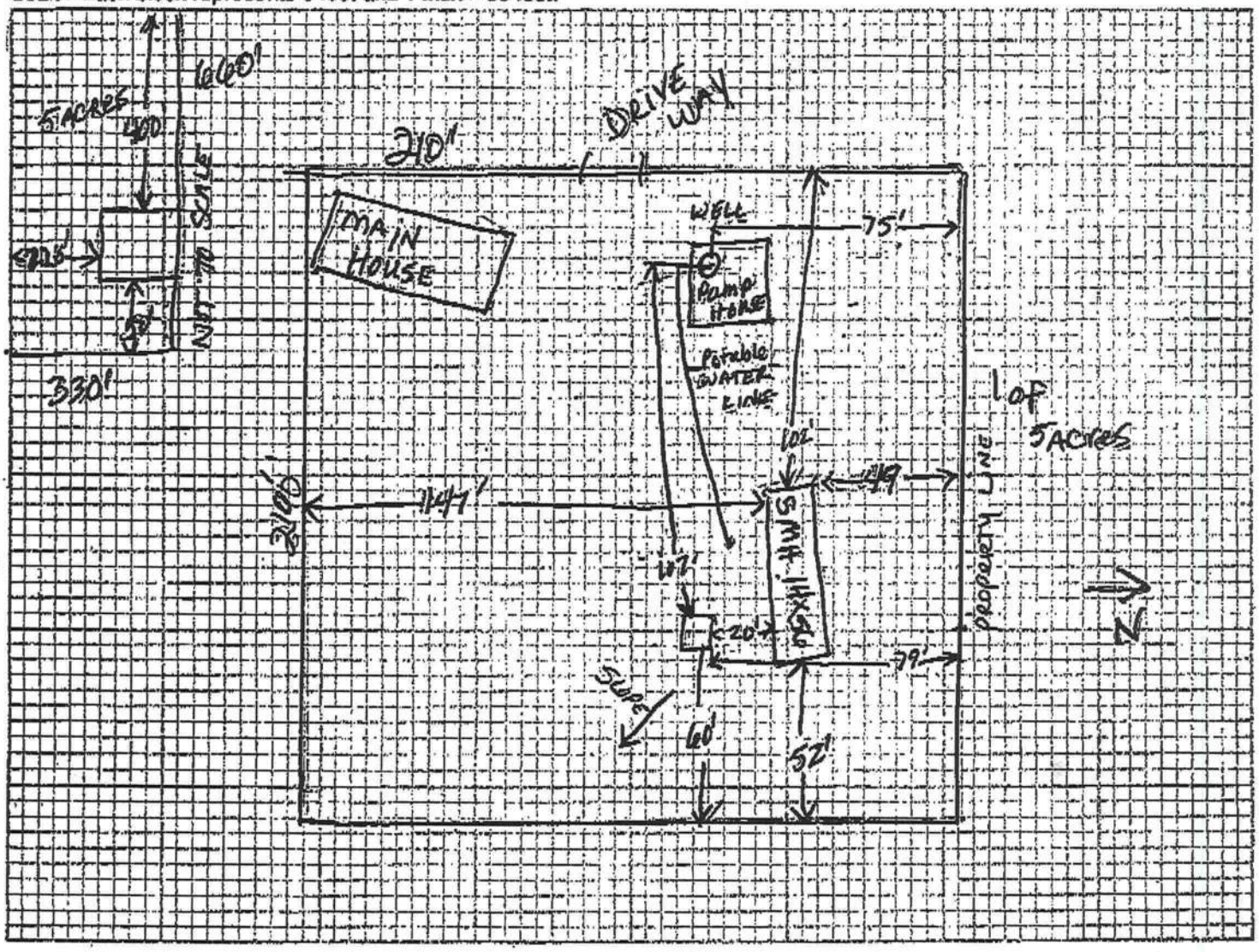
STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 11-0395E

PART II - SITE PLAN

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



Notes: _____

Site Plan submitted by: _____ OWNER
Signature Title

Plan Approved X Not Approved _____ Date 10/3/11

By _____ Cduda'G 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)