Parcel:

06-6S-17-09617-112 (35325)

Owner & Property Info

Result: 5 of 7

Owner

MINCEY MICHAEL

MINCEY ROMINA

2310 SW TOMMY LITES ST

LAKE CITY, FL 32024

922 SW MEADOWLANDS DR, LAKE CITY Site

Description* LOT 12 MEADOWLANDS S/D PHS 1. AG 1026-964, AG 1149-1670, QC 1266-1457, 1314-2156, WD

1387-652, WD 1417-1040, WD 1419-715

Area 5.01 AC

Use Code** VACANT (0000)

06-6S-17E S/T/R Tax District 3

GRACIFILA PILONE NEED Attached

imes M Swisher Jr Clerk of Courts, Columbia County, Florida Doc Deed: 350.00

Prepared by and return to: Crystal L. Curran Springs Title, LLC 13900 Tech City Drive Suite 412 Alachua, FL 32615 (352) 565-7800 File No 22-98

Parcel Identification No 06-6S-17-09617-112

[Space Above This Line For Recording Data]

WARRANTY DEED

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

This indenture made the 22nd day of February, 2022 between Romina P. Mincey and Michael J. Mincey, wife and husband, whose post office address is 2310 Tommy Lites Street, Fort White, FL 32038, of the County of Columbia, State of Florida, Grantors, to Graciela E. Pilone, whose post office address is 2310 Tommy Lites Street, Fort White, FL 32038, of the County of Columbia, State of Florida, Grantee:

Witnesseth, that said Grantors, for and in consideration of the sum of TEN DOLLARS (U.S.\$10.00) and other good and valuable considerations to said Grantors in hand paid by said Grantee, the receipt whereof is hereby acknowledged, has granted, bargained, and sold to the said Grantee, and Grantee's heirs and assigns forever, the following described land, situate, lying and being in Columbia, Florida, to-wit:

Lot 12, Meadowlands Phase 1, according to the map or plat thereof, as recorded in Plat Book 7, Page(s) 139 and 140, of the Public Records of Columbia County, Florida.

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

Subject to taxes for 2021 and subsequent years, not yet due and payable; covenants, restrictions, easements, reservations and limitations of record, if any.

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

And Grantors hereby covenant with the Grantee that the Grantors are lawfully seized of said land in fee simple, that Grantors have good right and lawful authority to sell and convey said land and that the Grantors hereby fully warrant the title to said land and will defend the same against the lawful claims of all persons whomsoever.

| In Witness Whereof, Grantors have hereunto set Grantors' hand and seal the day and year first above written. | |
|---|------|
| Signed, sealed and delivered in our presence: WITNESS PRINT NAME: WITNESS PRINT NAME: Judith Boyd WITNESS PRINT NAME: Judith Boyd | |
| STATE OF FLORIDA COUNTY OF ALACHUA | |
| The foregoing instrument was acknowledged before me by means of a physical presence or () online notarization this 22nd day February, 2022, by Romina R Mincey and Michael J. Mincey. CRYSTAL LANE CURRAN Notary Public - State of Florida Commission # GG 227129 My Comm. Expires Jun 18, 2022 My Comm. Expires Jun 18, 2022 Sorcec through National Notary Assis. | y of |
| Personally Known: OR Produced Identification: Type of Identification Produced: | |

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

| APPLICATION NUMBER | CONTRACTOR_ | Robert Sheppard | PHONE 386-623-2203 |
|--------------------|-------------|-----------------|--------------------|
| | | | |

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

Graciela Pilone

In Columbia County one permit will cover all trades doing work at the permitted site. It is <u>KEQUIKED</u> 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_ | Glenn Whittington | Signature |
|-------------|-------------|-------------------|-----------------------|
| | License #: | EC 13002957 | Phone #: 386-972-1700 |
| | | Qualifier Form | Attached |
| MECHANICAL/ | Print Name_ | Ronald Bonds Sr. | Signature |
| A/C | License #: | CAC1817658 | Phone #: 800-259-3470 |
| | | Qualifier Form | Attached |

Qualifier Forms cannot be submitted for any Specialty License.

| 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.

Revised 10/30/2015



COLUMBIA COUNTY BUILDING DEPARTMENT

135 NE Hernando Ave, Suite B-21, Lake City, FL 32055

Phone: 386-758-1008 Fax: 386-758-2160

LICENSED QUALIFIER AUTHORIZATION

| LICENSED QUALIFIE | CK AUTHORIZATION |
|--|---|
| 1. Chand Whittington | (license holder name), licensed qualifier |
| for Whittington ELBERIC S | 10 (company name), do certify that |
| the below referenced person(s) listed on this form holder, or is/are employed by me directly or through officer of the corporation; or, partner as defined in person(s) is/are under my direct supervision and sign permits; call for inspections and sign subcon- | ugh an employee leasing arrangement; or, is an in Florida Statutes Chapter 468, and the said control and is/are authorized to purchase and |
| Printed Name of Person Authorized | Signature of Authorized Person |
| 1. DARBURD | 1/1/1/2 |
| 2. Kercky Fond | 2. Souls 1) - 1 |
| 3. | 3. |
| 4. | 4. |
| 5. | 5. |
| I, the license holder, realize that I am responsible under my license and fully responsible for complete Local Ordinances. I understand that the State are authority to discipline a license holder for violation officers, or employees and that I have full responsand ordinances inherent in the privilege granted life at any time the person(s) you have authorized officer(s), you must notify this department in write authorization form, which will supersede all previous process. | iance with all Florida Statutes, Codes, and and County Licensing Boards have the power and one committed by him/her, his/her agents, asibility for compliance with all statutes, codes by issuance of such permits. is/are no longer agents, employee(s), or ing of the changes and submit a new letter of |
| unauthorized persons to use your name and/or I | |
| Licensed Qualifiers Signature (Notarized) | EC 1300 2957 3/7/16 License Number Date |
| NOTARY INFORMATION: STATE OF:COUNTY OF: | Colmbin |
| The above license holder, whose name is | me or has produced identification this day of, 20 |
| KILLY ROSHOP NOTARY'S SIGNATURE | Notary Public - State of Florida Commission # FF 243986 My Comm. Expires Jun 24, 2019 |



COLUMBIA COUNTY BUILDING DEPARTMENT

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

LICENSED QUALIFIER AUTHORIZATION

| 1. CONATOLE WORD SE | (license holder name). licensed qualifier |
|--|--|
| for STY/E CKEST ENTERDENSE | The (company name), do certify that |
| officer of the corporation; or, partner as defined | ough an employee leasing arrangement; or, is an in Florida Statutes Chapter 468, and the said d control and is/are authorized to purchase and |
| Printed Name of Person Authorized | Signature of Authorized Person |
| 1. DALE BURD | 1. |
| 2. Rocks Ford | 2. (bel3) 7-1 |
| 3. Kully Bushap | 3. Kelly Brishof |
| 4. | 4. |
| 5. | 5. |
| authority to discipline a license holder for violatic officers, or employees and that I have full respondent and ordinances inherent in the privilege granted officer(s), you must notify this department in write authorization form, which will supersede all previous unauthorized persons to use your name and/or license. | his bility for compliance with all statutes, codes by issuance of such permits. is/are no longer agents, employee(s), or ing of the changes and submit a new letter of ious lists. Failure to do so may allow |
| Licensed Qualifiers Signature (Notarized) | CAC 1817658 2-16-14 License Number Date |
| NOTARY INFORMATION: STATE OF:COUNTY OF: | Bay |
| personally appeared before me and is known by | me or has produced identification his 16th day of FEB 20 (6. |
| Stack Ging ldopkins | |
| NOTART S SIGNATURE | (Seal/Stamp) |



| | | | | marriage vail plas within 2' of and of home per Rule 15C | | | | | tongitudinal (use dark lines to show these locations) | Show locations of Longitudinal and Lateral Systems | Typical pier spacing | I understand Lateral Arm Systems cannot be used on any home (new or used) where the sidewall ties exceed 5 ft 4 in. | 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 | Manufacturer (Mampion Length x width 56x28 | Address of home 9223WMBABAAAAA | ts |
|---|---|---------------------------------|---|--|-----------|--|---|--|---|--|----------------------|---|--|--|--|--------------------|
| TIEDOWN COMPONENTS Longitudinal Stabilizing Device (LSD) Manufacturer Manufacturer | within 2' of end of home spaced at 5' 4" oc | Opening Pier pad size 4 ft 5 ft | List all marriage wall openings greater than 4 foot 26 x 26 676 and their pier pad sizes below. | 3/16 | 16 x 22.5 | Pad Size Sq In 16 x 16 256 Perimeter pier pad size (6 x 16 256 288 288 288 288) | 0 | 8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8 | 7.6" 8: 8: 8: 8: 8: 8: | + | 20" 22" | Roof System: Hinged PIER SPACING TABLE FOR USED HOMES | Triple/Quad Serial # 1261-001-4-8205002A8 | Double wide Installation Decal # 86645 | Home installed to the Manufacturer's Installation Manual Home is installed in accordance with Rule 15-C | New Home Used Home |

Site Preparation

| | Electrical nnect electrical conductors between multi-wide units, but not to the main power |
|---|--|
| Other: | |
| Electrical crossovers protected. Yes | |
| Range downflow vent installed outside of skirting. Yes N/A N/A | Date Tested 2-23-22 |
| | Installer Name 120 DET SINCEDE 171 |
| Miscellaneous | ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER |
| 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 | reading is 275 or less and where the mobile home manufacturer may requires anchors with 4000 lb holding capacity. Installer's initials |
| Weatherproofing | 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 centedine tie points where the torque test |
| Bottom of ridgebeam Yes | = |
| | The results of the torque probe test is 🔀 🖒 inch pounds or check here if you are declaring 5' anchors without testing A test |
| Type gasket Foa M Installed: | TORQUE PROBE TEST |
| a result of a poorly installed or no gasket being installed. I understand a strip of tape will not serve as a gasket. | 2001× 0001× 0001× |
| l understand a properly installed gasket is a requirement of all new and used homes and that condensation, mold, meldew and buckled marriage walls are | 1 |
| Gasket (weatherproofing requirement) | Using 500 lb increments, take the lowest |
| | Test the perimeter of the home at 6 locations. Take the reading at the depth of the footer. |
| Type Fastener: 10.95 Type Fastener: 10.95 For used homes a mm. 30 of | POCKET PENETROMETER TESTING METHOD |
| Type Fastener: 14.95 Length: 5 | ×Toco |
| Fastening multi wide units | |
| Debris and organic material removed Water drainage: Natural Swale Pad Other | The pocket penetrometer tests are rounded down to psf |
| | POCKET PENETROMETER TEST |

Installer verifies all information given with this permit worksheet

manufacturer's installation instructions and or Rule 15C-1 & 2 is accurate and true based on the

Installer Signature Water thepartiel

independent water supply systems. Pg.

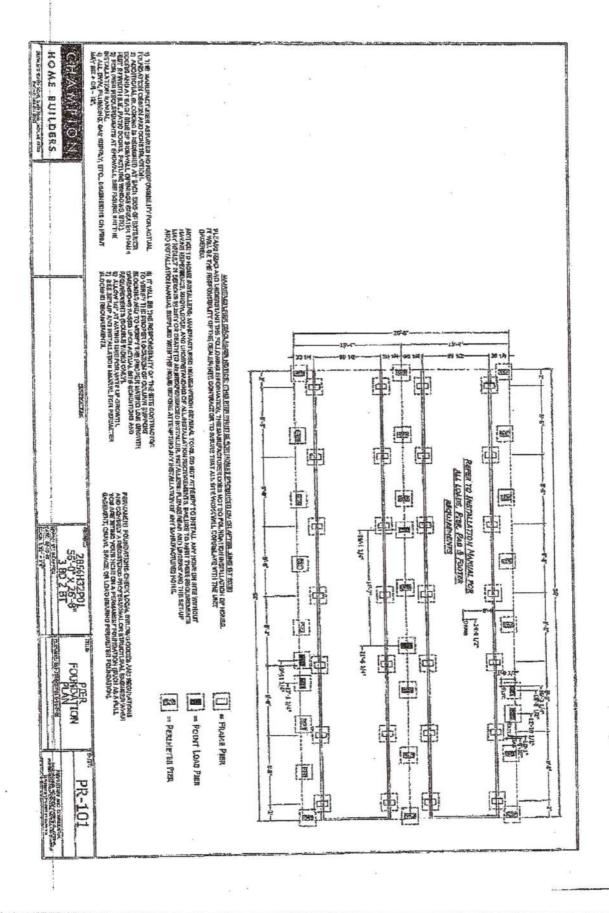
Connect all potable water supply piping to an existing water meter, water tap, or other

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

Plumbing

source. This Connect ele

Date 2: 23 22

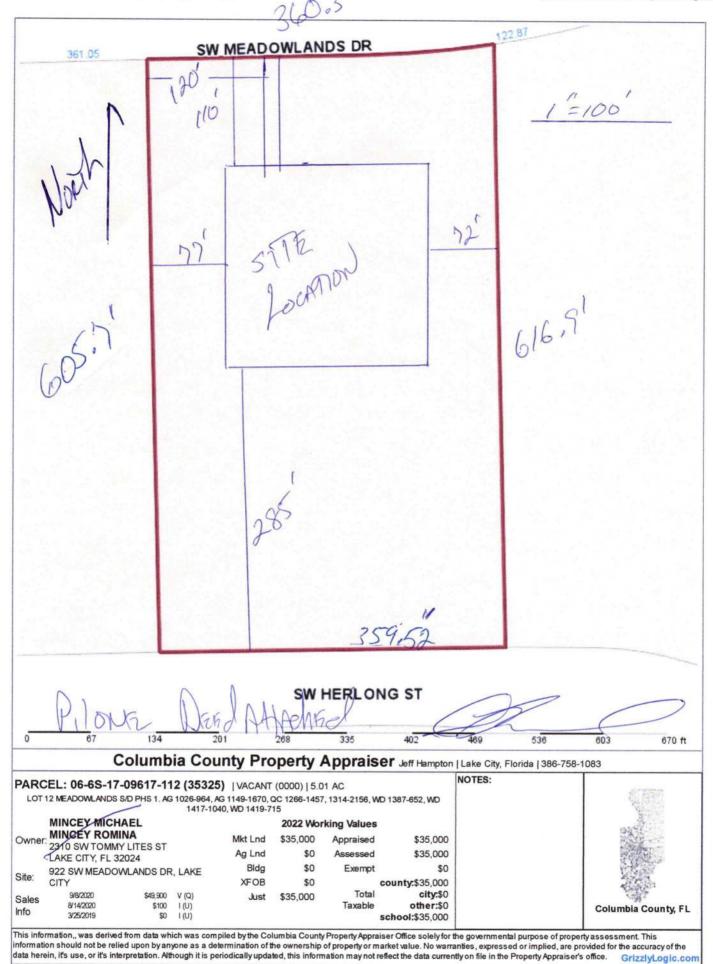


STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

| ~ . | Permit Application | Number |
|--------------------------|--|--------------------------|
| PILONE | PART II - SITEPLAN | 2-10 |
| Scale: 1 inch = 40 feet. | | |
| 210 | North 1250 100 100 100 100 100 100 100 100 100 1 | 93' 113' |
| | | WELL |
| | ě | WAL |
| Notes: | | |
| | | |
| Site Plan submitted by: | | CONTRACTOR |
| Plan Approved | Not Approved | Date |
| Ву | | County Health Department |

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



155 W. 843 HOVE ADAD, SUITE 1000 TROY, AS 45084 HICKNE 245-614-8250 HOME BUILDERS CHAMPION 26'-8" 2856H32P01 3 Bedroom 2 Bath 56'-0" x 26'-8" 1493 Sq. Ft. Total 06-16-2020 WIC BEDROOM #2 11'-6" x 12'-9" ADDIS CLOSET DOORS
 REVISION FOR LARE CETY SPECS
 REVISION FOR LARE CETY SPECS
 REVISION HOME SHE BEDROOM #3 THE STATE OF HODIFICATIONS

\$/15/20 BC

\$/26/20 BC

\$/26/20 BC DINING 10'-0" x 12'-9" 00 KITCHEN OPT, 16' DORMER THILLY MASTER BEDROOM 15'-6" x 12'-9" LEWNE: 161-2850H31FQ1 8-23-2020 LITERATURE 56 L-101



Address Assignment and Maintenance Document

To maintain the county wide 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 addressing 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 Services 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/Time Issued:

1/24/2022 2:51:03 PM

Address:

922 SW MEADOWLANDS DR

City:

LAKE CITY

State:

FL

Zip Code

32024

Parcel ID

06-6S-17-09617-112

REMARKS:

This address is a verified address in the county's addressing system.

Verification ID: abfbaeac-8453-4a7d-91fa-e500ce0c4d76

NOTICE: THIS ADDRESS WAS ISSUED BASED ON LOCATION AND ACCESS INFORMATION RECEIVED FROM THE REQUESTER. SHOULD, AT A LATER DATE, THE LOCATION AND/OR ACCESS INFORMATION BE FOUND TO BE IN ERROR OR CHANGED, THIS ADDRESS IS SUBJECT TO CHANGE.

Address Issued By:

GIS Specialist

Columbia County GIS/911 Addressing Coordinator

Columbia County
Department of Information Technology
135 NE Hernando Ave. Lake City, FL 32055
Telephone 386-719-1456