



COLUMBIA COUNTY BOARD OF COUNTY COMMISSIONERS AGENDA ITEM REQUEST FORM

The Board of County Commissioners meets the 1st and 3rd Thursday of each month in the Columbia County School Board Administrative Complex Auditorium, 372 West Duval Street, Lake City, Florida 32055. The first meeting of every month is at 9:30AM while the second meeting of every month takes place at 5:30PM. All agenda items are due in the Board's office one week prior to the meeting date.

Today's Date: 1/8/2025 Meeting Date: 1/16/2025

Department: Zoning Department

1. Nature and purpose of agenda item:

Request by Michael Bruce Hall to deed 5 acres to grandson Gavin Hall

2. Recommended Motion/Action:

approve SFLP 24-1204

3. Fiscal impact on current budget.

This item has no effect on the current budget.

THIS ITEM WAS APPROVED WITHOUT EXCEPTION BY THE BOARD OF
COUNTY COMMISSIONERS ON
1/16/2025

FAMILY RELATIONSHIP AFFIDAVIT

STATE OF FLORIDA
COUNTY OF COLUMBIA

BEFORE ME the undersigned Notary Public personally appeared, Michael
Bruce Hall, the Owner of the parent parcel which has been subdivided for
Gavin M Hall, the Immediate Family Member of the Owner, and which is
intended for the Immediate Family Members primary residence use. The Immediate Family
Member is related to the Owner as Grandson. Both individuals being
first duly sworn according to law, depose and say:

1. Affiant acknowledges Immediate 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 Immediate Family Member have personal knowledge of all matters set forth in this Affidavit.
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 Parent Tract Tax Parcel No. 24-75-16-04312-001.
4. The Immediate Family Member holds fee simple title to certain real property divided from the Owners' parent parcel situated in Columbia County and more particularly described by reference to the Columbia County Property Appraiser Tax Parcel No. 24-75-16-04312-008.
5. No person or entity other than the Owner and Immediate Family Member to whom permit is being issued, including persons residing with the family member 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.
6. This Affidavit is made for the specific purpose of inducing Columbia County to recognize a family division for an Immediate Family Member being in compliance with the density requirements of the Columbia County's Comprehensive Plan and Land Development Regulations (LDR's).
7. 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.

Michael Bruce Hall

Owner

Michael Bruce Hall

Typed or Printed Name

Shawn M. Bailey

Immediate Family Member

Shawn M. Bailey

Typed or Printed Name

Subscribed and sworn to (or affirmed) before me this 25th day of December, 2024,
by Michael Bruce Hall (Owner) who is personally known to me or has produced
_____ as identification.

Shawn M. Bailey

Notary Public



Subscribed and sworn to (or affirmed) before me this 25th day of December, 2024,
by Shawn M. Bailey (Family Member) who is personally known to me or has
produced _____ as identification.

Shawn M. Bailey

Notary Public



APPROVED:

COLUMBIA COUNTY, FLORIDA

By: Karen Aiken Smoot

Name: KAREN AIKEN SMOOT

Title: PLANNING TECH





Columbia County Gateway to Florida

FOR PLANNING USE ONLY

Application # SFLP 241204

Application Fee \$50.00

Receipt No. 769269

Filing Date 12-26-2024

Completeness Date 1-16-2025



Special Family Lot Permit Application

A. PROJECT INFORMATION

- Title Holder's Name: Michael Bruce Hall
- Address of Subject Property: TBD - 984 SW Spirit Ave Fort White FL
- Parcel ID Number(s): 24-75-16-04312-001 32038
- Future Land Use Map Designation: Residential
- Zoning Designation: Residential
- Acreage of Parent Parcel: Ten Acres
- Acreage of Property to be Deeded to Immediate Family Member: 5 Acres - Five Acres
- Existing Use of Property: Residential
- Proposed use of Property: Residential
- Name of Immediate Family Member for which Special Family Lot is to be Granted: Gravin Nathanael Hall - Grandson

PLEASE NOTE: Immediate family member must be a parent, grandparent, adopted parent, stepparent, sibling, child, adopted child, stepchild, or grandchild of the person who is conveying the parcel to said individual.

B. APPLICANT INFORMATION

- Applicant Status ☒ Owner (title holder) ☐ Agent
- Name of Applicant(s): Michael Bruce Hall Title: _____
Company name (if applicable): _____
Mailing Address: 866 S.W. Spirit Ave
City: Fort White State: Fla. Zip: 32038
Telephone: (386) 406 0544 Fax: () Email: _____

PLEASE NOTE: Florida has a very broad public records law. Most written communications to or from government officials regarding government business is subject to public records requests. Your e-mail address and communications may be subject to public disclosure.

- If the applicant is agent for the property owner*.
Property Owner Name (title holder): _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: () Fax: () Email: _____

PLEASE NOTE: Florida has a very broad public records law. Most written communications to or from government officials regarding government business is subject to public records requests. Your e-mail address and communications may be subject to public disclosure.

*Must provide an executed Property Owner Affidavit Form authorizing the agent to act on behalf of the property owner.

Any decision made by the Board of County Commissioners is subject to a 30 day appeal period as outlined in Article 12 of the Land Development Regulations. Any action taken by the applicant within the 30 day appeal period is at the applicant's risk. No Certificate of Occupancy shall be issued until the 30 day appeal period is over or until any appeal has been settled.

Upon the applicant obtaining a Certificate of Occupancy, the applicant must file for Homestead Exemption. Homestead Exemptions can be filed each year with the Columbia County Property Appraiser's Office from January 1 to March 31.

I hereby certify that all of the above statements and statements contained in any documents or plans submitted herewith are true and accurate to the best of my knowledge and belief.

Michael Bruce Hall

Applicant/Agent Name (Type or Print)

Michael Bruce Hall

12/27/24

Applicant/Agent Signature

Date

Columbia County, FLA - Building & Zoning Property Map

Printed: Wed Jan 08 2025 09:22:20 GMT-0500 (Eastern Standard Time)



Parcel No: 24-7S-16-04312-001
Owner: HALL NATHAN, HALL MIKE
Subdivision:
Lot:
Acres: 4.80180836
Deed Acres: 5.01 Ac
District: District 2 Rocky Ford
Future Land Uses: Agriculture - 3
Flood Zones:
Official Zoning Atlas: A-3

All data, information, and maps are provided "as is" without warranty or any representation of accuracy, timeliness of completeness. Columbia County, FL makes no warranties, express or implied, as to the use of the information obtained here. There are no implied warranties of merchantability or fitness for a particular purpose. The requester acknowledges and accepts all limitations, including the fact that the data, information, and maps are dynamic and in a constant state of maintenance, and update.

C. ATTACHMENT/SUBMITTAL REQUIREMENTS

1. Map, Drawing, or Sketch of Parent Parcel Showing the Location of the Proposed Lot being Deeded to Immediate Family Member with Appropriate Dimensions (Must be a Minimum of One Acre).
2. Personal Identification and Proof of Relationship, to Establish the Required Immediate Family Member Status, of both the Parent Parcel Owner and the Immediate Family Member. The Personal Identification Shall Consist of Original Documents or Notarized Copies from Public Records. Such Documents may include Birth Certificates, Adoption Records, Marriage Certificates, and/or Other Public Records.
3. Family Relationship Residence Agreement Affidavit is Required Stating that the Special Family Lot is being Created as a Homestead by the Immediate Family Member, that the Immediate Family Member shall obtain Homestead Exemption on the Lot. This Affidavit shall be Recorded in the Clerk of Courts Office.
4. Legal Description of Parent Parcel with Acreage (In Microsoft Word Format).
5. Legal Description of Property to be Deeded to Immediate Family Member with Acreage (In Microsoft Word Format).
6. Legal Description of Parent Parcel with Immediate Family Member Lot Removed with Acreage (In Microsoft Word Format).
7. Proof of Ownership (i.e. deed).
8. Agent Authorization Form, if applicable (signed and notarized).
9. Proof of Payment of Taxes (can be obtained online via the Columbia County Tax Collector's Office).
10. Fee. \$50.00 - No application shall be accepted or processed until the required application fee has been paid.

NOTICE TO APPLICANT

A special family lot permit may be issued by the Board of County Commissioners on land zoned Agricultural or Environmentally Sensitive Area within these Land Development Regulations, for the purpose of conveying a lot or parcel to an immediate family member who is the parent, grandparent, adopted parent, stepparent, sibling, child, or adopted child, stepchild or grandchild of the person who conveyed the parcel to said individual, **not to exceed one (1) dwelling unit per one (1) acre** and the lot complies with all other conditions from permitting development as set forth in these Land Development Regulations. This provision is intended to promote the perpetuation of the family homestead in rural areas by making it possible for immediate family members to reside on lots as their primary residence which exceed maximum density for such areas, provided that the lot complies with the conditions for permitting established in Section 14.9 of the Land Development Regulations.

If approved by the Board of County Commissioner, the division of lots shall be recorded by separate deed, comply with all other applicable regulations of the Land Development Regulations, and comply with all other conditions for permitting and development as set forth in the Land Development Regulations. A completed building permit application shall be submitted within one (1) year of receiving approval by the Board of County Commissioners. One (1) extension can be requested in writing and approved by the Land Development Regulations Administrator not to exceed nine (9) months. If a special family lot permit expires, it shall have to go through the process again for approval as required by this section. A building permit for a special family lot shall be issued only to the immediate family member or their authorized representative (i.e. licensed building contractor or mobile home installer) after a recorded copy of the family relationship residence agreement affidavit and deed to the special family lot has been submitted to the Land Development Regulation Administrator as part of the building permit application process.

Special family lots which have not met the requirements for homestead exemption shall not be transferable except, as follows:

1. The deeding of the parcel back to the original owner of the parent tract as indicated in Section 14.9 of the Land Development Regulations;
2. To another individual meeting the definition of immediate family member;
3. To an individual not meeting the definition of immediate family member due to circumstances beyond the reasonable control of the family member to whom the original special family lot permit was granted such as divorce, death or job change resulting in unreasonable commuting distances, the immediate family member is no longer able to retain ownership of the special family lot, subject to approval by the original reviewing body that approved the special family lot permit; and
4. Upon approval of the transfer of the special family lot, the County will issue a Certificate of Transfer and the owner shall record the certificate in the Public Records in the Clerk of the Courts Office. This process shall apply retroactively to special family lots previously created under the Land Development Regulations.

COLUMBIA COUNTY

Property Appraiser

Parcel 24-7S-16-04312-001 <https://search.ccpafl.com/parcel/04312001167S24>

Owners

HALL NATHAN
HALL MIKE
HALL KATHY
HALL NICOLE
864 SW SPIRIT AVE
FORT WHITE, FL 32038

Legal Description

S1/2 OF N1/2 OF SE1/4 OF NW1/4 EX THE W1/2
THEREOF.

819-1403, 861-371, WD 1304-2756,

Use: 0700: MISC IMPROVED

Subdivision: DIST 3



Tax Bill Detail

Year	Due
2024	\$1,035.87
2023	\$0.00
2022	\$0.00
2021	\$0.00
2020	\$0.00
2019	\$0.00
2018	\$0.00
2017	\$0.00
2016	\$0.00
2015	\$0.00

Property Tax Account: R04312-001
HALL NATHAN

Year: 2024 Bill Number: Owner: HALL NATHAN
Tax District: 3 19511 Discount Period: 3%
Property Type:
Real Estate

MAILING ADDRESS: PROPERTY ADDRESS:
HALL NATHAN 984 SPIRIT
HALL MIKE FORT WHITE 32038
864 SW SPIRIT AVE
FORT WHITE FL 32038

Payment Options


If Paid By 12/31/2024

This Bill: \$1,035.87
All Bills: \$1,035.87
Cart Amount: \$0.00

Bill 19511 -- Pay Now

Pay All Bills

 Print Bill / Receipt

 Register for E-Billing

Property Appraiser

Taxes All Unpaid Bills Assessments Legal Description
Payment History

Ad Valorem

Authority/Fund	Tax Rate	Charged	Paid	Due
BOARD OF COUNTY COMMISSIONERS	7.8150	\$515.20	\$0.00	\$515.20
COLUMBIA COUNTY SCHOOL BOARD				
DISCRETIONARY	0.7480	\$73.55	\$0.00	\$73.55
LOCAL	3.1430	\$309.03	\$0.00	\$309.03
CAPITAL OUTLAY	1.5000	\$147.49	\$0.00	\$147.49
Subtotal	5.3910	\$530.07	\$0.00	\$530.07
SUWANNEE RIVER WATER MGT DIST	0.2936	\$19.36	\$0.00	\$19.36
LAKE SHORE HOSPITAL AUTHORITY	0.0001	\$0.01	\$0.00	\$0.01
TOTAL	13.4997	\$1,064.64	\$0.00	\$1,064.64

Non-Ad Valorem

Authority/Fund	Charged	Paid	Due
FIRE ASSESSMENTS	\$3.27	\$0.00	\$3.27
TOTAL	\$3.27	\$0.00	\$3.27

Rec. Fee 12.00
Doc Stamp Fee 350.00
Intang Tax 8
Total 362.00

\$500

THIS INSTRUMENT PREPARED BY AND RETURN TO:

BETH GODWIN

U.S. TITLE

2622-B2 NW 43rd Street

Gainesville, FL 32606

Our File No.: **UG-15507**

Property Appraisers Parcel Identification (Folio) Number: **247S16-04312-001**

Florida Documentary Stamps in the amount of **\$350.00** have been paid hereon.

Inst: 201512019606 Date: 11/24/2015 Time: 11:26 AM
Doc Stamp Deed: 350.00
P.DeWitt Cason, Columbia County Page 1 of 1 B:1304 P:2756

SPACE ABOVE THIS LINE FOR RECORDING DATA

WARRANTY DEED

THIS WARRANTY DEED, made the 23rd day of November, 2015 by **MARY A. BAKER, AN UNREMARKED WIDOW**, whose post office address is 6315 NW 16TH PLACE, GAINESVILLE, FL 32605 herein called the Grantor, to **NATHAN HALL and NICOLE HALL, HUSBAND AND WIFE and MIKE HALL and KATHY HALL, HUSBAND AND WIFE** whose post office address is 864 SW SPIRIT AVENUE, FORT WHITE, FL 32038, hereinafter called the Grantees:

(Wherever used herein the terms "Grantor" and "Grantee" include all the parties to this instrument and the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporations)

WITNESSETH: That the Grantor, for and in consideration of the sum of TEN AND 00/100'S (\$10.00) Dollars and other valuable considerations, receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliens, remises, releases, conveys and confirms unto the Grantee all that certain land situate in COLUMBIA County, State of Florida, viz.:

The South 1/4 of the North 1/4 of the SE 1/4 of the NW 1/4 of Section 24, Township 7 South, Range 16 East, Columbia County, Florida.

Subject to County maintained Right of way for Shiloh Church Road and subject to ingress and egress easement over and across the South 20 feet thereof.

Subject to easements, restrictions and reservations of record and taxes for the year 2016 and thereafter.

TOGETHER, with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

TO HAVE AND TO HOLD, the same in fee simple forever.

AND, the Grantor hereby covenants with said Grantees that the Grantor is lawfully seized of said land in fee simple; that the Grantor has good right and lawful authority to sell and convey said land, and hereby warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances, except taxes accruing subsequent to December 31, 2015.

IN WITNESS WHEREOF, the said Grantor has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in the presence of:

[Signature]
Witness #1 Signature

Beth Godwin
Witness #1 Printed Name

[Signature]
Witness #2 Signature

Shenna Gurman
Witness #2 Printed Name

[Signature]
MARY A. BAKER

STATE OF FLORIDA COUNTY OF ALACHUA

The foregoing instrument was acknowledged before me this 23rd day of November, 2015, by **MARY A. BAKER** and who is personally known to me or has produced FLDC as identification and ☐ did not take an oath.

SEAL



[Signature]
Notary Public
Beth Godwin
Printed Notary Name

COLUMBIA COUNTY Property Appraiser

Parcel 24-7S-16-04312-008 <https://search.ccpafl.com/parcel/04312008167S24>

984 SW SPIRIT AVE

Owners

HALL GAVIN N
HALL ZENNA L
866 SW SPIRIT AVE
FORT WHITE, FL 32038

Legal Description

W1/2 OF S1/2 OF N1/2 OF SE1/4 OF NW1/4

819-1403, 861-371, WD 1304-2756, QC 1523-11

Use: 0700: MISC IMPROVED

Subdivision: DIST 3



Prepared By

Shawn Bailey
233 SW Haven Court
High Springs, Florida
32643

After Recording Return To

Gavin and Zenna Hall
866 SW Spirit Ave
Fort White, FL 32038

Inst: 202412019335 Date: 09/06/2024 Time: 3:31PM
Page 1 of 2 B: 1523 P: 11, James M Swisher Jr, Clerk of Court
Columbia, County, By: VC *WJ*
Deputy Clerk Doc Stamp-Deed: 0.70

Tax Parcel ID #: 24-7S-16-04312-001

Space Above This Line for Recorder's Use

FLORIDA QUIT CLAIM DEED

State of Florida
Columbia County

KNOW ALL MEN BY THESE PRESENT, that on September 6th, 2024, and that for and in consideration of the sum of Ten Dollars (\$10.00) and/or other valuable consideration to the below in hand paid to the Grantor(s) known as:

Nathan Hall, a married man, Nicole White FKA Nicole Hall, a married woman, Mike Hall and Kathy Hall, Husband and Wife. The property is not the homestead of the Grantors.

The receipt whereof is hereby witnessed and acknowledged, the undersigned hereby quitclaims to Gavin N Hall and Zenna L Hall, a married couple, residing at 866 SW Spirit Ave, Fort White, FL 32038 (hereinafter called the "Grantee(s)") as joint tenants, all the rights, title, interest, and claim in or to the following described real estate, situated in Columbia County, Florida, to-wit:

THE WEST ½ OF THE SOUTH ½ OF THE NORTH ½ OF THE SE ¼ OF THE NW ¼ OF SECTION 24, TOWNSHIP 7 SOUTH, RANGE 16 EAST, COLUMBIA COUNTY, FL

SUBJECT TO AN INGRESS AND EGRESS EASEMENT OVER AND ACROSS THE SOUTH 20.00 FEET THEREOF AND SUBJECT TO AN EXISTING 100 FOOT POWER LINE EASEMENT FOR FLORIDA POWER CORPORATION

and behoof of the said second party forever.

Grantor's Signature

Print Name: Nathan Hall

Address: 12215 SE County Road 234, Micanopy, FL 32667

Grantor's Signature

Print Name: Nicole White FKA Nicole Hall

Address: 16981 90th Terrace, Live Oak, FL 32060

Grantor's Signature

Print Name: Mike Hall

Address: 866 SW Spirit Ave, Fort White, FL 32038

Grantor's Signature

Print Name: Kathy Hall

Address: 866 SW Spirit Ave, Fort White, FL 32038

Witness's Signature

Angie Bailey

Name of Witness

233 SW Haven Ct, High Spring 32643

Witness's Signature

Shawn M. Bailey

Name of Witness

233 SW Haven Ct, High Springs 32643

State of Florida

County of Columbia

The foregoing instrument was acknowledged before me by means of physical presence, this
6th day of September 2014 by Mike Hall, Kathy Hall, Nicole Hall
Nicole White, Nate Hall

who are personally known to me.

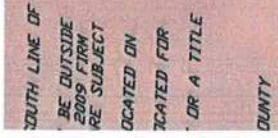
Notary Public

(SEAL)

My Commission Expires: 11/28/2026



FIELD BOOK: 39% PAGE(S): 45



BRITT SURVEYIN

CERTIFICATION OF VITAL RECORD

STATE OF OHIO
DIVISION OF VITAL STATISTICS
LUCAS COUNTY REGIONAL HEALTH DISTRICT
HHC

48 <i>Registration District</i>	5175 <i>Register No.</i>	08/16/1999 <i>Date Filed</i>	07/13/2000 <i>Date Issued</i>
GAVIN <i>Child's First Name</i>	NATHANAEAL <i>Child's Middle Name</i>	HALL <i>Child's Last Name</i>	
M <i>Sex of Child</i>	07/28/1999 <i>Date of Birth</i>	07:01 A M <i>Time of Birth</i>	
FLOWER HOSPITAL <i>Facility</i>	SYLVANIA <i>Location of Birth</i>	MARTINEZ <i>Mother's Maiden Name</i>	
NICOLE <i>Mother's First Name</i>	MARTINEZ <i>Mother's Middle Name</i>	HALL <i>Mother's Last Name</i>	
MI <i>Mother's State of Birth</i>	22 <i>Mother's Age</i>	02/23/1977 <i>Mother's Birth Date</i>	
OH <i>Mother's Resident State</i>	105 E CANAL ST <i>Mother's Address</i>	Census	
ANTWERP <i>City, Town or Location</i>	PAULDING <i>Mother's Resident County</i>	45813 <i>Zip Code</i>	
NATHANAEAL <i>Father's First Name</i>	MICHAEL <i>Father's Middle Name</i>	HALL <i>Father's Last Name</i>	
MI <i>Father's State of Birth</i>	22 <i>Father's Age</i>	04/14/1977 <i>Father's Birth Date</i>	



STATE OF OHIO
COUNTY OF LUCAS

CERTIFIED COPY OF VITAL RECORDS
DATE ISSUED JUL 13 2000



This is a true and correct copy of the record as it appears in the Lucas County Regional Health District.
NOT VALID IF SIGNATURES, LAMINATION OR ANY WORDS ARE MISSING

SAMPSON PONDITANA
REGISTRAR

ANY ALTERATION OR FRAUDULENT USE OF THIS CERTIFICATE

246

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
CERTIFICATE OF LIVE BIRTH 121 -

NAME Michael		DATE OF BIRTH (MONTH, DAY, YEAR) April 16, 1977		SEX M	
MIDDLE NAME Michael		PLACE OF BIRTH (CITY, TOWNSHIP, COUNTY) Montcalm		HOURS 6:46P	
MOTHER'S NAME Kathleen Marie Roach		HOSPITAL - NAME Kellogg Memorial Hospital		DATE OF BIRTH (MONTH, DAY, YEAR) April 16, 1977	
MOTHER'S MIDDLE NAME Marie		CITY, TOWNSHIP, COUNTY Montcalm		DATE OF BIRTH (MONTH, DAY, YEAR) April 16, 1977	
MOTHER'S LAST NAME Roach		CITY, TOWNSHIP, COUNTY Montcalm		DATE OF BIRTH (MONTH, DAY, YEAR) April 16, 1977	
FATHER'S NAME Michael Bruce Hall		HOSPITAL - NAME Kellogg Memorial Hospital		DATE OF BIRTH (MONTH, DAY, YEAR) April 16, 1977	
FATHER'S MIDDLE NAME Bruce		CITY, TOWNSHIP, COUNTY Montcalm		DATE OF BIRTH (MONTH, DAY, YEAR) April 16, 1977	
FATHER'S LAST NAME Hall		CITY, TOWNSHIP, COUNTY Montcalm		DATE OF BIRTH (MONTH, DAY, YEAR) April 16, 1977	
MOTHER'S SOCIAL SECURITY NUMBER 377 58 8737		FATHER'S SOCIAL SECURITY NUMBER 377 58 8737		DATE OF BIRTH (MONTH, DAY, YEAR) April 16, 1977	
MOTHER'S PLACE OF BIRTH (CITY, TOWNSHIP, COUNTY) Montcalm		FATHER'S PLACE OF BIRTH (CITY, TOWNSHIP, COUNTY) Montcalm		DATE OF BIRTH (MONTH, DAY, YEAR) April 16, 1977	
MOTHER'S DATE OF BIRTH (MONTH, DAY, YEAR) April 16, 1977		FATHER'S DATE OF BIRTH (MONTH, DAY, YEAR) April 16, 1977		DATE OF BIRTH (MONTH, DAY, YEAR) April 16, 1977	
MOTHER'S SIGNATURE Kathleen Marie Roach		FATHER'S SIGNATURE Michael Bruce Hall		DATE OF BIRTH (MONTH, DAY, YEAR) April 16, 1977	
MOTHER'S PRINTED NAME Kathleen Marie Roach		FATHER'S PRINTED NAME Michael Bruce Hall		DATE OF BIRTH (MONTH, DAY, YEAR) April 16, 1977	
MOTHER'S ADDRESS (CITY, TOWNSHIP, COUNTY) Montcalm		FATHER'S ADDRESS (CITY, TOWNSHIP, COUNTY) Montcalm		DATE OF BIRTH (MONTH, DAY, YEAR) April 16, 1977	
MOTHER'S PHONE NUMBER 377 58 8737		FATHER'S PHONE NUMBER 377 58 8737		DATE OF BIRTH (MONTH, DAY, YEAR) April 16, 1977	
MOTHER'S OCCUPATION Homemaker		FATHER'S OCCUPATION Homemaker		DATE OF BIRTH (MONTH, DAY, YEAR) April 16, 1977	
MOTHER'S EDUCATION High School		FATHER'S EDUCATION High School		DATE OF BIRTH (MONTH, DAY, YEAR) April 16, 1977	
MOTHER'S RELIGION Catholic		FATHER'S RELIGION Catholic		DATE OF BIRTH (MONTH, DAY, YEAR) April 16, 1977	
MOTHER'S MARITAL STATUS Married		FATHER'S MARITAL STATUS Married		DATE OF BIRTH (MONTH, DAY, YEAR) April 16, 1977	
MOTHER'S SIGNATURE Kathleen Marie Roach		FATHER'S SIGNATURE Michael Bruce Hall		DATE OF BIRTH (MONTH, DAY, YEAR) April 16, 1977	
MOTHER'S PRINTED NAME Kathleen Marie Roach		FATHER'S PRINTED NAME Michael Bruce Hall		DATE OF BIRTH (MONTH, DAY, YEAR) April 16, 1977	
MOTHER'S ADDRESS (CITY, TOWNSHIP, COUNTY) Montcalm		FATHER'S ADDRESS (CITY, TOWNSHIP, COUNTY) Montcalm		DATE OF BIRTH (MONTH, DAY, YEAR) April 16, 1977	
MOTHER'S PHONE NUMBER 377 58 8737		FATHER'S PHONE NUMBER 377 58 8737		DATE OF BIRTH (MONTH, DAY, YEAR) April 16, 1977	
MOTHER'S OCCUPATION Homemaker		FATHER'S OCCUPATION Homemaker		DATE OF BIRTH (MONTH, DAY, YEAR) April 16, 1977	
MOTHER'S EDUCATION High School		FATHER'S EDUCATION High School		DATE OF BIRTH (MONTH, DAY, YEAR) April 16, 1977	
MOTHER'S RELIGION Catholic		FATHER'S RELIGION Catholic		DATE OF BIRTH (MONTH, DAY, YEAR) April 16, 1977	
MOTHER'S MARITAL STATUS Married		FATHER'S MARITAL STATUS Married		DATE OF BIRTH (MONTH, DAY, YEAR) April 16, 1977	

I hereby certify that this instrument is a true copy of a record on file in the office of the Clerk of Montcalm County, Michigan

Signed and Sealed this 16th day of July 1993

JOYCE M. EHLE
MONTCALM COUNTY CLERK

Joyce M. Ehle
DEPUTY CLERK

CERTIFICATE OF LIVE BIRTH

BIRTH No. 121-

MICHIGAN DEPARTMENT OF HEALTH
Vital Records Section

Local File No. 1240

1. PLACE OF BIRTH a. COUNTY Calhoun		2. USUAL RESIDENCE OF MOTHER (If born abroad, give country)	
b. CITY, TOWNSHIP, OR VILLAGE Battle Creek		a. STATE Michigan b. COUNTY Calhoun	
3. FULL NAME OF HOSPITAL OR INSTITUTION Community Hospital		c. CITY, TOWNSHIP, OR VILLAGE Battle Creek	
d. ADDRESS 142 Post Ave.		e. TO RESIDENCE WITHIN THREE MILES OF A CITY OR TOWNSHIP OR VILLAGE <input checked="" type="checkbox"/> No <input type="checkbox"/>	
4. SEX Male		5. DATE OF BIRTH May 27, 1953	
6. FATHER OF CHILD a. (Print) Gordon b. (Initials) Lewis c. (Last) Hall d. COLOR OF HAIR white		7. MOTHER OF CHILD a. (Print) Florence b. (Initials) Edith c. (Last) LaBelle d. COLOR OF HAIR white	
8. AGE (at time of this birth) 28 YEARS		9. BIRTHPLACE (State or foreign country) Wisconsin	
10. USUAL OCCUPATION Salesman		11. KIND OF BUSINESS OR INDUSTRY Nat'l. Cash Register	
12. FULL MARRIAGE NAME a. (Print) Florence Hall b. (Initials) Edith c. (Last) LaBelle d. COLOR OF HAIR white		13. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (and date of birth of each child)	
14. AGE (at time of this birth) 27 YEARS		15. BIRTHPLACE (State or foreign country) Michigan	
16. INFORMATION NAME Florence Hall		17. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (and date of birth of each child)	
18a. SIGNATURE D.L. Finch		18b. ADDRESS 719 Capital Ave. SW.	
19a. ATTENDANT AT BIRTH M.D. <input checked="" type="checkbox"/> D.O. <input type="checkbox"/> Midwife <input type="checkbox"/> Other (initials)		19b. DATE SIGNED May 28, 1953	
20. DATE RECEIVED BY LOCAL REGISTRAR June 1, 1953		21. REGISTRAR'S SIGNATURE Joseph M. Boon	
FOR MEDICAL AND HEALTH USE ONLY (This section MUST be filled out)			
22a. LENGTH OF PREGNANCY Weeks 38	22b. WEIGHT AT BIRTH Lbs. 10 Oz. 10	22c. LEGITIMATE Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	22d. HAVE EVER BEEN BORN TO MOTHER WITH ONE OR MORE CHILDREN OF BIRTH MISTAKE Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
23a. WAS MOTHER'S BLOOD TESTED FOR SYPHILIS DURING THIS PREGNANCY Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	23b. DATE OF TEST	23c. IF BLOOD NOT TESTED, STATE REASON	
24a. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		24b. STATE ANY OPERATION FOR DELIVERY	
25a. DESCRIBE ANY BIRTH INJURY		25b. DESCRIBE ANY CONGENITAL MALFORMATION	

STATE OF MICHIGAN }
COUNTY OF CALHOUN }

I, MARCUS J. GRAY, Clerk, of the
County Of Calhoun do hereby
CERTIFY that the foregoing is a

true and correct copy of the original thereof on file in said County.

Signed and sealed at Marshall, Michigan

this 11 day of December, 19 69
MARCUS J. GRAY, COUNTY CLERK

Christine J. Feltner DEPUTY CLERK



Building and Zoning Department

Special Family Lot Permit Application

Invoice

68753

Applicant Information

HALL NATHAN, HALL MIKE
TBD SW SPIRIT AVE

Invoice Date

12/26/2024

Permit

SFLP241204

Amount Due

\$50.00

Job Location

Parcel: 24-7S-16-04312-001
Owner: HALL NATHAN, HALL MIKE,
Address: TBD SW SPIRIT AVE

Contractor Information

Invoice History

<u>Date</u>	<u>Description</u>	<u>Amount</u>
12/26/2024	Fee: Special Family Lot Permit Approved by the Board of County Commissioners	\$50.00
Amount Due:		\$50.00

Contact Us

Phone:
(386) 758-1008

Customer Service Hours:
Monday-Friday
From 8:00 A.M. to 4:30 P.M.

Email:
bldginfo@columbiacountyfla.com

Website:
<http://www.columbiacountyfla.com/BuildingandZoning.asp>

Address:
Building and Zoning Ste. B-21
135 NE Hernando Ave.
Lake City, FL 32055

[Credit card payments can be made online here \(fees apply\)](#)

Fee balances are not immediately updated using online Credit Card. If you have paid permit fees using the online application site or by another method such as check or cash, please allow time for your payment to be processed.

Inspection Office Hours

Monday - Friday
From 8:00 AM to 10:00 AM
and
From 1:30 PM to 3:00 PM

Inspection Requests

Online: (Preferred Method)
www.columbiacountyfla.com/InspectionRequest.asp

Voice Mail: 386-719-2023 or Phone: 386-758-1008

All Driveway Inspections: 386-758-1019

Septic Release Inspections: 386-758-1058

IMPORTANT NOTICE:

Any inspection requested after 4:30 pm, no matter the method, will be received the next business day and will be scheduled by the earliest time slot.

All Inspections require 24 hours notice.
Emergencies will be inspected as soon as possible.

Regular Inspection Schedules

All areas North of County Road 242
From 10:00 AM to Noon

All areas South of County Road 242
From 3:00 PM to 5:00 PM



Zoning Department

Receipt Of Payment

Applicant Information

HALL MIKE
TBD SW SPIRIT AVE

Method

Credit Card
13702063

Date of Payment

12/27/2024

Payment

769269

Amount of Payment

\$50.00

AppID: 68753 Development #: SFLP241204
Special Family Lot Permit
Parcel: 24-7S-16-04312-001
Address: TBD SW SPIRIT AVE

Contact Us

Phone:
(386) 719-1474
Customer Service Hours:
Monday-Friday
From 8:00 A.M. to 5:00 P.M.

Email:
zoneinfo@columbiacountyfla.com

Website:
<http://www.columbiacountyfla.com/BuildingandZoning.asp>

Address:
Building and Zoning
135 NE Hernando Ave.
Lake City, FL 32055

Payment History

<u>Date</u>	<u>Description</u>	<u>Amount</u>
12/26/2024	Fee: Special Family Lot Permit Approved by the Board of County Commissioners	\$50.00
12/27/2024	Payment: Credit Card 13702063	(\$50.00)
		<hr/> \$0.00