DATE 07/29/2010

Columbia County Building Permit

This Permit Must Be Prominently Posted on Premises During Construction

PERMIT
000028758

APPLICANT WENDY GRENNELL PHONE 288-2428

ADDRESS 3104 SW OLD WIRE RD FT. WHITE FL 32038

OWNER FRANCIS & PATSY BELIVEAU PHONE

ADDRESS 704 SW CENTRAL TERR. FT. WHITE FL 32038

CONTRACTOR RONNIE NORRIS PHONE 623-7716

LOCATION OF PROPERTY 47S, TR ON US 27, TL ON RIVERSIDE, TL UTAH, TR CENTRAL, TOP OF HILL ON RIGHT...TO 704

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 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 23-6S-15-01058-000 SUBDIVISION 3 RIVERS EST.

LOT 39/40 BLOCK PHASE UNIT 18 TOTAL ACRES 1.83

Culvert Permit No.	Culvert Waiver	Contractor's License Number	Applicant/Owner/Contractor
		IH1025145	Wendy Grennell

EXISTING	10-334	BK	TC	Y
Driveway Connection	Septic Tank Number	LU & Zoning checked by	Approved for Issuance	New Resident

COMMENTS: ONE FOOT ABOVE THE ROAD

Check # or Cash CASH

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 $ 19.26 WASTE FEE $ 50.25

FLOOD DEVELOPMENT FEE $ FLOOD ZONE FEE $ 25.00 CULVERT FEE $ **TOTAL FEE** 394.51

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.

CERTIFICATE OF

M/H OCCUPANCY

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 23-6S-15-01058-000 **Building permit No.** 000028758

Permit Holder RONNIE NORRIS

Owner of Building FRANCIS & PATSY BELIVEAU

Location: 704 SW CENTRAL TERRACE

Date: 08/09/2010

Troy Cain

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 BLK 27.07.10 Building Official J.C. 7-27-10

AP# 1007-29 Date Received 7/20/10 By G Permit # 28758

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

Comments

FEMA Map# N/A Elevation N/A Finished Floor 1' above Rd River N/A In Floodway N/A

☑ Site Plan with Setbacks Shown ☐ EH # 10-0334-E ☐ EH Release ☐ Well letter ☑ Existing 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 N/A Suspended ☑ VF

Property ID # 00-00-00-01058-000 Subdivision Three Rivers Estates Lots 39 & 40 Unit 18

- New Mobile Home ✓ Used Mobile Home MH Size 14x44 Year 2010
- Applicant Wendy Grennell Phone # 386-288-2428
- Address 3104 SW Old Wire Rd Ft White FL 32038
- Name of Property Owner Francis & Patsy Belliveau Phone#
- 911 Address 704 SW Central Terrace Ft 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 Francis & Patsy Belliveau Phone #
  Address 4641 Tropical Lane Holiday FL 34690
- Relationship to Property Owner Same
- Current Number of Dwellings on Property 0
- Lot Size 200 x 400 Total Acreage 1.836
- Do you : Have (Existing Drive) (Currently using) or Private Drive (Blue Road Sign) or need Culvert Permit (Putting in a Culvert) or Culvert Waiver (Not existing but do not need a Culvert) (Circle one)
- Is this Mobile Home Replacing an Existing Mobile Home 0 (Owner)
- Driving Directions to the Property 47 South to US Hwy 27 turn (L) to Riverside DR turn (L) immediate (L) on Utah St. to Central Terr (R) go to top of hill to 704 on (R)
- Name of Licensed Dealer/Installer Ronnie Norris Phone # 386-623-7716
- Installers Address 1004 SW Charles Terrace Lake City 32024
- License Number IH1025145/1 Installation Decal # 1393

left message 7/28/10

PERMIT WORKSHEET

Installer RONNIE NORRIS License # IH1025/1451

Manufacturer Live oak Length x Width 14x44.

Name of Owner of this Mobile Home Beliveau

Phone

Address 704 SW Central Terr Ft White

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 LN

New Home ☐ Used Home ☑ Year

Home Installed to the Manufacturer's Installation Manual ☑

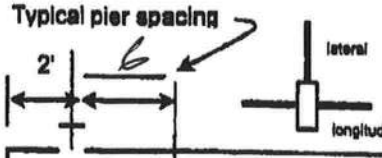
Home is installed in accordance with Rule 15-C ☐

