



Alachua County
Department of Growth Management
 10 SW 2nd Ave., Gainesville, FL 32601
 Tel. 352.374.5249, Fax. 352.338.3224
<http://growth-management.alachuacounty.us>

Submit Application to:
Development Services Division

ZONING APPLICATION

For Rezoning (except Planned Developments) and Special Use Permits and Special Exceptions (including Minor SUP's and SE's).

GENERAL INFORMATION (BY APPLICANT/ AGENT)

Applicant/Agent: Annetta Bergstrom Contact Person: Annetta Bergstrom
 Address: 20805 SE 162nd Ave Hawthorne, FL 32640 Phone: (352) 317 - 3255
 Email address: annetta_bergstrom@my.minnesota.edu

SUBJECT PROPERTY DESCRIPTION

Property Owner: Annetta Bergstrom Property Address: _____
 City: Hawthorne State: FL Zip: 32640 Phone: (352) 317 - 3255
 Tax Parcel #: 20098 - 001 - 000 Section: 27 Township: 11 Range: 22 Grant: _____
 Total Acreage: 0.96 Zoning: R1A Land Use: SFR

TYPE OF REQUEST

- Rezoning From: R1A To: R1C
- Special Use Permit For: _____
- Minor Special Use Permit For: _____
- Special Exception For: _____
- Minor Special Exception For: _____

CERTIFICATION

I, the undersigned applicant, hereby certify that the information contained in this application is true and correct to the best of my knowledge and belief. I hereby grant the appropriate County personnel permission to enter the subject property during reasonable hours so that they may investigate and review this zoning request.

Signature of Applicant/Agent: *Annetta Bergstrom* Date: 5-16-2012

Applications shall be submitted no later than 4:00 PM on the submittal deadline date

Prepared by:
Ronald D. Surrency
200 N.E. First Street
Gainesville, FL 32601
(352) 376-4671
Fax: (352) 376-6017

Return to:
Ronald D. Surrency
200 N.E. First Street
Gainesville, FL 32601
(352) 376-4671
Fax: (352) 376-6017

QUIT CLAIM DEED

THIS QUIT-CLAIM DEED, Executed this 23rd day of March, 2012, by ROBERT LEE TURNER, a widowed person, whose post office address is 20805 SE 162nd Avenue, Hawthorne, FL 32640, GRANTOR, to MARLINN BERGSTROM AND ANNETTA BERGSTROM, Husband and Wife, whose post office address is 20805 SE 162nd Avenue, Hawthorne, FL 32640, GRANTEE:

WITNESSETH, That the said first party, for and in consideration of the sum of \$10.00, in hand paid by the said second party, the receipt whereof is hereby acknowledged, does hereby remise, release and quit-claim unto the said second party forever, all the right, title, interest, claim and demand which the said first party has in and to the following described lot, piece or parcel of land, situate, lying and being in the County of Alachua, State of Florida, to-wit:

In 27-11-22, the Northwest Corner of Block 6, Lochloosa Plat Book A, Page 98, Public Records of Alachua County, Florida
Subject to easements, rights of way, covenants and restrictions of record.

Parcel Identification No.: A portion of 20098-000-000.

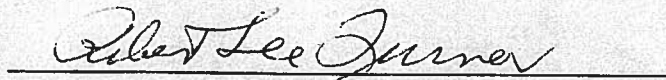
TO HAVE AND TO HOLD the same together with all and singular the appurtenances thereunto belonging or in anywise appertaining, and all the estate, right, title, interest, lien, equity and claim whatsoever of the said first party, either in law or equity, to the only proper use, benefit and behoof of the said second party forever.

IN WITNESS WHEREOF, The said first party has signed and sealed these presents the day and year first above written.
Signed, sealed, and delivered in the presence of:



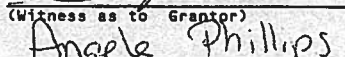
(Seal)
(Witness as to Grantor)

Ronald D. Surrency
Printed or typed name




Grantor

Printed or Typed Name Robert Lee Turner


(Witness as to Grantor)
Angela Phillips
Printed or Typed Name

STATE OF FLORIDA)
COUNTY OF ALACHUA)

I HEREBY CERTIFY that on this 23 day of March, 2012, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared Robert Lee Turner who is (or are) personally known to me FL D to be the person(s) described in, or who has produced FL D as identification and who executed the foregoing Quit-Claim Deed and acknowledged before me that he executed the same.


Printed Name: Angela Phillips
Notary Public, State of Florida
Serial #: 26040059



ANGELA M. PHILLIPS
NOTARY PUBLIC
STATE OF FLORIDA
Comm# EE040059
Expires 11/7/2014

PROPERTY OWNERS' AFFIDAVIT

Annetta Bergstrom
Owner _____ Application No. _____

Marlinn Bergstrom
Additional Owners _____

Appointed Agent(s)

20098-001-000 _____ 27 11 22
Parcel Number(s) Section Township Range

Rezone from R1A to R1C
Type of Request

I (we), the property owner(s) of the subject property, being duly sworn, depose and say the following:

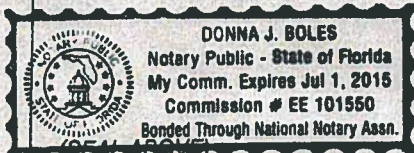
1. That I am (we are) the owner(s) and record title holder(s) of the property described in the attached legal description;
2. That this property constitutes the property for which the above noted land use request is being made to the Alachua County Board of County Commissioners;
3. That I (we), the undersigned, have appointed, and do appoint, the above noted person(s) as my (our) agent(s) to execute any agreement(s), and other documents necessary to effectuate such agreement(s) in the process of pursuing the aforementioned land use request;
4. That this affidavit has been executed to induce the Alachua County Board of County Commissioners to consider and act on the subject request;
5. That I (we), the undersigned authority, hereby certify that the foregoing statements are true and correct.

[Signature]
Owner (signature)

[Signature]
Owner (signature)

Owner (signature)

STATE OF FLORIDA
COUNTY OF ALACHUA



Donna J. Boles
Donna J. Boles

SWORN AND SUBSCRIBED BEFORE ME

THIS 16th DAY OF May, 2012

BY Annetta Bergstrom & Marlinn Gene

WHO IS/ARE PERSONALLY KNOWN TO ME OR HAS/HAVE PRODUCED AS IDENTIFICATION

Drivers License

(TYPE OF IDENTIFICATION)

Notary Public, Commission No. EE101550

(Name of Notary typed, printed, or stamped)

Alachua County Tax Collector

generated on 5/16/2012 8:42:14 AM EDT

Tax Record

Last Update: 5/16/2012 8:42:13 AM EDT

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.

Account Number		Tax Type		Tax Year	
20098-000-000		REAL ESTATE		2011	
Mailing Address TURNER R L 20805 SE 162ND AVE HAWTHORNE FL 32640-8521			Physical Address 20805 SE 162ND AVE GEO Number 27-11-22-20098000000		
Exempt Amount		Taxable Value			
See Below		See Below			
Exemption Detail		Millage Code		Escrow Code	
HB 25000		0200			
03 25000					
05 500					
Legal Description 20805 SE 162ND AVE LOCHLOOSA PB A-98 LOT 2 BK 4 & NW1/4 OF BK 6 LESS ROAD ACROSS LOT 2 BK 4 OR 381/135-138 & OR 1682/1267 OR 1721/0803					
Ad Valorem Taxes					
Taxing Authority	Rate	Assessed Value	Exemption Amount	Taxable Value	Amount
BOARD OF COUNTY COMMISSIONERS					
CNTY GENERAL	8.5956	107,990	50,500	\$57,490	\$494.16
CNTY DEBT LL	0.2500	107,990	50,500	\$57,490	\$14.37
ALACHUA CNTY LIBRARY DISTRICT					
LIBRARY GENERAL	1.3638	107,990	50,500	\$57,490	\$78.40
LIBRARY BONDS	0.1152	107,990	50,500	\$57,490	\$6.62
SCHOOL BOARD OF ALACHUA COUNTY					
SCHL GENERAL	5.4540	107,990	25,500	\$82,490	\$449.90
SCHL DISCRNRY & CN	0.7480	107,990	25,500	\$82,490	\$61.70
SCHL BOND 5	0.3900	107,990	25,500	\$82,490	\$32.17
SCHOOL VOTED	1.0000	107,990	25,500	\$82,490	\$82.49
SCHL CAP27 PROJECT	1.5000	107,990	25,500	\$82,490	\$123.74
ST JOHNS RIVER WATER MGT DISTR	0.3313	107,990	50,500	\$57,490	\$19.05
MUNICIPAL SERVICES TAXING UNIT					
UNINCORP. SERVICES	0.4124	107,990	50,500	\$57,490	\$23.70
SHERIFF LAW ENFORCE	1.6710	107,990	50,500	\$57,490	\$96.07
FIRE PROTECTION SERV	1.3391	107,990	50,500	\$57,490	\$76.99
Total Millage		23.1704		Total Taxes	
				\$1,559.36	
Non-Ad Valorem Assessments					
Code	Levyng Authority				Amount
R501	REFUSE RURAL COLLECTION CENTER				\$88.14

R730	SOLID WASTE MANAGEMENT	\$11.32
Total Assessments		\$99.46
Taxes & Assessments		\$1,658.82
If Paid By	Amount Due	
	\$0.00	

Date Paid	Transaction	Receipt	Year	Amount Paid
11/28/2011	PAYMENT	1011183.0001	2011	\$1,592.47

Prior Year Taxes Due	
NO DELINQUENT TAXES	

Regarding parcel # 20098-001-000

Marlinn and Annetta Bergstrom are requesting that this property be rezoned from R1A to R1C. We have a manufactured home that we would like to set up on this parcel so that we can be close to our family to help with their needs.

Detailed Directions to parcel # 20098-001-000

Starting from Hawthorne, Fl

Travel south on 301 to SE 163rd Ave and turn right (east). The property will be directly on the left (south). The property is on the corner of 301 and 163rd Ave.



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

04184-12

PERMIT #: 01-SA-1406676
APPLICATION #: AP1070207
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____
DOCUMENT #: PR873940

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: Bob Turner

PROPERTY ADDRESS: SE 163rd Ave Hawthorne, FL 32640

LOT: 22 BLOCK: A98 SUBDIVISION: 1.ch/005A 11-27-22

PROPERTY ID #: 20098-000-000 [SECTION, TOWNSHIP, RANGE, PARCEL NUMBER]
[OR TAX ID NUMBER]

SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF SECTION 381.0065, F.S., AND CHAPTER 64E-6, F.A.C. DEPARTMENT APPROVAL OF SYSTEM DOES NOT GUARANTEE SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN MATERIAL FACTS, WHICH SERVED AS A BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT TO MODIFY THE PERMIT APPLICATION. SUCH MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE NULL AND VOID. ISSUANCE OF THIS PERMIT DOES NOT EXEMPT THE APPLICANT FROM COMPLIANCE WITH OTHER FEDERAL, STATE, OR LOCAL PERMITTING REQUIRED FOR DEVELOPMENT OF THIS PROPERTY.

SYSTEM DESIGN AND SPECIFICATIONS

T [1,050] GALLONS / GPD Septic CAPACITY
A [] GALLONS / GPD N/A CAPACITY
N [] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK:1250 GALLONS]
K [300] GALLONS DOSING TANK CAPACITY [67.00] GALLONS @ [6] DOSES PER 24 HRS #Pumps [1]
D [500] SQUARE FEET _____ SYSTEM
R [] SQUARE FEET N/A SYSTEM
A TYPE SYSTEM: [] STANDARD [] FILLED [x] MOUND []
I CONFIGURATION: [x] TRENCH [] BED []
P LOCATION OF BENCHMARK: nail in tree near site
Y ELEVATION OF PROPOSED SYSTEM SITE [30.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [10.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED: [38.00] INCHES EXCAVATION REQUIRED: [] INCHES

Performing Lift Dosing.
Pumps must be certified as suitable for distributing sewage effluent. *Control runoff onto adjacent lots.*
T *Remove topsoil including shoulders and slopes. Slope cannot be steeper than 3:1.*
H The licensed contractor installing the system is responsible for installing the minimum category of tank in accordance with s. 64E-6.013(3)(f), FAC.
R *System is sized for 4 bedrooms with a maximum occupancy of 8 persons for a total estimated sewage flow of 400 gallons per day.*

SPECIFICATIONS BY: Denver Ronnie Moore TITLE: Master Contractor

APPROVED BY: David Bennett TITLE: Environmental Specialist I Alachua CHD

DATE ISSUED: 5/8/12 EXPIRATION DATE: 5/8/15

DH 4016, 08/09 (Obsoletes all previous editions which may not be used)
Incorporated: 64E-6.003, FAC

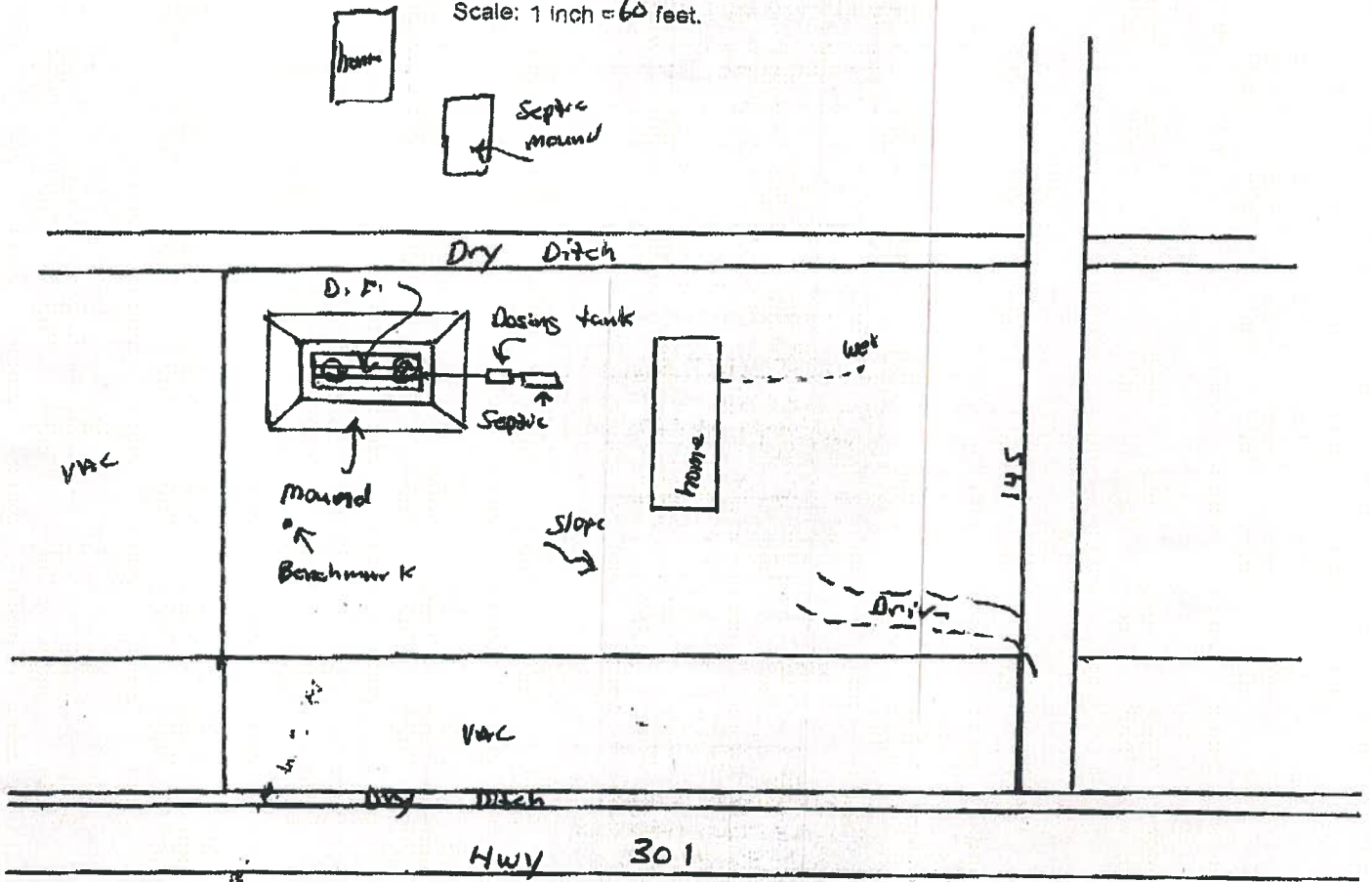
Ready 5/8/12 - flow plan

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 04-184-12

PART II - SITEPLAN

Scale: 1 inch = 60 feet.



Notes: _____

Site Plan submitted by: [Signature] PSI

Plan Approved Not Approved _____ Date 4-25-12

By: [Signature] [Signature] County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated: 64E-8.001, FAC
(Stock Number: 5744-002-4015-6)