

**PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION**

CK# 94

<b>For Office Use Only</b> (Revised 1-11)		Zoning Official <u>BLK 4 April 12</u>		Building Official <u>T.C. 3-9-12</u>	
AP# <u>1203-11</u>	Date Received <u>3/7</u>	By <u>J/W</u>	Permit # <u>30054</u>		
Flood Zone <u>X</u>	Development Permit <u>N/A</u>	Zoning <u>A-3</u>	Land Use Plan Map Category <u>A-3</u>		
Comments <u>Speed Family Ltr Permit Section 14.9 FL 12-04</u>					
FEMA Map# <u>N/A</u>	Elevation# <u>N/A</u>	Finished Floor <u>1' 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>12-0123</u>	<input type="checkbox"/> EH Release	<input checked="" type="checkbox"/> Well letter	<input checked="" type="checkbox"/> Existing well	
<input type="checkbox"/> Recorded Deed or Affidavit from land owner	<input checked="" type="checkbox"/> Installer Authorization	<input type="checkbox"/> State Road Access	<input 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 type="checkbox"/> Out County	<input type="checkbox"/> In County
Road/Code		School	= TOTAL Impact Fees Suspended March 2009		

Property ID # 07-25-17-04679-002 Subdivision \_\_\_\_\_

- New Mobile Home ☒ Used Mobile Home \_\_\_\_\_ MH Size 45x58 Year 2012
- Applicant CYNTHIA WATSON Phone # 755.1090
- Address Lake City, FL 32055
- Name of Property Owner Cynthia Watson Phone# (386) 344-0535
- 911 Address 2106 NW Hamp Farmer Rd. Lake City, 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 Cynthia Watson & Ernest Corbett Phone # (386) 344-0535  
 Address 10613 SW SR 47 Ft. White, FL 32038
- Relationship to Property Owner AGENT
- Current Number of Dwellings on Property 0
- Lot Size \_\_\_\_\_ Total Acreage 2.02
- 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
- Driving Directions to the Property  Hwy 41 N Turn Rt. on Falling Creek Rd. go to stop sign. Cross over to River Rd. Go approx. 2.5 miles to stop sign. Cross over to Hamp Farmer Rd. Go approx. 1/8 mile prop
- Name of Licensed Dealer/Installer Manuel Brannan Phone # 590-3289 on R
- Installers Address 5107 CR 252 Welborn Fla. 32096
- License Number 1025396 Installation Decal # 9706

- 51402 -



# 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

Manuel Brannan License # 1025396

911 Address where home is being installed.

2106 NW Hamp Farm Rd.

LAKE CITY, FL 32038

Manufacturer

Southern Energy Length x width 45x58

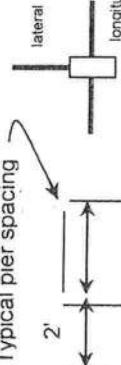
NOTE: if home is a single wide fill out one half of the blocking plan  
if home is a triple or quad wide sketch in remainder of home

I understand Lateral Arm Systems cannot be used on any home (new or used) where the sidewall ties exceed 5 ft 4 in.

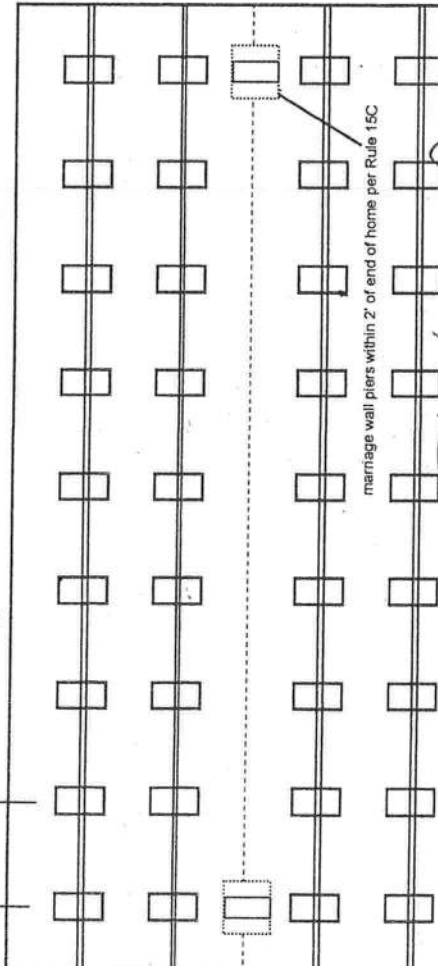
Installer's initials

MB

Typical pier spacing



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



marriage wall piers within 2' of end of home per Rule 15C

See Blocking Diagram

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 #

Triple/Quad ☒ Serial #

SAD020793AL ABCP  
(425 P.W. 1-1-87)

## 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'	8'
1500 psf	4' 6"	6'	7'	8'	9'	10'	10'
2000 psf	6'	8'	9'	10'	11'	12'	12'
2500 psf	7' 6"	9'	10'	11'	12'	13'	13'
3000 psf	8'	10'	11'	12'	13'	14'	14'
3500 psf	8'	10'	11'	12'	13'	14'	14'

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

## PIER PAD SIZES

I-beam pier pad size

17x25

Perimeter pier pad size

16x16

Other pier pad sizes (required by the mfg.)

23x31

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 16' Pier pad size 23x31

## 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

30

Sidewall

Longitudinal

Marriage wall

Shearwall



## COLUMBIA COUNTY PERMIT WORKSHEET

page 2 of 2

## POCKET PENETROMETER TEST

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

X 1.5 X 1.5 X 1.5

## 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 1.5 X 1.5 X 1.5

## 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 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 400 lb holding capacity.

MB Installer's initials

## ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Monvel Branan

Date Tested

3-6-12

## 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. 15C

## Plumbing

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

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

## Site Preparation

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

## Fastening multi wide units

Floor: Type Fastener: 6'9" Length: 6" Spacing: 18"  
Walls: Type Fastener: 2x4 Length: 6" Spacing: 18"  
Roof: Type Fastener: 2x4 Length: 6" Spacing: 24"  
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 MB

Type gasket FSM

Installed:

Between Floors Yes /  
Between Walls Yes /  
Bottom of ridgebeam Yes /

## 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 / No /  
Range downflow vent installed outside of skirting. Yes / No /  
Drain lines supported at 4 foot intervals. Yes / No /  
Electrical crossovers protected. Yes / No /  
Other: /

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

Installer Signature

Monvel Branan Date 3-6-12

FEB-14-2012 11:46

ROYALS HOMES

P.03/03

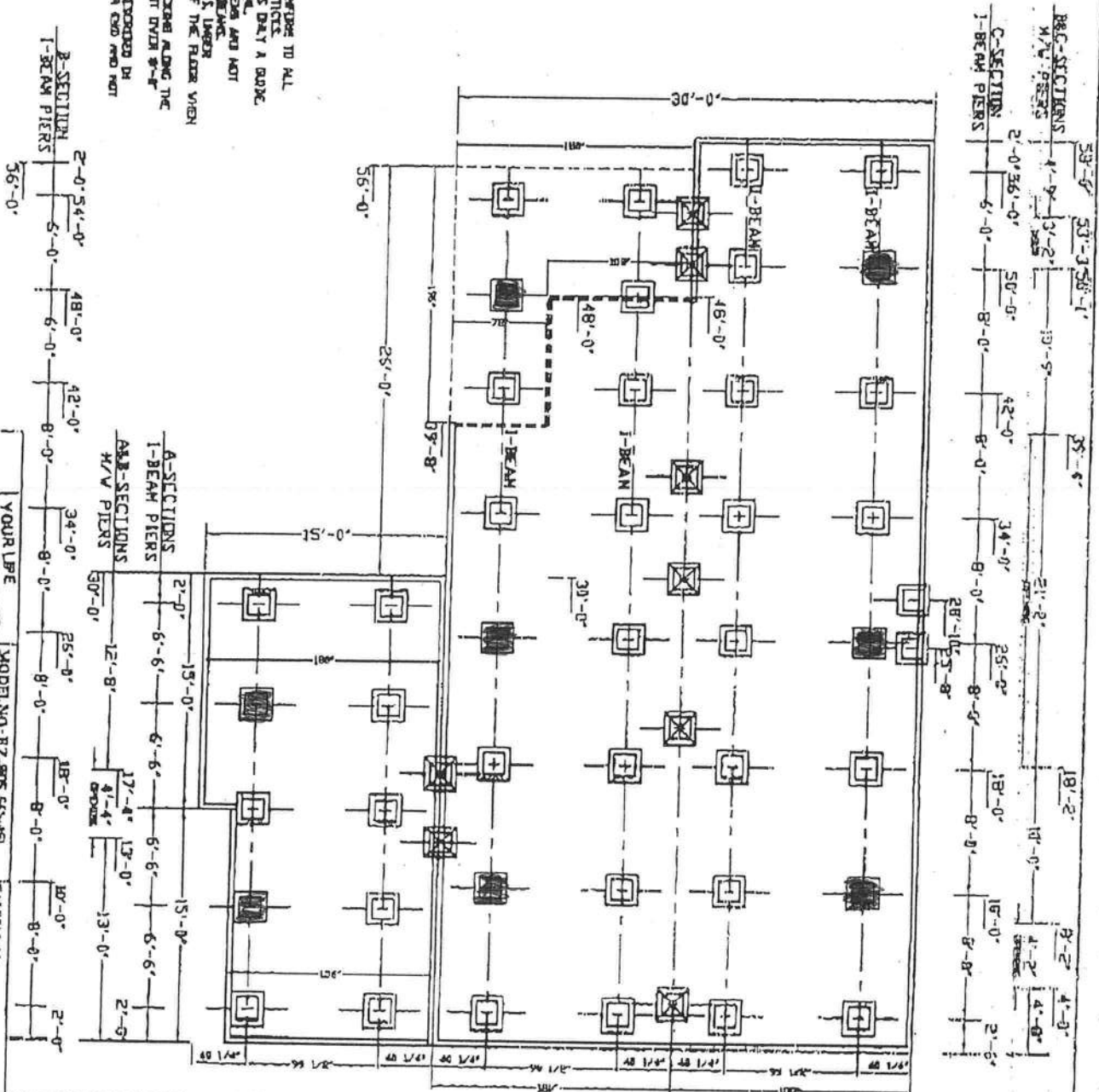
NOTES:

<input type="checkbox"/>	1-BEAM PERS	<input checked="" type="checkbox"/>	MARRIAGE VALL PERS
--------------------------	-------------	-------------------------------------	--------------------

FORCH AREA STEH WALL

[illegible]

8 1101 v all Steel  
17x25 5' oc I Beam  
23x31 Ridge Beam



TOTAL P.03

**YOUR LIFE**  
**YOUR HOME**  
**YOUR STYLE**  
**ENERGY HOMES.**  
A better way to build your home.

MODEL NO.: BZ-805 56-465	SALESMAN:
SERIAL NO.:	
DATE 9-28-11	DR. JAY B. S. PH.D. L.R.S.
DEALER/ CUSTOMER:	



- Watson -

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1203-11 CONTRACTOR Manuel Brannan PHONE 386.590 3289

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 <u>480</u>	Print Name <u>Manuel Brannan</u> License #: <u>1025396</u>	Signature <u>Manuel Brannan</u> Phone #: <u>386-590-3289</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.

## MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER

1203-11

CONTRACTOR

MANUEL BERNARD

PHONE

386.590.3289

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.

<input checked="" type="checkbox"/> ELECTRICAL	Print Name: Cynthia Watson License #: Home Owner	Signature: Cynthia Watson Phone #:
<input checked="" type="checkbox"/> MECHANICAL/ A/C 770	Print Name: Timothy D Shatto License #: CAC057875	Signature: Tim Shatto Phone #: 386-496-8224
PLUMBING/ GAS	Print Name: _____ License #: _____	Signature: _____ Phone #: _____

Specialty License	License Number	Sub Contractor Printed Name	Sub Contractor 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.

Contractor Form, Subcontractor (2011) (7)

**WARRANTY DEED  
INDIVID. TO INDIVID.**

RAMCO FORM 01

Return to (enclose self-addressed stamped envelope)

Name:  
Address:

This Instrument Prepared by:

Name:  
Address:

Property Appraiser's Parcel Identification

Folio Number(s):

Grantee(s) S.S. # (s)

Inst 201012016010 Date 10/4/2010 Time:12:47 PM

Doc Stamp: Docd 0.70

DC, P DeWitt Cason, Columbia County Page 1 of 2 B-1202 P-1250

SPACE ABOVE THIS LINE FOR PROCESSING DATA

SPACE ABOVE THIS LINE FOR RECORDING DATA

This Warranty Deed, Made the 21<sup>st</sup> day of SEPTEMBER, 2010, by  
ANN ANDERSON ALLEN, 2104 NW HAMP FARMER RD, LAKE CITY, FL 32055  
hereinafter called the Grantor, to CYNTHIA ANDERSON WATSON, MY SISTER  
whose post office address is 10613 SW SR 47, FT. WHITE, FL 32038  
hereinafter called the Grantee.

(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, wherever the context so admits or requires.)

Witnesseth, That the Grantor, for and in consideration of the sum of \$ 10.00 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:

SEE ATTACHED EXHIBIT FOR DESCRIPTION OF PARCEL 'A'

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 grantee 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, 2010

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:

Dendra Busscher  
Witness Signature (as to First Grantor)

Dendra Busscher  
Printed Name

Melona K Carter  
Witness Signature (as to First Grantor)

Melona K Carter  
Printed Name

Witness Signature (as to Co-Grantor, if any)

Printed Name

Witness Signature (as to Co-Grantor, if any)

Printed Name

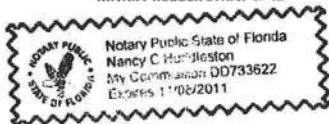
STATE OF FLORIDA

COUNTY OF COLUMBIA

Ann Anderson Allen

known to me to be the person ☒ described in and who executed the foregoing instrument, who acknowledged before me that she executed the same, and an oath was not taken. (Check one: ☒ Said person(s) is/are personally known to me. ☐ Said person(s) provided the following type of identification: \_\_\_\_\_)

NOTARY RUBBER STAMP SEAL



Ann Anderson Allen  
Grantor Signature

ANN ANDERSON ALLEN  
Printed Name

2104 NW HAMP FARMER RD  
Post Office Address  
LAKE CITY, FL 32055

Co-Grantor Signature, (if any)

Printed Name

Post Office Address

I hereby Certify that on this day, before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared

Witness my hand and official seal in the County and State last aforesaid this 21 day of Sept, A.D. 2010

Nancy C. Huddleston  
Notary Signature  
Nancy C. Huddleston  
Printed Name



DESCRIPTION: PARCEL "A"

PART OF THE WEST  $\frac{1}{2}$  OF THE SW  $\frac{1}{4}$  OF SECTION 7, TOWNSHIP 2 SOUTH, RANGE 17 EAST, COLUMBIA COUNTY, FLORIDA, MORE PARTICULARLY DESCRIBED AS FOLLOWS:

COMMENCE AT A CONCRETE MONUMENT, LS 654 (W. K. DAUGHTRY) MARKING THE SW CORNER OF SECTION 7, TOWNSHIP 2 SOUTH, RANGE 17 EAST, COLUMBIA COUNTY, FLORIDA, AND THENCE N.01 DEGREES 00'39"W., ALONG THE MONUMENTED WEST LINE OF SAID SECTION 7 A DISTANCE OF 1756.78 FEET TO A 5/8" IRON ROD, LS 4708; THENCE CONTINUE N.01 DEGREES 00'39"W., STILL ALONG SAID WEST LINE, 210.00 FEET TO A CONCRETE MONUMENT, LS 4708, MARKING THE NW CORNER OF THE SOUTH 60 ACRES OF THE WEST  $\frac{1}{2}$  OF THE SW  $\frac{1}{4}$  OF SAID SECTION 7, AND THE POINT OF BEGINNING OF THE HEREIN DESCRIBED LANDS; THENCE CONTINUE N.01 DEGREES 00'39"W., STILL ALONG SAID WEST LINE, 210.00 FEET TO A 5/8" IRON ROD, LS 4708; THENCE N.87 DEGREES 20'33"E., PARALLEL TO THE NORTH LINE OF SAID SOUTH 60 ACRES, 210.00 FEET TO A 5/8" IRON ROD, LS 4708; THENCE S.01 DEGREES 00'39"E., 210.00 FEET TO A 5/8" IRON ROD, LS 4708, SET ON THE AFOREMENTIONED NORTH LINE; THENCE S.87 DEGREES 20'33"W., ALONG SAID NORTH LINE, 210.00 FEET TO THE POINT OF BEGINNING.

DESCRIBED PARCEL CONTAINS 1.01 ACRES, MORE OR LESS.

ABOVE DESCRIBED PARCEL IS SUBJECT TO AN EASEMENT FOR INGRESS AND EGRESS RESERVED BY THE GRANTOR OVER AND ACROSS THE WEST 30.00 FEET OF SAID PARCEL

TOGETHER WITH A PERPETUAL NON-EXCLUSIVE EASEMENT FOR INGRESS AND EGRESS OVER AND ACROSS THE WEST 30.00 FEET OF SECTION 7, TOWNSHIP 2 SOUTH, RANGE 17 EAST, COLUMBIA COUNTY, FLORIDA, AS LIES NORTH OF THE SOUTH 1756.78 FEET OF THE WEST  $\frac{1}{2}$  OF THE SW  $\frac{1}{4}$  OF SAID SECTION 7 AND AS LIES SOUTH OF NW HAMP FARMER ROAD, A PUBLIC ROAD RIGHT-OF-WAY.



Return to: (enclose self-addressed stamped envelope)

Name:

Address:

This Instrument Prepared by:

Name:

Address:

Property Appraisers Parcel Identification

Folio Number(s):

Grantee[s] S.S. # (s)

Inst: 201012016011 Date: 10/4/2010 Time: 12:47 PM  
Doc Stamp: Deed 0.70

DC P DeWitt Cason, Columbia County Page 1 of 2

SPACE ABOVE THIS LINE FOR PROCESSING DATA

SPACE ABOVE THIS LINE FOR RECORDING DATA

This Warranty Deed, Made the 15th day of July, 2010, byHarry P. Andersonhereinafter called the Grantor, to Cynthia Anderson Watsonwhose post office address is 10613 SW SR 47 Fort White, FL 32038

hereinafter called the Grantee.

(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, wherever the context so admits or requires.)

**Witnesseth**, That the Grantor, for and in consideration of the sum of \$ 10.00 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:

SEE ATTACHED EXHIBIT "B"

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 grantee 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, 19

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:

Witness Signature (as to first Grantor)

Myron McIendon

Printed Name

Catherine Summers

Witness Signature (as to first Grantor)

Catherine Summers

Printed Name

Witness Signature (as to Co-Grantor, if any)

Printed Name

Witness Signature (as to Co-Grantor, if any)

Printed Name

STATE OF FloridaCOUNTY OF ColumbiaHarry P. Anderson

known to me to be the person described in and who executed the foregoing instrument, who acknowledged before me that executed the same, and an oath was not taken. (Check one: ☒ Said person(s) is/are personally known to me. ☐ Said person(s) provided the following type of identification:

NOTARY RUBBER STAMP SEAL



Witness my hand and official seal of the County and State last aforesaid

this 9th day of August, A.D. 2010Notary Signature Patricia A. WychePrinted Name Patricia A. Wyche

DESCRIPTION: PARCEL "B"

PART OF THE WEST  $\frac{1}{2}$  OF THE SW  $\frac{1}{4}$  OF SECTION 7, TOWNSHIP 2 SOUTH, RANGE 17 EAST, COLUMBIA COUNTY, FLORIDA, MORE PARTICULARLY DESCRIBED AS FOLLOWS:

COMMENCE AT A CONCRETE MONUMENT, LS 654 (W. K. DAUGHTRY) MARKING THE SW CORNER OF SECTION 7, TOWNSHIP 2 SOUTH, RANGE 17 EAST, COLUMBIA COUNTY, FLORIDA, AND THENCE N.01 DEGREES 00'39"W., ALONG THE MONUMENTED WEST LINE OF SAID SECTION 7 A DISTANCE OF 1756.78 FEET TO A 5/8" IRON ROD, LS 4708, AND THE POINT OF BEGINNING OF THE HEREIN DESCRIBED LANDS; THENCE CONTINUE N.01 DEGREES 00'39"W., STILL ALONG SAID WEST LINE, 210.00 FEET TO A CONCRETE MONUMENT, LS 4708, MARKING THE NW CORNER OF THE SOUTH 60 ACRES OF THE WEST  $\frac{1}{2}$  OF THE SW  $\frac{1}{4}$  OF SAID SECTION 7; THENCE N.87 DEGREES 20'33"E., ALONG THE NORTH LINE OF SAID SOUTH 60 ACRES, 210.00 FEET TO A 5/8" IRON ROD, LS 4708; THENCE S.01 DEGREES 00'39"E., 210.00 FEET TO A 5/8" IRON ROD, LS 4708; THENCE S.87 DEGREES 20'33"W., 210.00 FEET TO THE POINT OF BEGINNING. DESCRIBED PARCEL CONTAINS 1.01 ACRES, MORE OR LESS.

ABOVE DESCRIBED PARCEL IS SUBJECT TO AN EASEMENT FOR INGRESS AND EGRESS RESERVED BY THE GRANTOR OVER AND ACROSS THE WEST 30.00 FEET OF SAID PARCEL.

TOGETHER WITH A PERPETUAL NON-EXCLUSIVE EASEMENT FOR INGRESS AND EGRESS OVER AND ACROSS THE WEST 30.00 FEET OF SECTION 7, TOWNSHIP 2 SOUTH, RANGE 17 EAST, COLUMBIA COUNTY, FLORIDA, AS LIES NORTH OF THE SOUTH 1756.78 FEET OF THE WEST  $\frac{1}{2}$  OF THE SW  $\frac{1}{4}$  OF SAID SECTION 7 AND AS LIES SOUTH OF NW HAMP FARMER ROAD, A PUBLIC ROAD RIGHT-OF-WAY.



## Columbia County Property Appraiser

DB Last Updated: 1/17/2012

**2011 Tax Year**

Parcel: 07-2S-17-04679-002

&lt;&lt; Next Lower Parcel   Next Higher Parcel &gt;&gt;

Tax Collector

Tax Estimator

Property Card

Parcel List Generator

Interactive GIS Map

Print

### Owner & Property Info

Owner's Name	WATSON CYNTHIA ANDERSON		
Mailing Address	10613 SW SR 47 FT WHITE, FL 32038		
Site Address	NW HAMP FARMER RD		
Use Desc. (code)	VACANT (000000)		
Tax District	3 (County)	Neighborhood	7217
Land Area	2.020 ACRES	Market Area	03
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction.  COMM AT SW COR OF SEC RUN N 1756.78 TO POB. CONT N 210 FT, TO A POINT MARKING THE NW COR OF THE S 60.00 AC OF THE W 1/2 OF THE SW1/4, CONT N ALONG THE W LINE 210.00 FT, E 210.00 FT, S 420.00 FT, W 210.00 FT, TO POB. WD 1202-1250 & 1252,		

&lt;&lt; Prev   Search Result: 23 of 94   Next &gt;&gt;



### Property & Assessment Values

2011 Certified Values		
Mkt Land Value	cnt: (0)	\$15,388.00
Ag Land Value	cnt: (1)	\$0.00
Building Value	cnt: (0)	\$0.00
XFOB Value	cnt: (0)	\$0.00
Total Appraised Value		\$15,388.00
Just Value		\$15,388.00
Class Value		\$0.00
Assessed Value		\$15,388.00
Exempt Value		\$0.00
Total Taxable Value	Cnty: \$15,388 Other: \$15,388   Schl: \$15,388	

### 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
9/21/2010	1202/1250	WD	V	U	11	\$100.00
7/15/2010	1202/1252	WD	V	U	11	\$100.00

### Building Characteristics

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

### Extra Features & Out Buildings

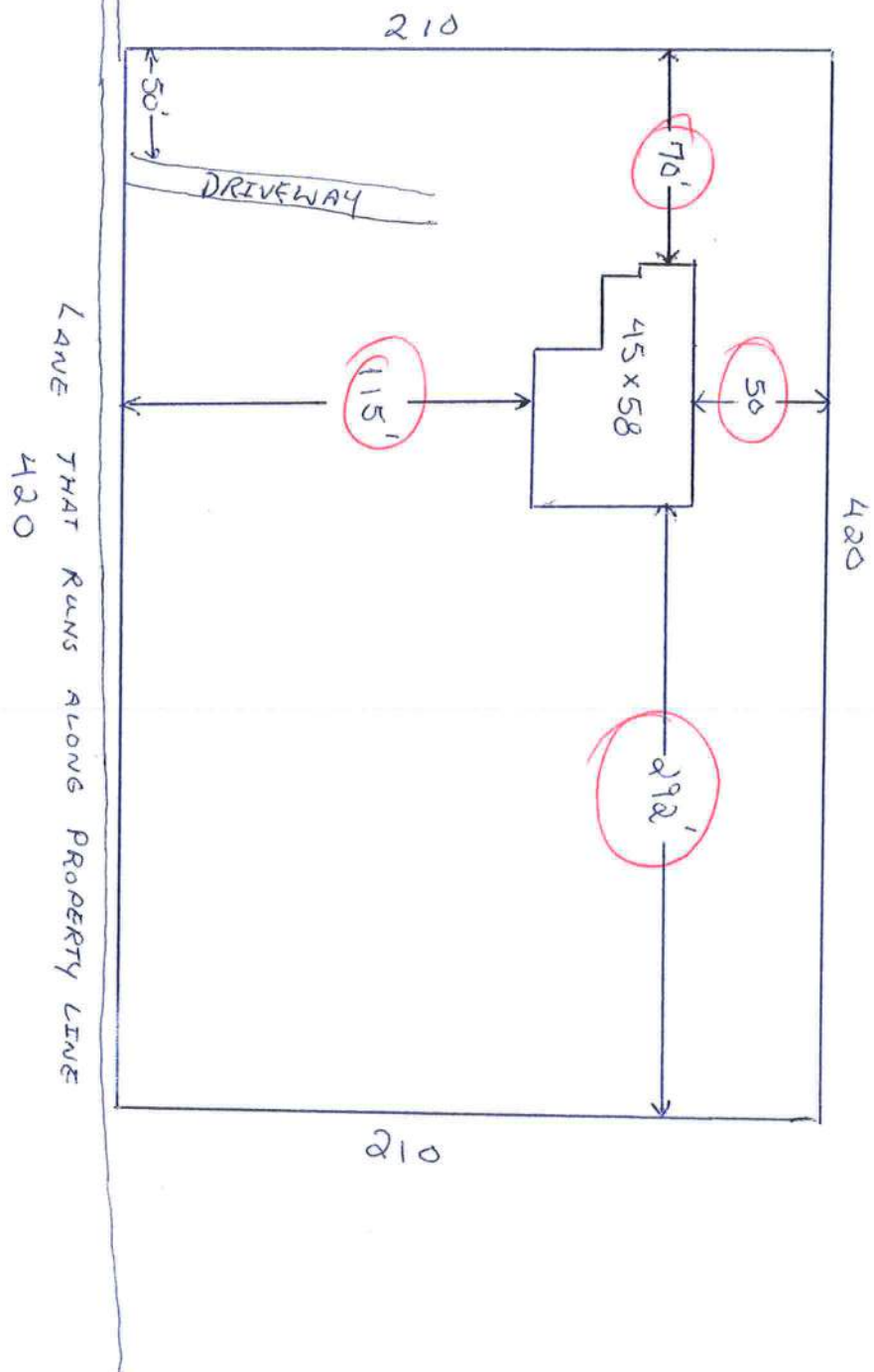
Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
NONE						

### Land Breakdown

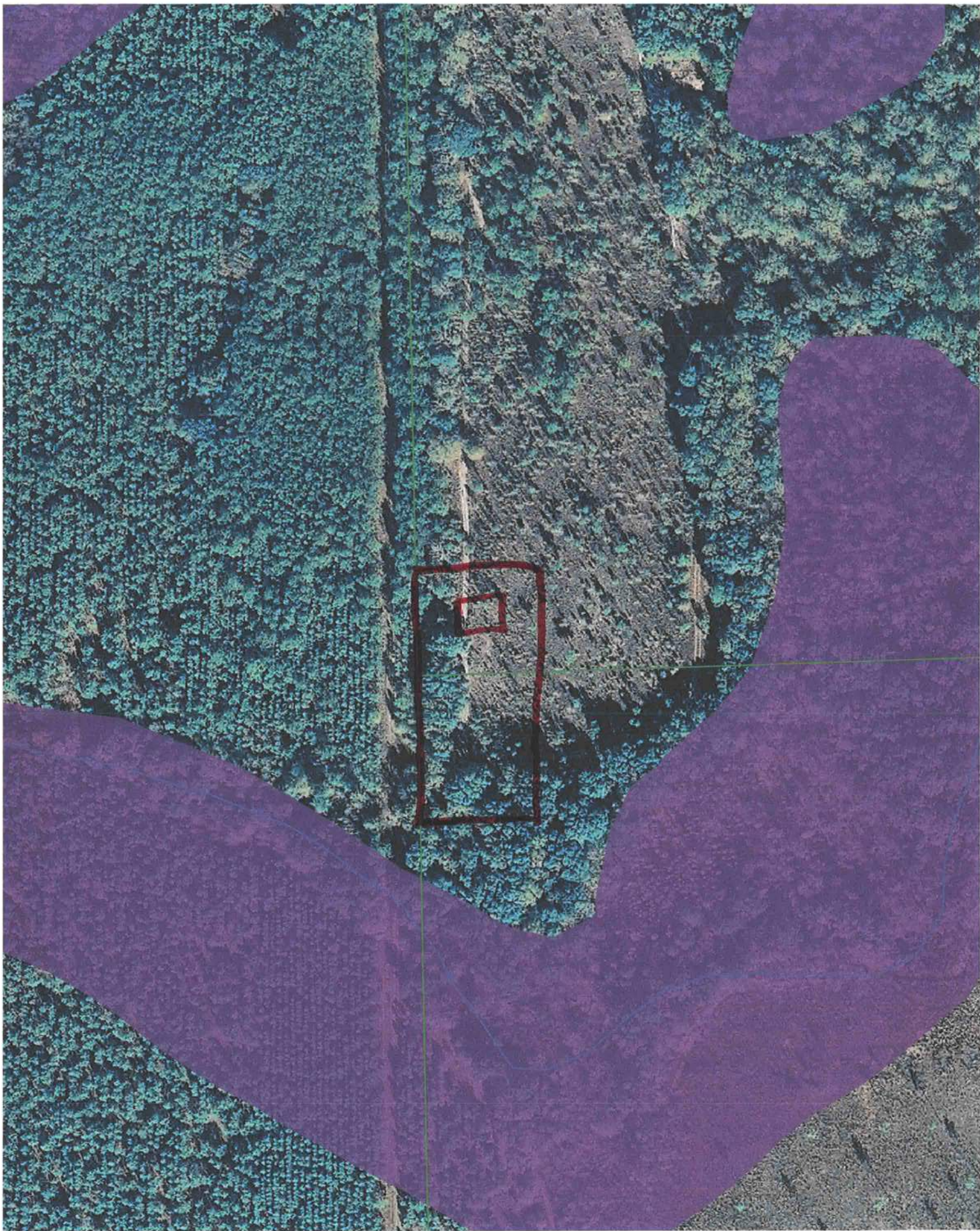
Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value

07-25-17-04679-002

Wamp Farm Rd. ↑  
N







1203-11





ROYALS MOBILE HOME SALES  
386/754-6737 FAX 386/758-7764  
PROPERTY LOCATOR

Customer Cynthia Watson + Ernest Corbett

Telephone ( ) \_\_\_\_\_ Cell # (386) 344-0535

Work # ( ) \_\_\_\_\_ Email \_\_\_\_\_

Make SE Model EZ-805 Serial# \_\_\_\_\_

DOD \_\_\_\_\_ Size 48 x 58

Physical Address Hamp Farmer Rd Lake City, FL 32055

Mailing Address \_\_\_\_\_

Directions:

Hwy 90 E to Hwy 41, Turn Left on Hwy 41.  
Go to I-10. Turn right on Fulling Creek.  
Go approx 40 stop sign. Cross  
over to River Rd. Go approx 2 1/2 miles to stop sign. Cross  
over to Hamp Farmer Rd. Go approx 1/8 mile property on right



# Royals Mobile Home Sales & Service, Inc.

4068 West U.S. Highway 90  
LAKE CITY, FLORIDA 32055  
(386) 754-6737 • Fax: (386) 758-7764

CLEAR FORM

BUYER(S) Cynthia A. Watson or Ernest J. Corbett Jr.		PHONE (386) 344-0535		DATE	
ADDRESS 4232 CR 249 Live Oak, FL 32060				SALESPERSON Cathie Marks	
DELIVERY ADDRESS TBD		CR 249 Live Oak, FL 32060 <i>Hamp Farmer Rd. Lake City, FL 32055</i>			
MAKE & MODEL Southern Energy Calaveras EZ-805		YEAR 2012	BEDROOMS 3	FLOOR SIZE L 58 W 48	HITCH SIZE L 62 W 48
SERIAL NUMBER		<input checked="" type="checkbox"/> NEW <input type="checkbox"/> USED		COLOR	PROPOSED DELIVERY DATE
DATE OF BIRTH 08/07/58		DRIVER'S LICENSE BUYER W325-101-58-787-0		BASE PRICE OF UNIT \$ 100,450.00	
CO-BUYER 10/13/53		CO-BUYER C613-210-53-373-0		OPTIONAL EQUIPMENT 0.00	
LOCATION		R-VALUE 30	THICKNESS	PROCESSING FEE 0.00	
CEILING		19	TYPE OF INSULATION	SUB-TOTAL \$ 100,450.00	
EXTERIOR		14		PROCESSING FEE 250.00	
FLOORS				SALES TAX 6,027.00	
THIS INSULATION INFORMATION WAS FURNISHED BY THE MANUFACTURER AND IS DISCLOSED IN COMPLIANCE WITH THE FEDERAL TRADE COMMISSION RULE 16CFR, SECTION 460.16.				COLUMBIA COUNTY SURTAX 50.00	
Delivery & Setup standard 3 blocks high. (1 pad and 2 solid blocks). Anything over standard is customer's responsibility.				NON-TAXABLE ITEMS	
Unfurnished XXXXXXXXXXXXX Furnished				VARIOUS FEES AND INSURANCE 450.00	
Water & Sewer is run under home.				CASH PURCHASE PRICE \$ 107,227.00	
Customer responsible for any gas, electrical, water & sewer hook-up.				TRADE-IN ALLOWANCE \$	
Wheels and axles deleted from sale price of home.				LESS BAL. DUE on above \$	
Customer responsible for permits. <i>Royals To Pull</i>				NET ALLOWANCE \$ 0.00	
Homeowner's manual located in Manufactured Home.				CASH DOWN PAYMENT \$ 70,000.00	
OPTIONAL EQUIPMENT, LABOR AND ACCESSORIES				CASH AS AGREED SEE REMARKS \$	
A/C Heat Pump 13 Seer \$				LESS TOTAL CREDITS \$ 70,000.00	
Standard White Vinyl Skirting				SUB-TOTAL \$ 37,227.00	
Two Sets of Code Steps (Wide Width in Front)				Unpaid Balance of Cash Sale Price \$ 37,227.00	
Nothing Else Follows				REMARKS:	
				CUSTOMER IS RESPONSIBLE FOR ALLOWANCE OVERAGES.	
				DOWN PAYMENT NON-REFUNDABLE ONCE HOME IS ORDERED.	
				<i>Cynthia A. Watson 2/27/12</i> SIGN	
				<i>Ernest J. Corbett 2-27-12</i> SIGN	
				Liquidated Damages are agreed to be \$ or 10% of the cash price, whichever is greater.	
BALANCE CARRIED TO OPTIONAL EQUIPMENT \$ 0.00				REFER TO PARAGRAPH #6 ON THE REVERSE SIDE OF THIS AGREEMENT.	
DESCRIPTION OF TRADE-IN		MAKE		MODEL	
COLOR		BEDROOMS	SIZE X	SERIAL NO.	
AMOUNT OWING \$		TO WHOM		YEAR	
ANY DEBT BUYER OWES ON TRADE-IN IS TO BE PAID BY <input type="checkbox"/> DEALER <input type="checkbox"/> BUYER					

Buyer is purchasing the above described manufactured home, the optional equipment and accessories, the insurance has been voluntary the Buyer's trade-in is free from all claims whatsoever, except as noted.

**THE REVERSE SIDE** of this agreement contains **ADDITIONAL TERMS AND CONDITIONS**, including, but not limited to, provision: regarding **WARRANTY, EXCLUSIONS AND LIMITATION OF DAMAGES**.

Dealer and Buyer acknowledge and certify that such additional terms and conditions printed on the other side of this agreement are agreed to as part of this agreement, the same as if printed above the signatures.

The agreement contains the entire agreement between the Dealer and Buyer and no other representation or inducement, verbal or written has been made which is not contained in this agreement. Buyer(s) acknowledge receipt of a copy of this agreement and that Buyer(s) have read and understand the back of this agreement.

Royals Mobile Home Sales & Service, Inc. DEALER  
Not Valid Unless Signed and Accepted by an Officer of the Company or an Authorized Agent

By \_\_\_\_\_

SIGNED X *Cynthia A. Watson 2/27/12* BUYER  
SOCIAL SECURITY NO. 261 33 9549

SIGNED X *Ernest J. Corbett 2-27-12* BUYER  
SOCIAL SECURITY NO. 262 08 2145

**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:** 2/21/2012      **DATE ISSUED:** 2/29/2012**ENHANCED 9-1-1 ADDRESS:**

2106      NW      HAMP FARMER      RD

LAKE CITY      FL      32038

**PROPERTY APPRAISER PARCEL NUMBER:**

07-2S-17-04679-002

**Remarks:**

ADDRESS FOR PROPOSED 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.**



NW

LN

NW HAMP FARMER RD

2106

5307

175

138

2271

2308

2312

6402

107

100

100

2058

1825

2104

1884

1593

1591

1588

1788

1431

1329

1360

1528

1528

1500

Attn:  
Brian

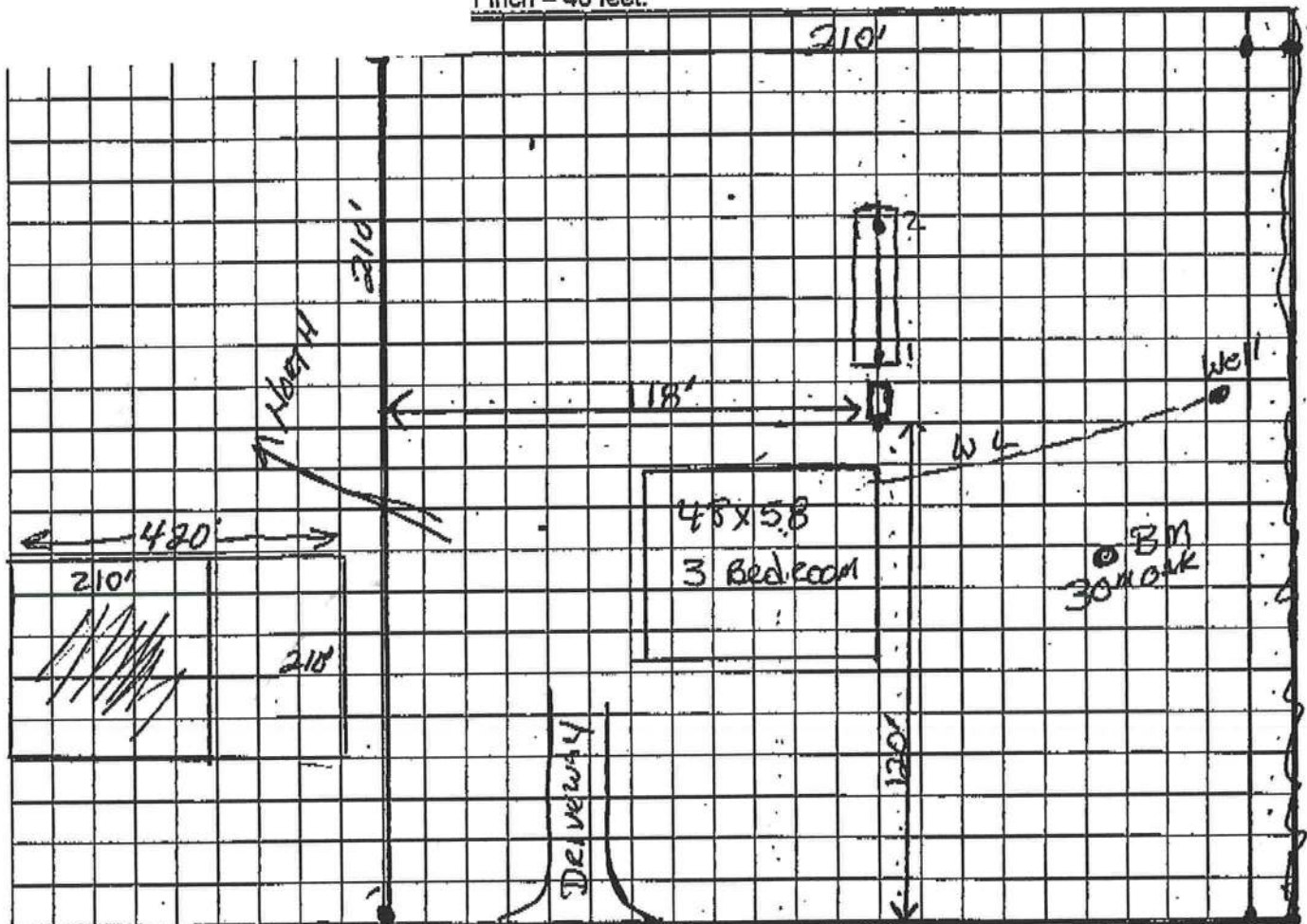
STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
DIVISION FOR CONSTRUCTION PERMIT

Permit Application Number 12-0123

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

1 inch = 40 feet.

1 Acre of 2.02 ACRES



Notes: TO HAMP FARMER RD ← ←

CYNTHIA WATSON 2.02 ACRES

Site Plan submitted by: Robert W. Jones 3/2/12

Agent

Plan Approved ☒ Not Approved

Date 3-13-12

By Sally Ford Env Health Director

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT





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

PERMIT NO. 12-0123  
DATE PAID: 3/5/12  
FEE PAID: 310.00  
RECEIPT #: 1821350

## APPLICATION FOR:

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

APPLICANT: Cynthia Anderson WATSONAGENT: Robert Ford HEST incTELEPHONE: 755-6372MAILING ADDRESS: 580 NW Guerdon St Lake City FLA 32055

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:    BLOCK:    SUBDIVISION: meets & bounds PLATTED:   PROPERTY ID #: 07-25-17-04679-002 ZONING: VA I/M OR EQUIVALENT: ☐ Y ☒ NPROPERTY SIZE: 2.02 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐  $\leq 2000$  GPD ☐  $> 2000$  GPDIS SEWER AVAILABLE AS PER 381.0065, FS? ☐ Y ☒ NDISTANCE TO SEWER: NA FTPROPERTY ADDRESS: Hamp Farmer Rd.

DIRECTIONS TO PROPERTY:  Hwy 441 NORTH to Hamp Farmer Turn  
left follow 4 miles to Lane on left turn left  
follow to property on left

## 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	<u>m/H</u>	<u>3</u>	<u>58x48</u> <u>1992</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify)   SIGNATURE: Robert W. Jael WDATE: 3/2/12

TRANSMISSION VERIFICATION REPORT

TIME : 03/13/2012 12:56  
NAME : BUILDING AND ZONING  
FAX : 3867582160  
SER.# : BROA8F779906

DATE, TIME	03/13 12:54
FAX NO./NAME	97587764
DURATION	00:02:19
PAGE(S)	06
RESULT	OK
MODE	STANDARD
	ECM



*tilus*Water Wells  
Pumps & Service

Phone: (386) 752-6677  
Fax: (386) 752-1477

## **Lynch Well Drilling, Inc.**

173 SW Young Place  
Lake City, FL 32025

March 26, 2012

To Whom It May Concern:

As required by building code regulations for Columbia County in order that a building permit can be issued, the following well information is provided with regard to the well for Cynthia Watson on Hamp Farmer Road.

Size of Pump Motor:	1 HP 20 gallons per min.
Size of Pressure Tank:	86 -Gallon Bladder Tank - 26.4 Draw down
Cycle Stop Valve Used:	No
Constant Pressure System:	No

Should you require any additional information, please contact us.

Sincerely,



Linda Newcomb  
Lynch Well Drilling, Inc.



## Columbia County, Florida Planning & Zoning Department

Review of Building Permit for compliance with  
County's Comprehensive Plan and  
Land Development Regulations

To: Bo William

Fax: 386.758.7764

From : Brian L. Kepner, County Planner

Fax: 386.758.2160

Number of Pages : 6

Date : 13 March 2012

RE: Mobile Home Move-on Permit Application 1203-11, Cynthia Watson

Dear Bo:

The above referenced mobile home move-on permit application requires a Special Family Lot Permit. The zoning of the property is Agriculture-3, requiring a minimum of five (5) acres per dwelling unit. However, Section 14.9 of the Columbia County Land Development Regulations (LDR's), Special Family Lot Permit allows for the deeding to an immediate family member a minimum of one (1) acre for establishing homestead. Immediate family member being brother, sister, parent, grandparent, child, adopted child, step-child or grandchild. The deed indicates that this property was in fact deeded to Ms. Watson from her sister. There is a process for Special Family Lots with a \$50.00 fee and they are approved by the Board of County Commissioners. I have attached an application.

If you have any questions concerning this matter, please do not hesitate to contact me at 386.754.7119.

Sincerely,

A handwritten signature in black ink, appearing to read "Brian", with a stylized flourish at the end.

Brian L. Kepner  
Land Development Regulation Administrator,  
County Planner

Attachment

**Confidentiality Notice:** This facsimile transmission is confidential and is intended only for the review of the party to whom it is addressed. It may contain proprietary and/or privileged information protected by law. If you are not the intended recipient, you may not use, copy or distribute this facsimile message or its attachments. If you have received this transmission in error, please immediately telephone the sender above to arrange for its return.



COLUMBIA COUNTY, FLORIDA  
SPECIAL FAMILY LOT PERMIT  
APPLICATION

1. Name of Applicant (Immediate Family Member) Cynthia Watson  
Address 10613 SW SR 47 City Ft. White, FL 3203  
Zip Code 32038 Phone (386) 344-0535
2. Name of Title Holder (Parent Parcel Owner) Ann Allen  
Address 2104 NW Hamp Farmer Rd. City Lake City, FL  
Zip Code 32055 Phone (386) 752-7812
3. Applicant's Relationship to Title Holder (Parent Parcel Owner) Sister
4. Title Holder (Parent Parcel Owner) Tax Parcel ID# 07-25-17-04679-000
5. Title Holder (Parent Parcel Owner) Size of Property 51.87
6. Attach Copy of Parent Parcel Owners' Deed.
7. Attach Legal Description of Proposed Family Lot.
8. Attach a map, drawing or sketch of Parent Parcel showing location of proposed family lot being deeded to immediate Family Member with appropriate dimensions.
9. Attach copies of personal identification and proof of relationship of both the parent parcel owner and 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.

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.

Cynthia A. Watson  
Applicants Name (Print or Type)

Cynthia A. Watson  
Applicant Signature

3-14-2012  
Date

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**OFFICIAL USE**Current Land Use Classification A-3 Current Zoning District A-3Date Filed: 3-16-12 Application No: 12-04Fee Amount: 50.00 Receipt No.: 4272Date Board of County Commissioner Meeting : 5 APRIL 2012

Board of County Commissioner's Decision:

Approved \_\_\_\_\_

Approved with conditions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Denied \_\_\_\_\_

Reason for Denial \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## COLUMBIA COUNTY, FLORIDA SPECIAL FAMILY LOT PERMIT APPLICATION

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### NOTICE TO APPLICANT

The purpose of Section 14.9 of the Land Development Regulations 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. Immediate family member is defined as parent, grandparent, adopted parent, stepparent, sibling, child, adopted child, stepchild or grandchild. The lot conveyed to the immediate family member is at least one (1) acre in size and the remaining lot is at least one (1) acre in size. The Board of County Commissioners may approve, approve with appropriate conditions, or deny a Special Family Lot request.

The following are the procedures for obtaining a Special Family Lot Permit:

1. Complete the Special Family Lot Permit Application and attach all required documentation listed on the application. Turn in complete application with \$50.00 fee to the Planning and Zoning Department.
2. Your application will be processed for completeness. Upon receiving a complete application, it will be placed on the consent agenda for the Board of County Commissioners consideration. Approximately two (2) weeks after receiving a complete application.
3. The Board of County Commissioners will notify the Planning and Zoning Department of its decision concerning the application and notify the department of the decision. If approve, applicant will be required to record the deed of the special family lot and obtain a new parcel ID # from the Columbia County Property Appraiser's Office.
4. Apply for a building permit or mobile home move-on permit within one (1) year of the date of approval by the Board of County Commissioners. At the time of application for the permit, applicant will need to provide a copy of the recorded deed, new parcel ID #, and the completed and recorded Affidavit for a Special Family Lot Permit.
5. Upon completion of the home, applicant will need to file for Homestead Exemption between January 1 and March 31<sup>st</sup>.

**SPECIAL FAMILY LOT PERMIT AFFIDAVIT**

STATE OF FLORIDA  
COUNTY OF COLUMBIA

BEFORE ME the undersigned Notary Public personally appeared, Ann Allen, the Parent parcel Owner (Owner) which has been subdivided for Cynthia Watson, the Immediate Family Member of the Owner, which is intended for the Immediate Family Members primary residence use. The Immediate Family Member is related to the Owner as Sister. 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. 07-25-17-04679-000.
4. The Owner has divided the parent parcel for use of an Immediate Family Member, for their primary residence and the family lot and the remaining parent parcel are at least one (1) acre in size.
5. 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. 07-25-17-04679-000, and **shall obtain homestead exemption on said parcel once dwelling is placed on parcel.**
6. Except persons residing with the Immediate Family member, no person or entity other than the Owner and Immediate Family Member to whom permit is being issued claims or is presently entitled to the right of possession or is in possession of the family lot, and there are no tenancies, leases or other occupancies that affect the property.
7. The issuance of the Special Family Lot Permit shall comply with the Columbia County Land Development Regulations, as amended. The site location of the dwelling on the property shall be in compliance with all other conditions not conflicting with this section for permitting as set forth in the Columbia County Land Development Regulations.



8. This Affidavit is made for the specific purpose of inducing Columbia County to recognize a family division for an Immediate Family Member on the parcel divided in accordance with Section 14.9 of the Columbia County Land Development Regulations. **This Special Family Lot Permit is valid for 1 year from date of approval by the Board of County Commissioners. The Immediate Family Member further understands that the transfer of ownership shall meet the requirements of Section 14.9(#8) of this Section.**
9. 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.

Ann Allen

Owner

Ann Allen

Typed or Printed Name

Cynthia A. Watson

Immediate Family Member

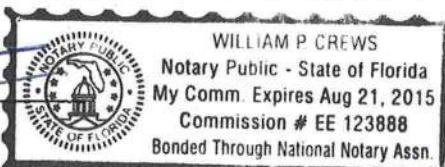
Cynthia Watson

Typed or Printed Name

Subscribed and sworn to (or affirmed) before me this 14<sup>th</sup> day of March, 2012, by Ann Allen (Owner) who is personally known to me or has produced FL. Drivers License as identification.

[Signature]

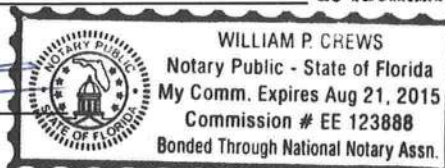
Notary Public



Subscribed and sworn to (or affirmed) before me this 14<sup>th</sup> day of March, 2012, by Cynthia Watson (Family Member) who is personally known to me or has produced \_\_\_\_\_ as identification.

[Signature]

Notary Public



APPROVED: COLUMBIA COUNTY, FLORIDA

By: [Signature]

Name: Brian L. Kepner

Title: Land Development Regulation Administrator

**CERTIFIED COPY**

I HEREBY CERTIFY THE COPY SUBMITTED BELOW TO BE A TRUE AND CORRECT COPY OF THE ORIGINAL RECORD ON FILE IN THE BUREAU OF VITAL STATISTICS OF THE STATE OF FLORIDA. DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES, AT JACKSONVILLE, FLORIDA.

(NOT VALID UNLESS THE SEAL OF THE STATE OF FLORIDA, DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES, IS APPLIED.)

OCT 16 1978

*Twelfth H. Williams*  
STATE REGISTRAR FOR VITAL STATISTICS  
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

**CERTIFICATE OF LIVE BIRTH**  
FLORIDA

STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

BIRTH NO. 109-52-000451

REGISTRAR NO. 33

1. PLACE OF BIRTH a. COUNTY <u>Columbia</u> b. CITY <u>Columbia</u> c. CITY IN WHICH BIRTH OCCURRED <u>Columbia</u> d. COUNTY IN WHICH BIRTH OCCURRED <u>Columbia</u>		2. USUAL RESIDENCE OF MOTHER (When mother was born) a. COUNTY <u>Florida</u> b. CITY <u>Columbia</u> c. CITY IN WHICH BIRTH OCCURRED <u>Columbia</u> d. COUNTY IN WHICH BIRTH OCCURRED <u>Columbia</u>	
3. DATE OF BIRTH a. MONTH <u>10</u> b. DAY <u>19</u> c. YEAR <u>1958</u>		4. TIME OF BIRTH a. HOUR <u>10:00</u> b. MINUTE <u>00</u>	
5. SEX a. MALE <input type="checkbox"/> b. FEMALE <input checked="" type="checkbox"/>		6. COLOR OR RACE a. WHITE <input checked="" type="checkbox"/> b. NEGRO <input type="checkbox"/> c. OTHER <input type="checkbox"/>	
7. FULL NAME a. FIRST <u>Ray</u> b. MIDDLE <u>Ray</u> c. LAST <u>Bowles</u>		8. COLOR OR RACE a. WHITE <input checked="" type="checkbox"/> b. NEGRO <input type="checkbox"/> c. OTHER <input type="checkbox"/>	
9. AGE (at date of birth) a. YEARS <u>20</u> b. MONTHS <u>00</u> c. DAYS <u>00</u>		10. USUAL OCCUPATION a. FATHER <u>Farmer</u> b. MOTHER <u>Farmer</u>	
11. FULL MAIDEN NAME (a. Given) a. FIRST <u>Mary</u> b. MIDDLE <u>Ann</u> c. LAST <u>Anderson</u>		12. COLOR OR RACE a. WHITE <input checked="" type="checkbox"/> b. NEGRO <input type="checkbox"/> c. OTHER <input type="checkbox"/>	
13. AGE (at date of birth) a. YEARS <u>25</u> b. MONTHS <u>00</u> c. DAYS <u>00</u>		14. USUAL OCCUPATION a. FATHER <u>Farmer</u> b. MOTHER <u>Farmer</u>	
15. FULL NAME a. FIRST <u>Ray</u> b. MIDDLE <u>Ray</u> c. LAST <u>Bowles</u>		16. COLOR OR RACE a. WHITE <input checked="" type="checkbox"/> b. NEGRO <input type="checkbox"/> c. OTHER <input type="checkbox"/>	
17. AGE (at date of birth) a. YEARS <u>25</u> b. MONTHS <u>00</u> c. DAYS <u>00</u>		18. USUAL OCCUPATION a. FATHER <u>Farmer</u> b. MOTHER <u>Farmer</u>	
19. FULL NAME a. FIRST <u>Ray</u> b. MIDDLE <u>Ray</u> c. LAST <u>Bowles</u>		20. COLOR OR RACE a. WHITE <input checked="" type="checkbox"/> b. NEGRO <input type="checkbox"/> c. OTHER <input type="checkbox"/>	
21. AGE (at date of birth) a. YEARS <u>25</u> b. MONTHS <u>00</u> c. DAYS <u>00</u>		22. USUAL OCCUPATION a. FATHER <u>Farmer</u> b. MOTHER <u>Farmer</u>	
23. FULL NAME a. FIRST <u>Ray</u> b. MIDDLE <u>Ray</u> c. LAST <u>Bowles</u>		24. COLOR OR RACE a. WHITE <input checked="" type="checkbox"/> b. NEGRO <input type="checkbox"/> c. OTHER <input type="checkbox"/>	
25. AGE (at date of birth) a. YEARS <u>25</u> b. MONTHS <u>00</u> c. DAYS <u>00</u>		26. USUAL OCCUPATION a. FATHER <u>Farmer</u> b. MOTHER <u>Farmer</u>	
27. FULL NAME a. FIRST <u>Ray</u> b. MIDDLE <u>Ray</u> c. LAST <u>Bowles</u>		28. COLOR OR RACE a. WHITE <input checked="" type="checkbox"/> b. NEGRO <input type="checkbox"/> c. OTHER <input type="checkbox"/>	
29. AGE (at date of birth) a. YEARS <u>25</u> b. MONTHS <u>00</u> c. DAYS <u>00</u>		30. USUAL OCCUPATION a. FATHER <u>Farmer</u> b. MOTHER <u>Farmer</u>	
31. FULL NAME a. FIRST <u>Ray</u> b. MIDDLE <u>Ray</u> c. LAST <u>Bowles</u>		32. COLOR OR RACE a. WHITE <input checked="" type="checkbox"/> b. NEGRO <input type="checkbox"/> c. OTHER <input type="checkbox"/>	
33. AGE (at date of birth) a. YEARS <u>25</u> b. MONTHS <u>00</u> c. DAYS <u>00</u>		34. USUAL OCCUPATION a. FATHER <u>Farmer</u> b. MOTHER <u>Farmer</u>	
35. FULL NAME a. FIRST <u>Ray</u> b. MIDDLE <u>Ray</u> c. LAST <u>Bowles</u>		36. COLOR OR RACE a. WHITE <input checked="" type="checkbox"/> b. NEGRO <input type="checkbox"/> c. OTHER <input type="checkbox"/>	
37. AGE (at date of birth) a. YEARS <u>25</u> b. MONTHS <u>00</u> c. DAYS <u>00</u>		38. USUAL OCCUPATION a. FATHER <u>Farmer</u> b. MOTHER <u>Farmer</u>	
39. FULL NAME a. FIRST <u>Ray</u> b. MIDDLE <u>Ray</u> c. LAST <u>Bowles</u>		40. COLOR OR RACE a. WHITE <input checked="" type="checkbox"/> b. NEGRO <input type="checkbox"/> c. OTHER <input type="checkbox"/>	
41. AGE (at date of birth) a. YEARS <u>25</u> b. MONTHS <u>00</u> c. DAYS <u>00</u>		42. USUAL OCCUPATION a. FATHER <u>Farmer</u> b. MOTHER <u>Farmer</u>	
43. FULL NAME a. FIRST <u>Ray</u> b. MIDDLE <u>Ray</u> c. LAST <u>Bowles</u>		44. COLOR OR RACE a. WHITE <input checked="" type="checkbox"/> b. NEGRO <input type="checkbox"/> c. OTHER <input type="checkbox"/>	
45. AGE (at date of birth) a. YEARS <u>25</u> b. MONTHS <u>00</u> c. DAYS <u>00</u>		46. USUAL OCCUPATION a. FATHER <u>Farmer</u> b. MOTHER <u>Farmer</u>	
47. FULL NAME a. FIRST <u>Ray</u> b. MIDDLE <u>Ray</u> c. LAST <u>Bowles</u>		48. COLOR OR RACE a. WHITE <input checked="" type="checkbox"/> b. NEGRO <input type="checkbox"/> c. OTHER <input type="checkbox"/>	
49. AGE (at date of birth) a. YEARS <u>25</u> b. MONTHS <u>00</u> c. DAYS <u>00</u>		50. USUAL OCCUPATION a. FATHER <u>Farmer</u> b. MOTHER <u>Farmer</u>	
51. FULL NAME a. FIRST <u>Ray</u> b. MIDDLE <u>Ray</u> c. LAST <u>Bowles</u>		52. COLOR OR RACE a. WHITE <input checked="" type="checkbox"/> b. NEGRO <input type="checkbox"/> c. OTHER <input type="checkbox"/>	
53. AGE (at date of birth) a. YEARS <u>25</u> b. MONTHS <u>00</u> c. DAYS <u>00</u>		54. USUAL OCCUPATION a. FATHER <u>Farmer</u> b. MOTHER <u>Farmer</u>	
55. FULL NAME a. FIRST <u>Ray</u> b. MIDDLE <u>Ray</u> c. LAST <u>Bowles</u>		56. COLOR OR RACE a. WHITE <input checked="" type="checkbox"/> b. NEGRO <input type="checkbox"/> c. OTHER <input type="checkbox"/>	
57. AGE (at date of birth) a. YEARS <u>25</u> b. MONTHS <u>00</u> c. DAYS <u>00</u>		58. USUAL OCCUPATION a. FATHER <u>Farmer</u> b. MOTHER <u>Farmer</u>	
59. FULL NAME a. FIRST <u>Ray</u> b. MIDDLE <u>Ray</u> c. LAST <u>Bowles</u>		60. COLOR OR RACE a. WHITE <input checked="" type="checkbox"/> b. NEGRO <input type="checkbox"/> c. OTHER <input type="checkbox"/>	
61. AGE (at date of birth) a. YEARS <u>25</u> b. MONTHS <u>00</u> c. DAYS <u>00</u>		62. USUAL OCCUPATION a. FATHER <u>Farmer</u> b. MOTHER <u>Farmer</u>	
63. FULL NAME a. FIRST <u>Ray</u> b. MIDDLE <u>Ray</u> c. LAST <u>Bowles</u>		64. COLOR OR RACE a. WHITE <input checked="" type="checkbox"/> b. NEGRO <input type="checkbox"/> c. OTHER <input type="checkbox"/>	
65. AGE (at date of birth) a. YEARS <u>25</u> b. MONTHS <u>00</u> c. DAYS <u>00</u>		66. USUAL OCCUPATION a. FATHER <u>Farmer</u> b. MOTHER <u>Farmer</u>	
67. FULL NAME a. FIRST <u>Ray</u> b. MIDDLE <u>Ray</u> c. LAST <u>Bowles</u>		68. COLOR OR RACE a. WHITE <input checked="" type="checkbox"/> b. NEGRO <input type="checkbox"/> c. OTHER <input type="checkbox"/>	
69. AGE (at date of birth) a. YEARS <u>25</u> b. MONTHS <u>00</u> c. DAYS <u>00</u>		70. USUAL OCCUPATION a. FATHER <u>Farmer</u> b. MOTHER <u>Farmer</u>	
71. FULL NAME a. FIRST <u>Ray</u> b. MIDDLE <u>Ray</u> c. LAST <u>Bowles</u>		72. COLOR OR RACE a. WHITE <input checked="" type="checkbox"/> b. NEGRO <input type="checkbox"/> c. OTHER <input type="checkbox"/>	
73. AGE (at date of birth) a. YEARS <u>25</u> b. MONTHS <u>00</u> c. DAYS <u>00</u>		74. USUAL OCCUPATION a. FATHER <u>Farmer</u> b. MOTHER <u>Farmer</u>	
75. FULL NAME a. FIRST <u>Ray</u> b. MIDDLE <u>Ray</u> c. LAST <u>Bowles</u>		76. COLOR OR RACE a. WHITE <input checked="" type="checkbox"/> b. NEGRO <input type="checkbox"/> c. OTHER <input type="checkbox"/>	
77. AGE (at date of birth) a. YEARS <u>25</u> b. MONTHS <u>00</u> c. DAYS <u>00</u>		78. USUAL OCCUPATION a. FATHER <u>Farmer</u> b. MOTHER <u>Farmer</u>	
79. FULL NAME a. FIRST <u>Ray</u> b. MIDDLE <u>Ray</u> c. LAST <u>Bowles</u>		80. COLOR OR RACE a. WHITE <input checked="" type="checkbox"/> b. NEGRO <input type="checkbox"/> c. OTHER <input type="checkbox"/>	
81. AGE (at date of birth) a. YEARS <u>25</u> b. MONTHS <u>00</u> c. DAYS <u>00</u>		82. USUAL OCCUPATION a. FATHER <u>Farmer</u> b. MOTHER <u>Farmer</u>	
83. FULL NAME a. FIRST <u>Ray</u> b. MIDDLE <u>Ray</u> c. LAST <u>Bowles</u>		84. COLOR OR RACE a. WHITE <input checked="" type="checkbox"/> b. NEGRO <input type="checkbox"/> c. OTHER <input type="checkbox"/>	
85. AGE (at date of birth) a. YEARS <u>25</u> b. MONTHS <u>00</u> c. DAYS <u>00</u>		86. USUAL OCCUPATION a. FATHER <u>Farmer</u> b. MOTHER <u>Farmer</u>	
87. FULL NAME a. FIRST <u>Ray</u> b. MIDDLE <u>Ray</u> c. LAST <u>Bowles</u>		88. COLOR OR RACE a. WHITE <input checked="" type="checkbox"/> b. NEGRO <input type="checkbox"/> c. OTHER <input type="checkbox"/>	
89. AGE (at date of birth) a. YEARS <u>25</u> b. MONTHS <u>00</u> c. DAYS <u>00</u>		90. USUAL OCCUPATION a. FATHER <u>Farmer</u> b. MOTHER <u>Farmer</u>	
91. FULL NAME a. FIRST <u>Ray</u> b. MIDDLE <u>Ray</u> c. LAST <u>Bowles</u>		92. COLOR OR RACE a. WHITE <input checked="" type="checkbox"/> b. NEGRO <input type="checkbox"/> c. OTHER <input type="checkbox"/>	
93. AGE (at date of birth) a. YEARS <u>25</u> b. MONTHS <u>00</u> c. DAYS <u>00</u>		94. USUAL OCCUPATION a. FATHER <u>Farmer</u> b. MOTHER <u>Farmer</u>	
95. FULL NAME a. FIRST <u>Ray</u> b. MIDDLE <u>Ray</u> c. LAST <u>Bowles</u>		96. COLOR OR RACE a. WHITE <input checked="" type="checkbox"/> b. NEGRO <input type="checkbox"/> c. OTHER <input type="checkbox"/>	
97. AGE (at date of birth) a. YEARS <u>25</u> b. MONTHS <u>00</u> c. DAYS <u>00</u>		98. USUAL OCCUPATION a. FATHER <u>Farmer</u> b. MOTHER <u>Farmer</u>	
99. FULL NAME a. FIRST <u>Ray</u> b. MIDDLE <u>Ray</u> c. LAST <u>Bowles</u>		100. COLOR OR RACE a. WHITE <input checked="" type="checkbox"/> b. NEGRO <input type="checkbox"/> c. OTHER <input type="checkbox"/>	





# CK # 964

## Assignment of Authority

I, Manuel Brannan, License # 1025396 do hereby  
Authorize Cynthia Watson or Ernest Corbett to act on my behalf in all  
Aspects of pulling a move on permit.

Sworn and Subscribed before me this 4<sup>th</sup> day of April,  
2012. County of Columbia, State of Florida.

Signature Manuel Brannan Date 4-4-12  
Notary [Signature] Commission Expires 8-21-15