Single wide ☒ Wind Zone II ☑ Wind Zone III ☐

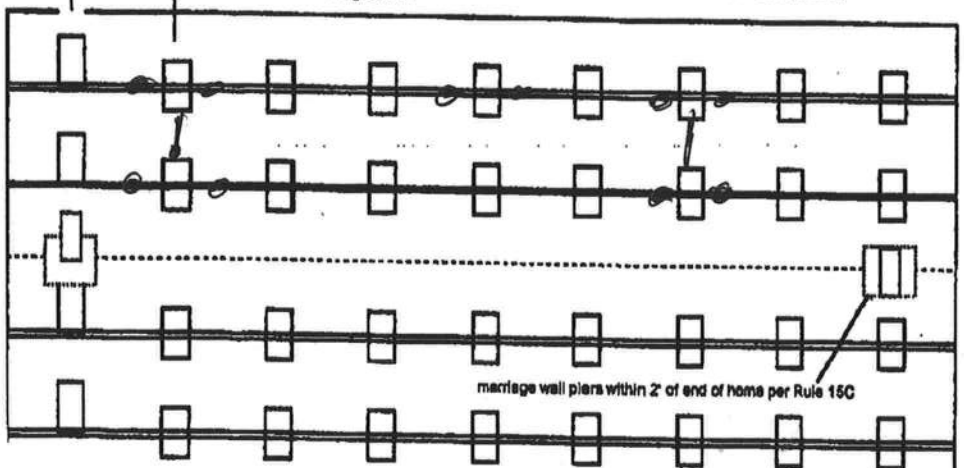
Double wide ☐ Installation Decal # 1393

Triple/Quad ☐ Serial #

Typical pier spacing



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.

342 Req. 425 Provided

PIER PAD SIZES

I-beam pier pad size 17X25

Perimeter pier pad size NA

Other pier pad sizes (required by the mfg.) 16x16

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	SW
SW	SW
SW	SW

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

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer

Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer

OTHER TIES

	Number
Sidewall	22
Longitudinal	4
Marriage wall	2
Shearwall	2

PERMIT WORKSHEET

PERMIT NUMBER _____

POCKET PENETROMETER TEST

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

x 1500 x 1500 x 1500

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 1500 x 1500 x 1500

TORQUE PROBE TEST

The results of the torque probe test is 285 inch pounds or check here if you are declaring 5' anchors without testing _____. A test showing 275 inch pounds or less will require 4 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.

_____ Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name _____

Date Tested 7-17-010

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. _____

Plumbing

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

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

Site Preparation

Debris and organic material removed ✓

Water drainage: Natural _____ Swale _____ Pad ✓ Other _____

Fastening multi wide units

Floor:	Type Fastener: SW	Length: SW	Spacing: SW
Walls:	Type Fastener: SW	Length: SW	Spacing: SW
Roof:	Type Fastener: SW	Length: SW	Spacing: SW

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.

Installer's initials SW

Type gasket _____
Pg. _____

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

Weatherproofing

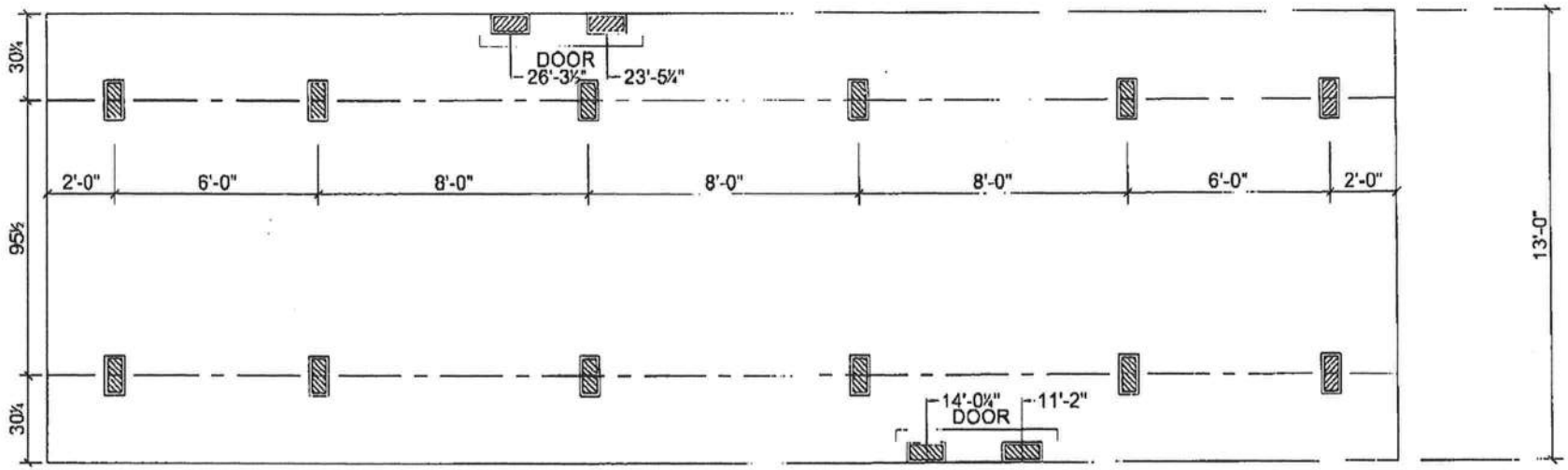
The bottomboard will be repaired and/or taped. Yes _____ Pg. _____
Siding on units is installed to manufacturer's specifications. Yes _____
Fireplace chimney installed so as not to allow intrusion of rain water. Yes _____

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 _____ Date 7-19-10



SUPPORT PIER/TYP

2/26/09

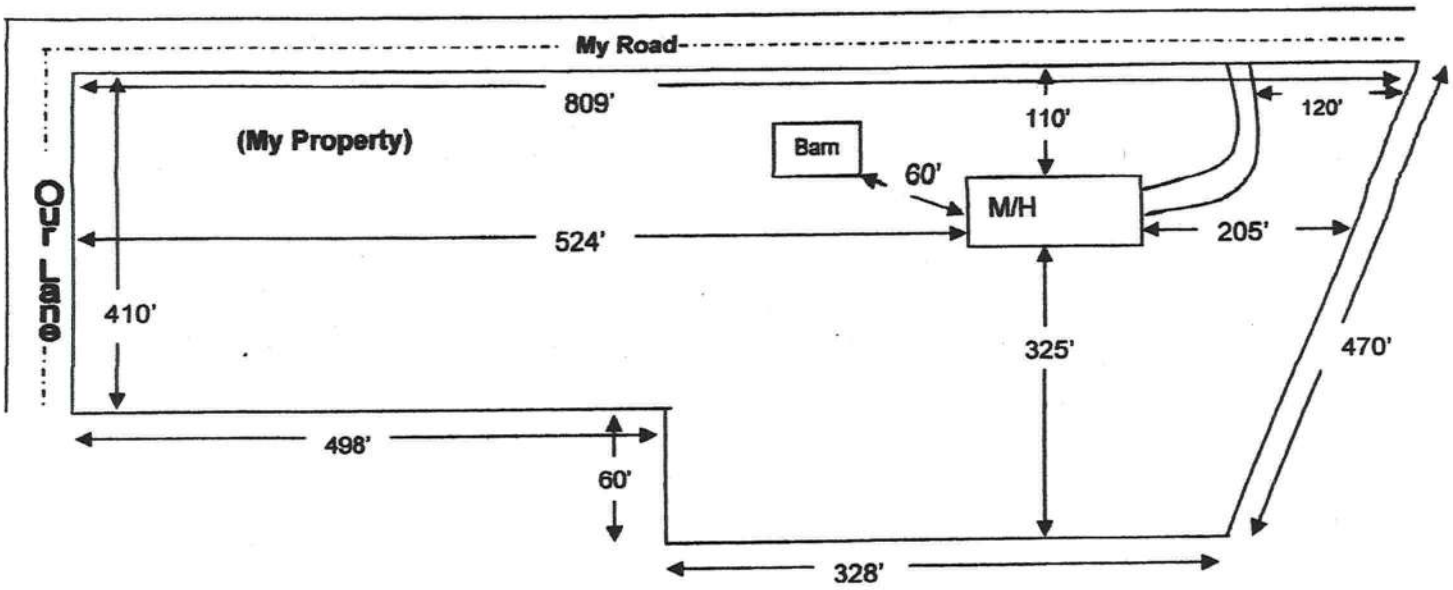
FOUNDATION NOTES:

- THIS DRAWING IS DESIGNED FOR THE STANDARD WIND ZONE AND IS TO BE USED IN CONJUNCTION WITH THE INSTALLATION MANUAL AND IT'S SUPPLEMENTS.
- FOOTINGS ARE SHOWN FOR EXAMPLE ONLY QUANTITY AND SPACING MAY VARY BASED ON PAD TYPE, SOIL CONDITION, ETC.

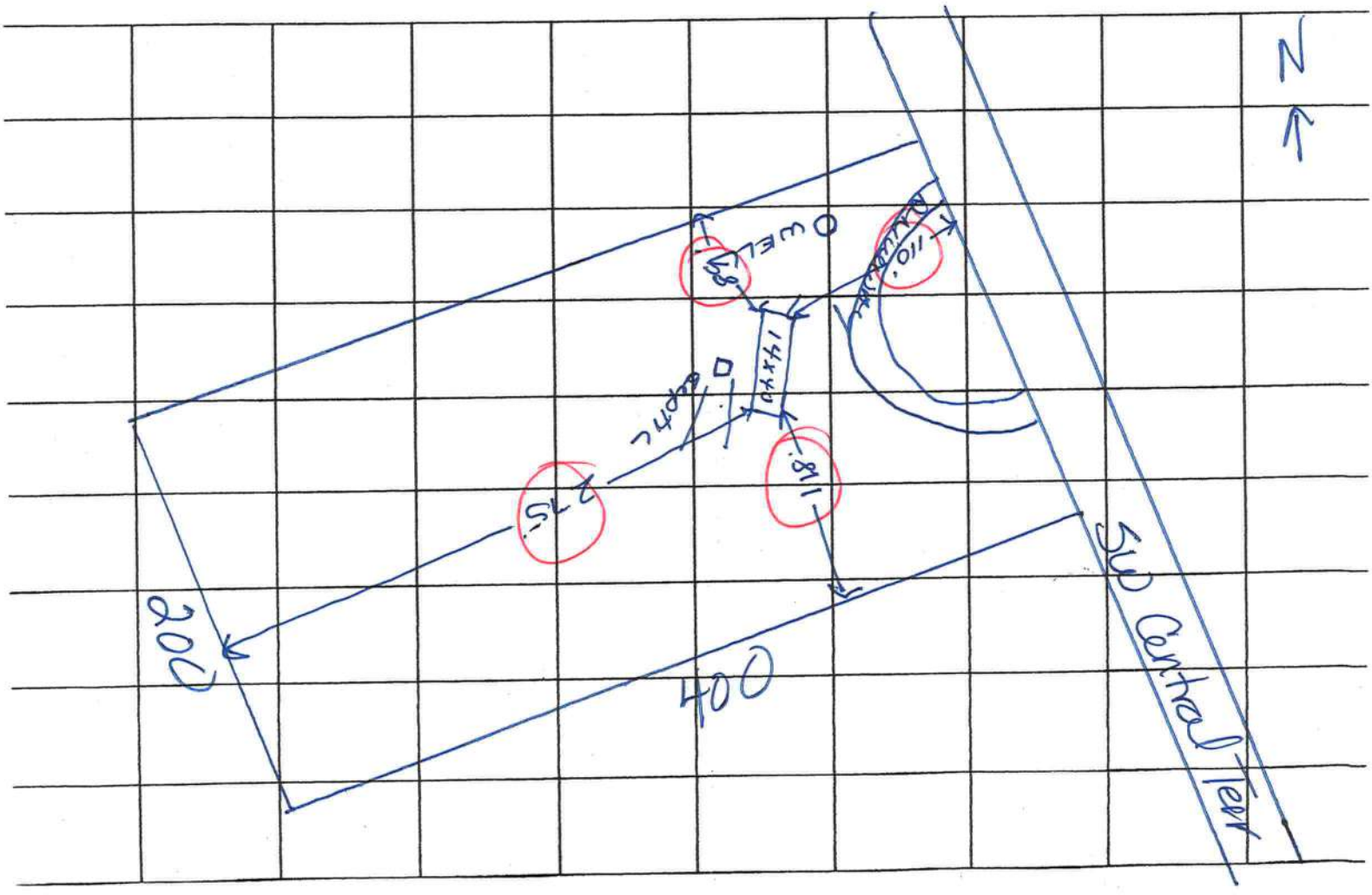
Live Oak Homes
MODEL: S-4401 - 14 X 40

S-4401

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. <u>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.</u>



COLUMBIA COUNTY BUILDING DEPARTMENT
LETTER OF AUTHORIZATION TO SIGN FOR PERMITS

135 NE Hernando Ave, Suite B-21, Lake City, FL 32055
Phone: 386-758-1008 Fax: 386-758-2160

I, Ronnie Norris (license holder name), licensed qualifier

for Norris Mobile Home (company name), do certify that the below referenced person(s) listed on this form is/are employed by me directly or through an employee leasing arrangement; or, is an officer of the corporation; or, partner as defined in Florida Statutes Chapter 468, and the said person(s) 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 Person Authorized	Signature of Authorized Person
1. Wendy Grennell	1. Wendy Grennell
2.	2.
3.	3.
4.	4.
5.	5.

