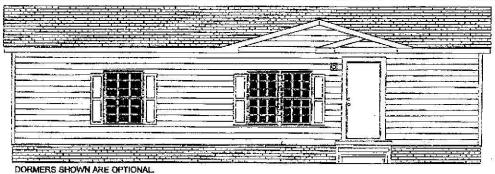
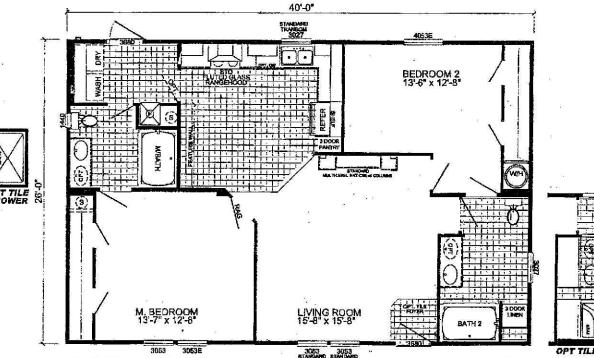
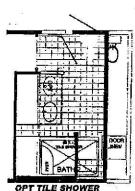
# PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only	(Revised 7-1-15)	Zoning Official_	Building (	Official
AP#	Date Rece	ived	By Permit #_	
Flood Zone				n Map Category
			River	
□ Existing well □ La	ınd Owner Affidavit	□ Installer Authoriz	ation 🗆 FW Comp. lett	er □ App Fee Paid
□ DOT Approval □ P	arent Parcel #	□ S	TUP-MH	□ 911 App
□ Ellisville Water Sys	□ Assessment	Dut Co	ounty 🗆 In County 🗀 🤄	Sub VF Form
				Lot#
				<b>9</b> 244 Year 2023
- Applicant Her	de Homes	27	Phone # <u>(384)</u>	984-9334
<ul> <li>Address <u>313</u></li> </ul>	NW Brook	Loop, Lake (	Poly, Fl, 320	55
				86)466-8642
• 911 Address 1			, p. 183 of 9-850000 .	
<ul> <li>Circle the correct</li> </ul>			& Light - Clay	
				<u>(386)466-8642</u> . 82038
<ul> <li>Relationship to P</li> </ul>	roperty Owner	grand paren	T	
Current Number of	of Dwellings on Pro	pperty		
■ Lot Size		Total Ac	reage 10 Acres	<b>5</b> .
			Culvert Permit or Culvert) Or (Not e	ert Waiver (Circle one) xisting but do not need a Culvert)
	me Replacing an Ex			
Harran Ave,	Turn @ onto 5	W CRIB, Tur	IE Madison ST, I I Tarka statis (E) n O onle sw Ha mail.com	turn onto su
	d Dealer/Installer_			(376)623-2203
<ul> <li>Installers Address</li> </ul>	s 6355 Sw	The second secon		32025
<ul> <li>License Number_</li> </ul>	IH 10253	36	nstallation Decal #	95523

# SOUTHERN CHARM II



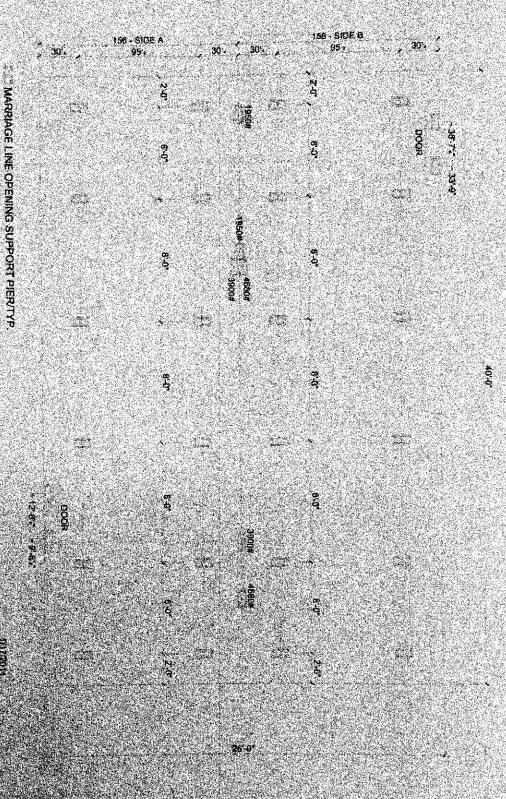




L-2402A - OAK 3-BEDROOM / 2-BATH 28 x 44 - Approx. 1040 Sq. Ft.

