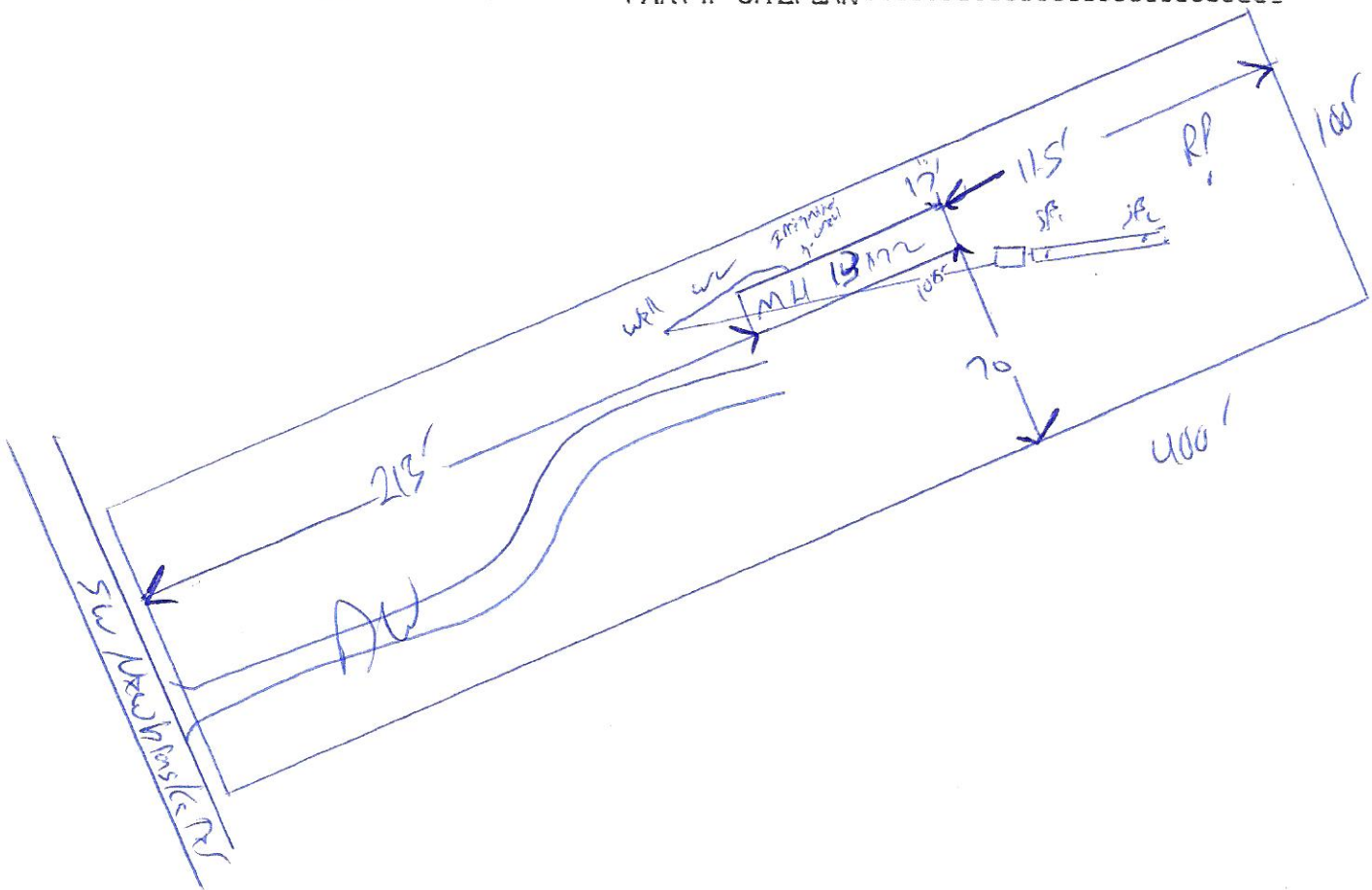


Permit Application Number _____

$$L' = 60'$$

PART II - SITEPLAN

Walker



Notes:

Site Plan submitted by:

Plan Approved_

Not Approved

Date _____

By _____

County Health Department

OH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated: 84E-6.001, FAG
(Stock Number: 5744-002-4015-6)

STATE OF FLORIDA
COUNTY OF COLUMBIA

LAND OWNER AFFIDAVIT

This is to certify that I, (We), Tara L. Hern Richard Walker,
as the owner of the below described property:

Property tax Parcel ID number 01012-000

Subdivision (Name, lot, Block, Phase) Three Rivers Estates Lot 124 unit 17

Give my permission for Larr Hern to place a

Circle one - Mobile Home / Travel Trailer / Utility Pole Only / Single Family Home /
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.

Tara L. Hern 7/28/20
Owner Signature Date

[Signature] 7/28/20
Owner Signature Date

Owner Signature Date

Sworn to and subscribed before me this 28 day of July, 2020. This
(These) person(s) are personally known to me or produced ID DL.
(Type)

[Signature] _____
Notary Public Signature Notary Printed Name

Notary Stamp/





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

I, Glenn Williams, give this authority and I do certify that the below
Installers Name
referenced person(s) listed on this form is/are under my direct supervision and control and
is/are authorized to purchase permits, call for inspections and sign on my behalf.

Printed Name of Authorized Person	Signature of Authorized Person	Agents Company Name
Jeffrey Hardee		
Holly Bryant		

I, the license holder, realize that I am responsible for all permits purchased, and all work done
under my license and I am fully responsible for compliance with all Florida Statutes, Codes, and
Local Ordinances.

I understand that the State Licensing Board has the power and authority to discipline a license
holder for violations committed by him/her or by his/her authorized person(s) through this
document and that I have full responsibility for compliance granted by issuance of such permits.

Glenn Williams 1H 1054A 7-30-20
License Holders Signature (Notarized) License Number Date

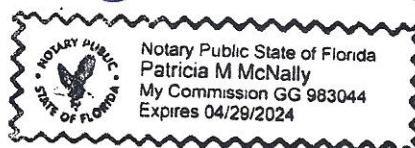
NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Levy

The above license holder, whose name is Glenn Matthews Jr,
personally appeared before me and is known by me or has produced identification
(type of I.D.) DL, W452-293-86-212 on this 31st day of July, 20 20.

Patricia M McNally
NOTARY'S SIGNATURE

(Seal/Stamp)



Prepared by: Darren Krantz
309 Schiago Trail
Ashland, OH 44805

Parcel ID#: R01012-000

This space for recorder use only.

Inst: 202012011421 Date: 07/06/2020 Time: 3:54PM
Page 1 of 2 B: 1414 P: 1840, P.DeWitt Cason, Clerk of Court
Columbia, County, By: BD
Deputy ClerkDoc Stamp-Deed: 259.00

FLORIDA QUIT CLAIM DEED

This QUIT CLAIM DEED, made this 20 day of May, 20 20, by
Darren Krantz

whose address is 309 Schiago Trail Ashland, OH 44805
hereinafter called the Grantor, to

Richard T. Walker and Tara L. Hern
whose address is 10459 Cableline Road Newton Falls, OH 44444
hereinafter called the Grantee:

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

Witnesseth: That the Grantor, for and in consideration of the sum of \$ 37,000 and other valuable considerations, receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliens, remises, releases, and quitclaims unto the Grantee, all that certain land situate in Columbia County, Florida, viz:
(legal description of property)

Parcel Number 01012-000

Lot 124 Unit 17 Three Rivers Estates

ORB 366-873, WD 1055-1050



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, and claim whatsoever of the said Grantor, either in law or equity, to the only proper use, benefit, and behoof of the said Grantee.

In witness whereof, the said Grantor has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in the presence of:

[Signature]
Witness Signature as to First Grantor

Granty Smith
Printed Name

[Signature]
Witness Signature as to First Grantor

Tracy Stephens
Printed Name

N/A
Witness Signature as to First Grantor

N/A
Printed Name

N/A
Witness Signature as to First Grantor

N/A
Printed Name

[Signature]
Signature of Grantor

Darren Krantz
Printed Name of Grantor

309 Schiago Trail Ashland, OH
Post Office Address 44805

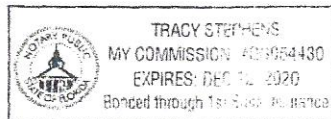
N/A
Signature of Grantor

N/A
Printed Name of Grantor

N/A
Post Office Address

STATE OF FLORIDA
COUNTY OF Alachua

The foregoing instrument was acknowledged before me this 20 day of May, 2020, by Darren M. Krantz, who is personally known to me or has produced OHIO DL BY 965284, as identification and who did/did not take an oath.



[Signature]
Notary Public



MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR _____ PHONE _____

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 <u>Adam Mikell</u> License #: <u>IC 13004282</u> Qualifier Form Attached <input checked="" type="checkbox"/>	Signature <u>[Signature]</u> Phone #: <u>318-2368</u>
MECHANICAL/ A/C _____	Print Name _____ License #: _____ Qualifier Form Attached <input type="checkbox"/>	Signature _____ Phone #: _____

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.

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ELECTRICAL	Print Name _____ Signature _____ License #: _____ Phone #: _____ Qualifier Form Attached <input type="checkbox"/>
MECHANICAL/ A/C _____	Print Name <u>Ronald Edward Bonds SR</u> Signature <u>R. Edward Bonds, SR</u> License #: <u>CAC1817658</u> Phone #: <u>850 7691453</u> Qualifier Form Attached <input 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.