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances. I understand that the State and County Licensing Boards have the power and authority to discipline a license holder for violations committed by him/her, his/her agents, officers, or employees and that I have full responsibility for compliance with all statutes, codes and ordinances inherent in the privilege granted by issuance of such permits.

If at any time the person(s) you have authorized is/are no longer employee(s), or officer(s), you must notify this department in writing of the changes and submit a new letter of authorization form, which will supersede all previous lists. Failure to do so may allow unauthorized persons to use your name and/or license number to obtain permits.

Ronnie Norris — License Holders Signature (Notarized)

IH/1025/145/1 — License Number

7-19-010 — Date

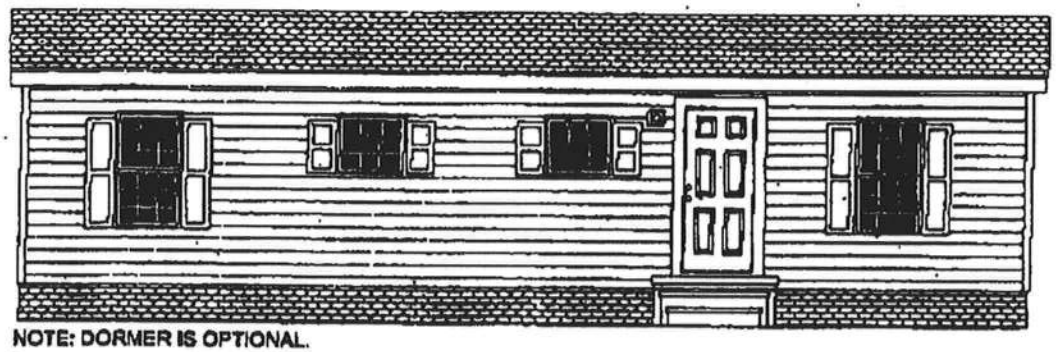
NOTARY INFORMATION:
STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Ronnie Norris, personally appeared before me and is known by me or has produced identification (type of I.D.) _____ on this 19 day of July, 2010.

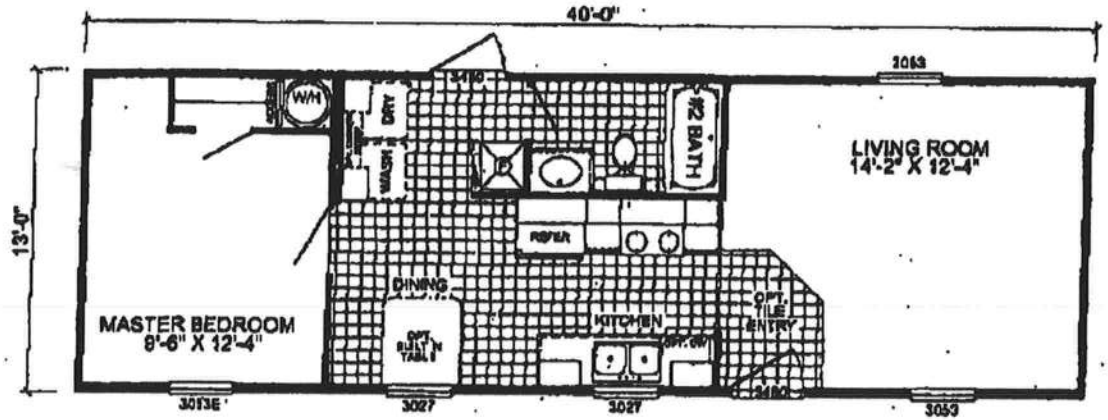
Shirley M Bennett
NOTARY'S SIGNATURE

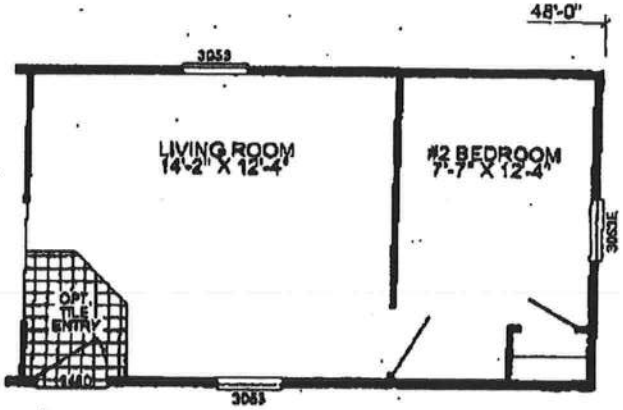
(Seal/Stamp)

SHIRLEY M. BENNETT
MY COMMISSION # DD804429
EXPIRES July 08, 2012
(407) 398-0153 FloridaNotaryService.com



NOTE: DORMER IS OPTIONAL.





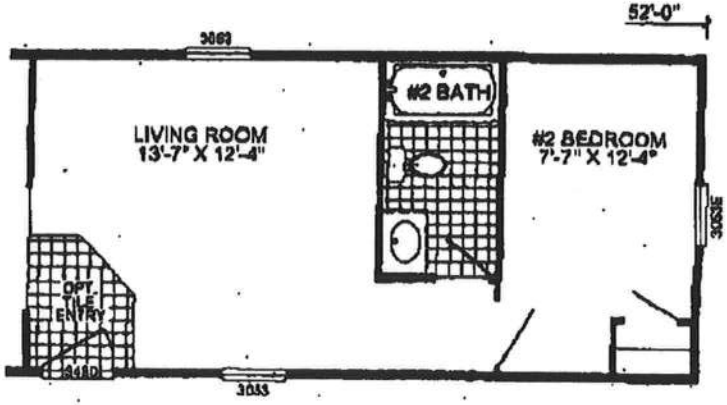
S-4401B

1-BEDROOM / 1-BATH

14 X 44 - Approx. 520 Sq. Ft.

Date: 2-17-09

* All room dimensions include closets and square footage figures are approximate.



MOBILE HOME INSTALLER AFFIDAVIT

As per Florida Statutes Section 320.8249 Mobile Home Installers License:

> **Any person who engages in mobile home installation shall obtain a mobile home installer's license from the Bureau of Mobile Home and Recreational Vehicle Construction of the Department of Highway Safety and Motor Vehicles pursuant to this section. Said license shall be renewed annually, and each licensee shall pay a fee of $150.**

I, Ronnie Norris (Please Print), license number IH IH/1025145/1

do hereby state that the installation of the manufactured home for Francis & Patsy Belivieau (Applicant) at 704 SW Central Terr (911 Address)

will be done under my supervision.

Signature

Sworn to and subscribed before me this 19 day of July, 2010.

Notary Public: Shirley M Bennett (Signature)

My Commission Expires: 7-8-12 (Date)

SHIRLEY M. BENNETT
MY COMMISSION # DD80447
EXPIRES July 08, 2012
(407) 398-0153 FloridaNotaryService.com

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR Ronnie Norris PHONE 386-623-7716

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 _____ License #:	Signature _____ Phone #:
MECHANICAL/ A/C _____	Print Name _____ License #:	Signature _____ Phone #:
PLUMBING/ GAS	Print Name Ronnie Norris License #: IH/1025145/1	Signature _____ Phone #: 752-3871
ROOFING	Print Name _____ License #:	Signature _____ Phone #:
SHEET METAL	Print Name _____ License #:	Signature _____ Phone #:
FIRE SYSTEM/ SPRINKLER	Print Name _____ License#:	Signature _____ Phone #:
SOLAR	Print Name _____ License #:	Signature _____ Phone #:

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			
FRAMING			
INSULATION			
STUCCO			
DRYWALL			
PLASTER			
CABINET INSTALLER			
PAINTING			
ACOUSTICAL CEILING			
GLASS			
CERAMIC TILE			
FLOOR COVERING			
ALUM/VINYL SIDING			
GARAGE DOOR			
METAL BLDG ERECTOR			

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.

SUBCONTRACTOR VERIFICATION FORM

CONTRACTOR Bonnie Norris PHONE 386-623-7716

PLICATION NUMBER _____

THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

Columbia County one permit will cover all trades doing work at the permitted site. It is REQUIRED that we have ecords 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 #: _____ Phone #: _____	
MECHANICAL/ A/C	Print Name Robert Grant Signature _____ License #: CAC 1814931 Phone #: 8008593708	
PLUMBING/ GAS	Print Name _____ Signature _____ License #: _____ Phone #: _____	
ROOFING	Print Name _____ Signature _____ License #: _____ Phone #: _____	
SHEET METAL	Print Name _____ Signature _____ License #: _____ Phone #: _____	
FIRE SYSTEM/ SPRINKLER	Print Name _____ Signature _____ License #: _____ Phone #: _____	
SOLAR	Print Name _____ Signature _____ License #: _____ Phone #: _____	

Trade	Contractor Print Name	Signature	Phone #
MASON			
CONCRETE FINISHER			
FRAMING			
INSULATION			
STUCCO			
DRYWALL			
PLASTER			
CABINET INSTALLER			
PAINTING			
ACOUSTICAL CEILING			
GLASS			
CERAMIC TILE			
FLOOR COVERING			
ALUM/VINYL SIDING			
GARAGE DOOR			
METAL BLDG ERECTOR			

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.

Contractor Prompt Subcontractor Form: 6/99

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER ______________ CONTRACTOR Bonnie Norris ______ PHONE 386-623-7716

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.

Trade		
ELECTRICAL	Print Name John Courson License #: ER 0002038	Signature [signature] Phone #:
MECHANICAL/ A/C 210	Print Name John Courson License #: ER 0002038	Signature Phone #:
PLUMBING/ GAS	Print Name License #:	Signature Phone #:
ROOFING	Print Name License #:	Signature Phone #:
SHEET METAL	Print Name License #:	Signature Phone #:
FIRE SYSTEM/ SPRINKLER	Print Name License #:	Signature Phone #:
SOLAR	Print Name License #:	Signature Phone #:

[illegible]				
MASON				
CONCRETE FINISHER				
FRAMING				
INSULATION				
STUCCO				
DRYWALL				
PLASTER				
CABINET INSTALLER				
PAINTING				
ACOUSTICAL CEILING				
GLASS				
CERAMIC TILE				
FLOOR COVERING				
ALUM/VINYL SIDING				
GARAGE DOOR				
METAL BLDG ERECTOR				

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 presumed each time the employer applies for a building permit.

[illegible]

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: 1/23/2006 **DATE ISSUED:** 2/3/2006

ENHANCED 9-1-1 ADDRESS:

704 SW CENTRAL TER

FORT WHITE FL 32038

PROPERTY APPRAISER PARCEL NUMBER:

00-00-00-01058-000

Remarks:

LOTS 39 & 40 UNIT 18, THREE RIVERS ESTATES S/D

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.

Prepared by and return to:
Elaine R. Davis

Home Town Title of North Florida
2744 US Highway 90 West
Lake City, FL 32055
386-754-7175
File Number: **2004-377**
Will Call No.:

Inst:2004015260 Date:06/30/2004 Time:15:10
Doc Stamp-Deed : 97.30
DC,P.DeWitt Cason,Columbia County B:1019 P:2051

Parcel Identification No. **R01058-000**

[Space Above This Line For Recording Data]

Warranty Deed

(STATUTORY FORM - SECTION 689.02, F.S.)

This Indenture made this **30th** day of **June, 2004** between **Susan Bynum, a married woman** whose post office address is **2714 SW Santa Fe Drive, Fort White, FL 32038** of the County of **Columbia**, State of **Florida**, grantor*, and **Francis P Beliveau and Patsy Ann Beliveau, husband and wife** whose post office address is **1017 Sandra Street, Palm Harbor, FL 34683** of the County of **Pinellas**, State of **Florida**, grantee*,

Witnesseth that said grantor, for and in consideration of the sum of TEN AND NO/100 DOLLARS ($10.00) and other good and valuable considerations to said grantor in hand paid by said grantee, the receipt whereof is hereby acknowledged, has granted, bargained, and sold to the said grantee, and grantee's heirs and assigns forever, the following described land, situate, lying and being in **Columbia County, Florida**, to-wit:

Lot 39 and 40 of UNIT 18, THREE RIVERS ESTATES, according to the Plat thereof as recorded in Plat Book 6, Page(s) 12, of the Public Records of Columbia County, Florida.

Parcel # 01058-000

Grantor warrants that at the time of this conveyance, the subject property is not the Grantor's homestead within the meaning set forth in the constitution of the state of Florida, nor is it contiguous to or a part of homestead property. Grantor's residence and homestead address is: 2714 SW Santa Fe Drive, Fort White, Florida 32038

and said grantor does hereby fully warrant the title to said land, and will defend the same against lawful claims of all persons whomsoever.

* "Grantor" and "Grantee" are used for singular or plural, as context requires.

In Witness Whereof, grantor has hereunto set grantor's hand and seal the day and year first above written.

Signed, sealed and delivered in our presence:

Elaine R. Davis
Witness Name: Elaine R. Davis

Tina S. Melgard
Witness Name: Tina S. Melgard

Susan Bynum
Susan Bynum

DoubleTime®

Inst:2004015260 Date:06/30/2004 Time:15:10
Doc Stamp-Deed : 97.30
DC,P.DeWitt Cason,Columbia County B:1019 P:2052

State of Florida
County of Columbia

The foregoing instrument was acknowledged before me this 30 day of June, 2004 by Susan Bynum, who [ ] is personally known or [X] has produced a driver's license as identification.

Elaine R. Davis
Notary Public

[Notary Seal]

Printed Name: Elaine R. Davis

My Commission Expires: October 14, 2007

ELAINE R DAVIS
Notary Public - State of Florida
My Commission Expires Oct 14, 2007
Commission # DD 223411
Bonded By National Notary Assn.

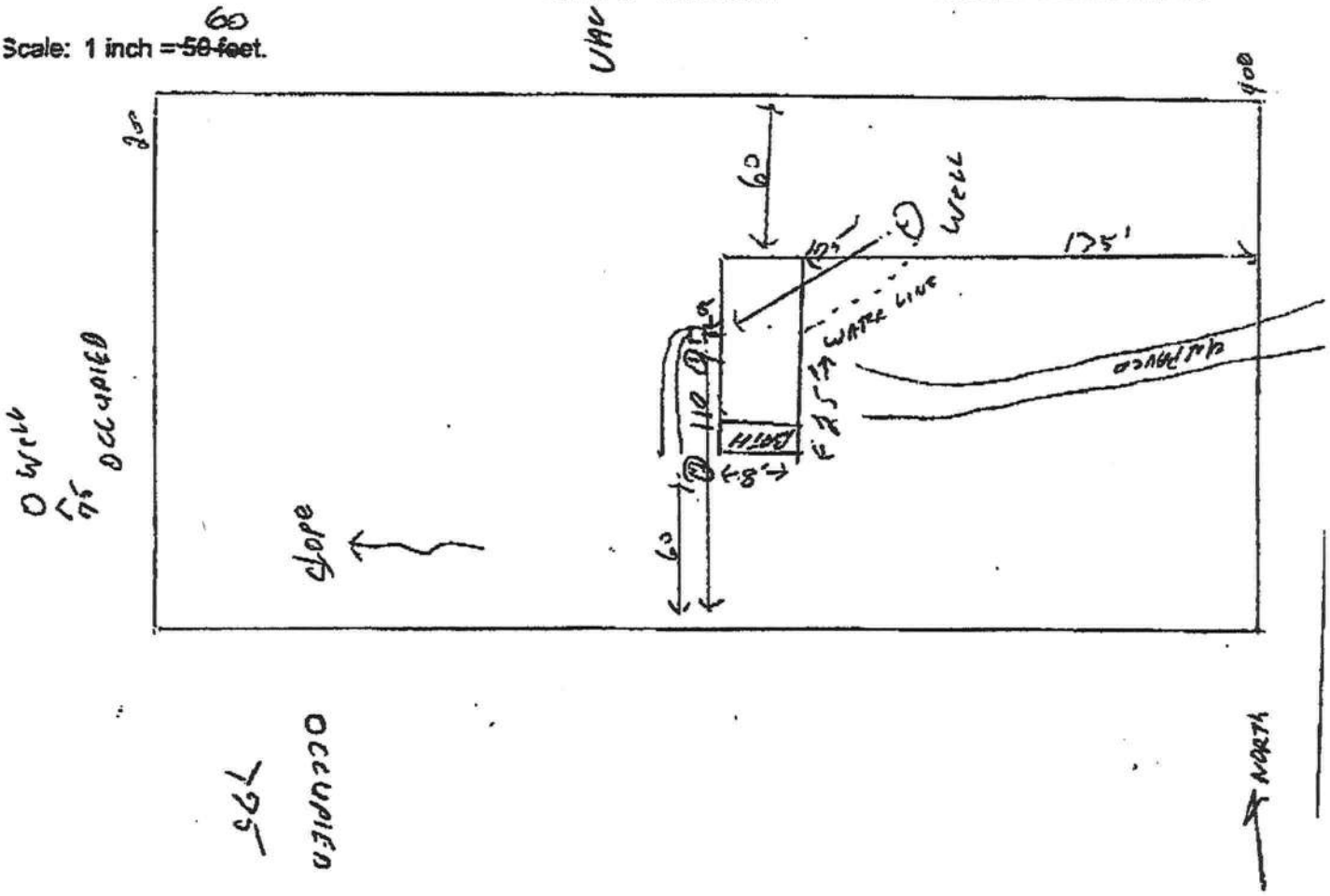
Beliveau
App # 1007-29

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

Permit Application Number 10-0334E

---------- PART II - SITEPLAN ----------

Scale: 1 inch = ~~50~~ 60 feet.



Notes: _____

Site Plan submitted by: Francis Beliveau 7/6/10 OWNER / ~~MASTER CONTRACTOR~~

Plan Approved X Not Approved _____ Date 7/16/10

By _____ Columbia CHD County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT