

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

Record Affidavit

Serial # 7

For Office Use Only

(Revised 7-1-15)

Zoning Official JMS

Building Official JMS

AP# 1904-36

Date Received 4/12

By JMS

Permit # 38105

Flood Zone X

Development Permit

Zoning A-3

Land Use Plan Map Category A8

Comments 2nd Unit on Property - 5 Year Temp Use for Grandson

FEMA Map#

Elevation

Finished Floor 1st floor

River

In Floodway

☐ Recorded Deed or ☒ Property Appraiser PO ☒ Site Plan DEH # 19-0352 ☐ Well letter OR

☒ Existing well ☐ Land Owner Affidavit ☒ Installer Authorization ☐ FW Comp. letter ☒ App Fee Paid

☐ DOT Approval ☐ Parent Parcel # ☒ STUP-MH STUP 1904-13 ☒ 911 App

☐ Ellisville Water Sys ☒ Assessment Paid on Property ☐ Out County ☐ In County ☒ Sub VF Form

owed for 2nd Unit

Property ID # 10-7S-17-09974-000

Subdivision na

Lot# na

▪ New Mobile Home X Used Mobile Home MH Size 28 x 64 Year 2019

▪ Applicant Dale Burd Phone # 386-365-7674

▪ Address 20619 County Road 137, Lake City, FL, 32024

▪ Name of Property Owner Elizabeth Weiffenbach Phone# 386-454-8568

▪ 911 Address 351 SE Diamondback Glen High Springs FL 32643

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

▪ Name of Owner of Mobile Home Christopher Buchner Phone # 386-454-8568

Address 4117 SW 20th Ave, Apt 250, Orange Park, FL, 32067

▪ Relationship to Property Owner Grandson

▪ Current Number of Dwellings on Property 1

▪ Lot Size 667 x 674 Total Acreage 10.31

▪ 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 US 441 South, TL Diamondback Glen, 1/4 mile to 2nd driveway on left, to site on left

▪ Name of Licensed Dealer/Installer Robert Sheppard Phone # 386-623-2203

▪ Installers Address 6355 SE CR 245, Lake City, FL, 32025

▪ License Number IH-1025386 Installation Decal # 56432

LT Emailed Dale 4-18-19

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 Robert Sheppard License # TH1025386

911 Address where home is being installed SE Diamondback Blvd

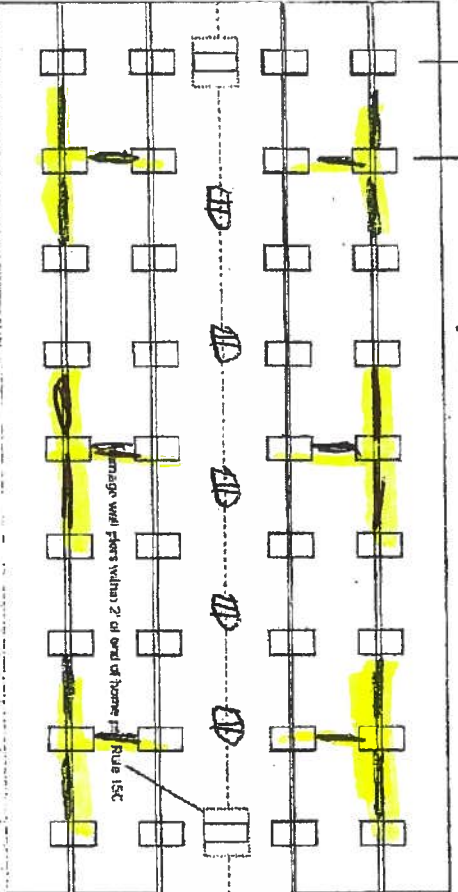
Manufacturer HBM Champion Length x width 64' x 28'

NOTE: if home is a single wide fill out one half of the blocking plan
if home is a tripe 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 RS

Typical pier spacing 5'
Show locations of Longitudinal and Lateral Systems
(use dark lines to show these locations)



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 # SC432
Tripe/Quad ☐ Serial # 163047 A43

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	Footer size (256)	18 1/2" x 18 1/2" (342)	20" x 20" (400)	22" x 22" (484)	24" x 24" (576)	26" x 26" (676)
1000 psf	3"	4"	5"	6"	7"	8"
1500 psf	4"	6"	7"	8"	9"	10"
2000 psf	6"	8"	9"	10"	11"	12"
2500 psf	8"	10"	11"	12"	13"	14"
3000 psf	10"	12"	13"	14"	15"	16"
3500 psf	12"	14"	15"	16"	17"	18"

* 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.) 17x25

Draw the approximate locations of marriage wall openings 4 foot or greater. Use this symbol to show the piers.

List all marriage wall openings greater than 4 foot and their pier pad sizes below.

Opening Pier pad size

POPULAR PAD SIZES

Pad Size	Sq in
16 x 16	256
16 x 18	288
18.5 x 18.5	342
16 x 22.5	360
17 x 22	374
13 1/4 x 26 1/4	348
20 x 20	400
17 3/16 x 25 3/16	441
17 1/2 x 25 1/2	446
24 x 24	576
26 x 26	676

ANCHORS

4 ft ☒ 5 ft ☐

FRAME TIES

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

OTHER TIES

Longitudinal Stabilizing Device (LSD)
Manufacturer Oliver 1101V
Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer Oliver 1101V

Sidewall 26
Longitudinal 16
Marriage wall 8
Shearwall 4

POCKET PENETROMETER TEST

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

X 1500 X 1600 X 1600

POCKET PENETROMETER TESTING METHOD

1. Test the perimeter of the home at 6 locations.
2. Take the reading at the depth of the footer.
3. Using 500 lb. increments, take the lowest reading and round down to that increment.

X 1500 X 1700 X 1600

TORQUE PROBE TEST

The results of the torque probe test is 295 inch pounds or check here if you are declaring 6 anchors without testing. A test showing 275 inch pounds or less will require 6 foot anchors.

Note: A state approved lateral arm system is being used and 4 ft. anchors are allowed at the sidewall locations. I understand 5 ft. anchors are required at all centerline tie points where the torque test reading is 275 or less and where the mobile home manufacturer may require anchors with 4000 lb. holding capacity.

RS Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Robert Shepard

Date Tested 4/10/15

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. 29

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 28

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 28

Site Preparation

Debris and organic material removed ☒ Swale ☒ Pad ☒ Other ☐

Fastening multi-wide units

Floor: Type Fastener lags Length: 5" Spacing: 16"
Walls: Type Fastener scabs Length: 4" Spacing: 16"
Roof: Type Fastener lags Length: 6" Spacing: 16"
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 RS

Type gasket Foam

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

Weatherproofing

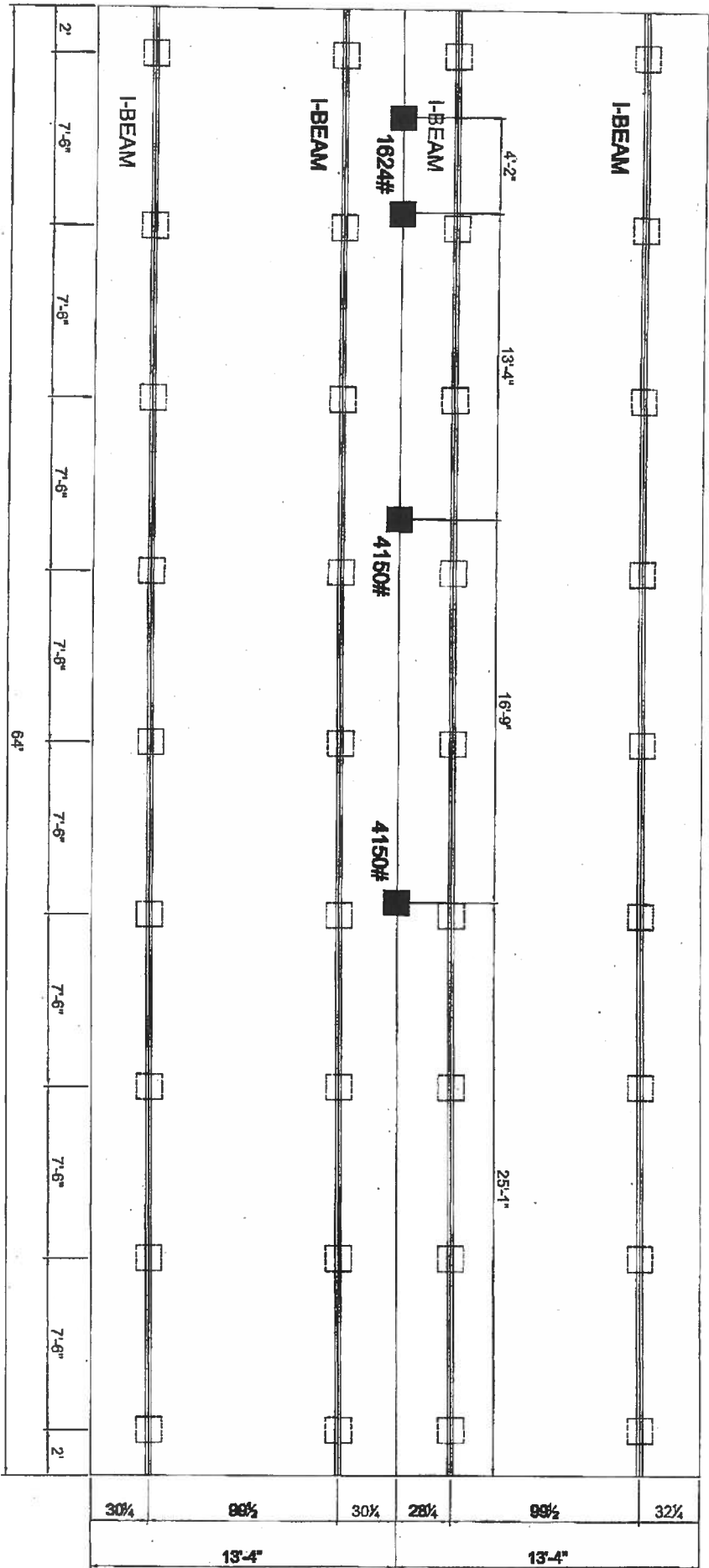
The hull/sideboard will be repaired and/or taped. Yes ☒ Pg. 29
Sealing on units is installed to manufacturer's specifications. Yes ☒
Flapjack chimney installed so as not to allow intrusion of rain water. Yes ☒

Miscellaneous

Skirting to be installed. Yes ☒ No ☐
Dryer vent installed outside of skirting. Yes ☐ N/A ☒
Range downflow vent installed outside of skirting. Yes ☐ N/A ☒
Drain lines supported at 4 foot intervals. Yes ☒
Electrical crossovers protected. Yes ☒
Other: ☐

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

Installer Signature Robert Shepard Date 4/10/15



☒ COLUMN BLOCKING
 SEE SOIL BEARING CAPACITY CHARTS FOR PAD SIZE
☐ BLOCKING

1) ALL EXTERIOR DOORS, BAY WINDOWS, RECESSED
 SIDEWALLS AND EXTERIOR WALL OPENINGS 48"
 OR GREATER, WILL REQUIRE BLOCKING ON EACH SIDE.



HOMES OF MERIT™

P.O. BOX 2887 HWY 100 EAST LAKE CITY, FL 32088

DATA SEAL

MODIFICATIONS

MODEL: 261-C4643A

SHEET:

TITLE: PIER FOUNDATION

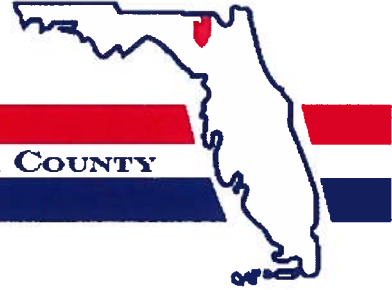
S-20

DRAWN BY: BOB

DATE: 08-27-15

PROPRIETARY AND CONFIDENTIAL
 THESE DRAWINGS AND SPECIFICATIONS ARE ORIGINAL
 PROPERTY OF HOMES OF MERIT. NO REPRODUCTION
 OR TRANSMISSION IN ANY FORM OR BY ANY MEANS
 ELECTRONIC OR MECHANICAL, INCLUDING PHOTOCOPYING,
 RECORDING, OR BY ANY INFORMATION STORAGE AND
 RETRIEVAL SYSTEM, WITHOUT PERMISSION IN WRITING
 FROM HOMES OF MERIT IS FORBIDDEN.

District No. 1 - Ronald Williams
District No. 2 - Rocky Ford
District No. 3 - Bucky Nash
District No. 4 - Toby Witt
District No. 5 - Tim Murphy



BOARD OF COUNTY COMMISSIONERS • COLUMBIA COUNTY

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: **4/18/2019 12:34:58 PM**
Address: **351 SE DIAMONDBACK Gln**
City: **HIGH SPRINGS**
State: **FL**
Zip Code **32643**

Parcel ID **09974-000**

REMARKS: Address for proposed structure on parcel. 2nd address for this parcel.

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: **Signed:/ Matt Crews**

Columbia County GIS/911 Addressing Coordinator

**COLUMBIA COUNTY
911 ADDRESSING / GIS DEPARTMENT**

**263 NW Lake City Ave., Lake City, FL 32055 Telephone: (386) 758-1125
Email: gis@columbiacountyfla.com**

Parcel: **10-7S-17-09974-000****Owner & Property Info**

Result: 9 of 18

Owner	WEIFFENBACH ELIZABETH P 353 SE DIAMONDBACK GLN HIGH SPRINGS, FL 32643		
Site	353 DIAMONDBACK GLN, HIGH SPRINGS		
Description*	E1/2 OF NE1/4 OF NW1/4 OF SW1/4 & W1/2 OF NW1/4 OF NE1/4 OF SW1/4 & THE S 10 FT OF E1/2 OF SE1/4 OF SW1/4 OF NW1/4 & THE S 10 FT OF W1/2 OF SW1/4 OF SE1/4 OF NW1/4. ORB 430-324 606-200, 626-347, QC 1157-1959 (DC DON DENNIS WEIFFENBACH 1207-2745),		
Area	10.31 AC	S/T/R	10-7S-17
Use Code**	SINGLE FAM (000100)	Tax District	3

*The Description above is not to be used as the Legal Description for this parcel in any legal transaction.

**The Use Code is a FL Dept. of Revenue (DOR) code and is not maintained by the Property Appraiser's office. Please contact your city or county Planning & Zoning office for specific zoning information.

Property & Assessment Values

2018 Certified Values		2019 Working Values	
Mkt Land (1)	\$46,000	Mkt Land (1)	\$46,000
Ag Land (0)	\$0	Ag Land (0)	\$0
Building (1)	\$89,798	Building (1)	\$91,459
XFOB (7)	\$12,797	XFOB (7)	\$12,797
Just	\$148,595	Just	\$150,256
Class	\$0	Class	\$0
Appraised	\$148,595	Appraised	\$150,256
SOH Cap [?]	\$10,612	SOH Cap [?]	\$10,500
Assessed	\$137,150	Assessed	\$139,756
Exempt	HX H3 OTHER \$50,500	Exempt	HX H3 OTHER \$50,500
Total Taxable	county:\$86,650 city:\$86,650 other:\$86,650 school:\$111,650	Total Taxable	county:\$89,256 city:\$89,256 other:\$89,256 school:\$114,256

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM



APPLICATION NUMBER 1904-36 CONTRACTOR Robert Sheppard PHONE 386-623-2203

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

Matthew St John

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 1079	Print Name <u>Glen Whittington</u>	Signature <u></u>
	License #: <u>EC 13002957</u>	Phone #: <u>386-972-1700</u>
	Qualifier Form Attached <input checked="" type="checkbox"/>	
✓ MECHANICAL/ A/C 1669	Print Name <u>Ronald Bonds Sr.</u>	Signature <u></u>
	License #: <u>CAC1817658</u>	Phone #: <u>800-259-3470</u>
	Qualifier Form Attached <input checked="" type="checkbox"/>	

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

I, Ronald E Bonds Sr (license holder name), licensed qualifier for STYLE CREST ENTERPRISES, INC (company name), do certify that the below referenced person(s) listed on this form is/are contracted/hired by me, the license holder, or is/are employed by me directly or through an employee leasing arrangement; or, is an officer of the corporation; or, partner as defined in Florida Statutes Chapter 468, and the said person(s) is/are under my direct supervision and control and is/are authorized to purchase and sign permits; call for inspections and sign subcontractor verification forms on my behalf.

Printed Name of Person Authorized	Signature of Authorized Person
1. Dale Burd	1.
2. Rocky Ford	2.
3. Kelly Bishop	3.
4.	4.
5.	5.

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

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

Licensed Qualifiers Signature (Notarized)

CRC 1817658
License Number

2-16-16
Date

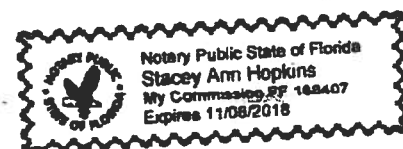
NOTARY INFORMATION:

STATE OF: FL COUNTY OF: Bay

The above license holder, whose name is Ronald Edward Bonds Sr personally appeared before me and is known by me or has produced identification (type of I.D.) _____ on this 16th day of FEB, 2016.

Stacey Ann Hopkins
NOTARY'S SIGNATURE

(Seal/Stamp)





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

I, Glenn Whittington (license holder name), licensed qualifier
for Whittington Electric Inc (company name), do certify that
the below referenced person(s) listed on this form is/are contracted/hired by me, the license
holder, or is/are employed by me directly or through an employee leasing arrangement; or, is an
officer of the corporation; or, partner as defined in Florida Statutes Chapter 468, and the said
person(s) is/are under my direct supervision and control and is/are authorized to purchase and
sign permits; call for inspections and sign subcontractor verification forms on my behalf.

Printed Name of Person Authorized	Signature of Authorized Person
1. <u>Dave Burd</u>	1. <u>[Signature]</u>
2. <u>Rocky Ford</u>	2. <u>[Signature]</u>
3.	3.
4.	4.
5.	5.

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

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

[Signature] License Qualifiers Signature (Notarized) EL13002957 License Number 3/7/16 Date

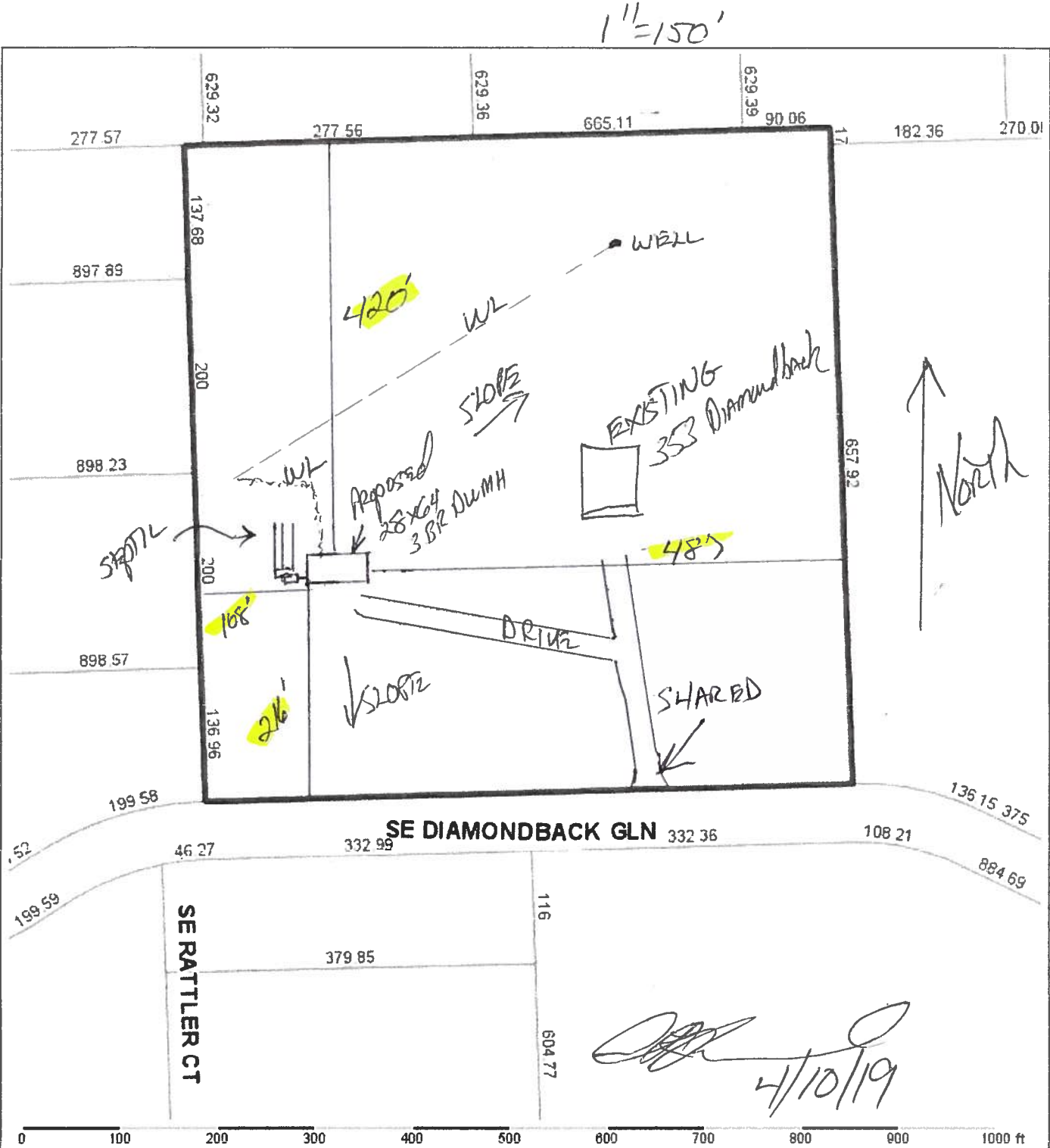
NOTARY INFORMATION:


STATE OF: FL COUNTY OF: Columbia

The above license holder, whose name is Glenn Whittington,
personally appeared before me and is known by me or has produced identification
(type of I.D.) FL DL on this 7 day of MARCH, 20 16.

[Signature]
NOTARY'S SIGNATURE





Columbia County Property Appraiser Jeff Hampton Lake City, Florida 386-758-1083						 Columbia County, FL
PARCEL: 10-7S-17-09974-000-HX-H3-OTHER SINGLE FAM (000100) 10.31 AC						
E 1/2 OF NE 1/4 OF NW 1/4 OF SW 1/4 & W 1/2 OF NW 1/4 OF NE 1/4 OF SW 1/4 & THE S 10 FT OF E 1/2 OF SE 1/4 OF SW 1/4 OF NW 1/4 & THE S 10 FT OF W 1/2 OF SW 1/4 OF S						
WEIFFENBACH ELIZABETH P			2018 Certified Values			
Owner: 353 SE DIAMONDBACK GLN		Mkt Lnd	\$46,000	Appraised	\$150,256	
HIGH SPRINGS, FL 32643		Ag Lnd	\$0	Assessed	\$139,756	
Site: 353 DIAMONDBACK GLN, HIGH SPRINGS		Bldg	\$91,459	Exempt	\$50,500	
Sales Info		XFOB	\$12,797	county	\$89,256	
8/29/2008		Just	\$150,256	Total	city \$89,256	
\$100 I (U)				Taxable	other \$89,256	
					school \$114,256	



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

PERMIT NO. 19-2352
DATE PAID: 4/30/19
FEE PAID: 310.00
RECEIPT #: 1411654

APPLICATION FOR:

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

APPLICANT: Elizabeth Weiffenbach

AGENT: ROCKY FORD, A & B CONSTRUCTION

TELEPHONE: 386-497-2311

MAILING ADDRESS: 546 SW Dortch Street, FT. WHITE, FL, 32038

=====

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3)(m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

=====

PROPERTY INFORMATION

LOT: 18 BLOCK: NA SUB: Dogwood Acres PLATTED: _____

PROPERTY ID #: 10-7S-17-09974-303 ZONING: _____ I/M OR EQUIVALENT: ☐ Y ☐ N

PROPERTY SIZE: 10.07 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ Y ☒ N DISTANCE TO SEWER: NA FT

PROPERTY ADDRESS: 463 Diamondback Glen, High Springs

DIRECTIONS TO PROPERTY: Head NE toward NW 144 way, right onto NW 152 Ln, left at 1st cross street onto NW 144 way, left onto US-441 N, right on SE Diamond Back Glen.

BUILDING INFORMATION ☒ RESIDENTIAL ☐ COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
---------	-----------------------	-----------------	--------------------	--

1	SF Residential	3	1707	
---	----------------	---	------	--

2				
---	--	--	--	--

3				
---	--	--	--	--

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Rocky Ford DATE: 4/26/2019

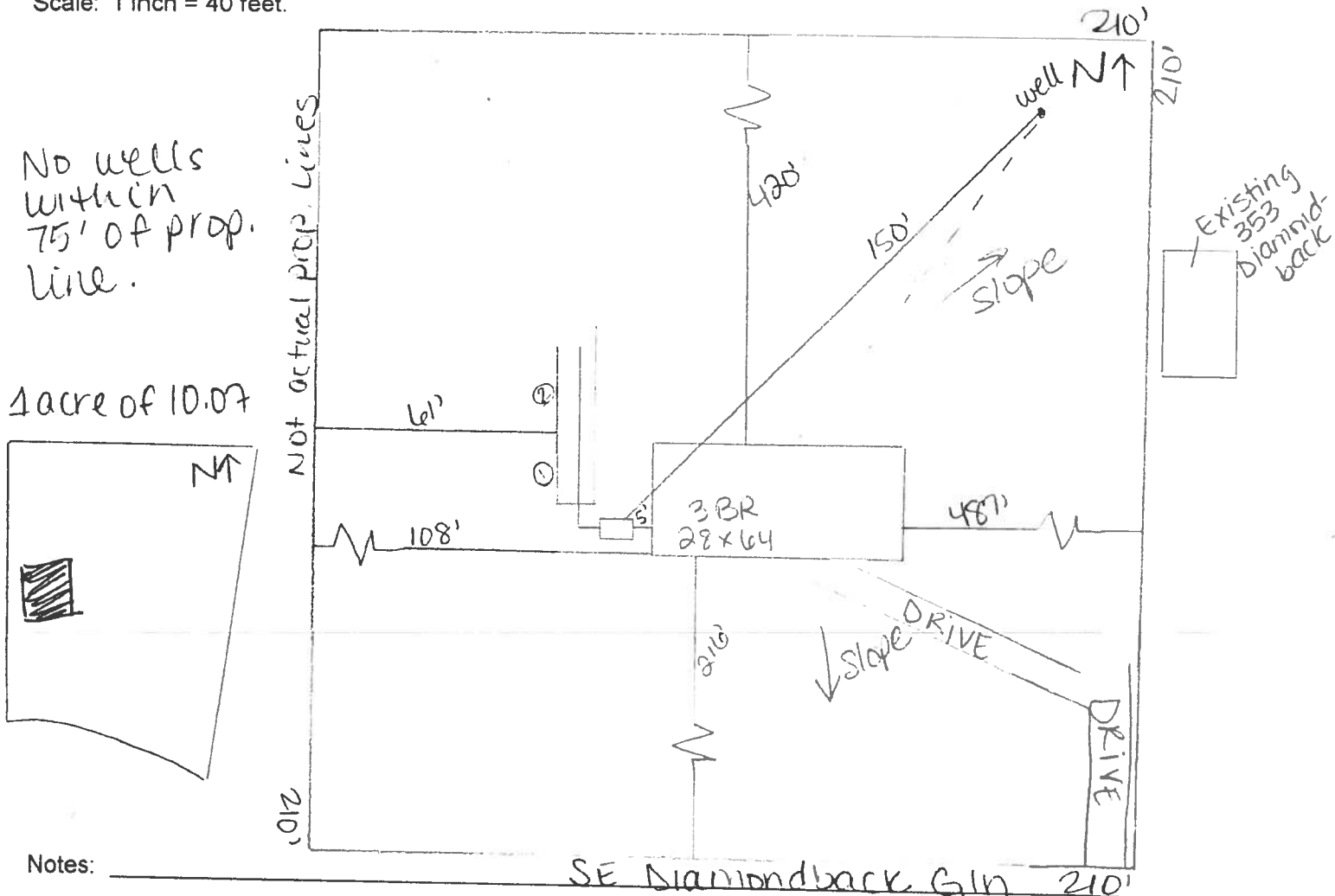
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 19-8252

Weyfenbach

PART II - SITEPLAN

Scale: 1 inch = 40 feet.



Notes:

1 acre of 10.07

Site Plan submitted by: Roddy D. D.

Plan Approved X

By [Signature]

Not Approved

ESTI Columbia

MASTER CONTRACTOR

Date 4/29/19

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

AFFIDAVIT AND AGREEMENT OF SPECIAL
TEMPORARY USE FOR IMMEDIATE
FAMILY MEMBERS FOR
PRIMARY RESIDENCE

STATE OF FLORIDA
COUNTY OF COLUMBIA

Inst: 201912010880 Date: 05/10/2019 Time: 3:03PM
Page 1 of 2 B: 1384 P: 950, P. DeWitt Cason, Clerk of Court
Columbia County, By: PT
Deputy Clerk

BEFORE ME the undersigned Notary Public personally appeared.

ELIZABETH W. RESEBACH, the Owner of the parcel which is being used to place an additional dwelling (mobile home) as a primary residence for a family member of the Owner, and CHRISTOPHER K. BUCHNER, the Family Member of the Owner, who intends to place a mobile home as the family member's primary residence as a temporarily use. The Family Member is related to the Owner as Grandson, and both individuals being first duly sworn according to law, depose and say:

1. 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 Family Member have personal knowledge of all matters set forth in this Affidavit and Agreement.
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 Tax Parcel No. 10-75-17-09974-000.
4. No person or entity other than the Owner 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.
5. This Affidavit and Agreement is made for the specific purpose of inducing Columbia County to issue a Special Temporary Use Permit for a Family Member on the parcel per the Columbia County Land Development Regulations. This Special Temporary Use Permit is valid for 5 year(s) as of date of issuance of the mobile home move-on permit, then the Family Member shall comply with the Columbia County Land Development Regulations as amended.
6. This Special Temporary Use Permit on Parcel No. 10-75-17-09974-000 is a "one time only" provision and becomes null and void if used by any other family member or person other than the named Family Member listed above. The Special Temporary Use Permit is to allow the named Family Member above to place a mobile home on the property for his primary residence only. In addition, if the Family Member listed above moves away, the mobile home shall be removed from the property within 60 days of the Family Member departure or the mobile home is found to be in violation of the Columbia County Land Development Regulations.
7. The site location of mobile home on property and compliance with all other conditions not conflicting with this section for permitting as set forth in these land development regulations. Mobile homes shall not be located within required yard setback areas and shall not be located within twenty (20) feet of any other building.

8. The parent parcel owner shall be responsible for non ad-valorem assessments.
9. Inspection with right of entry onto the property, but not into the mobile home by the County to verify compliance with this section shall be permitted by owner and family member. The Land Development Regulation Administrator, and other authorized representatives are hereby authorized to make such inspections and take such actions as may be required to enforce the provisions of this Section.
10. The mobile home shall be hooked up to appropriate electrical service, potable well and sanitary sewer facilities (bathroom and septic tank) that have been installed pursuant to permits issued by the Health Department and County Building and Zoning Department, where required.
11. Recreational vehicles (RV's) as defined by these land development regulations are not allowed under this provision (see Section 14.10.2#10).
12. Upon expiration of permit, the mobile home shall be removed from the property within six (6) months of the date of expiration, unless extended as herein provided by Section 14.10.2 (#7).
13. 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.

Elizabeth Weissbach
Owner

[Signature]
Family Member

Elizabeth Weissbach
Typed or Printed Name

Christopher Buchana
Typed or Printed Name

Subscribed and sworn to (or affirmed) before me this 10 day of April, 2019, by Elizabeth Weissbach (Owner) who is personally known to me or has produced FL DL as identification.

[Signature]
Notary Public

Dale R. Burd
NOTARY PUBLIC
STATE OF FLORIDA
Comm# GG231750
Expires 7/16/2022

Subscribed and sworn to (or affirmed) before me this 10 day of April, 2019, by Christopher Buchana (Family Member) who is personally known to me or has produced FL DL as identification.

[Signature]
Notary Public

Dale R. Burd
NOTARY PUBLIC
STATE OF FLORIDA
Comm# GG231750
Expires 7/16/2022

COLUMBIA COUNTY, FLORIDA

By: [Signature]
Name: Laurel Hudson
Title: Owner