- All room dimensions include closets and square footage figures are approximate.
   Transom windows are available on optional E-O' sidewall houses only.
   Live Oak Homes reserves the right to change the product offering at any time.





# MODEL: L-2403C - 28 X 40 3-BEDROOM / 2-BATH Live Oak Homes

THIS DRAWING IS DESIGNED FOR THE STANDARD WIND ZONE AND IS TO BE USED IN CONJUNCTION WITH THE INSTALLATION MAIUN. AND FOOTINGS ARE SHOWN FOR EXAMPLE ONLY QUANTITY AND SPACING MAY VARY BASED ON PAD TYPE, SOIL CONDITION ETG. FOOTINGS ARE REQUIREMENTS.

FOUNDATION NOTES SUPPORT PIER/TYP

- A MAIN ELECTRICAL CROSSOVER
- C WATER INLET
- E GAS INLET IN ANY.

	Mobile	Home Pe	ermit W	orkshee	et			Application	n Numbe	r:			Date		
								New H	lome		Used Home				
Installer :	Pober 5	heppare	Lice	nse #	JH 1	02538	36	Home Home	installed is installe	to the Ma	nufacturer's Ins rdance with Ru	tallation Ma le 15-C	anual	1	
Address of hor being installed		TBO						Single	wide		Wind Zone II	A ·	Wind Zon	HORN COME BUT COME	
	Live Oak	16	Longth	h x width	- (	HY x	28	Double	e wide		Installation Dec			523	
						<u> </u>		Triple/	'Quad		Serial #	OHGOI	0023	4571	
if	home is a single home is a triple Lateral Arm Sys	or guad wit	ide sketch i	in remaind	ier of ho	me				PIER SE	PACING TABLE	FOR USE	D HOME	S	
where the si	d Lateral Arm Systidewall ties excee	ed 5 ft 4 in.						Load	Footer	16" x 16"	18 1/2" x 18	20" x 20"	22" x 22"	24" X 24"	26" x 26"
Typical pier sp	acing >		Installe	er's initials		-5.		bearing capacity	size (sq in)	(256)	1/2" (342)	(400)	(484)*	(576)*	(676)
2' 5	1	ateral						1000	) psf	3'	4'	5'	6'	7'	8'
<b> </b> ← <b> </b> ←	· 		v locations of					1500 2000	) psf	4' 6" 6'	6' 8'	7' 8'	8' 8'	8' 8'	8' 8'
1 1		longitudinal	(use dark lii	nes to snov	w tnese	locations)		2500		7' 6"	8'	8'	8'	8'	8'
								3000		8' 8'	8'	8' 8'	8' 8'	8'	8' 8'
	ė п		$\neg$		П			* interpo	0 psf plated from		1 pier spacing tak				
		-					= -		Г		D SIZES		POP	ULAR PAI	SIZES
	T –	-	1			1		Lhear	n pier pa	E2 77	CXEI	5	Р	ad Size	Sq In
	<del>.</del> п	П	Ė		П	Ċ.		I-Deal	ii piei pa	u size		-		16 x 16	256
								Perim	eter pier	pad size		(16		16 x 18 .5 x 18.5	288 342
	<b>C</b>	TO.	100	4-61	-	ia.		Other	pier pad	sizes				6 x 22.5	360
		Ш.		-1111	TIL		[[[[]]		ired by th		9			17 x 22	374
		_							Drowt	ho annrov	imate locations	of marriage	2.0700	/4 x 26 1/4 20 x 20	348 400
			++-	+-	+-	-++-/	<del></del>		wall on	enings 4	foot or greater.	Use this	17 3/	16 x 25 3/1	6 441
		LJ	darriage wa	all piers within 2'	of end of hor	me p <b>e</b> r Rule 15	ic	لىلى:		I to show				/2 x 25 1/2 24 x 24	2 446 576
_	<b>L</b> –		Talliage was	III piere within 2 .			_	liet a	ll marriar	ne wall one	enings greater t	han 4 foot		26 x 26	676
<del>    -   -  </del>		-6=	-	+	廿二					pad sizes				ANCHOR	is .
ļ	<del></del>		!			r r r r			Opening		Pier pad siz	ze	4 ft	5 ft	
				++++										FRAME T	IES
										_			within space	2' of end o d at 5' 4" o	f home
								-		TIEDOWN	COMPONENTS			OTHER TIE	ES Number
	++++++	+ + + +	++++	++++	+ + +	+++				Stabilizin	g Device (LSD	)	Sidew		26
							444	Manu	ufacturer	Ctabilisis	g Device w/ La	ateral Arme	Longit	udinal ige wall	- 8
						$\dagger\dagger\dagger$		Manu	ufacturer	C	Roer.	iteral Allis	Shear		- 84
						<u> </u>		1		7555					

# **Mobile Home Permit Worksheet**

	POC	CKET PENETROMETER	TEST					
The pocket penetrometer tests are rounded down to psf or check here to declare 1000 lb. soil without testing.								
	x <u>lo</u>	x <u>166</u> 0	х <u> (00</u> 0					
e.	POCKET P	ENETROMETER TESTIN	IG METHOD					
	1. Test the p	perimeter of the home at 6	locations.					
	2. Take the	reading at the depth of the	e footer.					
	3. Using 500 reading a	Ib. increments, take the land round down to that inc	lowest crement.					
	x <u>10</u> 00	<b>∞<u>00</u>1</b> x	<u>∞∞l</u> x					
		TORQUE PROBE TEST	<b>[</b>					
here if you a	of the torque pro are declaring 5' a 5 inch pounds o	obe test is 285 inc anchors without testing r less will require 5 foot ar	ch pounds or check A test nchors.					
anc anc reac	hors are allowed hors are require ding is 275 or les	teral arm system is being of at the sidewall locations. It at all centerline tie point as and where the mobile he to 4000 beholding capacit	I understand 5 ft s where the torque test nome manufacturer may					
ALL T	ESTS MUST BE	PERFORMED BY A LIC	ENSED INSTALLER					
Installer Name	·	Kobert She	pard					
Date Tested		05/15/23	3					
		Electrical						
Connect electric source. This inc	cal conductors b ludes the bondi	etween multi-wide units, b ng wire between mult-wide	out not to the main power e units. Pg. 29					
		Plumbing						
Connect all sew	er drains to an e	xisting sewer tap or seption	c tank. Pg <b>2</b> {\bar{Z}}_					
		y piping to an existing wate	er meter, water tap, or other					

plication	n Number:Date:
	Site Preparation
Debris a Water di	and organic material removedOther
	Fastening multi wide units
Floor: Walls: Roof:	Type Fastener: Length: Spacing: Spacing
-	Gasket (weatherproofing requirement)
homes a	stand a properly installed gasket is a requirement of all new and used and that condensation, mold, meldew and buckled marriage walls are of a poorly installed or no gasket being installed. I understand a strip will not serve as a gasket.  Installer's initials  Installed:  Between Floors  Between Walls  Between Walls  Between Walls  Between Yes
	Weatherproofing
0:1:	ttomboard will be repaired and/or taped. Yes Pg on units is installed to manufacturer's specifications. Yes ce chimney installed so as not to allow intrusion of rain water. Yes/
	Miscellaneous
Dryer ve Range Drain lin	g to be installed. Yes No
	taller verifies all information given with this permit workshee is accurate and true based on the nanufacturer's installation instructions and or Rule 15C-1 & 2
Installe	er Signature Robert Sheppard Date 05/15/2

**Application Number:** 

### SITE PLAN CHECKLIST

- Property Dimensions
   Footprint of proposed and existing structures (including decks), label these with existing addresses
   Distance from structures to all property lines
   Location and size of easements
   Driveway path and distance at the entrance to the nearest property line
   Location and distance from any waters; sink holes; wetlands; and etc.
- \_\_\_7) Show slopes and or drainage paths

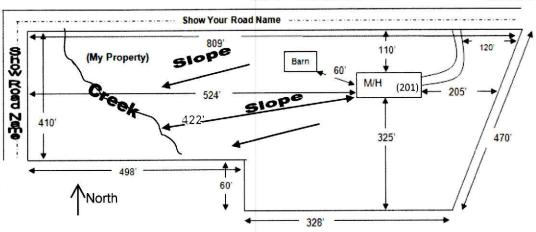
\_\_8) Arrow showing North direction

### SITE PLAN EXAMPLE

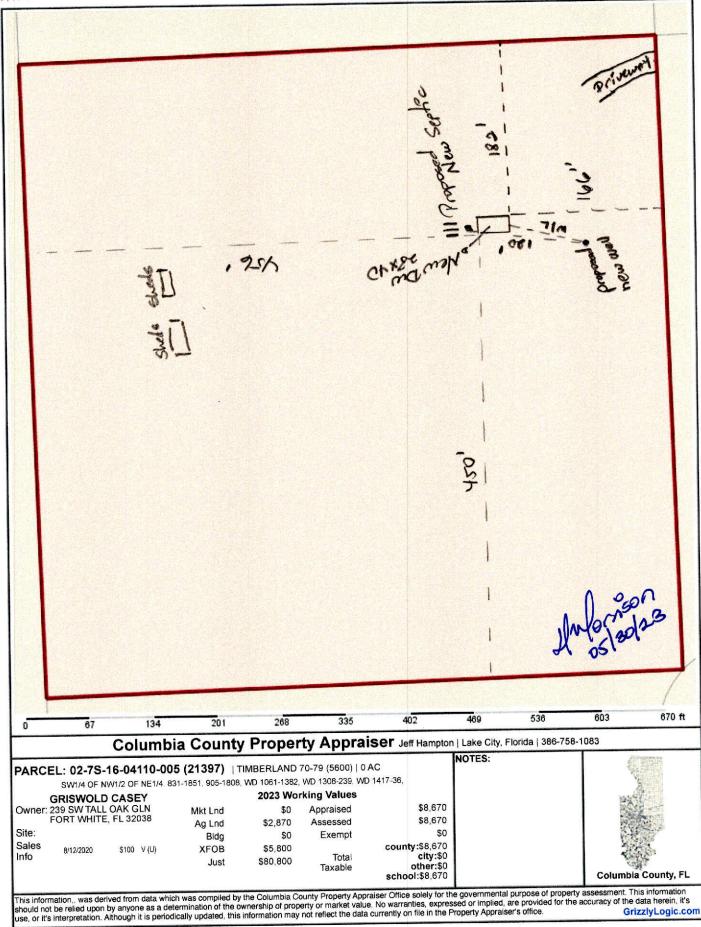
Revised 7/1/15

# NOTE:

This site plan can be copied and used with the 911 Addressing Dept. application forms.







columbia.floridapa.com/gis/gisPrint/

### MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUM	BER PHONE
	THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT
In Columbia Co	unty one permit will cover all trades doing work at the permitted site. It is <u>REQUIRED</u> that we have 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 neral liability insurance and a valid Certificate of Competency license in Columbia County.
exemption, get	icial hability insulance and a valid certificate of competency meanes in commercial
Any changes, t	he permitted contractor is responsible for the corrected form being submitted to this office prior to the
start of that su	bcontractor beginning any work. Violations will result in stop work orders and/or fines.
ELECTRICAL	Print Name Glenn Whilington  License #: EC 13002957  Phone #(386) 972-1701
	License #: EC 13002957 Phone #(386) 972-1701
	Qualifier Form Attached
MECHANICAL/	Print Name Ron & Bonds Signature Have Bends
A/C	License #: CAC 1817658 Phone #: 850-545-8664
	Qualifier Form Attached

**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.



# COLUMBIA COUNTY BUILDING DEPARTMENT

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

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

# MOBILE HOME INSTALLERS LETTER OF AUTHORIZATION

I, Robert Sueppor	give this	authority fo	or the job addres	s show below
only,	370 Job Address		, and I	do certify that
the below referenced person(s)	listed on this form is/ar	e under my	direct supervisi	on and control
and is/are authorized to purcha	se permits, call for insp	ections and	l sign on my beh	alf.
Printed Name of Authorized Person	Signature of Authori Person	zed	Authorized Pe (Check one)	erson is
Herde Momson	Hafamson	7	Agent Property	Officer Owner
			Agent Property	Officer Owner
			Agent Property	Officer Owner
I, the license holder, realize that under my license and I am fully Local Ordinances.			- v	
I understand that the State Lice	nsing Board has the po	wer and au	uthority to discipl	ine a license
holder for violations committed	by him/her or by his/he	r authorized	d person(s) throu	ugh this
document and that I have full re	sponsibility for complia	nce grante	d by issuance of	such permits.
Robert Signature (Not		JH 102	25 <i>3</i> 6	05/12/23 Date
NOTARY INFORMATION: STATE OF: Florida	COUNTY OF:	Colom	200	
The above license holder, whose personally appeared before me (type of I.D.)  NOTARY'S SIGNATURE	and is known by me or	<b>Sur</b> day (	Seal/Stamp)	, 20 <u>.23</u> .
		3 . S	Lamanda Mote My Commission GG 363	



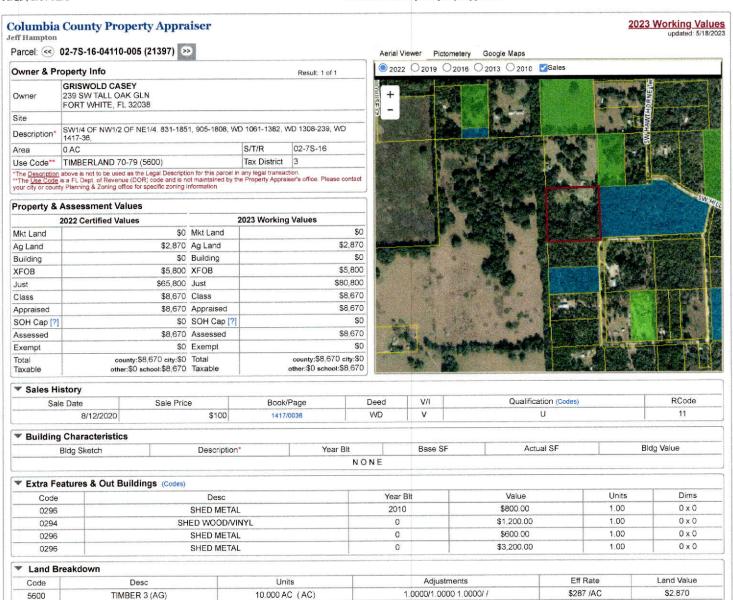
# COLUMBIA COUNTY BUILDING DEPARTMENT 135 NE Hernando Ave, Suite B-21, Lake City, FL 32055

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

# MOBILE HOME INSTALLERS AGENT AUTHORIZATION

1, 1/20 beil Sulppo	give this au	thority and	I do cer	tify that the	below
Installers Name					
referenced person(s) listed on t	his form is/are under my o	lirect supe	vision a	nd control a	nd
is/are authorized to purchase pe	ermits, call for inspections	and sign o	on my be	half.	
Printed Name of Authorized Person	Signature of Authorize Person	d A	gents C	Company N	lame
Herde Homson	Thomson	٨	J.Fl.	Boilden.	Penni
I, the license holder, realize tha	t I am responsible for all p	ermits pur	chased,	and all worl	k done
under my license and I am fully					
Local Ordinances.					
I understand that the State Lice	nsing Board has the now	er and auth	ority to a	discipline a	license
holder for violations committed					
document and that I have full re					
accument and that make han re	, ороловиту тог остгривить	<b>J</b>	,		
Robel Meppe License Holders Signature (Not	arized)	lo2536	RC ber	Date	8/23
NOTARY INFORMATION: STATE OF: Florida	COUNTY OF:C	olombi	a		
The above ficense holder, whose personally appeared before me (type of I.D.)  NOITARY'S SIGNATURE	se name isRoL	as produce u day of	heppo	<u>,</u> 2	0 <u>23</u>
			Notary Public Lamanda M	c State of Florida Mote sion GG 363938	~

lome only or Land & Home	IPONIA	OOD HOMES OF LAKE O	TYLLC	4109 WE	ST US HWY 9	n
nerced by	* **	OOD HOMES OF LAKE C	MII CLO	1X		•
HJM 9/14/1950	2	₩ -		u 14	ity. FL 32055	
HER 4/4/44	<u> </u>			(386) 754-884-	fax (386) 75	4-0190
CLIFFORD THURMAN BARN	ETT & PAMELA	RUTH BARNETT		The state of the s		5/15/2023
ADDRESS 237 SW TALL OAK GLEN FO	NOT WHITE EL 3	2038	, , , , , , , , , , , , , , , , , , ,	3		SALES PERSON
DELIVERY ADDRESS 237 SW TALL OAK GLEN FO				MIKE CO		MIKE COX
MAKE & MODEL	YEAR	BEDROOMS	FLOORSIZE	HITCHSIZE		
COMPANY TRANSPORT OF THE STATE	1000 0000	W	20740	28X44		
LIVE OAK-L2402A-OAK SERIAL NUMBE	2023	2X2	28X40	ROPOSED DEUVERY O	175	KEY NUMBERS
LOHGA10023457AB	. VEV	y USED .		ACI-CIED DEDVEAT D	~/E	CO.
LOCATION R-VALUE	THICKNESS	TYPE OF INSULATION		BASE PRICE (	FUNIT	\$92,150.00
CEILING			101	OPTIONAL EQUIPMENT (Texable)		\$16,619.00
EXTERIOR				VET MILITARY DI	SCOUNT	-\$5,000.00
FLOORS			# E E E		SUB-TOTAL	\$103,769.00
This insulation information was furnished	by the menufacturer and	is disclosed .	10	SALES TAX	3%	\$3,113.07
€	39	8		If Base Price<5,000	1%	\$0.00
in compliance with the Federal trade Com	nmission Rule 16CFR, S	ec. 460.16.		County Surtax (Sales price	over \$5,000)	\$75.00
<u> </u>	C 2240 I			Tag & Title Fees		
				Non-taxable items		\$5,000.00
				LAND PURCHASE		
				Points		
				Security Interest		\$0.00
				1.CASH PURCHAS	· · · · · · · · · · · · · · · · · · ·	\$111,957.07
				TRACE IN ALLOWANCE	\$ 0.00	
				LESS BAL, DUE ON ABOVE	\$ 0.00	Reference of
				NET ALLOWANCE	E 7 000 00	
				CASH DOWN PAYMENT	\$ 7,000.00	
				PRE PAIDS		s 7,000,00
				2. LESS TOTAL		\$ \$104,957.07
				SALES TAX(not included a		\$0.00
				3. UNPAID BAL OF CASH SA		\$\$104,957.07
				REMARKS:	IE PRICE	φφισημοτιοι.
				NO VERBAL AGREEMEN	TO WILL BE HAN	OPED
				Initial:	10 MICE DE 110M	ONLE.
				a liual.		
				Connect water & sewer wit	hin 20 ft. to existin	g facilities
						1400 ASSOCIA (1900 ASSOCIA
				Customer responsible for		
NOTE: WARRAN	TY, EXCLUSIONS AND LIMITATE	PE OF DAMAGES ON YHE REVERSE SIDE.		Wheels & Axiles deleted fr	om sale price of h	ome. Will land for
DESCRIPTION OF TRADESN			SIZE BEDROOMS	a local move	2 0 21	w
MARC	MO	- 14	COLOG	Customer responsible for Cannot be responsible for		atter intra setup.
nn∈no.	35A		DOLLAT	PRICE INCLUDES SET-UP A/C ST		MAINTE EKIDYING
AMOUNT OWING TO WHOM	1			PRICE INCLUDES SET OF AIC S	EPS AND STANDARD	MILE SMITING
ANY DESTRUYER OWES ON THE TRADE-IN	IS TO BE PAID BY THE	DEALER	BUYER	CELERIT VERBAL OR WRITTEN	ALC DEEN MARE WHIC	H IS NOT CONTAINED
ANY DESTRUYER OWES ON THE TRADE-INTHIS AGREEMENT CONTAINS THE ENTIRE IN THIS CONTRACT. Dealer and Buyer cartify the above described traffer, manufactured how BUYER ACKNOWLEDGES RECEIPT OF A	that the additional terms an	d conditions primed on the cener store of this	espribed has been voluited	y; that Buyer's trade in is free from all		
DOILN AGAINSTILL DES ALSON OF				H	222 - 100000	BUYER
			BEAUER	SIGNED X SOCIAL SECURITY NO.	·	
Not Velid Unless Signed and Accepted	hy an Officer of the Common	y or an Authorized Agent	DEALER	<del>                                   </del>	<del></del>	BUYER
and the second s		5.000 m 200 - 1993/00 A 7.757 m 71/20 B 350 1974 M		SIGNED X		
By						



Search Result: 1 of 1

10.000 AC

MKT.VAL.AG (MKT)

© Columbia County Property Appraiser | Jeff Hampton | Lake City, Florida | 386-758-1083

9910

\$7,500 /AC

\$75,000

by: GrizzlyLogic.com

1.0000/1.0000 1.0000/ /

Prepared By & After Recording Return to:
Barbara Griswold
239 SW Tall Oak Gin
Fort White, FL 32038

inst: 262012013247 Date: 88/12/2020 Time: 4:94Fbi
Page 1 of 2 B: 1417 P: 36, P.DeWitt Cason, Clark of Court Columby, By: KV
Deputy ClerkDoc Stamp-Deed: 0.70

QUIT CLAIM DEED

The Quit Claim Deed, executed this 12 day of August, 2020,

By Daniel Griswold and Barbara Griswold, Husband and Wife, whose mailing address is: 239 SW Tall Oak Gln, Fort White, FL, hereinafter called the Grantor,

To Casey Griswold, a single person, whose mailing address is: 239 SW Tall Oak Gln, Fort White, FL 32038, hereinafter called the Grantee.

WITNESSETH, that the Grantor, for and in consideration of the sum of TEN DOLLARS (\$10.00) paid by the Grantee, the receipt whereof is hereby acknowledged, does hereby remise, release, and quit-claim unto said Grantee forever, all the right, title, interest, claim, and demand with the Grantor has in and to the following described property in the County of Columbia, State of Florida, to wit:

SW 1/4 of NW 1/4 of NE 1/4, Section 2, Township 7 South, Range 16 East, of the public records of Columbia County, Florida.

TAX FOLIO NUMBER: 04110-002

Subject to covenants, restrictions, easements of record, and taxes for the current year.

To have and to hold the same together with all and singular the appurtenances thereunto belonging or in anywise appertaining; and all the estate, right, title, interest, lien, equity, and claim whatsoever for the Grantor, either in law or equity, to the only proper use, benefit, and behoof of the Grantee forever.

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

Signed, sealed, and delivered in the presence of:

Witness Signature Brong MOTSL

Printed Name: Brong MOTSL

Witness Signature

Printed Name: Wella Villar

Printed Name: Wella Villar

Signature of Grantor Daniel Griswold

Printed Name:

Signature of Grantor Barbara Griswold

Printed Name:

STATE OF FLORIDA COUNTY OF COLUMBIA

The foregoing instrument was acknowledged before me this 12 day of August, 2020, by Daniel Griswold and Barbara Griswold, Husband and Wife, who is personally known to me or has produced Florida Driver's License as identification and who did / did not take an oath.

Notary Public

My Commission Expires: 2/19/2022





# Kyle Keen, Tax Collector Proudly Serving The People of Columbia County

Site Provide aumentun

Tax Record

Last Update: 5/30/2023 11:22:36 AM EDT





Account Number

Register for el

### **Details**

### Tax Record

» Print View Legal Desc. Tax Payment Payment History Print Tax Bill NEW! Change of Address

# Searches

### **Account Number**

**GEO Number** Owner Name Property Address Mailing Address

### **Site Functions**

### Tax Search

Local Business Tax Contact Us County Login Home

# Ad Valorem Taxes and Non-Ad Valorem Assessments

The information contained herein does not constitute a title search and should not be relied on as such.

	Tax Type	Tax Year
Account Number	REAL ESTATE	2022
R04110-005	KEAD BOTATE	
Mailing Address GRISWOLD CASEY 239 SW TALL OAK GLN	Property Address	
FORT WHITE FL 32038	GEO Number 027S16-04110-005	
Exempt Amount	Taxable Value	

See Below	See Below	A STATE OF THE STA
Exemption Detail	Millage Code	Escrow Code

Exemption Detail 003 NO EXEMPTIONS

Legal Description (click for full description)

02-7s-16 5600/5600 SW1/4 OF NW1/2 OF NE1/4. 831-1851, 905-1808, WD 106 1382, WD 1308-239, WD 1417-36,

8150	0 670	4-0		
0200	8,670	.0.	\$8,670	\$6
7480	8,670	0	\$8,670	\$
N. STREET	- A	0	\$8,670	\$2
	8,670	0	\$8,670	\$1
Control Control	8,670	0	\$8,670	\$
.0001	8,670	0	\$8,670	\$
	.7480 .2990 .5000 .3368 .0001	.5000 8,670 .5000 8,670 .3368 8,670	2990 8,670 0 .5000 8,670 0 .3368 8,670 0	2990     8,670     0     \$8,670       .5000     8,670     0     \$8,670       .3368     8,670     0     \$8,670

	IUCAI TAXED	13.6969	otal Millage	
	ssessments	n-Ad Valorem As	Nor	Carte Control of Contr
<b>Amo</b> \$0			Levying Author: FIRE ASSESSMENT	<b>Code</b> FFIR
\$0	Total Assessments			
\$118	Taxes & Assessments	T		CONTRACTOR OF CO
Amount			A THE PARTY OF THE	l-

Amount I If Paid By

# LIMITED POWER OF ATTORNEY

Cosey Griswold	, do hereby authorize
Heide Morrison, to act fully on my behalf in all as	pects of applying for permits, pulling
permits and picking up permits as needed for the	ne installation of a new mobile home
located at the below address;	
02-75-14-0	4110 - 00 <
V 2 43-14 V	1110-003
In Columbia	county, Florida.
	05 22 23
Signature	Date
State of Florida County of Colombola	
This instrument was signed or acknowledged before me on this	s 22nd day of May 20 23
by Casey Grasupld who is pe	ersonally known or ID provided
If ID provided, type of State issued ID provided	
Laurendor let	
Notary Public Seal:	Notary Public State of Florida Lamanda Mote My Commission GG 363938
My Commission Expires: 08 68 2023	**************************************

# STATE OF FLORIDA COUNTY OF COLUMBIA

# LAND OWNER AFFIDAVIT

This is to certify that I, (We), Cosey Grewold  (State Corporation Name as it appears on the Property Appraisers Office website)	
as the owner of the below described property:	
Property tax Parcel ID number 02-75-16-04110-005	
Subdivision (Name, lot, Block, Phase)	
Give my permission for <u>Clifford Barnet</u> to place a	
Circle one   Mobile Home / Travel Trailer / Utility Pole Only / Single Family Home / or more — Barn – Shed – Garage / Culvert / Other	
I (We) understand that the named person(s) above will be allowed to receive a building permit on the property number I (we) have listed above and this could result in an assessment for solid waste and fire protection services levied on this property.	
Owner Signature  Olo/07/23  Date	
Owner Signature Date	
Owner Signature Date	
Sworn to and subscribed before me this	
Notary Stamp/	

