

* SEE AFFIDAVIT from HEIRS

34

LIVE-IN

AFFIDAVIT

GEORGE FULTON IV

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

Staying w/length

For Office Use Only (Revised 1-11)		Zoning Official <u>RLK 06 FEB 2012</u>		Building Official <u>L.C. 2-1-12</u>	
AP# <u>1201-43</u>	Date Received <u>1/31</u>	By <u>JW</u>	Permit # <u>30249</u>		
Flood Zone <u>A</u>	Development Permit <u>N/A</u>	Zoning <u>RSF/MH-2</u>	Land Use Plan Map Category <u>RES. Low Density</u>		
Comments <u>Heir George Fulton will be residing in this MH as well as owner of MH</u>					
FEMA Map# <u>0305C</u>	Elevation <u>N/A</u>	Finished Floor <u>above</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>12-0281-N</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 Affidavit from land owner	<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
Road/Code		School	= TOTAL Impact Fees Suspended March 2009 <u>pd</u>		

Property ID # 28-35-17-05630-000 Subdivision

New Mobile Home Used Mobile Home ✓ MH Size 26 x 56 Year 1999

Applicant REGINA VITALE Phone # 386.254.9566

Address 412 NE MORGAN BLVD. L.C. FL 32055

Name of Property Owner JOHNIE L. FULTON Phone # 386.758.5790

911 Address 353 NE VOSS RD, L.C. FL 32055

Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Progress Energy

Name of Owner of Mobile Home REGINA VITALE Phone # 386-344-0188

2nd 911 Address 381 NE VOSS ROAD, L.C., FL 32055

Relationship to Property Owner NIECE

Current Number of Dwellings on Property 1

Lot Size Total Acreage 1.50

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 NO (over)

Driving Directions to the Property N. MORGAN TO BASELINE NORRIS JR TO 2 MILES TO VOSS RD, TL AND MH IS ON THE R.

Name of Licensed Dealer/Installer Fernon Jones Phone # 352-318-4744

Installers Address 6795 S.W. 21st Ave Lake Butler, FL 32054

License Number TH1025418 Installation Decal # 8261

JW LFT MSG w/ CURTIS 2.6.12
JW spoke w/ Regina 2.6.12

JW LFT MSG 1.31.12
So call 281 911-add

444-51

COLUMBIA COUNTY PERMIT WORKSHEET

page 1 of 2

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

Installer Fernon Jones License # IH1025418

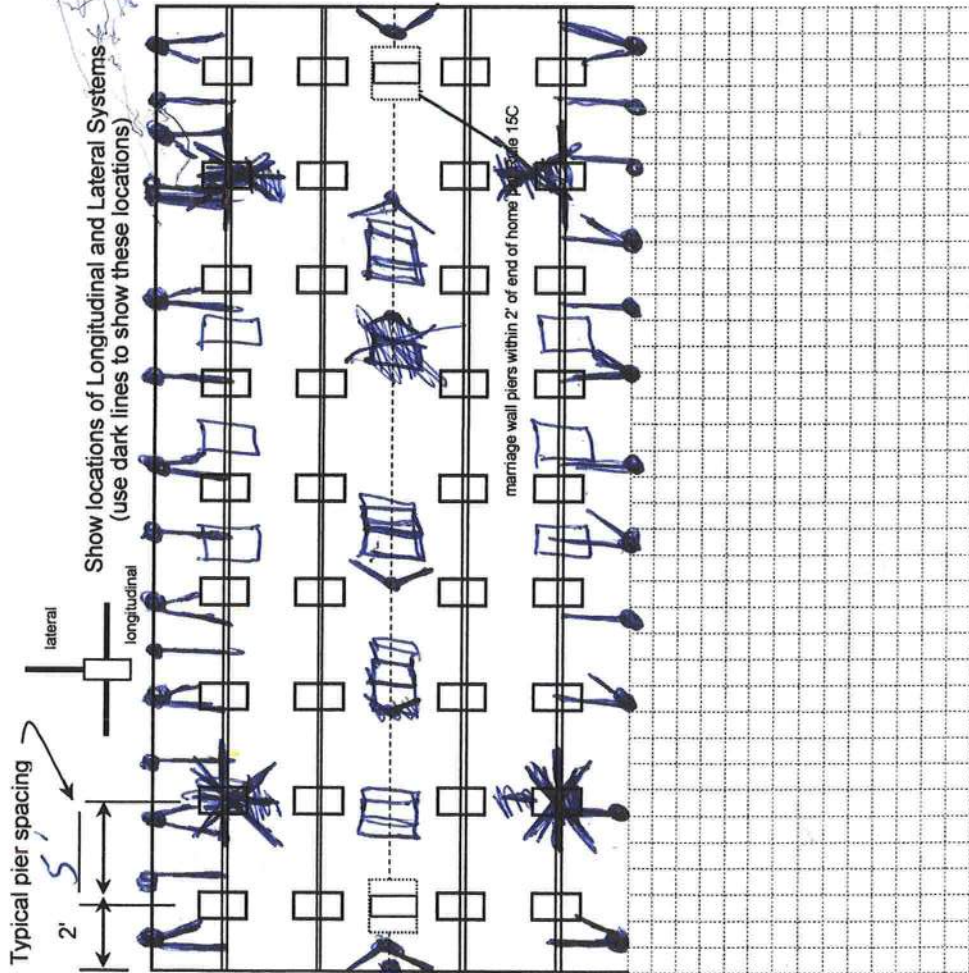
911 Address where home is being installed. _____

Manufacturer X Length x width 26x60

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 FJ



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 # 8261

Triple/Quad ☐ Serial # X

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'	4'	5'	6'	7'	8'
1500 psf	4'	6'	6'	7'	8'	8'	8'
2000 psf	6'	8'	8'	8'	8'	8'	8'
2500 psf	7'	8'	8'	8'	8'	8'	8'
3000 psf	8'	8'	8'	8'	8'	8'	8'
3500 psf	8'	8'	8'	8'	8'	8'	8'

* interpolated from Rule 15C-1 pier spacing table.

PIER PAD SIZES

I-beam pier pad size

Perimeter pier pad size

Other pier pad sizes (required by the mfg.)

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

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

15' 23x31

ANCHORS

4 ft ☒ 5 ft center

FRAME TIES

within 2' of end of home spaced at 5' 4" oc ☒

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer Oliver Tech
Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer _____

OTHER TIES

Sidewall _____
Longitudinal _____
Marriage wall _____
Shearwall _____
Number 15
4

COLUMBIA COUNTY PERMIT WORKSHEET

page 2 of 2

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 2,000 psf or check here to declare 1000 lb. soil without testing.

X 3000 X 2500 X 2250

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 2750 X 2000 X 1500

TORQUE PROBE TEST

The results of the torque probe test is 350 inch pounds or check here if you are declaring 5' anchors without testing 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 require anchors with 4000 lb holding capacity.

Installer's initials F.J.

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Fernando Jones

Date Tested 1/25/12

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. 13

Plumbing

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

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

Site Preparation

Debris and organic material removed
Water drainage: Natural Swale Pad Other

Fastening multi wide units

Floor: Type Fastener: Bolts Length: 4 1/2" Spacing: 2'
Walls: Type Fastener: Bolts Length: 4 1/2" Spacing: 2'
Roof: Type Fastener: Bolts Length: 4 1/2" Spacing: 2'
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 F.J.

Weatherproofing

Type gasket Oliverhead Fern Installed:
Pg. 17 Between Floors Yes ✓
Between Walls Yes ✓
Bottom of ridgebeam Yes ✓

Weatherproofing

The bottomboard will be repaired and/or taped. Yes ✓ Pg. 17
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 over No over
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 Fernando Jones

Date 1/25/12

AFFIDAVIT

**STATE OF FLORIDA
COUNTY OF COLUMBIA**

This is to certify that I, (We), Frankie FULTON
owner of the below described property:

Tax Parcel No. 28-35-17-05630-000

Subdivision (name, lot, block, phase) _____

Give my permission to GEORGE FULTON 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.

Frankie Fulton
Owner

Owner

SWORN AND SUBSCRIBED before me this 17th day of January,
20 12. This (these) person(s) are personally known to me or produced
ID _____.

Margo B. Combs
Notary Signature



MARGO B. COMBS
Notary Public, State of Florida
My Comm. Expires Jan. 22, 2015
Commission No. EE 53959

AFFIDAVIT

**STATE OF FLORIDA
COUNTY OF COLUMBIA**

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

Tax Parcel No. 28-35-17-05630-000

Subdivision (name, lot, block, phase) _____

Give my permission to George Fulton 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.

Daniel Fulton
Owner

Owner

SWORN AND SUBSCRIBED before me this 17th day of January,
20 12. This (these) person(s) are personally known to me or produced
ID _____.

Margo B. Combs
Notary Signature



MARGO B. COMBS
Notary Public, State of Florida
My Comm. Expires Jan. 22, 2015
Commission No. EE 53959

AFFIDAVIT

**STATE OF FLORIDA
COUNTY OF COLUMBIA**

This is to certify that I, (We) Robby L. Fulton
owner of the below described property:

Tax Parcel No. 28-35-17-05630-000

Subdivision (name, lot, block, phase) George Fulton

Give my permission to George Fulton 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.

Robby L. Fulton

Owner

Owner

SWORN AND SUBSCRIBED before me this 17th day of January,
20 12. This (these) person(s) are personally known to me or produced
ID _____.

Margo B. Combs
Notary Signature



MARGO B. COMBS
Notary Public, State of Florida
My Comm. Expires Jan. 22, 2015
Commission No. EE 53959

AFFIDAVIT

**STATE OF FLORIDA
COUNTY OF COLUMBIA**

This is to certify that I, (We), Certha Perry
owner of the below described property:

Tax Parcel No. 28-35-17-05630-000

Subdivision (name, lot, block, phase) _____

Give my permission to George Fulton 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.

Certha Perry
Owner

Owner

SWORN AND SUBSCRIBED before me this 17th day of January,
2010. This (these) person(s) are personally known to me or produced
ID _____

Margo B. Combs
Notary Signature



MARGO B. COMBS
Notary Public, State of Florida
My Comm. Expires Jan. 22, 2015
Commission No. EE 53959

AFFIDAVIT

**STATE OF FLORIDA
COUNTY OF COLUMBIA**

This is to certify that I, (We), Laura Turner
owner of the below described property:

Tax Parcel No. 28-35-17-05630-000

Subdivision (name, lot, block, phase) George Hilton

Give my permission to George Hilton 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.

Laura Turner
Owner

Owner

SWORN AND SUBSCRIBED before me this 17th day of January,
2010. This (these) person(s) are personally known to me or produced
ID _____.

Margo B. Combs
Notary Signature



MARGO B. COMBS
Notary Public, State of Florida
My Comm. Expires Jan. 22, 2015
Commission No. EE 53959

AFFIDAVIT

**STATE OF FLORIDA
COUNTY OF COLUMBIA**

This is to certify that I, (We), Mary Ann Johnson
owner of the below described property:

Tax Parcel No. 28-35-17-05630-000

Subdivision (name, lot, block, phase) _____

Give my permission to George Fulton 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.

Mary Ann Johnson
Owner

Owner

SWORN AND SUBSCRIBED before me this 17th day of January,
20 12. This (these) person(s) are personally known to me or produced
ID _____.

Margo B. Combs
Notary Signature



MARGO B. COMBS
Notary Public, State of Florida
My Comm. Expires Jan. 22, 2015
Commission No. EE 53959

AFFIDAVIT

**STATE OF FLORIDA
COUNTY OF COLUMBIA**

This is to certify that I, (We), Virginia George
owner of the below described property:

Tax Parcel No. 28-35-17-05C30-000

Subdivision (name, lot, block, phase) _____

Give my permission to George Fulton 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.

Virginia George
Owner

Owner

SWORN AND SUBSCRIBED before me this 17th day of January,
20 12. This (these) person(s) are personally known to me or produced
ID _____.

Margo B. Combs
Notary Signature



MARGO B. COMBS
Notary Public, State of Florida
My Comm. Expires Jan. 22, 2015
Commission No. EE 53959

AFFIDAVIT

**STATE OF FLORIDA
COUNTY OF COLUMBIA**

This is to certify that I, (We), Rosa Lee Slack
owner of the below described property:

Tax Parcel No. 28-35-17-05630-000

Subdivision (name, lot, block, phase) _____

Give my permission to GEORGE FULTON 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.

Rosa Lee Slack
Owner

Owner

SWORN AND SUBSCRIBED before me this 17th day of January,
20 12. This (these) person(s) are personally known to me or produced
ID _____

Margo B. Combs
Notary Signature



MARGO B. COMBS
Notary Public, State of Florida
My Comm. Expires Jan. 22, 2015
Commission No. EE 53959

AFFIDAVIT

**STATE OF FLORIDA
COUNTY OF COLUMBIA**

This is to certify that I, (We), Jacalyn Fulton
owner of the below described property:

Tax Parcel No. 28-35-17-05630-000

Subdivision (name, lot, block, phase) _____

Give my permission to George Fulton 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.

Jacalyn Fulton
Owner

Owner

SWORN AND SUBSCRIBED before me this 17th day of January,
20 12. This (these) person(s) are personally known to me or produced
ID _____

Margo B. Combs
Notary Signature



MARGO B. COMBS
Notary Public, State of Florida
My Comm. Expires Jan. 22, 2015
Commission No. EE 53959

Columbia County Property Appraiser

DB Last Updated: 1/17/2012

2011 Tax Year

Parcel: 28-3S-17-05630-000

<< Next Lower Parcel Next Higher Parcel >>

Tax Collector

Tax Estimator

Property Card

Parcel List Generator

Interactive GIS Map

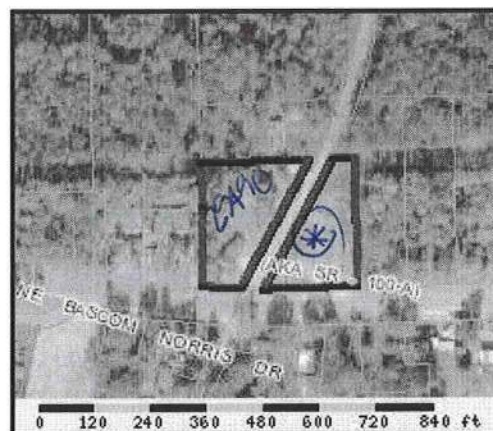
Print

Owner & Property Info

Search Result: 1 of 9

Next >>

Owner's Name	FULTON ANNIE LAURA		
Mailing Address	C/O GERTHA PERRY 346 NE VOSS RD LAKE CITY, FL 32055		
Site Address	353 NE VOSS RD		
Use Desc. (code)	VACANT (000000)		
Tax District	2 (County)	Neighborhood	28317
Land Area	1.500 ACRES	Market Area	06
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction. COMM SE COR OF NE1/4 OF SW1/4, RUN N 29.8 FT TO N R/W OF SR-100-A, RUN W ALONG R/W 575 FT FOR POB, CONT W 209.6 FT TO E R/W GRADED RD, NE'LY ALONG RD 323.5 FT, E 36.8 FT, S 275 FT TO POB, (TRACT 6) ALSO COMM SE COR OF NE1/4 OF SW1/4, RUN N 29.8 FT TO N R/W SR 100-A, RUN W ALONG R/W 828.6 FT FOR POB, RUN NE ALONG CO GRADED RD 465 FT, W 301.6 FT, S 395 FT TO N R/W SR-100A, E 75 FT TO POB. (PARCEL 7) ...more>>>		



Property & Assessment Values

2011 Certified Values		
Mkt Land Value	cnt: (0)	\$12,176.00
Ag Land Value	cnt: (3)	\$0.00
Building Value	cnt: (0)	\$0.00
XFOB Value	cnt: (0)	\$0.00
Total Appraised Value		\$12,176.00
Just Value		\$12,176.00
Class Value		\$0.00
Assessed Value		\$12,176.00
Exempt Value		\$0.00
Total Taxable Value	Cnty: \$12,176 Other: \$12,176 Schl: \$12,176	

2012 Working Values

NOTE:

2012 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
NONE						

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
NONE						

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
NONE						

Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
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Site Plan



Columbia County Property Appraiser

J. Doyle Crews - Lake City, Florida 32055 | 386-758-1083

PARCEL: 28-3S-17-05630-000 - VACANT (000000)

COMM SE COR OF NE1/4 OF SW1/4, RUN N 29.8 FT TO N R/W OF SR-100-A, RUN W ALONG R/W 575 FT
FOR POB, CONT W 209.6 FT TO E R/W GRADED RD, NE'LY ALONG RD

NOTES:

Name:	FULTON ANNIE LAURA	2011 Certified Values	
Site:	353 NE VOSS RD	Land	\$12,176.00
	C/O GERTHA PERRY	Bldg	\$0.00
Mail:	346 NE VOSS RD	Assd	\$12,176.00
	LAKE CITY, FL 32055	Exmpt	\$0.00
Sales Info	NONE	Taxbl	Cnty: \$12,176 Other: \$12,176 Schl: \$12,176





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, FERMON JONES, give this authority for the job address show below
Installer License Holder Name

only, _____, 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>Regina Staples</u>	<u>Regina Staples</u>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Officer <input checked="" type="checkbox"/> Property Owner <u>NIECE</u>
		<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.

[Signature]
License Holders Signature (Notarized)

1H102548
License Number

1.31.12
Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: COLUMBIA

The above license holder, whose name is FERMON JONES, personally appeared before me and is known by me or has produced identification (type of I.D.) _____ on this 31st day of JANUARY, 20 12.

[Signature]
NOTARY'S SIGNATURE



MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1201-43 CONTRACTOR FERMON JONES PHONE 352.318.4711

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.

OWNERS			
ELECTRICAL	Print Name <u>Milton Staples JR</u>	Signature <u>Milton Staples JR</u>	Phone # <u>(386) 754-9566</u>
MECHANICAL/ A/C	Print Name <u>Milton Staples II</u>	Signature <u>Milton Staples II</u>	Phone #: <u>Same</u>
PLUMBING/ GAS	Print Name <u>Milton Staples II</u>	Signature <u>Milton Staples II</u>	Phone #: <u>Same</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.

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 1/31 BY TL IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? NO

OWNERS NAME REGINA EMILTON JONES PHONE 386.344.0188

ADDRESS _____

MOBILE HOME PARK SUBDIVISION

DRIVING DIRECTIONS TO MOBILE HOME 411441-V to C-131-L, TR TO GALILEE, TR.
TO approx. 1/4 mile on R.

MOBILE HOME INSTALLER FERMON JONES PHONE 12 CELL 352.318.4711

MOBILE HOME INFORMATION

MAKE SWEE YEAR 1999 SIZE 26 X 56 COLOR White / Greyish

SERIAL No. SHGA4740A

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

 F SMOKE DETECTOR () OPERATIONAL (☒) MISSING

Date of Payment: 1.31.12

5 FLOORS () SOLID () WEAK (✓) HOLES DAMAGED LOCATION

Paid By: RESINA VITALIS

P DOORS () OPERABLE () DAMAGED

Notes: NFED COLLEGE LIFE

WALLS () SOLID () STRUCTURALLY UNSOUND

- W x L - 26 x 56

9 WINDOWS () OPERABLE () INOPERABLE

9 PLUMBING FIXTURES () OPERABLE () INOPERABLE () MISSING

F CEILING () SOLID () HOLES () LEAKS APPARENT

 P ELECTRICAL (FIXTURES/OUTLETS) () OPERABLE () EXPOSED WIRING () OUTLET COVERS MISSING () LIGHT
FIXTURES MISSING

EXTERIOR:

WALLS / SIDING () LOOSE SIDING () STRUCTURALLY UNSOUND () NOT WEATHERTIGHT () NEEDS CLEANING

 P WINDOWS () CRACKED/ BROKEN GLASS () SCREENS MISSING () WEATHERTIGHT

ROOF () APPEARS SOLID () DAMAGED

STATUS

APPROVED ✓ WITH CONDITIONS: Repair Ceilings & Hole In BR. Floor

NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS

SIGNATURE Shy Lie ID NUMBER 304 DATE 2-1-12

748
Copy from
Fulton
Permit on
to Alvin
Dwaine
Jernigan
29450

DECEASED REALATIVE HEIR AFFIDAVIT

The undersigned, Alvin Dwaine Jernigan, has made application to COLUMBIA COUNTY, FLORIDA for a mobile home move-on permit on property as described below as follows:

Tax Parcel # 28-3S-17-05630-000, with a physical address of 386 NE Voss Road, Lake City, FL 32055

The applicant has personal knowledge of all matters set forth in this Affidavit and being first duly sworn according to law, depose and say:

The following people are the heirs of Annie Laura Fulton who died on 7-24-2007.

- ✓ 1. Robert "Bobby" Fulton
2. George Fulton
- ✓ 3. Mary Ann Johnson
- ✓ 4. Jacquelyn Fulton
- ✓ 5. Virginia Fulton - "GEORGE" NOW
- ✓ 6. Gertha Perry
- ✓ 7. Laron Turner
- ✓ 8. Frankin Fulton
- ✓ 9. Daniel Fulton
- ✓ 10. Rosa L Clark

I Hereby Certify that the information contained in this Affidavit is true and correct and hereby executes this Affidavit 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.

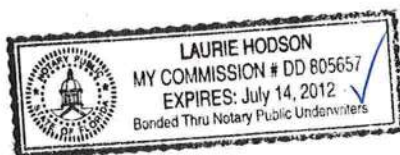

Alvin Dwaine Jernigan

STATE OF FLORIDA
COUNTY OF COLUMBIA

The foregoing instrument was sworn to and subscribed before me this 9th Day of JUNE, 2011.

by ALVIN D. JERNIGAN Who is personally known to me or who has produced a Driver's license as identification.

(NOTARIAL
SEAL)




Notary Public, State of Florida

My Commission Expires:



1201-43

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: 1/31/2012 DATE ISSUED: 2/2/2012

ENHANCED 9-1-1 ADDRESS:

381 NE VOSS RD

LAKE CITY FL 32055

PROPERTY APPRAISER PARCEL NUMBER:

28-3S-17-05630-000

Remarks:

ADDRESS FOR PROPOSED NEW STRUCTURE ON PARCEL.

Address Issued By: SIGNED: / RONAL N. CROFT
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.

2/3/12

I Regine Staples do hereby
by State that my father
Deag. Filton resided with
me in my mobile home
on 381 NE Voss Rd
Lake City Fl.
32055

Thank You
Regine Staples
Regine Staples



Submitted this Feb. 3, 2012
for Regina Staples as owner
FL DL Produced.

Laurie Hodson 2/3/12
Notary



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

PERMIT NO. 12-0281-XN
DATE PAID: AP 1073434
FEE PAID: 205.00
RECEIPT #: 5730/12
12-PFD-1874162
Changed to New 6/8/12 1884056 \$125.00

APPLICATION FOR:

☒ New System ☐ Existing System ☐ Holding Tank ☐ Innovative
☐ Repair ☐ Abandonment ☐ Temporary ☒ MODIFICATION

APPLICANT: Annie Fulton

AGENT: ROCKY FORD, A & B CONSTRUCTION

TELEPHONE: 386-497-2311

MAILING ADDRESS: P.O. BOX 39 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: na BLOCK: na SUB: na PLATTED: _____

PROPERTY ID #: 28-3S-17-05630-000 ZONING: Res I/M OR EQUIVALENT: [Y] ☒ N

PROPERTY SIZE: 1.5 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: NE Voss Road, Lake City, FL, 32055

DIRECTIONS TO PROPERTY: North on Marion Street, TR on Bascom Norris, TL on Voss Rd,
1st place on right

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	SF Residential	3	1680	
2				
3				

☒ Floor/Equipment Drains ☒ Other (Specify) _____

SIGNATURE: Rocky D Ford DATE: 5/29/2012

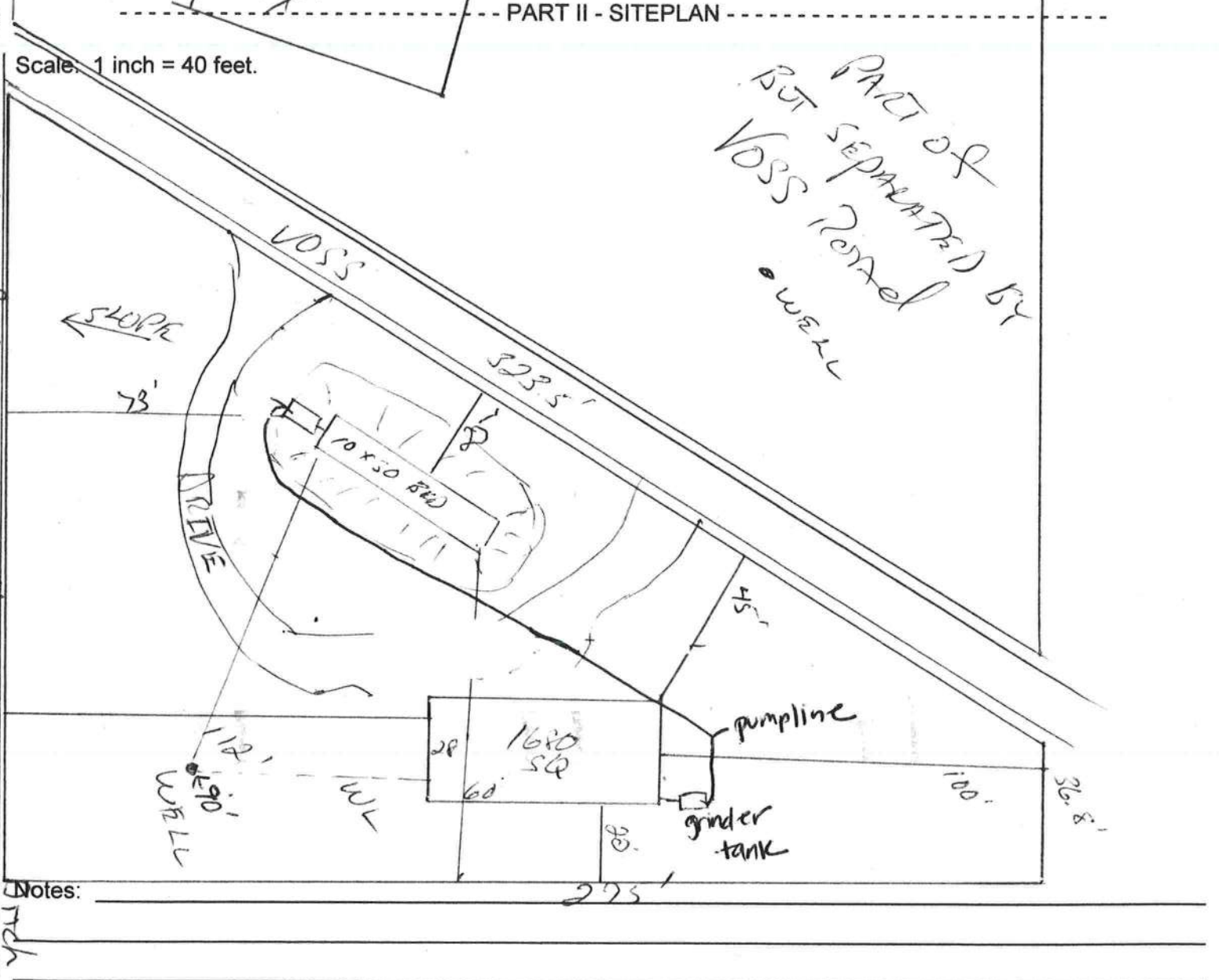
12-0281-N

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ON-SITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number _____

PART II - SITEPLAN

Scale: 1 inch = 40 feet.



Notes: _____

Site Plan submitted by: Roddy F D MASTER CONTRACTOR
Plan Approved: [Signature] Not Approved: Columb K Date: 6/8/12
By: [Signature] County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT